



in Lancashire

**Life in Lancashire
Wave 21
Health and Social Care**

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1 Executive Summary

This wave of the Life in Lancashire panel dealt with the awareness and use of health and social care services, and looked at residents' own health and personal circumstances. All 3455 members of the panel were sent a single mailing of the survey. In total 2701 questionnaires were returned, giving an overall response rate of 78%.

1.1 Health and social care services

- Respondents felt more informed about healthcare services (62% very or fairly well informed) than they felt about social care services (31% very or fairly well informed). One in five respondents felt they were not at all informed about social care services (21%).
- Most people did feel they are treated with respect when they use health services (30% all of the time and 53% most of the time).
- About one in six of the panel act as carers for someone, other than as part of their job (17%).
- Most respondents have been in good health over the last 12 months (51% good, 37% fairly good); only 12% saying their health has not been good.
- The most common health problem people experience is pain or discomfort (37% have moderate pain or discomfort, and 6% have extreme pain or discomfort).
- One person in four suffers from some form of anxiety or depression (25%, with 3% extremely anxious or depressed).
- Three in five respondents eat five or more fruit and vegetables per day (59%).

1.2 Smoking

- One in six of all respondents smoke now (16%), 12% smoking daily.
- Half of the panel have never smoked (48%).
- Members of the lowest socio-economic groups DE are the most likely to smoke now (24% of all members of the group).

1.3 Alcohol

- Only one in three respondents don't drink alcohol at all at present (29%).
- Perhaps surprisingly, the most common alcoholic drinks drunk in 7 days noted were glasses of wine (rather than beer).
- The total average alcohol consumption of the Lancashire population is 11 units per week, (calculated by the relative strengths of the drinks quoted) but this varies hugely overall. For example 20% of the panel

drank 42 units or more in the week they were asked about. Thirty-seven respondents (1.3% of the panel) answer that they drank 63 units or more in the week, which is three times the old 21 unit weekly limit for men.

- The average amounts drunk, excluding those who don't drink, is 16.8 units per week, with men significantly higher than women (21.6 versus 12.8 units). Members of socio-economic group C2¹ drink significantly more than other groups, with an average of 20.9 units per week for all drinkers in the group.
- A quarter of the population exceeds the old weekly limits of 14 units per week for women and 21 units per week for men (24%).

1.4 Physical activities

- Members of the panel answered that they undertake an average of 2.3 hours of vigorous exercise per week and 3.4 hours of moderate exercise per week.
- Men answer that they take significantly more exercise than women (4.2 hours and 2.7 of moderate exercise respectively). Those from C2 and DE do significantly more moderate exercise (5.5 and 4.9 hours per week respectively) than those from AB or C1 groups (3.0 and 2.8 hours per week respectively).
- The average amount of walking **per week** is 8.1 hours. This is almost the same as the average time spent sitting **per day** (8.0 hours).

1.5 Personal circumstances

- Three in ten people thought their standard of living was better than people in their local area (31%). One in seven thought they were worse off (14%).
- Looking at how financially comfortable people feel, a quarter of people say they are just about getting by (26%), and almost one in ten people are having financial difficulties (9%).
- There is a very strong link between how difficult people feel things are financially, and their level of anxiety or depression.
- A third of respondents don't receive any benefits (36%). The most received benefits were child benefit (26%) and retirement/old person's pension (25%).
- The benefits that people felt they wanted information about were Council Tax benefit (19%), pension credit (14%), working tax credit (13%) and disability benefits (12%).

¹ See appendix 6.1 for definitions

2 Introduction

Lancashire County Council has used Life in Lancashire regularly since August 2001. A panel of willing participants is recruited and is approached on a regular basis to seek their views on a range of topics and themes. Panel members are voluntary participants in the research they complete and no incentives are given for completion.

The panel has been designed to be a representative cross-section of the county's population. The results for each survey are weighted in order to reflect the demographic profile of the county's population.

The panel provides access to a sufficiently large sample of the population so that reliable results can be reported at a county wide level. It also provides data at a number of sub-area and sub-group levels.

Each Life in Lancashire wave is themed. Firstly, it enables sufficient coverage on a particular topic to be able to provide insight into that topic. And secondly, it comes across better to the residents completing the questionnaires if there is a clear theme (or 2-3 clear themes) within each survey.

The panel is refreshed periodically. New members are recruited to the panel and some current members are retired on a random basis. This means that the panel remains fresh and is not subject to conditioning i.e. the views of panel members become too informed with county council services to be unrepresentative of the population as a whole.

3 Research Objectives

The objectives of this consultation are to investigate the awareness and use of health and social care services; and to find out about residents' own health.

4 Methodology

This wave of Life in Lancashire was sent to 3455 members of the panel on 20 February. A reminder was sent on 18 March, and the fieldwork ended on 4 April 2008.

In total 2701 questionnaires were returned, giving an overall response rate of 78%.

All data are weighted by age, ethnicity and district to reflect the Lancashire overall population, and figures are based on all respondents unless otherwise stated. The weighted responses have been scaled down to match the effective response of 2029, which is the equivalent size of the data if it had not been weighted and was a perfect random sample.

4.1 Limitations

The table below shows the sample tolerances that apply to the results in this survey. Sampling tolerances vary with the size of the sample as well as the percentage results.

Number of respondents	50/50 + / -	30/70 + / -	10/90 + / -
50	14%	13%	8%
100	10%	9%	6%
200	7%	6%	4%
500	4%	4%	3%
1000	3%	3%	2%
2000	2%	2%	1%

On a question where 50% of the people in a sample of 1000 respond with a particular answer, the chance are 95 out of 100 that the answer would be between 47% and 53% (ie +/- 3%), versus a complete coverage of the entire Lancashire population using the same procedure.

In charts or tables where responses do not add up to 100%, this is due to multiple responses or computer rounding.

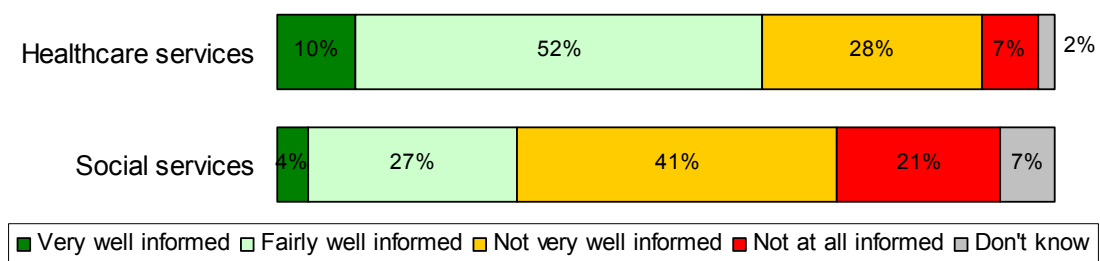
5 Main Research Findings

5.1 Healthcare and social care services

Firstly panel members were asked how well informed they felt about healthcare and social care services generally. This is shown in the chart below.

