

# Health and Lifestyle Research

**Tower Hamlets Primary Care Trust**

August 2009

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## **Acknowledgement**

Thanks to Julia Heynat (JH Research) and Tim Madelin for their input into the survey on behalf of the commissioning organisation NHS Tower Hamlets.

# Executive Summary

The Tower Hamlets Health and Lifestyle Survey was carried out by Ipsos MORI on behalf of Tower Hamlets Primary Care Trust. Between October 2008 and April 2009, 2,772 residents of Tower Hamlets aged 16 or older took part in a quantitative survey that collected data on self-reported health and well-being, lifestyle factors and demographic factors to create a detailed portrait of health in the borough.

It was important for the PCT to look in detail at key demographic subgroups, notably the White and Bangladeshi populations in the area. As such, an additional booster survey of Bangladeshi residents was devised based on 2008 GLA population estimates.

## Behaviours and lifestyle factors

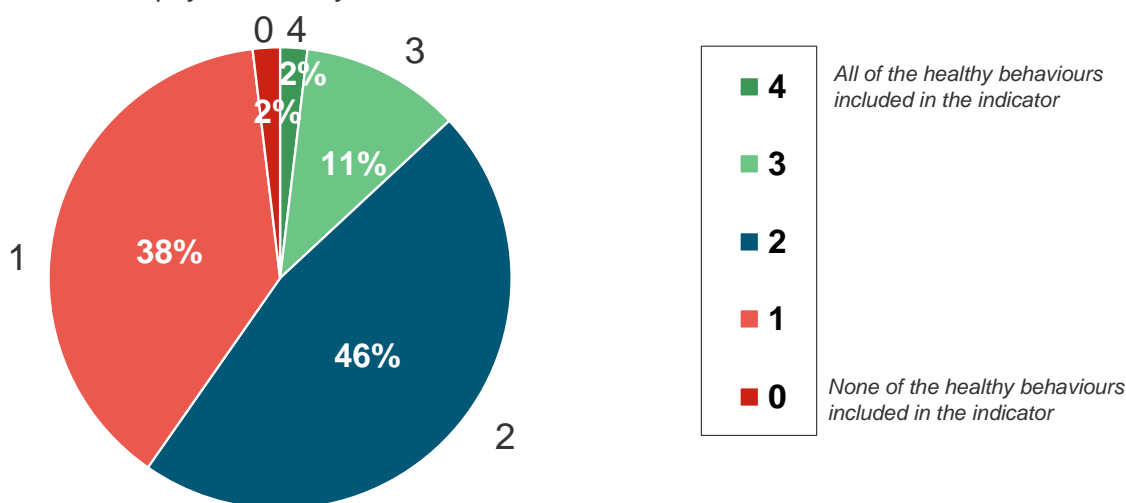
### Composite indicator

A composite score of healthy lifestyle behaviours was calculated by compiling data about each resident's self-reported eating, drinking, smoking and physical activity. The following healthy behaviours each earned a 'point' in the score:

- Not currently smoking (regardless of past tobacco usage): 73% of residents fulfil this criterion.
- Consuming at least five portions of fruit or vegetables on an average day: 12% of residents say they do this.
- Abstaining from alcohol (reported by 50% of Tower Hamlets residents) or moderate drinking (between once a year and four times per month: 29%).
- Taking part in the recommended minimum 30 minutes of physical activity at least five times a week (31%).

## Lifestyle composite indicator

Based on questions around smoking habits, fruit and vegetable consumption, alcohol intake and physical activity



Base: All Tower Hamlets respondents aged 16+ (1480); fieldwork dates 6<sup>th</sup> Oct 2008 to 27<sup>th</sup> April 2009

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**Only one in fifty residents (2%) shows all four indicators of healthy behaviour,** while the majority display **one (38%)** or **two (46%)**. White residents are more likely to display these behaviours than their Bangladeshi counterparts, though they are also far more likely to drink alcohol to excess.

### Smoking

**Just over a quarter (27%) of Tower Hamlets residents currently smoke** (compared to 23% nationally), and the majority of smokers (69%) would like to quit. While three in five (60%) of White smokers would like to quit, this proportion rises to four in five Asian smokers (80%). Over a third (37%) of people who have ever smoked began doing so before the age of 16. **One in five households with children (21%) are exposed to cigarette smoke.**

Bangladeshi men are the demographic group most likely to smoke, while Bangladeshi women are least likely. A small minority of residents, almost exclusively from Asian ethnic groups, use forms of tobacco other than cigarettes, including paan (4%) and sheesha (2%).

## Diet

**Almost nine in ten Tower Hamlets residents (88%) say they do not consume the recommended five portions of fruit and vegetables each day** (compared to 72% nationally). **One in eleven (9%) eat less than one portion per day.** More than two in five residents (44%) consume fast food at least once per week, with the heaviest consumers being younger people aged 16 to 24. One in twenty members of this age group eat fast food at least once a day. Asian residents are slightly more likely to eat takeaway food at least three times a week compared to White residents. Residents from socioeconomically deprived groups tend to consume fewer portions of fruit and vegetables than their wealthier counterparts.

## Alcohol

Using measurements from AUDIT-C (see section 3.4 for a full explanation), it has been calculated that **4% of Tower Hamlets residents are classed as 'harmful drinkers'**, 18% are at possible risk of harm and 78% are low risk drinkers (including those who say they abstain from alcohol altogether). Abstention from alcohol is closely linked with ethnicity: while 96% of Asian residents say they do not drink alcohol, only 18% of White residents abstain. Likewise, while only 2% of Asian residents are harmful drinkers or at risk of harm, this figure rises to 38% among all Whites. **One in twenty residents (5%) binge drinks at least weekly.**

## Physical activity

**Nearly half of residents (47%) do not complete half an hour of exercise at least three times per week. One in five (20%) say they have not done any exercise in the month prior to interview.** However, about three in five adults who are in work say they are at least fairly active at their job. While working Asian residents are more likely than their White counterparts to say their work is physically demanding, there are no overall ethnic differences in physical activity levels.

More than half of Tower Hamlets residents are overweight (33%) or obese (30%). The obesity figure is higher than the 2008 national figure of 24%.

## Self-reported health and wellbeing

### General health

Three-quarters (77%) of residents feel their health is good, which is on a par with the national figure (80%), but with a clear difference: younger people in Tower Hamlets tend to report better health than people of the same age elsewhere in the country, while people aged over 55 years report poorer health than their counterparts outside the borough. LAP 8 is the part of Tower Hamlets with the best self-reported health, which may be related to the relative youth of residents in this area.

### Limiting long-term illness

One in five Tower Hamlets residents (22%) has a self-reported long-term illness, condition or disability. Of these, three-quarters (76%) are limited by it, meaning that **17% of all residents have a long-term limiting health problem**. It appears that health problems *for those who have them* are more severe in Tower Hamlets than across Britain as a whole: nationwide, a greater proportion report having a long-term illness (38%), but of these a smaller proportion say it limits their activities (54%). White British residents of Tower Hamlets are more likely than those from Asian or other White backgrounds to report a limiting long-term illness, but this may be due to the higher than average representation of White British people in the oldest age groups. Low socioeconomic status is correlated with increased incidence of limiting long-term illness.

### Self-reported mental health

Questions from the Warwick-Edinburgh Mental Well-being Scale (WEMWBS, see section 4.3 for a full explanation), relying on respondents' self-reporting of different feelings over the last two weeks, were asked of residents to gain an idea of their general mental health. The mean score for Tower Hamlets was 52, roughly equivalent to the mean score found in the first usage of the WEMWBS (though under a different methodology) in Scotland in 2006. Mental well-being is strongly linked with increasing age: while only 10% of Tower Hamlets residents aged 16-34 obtained scores in the 'very low' range, this proportion increased to 37% of



residents aged 75 or older. Social renters also tend to report lower scores than owner occupiers or private renters.

Poor physical health is correlated with poor mental health, as 51% of respondents who say their physical health is poor also had WEMWBS scores in the 'very low' range compared to only 16% of the overall population of the borough. However, there are no significant differences in the mental health of Tower Hamlets residents from different income brackets.

## Individual and household data

The Tower Hamlets Health & Lifestyle survey also collected individual and household data about education, employment status, income, ethnicity, literacy, housing tenure and home condition.

### Education and literacy

A similar proportion of Tower Hamlets residents are educated to degree level (30%) as have no formal qualifications (29%). Just under two in five residents aged 16 or older (39%) are in paid full-time work, and seven per cent are in part-time work. Tower Hamlets' overall employment rate is lower than the national average. About one in ten residents are self-employed. Working age Bangladeshi residents are least likely to be in full-time work (21%), while residents who describe themselves as White but not British are most likely (60%).

**Just over one in ten residents (12%), regardless of first language, describe their ability to read and understand English as below average or poor.**

Furthermore, among the half of residents who have English as a second language, one in ten say they have below average or poor ability to read their first language. One in five (21%) of those with English as a second language say they have a below average or poor grasp of spoken English. Men and White residents are most likely to have high functional literacy.

### Housing

Overcrowding is a significant problem in Tower Hamlets: **while a quarter (24%) of the general population lives in homes that are below the acceptable bedroom**

**standard, this figure rises to 45% of Bangladeshis in Tower Hamlets. Nearly half (46%) of residents live in properties where there are problems with condensation, and three in ten (30%) live in properties with significant mould or fungus.** Nationwide, problems with condensation and mould or fungus are less widespread than in Tower Hamlets (34% and 13% respectively).

Indicating the density of the population in the borough, four in five Tower Hamlets residents live in flats or maisonettes (81%), while fewer than one in five (17%) live in houses or bungalows. This is essentially the reverse of the figures for Britain as a whole, where 81% of residents live in houses or bungalows and 19% are in flats. Living spaces in Tower Hamlets also tend to have fewer bedrooms than elsewhere in the country. The majority of residents live in one- (21%) or two-bedroom (39%) accommodation. Nearly four in five Tower Hamlets residents rent their property (78%), compared to a national figure of 27%. About one in five residents either owns their home outright or is buying it with a mortgage or loan.

Regarding resident mobility, 11% of residents have lived at their current address for less than six months. The same proportion have lived in their home for over twenty years. A quarter of Bangladeshi residents have lived at their current address for between ten and twenty years, which coincides with times of mass immigration. About one in seven recent in-movers come from outside the United Kingdom, but no specific country stands out as a major source of immigrants. Only 1% of people who have moved into Tower Hamlets in the past year came from Bangladesh, indicating that the largest minority ethnic group in the borough is a largely settled population.

## **Income and benefits**

Nationwide, three-quarters (73%) of adults have income from employment or self-employment, but in Tower Hamlets this proportion is only 46%. Of those respondents in paid work, mean annual reported income in Tower Hamlets is £31,504. About a quarter of Tower Hamlets residents claim Child Benefit and/or Housing Benefit. Bangladeshi households are on average larger than those of White residents and with more children so it follows that a larger proportion of Bangladeshis claim Child Benefit.

# Introduction

# 1. Introduction

This report contains the findings from a quantitative survey conducted by Ipsos MORI on behalf of Tower Hamlets PCT among 2,772 residents of the borough aged over 16. The survey measured self-reported health and well-being, lifestyle factors and demographic data about the residents. This chapter discusses the background to and objectives of the research, and the next chapter will go on to describe the methodology used, before outlining the structure of the remainder of the report.

Tower Hamlets Primary Care Trust commissioned a Health and Lifestyle Survey of the population in Tower Hamlets during 2008/09. Using data from the research, Tower Hamlets PCT aims to develop and produce a range of reliable health and lifestyle indicators at the local level and if possible by locality and population sub-group. This includes obtaining data and producing measures which can be compared to, and benchmarked against, particular national and regional indicators and other relevant measures including those derived from the Health Survey for England (HSE).

The information collected will be used to support the PCT in its work on strategic planning, health promotion and target setting. The data will be used to help determine the level of prevalence of different health and lifestyle measures and the extent to which key differences can be observed amongst different population groups.

## Research aims

The primary aims of the survey were:

- Providing baseline data at a borough level for the main determinants of health and lifestyle issues to allow national comparisons and setting future targets
- To allow comparisons within the borough at least at Locality level if not the smaller LAP areas to allow comparisons within the borough for these factors.
- To obtain key health and lifestyle data relating to the Tower Hamlets population and population sub-groups including by main ethnic groups and to allow comparisons between main ethnic groups and/or groupings of main ethnic groups (i.e. White, Bangladeshi and All other groups) and where possible between these groups (or groupings) by gender within the borough
- For all of the above comparisons to be sufficiently robust statistically to allow comparisons to be drawn.

# Methodology

## 2. Methodology

### 2.1 Research Design

The design of the survey is a random probability survey consisting of a simple random sample across Tower Hamlets and a booster sample of Bangladeshi residents. A random sample of addresses was selected and, face-to-face interviews were conducted with randomly selected respondents in their own homes. Interviews were conducted using Computer Assisted Personal Interviewing (CAPI) and lasted an average of 20 minutes, and fieldwork took place between 6<sup>th</sup> October 2008 and 27<sup>th</sup> April 2009.

A separate technical report contains full details of the methodology used. Brief details of the sampling, booster sample and approach to weighting follow.

### 2.2 Sampling

Random pre-selected sampling was chosen as it is the purest and most robust form of sampling for face-to-face surveys. It involved selecting addresses at random from a list of households within Tower Hamlets (from the Postcode Address File or “PAF”) and getting interviewers to visit the address to conduct an in-home interview. The key to random, pre-selected surveys is achieving a response at as many of the designated households as possible in order to provide a reliable and unbiased picture of the area. This approach therefore also required multiple visits if the respondent was not initially at home. Interviewers were required to call at different times including morning, afternoon, evening and at weekends to ensure that we spoke to a representative sample of residents.

Such an approach also ensured that everyone within Tower Hamlets had an equal chance of selection, which allowed the calculation of statistical measurements of reliability, usually expressed as “margins of error”.

The sample represented two linked populations:

- households in Tower Hamlets living in private residential accommodation
- adults aged 16 and over living in such households.

In order to achieve a confidence level of +/- 2% at the PCT level, a target sample size of 2400 was chosen for the main stage of the research. This allowed for a confidence interval of around +/-4% at locality level.

## 2.3 Booster

Based on 2001 Census of Population data, 43% of the Tower Hamlets PCT population were White British. The next largest group were people of Bangladeshi origin representing 33% of the population. As well as representing a sizeable proportion of the Tower Hamlets population, people of Bangladeshi origin also represent a significant proportion of the total Bangladeshi population living in England. Therefore, it was important for the PCT to look in detail at key population subgroups, notably the White and Bangladeshi populations at PCT level.

In order to achieve the required confidence intervals of +/-3% at PCT level, an additional booster survey of Bangladeshi residents was devised based on 2008 GLA population estimates. This was conducted by sampling in those OAs with the highest Bangladeshi penetration.

## 2.4 Weighting

At the analysis stage, data were weighted to correct for unequal probabilities in the selection of (i) dwellings at addresses with more than one dwelling, (ii) household members at addresses where more than one adult over 16 resided and (iii) addresses containing a Bangladeshi resident in the booster areas. In addition, weighting was applied to deal with non-response (both non-contact and non-cooperation), using population data at OA level and data collected by the interviewers about each address in the sample as they approached it. Finally, population weights were applied to bring the gender distribution in line with that of available profile information for Tower Hamlets (2009 GLA population projections).

## 2.5 Structure of the report

The remainder of the report contains the findings from the research. Chapter 3 considers health-related behaviours and lifestyle factors such as smoking, drinking, diet and exercise. Chapter 4 explores the self-reported health and well-being of residents in Tower Hamlets. Chapters 5, 6 and 7 look at demographic factors related to individuals, households and housing respectively. Tables illustrating the key findings are shown at the end of the report.

## 2.6 Interpretation of the data

When interpreting the findings, it is important to remember that the results are based on a sample of the population, not the entire population, of Tower Hamlets. Consequently, results are subject to sampling tolerances, and not all differences between subgroups are

statistically significant (i.e. a real difference). The sampling tolerances are indicated in the appendices. Only those differences that are statistically significant at the 95 per cent confidence level are reported in the results; in testing for statistical significance, the Design Effects of the survey have been accounted for.

Caution should be exercised when comparing percentages derived from base sizes of 99 respondents or fewer.

Where percentages do not sum to 100%, this is due to computer rounding, the exclusion of “don’t know” categories, or multiple responses. An asterisk (\*) denotes a value of less than 0.5% but greater than zero.





# Part 1: Behaviours and lifestyle factors

## 3. Behaviours and lifestyle factors

In order to better understand the factors that contribute to health and well-being, the survey included questions regarding behaviours such as alcohol and tobacco use, diet and physical activity. Respondents were also asked to provide measurements of their height and weight so that body mass index (BMI) scores could be calculated.

### Key facts

- *Just 2% of the Tower Hamlets population demonstrates all four of the composite indicator healthy behaviours, and a further 11% has three. Most residents display either one (38%) or two (46%) of these healthy behaviours;*
- *27% of residents currently smoke;*
- *21% of households with children are exposed to smoke on a daily basis;*
- *4% of residents drink alcohol at harmful levels;*
- *5% of residents binge drink at least once a week;*
- *88% of residents do not eat the recommended five portions of fruit and vegetables each day;*
- *9% of residents eat less than one portion of fruit and vegetables each day;*
- *47% of residents do not complete 30 minutes of exercise at least three times per week; and*
- *20% have done no exercise in the last month.*

A table showing a breakdown of results by various subgroups is included in Appendix 2.

### 3.1 Composite scores

To quantify the impact of a variety of behaviours on health, we have followed the guidance of Khaw et al<sup>1</sup> to devise a set of indicators of healthy behaviour. These are based on the following criteria:

- Smoking habits – respondent is not currently a smoker;
- Fruit and vegetable consumption – respondent eats at least five servings each day;

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<sup>1</sup> Khaw KT, Wareham N, Bingham S, Welch A, Luben R, et al. (2008) *Combined Impact of Health Behaviours and Mortality in Men and Women: The EPIC-Norfolk Prospective Population Study*. PLoS Med 5(1): e12. doi:10.1371/journal.pmed.0050012

- Alcohol intake – respondent does not drink, or occasionally drinks alcohol, but not frequently or to an excessive amount on any one occasion<sup>2</sup>; and
- Physical activity – respondent is not sedentary in either work, leisure time, or a combination of both.

The presence of these four indicators in one’s lifestyle has been shown to potentially reduce the risk of cardiovascular disease, cancer and premature death.

### **Calculating a Composite Score in Tower Hamlets**

We determined the proportion of Tower Hamlets residents displaying each of the four healthy behaviours based on their answers to the following questions:

#### Smoking habits

- Do you smoke cigarettes at all nowadays?

#### Fruit and vegetable consumption

- Please can you tell me on an average day how many portions of fruit or vegetables do you eat?

#### Alcohol intake

- Looking at this card, please tell me how often you had a drink containing alcohol in the past year.
- Looking at this card, please tell me how many drinks you had on a typical day when you were drinking in the past year.

#### Physical activity

- Looking at this card and thinking about your job in general, how physically active would you say that you are in your job?
- How frequently have you taken part in any physical activity (e.g. walking briskly, gardening, cycling, swimming, keep fit/aerobics, team sports, individual sports) for at least 30 minutes on average a week over the past four weeks? The 30 minutes does not need to be continuous.

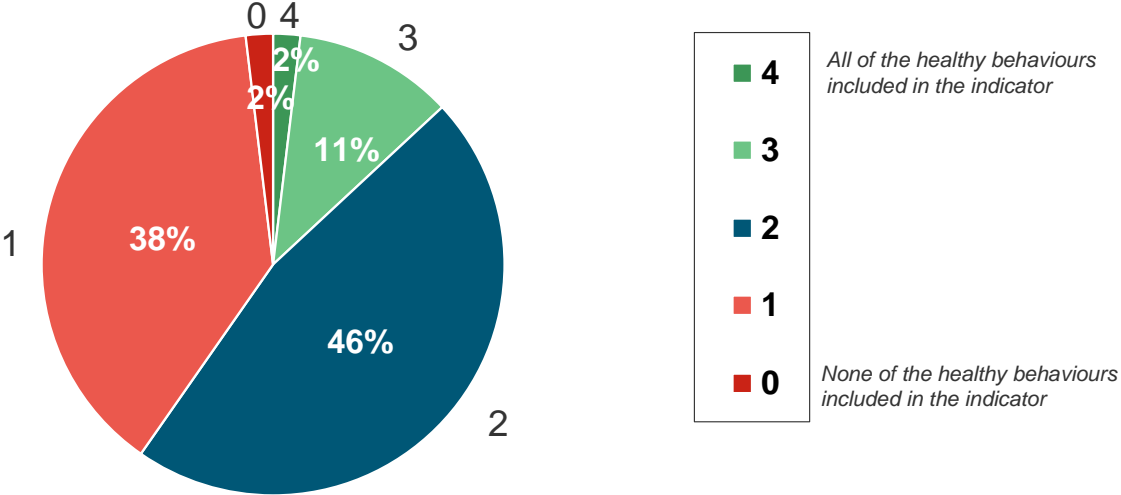
Each of the four indicators above receives a score of 1 point for the healthy behaviour so that a person with all four of the indicators would receive a composite score of 4. Full details are available in the Technical Report.

<sup>2</sup> This is a variance from the EPIC study where abstaining from alcohol was not linked to being healthy, this it is speculated to be because people having certain conditions are advised to abstain from drinking alcohol. In Tower Hamlets large numbers of residents abstain from alcohol for religious reason and it was not felt appropriate to link not drinking alcohol to poor health outcomes.

Just 2% of the Tower Hamlets population demonstrates all four of these behaviours, and a further 11% has three. Most residents display either one (38%) or two (46%) of these healthy behaviours.

