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

Report prepared for

GREATER GLASGOW & CLYDE NHS BOARD

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1 INTRODUCTION

This report contains the findings of a research study carried out in 2005 by RBA Research Ltd (with Research Resource Ltd) on behalf of Greater Glasgow NHS Board (GGNHSB) and the East CHCP. It is part of a larger study covering the entire Greater Glasgow area. This report focuses solely on the results from East CHCP. The results of the main study can be found in a separate report. This version of the report has been updated by Traci Leven Research, showing the findings for the two regeneration areas in the East (rather than SIP areas which had been shown in earlier drafts).

1.1 Background

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

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

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

a. *Towards a Healthier Scotland*,[2] the government's White Paper on public health which established a national strategy for improving Scotland's health. The White Paper calls for

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

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

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

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

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

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

Strategic themes of the above developments are:

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

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

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

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

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

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

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

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

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

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

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

1.2 Objectives

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

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

The identified objectives of the study are:

1. To continue to monitor the core health indicators in the total GGNHSB population
2. To determine whether the changes found in the first follow-up were the beginning of a trend
3. To compare the attitudes and behaviour of those living in SIP areas with those living in non-SIP areas, and assess whether changes in attitudes and behaviour apply across the board, or just in SIP/non-SIP areas, thereby tracking progress towards reducing health inequalities
4. To compare attitudes and behaviour of those living in the most deprived 15% datazones with those living elsewhere, and use this analysis as a baseline for tracking progress towards reducing health inequalities in the future

1.3 Summary of Methodology

On the main survey, 1,954 face-to-face, in-home interviews were conducted with adults (aged 16 or over) in the GGNHSB area. Of these, 273 (14%) were in East CHCP, i.e. in proportion to the East CHCP population. To allow area-based analysis, an East CHCP booster sample was designed, which resulted in a further 506 interviews. In total, therefore, 779 interviews were carried out in East CHCP, and the results in this report are based on this sample of 779.

The fieldwork was carried out by Research Resource Ltd, under the guidance of RBA Research.

The fieldwork was conducted between 13 August and 11 December 2005. The response rate for all in-scope attempted contacts for the main sample was 72%, and for the East CHCP booster sample it was 80%.

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

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

1.4 Sample Profile

The 779 completed interviews were weighted to account for under / over representation of groups within the sample to ensure the 2005 sample was as representative as possible of the adult population in East CHCP. A full explanation of the weighting method and the data sources used can be found in the report for the main survey. The breakdown of the final weighted dataset - and how this compares with the known population profile - is shown in Tables 1.1 - 1.3.

Table 1.1: Age and gender breakdown
Base: All (779)

Age	Men % of sample	Women % of sample	Total % of sample	East CHCP % of 16+ population
16-24	8.6	9.0	17.7	16.1
25-34	8.9	9.6	18.5	16.5
35-44	8.9	9.5	18.4	19.3
45-54	6.9	7.1	14.0	15.5
55-64	5.9	6.3	12.2	12.7
65-74	4.7	6.4	11.2	11.3
75+	2.7	5.4	8.1	8.6

The sample was designed so that sufficient interviews were achieved to allow separate analysis of the respondents in the two SIPs within East CHCP (Greater Easterhouse and East End), and to compare their responses to those of respondents in the non-SIP areas. In practice, this meant over-sampling those in the two SIPs, and weighting them back during analysis (see Appendix B for further information on weighting).

Table 1.2: Breakdown by area
Base: All (779)

Area	% of sample	East CHCP % of 16years + population
Greater Easterhouse SIP	26.3	21.1
East End SIP	30.6	20.9
Non-SIP areas	43.0	58.0

Although the original aim was to provide analysis by SIP areas, this version of the report instead provides analysis by two regeneration areas:

Shettleston & Baillieston and Part of Glasgow N.E

East Centre & Carlton

The proportion of interviews in each area after weighting is:

Shettleston & Baillieston and Part of Glasgow N.E	61.7%
East Centre & Carlton	32.9%
Rest of the East	5.5%

The Scottish Index of Multiple Deprivation (SIMD) 2004 is a relative measure of deprivation used to identify the most deprived areas in Scotland. It is constructed using 31 indicators within 6 'domains' (Income, Employment, Housing, Health, Education, Skills & Training and Geographic Access to Services & Telecommunications), each of which describes a specific aspect of deprivation. The SIMD is a weighted combination of these domains.

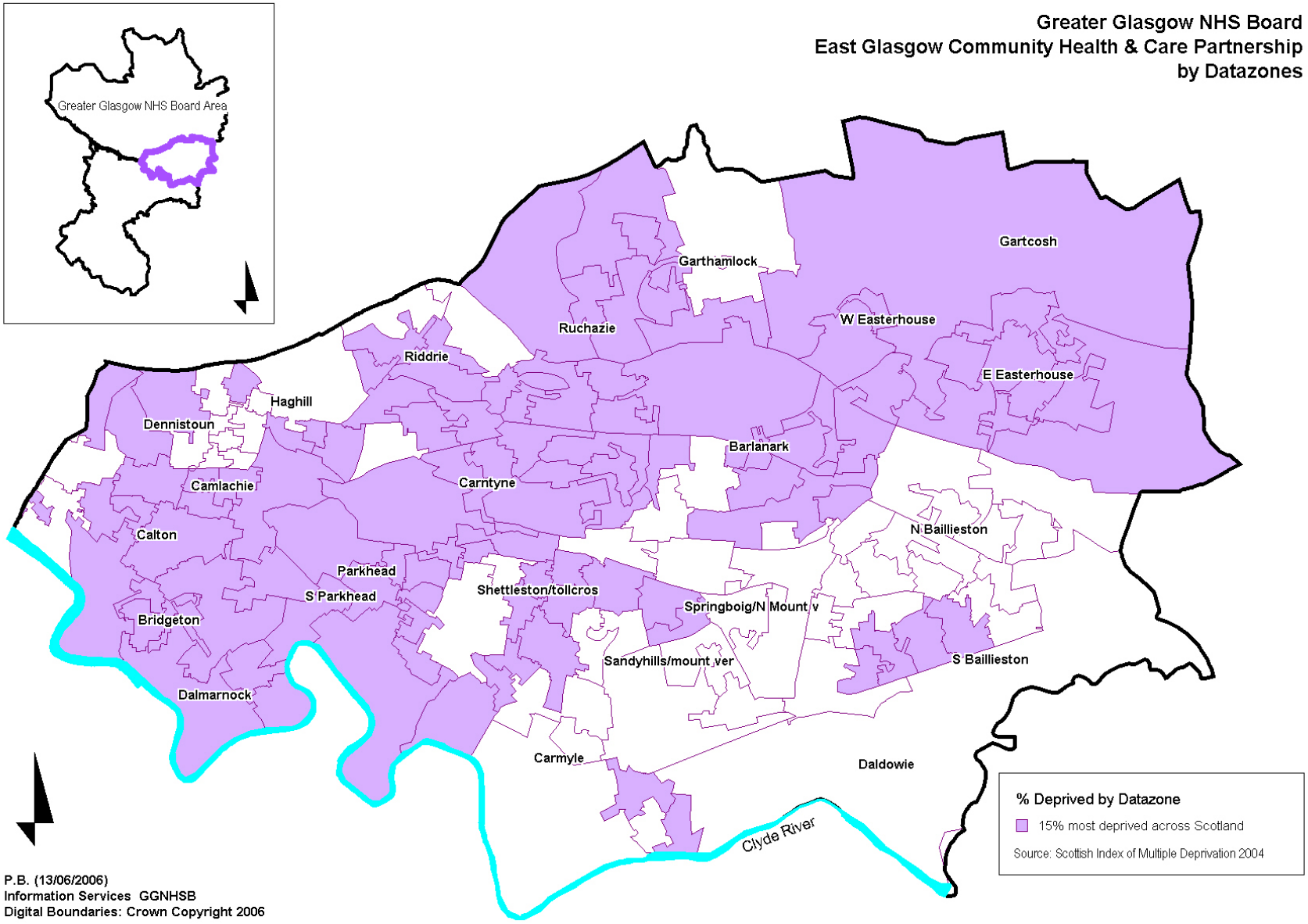
The SIMD is based on small geographical areas called datazones. The average population of a datazone is 750 and unlike previous deprivation measures, which were based on much larger geographies (e.g. postcode sectors, average population 5,000), this enables the identification of small pockets of deprivation. 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). In total, 10.9% of the most deprived 15% datazones in Scotland lie within East CHCP.

Table 1.3: Most deprived 15% datazones vs other datazones breakdown
Base: All (779)

Group	% of sample	East CHCP % of 16 years + population
Most deprived 15% datazones	65.2	66.9
Other datazones	34.8	33.1

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


Greater Glasgow NHS Board Area
Greater Glasgow NHS Board
East Glasgow Community Health & Care Partnership
by Datazones
Gartcosh
Garthamlock
Ruchazie
W Easterhouse
Riddrie
E Easterhouse
Haghill
Dennistoun
Barlanark
Carntyne
Camlachie
N Baillieston
Calton
Parkhead
Shettleston/tollcros
S Parkhead
Springboig/N Mount v
Bridgeton
Sandyhills/mount ver
S Baillieston
Dalmarnock
Carmyle
Daldowie
Clyde River
% Deprived by Datazone
15% most deprived across Scotland
Source: Scottish Index of Multiple Deprivation 2004
P.B. (13/06/2006)
Information Services GGNHSB
Digital Boundaries: Crown Copyright 2006

1.5 This Report

Chapters 2-6 report on all the survey findings, with each subject chapter containing its own summary. In this new draft of the report, the chapters have been structured around the five community planning themes:

A healthy east Glasgow
A learning east Glasgow
A safe east Glasgow
A vibrant east Glasgow
A working east Glasgow

For each indicator, the results are shown separately for: the whole of East CHCP, Shettleston, Baillieston & Part of Glasgow N.E[4] and East Centre & Carlton. (The small number of interviews outwith these two regeneration areas means it is not possible to provide meaningful findings for the 'rest of the East CHCP').

We have also analysed the results by age and gender for East CHCP as a whole and for the two regeneration areas separately. Because of the relatively small base sizes in the two regeneration areas, age analysis has been restricted to comparing those aged under 45 to those aged 45+. If the analysis by regeneration area and/or by datazones and/or age and gender is not mentioned in the text, it means that, on that measure, there is no significant variation between sub-groups.

For many indicators, tables are presented showing the proportion of the sample which met the criteria broken down by demographic (independent) variables. For the tables showing indicators by regeneration area, those showing a significant difference between the two areas have been identified with a '*' in the right-hand column labelled 'sig'. In the text, only those independent variables which were found to be significantly different ($p<0.05$) are mentioned.

A full set of chi-square probability values and t-test calculations for each core indicator by all

[4] For brevity, the area 'Shettleston, Baillieston and Part of Glasgow N.E' and been abbreviated to 'Shettleston & Baillieston' throughout the remainder of this report.

demographic variables is in Appendix C.

The results in this report have not been compared with the SIP baseline study because the two studies did not use a directly comparable methodology. Users of these survey results should exercise caution in making comparisons between the two.

1.6 Acknowledgements

First and foremost, we would like to thank the 779 East CHCP respondents who gave up their time to be interviewed for this study. Without them, there would be no study!

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

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

In addition to the named authors of this report (below), we would like to acknowledge the contribution of the whole RBA team, in particular Cathy Burton, the project manager who kept us all on track!

Simon Driver
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RBA Research

May 2006

2 A HEALTHY EAST GLASGOW

2.1 People's Perceptions of their Health and Illness

2.1.1 Topic Summary

Table 2.1 shows all indicators relating to perceptions of health and illness, and shows how the East CHCP results compare with those of Glasgow City as a whole. In comparison with Glasgow City respondents as a whole, East CHCP respondents tend to have a less positive perception of their mental and emotional well-being, and of their quality of life. They are also more likely to say they are receiving treatment for three or more conditions. East CHCP respondents are more likely, however, to say they feel in control of decisions affecting life.

Table 2.1: Indicators for perceptions of health and illness

			Regeneration Area		
	Glasgow City	**All East CHCP**	**Shettleston & Baillieston**	**East Centre & Carlton**	**Sig (*)**
Base: All. Unweighted base:	*1,382*	*779*	*445*	*293*	
Self-perceived health excellent or good (Q1)	63.5%	56.5%	55.0%	61.7%	-
Positive perception of general physical well-being (Q28b)	78.0%	75.2%	73.8%	78.5%	-
Positive perception of general mental or emotional well-being (Q28c)	82.6%	78.0%	76.5%	80.0%	-
Positive perception of happiness (Q46d)	85.2%	76.4%	76.7%	75.4%	-
Positive perception of quality of life (Q28a)	82.4%	76.1%	75.0%	78.3%	-
Feels in control of decisions affecting life (Q45)	96.9%	95.5%	94.8%	98.1%	-
Have illness or condition affecting daily life (Q3)	24.9%	25.7%	27.5%	21.2%	-
Total no. of conditions currently receiving treatment for (Q2): 0	54.8%	53.7%	52.5%	59.4%	
1	23.7%	22.2%	20.8%	22.3%	*
2	13.3%	12.2%	12.7%	10.9%	
3 or more	8.2%	11.8%	14.0%	7.4%	
Mean number of conditions for which currently receiving treatment (based on those with at least one condition: n=709 in GC; 360 in East CHCP, 277 in Shettleston & Baillieston, 104 in East Centre and Carlton)	1.81	1.95	2.08	1.72	*
GHQ-12 score of 4 or more (indicating poor mental health) (Q11)	12.9%	10.4%	9.0%	12.9%	-
Have some/all of own teeth (Q7)	84.2%	78.2%	79.0%	77.6%	-
Aged 45-54 with some/all natural teeth (Q7) Base = 216 in GC, 109 in East CHCP, 75 in Shettleston & Baillieston, 27 in East Centre & Carlton	94.7%	91.9%	92.1%	89.1%	-
Brushes teeth twice a day or more (Q7a) (based on those with all/some of their natural teeth – 588 in East CHCP, 337 in Shettleston & Baillieston, 221 in East Centre and Carlton)	64.7%	59.8%	62.0%	56.1%	-

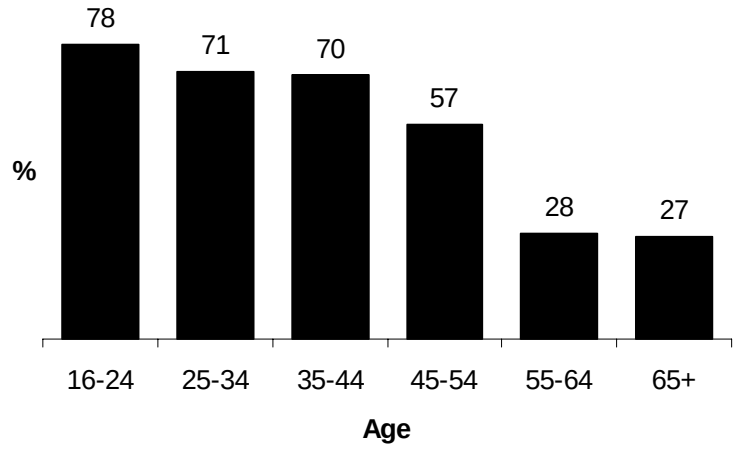
There was little difference in self-perceived health between the two regeneration areas. However, those the Shettleston and Baillieston area were significantly more likely to report being treated for multiple conditions than those in East Centre and Carlton.

2.1.2 Self-Perceived General Health

Respondents were asked to describe their general health using a four-point scale (excellent, good, fair, poor). Most (56%) have a positive view, with 49% saying 'good' and 8% 'excellent'.

As Chart 2.1 illustrates, those aged under 45 are significantly *more* likely to have a positive perception of their general health, particularly in comparison to those aged 55+.

Chart 2.1: Proportion with a positive perception of general health (Q1)
Base: All (779)



2.1.3 Components of Health & Well-being

Respondents were asked to rate different components of their health and well-being, using a 'faces' scale. The scale consisted of seven faces representing different perceptions, ranging from very happy to very unhappy:

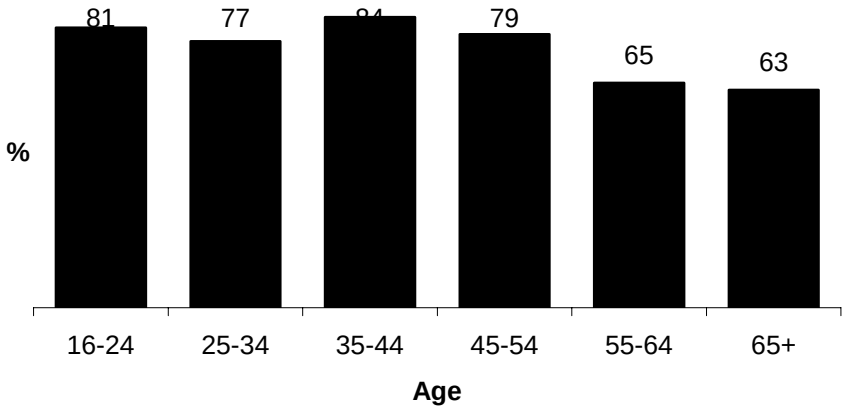
Using this scale, they were asked to rate their:

- General physical well-being
- General mental or emotional well-being
- Happiness
- Overall quality of life

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

Overall, three quarters (75%) rate their **general physical well-being** positively. Chart 2.2 shows that those aged 55+ are significantly less likely than those aged under 55 to have a positive perception of their physical well-being.

