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

Glasgow City HSCP - Ruchill/Possilpark Final Report

Prepared for NHS Greater Glasgow and Clyde by Traci Leven Research

December 2018

Contents

1   Introduction

1.1   Introduction[1]

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 communities[2] 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 2018 survey an extensive consultation exercise took place to modernise the questionnaire. Questions

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[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.

were included which will provide the potential for record linkage with other health records. New questions were included on food poverty[3], loneliness, effect of benefit changes and the alcohol section was revised. The 2018 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 2018 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:

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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

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

- to explore the health and wellbeing of the five neighbourhoods in Glasgow City.

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. Of these, 602 interviews were conducted in Ruchill/Possilpark. 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

This report presents the findings relating to Ruchill/Possilpark. 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, comparisons are made with Glasgow City as a whole and figures and/or tables are presented showing the proportion of the sample which met the criteria, broken down by demographic (independent) variables. **Only comparisons with Glasgow City as a whole and findings by independent variables which were found to be significantly different (p<0.05) are reported.** The independent variables which were tested were:

- Age Group

- Gender

- Age and gender

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 Ruchill/Possilpark as a whole. An explanation of the weighting process is in Appendix C.

Trends are reported for key indicators where a significant (p<0.05) change has occurred since the 2014/15 survey. 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 agreed that it is acceptable to get drunk is 31%, comprising 2% who strongly agreed and 30% who agreed. The two categories appear to total 32%, but this is due to rounding. In fact, 1.6% strongly agreed and 29.7% agreed, giving a total of 31.3% overall who agreed.

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 Survey[4]
  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
  https://www.gov.scot/Topics/Statistics/Browse/Crime-Justice/crime-and-justice-survey

- Previous NHS Greater Glasgow & Clyde Health and Wellbeing Surveys
  http://www.nhsggc.org.uk/your-health/public-health/research-and-evaluation/reports-library/

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[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.

HEALTH AND ILLNESS

VIEWS OF HEALTH

Proportion with a positive view of:

General health
64%
Glasgow City
73%

Physical wellbeing
75%
Glasgow City
79%

Mental wellbeing
76%
Glasgow City
84%

Quality of Life
77%
Glasgow City
85%

FEELING IN CONTROL

72%
definitely feel in control of decisions affecting daily life

2017/18: 72%

2014/15: 61%

TREATMENT

45%
receiving treatment for a condition or illness
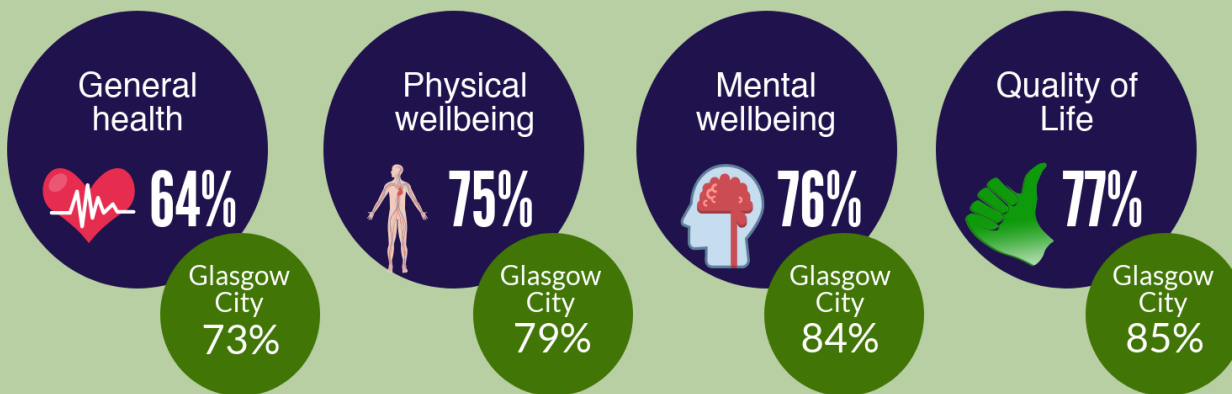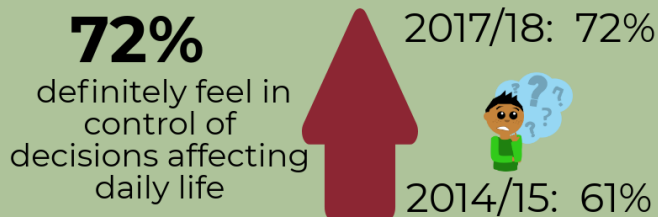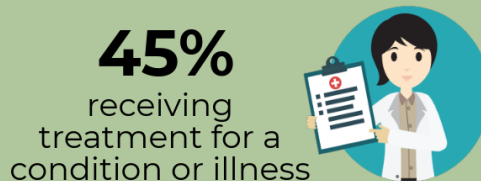
LIMITING CONDITIONS/ILLNESSES

Have a limiting condition or illness
39%
Glasgow City
29%

Men
34%

Women
43%

73%

47%

12%

16-34   35-64   65+

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, 64% gave a positive view of their health, with 27% saying their health was very good and 38% saying their health was good. However, 36% gave a negative view of their health, with 17% saying their health was fair, 14% saying it was bad and 4% saying it was very bad.

Comparison with Glasgow City

Those in Ruchill/Possilpark were less likely to have a positive view of their general health (64% Ruchill/Possilpark; 73% Glasgow City).

As Figure 2.1 shows, the likelihood of having a positive view of general health decreased with age.

Figure 2.1: Positive View of General Health by Age
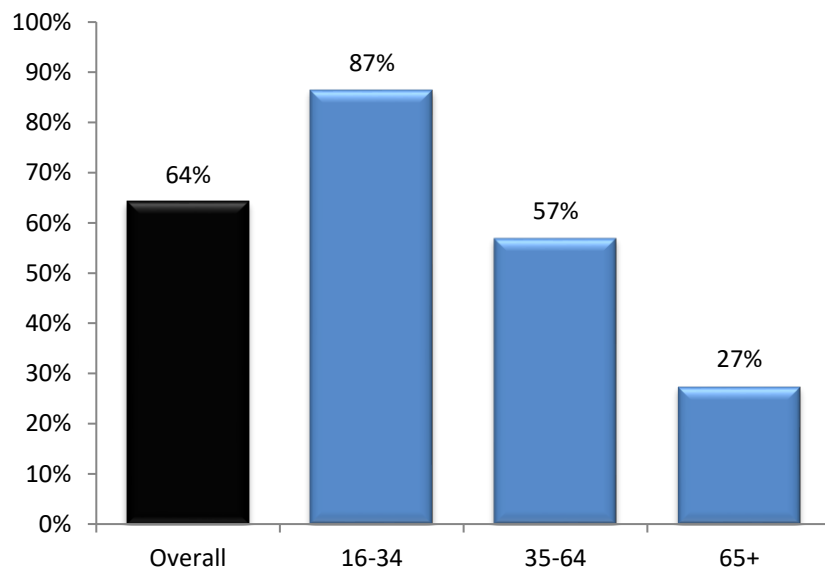
• The findings for Ruchill/Possilpark are less favourable than the national findings of the **Scottish Health Survey** (2017) which found that overall 73% of adults had a positive view of their general health.

• **Scottish Health Survey** findings have shown a fairly consistent proportion of adults 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). Similarly, Ruchill/Possilpark showed no significant change between 2014/15 and 2018.

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, 75% gave a positive view of their physical wellbeing, and 76% gave a positive view of their mental/emotional wellbeing. Both findings were consistent with those in 2014/15.

Comparison with Glasgow City

Those in Ruchill/Possilpark were less likely to have a positive view of their physical wellbeing (75% Ruchill/Possilpark; 79% Glasgow City) or mental/emotional wellbeing (76% Ruchill/Possilpark; 84% Glasgow City).

As Figure 2.2 shows, those aged under 35 were the most likely to have a positive view of their physical wellbeing.

Figure 2.2: Positive Perception of Physical Wellbeing by Age
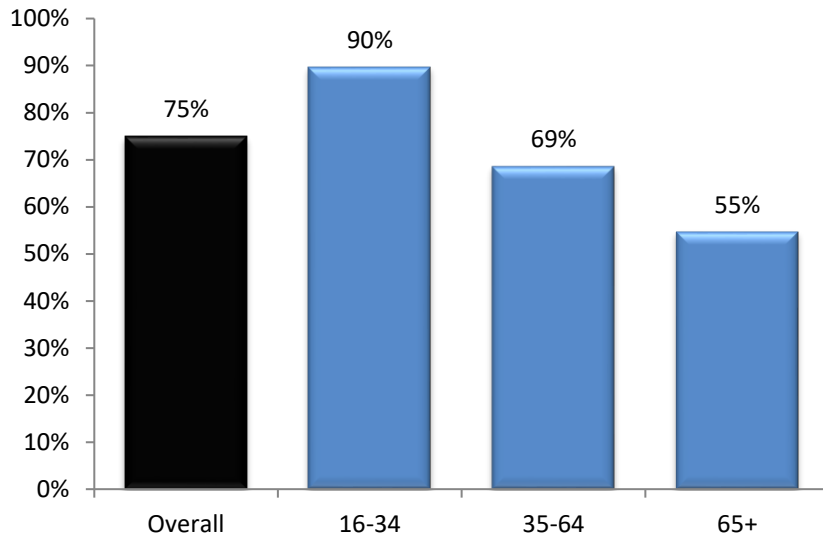
Those aged under 35 were also the most likely to have a positive view of their mental or emotional wellbeing

Figure 2.3:   Positive Perception of Mental/Emotional Wellbeing by Age
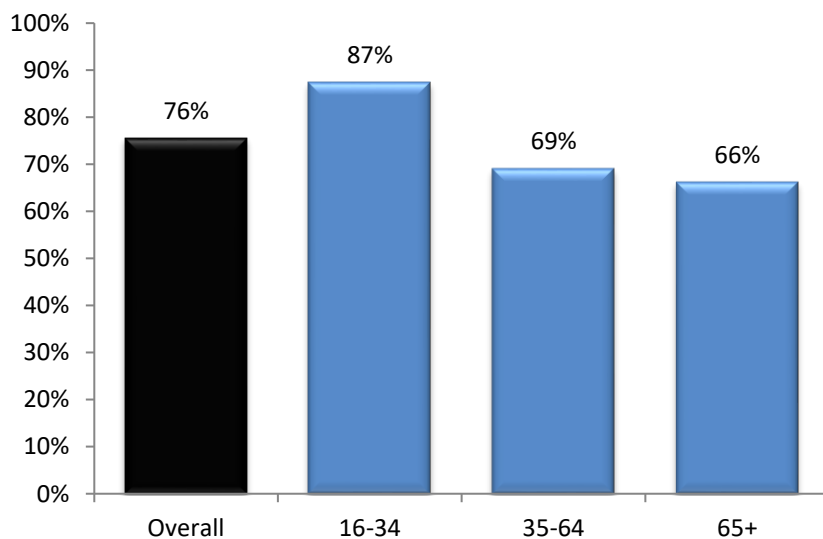
Feeling in Control of Decisions Affecting Life

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 over seven in ten (72%) said that they 'definitely' felt in control of these decisions, while 24% said that they felt in control 'to some extent' and 4% did not feel in control of these decisions.

Those aged under 35 were the most likely to feel in control of the decisions affecting their life.

Figure 2.4: 'Definitely' Feel in Control of Decisions Affecting Life by Age
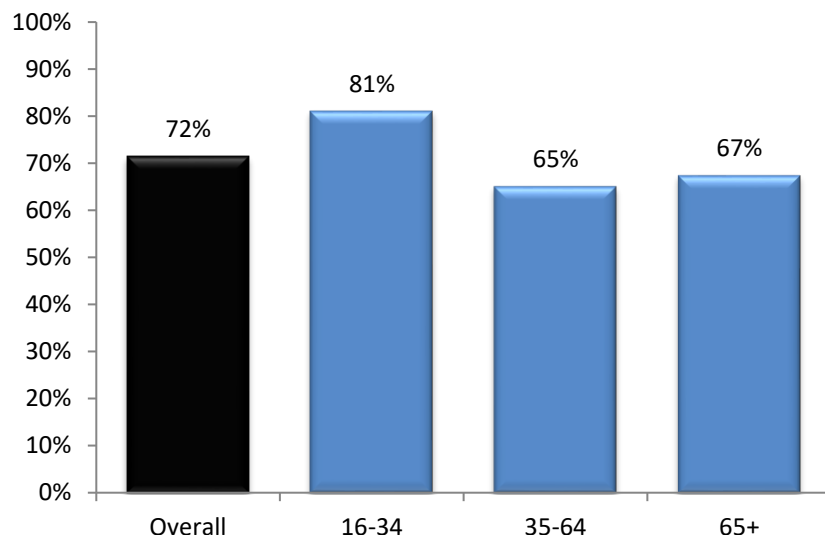
Trends – Feeling in Control

There was an increase in the proportion who definitely felt in control of the decisions affecting their life, from 61% in 2014/15 to 72% in 2018.

2.2   Self Perceived Quality of Life

Using the 'faces' scale, respondents were asked to rate their overall quality of life. In total, 77% gave a positive view. This was consistent with the finding in 2014/15.

Comparison with Glasgow City

Those in Ruchill/Possilpark were less likely to have a positive perception of their quality of life (77% Ruchill/Possilpark; 85% Glasgow City).

Those aged under 35 were the most likely to have a positive perception of their quality of life.

Figure 2.5: Positive Perception of Quality of Life by Age
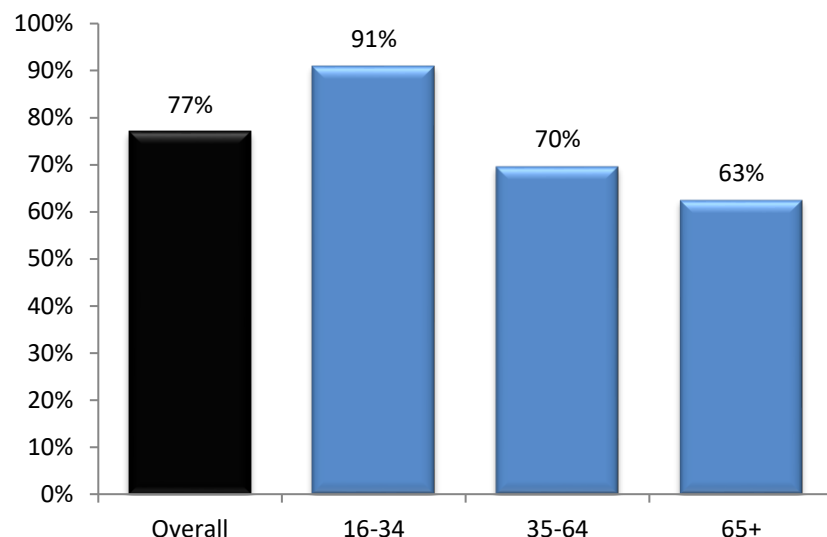
2.3   Long Term Conditions or Illness

Two in five (39%) said they had a long-term condition or illness that substantially interfered with their day to day activities. Of these:

- 57% had a physical disability

- 44% had a mental or emotional health problem

- 64% had a long-term illness.

> **Comparison with Glasgow City**
>
> Those in Ruchill/Possilpark were more likely to have a limiting condition/illness (39% Ruchill/Possilpark; 29% Glasgow City).

Those aged 65 and over were the most likely to have a limiting condition or illness, and women were more likely than men to have a limiting condition or illness.