## Lifestyle composite indicator

*Based on questions around smoking habits, fruit and vegetable consumption, alcohol intake and physical activity*

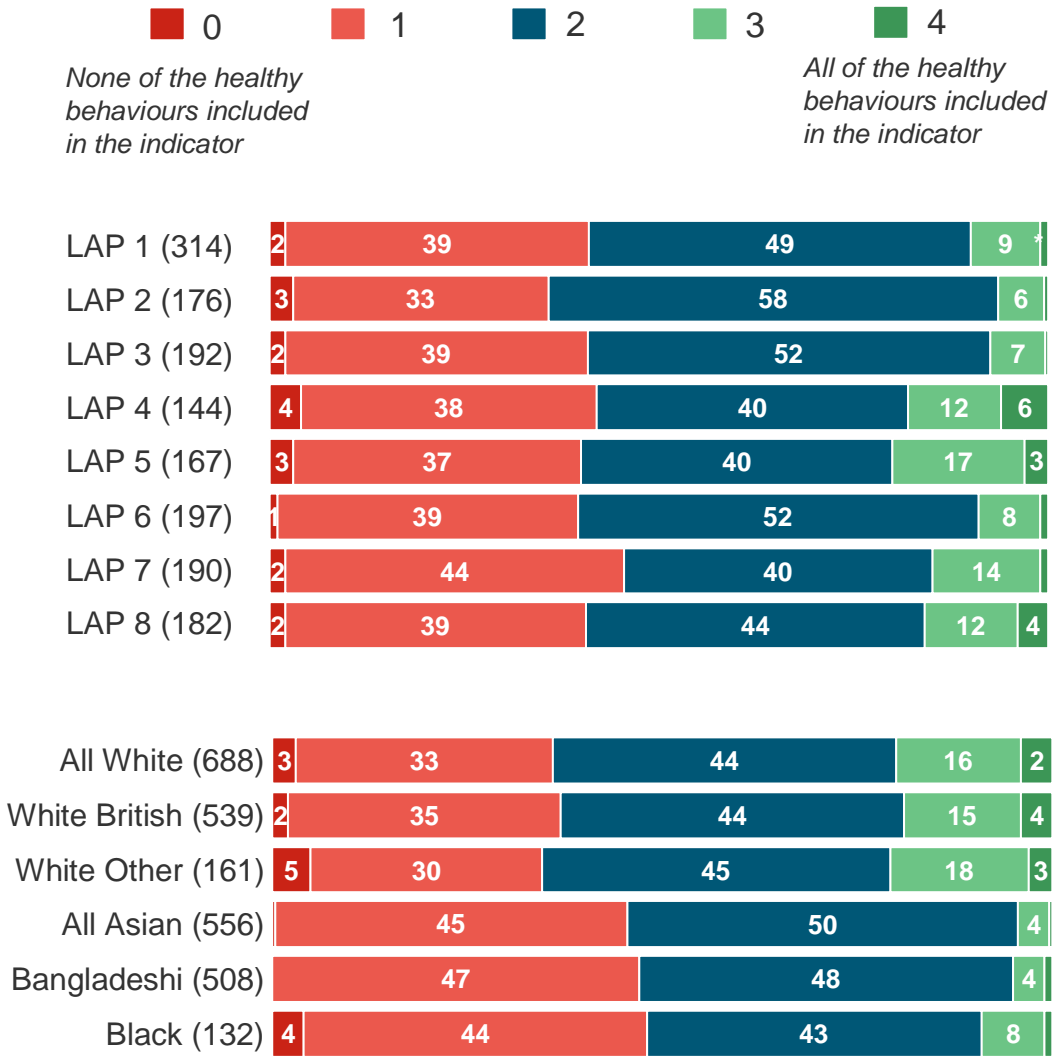


Base: All Tower Hamlets respondents aged 16+ (1480); fieldwork dates 6<sup>th</sup> Oct 2008 to 27<sup>th</sup> April 2009  
Ipsos MORI



There are some differences across the borough<sup>3</sup>. Residents in LAPs 4 and 8 are more likely to display all four behaviours (6% and 4% respectively), while almost no residents in LAP 3 do so. White residents are also more likely to display healthy behaviours than the Bangladeshi community, as shown in the following chart.

# Lifestyle composite indicator by subgroups



Base: All Tower Hamlets respondents aged 16+ (1480); fieldwork dates 6<sup>th</sup> Oct 2008 to 27<sup>th</sup> April 2009



<sup>3</sup> Please note that only those differences between subgroups that are statistically significant at the 95% confidence level are reported.

The proportion of Tower Hamlets residents displaying the behaviour measured by each indicator is highlighted in the relevant subsections in this chapter.

### 3.2 Smoking and tobacco

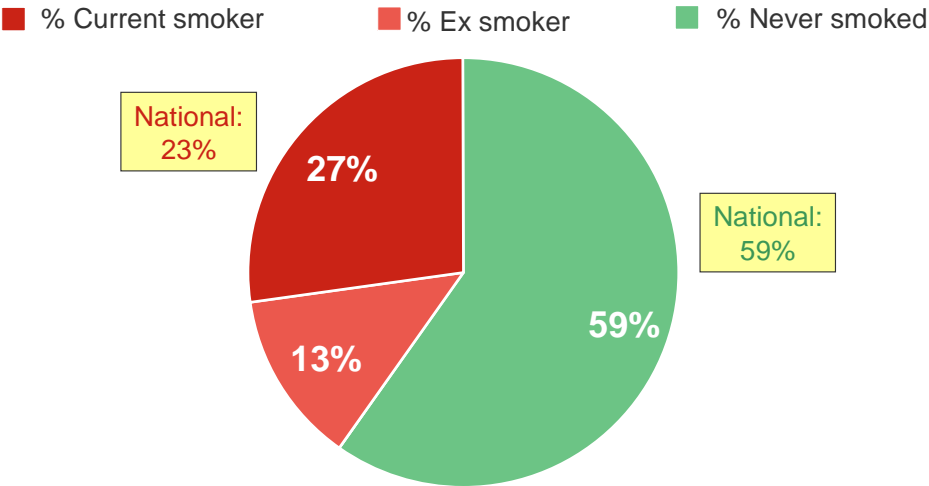
Overall, 27% of people in Tower Hamlets currently smoke compared to 23% nationwide<sup>4</sup>. Two in five (41%) of Tower Hamlets residents have ever smoked cigarettes; of these, one third (33%) have quit. These figures are significantly lower than those estimated in the Smoking Epidemic in England Report in 2004<sup>5</sup>.

The element of the composite indicator related to smoking is whether the respondent does not currently smoke, regardless of whether he or she smoked in the past. Therefore, almost three quarters (73%) fulfil this criterion.

However, there are differences according to gender within ethnic groups: Bangladeshi men are much more likely to smoke (45% currently smoke) while only a small minority of Bangladeshi women smoke (5% compared to 29% of White men and 31% of White women).

## Smoking breakdown

May I just check, have you ever smoked cigarettes, cigars or a pipe?  
Do you smoke cigarettes at all nowadays?



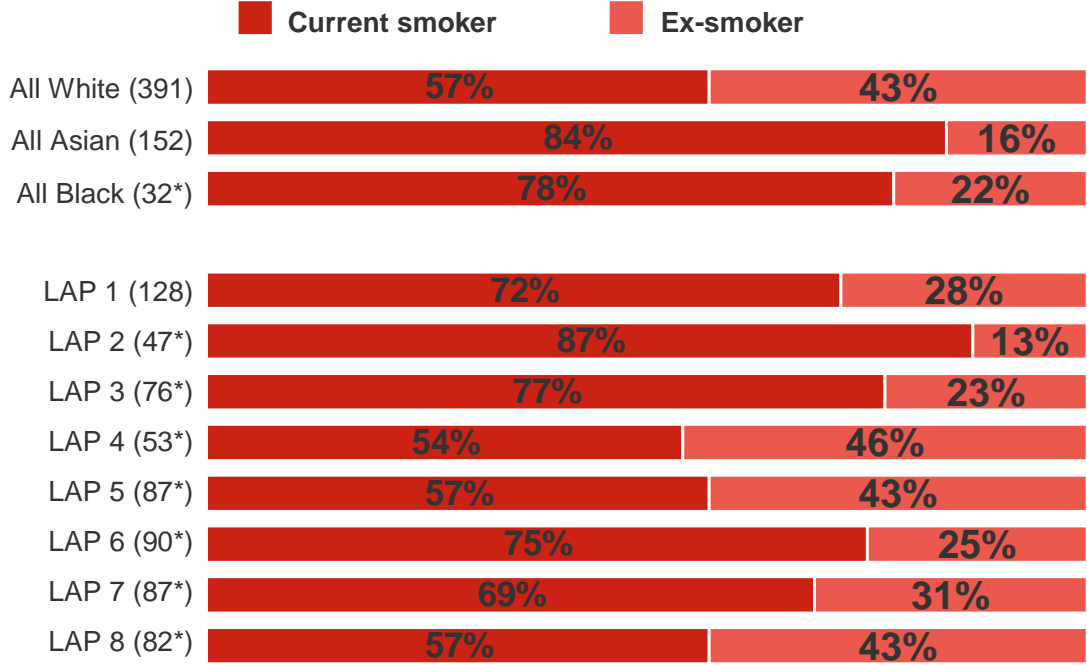
Base: All Tower Hamlets respondents aged 16+ (1480); fieldwork dates 6<sup>th</sup> Oct 2008 to 27<sup>th</sup> April 2009  
Ipsos MORI  
National source: Health Survey for England 2006 (adapted)



<sup>4</sup> Health Survey for England 2006  
<sup>5</sup> Annual Public Health Report, Tower Hamlets, 2009

White residents are most likely to have ever smoked (52%), and Asian residents least likely (28%).

## Smoking breakdown by key subgroups



Ipsos MORI

Base: All respondents aged 16+ in Tower Hamlets who have ever smoked (bases in brackets). Fieldwork dates: 6<sup>th</sup> October 2008 – 27<sup>th</sup> April 2009 \* small base



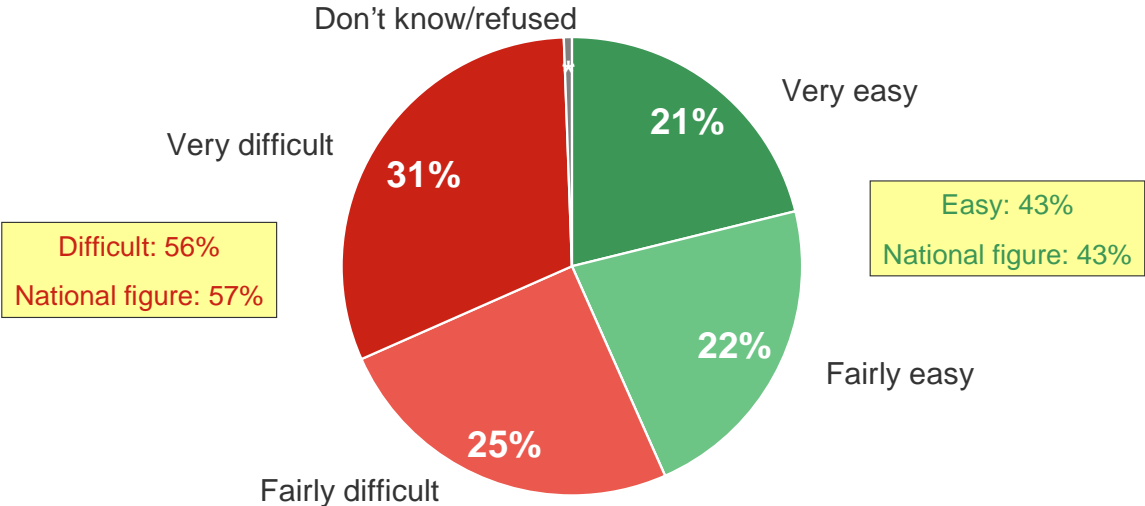
Most smokers began doing so in early adulthood, with only about one in twenty (6%) saying they began after age 24. Nearly two in five (37%) began smoking when they were under 16 years old.



Over half (56%) say that they would find it difficult to go without smoking for a whole day, and this is comparable to the national figure<sup>6</sup>. There are no significant differences on this measure between ethnic communities in Tower Hamlets.

## Difficulty going without smoking

*Looking at this card, please tell me how easy or difficult would you find it to go without smoking for a whole day?*



Base: All Tower Hamlets respondents aged 16+ who currently smoke (414); fieldwork dates 6<sup>th</sup> Oct 2008 to 27<sup>th</sup> April 2009

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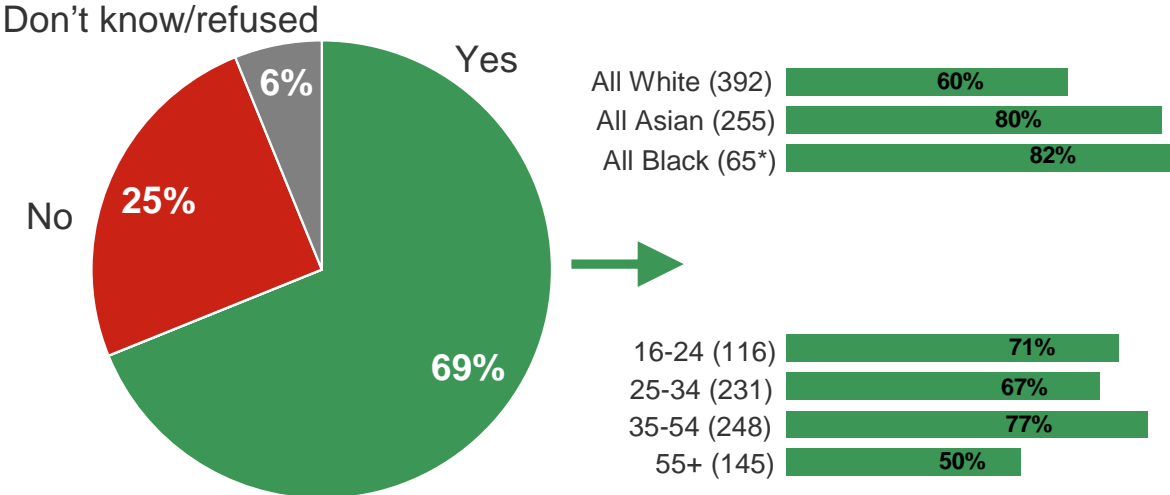


<sup>6</sup> Health Survey for England (2006)

The majority of smokers (69%) would like to quit, which is the same proportion as the national figure. People in Tower Hamlets aged 35 to 54 are most likely to want to quit (77%). People living in households with children are also particularly keen to give up smoking, with 79% of smokers in these households saying they want to quit compared to 57% of smokers living alone and 64% of smokers in multiple-adult households with no children. There is a large difference between White and Asian smokers, with three in five (60%) of the former wishing to quit, compared with four in five of the latter (80%).

## Desire to quit smoking

Would you like to give up smoking altogether?



Base: All Tower Hamlets respondents aged 16+ who currently smoke (414; subgroup bases in brackets); fieldwork dates 6<sup>th</sup> Oct 2008 to 27<sup>th</sup> April 2009 \* small base

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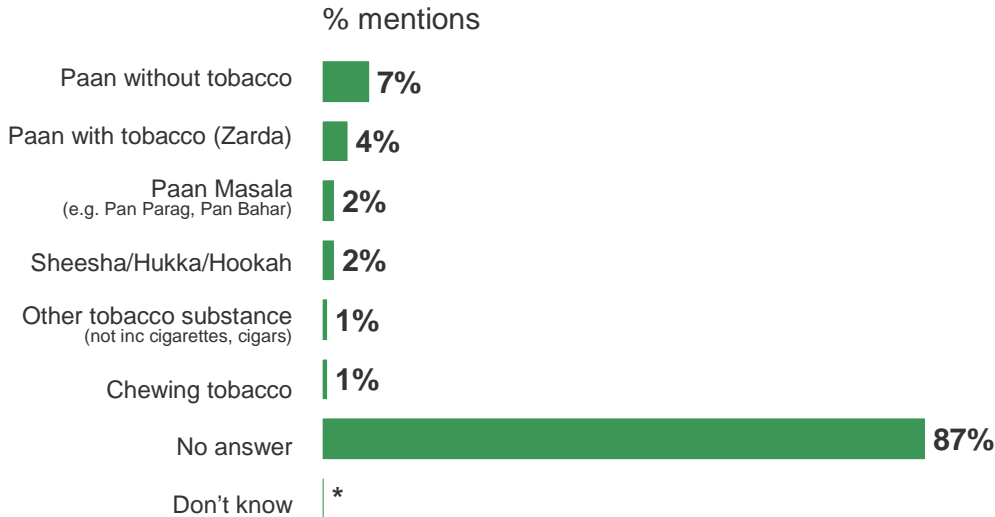


Many Tower Hamlets residents who have stopped smoking report that they were successfully able to continue as non-smokers. About one in seven ex-smokers (15%) quit over twenty years ago, and the same proportion have not smoked for between eleven and twenty years.

Tobacco use in Tower Hamlets is not limited to smoking cigarettes, cigars or pipes, although the proportion of respondents using other tobacco products is small. About one in twenty-five residents (4%), all Asian, currently uses paan with tobacco (zarda). This is a folded betel leaf filled with areca nut, tobacco and spices, presented as a sign of hospitality and typically chewed after meals. Paan can be made without tobacco, and this form is used by 7% of Tower Hamlets residents, again almost exclusively in the Asian community. It is important to recognise that the areca nut is considered carcinogenic by itself, making the use of paan with or without tobacco a risk for oral cancer. Sheesha, or hookah, is used by only 2% of the population, but is most popular with the youngest residents: 6% of respondents aged 16-24 say they smoke a sheesha nowadays.

## Other uses of tobacco

Looking at this card, please tell me which, if any, of these do you use nowadays?



Base: All Tower Hamlets respondents aged 16+ (1480); fieldwork dates 6<sup>th</sup> Oct 2008 to 27<sup>th</sup> April 2009

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While the majority of Tower Hamlets residents do not personally smoke, they may live in a home with someone who does. Additionally, some smokers may only smoke outside their home. About one in five (21%) Tower Hamlets residents say that someone smokes inside their house or flat on most days, with housing association renters most likely (29%) and owner occupiers least likely (13%) to report this. Similarly, around one in five households with children are exposed to smoke most days (21%)<sup>7</sup>.

<sup>7</sup> Please note that the survey was designed to be representative of individuals rather than households, so this data should be seen as indicative only.

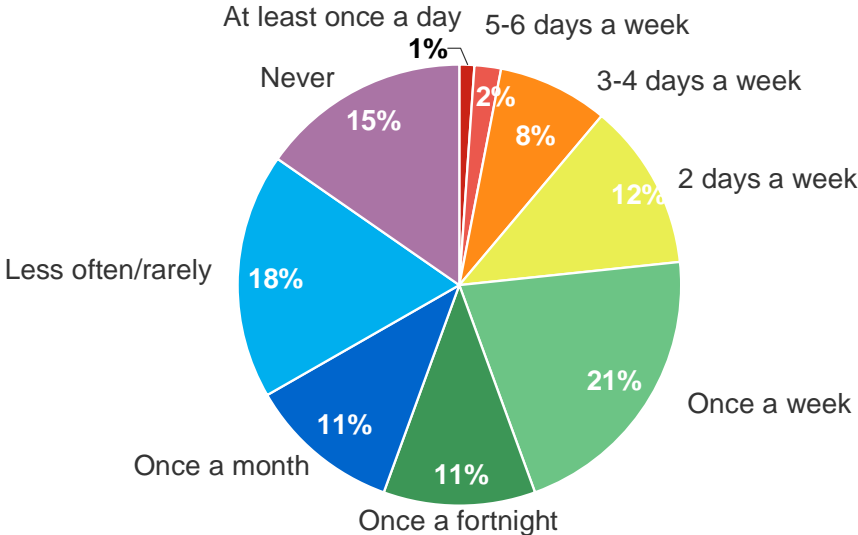
### 3.3 Diet

Just over two in five Tower Hamlets residents (44%) eat takeaway fast food at least once a week. The heaviest consumers are young people: three in five respondents aged 16-24 (62%) eat this kind of food at least once a week, and one in twenty (5%) eat it at least once a day, compared to 1% overall.

At the other end of the scale, about one in seven respondents (15%) say they never eat fast food. This figure rises dramatically with age; half (51%) of respondents aged 75 or older and two in five (38%) of those living in pensioner-only households say they never eat fast food. While respondents who rated their health as good were actually more likely to say they eat fast food at least once a week, this can be explained by the higher proportion of younger people who consider themselves healthy compared to their older counterparts. There are no significant differences in fast food consumption by level of deprivation (relative to national ranking) in the local area.

## Fast food consumption

*And can you tell me how frequently you eat food from a take-away such as a kebab, pizza, fried fish, chicken or chips or a burger?*



Ipsos MORI  
 Base: All Tower Hamlets respondents aged 16+ (1480); fieldwork dates 6<sup>th</sup> Oct 2008 to 27<sup>th</sup> April 2009

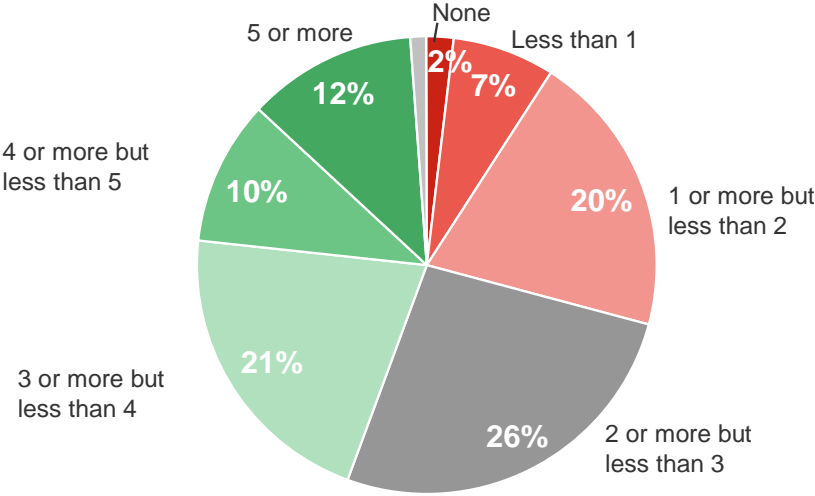


While 16% of Bangladeshi residents and other Asians eat take-away food at least three times a week, only 8% of White respondents do likewise. Bangladeshi men in particular are heavier consumers of fast food, with 3% saying they eat it at least once a day.

When comparing body mass index (BMI) against consumption of takeaway food, there appears to be no correlation between high BMI and frequency of eating fast food.<sup>8</sup> On the other hand, there are many clear demographic differences with regard to consumption of fruit and vegetables. Only one in eight adults in Tower Hamlets (12%) claims to eat the recommended five or more portions of fruit and vegetables on an average day, which is part of the composite indicator for a healthy lifestyle. This is lower than nationally; 28% of English adults say they eat five or more portions of fruit and vegetables a day<sup>9</sup>. Women (17%) are significantly more likely to say they do so than men (8%), and White residents (18%) are more likely to do so than Asian (4%) or Black (9%) residents. Strikingly, whereas one quarter (25%) of White females in the borough eat five portions per day, and are the group most likely to do so, only a small minority of Bangladeshi males do likewise (2%) and are the group least likely to do so (compared to 6% of Bangladeshi females).