Chart 2.2: Proportion with a positive perception of general physical well-being (Q28b)
Base: All (779)



Overall, almost four in five (78%) rate their general **mental or emotional well-being** positively.

Overall, three quarters (76%) rate their **happiness** positively.

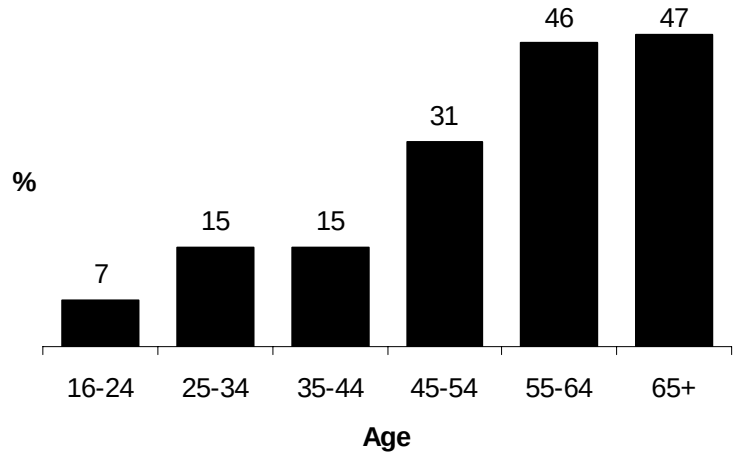
Across the sample as a whole, three-quarters (76%) rate their **overall quality of life** positively.

Respondents were asked whether they **feel in control of decisions** that affect their lives, such as planning a budget, moving house or changing job. Most (96%) say they feel in control of these decisions (63% say 'definitely' and 33% 'to some extent').

2.1.4 Long-term Condition or Illness

A quarter (26%) report having a long-term condition or illness that interferes with day-to-day activities. Chart 2.3 illustrates that the older the respondent, the more likely (s)he is to report such a condition.

Chart 2.3: Proportion with long-term condition or illness (Q3)
Base: All (779)



2.1.5 Illnesses/Conditions Being Treated

Almost half (46%) say they are currently being treated for at least one illness or condition. Just over one in five (22%) say they are being treated for one illness/condition, 12% say they have two and 12% report three or more. Among those with at least one condition, the mean number of conditions is 1.95. Those living in the Shettleston & Baillieston regeneration area were more likely to report multiple conditions than those in the East Centre & Carlton area.

Chart 2.4 shows the conditions reported by 0.5% or more of East CHCP respondents. It illustrates that the most commonly-reported conditions are: arthritis/rheumatism/painful joints (17%) and asthma/bronchitis/persistent cough (16%). High blood pressure (13%) is also relatively widespread.

Chart 2.4: Illnesses/conditions for which treatment is being received (Q2)
Base: All (779)

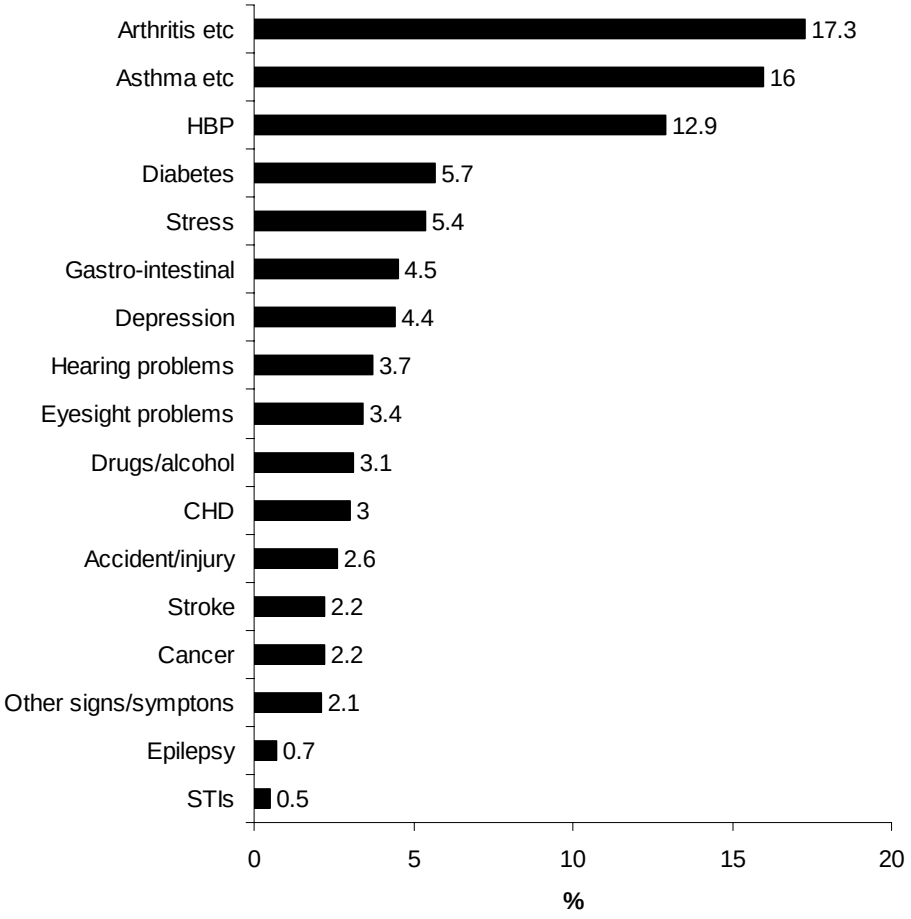
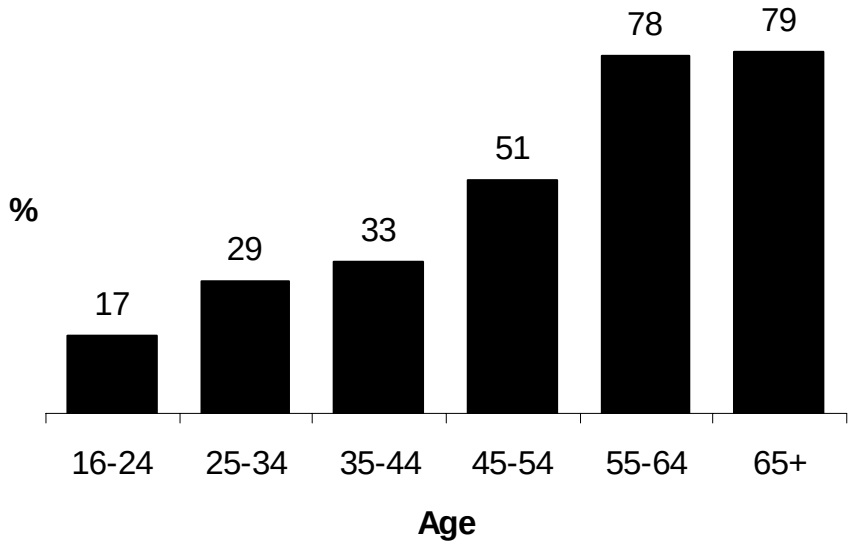


Chart 2.5 shows that, the older the respondent, the more likely (s)he is to report being treated for at least one illness/condition. Those aged 16-24 are the least likely say this.

Chart 2.5: Proportion of respondents currently being treated for at least one or more condition (Q2)
Base: All (779)



Women are more likely than men to say that they are being treated for at least one illness or condition (50% and 42% respectively).

2.1.6 Mental Health

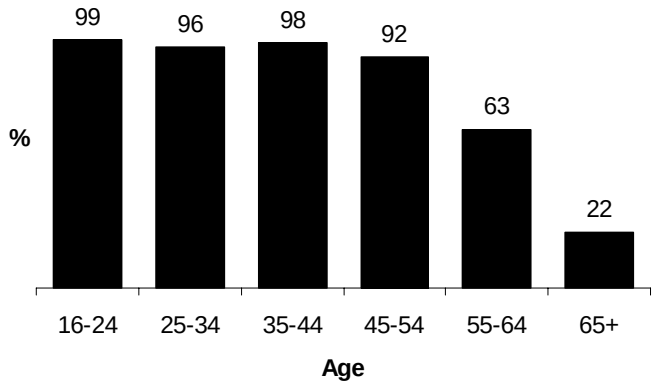
The method used to assess mental health was the GHQ-12 scale, which is a validated method of measuring general psychosocial well-being. A score of 4 or more on this scale (range: 0-12) indicates poor mental health.

By this measure, one in ten East CHCP respondents (10%) have poor mental health. Respondents aged 65+ are significantly more likely than those aged 16-24 to have poor mental health (17% and 6% respectively have a GHQ-12 score of 4+).

2.1.7 Oral Health

Overall, 78% of East CHCP respondents say they have some (26%) or all (52%) of their own teeth. As Chart 2.6 illustrates, respondents aged 55-64 and 65+ are less likely than those aged under 55 to say they have some or all of their own teeth.

Chart 2.6: Proportion with some or all of their own teeth (Q7)
Base: All (779)



Currently, 8.1% of East CHCP respondents aged 45-54 say they have no natural teeth, against the Towards Healthier Scotland target of 5% by 2010.

Three in five of those with at least some of their own teeth (60%) say they brush their teeth at least twice a day.

Across East CHCP as a whole, women are significantly *less* likely than men to say that they have some or all of their own teeth (74% and 83% respectively). Female respondents, however, are significantly *more* likely than male respondents to say that they brush their teeth at least twice a day (65% and 55% respectively).

2.2 Health Behaviours

2.2.1 Section Summary

Table 2.2 shows all indicators relating to health behaviours, and shows how the East CHCP results compare with those of Glasgow City as a whole. In comparison to Glasgow City as a whole, East CHCP respondents are more likely to be passive smokers. They are also less likely to take the recommended level of vigorous exercise, but *more* likely to take the recommended level of moderate exercise.

Table 2.2: Indicators for health behaviours

		East CHCP			
	Glasgow City	**All East CHCP**	**Shettleston & Baillieston**	**East Centre & Carlton**	**Sig (*)**
Base: All. Unweighted base:	*1,382*	*779*	*445*	*293*	
Currently smoking (Q14)	38.9%	41.9%	41.0%	43.8%	-
Heavily addicted smokers (smokes more than 20 cigarettes per day), based on those currently smoking (n=531 in GC, 356 in East CHCP, 208 in Shettleston & Baillieston, 130 in East Centre and Carlton)	53.5%	60.2%	65.0%	51.8%	*
Exposed to others' smoke most/some of the time (Q13)	55.6%	65.2%	63.3%	69.9%	-
Exceeds recommended weekly units of alcohol (Q17) – based on all respondents	15.6%	19.1%	19.8%	19.5%	-
Exceeds recommended weekly units of alcohol (Q17) – based on those who drank at all in past week (n=534 in GC, 301 in East CHCP, 186 in Shettleston & Baillieston and 105 in East Centre & Carlton	38.0%	45.3%	42.8%	52.1%	-
Admits to binge drinking in last week (Q17) – based on all respondents	23.3%	29.7%	32.3%	27.5%	-
Admits to binge drinking in last week (Q17) – based on those who drank at all in past week (n=534 in GC, 301 in East CHCP, 186 in Shettleston & Baillieston and 105 in East Centre & Carlton	57.3%	70.6%	69.8%	72.9%	-
Takes at least 30 minutes of moderate exercise 5+ times per week (Q26-27b)	55.9%	65.1%	66.7%	63.9%	-
Takes at least 20 minutes of vigorous exercise 3+ times per week (Q27-27c)	31.1%	23.6%	27.1%	16.8%	*
Takes at least 30 minutes of moderate exercise 5+ times per week OR at least 20 minutes of vigorous exercise 3+ times per week (Q26-27c)	63.6%	66.8%	68.9%	65.2%	-
Consumes at least 5 portions of fruit and/or vegetables per day (Q18-19)	26.1%	23.8%	27.1%	16.0%	*
Consumes breakfast every day (Q23)	73.7%	71.6%	70.4%	72.3%	-
Consumes at least 2 portions of oily fish per week (Q22)	29.1%	26.6%	27.9%	23.1%	-
Consumes at least 2 high-fat snacks per day (Q21)	31.1%	29.3%	27.7%	30.6%	-
Body Mass Index 25 or over (Q25)	41.3%	42.4%	45.6%	35.4%	*
More than one of the following unhealthy behaviours: smoking, drinking over the recommended amount of alcohol, overweight, not eating 5 portions of fruit and veg a day, not meeting exercise targets.	67.5%	72.5%	68.8%	79.8%	*

Respondents in East Centre & Carlton are more likely than those in Shettleston & Baillieston to exhibit the following unhealthy behaviours – consuming less than five portions of fruit/veg per day, not meeting the target for vigorous exercise, and exhibiting at least two out of five key unhealthy behaviours.

However, those in Shettleston & Baillieston are more likely to be overweight. Also, although both regeneration areas showed a similar proportion of smokers, those in Shettleston & Baillieston were significantly more likely to be smoking 20 or more cigarettes per day.

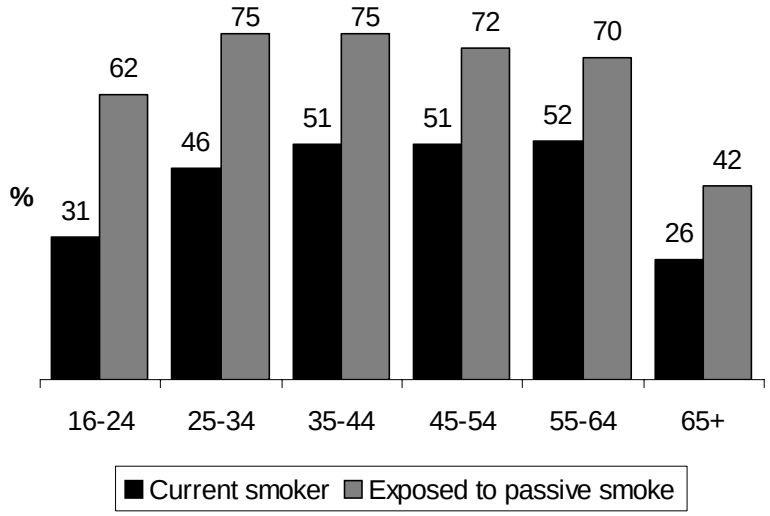
2.2.2 Smoking

Overall, just over two in five (42%) are smokers (i.e. say they smoke at least some days). The target for smoking is to reduce the rate to 31% by 2010. The mean number of cigarettes smoked per week is 120.68, compared with 114.45 across Glasgow City as a whole. Among those who smoke, 60% are heavily addicted (i.e. smoke 20 or more cigarettes per day). The proportion of heavily addicted smokers is higher in Shettleston & Baillieston (65%) than East Centre & Carlton (52%).

Most (65%) report being exposed to other people's smoke some or most of the time. A further 19% say it happens seldom, leaving 16% saying it never happens.

Chart 4.1 shows that those aged 16-24 and those aged 65+ are significantly less likely than others to be smokers, and are also significantly less likely to be exposed to passive smoking.

Chart 4.1: Proportion who smoke / are exposed to passive smoke (Q13/14)
Base: All (779)



Men are more likely than women to say they are smokers (48% and 36% respectively). They are also significantly more likely to be passive smokers (73% of men and 59% of women say they are exposed to other people's smoke some or most of the time).

2.2.3 Drinking

Three-quarters (74%) say they **drink alcohol at least sometimes**, and almost two in five (38%) say they do so once a week or more.

Those who drink alcohol were asked if they had done so in the last 7 days preceding the interview. Over a half of 'drinkers' (57%) say they did, which translates to 42% of all East CHCP respondents. This proportion is close to the 38% who said at the previous question that they drink at least once a week, indicating general consistency in respondents' answers.

The current recommended weekly alcohol consumption limit for men is 21 units per week, and for women it is 14 units per week. Respondents were asked to detail their total consumption per day in the last week (interviewers used a diary-style grid to record their answers), and these data were converted into units.

The targets for alcohol misuse are to reduce the incidence of men exceeding the weekly limit to 29% by 2010, and to reduce the incidence of women exceeding the limit to 11% by 2010.

Currently, 29% of men and 10% of women (i.e. 19% overall) admit to **exceeding the recommended limit** in the week preceding the interview. In other words, the targets have already been met in the East CHCP area, but the incidence of exceeding the limit is significantly higher among men than women.

Among those who say they had a drink in the week preceding interview, almost half (45%) admit to having exceeded the recommended limit in that week.