Respondents felt more informed about healthcare services (62% very or fairly well informed) than they felt about social care services (31% very or fairly well informed). One in five respondents felt they were not at all informed about social care services (21%).

Chart 1 - How well informed do you feel about...

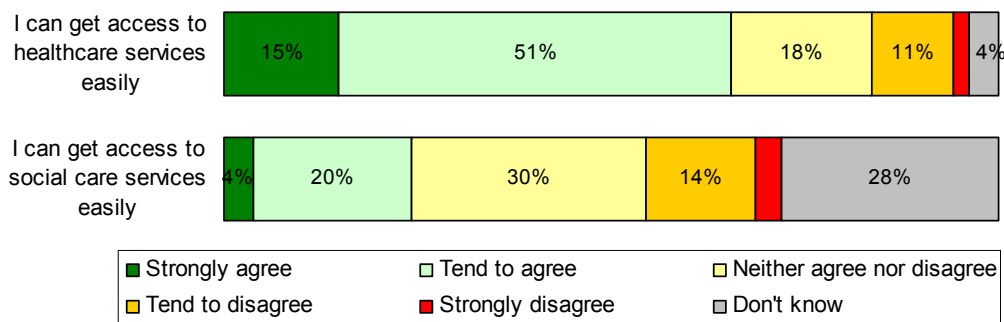


Base: All respondents (Unweighted 2701 Weighted 2029)

Demographically, older panel members (those over 60) are more likely to feel informed about both types of services (69% informed about healthcare, 39% informed about social care services). Residents in east Lancashire felt less informed than residents in west Lancashire about healthcare services (57% and 65% respectively). People in the highest social classes (AB 73% informed) felt more informed about healthcare services than those in the lower social classes (C1 60% and C2 56% informed). Whereas the people who felt more informed about social care services live in council or housing association properties (48% informed).

The panel were next asked if they agreed they could access healthcare and social care services easily. Looking at healthcare services, most people thought they can get access to them easily (66% agree), although 13% disagreed. Only a quarter of respondents felt they can get access to social care services easily (24% agree). Respondents were unsure about getting access to social care services, perhaps because fewer people have used them (30% neither agree nor disagree, 28% don't know).

Chart 2 - And how much do you agree or disagree with the following statements...

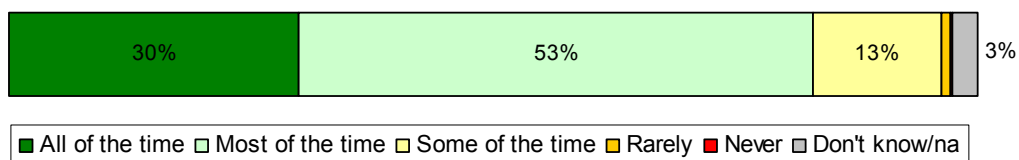


Base: All respondents (Unweighted 2701 Weighted 2029)

Residents’ perceptions of how easily they can access healthcare services only differ for some districts. In Ribble Valley residents are more likely to say they can access healthcare easily (22% strongly agree), and in Burnley they are less likely to think they can access healthcare easily (18% tend to or strongly disagree). There are no significant differences for social care services.

The next question asked respondents if they are treated with respect when they use health services. Most people did feel they are treated with respect when they use health services (30% all of the time and 53% most of the time), only a minority felt they were only treated with respect some of the time (13%) or rarely (1%).

Chart 3 - In general would you say that you are treated with respect when using health services?

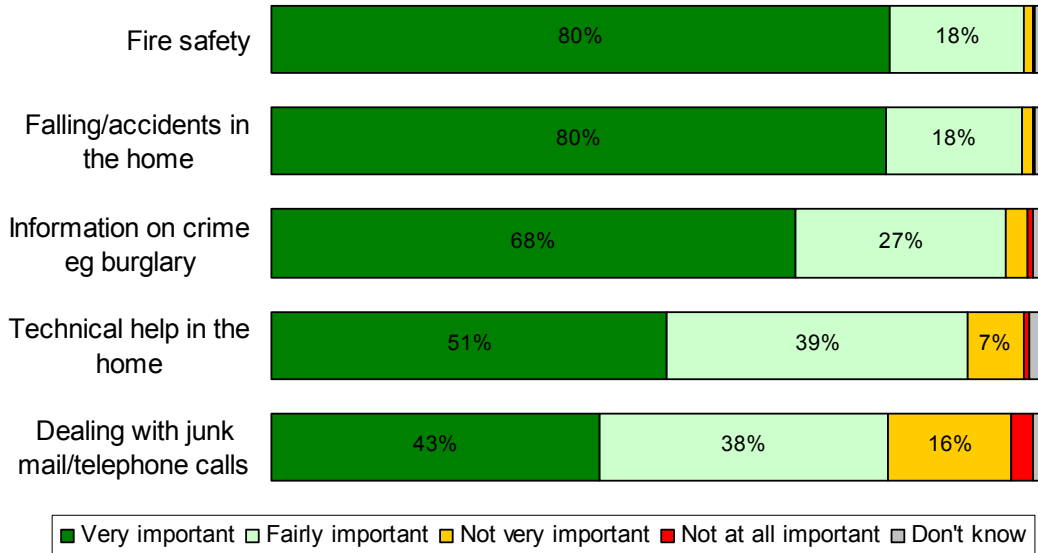


Base: All respondents (Unweighted 2701 Weighted 2029)

Again it is the oldest age group (the over 60s) who are most likely to say they are treated with respect when using health services (40% strongly agree). There are no other significant differences.

The next question on the survey asked respondents what types of information they thought were important for older people in their local area. The most important types of information were about fire safety and falling or accidents in the home (both 98% important), and information on crime (95% important). The information respondents felt was least important was on how to deal with junk mail and telephone calls (81% important).

Chart 4 - Thinking about older people in your local area, how important do you think each of the following types of information are for older people locally?

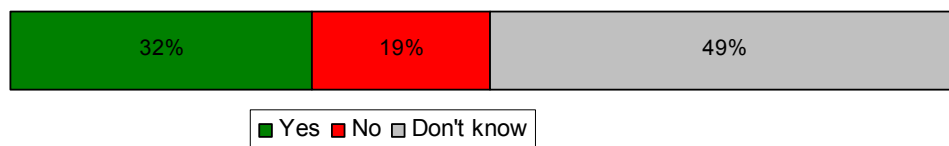


Base: All respondents (Unweighted 2701 Weighted 2029)

Women are more likely than men to think that information on each of these subjects is important for older people locally. Whereas people in social groups AB are more likely to say information on each subject is less important for older people locally. Residents in Wyre think that information on crime is less important (50% strongly agree) compared to a number of other districts.

