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Wakefield District Population Health Survey Report

May 2023

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Executive summary



Between 27th February and 23rd of April 2023, 26,150 Wakefield District residents were asked to take part in an adult population health survey, using a paper and push-to-web methodology, with an email boost among younger residents. In total, 3,450 residents took part. The findings from this research are discussed below, and the key take aways are summarised here.



Of all surveyed residents, **59%** said that their **overall health was either good or very good**. (This compares unfavourably to the 2021 National Census, when 82% nationally described their health as good or very good). The data evidences a strong correlation with deprivation; 47% of those in the most deprived areas described their health as good overall, compared to 72% in the least deprived areas. Quality of health is shown to decrease sharply among residents aged 65+ (50% said they had good health) and is lower among LGBTQ+ residents (49%).

Whilst 59% of residents consider themselves to be in good health, when asked specifically whether they have a condition or illness lasting, or expected to last, 12 months or more, 60% of respondents said that they did. The most common health condition experienced by residents is anxiety (31%) followed by depression (26%). Moreover, over one in five residents experience musculoskeletal or rheumatological problems (24%), long-term pain (22%) and high blood pressure (21%). However, among the conditions most likely to have a significant impact on the lives of those experiencing any condition are autism spectrum disorders (68%), bipolar disorder (67%) and long-term pain (66%).

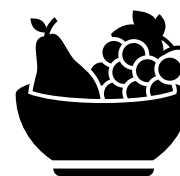


The validated SWEMWBS (Short Version of the Warwick-Edinburgh Mental Wellbeing Scale) framework was used to measure residents' mental health. Overall, **18%** of respondents received a score reflecting **poor mental health**, between 7 to 19 on the scale, 71% scored 20-30, and 11% scored 31 to 35. Age data show a clear correlation with mental health, with those under 35 especially likely to score 7 to 19. Likewise, the higher the level of deprivation, the poorer the mental health, evidencing a clear and consistent correlation. Reflected by, 26% of those in the most deprived areas have poor mental health, compared to 12% in the least deprived areas. The correlation between deprivation and poor mental health is further emphasised by the proportion of those with poor mental health who said they are cutting back on food shopping and essentials, 63%, compared to 22% of those with a more positive mental health score. Accordingly, when residents were asked about their main concerns and worries, cost of living came through most frequently, cited by 32% of all respondents.



Turning to figures on those living with obesity, 30% of respondents are living with a healthy weight, and a broadly similar proportion are living with overweight (35%). All told, **33%** of responding residents are **living with obesity or extreme obesity**. This sits very slightly above the national average as of 2019, when 28% of adults were living with some form of obesity. Moreover, **50%** of respondents in Wakefield undertake the **recommended daily amount of activity** of at least 150 minutes of moderate intensity activity or 75 minutes of vigorous intensity activity a week. The factor most strongly linked to exercise is mental

health; over three-quarters (76%) of respondents with a poor mental health scoring on the SWEMWBS do not undertake the recommended weekly physical activity. A fifth of respondents (20%) said they eat 5 or more portions of fruit or vegetables a day, whilst **5%** said they **did not eat any**. Those with poor mental health were the group most likely to not eat any fruit or vegetables (14%). Most residents say that they know the impact a healthy diet has, and what one consists of, making the key barrier(s) to increasing the prevalence of healthy diets in the district other than awareness or comprehension. Those in the most deprived quintile are more likely to agree that they would like to eat more fruit and vegetables (76%), as are females (74%), those aged 18 to 34 (82%) and ethnic minority residents¹ (85%). This sentiment is also higher among those with poor mental health (79%), those living with obesity or extreme obesity (77% and 83%) and those with children in their home (81%). Those who eat less than 5 portions of fruit or vegetables per day were especially likely to say that cheaper fruit and vegetables prices would encourage them to eat more (50%). Moreover, close to a quarter (23%) said that more time to prepare fruit and vegetables would help them increase their intake. For those who don't currently eat the recommended 5 portions of fruit and vegetables per day, therefore, **cost and convenience are the greatest barriers**.



The data shows that **60%** of respondents drink alcohol at least once a week, and of those, 18% are low risk drinkers, **28%** are **hazardous drinkers**, and **5%** are **harmful drinkers**. There were a number of demographics that were more likely to be hazardous or harmful drinkers, with males the most likely to be hazardous drinkers (35%) and LGBTQ+ residents most likely to be harmful drinkers (13%). Those who do the recommended weekly physical activity were more likely to be hazardous drinkers but less likely to be harmful drinkers. Current smokers were more likely to be harmful drinkers, whilst ex-smokers were more likely to be hazardous drinkers.

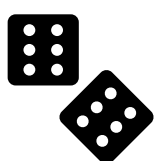


The majority of respondents have never used any form of tobacco, or have never vaped. **15%** of respondents currently use or occasionally **use any form of tobacco**.

Over one in ten respondents (**13%**) **currently vape or occasionally vape**, which represents the highest levels of usage seen of a singular method of smoking, **followed by cigarettes** (7% currently smoke and 3% use occasionally).

The majority of respondents had not used any of the drugs listed. The most common drug used was **cannabis** with one in ten respondents (**10%**) having tried it once or twice and 1% using it less than once a month and 2% using it at least weekly.

A third of respondents (**35%**) noted that they have gambled at least once during the last 12 months. Residents from Hemsworth (44%) and South Elmsall and South Kirkby (47%) are the most likely to have gambled. By demographics, gambling is most prevalent among males and those aged 45-64. Of those respondents who have gambled in the last 12 months, the majority (88%) would be classed as non-problem gamblers, 6% are low risk gamblers, 5% are moderate gamblers and 1% of those who gamble are problem gamblers. This equates to 0.3% of all responding residents, who are classed as a problem gambler.



¹ This includes all ethnic groups other than White British.

Introduction

Background

In January 2023, Wakefield Council commissioned BMG Research, an independent Research agency, to conduct a survey among the adult population of Wakefield District, in order to understand the levels of health experienced by residents, and how health outcomes can be improved.

Wakefield District is the 54th most deprived district in England (out of 317), with an adult population of around 280,000. It is an increasingly diverse district with many different communities and neighbourhoods within it. Wakefield Council is working towards ensuring that everyone in the Wakefield District enjoys the best possible mental and physical health, regardless of where they are born, live, grow, work and age. The strategy in place to meet these goals is outlined in The Wakefield District Health and Wellbeing Strategy 2022-2025.² The plan describes how organisations, including Wakefield Council, will work together with local communities to improve the health of the population overall, as well as closing the gap between the health of people in the most well-off areas of the district and people who live in poorer areas.

In order to reach these long-term ambitions for Wakefield District, the new strategy identifies four key overarching priority areas:



To deliver in these priority areas, the Wakefield Health and Wellbeing Board and its partners, aim to serve the population effectively, commission services appropriately and ultimately achieve improved outcomes for residents, through; engagement with the resident population, furthering understanding of their needs, perceptions, attitudes and behaviours, especially in light of the profound impact that the COVID-19 pandemic has had on the lives of residents.

²Wakefield District Health and Wellbeing Strategy, [Health and Wellbeing Board - Wakefield Council](#), Accessed 22/05/23

Research objectives

The survey was commissioned to provide data to understand the differences that Partner organisations are making; understand inequalities; identify priorities; tailor and target services and interventions appropriately; and work more effectively with local communities to make a positive difference to the lives of people living in Wakefield District. The data will feed into the Wakefield Joint Strategic Needs Assessment (JSNA), providing a much richer evidence base and assessment of need than just the routine data alone.

The research was designed to meet the following objectives:

- Provide a robust method of assessing the health and wellbeing of the population;
- Address intelligence gaps identified by the health and care system;
- Identify health and wellbeing needs and inequalities;
- Provide data that can be aggregated from small (Neighbourhood / Ward) to large (District) geographies for analysis;
- Provide data that can be used to assess the success of interventions and changes at a local level;
- Collect data that can be used to demonstrate progress towards the Health and Wellbeing Strategy outcomes.

Methodology

The survey took place from 27th February to 23rd of April 2023. The main survey used a paper and push-to-web methodology, with additional online boost. Initially 20,850 letters were sent to selected households, containing a paper survey and an option to complete the survey online, which could be accessed via the survey URL or a QR code. A reminder letter was also sent to all non-completes, reiterating instructions for completing online. A further 6,000 addresses were sampled and sent a letter asking residents to complete the survey online, and 4,700 emails were sent directly to young people in Wakefield District. In total therefore, 26,150 residents were invited to complete the survey.

The 20,850 addresses initially sampled for the survey were selected to ensure accurate representation by IMD. Using the postcode address file (PAF), the addresses were stratified by ward and sampled relative to their population size within the Wakefield district, while within each ward they were sampled by IMD quintile. For the 6,000-boost sample, 3,000 were again sampled proportionally by ward and IMD, whilst 3,000 targeted areas with a younger demographic (18-34) in order to increase completion among this group. The letters sent to this sample specified that the survey should be completed by the youngest adult member of the household. The 4,700 emails were also sent to the those within the 18-34 age bracket.

Of the total 26,150 residents sampled, 3,450 responded to the survey. For a demographic profile of the sample, please see [Appendix I](#). The 2021 Census data shows that the adult (18+) population of Wakefield District is 279,735. Accordingly, the data are subject to a maximum standard error of +/- 1.66% at the 95% confidence level on an observed statistic of 50% (adjusted). Therefore, we can be 95% confident that responses are representative of those that would be given by every adult resident in Wakefield District, had a census of the entire population been undertaken, to within +/-1.66% of the percentages reported. For example, if a measure received endorsement among 50% of respondents, we

can be 95% confident that if we had actually gained a response from every resident in Wakefield District, the score would lie between 48.34% and 51.66%.

The questionnaire booklet consisted of 16 sides, and the survey was designed to be completed in no more than 20 minutes. Contact details for BMG Research were provided in the 5 most common languages spoken in Wakefield District, excluding English, and one survey was completed in Polish.

To ensure the dataset is wholly representative, data from both surveys has been weighted on: ward; gender; age; ethnicity; and IMD. A full break down of the sample profile can be found in Appendix I.

Wakefield District residents also had the option to complete an online survey which was open to all adult residents and publicised by the Council. As with the main survey sample, the dataset has been weighted on: ward; gender; age; ethnicity; and IMD. As this is a self-selected survey, the data from this is analysed separately. Topline findings from this survey can be found in Appendix II.

Reporting conventions

Throughout the report, the responses are analysed based on the Index of Multiple Deprivation, referred to as IMD. The Index of Multiple Deprivation is the most widely used index to measure deprivation in the UK, taking into account 39 separate indicators organised across seven domains of deprivation in order to classify the relative deprivation of LSOAs (Lower layer Super Output Areas). The domains are combined and weighted to produce an overall measure of multiple deprivation experienced by people living in an area. For this dataset, across the Wakefield District all LSOAs were ranked according to their IMD, and grouped into quintiles. The first quintile (quintile 1) represents those in living in areas with the highest levels of deprivation, whilst the fifth quintile (quintile 5) represents those living in areas with the lowest levels of deprivation.

A question was asked in the survey about respondents' sexual orientation: "Which of the following best describes your sexual orientation?" Response options were: Straight/heterosexual; Gay or lesbian; Bisexual; Other [please write in]. Throughout this report "LGBQ+" is used to refer to all residents who gave any of the former three responses. A separate question was asked about gender identity, and responses were treated separately. Where any transgender individuals describe their orientation as gay, lesbian, bisexual or other, they are naturally captured in the above group.

The data used in this report is rounded up or down to the nearest whole percentage point. It is for this reason that, on occasions, tables or charts may add up to 99% or 101%. Where tables and graphics do not match exactly to the text in the report this occurs due to the way in which figures are rounded up (or down) when responses are combined. Results that differ in this way will not have a variance that is any larger than 1%.

Unless otherwise stated, all data used within this report are based on valid responses. This means that where a resident may have answered "don't know" or have not answered a particular question, this is excluded from the figures at that question.

Significance testing has been used to look for statistical differences in the responses between groups of respondents. In this case, the T-Test has been used. Where differences in the data is referred to as statistically significant, this indicates variations that are statistically significant at the 95% confidence

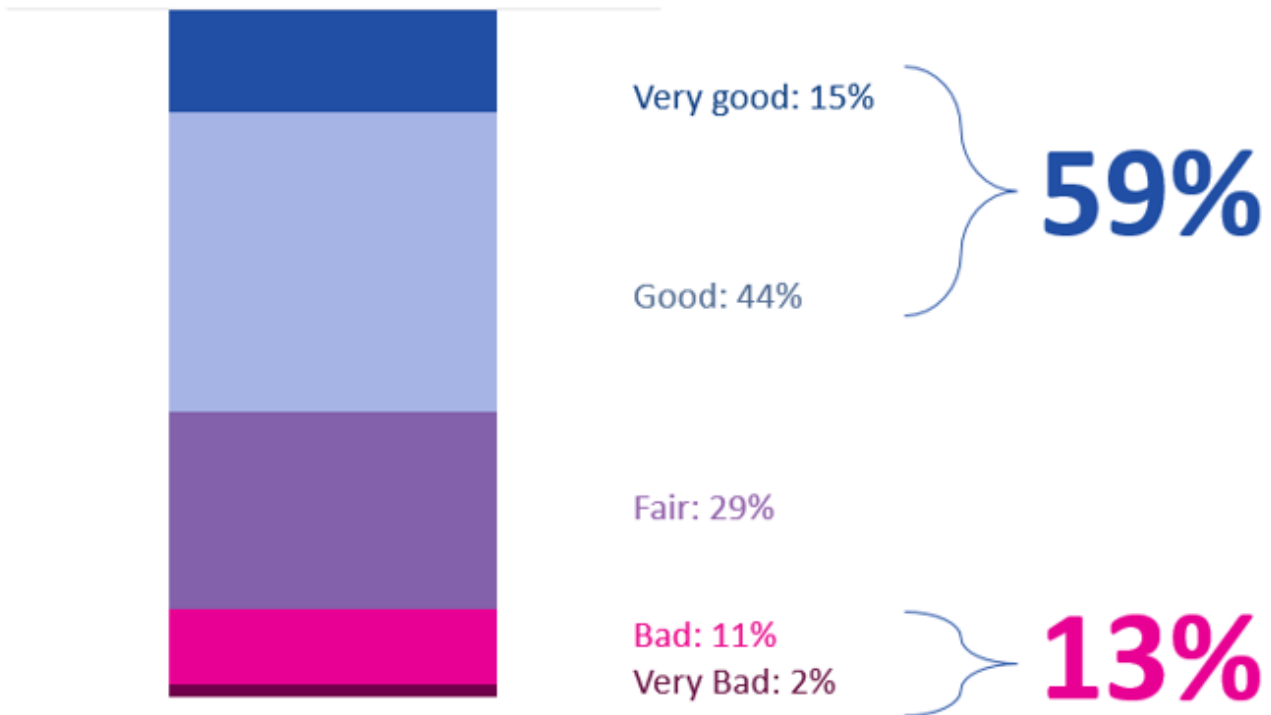
level or above. This means that there is only a 5% probability that the difference has occurred by chance (a commonly accepted level of probability), rather than being a 'real' difference.

A *% symbol represents a percentage that is lower than 0.5% but higher than 0%.

Overall health of Wakefield District Residents

At the start of the survey, residents were asked to rate their overall health. Fifty nine percent of residents thought their health was good, with 15% saying “very good” and 44% saying “good”. Only 13% thought their health was bad or very bad, predominately consisting of residents who consider their health to be bad (11%). This compares unfavourably with the UK average, as 82% of UK residents described their health as very good or good in the 2021 national census.³

Figure 1: Overall health of adult residents

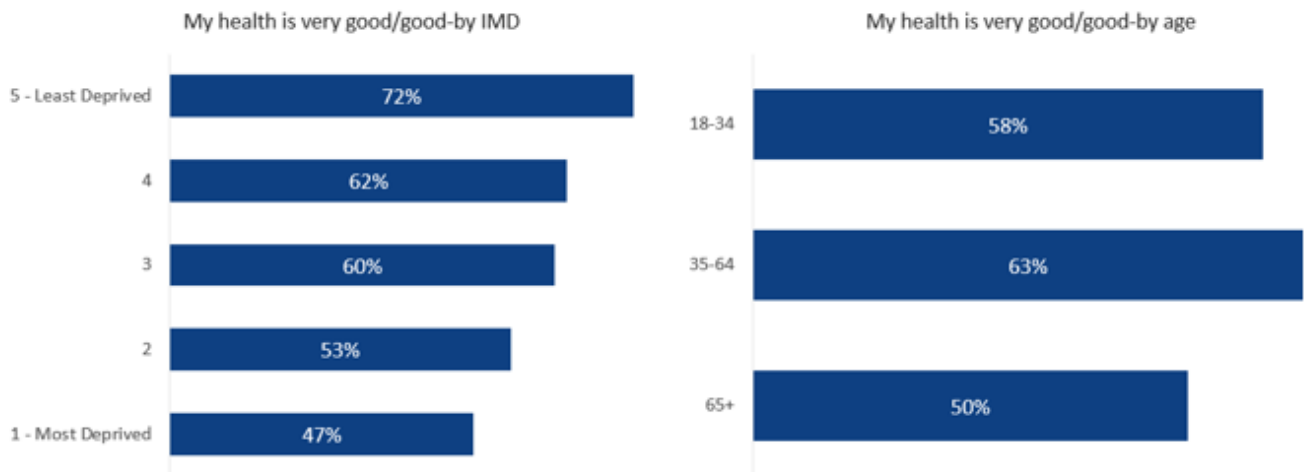


Q5. How is your health in general? Base: All valid responses (3431).

The way in which residents rated their health was strongly influenced by the level of deprivation in the areas where they live. Accordingly, the higher the level the deprivation the less likely residents are to rate their health as good or very good. Just under half of residents in the most deprived quintile (47%) said their health was good or very good, compared to 72% in the least deprived quintile. Age is also an influencing factor, with the proportion of residents who say they are in good health dropping off sharply among those aged 65 or over (50%).

³ General health, England and Wales - Office for National Statistics (ons.gov.uk) Accessed 30.05.2023

Figure 2: Overall health of adult residents by IMD and age



Q5. How is your health in general? Base: Valid responses IMD 5 (851); 4 (692); 3 (704); 2 (605); 1 (579); 18-34 (595); 35-64 (595); 65+ (1456)

The proportion of residents who feel their health is very good or good is lowest in South Elmsall and South Kirkby (47%) and Airedale and Ferry Fryston (49%), the only wards where fewer than half of residents described their health as good. This reflects the correlation between living in more deprived areas and decreased likelihood to consider personal health to be good, as Ferry Fryston and South Kirby recorded some of the highest levels of deprivation in the 2019 national IMD data.⁴

A further significant variation evidenced by the data is that LGBTQ+ residents record lower levels of overall good health than the average of all respondents at 49% (cf. 60% of heterosexual residents).⁵



60%

Of Wakefield residents have a health condition of illness lasting or expected to last 12 months or more

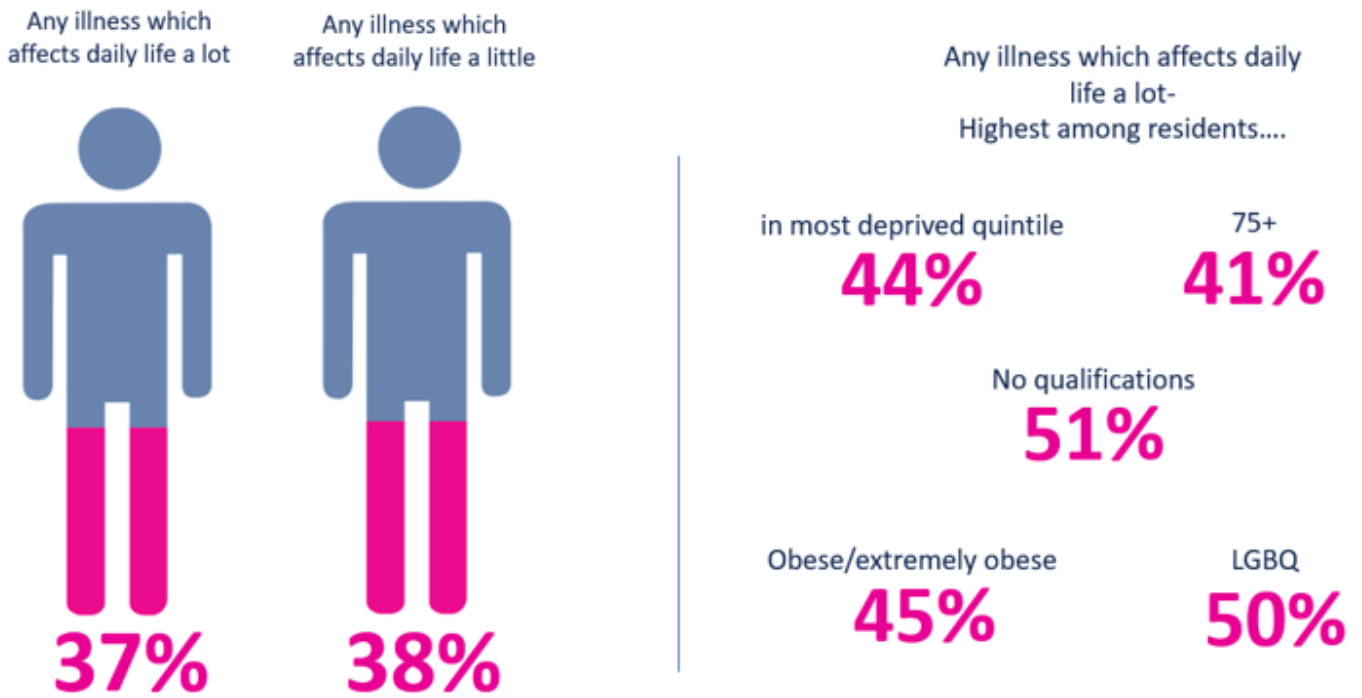
Whilst 59% of residents consider themselves to be in good health, when asked specifically whether they have a condition or illness lasting, or expected to last, 12 months or more, 60% of respondents said that they did. Those residents who said they did have a long-term condition or illness were presented with an extensive list of health conditions, and asked whether they experienced any of these, and if so, how much the condition impacted their lives, if at all. The below figure shows the proportion of all respondents who said that at least one of the conditions affects their

daily life, either a lot, or a little. Across all listed health issues, 37% said that their daily lives were affected a lot, and a similar proportion, 38% said their lives were affected a little. The former increases significantly among those in the most deprived quintile, who have no qualifications (which overlaps with those in more deprived areas), those who are 75 or older, LGBTQ+ residents and residents who are living with either obesity or extreme obesity.

⁴ [Microsoft Word - Wakefield analysis of IMD 2019.docx \(wakefieldjsna.co.uk\)](#) Accessed 16.05.23

⁵ A question was asked in the survey about respondents' sexual orientation: "Which of the following best describes your sexual orientation?" Response options were: Straight/heterosexual; Gay or lesbian; Bisexual; Other [please write in]. Throughout this report "LGBTQ+" is used to refer to all residents who gave any of the former three responses.

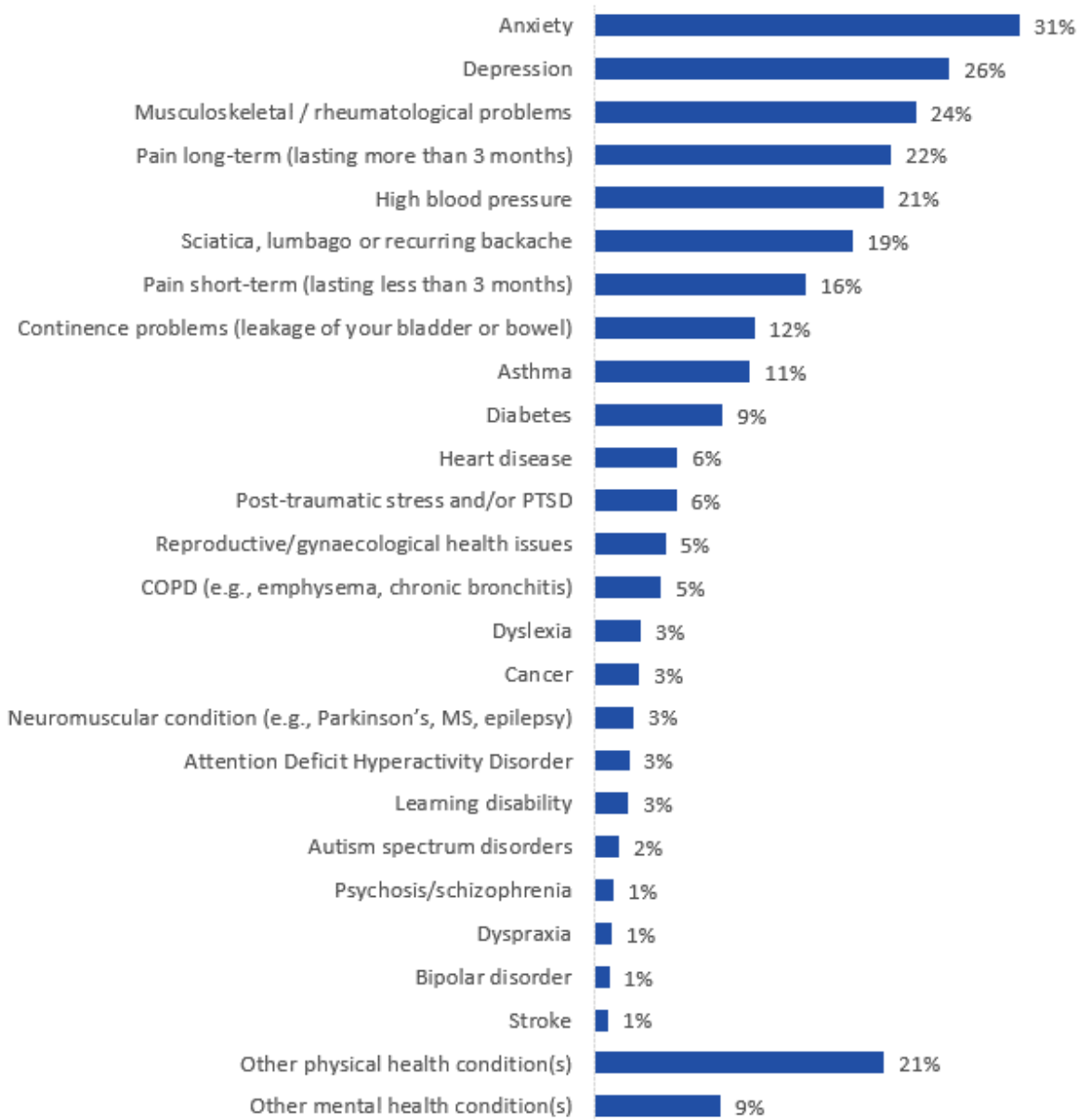
Figure 3: Proportion of residents who have a health condition which affects their daily life (total sample)



Q8. Which of the following health conditions or illnesses do you have or have you had in the last 12 months? Base: Total sample: (3,4540) The question received a higher-than-normal number on unanswered/non-completes, which have been attributed to condition. In most deprived quintile (408); 75+ (486); Obese/extremely obese (741); LGBQ+ (88)

The most common health condition experienced by residents is anxiety (31%) followed by depression (26%). Moreover, over one in five residents experience musculoskeletal or rheumatological problems (24%), long-term pain (22%) and high blood pressure (21%).

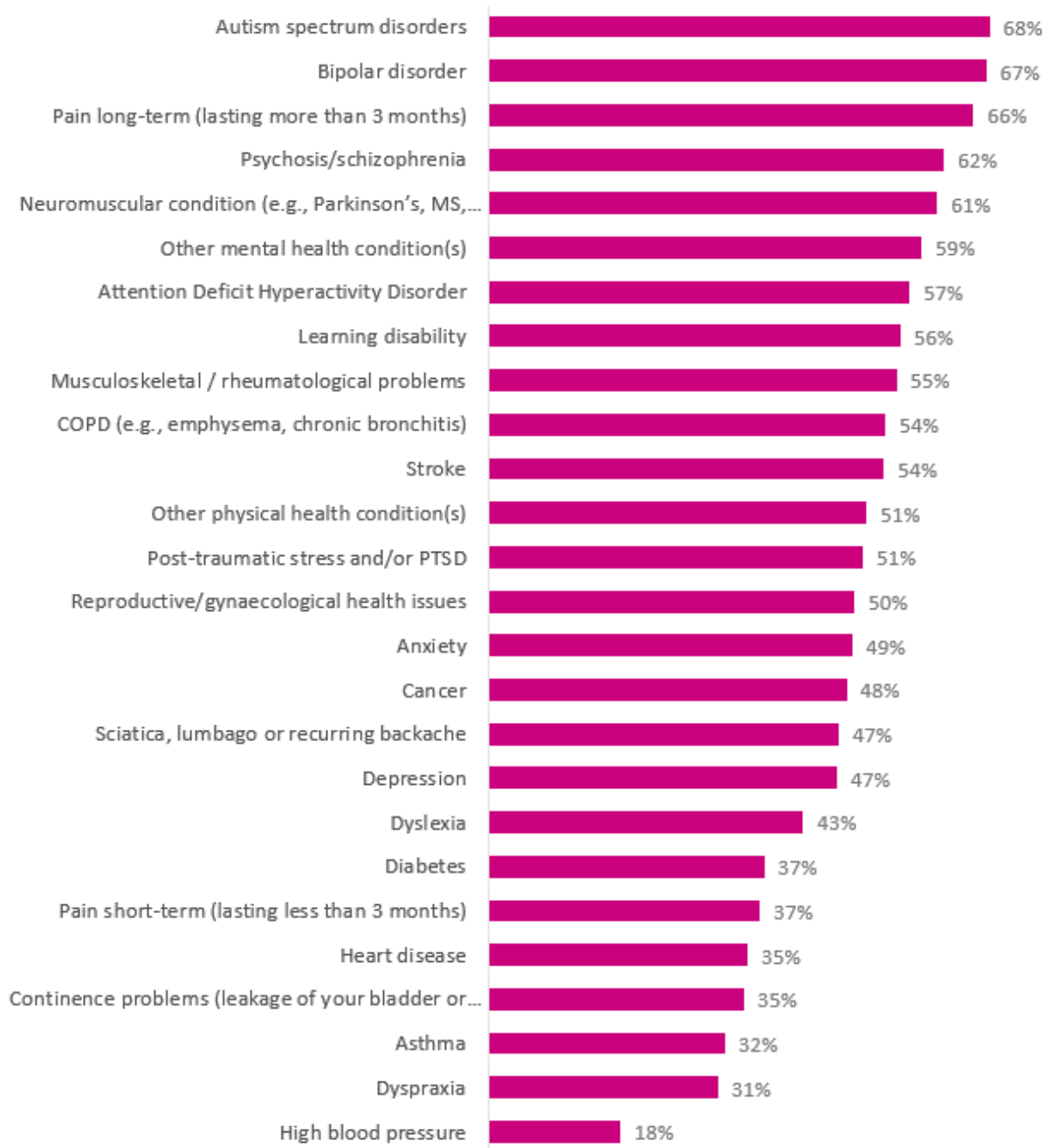
Figure 4: Proportion of residents who have a specific health condition (total sample)



Q8. Which of the following health conditions or illnesses do you have or have you had in the last 12 months? Base: Total sample: (3,450) The question received a higher-than-normal number on unanswered/non-completes, which have been attributed to no condition.

When looking at the conditions that have the greatest impact on residents in their daily lives, among those with any condition, anxiety and depression are cited less commonly, indicated by around half of those with conditions (49% and 47% respectively). The conditions most likely to have a significant impact on the lives of those experiencing them are autism spectrum disorders (68%), bipolar disorder (67%) and long-term pain (66%). Whilst high blood pressure is experienced by 21% of all surveyed residents, it is the condition that is least likely to affect residents' daily lives a lot. Therefore, the conditions which have the greatest impact, are not necessarily the conditions experienced by the highest proportion of residents.

