



North West Mental Wellbeing Survey Results 2012/13 – Lancashire Findings

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All data originated from the North West Mental Wellbeing Survey 2012/13

Available at:

http://www.nwph.net/nwpho/Publications/NW%20MWB_PHE_Final_28.11.13.pdf

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Key findings

- Overall mental wellbeing in Lancashire is similar to the North West average.
- Respondents living in the least deprived quintile in Lancashire reported significantly higher mental wellbeing than the Lancashire average.
- Mental wellbeing is higher among the younger and older age groups and lower among the middle age groups.
- Those in the age group 16 to 24 reported higher levels of mental wellbeing compared with older groups.
- In the age groups 16-24, 25-39 and 65+ females had lower levels of mental wellbeing than their male counterparts of the same age group.
- There was a link between perceived health status and mental wellbeing, as respondents who said they had better health tended to have better mental wellbeing.
- People with long-term conditions had a significantly lower level of mental wellbeing than average. Conditions most strongly associated with lower mental wellbeing include depression and anxiety, respiratory disease, digestive diseases and liver disease.
- Those living comfortably had a significantly higher mental wellbeing than the Lancashire mean whilst those finding it difficult or very difficult to cope on their present income had mental wellbeing levels significantly lower than the Lancashire mean.
- Mental wellbeing was lowest with those with no qualifications.
- Those with level 3 or 4+ qualification had significantly higher mental wellbeing than those with entry/level 1 or 2. Those with foreign qualifications also had significantly higher mental wellbeing than those with entry/level 1 or 2.
- Mental wellbeing was highest for respondents with foreign qualifications.
- The respondents were split into five clusters based on a number of variables and this enabled analysis and description of each cluster - *Cluster 1* – spread of ages, mean age 50, *Cluster 2* – spread of ages, mean age 49, *Cluster 3* – spread of ages, mean age 53, *Cluster 4* – over half of this cluster are 65+ (54.6%), mean age 62, *Cluster 5* – three fifths of this cluster are 25-54 (61.8%), mean age 44.
- Nearly 92% of respondents in cluster 1 agreed that that they have time to do the things that they really enjoy compared to 59% in cluster 3.

Introduction

In 2009, in response to the growing need to improve the population's mental wellbeing and understand more about the positive mental wellbeing of people in the region, the former North West Public Health Observatory (NWPHO) was commissioned to undertake the first North West Mental Wellbeing Survey.ⁱ The baseline findings of this survey enabled the ongoing measurement of average mental wellbeing in the population. Commissioners can use these findings as evidence to help evaluate local interventions and services.

In 2012/13, a repeat of the survey was commissioned to provide updated local and regional data.ⁱⁱ The NWPHO report provides a background, including policy context, to this survey.

In Lancashire, the survey was commissioned by each of the three legacy PCTs, NHS Lancashire Central, NHS Lancashire East and NHS North Lancashire PCTs and this reports presents the findings for Lancashire. These Lancashire findings and those presented in the former NWPHO reportⁱⁱ may be used to support local joint strategic needs assessments (JSNA) and commissioning of interventions to improve mental wellbeing.

Measuring mental wellbeing

A shorter version of the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) was used within the North West Mental Wellbeing Survey questionnaire.ⁱⁱⁱ

Methodology

1. The questionnaire

The former NWPHO designed and developed the 2012/13 North West Mental Wellbeing Survey questionnaire in collaboration with steering group members drawn from the local areas who commissioned the survey. The questionnaire includes the seven-item Warwick-Edinburgh Mental Wellbeing Scale (SWEMWBS, but referred to throughout this report as WEMWBS). In addition, the questionnaire asked about an individual's socioeconomic position, personal demographic information, lifestyle choices, financial situation, and social capital (a representation of community participation and sense of social cohesion). The questionnaire was based upon the 2009 version, with some questions removed or slightly amended (as a result of an evaluation of the original survey instrument), and new questions added based on areas of emerging interest. The full questionnaire, highlighted to show which questions were included across both survey years and which were new for 2012/13, is available in Appendix C of the NWPHO's 2013 report.ⁱⁱ

2. Sampling

2.1 Sample sizes and sampling method

Households were selected using a clustered random sample. The Post Code Address File (PAF) was the sampling frame as this provided an up-to-date list of all the households in the North West. Lower super output areas (LSOAs) were the primary sampling unit. An LSOA is the smallest geographic unit into which an area is divided, containing between 1,000 to 3,000 individuals and 400 to 1,200 households. The LSOAs were listed by quintile of deprivation from the Index of Multiple Deprivation (IMD) 2010, and a random selection of LSOAs was made for each quintile in line with their proportion in the local authority/PCT area. Households were then selected at random within the selected LSOAs. Individuals within the household were then selected on the basis of the person next having a birthday.

In Lancashire a total of 1,500 face-to-face interviews were undertaken with a household member using computer assisted personal interviewing (CAPI)¹. The computers allowed people to answer questions confidentially and anonymously and the survey was conducted within the Market Research Society's (MRS) Code of Conduct. Interviewers were given a letter to introduce the survey on the doorstep. This was signed by local directors of public health and displayed local NHS logos (see appendix B of NWPFO 2013 reportⁱⁱ). Fieldwork was conducted between September 2012 and March 2013.

The sample size for each local area needed to be sufficiently large enough to be able to provide a useful analysis of the geography of interest for each of the questions in the survey. A 'regionally representative' sample was also commissioned to gather information from the seven local authority areas in the North West that did not commission a survey.

Sample calculations to obtain representative sample surveys at a local level suggested 500 would be a sufficient sample size for populations of around 200,000 with an assumption of proportion of 0.5 and a 4.4% confidence interval². That is, we could be confident that for any response value the true answer could be +/- 4.4% of what is reported, or we could be 95% confident that we can attribute any given response to a question as being true of the population.

Table 1 lists the Lancashire areas sampled. Each commissioning area (legacy PCT) received their own dataset to allow them to conduct further analysis.

¹ The former NWPFO commissioned MRUK research to undertake the interviews. North West Mental Wellbeing Survey 2012/13

² Calculations from www.dssresearch.com/toolkit/spcalc/power_a2.asp North West Mental Wellbeing Survey 2012/13

Table 1. Survey samples by legacy PCT areas in Lancashire

Sample area	Sample coverage	Sample size	Total sample
Central Lancashire	Across PCT area	500	500
East Lancashire	Across PCT area	500	500
North Lancashire	Across PCT area	500	500

2.2 Weighting and confidence limits

A weighting variable was added to the survey dataset to equalise the sample characteristics with population characteristics, so the resulting analysis more accurately reflected the population under study. Every respondent that had a valid gender, age group and national IMD 2010 quintile entered in the dataset was assigned a weighting value.

When performing analysis on the weighted dataset only the respondents that have been assigned a weighting variable were included in the analysis. This meant a loss of a small number of respondents (0.3%) from the dataset.

During analysis, when subgroups of the population were compared, 95% confidence intervals³ were applied to the results to indicate where there were 'significant' differences.

Weighting calculation:

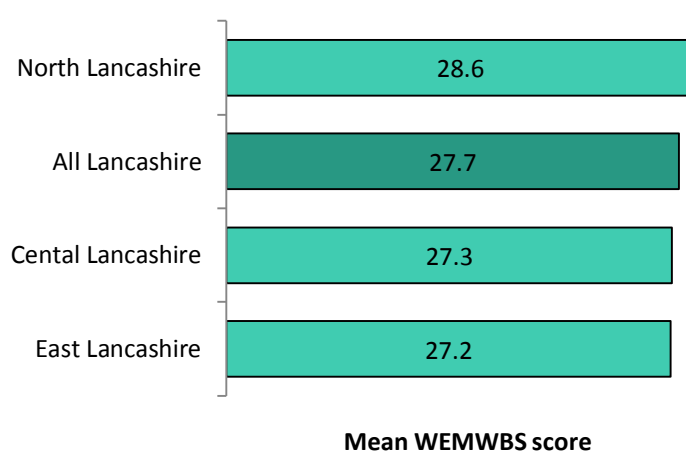
- A three-way crosstab (gender, age group, IMD 2010 quintile) was produced for the North West region. This was obtained from LSOA single year of age population estimates for 2010, which IMD 2010 quintiles had been matched with. The proportion of the total population that each cell represented was then calculated (for example, the proportion of the total population that males, aged 16-24 years, living in the least deprived quintile comprised)
- A three-way crosstab (gender, age group, IMD 2010 quintile) was also performed on the dataset. The proportion of the overall sample that each cell represented was then calculated
- For each subgroup (gender, age group, IMD 2010 quintile), the proportion of the population was divided by the proportion of the sample to produce weighting values.

³ Confidence intervals indicate the reliability of the survey results. Sample surveys are always subject to some error, but it is possible to be 95% confident that the true result for the particular population segment in question is within the confidence limits calculated. In other words, where one measure is 'significantly' higher or lower than another, we are 95% confident that this is not due to random error or chance.

Findings

Local mean WEMWBS scores were calculated for the areas that participated in the survey. A total WEMWBS score for each respondent was calculated by summing their responses to the seven WEMWBS questions. The highest possible score is 35 and the lowest is 7. The mean score for North West was 27.66 with a standard deviation of 5.04. The values for 2012/13 mean scores for the 3 legacy PCTs in Lancashire are presented in figure 1. Lancashire's mean WEMWBS score is similar to that of the North West's. Within Lancashire, North Lancashire has the highest mean WEMWBS score and East Lancashire has the lowest WEMWBS.

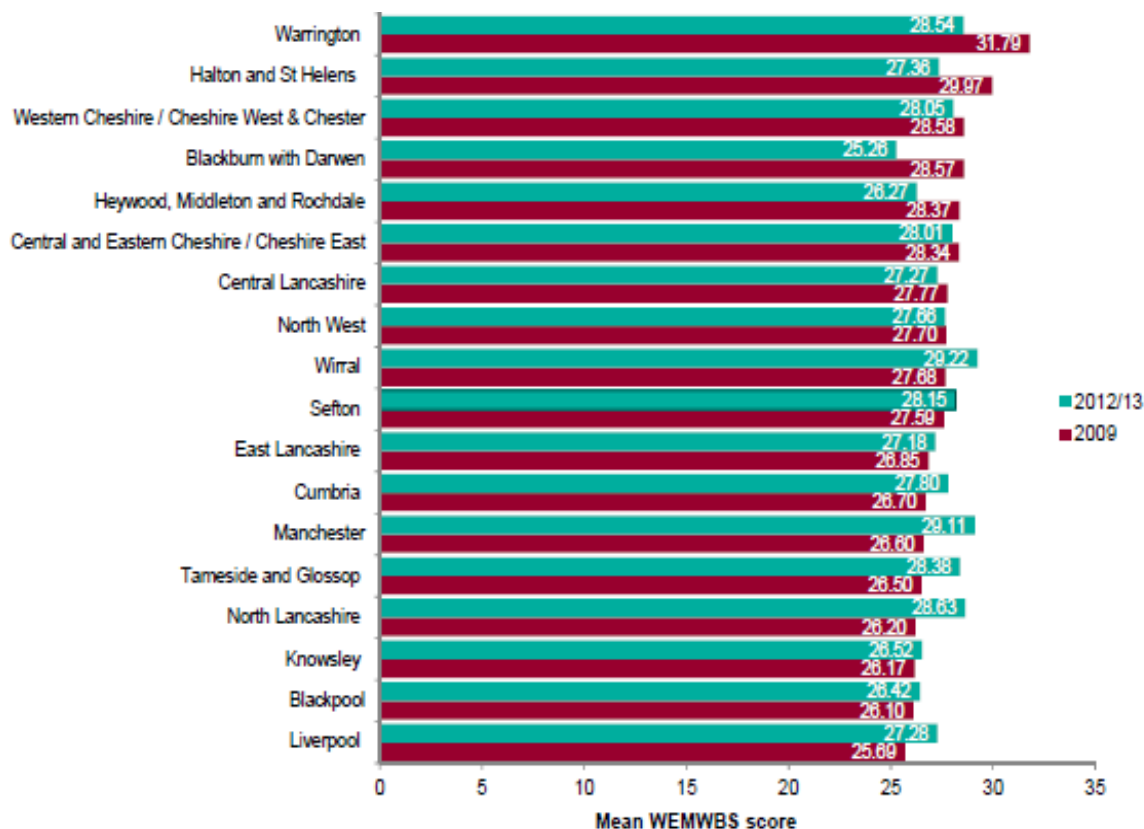
Figure 1. Mean WEMWBS scores, local areas. 2012/13



Base: all respondents (unweighted 1,490, weighted 1,480)

Figure 2 displays the North West comparison between the two survey years.

