



NHS Greater Glasgow and Clyde 2017/18 Adult Health and Wellbeing Survey Main Report

Prepared for NHS Greater Glasgow and Clyde by Traci Leven Research

January 2019

Contents

1	Intro	duction	1
	1.1 1.2		1
2	Peop	ole's Perceptions of Their Health & Illness	5
	2.1 2.2 2.3 2.4	,	6 10 11 15
3	Heal	th Behaviours	17
	3.1 3.2 3.3 3.4 3.5	Diet	18 25 34 41 44
4	Soci	al Health	47
	4.1 4.2 4.3 4.4 4.5 4.6 4.7 4.8		48 55 56 59 60 61 63
5	Soci	al Capital	68
	5.1 5.2 5.3 5.4 5.5 5.6 5.7	Reciprocity and Trust Local Friendships Social Support Volunteering Belonging to Clubs, Associations and Groups Social Activism Summary of Key Messages from This Chapter	69 71 72 74 75 75
6	Fina	ncial Wellbeing	79
	6.1 6.2 6.3 6.4	Income from State Benefits Adequacy of Income Views on Poverty Difficulty Meeting the Cost of Specific Expenses	80 81 82 83

	6.5	Difficulty Finding Unexpected Sums	84
	6.6	Credit and Store Cards	86
	6.7	Food Insecurities	87
	6.8	Gambling	89
		Summary of Key Messages from This Chapter	92
7	Demog	graphics	94
	7.1	Household Composition	95
	7.2	Sexual Orientation	96
	7.3	Ethnicity	96
	7.4	Educational Qualifications	97
	7.5	Tenure	99
	7.6	Economic Activity	100
		Summary of Key Messages from This Chapter	102
APPE	NDIX A	: SURVEY METHODOLOGY & RESPONSE	A1
APPE	NDIX B	: SAMPLE PROFILE	A9
APPE	NDIX C	: DATA WEIGHTING	A11
APPE	NDIX D	: INDEPENDENT VARIABLES	A13
APPE	NDIX E SCORI	E: ALCOHOL USE DISORDERS IDENTIFICATION TEST	(AUDIT) A14
APPE	NDIX F	: SURVEY QUESTIONNAIRE	A17

Introduction 1

1.1 Introduction¹

This report contains the findings of a research survey on the health and wellbeing (HWB) of NHS Greater Glasgow and Clyde (NHSGGC) residents carried out in 2017/18. The fieldwork and data entry were performed by BMG on behalf of NHSGGC, and the analysis and reporting were performed by Traci Leven Research.

The survey has been conducted every three years since 1999 and is the seventh in the series of studies; initially covering the NHS Greater Glasgow area it was expanded in 2008 to cover the new NHSGGC area. This survey therefore represents the third follow-up of the expanded study.

Background

The original aims of the survey were:

- to provide intelligence to inform the public health approaches
- to explore the different experiences of health and wellbeing in our most deprived communities² compared to other areas
- to provide information that would be useful for monitoring health promotion interventions.

There have been many policy changes since the first HWB survey was conducted in 1999. For example, the dissolution of social inclusion partnership areas (SIPs) as a focus of tackling area based deprivation and the emergence of the Scottish Index of Multiple Deprivation (SIMD) as the main tool for measuring area based deprivation and focusing of resources; the emergence of Health and Social Care Partnerships (HSCPs) as a vehicle for integrated planning and delivery of health and social care services at a local level; and the introduction of Local Outcome Improvement Plans have led to a recognition of the breadth of influencing factors on health, for example alcohol use; nutrition; physical activity; poverty; isolation and loneliness.

The HWB survey is formed around a set of core questions which have remained the same since 1999. Prior to the 2017/18 survey an extensive consultation exercise took place to modernise the questionnaire. Questions were included which will provide the potential for record linkage with other

¹ This section has been prepared by NHSGGC

² In 1999, our most deprived communities were given additional resources with the aim of reducing the gap between deprived and least deprived areas. The initiative was part of an umbrella programme of support which focused on Social Inclusion Partnership areas.

health records. New questions were included on food poverty³, loneliness, effect of benefit changes and the alcohol section was revised. The 2017/18 survey provides an opportunity to explore trends over time while also exploring some contemporary public health issues.

The survey continues to offer flexible solutions for monitoring the health of the population in a range of geographies within NHSGGC. Again in 2017/18 we conducted neighbourhood level boosts. Intensive interviewing took place in Govanhill; Ruchill/Possilpark; Greater Gorbals; Parkhead/Dalmarnock and Garthamlock/Ruchazie (to provide intelligence for monitoring the Thriving Places Programme). Boosts which enable the exploration of our most deprived areas compared to least deprived areas have taken place in Inverclyde and East Dunbartonshire. Renfrewshire was boosted to enable an exploration of their area as a whole.

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

Allan A Boyd Senior Public Health Analyst Margaret McGranachan Public Health Researcher

For further information, please contact:

allan.boyd@ggc.scot.nhs.uk margaret.mcgranachan@ggc.scot.nhs.uk

We would also like to thank our partners for their feedback and comments during the questionnaire consultation and in particular to Catherine Bromley, Public Health Information Manager, Public Health Observatory, NHS Health Scotland for her advice on the survey methodology and questionnaire design.

Objectives

The objectives of the survey are:

- to examine trends in key indicators since 2008
- to monitor and compare changes amongst those living in the most deprived areas with other areas
- to provide health and wellbeing information at HSCP level and determine change over time
- to explore the health and wellbeing of the five neighbourhoods in Glasgow City.

³ The Food Insecurity Experience Scale – see http://www.fao.org/in-action/voices-of-the-hungry/fies/en/

Summary of Methodology

In total, 7,834 face-to-face in-home interviews were conducted with adults (aged 16 or over) in the NHSGGC area. The fieldwork was conducted between August 2017 and January 2018. A full account of the sampling procedures, fieldwork and survey response can be found in Appendix A. The sample profile is in Appendix B. The survey questionnaire is in Appendix G.

1.2 This Report

Chapters 2-7 report on all the survey findings, with each subject chapter containing its own infographic summary at the start, and a 'key messages' summary at the end. For each indicator, figures and/or tables are presented showing the proportion of the sample which met the criteria, broken down by demographic (independent) variables. Only findings by independent variables which were found to be significantly different (p<0.01) are reported. The independent variables which were tested were:

- Age Group
- Gender
- Age and gender
- Most deprived 15% datazones (or most deprived 20% datazones in East Dunbartonshire) versus other areas

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

Findings are all based on weighted data, ensuring that the sample was representative of the geography, population profile and deprivation groups of the NHSGGC area as a whole. An explanation of the weighting process is in Appendix C.

Trends are reported for key indicators where a significant (p<0.01) change has occurred since the 2014/15 survey. Trend data show key indicators since the 2008 NHSGGC health and wellbeing survey. Where trends are broken down by the bottom 15% areas and other areas, these are based on 2006 SIMD classifications (which were used in the 2008 survey), rather than the 2016 classifications which were used in the 2017/18 survey. Findings for 2017/18 broken down by deprivation will therefore differ between those used for trends and those presented elsewhere in this report. The trends explored are listed in Appendix F.

A Note on Rounding and Interpreting Percentages

Due to rounding, not all questions recoded into positive or negative type responses will necessarily appear to add up to the quoted overall figure. For example, in Chapter 3 the overall proportion who disagreed that getting drunk was acceptable is 47%, comprising 13% who strongly disagreed and 35% who disagreed. The two categories appear to total 48%, but this is due to rounding. In fact, 12.7% strongly disagreed and 34.7% disagreed, giving a total of 47.4% overall who disagreed.

Columns and bars presented in charts are built with statistics to one decimal place, but the figures on the charts are usually rounded to the nearest whole number.

Most percentages are presented to the nearest whole number. However, there are some instances where a small proportion gave a particular response and it is helpful to examine statistics to one decimal place.

Some questions, for example Q36 which relates to experience of crime (reported in Table 4.1), allow the respondent to select more than one category, so total responses can add up to more than 100%.

Other Surveys Cited in This Report

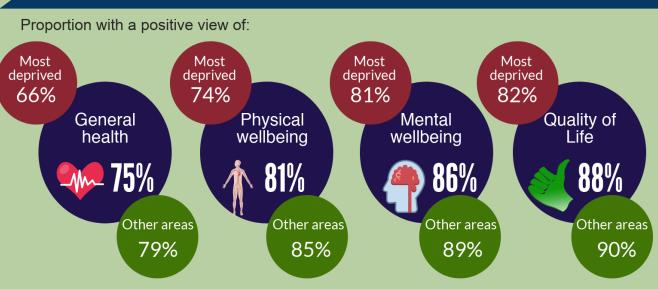
For context and comparison, findings from other surveys are cited in this report. These are:

- The Scottish Health Survey⁴
 https://www.gov.scot/Topics/Statistics/Browse/Health/scottish-health-survey
- The Scottish Household Survey https://www.gov.scot/Topics/Statistics/16002
- The Scottish Crime and Justice Survey <u>https://www.gov.scot/Topics/Statistics/Browse/Crime-Justice/crime-and-justice-survey</u>
- Previous NHS Greater Glasgow & Clyde Health and Wellbeing Surveys <u>http://www.nhsggc.org.uk/your-health/public-health/research-and-evaluation/reports-library/</u>

2017/18 NHS Greater Glasgow & Clyde Health and Wellbeing Survey

⁴ 2017 data for some indicators from the Scottish Health Survey were not published when this report was prepared, and in these cases 2016 data are referenced instead.





FEELING IN CONTROL

73% definitely feel in control of decisions affecting daily life

2017/18: 73% 2014/15: 65%

TREATMENT

39% receivina treatment for a condition or illness

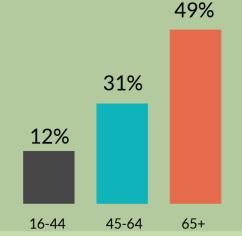


LIMITING CONDITIONS/ILLNESSES









2.1 Self-Perceived Health and Wellbeing

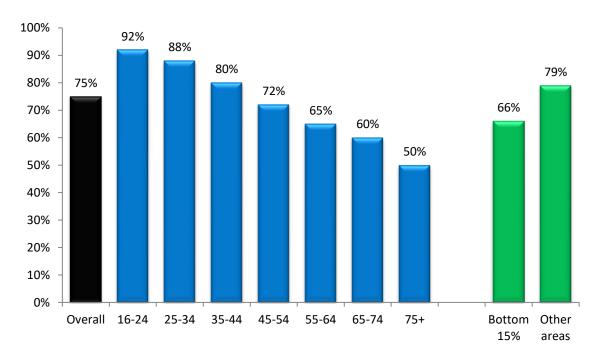
General Health

Respondents were asked to describe their general health over the last year on a five point scale (very good, good, fair, bad or very bad). Overall, three in four (75%) gave a positive view of their health, with 24% saying their health was very good and 51% saying their health was good. However, 25% gave a negative view of their health, with 16% saying their health was fair, 7% saying it was bad and 2% saying it was very bad.

As Figure 2.1 shows, the likelihood of having a positive view of general health decreased with age, ranging from 92% of those aged 16-24 to 50% of those aged 75 or over.

Those in the most deprived areas were less likely to have a positive view of their general health.

Figure 2.1: Positive View of General Health by Age and Deprivation





- The finding of 75% for NHSGGC is similar to the national findings of the **Scottish Health Survey** (2017) which found that overall 73% of adults in Scotland had a positive view of their general health, declining with age from 86% of 16-24 year olds to 53% of those aged 75+. The combined findings across 2014-2017 from the Scottish Health Survey relating to the NHSGGC area show 70% who had a positive view of their general health.
- Scottish Health Survey findings have shown a fairly consistent proportion of adults nationally with a positive view of their general health (e.g. 75% in 2008, 74% in 2011, 74% in 2014, 73% in 2016, 73% in 2017). NHSGGC health and wellbeing surveys showed an increase between 2008 and 2011 (from 71% to 75% in 2011), but have shown little change since then.

Physical Wellbeing and Mental/Emotional Wellbeing

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











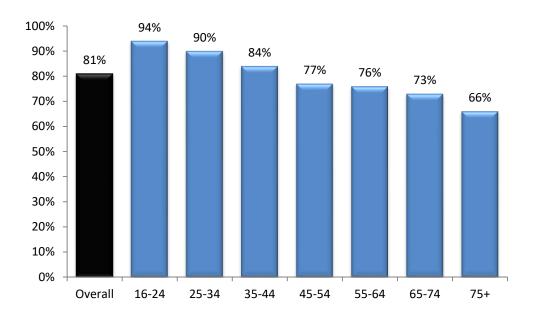




Using this scale, they were asked to rate their general physical wellbeing and general mental or emotional wellbeing. Those selecting any of the three 'smiling' faces (1-3) were categorised as having a positive perception.

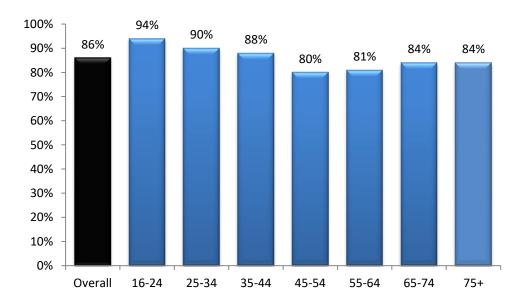
In total, 81% gave a positive view of their physical wellbeing, and 86% gave a positive view of their mental/emotional wellbeing. Both findings remain unchanged since the 2014/15 survey.

Figure 2.2: Positive Perception of Physical Wellbeing by Age



As Figure 2.2 shows, the likelihood of having a positive perception of physical wellbeing decreased with age, ranging from 94% of those aged 16-24 to 66% of those aged 75+. Those in the youngest age group were also the most likely to have a positive perception of their mental or emotional wellbeing, while those aged 45-64 were the least likely, as Figure 2.3 shows.

Figure 2.3: Positive Perception of Mental and Emotional Wellbeing by Age



Those in the most deprived areas were less likely to have a positive perception of their physical wellbeing or their mental/emotional wellbeing.

Table 2.1: Positive Perception of Physical Wellbeing and Mental and Emotional Wellbeing by Deprivation

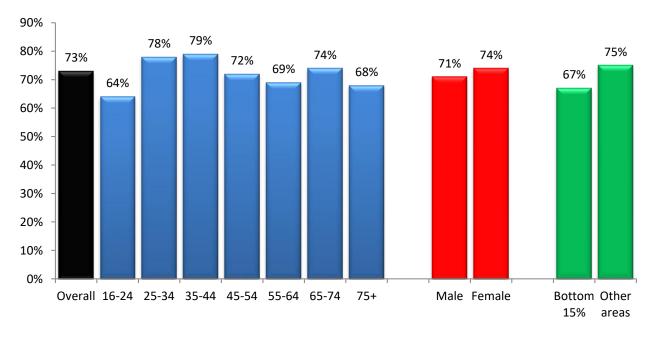
	Positive Perception of Physical Wellbeing	Positive Perception of Mental and Emotional Wellbeing
Bottom 15%	74%	81%
Other areas	85%	89%
Overall	81%	86%

Feeling in Control of Decisions Affecting Life

Respondents were asked whether they feel in control of decisions that affect their life, such as planning their budget, moving house or changing job. Just under three in four (73%) said that they 'definitely' felt in control of these decisions, while 20% said that they felt in control 'to some extent' and 7% did not feel in control of these decisions.

- Those aged 25-44 were the most likely to say they definitely felt in control of decisions affecting their life.
- Women were more likely than men to feel in control.
- Those in the most deprived areas were less likely to definitely feel in control of the decisions affecting their life.

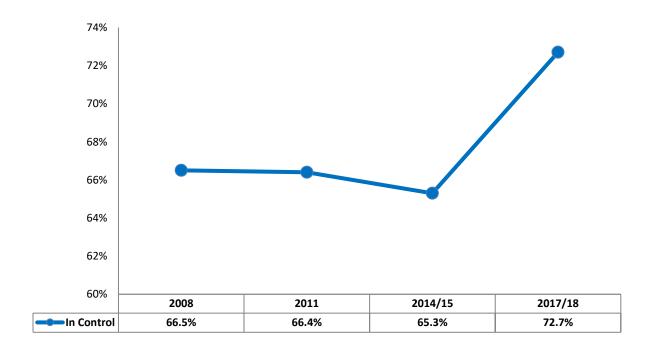
Figure 2.4: 'Definitely' Feel in Control of Decisions Affecting Life by Age, Gender and Deprivation



Trends

Although the proportion who felt definitely in control of the decisions affecting their life was consistent between 2008 and 2014/15, the 2017/18 findings show a very significant rise, as Figure 2.5 shows.

Figure 2.5: Trends for 'Definitely' Feel in Control of Decisions Affecting Life – 2008 to 2017/18



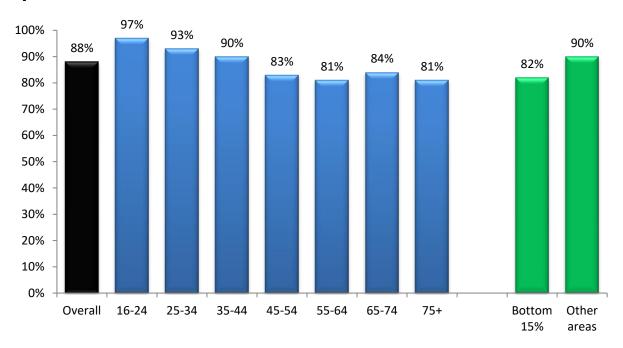
2.2 Self Perceived Quality of Life

Using the 'faces' scale, respondents were asked to rate their overall quality of life. Just under nine in ten (88%) gave a positive rating of their quality of life. This was the same as the finding in 2014/15.

Those aged 16-24 were the age group most likely to have a positive perception of their quality of life.

Those in the most deprived areas were less likely to have a positive perception of their overall quality of life.

Figure 2.6: Positive Perception of Quality of Life by Age and Deprivation



2.3 Long Term Conditions or Illness

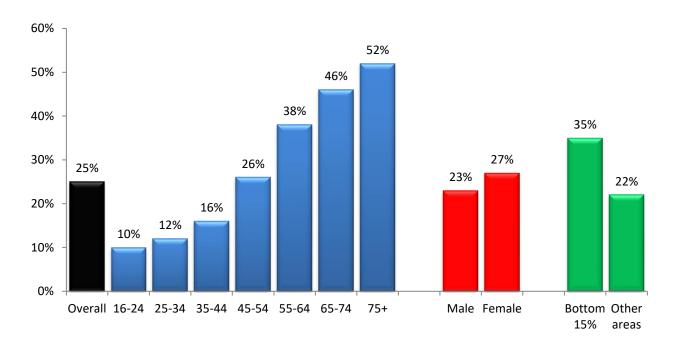
One in four (25%) said they had a long-term condition or illness that substantially interfered with their day to day activities. Of these:

- 54% had a physical disability
- 24% had a mental or emotional health problem
- 62% had a long-term illness.

The likelihood of having a limiting condition or illness increased with age, ranging from 10% of those aged under 25 to 52% of those aged 75 or over.

Those in the most deprived areas were more to have a limiting long-term condition or illness.

Figure 2.7: Limiting Long-Term Condition or Illness by Age, Gender and Deprivation



Overall, women were more likely than men to have a limiting condition or illness, although this was only true for those aged under 65, as Table 2.2 shows.

Table 2.2: Limiting Long-Term Condition or Illness by Age and Gender

	Limiting Long-Term Condition or Illness	
Men 16-44		11%
Women 16-44		14%
Men 45-64		29%
Women 45-64		33%
Men 65+		50%
Women 65+		47%

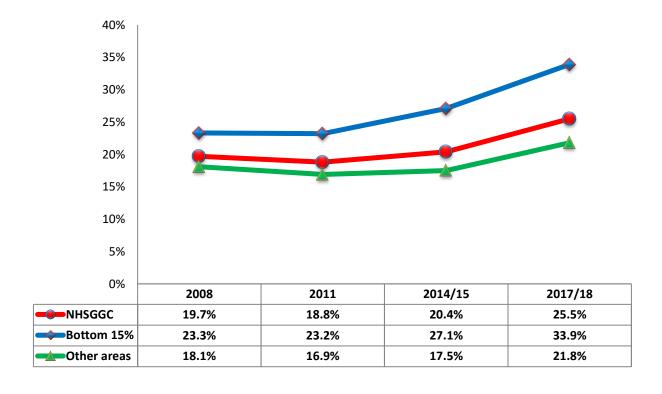


- The proportion who reported having a limiting long-term condition/illness (25%) was lower than the national figure from the **Scottish Health Survey (2017)** which found that overall 32% had a limiting condition/illness. Combined findings across 2014-2017 from the Scottish Health Survey in the NHSGGC area also showed that 32% had a limiting long-term condition/illness.
- Scottish Health Survey findings have shown a rise in the national proportion with a limiting condition/illness from 26% in 2008 to 32% in 2012, but have shown little change since then. This contrasts with the NHSGGC survey which has shown little change between 2008 and 2014/15, but a sharp increase between 2014/15 and 2017/18 from 20% to 25%, as shown below.

Trends - Long Term Limiting Condition/Illness

The observed increase in the proportion of people with a long-term limiting condition/illness was greater in the most deprived areas, thus widening the gap between the most deprived and other areas.

Figure 2.8: Trends for Long-Term Limiting Condition or Illness – 2008 to 2017/18

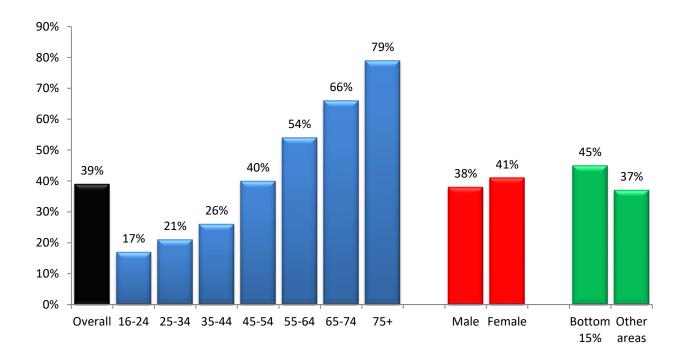


Illnesses/Conditions for Which Treatment is Being Received

Two in five (39%) said they had one or more illness or condition for which they were currently being treated (not necessarily 'limiting' illnesses/conditions). This was similar to the finding in 2014/15.

- The proportion being treated for any conditions/illnesses ranged from 17% of those aged under 25 to 79% of those aged 75 or over.
- Women were more likely than men to be receiving treatment.
- Those in the most deprived areas were more likely to be receiving treatment for at least one condition.

Figure 2.9: Proportion Receiving Treatment for at Least One Condition by Age, Gender and Deprivation



Summary of Key Messages from This Chapter 2.4

Differences by Age and Gender

- The likelihood of having a positive view of general health, physical wellbeing and quality of life decreased with age.
- Those aged 25-44 were the most likely to definitely feel in control of the decisions affecting their life. Women were more likely than men to definitely feel in control of the decisions affecting their life.
- Women were more likely than men to have a limiting condition/illness or to be receiving treatment for at least one condition/illness.
- The likelihood of having a limiting condition/illness or receiving treatment for an illness/condition increased sharply with age.

Differences by Deprivation

Those living in the most deprived areas were:

- less likely to have positive views of their general health, physical wellbeing, mental/emotional wellbeing and quality of life
- less likely to feel in control of the decisions affecting their life
- more likely to have a limiting condition/illness or to be receiving treatment for at least one condition.

