Research Report

Health and Wellbeing Survey 2019

Prepared for: Hackney Council

Prepared by: BMG Research

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1 Introduction

1.1 Background

In January 2019, BMG Research was commissioned to undertake a survey among Hackney residents to help the Council better understand the health behaviours and needs of the borough's residents. This document summarises the findings of 1,024 face to face interviews completed among Hackney residents aged 16+ during February and March 2019. A separate cross-tabulated data report is available for more detailed analysis.

1.2 Methodology and sampling

The last equivalent research among Hackney residents was completed in February and March 2015 using a telephone methodology. However, given the recent introduction of GDPR has meant many sampling providers now struggle to provide sufficient and robust telephone sample frames, a decision was made to change the methodology. A transition to a face to face interviewing approach was made to increase the inclusivity of the research.

The revised approach was to deploy a stratified random locational sampling approach, with interviews completed at pre-selected sampling points across Hackney. To generate these sampling points Lower Super Output Areas (LSOAs) were ranked by the Index of Multiple Deprivation (IMD 2015) within each ward. LSOAs were then segmented into quintiles within each ward. After the LSOAs within the borough had been sorted in this way, sampling points (COAs) were selected randomly and all addresses were identified from the postcode address file within each COA to form the sample. The number of addresses per COA ranged from 67 to 259.

The number of sampling points required per ward was calculated based on interviews being achieved proportionately to ward populations, with a target of 10 interviews being set per sampling point. Whilst the interviewers were able to approach any address within a sampling point, quotas were set by age, gender and ethnicity within each ward to ensure a representative spread of interviews. Quotas for working status and tenure were also set at an overall borough level.

1.3 Questionnaire design

A full review of the 2015 questionnaire was undertaken by Hackney Council to ensure that the 2019 version focused on the key health issues for the borough. Several questions from the 2015 survey have been retained for comparability, but this was not the primary driver of the questionnaire design. Comparisons, where relevant, to the 2015 survey findings have been made throughout this report, although when examining year on year differences, the reader should recall the change in methodology between the two datasets. **Therefore, any apparent changes between 2015 and 2019 should be interpreted with caution.**

A small pilot consisting of 32 interviews was conducted to check the flow of the questionnaire and any new questions. Findings from the pilot were fed back to Hackney Council and following this, the order of the questionnaire was revised. Besides order, no other changes were made and therefore the pilot interviews are included in the overall findings.

1.4 Analysis and reporting

The purpose of this report is to provide an overall summary of the dataset for each aspect of public health that the research covered. We recognise that adverse health behaviours and outcomes are likely to be more prevalent among certain demographic groups and within particular geographies and our analysis will draw out these variations. However, we also acknowledge that subsequent policy interventions are likely to be more community focused. Developing health profiles/priorities for the variety of communities within Hackney is beyond the scope of this summary report, but will be possible once this primary data is aligned with other datasets the Public Health Team within Hackney Council hold.

Based on the Hackney population aged 16+ being 218,543 as per the 2017 mid-year population estimates, the sample size in this research of 1,024 has a confidence interval of ±3.06 at a 95% level of confidence. This means that we can be 95% certain that the percentages reported from this sample are within 3.06 percentage points of the percentages that would be observed if the entire Hackney population was interviewed.

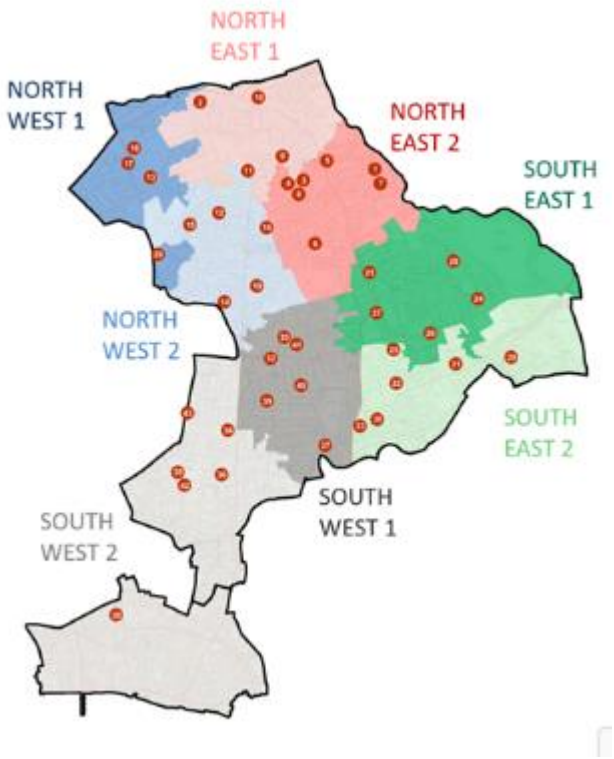
Weights have been applied to the data by ward, age, gender, ethnicity, working status and tenure using 2017 mid-year population statistics (or for variables such as ethnicity not covered by mid-year estimates, 2011 census statistics). This is to ensure that the data is as representative as possible at the borough level.

Within the 1,024 interviews completed, the ward level sample sizes are relatively small. On this basis, survey responses have been aggregated into 8 neighbourhoods using a postcode look-up file provided by Hackney Council. These neighbourhoods are based on the boundaries of GP catchment areas, and align with the geographical groupings of GPs and other local services that have been established to deliver integrated care for local residents. Spatial analysis in this report will be undertaken using these 8 neighbourhoods which are listed in the table below.

Table 1: Neighbourhood units for spatial analysis

Neighbourhood	Sample size
NE1	97
NE2	106
NW1	100
NW2	136
SE1	138
SE2	117
SW1	151
SW2	179

Figure 1: Map of neighbourhoods

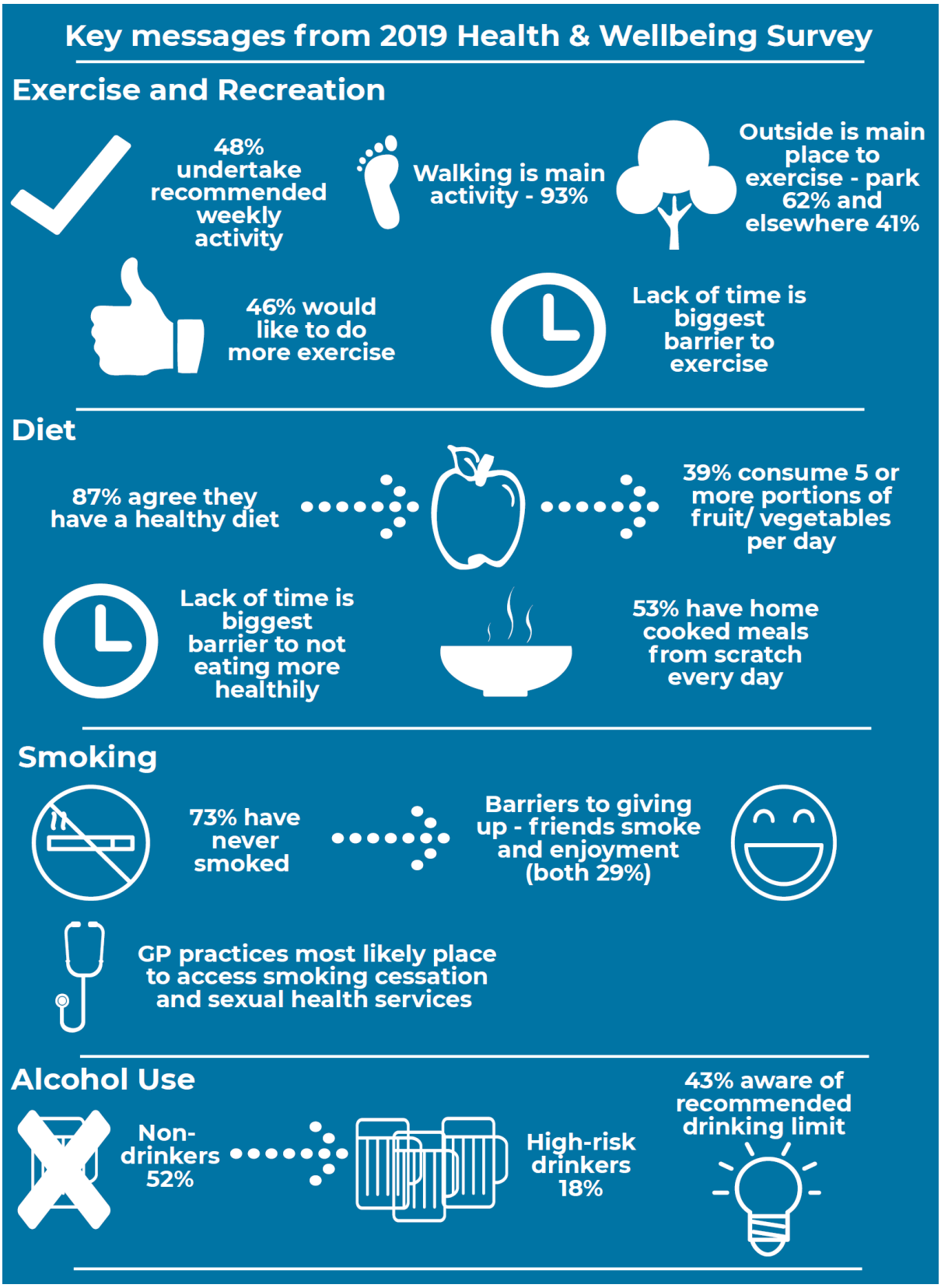


Throughout this report the word “significant” is used to describe differences in the data. This indicates where the data has been tested for statistical significance using the t-test. This testing identifies ‘real differences’ (i.e. difference that would occur if we were able to interview all residents in the borough rather than just a sample). However, as already noted the actual percentages reported in the data may vary by ±3.06 percentage points at the 95% confidence level on an observed statistic of 50%. In tables any shaded figures and in charts any circled figures are significantly greater than the total.

Figures and tables are used throughout the report to assist explanation and analysis. Although occasional anomalies appear due to ‘rounding’ differences, these are never more than +/-1%. These occur where rating scales have been added to calculate proportions of respondents who are satisfied at all (i.e. either very or fairly satisfied).

Scores have been calculated for mental wellbeing (SWEMWBS) and alcohol consumption (Audit C) and the calculation methods used are detailed in the relevant report section.

2 Key Findings



2.1 Exercise and Recreation

- Based on the frequency with which Hackney residents say they take part in moderate and vigorous exercise, just under half (48%) undertake the recommended weekly amount of physical activity. Even in groups significantly more likely to be exercising sufficiently such as the economically active and those aged 16-34 the proportion doing so is only into the mid-50%. This level of inactivity clearly has wider health implications.

- A slight majority of residents (57%) feel they already exercise enough. On this basis there may be a need to further raise expectations about what appropriate levels of exercise are. Although, alongside this it is notable that close to a half of residents (46%) would like to do more exercise, suggesting there is potential to raise exercise levels in the future. This rises significantly to 56% amongst residents who already undertake the recommended weekly amount of activity compared to less than two fifths (38%) of those who do not. Looking specifically at residents who undertake less than 30 minutes of moderate or vigorous exercise in a typical week, which is a key target group for Hackney, shows that over a quarter of these residents (26%) would like to do more exercise.

- The dominant barrier to residents doing more exercise is a lack of time, with close to two thirds of residents (63%) stating this. This was also the key barrier identified in the equivalent 2015 research among Hackney residents. Health problems and cost are also important, but less common, stated barriers. Time issues are also the main barrier perceived by parents with children for their children not doing more exercise.

- The most common form of physical activity that Hackney residents do currently is walking, with over nine in ten (93%) residents who exercise doing this. Exercise as part of travelling plays an important part in residents' current activity, with 76% of residents who do some moderate or vigorous activity walking for travel.

- The main places for residents to exercise are outside either at the local park (62%) or outdoors but not a park (41%). There is some evidence in the data that spaces specifically for exercise such as gyms are significantly more likely to be used by those in the least deprived areas of the borough. It also should be recognised that the home is also a key exercise space for three in ten Hackney residents.

2.2 Diet

- Almost nine in ten residents (87%) agree they have a healthy diet overall, with only 4% disagreeing. However, there appears to be a gap between perceptions and behaviours given that only just under two fifths of residents (39%) say they consume the recommended five portions of fruit and vegetables a day. Indeed, even among those who do not have their five portions a day, 83% still perceive that they have a healthy diet.

- Echoing the findings relating to exercise, the main barrier to eating healthy is perceived to be lack of time.

- While 43% of Hackney residents say they have a take away meal at least weekly, residents are most likely to say that a home cooked meal prepared from scratch is what they eat daily (55%). Further exploration may be needed regarding the nature of the ingredients being used in such home cooked meals (e.g. use of salt and saturated fats).

- Younger residents are significantly more likely to say they consume larger volumes of take-aways and fast food, with double the number of those aged 16-34 (16%) eating such meals two or more times a week compared to those aged 65+ (8%).

2.3 Smoking

- Close to three quarters of residents (73%) report having never smoked. A fifth of residents (21%) say they currently smoke. Smokers in Hackney are significantly more likely to be male and White British.

- Smoking behaviours are also more commonly evident among those who exhibit high risk drinking behaviours, potentially compounding these health risks.

- The main barriers to quitting are social, i.e. having friends who also smoke (29%) and the fact that they enjoy smoking (29%). This suggests that these smoking behaviours potentially could be deeply entrenched.

- Over a half of smokers are aware of GP practice-based support for stopping smoking (56%) with close to half aware of pharmacy-based support (48%). Two in five (42%) are aware of the NHS Smokefree website.

- Residents who smoke were more likely to say they would use face-to-face support services if they needed support to give up smoking – local GP (60%), local pharmacy (32%) and drop in clinic (23%). Awareness of online services in particular does not appear to be translating into propensity to use these services.

2.4 Sexual Health Services

- The majority of residents (85%) state that they would consider using at least one of the free services available locally if they needed support in relation to their sexual health. As with support to stop smoking, GP based services are the most popular (79% say they would consider using).

2.5 Mental Wellbeing

- Using SWEMWBS to assess resident wellbeing, the median overall raw score calculated for residents was 27.3 against a maximum possible score of 35. The distribution of scores from the SWEMWBS calculations are unchanged since 2015.

- Exploring socio-demographic variations in SWEMWBS scores, there are clearly some groups of residents that have higher reported wellbeing than others, with a significantly higher score seen among:

    - Younger residents i.e. those aged 16-34
    - Those economically active
    - Those with children
    - Those without a disability

2.6 Substance Misuse

- The majority of residents (87%) perceive that they drink within the recommended low risk limit. Close to a half of residents (48%) state they did not drink at all. Those who state that they do not drink, are significantly more likely to be:

    - Female (54%) rather than male (42%);
    - Aged 65+ (63%);
    - Black (59%) or of another non-White British ethnicity (62%);

- Summarising alcohol consumption using the Audit C system shows over a half of Hackney residents are reported non-drinkers (52%). Close to a fifth (18%) are classified as high-risk drinkers on the basis of their reported drinking behaviour. Young, white males most commonly fall into this category.

- Over two fifths of Hackney residents (43%) are aware of the recommended low risk drinking limit. Lower awareness of the recommended number of alcohol units per week is found among the most deprived quintile of the borough (50%), although these areas of deprivation also have higher proportions of non-drinkers.

- The majority of residents (80%) say they have not taken any unprescribed substances, with just 14% stating they have taken an unprescribed substance. The most common substance reportedly used is cannabis (13%). Very few users have used a substance in the last month (17%), which equates to just 2% of all residents. Around a third (34%) of residents that have used a substance have used it within the last 12 months.

2.7 Interactions unhealthy behaviours

Numerous interactions between healthy and unhealthy behaviours can been seen within the dataset which have implications for wider health outcomes. These include:

- Residents that do not themselves undertake the recommended weekly amount of physical activity and have children are significantly more likely to feel their child does about the right amount of exercise:

    - 89% of parents with children under 5 who themselves do not undertake the recommended amount of exercise say their child does the right amount of exercise vs 77% of parents who do undertake the recommended amount.
    - 87% of parents with children aged 5 to 18 who themselves do not undertake the recommended amount of exercise say their child does the right amount of exercise vs 76% of parents who do undertake the recommended amount.

    In this context there is a risk that low expectations/aspirations regarding exercise are be perpetuated in subsequent generations.

- A quarter of reported high-risk drinkers (24%) say they consume take-aways or fast food two or more days a week, 10% above the survey average, suggesting a routine unhealthy lifestyle among this group.

