

Longstanding illness and disability

GoWell in the East End:
key equalities issues in the baseline survey

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Preface

In 2012, GoWell East conducted a community survey around the main Glasgow 2014 Commonwealth Games sites in the East End of the city. This survey was planned as part of a longer-term evaluation of the impacts of the Games for the host community in the East End of Glasgow. This 'Longstanding illness and disability' report is the third of four 'Equalities' reports, designed to provide a baseline of differences between various equalities groups prior to the Games, in relation to the Scottish Government's four legacy themes: Active; Flourishing; Connected; and Sustainable. Three other reports examine equality issues relating to gender, household type and ethnic background.

Acknowledgements

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Thanks also go to all of the community groups, housing associations and other stakeholders, whose interest and feedback have helped to motivate and guide the research.

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1 Introduction

1.1 GoWell in the East End

GoWell in the East End is a long-term study of the impacts of the Commonwealth Games (CWG) and associated regeneration activities upon the people and place of the East End of Glasgow. A baseline survey of the study area was carried out between May and August 2012, with key findings relating to Scottish Government Legacy themes presented in a Headline Indicators report available at: www.gowellonline.com. Details of the study area and the survey are given in that report.

A total of 1,015 adult householders were interviewed across the study area, with a response rate of 9.8%. Table 1 shows the breakdown of the achieved sample by constituent community, and the close comparison with the distribution of residential properties across the study area¹.

Table 1. Achieved sample by sub-area.

Sub-area	Interviews achieved	% of total	All dwellings in study area¹
Bridgeton	355	35.0	36.4
Calton	207	20.4	21.8
Camlachie	58	5.7	4.1
Dalmarnock	98	9.7	9.1
Gallowgate	44	4.3	6.4
Parkhead	253	24.9	22.2
Total	1,015	100.0	100.0

1. Source: GCC Council Tax Register, 2011.

¹ Data presented in this report is weighted by age, gender, housing tenure and study sub-area. Comparisons made during the weighting process showed that the sample was very representative of the population in these regards, with the differences between sample and population proportions typically ranging from 3% to 6% per category.

1.2 The equalities baseline reports

In line with the Equality Act (2010), the Scottish Government is committed to the underlying principle that “no one should be denied opportunities because of their race or ethnicity, their disability, their gender or sexual orientation, their age or religion”². Using data collected during the GoWell East baseline survey, we can analyse key indicators from the Scottish Government CWG legacy themes in relation to some of these equality groups.

Each equalities report opens by presenting demographic data on the 2012 cohort, offering an overview of the participants by relating gender to age, health, ethnicity and household type. Thereafter, the reports analyse a selection of indicators drawn from within the four Scottish Government legacy themes according to several equalities dimensions in turn, as shown below (Table 2). Other relevant data from the GoWell East survey is also analysed.

Table 2. Equalities report framework.

Equalities dimensions	Scottish Government legacy domains
Gender Household type (incorporating age) Longstanding illness & disability (LSID) Ethnicity	Active Flourishing Connected Sustainable

Where significant differences were found according to the equalities dimensions, the key variables and values are shown and discussed; otherwise, the absence of significant differences is briefly stated.

This examination of equalities differences at baseline (2012) serves a number of purposes:

² The Scottish Government. *Equality*. <http://www.scotland.gov.uk/topics/people/equality> (accessed September 2015)

- It identifies key equalities issues within the study communities of the East End of Glasgow. These can inform service providers of community needs.
- The findings serve as a benchmark against which to assess progress in tackling inequalities in the study area.
- The findings identify key participant characteristics that need to be taken into account in the investigation of the impacts that legacy programmes might have in relation to different legacy outcomes.

The list of legacy outcome indicators examined for equalities differences at baseline are given below.

Table 3. Indicators examined within each legacy domain.

<p>Active:</p> <ul style="list-style-type: none"> • Meeting recommended levels of physical activity • Current exercise behaviour • Daily walking • Perceived quality of local sports facilities • Rate of participation in sport • Perceived barriers to sports participation
<p>Flourishing:</p> <ul style="list-style-type: none"> • Participation in employment or education • Satisfaction with employment situation • Affordability difficulties • Participation in voluntary work
<p>Connected:</p> <ul style="list-style-type: none"> • Perceived quality of public transport • Expectations of the 2014 Games • Pride in the local area • Participation in group activities
<p>Sustainable:</p> <ul style="list-style-type: none"> • Satisfaction with the local neighbourhood • Sense of life progress derived from living in the area • Perceived care for the area by local people • Perceived change in the local crime rate • Feelings of safety when walking after dark • Neighbourhood empowerment • Perceived neighbourhood change

2 Longstanding illness, disability and the GoWell East 2012 cohort

We asked participants:

'Do you have any longstanding illness, disability or infirmity? 'Longstanding' means anything that has troubled you or is likely to affect you, over a period of time'

Of 1,105 people surveyed, 1,013 people answered this question; 45% of those who gave an answer reported having a longstanding illness or disability (LSID) (Figure 1).

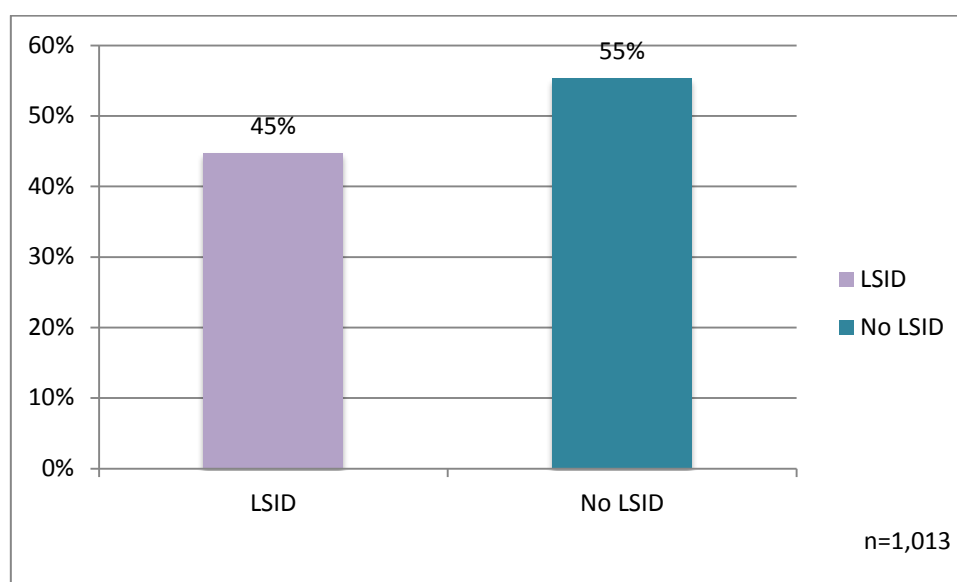


Figure 1: Percentage of interviewees from the 2012 cohort who reported a longstanding illness or disability (LSID).

The remainder of this section provides an overview of the demographic characteristics of the GoWell East cohort in relation to:

- LSID and gender
- LSID and age
- LSID and household type
- LSID and ethnicity.

2.1 Longstanding illness / disability and gender

Similar proportions of men and women interviewed reported having an LSID; 44% of women and 45% of men (Figure 2).

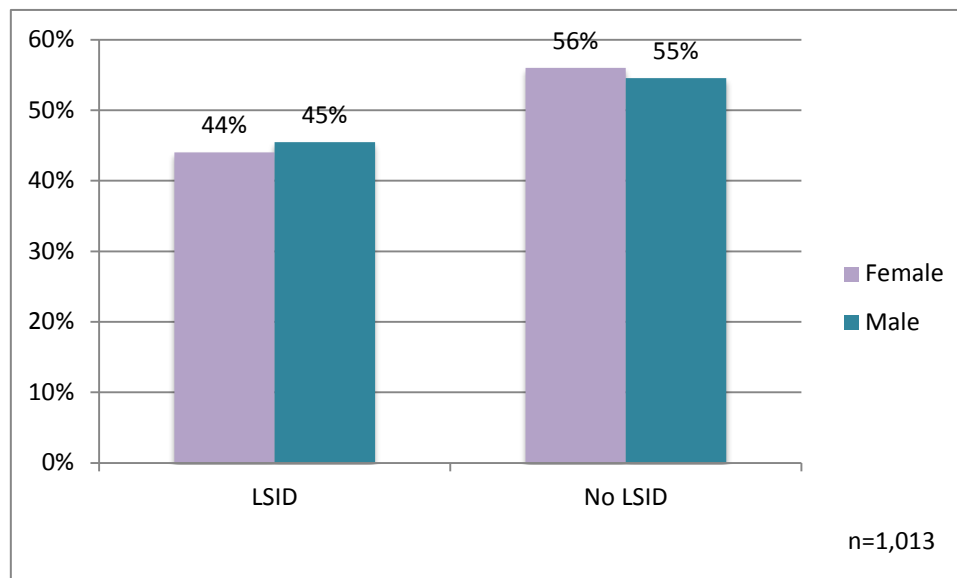


Figure 2: Longstanding illness / disability (LSID) and gender.

2.2 Longstanding illness / disability and age

People reporting LSID were significantly more likely to be older (Figure 3).

Most interviewees (48%) with LSID were between 40 and 64 years old. A further 27% were 65 years or older. Around a fifth of interviewees with LSID were aged between 25 and 39 years old, while only 7% were under 25 years.

The majority of interviewees (47%) without LSID were between 25 and 39 years old. In contrast to the LSID group, the second largest group of people in the No LSID grouping were aged under 25 years. A similar proportion (22%) came from the 40 to 64 year old category. Only 8% of people who did not report LSID were 65 years or older.

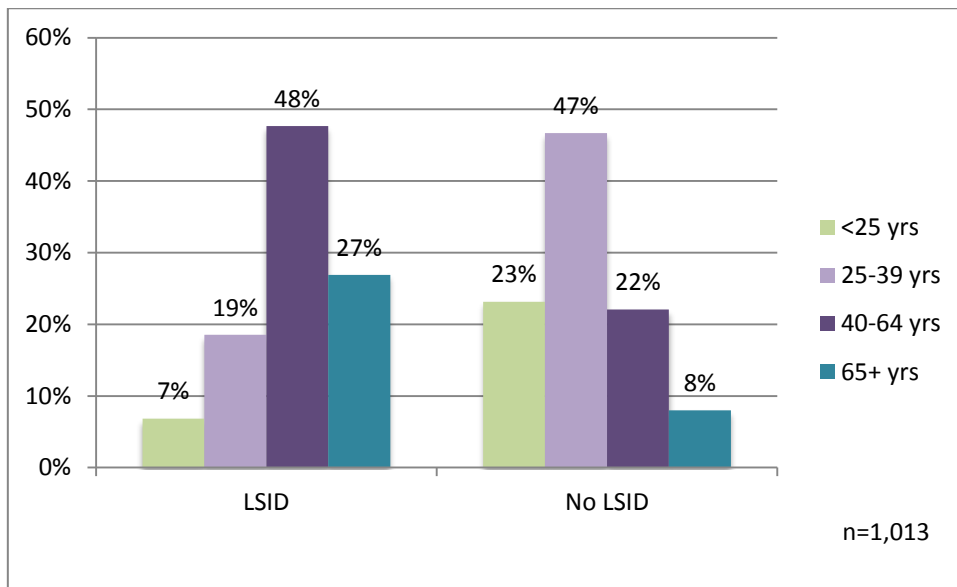


Figure 3: Longstanding illness/ disability (LSID) and age.

2.3 Longstanding illness / disability and household type.

Similar proportions of interviewees came from working age households without dependent children: 61% of interviewees who reported LSID and 62% of interviewees who did not report LSID (Figure 4).