Respondents were next asked if they thought older people in their local area could get the services and support they need to continue living at home as long as they want to. The majority didn't know (49%), while a third thought older people could get access to services (32%), almost one in five thought that they couldn't (19%). This suggests that there is space to improve awareness of the support and services for older people to enable them to live at home.

Chart 5 - And in your area do you think older people are able to get the services and support they need to continue to live at home for as long as they want to?

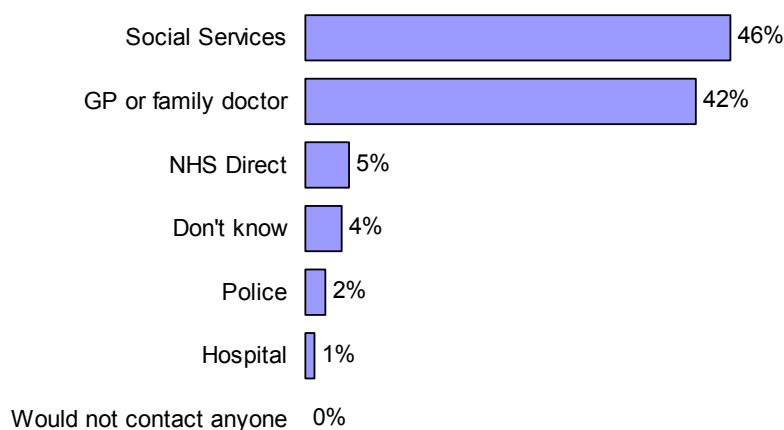


Base: All respondents (Unweighted 2701 Weighted 2029)

The over 60s were more likely to think that older people can get the support and services they need to stay at home (38%). This may be because they have been sent information on these services or have more cause to need them. Also people from a BME background are more likely to think older people get the support they need (42%). Women though are less likely to think that support and services are available to older people (29%).

The next question asked who they would contact if they had a friend with a disability who wasn't coping very well. The most suggested first points of contact were social services (46%) and a local GP or family doctor (42%).

Chart 6 - If you had a friend with a disability who wasn't coping very well, which of the following would you contact first? Please assume that (s)he is living in his/her own home and you do not know how to contact his/her relative(s).

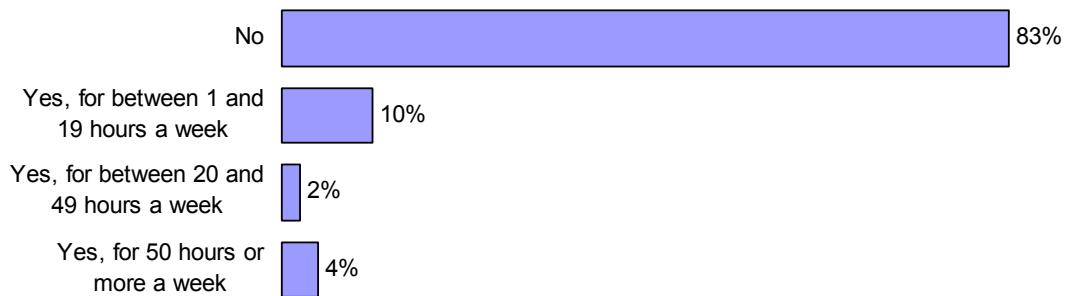


Base: All respondents (Unweighted 2701 Weighted 2029)

There are some demographic differences in who people would contact by their age. Younger respondents (16 to 24) are more likely to contact NHS Direct (14%) or the police (8%) than older respondents, and they are less likely to contact a GP or family doctor (27%). Men were more likely to contact social services (50%), and women were more likely to suggest contacting a GP or family doctor (46%). People from a BME background were more likely not to know who to contact (14% don't know).

Most respondents don't care for someone with long-term ill health, or problems related to old age (83%). Of those people who do care for someone, most people look after them for between one and 19 hours a week (10%), followed by more than 50 hours a week (4%), and between 20 and 49 hours a week (2%).

Chart 7 - Do you care for someone with long-term ill health or problems related to old age, other than as part of your job?



Base: All respondents (Unweighted 2701 Weighted 2029)

As might be expected there are differences by age: younger people are less likely to care for someone with long-term ill health than the older age groups (11% of 25 to 44 year olds versus 23% of 45 to 59 year olds and 18% of the over 60s spend at least an hour a week caring for someone).

Most respondents have been in good health over the last 12 months (51% good, 37% fairly good); only 12% saying their health has not been good.

Chart 8 - Over the last 12 months would you say your health has on the whole been...



Base: All respondents (Unweighted 2701 Weighted 2029)

People’s state of health relates to their age, the older the person the worse they tend to rate their health (36% of the over 60s say their health is good), and if they have a disability (40% of people with a disability say their health is good). It also relates to their personal circumstances as more affluent people are more likely to say they have good health (57% of ABs, 55% of people living in rural locations), and people living in council or housing association property are less likely to say they have good health (28%).

Respondents were asked a series of questions about their health looking in particular at mobility, self care, usual activities, pain or discomfort, and anxiety or depression. Respondents have fewest problems with self care (91% have no problems, 9% have some problems and 1% can’t wash or dress themselves). Around three-quarters have no problems with usual activities, mobility, or anxiety or depression (79%, 77% and 75% respectively). The most common health problem people experience is pain or discomfort (56% experience no pain or discomfort, 37% have moderate pain or discomfort, and 6% have extreme pain or discomfort).

Chart 9 - And thinking about the following aspects of health, which of the following options for each most closely matches your experience?

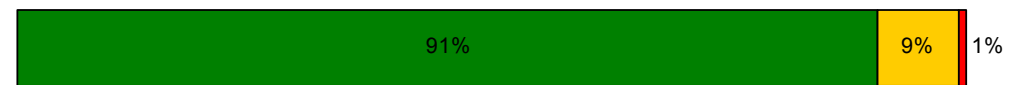
Mobility



■ I have no problems walking about ■ I have some problems walking about ■ I am confined to bed

Base: All respondents (Unweighted 2701 Weighted 2029)

Self care



■ I have no problems with self care ■ I have some problems with self care
 ■ I am unable to wash or dress myself

Base: All respondents (Unweighted 2701 Weighted 2029)

Usual activities



■ I have no problems with performing my usual activities
 ■ I have some problems with performing my usual activities
 ■ I am unable to perform my usual activities

Base: All respondents (Unweighted 2701 Weighted 2029)

Pain or discomfort



■ I have no pain or discomfort
 ■ I have moderate pain or discomfort
 ■ I have extreme pain or discomfort