- Residents reported as high-risk drinkers are more likely to be substance takers (42% of this category has taken a substance vs 14% low-risk drinkers and 4% non-drinkers) as are smokers (28% of smokers have taken any substance vs 9% non-smokers) linking these three behaviours together.

3 Segmentation

3.1 Introduction

A segmentation exercise was undertaken to identify key subgroups of respondents with similar attitudes, with a view to understanding which respondents are more likely to have healthy behaviours.

Respondents that are organised into the same segment are said to be similar to each other for a set of given characteristics; and respondents that are organised into different segments are said to be dissimilar for the same characteristics.

We have done this by fitting a latent class model, which is a technique that is used to identify groups that are unlikely to be directly observable within a population. Because someone's health behaviours are not an easily classifiable outcome, it cannot usually be measured directly. Latent class analysis usually reflects some reality in the real world. Latent groups are measured using a number of observed variables. The observed responses are said to be driven by the underlying latent variables.

BMG selected 6 questions/variables which we thought were important from the survey to create segments. In order to reduce the complexity so that it is possible to find a stable solution, question summaries were used. The questions included in the model were:

- Q1/Q2 Moderate physical activity or vigorous physical activity undertaken in an average week vs no activity
- Q5 Already exercises enough or would like to do more vs does not exercise enough but not interested in doing more
- Q13 Eats 5 or more portions of fruit or vegetables on a typical day vs does not
- Q15 Currently smokes or has smoked vs never smoked
- Q25 Has not taken any substances in their life vs those that have
- Audit C (based on Q19, Q20, Q21, Q22a and Q22b) Non-drinkers vs low-risk drinkers vs high-risk drinkers vs unknown

For this project, a 3-class solution was found to deliver the optimal fit.

3.2 Overview of segmentation results

The following summarises the key characteristics of the three segments identified.

Segment 1: Unmotivated and inactive (16% of residents)

Respondents in this segment account for close to a fifth of all residents.

They do not undertake any physical activity in an average week. Although they are the most likely to identify that they don't exercise enough (67%) they are the most likely to say they are not interested in doing any more (69%).

Residents in this group are significantly more likely to cite health problems as the barrier to them conducting more exercise (40%). Lack of time is also an issue for this group (47%) although significantly less than the other groups.

The things that prevent this group from eating more healthily than the other groups identified are lack of interest (14%), which excluding the 51% who said they felt they already had a healthy diet, this was the biggest barrier. In addition to this healthy food being too expensive (13%), confusion about what is healthy (8%) and the fact that healthy food is not easily available (6%) were also contributing factors.

They are the least likely to eat the recommended 5 or more portions of fruit or vegetables in a typical day (26%). This group are the most likely to consume ready meals every day in a typical week (10%) however, they are the most likely to never consume take away or fast food in a typical week (19%).

Only a third of this group (33%) are aware of the low risk drinking limit. However, this group is the most likely to be classified as non-drinkers (83%).

In terms of mental wellbeing this group is the most likely to have the lowest SWEMWBS of 7 to 19 (22%).

In terms of demographics in comparison to the other groups this group is likely to:

- Not have children aged up to 18 (75%)
- State they have difficulty making ends meet at the end of the month (50%)
- Have a disability (41%)
- Be aged 55+ (48%)
- Female (64%)
- Be of another ethnic group than White British or Black British (52%)
- Economically inactive (58%)
- Live in social rented housing (66%)
- Live in NE1 or SE1 neighbourhoods (15% and 19% respectively).

Segment 2: Consistent healthy living (58% of residents)

Respondents in this segment account for close to three fifths of all residents.

They undertake at least some physical activity in an average week although only 55% do the recommended amount. They are the most likely to feel that they already exercise enough (65%).

Whilst lack of time is also an issue for this group (63%), they are significantly more likely than the other groups to mention exercise being too expensive as a barrier to not doing more (11%).

This group is the most likely to feel that they have a healthy diet overall with 90% agreeing, although they are not the most likely to eat the recommended 5 or more portions of fruit or vegetables in a typical day (38%). Supporting this they are the most likely to eat a home cooked meal prepared from scratch every day (59%).

They are also the most likely group to have never smoked (86%).

Just over a third of this group (35%) are aware of the low risk drinking limit. However, this group is the more likely to be classified as non-drinkers (65%) or low-risk drinkers (35%).

In terms of mental wellbeing this group is the most likely to have the highest SWEMWBS of 31 to 35 (32%).

In terms of demographics in comparison to the other groups this group is likely to:

- Have children aged up to 18 (44%)
- Not have a disability (89%)
- Be aged 18 to 34 (49%)
- Be Black or Black British (28%) or of another ethnic (44%)
- Live in NW1 neighbourhood (12%).

Segment 3: Contradictory living (27% of residents)

Respondents in this segment account for close to three in ten of all residents.

This group are the most likely to do the recommended amount of physical activity in an average week (61%) but are also the group most likely to have an appetite for doing more activity (58%).

Although the main place this group exercises is consistent with 61% of this group stating the local park. This group are significantly more likely to exercise at the gym than the other groups (47%).

Lack of time is a significant barrier for this group in terms of doing more exercise (73%). This also comes through strongly for this group in relation to eating more healthily with 27% mentioning lack of time to prepare food/cook and 10% mentioning lack of time to source fresh food.

This group are the most likely to eat the recommended 5 or more portions of fruit or vegetables in a typical day (51%). However, this group are more likely to report they consume a take away or fast food meal as least weekly (65%) or a meal at a restaurant (54%).

This group are the most likely to currently smoke or have previously smoked (54%). In turn this group are the most likely to be aware of one of the stop smoking services available to Hackney residents.

This group are the most likely to be aware of the low risk drinking limit with two thirds of this group saying they are aware. However, this group is the most likely to be classified as high-risk drinkers (68%).

This group are the most likely to have taken a substance in their life which was not prescribed (48%).

In terms of demographics in comparison to the other groups this group is likely to:

- Not have children aged up to 18 (68%)
- Not have a disability (93%)
- Homosexual (10%)
- Be aged 18 to 34 (49%)
- Male (60%)
- Be White British (59%)
- Economically active (86%)
- Not in social rented housing (owner 35%, private rented 39%, social rented 24%)
- Live in SE2 neighbourhood or NW2 neighbourhood (18% and 17% respectively).

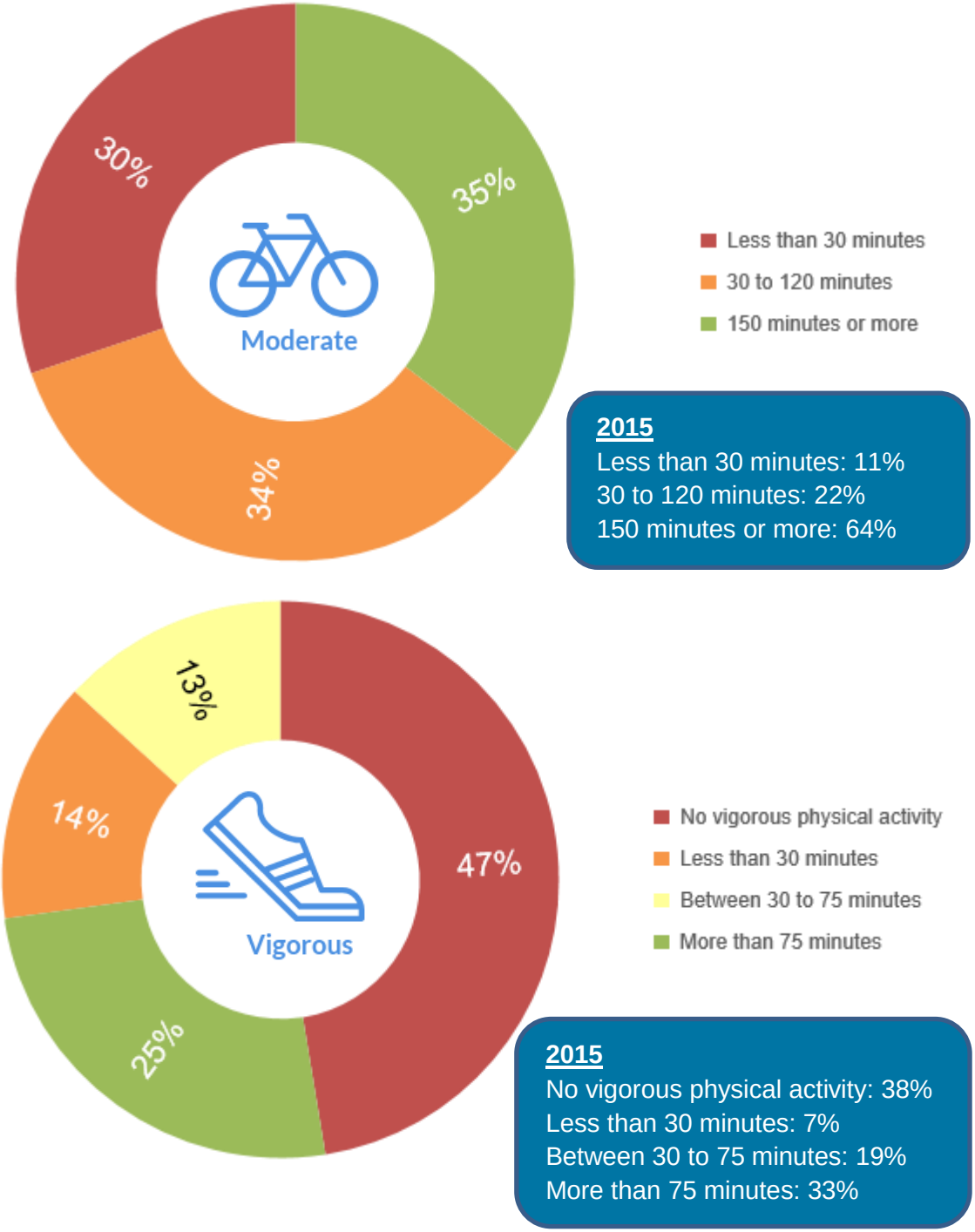
4 Exercise and Recreation

4.1 Exercise levels reported

Residents were initially asked how much moderate physical activity they do in total in an average week. Moderate activity, as described to respondents, is activity that raises your heart rate and makes you feel warmer which can include brisk walking, hiking or cycling on level ground. Broadly equal proportions state they complete less than 30 minutes per week (30%), between 30 and 120 minutes per week (34%) and 150 minutes or more per week (35%).

Residents were then asked how much vigorous physical activity they do in total in an average week. Vigorous activity, as described to respondents, is activity that makes you breath hard and makes it difficult to talk without pausing for breath which can include running, fast swimming, cycling fast or uphill. Just under half of Hackney residents (47%) state they do not do any vigorous activity per week, with a further 14% doing 30 mins or less per week. At the other end of the scale, a quarter of residents (25%) exercise vigorously for more than 75 minutes in an average week

Figure 2: Moderate and vigorous physical activity undertaken in an average week



Base: 1024 (all respondents)

Chief Medical Office (CMO) guidance recommends at least 150 minutes of moderate activity or 75 minutes of vigorous activity a week is conducted or a combination of both.

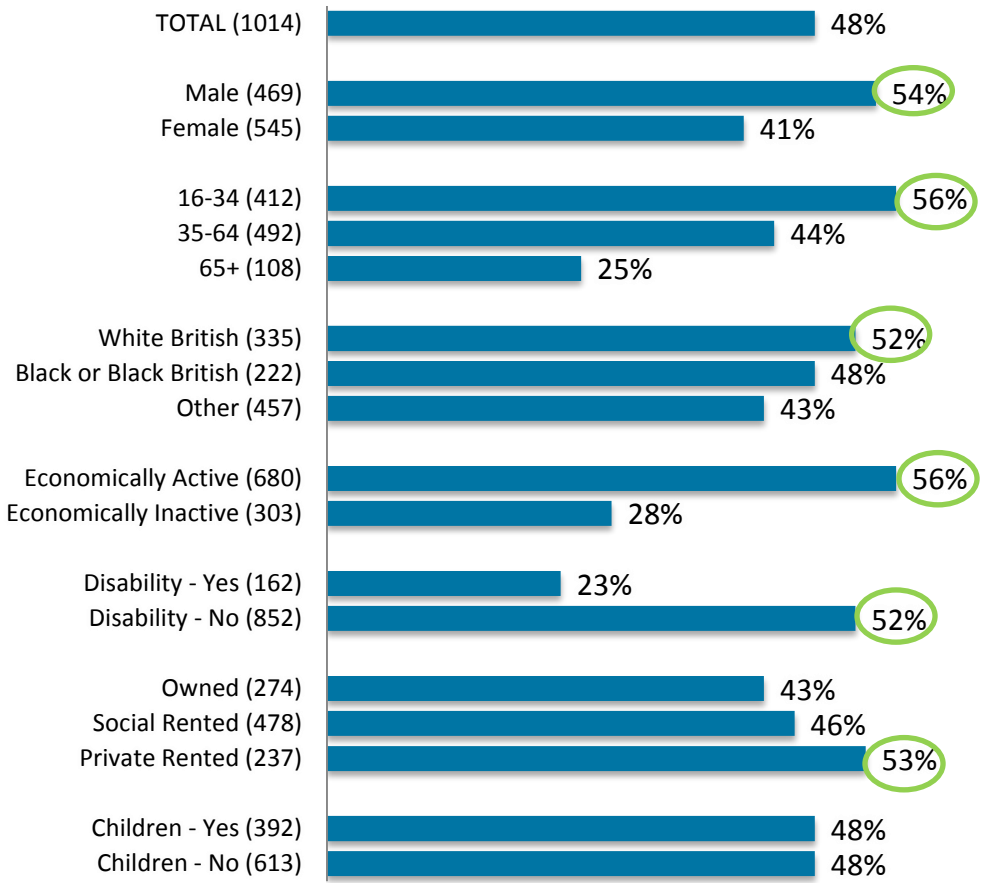
Close to a half of residents (48%) undertake the recommended weekly amount of activity[1] which as shown in the figure overleaf varies by demographics.

- Males are significantly more likely than females to undertaken the recommended weekly amount of activity (54% males vs 41% females).
- As might be expected the level of activity significantly decreases with age with over a half of residents aged 16 to 34 (56%) undertaking the recommended amount compared with 44% of those aged 35 to 64 and just 25% of those aged 65+.
- White British residents are significantly more likely to undertake the recommended weekly amount of activity (52% vs 46% non-White-British).
- Economically active residents are significantly more likely than those economically inactive to undertake the recommended weekly amount of activity (56% vs 28%) which is linked to the fact that 90% of respondents aged 65+ are economically inactive.
- Also, as might be expected residents with a disability are significantly less likely to undertake the recommend weekly amount of activity (23% vs 52% without a disability). Again, this group includes a high percentage of respondents aged 65+.
- Those in private rented accommodation are significantly more likely to undertake the recommended weekly amount of activity (53% vs 46% social rented and 43% owned), although it is worth noting those in private rented accommodation are more likely to be aged 16 to 34.

[1] Residents have been classified as active if moderate = 150 minutes or more, vigorous = 75 minutes or more, also a combination of moderate and vigorous as follows:

- 120 minutes moderate and some vigorous activity (less than 30 minutes or 30 to 75 minutes)
- 30, 60 or 90 minutes moderate and 30 to 75 minutes vigorous

Figure 3: Undertake recommended weekly amount of activity – by demographics



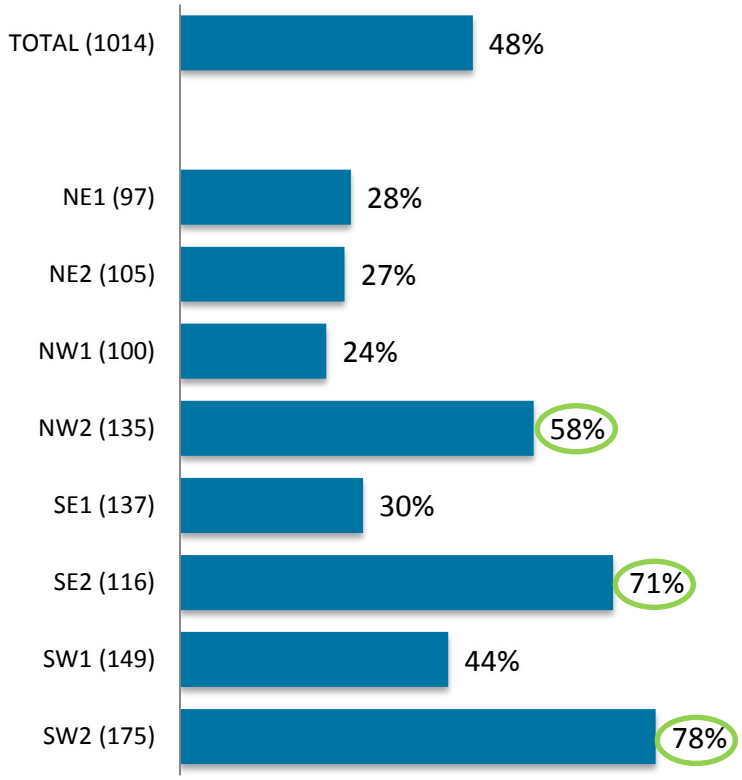
Unweighted base: 1014 (all respondents excluding don't know or prefer not to say to activity)
Green circles indicate significant difference from total

Interestingly whether residents had children or not does not have any effect on whether they undertake the recommended amount of physical activity (both 48%).