Trends

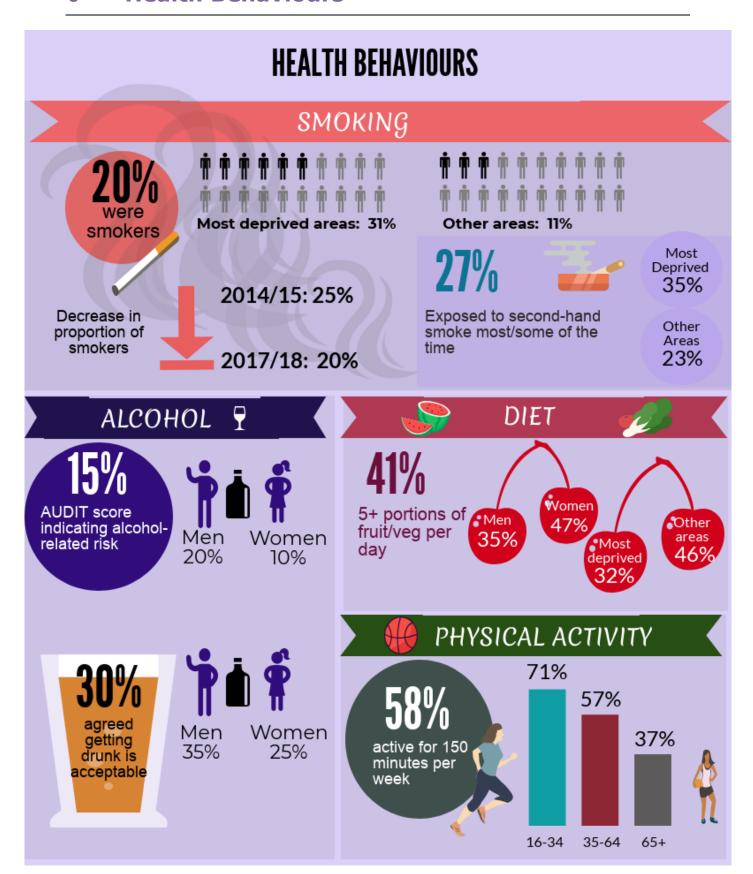
- There was little or no change since 2014/15 in the proportion who had a positive view of their general health, physical wellbeing, mental/emotional wellbeing or quality of life.
- There was a significant rise since 2014/15 in the proportion who definitely felt in control of the decisions affecting their life.
- There was a rise in the proportion who had a limiting condition or illness from 20% in 2014/15 to 25% in 2017/18. However, there was no significant change in the proportion who were receiving treatment for at least one illness/condition.

Key Indicators by Local Authority Area 2.5

* denotes significant difference to NHSGGC

	Positive View of General Health	Positive Perception of Physical Wellbeing	Positive Perception of Mental/ Emotional Wellbeing	Definitely feel in control of decisions affecting life
NHSGGC	75.0%	81.5%	86.2%	72.7%
Glasgow City	72.9%	79.1%*	83.9%	71.9%
East Dunbartonshire	84.4%*	88.0%*	90.9%*	70.1%
Inverclyde	73.8%	81.3%	84.5%	76.3%
Renfrewshire	79.7%*	86.0%*	89.4%*	74.8%

	Positive Perception of Quality of Life	Long-term Limiting Condition or Illness	Receiving Treatment for at Least One Condition
NHSGGC	87.5%	25.5%	39.2%
Glasgow City	85.1%*	28.6%*	41.4%
East Dunbartonshire	93.8%*	16.3%	30.6%*
Inverclyde	87.1%	29.9%*	40.9%
Renfrewshire	91.3%*	19.5%*	35.3%

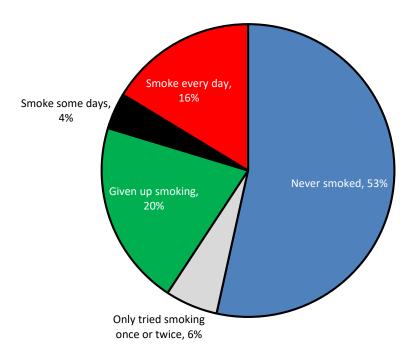


3.1 Smoking

Smoking

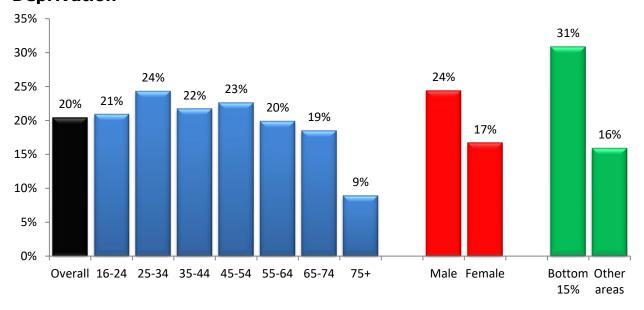
One in five (20%) were smokers, smoking either every day (16%) or some days (4%).

Figure 3.1: Current Smoking Status



- Men were more likely than women to be smokers.
- Those aged 75 or over were much less likely than those in other age groups to smoke.
- Those in the most deprived areas were twice as likely as those in other areas to be smokers.

Figure 3.2: Proportion of Current Smokers by Age, Gender and Deprivation



The group most likely to smoke was men aged 16-44 (28%), and women aged 65 or over were the least likely to smoke (13%).

Table 3.1: Proportion of Current Smokers by Age and Gender

	Current smoker
Men 16-29	28%
Women 16-29	15%
Men 30-44	27%
Women 30-44	19%
Men 45-64	24%
Women 45-64	19%
Men 65+	16%
Women 65+	13%

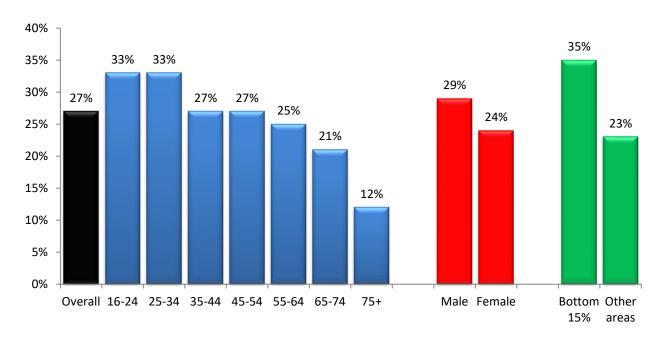
Exposure to Second Hand Smoke

Respondents were asked how often they were in places where there is smoke from other people smoking tobacco. In total, 27% said that this happened most of the time (11%) or some of the time (16%). A further 35% said that they were seldom exposed to second hand smoke and 40% said they were never exposed.

• Those aged under 35 were the most likely to be exposed to second hand smoke.

- Men were more likely than women to be exposed.
- Those in the most deprived areas were more likely to be exposed to second hand smoke.

Figure 3.3: Exposure to Second Hand Smoke by Age, Gender and Deprivation



The overall gender difference was most pronounced among those aged 30-44. In this age group, 33% of men and 24% of women were exposed to second hand smoke most/some of the time.

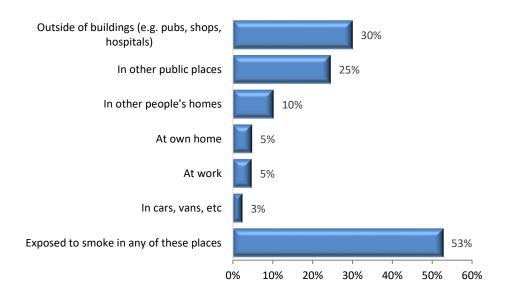
Table 3.2: Exposure to Second Hand Smoke by Age and Gender

	Exposed most/some of the time
Men 16-29	34%
Women 16-29	32%
Men 30-44	33%
Women 30-44	24%
Men 45-64	28%
Women 45-64	25%
Men 65+	18%
Women 65+	16%

Respondents were also asked whether they were exposed to other people's smoke in any of a number of places. Responses are shown in Figure 3.4 for non-smokers. Overall, just over half (53%) of non-smokers were exposed to

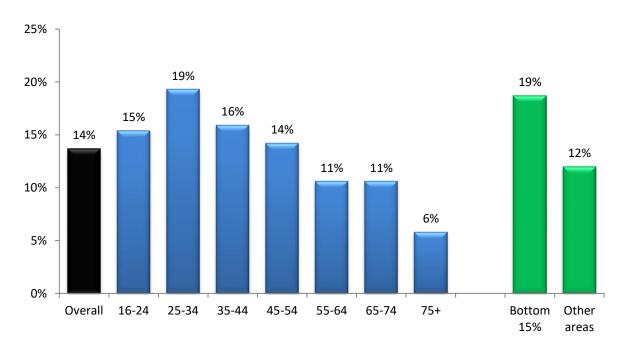
smoke in at least one of these places, the most common being outside of buildings (30%).

Figure 3.4: Proportion of Non-Smokers Exposed to Second Hand Smoke in Specific Places



In total, 14% of non-smokers were exposed to cigarette smoke in their own or someone else's home.

Figure 3.5: Proportion of Non-Smokers Exposed to Second Hand Smoke in Their Own or Someone Else's Home by Age and Deprivation



Non-smokers aged 25-34 were the most likely to say they were exposed to cigarette smoke in their own or someone else's home. Also, non-smokers in

the most deprived areas were more likely to be exposed to cigarette smoke in any home.

hospitals.



- Legislation and policy in Scotland had sought to decrease smoking and exposure to second hand smoke over the last 12 years.
- In 2006, the Smoking Health and Social Care (Scotland) Act was introduced which banned smoking in enclosed public spaces. https://www.legislation.gov.uk/asp/2005/13/contents
- In 2007, the minimum age for the sale or purchase of tobacco was raised from 16 to 18.
- In 2013, the Scottish Government published its strategy on tobacco
 Creating a Tobacco-Free Generation: A Tobacco Control Strategy for
 Scotland. This set a target to reduce smoking rates to 5% or less
 among the adult population by 2034.
 https://www.gov.scot/resource/0041/00417331.pdf
- The Health (Tobacco, Nicotine etc. and Care) (Scotland) Bill was passed in 2016 which made provisions for the sale and purchase of Nicotine Vapour Products and introduced smoke-free perimeters around NHS
 - http://www.parliament.scot/parliamentarybusiness/Bills/89934.aspx
- At the end of 2016, a ban on smoking in cars carrying anyone aged under 18 was introduced
- A new 5-year action plan was produced in June 2018, *Raising Scotland's Tobacco Free Generation*.

 https://beta.gov.scot/publications/raising-scotlands-tobacco-free-

https://beta.gov.scot/publications/raising-scotlands-tobacco-free-generation-tobacco-control-action-plan-2018/



- The 2017 Scottish Health Survey showed that 18% of adults in Scotland were current smokers (20% of men and 16% of women), slightly lower than the rate of 20% in NHSGGC in 2017/18. The combined findings from the Scottish Health Survey across 2014-2017 for the NHSGGC area showed that 23% of adults were smokers. Scottish Health Survey data showed a national reduction in smoking rates from 28% in 2003 to 21% in 2013. The rate remained fairly consistent between 2013 and 2016, but there was a further reduction between 2016 and 2017. The Scottish Health survey found the proportion of non-smokers exposed to second-hand smoke in their own or others' homes was 12% in 2016, just slightly lower than the 14% in NHSGGC in 2017/18.
- The findings from NHSGGC have shown a continued reduction since 2008, and the drop from 25% in 2014/15 to 20% in 2017/18 brings smoking close to the national rate (as measured by the Scottish Health Survey) for the first time.

Trends - Smoking and Exposure to Smoke

Other areas

28.7%

While smoking remains much more common in the most deprived areas, trend data show a narrowing of the gap between the most deprived and other areas, as shown in Figure 3.6.

45% 40% 35% 30% 25% 20% 15% 10% 5% 0% 2008 2011 2014/15 2017/18 NHSGGC 32.6% 29.0% 24.8% 20.4% **■**Bottom 15% 41.6% 42.5% 37.9% 30.3%

Figure 3.6: Trends for Smoking – 2008 to 2017/18

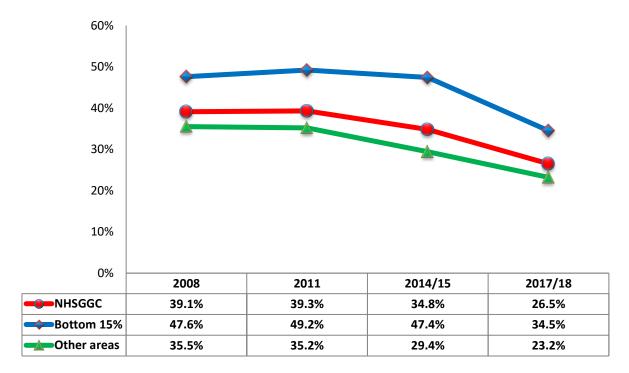
There has been a significant reduction in the proportion who were exposed to second-hand smoke most/some of the time, with a narrowing of the gap between the most deprived and other areas, as shown in Figure 3.7.

23.3%

19.2%

16.1%

Figure 3.7: Trends for Exposure to Second-Hand Smoke Most/Some of the Time - 2008 to 2017/18

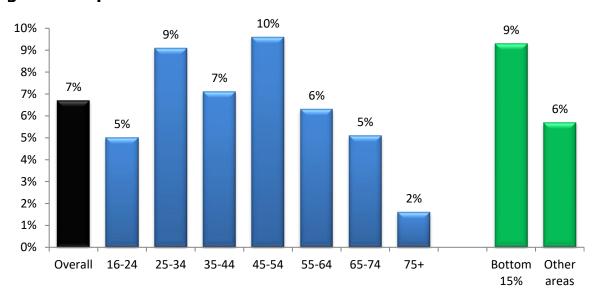


E-Cigarettes

One in 15 (7%) had used e-cigarettes at least some days in the last year. These comprised 4% who had used e-cigarettes every day in the last year and 3% who had done so on some days. A further 4% had used e-cigarettes just once or twice in the last year, and 89% had not done so at all.

Those aged 75 or over were less likely to have used e-cigarettes. Those aged 25-54 were more likely to have done so.

Figure 3.8: Proportion who had used E-Cigarettes in the Last Year by Age and Deprivation



Those in the most deprived areas were more likely to have used e-cigarettes on at least some days in the last year.



• The Scottish Health Survey in 2017 found that 7% of adults were currently using e-cigarettes. This was the same as the proportion in the 2017/18 NHSGGC survey who said they used e-cigarettes on every or some days in the last year

3.2 Alcohol

AUDIT Scores

The health and wellbeing survey in 2017/18 used a new series of 10 questions which comprise the Alcohol Use Disorders Identification Test (AUDIT). The AUDIT scoring is shown in Appendix E. Together, responses to these questions allowed scores to be calculated for each respondent and categorised according to a level of risk. The proportion which fell into each category is shown in Table 3.3.

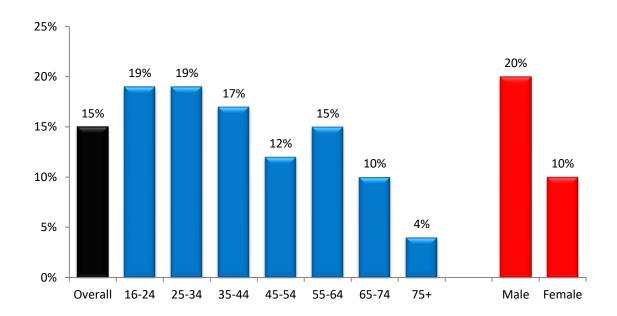
Table 3.3: Proportion in each Alcohol Use Disorders Identification Test (AUDIT) Category

	%
Low Risk (AUDIT score 0-7)	85%
Increasing Risk (AUDIT score 8-15)	13%
Higher Risk (AUDIT score 16-19)	1%
Possible Dependence (AUDIT score 20+)	1%

Those with a score greater than 7 indicates increased risk (15%).

Those under 45 were more likely than older people to have an AUDIT score which indicated risk. Men were twice as likely as women to have scores indicating risk.

Figure 3.9: AUDIT Score Indicating Risk by Age and Gender



As Table 3.4 shows, in all age groups men were more likely than women to have an AUDIT score which indicated risk.

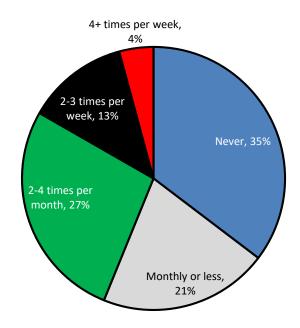
Table 3.4: AUDIT Score Indicating Risk by Age and Gender

	AUDIT Score indicating risk
Men 16-29	23%
Women 16-29	15%
Men 30-44	24%
Women 30-44	12%
Men 45-64	18%
Women 45-64	9%
Men 65+	13%
Women 65+	3%

Frequency of Drinking

Respondents were asked how often they drank alcohol. One in three (35%) said they never drank alcohol. One in six (17%) drank alcohol at least twice per week.

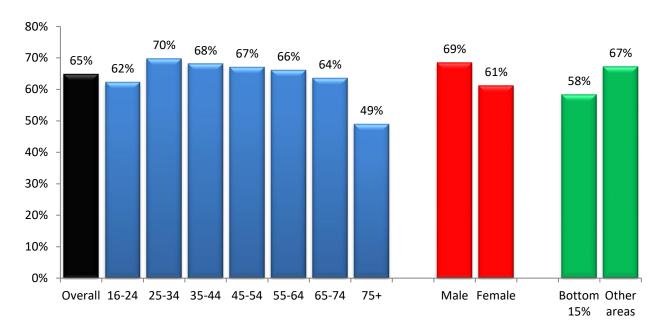
Figure 3.10: How Often Drank Alcohol



Those aged 25-64 were more likely than those in younger or older age groups to say they drank alcohol. Men were more likely than women to drink alcohol.

Those in the most deprived areas were less likely to drink alcohol.

Figure 3.11: Proportion who Drink Alcohol by Age, Gender and Deprivation



The age/gender group most likely to drink alcohol was men aged 30-44 (77%), while women aged 65 or over were the least likely (51%).

Table 3.5: Proportion who Drink Alcohol by Age and Gender

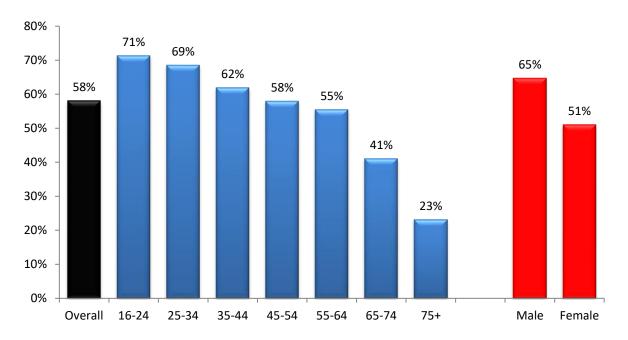
	Drink Alcohol
Men 16-29	63%
Women 16-29	68%
Men 30-44	77%
Women 30-44	60%
Men 45-64	69%
Women 45-64	65%
Men 65+	65%
Women 65+	51%

Binge Drinking

Those who drank alcohol were asked how often they had 6 or more units if female, or 8 or more if male on a single occasion in the last year. In total, 58% of drinkers had drunk alcohol at this level in the last year – 1% had done so daily/almost daily, 15% weekly, 15% monthly, and 27% less than monthly.

Drinkers aged under 35 were the most likely to have binged in the last year, and men were more likely than women to have done so.

Figure 3.12: Proportion of Alcohol Drinkers who had Exceeded 6+ Units (if female) or 8+ units (if male) on a Single Occasion in the Last Year by Age and Gender



Among those who drank alcohol, men aged 16-29 were the most likely to have binge drank in the last year (77%), and women aged 65 or over were the least likely (23%).

Table 3.6: Proportion of Alcohol Drinkers who had Exceeded 6+ Units (if female) or 8+ units (if male) on a Single Occasion in the Last Year by Age and Gender

	Binge drinker
Men 16-29	77%
Women 16-29	65%
Men 30-44	70%
Women 30-44	57%
Men 45-64	62%
Women 45-64	52%
Men 65+	45%
Women 65+	23%

Questions about alcohol consumption differed to previous NHSGGC health and wellbeing surveys, so it is not possible to examine trends.



- The Scottish Government published *Changing Scotland's Relationship with Alcohol: a Framework for Action* in 2009 which set out measures to reduce alcohol consumption, support families and communities, promote positive attitudes and positive choices and improve treatment and support. https://www.gov.scot/Publications/2009/03/04144703/0
- Initiatives introduced since the framework was implemented include the delivery of alcohol brief interventions and the establishment of Alcohol and Drug Partnerships
- Legislation implemented has included the quantity discount ban and the introduction of a lower drink-drive limit.
- Alcohol Minimum pricing legislation was introduced in 2018 (after the NHSGGC health and wellbeing survey fieldwork concluded)
 - http://www.legislation.gov.uk/asp/2012/4/contents/enacted
- In November 2018, The Scottish Government published Rights, Respect and Recovery – Scotland's strategy to improve health by preventing and reducing alcohol and drug use, harm and related deaths

https://www.gov.scot/publications/rights-respect-recovery/



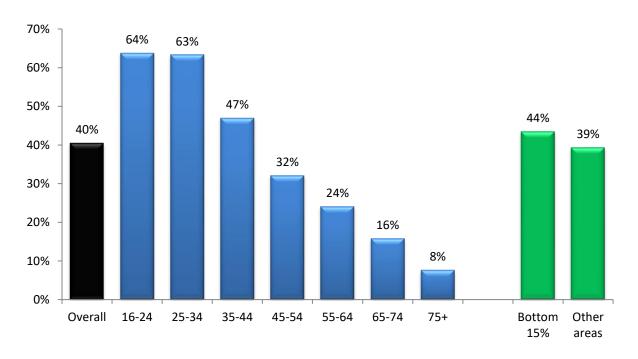
- The 2017 Scottish Health Survey showed AUDIT classifications of adults as 83% at low risk, 16% at increasing risk, 1% at higher risk and 1% with possible dependency.
- The findings for Greater Glasgow & Clyde in 2017/18 show a much higher proportion who say they do not drink alcohol (35%) than the national proportion from the **Scottish Health Survey** (2017) which was 17%.

Drinking Before a Night Out

Of those who said they drank alcohol, two in five (40%) said they drank alcohol (either alone or with others) before going on a night out. Those aged under 35 were the most likely to drink before a night out.

Among those who drank alcohol, those in the most deprived areas were more likely to say they drank before a night out.

Figure 3.13: Proportion who Drink Alcohol Before Going on a Night Out (Based on all those who drank alcohol) by Age and Deprivation



Among those who drank before going on a night out, the reasons given were:

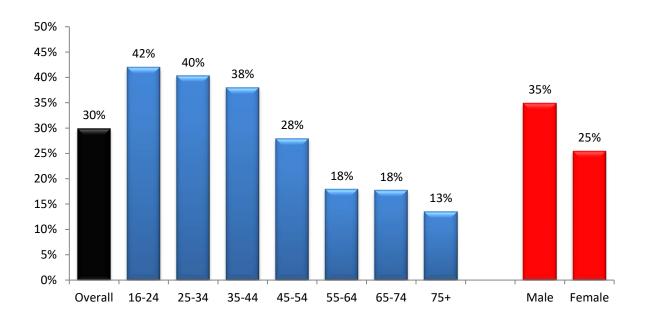
- It provides a chance to socialise with friends and family (60%)
- It makes the night cheaper (46%)
- It makes the night better (31%).

Attitudes to Alcohol

Respondents were asked the extent to which they agreed or disagreed with the statement 'getting drunk is a perfectly acceptable thing to do'. Three in ten (30%) agreed with this (29% agreed and 1% strongly agreed), while 23% neither agreed nor disagreed and 47% disagreed/strongly disagreed (35% disagreed and 13% strongly disagreed).

The likelihood of agreeing that getting drunk was perfectly acceptable decreased with age – from 42% of those aged under 25 to 13% of those aged 75 or over. Men were more likely than women to agree that getting drunk was a perfectly acceptable thing to do.

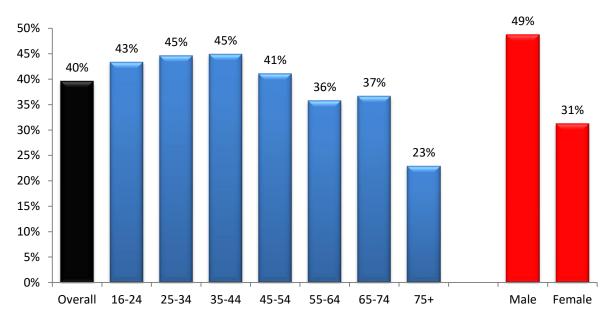
Figure 3.14: Proportion who Agreed that Getting Drunk is a Perfectly Acceptable thing to Do by Age and Gender



Respondents were also asked the extent to which they agreed with the statement 'It is easier to enjoy a social event if you've had a drink of alcohol'. Two in five (40%) agreed with this statement (2% strongly agreed and 37% agreed), 19% neither agreed nor disagreed, and 42% disagreed (9% strongly disagreed and 32% disagreed).