Base: All respondents (Unweighted 2701 Weighted 2029)

Anxiety or depression



■ I am not anxious or depressed
 ■ I am moderately anxious or depressed
 ■ I am extremely anxious or depressed

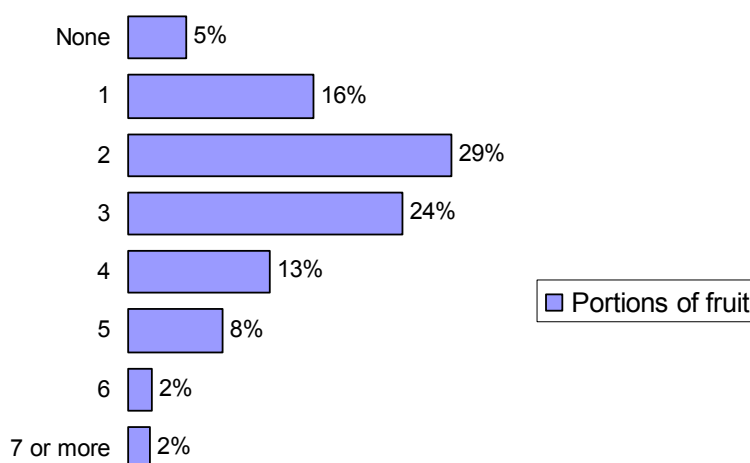
Base: All respondents (Unweighted 2701 Weighted 2029)

A number of the health problems are related to old age because the over 60s were less likely to say they have no problems with mobility, self care, usual activities and pain or discomfort than younger people (57%, 84%, 65% and 35% respectively). People with a disability were also less likely to say they have no problems with mobility, self care, usual activities and pain or discomfort (66%, 85%, 68% and 47% respectively). In many instances these health problems are also related to personal circumstances. The higher social groups (AB) are more likely to say they don't have problems with mobility, usual activities or pain and discomfort (83%, 84% and 64% respectively). And, people living in council or housing association properties are less likely to say they don't have any problems with mobility, self care and usual activities (52%, 74% and 58% respectively).

The types of people who tend to suffer from anxiety or depression are slightly different. They tend to have a disability (71% have no problems) or be in the lower social groups (DE, only 67% have no problems).

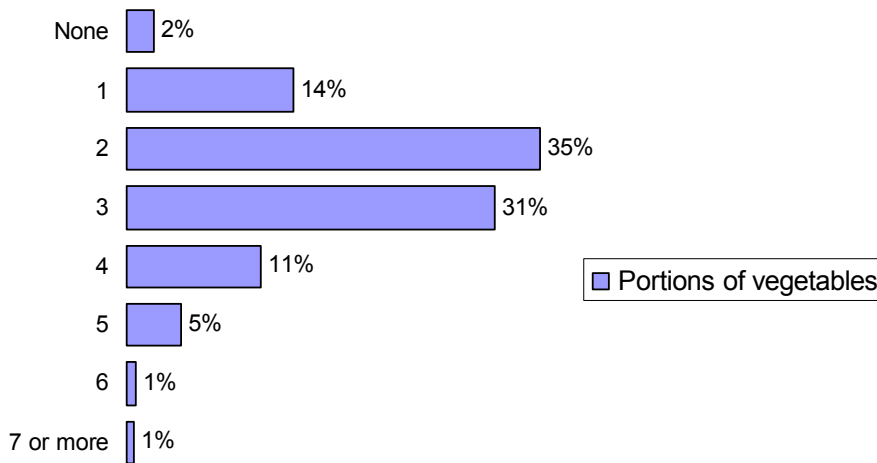
Respondents were asked about their diet, specifically how many portions of fruit and vegetables they eat on average a day. Very few people ate no fruit or vegetables in a day (5% no fruit, 2% no vegetables). Most people normally eat two portions of fruit (29%) and two portions of vegetables (35%) a day, and almost as many people eat three portions (24% three portions of fruit, 31% three portions of vegetables). The mean number of portions of fruit and vegetables people eat each day is just over three and a half for each. When looking at the number of portions of fruit and vegetables eaten overall, one in six people eat at least five portions a day (59%). The mean overall figure for the number of fruit and vegetables eaten per day is just over five portions.

Chart 10 - And thinking about your diet, on average, how many portions of FRUIT do you eat a day?



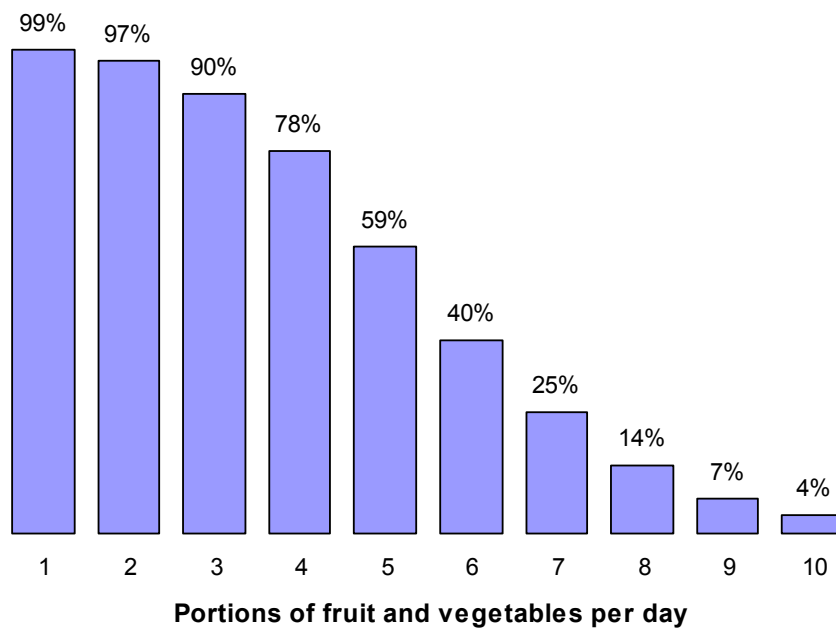
Base: All respondents (Unweighted 2701 Weighted 2029)

Chart 11 - And on average, how many portions of VEGETABLES do you eat a day?



Base: All respondents (Unweighted 2701 Weighted 2029)

Chart 12 - Total number of portions of fruit and vegetables eaten per day (cumulative)



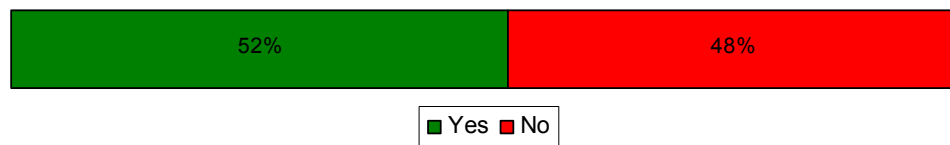
Base: All respondents (Unweighted 2701 Weighted 2029)

On average younger people don't eat as many fruit and vegetables each day (for 16 to 24 year olds the mean number of portions is at least one portion less than people aged over 25). Looking at social groups, ABC1s eat slightly more fruit and vegetables than DEs; this could possibly be as a result of the price of fruit and vegetables. Overall two in five people do not eat five or more fruit and vegetables each day (41%).