For the purposes of this analysis, **'binge drinking'** is defined as a man drinking more than 8 units on a single day, or a woman drinking more than 6. By this definition, 30% of East CHCP respondents (43% of men and 18% of women) admit to having 'binged' at least once in the week preceding interview.

Respondents in the under 45 age groups are significantly more likely than those aged 45+ to say that they are 'binge drinkers' (40% and 18% respectively).

Among those who say they had a drink in the week preceding interview, nearly three-quarters (71%) admit to having 'binged' at least once in that week.

2.2.4 Physical Activity

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

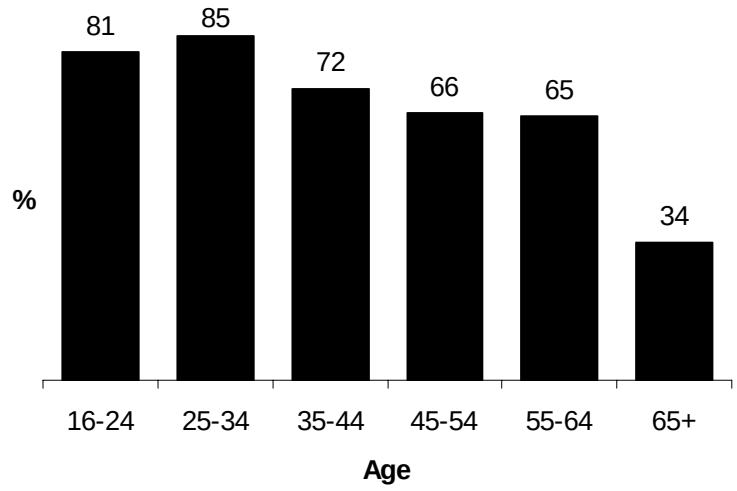
The recommended levels of physical activity are: at least 30 minutes of moderate activity five or more times per week and/or at least 20 minutes of vigorous activity three or more times per week. Overall, two-thirds (67%) say they meet this recommendation. Almost two-thirds (65%)

say they take the recommended amount of moderate activity, and a quarter (24%) that they take the recommended level of vigorous activity.

The target is to increase the proportion taking 30 minutes of moderate activity on 5 or more occasions each week to 60% and 50% for men and women respectively by 2010. Currently, the figures in East CHCP stand at 64% for men and 66% for women. In other words, the targets have already been exceeded for both men and women.

Chart 4.2 shows that those aged 65+ are significantly less likely than younger people to say that they do the recommended amount of physical activity (moderate and/or vigorous).

Chart 4.2: Proportion who say they do the recommended amount of physical activity (Q27)
Base: All (779)



Those living in Shettleston & Baillieston were more likely than those in East Centre & Carlton to meet the target for vigorous physical activity (27% and 17% respectively).

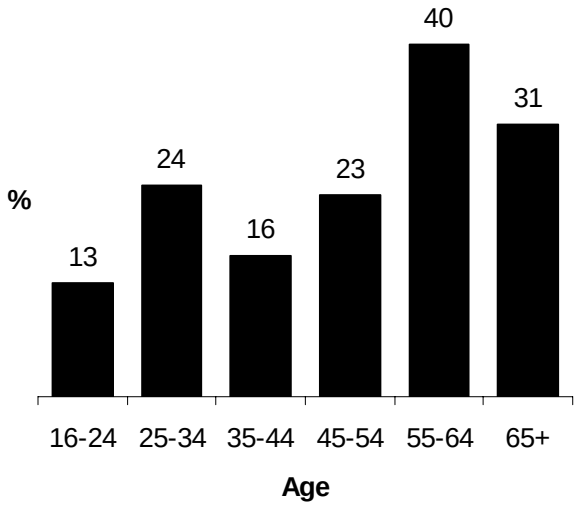
2.2.5 Diet

Fruit & Vegetables

The Scottish Diet Action Plan target is for individuals to consume at least five portions of fruit and/or vegetables (excluding potatoes) per day. Overall, a quarter (24%) say they do this on an average day. The mean number of portions consumed per day is 3.05.

Chart 4.3 shows that those aged 55-64 are the most likely to say that they eat at least 5 portions of fruit/vegetables daily.

Chart 4.3: Proportion who say that they eat at least 5 portions of fruit/veg daily (Q18 and 19)
Base: All (779)



Women are more likely than men to say that they eat at least 5 portions of fruit/veg daily (29% and 18% respectively).

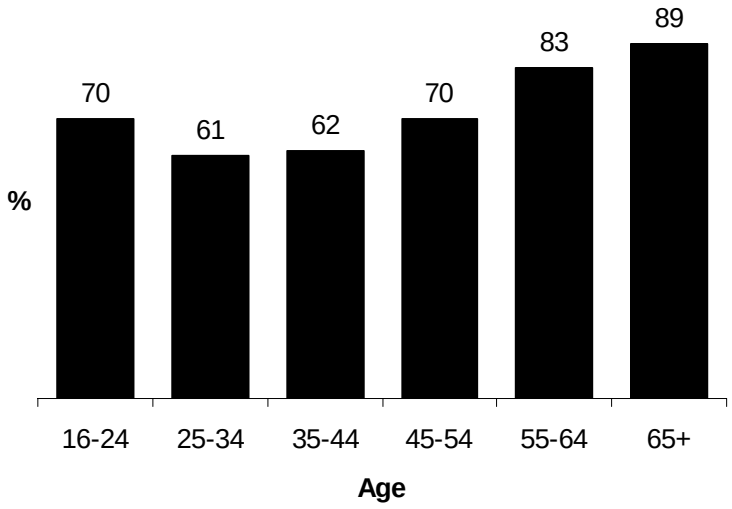
Respondents in Shettleston & Baillieston are more likely to consume five or more portions of fruit or vegetables per day (27%) than those in East Centre & Carlton (16%).

Breakfast

Respondents were asked to state the number of days per week on which they usually eat breakfast. Overall, just over seven in ten (72%) say they do so every day, and one in eight (13%) that they never do.

Chart 4.4 shows that those aged 55+ are significantly more likely than younger people to say that they usually eat breakfast every day. Women are also significantly more likely than men to say that they do so (79% and 63% respectively).

Chart 4.4: Proportion who say that they eat breakfast every day (Q23)
Base: All (779)



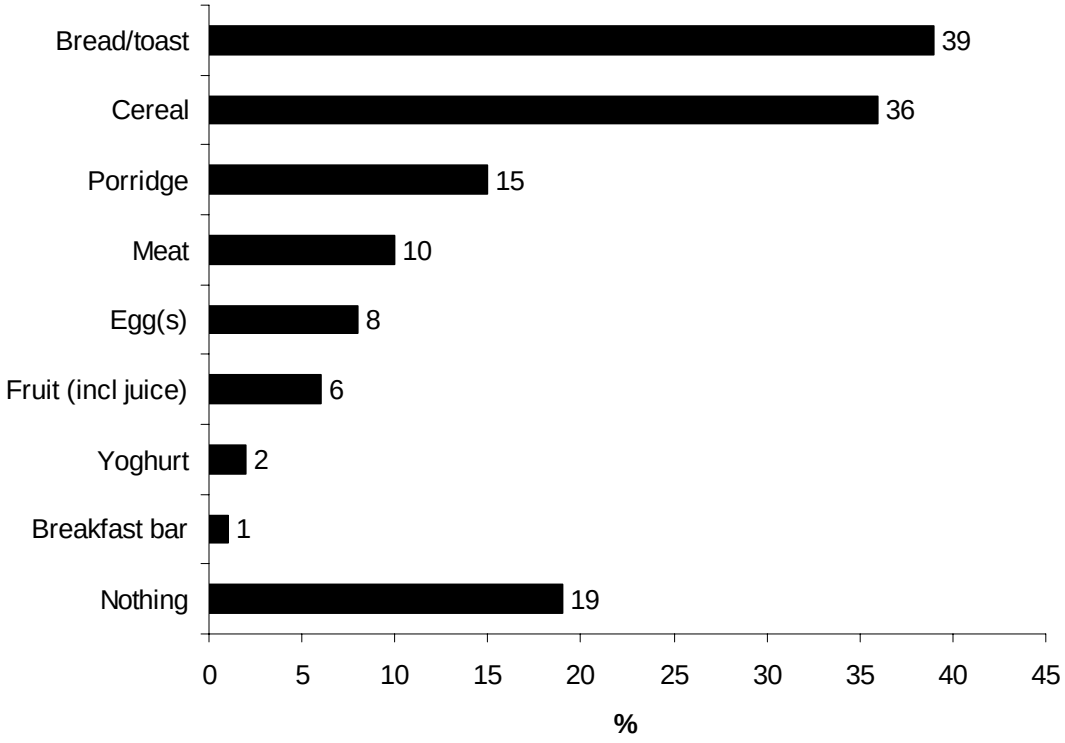
Respondents were then asked to state what they had for breakfast *that morning*. Even if, in some cases, what respondents had for breakfast that morning does not reflect their usual behaviour, we can assume that for every respondent who did *not* eat a healthy breakfast that morning despite usually doing so, there will be another who *did* eat a healthy breakfast that morning even though (s)he does not normally do so. On aggregate, therefore, these data should give us a good picture of a 'typical' day in terms of breakfast-eating behaviour across East CHCP.

At this question, a fifth (19%) say they ate no breakfast, i.e. slightly more than the 13% who, at the previous question, said that they do not usually eat breakfast. Asking people to give an estimate of their usual behaviour can sometimes lead to slightly inaccurate results, due to

poor recall or a desire to give what is perceived to be the 'right' answer. It therefore seems likely that 19% is closer to the 'real' proportion of respondents who do not eat breakfast.

Chart 4.5 shows that toast and cereal are by far the most popular breakfast foods (39% and 36% respectively say they ate these that morning). One in seven (15%) say they had porridge and one in ten (10%) say they had a meat product such as bacon, sausage or black pudding. Only 6% say they had fruit or fruit juice.

Chart 4.5: Foods eaten for breakfast that morning (Q24)
Base: All (779)

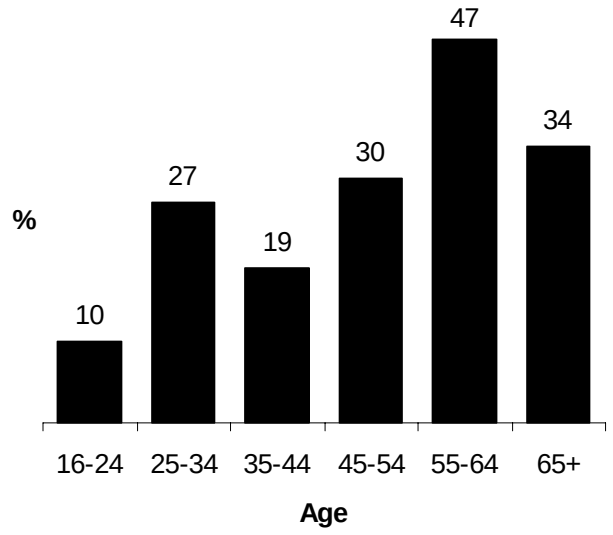


Oily Fish

The Scottish Diet Action Plan target is for individuals to consume at least two portions of oily fish per week. Overall, just over a quarter (27%) say they usually do this. The mean number of portions of oily fish consumed per week is 0.95.

Chart 4.6 shows that those aged 55-64 are significantly *more* likely than others to achieve this recommendation, particularly in comparison to those aged 16-24.

Chart 4.6: Proportion who say that they eat at least 2 portions of oily fish per week (Q22)
Base: All (779)



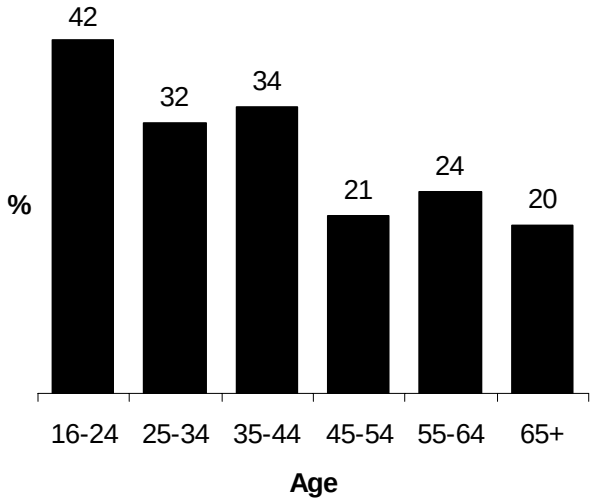
Women are significantly more likely than men to say that they eat at least two portions of oily fish per week (31% compared with 22% respectively).

High-fat Snacks

Three in ten East CHCP respondents (29%) say they eat two or more high-fat snacks (e.g. cakes, pastries, chocolate, biscuits, crisps) on a usual day. The mean number of high-fat snacks consumed per day is 1.09.

Chart 4.7 shows that those aged under 45 are more likely than those aged 45+ to say they eat at least two high-fat snacks a day.

Chart 4.7: Proportion who say they eat at least two high-fat snacks a day (Q21)
Base: All (779)



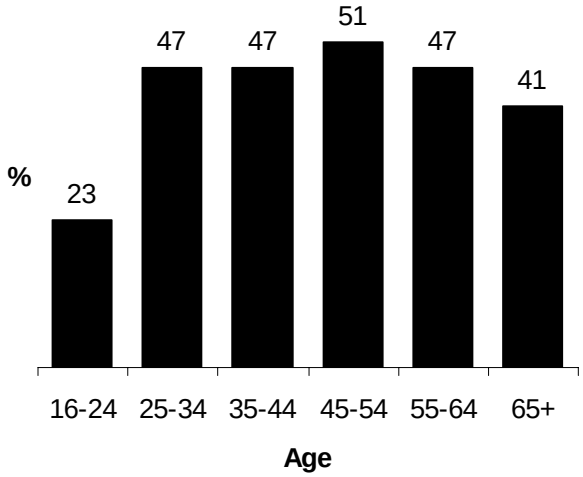
Body Mass Index (BMI)

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

A BMI of 25 or over constitutes being above ideal weight, and just over four in ten (42%) of East CHCP respondents fit this description. A BMI of 30 or over constitutes being obese, and 12% fit this description.

Chart 4.8 shows that those aged 16-24 are significantly less likely than those aged 25+ to have a BMI of 25 or over.

Chart 4.8: Proportion with a BMI of 25 or over (Q25)
Base: All (779)



Respondents in Shettleston & Baillieston were more likely to have a BMI of 25 or over than those in East Centre & Carlton (46% and 35% respectively).

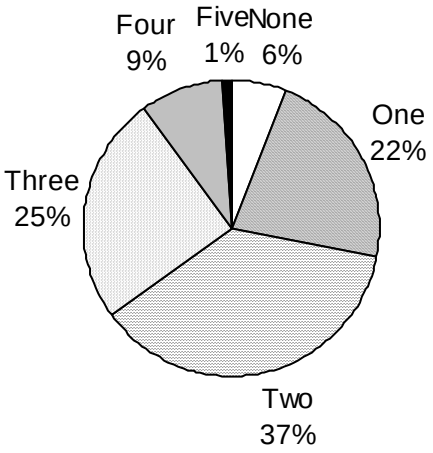
4.7 An 'Unhealthy Behaviours' Index

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

- Smoking
- Being above ideal weight (i.e. BMI of 25+)
- Not doing the recommended amount of physical activity
- Not eating the recommended quantity of fruit and vegetables
- Exceeding the recommended limit for alcohol consumption per week.

The chart below shows that nearly all respondents (94%) admit to at least one of these behaviours, but only 1% admit to all five. The mean number of unhealthy behaviours is 2.13. *(i.e. virtually identical to the mean of 2.06 recorded across Glasgow City as a whole. In other words, on average, East CHCP respondents tend to exhibit a similar number of unhealthy behaviours as Glasgow City respondents as a whole).*

Chart 4.9: Number of unhealthy behaviours exhibited
Base: All (779)



2.3 Social Health

2.3.1 Section Summary

Table 2.3 shows all indicators relating to social health, and shows how the East CHCP results compare with those of Glasgow City as a whole. In comparison with Glasgow City as a whole, the situation in East CHCP is significantly less positive in relation to nearly all of these indicators. East CHCP respondents are however, significantly less likely to feel they are treated unfairly due to religious beliefs.

