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**Slough Health Beliefs: findings
from the 'Supporting a
Healthy Lifestyle' Survey**

Slough Borough Council

**Final Report
November 2019**



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Project details

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Executive summary

Background

This research started with an initial qualitative research stage, which included a Stakeholder workshop, six 'chattabouts' with local community groups and two focus group discussions. An Appreciative Inquiry approach was used - working on strengths and positives - coupled with the COM-B behaviour change model (Capability, Opportunity and Motivation) to assist in identifying triggers and motivations to improving health literacy. The full findings from the qualitative stage, summarised in a separate July 2019 report, were used to design the subsequent quantitative stage, which is reported in this document.

Summary of qualitative findings

- In the main, residents' knowledge and awareness (their psychological capability) had been informed by National and local campaigns on healthy eating and exercise... but only on what people 'should' be doing. When asked what people can do to stay healthy and active, many people mentioned healthy eating, having a balanced diet and doing some form of exercise or daily activity.
- By comparison, children found it much easier to list the things that detracted from a healthy and active lifestyle; computer games and social media led to more inactive lifestyles. They also recognised that they have healthy and unhealthy options when it comes to diet and behaviours (e.g. fast food, sugar, drinking, smoking, drugs).
- Many suggested that council facilities (physical opportunities) existed to undertake activities to help stay healthy and active, but they needed to know that they would fit in and be around like-minded, similar and familiar people. Many people identified the number of gyms as being extensive across Slough; both council and private provision. In terms of social opportunity, gyms were not seen as social spaces as most people turn up to undertake their own routines and simply 'plug-in their headphones and zone out everyone else'.
- Perceptions exist around a lack of availability and poor(er) quality of local community assets and leisure facilities. Suggestions were that local areas had suffered from decline and closure of services that support healthy and active lifestyles.

- Moving to motivation, interventions are therefore required that make people stop and think, rather than continuing with habits (moving to reflective motivation and away from automotive motivation). Key barriers are said to be 'time', 'safety concerns', 'education' and need for greater 'social' opportunity activities.
- Some residents felt the Council should be doing more to promote healthier behaviours, particularly to reduce the availability of poorer choices. The better use of planning regulations and legislation was cited as being one area that was directly under Council control.

Quantitative findings

- When asked to spontaneously describe ways to stay healthy, by far the most common responses of the 1,605 survey participants were having a balanced diet (80%) and undertaking some form of physical activity or exercise (73%).
- In contrast, just 6% mentioned eating five portions of fruit and vegetables a day, indicating that this health message is not top of mind. This is further demonstrated by, when asked how many daily portions of fruit and vegetables they eat, just 13% of survey participants claiming to eat five portions. This is 16 percentage points below the English average of 29%.
- Around six in ten residents (59%) claimed to eat a meal prepared from scratch at least once per day, 42% suggested they have a takeaway less than once a week and 38% indicated they never eat a ready meal.
- 90% of residents would like to eat more healthily. To do this, 30% would like to see cheaper healthier food, 20% would like to see more healthy produce available in their local shops and 19% want more time to prepare healthy meals.
- When residents were asked to spontaneously indicate where would they look or go if they wanted advice on staying healthy and active, 74% suggested they would look online while 38% would ask for advice from their GP/GP surgery.
- When presented with a range of statements, 83% of residents agreed that it is easy to find shops that sell fresh fruit and vegetables nearby while 65% agreed that they are more likely to participate in physical activity if they could do it with friends.

- 56% agreed that it is too expensive to take the family to do physical activities like swimming, or sporting activities like trampolining, ball or racket sports and 53% agreed that the cost of physical activities, such as exercise classes and swimming, were too expensive.
- Just under two-fifths (39%) agreed that the cost of preparing meals from scratch using fresh ingredients is too expensive while 50% disagreed. The same proportion of residents (39%) claimed to be aware of local groups that offer a range of activities that can get them out and about, while 31% agreed that there are insufficient opportunities to participate in physical activities for people like them.
- Views are broadly split when considering whether it is more convenient to use the car, even for short journeys, than cycling or walking; 45% agreed and 44% disagreed.
- Of those answering the sexual health questions, 66% recalled receiving sex education at school. The most common topics recalled were contraception (68%) and human sexual anatomy (67%).
- When presented with a range of sexual health statements and asked whether they were true or false, 77% of residents were aware that the pill and condoms are not the only types of contraception. 69% recognised that, if left untreated, some STIs can affect fertility and 62% of residents were aware that genital warts can be passed on even if they are not visible. Just 47% felt that the statement that HPV can give people genital warts was true.
- Views on incurable STI's were mixed with 39% believing the statement was true, 26% false and 35% that did not know. Similarly, views on whether LARCs affect fertility were roughly split with 35% saying true and 33% saying false.
- 64% recognised that the statement the pill protects against STI's was false and 65% that HIV can be transmitted through kissing someone HIV positive is false. 56% of residents recognised that the statement that people can catch Chlamydia from a toilet seat was false.

- When asked where they would have gone for advice on sexual health and/or contraception if they had needed it, 79% would go/have gone to their GP and 44% would have gone to a sexual health clinic for advice.
- Survey respondents that chose not to answer the sexual health questions, were instead asked about their general and oral health and for views on vaccinations. 32% claimed for their age that their general health was very good, with a further 42% indicating it was fairly good.
- 72% of residents agreed that they have at least an annual dental check-up and 90% of those with school aged children claimed the same for their children. 87% claimed to be NHS dental practice registered.
- Looking at true or false statements around vaccinations, 58% of residents were aware that the chance of having a severe reaction to the MMR vaccine is around 1 in 1 million and 54% felt it was true that children still need to be vaccinated even if other children are already immune.
- 39% of residents felt it was true that the HPV vaccine was not suitable for certain people because it contains gelatine while 27% felt it was true that there was an HPV vaccine that did not contain gelatine.
- 37% of residents believed that vaccine-preventable diseases are just part of childhood, while 29% believed it is true that vaccinations can overload a baby's immune system and 19% that vaccines cause autism and sudden infant death syndrome (SIDS).
- 90% would go/would have gone to their GP if they needed advice on vaccinations if they had needed it.
- When shown a list of possible actions and asked whether there was anything that would help them to increase their well-being/satisfaction with their life, 46% indicated that they felt fine as they were. However, 25% of residents felt that improvements to their financial position would help them and 23% felt that more time to themselves would help.
- Looking at physical activity, 56% of residents have used at least one of the Borough's leisure facilities in the past. Montem Leisure Centre was the most often mentioned at 25%.

- From a range of statements, 87% of residents agreed (strongly or slightly) that they have the ability to be physically active while 60% agreed that they have the opportunity to play sport. Just 42% of residents were aware of the Council's Active Slough programme.
- 76% of residents agreed that they find exercise enjoyable and satisfying while 74% agreed that it is important to them to do exercise regularly. In contrast, 46% of residents agreed that they feel guilty when they don't exercise while just 15% agreed that they exercise because they do not want to disappoint others.
- Residents were asked to select up to 5 options from a list of possible ways that might support them in taking more exercise and being more physically active. Time was cited as the most common barrier where 46% of residents indicated this. Cost was also seen as a barrier where 32% of residents wished to see free gym and leisure provision, while 30% indicated lower pricing, including for gym and leisure club membership.

Conclusions and recommendations

The qualitative research stage showed that residents have the broad Capability to lead healthy and active lifestyles, but Opportunity and Motivation needs to be focussed on. The quantitative survey has reinforced many of the findings from the qualitative exploratory stage, including that residents have the broad capabilities (both physical and psychological) to undertake healthy and active lifestyles, should they choose. However, the opportunities to do so are limited by age and lifestage, as well as their financial circumstances. Automotive motivation is a key barrier to undertaking healthy and active lifestyles – social opportunity activities may help;

- Use of planning and licensing controls could be used to introduce greater opportunities for healthily eating choices – working with local businesses to promote healthier options could also be considered.
- Greater promotion of the council's leisure provision and Active Slough programme is needed to raise awareness - this also needs to resonate with broad groups and the less active. Advertising should use imagery that demonstrates inclusiveness (e.g. not lycra clad Olympians).

- Any promotional activity will also need to consider social/group activities that demonstrate it is for 'people like you and me'. The council's park run activity demonstrates that this type of broad appeal social activity is effective.
- Highlighting a wider range of activities, such as brisk walking and gardening, that can lead to healthier and active lifestyles, would be beneficial.
- In terms of wider opportunity, the council may wish to consider how targeted financial incentives and promotions could support those groups in most need. A social prescribing element might be appropriate here.
- There is also a call for education around healthy eating and healthier choices being introduced at an early age and into schools.
- Raising awareness and dispelling myths around sexual health and vaccinations requires ongoing work by the council and its partners.
- Dental health is not consciously linked to leading a healthy lifestyle – this is likely to be a national challenge and not simply a focus for Slough.
- There is high reliance on GPs for information and advice, particularly for the over 65's. There is therefore an opportunity to use other health professionals in supporting residents. Greater use of Pharmacists and digital and online channels may be useful mechanisms for supporting healthy and active lives.
- The council should carefully consider the types of communication and promotion of any interventions that they intend to introduce. This should assist residents to recognise they have the capabilities to undertake healthy and active lives. The findings from the survey suggest that interventions that focus on Opportunity would be the most appropriate.
- The council may also wish to review the published behaviour change interventions that have been added to the Behaviour Change Technique Taxonomy project website: <http://www.bct-taxonomy.com/interventions>.

Introduction

Background

Slough Borough Council wished to commission an in-depth, community led research project to involve Slough residents in a local conversation on health and activity levels. Primarily, it was to focus on what residents believe they can do to keep physically and mentally well and prevent poor health in themselves and their loved ones. This would likely draw on understanding residents' health beliefs, their levels of health literacy and behavioural insights.

The research will be used to inform key elements of the long-term work of the council in improving the public's health as well as contributing towards the "health in all areas" approach, in order to benefit and inform the wider council (e.g. by feeding into strategies for Leisure, Keeping Well, Obesity, Green and Open Spaces, Homelessness, the Mid-Term Financial plan and the 5-year plan).

Resident engagement

M·E·L Research were commissioned to assist the Council with a community led engagement research programme. The research requirements were to engage with residents to understand their views on how people can stay healthy and active, and what help and support would improve people's lifestyles and help people to improve their own choices around health and activity.

There were three overarching aims of the project:

1. understand residents' (and particularly groups who appear to be experiencing the worst health and well-being outcomes) views on how they can tackle key issues that affect their health, with support from the council as needed;
2. identify residents' behaviour and attitude to taking part in physical activity and sport;
3. gain a robust picture of residents prevailing rates of inactivity.

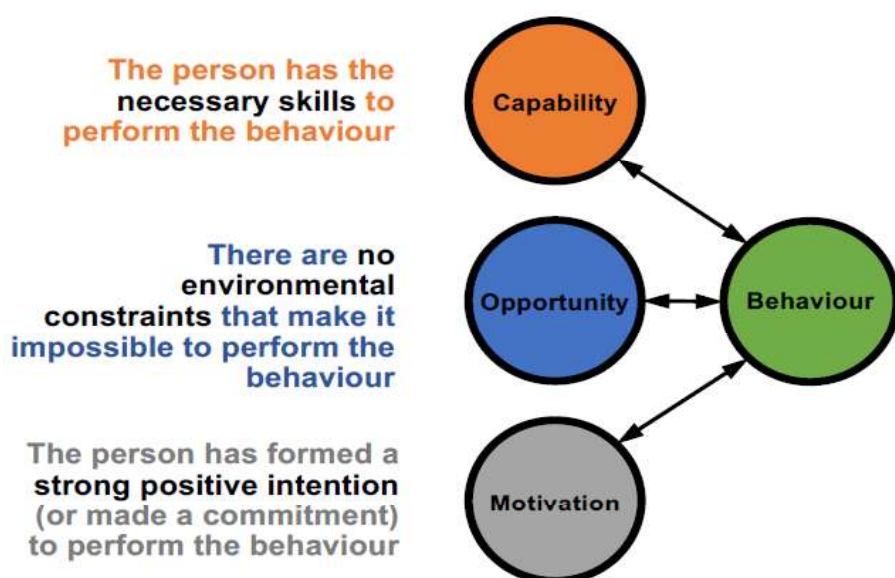
Broad approach

The research started with an initial qualitative research stage. This included an initial Stakeholder workshop that was attended by representatives from the Council's Active Communities team, Customer engagement and transformation team, Community Mental Health Team, Early Years, Slough Parks Team, School Sport team and Young People's Services, plus representatives from NHS East Berkshire CCG, Community Dental Service Oral Health project, Slough Children's Services Trust, Slough CVS and the Wildfowl & Wetlands Trust.

The objectives of the workshop were to brief stakeholders on the approach to the Health Beliefs research project as well as to gain an understanding of current challenges and key health and activity themes of particular interest.

To support the research we used an Appreciative Inquiry approach - working on strengths and positives - the discussion and activities undertaken by Stakeholders looked to identify where we are now, what gaps exist in knowledge and what behaviours need to be targeted to promote positive behaviour change. This was coupled with the COM-B behaviour change model (Capability, Opportunity and Motivation - Behaviour) to assist in identifying triggers and motivations to improving health literacy. For any change in behaviour to occur, a person must:

- Be physically and psychologically **capable** of performing the necessary actions;
- Have the physical and social **opportunity** (people may face barriers to change because of their income, ethnicity, social position or other factors);
- Be more **motivated** to adopt the new, rather than the old behaviour.



Following the workshop we carried out six chattabouts – our ‘streetwise’ form of group discussions, but more informal and participatory - with local community groups that represented key groups identified in the stakeholder workshop. These added particular depth, helping to understand residents’ views and thoughts on how they can tackle issues that affect their health and their behaviours and attitudes to staying healthy and active.

To support the chattabouts findings, two focus group discussions were conducted with a broadly representative sample of residents aged between 18 and 70. One took place at Langley Pavilion and the other at the Council offices at St Martins place. These groups allowed for more detailed discussion with residents, with a particular focus on oral health, sexual health, immunisations and screening/health checks.

Quantitative survey

The findings from the qualitative stage have been summarised in our earlier July 2019 report. **This document reports the findings from the subsequent quantitative stage**, undertaken as a 20 minute face-to-face, doorstep survey with a representative sample of 1,605 residents.

Fieldwork was undertaken between 24 July and 28 August 2019. We used a stratified (by ward) Random Sampling approach to select starting addresses in each ward. Quotas were set to ensure representation for key population groups of gender, age band and ethnicity.

A Computer Aided Personal Interview (CAPI) approach was taken using electronic tablet devices, which allowed for automated skips and routing, ensuring all relevant questions were asked and answered. This was particularly important as the survey included an optional sexual health set of questions. Those that chose to answer this set of questions then skipped questions on general health, oral health and vaccinations. Those that chose not to answer the sexual health questions were routed to the general, oral and vaccination questions instead. This approach helped ensure we kept to an average survey duration of 20 minutes, encouraging participation and reducing drop-out.

Additionally, the survey included the short Warwick and Edinburgh Mental Well Being Score (SWEMWBS) question set. For these questions, the electronic tablet device was handed over to the respondent and these questions were self-completed.

Statistical reliability

The achieved confidence interval gives an indication of the precision of results. With 1,605 residents having completed the survey, this returns a confidence interval of $\pm 2.4\%$ for a 50%

statistic at the 95% confidence level, based on the ONS 2018 mid-year population estimate for Slough of 149,112.

This simply means that if 50% of residents indicated they agreed with a certain aspect for example, the true figure could in reality lie within the range of 47.6% to 52.4% and that these results would be seen 95 times out of 100. The table below shows the confidence intervals for differing response results (sample tolerance).

Size of sample	Approximate sampling tolerances*		
	50%	30% or 70%	10% or 90%
	±	±	±
1,605	2.4%	2.2%	1.5%

**Based on a 95% confidence level*

Analysis and reporting

Differences in views of sub-groups of the population (e.g. gender, age, ethnicity, etc) were compared using Z-tests. Where sub-groups are mentioned in the commentary, these will be statistically significant results (at the 95% level). Statistical significance means that a result is unlikely due to chance (i.e. it is a real difference in the population) and that if you were to replicate the study again, you would be 95% certain the same results would be achieved again.

To provide further insight into the results, Acorn Categories have been appended to the data. Acorn is a classification system that segments the UK population by analysing demographic data, social factors, population and consumer behaviour. Acorn is broken down into three tiers; 6 categories, 18 groups and 62 types. Acorn provides valuable insight into helping to target and understand the attributes of households and postcodes areas.

In addition, analysis for agreement questions are reported for valid responses only, excluding residents who were unable to rate their level of agreement – ‘don’t know’ was therefore classified as a non-valid response. The ‘base’ or ‘n=’ figure referred to in each chart and table is the total number of residents responding to the question with a valid response.

Owing to the rounding of numbers, percentages displayed visually on graphs and charts within this report may not always add up to 100% and may differ slightly when compared with the text. The figures provided in the text should always be used. Where figures do not appear in a graph or chart, these are 3% or less.

Report structure

The next section outlines the respondent profile to the survey. The report then moves onto the results from the survey, weaving in findings from the stakeholder workshop, chattabouts and focus groups. Alongside this report, we have also produced a separate one that outlines the headline findings and key themes from the qualitative research with residents. To gain most insight, we encourage you to read both reports together.