Figure 2.6: Limiting Long-Term Condition or Illness by Age and Gender
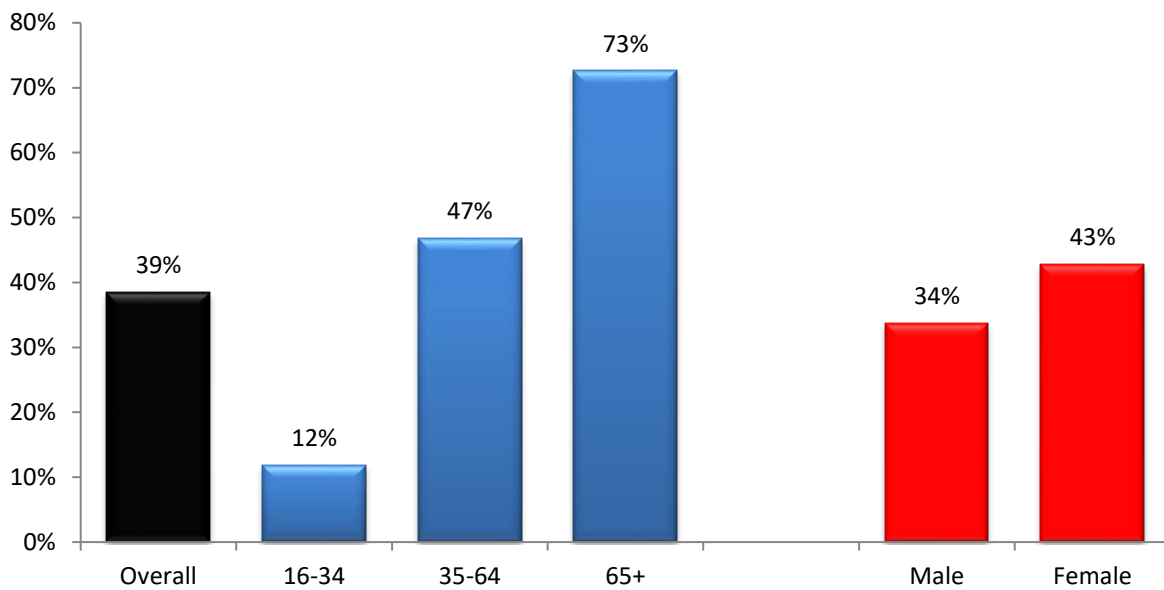
Although overall women were more likely than men to have a limiting condition or illness, this was not the case for those aged 65 or over, as Table 2.1 shows.

Table 2.1: Limiting Long-Term Condition or Illness by Age and Gender

	Limiting Long-Term Condition or Illness
Men 16-44	13%
Women 16-44	18%
Men 45-64	53%
Women 45-64	65%
Men 65+	76%
Women 65+	70%

Evidence from Other Sources

• The proportion in Ruchill/Possilpark who reported having a limiting long-term condition/illness was higher than the national figure from the **Scottish Health Survey (2017)** which found that overall 32% had a limiting condition/illness.

• **Scottish Health Survey** findings have shown a rise in the proportion with a limiting condition/illness from 26% in 2008 to 32% in 2012, but have shown little change since then. The NHSGGC survey findings for Ruchill/Possilpark showed consistent levels between 2014/15 and 2018.

Illnesses/Conditions for Which Treatment is Being Received

Just under half (45%) said they had one or more illness or condition for which they were currently being treated (not necessarily 'limiting' illnesses/conditions). There was no significant change since 2014/15.

The proportion being treated for any conditions/illnesses ranged from 17% of those aged 16-34 to 84% of those aged 65 and over. Women were more likely than men to be receiving treatment.

Figure 2.7: Proportion Receiving Treatment for at Least One Condition by Age and Gender
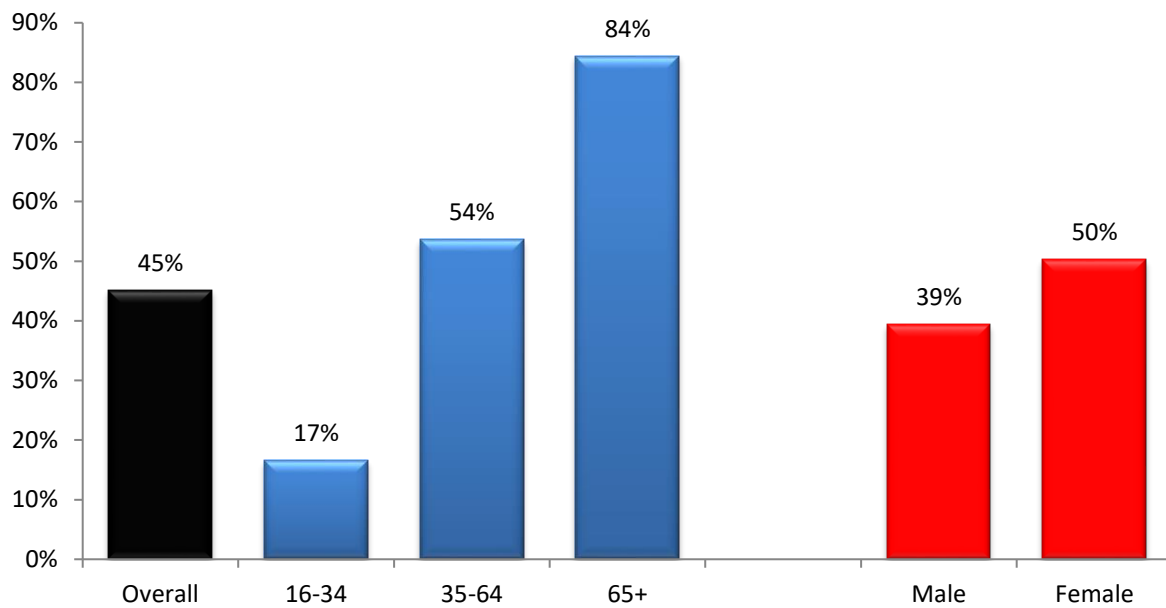
Although women were overall more likely than men to be receiving treatment, this was not the case for those aged 65 or over.

Table 2.2: Proportion Receiving Treatment for at Least One Condition by Age and Gender

	Receiving treatment
Men 16-44	18%
Women 16-44	26%
Men 45-64	59%
Women 45-64	71%
Men 65+	86%
Women 65+	83%

2.4   Summary of Key Messages from This Chapter

Comparisons with Glasgow City

Those in Ruchill/Possilpark were:

- less likely to have positive views of their general health, physical wellbeing or mental/emotional wellbeing

- less likely to have a positive view of their quality of life

- more likely to have a long-term limiting condition or illness.

Differences by Age and Gender

- Those aged under 35 were the most likely to have positive perceptions of their general health, physical wellbeing, mental/emotional wellbeing and quality of life.

- Those aged under 35 were the most likely to feel in control of the decisions affecting their life.

- Those aged 65 or over were the most likely to have a long-term limiting condition or illness and the most likely to be receiving treatment for at least one illness or condition.

- Women were more likely than men to have a long-term limiting condition or illness or to be receiving treatment.

Trends

- There was an increase between 2014/15 and 2018 in the proportion who felt in control of the decisions affecting their life.

HEALTH BEHAVIOURS

SMOKING

31% were smokers

Glasgow City **24%**

22% — 16-34
36% — 35-64
33% — 65+

36% Exposed to second-hand smoke most/some of the time

Glasgow City **30%**

ALCOHOL

12% AUDIT score indicating alcohol-related risk

Glasgow City **17%**

Men **18%**   Women **6%**

31% agreed getting drunk is acceptable

Men **37%**   Women **26%**

DIET

31% 5+ portions of fruit/veg per day

Glasgow City **39%**

PHYSICAL ACTIVITY

56% active for 150 minutes per week

Men **62%**   Women **51%**
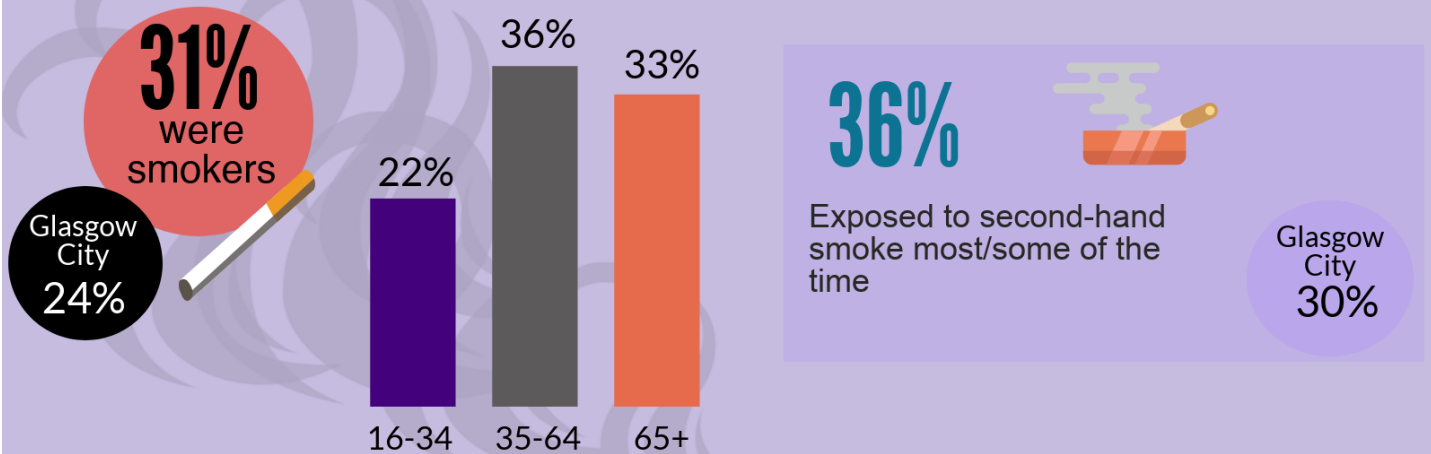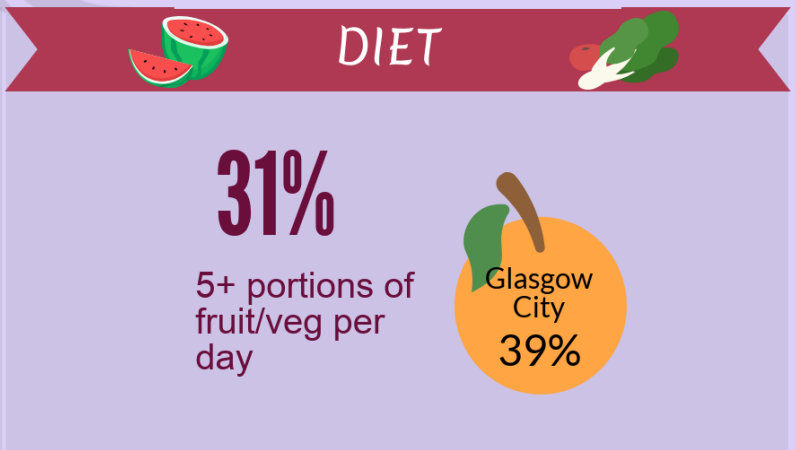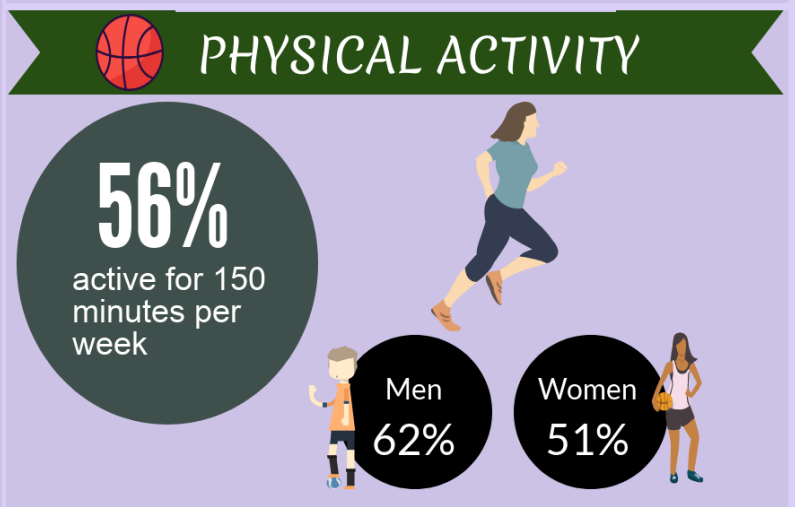
3.1 Smoking

Smoking

In total, 31% were smokers, smoking either every day (26%) or some days (4%).

Figure 3.1: Current Smoking Status
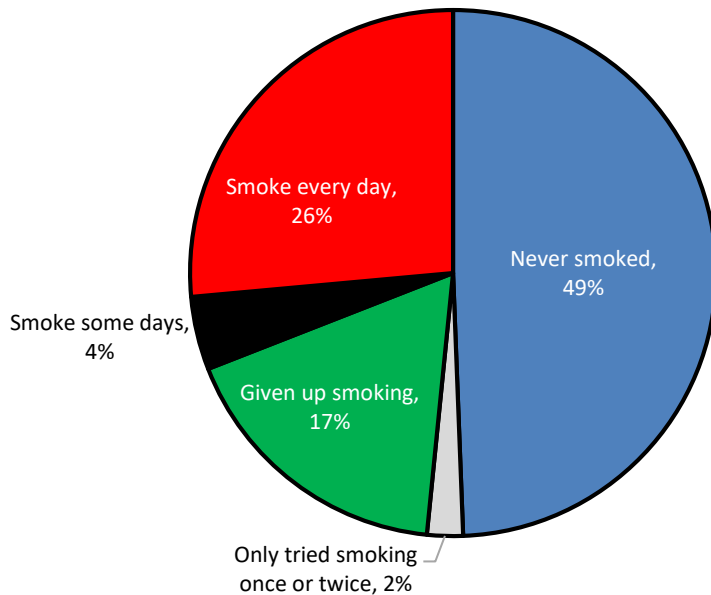
Comparison with Glasgow City

Those in Ruchill/Possilpark were more likely to be smokers (31% Ruchill/Possilpark; 24% Glasgow City).

Those aged under 35 were the least likely to be smokers.

Figure 3.2: Proportion of Current Smokers by Age
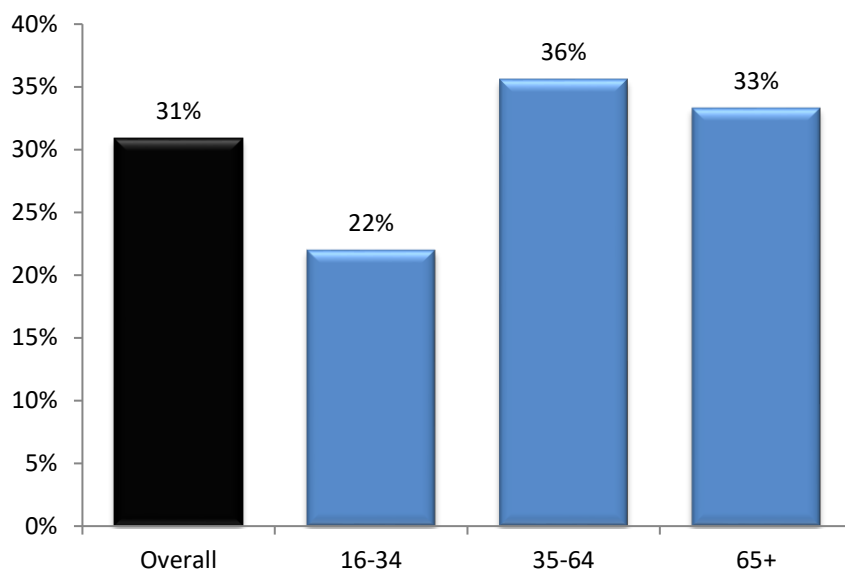
Among those aged 65 or over, men were much more likely than women to be smokers, as Table 3.1 shows.

Table 3.1: Proportion of Current Smokers by Age and Gender

	Current smoker
Men 16-44	26%
Women 16-44	25%
Men 45-64	36%
Women 45-64	37%
Men 65+	51%
Women 65+	19%

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, 36% said that this happened most of the time (16%) or some of the time (19%). A further 31% said that they were seldom exposed to second hand smoke and 33% said they were never exposed.

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 3.3 for non-smokers. Overall, 58% of non-smokers were exposed to smoke in at least one of these places.

Figure 3.3: Proportion of Non-Smokers Exposed to Second Hand Smoke in Specific Places
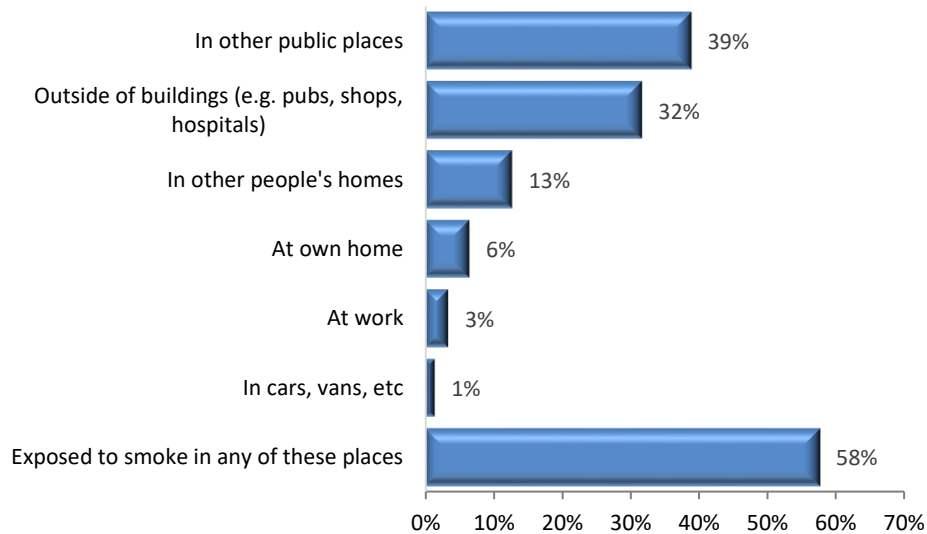
In total, 17% of non-smokers were exposed to cigarette smoke in their own or someone else's home.