5.2 Smoking

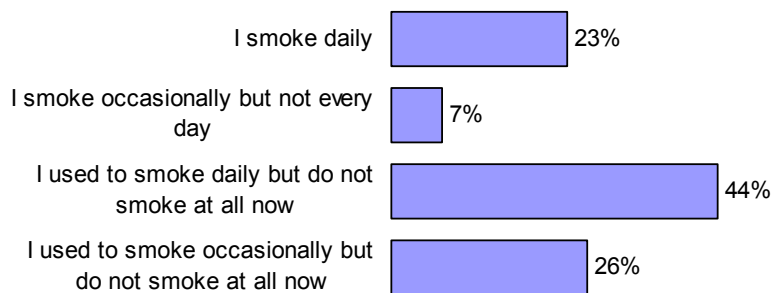
The next set of questions looked at smoking habits. Almost half of respondents have never smoked a cigarette, cigar or tobacco product (48%). Of the 52% who have smoked, most people don't smoke now (70%, as 44% used to smoke daily, and 26% used to smoke occasionally). Almost a quarter smoke daily (23%), and 7% smoke occasionally. This means one in six of all respondents smoke now (16%), 12% smoking daily.

Chart 13 - Have you ever smoked a cigarette, cigar or other tobacco product?



Base: All respondents (Unweighted 2701 Weighted 2029)

Chart 14 - Which best describes you?



Base: All respondents who have smoked (Unweighted 1,476 Weighted 1,154)

The tendency to have ever smoked relates to respondents age, with the over 60s being most likely to have smoked at some point in their life (61%). Men were also more likely to smoke than women (60% versus 46%), although this could in part be due to male respondents being older. Although the over 60s were the most likely to have smoked they are less likely to smoke now (17% smoke daily or occasionally now).

People in the lower social groups are also significantly more likely to have ever smoked (C2 64%, DE 58%). People in groups DE are half as likely again to smoke now (24% compared to 16% of the panel overall).

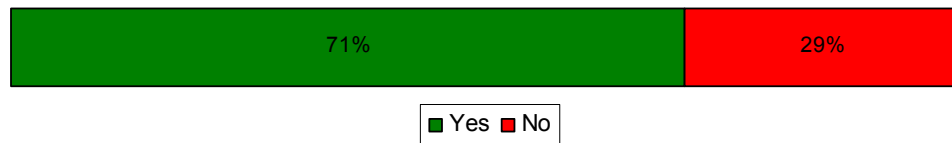
Although BME people were significantly less likely to have ever smoked (21% have ever smoked), those that have are more likely to smoke now (63% smoke daily or occasionally).

5.3 Alcohol

The next section asked people if they drink alcohol, what types of alcohol they drink and how much they consume.

Most people do drink alcoholic drinks at present (71%), only one in three respondents don't drink at all (29%).

Chart 15 - Do you drink alcoholic drinks at present?



Base: All respondents (Unweighted 2701 Weighted 2029)

The over 60s are less likely to drink alcohol (66% drink alcohol at present) than people aged 25 to 59. Men are more likely to drink than women (75% versus 68%), and people in social groups DE are less likely to drink (59%). Perhaps due to religious reasons BME residents are less likely to drink (24%), and consequently residents of Pendle (which has a high proportion of BME residents) are also less likely to drink alcohol (53%) compared to more than half of the other Lancashire districts.

Those who did drink were next asked what specific drinks they had had on each day in the last week.

Chart 16 - Please write the number of alcoholic drinks you have consumed on each day during the past week. It may help if you try to remember where you were and whom you were with on each day. (Proportion of population having one or more of the following drinks on day)

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Pints of non alcoholic beer, lager	1%	1%	1%	1%	1%	2%	1%
Pints of low alcohol beer, lager	1%	1%	1%	1%	1%	1%	1%
Pints of normal strength beer lager stout	6%	5%	5%	7%	11%	12%	8%
Pints of strong beer, lager, stout, cider	1%	1%	1%	1%	3%	3%	2%
Bottles of strong beer, lager, stout	1%	1%	1%	1%	2%	2%	1%
Bottles of alcopops such as Smirnoff Ice, WKD, Bacardi Breezer, VK, Reef	0%	0%	0%	0%	1%	1%	0%
Single measures of spirits, such as whisky, vodka, gin, rum, etc.	6%	5%	6%	7%	9%	13%	9%
Standard glasses of wines	13%	13%	15%	15%	23%	28%	24%
Single glasses of fortified wines such as sherry, port, martini, etc.	1%	1%	1%	1%	2%	3%	3%

Base: All respondents (Unweighted 2701 Weighted 2029)

Perhaps surprisingly, the most common alcoholic drinks were glasses of wine (rather than beer), with a sizeable minority having a glass or more every day of the week. (It may of course be that the citizen's panel are unrepresentative in this respect).

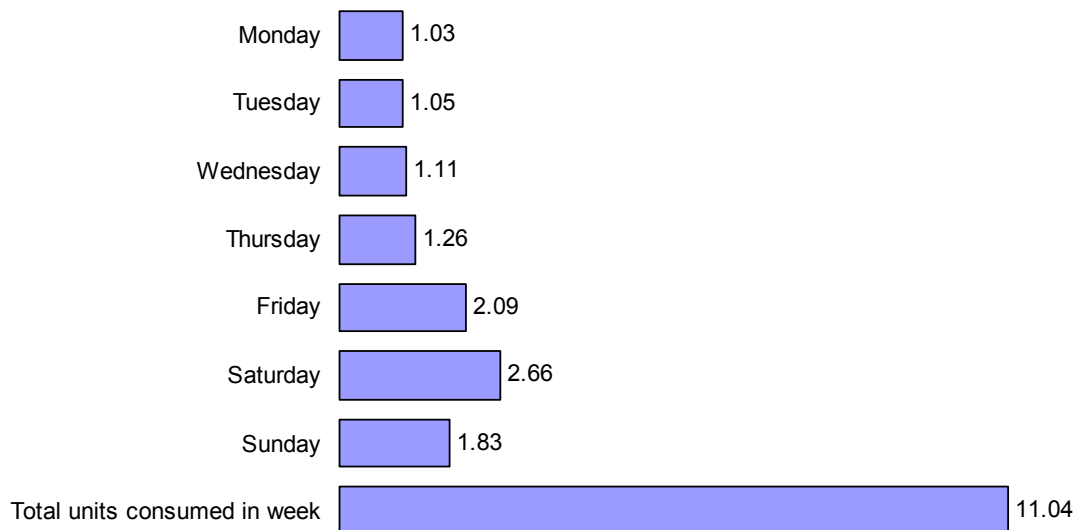
There are marked differences in the type of alcoholic drink by different demographics. This is shown, for example, for normal strength beer drinking on a Saturday. Men drink seven times as many pints of normal beer on Saturday as women on average (mean of 0.69 pints per person for men and 0.10 pints for women). Those aged 45 to 59 years (0.43 pints) drink about twice as much beer on a Saturday as those aged 60 years and over (0.23). Respondents from the skilled manual socio-economic group C2 are the most likely to drink normal beer on a Saturday (0.62 pints on average, significantly more than those from any of the other groups).