Figure 2. Mean WEMWBS scores, comparison of 2009 and 2012/13 local area results

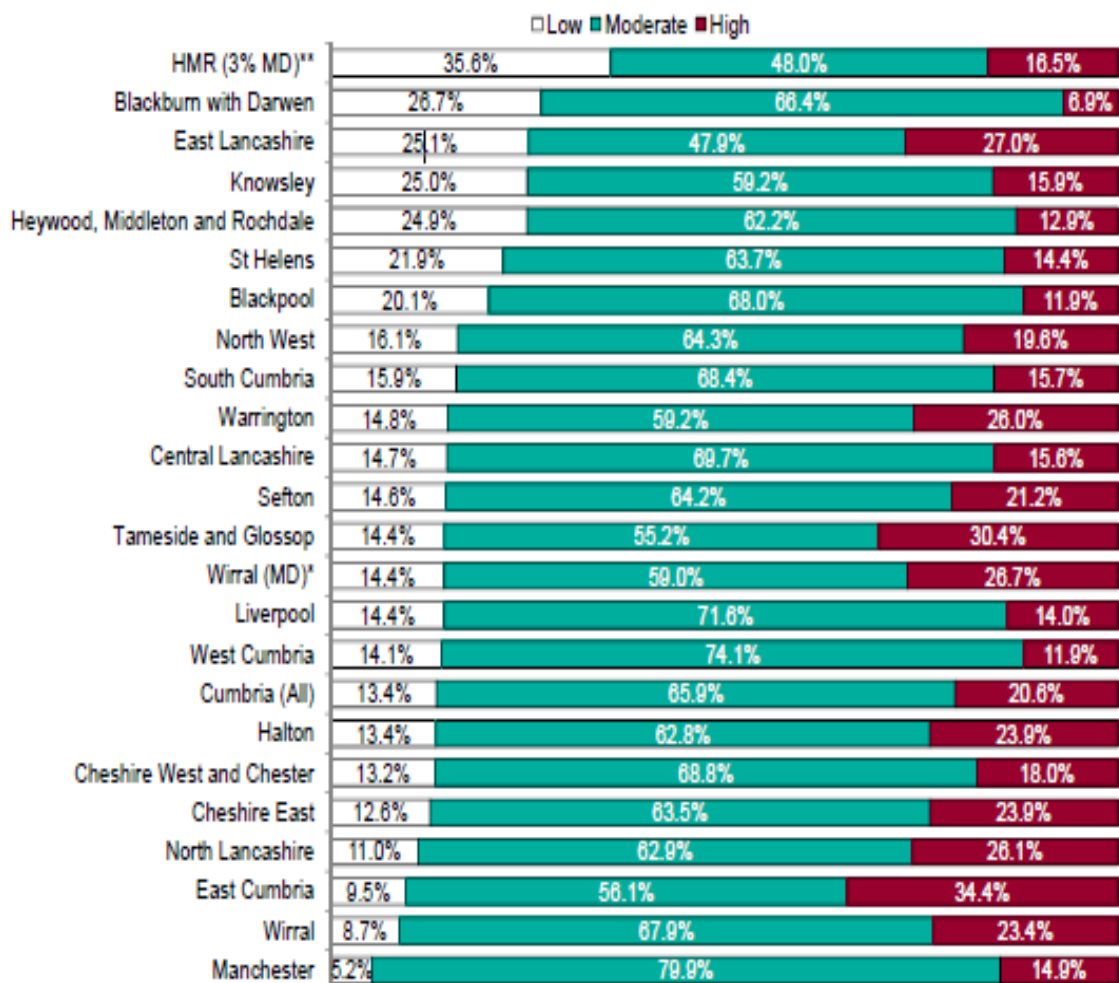


Source: North West Mental Wellbeing Survey 2012/13. Available at:
http://www.nwph.net/nwpho/Publications/NW%20MWB_PHE_Final_28.11.13.pdf

An alternative way to compare mental wellbeing levels in local areas is to assess the proportions of the population that have low, moderate or high mental wellbeing according to the North West cut-offs.

Figure 3 shows the proportion of respondents with low, moderate or high mental wellbeing by local areas. Within Lancashire, North Lancashire has the lowest proportion of low mental wellbeing and East Lancashire has the highest proportion (25.1%) of low mental wellbeing.

Figure 3. Proportion of respondents with low, moderate or high mental wellbeing by local areas. North West, 2012/13.



Source: North West Mental Wellbeing Survey 2012/13. Available at: http://www.nwph.net/nwpho/Publications/NW%20MWB_PHE_Final_28.11.13.pdf

3. Demographics

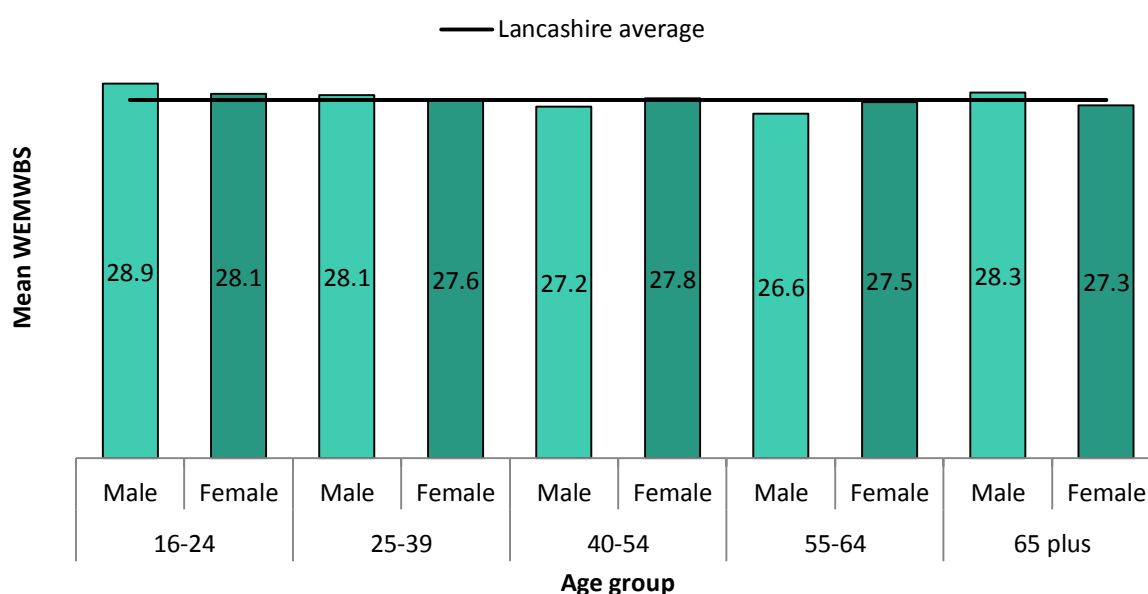
Age and gender

All respondents were asked for their age (in years) and gender (male, 48.8%; female, 51.2%). Responses were allocated to the following age groups; 16-24 years (14.4%), 25-39 years (21.1%), 40-54 years (26.3%), 55-64 years (15.8%) and 65+ years (22.4%). The results from the survey showed some evidence of a U-shaped relationship between age and mental wellbeing (that is, higher mental wellbeing among the younger and older age groups and lower mental wellbeing among the middle age

groups) which supports the findings from previous research. The relationship is clearer for males than females (figure 4).

In the age groups of 16-24, 25-39 and 65+, females had lower levels of mental wellbeing than their male counterparts of the same age group. However, in age groups 40-54 and 55-64, females had higher levels of mental wellbeing than their male counterparts of the same age group, although these differences between sexes were not significant.

Figure 4. Mean WEMWBS scores by gender and age group, 2012/13



Ethnicity

All respondents were asked to provide details of their ethnicity from a choice of 16 named ethnic categories⁴. Respondents from ethnic minorities included in the survey made up 6.3% of the total sample.

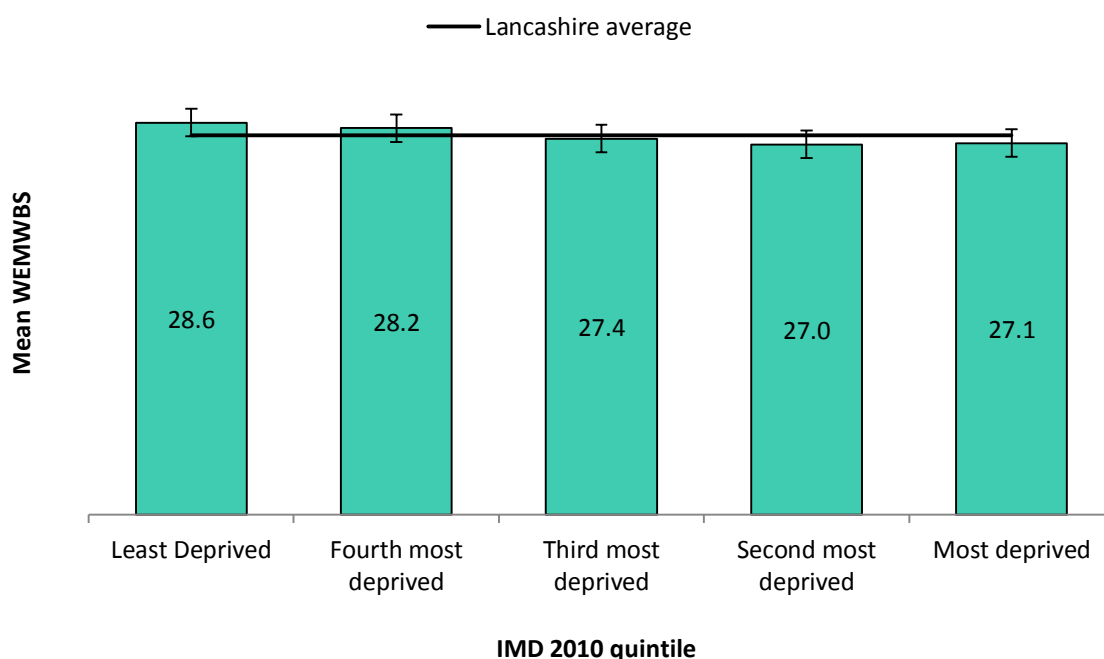
Deprivation

Respondents were allocated to an Index of Multiple Deprivation 2010 quintile, based on their lower super output area (LSOA) of residence. The average levels of mental wellbeing for respondents in the most deprived quintile are not significantly lower than

⁴ These included white British, white-Irish, white-Eastern European, white-other white background, mixed-white and black Caribbean, mixed - white and black African, mixed - white and Asian, mixed - any other mixed background, Asian or Asian British - Indian, Asian or Asian British - Pakistani, Asian or Asian British - Bangladeshi, Asian or Asian British - other Asian background, black or black British - Caribbean, black or black British - African, black or black British - other black background or Chinese.

the respondents in the least deprived quintile (figure 5). Respondents living in the least deprived quintile in Lancashire reported significantly higher mental wellbeing than the Lancashire average.

Figure 5. Mean WEMWBS scores by Index of Multiple Deprivation 2010 quintiles



Base: all respondents (unweighted 1,490, weighted 1,480)

4. Factors influencing mental wellbeing

The following section provides information about the survey questions, and the proportion of people who gave each response. Charts present mean WEMWBS scores for each question and error bars represent 95% confidence intervals. The Lancashire mean WEMWBS score is presented as a black line across each chart for comparison purposes.

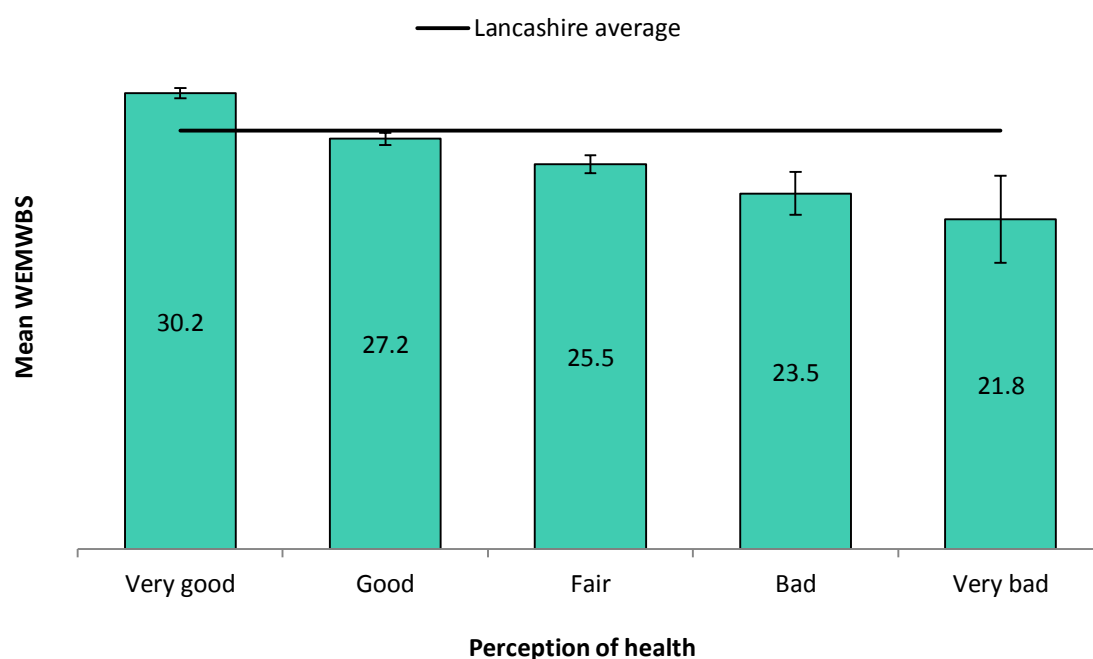
4.1 Health (physical and mental)

4.1.1 General health

Respondents were asked how their health was in general. Respondents stated their health was; very good (37.9%), good (34.4%), fair (21.6%), bad (4.8%), very bad (1.2%) and don't know (0.1%). Thus, 6% of respondents were in 'not good' health (stated they had bad or very bad health). There was a clear relationship between perceived health status and mental wellbeing, as respondents who said they had better

health tended to have better mental wellbeing (figure 6). The mean WEMWBS score ranged from 21.8 among those who rated their health as very bad to 30.2 among those who rated their health as very good. The mean WEMWBS score of respondents with very good health was significantly higher than the Lancashire mean (27.7), while fair, bad and very bad categories were significantly lower.