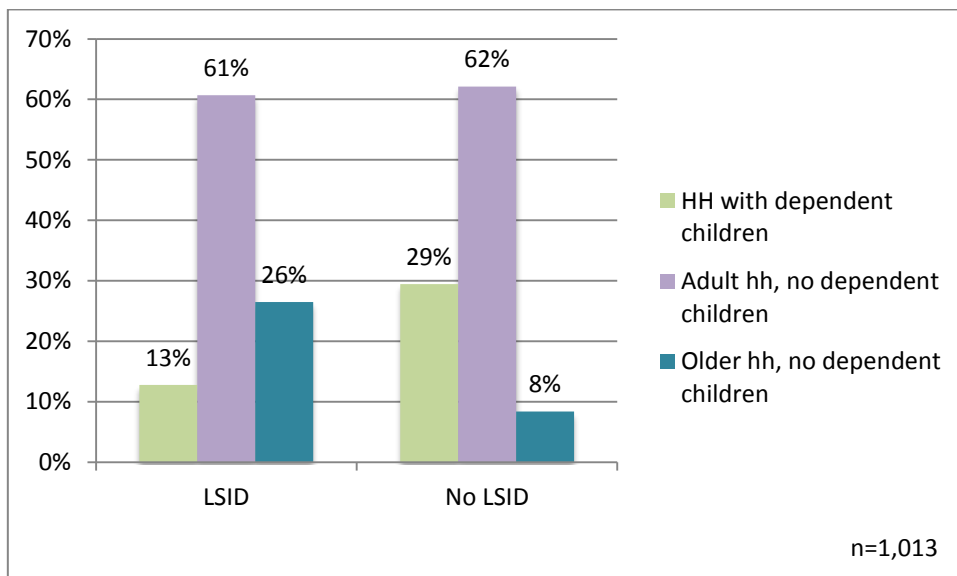


Figure 4: Longstanding illness / disability (LSID) and household type.

Interviewees with LSID were less than half as likely to come from a household with dependent children (13% of interviewees with LSID, compared with 29% of interviewees without LSID).

Interviewees with LSID were more than three as likely to come from an older household (26% of interviewees with LSID, compared with 8% of interviewees without LSID).

2.4 Longstanding illness / disability and ethnicity

Participants were asked to define their ethnic group. As there were only very small numbers in some groupings, the answers people gave were grouped into three categories:

- White - UK and Republic of Ireland (ROI) origin.
- White - other background.
- Asian, Black, Chinese, Mixed or Other (from UK or other origin).

Overall, 80% of the cohort selected the first category, White, from UK or ROI origin. A further 12% chose White from another background. The remaining 8% of the cohort identified themselves as being of another ethnicity. The majority of respondents from this category described themselves as Black, Asian or Chinese (these categories refer to ethnic background rather than nationality, so for example, Asian-British or Asian-Scottish people would be included here).

There were significant differences in ethnic background between people who did and did not say they had LSID. As Figure 5 shows, for both the LSID and No LSID groupings of interviewees, people from a White UK or ROI background form a large majority. Of those interviewees with LSID, 92% said they came from a white UK/ROI background, 6% identified themselves as being from a White background of other origin, and only 2% selected another ethnic background with either UK or other background. Compared with the LSID grouping, interviewees who said they did not have LSID comprised a lower proportion (71%) of interviewees who said they came from a white UK/ROI background, nearly three times as many (17%) who

identified themselves as being from a White background of other origin, and six times the number of people (12%) who said they came from another ethnic group from either a UK or other background.

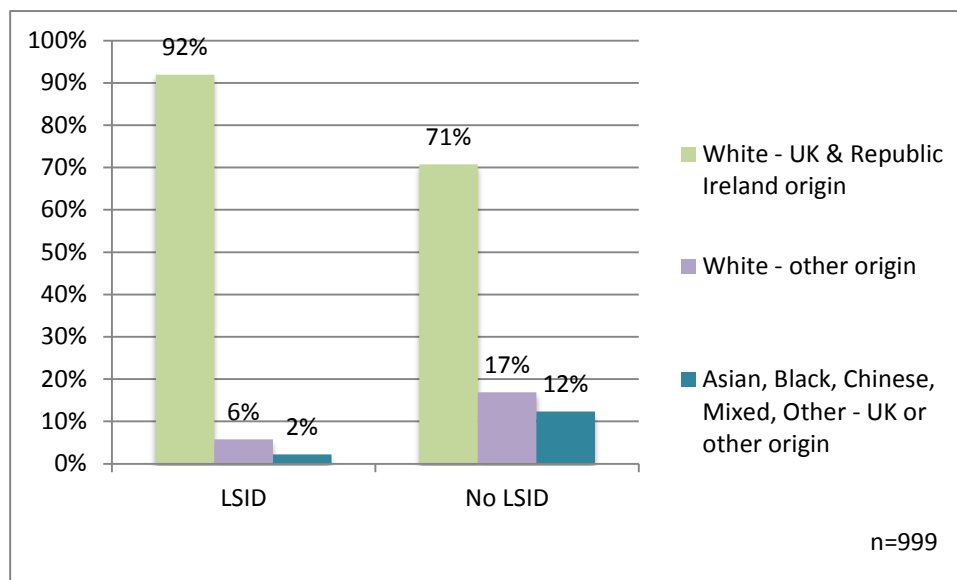


Figure 5: Longstanding illness / disability (LSID) and ethnicity.

2.5 Summary

Longstanding health problems were equally an issue for women and men in the GoWell East 2012 cohort. However, although longstanding illness and disability (LSID) predominantly affected older interviewees, over a quarter of people (26%) with LSID were below 40 years of age. Overall, cohort members with LSID tended to be from older households and were least likely to live in households with dependent children. Interviewees from minority ethnic backgrounds were significantly less likely to have LSID than those from a white UK / Republic of Ireland background.

3 Active

The *Active* legacy theme was planned to inspire people to be physically active and take part in sport.

Differences between people with and without LSID were found in relation to all of the Active indicators:

- Meeting recommended levels of physical activity.
- Current exercise behaviour.
- Daily walking.
- Perceived quality of local sports facilities.
- Rate of participation in sport in the past four weeks.
- Perceived barriers to sports participation.

3.1 Meeting recommended levels of physical activity

Physical activity supports both physical and mental wellbeing. In order to examine differences in physical activity levels between equalities groups, interviewees were asked how much time during the past seven days they had spent doing:

- **moderate physical activities** (like carrying light loads, sweeping or bicycling or swimming at a regular pace)
- **vigorous physical activities** (like heavy lifting, digging, aerobics, fast cycling or fast swimming).

Based on these figures, we calculated which participants had undertaken aerobic exercise at the NHS recommended level of 150 minutes of moderate-intensity aerobic activity or 75 minutes of vigorous-intensity activity per week (or an equivalent mix of moderate- and vigorous-intensity activity) (Figure 6).

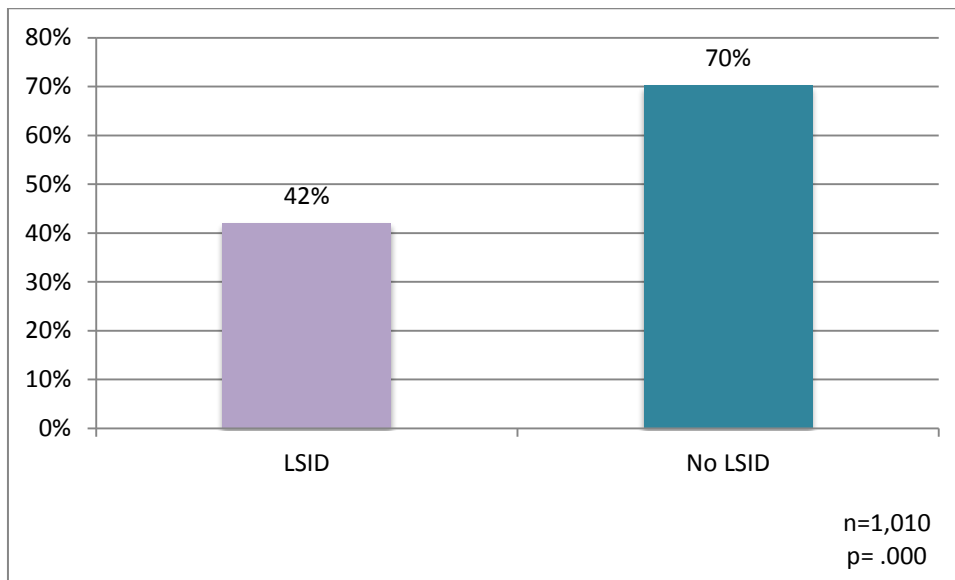


Figure 6: Meeting recommended physical activity levels.

We found that people with LSID were less likely than others to meet recommended levels of physical activity:

- Just over four in ten (42%) interviewees with LSID met recommended activity levels, compared with seven in ten interviewees without LSID.

3.2 Current exercise behaviour

As well as investigating the amount and intensity of exercise undertaken within the past week, we also asked interviewees more generally about their current exercise behaviour. For the purposes of the survey, we defined exercise as:

'any activity you do to improve your health and fitness. This can include walking where you have decided to do it for health or fitness reasons'.

We then asked survey participants which of the following statements best described their current behaviour (Figure 7):

- I currently do not exercise and I do not intend to start in the next six months.
- I currently do not exercise but am thinking about starting to exercise in the next six months.
- I currently exercise a bit but not weekly.
- I currently exercise weekly but have only begun to do so in the last six months.
- I currently exercise weekly and have done so for longer than six months.

We found that people with LSID were considerably less likely than others to say that they took regular exercise:

- A majority of people with LSID (58%) said they did not currently exercise, compared with 30% of people without LSID.
- At the most sedentary end of the scale, interviewees with LSID were nearly three times as likely to say that they were not considering starting to exercise within the next six months (40% of those with LSID, compared with 14% without LSID).
- Similar proportions of those with and without LSID were contemplating taking up exercise (18% and 16%, respectively).
- In contrast, interviewees without LSID were nearly twice as likely to say they had exercised weekly over the past six months. A majority of interviewees without LSID (53%) described themselves as regular exercisers, compared with fewer than one in three people with LSID (30%).
- People without LSID were more likely to have recently begun regular exercise or be irregular exercisers than those with LSID.
- At the most active end of the scale, people without LSID were nearly twice as likely to say they had exercised weekly over the past six months (42% of people without LSID compared 23% with LSID).

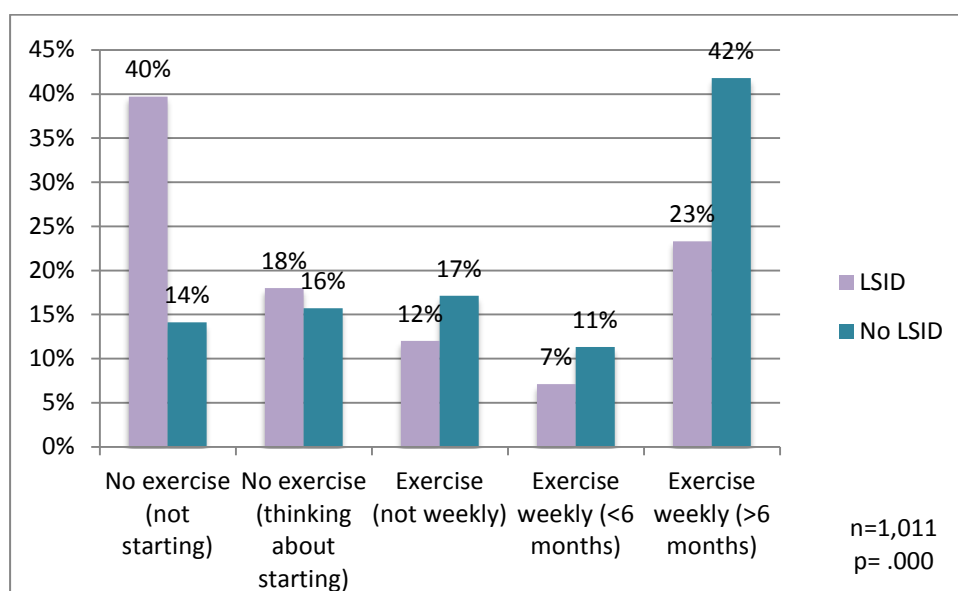


Figure 7: Current exercise behaviour.