There are also significant differences demographically for wine drinking. On a Saturday, women are more likely to drink wine than men (0.71 glasses on average compared with 0.55 for men). Those aged 25 to 44 years and 45 to 59 years are both significantly more likely to drink wine than those aged 60 years and over. Also, wine consumption falls with socio-economic grade, with those from the highest grade AB (0.85 glasses per person on average)

significantly higher than those from C2 and DE groups (0.52 and 0.47 glasses respectively).

Using NHS figures on the average number of units in each drink type², the mean number of units each day could be calculated and is shown in the chart below (the figures are for all respondents including non-drinkers).

Chart 17 - Mean units drunk per day



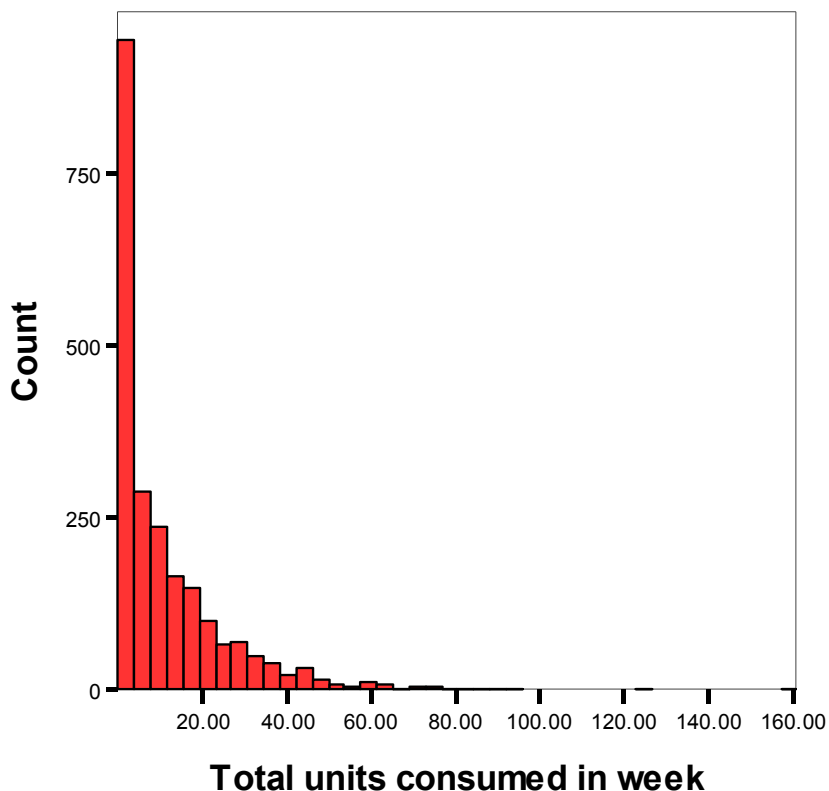
Base: All respondents (Unweighted 2701 Weighted 2029)

Alcohol consumption peaks on a Saturday, but there is still an average of at least one unit per day each day of the week. When non-drinkers are excluded this rises to an average of at least 1.4 units each day.

The total average of the Lancashire population is 11 units per week, but this varies hugely overall. The chart below shows how much people drink in a week, each total is shown in groups of four units. While the greatest numbers of people drink no alcohol, sizeable numbers drink large amounts across a week. One hundred and twenty respondents drank 42 units or more in the week they were asked about (4.4% of the panel), which is double the previous recommended weekly limit for men of 21 units. Thirty-seven respondents (1.3% of the panel) answer that they drink 63 units or more in the week, which is three times the 21 unit limit.

² <http://www.units.nhs.uk/>

Chart 18 - Total Units drunk per week



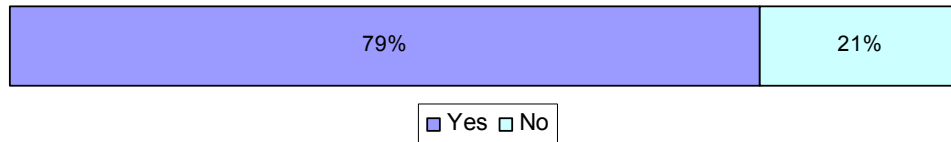
Base: All respondents (Unweighted 2701 Weighted 2029)

Demographically, men drink much more in a week on average than women (14.6 units against 8.2). Excluding people who do not drink however, greatly increases the average. The average number of units drunk per week (excluding those who don't drink) is 16.8 units, with an average for women of 12.8 and for men of 21.6. By demographic group, members of the C2 (skilled manual) socio-economic group drink significantly more, with an average of 13.8 units for all in the group and 20.9 for all drinkers in the group.

Comparing with the previous limits of 14 units per week for women and 21 units per week for men, we find that a quarter of the population exceeds their relevant limit (24%).

Four-fifths of respondents said the amounts of alcohol they drank is fairly typical of what they usually drink in a week (79%).

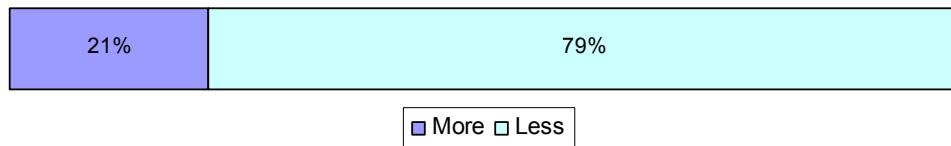
Chart 19 - Would you say the last week was fairly typical of what you usually have to drink in one week?



Base: All respondents who drink alcoholic drinks (Unweighted 1908 Weighted 1578)

Of the fifth who said it wasn't typical of what they drink in a week, most said they normally drink less (79%). Only a fifth said they normally drink more. This difference could either be true, or possibly could be due to a reluctance for people to admit that the amounts they quoted are typical.

Chart 20 - If last week was not typical, would you normally drink more or less in a week?