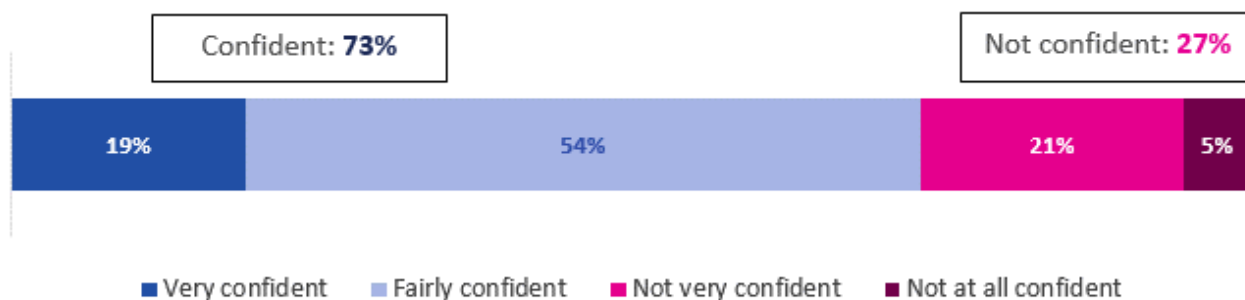
Figure 5: Proportion of residents who have a specific health condition, which has affected their daily life a lot over the past 12 months (residents who have a health condition)



Q8. Which of the following health conditions or illnesses do you have or have you had in the last 12 months? Base: those with a health condition: (1,012).

Those who said they have had a health condition or illness during the last 12 months were asked how confident they are in managing it. Just over half said they were fairly confident (54%) and one in five (19%) said they were very confident, resulting in 73% saying they are confident overall. Conversely, 27% said they were not confident.

Figure 6: Confidence in managing condition



Q9 How confident are you that you can manage your condition (or conditions)? Base: Where have any health conditions or illnesses in the last 12 months - Valid responses (2,073)

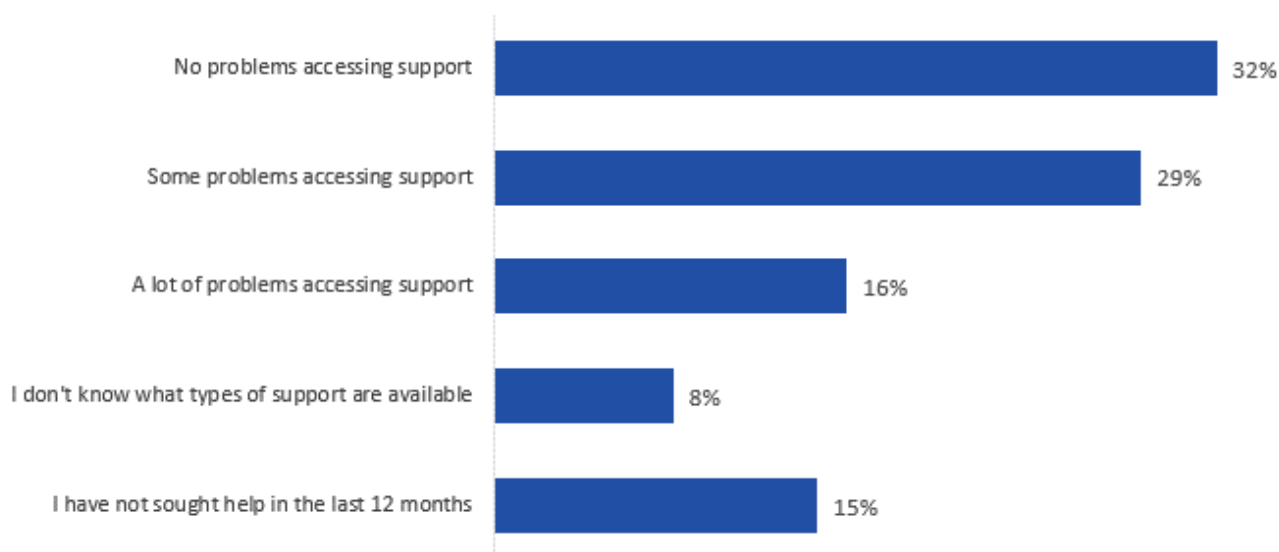
There is significant variation across some of the conditions in how confident those experiencing the condition are in how well they can manage it. For a number of conditions, over half said they were either not very confident or not at all confident they could manage it. In the majority of cases, the conditions relate to mental health issues or neurodivergence, although it should be noted that a number of these have a low sample size. Residents with the following conditions are especially likely to benefit from the provision of, and increased access to, support wherever possible:

- Learning disability- 79%*
- Psychosis/schizophrenia- 74%*
- Other mental health condition(s)- 70%
- Post-traumatic stress and/or PTSD- 69%
- Dyslexia- 67%*
- Stroke- 64%*
- Depression- 63%
- Continence problems (leakage of your bladder or bowel)- 61%
- Attention Deficit Hyperactivity Disorder- 60%*
- Anxiety- 57%
- Pain short-term (lasting less than 3 months) not including backache- 55%
- Autism spectrum disorders- 55%*
- Asthma- 53%
- Sciatica, lumbago or recurring backache- 52%

*Please note, caution should be applied to these data due to low base sizes of below 50 people.

Residents with any health condition were asked about their experience in accessing support for it over the past 12 months. Thirty two percent said they had no problems accessing support, but 29% said they had some problems, and 16% said they had a lot of problems. In total, 45% of those asked this question said they had problems in accessing support. A further 8% did not know whether support was available for them. These data represent an opportunity to facilitate accessing the support available, and further investigation may be required to identify barriers to access.

Figure 7: Problems in accessing support for condition over the last 12 months



Q10 In the last 12 months have you had problems accessing support for your health conditions when needed? Base: Where have any health conditions or illnesses in the last 12 months - Valid responses (2,073)

Residents with Attention Deficit Hyperactivity Disorder, Dyspraxia or Autism are the most likely to say that they had a lot of problems accessing support.⁶ LGBTQ+ residents are also more likely than heterosexual residents to say they had a lot of issues (28%, cf., 15%). Moreover, the data evidences a strong correlation with age, with younger residents much more likely to have a lot of problems accessing support:

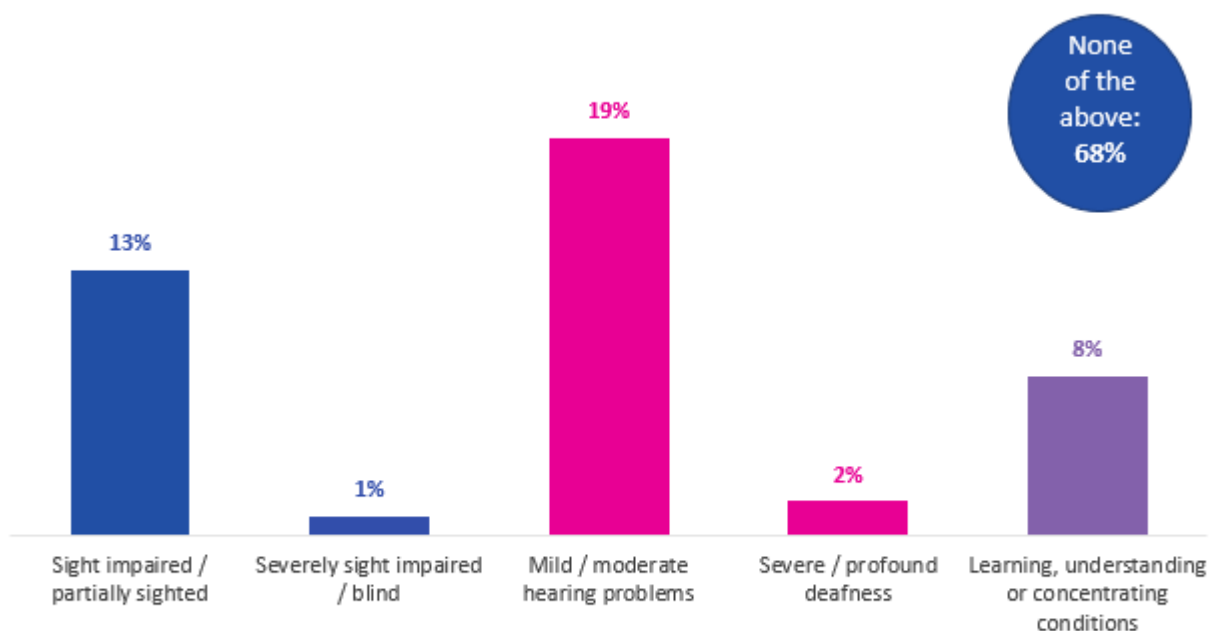
- 18-34: 28%
- 35-64: 15%
- 65-74: 14%
- 75+: 10%

Respondents were also asked about specific impairments impacting hearing, sight or learning, understanding or concentration. In total 13% of respondents said they have a vision impairment, and 21% said they have a hearing impairment, whilst 8% have a learning difficulty.⁷

⁶ 60%, 48% and 47% of respondents said this respectively, although caution should be applied to the data due to low base sizes. (ADHD: n=38; dyspraxia: n=10; and autism: n=29)

⁷ Please note, due to rounding the proportion of those who have a mild vision impairment and those who have any vision impairment is 13% in both cases. (12.94%, and 13.38%)

Figure 8: Prevalence of sight or hearing impairments or learning difficulties



Q10 In the last 12 months have you had problems accessing support for your health conditions when needed? Base: Where have any health conditions or illnesses in the last 12 months - Valid responses (2,620)

A higher prevalence of learning, understanding or concentration issues are recorded among:

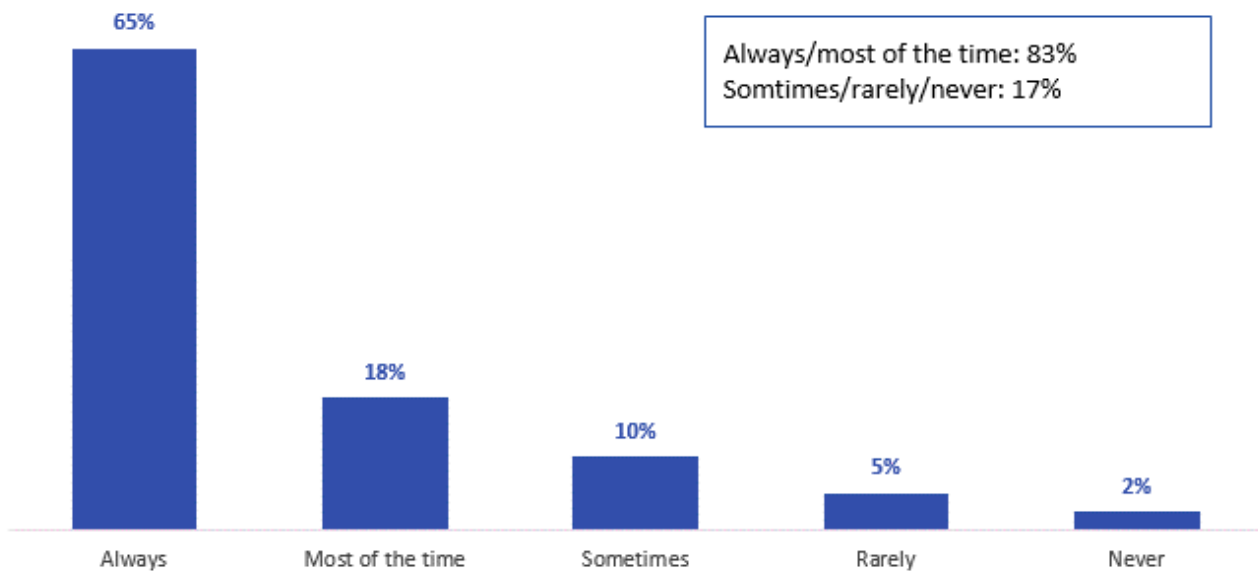
- Residents living in the most deprived quintiles: 9% in the 2nd quintile and 14% in the 1st (cf., 3% in the least deprived quintile)
- LGBTQ+ residents: 13% (cf., 7% of heterosexual residents)

There is also a high correlation between age and hearing issues, which is not evidenced for either sight impairments or learning, understanding or concentration issues, as the below table shows. It is noteworthy that half of those 75 or over have a hearing impairment.

	18-24	25-34	35-44	45-54	55-64	65-74	75+
Mild / moderate hearing problems	5%	6%	7%	14%	24%	36%	49%
Severe / profound deafness	0%	0%	1%	3%	1%	3%	6%

All survey participants were asked whether they were able to get out of the house to carry out their daily activities. A majority (65%) said they always could, and 83% said they could always or most of the time. However, 17% of surveyed residents said that they either only sometimes, rarely or never were able to get out of the house to carry out their activities. The below chart shows this broken down further.

Figure 9: Independence in carrying out day-to-day activities



Q12 Thinking generally about your independence, are you able to get out of the house and carry out day to day activities as and when you want? Base: Valid responses (3,427)

Unsurprisingly, those with a health condition are significantly less likely to be able to get out of the house to carry out their daily activities, with 11% saying they are rarely or never able to do this (compared to just 1% of those without a health condition). One might assume a correlation between decreasing ability to carry out day-to-day activities and increasing age, but the strongest relationship is with deprivation, as the below table shows, with those in deprived areas less likely to be able to carry out daily activities.⁸

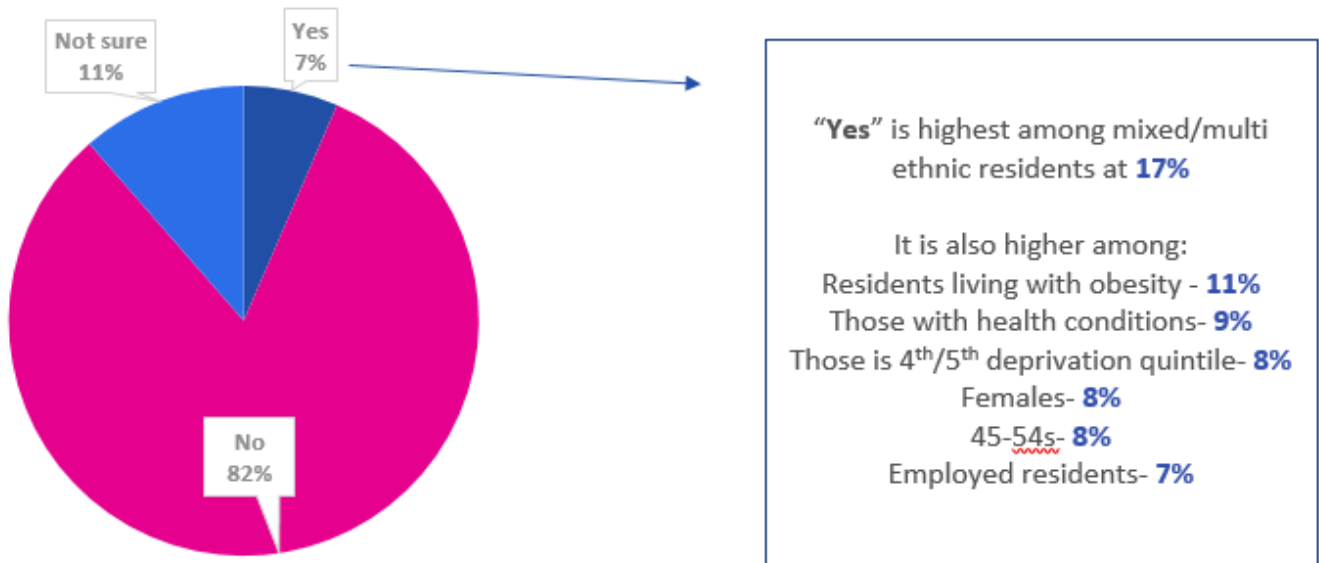
Proportion of those who can get out of the house and carry out day to day activities....					
By Index of Multiple Deprivation	5 - Least Deprived	4	3	2	1 - Most Deprived
Always/most of the time	91% ↑	86% ↑	84%	78% ↓	74% ↓

Surveyed residents were then asked whether they are suffering from long COVID, to which 7% said yes, and a further 11% said they were not sure. The proportion of those who said they are experiencing long COVID is highest among mixed or multi-ethnic residents at 17%. It is also significantly higher than the Wakefield District average among residents living with obesity, have health conditions, are in the 1st or 2nd IMD quintile, are female, aged 45-54, or are in employment.

⁸ Arrows indicate a statistical difference at 95% confidence versus all valid responses.

Figure 10: Prevalence of long COVID among Wakefield District residents

Would you describe yourself as having long COVID?



Q22. Would you describe yourself as having 'long COVID', that is, you are still experiencing symptoms more than 12 weeks after you first had COVID-19, that are not explained by something else? Base: Valid responses (3,362)

To one decimal place, the proportion of surveyed residents who said they had long COVID was 6.5%. This is notably higher than the national average, as of the four-week period ending 5th March 2023, in which 269,971 people living in private households were surveyed, of which 2.9% self-reported long COVID of any duration.⁹ However this finding seems to be in line with the long-covid reporting from the 2021 Kirklees survey which reported 8% of respondents reporting they have long covid. The estimated percentage of people living in Yorkshire and Humber with long COVID symptoms was 2.8%. Similar to the pattern identified in the Wakefield Adult Population Health survey, the national survey evidences that long Covid is most prominent among females, people living in more deprived areas, and those with another activity limiting health condition or disability. In contrast to the national data set, the Wakefield data indicates that those in Wakefield experiencing long COVID are more likely to be in work. Given the picture across both data sets, a dominant factor in determining the higher reported levels of Long Covid in Wakefield is likely to be the district’s position as the 54th most deprived district in England, out of 317.¹⁰

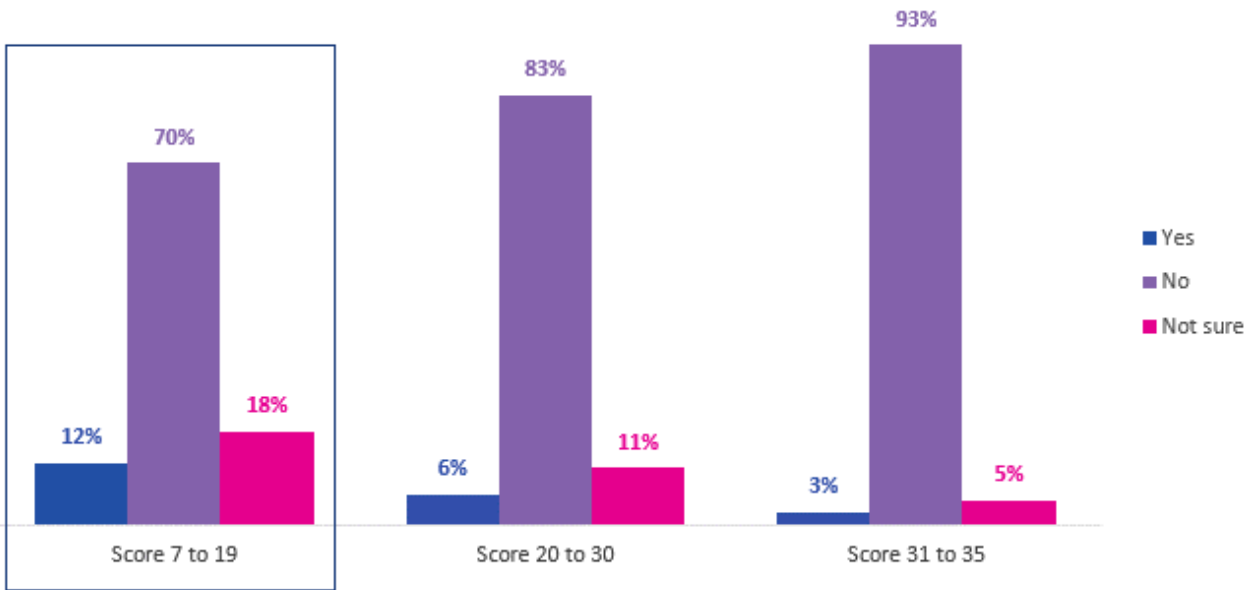
The impact of long COVID on mental health is implied by the relationship between the likelihood of respondents saying they have long Covid and having poorer mental health. Those scoring 7-19 on the SWEMWBS scale are significantly more likely both to say they have long COVID (12%) and to say they are not sure (18%).¹¹

⁹ Office for National Statistics (ONS), released 30 March 2023, ONS website, statistical bulletin, Prevalence of ongoing symptoms following coronavirus (COVID-19) infection in the UK: 30 March 2023. Accessed 05.05.23

¹⁰ [Microsoft Word - Wakefield analysis of IMD 2019.docx \(wakefieldjsna.co.uk\)](#) Accessed 16.05.23

¹¹ The SWEMWBS is a short version of the Warwick–Edinburgh Mental Wellbeing Scale (WEMWBS). For further information, see below Section on Mental Health Support.

Figure 11: Prevalence of long COVID by mental health (SWEMWBS)

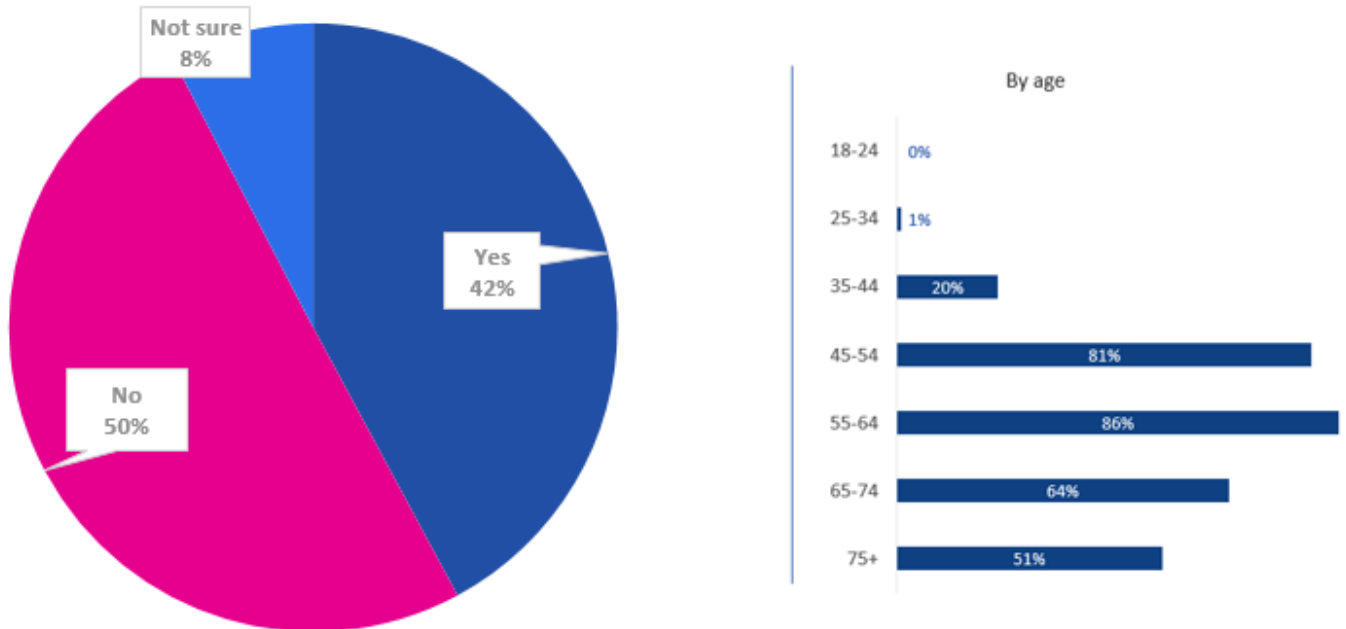


Q22. Would you describe yourself as having 'long COVID', that is, you are still experiencing symptoms more than 12 weeks after you first had COVID-19, that are not explained by something else? Base: Valid responses Score 7 to 19 (513); Score 20-30 (2,282); Score 31-35 (399)

Turning to the symptoms of menopause, all respondents who had said their sex was female were asked whether they believe they are currently in perimenopause or menopause, or have already been through it. Forty two percent said they were currently, or had been, and 50% said they had not. By age, there is a sharp increase in the proportion who said “yes” among those aged 45-54 (81%), and most female respondents aged 55-64 said yes (86%). Therefore, the data suggests that most female respondents either are perimenopausal or post-menopausal when they are 45-65. However, the proportion of female respondents who said “yes” decreases from 65 and over, and therefore the data should be viewed with caution; it is unlikely that only half of females aged 75 or over have not yet gone through the menopause, and there may have been some confusion among the older respondents. Despite this, it is noteworthy that 20% of 35–44-year-old females say they are in perimenopause, menopause, or are post-menopausal.

Figure 12: Proportion of Wakefield District residents in perimenopause or menopause, or that have already been through it?

Do you believe you are currently in perimenopause or menopause, or that you have already been through it?



Q19. Do you believe you are currently in perimenopause or menopause, or that you have already been through it? Base: All females- Valid responses (2,043)

The majority of those who have experienced menopause (63%) said they had been negatively affected by it. This is especially high among the younger age group of 35-44, 85% of whom said they were negatively impacted. It is likely that women under 45 who experience menopause have less information about it or are less supported if it is assumed to predominantly affect older women. It is therefore noteworthy that one in five women aged 35-44 said they had experienced perimenopause or menopause.

Figure 13: Proportion of Wakefield District residents negatively affected by perimenopause or menopause



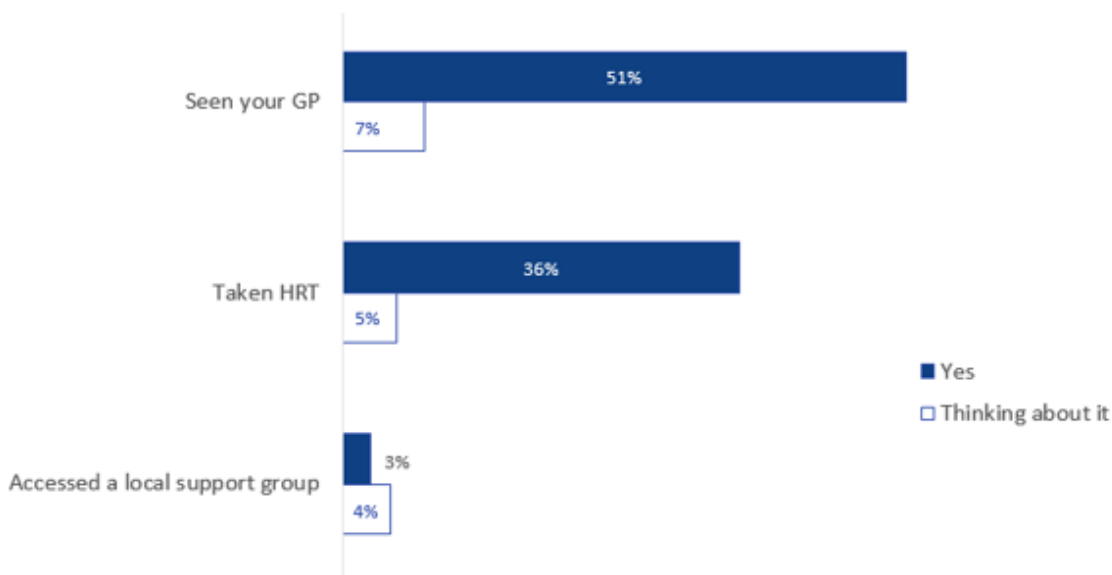
By mental health (SWEMWBS)		
Score 7 to 19	Score 20 to 30	Score 31 to 35
78% ↑	65% ↑	41% ↓

Q20. Does, or did, the perimenopause or menopause negatively affect your health or wellbeing? Base: All females who are in perimenopause, menopause, or post menopause- Valid responses (988)

There is also a noteworthy variation in the data by variation of mental health. Those with a lower SWEMWBS score are significantly more likely to be negatively impacted by the perimenopause or menopause. Those with a score of 7-19 are impacted at 78%, compared to those with a score of 31 to 35, of whom 41% said they were impacted. (Albeit, this remains a notable minority.) The data does not prove that experiencing perimenopause or menopause negatively impacts mental health, (as opposed to those with poorer mental health being less able to manage undergoing menopause), but it does show a relationship that would benefit from further investigation.

Half of those who have experienced menopause (51%) have seen their GP for support, with a further 7% considering doing so. HRT is relatively prevalent, with 36% having taken it, but with considerable room to expand its usage if appropriate. Support groups are infrequently utilised, with just 3% having done so, and 4% considering it.

Figure 14: Access of support for menopause.



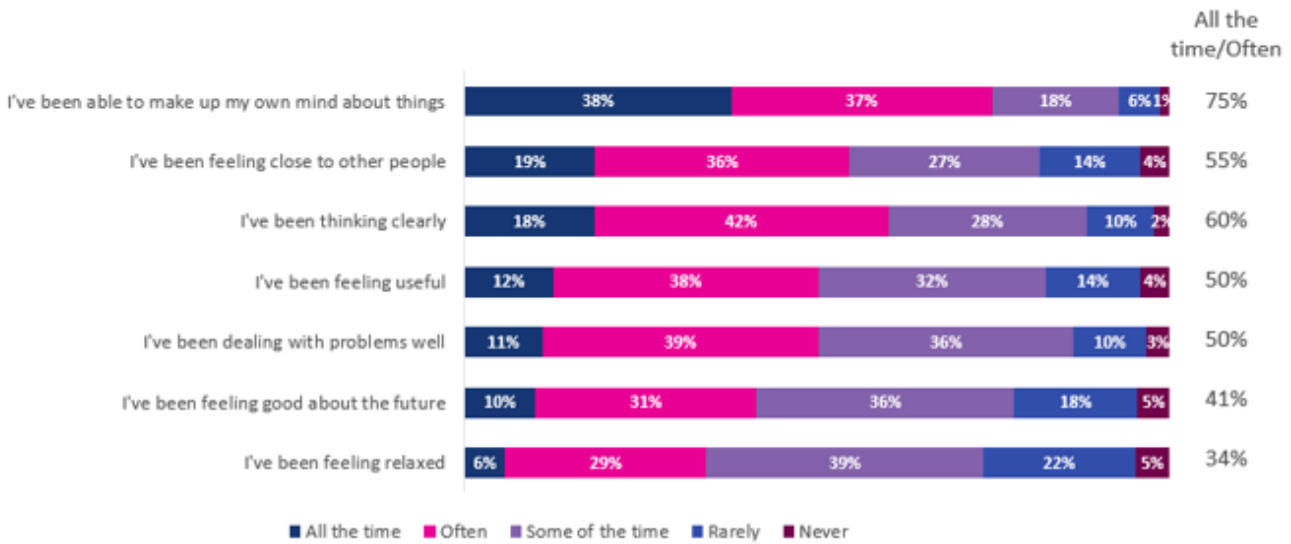
Q21. Have you sought help for the perimenopause or menopause in any of the following ways? Base: All females who are in perimenopause, menopause, or post menopause- Valid responses (922/869/752)

Those whose health has been negatively affected are significantly more likely to access all types of support, although among this group, only 3% have accessed a local support group. Among those who have been negatively affected, 66% have seen their GP, whilst 21% said they have not and have not been thinking about it, and 43% have taken HRT, whilst 38% have not and have not been thinking of doing so.

Mental Health of Wakefield District residents

As seen in the above section, mental health correlates significantly with several overall health outcomes, and so this section explores mental health in more depth. Responding residents were asked how often their experiences are described by the seven statements which make up the Shorter Warwick-Edinburgh Mental Wellbeing scale calculations.¹² Responses to these statements are shown in the below figure.

Figure 15: Indicators of mental wellbeing.

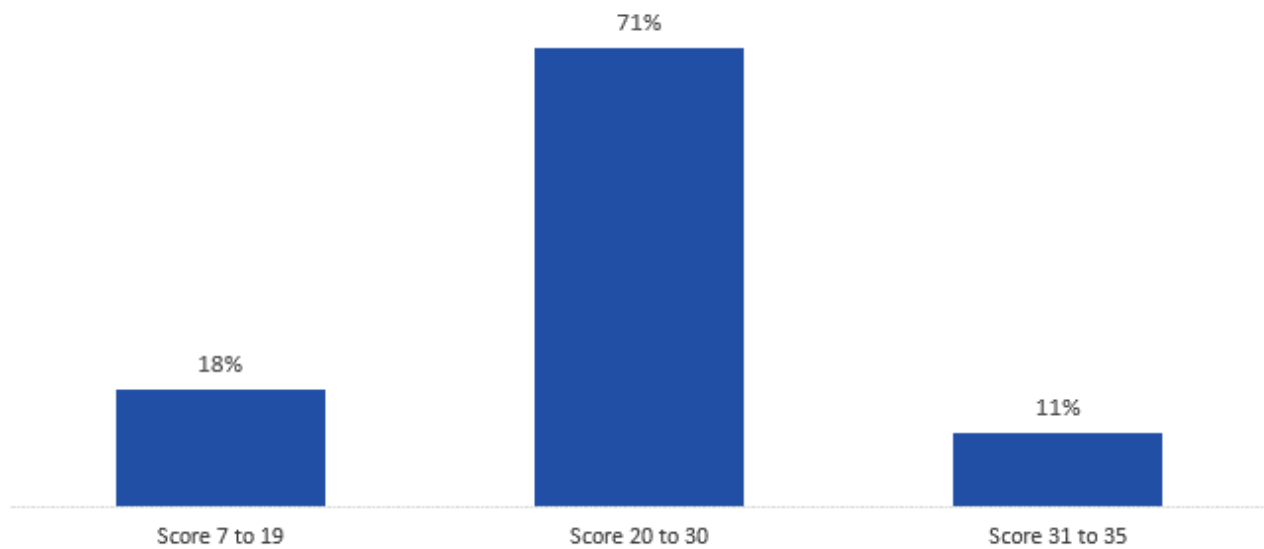


Q6. Below are some statements about feelings and thoughts. Please cross the box on each line that best describes your experience of each over the last two weeks. Base: Valid responses (3,389-3,258)

As per the validated SWEMWBS framework, all residents who answered all elements of the question were given a score, reflecting the quality of their mental health. Eighteen percent of respondents received a score reflecting poor mental health, between 7 to 19 on the scale, 71% scored 20-30, and 11% scored 31 to 35.