Spatial analysis by neighbourhood, (defined by GP surgery boundaries), identifies some notable differences. Residents in SW2 are significantly more likely to undertake the recommended weekly activity (78%) than the average across Hackney, as are residents in SE2 (71%) and NW2 (58%).

Exploring further the socio-demographics of each neighbourhood, SW2 residents are significantly more likely to be younger (aged 16 to 34) and economically active which are potential contributing factors to the levels of activity seen. However, within SE2 and NW2 there does not appear to be any links between this finding and the socio-demographics of these neighbourhoods.

Figure 4: Undertake recommended weekly amount of activity – by neighbourhood



Unweighted base: 1014 (all respondents excluding don't know or prefer not to say to activity)
Green circles indicate significant difference from total

In addition to this there appears to be a link between physical activity and other health behaviours with residents who undertake the recommended weekly activity significantly more likely to say they eat five (or more) portions of fruit or vegetables in a typical day (54% vs 44%). Residents with a higher mental well-being score (SWEMWBS[2]) were also significantly more likely to undertake the recommended weekly physical activity (score 7 to 19: 27%, score 20 to 30: 47%, score 31 to 35: 59%).

Interestingly, residents classified as drinkers (either high risk or low risk) were significantly more likely than non-drinkers to undertake the recommended amount of weekly activity (High-risk drinkers 60%, Low-risk drinkers 59%, Non-drinkers 38%). However, as explored later in the report drinkers are significantly more likely to be male and aged 16 to 34.

[2] SWEMWBS scoring matrix used to calculate a mental wellbeing score for each resident. A score of 7 to 19 indicates an individual with a 'low' level of mental wellbeing. A score of 20 to 30 indicates an individual with a 'medium' level of mental wellbeing and a score of 31 to 35 indicates an individual with a 'high' level of mental wellbeing. For further details please see Section 7

4.2 Types of exercise undertaken

Those residents who said they did some moderate or vigorous exercise in an average week were asked what types of exercise, sport or other physical activity they typically do. This included physical activity undertaken as part of their job or around the home. Residents were shown a list of activities, such as, walking, cycling, team sports, etc and asked to pick what they do from the list. This was then followed up with a further question to ascertain exactly what activities they undertake.

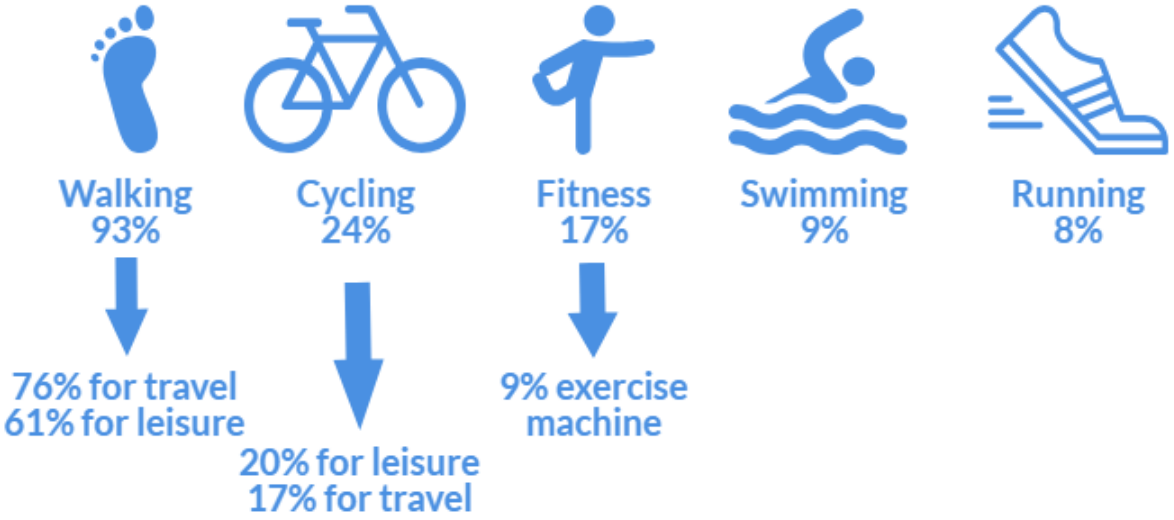
Consistent with 2015, the most common form of activity was walking with over nine in ten (93%) residents who exercise undertaking this. This was followed by close to a quarter (24%) mentioning cycling and close to a fifth (17%) mentioning fitness.

It is worth noting that the degree to which some activities are undertaken has changed quite considerably since 2015 where walking was recorded at 58% and running 26% - this may be to do with the change in methodology between the two datasets and how the question is administered. Therefore, should be interpreted with caution.

Residents who do not undertake the recommended weekly physical activity were significantly more likely to walk in an average week than residents who do undertake the recommended weekly physical activity (96% vs 90%).

Those who mentioned their participation in an activity were then asked to explain exactly what kind of activity they do. From these more granular responses it is evident that exercising as part of travelling was a significant factor in activity with over three quarters (76%) of residents who do some moderate or vigorous physical activity stating they walk for travelling purposes and close to a fifth (17%) stating they cycle for travelling purposes.

Figure 5: Top 5 types of physical activity undertaken in an average week

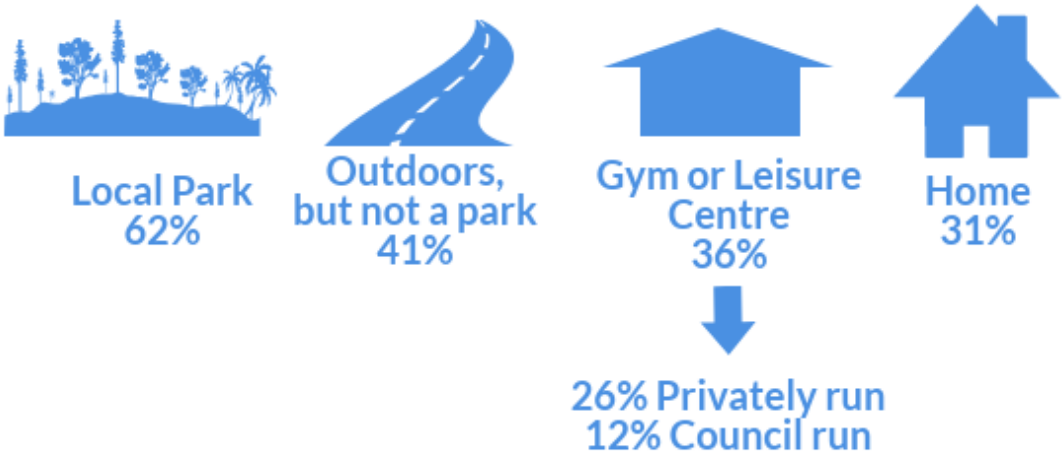


Unweighted base: 836 (Where do moderate/vigorous exercise)

4.3 Where residents exercise

Residents who undertake moderate or vigorous physical activity in a typical week were then asked in which places they undertake exercise. Consistent with 2015 the main places to undertake exercise remains outside either at the local park (62%) or outdoors but not a park (41%).

Figure 6: Where exercise is undertaken



Unweighted base: 836 (Where do moderate/vigorous exercise)

The following groups of residents are significantly more likely to exercise at home:

- Females (35% vs 28% males)
- Residents aged 65+ (50% vs 30% 16-64)
- Black or Black British (37% vs 30% other and 28% White British)
- Economically inactive (38% vs 29% active).

Residents previously identified as being generally more physically active are significantly more likely to exercise at a gym or leisure centre (whether that be privately run or Council run). Among those who do the recommended level of weekly exercise 48% exercise in a gym, compared to 20% of those who do not do the recommended level of exercise.

Deprivation appears to also be a contributing factor to where residents exercise with those in the most deprived quintile significantly more likely to exercise at home (42%) and those in the least deprived quintile significantly more likely to exercise at a gym (44%) than the average across Hackney.

Facilities available nearby maybe a contributing factor regarding where exercise is done and therefore where residents exercise has been explored by neighbourhood. As highlighted in the table below there are some differences by neighbourhood with residents in NE2, NW1 and SW1 significantly more likely to use the local park whereas SE2 and SW2 residents are significantly more likely to exercise outdoors but not in a park.

Interestingly SW2 residents, who as identified previously are the most likely to undertake the recommended amount of activity, were significantly more likely to undertake physical activity at home (41%) than the average across Hackney. Exploring this further shows no links between this finding and the socio-demographics of SW2 residents.

Table 2: Where exercise is undertaken – by neighbourhood

Neighbourhood	Local Park	Outdoors, but not a park	Gym or Leisure Centre	Home
NE1 (72)	65%	25%	37%	26%
NE2 (85)	80%	40%	21%	15%
NW1 (91)	74%	17%	27%	26%
NW2 (120)	52%	46%	36%	33%
SE1 (100)	64%	25%	38%	37%
SE2 (106)	57%	55%	37%	28%
SW1 (114)	71%	47%	41%	35%
SW2 (148)	46%	55%	42%	41%

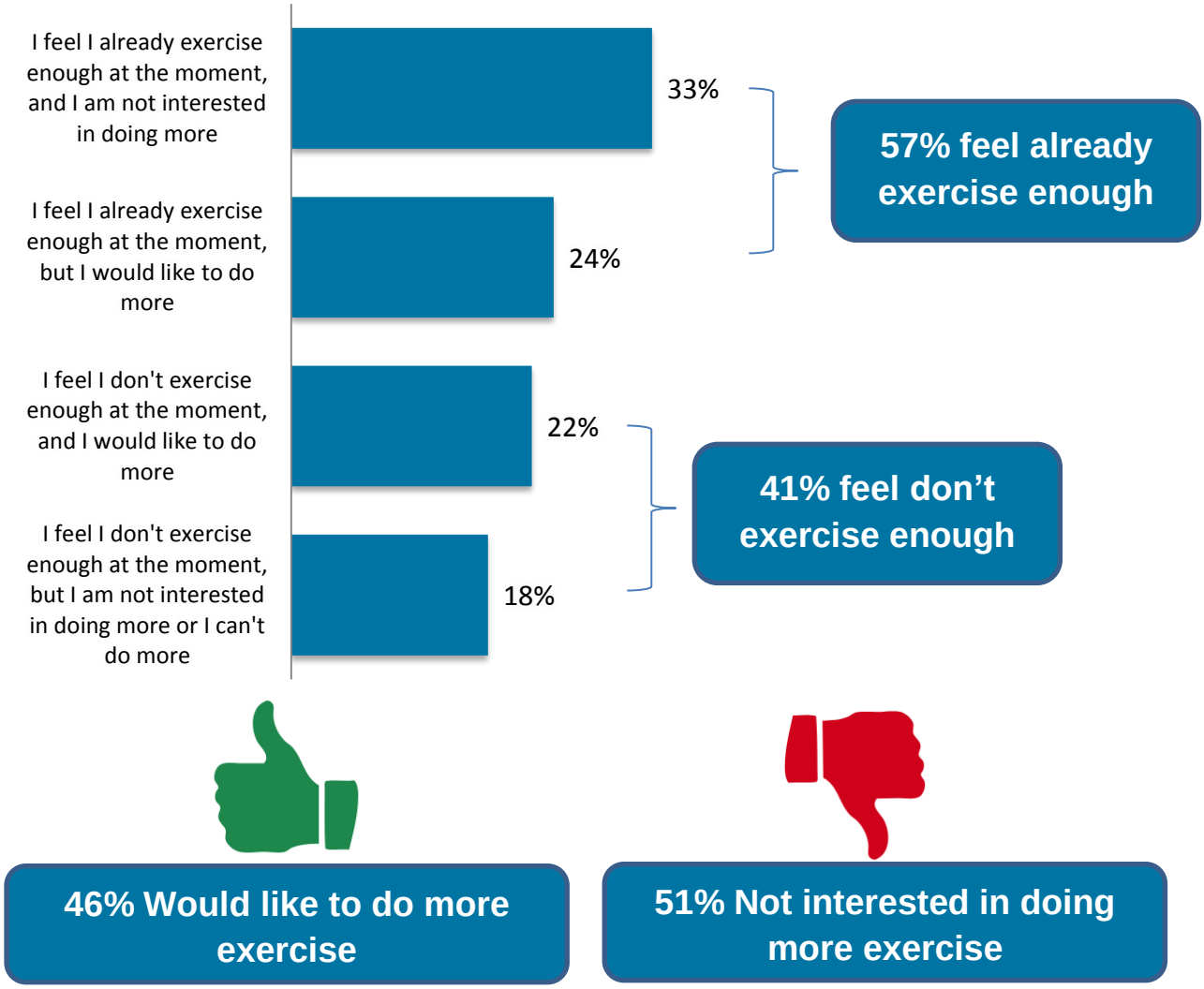
Green shading indicates significant difference from total

4.4 Perceptions of exercise levels

After establishing how much exercise and the types of exercise residents undertake, they were then asked about their perceptions of the levels of exercise they undertake and whether they felt it was enough or not and whether they would like to do more.

The majority of residents (57%) feel they already exercise enough (47% in 2015) although a quarter (24%) would still like to do more. Two fifths (41%) feel they do not exercise enough, and around a half of these residents are not interested in doing any more or can't do more. In total, close to a half of residents (46%) would like to do more exercise (68% in 2015[3]).

Figure 7: Perceptions of exercise



Unweighted base: 1024 (all respondents)

[3] Due to the change in methodology between the two datasets any apparent changes between 2015 and 2019 should be interpreted with caution.

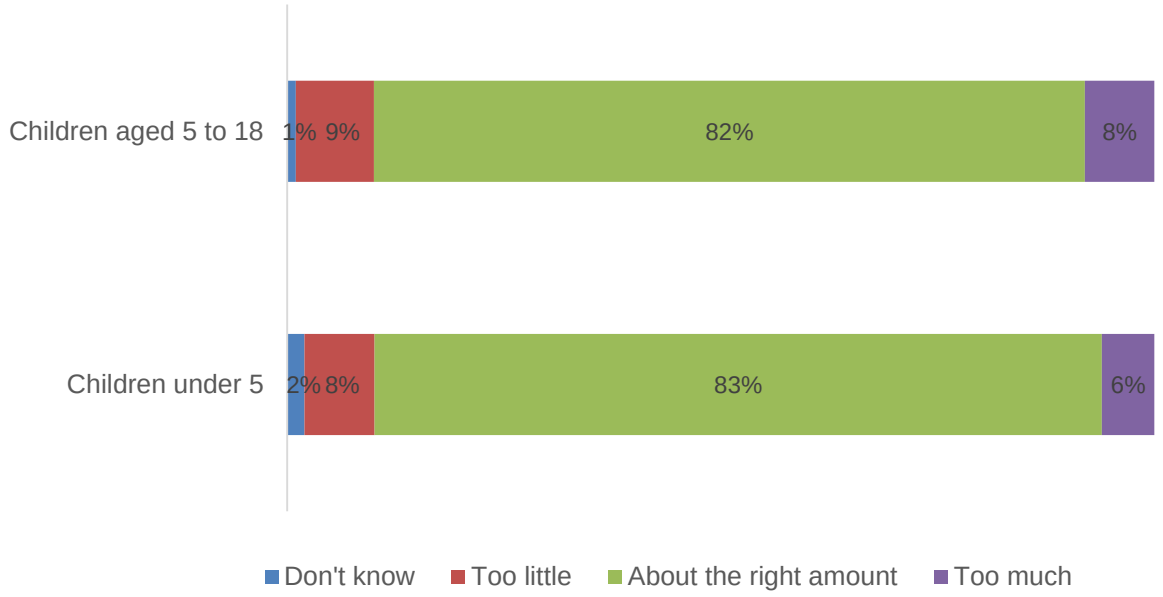
Residents who currently already undertake the recommended weekly amount of activity are significantly more likely to say they would like to do more (56% vs 38% who do not do recommended amount). Looking specifically at residents who undertake less than 30 minutes of moderate or vigorous exercise in a typical week, which is a key target group for Hackney, shows that over a quarter of these residents (26%) would like to do more exercise.