Policy Context

- 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 hospitals. 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-generation-tobacco-control-action-plan-2018/

Evidence from Other Sources

- **The 2017 Scottish Health Survey** showed that 18% of adults in Scotland were current smokers (20% of men and 16% of women). Scottish Health Survey data showed a 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, which was lower than the proportion in Ruchill/Possilpark in 2018.

- The findings for Ruchill/Possilpark show a significant decrease between 2014/15 and 2018 in the proportion who were exposed to second hand smoke, as detailed below.

Trends – Smoking and Exposure to Second Hand Smoke

The change in the smoking rate since 2014/15 (36%) was not statistically significant. However, between 2014/15 and 2018 there was a decrease in the proportion exposed to second hand smoke most or some of the time from 48% to 36%.

E-Cigarettes

One in 16 (6%) had used e-cigarettes in the last year at least some days. These comprised 3% who had used e-cigarettes every day in the last year and 4% who had done so on some days. A further 9% had used e-cigarettes just once or twice in the last year, and 85% had not done so at all.

Evidence from

Other Sources

- **The Scottish Health Survey** in 2017 found that 7% of adults were currently using e-cigarettes. This was similar to the proportion in Ruchill/Possilpark in the 2018 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 2018 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 3.2.

Table 3.2: Proportion in each Alcohol Use Disorders Identification Test (AUDIT) Category

	%
Low Risk (AUDIT score 0-7)	88%
Increasing Risk (AUDIT score 8-15)	11%
Higher Risk (AUDIT score 16-19)	<1%
Possible Dependence (AUDIT score 20+)	1%

Those with a score greater than 7 indicates increased risk (12%).

> *Comparison with Glasgow City*
>
> Those in Ruchill/Possilpark were less likely to have an AUDIT score which indicated risk (12% Ruchill/Possilpark; 17% Glasgow City).

Men were three times more likely than women to have an AUDIT score which indicated risk (18% male; 6% female).

Frequency of Drinking

Respondents were asked how often they drank alcohol. Just over two in five (42%) said they never drank alcohol. One in eight (13%) drank alcohol at least twice per week.

Figure 3.4: How Often Drank Alcohol
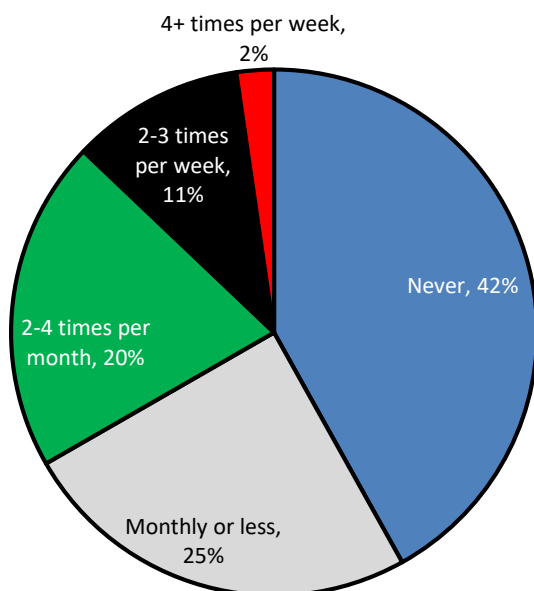
Men were more likely than women to drink alcohol (66% male; 51% female).

The gender difference was much more pronounced among those aged 65 or over, as Table 3.3 shows.

Table 3.3: Proportion who Drink Alcohol by Age and Gender

	Drink alcohol
Men 16-44	66%
Women 16-44	55%
Men 45-64	64%
Women 45-64	53%
Men 65+	67%
Women 65+	34%

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, 53% of drinkers had drunk alcohol at this level in the last year – 1% had done so daily/almost daily, 12% weekly, 14% monthly, and 26% less than monthly.

Among drinkers, those aged 65 or over were the least likely to binge drink and men were much more likely than women to binge.

Figure 3.5: Proportion of Alcohol Drinkers who had Exceed 6+ Units (if female) or 8+ units (if male) on a Single Occasion in the Last Year by Age and Gender
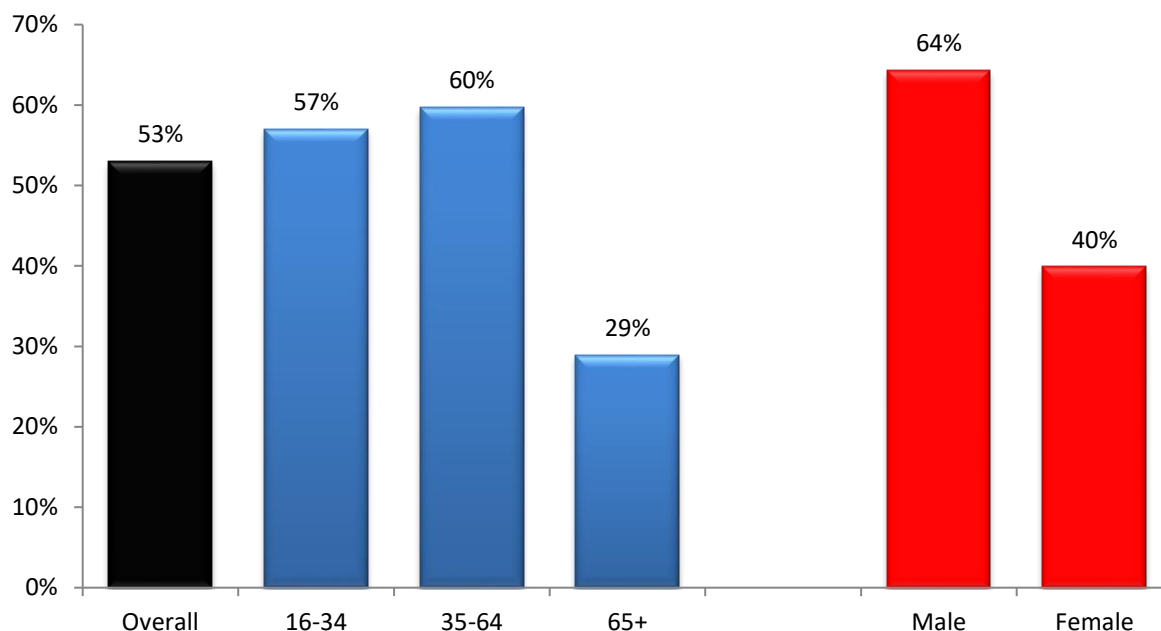
Questions about alcohol consumption differed to previous NHSGGC health and wellbeing surveys, so it is not possible to examine trends.

Policy Context

- 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.

• Findings for Ruchill/Possilpark in 2018 show a much higher proportion who say they do not drink alcohol (42%) than the national proportion from the **Scottish Health Survey** (2017) which was 17%.

Drinking Before a Night Out

Among those who said they drank alcohol, 41% said they drank alcohol (either alone or with others) before going on a night out.

Among those who drank alcohol, those aged under 35 were the most likely to drink before a night out, and those aged 65 and over were the least likely, as shown in Figure 3.6.

Figure 3.6: Proportion who Drink Alcohol Before Going on a Night Out (Based on all those who drank alcohol) by Age
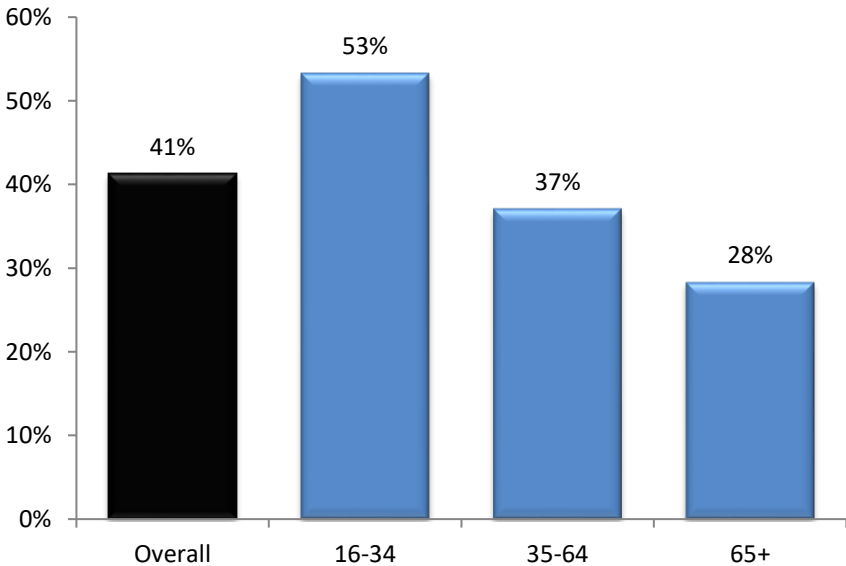
Among those who drank before going on a night out, the reasons given were:

- It makes the night cheaper (59%)

- It makes the night better (58%)

- It provides a chance to socialise with friends and family (53%).

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'. In total, 31% agreed with this (30% agreed and 2% strongly agreed), while 20% neither agreed nor disagreed and 49% disagreed/strongly disagreed (36% disagreed and 13% strongly disagreed).

Those aged 65 or over were the least likely to agree that it was acceptable to get drunk.

Men were more likely than women to agree that getting drunk was acceptable.

Figure 3.7: Proportion who Agreed that Getting Drunk is a Perfectly Acceptable thing to Do by Age and Gender
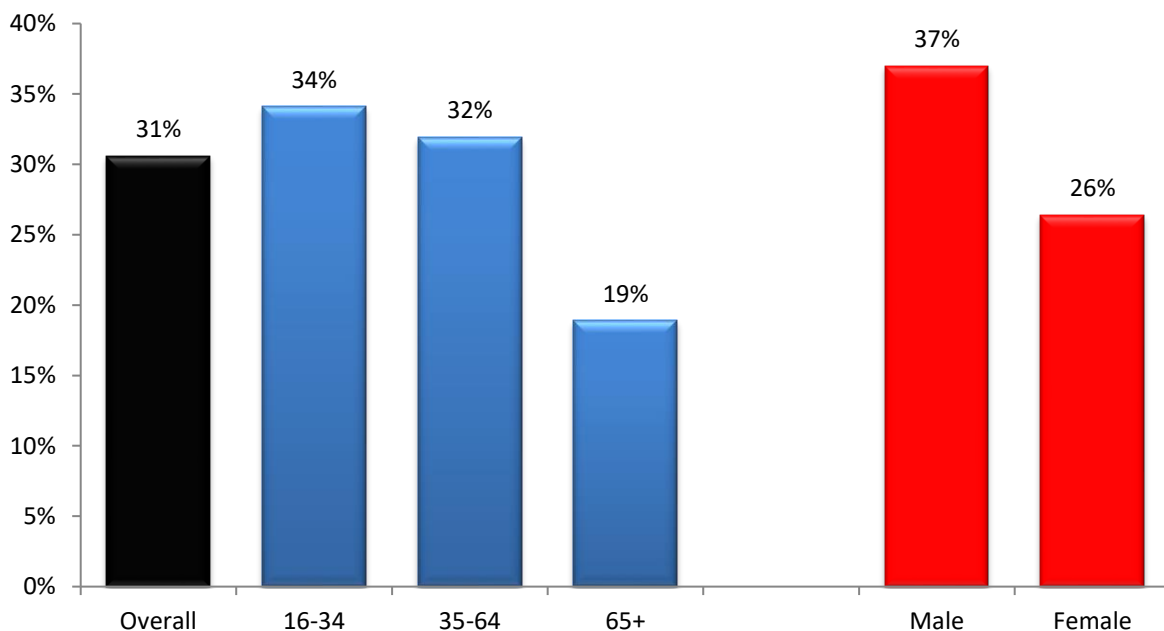
Respondents were also asked the extent to which they agreed with the statement 'It is easier to enjoy a social event if you've had a drink of alcohol'. In total, 40% agreed with this statement (5% strongly agreed and 34% agreed), 15% neither agreed nor disagreed, and 45% disagreed (13% strongly disagreed and 33% disagreed).

Men were more likely than women to agree that it was easier to enjoy a social event if you've had a drink of alcohol (47% male; 33% female).

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, 17% agreed it was acceptable to drink on intercity train services, 7% agreed it was acceptable to drink on local train services and 3% agreed it was acceptable to drink on a bus.

Comparison with Glasgow City

Those in Ruchill/Possilpark were less likely to agree it was acceptable to drink on:

- intercity train services (17% Vs 25%)
- local train services (7% Vs 12%)
- buses (3% Vs 5%).

Men were more likely than women to agree it was acceptable to drink on intercity trains (21% male; 13% female) or local train services (10% male; 4% female).

Places Selling Alcohol

Seven in ten (69%) felt that there was the right amount off-licences, local grocers and supermarkets selling alcohol in their local area, while 28% felt there were too many and 3% felt there were too few.

Seven in ten (69%) also said there were the right amount of pubs, bars and restaurants selling alcohol in their area, while 26% said there were too many and 5% said there were too few.

Women were more likely than men to say there were too many pubs, bars or restaurants selling alcohol in their area (32% female; 19% male).

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. Three in ten (31%) met the target of five portions. Fifteen percent had consumed no fruit or vegetables in the previous day.

Those aged under 35 were the most likely to meet the target for fruit/vegetable consumption and those aged 65 or over were the least likely.

Figure 3.8: Proportion who Meet the Target of 5+ Portions of Fruit/Vegetables Per Day by Age
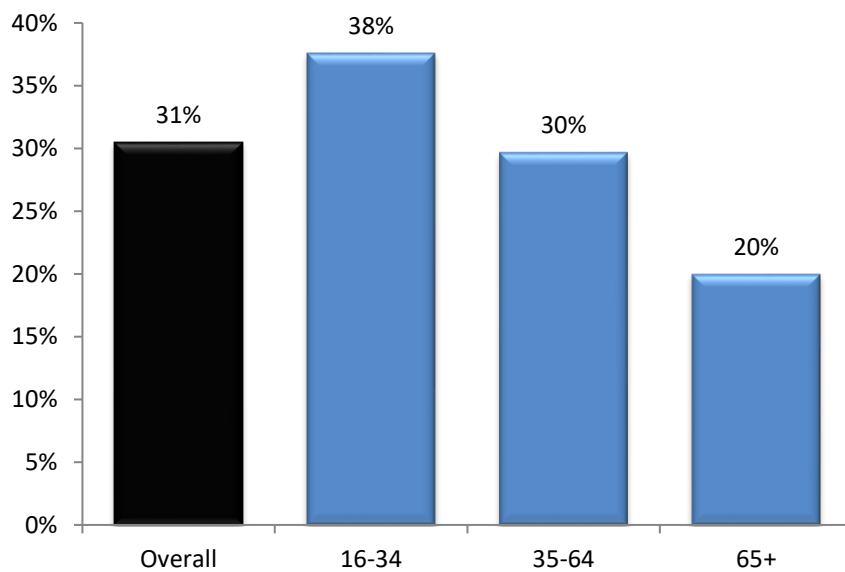
Trends – Fruit and Vegetables

Between 2014/15 and 2018 there was an increase in the proportion who met the target of consuming five or more portions of fruit/vegetables per day, from 22% to 31%.

Food and Drink

Respondents were asked how often they consumed nine types of food/drink. Figure 3.9 shows the proportion which consumed each type at least weekly. In total, 72% had cakes/biscuits/pastries at least once a week, and 23% did so daily. Just under two in five (38%) consumed sugary drinks every day.