3.3 Daily walking

In order to gain insight into informal exercise, interviewees were asked 'During the past seven days, on how many days did you walk for at least ten minutes at a time?' (Figure 8).

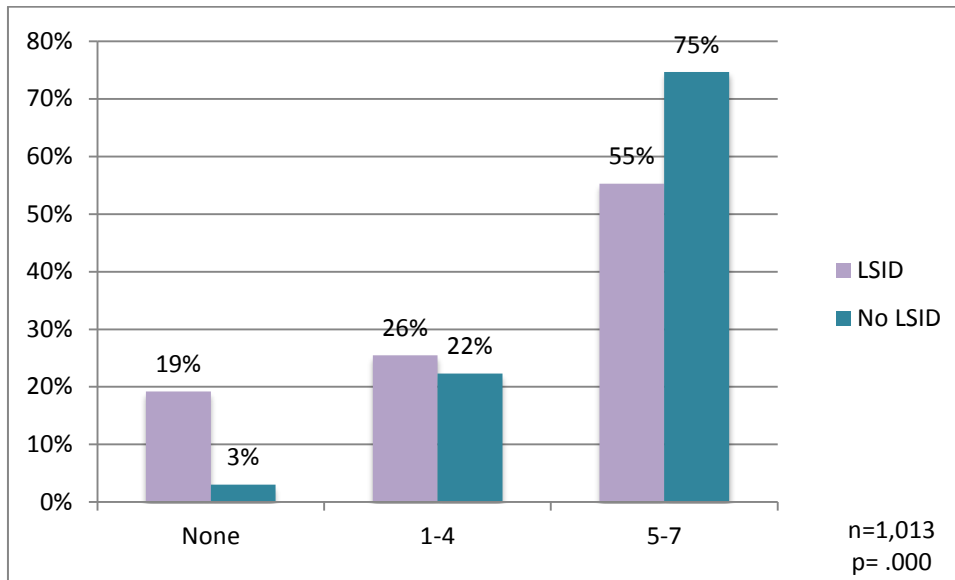


Figure 8: Number of days per week interviewee walked for at least ten minutes at a time.

We found that people with LSID were less likely than others to walk regularly:

- Nearly one in five interviewees with LSID (19%) reported that they had not walked for at least ten minutes at a time during the previous week. For people without LSID, this figure was 3%.
- People with LSID were slightly more likely to report walking for at least ten minutes at a time on between one and four days out of the previous week (26% of people with LSID compared with 22% of people without LSID).
- Just over half of interviewees with LSID (55%) and three quarters of people without LSID (75%) had walked for longer than ten minutes at a time on between five and seven days during the previous week.

3.4 Perceived quality of local sports facilities

We asked participants how they rated the quality of local sports facilities in or near their local area.

Response options were: *very good*; *fairly good*; *neither good nor poor*; *fairly poor*; *very poor* (Figure 9).

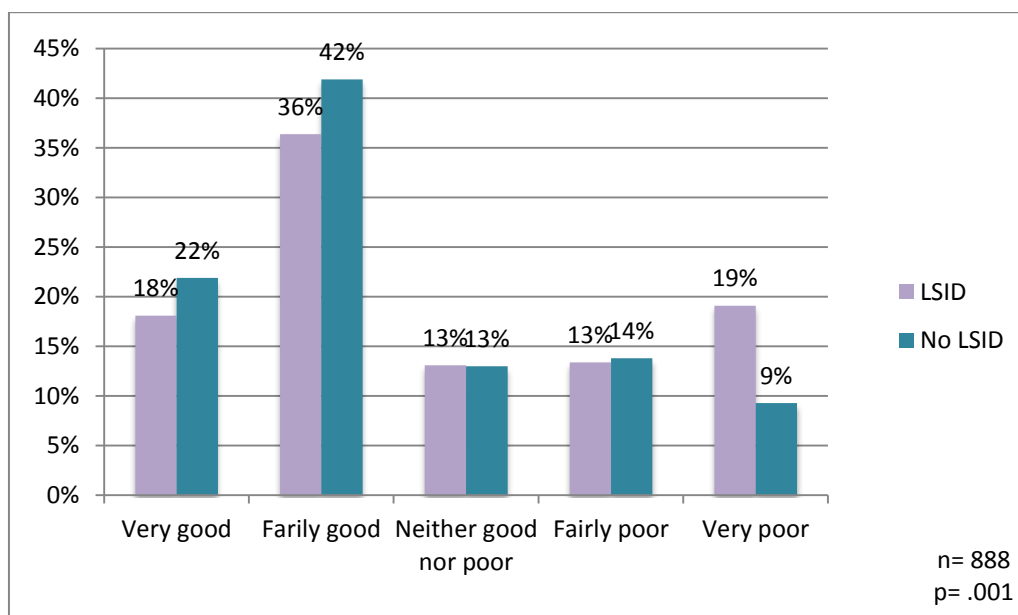


Figure 9: Perceived quality of local sports facilities.

We found that people with LSID were more likely than others to rate the quality of local sports facilities as poor:

- The most popular response category for interviewees both with and without LSID was *fairly good*. However, people without LSID were more likely to give a positive rating: 36% of people with LSID compared with 42% of people without LSID rated local sports facilities as *fairly good*; a further 18% of people with LSID compared with 22% of people without LSID rated facilities *very good*.
- Overall, nearly a third of interviewees with LSID gave local facilities a poor rating: 13% considered facilities *fairly poor* and 19% rated them as *very poor*. These figures compare with ratings from interviewees without LSID of 13% *fairly poor* and only 9% *very poor*.
- A further 13% of people both with and without LSID considered facilities *neither good nor poor*.

3.5 Rate of participation in sport

Interviewees were offered a list of activities and asked which ones they had participated in over the past four weeks. The list included competitive sports but also other physical recreational activities, such as cycling or dancing. In order to get an accurate reflection of the range of activities which people might undertake and to be as inclusive as possible, we listed a total of 41 different activities, including an 'other' option. We also asked those people who had taken part in a sport of physical recreation, whether they had done so as part of a club (Figure 10).

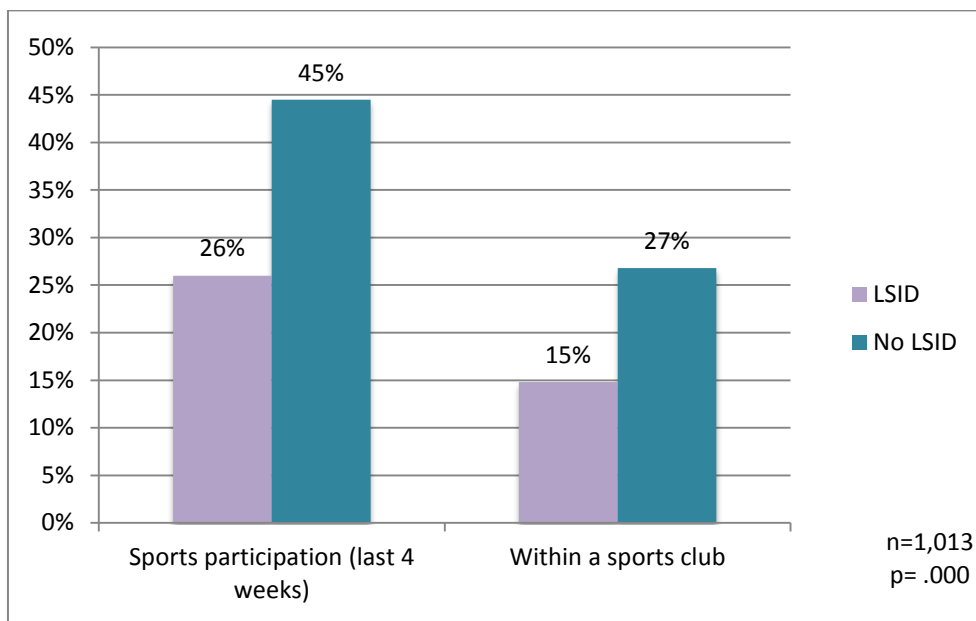


Figure 10: Sports participation (last 4 weeks).

We found that people with LSID were 40% less likely than others to participate in sport:

- Just over a quarter (26%) of people with LSID had participated in sport during the four weeks before interview. This figure compared with 45% of people without LSID.
- People without LSID were slightly more likely to participate in sport as part of a club (27% of those without LSID had done so). Fifteen per cent of people with LSID had participated in sport as part of a club in the last four weeks.

3.6 Barriers to sports participation

We asked participants if there were any particular reasons they had not done any/more sport in the last four weeks (Table 4). Participants could give multiple responses.

Table 4. Barriers to sports participation.

Costs too much	
No one to do it with	Not enough information on what is available
Never occurred to me	Work-related reason (shifts/workload)
Not really interested	Age-related reason
Fear of injury	Already active enough (includes through work/daily life)
I wouldn't enjoy it	
Health not good enough	Caring responsibilities (includes lack of childcare at facilities)
I might feel out of place	No motivation (includes 'lazy')
Changing facilities not good enough	No/not enough local facilities especially in walking distance (includes facilities closed for upgrade)
Transport difficult	
Difficult to find time	Other reason
Safety-related reason (gangs, unsafe at night)	

We found that concerns about poor health and fear of injury were more prevalent amongst those with LSID than others:

- There were significant differences between people with and without LSID in relation to the barriers: *fear of injury* ($p = .000$); *health not good enough* ($p = .000$); *might feel out of place* ($p = .005$); and *difficult to find time* ($p = .000$). (Figure 11).
- Fear of injury was cited by one in ten people with LSID, compared with only 4% of people without LSID.
- Concern that their health was not good enough for any/more exercise was the most common barrier noted by people with LSID. This barrier was cited by over half of interviewees with LSID (55%). Only 6% of interviewees without LSID expressed this as a concern.

- Although a less prevalent issue, nearly twice as many people with LSID as without were concerned that they might feel out of place (9% of people with LSID compared with 4% without LSID).
- Difficulty finding time was an issue for 14% of people with LSID. However, this was even more of a concern for people without LSID, over half of whom cited difficulty finding time as a barrier to taking any/more exercise (54%).