Economically active residents are significantly more likely to feel they do enough exercise (59% vs 48% economically inactive). The resident groups most likely to say they don't do enough exercise but did not want to do more tended to be those as mentioned previously that did not undertake the recommended amount of activity i.e.:

- Those who have a disability (37% vs 15% without a disability);
- Those who are economically inactive (31% vs 13% economically active);
- Those aged 65+ (32% vs 20% 35-64 and 13% 16-34).

Residents who have children under 18 in their household were also asked to consider whether they feel that their child(ren) exercises too much, about right amount or too little. In response, the majority of residents with children feel that their child(ren) does about the right amount of exercise – 82% of residents with children aged 5 to 18 and 83% of residents with children under 5.

Figure 8: Perceptions of Children's exercise



Unweighted bases: 210 (where had children under 5), 294 (where had children 5-18)

Interestingly residents that do not themselves undertake the recommended weekly amount of physical activity who have children were more likely to feel their child did about the right amount of exercise:

- 89% of parents with children under 5 who themselves do not undertake the recommended amount of exercise say their child does the right amount of exercise vs 77% of parents who do the recommended amount.
- 87% of parents with children aged 5 to 18 who themselves do not undertake the recommended amount of exercise say their child does the right amount of exercise vs 76% of parents who do the recommended amount.

The proportion of parents who feel their children do the right amount of exercise is significantly higher than in the 2015 survey, when 70% of parents with children under 5 and 67% of parents with children aged 5 to 18 felt their child(ren) did the right amount of exercise. However, it must be stressed that this question is perceptions based. The level of exercise the children in question do was not recorded in this research. As previously mentioned, any apparent changes between 2015 and 2019 should be interpreted with caution due to change in methodology.

4.5 Barriers to exercise

Residents who feel that they don't exercise enough and those who feel they already exercise enough but would like to do more, were asked what if anything prevents them from doing more exercise

Consistent with 2015, the biggest barrier to residents doing more exercise is by far lack of time, with close to two thirds of residents (63%) stating this. This is followed by health problems (15%) and expense (9%). One in eleven (9%) said that nothing stopped them exercising more.

Figure 9: Barriers to exercise

Unweighted base: 657 (where state do not exercise enough or would like to do more)

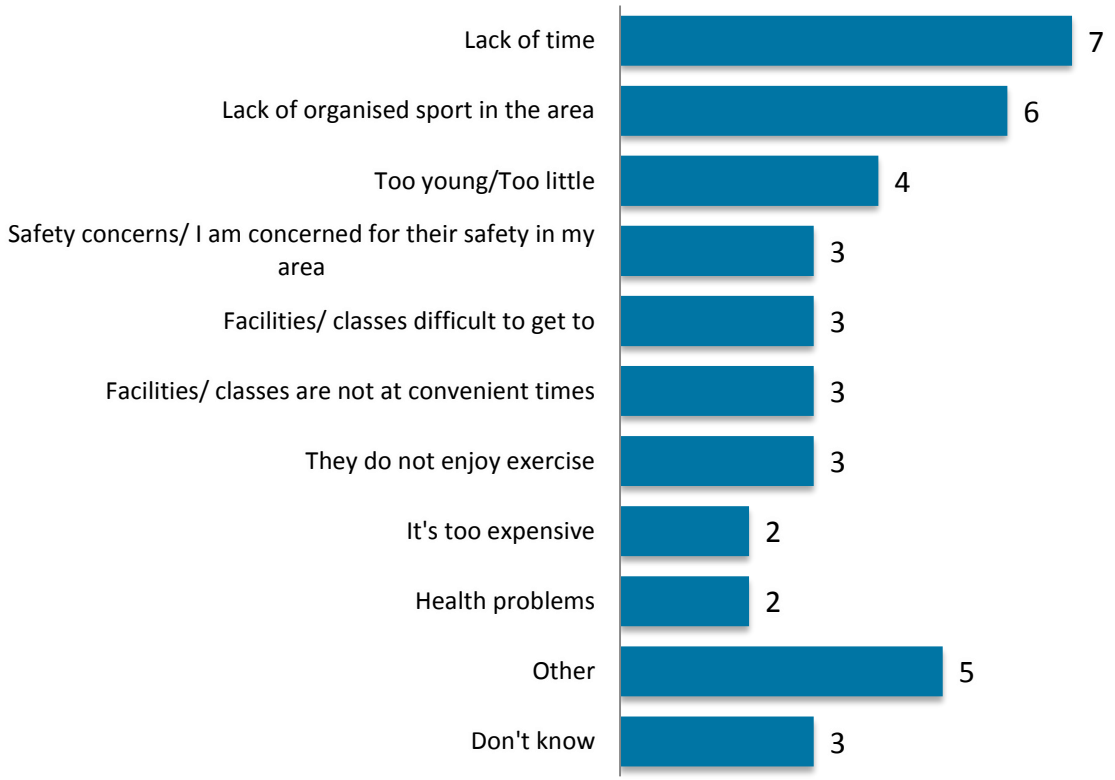
Those significantly more likely to state lack of time as a barrier already undertake the recommended weekly amount of activity (70% vs 57%). In addition to this, as might be expected, residents with children were also significantly more likely to state lack of time (75% vs 57% without children).

Although not the biggest barriers to exercise there were some interesting mentions which included:

- Lack of organised sport in my area (2% - 13 residents)
- Facilities/classes are not at convenient times (1% - 10 residents)
- Facilities/classes difficult to get to (1% - 9 residents) – especially amongst SE2 residents (5% - 4 residents).

Using a similar style question, residents with children who indicated that their children do too little exercise were asked what prevents their children from doing more exercise. Very few parents with children feel their children do too little exercise – 37 in total, making the results of this question indicative rather than statistically robust. Similar to themselves parents suggest that the main barrier to children exercising more is a lack of time (7 mentions). Other perceived barriers for children include a lack of organised sport in their area (6 mentions) and their children being too young or little for exercise (4 mentions).

Figure 10: Barriers to exercise for children



Unweighted base: 37 (where had children who exercise too little) * Actuals reported

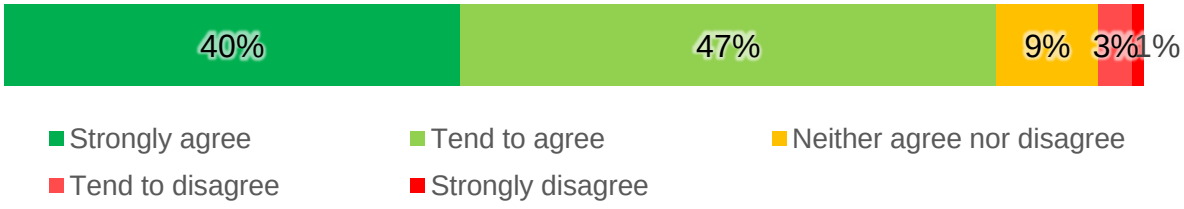
5 Diet

5.1 Perceptions of diet

All residents participating in the research were asked about their food and eating habits and to what extent they feel they have a healthy diet overall.

Almost nine in ten residents (87%) agree they have a healthy diet overall, which is 7% higher than reported in 2015[4]. This includes 40% who gave the most positive response of strongly agree. Only 4% disagree they have a healthy diet.

Figure 11: Perceptions of diet – 'To what extent to do you agree or disagree that you have a healthy diet overall'



Unweighted base: 1024 (all respondents)

There is a link between healthy diet and the ability of individuals to make ends meet. 90% of those who rarely or never have difficulties in making ends meet are likely to agree they have a healthy diet overall. This proportion drops significantly (83%) among those who sometimes or always have difficulty making ends meet. However, this still means that a clear majority of households have positive perceptions of their diet. No significant variations are evident in these perceptions by IMD quintile.

Looking at perceptions of diet by neighbourhood shows residents living in SE2 are significantly less likely than the average across Hackney to feel they eat healthily overall (75%). Interestingly, this was one of the neighbourhoods where residents are more likely to undertake the recommended amount of physical activity. This is partially linked to the fact that SE2 residents are significantly more likely to be in social rented housing.

There is, perhaps not surprisingly, a correlation between perceived healthiness of diet and reported consumption of fruit and vegetables. More than nine in ten (94%) residents who consume their daily 5 a day intake feel they have a healthy diet overall. This is 11-percentage points higher than among those who report not having their five portions a day (83%).

[4] Due to the change in methodology between the two datasets any apparent changes between 2015 and 2019 should be interpreted with caution.

Those with a lower mental wellbeing score (SWEMWBS) are significantly less likely to feel they have a healthy diet with just seven in ten (71%) of those with a score of 7 to 19 agreeing.

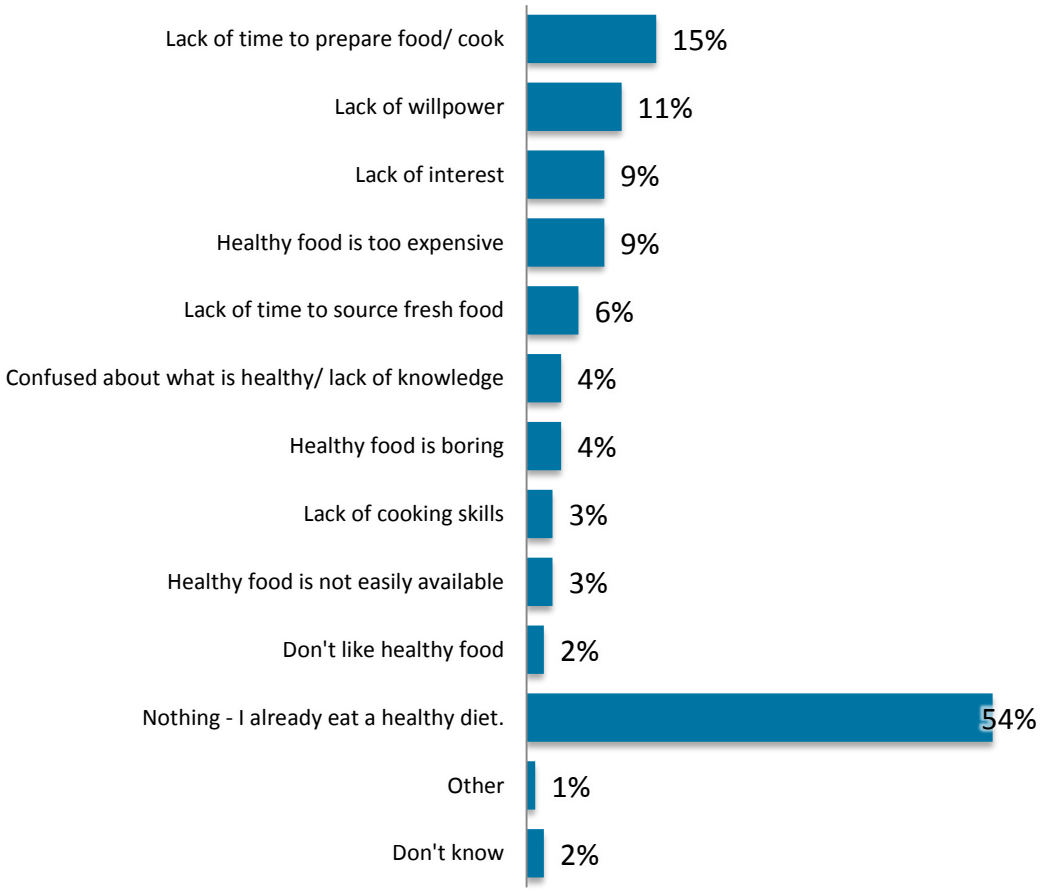
5.2 Barriers

All residents, regardless of whether they agree or disagree that they have a healthy diet, were asked what prevents them from eating more healthily. In response, over a half of residents do not feel there is any barrier and that they already eat a healthy diet (54%). This is significantly higher among older residents aged 65+ (71%).

Consistent with barriers to exercise, lack of time is the biggest barrier to eating healthily, with 15% stating a lack to time to prepare food and cook. In 2015 the key barrier identified in terms of healthy eating was price. Such time constraints are more commonly mentioned by younger residents i.e. those aged 16-34 (18%) and those who are economically active (19%). This potentially highlights the impact of working life on healthy eating.

Just under one in ten residents (9%) suggested that healthy food is too expensive, with this proportion rising significantly among those who sometimes or always have difficulty making ends meet (13%).

Figure 12: Barriers to eating healthily

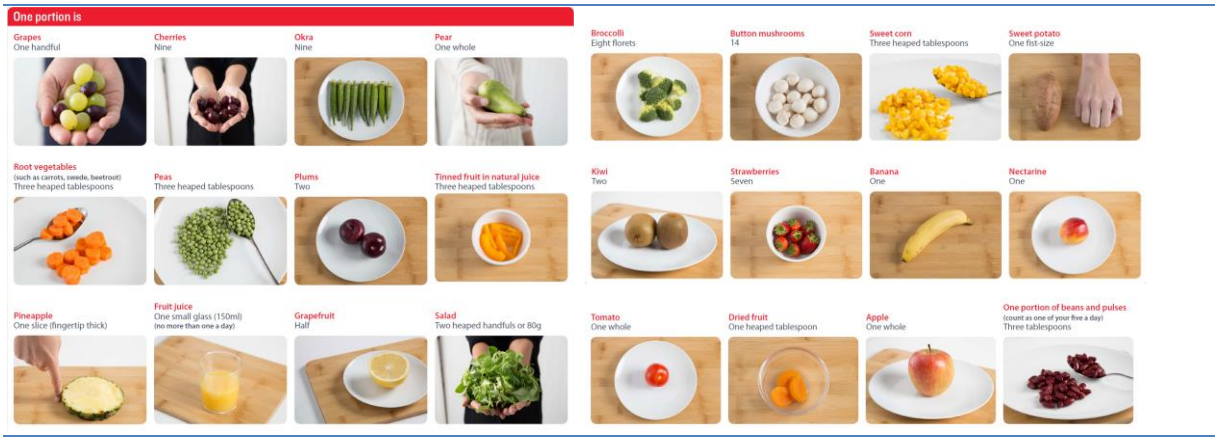


Unweighted base: 1024 (all respondents)

5.3 Consumption of fruit and vegetables

All residents were then asked on a typical day how many portions of fruit or vegetables do they eat. This could be either fresh, frozen, tinned or dried fruit. Examples of a portion of fruit or vegetables was read out to respondents along with showing them in a visual format – as shown below.

Figure 13: Fruit and vegetable portion sizes



Just under two fifths (39%) of residents' state that they consume their five portions of fruit and vegetables a day, with only 5 residents stating they do not consume any at all. The largest proportion of residents (43%) eat somewhere between 3-4 portions a day. In 2015, 23% claimed they ate 1-2 portions, 37% 3-4 portions and 35% 5 or more portions. On this basis there has been a slight upward shift in the level of fruit and vegetable consumption although any apparent changes between 2015 and 2019 should be interpreted with caution due to change in methodology.