¹² The Warwick-Edinburgh Mental Wellbeing scale was developed to enable the monitoring of mental wellbeing in the general population and the evaluation of projects, programmes and policies which aim to improve mental wellbeing. The 7-item scale, or the shorter version, was used in this instance [About WEMWBS \(warwick.ac.uk\)](http://www.warwick.ac.uk/about/wemwbs) Accessed 16.05.23

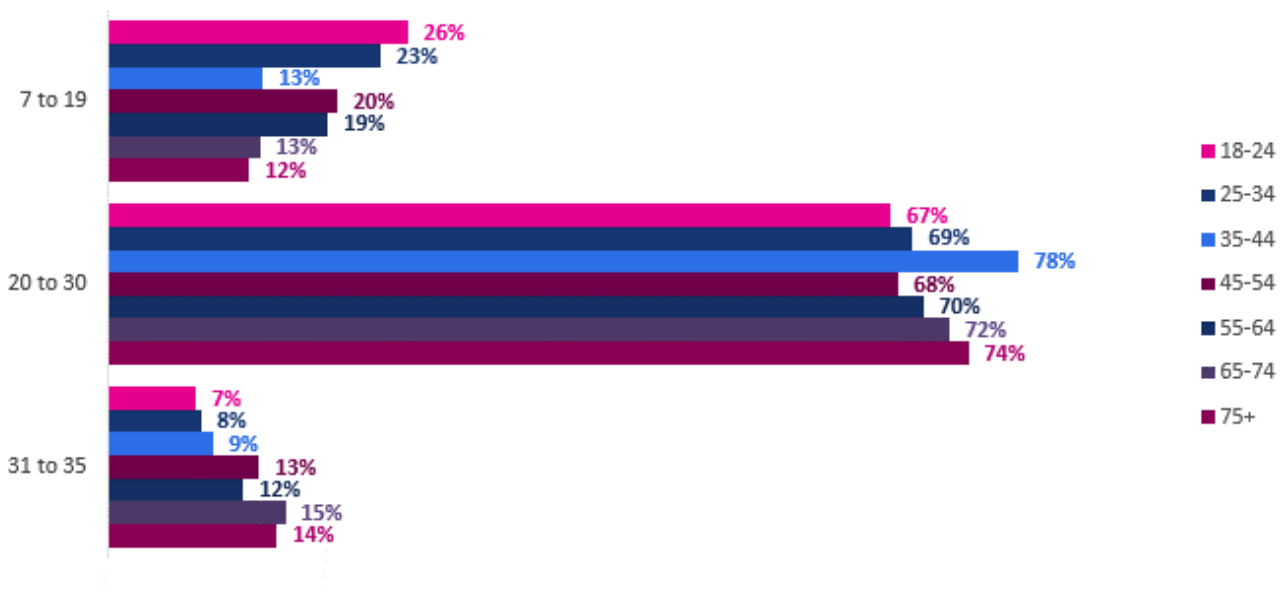
Figure 16: SWEMWBS (short version of the Warwick–Edinburgh Mental Wellbeing Scale)



Q6. Below are some statements about feelings and thoughts. Please cross the box on each line that best describes your experience of each over the last two weeks. Base: Valid responses (3,258)

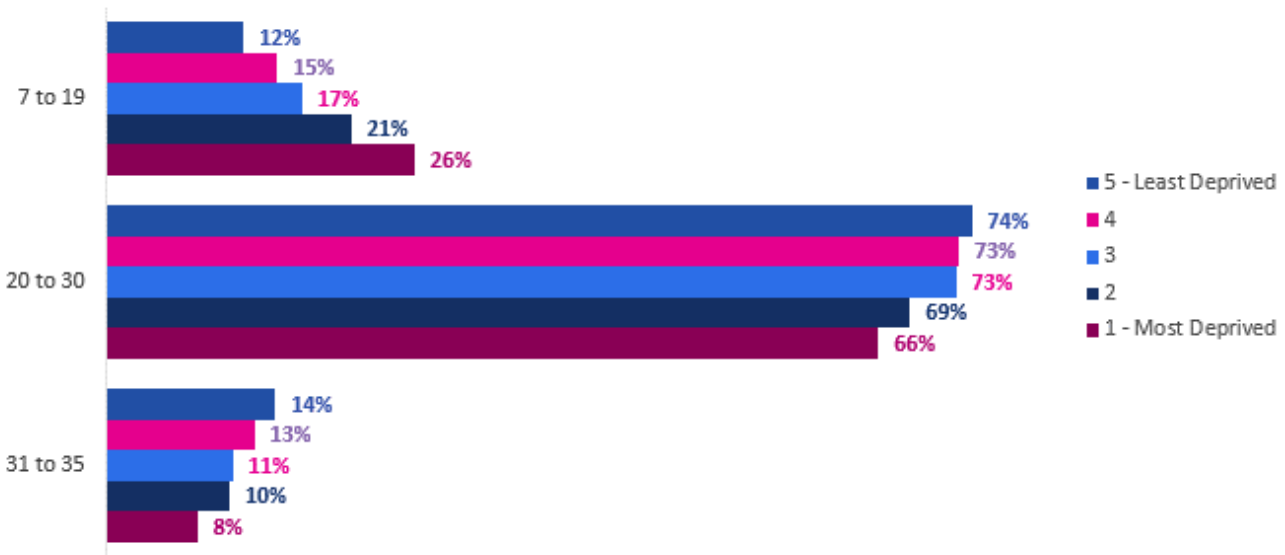
The two figures below show the spread of these scores by both age, and then levels of deprivation. Age data show a clear correlation with mental health, with those under 35 are especially likely to score 7 to 19. Whilst the majority of those aged 18-24 (67%) and 25-34 (69%) scored 20-30, around one in four scored 7 to 19. As the second chart shows, the higher the level of deprivation, the worse the mental health, evidencing a clear and consistent correlation. Therefore, 26% of those in the most deprived areas have poor mental health, compared to 12% in the least deprived areas.

Figure 17: SWEMWBS (short version of the Warwick–Edinburgh Mental Wellbeing Scale) – by age



Q6. Below are some statements about feelings and thoughts. Please cross the box on each line that best describes your experience of each over the last two weeks. Base: Valid responses: 18-24 (80); 25-34 (509); 35-44 (379); 45-54 (379); 55-64 (601); 65-74 (749); 75+ (580)

Figure 18: SWEMWBS (short version of the Warwick–Edinburgh Mental Wellbeing Scale) – by IMD

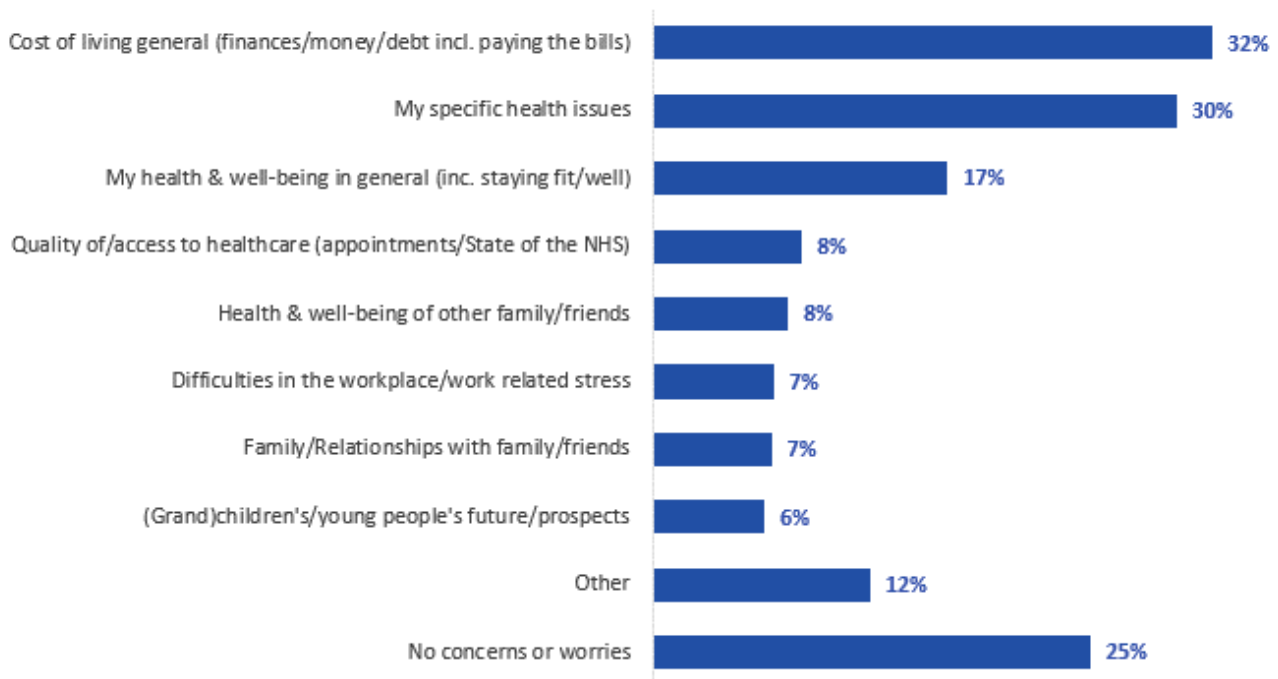


Q6. Below are some statements about feelings and thoughts. Please cross the box on each line that best describes your experience of each over the last two weeks. Base: Valid responses: 18-24 (80); 25-34 (509); 35-44 (379); 45-54 (379); 55-64 (601); 65-74 (749); 75+ (580)

The correlation between deprivation and poor mental health is further emphasised by the proportion of those with poor mental health who said they are cutting back on food shopping and essentials, 63%, compared to 22% of those with a more positive mental health score.

To understand what is driving mental health issues in Wakefield, responding residents were asked to list their top three concerns or worries. Cost of living and health issues came through as the most commonly cited concerns, among 32% and 30% of respondents respectively. Other issues that factor prominently in residents' concerns include: their health in general, the NHS, health and wellbeing of family and friends, issues at work, relationships with family and friends, and young people's future prospects.¹³

Figure 19: Top 3 concerns or worries of Wakefield District residents- responses cited by over 5% of respondents shown



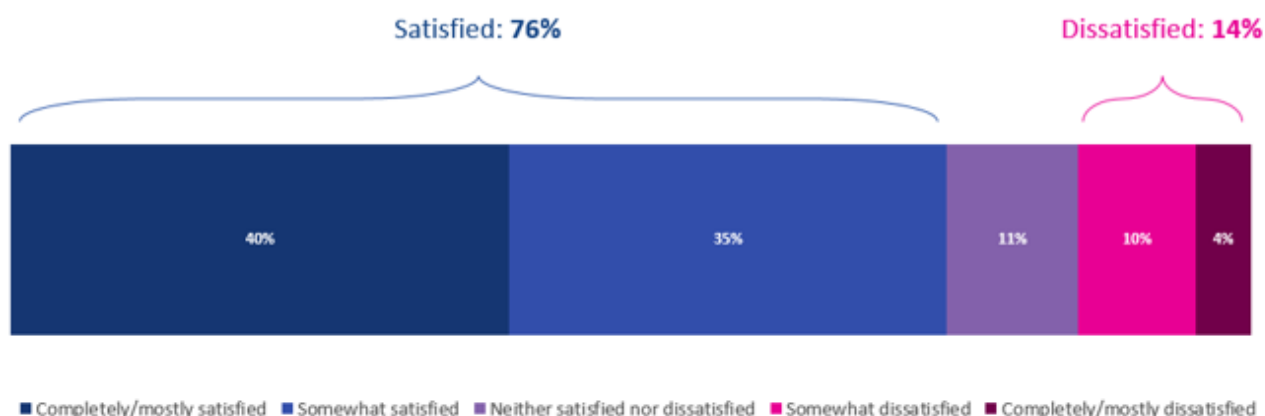
Q16. At the moment, what would you say are your three main concerns or worries. Base: Valid responses (2,568)

Specific data on the cost of living is included below in the section *Living in Wakefield*.

As observed above, 7% of respondents cited work-related concerns as one of their top three worries. A question was asked in the survey to understand levels of satisfaction that employed Wakefield District residents have in their work, to start to understand the relationship between work-related issues and mental health. Satisfaction levels among employed respondents is shown in the below figure. Overall, satisfaction is high, with 76% satisfied overall and 14% dissatisfied.

¹³ It should be noted that other issues, such as environmental concerns and global warming, also came through but among less than 6% of the surveyed residents. The concerns noted tended to relate to health issues, and due to the context of health-related questions, there may have been a degree of priming in respondent responses.

Figure 20: Satisfaction with present job



Q54 If you are in work, how satisfied or dissatisfied are you with your present job overall? Base: Valid responses (1,443)

This picture is consistent with that observed in the neighbouring borough of Kirklees in 2021, where a survey of residents found that 70% were satisfied, and 19% were dissatisfied.¹⁴

Dissatisfaction is considerably higher among those with poor mental health, as 27% of those who score 7 to 19 on the SWEMWBS mental wellbeing scale, are dissatisfied, compared to 2% of those who score 31 to 25. This evidences a strong relationship between satisfaction with work and positive mental health. As noted above, those living in the areas with the highest levels of deprivation tend to have poorer mental health, and tying into this, they are also more likely to be dissatisfied in their work. Those in the most deprived areas say they are dissatisfied overall with their work at 22%, (with 10% saying they are completely or mostly dissatisfied), compared to 12% of those in the least deprived areas.¹⁵

By type of contract, there is some variance, although the base sizes of these data are small, and therefore the figures should be viewed with caution. Respondents who work in agency roles or have zero-hour, tend to be less satisfied, with one third (66% and 65% respectively) satisfied. Whilst this represents a small majority of workers with these contracts, levels of satisfaction sit below those of residents with other types of contracts, especially temporary contracts (81%). Satisfaction levels with current job by contract type is broken out below.

	Satisfied	Neither	Dissatisfied
Agency (35)	66%	3%	31%
0 Hour (65)	65%	14%	18%
Temporary (48)	81%	8%	10%
Total (1,443)	76%	11%	14%

Base sizes in parenthesis

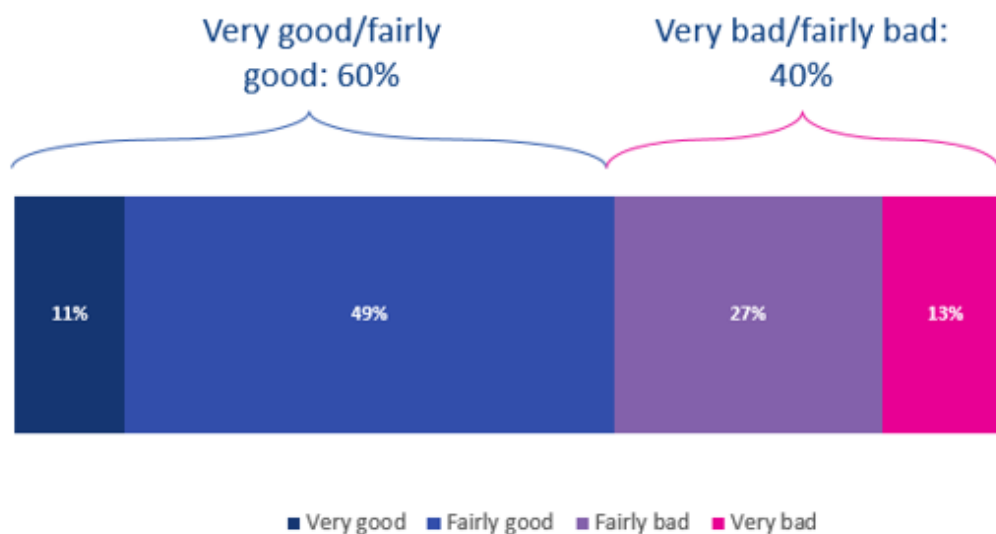
It should be noted however, there is no significant variation in the proportion of those with any of these contract types among those with either poorer or more positive mental health.

¹⁴ Kirklees CLiK Survey 2021

¹⁵ No meaningful variation by highest level of qualification evidenced by the data.

Another factor indicating a strong relationship with mental health is quality of sleep. As the below figure shows, 60% of respondents said their sleep was very/fairly good, with half of all respondents saying it was fairly good (49%), whilst 40% said their sleep quality was poor overall. The impact of mental health on sleep is very highly differentiating, and those who scored 7 to 19 in the SWEMWBS, indicating poor mental health, were significantly more likely to rate their sleep quality as bad (78%).

Figure 21: Quality of sleep



Q15. During the past month, how would you rate the quality of your sleep overall? Base: Valid responses (3,420)

Quality of sleep is significantly worse among certain key demographics, generally those with a stronger likelihood of having poor mental health. The following groups are more likely to rate the quality of their sleep as very bad or fairly bad.

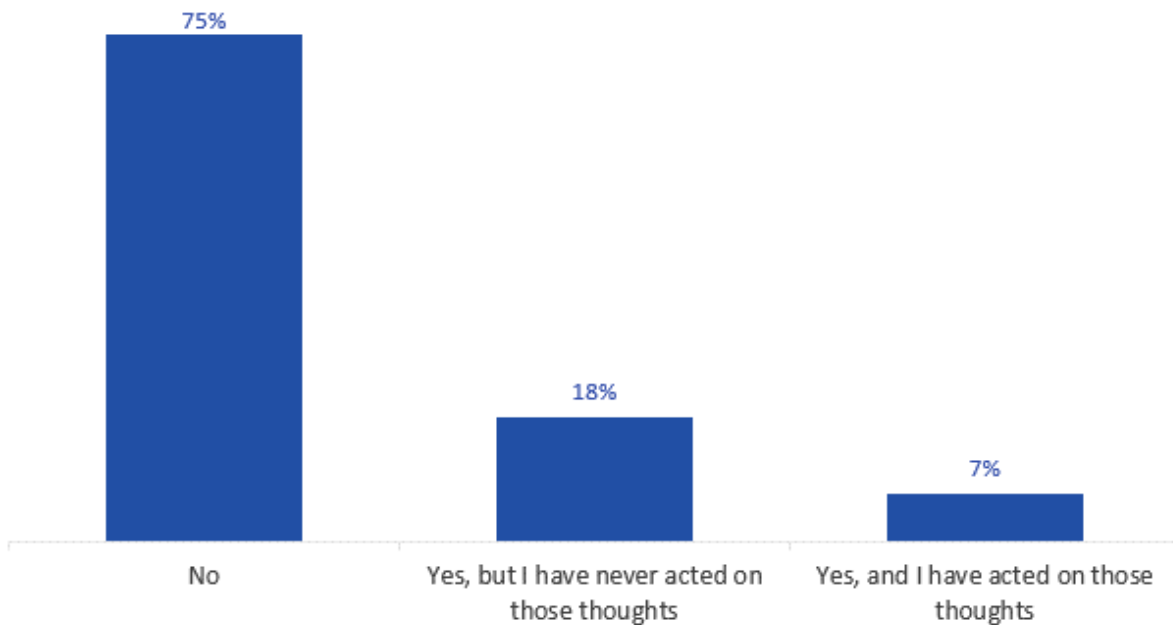
- Those in the most deprived quintile: 49%
- Those who have a health condition: 49%
- Those who are living with obesity: 45% or extreme obesity: 55%
- Those with long COVID: 56%
- Harmful drinkers: 55%
- Those with no qualifications: 48%; or whose highest formal qualifications are GCSEs: 48%

Additionally, residents were asked about their experiences of thoughts about self-harm. A quarter of respondents have thought about hurting themselves (25%), and 7% of respondents have gone on to act upon those thoughts. The proportion of those who have poor mental health who have hurt themselves before increases to 22%. The data show that there are a number of groups who are especially likely to have hurt themselves. These groups are:

- LGBTQ+ residents- 58% said they have thought about it, and 31% have gone on to hurt themselves.
- Those who live in social rented properties- 45% said they have thought about it, and 30% have gone on to hurt themselves.
- Those aged 18-34- 41% have thought about it, and 13% have acted upon their thoughts.

- Those in the most deprived IMD quintile- 33% have thought about it, and 10% have acted upon their thoughts.
 - Those with a health condition- 32% have thought about it, and 9% have actually done so.
- These groups may require targeted mental health resources, especially in cases where individuals belong to multiple higher-risk categories.

Figure 22: Proportion of Respondents who have considered hurting themselves



Q17. Sometimes people have thoughts about hurting themselves, has this ever been the case for you? Base: Valid responses (3,415)

Finally, respondents were asked whether they had experienced difficult or distressing events in their childhoods. Overall, 23% of respondents said they had. This increases to 28% on those in deprivation quintile 2, and 30% of those in deprivation quintile 1. It is also higher than the total Wakefield score among females (27%, cf., 18% of males), and considerably higher among LGBTQ+ residents (43%, cf., 21% of heterosexuals). The data also evidenced a higher likelihood of younger residents having experienced difficult or distressing childhood events, with 36% of 18–24-year-olds saying they had, and 32% of 25–34-year-olds saying the same.

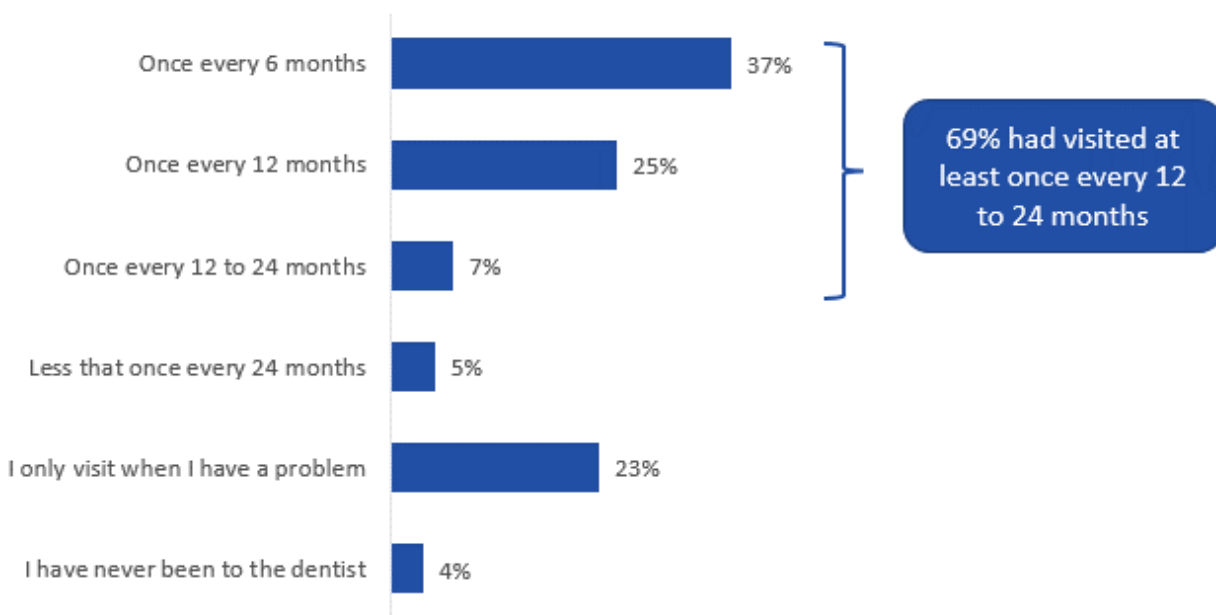
The data indicate a strong correlation between experiencing distressing events in childhood and negative health outcomes. Of those with poor mental health, 46% said they had experienced distressing childhood events. Likewise, of those who described their physical health as being bad, 38% said yes to this question. The likelihood of having experienced distressing events during childhood is significantly higher among harmful drinkers (33%), drug users (49%), and tobacco users (38%).

Dental Health

All respondents were asked how often they visited a dentist for a check-up. The NHS website states that those with good oral health will probably need to attend only once every 12 to 24 months but those with more problems will need check-ups more often.

Close to seven in ten respondents (69%) had visited the dentist at least once every 12 to 24 months with over a third of respondents (37%) visiting the dentist every 6 months and a further quarter (25%) visiting every 12 months. Just 4% said they had never been to the dentist. However, close to a quarter (23%) said they only visit when they have a problem.

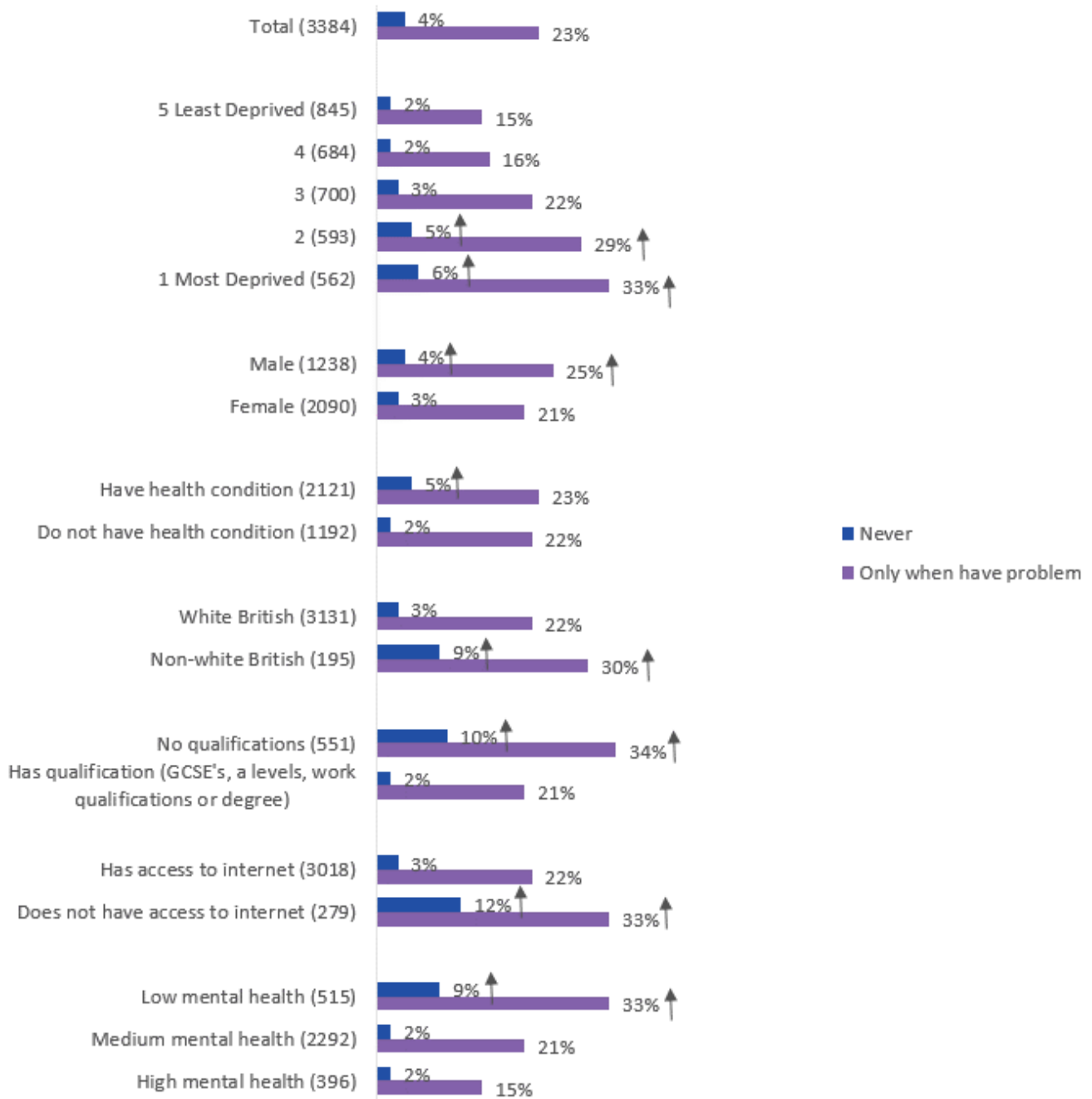
Figure 23: Frequency visit dentist



Q13. How often do you visit a dentist for a check-up? Base: Valid responses (3,384)

Those most likely to only visit when they have a problem or state that they have never been to the dentist were those who do not have access to the internet (12% never visit and 33% only visit when they have a problem) or those with no qualifications (10% never visit and 34% only visit when they have a problem). There were also noticeable differences by ethnicity, deprivation and mental health, as shown in the below chart, where arrows indicate a figure significantly higher than that of the Wakefield District total.

Figure 24: Frequency never visit dentist or only when have problem – by demographics

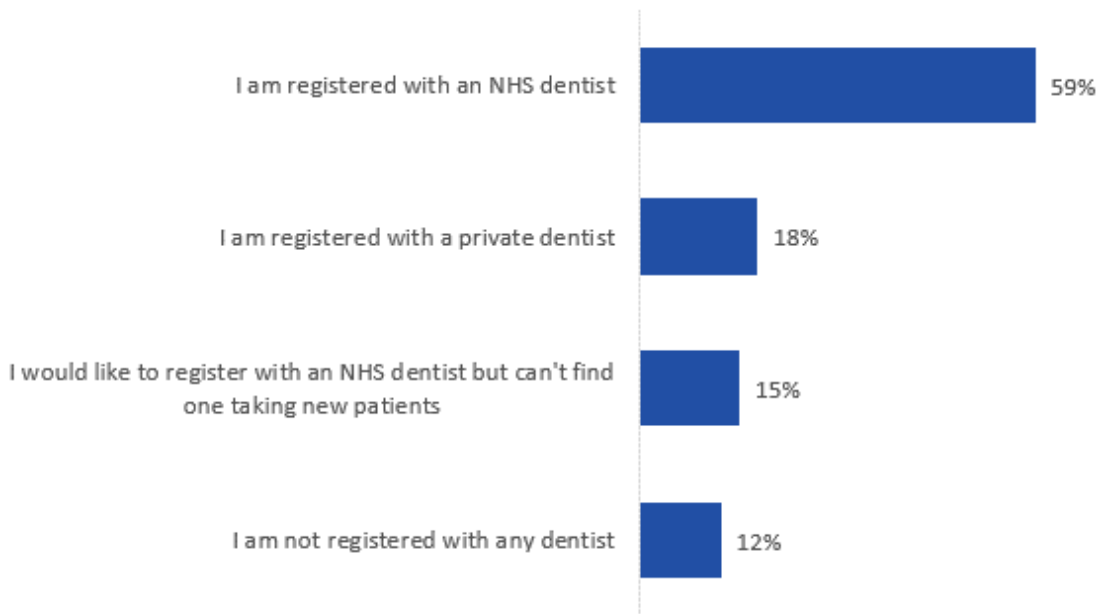


Q13. How often do you visit a dentist for a check-up? Base: Valid responses, in parenthesis. Arrows indicate a figure significantly higher than total sample percentage.

Respondents were then asked what best describes their dentist situation.

Close to three fifths of respondents (59%) are registered with an NHS dentist and close to a fifth (18%) are registered with a private dentist. Over one in ten respondents (12%) are not currently registered with any dentist and, importantly, 15% of respondents said they would like to register with an NHS dentist but can't find one taking new patients.