Figure 3.9: Proportion who Consumed Each Type of Food/Drink Daily or Weekly

Food/Drink	At least once a day	At least weekly (but not daily)
Cakes, biscuits, pastries	41%	31%
Sweets, chocolate	32%	31%
Crisps, nuts	30%	32%
Pies, pasties, sausage rolls, chips	10%	52%
Sugary drinks	38%	21%
Puddings, desserts	11%	38%
Takeaways (fast food, burgers, Indian, Chinese, pizza)	4%	43%
Readymade meals	9%	31%
Shop bought coffee, hot chocolate and speciality drinks	11%	22%
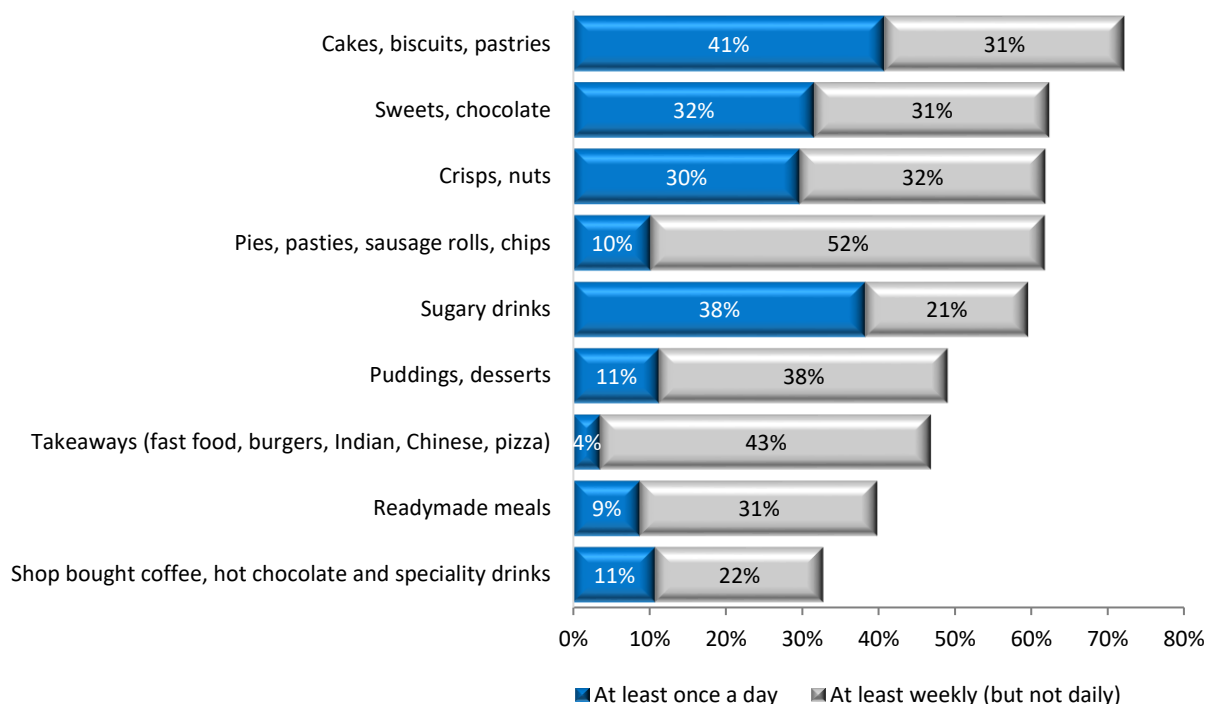
Comparison with Glasgow City

Those in Ruchill/Possilpark were more likely to consume the following at least weekly:

- cakes, biscuits, pastries (72% Vs 67%)
- pies, pasties, sausage rolls, chips (62% Vs 48%)
- sugary drinks (60% Vs 55%)
- puddings, desserts (49% Vs 40%)

However, those in Ruchill/Possilpark were less likely to report weekly consumption of:

- shop bought coffee (33% Vs 37%).

Women were more likely than men to consume cakes/biscuits/pastries at least weekly (76% female; 68% male).

There was an age difference for eight types of food/drink, as shown in Table 3.4.

Table 3.4: Proportion who Consumed Each Type of Food/Drink at Least Weekly by Age (all items which showed a significant difference)

	Cakes, biscuits, pastries	Crisps, nuts	Pies, pasties, sausage rolls, chips	Sugary drinks	Puddings, desserts	Takeaways	Readymade meals	Shop bought coffee, hot chocolate and speciality drinks
16-34	77%	75%	55%	69%	46%	55%	33%	43%
35-64	63%	59%	66%	54%	46%	50%	40%	31%
65+	82%	40%	68%	47%	63%	15%	52%	19%
Overall	**72%**	**62%**	**62%**	**60%**	**49%**	**47%**	**40%**	**33%**

Policy Context

- 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 three (33%) said that they had not done this on any day in the last week, but 42% had done this on five or more days in the last week. The mean number of days was 3.3.

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, 56% met the target of at least 150 minutes of exercise per week (where at least one day included 30 minutes or more).

Comparison with Glasgow City

Those in Ruchill/Possilpark were less likely to meet the target of 150 minutes or more of physical activity per week (56% Ruchill/Possilpark; 65% Glasgow City).

Those aged under 35 were the most likely to meet the target for physical activity, and men were more likely than women to meet the target, as shown in Figure 3.10.

Figure 3.10: Proportion who met the Target of 150 Minutes of Exercise Per Week by Age and Gender
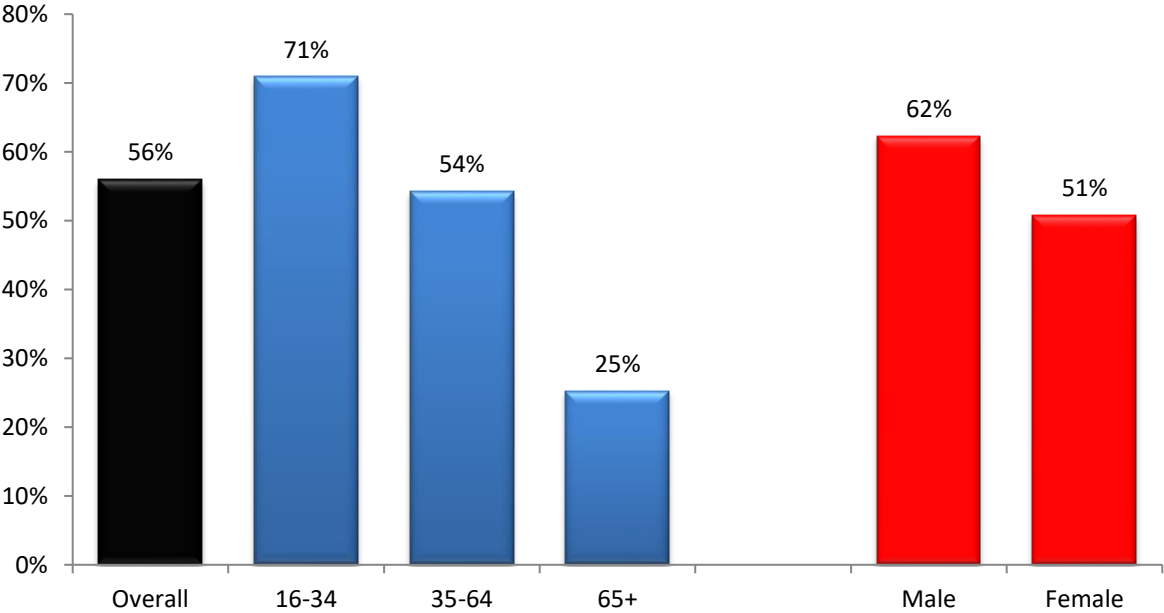
Questions about physical activity differed from previous surveys, so it is not possible to examine trends.

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 5.9 hours.

Comparison with Glasgow City

Those in Ruchill/Possilpark had higher mean time spent on sedentary behaviour (5.9 Ruchill/Possilpark; 5.4 Glasgow City).

Those in the oldest age group tended to spend the longest time on sedentary behaviours.

Table 3.5: Mean Number of Hours Per Day Spent on Sedentary Behaviour by Age

	Mean Sedentary Hours Per Day
16-34	5.4
35-64	5.9
65+	7.6
Overall	**5.9**

Policy Context

- 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

Comparisons with Glasgow City

Those in Ruchill/Possilpark were:

- more likely to smoke or be exposed to second hand smoke

- less likely to drink alcohol or have an AUDIT score which indicated alcohol-related risk

- (among drinkers) less likely to binge drink

- less likely to agree is was acceptable to drink on public transport

- more likely to feel there were too many places selling alcohol locally

- less likely to meet the target of consuming five or more portions of fruit/vegetables per day

- more likely to report weekly consumption of:
    o cakes, biscuits, pastries
    o pies, pasties, sausage rolls, chips
    o sugary drinks
    o puddings/desserts

- less likely to report weekly consumption of shop bought coffee

- less likely to meet the target of 150 minutes per week of physical activity

- exhibiting higher mean time spent on sedentary behaviour.

Differences by Age and Gender

- Those aged under 35 were the least likely to smoke.

- Men were more likely than women to drink alcohol or have an AUDIT score which indicated alcohol-related risk. Among drinkers, men were more likely to than women to binge.

- Men were more likely than women to agree that getting drunk was acceptable, that it was easier to enjoy a social event with a drink of alcohol or that it was acceptable to drink on trains.

- Among those who drank alcohol, those aged 65 or over were the least likely to binge drink. Those aged 65 or over were the least likely to agree that getting drunk was acceptable.

- Among those who drank alcohol, those aged under 35 were the most likely to drink before a night out.

- Women were more likely than men to feel there were too many pubs, bars or restaurants selling alcohol in their area.

- Those aged under 35 were the most likely to meet the target of consuming five or more portions of fruit/vegetables per day and those most likely to meet the target of 150 minutes of physical activity per week.

- Men were more likely than women to meet the target of 150 minutes of physical activity per week.

Trends

- Between 2014/15 and 2018 there was a decrease in the proportion who were exposed to second hand smoke.

- There was an increase between 2014/15 and 2018 in the proportion who met the target of consuming five or more portions of fruit/vegetables.

SOCIAL HEALTH

ISOLATION

1 in 5 felt isolated from family/friends

Men 16%

Women 23%

BELONGING TO THE LOCAL AREA

71% Felt they belonged to their local area

Glasgow City 76%

FEELING VALUED

58% Felt valued as a member of their community
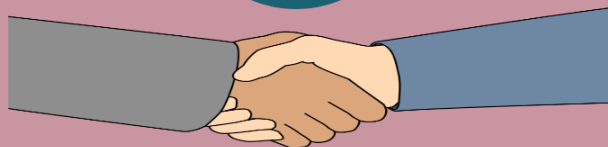
EXPERIENCE OF CRIME

**Anti-social behaviour   Theft/burglary   Vandalism
Domestic violence   Physical attack**

15% were a victim of any of 5 types of crime in the last year

FEELINGS OF SAFETY

65% Felt safe walking alone in their area

Men 75%

Glasgow City 75%

Women 55%

CARING

1 in 9 had caring responsibilities

4.1   Social Connectedness

Isolation from Family and Friends

One in five (19%) said that they felt isolated from family and friends. There was no significant change since 2014/15.

> *Comparison with Glasgow City*
>
> Those in Ruchill/Possilpark were more likely to feel isolated (19% Ruchill/Possilpark; 15% Glasgow City).

Women were more likely than men to feel isolated (23% female; 16% male).

Feeling Lonely

Respondents were asked how often they had felt lonely in the past two weeks. Four percent said that had felt lonely all the time, 6% said often, 15% said some of the time, 26% said rarely and 49% said never.

> *Comparison with Glasgow City*
>
> Those in Ruchill/Possilpark were more likely to feel lonely at least some of the time (25% Ruchill/Possilpark; 20% Glasgow City).

Those aged 65 or over were the most likely to feel lonely at least some of the time. Women were much more likely than men to report feeling lonely.

Figure 4.1: Proportion who had Felt Lonely at Least Some of the Time in the Last Two Weeks by Age and Gender
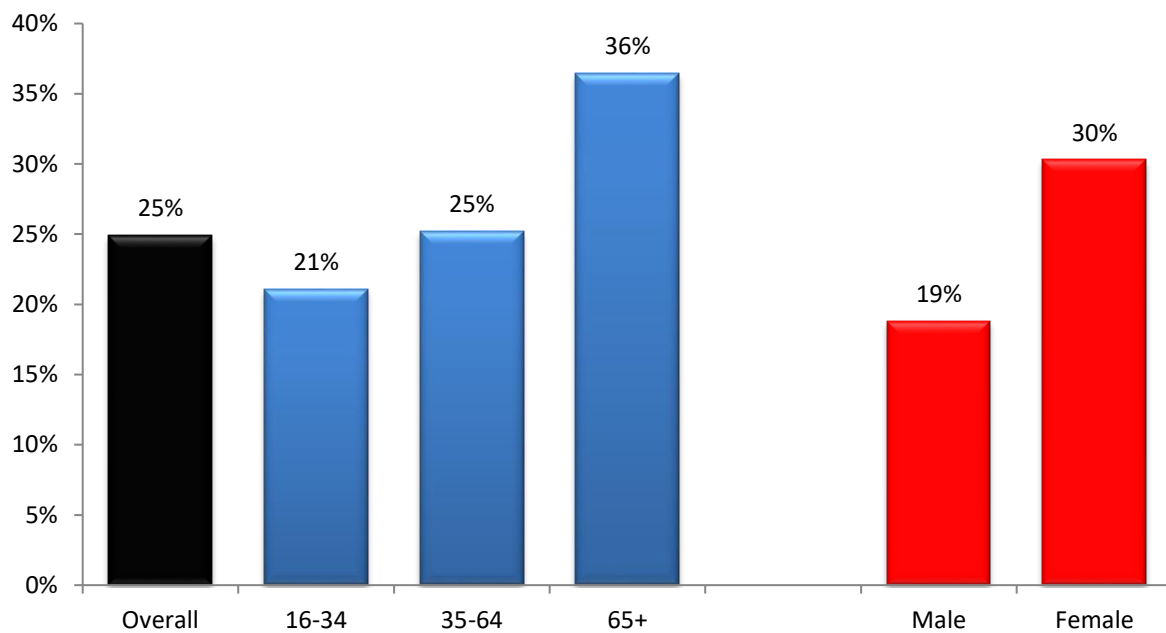
Sense of Belonging to the Community

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, 71% agreed with this (18% strongly agreed and 53% agreed), while 14% neither agreed nor disagreed and 15% disagreed (12% disagreed and 2% strongly disagreed). There was no significant change since 2014/15.

> ***Comparison with Glasgow City***
>
> Those in Ruchill/Possilpark were less likely to feel that they belonged to the local area (71% Ruchill/Possilpark; 76% Glasgow City).

Those aged 65 or over were the most likely to feel they belonged to their local area.

Figure 4.2: Proportion who Agreed they Felt that they Belonged to their Local Area by Age

Evidence from Other Sources
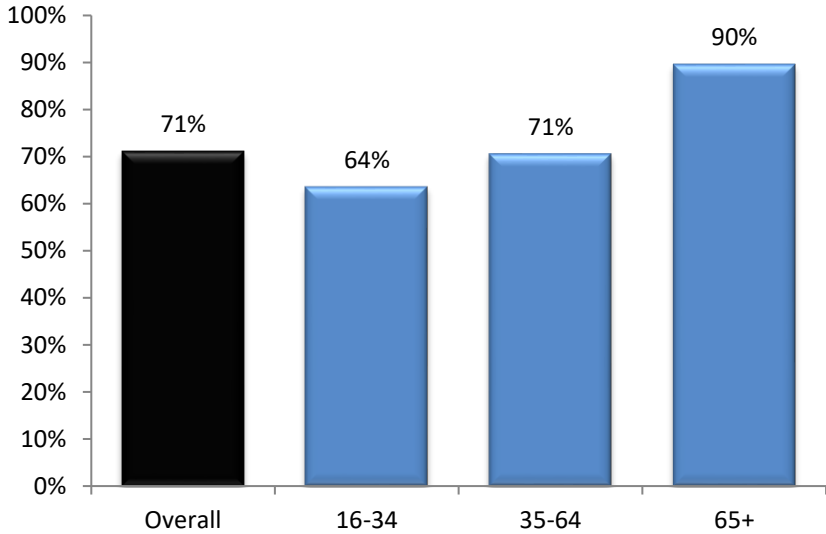
- **The 2016 Scottish Household Survey** asked how strongly adults felt they belonged to their immediate neighbourhood. In total 77% of adults in Scotland felt a very or fairly strong sense of belonging to their neighbourhood, higher than the 71% in Ruchill/Possilpark who felt they belonged to their local area. As with the findings from the NHSGGC survey in Ruchill/Possilpark, national findings showed that feelings of belonging increased with age.