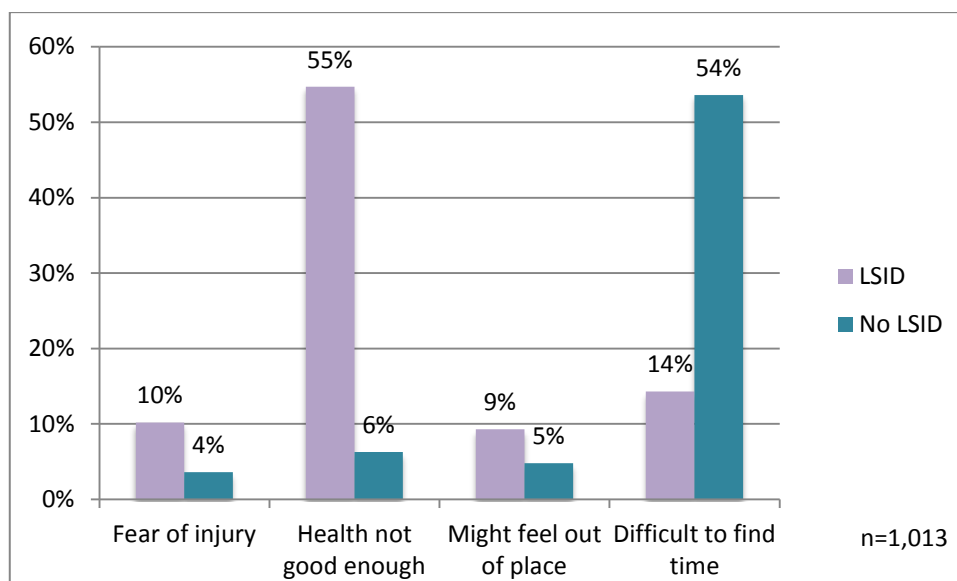


Figure 11: Barriers to sports participation

The proportion of people who expressed concern with other barriers can be seen in Figure 12. As can be seen, there was no significant difference between people with and without LSID in relation to some of the major barriers to exercise including:

- cost
- lack of interest
- having no-one to do it with
- not enough information.

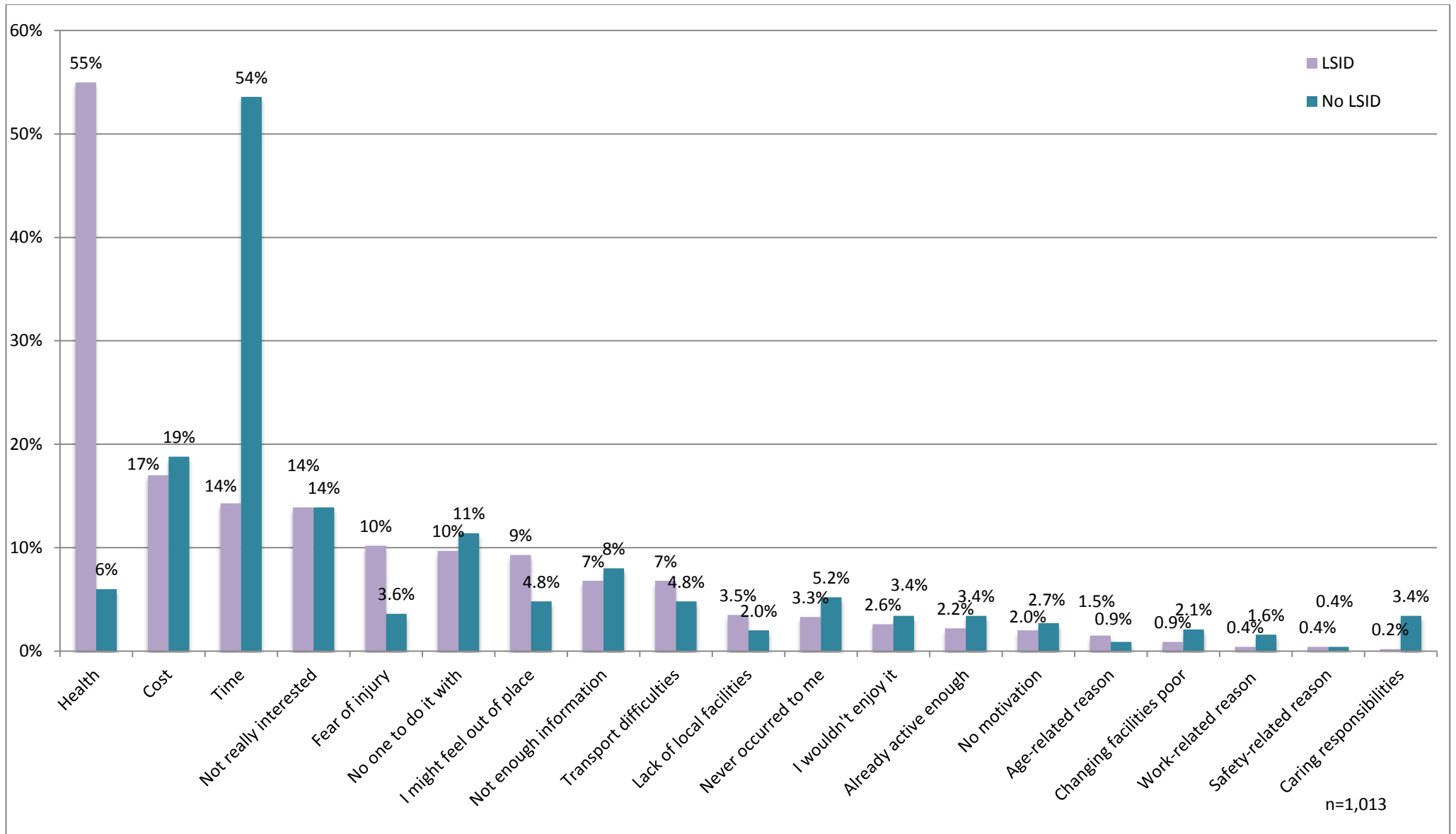


Figure 12: Reasons for not doing any/more sports.

3.7 Summary - Active

Analysis under the **Active** theme shows that interviewees with longstanding illness and disability (LSID) were significantly less active than others and less likely to meet recommended levels of physical activity. As well as being less likely to participate in sport or take regular exercise, interviewees with LSID engaged less in day-to-day physical activity, such as walking: people with LSID were more than six times as likely to report that they had not walked for more than ten minutes at a time in the past week. A better understanding of how local sports facilities might support the needs of people with LSID might offer a productive means of intervention. Compared with others, people from the LSID equalities group were more than twice as likely to be highly critical of local sports facilities and, furthermore, had particular concerns over their health being good enough to exercise, fear of injury and feeling out of place.

4 Flourishing

The *Flourishing* theme focused on economic opportunities offered by the Games.

Differences between people with and without LSID were found in relation to all of the Flourishing indicators:

- Participation in education or employment.
- Satisfaction with employment situation.
- Affordability difficulties.
- Participation in voluntary work.

4.1 Participation in employment or education

We asked the working-age adults in the cohort about their employment status (Figure 13). Responses were categorised into:

- full time paid employment (including self-employed)
- part time paid employment (including self-employed)
- full time education (including government or other training schemes)
- other (including unemployed, long-term sick or disabled and not working, looking after home/family or other).

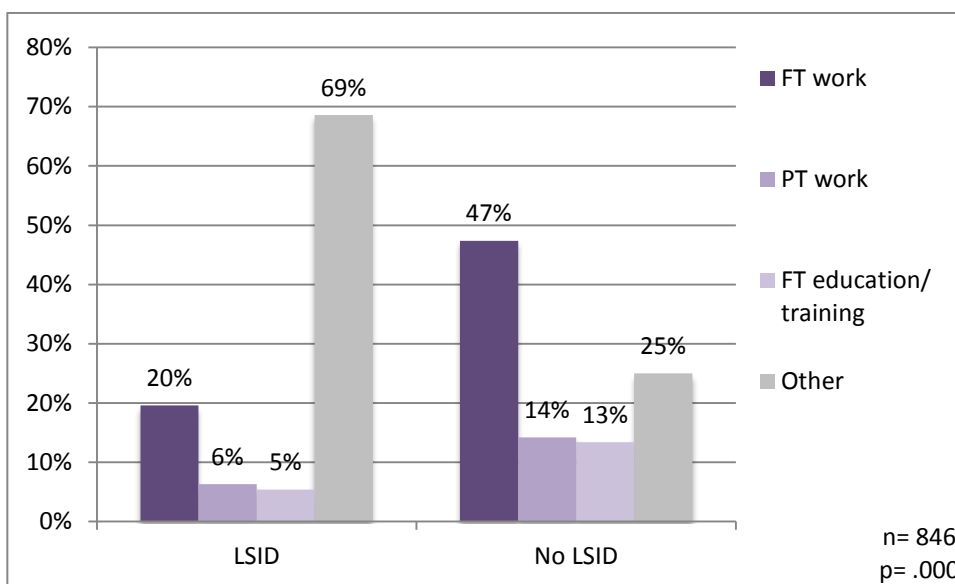


Figure 13: Participation in employment or education (working-age households).

We found that people with LSID were less than half as likely to be in full time work or education:

- Of interviewees with LSID, 20% were in full time work compared with 47% of interviewees without LSID.
- Similarly, interviewees with LSID were less likely to be in part time work (6% with LSID compared with 14% without LSID) or full time education (5% with LSID compared with 13% without LSID).
- A large majority of people with LSID (69%) were outside of the labour market, listing their employment status as unemployed, long-term sick or disabled and not working, looking after home/family or other. In comparison, 25% of people without LSID listed their employment status under this category.

4.2 Satisfaction with employment situation

In order to gain insight into whether interviewees' current employment situation met their needs, participants were asked:

'Overall, how satisfied or dissatisfied are you with your employment situation at the moment, whether you are working or not working just now?'

Response options ranged from very/fairly satisfied, neither satisfied nor dissatisfied, to very/fairly dissatisfied (Figure 14).

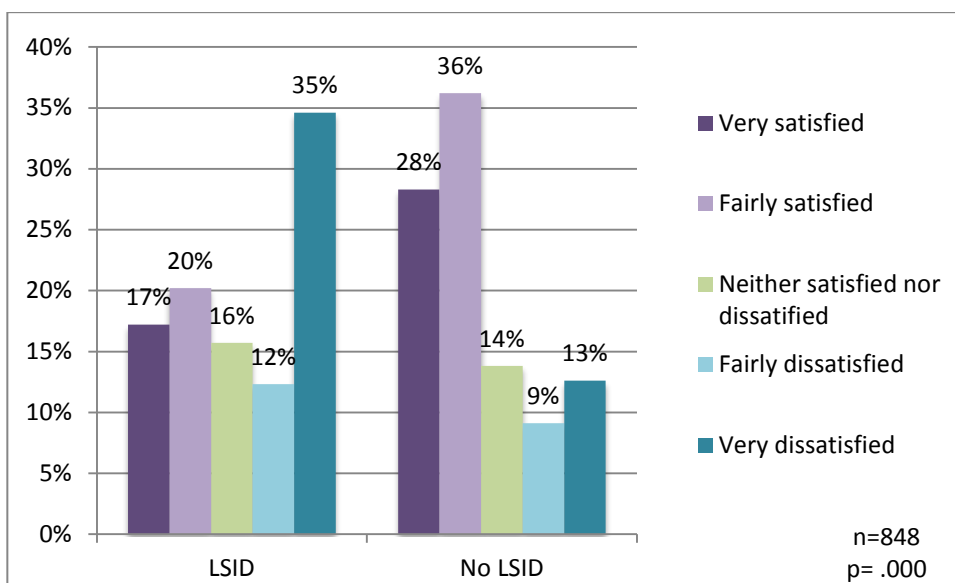


Figure 14: Satisfaction with current employment situation.

We found that those with LSID were twice as likely as others to be dissatisfied with their current employment status:

- The most common response from people with LSID was *very dissatisfied* (35%), while a further 12% were *fairly dissatisfied*. In contrast, relatively low proportions of people without LSID were dissatisfied with their current employment situation: 13% were *very dissatisfied* and 9% were *fairly dissatisfied*.
- Of the interviewees with LSID, 17% were *very satisfied* and 20% were *fairly satisfied* with their current employment situation. This compares with figures of, 28% *very satisfied* and 36% *fairly satisfied* for interviewees without LSID.
- Similar proportions of each group were *neither satisfied nor dissatisfied* (16% of people with LSID and 14% of people with without LSID).