Figure 25: Description of dentist situation



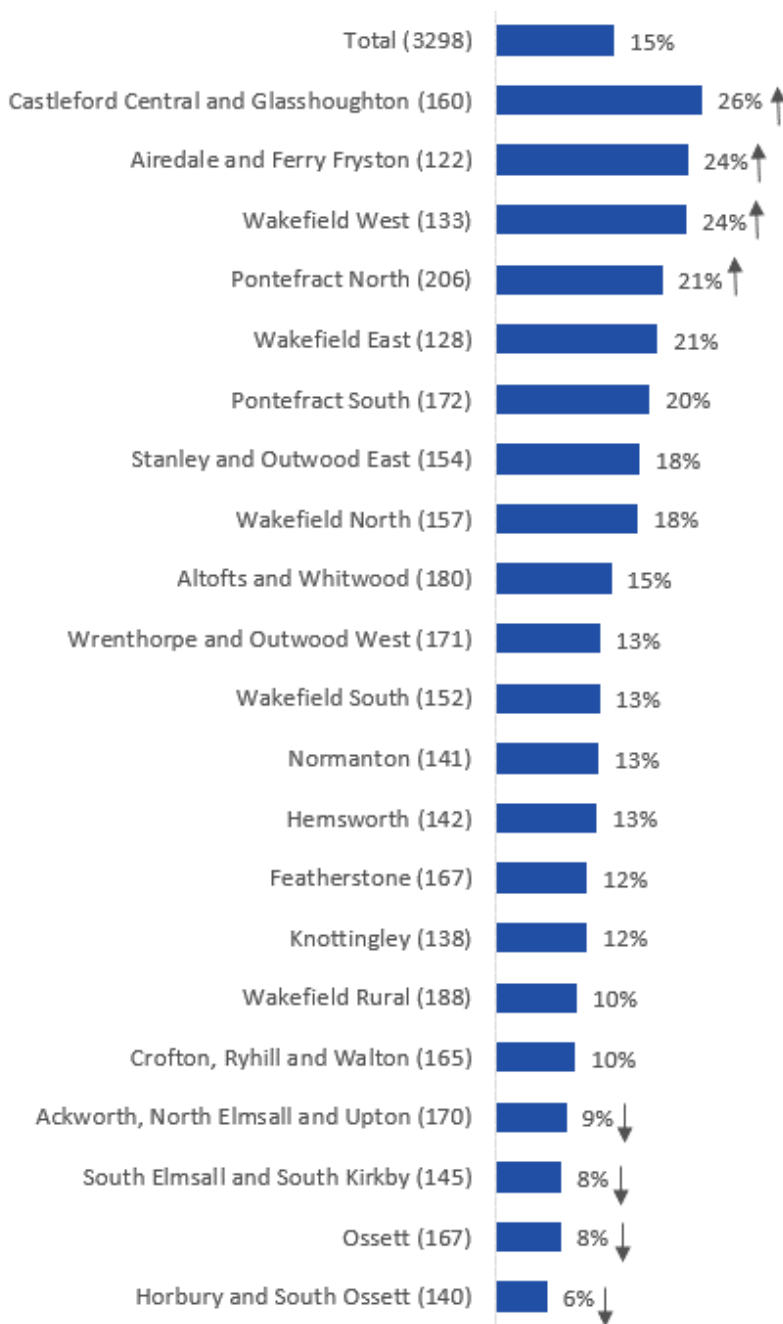
Q14. Which of these best describes your situation? Base: valid responses (3298)

The demographics most likely to be not currently registered with any dentist mirrored those who were more likely to have never been to the dentist, or those who only go when they have a problem, and as can be seen by the table overleaf, those respondents registered with a dentist were significantly more likely to visit regularly. (Where the arrows represent a figure significantly higher than the Wakefield District overall figure.)

Q14. Which of these best describes your situation?	Visit dentist at least every 12 to 24 months (2417)	Visit dentist only when have problem (609)	Never visit dentist (100)
I am registered with an NHS dentist	75% ↑	21%	1%
I am registered with a private dentist	22% ↑	6%	0%
I would like to register with an NHS dentist but can't find one taking new patients	5%	37% ↑	36% ↑
I am not registered with any dentist	1%	40% ↑	66% ↑

Looking specifically at ward for those who would like to register with an NHS dentist but can't find one the data evidences that those in Castleford Central and Glasshoughton are most likely to say this (26%) and those in Horbury and South Ossett the least likely (6%).

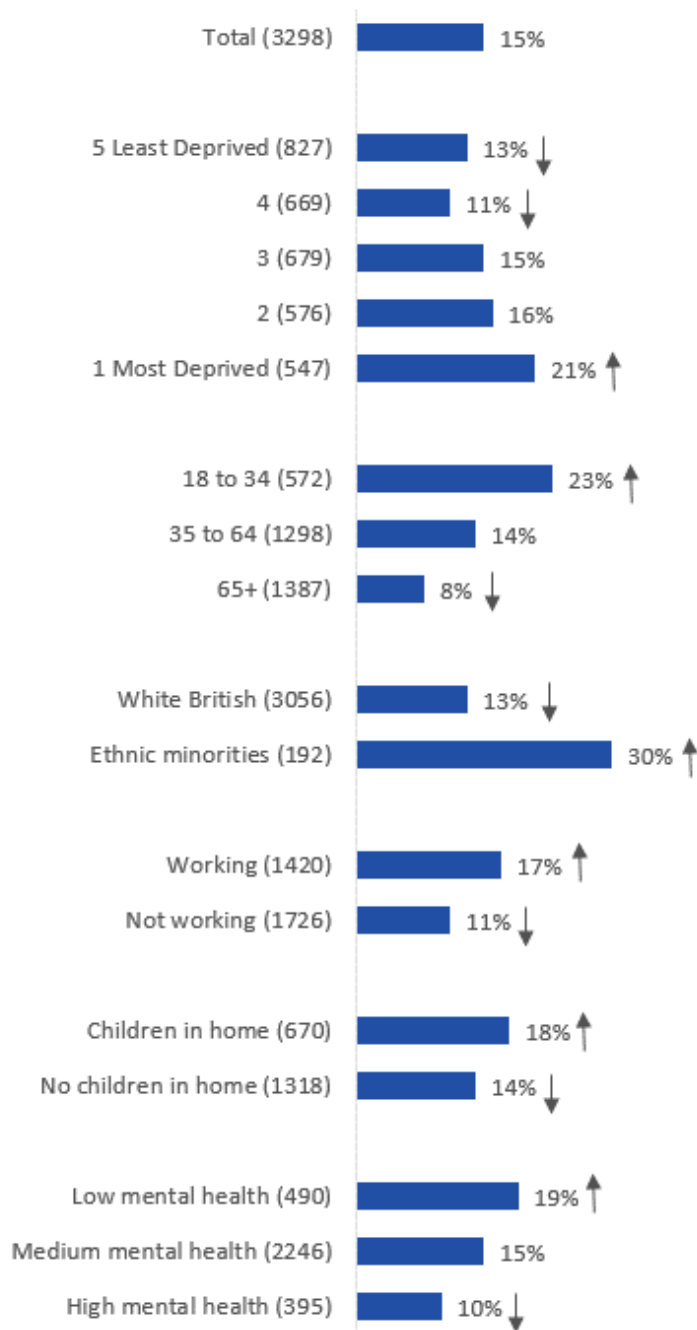
Figure 26: Those who would like to register with NHS dentist but can't find one – by ward



Q14. Which of these best describes your situation? Base: valid responses, in parenthesis. Arrows indicate a figure significantly different to the total sample percentage.

There were also some noticeable differences by demographics, with those more likely to want to register with an NHS dentist but struggling to find one being in the most deprived IMD quintile (21%), aged 18 to 34 (23%), ethnic minorities (30%), working (17%), with children in the home (18%) and experiencing poor mental health (19%).

Figure 27: Those who would like to register with NHS dentist but can't find one – by demographics

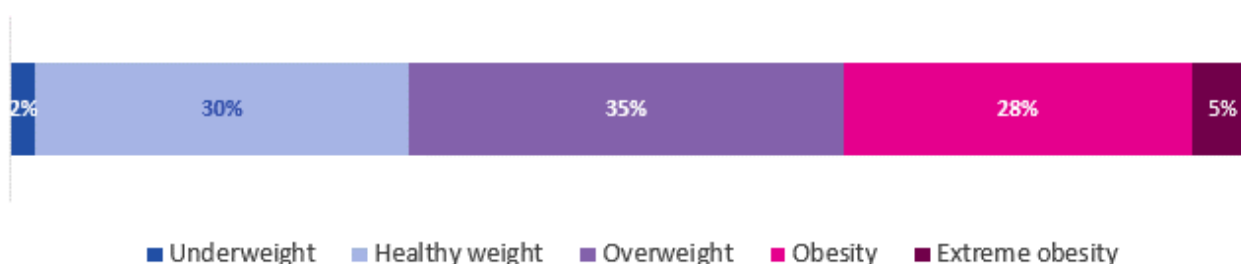


Q14. Which of these best describes your situation? Base: valid responses, in parenthesis. Arrows indicate a figure significantly different to the total sample percentage.

Overweight and Obesity, and Exercise

At the start of the survey, respondents were asked to provide their height and weight, which was used to calculate their BMI, or Body Mass Index.¹⁶ Responses to these questions show that 30% of respondents are living with a healthy weight, and a broadly similar proportion are living with overweight (35%) and obesity (28%). All told, 33% of responding residents are living with obesity or extreme obesity. This sits very slightly above the national average as of 2019, when 28% of adults were living with some form of obesity.¹⁷

Figure 28: Respondents living with BMI (Body Mass Index) calculation definitions



Q3. How tall are you (without shoes)? (Please write in an estimate of your height either in feet and inches or in metres and centimetres)// Q4. What do you weigh? (Please write in an estimate of your weight either in stones and pounds or in kilograms) Base: (3,236)

As the below table shows, those in the most deprived areas are more likely to be living with obesity or extreme obesity, whilst those in the least deprived areas are significantly more likely than the average to have a healthy weight (35%, cf. 25% of those in the most deprived areas).

	Index of Multiple Deprivation					Gender		Age		
	Most deprived (1) to least deprived (5)					Female	Male	18-34	35-64	65+
	1	2	3	4	5					
Under weight	3%↑	2%	2%	2%	2%	3%	2%	5%↑	1%	2%
Healthy weight	25%	26%	28%	33%	35%↑	31%	28%	33%↑	28%	30%
Over weight	31%	36%	37%	36%	35%	30%	41%↑	27%	37%	40%↑
Obesity	32%↑	28%	28%	27%	24%	29%	27%	25%	30%↑	26%
Extreme Obesity	9%↑	8%↑	4%	3%	3%	8%↑	3%	10%↑	5%	2%
Summary: Overweight / obese	72%↑	72%↑	70%	66%	63%	66%	70%	62%	71%	68%

¹⁶ The BMI calculation divides an adult's weight in kilograms (kg) by their height in metres (m) squared. It is used to determine whether a person's weight is healthy, although it cannot take into account muscle mass or waist to height ratio, which also factor in determining whether a person is living with a healthy weight.

¹⁷ NHS Digital, Health Survey for England 2019 Overweight and obesity in adults and children, (2019).

The below table indicates where wards within the Wakefield District observe variation compared to the district total. Giving a value judgement, a positive variation is shown in green, and a negative one is shown in red. Accordingly, Wakefield Rural sees a higher-than-average proportion of residents living with healthy weight, whilst Horbury and South Ossett and Wakefield South see a lower-than-average proportion of residents living with obesity. Conversely, Crofton, Ryhill and Walton and Horbury and South Ossett see a higher-than-average proportion of residents living with overweight, and Wakefield West records a significantly higher proportion of people living with extreme obesity.

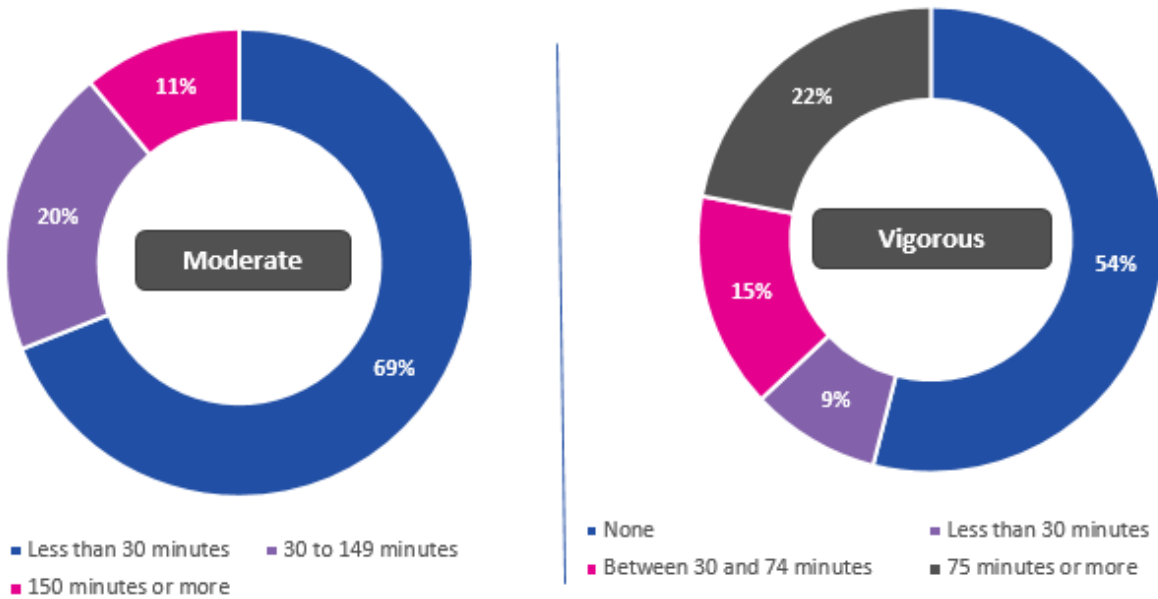
	Crofton, Ryhill and Walton	Horbury and South Ossett	Wakefield Rural	Wakefield South	Wakefield West	Wrenthorpe and Outwood West
Under weight	3%	2%	1%	3%	3%	2%
Healthy weight	28%	34%	39%	30%	29%	34%
Over weight	44%	44%	31%	41%	28%	39%
Obesity	23%	20%	25%	19%	29%	24%
Extreme Obesity	3%	1%	4%	8%	11%	2%
Summary: overweight/ obese	69%	64%	61%	68%	68%	65%

All respondents were asked how many minutes of physical activity they do in an average week at two different intensity levels:

- Moderate – this is activity that raises your heart rate, makes you breathe faster and feel warmer
- Vigorous – this is activity that makes you breathe hard and fast

The NHS states that adults should aim to do at least 150 minutes of moderate intensity activity a week or 75 minutes of vigorous intensity activity a week.

Figure 29: Physical activity undertaken

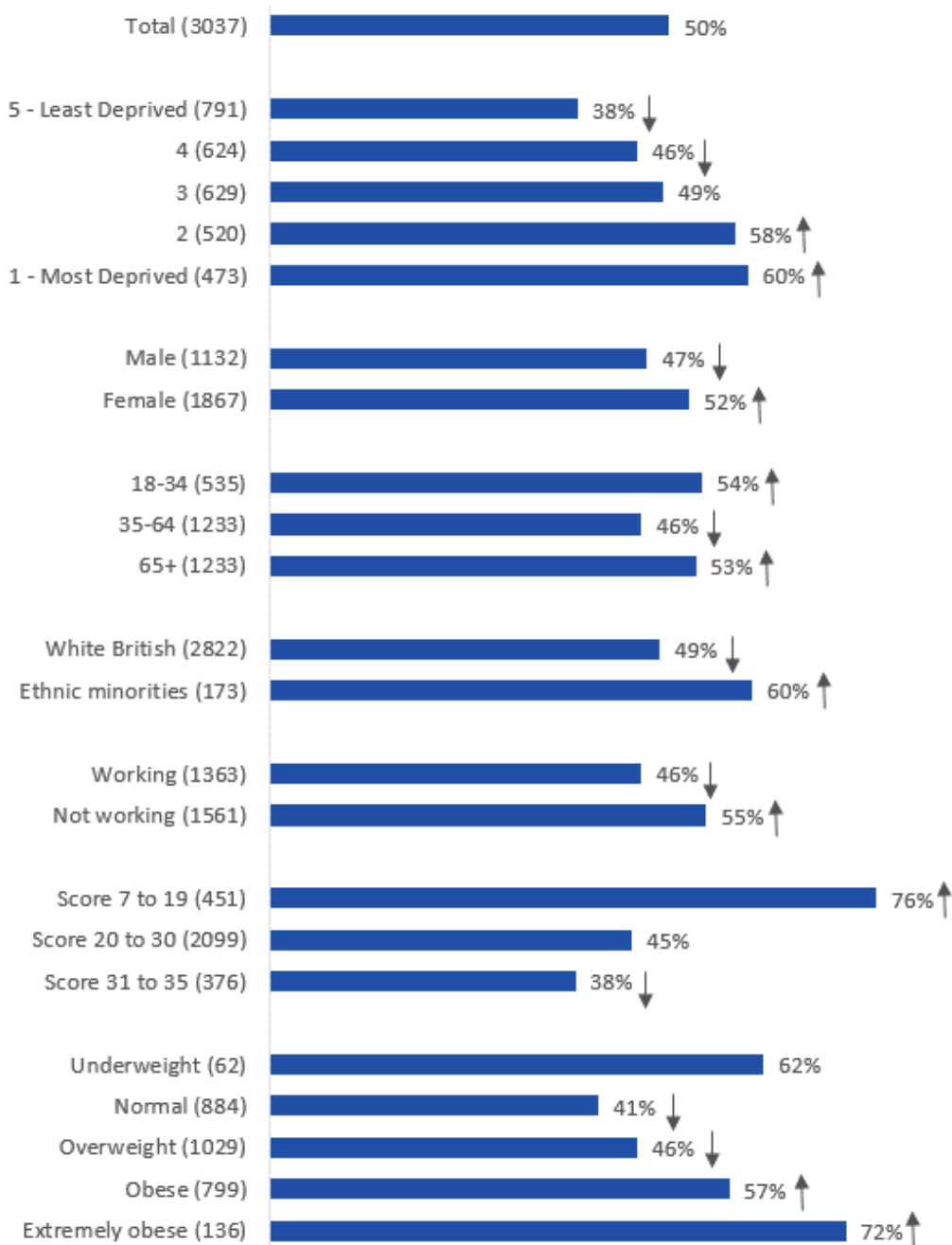


Q23. How many minutes of physical activity do you do in an average week? Base: Valid responses: Moderate (2,943); Vigorous (1,990)

These two different levels have been combined to calculate overall active minutes for each respondent with vigorous minutes being doubled. This shows that 50% of respondents in Wakefield had undertaken the recommended daily amount of activity.

Looking at those groups more likely to not undertake the recommended weekly physical activity, the data shows that those in the most deprived areas are less likely to do the recommended weekly physical activity (IMD 2 58% and IMD 1 60%). Female respondents (52%) and ethnic minority respondents (60%) were also more likely to not meet this threshold, suggesting that there may be socio-cultural barriers, (such as confidence and perceived appropriateness), which prevent these groups from doing more exercise. Those younger respondents aged 18 to 34 or those older respondents aged 65 or above were also more likely to not undertake the recommended amount of activity (54% and 53% respectively); respondents with a BMI that classifies them as obese or extremely obese are also more likely (57% and 72%). However, the factor most strongly linked to exercise is mental health- over three-quarters (76%) of respondents with a poor mental health scoring on the SWEMWBS do not undertake the recommended weekly physical activity, which is the highest level seen in the data. Supporting Wakefield District residents in accessing opportunities to increase physical activities would therefore be hugely beneficial to both physical and mental health.

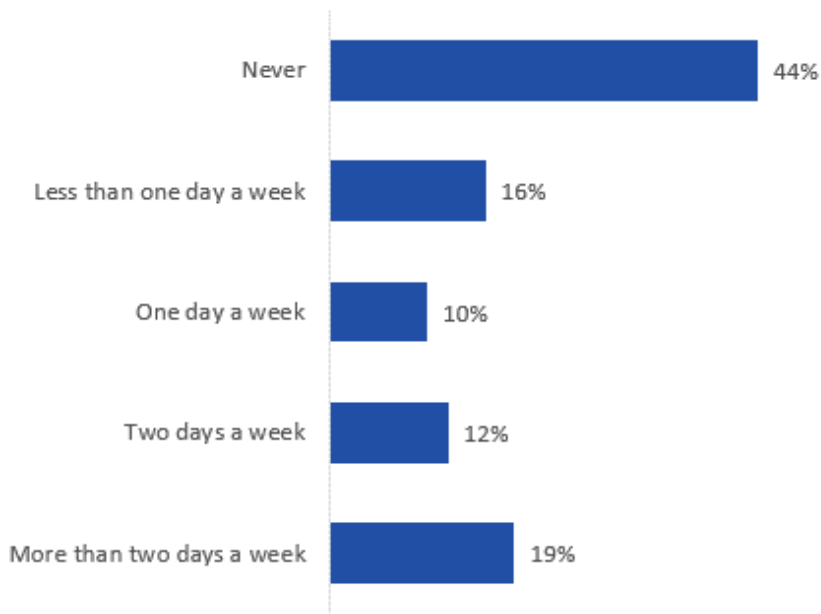
Figure 30: Those who do not undertake recommended weekly physical activity – by demographics



Q23. How many minutes of physical activity do you do in an average week? Base: valid respondents, in parenthesis. Arrows indicate a significant difference from the total Wakefield District sample.

Respondents were also asked how often they do some form of muscle strengthening activity in an average week. Over two fifths of respondents (44%) never did this. Close to a fifth of respondents (19%) did this more than two days a week.

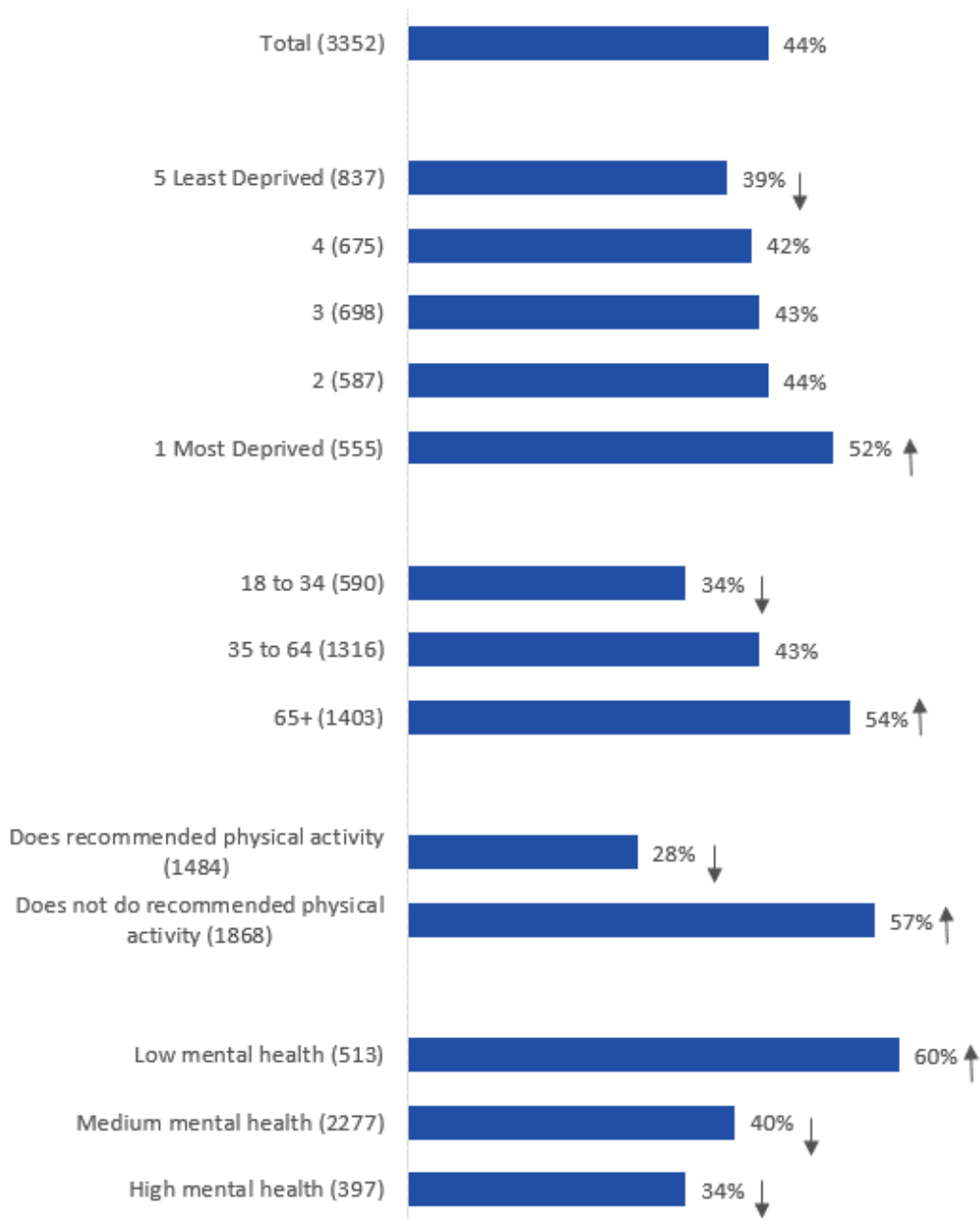
Figure 31: Frequency undertake muscle strengthening activity



Q24. In an average week, how often do you do some form of muscle strengthening activity? Base: valid responses (3,352)

Those groups more likely to never do this live in the most deprived quintile (52%), are aged 65 or above (54%), have low mental health (60%) and also do not do the recommended weekly physical activity either (57%).

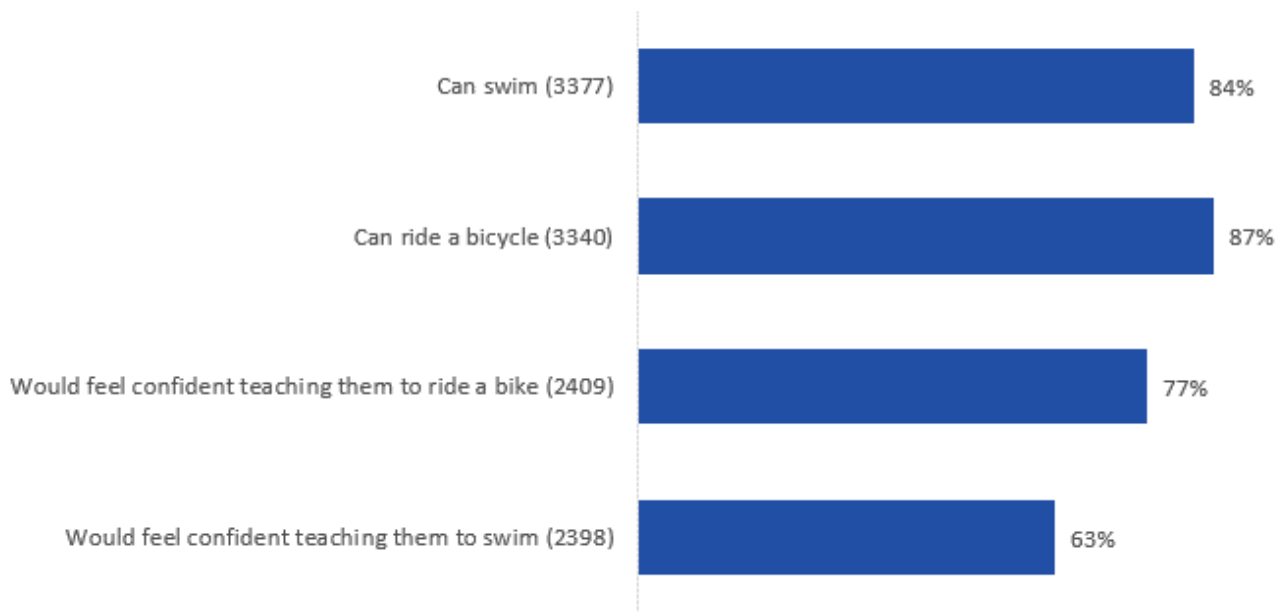
Figure 32: Frequency undertake muscle strengthening activity - never



Q24. In an average week, how often do you do some form of muscle strengthening activity? Base: valid responses, in parenthesis. Arrows indicate a significant difference from the total Wakefield District sample.

To further understand residents' activity levels, all respondents were asked whether they could ride a bicycle or swim, and if they had children or grandchildren, whether they would feel confidence teaching them how to ride or swim. The majority of respondents could swim (84%) or ride a bicycle (87%). In fact, over three quarters of respondents (76%) could both swim and ride a bicycle with just 8% not being able to do either.

Figure 33: Frequency who can ride bicycle, swim and would be confident teaching somebody to - % Yes

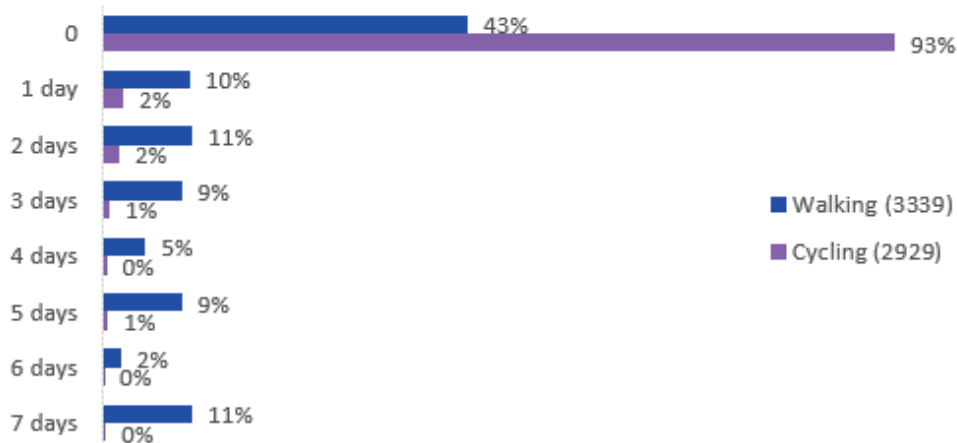


Q25. Can you swim/ride a bicycle? If you have children or grandchildren, would you feel confident teaching them to ride a bicycle/swim? Base: valid responses, in parenthesis

Those least likely to be able to swim or ride a bicycle mirrored the demographics who tended to never do any muscle strengthening or other physical activity. In addition to these groups, those ethnic minority respondents were also more likely to not be able to swim or ride a bicycle (15% cf. 7% White British).

All respondents were then asked how many days they walk or cycle for travel in an average week. This is where arriving at a destination is the purpose of the journey and not simply for exercise. Over a half of respondents (57%) walked on at least 1 day for travel, whereas only 7% of respondents cycled for travel. This rises to 8% for those respondents who have said they can ride a bicycle.

Figure 34: Number of days walk or cycle for travel



Q26. In an average week, how many days do you walk or cycle for travel (where arriving at a destination is the purpose of the journey, and not simply for exercise)? Base: valid responses, in parenthesis

Overall, 42% of respondents did not walk or cycle for travel. Those more likely to indicate this tended to represent the same residents who do not undertake the recommended weekly physical activity. Those who do not undertake the recommended weekly physical activity are more likely to never walk or cycle for travel (48%), which is to be expected. To summarise the following respondents were more likely to not walk or cycle for travel:

- Respondents aged 65 or over (45% cf. 36% aged 18 to 34)
- Respondents with a health condition (46% cf. 37% without a health condition)
- Respondents with poor mental health (48% cf. 36% with good mental health)
- Respondents with a BMI that classified them as obese or extremely obese (47% and 50% respectively)
- Respondents with children in the home (44% cf. 36% without children in the home)

In order to better enable Wakefield Council to support residents in being more active, respondents were asked what would help them to increase their activity levels. The top two responses, for both those who do the recommended weekly physical activity and those who do not, were more time (45% and 40% respectively) and free or affordable local facilities or activities (38% and 40% respectively). Interestingly, 12% of those who do not do recommended level of weekly physical activity said they were already very active. Feelings of confidence, safety and support also came through more strongly for those who do not do the recommended level of weekly activity as ways respondents could be helped to become more active.