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, 58% agreed with this (14% strongly agreed and 44% agreed), while 22% neither agreed nor disagreed with this, and 20% disagreed (16% disagreed and 3% strongly disagreed). There was no significant change since 2014/15.

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". Just under three in four (73%) agreed with this (14% strongly agreed and 58% agreed), 17% neither agreed nor disagreed and 10% disagreed (9% disagreed and 1% strongly disagreed).

Trends – Influencing Local Decisions

Between 2014/15 and 2018 there was an increase in the proportion who agreed that local people could influence local decisions from 63% to 73%.

Experience of Discrimination

In total, 6% said that they had been discriminated against in the last year (5% said this had happened occasionally and 1% said it had happened on several occasions).

Evidence from Other Sources

- **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, 15% had been the victim of any of the five types of crime listed. The most common was anti-social behaviour.

Table 4.1: Proportion who had Been the Victim of Crime in the Last Year

	% Victim in last year
Anti-social behaviour	10.7%
Vandalism	4.2%
Any type of theft or burglary	3.7%
Physical attack	2.0%
Domestic violence	1.5%
Any of the above 5 types of crime	**15.5%**

Those aged under 35 were the most likely to have been the victim of a crime in the last year.

Figure 4.3: Proportion who had Been the Victim of Crime in the Last Year by Age
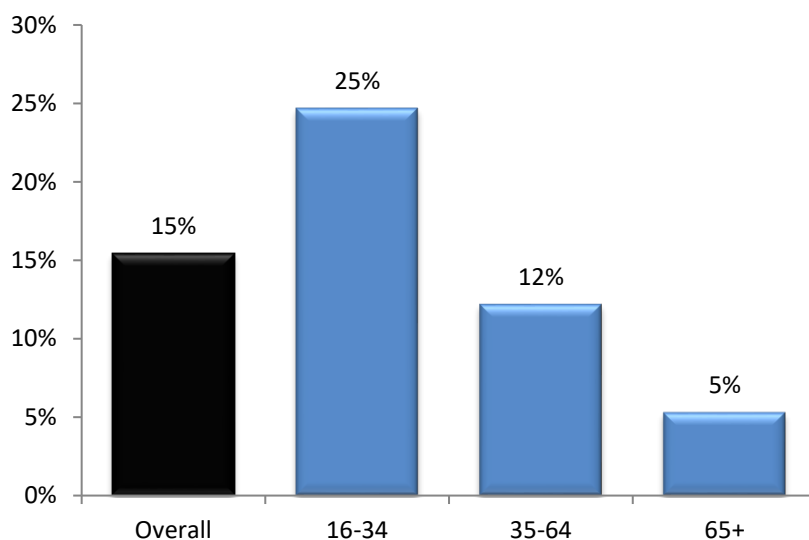
4.3   Feelings of Safety

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,

88% agreed with this (16% strongly agreed and 72% agreed), 7% neither agreed nor disagreed and 5% disagreed (4% disagreed and 1% strongly disagreed).

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, 65% agreed with this (9% strongly agreed and 55% agreed), 12% neither agreed nor disagreed and 23% disagreed (18% disagreed and 5% strongly disagreed).

> ### Comparison with Glasgow City
>
> Those in Ruchill/Possilpark were less likely to feel safe walking alone in their area even after dark (65% Ruchill/Possilpark; 75% Glasgow City).

Men were more likely than women to feel safe walking alone in their area (75% male; 55% female).

Evidence from Other Sources

- **The 2016/17 Scottish Crime and Justice Survey** found that 77% of adults felt safe walking alone in their area after dark. This was higher than the finding from the NHSGGC survey for Ruchill/Possilpark in 2018 (65%).

- 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. Findings for Ruchill/Possilpark show a sharp rise between 2014/15 and 2018, as detailed below.

Trends – Feelings of Safety

Between 2014/15 and 2018 there was an increase in the proportion who felt safe walking alone in their area even after dark from 54% to 65%.

4.4 Social Issues in the Local Area

Using the 'faces' scale (See Section 2.1 of this report for full explanation of the scale), respondents were asked to indicate how they felt about a range of perceived social problems. Faces 5 to 7 are classified as negative perceptions

and indicate that people are concerned about these issues. Figure 4.4 shows the proportion who were concerned about each issue.

Figure 4.4: Proportion with Negative Perception of Each Social Issue
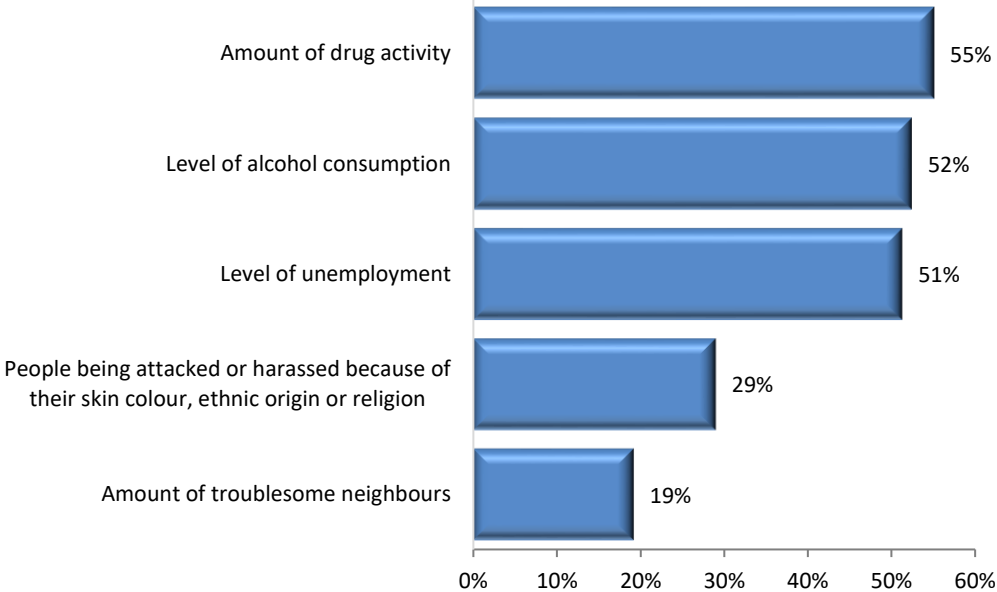
Comparison with Glasgow City

Those in Ruchill/Possilpark were more likely to be concerned about:

- Amount of drug activity (55% Vs 35%)
- Level of alcohol consumption (52% Vs 32%)
- Level of unemployment (51% Vs 34%)
- People being attacked because of their skin colour, ethnic origin or religion (29% Vs 12%)
- Amount of troublesome neighbours (19% Vs 10%).

4.5   Environmental Issues in the Local Area

Again, using the 'faces' scale, respondents were asked to indicate how they felt about four perceived environmental problems in their area. The proportion with a negative perception of each one is shown in Figure 4.5.

Figure 4.5:   Proportion with a Negative Perception of Each Environmental Issue

Issue	Percentage
Availability of safe play spaces	27%
Amount of rubbish lying about	27%
Amount of dogs' dirt	26%
Availability of pleasant places to walk	23%
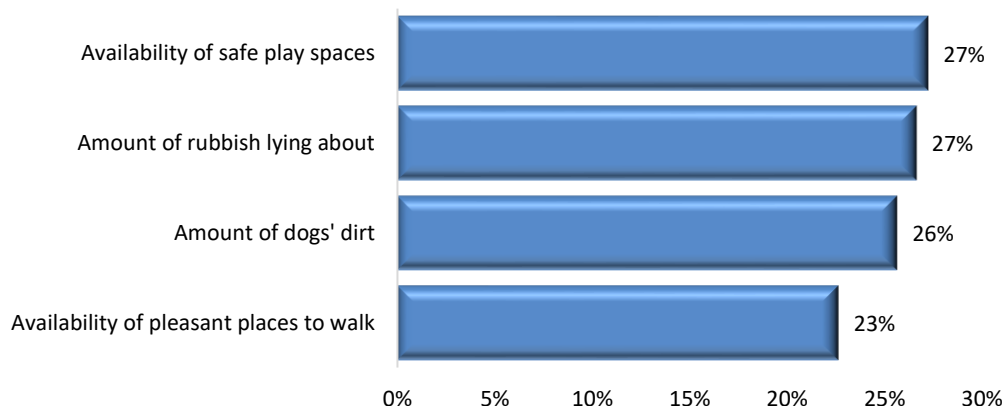
Comparison with Glasgow City

Those in Ruchill/Possilpark were more likely to have a negative perception of:

-       Availability of safe play spaces (27% Vs 23%)
-       Availability of pleasant places to walk (23% Vs 13%)

Those aged under 35 were the most likely to be concerned about the among of rubbish lying about (36% 16-35; 23% 35-64; 18% 65+).

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). Ratings of 'excellent' or 'good' was categorised as positive perceptions.

Five of the ten services showed variations by age in the proportion who gave a positive perception. These are shown in Table 4.2. The other services were nurse-led clinics (for which 66% had a positive rating), out of hours medical service (60%), food shops (54%), childcare provision (36%) and activities for young people (23%).

Table 4.2: Proportion with Positive Perception of Quality of Local Services by Age

	Public transport	GP/Doctor	Local schools	Police	Leisure/ sports facilities
16-34	82%	76%	69%	53%	35%
35-64	70%	67%	54%	38%	21%
65+	70%	75%	49%	41%	22%
Overall	**75%**	**72%**	**59%**	**44%**	**27%**

Comparison with Glasgow City

Those in Ruchill/Possilpark were less likely to have a positive perception of:

- Public transport (75% Vs 79%)
- GP/doctor (72% Vs 77%)
- Local schools (59% Vs 73%)
- Food shops (54% Vs 68%)
- Police (44% Vs 50%)
- Childcare provision (36% Vs 44%)
- Leisure/sports facilities (27% Vs 48%)
- Activities for young people (23% Vs 37%)

Men were more likely than women to have a positive perception of leisure/sports facilities (32% male; 22% female). Women were more likely than men to have a positive perception of nurse-led clinics (71% female; 60% male).

4.7 Caring Responsibilities

One in nine (11%) 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.

Comparison with Glasgow City

Those in Ruchill/Possilpark were less likely to be carers (11% Ruchill/Possilpark; 14% Glasgow City).

Those aged 35-64 were the most likely to have caring responsibilities, and women were more likely than men to be carers.

Figure 4.6: Proportion with Caring Responsibilities by Age and Gender
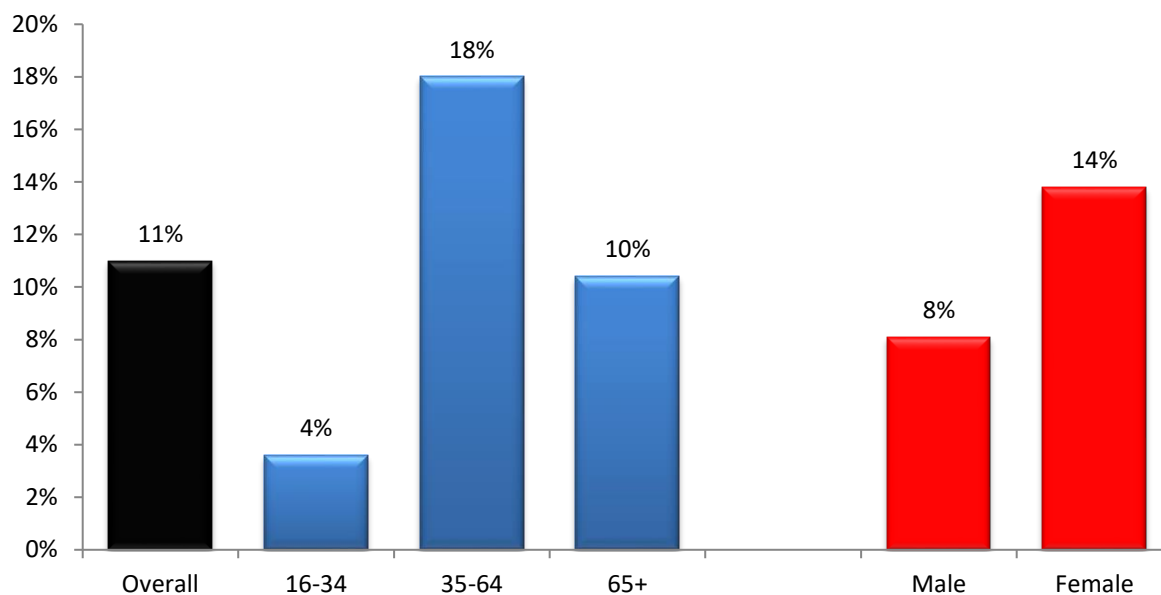
Women aged 45-64 were overall the most likely to be carers, with nearly one in four (23%) women in this age group having caring responsibilities.

Table 4.3: Proportion with Caring Responsibilities by Age and Gender

	Carers
Men 16-44	7%
Women 16-44	9%
Men 45-64	10%
Women 45-64	23%
Men 65+	7%
Women 65+	11%

Evidence from Other Sources

- The prevalence of caring in Ruchill/Possilpark is lower than 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

Comparisons with Glasgow City

Those in Ruchill/Possilpark were:

- more likely to feel isolated or lonely

- less likely to feel they belonged to their local area

- less likely to feel safe walking alone in their area

- more likely to be concerned about social issues in their area

- more likely to be concerned about the availability of safe play spaces or pleasant places to walk

- less likely to have a positive view of local services

- less likely to be carers.

Differences by Age and Gender

- Women were more likely than men to feel isolated or lonely.

- Those aged 65 or over were the most likely to feel lonely.

- Those aged 65 or over were the most likely to feel they belonged to their local area.

- Those aged under 35 were the most likely to have been the victim of crime in the last year.

- Men were more likely than women to feel safe walking alone in their area.

- Those aged 35-64 and women were more likely to be carers.

Trends

- There was an increase between 2014/15 and 2018 in the proportion who agree that local people can influence local decisions.

- Between 2014/15 and 2018 there was an increase in the proportion who felt safe walking alone in their area even after dark.

SOCIAL CAPITAL

RECIPROCITY

69% agreed "this is a neighbourhood where neighbours look out for each other"

Glasgow City 74%

TRUST

69% agreed "generally speaking, you can trust people in my local area"

Glasgow City 77%

LOCAL FRIENDSHIPS AND SOCIAL SUPPORT

67% valued local friendships

Glasgow City 73%

80% had a positive view of social support

CLUBS/ASSOCIATIONS/GROUPS

23% belonged to clubs, associations or groups

SOCIAL ACTIVISM

6% engaged in social activism

VOLUNTEERING

1 in 7 volunteered

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, 69% were positive about reciprocity and 69% were positive about trust.

There was a high degree of crossover on these two questions; 90% of those who were positive about trust were also positive about reciprocity.

Comparison with Glasgow City

Those in Ruchill/Possilpark were less likely to have a positive perception of reciprocity (69% Ruchill/Possilpark; 74% Glasgow City) or trust (69% Ruchill/Possilpark; 77% Glasgow City).

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

Figure 5.1: Proportion with a Positive Perception of Reciprocity by Age
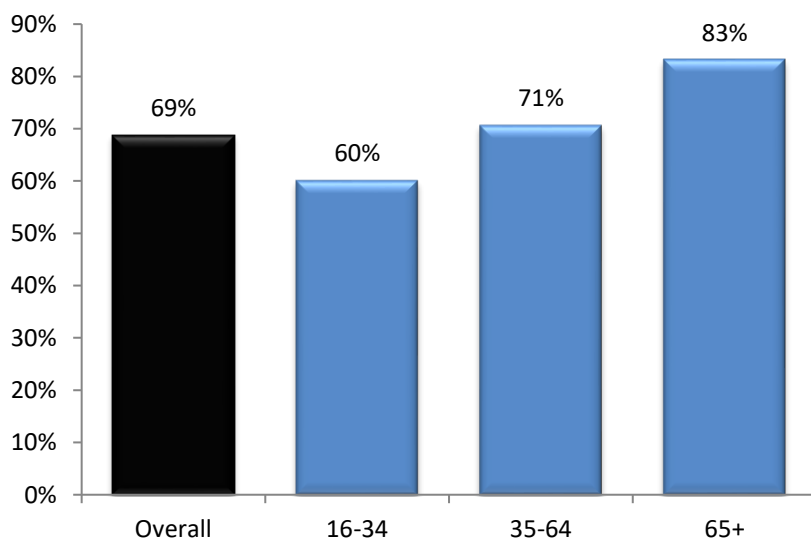
Those aged 65 or over were also the most likely to have a positive perception of trust.