Respondent profile

Gender

Base: 1605



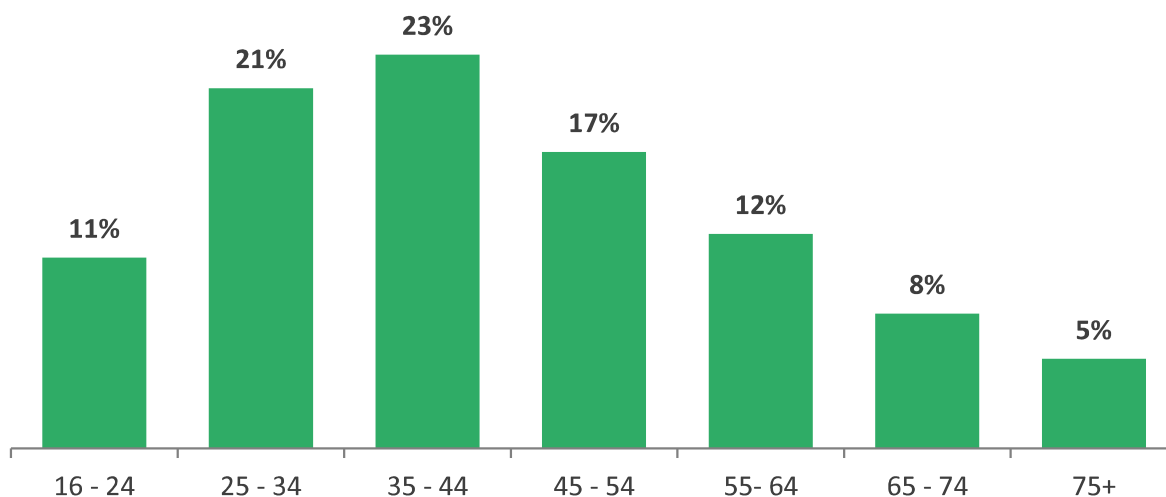
50% male



50% female

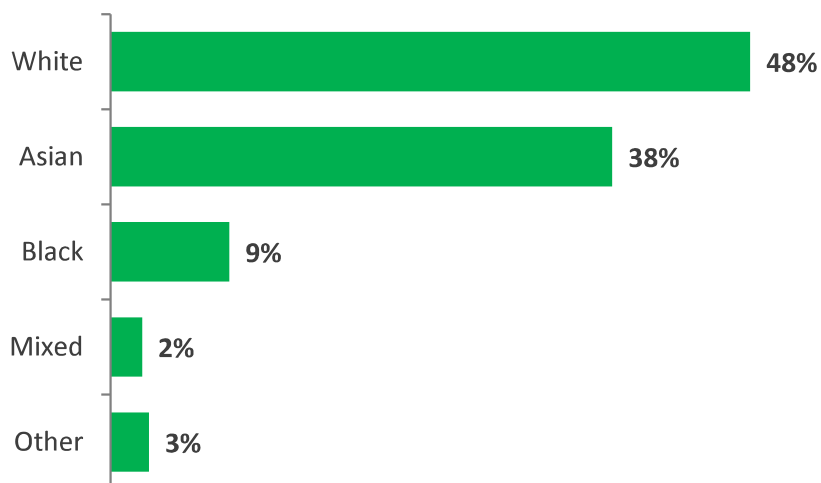
Age group

Base: 1605



Ethnicity

Base: 1605



Length of time in the neighbourhood

Base: 1605



9%	Less than 1 year
28%	1 to 5 years
35%	6 to 20 years
27%	Over 20 years

Children in the home

Base: 1605



56%	None
17%	1 child
17%	2 children
7%	3 children
2%	4 children
1%	5+ children

Caring responsibilities

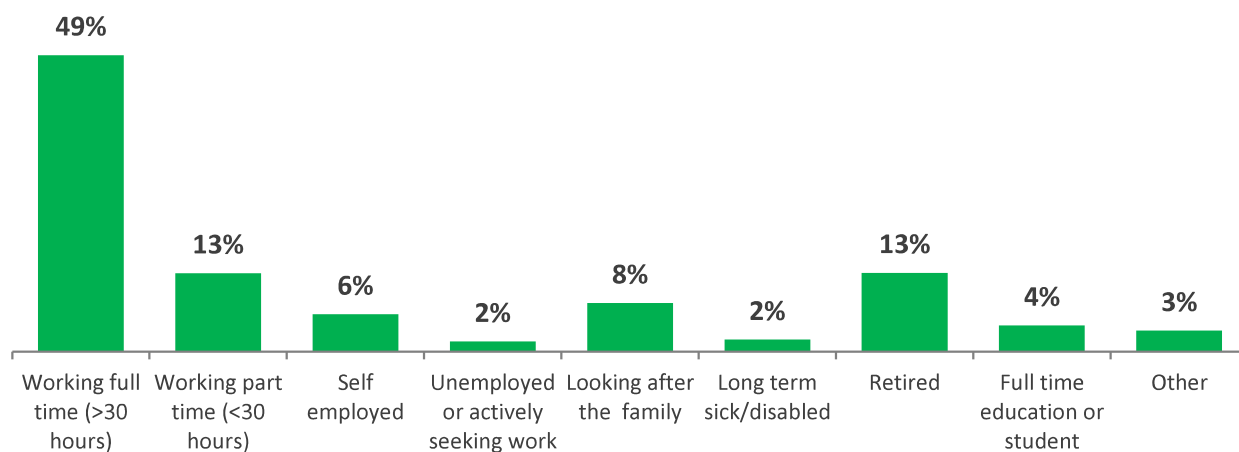
Base: 1605



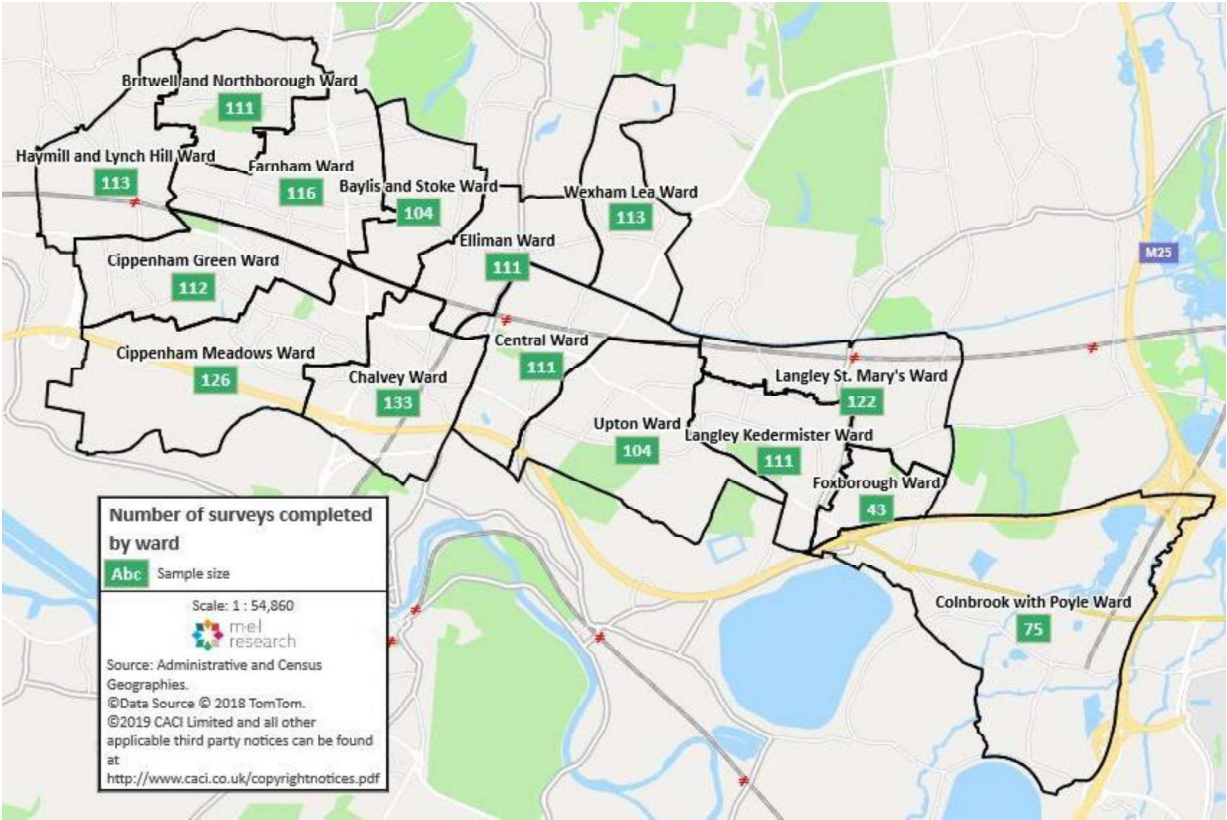
5%	Carers
95%	No caring responsibilities

Employment status

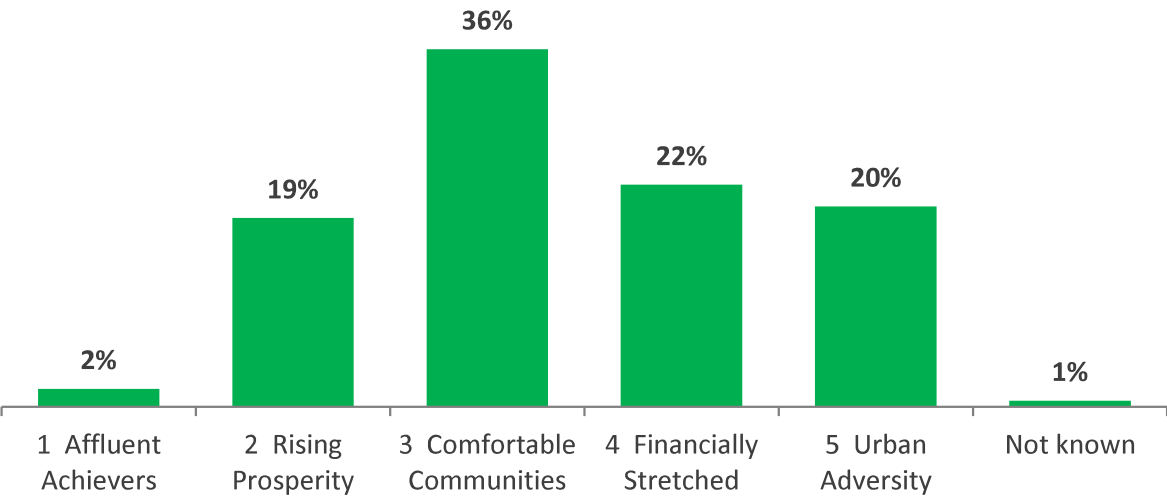
Base: 1605



Ward



ACORN Categories



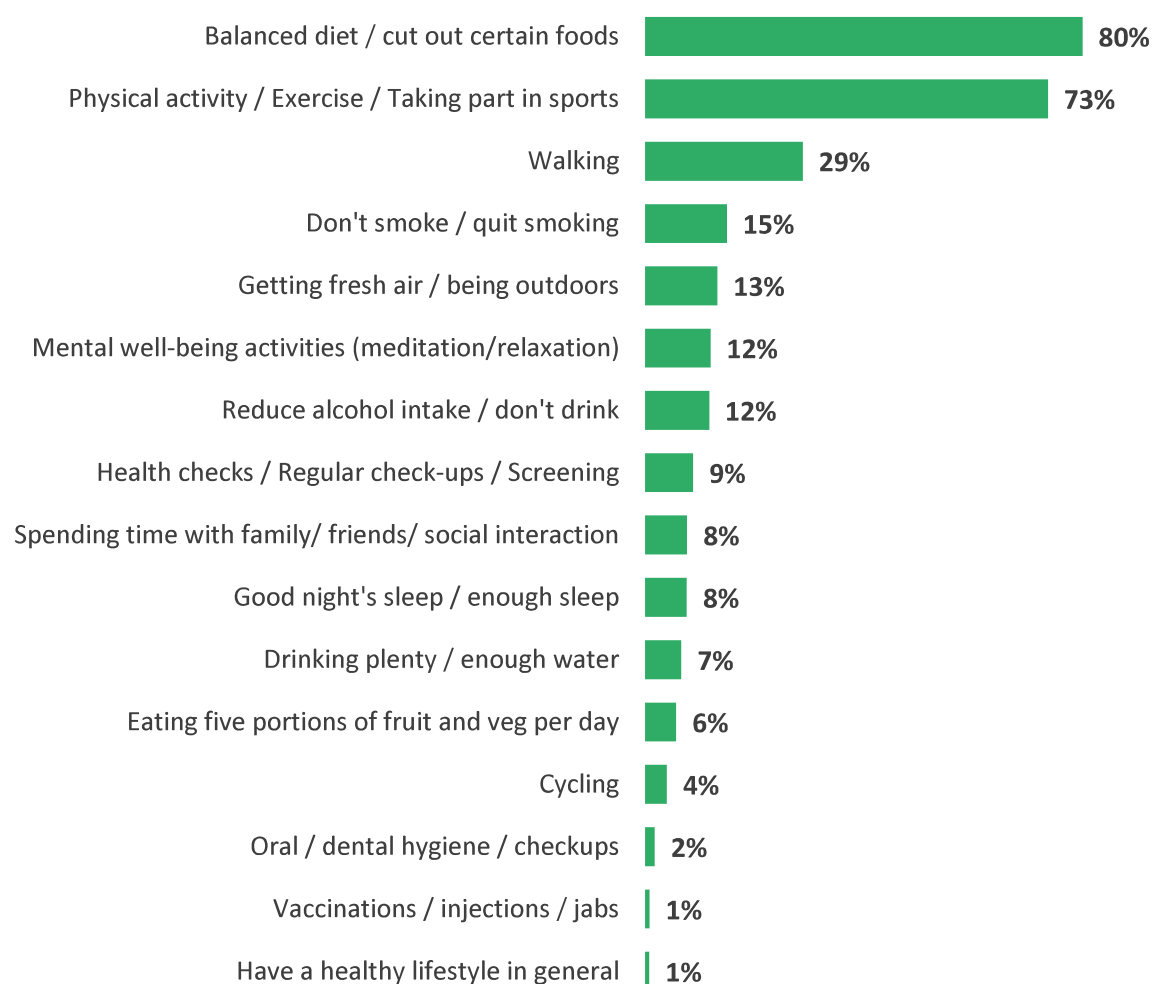
Survey findings: Attitudes to staying healthy

Staying Healthy

Residents were asked to spontaneously say what they thought 'doing things to stay healthy' meant to them. By far the most common responses were having a balanced diet (including reducing sugar, processed meats and fried foods, for example) and undertaking some form of physical activity or exercise. This clearly demonstrates that some health messages are being noted and recognised and that people understand what they should be doing.

Figure 1: When I mention doing things to stay healthy what does this mean to you?

Base: 1605



That said, and by contrast, only 6% of residents spontaneously mentioned eating five portions of fruit and vegetables per day, suggesting this message is not 'top of mind'. One other area of note is that just 2% spontaneously identified oral and dental health and hygiene as a healthy activity.

Healthy eating

Residents were asked how many portions of fruit and vegetables they eat in a typical day, excluding potato, but including fresh, frozen, dried and tinned fruit and vegetables, leafy vegetables, root vegetables, salads, peas, beans, lentils etc, vegetables included as part of a main dish (e.g. vegetable curry/cauliflower cheese) and fresh fruit juice or vegetable juice.

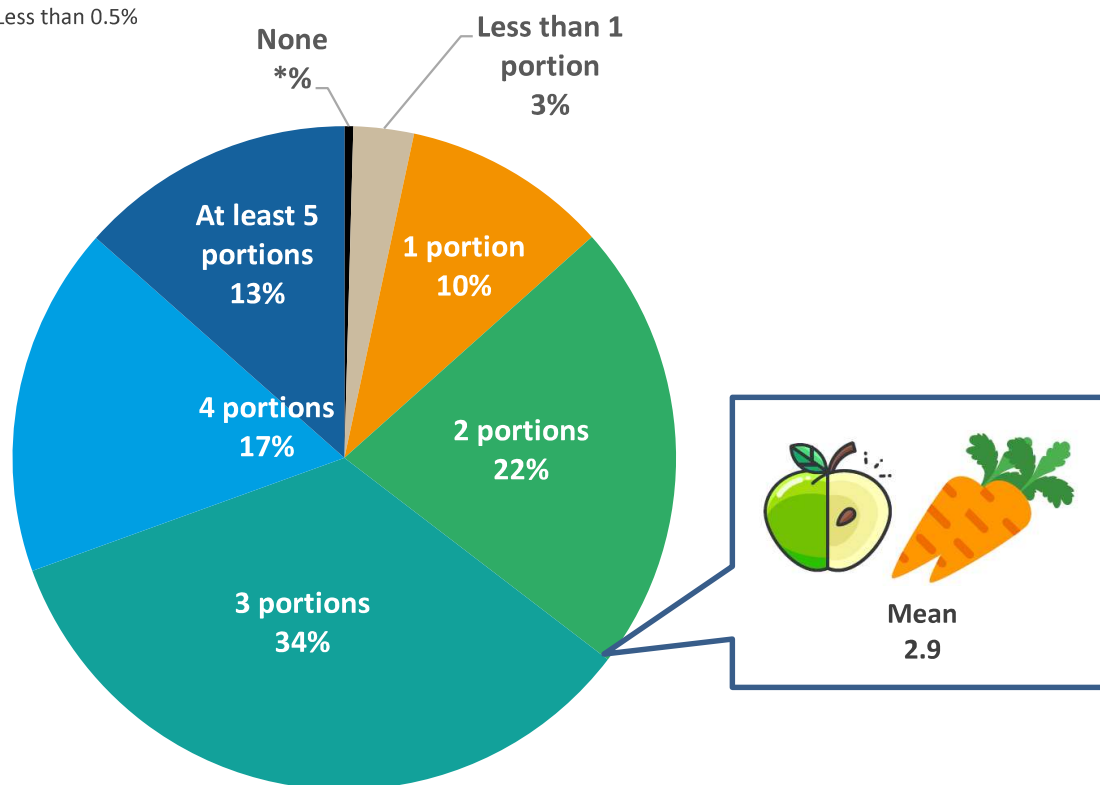
The proportion of Slough residents that indicated they are meeting the UK's 'five-a-day' guidance¹ is just 13%, significantly lower than the England average. The rises to 16% for women and falls to 11% for men, while 22% of those aged 65 and over indicated they are getting their five a day, compared to just 11% of those aged 16 to 24.

This compares to the Health Survey for England figures where in 2017, 29% of adults were eating the recommended five portions of fruit and vegetables per day – and the average (mean) was 3.8 portions per day. Fewer men than women meet the five-a-day guideline, and young people aged 16 to 24 are also less likely than other adults to get their five-a-day.

Figure 2: Daily portions of fruit and vegetables

Base: 1605

*Less than 0.5%



¹ The UK's 'five-a-day' guidelines were developed based on a World Health Organization (WHO) recommendation that consuming 400g of fruit and vegetables per day can reduce risks of chronic diseases, e.g. heart disease, stroke, and some cancers. <http://healthsurvey.hscic.gov.uk/data-visualisation/data-visualisation/explore-the-trends/fruit-vegetables.aspx>

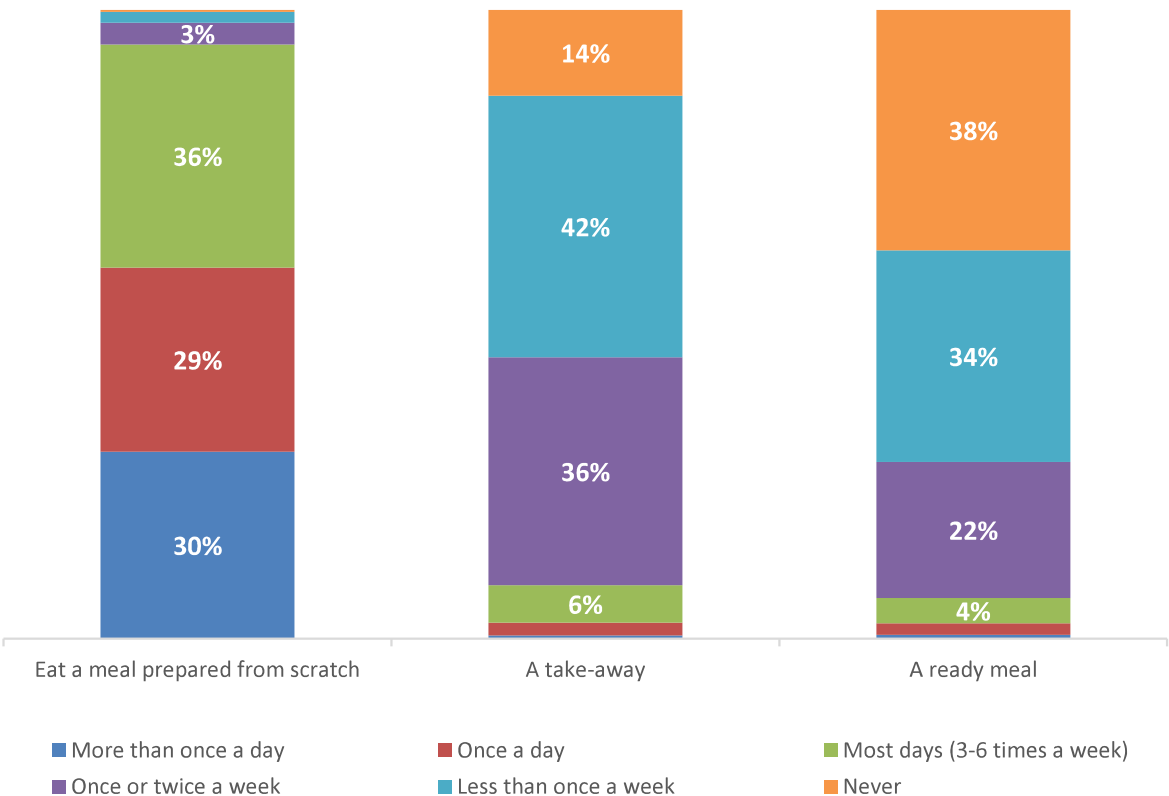
It is households from Asian backgrounds that claim to eat freshly prepared meals most often; 42% claim to do so more than once a day while a further 33% claim to do so once a day.

A significantly lower proportion of Slough households with children eat five or more portions per day (11%) compared to those without children (15%). Findings from the qualitative research indicated that busy lives, with children coming and going at different times, impacted on parent’s ability/willingness to cook and eat together as a family.

Looking at the types of meals eaten on a weekly basis, around three in ten residents claimed to eat a meal prepared from scratch either once a day or more than once per day. Most often, residents suggested that they eat a freshly prepared meal on most days; 36% indicated this.

For take-away’s, just over two-fifths (42%) indicated they have a take-away less often than once a week, while 36% indicate the frequency is once or twice a week. Those most likely to have a take-away on most days fall within the 16 to 24 age group; 13% indicated this.

Figure 3: Frequency of eating meals prepared from scratch, take-away’s and ready meals



A significantly greater proportion of those aged 16 to 24 (46%) and households with children (43%) have take-away’s once or twice a week; this compares to 39% or less for those aged 45 and over and 31% for households without children.

Almost one-fifth (19%) of those without children in their household indicated they never have a take-away, rising to 41% for those aged 65 and over.

As Figure 3 above demonstrates, the convenience of a ready meal appears less appealing to that of take-away's. Overall the largest proportion of residents (38%) indicated they never eat a ready meal. This finding steadily rises from 25% of those aged 16 to 24 claiming to never eat a ready meal to 51% for those aged 65 and over. Again, it is those in the 16 to 24 age group that are most likely to eat a ready meal once or twice a week although this is slightly less frequently than a take-away.

Weight and healthy eating

Just over half (54%) of all residents felt that they were about the right weight. Proportionally more men indicated this (57%) compared to women (51%). Looking at differences by age groups, 71% of those aged 16 to 24 indicated they were the right weight compared to 45% or less of those aged 45 to 64. Proportionally more of those aged 45 to 64 claimed they were a little overweight.

Regardless of their weight estimation, the vast majority of residents claimed they would like to eat more healthily.