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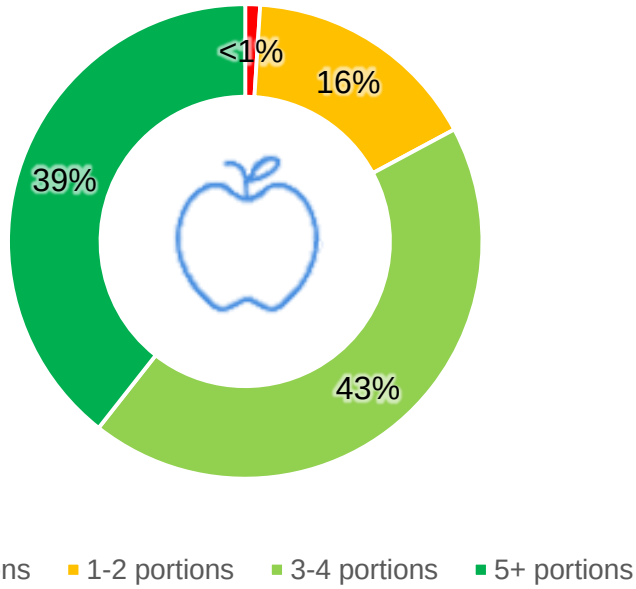
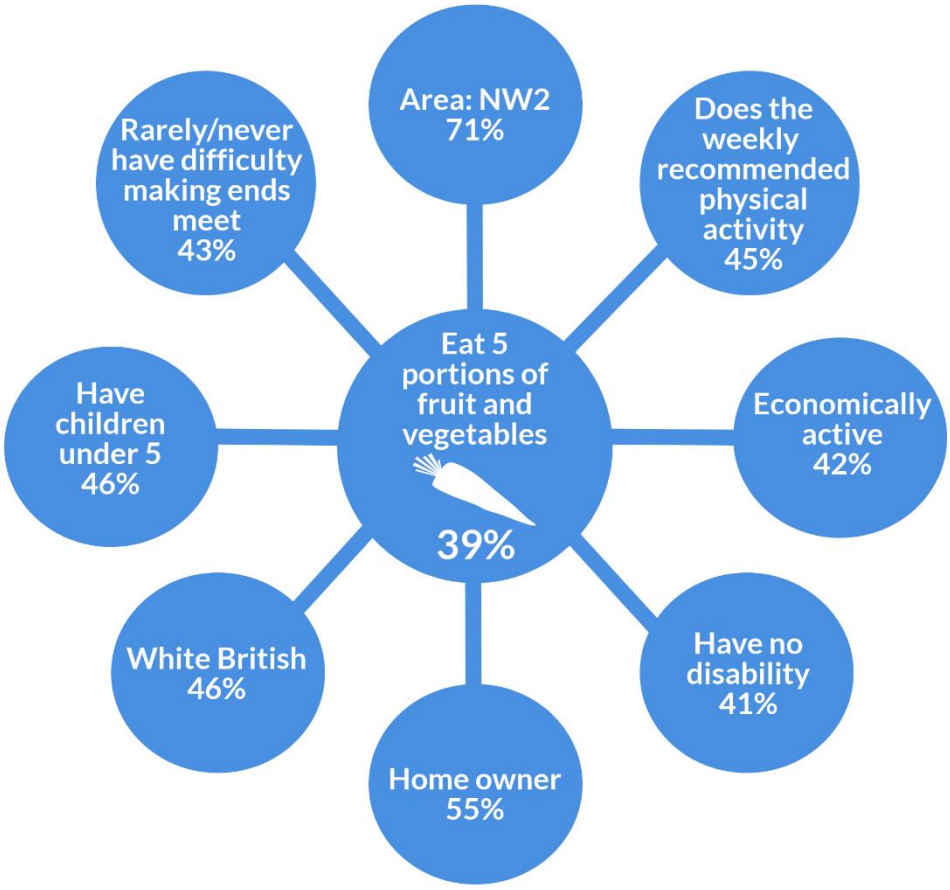
Figure 14: Consumption of fruit and vegetables



Unweighted base: 1024 (all respondents)

As shown in the figure overleaf there are particular socio-demographic groups who are significantly more likely to consume the recommended daily intake of fruit and vegetables, including: those who are physically active (45%) and residents of NW2 (71%). As previously mentioned NW2 residents are significantly more likely than the average across Hackney to do the recommended weekly amount of physical activity – besides this the socio-demographics of NW2 residents does not appear to further support this finding. Those who rarely/never have difficulty making ends meet are significantly more likely to consume the recommended amount compared to those who always/sometimes have difficulty making ends meet (43% vs 34%).

Figure 15: Groups significantly more likely to consume recommended daily intake of fruit and vegetables



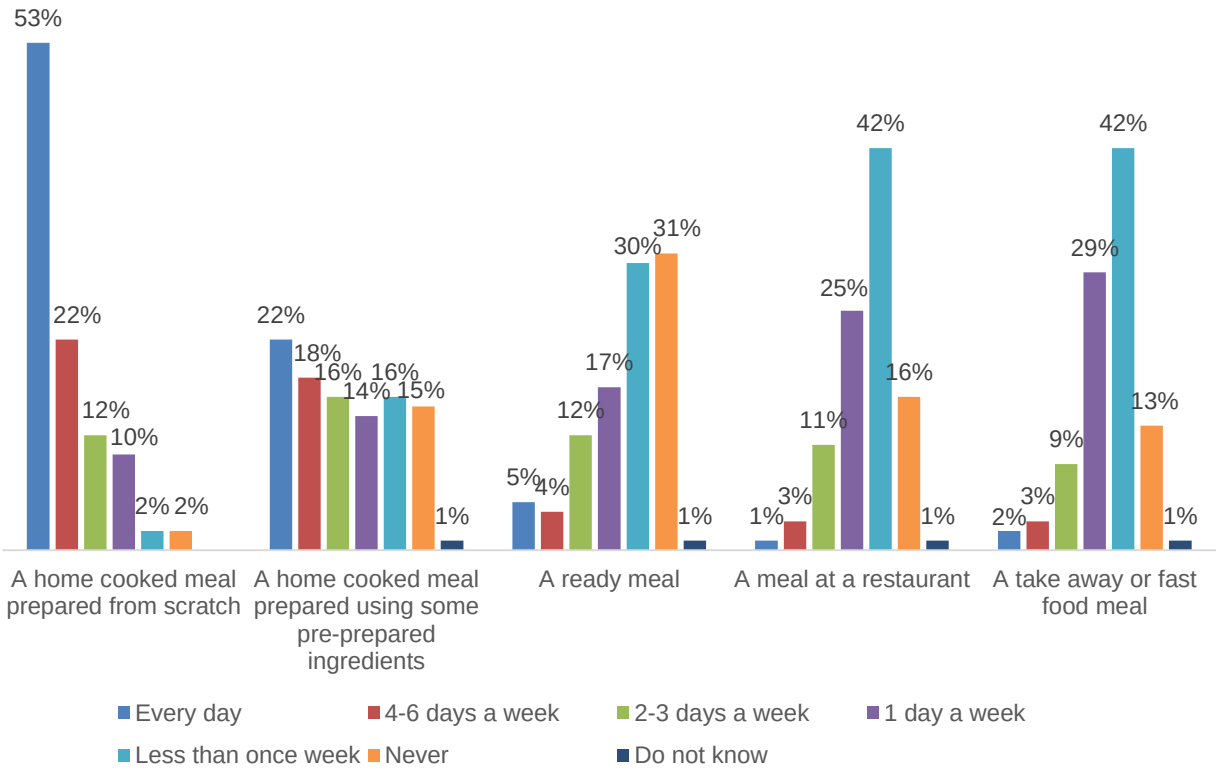
Unweighted base: 1024 (all respondents)

5.4 Types of meals consumed

Residents were then asked in a typical week how often they eat certain meals, such as home cooked meals, ready meals or take-away meals. The key messages from this question are:

- Over a half of residents (53%) have a home cooked meal prepared from scratch every day and a further 22% do so 4-6 days a week. Only 4% have such a meal either less than once a week or never.
- Close to a quarter (22%) have a home cooked meal prepared using some pre-prepared ingredients, such as a ready-made sauce or chopped vegetables every day, with a similar proportion (18%) having such a meal 4-6 days a week.
- 38% eat ready meals at least once a week. One in three residents never eat ready meals (31%).
- Take-aways and meals out are the least frequent ways for residents to feed themselves although 40% eat out at a restaurant at least once a week and 43% have a take away at least weekly.

Figure 16: Typical weekly meals



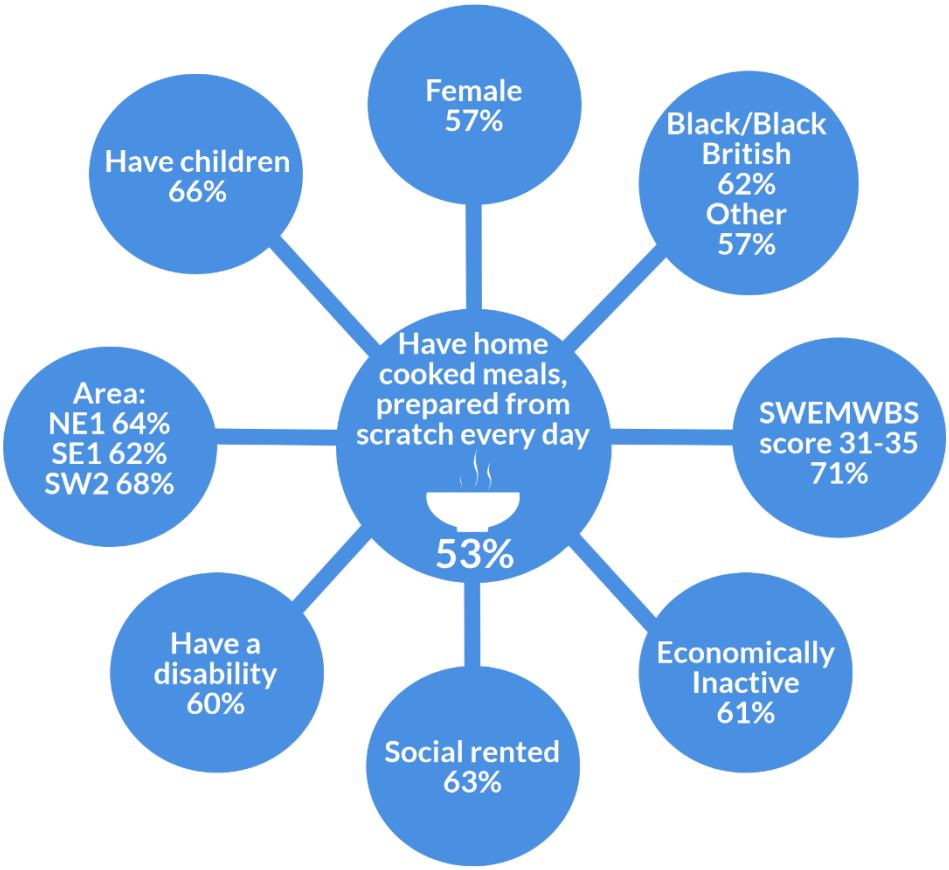
Unweighted bases: 1024 (all respondents)

As shown in the figure overleaf, there are certain groups who are significantly more likely to have home cooked meals prepared from scratch every day. For example, White British residents are significantly less likely to have daily home cooked meals from scratch (42%), 20 percentage points less than Black or Black British residents (62%) and 15 percentage points less than other ethnic residents (57%). There is a similar difference between residents with and without children (66% vs 45%). Moreover, by neighbourhood, residents of NW1 are the least likely to have food prepared this way (37%), compared to almost double the proportion of SW2 residents (68%). There are no evident socio-demographic links between the findings for SW2 residents. Other neighbourhoods where we see a high proportion of residents consuming home cooked meals from scratch daily include NE1 (64%) and SE1 (62%). This is partially due to the fact NE1 residents are more likely to be of another ethnicity, economically inactive and have children. SE1 residents are also more likely to be of another ethnicity.

There is also a clear correlation to SWEMWBS scores, with the higher the score the more likely residents are to cook their food from scratch every day (score 7-19 32%, score 31-35 71%).

There is no correlation between having home cooked meals prepared from scratch and deprivation or difficulty in making ends meet. Also, consumption of the recommended amount of fruit and vegetables does not appear to impact on having home cooked meals from scratch every day as similar proportions of those who do and do not get their ‘five a day’ eat daily home cooked meals (50% and 54% respectively).

Figure 17: Groups significantly more likely to have a home cooked meal from scratch every day



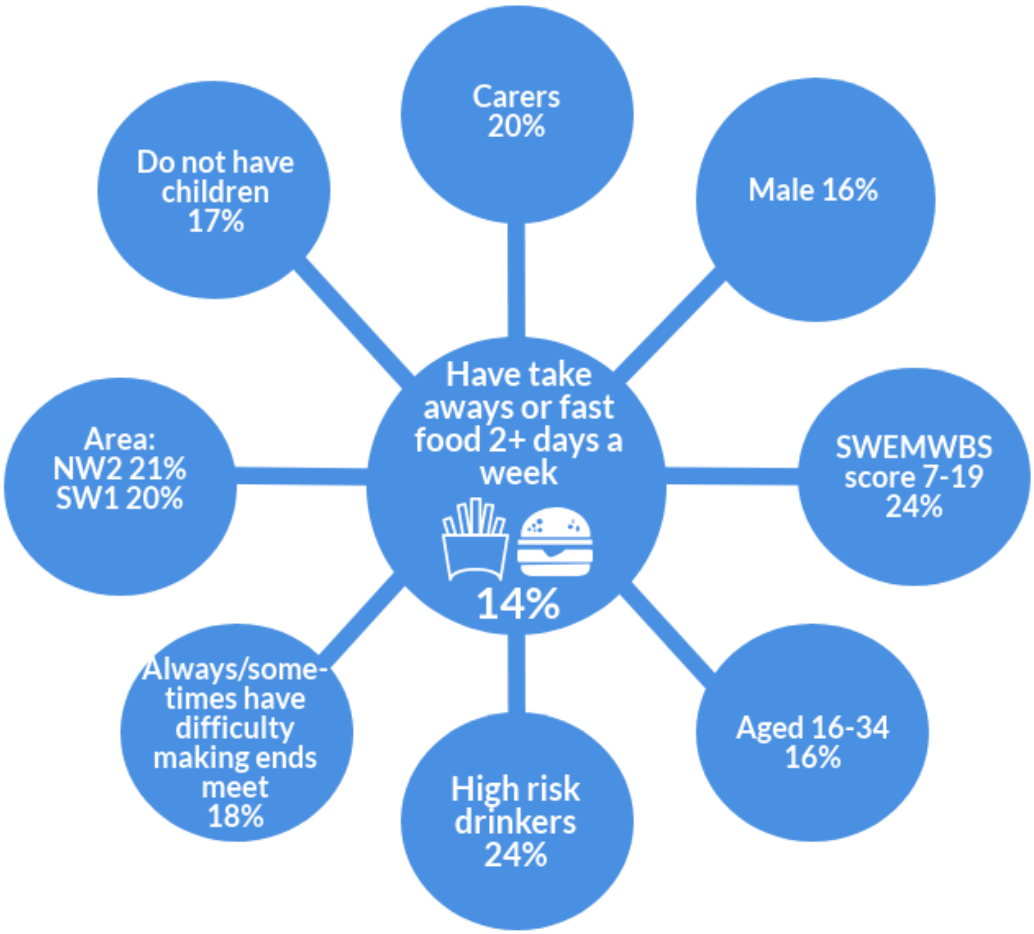
Unweighted base: 1024 (all respondents)

There are particular socio-demographic groups who more commonly report consuming take-aways or fast food two or more days per week. This includes residents living in NW2 (21%) and SW1 (20%), those without children under 18 (17%), and carers (20%). There is also a clear pattern by age, as younger residents are most likely to consume larger volumes of take-aways and fast food, with double the number of those aged 16-34 (16%) doing so compared to those aged 65+ (8%).

The neighbourhood findings are partially linked to socio-demographics with NW2 residents more likely to always or sometimes have difficulty making ends meet and SW1 residents more likely to not have children.

Furthermore, almost a quarter of high-risk drinkers (24%) report consuming take-aways or fast food two or more days a week, 10% above the total average. It should also be noted that one in four (24%) of those with the lowest SWEMWBS scores report consuming take-aways and fast food two or more days a week, with 6% consuming them daily.

Figure 18. Groups who consume higher than the average take-aways or fast food over two or more days per week



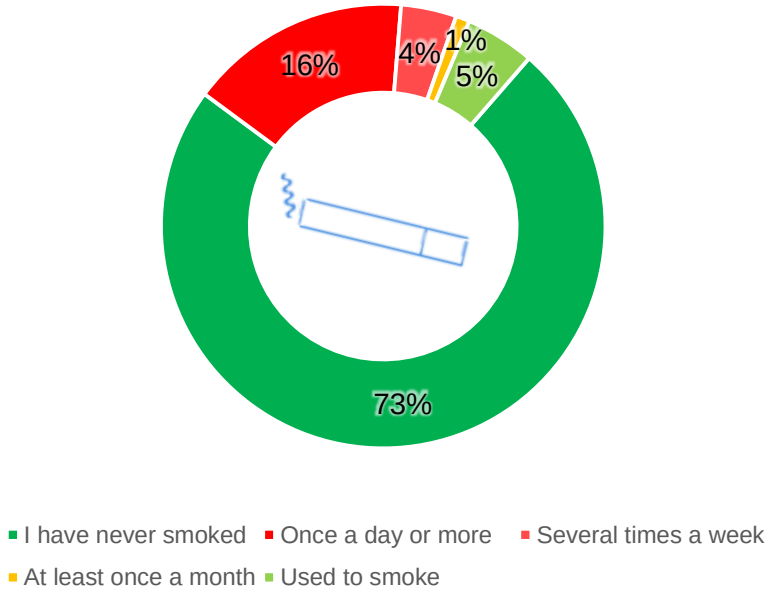
Unweighted base: 1024 (all respondents)

6 Smoking

6.1 Frequency smoke

All survey respondents were asked about their smoking habits which included cigarettes, electronic cigarettes, pipes, chewing tobacco, water pipes or something else. Close to three quarters of all residents' report having never smoked (73%). Therefore, consistent with 2015, a fifth of residents (21%) currently smoke with 5% of residents previously smoking.