The full set of data is broken down in the below table, where arrows indicate a figure significantly higher than the one in the alternative column

Q27. What, if anything, would help you to become more active?	Does not do recommended weekly physical activity (1,747)	Does recommended weekly physical activity (1,453)
Having more time	40%	45% ↑
Free or affordable local facilities or activities	40%	38%
Having someone to go with	32% ↑	27%
Feeling safer in public open spaces	28% ↑	24%
Knowing that activities are suitable for someone like me	26% ↑	15%
Knowing what activities / facilities / clubs / groups exist in the local area	24%	21%
Understanding what support there is for someone with my health condition(s)	20% ↑	7%
More flexible opening times and / or programming of activities and facilities	19%	20%
Easier access to local facilities or activities	17%	15%
Increased access to or improved safety of local cycling / walking routes	14%	20% ↑
Different types of activity or facility to broaden the choice	13%	16% ↑
Increased or improved access to local greenspaces	11%	13%
Better disabled access at local facilities	8% ↑	1%
Better access to cycling equipment	7% ↑	5%
Other	10% ↑	4%
<i>Nothing - I am already very active</i>	12%	25% ↑

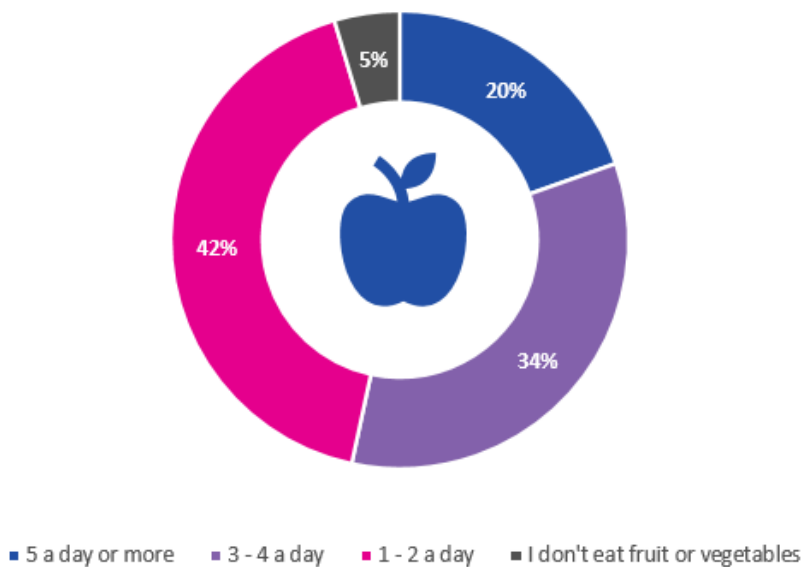
Looking specifically at those who said knowing what activities exist in the local area would help them to be more active, respondents in Castleford Central and Glasshoughton, Wakefield North and Wakefield South (33%, 35% and 30% respectively) were more likely to state this. This suggests that there is either not enough activities in this area or that there is opportunity to improve the awareness of these activities if they already take place.

Respondents in Stanley & Outwood East and Wakefield Rural were more likely to state increased access to or improved safety of local cycling and walking routes would help them become more active (24% and 23% respectively).

Diet

As well as data pertaining to exercise, data was collected to further knowledge of diet among Wakefield District residents in support of improving overall health. All respondents were asked how many portions of fruit and vegetables they eat a day. A fifth of respondents (20%) said they eat 5 or more a day with a further third (34%) stating they eat 3 to 4 a day. There were 5% of respondents who said they did not eat any fruit of vegetables.

Figure 35: Portions of fruit and vegetables eaten a day



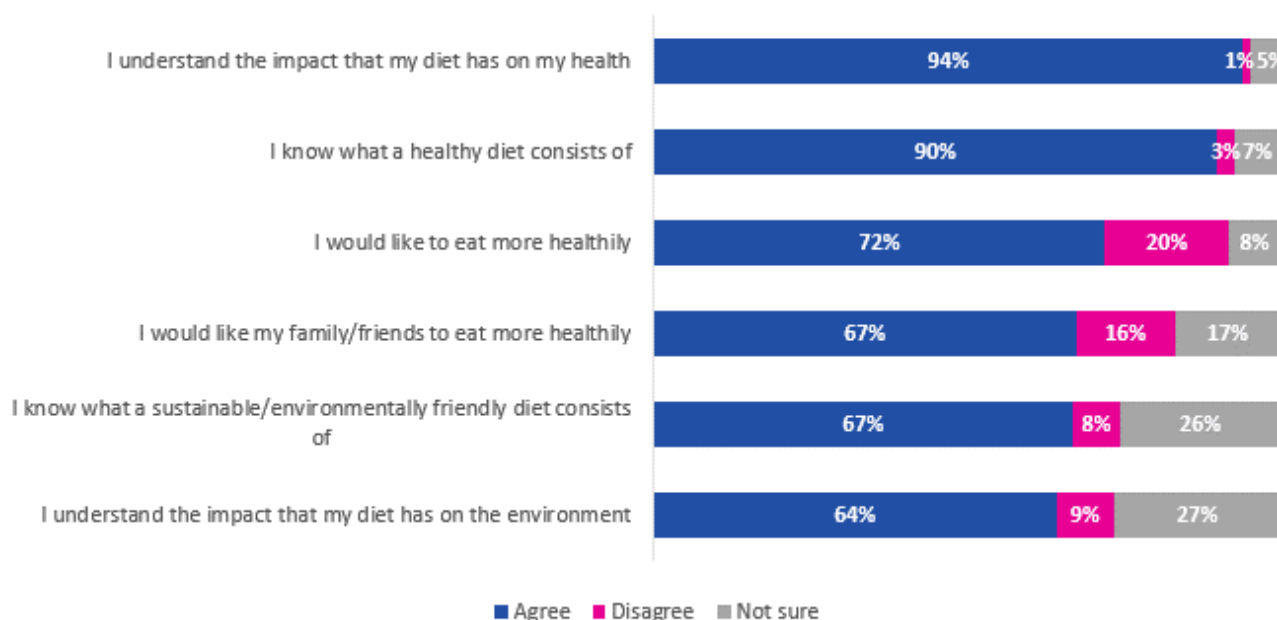
Q28. How many portions of fruit and vegetables do you eat a day? Base: valid responses (3,418)

Those respondents more likely to state that they do not eat fruit or vegetables were:

- IMD 1 or 2 (both 8%)
- Aged 18 to 34 (9%)
- Have a health condition (6%)
- Poor mental health (14%)
- Underweight or extremely obese (14% and 9% respectively)
- Have children in the home (6%)
- Not do recommended physical activity (7%)
- Current or occasional smoker (11%).

All respondents were then asked whether they agreed or disagreed with a number of statements about healthy eating. The majority of respondents agreed that they understood the impact that their diet has on their health (94%) and that they know what a healthy diet consists of (90%). The statement that respondents were least likely to agree with was that they understood the impact that their diet has on the environment (64%) but this was due to over a quarter (27%) being unsure rather than disagreeing. Respondents were most likely to disagree that they would like to eat more healthily (20%) but this appeared to be largely due to the fact that they already eat healthily with 37% of these who eat five or more portions of fruit or vegetables a day stating this compared to 16% of those who don't. Therefore, given that most residents say that they know the impact a healthy diet has, and what one consists of, the key barrier(s) to increasing the prevalence of healthy diets in the district is not awareness or comprehension.

Figure 36: Agreement with statements



Q29. To what extent do you agree or disagree with the following statements? Base: valid responses (ranges from 3,081 to 3,295)

Understanding barriers to fruit and vegetable consumption is especially important, given that there appears to be an appetite amongst those groups who did not eat fruit or vegetables to eat more healthily. Those in the most deprived quintile are more likely to agree that they would like to (76%), as do females (74%), those aged 18 to 34 (82%) and ethnic minority residents (85%). Agreement with this statement was also higher among those with poor mental health (79% for those who score 7 to 19), those obese or extremely obese (77% and 83%) and those with children in their home (81%). Therefore, the data suggests that these groups should be the target audiences of any healthy eating campaigns.

To understand barriers and drivers of eating more fruit and vegetables, all respondents were then asked what would help them to do so. Those who already eat 5 or more portions of fruit or vegetables per day were most likely to say nothing would help them as they already eat a healthy amount already (85% cf. 37% for those who eat less than 5 portions a day). Those who eat less than 5 portions of fruit or vegetables per day were significantly more likely to select all of the options listed. In particular, they were especially likely to say that cheaper fruit and vegetables prices would be beneficial (50%). Moreover, close to a quarter (23%) said that more time to prepare fruit and vegetables would help them. For those who don't currently eat the recommended 5 portions of fruit and vegetables per day, therefore, cost and convenience are the greatest barriers to increasing intake.

Q30. What would help you eat more fruit and vegetables?	Eats less than 5 portions of fruit/vegetables per day	Eats 5 or more portions of fruit/vegetables per day
Cheaper fruit and vegetable prices	50% ↑	24%
More time to prepare fruit and vegetables	23% ↑	6%
Less unhealthy food advertising	19% ↑	12%
More choices of fruit and vegetables in the shops	12% ↑	6%
Ideas how to encourage children to eat fruit and vegetables	10% ↑	5%
Knowing more about the benefits of fruit and vegetables	5%	3%
Other	6% ↑	2%
<i>Nothing, I eat a healthy amount of fruit and vegetables already</i>	37%	85% ↑

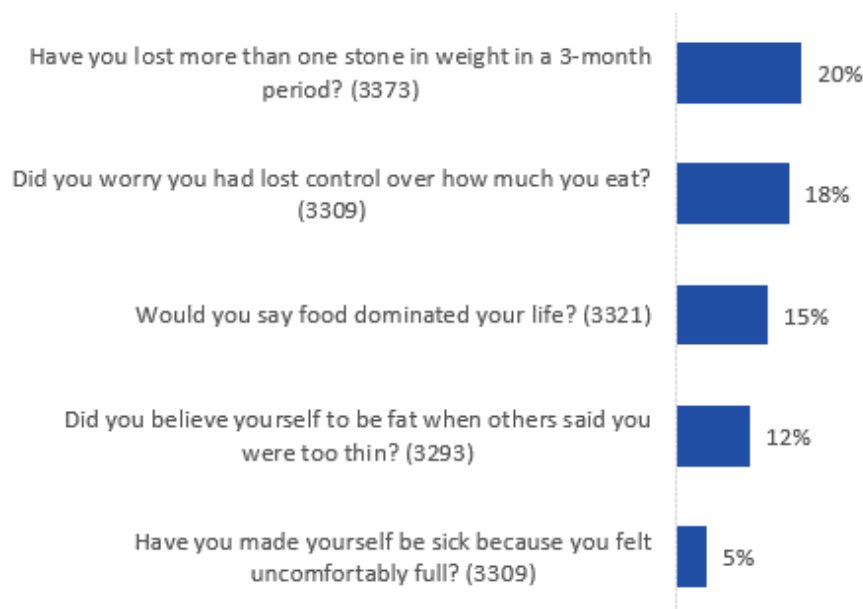
A series of further questions were asked about diet and eating habits. These were designed to support a greater understanding of the number of people living with disordered eating in Wakefield District. There are no conclusive figures for the prevalence of disordered eating in the UK.¹⁸ These data are therefore very valuable in increasing the level of understandings available about the numbers of people living with disordered eating in the district. Residents were asked whether, during the last year:

- They had lost more than one stone in weight in a 3-month period
- They had made themselves sick because they felt uncomfortably full
- They had worried they had lost control over how much they eat
- They believed themselves to be fat when others said they were too thin
- Food had dominated their life

¹⁸ Beat, [How many people have an eating disorder in the UK? - Beat \(beateatingdisorders.org.uk\)](https://www.beateatingdisorders.org.uk) Accessed 02.06.2023

A fifth of respondents said they had lost more than one stone in a 3-month period followed by 18% who said they had worried they had lost control over how much they ate. Five percent said they had made themselves sick because they felt uncomfortably full.

Figure 37: Things which have happened over last year - % yes



Q31. During the last year? Base: valid responses, in parenthesis

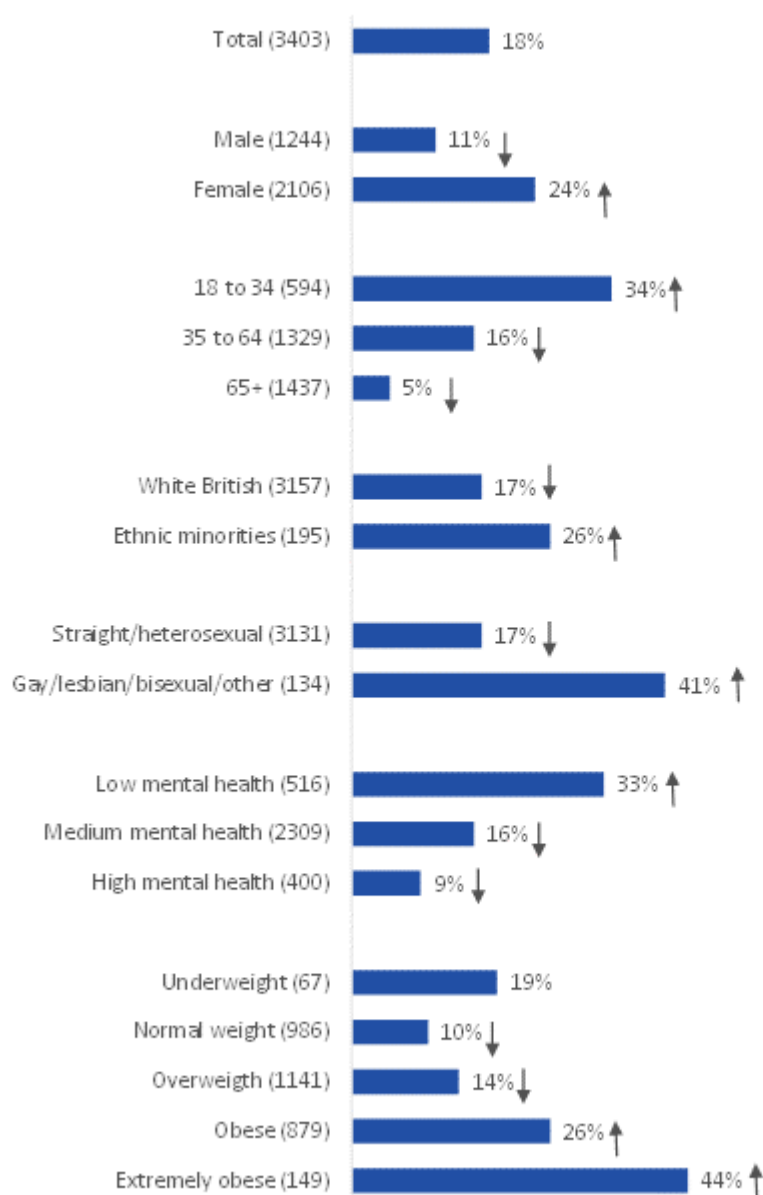
The SCOFF scale looks at those who have said yes to two or more of these five questions.

A SCOFF score has been calculated for each respondent interviewed, which shows 18% of Wakefield respondents had a score of 2 or more on the SCOFF scale. For reference, the 2019 Health Survey for England showed that 16% of adults aged 16 or over in England had a score of 2 or more on the SCOFF scale, so screened positive for a possible eating disorder, broadly consistent with the Wakefield data.¹⁹ In the 2019 Health Survey Women were more likely than men to screen positive for a possible eating disorder (19% and 13%, respectively.)

¹⁹ NHS Digital, Health Survey for England 2019 eating disorders, <https://files.digital.nhs.uk/30/533217/HSE19-Eating-disorders-rep.pdf> Accessed 19.05.2023

As we can see by the chart below, the Wakefield District data shows variations by certain demographics, with those aged 18 to 34 (34%), female (24%)²⁰, ethnic minorities (26%) and LGBTQ+ (41%) being more likely to have a score of 2 or more. We can also see that those with poor mental health were also more likely (33% cf. 9% amongst those with better mental health). Additionally, those respondents with a BMI which classifies them as obese or extremely obese were also more likely to have a score of 2 or more (26% and 44% respectively).

Figure 38: SCOFF score 2 or more – by demographics



Q31. During the last year? Base: valid responses, in parenthesis. Arrows indicate a significant difference from the total Wakefield District sample.

²⁰In the 2019 Health Survey, women were more likely than men to screen positive for a possible eating disorder (19% and 13%, respectively). Idem.

Drinking, Smoking and Vaping, and Drugs

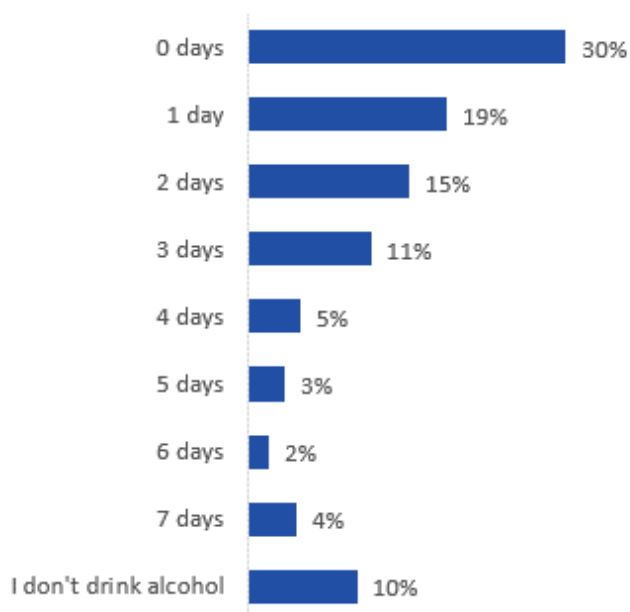
Drinking

All respondents were asked on how many days they drink alcohol, and for those who do drink alcohol how many units they have in a typical week.

Two fifths of respondents (40%) either did not drink alcohol or drank alcohol 0 days in a typical week. Overall, three fifths of respondents (60%) drink alcohol at least once a week, with a fifth (19%) only drinking for 1 day and a further 15% drinking for two days. For those who drink, the average number of days per week is 1.8. A higher proportion of men than women drink alcohol at least once a week (57% and 43% respectively).

To contextualise these findings, the 2021 Health Survey for England showed that 49% of survey participants in England reported that they drank alcohol at least once a week, compared to the 60% of Wakefield respondents.²¹

Figure 39: Number of days drink alcohol in a typical week



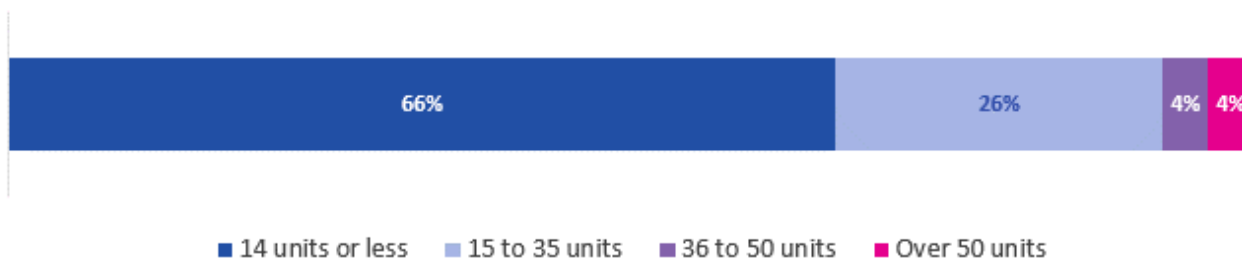
Q34. In a typical week, how many days do you drink alcohol? Base: valid responses (3,366)

²¹ NHS Digital, Health Survey for England, 2021 part 1, <https://digital.nhs.uk/data-and-information/publications/statistical/health-survey-for-england/2021/part-3-drinking-alcohol>, Accessed 19.05.23

Of those respondents who do drink, the majority drink 14 units or less (66%) with a further 26% drinking between 15 and 35 units. To put this into an England-wide context, a 2021 national study, “Health Survey for England” demonstrated that 57% of drinkers drank at levels that put them at a lower-risk of harm across an average weekly period. Wakefield District therefore compares favourably to the national proportions of those drinkers consuming 14 units a week or fewer. Furthermore, just 7% of respondents drink more than 35 units in a typical week.²²

However, the average amount consumed was 15.3 units of alcohol in a typical week (17.8 units for men and 12.2 units for women.) This compares unfavourably to the 2021 Health Survey in England, which showed that among those adults that drank alcohol, the average amount drunk was 11.6 units of alcohol in a typical week (14.7 units for men and 8.5 units for women).

Figure 40: Number of units drink in a typical week



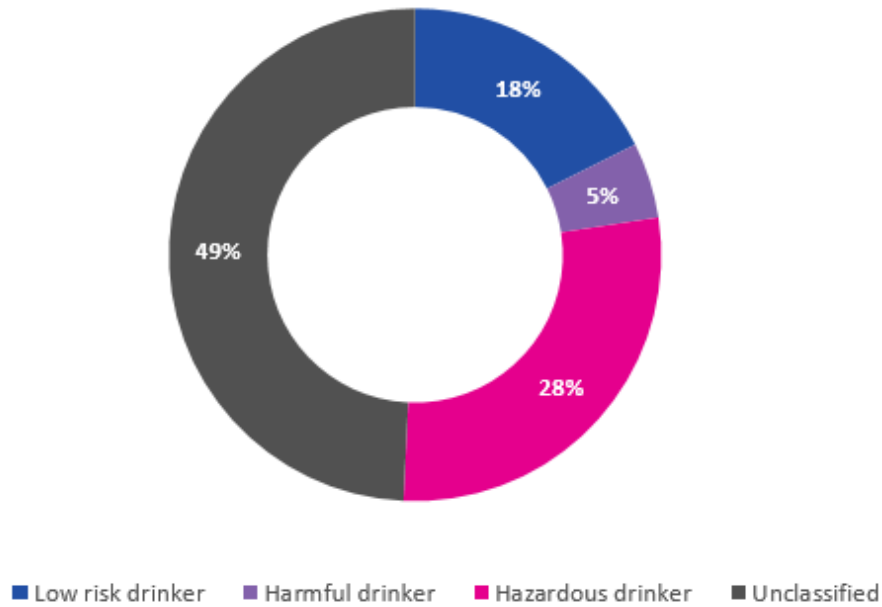
Q35. How many units do you have in a typical week? Base: Valid responses, where consume alcohol (1,999)

A low-risk drinker is defined as someone who drinks 14 units or less across 3 days or more; a hazardous drinker is defined as someone who drinks 15 to 49 units if male or 15 to 34 units if female; and a harmful drinker is defined as someone who drinks 50 units or more if male or 35 units or more if female.²³ As the below figure shows, of those who drink, 18% are low risk/non-drinkers, 28% are hazardous drinkers, and 5% are harmful drinkers.

²² NHS Digital, Health Survey for England, 2021 part 1, <https://digital.nhs.uk/data-and-information/publications/statistical/health-survey-for-england/2021/part-3-drinking-alcohol>, Accessed 19.05.2023

²³ Idem.

Figure 41: Drinker classification



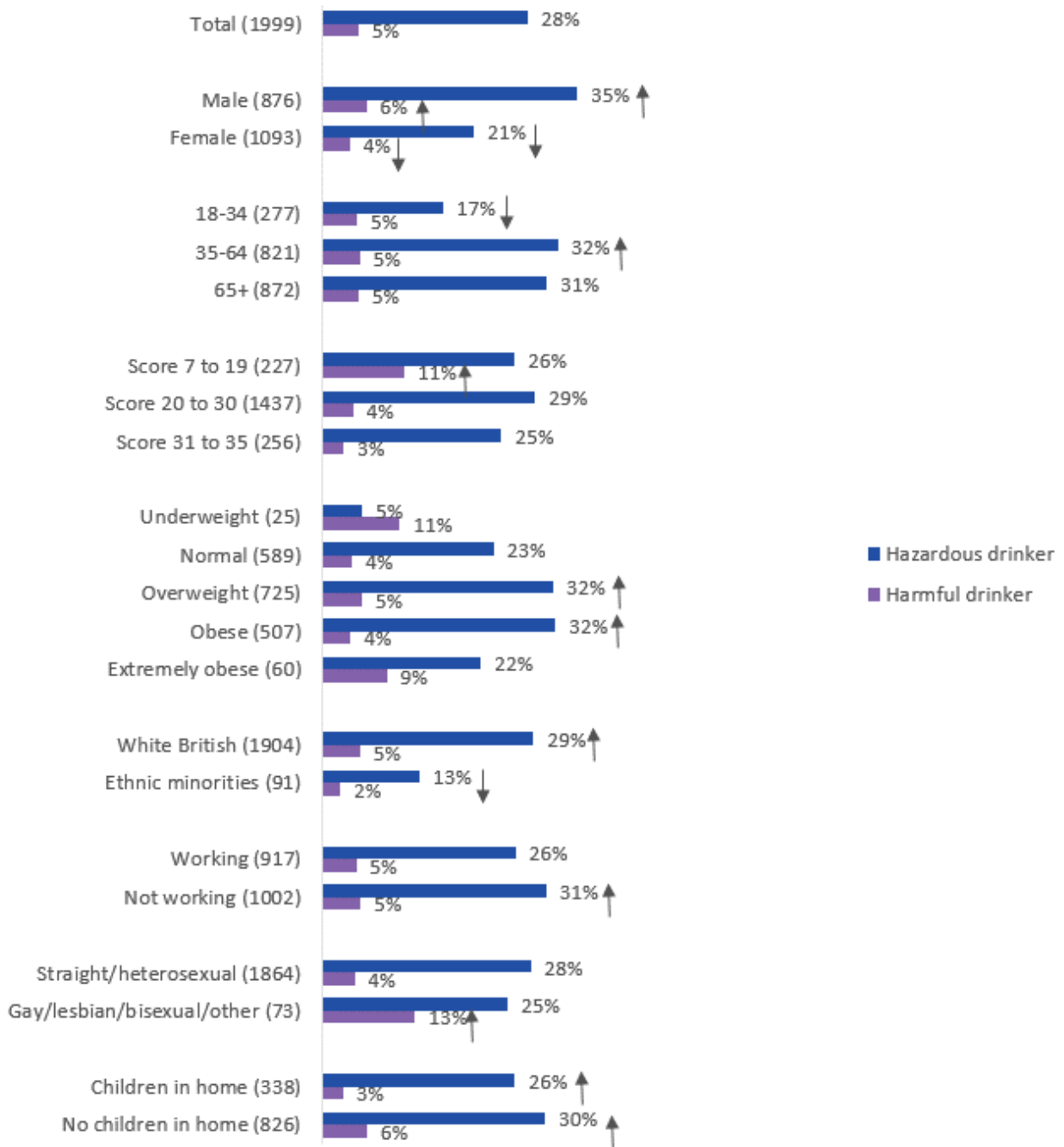
Q34. In a typical week, how many days do you drink alcohol?

Q35. How many units do you have in a typical week?

Base: valid responses, where consume alcohol (1,999)

As the chart overleaf demonstrates, there were a number of demographics that were more likely to be hazardous or harmful drinkers, with males the most likely to be hazardous drinkers (35%) and LGBTQ+ residents most likely to be harmful drinkers (13%). In addition to this it is interesting to note that those who do the recommended weekly physical activity were more likely to be hazardous drinkers (30% cf. 25% who do not do recommended weekly activity) but less likely to be harmful drinkers (4% cf. 6% who do not do recommended weekly activity). Those who currently or occasionally smoke were more likely to be harmful drinkers (12% cf. 6% ex-smokers and 2% never smoked). Ex-smokers were more likely to be hazardous drinkers (35% cf. 29% current smokers or 24% never smoked).

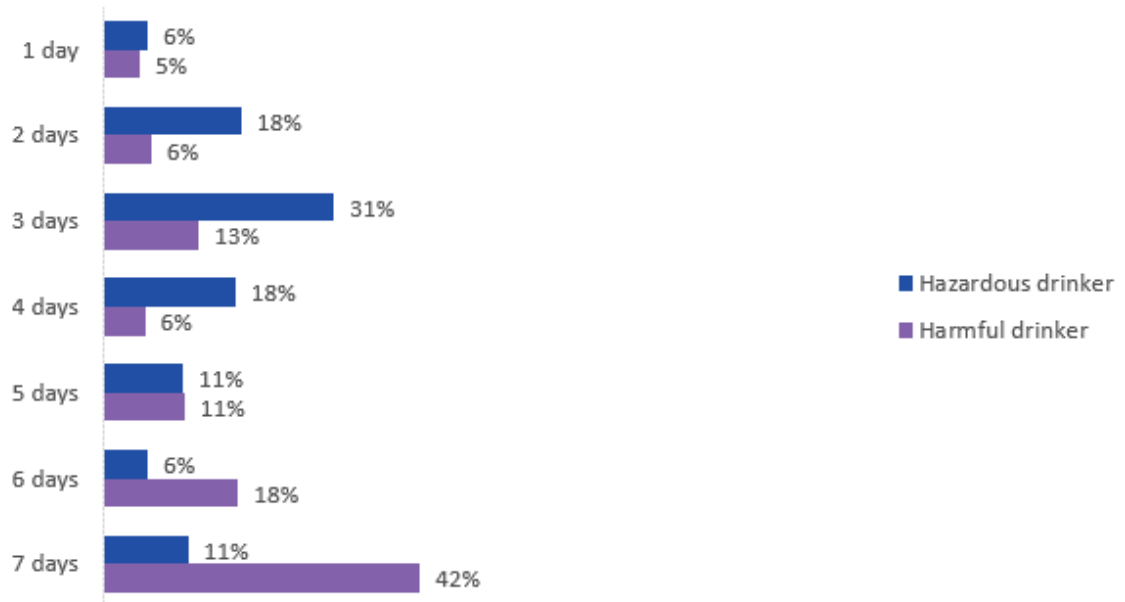
Figure 42: Drinker classification – by demographics



Q35 How many units do you have in a typical week? Base: Where consumed alcohol - valid responses, in parenthesis. Arrows indicate significant difference compared to total Wakefield District sample.

If we look at the number of days in a typical week that those hazardous and harmful drinkers drink, we can see that 24% of hazardous drinkers binge drink and drink over just 1 or 2 days and 11% of harmful drinkers are binge drinkers, drinking their units of alcohol in a typical week over just 1 or 2 days.

Figure 43: Number of days drink alcohol in a typical week by drinker classification



Q34. In a typical week, how many days do you drink alcohol? Base: valid responses, hazardous drinker (525); Harmful drinker (93)

Those respondents who drank were also asked their feelings about the amount of alcohol they drink. Overall, the majority of respondents (83%) who drank were not concerned about the amount they drink although this did decrease significantly amongst those hazardous drinkers (66%) and harmful drinkers (42%). One in ten respondents (11%) said they were concerned and planned to reduce it. Again, this increased significantly amongst hazardous drinkers (25%) and harmful drinkers (34%).

Interestingly, close to a fifth of harmful drinkers (18%) were concerned but said they did not want to reduce it. There were 6% of harmful drinkers who said they were concerned and needed help to reduce it.

Q36. Which of the following best describes your feelings about the amount of alcohol you drink?

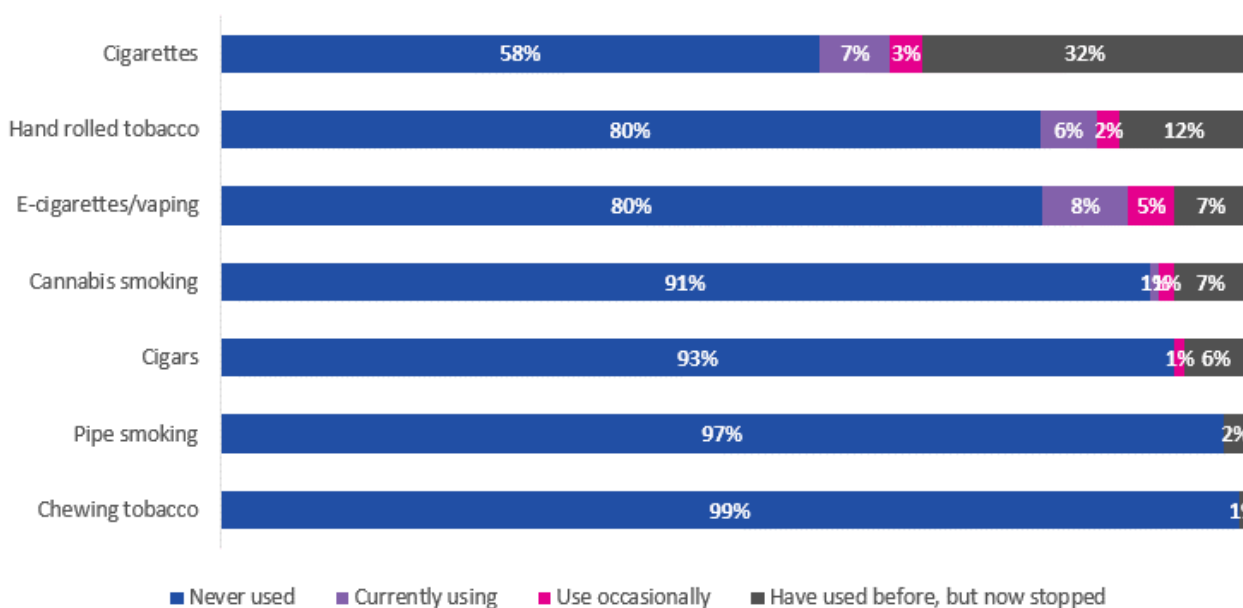
Arrows indicate significant difference compared to total Wakefield District sample.