Figure 4: Weight estimation

Base: 1605

*Less than 0.5%

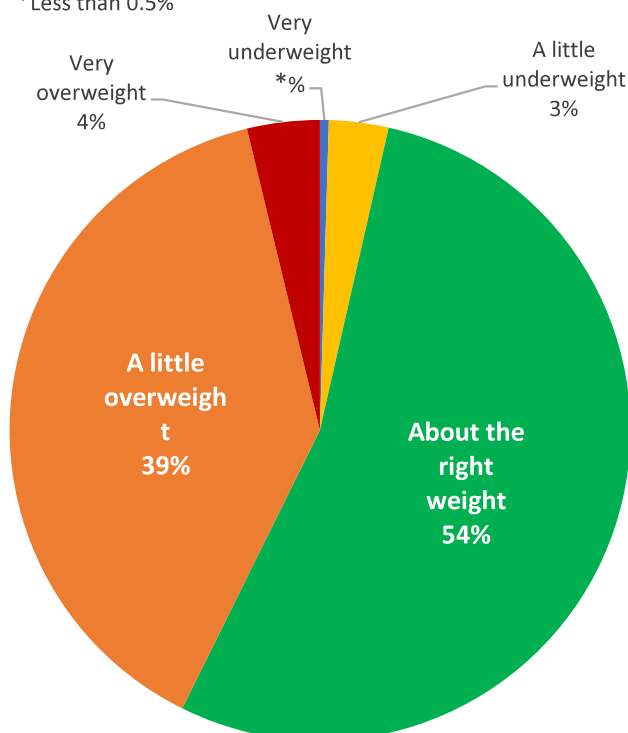
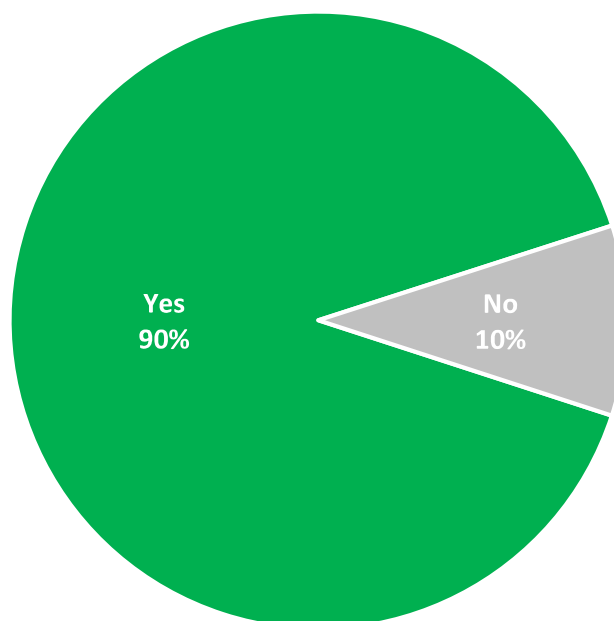


Figure 5: Want to eat more healthily

Base: 1605



When asked what would help them eat more healthily, two-fifths of residents indicated they could do so on their own. This figure rises to 43% for those without children in their household and to 60% for those aged 65 and over.

Price appears to be a factor in being able to eat more healthily; three in ten residents identified being able to access cheaper healthier food as a way of eating more healthily. This figure rises to 38% for those in the 25 to 34 age group, 35% for those with children in their household and 36% for those that have lived in the Borough for less than 12 months. Looking at Acorn data, those in the Financially Stretched and Urban Adversity Categories also highlight cheaper healthy food as a way of eating more healthily.

Alongside price, choice and availability appears to be another factor that could support healthier eating; one-fifth of residents indicated that more healthy produce in local shops would help them eat more healthily.

Figure 6: What would help people to eat more healthily
Base: 1605



The results suggest that residents do not lack Capability, as demonstrated by only 6% indicating a need for cooking lessons (although this rises to 9% for the 16 to 24 age group) and advice from dietitians, nutritionists and GP/nurses also coming in the bottom half of the list. By comparison, price and choice fall into the Opportunity area of COM-B, while having more time would be affected by Motivation.

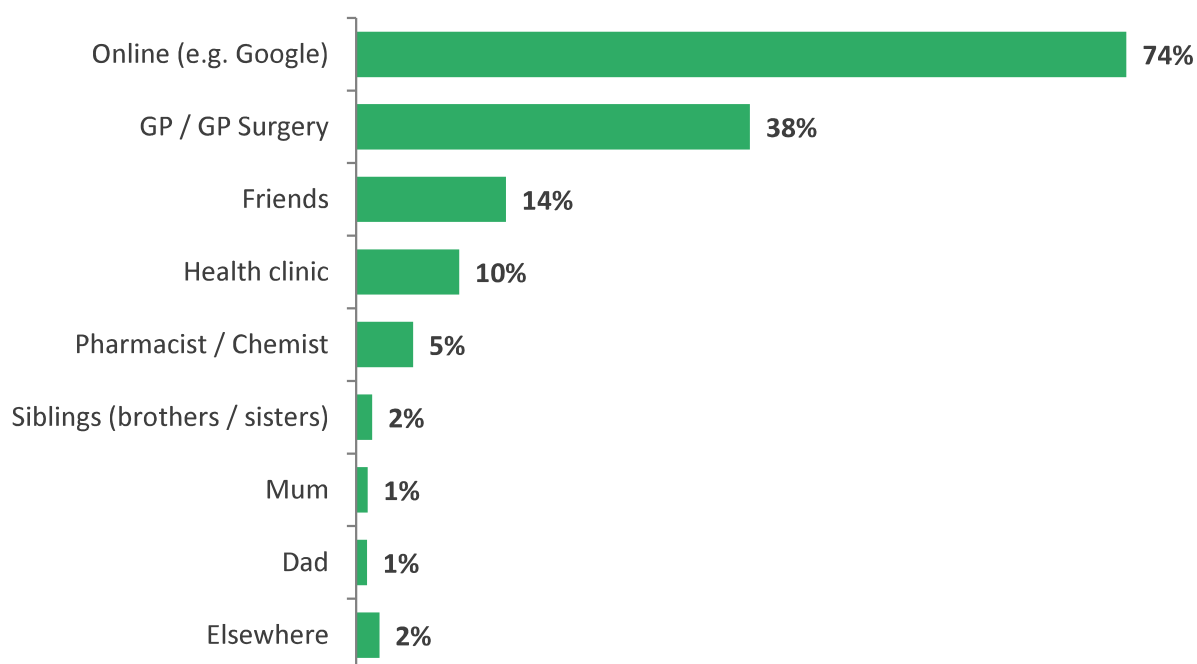
Advice and guidance on staying healthy and active

When residents were asked to spontaneously indicate where would they look or go if they wanted advice on staying healthy and active, most would look online; 74% indicated this.

In terms of NHS provision, almost two-fifths (38%) would ask for advice from their GP/GP surgery, 10% from a Health Clinic and just 5% from a Pharmacist. Reliance on a GP/GP surgery for advice is highest in older residents; 52% of those aged 55 to 64 indicated this, rising to 68% for those aged 65 and over.

Interestingly, 14% of residents spontaneously identified friends as an advice source, rising to 23% for those aged 16 to 24 and 20% for those 65 and over. This compares to just 4% overall who would speak to family members (siblings, mum or dad) – this rises to 12% for those aged 16 to 24.

Figure 7: Sources of advice on staying healthy and active
Base:1605

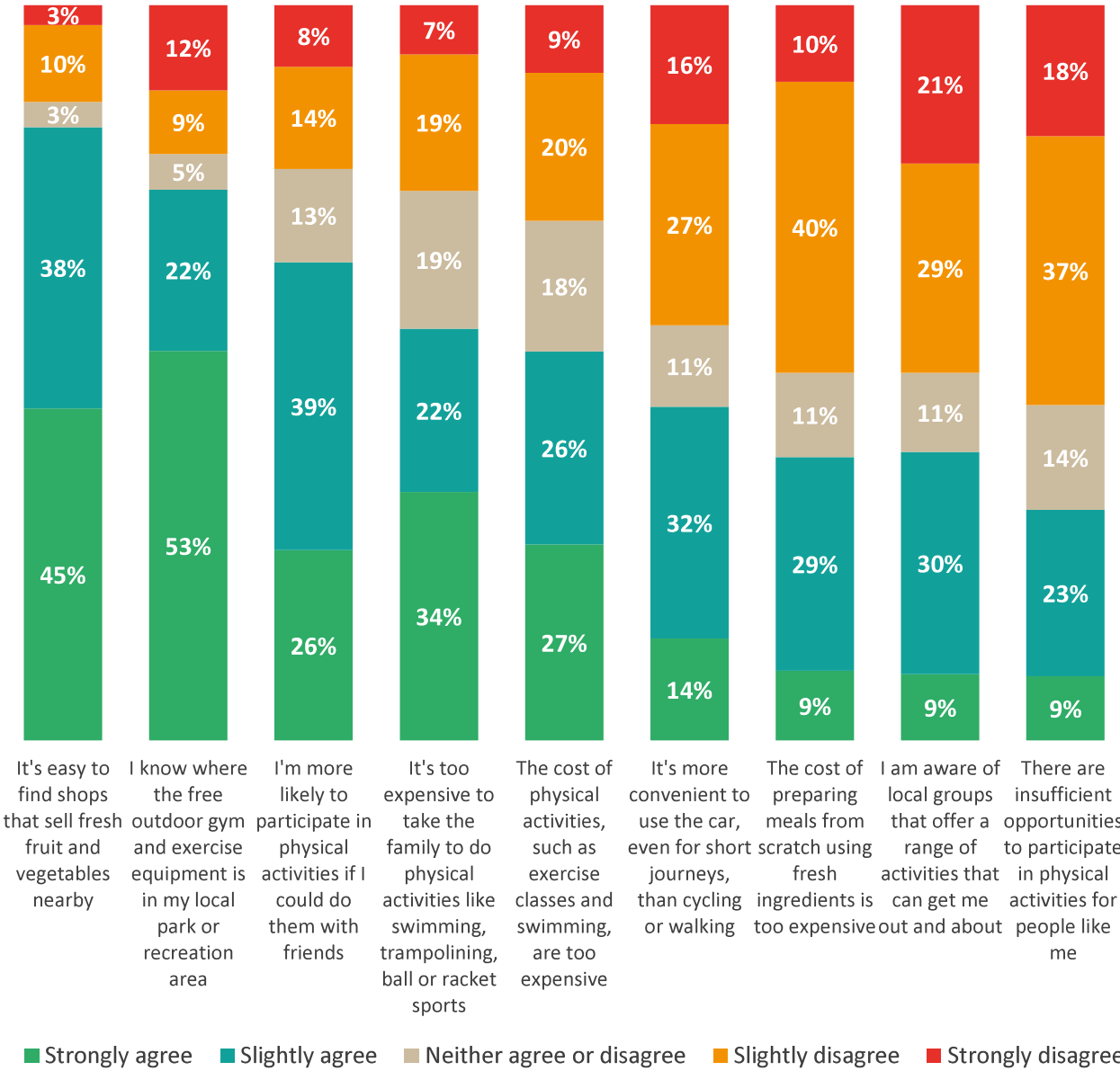


General health and activity awareness and attitudes

When asked the extent they either agreed or disagreed with a range of awareness and attitudinal statements, over four-fifths (83%) of residents agreed that it is easy to find shops that sell fresh fruit and vegetables nearby. Views are broadly similar by sub-groups of the population.

Awareness of the Green Gyms in Slough’s parks and open spaces is high; three-quarters (75%) of residents claimed that they know where their local provision is. Again, the younger residents are, the more likely they are to agree.

Figure 8: General awareness and attitudes to healthy eating and physical activity (excluding ‘don’t know’)
Base: 1456 to 1604



Almost two-thirds (65%) of residents agreed that they are more likely to participate in physical activity if they could do it with friends; 86% of those aged 16 to 24 agreed with this statement.

Over one-half (56%) agreed that it is too expensive to take the family to do physical activities like swimming, or sporting activities like trampolining, ball or racket sports. A significantly higher proportion of those from an Asian ethnic background agreed (61%) agreed compared to those from a White ethnic background (52%).

In the same vein, over one-half (53%) of residents also agreed that the cost of physical activities, such as exercise classes and swimming, were too expensive. This was particularly the case for those from Asian and Black backgrounds and for those with children; 57% of those from non-White backgrounds agreed, compared to 49% of those from White ethnic groups, while 60% of those with children agreed compared to 47% of those without children.

Views are broadly split when considering whether it is more convenient to use the car, even for short journeys, than cycling or walking; 45% agreed and 44% disagreed. It is those aged between 25 and 64 that are most likely to have agreed. This appears to be linked to economic activity with 49% of those that are working having agreed, compared to 38% of those that are not working.

Just under two-fifths (39%) agreed that the cost of preparing meals from scratch using fresh ingredients is too expensive; 50% disagreed. A significantly greater proportion of women (42%) agreed compared to men (35%).

The same proportion of residents (39%) claimed to be aware of local groups that offer a range of activities that can get them out and about; 50% disagreed. Age is a key discriminator with 46% of those aged 16 to 24 having agreed with this statement compared to 34% of those aged 65 and over.

Some three in ten (31%) of residents agreed that there are insufficient opportunities to participate in physical activities for people like them. This figure rises to 34% for those from an Asian ethnic background and falls to 29% for those from a White ethnic background.

Perhaps encouraging, 54% disagreed with this statement. The disagreement figure rises to 64% for those aged 16 to 24 and falls to 43% for those aged 65 and over. Most likely linked to age, 57% of working residents disagreed compared to 49% of those that were not working.

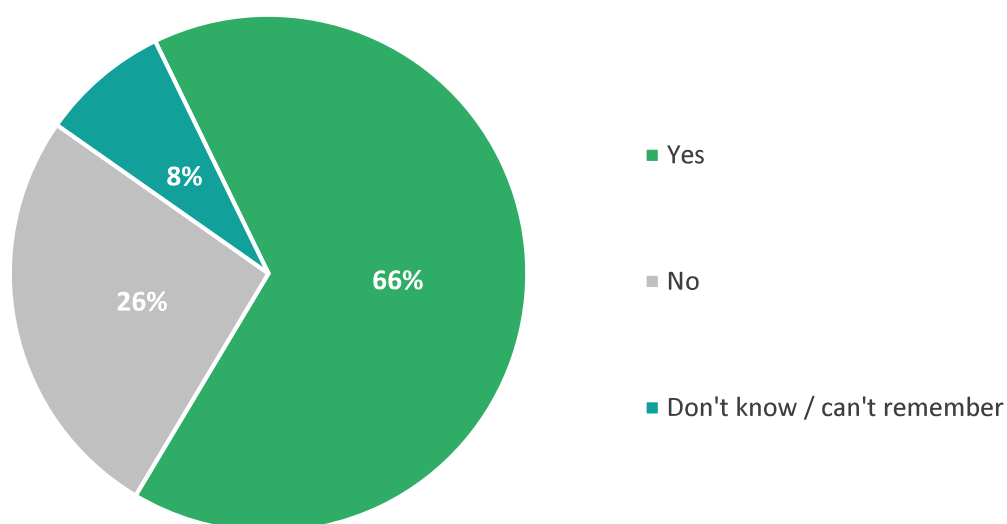
Sexual Health

All survey respondents were informed that the sexual health section explored topics such as sex education, knowledge around contraception and sexually transmitted infections or STI's, and while some questions might feel quite personal, they did not have to answer anything they did not wish to. They were given assurances of confidentiality and that all responses would be unattributable and only reported in aggregated format. They were then asked whether they wished to answer this section and 748 (47%) of the sample chose to do so; 408 men and 339 women.

Of those answering the sexual health questions, two-thirds recalled receiving sex education at school. Perhaps not surprisingly, this figure falls with an increase in age; just 21% of those aged 65 and over claimed to have had sex education at school compared to 89% of those aged 16 to 24.

A significantly greater proportion of women (71%) claimed to have received sex education compared to men (59%). Fewer of those from an Asian background claim to have received sex education at school; 53%.

Figure 9: Whether received sex education at school
Base: 734

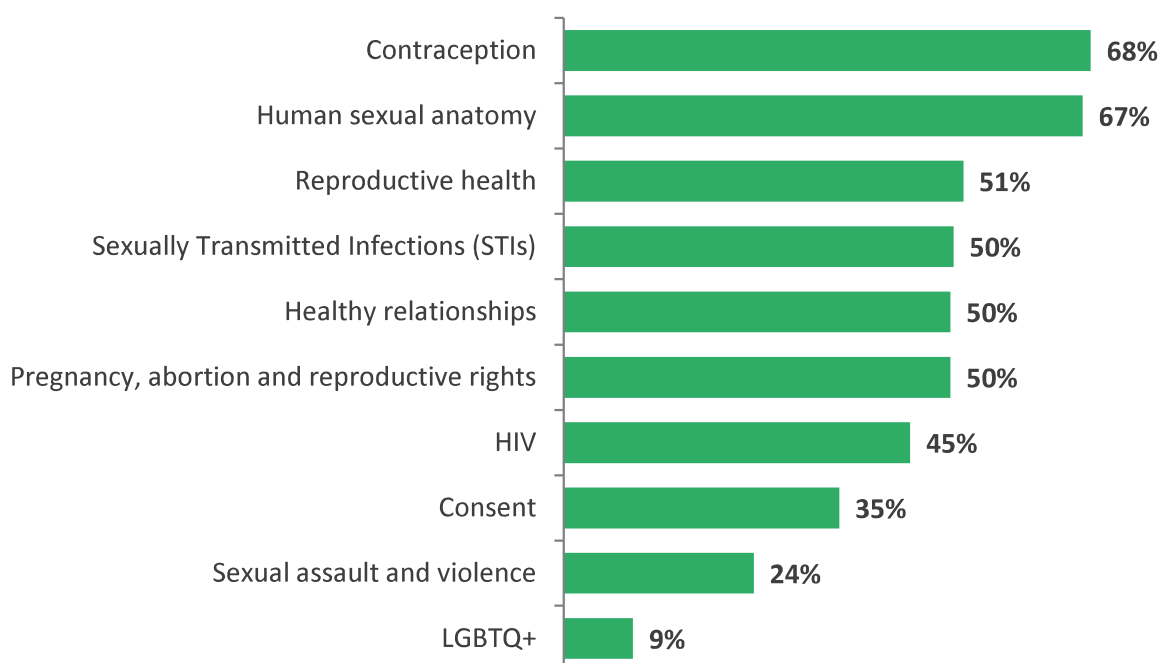


Just over one-quarter (26%) claimed not to have received sex education at school. This rises to 31% for men, 55% for those aged 65 and over and 35% for those from an Asian background.

For those receiving sex education at school, the most common topics were contraception and human sexual anatomy; over two-thirds received education on these subjects. Around one-half were educated on reproductive health, STI's, healthy relationships and pregnancy, abortion and reproductive rights.

Figure 10: Sex education subjects covered as part of school curriculum/programme

Base: 482



As might be expected, compared to others, those aged 16 to 24 are proportionally more likely to have received sex education on all of the topics, but especially healthy relationships, pregnancy, abortion and reproductive rights, HIV, consent, sexual assault and violence, LGBTQ+.

Contraception and STI myths

To gauge awareness (and linked to the Capability² aspect of COM-B) residents were asked whether they thought a range of statements about contraception and sexually transmitted infections were true or false.

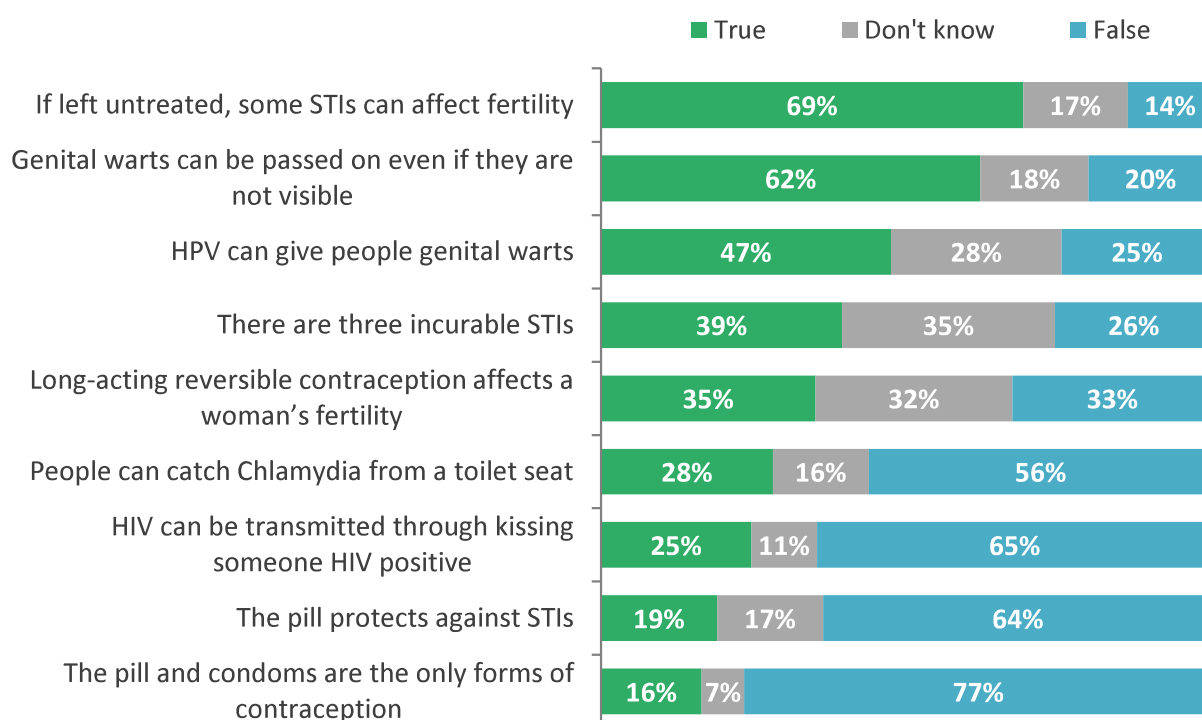
As shown in Figure 11 below, almost seven in ten (69%) residents recognised that, if left untreated, some STIs can affect fertility. However, 17% were unsure and, worryingly, around one in seven (14%) felt this statement was false.