Table 2.3: Indicators for social health

		East CHCP			
	Glasgow City	**All East CHCP**	**Shettleston & Baillieston**	**East Centre & Carlton**	**Sig (*)**
Base: All. Unweighted base:	*1,382*	*779*	*445*	*293*	
Feel isolated from family & friends (Q59)	7.9%	12.5%	12.9%	11.7%	-
Belong to a club or association (Q33)	20.7%	11.2%	12.7%	9.4%	-
Feel I belong to this local area (Q42b)	69.9%	61.8%	61.5%	62.1%	-
Feel valued as a member of my community (Q42d)	50.4%	47.2%	46.7%	46.5%	-
People in my neighbourhood can influence decisions (Q42f)	56.7%	49.9%	47.1%	53.9%	-
Exchange small favours with neighbours (Q42h)	57.1%	48.3%	44.0%	55.6%	*
Identify with a religion (Q66)	71.6%	76.4%	77.4%	74.0%	-
Consider self to be religious (Q67)	9.7%	7.1%	6.5%	9.0%	-
Consider self to be spiritual (Q68)	7.0%	5.9%	5.0%	7.4%	-
Attend religious/spiritual activities at least once a week (Q69)	16.6%	11.5%	12.5%	11.4%	-
Treated unfairly due to religious beliefs (Q70)	6.1%	1.8%	1.0%	3.1%	*

Only two indicators of social health show significant differences between the two regeneration areas. Respondents in the East Centre & Carlton area are more likely than those in Shettleston & Baillieston to exchange favours with their neighbours (56% and 44% respectively). Also, although few respondents across the East CHCP area reported feeling unfairly treated due to their religious beliefs, those in East Centre & Carlton (3%) were more likely to do so than those in Shettleston & Baillieston (1%).

2.3.2 Social Connectedness

Isolation from Family & Friends

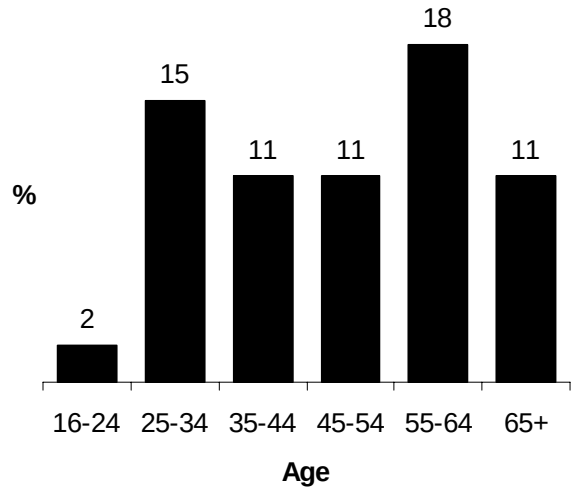
One in eight (13%) respondents report feeling isolated from family and friends.

Club Membership

One in nine respondents (11%) say they belong to a social club, association or similar. Nearly all of these are clubs in the local area.

Chart 5.1 shows that those aged 16-24 are the least likely to say that they belong to a social club, association or similar.

Chart 5.1: Proportion belonging to a social club, association or similar (Q33)
Base: All (779)

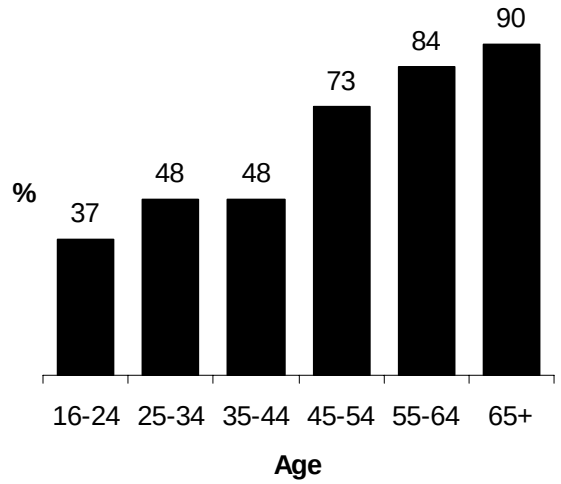


Sense of Belonging to the Community

Just over six in ten (62%) agree with the statement: 'I feel I belong to this local area' (56% agree and 6% agree strongly). Just 9% disagree.

Chart 5.2 shows that those aged 55+ are the most likely to say that they feel they belong to their local area. Those aged under 45 are least likely to say they feel they belong.

Chart 5.2: Proportion of respondents who feel they belong to their local area (Q42b)
Base: All (779)



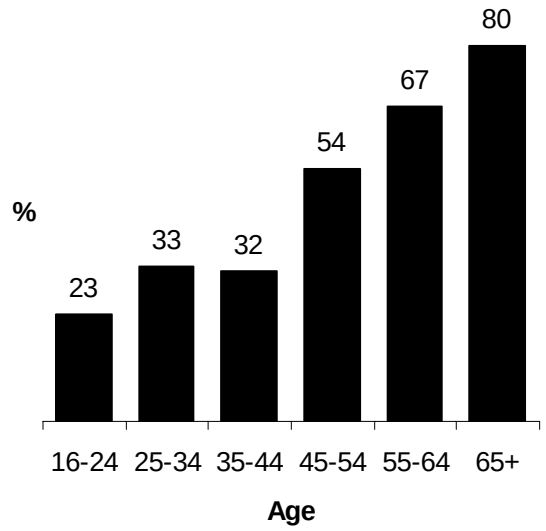
Women are significantly more likely than men to say that they feel they belong to their local area (67% and 56% respectively).

Feeling Valued as a Member of the Community

Almost half of respondents (47%) agree with the statement: 'I feel valued as a member of my community' (41% agree and 7% agree strongly). One in six (16%) disagree.

Chart 5.3 shows that those aged 65+ are the most likely to say that they feel valued and those aged under 45 are the least likely to feel valued.

Chart 5.3: Proportion who feel they are valued as a member of their community (Q42d)
Base: All (779)



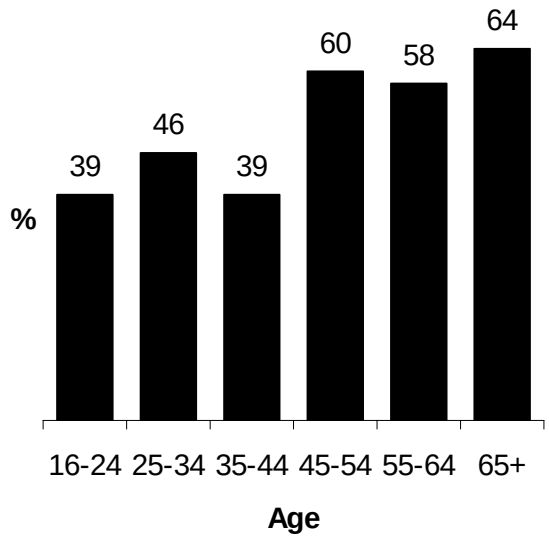
Women are significantly more likely than men to say that they feel valued as a member of their community (53% and 41% respectively).

Influence within Neighbourhood

Half (50%) agree with the statement: 'By working together, people in my neighbourhood can influence decisions that affect my neighbourhood' (45% agree and 5% agree strongly). One in nine (11%) disagree.

Chart 5.4 shows that those aged 45+ are more likely to feel they have an influence within their neighbourhood.

Chart 5.4: Proportion of respondents who feel they can influence decisions that affect their neighbourhood (Q42f)
Base: All (779)



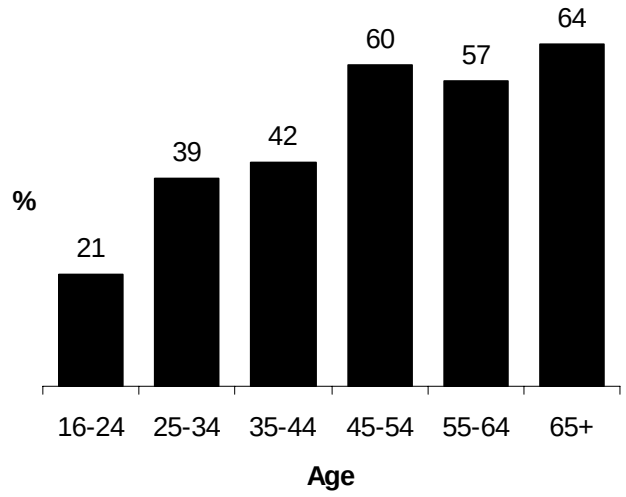
Women are more likely than men to say that they feel they can influence decisions that affect their neighbourhood (54% and 46% respectively).

Exchanging Favours with Neighbours

Almost half (48%) say they exchange small favours with people who live near them (e.g. leaving a key to let in a repair man, feeding pets while you are away or picking up things from the shop for each other). Almost three in ten (28%) do so with one neighbour, a further 16% with 2-5 neighbours and 2% with more than 5.

Chart 5.5 shows that those aged 16-24 are the *least* likely to say that they exchange favours with their neighbours.

Chart 5.5: Proportion who say they exchange favours with neighbours (Q42h)
Base: All (779)



Women are significantly more likely than men to say that they exchange favours with their neighbours (53% and 41% respectively).

East Centre & Carlton respondents are more likely than those living in the Shettleston & Baillieston area to say they exchange favours with their neighbours (56% and 44% respectively).

2.3.3 Religious and Spiritual Identity and Activity

Religious Identity

Three-quarters of respondents (75%) say they identify with a religion, predominantly Roman Catholic (34%) and Church of Scotland (33%). Virtually no respondents say they identify with a non-Christian religion.

'Religiousness'

Respondents were asked how religious they consider themselves to be on a scale of 1 ('not at all') to 5 ('very much'). Those responding '4' or '5' have been defined as 'very or fairly religious'. On this basis, 7% of East CHCP respondents consider themselves to be very/fairly religious, whereas over half (54%) say they are not at all religious.

Those aged 65+ are significantly more likely that those aged under 45 to consider themselves to be very/fairly religious (5% of those under 45 compared with 11% of those 65+).

'Spirituality'

Respondents were then asked how spiritual they consider themselves to be, on the same scale of 1 ('not at all') to 5 ('very much'). Again, those responding '4' or '5' have been defined as 'very or fairly spiritual'. On this basis, 6% of East CHCP respondents consider themselves to be very/fairly spiritual, whereas six in ten (60%) say they are not at all spiritual. Women are more likely than men to consider themselves to be spiritual (8% and 3% respectively).

There is an extremely high degree of crossover between those who consider themselves to be spiritual and those who consider themselves to be religious – i.e. they are mostly the same individuals. Nonetheless, 23% of those who say they are spiritual do *not* consider themselves to be religious.

When the questionnaire was piloted, it was clear that there was some confusion regarding the difference between the two concepts. In the interviewer instructions for the main survey, therefore, an explanation was provided for use when the respondent asked for one. This explanation read: "*These questions are not asking about activities, just how spiritual they consider themselves to be. This can often take the form of people involved in non-traditional spiritual activities (such as meditation, crystals, etc) but it's also worthwhile to note that some people who've been raised in a religious environment, but no longer participate in religious activities, may still feel they have a strong spiritual connection, although no longer consider themselves to be religious*."

Frequency of Attending Spiritual or Religious Activities

Over half (55%) say they never attend religious or spiritual activities (excluding weddings, funerals, baptisms etc). While 12% say they do so once a week or more, and a third (33%) that they attend less often than once a week.

Unfair Treatment Due to Religious Beliefs

Just 2% of respondents say they have been treated unfairly because of their religious beliefs (or lack of them). This represents too few respondents to allow reliable analysis by religious identity. However, 3% of those in East Centre & Carlton felt unfairly treated due to their religious beliefs, compared to just 1% of those in Shettleston & Baillieston.

2.4 Social Capital

2.4.1 Section Summary

Table 2.4 shows all indicators relating to social capital, and shows how the East CHCP results compare with those of Glasgow City as a whole. The responses of East CHCP respondents are significantly less positive in relation to all of the indicators.

Table 2.4: Indicators for social capital

		East CHCP			
	Glasgow City	**All East CHCP**	**Shettleston & Baillieston**	**East Centre & Carlton**	**Sig (*)**
Base: All. Unweighted base:	*1,382*	*779*	*445*	*293*	
Positive perception of local area as a place to live (Q29)	83.2%	63.7%	62.1%	63.7%	-
Positive perception of local area as a place to bring up children (Q30)	73.2%	54.3%	56.0%	52.4%	-
Responsibilities in clubs, associations etc (Q34)	5.4%	3.3%	2.7%	4.7%	-
'Local activists' (Q35)	7.3%	4.7%	3.1%	1.6%	-
Currently act as a volunteer (Q36)	4.5%	2.2%	1.7%	2.7%	-
Positive perception of reciprocity (Q42a)	71.4%	61.7%	61.0%	62.4%	-
Positive perception of trust (Q42e)	70.1%	53.2%	55.8%	47.3%	*
Belongs to social network(s) (Q33)	20.7%	11.2%	12.7%	9.4%	-
Values local friendships (Q42c)	67.1%	60.3%	57.3%	65.6%	*
Positive perception of social support (Q42g)	69.9%	58.4%	59.4%	53.9%	-

Respondents in Shettleston & Baillieston are more likely to feel they can trust people in their area (56% compared to 47% in East Centre & Carlton). However, those in East Centre &

Carlton are more likely to value their friendships with people in their local area (66% compared to 57% in Shettleston & Baillieston).

2.4.2 View of Local Area

Using the 'faces' scale (see section 2.1.3), and asked to rate their local area: (a) as a place to live, and (b) as a place to bring up children. Those selecting any of the three 'smiling' faces (1-3) were categorised as having a positive perception. Overall, 64% have a positive perception of their area as a place to live, and 54% have a positive perception of it as a place to bring up children.

2.4.3 Civic Engagement

Just 3% say that, in the last three years, they have had **responsibilities in clubs, associations, church groups or similar** (e.g. committee member, fundraising, organising events or administrative work).

Respondents were presented with a list of actions that could be taken in an attempt to improve things in the local area, and asked which they had personally done in the last three years. Those saying they had done at least one have been categorised as '**activists**'. By this definition, 4% are activists.

Only 2% say they currently act as a **volunteer**.

2.4.4 Reciprocity & Trust

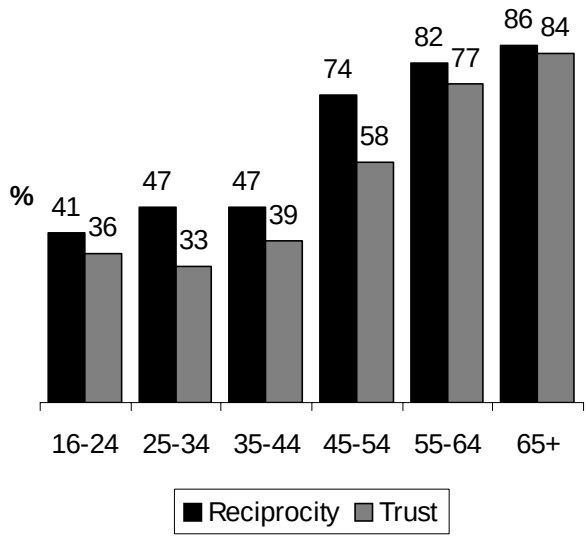
Respondents were asked to indicate the extent to which they agree or disagree with the following statements:

1. "*This is a neighbourhood where neighbours look out for each other*", and
2. "*Generally speaking, you can trust people in my local area*".

Those agreeing with the first statement are categorised as having a positive view of reciprocity, and those agreeing with the second statement are categorised as having a positive view of trust. Overall, 62% are positive about reciprocity and 53% about trust.

Chart 6.1 shows that those aged 45+ tend to be more positive about reciprocity and trust than those under 45.

Chart 6.1: Proportion with a positive perception of reciprocity/trust (Q42a/e)
Base: All (779)



Respondents in Shettleston & Baillieston were more likely than those in East Centre & Carlton to be positive about trust.

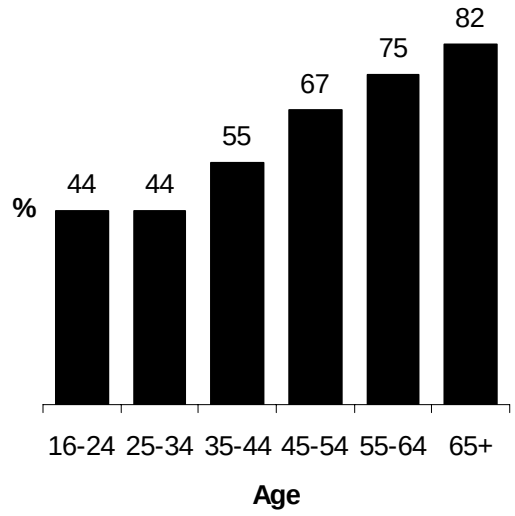
2.4.5 Social Networks & Local Friendships

Respondents were asked if they belong to any social clubs, associations, church groups or similar, and those indicating that they do are categorised as belonging to a **social network**. According to this definition, one in nine (11%) belong to a social network.

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, six in ten (60%) agree with this statement, i.e. **value local friendships**.

Chart 6.2 shows that those aged under 45 tend to attach less value to local friendships.