Figure 19: Smoking habits



Unweighted base: 1024 (all respondents)

Those who smoked (or used to smoke) were more likely to be:

- Males (32% vs 21% female)
- White British (32% vs 19% Black or Black British and 25% Other)
- Without children (28% vs 23% with children)
- Have a disability (33% vs 25% without a disability)
- Have difficulty making ends meet always or sometimes (32% vs 23% rarely or never)
- SE2 neighbourhood residents (45%)
- High-risk drinkers (53% vs 16% Non-drinkers or 26% Low-risk drinkers).

Exploring the socio-demographics of SE2 residents further does not identify any links between socio-demographics and the higher rates of current or ex-smokers reported.

The table overleaf details how often residents smoke.

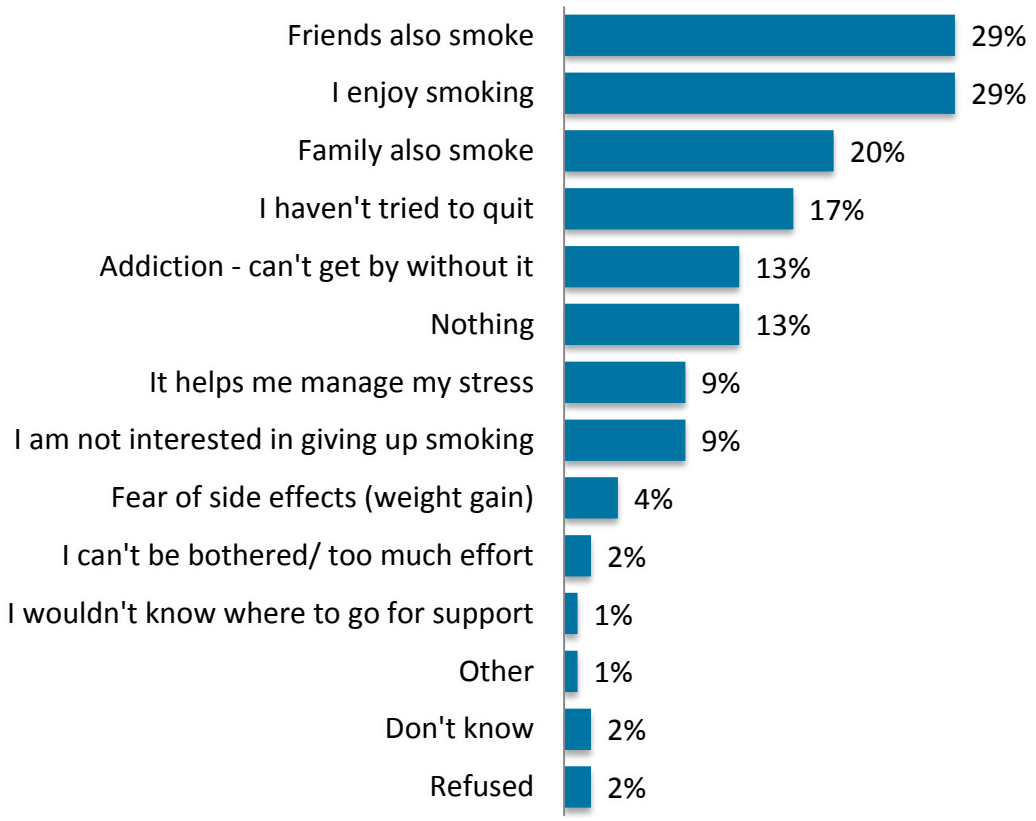
Table 3: What smoke by frequency

	UNWEIGHTED BASE	10+ per day	1<9 per day	Several times a week	At least once per month	Used in the past
Cigarettes (pre rolled)	168	23%	25%	13%	6%	34%
Cigarettes (roll up)	123	24%	36%	17%	4%	19%
Electronic cigarettes, e-cigarettes or vapes	41	19% (N=8)	12% (N=5)	18% (N=8)	12% (N=5)	39% (N=17)
Pipe	14	0%	9% (N=1)	6% (N=1)	0%	85% (N=11)
Chewing tobacco	18	8% (N=1)	6% (N=1)	0%	10% (N=2)	76% (N=13)
Shisha, hookah or water pipes	19	5% (N=1)	0%	0%	0%	95% (N=17)
Something else	122	29%	30%	19%	7%	15%

6.2 Barriers

Residents who smoke were asked what would make it difficult for them to give up smoking or using tobacco. In 2015 the main difficulty to giving up was addiction (30%) whereas in 2019 the main difficulty is the fact that their friends also smoke or that they enjoy smoking with three in ten smokers stating this (29%). A further fifth (20%) said their family also smoking was a barrier to them giving up. Any changes between the 2015 and 2019 should be interpreted with caution due to change in methodology.

Figure 20: Barriers to giving up smoking or using tobacco



Unweighted base: 210 (where smoke or prefer not to say)

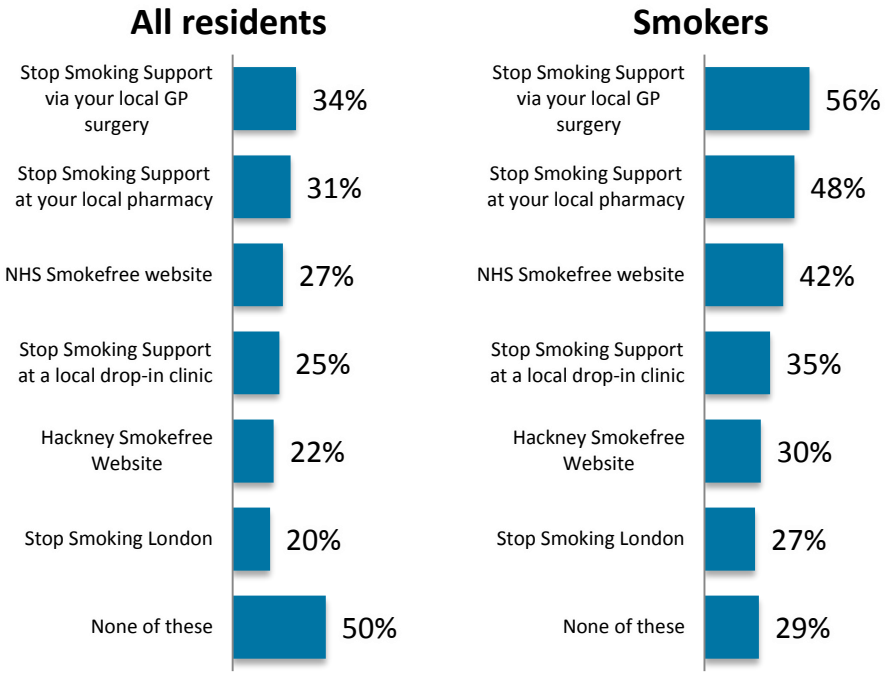
6.3 Services available

All residents, regardless of whether they smoked or not, were asked whether they were aware of the stop smoking support services available in the borough. This was a prompted question with each service read out to residents in a randomised order.

A half of residents (50%) were not aware of any of the services. The support service which residents were most aware of was Stop Smoking Support via their local GP Surgery (34%). Smokers are significantly more likely than non-smokers to be aware of all of these support services, although almost a third of smokers (29%) are not aware of any of the services listed which was significantly greater amongst younger residents and those of another ethnicity.

Over a half of smokers are aware of GP practice-based support (56%), with close to a half aware of pharmacy-based support (48%). Two in five (42%) aware of the NHS Smokefree website.

Figure 21: Awareness of support services for those wishing to stop smoking

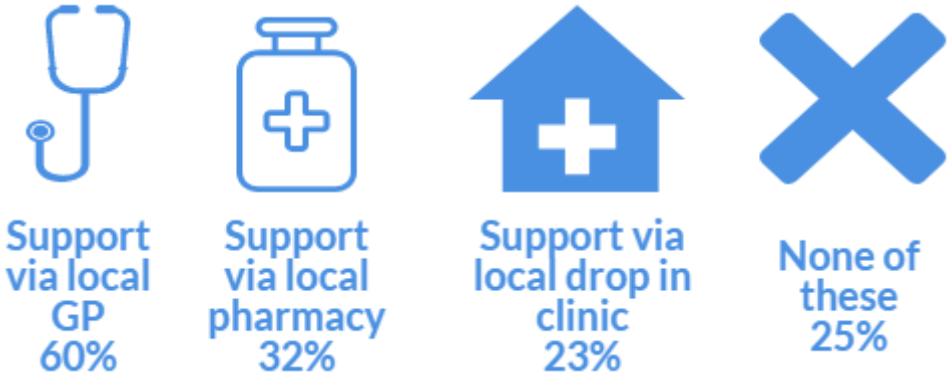


Unweighted base : 1024 (all respondents). Smokers: 262 (where smoke or use to smoke)

Residents who smoke were also asked if they were thinking of giving up smoking which services they would personally be likely to use. In general smokers are more likely to say they would use face-to-face support services, i.e. their local GP (60%), pharmacy (32%) or local drop in clinic (23%).

A quarter of smokers (25%) said they would use none of these services.

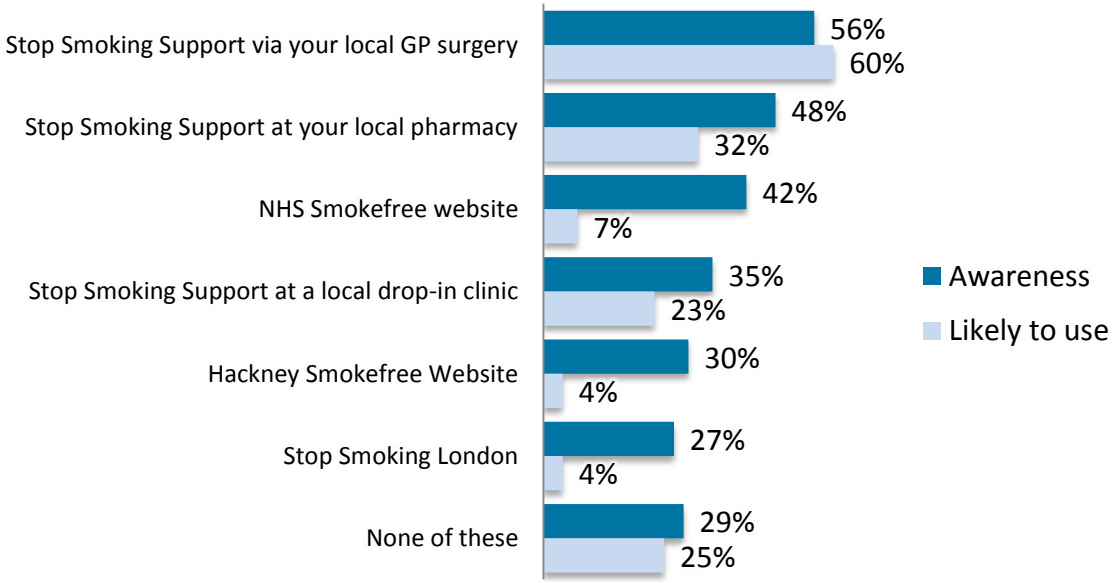
Figure 22: Potential use of stop smoking services



Unweighted base: 206 (Where smoke)

The figure below shows smokers' awareness of the stop smoking support services available, alongside their likelihood to use the service if they were thinking of giving up smoking. This shows that awareness of online services in particular is not translating into propensity to use these services.

Figure 23: Awareness of support services and likelihood to use - smokers



Unweighted bases: Awareness – 262 (where smoke or use to smoke) ; Likely to use – 206 (current smokers)

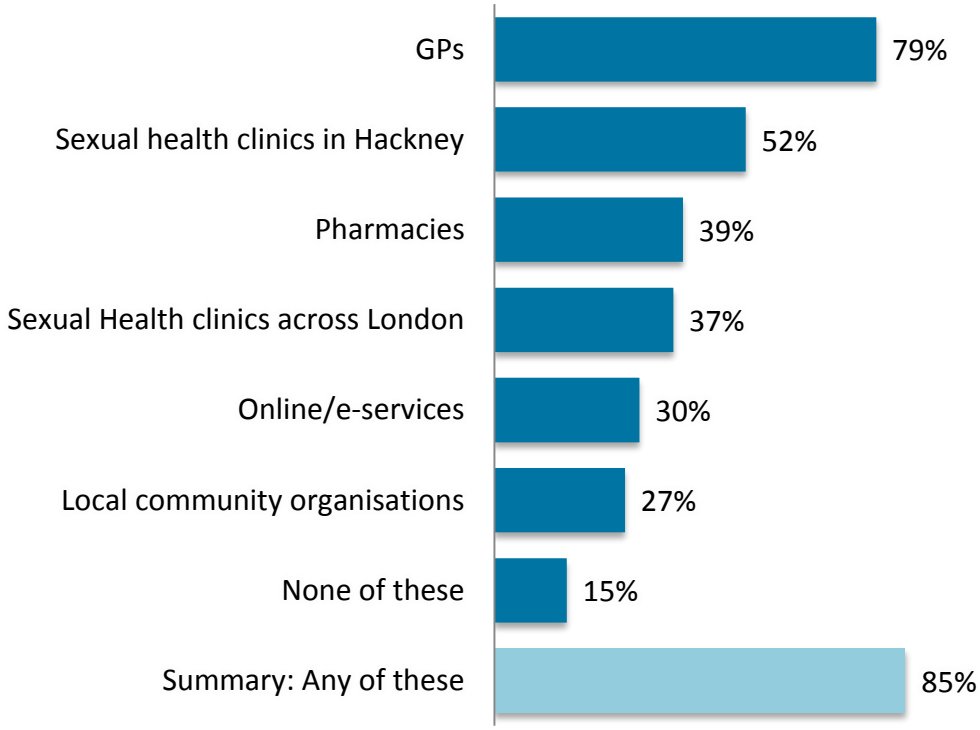
7 Sexual Health Services

Residents were asked if they needed support in relation to their sexual health which free services would they consider using. Sexual health services could include reproductive health services, contraceptive use and preventing/testing/treating sexually transmitted infections.

The majority of residents (85%) said they would consider using at least one of the free services available locally. Consistent with what we have seen previously with regards to stop smoking support services, the service residents would be most likely to use to access sexual health services if they needed it was GPs with close to four fifths (79%) of residents mentioning this. Over a half of residents (52%) said they would use sexual health clinics in Hackney.

There were 15% of residents saying they would not use any of the services which was higher amongst residents aged 65 or above.

Figure 24: Use of sexual health services



Unweighted base: 1024 (all respondents)

8 Mental Wellbeing

In order to assess mental wellbeing residents were asked about their thoughts and feelings generally and how often they had felt a certain way over the past two weeks. The shortened Warwick-Edinburgh Mental Well-being scale (SWEMWBS) which consists of 7 positively worded items for assessing mental wellbeing was used[5]. Residents were invited to complete this bank of questions themselves with the interviewer handing them their tablet computer. Interviewers were able to assist any residents who were unable to complete the questions themselves.

The SWEMWBS scoring matrix was used, as outlined in the table below, to calculate a mental wellbeing score for each resident. Residents who had not answered all 7 statements were excluded from the calculation. Consistent with 2015, the median raw score is 27.3, with the maximum possible score being 35.