Figure 5.2: Proportion with a Positive Perception of Trust by Age
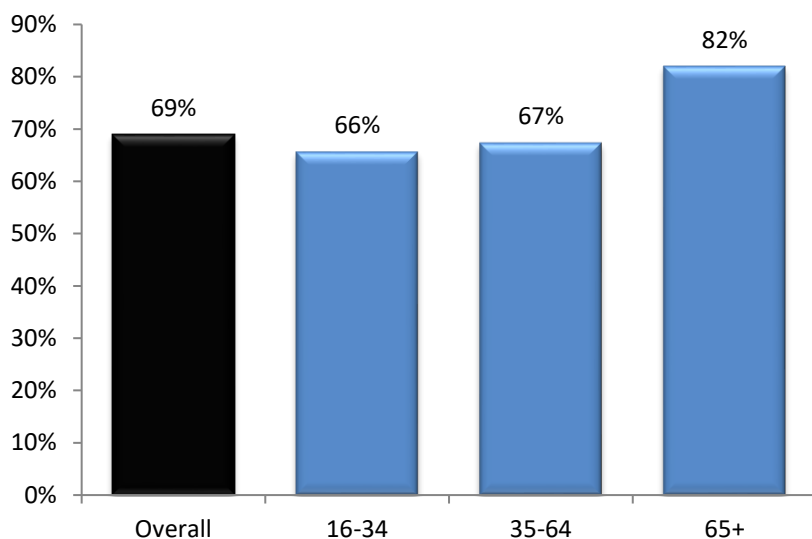
Trends – Reciprocity and Trust

Between 2014/15 and 2018 there was no significant change in the proportion who were positive about reciprocity. However, the proportion who were positive about trust increased from 56% to 69%.

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, two in three (67%) agreed with this, while 20% neither agreed nor disagreed and 13% disagreed. There was no significant change since 2014/15.

Comparison with Glasgow City

Those in Ruchill/Possilpark were less likely to value local friendships (67% Ruchill/Possilpark; 73% Glasgow City).

Those aged 65 or over were the most likely to value local friendships.

Figure 5.3: Proportion Value Local Friendships by Age
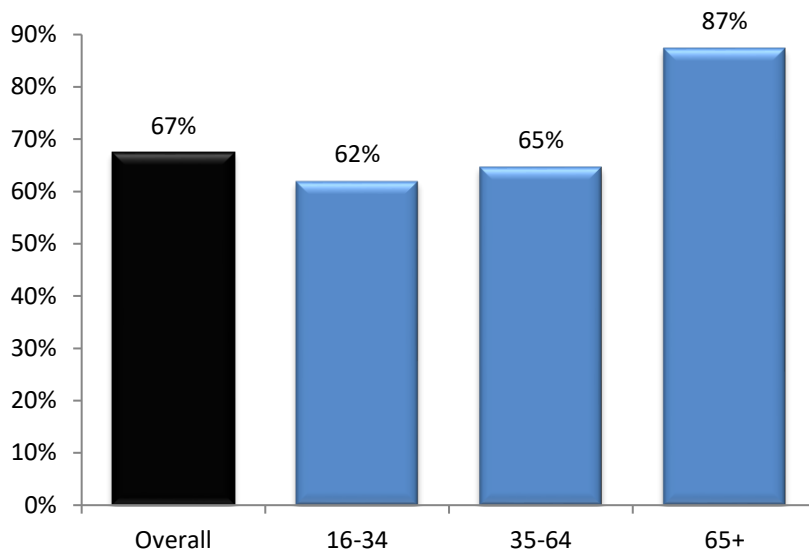
5.3   Social Support

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 80% had a positive view of social support.   There was no significant change since 2014/15.

Those aged 65 or over were the most likely to have a positive view of social support.

Figure 5.4: Positive View of Social Support by Age
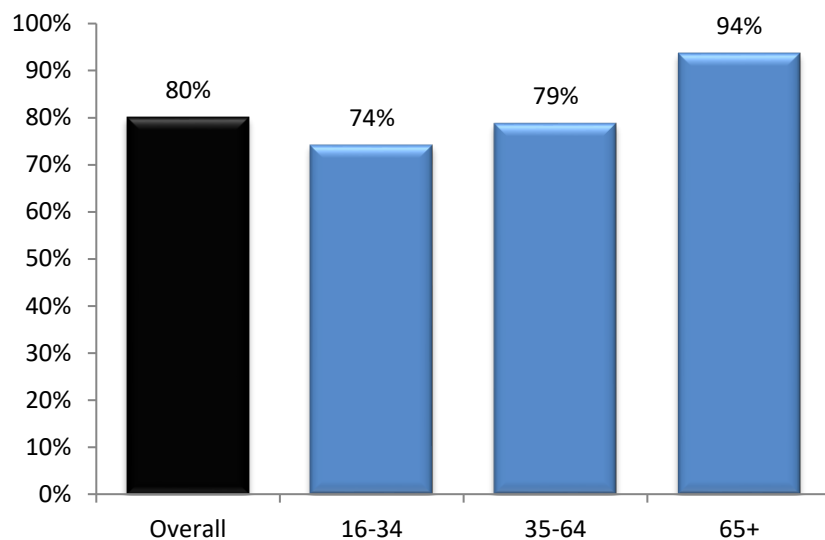
5.4   Volunteering

Fifteen percent said they had given up any time to help any clubs, charities, campaigns or organisations in an unpaid capacity in the last year.

Comparison with Glasgow City

Those in Ruchill/Possilpark were less likely to volunteer (15% Ruchill/Possilpark; 20% Glasgow City).

Volunteering was most common among those aged under 35.

Figure 5.5: Proportion who Volunteered in Last 12 Months by Age

Evidence from Other Sources
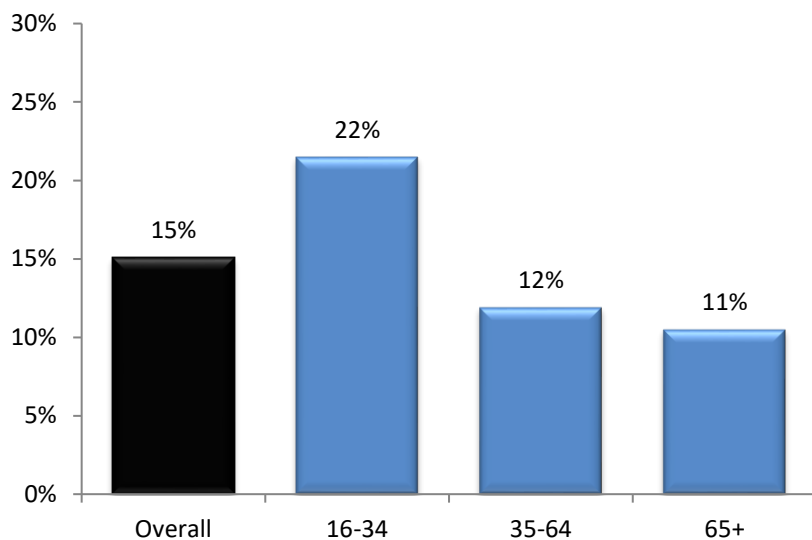
- **The 2016 Scottish Household Survey** showed a higher national rate for volunteering, with 27% of adults in Scotland having provided unpaid help to organisations or groups in the last 12 months.

5.5   Belonging to Clubs, Associations and Groups

Just under one in four (23%) belonged to any social clubs, associations, church groups or similar.

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, 6% had engaged in this type of social activism in the last year.

5.7   Summary of Key Messages from This Chapter

Comparison with Glasgow City

Those in Ruchill/Possilpark were:

- less likely to have positive views of reciprocity or trust

- less likely to value local friendships

- less likely to volunteer.

Differences by Age and Gender

- Those aged 65 or over were the most likely to have positive views of reciprocity, trust and social support and the most likely to value local friendships.

- Those aged under 35 were the most likely to volunteer.

Trends

- There was an increase between 2014/15 and 2018 in the proportion who had a positive perception of trust in their area.

FINANCIAL WELLBEING

STATE BENEFITS

3 in 10 received all income from state benefits

Glasgow City
17%

16%
16-34

31%
35-64

57%
65+
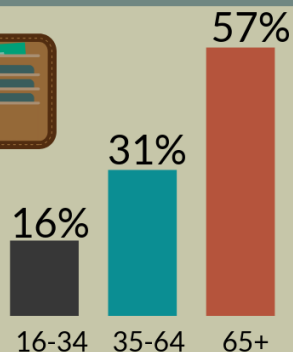
ADEQUACY OF INCOME

51%

satisfied with household income

Glasgow City
68%

DIFFICULTY FINDING UNEXPECTED SUMS

16%
Difficulty finding £35

53%
Difficulty finding £165

84%
Difficulty finding £1600

DIFFICULTY MEETING NECESSARY EXPENSES

30%

difficulty meeting necessary bills and living expenses

FOOD INSECURITY

13%

experienced food insecurity in last year

Mild: 2.3%

Moderate: 4.0%

Severe: 6.6%

6.1   Income from State Benefits

Three in five (59%) said that at least some of their household income came from state benefits, and 31% said that all their household income came from state benefits.

Figure 6.1: Proportion of Household Income from State Benefits
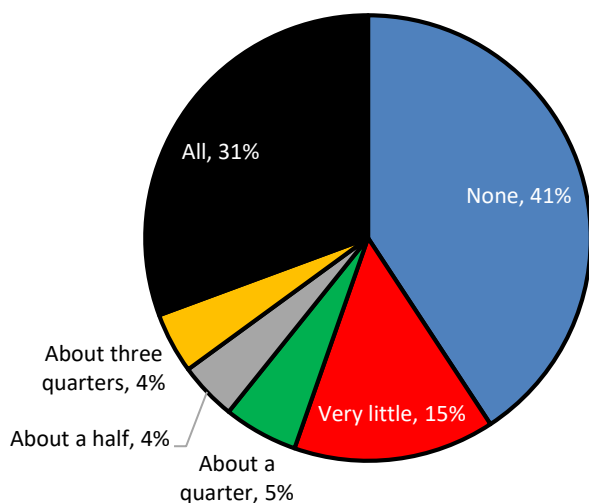
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Comparison with Glasgow City

Those in Ruchill/Possilpark were more likely to receive all household income from benefits (31% Ruchill/Possilpark; 17% Glasgow City).

Those aged 65 or over were the most likely to say they received all household income from benefits, and those aged under 35 were the least likely.

Figure 6.2: Proportion who Received All Household Income from State Benefits by Age
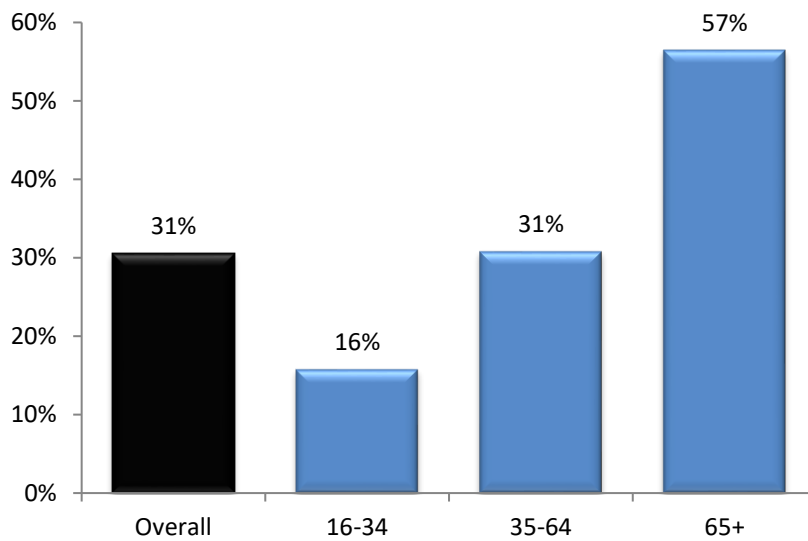
Trends – All Income From Benefits

Between 2014/15 and 2018 there was a decrease in the proportion who received all household income from benefits, from 44% to 31%.

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.

- Four 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, 6% percent said they had been affected by benefit changes.

Policy Context

- 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

6.2 Adequacy of Income

Using the 'faces' scale (see Section 2.1), respondents were asked how they felt about the adequacy of their household income. Half (51%) gave a positive view, 22% gave a neutral view and 27% gave a negative view. There was no significant change since 2014/15.

> **Comparison with Glasgow City**
>
> Those in Ruchill/Possilpark were less likely to have a positive perception of the adequacy of their household income (51% Ruchill/Possilpark; 68% Glasgow City).

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 (40%). All responses are shown in Table 6.1.

Table 6.1: Perceived Reasons for Poverty in Local Area

	%
An inevitable part of modern life	18%
Laziness or lack of willpower	21%
Because they have been unlucky	6%
Because of injustice in society	9%
Lack of jobs	40%
There is no one living in poverty in this area	2%
Other	5%
None of the above	<1%

6.4   Difficulty Meeting the Cost of Specific Expenses

Figure 6.3 shows the proportion of people who said they had difficulty meeting specific expenses often or occasionally.

Figure 6.3:   How Often Have Difficulty Meeting the Cost of Specific Expenses
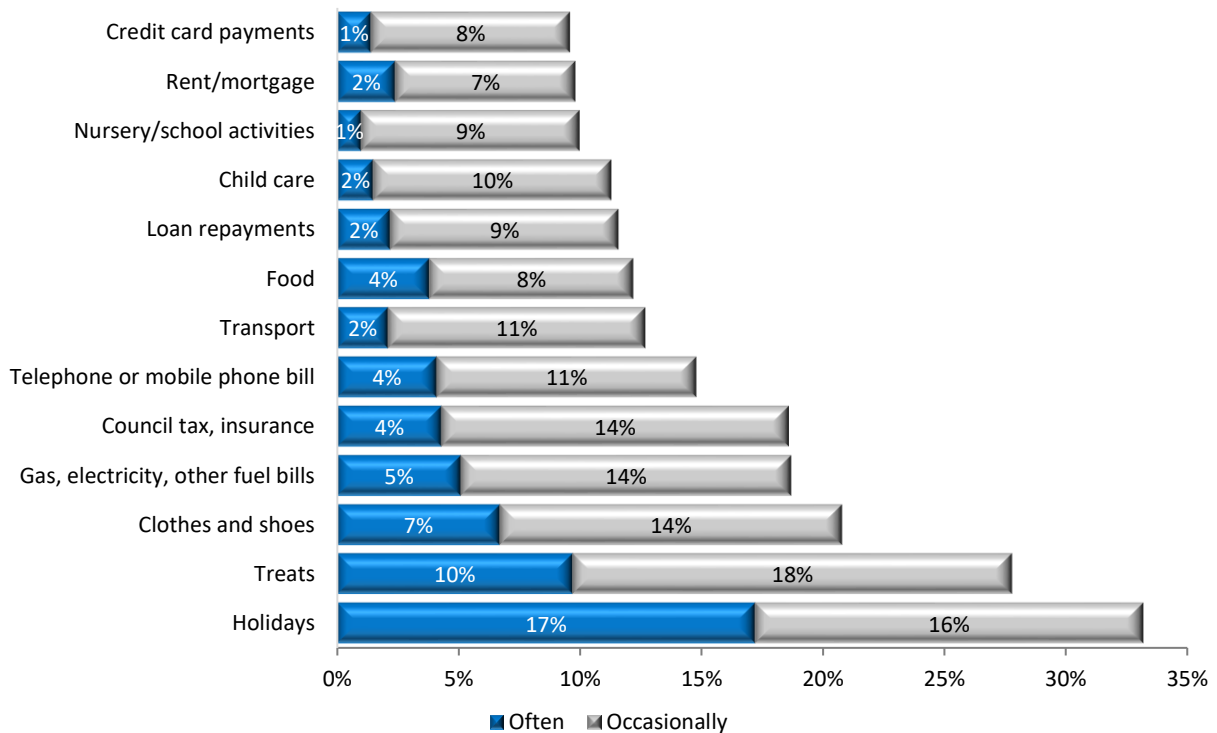
All together, 30% said that they ever had difficulty meeting the cost of rent/mortgage, fuel bills, telephone bills, council tax/insurance, food or clothes/shoes.

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 six (16%) said it would be a problem to find £35, 53% said it would be a problem to find £165 and 84% said it would be a problem to find £1,600[5].