Those aged under 45 were the most likely to agree that it was easier to enjoy a social event if you've had a drink of alcohol. Men were much more likely than women to agree with this.

Figure 3.15: Proportion who Agreed that It is Easier to Enjoy a Social Event if You've Had a Drink of Alcohol by Age and Gender



Respondents were asked the extent to which they agreed that it was perfectly acceptable to drink on three types of public transport journeys. In total, 22% agreed it was acceptable to drink on intercity train services, 11% agreed it was acceptable to drink on local train services and 5% agreed it was acceptable to drink on a bus.

Those aged 25-34 were the most likely to agree it was acceptable to drink on intercity (28%) or local train services (17%).

Men were more likely than women to agree that it was acceptable to drink on each type of public transport:

- Intercity trains (26% male; 19% female)
- Local train services (14% male; 9% female)
- Bus (6% male; 5% female).

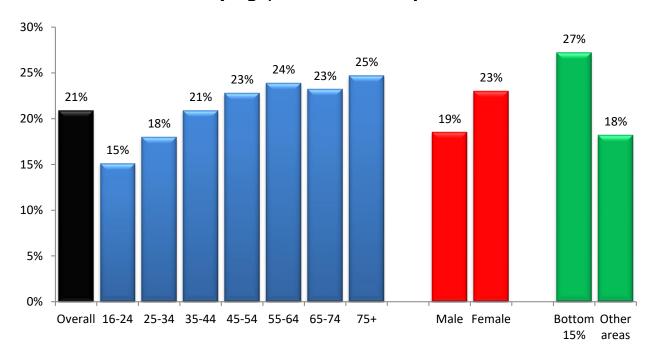
Those in the most deprived areas were less likely to agree it was acceptable to drink on intercity (19% most deprived; 24% other areas) or local train services (9% most deprived; 12% other areas).

Places Selling Alcohol

Three in four (75%) adults felt that there was the right amount of off-licences, local grocers and supermarkets selling alcohol in their local area, while 21% felt there were too many and 4% felt there were too few.

- Those aged 45 or over were more likely than younger adults to feel there were too many shops selling alcohol in their area.
- Women were more likely than men to feel there were too many shops selling alcohol locally.
- Those in the most deprived areas were more likely to feel there were too many shops selling alcohol in their local area.

Figure 3.16: Proportion who Felt there Are Too Many Shops Selling Alcohol in their Area by Age, Gender and Deprivation



When considering the amount of pubs, bars and restaurants selling alcohol in their local area, 77% felt there was the right amount, 13% felt there was too many and 10% felt there was too few.

- Women were more likely than men to say there were too many of these places selling alcohol (15% female; 12% male).
- Those in the most deprived areas were more likely to say there were too many pubs, bars or restaurants selling alcohol in their area (18% most deprived; 12% other areas).

3.3 Diet

Fruit and Vegetables

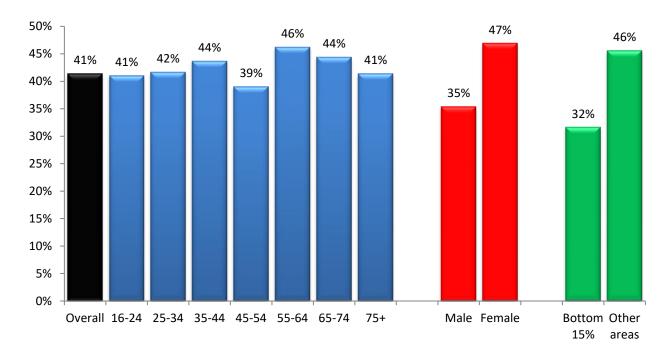
The national target for fruit and vegetable consumption is to have at least five portions of fruit and/or vegetables per day. Respondents were asked how many portions of fruit and how many portions of vegetables they had consumed on the previous day.

- Two in five (41%) met the target of five portions, showing no significant change since the 2014/15 survey.
- One in 11 (9%) had consumed no fruit or vegetables in the previous day.

Men were less likely than women to meet the target for fruit/vegetable consumption.

Those in the most deprived areas were less likely to meet the target of consuming five or more portions of fruit/vegetables per day.

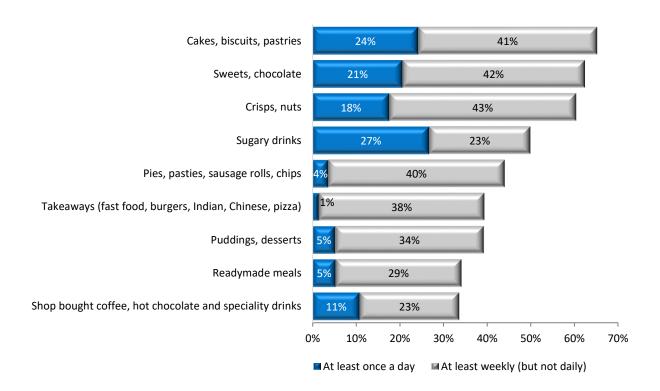
Figure 3.17: Proportion who Meet the Target of 5+ Portions of Fruit/Vegetables Per Day by Age, Gender and Deprivation



Food and Drink

Respondents were asked how often they consumed nine types of food/drink. Figure 3.18 shows the proportion which consumed each type at least weekly. In total, two in three (65%) had cakes/biscuits/pastries at least once a week, and one in four (24%) did so daily. More than one in four (27%) consumed sugary drinks every day.

Figure 3.18: Proportion who Consumed Each Type of Food/Drink Daily or Weekly



Those aged under 25 were the most likely to have takeaways, pies/pasties, crisps/nuts and sweets/chocolate at least weekly. Those aged 75 or over were the most likely to have cakes/biscuits/pastries and puddings/desserts at least weekly.

Table 3.7: Proportion who Consumed Each Type of Food/Drink at Least Weekly by Age (all items which showed a significant difference)

		Pies, pasties, sausage rolls,	Cakes, biscuits,	Crisps,	Sweets,	Sugary	Shop bought	Puddings,
	Takeaways	chips	pastries	nuts	chocolate	drinks	coffee	desserts
16-24	53%	50%	64%	72%	82%	70%	39%	37%
25-34	51%	44%	64%	67%	68%	60%	40%	35%
35-44	48%	46%	64%	67%	63%	56%	41%	40%
45-54	43%	41%	64%	63%	59%	48%	33%	37%
55-64	32%	44%	63%	57%	55%	40%	27%	39%
65-74	17%	44%	68%	44%	49%	32%	26%	41%
75+	10%	41%	74%	41%	53%	28%	22%	51%
Overall	39%	44%	65%	60%	62%	50%	34%	39%

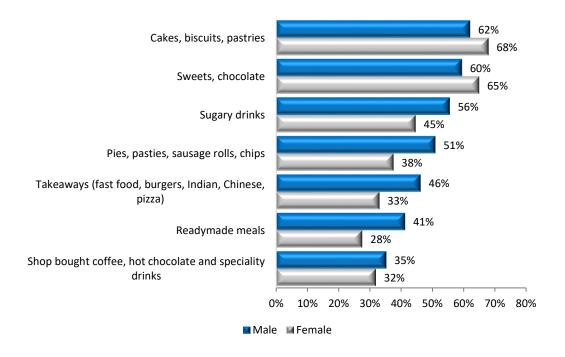
Table 3.8 shows the proportion who consumed each type of food/drink at least once per day where a significant difference was observed by age group.

Table 3.8: Proportion who Consumed Each Type of Food/Drink at Least Once a Day by Age (all items which showed a significant difference)

	Cakes, biscuits, pastries	Crisps,	Sweets, chocolate	Sugary drinks	Readymade meals	Shop bought coffee	Puddings, desserts
16-24	15%	27%	29%	38%	4%	13%	4%
25-34	20%	20%	25%	33%	5%	14%	4%
35-44	19%	17%	19%	30%	6%	13%	4%
45-54	26%	19%	18%	26%	8%	12%	3%
55-64	27%	15%	18%	21%	4%	7%	5%
65-74	31%	11%	14%	17%	4%	8%	8%
75+	40%	8%	19%	13%	7%	6%	13%
Overall	24%	18%	21%	27%	5%	11%	5%

Men were more likely than women to consume sugary drinks, pies/pasties, takeaways, readymade meals and shop bought coffee at least weekly. However, women were more likely than men to have cakes/biscuits/pastries or sweets/chocolates weekly.

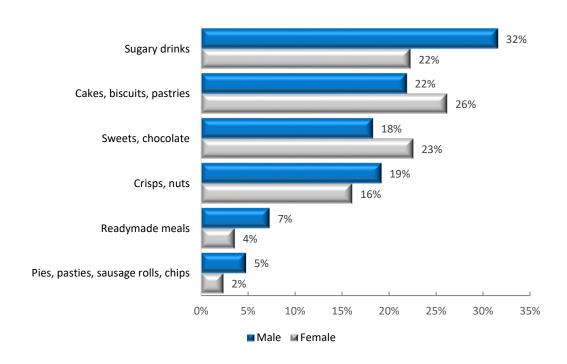
Figure 3.19: Proportion who Consumed Each Type of Food/Drink at Least Weekly by Gender (all items which showed a significant difference)



As Figure 3.20 shows, men were more likely than women to report daily consumption of sugary drinks, crisps/nuts, readymade meals and

pies/pasties/sausage rolls chips. Women were more likely than men to report daily consumption of cakes/biscuits/pastries and sweets/chocolate.

Figure 3.20: Proportion who Consumed Each Type of Food/Drink at Least Once a Day by Gender (all items which showed a significant difference)



Tables 3.9 and 3.10 show the proportion in each age/gender group who consumed each type of food/drink at least weekly (Table 3.9) and at least daily (Table 3.10).

Table 3.9: Proportion who Consumed Each Type of Food/Drink at Least Weekly by Age and Gender (all items which showed a significant difference)

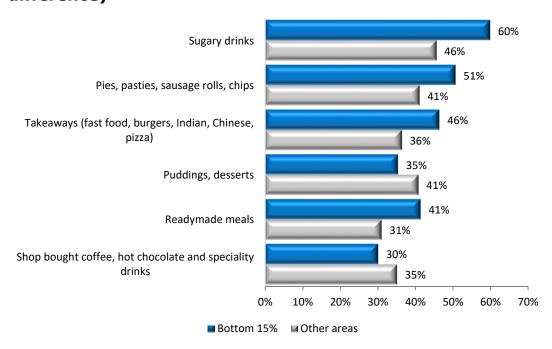
	Takeaways	Pies, pasties, sausage rolls, chips	Cakes, biscuits, pastries	Crisps,	Sweets, chocolate	Sugary drinks	Ready made meals	Shop bought coffee	Puddings, desserts
Men 16-29	59%	54%	61%	71%	75%	73%	43%	39%	37%
Women 16-29	44%	38%	67%	66%	81%	60%	26%	37%	36%
Men 30-44	56%	53%	63%	71%	63%	62%	39%	43%	37%
Women 30-44	44%	39%	66%	66%	65%	53%	30%	41%	39%
Men 45-64	44%	49%	59%	57%	52%	48%	45%	32%	38%
Women 45-64	33%	36%	68%	63%	62%	41%	25%	28%	38%
Men 65+	19%	48%	69%	44%	48%	36%	37%	25%	42%
Women 65+	10%	38%	71%	41%	53%	26%	31%	23%	48%

Table 3.10: Proportion who Consumed Each Type of Food/Drink at Least Once a Day by Age and Gender (all items which showed a significant difference)

	Takeaways	Pies, pasties, sausage rolls, chips	Cakes, biscuits, pastries	Crisps, nuts	Sweets, chocolate	Sugary drinks	Ready made meals	Shop bought coffee	Puddings, desserts
Men 16-29	1%	5%	12%	25%	25%	38%	5%	11%	4%
Women 16-29	2%	2%	21%	22%	31%	32%	3%	14%	4%
Men 30-44	3%	5%	19%	21%	18%	39%	9%	13%	4%
Women 30-44	1%	2%	21%	17%	23%	26%	4%	14%	4%
Men 45-64	1%	5%	27%	18%	16%	28%	8%	11%	4%
Women 45-64	1%	2%	26%	16%	20%	19%	4%	9%	4%
Men 65+	1%	5%	32%	11%	14%	19%	7%	7%	9%
Women 65+	1%	2%	38%	9%	18%	13%	4%	6%	10%

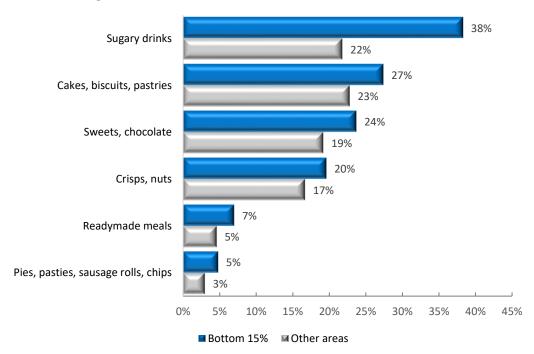
Those in the most deprived areas were more likely to report at least weekly consumption of sugary drinks, pies/pasties, takeaways and readymade meals. However, those in the most deprived areas were less likely to consume puddings/desserts or shop bought coffee at least weekly.

Figure 3.21: Proportion who Consumed Each Type of Food/Drink at Least Weekly by Deprivation (all items which showed a significant difference)



As Figure 3.22 shows, those in the most deprived areas were more likely to report daily consumption of six of the types of food or drink.

Figure 3.22: Proportion who Consumed Each Type of Food/Drink at Least Once a Day by Deprivation (all items which showed a significant difference)





- In 2010 the Scottish Government published Preventing
 Overweight and Obesity in Scotland: A Route Map Towards
 Healthy Weight. This was complemented by The Obesity
 Route Map Action Plan, which set out actions to address the
 increasing prevalence of obesity in Scotland.
 https://www.gov.scot/Publications/2010/02/17140721/0
- In January 2015, the Scottish Government launched Eat Better Feel Better to encourage and support people to make healthier choices to the way they shop, cook and eat. https://www.eatbetterfeelbetter.co.uk/
- Following a consultation from October 2017 to January 2018, the Scottish Government published its diet at healthy weight delivery plan in July 2018, 'A Healthier Future'. This recognises that eating habits are the second major cause (after smoking) of poor health in Scotland, and sets out approaches to address children's diet, ensure food environment supports healthier choices, provide access to weight management services, promote health diet and weight, and reduce diet-related health inequalities.
 - https://beta.gov.scot/publications/healthier-future-scotlands-diet-healthy-weight-delivery-plan/pages/3/
- As part of A Healthier Future, the Scottish Government set out a framework for Type 2 Diabetes prevention, early detection and intervention in July 2018. https://www.gov.scot/publications/healthier-future-framework-prevention-early-detection-early-intervention-type-2/

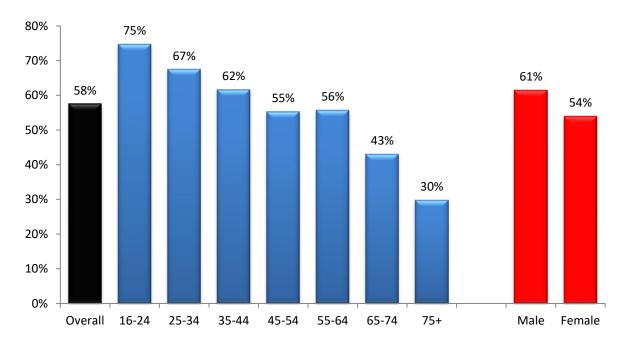
3.4 Physical Activity

Respondents were asked on how many days in the last week had they taken a total of 30 minutes or more of physical activity which was enough to increase their heart rate, make them feel warmer and made them breathe a little faster. One in six (18%) said that they had not done this on any day in the last week, but 38% has done this on five or more days in the last week. The mean number of days was 3.5.

Subsequently, respondents who had been active for 30 minutes or more on one to four days were asked whether they had done this type of activity for at least a total of two and a half hours (150 minutes) over the course of the last week. Combining the responses to both questions, 58% met the target of at least 150 minutes of exercise per week (where at least one day included 30 minutes or more).

The likelihood of meeting the target of 150 minutes of exercise per week declined with age – from 75% of those aged under 25 to 30% of those aged 75 or over. Men were more likely than women to meet the target.

Figure 3.23: Proportion who met the Target of 150 Minutes of Exercise Per Week by Age and Gender



Questions about physical activity differed from previous surveys, so it is not possible to examine trends.

Sedentary behaviour

Respondents were asked about the average time they spent sitting, reclining or lying down (not including time asleep) per day over the previous seven days.

The mean time spent on sedentary behaviour per day was 4.8 hours.

Those aged 75 or over tended to spend longer on sedentary behaviour than younger respondents, although there was little difference between other age groups. Mean hours of sedentary behaviour was higher for men (5.0 hours) than women (4.7 hours).

Table 3.11: Mean Number of Hours Per Day Spent on Sedentary Behaviour by Age and Gender

	Mean Sedentary Hours Per Day	
16-24		4.6
25-34		4.7
35-44		4.6
45-54		4.8
55-64		5.0
65-74		5.0
75+		5.8
Male		5.0
Female		4.7
Overall		4.8



- In 2014, the Scottish Government published A More Active Scotland building a legacy from the Commonwealth Games which set out a 10-year physical activity implementation plan which aimed to get the population more physically active through initiatives to increase uptake of sport, physical activity and active travel. The plan included efforts in education, work place settings, health and social care, and facilities and infrastructure. https://beta.gov.scot/publications/more-active-scotland-building-legacy-commonwealth-games/
- As part of this overall plan, a National Walking Strategy was launched. https://beta.gov.scot/publications/lets-scotland-walking-national-walking-strategy/
- Also in 2014, a revised Cycling Action Plan for Scotland was launched, and this was subsequently revised in the 2017-2020 plan published in January 2017. https://www.transport.gov.scot/publication/cycling-action-plan-for-scotland-2017-2020/

3.5 Summary of Key Messages from This Chapter

Differences by Age and Gender

- Smoking was less common among those aged 75 or over than other age groups. Men were more likely than women to be smokers.
- Exposure to second hand smoke decreased with age. Men were more likely than women to be exposed to second hand smoke.
- Those aged 25-64 were more likely than those in younger or older age groups to drink alcohol. Men were more likely than women to drink alcohol.
- Among those who drank alcohol, the likelihood of binge drinking decreased with age. Among drinkers, men were more likely than women to binge drink.
- The likelihood of having an AUDIT score which indicated alcohol-related risk decreased with age. Men were more likely than women to have a score indicating risk.
- Among those who drank, the likelihood of drinking before a night out decreased with age.
- Women were more likely than men to meet the target of consuming five or more portions of fruit/vegetables per day.
- Those aged under 25 were the most likely to have takeaways, pies/pasties etc., crisps/nuts and sweets/chocolate at least weekly. Those aged 75 or over were the most likely to have cakes/biscuits/pastries and puddings/desserts at least weekly.
- Men were more likely than women to consume sugary drinks, pies/pasties etc., takeaways, readymade meals and shop bought coffee at least weekly. However, women were more likely than men to have cakes/biscuits/pastries or sweets/chocolates weekly.
- The likelihood of meeting the physical activity target of 150 minutes or more per week decreased with age. Men were more likely than women to meet this target.

Differences by Deprivation

Those in the most deprived areas were:

 more likely to be smokers or to be exposed to second hand smoke, and more likely to use e-cigarettes

- less likely to drink alcohol however, among those who did drink alcohol, those in the most deprived areas were more likely to drink before a night out
- less likely to meet the target of consuming five or more portions of fruit/vegetables per day.
- more likely to report at least weekly consumption of sugary drinks, pies/pasties, takeaways and readymade meals but less likely to consume puddings/desserts or shop bought coffee at least weekly.

Trends

- There was a significant decrease between 2014/15 and 2017/18 in the proportion who were smokers and in the proportion who were exposed to second hand smoke.
- There was no significant change between 2014/15 and 2017/18 in the proportion who consumed five or more portions of fruit/vegetables per day.

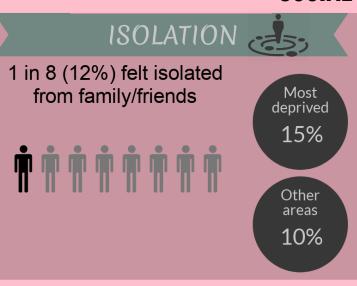
Key Indicators by Local Authority Area 3.6

* denotes significant difference to NHSGGC

	Current smokers	Exposed to second hand smoke	Drink alcohol	AUDIT score indicating risk
NHSGGC	20.4%	26.5%	64.7%	14.5%
Glasgow City	24.4%*	29.9%*	65.7%	17.0%*
East Dunbartonshire	12.2%*	23.5%*	61.6%	8.3%*
Inverclyde	20.3%	25.8%	67.9%	12.5%
Renfrewshire	15.4%*	28.4%	52.3%*	9.1%*

	Binge drinks (as % of drinkers)	Consumes 5+ portions fruit/veg per day	per week of
NHSGGC	57.9%	41.4%	57.5%
Glasgow City	61.6%*	38.8%*	64.8%*
East Dunbartonshire	54.7%	51.6%*	53.1%*
Inverclyde	56.2%	42.4%	48.3%*
Renfrewshire	47.2%*	45.9%*	47.4%*

SOCIAL HEALTH













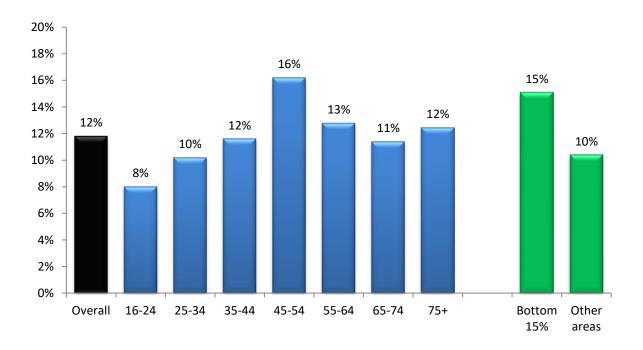
4.1 Social Connectedness

Isolation from Family and Friends

One in eight (12%) said they felt isolated from family and friends.

Feeling isolated was least common among the youngest age groups, but most common among those aged 45-54. Those in the most deprived areas were more likely to feel isolated.

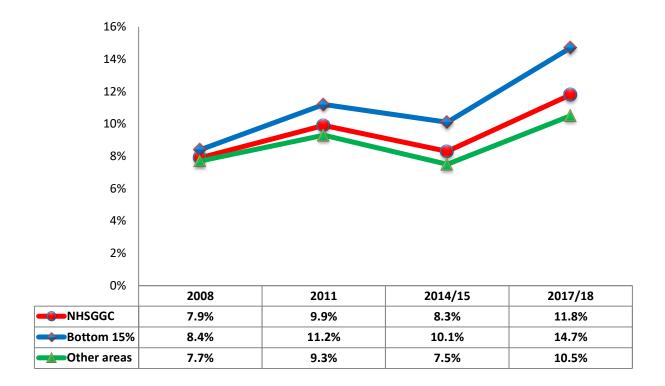
Figure 4.1: Proportion who Feel Isolated from Family and Friends by Age and Deprivation



Trends - Feelings of Isolation

A significant increase was observed between 2014/15 and 2017/18 in the proportion who felt isolated from family and friends. The greatest increase was observed among those in the most deprived areas, as Figure 4.2 shows.

Figure 4.2: Trends for Feel Isolated - 2008 to 2017/18

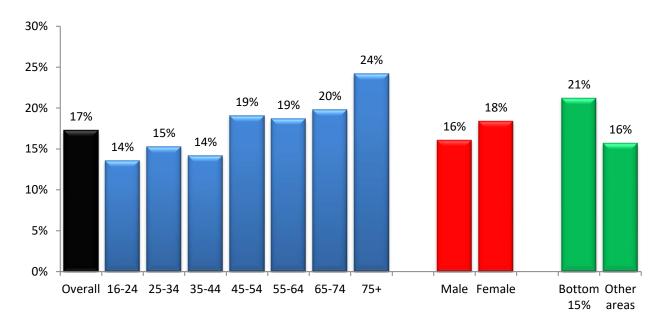


Feeling Lonely

Respondents were asked how often they had felt lonely in the past two weeks. Two percent said that had felt lonely all the time, 5% said often, 11% some of the time, 22% rarely and 61% never.