## Fruit and vegetable consumption

*Please can you tell me on an average day how many portions of fruit or vegetables do you eat?*



Base: All Tower Hamlets respondents aged 16+ (1480); fieldwork dates 6<sup>th</sup> Oct 2008 to 27<sup>th</sup> April 2009

Ipsos MORI



Socioeconomic circumstances come into play with regard to consumption of fruit and vegetables. One in five owner occupiers (21%), compared to a much smaller proportion of local authority tenants (6%), eat five portions per day. Of those residents living in the least deprived LSOAs (IMD score greater than 20), one in five (22%) gets the target amount of

<sup>8</sup> However, it is important to remember that food purchasing is self-reported and may not necessarily be an accurate reflection of the respondent's behaviour.

<sup>9</sup> Health Survey for England 2006.

fruit and vegetables daily, but of those living in the most deprived areas (IMD score 5 or below) this figure is much lower (7%).

## 3.4 Alcohol

### **Measuring Alcohol Consumption with AUDIT-C**

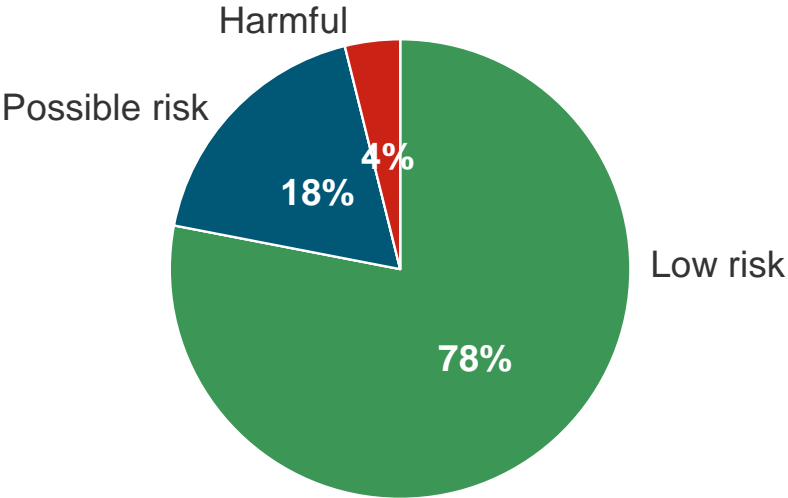
The current survey made use of the AUDIT-C questions for measuring levels of harmful drinking. A composite score is derived from three questions about frequency of drinking and the amount of alcohol consumed:

- Looking at this card, please tell me how often you had a drink containing alcohol in the past year.
- Looking at this card, please tell me how many drinks you had on a typical day when you were drinking in the past year.
- Looking at this card, please tell me how often you had six or more drinks on one occasion in the past year.

This score classifies men and women separately into three risk categories: low risk, possible risk and harmful drinkers.

Across Tower Hamlets, 4% are classed as 'harmful drinkers', 18% are at possible risk of harm and 78% are low risk drinkers. The proportion of harmful drinkers rises to 6% amongst White residents. There are no harmful drinkers amongst many of the other ethnic groups, including Bangladeshi residents. There are also marked differences by LAP, with residents in LAPs 4 and 5 most likely to be drinking at hazardous levels (6% and 5% respectively).

## Alcohol – risk of harm



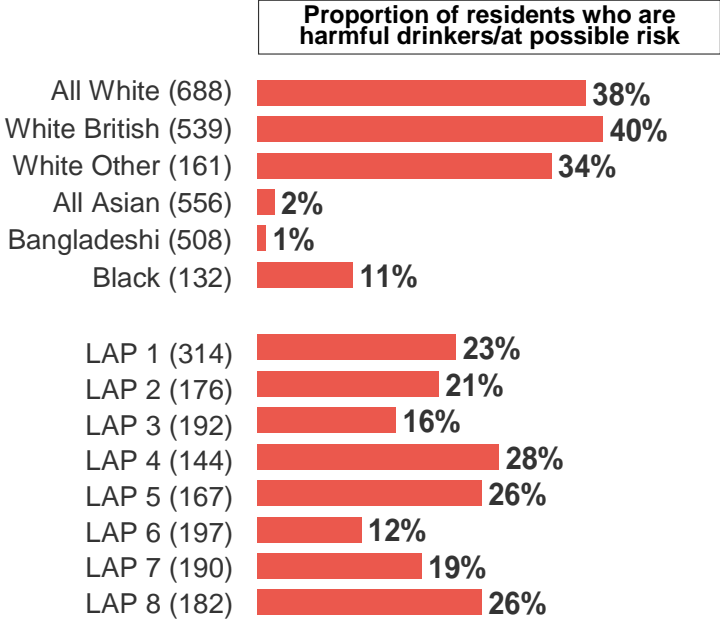
Base: All Tower Hamlets respondents aged 16+ (1480); fieldwork dates 6<sup>th</sup> Oct 2008 to 27<sup>th</sup> April 2009  
**Ipsos MORI**





Half of Tower Hamlets residents say they have not consumed any alcoholic drinks in the past year. This relatively high proportion may in part be due to the Muslim population of the borough. Indeed, 96% of Bangladeshi residents and 92% of Asians overall say they have not used alcohol in the past year, compared to 18% of all Whites. In general, women in Tower Hamlets (55%) are more likely to abstain than men (45%).

## Alcohol by key subgroup



Ipsos MORI

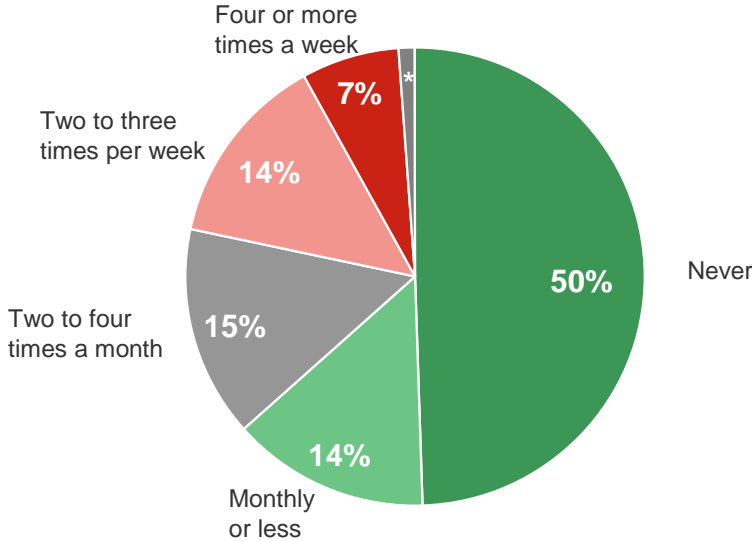
Base: All respondents aged 16+ (subgroup bases in brackets). Fieldwork dates: 6<sup>th</sup> October – 27<sup>th</sup> April 2009



For the purposes of this survey, the composite indicator of a healthy lifestyle is either not drinking (50% of residents) or drinking between once a year and four times a month (29% of residents). However, in order to truly determine whether one's drinking habits are healthy, the amount consumed per drinking session must also be taken into account.

## Alcohol consumption

*Looking at this card, please tell me how often you had a drink containing alcohol in the past year.*



Base: All Tower Hamlets respondents aged 16+ (1480); fieldwork dates 6<sup>th</sup> Oct 2008 to 27<sup>th</sup> April 2009

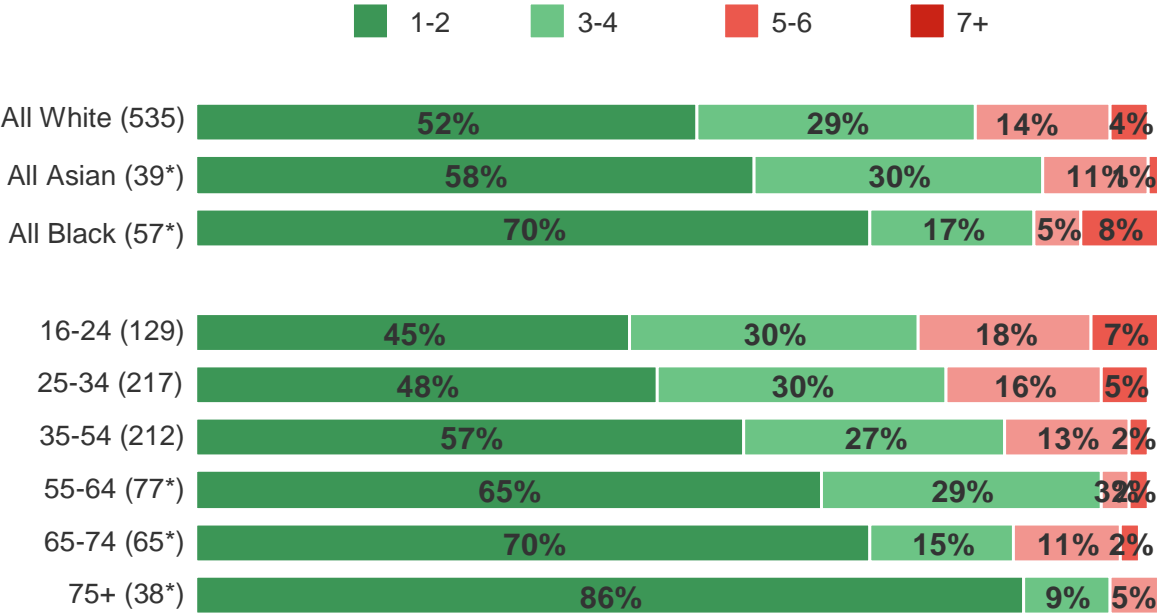
Ipsos MORI



Those who do drink consumed on average three alcoholic drinks on a typical drinking day in the past year; 2% said they consumed ten or more in one day.

## Alcohol consumption by key subgroups

Looking at this card, please tell me how many drinks you had on a typical day when you were drinking in the past year.



Ipsos MORI

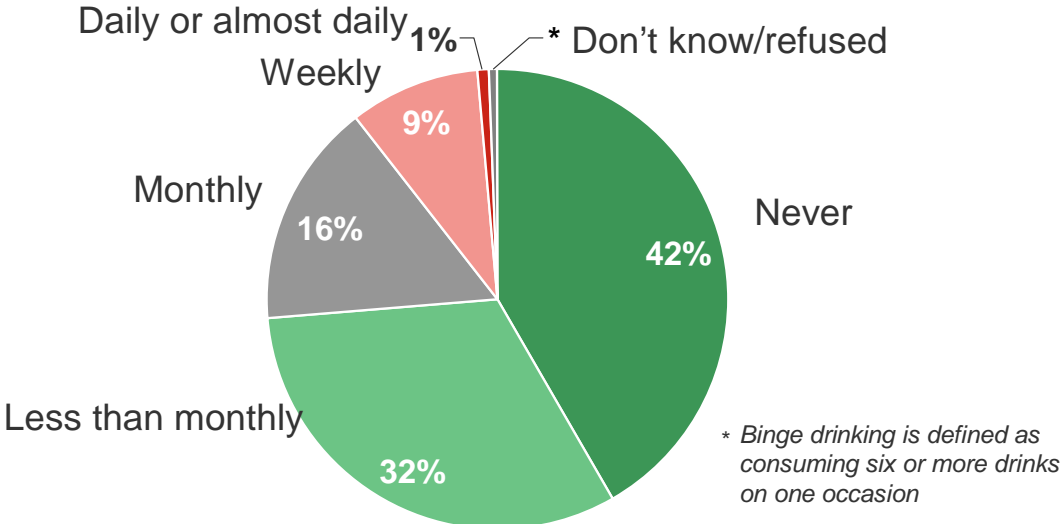
Base: All respondents aged 16+ who have had alcohol within the past year (base in brackets), fieldwork dates: 6<sup>th</sup> October 2008 – 27<sup>th</sup> April 2009 \*small base



Binge drinking, in which six or more drinks are consumed on one occasion, appears to be a problem for a small but significant minority of residents. Out of those who drink, one in ten (10%) said they had consumed this large amount of alcohol at least once a week over the past year.

## Binge drinking

*Looking at this card, please tell me how often you had six or more drinks on one occasion\* in the past year?*



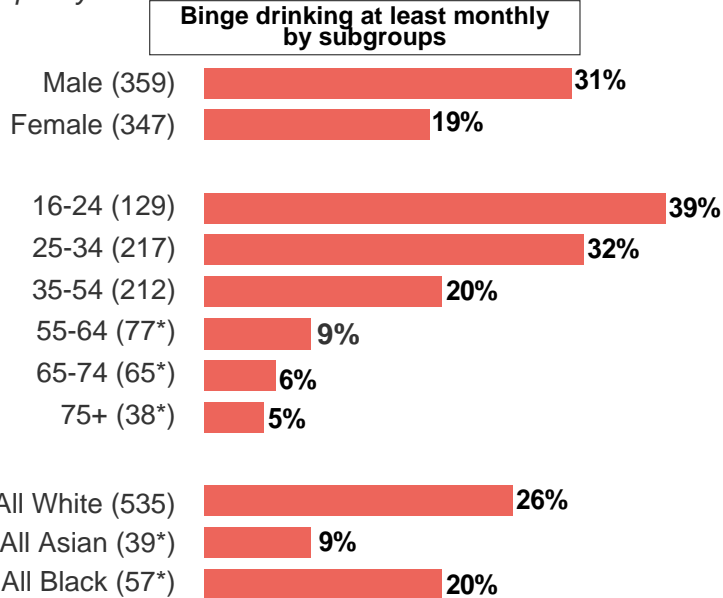
Base: All Tower Hamlets respondents aged 16+ who have had alcohol within the last year (702); fieldwork dates 6<sup>th</sup> Oct 2008 to 27<sup>th</sup> April 2009  
Ipsos MORI



Half of women drinkers (51%) say they never binge drink, compared to just over a third of men (36%). Binge drinking appears to be most concentrated among the younger age groups (16-34). Of drinkers aged 16-24, two in five (39%) consume six or more drinks in one setting at least monthly. This proportion drops to one in five drinkers (20%) aged 35-54, and only one in twenty (5%) drinkers aged 75 or older. LAPs 1 and 5 appear to have the greatest problem with *frequent* binge drinking, with the proportion bingeing at least *weekly* standing at 13% and 15%, respectively, against a borough-wide average of 9%. However, for levels of binge drinking at least monthly, there are no significant differences among the LAPs. White (26%) and Black (20%) drinkers are also more likely to binge at least monthly than Asian drinkers (9%).

## Binge drinking by key subgroups

Looking at this card, please tell me how often you had six or more drinks on one occasion in the past year?



Ipsos MORI

Base: All respondents who have had alcohol within the last year (subgroup bases in brackets). Fieldwork dates: 6<sup>th</sup> October – 27<sup>th</sup> April 2009 \* small base



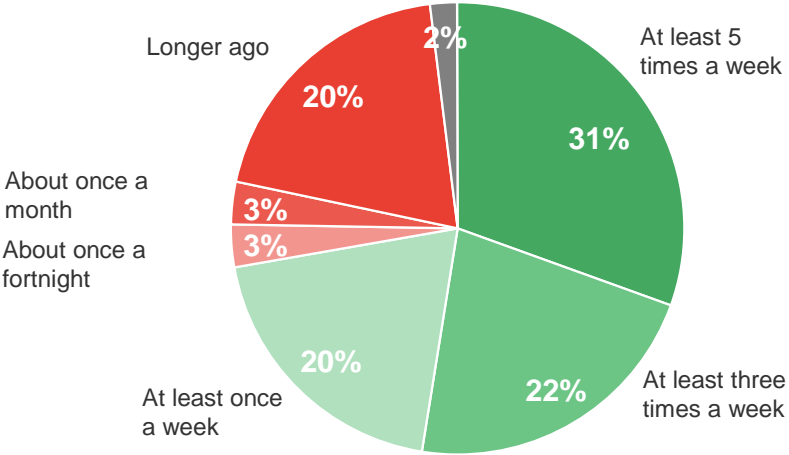
### 3.5 Physical activity

About three in five Tower Hamlets adults (58%) who are in work (including on a government scheme) say they are at least fairly physically active in their jobs. There are no significant differences between men and women. However, Asian residents (78%) are more likely than their White counterparts (47%) to work in these more physically demanding settings.

The majority of Tower Hamlets residents (73%) say they take part in at least 30 minutes of physical activity at least once per week. About three in ten (31%) do so at least five times per week (meaning that around seven in ten do less than the recommended amount of exercise). However, one in five (20%) have not done any sustained physical activity at any time in the past four weeks. There are no differences between ethnic groups in terms of physical activity overall.

## Physical activity

*How frequently have you taken part in any physical activity (e.g. walking briskly, gardening, cycling, swimming, keep fit/aerobics, team sports, individual sports) for at least 30 minutes on average a week over the past four weeks? The 30 minutes does not need to be continuous.*



Base: All Tower Hamlets respondents aged 16+ (1480); fieldwork dates 6<sup>th</sup> Oct 2008 to 27<sup>th</sup> April 2009

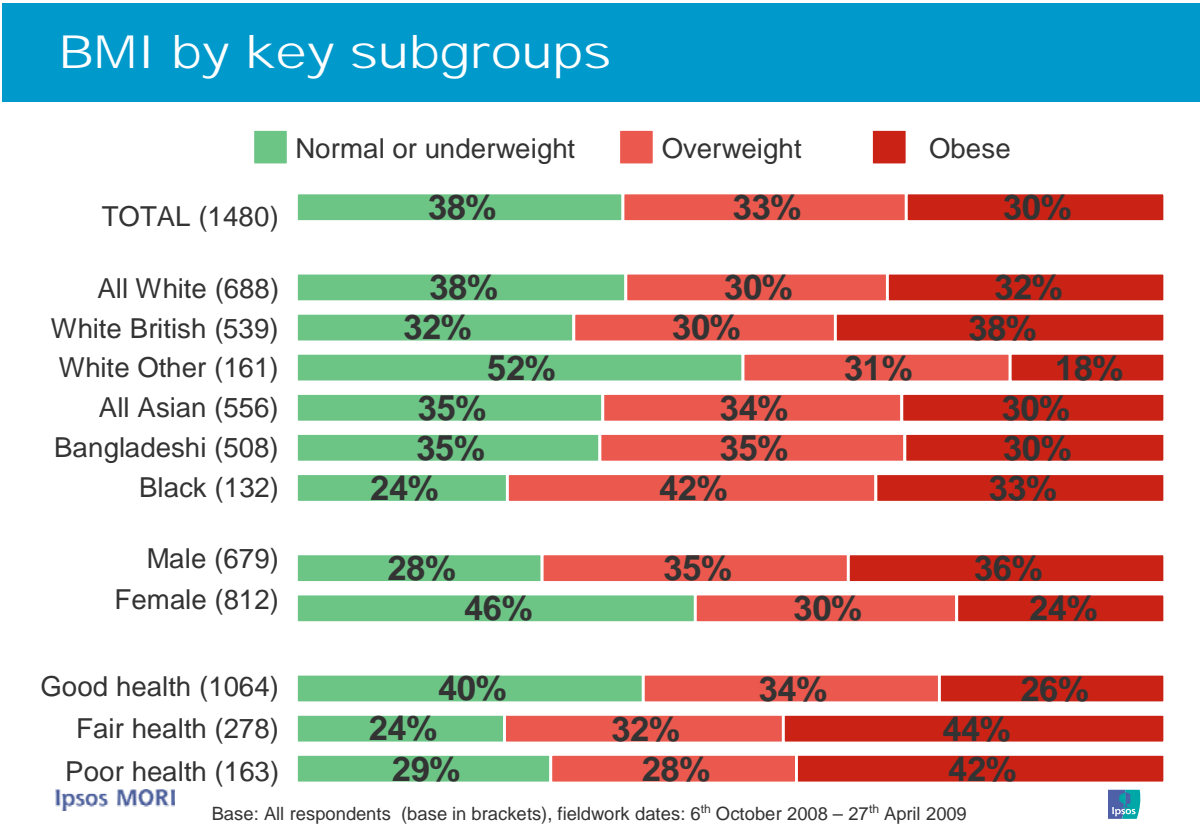
Ipsos MORI



Those respondents saying they have not undertaken any physical activity are most likely to be older (59% of residents aged 75+), less educated (31% of those with no qualifications), have a limiting long-term illness (42%) or say they are in poor health (55%). There is also a significantly higher level of inactivity in LAP 7, where about three in ten (29%) have not been physically active in the past four weeks.

### 3.6 Height and weight data

Respondents were asked to give their height and weight, and this was used to calculate a Body Mass Index (BMI) score for each person. Only about three in ten adults in Tower Hamlets (28%) fits into the normal BMI category. About a quarter each are overweight (26%) or obese (24%), but only 1% are underweight. From this data, Tower Hamlets appears to be on par with obesity levels nationally (though with a lower proportion of overweight residents in Tower Hamlets)<sup>10</sup>. However, it is important to note that one in five (20%) either did not know their height and/or weight or refused to give an answer. Furthermore, it is known that self-reported data is likely to be biased – other studies have shown that men tend to overestimate their height and women underestimate their weight, meaning that the true BMI results may be higher than shown here<sup>11</sup>.



The highest proportion of obese residents was found in LAP 4 (33%) and among White males (34%). Economically inactive people (24%) were also more likely to be obese than those in paid work (15%).

<sup>10</sup> Health Survey for England (2006)  
<sup>11</sup> Connor Garber, S. et al (2007) The International Association for the Study of Obesity. Obesity Reviews 8, 307-326

# Part 2: Self-reported health and wellbeing



## 4. Self-reported health and wellbeing

Respondents were asked to assess their own physical health and mental well-being, including whether they consider themselves to have any limiting conditions or disabilities. Please note that the following figures are based on self-reported data and not any set measure of physical or mental health.