² Psychological capability being the capacity to engage in the necessary thought processes - comprehension, reasoning, etc.

Similarly, some six in ten (62%) residents were aware that genital warts can be passed on even if they are not visible, yet one-fifth (20%) believed this to be false. By comparison, only 47% felt that HPV can give people genital warts, with one-quarter (25%) believing this statement to be false.

Views on incurable STI's are mixed with the highest proportion unsure whether the statement is true or false. Similarly, views on whether LARCs affect fertility are roughly split into thirds.

Figure 11: Beliefs about statements about contraception and sexually transmitted infections
Base: 732 to 748



Looking at the statements that are false, some three-quarters (77%) of residents were aware that the pill and condoms are not the only types of contraception, however, 16% felt this statement was true.

The proportion that felt it was false that the pill protects against STI's is 64%, with 19% believing this to be true. More women than men believe this to be false (68% vs. 60%, respectively), while proportionally more (25%) of those aged 16 to 24 believe it to be true, compared to other age groups.

Almost two-thirds (65%) of residents recognise that the statement that HIV can be transmitted through kissing someone HIV positive is false. However, one-quarter (25%) believe this to be true; this rises to 34% for those aged 16 to 24.

The nhs.uk website advises that chlamydia cannot be passed on through casual contact, such as kissing and hugging, or from sharing baths, towels, swimming pools, toilet seats or cutlery. Almost six in ten (56%) residents recognised this, claiming the statement that people can catch Chlamydia from a toilet seat was false. The figure rises to 62% for women and falls to 51% for men. Nevertheless, almost three in ten (28%) felt this was true, with those from an Asian background most likely to think this was false at 42%.

Overall, awareness for the majority of these statements was lowest in those from an Asian background, with a significantly higher proportion indicating they 'didn't know', compared to other ethnic groups.

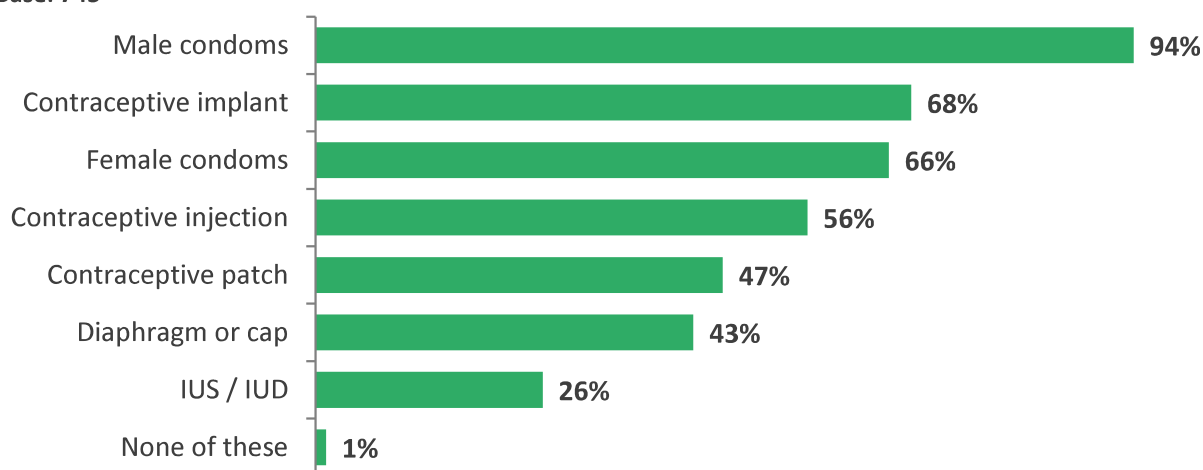
Awareness of contraception types

When asked to identify the contraception types they were aware of from a list, the vast majority of residents claimed to be aware of male condoms; 94% indicated this. This was followed by the contraceptive implant at 68% and female condoms at 66%. Almost six in ten (56%) were aware of the contraceptive injection, 47% were aware of the contraceptive patch and 43% the diaphragm/cap. The contraceptive type with lowest awareness was the intrauterine system/ intrauterine device (IUS/IUD).

Aside from the male condom, women had far greater awareness of all the listed contraception types compared to men. Similarly, those from a White ethnic background were more aware of all the listed types compared to those from an Asian background.

Figure 12: Awareness of contraception types

Base: 743



Significantly fewer of those aged 16 to 24 were aware of the diaphragm/cap compared to other age groups.

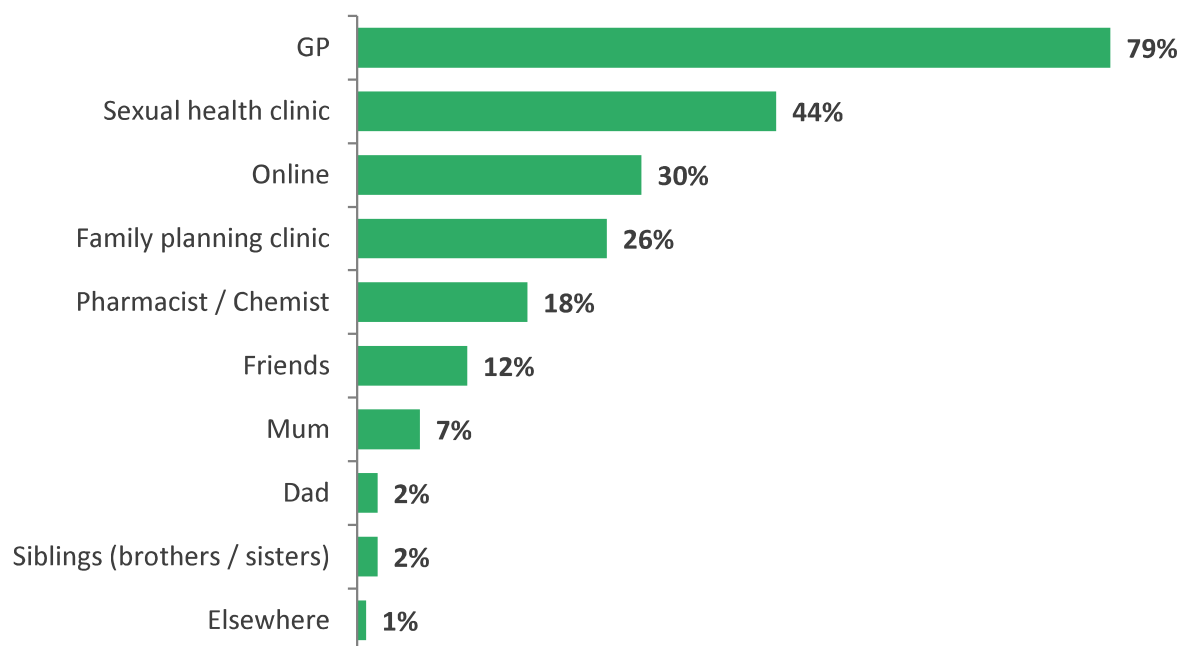
Advice on sexual health and contraception

Residents were asked to indicate from a list of possible sources, where they would have gone for advice on sexual health and/or contraception if they had needed it. The majority would go/have gone to their GP; almost eight in ten indicated this. Some two-fifths (44%) would have gone to a sexual health clinic for advice. This rises to 49% for women but falls to 39% for men.

Interestingly, and in stark contrast to the 74% of residents that would look online when seeking advice on staying healthy and active (page 22), just three in ten suggested they would look online for sexual health and contraception advice. This rises to 49% for those aged 16 to 24 and falls to 27% or less for those aged 45 and older.

Figure 13: Sources of advice on sexual health and contraception

Base: 748



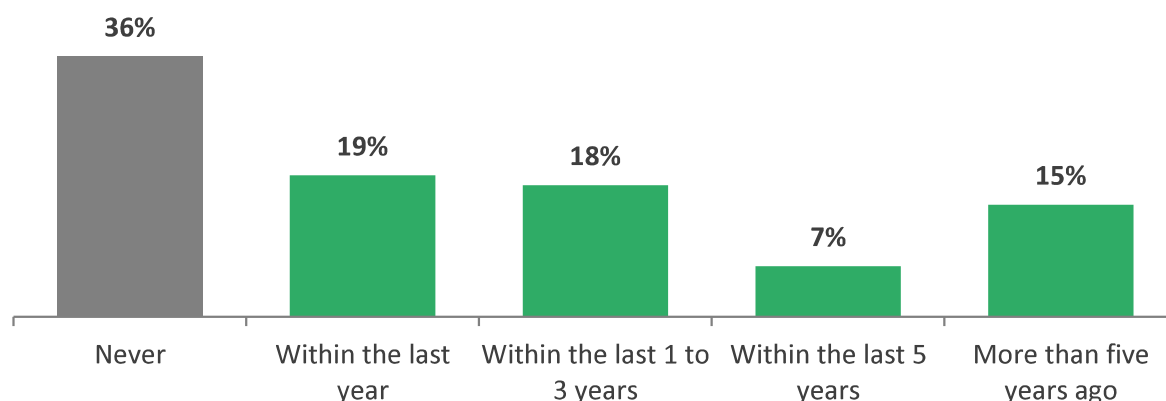
Overall, 26% would look for advice at a family planning clinic; more women than men would do so (39% vs. 15%, respectively), while 18% would speak to their Pharmacist (23% for those aged 16 to 24).

A similar proportion would speak to friends (12%) or family (11% for mum, dad or siblings). Mum (21%) or friends (17%) would be a proportionally higher advice source for those aged 16 to 24, compared to other age groups.

Sexual Health check-up

Almost two-thirds (64%) of residents have had a sexual health check, either in the UK or elsewhere, at some point in their lifetime. Around one-fifth (19%) stating that this was in the last year and a similar proportion (18%) stating it was in the last 1 to 3 years. Proportionally more women have had a check-up in the last year or 1 to 3 years; 25% and 22%, respectively.

Figure 14: Last time had a sexual health check
Base: 746

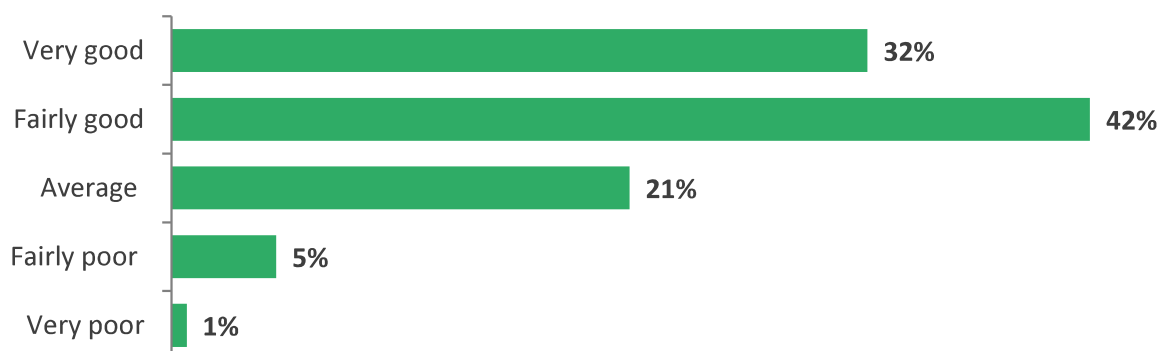


Significantly more men (47%), those in the 16 to 24 age group (50%) and those from an Asian background (55%) have never had a sexual health check-up, compared to others.

General Health

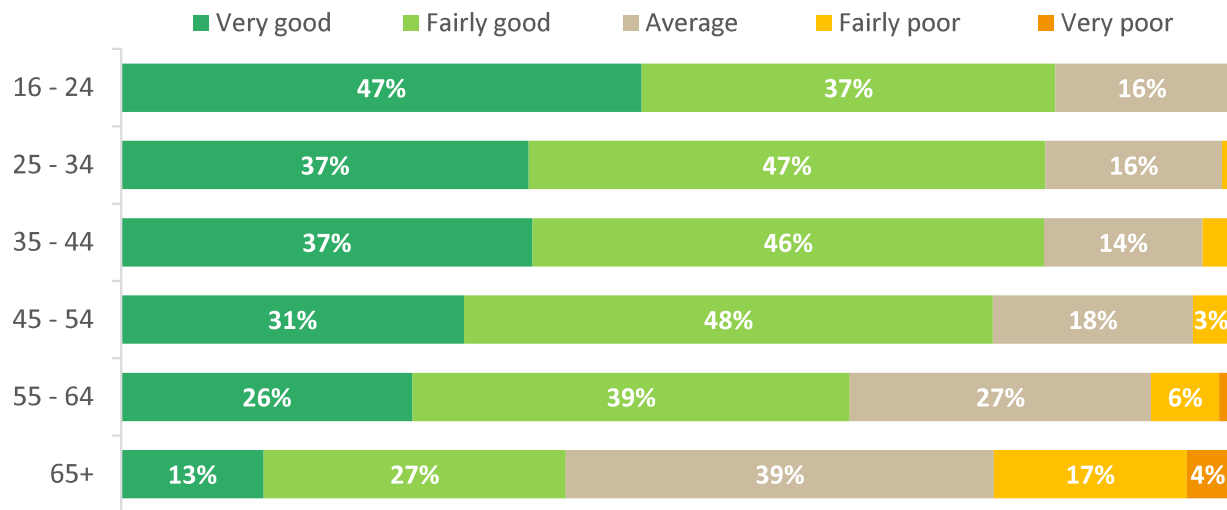
Survey respondents that chose not to answer the sexual health questions, were instead asked about their general health, dental and oral health and for views on vaccinations. Residents were asked, for their age, how they would describe their health in general. Just under one-third (32%) claimed that their general health was very good while a further two-fifths (42%) indicated they felt fairly good.

Figure 15: Self-reported rating of general health
Base: 857



As might be expected, self-reported ratings of good general health decline with age, as shown in Figure 16 below. Proportionally more younger residents claim their general health is ‘very good’ while proportionally more older residents rate it as ‘fairly or very poor’.

Figure 16: Self-reported rating of general health by age group
Base: 857

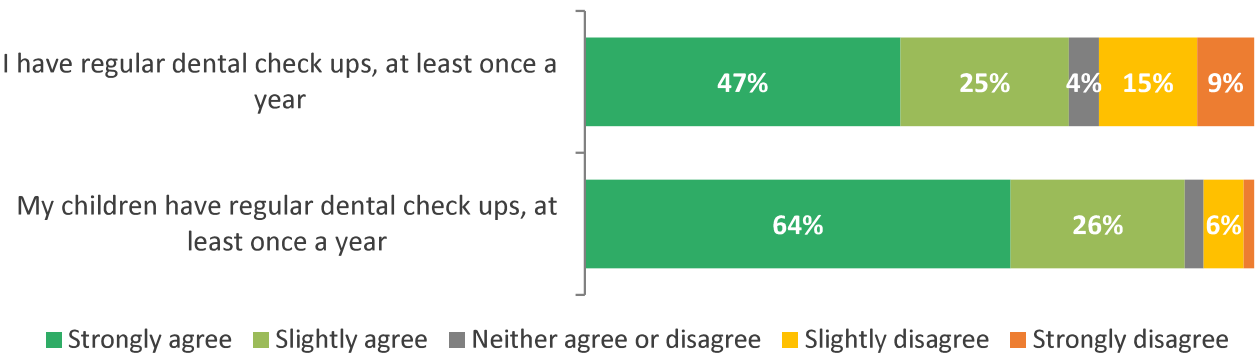


Dental Health

When asked the extent to which they agreed or disagreed with two statements about dental checks ups, some seven in ten (72%) residents agreed that they have at least an annual check-up. This figure rises to 79% for those from a Black ethnic background and falls to 70% for those from an Asian ethnic background.

For those with school aged children, nine in ten residents indicate that their children have at least an annual check-up.

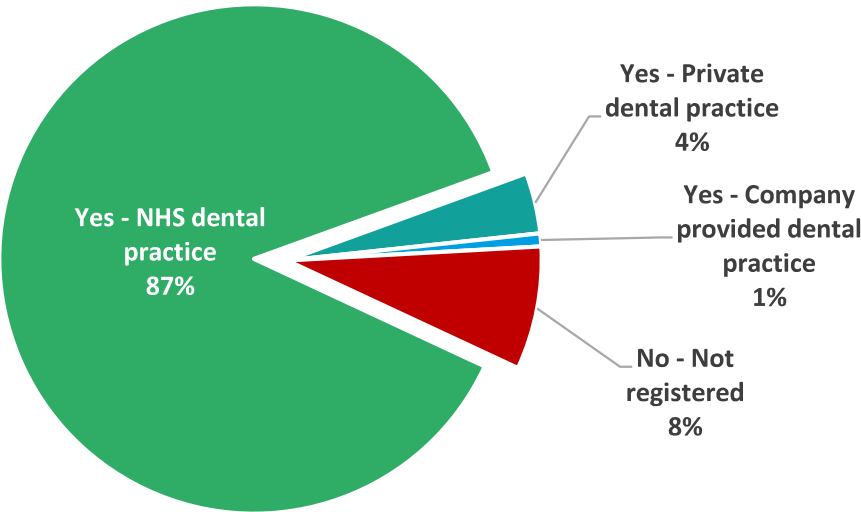
Figure 17: Attitudes to dental check-ups (excluding ‘don’t know’)
Base: Adults 1604 / Children 569



When asked about registration with a dental practice, almost nine in ten (87%) residents claimed to be NHS registered. A further 4% are registered at a private dental practice and 1% via a workplace scheme.

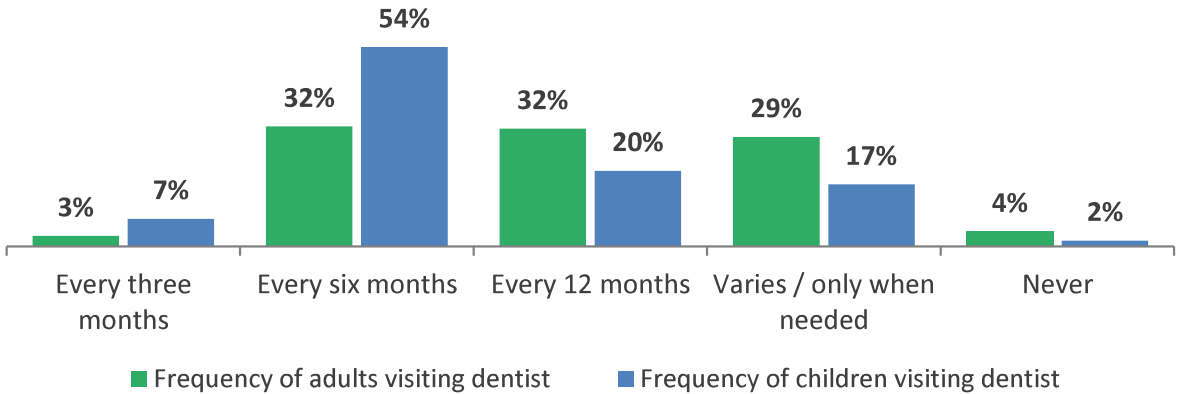
Just under one in ten (8%) of residents claimed that they were not registered with a dental practice. This rises to 13% for those aged 16 to 24 and to 25% for those that have recently moved into the Borough, having lived here for less than 12 months.

Figure 18: Dental practice registrations
Base: 857



Looking at the claimed frequency of dental check-ups, children’s’ oral health appears to be of higher importance to parents, with children having more frequent visits; 61% at least every six months. By comparison, only 35% of adults visit with this frequency.

