NHS Greater Glasgow and Clyde

NHS Greater Glasgow and Clyde 2024 Minority Ethnic Health and Wellbeing Survey

October 2025

Foreword

Reducing health inequalities, improving population health and creating a more sustainable health and care system are fundamental priorities for the Scottish Government and NHS Boards across Scotland. The NHSGGC Health and Wellbeing survey provides information on health trends and analysis by different population groups to inform planning within NHS Greater Glasgow and Clyde and highlights areas where we need to work with partners and local communities to improve health.

We've long known that poorer health outcomes are patterned by socio-economic wealth and access to social capital. Within this relationship, sits a third intersecting and contributing factor – the lived experience of discrimination.

As a public body (and subject to the Equality Act 2010 and the Public Sector Equality Duty), NHS Greater Glasgow and Clyde has a legal duty to take all proportionate measures to ensure the services we deliver act in a way that:

- Eliminates discrimination, harassment and victimisation
- Advances Equality of opportunity
- Fosters good relations

Our Adult Health and Wellbeing surveys provide a depth of information that is rarely available on a population level, allowing us to identify gaps in health attainment by characteristics like Age, Disability and Sex, and use that information to anticipate where investment will bring the biggest gains to our most marginalised communities and help address the impact of discrimination.

A recurring concern across our health and wellbeing population surveys has been that sample size is too small for participants from minority ethnic backgrounds to allow meaningful analysis and insights on their experience.

COVID-19 offered a stark reality check for service providers who may have held presumptions of fairness and equity in mainstream service provision and wider society. NHSGCC has used learning from COVID-19 to bolster existing targeted work and create a catalyst for further mainstream change. Ensuring that we capture self-reported data on the health experiences of people from minority ethnic backgrounds, in association with their demographic and socio-economic drivers of health, is helping us to ask questions and re-think approaches to ensure we deliver sensitised person-centred care that understands and responds to experience of discrimination.

In commissioning this survey, we had to weigh up the risk of reinforcing the marginalisation of minority ethnic communities by publishing a standalone report, with the benefits that we were seeking to gain from the valuable insights generated. Going forward, we have committed to a boosted sample as an integral part of the NHSGGC Adult Health and Wellbeing Survey.

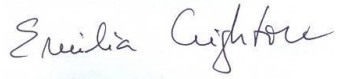
As the interviews were conducted in 2024, this survey also provides intelligence on the impact of the pandemic for our communities. We know that alongside the pandemic, austerity and the cost of living crisis has additionally had a more disproportionate negative impact on those of our residents who were already marginalised. Post pandemic, unsurprisingly, many indicators of self-perceived health and wellbeing showed a decline compared to 2016. Self-perceived health and wellbeing varied and was patterned by age, deprivation, long term conditions as well as length of residency in the UK. Measures of social health often showed minority ethnic adults faring worse than the population as a whole, though this also varied by demographic factors.

Enhanced engagement with minority ethnic people aligns to our corporate commitment to become a leading anti-racism organisation. This commitment is captured in our anti-racism plan[1] which includes an action to better understand the lived experiences of racism and the relationship to patterns of inequality related to health and wellbeing across a range of intersecting characteristics.

Engagement with communities and partners on the findings of this report, and the questions they generate, will be the essential next step, to gain a shared understanding of the public health priorities for addressing health inequalities, and to shape meaningful action and inform planning within NHS Greater Glasgow and Clyde.

As a strong advocate for a data-driven approach within public health, I can assure you that, across NHS Greater Glasgow and Clyde, we will build on engagement on the survey results to improve services with a specific focus on reducing racialised inequalities. I am grateful to everyone who worked hard to produce this report. My thanks, in particular, go to the 2,638 individuals participants who took part in the survey.

Dr Emilia Crighton



Director of Public Health, NHS Greater Glasgow and Clyde

[1] NHSGGC Anti-racism Plan 2025 - 2029 - NHSGGC

Contents

1 Introduction

The **NHS Greater Glasgow and Clyde Adult Health and Wellbeing (HWB) Survey** has been conducted every three years since 1999, with the 2023 report marking the eighth in the series[2]. The survey aims to be inclusive and representative of the diverse communities living within NHS Greater Glasgow and Clyde, however the sample size in the main survey is not sufficient to facilitate further detailed analysis of the experiences of minority ethnic people.

To address this, the first **Black and Minority Ethnic HWB Survey** was undertaken in 2016[3] within Glasgow City Health and Social Care Partnership (HSCP), supplementing the 2014 Adult HWB Survey for the same area[4]. This report presents the findings from the **second Black and Minority Ethnic HWB Survey**, conducted across NHS Greater Glasgow and Clyde during 2024.

Our Use of Language

In recent years, there has been growing recognition of the importance of respectful and inclusive language when describing people from racialised and ethnically diverse backgrounds. We respect that people belonging to minority ethnic communities define themselves and their communities in different ways, and that it is unlikely that any single term is suitable for all communities. We recognize that collective terminology can contribute to the marginalisation or 'othering' of those they intend to describe, and mask disparities and different experiences of different groups. In response, we endeavour to take the approach to language as also set out in the Scottish Government anti-racism plan guidance, and aim to be as specific as possible, and align wherever possible with using the preferred language of the communities and community organisations we work with. Organisations and agencies are increasingly adopting more precise and person-centred terminology, such as "people from ethnically minoritised backgrounds," or "minority ethnic" individuals, and we have adopted the latter term for the remainder of this report. This underscores a commitment to dignity, visibility, and equity in both research and practice.

[2] 2022-23 HWB Survey GGC - Final Report 2.pdf
[3] nhsggc_ph_black_minority_ethnic_health_wellbeing_study_glasgow_2016-04.pdf
[4] nhsggc_ph_health_and_wellbeing_survey_2014-2015_summary_report.pdf

Aims of the Survey

The aims of the survey were:

- to supplement the representation of minority ethnic people surveyed in the 2023/23 NHSGCC HWB main survey, through a greater sampling of adults from minority ethnic backgrounds in the NHSGCC area
- to provide intelligence to inform Board wide planning e.g. Public Health priorities, Health and Social Care Partnerships and local Community Planning Partnerships;
- to provide intelligence on the impact of the COVID pandemic on health behaviours; health and illness; social health; social capital; discrimination, financial wellbeing; and
- to provide information that would be useful for monitoring health improvement interventions.

We recognise that there are trade-offs and tensions in reporting the survey data with a breakdown by ethnicity. Race and ethnicity are social constructs with no inherent biological basis. Any differences observed between groups will be as a result of multiple factors including the effects of racism on health and on the social determinants of health. The survey's purpose is thus to provide insight into patterns of inequality, alongside a more nuanced consideration of the interplay between factors such as deprivation, age, gender, chronic conditions, and length of residency in the UK. We have therefore provided summary tables in Appendix F - that show at the same time how these underlying factors vary alongside the variations in health experienced by different ethnicities, rather than reporting this separately in the chapter summaries. These analyses are included to aid the monitoring of equity of access, outcomes and inequalities at a population level.

Engagement with people from minority ethnic backgrounds and partners on the findings of this report will be the essential next step, to gain a shared understanding of the public health priorities for addressing racialised health inequalities, and to shape meaningful action and inform planning within NHS Greater Glasgow and Clyde. Going forward, we have committed to a boosted sample of adults from minority ethnic backgrounds as an integral part of the NHSGGC Adult Health and Wellbeing Survey.

Summary of Methodology

The survey comprised of in-home interviews with 2,638 adults from six minority ethnic backgrounds across the NHSGGC area. The purpose of this survey is to supplement representation of survey respondents from minority ethnic backgrounds, given the limited sample size achieved in the 2022/23 NHSGGC Health and Wellbeing survey (the 2022/23 survey is

referred to in this report as the '2022/23 Main HWBS'). Households were identified to participate in the 2024 Black and Minority Ethnic Health and Wellbeing survey (the 2024 survey is referred to in this report as the '2024 Minority Ethnic HWBS') based on residents' self-identified ethnicity as recorded in at least one of a number of routine health datasets. Data were weighted to ensure they are representative of the ethnicity, age and gender profile across the NHSGGC area.

The sample presented in this survey only includes adults from minority ethnic backgrounds with a population of **2,500 or more** according to the **2022 census**. This includes adults identifying as:

- African, Scottish African or British African
- Arab, Scottish Arab or British Arab
- Chinese, Scottish Chinese or British Chinese
- Indian, Scottish Indian or British Indian
- Pakistani, Scottish Pakistani or British Pakistani, and
- Polish

We recognise that this sample does not include the experiences of adults from a much broader spectrum of minority ethnic backgrounds living and working in NHS Greater Glasgow and Clyde. However, this population threshold combined with expected survey response rates ensured that each ethnicity represented here had a sufficiently large sample size to allow for meaningful analysis.

Initially, it was anticipated that individuals who self-identified as 'Caribbean or Black' could be included as a seventh population group, however early fieldwork revealed fewer individuals than expected identifying with this ethnicity in the surveyed households. This was later confirmed by the 2022 census, which showed lower population numbers than previously estimated in the 2011 census. As a result, we were unable to include findings from people with 'Caribbean or Black' ethnic backgrounds, although we're aware of the comparatively low level of health attainment they experience and the high levels of discrimination experienced.[5]

Comparisons, where appropriate, have been made with the 2022/23 Main HWBS - although it is important to note that 14.6% of respondents in this survey were people from minority ethnic backgrounds.

[5] UofG led survey shows that racial discrimination continues to rise in Scotland Published: 10 March 2025

Comparisons highlighting general trends over time have been made with the 2016 BME Health and Wellbeing Survey - however it is important to note that the 2016 survey only covered the Glasgow City area, and did not include adults of Arab, Scottish Arab or British Arab ethnicity. The 2016 survey is referred to in this report as the '2016 Minority Ethnic HWBS'.

The survey explored the following topics: perceptions of health and illness; health screening and interpreting service; health behaviours; social health; social capital and financial wellbeing. A steering group of community members advised on the survey to support appropriate sampling, survey question wording and report writing. Survey questions were worded as closely to those of the main survey as possible to allow comparisons to be made.

The fieldwork and data entry were performed by BMG on behalf of NHSGGC. Analysis and reporting was undertaken by Traci Leven Research, in collaboration with NHSGGC. We also sought review and advice on language and framing from expert members of the survey steering group, and our equality and human rights team.

Public Sector Duty and NHSGGC's Anti-racism Commitments

As a public body, NHSGGC is subject to the Equality Act 2010 and the aligned Public Sector Equality Duty. The Act and Duty place wide-ranging reporting responsibilities on the organisation but these can be compressed into the legal duty to:

- Eliminate discrimination, harassment and victimisation
- Advance Equality of opportunity
- Foster good relations

Our 2022/23 Main HWBS allows the capture of a range of self-reported health measures by protected characteristics, (including Age, Disability, Gender Reassignment, Sexual Orientation and Race) and its use to better perform our duty.

COVID-19 highlighted a disproportionate impact on people from minority ethnic backgrounds across a range of health and wellbeing indicators and informed a national call to identify and remove structural barriers that prevent people receiving equitable care on the grounds of their ethnicity.

NHS Greater Glasgow and Clyde have applied their legislative duty as set out in the Equality Act 2010 to bring additional force to efforts to tackle racism and hold all levels of staff accountable for provision of fair and equitable services. This is most clearly demonstrated in the commitment

to becoming a leading anti-racist organisation in Scotland and the development of a specific NHSGGC anti-racism plan. The plan takes its strength from direct engagement with minority ethnic people. The 2024 Minority Ethnic HWBS is a vital part of this intelligence gathering and will inform programmes of work designed to challenge personal, institutional and wider societal discrimination.

The anti-racism plan recognises the importance of improving the accuracy, completeness and use of ethnicity data to identify and address health inequalities and understand intersectionality. The survey results present an opportunity to investigate and improve the quality of ethnicity recording in health data, based on information from those respondents who consented to linking their survey data to health data.

1.1 Summary of Findings

Health and Illness

For the comparable subset in Glasgow City, the 2024 Minority Ethnic HWBS survey shows a decline in health indictors. Compared to the 2016 Minority Ethnic HWBS, the five comparable ethnicities in 2024 were less likely to have a positive view of their general health, their physical or mental/emotional wellbeing or their quality of life. They were more likely to have a limiting condition or illness or to be in receipt of treatment for at least one condition.

Keeping in mind the younger demographic profile of the minority ethnic population, adults in the 2024 Minority Ethnic HWBS were more likely than adults in the 2022/23 Main HWBS, to have a positive view of their general health or their physical or mental/emotional wellbeing, and less likely to have a limiting condition or illness or to be receiving treatment. However, this report shows that adults aged 55 or over in the 2024 Minority Ethnic HWBS population, were less likely to have a positive view of their general health. Those aged 55 or over and those aged under 35, were less likely to have a positive view of their quality of life.

For measures of health and illness, responses varied significantly by ethnicity.

Health Screening and Access to Health Services

Most (88%) women aged 25-64 said they attended cervical screening when invited. Nearly all women aged 50-74 (96%) attended breast screening where they recalled being invited. Four in five (79%) of those aged 50-74 recalled being invited for bowel screening, and most (91%) of those who recalled being invited said they completed the home test.

Just over half (56%) of the people surveyed were aware of NHSGGC interpreting services, and 11% had used it. Awareness and use were higher among women.

Health Behaviours

Overall, 12% were current smokers and 8% had used e-cigarettes in the last year. In Glasgow City there was no significant change in rates of smoking or e-cigarette use between the 2016 and 2024 surveys. However, there was a sizeable drop in the proportion who consumed five or more portions of fruit/vegetables per day.

The respondents of this survey were less likely than the adults in the 2022/23 Main HWBS as a whole to smoke and much less likely to drink alcohol or have AUDIT scores indicting risk. However, the adults in this survey were less likely to meet the target of consuming five or more portions of fruit/vegetables per day or to meet the target of 150 minutes or more per week of physical activity.

Social Health

Measures of social health consistently showed that adults from a minority ethnic background fare worse than the 2022/23 Main HWBS population. Those in the 2024 Minority Ethnic HWBS population were more likely to feel isolated, less likely to feel they belonged to their local area or feel valued as members of their community. They were also less likely to feel safe walking alone in their local area or on local public transport.

In Glasgow City, the proportion who felt isolated from family/friends more than doubled between 2016 and 2024. There was also a decline in a range of other measures of social health – with those in 2024 being less likely to feel that local people can influence local decisions. There was also a decrease in the proportion who felt safe using local public transport or walking alone in their area.

Just over half (52%) experienced discrimination, and one in eight (12%) experienced at least one type of discrimination at least weekly. While the likelihood of experiencing discrimination was similar to the 2022/23 Main HWBS, the most frequently cited perceptions as to why discrimination had occurred varied significantly. The 2024 Minority Ethnic HWBS population overwhelmingly cited reasons that related to their race and ethnicity. Those who have lived in the UK less than 10 years were more likely to be victims of crime.

One in nine (11%) adults had caring responsibilities, compared to 21% observed among the 2022/23 Main HWBS population.

Social Capital

In Glasgow City, there was a decrease between 2016 and 2024 in the proportion who had a positive view of reciprocity and the proportion who valued local friendships.

In the 2024 Minority Ethnic HWBS population measures of Social Capital consistently showed adults fare worse than the 2022/23 Main HWBS population, including being less likely to have positive views of reciprocity or trust, less likely to value local friendships and less likely to have a

positive view of social support. Adults in this survey were less likely to volunteer, belong to clubs/associations/groups or engage in social activism.

Financial Wellbeing

In Glasgow City, there was a rise between 2016 and 2024 in the proportion who said all their household income came from state benefits.

The adults in this survey were less likely than adults in the 2022/23 Main HWBS to receive all household income from benefits, more likely to have a positive view of their household income and less likely to have difficulty meeting the cost of food and/or energy. They were also much less likely to spend money on gambling.

Among those aged under 35, people in this survey were less likely to experience food insecurity, however those aged 55 or over were more likely to experience food insecurity. Adults in this survey were much more likely to have a pre-payment meter for energy, compared to those in the 2022/23 Main HWBS.

Population Characteristics

In Glasgow City, adults in the 2024 Minority Ethnic HWBS were less likely than those in 2016 to say they had no qualifications, and were more likely to be economically active.

Compared to the 2022/23 Main HWBS population, the adults in this survey were less likely to live alone overall, and much more likely to have children in their household, except those aged under 35, who were more likely to live alone. The adults in this survey were more likely to say they had no qualifications and were less likely to live in owner-occupied homes. Among people aged under 55, the adults in this survey were less likely than the 2022/23 Main HWBS population to be economically active, except for those aged 55 or over who were more likely to be economically active.

1.2 Introduction to this Report

Summary of Methodology

The 2024 Minority Ethnic HWBS was conducted via in-home interviews with 2,638 adults (aged 16 or over) from six ethnicities – African, Scottish African or British African, Arab, Scottish Arab or British Arab, Chinese, Scottish Chinese or British Chinese, Indian, Scottish Indian or British Indian, Pakistani, Scottish Pakistani or British Pakistani and Polish – across the NHSGGC area. A full account of the sampling procedures, fieldwork and survey responses can be found in Appendix A. The survey questionnaire is in Appendix G.

Table B1 in Appendix B shows the breakdown of the sample of the 2,638 interviews by ethnicity, gender, ethnicity and gender and age group (both before and after weighting).

The profile of the weighted sample by deprivation group and by Health and Social Care Partnership is shown below:

Table 1.1 Profile of Weighted Sample by Health and Social Care Partnership and Deprivation Groups

	% of respondents (weighted sample)
East Dunbartonshire	4.2%
East Renfrewshire	9.5%
Glasgow City	77.4%
Inverclyde	0.9%
Renfrewshire	6.9%
West Dunbartonshire	1.1%
Bottom 15% (most deprived) areas	45.7%
Other areas	54.3%

Tables of findings for each of the six ethnicities can also be found in Appendix F, which compares overall responses with the 2022/23 Main HWBS. These analyses are included to aid the monitoring of equity of access, outcomes and inequalities at a population level.

1.3 This Report

Chapters 2-8 report on all the survey findings, with each subject chapter containing its own infographic summary at the start, and a 'key messages' summary at the end. For each indicator, figures and/or tables are presented showing the proportion of the sample which met the criteria,

broken down by demographic (independent) variables. **Only findings by independent variables which were found to be significantly different ($p \leq 0.05$) are reported.** The independent variables which were tested were:

- Age group
- Gender
- Most deprived 15% datazones versus other areas
- Presence versus absence of a long-term limiting condition or illness
- Length of residency in the UK (10 years+ or less)
- Ethnicity and Gender
- Ethnicity

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

Findings by the variable 'ethnicity and gender' are only reported if they provide additional insight beyond the findings for the separate variables 'ethnicity' and 'gender' – e.g. if gender differences are only observed in some, or are more marked in some ethnicities compared to others.

Confounding Factors and Differing Demographic Profiles across Ethnicities

Note that there are confounding factors associated with relationships between independent variables – e.g. those in the older age groups are more likely to have a long-term limiting condition or illness. For the variable 'Length of residency in the UK', it should be noted people aged 55 or over and Polish and Pakistani, Scottish Pakistani or British Pakistani people were more likely to have lived in the UK for 10 or more years (see Figure 8.7 in Chapter 8).

When considering the findings, particularly when making comparisons across ethnicity it is important to recognise the differing demography of each group in this sample. Table 1.2 shows the demographic breakdown of the sample population.

Some key differences include:

- People identifying as Chinese, Scottish Chinese or British Chinese had the largest proportion of adults aged under 35.
- People identifying as Polish and African, Scottish African or British African, were more likely to live in the most deprived areas.
- People identifying as Polish or Pakistani, Scottish Pakistani or British Pakistani, were more likely to have lived in the UK for 10 or more years.
- People identifying as the Arab, Scottish Arab or British Arab were more likely to be Asylum Seekers.

Table 1.2: Demographic Profile of each Ethnicity (Weighted data)

	African, Scottish African or British African	Arab, Scottish Arab or British Arab	Chinese, Scottish Chinese or British Chinese	Indian, Scottish Indian or British Indian	Pakistani, Scottish Pakistani or British Pakistani	Polish	Overall
16-34 years	46%	54%	57%	47%	42%	40%	47%
35-54 years	46%	36%	29%	39%	40%	50%	41%
55+	7%	10%	13%	14%	18%	9%	13%
Male	51%	55%	44%	52%	50%	47%	50%
Female	49%	45%	56%	48%	50%	53%	50%
Most deprived 15% areas	70%	53%	25%	24%	38%	75%	46%
Lived in UK for 10+ years	45%	38%	44%	40%	75%	74%	44%
Asylum seeker	5%	18%	1%	1%	1%	0%	3%

Data Weighting

Findings are all based on **weighted data**, ensuring that the sample was representative of the ethnicity, age and gender of NHSGGC population for the six ethnicities, based on 2022 Scottish Census data. At the time of analysis, it was not possible to additionally weight for deprivation, as Scottish Census data for deprivation by ethnicity was not available. An explanation of the weighting process is in Appendix B.

Missing and 'Don't Know' Responses

Unless otherwise stated, all findings exclude 'don't know' and 'prefer not to say' responses.

Comparisons with the Glasgow City 2016 Black and Minority Ethnic Health and Wellbeing Survey for key indicators

Comparisons with the findings from the 2016 Minority Ethnic HWBS are presented in blue shade throughout the report.

Note that where comparisons are made, this relates to the **comparable subset** of the 2024 Minority Ethnic HWBS. The comparable subset does not include those outside the Glasgow City Health and Social Care Partnership area. It also excludes those of Arab, Scottish Arab or British Arab ethnicity, which had not been included in the 2016 Minority Ethnic HWBS. In total, 1,761 respondents from the 2024 Minority Ethnic HWBS comprised the comparable subset. The **narrative states whether a significant ($p \leq 0.05$) change has occurred since the 2016 survey**.

The comparisons explored are listed in Appendix E, together with the findings for all indicators which showed a significant change.

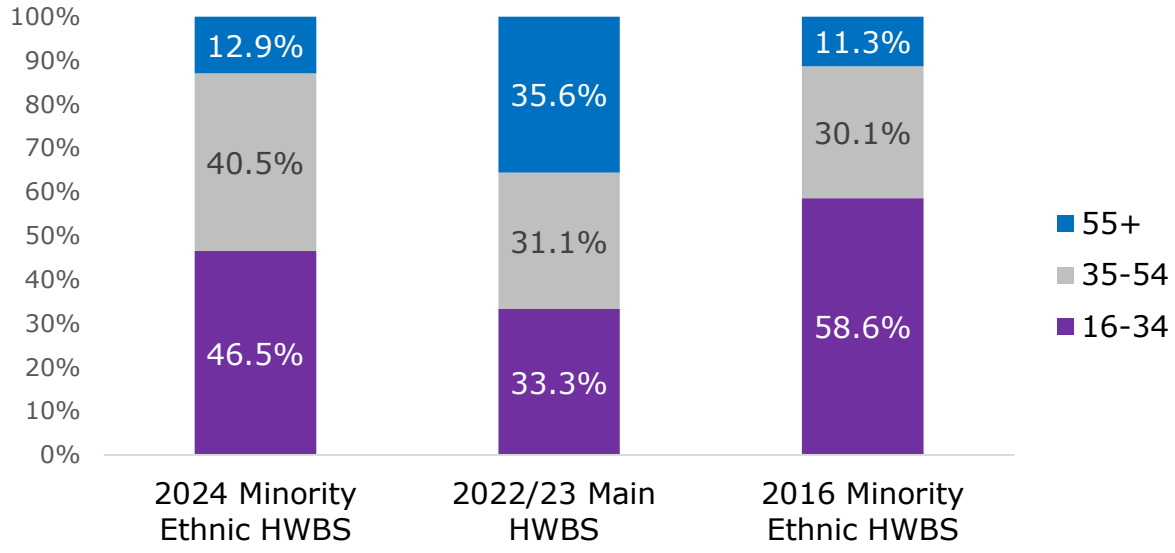
Comparisons with the 2022/23 Main Health and Wellbeing Survey

Comparisons with the 2022/23 Main HWBS are presented in pink shade throughout the report. A table of significant differences can also be found in Appendix E.

When considering comparisons between the 2024 Minority Ethnic HWBS and the 2022/23 Main HWBS it should be noted that the population of the six ethnicities differs demographically to the general population area as a whole. In particular, there are proportionately more young adults and fewer people aged 55 or over, as Figure 1.1 shows.

Figure 1.1 also shows that the 2016 Minority Ethnic HWBS had a younger population profile than the 2024 Minority Ethnic HWBS, with both surveys weighted to reflect the known age profile at the time.

Figure 1.1: Age Profile of 2024 Minority Ethnic HWBS, 2022/23 Main HWBS and 2016 Minority Ethnic HWBS (Weighted)



It should also be remembered that the 2022/23 Main HWBS included adults from minority ethnic populations, including the six ethnicities covered in this 2024 Minority Ethnic HWBS. The breakdown of the 2022/23 Main HWBS respondents by ethnicity is shown in Table 1.3.

Table 1.3: 2022/23 Main HWBS Profile by Ethnicity (Weighted Data)

Ethnicity	Proportion of Sample
African, Scottish African or British African	3.2%
Arab, Scottish Arab or British Arab	0.3%
Chinese, Scottish Chinese or British Chinese	1.7%
Indian, Scottish Indian or British Indian	2.2%
Pakistani, Scottish Pakistani or British Pakistani	2.8%
Polish	1.5%
Other White (excluding Polish)	3.8%
White Scottish	72.2%
White British	9.4%
All others	2.9%

Online Survey

In addition to the main survey, an online survey was completed by a small subset of respondents (N=133). Due to the small sample size, these findings are not reported here.

A Note on Rounding and Interpreting Percentages

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. Where comparisons are made with the 2022/23 Main HWBS survey, these are usually also given to one decimal place. Where whole numbers are used, the convention of '<1%' is used to represent a value greater than 0% but less than 0.5%.

Due to rounding, not all responses will necessarily appear to add up to 100%. For example, in Section 2.5 the proportion giving each response to rate the health of their mouth teeth were 73% for good health, 22% for some problems and 4% poor state. These appear to sum 99%, but the more precise figures were 73.48%, 22.42% and 4.1%, totaling 100%. 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.

Some questions, for example experience of crime (reported in Table 5.3), allow the respondent to select more than one category, so total responses can add up to more than proportion who say 'any of the above'.

Other Surveys Cited in This Report

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

- The 2016 Black and Minority Ethnic Health and Wellbeing Survey in Glasgow https://www.stor.scot.nhs.uk/entities/publication/0d36b386-e88a-42dc-ac3b-e5ab99f78b1e

- The NHS Greater Glasgow and Clyde 2022/23 Adult Health and Wellbeing Survey https://www.stor.scot.nhs.uk/entities/publication/452bdaf1-6062-4018-ad70-06cc790036d8

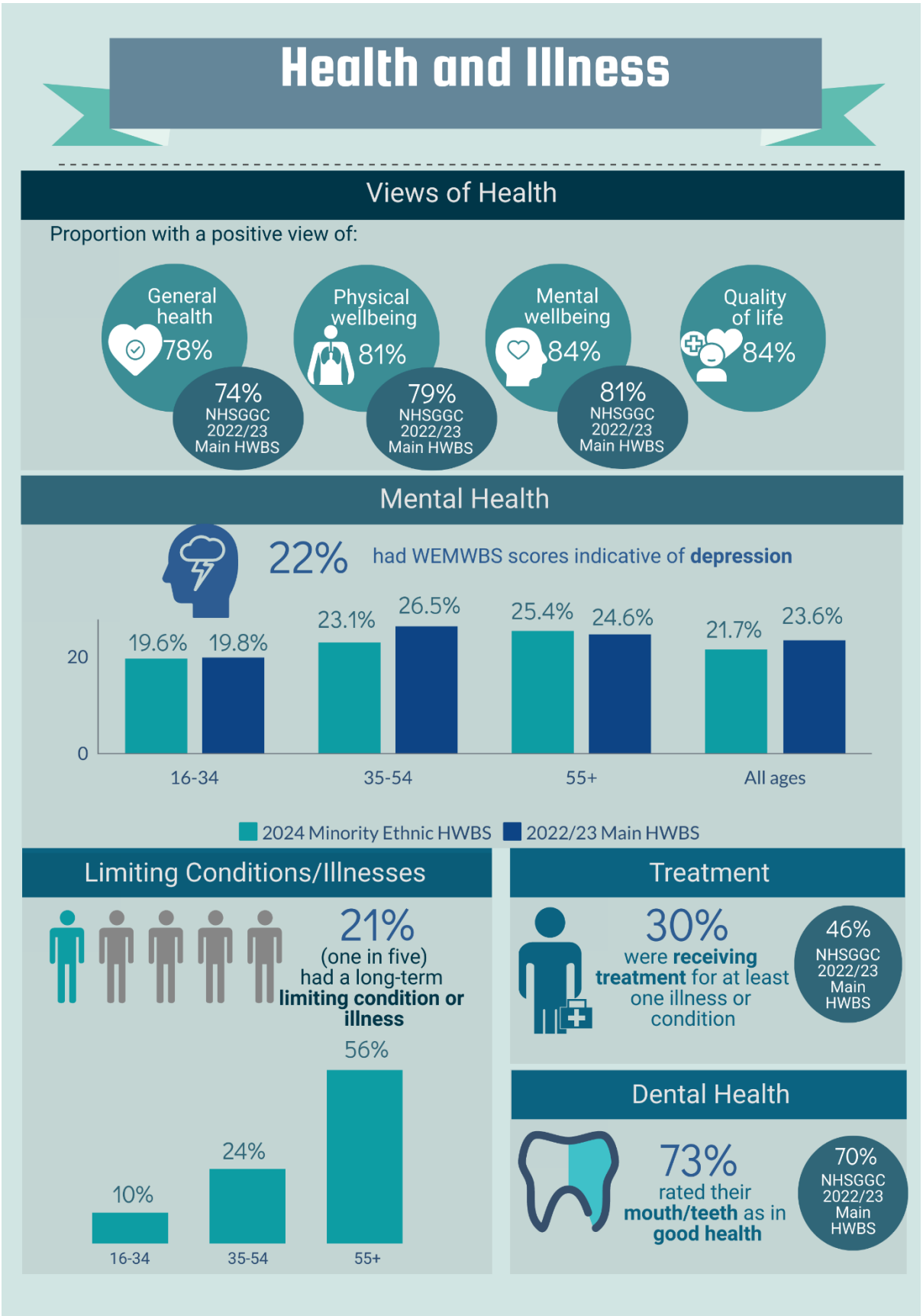
- The 2023 Scottish Household Survey https://www.gov.scot/collections/scottish-household-survey-publications/

- The 2023 Scottish Health Survey https://www.gov.scot/publications/scottish-health-survey-2023-volume-1-main-report/

Policy Context

Policy context is provided for some of the topics within the findings chapters. These are shown in shaded boxes, and have been prepared by Public Health colleagues in NHSGGC.

2 People's Perceptions of Their Health & Illness



2.1 Self-Perceived Health and Wellbeing

General Health

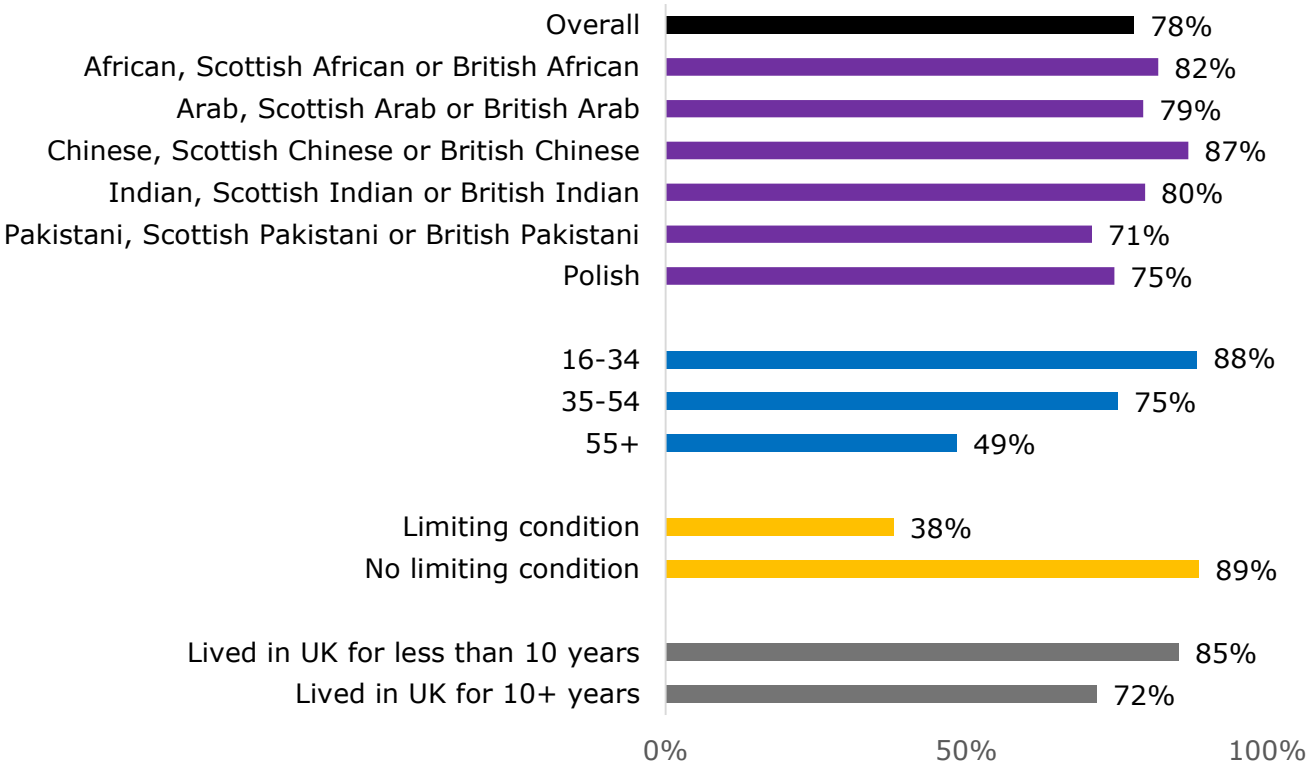
Respondents were asked to describe their general health over the last year on a five point scale (very good, good, fair, bad or very bad). Overall, 78% gave a positive view of their general health, with 27% saying their health was very good and 51% saying their health was good. However, 22% gave a negative view of their health, with 16% saying their health was fair, 5% saying it was bad and 1% saying it was very bad.

As Figure 2.1 shows, just under half (49%) of those aged 55 or over rated their health positively. As would be expected, those who had a long-term limiting condition or illness were much less likely than others to rate their general health positively.

Those who had lived in the UK for 10 years or more were less likely than others to rate their general health positively.

The proportion of respondents who had a positive view of their general health varied significantly by ethnicity.

Figure 2.1: Positive View of General Health by Ethnicity, Age, Limiting Conditions and Length of Residency in the UK



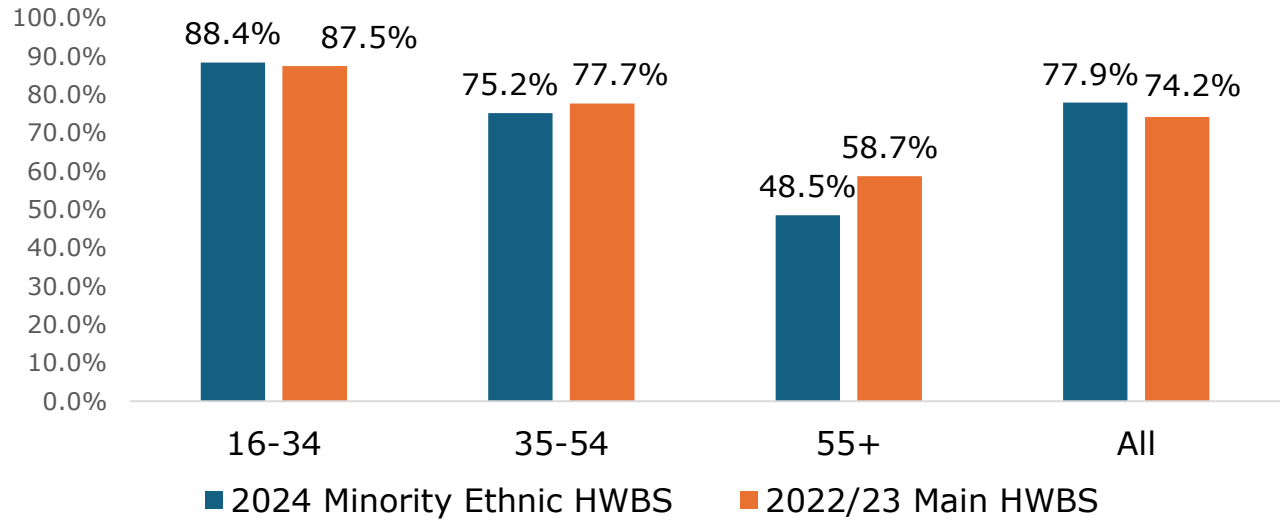
Comparison with 2016

For the comparable subset in Glasgow City, there was a decrease in the proportion who had a positive view of their general health from 80.4% in 2016 to 77.5% in 2024.

Comparison with the 2022/23 Main HWBS Population

Compared to the 2022/23 Main HWBS population, the 2024 Minority Ethnic HWBS population was more likely to have a positive view of their general health (78% compared to 74%). However, this is likely accounted for by the younger demographic of the 2024 Minority Ethnic HWBS population. In fact, those aged 55 or over in the 2024 Minority Ethnic HWBS population were less likely to have a positive view of their general health compared to the 2022/23 Main HWBS population. However, no significant difference was observed among the younger age groups.

Figure 2.2: Positive View of General Health – 2024 Minority Ethnic HWBS Population and 2022/23 Main HWBS Population by Age Group

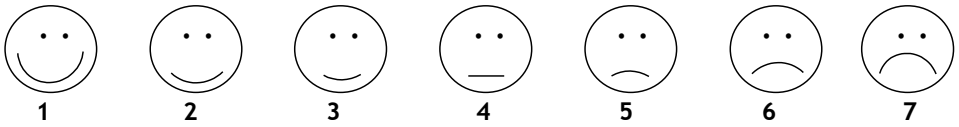


Evidence from Other Sources

- The proportion who reported having a positive view of their health in the 2024 Minority Ethnic HWBS (78%), was higher than the national findings from the **Scottish Health Survey** (2023) which found that overall 72% of adults in Scotland had a positive view of their general health.

Physical Wellbeing and Mental/Emotional Wellbeing

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



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

In total, 81% gave a positive view of their physical wellbeing, and 84% gave a positive view of their mental/emotional wellbeing.

As Figures 2.3 and 2.4 show, perceptions of both physical and mental/emotional wellbeing varied significantly by all independent variables:

- Those in the youngest age group were the most likely to have a positive view of either measure.
- Men were slightly more likely than women to rate both their physical wellbeing and their mental/emotional wellbeing positively.
- Those in the most deprived areas were less likely than others to have positive ratings of either measure.
- As would be expected, positive ratings of both measures were also much higher for those without limiting conditions or illnesses.

- Those who had lived in the UK for less than 10 years were more likely than others to rate their physical health or mental/emotional health positively.

- The proportion of people to have a positive view of both physical and mental/emotional wellbeing varied significantly by ethnicity.

Figure 2.3: Positive Perception of Physical Wellbeing by Ethnicity, Age, Gender, Deprivation, Limiting Conditions and Length of Residency in UK

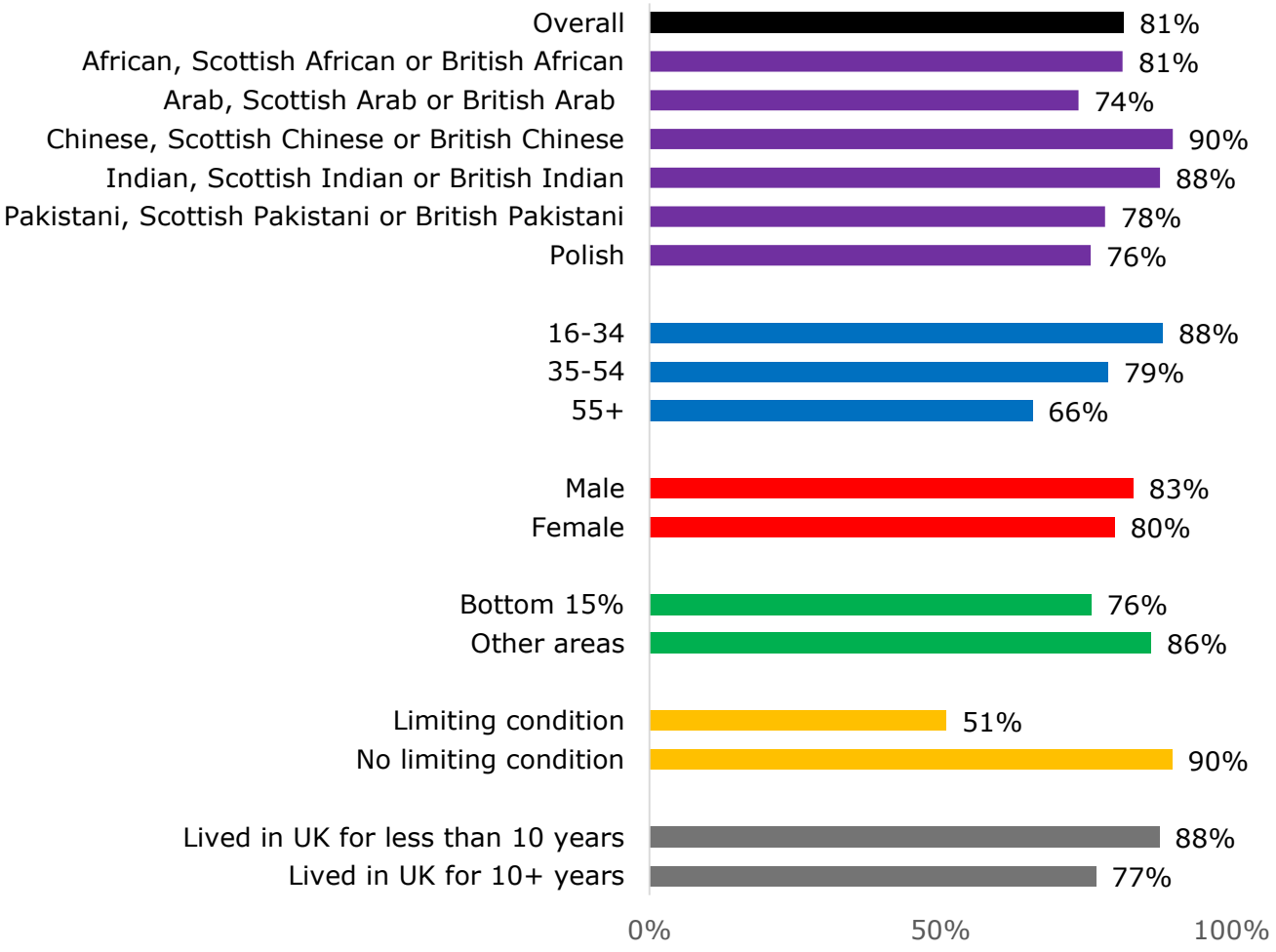
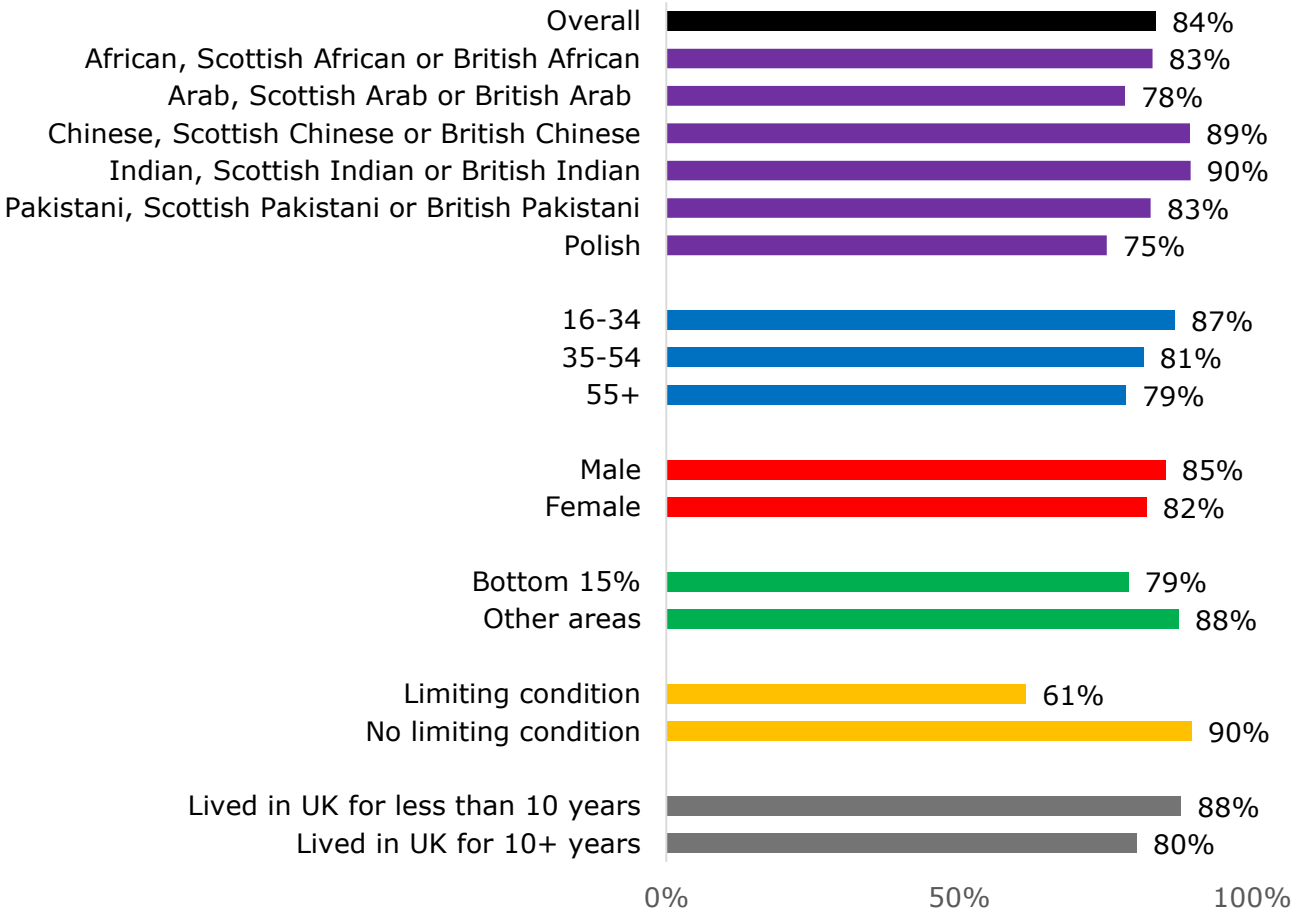


Figure 2.4: Positive Perception of Mental/Emotional Wellbeing by Ethnicity, Age, Gender, Deprivation, Limiting Conditions and Length of Residency in UK



Overall there were small differences between men and women for both measures across the sample, however the degree of the difference varied by ethnicity.

Table 2.1: Positive Perceptions of Physical Wellbeing and Mental/Emotional Wellbeing by Ethnicity and Gender

	Positive Perception of Physical Wellbeing	Positive Perception of Mental/Emotional Wellbeing
African, Scottish African or British African Male	86%	86%
African, Scottish African or British African Female	76%	80%
Arab, Scottish Arab or British Arab Male	77%	80%
Arab, Scottish Arab or British Arab Female	70%	77%
Chinese, Scottish Chinese or British Chinese Male	90%	90%
Chinese, Scottish Chinese or British Chinese Female	90%	89%
Indian, Scottish Indian or British Indian Male	89%	91%
Indian, Scottish Indian or British Indian Female	87%	88%
Pakistani, Scottish Pakistani or British Pakistani Male	79%	84%
Pakistani, Scottish Pakistani or British Pakistani Female	73%	81%
Polish Male	76%	76%
Polish Female	75%	74%

Comparison with 2016

For the comparable subset in Glasgow City, the proportion with a positive perception of their physical wellbeing fell from 85.9% in 2016 to 80.9% in 2024. The proportion with a positive perception of their mental/emotional wellbeing fell from 90.5% in 2016 to 82.9% in 2024.

Comparison with the 2022/23 Main HWBS Population

Compared to the 2022/23 Main HWBS population, there was a higher proportion of the 2024 Minority Ethnic HWBS population who had a positive perception of their physical wellbeing (81.5% compared to 79.1%). Within age bands, there was no significant difference.

Overall, there was a higher proportion of people in 2024 Minority Ethnic HWBS population who had a positive perception of their mental/emotional

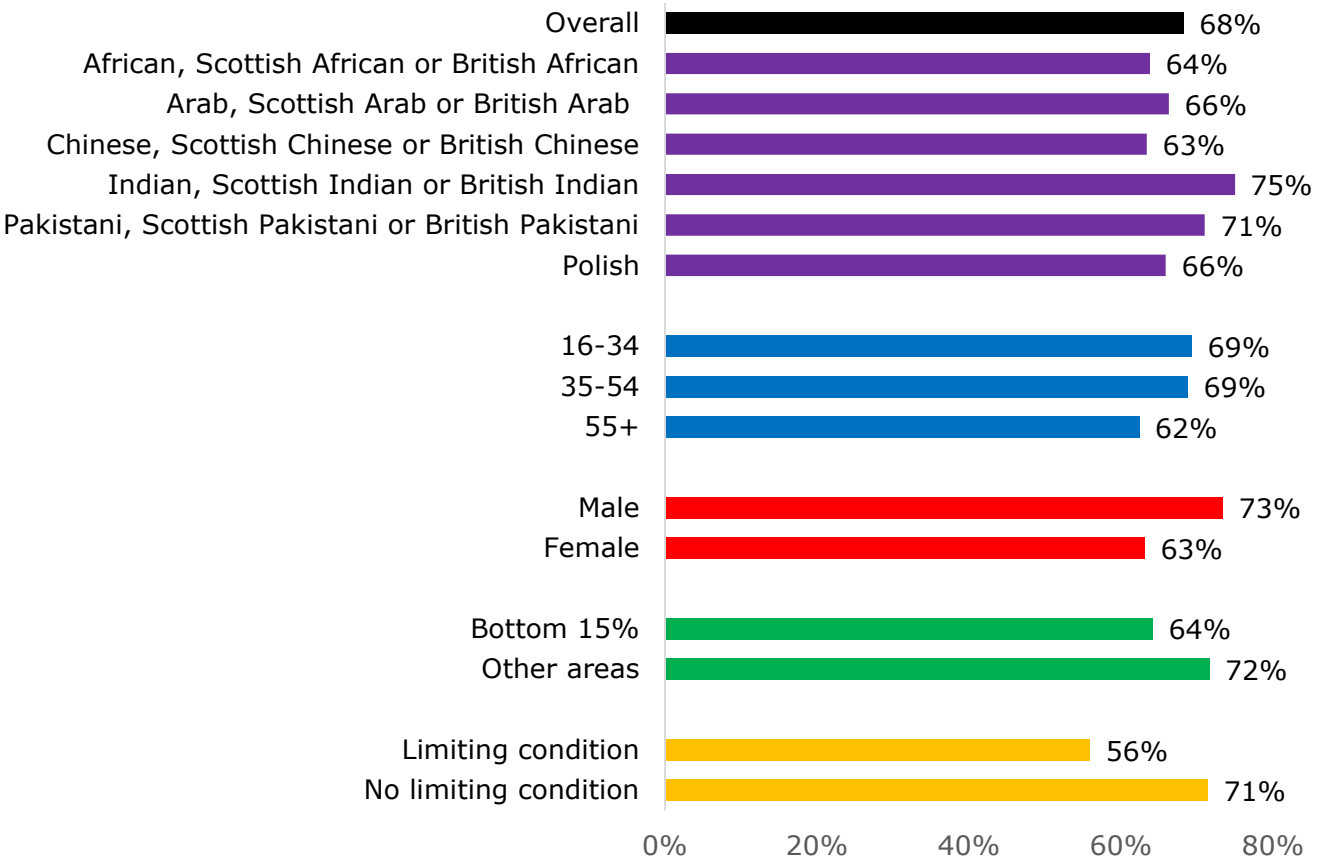
wellbeing compared to the 2022/23 Main HWBS population (83.6% compared to 80.7%), including a significant difference for those aged under 35 (87% compared to 83%).

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 two in three (68%) said that they 'definitely' felt in control of these decisions, while 23% said that they felt in control 'to some extent' and 8% did not feel in control of these decisions.

- Those aged 55 or over were less likely than younger adults to definitely feel in control of decisions affecting their life.
- Men were more likely than women to feel in control.
- Those in the most deprived areas were less likely to definitely feel in control of the decisions affecting their life.
- Those with a long-term limiting condition or illness were less likely than others to definitely feel in control of these decisions.
- The proportion of people who definitely felt in control of the decisions affecting their life varied significantly by ethnicity.

Figure 2.5: 'Definitely' Feel in Control of Decisions Affecting Life by Ethnicity, Age, Gender, Deprivation and Limiting Conditions



A gender related difference of males being more likely than females to feel in control of the decisions affecting their lives was observed consistently across the sample.

Table 2.2: 'Definitely' Feel in Control of Decisions Affecting Life by Ethnicity and Gender

	'Definitely' Feel in Control
African, Scottish African or British African Male	68%
African, Scottish African or British African Female	59%
Arab, Scottish Arab or British Arab Male	71%
Arab, Scottish Arab or British Arab Female	61%
Chinese, Scottish Chinese or British Chinese Male	71%
Chinese, Scottish Chinese or British Chinese Female	58%
Indian, Scottish Indian or British Indian Male	79%
Indian, Scottish Indian or British Indian Female	71%
Pakistani, Scottish Pakistani or British Pakistani Male	76%
Pakistani, Scottish Pakistani or British Pakistani Female	66%
Polish Male	72%
Polish Female	61%

There was no significant change from the 2016 survey and no significant difference between the proportion of people in 2024 who felt in control of the decisions affecting their life compared to the 2022/23 Main HWBS population.

2.2 Self-Perceived Quality of Life

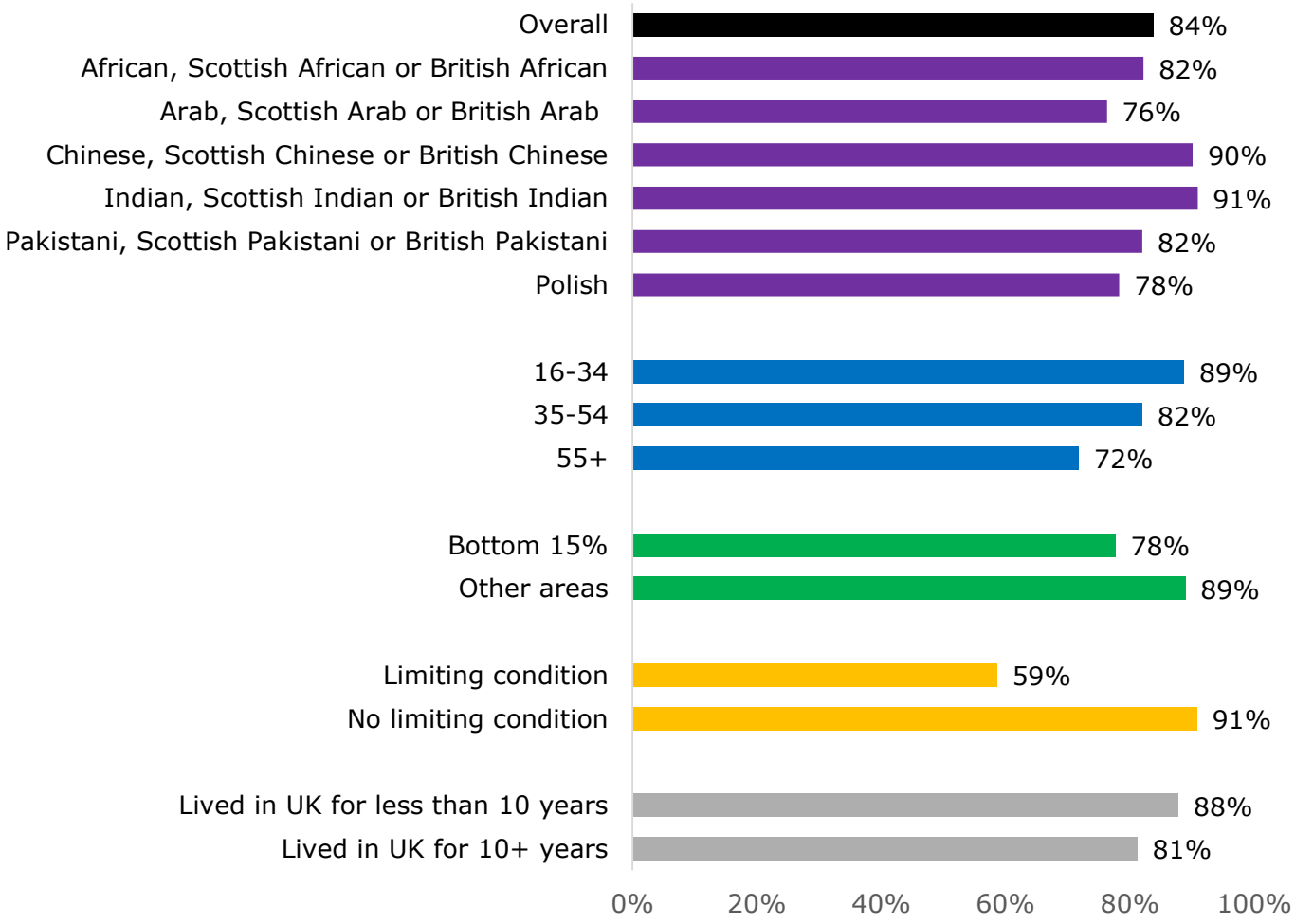
Using the 'faces' scale, respondents were asked to rate their overall quality of life. Overall, 84% gave a positive rating of their quality of life.

- Those aged 55 or over were less likely than younger adults to have a positive perception of their quality of life.
- Those in the most deprived areas were less likely to have a positive perception of their overall quality of life.
- Those with a long-term limiting condition or illness were much less likely than others to have a positive view of their quality of life.

- Those who had lived in the UK for less than 10 years were more likely than others to have a positive view of their quality of life.

- The proportion of people to have a positive view of their quality of life varied significantly by ethnicity.

Figure 2.6: Positive Perception of Quality of Life by Ethnicity, Age, Deprivation, Limiting Conditions and Length of Residency in the UK



Comparison with 2016

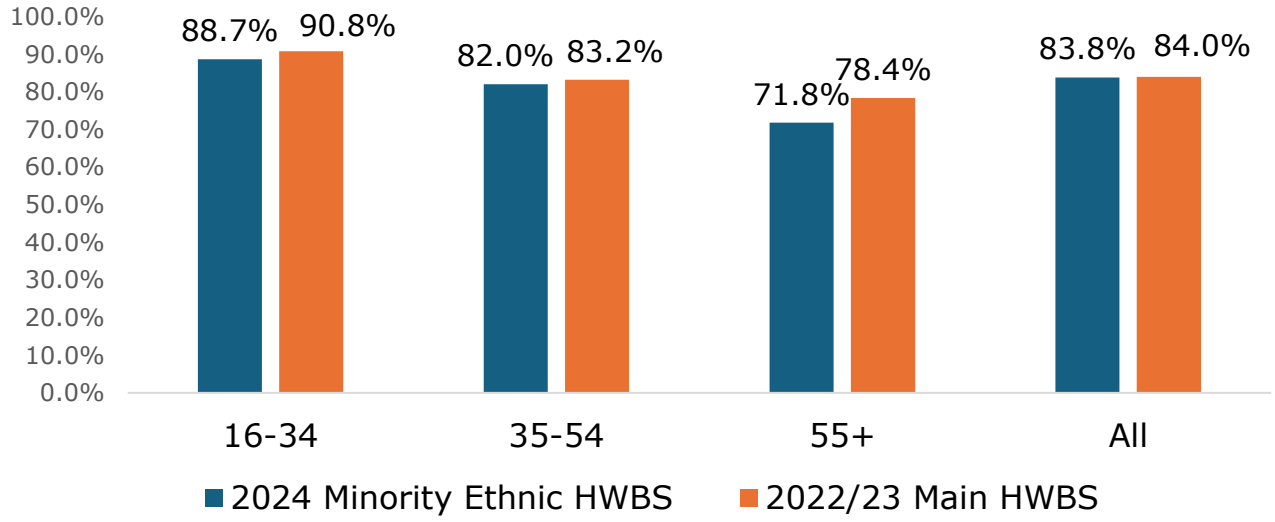
For the comparable subset in Glasgow City, there was a decrease in the proportion who had a positive view of their quality of life from 91.7% in 2016 to 83.4% in 2024.

Comparison with the 2022/23 Main HWBS Population

Compared to the 2022/23 Main HWBS population, the 2024 Minority Ethnic HWBS population was equally as likely to have a positive view of their general health (84% in both surveys). However, the different age profile masks differences in perceptions of quality of life. In both the 16-34 age

group and the 55+ age group, those in the 2024 Minority Ethnic HWBS population were significantly less likely than those in the 2022/23 Main HWBS to have a positive view of their quality of life.

Figure 2.7: Positive View of Quality of Life – 2024 Minority Ethnic HWBS Population and 2022/23 Main HWBS Population by Age Group



2.3 Long Term Conditions or Illness

One in five (21%) adults in the sample said they had a long-term condition or illness that substantially interfered with their day to day activities. Of these:

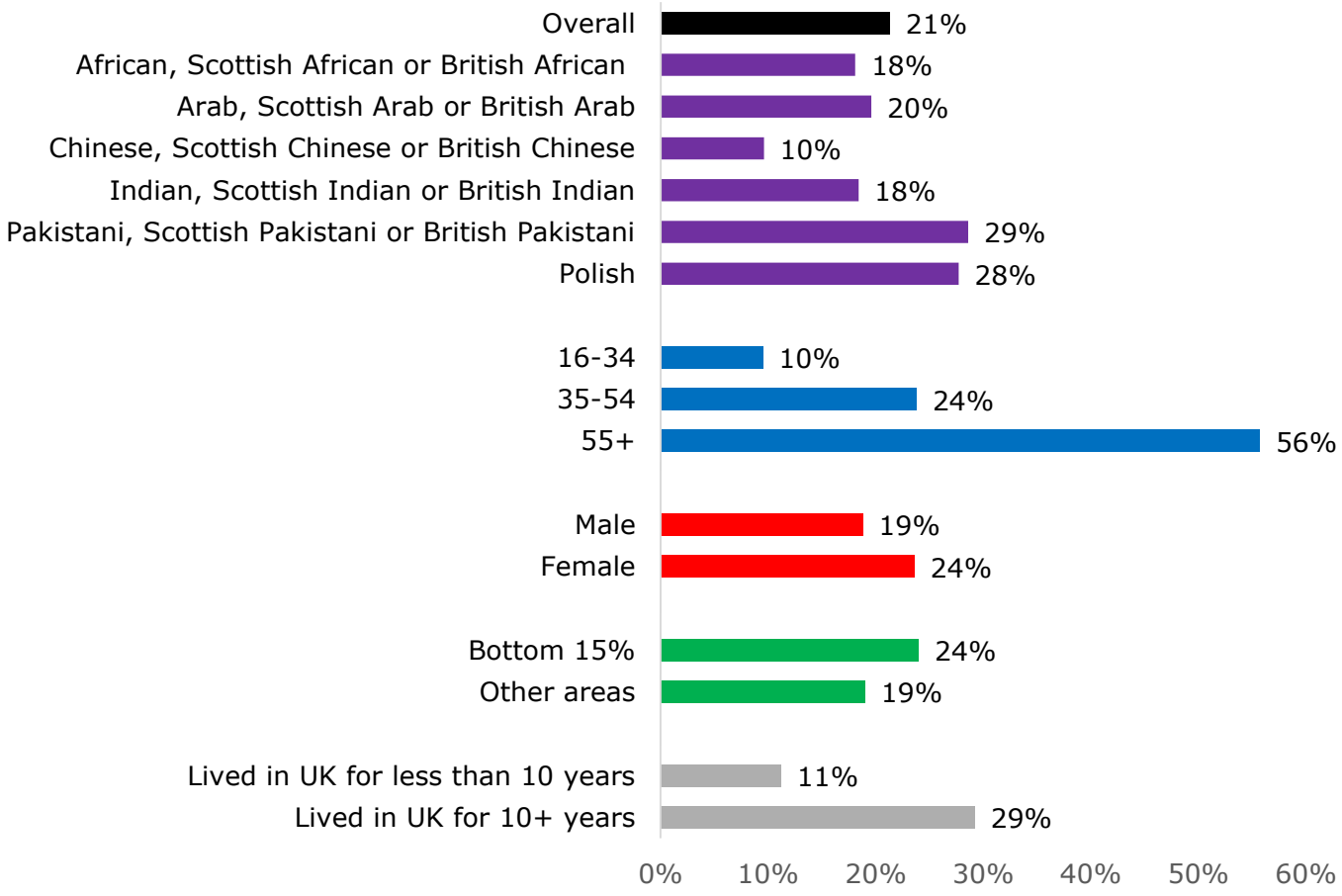
- 55% had a physical disability
- 22% had a mental or emotional health problem
- 64% had a long-term illness.

The likelihood of having a limiting condition or illness increased with age, ranging from 10% of those aged under 35 to 56% of those aged 55 or over. The likelihood of having such a condition was also higher for women and those in the most deprived areas.

Those who had lived in the UK for 10 years or more were much more likely than those who had lived in the UK for less than 10 years to have a limiting condition or illness.

The proportion of people living with a limiting condition or illness varied significantly by ethnicity.