Comparison with Glasgow City

Those in Ruchill/Possilpark were more likely to say they would have a problem finding an unexpected sum of:

- £35 (16% Vs 12%)
- £165 (53% Vs 46%).

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 friends/family (55%) and savings (45%). All responses are shown in Figure 6.4.

Figure 6.4: Where Would Find Sum of Money to Meet Unexpected Bill

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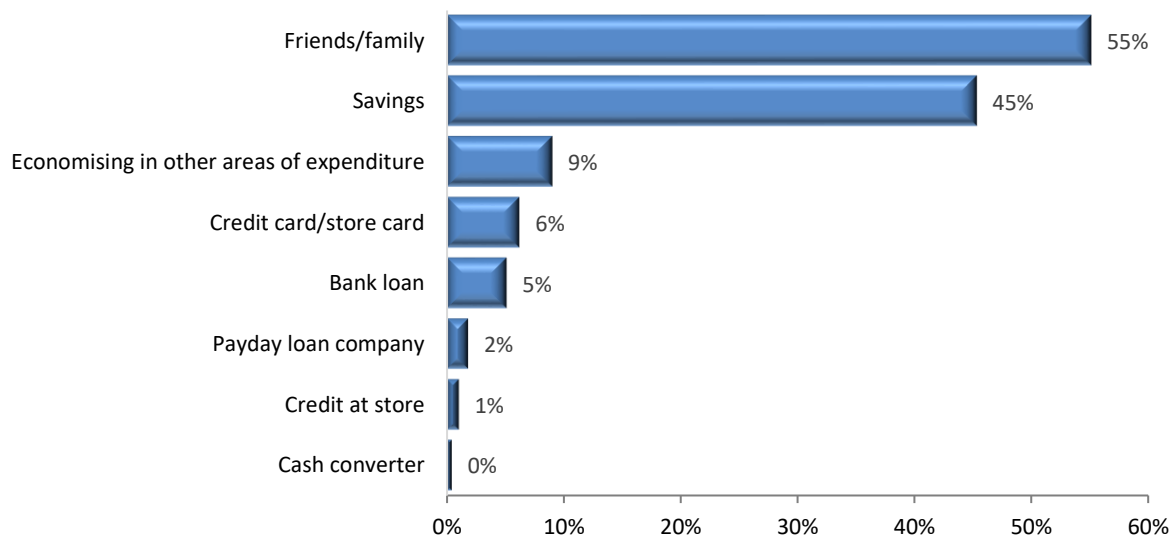
[5] Previous surveys since 1999 asked about the amounts of £20, £100 and £1,000. These were changed for the 2018 survey, adjusted using the Retail Price Index

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 6.5.

Figure 6.5: Actions Taken with Credit/Store Cards in Last Year
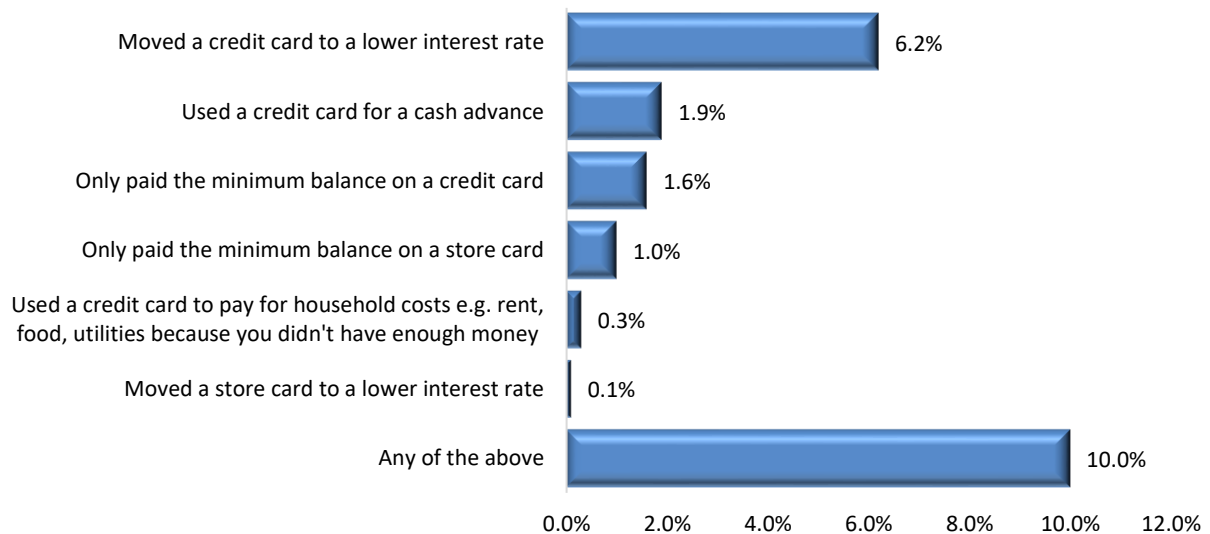
Only those aged under 65 had used credit/store cards in any of these ways in the last year.

Figure 6.6: Proportion who had Taken Any of the Specified Actions Relating to Credit/Store Cards in Last Year by Age
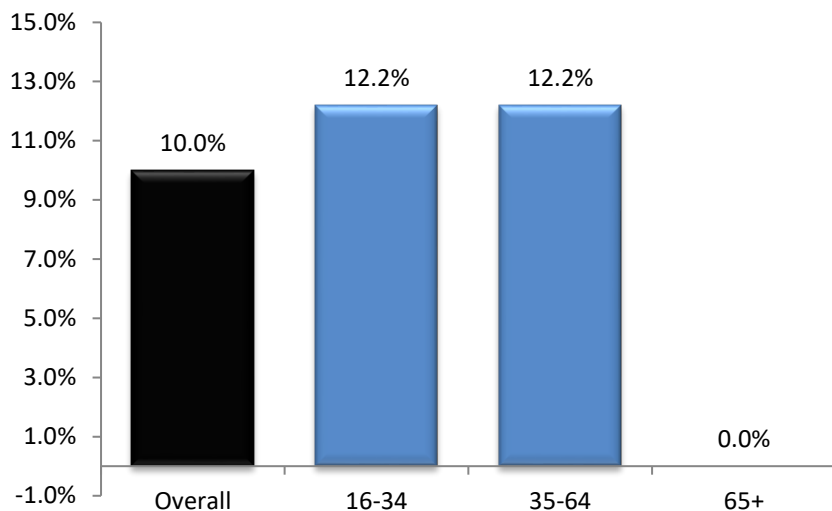
6.7   Food Insecurities

Respondents were asked eight questions which comprise the Food Insecurity Experiences Scale[6]. The proportion who said 'yes' to each question is shown in Table 6.2. All together, 13% had experienced at least one event in the last year which was an indication of food insecurity, including 7% classified as severe.

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

Table 6.2: 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	9.6%
You were unable to eat healthy and nutritious food because of a lack of money or other resources	9.9%
You ate only a few kinds of food because of a lack of money or other resources	10.6%
MODERATE FOOD INSECURITIES	
You had to skip a meal because there was not enough money or other resources to get food	8.1%
You ate less than you thought you should because of a lack of money or other resources	10.4%
Your household ran out of food because of a lack of money or other resources	7.2%
SEVERE FOOD INSECURITIES	
You were hungry but did not eat because there was not enough money or other resources for food	6.7%
You went without eating for a whole day because of a lack of money or other resources	5.8%
Highest category experienced:	
Mild	**2.3%**
Moderate	**4.0%**
Severe	**6.6%**
At least one of the above	**12.9%**

6.8   Gambling

Respondents were asked whether they had spent money on different types of gambling activities in the last month. One in three (34%) had spent money on gambling in the last month. By far the most common type was lottery/scratchcards (31%). The next most common was bookmakers (5%).

Those aged under 35 were less likely than those in other age groups to gamble.

Figure 6.7: Proportion who Spent Money on Gambling Activities in the Previous Month by Age
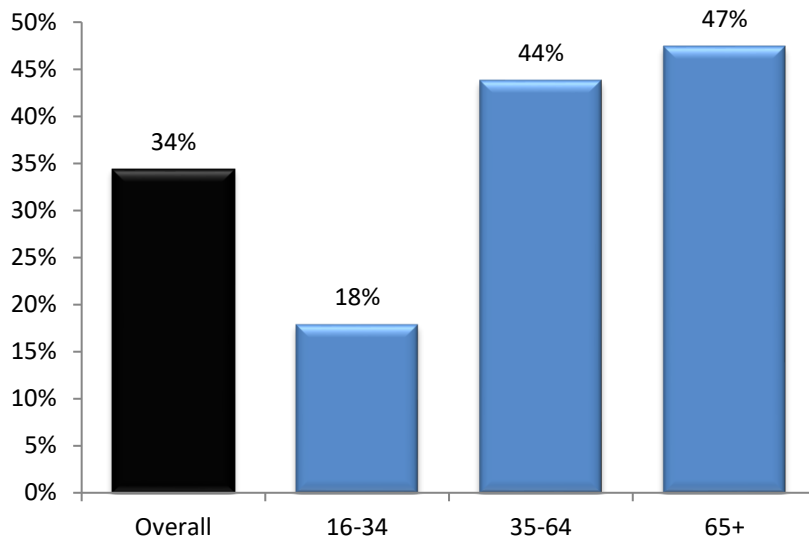
6.9   Summary of Key Messages from This Chapter

Comparisons with Glasgow City

Those in Ruchill/Possilpark were:

- more likely to receive all household income from benefits

- less likely to have a positive perception of the adequacy of their household income

- more likely to say they would have difficulty meeting unexpected expenses of £35 or £165

- less likely to meet unexpected expenses by using savings, economising in other areas, credit/store card or credit at store, but more likely to use family/friends.

Differences by Age

- Those aged 65 or over were the most likely to receive all household income from benefits.

- Those aged 65 or over were the least likely to have used credit/store cards in specific ways in the last year.

- Those aged under 35 were the least likely to have spent money on gambling in the last year.

Trends

- Between 2014/15 and 2018 there was a decrease in the proportion who received all household income from benefits.

DEMOGRAPHICS

LIVING ALONE

1 in 4 lived alone

61%

19%

12%

16-34   35-64   65+
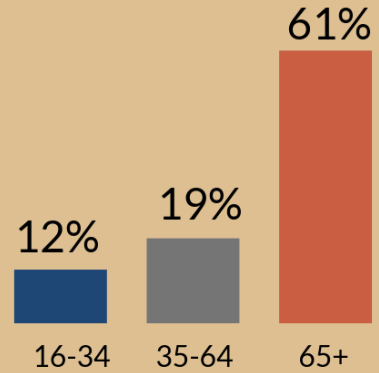
CHILDREN

QUALIFICATIONS

23%
child aged under 16 in household
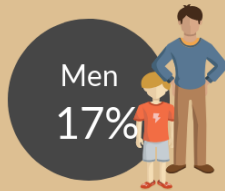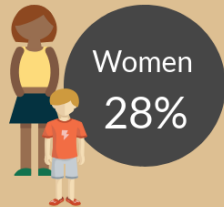
Women 28%

Men 17%

28%
no qualifications

58%

28%

14%

16-34   35-64   65+

TENURE

ECONOMIC ACTIVITY

24% lived in owner occupied homes

Glasgow City 42%

44% were earning money through employment

Men 51%

Women 38%
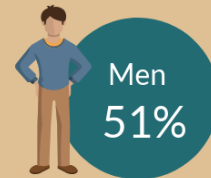
7.1 Household Composition

Household Size

Just under one in four (23%) lived alone. Figure 7.1 shows the breakdown of household size.

Figure 7.1: Household Size
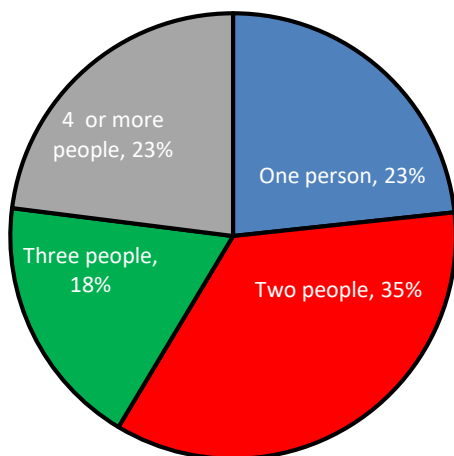
The likelihood of living alone increased with age from 12% of those aged under 35 to 61% of those aged 65 and over.

Figure 7.2: Proportion who Live Alone by Age
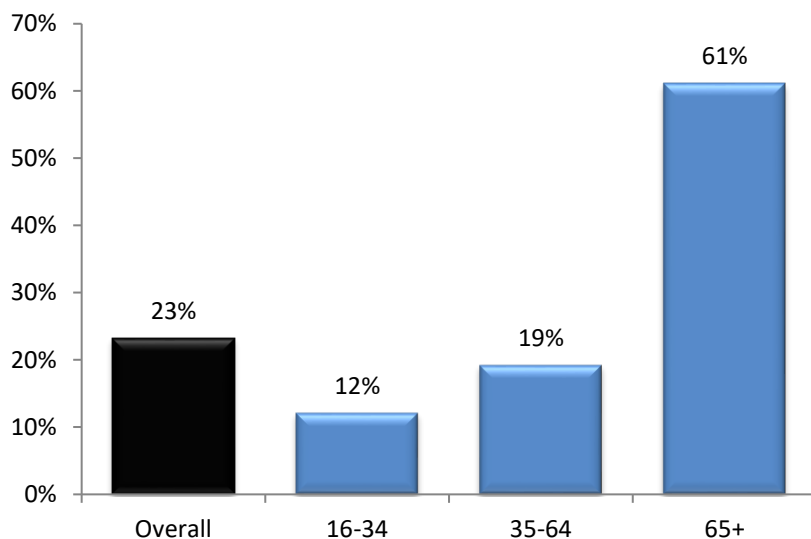
Children in the Household

Just under one in four (23%) adults lived in a home with at least one child under the age of 16.

Only those aged under 65 lived in households with children. Women were much more likely than men to live with a child.

Figure 7.3: Proportion with a Child Aged Under 16 in their Household by Age and Gender
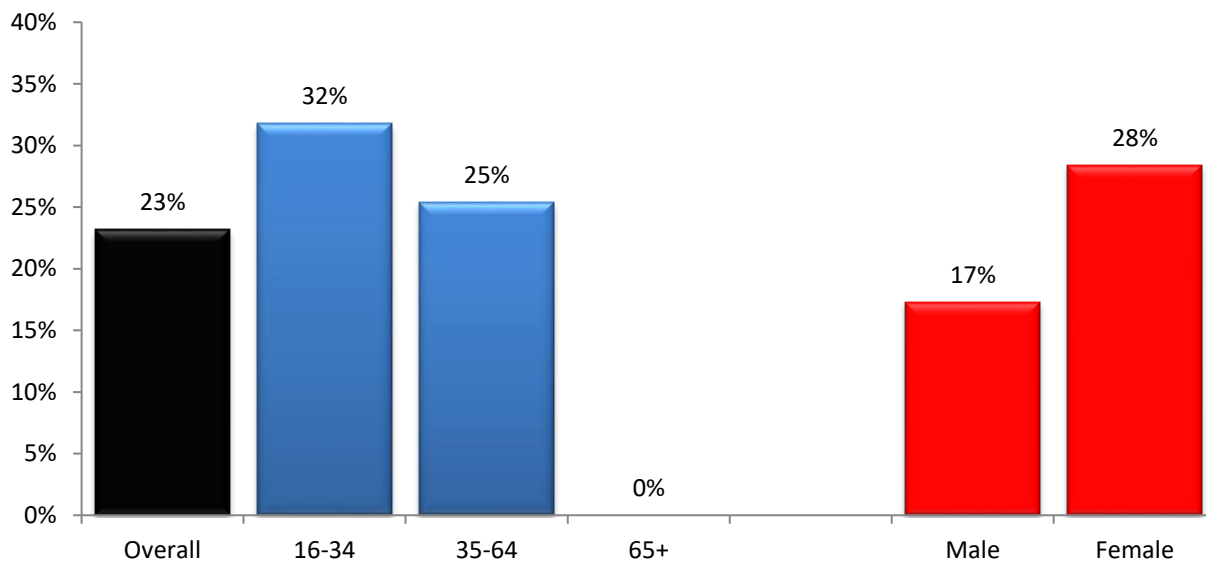
7.2   Sexual Orientation

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

7.3   Ethnicity

Respondents were asked their ethnicity. More than four in five (83%) described their ethnicity as White (76% said White Scottish), while 17% were from non-white BME groups.