Chart 6.2: Proportion who attach value to local friendships (Q42c)
Base: All (779)



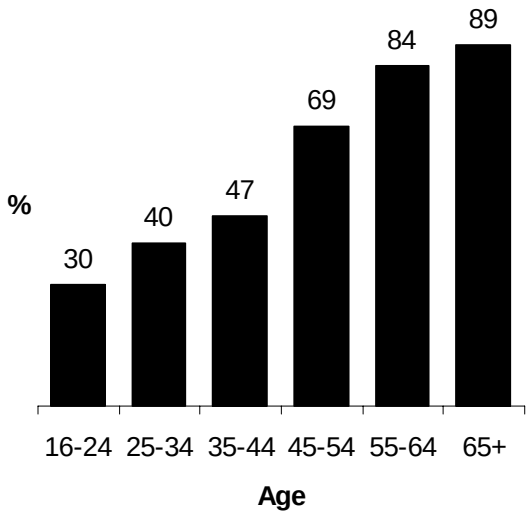
Those living in East Centre & Carlton are more likely to attach value to local friendships than those in the Shettleston & Baillieston area (66% and 57% respectively).

2.4.6 Social Support

Respondents were asked to indicate the extent to which they agree or disagree with the statement: "*If I have a problem, there is always someone to help me*". Those agreeing with this statement are categorised as having a positive view of social support. According to this definition, almost three in five (58%) are positive about social support.

Chart 6.3 shows that those aged under 45 are significantly less likely to have a positive perception of social support.

Chart 6.3: Proportion of respondents with a positive perception of social support (Q42g)
Base: All (779)



3 A LEARNING EAST GLASGOW

3.1 Indicators for Education and Learning

The table below shows the indicators relating to education and learning. Nearly half (47%) of respondents in the East CHCP had no educational qualifications. A third (32%) had access to the internet.

Table 3.1: Indicators for education and learning

		East CHCP			
	Glasgow City	**All East CHCP**	**Shettleston & Baillieston**	**East Centre & Carlton**	**Sig (*)**
Base: All. Unweighted base:	*1,382*	*779*	*445*	*293*	
No educational qualifications (Q49)	44.3%	47.1%	46.0%	48.0%	-
Has access to the Internet (Q40)	45.8%	32.1%	31.5%	30.9%	-

The two regeneration areas showed very similar results for these two indicators.

Table 3.2 shows the highest educational attainment of East CHCP respondents. Just under one in five (19%) had attained qualifications other than school-based certificates or examinations.

Table 3.2: Highest educational attainment

Base: All. Unweighted base:	**Most deprived 15%** *779*
School leaving certificate	8.4%
'O' Grade, Standard Grade, GCSE, CSE, Senior Certificate or equivalent	20.2%
Higher Grade, CSYS, 'A' Level, AS Level, Advanced Senior Cert or equivalent	5.5%
GSVQ/SVQ Level 1 or 2, Scotvec Module, BTEC First Diploma, City and Guilds Craft, RSA or equivalent	3.0%
GSVQ/SVQ Level 3, ONC, OND, Scotvec National Diploma, City and Guilds Advanced Craft, RSA Advanced Diploma or equivalent	1.6%
Apprenticeship/trade qualification	7.4%
HNC, HND, SVQ Level 4 or 5, RSA Higher Diploma or equivalent	5.3%
First Degree, Higher Degree	1.2%
Professional qualifications	0.4%
None	47.1%

4 A SAFE EAST GLASGOW

4.1 Feelings of Safety

4.1.1 Section Summary

Table 4.1 below shows the indicators relating to feelings of safety. East CHCP were less likely to feel safe using public transport or walking alone in their local area than compared to Glasgow City as a whole.

Table 4.1: Indicators for feelings of safety

		East CHCP			
	Glasgow City	**All East CHCP**	**Shettleston & Baillieston**	**East Centre & Carlton**	**Sig (*)**
Base: All. Unweighted base:	*1,382*	*779*	*445*	*293*	
Feel safe in my own home (Q46c)	93.3%	93.4%	94.1%	92.5%	-
Feel safe using public transport (Q46a)	79.3%	55.9%	55.4%	55.0%	-
Feel safe walking alone even after dark (Q46b)	57.1%	36.0%	37.4%	33.4%	-

There were no significant differences for indicators of feelings of safety between the two regeneration areas.

4.1.2 Feelings of Safety

A large majority of respondents (93%) agree or agree strongly with the statement: 'I feel safe **in my own home**' (71% agree and 22% agree strongly). Only 2% disagree.

Almost three in five (56%) agree or agree strongly with the statement: 'I feel safe **using public transport** in this local area' (52% agree and 3% agree strongly). One in six (16%) disagree.

Just over third (36%) agree or agree strongly with the statement: 'I feel safe **walking alone** around this local area, even after dark' (33% agree and 3% agree strongly). Just over four in ten (43%), however, disagree. Women are significantly less likely than men to agree with the statement (31% and 42% respectively).

4.2 Social Issues in Local Area

Using the faces scale (see section 2.1.3), respondents were asked which face best describes how they feel about a range of social issues in their local area. Faces 5-7 are classed as feeling negative about that issue.

Table 4.2 shows the proportion feeling negative about each issue, and how this compares with the results from Glasgow City as a whole. Using this measure, the social issues about which East CHCP respondents feel most negative are: young people hanging around, the amount of drug activity, the level of alcohol consumption and the amount of vandalism/graffiti.

Table 4.2 also shows that the responses of those living in East Centre & Carlton are overall more negative than those living in Shettleston & Baillieston. Overall those living in the East CHCP area are far more negative than those living in Glasgow City as a whole.

Table 4.2: Proportion with a negative perception of social issues in local area (Q31)

		East CHCP			
	Glasgow City	**All East CHCP**	**Shettleston & Baillieston**	**East Centre & Carlton**	**Sig (*)**
Base: All. Unweighted base:	*1,382*	*779*	*445*	*293*	
Amount of car crime	11.5%	21.3%	20.8%	24.3%	-
Number of burglaries	8.4%	21.2%	21.7%	21.5%	-
Number of assaults/muggings	10.4%	29.0%	26.7%	35.7%	*
Amount of vandalism/graffiti	16.8%	35.2%	32.9%	41.4%	*
Level of alcohol consumption	21.9%	42.2%	39.2%	48.2%	*
Young people hanging around	25.3%	49.9%	48.5%	53.9%	-
Amount of drug activity	23.7%	48.6%	46.5%	53.9%	*

Overall, those in the 35-44 age group tend to be most negative about all of the social issues listed in the table above. Respondents aged 65+ tend to be the most positive.

5 A VIBRANT EAST GLASGOW

5.1 The Use of Health Services

5.1.1 Topic Summary

Table 4.1 shows all indicators relating to the use of health services, and shows how the East CHCP results compare with Glasgow City as a whole. East CHCP respondents tend to make less use of hospital services, and are significantly less likely to say they are involved in decisions affecting health service delivery. East CHCP respondents are also significantly less positive about all indicators for accessing health services, except for difficulty reaching hospital for an appointment.

Table 5.1: Indicators for use of health services

		East CHCP			
	Glasgow City	**Total**	**Shettleston & Baillieston**	**East Centre & Carlton**	**Sig (*)**
Base: All. Unweighted base:	*1,382*	*779*	*445*	*293*	
Seen a GP at least once in last year (Q4a)	79.2%	80.8%	82.7%	77.3%	
Out-patient to see a doctor at least once in last year (Q4c)	25.3%	21.1%	20.2%	21.5%	
Accident & Emergency at least once in last year (Q4b)	16.8%	11.8%	12.5%	12.5%	
Hospital stay at least once in last year (Q4d)	13.8%	10.8%	11.3%	10.9%	
Been to the dentist in last 6 months (Q8)	39.3%	41.4%	40.8%	41.4%	
Registered with a dentist (Q6)	77.9%	69.6%	69.8%	68.0%	
Given adequate info about condition/treatment (Q5a)	82.2%	73.2%	68.8%	79.3%	*
Feel that views and circumstances are understood & valued (Q5d)	72.9%	65.0%	61.9%	69.0%	
Encouraged to participate in decisions affecting health or treatment (Q5b)	76.3%	66.3%	61.5%	73.3%	*
Have a say in how services are delivered (Q5c)	63.6%	58.2%	55.8%	62.1%	
Difficulty getting GP appointment (Q10a)	10.8%	14.0%	13.8%	12.5%	
Difficulty accessing health services in an emergency (Q10b)	4.3%	9.5%	8.1%	11.4%	
Difficulty getting hospital appointment (Q10c)	8.8%	15.1%	15.0%	13.7%	
Difficulty reaching hospital for an appointment (Q10d)	16.4%	9.3%	10.2%	8.2%	
Difficulty getting GP consultation within 48 hours (Q10h)	6.9%	17.1%	17.7%	15.6%	
Difficulty getting dentist appointment (Q10e)	4.3%	4.4%	2.5%	8.6%	*
Accident in the home in the last year (Q12)	9.1%	6.9%	6.2%	8.2%	

There were only a few indicators which showed significant differences between the two regeneration areas. Those in the Shettleston & Baillieston areas were significantly less likely to say that they were given adequate information about their condition or treatment, or that they were encouraged to participate in decisions affecting health or treatment. However, only 2.5% of those in Shettleston & Baillieston area reported difficultly, compared to 8.2% of those in East Centre & Carlton.

5.1.2 Use of Specific Health Services

Across the sample as a whole, four in five (81%) say they have **seen a GP** in the past 12 months. The mean number of visits in the last year is 4.58.

Those aged under 45 are significantly less likely than those in the 45+ age groups to say they have seen a GP in the past 12 months (72% of under-45s, compared with 91% of those aged 45+). Women are more likely than men to say that they have seen a GP in the past 12 months (84% and 76% respectively).

Across the sample as a whole, one in five (21%) say they have seen a doctor at a **hospital outpatient department** in the past 12 months. The mean number of visits in the last year is 0.66. The mean number of visits for those that attended at least once in the last year is 3.13.

Those aged under 45 are less likely than those in the 55+ age groups to say they have seen a doctor at a hospital outpatient department in the past 12 months (11% of under-45s, compared with 38% of those 55+).

Overall, just over one in eight (12%) say they have been to **Accident & Emergency** (A & E) in the past 12 months. One in nine (11%) say they have been **admitted to hospital** at least once in the past year.

Those aged under 45 are less likely than those in the 45+ age groups to say they have been admitted to hospital (5% of under-45s, compared with 17% of those aged 45+).

Two in five (41%) say they have been to the **dentist** within the past six months. A further 21% say they have been in the past 6-15 months, while 38% say it is over 15 months since their last visit. Respondents aged 65+ are significantly less likely to say that they have been to the dentist recently (only 8% say that they have visited in the past six months).

Seven in ten (70%) say they are registered with a dentist. Those aged 65+ are least likely to say they are registered (23%).

5.1.3 Involvement in Decisions Affecting Health Service Delivery

Respondents were asked to think about their recent use and experience of health services such as GP, dentist or hospital.

Across the sample as a whole, almost three-quarters (73%) feel they have **been given adequate information about their condition or treatment** (26% say 'definitely' and 47% 'to some extent').

Those in the 16-24 age group are significantly less likely than those aged 25+ to say they have been given adequate information (56% and 77% respectively)

Those living in the East Centre & Carlton regeneration area are the most likely to say they have been given adequate information (79%). This is mainly due to those aged under 45. There was not a significant difference between the two regeneration areas for those aged 45 or over. Amongst under 45s, 61% in Shettleston & Baillieston said they were given adequate information compared to 76% of those in East Centre & Carlton.

Across the sample as a whole, almost two-thirds (65%) feel their **views and circumstances are understood and valued** (20% say 'definitely' and 45% 'to some extent').

Those in the 16-24 age group are significantly less likely than those aged 25+ to say that they feel their views and circumstances are understood and valued (53% and 68% respectively)

Overall, two-thirds (66%) feel they have been **encouraged to participate in decisions affecting their health and treatment** (22% say 'definitely' and 44% 'to some extent').

Those in the 16-24 age group are less likely than those aged 25+ to say that they have been encouraged to participate (55% and 72% respectively).

Those living in the East Centre & Carlton regeneration area were more likely than those in Shettleston & Baillieston area to say they felt they had been encouraged to participate. This difference was largely due to the differences among those aged under 45. While 57% of under 45s in Shettleston & Baillieston felt they had been encouraged to participate, this was true of 74% of those in East Centre & Carlton.

Overall, almost three in five (58%) feel that they **have a say in how health services are delivered** (17% say 'definitely' and 41% 'to some extent').

Respondents in the 16-24 age group are significantly less likely than those aged 25+ to say that they have a say in how health services are delivered (47% and 61% respectively).

5.1.4 Accessing Health Services

Respondents were asked to rate how easy or difficult it is for them to access certain health services, on a scale of 1 (very difficult) to 5 (very easy). For the purposes of reporting, we have defined ratings of 1 or 2 as 'difficult' and ratings of 4 or 5 as 'easy'. For all the services covered on the questionnaire, the majority of those with an opinion rate access as easy.

Overall, one in seven (14%) say it is difficult to **get a GP appointment**.

One in ten (10%) say it is difficult to **access health services in an emergency**.

Across the sample as a whole, one in seven (15%) say it is difficult to **get a hospital appointment**.

Overall, one in eleven (9%) say it is difficult to **travel to the hospital for an appointment**.

Across the sample as a whole, one in six (17%) say it is difficult to **get a consultation with someone at their GP surgery within 48 hours**.

Overall, one in twenty-five (4%) say it is difficult to **get a dentist appointment**. Respondents in East Centre & Carlton (9%) are more likely to have difficulty than those living in Shettleston & Baillieston (2%).

5.1.5 Accidents in the Home

One in fourteen (7%) say that they or someone in their household has suffered an accidental injury in the home in the past year.

5.2 Environmental Issues in Local Area

Again using the faces scale (see section 2.1.3), respondents were asked which face best describes how they feel about a range of environmental issues in their local area. Faces 5-7 are classed as feeling negative about that issue.

Table 5.2 shows the proportion feeling negative about each issue, and how this compares with the results from Glasgow City as a whole. Using this measure, the environmental issues about which East CHCP respondents feel most negative are the availability of pleasant places to walk, the availability of safe places to play, and the amount of dogs' dirt. In comparison with Glasgow City respondents as a whole, East CHCP respondents are significantly more negative in relation to all the listed issues.

Table 5.2 also shows that the responses of those living in East Centre & Carlton are more negative about the number of vacant/derelict buildings, the amount of vacant/derelict land, and the amount of dogs' dirt than those living in Shettleston & Baillieston.

Table 5.2: Proportion with negative perception of environmental issues (Q32)

		East CHCP			
	Glasgow City	All East CHCP	Shettleston & Baillieston	East Centre & Carlton	Sig (*)
Base: All. Unweighted base:	*1,382*	*779*	*445*	*293*	
Standard of street lighting	4.3%	9.5%	9.2%	11.3%	-
Number of abandoned cars	3.3%	8.4%	8.3%	9.8%	-
Level of smells from sewers	1.9%	19.7%	18.3%	23.8%	-
Number of vacant/derelict buildings	3.5%	19.1%	11.5%	35.9%	*
Amount of vacant/derelict land	3.7%	19.7%	12.1%	36.5%	*
Amount of traffic	14.3%	24.1%	23.8%	25.0%	-
Amount of broken glass lying around	11.7%	23.4%	22.3%	27.3%	-
Amount of noise and disturbance	9.5%	22.8%	21.8%	25.9%	-
Number of uneven pavements	10.9%	27.5%	24.8%	31.3%	-
Amount of rubbish lying about	18.2%	26.0%	24.1%	28.9%	-
Availability of pleasant places to walk etc	12.6%	35.1%	37.7%	32.0%	-
Amount of dogs' dirt	17.0%	30.9%	28.2%	39.1%	*
Availability of safe play spaces	14.7%	34.2%	35.6%	32.8%	-

5.3 Perceived Quality of Services in the Area

Respondents were read a list of seven services/facilities, and asked to rate the quality of each in their area, on a five-point scale (very poor, poor, adequate, good, excellent). Those rating it as 'good' or 'excellent' are classed as having a positive perception.

Table 5.3 shows that East CHCP respondents tend to rate their local services/facilities less positively than Glasgow City respondents as a whole, particularly in relation to food shops and local schools.

Table 5.3: Proportion with positive perceptions of services/facilities in local area (Q43)

		East CHCP			
	Glasgow City	**All East CHCP**	**Shettleston & Baillieston**	**East Centre & Carlton**	**Sig (*)**
Base: All. Unweighted base:	*1,382*	*779*	*445*	*293*	
Public transport	61.6%	57.7%	54.6%	61.6%	-
Food shops	52.3%	34.4%	28.0%	44.5%	*
Local schools	49.6%	32.8%	30.8%	35.9%	-
Police	31.4%	21.1%	22.1%	18.4%	-
Leisure/sports facilities	29.1%	15.3%	11.5%	20.8%	*
Activities for young people	21.2%	11.2%	9.4%	13.3%	-
Childcare provision	17.7%	9.5%	7.7%	11.3%	-

Table 5.3 also shows that those living in East Centre & Carlton were significantly more likely to express positive views on their local food shops and leisure/sports facilities than those in Shettleston & Baillieston.

6 A WORKING EAST GLASGOW

6.1 Individual Circumstances & Financial Situation

Several questions were asked to identify personal circumstances that might lead to social exclusion and/or have an impact on health. These are detailed in Table 5.1. Overall, East CHCP respondents are more likely than Glasgow City respondents as a whole to be widowed/divorced/separated and to have no employed adults in the household. They are also *less* likely to say that they own a car.