Figure 2.8: Limiting Long-Term Condition or Illness by Ethnicity, Age, Gender, Deprivation and Length of Residency in UK



Overall women were more likely than men to have a limiting condition or illness. However, the degree of the difference varied by ethnicity as Table 2.3 shows.

Table 2.3: Limiting Long-Term Condition or Illness by Ethnicity and Gender

	Limiting Long-Term Condition or Illness
African, Scottish African or British African Male	16%
African, Scottish African or British African Female	21%
Arab, Scottish Arab or British Arab Male	18%
Arab, Scottish Arab or British Arab Female	21%
Chinese, Scottish Chinese or British Chinese Male	6%
Chinese, Scottish Chinese or British Chinese Female	11%
Indian, Scottish Indian or British Indian Male	14%
Indian, Scottish Indian or British Indian Female	23%
Pakistani, Scottish Pakistani or British Pakistani Male	27%
Pakistani, Scottish Pakistani or British Pakistani Female	30%
Polish Male	24%
Polish Female	31%

Comparison with 2016

For the comparable subset in Glasgow City, there was an increase in the proportion who had a limiting condition or illness from 15.1% in 2016 to 20.4% in 2024.

Comparison with the 2022/23 Main HWBS Population

Compared to the 2022/23 Main HWBS population, the 2024 Minority Ethnic HWBS population was less likely to have a limiting condition or illness (21% compared to 31%). There was a significant difference in the under 35 age group, but no significant difference in the other two age groups.

Figure 2.9: Limiting Long-Term Condition or Illness – 2024 Minority Ethnic HWBS Population and 2022/23 Main HWBS Population by Age Group

Evidence from Other Sources

- The proportion who reported having a limiting long-term condition/illness (21%) was lower than the national figure from the **Scottish Health Survey (2023)** which found that overall 38% had a limiting condition/illness, showing an overall increase from 26% in 2008 and from 34% in 2021.

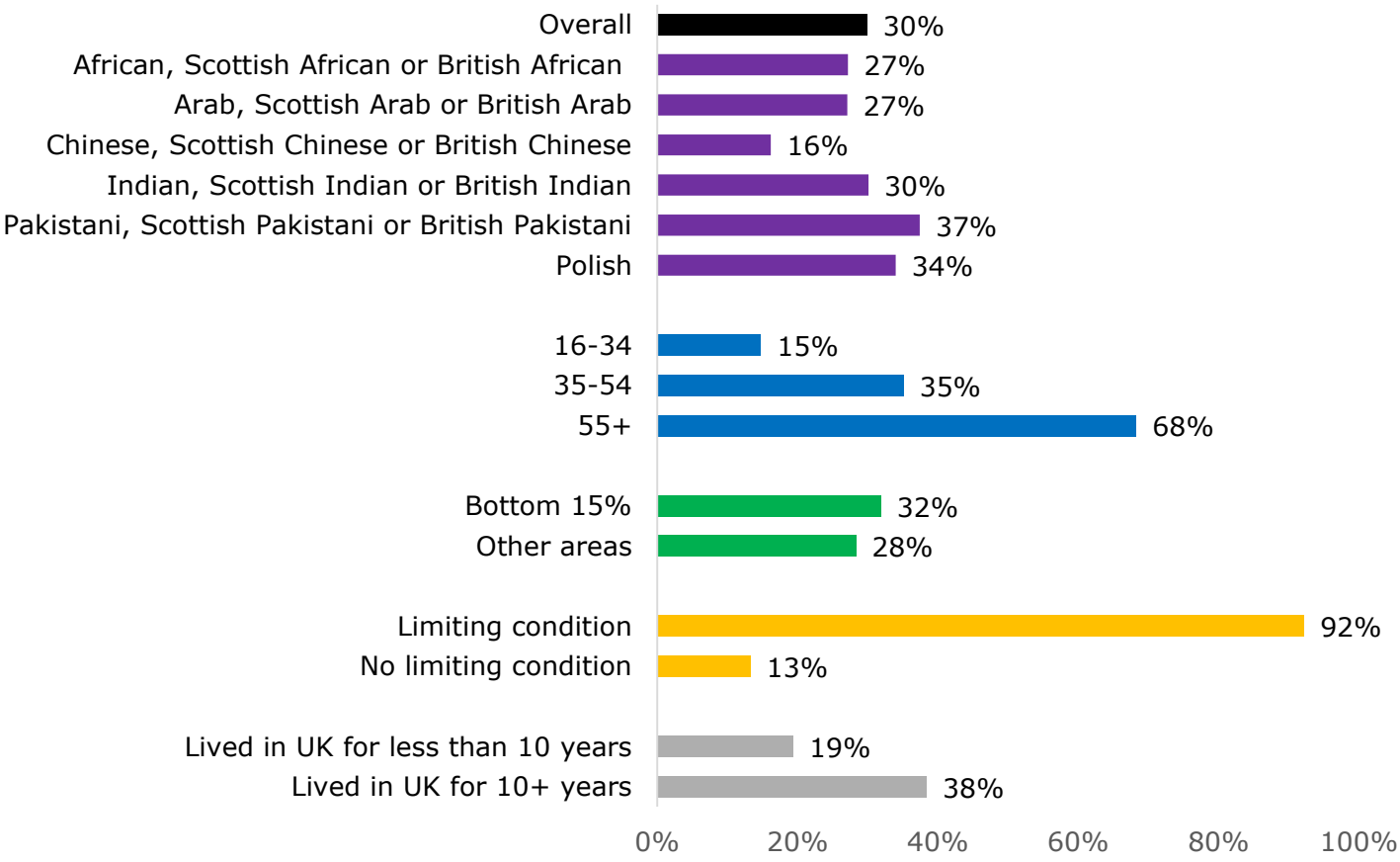
Illnesses/Conditions for Which Treatment is Being Received

Three in ten (30%) respondents said they had one or more illness or condition for which they were currently being treated (not necessarily 'limiting' illnesses/conditions) – 18% were being treated for one condition, and 12% were being treated for two or more.

- The proportion being treated for any conditions/illnesses ranged from 15% of those aged under 35 to 68% of those aged 55 or over.
- Those in the most deprived areas were more likely to be receiving treatment for at least one condition.
- Most (92%) of those who had a long-term limiting condition or illness said they were receiving treatment.
- Those who had lived in the UK for 10 years or more were more likely than others to be receiving treatment.

- The proportion of people being treated for any conditions/illnesses varied significantly by ethnicity.

Figure 2.10: Proportion Receiving Treatment for at Least One Condition by Ethnicity, Age, Deprivation, Limiting Conditions and Length of Residency in UK



Comparison with 2016

For the comparable subset in Glasgow City, there was an increase in the proportion who were receiving treatment from 25.8% in 2016 to 29.5% in 2024.

Comparison with the 2022/23 Main HWBS Population

Compared to the 2022/23 Main HWBS, those in the 2024 Minority Ethnic HWBS was less likely to be receiving treatment (30% compared to 46%). There was a significant difference in the under 35 age group and the 35-54 age group, but no significant difference in the over 55 age group.

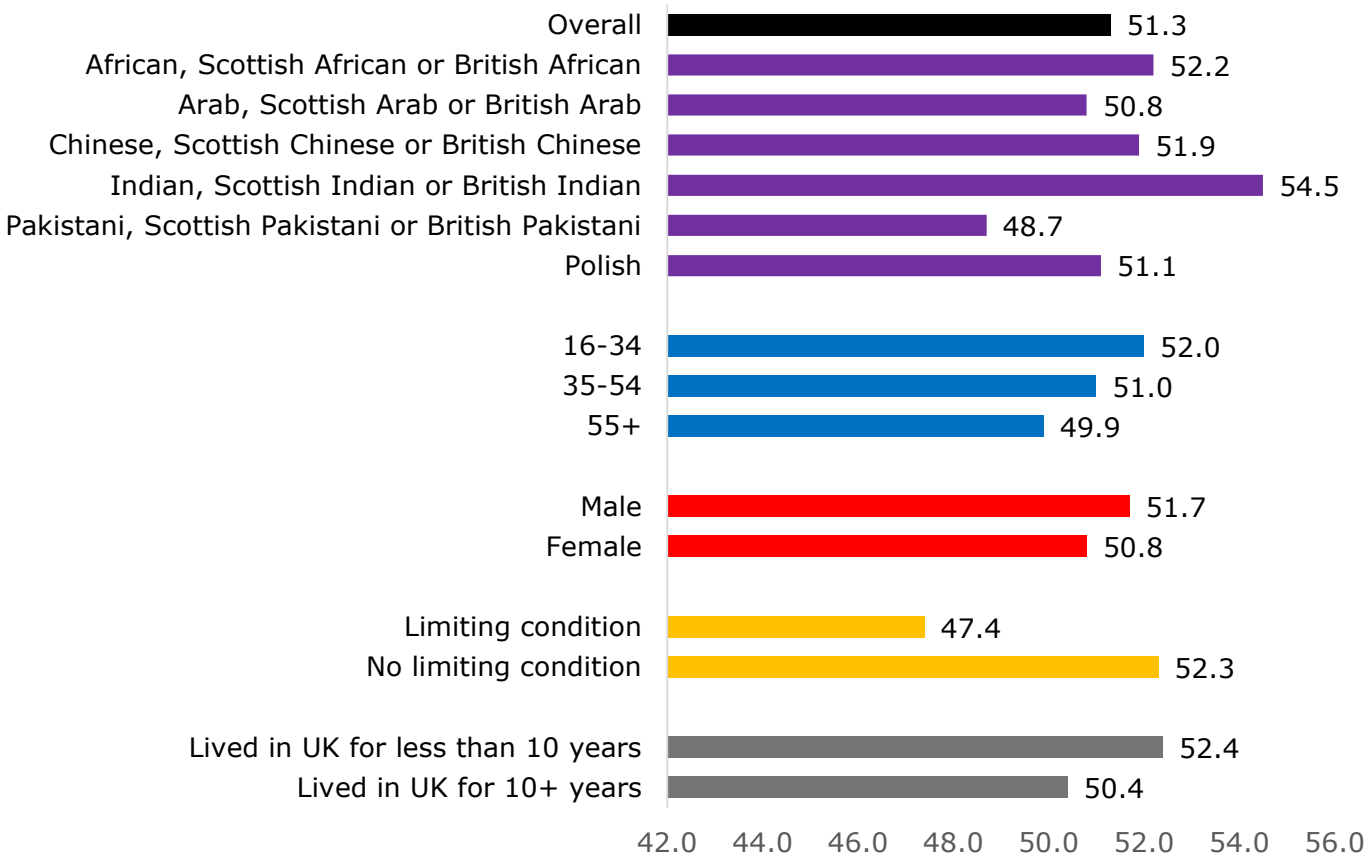
Figure 2.11: Proportion Receiving Treatment for at Least One Condition – 2024 Minority Ethnic HWBS Population and 2022/23 Main HWBS Population by Age Group

2.4 Mental Health

WEMWBS

The self-completion section of the questionnaire included the fourteen questions of the Warwick-Edinburgh Mental Well-being Scale (WEMWBS). This measures mental wellbeing. The mean WEMWBS score was 51.3. Mean WEMWBS scores varied significantly by age, gender, limiting conditions and length of residency in the UK and ethnicity, as Figure 2.12 shows.

Figure 2.12: Mean WEMWBS Scores by Ethnicity, Age, Gender, Limiting Conditions and Length of Residency in UK (Higher Scores = better mental wellbeing)



Validated categorisations of WEMWBS scores are:

- Score under 41: Probable clinical depression
- Score 41-44: Possible/mild depression
- Score 45+: No depression

Using these categories, 22% had a WEMWBS score indicating depression – either probable clinical depression (12%) or possible mild/depression (10%).

- Those aged under 35 were the least likely to have a WEMWBS score indicating depression.

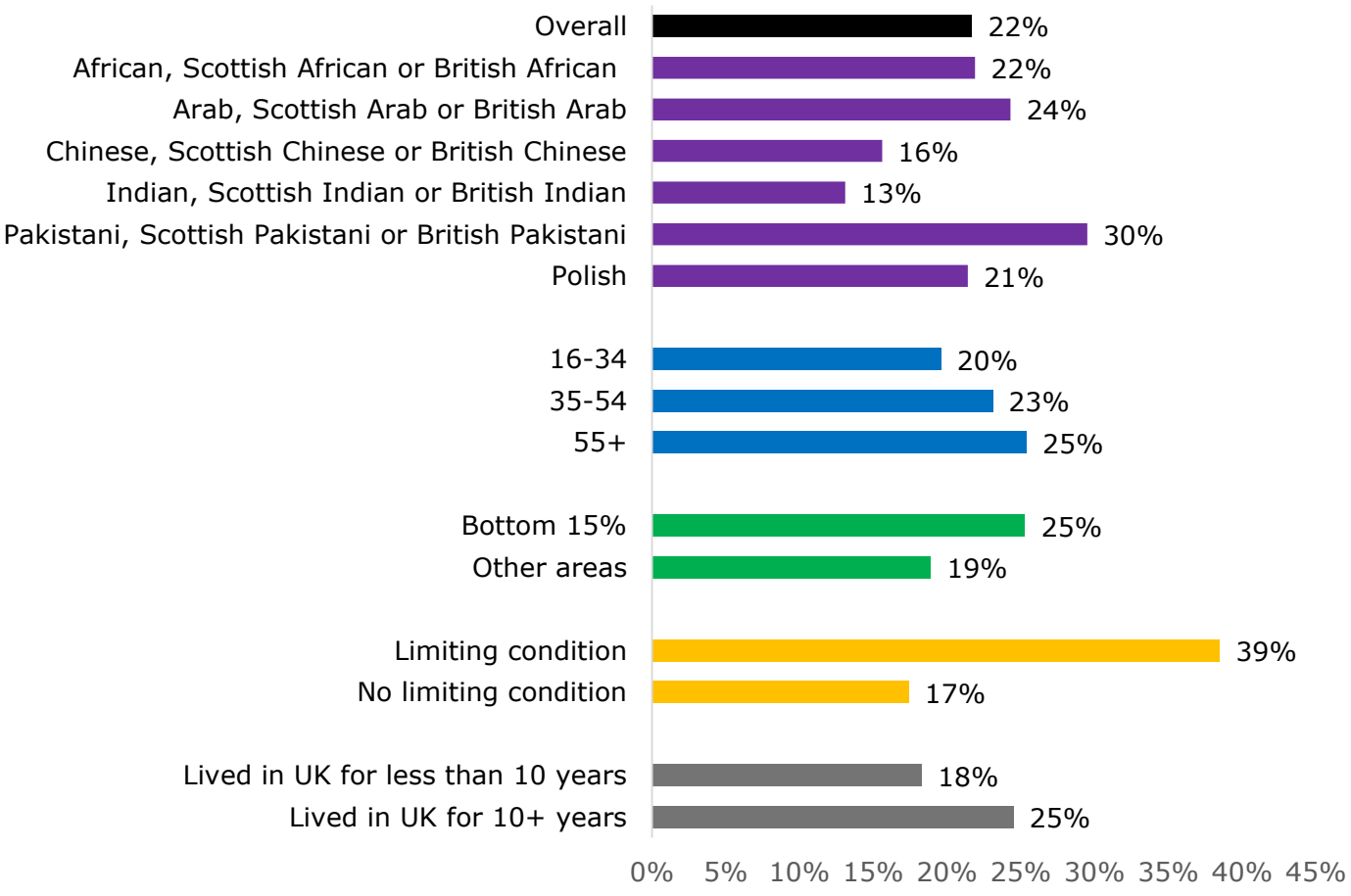
- Those in the most deprived areas were more likely than those in other areas to have a score indicating depression.

- Nearly two in five (39%) people living with a long-term limiting condition or illness had a WEMWBS score indicating depression.

- Those who had lived in the UK for 10 years or more were more likely than others to have a score indicating depression.

- The proportion of people who had a WEMWBS score indicating depression varied significantly by ethnicity.

Figure 2.13: Proportion with a WEMWBS Score Indicating Depression by Ethnicity, Age, Limiting Conditions and Length of Residency in UK

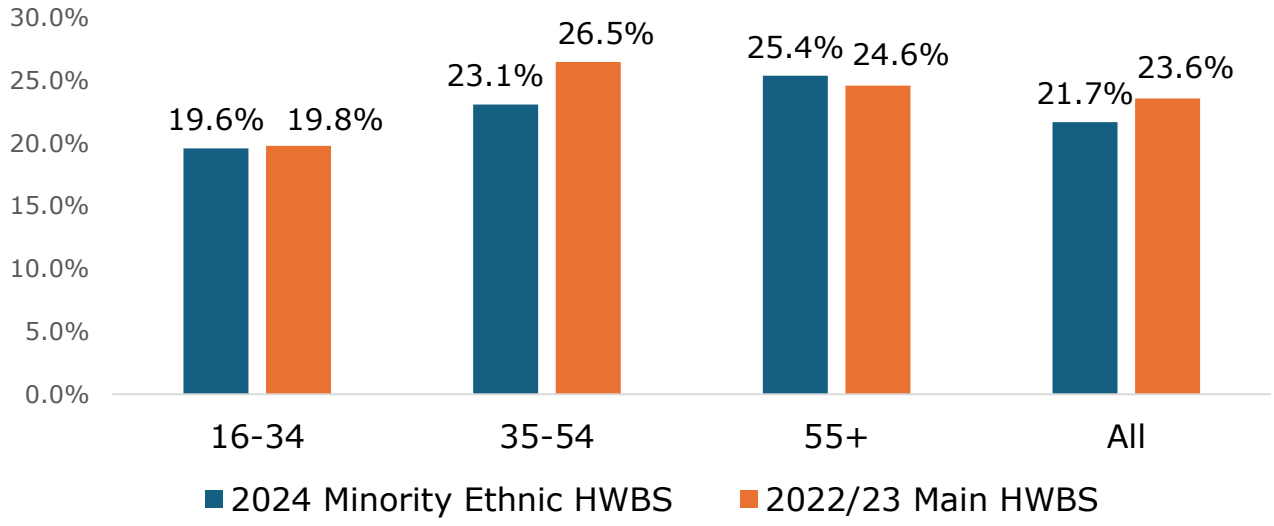


It is not possible to make comparisons with the 2016 survey.

Comparison with the 2022/23 Main HWBS Population

Compared to the 2022/23 Main HWBS, those in the 2024 Minority Ethnic HWBS was overall less likely to have a WEWMBS score indicating depression. There were no significant differences for those aged under 35 and those aged 55 or over, however the 35-54 year age group showed a significant difference.

Figure 2.14: Proportion with a WEMWBS Score Indicating Depression – 2024 Minority Ethnic HWBS Population and 2022/23 Main HWBS Population by Age Group



Evidence from Other Sources

- The **Scottish Health Survey 2023** found a mean WEMWBS score for adults across Scotland of 48.9, lower than the mean of 51.3 measured in 2024 Minority Ethnic HWBS.

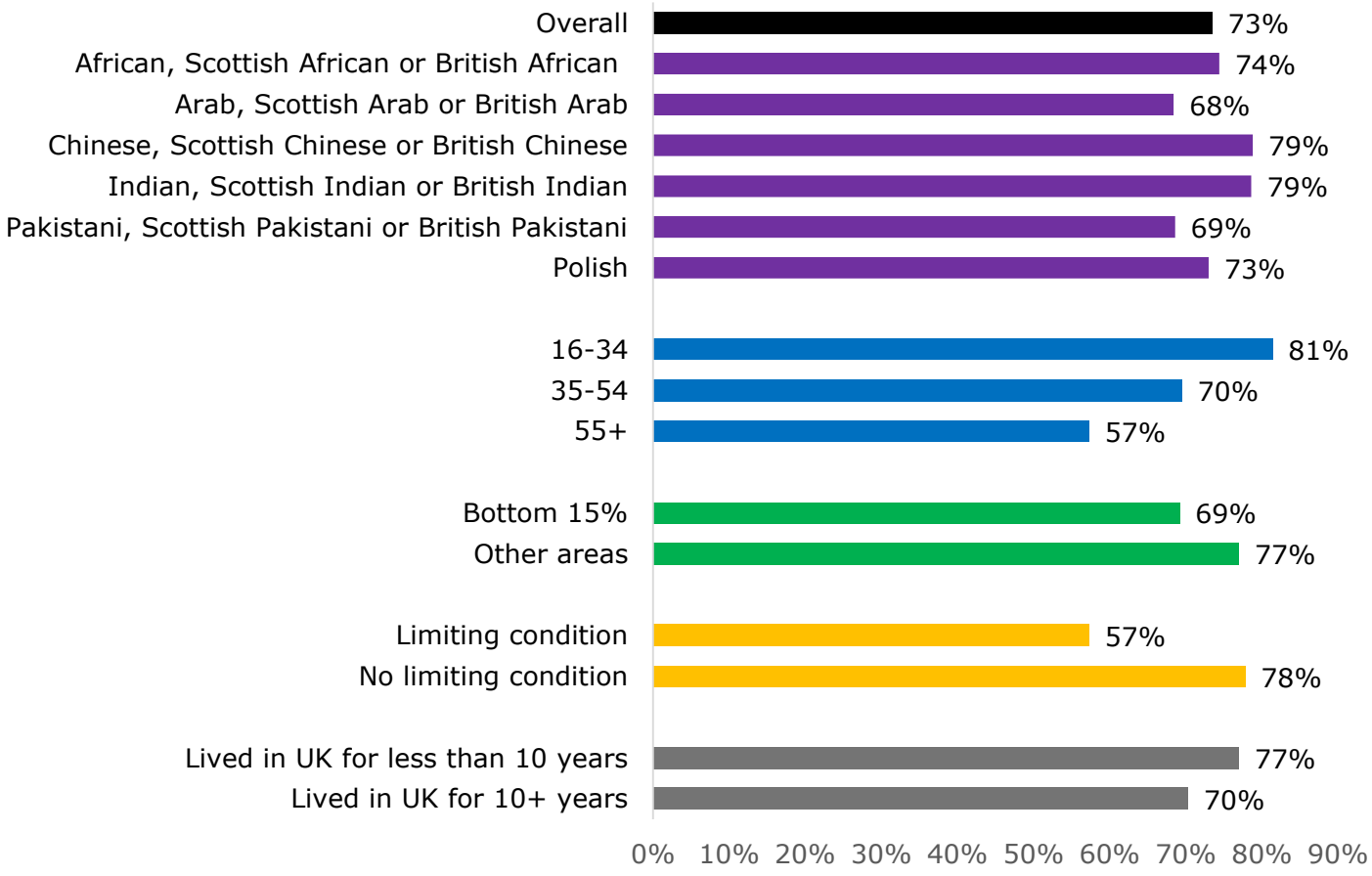
2.5 Dental Health

Respondents were asked how they would describe the current state of the health of their mouth and teeth. Nearly three in four (73%) said they felt their mouth and teeth were in good health, while 22% said they felt that their mouth and teeth had some problems that need to be fixed and 4% said they felt their mouth and teeth were in a poor state.

- Those aged under 35 were more likely than older adults to feel their mouth/teeth were in good health.
- Those in the most deprived areas were less likely to say they felt their mouth/teeth were in good health.

- Those with a long-term limiting condition or illness were less likely than others to say they felt their mouth/teeth were in good health.
- Those who had lived in the UK for 10 years or more were less likely than others to say their mouth/teeth were in good health.
- The proportion of people to rate their mouth/teeth in good health varied significantly by ethnicity.

Figure 2.15: Proportion Rating Mouth/Teeth in Good Health by Ethnicity, Age, Deprivation, Limiting Conditions and Length of Residency in UK



Although there was no overall significant difference between men and women, this varied by ethnicity.

Table 2.4: Proportion Rating Mouth/Teeth in Good Health by Ethnicity and Gender

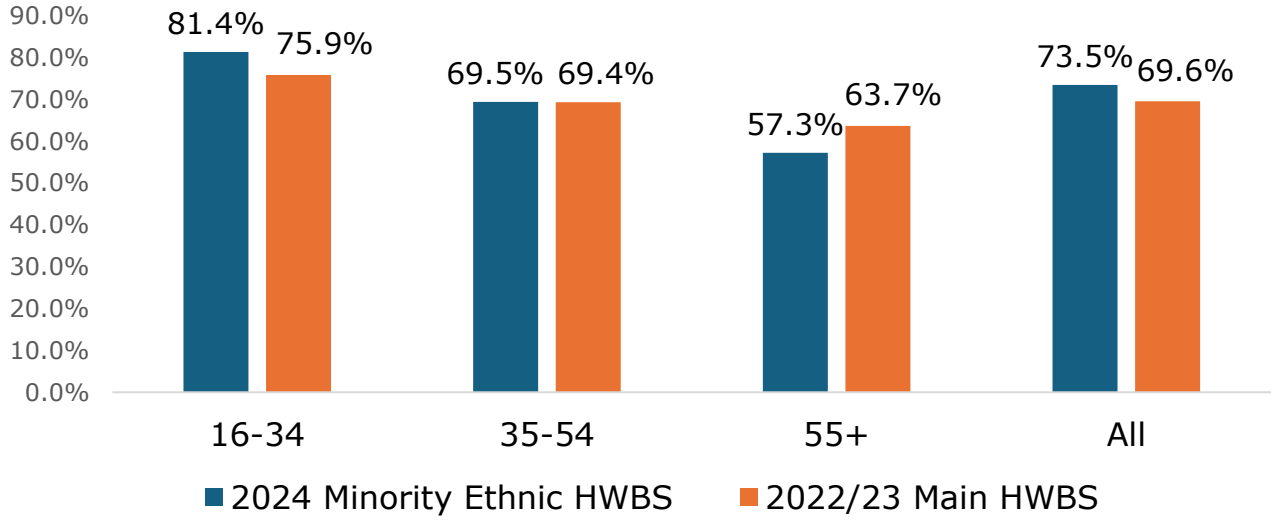
	Mouth/Teeth in Good Health
African, Scottish African or British African Male	75%
African, Scottish African or British African Female	73%
Arab, Scottish Arab or British Arab Male	65%
Arab, Scottish Arab or British Arab Female	72%
Chinese, Scottish Chinese or British Chinese Male	82%
Chinese, Scottish Chinese or British Chinese Female	76%
Indian, Scottish Indian or British Indian Male	82%
Indian, Scottish Indian or British Indian Female	75%
Pakistani, Scottish Pakistani or British Pakistani Male	67%
Pakistani, Scottish Pakistani or British Pakistani Female	70%
Polish Male	67%
Polish Female	78%

It is not possible to make comparisons with the 2016 survey as questions on dental health were not included in that survey.

Comparison with the 2022/23 Main HWBS Population

Compared to the 2022/23 Main HWBS, those in the 2024 Minority Ethnic HWBS was overall more likely to have a positive view of the health of their mouth/teeth. However, those under 35 in the 2024 Minority Ethnic HWBS population were more likely than the 2022/23 Main HWBS population to rate the health of their teeth/mouth positively. For those aged 55 or over, people in the 2024 Minority Ethnic HWBS population were **less** likely to rate this positively, as Figure 2.16 shows. There was no difference for those aged 35-54.

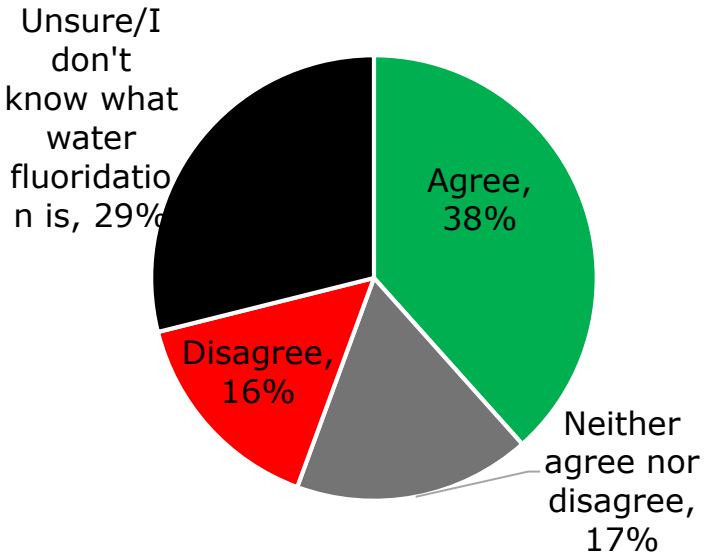
Figure 2.16: Proportion Rating Mouth/Teeth in Good Health – 2024 Minority Ethnic HWBS Population and 2022/23 Main Survey HWBS Population by Age Group



Half (51%) of respondents indicated that in the last two years they had required services for a dental problem. Of these, most (94%) had used a high street dental practice. Other services used were: medical GP (5%), pharmacist (3%), out of hours/emergency dental service (3%) and Accident and Emergency Department (1%).

All respondents were asked the extent to which they agreed or disagreed with the statement: 'I am open to the possibility of water fluoridation in my local area'. Just under two in five (38%) agreed with this, while 16% disagreed, and 46% either said they did not agree nor disagree or that they were unsure/did not know what fluoridation is.

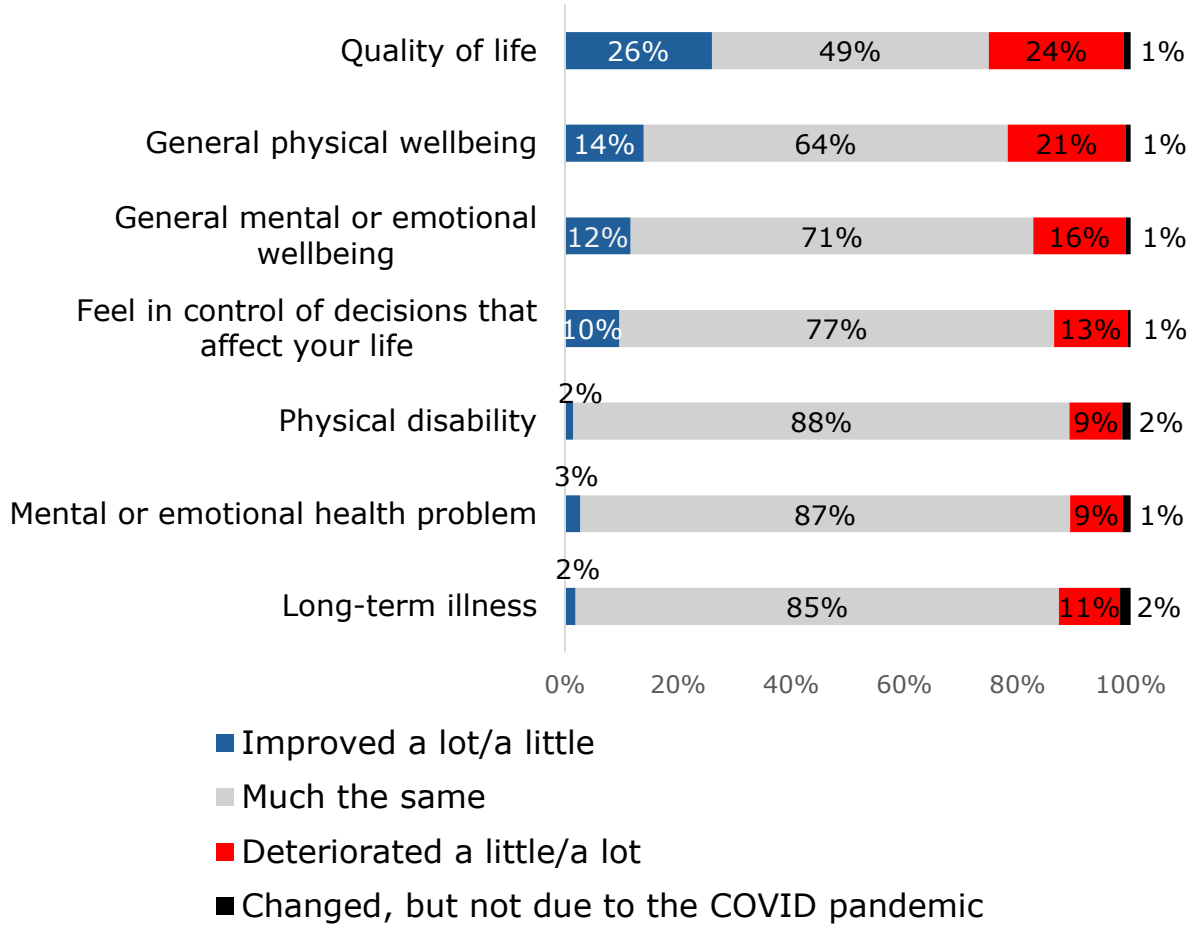
Figure 2.17: Responses to the statement 'I am open to the possibility of water fluoridation in my local area'



2.6 Effects of COVID on Health and Wellbeing

Respondents were asked how a number of health and wellbeing indicators had changed for them due to the COVID pandemic. Responses are shown in Figure 2.18. For each indicator, a majority said they were 'much the same'. However, a quarter (24%) said their quality of life had deteriorated due to the pandemic; a fifth (21%) said their general physical wellbeing had deteriorated due to the pandemic; 16% said their general mental or emotional wellbeing had deteriorated due to the pandemic.

Figure 2.18: Perceived Effects of the COVID Pandemic on Wellbeing



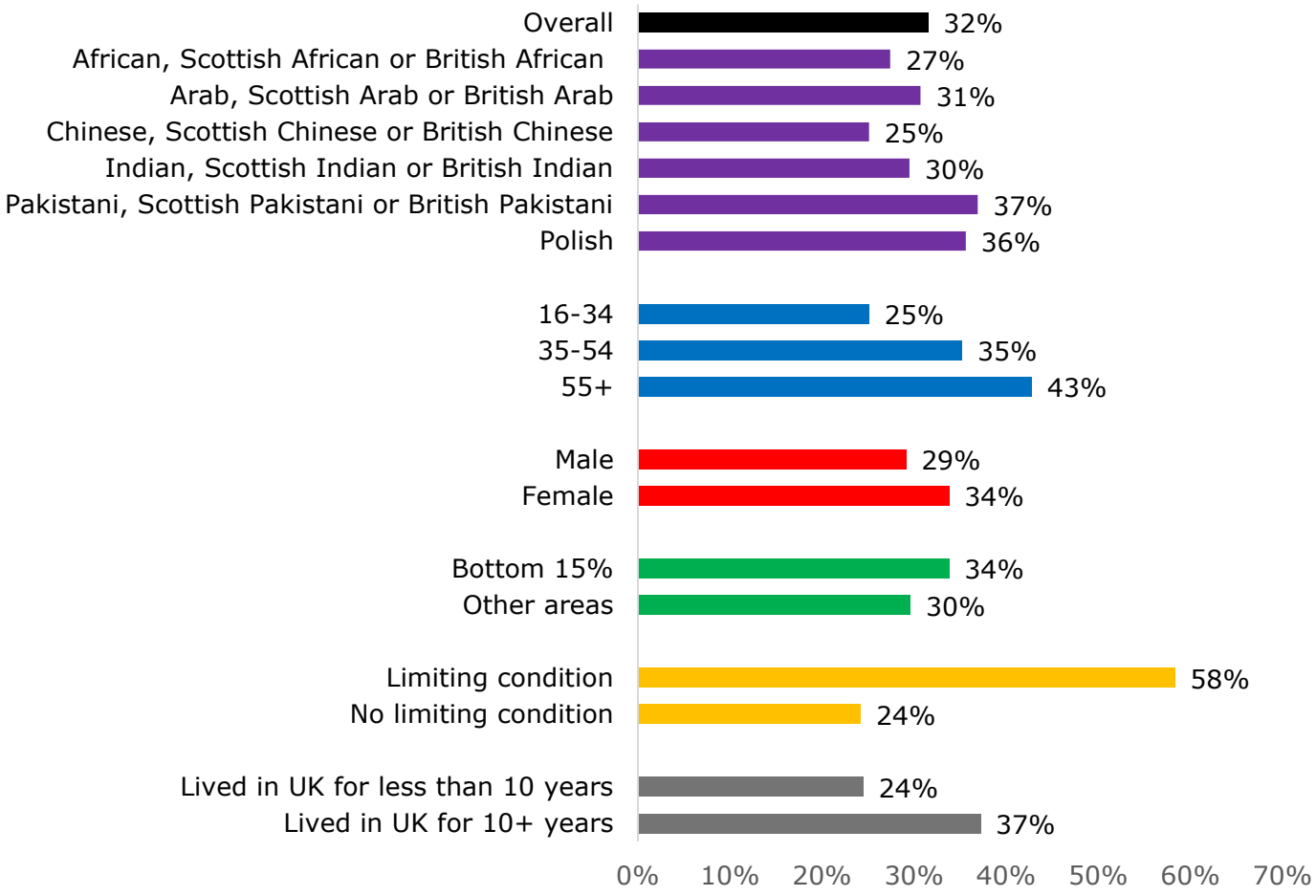
Overall, just under one in three (32%) said that at least one of the health and wellbeing indicators had deteriorated due to the COVID pandemic.

- Those aged under 35 were the least likely to indicate wellbeing indicators having deteriorated due to the COVID pandemic; those aged 55 and over were the most likely.
- Women were more likely than men to report negative effects of the pandemic on wellbeing.
- Those in the most deprived areas were more likely than those in other areas to report negative effects of COVID on their wellbeing.
- Those with a limiting condition or illness were much more likely than others to say that at least one wellbeing indicator had deteriorated due to the pandemic.

- Those who had lived in the UK for 10 years or more were more likely than others to say that COVID had negatively affected at least one health and wellbeing measure.

- The proportion of people who said that COVID had negatively affected any of the health and wellbeing measures varied significantly by ethnicity.

Figure 2.19: Proportion Reporting Deterioration of at Least One Wellbeing Indicator due to the COVID Pandemic by Ethnicity, Age, Gender, Deprivation, Limiting Conditions and Length of Residency in the UK



Overall women were more likely than men to report a negative effect of the COVID pandemic on their wellbeing. However, the degree of difference varied by ethnicity.

Table 2.5: Proportion Reporting Deterioration of at Least One Wellbeing Indicator due to the COVID Pandemic by Ethnicity and Gender

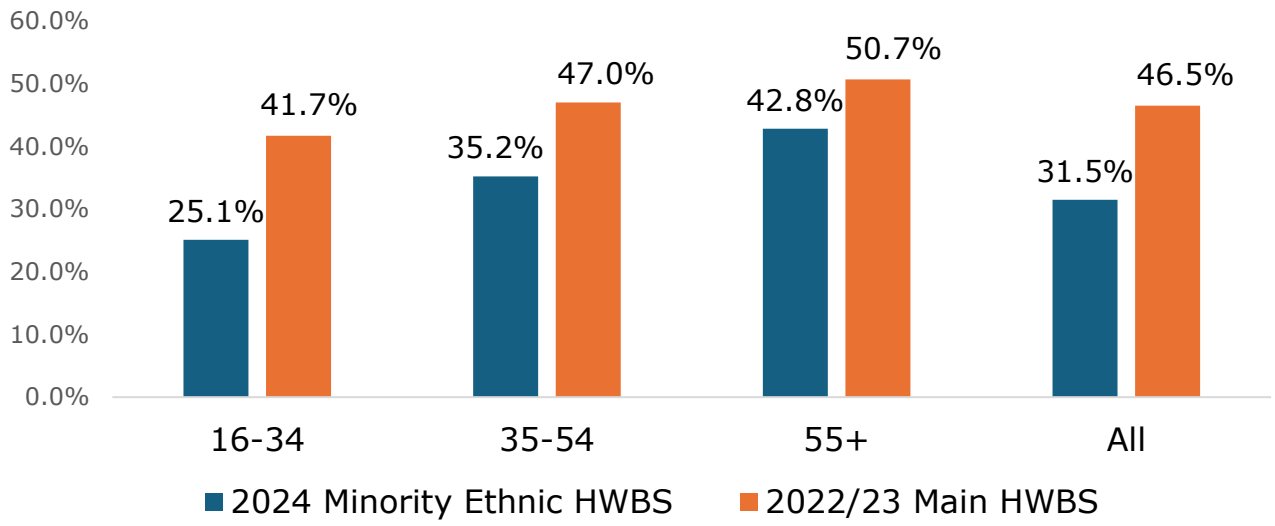
	Negative Effect of COVID on Wellbeing Indicators
African, Scottish African or British African Male	25%
African, Scottish African or British African Female	30%
Arab, Scottish Arab or British Arab Male	26%
Arab, Scottish Arab or British Arab Female	36%
Chinese, Scottish Chinese or British Chinese Male	24%
Chinese, Scottish Chinese or British Chinese Female	25%
Indian, Scottish Indian or British Indian Male	24%
Indian, Scottish Indian or British Indian Female	35%
Pakistani, Scottish Pakistani or British Pakistani Male	34%
Pakistani, Scottish Pakistani or British Pakistani Female	40%
Polish Male	36%
Polish Female	35%

It is not possible to make comparisons with the 2016 survey.

Comparison with the 2022/23 Main HWBS Population

Compared to the 2022/23 Main HWBS population, the 2024 Minority Ethnic HWBS population was overall less likely to say that the COVID pandemic had negative affected any measure of health or wellbeing (noting that the main survey was conducted more recently after the COVID outbreak). There was a significant difference in each of the three age groups, shown in Figure 2.20.

Figure 2.20: Proportion Reporting Deterioration of at Least One Wellbeing Indicator due to the COVID Pandemic – 2024 Minority Ethnic HWBS Population and 2022/23 Main HWBS Population by Age Group



2.7 Summary of Key Messages from This Chapter

Differences by Age and Gender

- Those aged 55 or over were the least likely to have a positive view of general health, physical wellbeing, mental/emotional wellbeing or quality of life and the least likely to feel in control of the decisions affecting their life. Men were more likely than women to have a positive view of their physical or mental/emotional wellbeing or to feel in control of the decisions affecting their life.

- Those aged 55 or over were the most likely to have a limiting condition/illness or to be receiving treatment. Women were more likely than men to have a limiting condition/illness or to be receiving treatment for at least one condition/illness.

- Those aged under 35 were the least likely to have WEMWBS scores indicating depression.

- Those aged under 35 were the most likely to feel their mouth/teeth were in good health.

- Those aged 55 and over were the most likely to report deterioration of wellbeing indicators as a result of the COVID pandemic, and women were more likely than men to report such effects.

Differences by Deprivation

Those living in the most deprived areas were:

- less likely to have positive views of their physical wellbeing, mental/emotional wellbeing and quality of life

- less likely to feel in control of the decisions affecting their life

- more likely to have a limiting condition/illness or to be receiving treatment for at least one condition

- more likely to have WEMWBS scores indicating depression

- less likely to feel their mouth/teeth were in good health

- more likely to say at least one wellbeing indicator had deteriorated due to the COVID pandemic.

Differences by Limiting Conditions

Those with a long-term limiting condition or illness were:

- less likely to have positive views of their general health, physical wellbeing, mental/emotional wellbeing and quality of life
- less likely to feel in control of the decisions affecting their life
- more likely to be receiving treatment for at least one condition
- more likely to have WEMWBS scores indicating depression
- less likely to feel their mouth/teeth were in good health
- more likely to report deterioration in wellbeing indicators due to the COVID pandemic.

Differences by Length of Residency in UK

Those who had lived in the UK for 10 years or more were:

- less likely to have positive views of their general health, physical wellbeing, mental/emotional wellbeing and quality of life
- more likely to have a limiting condition/illness and more likely to be receiving treatment for at least one condition
- more likely to have WEMWBS scores indicating depression
- less likely to feel their mouth/teeth were in good health
- more likely to report deterioration in wellbeing indicators due to the COVID pandemic.

Changes since 2016

For the comparable subset (those in Glasgow City and excluding Arab, Scottish Arab or British Arab people who had not been included in 2016), compared to 2016, those in 2024 were:

- less likely to have a positive view of their general health

- less likely to have a positive view of their physical wellbeing or mental/emotional wellbeing

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

- more likely to have a limiting condition/illness and more likely to be receiving treatment for at least one condition.

Comparison with 2022/23 Main HWBS population

Compared to the 2022/23 Main HWBS population, the 2024 Minority Ethnic HWBS population was:

- more likely to have a positive view of their general health (but among the oldest age group, less likely to have a positive view of this)

- more likely to have a positive view of their physical wellbeing and mental/emotional wellbeing

- (among the 16-34 and 55+ age groups) less likely to have a positive view of their quality of life

- less likely to have a limiting condition/illness (specifically among 16-34 year olds)

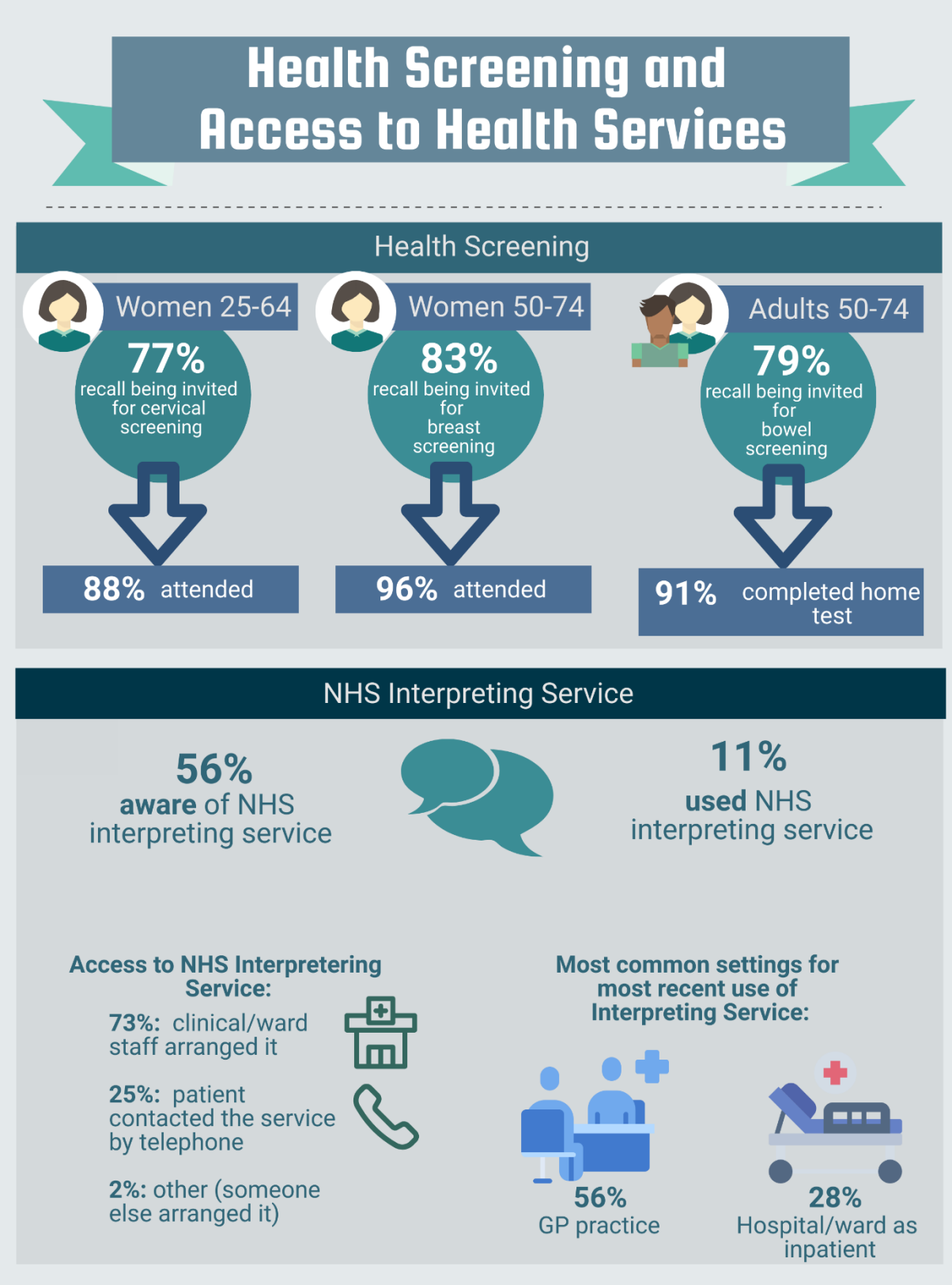
- less likely to be receiving treatment for at least one condition

- less likely to have a WEMWBS score indicating depression (specifically among 35-54 year olds)

- more likely to say their mouth/teeth were in good health (but less likely to say this for those aged 55 or over)

- less likely to say that the COVID pandemic had had a negative effect on at least one wellbeing indicator.

3 Health Screening and Access to Health Services



3.1 Introduction

This chapter presents the findings from questions relating to attendance at health screening appointments and accesses to health services. These questions were only included in the 2016 and 2024 Minority Ethnic HWBS due to evidence of lower uptake among minority ethnic people and therefore there are no comparisons with the 2022/23 Main HWBS.

Policy Context – Screening

The Scottish Equity in Screening Strategy 2023-2026 sets out a national vision to reduce health inequalities by ensuring equitable access to screening for all eligible individuals. The strategy focuses on increasing awareness, improving accessibility, and applying data-driven approaches to identify and remove barriers to participation. It promotes informed decision-making and supports tailored interventions to improve uptake and outcomes across the entire screening pathway. The strategy highlights that underserved groups - such as individuals from minority ethnic people backgrounds—face barriers to participation, and that understanding and addressing these barriers is essential to improving equity in screening uptake.

In Scotland, individuals registered with a GP practice are invited to participate in national screening programmes based on nationally agreed eligibility criteria - Introduction to screening in Scotland | NHS inform. Invitations are issued automatically via central IT systems to the individual's home or designated correspondence address, using details held on their Community Health Index (CHI) number.

3.2 Health Screening

Cervical Screening

Overall, 77% of women aged 25-64 said they had been invited for a cervical screening (smear test). Of those who recalled they had been invited, 88% said they attended.

Those aged 25-34 were the least likely to say they had been invited for cervical screening, and among those who had been invited, those aged 25-34 were the least likely to have attended cervical screening.

Table 3.2: Proportion of 25-64 Year Old Women Who Recall Being Invited and Who Attended Cervical Screening after Receiving Invitation by Age

	Recall Being Invited for Cervical Screening	Attended after Receiving Invitation
25-34	66%	80%
35-54	83%	93%
55-64	88%	90%
All	**77%**	**88%**

Among women aged 25-64, those with a limiting condition or illness were more likely than others to say they had been invited for cervical screening (84% compared to 74%).

Among women aged 25-64, those who had lived in the UK for 10 years or more were more likely than others to recall being invited for cervical screening (83% compared to 69%), and among those who recalled having been invited, those who had lived in the UK for 10 years or more were more likely to have attended (91% compared to 85%).

Of those who did not attend when invited for cervical screening, the most common reasons were did not have time/too busy (33%) and appointment times inconvenient (14%).

Breast Screening

Women aged 50-74 were asked whether they had ever been invited for breast screening. More than four in five (83%) said they had (67% of those aged 50-54 and 91% of those aged 55 or over). Of those who had been invited, most (96%) said they had attended.

Table 3.3: Proportion of 50-74 Year Old Women Who Recall Being Invited and Who Attended Breast Screening after Receiving Invitation by Age

	Recall Being Invited for Breast Screening	Attended after Receiving Invitation*
50-54	67%	93%
55-74	91%	98%
All	**83%**	**96%**

*Attendance did not vary significantly by age

Bowel Screening

Those aged 50 to 74 were asked whether they had ever been invited for bowel screening. Four in five (79%) said they had. Of those who said they had been invited, 91% said they completed the home test for bowel screening.

Those more likely to recall having been invited for bowel screening were

- Those aged 55+
- Those outside the most deprived areas
- Those with a limiting condition/illness
- Those who had lived in the UK for 10+ years

The proportion who recalled being invited for bowel screening also varied significantly by ethnicity.

Table 3.3: Proportion Aged 50-74 Who Were Invited for Bowel Screening by Ethnicity, Age, Deprivation, Limiting Conditions and Length of Residency in the UK

	Recall Ever Been Invited for Bowel Screening
African, Scottish African or British African	77%
Arab, Scottish Arab or British Arab	75%
Chinese, Scottish Chinese or British Chinese	69%
Indian, Scottish Indian or British Indian	87%
Pakistani, Scottish Pakistani or British Pakistani	85%
Polish	66%
50-54	71%
55-74	83%
Bottom 15% areas	71%
Other areas	84%
Limiting condition/illness	85%
No limiting condition/illness	73%
Lived in the UK for less than 10 years	65%
Lived in the UK for 10+ years	80%
All	**79%**

3.3 NHS Interpreting Service

Policy Context – Interpreting

NHS Greater Glasgow and Clyde has a legal responsibility set out in the Equality Act and aligned Public Sector Equality Duty to eliminate unlawful discrimination and advance equality of opportunity for people using our services. Providing interpreting and other forms of communication support to people using our services helps NHSGGC demonstrate due regard to meeting this legal responsibility and our broader moral duty, to deliver safe and effective health care.

Spoken language interpreting is offered as both planned and reactive communication support through a mix of face-to-face and telephone options. The service has grown over the years, with more than 23,000 interpreting-supported conversations taking place in our services each month. This figure includes more than 5000 direct patient bookings – a unique service provided by NHSGGC whereby a patient can contact our telephone interpreting provider and arrange their own communication support free of charge.

Interpreting support is provided by quality-assured professional interpreters who adhere to NHSGGC's Interpreting, Communication Support and Translation Policy at all times. To underpin commitment to quality and safety, the policy states 'only professional interpreters should be used in a health appointment or intervention. Only in an urgent situation/emergency should a friend or family member be used until a professional interpreter arrives, but not children under 16 years. A young person may be asked for information to establish facts only'.

More information on our interpreting service available here:
Interpreting Services - NHSGGC

Just over half (56%) of respondents said that they had heard of the NHS Greater Glasgow and Clyde interpreting service.

Among those who had heard of the service, 19% said they had used it, 45% had not used it and 35% said they did not require the service. Thus, of all respondents (including those who had not heard of the service), 11% had used the NHS Greater Glasgow and Clyde interpreting service.

- Those aged under 35 were less likely than older adults to be aware of the service or to have used it.

- Women were more likely than men to be aware of the service or to have used it.

- Although awareness levels were comparable in the most deprived and other areas, those in the most deprived areas were more likely than others to have used the interpreting service.

- Those with a limiting condition or illness were more likely than others to be aware of the service or to have used it.

- Awareness of the interpreting service was higher among those who had lived in the UK for 10 years or more, but there was no difference for level of use by length of residency.

- Awareness and use of the interpreting service varied significantly by ethnicity.

Table 3.4: Proportion Aware of NHSGGC Interpreting Service and Proportion who Used NHSGGC Interpreting Service by Ethnicity, Age, Gender, Deprivation, Limiting Conditions and Length of Residency in the UK

	Aware of NHSGGC Interpreting Service	**Used NHSGGC Interpreting Service**
African, Scottish African or British African	46%	8%
Arab, Scottish Arab or British Arab	57%	15%
Chinese, Scottish Chinese or British Chinese	52%	9%
Pakistani, Scottish Pakistani or British Pakistani	64%	10%
Indian, Scottish Indian or British Indian	51%	4%
Polish	64%	23%
16-34	46%	7%
35-54	63%	13%
55+	73%	14%
Male	54%	9%
Female	59%	13%
Bottom 15% areas	N/S	16%
Other areas	N/S	7%

Limiting condition/illness	68%	19%
No limiting condition/illness	53%	8%
Lived in the UK for less than 10 years	48%	N/S
Lived in the UK for 10+ years	63%	N/S
All	**56%**	**11%**

N/S=no significant difference

Awareness and use of the NHS interpreting service are likely to differ by how well a patient speaks English. For context, only 72 interviews (<3%) in the 2024 Minority Ethnic HWBS were conducted in a language other than English.

Those who had used the service were asked how they accessed it. In three in four (73%) cases, the clinical/ward staff had arranged it; 25% said they had contacted the service by telephone and 2% had accessed it another way (someone else had arranged it for them).

Among those who had used the service, the most recent use was most commonly at the GP practice (56%) or hospital/ward as an inpatient (28%).

3.4 Summary of Key Messages from This Chapter

Differences by Age and Gender

- Women aged 25-34 were less likely than women aged 35-64 to say they had been invited to cervical screening or to have attended when invited.

- Those aged 55-74 were more likely than those aged 50-54 to say they had been invited to bowel screening.

- Those aged under 35 were less likely than those in older age groups to be aware of the NHSGGC interpreting service or to have used it. Awareness and use was higher for women than for men.

Differences by Deprivation

Those in the most deprived areas were:

- less likely to say they had been invited for bowel screening (among those aged 50-74)

- more likely to use the NHSGGC interpreting service.

Limiting Conditions

Those with a long-term limiting condition or illness were:

- more likely to say they had been invited for cervical screening (among women aged 25-64)

- more likely to say they had been invited for bowel screening (among those aged 50-74)

- more likely to be aware of, or use, the NHSGGC interpreting service.

Differences by Length of Residency in UK

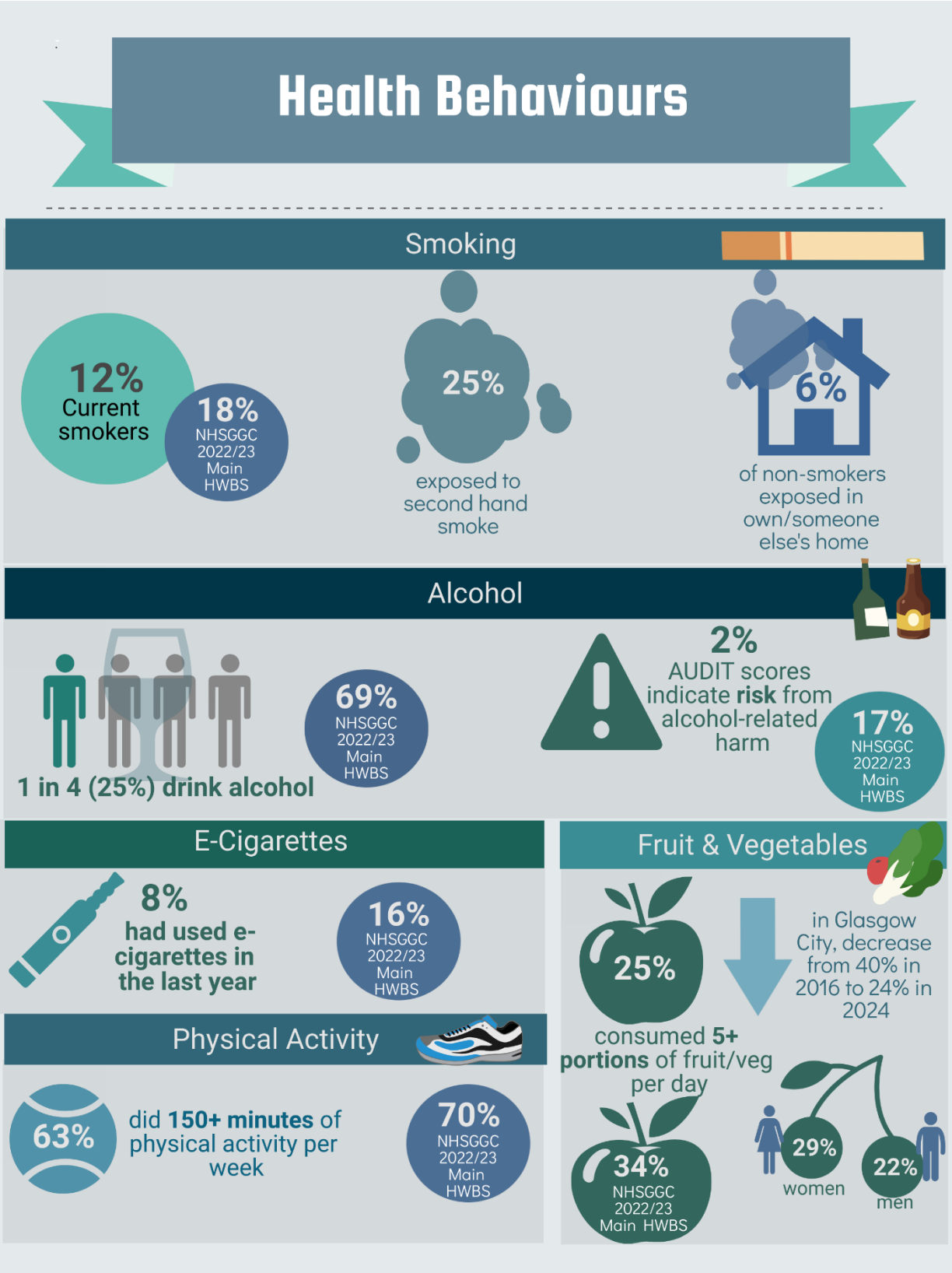
Those who had lived in the UK for less than 10 years were:

- less likely to say they had been invited or to have attended cervical screening (among women aged 50-64)

- less likely to say they had been invited for bowel screening

- less likely to be aware of the NHSGGC interpreting service.

4 Health Behaviours

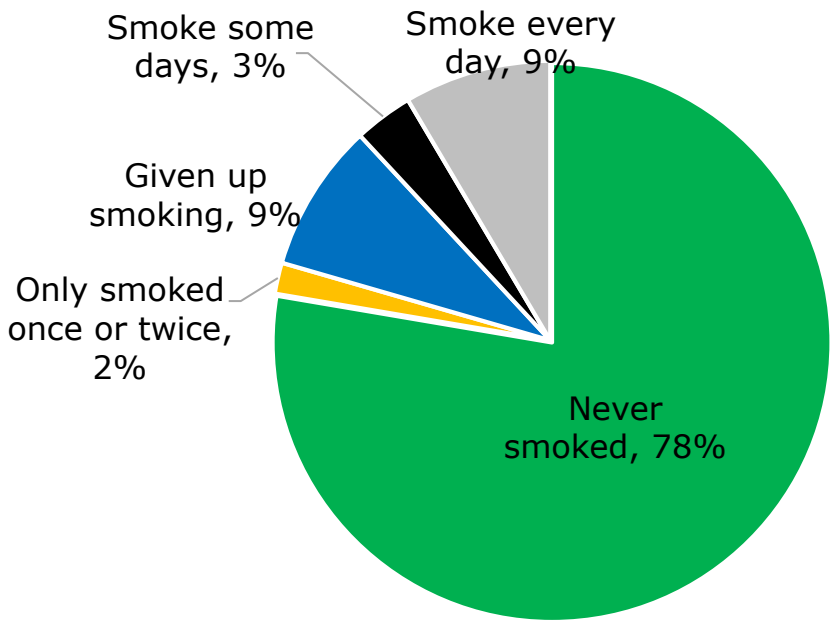


4.1 Smoking

Smoking

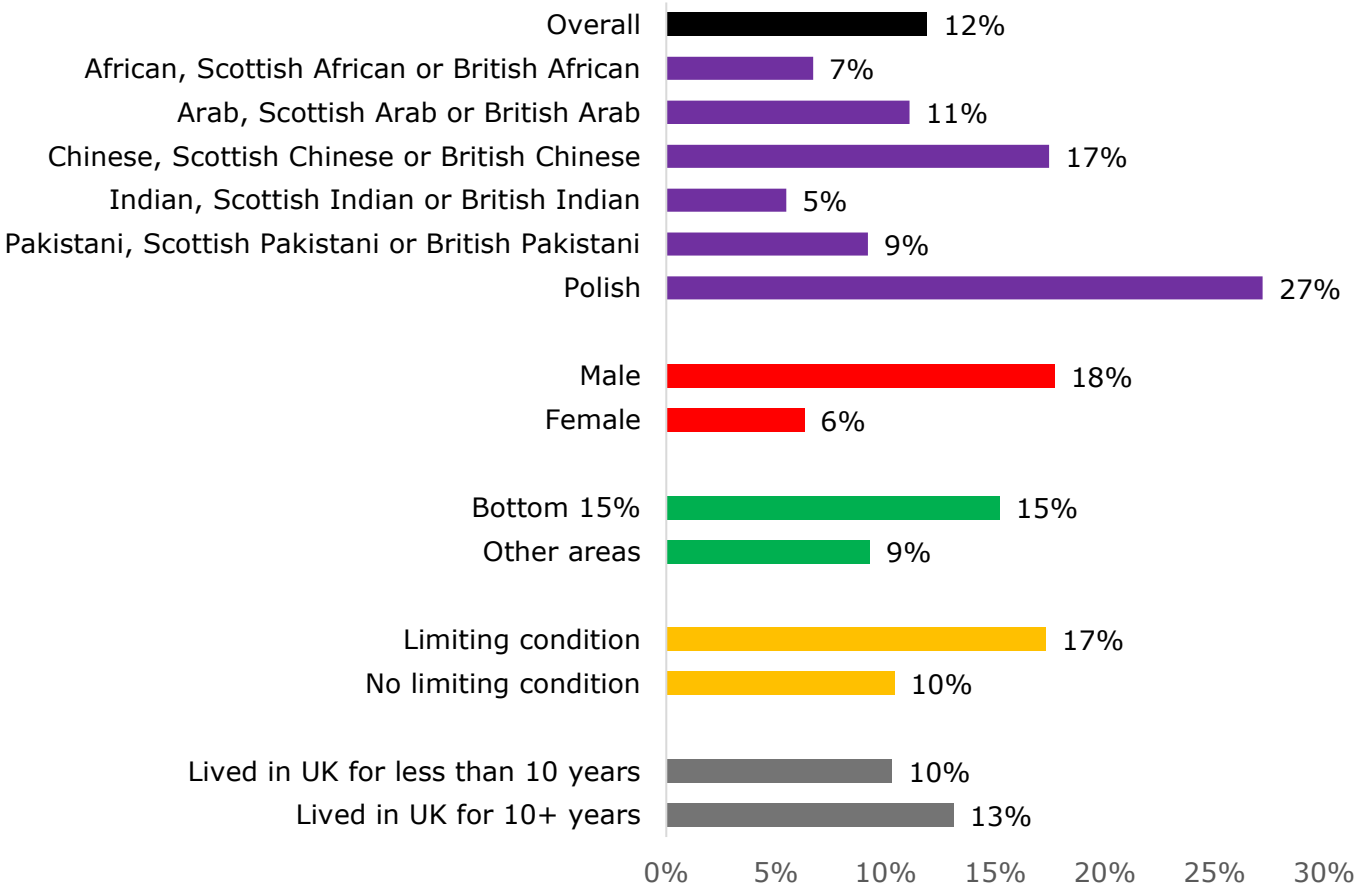
One in eight (12%) were smokers, smoking either every day (9%) or some days (3%).