Figure 19: Frequency of dental check-ups
Base: Adults 857 / Children 325



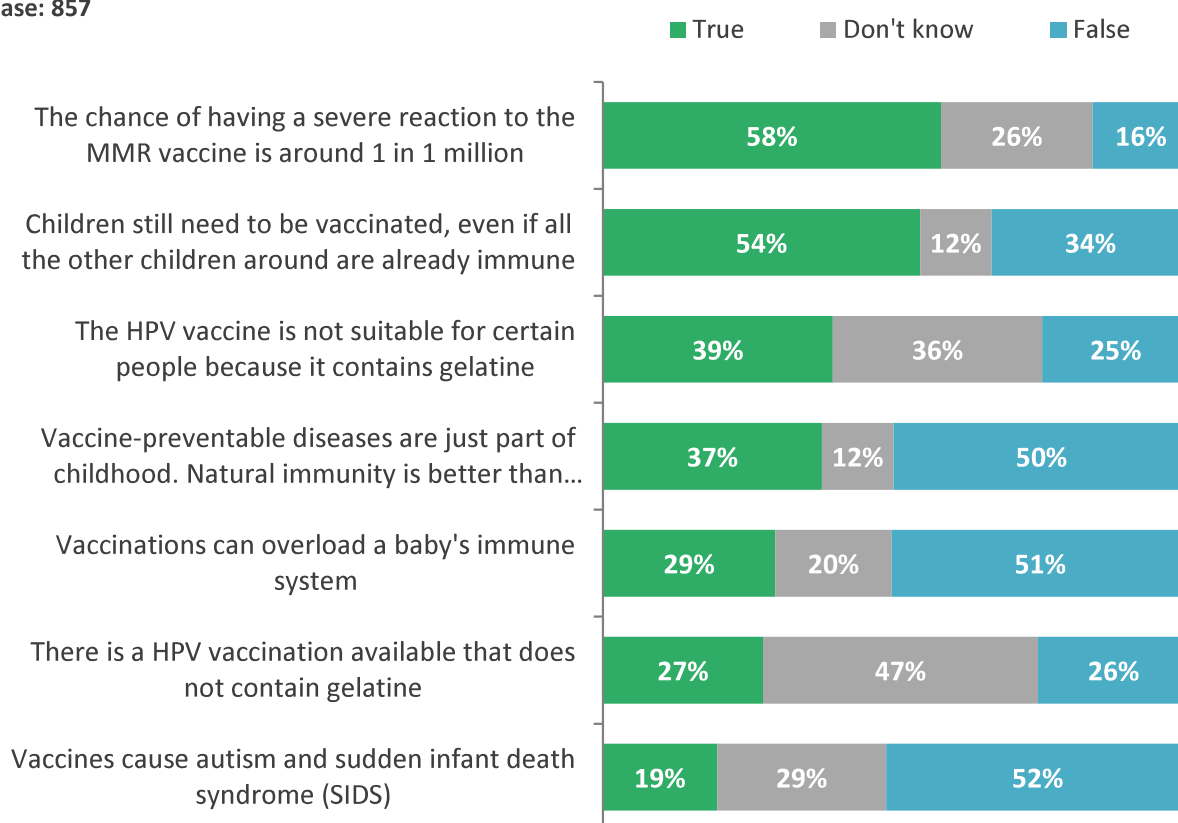
Vaccination myths

To gauge awareness (and linked to the Capability³ aspect of COM-B) residents were asked whether they thought a range of statements about vaccinations were true or false. Just under six in ten (58%) residents were aware that the chance of having a severe reaction to the MMR vaccine is around 1 in 1 million. Nevertheless, 16% believed this statement was false and 26% simply did not know.

Just over half of residents (54%) recognised that children still need to be vaccinated even if other children are already immune. However, just over one-third (34%) of residents felt this statement was false, suggesting they had not considered children coming into contact with other people and adults.

Views by sub-groups of the population to both these statements were broadly similar.

Figure 20: Beliefs about statements about vaccinations
Base: 857



Some four in ten (39%) felt that the HPV vaccine is not suitable for certain people because it contains gelatine. A similar proportion (36%) simply did not know whether it was suitable for all or not, while one-quarter (25%) believed the statement was false.

³ Psychological capability being the capacity to engage in the necessary thought processes - comprehension, reasoning, etc.

Compared to those from a White ethnic background, a significantly higher proportion of residents from Asian, Black or Other ethnic backgrounds felt this statement was true.

When considering the statement that there was an HPV vaccine that did not contain gelatine, the greatest proportion of residents simply did not know; 47% indicated this. The remainder were split between believing that statement was true or believing it was false. There were no statistically significant differences by ethnic background for this statement, however proportionally more (33%) of those aged 25 to 34 felt the statement was false.

Perhaps worryingly, almost two-fifths (37%) of residents believe that vaccine-preventable diseases are just part of childhood, and that natural immunity is better than vaccine-acquired immunity. This figure rises to 43% for those from an Asian background and falls to 32% for those from a White background.

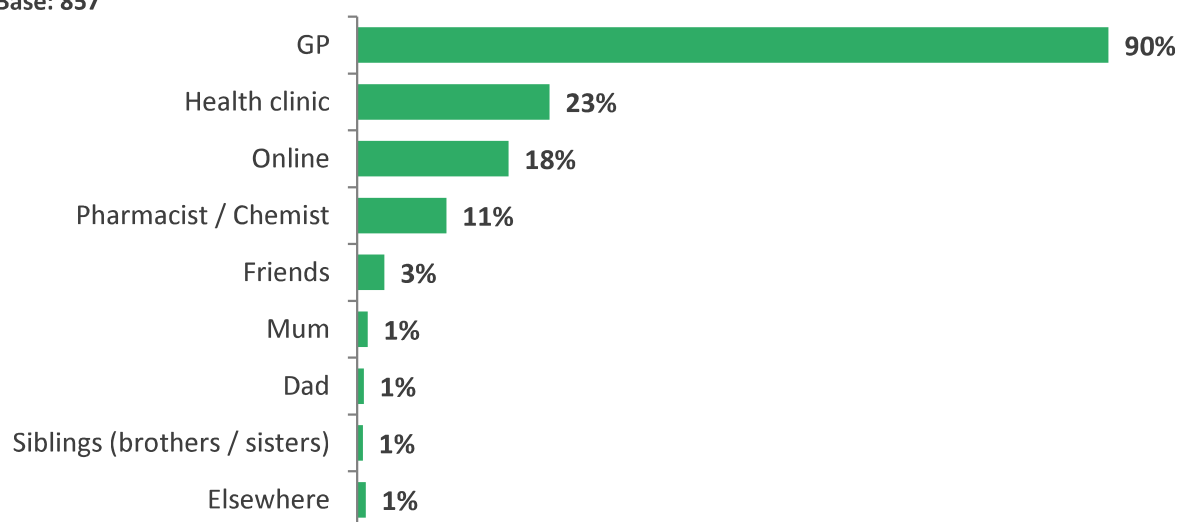
Some three in ten (29%) residents believe that vaccinations can overload a baby's immune system. This rises to 38% for those aged 25 to 34. However, just over half of residents (51%) believe this statement to be false. Proportionally more of this age group also believe that vaccines cause autism and sudden infant death syndrome (SIDS) – overall, 19% believe this statement is true, but this rises to 30% for those aged 25 to 34.

Advice on vaccinations

Residents were asked to indicate from a list of possible sources, where they would have gone for advice on vaccinations if they had needed it. The majority would go/have gone to their GP; nine in ten indicated this. This rises to 97% for those aged 65 and over.

Figure 21: Sources of advice on vaccinations

Base: 857



Around one-quarter (23%) would go to a health clinic, while 18% would search for information online and 11% would ask a pharmacist.

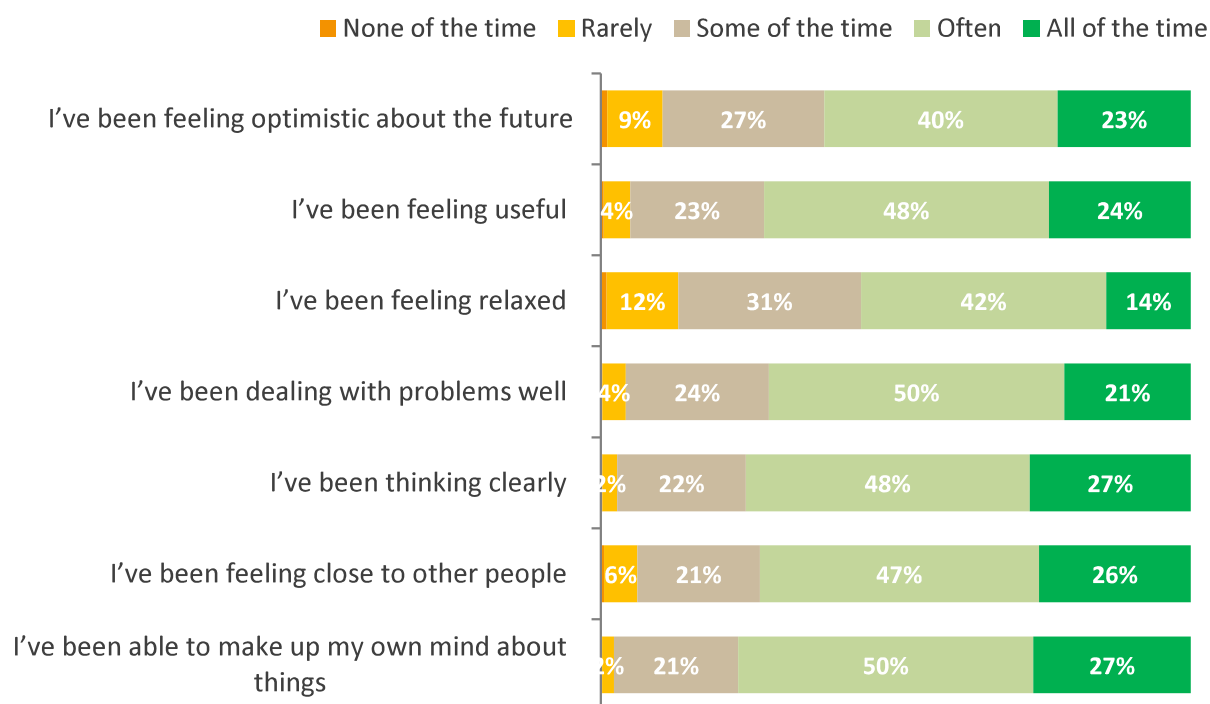
Overall, just 3 % would rely on family members for advice but this rises to 13% for those aged 16 to 24.

Mental well-being

To help set a baseline for residents' mental health and well-being we used SWEMWBS⁴, which is a short version of the Warwick–Edinburgh Mental Well-being Scale (WEMWBS). WEMWBS was developed to enable the monitoring of mental well-being in the general population and the evaluation of projects, programmes and policies which aim to improve mental well-being. SWEMWBS uses seven of the WEMWBS's 14 statements about thoughts and feelings. The seven statements are positively worded with five response categories from 'none of the time' to 'all of the time' and are summed to provide a single score.

Slough residents were asked the seven-item SWEMWBS question set, which asks how they have been feeling over the past two weeks. Individual survey items are reported below.

Figure 22: Results from SWEMWBS
Base: 1605

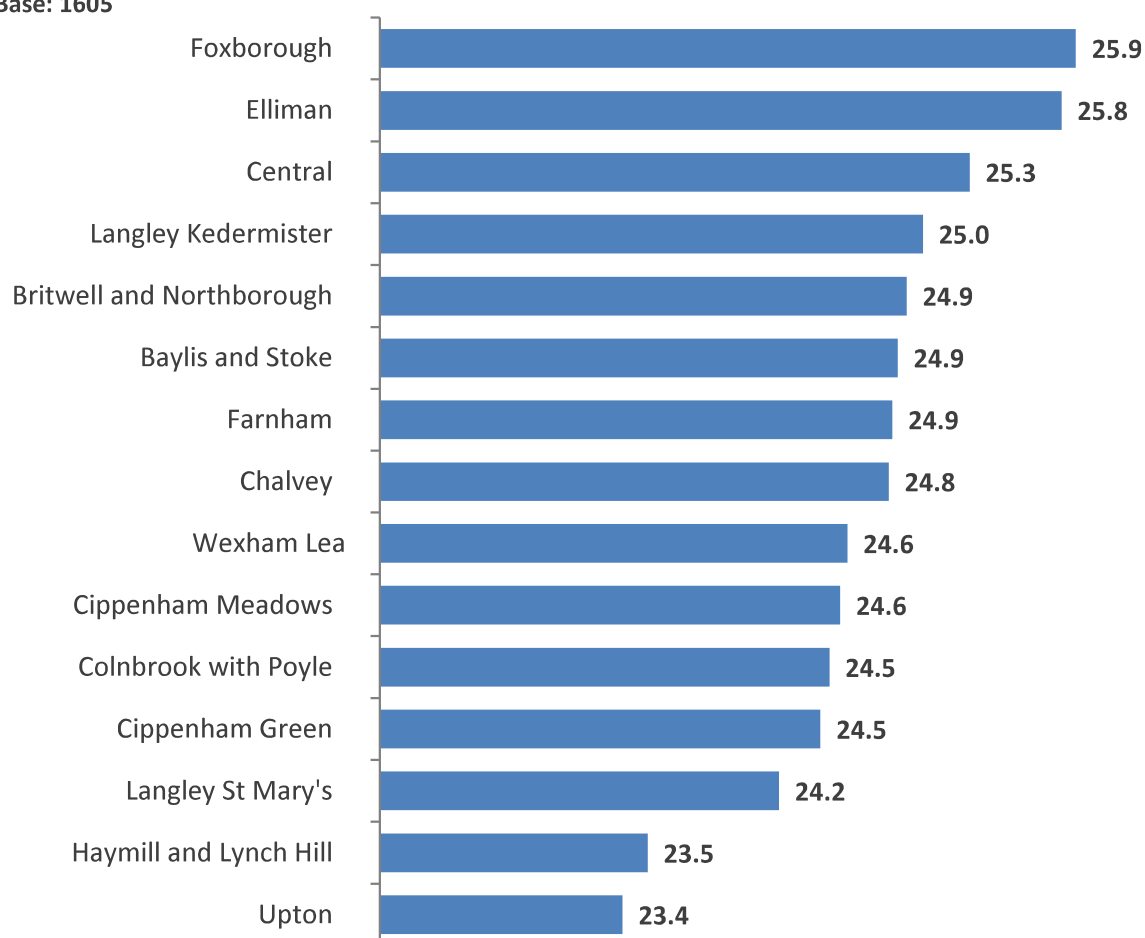


⁴ Short Warwick Edinburgh Mental Well-Being Scale (SWEMWBS) © NHS Health Scotland, University of Warwick and University of Edinburgh, 2008, all rights reserved. <https://warwick.ac.uk/fac/sci/med/research/platform/wemwbs/>

SWEMWBS scores ranged from 7 to 35 with an average of 24.7 for survey respondents. The higher the score, the better the mental well-being. Differences in SWEMWBS scores for differing sub-groups of the sample were small; however, those who were not working had a significantly lower average than those who were (23.8 vs. 25.1).

Average SWEMWBS score also varied by ward. Foxborough and Elliman had the highest average, whereas Haymill & Lynch Hill and Upton had the lowest.

Figure 23: Average SWEMWBS score by Ward
Base: 1605



To provide some level of UK comparison, the survey also included the Office for National Statistics (ONS)⁵ well-being measure – ‘Overall, how satisfied are you with your life nowadays?’.

The most recent ONS average (mean) rating for this measure of personal well-being, for the year ending June 2018, was 7.7 out of 10 for life satisfaction. This compares to Slough’s result of 7.5 out of 10.

⁵ ONS Personal well-being in the UK: July 2017 to June 2018

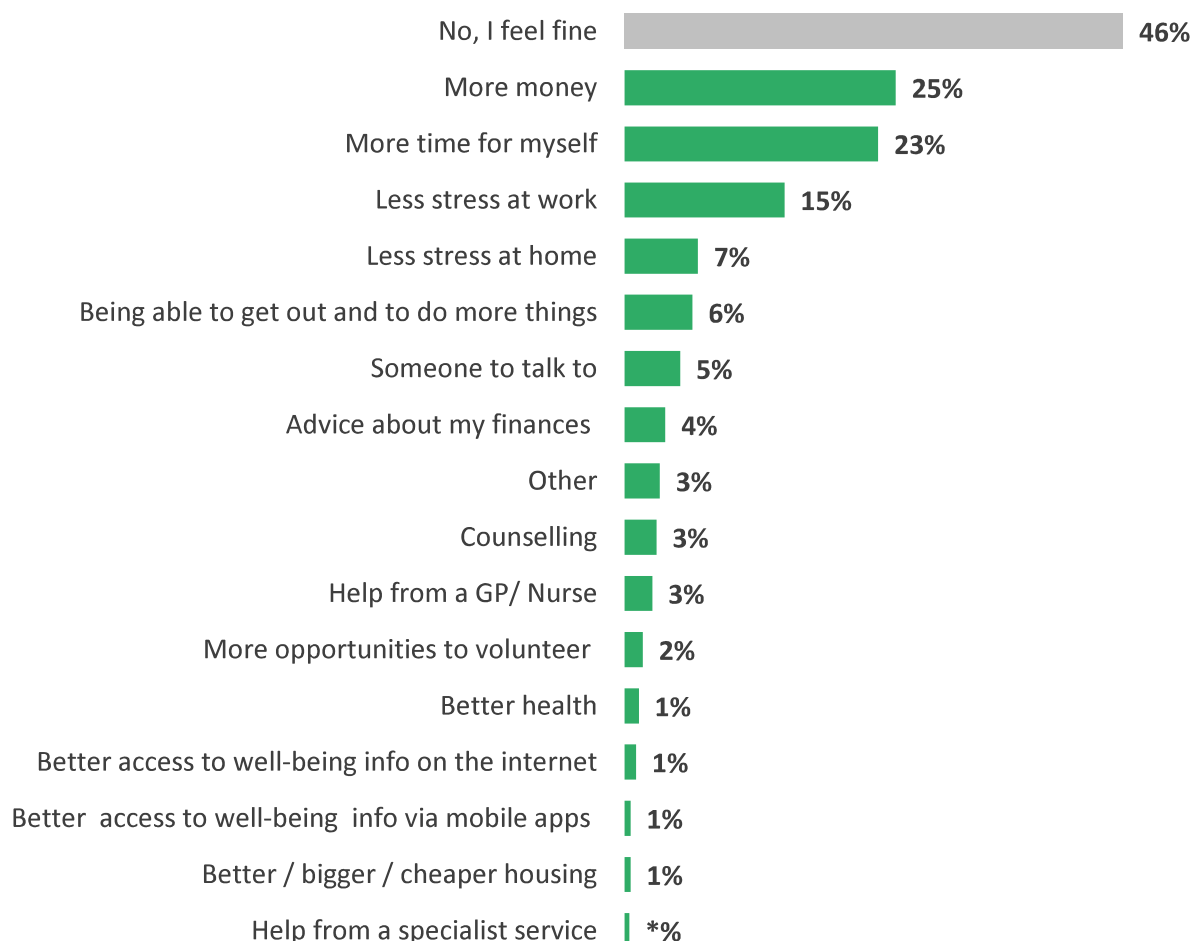
When shown a list of possible actions and asked whether there was anything that would help them to increase their well-being/satisfaction with their life, just under one-half (46%) indicated that they felt fine as they were. This figure rises to 65% for those aged 65 and over.

However, one-quarter (25%) of residents felt that improvements to their financial position would help them. This figure rises to 31% for those aged 16 to 24 and to 32% for those from a Black ethnic background.

Just under one-quarter (23%) felt that more time to themselves would increase their well-being/satisfaction with their life. This rises to 26% for women and 29% for those with children but falls to 21% for men and 19% for those without children. It is highest amongst those aged 45 to 54 at 31%.

Figure 24: Views on measures that could improve well-being/satisfaction with life

Base: 1605 * Less than 0.5%



Survey findings: Attitudes to physical activity

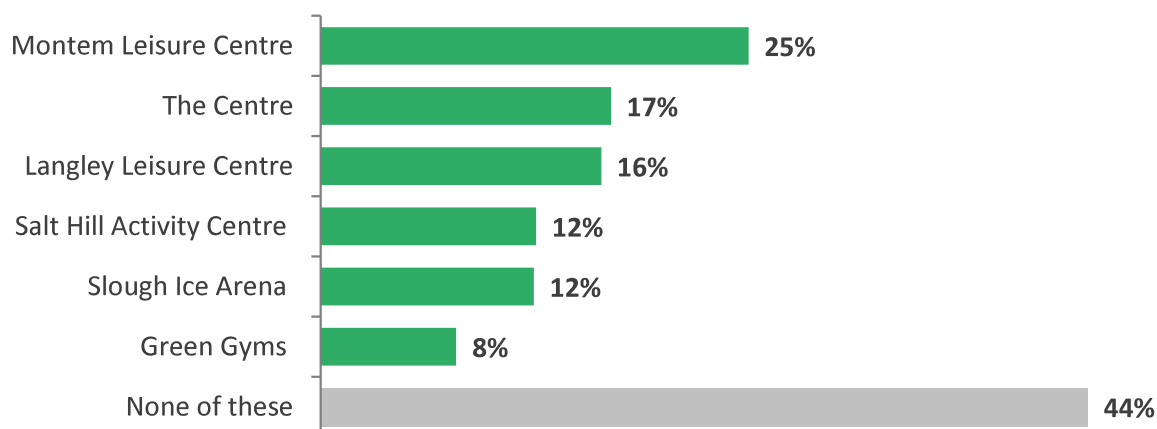
The following section looks at residents use of sports and leisure facilities, their attitudes to physical activity and the types and duration of activity undertaken.