4.3 Affordability difficulties

As an indicator of financial stress, participants were asked: ‘How often do you find it difficult to meet the cost of gas, electricity or other fuel bills?’ Response options ranged from never to occasionally, quite often and very often (Figure 15).

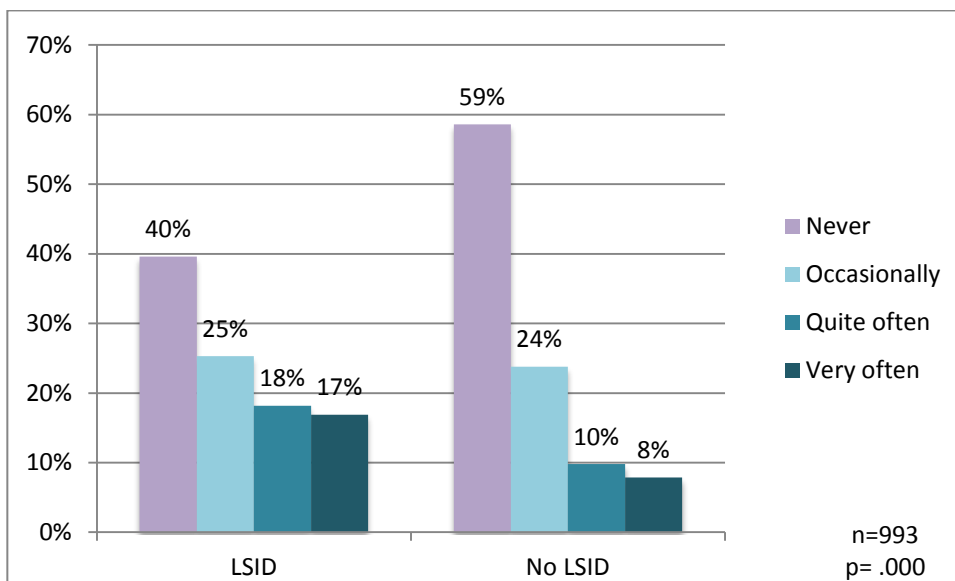


Figure 15: Difficulty meeting the cost of fuel bills.

We found that people with LSID were twice as likely as others to report frequent financial difficulty:

- Overall, six in ten people with LSID had experienced difficulty meeting the cost of fuel bills, compared with only four in ten people without LSID (41%).
- Of interviewees with LSID, 17% *very often* had difficulty, compared with 8% of those without LSID. Likewise, 18% of people with LSID selected the *quite often* category, alongside 10% of those without LSID.
- Similar proportions of those both with and without LSID *occasionally* had difficulty (25% with and 25% without LSID).
- Three-in-five of those without LSID never had difficulty paying fuel bills, one-and-a-half-times the number of those with LSID (59% versus 40%, respectively).

4.4 Participation in voluntary work

Voluntary work can be useful in supporting positive mental health and for developing skills.

We asked participants: *'In the past 12 months, have you done any voluntary work - that is, have you helped an organisation, group or individual in an unpaid capacity?'*

We found that undertaking voluntary work was slightly less common for people with LSID:

- Twenty-one per cent of interviewees with LSID and 26% of interviewees without LSID had done some voluntary work in the past 12 months.

We also asked people who said they had done voluntary work, what area their voluntary work was connected to (Table 5).

Table 5. Types of voluntary work.

The community	The environment
Young people	The arts
Older people	Museums or galleries
2014 Commonwealth Games	Heritage or conservation
Other sports activities	Libraries or archives
Animals or wildlife	Schools or education
Church or religious group	Health or mental health

There were significant differences in participation between interviewees with and without LSID in respect of one of these categories (Figure 16).

- Interviewees with LSID had higher levels of volunteering with *older people* ($p=.016$)

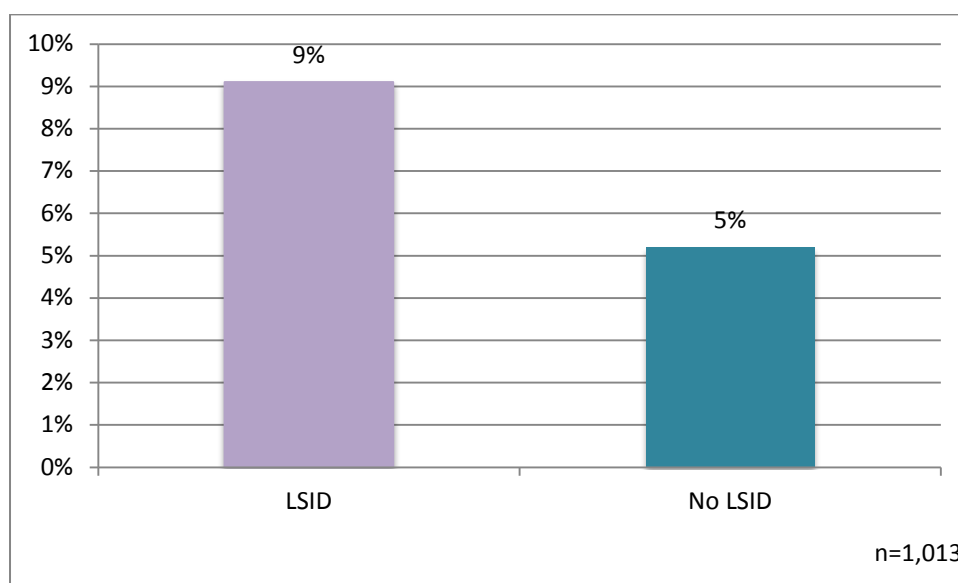


Figure 16: Participation in voluntary work - older people.

The proportions of people volunteering in other areas can be seen in Figure 17. *Community* volunteering and volunteering with *young people* were the other two most frequently undertaken voluntary activities for people with LSID.

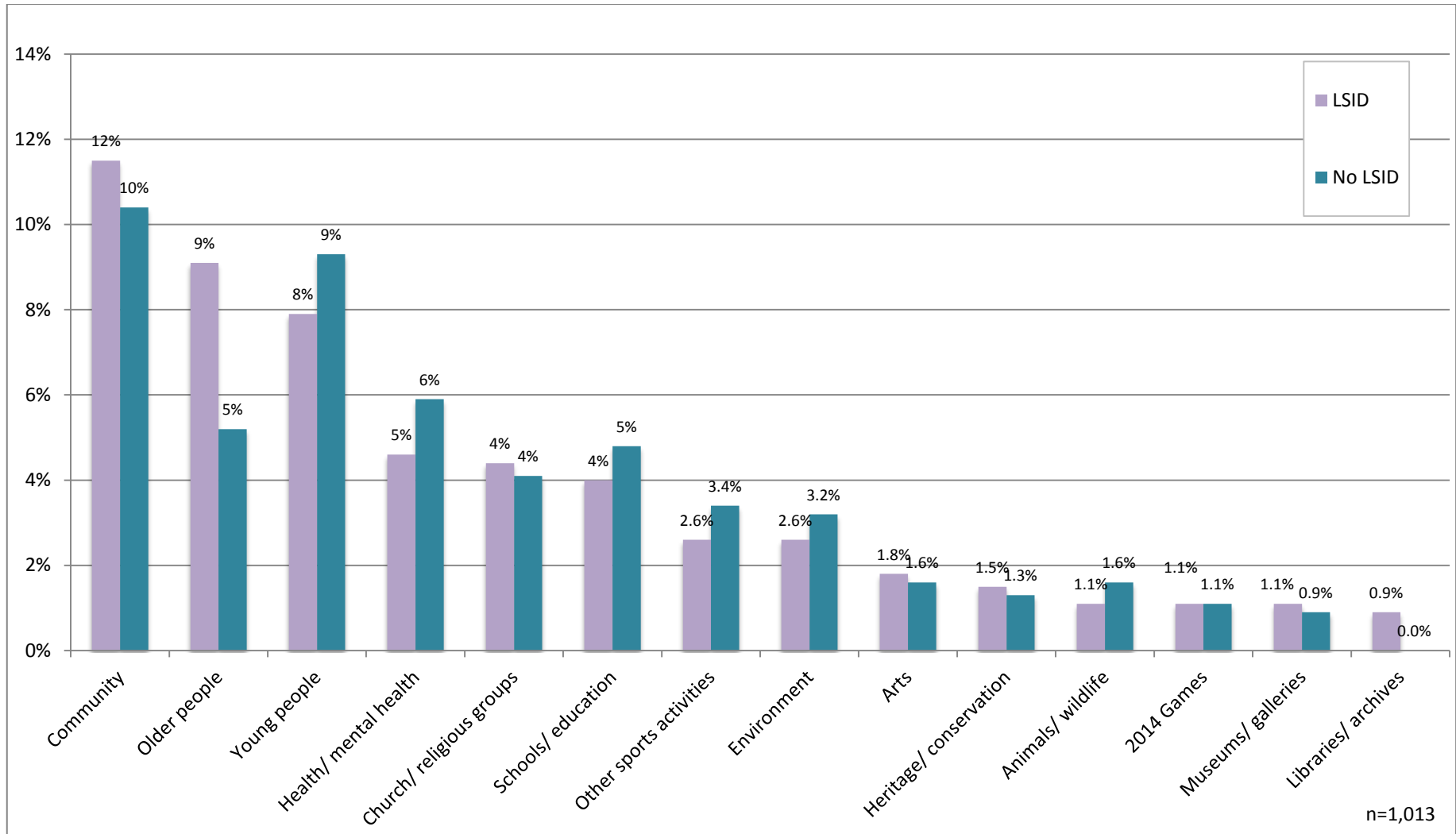


Figure 17: Participation in types of voluntary work.

4.5 Summary - Flourishing

The Flourishing indicators suggest that working-age interviewees with longstanding health and disability (LSID) issues face greater challenges than others in gaining a place in full time work or education. They are almost three times more likely to be outside of the labour market and three times more likely to be dissatisfied with their employment situation, compared with people without LSID. Analysis also indicates that involvement in voluntary activities may be less accessible to people with LSID, as people from this group were significantly less likely to have participated in voluntary work. Furthermore, for all age groups, having LSID was positively associated with financial stress, as this group more frequently have difficulty meeting the cost of fuel bills.

5 Connected

The *Connected* legacy theme was intended to generate participation in the Games and in wider culture and learning, as well as local pride.

Differences between people with and without LSID were found in relation to all of the Connected indicators:

- Perceived quality of public transport.
- Expectations of the 2014 Games.
- Pride in the local area.
- Participation in group activities.

5.1 Perceived quality of public transport

Public transport can be a relatively low cost means of accessing opportunities beyond the immediate neighbourhood or, for those who are less physically able, getting around nearer home. We asked participants to rate the quality of public transport in or near the local area. Response options were: *very good*; *fairly good*; *neither good nor poor*; *fairly poor*; *very poor* (Figure 18).