Figure 4.1: Current Smoking Status



- Men were more likely than women to be smokers.
- Those in the most deprived areas were more likely than those in other areas to be smokers.
- Those with a long-term limiting condition or illness were more likely than others to be smokers.
- Those who had lived in the UK for 10 or more years were more likely than others to be smokers.
- The proportion of people who were current smokers varied significantly by ethnicity.

Figure 4.2: Proportion of Current Smokers by Ethnicity, Gender, Deprivation, Limiting Conditions and Length of Residency in the UK



There was a significant gender-related difference in smoking rates consistently across the sample, with men being more likely to smoke than women as Table 4.1 shows.

Table 4.1: Proportion of Current Smokers by Ethnicity and Gender

	Current Smoker
African, Scottish African or British African Male	11%
African, Scottish African or British African Female	3%
Arab, Scottish Arab or British Arab Male	17%
Arab, Scottish Arab or British Arab Female	5%
Chinese, Scottish Chinese or British Chinese Male	31%
Chinese, Scottish Chinese or British Chinese Female	6%
Indian, Scottish Indian or British Indian Male	8%
Indian, Scottish Indian or British Indian Female	3%
Pakistani, Scottish Pakistani or British Pakistani Male	16%
Pakistani, Scottish Pakistani or British Pakistani Female	3%
Polish Male	33%
Polish Female	23%

For the comparable subset, there was no significant change in smoking rates since 2016.

Comparison with the 2022/23 Main HWBS Population

Compared to the 2022/23 Main HWBS population, those in the 2024 Minority Ethnic HWBS population was less likely to be smokers (12% compared to 18%), and this was observed across all three age groups.

Figure 4.3: Proportion of Current Smokers – 2024 Minority Ethnic HWBS Population and 2022/23 Main HWBS Population by Age Group

Smoking rates were higher in the most deprived areas. However, the smoking rates of 15% for the 2024 Minority Ethnic HWBS population compares with 28% for the 2022/23 Main HWBS population in the most deprived areas.

Among current smokers, 29% indicated they wanted to stop smoking soon, 34% did not want to stop smoking and 37% wanted to stop or felt they should but did not plan to do so soon.

Table 4.2: Intentions among Current Smokers

	Proportion of Smokers	
I REALLY want to stop smoking and intend to in the next month	4%	**Want/intend to stop soon 29%**
I REALLY want to stop smoking and intend to in the next 3 months	6%	
I want to stop smoking and hope to soon	19%	
I REALLY want to stop smoking but I don't know when I will	13%	**Want/intend to stop smoking, but not soon 37%**
I want to stop smoking but haven't thought about when	15%	
I'm thinking I should stop smoking but don't really want to	9%	
I don't want to stop smoking	34%	**Do not want to stop 34%**

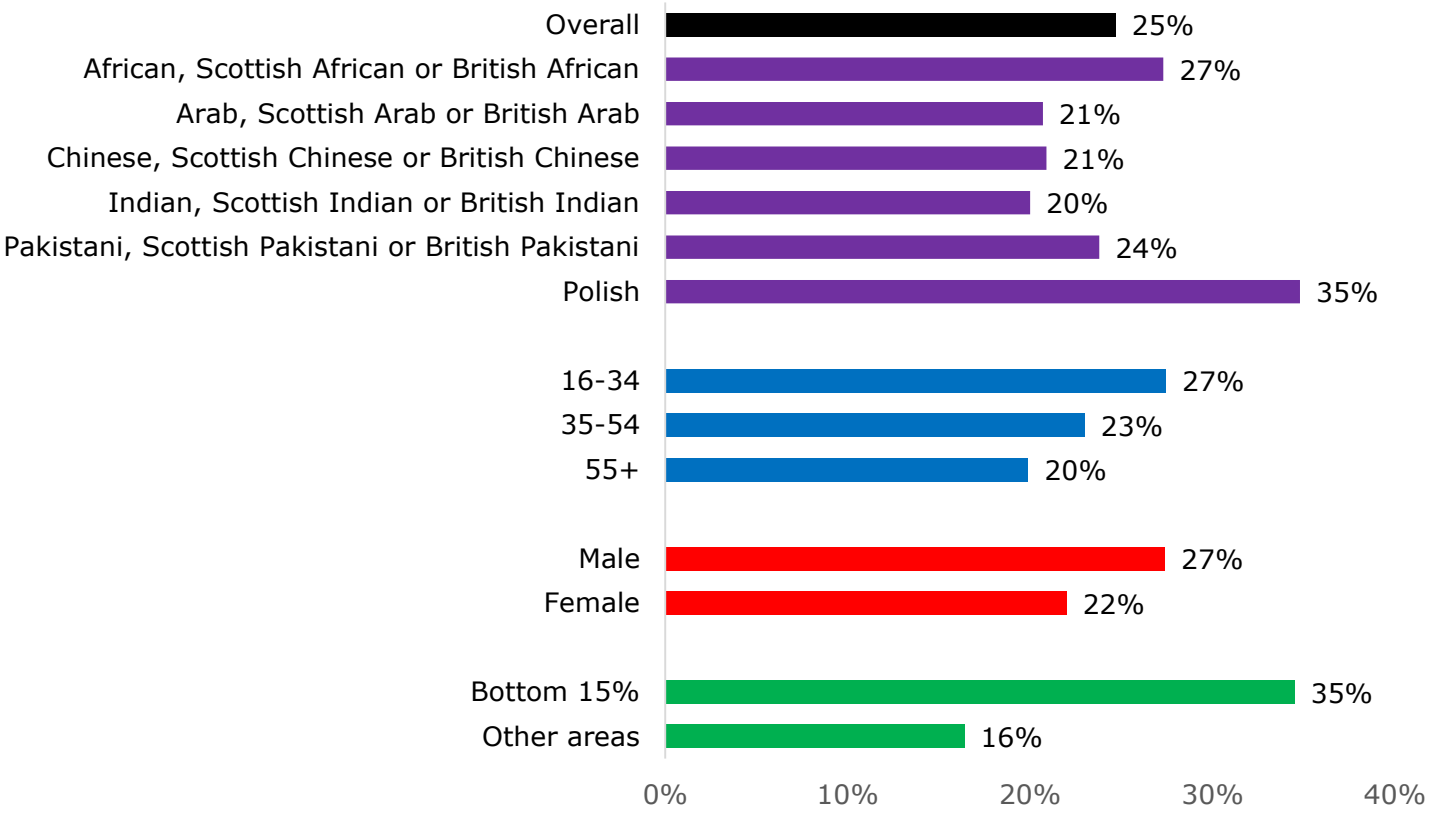
Base: Current Smokers (Unweighted N=305)

Exposure to Second Hand Smoke

Respondents were asked how often they were in places where there is smoke from other people smoking tobacco. A quarter (25%) said that this happened most of the time (7%) or some of the time (18%). A further 13% said that they were seldom exposed to second hand smoke and 62% said they were never exposed.

- Those aged under 35 were the most likely to be exposed to second hand smoke.
- Men were more likely than women to be exposed.
- Those in the most deprived areas were more likely to be exposed to second hand smoke.
- The proportion of people who were exposed to second hand smoke (most or some of the time) varied significantly by ethnicity.

Figure 4.4: Exposure to Second Hand Smoke (most/some of the time) by Ethnicity, Age, Gender and Deprivation



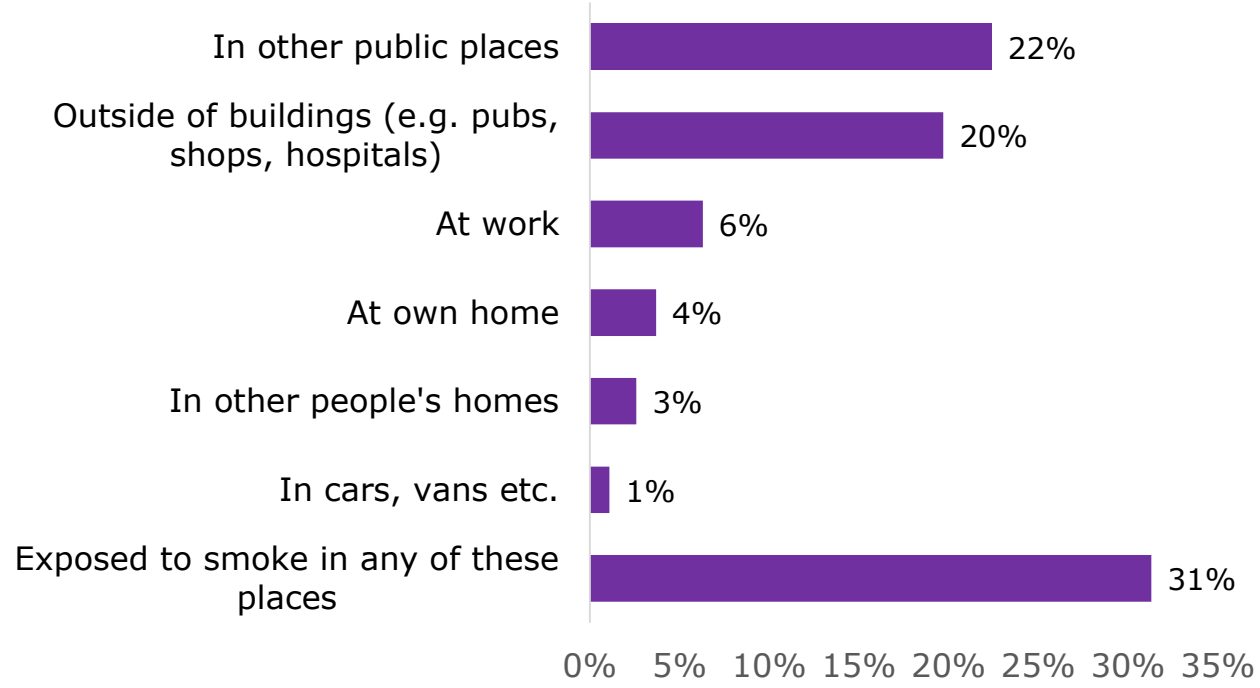
For the comparable subset, there was no significant change in rates of exposure to second hand smoke since 2016.

Comparison with the 2022/23 Main HWBS Population

Compared to the 2022/23 Main HWBS population, there was overall no difference in the proportion of people in the 2024 Minority Ethnic HWBS population who were exposed to second hand smoke. However, among those aged under 35, the 2024 Minority Ethnic HWBS population were less likely to be exposed to second hand smoke (27% compared to 34%).

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 4.5 for non-smokers. Overall, 31% of non-smokers were exposed to smoke in at least one of these places.

Figure 4.5: Proportion of Non-Smokers Exposed to Second Hand Smoke in Specific Places



Base: Non-smokers (unweighted N=2,323)

In total, 6% of non-smokers were exposed to cigarette smoke in their own or someone else's home.

Policy Context – Smoking

Legislation and policy in Scotland had sought to decrease smoking and exposure to second hand smoke over the last 15 years as follows.

- 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.
- The Tobacco and Primary Medical Services Act 2010 made provision about the retailing of tobacco products, including provision prohibiting the display of tobacco products and establishing a register of tobacco retailers https://www.legislation.gov.uk/asp/2010/3/contents
- 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/publications/tobacco-control-strategy-creating-tobacco-free-generation/

- The above strategy contained a specific action that 'all NHS Boards will implement and enforce smoke-free grounds by March 2015'. The Prohibition of Smoking in Certain Premises (Scotland) Regulations 2006 allowed for certain exemptions within mental health units, so a phased approach was taken. https://www.legislation.gov.uk/ssi/2006/90/contents/made
- CEL 01(2012) sets out the expectation of all NHS grounds being smoke-free, including mental health units. In 2016 all mental health units in NHS GGC became smokefree.
- 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 Smoking Prohibition (Children in Motor Vehicles) (Scotland) Act 2016 https://www.legislation.gov.uk/asp/2016/3/contents
- A 5-year action plan was produced in June 2018, *Raising Scotland's Tobacco Free Generation,* the new plan for 2023 onwards is in development. https://www.gov.scot/publications/raising-scotlands-tobacco-free-generation-tobacco-control-action-plan-2018/
- In 2022 Scottish Government launched a consultation on *Tightening rules on advertising and promoting vaping products* to seek views on proposed regulations which aim to strike a balance between protecting non-smokers and making information available to smokers. https://www.gov.scot/publications/tightening-rules-advertising-promoting-vaping-products-consultation-paper-2022/documents/
- The *Prohibition of Smoking Outside Hospital Buildings (Scotland) Regulations 2022* made it an offence to smoke within 15 metres of a hospital building. This applies to everyone, including staff, visitors, and patients and applies to all NHS hospital buildings in Scotland. https://www.legislation.gov.uk/sdsi/2022/9780111053843?view=plain
- In 2023 Scottish Government published the Tobacco and vaping framework: roadmap to 2034, which also includes the first implementation plan, which will run until November 2025. https://www.gov.scot/publications/tobacco-vaping-framework-roadmap-2034/documents/

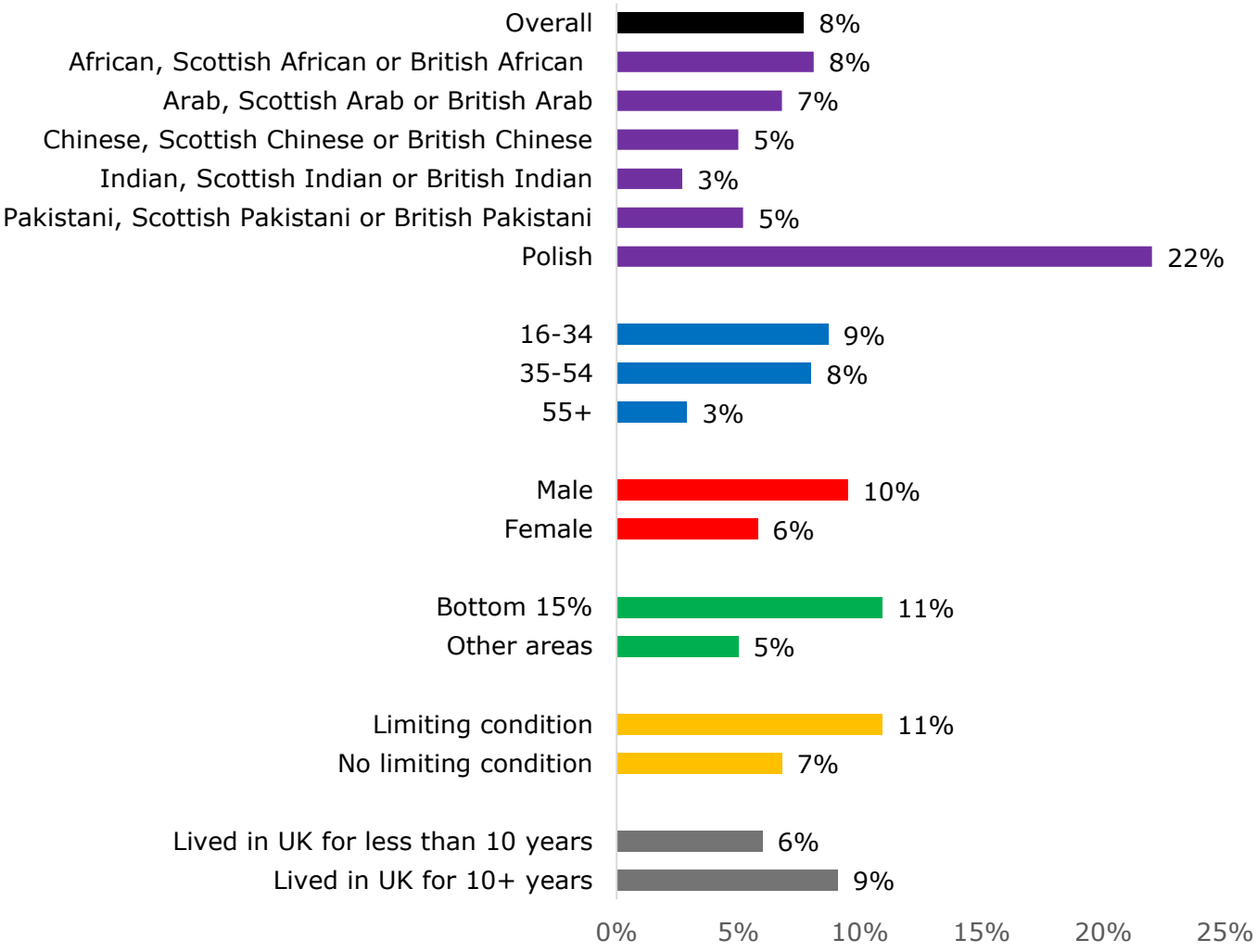
• **The 2023 Scottish Health Survey** showed that 15% of adults in Scotland were current smokers, higher than the rate of 12% in the 2024 Minority Ethnic population.

E-Cigarettes/Vaping

One in twelve (8%) had used e-cigarettes at least some days in the last year. These comprised 3% who had used e-cigarettes every day in the last year, 3% who had done so on some days and 2% who had done so just once or twice in the last year.

- Those aged 55 or over were less likely to have used e-cigarettes.
- Men were more likely than women to have used e-cigarettes in the last year.
- Those in the most deprived areas were more likely to have used e-cigarettes on at least some days in the last year.
- Those with a limiting condition or illness were more likely to have used e-cigarettes in the last year.
- Those who had lived in the UK for 10 years or more were more likely than others to have used e-cigarettes in the last year.
- The proportion of people who have used e-cigarettes in the last year varied significantly by ethnicity.

Figure 4.6: Proportion who had used E-Cigarettes in the Last Year by Ethnicity, Age, Gender, Deprivation, Limiting Conditions and Length of Residency in the UK

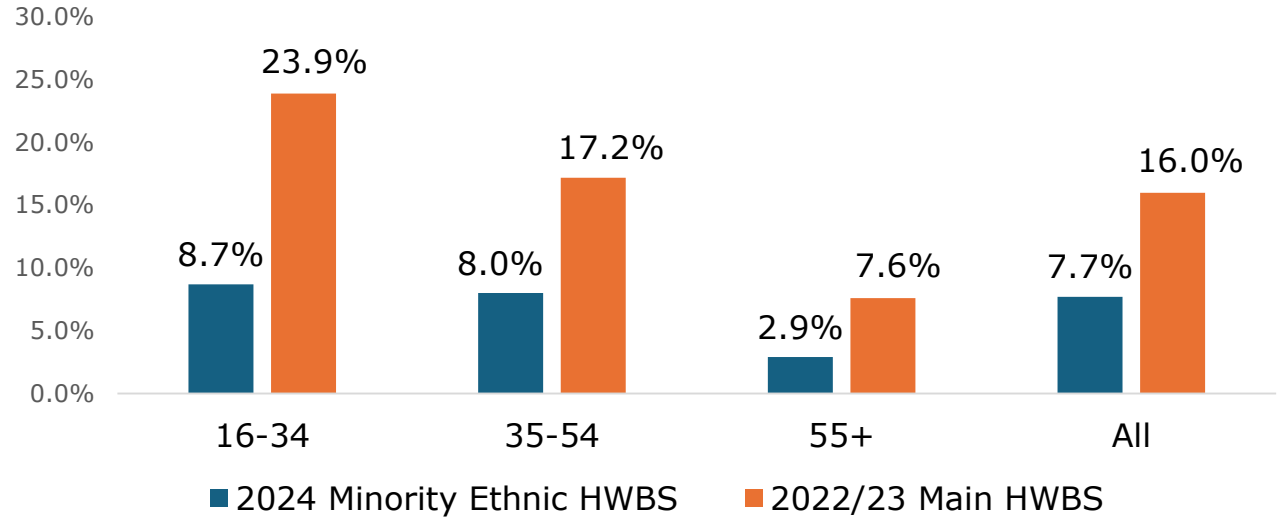


For the comparable subset in Glasgow City, there was no significant change in the rate of e-cigarette use since 2016.

Comparison with the 2022/23 Main HWBS Population

Compared to the 2022/23 Main HWBS population, the 2024 Minority Ethnic HWBS population was half as likely to have used e-cigarettes in the last year. There was a significant difference for all age groups, with the biggest difference observed in the under 35 age group.

Figure 4.7: Proportion who had used E-Cigarettes in the Last Year – 2024 Minority Ethnic HWBS and 2022/23 Main HWBS Population by Age Group



4.2 Alcohol

AUDIT Scores

The survey used a series of 10 questions which comprise the Alcohol Use Disorders Identification Test (AUDIT). The AUDIT scoring is shown in Appendix D. Together, responses to these questions allow 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 4.3.

Table 4.3: Proportion in each Alcohol Use Disorders Identification Test (AUDIT) Category

	%
Low Risk (AUDIT score 0-7)	98.1%
Increasing Risk (AUDIT score 8-15)	1.5%
Higher Risk (AUDIT score 16-19)	0.0%
Possible Dependence (AUDIT score 20+)	0.3%

Those with a score greater than 7 indicates increased risk (1.9%).

The low number of respondents with scores indicating increased risk prohibits detailed breakdown by independent variables.

Questions about alcohol differed from the 2016 survey, therefore it is not possible to make a comparison.

Comparison with the 2022/23 Main HWBS Population

Compared to the 2022/23 Main HWBS population, the 2024 Minority Ethnic HWBS population was much less likely to have AUDIT scores indicating risk (1.9% compared to 17.2%).

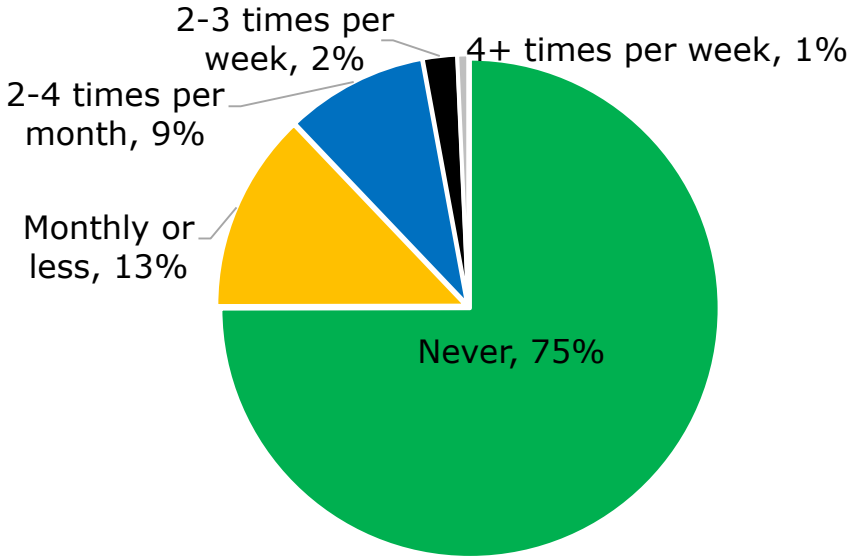
Evidence from Other Sources

- **The 2023 Scottish Health Survey** found that nationally, 18% of adults had AUDIT scores indicating risk - similar to levels measured by the 2022/23 Main HWBS, but much higher than the level measured in the 2024 Minority Ethnic HWBS.

Frequency of Drinking

Respondents were asked how often they drank alcohol. Three in four (75%) said they never drank alcohol.

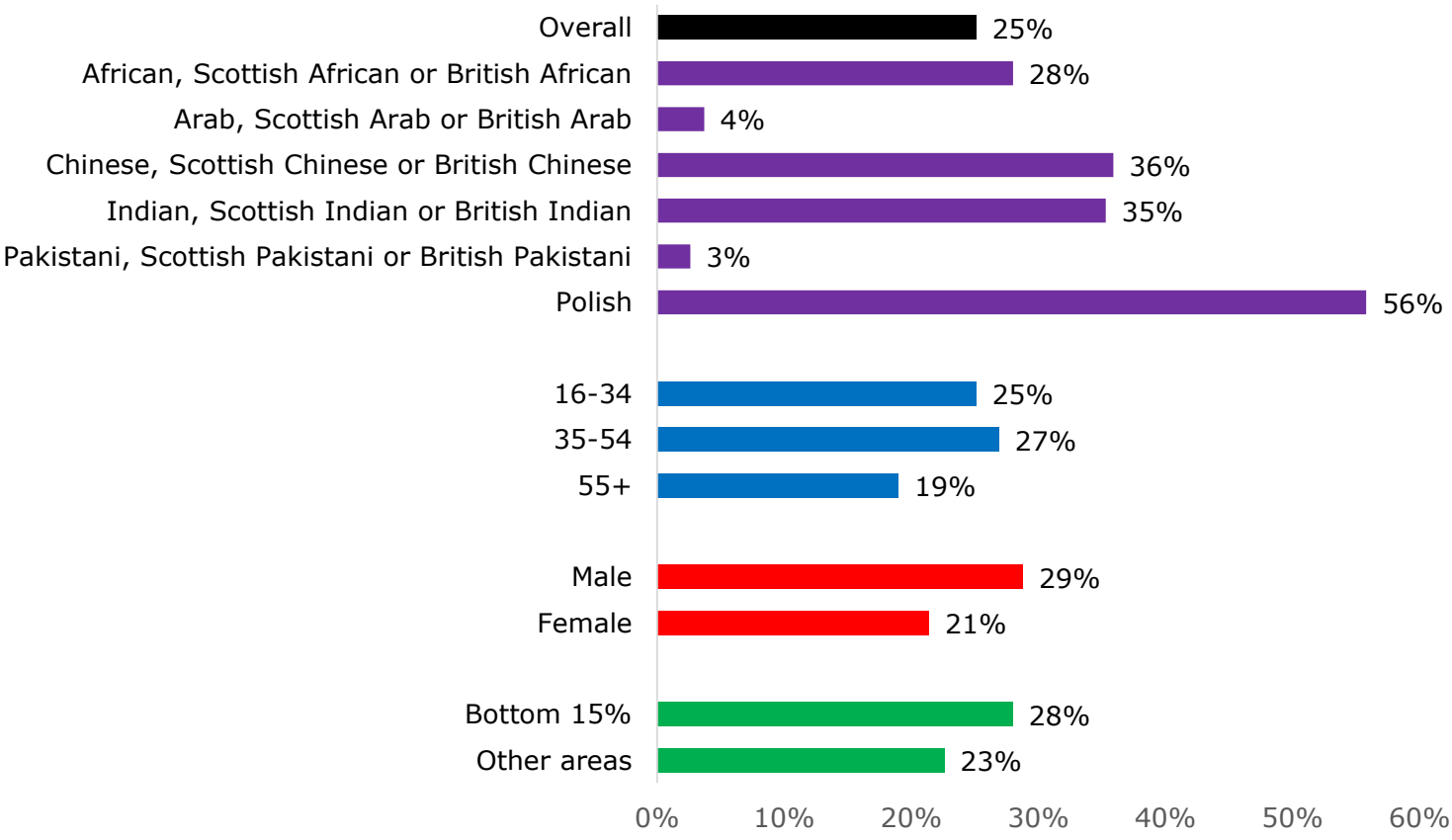
Figure 4.8: How Often Drank Alcohol



- Those aged 55 or over were the least likely to drink alcohol.
- Men were more likely than women to drink alcohol.

- Those in the most deprived areas were more likely to drink alcohol.
- The proportion of people who drink alcohol varied significantly by ethnicity.

Figure 4.9: Proportion who Drink Alcohol by Ethnicity, Age, Gender and Deprivation



Although overall men were more likely than women to drink alcohol, the degree of difference varied by ethnicity as Table 4.4 shows.

Table 4.4: Proportion who Drink Alcohol by Ethnicity and Gender

	Drink Alcohol
African, Scottish African or British African Male	33%
African, Scottish African or British African Female	24%
Arab, Scottish Arab or British Arab Male	5%
Arab, Scottish Arab or British Arab Female	2%
Chinese, Scottish Chinese or British Chinese Male	48%
Chinese, Scottish Chinese or British Chinese Female	26%
Indian, Scottish Indian or British Indian Male	45%
Indian, Scottish Indian or British Indian Female	25%
Pakistani, Scottish Pakistani or British Pakistani Male	3%
Pakistani, Scottish Pakistani or British Pakistani Female	2%
Polish Male	55%
Polish Female	57%

Questions about alcohol differed from the 2016 survey, therefore it is not possible to make a comparison.

Comparison with the 2022/23 Main HWBS Population

Compared to the 2022/23 Main HWBS population, the 2024 Minority Ethnic HWBS population was much less likely to drink alcohol (25% compared to 69%), and this was true for all age groups, as Figure 4.10 shows.

Figure 4.10: Proportion who Drink Alcohol – 2024 Minority Ethnic HWBS Population and 2022/23 Main HWBS Population by Age Group

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, 47% of drinkers had drunk alcohol at this level in the last year – 1% had done so daily/almost daily, 3% weekly, 13% monthly, and 29% less than monthly.

Among those who drank alcohol, men were more likely than women to binge drink (51% compared to 41%).

Policy Context – Alcohol

- 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. An updated framework was published in 2018. https://www.gov.scot/publications/alcohol-framework-2018-preventing-harm-next-steps-changing-relationship-alcohol/

- Initiatives introduced since the framework was implemented include the delivery of alcohol brief interventions and the establishment of Alcohol and Drug Partnerships. Since ADP's have been formed they have developed strategies, most recently covering 2020 - 2023,

with the aims of reducing the harms and health inequalities caused by alcohol and drugs.

- 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/

Attitudes to Places Selling Alcohol

Two in three (67%) felt that there was the right amount of off-licences, local grocers and supermarkets selling alcohol in their local area, while 31% felt there were too many and 2% felt there were too few. Similarly, when considering the amount of pubs, bars and restaurants selling alcohol in their local area, 65% felt there was the right amount, 31% felt there was too many and 4% felt there was too few.

Those more likely to feel there were too many places selling alcohol in their local area were:

- women
- those in the most deprived areas
- those with a long-term limiting condition or illness
- those who had lived in the UK for 10 years or more

There was significant variation by ethnicity.

Table 4.5: Proportion who Felt there Are Too Many Places Selling Alcohol in their Local Area by Ethnicity, Gender, Deprivation, Limiting Conditions and Length of Residency in the UK

	Too many shops selling alcohol	Too many pubs/restaurants/ bars selling alcohol
African, Scottish African or British African	37%	35%
Arab, Scottish Arab or British Arab	42%	44%
Chinese, Scottish Chinese or British Chinese	15%	17%
Indian, Scottish Indian or British Indian	26%	26%
Pakistani, Scottish Pakistani or British Pakistani	40%	42%
Polish	25%	20%
Male	28%	27%
Female	34%	35%
Bottom 15% areas	38%	36%
Other areas	25%	27%
Limiting condition/illness	36%	38%
No limiting condition/illness	30%	29%
Lived in the UK for less than 10 years	28%	29%
Lived in the UK for 10+ years	34%	33%
All	**31%**	**31%**

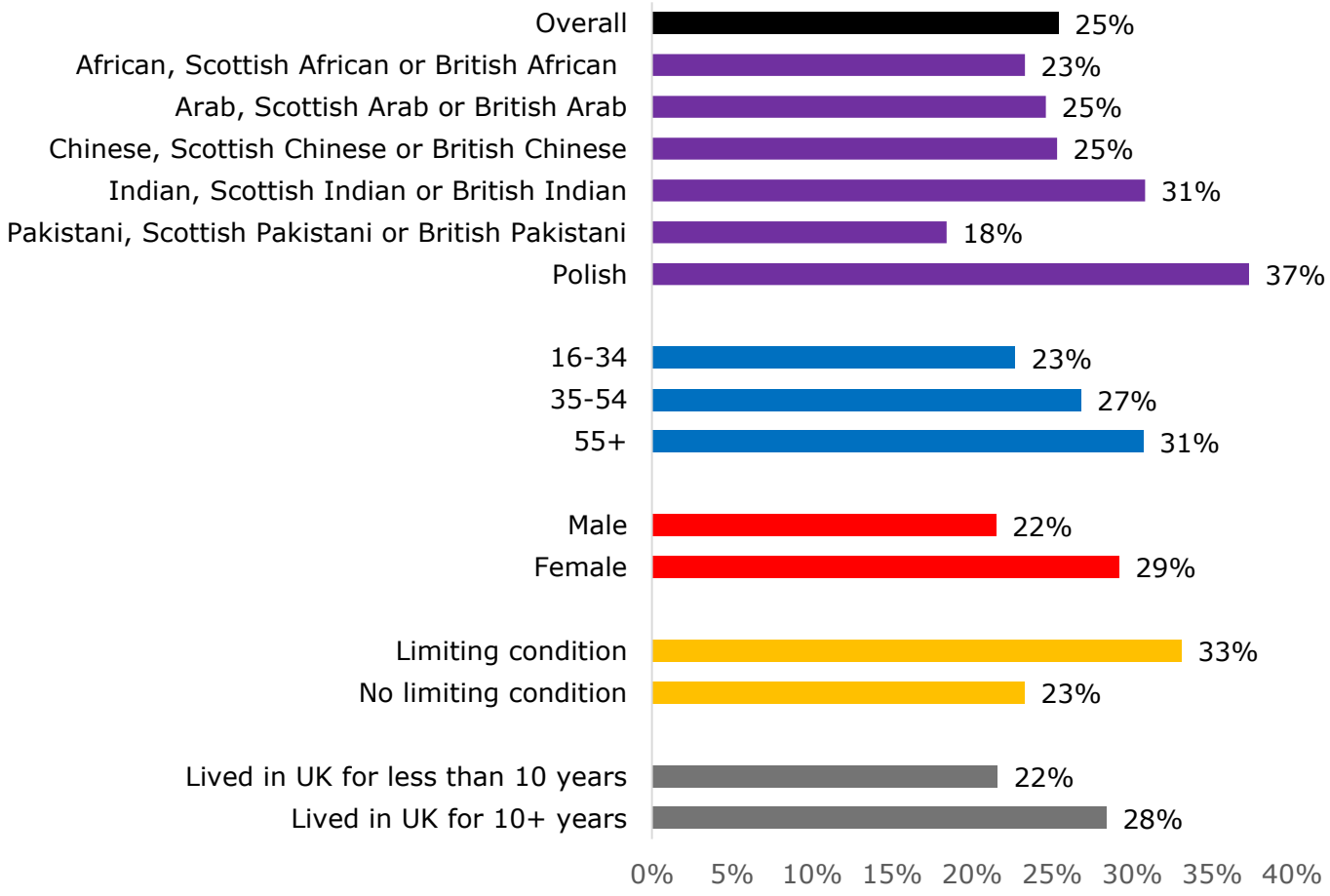
4.3 Diet

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. One in four (25%) met the target of five portions in the previous day and one in 20 (5%) had consumed no fruit or vegetables in the previous day.

- Those aged under 35 were less likely than older adults to meet the target for fruit/vegetable consumption.
- Men were less likely than women to meet the target.
- Those with a long-term limiting condition or illness were more likely than others to meet the target of five portions of fruit/vegetables per day.
- Those who had lived in the UK for 10 years or more were more likely than others to meet the target for fruit/vegetable consumption.
- The proportion of people who met the target for fruit/vegetable consumption varied significantly by ethnicity.

Figure 4.11: Proportion who Meet the Target of 5+ Portions of Fruit/Vegetables per Day by Ethnicity, Age, Gender, Limiting Conditions and Length of Residency in the UK



Comparison with 2016

For the comparable subset in Glasgow City, there was a decrease in the proportion who consumed five or more portions of fruit/vegetables per day from 39.7% in 2016 to 24.3% in 2024.

Comparison with the 2022/23 Main HWBS Population

Compared to the 2022/23 Main HWBS population, the 2024 Minority Ethnic HWBS population was less likely to meet the target for fruit/vegetable consumption (25% compared to 34%). The difference was significant for both the 16-34 and 35-54 year groups, but there was no significant difference for the 55 and over age group.

Figure 4.12: Proportion who Meet the Target of 5+ Portions of Fruit/Vegetables per Day – 2024 Minority Ethnic HWBS Population and 2022/23 Main HWBS Population by Age Group

Policy Context: Diet

- 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. This is now known as Parent Club.

Food & Eating | Parent Club

- Following a consultation from October 2017 to January 2018, the Scottish Government published its diet and 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 healthy 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/

- Turning the tide through prevention: Public Health Strategy (2018-2028) concentrates on improving public health in NHS Greater Glasgow and Clyde and sets out many programmes for action including, *applying a life- course approach, recognising the importance of early years and healthy ageing* in relation to diet and physical activity. Public Health Strategy 2018 - 2028 A4 - Landscape - 10-08-18-01.pdf (scot.nhs.uk)

- Food Standards Scotland have developed an online tool "Eat well your way" to help people in Scotland make healthier food and drink choices when planning and shopping, preparing food and eating out. https://www.foodstandards.gov.scot/consumers/healthy-eating/eat-well-your-way

4.4 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, with the instruction to count vigorous activity such as running as double. Three in ten (30%) said that they had not taken physical activity for 30 minutes on any day in the last week, but 21% has done this on five or more days in the last week. The mean number of days was 2.5.

Subsequently, respondents who had been active for 30 minutes or more on fewer than five 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, again with vigorous activity counting double. Combining the responses to both questions, 63% met the target of at least 150 minutes of exercise per week.

- The likelihood of meeting the target of 150 minutes of exercise per week decreased with age – from 69% of those aged under 35 to 43% of those aged 55 or over.

- Men were more likely than women to meet the target for physical activity.

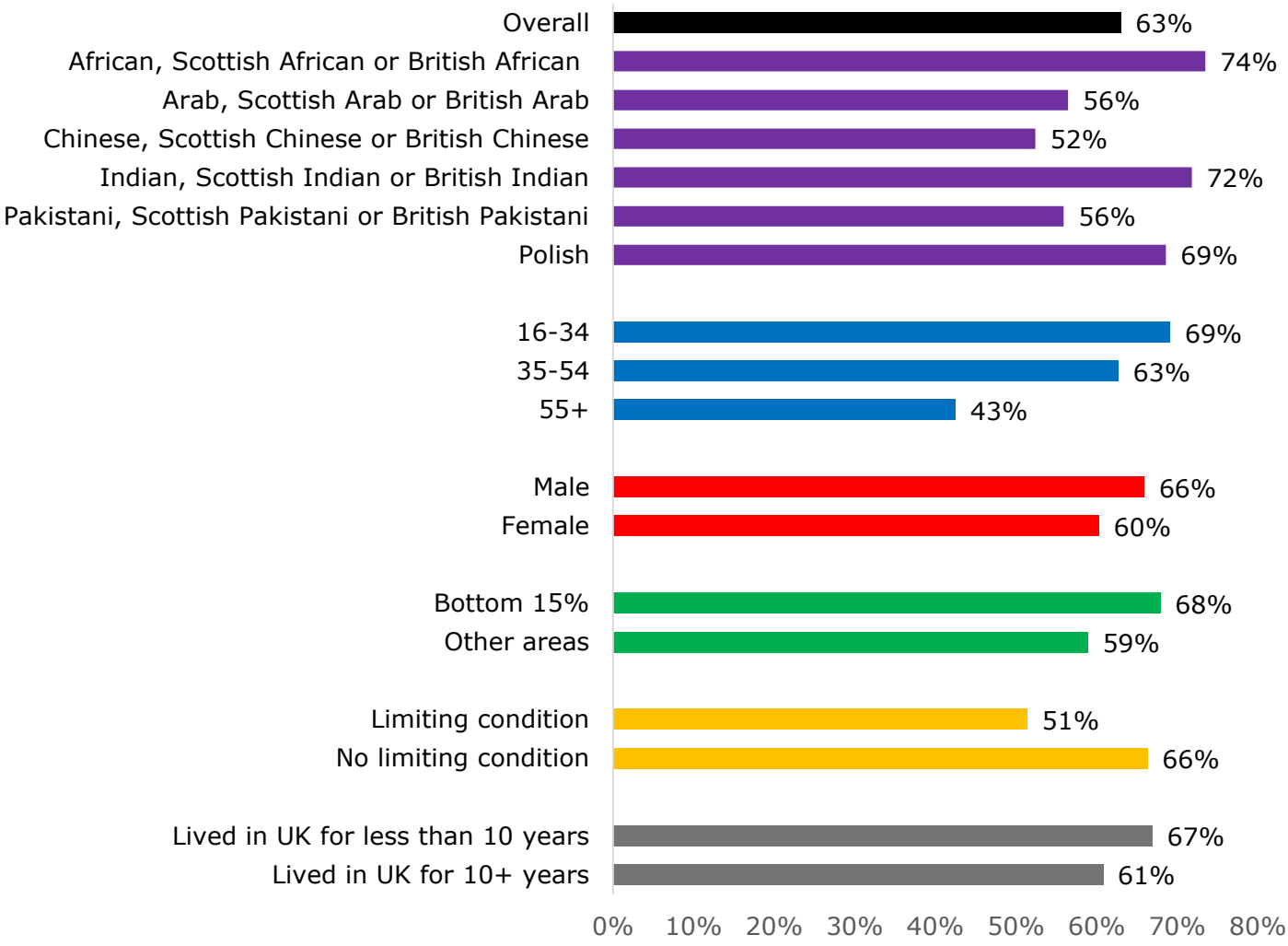
- Those in the most deprived areas were more likely than others to meet the physical activity target.

- Those with a limiting condition or illness were less likely to meet the physical activity target.

- Those who had lived in the UK for 10 years or more were less likely than others to meet the physical activity target.

- The proportion of people who met the target for physical activity varied significantly by ethnicity.

Figure 4.13: Proportion who met the Target of 150 Minutes of Exercise per Week by Ethnicity, Age, Gender, Deprivation, Limiting Conditions and Length of Residency in the UK



Overall men were more likely than women to meet the target for physical activity. However, this was not true of all ethnicities.

Table 4.6: Proportion who met the Target of 150 Minutes of Exercise per Week by Ethnicity and Gender

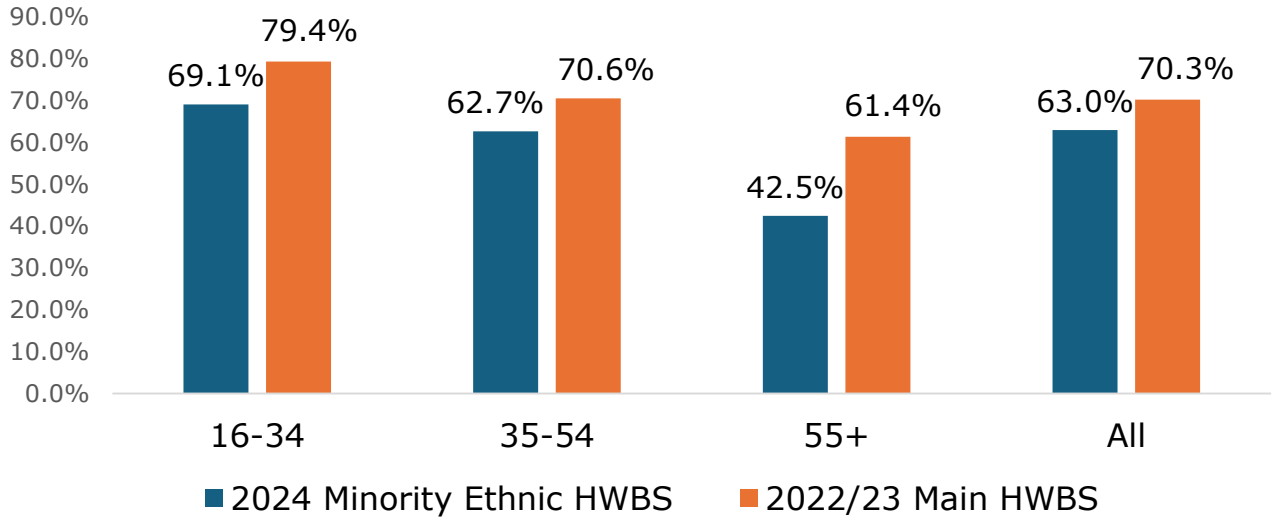
	150+ Minutes of Exercise Per Week
African, Scottish African or British African Male	78%
African, Scottish African or British African Female	69%
Arab, Scottish Arab or British Arab Male	60%
Arab, Scottish Arab or British Arab Female	52%
Chinese, Scottish Chinese or British Chinese Male	55%
Chinese, Scottish Chinese or British Chinese Female	50%
Indian, Scottish Indian or British Indian Male	77%
Indian, Scottish Indian or British Indian Female	66%
Pakistani, Scottish Pakistani or British Pakistani Male	57%
Pakistani, Scottish Pakistani or British Pakistani Female	56%
Polish Male	70%
Polish Female	68%

Questions about physical activity differed from the 2016 survey, therefore it is not possible to make a comparison.

Comparison with the 2022/23 Main HWBS Population

Compared to the 2022/23 Main HWBS population, the 2024 Minority Ethnic HWBS population was less likely to meet the target for physical activity, across all age groups, as Figure 4.14 shows.

Figure 4.14: Proportion who met the Target of 150 Minutes of Exercise per Week – 2024 Minority Ethnic HWBS Population and 2022/23 Main HWBS Population by Age Group



Evidence from Other Sources

- The **2023 Scottish Health Survey** found that nationally, 63% of adults met the target for physical activity - which is the same as found in the 2024 Minority Ethnic HWBS.

Policy Context – Physical Activity

- 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/

- Updated National Physical Activity Guidelines (2019) - Physical activity guidelines: UK Chief Medical Officers' report - GOV.UK (www.gov.uk)

- Active Scotland Delivery Plan (2018) - Active Scotland Delivery Plan - gov.scot (www.gov.scot)

- WHO More Active People for a Healthier World (2018) - Global action plan on physical activity 2018–2030: more active people for a healthier world (who.int)

- Scotland Public Health Priorities: Priority 6 (2018) - Scotland's public health priorities - gov.scot (www.gov.scot)

- Public Health Scotland: Physical Activity Referral Standards - Physical activity referral standards - Publications - Public Health Scotland

- Physical activity for health: framework - gov.scot: A framework for action to improve levels of physical activity at both national and local level which is firmly founded on evidence-based international guidance (2024)

- A systems-based approach to physical activity - Systems-based approach to physical activity - Food and physical activity - Improving Scotland's health - Population health - Public Health Scotland: This approach can be applied at a national and local level in Scotland to increase physical activity and reduce inactivity in the population

Strength and Balance Activities

Respondents were asked how many days they had done strength and balance physical activities that made their muscles become warm, shake and/or burn. Examples are weight training, exercise, sport, heavy housework, DIY or gardening.

Under half (46%) had done any of these types of activity in the previous week, including 9% who had done so on five or more days in the previous week.

- The likelihood of participating in strength and balance activities decreased with age, from 52% of those aged under 35 to 30% of those aged 55 or over.

- Men were more likely than women to participate in strength and balance activities.

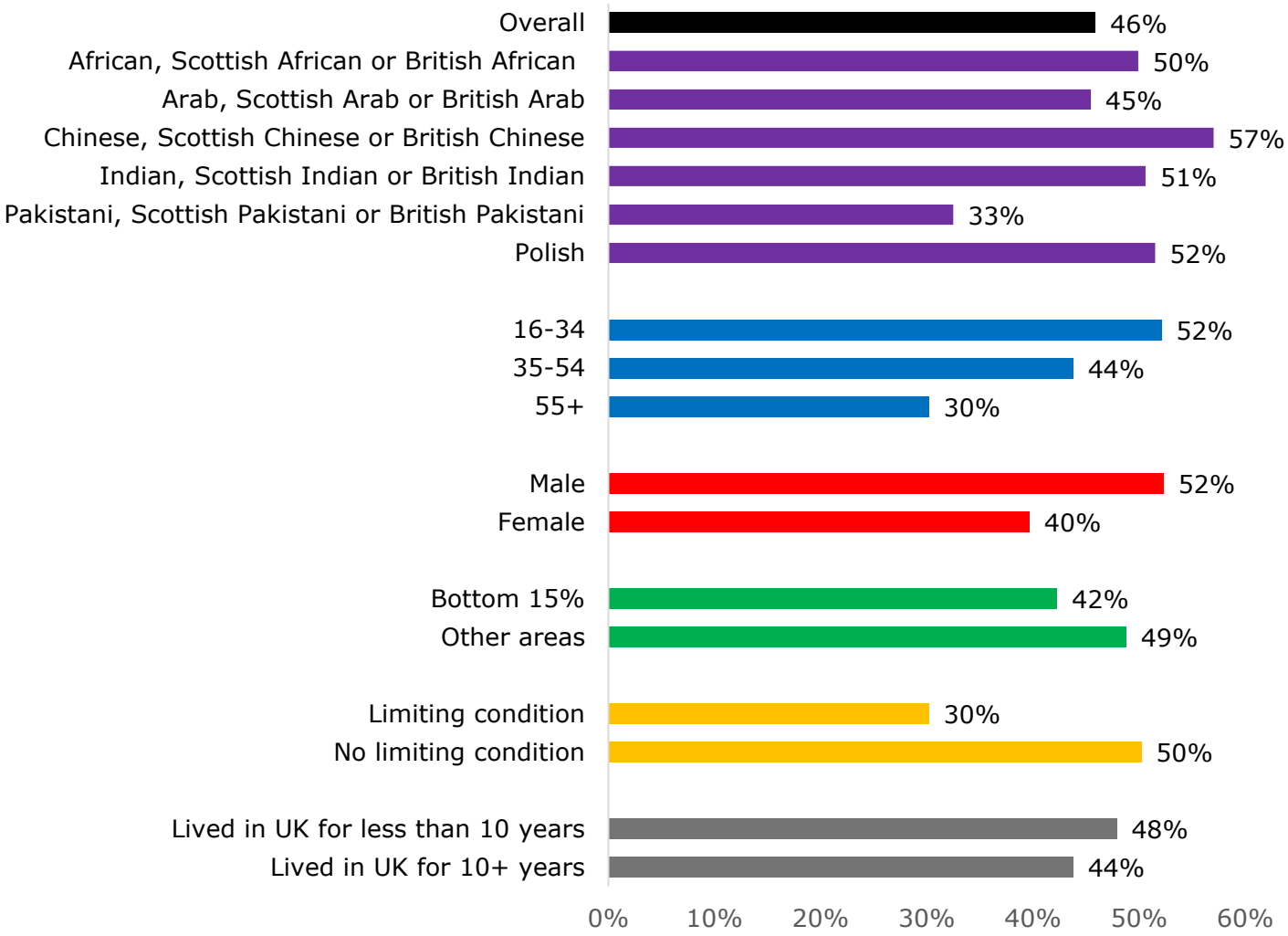
- Those in the most deprived areas were less likely than others to participate in strength and balance activities.

- Those with a limiting condition or illness were less likely than others to participate in strength and balance activities.

- Those who had lived in the UK for less than 10 years were more likely than others to participate in strength and balance activities.

- The proportion of people who participated in strength and balance activities varied significantly by ethnicity.

Figure 4.15: Proportion who Participated in Strength and Balance Activities in the Previous Week by Ethnicity, Age, Gender, Deprivation, Limiting Conditions and Length of Residency in the UK



A gender related difference was observed to varying degrees across the population, with men participating more than women. The degree of difference varied by ethnicity.

Table 4.7: Proportion who Participated in Strength and Balance Activities in the Previous Week by Ethnicity and Gender

	Participate in Strength/Balance activities
African, Scottish African or British African Male	63%
African, Scottish African or British African Female	36%
Arab, Scottish Arab or British Arab Male	53%
Arab, Scottish Arab or British Arab Female	36%
Chinese, Scottish Chinese or British Chinese Male	60%
Chinese, Scottish Chinese or British Chinese Female	55%
Indian, Scottish Indian or British Indian Male	57%
Indian, Scottish Indian or British Indian Female	44%
Pakistani, Scottish Pakistani or British Pakistani Male	37%
Pakistani, Scottish Pakistani or British Pakistani Female	28%
Polish Male	57%
Polish Female	47%

Effects of the COVID Pandemic on Physical Activity Levels

Respondents were asked about their physical activity levels since the COVID pandemic started in March 2020. Half (50%) said there was no change to their physical activity; 28% said they were physically active more often; 22% said they were physically active less often.

- Those aged under 35 were the most likely to say they were physically more active and those aged 55 or over were the most likely to say they were physically less active since the pandemic.

- Those with a limiting condition were much more likely than others to say they had become physically less active.

- Those who had lived in the UK for 10 years or more were more likely than others to say they were less physically active.

- The proportion of people who said they were less physically active since the pandemic varied significantly by ethnicity.

Table 4.8: Physical Activity Levels Since the COVID Pandemic Began by Ethnicity, Age, Limiting Conditions and Length of Residency in the UK

	Physically active more often	Physically active less often	No change to physical activity
African, Scottish African or British African	36%	18%	46%
Arab, Scottish Arab or British Arab	21%	24%	55%
Chinese, Scottish Chinese or British Chinese	27%	16%	57%
Indian, Scottish Indian or British Indian	30%	23%	47%
Pakistani, Scottish Pakistani or British Pakistani	26%	27%	48%
Polish	24%	20%	56%
16-34	36%	16%	49%
35-54	24%	24%	52%
55+	13%	36%	51%
Limiting Condition	15%	44%	40%
No limiting condition	31%	16%	53%
Lived in UK for less than 10 years	29%	17%	54%
Lived in UK for 10+ years	27%	25%	48%
Overall	28%	22%	50%

4.5 Summary of Key Messages from This Chapter

Differences by Age and Gender

- Men were more likely than women to be smokers, to be exposed to second hand smoke or to use e-cigarettes. Those aged under 35 were the most likely to be exposed to second hand smoke. Those aged 55 or over were the least likely to use e-cigarettes.

- Those aged 55 or over were the least likely to drink alcohol. Men were more likely than women to drink alcohol, and among those who drank, men were more likely to binge.

- Women were more likely than men to feel there were too many places selling alcohol in their local area.

- Women were more likely than men to meet the target of consuming five or more portions of fruit/vegetables per day. Those aged under 35 were less likely than older adults to meet the target for fruit/vegetable consumption.

- Those aged under 35 were the most likely to meet the physical activity target of 150 minutes or more per week, and the most likely to participate in strength and balance activities. Men were more likely than women to meet the physical activity target or to participate in strength and balance activities.

- Those aged 55 or over were more likely than younger adults to say that they were physical active less often since the COVID pandemic.

Differences by Deprivation

Those in the most deprived areas were:

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

- more likely to drink alcohol

- more likely to feel there were too many places selling alcohol in their local area

- more likely to meet the target for physical activity but less likely to participate in strength and balance activities.

Limiting Conditions

Those with a long-term limiting condition or illness were:

- more likely to smoke or use e-cigarettes
- more likely to feel there were too many places selling alcohol in their local area
- more likely to meet the target of consuming five or more portions of fruit/vegetables per day
- less likely to meet the target for physical activity and less likely to participate in strength and balance activities
- more likely to say they had become less physically active since the COVID pandemic.

Differences by Length of Residency in UK

Those who had lived in the UK for 10 years or more were:

- more likely to smoke or use e-cigarettes
- more likely to feel there were too many places selling alcohol locally
- more likely to meet the target of consuming five or more portions of fruit/vegetables per day
- less likely to meet the target for physical activity or participate in strength and balance activities
- more likely to say they had become physically less active since the COVID pandemic

Changes since 2016

For the comparable subset (those in Glasgow City and excluding the Arab, Scottish Arab or British Arab group which had not been included in 2016), compared to 2016, those in 2024 were:

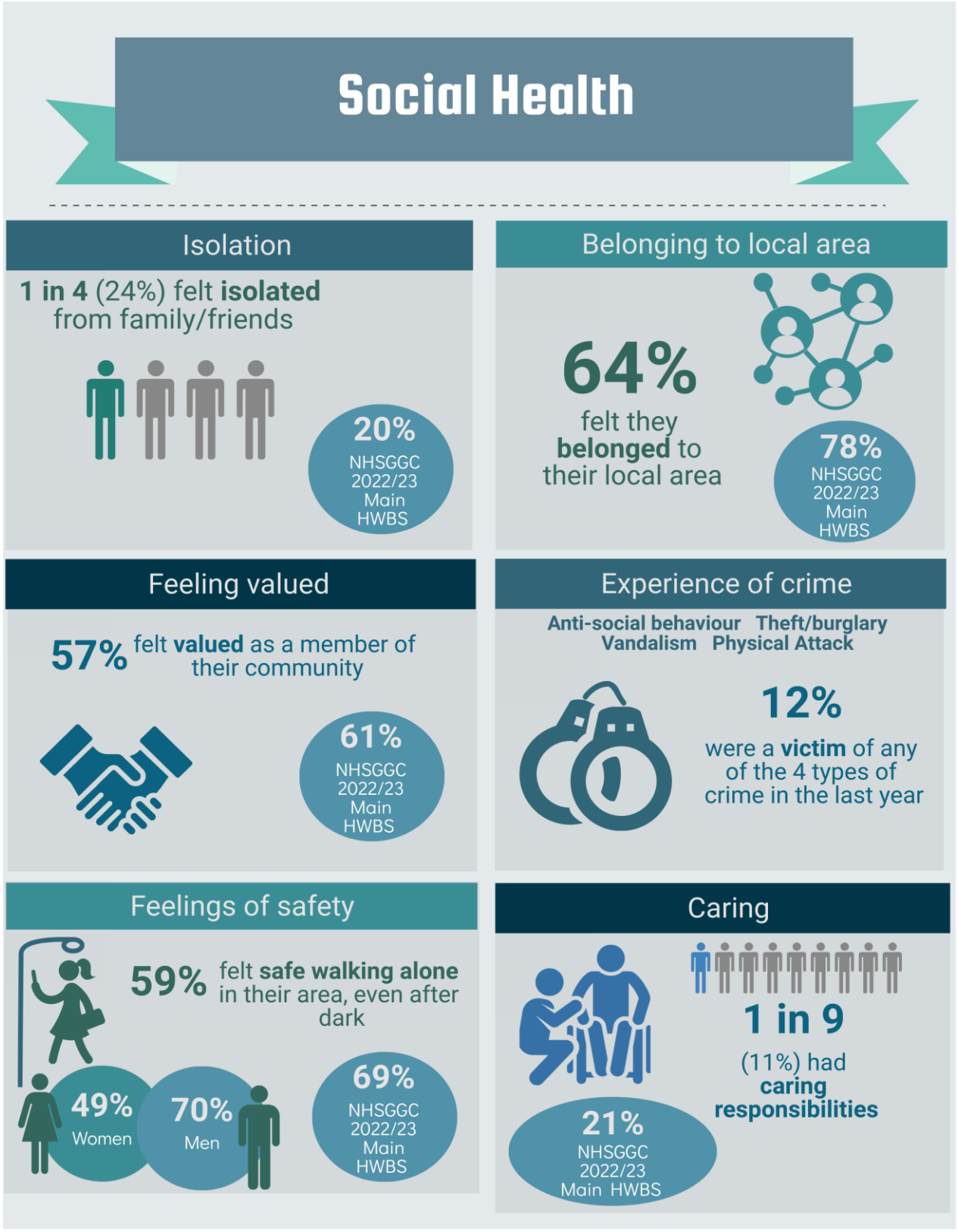
- less likely to meet the target of consuming five or more portions of fruit/vegetables per day.

Comparison with 2022/23 Main HWBS population

Compared to the 2022/23 Main HWBS population, the 2024 Minority Ethnic HWBS population was:

- less likely to smoke
- (among those aged under 35 only) less likely to be exposed to second hand smoke
- less likely to use e-cigarettes
- less likely to drink alcohol or have an AUDIT score indicating alcohol-related risk
- less likely to meet the target of consuming five or more portions of fruit/vegetables per day
- less likely to meet the target of 150 minutes or more of exercise per week.

5 Social Health



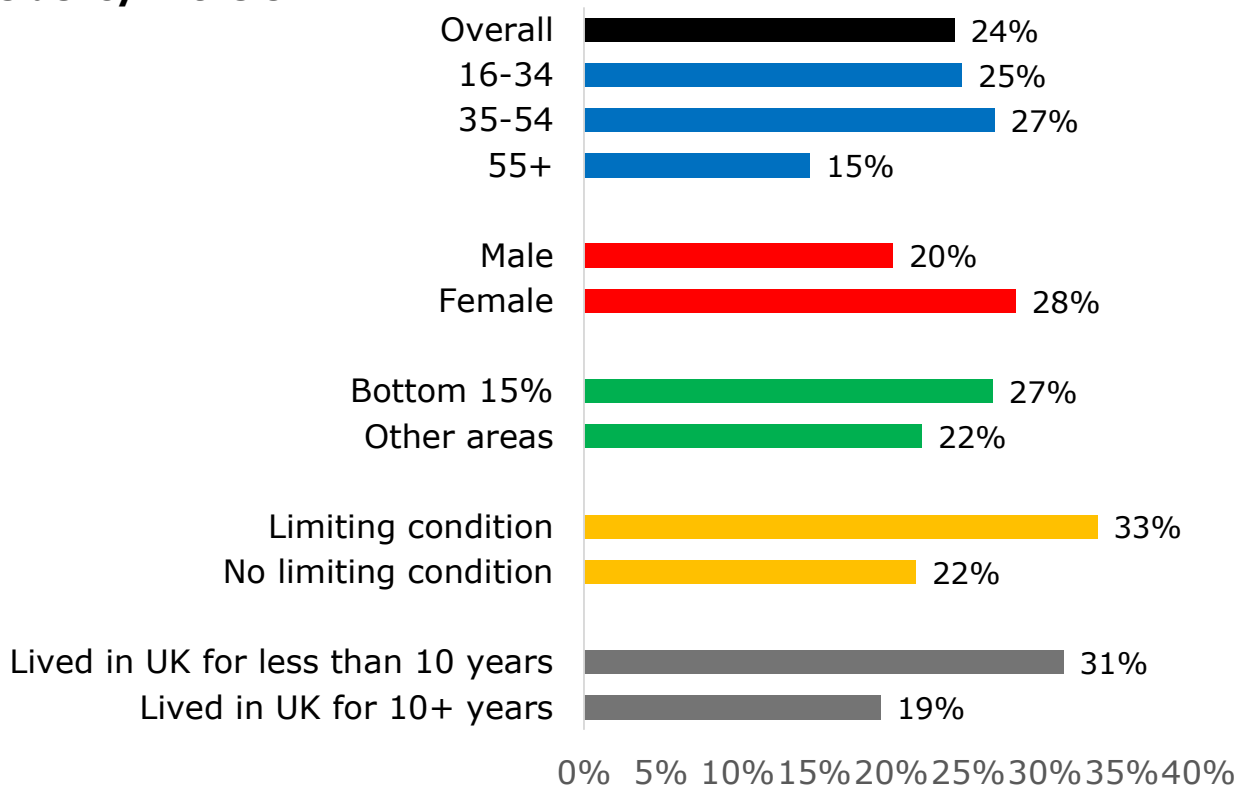
5.1 Social Connectedness

Isolation from Family and Friends

One in four (24%) said they felt isolated from family and friends.

- Feeling isolated was least common among those aged 55 or over, and women were more likely than men to feel isolated.
- Those in the most deprived areas were more likely to feel isolated.
- Those with a long-term limiting condition or illness were more likely than others to feel isolated from family and friends.
- Those who had lived in the UK for less than 10 years were more likely than others to feel isolated from family and friends.

Figure 5.1: Proportion who Feel Isolated from Family and Friends by Age, Gender, Deprivation, Limiting Conditions and Length of Residency in the UK



Women were more likely than men to feel isolated from family and friends. However, the degree of difference varied by ethnicity.

Table 5.1: Proportion who Feel Isolated from Family and Friends by Ethnicity and Gender

	Feel isolated from family/friends
African, Scottish African or British African Male	19%
African, Scottish African or British African Female	30%
Arab, Scottish Arab or British Arab Male	24%
Arab, Scottish Arab or British Arab Female	34%
Chinese, Scottish Chinese or British Chinese Male	17%
Chinese, Scottish Chinese or British Chinese Female	32%
Indian, Scottish Indian or British Indian Male	22%
Indian, Scottish Indian or British Indian Female	30%
Pakistani, Scottish Pakistani or British Pakistani Male	18%
Pakistani, Scottish Pakistani or British Pakistani Female	23%
Polish Male	24%
Polish Female	28%

Comparison with 2016

For the comparable subset in Glasgow City, the proportion who felt isolated from family/friends more than doubled from 11.5% in 2016 to 25.0% in 2024.

Comparison with the 2022/23 Main HWBS Population

Compared to the 2022/23 Main HWBS population, the 2024 Minority Ethnic HWBS population was more likely to feel isolated from family/friends (24% compared to 20%). However, while adults aged under 35 and aged 35-54 were more likely than others to feel isolated, for the 55+ age group, adults were **less** likely to feel isolated.

Figure 5.2: Proportion who Feel Isolated from Family and Friends – 2024 Minority Ethnic Population and 2022/23 Main HWBS Population by Age Group

When asked whether feeling of isolation from family and friends had changed due to the COVID pandemic, 8% said it had changed for the better, 12% said it had changed for the worse and 80% said there had been no change.

Those with a long-term limiting condition or illness were more likely than others to say that their isolation from family/friends had changed for the worse due to the COVID pandemic (21% compared to 10%).