Those aged 75 or over were the most likely to feel lonely, with 24% in this age group saying they had felt lonely at least some of the time in the last two weeks. Those in the most deprived areas were more likely to feel lonely.

Figure 4.3: Proportion who had Felt Lonely at Least Some of the Time in the Last Two Weeks by Age, Gender and Deprivation

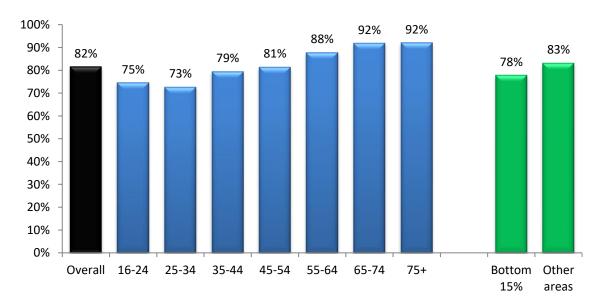


Sense of Belonging to the Community

Respondents were asked to indicate the extent to which they agreed or disagreed with the statement "I feel I belong to this local area". In total, more than four in five (82%) agreed with this (18% strongly agreed and 64% agreed), while 10% neither agreed nor disagreed and 8% disagreed (7% disagreed and 1% strongly disagreed).

The proportion who agreed that they felt they belonged to the local area showed no significant change since the 2014/15 survey.

Figure 4.4: Proportion who Agreed they Felt that they Belonged to their Local Area by Age and Deprivation



Those aged under 35 were the least likely to feel they belonged to the local area, and those aged 65 or over were the most likely. Feelings of belonging to the local area were less common in the most deprived areas.



• The 2016 Scottish Health Survey asked how strongly adults felt they belonged to their immediate neighbourhood. In total 77% of adults in Scotland felt a very or fairly strong sense of belonging to their neighbourhood - slightly lower than the 82% in the NHSGGC survey who felt they belonged to their neighbourhood. As with the NHSGGC survey, the Scottish Health Survey showed that feelings of belonging increased with age, and were less common among those in the most deprived areas.

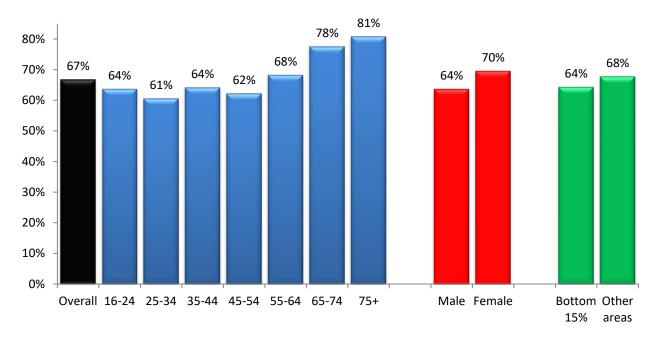
Feeling Valued as a Member of the Community

Respondents were asked to indicate the extent to which they agreed or disagreed with the statement "I feel valued as a member of my community". In total, two in three (67%) agreed with this (12% strongly agreed and 55% agreed), while 20% neither agreed nor disagreed with this, and 13% disagreed (11% disagreed and 2% strongly disagreed). This was consistent with the findings from the 2014/15 survey.

Those aged 65 or over were more likely than younger people to feel valued as a member of the community, and women were more likely than men to do so.

Those in the most deprived areas were less likely to feel valued as a member of their community.

Figure 4.5: Proportion who Agreed they Felt Valued as a Member of their Community by Age, Gender and Deprivation



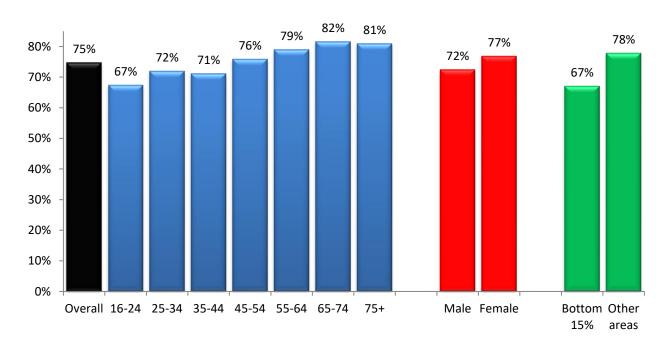
Influence in the Neighbourhood

Respondents were asked the extent to which they agreed or disagreed with the statement, "By working together people in my neighbourhood can influence decisions that affect my neighbourhood". Three in four (75%) agreed with this (12% strongly agreed and 63% agreed), 16% neither agreed nor disagreed and 9% disagreed (8% disagreed and 1% strongly disagreed). Again, findings were consistent with the 2014/15 survey.

Those aged under 45 were less likely than older people to agree that local people could influence local decisions, and women were more likely than men to agree with this.

Those in the most deprived areas were less likely to agree that local people working together could influence local decisions.

Figure 4.6: Proportion who Agreed that By Working Together Local People Can Influence Local Decisions by Age, Gender and Deprivation



Although overall women were more likely than men to agree that local people could influence local decisions, this was most pronounced among those aged under 45. In this age group, 67% of men agreed, compared to 73% of women.

Table 4.1: Proportion who Agreed that By Working Together Local People Can Influence Local Decisions by Age and Gender

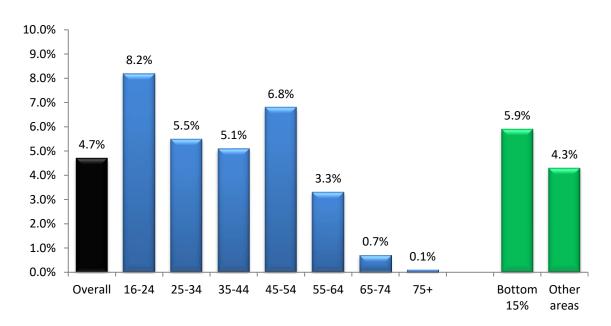
	Agree
Men 16-44	67%
Women 16-44	73%
Men 45-64	76%
Women 45-64	79%
Men 65+	81%
Women 65+	82%

Experience of Discrimination

In total 5% said that they had been discriminated against in the last year (3% said this had happened occasionally and 2% said it had happened on several occasions).

Experience of discrimination was most common among those aged under 55, and was more common in the most deprived areas.

Figure 4.7: Proportion who Experienced Discrimination in the Last Year by Age and Deprivation



Of those who felt they had been discriminated against in the last year, the most common types of people/agencies who had discriminated against them were:

- Unknown person in a public place (42%)
- Employer (22%)
- Known person in a public place (19%)
- Shops/restaurants (11%)
- College/school (9%)
- Police/judicial system (7%)

The most commonly perceived reasons for being discriminated against were:

- Ethnic background (28%)
- Gender (17%)
- Disability (13%)
- Accent (11%)
- Religion/faith (10%)
- Sexual orientation (9%)
- Because of the neighbourhood I live in (9%)
- Age (9%)



• The 2016 Scottish Household Survey asked about experience of discrimination in the last three years, rather than the last year, so findings are not strictly comparable. However, nationally in 2016, 7% of adults said they had experienced discrimination in the last three years.

4.2 **Experience of Crime**

Respondents were asked whether they had been a victim of specific types of crime in the last year. Overall, one in ten (10%) had been the victim of any of the five types of crime listed. The most common was anti-social behaviour.

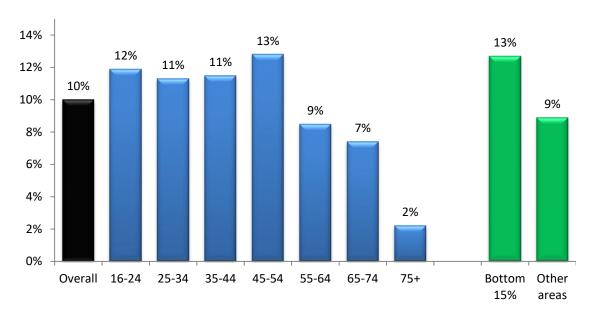
Table 4.2: Proportion who had Been the Victim of Crime in the Last Year

	% Victim in last year
Anti-social behaviour	6.8%
Vandalism	3.2%
Any type of theft or burglary	2.7%
Physical attack	1.2%
Domestic violence	0.4%
Any of the above 5 types of crime	10.0%

Those aged under 55 were more likely than older people to have been the victim of crime in the previous year.

Those in the most deprived areas were more likely to have experienced crime.

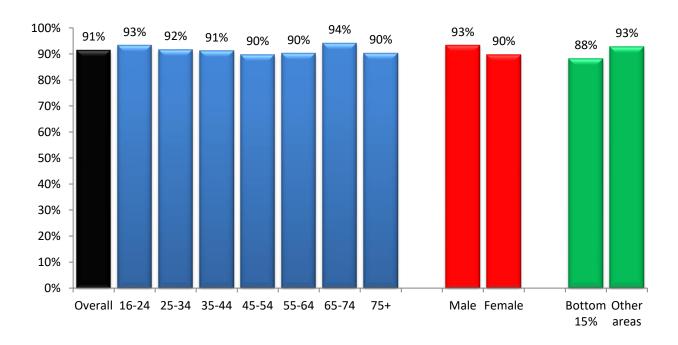
Figure 4.8: Proportion who had Been the Victim of Crime in the Last Year by Age and Deprivation



4.3 Feelings of Safety

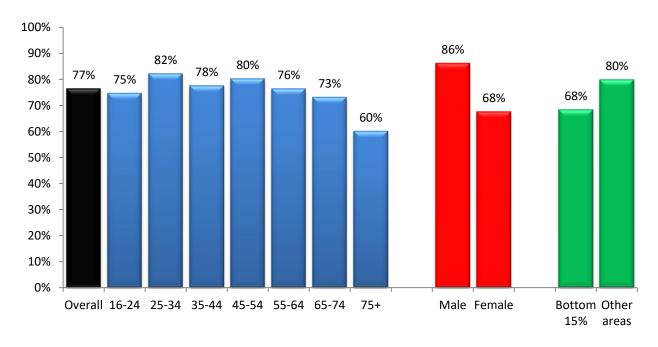
Respondents were asked the extent to which they agreed or disagreed with the statement "I feel safe using public transport in this local area". In total, 91% agreed with this (21% strongly agreed and 70% agreed), 5% neither agreed nor disagreed and 3% disagreed (3% disagreed and 1% strongly disagreed).

Figure 4.9: Proportion who Felt Safe Using Local Public Transport by Age, Gender and Deprivation



Respondents were also asked the extent to which they agreed or disagreed with the statement "I feel safe walking alone around this local area even after dark". In total, 77% agreed with this (14% strongly agreed and 62% agreed), 10% neither agreed nor disagreed and 14% disagreed (11% disagreed and 3% strongly disagreed).

Figure 4.10: Proportion who Felt Safe Walking Alone in their Local Area Even After Dark by Age, Gender and Deprivation



Feelings of safety were lower (particularly for walking alone) for those in the oldest age group, women, and those in the most deprived areas, as shown in Figures 4.9 and 4.10.

In each age group men were more likely than women to feel safe walking alone after dark. The group most likely to feel safe was men aged under 45 (89%), while women aged 65 or over were the least likely (58%).

Table 4.3: Proportion who Felt Safe Walking Alone in their Local Area Even After Dark by Age and Gender

	Feel safe
	i eei saie
Men 16-44	89%
Women 16-44	68%
Men 45-64	84%
Women 45-64	73%
Men 65+	80%
Women 65+	58%

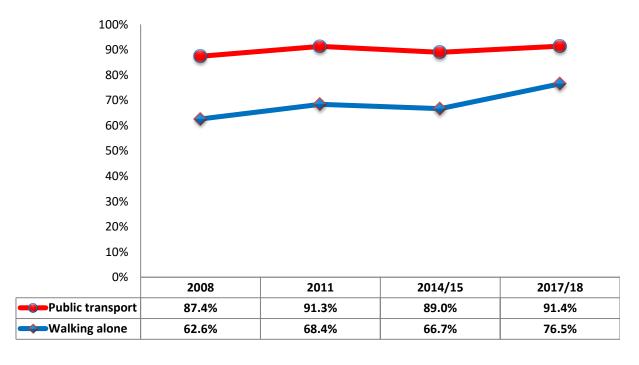


- The 2016/17 Scottish Crime and Justice Survey found that 77% of adults felt safe walking alone in their area after dark. This was the same as the finding from the NHSGGC survey in 2017/18.
- •National trends from the Scottish Crime and Justice Survey show an increase in the proportion who felt safe walking alone from 66% in 2008/09 to 77% in 2016/17. Trends for Greater Glasgow & Clyde show a sharper rise (see below) from 63% in 2008. The 2017/18 survey is the first time feelings of safety measured by the health and wellbeing survey in Greater Glasgow & Clyde has matched national data.

Trends - Feelings of Safety

Between 2014/15 and 2017/18 there was an increase in the proportion who felt safe using public transport, and a sharper increase in the proportion who felt safe walking alone in their area even after dark.

Figure 4.11: Trends for Feeling Safe Using Public Transport and Walking Alone Even After Dark 2008-2017/18



4.4 Social Issues in the Local Area

Using the 'faces' scale, respondents were asked to indicate how they felt about a range of perceived social problems. The problem which most frequently caused concern was the amount of drug activity - for which one in three (34%) indicated concern.

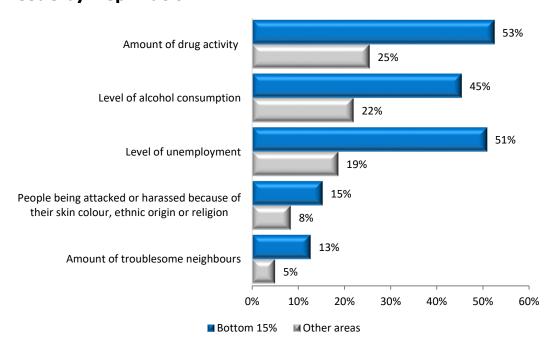
Those aged 35-64 tended to have the highest proportion with negative perceptions of social issues, as Table 4.4 shows.

Table 4.4: Proportion with Negative Perception of Each Social Issue by Age

	Amount of drug activity	Level of alcohol consumption	Level of unemployment	People being attacked or harassed because of their skin colour, ethnic origin or religion	Amount of troublesome neighbours
16-24	25%	23%	19%	9%	6%
25-34	29%	26%	23%	12%	11%
35-44	37%	36%	32%	13%	8%
45-54	38%	31%	31%	13%	8%
55-64	42%	36%	36%	9%	6%
65-74	33%	27%	32%	7%	5%
75+	26%	19%	26%	6%	5%
Overall	34%	29%	29%	10%	7%

Those in the most deprived areas were much more likely to have a negative perception of each social issue.

Figure 4.12: Proportion with Negative Perception of Each Social Issue by Deprivation



4.5 Environmental Issues in the Local Area

Using the 'faces' scale, respondents were asked to indicate how they felt about four perceived environmental problems in their area. The issue which most frequently caused concern was the amount of dogs' dirt.

Those aged 25-54 tended to have the highest proportion who were concerned about each of the environmental issues in their local area.

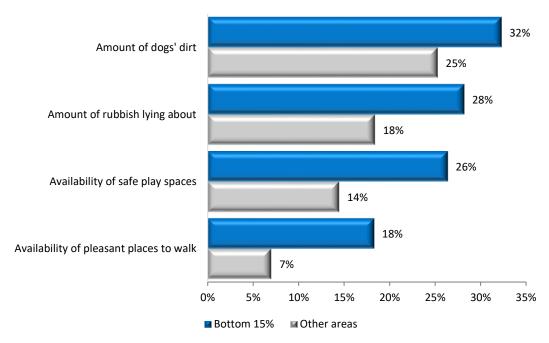
Table 4.5: Proportion with a Negative Perception of Each Environmental Issue by Age

	Amount of	Amount of rubbish	Availability of safe	Availability of pleasant
	dogs' dirt	lying about	play spaces	places to walk
16-24	22%	20%	14%	6%
25-34	26%	23%	21%	12%
35-44	34%	24%	24%	14%
45-54	31%	20%	19%	12%
55-64	28%	21%	15%	10%
65-74	26%	21%	16%	10%
75+	21%	16%	12%	7%
		_	_	
Overall	27%	21%	18%	10%

Women were more likely than men to be concerned about the amount of dogs' dirt (29% female; 25% male) and the availability of safe play spaces (19% female; 16% male).

Those in the most deprived areas were more likely to give a negative perception of each of the environmental issues, as Figure 4.13 shows.

Figure 4.13: Proportion with a Negative Perception of Each Environmental Issue by Deprivation



4.6 Perceived Quality of Services in the Area

Respondents were given a list of ten local services and asked to rate each one (excellent, good, adequate, poor or very poor).

Eight of the ten services showed variations in ratings by age. These are shown in Table 4.6. The other two services were schools (for which 75% gave a positive rating) and childcare provision (for which 47% gave a positive rating).

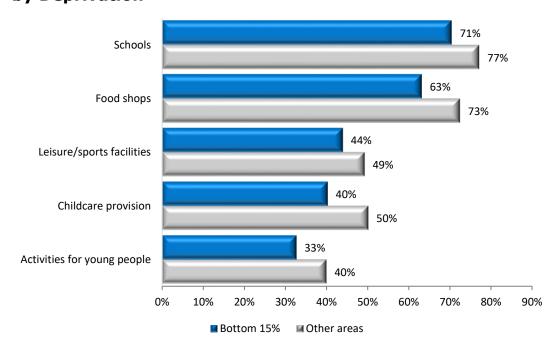
Table 4.6: Proportion with Positive Perception of Quality of Local Services by Age

	Public transport	GP/Doctor	Food shops	Nurse- led clinics	Out of hours medical service	Leisure/ sports facilities	Police	Activities for young people
16-24	79%	72%	75%	63%	61%	52%	58%	43%
25-34	78%	69%	70%	62%	55%	51%	54%	42%
35-44	74%	70%	66%	65%	55%	47%	44%	36%
45-54	70%	70%	69%	62%	53%	44%	41%	32%
55-64	76%	75%	69%	64%	57%	45%	42%	33%
65-74	69%	75%	70%	67%	59%	44%	40%	35%
75+	72%	80%	68%	72%	64%	51%	48%	47%
Overall	74%	72%	70%	64%	57%	48%	47%	38%

Men were more likely than women to have a positive perception of food shops (71% male; 68% female). However, women were more likely than men to have a positive perception of local schools (77% female; 73% male) and out of hours medical service (59% female; 55% male).

There were five types of service for which those in the most deprived areas were less likely to have a positive perception. These are shown in Figure 4.14.

Figure 4.14: Proportion with a Positive Perception of Local Service by Deprivation

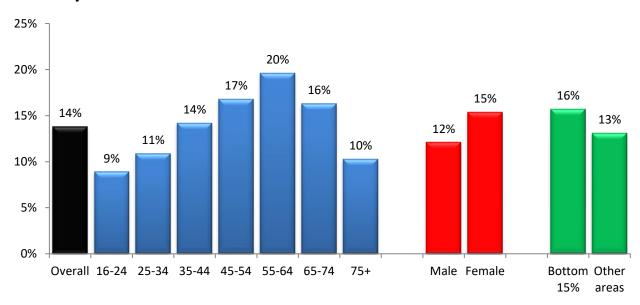


4.7 Caring Responsibilities

One in seven (14%) said that they looked after, or gave regular help or support to family members, friends, neighbours or others because of long-term physical or mental ill-health or disability, or problems relating to old age.

- Those aged 55-64 were the most likely to have caring responsibilities.
- Women were more likely than men to be carers.
- Those in the most deprived areas were more likely to have caring responsibilities.

Figure 4.15: Proportion with Caring Responsibilities by Age, Gender and Deprivation



The age/gender group most likely to be carers was women aged 45-64 (20%), and men aged under 45 were the least likely to be carers (9%).

Table 4.7: Proportion with Caring Responsibilities by Age and Gender

	Carers
Men 16-44	9%
Women 16-44	14%
Men 45-64	16%
Women 45-64	20%
Men 65+	14%
Women 65+	13%



• The prevalence of caring in Greater Glasgow and Clyde (14%) is very similar to the national figure, as measured by **The Scottish Health Survey 2016**, which found that 15% of Scottish adults provided regular care for someone.

4.8 Summary of Key Messages from This Chapter

Differences by Age and Gender

- Those aged 45-54 were the most likely to say they felt isolated from friends/family.
- Those aged 75 or over were the most likely to feel lonely, and women were more likely than men to feel lonely.
- Those aged 65 or over were the most likely to feel they belonged to their community, to feel valued as a member of their community, or to feel that local people can influence local decisions.
- Those aged under 55 were the most likely to have been discriminated against or to have been a victim of crime in the last year.
- Those aged 75 or over and women were less likely to feel safe walking alone in their area even after dark.
- Those in the youngest and oldest age groups were less likely that others to be concerned about social or environmental issues in their area.
- Those aged 55-64 were the most likely to be carers, and women were more likely than men to be carers.

Differences by Deprivation

Those in the most deprived areas were:

- more likely to feel isolated or lonely
- less likely to feel they belonged to their community, feel valued as a member of their community or feel that local people could influence local decisions
- more likely to have experienced discrimination or been a victim of crime in the last year
- less likely to feel safe using public transport or walking alone in their area
- more likely to have a negative perception of social or environmental issues in their area
- less likely to give a positive rating or local schools, food shops, leisure/sports facilities, childcare provisions or activities for young people.

more likely to be carers.

Trends

- Between 2014/15 and 2017/18 there was an increase in the proportion who said they felt safe using local public transport and the proportion who said they felt safe walking in their area even after dark.
- There was no significant change between 2014/15 and 2017/18 in the proportion who felt they belonged to their local area, the proportion who felt valued as members of their community, the proportion who agreed that local people working together could influence local decisions, or the proportion with a positive perception of the adequacy of their income.