Figure 6. Mean WEMWBS scores by perceived health status, 2012/13



Base: all respondents (unweighted 1,490, weighted 1,480)

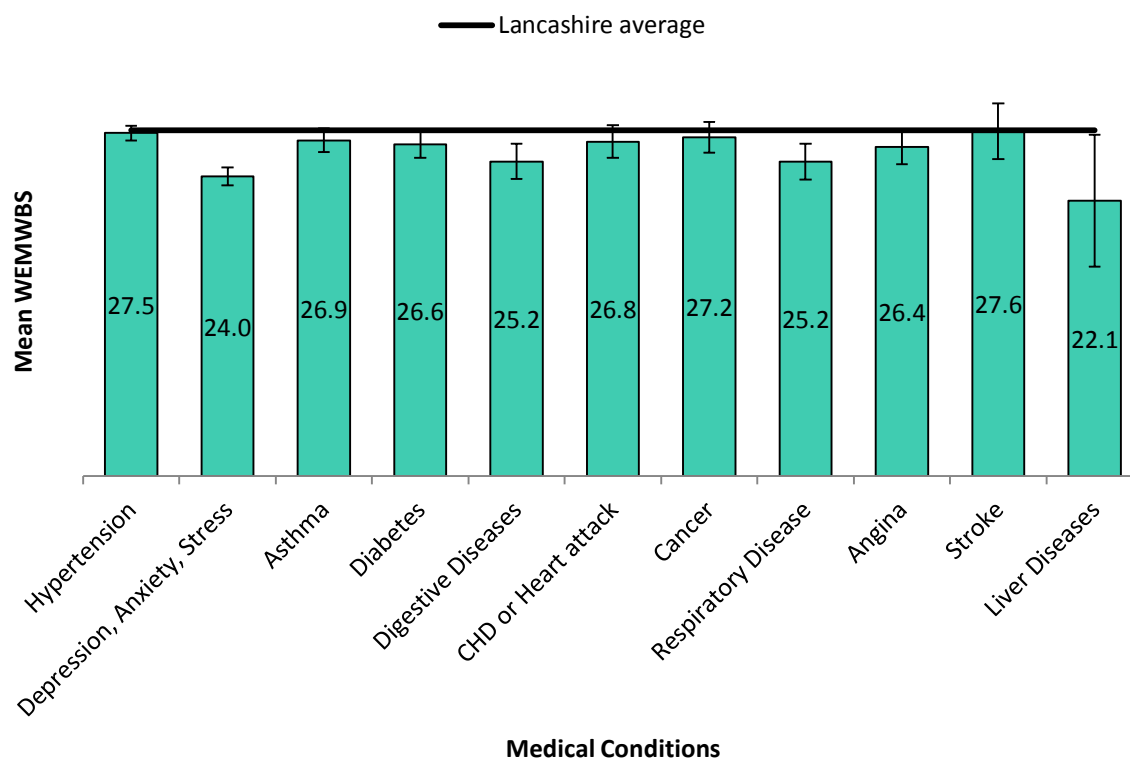
4.1.2 Medical conditions

Respondents were asked whether they had ever been told by a doctor or nurse that they had one of a list of 11 health conditions. Those who answered 'yes' were categorised as having a recorded condition. The most common recorded conditions among respondents were high blood pressure (hypertension, 19.8%) and depression, anxiety or stress (17.1%).

Other recorded conditions were; asthma (10.2%); diabetes (7.1%); digestive disease such as gastritis, ulcer, Crohn's disease, colitis (4.7%); coronary heart disease or heart attack (4.5%); cancer (4.5%); respiratory disease such as chronic bronchitis/emphysema/chronic obstructive pulmonary disease (4.0%); angina (3.7%); stroke (2.1%); and liver disease (0.8%). Those who were recorded as having liver disease had the lowest mean WEMWBS score (22.06) followed by those with depression, anxiety or stress (24.03). Mean WEMWBS was significantly lower than the Lancashire average in respondents recorded to have respiratory disease, digestive

disease (such as gastritis, ulcer, Crohn's disease, colitis) liver disease and depression, anxiety or stress (figure 7).

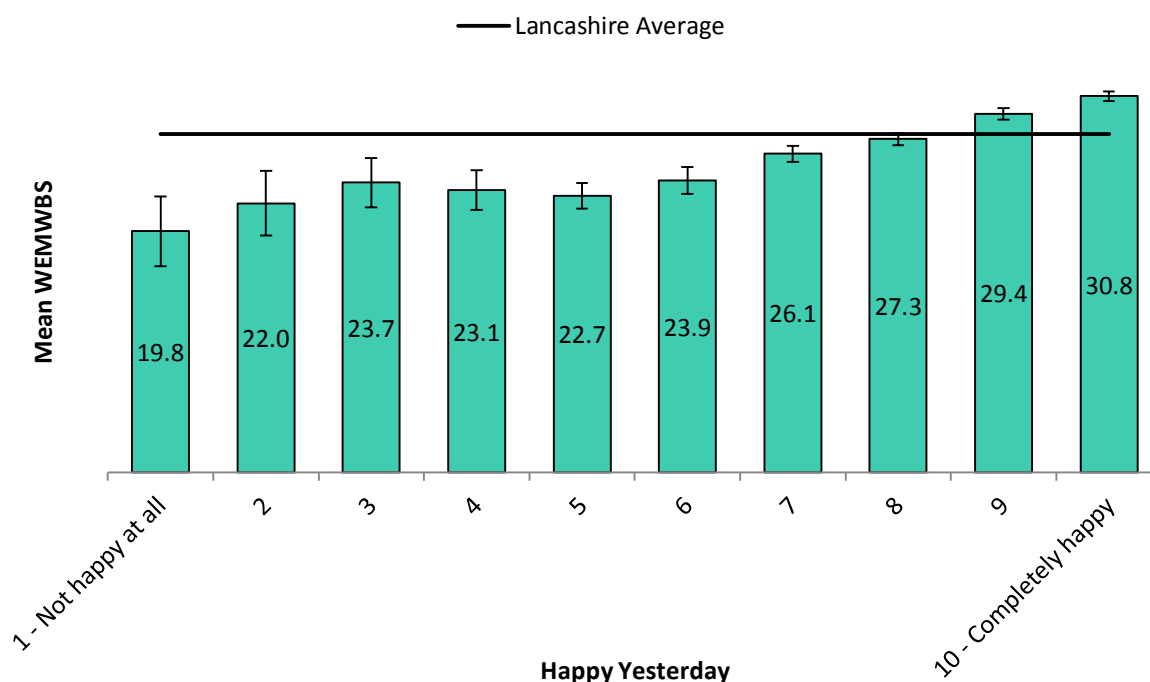
Figure 7. Mean WEMWBS score by reported medical conditions, 2012/13



Base: all respondents (unweighted 1,490, weighted 1,480)

4.1.4 Happy yesterday (ONS mental wellbeing question)

Respondents were asked to rate how happy they felt overall yesterday on a scale of 1 (not at all happy) to 10 (completely happy). There was a clear relationship between overall happiness and mental wellbeing, with mental wellbeing increasing with increasing 'happy yesterday' score (figure 6). The mean WEMWBS score ranged from 19.75 among those who said they were not at all 'happy yesterday', to 30.81 among those who said they were completely 'happy yesterday'. The mean WEMWBS score of respondents who selected 9 or 10 on the 'happy yesterday' scale was significantly higher than the Lancashire mean (27.7), while those who rated their happiness as 7 or less had significantly lower WEMWBS than the Lancashire mean (27.7).

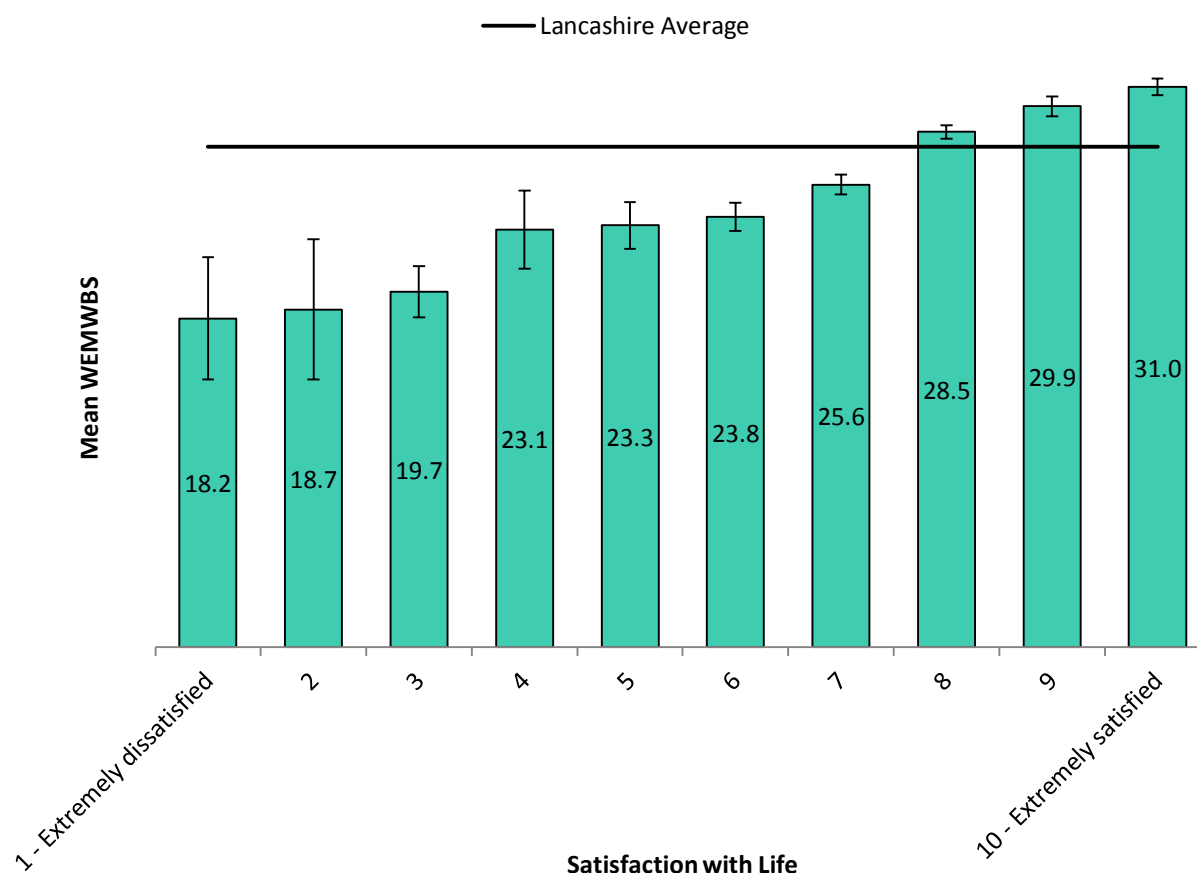
Figure 6. Mean WEMWBS score by 'happy yesterday' score, 2012/13

4.2 Satisfaction and sense of worth

4.2.1 Life satisfaction

Respondents were asked to rate how satisfied they felt with their life overall yesterday on a scale of 1 (extremely dissatisfied) to 10 (extremely satisfied). There was a clear, strong relationship between life satisfaction and mental wellbeing, with mental wellbeing increasing with increasing life satisfaction (Figure 7). The mean WEMWBS score ranged from 18.2 among those who said they were extremely dissatisfied with their life, to 31.0 among those who said they were extremely satisfied. The mean WEMWBS score of respondents who rated their satisfaction as an 8, 9 or 10 on the scale was significantly higher than the Lancashire mean (27.7), while those who rated their satisfaction as 7 or lower had a significantly lower WEMWBS score than the Lancashire mean.

Figure 7. Mean WEMWBS score by life satisfaction score, 2012/13



4.3 Lifestyle and life events

4.3.1 Activities

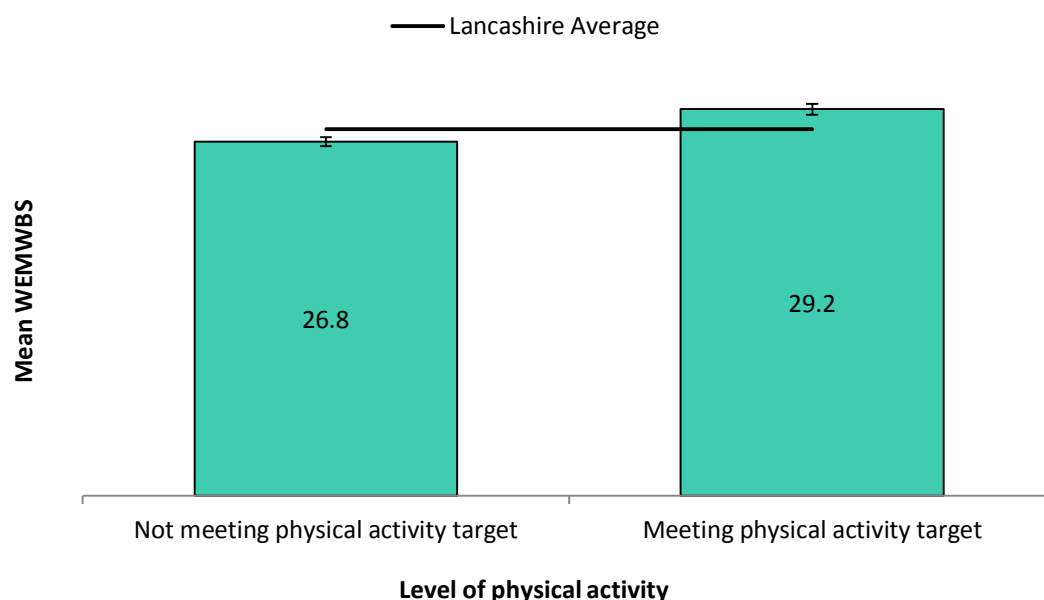
4.3.1.1 Physical activity

Respondents were asked how many days in the past week they had accumulated at least 30 minutes of moderate intensity physical activity. Responses were grouped to indicate whether they were achieving 30 minutes of moderate activity on at least five days. Those who reported activity on between 0 and 4 days were categorised as 'not meeting physical activity target' (61.9%), while those who reported activity on 5 to 7 days were categorised as 'meeting physical activity target' (37.7%).

The relationship between physical activity and mental wellbeing is clear (Figure 8). Respondents who are meeting the physical activity target had a significantly higher mean WEMWBS score than those who were not meeting the target (29.2 and 26.8 respectively). Those meeting the physical activity target have significantly higher

mental wellbeing as compared with the Lancashire mean (27.7), while those not meeting the target have significantly lower mental wellbeing.

Figure 8. Mean WEMWBS score by physical activity target, 2012/13



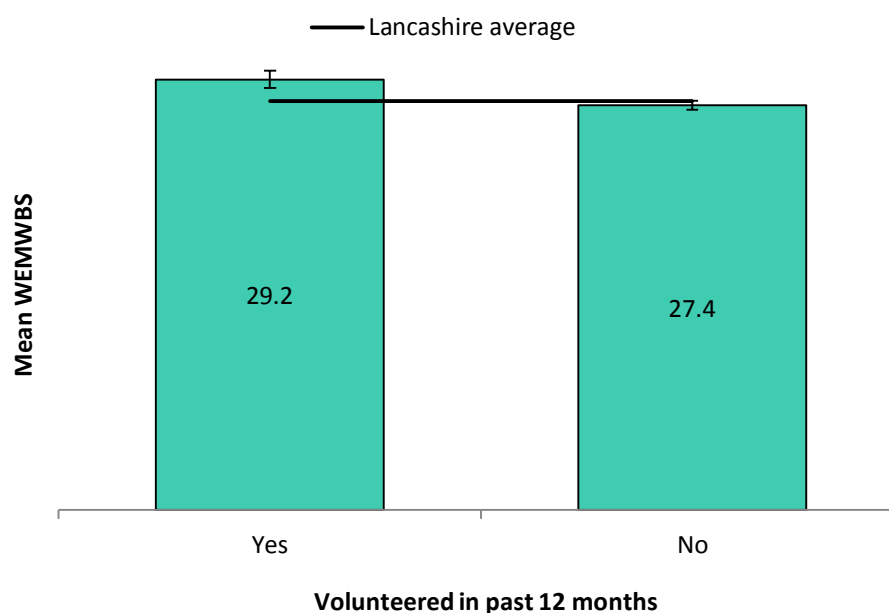
Base: all respondents (unweighted 1,490, weighted 1,480)

4.3.1.2 Voluntary work

All respondents were asked whether they had done any voluntary work for any groups, clubs or organisations in the past twelve months. Volunteering was defined as any unpaid work done to help people besides your family or friends or people you work with. Responses were yes (16.3%) and no (83.7%).