Firstly, almost six-in ten (56%) of residents have used at least one of the Borough's leisure facilities in the past. As might be expected, the younger the resident, the more likely they have indicated use of each of the listed venues. Just 40% of those aged 65 and over have used any.

The now closed Montem Leisure Centre was the most frequently mentioned with 25% of residents indicating they had used this venue. The newly opened The Centre has been used by 17% of residents, while Langley Leisure Centre has been used by 16% and both Salt Hill Activity Centre and Slough Ice Arena being used by 12%. Just under one in ten (8%) have used the green gyms in Slough's parks and open spaces.

Figure 25: Usage of Slough leisure facilities

Base: 1605



For the 707 residents that claimed not to use the listed council facilities, the most common reason given for non-use was time (a motivational behavioural aspect) with 37% indicating this. A further 13% claimed to simply not be interested in using council facilities, while 5% indicated poor health and 4% old age.

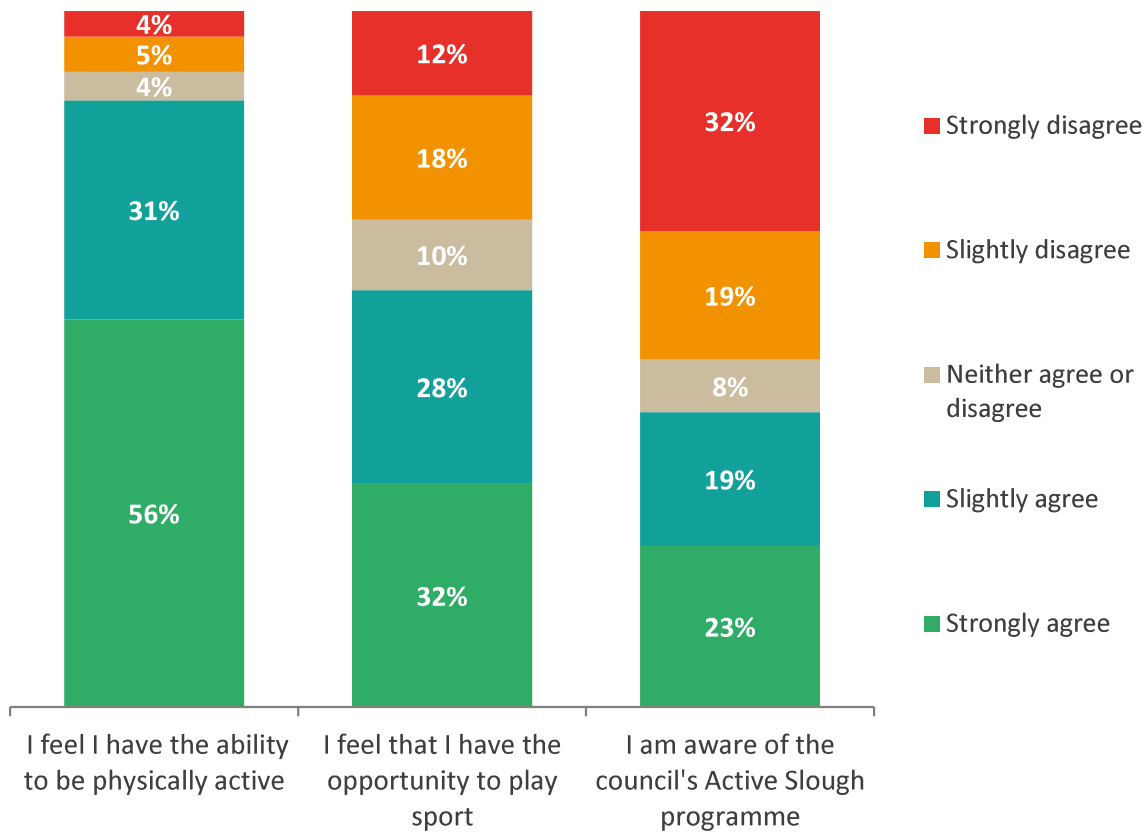
However, on a more positive note, 19% indicated that they used sports and leisure facilities elsewhere, including private gyms, Buzz gym, Easy gym, and facilities in Windsor. A further 9% claimed that they had alternative ways of staying active, including walking, gardening and doing exercises at home.

Physical activity - Capability and Opportunity

Residents were asked the extent to which they agreed or disagreed with three statements. Looking at capability, overall, almost nine in ten (87%) of residents agreed (strongly or slightly) that they have the ability to be physically active. Perhaps not surprisingly, this figure is highest for those aged 16 to 24 at 97%, falling to around 90% for those aged between 25 and 54, to 84% for those aged 55 to 64 and to 66% for those aged 65 and over.

Sport England’s most recent active lives survey data⁶ shows that 68% of the England population feel they have the ability to be physically active.

Figure 26: Capability and Opportunity attitudinal statements about physical activity (excluding ‘don’t know’) Base: 1488 to 1605



Overall six in ten (60%) agreed that they have the opportunity to play sport⁷, however three in ten disagreed. Again, age is a key discriminator with a greater proportion of younger residents agreeing – around seven in ten of those aged 16 to 35. This figure falls away to 56% for those aged 45 to 54, 39% for those aged 55 to 64 and just 26% for those 65 and over.

⁶ November 2016/17 sample of 29,875 adults aged 16+, published February 2019.

⁷ Wording to the November 2016/17 dataset is 'I feel I have the opportunity to be physically active'.

A significantly greater proportion of those from Black ethnic backgrounds also agree (67%) compared to those from an Asian ethnic background (57%).

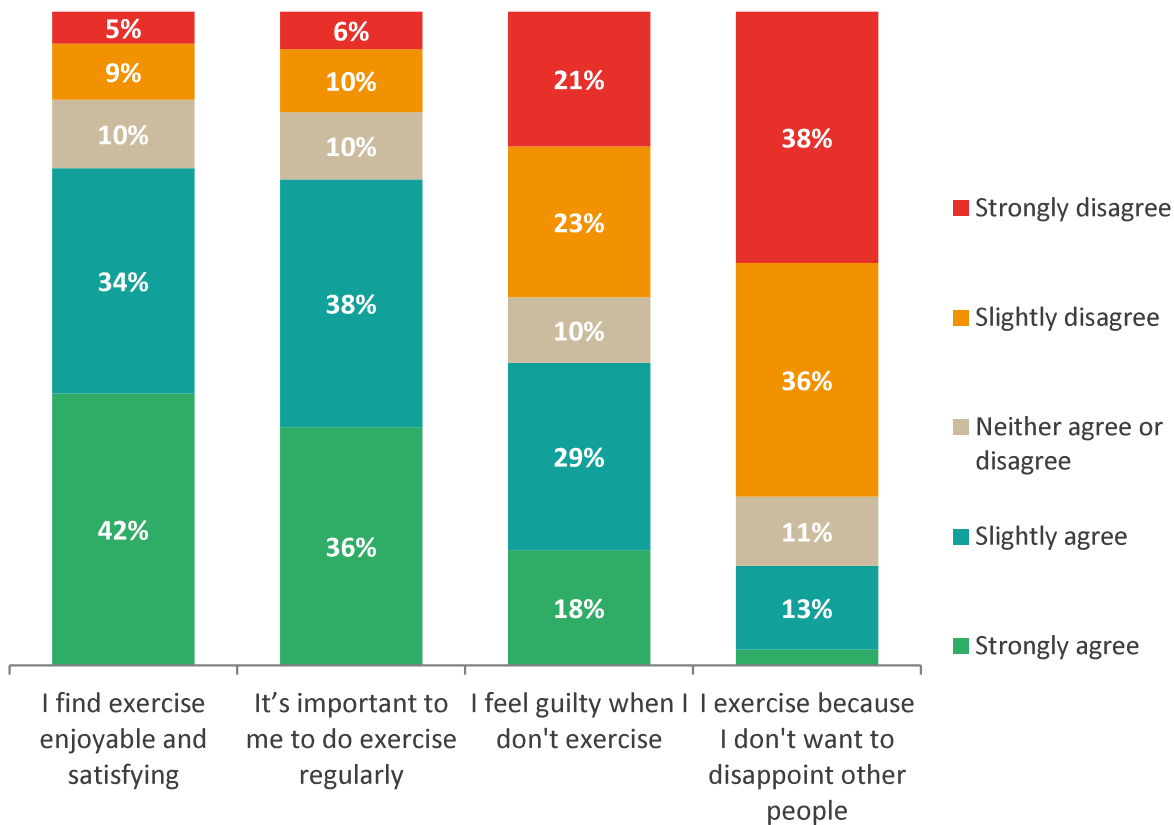
Finally, a majority (51%) of residents claimed to be unaware of the Council’s Active Slough programme, while 42% agreed that they were aware of it. Again, the younger the resident, the more likely they were aware of the programme.

Physical activity - Motivation

Looking at motivation, just over three-quarters (76%) of residents agreed that they find exercise enjoyable and satisfying. This compares favourably to Sport England’s active lives survey result, where 73% of adults age 16+ agreed, and is a statistically significant difference.

Age is again the key statistical discriminator for Slough, with younger residents (90% for those aged 16 to 24) significantly more likely to have agreed compared to older residents (60% for those aged 65+).

Figure 27: Motivational attitudinal statements about physical activity (excluding ‘don’t know’)
Base: 1602 to 1605



A significantly greater proportion of those from Asian (79%) and Black (81%) ethnic backgrounds agree compared to those from a White ethnic background (71%).

Overall, almost three-quarters (74%) of residents agreed that it is important to them to do exercise regularly. This compares to 76% for the active lives survey, which is not a statistically significant difference.

The agreement figure rises to 77% for those from an Asian ethnic background and falls to 71% for those with a White ethnic background.

Almost one-half (46%) of residents agreed that they feel guilty when they don't exercise. This is significantly lower than the proportion of adults in the Sport England active lives survey that agreed; 56%.

Those from an Asian ethnic background agree proportionally more so than other ethnic backgrounds; 52%.

Just 15% of residents agreed that they exercise because they do not want to disappoint others; 74% disagreed with this statement. This compares to 8% that agreed in the active lives survey and 72% that disagreed.

Age is again the key statistical discriminator for Slough, with younger residents significantly more likely to have agreed to each statement compared to older residents.

A significantly greater proportion of those from a White ethnic background (79%) disagreed with this statement compared to those from an Asian ethnic background (69%).

Physical Activity and inactivity comparisons

To establish a broadly comparable measure of physical activity and inactivity in the Slough, some key questions from Sport England Active Lives Survey were included in the survey. These questions were designed to establish levels of activity in the last four weeks and whether any activity was moderate and/or vigorous physical activity. The following definitions were provided to respondents:

Moderate physical activity includes activities that takes medium physical effort and makes you breathe a little harder than usual. For example: brisk walking, tennis, easy cycling, dancing, easy swimming, gardening, working on an allotment, housework and domestic chores, etc.

Vigorous physical activity includes activities that made you out of breath or sweaty (e.g. squash, running, aerobics, strenuous hill walking, weight training, boxing, football, rugby, hockey, vigorous swimming, vigorous cycling or similar activities.

Sport England measure activity⁸ based on the number of moderate intensity equivalent minutes whereby each 'moderate' minute of activity counts as one minute and each 'vigorous' minute of activity counts as two moderate minutes. Depending on the number of minutes of moderate intensity equivalent (MIE) physical activity, people are described as being:

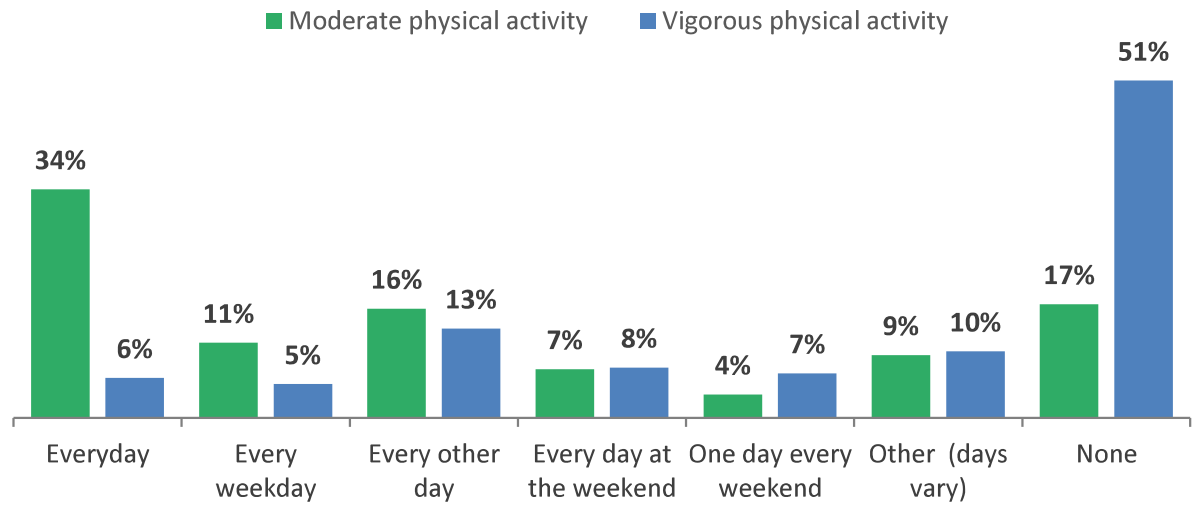
- Inactive – doing fewer than 30 minutes a week
- Fairly active - doing 30-149 minutes a week
- Active – doing at least 150 minutes a week

During the last four weeks, just over one-third (34%) of residents claimed to have undertaken moderate physical activity on a daily basis, while a further 11% did so each weekday and 16% did so every other day. This leaves one-fifth (20%) that claimed to have undertaken some form of moderate physical activity once or more in the last four weeks and 17% that had not done anything.

In terms of vigorous physical activity, over on-half (51%) of residents claimed not to have done anything in the last four weeks. Overall, over one in ten (11%) indicated they had done so for at least five days each week, with the remaining 38% that indicated at least once in the last four weeks.

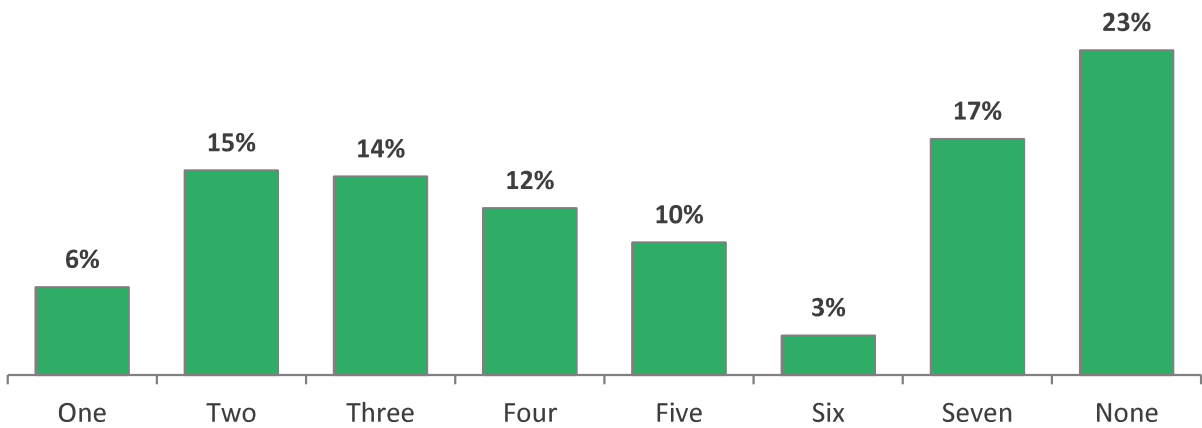
⁸ NB: Sport England do not include gardening in their calculations, however PHE's Physical Activity data do include gardening

Figure 28: Frequency of undertaking moderate physical activity in last 4 weeks
Base: 1600



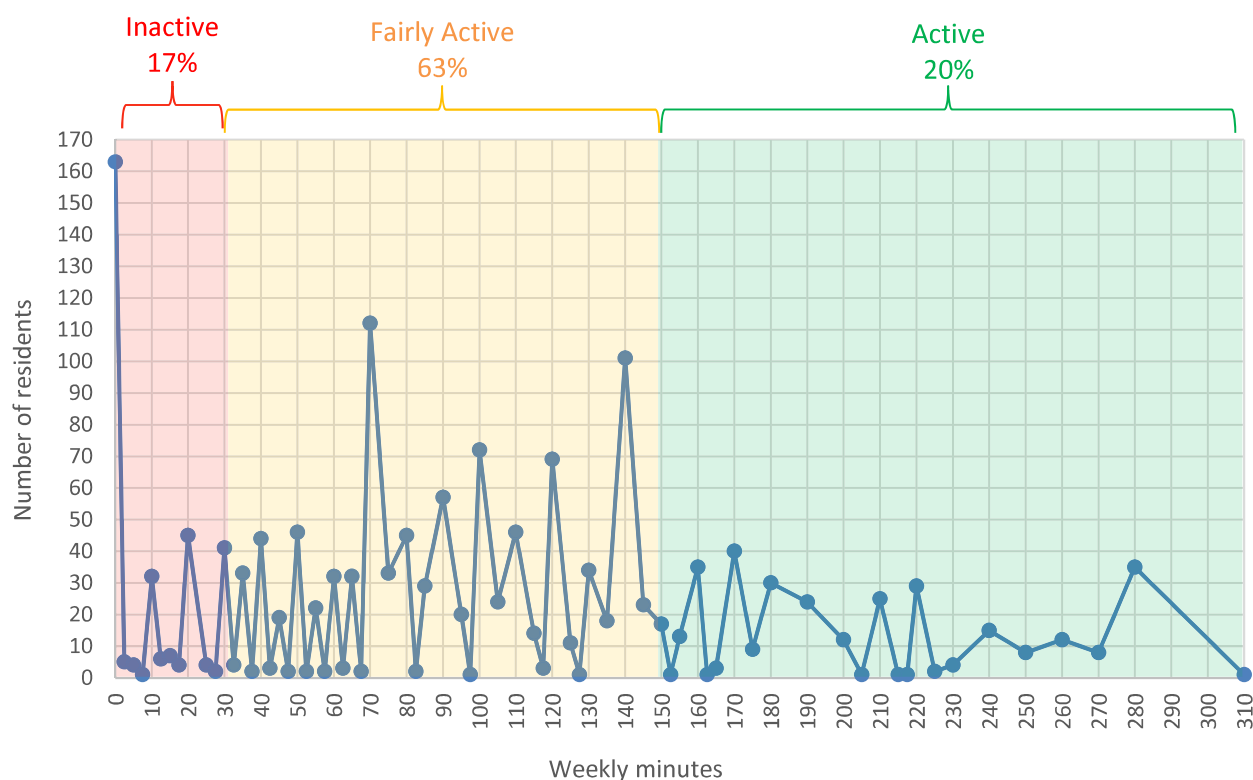
Residents were also asked in the last seven days, on how many days did they walk briskly for at least 10 minutes at a time, which took medium physical effort and made them breathe a little harder than usual. Just over three-quarters (77%) of residents indicated at least one day when they achieved this. The mean is 3.1 days and the median is 3 days.

Figure 29: Days of brisk walking at least 10 minutes taking moderate physical effort
Base: 1584



As seen in Figure 30 overleaf, these levels of activity translate to 20% of the Slough population being classified as active, 63% as fairly active and 17% as inactive. This compares to Sport England’s Active Lives Survey data for year November 2017-18, where 59% of the Slough sample were classified as active, 13% as fairly active and 28% as inactive. For England as a whole, the figures were 62% active, 12% fairly active and 26% as inactive. For PHE, 66% are classified as active and 22% inactive.