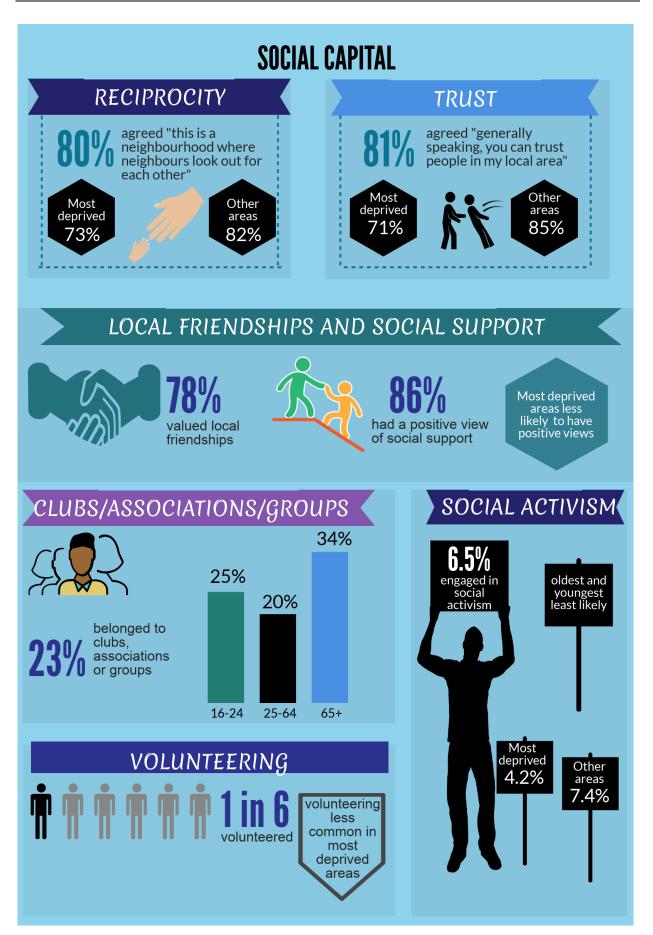
Key Indicators by Local Authority Area 4.9

* denotes significant difference to NHSGGC

	Isolated from family and friends	Felt Lonely in last 2 weeks (at least some of the time)	Feel belong to the local area
NHSGGC	11.8%	17.3%	81.5%
Glasgow City	15.2%*	19.5%*	75.9%*
East Dunbartonshire	7.2%*	15.9%	88.8%*
Inverclyde	9.2%*	17.5%	88.1%*
Renfrewshire	6.9%*	17.3%	88.0%*

	Feel valued as a member of the community	Feel local people can influence local decisions	Experienced discrimination
NHSGGC	66.7%	74.8%	4.7%
Glasgow City	61.2%*	69.5%*	6.7%*
East Dunbartonshire	75.5%*	84.2%*	2.1%*
Inverclyde	73.2%*	75.8%	2.0%*
Renfrewshire	73.8%*	80.7%*	2.6%*

	Feel safe using local public transport	Feel safe walking alone in local area even after dark	Has caring responsibilities
NHSGGC	91.4%	76.5%	13.8%
Glasgow City	90.2%	74.6%	14.4%
East Dunbartonshire	94.8%*	86.1%*	12.5%
Inverclyde	92.4%	76.2%	13.5%
Renfrewshire	92.5%	78.2%	15.5%



5.1 Reciprocity and Trust

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

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

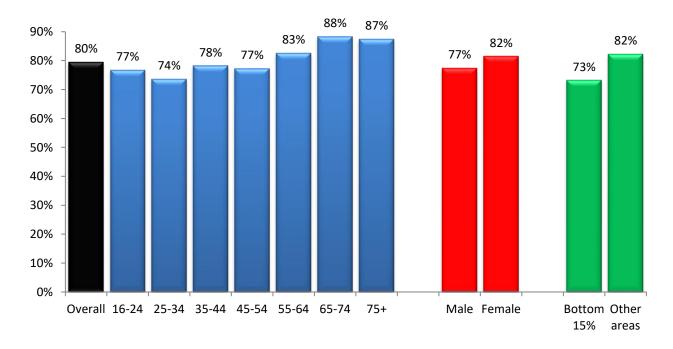
Those agreeing with the first statement were categorised as having a positive view of reciprocity, and those agreeing with the second were categorised as having a positive view of trust. Overall, 80% were positive about reciprocity and 81% were positive about trust.

There was a high degree of crossover on these two questions; 91% of those who were positive about trust were also positive about reciprocity.

Those aged 65 or over were the most likely to have a positive perception of both reciprocity and trust.

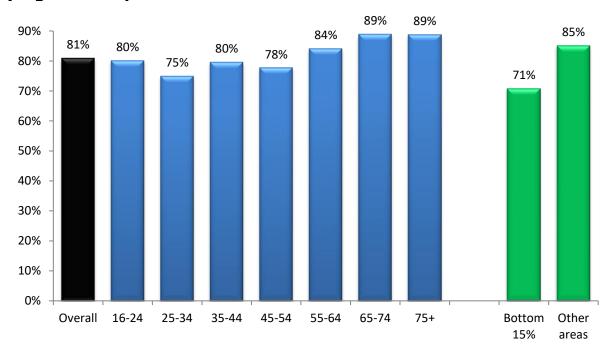
Women were more likely than men to have a positive perception of reciprocity.

Figure 5.1: Proportion with a Positive Perception of Reciprocity and by Age, Gender and Deprivation



Those in the most deprived areas were less likely have a positive view of either reciprocity or trust.

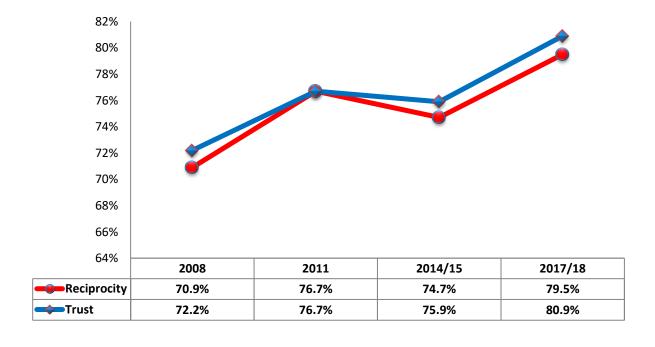
Figure 5.2: Proportion with a Positive Perception of Reciprocity and by Age and Deprivation



Trends – Reciprocity and Trust

There was an increase between 2014/15 and 2017/18 in the proportion with a positive perception of reciprocity and trust, as Figure 5.3 shows.

Figure 5.3: Trends for Positive Perception of Reciprocity and Trust – 2008 to 2017/18

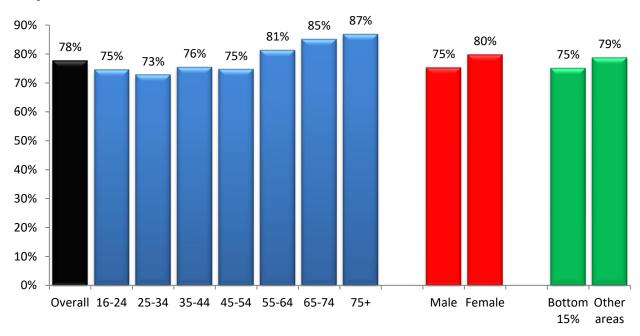


5.2 Local Friendships

Respondents were asked to indicate the extent to which they agreed or disagreed with the statement: "The friendships and associations I have with other people in my local area mean a lot to me". Overall, 78% agreed with this, while 14% neither agreed nor disagreed and 9% disagreed.

- Those in the older age groups were more likely than younger adults to value local friendships.
- Women were more likely than men to value local friendships.
- Those in the most deprived areas were less likely to value local friendships.

Figure 5.4: Proportion Value Local Friendships by Age, Gender and Deprivation



Trends - valuing local friendships

Although overall there was no significant change between 2014/15 and 2017/18 in the proportion who valued local friendships, there was an increase among those in the most deprived areas. Thus, the gap observed in 2014/15 between the most deprived areas and other areas significantly narrowed in 2017/18.

80% 75% 70% 65% 60% 55% 50% 45% 40% 2008 2011 2014/15 2017/18 NHSGGC 69.5% 78.1% 76.3% 77.7% Bottom 15% 67.6% 78.4% 69.2% 74.5%

Figure 5.5: Trends for Valuing Local Friendships - 2008 to 2017/18

5.3 Social Support

70.3%

Other areas

Respondents were asked to indicate the extent to which they agreed or disagreed with the statement: "If I have a problem, there is always someone to help me". Those agreeing with this statement were categorised as having a positive view of social support. Responses showed that overall 86% had a positive view of social support.

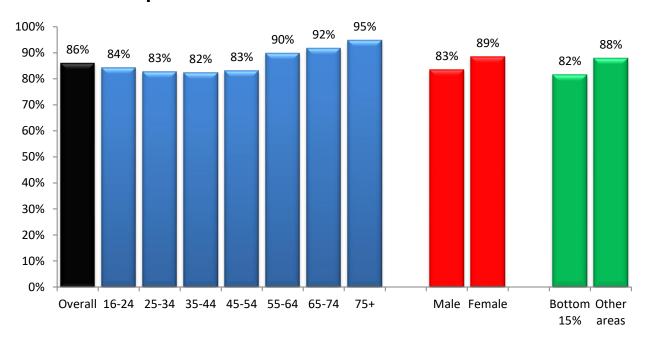
78.0%

79.3%

79.0%

Positive views of social support were more common among those in the oldest age groups, women and those outside the most deprived areas.

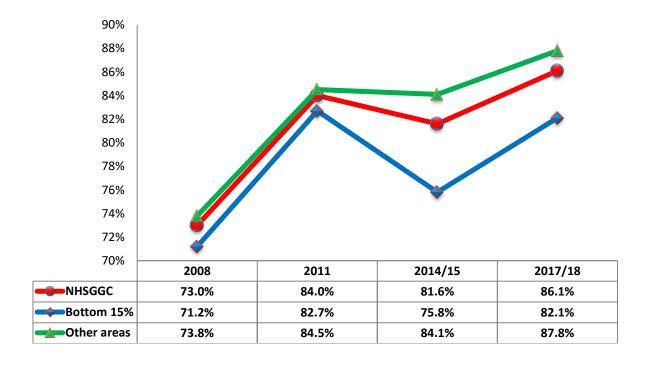
Figure 5.6: Proportion with a Positive View of Social Support by Age, Gender and Deprivation



Trends - Positive Perception of Social Support

Between 2014/15 and 2017/18 there was an increase in the proportion who were positive about social support in their area, with the sharpest increase observed among the most deprived areas.

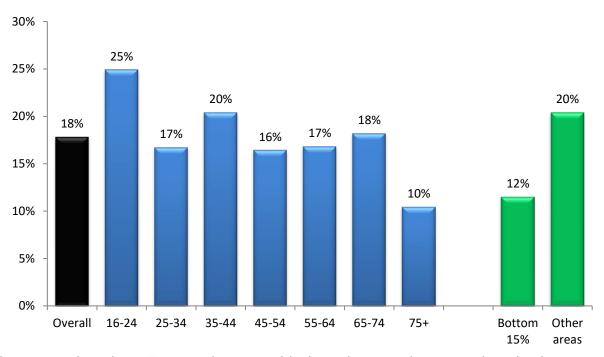
Figure 5.7: Trends for Positive Perception of Social Support – 2008 to 2017/18



5.4 Volunteering

One in six (18%) said they had given up any time to help any clubs, charities, campaigns or organisations in an unpaid capacity in the last year.

Figure 5.8: Proportion who Volunteered in Last 12 Months by Age and Deprivation



Those aged under 25 were the most likely to have volunteered in the last year and those aged 75 or over were the least likely. Those in the most deprived areas were much less likely to volunteer.

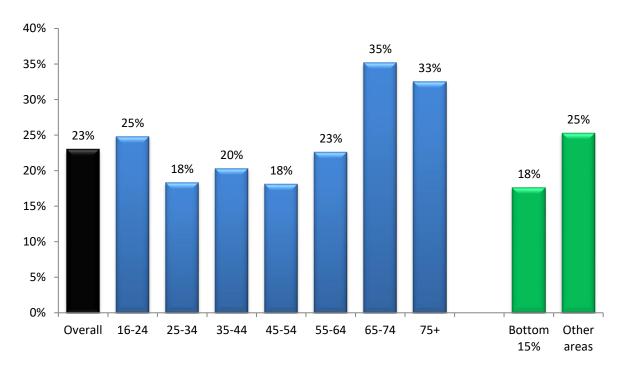


• The 2016 Scottish Household Survey showed a higher national rate for volunteering, with 27% of adults in Scotland having provided unpaid help to organisations or groups in the last 12 months, compared to 18% in the NHSGGC survey.

5.5 Belonging to Clubs, Associations and Groups

Just under one in four (23%) belonged to any social clubs, associations, church groups or similar. Those aged 65 or over were the most likely to belong to any of these. Those in the most deprived areas were less likely to belong to these.

Figure 5.9: Proportion Belong to Social Clubs, Associations, Church Groups or Similar by Age and Deprivation

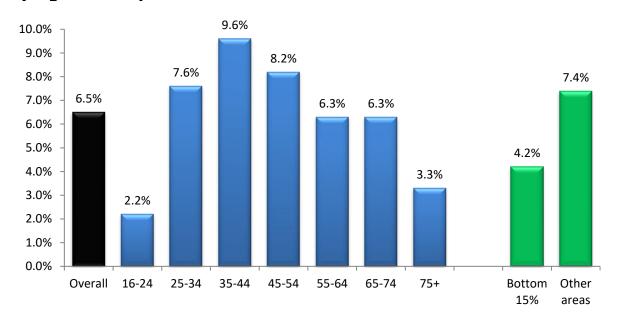


5.6 Social Activism

Respondents were asked whether, in the last 12 months, they had taken any actions in an attempt to solve a problem affecting people in their local area – e.g. contacted any media, organisation, council, councillor, MSP or MP; organised a petition. Overall, one in 15 (6.5%) had engaged in this type of social activism in the last year.

Those in the youngest and oldest age groups were the least likely to have engaged in social activism. Those in the most deprived areas were less likely to have engaged in social activism.

Figure 5.10: Proportion Engaged in Social Activism in Last 12 Months by Age and Deprivation



Differences by Age and Gender

- Those aged 65 or over were more likely to have a positive view of reciprocity or trust in their area, more likely to value local friendships and more likely to have a positive view of social support.
- Women were more likely than men to have a positive view of reciprocity, value local friendships or have a positive view of social support.
- Those aged under 25 were the most likely to volunteer.
- Those aged 65 or over were the most likely to belong to any clubs/associations.
- Those in the youngest and oldest age groups were less likely to have engaged in social activism in the last year.

Differences by Deprivation

Those in the most deprived areas were:

- less likely to have positive views of reciprocity or trust
- less likely to value local friendships or have a positive view of social support
- less likely to volunteer, belong to clubs/associations or engage in social activism.

Trends

- There was an increase between 2014/15 and 2017/18 in the proportion who had a positive perception of reciprocity and the proportion who had a positive perception of trust in their area.
- Among those in the most deprived areas, there was an increase between 2014/15 and 2017/18 in the proportion who valued local friendships.
- There was an increase between 2014/15 and 2017/18 in the proportion who had a positive perception of social support in their area, with the sharpest rise observed among those in the most deprived areas.

Key Indicators by Local Authority Area 5.8

* denotes significant difference to NHSGGC

	Positive perception of reciprocity	Positive perception of trust	Value local friendships	Positive perception of social support
NHSGGC	79.5%	80.9%	77.7%	86.1%
Glasgow City	74.3%*	77.0%*	72.9%*	82.6%*
East Dunbartonshire	87.9%*	86.8%*	84.3%*	90.0%*
Inverclyde	85.7%*	83.8%*	81.2%*	89.8%*
Renfrewshire	85.2%*	84.6%*	76.6%	87.6%

	Volunteered in last year	Belong to clubs, associations or groups	Engaged in social activism in last year
NHSGGC	17.8%	23.0%	6.5%
Glasgow City	20.0%*	26.0%*	6.9%
East Dunbartonshire	20.2%	20.8%	9.4%*
Inverclyde	14.9%*	17.0%*	6.2%
Renfrewshire	9.9%*	17.4%*	3.3%*

FINANCIAL WELLBEING

STATE BENEFITS

1 in 7 received all income from state benefits







Other areas 8%

ADEQUACY OF INCOME



75%

satisfied with household income

Most deprived 62%

Other areas 81%

DIFFICULTY FINDING UNEXPECTED SUMS



Difficulty finding £165

80% Difficulty finding £1600

DIFFICULTY MEETING



29%

difficulty meeting necessary bills and living expenses

Most deprived 38%

Other areas 25%

FOOD INSECURITY

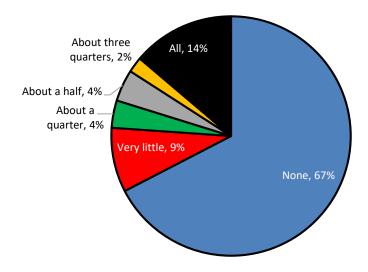
Severe: 3.7%



6.1 Income from State Benefits

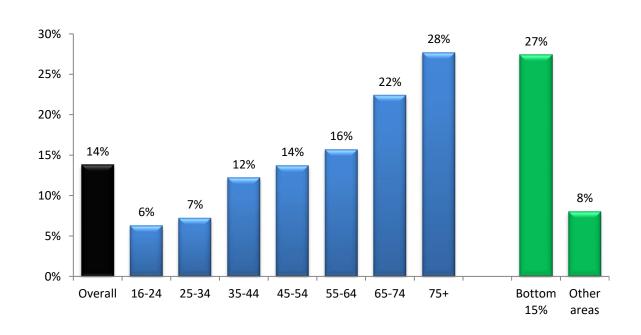
One in three (33%) said that at least some of their household income came from state benefits, and 14% said that all their household income came from state benefits.

Figure 6.1: Proportion of Household Income from State Benefits



The proportion who received all household income from state benefits rose with age from 6% of those aged under 25 to 28% of those aged 75 or over. Those in the most deprived areas were more than three times more likely than others to receive all household income from state benefits.

Figure 6.2: Proportion who Received All Household Income from State Benefits by Age and Deprivation



Those who received any of their household income from benefits were asked whether they had experienced benefits sanctions or delays in benefits payments in the last year.

- Five percent of those who received benefits had experienced benefit sanctions.
- Seven percent had experienced delays in benefits payments in the last year.

All respondents were asked whether their household had been affected by benefit changes in the last 12 months (e.g. Working Tax Credits, DLA to PIP, benefit cap).

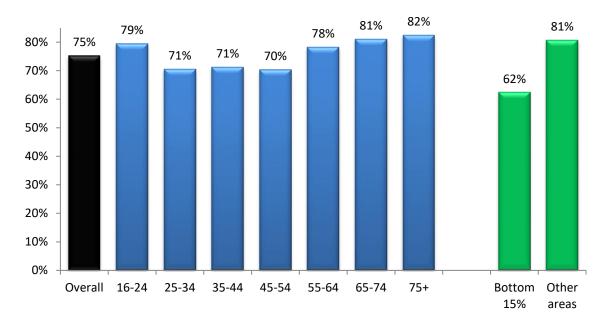
Overall, 4% said they had been affected by benefit changes. Those in the most deprived areas were more likely to have been affected by benefit changes (8% most deprived; 2% other areas). Of those who had been affected by benefit changes, 64% said the changes had made them financially worse off, 24% said it had made no difference and 12% said they were financially better off.



The Welfare Reform Act 2012 heralded the biggest change to Social Security in the United Kingdom since the system was established. The Health and Wellbeing Survey asked questions about the impact of these changes however these were asked during the earlier stages of the implementation and responses may not fully reflect the impact of the changes. Future surveys are likely to show additional impact as the roll out of Universal Credit during 2018/19 is completed. http://www.legislation.gov.uk/ukpga/2012/5/contents/enacted

Those aged 25-54 were less likely than younger or older people to give a positive view of the adequacy of their household income. Those in the most deprived areas were less likely to give a positive view.

Figure 6.3: Proportion with a Positive Perception of the Adequacy of their Household Income by Age and Deprivation



6.3 Views on Poverty

Respondents were asked what they felt was the main reason some people in their area lived in poverty. The most frequent response was lack of jobs (43%). Sixteen percent said that there was no one living in poverty in their area. All responses are shown in Table 6.1, together with the differing profile of responses for those living in the most deprived areas compared to those in other areas.

Those living in the most deprived areas were:

- much less likely to say there was no-one living in poverty in their area
- more likely to say that poverty was due to lack of jobs or laziness/lack of willpower.

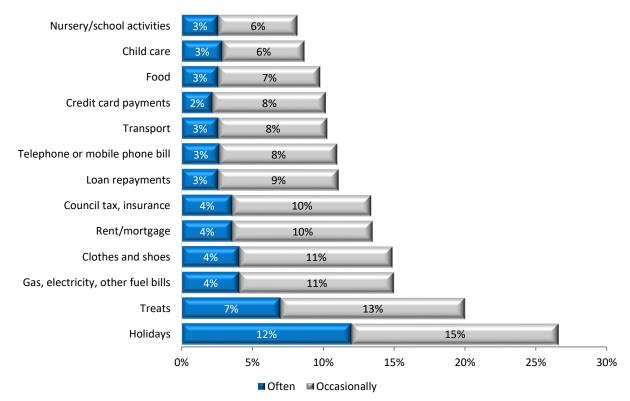
Table 6.1: Perceived Reasons for Poverty in Local Area by Deprivation

	Overell	Bottom	Other
	Overall	15%	areas
An inevitable part of modern life	8%	7%	8%
Laziness or lack of willpower	14%	22%	11%
Because they have been unlucky	6%	5%	7%
Because of injustice in society	9%	5%	10%
Lack of jobs	43%	51%	39%
There is no one living in poverty in this area	16%	6%	21%
Other	2%	3%	2%
None of the above	2%	1%	2%

6.4 Difficulty Meeting the Cost of Specific Expenses

Figure 6.4 shows the proportion of people who said they had difficulty meeting specific expenses often or occasionally.

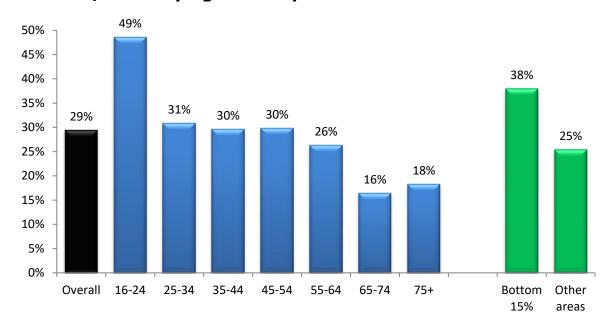
Figure 6.4: How Often Have Difficulty Meeting the Cost of Specific Expenses



All together, three in ten (29%) said that they had difficulty meeting the cost of rent/mortgage, fuel bills, telephone bills, council tax/insurance, food or clothes/shoes.

Those aged under 25 were the most likely to have difficulty meeting these costs. Those in the most deprived areas were more likely to have difficulty meeting these costs.

Figure 6.5: Proportion who Had Difficulty Meeting the Cost of Rent/Mortgage, Fuel Bills, Phone Bills, Council Tax/Insurance, Food or Clothes/Shoes by Age and Deprivation



Among those aged under 45, women were more likely than men to have difficulty meeting these costs, as Table 6.2 shows.

Table 6.2: Proportion who Had Difficulty Meeting the Cost of Rent/Mortgage, Fuel Bills, Phone Bills, Council Tax/Insurance, Food or Clothes/Shoes by Age and Gender

	Difficulty meeting these costs
Men 16-44	30%
Women 16-44	38%
Men 45-64	28%
Women 45-64	29%
Men 65+	18%
Women 65+	16%

6.5 Difficulty Finding Unexpected Sums

Respondents were asked how their household would be placed if they suddenly had to find a sum of money to meet an unexpected expense such as a repair or new washing machine. One in ten (10%) said it would be a

problem to find £35, 44% said it would be a problem to find £165 and 80% said it would be a problem to find £1,600 5 .

Those in the older age groups were less likely to say they would have difficulty finding these sums. Those in the most deprived areas were more likely to have difficulty meeting any of these sums.

Table 6.3: Proportion who would Find it Difficult Meeting Unexpected Sums of £35, £165 or £1,600 by Age and Deprivation

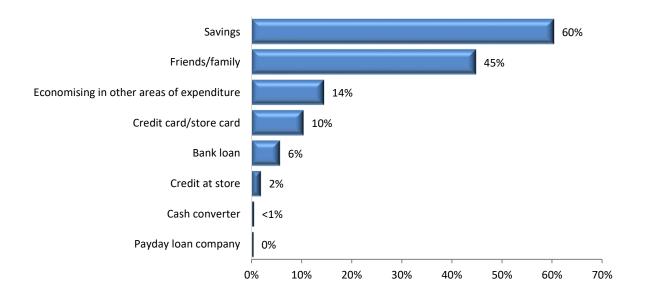
	Problem finding £35	Problem finding £165	Problem finding £1,600
16-24	11%	56%	89%
25-34	10%	52%	88%
35-44	12%	45%	83%
45-54	13%	42%	81%
55-64	13%	37%	74%
65-74	7%	35%	68%
75+	5%	31%	67%
Bottom 15%	18%	59%	90%
Other areas	7%	38%	76%
Overall	10%	44%	80%

Respondents were asked, if they suddenly had to find a sum of money to meet an unexpected bill, where would they get the money from (with the option of giving more than one response). The most common sources were savings (60%) and friends/family (45%). All responses are shown in Figure 6.6.