### Key facts

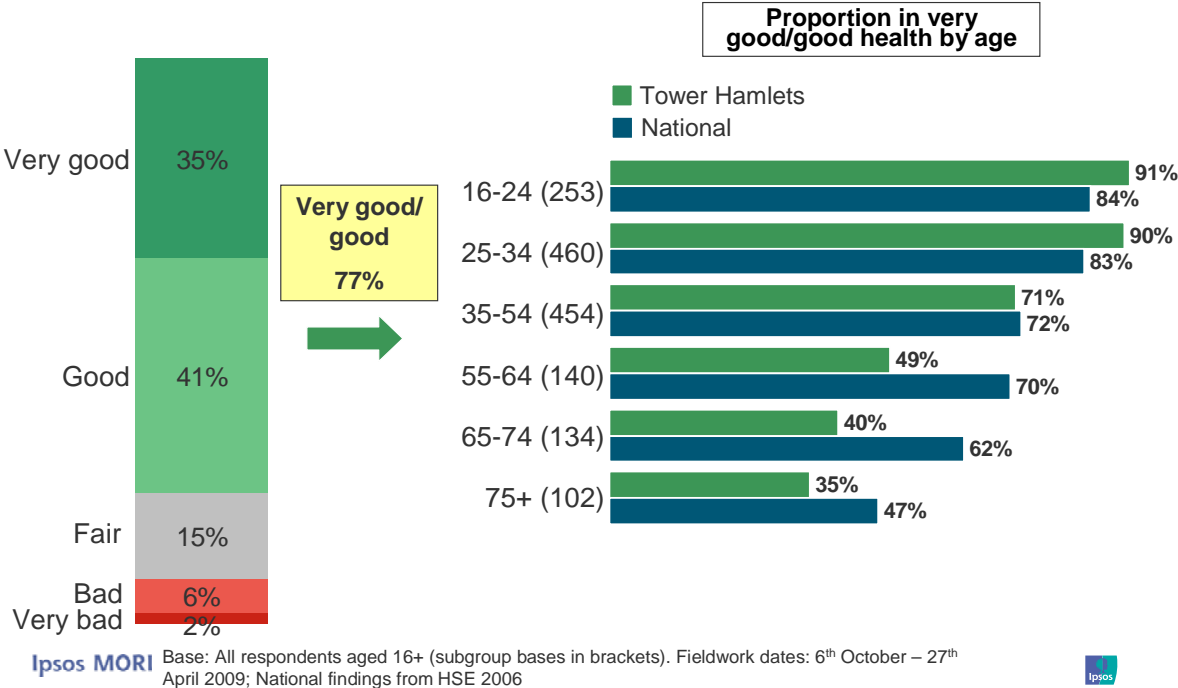
- *22% of residents report having a long-standing illness, disability or health condition;*
- *76% of residents with a long-term condition are limited by it (17% of residents overall); and*
- *13% of residents experience significant mobility problems.*

A table showing a breakdown of results by various subgroups is included in Appendix 2.

### 4.1 General health

When asked to rate their health in general, about three quarters of Tower Hamlets residents (77%) say their health is good, while 15% feel their health is fair and 8% say it is bad or very bad. This is approximately the same as national findings (80% good)<sup>12</sup> but examining levels of self-reported health across age groups reveals a different pattern: younger people in Tower Hamlets feel healthier than their counterparts elsewhere in the country, while people aged over 55 feel much less healthy by comparison.

## Self-reported health by age

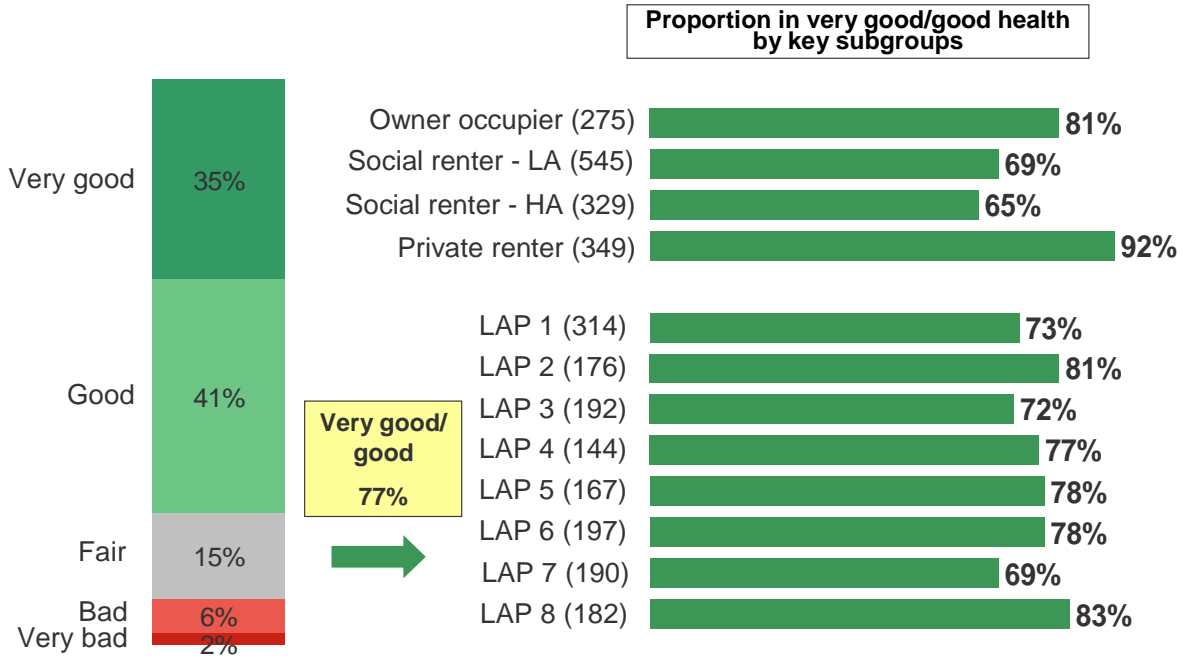


<sup>12</sup> Health Survey for England (2006)

Residents of the Isle of Dogs, LAP 8, are also more likely to report good health (83%) than respondents living elsewhere in the borough<sup>13</sup>. This is most likely related to the youth of the population of this area. Just under one half of respondents from LAP 8 (48%) are aged 25-24, compared to 34% in the borough as a whole.

There are no differences among ethnic groups with regard to self-reported health, with the exception that respondents from other White groups are most likely to say their health is good (86%). In general, White respondents are more likely to say their health is very good, but overall a similar proportion of White and residents from ethnic minority groups say they are in generally good health.

## Self-reported health by key subgroup



Ipsos MORI

Base: All respondents aged 16+ (subgroup bases in brackets). Fieldwork dates: 6<sup>th</sup> October – 27<sup>th</sup> April 2009



<sup>13</sup> Please note that only those differences between subgroups that are statistically significant at the 95% confidence level are reported.

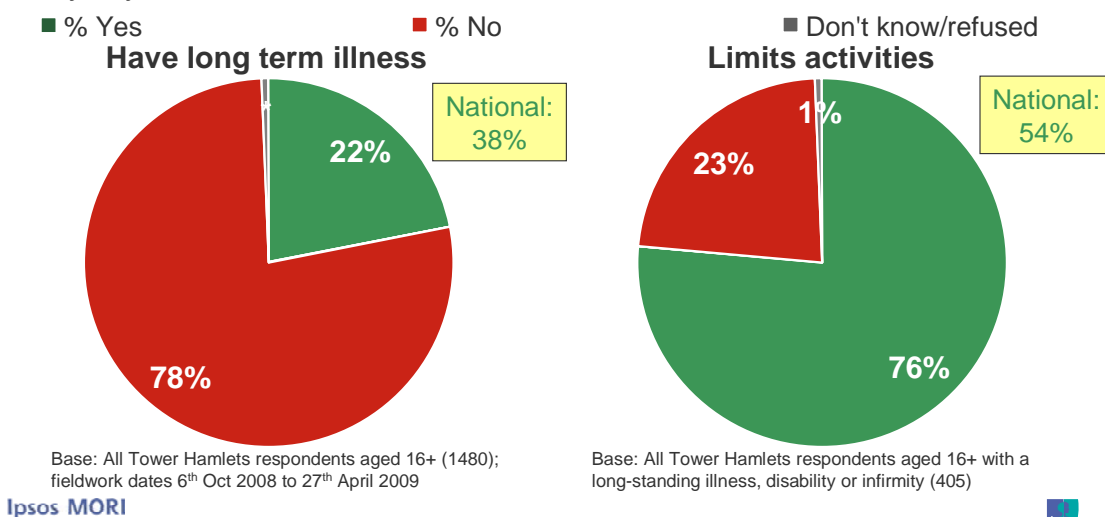
## 4.2 Limiting long-term illness

About one in five residents (22%) reports having a long-standing illness, disability or health condition. Of these residents, about three-quarters (76%) say the condition limits their daily activities, meaning that just under one in five residents (17%) have a limiting condition. Nationwide, a greater proportion report having a long-term illness (38%), but of these a smaller proportion say it limits their activities (54%), indicating that health problems *for those who have them* are more severe in Tower Hamlets than across Britain as a whole<sup>14</sup>.

### Limiting long-term illness

*Do you have any long-standing illness, disability or infirmity? By long-standing I mean anything that has troubled you over a period of time, or that is likely to affect you over a period of time?*

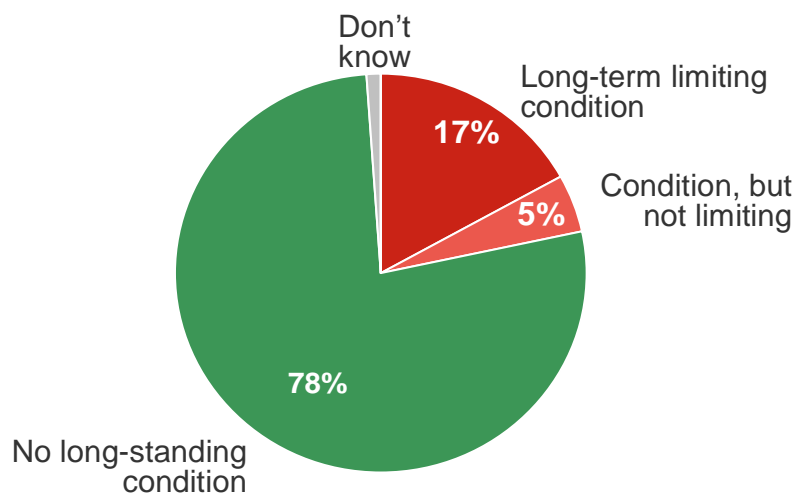
*Does this illness or disability/do any of these illnesses or disabilities limited your activities in any way?*




<sup>14</sup> Health Survey for England (2006)

## Limiting long-term illness

*Do you have any long-standing illness, disability or infirmity? By long-standing I mean anything that has troubled you over a period of time, or that is likely to affect you over a period of time? Does this illness or disability/do any of these illnesses or disabilities limited your activities in any way?*



Ipsos MORI Base: All respondents aged 16+ (subgroup bases in brackets). Fieldwork dates: 6<sup>th</sup> October – 27<sup>th</sup> April 2009 

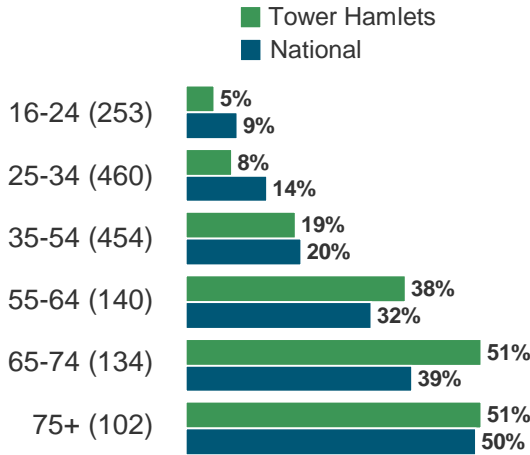
White British residents are significantly more likely to report a long-standing health condition that limits their activities, with 21% doing so compared to 13% of people from other White groups and 14% of Asians. This may be due to the older average age of White British respondents. Low socioeconomic status is correlated with disability: workless people, social renters and those with no qualifications are all significantly more likely than average to report a long-term limiting illness.

Younger people in Tower Hamlets are less likely than those across England to have a limiting long-term illness (5% of 16-24 year olds compared to 9% nationally). By contrast, residents around retirement age are more likely to have a limiting condition, as shown in the following chart.

## Limiting long-term illness by age groups

*Do you have any long-standing illness, disability or infirmity? By long-standing I mean anything that has troubled you over a period of time, or that is likely to affect you over a period of time? Does this illness or disability/do any of these illnesses or disabilities limited your activities in any way?*

**Limiting long-term illness by age groups**



Ipsos MORI

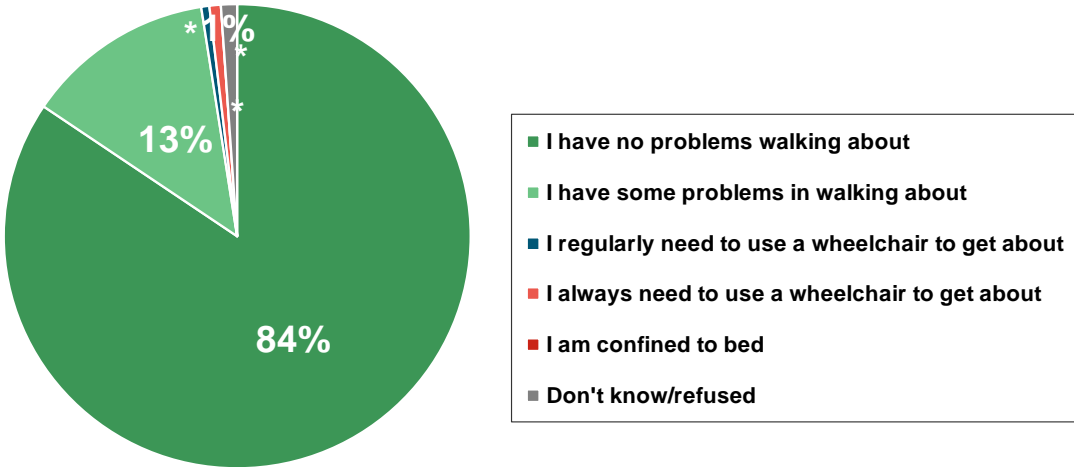
Base: All respondents aged 16+ (subgroup bases in brackets). Fieldwork dates: 6<sup>th</sup> October – 27<sup>th</sup> April 2009; National findings from HSE 2006



While 13% of Tower Hamlets residents experience significant mobility problems, more than four in five (84%) say they have no problems walking about. 1% of residents need to use wheelchairs or are confined to bed.

## Mobility

*Looking at this card, please tell me which of the following statements best describes you.*



Base: All Tower Hamlets respondents aged 16+ (1480); fieldwork dates 6<sup>th</sup> Oct 2008 to 27<sup>th</sup> April 2009

Ipsos MORI



Difficulties with mobility tend to increase with age. For example, the proportion reporting that they have some difficulty walking increases to 36% amongst those aged 55-64, 45% amongst 65-74 year olds and 64% amongst those over 75. There are no significant differences among ethnic groups, but private renters and owner occupiers are significantly less likely to have mobility problems than local authority and housing association tenants. This is in line with the earlier finding that owner-occupiers and private renters tend to report better health than social renters.

### 4.3 Mental well-being

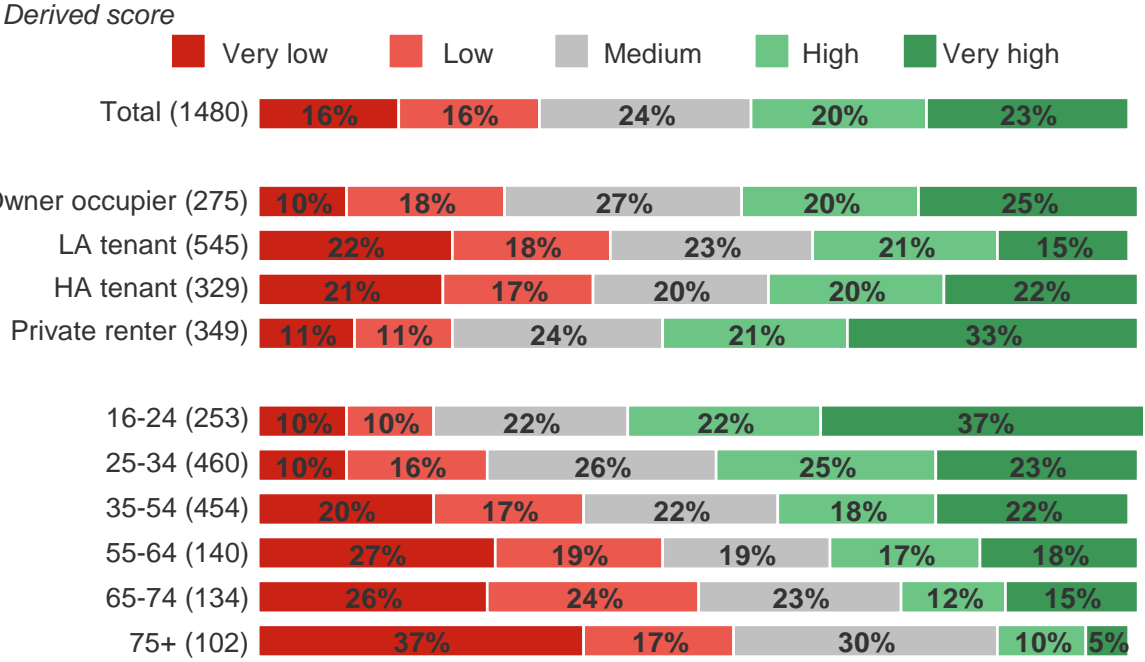
Questions from the Warwick-Edinburgh Mental Well-being Scale (WEMWBS)<sup>15</sup> were utilised to gain a general picture of the mental health of Tower Hamlets residents, based on their self-reported feelings of positive and negative emotions over the previous fortnight.

**Calculating WEMWBS Scores**

Respondents were read a list of 14 separate feelings and asked how often they felt that way during the last two weeks based on a five-point scale, ranging from one point for 'none of the time' to five points for 'all of the time.' Scores for each item were added together so that the minimum number of points attainable was 14 and the maximum was 70, and residents were allocated into one of five categories, from 'very low' to 'very high,' based on their score. A higher score indicates better mental well-being.

When this survey was first carried out in Scotland in 2006 (though using a different methodology), the mean score was 51 points. In Tower Hamlets, the mean score for this survey is 52 points.

## Mental well-being



Ipsos MORI Base: All respondents aged 16+ (bases in brackets); fieldwork dates 6<sup>th</sup> Oct 2008 to 27<sup>th</sup> April 2009





Women are more likely than men to fall into the “low” category (18% versus 13%), and less likely to be in the “high” category (18% versus 23%). However, there are no significant differences between men and women at the extremes of WEMWBS scores (“very low” and “very high”). Age is clearly associated with mental health: while 16% of the population of Tower Hamlets falls into the “very low” score range, only one in ten residents (10%) aged 16-34 are in this category, compared to 37% of those aged 75 or over. Likewise, 37% of the youngest age group has a “very high” score, compared to only 5% of the oldest respondents.

Social renters report worse mental health than private renters or residents who own their home. About one-fifth (22%) of local authority tenants had a very low WEMWBS score, as did a similar proportion of housing association tenants (21%). This is in stark contrast to the 10% of owner occupiers and 11% of private renters in the lowest category. Private renters have the best mental health, with 33% scoring “very high,” compared to 25% of owner occupiers and 23% of borough residents overall. No significant correlations were found between floor of living accommodation and WEMWBS score.

Poor physical health appears to be related with poor mental health: half (51%) of respondents who say their physical health is poor also fell into the “very low” WEMWBS score range; the same proportion of residents who said their health is good had scores in either the “high” or “very high” range. There are no clear associations between income and mental health. With regard to ethnicity, while respondents from other White groups are significantly more likely to have a very high score than other ethnic groups (24% vs. 18% of Bangladeshi residents, for example); there are no other significant differences.

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<sup>15</sup> See <http://www.healthscotland.com/documents/2702.aspx> for a user guide.

# Part 3: Demographic and household data

## 5. Individual data

In this chapter we present results for questions pertaining specifically to individual characteristics of respondents. This includes education and employment data, as well as self-reported literacy levels and ethnicity.

### Key facts

- *12% of residents say they have a below average or poor ability to read and understand English;*
- *10% of those who do not have English as a first language say they have below average or poor ability to read their own language; and*
- *21% of those who do not have English as a first language say they have below average or poor ability to speak and understand English.*

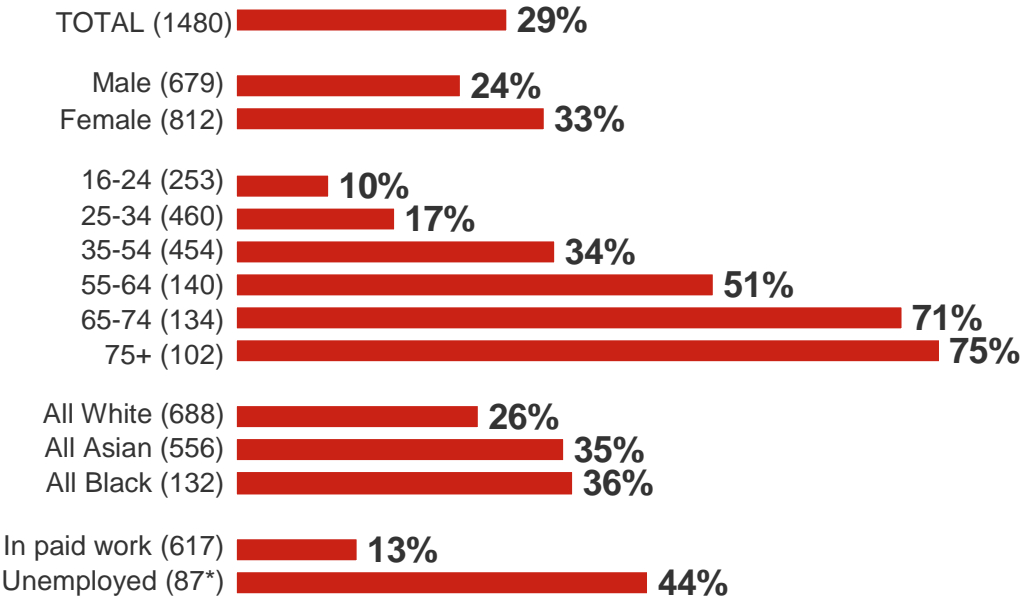
A table showing a breakdown of results by various subgroups is included in Appendix 2.

### 5.1 Education level

Three in ten Tower Hamlets residents (30%) are educated to first degree level or above. A similar proportion, however, have no formal qualifications at all (29%). Bangladeshi residents are far less likely to have a degree (10%), and more likely to have no qualifications (38%), than their White counterparts<sup>16</sup>. In general, a higher proportion of Asian and Black residents have no qualifications (33% and 36%, respectively) compared with White residents (26%). Women are also more likely to have no qualifications than men (33% vs. 24%). The incidence of respondents with no formal educational qualifications increases with age, and unemployed residents and social tenants are also significantly less qualified than average.

### Educational qualifications by key subgroups

Proportion with no formal qualifications



Ipsos MORI Base: All respondents 16+ (base in brackets), fieldwork dates: 6<sup>th</sup> October 2008 – 27<sup>th</sup> April 2009

\* small base



<sup>16</sup> Please note that only those differences between subgroups that are statistically significant at the 95% confidence level are reported.