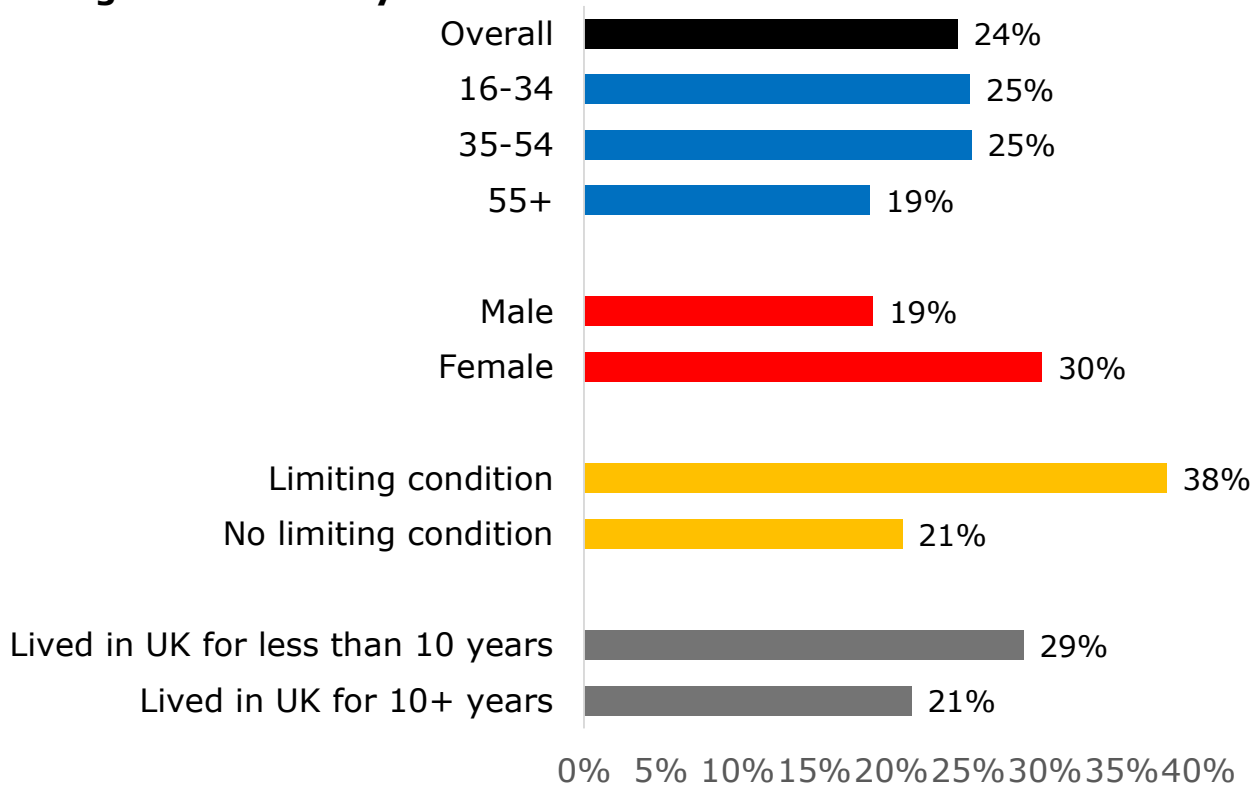
Feeling Lonely

Respondents were asked how often they had felt lonely in the past two weeks. Two percent said that had felt lonely all the time, 4% said often, 18% some of the time, 20% rarely and 56% never.

Thus, overall 24% said that they felt lonely at least some of the time in the previous two weeks.

- Those aged 55 or over were the least likely to feel lonely.
- Women were more likely than men to feel lonely.
- Those with a long-term limiting condition or illness were more likely than others to feel lonely.
- Those who had lived in the UK for less than 10 years were more likely than others to feel lonely.

Figure 5.3: Proportion who had Felt Lonely at Least Some of the Time in the Last Two Weeks by Age, Gender, Limiting Conditions and Length of Residency in the UK



The proportion of people who said they felt lonely in the last two weeks varied by gender, with women being more likely than men to feel lonely. However, the degree of the difference varied by ethnicity.

Table 5.2: Proportion who had Felt Lonely at Least Some of the Time in the Last Two Weeks by Ethnicity and Gender

	Felt Lonely in the Last 2 weeks
African, Scottish African or British African Male	21%
African, Scottish African or British African Female	30%
Arab, Scottish Arab or British Arab Male	22%
Arab, Scottish Arab or British Arab Female	37%
Chinese, Scottish Chinese or British Chinese Male	15%
Chinese, Scottish Chinese or British Chinese Female	40%
Indian, Scottish Indian or British Indian Male	17%
Indian, Scottish Indian or British Indian Female	26%
Pakistani, Scottish Pakistani or British Pakistani Male	18%
Pakistani, Scottish Pakistani or British Pakistani Female	27%
Polish Male	22%
Polish Female	24%

The question about loneliness was not asked in the 2016 survey, therefore it is not possible to make a comparison.

Comparison with the 2022/23 Main HWBS Population

Compared to the 2022/23 Main HWBS population, the 2024 Minority Ethnic HWBS population had a similar proportion of people who had felt lonely in the previous week. However, adults aged 55+ in the 2024 Minority Ethnic HWBS population were less likely than adults in the 2022/23 Main HWBS population to have felt lonely (18.6% compared to 25.8%).

Respondents were asked how lonely they had felt compared to before the COVID pandemic which started in March 2020. One in ten (10%) said they felt more lonely and 7% felt less lonely. The remainder either said it was the same as before (49%) or that they never felt lonely (34%).

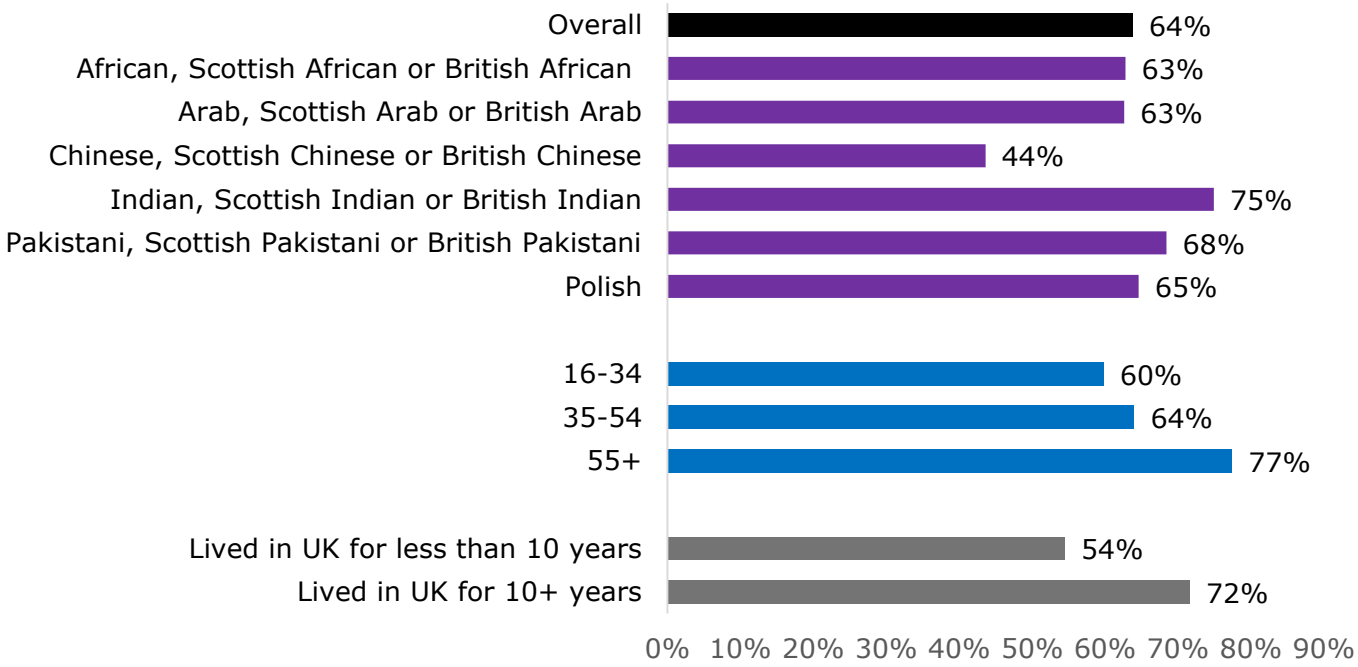
- **The 2023 Scottish Household Survey** found that nationally 10% of adults said they had felt lonely most of the time or often in the previous week. This compares to 6% in the 2024 Minority Ethnic HWBS who said they had felt lonely all of the time or often in the previous week.

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, 64% agreed with this (11% strongly agreed and 52% agreed), while 20% neither agreed nor disagreed and 16% disagreed (14% disagreed and 2% strongly disagreed).

- Those aged 55 or over were the most likely to feel they belonged to their local area.
- Those who had lived in the UK for 10 years or more were more likely than others to feel they belonged to their local area.
- The proportion of people who felt they belonged to their local area varied significantly by ethnicity.

Figure 5.4: Proportion who Agreed they Felt that they Belonged to their Local Area by Ethnicity, Age and Length of Residency in the UK



Comparison with 2016

For the comparable subset in Glasgow City, the proportion who felt they belonged to their local area fell from 72% in 2016 to 63% in 2024.

Comparison with the 2022/23 Main HWBS Population

Compared to the 2022/23 Main HWBS, the 2024 Minority Ethnic HWBS was less likely to feel they belonged to their local area. A significant difference was observed in all three age groups.

Figure 5.5: Proportion who Felt that they Belonged to their Local Area – 2024 Minority Ethnic HWBS Population and 2022/23 Main HWBS Population by Age Group

Evidence from Other Sources

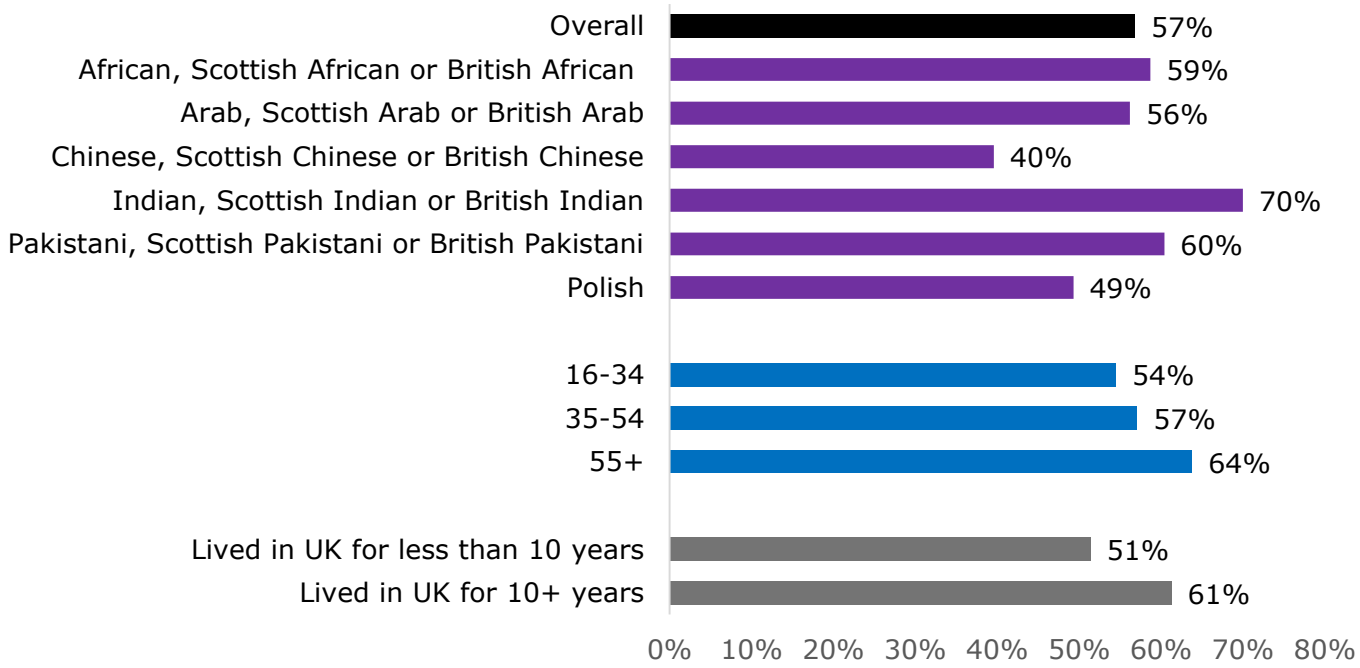
- **The 2023 Scottish Household Survey** asked how strongly people felt they belonged to their community. Across Scotland, 81% said 'very strongly or 'fairly strongly' - higher than the 64% who agreed they belonged to the local community in 2024 Minority Ethnic HWBS.

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, 57% agreed with this (49% strongly agreed and 8% agreed), while 28% neither agreed nor disagreed with this, and 15% disagreed (14% disagreed and 1% strongly disagreed).

- Those aged 55 or over were the age group most likely to feel valued as a member of the community.
- Those who had lived in the UK for 10 or more years were more likely than others to feel valued as a member of the community.
- The proportion of people who felt valued as a member of the community varied significantly by ethnicity.

Figure 5.6: Proportion who Agreed they Felt Valued as a Member of their Community by Ethnicity, Age and Length of Residency in the UK



Comparison with 2016

For the comparable subset in Glasgow City, the proportion who felt they were valued as members of their community fell from 62% in 2016 to 57% in 2024.

Comparison with the 2022/23 Main HWBS Population

Compared to the 2022/23 Main HWBS population, the 2024 Minority Ethnic HWBS population was less likely to feel they were valued as members of their community (57% compared to 61%). However, within age groups, there was only a significant difference for the under 35s (54.5% 2024 Minority Ethnic HWBS; 58% 2023/23 Main HWBS).

Influence in the Neighbourhood

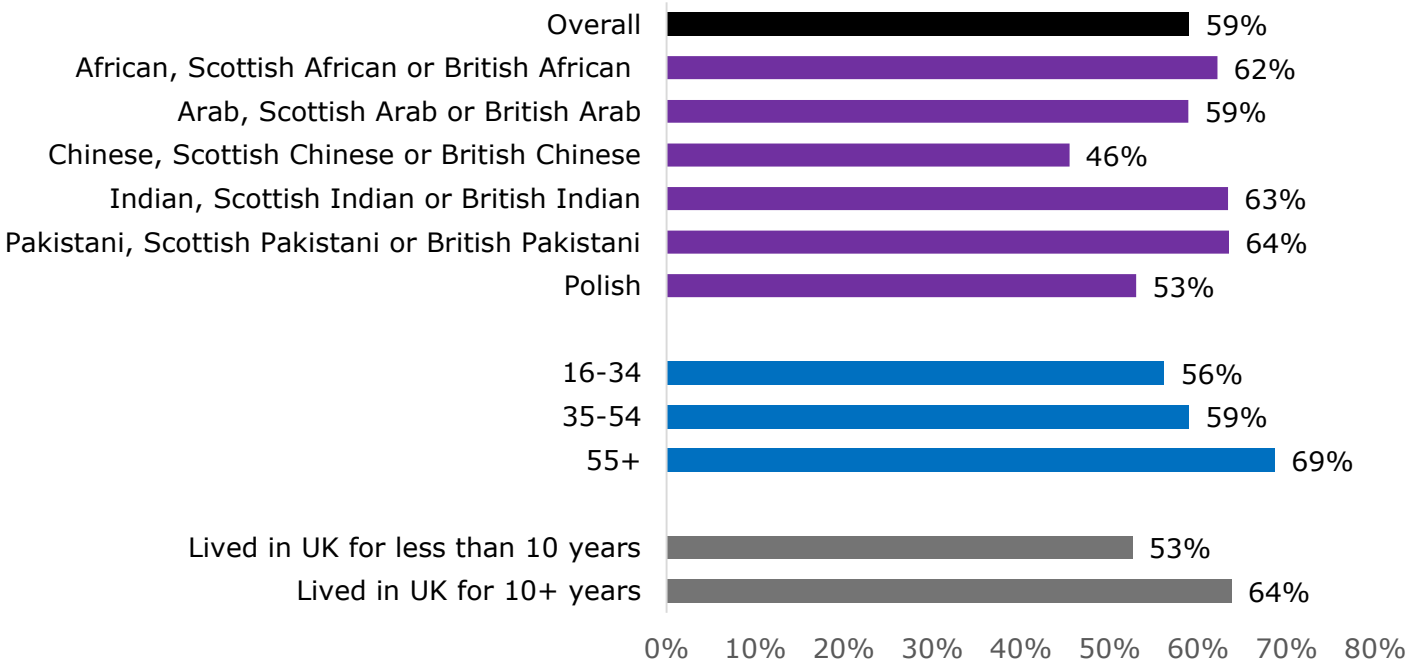
Respondents were asked the extent to which they agreed or disagreed with the statement, "By working together people in my neighbourhood can influence decisions that affect my neighbourhood". Three in five (59%) agreed with this (11% strongly agreed and 47% agreed), 27% neither agreed nor disagreed and 14% disagreed (11% disagreed and 3% strongly disagreed).

- The age group most likely to agree that local people could influence local decisions was 55+.

- Those who had lived in the UK for 10 or more years were more likely than others to agree that local people working together could influence local decisions.

- The proportion of people who agree that local people working together could influence local decisions varied significantly by ethnicity.

Figure 5.7: Proportion who Agreed that By Working Together Local People Can Influence Local Decisions by Ethnicity, Age and Length of Residency in the UK



Comparison with 2016

For the comparable subset in Glasgow City, the proportion who agreed that people working together could influence local decisions fell from 72% in 2016 to 58% in 2024.

Comparison with the 2022/23 Main HWBS Survey Population

Compared to the 2022/23 Main HWBS population, the 2024 Minority Ethnic HWBS population was less likely to feel that people working together could influence local decisions. The difference was significant in the under 35 age group and the 35-54 year old age group, but findings were very similar across the two surveys for the 55+ age group.

Figure 5.8: Proportion who Agreed that By Working Together Local People Can Influence Local Decisions – 2024 Minority Ethnic HWBS Population and 2022/23 Main HWBS Population by Age Group

5.2 Experience of Crime

Respondents were asked whether they had been a victim of four specific types of crime in the last year. Overall, one in eight (12%) had been the victim of any of the four types of crime listed. The most common was anti-social behaviour.

Table 5.3: Proportion who had Been the Victim of Crime in the Last Year

	% Victim in last year
Anti-social behaviour	9.6%
Vandalism	3.6%
Any type of theft or burglary	2.6%
Physical attack	2.0%
Any of the above 4 types of crime	**12.3%**

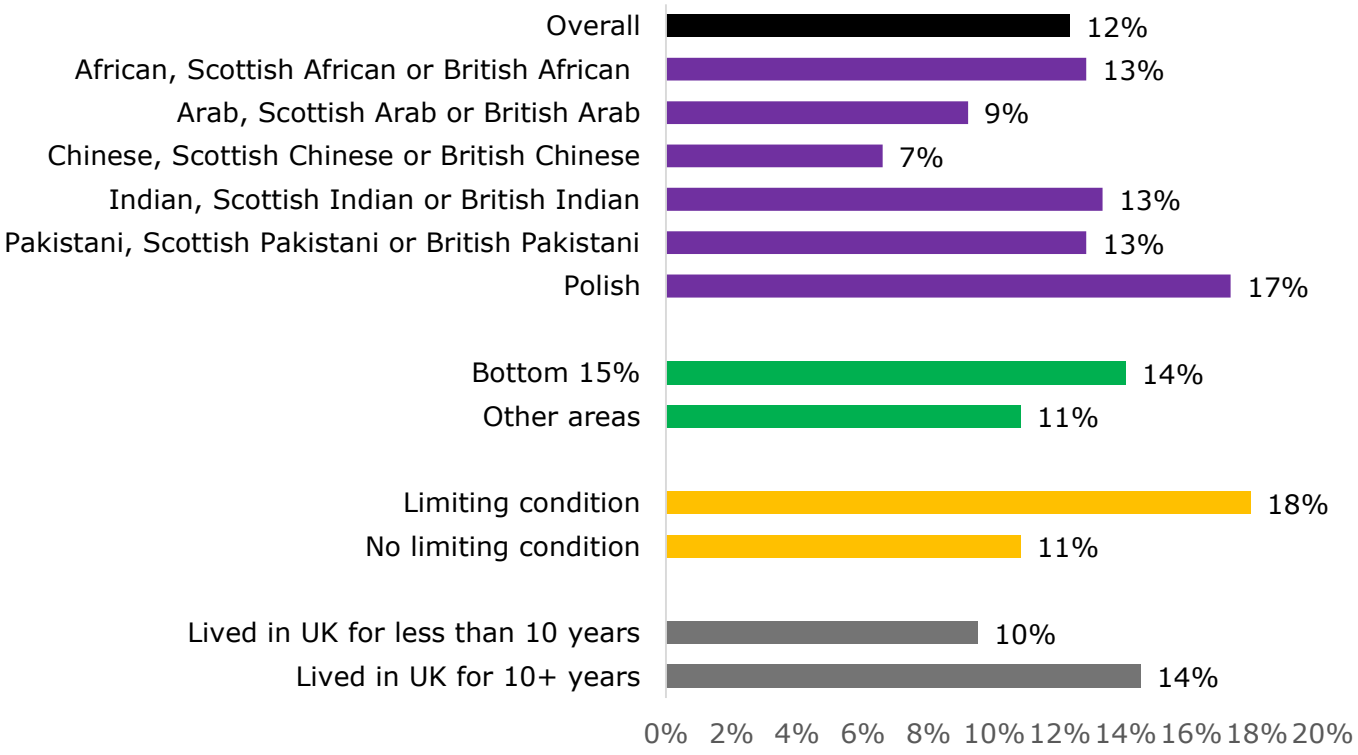
- Those in the most deprived areas were more likely to have experienced crime.

- Those with a limiting condition or illness were more likely than others to have been a victim of crime.

- Those who had lived in the UK for 10 or more years were more likely than others to have been a victim of crime.

- The proportion of people who had been a victim of crime varied significantly by ethnicity.

Figure 5.9: Proportion who had Been the Victim of Crime in the Last Year by Ethnicity, Deprivation, Limiting Conditions and Length of Residency in the UK

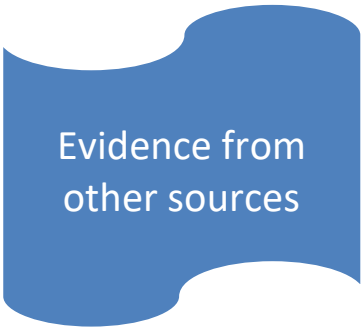


For the comparable subset, there has been no significant change in being a victim of any of the four types of crime in the last year since 2016.

Comparison with the 2022/23 Main HWBS Population

Compared to the 2022/23 Main HWBS population, the 2024 Minority Ethnic HWBS population had a similar likelihood of saying they had been the victim of one of the types of crime in the last year. However, among those aged

under 35, those in the 2024 Minority Ethnic HWBS population were less likely to be a victim of crime (10.7% compared to 13.9%), while among those aged 55 or over, those in the 2024 Minority Ethnic HWBS population were more likely to be a victim of crime (12.6% compared to 7.4%).



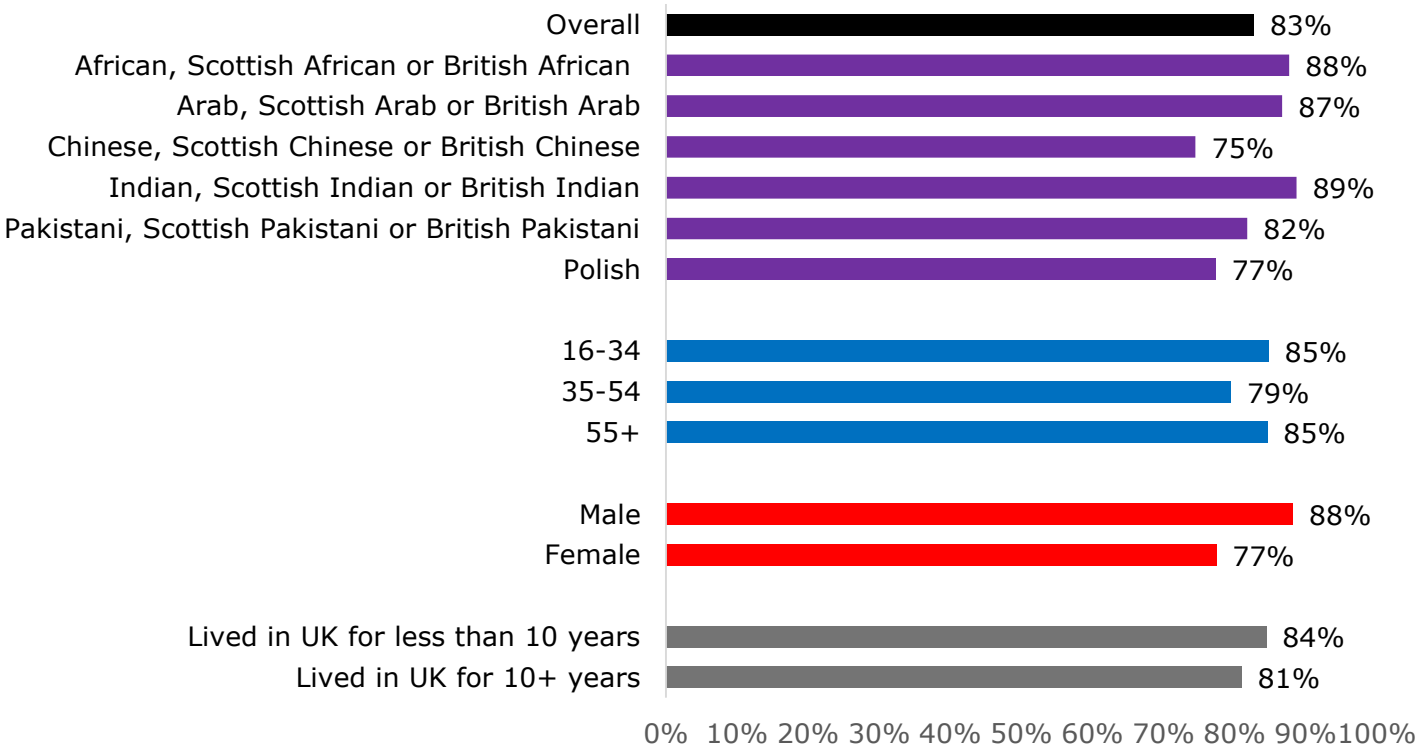
Although it is not one of the four crimes listed in the 2024 Minority Ethnic HWBS, in 2023-24, 63% of all reported hate crimes in Scotland included an aggravator for race, according to the Scottish Government, *Safer Communities and Justice Statistics Report: July 2025*

5.3 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, 83% agreed with this (20% strongly agreed and 63% agreed), 13% neither agreed nor disagreed and 4% disagreed (4% disagreed and 1% strongly disagreed).

- Those aged 35-54 were the group least likely to feel safe using local public transport.
- Men were more likely than women to feel safe using local public transport.
- Those who had lived in the UK for 10 or more years were less likely than others to feel safe using local public transport.
- The proportion of people who felt safe using local public transport varied significantly by ethnicity.

Figure 5.10: Proportion who Felt Safe Using Local Public Transport by Ethnicity, Age, Gender and Length of Residency in the UK



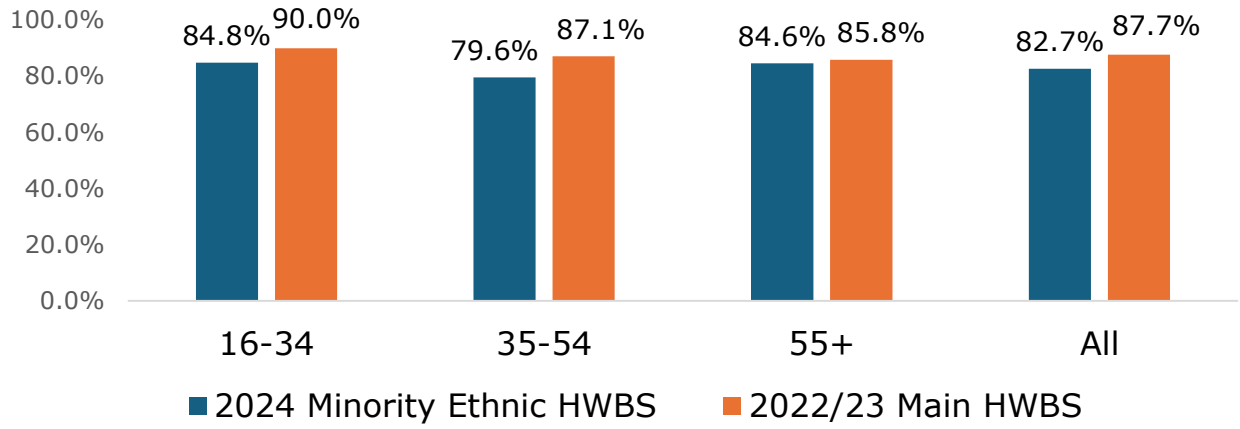
Comparison with 2016

For the comparable subset in Glasgow City, the proportion who felt safe using local public transport fell from 89% in 2016 to 83% in 2024.

Comparison with the 2022/23 Main HWBS Population

Compared to the 2022/23 Main HWBS population, the 2024 Minority Ethnic HWBS population was less likely to feel safe using local public transport (83% compared to 88%). The difference was significant in the under 35 age group and the 35-54 year old age group, but findings were similar across the two surveys for the 55+ age group.

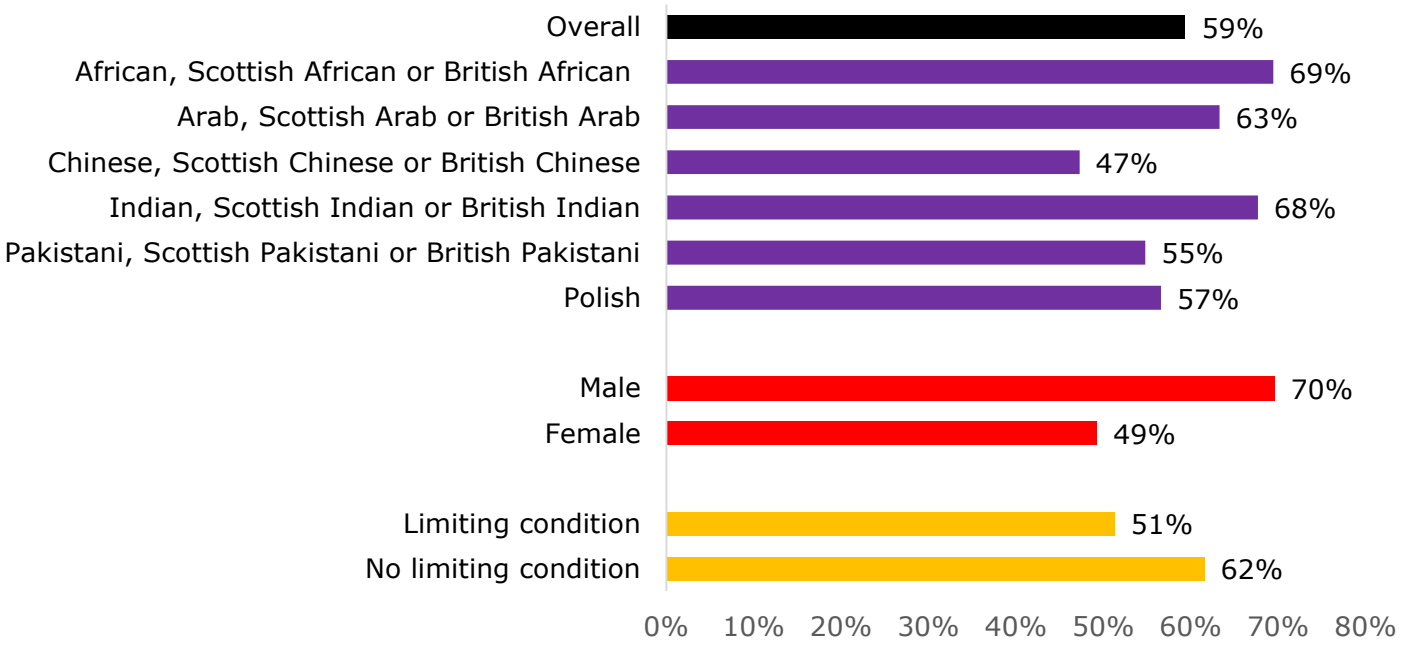
Figure 5.11: Proportion who Felt Safe Using Local Public Transport – 2024 Minority Ethnic HWBS Population and 2022/23 Main HWBS Population by Age Group



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, 59% agreed with this (12% strongly agreed and 47% agreed), 18% neither agreed nor disagreed and 22% disagreed (17% disagreed and 5% strongly disagreed).

- Women were much less likely than men to feel safe walking alone.
- Those with a limiting condition/illness were less likely than others to feel safe walking alone.
- The proportion of people who felt safe walking alone varied significantly by ethnicity.

Figure 5.12: Proportion who Felt Safe Walking Alone in their Local Area Even After Dark by Ethnicity, Gender and Limiting Conditions



There was a sizeable difference between men (70%) and women (49%) in the proportion of people who felt safe walking alone even after dark. The degree of difference varied by ethnicity.

Table 5.4: Proportion who Felt Safe Walking Alone in their Local Area Even After Dark by Ethnicity and Gender

	Feel Safe Walking Alone
African, Scottish African or British African Male	82%
African, Scottish African or British African Female	56%
Arab, Scottish Arab or British Arab Male	72%
Arab, Scottish Arab or British Arab Female	52%
Chinese, Scottish Chinese or British Chinese Male	58%
Chinese, Scottish Chinese or British Chinese Female	39%
Indian, Scottish Indian or British Indian Male	76%
Indian, Scottish Indian or British Indian Female	59%

Pakistani, Scottish Pakistani or British Pakistani Male	64%
Pakistani, Scottish Pakistani or British Pakistani Female	46%
Polish Male	68%
Polish Female	47%

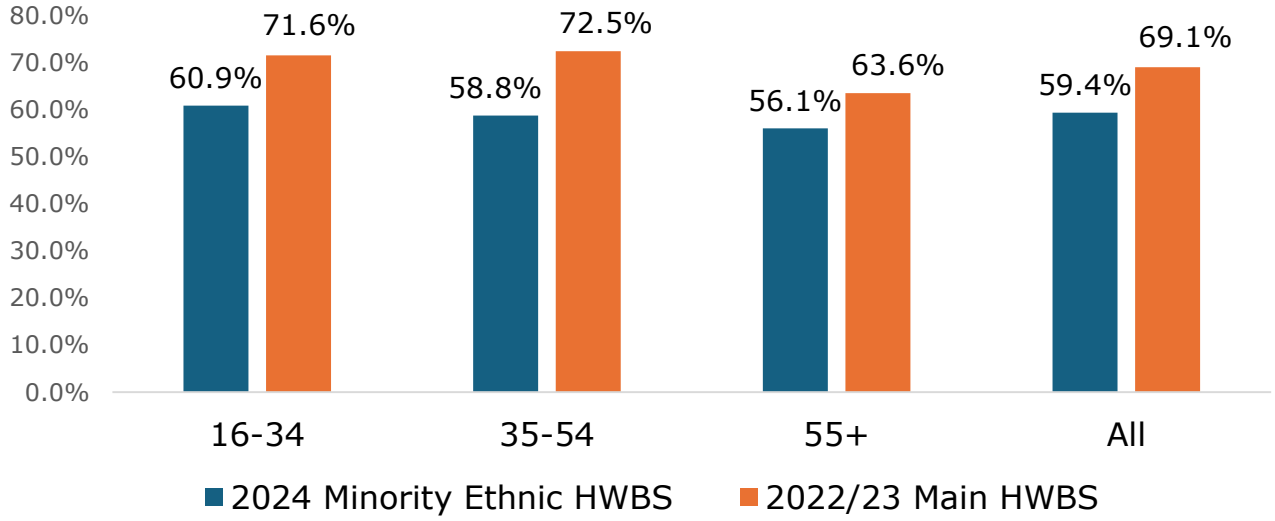
Comparison with 2016

For the comparable subset in Glasgow City, the proportion who felt safe walking alone in their area fell from 67% in 2016 to 58% in 2024.

Comparison with the 2022/23 Main HWBS Population

Compared to the 2022/23 Main HWBS population, the 2024 Minority Ethnic HWBS population was less likely to feel safe walking alone in their local area (59% compared to 69%). The difference was significant across all three age groups.

Figure 5.13: Proportion who Felt Safe Walking Alone in their Local Area Even After Dark – 2024 Minority Ethnic HWBS Population and 2022/23 Main HWBS Population by Age Group



Evidence from Other Sources

- **The 2023 Scottish Household Survey** found that nationally 81% of people felt very or fairly safe walking alone in their neighbourhood after dark, compared to **only 59%** in the 2024 Minority Ethnic HWBS.

5.4 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).

Nine of the ten services showed variations in ratings by ethnicity. These are shown in Table 5.5. The other service was public transport (for which 68% gave a positive rating).

Table 5.5: Proportion with Positive Perception of Quality of Local Services by Ethnicity

	Food shops	Local schools	Police	GP/ Doctor	Nurse-led clinics	Leisure/ sports facilities	Childcare provision	Out of hours medical service	Activities for young people
African, Scottish African or British African	72%	73%	61%	62%	62%	49%	52%	54%	47%
Arab, Scottish Arab or British Arab	76%	74%	68%	62%	60%	49%	57%	51%	49%
Chinese, Scottish Chinese or British Chinese	76%	56%	50%	55%	43%	52%	33%	36%	38%
Indian, Scottish Indian or British Indian	78%	77%	67%	62%	59%	58%	52%	47%	55%
Pakistani, Scottish Pakistani or British Pakistani	76%	77%	61%	61%	58%	45%	45%	48%	41%
Polish	69%	70%	55%	52%	58%	43%	52%	46%	37%
Overall	**75%**	**72%**	**60%**	**59%**	**57%**	**49%**	**48%**	**47%**	**44%**

There were also eight of the 10 services which showed variation by age group, shown in Table 5.6. Those aged under 35 tended to be more likely to rate services positively.

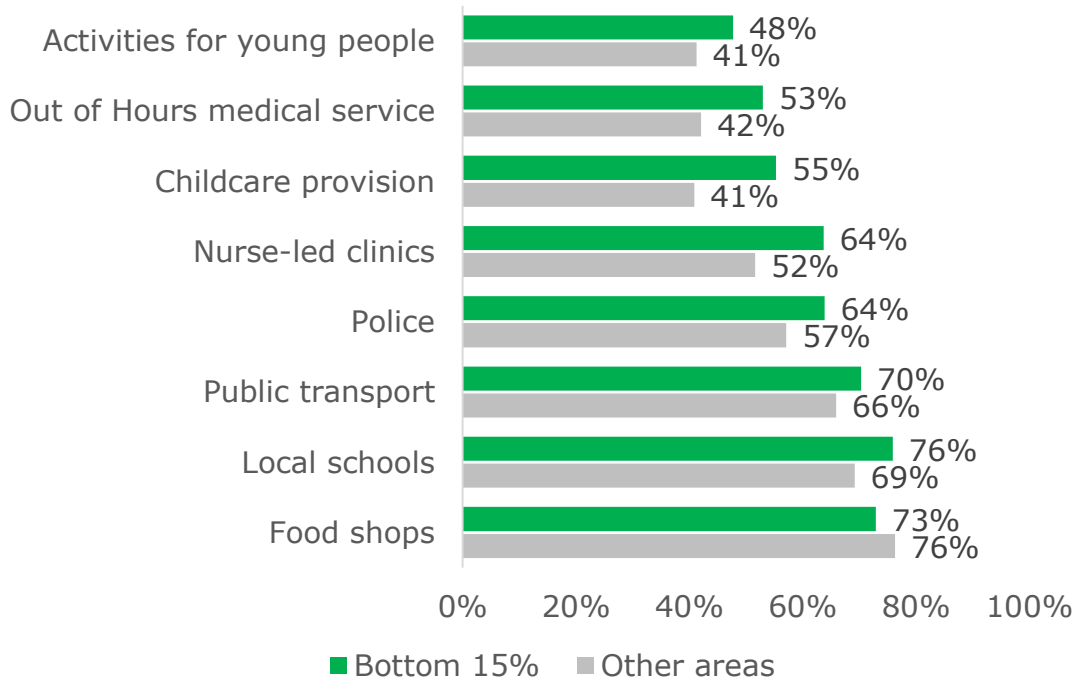
Table 5.6: Proportion with Positive Perception of Quality of Local Services by Age

	Food shops	Public transport	Police	GP/ Doctor	Leisure/ sports facilities	Childcare provision	Out of hours medical service	Activities for young people
16-34	79%	73%	63%	61%	54%	50%	49%	48%
35-54	69%	64%	58%	56%	44%	47%	44%	41%
55+	78%	63%	56%	64%	42%	38%	53%	39%
Overall	**75%**	**68%**	**60%**	**59%**	**49%**	**48%**	**47%**	**44%**

There was only one service which showed different views for men and women: Women were more likely than men to have a positive view of local schools (75% compared to 70%).

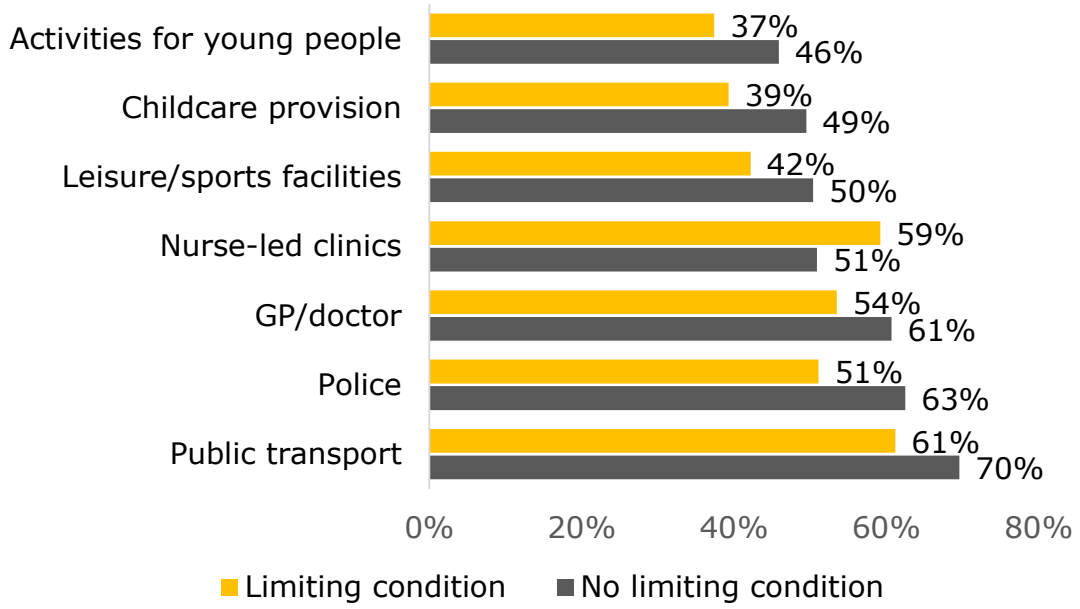
Those in the most deprived areas were less likely than those in other areas to have positive views of local food shops (73% compared to 76%). However, those in the most deprived areas were more likely to have positive views of seven types of service, as shown in Figure 5.14.

Figure 5.14: Proportion with a Positive Perception of Quality of Local Services by Deprivation



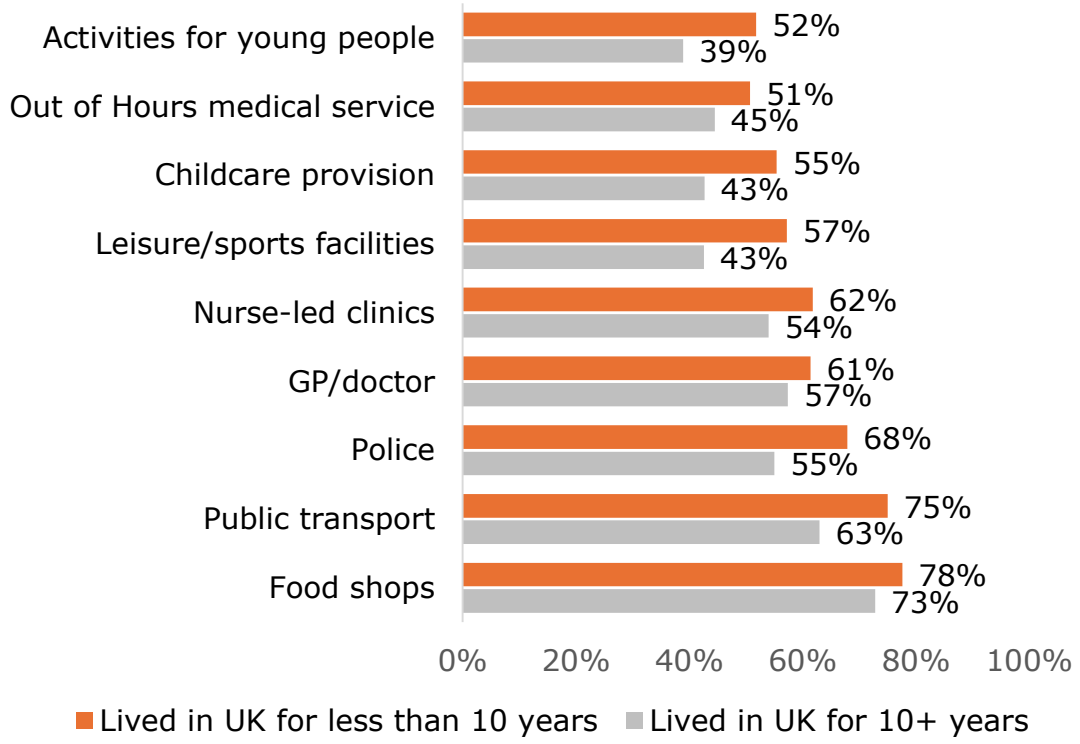
Those with a long-term limiting condition or illness were less likely than others to rate seven of the services positively.

Figure 5.15: Proportion with a Positive Perception of Quality of Local Services by Limiting Conditions



Those who had lived in the UK for less than 10 years were more likely than others to have a positive perception of nine of the local services.

Figure 5.16: Proportion with a Positive Perception of Quality of Local Services by Length of Residency in the UK



Comparison with the 2022/23 Main HWBS Population

Compared to the 2022/23 Main HWBS population, the 2024 Minority Ethnic HWBS population was more likely to rate seven of the services positively, but were less likely to rate local schools, nurse-led clinics and out of hours medical services positively, as Table 5.7 shows.

Table 5.7: Proportion with Positive Perception of Quality of Local Services – 2024 Minority Ethnic HWBS Population and 2022/23 Main HWBS Population

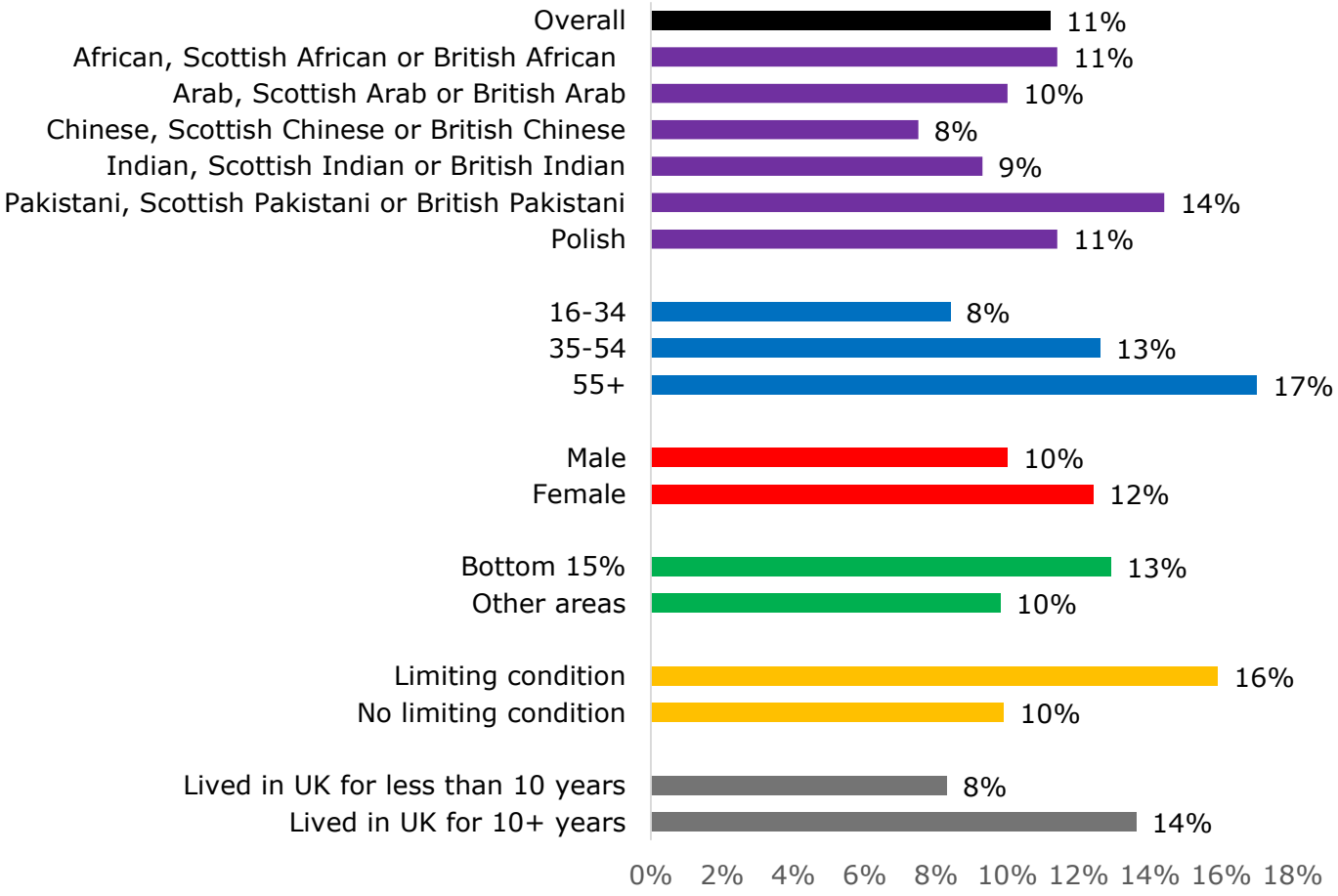
	2024 Minority Ethnic HWBS	2022/23 Main HWBS
Food shops	75%	68%
Local schools	72%	78%
Public transport	68%	61%
Police	60%	46%
GP/Doctor	59%	53%
Nurse-led clinics	57%	63%
Leisure/sports facilities	49%	46%
Childcare provision	48%	45%
Out of hours medical service	47%	51%
Activities for young people	44%	36%

5.5 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.

- Those aged 55 or over were the most likely to have caring responsibilities.
- Women were more likely than men to be carers.
- Those in the most deprived areas were more likely to be carers.
- Those with a long-term limiting condition were themselves more likely than others to be carers.
- Those who had lived in the UK for 10 or more years were more likely to be carers.
- The proportion of people to have caring responsibilities varied significantly by ethnicity.

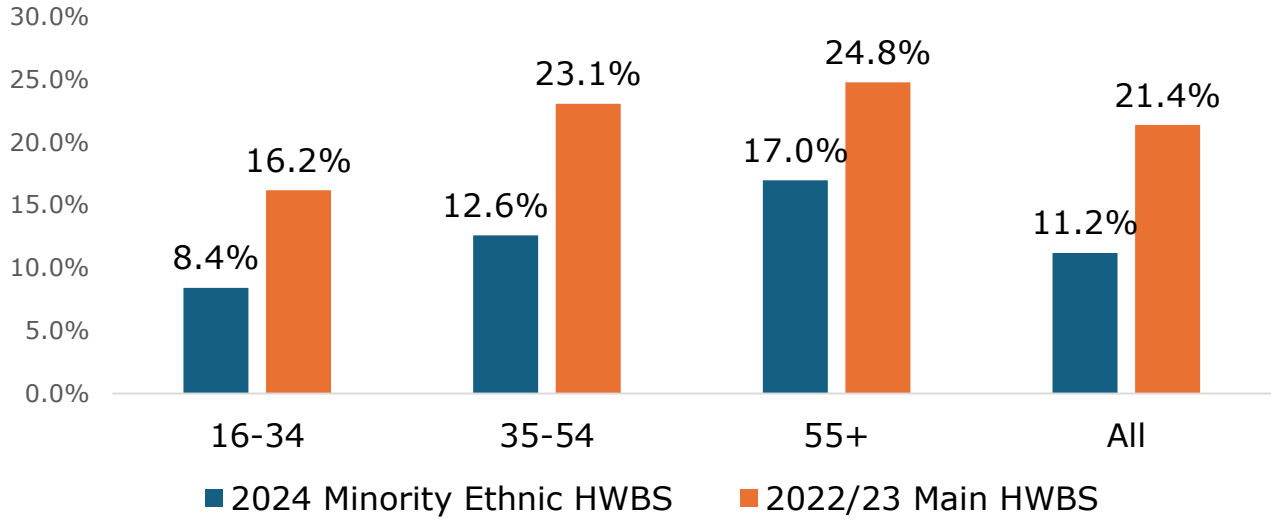
Figure 5.17: Proportion with Caring Responsibilities by Ethnicity, Age, Gender, Deprivation, Limiting Conditions and Length of Residency in the UK



Comparison with the 2022/23 Main HWBS Population

Compared to the 2022/23 Main HWBS population, the 2024 Minority Ethnic HWBS population was less likely to have caring responsibilities (11% compared to 21%). The difference was significant in all three age groups.

Figure 5.18: Proportion with Caring Responsibilities – 2024 Minority Ethnic HWBS Population and 2022/23 Main HWBS Population by Age Group



5.6 Discrimination

The self-completion section of the survey included twelve modified questions from The Everyday Discrimination Scale[6].

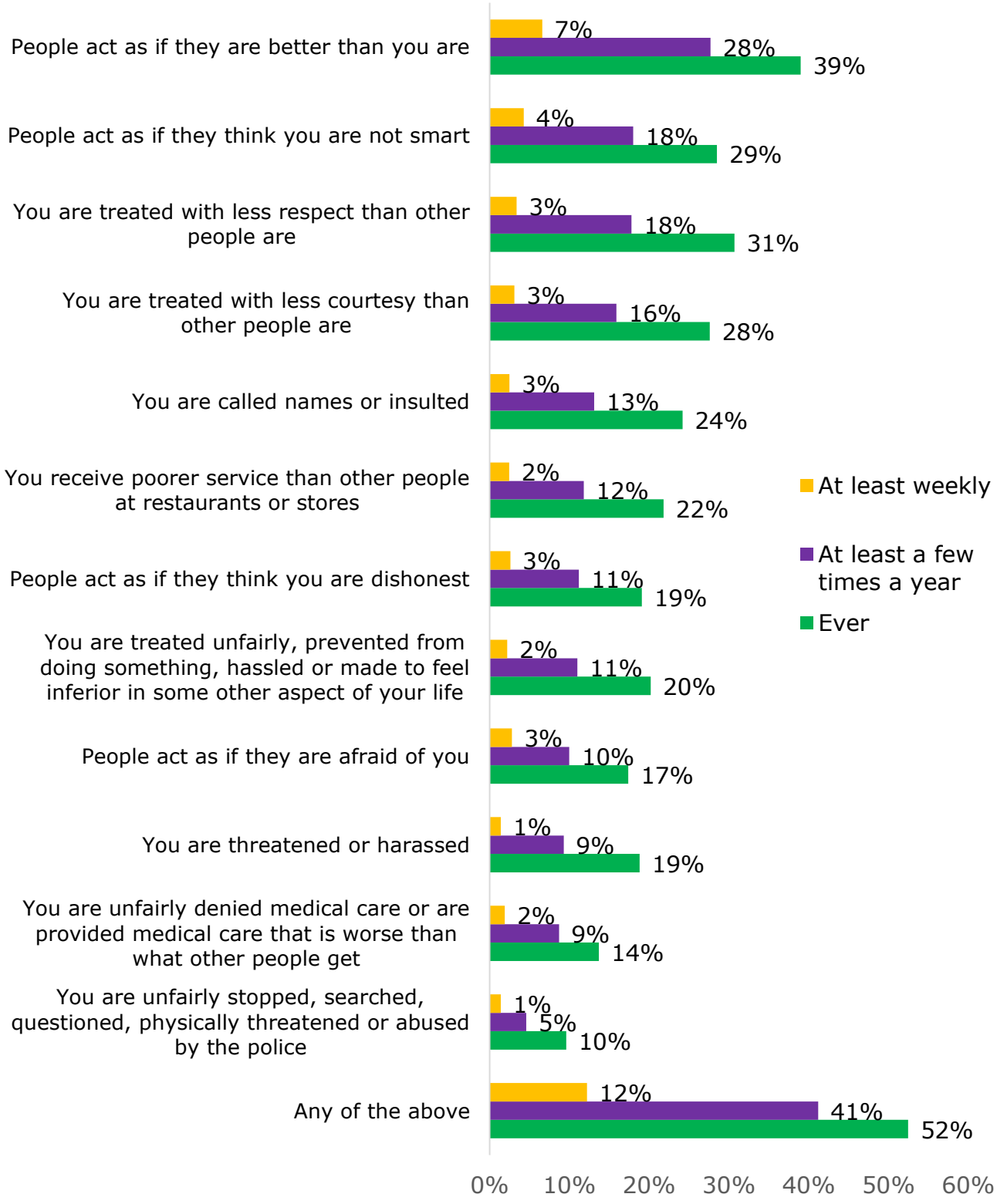
Table 5.8: Frequency of Experiencing Each Type of Discrimination

	Almost every day	At least once a week	A few times a month	A few times a year	Less than once a year	Never
You are treated with less courtesy than other people are	1%	2%	3%	10%	12%	72%
You are treated with less respect than other people are	2%	1%	4%	11%	13%	69%
You receive poorer service than other people at restaurants or stores	1%	1%	3%	6%	10%	78%
People act as if they think you are not smart	2%	2%	5%	9%	10%	71%
People act as if they are afraid of you	1%	2%	2%	5%	7%	83%
People act as if they think you are dishonest	1%	1%	3%	6%	8%	81%
People act as if they're better than you are	3%	4%	6%	15%	11%	61%
You are called names or insulted	1%	2%	3%	8%	11%	76%
You are threatened or harassed	1%	1%	2%	6%	9%	81%
You are unfairly denied medical care or are provided medical care that is worse than what other people get	1%	1%	2%	5%	5%	86%
You are treated unfairly, prevented from doing something, hassled or made to feel inferior in some other aspect of your life	1%	1%	3%	6%	9%	80%
You are unfairly stopped, searched, questioned, physically threatened or abused by the police	1%	1%	1%	2%	5%	90%

6 https://scholar.harvard.edu/files/davidrwilliams/files/discrimination_resource_dec._2020.pdf

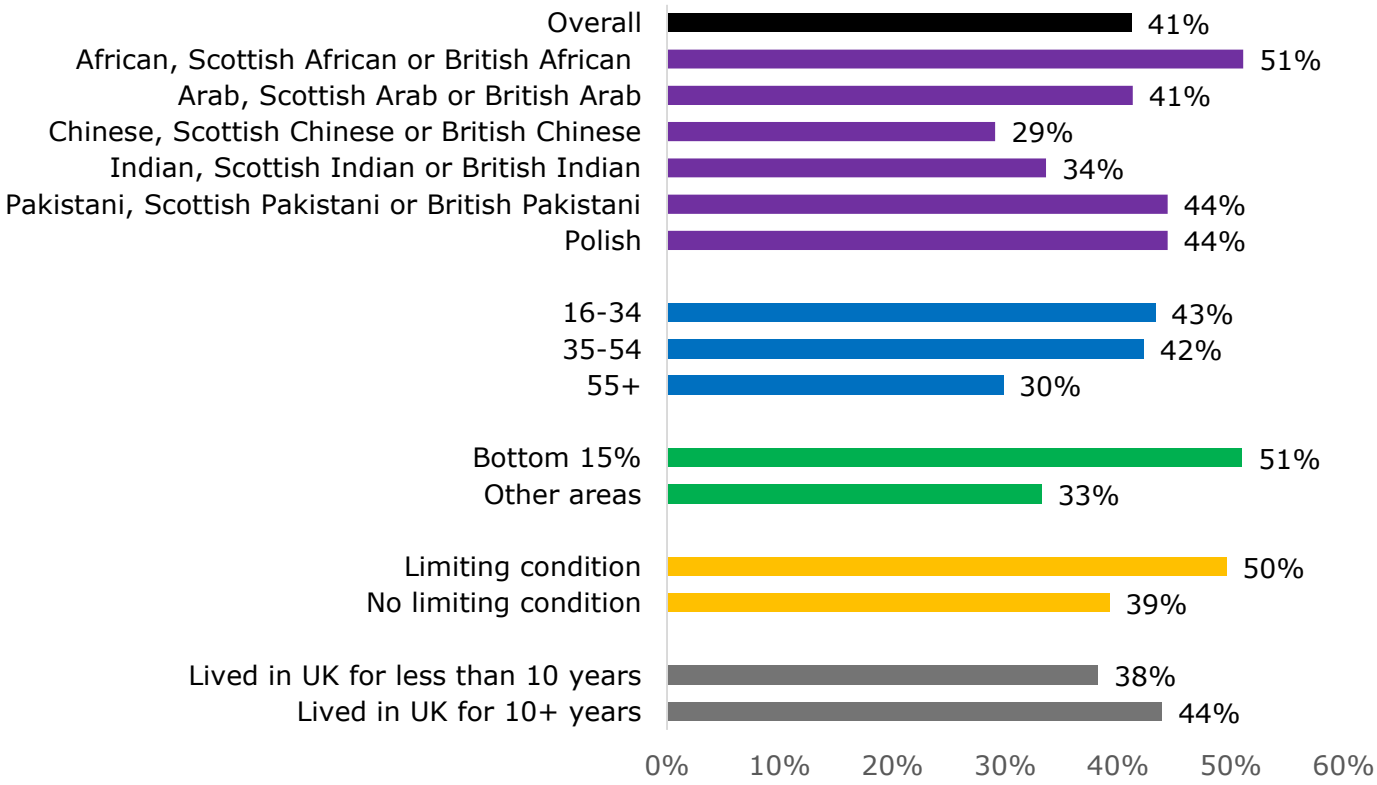
The proportion who reported each type of discrimination happening at least weekly, at least a few times a year and ever is shown in Figure 5.19. Overall, one in eight (12%) experienced at least one type of discrimination at least weekly, two in five (41%) experienced at least one type of discrimination at least a few times a year and more than half (52%) ever experienced any of the twelve types of discrimination.

Figure 5.19: Proportion who Experienced Each Type of Discrimination at Least Weekly, At Least a Few Times Per Year and Ever



- Those aged 55 or over were less likely than younger adults to report experiences of discrimination.
- Those in the most deprived areas were more likely to experience discrimination.
- Those with a long-term limiting condition or illness were more likely to experience discrimination.
- Those who had lived in the UK for 10 years or more were more likely to experience discrimination.
- The proportion of people who experienced discrimination varied significantly by ethnicity.

Figure 5.20: Proportion who Experienced Discrimination at least a few times a month by Ethnicity, Age, Deprivation, Limiting Conditions and Length of Residency in the UK



Comparison with the 2022/23 Main HWBS Population

There were nine types of discrimination which were included in both the 2022/23 Main HWBS and the 2024 Minority Ethnic HWBS[7]. Respondents in both surveys were equally likely to say they had ever experienced discrimination, or to have done so at least a few times a month. However, adults in the 2024 Minority Ethnic HWBS were more likely than those in the 2022/23 Main HWBS to say that they had experienced at least one of the nine comparable types of discrimination **at least weekly** (11.3% compared to 9.4%). The only age group which showed a significant level of difference for this measure was the over 55s: 8.9% of those aged 55 or over in the 2024 Minority Ethnic HWBS said they had experienced at least one of the nine types of discrimination at least weekly, compared to 5.0% of those in the 2022/23 Main HWBS.

Those who experienced discrimination were asked what they thought were the main reasons for these experiences (with the option of selecting multiple reasons).[8] The perceived **reasons** for discrimination differed very significantly between the two surveys. The 2022/23 Main HWBS population cited age (41%), gender (31%) and education/income level (21%) as the most common reasons, compared to the 2024 Minority Ethnic HWBS population who most commonly cited four reasons for discrimination which relate directly to race and ethnicity: ethnicity (58%), shade of skin colour (48%), race (46%), and religion (31%). Table 5.9 details the perceived reasons for discrimination in order of frequency of responses.

[7] The Main HWBS did not include the last three types of discrimination listed in Table 5.8

[8] Base: Those who had experienced discrimination (n=985)

Table 5.9: Perceived Reasons for Discrimination

Reasons for Discrimination	2022/23 Main HWBS	2024 Minority Ethnic HWBS
Ethnicity	*	58%
Shade of skin colour	11%	48%
Race	14%	46%
Religion	9%	31%
Gender	31%	19%
Age	41%	18%
Education or income level	21%	12%
Some other aspect of physical appearance	14%	12%
Ancestry or national origins	11%	11%
Weight	15%	9%
Height	13%	6%
Physical disability	7%	5%
Sexual orientation	10%	3%

* Not included in the 2022/23 Main HWBS

In addition, 3% of the Minority Ethnic HWBS population said there was another perceived reason for their experiences of discrimination.

• **The 2023 Scottish Household Survey** measured discrimination in a different way so results are not comparable with this survey. However, nationally, the Scottish Household Survey found that 7% of adults had experienced discrimination and 5% had experienced harassment - while amongst minority ethnic people, 17% had experienced discrimination and 16% had experienced harassment.

5.7 Views of Social Issues in Local Area

Respondents were asked about their perceptions of a number of social issues in their area using the 'faces' scale (see Chapter 2).

Social Issues

The proportion who had a negative perception of each social problem in their area was:

- The level of alcohol consumption – 29%
- The amount of drug activity – 29%
- The level of unemployment – 20%
- People being attacked or harassed because of their skin colour, ethnic origin or religion – 13%
- The amount of troublesome neighbours – 10%.

The proportion of people who had a negative perception of each social problem in their area varied significantly by ethnicity.