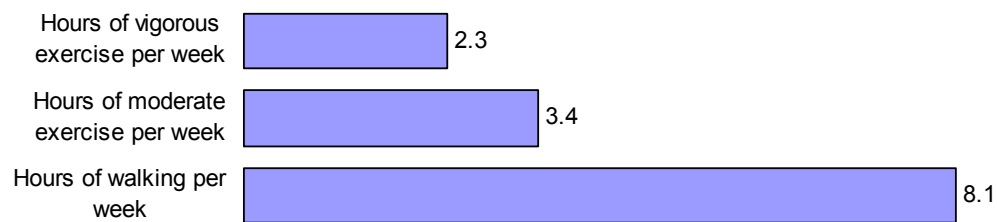
Base: All respondents (Unweighted 452 Weighted 413)

Those over 45 were more likely to say this is typical of the amount they drink (45 to 59 years 86%, over 60 years 87%). This was also the case for men (82% said it was typical). Interestingly the men who said it wasn't typical of the amount they normally drink were more likely to say they normally drink more (31%).

5.4 Physical activity

The panel were next asked about how much physical exercise they do, and the relative strength of it. They were asked about vigorous physical activities (such as heavy lifting, digging, aerobics or fast cycling), moderate physical activities (such as carrying light loads, cycling at regular pace or doubles tennis) and walking. The average total number of hours for each per week are shown in the chart below.

Chart 21 - Average hours of exercise per week



Base: All respondents (Unweighted 2701 Weighted 2029)

There are some differences by demographic group, with men answering that they take significantly more vigorous and moderate exercise than women (3.1 and 4.2 hours for men respectively, compared with 1.7 and 2.7 hours for women). Those from socio-economic group C2 are the most likely to do vigorous exercise (3.8 hours per week) and those from C2 and DE do significantly more moderate exercise (5.5 and 4.9 hours per week) than those from AB or C1 groups (3.0 and 2.8 hours respectively). This possibly reflects manual work giving more exercise. There is also one significant difference by age, with those aged 25 to 44 years more likely to do vigorous exercise than those aged 60 and over (2.7 hours versus 1.7 hours). There are no significant differences for the amount of walking done.

Also in this section, respondents were asked to estimate how long they spend sitting on a typical weekday. The overall average is 8.0 hours per day. This is highest amongst the youngest age group of those aged 16 to 24 years (11.4 hours). Full time employees spend more time sitting than those not working (eg retired), with 8.7 and 7.2 hours per day respectively. Those in socio-economic group C1 (8.6 hours) spent significantly more time sitting than those in group C2 (6.8 hours), reflecting the different job types between the two groups.³

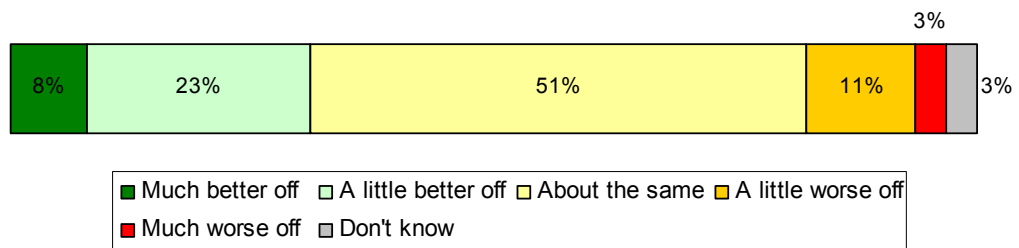
³ See appendix 6.1 for definitions

5.5 Personal circumstances

The next section looked at respondents’ standard of living, take up of benefits and children’s services in their local area.

Three in ten people thought their standard of living was better than people in their local area (8% much better off, 23% a little better off). Half thought their living standards were about the same as other people in their area. A minority thought their standard of living was worse, most saying a little worse off (11%) and only 3% saying much worse off.

Chart 22 - Thinking of other people around your local area and comparing your standard of living, would you say you are...

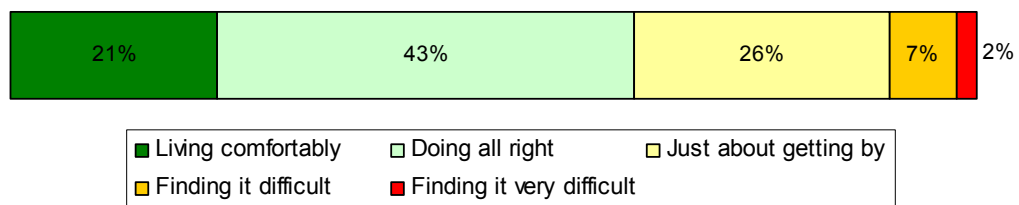


Base: All respondents (Unweighted 2701 Weighted 2029)

People who’s standard of living is better than the other people in their local area are in the social groups AB (41% much or a little better off).

Looking at how financially comfortable people feel, most people said that they are doing all right (43%), and a fifth said they are living comfortably (21%). However, a quarter of people say they are just about getting by (26%), and almost one in ten people are having financial difficulties (7% finding it difficult, 2% finding it very difficult).

Chart 23 - And how well do you feel that you are managing financially?

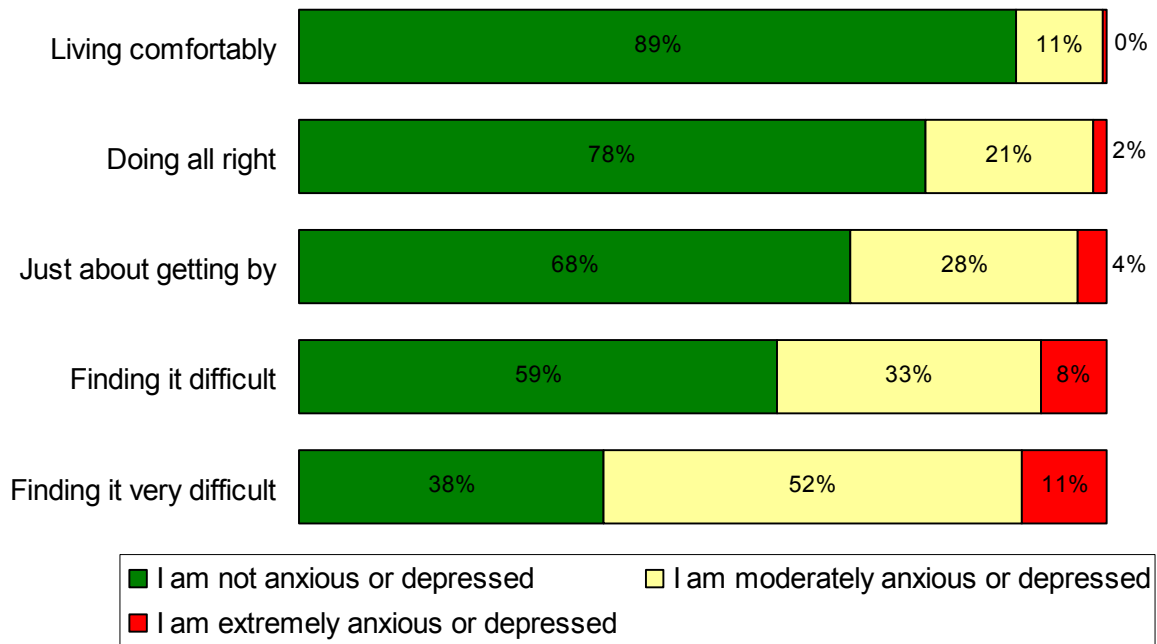


Base: All respondents (Unweighted 2701 Weighted 2029)