## 5.2 Work status and income

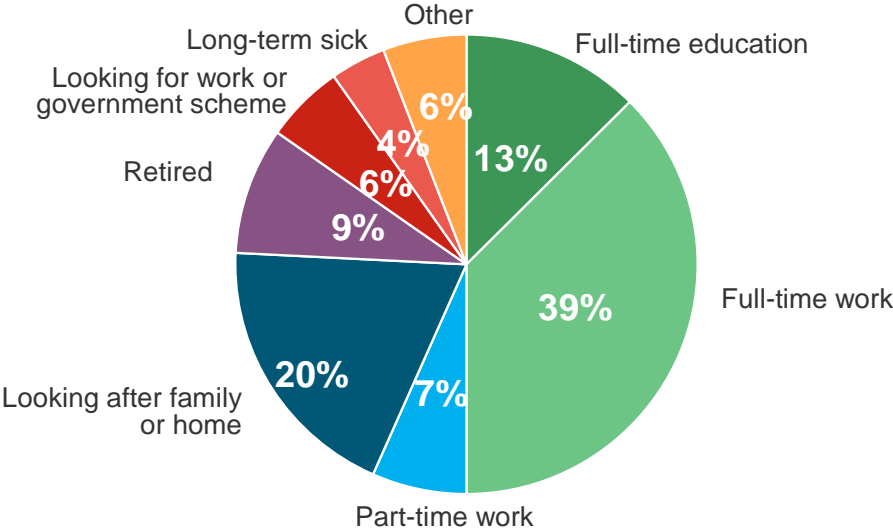
Just under two in five residents aged 16 or older (39%) are in paid full-time work, and a further 7% are in part-time work, making a total of 46% of Tower Hamlets residents employed. This is lower than the national figure of adults in full- or part-time work (67%)<sup>17</sup>. About one in ten working people in Tower Hamlets (11%) are self-employed, and about one in twenty (4%) are home workers.

Reflecting a younger population, one fifth (20%) of Tower Hamlets adults are looking after the home or family and about one in ten (9%) are retired. On a national level, these figures are essentially reversed, with 6% looking after the home and 20% retired.

A larger than average proportion of Tower Hamlets residents over 16 years of age (13%) are in full-time education compared to the national figure (2%), and there are no significant differences between ethnic groups with regard to this figure.

### Employment status

*Which of these descriptions applies to what you were doing last week, that is in the seven days ending [date last Sunday]?*



Base: All Tower Hamlets respondents aged 16+ (1480); fieldwork dates 6<sup>th</sup> Oct 2008 to 27<sup>th</sup> April 2009

Ipsos MORI

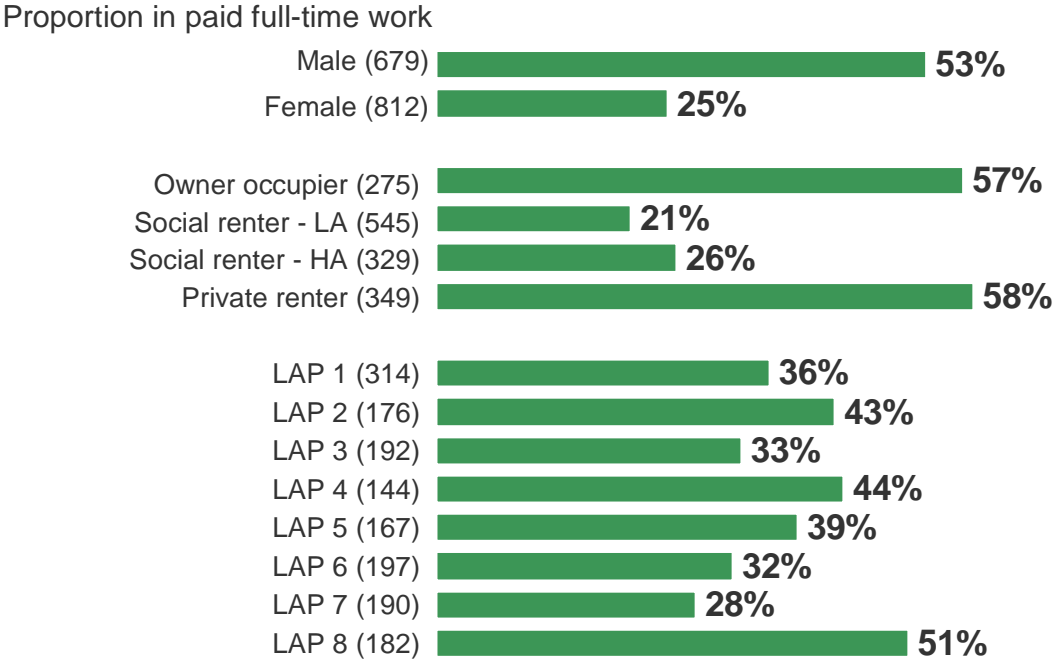


<sup>17</sup> Health Survey for England (2006)

There are some differences in work status between ethnic groups in Tower Hamlets. Bangladeshi residents are least likely to be in full-time work (21%), while other working age White residents<sup>18</sup> are the most likely (60%).

With regard to local area partnerships, LAP 8, the Isle of Dogs, is home to the largest proportion of residents in full-time work (51%). However, the nearby LAP 7 fares worst on this measure, with only 28% of residents in full-time work. About one in three people in this area (29%) are looking after their home or family, the highest of any LAP. The proportion of residents looking for paid work or a government training scheme is highest in LAP 3 (9%).

## Employment status by key subgroups



Ipsos MORI

Base: All respondents 16+ (base in brackets), fieldwork dates: 6<sup>th</sup> October 2008 – 27<sup>th</sup> April 2009

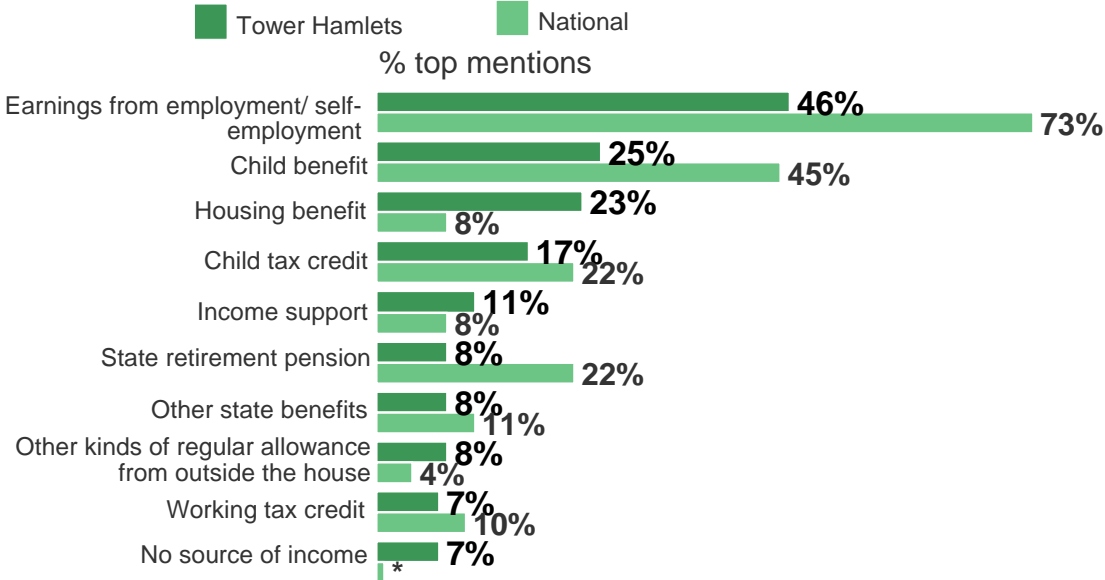


<sup>18</sup> The 'White other' category includes respondents who self-identify as White but not British. It includes Irish and Eastern European respondents.

Other than earnings from employment or self-employment, the most typical sources of income for Tower Hamlets residents are Child Benefit (25%) and Housing Benefit (23%). About one in ten respondents (11%) claim Income Support. Nationally, a far greater proportion than in Tower Hamlets have earnings from work (73% compared to 46% in Tower Hamlets)<sup>19</sup>.

## Sources of income

Can you tell me which kinds of income you personally receive?



Base: All Tower Hamlets respondents aged 16+ (1480); fieldwork dates 6<sup>th</sup> Oct 2008 to 27<sup>th</sup> April 2009. National Source: Health Survey of England, 2006  
**Ipsos MORI**



A quarter (25%) of Tower Hamlets residents claim child benefit. However, there are clear differences between ethnic groups. Among White British residents 14% claim child benefit, yet this rises to 44% among Bangladeshi residents (in line with the national average of 45%). This is not surprising given that more Bangladeshi households contain children (for example, 69% of Bangladeshi households are married/cohabiting couples with children compared to 12% of White British households).

Almost a quarter of Tower Hamlets residents (23%) claim housing benefit as compared to only 8% of adults in England as a whole. Broken down by ethnicity, 19% of White British, 34% of Bangladeshi and 36% of Black residents of Tower Hamlets claim housing benefit.

Of those respondents in paid work, mean annual reported income in Tower Hamlets is £31,504. However, about one in six working people (17%) earn less than £15,000 per year.

<sup>19</sup> Health Survey for England (2006)

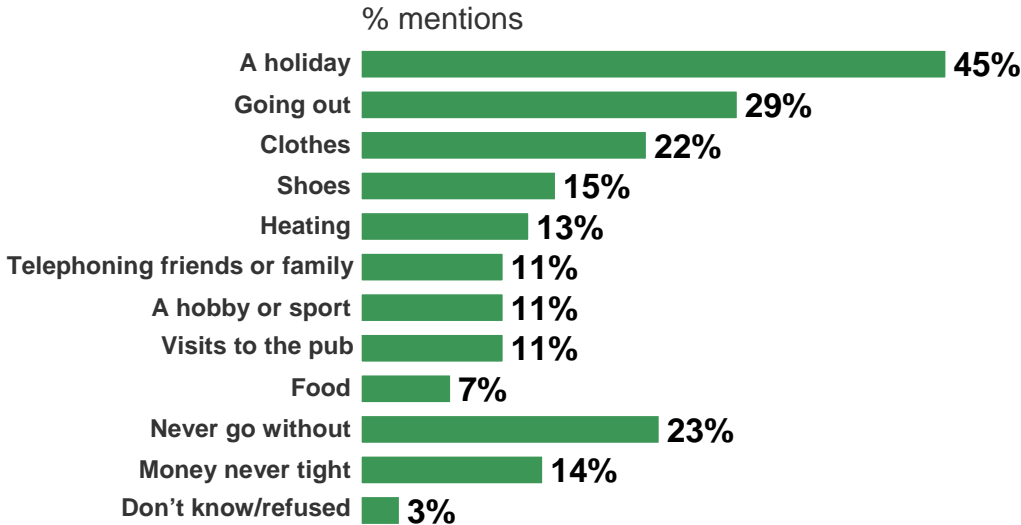
Conversely, about one in eight (12%) earn £50,000 or more. Strikingly, about one in five White males (22%) fall into this highest income bracket, compared to only one in ten White females (10%) and almost no Bangladeshi residents (1%). Wealth is also geographically concentrated, with the highest average incomes reported in the southeast of the borough, as might be expected considering the higher value of residential developments in this area.

There is also a difference in earnings by level of education qualification. About three in ten Tower Hamlets residents have no formal qualifications (29%), and of these, only 22% work. For working people with no qualifications, mean annual earnings are £15,033. Working people with qualifications at level 4 (degree level) or above, mean annual earnings rise to £40,927.

When money is short, Tower Hamlets residents are most likely to say they go without a holiday (45%), stop going out (29%) and forego buying new clothes (22%). There is also a group of residents who say they go without essentials such as heating (13%) or food (7%), and this is more common among unemployed residents (26% and 13% of this group have gone without heating and food respectively). When extrapolated, this indicates that more than 10,000 adults in Tower Hamlets may go without food when they are short of money. By contrast, about a quarter (23%) say they never go without anything, and 14% say money is never tight.

## Financial sacrifices

*This card shows a list of things which adults have told us that they sometimes go without when money is tight. I'd like you to tell me which of these items you PERSONALLY have gone without in the last year because of shortage of money?*



Base: All residents of the London Borough of Tower Hamlets (2327); fieldwork dates 6<sup>th</sup> Dec 2008 to 27<sup>th</sup> April 2009

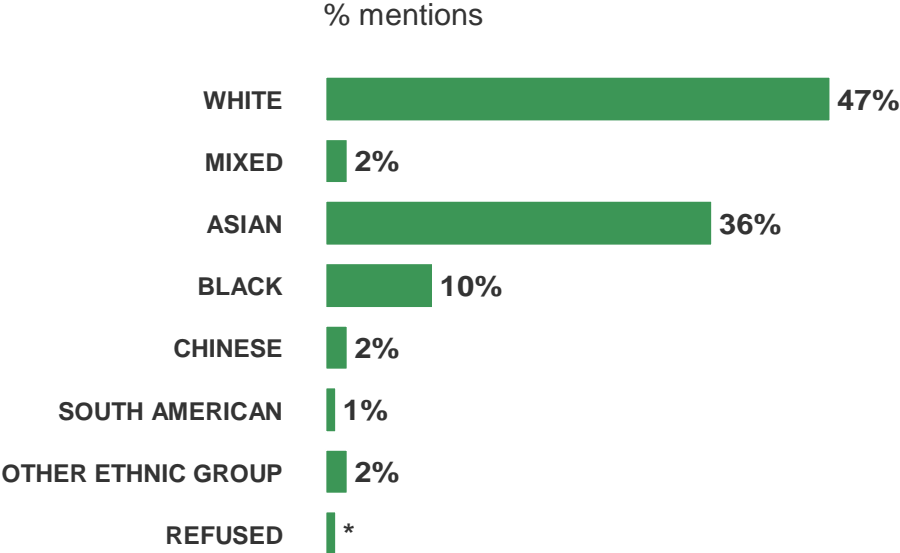


### 5.3 Ethnicity and diversity

The two largest ethnic groups interviewed in Tower Hamlets are White (47%) and Asian (36%), largely made up of Bangladeshis (32%). There is also a significant Black (10%) population, comprising Black Caribbeans (3%), Somalis (3%) and other Black African ethnic groups (4%)<sup>20</sup>. This profile differs to other published data on ethnicity. For example, the 2001 census data shows 43% were White British and 33% were Bangladeshi. More recent GLA estimates suggest that 58% of Tower Hamlets residents over 15 are White, 27% Bangladeshi and 6% Black.

#### Ethnicity – overall groups

*Looking at this card, please could you tell me to which of these groups you consider you belong?*



Ipsos MORI Base: All respondents aged 16+ (1480); fieldwork dates 6<sup>th</sup> Oct 2008 to 27<sup>th</sup> April 2009

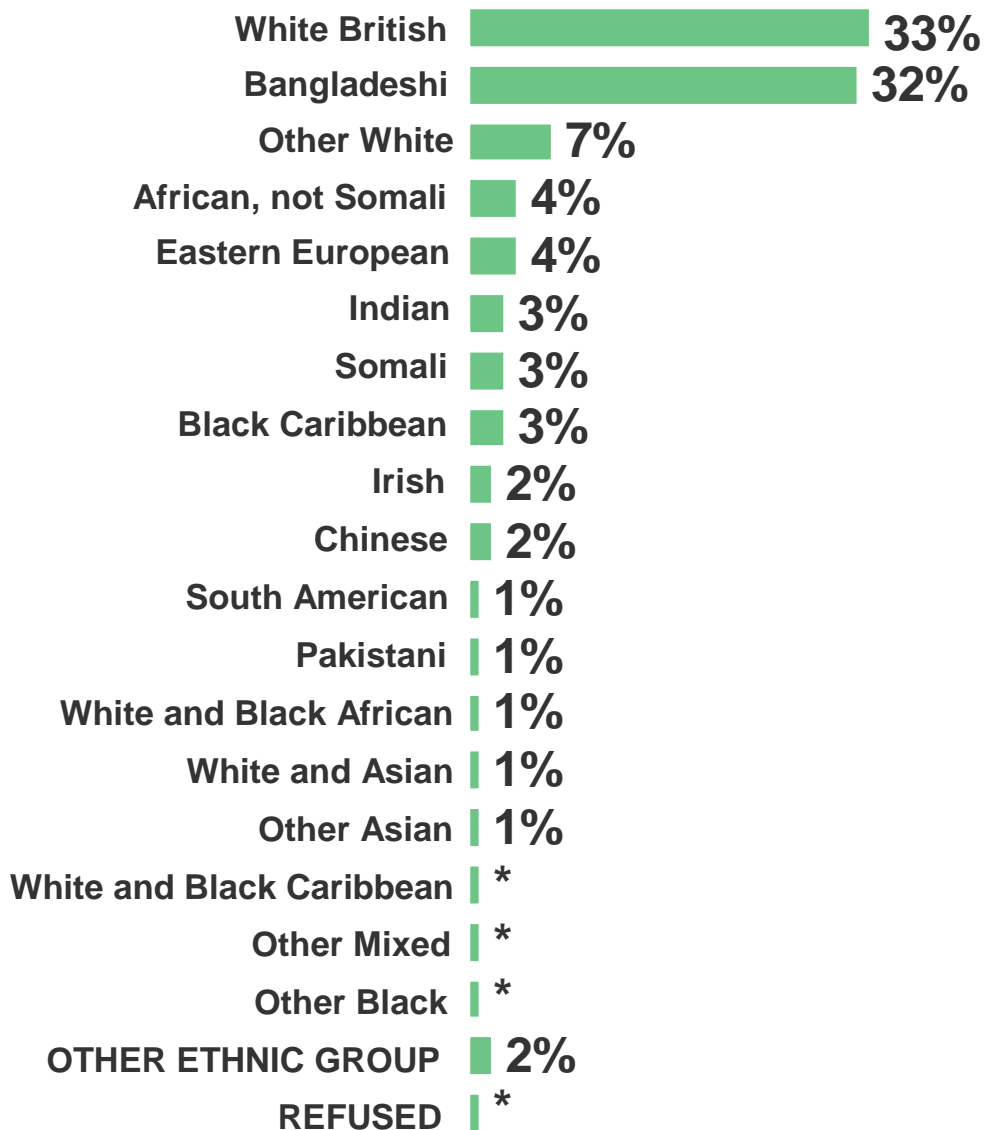


<sup>20</sup> The ethnicity breakdown differs from that used in the census, with Somali and Black African included as separate categories due to uncertainty over the size of the Somali population.

# Ethnicity – detailed groups

*Looking at this card, please could you tell me to which of these groups you consider you belong?*

% mentions



Ipsos MORI Base: All respondents aged 16+ (1480); fieldwork dates 6<sup>th</sup> Oct 2008 to 27<sup>th</sup> April 2009

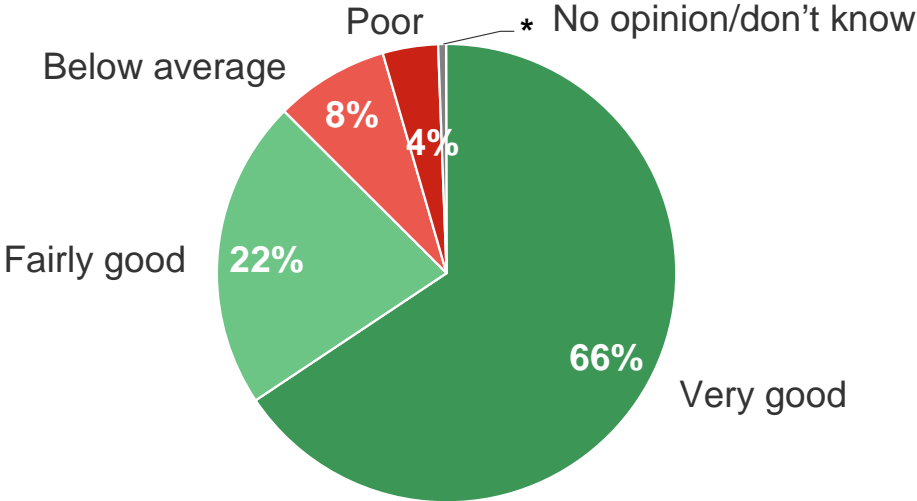


### 5.4 Language and literacy

Among all residents, regardless of first language, about nine in ten (88%) say their everyday English literacy is good, while 12% say it is below average or poor. Men are more likely than women to have good functional English (91% compared to 85% respectively), and White residents are also more comfortable using English in daily life than Bangladeshi residents (97% and 74% respectively).

## Literacy – all respondents

*Looking at this card, please tell me how good you are at reading and understanding English when you need to in daily life. For example, reading newspapers and magazines, or instructions for medicines or recipes*



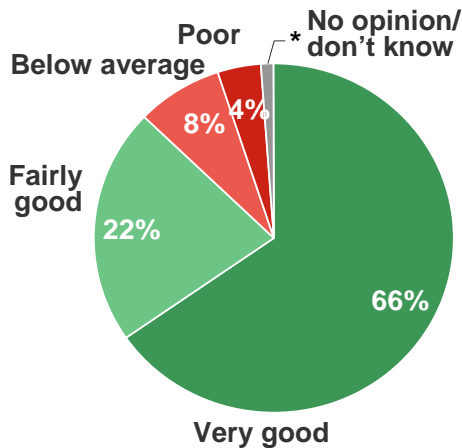
Base: All Tower Hamlets respondents aged 16+ (1480); fieldwork dates 6<sup>th</sup> Oct 2008 to 27<sup>th</sup> April 2009

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## Literacy by key subgroups

Looking at this card, please tell me how good you are at reading and understanding English when you need to in daily life. For example, reading newspapers and magazines, or instructions for medicines or recipes.