Respondents who said that they had done some voluntary work in the last year reported a significantly higher level of mental wellbeing than those who had done no volunteering (mean WEMWBS scores of 29.2 and 27.4 respectively; figure 9). The mean scores among those who had volunteered in the last twelve months were also significantly higher than the Lancashire mean (27.7).

Figure 9. Mean WEMWBS score by volunteering for groups, clubs or organisations in the past 12 months, 2012/13

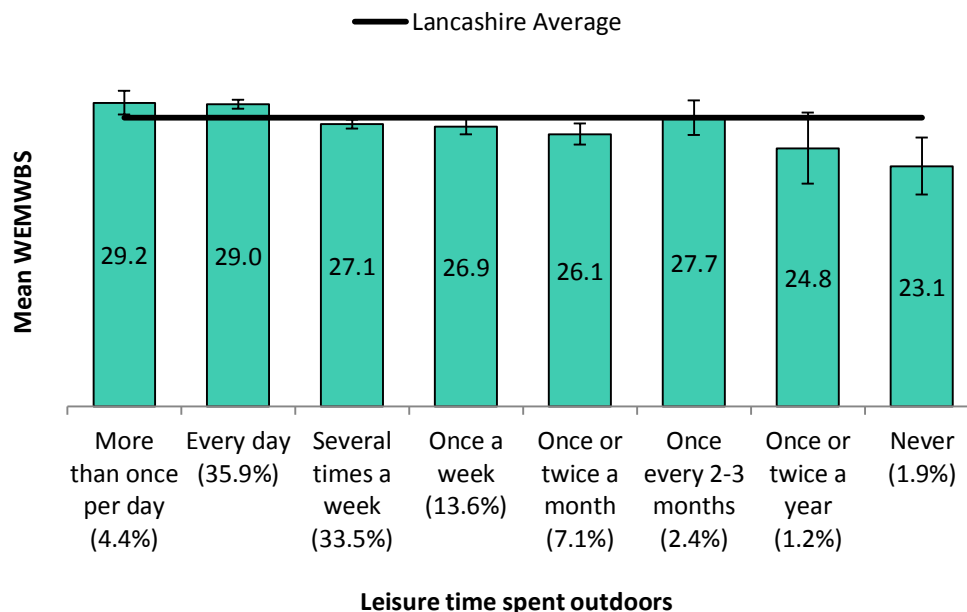


Base: all respondents (unweighted 1,490, weighted 1,480)

4.3.1.3 Natural environment

Respondents were asked to think about how often on average, in the last 12 months, they had spent their leisure time out of doors. Out of doors was defined as open spaces in and around towns and cities, the coast and the countryside. Respondents were told that time spent could be anything from a few minutes to all day and may include time spent in one's own garden, close to home, further afield or while on holiday. However, this definition did not include routine shopping trips. Responses given were more than once per day (4.4%), every day (35.9%), several times a week (33.5%), once a week (13.6%), once or twice a month (7.1%), once every 2-3 months (2.4%), once or twice a year (1.2%) or never (1.9%).

The results show that those who spent leisure time out of doors more than once per day (in the last 12 months) had the highest average levels of mental wellbeing (mean WEMWBS score 29.2) and those who never spent any leisure time outdoors had the lowest level of mental wellbeing (mean WEMWBS score 23.1). Levels of mental wellbeing among the two groups who spent their leisure time outdoors every day or more were all significantly higher than the Lancashire mean (27.7).

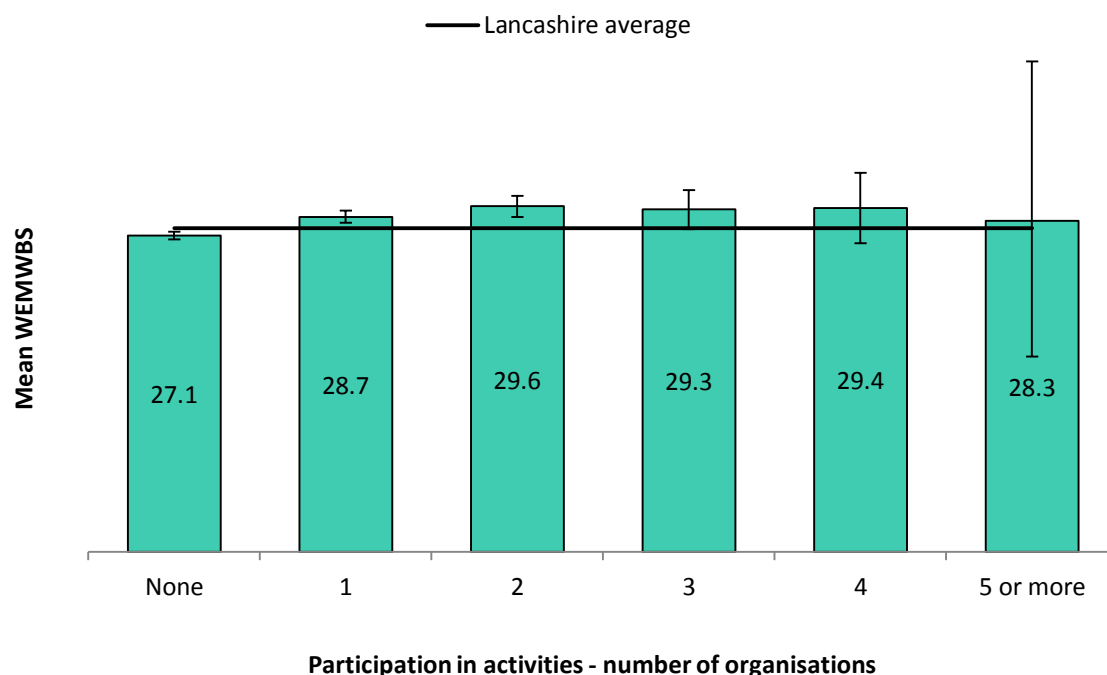
Figure 10. Mean WEMWBS score by leisure time spent out of doors, 2012/13

Base: all respondents (unweighted 1,490, weighted 1,480)

4.3.1.4 Participation in activities

Respondents were asked whether they join in the activities of any organisations on a regular basis, and those organisations which they listed were counted. The majority of respondents did not participate in the activities of any organisation (83.7%). There was a moderate relationship between the number of organisations joined and mental wellbeing, with higher levels of mental wellbeing among those who participate in the activities of at least one organisation (Figure 11). The mean WEMWBS score ranged from 27.1 among those who didn't join in the activities of any organisations, to 29.4 among those who joined in the activities of four organisations. The level of mental wellbeing among those who didn't join in the activities of any organisations was significantly lower than the Lancashire mean (27.7).

Figure 11. Mean WEMWBS score by participation in organisations, 2012/13



Base: all respondents (unweighted 1,490, weighted 1,480)

4.3.2 Substance use

4.3.2.1 Alcohol

Respondents were asked how often they drank alcohol and how much alcohol they consumed (if any) each day of the week. Based on this information, individuals were classified into the following drinking categories; abstainer (28.5%), lower risk (57.3%)⁵, increasing risk (10.9%)⁶ and higher risk (3.4%)⁷. The proportion of abstainers reported here are higher than the synthetic estimates⁸ for the North West presented in the Local Alcohol Profiles for England (LAPE – www.lape.org.uk, 15.4%), while all other categories are lower (LAPE lower risk (75.5%), increasing risk (19.9%) and higher risk (6.6%)).

⁵ Those engaged in lower risk drinking, defined as consumption of less than 22 units of alcohol per week for males, and less than 15 units of alcohol per week for females.

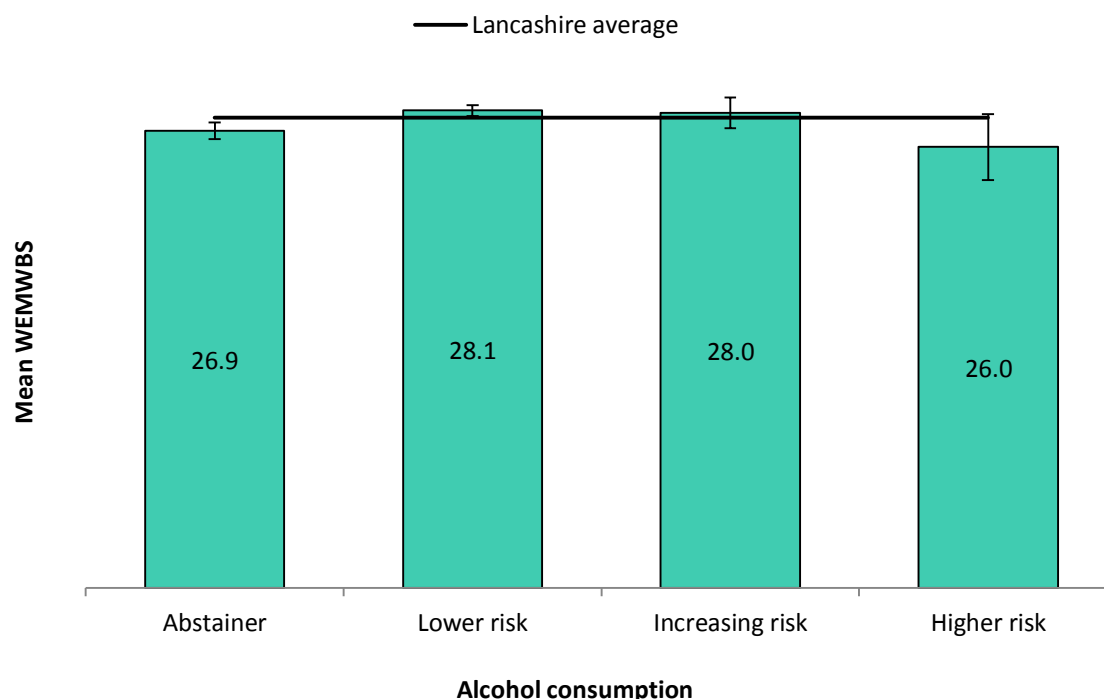
⁶ Those engaged in increasing risk drinking, defined as consumption of between 22 and 50 units of alcohol per week for males, and between 15 and 35 units of alcohol per week for females.

⁷ Those engaged in higher risk drinking, defined as more than 50 units of alcohol per week for males, and more than 35 units of alcohol per week for females.

⁸ Mid 2009 synthetic estimates were derived from a statistical model developed to estimate the percentage of abstainers, lower risk, increasing risk and high risk drinkers in local authority populations. Details of methodology can be found in the online User Guide at www.lape.org.uk

Abstainers reported significantly lower mental wellbeing (mean WEMWBS score 26.9) than lower risk drinkers (28.1). Higher risk drinkers are the group with the lowest mean WEMWBS score overall (26.0; figure 12). The highest mean WEMWBS score was among lower risk drinkers (28.1). Compared with the Lancashire mean (27.7), lower risk drinkers had significantly higher mental wellbeing levels, while abstainers had significantly lower mental wellbeing.

Figure 12. Mean WEMWBS score by alcohol consumption, 2012/13



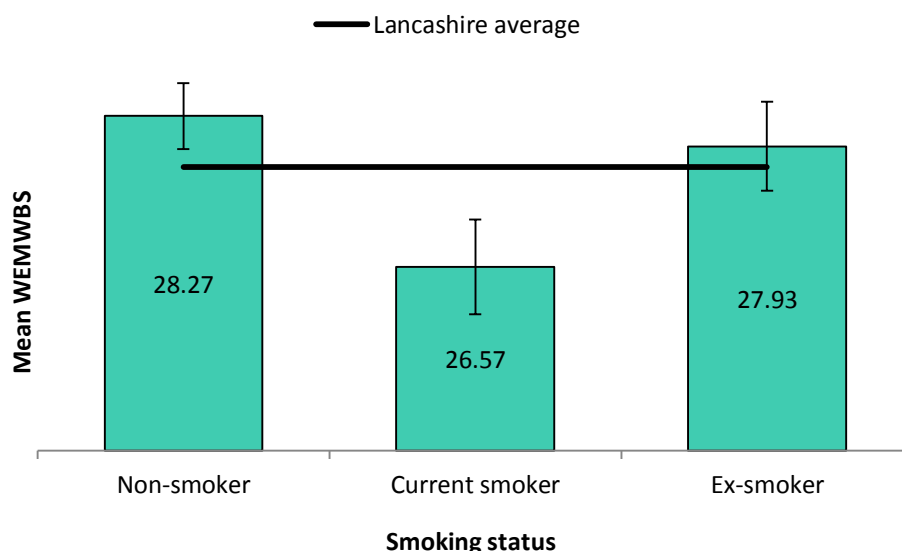
Base: all respondents (unweighted 1,490, weighted 1,480)

4.3.2.2 Smoking

Respondents were asked their smoking status and respondents were classified as non-smokers (44%), current smokers (28.3%) or ex-smokers (27.7%). The proportion of current smokers is higher than that reported for the North West in the 2011 General Lifestyle Survey (21%).

Current smokers had lower mental wellbeing than both non-smokers and ex-smokers, while non-smokers had the highest mental wellbeing across the three categories (figure 19). The mean WEMWBS score ranged from 26.6 among current smokers to 28.3 among non-smokers. The mean WEMWBS score of non-smokers was significantly higher than the Lancashire mean (27.7), while the mean score for current smokers was significantly lower.