Figure 30: Number of minutes activity per week



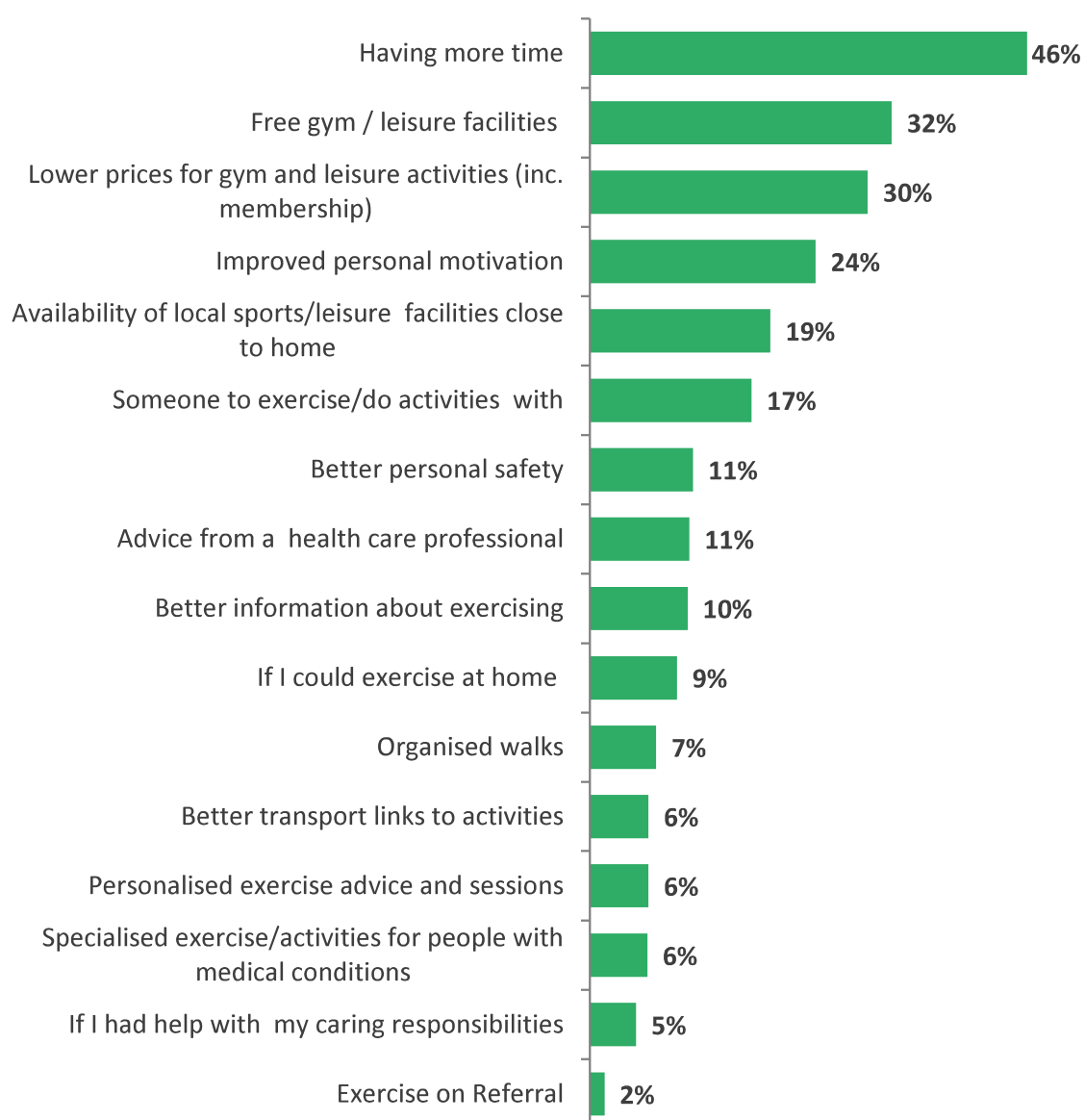
It should be noted that only key questions around activity were used from the Sport England Active Lives Survey due to the length and complexity of that survey and the need to include wider health and activity topics in the Slough survey. This most likely explains the disparity between those classified as active and fairly active in the above results. There should be no impact on those classified as inactive.

Support to be more active

Residents were asked to select up to 5 options from a list of possible ways that might support them in taking more exercise and being more physically active. Time was cited as the most common barrier with 46% of residents choosing this. Cost is also a barrier; 32% wished to see free gym and leisure provision, while 30% indicated lower pricing, including for gym and leisure club membership.

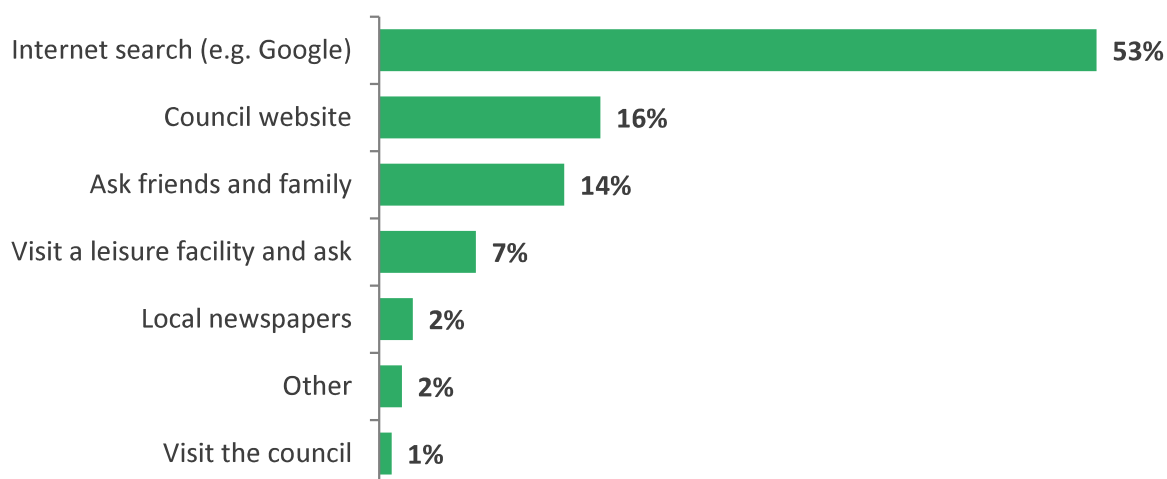
Around one-quarter (24%) indicated they lacked personal motivation (which is often also linked to a lack of time), while around one-fifth (19%) suggested that suitable sports and leisure facilities were too distant from their home.

Figure 31: What might help people to take more exercise/ be more physically active
Base: 1605



Residents were asked to spontaneously identify where they would look or go if they wanted to find out what was on offer in Slough, relating to keeping active. Most commonly, and predominantly those under the age of 55, residents indicated they would search on the internet. just over one-half (53%) indicated this.

Figure 32: Sources of information for staying active
Base: 1605



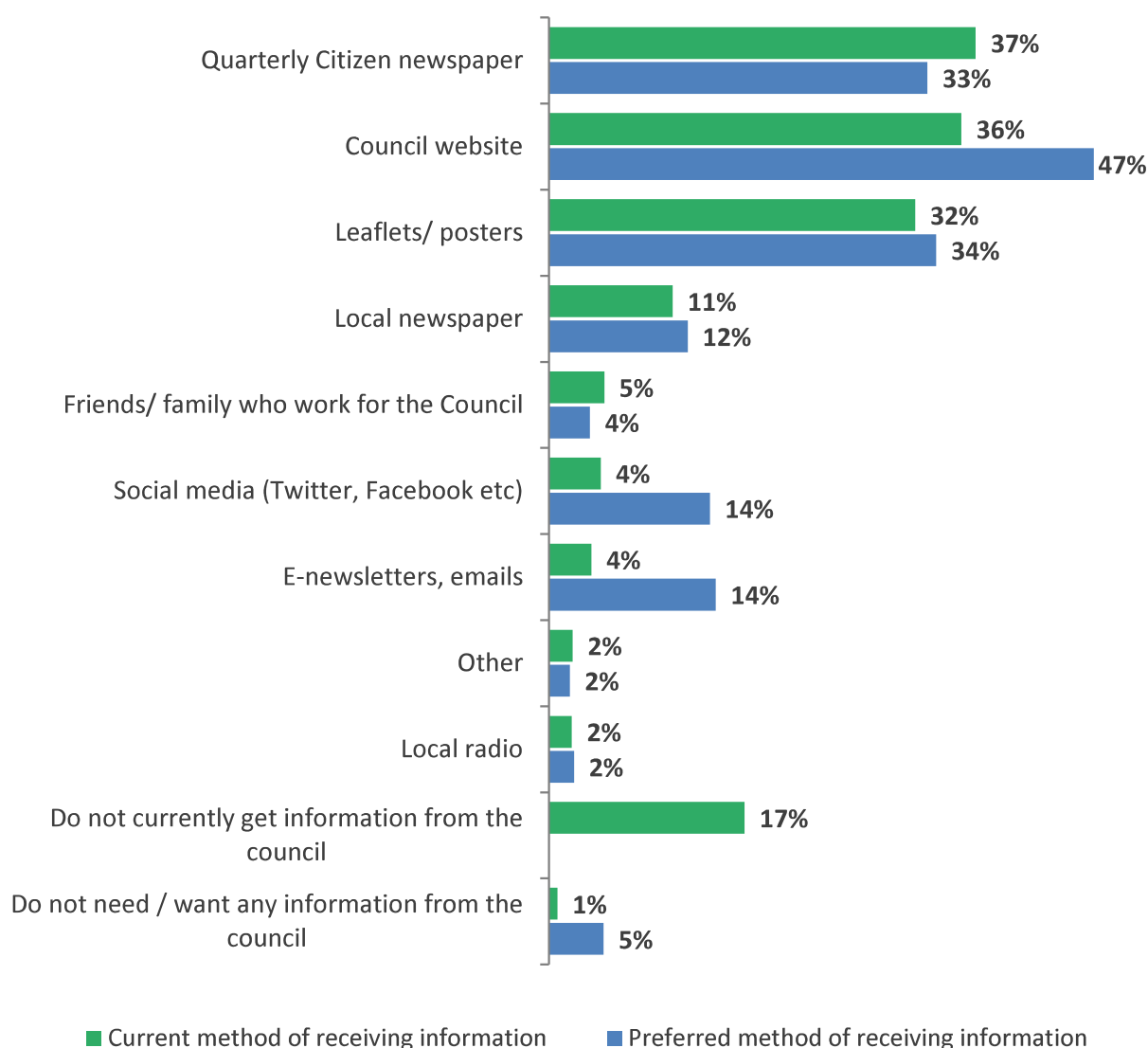
Rather than using the internet (16%), friends and family recommendations were proportionally more important to those aged 65 and over; 25% indicated this. This group is also significantly more likely to visit a leisure facility to ask (16%) and use local newspapers (11%).

Communications

From a list of possible sources, residents were asked how they currently receive information from Slough Borough Council and how they would prefer to receive it in the future. Figure 33 overleaf shows that the quarterly Citizen newspaper was cited as the most frequent source of council information with around two-fifths (37%) having indicated this. The figure rises to 57% for those aged 65 and over. Looking to the future, one-third (33%) of residents would still prefer to receive the quarterly Citizen newspaper, with the figure remaining the highest for those aged 65 and over at 56%.

Perhaps encouragingly, and predominantly driven by those aged 16 to 45, a greater proportion of residents would be willing to use the council's website in the future compared to those that use it now; 36% claimed to be currently using the council website for information with 47% willing to do so in the future. However, just 16% of those aged 65 and over would do so.

Figure 33: Current and future preferences for receiving information about Slough Borough Council
Base: 1605



Printed mediums, such as leaflets and posters, are proportionally more important to older residents (43%), and further highlighted by their preference for the quarterly Citizens newspaper (56%).

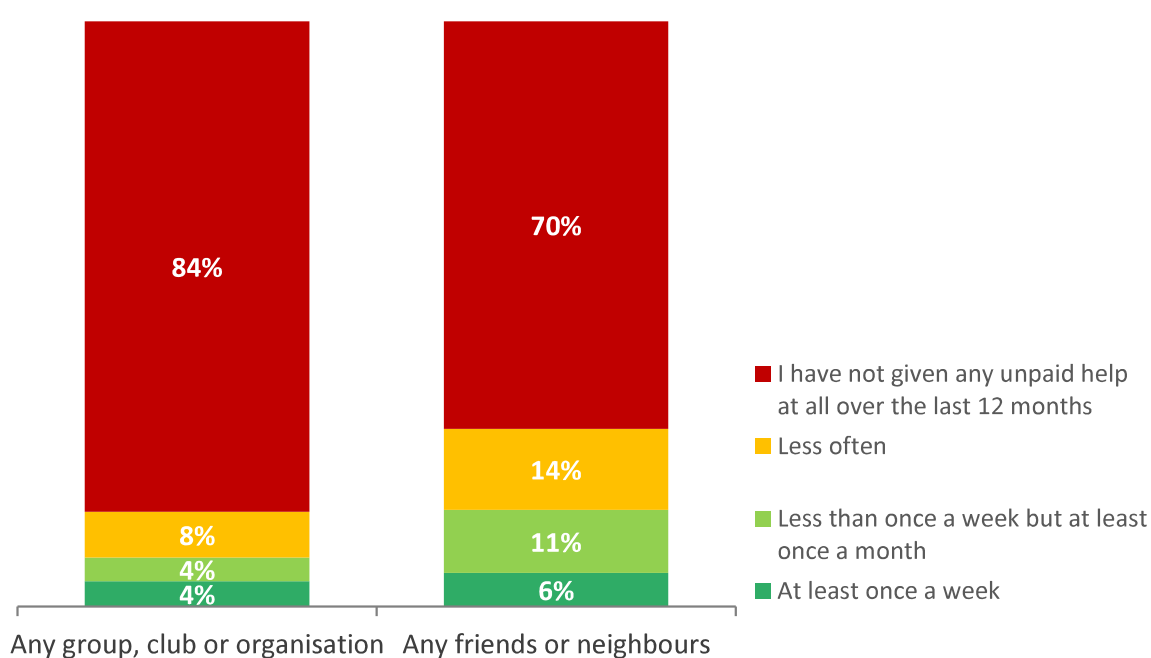
By comparison, electronic mediums, such as social media, emails and e-newsletters, are also more preferred in the future compared to current usage. Social media is particularly preferred by those aged 16 to 24; 25% of this group would prefer to use it in the future.

Volunteering

Just 16% of residents having given unpaid help to any group, club or organisation (formal volunteering) in the last 12 months. This is significantly lower than the most recent results from the 2017-18 Community Life Survey⁹ where 38% of people volunteered formally.

For informal volunteering, where residents have given unpaid help to friends or neighbours in the last 12 months, the Slough result comes in at 31% compared to the Community Life Survey figure of 53%.

Figure 34: Frequency of formal and informal volunteering
Base: 1594 to 1587



Views are broadly similar for sub-groups of the population with the exception that, for formal volunteering in Slough, 25% of those aged 16 to 24 have volunteered in the last 12 months.

For those that had not volunteered in the last 12 months, either formally or informally, they were asked what, if anything, might encourage them to volunteer. Four-fifths (80%) indicated that nothing would persuade them to give up their time. For the remainder, 7% might be persuaded by information on how to get involved, 6% from both details of opportunities in the local area that opportunities that reflect their interests, and 5% by opportunities that use their skills.

⁹ <https://www.gov.uk/government/statistics/community-life-survey-2017-18>

Appendix A: Questionnaire

Appendix A: Questionnaire

Slough Public Health - Supporting a Healthy Lifestyle Survey

Good morning/afternoon. My name is xxx and I work for M·E·L Research. We are running a healthy lifestyle survey for Slough Borough Council's Public Health Department.

The aim of the survey is to obtain Borough wide views on how people can stay healthy and active. We will be asking for your views on what help and support would improve people's lifestyles and help people to improve their own choices around health and activity. Your feedback will help in the planning of services.

Do you have time to answer some questions?

IF ASKED. The survey should take no more than 15 minutes to answer, depending on your answers.

M·E·L Research Ltd is an accredited Market Research Society (MRS) Company Partner and abide by the MRS Code of Conduct and Data Protection Act 2018 (incorporating GDPR). All information you provide will be treated in the strictest of confidence and you will not be personally identifiable in the research report. Details of how M·E·L Research process personal data can be found at <https://melresearch.co.uk/page/privacypolicy>. This includes your right to withdraw consent at any time.

Staying Healthy

Q1 So just to start, when I mention doing things to stay healthy what does this mean to you?

SPONTANEOUS ANSWERS ONLY - CODE ALL THAT APPLY

- | | | | |
|---|--------------------------|---|--------------------------|
| Balanced diet / cut out certain foods (e.g. sugar, processed meats, fried foods, etc) | <input type="checkbox"/> | Cycling | <input type="checkbox"/> |
| Physical activity / Exercise / Taking part in sports | <input type="checkbox"/> | Good night's sleep / enough sleep | <input type="checkbox"/> |
| Oral / dental hygiene / checkups | <input type="checkbox"/> | Don't smoke / quit smoking | <input type="checkbox"/> |
| Health checks / Regular check-ups / Screening | <input type="checkbox"/> | Reduce alcohol intake / don't drink | <input type="checkbox"/> |
| Eating five portions of fruit and veg per day | <input type="checkbox"/> | Drinking plenty / enough water | <input type="checkbox"/> |
| Vaccinations / injections / jabs | <input type="checkbox"/> | Mental wellbeing activities (e.g. meditation / relaxation techniques) | <input type="checkbox"/> |
| Getting fresh air / being outdoors | <input type="checkbox"/> | Spending time with family and friends / social interaction | <input type="checkbox"/> |
| Walking | <input type="checkbox"/> | Other (please specify below) | <input type="checkbox"/> |

Slough Leisure Facilities

Q2 Which of the following Slough leisure facilities have you used, if any? **READ OUT AND CODE ALL THAT APPLY**

- | | | | |
|---------------------------------|--------------------------|------------------------------|--------------------------|
| Montem Leisure Centre | <input type="checkbox"/> | Langley Leisure Centre | <input type="checkbox"/> |
| The Centre | <input type="checkbox"/> | Green Gyms | <input type="checkbox"/> |
| Slough Ice Arena | <input type="checkbox"/> | None of these | <input type="checkbox"/> |
| Salt Hill Activity Centre | <input type="checkbox"/> | | |

Q3 IF NONE: Why don't you use these facilities? INTERVIEWER PROBE FOR ALL REASONS

Q4 FOR THOSE USED: Using **SHOWCARD 1**, on average how often did you or do you use the following Slough leisure facilities?

	Weekly	Fortnightly	Monthly	Every 3 months	Every six months	Less often	Never	Varies
Montem Leisure Centre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Centre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Slough Ice Arena	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Salt Hill Activity Centre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Langley Leisure Centre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Green Gyms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Attitude to physical activity

Q5 To what extent do you agree or disagree with these statements? **SHOWCARD 2**

	Strongly agree	Slightly agree	Neither agree or disagree	Slightly disagree	Strongly disagree	Don't know / NA
I feel I have the ability to be physically active	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel that I have the opportunity to play sport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am aware of the council's Active Slough programme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q6 Thinking about exercise in general, to what extent do you agree or disagree with the following statements? **SHOWCARD 2**

	Strongly agree	Slightly agree	Neither agree or disagree	Slightly disagree	Strongly disagree	Don't know / NA
I find exercise enjoyable and satisfying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It's important to me to do exercise regularly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel guilty when I don't exercise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I exercise because I don't want to disappoint other people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q7 Do you have any primary school or secondary school age children living at home? **CHILDREN UP TO THE AGE OF 16**

Yes, Primary age (Infant 5 to 7 - Junior 7 to 11) . ☐ No ☐
 Yes, Secondary age (11 to 16)..... ☐

Q8 To what extent do you agree or disagree with the following statements: SHOWCARD 2 AND CODE ONE ONLY

	Strongly Agree	Slightly agree	Neither agree or disagree	Slightly disagree	Strongly disagree	Don't know / not sure
There are insufficient opportunities to participate in physical activities for people like me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know where the free outdoor gym and exercise equipment is in my local park or recreation area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The cost of physical activities, such as exercise classes and swimming, are too expensive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It's more convenient to use the car, even for short journeys, than cycling or walking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It's too expensive to take the family to do physical activities like swimming, or sporting activities like trampolining, ball or racket sports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It's easy to find shops that sell fresh fruit and vegetables nearby	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The cost of preparing meals from scratch using fresh ingredients is too expensive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have regular dental check ups, at least once a year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My children have regular dental check ups, at least once a year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am aware of local groups that offer a range of activities that can get me out and about	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I'm more likely to participate in physical activities if I could do them with friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Active Lives Survey questions

Q9 During the last 4 weeks, on how many days did you do any moderate physical activity where you raised your breathing rate more than normal for at least 10 minutes at a time? SHOWCARD 3 AND CODE ONE ONLY

Note for Interviewers information: - Moderate physical activity includes activities that takes medium physical effort and makes you breathe a little harder than usual. For example: brisk walking, tennis, easy cycling, dancing, easy swimming, gardening, working on an allotment, housework and domestic chores, etc.