Table 5.10: Proportion who had a Negative Perception of Each Social Problem in their Area by Ethnic Group

	African, Scottish African or British African	Arab, Scottish Arab or British Arab	Chinese, Scottish Chinese or British Chinese	Indian, Scottish Indian or British Indian	Pakistani, Scottish Pakistani or British Pakistani	Polish
Level of alcohol consumption	38%	32%	13%	24%	31%	37%
Amount of drug activity	35%	31%	13%	22%	33%	40%
Level of unemployment	25%	23%	10%	18%	20%	23%
People being attacked or harassed because of their skin colour, ethnic origin or religion	16%	11%	9%	11%	16%	14%
Amount of troublesome neighbours	14%	11%	6%	6%	11%	14%

Those aged 55 or over were the least likely to have a negative perception of:

- The level of alcohol consumption (19% compared to 30% of 16-34 year olds and 31% of 35-54 year olds);

- The amount of drug activity (22% compared to 30% of 16-34 year olds and 31% of 35-54 year olds).

Women were more likely than men to have a negative perception of:

- the level of alcohol consumption (33% female; 25% male);

- the amount of drug activity (34% female; 26% male);

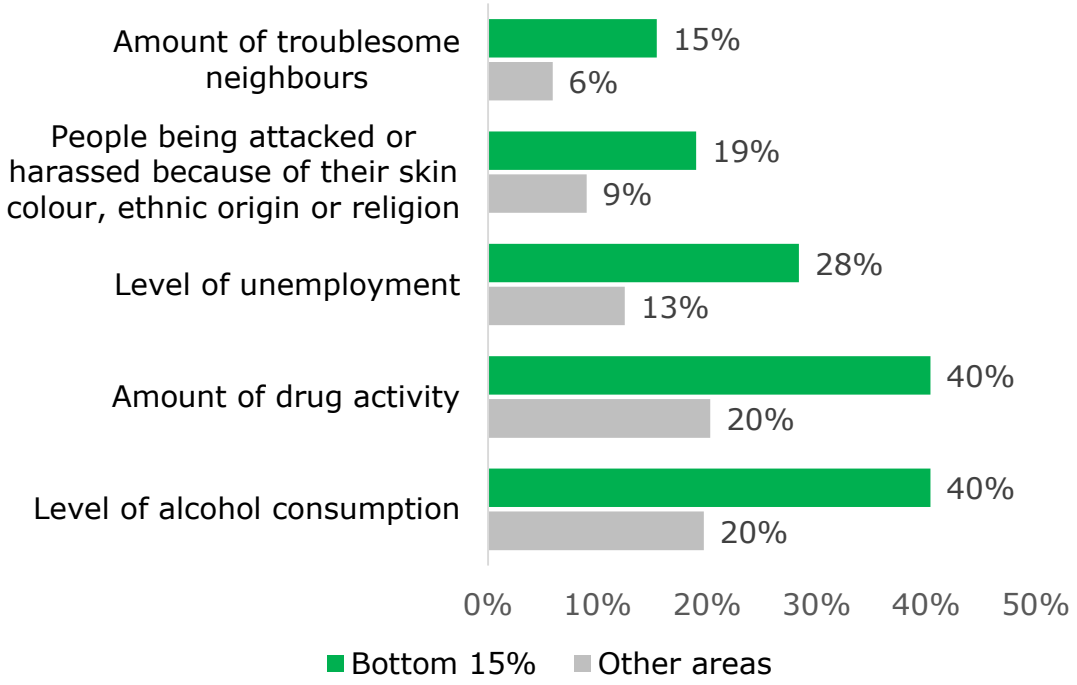
- the level of unemployment (23% female; 17% male);

- people being attacked or harassed because of their skin colour, ethnic origin or religion (17% female; 9% male);

- the amount of troublesome neighbours (12% female; 8% male).

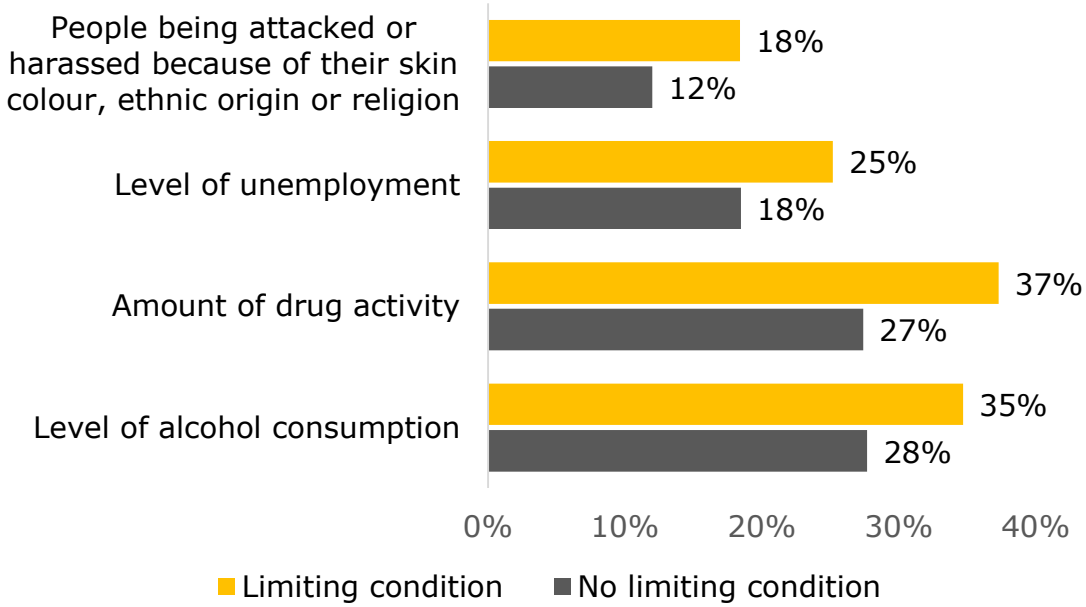
Those in the most deprived areas were much more likely than those in other areas to have a negative perception of each social problem in their area.

Figure 5.21: Proportion who had a Negative Perception of Each Social Problem in their Area by Deprivation



Those with a long-term limiting condition or illness were more likely than others to have a negative perception of four of the social issues in their local area, as Figure 5.22 shows.

Figure 5.22: Proportion who had a Negative Perception of Each Social Problem in their Area by Limiting Conditions



Those who had lived in the UK for 10 years or more were more likely than others to have a negative perception of the amount of drug activity (32% compared to 27%) and people being attacked or harassed because of their skin colour, ethnic origin or religion (15% compared to 11%).

5.8 Summary of Key Messages from This Chapter

Differences by Age and Gender

- Those aged 55 and over were the least likely to say they felt isolated from friends/family or that they and felt lonely in the last two weeks and women were more likely than men to feel isolated or lonely.

- Those aged 55 or over were the most likely to feel they belonged to their community, to feel valued as a member of their community and to feel that local people could influence local decisions.

- Those aged 35-54 and women were less likely to feel safe using local public transport and women were less likely than men to feel safe walking alone in their area.

- Those aged under 35 were the most likely to rate local services positively. Women were more likely than men to rate local schools positively.

- Those aged 55 and over were the most likely to be carers, and women were more likely than men to be carers.

- Those aged 55 and over were the least likely to experience discrimination.

- Women were more likely than men to have negative perceptions of social issues in their area. Those aged 55 or over were the least likely to have negative views of the level of alcohol consumption or the amount of drug activity in their area.

Differences by Deprivation

Those in the most deprived areas were:

- more likely to have been a victim of crime in the last year

- more likely to rate local services positively (but less likely to rate local food shops positively)

- more likely to be carers

- more likely to experience discrimination

- more likely to have negative views of social issues in their area.

Differences by Limiting Conditions

Those with a long-term limiting condition or illness were:

- more likely to feel isolated or lonely
- more likely to have been a victim of crime in the last year
- less likely to feel safe walking alone in their area
- less likely to rate local services positively
- more likely to be carers
- more likely to experience discrimination
- more likely to have negative views of social issues in their area.

Differences by Length of Residency in the UK

Those who had lived in the UK for less than 10 years were:

- more likely to feel isolated or lonely
- less likely to feel they belonged to their local area, feel valued as members of their community or feel that local people can influence local decisions
- less likely to have been the victim of crime in the last year
- more likely to feel safe using local public transport
- more likely to rate local services positively
- less likely to be carers
- less likely to experience discrimination
- less likely to have negative views of the amount of drug activity or people being attacked or harassed because of their skin colour, ethnic origin or religion in their area.

Changes since 2016

For the comparable subset (those in Glasgow City and excluding Arab, Scottish Arab or British Arab people who had not been included in 2016), compared to 2016, those in 2024 were:

- more likely to feel isolated
- less likely to feel they belonged to their local area
- less likely to feel valued as a member of the community
- less likely to feel that local people can influence local decisions
- less likely to feel safe using local public transport
- less likely to feel safe walking alone in their area.

Comparison with 2022/23 Main HWBS population

Compared to the 2022/23 Main HWBS population, the 2024 Minority Ethnic HWBS population was:

- more likely to feel isolated (but among those aged 55+, less likely to feel isolated)
- (among those aged 55+ only) less likely to feel lonely
- less likely to feel they belong to their local area or feel valued as a member of the community
- less likely to feel that local people can influence local decisions
- less likely to feel safe using local public transport or walking alone
- less likely have a positive view of local schools, nurse-led clinics or out of hours medical services – but more likely to have a positive view of food shops, public transport, police, GP/doctor, leisure/sports facilities, childcare provision and activities for young people
- less likely to have caring responsibilities.

6 Social Capital

6.1 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, 60% were positive about reciprocity and 64% were positive about trust.

There was a high degree of crossover on these two questions; 84% of those who were positive about trust were also positive about reciprocity.

- Those aged 55 or over were the most likely to have a positive perception of both reciprocity and trust.
- Men were more likely than women to have a positive perception of trust.
- Those in the most deprived areas were less likely than others to have a positive perception of reciprocity or trust.
- Those with a long-term limiting condition or illness were less likely than others to have a positive perception of trust.
- Those who had lived in the UK for 10 or more years were more likely than others to have a positive perception of reciprocity or trust.
- The proportion of people with a positive perception of reciprocity and trust varied significantly by ethnicity.

Figure 6.1: Proportion with a Positive Perception of Reciprocity by Ethnicity, Age, Deprivation and Length of Residency in the UK

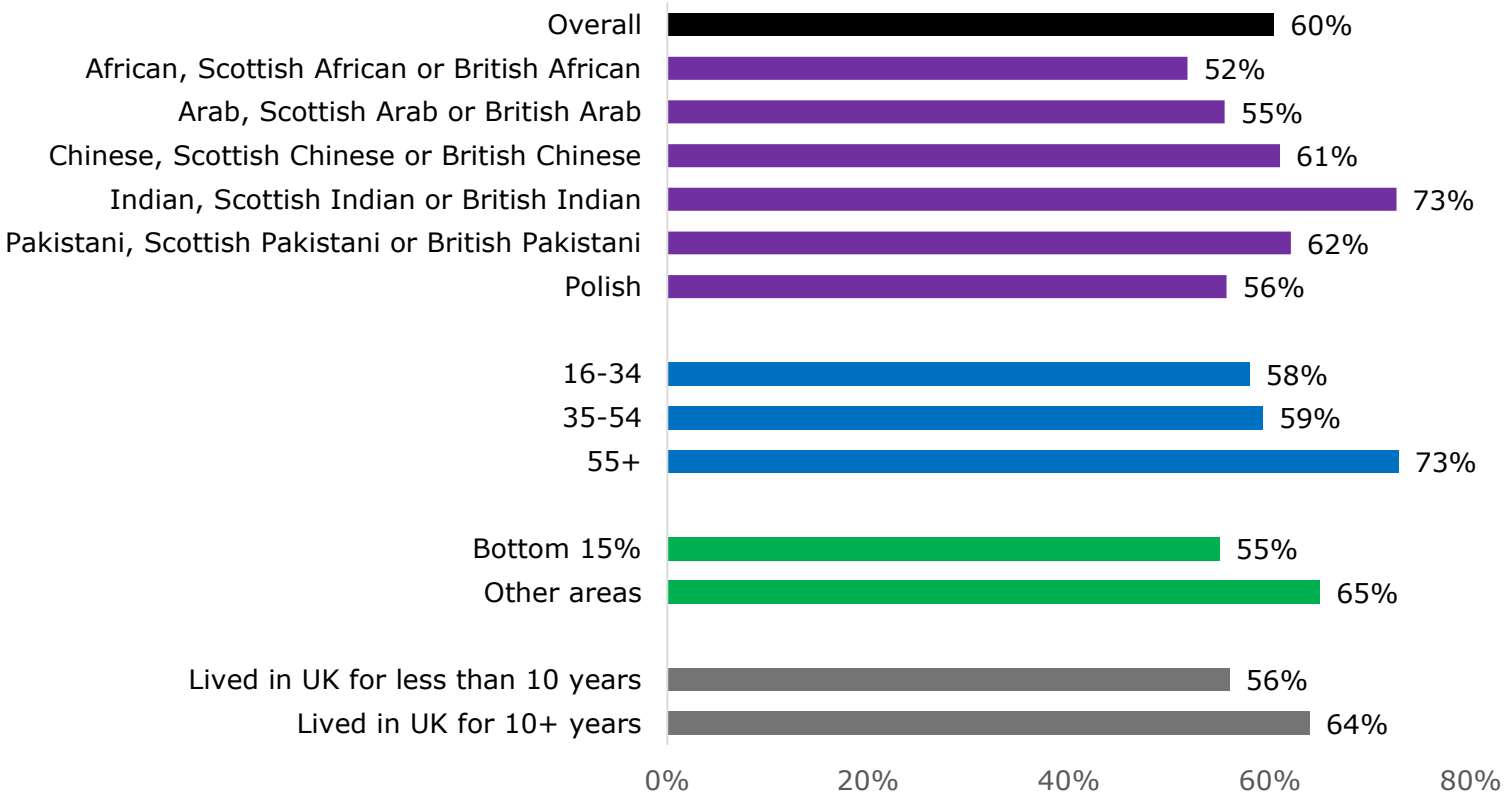
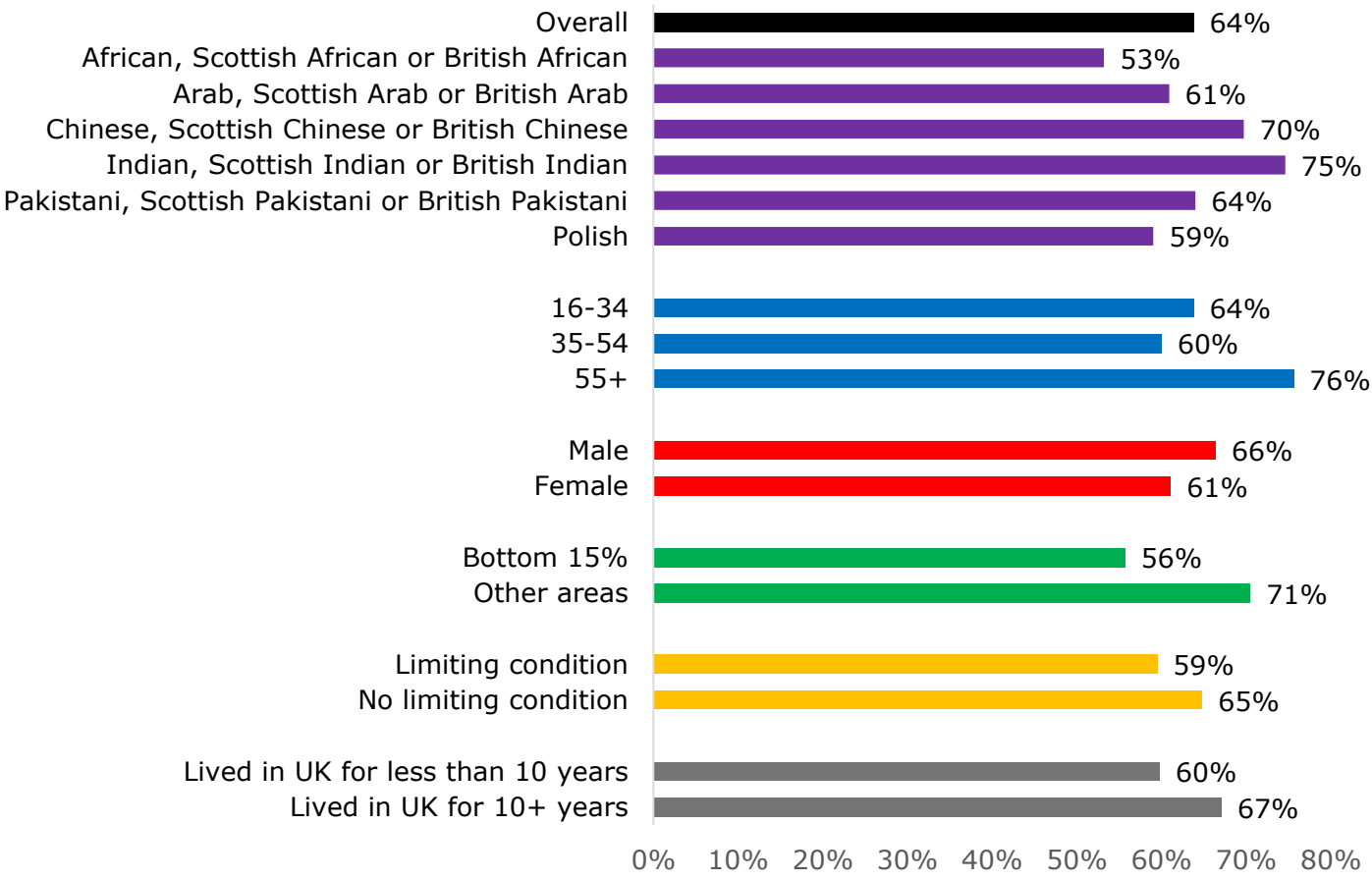


Figure 6.2: Proportion with a Positive Perception of Trust by Ethnicity, Age, Gender, Deprivation, Limiting Conditions and Length of Residency in the UK



Comparison with 2016

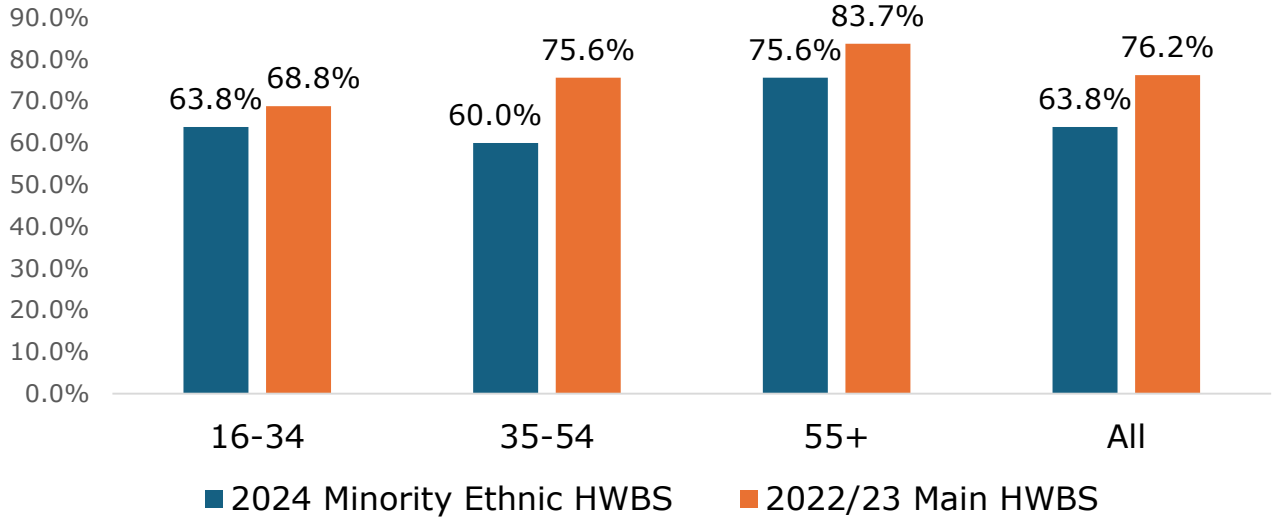
For the comparable subset in Glasgow City, the proportion who had a positive perception of reciprocity fell from 71% in 2016 to 59% in 2024. There was no significant change in the proportion who had a positive perception of trust.

Comparison with the 2022/23 Main HWBS Population

Compared to the 2022/23 Main HWBS population, the 2024 Minority Ethnic HWBS population was less likely to have positive views of reciprocity or trust. This was true in all three age groups, as Figures 6.3 and 6.4 show.

Figure 6.3: Proportion with a Positive Perception of Reciprocity – 2024 Minority Ethnic HWBS Population and 2022/23 Main HWBS Population by Age Group

Figure 6.4: Proportion with a Positive Perception of Trust – 2024 Minority Ethnic HWBS Population and 2022/23 Main HWBS Population by Age Group

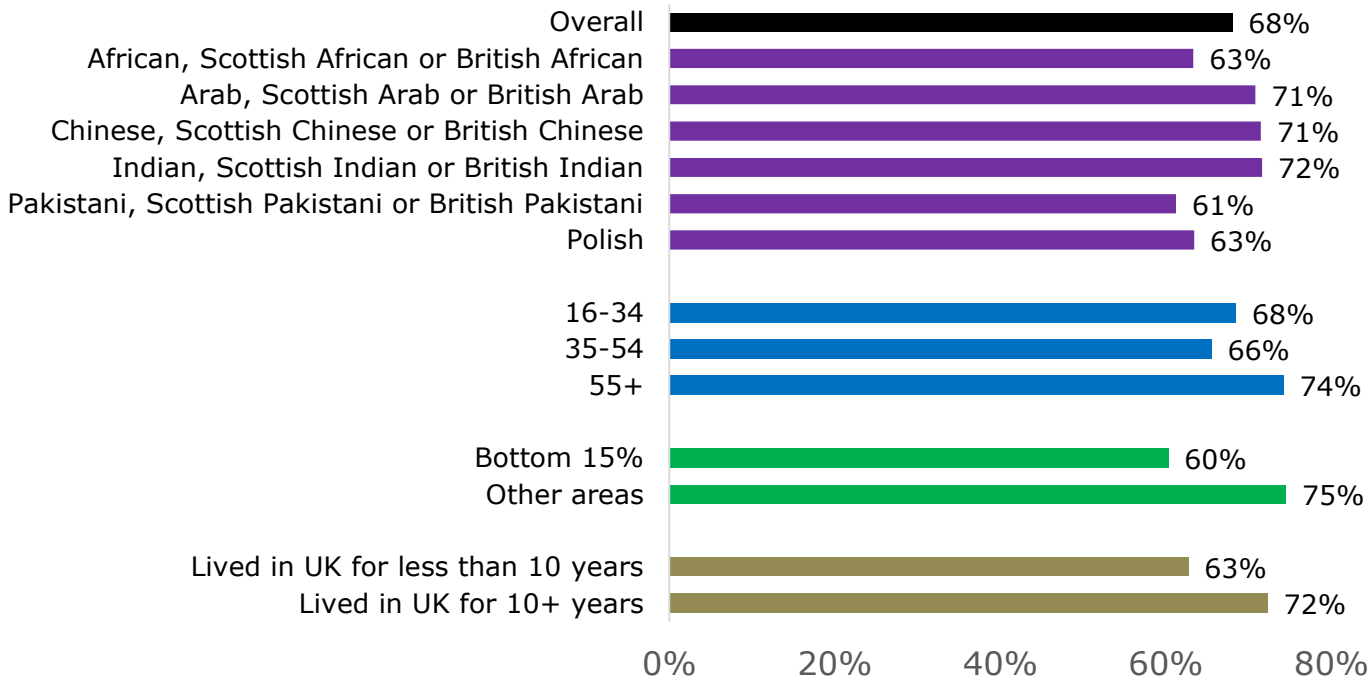


6.2 Local Friendships

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 (68%) agreed with this, while 20% neither agreed nor disagreed and 12% disagreed.

- Those aged 55 or over were the most likely to value local friendships.
- Those in the most deprived areas were less likely to value local friendships.
- Those who had lived in the UK for less than 10 years were less likely than others to value local friendships.
- The proportion of people who value local friendships varied significantly by ethnicity.

Figure 6.5: Proportion Who Value Local Friendships by Ethnicity, Age, Deprivation and Length of Residency in the UK



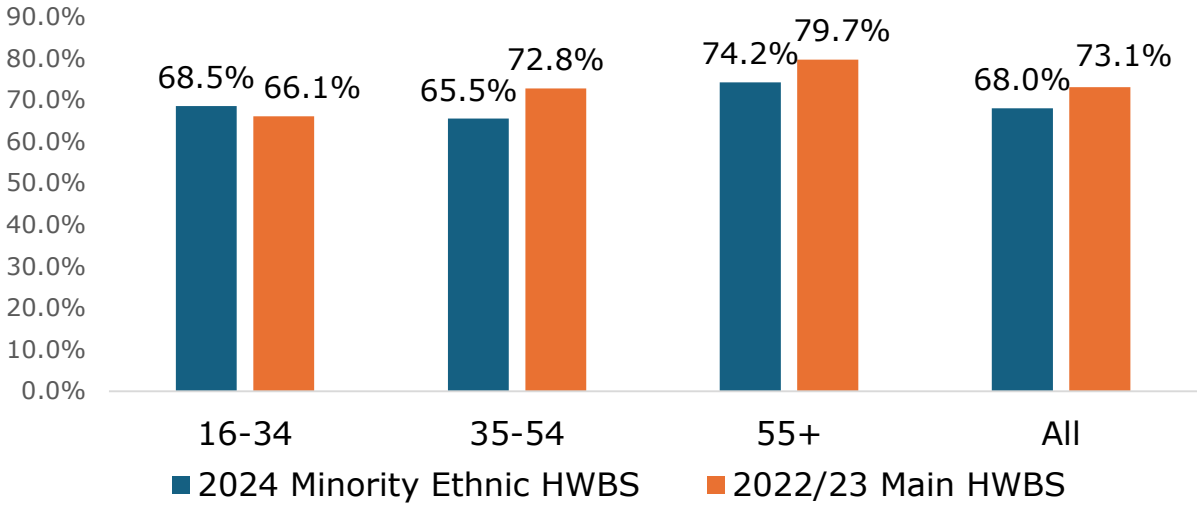
Comparison with 2016

For the comparable subset in Glasgow City, the proportion who valued local friendships fell from 73% in 2016 to 67% in 2024.

Comparison with the 2022/23 Main HWBS Population

Compared to the 2022/23 Main HWBS population, the 2024 Minority Ethnic HWBS population was overall less likely to value local friendships. However, there was no significant difference for those aged under 35.

Figure 6.6: Proportion Who Value Local Friendships – 2024 Minority Ethnic HWBS Population and 2022/23 Main HWBS Population by Age Group



6.3 Social Support

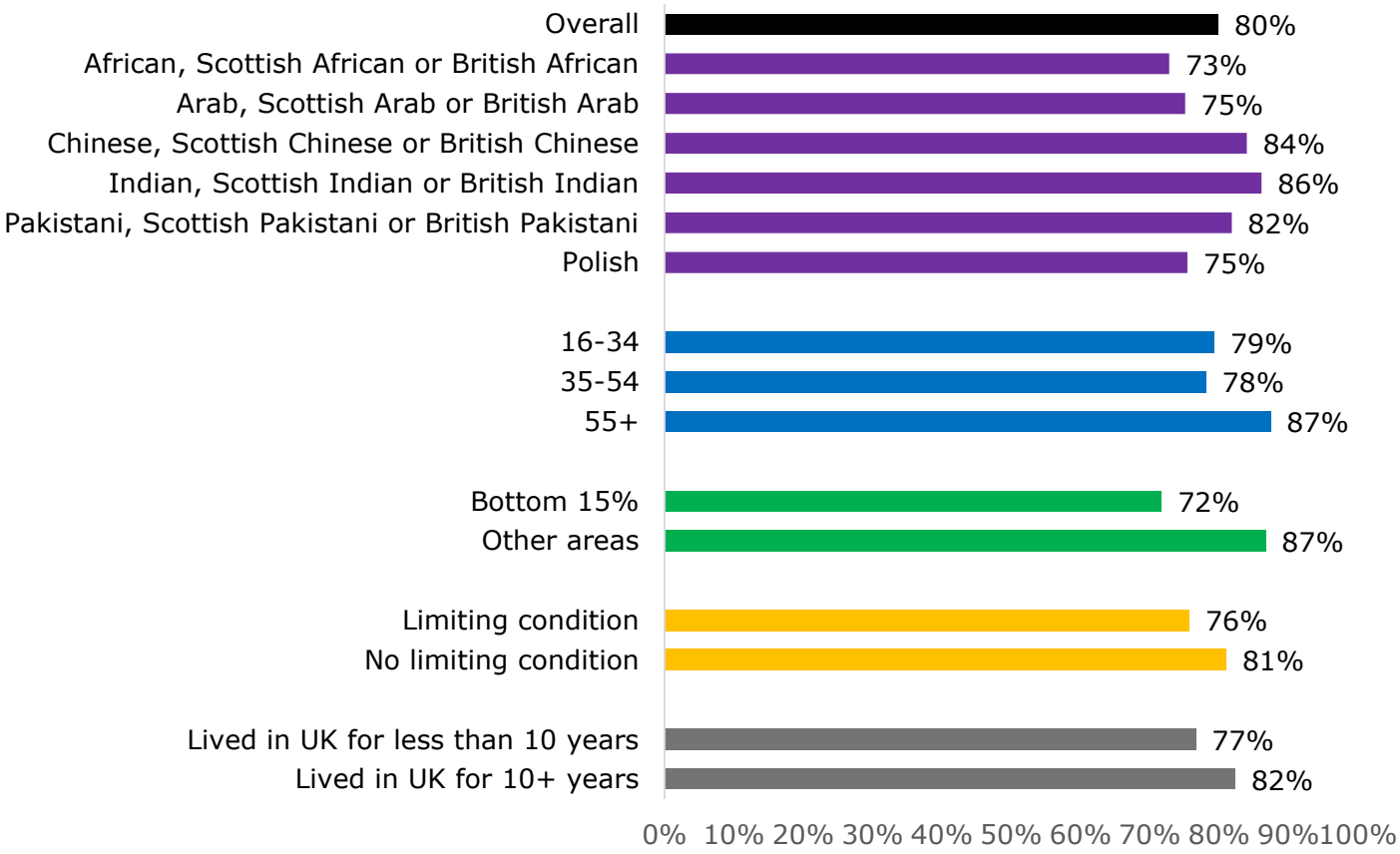
Respondents were asked to indicate the extent to which they agreed or disagreed with the statement: *"If I have a problem, there is always someone to help me".* Those agreeing with this statement were categorised as having a positive view of social support. Responses showed that four in five (80%) had a positive view of social support.

Positive views of social support were more common among:

- those aged 55 or over
- those outside the most deprived areas
- those without a limiting condition or illness
- those who had lived in the UK for 10 or more years

The proportion of people with a positive view of social support varied significantly by ethnicity.

Figure 6.7: Proportion with a Positive View of Social Support by Ethnicity, Age, Deprivation, Limiting Conditions and Length of Residency in the UK

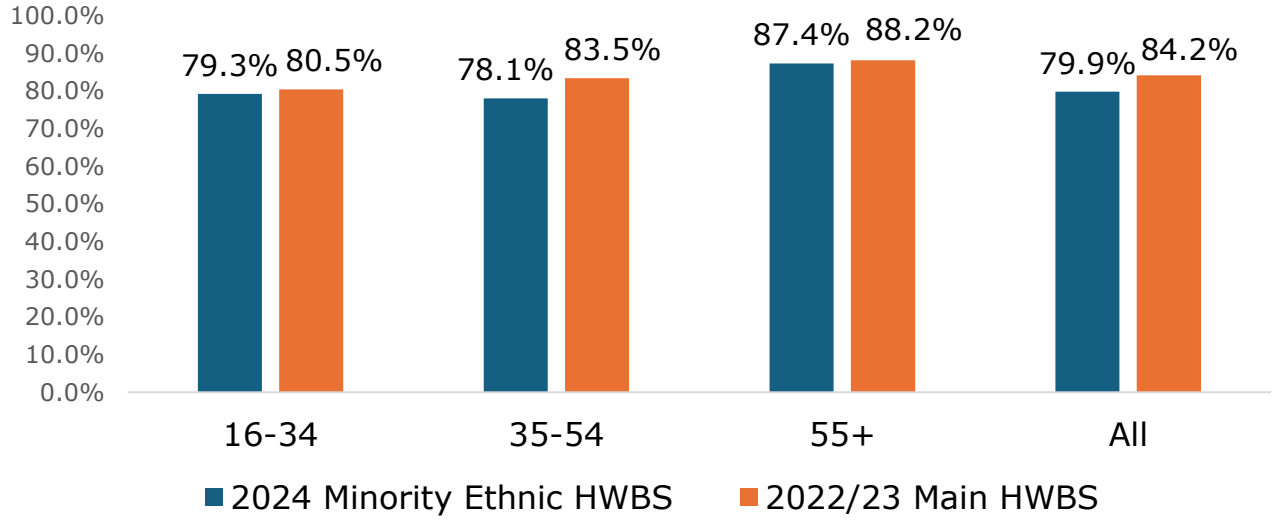


The proportion in the comparable subset in Glasgow City with a positive perception of social support remained the same as the 2016 survey.

Comparison with the 2022/23 Main HWBS Population

Compared to the 2022/23 Main HWBS population, the 2024 Minority Ethnic HWBS population was less likely to have a positive perception of social support. However, this was attributable largely to the difference observed only among those aged 35-54. The other two age groups did not show a significant difference.

Figure 6.8: Proportion with a Positive View of Social Support – 2024 Minority Ethnic HWBS Population and 2022/23 Main HWBS Population by Age Group

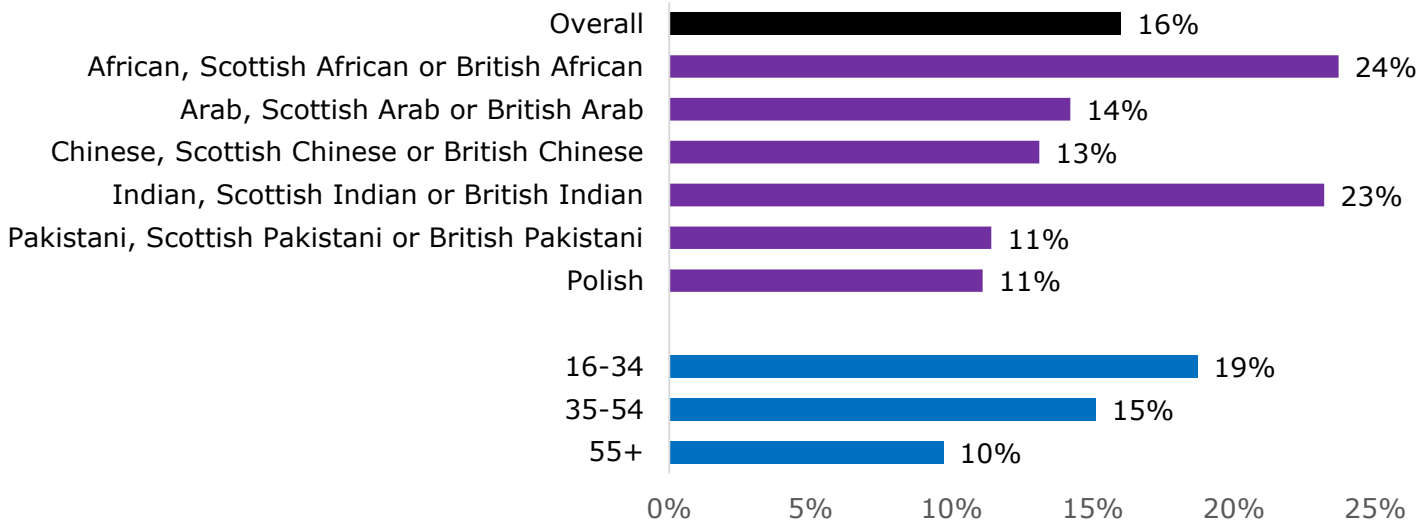


6.4 Volunteering

One in six (16%) said they had given up time to help clubs, charities, campaigns or organisations in an unpaid capacity in the last year.

- Those aged 55+ were the least likely to volunteer in this way.
- The proportion of people who volunteered to help clubs, charities, campaigns or organisations varied significantly by ethnicity.

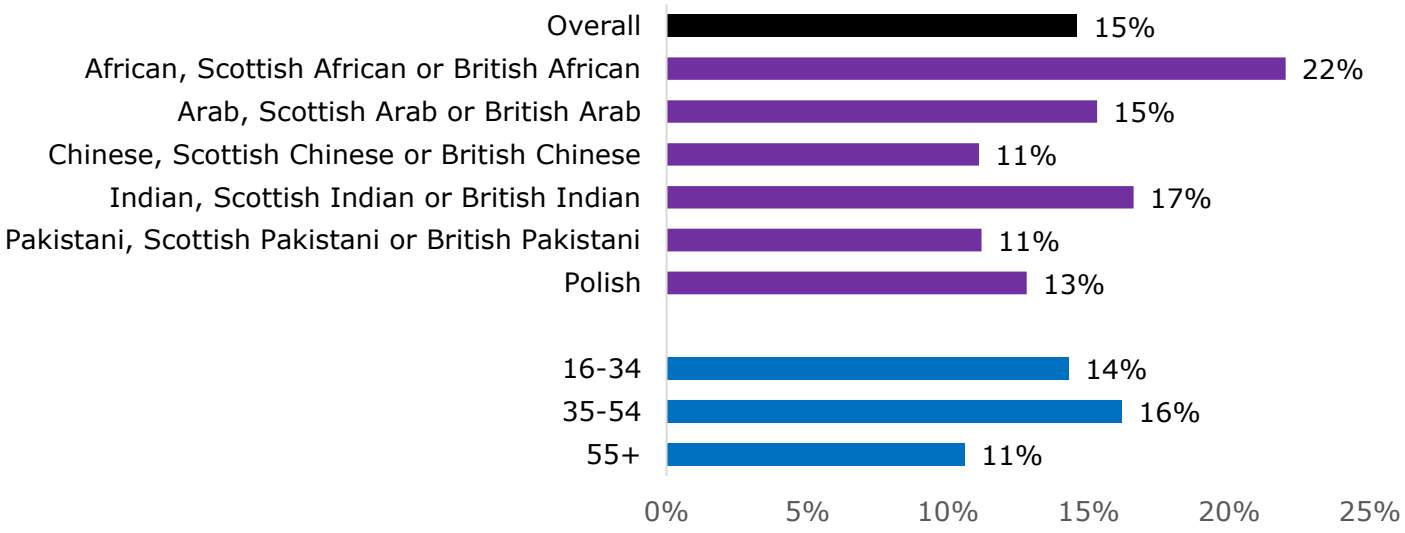
Figure 6.9: Proportion who Volunteered to help Clubs/ Charities/Campaigns/Organisations in Last 12 Months by Ethnicity and Age



Respondents were also asked whether in the last 12 months they had given any voluntary unpaid help as an individual (not through a group or organisation) to help other people outside their family or to support their local environment (e.g. keeping in touch with someone at risk of being lonely, helping neighbours with shopping or chores, litter picking not part of an organised activity). In total, 15% had volunteered in this way.

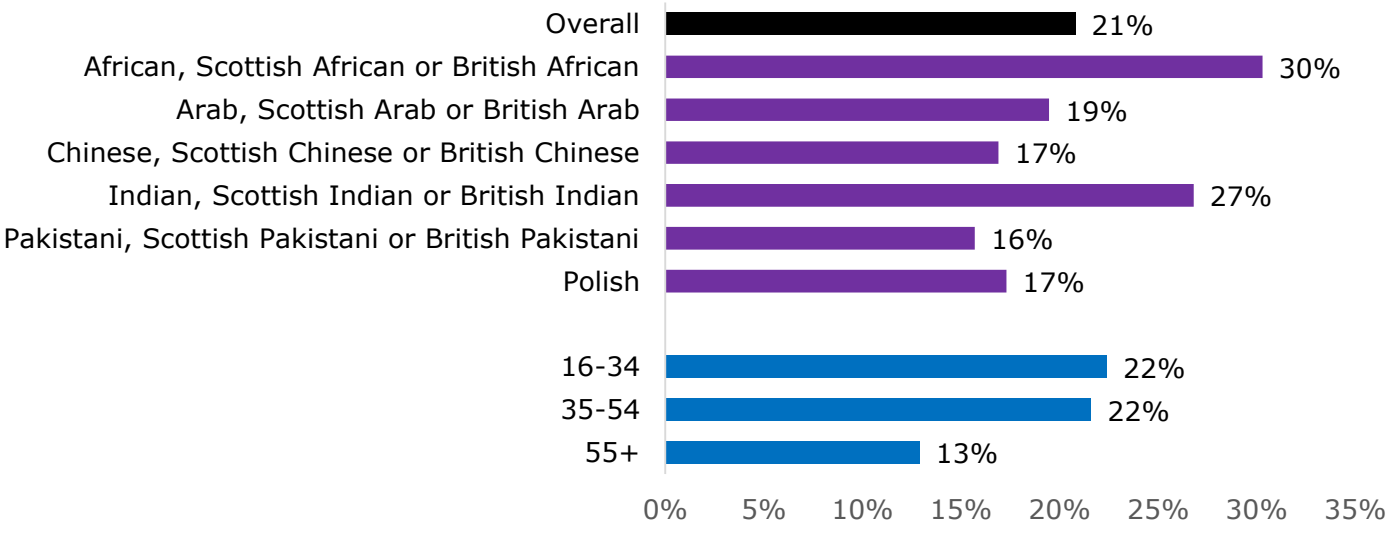
- Those aged 55 or over were the least likely to volunteer in this way.
- The proportion of people who volunteer as an individual varied significantly by ethnicity.

Figure 6.10: Proportion who Volunteered as an Individual in Last 12 Months by Ethnicity and Age



Combining responses to both questions, overall 21% had volunteered in the last year. Those aged 55 or over were less likely than younger adults to have volunteered in any capacity. The proportion of people who had volunteered in any capacity in the last year varied significantly by ethnicity.

Figure 6.11: Proportion who Volunteered in Any Capacity in Last 12 months by Ethnicity and Age

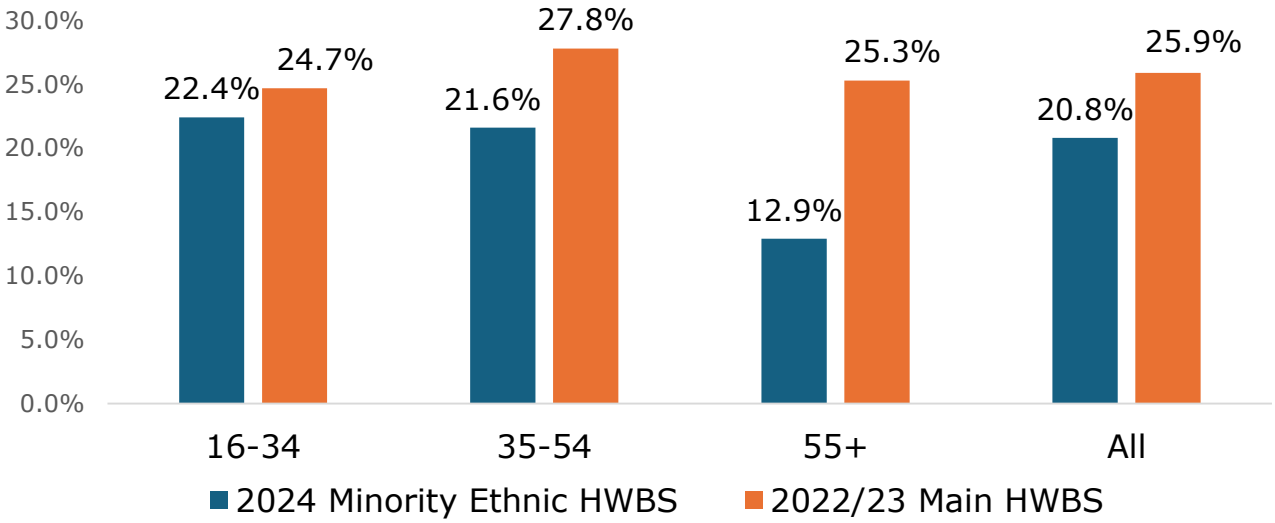


Questions on volunteering differed from the 2016 survey, therefore it is not possible to make a comparison.

Comparison with the 2022/23 Main HWBS Population

Compared to the 2022/23 Main HWBS population, the 2024 Minority Ethnic HWBS population was less likely to have volunteered in the last 12 months (21% compared to 26%). However, there was no significant difference in the under 35 year group. The other two age groups showed a significant difference, with the most marked difference in the over 55 age group.

Figure 6.12: Proportion who Volunteered in Any Capacity in Last 12 months – 2024 Minority Ethnic HWBS Population and 2022/23 Main HWBS Population by Age Group



Evidence from Other Sources

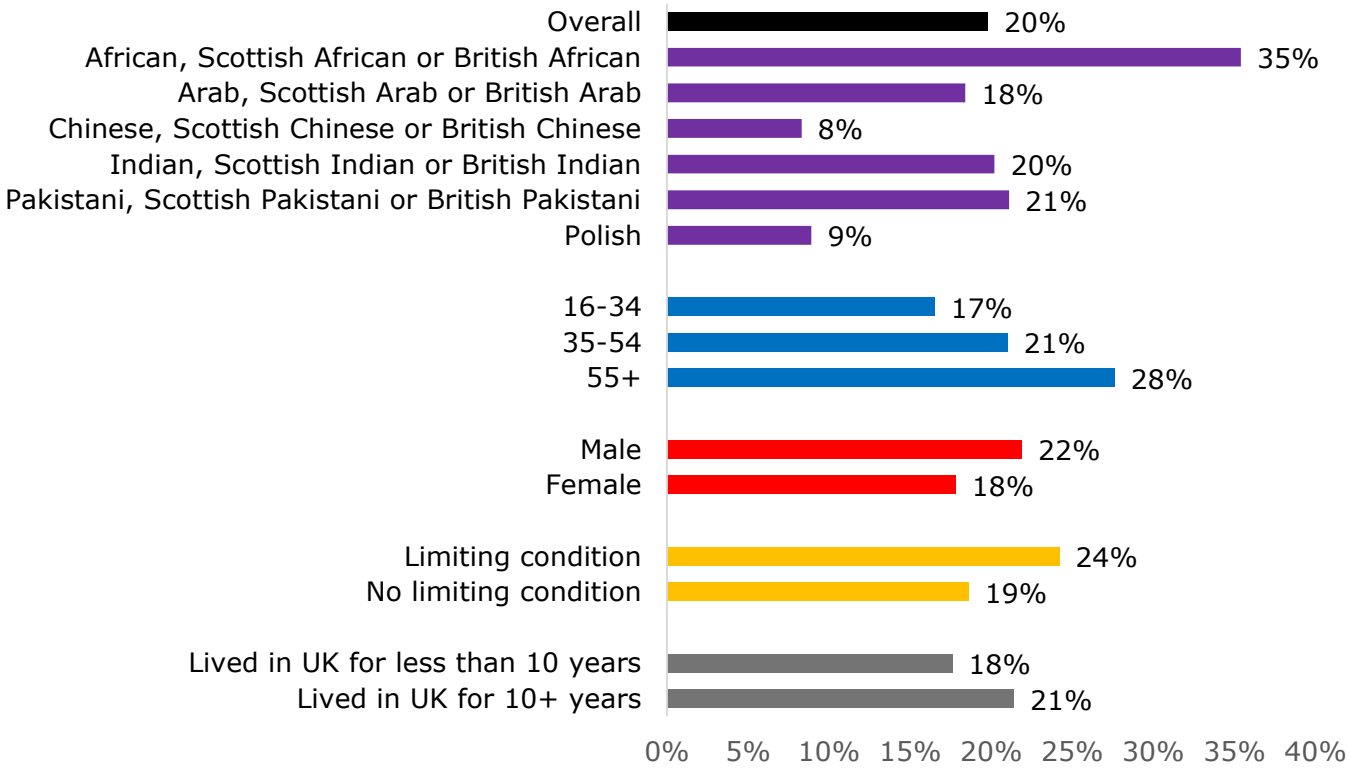
- **The 2023 Scottish Household Survey** showed that 18% of adults in Scotland had **formally** volunteered in the previous 12 months, and among minority ethnic adults in the Scottish Household survey, 17% had formally volunteered - similar to the 16% who had formally volunteered in the 2024 Minority Ethnic HWBS.

6.5 Belonging to Clubs, Associations and Groups

One in five (20%) belonged to social clubs, associations, church groups or similar.

- Those aged under 35 were the least likely to belong to clubs/associations/groups.
- Men were more likely than women to belong to clubs/associations/groups.
- Those with a limiting condition or illness were more likely than others to belong to clubs/associations/groups.
- Those who had lived in the UK for 10 years or more were more likely than others to belong to clubs/associations/groups.
- The proportion of people belonging to clubs/associations/groups varied significantly by ethnicity.

Figure 6.13: Proportion Belonging to Social Clubs, Associations, Church Groups or Similar by Ethnicity, Age, Gender, Limiting Conditions and Length of Residency in the UK



For the comparable subset, there was no significant change on belonging to social clubs, associations, church groups or similar since 2016.

Comparison with the 2022/23 Main HWBS Population

Compared to the 2022/23 Main HWBS population, the 2024 Minority Ethnic HWBS population was overall less likely to belong to clubs/associations/ groups (19.8% compared to 25.9%), but within individual age groups, there was only a significant difference in the under 35 year group (16.5% compared to 22.3%).

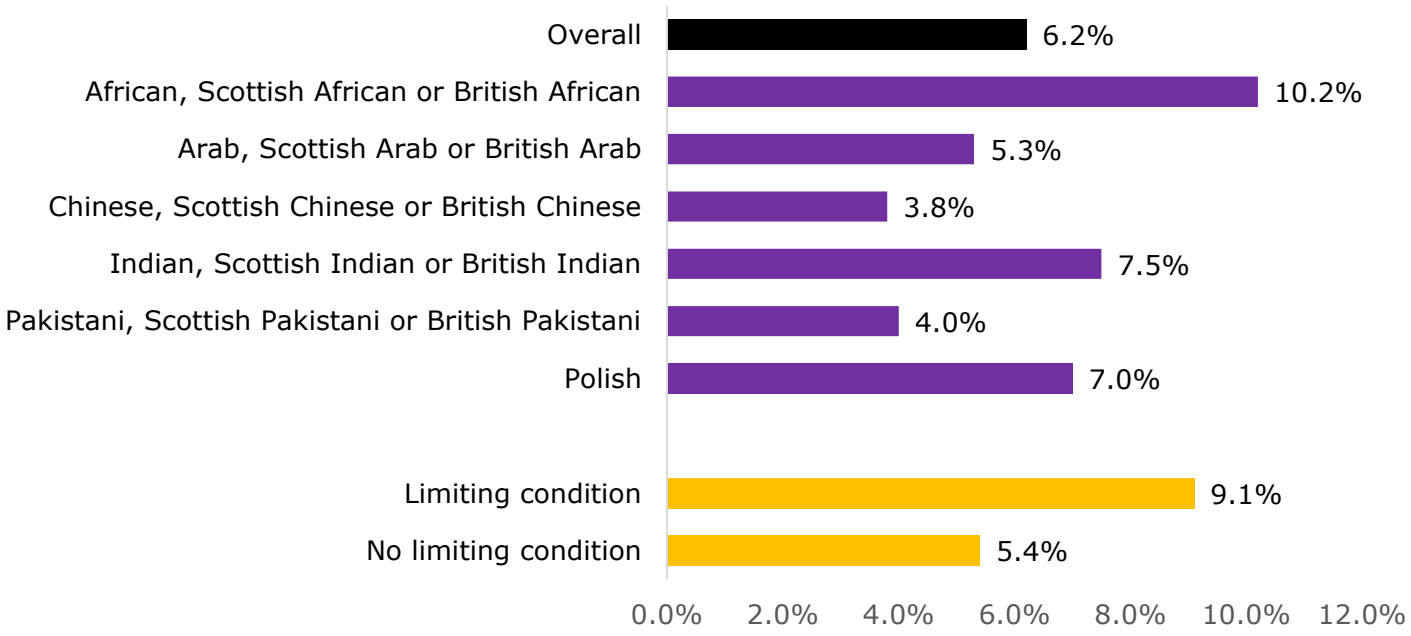
6.6 Social Activism

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.

- Those with a limiting condition or illness were more likely than others to engage in social activism.

- The proportion of people engaging in social activism varied significantly by ethnicity.

Figure 6.14: Proportion Engaged in Social Activism in Last 12 Months by Ethnicity and Limiting Conditions



For the comparable subset, there was no significant change in those engaging in social activism since 2016.

Comparison with the 2022/23 Main HWBS Population

Compared to the 2022/23 Main HWBS population, the 2024 Minority Ethnic HWBS population was less likely to have engaged in social activism in the last 12 months (6% compared to 11%). All age groups showed a significant difference, with the most marked difference among those aged 55 or over.

Figure 6.15: Proportion Engaged in Social Activism in Last 12 Months – 2024 Minority Ethnic HWBS Population and 2022/23 Main HWBS Population by Age Group

6.7 Summary of Key Messages from This Chapter

Differences by Age and Gender

- Those aged 55 or over were more likely to have a positive view of reciprocity or trust in their area, more likely to value local friendships, more likely to have a positive view of social support, but less likely to be volunteers.
- Men were more likely than women to have a positive view of trust and to belong to clubs/associations/groups.

Differences by Deprivation

Those in the most deprived areas were:

- less likely to have positive views of reciprocity or trust
- less likely to have a positive view of social support.

Differences by Limiting Conditions

Those with a limiting condition or illness were:

- less likely to have a positive view of trust
- less likely to have a positive view of social support
- more likely to belong to clubs/associations/groups
- more likely to engage in social activism.

Differences by Length of Residency in the UK

Those who had lived in the UK for less than 10 years were:

- less likely to have a positive view of reciprocity or trust
- less likely to value local friendships or have a positive view of social support
- less likely to belong to clubs/associations/groups.

Changes since 2016

For the comparable subset (those in Glasgow City and excluding Arab, Scottish Arab or British Arab people who had not been included in 2016), compared to 2016, those in 2024 were:

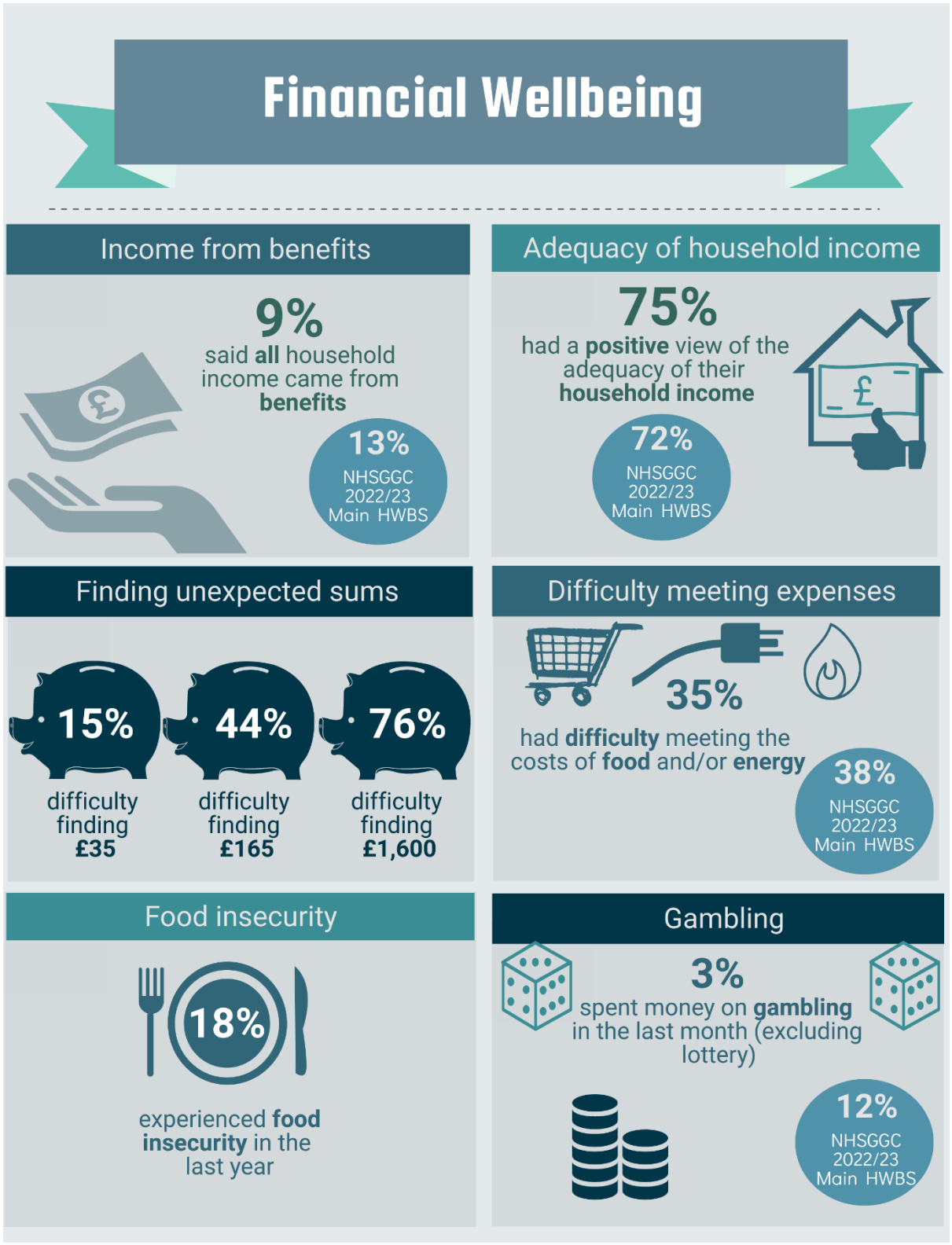
- less likely to have a positive view of reciprocity
- less likely to value local friendships.

Comparison with 2022/23 Main HWBS population

Compared to the 2022/23 Main HWBS population, the 2024 Minority Ethnic HWBS population was:

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

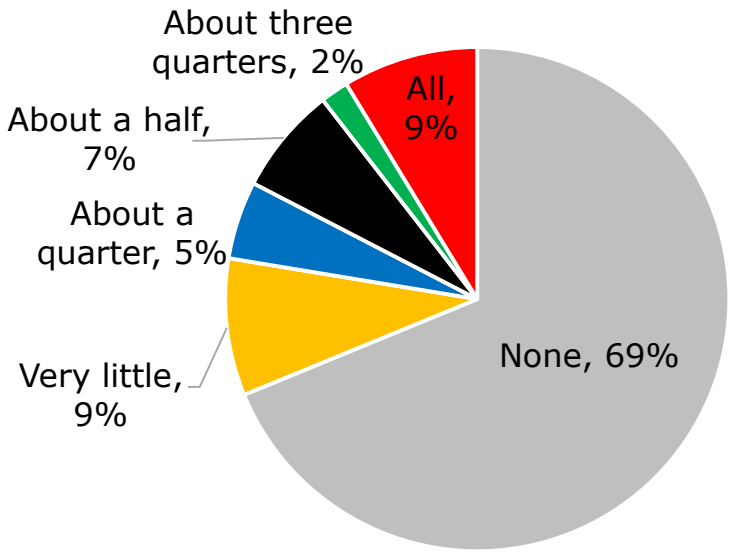
7 Financial Wellbeing



7.1 Income from State Benefits

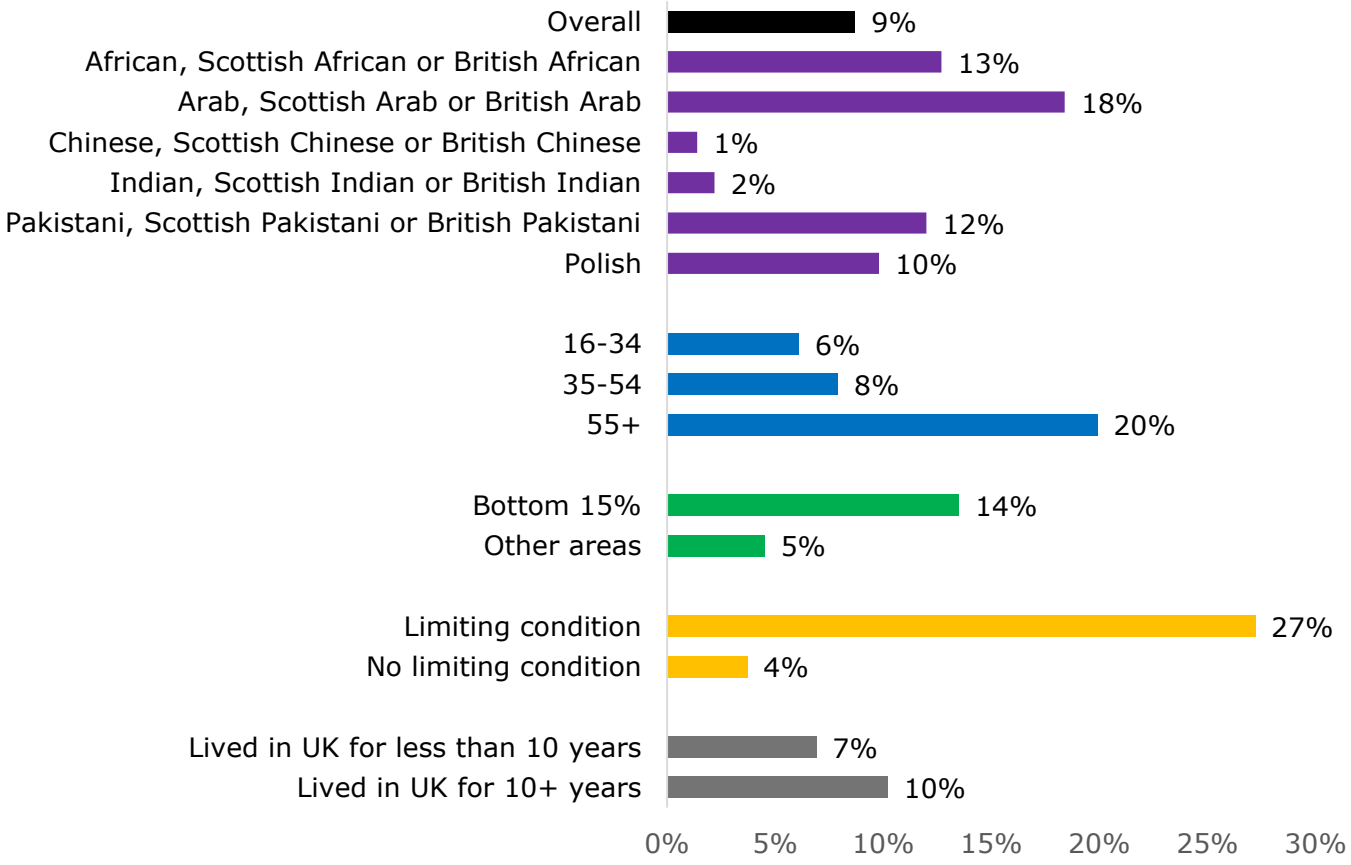
Three in ten (31%) said that at least some of their household income came from state benefits, and 9% said that all their household income came from state benefits.

Figure 7.1: Proportion of Household Income from State Benefits



- Those aged 55 or over were the most likely to receive all household income from state benefits.
- Those in the most deprived areas were more likely than others to receive all household income from state benefits.
- Those with a limiting condition or illness were much more likely than others to receive all household income from state benefits.
- Those who had lived in the UK for 10 years or more were more likely than others to receive all household income from state benefits.
- The proportion of people who received all household income from state benefits varied significantly by ethnicity.

Figure 7.2: Proportion who Received All Household Income from State Benefits by Ethnicity, Age, Deprivation, Limiting Conditions and Length of Residency in the UK



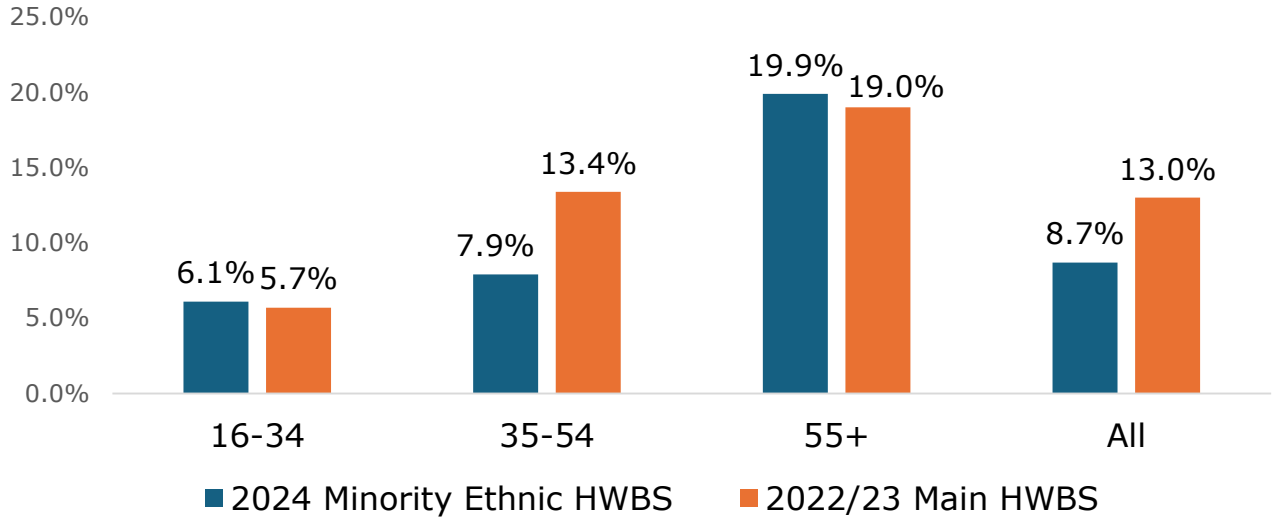
Comparison with 2016

For the comparable subset in Glasgow City, the proportion who received all household income from state benefits rose from 6.9% in 2016 to 9.9% in 2024.