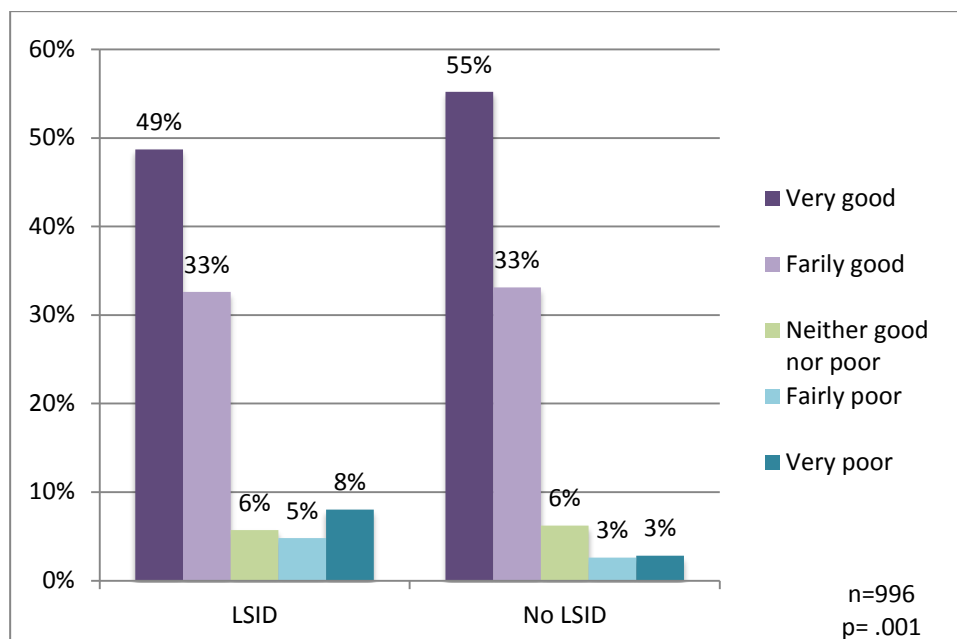


Figure 18: Perceived quality of public transport.

We found that people with LSID were slightly more critical of the quality of local public transport:

- The majority of interviewees with LSID were positive about local public transport. Just under half of this group (49%) rated local public transport as *very good*. Nevertheless, this was a lower proportion than for interviewees without LSID (55%).
- For both groups of people, 33% rated public transport as *fairly good*.
- However, while only 6% of people without LSID gave local transport a negative rating (3% *fairly poor*; 3% *very poor*), 14% of those with LSID found it unsatisfactory (5% *fairly poor*; 8% *very poor*).

5.2 *Expectations of the 2014 Commonwealth Games*

Legacy ambitions for the Games include a range of regeneration and economic development objectives for the East End of the city. When the baseline survey was conducted in 2012, we asked participants:

'Do you think the Commonwealth Games will have a positive or negative effect upon you and your family?'

Response options were: *positive effect; negative effect; no effect; don't know* (Figure 19).

We found that people with LSID were less optimistic about the potential impact of the Games than others:

- Nearly half of people with LSID (47%) expected that the Games would have a positive effect upon them and their family, compared with six in ten (61%) people without LSID.
- Of interviewees with LSID, 9% expected a negative effect, compared with a figure of 3% interviewees without LSID.

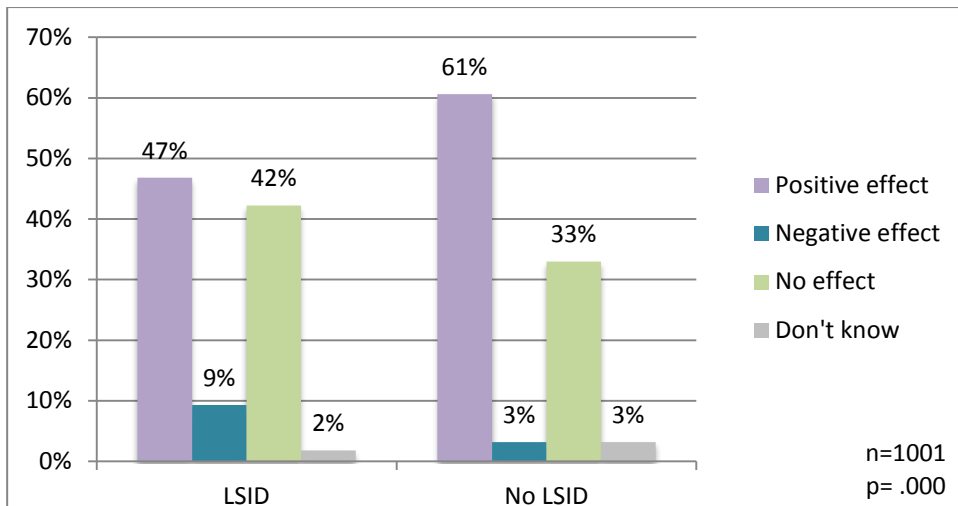


Figure 19: Expectations of the 2014 Commonwealth Games: impacts on family.

5.3 Pride in the local area

Policymakers anticipated that hosting the Commonwealth Games would boost civic pride. Prior to the Games, in 2012, we asked participants to what extent they felt proud of their local area. Response options were: *a great deal*; *a fair amount*; *not very much*; *not at all* (Figure 20).

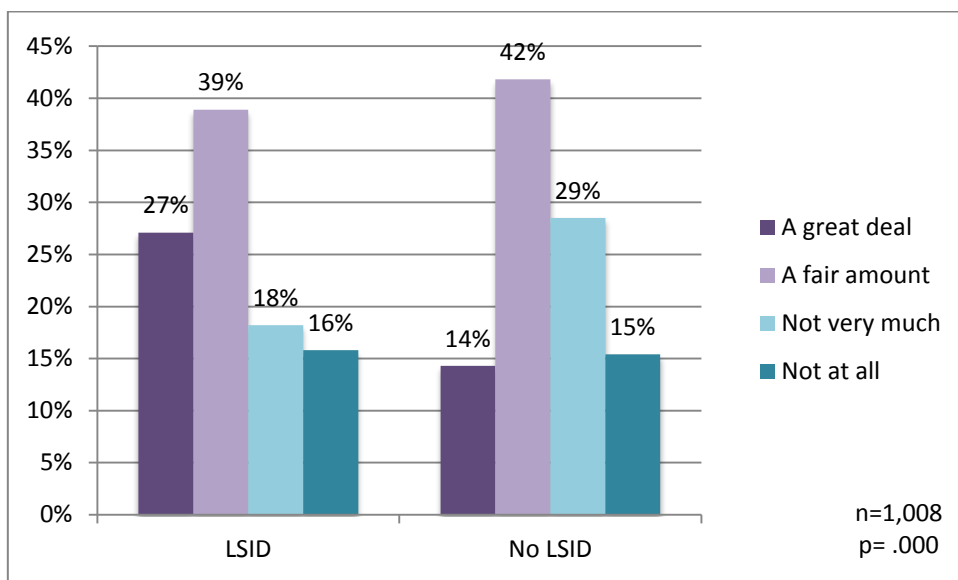


Figure 20: Pride in the local area.

We found local civic pride to be stronger in people with LSID compared with others:

- People with LSID were more likely to say they were proud of their local area. Twenty-seven per cent of this group felt *a great deal* of pride, compared with only 14% of those without LSID, for whom this was the least popular response category.
- For both groups, *a fair amount* of pride in the local area was the most popular response category, selected by 39% of people with and 42% of people without LSID.
- Only 18% of interviewees with LSID selected *not very much* pride, compared with 29% of others.
- Similar proportions of both groups selected *not at all* when asked about pride in their local area (16% with and 15% without LSID). However, for those with LSID this was the least popular response category.

5.4 Participation in group activities

As well as enjoyment of the activity itself, the social interaction that comes from engaging in group activities can support mental wellbeing. In order to investigate collective social activities and civic involvement, we asked participants if, in the past 12 months, they had been involved with any of the groups listed below (Table 6).

Table 6. Types of group activity.

Hobbies/social clubs	Health, welfare, disability groups
Sports of exercise groups (as coach or participant)	Political groups
Local community group	Trade union groups
Groups for children or young people	Religious groups, including going to a place of worship
Adult education group	Musical groups
Groups for older people	Book club
Environmental or wildlife groups	Other

We found levels of civic participation to be higher amongst those without LSID:

- Of people with LSID, just over half (51%) had participated in group activities over the last twelve months, compared with two thirds (65%) of those without LSID.

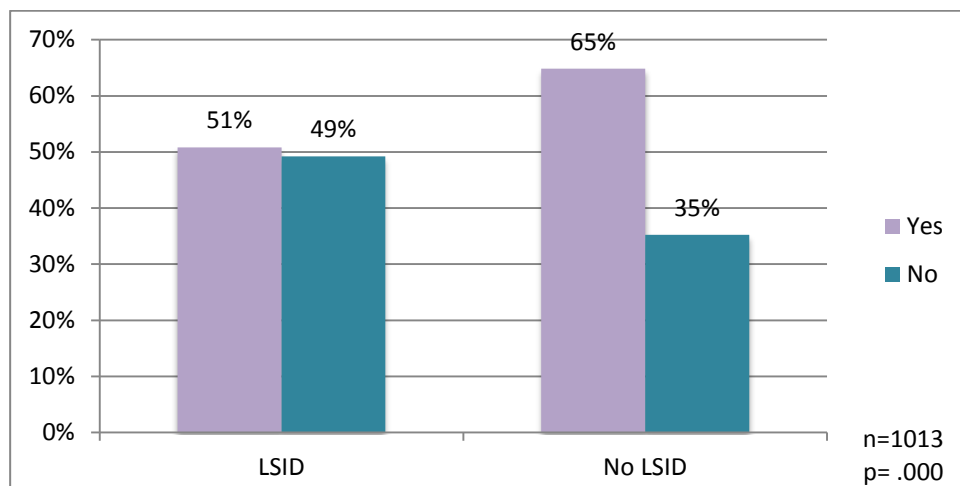


Figure 21: Participation in group activities.

5.5 Summary - Connected

In terms of collective social activities, interviewees with LSID had lower levels of connection to others. The state services and activities we examined under the **Connected** theme (public transport and the Commonwealth Games) also had less positive ratings from people with LSID. On the other hand, people with LSID were more positively connected to their local area in terms of feeling local pride.

6 Sustainable

The *Sustainable* theme centred on the achievement of regeneration and strong communities.

Differences between people with and without LSID were found in relation to all of the Sustainability indicators:

- Satisfaction with the local neighbourhood.
- Sense of progress derived from living in the area.
- Perceived care for the area by local people.
- Perceived change in the local crime rate.
- Neighbourhood empowerment.
- Feelings of safety walking after dark.
- Perceived neighbourhood change.

6.1 *Satisfaction with the local neighbourhood*

A sustainable neighbourhood should meet the needs of all the people who live there, now and in the future. We asked interviewees:

'How satisfied or dissatisfied are you with this neighbourhood as a place to live?'

Response options ranged from: *very satisfied; fairly satisfied; neither satisfied nor dissatisfied; fairly dissatisfied; very dissatisfied* (Figure 22).

We found that people with LSID were slightly more likely than others to derive feelings of satisfaction from their neighbourhood:

- People with LSID tended to be more satisfied with their neighbourhood: 73% of this group gave a positive response to this question, compared with 69% of others.

- A higher proportion of people with LSID were *very satisfied* (28% compared with 20%) while a slightly lower proportion of people with LSID reported said they were *fairly satisfied* (40% compared with 49%).
- Similar proportions of both groups were dissatisfied with their neighbourhood (18% of those with LSID and 16% without), although people with LSID were more likely to be *very dissatisfied* (8% of those with LSID compared with 5% of others).
- Interviewees without LSID were more likely to be neutral on the topic of neighbourhood satisfaction. Nine per cent of people with LSID selected *neither satisfied nor dissatisfied* as opposed to 16% of people with LSID.