Table 4: Example of SWEMWBS scoring matrix[6]

	None of the time	Rarely	Some of the time	Often	All of the time	SCORE
I've been feeling optimistic about the future	1	2	3	4	5	**4**
I've been feeling useful	1	2	3	4	5	**3**
I've been feeling relaxed	1	2	3	4	5	**4**
I've been dealing with problems well	1	2	3	4	5	**1**
I've been thinking clearly	1	2	3	4	5	**5**
I've been feeling close to other people	1	2	3	4	5	**2**
I've been able to make up my own mind about things	1	2	3	4	5	**1**
SCORE	**2**	**2**	**3**	**8**	**5**	**20**

[5] Short Warwick Edinburgh Mental Well-Being scale (SWEMWBS) © NHS Health Scotland, University of Warwick and University of Edinburgh, 2008, all rights reserved

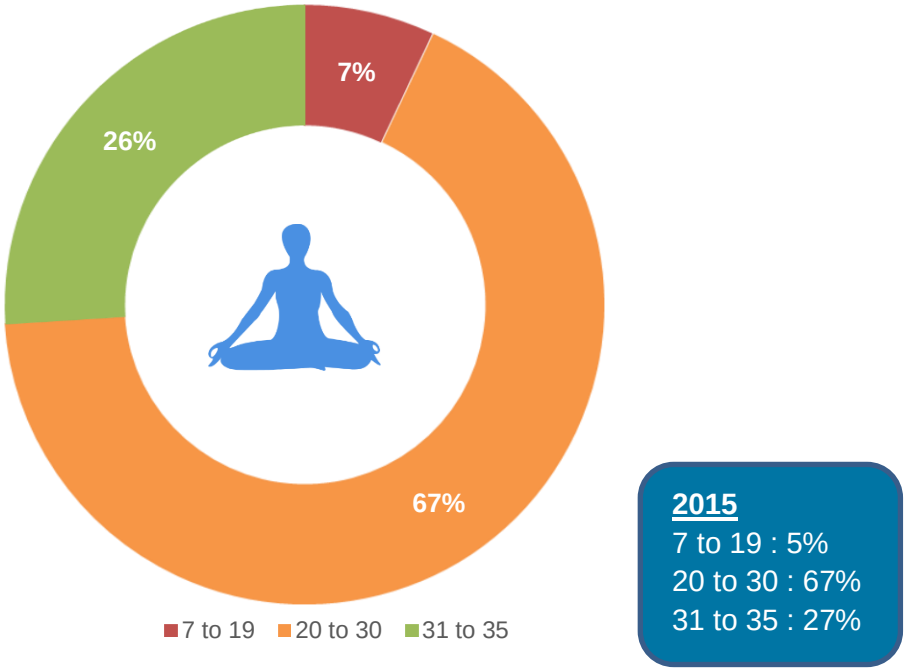
[6] Blue cells show answer selected by respondent and demonstrate how the score is calculated

As in the 2015 survey, the scores have subsequently been grouped as follows:

- 7 to 19 which has been used to describe individuals with a 'low' level of mental wellbeing;
- 20 to 30 which has been used to describe individuals with a 'medium' level of mental wellbeing;
- 31 to 35 which has been used to describe individuals with a 'high' level of mental wellbeing.

As outlined in the figure below the SWEMWBS scores are very similar to those recorded in 2015.

Figure 25: SWEMWBS score groups



Base : 953 (Valid respondents)

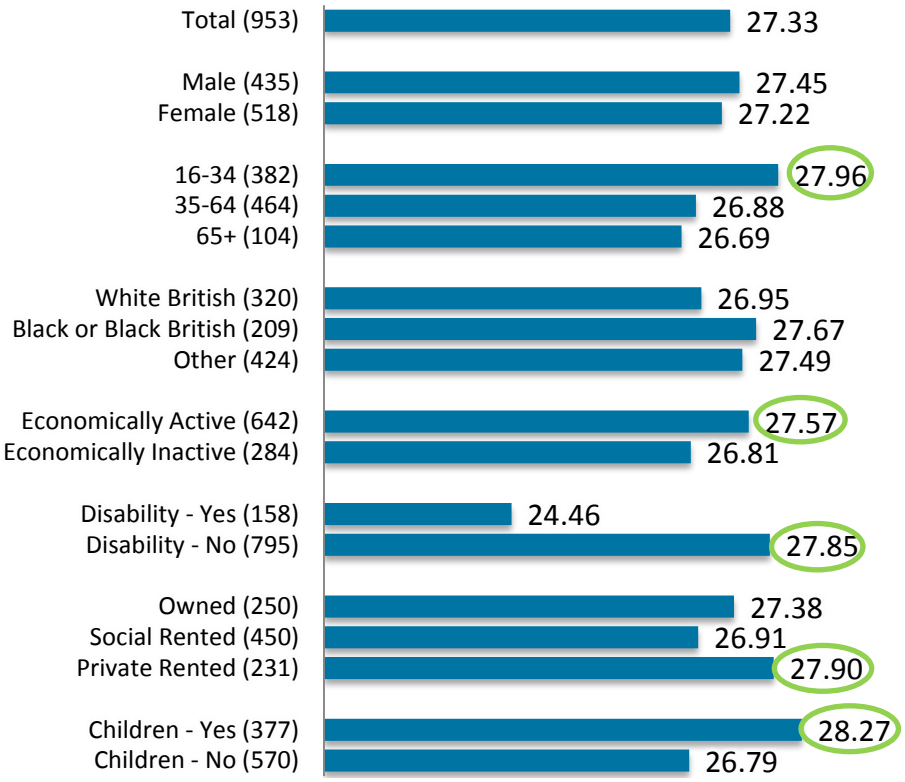
Exploring socio-demographic variations in SWEMWBS scores, there are clearly some groups of residents that have higher reported wellbeing than others, with a higher than average score seen among:

- Younger residents;
- Those economically active;
- Those with children;
- Those without a disability;
- Those living in private rented accommodation (although residents living in private rented accommodation are on average younger).

Furthermore, those residents who undertake the recommended weekly amount of activity have a higher mental wellbeing score (28.34 vs 26.39) than those residents classified as inactive. This also supports findings from the Mental Health Foundation where links between physical health and mental health have been identified with poor physical health leading to an increased risk of developing mental health problems and vice versa poor mental health having a negative impact on physical health.

Further analysis also shows that residents who rarely or never have difficulty making ends meet have a higher mental wellbeing score (27.99 vs 26.24) than those residents who always or sometimes have difficulty making ends meet. This is further supported with those residents in social rented accommodation having a lower mental wellbeing score (26.91).

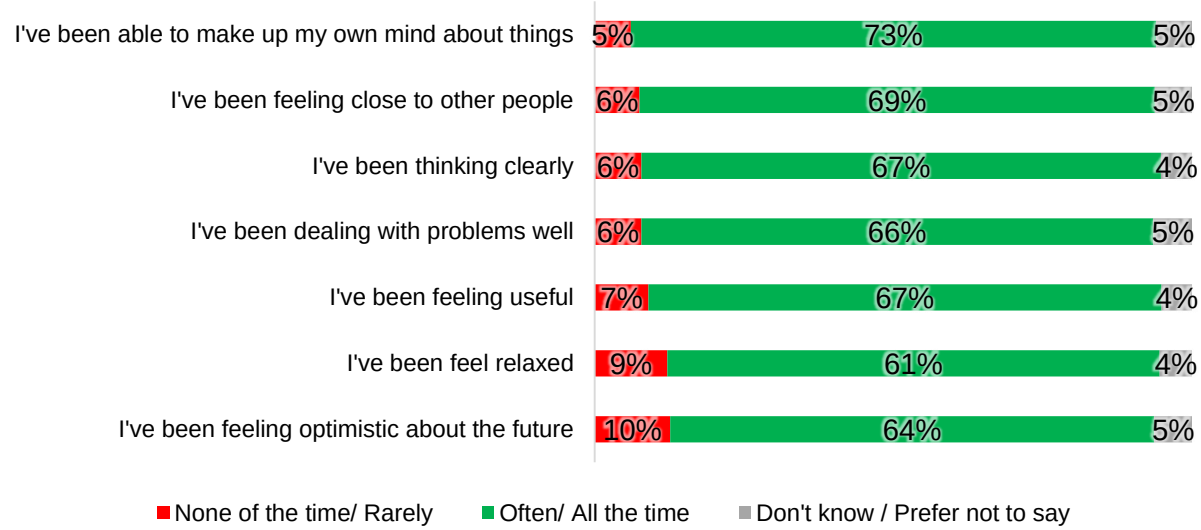
Figure 26: SWEMWBS score – by demographics



Unweighted base: Bases in parenthesis (All valid respondents)
Green circles indicate significant difference from total

The figure overleaf summarises the balance of the responses given in relation to each of 7 statements about mental wellbeing.

Figure 27: Perceptions of wellbeing



Unweighted bases: 1024 (all respondents)

9 Substance Misuse

9.1 Alcohol use

In this final section residents were initially asked about their consumption of alcohol. Residents were asked from a list of statements which best describes their drinking habits. Residents were not informed prior to answering this question what the recommended low risk drinking limit was so therefore answered this question based on their perception only.

When asked to describe their own drinking habits, the majority of residents (87%) perceive that they drink within the recommended low risk limits including 48% who do not drink at all.

Figure 28: Self-reported drinking level

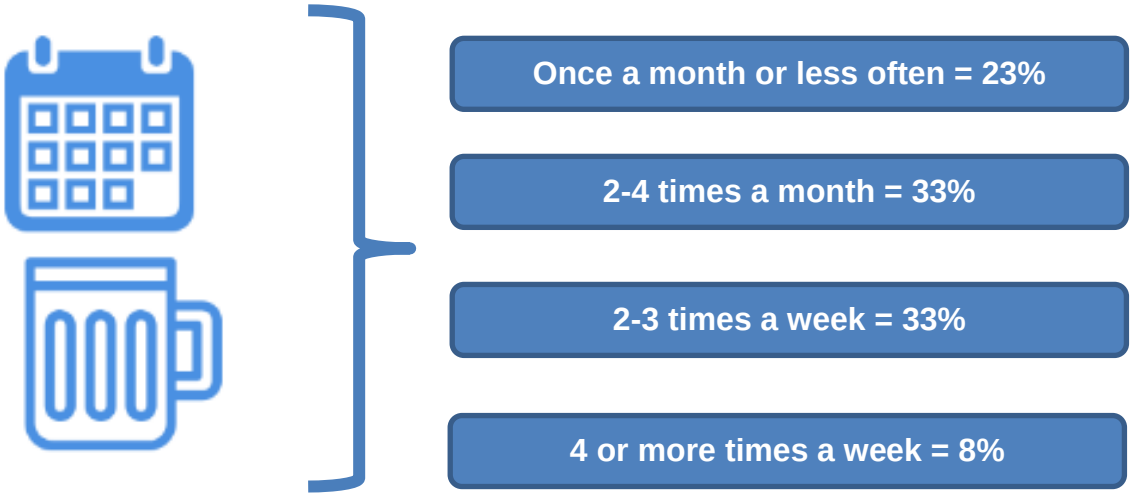
Unweighted base: 1024 (All respondents)

Alcohol use in terms of frequency and volume will be explored among demographic groups later in this chapter. But looking immediately at those who state that they do not drink, these individuals are more commonly:

- Female (54%) rather than male (42%);
- Aged 65+ (63%);
- Have children (60%);
- Black (59%) or of another non-White British ethnicity (62%);
- Live in the most deprived quintile of the borough (57%).

Those residents who state that they do drink alcohol (502 respondents unweighted) were asked how often they have a drink containing alcohol. Over two fifths (42%) say that they drink twice a week or more including 8% who drink 4 or more times weekly.

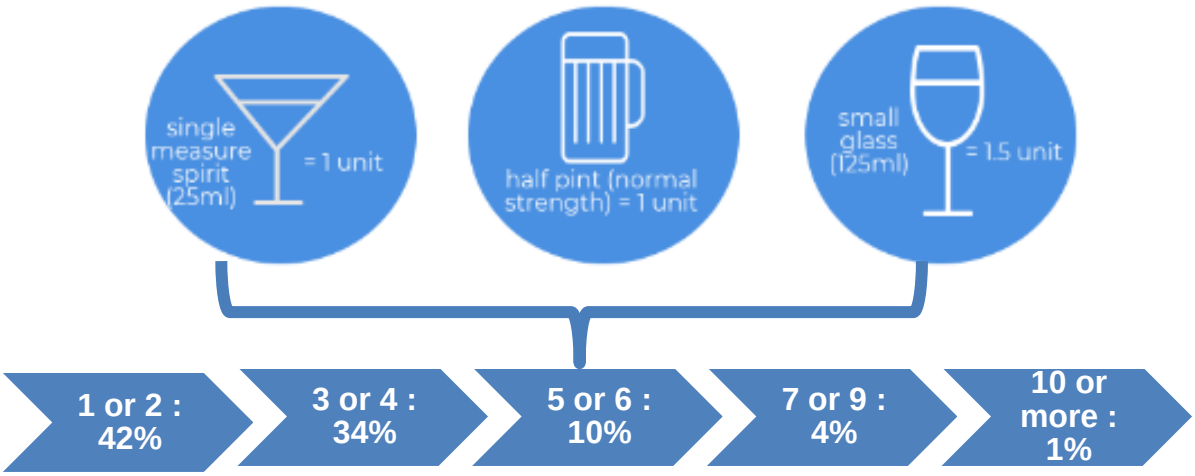
Figure 29: Frequency drink alcohol



Unweighted base: 502 (Where drink alcohol)

Residents who drink were then asked how many units of alcohol they have on a typical day when drinking. To assist residents in providing this information they were also provided with additional information around what a unit of alcohol was. Over three quarters of drinkers (76%) claim they drink up to 4 units of alcohol on a typical day when drinking. One in ten (10%) will drink 5 or 6 units on a typical day when drinking and 5% will drink in excess of this.

Figure 30: Number of units consumed

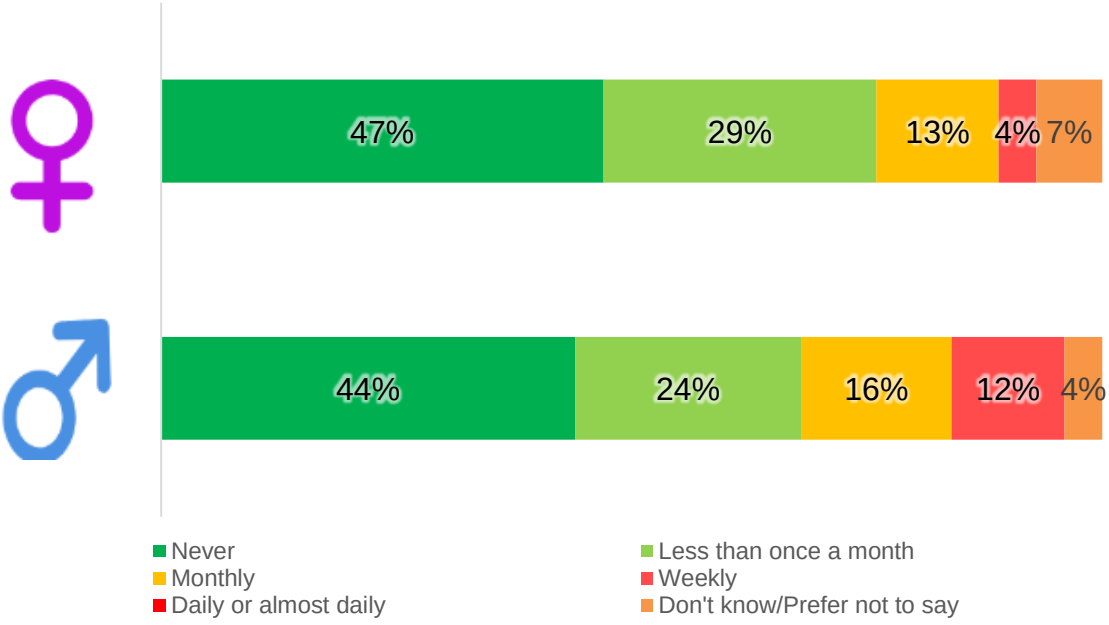


Unweighted base: 502 (Where drink alcohol)

Males who drink alcohol (263 respondents unweighted) were also asked how often have they had 8 or more units on a single occasion in the last year. Similarly, females who drink alcohol (239 respondents unweighted) were asked how often they had 6 or more units.

The figure below shows that males report drinking above these unit thresholds more frequently than females. No respondents reported drinking above these thresholds on a daily, or almost daily, basis.

Figure 31: Frequency drink 8 units for males or 6 units for females on a single occasion



Unweighted Base : 263 (Males that drink) ; 239 (Females that drink)

Residents who drink were also asked in an average week on how many days they have no alcohol at all. The majority (77%) said they did not have alcohol on 3 or more days, with around one in ten (11%) stating 2 days. A small number of residents who drink (5%) said they only did not have alcohol on one day a week. There are no significant differences by those classified as low-risk drinkers and those classified as high-risk drinkers suggesting that number of days is not a contributing factor.