Table 7.2: Ethnicity

Ethnicity	%
White	
Scottish	75.7%
Other British	3.6%
Polish	2.8%
Other White	0.7%
Total White	**82.8%**
Asian	
Indian	0.9%
Pakistani	3.5%
Other Asian	5.2%
Total Asian	**9.5%**
African	**3.4%**
Mixed or any other ethnic group	**4.3%**
Total BME (Non white)	**17.2%**

7.4   Educational Qualifications

Just under three in ten (28%) said they had no qualifications. This was consistent with the finding in 2014/15.

Comparison with Glasgow City

Those in Ruchill/Possilpark were more likely to say they had no qualifications (28% Ruchill/Possilpark; 19% Glasgow City).

Figure 7.4: Proportion with No Qualifications by Age
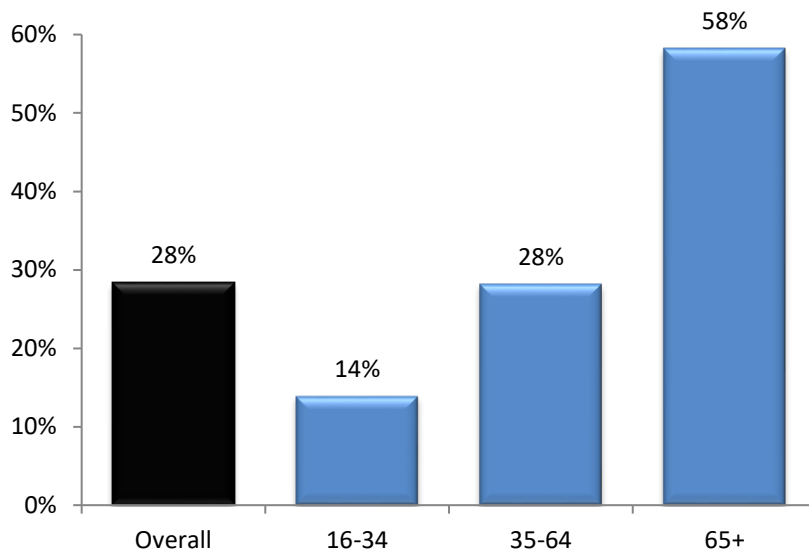
The proportion who said they had no qualifications rose with age, from 14% of those aged under 35 to 58% of those aged 65 or over.

Evidence from Other Sources

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

7.5   Tenure

One in four (24%) adults lived in owner-occupied homes (either owned outright or buying with a mortgage), 65% lived in homes rented from the council or a housing association, 11% lived in privately rented homes and 1% lived in homes with some other tenure.

Figure 7.5: Tenure
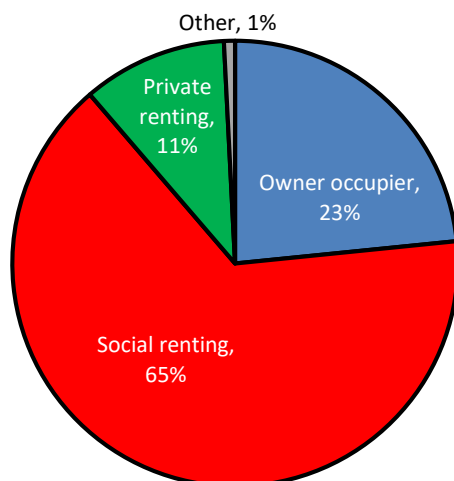
Comparison with Glasgow City

Those in Ruchill/Possilpark were:

-       less likely to live in owner-occupied homes (24% Vs 42%)

-       less likely to live in privately rented homes (11% Vs 18%)

-       more likely to live in socially rented homes (65% Vs 38%)

Those aged 35-64 were the most likely to live in owner-occupied homes. Those aged 16-34 were the most likely to live in privately rented homes. Those aged 65 or over were the most likely to live in socially rented homes.

Table 7.3: Tenure by Age

	Owner-occupier	Social renting	Private renting	Other
16-34	19%	58%	22%	1%
35-64	31%	62%	5%	1%
65+	16%	84%	0%	0%

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 (31%)
- Permanently sick/disabled (17%)
- Wholly retired from work (16%)
- Employee in part-time job (11%)
- Looking after the family/home (11%)
- Full-time education (8%)
- Unemployed and available for work (8%)
- Self-employed – full or part time (3%)
- Part-time education (1%)
- Employed on a zero hours contract (1%)
- Government supported training or employment (<1%)
- Other (1%).

In total, 44% were economically active (in full-time or part-time employment, self employed or on a zero hours contract).

Comparison with Glasgow City

Those in Ruchill/Possilpark were less likely to be economically active (44% Ruchill/Possilpark; 53% Glasgow City).

Those aged under 35 were the most likely to be economically active. Men were more likely than women to be economically active.

Figure 7.6: Proportion Economically Active by Age and Gender
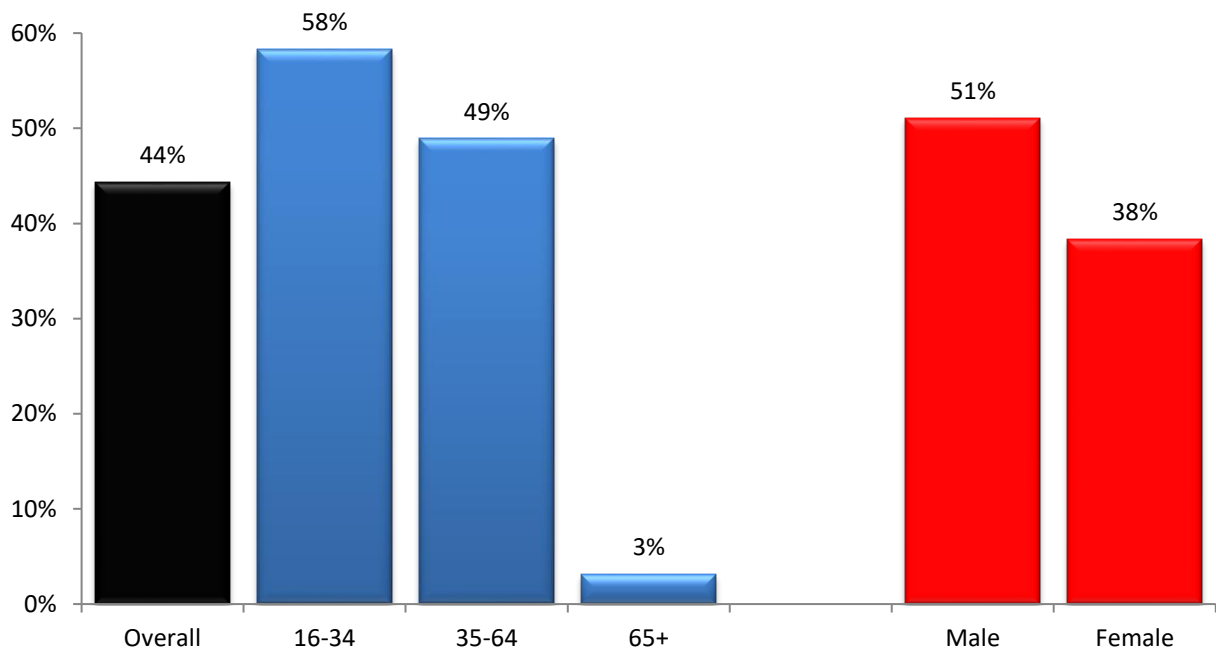
7.7   Summary of Key Messages from This Chapter

Comparison with Glasgow City

Those in Ruchill/Possilpark were:

- more likely to say they had no qualifications

- less likely to live in owner occupied or privately rented homes and more likely to live in socially rented homes

- less likely to be economically active.

Differences by Age and Gender

- Those aged 65 or over were the most likely to live alone.

- Those aged under 35 and women were the most likely to live with a child.

- Those aged 65 or over were the most likely to say they had no qualifications.

- Those aged 35-64 were the most likely to live in owner-occupied homes.

- Those aged under 35 and men were the most likely to be economically active.

APPENDIX A: SURVEY METHODOLOGY & RESPONSE

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 in-house 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

HSCP	SAPE 2015 16 plus	Main Sample * 15%	Others	Basic Boost All	N'Hood Boost All	Enhanced Boost 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**
Inverclyde	**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%
** MD = most deprived 15% (20% in East 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

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
	Other	11	4	1	16
45-64	15% SIMD	2		0	2
	Other	2	6	2	10
65+	15% SIMD	5		2	7
	Other	3	1	3	7
M	15% SIMD	8		0	8
	Other	9	5	1	15
F	15% SIMD	5		4	9
	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 602 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 Ruchill/Possilpark 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-B2.

Table B1: Age and Gender Breakdown
Base: 600

Gender and Age	% of sample	Ruchill/Possilpark % of population (aged 16+)
Male 16-24	7.4	7.5
Female 16-24	7.3	7.4
Male 25-34	11.5	11.5
Female 25-34	11.6	11.6
Male 35-44	8.7	8.7
Female 35-44	8.2	8.2
Male 45-54	7.5	7.4
Female 45-54	8.8	8.7
Male 55-64	5.7	5.7
Female 55-64	7.1	7.0
Male 65-74	4.4	4.3
Female 65-74	4.6	4.7
Male 75+	2.8	2.7
Female 75+	4.4	4.4

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 B2: Most Deprived 15% Datazones Versus Other Datazones
Base: All Ruchill/Possilpark (602)

Group	% of sample	Ruchill/Possilpark % of population (Aged 16+)
Most deprived 15% datazones	68.8	69.2
Other datazones	31.2	30.7

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/bottom15%[7]/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

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[7] Bottom 20% in the case of East Dunbartonshire

HSCP areas (or neighbourhoods in the case of Glasgow City). The formula for this stage of the weighting process was:

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

Where:
W_i is the individual weighting factor for a respondent in age/gender/bottom15% versus other areas/HSCP or neighbourhood group i

c_i is the known population in age/gender/bottom15% versus other areas/HSCP or neighbourhood group i

C   is the total adult population in the NHS Greater Glasgow and Clyde area

T   is the total number of interviews

t_i is the number of interviews (weighted by the household size weighting factor) for age/gender/bottom15% versus other areas/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	3	16-34; 35-64; 65+
Age/Gender	6	Male 16-44; Female 16-44; Male 45-64; Female 45-64; Male 65+; Female 65+

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.

Questions		Scoring system				Your score
	0	1	2	3	4	
How often do you have a drink containing alcohol?	Never	Monthly or less	2 to 4 times per month	2 to 3 times per week	4 times or more per 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 more if male, on a single occasion in the last year?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you failed to do what was normally expected from you because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you needed an alcoholic drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you been unable to remember what happened the night before because you had been drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
Have you or somebody else been injured as a result of your drinking?	No		Yes, but not in the last year		Yes, during the last year	
Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested that you cut down?	No		Yes, but not in the last year		Yes, during the last 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 G: 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
A	Which face best rates your overall quality of life?	1	2	3	4	5	6	7	8
B	Which face best rates your general physical well being?	1	2	3	4	5	6	7	8
C	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)

4 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)

5 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)

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

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)

10   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)

11 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)

12 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)

13 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)

14 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)

15 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)

16 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)

17 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)

19 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)

20 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)

22 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)

23 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

ASK ALL (S/C PER ROW)

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	1	2	3	4	5	6
b. On Intercity services	1	2	3	4	5	6
Drinking on a bus is a perfectly acceptable thing to do	1	2	3	4	5	6

ASK ALL (S/C)

25a 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**

25b 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)

26 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 Q21]*

WRITE NUMBER IN THE BOX:

ASK ALL (LIST)

27 Yesterday, how many portions of vegetables or salad (not counting potatoes) did you eat? A portion of vegetables is 3 tablespoons.

(WRITE NUMBER IN BOX. IF LESS THAN ONE, WRITE '0'; IF DON'T KNOW CODE AS 997) *[PREVIOUS Q22]*

WRITE NUMBER IN THE BOX:

ASK ALL (S/C PER ROW)

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

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

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)

29 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)

30a 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)

30b 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)

31 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)

32 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)

33 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

ASK ALL (S/C PER ROW)

34 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
A	I feel I belong to this local area	1	2	3	4	5	6
B	I feel valued as a member of my community	1	2	3	4	5	6
C	By working together, people in my neighbourhood can influence decisions that affect my neighbourhood	1	2	3	4	5	6

ASK ALL (S/C)

35 Have you been discriminated against in the last year? **READ OUT AND CODE ONE ONLY** *[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 APPLY**

36b　　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: Discriminated against you *[PREVIOUS Q61 – ORDER CHANGED]*	Q36b: Challenged discriminatory behaviour *[NEW]*
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)

37　　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

ASK ALL (S/C PER ROW)

38 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)

39 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	Strongly Disagree	Don't know
A	I feel safe using public transport in this local area	1	2	3	4	5	6
B	I feel safe walking alone around this local area even after dark	1	2	3	4	5	6

ASK ALL (S/C PER ROW)

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
A	The level of unemployment in your area	1	2	3	4	5	6	7	8	9
B	The amount of drug activity in your area	1	2	3	4	5	6	7	8	9
C	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

ASK ALL (S/C PER ROW)

41 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
A	The amount of rubbish lying about in your area	1	2	3	4	5	6	7	8
B	The amount of dog's dirt in your area	1	2	3	4	5	6	7	8
C	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

ASK ALL (S/C PER ROW)

42 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/OK	Poor	Very Poor	Don't know
A	Food shops	5	4	3	2	1	6
B	Local schools	5	4	3	2	1	6
C	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
H	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)

43 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

ASK ALL (S/C PER ROW)

44 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	Refused
A	Rent/mortgage	1	2	3	4	5	6	7
B	Gas, electricity and other fuel bills	1	2	3	4	5	6	7
C	Telephone or mobile phone bill	1	2	3	4	5	6	7
D	Council tax, insurance	1	2	3	4	5	6	7
E	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
H	Credit card payments	1	2	3	4	5	6	7
I	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
M	Holidays	1	2	3	4	5	6	7

ASK ALL (S/C PER ROW)

45 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
A	£35	4	3	2	1	5
B	£165	4	3	2	1	5
C	£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)

47 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)

48 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
A	This is a neighbourhood where neighbours look out for each other	1	2	3	4	5	6
B	Generally speaking, I can trust people in my local area	1	2	3	4	5	6
C	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)

49 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)

50 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)

51   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)

52   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)
53   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 ALL (LIST)
54   How many people living in your household are aged under 16? *[PREVIOUS Q42]*

    WRITE NUMBER IN THE BOX:

ASK ALL (S/C)
55   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)
56   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]*

A	Heterosexual or Straight	1
B	Gay or Lesbian	2
C	Bisexual	3
D	Other	4
E	Prefer not to say	5

ASK ALL (LIST)

57a   Please can you tell me your date of birth? *[PREVIOUS Q44a]*

DD/MM/YYYY _____

57b   **IF YOU'D PREFER NOT TO ANSWER:** Would you mind indicating which age 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

58 Which of the groups on this card best describes you? **SHOWCARD 26 AND CODE ONE 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)

59 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)

60 What is the highest level of educational qualifications you've obtained? **SHOWCARD 28 AND CODE ONE 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 BACKCODE AND LIST	95
No qualifications	96
Refused	98

ASK ALL (S/C)

61 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)

62 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)

63 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)

64 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

ASK ALL (M/C)

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

Moved a credit card to a lower interest rate	1
Moved a store card to a lower interest rate	2
Only paid the minimum balance on a credit card	3
Only paid the minimum balance on a store card	4
Used a credit card for a cash advance	5
Used a credit card to pay for household costs e.g. rent, food, utilities because you didn't have enough money	6
Done none of these	7
Refused	8

ASK ALL (S/C PER ROW)

67 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)

69   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 more and more money to get the excitement you are looking for?	1	2	3	4	5
Have you felt restless or irritable when trying to cut down gambling?	1	2	3	4	5
Have you gambled to escape from problems or when you are feeling depressed, anxious or bad about yourself?	1	2	3	4	5
Have you made unsuccessful attempts to control, cut back or stop gambling?	1	2	3	4	5
Have you risked or lost an important relationship, job, educational or work opportunity because of gambling?	1	2	3	4	5
Have you asked others to provide money to help with a financial crisis caused by gambling?	1	2	3	4	5

ASK ALL (S/C PER ROW)

70   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 ONE 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.
    o 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.

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

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