Table 6.1: Indicators for individual circumstances

		East CHCP			
	Glasgow City	**All East CHCP**	**Shettleston & Baillieston**	**East Centre & Carlton**	**Sig (*)**
Base: All. Unweighted base:	*1,382*	*779*	*445*	*293*	
Has children under 14 (Q47)	29.9%	33.2%	35.4%	31.0%	-
Lone parent with children under 14 (Q47)	10.4%	14.7%	17.5%	11.0%	*
Widowed/divorced/separated (Q64)	17.0%	24.5%	24.4%	25.0%	-
No employed adults in household (Q47)	46.2%	52.0%	50.4%	56.9%	-
Owns a car (Q61)	51.6%	45.0%	51.9%	62.5%	*
Has caring responsibilities (Q60)	4.9%	6.8%	7.3%	5.5%	-

There is a higher proportion of respondents in Shettleston & Baillieston who are single parents with children under 14 (18%) than in East Centre & Carlton (11%).

Car ownership is higher in East Centre & Carlton (62%) than Shettleston & Baillieston (52%).

Overall, two in five East CHCP respondents (40%) say that they are employed, and one in twenty-five (4%) are in formal education.

Table 6.2 details the indicators that relate to respondents' financial situation. It shows that East CHCP respondents tend to have a poorer financial situation than Glasgow City respondents as a whole. It also shows that respondents in the East Centre & Carlton area are more likely than those is the Shettleston & Baillieston area to find it impossible or a big problem to meet unexpected expenses.

Table 6.2: Indicators for financial situation

		East CHCP			
	Glasgow City	All East CHCP	Shettleston & Baillieston	East Centre & Carlton	Sig (*)
Base: All. Unweighted base:	*1,382*	*779*	*445*	*293*	
Positive perception of adequacy of household income (Q58)	68.2%	52.4%	52.2%	52.2%	-
All household income from State benefits (Q56)	32.6%	43.8%	57.1%	54.7%	-
Experiences difficulty meeting household expenses (Q53)	47.0%	72.0%	71.8%	78.4%	-
Impossible/big problem to find £20 (Q54a)	1.1%	3.6%	2.5%	5.9%	*
Impossible/big problem to find £100 (Q54b)	16.6%	28.8%	29.8%	30.1%	-
Impossible/big problem to find £1,000 (Q54c)	52.0%	73.0%	69.6%	80.8%	*

6.2 *Perceptions of Unemployment*

The table below shows the proportion of respondents who had a positive perception of unemployment in their local area. It shows that East CHCP respondents are overall less positive about unemployment than those in Glasgow City as a whole.

Table 6.3: Proportion with a positive perception of unemployment in local area (Q31)

		East CHCP			
	Glasgow City	All East CHCP	Shettleston & Baillieston	East Centre & Carlton	Sig (*)
Base: All. Unweighted base:	*1,382*	*779*	*445*	*293*	
Level of unemployment – positive perception	52.2%	36.6%	36.9%	34.1%	-

7 SUMMARY OF INDICATORS FOR NATIONAL TARGETS

The table below brings together the indicators given in the preceding chapters which relate to national targets.

Table 7.1: Indicators of national targets

		East CHCP			
	Glasgow City	**All East CHCP**	**Shettleston & Baillieston**	**East Centre & Carlton**	**Sig (*)**
Base: All. Unweighted base:	*1,382*	*779*	*445*	*293*	
Takes at least 30 minutes of moderate exercise 5+ times per week OR at least 20 minutes of vigorous exercise 3+ times per week (Q26-27c)	63.6%	66.8%	68.9%	65.2%	-
Consumes at least 5 portions of fruit and/or vegetables per day (Q18-19)	26.1%	23.8%	27.1%	16.0%	*
Aged 45-54 with some/all natural teeth (Q7) (National target= 95%) Base = 216 in GC, 109 in East CHCP, 75 in Shettleston & Baillieston, 27 in East Centre & Carlton	94.7%	91.9%	92.1%	89.1%	-
Heavily addicted smokers (smokes more than 20 cigarettes per day), based on those currently smoking (n=531 in GC, 356 in East CHCP, 208 in Shettleston & Baillieston, 130 in East Centre and Carlton)	53.5%	60.2%	65.0%	51.8%	*
Exceeds recommended weekly units of alcohol (Q17) – based on all respondents	15.6%	19.1 %	19.8%	19.5%	-
Exceeds recommended weekly units of alcohol (Q17) – based on those who drank at all in past week (n=534 in GC, 301 in East CHCP, 186 in Shettleston & Baillieston and 105 in East Centre & Carlton	38.0%	45.3%	42.8%	52.1%	-
Admits to binge drinking in last week (Q17) – based on those who drank at all in past week (n=534 in GC, 301 in East CHCP, 186 in Shettleston & Baillieston and 105 in East Centre & Carlton	57.3%	70.6%	69.8%	72.9%	-
More than one of the following unhealthy behaviours: smoking, drinking over the recommended amount of alcohol, overweight, not eating 5 portions of fruit and veg a day, not meeting exercise targets.	67.5%	72.5%	68.8%	79.8%	*

APPENDIX A: SURVEY METHODOLOGY & RESPONSE

Sampling

For the main survey sample, it was necessary to adopt a sampling system which would be:

- representative of the population of the GGNHSB area as a whole in terms of age, sex, geographical distribution and index of deprivation;
- comparable with the system used in 1999 and 2002, to allow results to be compared across the two surveys;
- replicable, so that future surveys can track indicators over time.

The main sample was stratified by local authority (six authorities) and by DEPCAT (seven categories, grouped into three – 1/2, 3/4/5 and 6/7). The target sample size was set at 2000 individuals. To achieve this, 200 clusters were sampled in proportion to the population in each stratum, with a view to achieving an average of 10 interviews per cluster. The table below shows the number of clusters in each of the 13 strata.

Table A.1: Sample stratification – main sample

Stratum	Local Authority	DEPCAT Group	No. of Clusters
1	West Dunbartonshire	3/4/5	4
2	West Dunbartonshire	6/7	6
3	East Dunbartonshire	1/2	13
4	East Dunbartonshire	3/4/5	7
5	East Dunbartonshire	6/7	2
6	East Renfrewshire	1/2	11[5]
7	East Renfrewshire	3/4/5	1
8	Glasgow City	1/2	6
9	Glasgow City	3/4/5	41
10	Glasgow City	6/7	91
11	North Lanarkshire	3/4/5	6
12	South Lanarkshire	3/4/5	11
13	South Lanarkshire	6/7	1

The sample was drawn from the Postal Address File (PAF) by CACI, to a specification provided by RBA Research. The PAF was sorted into the 13 strata above. Within each

[5] After the initial round of fieldwork, the original 11 clusters in stratum 6 had not yielded sufficient interviews to allow the appropriate analysis to be conducted in East Renfrewshire due to a low response rate in this stratum. To remedy this, a further 4 clusters were issued, bring the total in this stratum up to 15.

stratum, the PAF was then sorted in alphanumeric order by postcode and house number/name. Interval samples of groups of 150 addresses were then taken, with the number of groups being the number of clusters required in the stratum. This was done as follows:

- the interval was calculated by taking the number of addresses in the stratum and dividing by the number of clusters required. Eg, if there were 1000 addresses in a stratum and four clusters were required, the interval *x* would be 1000/4=250;
- a random number was selected between 1 and *x* and then the group of 150 addresses started at this point on the address list. Eg, if the random number between 1 and 250 was 50, the 150 addresses began at the 50th address in the stratum. The second group of 150 addresses started at address 300, and so on.
- Eighteen addresses were randomly sampled from each group of 150 addresses to form each cluster. Interviewers were required to obtain as many interviews as possible in each cluster, with the assumption that on average, 10 per cluster would be achieved.

For the East CHCP booster sample, the same principle was used, but the variables used for stratification of the PAF list were the two SIPs, resulting in 3 strata. An estimate was made of the number of interviews likely to be achieved in each stratum as part of the main sample. An appropriate number of clusters was then selected for the booster sample, based on the aim of achieving at least 200 interviews in each stratum. Table A.2 shows the number of clusters selected in each stratum.

Table A.2: Sample stratification – East CHCP booster sample

Stratum	Area	No. of Clusters
1	East End SIP	10
2	Greater Easterhouse SIP	10
3	Non-SIP areas	24

Before the addresses were issued to interviewers, GGNHSB screened the sample to identify areas containing high levels of 'deadwood' (eg business addresses, derelict buildings). Where these were found, they were replaced with other addresses that were a match in terms of the sample strata.

Questionnaire Design and Pilot

The survey questionnaire was based on the questionnaire used in 2002, but some new questions had been added. It was felt that the 2002 questionnaire had reached its maximum practicable length, so the addition of new questions had to be balanced by commensurate cuts elsewhere in the questionnaire. Questions for which the data were deemed to be least useful in 2002 were selected for deletion in 2005.

In turn, the 2002 questionnaire had been based on the one used in 1999, but with some changes to content and order to make the interview run more smoothly. Thus, most of the questions in the 2005 questionnaire can be tracked back to 1999 and/or 2002.

Once a draft questionnaire had been agreed, a pilot survey was conducted. Three interviewers conducted 30 interviews. Pilot interviews were carried out to the following quotas:

Table A.3: Pilot quotas

	Male		Female	
	Under 45 years	**45+ years**	**Under 45 years**	**45+ years**
DEPCAT 1,2	1	1	1	1
DEPCAT 3,4,5	3	2	3	3
DEPCAT 6,7	4	3	4	4

The pilot ensured that:

- the questionnaire structure flowed easily, thereby maintaining the interest of the respondent over the duration of the interview which was not considered to be onerous;
- the routing of questions was complete;
- the questions were understood by a range of respondents. It was recognised that the questions had to be coherent and meaningful to people of different levels of ability.

Following the pilot, a few minor changes were made to the questionnaire, but question wording largely remained as it was in 2002.

Fieldwork

Research Resource Ltd was responsible for the fieldwork element of the project. A team of 8 interviewers attended a briefing session which was conducted by Research Resource and RBA, and which was attended by a representative of the Health & Well-being Survey Steering Group. The briefing session involved full instructions in the conduct of the survey interview. Written instructions were given to all interviewers. A copy of these can be found in the report for the main survey. A further 15 interviewers were briefed by Research Resource when they started work later in the fieldwork period.

Interviewers were assigned a number of clusters. A list of 18 addresses was issued per cluster, with interviewers being instructed to obtain as many interviews as possible from each list. Their instructions were to make at least four calls at an address at different times of the day/days of the week before classifying the address as a non-response.

Respondents were randomly selected within households using the 'next birthday rule'. The person aged 16 or over who would next have a birthday was chosen for interview. In cases where the next birthday was not known, a Kish grid was used to make a random selection. An example grid can be found in the main survey report.

Each sampled address was sent an advance letter from GGNHSB explaining the purpose of the survey and requesting co-operation. As a result of this letter, a number of respondents contacted GGNHSB to 'opt out' of the survey. These addresses were removed from the lists given to interviewers and these households were not contacted further by Research Resource.

Each interviewer was provided with a 'letter of authorisation' to show on the doorstep. Interviewers were also instructed to carry their Research Resource photo-identity card at all times and to display this to all potential respondents. Each interviewer also carried a stock of leaflets that explained more about the survey and why participation is important. A leaflet was left with every respondent. Copies of the letters and leaflet can be found in the main survey report.

Fieldwork began immediately after the briefing session on 12 August 2005, and the bulk of it (including all the East CHCP interviews) was completed by 2 December, with most interviews taking place in November. The average interview length was just under 30 minutes. On the main sample, 1,954 interviews were completed, of which 273 were in the East CHCP area. A further 506 interviews were completed in the East CHCP booster sample, making a total of 779.

Response

Table A.4 shows the outcomes of attempted contacts in the main sample, and Table A.5 shows the outcomes in the East CHCP booster sample.

Table A.4: Outcome of attempts to interview – main sample

Outcome	n	% of in-scope	% of all contacts
In-scope (interview possible)			
Interview obtained	1954	71.89%	51.39%
Office refusal (telephone/letter)	136	5.00%	3.58%
No. of people in household information refused	10	0.37%	0.26%
No contact after 4+ calls	158	5.81%	4.16%
No contact with selected person after 1+ visits	134	4.93%	3.52%
Personal refusal by selected person	258	9.49%	6.79%
Proxy refusal on behalf of selected person	22	0.81%	0.58%
Broken appointment, no re-contact	21	0.77%	0.55%
Ill at home during survey period	2	0.07%	0.05%
Away/in hospital during survey period	7	0.26%	0.18%
Selected person has dementia	14	0.52%	0.37%
Inadequate English	2	0.07%	0.05%
Incomplete interview	0	0.00%	0.00%
Total in-scope	*2718*	*100.00%*	*71.49%*
Out of scope (no interview possible)			
Insufficient address	19	n/a	0.50%
Not traced	39	n/a	1.03%
Not yet built / not yet ready for occupation	0	n/a	0.00%
Derelict/demolished	37	n/a	0.97%
Empty/vacant	20	n/a	0.53%
Business/industrial only (not private)	9	n/a	0.24%
Institution only	3	n/a	0.08%
Other	55	n/a	1.45%
Total out-of-scope	*182*	*n/a*	*4.79%*
Untried (cluster quota achieved so address not pursued – treated as 'out of scope')	*902*	*n/a*	*23.72%*
Total contacts[6]	*3802*	*n/a*	*n/a*

[6] The initial sample consisted of 3,600 addresses (200 clusters x 18 addresses). Where batches of unusable addresses were identified within a cluster, additional contacts were released. Also, as noted above, a further 4 clusters were released in stratum 6 when it became apparent that the response rate was low in this stratum. Hence the total number of contacts is greater than 3,600.

Table A.5: Outcome of attempts to interview – East CHCP booster sample

Outcome	n	% of in-scope	% of all contacts
In-scope (interview possible)			
Interview obtained	506	79.81%	62.47%
Office refusal (telephone/letter)	24	3.79%	2.96%
No. of people in household information refused	0	0.00%	0.00%
No contact after 4+ calls	34	5.57%	4.20%
No contact with selected person after 1+ visits	27	4.43%	3.33%
Personal refusal by selected person	31	5.08%	3.83%
Proxy refusal on behalf of selected person	4	0.66%	0.49%
Broken appointment, no re-contact	0	0.00%	0.00%
Ill at home during survey period	3	0.49%	0.37%
Away/in hospital during survey period	3	0.49%	0.37%
Selected person has dementia	1	0.16%	0.12%
Inadequate English	1	0.16%	0.12%
Incomplete interview	0	0.00%	0.00%
Total in-scope	*634*	*100.0%*	*78.27%*
Out of scope (no interview possible)			0.00%
Insufficient address	0	n/a	0.00%
Not traced	5	n/a	0.62%
Not yet built / not yet ready for occupation	0	n/a	0.00%
Derelict/demolished	42	n/a	5.19%
Empty/vacant	9	n/a	1.11%
Business/industrial only (not private)	0	n/a	0.00%
Institution only	0	n/a	0.00%
Other	14	n/a	1.73%
Total out-of-scope	*70*	*n/a*	*8.64%*
Untried (cluster quota achieved so address not pursued – treated as 'out of scope')	*106*	*n/a*	*13.09%*
Total contacts	*810*	*n/a*	*n/a*

Data Coding and Input

Data from open questions were coded using the same code frames as were used in 1999 and 2002, for comparability. GGNHSB was involved in re-coding some of the lists of codes, which referred to medical conditions.

A specially devised data entry programme was set up to allow data to be entered directly onto computer. The programme included route, range and logic checks at the time of data entry to ensure that the data were valid.

A second-stage cleaning process was conducted after all the data had been entered. This involved examining frequency counts for all variables and checking extreme values.

Additional core indicator variables were computed and added to the dataset. These were specified by GGNHSB.

Data were weighted before analysis. Appendix B details the weighting processes, which replicates that used in 1999 and 2002 to aid comparability.

APPENDIX B: DATA WEIGHTING

Weighting by Age/Sex/SIP and household size

APPENDIX C: DATA ANALYSIS – CHI-SQUARE & T-TEST RESULTS

APPENDIX D: 2005 SURVEY QUESTIONNAIRE

	FOR OFFICE USE ONLY	
Q'naire No.		
Inputted		
Field check		
DP verified		

05062

GREATER GLASGOW HEALTH AND WELL BEING SURVEY 2005

RESPONDENT DETAILS:

ID: ( ) -

TITLE: FORENAME:

SURNAME:

ADDRESS:

POSTCODE:

TELEPHONE:

INTERVIEWER DECLARATION:

I hereby declare that this questionnaire has been completed within the MRS Code of Conduct and in accordance with the instructions supplied to me. I have carefully checked the questionnaire and am aware that it is subject to quality control procedures.