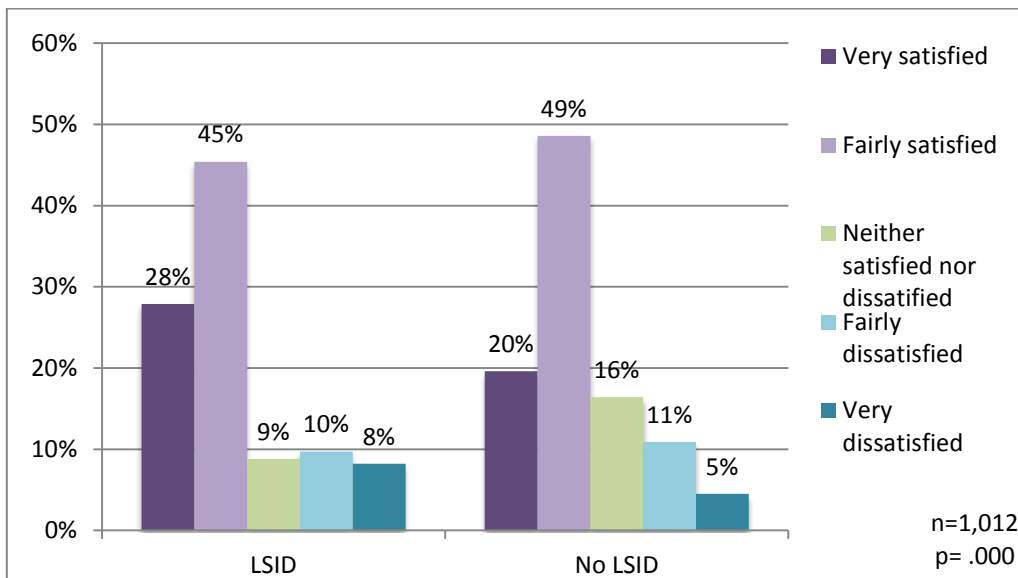


Figure 22: Satisfaction with local neighbourhood.

6.2 Sense of progress derived from living in the area

Neighbourhoods can provide benefits which are very important to mental wellbeing, such as feelings of status and esteem. We investigated this by asking participants to what extent they agreed or disagreed:

'Living in this neighbourhood helps me feel that I'm doing well in my life'

Response options ranged from: *strongly agree*; *agree*; *neither agree nor disagree*; *disagree*; *strongly disagree* (Figure 23).

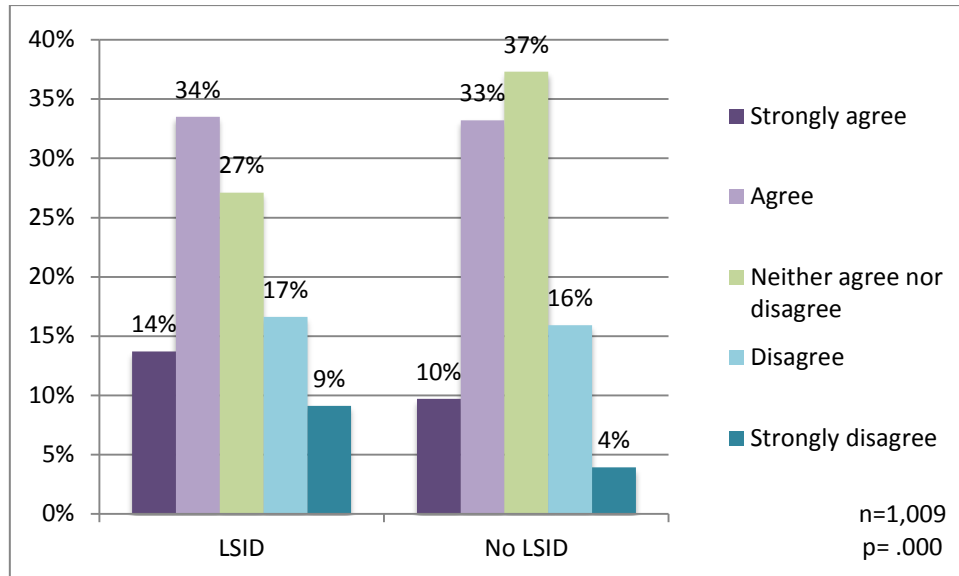


Figure 23: Neighbourhood and doing well in life.

We found that people with LSID were somewhat more likely to have extreme positive or extreme negative views on whether their neighbourhood gave them a sense of doing well in life:

- Of people with LSID, 48% agreed that their neighbourhood helped them to feel they were doing well in life, compared with 43% of those without LSID.
- Of those with LSID, 14% selected *strongly agree* compared with 10% of others, while *strongly disagree* was chosen by 9% of those with LSID and 4% of others.
- Similar proportions of both groups selected *agree* when asked about neighbourhood and doing well in life (34% with and 33% without LSID). Likewise, 17% of people with and 16% of people without LSID *disagreed* that their neighbourhood helped them to feel they were doing well in life.
- People without LSID were more likely to feel neutral on the topic of neighbourhood and doing well in life. *Neither agree nor disagree* was the

most popular response category for this group, chosen by 37% of interviewees without LSID compared with 27% of interviewees with LSID.

6.3 Perceived care for the area by local people

Caring for the local area can be taken as an indication that the local environment is valued by people who live there. Participants were asked to what extent they agreed or disagreed:

'People around here look after the local area'

Response options ranged from: *strongly agree; agree; neither agree nor disagree; disagree; strongly disagree* (Figure 24).

We found that although fewer than half of those interviewed agreed that local people looked after the area, people with LSID had a more positive view of local custodianship in the area than others:

- Forty-four per cent of people with and 37% of people without LSID agreed that local people looked after the area.
- Although selected by twice as many people with LSID, *strongly agree* was the smallest response category for both those with (10%) and without LSID (5%).
- Similar proportions of both groups agreed that local people looked after the area (34% with and 32% without LSID).
- Of interviewees without LSID, more people disagreed (41%) than agreed that local people looked after the area. For those with LSID, 37% of people disagreed that local people looked after the area.
- Nearly a quarter of those with LSID (24%) and 28% of those without LSID selected *disagree* in response to the neighbourhood care question and in both groups, 13% chose *strongly disagree*.
- Of interviewees with LSID, 19% selected *neither agree nor disagree*, as did 22% of interviewees of those without LSID.

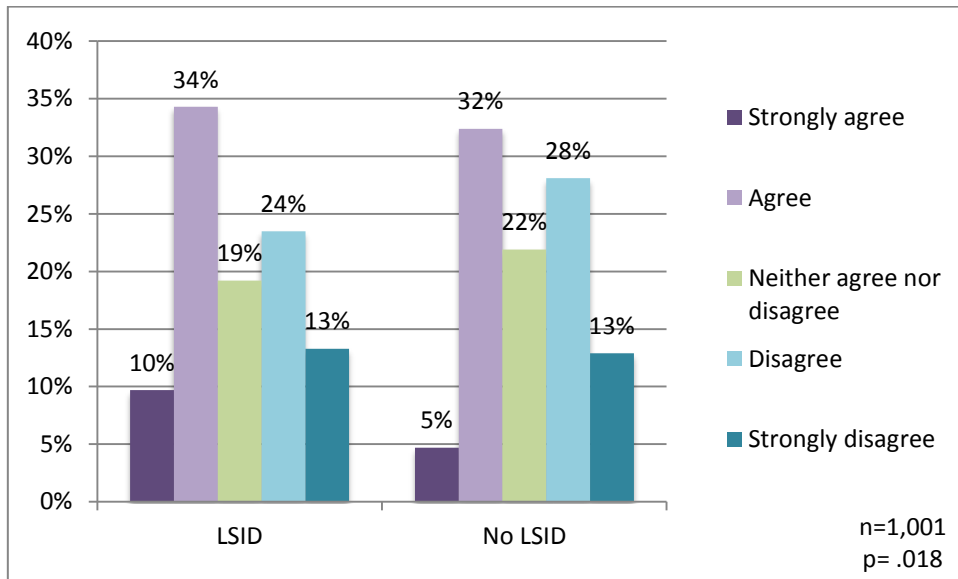


Figure 24: Neighbourhood care.

6.4 Perceived change in the local crime rate

Perceptions of crime are important to wellbeing on multiple levels, including sense of security, as well as feelings of status and control in relation to the local area. To explore differences between equalities groups relating to perceived crime, participants were asked:

'How much would you say the crime rate in your local area has changed since two years ago? Would you say there is more, less or about the same amount of crime?'

Response options ranged from: *a lot more; a little more; about the same; a little less; a lot less* (Figure 25).

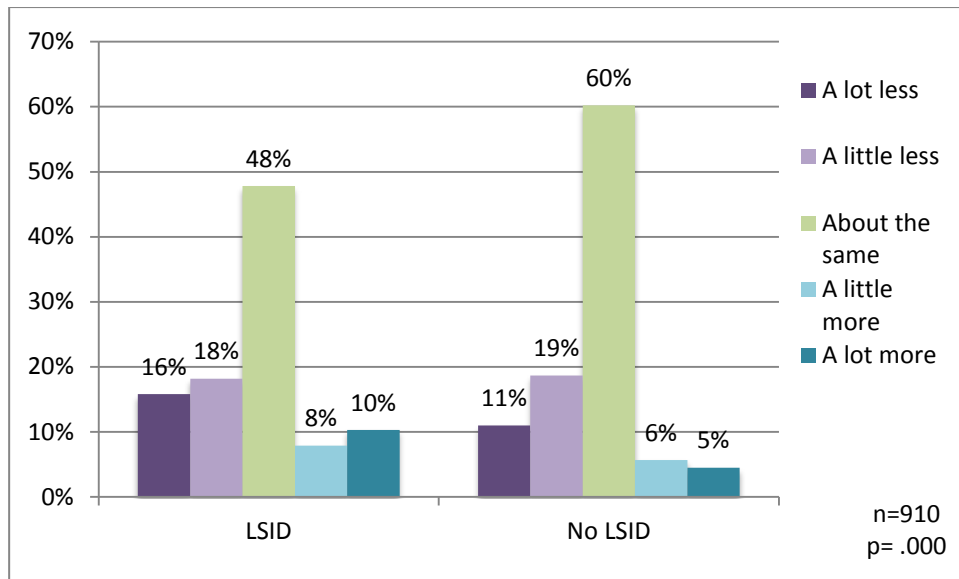


Figure 25: Perceived change in the crime rate (last two years).

We found that people with LSID were more likely to have extremely positive or extremely negative views of the local crime rate:

- Overall, a third of interviewees with LSID (34%) and three in ten interviewees without LSID (30%) believed that crime rates had reduced in the last two years (34%). However, 16% of interviewees with LSID believed there was *a lot less* crime, compared with 11% of those without LSID.
- People with LSID were almost twice as likely to believe that crime had increased: nearly one in five people with LSID (18%) thought this, compared with just over one in ten people without LSID (11%). Twice as many people with LSID (10%) believed there was *a lot more* crime, compared to those without LSID (5%).
- The most common response category for both groups was *about the same*, selected by almost half of interviewees with LSID (48%) and approaching two thirds of those without LSID (60%).
- Similar proportions of both groups thought there was *a little more* crime (8% with and 6% without LSID).
- Similar proportions of both groups responded that there was *a little less* crime (18% with and 19% without LSID).

6.5 Safety walking after dark

Safety is one of the most basic human needs and is important as a support to making use of the local neighbourhood. We asked interviewees:

'How safe would or do you feel walking alone in this neighbourhood after dark?'

Response options ranged from: *very safe; fairly safe; neither safe nor unsafe; a bit unsafe; very unsafe* (Figure 26).