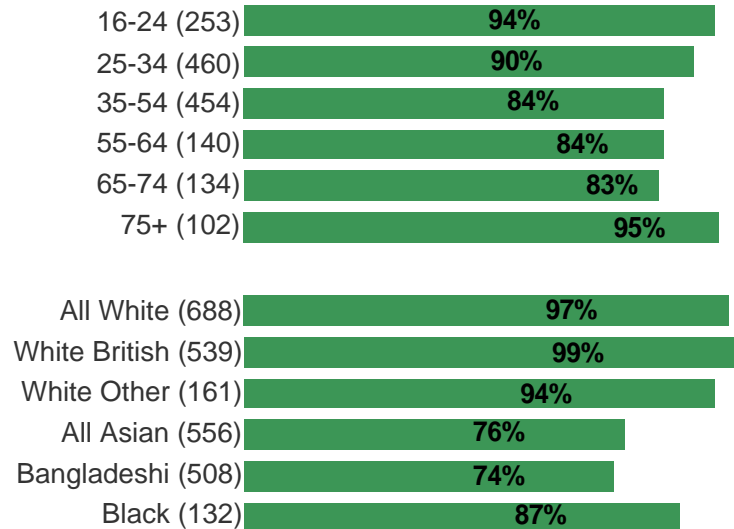


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Base: All respondents (subgroup bases in brackets). Fieldwork dates: 6<sup>th</sup> October – 27<sup>th</sup> April 2009



### Good rating by subgroups



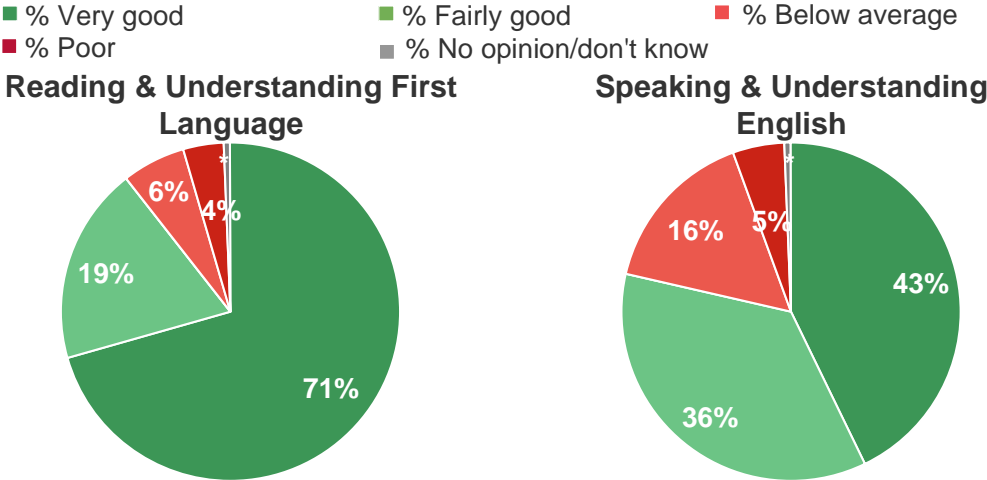
Half of Tower Hamlets residents (50%) do not have English as a first language. Just over one quarter of residents (28%) say they feel most comfortable speaking Bengali or Sylheti, two of the most frequently spoken languages in Bangladesh. Somali is the next most common first language, spoken by 3% of the population.

Among those residents who do not speak English as a first language, nine in ten (90%) say they are at least fairly good at reading and understanding their first language in everyday life, while one in ten (10%) feel their literacy is poor. Bangladeshi residents who do not have English as a first language are less confident about using English (72% say their English is good compared to 94% among other White residents). When asked how well they can speak and understand English, four in five (79%) of this group felt they were at least fairly good, while the remaining one in five (21%) thought they were poor.

## Language abilities – do not have English as a first language

*Please tell me how good you are at reading and understanding [your first language] when you need to in daily life. For example reading newspapers and magazines or instructions for medicine or recipes.*

*Please tell me how good you are at speaking and understanding English when you need to in daily life, for example to have a conversation on the telephone or talk to a professional such as a teacher or a doctor?*



Base: All Tower Hamlets respondents aged 16+ whose first language is not English (695); Fieldwork dates 6<sup>th</sup> October 2008 to 27<sup>th</sup> April 2009

Ipsos MORI



## 6. Household demographics

This chapter includes data on the respondent's household; specifically, we examine the composition of households, their size and the extent to which they are ethnically homogenous.

### Key facts

- *24% of residents live in overcrowded properties;*
- *45% of Bangladeshi residents live in overcrowded properties; and*
- *11% of residents have lived at their address for less than six months.*

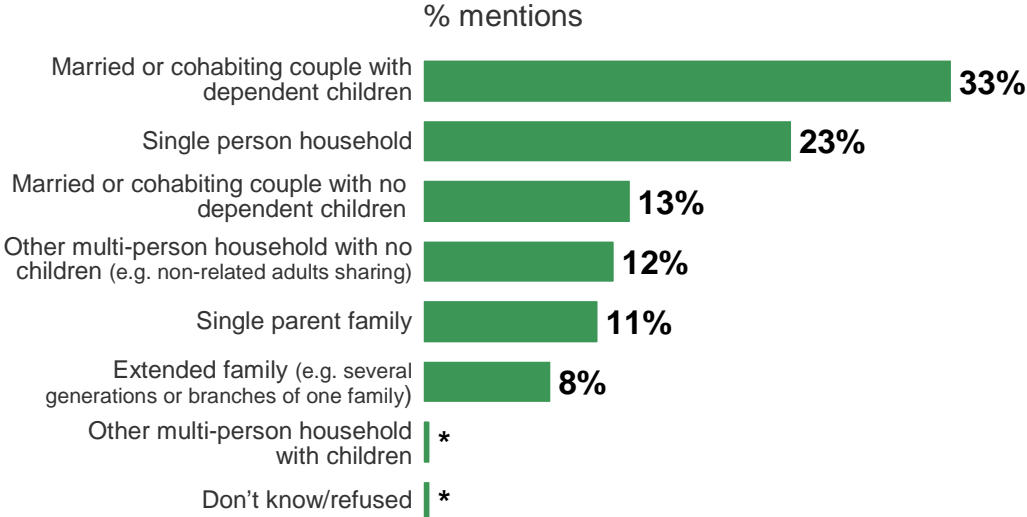
A table showing a breakdown of results by various subgroups is included in Appendix 2.

## 6.1 Home occupants

One third (33%) of Tower Hamlets residents live in a household consisting of married or cohabiting adults with dependent children. About one in ten residents live in households (11%) that are headed by a lone parent. Single people living alone make up almost a quarter (23%) of residents. Just under one in ten residents (8%) live in extended family households, with three or more generations or branches living together.

# Household type

Look at this card, how do you describe your household?

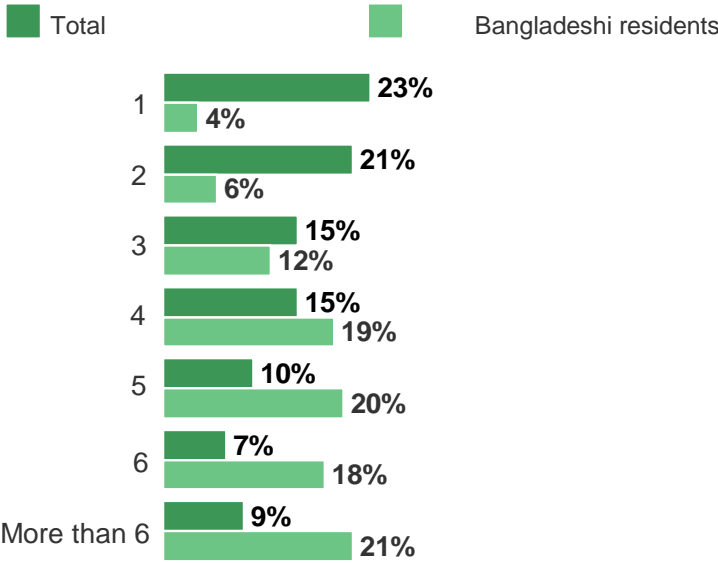


Base: All Tower Hamlets respondents aged 16+ (1480); fieldwork dates 6<sup>th</sup> Oct 2008 to 27<sup>th</sup> April 2009

With regard to the number of people living in a household, there are striking differences between White and Bangladeshi respondents. The latter tend to live in much larger households, with about one in five Bangladeshi residents (21%) living in households having six or more members. Across all residents, only 9% of respondents live in such households, and this figure drops to 1% for White residents. Black respondents also live in larger households than their White counterparts (14% have 6 or more members). White residents are most likely to live alone (34%).

## Household size

*How many people are living here – that includes yourself, any other adults and children?*



**Ipsos MORI** Base: All Tower Hamlets respondents aged 16+ (1480); fieldwork dates 6<sup>th</sup> Oct 2008 to 27<sup>th</sup> April 2009



Examining the number of household occupants vis a vis the number of bedrooms in that property can indicate whether overcrowding may be a problem. Overall, three quarters of properties in Tower Hamlets pass the bedroom standard (76%)<sup>21</sup>. However, approaching half of Bangladeshi residents live in properties that fail the bedroom standard (45%), compared with around one in twenty White British residents (6%).

<sup>21</sup> 'Bedroom standard' is used as an indicator of occupation density. A standard number of bedrooms is allocated to each household in accordance with its age/sex/marital status composition and the relationship of the members to one another. A separate bedroom is allocated to each married or cohabiting couple, any other person aged 21 or over, each pair of adolescents aged 10 - 20 of the same sex, and each pair of children under 10. Any unpaired person aged 10 - 20 is paired, if possible with a child under 10 of the same sex, or, if that is not possible, he or she is given a separate bedroom, as is any unpaired child under 10. This standard is then compared with the actual number of bedrooms (including bed-sitters) available for the sole use of the household, and differences are tabulated.

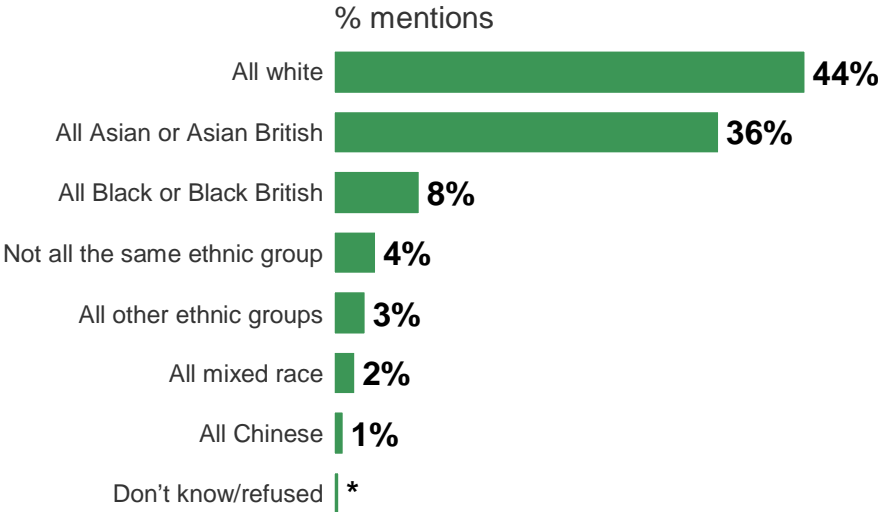


## 6.2 Ethnicity of the household

Most households in Tower Hamlets are ethnically homogeneous. Fewer than one in twenty households include residents of different ethnicities (4%). Looking at this in more detail, just over two in five residents live in households (44%) that are composed entirely of White people, while slightly over one third (36%) in households that are entirely Asian.

### Ethnicity - household

*Looking at this card, which of these best describes the ethnic groups of all the people who live in this household?*



Base: All Tower Hamlets respondents aged 16+ (1480); fieldwork dates 6<sup>th</sup> Oct 2008 to 27<sup>th</sup> April 2009

Ipsos MORI



## 6.3 Resident mobility

Two-thirds of Tower Hamlets residents (68%) have lived at their current address for at least two years, with one in ten (11%) having been there for over 20 years. More than one in ten (11%) have lived at their address for less than six months.

Younger residents are most likely to be newcomers, with one in five (21%) of respondents aged 16-24, and one in six (16%) of those aged 25-34 saying they have lived at their current address for six months or less, compared to an overall figure of 11% in the borough.

Similarly, seven in ten of the oldest residents, aged 75+, have lived at their current address for over 20 years. Those who have lived at their address for less than six months are more likely to be other White residents (20% have lived in their address for less than six months). While White British residents are most likely to have been at their home for two decades or

more (21%), a significant proportion of Bangladeshis have lived at their current address for between ten and twenty years (25%), which coincides with mass immigration.

A majority of residents that moved to their current address within the last year came from outside Tower Hamlets (60%). Analysis of postcodes where recent movers last resided indicates that a significant proportion did not move very far from their previous address: For example, of those respondents who currently live in the southeast quadrant of Tower Hamlets and who moved to their home within the last year, 29% came from the E14 postcode, which is part of the southeast. Similarly, 22% of movers into the northeast quadrant came from E3, while 19% in the northwest last lived in E1.

About one in seven recent in-movers (14%) last lived somewhere outside the United Kingdom. No specific country stands out as a major source of immigrants; despite the high population of Bangladeshi residents in Tower Hamlets, only 1% of all people who moved to the borough within the last year say they came from Bangladesh.

## 7. Household data

This section will explore the housing circumstances of Tower Hamlets residents, including home type, tenure and condition. It will also look at the mobility of the borough's residents and where they last lived.

### Key facts

- *46% of residents live in properties where there is a problem with condensation; and*
- *30% of residents live in properties where there is a problem with mould or fungus.*

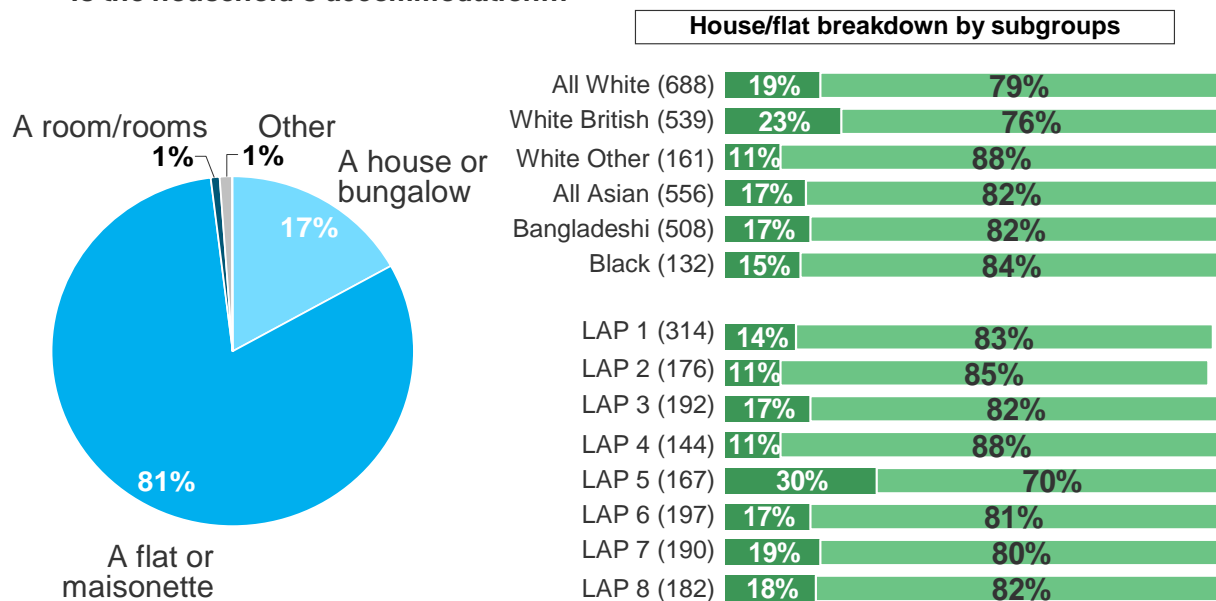
A table showing a breakdown of results by various subgroups is included in Appendix 2.

## 7.1 Housing type and tenure

Population density is high in Tower Hamlets, with four in five residents living in flats or maisonettes (81%). Fewer than one in five (17%) live in houses or bungalows. This is essentially the reverse of Britain as a whole, where 81% of residents live in houses or bungalows and 19% in flats or maisonettes<sup>22</sup>.

### Housing type by key subgroups

Is the household's accommodation...



Ipsos MORI Base: All respondents aged 16+ (subgroup bases in brackets). Fieldwork dates: 6<sup>th</sup> October – 27<sup>th</sup> April 2009

The greater likelihood of Tower Hamlets residents living in flats means a much lower proportion live on the ground floor (36%) compared to Britain as a whole (87%). Despite its density and location, very tall residential tower blocks are rare; however, approaching one in five residents live on the fourth floor or higher (18%). There are no differences in terms of self-reported health based on floor of accommodation.

Households in Tower Hamlets tend to live within smaller spaces than those elsewhere in Britain. There is a higher proportion of one-bedroom (21%) and two-bedroom (39%) households in the borough, compared to 6% and 21% nationwide, respectively<sup>23</sup>. Members of the 25-34 age group are more likely than average to live in one-bedroom properties (26%), but residents aged 75+ are *most* likely to have one-bedroom homes (37%).

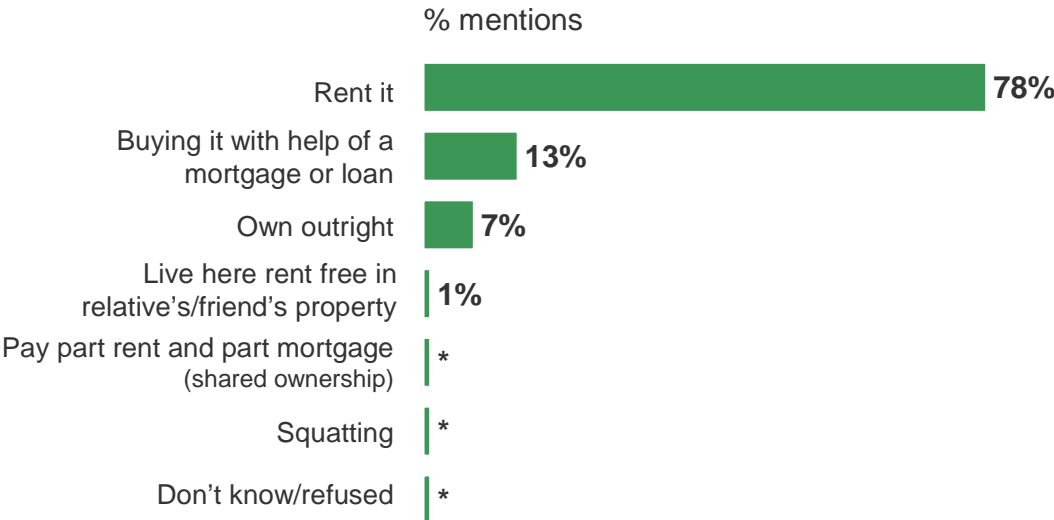
<sup>22</sup> General Household Survey (2006)

<sup>23</sup> Health Survey for England (2006)

Nearly four in five Tower Hamlets residents rent their property (78%), a much higher proportion than the 27% who do so nationally<sup>24</sup>. Fewer than one in ten (7%) own their home outright, and 13% are buying their home with the help of a loan or mortgage.

## Tenure

Looking at this card, in which of these ways do you occupy this accommodation?



Base: All Tower Hamlets respondents aged 16+ (1480); fieldwork dates 6<sup>th</sup> Oct 2008 to 27<sup>th</sup> April 2009

Ipsos MORI

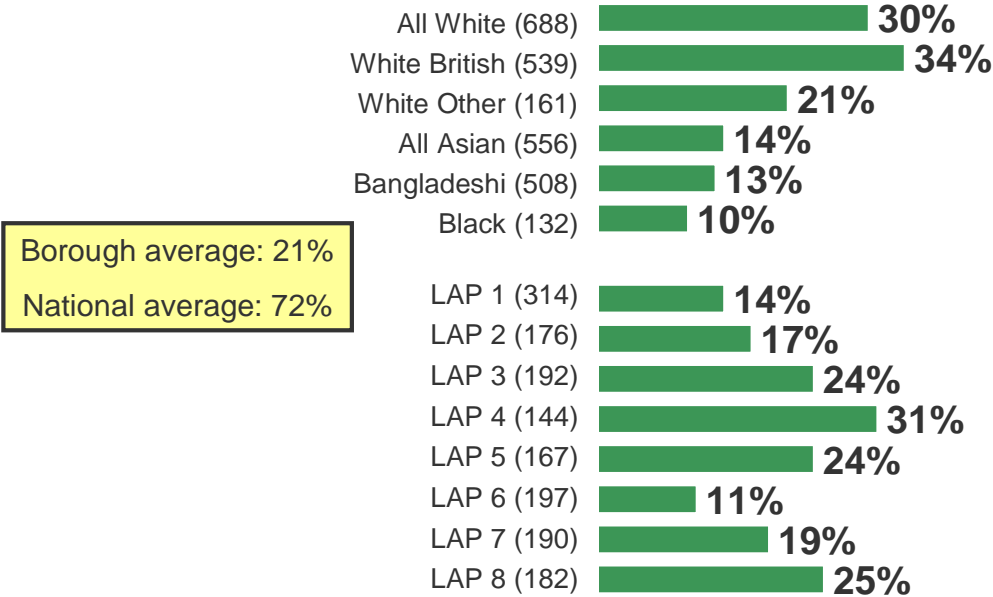


<sup>24</sup> Health Survey for England (2006)

Among Bangladeshi residents in particular, ownership figures are even lower, with 3% owning outright and 10% buying with a loan or mortgage. For White British residents, these proportions are 14% and 20%, respectively. The highest proportion of residents either owning their home or buying it with a loan or mortgage can be found in LAP 4, where this is the case for 31% of respondents. In LAP 6, on the other hand, 89% of respondents rent their home while only 11% are at any stage of ownership.

## Tenure by key subgroups

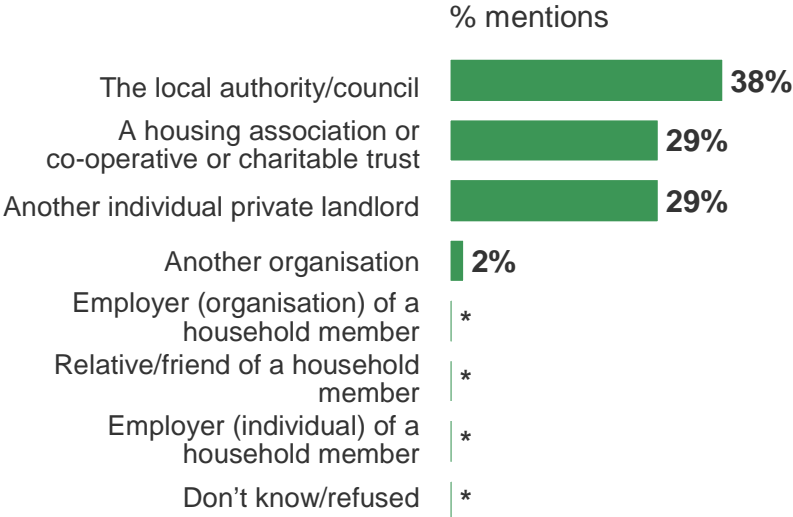
Proportion owning outright or buying their home on a loan or mortgage



Among renters in Tower Hamlets, the council is the landlord for 38% of renters overall and 59% of Bangladeshi renters. The overall figure is similar to the 39% across Britain who rent from their local authority<sup>25</sup>.

# Landlord

Looking at this card, who is your landlord?