2017/18 NHS Greater Glasgow & Clyde Health and Wellbeing Survey

 $^{^5}$ Previous surveys since 1999 asked about the amounts of £20, £100 and £1,000. These were changed for the 2017/18 survey, adjusted using the Retail Price Index

Figure 6.6: Where Would Find Sum of Money to Meet Unexpected Bill



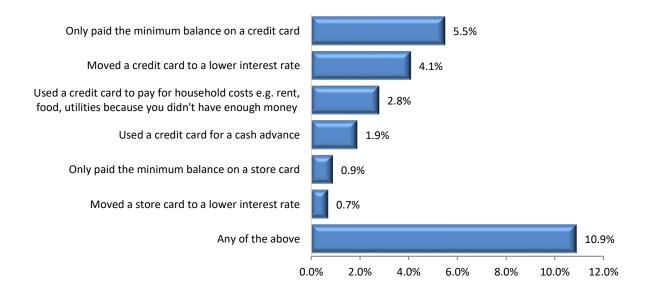
Those in the most deprived areas were:

- less likely to use savings to pay unexpected bills (47% most deprived 66% other areas)
- more likely to get money from friends/family (56% most deprived; 40% other areas).

6.6 Credit and Store Cards

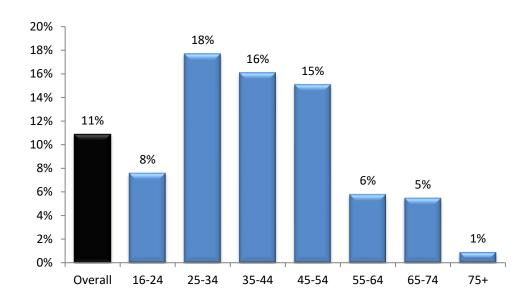
Respondents were asked whether they had taken specific actions relating to credit and store cards in the last year. Responses are shown in Figure 6.7.

Figure 6.7: Actions Taken with Credit/Store Cards in Last Year



Those aged 25-54 were more likely than younger or older people to have used credit/store cards in these ways in the last year.

Figure 6.8: Proportion who had Taken Any of the Specified Actions Relating to Credit/Store Cards in Last Year by Age



6.7 Food Insecurities

Respondents were asked eight questions which comprise the Food Insecurity Experiences Scale⁶. The proportion who said 'yes' to each question is shown in Table 6.4. All together, 9% had experienced at least one event in the last year which was an indication of food insecurity, including 4% categorised as severe.

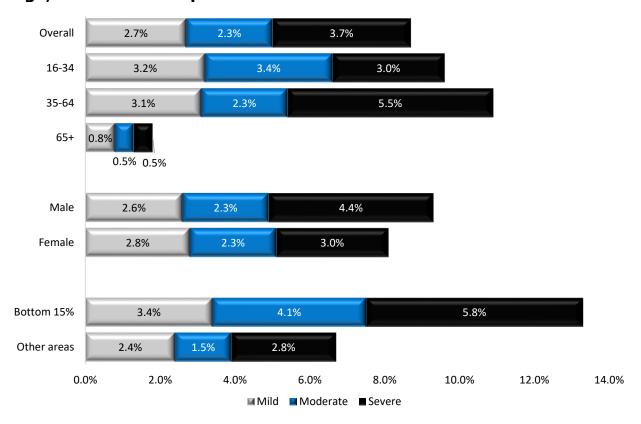
⁶ See: http://www.fao.org/in-action/voices-of-the-hungry/fies/en/

Table 6.4: Proportion who Experienced Each Event on the Food Insecurities Experience Scale in the Last 12 Months

	Proportion who answered 'yes'
MILD FOOD INSECURITIES	
You were worried you would run out of food because	
of a lack of money or other resources	6.1%
You were unable to eat healthy and nutritious food	
because of a lack of money or other resources	6.1%
You ate only a few kinds of food because of a lack of	
money or other resources	6.8%
MODERATE FOOD INSECURITIES	
You had to skip a meal because there was not enough	
money or other resources to get food	4.3%
You ate less than you thought you should because of a	
lack of money or other resources	5.3%
Your household ran out of food because of a lack of	
money or other resources	3.8%
SEVERE FOOD INSECURITIES	
You were hungry but did not eat because there was not	
enough money or other resources for food	3.6%
You went without eating for a whole day because of a	
lack of money or other resources	2.5%
Highest category experienced:	
Mild	2.7%
Moderate	2.3%
Severe	3.7%
At least one of the above	8.6%

Those aged 35-64 were the age group most likely to have experienced food insecurity, and those aged 65 or over were the least likely. Those in the most deprived areas were much more likely to report food insecurity and 6% of those in the most deprived areas had experienced severe food insecurity.

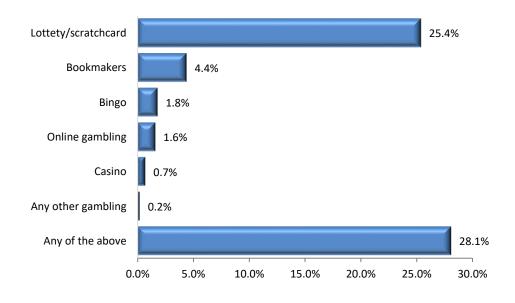
Figure 6.9: Food Insecurities Experience in the Last 12 Months by Age, Gender and Deprivation



6.8 Gambling

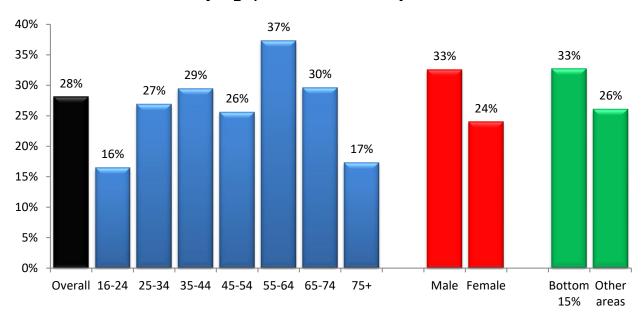
Respondents were asked whether they had spent money on different types of gambling activities in the last month. Overall, 28% had spent money on gambling in the last month. By far the most common type was lottery/scratchcards.

Figure 6.10: Proportion who Spent Money on Gambling Activities in the Previous Month



- Those in the youngest and oldest age groups were less likely to have gambled in the last month.
- Those aged 55-64 were the most likely to gamble. Men were more likely than women to spend money on gambling.
- Gambling was more common among those in the most deprived areas.

Figure 6.11: Proportion who Spent Money on Gambling Activities in the Previous Month by Age, Gender and Deprivation



Those who had gambled on activities other than lottery/scratchcards in the last month were asked, in the last 12 months, how often they had gone back another day to win back the money they lost. More than three in four (78%) said never, 19% said some of the time, 3% said most of the time and 1% said every time they lost.

Those who had gambled on activities other than lotter/scratchcards in the last month were also asked how often certain things has happened in the last 12 months. Responses are shown in Table 6.5.

Table 6.5: Responses to Questions about Gambling for those who had Gambled on Anything other than Lottery/Scratchcards in the Last Month

	Very often/fairly		
In the Last 12 months, how often?	often	Occasionally	Never
Have you needed to gamble with more and more			
money to get the excitement you are looking for?	2.0%	6.3%	91.7%
Have you felt restless or irritable when trying to			
cut down gambling?	1.2%	4.3%	94.6%
Have you gambled to escape from problems or			
when you are feeling depressed, anxious or bad			
about yourself?	2.7%	8.6%	88.7%
Have you made unsuccessful attempts to control,			
cut back or stop gambling?	0.5%	5.5%	94.0%
Have you risked or lost an important relationship,			
job, educational or work opportunity because of			
gambling?	0.3%	1.2%	98.5%
Have you asked others to provide money to help			
with a financial crisis caused by gambling?	0.7%	2.5%	96.7%

6.9 Summary of Key Messages from This Chapter

Differences by Age and Gender

- The proportion who received all household income from state benefits increased with age.
- Gambling was most common among those aged 55-64 and men were more likely than women to report spending money on gambling.

Differences by Deprivation

Those in the most deprived areas were:

- more likely to receive all household income from state benefits
- less likely to have a positive view of the adequacy of their income
- more likely to attribute local poverty to lack of jobs or to laziness/lack of willpower, and less likely to say that no one lived in poverty in their area
- more likely to report having difficulties meeting the cost of expenses
- more likely to report experiences indicating food insecurity
- more likely to spend money on gambling.

6.10 Key Indicators by Local Authority Area

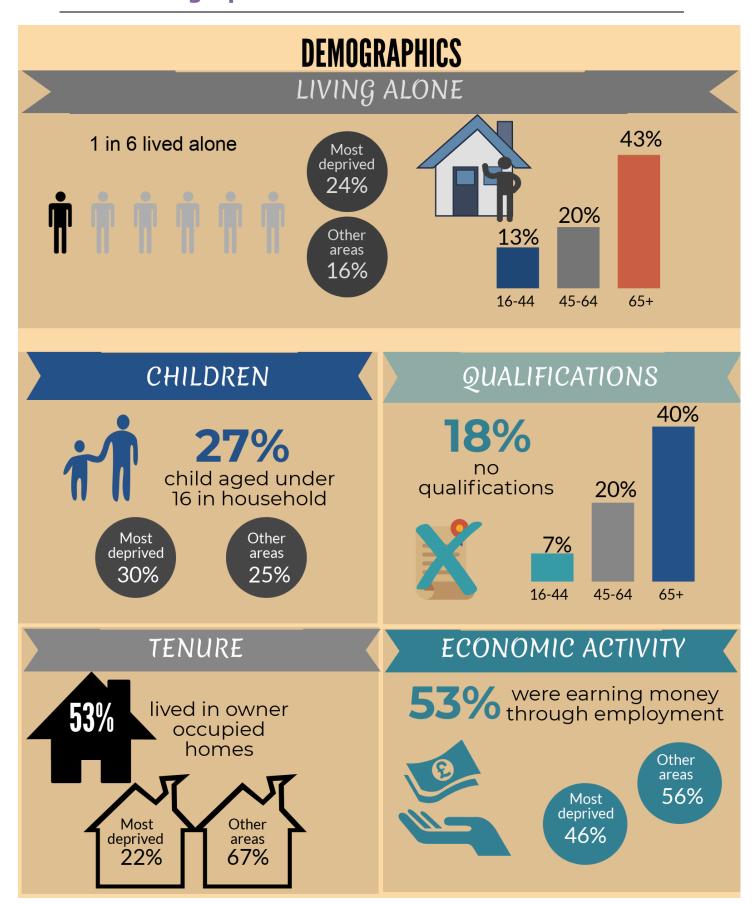
* denotes significant difference to NHSGGC

	All household income from state benefits	Positive perception of adequacy of household income	Difficulty meeting essential living costs
NHSGGC	13.8%	75.3%	29.4%
Glasgow City	17.2%*	68.1%*	30.1%
East Dunbartonshire	6.0%*	86.3%*	39.4%*
Inverclyde	17.2%*	78.3%*	32.0%
Renfrewshire	7.5%*	84.1%*	28.0%

	Problem finding £35	Problem finding £165	Problem finding £1,600
NHSGGC	10.3%	43.8%	80.0%
Glasgow City	12.5%*	46.4%*	83.7%*
East Dunbartonshire	5.0%*	38.9%*	71.4%*
Inverclyde	10.3%	43.0%	83.2%
Renfrewshire	8.4%	48.2%	81.8%

	Experienced benefits sanctions (based on those who receive benefits)	Experienced delay in benefit payments (based on those who receive benefits)
NHSGGC	4.5%	6.6%
Glasgow City	5.3%	7.7%
East Dunbartonshire	2.0%	7.2%
Inverclyde	1.1%*	2.3%*
Renfrewshire	4.8%	5.9%

	Experienced food insecurity in last year	Experienced severe food insecurity in last year
NHSGGC	8.6%	3.7%
Glasgow City	10.8%*	4.6%*
East Dunbartonshire	5.7%*	2.4%*
Inverclyde	7.0%	2.7%
Renfrewshire	6.0%*	2.8%

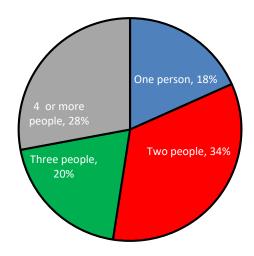


7.1 Household Composition

Household Size

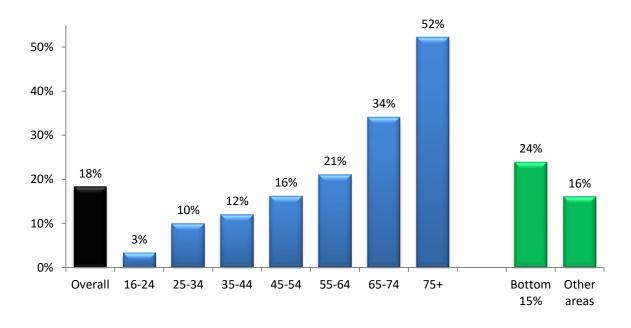
One in six (18%) lived alone. Figure 7.1 shows the breakdown of household size.

Figure 7.1: Household Size



The likelihood of living alone increased with age from 3% of those aged under 25 to 52% of those aged 75 or over. Those in the most deprived areas were more likely to live alone.

Figure 7.2: Proportion who Live Alone by Age and Deprivation

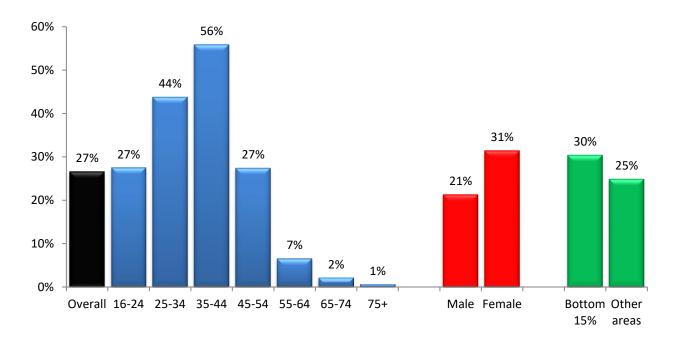


Children in the Household

More than one in four (27%) adults lived in a home with at least one child under the age of 16.

Those aged 35-44 were the most likely to live in a home with at least one child under the age of 16, and women were more likely than men to live with a child. Those in the most deprived areas were more likely to have a child in their household.

Figure 7.3: Proportion with a Child Aged Under 16 in their Household by Age and Deprivation



7.2 Sexual Orientation

Most (99%) described themselves as heterosexual or straight, while 1% described themselves as gay or lesbian, and less than 1% described themselves as bisexual or other.

Those aged under 35 were the most likely to describe themselves as anything other than heterosexual or straight (4.3% of those aged 16-24; 2.7% of those aged 25-34; less than 0.5% in all other age groups).

7.3 Ethnicity

Respondents were asked their ethnicity. Table 7.1 shows the proportion of respondents in each group (groups have been combined where sub-groups had less than 1.0% responses).

Table 7.1: Ethnicity

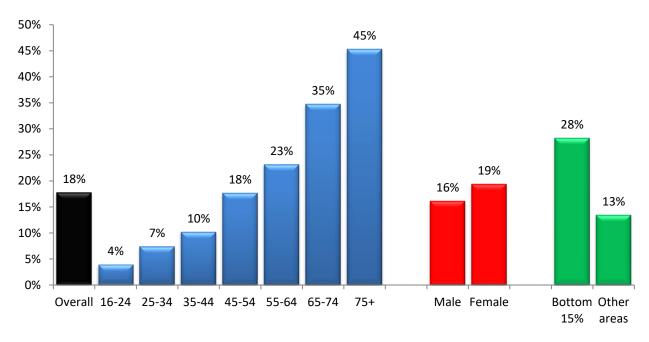
Ethnicity	%
White:	
Scottish	81.9%
Other British	4.4%
Polish	1.6%
Other White	1.4%
Total White	89.4%
A .*	
Asian:	
Pakistani	3.4%
Indian	1.0%
Other Asian	1.5%
Total Asian	5.9%
African	1.2%
Mixed or any other ethnic group	3.5%
Total BME (Non white)	10.6%

7.4 Educational Qualifications

One in six (18%) said they had no qualifications.

- The likelihood of having no qualifications rose with age from 4% of those aged under 25 to 45% of those aged 75 or over.
- Women were more likely than men to say they had no qualifications.
- Those in the most deprived areas were twice as likely as those in other areas to say they had no qualifications.

Figure 7.4: Proportion with No Qualifications by Age, Gender and Deprivation



Although overall women were more likely than men to say they had no qualifications, this was not the case for those aged under 45.

Table 4.2: Proportion with No Qualifications by Age and Gender

	No Qualifications	
Men 16-44	7	7%
Women 16-44	7	7%
Men 45-64	18	3%
Women 45-64	22	2%
Men 65+	38	3%
Women 65+	41	۱%

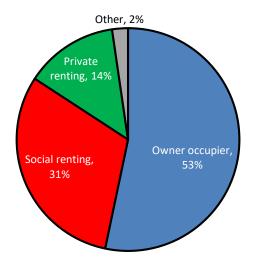


• The 2016 Scottish Household Survey found a very similar proportion nationally for those without educational qualifications - 17% of adults in Scotland had no qualifications (compared to 18% in the NHSGGC survey), and nationally those aged 75 or over were the most likely to have no qualifications (47%).

7.5 Tenure

Just over half (53%) of adults lived in owner-occupied homes (either owned outright or buying with a mortgage), 31% lived in homes rented from the council or a housing association, 14% lived in privately rented homes and 2% lived in homes with some other tenure.

Figure 7.5: Tenure



Those aged under 35 were much less likely than older adults to live in owner-occupied homes. Women were more likely than men to live in owner-occupied homes and men were more likely than women to live in privately rented homes.

Those in the most deprived areas were three times less likely than those in other areas to live in owner-occupied homes. Two in three (67%) of those in the most deprived areas lived in socially rented homes.

Table 7.3: Tenure by Age, Gender and Deprivation

	Owner- occupier	Social renting	Private renting	Other
16-24	39%	26%	26%	9%
25-34	36%	33%	28%	3%
35-44	51%	33%	16%	1%
45-54	61%	30%	8%	1%
55-64	65%	31%	3%	<1%
65-74	66%	31%	3%	<1%
75+	64%	32%	2%	3%
Male	51%	31%	15%	3%
Female	55%	31%	12%	2%
Bottom 15%	22%	67%	9%	1%
Other areas	67%	15%	15%	3%

7.6 Economic Activity

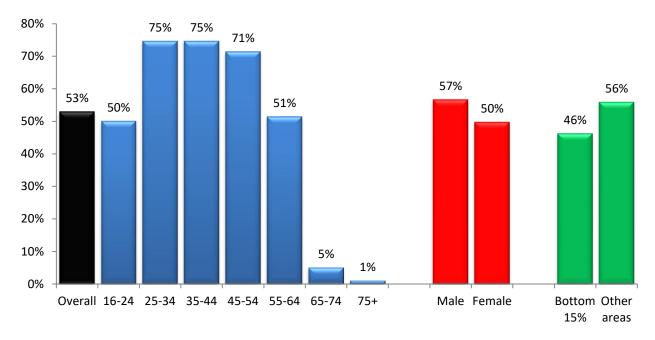
Respondents were asked which category best described their employment situation, with the option of selecting more than one category. Responses, from most to least frequent were:

- Employee in full-time job (35%)
- Wholly retired from work (23%)
- Employee in part-time job (14%)
- Full-time education (8%)
- Permanently sick/disabled (7%)
- Looking after the family/home (6%)
- Unemployed and available for work (5%)
- Self-employed full or part time (4%)
- Part-time education (1%)
- Employed on a zero hours contract (1%)
- Government supported training or employment (<1%)
- Other (1%).

In total, just over half (53%) were economically active (in full-time or part-time employment, self employed or on a zero hours contract).

Rates of economic activity were highest among those aged 25-54. Men were more likely than women to be economically active. Those in the most deprived areas were less likely to be economically active.

Figure 7.6: Proportion Economically Active by Age, Gender and Deprivation



7.7 Summary of Key Messages from This Chapter

Differences by Age and Gender

- The likelihood of living alone increased with age. Women were more likely to have children in their household.
- Those in the older age groups and women were more likely to say they had no qualifications.
- Those aged 35 or over were more likely to live in owner-occupied homes.
- Those aged 25-54 were the most likely to be economically active, and men were more likely than women to be economically active.

Differences by Deprivation

Those in the most deprived areas were:

- more likely to live alone
- more likely to have children in their household
- more likely to say they had no qualifications
- less likely to live in owner-occupied homes
- less likely to be economically active.

7.8 Key Indicators by Local Authority Area

* denotes significant difference to NHSGGC

	No qualifications
NHSGGC	17.8%
Glasgow City	19.2%
East Dunbartonshire	14.1%*
Inverclyde	19.4%
Renfrewshire	20.6%*

This Appendix has been prepared by BMG Research, who conducted the survey fieldwork.

Introduction

This technical report provides details of the methodology employed by BMG Research in the collection of the HWB 2017 data. A number of key response statistics will also be presented, such as response rates, quality checking outputs, interviewer metrics, and wave by wave interviewing numbers obtained.

All processes from sampling through to data collection and delivery were managed inhouse at BMG Research.

Sampling

Introduction

All sampling was managed in-house at BMG Research, and the process that was adopted closely matched that used in previous years to ensure reliable comparisons could be made over time.

The overarching objective was to obtain a sample that is representative of each of the HSCP areas, particularly in terms of age, gender, economic status and deprivation. The targets per HSCP were also split into categories depending on the nature of the area and the type of boost it was defined as: including main sample, basic boost, neighbourhood boost and enhanced boost. The target grid is shown in Table A1, with an overall target of 7,758 interviews to achieve.

&

Table A1: Target number of interviews to achieve per HSCP

				Boosts Required Sample (+/- 4% MOE)				
	SAPE 2015	Main Sample *		Basic Boost	N'Hood Boost	Enhanced Boost		
HSCP	16 plus	15%	Others	All	All	MD **	Others	Total Sample
NE Glasgow	151398	207	172	218				598
Parkhead/Dalmarnock	7213				537			537
Garthamlock/Ruchazie	6461				534			534
NW Glasgow	174248	141	296	162				599
Ruchill & Possilpark	8930				541			541
South Glasgow	183162	172	288	140				599
Greater Gorbals	7718				538			538
Govanhill	542				542			542
East Dunbartonshire	88416	3	218			522	378	1122
East Renfrewshire	74559	7	180					187
Renfrewshire	144729	71	292	235				598
Inverciyde	66534	57	110			528	483	1178
West Dunbartonshire	73881	49	136					185
NHSGGC Total *	956927	709	1691	755	2692	1050	861	7758

^{*} Total NHSGGC sample = +/- 2%

Dunbartonshire)

Sampling process

NHSGGC provided BMG Research with a datazone definition file that identified the key criteria of each datazone within the study area, including SIMD 2016, HSCP, neighbourhood etc. Datazones formed the sampling points within each area, with their selection based on a stratification by SIMD within each of the target areas to ensure a representative datazone selection by deprivation. The postcode address file (PAF) was then used to randomly select 25 addresses per datazone to form the sampling frame, with a target of 10 interviews to achieve per datazone.

It was found that during this process, a number of target areas (for example, all the neighbourhood boosts and the Inverclyde and East Dunbartonshire enhanced boosts) did not have sufficient datazones to achieve the target using the principle of '25 addresses sampled to achieve 10 interviews'. In these instances, a greater number of addresses were sampled within each datazone to achieve the sample, but at all times

^{**} MD = most deprived 15% (20% in East

only 2.5 times the number of addresses were supplied to achieve the target, thus ensuring the response rates were protected and consistent. Therefore, in summary:

- 489 datazones were sampled in total.
- 19,441 addresses were sampled in total across these datazones.
- Each address received a pre-survey letter in the post prior to being approached for interview, which gave the household the opportunity to 'opt out', and responding households were left with an information leaflet on completion of the interview.
- The next birthday rule was utilised to ensure the random selection of respondent per household.
- The datazones were allocated to one of three 'survey waves' which ensured a broad spread of interviews. The resulting number of achieved interviews per HSCP per wave is shown in the table below. No interviewing was undertaken over Christmas and in total 1,892 interviews were undertaken during 2018.