Comparison with the 2022/23 Main HWBS Population

Compared to the 2022/23 Main HWBS population, the 2024 Minority Ethnic HWBS population was less likely to receive all household income from state benefits (9% compared to 13%). However, only the 35-54 year old age group showed a significant difference. The other two age groups had similar findings for both surveys. This is shown in Figure 7.3.

Figure 7.3: Proportion Who Received All Household Income from State Benefits – 2024 Minority Ethnic HWBS Population and 2022/23 Main HWBS Population by Age Group



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.

- 3.7% had experienced benefits sanctions
- 6.8% had experienced delays in benefits payments in the last year.

Those who received benefits were asked whether their household had been affected by benefit changes in the last 12 months (e.g. Universal Credit, Carer's Allowance, Disability Living Allowance/Adult Disability Payment, Child Disability Payment, Best Start payments).

- 13% of benefit recipients said they had been affected by benefit changes.
- Benefit recipients in the most deprived areas were more likely than others to have been affected by benefit changes (17% compared to 9%).
- Benefit recipients with a limiting condition or illness were also more likely than others to have been affected by benefit changes (18% compared to 11%).

Of those who had been affected by benefit changes, 56% said the changes had made their household financially worse off, 22% said it had made their household financially better off and 22% said it had made no difference.

Policy Context: Financial Wellbeing
The impact of the COVID19 pandemic and the withdrawal of the United Kingdom from the European Union (Brexit) in 2020 have generated significant economic and welfare change since the last survey. There have also been significant changes to the welfare system in Scotland since the Social Security (Scotland) Act 2018 Social Security (Scotland) Act 2018 (legislation.gov.uk) and the establishment of Social Security Scotland Social Security Scotland - Homepage which enabled the devolution of aspects of the social security system and the introduction of Scotland specific welfare measures.

The Health and Wellbeing Survey asks questions about financial security and insecurity to continue to understand these impacts on residents. The survey has included an additional question on fuel insecurity as a consequence of the significant rise in fuel costs across the UK.

The Child Poverty Scotland Act, 2017 and the subsequent Scottish Government Child Poverty Action Plans – Every Child, Every Chance: the Tackling Child Poverty Delivery Plan 2018-2022, and Best Start, Bright Futures: Tackling Child Poverty Delivery Plan 2022-2026 identify the need for concerted partnership approaches and plans to tackle child poverty. While the targets seek to reduce child poverty levels, the Act and subsequent strategic plans provide a need to focus on Parents/ Carers in six priority family groups at highest risk of poverty: lone parent families, minority ethnic families, families with a disabled adult or child, families with a younger mother (under 25), families with a child under one, and larger families (3+ children). As a result of the Child Poverty Act, the Poverty and Inequality Commission was established. The Public Services Reform (Poverty and Inequality Commission) (Scotland) Order 2018 widened the scope of the Commission to advise the government on matters relating to poverty more broadly and promote the reduction of poverty and inequality across the population as a whole.

7.2 Adequacy of Income

Using the 'faces' scale (see Chapter 2), respondents were asked how they felt about the adequacy of their household income. Three in four (75%) expressed a positive perception of the adequacy of their household income, while 13% had a neutral perception and 12% had a negative perception.

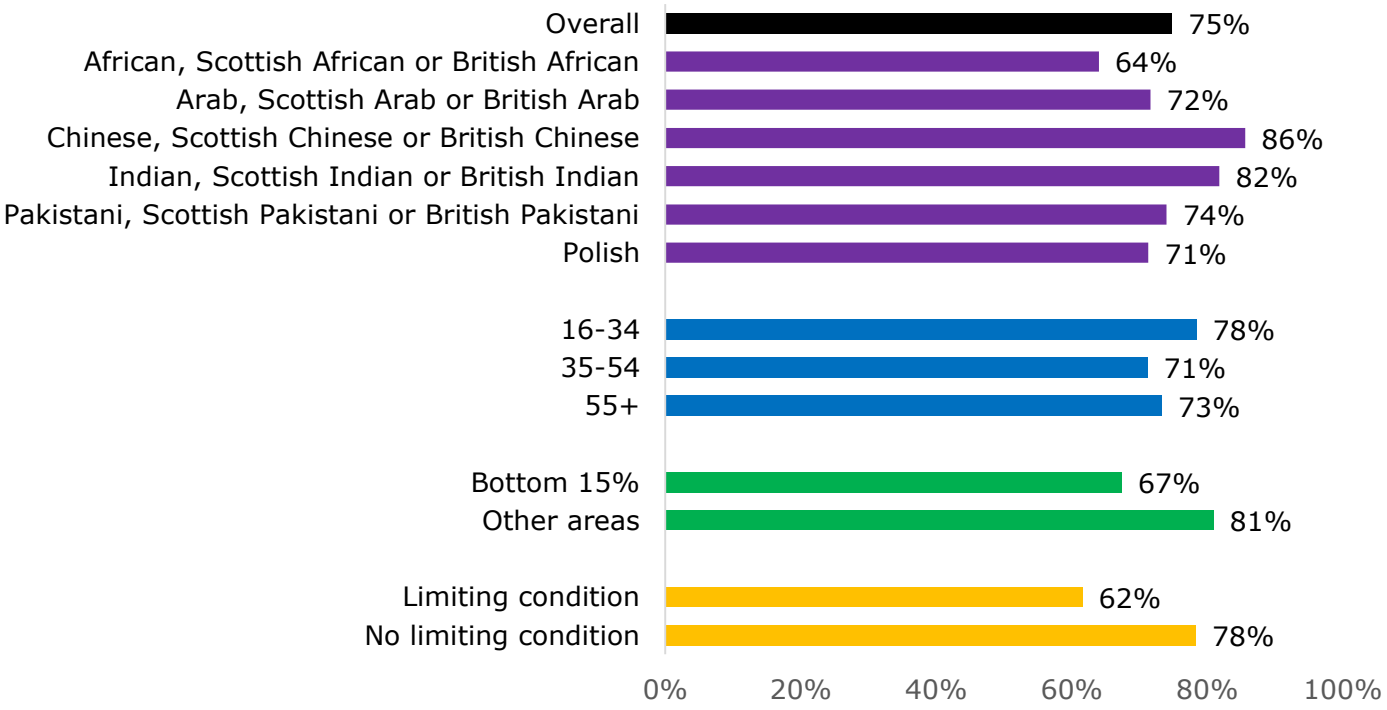
- Those aged under 35 were the most likely to have a positive view of the adequacy of their household income.

- Those in the most deprived areas were less likely to give a positive view.

- Those with a limiting condition or illness were less likely to give a positive view.

- The proportion of people who had a positive perception of the adequacy of their household income varied significantly by ethnicity.

Figure 7.4: Proportion with a Positive Perception of the Adequacy of their Household Income by Ethnicity, Age, Gender, Deprivation and Limiting Conditions



For the comparable subset in Glasgow City, there was no significant change in the proportion who had a positive view of their household income.

Comparison with the 2022/23 Main HWBS Population

Compared to the 2022/23 Main HWBS population, the 2024 Minority Ethnic HWBS population was more likely to have a positive view of the adequacy of their household income (74.8% compared to 72.4%). However, for individual age groups, only the under 35 group showed a significant difference (78.4% compared to 72.4%).

7.3 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 (41%).

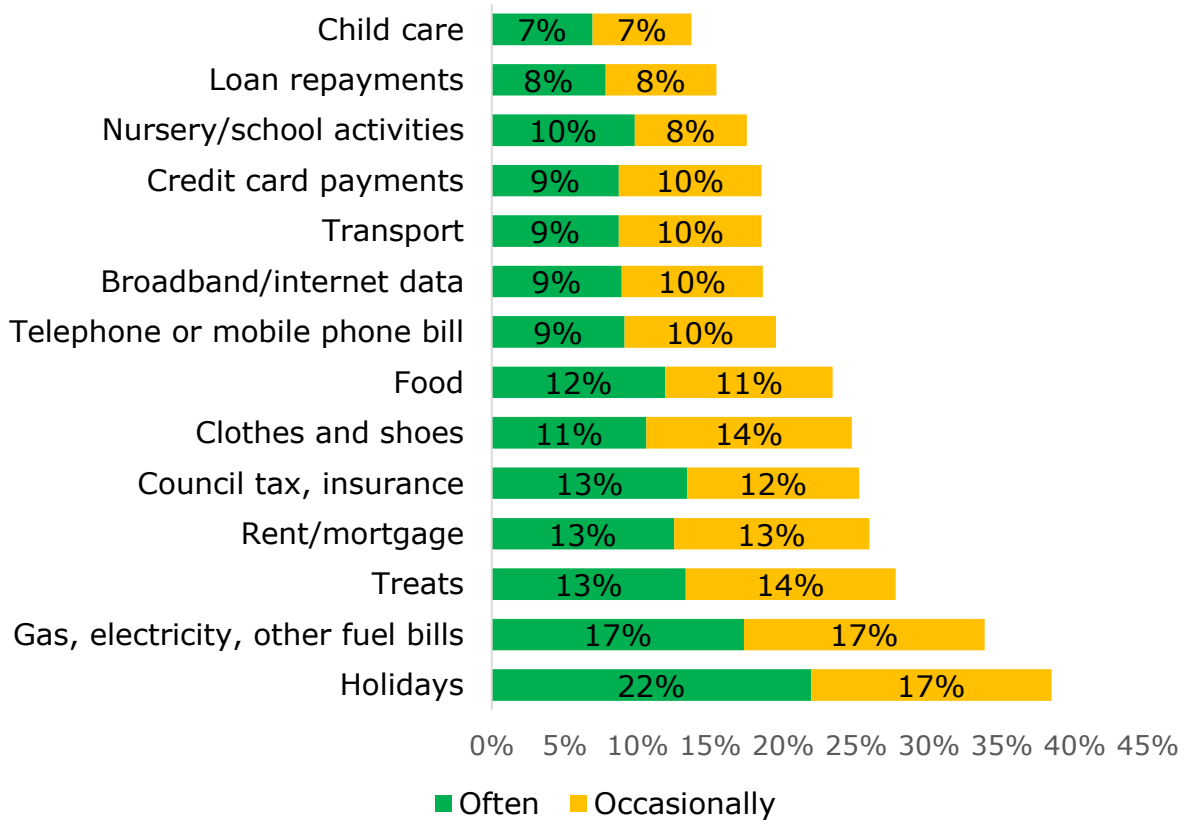
Perceived Reasons for Poverty in Local Area

Lack of jobs	41%
An inevitable part of modern life	19%
Laziness or lack of willpower	17%
Because of injustice in society	6%
There is no one living in poverty in this area	6%
Because they have been unlucky	3%
Other	3%
None of the above	5%

7.4 Difficulty Meeting the Cost of Specific Expenses

Figure 7.5 shows the proportion of people who said they had difficulty meeting specific expenses often or occasionally.

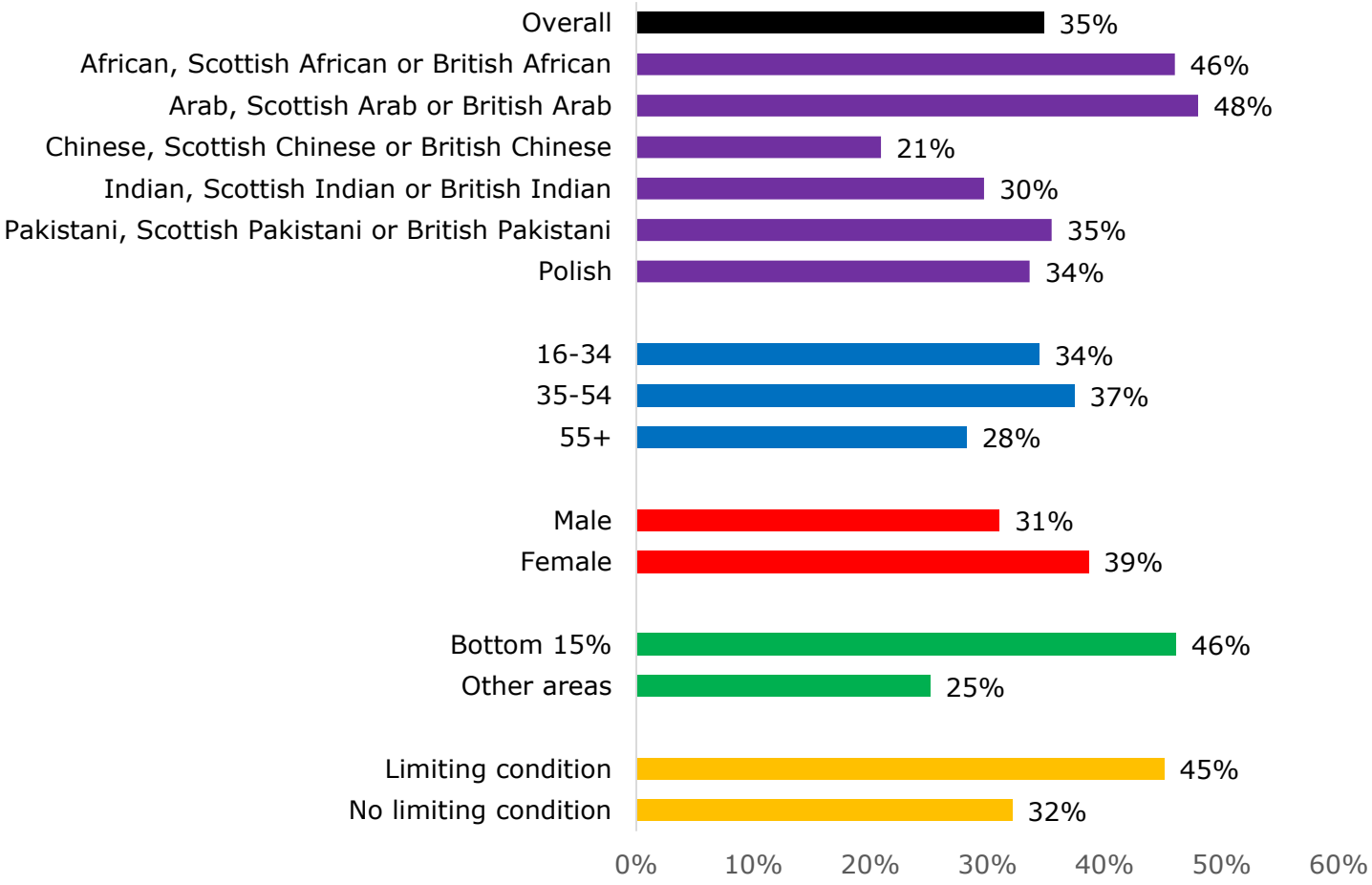
Figure 7.5: How Often People Have Difficulty Meeting the Cost of Specific Expenses



Altogether, 35% said that they had difficulty meeting the cost of food and/or energy (at least occasionally).

- Those aged 55 or over were the least likely to have difficulty meeting the cost of food or energy.
- Women were more likely than men to have difficulty meeting these costs.
- Those in the most deprived areas were much more likely than those in other areas to have difficulty meeting these costs.
- Those with a limiting condition or illness were more likely than others to have difficulty meeting these costs.
- The proportion of people who had difficulty meeting the cost of food or energy varied significantly by ethnicity.

Figure 7.6: Proportion who Had Difficulty Meeting the Cost of Food and/or Energy by Ethnicity, Age, Gender, Deprivation and Limiting Conditions



Questions on difficulty meeting the cost of food and / or energy differed from the 2016 survey, therefore it is not possible to make a comparison.

Comparison with the 2022/23 Main HWBS Population

Compared to the 2022/23 Main HWBS population, the 2024 Minority Ethnic HWBS population was less likely to say they had difficulty meeting the cost of food and/or energy. The difference was significant for the under 35 and the 35-54 age groups, but not in the 55+ age group.

Figure 7.7: Proportion who Had Difficulty Meeting the Cost of Food and/or Energy – 2024 Minority Ethnic HWBS Population and 2022/23 Main HWBS Population by Age Group

7.5 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. Overall, 15% said it would be a problem to find £35, 44% said it would be a problem to find £165 and 76% said it would be a problem to find £1,600.

- Those aged 35-54 were the most likely to have difficulty finding £35. Those aged 55 or over were the least likely to have difficulty finding £165 or £1,600.
- Women were more likely than men to say they would have difficulty meeting expenses of £35 or £165.
- Those in the most deprived areas were more likely to have difficulty meeting any of these sums.
- Those with a limiting condition were more likely than others to have difficulty finding sums of £35 or £165.
- Those who had lived in the UK for less than 10 years were more likely than others to have difficulty finding £165. However, those who had lived in the UK for 10 years or more were more likely to have difficulty finding £1,600.
- The proportion of people who would have difficulty meeting unexpected expenses varied significantly by ethnicity.

Table 7.1: Proportion who would Find it Difficult Meeting Unexpected Sums of £35, £165 or £1,600 by Ethnicity, Age, Gender, Deprivation, Limiting Conditions and Length of Residency in the UK

	Problem finding £35	Problem finding £165	Problem finding £1,600
African, Scottish African or British African	22%	57%	86%
Arab, Scottish Arab or British Arab	18%	54%	85%
Chinese, Scottish Chinese or British Chinese	7%	24%	66%
Indian, Scottish Indian or British Indian	9%	36%	69%
Pakistani, Scottish Pakistani or British Pakistani	18%	45%	73%
Polish	14%	49%	84%
16-34	13%	56%	79%
35-54	18%	53%	77%
55+	13%	67%	62%
Men	13%	40%	NS
Women	18%	47%	NS
Bottom 15%	22%	58%	87%
Other areas	10%	32%	66%
Limiting condition	25%	55%	NS
No limiting condition	12%	41%	NS
Lived in UK less than 10 years	NS	52%	83%
Lived in UK 10+ years	NS	59%	71%
Overall	**15%**	**44%**	**76%**

NS=no significant difference

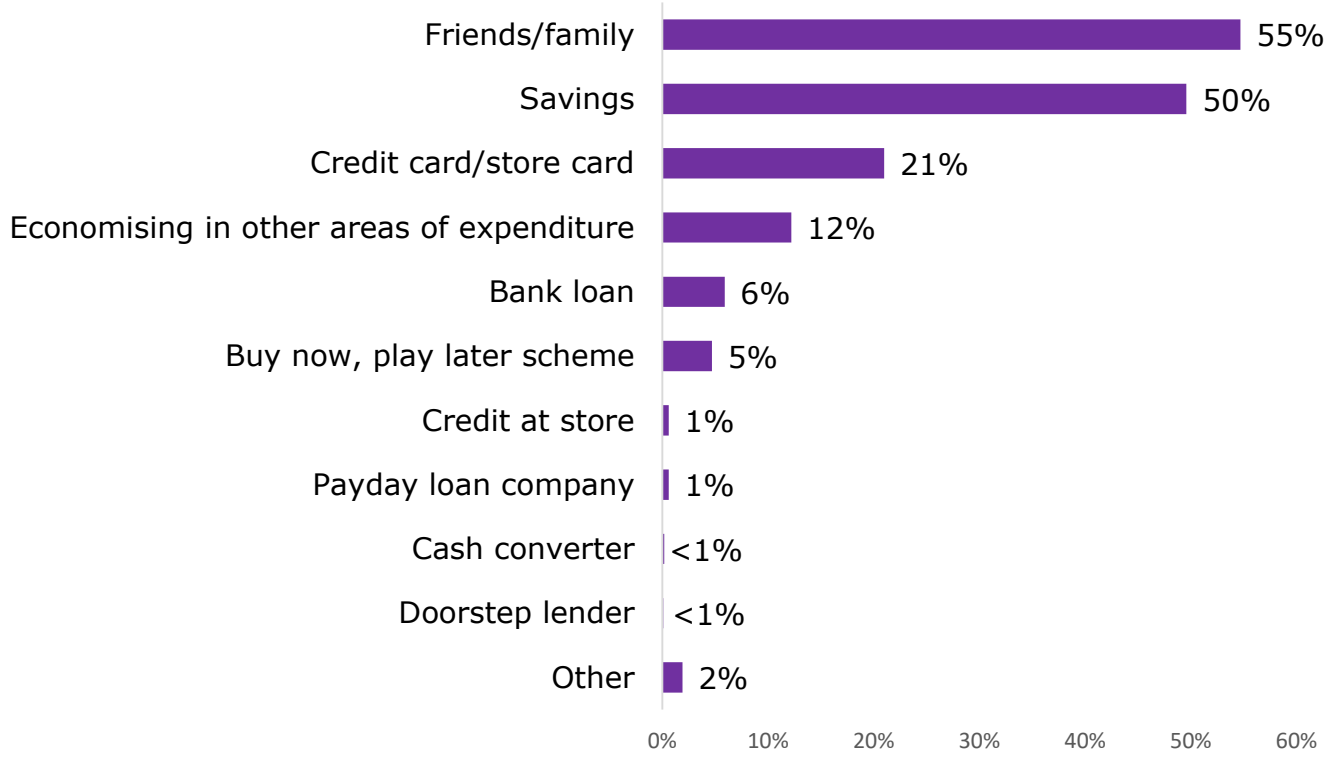
It is not possible to make comparisons with the 2016 survey which used different sums in the equivalent question.

Comparison with the 2022/23 Main HWBS Population

Compared to the 2022/23 Main HWBS population, the 2024 Minority Ethnic HWBS population was more likely to say that it would be difficult to find sums of £165 (43.7% compared to 40.7%) or £1,600 (75.9% compared to 73.5%). However, this is largely due to the differing age profile of the two populations. In fact, for **those aged under 35**, those in the 2024 Minority Ethnic HWBS population were **less** likely to say that they would have difficulty finding £35 (13.0% compared to 16.3%), £165 (44.0% compared to 48.3%) or £1,600 (79.4% compared to 84.9%). There were no significant differences for the other two age groups.

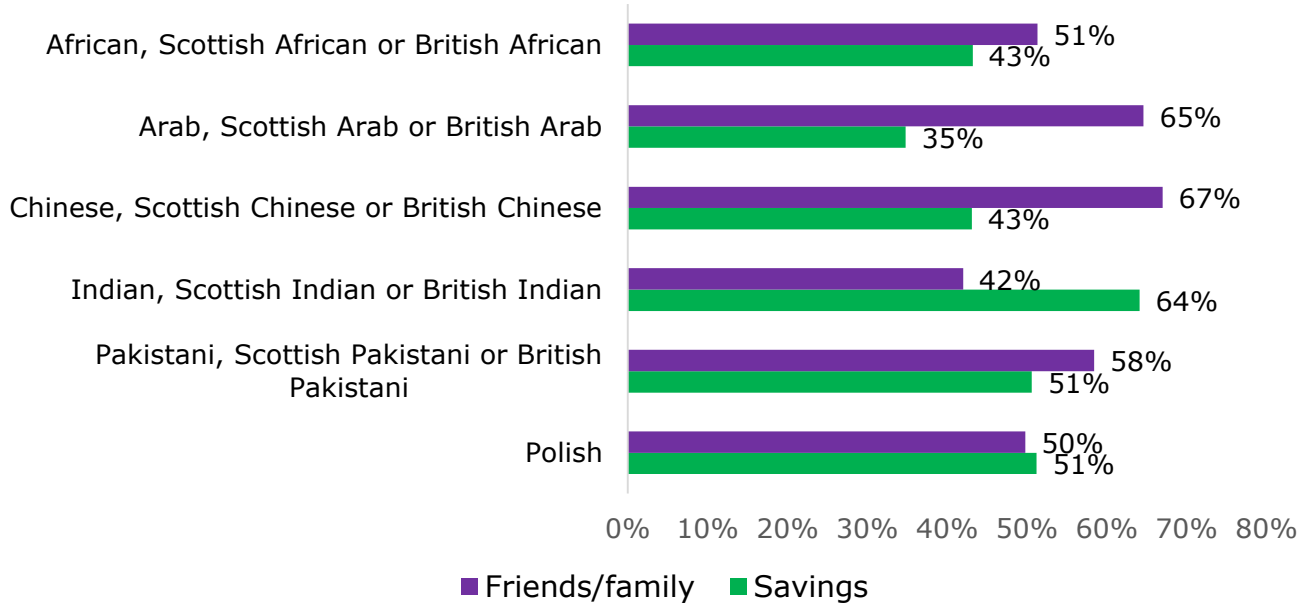
Respondents were asked, if they suddenly had to find a sum of money to meet an unexpected bill, where would they get the money from (with the option of giving more than one response). The most common sources were friends/family (55%) and savings (50%). All responses are shown in Figure 7.8.

Figure 7.8: Where Would Find Sum of Money to Meet Unexpected Bill



The proportion of people who said they would use savings or source money from friends/family varied significantly by ethnicity.

Figure 7.9: Proportion who Cited Friends/Family and Savings as Sources of Money for Unexpected Expenses by Ethnicity



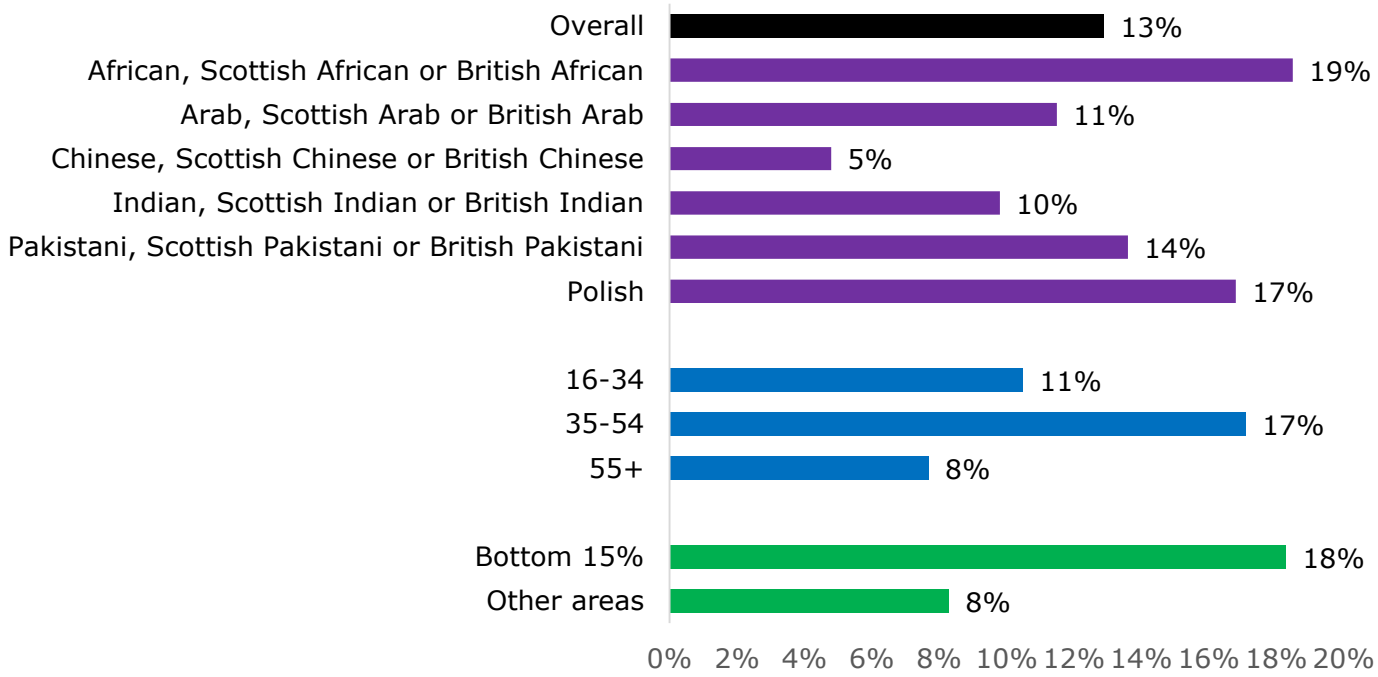
7.6 Credit

Respondents were asked how many months from the last six months they had to use a source of credit to cover essential living costs due to a lack of money that they may struggle to pay off.

One in eight (13%) had used credit to cover essential living costs they may struggle to pay off during the previous six months, consisting of 4% who had done so in one month, 3% who had done so in two months, 2% who had done so in three months and 4% who had used credit in this way for three or more months.

- Those aged 35-54 were the age group most likely to have used credit to cover essential living costs.
- Those in the most deprived areas were more likely than others to have used credit for essential living costs.
- The proportion of people who have used credit to cover essential living costs in the last six months varied significantly by ethnicity.

Figure 7.10: Proportion who Used Credit to Cover Essential Living Costs in the Last Six Months by Ethnicity, Age and Deprivation



7.7 Food Insecurities

Respondents were asked eight questions which comprise the Food Insecurity Experiences Scale[9]. The proportion who said 'yes' to each question is shown in Table 7.2. Altogether, 18% had experienced at least one event in the last year which was an indication of food insecurity.

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

Table 7.2: Proportion who Experienced Each Event on the Food Insecurities Experience Scale in the Last 12 Months

	Proportion who answered 'yes'
You were worried you would run out of food because of a lack of money or other resources	12.2%
You were unable to eat healthy and nutritious food because of a lack of money or other resources	12.8%
You ate only a few kinds of food because of a lack of money or other resources	12.3%
You had to skip a meal because there was not enough money or other resources to get food	6.0%
You ate less than you thought you should because of a lack of money or other resources	8.1%
Your household ran out of food because of a lack of money or other resources	4.7%
You were hungry but did not eat because there was not enough money or other resources for food	4.2%
You went without eating for a whole day because of a lack of money or other resources	2.1%
Any of the above	**17.9%**

Overall, 4.5% experienced **either** of the last two items, indicative of the most severe forms of food insecurity – going hungry because they could not afford food or going a whole day without eating because of lack of money/resources.

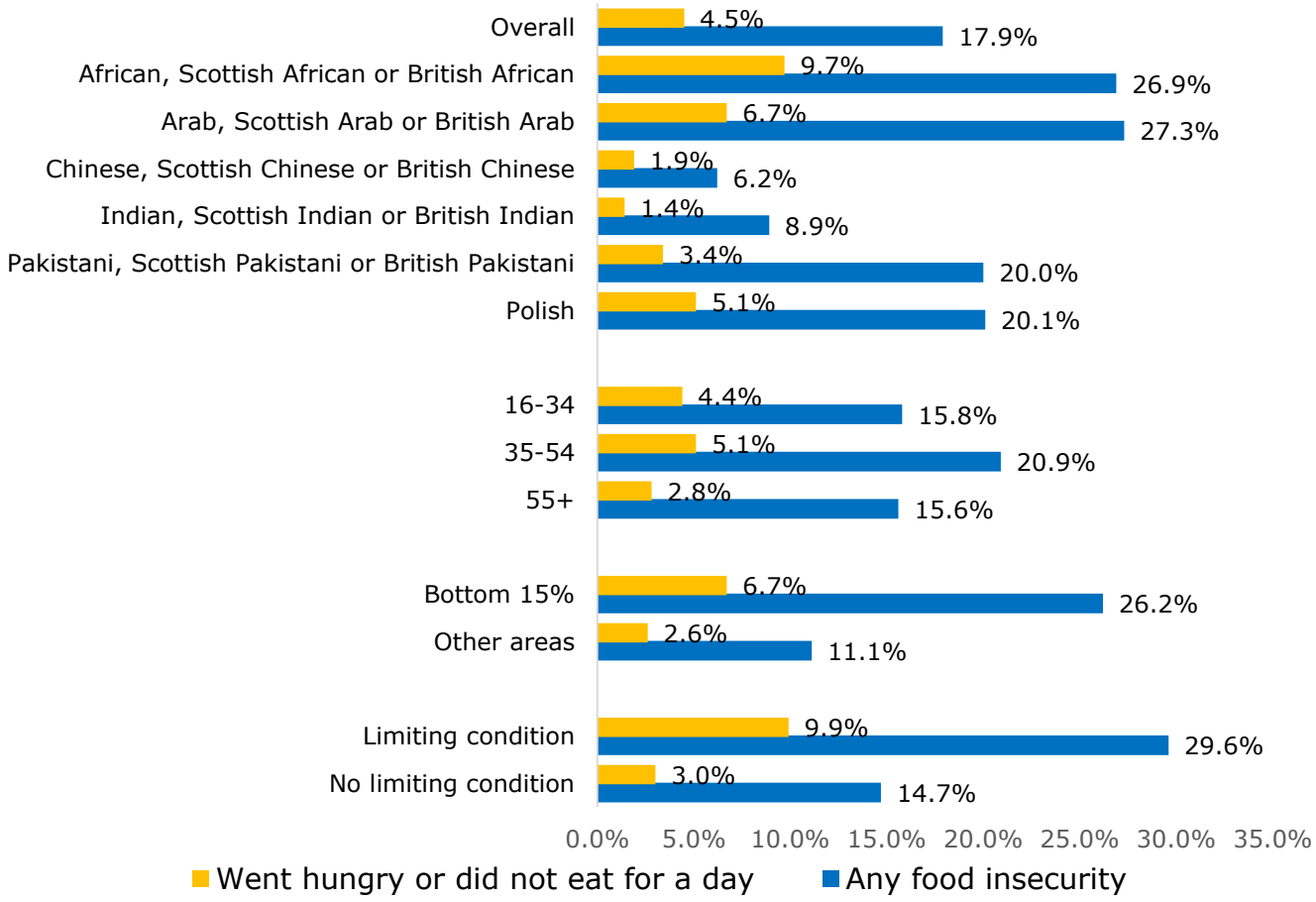
- Those aged 35-54 were the age group most likely to experience food insecurity.

- Those in the most deprived areas were overall more than twice as likely as those in other areas to experience food insecurity.

- Those with a limiting condition were twice as likely as others to experience food insecurity.

- The proportion of people who experienced any food insecurity varied significantly by ethnicity.

Figure 7.11: Food Insecurities Experience in the Last 12 Months by Ethnicity, Age, Deprivation and Limiting Conditions



It is not possible to make comparisons with the 2016 survey as questions on food insecurity were not included in that survey.

Comparison with the 2022/23 Main HWBS Population

Overall, compared to the 2022/23 Main HWBS population, there was no significant difference in the proportion of the 2024 Minority Ethnic HWBS population who met any indicators of food insecurity. However, among those aged under 35, adults in the 2024 Minority Ethnic HWBS population were less likely to experience food insecurity; among those aged 55 or over, adults in the 2024 Minority Ethnic HWBS population were more likely to experience food insecurity. There was no significant difference for those aged 35-54.

Figure 7.12: Food Insecurities Experience in the Last 12 Months – 2024 Minority Ethnic HWBS Population and 2022/23 Main HWBS Population by Age Group

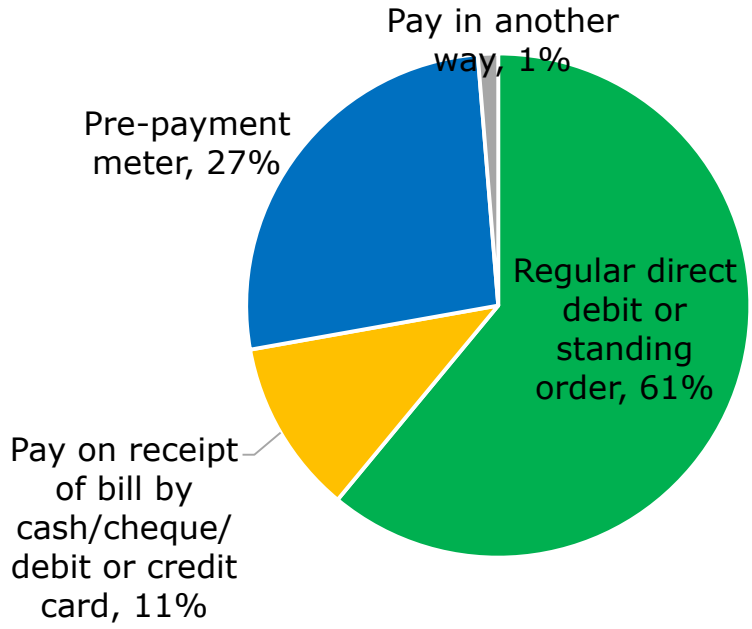
Evidence from Other Sources

- **The 2023 Scottish Health Survey** found that nationally 14% had, at some time in the previous 12 months worried that they would run out of food because of a lack of money or other resources, compared to 12% in the 2024 Minority Ethnic HWBS.

7.8 Energy Bills

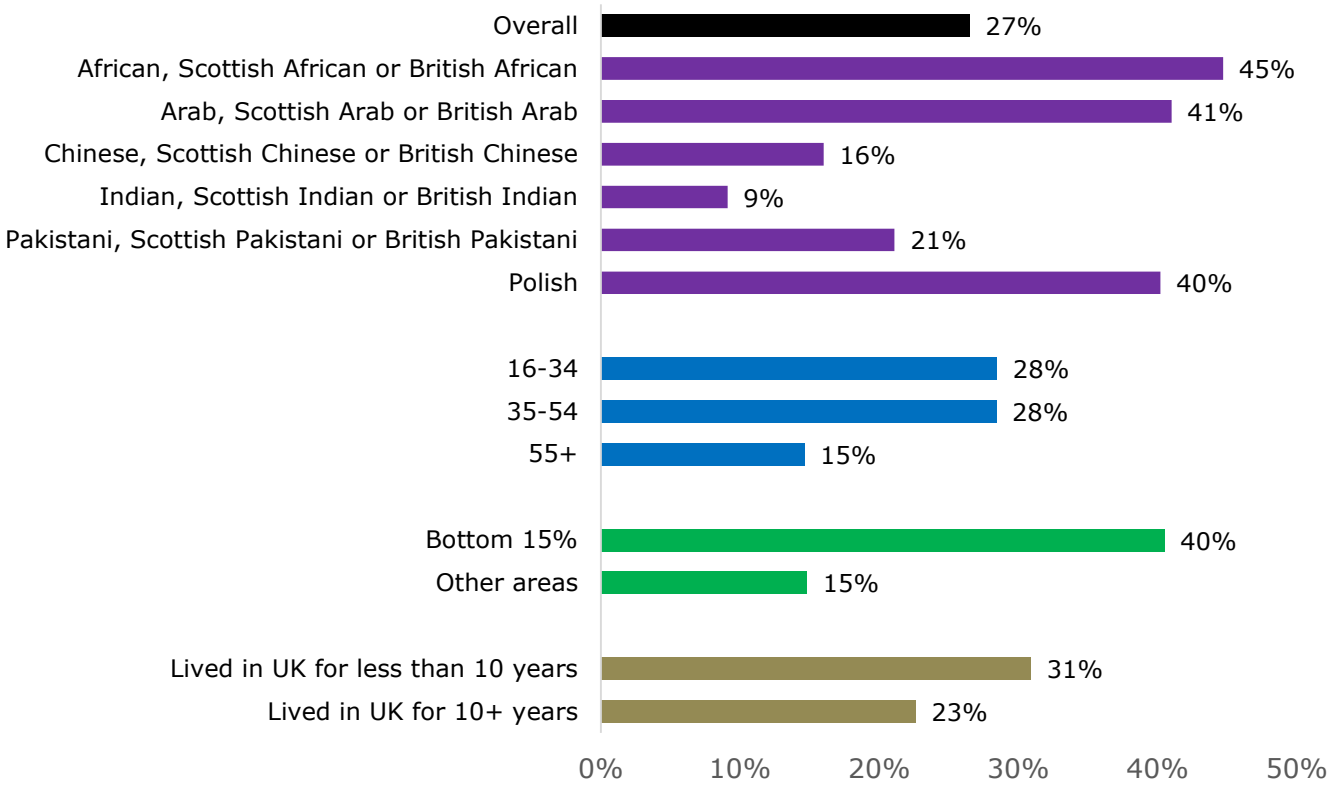
Three in five (61%) said they paid their energy bill by regular direct debit or standing order, 27% had a pre-payment meter and 11% paid on receipt of their bill.

Figure 7.13: Means of Paying for Energy



- Those aged 55 or over were less likely to have a prepayment meter.
- Those in the most deprived areas were much more likely than those in other areas to have a prepayment meter.
- Those who had lived in the UK for less than 10 years were more likely than others to have a prepayment meter.
- The proportion of people who have a prepayment meter varied significantly by ethnicity.

Figure 7.14: Proportion with a Prepayment Meter by Ethnicity, Age, Deprivation and Length of Residency in UK

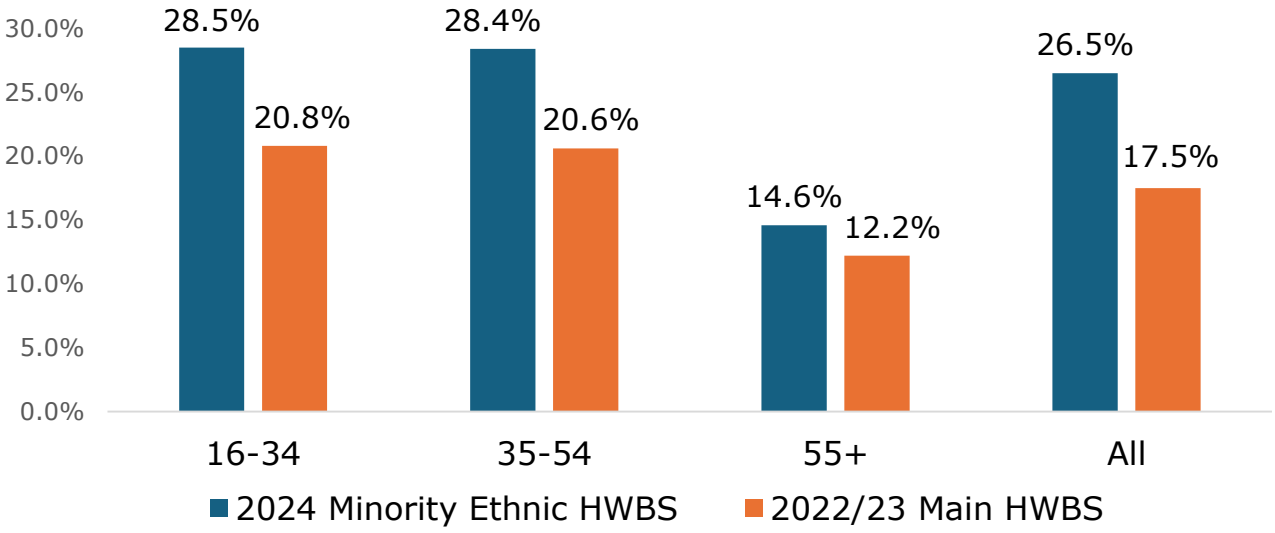


It is not possible to make comparisons with the 2016 survey as questions on having a prepayment meter were not included in that survey.

Comparison with the 2022/23 Main HWBS Population

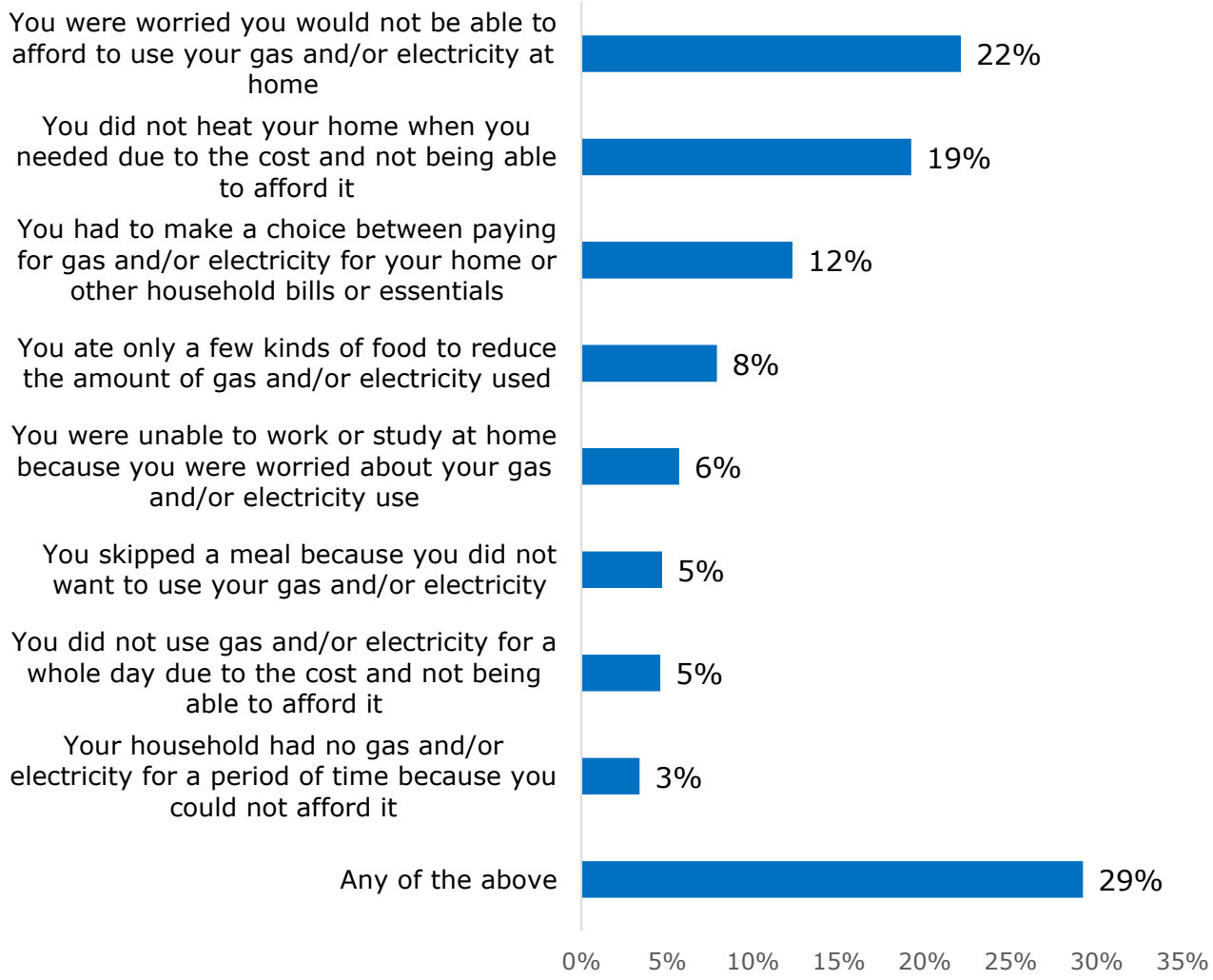
Compared to the 2022/23 Main HWBS population, the 2024 Minority Ethnic HWBS population was more likely to have a prepayment meter. However, the difference for the 55+ age group was not significant.

Figure 7.15: Proportion with a Prepayment Meter – 2024 Minority Ethnic HWBS Population and 2022/23 Main HWBS Population by Age Group



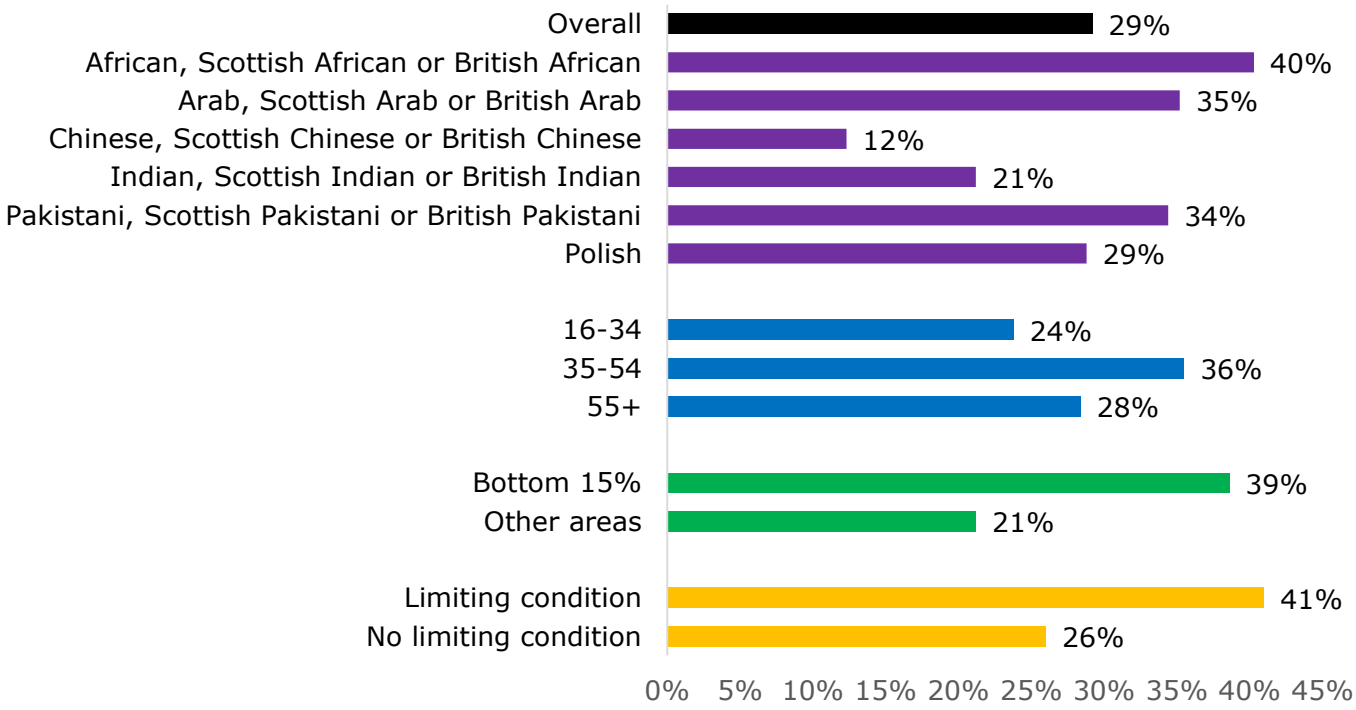
Respondents were asked whether any of eight things had happened in the last 12 months relating to energy affordability. Figure 7.16 shows the proportion who said each thing had happened. In total, 29% reported indicators of difficulties affording fuel.

Figure 7.16: Proportion who Reported each Indicator of Difficulties with Energy Bills Occurred in the Last Year



- Those aged 35-54 were more likely than younger or older people to say they had experienced any of the indicators of difficulties affording energy.
- Those in the most deprived areas were more likely to have experienced any of the indicators of difficulties paying for energy.
- Those with a limiting condition or illness were more likely than others to have experienced any of these.
- The proportion of people who had experienced any indicators of difficulties affording energy varied significantly by ethnicity.

Figure 7.17: Proportion who Had Experienced at Least One Indicator of Difficulties Affording Energy in the Last Year by Ethnicity, Age, Deprivation and Limiting Conditions



It is not possible to make comparisons with the 2016 survey as questions on difficulties affording energy were not included in that survey.

Comparison with the 2022/23 Main HWBS Population

Compared to the 2022/23 Main HWBS population, the 2024 Minority Ethnic HWBS population was less likely to indicate difficulties affording energy (29.2% compared to 40.3%). However, the large spike in energy costs in 2022, which peaked in January 2023, affects the comparability of the two surveys.

7.9 Gambling

Respondents were asked whether they had spent money on different types of gambling activities in the last month. Overall, 6% had spent money on gambling in the last month. The most common type was lottery. In total, 3% had spent money on gambling which excluded lottery.

The small number of respondents who had gambled prevents meaningful breakdown by groups or exploration of subsequent questions on problem gambling.

Comparison with 2022/2023 Main HWBS Population

Compared to the 2022/23 Main HWBS population, the 2024 Minority Ethnic HWBS population was much less likely to spend money on gambling (excluding lottery) – 2.9% compared to 12.0%.

7.10 Summary of Key Messages from This Chapter

Differences by Age and Gender

- Those aged 55+ were the most likely to receive all household income from state benefits.
- Those aged under 35 were the most likely to have a positive view of the adequacy of their household income.
- Those aged 55 or over were the least likely to say they had difficulties meeting the cost of food and/or energy, and women were more likely than men to have difficulties meeting these costs.
- Those aged 35-54 were the most likely to use credit to meet essential living costs, to experience food insecurity or to have indicators of difficulties affording energy.
- Those aged 55 or over were the least likely to have a prepayment meter.

Differences by Deprivation

Those in the most deprived areas were:

- more likely to receive all household income from state benefits
- less likely to have a positive view of the adequacy of their income
- more likely to report difficulties paying for food and/or energy, or finding money to meet unexpected costs
- more likely to use credit to meet essential living costs
- more likely to report experiences indicating food insecurity
- more likely to have a prepayment meter and more likely to report experiences indicating difficulties affording energy.

Differences by Limiting Conditions

Those with a limiting illness or condition were:

- more likely to receive all household income from benefits

- less likely to have a positive view of the adequacy of their household income
- more likely to report difficulties meeting the cost of food and/or energy
- more likely to report difficulties meeting unexpected costs of £35 or £165
- more likely to report experiences indicating food insecurity.

Differences by Length of Residency in the UK

Those who had lived in the UK for less than 10 years were:

- less likely to receive all household income from benefits
- more likely to have a prepayment meter.

Changes since 2016

For the comparable subset (those in Glasgow City and excluding Arab, Scottish Arab or British Arab people who had not been included in 2016), compared to 2016, those in 2024 were:

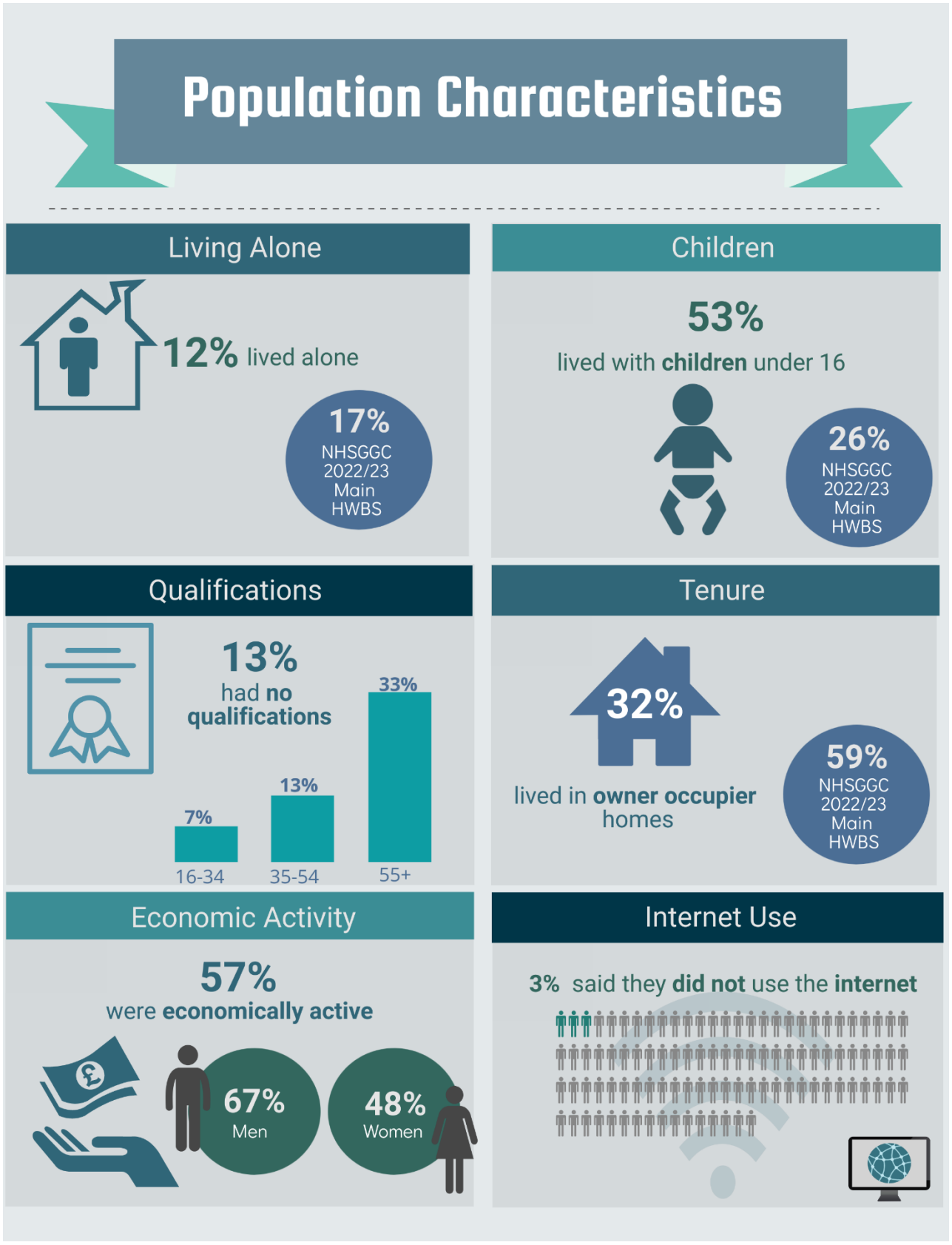
- more likely to receive all household income from benefits.

Comparison with 2022/23 Main HWBS population

Compared to the 2022/23 Main HWBS population, the 2024 Minority Ethnic HWBS population was:

- less likely to receive all household income from benefits
- more likely to have a positive view of the adequacy of their household income
- less likely to have difficulty meeting the costs of food and/or energy
- more likely to have a prepayment meter
- less likely to spend money on gambling.

8 Population Characteristics

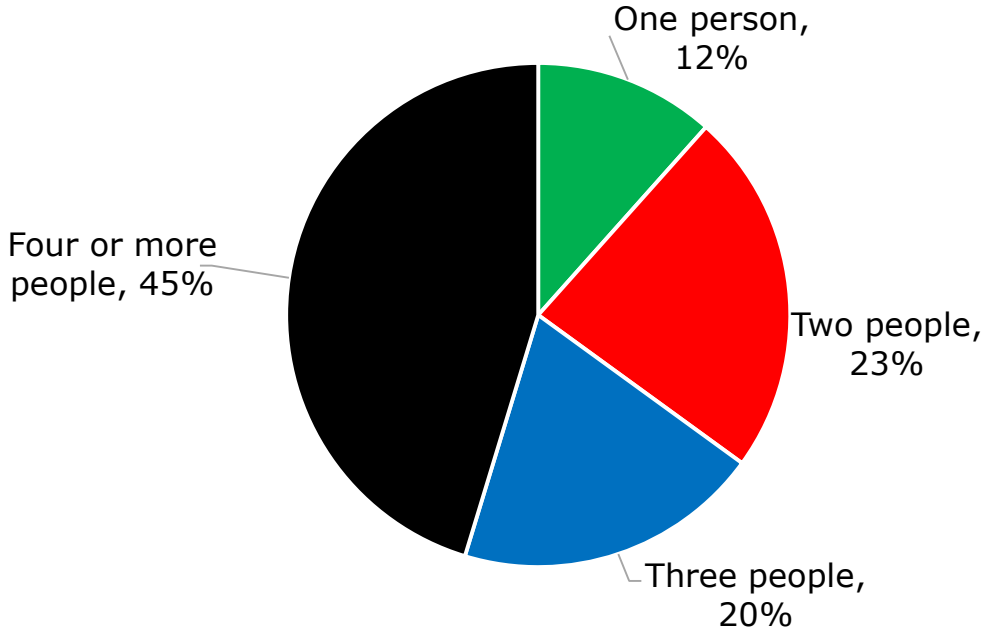


8.1 Household Composition

Household Size

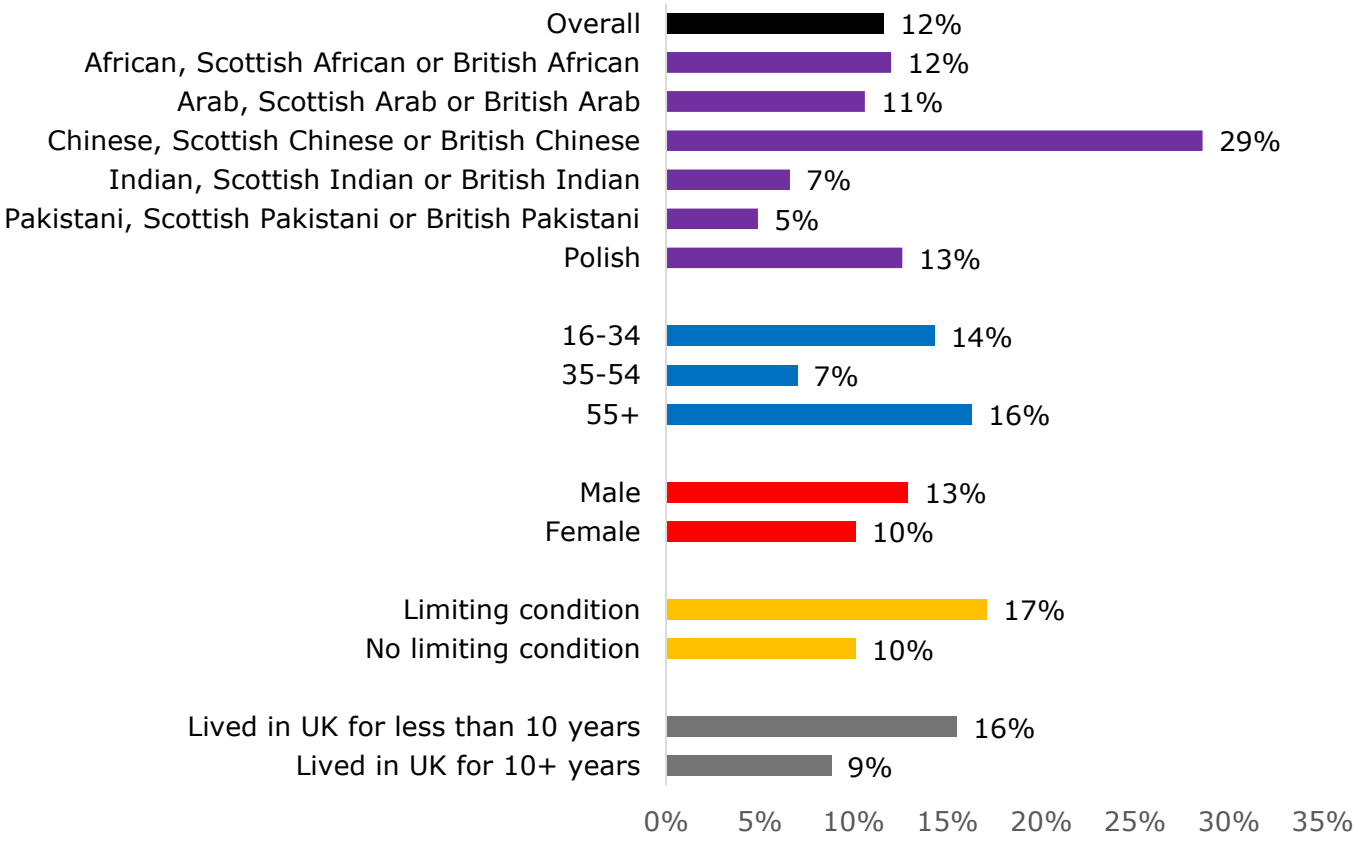
Figure 8.1 shows the breakdown of household size, with 12% of the population living alone.

Figure 8.1: Household Size



- Those aged 35-54 were the least likely to live alone.
- Men were more likely than women to live alone.
- Those with a limiting condition or illness were more likely than others to live alone.
- Those who had lived in the UK for less than 10 years were more likely than others to live alone.
- The proportion of people most likely to live alone varied significantly by ethnicity.

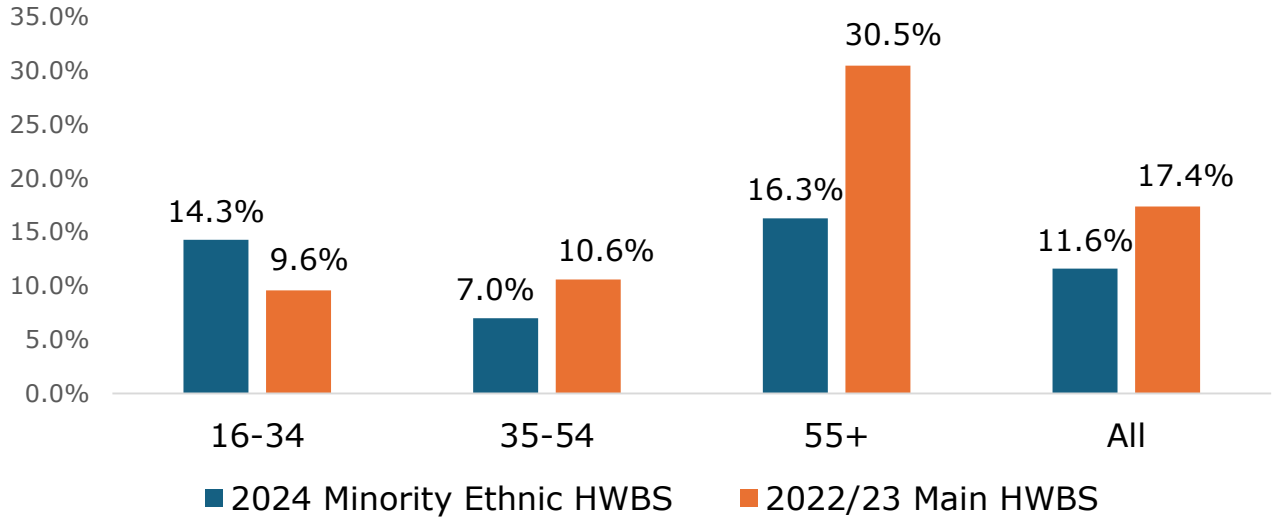
Figure 8.2: Proportion who Live Alone by Ethnicity, Age, Limiting Conditions and Length of Residency in the UK



Comparison with the 2022/23 Main HWBS Population

Compared to the 2022/23 Main HWBS population, the 2024 Minority Ethnic HWBS population was less likely to live alone (11.6% compared to 17.4%). This was true for those aged 35-54 and particularly those aged 55 and over. However, those aged under 35 in the 2024 Minority Ethnic HWBS population were more likely to live alone.