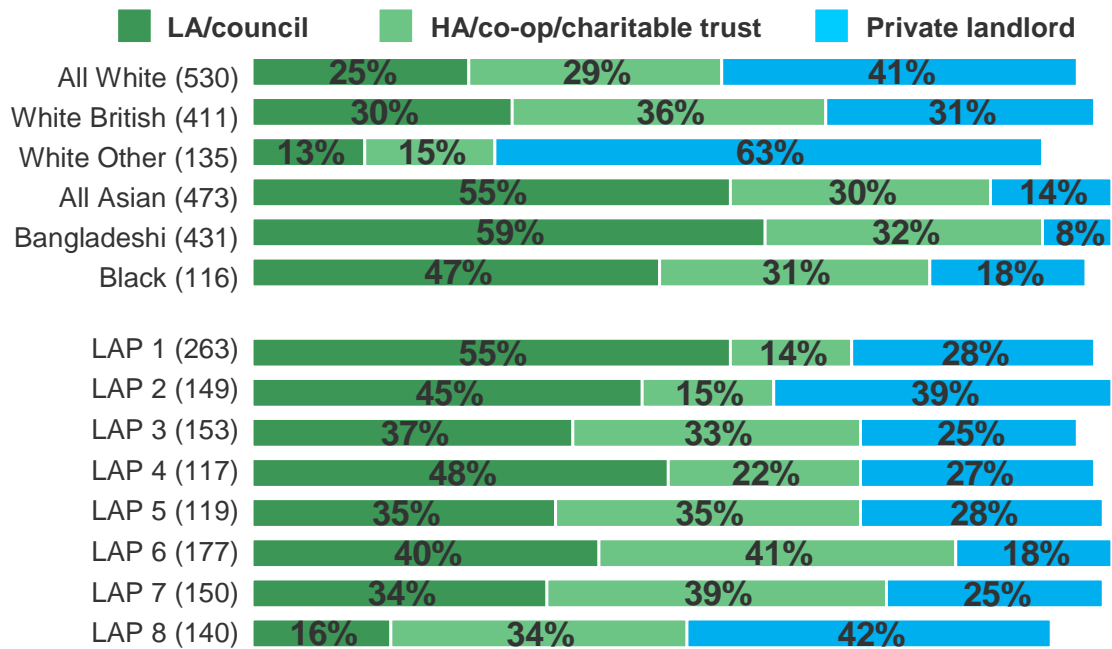
Base: All Tower Hamlets respondents aged 16+ who rent (1206); fieldwork dates 6<sup>th</sup> Oct 2008 to 27<sup>th</sup> April 2009

Ipsos MORI



<sup>25</sup> General Household Survey (2006)

## Landlord by key subgroups



Ipsos MORI

Base: All who rent, pay part rent and part mortgage, or live rent-free (base in brackets), fieldwork dates: 6<sup>th</sup> October 2008 – 27<sup>th</sup> April 2009





## 7.2 Home condition

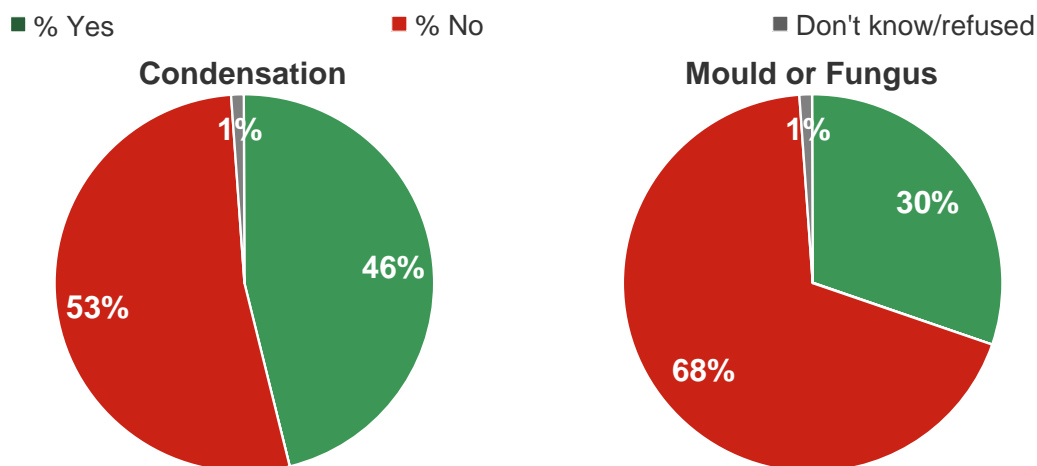
Almost all households in Tower Hamlets (95%) have central heating, the same as the national figure<sup>26</sup>. An even greater proportion of pensioner-only households (99%) have central heating.

However, condensation and mould are problems for a significant proportion of Tower Hamlets households, particularly Bangladeshi residents. Just under half of all residents (46%) say that during the winter months condensation forms on windows or walls of rooms other than their bathroom or toilet. This is the case for over half of Bangladeshi residents (55%).

### Problems with condensation and mould

During the winter months, does condensation form on the windows or walls of any room in your home, apart from the bathrooms or toilets?

During the winter months, do patches of mould or fungus form on the windows or walls of any room in your home, apart from the bathrooms or toilets?



Base: All Tower Hamlets respondents aged 16+ (1480); fieldwork dates 6<sup>th</sup> Oct 2008 to 27<sup>th</sup> April 2009

Ipsos MORI



Similarly, three in ten Tower Hamlets households (30%) suffer from mould somewhere other than the bathroom or toilet, but among Bangladeshis this rises to two in five households (40%). Homes in the southwest of the borough are worst affected (53%), particularly LAPs 3 (55%) and 7 (53%). Homes in Tower Hamlets are generally more affected by these problems than those elsewhere in Britain, where one third (34%) have trouble with condensation and

<sup>26</sup> General Household Survey (2006)

about one in eight (13%) suffer from mould, compared to 46% and 30%, respectively, in the borough<sup>27</sup>.

Households with children appear to be worst affected by damp and mould, a worrying finding considering the potential health consequences of living in affected buildings. Over half (54%) of households with children report condensation, while two-fifths (40%) have mould outside their bathrooms. It is of note that these indicators of poor housing are associated with self-reported poor health: of those who say their health is poor, 39% struggle with mould, while among those who say their health is good this figure drops to 28%. Almost three in five respondents (57%) who report poor health also have problems with condensation, compared to less than half (44%) of those who think their health is good.

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<sup>27</sup> Health Survey for England (2004)



# Appendices

# Appendices

# Appendix 1: Topline results

- Results are based on 2772 responses in total, including a booster of Bangladeshi residents.
- Unless otherwise specified, the effective base size is 1480 overall and 508 for the Bangladeshi sample.
- Weights have been applied in relation to dwelling and individual selection, non-contact and non-cooperation rates and design weights relating to the booster selection.
- Fieldwork was carried out between 6<sup>th</sup> October 2008 and 27<sup>th</sup> April 2009
- Where results do not sum to 100, this may be due to multiple responses, computer rounding or the exclusion of don't knows/not stated
- Results are based on all respondents unless otherwise stated
- An asterisk (\*) represents a value of less than one half or one percent, but not zero
- Benchmarking data is referenced for individual questions where appropriate

## Section 2: Household data – accommodation

I'd like to ask you some questions about your home. This will help us understand the group of people we've spoken to and help us when we analyse the responses.

### Q1. Is the household's accommodation:

		Overall	Bangladeshi	Benchmark
		%	%	%
A	a house or bungalow	17	17	81
B	a flat or maisonette	81	82	19
C	a room/rooms	1	*	*
D	other/or something else	1	1	*
E	Don't know/refused	0	0	0

Benchmark: General Household Survey 2006

### Q2. On what floor of this building is your overall living accommodation?

		Overall	Bangladeshi	Benchmark
		%	%	%
A	Basement/semi-basement	2	2	1
B	Ground floor/street level	36	34	87
C	1 <sup>st</sup> floor	20	20	8
D	2 <sup>nd</sup> floor	14	15	2
E	3 <sup>rd</sup> floor	9	10	1
F	4 <sup>th</sup> floor	7	7	1
G	5 to 9 <sup>th</sup> floor	8	8	
H	10 <sup>th</sup> floor or higher	3	3	0
I	Don't know/refused	*	1	0

Source: Survey of English Housing 2005/06

### Q3. How many bedrooms does your household have, including bedsitting rooms and spare rooms? INCLUDE BEDROOMS TEMPORARILY CONVERTED TO OTHER USES, BEDSITTERS, BOX ROOMS AND ATTIC ROOMS

		Overall	Bangladeshi	Benchmark
		%	%	%
	1	21	8	6
	2	39	38	21
	3	28	36	49
	4	9	12	18
	5	2	4	5
	More than 5	1	2	1
	Don't know/refused	*	0	0

Source: HSE 2006 (slightly different wording)

Q4. Do you have any form of central heating, including electric storage heaters, in your (part of) the accommodation?

	Overall %	Bangladeshi %	Benchmark %
Yes	95	95	95
No	5	5	5
Don't know/refused	*	0	0

Source: General Household Survey 2006

Q5. Looking at this card, in which of these ways do you occupy this accommodation? Please read out the letter that applies.

	Overall %	Bangladeshi %	Benchmark %
Own outright	7	3	27
Buying it with the help of a mortgage or loan	13	10	45
Pay part rent and part mortgage (shared ownership)	*	0	1
Rent it	78	86	27
Live here rent-free (including rent-free in relative's/friend's property; excluding squatting)	1	1	1
Squatting	*	0	0
Don't know/refused	*	*	0

Source: HSE 2006

Q6. Does the accommodation go with the job of anyone in the household?

All respondents who pay part rent and part mortgage, rent or live rent-free.

Effective base: Overall 1,206; Bangladeshi 431

	Overall %	Bangladeshi %	Benchmark %
Yes	1	1	1
No	99	99	99
Don't know/refused	0	0	0

Source: General Household Survey 2006

Q7. Who is your landlord?

All respondents who pay part rent and part mortgage, rent or live rent-free.

Effective base: Overall 1,206; Bangladeshi 431

	Overall %	Bangladeshi %	Benchmark %
A The local authority/council	38	59	39
B A housing association or co-operative or charitable trust	29	32	28
C Employer (organisation) of a household member	*	0	1
D Another organisation	2	*	2
E Relative/friend (before you lived here) of a household member	*	*	4
F Employer (individual) of a household member	*	0	1
G Another individual private landlord	29	8	25
H Don't know/refused	*	*	0

Source: General Household Survey 2006

Q8. During the winter months, does condensation form on the windows or walls of any room in your home, apart from the bathrooms or toilets?

	Overall %	Bangladeshi %	Benchmark %
Yes	46	55	34
No	53	44	64
Don't know/refused	1	*	0

Source: HSE 2004

Q9. During the winter months, do patches of mould or fungus form on the windows or walls of any room in your home, apart from the bathrooms or toilets?

	Overall	Bangladeshi	Benchmark
	%	%	%
Yes	30	40	13
No	68	59	85
Don't know/refused	1	1	1

Source: HSE 2004

### Section 3: Household demographic information

Now I'd like to ask you about each of the people in your household. By "household" I mean the people living here who share a living/sitting room or share at least one meal a day.

Q10. How many people are there living here – that includes yourself, any other adults and children?

	Overall	Bangladeshi	Benchmark
	%	%	%
1	23	4	30
2	21	6	34
3	15	12	16
4	15	19	14
5	10	20	5
6	7	18	1
More than 6	9	21	*
Don't know	*	*	0
Refused	*	*	0

Source: General Household Survey 2006

Q11. How do you describe your household?

	Overall	Bangladeshi
	%	%
A Married or cohabiting couple with no dependent children	13	3
B Married or cohabiting couple with dependent children	33	69
C Single parent family	11	11
D Single person household	23	4
E Extended family (e.g. several generations or branches of one family)	8	10
F Other multi-person household with no children (e.g. non-related adults sharing)	12	3
G Other multi-person household with children	*	1
H Don't know/refused	*	*



Q16 Which of these descriptions applies to what you were doing last week, that is in the seven days ending (*date last Sunday*)? Please read out the first letter that applies

	Overall %	Bangladeshi %	Benchmark %
Going to school or college full-time (including on vacation)	13	13	2
In paid full-time work (30+ hrs a week) (or temporarily away)	39	21	
In paid part-time work (29 hours or less a week) (or temporarily away)	7	10	67
On a Government scheme for employment training	1	1	*
Doing unpaid work for a business that you own, or that a relative owns	*	*	*
Waiting to take up paid work already obtained	1	1	*
Looking for paid work or a Government training scheme	6	9	1
Intending to look for work but prevented by temporary sickness or injury (CHECK MAX 28 DAYS)	1	1	*
Permanently unable to work because of long-term sickness or disability (USE ONLY FOR MEN AGED 16- 64 OR WOMEN AGED 16-59)	4	4	4
Retired from paid work	9	4	20
Looking after home or family	20	36	6
Doing something else	*	*	*
Don't know/refused	0	0	0

Source: HSE 2006 (adapted)

Q17 Are you self employed?

All respondents in paid work.

Effective base: Overall 609; Bangladeshi 162

	Overall %	Bangladeshi %
Yes	11	14
No	89	86
Don't know/refused	*	0

**Q18 And are you a home worker? By that I mean is your home your usual place of work?**

*All respondents in paid work.*

*Effective base: Overall 609; Bangladeshi 162*

	Overall %	Bangladeshi %
Yes	4	4
No	96	96
Don't know/refused	*	0

**Q20. Income can be an important influence on health and wellbeing. I would like to get some idea of your income. This card shows various possible sources of income. Can you tell me which kinds of income you *personally* receive?**

	Overall %	Bangladeshi %	Benchmark %
A Earnings from employment/ self employment	46	30	73
B State retirement pension	8	3	22
C Pension from former employer	3	*	18
D Personal pension	1	*	5
E Child Benefit	25	44	45
F Job Seekers Allowance	6	11	2
G Pension Credit	3	1	3
H Income Support	11	14	8
I Working Tax Credit	7	15	10
J Child Tax Credit	17	35	22
K Housing Benefit	23	34	8
L Other state benefits	8	9	11
M Interest from savings and investments (e.g. stocks and shares)	3	*	15
N Other kinds of regular allowance from outside your house (e.g. maintenance, student grants, rent)	8	7	4
O No source of income	7	7	*
Don't know/refused	3	4	-

*Source: HSE 2006*

**Q21 And what about your husband/wife/partner?**

*All respondents with a spouse or partner.*

*Effective base: Overall 601; Bangladeshi 316*

	Overall %	Bangladeshi %
A Earnings from employment/ self employment	48	32
B State retirement pension	5	3
C Pension from former employer	1	*
D Personal pension	1	*
E Child Benefit	19	29
F Job Seekers Allowance	4	6
G Pension Credit	*	*
H Income Support	5	7
I Working Tax Credit	8	15
J Child Tax Credit	13	20
K Housing Benefit	10	15
L Other state benefits	4	4
M Interest from savings and investments (e.g. stocks and shares)	2	*
N Other kinds of regular allowance from outside your house (e.g.	1	1

	maintenance, student grants, rent)		
O	No source of income	14	15
	Don't know/refused	4	6

**Q22. Looking at this card, please can you tell me which band your average personal income from employment before any deductions (for example for income tax or National Insurance) falls into? What I mean by income from employment is all the money you have coming in from your OVERALL job as an employee (including self-employment). Please don't include any other money from benefits, income from property and so on. There's no need to tell me how much exactly you earn, just read out the letter that applies.**

*All respondents in paid work.*

*Effective base: Overall 609; Bangladeshi 162*

				Overall %	Bangla- deshi %
A	Under £5,000	Under £417	Under £96	3	8
B	£5,000 - £14,999	£417 - £1,002	£96 - £231	14	26
C	£15,000 - £24,999	£1,003 - £1,561	£232 - £359	21	24
D	£25,000 - £34,999	£1,562 - £2,119	£360 - £488	14	11
E	£35,000 - £49,999	£2,120 - £2,918	£489 - £672	11	2
F	£50,000 or more	£2,919 or more	£673 or more	12	1
			Don't know	4	5
			Refused	21	24

**Q23. Which, if any, of these items have you PERSONALLY gone without in the last year because of shortage of money?**

		Overall %	Bangladeshi %
A	Clothes	22	23
B	Shoes	15	16
C	Food	7	8
D	Heating	13	19
E	Telephoning friends or family	11	15
F	Going out	29	28
G	Visits to the pub	11	3
H	A hobby or sport	11	8
I	A holiday	45	53
J	Never go without	23	17
K	Money never tight	14	9
	Don't know/refused	3	5

#### **Section 4: Individual data**

**I'm now going to ask some questions about you. Again, this will help us understand who we've spoken to and help us analyse the results.**

**Q24. Looking at this card, for how long have you lived at this address? Please read out the letter that applies.**

		Overall %	Bangladeshi %
A	Less than one month	1	1
B	Between one month and six months	10	4
C	Between six months and a year	8	6
D	Between one and two years	14	8
E	Between two and seven years	32	34
F	Between seven and ten years	9	14
G	Between ten and twenty years	16	25
H	More than twenty years	11	8
	Don't know/refused	*	*

Q25. **Where did you live immediately before moving to your current address? Was it...**

Base: All respondents who have moved to current address within the past year  
 Effective base: Overall 270; Bangladeshi 53

**Do you know the postcode for that area?**

		Overall %	Bangladeshi %
A	<b>Within the borough</b> WRITE IN POSTCODE (PREFERRED) OR PLACE NAME IF KNOWN	40	64
B	<b>Outside Tower Hamlets but within London</b> WRITE IN POSTCODE (PREFERRED) OR PLACE NAME IF KNOWN	20	12
C	<b>Outside London but within the UK</b> WRITE IN POSTCODE (PREFERRED) OR PLACE NAME IF KNOWN	2	2
D	<b>Outside the UK</b> WRITE IN NAME OF COUNTRY (PREFERRED) OR CONTINENT OR WHETHER INSIDE/OUTSIDE E	14	3
E	Don't know/refused	2	8

Q26 **Looking at this card, which of these best describes the ethnic groups of all the people who live in this household? Please read out the letter that applies.**

		Overall %	Bangladeshi %
A	All white	44	*
B	All Asian or Asian British	36	99
C	All black or black British	8	*
D	All Mixed race	2	*
E	All Chinese	1	0
F	All other ethnic group	3	*
G	Not all the same ethnic group	4	*
H	Don't know/refused	*	0

Q27. Looking at this card, please could you tell me to which of these groups you consider you belong?

		Overall %	Bangladeshi %
	<b>White</b>	<b>47</b>	<b>0</b>
A	British	33	0
B	Irish	2	0
C	Eastern European	4	0
D	Any other white background	7	0
	<b>Mixed</b>	<b>2</b>	<b>0</b>
E	White and black Caribbean	1	0
F	White and black African	1	0
G	White and Asian	*	0
H	Any other mixed background	*	0
	<b>Asian or Asian British:</b>	<b>36</b>	<b>100</b>
I	Indian	3	0
J	Pakistani	1	0
K	Bangladeshi	32	100
L	Any other Asian background	1	0
	<b>Black or Black British:</b>	<b>10</b>	<b>0</b>
M	Caribbean	3	0
N	African	4	0
O	Somali	3	0
P	Any other black background	*	0
	<b>Chinese or other ethnic group</b>	<b>5</b>	<b>0</b>
Q	Chinese	2	0
R	South American	1	0
S	Any other ethnic group	2	0
T	Refused	*	0
U	Not stated	*	0

Q28. Which language do you consider to be your first language (that is, the one you feel most comfortable using)?

		Overall %	Bangladeshi %
A	English	50	13
B	Bengali	25	79
C	Syleti	3	9
D	Somali	3	0
E	Punjabi (Gurmukhi script)	*	0
F	Punjabi (Urdu script)	*	0
G	Gujarati	*	0
H	Urdu	1	*
I	Hindi	1	*
J	Cantonese	*	0
K	Mandarin	*	0
L	Portuguese	1	0
M	Spanish	2	0
	Other	13	*
	Don't know/refused	*	*

**Q29. Looking at this card, please tell me how good you are at reading and understanding <your first language> when you need to in daily life. For example: reading newspapers and magazines or instructions for medicine or recipes. Please read out the letter that applies.**

*All respondents whose first language is not English  
Effective Base: Overall 695, Bangladeshi 440*

		Overall %	Bangladeshi %
A	Very good	71	58
B	Fairly good	19	28
C	Below average	6	19
D	Poor	4	5
E	No opinion	0	0
	Don't know	*	*

**Q30. Looking at this card, please tell me how good you are at speaking and understanding English when you need to in daily life, for example to have a conversation on the telephone or talk to a professional such as a teacher or a doctor? Please read out the letter that applies.**

*All respondents whose first language is not English  
Effective base: Overall 695; Bangladeshi 440*

		Overall %	Bangladeshi %
A	Very good	43	38
B	Fairly good	36	34
C	Below average	16	21
D	Poor	5	7
E	No opinion	0	0
	Don't know	*	*

**Q31. Looking at this card, please tell me how good you are at reading and understanding English when you need to in daily life. For example: reading newspapers and magazines or instructions for medicine or recipes. Please read out the letter that applies.**

		Overall %	Bangladeshi %
A	Very good	66	43
B	Fairly good	22	31
C	Below average	8	17
D	Poor	4	9
E	No opinion	*	0
	Don't know	*	*

Q32. Looking at this card and starting from the top of this list, please look down the list of qualifications and tell me the letter of the first one you come to that you have passed

		Overall %	Bangladeshi %
A	Higher degree/postgraduate qualifications	15	4
B	First degree (including BEd), Postgraduate Diplomas/Certificates (including PGCE), Professional qualifications at Degree level (eg chartered accountant/surveyor), NVQ/SVQ Level 4 or 5	15	6
C	Diplomas in higher education/ other HE qualification, HNC/ HND/ BTEC higher Teaching qualifications for schools/ further education (below degree level), Nursing/ other medical qualifications (below degree level), RSA Higher Diploma	6	6
D	A/AS levels/ SCE higher/ Scottish Certificate 6th Year Studies, NVQ/ SVQ/ GSVQ level 3/GNVQ Advanced, ONC/ OND/ BTEC National, City and Guilds Advanced Craft/ Final level/ Part III, RSA Advanced Diploma	11	13
E	Trade Apprenticeships	1	1
F	O level/ GCSE Grades A*-C/ SCE Standard/ Ordinary Grades 1-3, NVQ/SVQ/ GSVQ level 2/ GNVQ intermediate, BTEC/ SCOTVEC First/General diploma, BTEC/ SCOTVEC First/ General diploma, City and Guilds Craft/ Ordinary level/ Part II/ RSA Diploma	15	21
G	Other qualifications including overseas	8	9
H	Don't know	*	*
I	None of these	29	38
J	Refused	*	*

### **Section 5: General health**

Q33. Looking at this card, please tell me how your health is in general. Please read out the letter that applies.