Figure 13. Mean WEMWBS score by smoking status, 2012/13



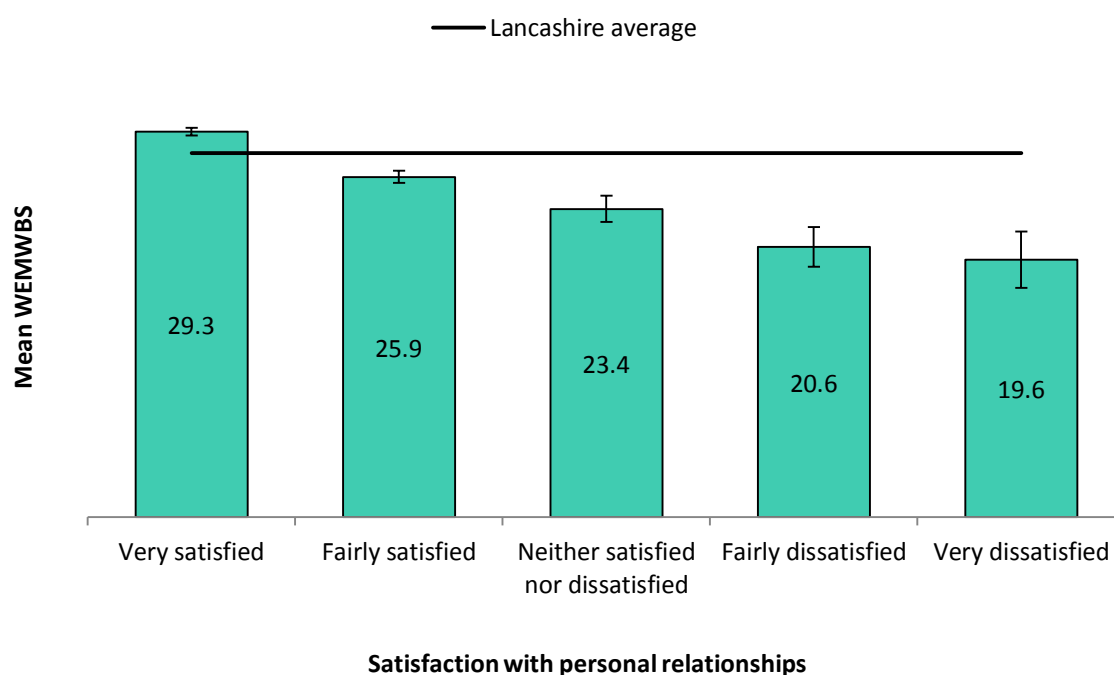
Base: all respondents (unweighted 1,490, weighted 1,480)

4.4 Social connections

4.4.1 Relationships

Respondents were asked how satisfied they were with their personal relationships and reported that they were very satisfied (63.7%), fairly satisfied (24.4%), neither satisfied nor dissatisfied (7.6%), fairly dissatisfied (2.3%), very dissatisfied (1.4%) or they didn't know (0.5%).

There was a relationship between satisfaction with personal relationships and mental wellbeing, with mental wellbeing increasing as satisfaction with personal relationships increased (figure 14). The mean WEMWBS score ranged from 19.6 among those very dissatisfied with their personal relationships, to 29.3 among those who were very satisfied with their personal relationships. The mean WEMWBS score of respondents who were very satisfied with their personal relationships was significantly higher than the Lancashire mean (27.7), while all other categories were significantly lower.

Figure 14. Mean WEMWBS score by satisfaction with personal relationships, 2012/13

4.4.2 Social interaction

Respondents were asked two questions regarding social interaction: how often they talk to their neighbours; and how often they meet friends or relatives (not living with them). Responses are detailed below.

Table 2. Frequency of social interaction.

	Talk to neighbours	Meet friends or relatives
On most days	32.9%	46.4%
Once or twice a week	40.8%	41.0%
Once or twice a month	13.5%	8.1%
Less often than once a month	6.2%	3.7%
Never	6.6%	0.8%

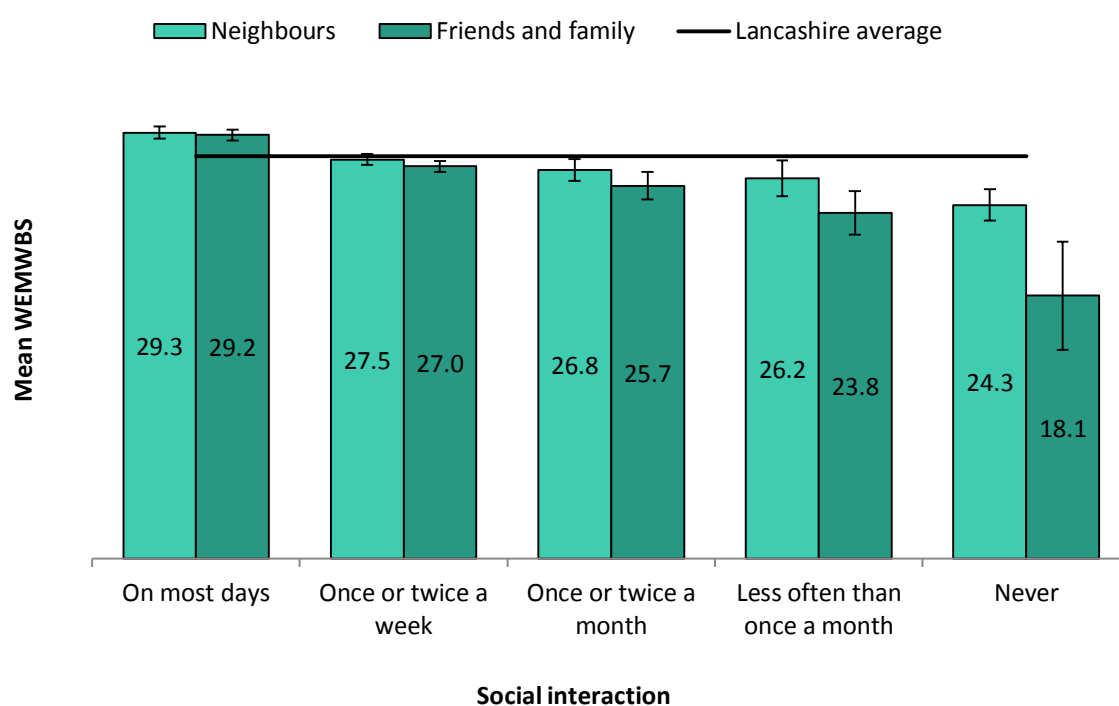
There was a clear relationship between both measures of social interaction and mental wellbeing, with mental wellbeing increasing as frequency of social interaction increased. The relationship was stronger for interaction with friends and family than it was for talking to neighbours. The mean WEMWBS score for social interaction with friends and family ranged from 18.1 among those who never interacted, to 29.2 among those who interacted on most days. This range was smaller for social interaction with

neighbours, with a mean WEMWBS score of 24.3 among those who never interacted, to 29.3 among those who interacted on most days.

The mean WEMWBS score of respondents who scored both questions as 'on most days' was significantly higher than the Lancashire mean (27.7). For social interaction with friends and family all other categories were significantly lower than the Lancashire mean. For social interaction with neighbours, the score of 'once or twice a month' or less often were all significantly lower than the Lancashire mean.

From looking at figure 15, it can be seen that never meeting with friends and family is linked to the lowest mental wellbeing score. This is significantly lower than the mean mental wellbeing for any other social interaction. However, only a very small amount of respondents answered that they never meet with friends and family (0.8%).

Figure 15. Mean WEMWBS score by social interaction, 2012/13



Base: all respondents (unweighted 1,490, weighted 1,480)

4.4.3 Social support

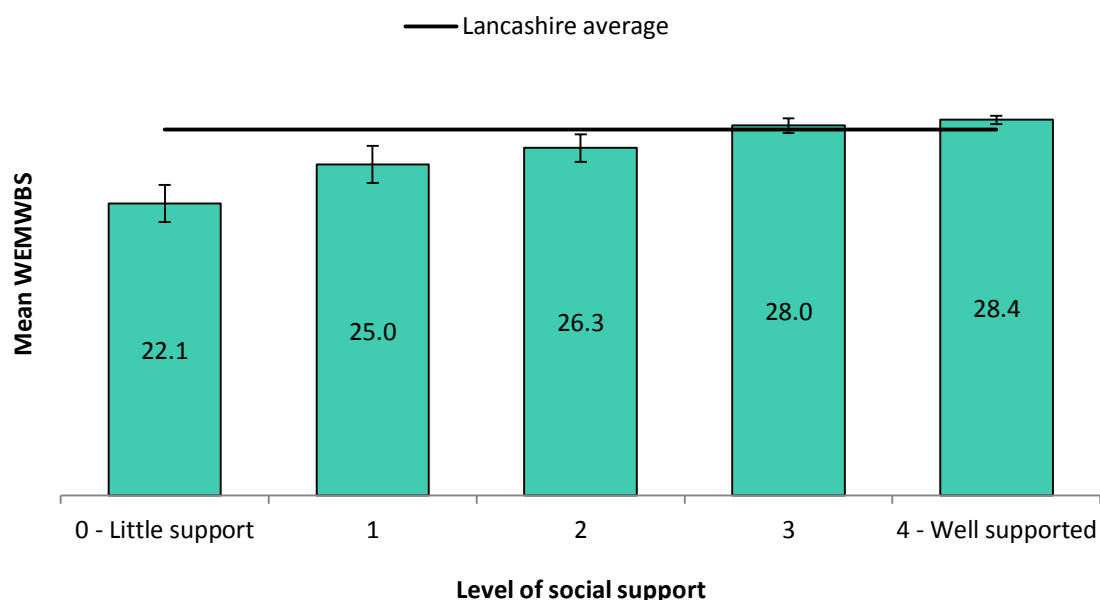
Respondents were asked whether they would ask for help from people they can turn to for comfort and support. They were given the following four situations: you need a lift to be somewhere urgently; you are ill in bed and need help at home; you are in financial difficulty and need to borrow £100; or if you had a serious personal crisis. Response options were yes, no or don't know/it depends.

Table 3. Social support by situation.

	Yes	No	Don't know/it depends
Need a lift to be somewhere urgently	86.3%	7.8%	5.9%
Ill in bed and need help at home	85.9%	7.3%	6.8%
In financial difficulty and need to borrow £100	70.2%	17.0%	12.8%
Serious personal crisis: people you can turn to for comfort and support	91.2%	4.9%	3.9%

A total 'perception of social support' score (ranging from 0-4) was generated by allocating 'yes' responses a value of 1, while no/don't know responses were scored 0. A total score of 0 suggests little social support, while a score of 4 suggests the respondent is being well supported.

There was a clear relationship between perceived social support and mental wellbeing, with higher levels of mental wellbeing seen as social support increased (figure 16). Mean WEMWBS score ranged from 22.1 among those who scored 0 (little support), to 28.4 for those who scored 4 (well supported). Respondents who scored 4 reported significantly higher mean WEMWBS scores than the Lancashire mean, while social support scores of 0-2 were significantly lower.

Figure 16. Mean WEMWBS score by social support, 2012/13

Base: all respondents (unweighted 1,490, weighted 1,480)

Those respondents who live in a lone adult household (48%) or a lone parent household (14%) are more likely to be experiencing little social support.

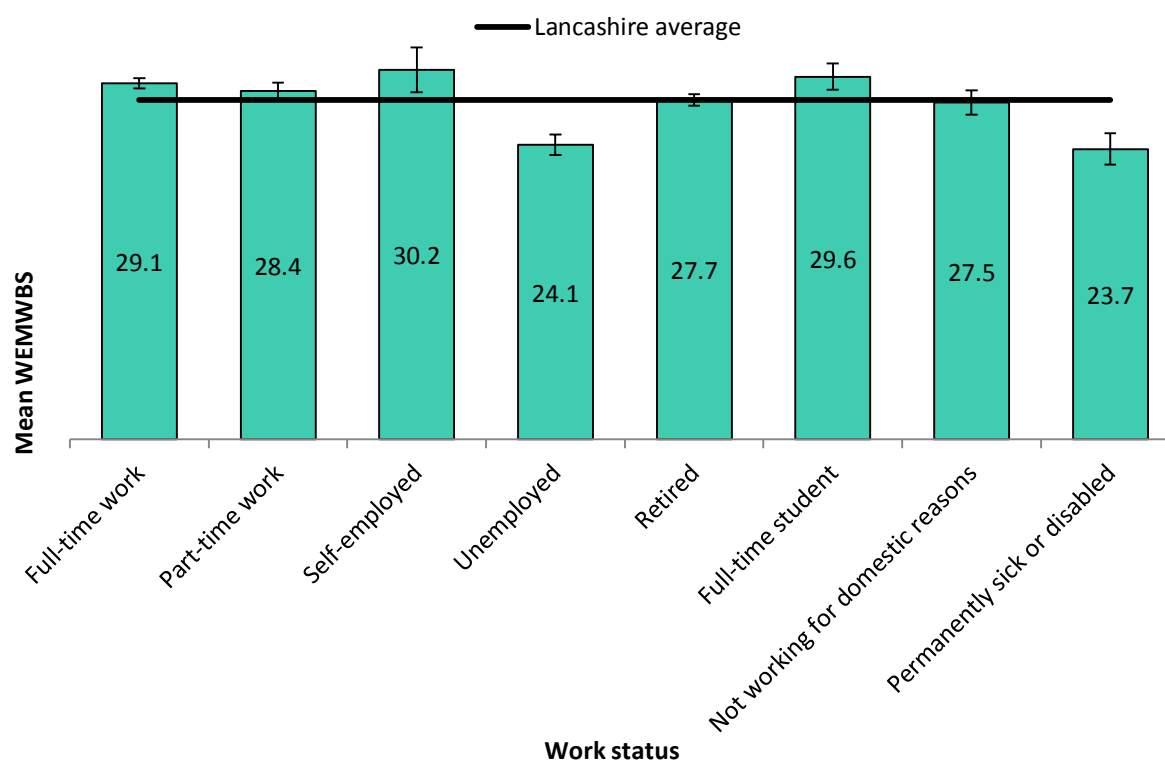
4.5 Employment and finances

4.5.1 Working status of respondent

Respondents provided information about their working status. Response categories were; paid work full-time (29.5%); paid work part-time (10.3%); self-employed (2.1%); full-time student (5.5%), out of work registered unemployed and actively seeking work (6.9%); out of work, registered unemployed but not actively seeking work (1.7%); permanently sick or disabled (6.8%); not working for domestic reasons (7.3%); retired (28.8%) and other (1.2%). The two 'out of work, registered unemployed' categories were combined into an 'unemployed' category for the purposes of this analysis.