Figure 8.3: Proportion who Live Alone – 2024 Minority Ethnic HWBS Population and 2022/23 Main HWBS Population by Age Group

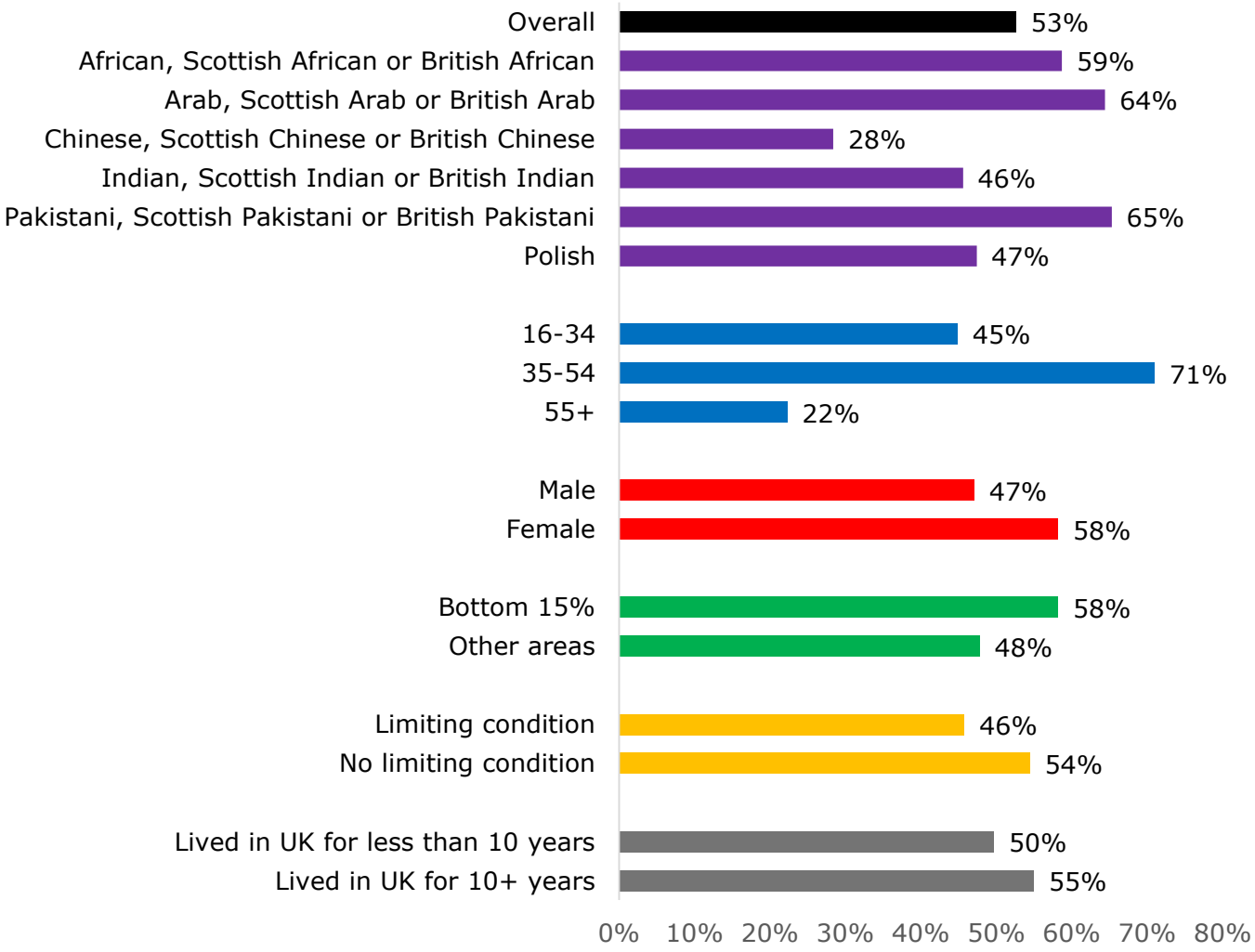


Children in the Household

More than half (53%) lived in a home with at least one child under the age of 16.

- Those aged 35-54 were the most likely to have children in their household.
- Women were more likely than men to have children in their household.
- Those in the most deprived areas were more likely than those in other areas to live with children.
- Those with a limiting condition or illness were less likely than others to live with children.
- Those who had lived in the UK for less than 10 years were less likely than others to live with children.
- The proportion of people to have children in their household varied significantly by ethnicity.

Figure 8.4: Proportion with a Child Aged Under 16 in their Household by Ethnicity, Age, Gender, Deprivation, Limiting Conditions and Length of Residency in the UK



In all six ethnicities, women were more likely than men to have children in their household.

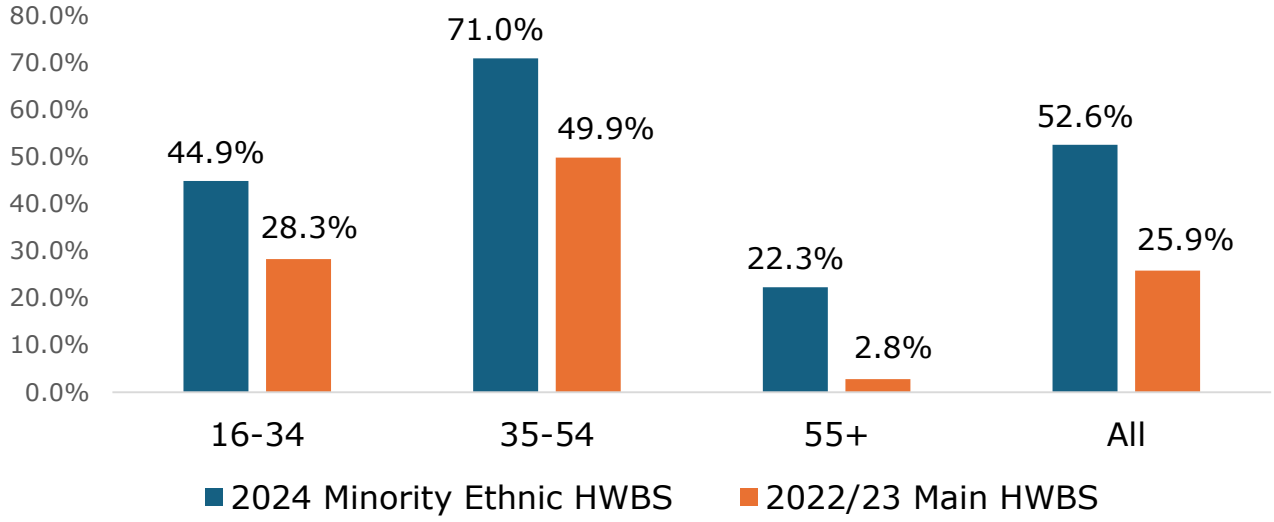
Table 8.1: Proportion with a Child Aged Under 16 in their Household by Ethnicity and Gender

	Children in household
African, Scottish African or British African Male	50%
African, Scottish African or British African Female	67%
Arab, Scottish Arab or British Arab Male	59%
Arab, Scottish Arab or British Arab Female	71%
Chinese, Scottish Chinese or British Chinese Male	24%
Chinese, Scottish Chinese or British Chinese Female	32%
Indian, Scottish Indian or British Indian Male	42%
Indian, Scottish Indian or British Indian Female	49%
Pakistani, Scottish Pakistani or British Pakistani Male	61%
Pakistani, Scottish Pakistani or British Pakistani Female	70%
Polish Male	34%
Polish Female	59%

Comparison with the 2022/23 Main HWBS Population

Compared to the 2022/23 Main HWBS population, the 2024 Minority Ethnic HWBS population was twice as likely to have children in their household. Across all three age groups there were significant differences between respondents.

Figure 8.5: Proportion with a Child Aged Under 16 in their Household – 2024 Minority Ethnic HWBS Population and 2022/23 Main HWBS Population by Age Group



8.2 Trans Identities and Sexual Orientation

Less than 1% said they considered themselves to be Trans or to have a Trans history.

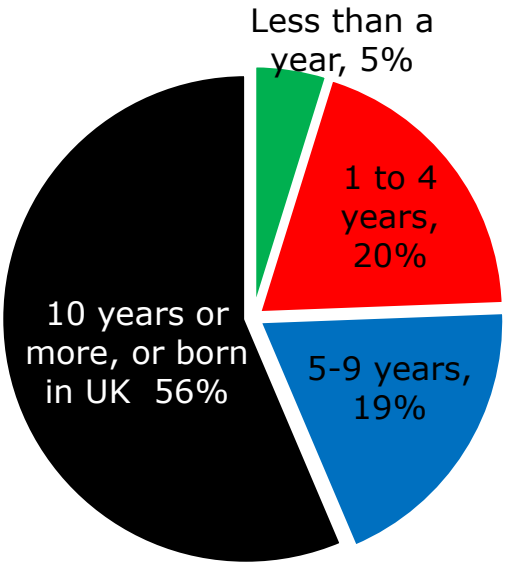
Most (96%) described themselves as heterosexual or straight, while 1% described themselves as gay, 1% described themselves as bisexual and 2% described themselves in another way. (This excludes the 11% who preferred not to say).

8.3 Length of Residency in the UK and Asylum Seekers

16% of the population had been born in the UK and 84% had been born outside of the UK.

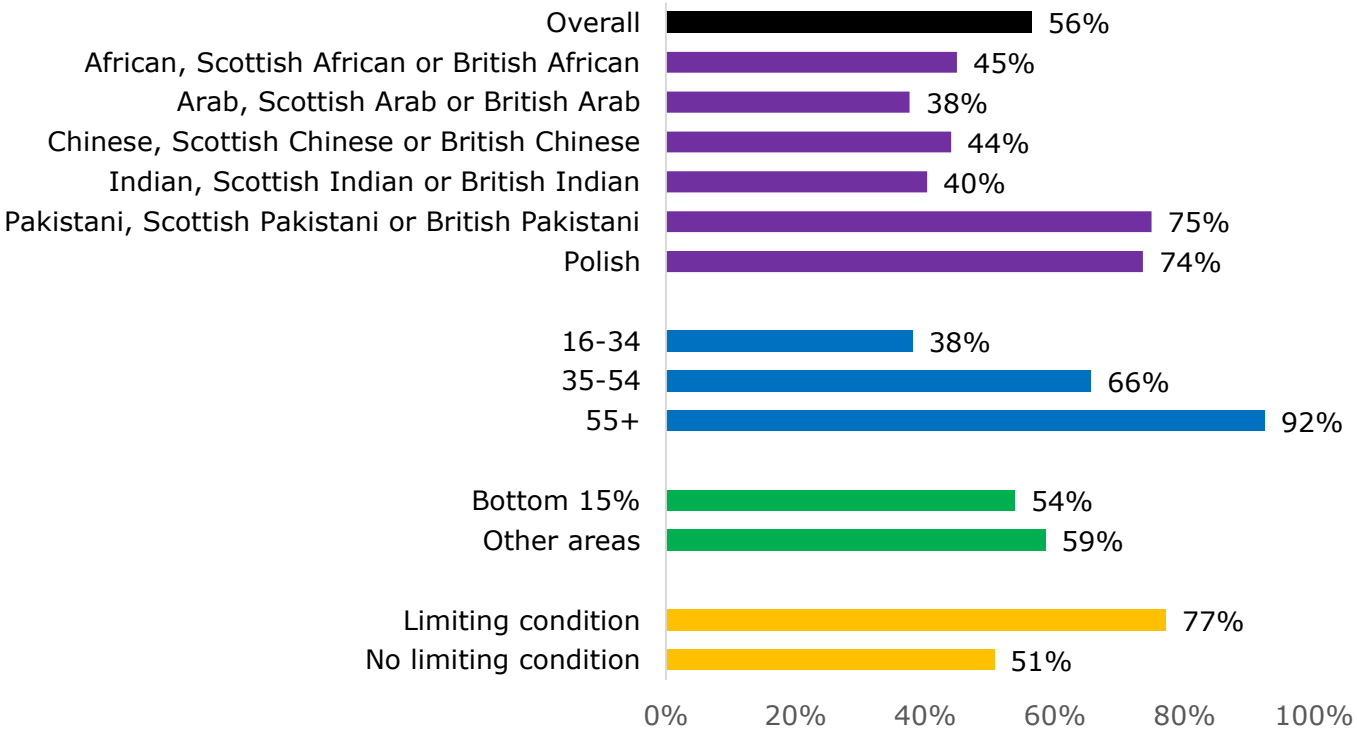
Just over half (56%) of the population had lived in the UK for 10 years or more (or since birth). One in four had lived in the UK for less than five years.

Figure 8.6: Length of Residency in the UK



- The likelihood of having lived in the UK for 10 years or more rose from 38% of those aged under 35 to 92% of those aged 55 or over.
- Those in the most deprived areas were less likely than those in other areas to have lived in the UK for 10 or more years.
- Those with a limiting condition or illness were more likely than others to have lived in the UK for 10 years or more.
- The proportion of people who lived in the UK for 10 years of more varied significantly by ethnicity.

Figure 8.7: Proportion who had Lived in the UK for 10+ Years (or born in UK) by Ethnicity, Age, Deprivation and Limiting Conditions



In total, 3% of the population said they would describe themselves as an Asylum Seeker, of which 18% identified as Arab, Scottish Arab or British Arab, and 5% identified as African, Scottish African or British African.

In the most deprived areas, 4.5% described themselves as Asylum Seekers compared to 1.7% of those in other areas.

Among those who had lived in the UK for less than 10 years, 5% described themselves as asylum seekers, compared to 1% of those who had lived in the UK for 10 years or more.

8.4 Educational Qualifications

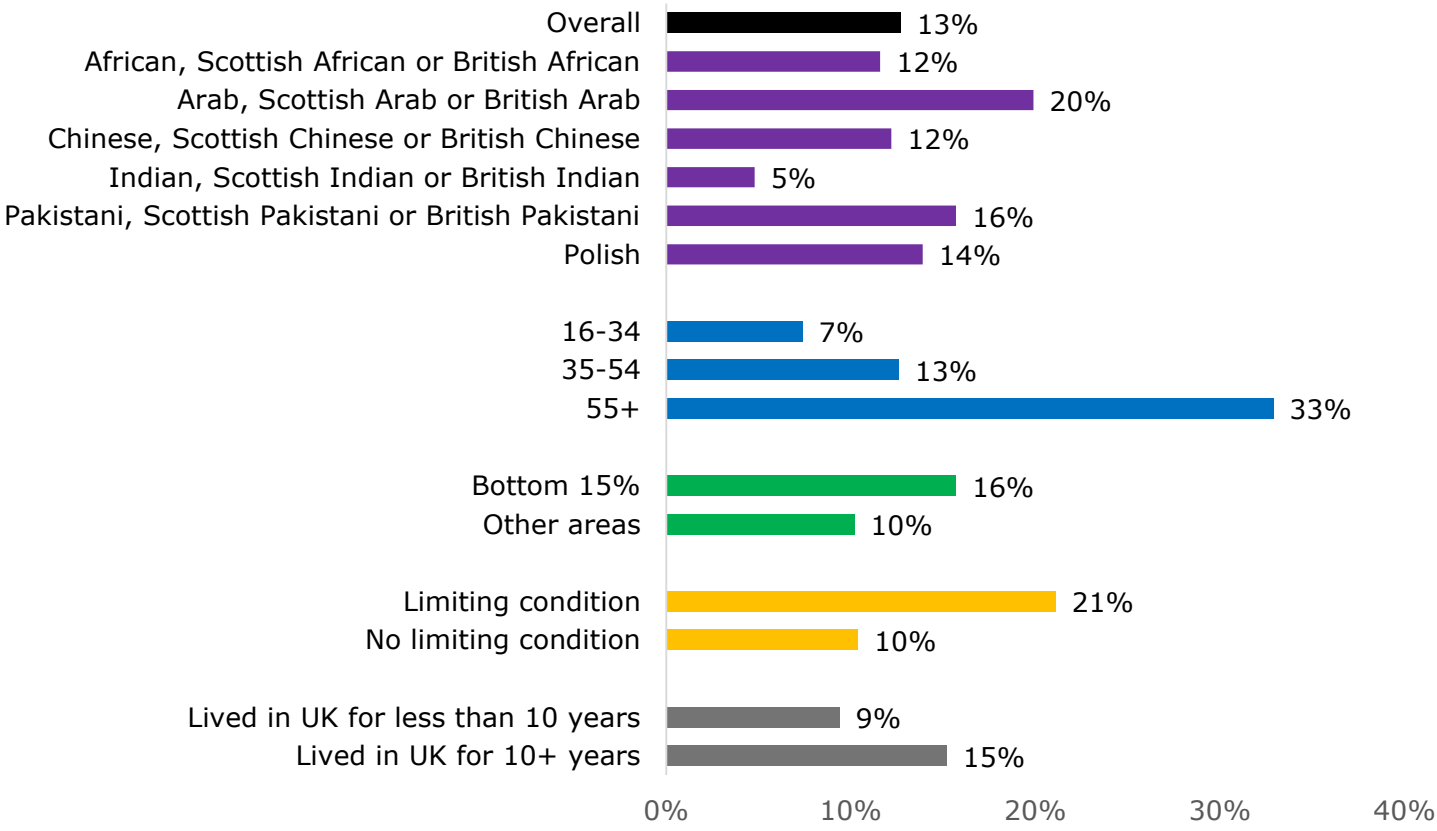
One in eight (13%) said they had no qualifications.

- The likelihood of having no qualifications rose with age from 7% of those aged under 35 to 33% of those aged 55 or over.

- Those in the most deprived areas were twice as likely as those in other areas to say they had no qualifications.

- Those with a limiting condition or illness were more likely than others to say they had no qualifications.
- Those who had lived in the UK for less than 10 years were less likely to have no qualifications.
- The proportion of people who had no qualifications varied significantly by ethnicity.

Figure 8.8: Proportion with No Qualifications by Ethnicity, Age, Deprivation, Limiting Conditions and Length of Residency in the UK



Comparison with 2016

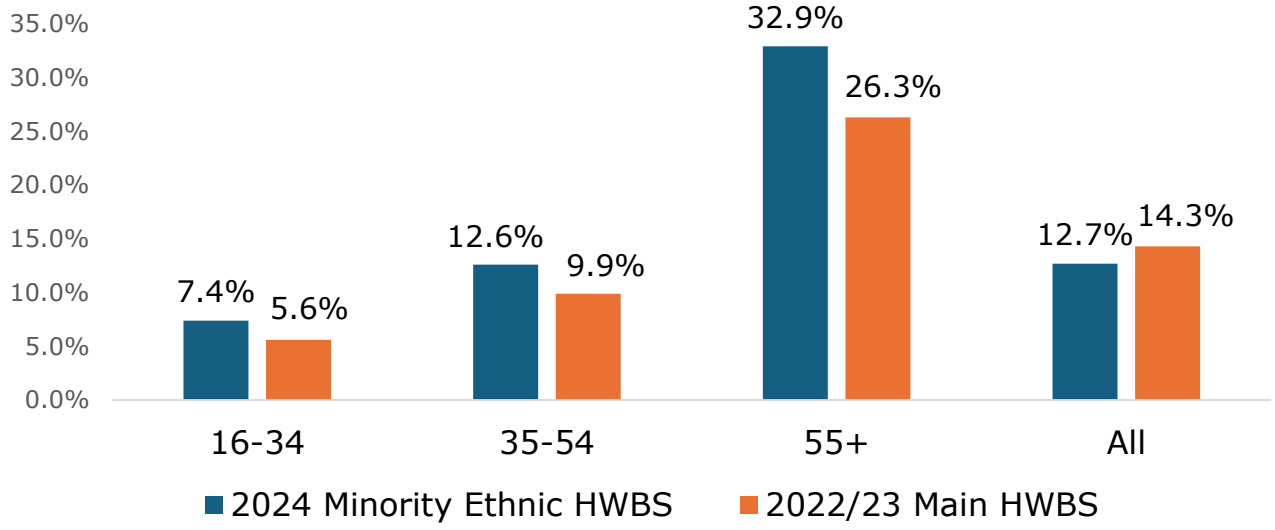
For the comparable subset in Glasgow City, there was a decrease in the proportion who had no qualifications from 27% in 2016 to 14% in 2024.

Comparison with the 2022/23 Main HWBS Population

Compared to the 2022/23 Main HWBS population, the 2024 Minority Ethnic HWBS population was less likely to have no qualifications (12.7% compared to 14.3%). However, this may be due to the differing age profile of the

two populations. In fact, for every age group, those in the 2024 Minority Ethnic HWBS population were more likely to say they had no qualifications.

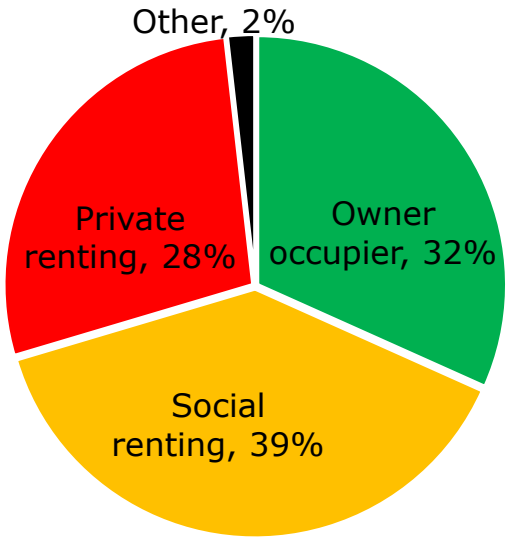
Figure 8.9: Proportion with No Qualifications – 2024 Minority Ethnic HWBS Population and 2022/23 Main HWBS Population by Age Group



8.5 Tenure

Just under a third (32%) lived in owner-occupied homes (either owned outright or buying with a mortgage), 39% lived in homes rented from the council or a housing association, 28% lived in privately rented homes and 2% lived in homes with some other tenure.

Figure 8.10: Tenure



Those aged 55 or over were more likely than younger people to be living in owner occupied homes.

Just 16% of those in the most deprived areas lived in owner-occupied homes compared to 45% of those in other areas. Two thirds (65%) of those in the most deprived areas lived in socially rented homes.

Those who had a limiting condition or illness were more likely than others to live in owner-occupied or socially rented homes, and less likely to live in privately rented homes.

Those who had lived in the UK for less than 10 years were much less likely than others to live in owner occupied homes and much more likely to live in privately rented homes.

The proportion of people who lived in owner-occupied homes varied significantly by ethnicity.

Table 8.2: Tenure by Ethnicity, Age, Deprivation, Limiting Conditions and Length of Residency in the UK

	Owner-occupier	Social renting	Private renting	Other
African, Scottish African or British African	11%	70%	18%	1%
Arab, Scottish Arab or British Arab	16%	58%	25%	1%
Chinese, Scottish Chinese or British Chinese	34%	16%	48%	2%
Indian, Scottish Indian or British Indian	47%	8%	45%	1%
Pakistani, Scottish Pakistani or British Pakistani	44%	31%	22%	3%
Polish	21%	67%	11%	1%
16-34	19%	37%	41%	3%
35-54	38%	43%	19%	1%
55+	59%	31%	9%	1%
Bottom 15%	16%	65%	18%	1%
Other areas	45%	16%	36%	2%
Limiting condition	38%	49%	12%	1%
No limiting condition	30%	36%	32%	2%
Lived in UK for less than 10 years	12%	38%	49%	1%
Lived in UK for 10+ years	48%	39%	12%	2%

Comparison with the 2022/23 Main HWBS Population

Compared to the 2022/23 Main HWBS population, the 2024 Minority Ethnic HWBS population was less likely to live in owner-occupied homes (31.7% compared to 59.3%).

8.6 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 (40%)
- Full-time education (15%)
- Employee in part-time job (11%)

- Looking after the family/home (11%)
- Self-employed – full or part time (6%)
- Wholly retired from work (5%)
- Unemployed and available for work (5%)
- Permanently sick/disabled (4%)
- Employed on a zero hours contract (1%)
- Part-time education (1%)
- Government supported training or employment (<1%)
- Other (1%).

In total, 57% were economically active (in full-time or part-time employment, self-employed or on a zero hours contract).

- Rates of economic activity were highest among those aged 35-54.

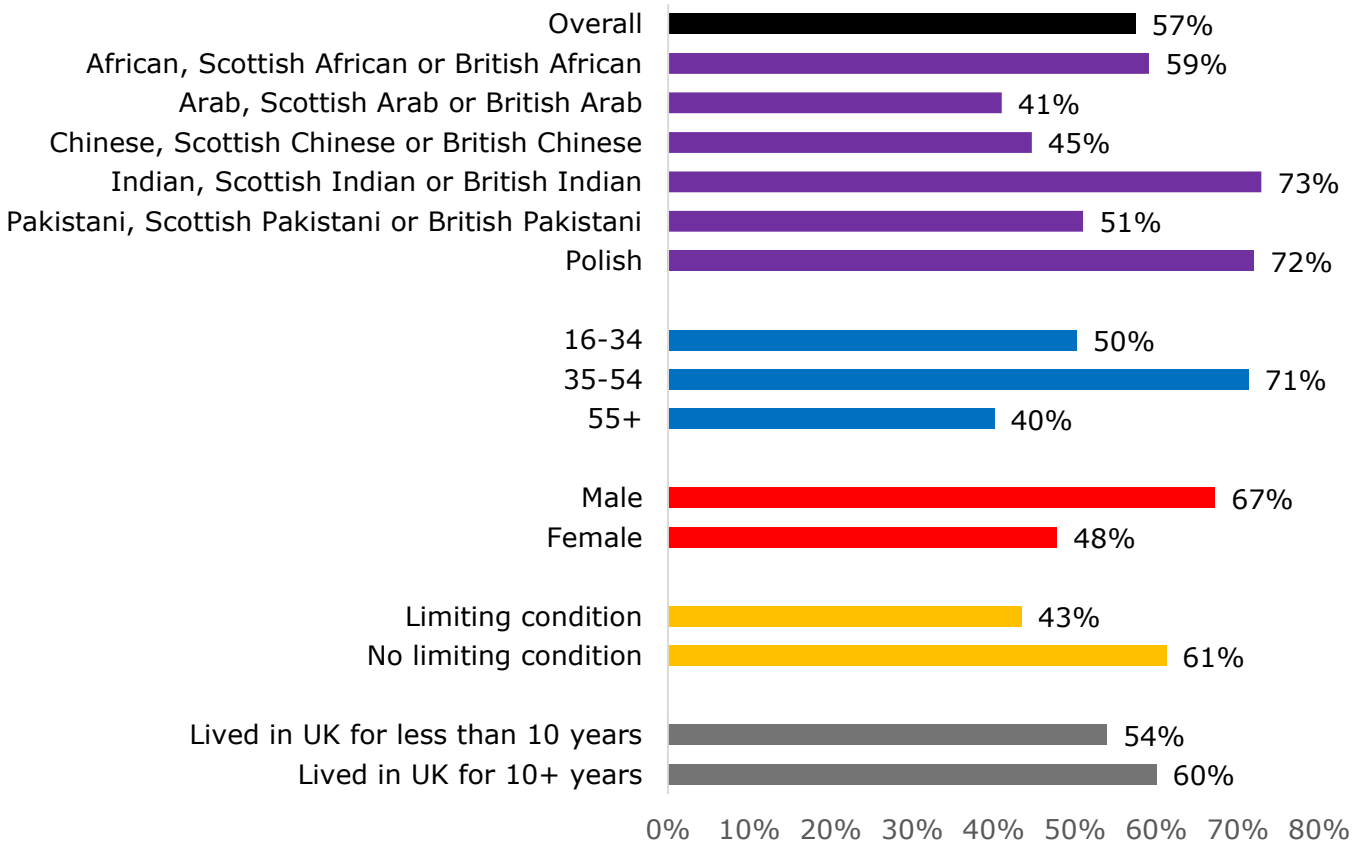
- Men were more likely than women to be economically active.

- Those with a limiting condition or illness were less likely than others to be economically active.

- Those who had lived in the UK for less than 10 years were less likely than others to be economically active.

- The proportion of people who were economically active varied significantly by ethnicity.

Figure 8.11: Proportion Economically Active by Ethnicity, Age, Gender, Limiting Conditions and Length of Residency in the UK



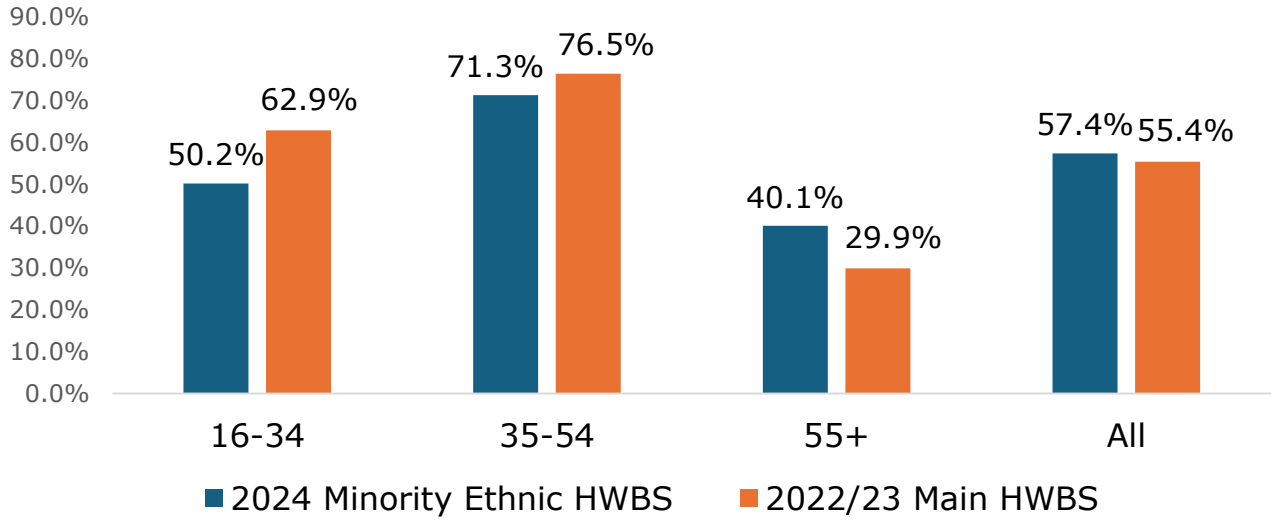
Comparison with 2016

For the comparable subset in Glasgow City, there was an increase in the proportion who were economically active from 47.5% in 2016 to 55.8% in 2024.

Comparison with the 2022/23 Main HWBS Survey

Compared to the 2022/23 Main HWBS population, the 2024 Minority Ethnic HWBS population showed no significant difference in the proportion who were economically active. However, each age group showed a significant difference: among those aged under 35 and those aged 35-54, adults in the 2024 Minority Ethnic HWBS population were less likely to be economically active, and those aged 55+ were more likely to be economically active.

Figure 8.12: Proportion Economically Active –2024 Minority Ethnic HWBS Population and 2022/23 Main HWBS Population by Age Group



8.7 Internet Use

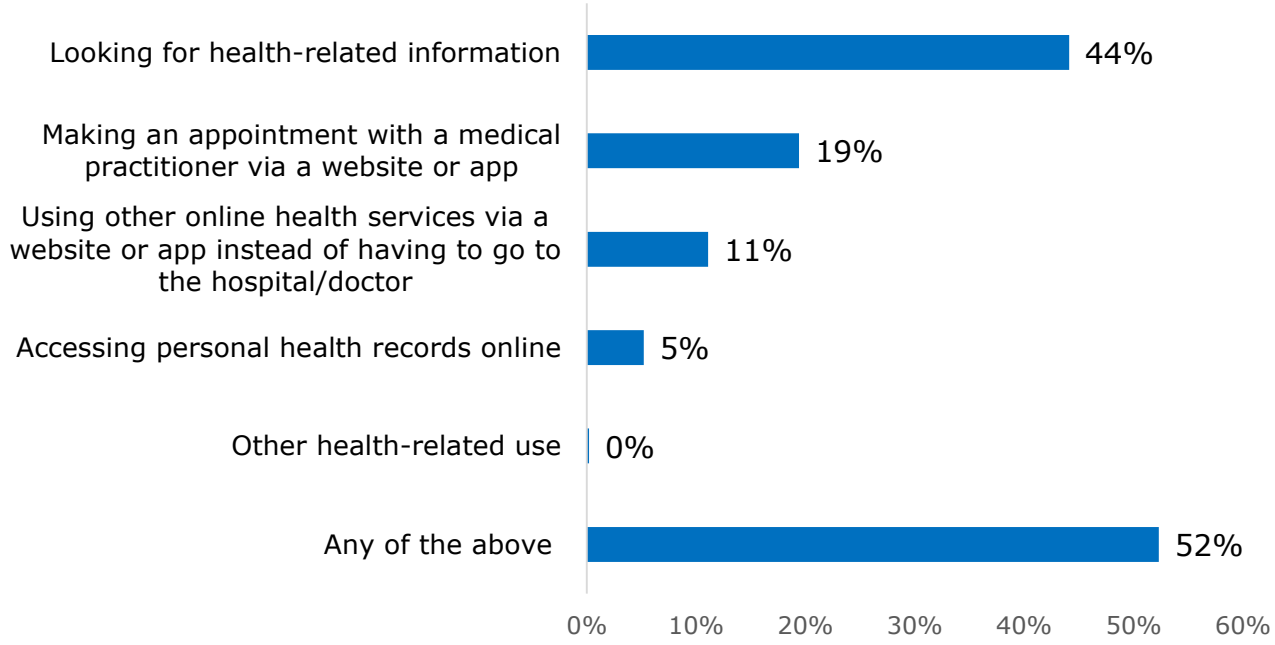
Respondents were asked about the purposes for which they used the internet. A small proportion (3%) did not use the internet. The most common uses of the internet were social media (86%) and email (84%). All responses are shown in Figure 8.13.

Figure 8.13: Purposes of Internet Use

Most of those who did not use the internet were aged 55 or over; 17% of those aged 55+ said they did not use the internet.

Among those who used the internet, 52% had used the internet for health-related use, the most common being looking for health-related information.

Figure 8.14: Health-Related Use of the Internet (for those who used the internet)

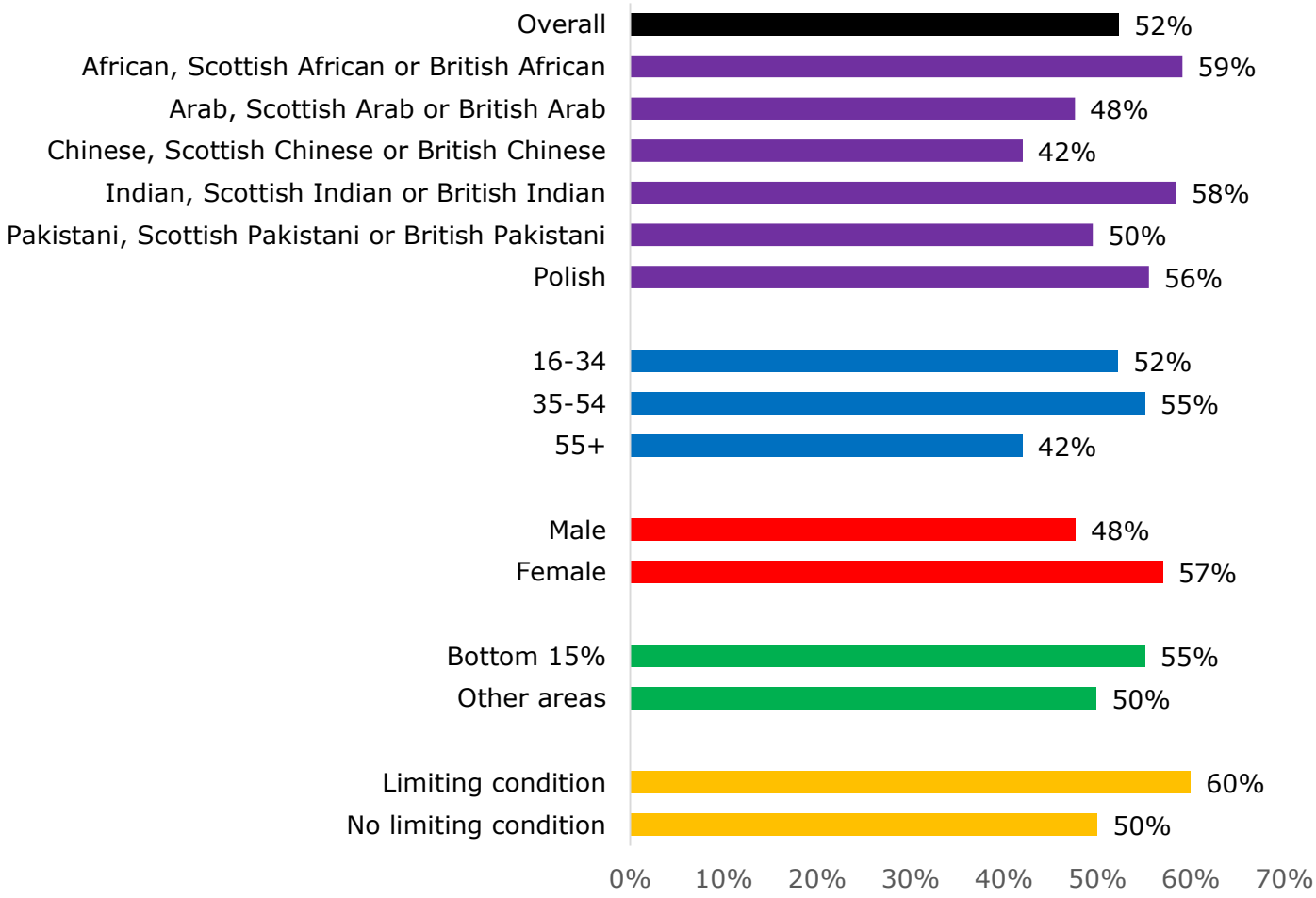


Among those who used the internet, use of the internet for health-related reasons was higher for:

- identifying as those aged under 55
- women
- those outside the most deprived areas
- those with a limiting condition or illness

Use of the internet for health-related reasons varied significantly by ethnicity.

Figure 8.15: Proportion of Internet Users who Used the Internet for Health-Related reasons by Ethnicity, Age, Gender, Deprivation and Limiting Conditions



8.8 Summary of Key Messages from This Chapter

Differences by Age and Gender

- Those aged 35-44 were the least likely to live alone and the most likely to have children in their household. Women were less likely than men to live alone and more likely than men to live with children.
- The likelihood of having lived in the UK for 10 years or more rose with age.
- Those aged 55 and over were the most likely to say they had no qualifications.
- Those aged 55 or over were more likely to live in owner-occupied homes.
- Those aged 35-54 were the most likely to be economically active, and men were more likely than women to be economically active.
- Those aged 55 or over were the least likely to use the internet.

Differences by Deprivation

Those in the most deprived areas were:

- more likely to have children in their household
- less likely to have lived in the UK for 10 years or more (or born in the UK)
- more likely to say they had no qualifications
- less likely to live in owner-occupied homes.

Differences by Limiting Conditions

Those with a limiting condition or illness were:

- more likely to live alone
- less likely to live with children

- more likely to have lived in the UK for 10 years or more (or born in the UK)
- more likely to say they had no qualifications
- more likely to live in owner occupied or social housing
- less likely to be economically active.

Differences by length of residency in the UK

Those who had lived in the UK for less than 10 years were:

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

Changes since 2016

For the comparable subset (those in Glasgow City and excluding Arab, Scottish Arab or British Arab people who had not been included in 2016), compared to 2016, those in 2024 were:

- less likely to say they had no qualifications
- more likely to be economically active.

Comparison with 2022/23 Main HWBS population

Compared to the 2022/23 Main HWBS population, the 2024 Minority Ethnic HWBS population was:

- less likely to live alone (but among under 35s, more likely to live alone)
- more likely to have children in their household
- (for each age group) more likely to say they had no qualifications

- less likely to live in owner-occupied homes
- among under 55s – less likely to be economically active; among those aged 55+ - more likely to be economically active.

APPENDIX A: SURVEY METHODOLOGY & RESPONSE

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

Note: Some cases were removed at the data cleaning stage due to incomplete age data which was required for weighting, thus interview numbers in the fieldwork report differ from those reported in survey findings.

Introduction

This technical report provides details of the methodology employed by BMG Research in the collection of the 2024 Minority Ethnic Health and Wellbeing data. A number of key response statistics will also be presented, such as response rates, quality checking outputs and interviewer metrics.

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

2. Sampling

2.1 Introduction

All sampling was managed in-house at BMG Research.

The overarching objective was to obtain a sample that was representative of the 7 Minority Ethnic population identified. The sampling also took into account HSCP to ensure this was also broadly representative of the sample provided.

The original target number of interviews to achieve by ethnicity is outlined below.

During fieldwork the Caribbean, Scottish Caribbean or British Caribbean target was removed based on the sample and the fact that we were not able to reach those respondents who were Caribbean as the majority of the Caribbean households visited were not Caribbean, Scottish Caribbean or British Caribbean. This is discussed in more detail in the evaluation of the methodology section. Therefore, the targets were reviewed accordingly based on updated census information and targets revised accordingly. These are also outlined in the table below.

Table 1: Target number of interviews to achieve by ethnicity

	Original Target	Revised Target	Achieved
African, Scottish African or British African	740	758	758
Arab, Scottish Arab or British Arab	338	371	371
Caribbean, Scottish Caribbean or British Caribbean	335	0	30
Chinese, Scottish Chinese or British Chinese	373	377	378

Indian, Scottish Indian or British Indian	374	378	378
Pakistani, Scottish Pakistani or British Pakistani	378	381	403
Polish	357	376	376
TOTAL	2895	2641	2694

2.2 Sampling Process

NHSGGC provided a sample file of c. 90,000 records which contained a list of addresses where somebody of the required ethnicities should reside. As well as address the file also contained ethnicity, datazone, SIMD and HSCP.

The file provided contained multiple rows for the same household if more than one person in the household was of the required ethnicities. In total c. 50,000 unique addresses were provided.

In order to try to clean the addresses provided BMG Research ran a check of the addresses against the PAF file, however it was only possible to PAF c. 22,000 of the unique addresses. This is not unusual in Scotland due to a number of the addresses being flats.

Therefore, the sampling was based on all unique addresses including those that could not be matched to PAF software. The sampling also covered both single ethnicity households and those with multiple ethnicities to ensure no households were excluded. Analysis showed that around 91% of the unique households were single ethnicity households.

Only one interview per household was conducted.

Broad targets were also set by HSCP based on where the ethnic groups live rather than by the proportions of ethnic groupings by area to ensure that all HSCP's were included.

The broad targets by HSCP were as follows based on original targets and revised targets:

Table 2: Target number of interviews by HSCP

	Original Target	Revised Target	Achieved
East Dunbartonshire	113	104	118
East Renfrewshire	155	149	198
Glasgow City	2309	2094	2108
Inverclyde	34	31	35
Renfrewshire	221	208	200
West Dunbartonshire	62	57	35
TOTAL	2895	2641	2694

It was agreed that within each ethnicity, 4.15 times the number of addresses would be sampled in order to achieve the set target number of interviews as per the 2016 survey. This was extra than the main survey to take account of the fact that a number would opt out following the pre-survey letter and a number of addresses would no longer meet the ethnicity requirements of the project.

Therefore, in order to achieve 2895 interviews, 12,015 addresses were originally sampled. This was adjusted during fieldwork to remove any Caribbean sample, to take account of the revised targets and the number of interviews achieved for that ethnicity so far. As the fieldwork took place over a number of months these addresses were split into batches in order that letters were not received too far in advance of an interviewer visiting the household.

The final number of addresses per batch are outlined below:

Table 3: Number of addresses sampled per ethnicity broken down by batch

	Pilot/soft launch	Batch 1	Batch 2	Batch 3*	TOTAL
Expected Ethnicity					
African, Scottish African or British African	269	858	912	841	2880
Arab, Scottish Arab or British Arab	107	292	384	728	1511
Caribbean, Scottish Caribbean or British Caribbean	113	355	419	0	887
Chinese, Scottish Chinese or British Chinese	151	461	203	1115	1930
Indian, Scottish Indian or British Indian	143	536	478	571	1728
Pakistani, Scottish Pakistani or British Pakistani	128	393	804	211	1536
Polish	139	379	654	501	1673
HSCP					
East Dunbartonshire	0	0	0	424	424
East Renfrewshire	0	0	643	0	643
Glasgow City	1050	3274	2152	3318	9794
Inverclyde	0	0	142	0	142
Renfrewshire	0	0	917	0	917
West Dunbartonshire	0	0	0	225	225
TOTAL	1050	3274	3854	3967	12145

* Includes additional 300 contacts sampled for Chinese, Scottish Chinese or British Chinese respondents due to issues accessing student accommodation

As the addresses were quite widespread rather than randomly selecting the addresses across all datazones available, a number of datazones were initially sampled to ensure addresses were appropriately clustered together. The number of datazones selected per HSCP are outlined below with those datazones which had a greater number of African, Scottish African or British African, Arab, Scottish Arab or British Arab or Caribbean, Scottish Caribbean or British Caribbean respondents within them being prioritised as these were the ethnicities where the number of addresses provided was low in comparison to the number of interviews required.

Addresses were then randomly sampled within the datazones selected based on the number of addresses required by ethnicity.

Table 4: Number of datazones sampled per HSCP

	No. of datazones sampled
East Dunbartonshire	30
East Renfrewshire	23
Glasgow City	208
Inverclyde	19
Renfrewshire	32
West Dunbartonshire	14
TOTAL	326

2.3 Fieldwork

Pre-survey letter

Once the sample had been finalised, each person received a pre-survey letter in the post prior to being approached for interview, which gave them the opportunity to 'opt out' either because they did not want to take part or because there was nobody within their household of the ethnic groups we were looking to speak to. It also gave respondents with the opportunity to let us know if there were any particular requirements either language wise or date wise. Given the nature of the study being specifically amongst BME groups, the letter also provided respondents with information on how to access the letter in alternative languages by visiting a page on BMG Research's website or following a QR code.

Translation

The following materials were translated by NHSGGC into the required languages, which are listed below:

Invitation letter / FAQ
Self-completion section of questionnaire
Online survey and invitation

Required languages

Amharic
Arabic
Cantonese
Farsi
French
Hindi
Lingala
Lugandan
Mandarin
Oromo
Polish
Punjabi
Yoruba
Somali
Swahili
Tigraynian
Urdu

The following materials were not translated as standard but if respondents requested either the thank you leaflet or privacy notices in their own languages these were dealt with on an ad-hoc basis.

Showcards
Thank you leaflet
BMG Privacy notice
NHS GGC Privacy notice

During the fieldwork the showcards were translated into Arabic and Mandarin to help with these interviews.

For reference there were no requests to provide either the BMG thank you leaflet or the privacy notices in alternative languages.

Interviews conducted in another language were either administered using BMG interviewer language skills or where a BMG interviewer could not complete the survey using their own language skills, the NHS language line was used. In total 72 interviews were completed in a language other than English as outlined below:

31 Urdu
13 Portugese
9 Punjabi
6 Hindi
5 Arabic
4 Mandarin
2 Polish
2 Somali

Pilot

Prior to fieldwork commencing, a pilot was conducted to test a number of aspects of the methodology, including accuracy of sample, 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 as follows (based on actual ethnicity):

13 African, Scottish African or British African
1 Arab, Scottish Arab or British Arab
7 Chinese, Scottish Chinese or British Chinese
10 Indian, Scottish Indian or British Indian
6 Pakistani, Scottish Pakistani or British Pakistani
13 Polish

A total of 10 interviewers were briefed and worked on this project. The main briefing session took place early in September which the client attended. This was recorded for those who were unable to attend the initial briefing. The interviews lasted an average of 25 minutes. (Based on those conducted not using language line and in one visit)

Self-completion section

Due to their sensitive nature, respondents were invited to complete a section of questionnaire themselves. This involved the interviewer passing the tablet to the respondent for them to select the answers themselves on the tablet. For those who were unable to complete the survey themselves or refused to, the questions were administered by the interviewer. In total 2085 respondents completed the self-completion section themselves using the tablet. The interviewer established up front what language the respondent preferred the self-completion section to be in. The table overleaf provides a breakdown of the languages used for the self-completion section.

Table 5: Language used for self-completion section

	Self-completion section language (where self-completed by respondent)
English	2027
Urdu	20
Arabic	13
Mandarin	8
Polish	8
Punjabi	3
Hindi	2
Yoruba	2
French	1
Tigrinya	1
TOTAL	2085

Call outcomes and response rates

The following table provides a breakdown of the call outcomes and the resulting response rates by expected ethnicity 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 not fit the criteria, be empty, businesses, derelict, or unable to locate), which is 24%, or as an adjusted response rate based on the number of achieved interviews where contact was actually made with the household, which is 35%.

Table 6: Call outcomes and response rates by expected ethnicity

	African, Scottish African or British African	Arab, Scottish Arab or British Arab	Caribbean, Scottish Caribbean or British Caribbean	Chinese, Scottish Chinese or British Chinese	Indian, Scottish Indian or British Indian	Pakistani, Scottish Pakistani or British Pakistani	Polish	TOTAL
Interview obtained	652	385	159	388	394	327	389	2694
Terminated	10	6	3	2	3	6	3	33
Refused	88	50	24	41	57	45	105	410
Opt out	46	35	11	45	41	49	32	259
No reply	828	417	185	472	394	267	482	3045
Call back/appointment	87	45	18	32	33	29	51	295
Language issues (cannot be resolved)	10	13	0	11	1	1	19	55
Non-valid contacts								
Not of ethnicities required	143	121	30	86	98	70	131	679
Non-residential address/institution/holiday home	7	17	0	18	14	0	3	59
Empty/derelict/under construction	36	12	13	16	11	23	14	125
Unable to locate address	53	39	13	52	24	20	33	234
TOTAL NUMBER OF ADDRESSES	2880	1511	887	1930	1728	1536	1673	12145

Quality checking overview

In total, 271 of the 2694 cases were back checked (149 via telephone and 122 online). The back checking procedure involves, predominantly, telephoning or emailing 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 letter shown which provided information about the survey, was a leaflet left behind).
Three pieces of information provided by the respondent during the interview are re-checked for consistency. These were age, ethnicity and how do you usually pay for your energy in addition to whether they were asked to self complete part of the survey.

In addition to these checks random GPS checks were also undertaken as well as checks on interview timings/length for additional verification.

2.4 Evaluation of the methodology and sample

There are a number of things worth noting about the methodology and sample in order that lessons can be learnt for future surveys.

Expected ethnicity vs actual ethnicity

The expected ethnicity provided in the sample did not always match the actual ethnicity when the household was visited. In total 506 of the 2694 interviews completed were not of the ethnic group expected. This in particular affected the Caribbean sample with 86% of the interviews completed being with other ethnic groups, in particular African, Scottish African or British African, which limited the number of Caribbean interviews it was possible to achieve. Therefore, on this basis the number of interviews required was reviewed and the Caribbean target removed.

A breakdown of expected ethnicity vs actual ethnicity is provided below:

Table 7: Target number of interviews to achieve by ethnicity

Achieved Ethnicity	Expected Ethnicity							
	African, Scottish African or British African	Arab, Scottish Arab or British Arab	Caribbean, Scottish Caribbean or British Caribbean	Chinese, Scottish Chinese or British Chinese	Indian, Scottish Indian or British Indian	Pakistani, Scottish Pakistani or British Pakistani	Polish	TOTAL
African, Scottish African or British African	563	35	116	8	14	6	16	758
Arab, Scottish Arab or British Arab	30	305	6	7	10	2	11	371
Caribbean, Scottish Caribbean or British Caribbean	6	0	22	2	0	0	0	30
Chinese, Scottish Chinese or British Chinese	5	13	0	345	7	2	6	378
Indian, Scottish Indian or British Indian	24	12	2	20	303	12	5	378
Pakistani, Scottish Pakistani or British Pakistani	11	14	8	3	58	304	5	403
Polish	13	6	5	3	2	1	346	376
TOTAL	652	385	159	388	394	327	389	2694
Not of ethnicity expected	89	80	137	43	91	23	43	506
%	14%	21%	86%	11%	23%	7%	11%	19%

In addition to this there were a number of households (679) that were found to not be of any of the ethnic groups required.

Cleaning of sample

BMG Research tried to clean and format the addresses provided by running a check to see what could be matched to the PAF software. It was only possible to match c. 22,000 of the unique

addresses against the PAF software. This is not unusual in Scotland due to a number of the addresses being flats.

The sampling was therefore based on all unique addresses including those that could not be matched to PAF software. This meant there were a number of address (234) which could not be found based on the address details provided.

Also, although BMG Research ran a check to remove any duplicate addresses, based on the formatting of the addresses it was not possible to remove all of the duplicates due to different spelling of some words and therefore some were included in the sampling. This affected less than 100 records though.

Language requirements

Although materials were translated into a number of different languages there were some occasions where respondents were unable to read their own language.

Where language line was required for translating the survey to respondents this made the survey a lot longer than the intended length at around an hour or even longer on occasions. This also meant that some language line interviews were not completed due to respondent fatigue and the interview taking longer to complete than anticipated.

Accessing addresses

The sample also included student accommodation which it was not possible to identify in advance. It was difficult for interviewers to gain access to student accommodation unless appointments were previously agreed with the respondents. This particularly affected the Chinese, Scottish Chinese or British Chinese community, and an additional 300 addresses needed to be sampled to accommodate for this.

3. On-line Survey

Like the main HWB survey undertaken in 2022, the face-to-face survey asked if respondents would be willing to complete an online follow up survey to gather some further information.

Email addresses were collected for those willing and an online survey invitation was sent via email followed by two reminders for those who had not completed. The language used for the invitation and online survey was determined by the language used for the self-completion section of the main survey. A breakdown of the invites sent by language is provided below.

Table 8: Number of online invites sent by language

	No. of online invites
English	566
Arabic	5
Urdu	5
Mandarin	3
Polish	2
Punjabi	1
Tigrinya	1
Yoruba	1
TOTAL	584

Those aged 18 plus who completed the follow up online survey were entered into a prize draw to win a £250 Love2Shop voucher.

In total, 584 respondents were invited to take part in the online follow up survey and 134 responded giving an overall response rate of 23%.

A breakdown of the online follow up survey response rates by HSCP and ethnicity is outlined below.

Table 9: Online follow up survey response rates

	No. of invites sent	No. of responses	Response Rate
HSCP			
East Dunbartonshire	17	2	12%
East Renfrewshire	35	10	29%
Glasgow City	457	101	22%
Inverclyde	17	2	12%
Renfrewshire	57	18	32%
West Dunbartonshire	1	1	100%
Ethnicity			
African, Scottish African or British African	203	44	22%
Arab, Scottish Arab or British Arab	62	11	18%
Caribbean	4	1	25%
Chinese, Scottish Chinese or British Chinese	68	16	24%
Indian, Scottish Indian or British Indian	80	16	20%
Pakistani, Scottish Pakistani or British Pakistani	66	18	27%
Polish	101	28	28%
TOTAL	584	134	23%

APPENDIX B: DATA WEIGHTING AND SAMPLE PROFILE

Introduction

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

Weighting by Ethnicity/Age/Gender

Firstly the household size weighting was applied to the dataset. The achieved sample was weighted to the known adult population from 2021 Scottish Census data for the six ethnicities. Data were weighted by ethnicity/age/gender to produce the final weighting factors. This ensured that the weighted data would reflect the overall Greater Glasgow and Clyde population. The formula for this stage was:

$$Wi = \frac{ei}{E} \times \frac{T}{ti}$$

Where:

W_i is the individual weighting factor for a respondent in ethnicity/age/gender group i

e_i is the known population in ethnicity/age/gender group i

E is the total adult population in the NHS Greater Glasgow and Clyde area for the six ethnic groups

T is the total number of interviews

t_i is the number of interviews for ethnicity/age/gender group i

There were two respondents who did not give a binary gender. For the purposes of weighting only, they were randomly assigned male and female to allow weighting to be applied on the basis of age and ethnicity.

Table B1: Sample before and after weighting, and Census (2021) comparison

	Sample Before Weighting N	Sample Before Weighting %	Sample After Weighting %	Census 2021 N	Census 2021 %
African, Scottish African or British African	752	28.5%	18.2%	17507	18.2%
Arab, Scottish Arab or British Arab	368	13.9%	7.2%	6904	7.2%
Chinese, Scottish Chinese or British Chinese	370	14.0%	15.1%	14444	15.1%
Indian, Scottish Indian or British Indian	374	14.2%	16.7%	16005	16.7%
Pakistani, Scottish Pakistani or British Pakistani	399	15.1%	29.2%	28035	29.2%
Polish	375	14.2%	13.6%	13058	13.6%
Male	1243	47.2%	49.5%	47504	49.5%
Female	1393	52.8%	50.5%	48449	50.5%
Other/no answer	2	n/a	n/a	n/a	n/a
African, Scottish African or British African Male	345	13.1%	9.2%	8838	9.2%
African, Scottish African or British African Female	407	15.4%	9.0%	8669	9.0%

Arab, Scottish Arab or British Arab Male	196	7.4%	3.9%	3783	3.9%
Arab, Scottish Arab or British Arab Female	172	6.5%	3.3%	3121	3.3%
Chinese, Scottish Chinese or British Chinese Male	137	5.2%	6.6%	6402	6.7%
Chinese, Scottish Chinese or British Chinese Female	232	8.8%	8.4%	8042	8.4%
Indian, Scottish Indian or British Indian Male	206	7.8%	8.7%	8369	8.7%
Indian, Scottish Indian or British Indian Female	168	6.4%	8.0%	7636	8.0%
Pakistani, Scottish Pakistani or British Pakistani Male	196	7.4%	14.7%	14044	14.6%
Pakistani, Scottish Pakistani or British Pakistani Female	202	7.7%	14.5%	13991	14.6%
Polish Male	163	6.2%	6.3%	6068	6.3%
Polish Female	212	8.0%	7.3%	6990	7.3%
Other/no answer	2	n/a	n/a	n/a	n/a
16-34	1155	43.8%	46.5%	44634	46.5%
35-54	1234	46.8%	40.5%	38907	40.5%
55+	249	9.4%	12.9%	12412	12.9%

APPENDIX C: INDEPENDENT VARIABLES

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

Independent Variable	Number of categories	Categories
Ethnicity	6	African, Scottish African or British African; Arab, Scottish Arab or British Arab; Chinese, Scottish Chinese or British Chinese; Indian, Scottish Indian or British Indian; Pakistani, Scottish Pakistani or British Pakistani; Polish
Gender	2	Male; Female
Ethnicity and Gender	12	Polish male; Polish female; Indian, Scottish Indian or British Indian male; Indian, Scottish Indian or British Indian female; Chinese, Scottish Chinese or British Chinese male; Chinese, Scottish Chinese or British Chinese female; African, Scottish African or British African male; African, Scottish African or British African female; Arab, Scottish Arab or British Arab male; Arab, Scottish Arab or British Arab female
Age	3	16-34; 35-54; 55+
Deprivation	2	15% most deprived datazones; other datazones
Limiting Conditions	2	Has a long-term limiting condition or illness; does not have a long-term limiting condition or illness
Length of Residency in the UK	2	Lived in the UK for less than 10 years; Lived in the UK for 10+ years or born in UK

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

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

	Scoring system					
Questions	**0**	**1**	**2**	**3**	**4**	**Your score**
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 E: COMPARISONS WITH 2016 BME SURVEY AND MAIN ADULT NHSGGC HEALTH AND WELLBEING SURVEY 2022/23

Comparisons with the 2016 BME (Glasgow City) survey 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 most of the time)
Proportion used e-cigarettes in the last year
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 a positive perception of reciprocity
Proportion with positive perception of trust
Proportion valuing local friendships
Proportion with a positive perception of social support
Proportion with all income from state benefits
Proportion with a positive perception of household income
Proportion who were economically active
Proportion with no qualifications

The findings for the variables which showed a significant difference are shown on the next page.

Variables Showing a Significant Difference between the 2016 Minority Ethnic HWBS Population and the 2024 Minority Ethnic HWBS Population (Glasgow City only, and Excluding Arab, Scottish Arab or British Arab People)

Indicator	2016 Minority Ethnic HWBS (N=1798)	2024 Minority Ethnic HWBS comparable subset (N=1761)
Positive perception of general health	80.4%	77.5%
Positive perception of physical wellbeing	85.9%	80.9%
Positive perception of mental or emotional wellbeing	90.5%	82.9%
Positive perception of overall quality of life	91.7%	83.4%
Illness/condition affecting daily life	15.1%	20.4%
Receiving treatment for one or more conditions	25.8%	29.5%
Meet target of 5+ portions of fruit/vegetables per day	39.7%	24.3%
Feel isolated from family and friends	11.5%	25.0%
Feel they belong to the local area	71.7%	63.0%
Feel valued as a member of the community	62.1%	56.6%
Feel local people can influence decisions	71.6%	57.5%
Feel safe using public transport	89.0%	82.9%
Feel safe walking alone after dark	67.4%	57.7%
Positive perception of reciprocity	70.8%	58.6%
Value local friendships	73.3%	67.4%
All household income from state benefits	6.9%	9.9%
Economically active	47.5%	55.8%
No qualifications	27.3%	13.8%

Variables Showing a Significant Difference between the 2024 Minority Ethnic HWBS Population and the 2022/23 Main HWBS Population

Indicator	2024 Minority Ethnic HWBS (N=2638)	2022/23 Main HWBS (N=10030)
Positive perception of general health	77.9%	74.2%
Positive perception of physical wellbeing	81.5%	79.1%
Positive perception of mental or emotional wellbeing	83.6%	80.7%
Illness/condition affecting daily life	21.3%	31.1%
Receiving treatment for one or more conditions	29.9%	45.9%
WEMWBS score indicating depression	21.7%	23.6%
Mouth/teeth in good health	73.5%	69.6%
Negative effect of COVID on health and wellbeing	31.5%	46.5%
Current smoker	11.9%	17.7%
AUDIT score indicating risk of alcohol-related harm	1.9%	17.2%
Drink alcohol	25.0%	68.6%
Meet target of 5+ portions of fruit/vegetables per day	25.4%	33.8%
Meet target for physical activity (150+ minutes per week)	63.0%	70.3%
Feel isolated from family and friends	24.1%	19.6%
Feel they belong to the local area	63.8%	77.9%
Feel valued as a member of the community	56.8%	61.2%
Feel local people can influence decisions	59.0%	67.6%
Feel safe using public transport	82.7%	87.7%
Positive perception of local food shops	74.8%	68.1%
Positive perception of local schools	72.8%	77.7%
Positive perception of public transport	67.9%	60.9%
Positive perception of police	60.2%	45.6%
Positive perception of GP/doctor	59.2%	53.5%
Positive perception of nurse-led clinics	57.3%	63.2%
Positive perception of leisure/sports facilities	48.8%	45.5%
Positive perception of childcare provision	47.6%	45.2%

Indicator	2024 Minority Ethnic HWBS (N=2638)	2022/23 Main HWBS (N=10030)
Positive perception of out of hours medical service	47.2%	50.7%
Positive perception of activities for young people	44.2%	36.3%
Has caring responsibilities	11.2%	21.4%
Feel safe walking alone after dark	59.4%	69.1%
Positive perception of reciprocity	60.5%	74.4%
Value local friendships	68.0%	73.1%
Volunteered formally	16.0%	18.9%
Volunteered informally	14.6%	19.6%
Volunteered overall	20.8%	25.9%
Belong to clubs, associations, groups	19.8%	25.9%
Engaged in social activism	6.2%	11.4%
All household income from state benefits	8.7%	13.0%
Difficulty meeting costs of food/energy	34.8%	38.0%
Has prepayment meter	26.5%	17.5%
Indicators of difficulties affording energy	29.2%	40.3%
Engages in gambling (excluding lottery)	2.9%	12.0%
Live alone	11.6%	17.4%
Children in household	52.6%	25.9%
Live in owner-occupied homes	31.7%	59.3%
No qualifications	12.7%	14.3%
Do not use internet	3.3%	8.6%

APPENDIX F: KEY FINDINGS BY ETHNICTY

There is an interactive report available at the following link:

https://app.powerbi.com/view?r=eyJrIjoiY2FiOWUwNTgtNzI3Yi00ZTUyLWFiNzItMTg4Mjk0NTM1Y2U2IiwidCI6ImNlMWJjODAyLTcxOWItNDM0Zi05MDJmLWJmMDc0YTVmYmY1NCJ9

This interactive report allows the exploration of key variables from the survey for individual ethnicities.

This appendix provides a summary of the data available in the interactive report in tables for each ethnicities. The tables have been prepared by NHSGGC.