Everyday..... <input type="checkbox"/>	Every day at the weekend ... <input type="checkbox"/>	None..... <input type="checkbox"/>
Every weekday <input type="checkbox"/>	One day every weekend..... <input type="checkbox"/>	Don't know/can't remember <input type="checkbox"/>
Every other day..... <input type="checkbox"/>	Other (enter number of days 1-28 in the box below). <input type="checkbox"/>	

Q10 During the last 4 weeks, on how many days did you do vigorous physical activity? Think only about those physical activities that you do for at least 10 minutes at a time. SHOWCARD 3 AND CODE ONE ONLY

Note for Interviewers information: - Vigorous physical activity includes activities that made you out of breath or sweaty (e.g. squash, running, aerobics, strenuous hill walking, weight training, boxing, football, rugby, hockey, vigorous swimming, vigorous cycling or similar activities).

Everyday..... <input type="checkbox"/>	Every day at the weekend ... <input type="checkbox"/>	None..... <input type="checkbox"/>
Every weekday <input type="checkbox"/>	One day every weekend..... <input type="checkbox"/>	Don't know/can't remember <input type="checkbox"/>
Every other day <input type="checkbox"/>	Other (enter number of days 1-28 in the box below). <input type="checkbox"/>	

- Q11 During the last 7 days, on how many days did you walk briskly for at least 10 minutes at a time? Think only about the walking that you do for at least 10 minutes at a time that takes medium physical effort and makes you breathe a little harder than usual.

Number of days per week(if none enter 0)

[OR] Don't
Know/Can't
remember

☐

- Q12 What would help you to take more exercise/ be more physically active? **SHOWCARD 4 AND TICK UP TO 5 MOST IMPORTANT THAT APPLY**

Availability of local
sports/leisure facilities
close to home

☐

Better personal safety.....

☐

Someone to exercise/do
activities with

☐

Having more time

☐

Better transport links to
activities.....

☐

Improved personal
motivation

☐

Lower prices for gym /
leisure centre membership /
for using leisure centres

☐

Personalised exercise
advice and sessions

☐

Free gym / leisure facilities ..

☐

Advice from a health care
professional

☐

Better information about
exercising

☐

If I could exercise at home ..

☐

If I had help with my caring
responsibilities (e.g. a
crèche for children).....

☐

Organised walks.....

☐

Availability of specialised
exercise/activities for
people with medical
conditions

☐

Exercise on Referral.....

☐

Other, please specify below

☐

- Q13 If you wanted to find out what was on offer in Slough, relating to keeping active, how would you go about this? **SPONTANEOUS ANSWERS ONLY**

Ask friends and family

☐

Visit the council.....

☐

Council website.....

☐

Internet search (e.g. Google).....

☐

Visit a leisure facility and ask.....

☐

Local newspapers.....

☐

Other (please specify below)

☐

Don't know / not sure

☐

Diet Section:

- Q14 How many portions of fruit and vegetables do you eat in a typical day? **SHOWCARD 5 AND CODE ONE ONLY**

Include fresh, frozen, dried and tinned fruit and vegetables. Exclude potato. Include leafy vegetables, root vegetables, salads, peas, beans, lentils etc; vegetables included as part of a main dish eg vegetable curry/ cauliflower cheese; and fresh fruit juice or vegetable juice.

A portion = an apple, two plums, a cupful of grapes or a glass of fruit juice/smoothie or a handful of vegetables.

At least 5 portions (5+)

☐

4 portions, but less than 5 ...

☐

At least 3, but less than 4
portions.....

☐

At least 2, but less than 3

☐

At least 1, but less than 2

☐

Less than 1

☐

None

☐

Q15 How often do you have/do the following:

SHOWCARD 6 AND CODE ONE FOR EACH LINE

	More than once a day	Once a day	Most days (3-6 times a week)	Once or twice a week	Less than once a week	Never
Eat a meal prepared from scratch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A take-away	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A ready meal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q16 How would you describe your weight? **READ OUT AND CODE ONE ONLY**

Very underweight	<input type="checkbox"/>	A little overweight	<input type="checkbox"/>
A little underweight	<input type="checkbox"/>	Very overweight	<input type="checkbox"/>
About the right weight	<input type="checkbox"/>	DO NOT READ OUT - PREFER NOT TO SAY..	<input type="checkbox"/>

Q17 Would you like to eat more healthily?

Yes ☐

No..... ☐

Q18 What would help you to eat more healthily? **SHOWCARD 7 AND CODE ALL THAT APPLY**

Nothing, I can do it by myself	<input type="checkbox"/>	Cooking classes/lessons to learn how to cook/prepare healthy foods	<input type="checkbox"/>	Advice from a GP / Nurse...	<input type="checkbox"/>
More healthy produce available in local shops.....	<input type="checkbox"/>	More time to prepare healthy food.....	<input type="checkbox"/>	Advice from a Dietician / Nutritionist.....	<input type="checkbox"/>
Cheaper healthy food	<input type="checkbox"/>	More healthy options in takeaway/convenience foods	<input type="checkbox"/>	Other, please specify below	<input type="checkbox"/>

Q19 Where would you look or go to if you wanted advice on staying healthy and active? **SPONTANEOUS RESPONSE - CODE ALL THAT APPLY**

Online (e.g. Google)	<input type="checkbox"/>	Friends	<input type="checkbox"/>	Elsewhere (please specify)...	<input type="checkbox"/>
GP / GP Surgery.....	<input type="checkbox"/>	Mum	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>
Pharmacist / Chemist	<input type="checkbox"/>	Dad	<input type="checkbox"/>		
Health clinic	<input type="checkbox"/>	Siblings (brothers / sisters) ..	<input type="checkbox"/>		

Sexual health

D1 This next section explores topics such as sex education, knowledge around contraception and sexually transmitted infections or STI's . Some questions may feel quite personal, but you do not have to answer anything you don't want to. Please rest assured all answers are 100% confidential and the information you provide will be analysed with all other responses. You will not be personally identifiable in any results or reports. Are you happy to continue?

Yes..... ☐ No - SKIPS TO NEXT SECTION..... ☐

Q20 Did you receive sex education at school?

Yes ☐

No..... ☐

Don't know / can't remember

Prefer not to say

Q21 Using **SHOWCARD 8**, which of the following areas of sex education were covered as part of your school programme? **TICK ALL THAT APPLY**

- | | | |
|--|--|---|
| Human sexual anatomy..... <input type="checkbox"/> | HIV..... <input type="checkbox"/> | Pregnancy, abortion and reproductive rights..... <input type="checkbox"/> |
| Consent..... <input type="checkbox"/> | Sexually Transmitted Infections (STIs)..... <input type="checkbox"/> | Sexual assault and violence..... <input type="checkbox"/> |
| Reproductive health..... <input type="checkbox"/> | Healthy relationships..... <input type="checkbox"/> | LGBTQ+..... <input type="checkbox"/> |
| Contraception..... <input type="checkbox"/> | | Prefer not to say..... <input type="checkbox"/> |

Q22 Please answer whether you think the following statements about contraception and sexually transmitted infections are true or false:

	True	False	Don't know / Prefer not to say
People can catch Chlamydia from a toilet seat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HPV can give people genital warts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Genital warts can be passed on even if they are not visible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIV can be transmitted through kissing someone HIV positive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There are three incurable STIs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If left untreated, some STIs can affect fertility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The pill protects against STIs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The pill and condoms are the only forms of contraception	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Long-acting reversible contraception affects a woman's fertility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q23 If you needed advice, where would you have gone for advice on sexual health and/or contraception? **SHOWCARD 9 AND CODE ALL THAT APPLY**

- | | | |
|--|---|--|
| GP..... <input type="checkbox"/> | Dad..... <input type="checkbox"/> | Friends..... <input type="checkbox"/> |
| Family planning clinic..... <input type="checkbox"/> | Siblings (brothers / sisters)..... <input type="checkbox"/> | Elsewhere (please specify)..... <input type="checkbox"/> |
| Sexual health clinic..... <input type="checkbox"/> | Pharmacist / Chemist..... <input type="checkbox"/> | Prefer not to say..... <input type="checkbox"/> |
| Mum..... <input type="checkbox"/> | Online..... <input type="checkbox"/> | |

Q24 Which of the following contraception types are you aware of, if any? **SHOWCARD 10 AND CODE ALL THAT APPLY**

- | | | |
|---|---|---|
| Male condoms..... <input type="checkbox"/> | Contraceptive patch..... <input type="checkbox"/> | None of these..... <input type="checkbox"/> |
| Female condoms..... <input type="checkbox"/> | Diaphragm or cap..... <input type="checkbox"/> | Prefer not to say..... <input type="checkbox"/> |
| Contraceptive implant..... <input type="checkbox"/> | Intrauterine system / intrauterine device (IUS / IUD)..... <input type="checkbox"/> | |
| Contraceptive injection..... <input type="checkbox"/> | | |

Q25 When was the last time you had a sexual health check, either in the UK or elsewhere? **READ OUT CODE ONE ONLY**

- | | |
|--|--------------------------|
| Never..... | <input type="checkbox"/> |
| Within the last year..... | <input type="checkbox"/> |
| Within the last 1 to 3 years..... | <input type="checkbox"/> |
| Within the last 5 years..... | <input type="checkbox"/> |
| More than five years ago..... | <input type="checkbox"/> |
| DO NOT READ OUT - PREFER NOT TO SAY..... | <input type="checkbox"/> |

General Health:

Q26 For your age, how would you describe your health in general? **READ OUT AND CODE ONE ONLY**

Very good ☐ Average ☐ Very poor ☐
 Fairly good ☐ Fairly poor ☐

Q27 Are you registered at an NHS or other dental practice?

Yes - NHS dental practice ... ☐ Yes - Company provided dental practice ☐ No - Not registered ☐
 Yes - Private dental practice ☐

Q28a On average, how frequently do you visit the dentist for a dental check-up? **READ OUT AND CODE ONE ONLY**

Every three months ☐ Every 12 months..... ☐ Never ☐
 Every six months ☐ Varies / only when needed... ☐ DO NOT READ OUT - PREFER NOT TO SAY ☐

Q28b On average, how frequently do you take your children to the dentist for a dental check-up? **READ OUT AND CODE ONE ONLY**

Every three months ☐ Every 12 months..... ☐ Never ☐
 Every six months ☐ Varies / only when needed... ☐ DO NOT READ OUT - PREFER NOT TO SAY ☐

Q29 Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months? (include problems related to old age)

Yes limited a lot ☐ Yes limited a little ☐ No - Not at all limited ☐

Q30 What is the nature of your condition(s)? **SHOWCARD 11 AND CODE ALL THAT APPLY**

Physical impairment ☐ Learning disability ☐ Prefer not to say ☐
 Sensory impairment ☐ Longstanding illness or health condition ☐ Don't Know ☐
 Mental health condition..... ☐ Other, please specify below ☐

Vaccinations

Q31 Please answer whether you think the following statements about injections and vaccinations are true or false:

	True	False	Don't know
Vaccine-preventable diseases are just part of childhood. Natural immunity is better than vaccine-acquired immunity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The HPV vaccine is not suitable for certain people because it contains gelatine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children do need to be vaccinated if all the other children around are already immune	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vaccinations can overload a baby's immune system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is a HPV vaccination available that does not contain gelatine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vaccines cause autism and sudden infant death syndrome (SIDS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The chance of having a severe reaction to the MMR vaccine is around 1 in 1 million	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q32 If you needed advice, where would you have gone for advice on vaccinations? **SHOWCARD 12**
AND CODE ALL THAT APPLY

GP	<input type="checkbox"/>	Siblings (brothers / sisters) ..	<input type="checkbox"/>	Elsewhere (please specify) ..	<input type="checkbox"/>
Health clinic	<input type="checkbox"/>	Pharmacist / Chemist	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>
Mum	<input type="checkbox"/>	Online	<input type="checkbox"/>		
Dad	<input type="checkbox"/>	Friends	<input type="checkbox"/>		

Well-being

INTERVIEWER TO PASS TABLET DEVICE TO RESPONDENT TO SELF-COMplete Q19

Short Warwick Edinburgh Mental Well-Being Scale (SWEMWBS) © NHS Health Scotland, University of Warwick and University of Edinburgh, 2008, all rights reserved.

Q33 Below are some statements about feelings and thoughts. Please tick the box that best describes your experience of each over the last 2 weeks.

	None of the time	Rarely	Some of the time	Often	All of the time
I've been feeling optimistic about the future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been feeling useful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been feeling relaxed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been dealing with problems well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been thinking clearly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been feeling close to other people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been able to make up my own mind about things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thank You - please hand this device back to the interviewer

Q34 Overall, how satisfied are you with your life nowadays? (Where 1 is extremely dissatisfied and 10 is extremely satisfied)

1	<input type="checkbox"/>
2	<input type="checkbox"/>
3	<input type="checkbox"/>
4	<input type="checkbox"/>
5	<input type="checkbox"/>
6	<input type="checkbox"/>
7	<input type="checkbox"/>
8	<input type="checkbox"/>
9	<input type="checkbox"/>
10	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>

Q35 Is there anything that would help you to increase your well-being/ satisfaction with your life?

SHOWCARD 13 AND PLEASE TICK UP TO 3 MOST IMPORTANT THAT APPLY

- | | | | | | |
|-----------------------------|--------------------------|--|--------------------------|--|--------------------------|
| No, I feel fine | <input type="checkbox"/> | More time for myself..... | <input type="checkbox"/> | Help from a GP/Nurse | <input type="checkbox"/> |
| Advice about my finances .. | <input type="checkbox"/> | More opportunities to volunteer | <input type="checkbox"/> | Help from a specialist service (please specify service below)..... | <input type="checkbox"/> |
| More money..... | <input type="checkbox"/> | Better access to well-being information on the internet... | <input type="checkbox"/> | Other (specify below)..... | <input type="checkbox"/> |
| Counselling..... | <input type="checkbox"/> | Better access to well-being information via mobile apps | <input type="checkbox"/> | | |
| Someone to talk to | <input type="checkbox"/> | Being able to get out and to do more things..... | <input type="checkbox"/> | | |
| Less stress at work..... | <input type="checkbox"/> | | | | |
| Less stress at home | <input type="checkbox"/> | | | | |

Which specialist service?:

Other:

Q35 Overall, about how often over the last 12 months have you given unpaid help to.... **SHOWCARD 14**

Only include work that is unpaid and not for family/relatives.

	At least once a week	Less than once a week but at least once a month	Less often	I have not given any unpaid help at all over the last 12 months	Don't know
any group(s), club(s) or organisation(s)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
any friends or neighbours?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q36 If you have not volunteered in the last 12 months, what, if anything, might encourage you to volunteer? **READ OUT AND CODE ALL THAT APPLY**

- Understanding how it would benefit me ☐
- Information on how to get involved ☐
- Opportunities in my local area..... ☐
- Opportunities that use my skills ☐
- Opportunities that reflect my interests ☐
- Nothing ☐
- DO NOT READ OUT - Don't know / Not sure ☐

Communications

Q37 How do you currently get information from Slough Council? **SHOWCARD 15 AND CODE ALL THAT APPLY**

- | | | | | | |
|--|--------------------------|-----------------------------------|--------------------------|--|--------------------------|
| Quarterly Citizen newspaper | <input type="checkbox"/> | Council website | <input type="checkbox"/> | Do not currently get information from the council | <input type="checkbox"/> |
| Local radio | <input type="checkbox"/> | Leaflets/posters | <input type="checkbox"/> | | |
| Local newspaper | <input type="checkbox"/> | E-newsletters, emails | <input type="checkbox"/> | Do not need / want any information from the council | <input type="checkbox"/> |
| Social media (Twitter, Facebook etc)..... | <input type="checkbox"/> | Other (please specify below)..... | <input type="checkbox"/> | | |
| Friends/family who work for the Council..... | <input type="checkbox"/> | | | | |

Other:

Q38 And how would you prefer to get information from Slough Council? SHOWCARD 15 AND CODE ALL THAT APPLY

Quarterly Citizen newspaper	<input type="checkbox"/>	Friends/family who work for the Council.....	<input type="checkbox"/>	Other (please specify below)	<input type="checkbox"/>
Local radio	<input type="checkbox"/>	Council website	<input type="checkbox"/>	Do not need / want any information from the council	<input type="checkbox"/>
Local newspaper	<input type="checkbox"/>	Leaflets/posters	<input type="checkbox"/>		
Social media (Twitter, Facebook etc).....	<input type="checkbox"/>	E-newsletters, emails	<input type="checkbox"/>		
Other:	<input type="text"/>				

About You:

Q39 What is your home postcode? This information will only be used to see how views differ across the Borough and will not be linked to you individually.

Q40 Are you....?

Male	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>
Female.....	<input type="checkbox"/>		

Q41 What is your age? SHOWCARD 16 AND CODE ONE ONLY

16 - 17	<input type="checkbox"/>	35 - 44	<input type="checkbox"/>	65 - 74	<input type="checkbox"/>
18 - 24	<input type="checkbox"/>	45 - 54	<input type="checkbox"/>	75+	<input type="checkbox"/>
25 - 34	<input type="checkbox"/>	55- 64	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>

Q42 What is your ethnic origin? SHOWCARD 17 AND CODE ONE ONLY

White: English/Welsh/Scottish/Northern Irish/British.....	<input type="checkbox"/>	Mixed: Other Mixed Group	<input type="checkbox"/>	Black or Black British: Caribbean.....	<input type="checkbox"/>
White: Irish	<input type="checkbox"/>	Asian or Asian British: Indian.....	<input type="checkbox"/>	Black or Black British: African	<input type="checkbox"/>
White: Gypsy/ Irish Traveller.....	<input type="checkbox"/>	Asian or Asian British: Pakistani.....	<input type="checkbox"/>	Black or Black British: Other Black group (please specify below).....	<input type="checkbox"/>
White: Other white group (please specify below)	<input type="checkbox"/>	Asian or Asian British: Bangladeshi.....	<input type="checkbox"/>	Other: Arab.....	<input type="checkbox"/>
Mixed: White and Black Caribbean.....	<input type="checkbox"/>	Asian or Asian British: Chinese	<input type="checkbox"/>	Other: Any other ethnic group (please specify)	<input type="checkbox"/>
Mixed: White and Black African	<input type="checkbox"/>	Asian or Asian British: Other Asian group (please specify below).....	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>
Mixed: White and Asian.....	<input type="checkbox"/>				

Q43 How many children under the age of 18 do you have living at home, if any?

None	<input type="checkbox"/>	4.....	<input type="checkbox"/>
1.....	<input type="checkbox"/>	5+.....	<input type="checkbox"/>
2.....	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>
3.....	<input type="checkbox"/>		

Q44 How long have you lived in this neighbourhood? READ OUT AND CODE ONE ONLY

Less than 1 year	<input type="checkbox"/>	Over 20 years	<input type="checkbox"/>
1-5 years.....	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>
6-20 years	<input type="checkbox"/>		

Q45 Are you a carer (i.e. do you look after, or give any help or support to family members (or friends, neighbours or others) because of their long term physical or mental ill health or disability or problems related to old age. **(Do not include anything you do as part of your paid employment)**

Yes ☐ Prefer not to say ☐
No ☐

Q46 What is your employment status? **SHOWCARD 18 AND CODE ONE ONLY**

Working full time (30+ hours) <input type="checkbox"/>	Unemployed or actively seeking work <input type="checkbox"/>	Doing unpaid /voluntary work <input type="checkbox"/>
Working part time (less than 30 hours) <input type="checkbox"/>	Looking after the family <input type="checkbox"/>	Carer <input type="checkbox"/>
Self employed <input type="checkbox"/>	Long term sick/disabled <input type="checkbox"/>	Other, please specify below <input type="checkbox"/>
Training scheme or apprenticeship <input type="checkbox"/>	Retired <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>
	Full time education or student <input type="checkbox"/>	

Q47 That is the end of the survey questions. I also want to let you know that the Council is interested in gaining residents views as their proposals progress over time, to make sure they are still meeting the needs of local people. To help with this, they would like to set up a healthy and active lives panel that they can invite people to take part in other research, like online or telephone surveys. They might also run focus groups where you may receive gift vouchers as a thank you for giving your views and your time. You will be able to decide what types or research and which topics you are interested in and you can change your mind at any time.

Would you be willing to join the health and active lives panel?

Yes ☐ No ☐

Q48 Can I please take your contact details, which we will pass to the Council to be included in their healthy and active lives panel.

Title (e.g. Mr, Ms, Mrs, Dr)

First Name

Surname

Full Address

Postcode

Telephone Number

Email Address

Q49 As part of our quality checking process, some of the people who answered the survey will be selected at random to answer a few quick questions. Could I please take either your email address - you will be sent a quick online form, or telephone number - where someone will call you if necessary? This will not be passed to anyone else.

Yes email ☐

Yes telephone ☐

No ☐

Yes - email [hand over to resident to complete]

Yes - telephone number?

Can I take your **name** as well please?



m.e.l
research