Interviewer's Name: _____

Signature: _____

Date of Interview: _____

INTERVIEWER ID

INTRODUCTION

Good morning/afternoon/evening. My name is ..... from an independent research agency called Research Resource. We are carrying out a research study on behalf of the Greater Glasgow NHS Board and we would appreciate it if you could just answer a few questions. SHOW LETTER OF AUTHORISATION IF REQUIRED***.***

(IF REQUIRED): ***(It should take about half an hour.)***
(IF REQUIRED): ***(The survey is about your health and related issues such as diet, exercise and how you feel about the area you live in.)***

Q1 ***I'd like to start by asking you some questions about your health. How would you describe your health over the past year?***
(READ OUT AND CODE ONE ONLY)

Excellent 1
Good 2
Fair 3
Poor 4

SHOWCARD A

Q2 ***Can you tell me all the illnesses or conditions for which you are currently being treated, by indicating the numbers on the card.***
(CODE ALL THAT APPLY)

Coronary heart disease 1
Stroke 2
Arthritis or rheumatism or painful joints 3
Clinical depression 4
Diabetes 5
Cancer 6
Asthma, bronchitis, or persistent cough 7
Epilepsy 8
Stress related conditions, eg difficulty sleeping or concentrating 9
Severe hearing problems 10
Severe eyesight problems 11
Accident / injury 12
Gastro-intestinal problems, eg peptic ulcer disease, irritable bowel syndrome 13
High blood pressure 14
Drug or alcohol related conditions 15
Sexually transmitted infections, eg gonorrhoea, syphilis, chlamydia 16
Other/s (PLEASE SPECIFY)

_____

_____

None 17

Q3 ***Do you have any long-term condition or illness that substantially interferes with your day to day activities?***

Yes .....1 GO TO Q3a
No .....2 GO TO Q4

Q3a ***Thinking of these conditions and/or illnesses, would you describe yourself as having…?***
(READ OUT AND CODE ALL THAT APPLY)

A physical disability 1
A mental or emotional health problem 2
A long-term illness 3
Other/s (PLEASE SPECIFY)

_____

Q3b ***How much does it (do they) interfere with the following activities (seriously, moderately, or doesn't)?***
(READ OUT AND CODE ONE FOR EACH)

		Seriously interferes	*Moderately interferes*	*Does not interfere*	*N/A*
a.	***Taking up training***	1	2	3	4
b.	***Holding down or obtaining a job***	1	2	3	4

Q4 ***Thinking about the past year and your own health:***
(PUT A NUMBER IN EACH BOX. IF 'NEVER', WRITE IN '0'. IF DON'T KNOW, PROBE FOR ESTIMATE. IF CAN'T GIVE ESTIMATE, WRITE IN 'DK')

a) How many times have you seen a GP? ..... ☐

b) How many times have you been to accident and emergency? ..... ☐

c) How many times have you visited a hospital out-patient department to see a doctor? (Do not include visits for an X-ray or other tests) ..... ☐

d) How many times have you been admitted to hospital (either as a day case or for a longer stay)? ..... ☐

SHOWCARD B

Q5 ***Thinking about your recent use and experience of the Health Services such as GP, dentist, or hospital:***

(READ OUT AND CODE ONE FOR EACH)

	Defin-itely	*To some extent*	*No*	*Don't know*	*Not applicable*
a) ***Were you given adequate information about your condition or treatment?***	1	2	3	4	5
b) ***Have you been encouraged to participate in decisions affecting your health or treatment?***	1	2	3	4	5
c) ***Do you feel that you have a say in how these services are delivered?***	1	2	3	4	5
d) ***Do you feel that your views and circumstances are understood and valued?***	1	2	3	4	5

Q6 ***Are you registered with a dentist?***

(CODE ONE ONLY)

Yes	1	GO to Q6a
No	2	GO to Q7

Q6a ***Is this an NHS or private dentist?***

(CODE ONE ONLY)

NHS	1
Private	2

Q7 ***What proportion of your teeth are your own?***

(CROWNS ARE REGARDED AS 'OWN TEETH'.) (READ OUT. CODE ONE ONLY)

All of them	1	GO TO Q7a
Some of them	2	GO TO Q7a
None of them	3	GO TO Q8

Q7a ***How often do you brush your teeth?***

(CODE ONE ONLY)

Twice or more a day	1
About once a day	2
Less than once a day	3
Seldom or never	4

Q8 ***When was the last time you went to the dentist?***

(READ OUT. CODE ONE ONLY)

Within the last 6 months	1
Within 6 months to 15 months	2
Over 15 months	3

(Q9 deleted)

Q10 ***On a scale of 1 to 5, where 1 is 'very difficult' and 5 is 'very easy', how easy or difficult is it to …***

(READ OUT AND CODE ONE FOR EACH)

	Very difficult				*Very easy*	*Don't know*
a) ***get an appointment to see your GP?***	1	2	3	4	5	6
b) ***access health services in an emergency?***	1	2	3	4	5	6
c) ***obtain an appointment at the hospital?***	1	2	3	4	5	6
d) ***travel to the hospital for an appointment?***	1	2	3	4	5	6
e) ***get an appointment to see the dentist?***	1	2	3	4	5	6
h) ***when needed, get a consultation with someone at your GP surgery within 48 hours?***	1	2	3	4	5	6

Q11 ***I am going to show you a series of questions about emotion and feelings. For each question, please tick the box which applies to you.***

TURN THE PAGE AND PASS QUESTIONNAIRE TO RESPONDENT FOR SELF-COMPLETION. ENCOURAGE THE RESPONDENT TO SELF-COMPLETE, BUT DON'T INSIST ON IT IF THEY WOULD PREFER YOU TO COMPLETE IT

We should like to know if you have had any medical complaints, and how your health has been in general, *over the past few weeks*. Please answer ALL the questions on this page simply by ticking the answer which you think most nearly applies to you. Remember that we want to know about present and recent complaints, not those you had in the past.
It is important that you try to answer ALL the questions.

Have you recently…

(Please tick one box for each statement)

a) …been able to concentrate on whatever you're doing?	Better than usual ☐ 1	Same as usual ☐ 2	Less than usual ☐ 3	Much less than usual ☐ 4
b) …lost much sleep over worry?	Not at all ☐ 1	No more than usual ☐ 2	Rather more than usual ☐ 3	Much more than usual ☐ 4
c) …felt that you are playing a useful part in things?	More so than usual ☐ 1	Same as usual ☐ 2	Less useful than usual ☐ 3	Much less useful ☐ 4
d) …felt capable of making decisions about things?	More so than usual ☐ 1	Same as usual ☐ 2	Less so than usual ☐ 3	Much less capable ☐ 4
e) …felt constantly under strain?	Not at all ☐ 1	No more than usual ☐ 2	Rather more than usual ☐ 3	Much more than usual ☐ 4
f) …felt you couldn't overcome difficulties?	Not at all ☐ 1	No more than usual ☐ 2	Rather more than usual ☐ 3	Much more than usual ☐ 4
g) …been able to enjoy your normal day-to-day activities?	More so than usual ☐ 1	Same as usual ☐ 2	Less so than usual ☐ 3	Much less than usual ☐ 4
h) …been able to face up to your problems?	More so than usual ☐ 1	Same as usual ☐ 2	Less able than usual ☐ 3	Much less able ☐ 4
i) …been feeling unhappy and depressed?	Not at all ☐ 1	No more than usual ☐ 2	Rather more than usual ☐ 3	Much more than usual ☐ 4
j) …been losing confidence in yourself?	Not at all ☐ 1	No more than usual ☐ 2	Rather more than usual ☐ 3	Much more than usual ☐ 4
k) …been thinking of yourself as a worthless person?	Not at all ☐ 1	No more than usual ☐ 2	Rather more than usual ☐ 3	Much more than usual ☐ 4
l) …been feeling reasonably happy, all things considered?	More so than usual ☐ 1	About same as usual ☐ 2	Less so than usual ☐ 3	Much less than usual ☐ 4

Q12 ***In the past year, has anyone in your household suffered an accidental injury in the home? Please include any injuries – no matter how small - for which the sufferer was treated at home.***
(CODE ONE ONLY)

Yes	1	*GO TO Q12a*
No	2	*GO TO Q13*

Q12a ***How many people had an accidental injury in the home in the past year?***
(WRITE NUMBER OF PEOPLE IN THE BOX) ☐

Q12b ***How many of the people who had an accidental injury in the past year were aged under 16 at the time?***
(WRITE NUMBER OF UNDER-16S IN THE BOX) ☐

Q12c ***For each person, how many accidents did they have that required treatment from a doctor or a nurse? How many of these were treated at the hospital?***
(WRITE A NUMBER IN THE BOX FOR EACH PERSON WHO HAD ACCIDENTS – INCLUDING THOSE AGED 16 AND OVER)

	DR OR NURSE	AT HOSPITAL
Person 1	☐	☐
Person 2	☐	☐
Person 3	☐	☐
Person 4	☐	☐

Now I would like to ask you some questions about your lifestyle.

Q13 ***How often are you usually in places where there is smoke from other people smoking tobacco? Would you say most of the time, some of the time, seldom or never?***
(CODE ONE ONLY)

Most of the time	1
Some of the time	2
Seldom	3
Never	4

SHOWCARD C

Q14 ***Which of the following statements best describes you at present?***
(CODE ONE ONLY)

I have never smoked tobacco	1	*GO to Q15*
I have only tried smoking once or twice	2	*GO to Q15*
I have given up smoking	3	*GO to Q15*
I smoke some days	4	*GO to Q14b*
I smoke every day	5	*GO to Q14b*

Q14a (deleted)

Q14b ***On average, how many cigarettes a day do you smoke?***
(WRITE NUMBER OF CIGARETTES IN THE BOX)
(CODE AS '995' IF THE PERSON ONLY SMOKES CIGARS / PIPE / LOOSE TOBACCO) ☐

Q15 ***How often do you drink alcohol?***
(READ OUT. CODE ONE ONLY)

Never	1	*GO to Q18*
Less than once a month	2	*GO to Q16*
More than once a month but not weekly	3	*GO to Q16*
1-2 days per week	4	*GO to Q16*
3-5 days per week	5	*GO to Q16*
6-7 days per week	6	*GO to Q16*

Q16 ***Have you had a drink containing alcohol in the past 7 days?***
(CODE ONE ONLY)

Yes	1	*GO to Q17*
No	2	*GO to Q18*

SHOWCARD D

Q17 ***Using the card, please tell me how much you drank on each day in the past week.***
(START WITH THE PREVIOUS DAY AND WORK BACK THROUGH THE WEEK)

	Mon	Tue	Wed	Thurs	Fri	Sat	Sun
Normal strength beer/lager/stout/cider (eg McEwan's lager, heavy)							
Pints							
Cans							
Bottles							
Strong beer/lager/cider (eg Guinness, Murphy's, Budweiser)							
Pints							
Cans							
Bottles							
Extra strong beer/lager/ cider (eg Tennant's super lager)							
Pints							
Cans							
Bottles							
Single measures of spirits (eg whisky, gin, vodka) (a bottle contains 28 measures)							
Single measures of Martini/sherry/buckfast/Mad Dog 20/20 (a bottle contains 14 measures)							
Glasses of wine at pub or restaurant							
Small glass							
Large glass							
Bottles of wine at home **¼ bottle**							
½ bottle							
Full bottle							
Bottles of alcoholic carbonate (alcopops, such as Smirnoff Ice and Bacardi Breezer)							
Other (please describe)							

Q18 ***Now I'd like to ask you some questions about the food you eat. On average, how many portions of fruit do you eat <u>EACH DAY</u>? Examples of a portion are one apple, one tomato, 2 tablespoons canned fruit, one small glass fruit juice.***
(WRITE NUMBER IN BOX. IF LESS THAN ONE, WRITE '0')

Q19 ***On average, how many portions of vegetables or salad (not counting potatoes) do you eat <u>EACH DAY</u>? A portion of vegetables is 2 tablespoons.***
(WRITE NUMBER IN BOX. IF LESS THAN ONE, WRITE '0')

Q20 (deleted)

Q21 ***How often <u>PER DAY</u> do you usually eat items such as cakes, pastries, chocolate, biscuits and crisps?***
(WRITE NUMBER IN BOX. IF LESS THAN ONE, WRITE '0')

Note Q22-23 refers to the number of times <u>per week</u>

Q22 ***How often <u>PER WEEK</u> do you usually eat oily fish, taken in sandwiches or as part of a meal? (eg kipper, herring, salmon, trout, mackerel, tuna, sardines or pilchards.)***
(WRITE NUMBER IN BOX.
INCLUDE OILY FISH TAKEN AS PART OF A MEAL, EG TUNA PASTA, SALMON FISHCAKES)

Q23 ***On how many days <u>PER WEEK</u> do you usually eat breakfast?***
(WRITE NUMBER BETWEEN 0 AND 7 IN BOX)

Q24 ***What, if anything, did you eat for breakfast <u>this morning</u>?***
(CODE AS MANY AS APPLY)

Nothing 1
Breakfast cereal.....2
Porridge.....3
Bread / toast 4
Fruit (incl. fresh fruit juice/smoothie, but not fruit squash/cordial) 5
Yoghurt 6
Meat (eg bacon, sausage, black pudding).....7
Egg(s).....8
Breakfast bar, eg Nutrigrain.....9
Pastry, eg croissant, pain au chocolat 10
Other (specify)

_____

Q25a ***What is your weight?***
(WRITE IN WEIGHT IN STONES/POUNDS OR KILOGRAMS. IF UNSURE, ASK FOR ESTIMATE.)

☐ Stones ☐ Pounds

Or

☐ Kilograms

Q25b ***What is your height?***
(WRITE IN HEIGHT IN FEET/INCHES OR CENTIMETRES)

☐ Feet ☐ Inches

Or

☐ Centimetres

Q26 ***Thinking now of the exercise you take. In an average week, on how many days do you take at least 30 minutes of moderate physical exercise such as brisk walking? It doesn't have to be 30 minutes all at once.***
(WRITE NUMBER OF DAYS IN BOX)

☐

Q27 ***In an average week, on how many days do you spend at least 20 continuous minutes doing vigorous exercise (enough to make you sweaty and out of breath)?***
(WRITE NUMBER OF DAYS IN BOX)

☐

Q27a ***Can I just check, when you answered the last two questions, did you include physical activity that you do in your job, housework, DIY and gardening?***
(CODE ONE ONLY)

Yes - all activities have been included.....1 GO to Q28
No – there are more activities to add.....2 GO to Q27b

Q27b ***Including ALL types of exercise and activity you take. In an average week, on how many days do you take at least 30 minutes of moderate physical exercise such as brisk walking? It doesn't have to be 30 minutes all at once.***
(WRITE IN THE **TOTAL** NUMBER OF DAYS IN BOX)

☐

Q27c ***And including ALL types of exercise and activity. In an average week, on how many days do you spend at least 20 continuous minutes doing vigorous exercise (enough to make you sweaty and out of breath)?***
(WRITE IN THE **TOTAL** NUMBER OF DAYS IN BOX)

☐

SHOWCARD E

Q28 ***Looking at the faces on the card:***

a. Which face best rates your overall quality of life? ..... ☐
(WRITE NUMBER IN BOX)

b. Which face best rates your general physical well being?..... ☐
(WRITE NUMBER IN BOX)

c. Which face best rates your general mental or emotional well being? .... ☐
(WRITE NUMBER IN BOX)

SHOWCARD E AGAIN

Q29 ***Now I would like to ask you some questions regarding your local area and community. Please look at the card and could you tell me which face on the scale indicates how you feel about your local area as a place to live.***
(WRITE NUMBER IN BOX) ☐

SHOWCARD E AGAIN

Q30 ***And how do you feel about this area as a place in which to bring up children?***
(WRITE NUMBER IN BOX) ☐

SHOWCARD E AGAIN

Q31 ***I'm going to ask you some questions about various things that may or may not be a problem in your local area. Which face best describes how you feel about …***
(READ OUT (A) –(H) AND CODE ONE FOR EACH)

A) ***The level of unemployment in your area*** ..... 1 .....2 ..... 3 .....4 ..... 5.....6 7
B) ***The number of burglaries in your area***..... 1 .....2 ..... 3 .....4 ..... 5.....6 7
C) ***The amount of vandalism / graffiti in your area*** ..... 1 .....2 ..... 3 .....4 ..... 5.....6 7
D) ***The number of assaults / muggings in your area*** ..... 1 .....2 ..... 3 .....4 ..... 5.....6 7
E) ***The amount of drug activity in your area***..... 1 .....2 ..... 3 .....4 ..... 5.....6 7
F) ***The level of alcohol consumption in your area*** ..... 1 .....2 ..... 3 .....4 ..... 5.....6 7
G) ***Young people hanging around in your area*** ..... 1 .....2 ..... 3 .....4 ..... 5.....6 7
H) ***The amount of car crime in your area*** ..... 1 .....2 ..... 3 .....4 ..... 5.....6 7

SHOWCARD E AGAIN

Q32 ***Now I'd like to ask you about some environmental issues that may or may not be a problem in your area. Which face best describes how you feel about …***
(READ OUT (I) –(U) AND CODE ONE FOR EACH)

I) ***The amount of rubbish lying about in your area*** ..... 1 .....2 ..... 3 .....4 ..... 5.....6 7
J) ***The amount of noise and disturbance in your area***..... 1 .....2 ..... 3 .....4 ..... 5.....6 7
K) ***The standard of street lighting in your area*** ..... 1 .....2 ..... 3 .....4 ..... 5.....6 7
L) ***The amount of vacant/derelict land in your area*** ..... 1 .....2 ..... 3 .....4 ..... 5.....6 7
M) ***The number of vacant/derelict buildings in your area*** ..... 1 .....2 ..... 3 .....4 ..... 5.....6 7
N) ***The amount of dog's dirt in your area*** ..... 1 .....2 ..... 3 .....4 ..... 5.....6 7
O) ***The number of abandoned cars in your area*** ..... 1 .....2 ..... 3 .....4 ..... 5.....6 7
P) ***The amount of traffic in your area*** .... 1 .....2 ..... 3 .....4 ..... 5.....6 7
Q) ***The level of smells from sewers in your area*** ..... 1.....2 ..... 3.....4 ..... 5.....6 7
R) ***The amount of broken glass lying around in your area***..... 1.....2 ..... 3.....4 ..... 5.....6 7
S) ***The number of uneven pavements in your area*** ..... 1.....2 ..... 3.....4 ..... 5.....6 7
T) ***The availability of safe play spaces in your area*** ..... 1.....2 ..... 3.....4 ..... 5.....6 7
U) ***The availability of pleasant places to walk etc in your area*** ..... 1.....2 ..... 3.....4 ..... 5.....6 7

Q33 ***Do you belong to any social clubs, associations, church groups or anything similar?***
(CODE ONE ONLY)

Yes .....1 GO to Q33a
No .....2 GO to Q35

Q33a ***How many do you attend regularly in your local area? And elsewhere?***
(WRITE NUMBER IN EACH BOX. IF 'NONE' WRITE IN '0'.)