Overall, respondents who were self-employed had the highest levels of mental wellbeing (mean WEMWBS score 30.2), significantly higher than the Lancashire mean (27.7) (Figure 17). Full-time students (29.6) and those in full-time and part-time employment (29.1 and 28.4 respectively) also had mental wellbeing levels that were higher than the Lancashire mean. Those who were permanently sick or disabled had the lowest levels of mental wellbeing (23.7), significantly lower than the Lancashire mean. Those who were unemployed also had low levels of mental wellbeing (24.1), again lower than the Lancashire mean.

Figure 17. Mean WEMWBS score by working status of respondent, 2012/13



Base: all respondents (unweighted 1,490, weighted 1,480)

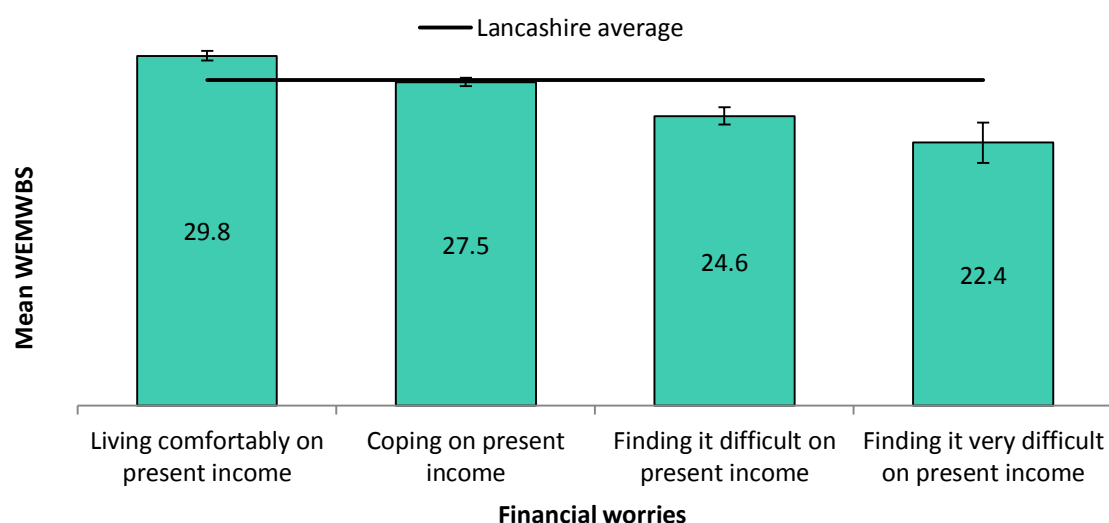
Respondents who were permanently sick or disabled (45%) or unemployed (28%) are more likely to have a low score on the five ways to wellbeing.

4.5.2 Financial worries

Respondents were asked which phrase best described their feelings about their current household income. Responses were; living comfortably on present income (31.7%), coping on present income (52.8%), finding it difficult on present income (11.8%) and finding it very difficult on present income (3.7%).

There was a clear relationship between financial worries and mental wellbeing, as financial worry increased, mental wellbeing decreased (Figure 18). Mean WEMWBS scores ranged from 29.76 for those living comfortably on present income, to 22.4 for those finding it very difficult on present income. The mean WEMWBS score of those living comfortably was significantly higher than the Lancashire mean (27.7), while no significant difference existed between respondents coping on present income and the Lancashire mean. Those finding it difficult or very difficult to cope on their present income had mental wellbeing levels significantly lower than the Lancashire mean.

Figure 18. Mean WEMWBS score by financial worries, 2012/13



Base: all respondents (unweighted 1,490, weighted 1,480)

4.6. Education

4.6.1 Qualification level

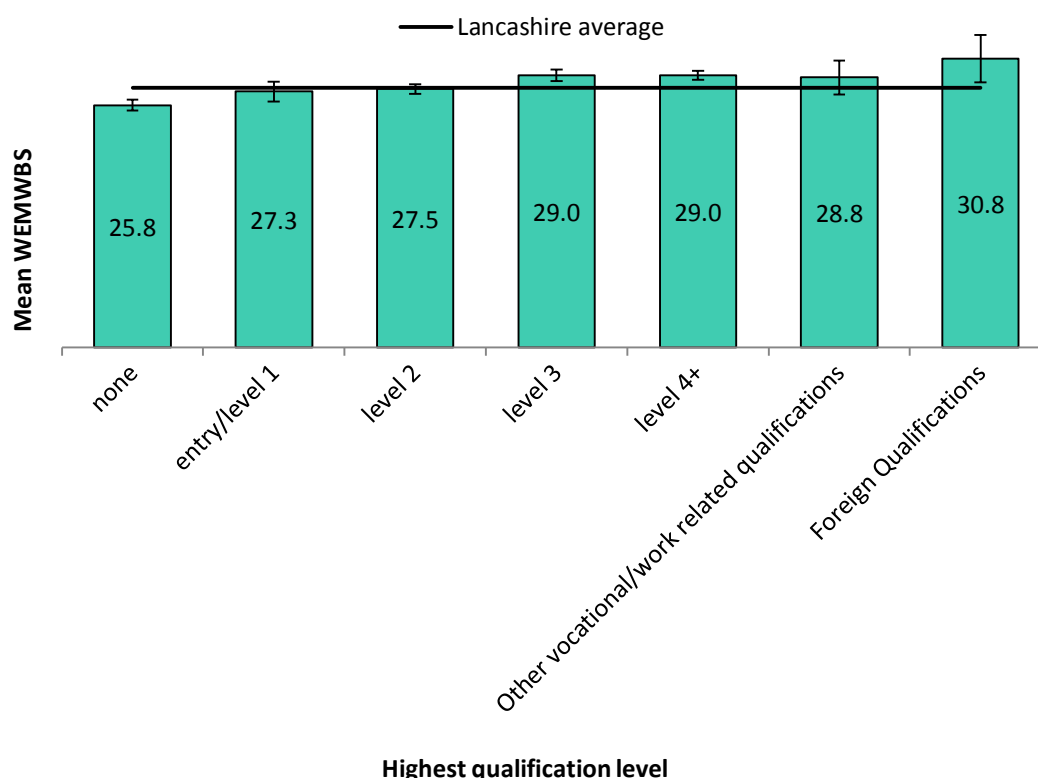
Respondents were asked a multi-response question⁹ to determine their overall highest qualification level. Where possible, National Qualifications Framework (NQF) qualification levels¹⁰ were used. Apprenticeships were classed as Level 2. If a respondent had other vocational/work related qualifications or foreign qualifications, but no other qualifications, they were not assigned a qualification level. Instead, these categories (other, foreign) were carried across as they were. The proportion of respondents in each qualification category were none (27.0%), entry/level 1 (7.0%), level 2 (23.6%), level 3 (17.3%), level 4+ (21.4%), other vocational/work related qualifications (2.6%) and foreign qualifications (1.0%).

The mental wellbeing of those with any form of qualification was significantly higher than those with none (figure 19). In general, those with higher qualification levels had higher levels of mental wellbeing. Those with level 3 or 4+ qualifications had significantly higher mean WEMWBS scores than those with entry/level 1 or 2. Those with foreign qualifications also had significantly higher mental wellbeing than those with entry/level 1 or 2. Mean WEMWBS scores were highest for respondents with foreign qualifications (30.8), and lowest for respondents with no qualifications (25.8). Compared with the Lancashire mean, those with no qualifications had mean WEMWBS scores that were significantly lower.

⁹ Qualification options were: None = No qualifications; Entry/Level 1 = 1+ O levels/CSEs/GCSEs (any grades), Basic Skills and/or NVQ Level 1, Foundation GNVQ AND no higher level qualification; Level 2 = 5+ O levels (any grade), CSEs (grade 1), GCSEs (grades A*-C), School Certificate, 1+ A levels / AS levels / VCEs and/or NVQ Level 2, Intermediate GNVQ City and Guilds Craft, BTEC First/General Diploma, RSA Diploma and/or Apprenticeship AND no higher level qualification; Level 3 = 2+ A levels, 4+ AS levels, Higher School Certificate and/or NVQ Level 3, Advanced GNVQ, City and Guilds Advanced Craft, ONC,OND, BTEC National, RSA Advanced Diploma AND no higher level qualification; Level 4+ = First Degree (eg BA, BSc), Higher degree (eg MA, PhD, PGCE) and/or NVQ Level 4-5, HNC, HND, RSA, Higher Diploma, BTEC Higher level and/or Professional Qualifications (eg nursing, teaching, accountancy); Other vocational/work related qualifications = Other vocational/work related qualifications AND no other qualification; Foreign qualifications = Foreign qualifications AND no other qualification.

¹⁰ For further information see: www.qcda.gov.uk/libraryAssets/media/qca-06-2298-nqf-web.pdf

Figure 19. Mean WEMWBS score by highest qualification level, 2012/13



Base: all respondents (unweighted 1,490, weighted 1,480)

4.7 Housing and environment

4.7.1 Accommodation

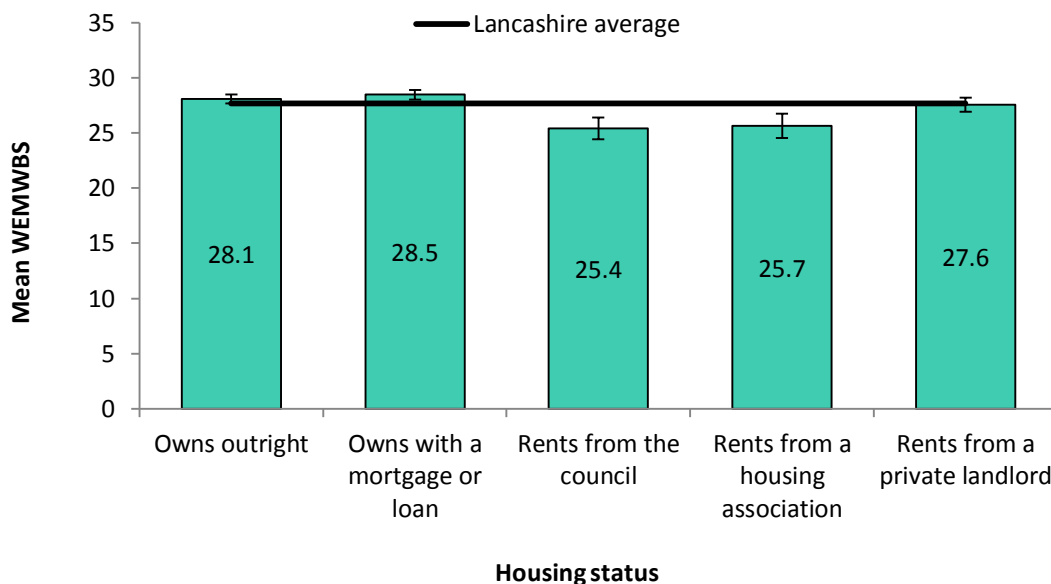
4.7.1.1 Home ownership

Respondents were asked whether they, or anyone living in their home, own or rent the accommodation in which they live. Responses were owns outright (32.5%), owns with a mortgage or loan (29.0%), pays part rent and part mortgage (shared ownership – 0.1%), accommodation is a residential home or student halls (0.2%), rents from the council (9.0%), rents from a housing association (7.7%), rents from a private landlord (20.3%) or other (1.3%). Due to small numbers, data for residential home or student halls, shared ownership or ‘other’ accommodation had wide confidence intervals and have, therefore, not been included here.

The highest mean WEMWBS score was for those who own their home with a mortgage or loan (28.5). For those respondents who rent their home, those who rent from a private landlord had significantly higher mean WEMWBS score (27.6) than those who rent from a housing association (25.7) or council (25.4).

Compared with the Lancashire mean (27.7), those who owned their home with a mortgage or loan had significantly higher levels of mental wellbeing, while those who rented their home from council or housing association had significantly lower mental wellbeing levels.

Figure 20. Mean WEMWBS score by home ownership status, 2012/13

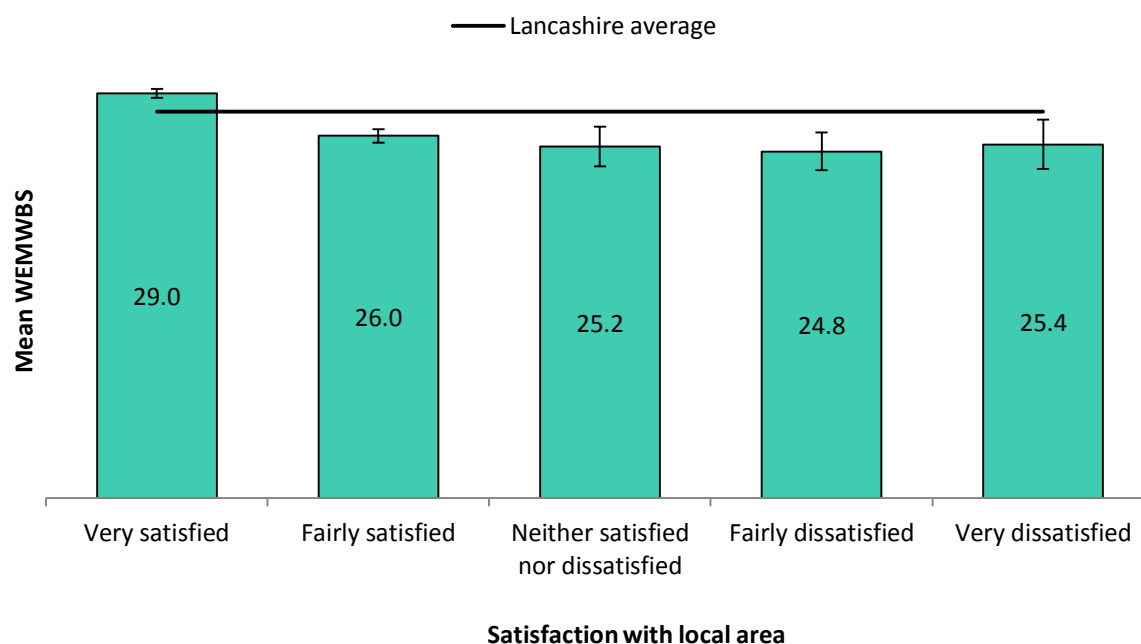


4.7.2 Local area

4.7.2.1 Satisfaction with local area

Respondents were asked about their satisfaction with the local area as a place to live, with response options very satisfied (60.2%), fairly satisfied (29.6%), neither satisfied nor dissatisfied (4.5%), fairly dissatisfied (4.1%) and very dissatisfied (1.5%).