	Total (1973)	Low risk drinker (423)	Hazardous drinker (530)	Harmful drinker (91)
I am not concerned about the amount I drink	83%	86%	66%	42% ↓
I am concerned, and I plan to reduce it	11%	10%	25% ↑	34% ↑
I am concerned but don't want to reduce it	4%	3%	8% ↑	18% ↑
I am concerned, and I need help to reduce it	1%	1%	1%	6%

Smoking and Tobacco Usage, and Vaping

All respondents were asked what types of tobacco, smoking or vaping have they used. The majority of respondents have never used any form of tobacco, or have never vaped. 15% of respondents currently or occasionally use tobacco products. Over one in ten respondents (13%) currently vape or occasionally vape, which represents the highest levels of single method usage seen, followed by cigarettes (7% currently smoke and 3% use occasionally). Close to a third of respondents (32%) used to smoke cigarettes but have stopped now.

Figure 44: Usage of tobacco or vape



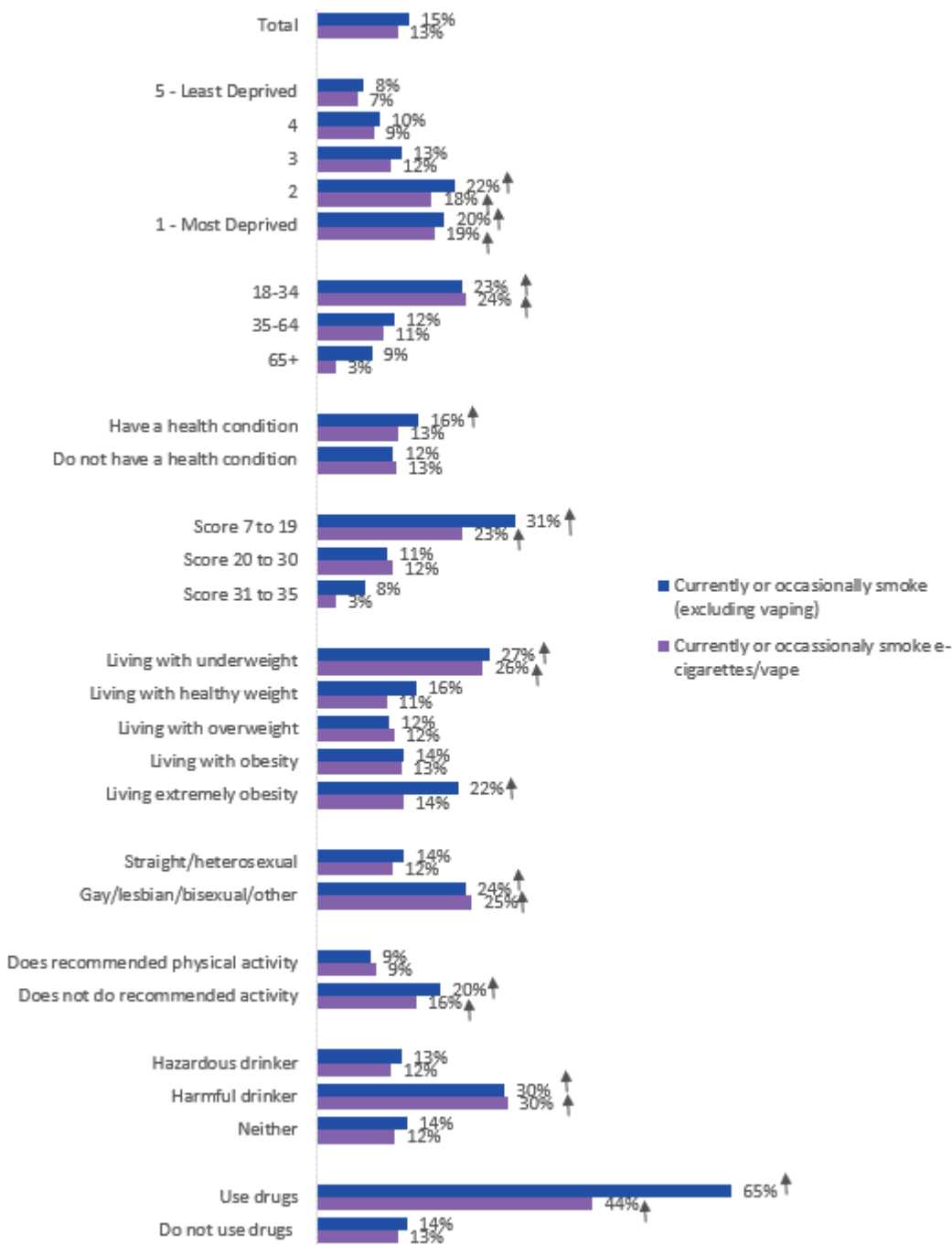
Q32. Which of the following types of tobacco use, smoking or vaping have you used? Base: valid responses (2,754- 3,020)

In 2021 Health Survey for England, similar proportions of men and women in England reported that they currently used e-cigarettes (6% and 5% respectively) whereas in Wakefield District females were more likely to currently use e-cigarettes (10% cf. 6% males).²⁴

Looking at those who currently or occasionally smoke (excluding e-cigarettes), and those who smoke e-cigarettes, we can see that the demographics are similar. Moreover, the demographics most likely to smoke mirrors what we have seen previously in other negative health outcomes, with those in the more deprived areas and with poor mental health having a higher tendency. As previously highlighted harmful drinkers are more likely to be smokers and those who use drugs are significantly more likely to smoke as well (65% smoke excluding e-cigarettes and 44% smoke e-cigarettes).

²⁴ NHS Digital, Health Survey for England, 2021 part 1, <https://digital.nhs.uk/data-and-information/publications/statistical/health-survey-for-england/2021/part-3-drinking-alcohol>, Accessed 19.05.23

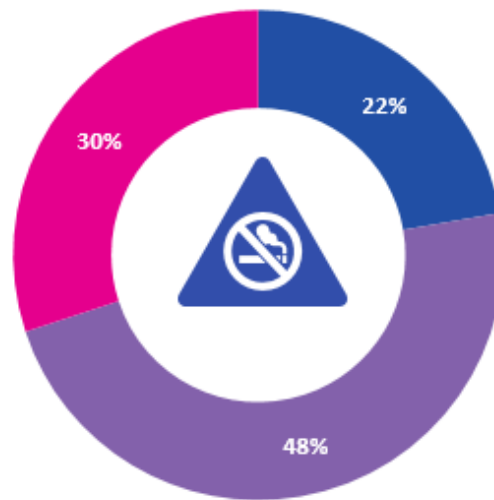
Figure 45: Those who smoke – by demographics



Q32. Which of the following types of tobacco use, smoking or vaping have you used? Base: valid responses- base sizes vary. Arrows indicate a significant difference compared to total Wakefield District sample.

Respondents who currently use or occasionally use any tobacco or vape products were asked a follow up question about their feelings regarding stopping smoking. A fifth of respondents (22%) said they intend to stop smoking within the next 6 months and close to a half of respondents (48%) said they would like to stop smoking sometime in the future. Close to a third of respondents (30%) said they do not want to stop smoking.

Figure 46: Intention to quit smoking



- I intend to stop smoking within the next 6 months
- I would like to stop smoking sometime in the future
- I don't want to stop smoking

Q33. Which of the following statements best describes your feelings about stopping smoking? Base: Those who currently or occasionally use any smoking products listed (502)

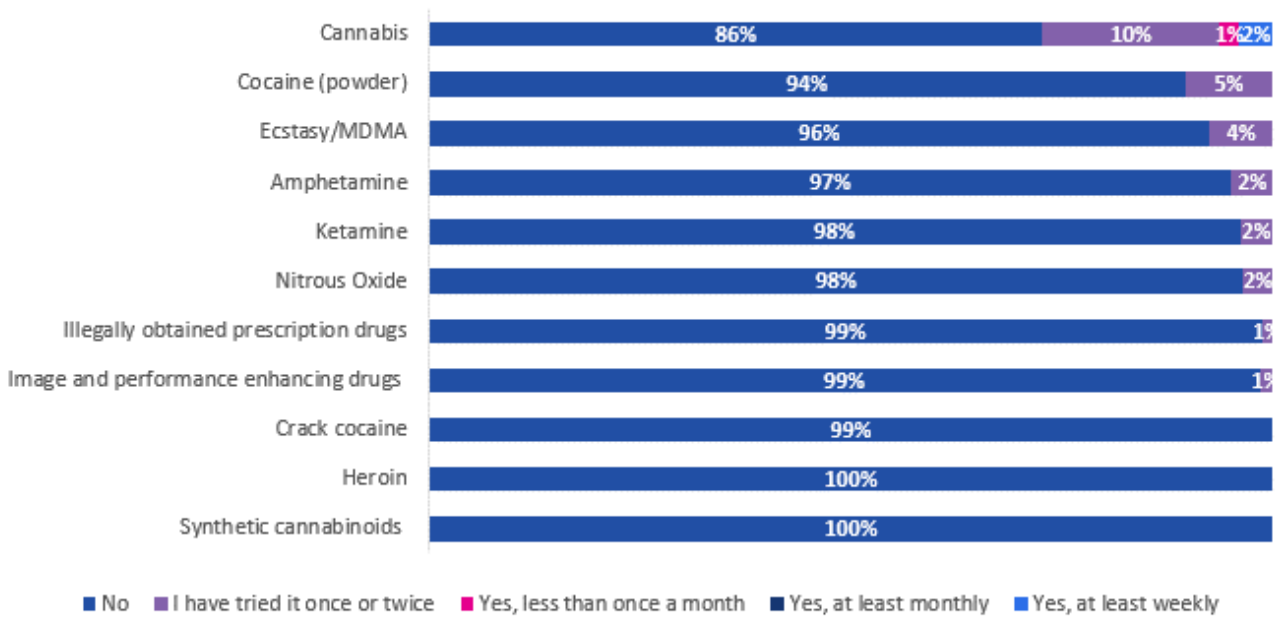
If we look at intentions by type of smoking, we can see there is more of an appetite for those who smoke e-cigarettes to stop in the next 6 months, whereas those who smoke cigarettes are significantly more likely than the total overall to say they do not want to stop. (The wording for this question asked whether users wanted to stop “smoking”, which encompassed all forms of smoking or vaping). Views on intending to stop within the next 6 months were broadly similar across demographics.

Q33. Which of the following statements best describes your feelings about stopping smoking? – Currently using	E-cigarettes/ vaping	Cigarettes	Hand rolled tobacco
I intend to stop smoking within the next 6 months	23%	17%	16%
I would like to stop smoking sometime in the future	49%	46%	53%
I don't want to stop smoking	28%	37% ↑	31%

Drug Use

All respondents were asked whether they have used or are currently using any drugs. The majority of respondents had not used any of the drugs listed. The most common drug used was cannabis with one in ten respondents (10%) having tried it once or twice and 1% using it less than once a month and 2% using it at least weekly.²⁵

Figure 47: Drug usage²⁵

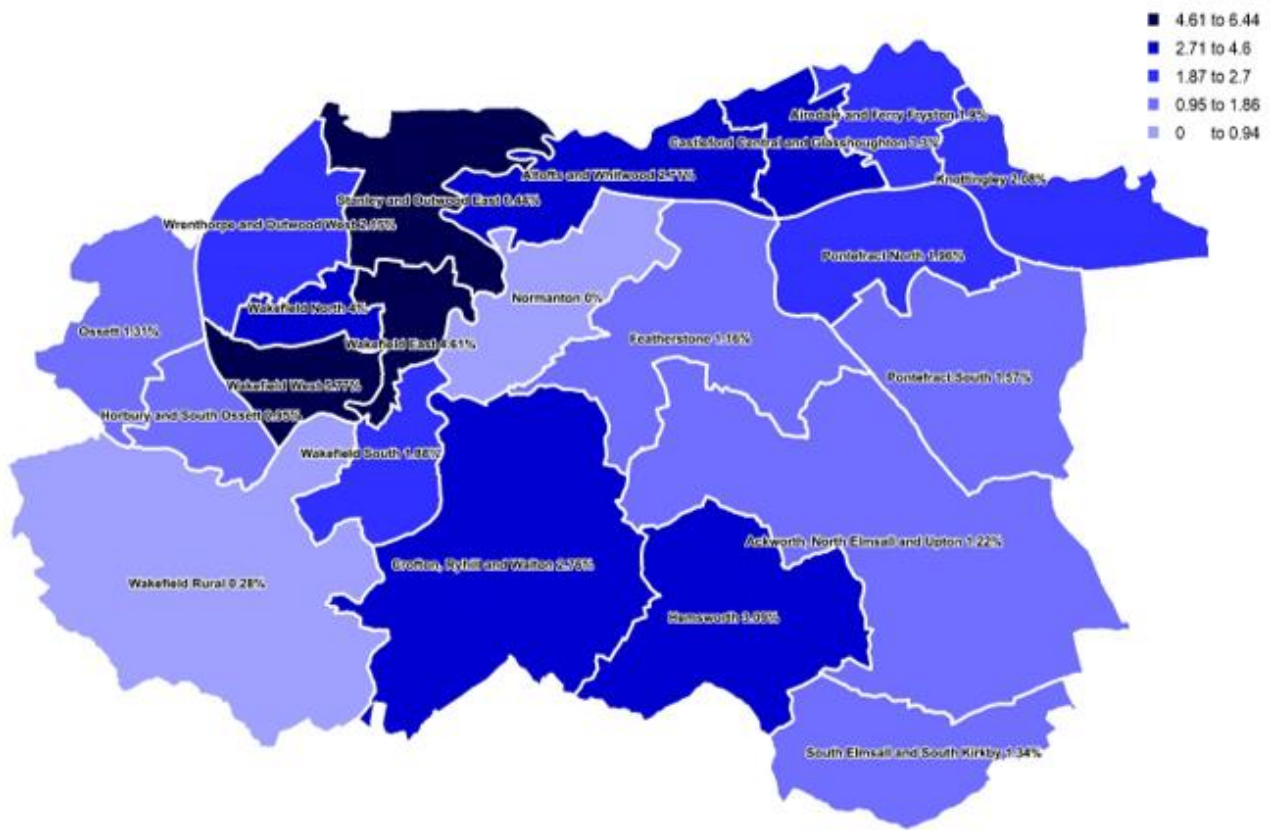


Q38. Have you used, or are you using, any of the following drugs? Base: valid responses, (3,185- 3,223)

In total 3% of respondents said they use any drugs at least monthly or weekly. This varied by ward, with those respondents in Wakefield West and Stanley & Outwood East significantly more likely than the average overall (6% and 7% respectively) and those respondents in Wakefield Rural and Normanton significantly less likely than the average overall (both 0%). It should be noted that these wards do not strongly correlate with higher areas of deprivation.

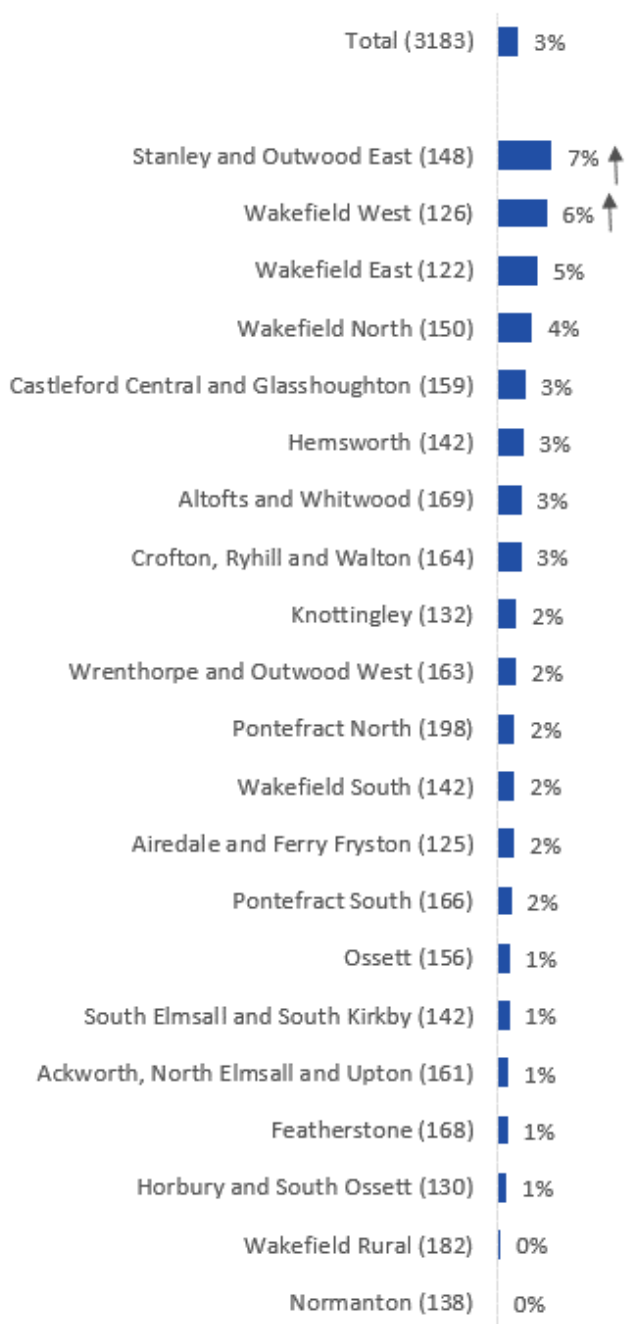
²⁵ Please note, a degree of under reporting can be expected in these kinds of questions.

Figure 48: Drug usage by ward- the darker the colour, the more prevalent the usage



Q38. Have you used, or are you using, any of the following drugs? Base: valid responses, (3,185- 3,223)

Figure 49: Use drugs at least monthly or weekly – by ward

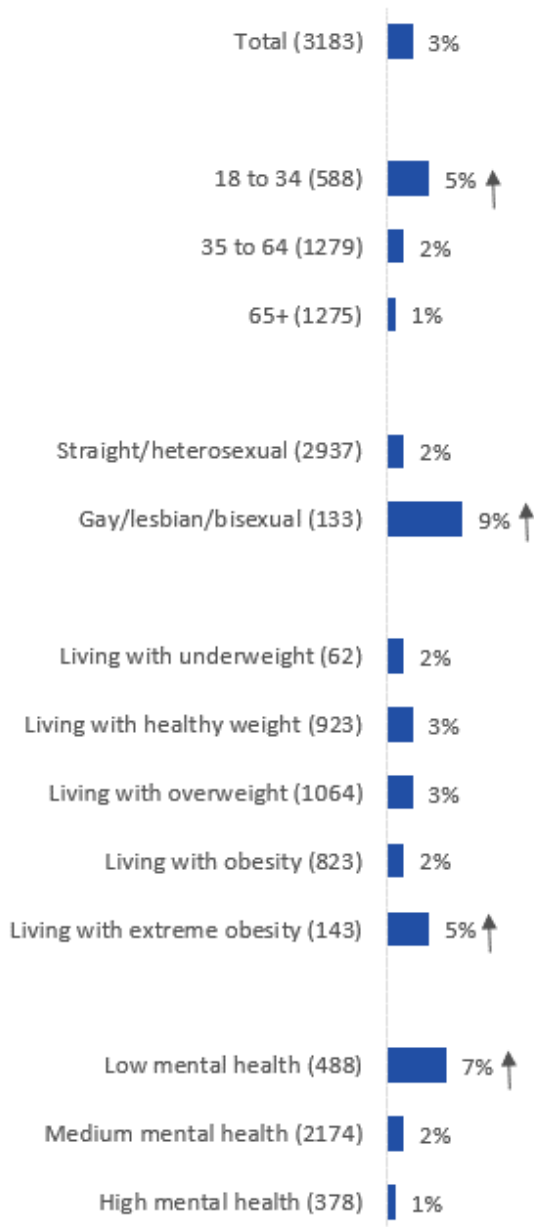


Q38. Have you used, or are you using, any of the following drugs? Base: valid response, in parenthesis. Arrows indicate a significant difference compared to the total Wakefield District sample.

There were also some noticeable differences by demographics, with those significantly more likely than the average to use drugs at least monthly or weekly being younger respondents (5% for those aged 18 to 34 years) and also LGBTQ+ respondents (9%).

Those respondents with a BMI that classifies them as living with extreme obesity were also more likely to use drugs than average (5%), as were those respondents with poor mental health (7%).

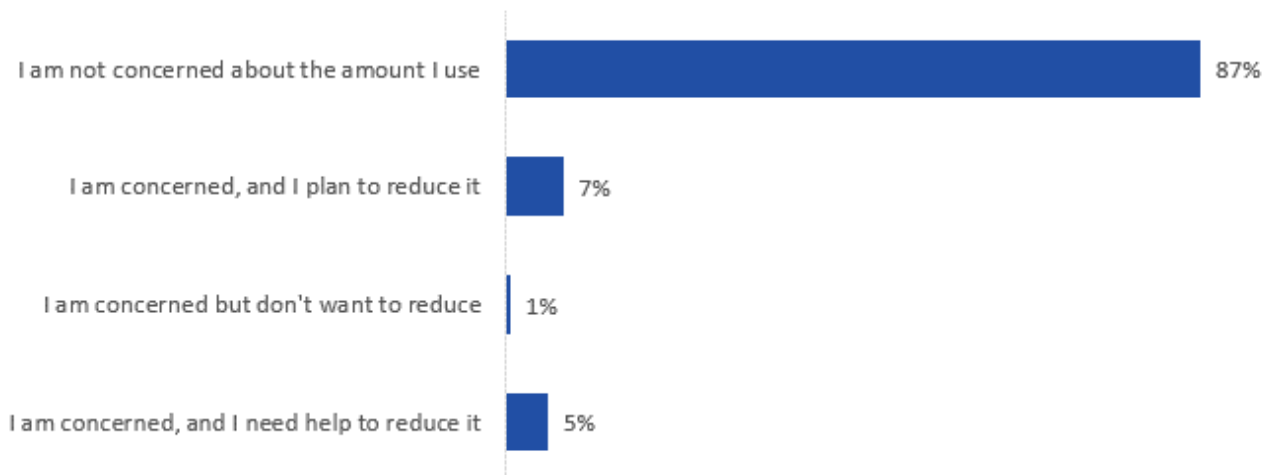
Figure 50: Use drugs at least monthly or weekly – by demographics



Q38. Have you used, or are you using, any of the following drugs? Base: valid responses, in parenthesis. Arrows indicate a significant difference compared to the total Wakefield District sample.

Those who used drugs were asked their thoughts about the amount they used. The majority of respondents (87%) were not concerned. However, 7% said they were concerned and plan to reduce it and a further 5% said they were concerned but need help to reduce it. Just 1% said they were concerned but don't want to reduce it.

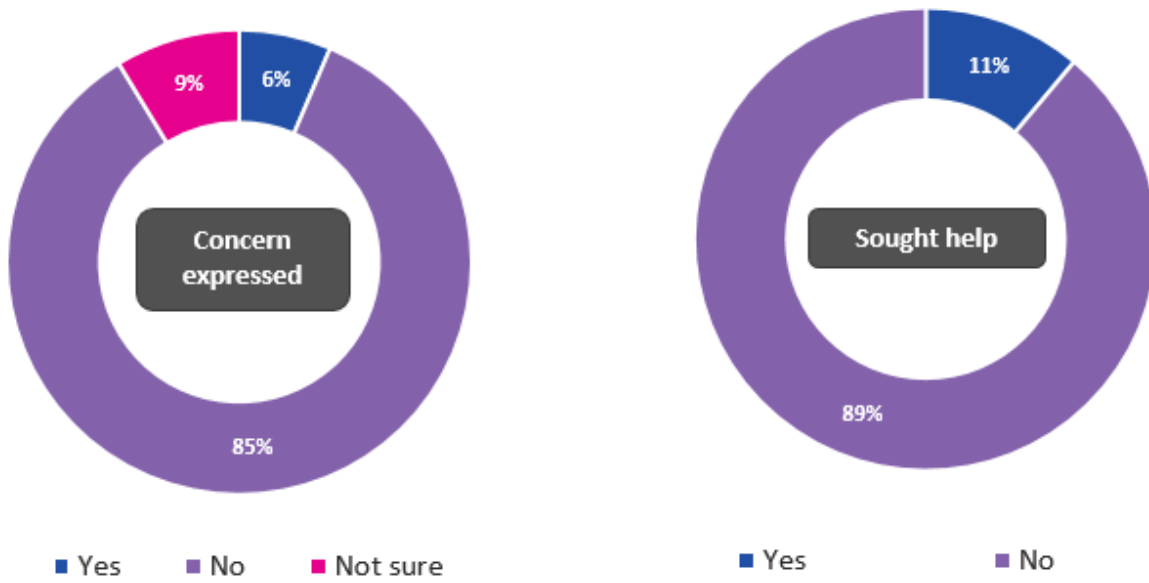
Figure 51: Concerns about the amount of drugs use



Q39. If you are using drugs which of the following best describes your thoughts about the amount you use? Base: Those who use drugs (79)

Those who used drugs were also asked whether anyone else had expressed concern about their drug use and whether they had ever sought professional help for their drug use. There were 6% of drug-using respondents who said someone else had expressed concern over their drug use and over one in ten (11%) had previously sought professional help for their drug use.

Figure 52: Whether someone has expressed concern over drug use or whether professional help has been sought



Q40. Within the last 6 months has anyone else expressed concern to you about your drug use?

Q41. Have you ever sought professional help for your drug use?

Base: Those who use drugs (88/ 87)

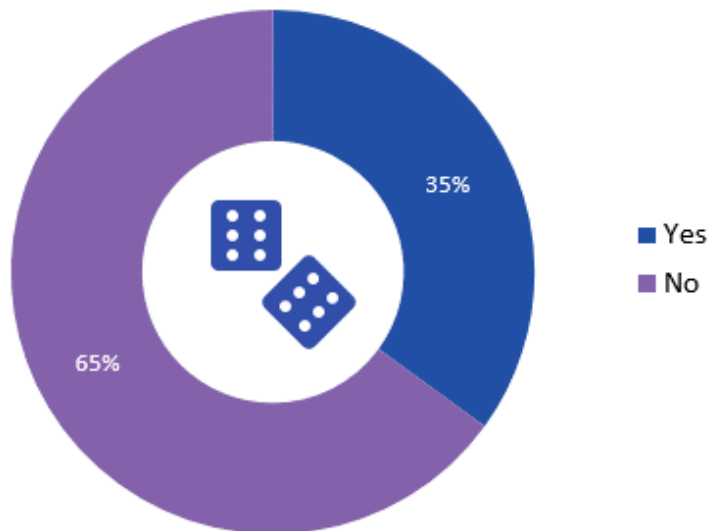
Gambling

Respondents were asked whether they have spent money on gambling at least once a month over the past year, and the examples given to help respondents think about gambling were National Lottery, scratch cards, slot machines, betting on sports events, casino games, and bingo. A third (35%) noted that they have gambled at least once during this time period. Residents from Hemsworth (44%) and South Elmsall and South Kirkby (47%) are significantly more likely to have gambled at least once a month over the last 12 months compared to the total. By demographics, males are significantly more likely to have gambled regularly (39%), and gambling peaks among those aged 45-64:

- 18 to 24 (24%)
- 25 to 34 (33%)
- 35 to 44 (32%)
- 45 to 54 (41%)
- 55 to 64 (40%)
- 65 to 74 (34%)
- 75+ (31%)

Respondents in employment are also significantly more likely to gamble (38%) than those not working (32%).

Figure 53: Proportion of residents who have spent money on gambling at least once a month over the past year



Q42. Have you spent money on gambling at least once a month over the past year? Base: Valid sample: (3,376).

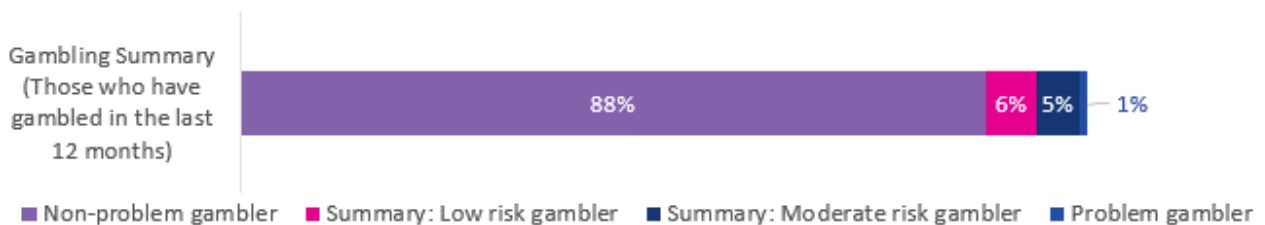
There is a meaningful correlation between respondents who have gambled and those who are either hazardous (45%) or harmful (56%) drinkers. Interestingly, respondents who are also significantly more likely to have gambled are living with overweight (39%) or obesity (40%) while those in a healthy weight range are significantly less likely to have gambled (27%).

Of those respondents who have gambled in the last 12 months, the majority (88%) would be classed as non-problem gamblers, 6% are low risk gamblers, 5% are moderate gamblers and 1% of those who gamble are problem gamblers. This equates to 0.3% of all responding residents, who are classed as a problem gambler.

Problem gambling status is defined using the short-form Problem Gambling Severity Index (PGSI) (Volberg, 2012). This instrument is formed of three questions, which are scored on a 4-point scale from never to almost always, asked to all participants who have gambled at least once in the last 12 months (Q42). Responses are scored from 0 - 3 resulting in a total possible score of 9. Respondents are then categorised by their total score, as follows:)

0	Non-problem gambler	This group probably will not have experienced any adverse consequences of gambling
1	Low risk gambler	This group likely will not have experienced any adverse consequences from gambling)
2-3	Moderate risk gambler	This group may or may not have experienced adverse consequences from gambling)
4+	Problem gambler	This group are those who have experienced adverse consequences from their gambling)

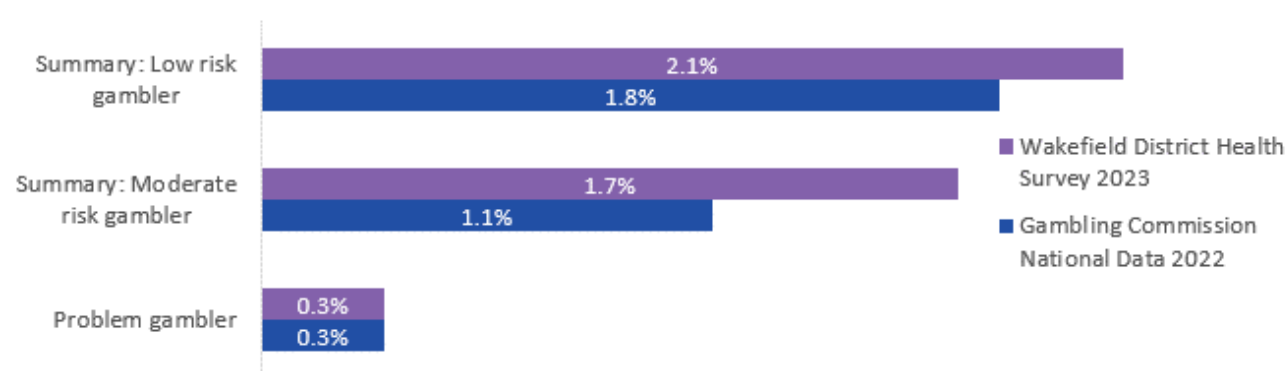
Figure 54: Summary of gambling behaviour in the last 12 months



Q43. In the last 12m...? Base: Where spent money on gambling at least once a month over the past year Valid response: (1,128)

Extrapolating these figures out to the responding population of Wakefield District as a whole, problem gamblers equate to 0.3% of all responding residents, as noted above, breaking down by gender as 0.2% males and 0.5% females. To contextualise these findings, as shown in the table below, in the year to September 2022, the gambling rate was 0.3% of people nationally, exactly in line with Wakefield District (0.4% of males and 0.1% of females). However, moderate risk gamblers show much higher prevalence in Wakefield District compared to the national figures, at 1.7% (cf. 1.1% nationally). Low risk gamblers are also generally in line with the national number, at 2.1% (cf., 1.8% nationally). Males are significantly more likely to be low risk gamblers compared to females within Wakefield, as seen nationally.