The people who find themselves doing better financially tend to be in the highest social groups AB, over 60 and own their own home (81%, 71% and 69% respectively are living comfortably or doing all right). People from a white background are more likely to say they are living comfortably or doing all right than respondents from a BME background (65% versus 54%).

There is a significant correlation between how well people are managing financially and how anxious or depressed they are, (as asked earlier). Therefore this shows a strong link between financial difficulty or deprivation and mental health problems.

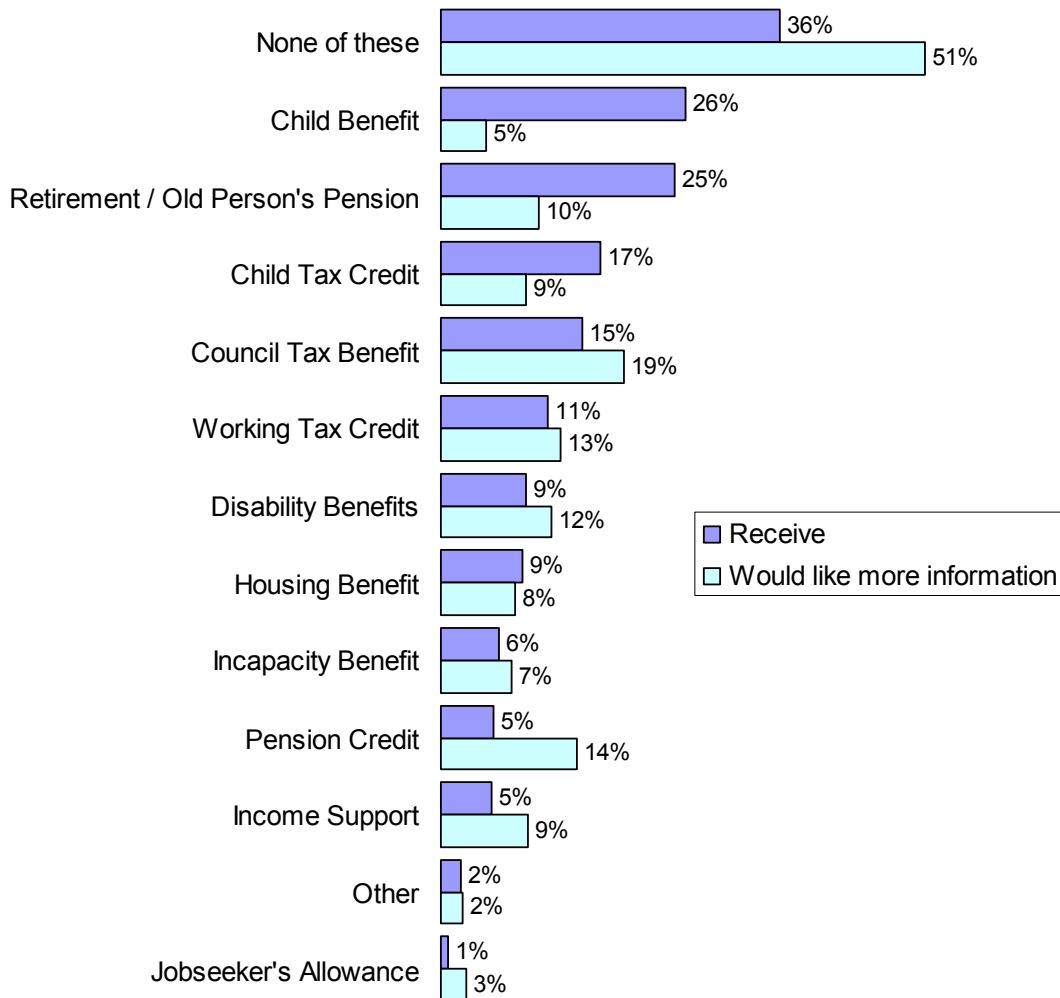
Chart 24 - And how well do you feel that you are managing financially vs Which of the following options for each most closely matches your experience? - Anxiety or depression



Base: All respondents (Unweighted 2701 Weighted 2029)

A third of respondents don't receive any benefits (36%). The benefits with the biggest uptake were child benefit (26%), retirement/old person's pension (25%), child tax credit (17%) and Council Tax benefit (15%). Most people don't want to receive more information about any of the benefits available (51%). The benefits that people felt they did want information about were Council Tax benefit (19%), pension credit (14%), working tax credit (13%) and disability benefits (12%).

**Chart 25 - a) Do you receive any of the following benefits or tax credits?
b) Which of these, if any, do you feel people like you would like more information on?**



Base: All respondents (Unweighted 2701 Weighted 2029)

6 Appendix

6.1 Socio-Economic-Group Definitions

These groups are based on Market Research Society definitions and on the respondent. They are graded as A, B, C1, C2, D and E.

Group A

- Professional people, very senior managers in business or commerce or top-level civil servants.
- Retired people, previously grade A, and their widows

Group B

- Middle management executives in large organisations, with appropriate qualifications
- Principle officers in local government and civil service
- Top management or owners of small business concerns, educational and service establishments
- Retired people previously grade B, and their widows

Group C1

- Junior management, owners of small establishments, and all others in non-manual positions
- Jobs in this group have very varied responsibilities and educational requirements
- Retired people, previously grade C1, and their widows

Group C2

- All skilled manual workers, and those manual workers for responsibility for other people
- Retired people, previously grade C2, with pensions from their job
- Widows, if receiving pensions from their late partner's job

Group D

- All semi skilled and unskilled manual workers, and apprentices and trainees to skilled workers
- Retired people, previously grade D, with pensions from their late job
- Widows, if receiving pensions from their late partner's job

Group E

- All those entirely dependant on the state long term, through sickness, unemployment, old age or other reasons
- Those unemployed for a period exceeding six months (otherwise classified on previous occupation)
- Casual workers and those without a regular income