Overall, respondents who were very or fairly satisfied with their local area as a place to live had significantly higher levels of mental wellbeing (mean WEMWBS scores of 29.0 and 26.0 respectively) than those who were fairly or very dissatisfied with their local area (mean WEMWBS scores of 24.8 and 25.4 respectively; (figure 21). Those who were very satisfied with their local area as a place to live had the highest mean WEMWBS score (29.0), significantly higher than all other categories and the Lancashire mean (27.7).

Figure 21. Mean WEMWBS score by satisfaction with local area, 2012/13

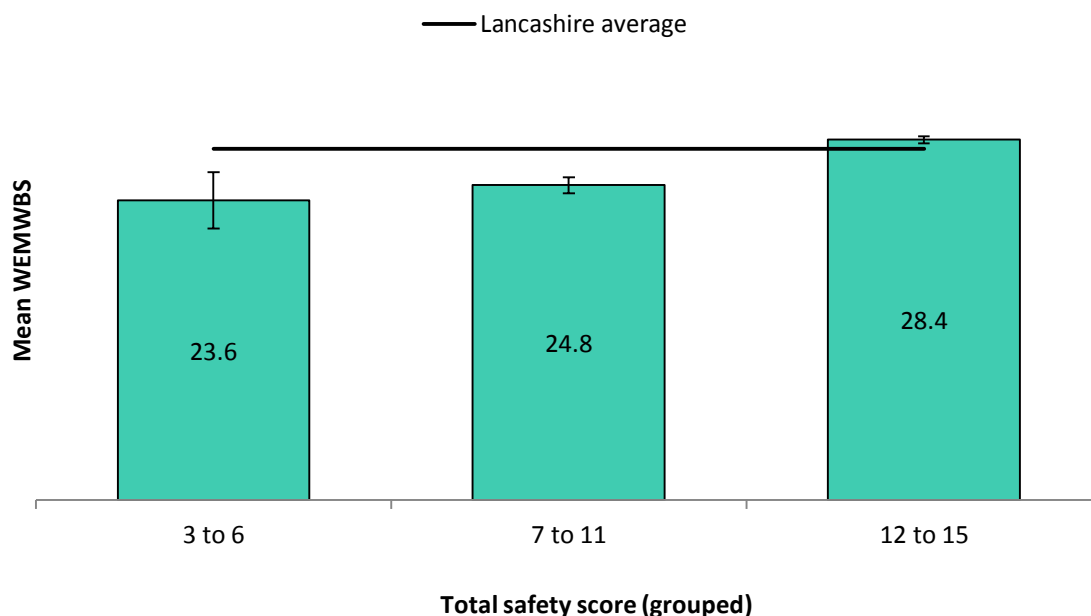
4.8 Personal security

4.8.1 Feelings of safety

All respondents were asked to rate how safe or unsafe they felt during each of three situations: including when outside after dark, outside during the day and home alone at night. There were five answer options for each scenario ranging from very safe, fairly safe, neither safe nor unsafe, fairly unsafe to very unsafe or don't know. The responses to each of these questions were then combined into a total safety score (ranging from 3 to 15) for each person (don't know responses were excluded). These responses were then grouped as scores of 3 to 6, 7 to 11 or 12 to 15.

The results show a clear association between feelings of total safety and mental wellbeing level, with mental wellbeing increasing as feelings of total safety increased (figure 22). Those respondents with the lowest total safety scores (3 to 6) had the lowest level of mental wellbeing (23.6) and those with the highest total safety scores (12 to 15) had the highest level of mental wellbeing (28.4), with each group being significantly different to each other. Across the three groups, only those with the higher safety scores (12 to 15) had mean WEMWBS scores that were significantly higher than the Lancashire mean (27.7).

Figure 22. Mean WEMWBS score by feelings of safety, 2012/13



Base: all respondents (unweighted 1,490, weighted 1,480)

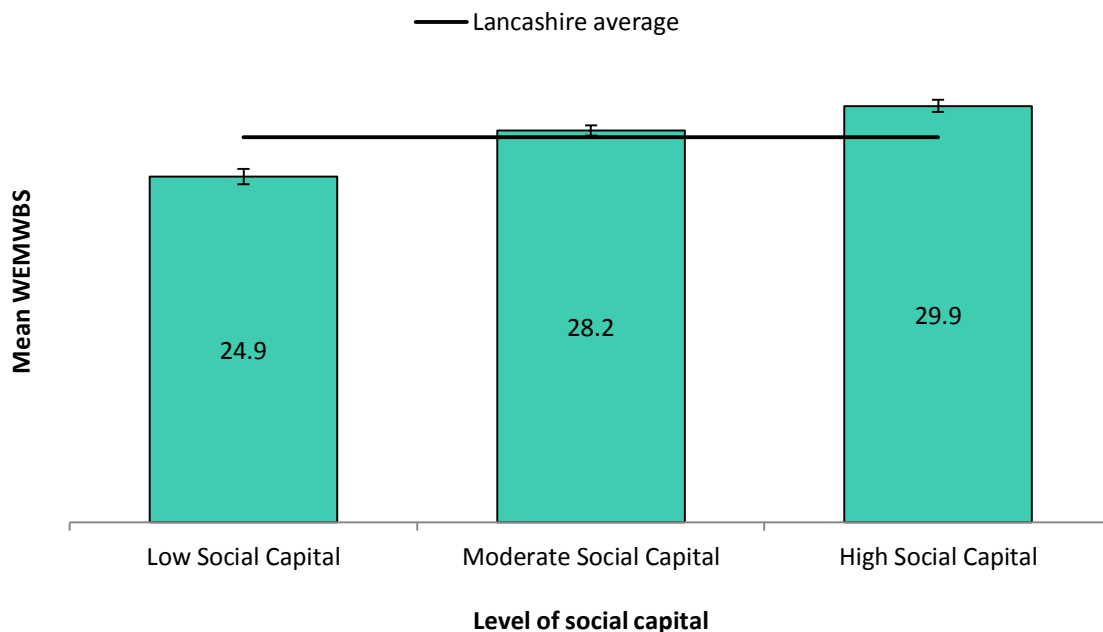
Social capital

5.1 Social capital analysis

5.1.1 Level of social capital by mean WEMWBS score

Analysing mean WEMWBS score by level of social capital reveals that levels of mental wellbeing increase with increasing social capital (figure 23). Respondents with high social capital had a mean WEMWBS score of 29.9, significantly higher than those with low or moderate social capital and higher than the Lancashire mean (27.7). Respondents in the low social capital category had a mean WEMWBS score of 24.9, significantly lower than those in the moderate and high categories and lower than the Lancashire mean. The mean WEMWBS scores for those in the moderate and high social capital categories were significantly higher than the Lancashire mean.

Figure 23. Level of social capital by mean WEMWBS score, 2012/13



Base: all respondents (unweighted 1,490, weighted 1,480)

Cluster analysis

The respondents were divided into five clusters based on the following variables:

- WEMWBS category – NW GOR region
- Q39. How often would you say that you've been worried about money in the last few weeks?
- Q22. How is your health in general?
- Social Capital
- Social Networks
- Civic Participation
- Social Cohesion

The cluster analysis produced 5 clusters:

Cluster 1 (21% of cases)

- High WEMWBS
- Most likely to say they never worry about money
- Most likely to say their health is very good
- High scores for Social Capital, Social Networks, Civic Participation and Social Cohesion

Cluster 2 (17.7% of cases)

- Moderate WEMWBS
- Most likely to say they only sometimes have worried about money in the last week weeks, also likely to say they never worry about money
- Most likely to say their health is very good
- Average scores for Social Capital, Social Networks, Civic Participation and Social Cohesion

Cluster 3 (19.1% of cases)

- Low WEMWBS
- Most likely to say they worry about money quite often but also likely to say they worry about money almost all the time
- Most likely to say that their health is fair, but also contains most of the people who said that their health is very bad
- Low scores for Social Capital, Social Networks, Civic Participation and Social Cohesion

Cluster 4 (28.1% of cases)

- Moderate WEMWBS
- Most likely to say they only sometimes have worried about money in the last week weeks, also likely to say they never worry about money
- Most likely to say their health is good but a large proportion say that their health is fair
- Similar average scores to cluster 2 for Social Networks and Civic Participation, but slightly higher moderate scores Social Capital and Social Cohesion

Cluster 5 (14.1% of cases)

- Moderate WEMWBS
- Most likely to say they worry about money quite often
- Most likely to say their health is good
- Slightly below average scores Social Capital, Civic Participation and Social Capital. Average score for Social Networks.

6.1 Description of clusters:

Cluster 1 – spread of ages, mean age 50, over two-fifths live in the most and second most deprived areas (41.6%), nearly three-quarters have no children in household (73.3%), over a quarter get 5 or more fruit and veg (27.6%), nearly three-fifths spend every day of their leisure time out of doors (57.8%), nearly three-fifths definitely agree they have time to spend doing things that they enjoy (57.8%), highest scores for social support, high safety grouped score.

Cluster 2 – spread of ages, mean age 49, over two-fifths live in the most and second most deprived areas (46.2%), over two-thirds have no children in household (70.7%), nearly a third quarter get 5 or more fruit and veg (30.8%), over four-fifths agree they have time to spend doing things that they enjoy (84.6%).

Cluster 3 – spread of ages, mean age 53, nearly three fifths live in the most and second most deprived areas (58.4%), nearly half have no qualifications (48.6%), over half rent (55.2%), over half are a one adult household - lone person/lone parent – (56.3%), nearly a third are out of work - unemployed/sick or disabled (32.2%), over a third are finding it difficult or very difficult on present income (35.0%), only about one in seven get 5 or more fruit and veg (14.7%), about a fifth have used cannabis (22%), nearly a fifth send over 8 hours sitting or reclining (18.4%), nearly two-fifths disagree they have time to spend doing things that they enjoy (36.7%), lower scores for social support, low safety grouped score.

Cluster 4 – over half of this cluster are 65+ (54.6%), mean age 62, nearly two-fifths live in the most and second most deprived areas (38.0%), nearly four-fifths don't have children in the household (82.2%), over three-fifths are retired (61.0%), nearly a quarter get 5 or more fruit and veg (23%), over four-fifths agree they have time to spend doing things that they enjoy (83.8%).

Cluster 5 – three fifths of this cluster are 25-54 (61.8%), mean age 44, over half live in the most and second most deprived areas (53.3%), over half of households have children – small family/large family/lone parent – (52.4%), nearly two-fifths are finding it difficult or very difficult on present income (37.3%), only about a sixth quarter get 5 or more fruit and veg (17%), about a fifth have used cannabis (19.3%), a quarter disagree they have time to spend doing things that they enjoy (25%).

References

ⁱ Deacon L, Carlin H, Spalding J, Giles S, Stansfield S, Hughes S, Perkins C & Bellis MA (2010). North West Mental Wellbeing Survey 2009. Liverpool: North West Public Health Observatory, Liverpool John Moores University.

ⁱⁱ Jones, A., Perkins, C., Stansfield, J., Mason, J., O'Keefe, M., McHale, P., Leckenby, N & Bellis, MA (2013). North West Mental Wellbeing Survey 2012/13. Liverpool: North West Public Health Observatory, Liverpool John Moores University.

http://www.nwph.net/nwpho/Publications/NW%20MWB_PHE_Final_28.11.13.pdf

ⁱⁱⁱ Stewart-Brown S, Tennant A, Tennant R, Platt S, Parkinson J and Weich S (2009). Internal construct validity of the Warwick-Edinburgh Mental Well-being Scale (WEMWBS): a Rasch analysis using data from Scottish Health Education Population Survey. *Health and Quality of Life Outcomes*, 7(15).

Appendix

Table 4 presents the 2012/13 results by different levels of mental wellbeing, for Lancashire overall. For example, in row 1 it is reported that overall in 2012/13, 37.9% of respondents reported having very good health. However, 10.6% of those with low mental wellbeing had very good health, compared with 35.9% of those with moderate mental wellbeing and 63.3% of those with high mental wellbeing.