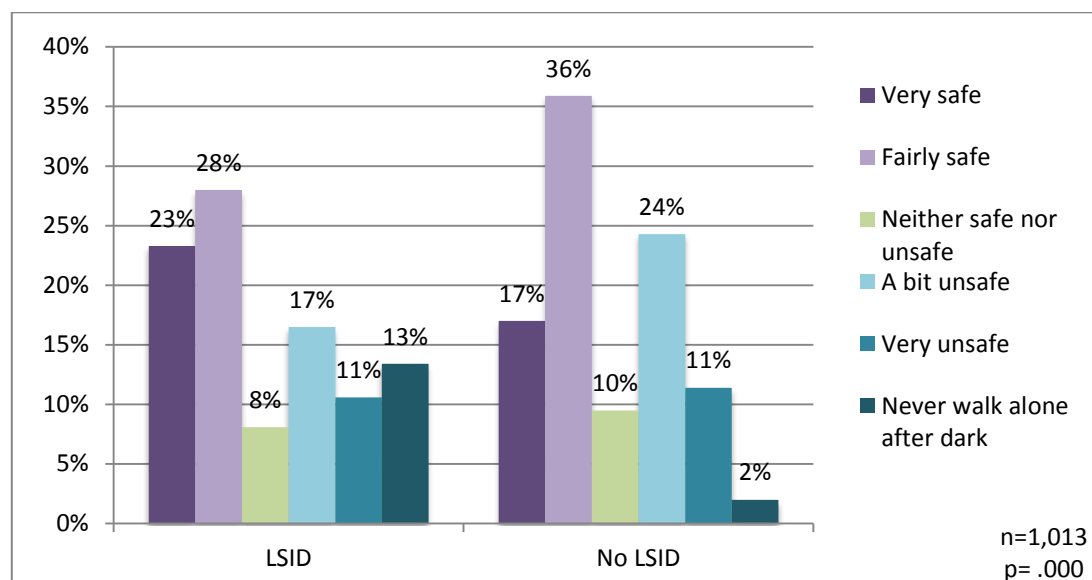


Figure 26: Safety walking after dark.

We found that, although a majority of people felt safe, people with LSID were more likely than others to feel that they could not walk alone after dark:

- Just over half (51%) of interviewees with LSID said they felt either *very safe* (23%) or *fairly safe* (28%) walking alone after dark. A similar proportion (53%) of interviewees without LSID felt either *very safe* (17%) or *fairly safe* (36%) walking alone after dark.

- For both groups of people, 11% selected *very unsafe*, while 17% of those with and 11% of those without LSID chose *a bit unsafe* to describe how they felt walking alone after dark.
- However, over one in ten people with LSID (13%) volunteered that they *never walk alone after dark*. The equivalent figure for people without LSID was 2%.

6.6 Neighbourhood empowerment

Feeling respected, co-operating with others, and being able to participate in decision-making are all important to psychological wellbeing. Interviewees were asked how much did they agree or disagree that:

'On your own, or with others, you can influence decisions affecting your local area'

Response options ranged from: *strongly agree; agree; neither agree nor disagree; disagree; strongly disagree; don't know* (Figure 27).

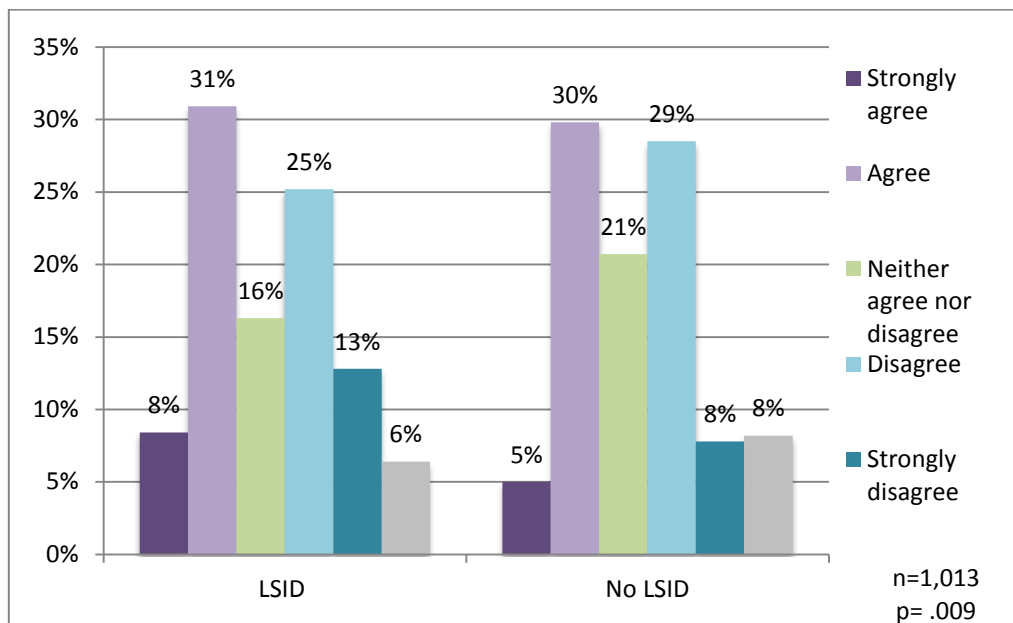


Figure 27: Influence over local decisions.

We found that people with LSID were more likely to have strong feelings about their level of influence over local decisions:

- Around four in ten (39%) of people with LSID felt they had influence over local decisions (8% *strongly agreed* and 31% *agreed*). A slightly smaller proportion of people without LSID (35%) felt they had influence over local decisions (5% *strongly agreed* and 30% *agreed*).
- Of people with LSID, 13% said *strongly disagree*, compared with 8% of people without LSID.
- A quarter of those with LSID (25%) and 29% of those without LSID replied *disagree*.
- The same proportion of both groups (6%) selected *don't know* to the statement about local influence.

6.7 Perceived neighbourhood change

To help gauge perceptions of neighbourhood change, interviewees were asked:

'Has this area got better or worse to live in over the last three years?'

Response options were: *the area has got better; things have stayed the same; the area has got worse; don't know* (Figure 28).

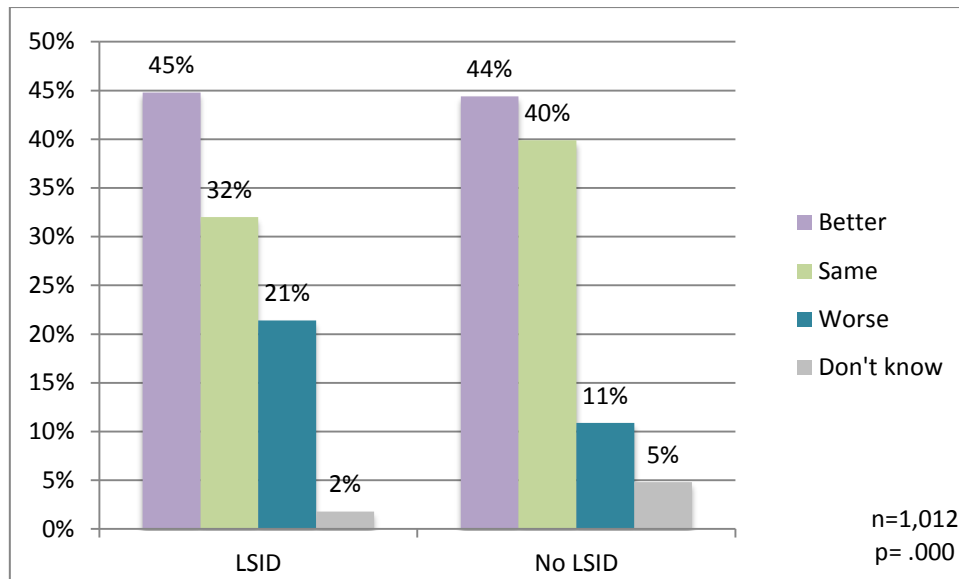


Figure 28: Perceived neighbourhood change.

We found that people with LSID were twice as likely to believe their neighbourhood had declined recently:

- Of people with LSID, 21% thought things had got worse compared with 11% of those without LSID.
- A similar proportion of interviewees with and without LSID believed their area had got better to live in over the last three years (45% and 44%, respectively).
- Around a third (32%) of people with LSID thought the area had stayed the same, compared with 40% of people without LSID.
- Two per cent of people with and 5% of people without LSID said that they did not know.

6.8 Summary - Sustainable

Analysis of the **Sustainability** indicators shows that, on many criteria, interviewees with LSID felt more positively about their local environment having: higher levels of satisfaction with their neighbourhood; greater agency in terms of influencing

local decisions; confidence that local people look after the area; and a stronger sense of progress in life derived from where they live.

However, although these indicators suggest that people with LSID might have higher levels of commitment and attachment to local neighbourhood, there are also important factors undermining social sustainability for this group. Despite holding predominantly positive views, interviewees with LSID were more than twice as likely than others to consider their neighbourhood as in decline over recent years and for every two people in this equalities group who believed the crime rate was getting better, one other believed it was getting worse. Also of concern, a significant minority of people with LSID seem to curtail their behaviour because of concerns about safety, with over one in ten reporting that they *never walk alone after dark*.

7 Longstanding illness and disability: summary of differences at baseline

The longstanding illness and disability (LSID) baseline equalities analysis shows significant differences between people with and without LSID on all indicators across each of the Scottish Government legacy domains.

Our examination of the **Active** theme demonstrates that interviewees with longstanding illness or disability (LSID) are less likely to be physically active and face distinctive barriers. These lower levels of physical activity can be seen across participation in formal sporting activity, participation in sports clubs and informal exercise, such as walking. An analysis of the barriers to participation listed by people with LSID suggests possible avenues for support and intervention. Over half of the group cited concerns with their health as a factor preventing them from taking part in any or more sports activities. *Fear of injury* and concern over *feeling out of place* were also significant barriers to participation for interviewees with LSID. These findings suggest that issues of lack of confidence and familiarity can hold people with LSID back from participating in sport and exercise. Other concerns such as, *cost*, being *not really interested* and *having no-one to go with* were concerns for all participants.

Interviewees with LSID also appeared to be relatively disadvantaged in relation to the **Flourishing** legacy theme. As well as being less than half as likely to be in full time work or education in comparison with interviewees without LSID, people with LSID were more likely to be dissatisfied with their current employment situation, whether or not they were currently working. Although they were significantly more involved with voluntary work in relation to older people, overall, interviewees with LSID were less likely to have participated in voluntary activities over the previous year. Furthermore, interviewees with LSID were more likely to suffer financial stress, being more than twice as likely to report *very often* having difficulty paying for fuel bills. This suggests that, facing greater financial challenges and a lower probability of being in full time work or education, people with LSID may also be less able to take advantage of voluntary opportunities which might offer positive

engagement with others or help in developing a wider skillset. Increased targeting and support for people with LSID wishing to take up voluntary activities could be beneficial.

Considering the **Connected** legacy theme, two thirds of interviewees with LSID said they were proud of their local area and LSID respondents were almost twice as likely to say they felt a *great deal of pride*. Nevertheless, in 2012, people with LSID were comparatively cautious when asked to anticipate the potential impacts of the Commonwealth Games on themselves and their families. Although almost half of LSID interviewees said they expected positive effects, they were also more likely than those without LSID to say that they expected *no effect*, and three times more likely to expect *negative effects*. Likewise, although most people with LSID felt positive about the quality of local public transport, compared with those without LSID, they were almost three times more likely to give local transport a negative rating and more than twice as likely to consider it *very poor*. Potentially, accessibility issues may be a factor in assessments of the Games as well as the fact that people with LSID were less likely to participate in group activities, such as community, religious or hobby-based groups.

Finally, analysis of the **Sustainable** legacy indicators offers a mixed picture. Overall, interviewees with LSID were more likely to regard their local neighbourhood as a positive and empowering environment, offering satisfaction, influence and a sense of progress in life. When asked about perceptions of crime in the local area, interviewees both with and without LSID predominantly believed levels of crime had decreased rather than increased over the previous two years. However, people with LSID were more likely to believe that crime had been increasing. Furthermore, although interviewees with LSID were more likely to say that they felt *very safe* walking alone in the neighbourhood after dark, a just over one in ten people with LSID said they *never walk alone after dark* - a higher figure than for people without LSID by a factor of more than six.