Figure 55: Summary of gambling behaviour in the last 12 months Wakefield District compared to National data



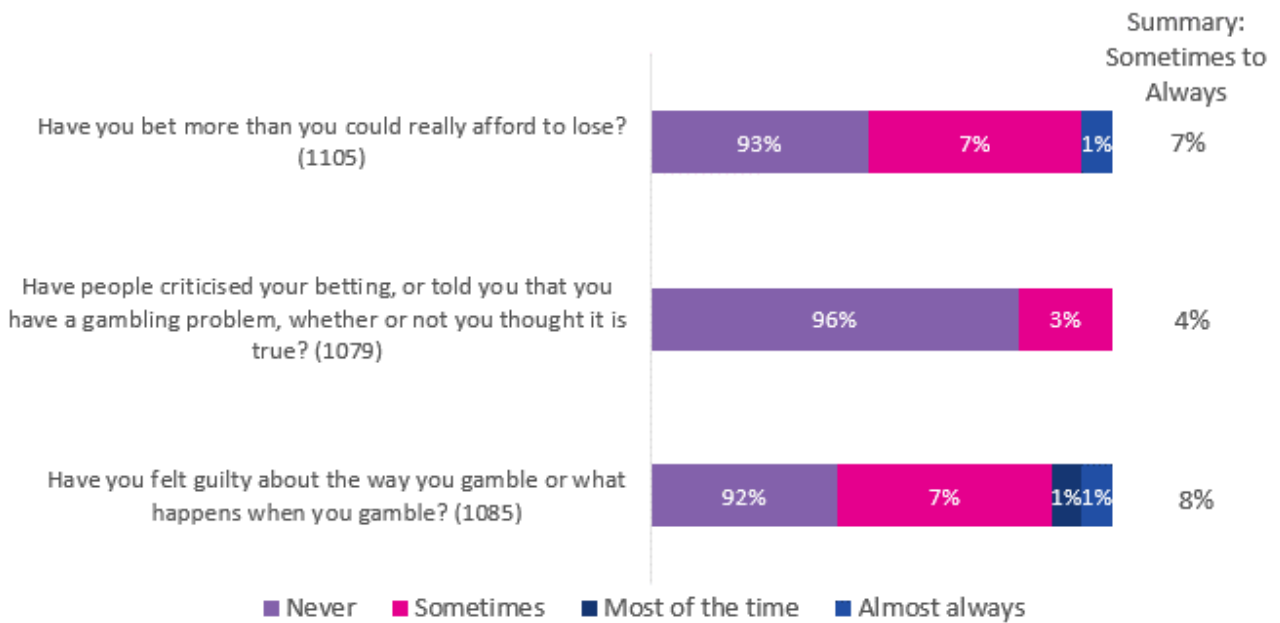
Q43. In the last 12m...? Base: valid responses (3,450) – [data analysed by all survey respondents]

Notably, although those aged 35 to 64 are the most likely to gamble, those aged 18 to 34 have a higher tendency to exhibit risky gambling behaviours or outcomes. Ten percent of gamblers in this age group are low risk gamblers, and 9% are moderate risk gamblers, in both cases significantly higher than those aged 35 to 64. Whilst not a significant variation, the proportion of problem gamblers is higher among this group than other age ranges (2%).

Problem Gambling Severity Index (PGSI)	18 to 34 (179)	35 to 64 (496)	65+ (443)
Non-problem gambler	80%	89%	95%
Summary: Low risk gambler	10% ↑	6%	3%
Summary: Moderate risk gambler	9% ↑	5%	1%
Problem gambler	2%	1%	1%

Broken down into different gambling behaviours among those respondents who have spent money on gambling at least once a month over the past year, just under one in ten (8%) have felt guilty about the way they gamble or what happens when they gamble, 7% have bet more than they could afford and 4% have noted that others have criticised their betting or said they have a gambling problem.

Figure 56: Occurrence of different gambling behaviours in the last 12 months



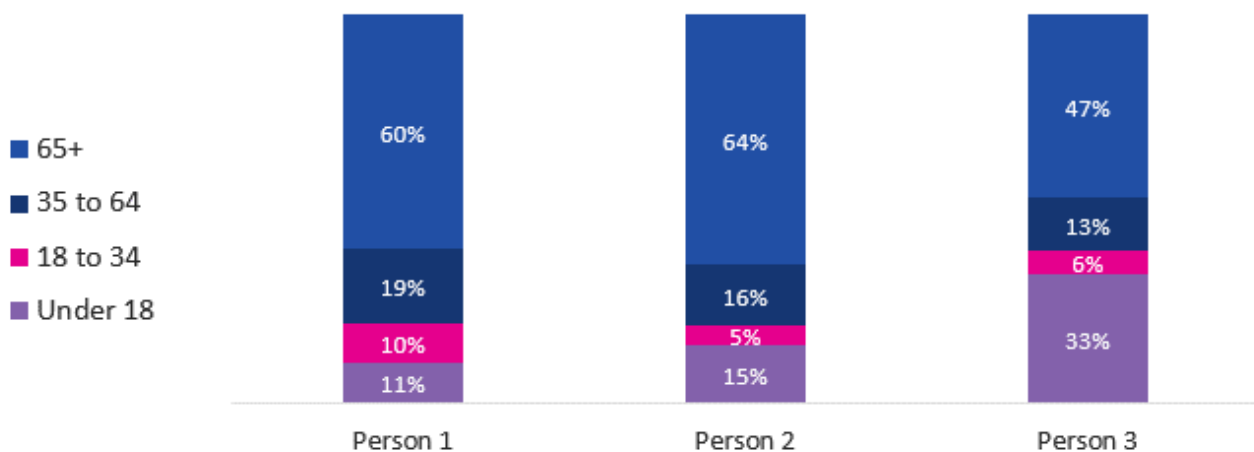
Q43. In the last 12m...? Base: Where spent money on gambling at least once a month over the past year, valid response in parenthesis

Caring

Another factor that can impact overall health is being a care-giver.²⁶ Accordingly, respondents were asked whether they are care-givers, both to understand the impact this has on their overall health, and to further understand the number of people in Wakefield District who receive unpaid care. In total, 15% of respondents said they provide unpaid care for someone who has a long term-illness, health problem or disability that limits their daily activity or work they do. Broken down, this represents 13% of respondents who take care of one person, and 3% who take care of more than one person. Respondents who are significantly more likely to be the ones providing the unpaid care to either one or more than one dependent are aged 55 to 64 (20%).

The dependents of respondents who provide unpaid care tend to be over the age of 65. (This is the case for 60% of those who provide care for one person, and 64% of those who provide care for more than one person). If the respondent provides care for an additional third dependent, these individuals are likely to either be over the age of 65 (47%) or be under the age of 18 (33%).

Figure 57: Ages of people respondents provide unpaid care for



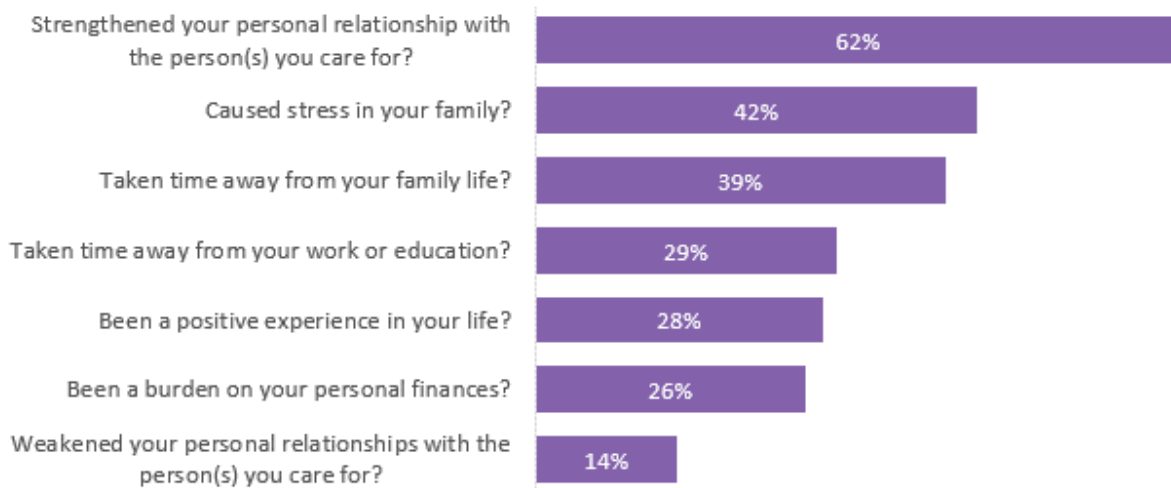
Q45. What are the ages of the people you provide unpaid care for? Base: Where provide unpaid care for someone who has a long-term illness – bases sizes vary

The data shows that broken down into dependent ages for person 1, males are significantly more likely to take care of individuals who are over 65 (67%), while females are significantly more likely to take care of people under the age of 18 (16%). By age of care-givers, the data shows that younger carers, aged 18 to 34, are significantly more likely to care for someone aged 18 to 64 (under 18 (25%), 18 to 34 (18%) and 35 to 64 (29%)) while those who are over 65 are also more likely to care for individuals that are over 65 (83%). This suggests that those aged over 65 are caring for a spouse, in contrast to young carers.

²⁶Career UK, Hearts and Minds: The Health Effects of Caring, <https://www.york.ac.uk/inst/spru/pubs/pdf/Hearts&Minds.pdf> Accessed 19.05.23

Three fifths of respondents (62%) say that providing unpaid care has strengthened their personal relationship with the person they care for and three in ten (38%) say it has been a positive experience in their life. Two fifths however, mention that providing unpaid care has also caused stress in their family (42%) and taken time away from their family life (39%). One in three mention that this has taken time away from their work or education (29%) and been a burden on personal finances (26%) while 14% mention it has weakened their personal relationship with the person they care for.

Figure 58: Effects of unpaid care

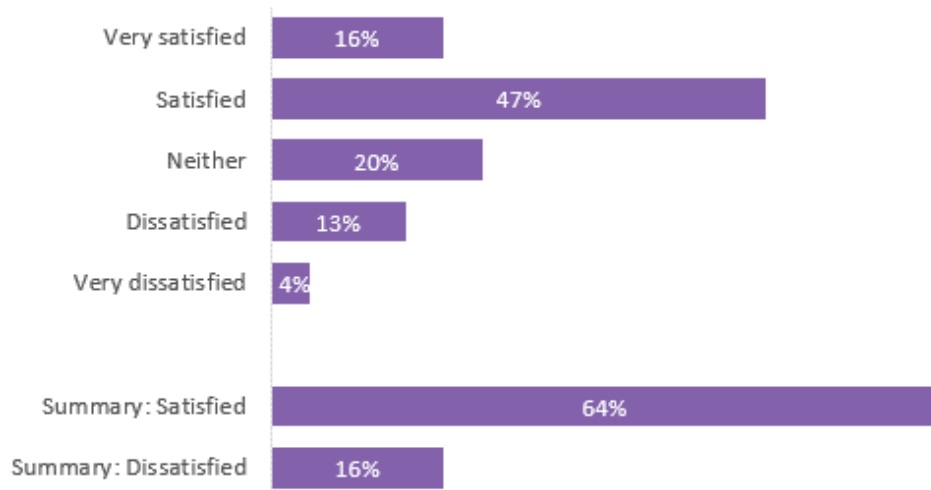


Q46. When you think about your personal experience of providing unpaid care, would you say it has... Base: Where provide unpaid care for someone who has a long-term illness - Valid response: (488)

Living in Wakefield District

This chapter looks at respondents' experiences of living in Wakefield, to understand how broader environmental and social factors influence health outcomes. Two thirds (64%) of respondents living in Wakefield are satisfied with their local area as a place to live while 16% say they are dissatisfied.

Figure 59: Satisfaction with local area as a place to live

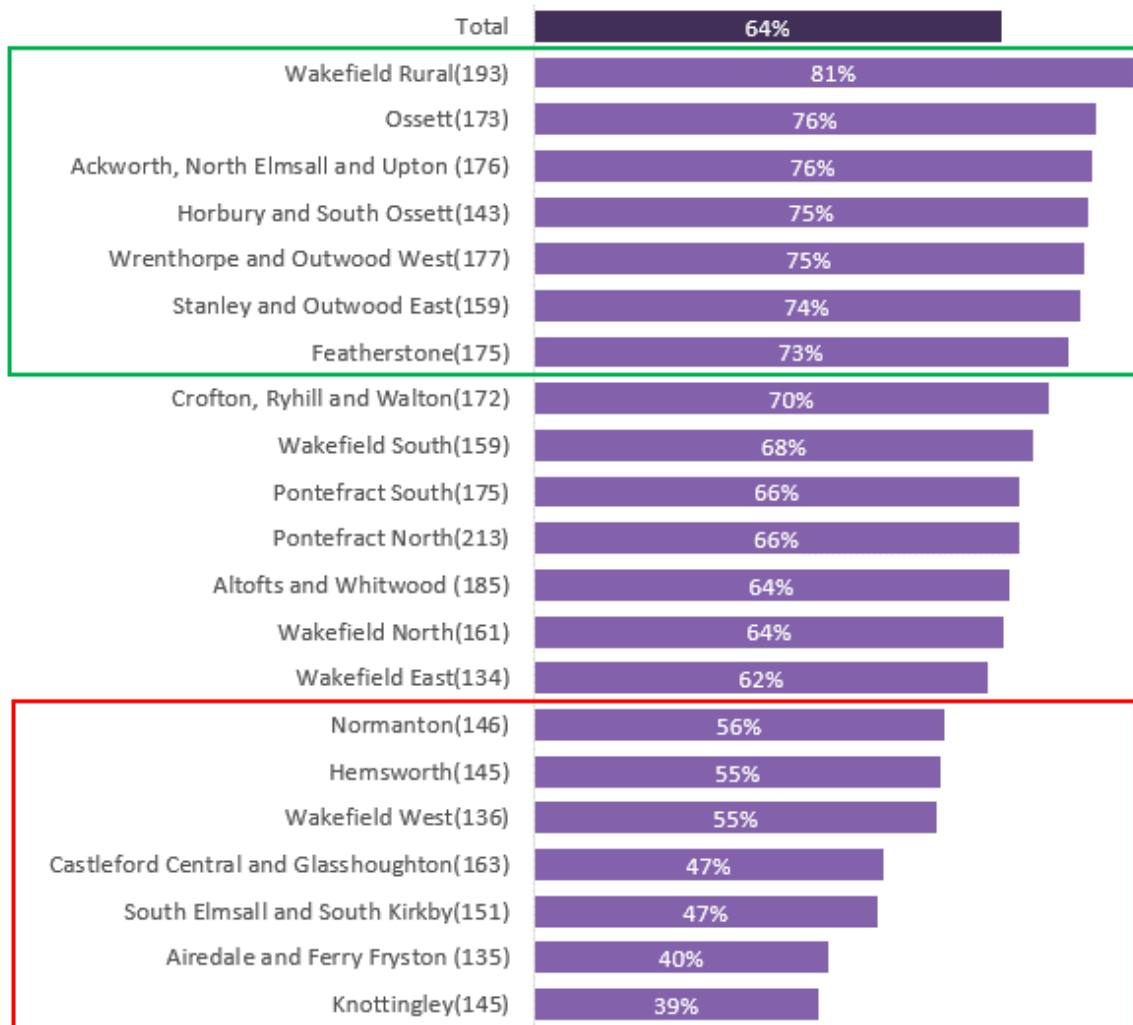


Q47. Overall are you satisfied with your local area as a place to live? Base: valid responses (3,416)

By age, younger residents in Wakefield are significantly *less satisfied* with their local area as a place to live (53%), while residents over the age of 65 are significantly *more satisfied* (74%). Residents with children in the home are also significantly less likely to be satisfied with their local area (59%), likely reflecting dissatisfaction with provision for younger generations.

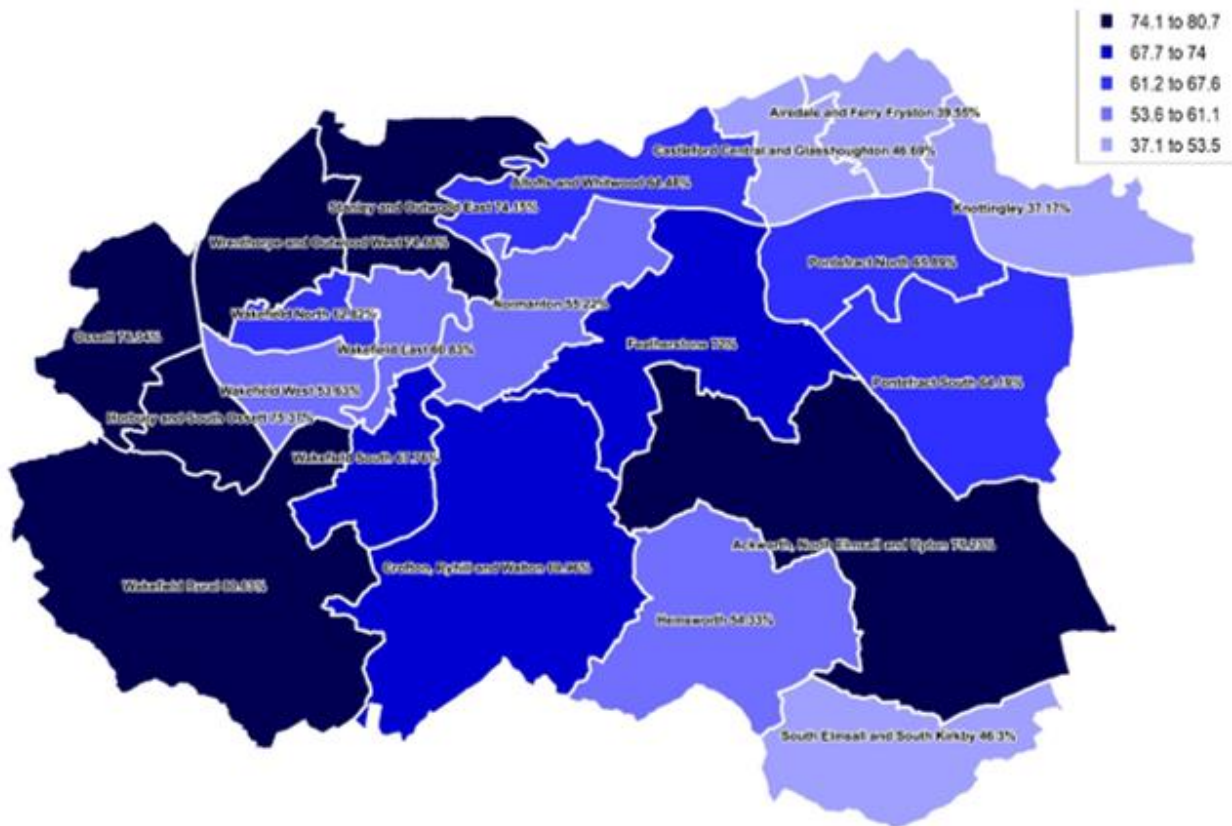
By ward, Wakefield Rural has the highest level of satisfaction, at 81%, while Knottingley residents show lowest levels of satisfaction (39%). Further wards with significantly higher levels of satisfaction compared to the total are: Ossett (76%); Ackworth, North Elmsall and Upton (76%); Horbury and South Ossett (75%); Wrenthorpe and Outwood West (75%); Stanley and Outwood East (74%); and Featherstone (73%). Wards with significantly lower levels of satisfaction compared to the total are: Knottingley (39%); Airedale and Ferry Fryston (40%); South Elmsall and South Kirkby (47%); Castleford Central and Glasshoughton (47%); Wakefield West (55%); Hemsworth (55%); and Normanton (56%). This pattern broadly reflects the picture of deprivation levels across the district.

Figure 60: Satisfaction with local area as a place to live by ward



Q47. Overall are you satisfied with your local area as a place to live? Base: valid response: (3,416)

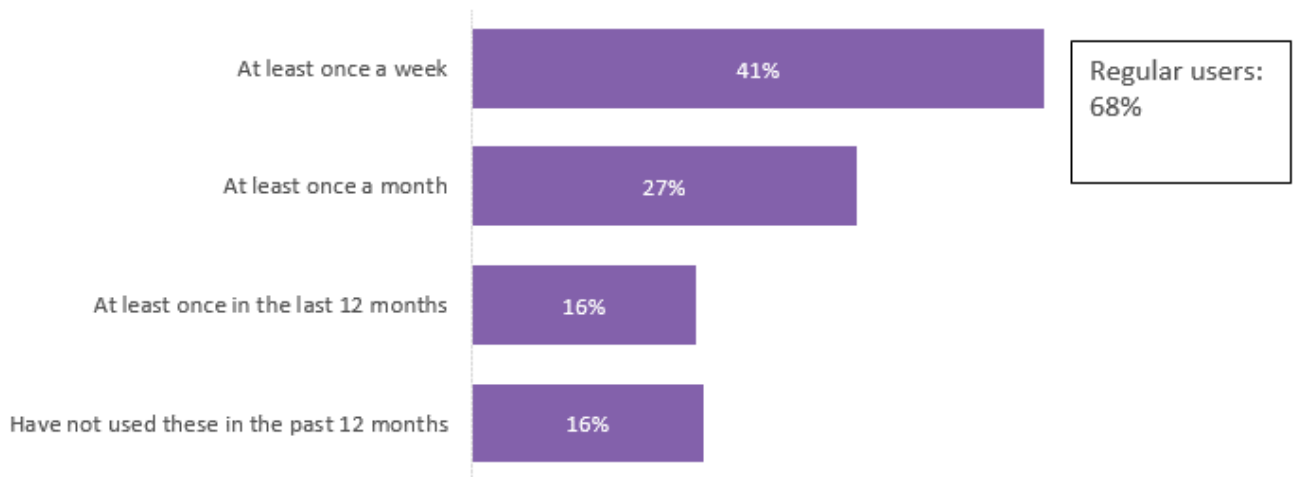
Figure 61: Satisfaction with local area as a place to live by ward- colour coded- the darker colours represent greater satisfaction



Q47. Overall are you satisfied with your local area as a place to live? Base: valid response: (3,416)

Respondents were asked how often they have used parks and other green spaces in the last 12 months. Two fifths of respondents have said they use parks and green spaces at least once a week. A quarter (27%) of respondents use parks and green spaces at least once a month. The same proportion of respondents said they have either used parks and green spaces at least once in the last 12 months or not used them at all in the past 12 months (16% both). To summarise the use of parks and other green spaces, those who used these spaces at least once a week or at least once a month are classed as regular users which accounts for 68% of Wakefield District residents. Regular users of green spaces tend to be more satisfied with their local area as a place to live (69% of regular users are satisfied, compared to 52% of irregular users of green spaces.)

Figure 62: Use of parks and other green spaces in the last 12 months

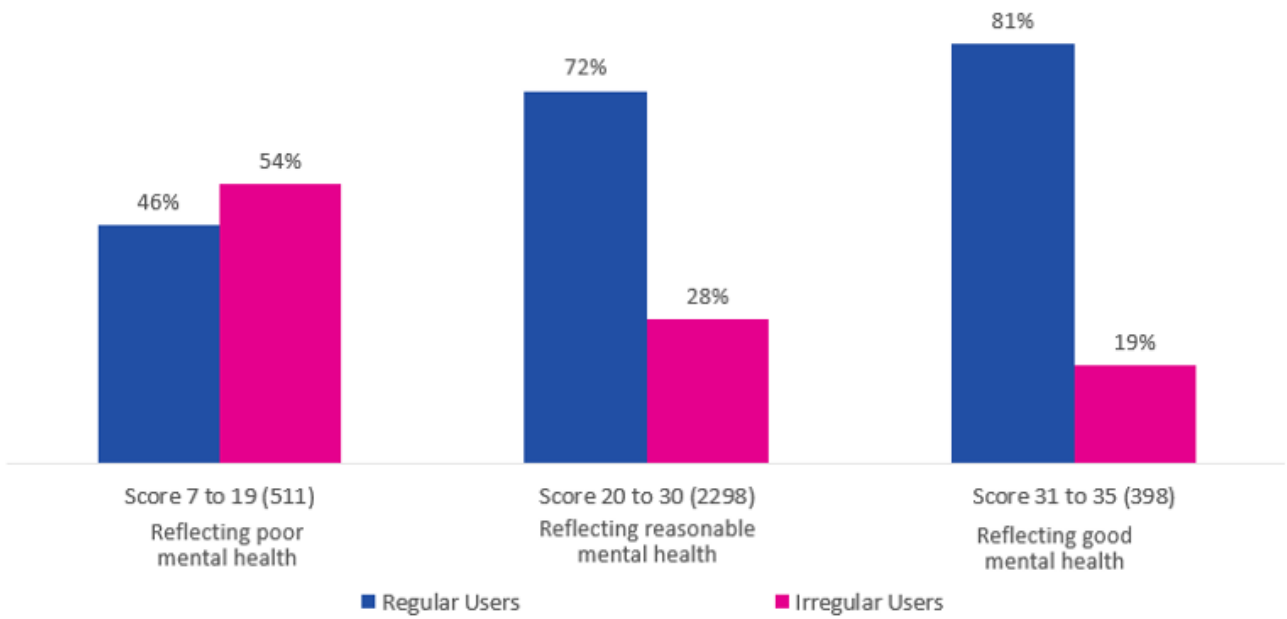


Q48. In the last 12 months, how often have you used parks or other green spaces? Base: valid response (3,381)

By ward, respondents who are significantly more likely to use parks and green spaces at least once a week are significantly more likely to reside in areas such as Ackworth, North Elmsall and Upton (51%), Crofton, Ryhill and Walton (61%), Horbury and South Ossett (50%), Wakefield Rural (54%) and Wakefield South (55%). Respondents who are more likely to have not used a park or a green space in the past 12 months live in Airedale and Ferry Fryston (29%), Altofts and Whitwood (23%) and Knottingley (27%). As expected, respondents who don't feel safe during the day are significantly more likely to have not used a park or green space in the past 12 months (38%). By IMD, respondents who reside in less deprived areas (quintile 1 and 2) are significantly more likely to use parks and green spaces more regularly (79% and 75% respectively) while those residing in more deprived areas (quintile 5 and 4) are significantly less likely to use green spaces regularly (54% and 60% respectively).

Reviewing the use of parks and green spaces by physical and mental health, the data evidences a significant correlation between happier and healthier respondents and those who use the park at least once a week. Those who have better mental health are more likely to regularly use parks or green spaces (56%). Conversely, respondents who have used a park or green space as rarely as once or not at all in the last 12 months are more likely to have poor mental health (21% and 33% respectively). The data also evidences a relationship between healthy weight, exercise and use of green spaces, although these variables also correlate with mental health, as all of the factors are interconnected. Accordingly, respondents living with healthy weight or over weight are more likely to use green spaces regularly (45%), as are those who complete the recommended weekly physical activity (56%).

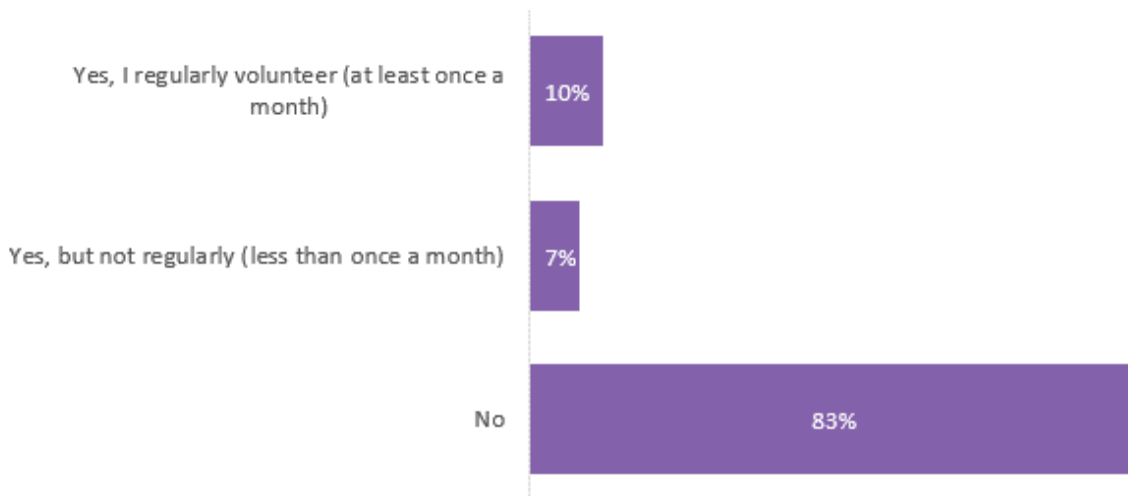
Figure 63: Proportion of regular and irregular park users by SWEMWBS mental health score



Q48. In the last 12 months, how often have you used parks or other green spaces? Base: valid response in parenthesis

Turning now to community engagement, a question was asked to gauge Wakefield District residents' participation in volunteering, asking if they have taken part in any volunteering in the last 12 months. Eight in ten (83%) respondents answered that they have not volunteered at all in the last 12 months. One in ten (10%) noted they regularly volunteer (at least once a month), and 7% said they do volunteer but not regularly.

Figure 64: Volunteering in the last 12 months



Q49. In the last 12 months, have you taken part in any volunteering? Base: valid response (3,359)

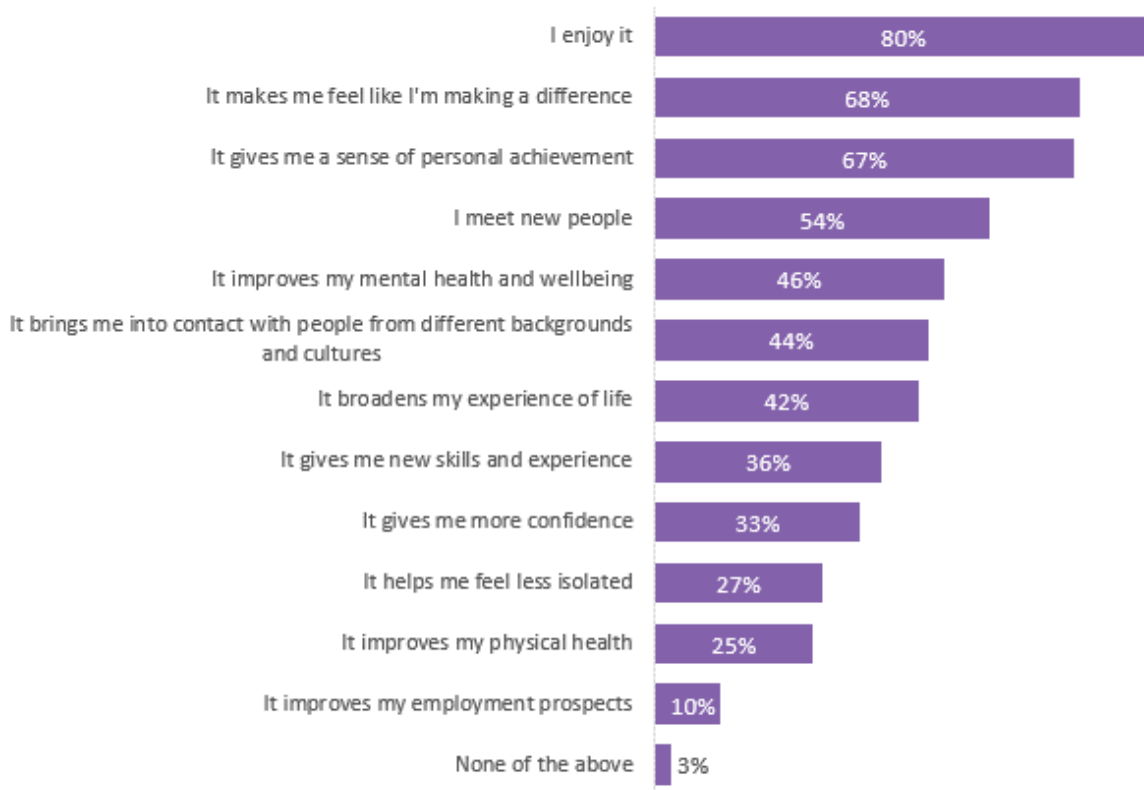
Respondents who are significantly more likely to volunteer tend to reside in the least deprived areas by IMD (least and second least deprived quintiles: 13%). By age, regular volunteers are significantly more likely to be older individuals aged 55 to 64 (13%), 65 to 74 (13%) and 75+ (14%). Respondents who volunteer, regularly or not, are significantly more likely to rate their health as good (49% and 29% respectively).