9.2 Audit C Tool

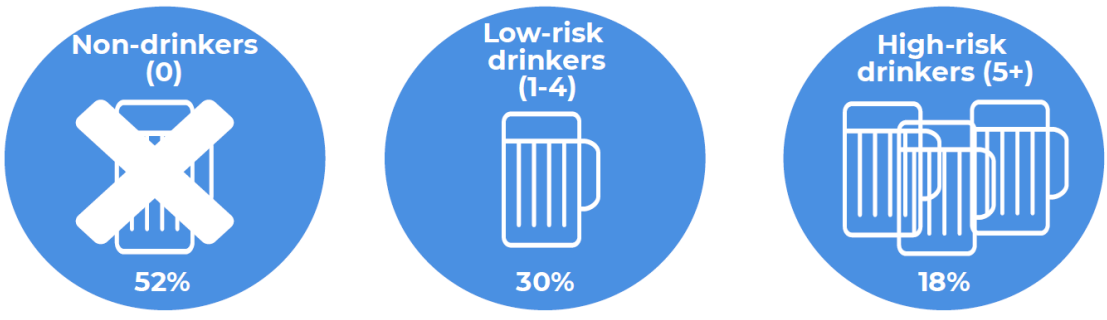
The Audit C tool is a summary measure of drinking behaviour. This tool allocates a score of 0 to 12, based on answers to 3 survey questions outlined in the figure below. Any residents who chose not to provide a valid answer to all 3 of these questions i.e. don't know or prefer not to say were excluded from the scores. A total of 957 residents were classified using the Audit C scoring tool.

Figure 32: Audit C Scoring System[7]

Questions	Scoring system					Your score
	0	1	2	3	4	
How often do you have a drink containing alcohol?	Never	Monthly or less	2 to 4 times per month	2 to 3 times per week	4 or more times 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	

Residents with a score of '0' are classified as Non-drinkers based on their responses to these 3 survey questions, those with a score of 1-4 are classified as Low-risk drinkers and those with a score of 5 or more are classified as High-risk drinkers. As shown in the figure below over a half of residents (52%) are classified as non-drinkers (40% in 2015) with just under one fifth (18%) classified as high-risk drinkers (27% in 2015[8]). However, in response to an earlier question, only 6% of residents described themselves as drinking more than is good for them or safe.

Figure 33: Audit C Scores



Unweighted Base : 957 (all respondents excluding those who said don't know or prefer not to say)

[7] https://www.gov.uk/government/publications/alcohol-use-screening-tests

[8] Due to the change in methodology between the two datasets any apparent changes between 2015 and 2019 should be interpreted with caution.

Residents classified as high-risk drinkers were more likely to be:

- Male (23% vs 13% females)
- Young (aged 16 to 24 20% vs 65+ 5%)
- White British (33% vs 8% Black or Black British and 10% Other)
- Economically Active (22% vs 6% inactive)
- Not in social rented housing (Owned 24% and Private Rented 28% vs 7% Social Rented)
- Not have children (21% vs 11% with children)
- Not have a disability (19% vs 8% with a disability)
- Smokers (36% vs 11% who do not smoke).

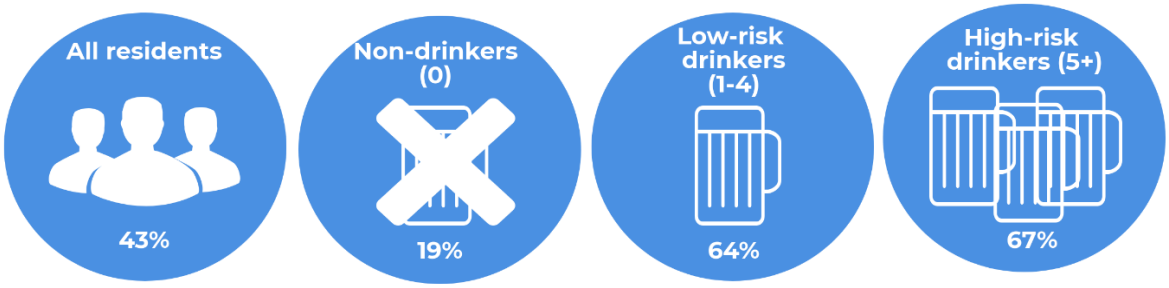
9.3 Awareness of low risk drinking limit

Following a public consultation in early 2016 by the Department of Health new low risk drinking guidelines were published. The recommended low risk drinking limit for both males and females is up to 14 units of alcohol per week. Previously for males it was up to 21 units of alcohol per week.

Residents were asked whether prior to the survey they were aware that the recommended limit for drinking was up to 14 units per week. Over two fifths of all residents (43%) were aware of this.

Non-drinkers were less likely to be aware of this fact with under one fifth being aware (19%).

Figure 34: Awareness of recommended drinking limit - % aware by Audit C scores



Unweighted Base : 1024 (all respondents)

Lower awareness of the recommended number of alcohol units per week is found among the most deprived quintile of the borough (50%), although as noted earlier these areas of deprivation also have higher proportions of non-drinkers.

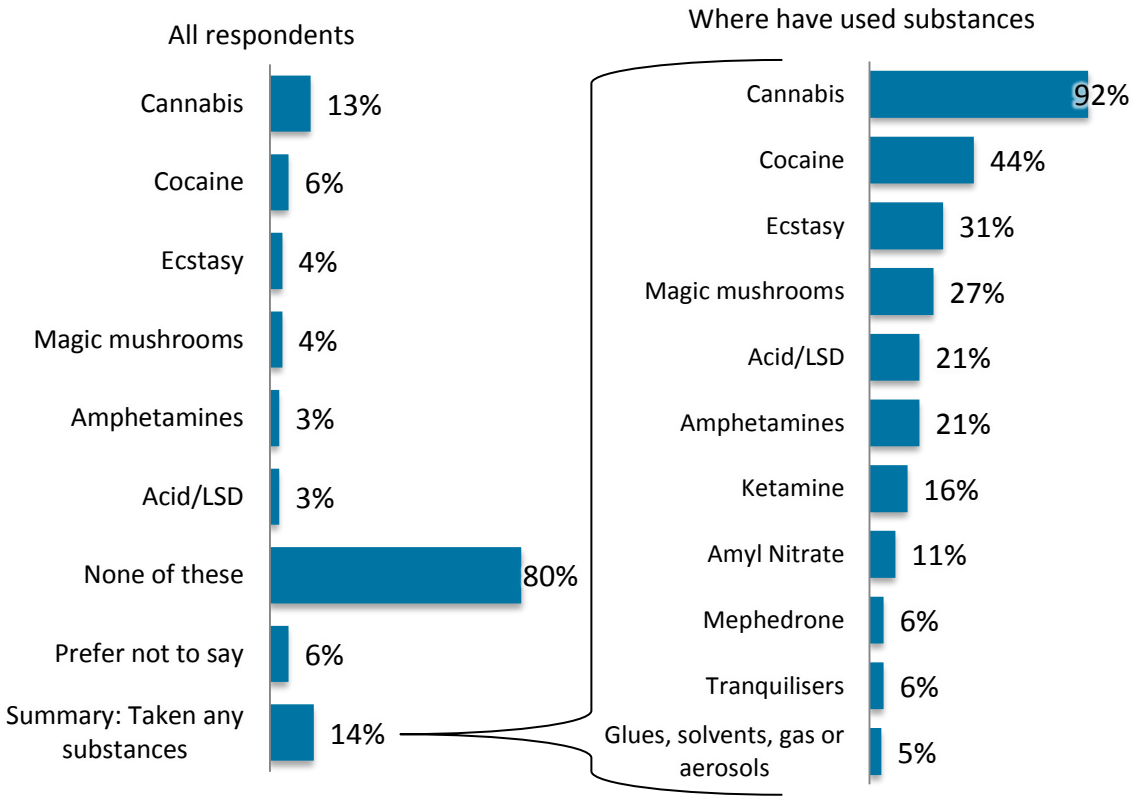
9.4 Other substance use

Residents were asked about their use of substances, such as cannabis, amphetamines and cocaine. Due to the sensitive nature of these questions these questions were completed by the resident themselves with the interviewer handing them the tablet computer. Residents who were unable to or did not want to complete the questions themselves did not answer this section unless the resident requested the interviewer to help them. For reference only 11 residents did not answer this section.

The majority of residents (80%) reported that they had not taken any of the substances listed. Of those residents that had taken at least one of the substances listed (127 residents unweighted) the most common substance taken was cannabis with 92% stating this (13% of all residents).

To put this in to context the Adult Psychiatric Morbidity Survey (APMS), a national survey conducted by NatCen in 2014, shows that overall 35% of men and 23% of women had taken an illicit drug at least once in their life.

Figure 35: Substances ever used



Unweighted base: 1013 (all respondents excluding those who did not answer this section) ; 127 (where used substances) (Where 3% or more)

Similar to those who were more likely to be high-risk drinkers, those who had taken substances were more likely to be:

- Male (17% vs 10% female)
- Young (aged 16 to 34 17% vs 5% aged 65+)
- White British (21% vs 8% Black or Black British and 11% Other)
- Economically active (17% vs 7% inactive)
- Not in social housing (22% private rented and 16% owned vs 8% social rented)
- Not have children (16% vs 11% who have children).

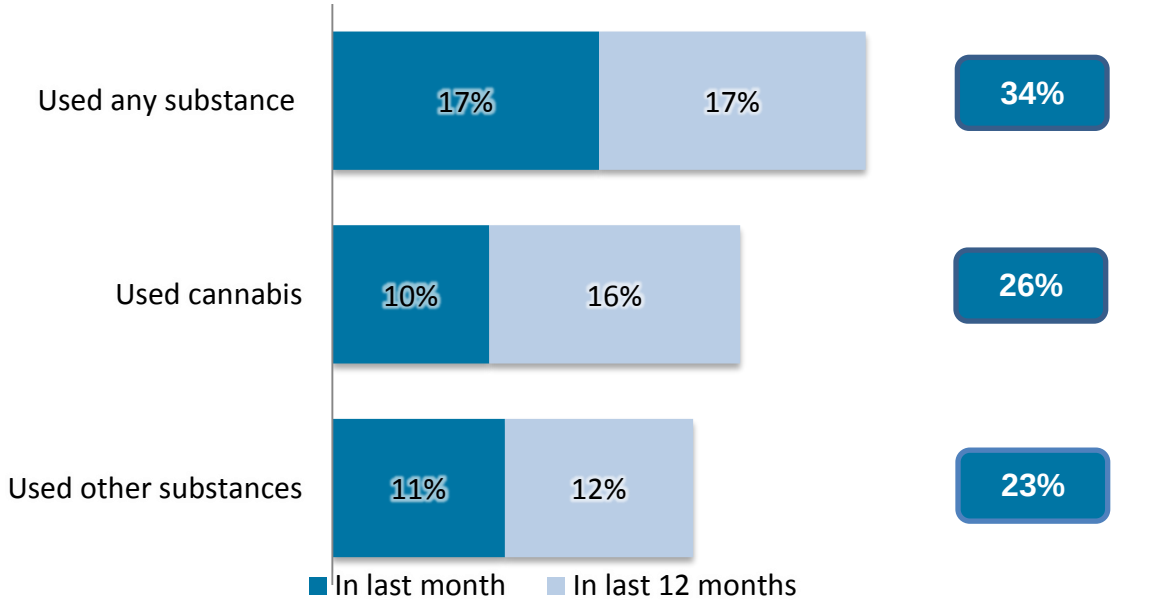
Residents reported as high-risk drinkers are more likely to be substance takers (42% of this category has taken a substance vs 14% low-risk drinkers and 4% non-drinkers) as are smokers (28% of smokers have taken any substance vs 9% non-smokers) linking these three behaviours together.

There were no notable differences in demographics between those who took cannabis, the most common substance to be taken, and those who took another substance.

Residents who had taken any substance previously were asked whether they had used that substance in the last month, in the last 12 months, or longer ago. The base sizes for each substance varied dependent on use but were mainly too small to show the results individually for each substance. Therefore, results have been grouped.

As shown in the figure below very few users report having used a substance in the last month (17%), which equates to just 2% of all residents. Around a third (34%) of residents that have used a substance had used it with in the last 12 months.

Figure 36: Substance use in last month and in last 12 months



Unweighted base: 107 (Where used substances – excluding prefer not to say)

Those residents who drink alcohol or have said they have taken another substance were finally asked whether this had ever led to them being involved in harmful situations. Experience of such situations was only reported by a very small proportion of substance users.

Figure 37: Whether alcohol or substance use has led to any of these situations

Unweighted Base : 513 (residents who drink alcohol or have taken substances)

Appendix A: Sample Profile

The following table presents the profile of the sample both pre and post the application of weights. This table demonstrates that the use of the face to face methodology delivered a sample profile close to profile of the Hackney population, with the weighting making only minor adjustments to the shape of the data.

Table 5: Respondent profile

	Unweighted	Weighted
Gender		
Male	46%	49%
Female	54%	51%
Ethnicity		
White British	33%	36%
Black or Black British	22%	23%
Other	45%	41%
Age		
16-24	13%	14%
25-34	28%	30%
35-44	19%	18%
45-54	17%	16%
55-64	13%	12%
65-74	6%	5%
75+	4%	4%
Refused	<1%	<1%
Sexuality		
Heterosexual	94%	93%
Not Heterosexual	4%	4%
Prefer not to say	2%	2%
Work Status		
Economically active	67%	69%
Economically inactive	30%	28%
Refused	1%	1%

	Unweighted	Weighted
Tenure		
Owned	27%	25%
Social rented	47%	43%
Private rented	24%	29%
Don't know	1%	1%
Prefer not to say	1%	2%
Difficulty making ends meet at the end of the month		
Always/sometimes	38%	38%
Rarely/never	59%	60%
Prefer not to say	2%	2%
Disability		
Physical impairment or disability	14%	12%
Mental impairment or disability	4%	3%
Cognitive/learning impairment or disability	1%	1%
None of these	84%	85%
Caring Responsibility		
Yes	8%	8%
No	91%	92%
Children (up to the age of 18)		
Yes	39%	37%
No	60%	62%
Prefer not to say	1%	1%
IMD Quintile		
1 – Least deprived	18%	19%
2	23%	23%
3	19%	18%
4	18%	17%
5 – Most deprived	22%	22%

	Unweighted	Weighted
Neighbourhood		
NE1	9%	10%
NE2	10%	11%
NW1	10%	9%
NW2	13%	13%
SE1	13%	13%
SE2	11%	12%
SW1	15%	14%
SW2	17%	18%
Ward		
Brownswood	4%	4%
Cazenove	5%	5%
Clissod	6%	5%
Dalston	4%	4%
De Beauvoir	4%	4%
Hackney Central	5%	5%
Hackney Downs	5%	5%
Hackney Wick	5%	5%
Haggerston	5%	5%
Homerton	5%	5%
Hoxton East & Shoreditch	5%	5%
Hoxton West	6%	6%
King's Park	4%	5%
Lea Bridge	5%	6%
London Fields	6%	5%
Shacklewell	4%	4%
Springfield	5%	5%
Stamford Hill West	3%	3%
Stoke Newington	5%	5%
Victoria	5%	5%
Woodberry Down	4%	4%

Appendix B: Statement of Terms

Compliance with International Standards

BMG complies with the International Standard for Quality Management Systems requirements (ISO 9001:2015) and the International Standard for Market, opinion and social research service requirements (ISO 20252:2012) and The International Standard for Information Security Management (ISO 27001:2013).

Interpretation and publication of results

The interpretation of the results as reported in this document pertain to the research problem and are supported by the empirical findings of this research project and, where applicable, by other data. These interpretations and recommendations are based on empirical findings and are distinguishable from personal views and opinions.

BMG will not publish any part of these results without the written and informed consent of the client.

Ethical practice

BMG promotes ethical practice in research: We conduct our work responsibly and in light of the legal and moral codes of society.

We have a responsibility to maintain high scientific standards in the methods employed in the collection and dissemination of data, in the impartial assessment and dissemination of findings and in the maintenance of standards commensurate with professional integrity.

We recognise we have a duty of care to all those undertaking and participating in research and strive to protect subjects from undue harm arising as a consequence of their participation in research. This requires that subjects' participation should be as fully informed as possible and no group should be disadvantaged by routinely being excluded from consideration. All adequate steps shall be taken by both agency and client to ensure that the identity of each respondent participating in the research is protected.

With more than 25 years' experience, BMG Research has established a strong reputation for delivering high quality research and consultancy.

BMG serves both the public and the private sector, providing market and customer insight which is vital in the development of plans, the support of campaigns and the evaluation of performance.

Innovation and development is very much at the heart of our business, and considerable attention is paid to the utilisation of the most up to date technologies and information systems to ensure that market and customer intelligence is widely shared.