Table A2: Number of interviews achieved per HSCP per wave

HSCP	Wave 1 (August and September)	Wave 2 (October and November)	Wave 3 (December and January)	Total
East Dunbartonshire	200	582	352	1134
East Renfrewshire	4	32	158	194
Glasgow North East	235	760	678	1673
Glasgow North West	155	466	525	1146
Glasgow South	122	265	1314	1701
Inverclyde	6	731	459	1196
Renfrewshire	169	160	271	600
West Dunbartonshire	0	72	118	190
Total	891	3068	3875	7834

Fieldwork

Prior to fieldwork commencing, a pilot was conducted to test a number of aspects of the methodology, including sampling, questionnaire content/flow, CAPI script functionality, and contact management in terms of recording call outcomes at addresses. A total of 50 interviews were conducted as part of the pilot, with achieved interviews split proportionately according to the following:

- Glasgow City / East Dunbartonshire & East Renfrewshire / Renfrewshire, Inverclyde & West Dunbartonshire.
- Index of multiple deprivation.
- Age (16-44, 45-64, 65+).
- Gender.

The pilot interviews were split as follows:

Table A3: Number and profile of the pilot interviews

		Glasgow City	East Dunbartonshire/East Renfrewshire	Renfrewshire/ Inverclyde/West Dunbartonshire	Total
16-44	15% SIMD	6		2	8
10-44	Other	11	4	1	16
45-64	15% SIMD	2		0	2
45-04	Other	2	6	2	10
65+	15% SIMD	5		2	7
00+	Other	3	1	3	7
М	15% SIMD	8		0	8
IVI	Other	9	5	1	15
F	15% SIMD	5		4	9
r	Other	7	6	5	18
	Total	29	11	10	50

A total of 44 interviewers were briefed and worked on this project. The initial briefing session took place in late July, with representatives from NHSGGC in attendance. A further 3 briefing sessions took place subsequent to this with interviewers who were unable to attend the initial briefing. The average number of interviews conducted per interviewer was 178. The interviews lasted an average of 24 minutes, with the maximum length of 1hr 59mins.

All interviewers were briefed that each address must be attempted up to six times before it is deemed exhausted. However, to effectively manage this, interviewers were briefed to make two attempts at an address at a weekend, two on a weekday after 4pm and two on a weekday before 4pm. This ensures the greatest opportunity for all resident groups to be captured, particularly those in work. The following table provides the breakdown of interviews achieved by time of day and weekday or weekend, and it can be seen that more than half of the interviews were completed at weekends or evenings.

Table A4: Number of achieved interviews by time of day and week

		%
Weekday before 12	767	10%
Weekday 12-4	2922	37%
Weekday after 4	2071	26%
Weekend	2074	27%

Call outcomes and response rates

The following table provides a breakdown of the call outcomes and the resulting response rates by HSCP as well as at a total level. The response rate can be calculated as the number of interviews achieved from valid addresses issued (minus addresses found to be empty, businesses, derelict, or unable to locate), which is 49%, or as an adjusted response rate based on the number of achieved interviews where contact was actually made with the household, which is 78%.

Table A5: Call outcomes and response rates

	East Dunbartonshire Health and Social Care Partnership	East Renfrewshire Health and Social Care Partnership	Glasgow North East Health and Social Care Partnership	Glasgow North West Health and Social Care Partnership	Glasgow South Health and Social Care Partnership	Inverclyde Health and Social Care Partnership	Renfrewshire Health and Social Care Partnership	West Dunbartonshire Health and Social Care Partnership	TOTAL
Interview obtained	1134	194	1673	1146	1701	1196	600	190	7834
Refused	204	41	445	311	410	148	115	33	1707
Opt out prior to interview	246	69	263	202	271	237	139	41	1468
No reply	436	59	1049	737	925	487	293	152	4138
Call back/appointment	43	3	116	43	68	58	48	15	394
Physically or mentally unable to complete interview	8	1	18	16	22	3	3	2	73
Away at hospital during survey period	2		7	8	12	1	1	1	32
Language issues	1	0	10	6	30	0	2	0	49
Contact exhausted	0	0	29	130	184	0	1	0	344
Property inaccessible	1	0	3	13	18	0	0	0	35
Other	0	0	1	1	2	0	0	0	4
Non-valid contacts									
Not attempted because target achieved	740	105	535	202	432	802	280	39	3135
Non-residential address/institution/holiday home	2	1	11	25	35	1	2	1	78
Empty/derelict/under construction	6	2	15	6	49	20	16	1	115
Unable to locate address	2	0	8	7	16	2	0	0	35

	East Dunbartonshire Health and Social Care Partnership	East Renfrewshire Health and Social Care Partnership	Glasgow North East Health and Social Care Partnership	Glasgow North West Health and Social Care Partnership	Glasgow South Health and Social Care Partnership	Inverclyde Health and Social Care Partnership	Renfrewshire Health and Social Care Partnership	West Dunbartonshire Health and Social Care Partnership	TOTAL
Total number of contacts	2825	475	4183	2853	4175	2955	1500	475	19441
% response of all contacts made	40%	41%	40%	40%	41%	40%	40%	40%	40%
% response of valid contacts	55%	53%	46%	44%	47%	56%	50%	44%	49%
% response where contact was made	81%	81%	74%	75%	76%	85%	78%	79%	78%

Quality checking overview

In total, 1013 of the 7834 cases were back checked. The back checking procedure involves, predominantly, telephoning respondents to check the validity and conduct of the interview. The following types of information are checked with respondents:

- Name and address.
- Conduct of the interviewer (politeness, showed ID badge, whether the interviewer tried to influence the answers).
- Other details concerning the interview (were showcards used, was the interview conducted in home or at the doorstep, was a leaflet left behind).
- Four pieces of information provided by the respondent during the interview are re-checked for consistency. These were household tenure, whether they have caring responsibilities, whether they have any long-term conditions or illness that interferes with day to day activities and whether they have helped any clubs, charities, campaigns or organisations in an unpaid capacity.

APPENDIX B: SAMPLE PROFILE

Sample Profile

The 7,834 completed interviews were weighted to account for under/over representation of groups within the sample to ensure the sample was as representative as possible of the known population in the Greater Glasgow & Clyde NHS Board area. A full explanation of the weighting method used can be found in Appendix C. The breakdown of the final weighted dataset – and how this compared with the known population profile – is shown in Tables B1-B3.

Table B1: Age and Gender Breakdown

Base: 7,758

Gender and Age	% of sample	NHSGGC % of population (aged 16+)
Male 16-24	7.3	7.3
Female 16-24	7.3	7.3
Male 25-34	9.3	9.4
Female 25-34	9.3	9.3
Male 35-44	7.3	7.4
Female 35-44	7.6	7.6
Male 45-54	8.3	8.3
Female 45-54	9.1	9.2
Male 55-64	7.0	7.1
Female 55-64	7.6	7.6
Male 65-74	5.0	5.0
Female 65-74	5.6	5.6
Male 75+	3.5	3.3
Female 75+	5.6	5.7

Table B2: Health and Social Care Partnership/Glasgow City Localities

Base: All (7,834)

HSCP/Locality	% of sample	NHSGGC % of population (aged 16+)
East Dunbartonshire	9.2	9.2
East Renfrewshire	7.8	7.7
Inverclyde	6.9	7.1
Renfrewshire	15.1	15.1
West Dunbartonshire	7.7	7.4
Glasgow South	19.1	19.1
Glasgow North East	16.0	16.1
Glasgow West	18.4	18.3

The Scottish Index of Multiple Deprivation (SIMD) 2016 is a relative measure of deprivation used to identify the most deprived areas in Scotland. It is constructed using 38 indicators within 7 'domains' (Income, Employment, Health, Education, Skills & Training, Geographic Access, Housing and Crime) each of which describes a specific aspect of deprivation. The SIMD is a weighted combination of these domains.

The SIMD is based on small geographical areas called datazones. The average population of a datazone in NHSGGC is 820 (c.350 households) and unlike previous deprivation measures, which were based on much larger geographies (e.g. postcode sectors, average population 5,000), they enable the identification of small pockets of deprivation. In order to compare the most deprived small areas with other cut-off points, the most deprived 15% datazones are used. There are 6,976 datazones in Scotland. They are ranked from 1 (most deprived) to 6,976 (least deprived). The NHSGGC area contains the most deprived datazone in Scotland (Paisley Ferguslie) and in total 43% of the most deprived 15% datazones in Scotland lie within it.

Table B3: Most Deprived 15% Datazones Versus Other Datazones Base: All (7,834)

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

APPENDIX C: DATA WEIGHTING

Introduction

Data were weighted to ensure that they were as representative as possible of the adult population in the NHSGGC area. This appendix describes the weighting processes.

Household Size Weighting

In this survey, households were selected at random and therefore had equal probability of selection. However within the household the probability of an individual's selection is not necessarily equal to that of others, since it is inversely proportional to the number of people available to be selected. For example, in a single-person household the probability of selection is exactly 1 whereas in a four-person household the probability of selection is 1/4. The logic of this implies that the respondent from the single-person household represents one person (him/herself) while the respondent from the four-person household is in fact representing four people. It is normal to allow for this bias by 'weighting' the sample to give the respondent from the four-person household four times the 'weight' of the respondent from the one-person household. It is usual to calculate this weighting in such a way that the sum of the weights matches the sample size.

The formula for calculating the household size weight was:

$$Wf = F \times \frac{T}{A}$$

Where:

Wf is the household size weighting factor for a respondent living in a household size F.

F is the household size

T is the total number of respondents

A is the total number of adults in all households where a successful interview took place.

Weighting by Age/Gender/Bottom 15%/HSCP or Neighbourhood

Firstly the household size weighting was applied to the dataset. This produced the new 'actual' counts to which we applied the age/sex/bottom $15\%^7/\text{HSCP}$ or Neighbourhood weighting frame to produce the final weighting factors. This ensured that the weighted data would reflect the overall Greater Glasgow and Clyde population in terms of age, gender, bottom 15%/other areas and HSCP areas (or neighbourhoods in the case of Glasgow City). The formula for this stage of the weighting process was:

Bottom 20% in the case of East Dunbartonshire
 2017/18 NHS Greater Glasgow & Clyde Health and Wellbeing Survey
 Page A11

$$Wi = \frac{ci}{C} \times \frac{T}{ti}$$

Where:

- Wi individual weighting factor for a respondent the age/gender/bottom15% versus other areas/HSCP or neighbourhood group i
- is the known population in age/gender/bottom15% versus other Ci areas/HSCP or neighbourhood group i
- C is the total adult population in the NHS Greater Glasgow and Clyde area
- Т is the total number of interviews
- is the number of interviews (weighted by the household size weighting ti factor) for age/gender/bottom15% versus other areas/HSCP or neighbourhood group i

APPENDIX D: INDEPENDENT VARIABLES

The table below lists the independent variables used for the analysis in this report, showing for each the number of categories and how these categories were formed.

Independent Variable	Number of categories	Categories
Gender	2	Male; Female
Age	7	16-24; 25-34; 35-44; 45-54; 55-64; 65-74; 75+
		Male 16-44; Female 16-44; Male 45-64; Female 45-
Age/Gender	6	64; Male 65+; Female 65+
		15% most deprived datazones (20% in East
Deprivation	2	Dunbartonshire); other datazones

APPENDIX E: ALCOHOL USE DISORDERS IDENTIFICATION TEST (AUDIT) SCORING

AUDIT is a comprehensive 10 question alcohol harm screening tool. It was developed by the World Health Organisation (WHO) and modified for use in the UK and has been used in a variety of health and social care settings.

			Scoring			
			system			
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Your
Questions	0	1	2	3	4	score
			2 to 4	2 to 3	4 times or	
How often do you have a drink		Monthly or	times per	times per	more per	
containing alcohol	Never	less	month	week	week	
How many units of alcohol do						
you drink on a typical day when						
you are drinking?	0 to 2	3 to 4	5 to 6	7 to 9	10 or more	
How often have you had 6 or						
more units if female, or 8 or					Daily or	
more if male, on a single		Less than			almost	
occasion in the last year?	Never	monthly	Monthly	Weekly	daily	
How often during the last year						
have you found that you were					Daily or	
not able to stop drinking once		Less than			almost	
you had started?	Never	monthly	Monthly	Weekly	daily	
How often during the last year						
have you failed to do what was					Daily or	
normally expected from you		Less than			almost	
because of your drinking?	Never	monthly	Monthly	Weekly	daily	
How often during the last year						
have you needed an alcoholic					_	
drink in the morning to get					Daily or	
yourself going after a heavy		Less than			almost	
drinking session?	Never	monthly	Monthly	Weekly	daily	
How often during the last year					Daily or	
have you had a feeling of guilt		Less than			almost	
or remorse after drinking?	Never	monthly	Monthly	Weekly	daily	
How often during the last year						
have you been unable to						
remember what happened the					Daily or	
night before because you had	N 1	Less than	NA II-I	34/	almost	
been drinking?	Never	monthly	Monthly	Weekly	daily	
Have you or somebody else			Yes, but		Yes, during	
been injured as a result of your	NI-		not in the		the last	
drinking?	No		last year		year	
Has a relative or friend, doctor						
or other health worker been			Voc but		Voc durin-	
concerned about your drinking			Yes, but		Yes, during	
or suggested that you cut	No		not in the		the last	
down?	No		last year		year	

Scoring:

- 0 to 7 indicates low risk
- 8 to 15 indicates increasing risk
- 16 to 19 indicates higher risk
- 20 or more indicates possible dependence

APPENDIX F: TRENDS MEASURED

Trends were explored for the following variables:

Positive perception of general health Positive perception of physical wellbeing Positive perception of mental or emotional wellbeing Feeling definitely in control of decisions affecting life Positive perception of overall quality of life Illness/condition affecting daily life Receiving treatment for one or more conditions Proportion currently smoking (on some or every day) Proportion exposed to smoke (some or all the time) Proportion meeting the fruit and veg consumption target Proportion isolated from family and friends Proportion feeling they belong to local area Proportion feeling valued as a member of their community Proportion feeling local people can influence decisions Proportion feeling safe using public transport Proportion feeling safe walking alone after dark Proportion with no qualifications Proportion with all income from state benefits Proportion with a positive perception of household income Proportion with a positive perception of reciprocity Proportion with positive perception of trust Proportion valuing local friendships Proportion with a positive perception of social support

APPENDIX F: SURVEY QUESTIONNAIRE

NHS Greater Glasgow & Clyde Health and Wellbeing Survey Questionnaire 2017

Good morning \ afternoon, my name is ... and I'm from BMG Research. BMG Research is an independent research company who work to the Market Research Society (MRS) code of conduct. We are carrying out research on behalf of the NHS Greater Glasgow and Clyde. The survey is about your health including issues such as diet, exercise and the area you live in and is a follow up to a similar study conducted in 2014.

Would you be willing to take part in the survey? The questionnaire will take approximately 20 minutes [book appointment if not convenient now].

BMG Research will only use your details for the purpose of this survey, and for quality checking the interviews.

The anonymised findings from the survey may be published. The data will only be used for the purposes specified and in terms of the Data Protection Act 1998. Please note that no individual will be identified through the data and findings from the survey, unless your permission is otherwise sought.

IF RESPONDENT REQUIRES FURTHER CLARIFICATION THAT BMG RESEARCH IS A GENUINE MARKET RESEARCH COMPANY THEY CAN CALL MRS ON 0800 975 9596.

INTERVIEWER NOTE: RESPONDENT MUST BE AGED 16 OR OVER

SECTION 1: PERCEPTIONS OF HEALTH & ILLNESS

ASK ALL (S/C)

1 I'd like to start by asking you some questions about your health. How would you describe your health? **READ OUT AND CODE ONE ONLY** [PREVIOUS Q1]

Very good	1
Good	2
Fair	3
Bad	4
Very bad	5
Don't know	6

ASK ALL (S/C PER ROW)

2 Looking at the faces on the card...? **SHOWCARD 1 AND CODE ONE PER ROW** [PREVIOUS Q29]

		1	2	3	4	5	6	7	Don't Know
А	Which face best rates your overall quality of life?	1	2	3	4	5	6	7	8
В	Which face best rates your general physical well being?	1	2	3	4	5	6	7	8
С	Which face best rates your general mental or emotional well being?	1	2	3	4	5	6	7	8

ASK ALL (S/C)

3 Do you feel in control of decisions that affect your life, such as planning your budget, moving house or changing job? **READ OUT AND CODE ONE ONLY** [PREVIOUS Q50]

Definitely	1
To some extent	2
No	3
Don't know	4

ASK ALL (S/C)

Do you have any long-term condition or illness that substantially interferes with your day to day activities? **CODE ONE ONLY** [PREVIOUS Q2]

Yes	1
No	2
Refused	3

ASK IF Q4 = YES(1)(M/C)

Thinking of these conditions and/or illnesses, would you describe yourself as having...? READ OUT AND CODE ALL THAT APPLY [PREVIOUS Q3]

A physical disability	1
A mental or emotional health problem	2
A long-term illness	3
Don't know	4

ASK ALL (LIST)

How many illnesses or conditions are you currently being treated for? **SHOWCARD 2** AND RECORD NUMBER [NEW]

INTERVIEWER NOTE: Please pass the tablet to the respondent to self complete Q7. Record whether the respondent self completes Q7 or whether they prefer the interviewer to complete it for them.

Respondent self completed Interviewer completed

We would 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 closely 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 and answer ALL the questions.

SECTION 2: HEALTH BEHAVIOURS

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

ASK ALL (S/C)

8 How often are you in places where there is smoke from other people smoking tobacco?
READ OUT AND CODE ONE ONLY [PREVIOUS Q8]

Most of the time	1
Some of the time	2
Seldom	3
Never	4
Don't know	5

ASK ALL (M/C)

9 Are you exposed to other people's tobacco smoke in any of these places?
SHOWCARD 3 AND CODE ALL THAT APPLY [NEW]

At own home	1
At work	2
In other people's homes	3
In cars, vans etc	4
Outside of buildings (e.g. pubs, shops, hospitals)	5
In other public places	6
No, none of these	7
Don't know	8

ASK ALL (S/C)

Which of the following statements best describes you at present?

Please note, when answering this question please do NOT include cigarettes without tobacco or electronic cigarettes.

SHOWCARD 4 AND CODE ONE ONLY [PREVIOUS Q9]

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

ASK ALL (S/C)

Have you used an electronic cigarette in the last year? **READ OUT AND CODE ONE ONLY** [PREVIOUS Q11]

Yes – every day	1
Yes – some days	2
Once or twice	3
No	4
Don't know	5

https://patient.info/doctor/alcohol-use-disorders-identification-test-audit

Interviewer read out: Now I am going to ask you some questions about your use of alcoholic drinks during the past year.

ASK ALL (S/C)

How often do you have a drink containing alcohol? **CODE ONE ONLY** [NEW]

Never	1
Monthly or less	2
2-4 times per month (this includes once a week)	3
2-3 times per week	4
4+ times per week	5
Prefer not to say	6

ASK IF Q12 = 2 TO 5 (S/C)

How many units of alcohol do you drink on a typical day when you are drinking? SHOWCARD 5 FOR UNITS AND CODE ONE ONLY [NEW]

0-2	1
3-4	2
5-6	3
7-9	4
10 or more	5
Prefer not to say	6

ASK IF Q12 = 2 TO 5 (S/C)

How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year? **SHOWCARD 6 AND CODE ONE ONLY** [NEW]

Never	1
Less than monthly	2
Monthly	3
Weekly	4
Daily or almost daily	5
Prefer not to say	6

ASK IF Q12 = 2 TO 5 (S/C)

How often during the last year have you found that you were not able to stop drinking once you had started? **SHOWCARD 6 AND CODE ONE ONLY** [NEW]

Never	1
Less than monthly	2
Monthly	3
Weekly	4
Daily or almost daily	5
Prefer not to say	6

ASK IF Q12 = 2 TO 5 (S/C)

How often during the last year have you failed to do what was normally expected from you because of your drinking? **SHOWCARD 6 AND CODE ONE ONLY** [NEW]

Never	1
Less than monthly	2
Monthly	3
Weekly	4
Daily or almost daily	5
Prefer not to say	6

ASK IF Q12 = 2 TO 5 (S/C)

How often during the last year have you needed an alcoholic drink in the morning to get yourself going after a heavy drinking session? **SHOWCARD 6 AND CODE ONE ONLY** [NEW]

Never	1
Less than monthly	2
Monthly	3
Weekly	4
Daily or almost daily	5
Prefer not to say	6

ASK IF Q12 = 2 TO 5 (S/C)

18 How often during the last year have you had a feeling of guilt or remorse after drinking? SHOWCARD 6 AND CODE ONE ONLY [NEW]

Never	1
Less than monthly	2
Monthly	3
Weekly	4
Daily or almost daily	5
Prefer not to say	6

ASK IF Q12 = 2 TO 5 (S/C)

How often during the last year have you been unable to remember what happened the night before because you had been drinking? **SHOWCARD 6 AND CODE ONE ONLY** [NEW]

Never	1
Less than monthly	2
Monthly	3
Weekly	4
Daily or almost daily	5
Prefer not to say	6

ASK IF Q12 = 2 TO 5 (S/C)

Have you or somebody else been injured as a result of your drinking? **READ OUT AND CODE ONE ONLY** [NEW]

No	1
Yes, but not in the last year	2
Yes, during the last year	3
Prefer not to say	4

ASK IF Q12 = 2 TO 5 (S/C)

21 Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested that you cut down? **READ OUT AND CODE ONE ONLY** [NEW]

No	1
Yes, but not in the last year	2
Yes, during the last year	3
Prefer not to say	4

ASK IF Q12 = 2 TO 5 (S/C)

Do you ever drink alcohol (either alone or with others) before going on a night out? **CODE ONE ONLY** [PREVIOUS Q16]

Yes	1
No	2

ASK IF Q22 = 1 (M/C)

What are the reasons you have a drink before a night out?

READ OUT AND CODE ALL THAT APPLY [PREVIOUS Q17]

It makes the night better	1
It makes the night cheaper	2
It provides a chance to socialise with friends and family	3
Other, please specify BACKCODE AND LIST	95
Don't know	97

24 I'm going to read out some statements, please tell me how much you agree or disagree with each of them? SHOWCARD 7 AND CODE ONE PER ROW [PREVIOUS Q18]

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know
Getting drunk is a perfectly acceptable thing to do	1	2	3	4	5	6
It is easier to enjoy a social event if you've had a drink of alcohol	1	2	3	4	5	6
Drinking on a train is a perfectly acceptable thing to do a. On local services b. On Intercity services	1 1	2 2	3 3	4 4	5 5	6
Drinking on a bus is a perfectly acceptable thing to do	1	2	3	4	5	6

ASK ALL (S/C)

Thinking about the number of places you can buy alcohol in your local area from off-licences, local grocers and supermarkets, in your opinion are there...? **READ OUT AND CODE ONE**

Now thinking about the number of places you can buy alcohol in your local area from pubs, bars and restaurants, in your opinion are there...?

READ OUT AND CODE ONE

	Q25a	Q25b
The right amount	1	1
Too many	2	2
Too few	3	3
Don't know	97	97

ASK ALL (LIST)

Now I'd like to ask you some questions about the food you eat. Yesterday, how many portions of fruit did you eat? Examples of a portion are one apple, one tomato, 3 tablespoons of canned fruit, one small glass of fruit juice.

(WRITE NUMBER IN BOX. IF LESS THAN ONE, WRITE '0'; IF DON'T KNOW CODE AS 997) [PREVIOUS 021]

	997) [FREVIOUS Q21]		
	WRITE NUMBER IN THE BOX:]
27	LL (LIST) Yesterday, how many portions of vegetables or salad (not counting portion of vegetables is 3 tablespoons. (WRITE NUMBER IN BOX. IF LESS THAN ONE, WRITE '0'; IF DON' 1997) [PREVIOUS Q22]	 ·	•
	WRITE NUMBER IN THE BOX:	1	7

ASK ALL (S/C PER ROW)

28 How often do you eat the following? **SHOWCARD 8 AND CODE ONE PER ROW** [NEW]

	More	Once	At	At least	A few	Less	Never
	than	a day	least	monthly	times a	than	
	once a		weekly		year	once	
	day					a	
						year	
Takeaways (fast food, burgers,	1	2	3	4	5	6	7
Indian, Chinese, pizza)							
Pies, pastries, sausage rolls, chips	1	2	3	4	5	6	7
Cakes, biscuits, pastries	1	2	3	4	5	6	7
Crisps, nuts	1	2	3	4	5	6	7
Sweets, chocolate	1	2	3	4	5	6	7
Sugary drinks (regular fizzy,	1	2	3	4	5	6	7
energy drink, juice drinks)							
Readymade meals	1	2	3	4	5	6	7
Shop bought coffee, hot	1	2	3	4	5	6	7
chocolate and speciality drinks							
(e.g. frappucino)							
Puddings, desserts (including ice	1	2	3	4	5	6	7
cream)							

The next question is about the type of physical activity that increases your heart rate, makes you feel warmer and makes you breathe a little faster. This may include walking or cycling for recreation or to get to and from places; gardening; and exercise or sport.