		Overall %	Bangladeshi %	Benchmark %
A	Very good	35	26	38
	Good	41	46	42
B	Fair	15	17	15
C	Bad	6	8	4
D	Very bad	2	3	1
E	Don't know/refused	*	*	0

Source: HSE 2006

## Section 6: Limiting long-term illness

- Q34. Do you have any long-standing illness, disability or infirmity? By long-standing I mean anything that has troubled you over a period of time, or that is likely to affect you over a period of time?

	Overall %	Bangladeshi %	Benchmark %
Yes	22	19	38
No	78	81	62
Don't know/refused	*	*	-

Source: HSE 2006

- Q35. Does this illness or disability/do any of these illnesses or disabilities limit your activities in any way?

Effective Base: Overall 406, Bangladeshi 99

	Overall %	Bangladeshi %	Benchmark %
Yes	76	86	54
No	23	13	46
Don't know/refused	1	1	-

Source: HSE 2006

- Q36. Looking at this card, please tell me which of the following statements best describes you. Just read out the letter that applies.

	Overall %	Bangladeshi %	Benchmark %
I have no problems in walking about	84	83	83
I have some problems in walking about	13	14	17
I regularly need to use a wheelchair to get about	*	*	-
I always need to use a wheelchair to get about	1	1	-
I am confined to bed	*	*	*
Don't know/refused	1	2	-

Source: HSE (self-reported) adapted



## Section 7: Mental well-being

Q37. I'm going to read out some statements about feelings and thoughts. For each one, please tell me how often, if at all, you have felt this way over the last two weeks. Please read out the letter that applies.

		Overall %	Bangladeshi %
1	<b>Optimistic about the future</b>		
	All of the time	17	14
	Often	35	35
	Some of the time	31	33
	Rarely	11	11
	None of the time	4	5
	Don't know/refused	2	3
2	<b>Useful</b>		
	All of the time	23	20
	Often	43	43
	Some of the time	25	29
	Rarely	6	5
	None of the time	1	2
	Don't know/refused	2	2
3	<b>Relaxed</b>		
	All of the time	11	9
	Often	36	36
	Some of the time	33	37
	Rarely	15	13
	None of the time	5	4
	Don't know/refused	*	*
4	<b>Interested in other people</b>		
	All of the time	24	19
	Often	41	38
	Some of the time	24	30
	Rarely	8	9
	None of the time	3	3
	Don't know/refused	1	1
5	<b>Had energy to spare</b>		
	All of the time	11	10
	Often	32	35
	Some of the time	32	33
	Rarely	17	16
	None of the time	7	5
	Don't know/refused	1	1
6	<b>Dealing with problems well</b>		
	All of the time	20	17
	Often	45	42
	Some of the time	26	30
	Rarely	6	7
	None of the time	2	2
	Don't know/refused	1	1
7	<b>Thinking clearly</b>		
	All of the time	28	22
	Often	45	47
	Some of the time	22	26
	Rarely	4	4
	None of the time	1	1
	Don't know/refused	1	*

Cont'  
d

Q37. I'm going to read out some statements about feelings and thoughts. For each one, please tell me how often, if at all, you have felt this way over the last two weeks. Please read out the letter that applies.

8	<b>Good about myself</b>		
	All of the time	22	20
	Often	43	41
	Some of the time	27	32
	Rarely	6	5
	None of the time	2	1
9	<b>Close to other people</b>		
	All of the time	29	29
	Often	43	43
	Some of the time	21	20
	Rarely	5	6
	None of the time	1	2
10	<b>Confident</b>		
	All of the time	26	23
	Often	42	42
	Some of the time	23	26
	Rarely	6	6
	None of the time	2	2
11	<b>Able to make up my own mind about things</b>		
	All of the time	33	25
	Often	42	40
	Some of the time	20	29
	Rarely	4	4
	None of the time	1	*
12	<b>Loved</b>		
	All of the time	40	38
	Often	39	44
	Some of the time	15	14
	Rarely	4	3
	None of the time	1	*
13	<b>Interested in new things</b>		
	All of the time	27	22
	Often	38	38
	Some of the time	23	28
	Rarely	8	8
	None of the time	3	3
14	<b>Cheerful</b>		
	All of the time	21	21
	Often	46	42
	Some of the time	26	30
	Rarely	5	4
	None of the time	1	2
	Don't know/refused	1	1

Source: Warwick-Edinburgh Mental Well-being Scale

Q38. The next questions are about how you have been feeling over the past four weeks. For each question, please give the one answer that comes closest to the way you have been feeling. How much time during the past four weeks have you...

		Overall %	Bangladeshi %	Benchmark %
1	<b>been a very nervous person</b>			
	All of the time	2	2	1
	Most of the time	7	9	4
	Some of the time	24	25	14
	A little of the time	30	29	22
	None of the time	37	34	59
	Don't know/refused	*	*	1
2	<b>felt so down in the dumps that nothing could cheer you up</b>			
	All of the time	2	1	1
	Most of the time	6	5	3
	Some of the time	18	21	12
	A little of the time	23	26	18
	None of the time	51	46	65
	Don't know/refused	1	1	1
3	<b>felt calm and peaceful</b>			
	All of the time	10	10	8
	Most of the time	46	48	50
	Some of the time	32	32	27
	A little of the time	8	7	9
	None of the time	3	2	5
	Don't know/refused	*	*	1
4	<b>felt downhearted and low</b>			
	All of the time	2	2	1
	Most of the time	7	7	5
	Some of the time	23	24	19
	A little of the time	33	31	31
	None of the time	34	36	43
	Don't know/refused	1	1	1
5	<b>been a happy person</b>			
	All of the time	19	21	14
	Most of the time	49	44	61
	Some of the time	25	27	18
	A little of the time	5	6	4
	None of the time	1	2	1
	Don't know/refused	*	*	1

Source: NDC (from HSE 1996)

### Section 8: Diet

Q39. And can you tell me how frequently you eat food from a take-away such as a kebab, pizza, fried fish, chicken or chips or a burger?

		Overall %	Bangladeshi %
A	At least once a day	1	2
B	On 6 days a week	1	1
C	On 5 days a week	1	1
D	On 4 days a week	2	3
E	On 3 days a week	6	8
F	On 2 days a week	12	14
G	Once a week	21	25
H	Once a fortnight	11	9
I	Once a month	11	11
J	Less often	6	6
K	Rarely	13	9
L	Never	15	11
M	Don't know/refused	*	*

Q40. Please can you tell me on an average day how many portions of fruit or vegetables do you eat?

		Overall %	Bangladeshi %	Benchmark %
A	None	2	3	6
B	Less than 1 portion	7	9	3
C	1 portion or more but less than 2	20	29	15
D	2 portions or more but less than 3	26	32	17
	3 portions or more but less than 4	21	16	17
E	4 portions or more but less than 5	10	7	14
F	5 portions or more	12	4	28
G	Don't know/refused	*	*	-

Source: HSE 2006

### Section 9: Use of tobacco and adult smoking prevalence

Q41. May I just check, have you ever smoked cigarettes, cigars or a pipe?

		Overall %	Bangladeshi %	Benchmark %
	Yes	41	30	59
	No	59	70	41
	Don't know/refused	*	*	-

Source: HSE 2006 (adapted)

Q42 Do you smoke cigarettes at all nowadays?

All respondents who have ever smoked.  
Effective Base: Overall 612, Bangladeshi 139

		Overall %	Bangladeshi %	Benchmark %
	Yes	67	84	23
	No	33	10	77
	Don't know/refused	0	0	0

Source: HSE 2006 (adapted)

Q43 How old were you when you started to smoke cigarettes regularly?

All respondents who currently smoke.  
Effective Base: Overall 414, Bangladeshi 112

		Overall %	Bangladeshi %
	Under 16	37	34
	16-24	56	62
	Over 24	6	4
	Don't know/refused	1	*

Q44 Looking at this card, please tell me how easy or difficult would you find it to go without smoking for a whole day. Please read out the letter that applies.

All respondents who currently smoke.  
Effective Base: Overall 414, Bangladeshi 112

		Overall %	Bangladeshi %	Benchmark %
	Very easy	21	15	19
	Fairly easy	22	25	25
	Fairly difficult	25	30	25
	Very difficult	31	30	31
	Don't know/refused	*	0	0

Source: HSE 2006

**Q45. Would you like to give up smoking altogether?**

*All respondents who currently smoke.*

*Effective Base: Overall 414, Bangladeshi 112*

	Overall %	Bangladeshi %	Benchmark %
Yes	69	81	69
No	25	11	31
Don't know	6	7	0

Source: HSE 2006

**Q46. How long ago did you stop smoking cigarettes?**

*All respondents who have smoked in the past but currently do not.*

*Effective base: Overall 198, Bangladeshi 28*

	Overall %	Bangladeshi %	Benchmark %
Less than a year ago	15	18	7
1-5 years ago	35	46	21
6-10 years ago	17	12	14
11-15 years ago	8	6	10
16-20 years ago	7	9	11
20+ years ago	15	3	38
Don't know	3	5	0

Source: HSE 2006

**Q47. And for approximately how many years did you smoke cigarettes regularly?**

*All respondents who have smoked in the past but currently do not.*

*Effective base: Overall 172, Bangladeshi 23*

	Overall %	Bangladeshi %	Benchmark %
Less than one year	10	6	8
1-5 years	25	19	19
6-10 years	15	17	19
11-15 years	13	25	13
16-20 years	12	16	12
20+ years	23	17	30
Don't know	2	1	0

Source: HSE 2006

**Q48. Looking at this card, please tell me which, if any, of these do you use nowadays?**

	Overall %	Bangladeshi %	Bangladeshi Benchmark %
Paan with tobacco (zarda)	4	10	13
Paan without tobacco	7	22	13
Paan masala (e.g. Pan Parag, Pan Bahar)	2	5	5
Chewing tobacco	1	2	*
Sheesha/Hukka/Hookah	2	3	*
Bidi	*	1	0
Khat	*	*	N/A
Other tobacco substance (not including cigarettes, cigars, pipes)	1	1	*
None	87	65	71
Don't know	*	*	-

Source: HSE 2004 (adapted)

**Q49 Does anyone smoke inside this house/flat on most days?**

	Overall %	Bangladeshi %	Benchmark %
Yes	21	21	23
No	79	79	77
Don't know/refused	*	*	*

Source: HSE 2006

**Section 10: Alcohol**

I'm now going to ask you a few questions about what you drink – that is, if you drink

**Q50. Looking at this card, please tell me how often you had a drink containing alcohol in the past year. Please read out the letter that applies.**

	Overall %	Bangladeshi %
Never	50	96
Monthly or less	14	1
Two to four times a month	15	2
Two to three times per week	14	1
Four or more times a week	7	*
Don't know/refused	*	*

**Q51. Looking at this card, please tell me how many drinks you had on a typical day when you were drinking in the past year. Please read out the letter that applies.**

*All respondents who have had alcohol within the past year  
Effective base: Overall 702, Bangladeshi 20*

	Overall %	Bangladeshi N=32
1 or 2	54	15
3 or 4	28	12
5 or 6	13	6
7 to 9	2	*
10 or more	2	0
Don't know/refused	1	0

**Q52. Looking at this card, please tell me how often you had six or more drinks on one occasion in the past year. Please read out the letter that applies.**

*All respondents who have had alcohol within the past year  
Effective base: Overall 702, Bangladeshi 20*

	Overall %	Bangladeshi N=32
Never	42	16
Less than monthly	32	11
Monthly	16	3
Weekly	9	1
Daily or almost daily	1	2
Don't know/refused	*	0

## **Section 11: Physical activity**

**Q53. Looking at this card and thinking about your job in general, how physically active would you say that you are in your job?**

*All respondents who work or on government scheme.  
Effective base: Overall 618, Bangladeshi 171*

	Overall %	Banglades hi %
Very physically active	22	27
Fairly physically active	36	55
Not very physically active	22	12
Not physically active	19	6
Don't know/refused	1	*

**Q54. How frequently have you taken part in any physical activity (e.g. walking briskly, gardening, cycling, swimming, keep fit/aerobics, team sports, individual sports) for at least 30 minutes on average a week over the past four weeks? The 30 minutes does not need to be continuous.**

	Overall %	Banglades hi %
At least 5 times per week	31	29
At least 3 times per week	22	18
At least once per week	20	20
About once a fortnight	3	4
About once a month	3	3
Longer ago	20	23
Don't know/refused	2	2

## Appendix 2: A Guide to Statistical Reliability and Summary Tables

Respondents represent only samples of total populations, so we cannot be certain that the figures obtained are exactly those we would have if everybody had taken part (“true values”). However, we can predict the variation between the sample results and the true values from knowledge of the size of the samples on which results are based and the number of times a particular answer is given. The confidence with which we make this prediction is usually chosen to be 95% - that is, the chances are 95 in 100 that the true value will fall within a specified range. The table below illustrates the predicted ranges for different sample sizes and percentage results at the “95% confidence interval”.

Size of sample on which survey result is based	Approximate sampling tolerances applicable to percentages at or near these levels		
	10% or 90%	30% or 70%	50%
	±	±	±
1,000	2	3	3
1,500	1.5	2.3	2.5
2,000	1.3	2	2.2
3,000	1.1	1.6	1.8
4,000	0.9	1.4	1.5

For example, with a sample size of 1,500 where 50% give a particular answer, the chances are 19 in 20 that the true value (which would have been obtained if the whole population had been interviewed) will fall within the range of  $\pm 2.5$  percentage points from the sample result (i.e., between 47.5% and 52.5%).

When results are compared between separate groups within a sample, the difference may be “real” or it may occur by chance (because not everyone in the population has been interviewed). To test if the difference is a real one, that is, if it is “statistically significant”, we again have to know the size of the samples, the percentage of respondents giving a certain answer and the degree of confidence chosen. If we assume a “95% confidence interval”, the differences between the results of two groups must be greater than the values given in the table below:



Size of sample on which survey result is based	Approximate sampling tolerances applicable to percentages at or near these levels		
	10% or 90%	30% or 70%	50%
	±	±	±
100 and 200	7	11	12
150 and 150	7	10	11
200 and 800	5	7	8
500 and 500	4	6	6

## 1) Behaviour and lifestyle factors

Key measure	Gender		Age						Ethnicity			Tenure				Self-reported health	
	Male	Female	16 to 24	25 to 34	35 to 54	55 to 64	65 to 74	75+	White	Bangla deshi	Black	Owner-occupier	Social renter - LA	Social renter - HA	Private renter	Good	Poor
% eat take away more than 3 times per week	9	4	11	7	6	2	1	1	4	8	7	5	7	5	8	7	2
% eating five portions of fruit and veg per day	8	17	9	10	14	23	11	8	18	4	9	21	6	13	13	14	10
% current smokers	34	20	23	27	29	30	34	15	30	25	25	21	27	32	29	25	34
% ever smoked	48	33	30	40	43	50	57	45	52	30	32	42	33	48	42	39	49
% never drink	45	55	57	46	53	37	51	55	18	96	59	28	75	64	26	46	70
% physically active	21	23	34	19	23	18	25	-	16	27	31	12	28	31	22	21	30
% obese	31	18	11	20	30	46	34	29	26	22	26	28	24	28	18	21	32

Table 1.1 Summarising behaviour and lifestyle factors by key sub-group

	LAP							
Key measure	1	2	3	4	5	6	7	8
% composite lifestyle score 4	1	*	*	3	1	-	-	3
% composite lifestyle score 3	5	4	2	10	8	4	9	7
% composite lifestyle score 2	22	17	21	13	26	16	21	26
% composite lifestyle score 1	44	54	47	48	36	50	37	46
% composite lifestyle score 0	30	26	31	27	29	30	33	19
% eat take away more than 3 times per week	12	10	8	4	1	8	2	5
% eat take away weekly or bi-weekly	29	28	26	36	37	33	34	34
% eat take away less than weekly	53	55	59	56	58	51	59	58
% eating less than 2 portions of fruit & veg per day	28	35	35	20	25	45	29	29
% eating 2-4 portions of fruit and veg per day	62	56	57	59	62	49	55	54
% eating five portions of fruit and veg per day	9	9	7	21	13	6	16	17
% current smokers	27	26	31	22	29	27	30	23

<b>% ever smoked</b>	37	30	41	42	51	36	44	41
<b>% low risk drinkers</b>	77	79	84	73	74	88	81	74
<b>% possible risk drinkers</b>	19	18	13	22	21	11	16	23
<b>% harmful drinkers</b>	4	3	4	6	5	1	2	3
<b>% never drink</b>	50	55	63	42	45	68	55	32
<b>% physically active</b>	21	26	26	13	23	25	30	18
<b>% obese</b>	22	23	26	33	26	17	22	26

Table 1.1 continued

## 2) Self-reported health and well-being

Key measure	Gender		Age						Ethnicity			Tenure				Self-reported health	
	Male	Female	16 to 24	25 to 34	35 to 54	55 to 64	65 to 74	75+	White	Bangla deshi	Black	Owner-occupier	Social renter - LA	Social renter - HA	Private renter	Good	Poor
% good health	78	75	91	90	71	49	40	35	77	73	71	81	69	65	92	100	-
% poor health	9	9	1	3	12	20	27	24	9	10	10	6	12	14	3	-	100
% with LLTI	15	19	5	8	19	38	51	51	19	16	18	13	22	25	7	4	79
% with walking difficulties	12	15	4	5	12	36	45	64	15	14	14	10	18	21	4	5	57
% wheelchair user	1	1	-	1	*	1	6	6	1	1	-	*	2	1	*	*	9
% immobile (bed ridden)	-	*	-	-	-	*	-	-	-	*	-	-	*	-	-	-	-
% high WEMWBS	47	40	59	48	40	35	27	15	42	39	49	45	36	42	54	52	14
% low WEMWBS	28	36	20	26	50	73	60	66	32	37	27	28	40	37	22	23	71

Table 2.1 Summarising self-reported health and well-being by key subgroup

	LAP							
Key measure	1	2	3	4	5	6	7	8
% good health	73	81	72	77	78	78	69	83
% poor health	11	6	11	7	8	8	13	7
% with LLTI	20	12	16	12	17	14	22	16
% with walking difficulties	15	10	15	13	17	11	17	10
% wheelchair user	*	1	1	-	3	1	1	*
% immobile (bed ridden)	*	-	-	-	-	-	-	-
% high WEMWBS	39	48	40	38	41	53	43	49
% low WEMWBS	37	31	38	33	29	23	32	44

Table 2.1 Continued

### 3) Individual data

	Gender		Age						Ethnicity			Tenure				Self-reported health	
Key measure	Male	Female	16 to 24	25 to 34	35 to 54	55 to 64	65 to 74	75+	White	Bangla deshi	Black	Owner-occupier	Social renter - LA	Social renter - HA	Private renter	Good	Poor
% with no qualifications	24	33	10	17	34	51	71	75	26	38	36	18	44	41	8	20	64
% in full or part time work	59	34	27	61	53	37	10	1	57	32	37	64	28	35	65	55	14
% with English as a first language	49	51	47	44	45	74	77	87	81	12	46	68	39	51	48	50	51
% who can read and understand their first language	90	90	80	93	93	95	72	81	99	86	96	92	87	89	95	92	88
% who can read and understand English	91	85	94	90	84	84	83	95	97	74	87	95	79	87	94	91	70

Table 3.1 Summarising individual data by key subgroup

	LAP							
Key measure	1	2	3	4	5	6	7	8
% with no qualifications	34	29	27	24	35	30	33	19
% in full or part time work	44	52	42	51	44	47	36	55
% with English as a first language	48	40	40	58	65	38	52	55
% who can read and understand their first language	92	83	89	88	87	90	91	96
% who can read and understand English	87	84	85	92	89	84	87	93

Table 3.1 Continued



#### 4) Household demographics

Key measure	Gender		Age						Ethnicity			Tenure				Self-reported health	
	Male	Female	16 to 24	25 to 34	35 to 54	55 to 64	65 to 74	75+	White	Bangla deshi	Black	Owner-occupier	Social renter - LA	Social renter - HA	Private renter	Good	Poor
% in single person household	28	18	12	20	19	38	50	72	35	4	33	26	18	21	27	20	33
% in household with children	38	54	46	43	63	23	10	5	21	86	50	35	67	62	17	45	49
% in multiple adult household	34	26	40	36	17	35	40	22	43	9	15	38	13	16	56	33	17
% in pensioner only household	9	12	5	1	2	19	89	94	16	6	10	14	14	14	1	6	27
% all same ethnicity in household	96	96	94	96	97	98	100	100	95	100	96	95	99	97	92	96	98
% in households with more than 6 members	9	9	17	4	13	5	3	1	1	21	14	5	12	16	3	8	12

Table 4.1 Summarising household demographics by key subgroup

	LAP							
Key measure	1	2	3	4	5	6	7	8
% in single person household	24	21	15	23	25	23	19	31
% in household with children	39	45	55	42	46	57	54	37
% in multiple adult household	36	32	29	34	26	19	25	32
% in pensioner only household	12	7	13	10	14	9	11	7
% all same ethnicity in household	93	99	94	97	97	99	98	95
% in households with more than 6 members	8	13	14	10	10	10	12	2

Table 4.1 Continued

## 5) Household data

Key measure	Gender		Age						Ethnicity			Tenure				Self-reported health	
	Male	Female	16 to 24	25 to 34	35 to 54	55 to 64	65 to 74	75+	White	Bangla deshi	Black	Owner-occupier	Social renter - LA	Social renter - HA	Private renter	Good	Poor
% owner occupier	22	20	8	19	25	34	30	23	30	13	10	100	-	-	-	22	13
% social renter	46	60	50	43	59	61	69	73	37	79	70	-	100	-	-	47	79
% private renter	31	20	41	37	16	4	2	4	32	8	19	-	-	-	100	31	7
% with central heating	95	96	96	95	95	92	98	98	95	95	96	94	96	97	93	95	95
% with mould and fungus	27	34	33	30	33	23	25	14	22	40	39	21	38	33	27	28	39
% on 4th floor or above	19	16	14	20	20	11	8	10	16	18	21	14	22	14	18	18	14

Table 5.1 Summarising household data by key subgroup

	LAP							
Key measure	1	2	3	4	5	6	7	8
% owner occupier	14	17	24	31	24	11	19	25
% social renter	47	37	28	33	26	35	27	12
% private renter	26	33	23	20	23	17	21	37
% with central heating	97	92	92	93	96	92	98	98
% with mould and fungus	34	34	39	36	25	30	31	20
% on 4th floor or above	17	15	15	20	16	18	14	23

Table 5.1 Continued