Local ☐
Elsewhere ☐

Q34 ***In the past 3 years, have you had any responsibilities in the groups you belong to, such as being a committee member, raising funds, organising events, or doing administrative or clerical work?***
(CODE ONE ONLY)

Yes 1
No 2

SHOWCARD F

Q35 ***In the past 3 years, have you taken any of the following actions in an attempt to help improve things in your local area?***
(CODE ALL THAT APPLY)

Written to local newspaper 1
Contacted an organisation, e.g. the council 2
Contacted a local councillor or MSP 3
Attended a protest meeting 4
Joined an action group 5
Joined a decision-making group, e.g. community council or school board 6
Thought about it, but did not do it 7
Other action (specify)

_____

None of the above 8

Q36 ***Do you act as a volunteer?***
(CODE ONE ONLY)

Yes .....1 GO TO Q36a
No .....2 GO TO Q37

Q36a ***How many hours (approximately) do you volunteer per week?***
(WRITE NUMBER OF HOURS IN BOX) ☐

Q37 ***How long have you lived in this neighbourhood/local area?***
(WRITE IN YEARS AND/OR MONTHS.
USE RESPONDENT'S OWN DEFINITION OF NEIGHBOURHOOD/LOCAL AREA.)

☐ Years ☐ Months

Q38 ***How long have you lived in your present home?***
(WRITE IN YEARS AND/OR MONTHS)

☐ Years ☐ Months

Q39 (deleted)

Q40 ***Do you have access to the Internet?***
(CODE ONE ONLY)

Yes .....1 GO to Q40a
No .....2 GO to Q41

Q40a ***Is this at home, elsewhere, or both?***
(CODE ONE ONLY)

Home.....1
Elsewhere.....2
Both 3

Q41 ***Is there anything about your home that affects your health?***
(CODE ONE ONLY)

Yes .....1 GO to Q41a
No .....2 GO to Q41b

Q41a ***What would that be?***

_____

_____

_____

Q41b ***Is your home bought or rented?***
(CODE ONE ONLY)

Owner occupied/being bought 1
Rented from private owner 2
Rented from local housing association or Glasgow Housing Association.3
B&B/Hostel 4
Other (specify)

_____

Refused 5

SHOWCARD G

Q42 ***How much do you agree or disagree with the following statements about living in this local area?***
(READ OUT AND CODE ONE FOR EACH)

	Strongly Agree	*Agree*	*Neither /nor*	*Disagree*	*Strongly Disagree*
a. ***This is a neighbourhood where neighbours look out for each other***.	1	2	3	4	5
b. ***I feel I belong to this local area***.	1	2	3	4	5
c. ***The friendships and associations I have with other people in my local area mean a lot to me***.	1	2	3	4	5
d. ***I feel valued as a member of my community***.	1	2	3	4	5
e. ***Generally speaking, you can trust people in my local area***.	1	2	3	4	5
f. ***By working together, people in my neighbourhood can influence decisions that affect my neighbourhood***.	1	2	3	4	5
g. ***If I have a problem, there is always someone to help me***.	1	2	3	4	5

Q42h ***Do you ever exchange small favours with the people who live near you? I'm thinking about things like leaving a key to let in a repair man, feeding pets while you are away or picking up things from the shop for each other.*** IF YES: ***How many people do you exchange favours with?***

WRITE NUMBER IN THE BOX. IF 'NONE' WRITE IN '0', IF MORE THAN 98 WRITE IN '98'. IF DON'T KNOW, WRITE IN '99'.

☐

SHOWCARD H

Q43 ***Please look at the card I've given you and tell me what you think of the quality of services in your area.***

(READ OUT AND CODE ONE FOR EACH)

	Very Poor	*Poor*	*Adequate*	*Good*	*Excellent*	*D/K*
a. ***Food shops***	1	2	3	4	5	6
b. ***Local schools***	1	2	3	4	5	6
c. ***Public transport***	1	2	3	4	5	6
d. ***Activities for young people***	1	2	3	4	5	6
e. ***Leisure/sports facilities***	1	2	3	4	5	6
f. ***Childcare provision***	1	2	3	4	5	6
g. ***Police***	1	2	3	4	5	6

Q44 ***What is your main form of transport?***

(CODE ONE ONLY)

Car/motorcycle/moped.....1
Public transport (buses and trains).....2
Cycling.....3
Walking.....4
Other (specify)

_____

Never go out.....5

Q45 ***Do you feel in control of decisions that affect your life, such as planning your budget, moving house or changing job?***

(CODE ONE ONLY)

Definitely 1
To some extent.....2
No 3

SHOWCARD I

Q46 ***How much do you agree or disagree with the following statements about safety in this local area?***
(READ OUT AND CODE ONE FOR EACH)

	Strongly Agree	*Agree*	*Neither /nor*	*Disagree*	*Strongly Disagree*
a. ***I feel safe using public transport in this local area***	1	2	3	4	5
b. ***I feel safe walking alone around this local area even after dark***	1	2	3	4	5
c. ***I feel safe in my own home***	1	2	3	4	5

SHOWCARD J

Q46d ***Taking all things into account, which face best indicates how happy you are?***
(WRITE NUMBER IN BOX)

Q47 Now I'd like to ask you about the members of your household.

A: ***How many people are there in this household (including yourself)?***
B: Please tell me their ages.
C: **FOR EACH:** ***Is he/she employed or in education?***

MAKE SURE RESPONDENT IS PERSON NUMBER 1.

RECORD AS EMPLOYED ONLY IF THIS IS PRIMARY OCCUPATION (E.G. FULL-TIME STUDENTS WITH A PART-TIME JOB SHOULD NOT BE CLASSED AS EMPLOYED.) ENTER NUMBERS IN GRID BELOW.

Person number	**Gender** 1 = male 2 = female	**Age** Write in age last birthday	**Work status** 1 = employed 2 = education 3 = other
1 (respondent)			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			

TOTAL NUMBER OF PEOPLE IN HOUSEHOLD (INCLUDING RESPONDENT): ☐

Q48 (deleted)

SHOWCARD K

Q49 ***What is the highest level of educational qualifications you've obtained?***
(CODE ONE ONLY)

School leaving certificate.....1
'O' Grade, Standard Grade, GCSE, CSE, Senior Cert or equivalent.....2
Higher Grade, CSYS, 'A' Level, AS Level,
Advanced Senior Cert or equivalent.....3
GSVQ/SVQ Level 1 or 2, Scotvec Module, BTEC First Diploma,
City and Guilds Craft, RSA or equivalent.....4
GSVQ/SVQ Level 3, ONC, OND, Scotvec National Diploma,
City and Guilds Advanced Craft,
RSA Advanced Diploma or equivalent.....5
Apprenticeship / trade qualification.....6
HNC, HND, SVQ Level 4 or 5, RSA Higher Diploma or equivalent.....7
First Degree, Higher Degree.....8
Professional qualifications (specify)

_____

None.....9

Q50 ***I'd like to ask about the main wage earner in the household. If there is no wage earner, this could be the person who draws a pension or simply brings in most of the household's income. Are you the main wage earner in the household?***

Yes.....1
No.....2

SHOWCARD L

Q51a ***Which one of these describes you best?***
IF RESPONDENT IS MAIN WAGE EARNER ('YES' AT Q50), ENTER UNDER 'RESPONDENT' COLUMN. CODE ONE ONLY.
IF CURRENTLY OFF WORK OR ON MATERNITY LEAVE, CODE AS EMPLOYED FULL- OR PART-TIME.

IF RESPONDENT IS NOT MAIN WAGE EARNER ('NO' AT Q50), ASK Q51B: OTHERS GO TO Q51C.

Q51b ***Which of these applies to the main wage earner?***
ENTER UNDER 'MAIN WAGE EARNER' COLUMN BELOW. CODE ONE ONLY.
IF CURRENTLY OFF WORK OR ON MATERNITY LEAVE, CODE AS EMPLOYED FULL- OR PART-TIME.

	Q51a) Respondent	*Q51b) Main wage earner*
Employed full-time	1	1
Employed part-time	2	2
Unemployed and seeking work	3	3
Unable to work due to illness or disability	4	4
Retired	5	5
Looking after home/family	6	6
In full-time education/training	7	7
In part-time education/training	8	8

Q51c (deleted)

Q51d ***What is or was the main wage earner's occupation?***
How many people is/was he/she responsible for?
What industry do/did he/she work in? What is/was made or done at the place where he/she work(ed)?
ENTER UNDER 'MAIN WAGE EARNER' COLUMN BELOW. CODE ONE ONLY.

Job (write in)
(if never worked, write 'never worked')

Ask how many people he/she is/was responsible for.
If none, write in '0'

Industry:

Manufacturing and mining.....1
Construction.....2
Transport.....3
Health service.....4
Local or national government.....5
Service industries (eg banking, insurance, travel, entertainment).....6
Retail services.....7
Catering/food preparation.....8
Professional services (eg teaching, legal, surveying services).....9
Voluntary or community sector.....10
Other (PLEASE WRITE IN)

_____

Q51e **OFFICE USE ONLY**

Socio-Economic Group

A 1
B 2
C1 3
C2 4
D 5
E 6

IF RESPONDENT IS UNEMPLOYED AND SEEKING WORK (CODE 3 AT Q51A), ASK Q52. OTHERS GO TO Q53.

Q52 ***How long has it been since you were last in paid employment?***
WRITE IN NUMBER OF YEARS AND/OR MONTHS . IF NEVER WORKED, WRITE IN 'NEVER'

☐ YEARS ☐ MONTHS

SHOWCARD M

Q53 ***How often do you find it difficult to meet the cost of*:**
(READ OUT AND CODE ONE FOR EACH)

	Very Often	*Quite Often*	*Occasionally*	*Never*	*D/K*	*N/A*
a. ***Rent/mortgage***	1	2	3	4	5	6
b. ***Gas, electricity and other fuel bills***	1	2	3	4	5	6
c. ***Telephone bill***	1	2	3	4	5	6
d. ***Council tax, insurance***	1	2	3	4	5	6
e. ***Food***	1	2	3	4	5	6
f. ***Treats/holidays***	1	2	3	4	5	6
g. ***Clothes and shoes***	1	2	3	4	5	6

SHOWCARD N

Q54 ***How would your household be placed if you suddenly had to find a sum of money to meet an unexpected expense such as a repair or new washing machine? How much of a problem would it be if it was £20 ..? or £100? Or £1000?***
(READ OUT AND CODE ONE FOR EACH)

	Impossible To find	*A big problem*	*A bit of a problem*	*No problem*	*D/K*
a. ***£20***	1	2	3	4	5
b. ***£100***	1	2	3	4	5
c. ***£1,000***	1	2	3	4	5

Q55 (deleted)

SHOWCARD O

Q56 ***What proportion of your household income comes from state benefits?***
(READ OUT. CODE ONE ONLY)

None	1	GO to Q58
Very little	2	GO to Q57
About a quarter	3	GO to Q57
About a half	4	GO to Q57
About three quarters	5	GO to Q57
All	6	GO to Q57
Don't know	7	GO to Q57

Q57 ***Are you or any member of your household in receipt of each of the following?***
(READ OUT. CODE ALL THAT APPLY)

Job seekers allowance (JSA)	1
Income support	2
Disability-related benefits	3
Housing benefits	4
Family tax credit	5
Disabled person's tax credit	6
Retirement pension	7
Attendance allowance	8
Other pension	9

Other (PLEASE WRITE IN)

_____

_____

SHOWCARD P

Q58 ***Thinking of the total income of your household, which face on the scale indicates how you feel about the adequacy of that income?***
(WRITE NUMBER IN BOX)

Q59 ***Do you ever feel isolated from family and friends?***
(CODE ONE ONLY)

Yes	1
No	2

Q60 ***Outwith work, are you responsible for caring for someone on a day to day basis? – eg a disabled child, elderly person, etc. (Do not include 'ordinary' childcare.)***

Yes	1	GO to Q60a
No	2	GO to Q61

Q60a ***On average, how many hours per day do you spend looking after this person(s)?***
(WRITE NUMBER OF HOURS IN BOX)

☐

Q61 ***Do you, or any member of your household, own a car?***

Yes	1
No	2

Q62 (deleted)
Q63 (deleted)

SHOWCARD Q

Q64 ***Can you tell me which of these descriptions applies to you?***
CODE ONE ONLY

Married	1
Cohabiting/living with partner	2
Single/never married	3
Widowed	4
Divorced	5
Separated	6

SHOWCARD R

Q65 ***Which of the groups on this card best describes you?***
(CODE ONE ONLY)

White
Scottish.....1
Other British 2
Irish 3
Other White background (specify) 4*

_____

Mixed (specify) 5

_____

Asian, Asian Scottish or Asian British
Indian 6
Pakistani.....7
Bangladeshi.....8
Chinese.....9
Other Asian, Asian Scottish or Asian British background (specify) 10

_____

Black, Black Scottish or Black British
Caribbean.....11
African 12
Other Black, Black Scottish or Black British (specify).....13

_____

Any other ethnic background (specify) 14

_____

Refused 15

* Gypsy/Travellers should be encouraged to record their ethnic group under 'Other White – specify'

Q66 ***What religion, if any, do you identify with?***
(CODE ONE ONLY)

None 1
Church of Scotland 2
Roman Catholic 3
Other Christian.....4
Buddhist.....5
Hindu 6
Jewish.....7
Muslim.....8
Sikh 9
Other religion.....10
Refused 11

Q67 ***On a scale of 1 to 5, where 1 is 'not at all' and 5 is 'very much', how religious do you consider yourself to be?***
(WRITE NUMBER IN BOX)

Q68 ***On a scale of 1 to 5, where 1 is 'not at all' and 5 is 'very much', how <u>spiritual</u> do you consider yourself to be?***
(WRITE NUMBER IN BOX)

Q69 ***How often, if ever, do you attend religious or spiritual activities? (Do not include weddings, funerals, baptisms etc.)***
(CODE ONE ONLY)

Never.....1
More than once a week.....2
About once a week.....3
2-3 times a month.....4
Once a month.....5
A few times a year.....6

Q70 ***Have you ever been treated unfairly because of your religious beliefs (or lack of them)?***

No.....1
Yes (write in details).....2

_____

_____

Q71 ***May we have your permission to give the Health Board and its partners your details so they can contact you in the future about similar research studies? The Health Board's partners are the Glasgow Centre for Population Health (***if respondent lives in West Dunbartonshire: ***and the West Dunbartonshire Partnership).***

Yes, permission given.....1
No, permission not given.....2

Q72 ***Please record the length of the interview:***

minutes

Q73 ***Please record how Q11 was completed.***
(CODE ONE ONLY)

Self completion..... 1
Read out for the respondent..... 2

THANK AND CLOSE
MAKE SURE FRONT PAGE DETAILS (incl. POSTCODE) ARE COMPLETE & CORRECT
HAND OUT "THANK YOU" LEAFLET
COMPLETE THE CONTACT SHEET AND ATTACH TO THE QUESTIONNAIRE