ASK ALL (LIST)

In the past week, on how many days have you done <u>this type</u> of physical activity for a total of 30 minutes or more? The 30 minutes can be obtained by adding smaller bouts of not less than 10 minutes. [PREVIOUS Q25]

(WRITE NUMBER OF DAYS IN BOX, IF DON'T KNOW CODE AS 97)

WRITE NUMBER IN THE BOX:

ASK IF Q29 = 1 (S/C)

Thinking about that day, did the <u>total</u> time you spent doing <u>this type</u> of activity add up to at least two and a half hours (150 minutes)? **CODE ONE**

Yes	1
No	2

ASK IF Q29 = 2, 3 OR 4 (S/C)

Thinking about those $2/3/4^*$ days, did the <u>total</u> time you spent doing <u>this type</u> of activity add up to at least two and a half hours (150 minutes)? **CODE ONE**

Yes	1
No	2

^{*}CAPI to select correct number.

[PREVIOUS Q27 – REPLACED WITH TWO QUESTIONS]

We are interested in your sedentary behaviour, which is any time you spend sitting, reclining and lying down (please don't count the time asleep).

We will be asking you to estimate the time you spent sitting on an average (normal) day in the last seven days. We realise this will vary over the week, but try to give an estimate.

ASK ALL (LIST)

On an average day, in the last seven days, how long did you spend sitting, reclining or lying down? **WRITE IN BOX, IF DON'T KNOW CODE AS 97**

hours	minutes

SECTION 3: SOCIAL HEALTH

I'd now like to ask you some questions about yourself and your local area.

ASK ALL (S/C)

Do you ever feel isolated from family and friends? **CODE ONE ONLY** [PREVIOUS Q33]

Yes	1
No	2
Prefer not to say	3

ASK ALL (S/C)

How often have you felt lonely in the past two weeks? SHOWCARD 9 AND CODE ONE ONLY [NEW]

All of the time	1
Often	2
Some of the time	3
Rarely	4
Never	5

How much do you agree or disagree with the following statements about living in this local area? SHOWCARD 10 AND CODE ONE FOR EACH ROW [PREVIOUS Q32]

		Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree	Don't know
Α	I feel I belong to this local area	1	2	3	4	5	6
В	I feel valued as a member of my community	1	2	3	4	5	6
С	By working together, people in my neighbourhood can influence decisions that affect my neighbourhood	1	2	3	4	5	6

ASK ALL (S/C)

Have you been discriminated against in the last year? READ OUT AND CODE ONE ONLY 35 [PREVIOUS Q60]

No	1
Yes, occasionally	2
Yes, on several occasions	3
Prefer not to say	4

ASK IF Q35 = YES (2 OR 3) (M/C)

36a Who discriminated against you? SHOWCARD 11 AND CODE ALL THAT APPLY36b And did you challenge this behaviour? READ OUT AND CODE ALL THAT APPLY

SCRIPTING INSTRUCTION – ONLY SHOW CODES AT Q36b WHERE CODED AT Q36a

	Q36a:	Q36b:
	Discriminated	Challenged discriminatory
	against you	behaviour [NEW]
	[PREVIOUS Q61 –	
	ORDER CHANGED]	
Bank/insurance company	1	1
Close relative	2	2
College/school	3	3
Employer	4	4
Health care services	5	5
Known person in a public place	6	6
Landlord/housing office	7	7
Police/judicial system	8	8
Shops/restaurants	9	9
Social services	10	10
Unknown person in a public place	11	11
Other, please specify BACKCODE		
AND LIST	95	95
Prefer not to say	98	98

ASK IF Q35 = YES (2 OR 3) (M/C)

Why do you think you were discriminated against?

SHOWCARD 12 AND CODE ALL THAT APPLY [PREVIOUS Q62]

Ethnic background	1
Gender	2
Sexual orientation	3
Age	4
Disability	5
Religion / faith / belief	6
Because of the neighbourhood I live in	7
Accent	8
Other, please specify BACKCODE AND LIST	95
Don't know	97
Prefer not to say	98

Could you tell me if you have been a victim of each of these crimes in the last year? Just to reiterate, your responses to this survey will remain confidential unless your permission is explicitly given. SHOWCARD 13, READ OUT AND CODE ONE PER ROW. DO NOT ASK 'DOMESTIC VIOLENCE' IF THE PARTNER IS IN THE ROOM TOO - CODE AS REFUSED. [PREVIOUS Q40]

	Yes	No	Don't know	Refused
Anti-social behaviour	1	2	3	4
Any type of theft or burglary	1	2	3	4
Vandalism	1	2	3	4
Domestic violence	1	2	3	4
Physical attack	1	2	3	4

ASK ALL (S/C PER ROW)

How much do you agree or disagree with the following statements about safety in this local area? **SHOWCARD 14, READ OUT AND CODE ONE PER ROW** [PREVIOUS Q39]

		Strongly Agree	Agree	Neither agree nor disagree	Disagree	Disagree Strongly Disagree	
А	I feel safe using public transport in this local area	1	2	3	4	5	6
В	I feel safe walking alone around this local area even after dark	1	2	3	4	5	6

40 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...?
SHOWCARD 15, READ OUT A TO E AND CODE ONE FOR EACH ROW [PREVIOUS Q30]

		1	2	3	4	5	6	7	Not a problem	Don't Know
А	The level of unemployment in your area	1	2	3	4	5	6	7	8	9
В	The amount of drug activity in your area	1	2	3	4	5	6	7	8	9
С	The level of alcohol consumption in your area	1	2	3	4	5	6	7	8	9
D	People being attacked or harrassed because of their skin colour, ethnic origin or religion	1	2	3	4	5	6	7	8	9
E	The amount of troublesome neighbours in your area	1	2	3	4	5	6	7	8	9

Now I'd like to ask you about environmental issues that may or may not be a problem in your area. Which face best describes how you feel about...? SHOWCARD 16, READ OUT A TO D AND CODE ONE FOR EACH ROW [PREVIOUS Q31]

		1	2	3	4	5	6	7	Don't know
А	The amount of rubbish lying about in your area	1	2	3	4	5	6	7	8
В	The amount of dog's dirt in your area	1	2	3	4	5	6	7	8
С	The availability of safe play spaces in your area	1	2	3	4	5	6	7	8
D	The availability of pleasant places to walk in your area	1	2	3	4	5	6	7	8

Please look at the card I've given you and tell me what you think of the quality of services in your area? **SHOWCARD 17, READ OUT AND CODE ONE PER ROW** [PREVIOUS Q38 – H TO J ADDED]

		Excellent	Good	Adequate/O K	Poor	Very Poor	Don't know
Α	Food shops	5	4	3	2	1	6
В	Local schools	5	4	3	2	1	6
С	Public transport	5	4	3	2	1	6
D	Activities for young people	5	4	3	2	1	6
E	Leisure / sports facilities	5	4	3	2	1	6
F	Childcare provision	5	4	3	2	1	6
G	Police	5	4	3	2	1	6
Н	GP/Doctor	5	4	3	2	1	6
I	Out of hours medical service	5	4	3	2	1	6
J	Nurse Lead clinics such as asthma clinic, flu vaccination, child healthcare, health improvement	5	4	3	2	1	6

ASK ALL (S/C)

Do you look after, or give any regular help or support to family members, friends, neighbours or others because of long-term physical or mental ill-health or disability, or problems related to old age? *Exclude any caring that is done as part of any paid employment or formal volunteering.* CODE ONE ONLY [PREVIOUS Q58 – WORDING CHANGED]

Yes	1
No	2

How often, if at all, over the past year have you found it difficult to meet the cost of the following? **SHOWCARD 18 AND CODE ONE PER ROW** [PREVIOUS Q53 – SOME NEW STATEMENTS AND SOME RE-ORDERED]

		Very Often	Quite Often	Occasionally	Never	Don't know	N/A – do not have that cost	Refus ed
Α	Rent/mortgage	1	2	3	4	5	6	7
В	Gas, electricity and other fuel bills	1	2	3	4	5	6	7
С	Telephone or mobile phone bill	1	2	3	4	5	6	7
D	Council tax, insurance	1	2	3	4	5	6	7
Е	Food	1	2	3	4	5	6	7
F	Clothes and shoes	1	2	3	4	5	6	7
G	Transport	1	2	3	4	5	6	7
Н	Credit card payments	1	2	3	4	5	6	7
ı	Loan repayments	1	2	3	4	5	6	7
J	Nursery/school activities	1	2	3	4	5	6	7
K	Child care	1	2	3	4	5	6	7
L	Treats	1	2	3	4	5	6	7
М	Holidays	1	2	3	4	5	6	7

ASK ALL (S/C PER ROW)

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 £35...? or £165...? Or £1,600...? SHOWCARD 19 AND CODE ONE PER ROW [PREVIOUS Q54 – DIFFERENT AMOUNTS]

		No Problem	A bit of a Problem	A big Problem	Impossible to Find	Don't know
Α	£35	4	3	2	1	5
В	£165	4	3	2	1	5
С	£1,600	4	3	2	1	5

ASK ALL (M/C)

46 If you suddenly had to find a sum of money to meet an unexpected bill where would you get the money from? SHOWCARD 20 AND CODE ALL THAT APPLY [NEW]

1.	Savings	1
2.	Economising in other areas of expenditure	2
3.	Credit card/store card	3
4.	Cash Converter	4
5.	Payday loan company	5
6.	Bank loan	6
7.	Credit at store	7
8.	Friends/family	8
9.	Other (please specify) BACKCODE AND LIST	96
10.	Don't know	97

ASK ALL (S/C)

Which of the following applies to your household?

SHOWCARD 21 AND CODE ONE ONLY [PREVIOUS Q55]

Owner occupier / owned outright	1
Owner occupier / buying with a mortgage	2
Rented from council	3
Rented from housing association	4
Rented from a private landlord	5
Shared ownership	6
Accommodation comes with the job	7
Other (please specify) BACKCODE AND LIST	95
Don't know	97

SECTION 4: SOCIAL CAPITAL

ASK ALL (S/C PER ROW)

How much do you agree or disagree with the following statements about living in this local area? SHOWCARD 22, READ OUT AND CODE ONE FOR EACH ROW [PREVIOUS Q32]

		Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree	Don't know
А	This is a neighbourhood where neighbours look out for each other	1	2	3	4	5	6
В	Generally speaking, I can trust people in my local area	1	2	3	4	5	6
С	The friendships and associations I have with other people in my local area mean a lot to me	1	2	3	4	5	6
D	If I have a problem, there is always someone to help me	1	2	3	4	5	6

ASK ALL (S/C)

Thinking back over the last 12 months, have you given up any time to help any clubs, charities, campaigns or organisations in an unpaid capacity? **CODE ONE ONLY** [PREVIOUS Q34]

Yes	1
No	2

ASK ALL (S/C)

Do you belong to any social clubs, associations, church groups or anything similar? **CODE ONE ONLY** [PREVIOUS Q35]

Yes	1
No	2

ASK ALL (S/C)

In the last 12 months, have you taken any actions in an attempt to solve a problem affecting people in your local area? e.g. contacted any media, organisation, council, councillor MSP or MP; organised a petition. **CODE ONE ONLY** [PREVIOUS Q36 – ANSWER LIST CHANGED TO JUST YES OR NO]

Yes	1
No	2

ASK ALL (S/C)

What would you say is the main reason some people in this area live in poverty? SHOWCARD 23 AND CODE ONE ONLY [PREVIOUS Q37]

An inevitable part of modern life	1
Laziness or lack of willpower	2
Because they have been unlucky	3
Because of injustice in society	4
Lack of jobs	5
There is no one living in poverty in this area	94
Other, please specify BACKCODE AND LIST	95
None of the above	96
Don't know	97

SECTION 5: ABOUT YOU AND YOUR HOUSEHOLD

These questions explore some details about you and your household.

ASK ALL (LIST)

Now I'd like to ask you about the members of your household. How many people are there in this household (including yourself)? [PREVIOUS Q41]

	WRITE NUMBER IN THE BOX:		
ASK 54	ALL (LIST) How many people living in your household are aged under 16? [PREVIOUS Q	42]	
	WRITE NUMBER IN THE BOX:		

ASK ALL (S/C)

Are you...? **READ OUT AND CODE ONE** [PREVIOUS Q43 BUT NOT ASKED]

Male	1
Female	2
Other	3
Prefer not to answer	4

ASK ALL (S/C)

Which of the following options best describes how you think of yourself? Read out the letter on the showcard if you prefer. **SHOWCARD 24 AND CODE ONE ONLY** [NEW]

Α	Heterosexual or Straight	1
В	Gay or Lesbian	2
С	Bisexual	3
D	Other	4
E	Prefer not to say	5

DD/MM/YYYY	
------------	--

IF YOU'D PREFER NOT TO ANSWER: Would you mind indicating which age 57b band you fit into? **SHOWCARD 25 AND CODE ONE ONLY** [PREVIOUS Q44b]

16-19	1
20-24	2
25-29	3
30-34	4
35-39	5
40-44	6
45-49	7
50-54	8
55-59	9
60-64	10
65-74	11
75+	12
Refused	13

ASK ALL (S/C)

Which of the groups on this card best describes you? **SHOWCARD 26 AND CODE ONE** 58 **ONLY** [PREVIOUS Q59]

White	
Scottish	1
Other British	2
Irish	3
Gypsy/Traveller	4
Polish	5
Other White ethnic group, please specify BACKCODE AND LIST	6
Mixed	
Any mixed or multiple ethnic background, please specify LIST	7
11. Asian, Asian Scottish, or Asian British	
Indian, Indian Scottish or Indian British	8
Pakistani, Pakistani Scottish or Pakistani British	9
Bangladeshi, Bangladeshi Scottish or Bangladeshi British	10
Chinese, Chinese Scottish or Chinese British	11
Other, please specify BACKCODE AND LIST	12
African	
African, African Scottish or African British	13
Other, please specify BACKCODE AND LIST	14
Caribbean or Black	
Caribbean, Caribbean Scottish or Caribbean British	15
Black, Black Scottish or Black British	16
Other, please specify BACKCODE AND LIST	17
Other Ethnic group	
Arab, Arab Scottish or Arab British	18
Roma	19
Other, please specify BACKCODE AND LIST	95
Don't know	97
Refused	98

ASK ALL (M/C)

Which of the following best describes your employment situation? SHOWCARD 27 AND**CODE ALL THAT APPLY** [PREVIOUS Q45]

Employee in full-time job (35 or more hours per week)	1
Employee in part-time job (less than 35 hours per week)	2
Employed on a zero hours contract	3
Self-employed – full or part time	4
Government supported training or employment	5
Unemployed and available for work	6
Full-time education at school, college or university	7
Part-time education at school, college or university	8
Wholly retired from work	9
Looking after the family/home	10
Permanently sick/disabled	11
Other, please specify BACKCODE AND LIST	95
Refused	98

ASK ALL (S/C)

What is the highest level of educational qualifications you've obtained? **SHOWCARD 28**AND CODE ONLY [PREVIOUS Q47]

School leaving certificate, National Qualification Access Unit	1
'O' Grade, Standard Grade, GCSE, GCE O Level, CSE, National	
Qualification Access 3 Cluster, Intermediate 1 or 2 Senior Certificate	
or equivalent, National 4 or 5	2
GNVQ/GSVQ Foundation or Intermediate, SVQ Level 1 or 2,	
SCOTVEC/National Certificate Module, City and Guilds Craft, RSA	
Diploma or equivalent	3
Higher Grade, Advanced Higher, CSYS, 'A' Level, AS Level, Advanced	
Senior Certificate or equivalent	4
GSVQ/GSVQ Advanced, SVQ Level 3, ONC, OND, Scotvec National	
Diploma, BTEC First Diploma, City and Guilds Advanced Craft, RSA	
Advanced Diploma or equivalent	5
HNC, HND, SVQ Level 4, RSA Higher Diploma or equivalent	6
First Degree, Higher Degree, SVQ Level 5	7
Professional Qualifications e.g. teaching, accountancy	8
Other school examinations not already mentioned	9
Other post-school but pre-Higher education examinations/ Higher	
education qualifications not already mentioned, please specify	95
BACKCODE AND LIST	
No qualifications	96
Refused	98

ASK ALL (S/C)

What proportion of your household income comes from state benefits (e.g. Working Tax Credits, DLA to PIP, benefit cap)? SHOWCARD 29 AND CODE ONE ONLY [PREVIOUS Q56]

None	1
Very little	2
About a quarter	3
About a half	4
About three quarters	5
All	6
Don't know	7
Refused	8

ASK IF Q61 = 2-6 (S/C PER ROW)

In the last year have you experienced the following? **READ OUT AND CODE ONE PER ROW** [NEW]

	Yes	No	Don't know	Refused
Benefits Sanctions	1	2	3	4
Delays in benefit payments	1	2	3	4

ASK ALL (LIST)

Thinking of the total income of your household, which face on the scale indicates how you feel about the adequacy of that income? SHOWCARD 30, IF DON'T KNOW PLEASE ENTER 997. IF REFUSED PLEASE ENTER 998. [PREVIOUS Q57]

WRITE NUMBER IN THE BOX:	

ASK ALL (S/C)

Have you or your household been affected by benefit changes in the last 12 months (e.g. Working Tax Credits, DLA to PIP, benefit cap)? **CODE ONE ONLY** [PREVIOUS Q48 BUT ABOUT WELFARE REFORM]

Yes	1
No	2
Don't know	3

ASK IF Q64 = 1 (S/C)

65 Is your household...? **READ OUT AND CODE ONE ONLY** [PREVIOUS Q49 BUT ABOUT WELFARE REFORM]

Financially better off under benefit changes	1
Financially worse off under benefit changes	2
Made no difference	3
Don't know	4

In the last year have you...? SHOWCARD 31 AND CODE ALL THAT APPLY [NEW]

1
2
3
4
5
6
7
8

ASK ALL (S/C PER ROW)

Have you spent money on any of the following in the last month? READ OUT AND **CODE ONE PER ROW** [NEW]

	Yes	No	Refused
Any Lottery/scratchcard	1	2	3
Bingo (not online)	1	2	3
Bookmakers	1	2	3
Casino	1	2	3
Any online (internet) gambling (including bingo, poker etc)	1	2	3
Any other gambling – please specify	1	2	3

For the next set of questions about gambling, please indicate the extent to which each one has applied to you in the last 12 months.

ASK IF SPENT MONEY ON ANY ACTIVITIES AT Q67 [Any code 1]. IF ONLY CODE 1 AT 'ANY **LOTTERY/SCRATCHCARD', ROUTE TO Q70 (S/C)**

68 When you gamble, how often do you go back another day to win back the money you lost? **READ OUT AND CODE ONE ONLY** [NEW]

Every time I lost	1
Most of the time	2
Some of the time (less than half the time I lost)	3
Never	4
Refused	5

ASK IF SPENT MONEY ON ANY ACTIVITIES AT Q67 [Any code 1] (S/C PER ROW) In the last 12 months, how often...? SHOWCARD 32 AND CODE ONE ONLY PER ROW [NEW]

	Very often	Fairly often	Occasionally	Never	Refused
Have you needed to gamble with	1	2	3	4	5
more and more money to get the					
excitement you are looking for?					
Have you felt restless or irritable	1	2	3	4	5
when trying to cut down gambling?					
Have you gambled to escape from	1	2	3	4	5
problems or when you are feeling					
depressed, anxious or bad about					
yourself?					
Have you made unsuccessful	1	2	3	4	5
attempts to control, cut back or					
stop gambling?					
Have you risked or lost an	1	2	3	4	5
important relationship, job,					
educational or work opportunity					
because of gambling?					
Have you asked others to provide	1	2	3	4	5
money to help with a financial					
crisis caused by gambling?					

Now I would like to ask you some questions about your food consumption in the last 12 months. During the last 12 months was there a time when...? **READ OUT AND CODE**ONE ONLY PER ROW [NEW]

	Yes	No	Don't Know	Refused
You were worried you would run out of food because of a lack of money or other resources?	1	2	3	4
You were unable to eat healthy and nutritious food because of a lack of money or other resources?	1	2	3	4
You ate only a few kinds of food because of a lack of money or other resources?	1	2	3	4
You had to skip a meal because there was not enough money or other resources to get food?	1	2	3	4
You ate less than you thought you should because of a lack of money or other resources?	1	2	3	4
Your household ran out of food because of a lack of money or other resources?	1	2	3	4
You were hungry but did not eat because there was not enough money or other resources for food?	1	2	3	4
You went without eating for a whole day because of a lack of money or other resources?	1	2	3	4

ASK ALL (S/C)

INTERVIEWER TO COMPLETE: Was the interview conducted in another language (other than English)? **CODE ONLY** [PREVIOUS Q64]

No	1
Yes (specify language)LIST	2

Linking Health Records

- The National Health Service (NHS) maintains routine medical and other health records on all patients who use their services. These records include:
 - o Inpatient and outpatient visits to hospital, length of stay and waiting time.
 - o Information about specific medical conditions such as cancer, heart disease and diabetes.
 - Details about registration with a general practitioner, and when people pass away, the date and cause of their death.
- We would like to ask for your consent to link your NHS health records with your survey answers.
- To link this information we would need to send your name, address and date of birth to NHSGGC and the Information Services Division (ISD) of NHS Scotland so they can identify your health records.
- By linking this information with the interview data the research is more useful as we can look at how people's lifestyle and circumstances can have an impact on their future and use of hospital services.
- This information will be confidential and used for statistical and research purposes only. The information will not identify you so it cannot be used by anyone treating you as a patient.
- By checking this box you are only giving permission for the linking of this information to routine administrative data and nothing else.
- You can cancel this permission at any time in the future by contacting BMG Research on 0800 358 0337. You do not need to give a reason to cancel this.

NO CONSENT IF DATE OF BIRTH IS NOT GIVEN AT Q57a	
birth to NHSGGC and the Information Services Division of NHS Scotland: ASK ALL – RECOL	E TO
By checking this box, I give consent to BMG Research to pass my name, address and date	of

May we have your permission to give NHS Greater Glasgow & Clyde or its partners your page

Q74. May we have your permission to give NHS Greater Glasgow & Clyde or its partners your name and address so they can contact you in the future about similar research studies in relation to health and wellbeing? The partners are the Glasgow Centre for Population Health and the University of Glasgow. Should you agree, this follow-up research could take the form of a postal, telephone or face to face interview/questionnaire within the next 24 months. [PREVIOUS Q65]

Yes, permission given	1
No, permission not given	2

As part of BMG Research's quality control process, my employer will wish to contact some of the people I have interviewed. This is to confirm that I have undertaken the interview in an appropriate manner, and according to market research practice. Could you please provide me with your name, confirm your address and provide me with a contact telephone number. This information will not be passed on, or used for any purpose other than our quality control processes unless you provided permission. Your details will be deleted as soon as our quality controls process ends.

READ: Thank you, those are all the questions I have.

If you are concerned about whether BMG is a genuine market research agency you can call the Market Research Society on 0500 396 999 during office hours. Finally I need you to verify that you have taken part in this survey and that I have accurately recorded your comments, by signing the following statement:

IMPORTANT: TAKE CARE TO RECORD RESPONDENT NAME AND ADDRESS DETAILS ACCURATELY.

RESPONDENT'S NAME:	
ADDRESS: (Address Line 1)	
(Address Line 2)	
(Address Line 3)	
(Postal Town)	
(County)	
POSTCODE: (ESSENTIAL)	
TELEPHONE: (INCLUDING STD) (ESSENTIAL)	

REMEMBER TO HAND OUT "THANK YOU" LEAFLET