The Community Life Survey ²⁷ reported that in England 2020/21, 17% of people undertook some formal volunteering in the last month, and 30% of people undertook some formal volunteering in the last year. The question asked for Wakefield District residents did not differentiate between formal and informal volunteering. However, the formal volunteering data provides a broadly comparable benchmark, due to the examples given, with the questions, which included running of a local club or event, fundraising, giving time to charity or improving the local area. By this we see that respondents from Wakefield are volunteering less than the national statistic in England gathered from the Community Life Survey within the last month (10% compared to 17%). This is also true for a collective number of individuals who have volunteered in the last 12 months, whereas Wakefield's resident volunteering rate is half that of the England (17% compared to 30%).

27 Department for Digital, Culture, media and Sport, Community Life Survey 2020/21, <https://www.gov.uk/government/statistics/community-life-survey-202021> , Accessed 19.05.23

Respondents who had taken part in volunteering in the last 12 months were asked to reflect on their experience of volunteering and the benefits it brought them. Eight in ten (80%) respondents said they have enjoyed the experience; seven in ten noted it made them feel like they made a difference (68%) and gave them a sense of personal achievement (67%).

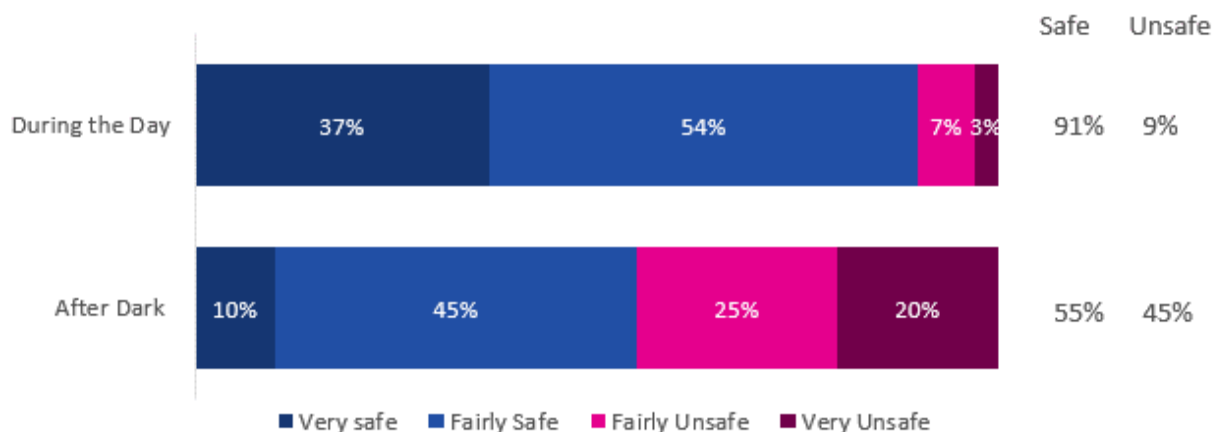
Figure 65: Benefits and impacts of volunteering on individuals



Q50. Reflecting on your experience of volunteering, how much do you agree with the following statements about the benefits and impacts volunteering has on you? Base: Where taken part in any volunteering in last 12 months, valid responses: (589)

Respondents were asked how safe they feel outside in their local area during the day and after dark. Nine in ten (91%) Wakefield District residents feel safe outside in their local area during the day with one in ten (9%) feeling unsafe. After dark, just over half of residents (55%) feel safe in their local area, whilst 45% feel unsafe.

Figure 66: Safety during the day and after dark



Q51. How safe do you feel when outside in your local area? Base: valid response: (3,338)

Respondents who feel significantly less safe in their local area during the day include those living in Airedale and Ferry Fryston (19%), Castleford Central and Glasshoughton (19%), South Elmsall and South Kirkby (20%) and Wakefield North (19%), which correlates with areas with higher levels of deprivation. By sex, females feel significantly less safe during the day (11%) and by age it is those individuals aged 25 to 34 who show higher levels of feeling unsafe during the day (13%).

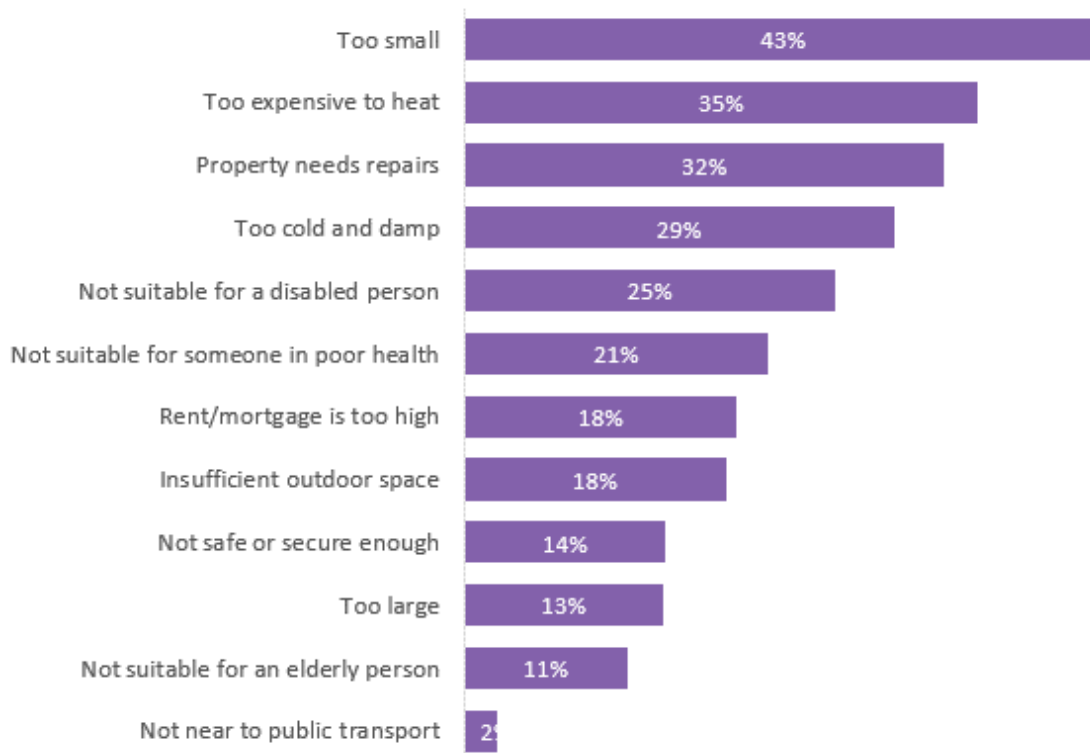
Looking at this data by health attributes, respondents with poor mental health are significantly more likely to feel unsafe during the day (7 to 19 score, 28% unsafe), residents living with extreme obesity (15%), those who report having either fair (13%) or bad health (27%) and those who are classed as harmful drinkers (16%).

Residents who do not feel safe during the day are also significantly more likely to not feel safe after dark. Knottingley residents however, whilst not significantly likely to feel more unsafe during the day, did tend to feel more unsafe after dark; this was the ward with the most notable erosion in perceptions of safety once the sun sets (57% feel unsafe after dark).

Nine in ten (89%) respondents from Wakefield District agree that their present home or accommodation is adequate for their household needs. Households with children in the home agree significantly less that their home is adequate for their needs (80%) while those without children in the household have significantly higher agreement (92%). Looking at this metric by tenure shows that a quarter of respondents that live in social rented (25%) or private rented (27%) accommodation disagree that their home adequately meets their household needs.

Respondents who said that their home is not adequate to their needs were asked why that was. The most common response given, by two fifths of respondents, is that their home is too small (43%) followed by a third who said that it is too expensive to heat (35%) and the property is in need of repairs (32%). For families with children in the home the main issue as to why their home is not adequate is due to the home being too small (70%). The main issues cited by social renters is that the home is not safe or secure enough (19%), while private renters cited issues such as the rent being too high (39%), the home being too cold or damp (41%) and there being insufficient outdoor space (34%).

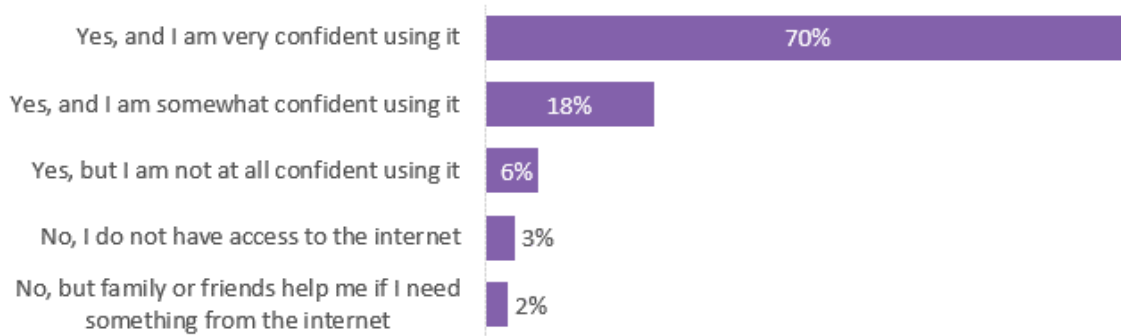
Figure 67: Reasons why the home is not suitable- among those who said the home was unsuitable for their needs



Q59. Why is it not suitable? Base: valid response: (313)

A question was asked about whether respondents have access to the internet. Seven in ten (70%) respondents have access to the internet and are confident using it, followed by 18% who say they have access to the internet and are somewhat confident in using it. Six percent of respondents say they have access to the internet but are not at all confident in using it, and 5% of respondents say they have no access to the internet, although 2% are able to access it through a family member or a friend.

Figure 68: Access to the internet

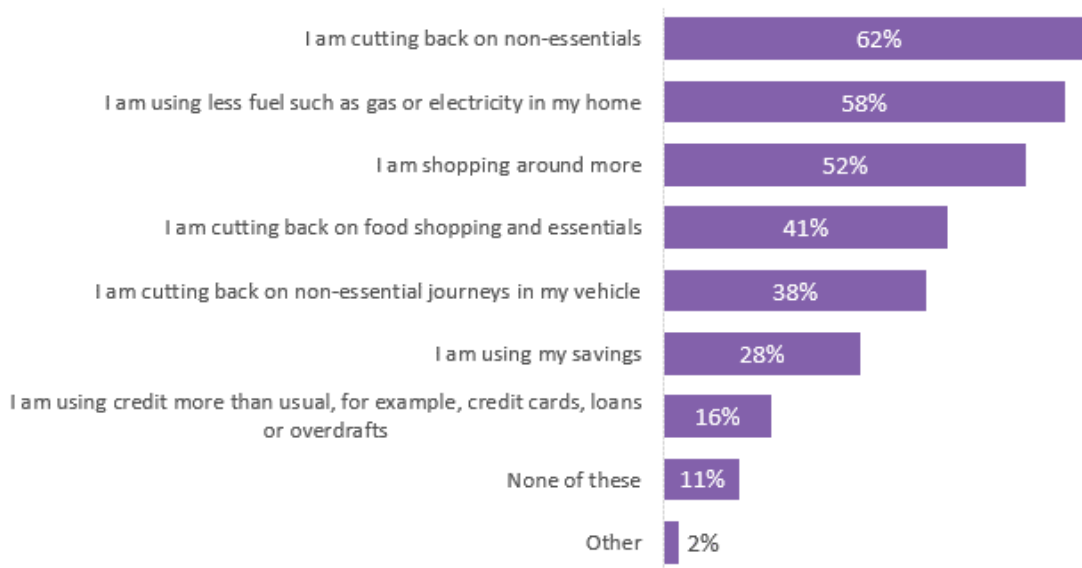


Q60. Do you have access to the internet? Base: valid response: (3,354)

No access to the internet is significantly more common for older residents, with the percentage rising with age; 5% of those aged 65 to 74 have no access to the internet and nor do 13% for those over the age of 75.

Respondents were asked whether they have changed any of their behaviours because of the recent cost of living increases. Two thirds (62%) of respondents reported they are cutting back on non-essentials. Three fifths (58%) report using less fuel such as gas or electricity in their home and half mention that they are shopping around more (52%). Two fifths of respondents say that they are cutting back on food shopping and essentials (41%) and cutting back on non-essential journeys in their vehicles (38%). Less common behaviour changes include using savings (16%) and using credit more (11%).

Figure 69: Behaviours influenced by the cost-of-living increases

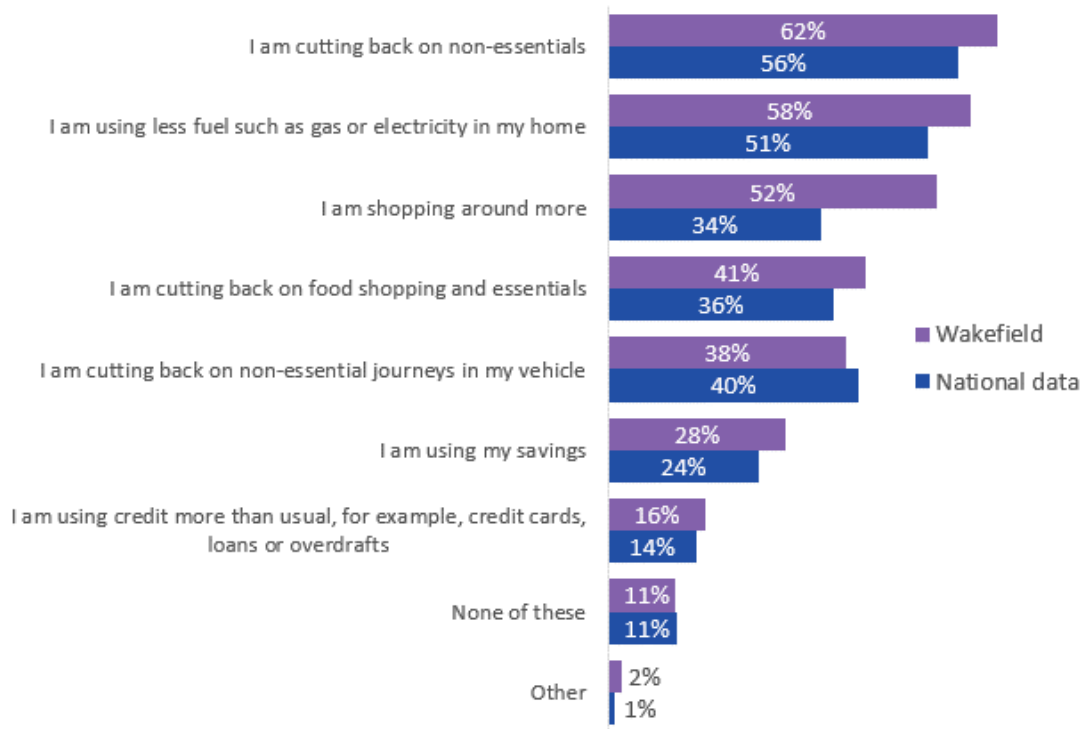


Q62. Are you doing any of the following because of the recent cost of living increases? Base: valid responses: (3,400)

The figure below shows the comparison between Wakefield data and the data from the Opinions and Lifestyle Survey collected between April and May 2022 based on adults in Great Britain aged 16 years and over²⁸. It shows that Wakefield District residents are more likely to be shopping around more, using less fuel such as gas and electricity, cutting back on non-essentials and cutting back on food shopping and essentials. Other behaviours are in line with the national data collected from the Opinions and Lifestyle survey.

²⁸ ONS, Worries about the rising costs of living, Great Britain: April to May 2022, <https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/articles/worriesabouttherisingcostsoflivinggreatbritain/apriltomay2022#data-sources-and-quality>, Accessed 19.05.23

Figure 70: Behaviours influenced by the cost-of-living increases Wakefield compared to National data from the Opinion and Lifestyle Survey



Q62. Are you doing any of the following because of the recent cost of living increases? Base: Valid response: 3400

Segmentation: understanding residents' characteristics through their lifestyles

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 definitions of the groups were determined through several stages: a BIC statistic was used as an information collection to determine the optimal number of segments; the stability was tested and the model was run over 100 times to ensure it converged to the same model every time; the entropy was assessed for accuracy; the model was assessed for interpretability; and finally, the model was run using different number of cases each time to ensure that the solutions were comparable. After this process was complete the four groups measured by the model are shown to be meaningful. The observed responses are said to be driven by the underlying latent variables.

This model takes into account the activities respondents undertake, as well as the level of deprivation of the local area where they live, which was seen to correlate with these activities. The questions included in the model were selected to enable us to understand resident's lifestyles when it comes to their health. Questions about drugs and problem gambling were unsuitable for the model, due to the low proportions of residents who said they engage in problematic behaviours. The questions included in the model were:

- How many portions of fruit and vegetables do you eat a day?
- We'd like to know how physically active you are at two different intensity levels (Moderate/Vigorous)
- Which of the following types of tobacco use, smoking or vaping have you used?
- In a typical week, how many days do you drink alcohol?
- How many units do you have in a typical week?

Questions on drug use and gambling were considered, but due to the lower proportions of those who use drugs or are problematic gamblers, the inclusion of these variables would have made the model less robust.

The following segments have been created:

- Heavy Drinkers
- Healthy Living
- Deprived and unhealthy
- Moderate Living

Segment 1: Heavy Drinkers (17% of residents)

Respondents in this segment account for close to a fifth of all respondents. They generally classify themselves as having good health (65%), and for those that do have a health condition, it is more likely to not affect their daily life (56%), and they tend to be able to manage the condition (79%). These respondents are able to get out of the house and carry out day-to-day activities (91% always or most of the time).

They visit the dentist regularly (at least once every 2 years 74%) and are registered with an NHS dentist (61%).

They generally have a good quality of sleep (65%) and have not had thoughts about hurting themselves (81%).

This group are likely to do the recommended weekly physical activity (57%) and to undertake muscle strengthening activity more than two days a week (24%). They can swim (90%) or ride a bicycle (88%). Although they are already active one in five would like to see increased access to, or improved safety of, local cycling/walking routes (20%). They also eat fruit and vegetables, with only 1% of this group stating they do not.

This group are more likely to be ex-smokers (36%), but their primary connecting characteristic is that they all drink alcohol. They are more likely to be a hazardous drinker (64%) or a harmful drinker (13%), although 24% of this group are concerned and plan to reduce the amount they drink.

They are likely to have spent money on gambling over the last year (41%).

They are satisfied with their local area as a place to live (66%) and feel safe outside in their local area during the day (92%) and after dark (65%). They have used parks or other green spaces regularly in the last year (73%).

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

- Not have children in the home (73%)
- Be a confident internet user (87%)
- Be aged 35+ (35 to 64: 53% or 65+: 37%)
- Be male (64%)
- Live with a BMI that classifies them as overweight (42%)
- Be white British (97%)
- Be retired (41%)
- Own their house (82%)
- Identify as gay or lesbian (5%)
- Live in the least deprived areas (IMD 1: 35%)
- Live in Ackworth, North Elmsall and Upton (9%), Horbury and South Ossett (6%) or Wakefield Rural (8%).

Segment 2: Healthy living (34% of residents)

Respondents in this segment account for a third of all respondents. This group is very similar to heavy drinkers, with the key differences being they are more likely to not have a health condition, and are even more likely to do recommended weekly physical activity, although having more time would enable them to be more active. They are more likely to have never smoked and drink less. In addition to this there are also some demographic differences such as age, gender and working status, summarised below.

They generally classify themselves as having good health (73%) and are less likely to have a health condition. For those that do have a health condition it is more likely to not affect their daily life (56%) and they can manage the condition (81%). These respondents are able to get out of the house and carry out day-to-day activities (95% always or most of the time). They are also less likely to have poor mental health (77% have a SWEMWBS score of 20 to 30 and 16% a score of 31 to 35).

They visit the dentist regularly (at least once every 2 years 79%) and are registered with an NHS dentist (60%).

They generally have a good quality of sleep (70%) and have not had thoughts about hurting themselves (80%).

This group are likely to do the recommended weekly physical activity (74%) and to undertake muscle strengthening activity more than two days a week (23%). They can swim (91%) or ride a bicycle (92%). To make this group more active, they are more likely to say that they would need increased access to, or improved safety of, local cycling/walking routes (19%) as well as flexible opening times for activities (22%), but primarily having more time (48%). They eat fruit and vegetables, with only 1% of this group stating they do not.

This group are more likely to have never smoked (61%) and although this group do usually drink, they mainly drink alcohol across 1 or 2 days (67%) in an average week and drink 14 units or less (89%).

They are satisfied with their local area as a place to live (70%) and feel safe outside in their local area during the day (95%) and after dark (59%). They have used parks or other green spaces regularly in the last year (82%).

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

- Be a confident internet user (93%)
- Be aged 35 to 64 (54%)
- Be female (54%)
- Live with a BMI that classifies them as a healthy weight (33%)
- Be white British (97%)
- Work full-time (49%)
- Own their house (80%)
- Identify as straight/heterosexual (93%)
- Live in the least deprived areas (IMD 1 26% and IMD 2 24%)
- Live in Wakefield Rural (7%) or Wrenthorpe and Outwood West (6%).

Segment 3: Deprived and in poor health (19% of residents)

Respondents in this segment account for close to a fifth of all respondents. They generally classify themselves as having bad health (23%) and poor mental health (33% have a SWEMWBS score of 1 to 7).

For those that do have a health condition it is likely to affect their daily life a lot (79%) and they are not confident that they can manage the condition (39%). These respondents are less likely to be able to get out of the house and carry out day-to-day activities (27% stating sometimes or rarely).

They are less likely to visit the dentist regularly (at least once every 2 years: 49%) and more likely to not be registered with any dentist (18%).

They generally have a bad quality of sleep (54%) and have had thoughts about hurting themselves (25% have never acted on them and 12% have carried it out).

This group are not likely to do the recommended weekly physical activity (7% have done recommended activity) and to never undertake muscle strengthening activity (56%). They are less likely to be able to swim (18% cannot swim). In terms of what can make this group more active, they are more likely to indicate free or affordable local activities (43%), having someone to go with (35%), knowing that activities are suitable for them (25%) and understanding what support there is for someone with their health condition (20%).

They eat fewer fruit and vegetables, with 14% of this group stating they do not eat fruit or vegetables, and 79% stating that they only eat 1 or 2 a day. In terms of what can help this group eat more fruit and vegetables, they are more likely to say more time to prepare fruit and vegetables (23%), cheaper fruit and vegetables (54%) or ideas on how to encourage children to eat fruit and vegetables (13%). They are also more likely to have a SCOFF score of 2 or more (26%).

This group are more likely to be current smokers, including those who vape (54%). Although this group do usually drink, they are more likely to drink alcohol across 1 or 2 days (45%) in an average week, and typically drink 14 units or less in a week (75%). This group are the most likely to use some form of drugs at least monthly or weekly (6%).

They are dissatisfied with their local area as a place to live (23%) and feel unsafe outside in their local area during the day (17%) and after dark (51%). They have not used parks or other green spaces in the last year (25%) or have done so only once (25%).

For those that do work, they have lower job satisfaction (18% dissatisfied). Moreover, they are more likely to say that their home is not adequate for their needs (21%).

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

- Have no access to the internet (8%)
- Be aged 18 to 34 (42%)
- Living with a BMI that classifies them as extremely obese (7%)
- Be ethnic minorities (5%)
- Be long-term sick or disabled (18%) or unemployed and available for work (4%)
- Have no qualifications (21%)

- Live in rented accommodation (53%)
- Live in the most deprived areas (IMD 5: 44%)
- Live in Airedale and Ferry Fryston (9%), Knottingley (6%), South Elmsall and South Kirkby (10%), Wakefield East (7%) and Wakefield West (6%).

Segment 4: Moderate living (30% of residents)

Respondents in this segment account for close to a third of all respondents. This group are similar to the deprived and unhealthy group, although they are less likely to be current smokers, less likely to drink, and less likely to have spent money on gambling in the last 12 months.

They have a greater tendency to classify themselves as having bad health (19%) and poor mental health (24% have a SWEMWBS score of 1 to 7). They are more likely to have a health condition (65%). For those that do have a health condition it is likely to affect their daily life a lot (69%) and they tend to be less confident that they can manage the condition. These respondents are less likely to be able to get out of the house and carry out day-to-day activities (22% stating sometimes or rarely).

They are less likely to visit the dentist regularly (at least once every 2 years 64%) and more likely to not be registered with any dentist (14%).

They generally have a bad quality of sleep (44%) and have had thoughts about hurting themselves (18% have never acted on them and 10% have done so).

This group are less likely to do the recommended weekly physical activity (28% have done recommended activity) and to undertake muscle strengthening activity (49% do not). They are less likely to be able to swim (21% cannot swim) or ride a bike (16% cannot ride a bicycle). In terms of what can make this group more active, they are more likely to state knowing that activities are suitable for them (22%), feeling safer in public open spaces (27%) and understanding what support there is for someone with their health condition (17%). They are more likely to have a SCOFF score of 2 or more (21%).

This group does not usually drink, with 34% stating they don't drink alcohol at all and a further 59% stating they usually drink 0 days in a typical week. They are not gamblers (70% stating no to gambling in the last year).

They are more likely to feel unsafe outside in their local area during the day (11%) and after dark (49%). They are less likely to have used parks or other green spaces in the last year (23%).

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

- Have no access to the internet (9%)
- Live with a BMI that classifies them as extremely obese (7%)
- Be female (58%)
- Be BME (9%)
- Be long-term sick or disabled (15%) or looking after family/home (7%)
- Have no qualifications (18%)
- Live in rented accommodation (38%)
- Live in the second most deprived areas (IMD 2 25%)
- Live in Wakefield East (7%).

Appendix I: Respondent Profile

	Sample Unweighted	Sample Weighted	Weighted % (all responses)
Wards			
Ackworth, North Elmsall and Upton	177	171	5%
Airedale and Ferry Fryston	137	157	5%
Altofts and Whitwood	185	188	5%
Castleford Central and Glasshoughton	167	164	5%
Crofton, Ryhill and Walton	172	154	4%
Featherstone	177	171	5%
Hemsworth	147	156	5%
Horbury and South Ossett	143	148	4%
Knottingley	149	139	4%
Normanton	149	169	5%
Ossett	173	161	5%
Pontefract North	213	187	5%
Pontefract South	178	150	4%
South Elmsall and South Kirkby	152	184	5%
Stanley and Outwood East	159	164	5%
Wakefield East	136	167	5%
Wakefield North	165	174	5%
Wakefield Rural	196	173	5%
Wakefield South	160	142	4%
Wakefield West	138	160	5%
Wrenthorpe and Outwood West	177	168	5%
Sex			
Female	2,133	1,756	51%
Male	1,260	1,628	47%
Other/Prefer Not to say	57	15	0%
Age			

18-24	81	124	4%
25-34	515	760	22%
35-44	328	407	12%
45-54	389	468	14%
55-64	626	824	24%
65-74	790	447	13%
75+	674	364	11%
Prefer Not to say	47	56	2%
Ethnicity			
White	3,272	3,215	93%
Mixed/ Multiple ethnic groups	31	42	1%
Asian or Asian British	57	74	2%
Black/ African/ Caribbean/ Black British	20	31	1%
Other ethnic group	10	15	0%
Prefer not to say	60	72	2%
Health condition			
Yes	2,162	2,045	59%
No	1,209	1,347	39%
Prefer not to say	79	59	2%
Employment situation			
Working full-time (30 hrs or more per week)	1,015	1,377	40%
Working part-time (Under 30 hrs per week)	350	380	11%
Self-employed or freelance	92	115	3%
Unemployed and available for work	48	76	2%
In full-time education at school, college or university	20	27	1%
Long-term sick or disabled	255	308	9%
Wholly retired from work	1,323	857	25%
Looking after family/home	176	163	5%
Doing something else	37	42	1%
Prefer not to say	134	104	3%
Contract type (if in work)			

Zero-hours contract	49	65	3%
Temporary contract	40	48	3%
Agency worker	27	35	2%
None of the above	1,324	1,708	91%
Not answered	17	17	1%
Highest level of qualification			
No qualifications	565	476	14%
1 - 4 O-levels / CSEs / GCSEs (any grade) or equivalent (e.g. BTEC / NVQ Level 1)	447	469	14%
5+ O-levels / CSEs / GCSEs (grades A* - C or grades 9 to 4) or equivalent (e.g. an Intermediate Apprenticeship, BTEC / NVQ Level 2)	385	400	12%
2+ A-levels / 4+ AS-levels or equivalent (e.g. GNVQ Advanced, Advanced Apprenticeship, BTEC / NVQ Level 3)	344	407	12%
Foundation Degree, Degree (BA, BSc), Higher Apprenticeship, Higher Degree (e.g. MA, PhD, PGCE), NVQ Level 4+ or equivalent	816	918	27%
Other professional / vocational / work-related qualifications / technical skills	516	474	14%
Prefer not to say	377	306	9%
Home tenure type			
Own, either outright or with a mortgage	2,368	2,212	64%
Part-own, part rent (shared ownership)	43	43	1%
Rent from WDH	529	570	17%
Rent from another registered provider (e.g. Housing Association or charity)	89	95	3%
Rent from a private landlord	247	316	9%
Live rent free or with family	106	148	4%
Prefer not to say	68	64	2%

Appendix II: Open Survey

Alongside the Wakefield District adult population health survey, an open survey was carried out, whereby a link to the online survey was posted by Wakefield Council on their website and across Social Media platforms. This allowed any resident of Wakefield District to complete using their postcode to access the survey. The data to the open survey was gathered separately, as the self-selecting nature of the survey meant that the data are less robust. However, it was a useful communication channel to give residents an opportunity to share their voices. In total, the survey received 851 responses, and the data was weighted to be representative of the district by ward, age, gender and level of multiple deprivation.

Analysing the differences in data between the closed and open survey, we can see that the responses in the closed survey show marginally better overall health than the open survey.

Noticeable differences between the two methodologies are greatest for only a few factors which include completing the recommended weekly physical activity (55% closed survey, 40% open survey) and getting good quality of sleep in the last month (60% closed survey, 49% open survey). Other noticeable differences show that respondents in the open survey rate their health as good, 7% less than those in the closed survey (52% open survey, 59% closed survey). A larger proportion of respondents in the open survey noted that they have a health condition expected to last at least 12 months (66% compared to 60% closed survey responses) and a lower proportion of respondents in the open survey said that they are confident in managing these conditions (67% compared to 73% closed survey).

Moreover, a higher proportion of females said they are in perimenopause or menopause in the open survey than the closed survey (48% compared to 42%) and a higher proportion noted that this has negatively affected their health or wellbeing in the open survey (70% compared to 63% closed survey responses).

Interestingly, drug use was also higher in the responses from the open survey, where the use of cannabis was reported 5%-points higher than the closed survey (19% compared to 14%).

Question	Answer	Open Survey
Q3/4. BMI	Under weight	1%
	Healthy weight	27%
	Overweight	36%
	Obesity / extreme obesity	36%
Q5. General Health	Good	52%
	Bad	17%
Q6. SWEMWBS	7 to 19 (low)	21%
	20 to 30 (medium)	70%
	31 to 35 (high)	9%
	Mean	23.13
Q7. Health condition expected to last at least 12months	Yes	66%
Q9. Confidence in managing conditions	Confident	67%
Q12. Able to carry out day to day activities when you want?	Always / most of the time	79%

Question	Answer	Open Survey
Q13. How often to you visit a dentist?*	At least once every 24 months	69%
Q15. Quality of sleep in the last month	Good	49%
Q19. In perimenopause or menopause? (Females only)	Yes	48%
Q20. Does, or did, the perimenopause or menopause negatively affect your health or wellbeing?	Yes	70%
Q23. (Summary) Does recommended weekly physical activity	Yes	40%
Q27. What, if anything, would help you to become more active? (Top 2)	Having more time	42%
	Free or affordable local facilities or activities	44%
Q28. How many portions of fruit and vegetables do you eat a day?	5 a day or more	20%
	3-4 a day	35%
	1-2 a day	40%
	I don't eat fruit or veg	6%
Q32. (Summary) Any tobacco usage (excluding those who only vape)	Yes currently or occasionally	14%
Q34. Mean number of days drinking alcohol.	Mean number of days	1.72
Q35. How many units do you have in a typical week?	Low risk drinker	21%
	Hazardous drinker	27%
	Harmful drinker	3%
Q38. (Summary) Have you used, or are you using, any of the following drugs?	Yes – Cannabis	19%
	Yes - Cocaine	8%
	Yes – Ecstasy / MDMA	7%
	Yes – Amphetamine	6%
Q42. Have you spent money on gambling at least once a month over the past year?	Yes	36%



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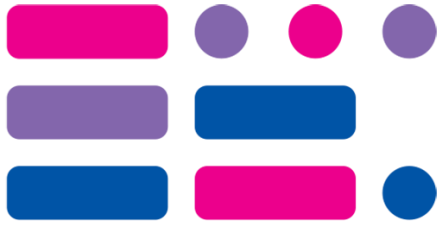
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