African, Scottish African or British African

	African, Scottish African or British African	**2024 Minority Ethnic HWBS**	**2022/23 Main HWBS**
16-34 years	46%	47%	*33.3%*
35-54 years	46%	41%	*31.0%*
55+	7%	13%	*35.6%*
Male	51%	50%	*48.3%*
Female	49%	50%	*51.7%*
Most deprived 15% areas[10]	70%	46%	*28.2%*
Lived in UK for 10+ years	45%	44%	*unavailable*

[10] It was not possible to weight BME survey data for deprivation as the 2022 census deprivation data were not available at the time of analysis

Variables (Interactive Tables) Showing Significantly Better, Worse or No Difference between the African, Scottish African or British African Sample of the 2024 Minority Ethnic HWBS and the 2022/23 Main HWBS

Significantly better than 2022/23 Main HWBS
Significantly worse than 2022/23 Main HWBS
No significant difference to the 2022/23 Main HWBS

Indicator	2024 Minority Ethnic HWBS – African, Scottish African or British African Sample (N=752)	2022/23 Main HWBS (N=10,030)
Positive perception of general health	81.9%	74.2%
Positive perception of physical wellbeing	81.3%	79.1%
Positive perception of mental or emotional wellbeing	83.0%	80.7%
Positive perception of quality of life	82.2%	84.0%
Definitely feel in control of decisions affecting life	63.8%	69.0%
Long-term limiting condition or illness	18.1%	31.1%
Receiving treatment for one or more conditions	27.2%	45.9%
Current smoker	6.7%	17.7%
Used e-cigarettes in the last year	8.1%	16.0%
Exposed to second hand smoke (most / some of the time)	27.3%	23.8%
Drink alcohol	28.0%	68.6%
Meet target of 5+ portions of fruit/vegetables per day	23.3%	33.8%
Meet target for physical activity (150+ minutes per week)	73.5%	70.3%
Feel isolated from family and friends	24.7%	19.6%
Felt lonely in the last two weeks	25.7%	25.0%
Feel they belong to the local area	62.8%	77.9%
Feel local people can influence local decisions	62.2%	67.6%
Feel valued as a member of the community	58.7%	61.2%

Indicator	2024 Minority Ethnic HWBS – African, Scottish African or British African Sample (N=752)	2022/23 Main HWBS (N=10,030)
Feel safe using public transport	87.7%	87.7%
Feel safe walking alone in area, even after dark	69.5%	69.1%
Has caring responsibilities	11.4%	21.4%
Experienced crime in the last year	12.8%	11.4%
Value local friendships	63.4%	73.1%
Volunteered formally in last year	23.7%	18.9%
Volunteered overall in last year	30.3%	25.9%
Positive perception of trust	53.2%	76.2%
Positive perception of reciprocity	51.8%	74.4%
Positive perception of social support	72.8%	84.2%
Belong to clubs, associations, groups	35.4%	25.9%
Engaged in social activism	10.2%	11.4%
All household income from state benefits	12.7%	13.0%
Difficulty meeting costs of food/energy	46.0%	38.0%
Indicators of difficulties affording energy	40.3%	40.3%
No qualifications	11.6%	14.3%
Difficulty finding unexpected sum - £35	22.3%	15.1%
Difficulty finding unexpected sum - £165	57.4%	40.7%
Difficulty finding unexpected sum - £1600	85.8%	73.5%
Economically active	59.1%	55.4%
Experienced food insecurity in the last year	26.9%	17.1%
Positive perception of adequacy of household income	64.0%	72.4%

Arab, Scottish Arab or British Arab

	Arab, Scottish Arab or British Arab	2024 Minority Ethnic HWBS	2022/23 Main HWBS
16-34 years	54%	47%	*33.3%*
35-54 years	36%	41%	*31.0%*
55+	10%	13%	*35.6%*
Male	55%	50%	*48.3%*
Female	45%	50%	*51.7%*
Most deprived 15% areas[11]	53%	46%	*28.2%*
Lived in UK for 10+ years	38%	44%	*unavailable*

Variables (Interactive Tables) Showing Significantly Better, Worse or No Difference between the Arab, Scottish Arab or British Arab Sample of the 2024 Minority Ethnic HWBS and the 2022/23 Main HWBS

Significantly better than 2022/23 Main HWBS
Significantly worse than 2022/23 Main HWBS
No significance difference to the 2022/23 Main HWBS

Indicator	2024 Minority Ethnic HWBS – Arab, Scottish Arab or British Arab Sample (N=368)	Main HWBS (N=10,030)
Positive perception of general health	79.4%	74.2%
Positive perception of physical wellbeing	73.7%	79.1%
Positive perception of mental or emotional wellbeing	78.3%	80.7%
Positive perception of quality of life	76.3%	84.0%

[11] It was not possible to weight BME survey data for deprivation as the 2022 census deprivation data were not available at the time of analysis

Indicator	2024 Minority Ethnic HWBS – Arab, Scottish Arab or British Arab Sample (N=368)	Main HWBS (N=10,030)
Definitely feel in control of decisions affecting life	66.3%	69.0%
Long-term limiting condition or illness	19.0%	31.1%
Receiving treatment for one or more conditions	27.1%	45.9%
Current smoker	11.1%	17.7%
Used e-cigarettes in the last year	6.8%	16.0%
Exposed to second hand smoke (most / some of the time)	20.7%	23.8%
Drink alcohol	3.7%	68.6%
Meet target of 5+ portions of fruit/vegetables per day	24.6%	33.8%
Meet target for physical activity (150+ minutes per week)	56.5%	70.3%
Feel isolated from family and friends	28.7%	19.6%
Felt lonely in the last two weeks	28.7%	25.0%
Feel they belong to the local area	62.6%	77.9%
Feel local people can influence local decisions	58.9%	67.6%
Feel valued as a member of the community	56.2%	61.2%
Feel safe using public transport	86.7%	87.7%
Feel safe walking alone in area, even after dark	63.3%	69.1%
Has caring responsibilities	10.0%	21.4%
Experienced crime in the last year	9.2%	11.4%
Value local friendships	61.2%	73.1%
Volunteered formally in last year	14.2%	18.9%
Volunteered overall in last year	19.5%	25.9%
Positive perception of trust	60.9%	76.2%
Positive perception of reciprocity	55.5%	74.4%
Positive perception of social support	75.4%	84.2%
Belong to clubs, associations, groups	18.4%	25.9%
Engaged in social activism	5.3%	11.4%
All household income from state benefits	18.4%	13.0%
Difficulty meeting costs of food/energy	48.0%	38.0%

Indicator	2024 Minority Ethnic HWBS – Arab, Scottish Arab or British Arab Sample (N=368)	Main HWBS (N=10,030)
Indicators of difficulties affording energy	35.2%	40.3%
No qualifications	19.9%	14.3%
Difficulty finding unexpected sum - £35	18.1%	15.1%
Difficulty finding unexpected sum - £165	54.3%	40.7%
Difficulty finding unexpected sum - £1600	84.9%	73.5%
Economically active	41.0%	55.4%
Experienced food insecurity in the last year	27.3%	17.1%
Positive perception of adequacy of household income	71.6%	72.4%

Chinese, Scottish Chinese or British Chinese

	Chinese, Scottish Chinese or British Chinese	2024 Minority Ethnic HWBS	2022/23 Main HWBS
16-34 years	57%	47%	*33.3%*
35-54 years	29%	41%	*31.0%*
55+	13%	13%	*35.6%*
Male	44%	50%	*48.3%*
Female	56%	50%	*51.7%*
Most deprived 15% areas[12]	25%	46%	*28.2%*
Lived in UK for 10+ years	44%	44%	*unavailable*

[12] It was not possible to weight BME survey data for deprivation as the 2022 census deprivation data were not available at the time of analysis

Variables (Interactive Tables) Showing Significantly Better, Worse or No Difference between the Chinese, Scottish Chinese or British Chinese Sample of the 2024 Minority Ethnic HWBS and the 2022/23 Main HWBS

Significantly better than 2022/23 Main HWBS
Significantly worse than 2022/23 Main HWBS
No significant difference to the 2022/23 Main HWBS

Indicator	2024 Minority Ethnic HWBS – Chinese, Scottish Chinese or British Chinese Sample (N=370)	2022/23 Main HWBS (N=10,030)
Positive perception of general health	86.9%	74.2%
Positive perception of physical wellbeing	89.9%	79.1%
Positive perception of mental or emotional wellbeing	89.4%	80.7%
Positive perception of quality of life	90.1%	84.0%
Definitely feel in control of decisions affecting life	63.4%	69.0%
Long-term limiting condition or illness	9.6%	31.1%
Receiving treatment for one or more conditions	16.2%	45.9%
Current smoker	17.5%	17.7%
Used e-cigarettes in the last year	5.0%	16.0%
Exposed to second hand smoke (most / some of the time)	20.9%	23.8%
Drink alcohol	35.9%	68.6%
Meet target of 5+ portions of fruit/vegetables per day	25.3%	33.8%
Meet target for physical activity (150+ minutes per week)	52.4%	70.3%
Feel isolated from family and friends	24.9%	19.6%
Felt lonely in the last two weeks	28.8%	25.0%
Feel they belong to the local area	43.6%	77.9%
Feel local people can influence local decisions	45.5%	67.6%

Indicator	2024 Minority Ethnic HWBS – Chinese, Scottish Chinese or British Chinese Sample (N=370)	2022/23 Main HWBS (N=10,030)
Feel valued as a member of the community	39.6%	61.2%
Feel safe using public transport	74.5%	87.7%
Feel safe walking alone in area, even after dark	47.3%	69.1%
Has caring responsibilities	7.5%	21.4%
Experienced crime in the last year	6.6%	11.4%
Value local friendships	71.6%	73.1%
Volunteered formally in last year	13.1%	18.9%
Volunteered overall in last year	16.9%	25.9%
Positive perception of trust	69.7%	76.2%
Positive perception of reciprocity	61.0%	74.4%
Positive perception of social support	84.0%	84.2%
Belong to clubs, associations, groups	8.3%	25.9%
Engaged in social activism	3.8%	11.4%
All household income from state benefits	1.4%	13.0%
Difficulty meeting costs of food/energy	20.9%	38.0%
Indicators of difficulties affording energy	12.3%	40.3%
No qualifications	12.2%	14.3%
Difficulty finding unexpected sum - £35	7.1%	15.1%
Difficulty finding unexpected sum - £165	24.1%	40.7%
Difficulty finding unexpected sum - £1600	66.2%	73.5%
Economically active	44.7%	55.4%
Experienced food insecurity in the last year	6.2%	17.1%
Positive perception of adequacy of household income	85.6%	72.4%

Indian, Scottish Indian or British Indian

	Indian, Scottish Indian or British Indian	2024 Minority Ethnic HWBS	2022/23 Main HWBS
16-34 years	47%	47%	*33.3%*
35-54 years	39%	41%	*31.0%*
55+	14%	13%	*35.6%*
Male	52%	50%	*48.3%*
Female	48%	50%	*51.7%*
Most deprived 15% areas[13]	24%	46%	*28.2%*
Lived in UK for 10+ years	40%	44%	*unavailable*

[13] It was not possible to weight BME survey data for deprivation as the 2022 census deprivation data were not available at the time of analysis

Variables (Interactive Tables) Showing Significantly Better, Worse or No Difference between the Indian, Scottish Indian or British Indian Sample of the 2024 Minority Ethnic HWBS and the 2022/23 Main HWBS

Significantly better than 2022/23 Main HWBS
Significantly worse than 2022/23 Main HWBS
No significant difference than 2022/23 Main HWBS

Indicator	2024 Minority Ethnic HWBS – Indian, Scottish Indian or British Indian Sample (N=374)	2022/23 Main HWBS (N=10,030)
Positive perception of general health	79.7%	74.2%
Positive perception of physical wellbeing	87.7%	79.1%
Positive perception of mental or emotional wellbeing	89.5%	80.7%
Positive perception of quality of life	90.9%	84.0%
Definitely feel in control of decisions affecting life	75.0%	69.0%
Long-term limiting condition or illness	18.4%	31.1%
Receiving treatment for one or more conditions	30.1%	45.9%
Current smoker	5.5%	17.7%
Used e-cigarettes in the last year	2.7%	16.0%
Exposed to second hand smoke (most / some of the time)	20.0%	23.8%
Drink alcohol	35.3%	68.6%
Meet target of 5+ portions of fruit/vegetables per day	30.8%	33.8%
Meet target for physical activity (150+ minutes per week)	71.8%	70.3%
Feel isolated from family and friends	25.8%	19.6%
Felt lonely in the last two weeks	21.2%	25.0%
Feel they belong to the local area	74.9%	77.9%
Feel local people can influence local decisions	63.4%	67.6%
Feel valued as a member of the community	70.0%	61.2%

Indicator	2024 Minority Ethnic HWBS – Indian, Scottish Indian or British Indian Sample (N=374)	2022/23 Main HWBS (N=10,030)
Feel safe using public transport	88.7%	87.7%
Feel safe walking alone in area, even after dark	67.7%	69.1%
Has caring responsibilities	9.3%	21.4%
Experienced crime in the last year	13.3%	11.4%
Value local friendships	71.5%	73.1%
Volunteered formally in last year	23.2%	18.9%
Volunteered overall in last year	26.8%	25.9%
Positive perception of trust	74.6%	76.2%
Positive perception of reciprocity	72.6%	74.4%
Positive perception of social support	86.1%	84.2%
Belong to clubs, associations, groups	20.2%	25.9%
Engaged in social activism	7.5%	11.4%
All household income from state benefits	2.2%	13.0%
Difficulty meeting costs of food/energy	29.7%	38.0%
Indicators of difficulties affording energy	21.2%	40.3%
No qualifications	4.8%	14.3%
Difficulty finding unexpected sum - £35	8.8%	15.1%
Difficulty finding unexpected sum - £165	36.4%	40.7%
Difficulty finding unexpected sum - £1600	68.9%	73.5%
Economically active	72.9%	55.4%
Experienced food insecurity in the last year	8.9%	17.1%
Positive perception of adequacy of household income	81.8%	72.4%

Pakistani, Scottish Pakistani or British Pakistani

	Pakistani, Scottish Pakistani or British Pakistani	2024 Minority Ethnic HWBS	2022/23 Main HWBS
16-34 years	42%	47%	*33.3%*
35-54 years	40%	41%	*31.0%*
55+	18%	13%	*35.6%*
Male	50%	50%	*48.3%*
Female	50%	50%	*51.7%*
Most deprived 15% areas[14]	38%	46%	*28.2%*
Lived in UK for 10+ years	75%	44%	*unavailable*

Variables (Interactive Tables) Showing Significantly Better, Worse or No Difference between the Pakistani, Scottish Pakistani or British Pakistani Sample of the 2024 Minority Ethnic HWBS and the 2022/23 Main HWBS

Significantly better than 2022/23 Main HWBS
Significantly worse than 2022/23 Main HWBS
No significant difference to the 2022/23 Main HWBS

Indicator	2024 Minority Ethnic HWBS – Pakistani, Scottish Pakistani or British Pakistani Sample (N=399)	2022/23 Main HWBS (N=10,030)
Positive perception of general health	70.9%	74.2%

[14] It was not possible to weight BME survey data for deprivation as the 2022 census deprivation data were not available at the time of analysis

Indicator	2024 Minority Ethnic HWBS – Pakistani, Scottish Pakistani or British Pakistani Sample (N=399)	2022/23 Main HWBS (N=10,030)
Positive perception of physical wellbeing	78.3%	79.1%
Positive perception of mental or emotional wellbeing	82.7%	80.7%
Positive perception of quality of life	82.0%	84.0%
Definitely feel in control of decisions affecting life	71.0%	69.0%
Long-term limiting condition or illness	28.6%	31.1%
Receiving treatment for one or more conditions	37.4%	45.9%
Current smoker	9.2%	17.7%
Used e-cigarettes in the last year	5.2%	16.0%
Exposed to second hand smoke (most / some of the time)	23.8%	23.8%
Drink alcohol	2.6%	68.6%
Meet target of 5+ portions of fruit/vegetables per day	18.4%	33.8%
Meet target for physical activity (150+ minutes per week)	55.9%	70.3%
Feel isolated from family and friends	20.4%	19.6%
Felt lonely in the last two weeks	22.4%	25.0%
Feel they belong to the local area	68.4%	77.9%
Feel local people can influence local decisions	63.5%	67.6%
Feel valued as a member of the community	60.4%	61.2%
Feel safe using public transport	81.8%	87.7%
Feel safe walking alone in area, even after dark	54.8%	69.1%
Has caring responsibilities	14.4%	21.4%
Experienced crime in the last year	12.8%	11.4%
Value local friendships	70.8%	73.1%
Volunteered formally in last year	11.4%	18.9%
Volunteered overall in last year	15.7%	25.9%
Positive perception of trust	64.0%	76.2%
Positive perception of reciprocity	62.1%	74.4%

Indicator	2024 Minority Ethnic HWBS – Pakistani, Scottish Pakistani or British Pakistani Sample (N=399)	2022/23 Main HWBS (N=10,030)
Positive perception of social support	81.8%	84.2%
Belong to clubs, associations, groups	21.1%	25.9%
Engaged in social activism	4.0%	11.4%
All household income from state benefits	12.0%	13.0%
Difficulty meeting costs of food/energy	35.5%	38.0%
Indicators of difficulties affording energy	34.4%	40.3%
No qualifications	15.7%	14.3%
Difficulty finding unexpected sum - £35	18.5%	15.1%
Difficulty finding unexpected sum - £165	44.5%	40.7%
Difficulty finding unexpected sum - £1600	73.0%	73.5%
Economically active	51.0%	55.4%
Experienced food insecurity in the last year	20.0%	17.1%
Positive perception of adequacy of household income	74.0%	72.4%

Polish

	Polish	2024 Minority Ethnic HWBS	2022/23 Main HWBS
16-34 years	40%	47%	*33.3%*
35-54 years	40%	41%	*31.0%*
55+	9%	13%	*35.6%*
Male	47%	50%	*48.3%*
Female	53%	50%	*51.7%*
Most deprived 15% areas[15]	75%	46%	*28.2%*
Lived in UK for 10+ years	74%	44%	*unavailable*

[15] It was not possible to weight BME survey data for deprivation as the 2022 census deprivation data were not available at the time of analysis

Variables (Interactive Tables) Showing Significantly Better, Worse or No Difference between the Polish Sample of the 2024 Minority Ethnic HWBS and the 2022/23 Main HWBS

Significantly better than 2022/23 Main HWBS
Significantly worse than 2022/23 Main HWBS
No significant difference to the 2022/23 Main HWBS

Indicator	2024 Minority Ethnic HWBS – Polish Sample (N=375)	2022/23 Main HWBS (N=10,030)
Positive perception of general health	74.6%	74.2%
Positive perception of physical wellbeing	75.8%	79.1%
Positive perception of mental or emotional wellbeing	75.2%	80.7%
Positive perception of quality of life	78.3%	84.0%
Definitely feel in control of decisions affecting life	65.9%	69.0%
Long-term limiting condition or illness	27.7%	31.1%
Receiving treatment for one or more conditions	34.0%	45.9%
Current smoker	27.2%	17.7%
Used e-cigarettes in the last year	22.0%	16.0%
Exposed to second hand smoke (most / some of the time)	34.8%	23.8%
Drink alcohol	55.8%	68.6%
Meet target of 5+ portions of fruit/vegetables per day	37.3%	33.8%
Meet target for physical activity (150+ minutes per week)	68.6%	70.3%
Feel isolated from family and friends	25.9%	19.6%
Felt lonely in the last two weeks	23.1%	25.0%
Feel they belong to the local area	64.6%	77.9%
Feel local people can influence local decisions	53.0%	67.6%
Feel valued as a member of the community	49.3%	61.2%
Feel safe using public transport	77.3%	87.7%
Feel safe walking alone in area, even after dark	57.0%	69.1%
Has caring responsibilities	11.4%	21.4%
Experienced crime in the last year	17.2%	11.4%

Indicator	2024 Minority Ethnic HWBS – Polish Sample (N=375)	2022/23 Main HWBS (N=10,030)
Value local friendships	63.3%	73.1%
Volunteered formally in last year	11.1%	18.9%
Volunteered overall in last year	17.3%	25.9%
Positive perception of trust	59.0%	76.2%
Positive perception of reciprocity	55.7%	74.4%
Positive perception of social support	75.4%	84.2%
Belong to clubs, associations, groups	8.9%	25.9%
Engaged in social activism	7.0%	11.4%
All household income from state benefits	9.8%	13.0%
Difficulty meeting costs of food/energy	33.6%	38.0%
Indicators of difficulties affording energy	28.8%	40.3%
No qualifications	13.9%	14.3%
Difficulty finding unexpected sum - £35	13.7%	15.1%
Difficulty finding unexpected sum - £165	49.1%	40.7%
Difficulty finding unexpected sum - £1600	83.7%	73.5%
Economically active	72.0%	55.4%
Experienced food insecurity in the last year	20.1%	17.1%
Positive perception of adequacy of household income	71.3%	72.4%

APPENDIX G: SURVEY QUESTIONNAIRE

Survey introductions

CAPI INTRO

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 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 2015/16.

The survey will take around 30 minutes to complete. [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, unless your permission is otherwise sought.

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.

Just to confirm, your responses will be treated in the strictest confidence. BMG Research abides by the Market Research Society Code of Conduct and data protection laws at all times. Please note consent is audio recorded.

You can find out more information about our surveys and what we do with the information we collect in our Privacy Notice which is on our website.

I can give you the website address (https://www.bmgresearch.co.uk/privacy).

Ensure calling card provided if request more detail about BMG including about privacy notice

INTERVIEWER: Confirm respondent happy to proceed with the survey

✓ Informed consent provided **[TICK BOX, DO NOT ALLOW TO PROCEED WITHOUT TICKED]**

Screening

INTRO TEXT

We are interested in speaking to people of an Indian, Scottish Indian or British Indian, Pakistani, Scottish Pakistani or British Pakistani, Chinese, Scottish Chinese or British Chinese, Polish, African, Scottish African or British African, Caribbean or Arab, Scottish Arab or British Arab background.

Base: All respondents

SINGLE RESPONSE

T06. Which of the groups on this card best describes you?

Please use showcard 1 and select one only

Fixed codes	Answer list	Scripting notes	Routing
	White	**HEADING NOT CODE**	
1	Scottish		**SCREENOUT**
2	Other British		**SCREENOUT**
3	Irish		**SCREENOUT**
4	Polish		
5	Gypsy/Traveller		**SCREENOUT**
6	Roma		**SCREENOUT**
7	Showman/showwoman		**SCREENOUT**
8	Other White ethnic group, please specify BACKCODE AND LIST	**ADD A TEXT BOX**	**SCREENOUT**
	Mixed	**HEADING NOT CODE**	
9	Any mixed or multiple ethnic background, please specify LIST	**ADD A TEXT BOX**	**SCREENOUT**
	Asian, Scottish Asian or British Asian	**HEADING NOT CODE**	
10	Pakistani, Scottish Pakistani or British Pakistani		
11	Indian, Scottish Indian or British Indian		
12	Bangladeshi, Scottish Bangladeshi or British Bangladeshi		**SCREENOUT**
13	Chinese, Scottish Chinese or British Chinese		
14	Other, please specify BACKCODE AND LIST	**ADD A TEXT BOX**	**SCREENOUT**
	African	**HEADING NOT CODE**	
15	African, Scottish African or British African		

16	Other, please specify BACKCODE AND LIST	**ADD A TEXT BOX**	
	Caribbean or Black	**HEADING NOT CODE**	
17	Caribbean, Scottish Caribbean or British Caribbean		
18	Other, please specify BACKCODE AND LIST	**ADD A TEXT BOX**	**SCREENOUT**
	Other ethnic group	**HEADING NOT CODE**	
19	Arab, Scottish Arab or British Arab		
95	Other, please specify BACKCODE AND LIST	**ADD A TEXT BOX**	**SCREENOUT**
97	Don't know		**SCREENOUT**
98	Prefer not to say		**SCREENOUT**

BASE: ALL RESPONDENTS

SINGLE RESPONSE

T03. How do you describe your gender?

Please select one only

Code	Answer list	Scripting notes	Routing
1	Male		
2	Female		
3	Non-Binary		
95	Or do you describe yourself another way (Please specify)	**ADD OPEN TEXT BOX**	
98	Prefer not to say		

Base: All respondents

SINGLE RESPONSE

T04. Would you mind indicating which age band you fit into?

Showcard 2 and select one only

Fixed codes	Answer list	Scripting notes	Routing
1	16-19		
2	20-24		
3	25-29		
4	30-34		
5	35-39		
6	40-44		

7	45-49		
8	50-54		
9	55-59		
10	60-64		
11	65-74		
12	75+		
98	Prefer not to say		

Section A: PERCEPTIONS OF HEALTH & ILLNESS

INTRO TEXT

I'd like to start by asking you some questions about your health.

Base: All respondents

SINGLE CODE

A01. How would you describe your health?

Please use showcard 3 and select one only

Fixed codes	Answer list	Scripting notes	Routing
1	Very good		
2	Good		
3	Fair		
4	Bad		
5	Very bad		
97	Don't know	**FIX, EXCLUSIVE**	

Base: All respondents

GRID, SINGLE RESPONSE PER ROW

A02. Looking at the faces on the card...?

Please use showcard 4 (with faces on) and select one per statement

Row Code	Row list	Scripting notes	Routing
1	Which face best rates your overall quality of life?		
2	Which face best rates your general physical well-being?		

3	Which face best rates your general mental or emotional well-being?		

Column code	Column list	Scripting notes	Routing
1	1		
2	2		
3	3		
4	4		
5	5		
6	6		
7	7		
97	Don’t know	**FIX, EXCLUSIVE**	

Base: All respondents

SINGLE RESPONSE

A03. Do you feel in control of decisions that affect your life, such as planning your budget, moving house or changing job?

Read out and select one only

Fixed codes	Answer list	Scripting notes	Routing
1	Definitely		
2	To some extent		
3	No		
97	Don’t know	**FIX, EXCLUSIVE**	

Base: All respondents

SINGLE RESPONSE

A04. Do you have any long-term condition or illness that substantially interferes with your day-to-day activities?

Please select one only

Fixed codes	Answer list	Scripting notes	Routing
1	Yes		**GO TO A05**
2	No		
98	Prefer not to say		

ASK IF YES (CODE 1) AT A04 = YES

MULTICODE

A05. Thinking of these conditions and/or illnesses, would you describe yourself as having…?

Read out and select all that apply

Fixed codes	Answer list	Scripting notes	Routing
1	A physical disability		
2	A mental or emotional health problem		
3	A long-term illness		
97	Don't know	**FIX, EXCLUSIVE**	

All respondents

OPEN RESPONSE, FORCE NUMERIC, CAP AT 30

A06. How many illnesses or conditions are you currently being treated for?

Please use showcard 5 (with list of illnesses/conditions) and type response in the box below

[_____]

Fixed codes	Answer list	Scripting notes	Routing
98	Prefer not to say	**FIX, EXCLUSIVE**	

Base: If T03 = Female and T04 = 25 to 64

SINGLE RESPONSE

AA01. Have you ever been invited for a Cervical Screening (smear test)?

Select one only

Fixed codes	Answer list	Scripting notes	Routing
1	Yes		**GO TO AA02**
2	No		**GO TO AA04**
97	Don't know		**GO TO AA04**
98	Prefer not to say		**GO TO AA04**

Base: If AA01 = Yes

SINGLE RESPONSE

AA02. Did you attend the Cervical Screening (smear test)?

Select one only

Fixed codes	Answer list	Scripting notes	Routing
1	Yes		**GO TO AA04**
2	No		**GO TO AA03**
98	Prefer not to say		**GO TO AA04**

Base: If AA02 = No

MULTICODE

AA03. Why did you not attend the Cervical Screening (smear test)?

Select all that apply

Fixed codes	Answer list	Scripting notes	Routing
1	Appointment times inconvenient		
2	Embarrassment		
3	Modesty issues		
4	Goes against my culture / beliefs		
5	Gender of the clinician		
6	Do not have time / too busy		
7	Do not know how to make an appointment		
8	Location difficult to get to		
95	Other (please specify) BACKCODE AND LIST		
97	Don't know		
98	Prefer not to say		

Base: If T03 = Female and T04 = 50 to 74

SINGLE RESPONSE

AA04. Have you ever been invited for a Breast Screening?

Select one only

Fixed codes	Answer list	Scripting notes	Routing
1	Yes		**GO TO AA05**
2	No		**GO TO AA07**
97	Don't know		**GO TO AA07**
98	Prefer not to say		**GO TO AA07**

Base: If AA04 = Yes

SINGLE RESPONSE

AA05. Did you attend the Breast Screening?

Select one only

Fixed codes	Answer list	Scripting notes	Routing
1	Yes		**GO TO AA07**
2	No		**GO TO AA06**
98	Prefer not to say		**GO TO AA07**

Base: If AA05 = No

MULTICODE

AA06. Why did you not attend the Breast Screening?

Select all that apply

Fixed codes	Answer list	Scripting notes	Routing
1	Appointment times inconvenient		
2	Embarrassment		
3	Modesty issues		
4	Goes against my culture / beliefs		
5	Gender of the clinician		
6	Do not have time / too busy		
7	Do not know how to make an appointment		
8	Location difficult to get to		
95	Other (please specify) BACKCODE AND LIST		
97	Don't know		
98	Prefer not to say		

Base: If T04 = 50 to 74

SINGLE RESPONSE

AA07. Have you ever been invited for Bowel Screening?

Select one only

Fixed codes	Answer list	Scripting notes	Routing
1	Yes		**GO TO AA08**
2	No		**GO TO A07**
97	Don't know		**GO TO A07**
98	Prefer not to say		**GO TO A07**

Base: If AA07 = Yes

SINGLE RESPONSE

AA08. Did you complete the home test for Bowel Screening?

Select one only

Fixed codes	Answer list	Scripting notes	Routing
1	Yes		**GO TO A07**
2	No		**GO TO AA09**
98	Prefer not to say		**GO TO A07**

Base: If AA08 = No

MULTICODE

AA09. Why did you not complete the home test?

Select all that apply

Fixed codes	Answer list	Scripting notes	Routing
1	Didn't understand the instructions		
2	Embarrassment		
3	It is disgusting/dirty		
4	Goes against my culture / beliefs		
5	Fear/don't want to know the result		
6	Do not have time / too busy		
7	I didn't receive (or haven't yet received) the home test		
95	Other (please specify) BACKCODE AND LIST		
97	Don't know		
98	Prefer not to say		

Base: All respondents

SINGLE RESPONSE

A07. How would you describe the current state of the health of your mouth and teeth?

Please use showcard 6 and select one only

Fixed codes	Answer list	Scripting notes	Routing
1	I feel my mouth and teeth are in good health		
2	I feel my mouth and teeth have some problems that need to be fixed		
3	I feel my mouth and teeth are in a poor state		
98	Prefer not to say		

Base: All respondents

MULTICODE

A08. Which of the following services have you attended with a dental problem in the last two years?

Please use showcard 7 and select all that apply

Fixed codes	Answer list	Scripting notes	Routing
1	High street dental practice		
2	Out of Hours/Emergency dental service		
3	Accident and Emergency Department		
4	Medical GP		
5	Pharmacist		
6	No services required	**FIX, EXCLUSIVE**	
97	Don't know	**FIX, EXCLUSIVE**	

INTRO TEXT

There is strong recent evidence and support from UK Chief Medical Officers that adding fluoride to water supplies will help reduce tooth decay. This question is only intended to explore your attitude towards this. The issue would be subject to formal public consultation before any future decisions were taken

Base: All respondents

SINGLE CODE

Please use showcard 8 and select one only

A09. Do you agree or disagree with the following statement: I am open to the possibility of water fluoridation in my local area?

Column code	Column list	Scripting notes	Routing
1	Agree		
2	Neither agree nor disagree		
3	Disagree		
4	Unsure/I don't know what water fluoridation is		

Base: All respondents

GRID, SINGLE RESPONSE PER ROW

A10. How has the following changed for you due to the COVID pandemic?

Please use showcard 9 and select one per statement

Row Code	Row list	Scripting notes	Routing
1	Quality of life		
2	General physical well- being		
3	General mental or emotional well-being		
4	Feel in control of decisions that affect your life		
5	Physical Disability		
6	Mental or emotional health problem		
7	Long-term illness		

Column code	Column list	Scripting notes	Routing
1	Improved a lot		
2	Improved a little		
3	Much the same		
4	Deteriorated a little		
5	Deteriorated a lot		
6	Changed, however, not due to Covid pandemic		
97	Don't know	**FIX, EXCLUSIVE**	

Section B: HEALTH BEHAVIOURS

INTRO TEXT

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

Base: All respondents

MULTICODE

B01. Are you exposed to other people's tobacco smoke in any of these places?

Please use showcard 10 and select all that apply

Fixed codes	Answer list	Scripting notes	Routing
1	At own home		
2	At work		
3	In other people's homes		
4	In cars, vans etc		
5	Outside of buildings (e.g., pubs, shops, hospitals)		
6	In other public places		
7	No, none of these	**FIX, EXCLUSIVE**	
97	Don't know	**FIX, EXCLUSIVE**	

Base: All respondents

SINGLE CODE

Please use showcard 11 and select one only

B02. How often are you in places where there is smoke from other people smoking tobacco?

Column code	Column list	Scripting notes	Routing
1	Most of the time		
2	Some of the time		
3	Seldom		
4	Never		
97	Don't know	**FIX, EXCLUSIVE**	

Base: All respondents

SINGLE CODE

B03. 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/VAPES.

Please use showcard 12 and select one only

Fixed codes	Answer list	Scripting notes	Routing
1	I have never smoked tobacco		
2	I have only tried smoking once or twice		
3	I have given up smoking		
4	I smoke some days		**GO TO B04**
5	I smoke every day		**GO TO B04**
98	Prefer not to say		

Base: Those who smoke some days or every day (code 4 or 5) at B03

SINGLE CODE

B04. Which of the following statements best describes you?

Please use showcard 13 and select one only

Fixed codes	Answer list	Scripting notes	Routing
1	I REALLY want to stop smoking and intend to in the next month		
2	I REALLY want to stop smoking and intend to in the next 3 months		
3	I want to stop smoking and hope to soon		
4	I REALLY want to stop smoking but I don't know when I will		
5	I want to stop smoking but haven't thought about when		
6	I'm thinking I should stop smoking but don't really want to		
7	I don't want to stop smoking		
98	Prefer not to say		

Base: All respondents

SINGLE CODE

B05. Have you used an electronic cigarette or VAPES in the last year?

Please use showcard 14 and select one only

Fixed codes	Answer list	Scripting notes	Routing
1	Yes – every day		
2	Yes – some days		
3	Once or twice		
4	No		
98	Prefer not to say		

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

INTRO TEXT

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

Base: All respondents

SINGLE CODE

B06. How often do you have a drink containing alcohol?

Please use showcard 15 and select one only

Fixed codes	Answer list	Scripting notes	Routing
1	Never		
2	Monthly or less		**GO TO B07**
3	2-4 times per month (this includes once a week)		**GO TO B07**
4	2-3 times per week		**GO TO B07**
5	4+ times per week		**GO TO B07**
98	Prefer not to say		

ASK IF B06 = 2 TO 5

SINGLE CODE

B07. How many units of alcohol do you drink on a typical day when you are drinking?

Please use showcard 16 (which includes details of units) and select one only

Fixed codes	Answer list	Scripting notes	Routing
1	0-2		
2	3-4		
3	5-6		
4	7-9		
5	10 or more		
98	Prefer not to say		

ASK IF B06 = 2 TO 5

GRID, SINGLE RESPONSE PER ROW

B08. How often in the last year has the following happened?

Please use showcard 17 and select one per statement

Row Code	Row list	Scripting notes	Routing
1	Had 6 or more units if female, or 8 or more if male, on a single occasion		
2	You have found that you were not able to stop drinking once you had started		
3	You have failed to do what was normally expected from you because of your drinking		
4	You have needed an alcoholic drink in the morning to get yourself going after a heavy drinking session		
5	You have had a feeling of guilt or remorse after drinking		
6	You have been unable to remember what happened the night before because you had been drinking		

Column code	Column list	Scripting notes	Routing
1	Never		
2	Less than monthly		
3	Monthly		
4	Weekly		
5	Daily or almost daily		
98	Prefer not to say		

ASK IF B06 = 2 TO 5

SINGLE RESPONSE

B09. Have you or somebody else been injured as a result of your drinking?

Please select one only

Fixed codes	Answer list	Scripting notes	Routing
1	No		
2	Yes, but not in the last year		
3	Yes, during the last year		
98	Prefer not to say		

ASK IF B06 = 2 TO 5

SINGLE RESPONSE

B10. Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested that you cut down?

Please select one only

Fixed codes	Answer list	Scripting notes	Routing
1	No		
2	Yes, but not in the last year		
3	Yes, during the last year		
98	Prefer not to say		

Base: All respondents

SINGLE RESPONSE

B11A. 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 select one only

Fixed codes	Answer list	Scripting notes	Routing
1	The right amount		
2	Too many		
3	Too few		
97	Don't know		

Base: All respondents

SINGLE RESPONSE

B11B. 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 select one only

Fixed codes	Answer list	Scripting notes	Routing
1	The right amount		
2	Too many		
3	Too few		
97	Don't know		

Base: All respondents

OPEN RESPONSE, FORCE NUMERIC, CAP AT 30

B12. 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.

Please record number in the box below if less than one, write '0'

[_____]

Fixed codes	Answer list	Scripting notes	Routing
97	Don't know	**FIX, EXCLUSIVE**	

Base: All respondents

OPEN RESPONSE, FORCE NUMERIC, CAP AT 30

B13. Yesterday, how many portions of vegetables or salad (not counting potatoes) did you eat? A portion of vegetables is 3 tablespoons.

Please record number in the box below if less than one, write '0'

[_____]

Fixed codes	Answer list	Scripting notes	Routing
97	Don't know	**FIX, EXCLUSIVE**	

INTRO TEXT

The next questions look at how active you are.

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.

Base: All respondents

OPEN RESPONSE, FORCE NUMERIC, CAP AT 7

B14. How many days in the past week have you been physically active for a total of 30 minutes or more?

Please use showcard 18

The types of activity included for this question are activities that increase your heart rate, make you feel warmer and make 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. The 30 minutes can be obtained by adding smaller bouts of not less than 10 minutes.

Remember vigorous activity such as running counts for double. If the person is unable to sing, or needing to take breaths between words, they are likely to be doing vigorous physical activity. Every minute of vigorous activity equals 2 minutes of moderate activity.

Please record number in the box below

[_____]

Fixed codes	Answer list	Scripting notes	Routing
97	Don't know	**FIX, EXCLUSIVE**	

Base: Those active for four days or less at B14 (0 to 4)

SINGLE RESPONSE

B15. Have you been physically active for at least two and a half hours (150 minutes) over the course of the past week?

Please select one only

Fixed codes	Answer list	Scripting notes	Routing
1	Yes		
2	No		

Base: All respondents

OPEN RESPONSE, FORCE NUMERIC, CAP AT 7

B16. In the past week, on how many days have you done strength and balance physical activities that make your muscles become warm, shake and/or burn? This includes weight training; exercise; sport; heavy housework; DIY or gardening.

Please use showcard 19 (which shows examples)

Showcard list
Weight training (e.g., free weights, weight machines or resistance bands)
Bodyweight exercises (e.g., press-ups, sit-ups)
Yoga/Pilates/Gymnastics/Stretching sessions
Impact sports (e.g., Football/Rugby/Badminton/Tennis/Squash)
Heavy manual work (e.g., digging/moving heavy loads)
Gardening (e.g., mowing/digging/planting)
Heavy housework (e.g., moving heavy furniture/walking with heavy shopping)

Please record number in the box below

[_____]

Fixed codes	Answer list	Scripting notes	Routing
97	Don't know	**FIX, EXCLUSIVE**	

INTRO TEXT

The next question is about the impact COVID-19 has had on your Physical Activity Levels.

Base: All respondents

SINGLE RESPONSE

B17. Since the COVID-19 pandemic started in March 2020, which of the following statements best describes your physical activity levels?

Please use showcard 20 and select one only

Fixed codes	Answer list	Scripting notes	Routing
1	Physically active more often		
2	Physically active less often		
3	No change to physical activity		

Base: All respondents

OPEN RESPONSE, FORCE NUMERIC

B18. On an average day, in the last seven days, how long did you spend sitting, reclining or lying down?

Please estimate the time on an average (normal) day in the last seven days. We realise this will vary over the week, but try to give an estimate. We are interested in your sedentary behaviour, which is any time you spend sitting, reclining and lying down. This may include time spent sitting at a desk, sitting in a motor vehicle, reading, playing video games, sitting or lying down to watch television (please don't count the time asleep).

Please type your response in the box below HOURS/MINUTES

[_____]

Section C: SOCIAL HEALTH

Base: All respondents

SINGLE RESPONSE

C01. Do you ever feel isolated from family and friends?

Please select one only

Fixed codes	Answer list	Scripting notes	Routing
1	Yes		**GO TO CC01**
2	No		**GO TO C02**
98	Prefer not to say		**GO TO C03**

Base: If C01 = Yes

SINGLE RESPONSE

CC01. How often do you feel isolated from family and friends?

Please use Showcard 21 and select one only

Fixed codes	Answer list	Scripting notes	Routing
1	All of the time		
2	Often		
3	Some of the time		
4	Rarely		
98	Prefer not to say		

Base: Those who answered Yes or No to C01

SINGLE RESPONSE

C02. Has this changed due to the COVID pandemic?

Please select one only

Fixed codes	Answer list	Scripting notes	Routing
1	Yes, changed for the better		
2	Yes, changed for the worse		
3	No change		
97	Don’t know		

Base: All respondents

SINGLE RESPONSE

C03. How often have you felt lonely in the past two weeks?

Please use Showcard 22 and select one only

Fixed codes	Answer list	Scripting notes	Routing
1	All of the time		
2	Often		
3	Some of the time		
4	Rarely		
5	Never		
98	Prefer not to say		

Base: All respondents

SINGLE RESPONSE

C04. Compared to before the COVID pandemic which started in March 2020 how lonely have you felt?

Please select one only

Fixed codes	Answer list	Scripting notes	Routing
1	More lonely		
2	Same as before		
3	Less lonely		
4	Never felt lonely		
98	Prefer not to say		

Base: All respondents

GRID, SINGLE RESPONSE PER ROW

C05. How much do you agree or disagree with the following statements about living in this local area?

Please use showcard 23 and select one per statement

Row Code	Row list	Scripting notes	Routing
1	I feel I belong to this local area		
2	I feel valued as a member of my community		
3	By working together, people in my neighbourhood can influence decisions that affect my neighbourhood		

Column code	Column list	Scripting notes	Routing
1	Strongly agree		
2	Agree		
3	Neither agree nor disagree		
4	Disagree		
5	Strongly disagree		
97	Don't know	**FIX, EXCLUSIVE**	

BASE: ALL RESPONDENTS

GRID, SINGLE RESPONSE PER ROW

C06. Please look at the card I've given you and tell me what you think of the quality of services in your area

Please use showcard 24 and select one per statement

Row Code	Row list	Scripting notes	Routing
1	Food shops		
2	Local schools		
3	Public transport		
4	Activities for young people		
5	Leisure / sports facilities		
6	Childcare provision		
7	Police		
8	GP/Doctor		
9	Out of hours medical service		
10	Nurse Led clinics such as asthma clinic, flu vaccination, child healthcare		
11	NHS Dentist		

Column code	Column list	Scripting notes	Routing
1	Excellent		
2	Good		
3	Adequate/Ok		
4	Poor		
5	Very poor		
97	Don't Know		

Base: All respondents

SINGLE RESPONSE

CC02. Are you aware of NHS Greater Glasgow and Clyde interpreting service?

Please use Showcard 25 (which shows interpreting service leaflet) and select one only

Fixed codes	Answer list	Scripting notes	Routing
1	Yes		**CC03**
2	No		**C07**
98	Prefer not to say		**C07**

Base: If CC02 = Yes

SINGLE RESPONSE

CC03. Have you ever used the interpreting service for appointments with the NHS (general practitioner or hospital services)?

Select one only

Fixed codes	Answer list	Scripting notes	Routing
1	Yes		**CC04**
2	No		**C07**
3	Service not required		**C07**
97	Don't know		**C07**
98	Prefer not to say		**C07**

Base: If CC03 = Yes

SINGLE RESPONSE

CC04. How did you access the interpreting service? If you have used the interpreting service, more than once please consider your most recent occasion.

Please use Showcard 26 and select one only

Fixed codes	Answer list	Scripting notes	Routing
1	Clinical/ward staff arranged this		
2	I contacted interpreting service by telephone		
3	I accessed interpreting service via the phone app		
95	Other (please specify) BACKCODE AND LIST		
97	Don't know		
98	Prefer not to say		

Base: If CC03 = Yes

SINGLE RESPONSE

CC05. Where was your appointment? If you have used the interpreting service, more than once please consider your most recent occasion.

Please use Showcard 27 and select one only

Fixed codes	Answer list	Scripting notes	Routing
1	GP Practice		
2	Dentist		
3	Optician		
4	Outpatient clinic		
5	Hospital / ward inpatient		
6	Mental health service		
7	Maternity service		
95	Other (please specify) BACKCODE AND LIST		
97	Don't know		
98	Prefer not to say		

BASE: ALL RESPONDENTS

SINGLE RESPONSE PER ROW

C07. 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.

Please use showcard 28 and select one per statement

Row Code	Row list	Scripting notes	Routing
1	Anti-social behaviour		
2	Any type of theft or burglary		
3	Vandalism		
4	Physical attack		

Column code	Column list	Scripting notes	Routing
1	Yes		
2	No		
97	Don’t know		
98	Refused		

Base: All respondents

GRID, SINGLE RESPONSE PER ROW

C08. How much do you agree or disagree with the following statements about safety in this local area?

Please use showcard 29 and select one per statement

Row Code	Row list	Scripting notes	Routing
1	I feel safe using public transport in this local area		
2	I feel safe walking alone around this local area even after dark		

Column code	Column list	Scripting notes	Routing
1	Strongly agree		
2	Agree		
3	Neither agree nor disagree		
4	Disagree		
5	Strongly disagree		
97	Don't know		

Base: All respondents

GRID SINGLE RESPONSE PER ROW, RANDOMISE ROWS

CC06. Now some questions about things that may or may not be a problem in your local area. Which face best describes how you feel about…? **[B01 from online survey]**

Please use showcard 30 (with faces on) and select one for each statement

Row Code	Row list	Scripting notes	Routing
1	The level of unemployment in your area		
2	The amount of drug activity in your area		
3	The level of alcohol consumption in your area		
4	People being attacked or harassed because of their skin colour, ethnic origin or religion		
5	The amount of troublesome neighbours in your area		

Column code	Column list	Scripting notes	Routing
1	1 Happy		
2	2		
3	3		
4	4		
5	5		
6	6		
7	7 Unhappy		
8	Not a problem		
97	Don't know		
98	Prefer not to say		

Base: All respondents

SINGLE RESPONSE

C09. 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.

Please select one only

Fixed codes	Answer list	Scripting notes	Routing
1	Yes		
2	No		

Section D: Social Capital

Base: All respondents

GRID, SINGLE RESPONSE PER ROW

D01. How much do you agree or disagree with the following statements about living in this local area?

Please use showcard 31 and select one per statement

Row Code	Row list	Scripting notes	Routing
1	This is a neighbourhood where neighbours look out for each other		
2	Generally speaking, I can trust people in my local area		

3	The friendships and associations I have with other people in my local area mean a lot to me		
4	If I have a problem, there is always someone to help me		

Column code	Column list	Scripting notes	Routing
1	Strongly agree		
2	Agree		
3	Neither agree nor disagree		
4	Disagree		
5	Strongly disagree		
97	Don't know		

Base: All respondents

SINGLE RESPONSE

D02. 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? (For example, helping out at schools, youth clubs, health and wellbeing charities, sport and exercise clubs, local community groups and faith-based organisations).

Please select one only

Fixed codes	Answer list	Scripting notes	Routing
1	Yes		
2	No		

Base: All respondents

SINGLE RESPONSE

D03. Thinking back over the last 12 months, have you given any voluntary unpaid help as an individual (not through a group or organisation) to help other people outside your family, or to support your local environment? (For example, keeping in touch with someone who is at risk of being lonely; helping a neighbour through shopping, collecting pension, household chores; or helping to improve your local environment e.g. litter picking but not as part of an organised activity)

Please select one only

Fixed codes	Answer list	Scripting notes	Routing
1	Yes		
2	No		

Base: All respondents

SINGLE RESPONSE

D04. Do you belong to any social clubs, associations, church groups, faith organisations, mosques or anything similar?

Please select one only

Fixed codes	Answer list	Scripting notes	Routing
1	Yes		
2	No		

Base: All respondents

SINGLE RESPONSE

D05. 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.

Please select one only

Fixed codes	Answer list	Scripting notes	Routing
1	Yes		
2	No		

Section E: Financial Wellbeing

Base: All respondents

SINGLE RESPONSE

E01. What proportion of your household income comes from state benefits (e.g., Universal Credit, Carer's Allowance, Disability Living Allowance/Adult Disability Payment, Child Disability Payment, Best Start payments)?

Showcard 32 and select one only

Fixed codes	Answer list	Scripting notes	Routing
1	None		
2	Very little		
3	About a quarter		
4	About a half		
5	About three quarters		
6	All		
97	Don't know		
98	Prefer not to say		

E02. Thinking of the total income of your household, which face on the scale indicates how you feel about the adequacy of that income?

Please use Showcard 33 (with faces on) and select one answer only

Fixed codes	Answer list	Scripting notes	Routing
1	1 Happy		
2	2		
3	3		
4	4		
5	5		
6	6		
7	7 Unhappy		
97	Don't know	**FIX, EXCLUSIVE**	
98	Prefer not to say	**FIX, EXCLUSIVE**	

Base: All respondents

GRID, SINGLE RESPONSE PER ROW

E03. How often, if at all, over the past year have you found it difficult to meet the cost of the following?

Please use showcard 34 and select one per statement

Row Code	Row list	Scripting notes	Routing
1	Rent/mortgage		
2	Gas, electricity and other fuel bills		
3	Telephone or mobile phone bill		
4	Broadband/internet data		
5	Council tax, insurance		
6	Food		
7	Clothes and shoes		
8	Transport		
9	Credit card payments		
10	Loan repayments		
11	Nursery/school activities		
12	Child care		
13	Treats		
14	Holidays		

Column code	Column list	Scripting notes	Routing
1	Very often		
2	Quite often		
3	Occasionally		
4	Never		
96	N/A – do not have that cost		
97	Don’t know		
98	Prefer not to say		

Base: All respondents

GRID, SINGLE RESPONSE PER ROW

E04. 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 …

Please use showcard 35 and select one per statement

Row Code	Row list	Scripting notes	Routing
1	£35		
2	£165		
3	£1,600		

Column code	Column list	Scripting notes	Routing
1	No problem		
2	A bit of a problem		
3	A big problem		
4	Impossible to find		
97	Don’t know		

Base: All respondents

MULTICODE

E05. If you suddenly had to find a sum of money to meet an unexpected bill, where would you get the money from?

Please use showcard 36 and select all that apply

Fixed codes	Answer list	Scripting notes	Routing
1	Savings		
2	Economising in other areas of expenditure		
3	Credit card/store card		
4	Cash Converter		
5	Payday loan company		
6	Bank loan		
7	Credit at store		
8	Buy now, pay later scheme' i.e. Clearpay, Klarna		
9	Doorstep Lender		
10	Friends/family		
95	Other (please specify) BACKCODE AND LIST		
97	Don't know	**FIX, EXCLUSIVE**	

Base: All respondents

SINGLE RESPONSE

E06. In the last 6 months, for how many months have you had to use a source of credit (i.e., credit card) to cover essential living costs due to a lack of money that you may struggle to pay off?

Prompt if necessary: By essential living costs we mean things like household bills, food or fuel bills, school uniforms etc.

Please select one only

Fixed codes	Answer list	Scripting notes	Routing
1	1 month		
2	2 months		
3	3 months		
4	More than 3 months		
5	None		
98	Prefer not to say		

Base: Those in receipt of benefits (E01 is not None)

GRID, SINGLE RESPONSE PER ROW

E07. In the last year have you experienced the following?

Select one per statement

Row Code	Row list	Scripting notes	Routing
1	Benefits Sanctions		
2	Delays in benefit payments		

Column code	Column list	Scripting notes	Routing
1	Yes		
2	No		
97	Don't know		
98	Refused		

Base: Those in receipt of benefits (E01 is not None)

SINGLE RESPONSE

E08. Have you or your household been affected by benefit changes in the last 12 months (e.g., Universal Credit, Carer's Allowance, Disability Living Allowance/Adult Disability Payment, Child Disability Payment, Best Start payments)?

Please select one only

Fixed codes	Answer list	Scripting notes	Routing
1	Yes		**GO TO E09**
2	No		
97	Don't know		

ASK IF E08 CODE 1

SINGLE RESPONSE

E09. Is your household…?

Please select one only

Fixed codes	Answer list	Scripting notes	Routing
1	Financially better off under benefit changes		
2	Financially worse off under benefit changes		
3	Made no difference		
97	Don't know		

Now I would like to ask you some questions about your food consumption in the last 12 months.

Base: All respondents

GRID, SINGLE RESPONSE PER ROW

E10A. During the last 12 months was there a time when…?

Select one per statement

Row Code	Row list	Scripting notes	Routing
1	You were worried you would run out of food because of a lack of money or other resources?		
2	You were unable to eat healthy and nutritious food because of a lack of money or other resources?		
3	You ate only a few kinds of food because of a lack of money or other resources?		
4	You had to skip a meal because there was not enough money or other resources to get food?		
5	You ate less than you thought you should because of a lack of money or other resources?		
6	Your household ran out of food because of a lack of money or other resources?		
7	You were hungry but did not eat because there was not enough money or other resources for food?		
8	You went without eating for a whole day because of a lack of money or other resources?		

Column code	Column list	Scripting notes	Routing
1	Yes		
2	No		
97	Don’t know		
98	Prefer not to say		

We would now like to ask you some questions about your fuel consumption in the last 12 months.

Base : All respondents

SINGLE RESPONSE

E10B. How do you usually pay for your energy?

Please select one only

Fixed codes	Answer list	Scripting notes	Routing
1	Pay by regular direct debit or standing order		
2	Pay on receive of a bill by cash/cheque/debit or credit card		
3	Have a pre-payment meter (i.e pay in advance by putting credit on a key, card or App)		
95	Pay in another way (please specify)		
97	Don’t know		

Base: All respondents

GRID, SINGLE RESPONSE PER ROW

E10C. During the last 12 months was there a time when…?

Select one per statement

Row Code	Row list	Scripting notes	Routing
1	You were worried you would not be able to afford to use your gas and/or electricity at home?		
2	You had to make a choice between paying for gas and/or electricity for your home or other household bills or essentials?		
3	You were unable to work or study at home because you were worried about your gas and/or electricity use?		
4	You ate only a few kinds of food to reduce the amount of gas and/or electricity used?		
5	You skipped a meal because you did not want to use your gas and/or electricity?		
6	Your household had no gas and/or electricity for a period of time because you could not afford it?		
7	You did not heat your home when needed due to the cost and not being able to afford it?		
8	You did not use gas and/or electricity for a whole day due to the cost and not being able to afford it?		

Column code	Column list	Scripting notes	Routing
1	Yes		
2	No		
97	Don’t know		
98	Prefer not to say		

Base: All respondents

SINGLE RESPONSE

E11. What would you say is the main reason some people in this area live in poverty? In general terms, poverty is when the income available to an individual or household does not meet their needs. Poverty is not just about being able to heat a house or eat. It can mean that people are not able to participate in the routine activities expected in society. It can mean that people can't afford to buy birthday presents for their children or they can't afford to meet up with friends to socialise.

Please use showcard 37 and select one only

Fixed codes	Answer list	Scripting notes	Routing
1	An inevitable part of modern life		
2	Laziness or lack of willpower		
3	Because they have been unlucky		
4	Because of injustice in society		
5	Lack of jobs		
6	There is no one living in poverty in this area		
95	Other (please specify)	**ADD OPEN TEXT BOX**	
96	None of the above		
97	Don't know		

BASE: ALL RESPONDENTS

GRID, SINGLE RESPONSE PER ROW

E12. Have you spent money on any of the following in the last month?

Select one per statement

Row Code	Row list	Scripting notes	Routing
1	Tickets for the National Lottery, including Thunderball and Euromillions and tickets bought online		
2	Scratch cards (but not online or newspaper or magazine scratch cards)		
3	Bingo cards or tickets, including playing at a bingo hall (not online)		
4	Betting in a Bookmakers		
5	Casino		
6	Any online (internet) gambling (including bingo, poker etc)		
95	Any other gambling – please specify	**ADD TEXT BOX**	

Column code	Column list	Scripting notes	Routing
1	Yes		
2	No		
98	Prefer not to say		

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 E12 [Any code 1]. IF ONLY CODE 1 AT 'ANY LOTTERY/SCRATCHCARD', ROUTE TO E14

SINGLE RESPONSE

E13. When you gamble, how often do you go back another day to win back the money you lost?

Please use showcard 38 and select all that apply

Fixed codes	Answer list	Scripting notes	Routing
1	Every time I lost		
2	Most of the time		
3	Some of the time (less than half the time I lost)		
4	Never		
98	Prefer not to say		

ASK IF SPENT MONEY ON ANY ACTIVITIES AT E12 [Any code 1].

GRID, SINGLE RESPONSE PER ROW

E14. In the last 12 months, how often...?

Please use showcard 39 and select one per statement

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

Column code	Column list	Scripting notes	Routing
1	Very often		
2	Fairly often		
3	Occasionally		
4	Never		
98	Prefer not to say		

SECTION F : INTERNET USE

Base: All respondents

MULTIPLE RESPONSE

F01. For which of the following do you use the Internet?

Please use showcard 40 and select all that apply

Fixed codes	Answer list	Scripting notes	Routing
1	Accessing Universal Credit or other social security benefits		
2	Managing Mental Health		
3	Applying for jobs		
4	Managing physical health		
5	Online games		
6	Rating products/services		
7	Solely content for work		
8	Learning		
9	Accessing local council information		
10	Posting/sharing videos online		
11	Streaming/downloading media		
12	Social Media		
13	Using online messaging		
14	Buying products/services		
15	Online banking/money management		
16	Email		
95	Other (please specify)	**ADD TEXT BOX**	
96	Don't use the internet	**EXCLUSIVE**	**GO TO F03**

ASK IF CODES 1-16 OR 95 AT F01

MULTIPLE RESPONSE

F02. At any time, have you used the internet for?

Please use showcard 41 and select all that apply

Fixed codes	Answer list	Scripting notes	Routing
1	Looking for health-related information (e.g. injury, disease, nutrition, improving health etc) (please note which sites are used or if search engine used)		
2	Making an appointment with a medical practitioner via a website or app		
3	Using other online health services via a website or app instead of having to go to the hospital or visit a doctor, for example getting a prescription or a consultation online		
4	Accessing personal health records online		
95	Other health-related use (please specify)		
96	Have not used the internet for any of the above		

Base: F01 = 96 Don't use the internet

MULTIPLE RESPONSE

F03. Which of the following statements apply to you if you were thinking about what would encourage you to improve your digital skills?

Please use showcard 42 and select all that apply

Fixed codes	Answer list	Scripting notes	Routing
1	I would if devices and Internet access were cheaper		
2	I would if it could help me progress in my job or secure a better role		
3	I would if I thought that it would directly help me with a day-to-day task or piece of work		
4	Nothing – I avoid adopting technology where I can	**EXCLUSIVE**	
5	I'm always interested in technology and will actively look to adopt it		
6	I would if I knew there was support available to help me as or when I needed it		
97	Don't know	**EXCLUSIVE**	

SECTION G : Self completion section

I am now going to hand over the survey to you, and I'd like you to complete the following questions yourself which ask about thoughts and feelings, whether certain things have happened to you and some other sensitive questions which are best completed by yourself due to their sensitive nature.

Interviewer record self completion outcome

Row Code	Row list	Scripting notes	Routing
1	Self completed by respondent	**PLEASE PASS TABLET TO RESPONDENT**	
2	Administered by interviewer		

Interviewer record language for self completion section

Row Code	Row list	Scripting notes	Routing
1	English		
2	Amharic		
3	Arabic		
4	Cantonese		
5	Farsi		
6	French		
7	Hindi		
8	Lingala		
9	Luganda		
10	Mandarin		
11	Oromo		
12	Polish		
13	Punjabi		
14	Yoruba		
15	Somali		
16	Swahili		
17	Tigrinya		
18	Urdu		

Base: Those who are happy to self complete (self completion outcome = 1)

Before this, however, I would like you to do a quick task to get you used to the computer. This will require you to answer a simple question, getting you used to clicking the answer, and then moving to the next page.

SINGLE

GTEST. What is your favourite colour?

Please select one answer

Fixed codes	Answer list	Scripting notes	Routing
1	Red		
2	Blue		
3	Green		
4	Yellow		
5	Black		
6	White		
7	Pink		
8	Brown		
9	Grey		
10	Purple		
11	Orange		
12	Gold		
13	Silver		
95	Other		
97	Don’t know		
98	Prefer not to say		

Some of the questions tell us more about you and helps us to make sure we have captured views from a cross section of people. We recognise that you might consider some of these questions to be personal or sensitive in which case you are free not to answer them.

Base: All respondents

GRID, SINGLE RESPONSE PER ROW, ROTATE

G01. Below are some statements about feelings and thoughts. Please select the box that best describes your experience of each over the last 2 weeks

Please select one answer per statement

Row Code	Row list	Scripting notes	Routing
1	I've been feeling optimistic about the future		
2	I've been feeling useful		
3	I've been feeling relaxed		
4	I've been interested in other people		
5	I've had energy to spare		
6	I've been dealing with problems well		
7	I've been thinking clearly		
8	I've been feeling good about myself		
9	I've been feeling close to other people		
10	I've been feeling confident		
11	I've been able to make up my own mind about things		
12	I've been feeling loved		
13	I've been interested in new things		
14	I've been feeling cheerful		

Column code	Column list	Scripting notes	Routing
1	None of the time		
2	Rarely		
3	Some of the time		
4	Often		
5	All of the time		
98	Prefer not to say		

BASE: ALL RESPONDENTS

GRID, SINGLE RESPONSE PER ROW, ROTATE

G02. In your day-to-day life, how often do any of the following things happen to you?

Please select one answer per statement

Row Code	Row list	Scripting notes	Routing
1	You are treated with less courtesy than other people are		
2	You are treated with less respect than other people are		
3	You receive poorer service than other people at restaurants or stores		
4	People act as if they think you are not smart		
5	People act as if they are afraid of you		
6	People act as if they think you are dishonest		
7	People act as if they're better than you are		
8	You are called names or insulted		
9	You are threatened or harassed		
10	You are unfairly denied medical care or are provided medical care that is worse than what other people get		
11	You are treated unfairly, prevented from doing something, hassled or made to feel inferior in some other aspect of your life		
12	You are unfairly stopped, searched, questioned, physically threatened or abused by the police		

Column code	Column list	Scripting notes	Routing
1	Almost everyday		
2	At least once a week		
3	A few times a month		
4	A few times a year		
5	Less than once a year		
6	Never		
98	Prefer not to say		

The Everyday Discrimination Scale.
https://scholar.harvard.edu/files/davidrwilliams/files/discrimination_resource_dec._2020.pdf

Base: Those who have said at least a few times a year or more to one of G02 (G02 = codes 1 to 4 to any)

MULTICODE, ROTATE

G03. What do you think are the main reasons for these experiences?

Please select all that apply

Fixed codes	Answer list	Scripting notes	Routing
1	Your ethnicity		
2	Your Gender		
3	Your Race		
4	Your Age		
5	Your Religion		
6	Your Height		
7	Your Weight		
8	Some other Aspect of Your Physical Appearance		
9	Your Sexual Orientation		
10	Your Education or Income Level		
11	A physical disability		
12	Your skin shade/colour		
95	Other (please specify)	**FIX, ADD OPEN TEXT BOX**	
97	Don't know	**FIX, EXCLUSIVE**	
98	Prefer not to say	**FIX, EXCLUSIVE**	

BASE: ALL RESPONDENTS

SINGLE RESPONSE

G04. Have you been a victim of domestic abuse in the last year? Just to reiterate, your responses to this survey will remain confidential unless your permission is explicitly given.

Please select one answer

Fixed codes	Answer list	Scripting notes	Routing
1	Yes		
2	No		
97	Don't know		
98	Prefer not to say		

BASE: ALL RESPONDENTS

SINGLE RESPONSE

G05. Do you consider yourself to be trans, or have a trans history?

Please select one only

Code	Answer list	Scripting notes	Routing
1	Yes		
2	No		
98	Prefer not to say		

Base: All respondents

SINGLE RESPONSE

G06. Which of the following options best describes how you think of yourself?

Please select one only

Code	Answer list	Scripting notes	Routing
1	Heterosexual / Straight (attracted to opposite sex only)		
2	Gay (attracted to same sex only)		
3	Bisexual (attracted to same and opposite sex)		
95	Other		
98	Prefer not to say		

Base: All respondents

OPEN RESPONSE, FORCE NUMERIC

G07. Please can you tell me your date of birth?

Please type your response in the box below DD/MM/YYYY

[_____]

Fixed codes	Answer list	Scripting notes	Routing
98	Prefer not to say	**FIX, EXCLUSIVE**	

Base: All respondents

OPEN RESPONSE

G08. NHS Greater Glasgow and Clyde would like to undertake a follow up online survey to this. This would involve collecting your email address for this purpose. The online survey would take around 10 minutes to complete and all those aged 18+ who complete this follow up survey have the opportunity to be entered in to a prize draw to win a £250 Love2Shop voucher.

Would you be interested in taking part and willing to provide your email address for this purpose?

Fixed codes	Answer list	Scripting notes	Routing
1	Yes	**COLLECT EMAIL ADDRESS**	
2	No		

Please type your email address in the box below

[_____]

Please retype your email address in the box below

[_____]

IF G08 = YES

Many thanks for your interest in taking part in this follow up survey and providing your email address. Please note you will be sent a link to an online survey via the email address provided within the next week from surveys@bmgresearch

Base: Those who are happy to self complete (self completion outcome = 1)

Thank you very much. Please pass the tablet back to the interviewer for the last section.

Closing demographics (Section T)

INTRO TEXT

The following questions tell us more about you and helps us to make sure we have captured views from a cross section of people. We recognise that you might consider some of these questions to be personal or sensitive in which case you are free not to answer them. The information you provide will be used to make sure NHS GGC understand the views of different groups of residents.

Base: All respondents

OPEN RESPONSE, FORCE NUMERIC, CAP 20

T01. Now I'd like to ask you about the members of your household. How many people are there in this household (including yourself)?

Please record number in the box below

[_____]

Fixed codes	Answer list	Scripting notes	Routing
98	Prefer not to say	**FIX, EXCLUSIVE**	

Base: All respondents

OPEN RESPONSE, FORCE NUMERIC, CAP 20 AND LESS THAN T01

T02. How many people living in your household are aged under 16?

Please record number in the box below

[_____]

Fixed codes	Answer list	Scripting notes	Routing
98	Prefer not to say	**FIX, EXCLUSIVE**	