Table 4. Lancashire results by levels of mental wellbeing

		Level of wellbeing Lancashire 2012/13			Lancashire average	North West average
Health (physical and mental)		Low	Moderate	High		
1	How is your health in general?: Very good	10.6%	35.9%	63.3%	37.9%	37.4%
2	How is your health in general?: Bad	11.2%	4.5%	1.2%	4.8%	5.3%
3	How is your health in general?: Very bad	4.6%	0.6%	0.0%	1.2%	2.0%
4	Mobility: No problems in walking about	71.0%	81.6%	90.8%	81.9%	83.4%
5	Mobility: I am confined to bed	0.2%	0.2%	0.0%	0.2%	0.1%
6	Self-care: I have no problems with self-care	89.3%	94.3%	99.1%	94.5%	95.2%
7	Self-care: I am unable to wash or dress myself	0.4%	0.2%	0.0%	0.2%	0.2%
8	Usual activities: I have no problems with performing my usual activities	70.3%	85.5%	93.5%	84.8%	86.1%
9	Usual activities: I am unable to perform my usual activities	1.4%	0.7%	0.7%	0.8%	1.4%
10	Pain/discomfort: I have no pain or discomfort	51.8%	70.5%	86.3%	70.9%	74.3%
11	Pain/discomfort: I have extreme pain or discomfort	7.6%	4.7%	2.8%	4.8%	4.1%
12	Anxiety/depression: I am not anxious or depressed	46.9%	86.7%	97.3%	82.4%	84.5%
13	Anxiety/depression: I am extremely anxious or depressed	10.8%	0.7%	0.3%	2.3%	2.8%
14	EQ-5D mean score	0.72	0.87	0.94	0.84	0.87
15	Happiness score: happy (those that gave a score of 7, 8, 9 or 10 where 1 = not at all happy and 10 = completely happy)	42.2%	86.9%	96.0%	81.4%	81.0%

16	Happiness mean score (where 1 = not at all happy and 10 = completely happy)	5.77	8.15	9.03	7.97	7.89
17	Anxiousness score: anxious (those that gave a score of between 4 and 10 where 1 = not at all anxious and 10 = completely anxious)	62.1%	22.4%	8.6%	26.1%	25.3%
18	Anxiousness mean score (where 1 = not at all anxious and 10 = completely anxious)	4.89	2.44	1.59	2.68	2.66
19	Been told by a doctor or nurse that you have high blood pressure (hypertension)	18.7%	20.8%	17.8%	19.8%	19.4%
20	Been told by a doctor or nurse that you have angina	5.9%	3.6%	2.6%	3.7%	3.7%
21	Been told by a doctor or nurse that you have coronary heart disease or heart attack	6.2%	4.4%	3.3%	4.4%	4.2%
22	Been told by a doctor or nurse that you have had a stroke	1.9%	2.2%	1.9%	2.1%	2.4%
23	Been told by a doctor or nurse that you have asthma	12.2%	10.2%	8.5%	10.2%	9.7%
24	Been told by a doctor or nurse that you have a respiratory disease	8.2%	3.4%	2.5%	4.0%	4.3%
25	Been told by a doctor or nurse that you have diabetes	9.8%	6.9%	5.8%	7.1%	6.7%
26	Been told by a doctor or nurse that you have a digestive disease	10.0%	4.0%	2.3%	4.6%	4.4%
27	Been told by a doctor or nurse that you have liver disease	2.5%	0.3%	0.7%	0.8%	0.7%
28	Been told by a doctor or nurse that you have cancer	5.5%	4.6%	3.8%	4.5%	3.8%
29	Been told by a doctor or nurse that you have depression, anxiety or stress	43.9%	14.1%	5.3%	17.1%	14.8%
30	Have heard of the five ways to wellbeing	13.5%	20.2%	28.2%	20.9%	23.9%
31	Life satisfaction score: satisfied (those that gave a score of 8, 9 or 10 where 1 = extremely dissatisfied and 10 = extremely satisfied)	22.1%	67.3%	89.2%	64.8%	66.4%
32	Life satisfaction mean score (where 1 = extremely dissatisfied and 10 = extremely satisfied)	5.97	7.95	8.82	7.86	7.88

33	Life worthwhile score: worthwhile (those that gave a score of 7, 8, 9 or 10 where 1 = not at all worthwhile and 10 = completely worthwhile)	44.5%	90.2%	94.8%	83.5%	84.8%
34	Life worthwhile mean score (where 1 = not at all worthwhile and 10 = completely worthwhile)	6.14	8.14	8.96	7.96	8.07
35	To what extent do you agree that you have time to do the things that you really enjoy?: Definitely agree	15.7%	34.8%	52.2%	35.6%	32.5%
36	To what extent do you agree that you have time to do the things that you really enjoy?: Tend to disagree	26.5%	14.8%	6.9%	15.0%	14.0%
37	To what extent do you agree that you have time to do the things that you really enjoy?: Definitely disagree	15.1%	5.9%	1.5%	6.5%	6.6%
38	Meeting physical activity target	22.3%	34.8%	56.6%	37.7%	27.1%
39	Time spent sitting or reclining on a typical day: Up to and including two hours	12.8%	17.1%	24.8%	18.2%	23.0%
40	Time spent sitting or reclining on a typical day: More than eight hours	20.8%	9.0%	3.0%	9.6%	7.7%
41	Voluntary work in the past 12 months	9.8%	16.2%	21.6%	16.3%	14.3%
42	Thinking about the last 12 months, how often, on average, have you spent your leisure time out of doors? (every day)	24.8%	33.3%	50.9%	35.9%	21.6%
43	Thinking about the last 12 months, how often, on average, have you spent your leisure time out of doors? (several times a week)	35.0%	36.3%	24.9%	33.5%	34.7%
44	Thinking about the last 12 months, how often, on average, have you spent your leisure time out of doors? (once or twice a month)	9.7%	7.6%	4.1%	7.1%	10.6%
45	Thinking about the last 12 months, how often, on average, have you spent your leisure time out of doors? (never)	5.3%	1.2%	1.1%	1.9%	2.5%

46	Current smoker≠	43.4%	26.3%	22.7%	28.3%	27.7%
47	Increasing risk drinker	11.2%	10.0%	13.0%	10.9%	10.4%
48	Higher risk drinker	6.4%	2.6%	3.1%	3.4%	3.7%
49	Cannabis use: used but not in last 12 months	15.3%	11.6%	9.4%	11.7%	11.6%
50	Cannabis use: used in the last month	4.4%	1.4%	3.4%	2.4%	3.0%
51	Abstainer	37.4%	27.4%	24.7%	28.5%	29.5%
52	Lower risk drinker	45.0%	60.0%	59.2%	57.3%	56.5%
53	Cannabis use: used in past 12 months	6.8%	2.4%	0.9%	2.8%	2.5%
54	Portions of fruit and vegetables eaten on a normal day (none)	11.5%	2.3%	5.7%	4.6%	4.6%
55	Portions of fruit and vegetables eaten on a normal day (five or more)	13.8%	22.7%	27.1%	22.2%	20.3%
56	Prefer foods that are good for my long-term health	39.8%	49.4%	50.3%	48.0%	46.5%
57	Prefer foods that make me feel good when I eat them	60.2%	50.6%	49.7%	52.0%	53.5%
58	Childhood happiness score: happy (those that gave a score of 8, 9 or 10 where 1 = extremely unhappy and 10 = extremely happy)	44.9%	70.4%	81.3%	68.6%	73.3%
59	Childhood happiness mean score (where 1 = extremely unhappy and 10 = extremely happy)	6.85	8.20	8.64	7.97	8.23
60	Childhood home violence score: free from violence (those that gave a score of 1, 2 or 3 where 1 = free from violence and 10 = very violent)	69.7%	90.1%	90.3%	86.7%	86.2%
61	Childhood home violence mean score (where 1 = free from violence and 10 = very violent)	2.83	1.73	1.71	1.86	1.95
62	Caring responsibilities: caring for someone with long term ill health or problems related to old age, other than as part of job	12.2%	10.4%	8.1%	10.1%	9.5%
63	Been pregnant, or got someone pregnant in the last 12 months	1.9%	5.3%	5.9%	4.9%	5.3%
64	Currently in a long term sexual relationship	41.1%	63.6%	69.5%	61.1%	59.2%

65	How often do you talk to any of your neighbours?: On most days	18.9%	30.9%	48.6%	32.9%	33.6%
66	How often do you talk to any of your neighbours?: Less often than once a month	9.2%	5.8%	5.0%	6.2%	6.5%
67	How often do you talk to any of your neighbours?: Never	14.3%	6.1%	2.0%	6.6%	4.7%
68	How often do you meet friends or relatives who are not living with you?: On most days	31.5%	42.7%	67.3%	46.4%	41.2%
69	How often do you meet friends or relatives who are not living with you?: Less often than once a month	8.3%	3.3%	1.3%	3.7%	3.2%
70	How often do you meet friends or relatives who are not living with you?: Never	3.8%	0.3%	0.0%	0.8%	1.1%
71	All things considered, how satisfied are you with your personal relationships?: Very satisfied	32.6%	63.9%	86.5%	63.7%	58.3%
72	All things considered, how satisfied are you with your personal relationships?: Fairly dissatisfied	10.1%	1.0%	0.0%	2.3%	1.9%
73	All things considered, how satisfied are you with your personal relationships?: Very dissatisfied	7.0%	0.3%	0.0%	1.4%	1.0%
74	Able to ask someone for help if needed a lift to be somewhere urgently	68.3%	89.8%	90.6%	86.3%	86.6%
75	Able to ask someone for help if ill in bed and need help at home	67.1%	88.9%	92.2%	85.9%	85.5%
76	Able to ask someone for help if in financial difficulty and need to borrow £100	55.0%	70.6%	80.4%	70.2%	70.6%
77	Have people to turn to for comfort and support if had a serious personal crisis	68.2%	95.1%	97.7%	91.2%	89.7%
78	Trust score: anxious (those that gave a score of 8, 9 or 10 where 1 = can't be too careful and 10 = most people can be trusted)	7.9%	26.1%	38.0%	25.7%	27.6%
79	Trust mean score where 1 = can't be too careful and 10 = most people can be trusted)	4.46	5.78	6.39	5.72	5.74

80	Working status of respondent: Paid work: full-time	12.5%	31.1%	37.8%	29.5%	32.3%
81	Working status of respondent: Self-employed	1.3%	1.5%	4.4%	2.1%	3.2%
82	Working status of respondent: Full-time education	3.6%	4.4%	9.9%	5.5%	4.6%
83	Working status of respondent: Out of work, registered unemployed and actively seeking work	16.1%	6.1%	2.0%	6.9%	6.7%
84	Working status of respondent: Out of work, registered unemployed but not actively seeking work	4.2%	1.6%	0.2%	1.7%	1.7%
85	Working status of respondent: Permanently sick or disabled	20.3%	4.2%	3.5%	6.8%	5.7%
86	Household economic status: Employed	19.1%	44.3%	52.8%	50.5%	61.5%
87	Household economic status: Unemployed	20.3%	7.7%	2.1%	8.6%	7.3%
88	Household economic status: Retired	30.8%	30.8%	21.0%	28.8%	22.5%
89	Household economic status: Full-time student	3.6%	4.4%	9.9%	5.5%	3.9%
90	Household economic status: Inactive (domestic)	7.1%	7.8%	5.9%	7.3%	1.6%
91	Household economic status: inactive (sick)	20.3%	4.2%	3.5%	6.8%	2.8%
92	Living comfortably on present income	12.6%	30.6%	48.6%	31.7%	30.1%
93	Finding it very difficult on present income	12.3%	2.2%	1.5%	3.7%	4.3%
94	Worried about money during the last few weeks: almost all of the time	26.7%	6.8%	1.5%	9.0%	8.3%
95	Never worried about money during the last few weeks	11.2%	34.1%	50.3%	33.9%	35.5%
96	Compared to a year ago, currently financially: better off	8.7%	14.5%	17.9%	14.3%	11.7%
97	Compared to a year ago, currently financially: worse off	47.6%	28.2%	19.9%	29.6%	29.8%
98	Looking ahead, a year from now I will be financially: better off than now	6.7%	22.0%	25.8%	20.3%	16.2%
99	Looking ahead, a year from now I will be financially: worse off than now	46.6%	22.9%	18.3%	25.9%	26.3%
100	No qualifications	49.1%	23.5%	19.7%	27.0%	24.6%
101	Highest qualification level: Level 4+	9.7%	23.2%	25.3%	21.4%	19.5%

102	Definitely agree that you can influence decisions affecting your local area	3.5%	5.9%	7.9%	6.0%	7.7%
103	Tend to disagree that you can influence decisions affecting your local area	27.6%	29.6%	23.6%	27.9%	27.9%
104	Definitely disagree that you can influence decisions affecting your local area	41.9%	26.4%	19.9%	27.5%	24.6%
105	Home ownership status: owns outright	25.9%	34.1%	33.2%	32.5%	30.1%
106	Home ownership status: owns with a mortgage or loan	16.1%	31.8%	31.0%	29.0%	30.6%
107	Home ownership status: shared ownership (part rent, part mortgage)	0.0%	0.0%	0.1%	0.1%	0.2%
108	Home ownership status: rents from council	16.9%	8.8%	3.8%	9.0%	11.4%
109	Home ownership status: rents from housing association	15.0%	6.7%	4.8%	7.7%	8.9%
110	Home ownership status: rents from private landlord	26.1%	17.2%	24.0%	20.3%	17.4%
111	Very satisfied with home	44.5%	60.0%	81.1%	62.2%	57.7%
112	Fairly dissatisfied with home	6.0%	1.4%	0.4%	1.9%	2.5%
113	Very dissatisfied with home	1.8%	1.2%	0.0%	1.1%	1.5%
114	Lived in local area less than one year	8.0%	8.3%	10.4%	8.7%	8.0%
115	Lived in local area ten years or more	59.4%	63.2%	60.6%	62.0%	59.0%
116	Very satisfied with local area as a place to live	38.9%	58.5%	80.5%	60.2%	56.6%
117	Fairly dissatisfied with local area as a place to live	10.4%	3.3%	1.7%	4.1%	3.4%
118	Very dissatisfied with local area as a place to live	1.5%	2.0%	0.1%	1.5%	1.6%
119	How strongly do you feel you belong to your immediate neighbourhood?: Very strongly	27.9%	41.8%	59.2%	43.4%	38.0%
120	How strongly do you feel you belong to your immediate neighbourhood?: Not very strongly	20.9%	18.5%	10.5%	17.1%	16.0%
121	How strongly do you feel you belong to your immediate neighbourhood?: Not at all strongly	16.4%	6.0%	4.7%	7.5%	6.8%
122	Feel very safe outside after dark	29.4%	39.6%	64.7%	43.7%	41.3%
123	Feel very unsafe outside after dark	13.0%	5.9%	3.4%	6.5%	6.4%

124	Feel very safe outside during the day	57.3%	73.9%	95.2%	76.0%	74.5%
125	Feel very unsafe outside during the day	2.3%	0.2%	0.0%	0.5%	0.4%
126	Feel very safe home alone at night	41.8%	64.6%	91.1%	66.8%	68.5%
127	Feel very unsafe home alone at night	3.1%	1.5%	0.2%	1.5%	1.3%
128	Household type: One adult	37.4%	22.1%	17.0%	23.5%	23.5%
129	Household type: Small family	14.1%	22.3%	21.0%	20.6%	21.2%
130	Household type: Large family	4.2%	5.4%	5.7%	5.3%	4.9%
131	Household type: Lone parent	10.6%	5.2%	2.9%	5.6%	6.0%