

# West Leeds Community Consultation: Survey Report

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 **Voluntary  
Action Leeds**

Supporting Communities Together

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# Contents

Page 3-5	Demographic Breakdown
Page 6-7	Healthy Lifestyle
Page 8-9	Local Community
Page 10-12	Long Standing Health Conditions

## Demographics

This engagement reached 250 individuals in the Armley area on the subject of healthy living, their local community and long-term illness  
Demographic information was sought from all in order to locate particular issues within specific groups of local residence.

It is important to note that this is not a representative sample as particular groups were targeted through charities and services in the area. This means that the data should not be extrapolated to represent the whole community but does represent the views and experiences of participants who are considered 'difficult to engage'.

This first section will give a break down of the participants in this research and will show that the ethnic breakdown of our sample is similar to that of the 2011 sample. It will also show that those with disabilities particularly mental health conditions are over represented in the sample.

### Gender

The gender split of those who answered is 70% Female to 30% Male. This is in keeping with the results of the focus groups as traditionally more women use charity services and there being a number of women's only groups in the sample.

Gender		
Female	167	70%
Male	71	30%
No Answer	12	

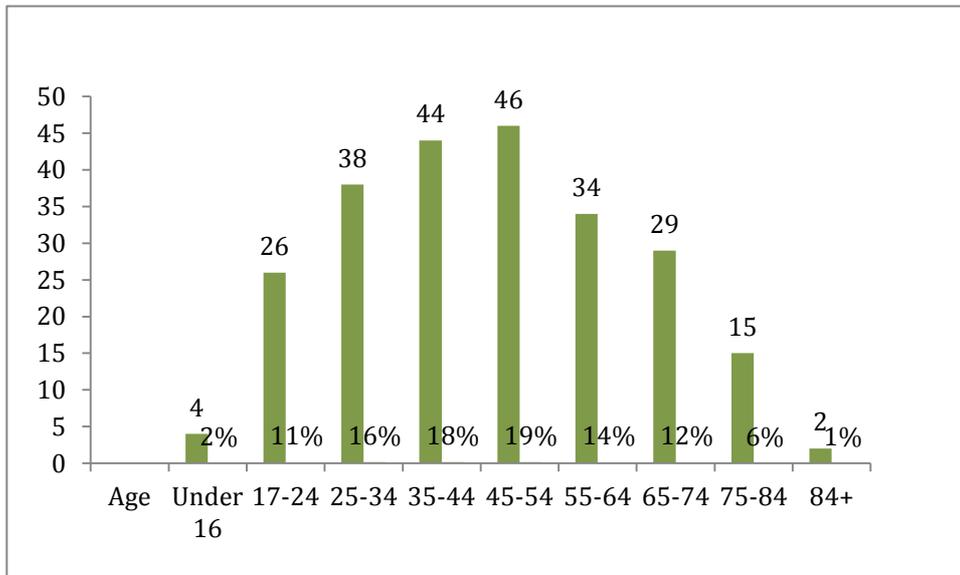
### Sexual Orientation

Participants were not targeted based on their sexual orientation. Therefore the below stats are representative of LGBT national.

Sexual Orientation		
Heterosexual / Straight	182	91%
Gay Man	3	1%
Lesbian / Gay Women	8	4%
Bisexual	8	4%
No Answer	49	

### Age

53% of the participants were aged between 25 and 54 with 13% under 25 and 33% being over 55. The below graph gives a break down of the participant's ages.



### Relationship Status

The below table shows that out of those who answered the question that the majority of participants were either single at 41% or married at 35%.

Relationship Status	Count	Percentage
Married	81	35%
Cohabiting	20	9%
Single	95	41%
Civil Partnership	9	4%
Other	24	10%
No Answer	21	

### Disability

A high 41% of the 250 participants said that they had some form of disability with 21% of all participants stating a mental health issue and 19% a long standing illness. 7% of those who had a disability had more than one disability. The high percentage of disabled participants demonstrates that the research was able to reach those with health issues.

Disability	Count	% Of disability	% Of all participants
With Disability	102	41%	41%
Physical Impairment	22	13%	9%
Learning Disability	13	8%	5%
Sensory Impairment	8	5%	3%
Long Standing Illness	47	28%	19%
Mental Health Condition	52	31%	21%
2 Conditions	17	10%	7%
3 Conditions	8	5%	3%
4 Conditions	1	1%	0%
5 Conditions	1	1%	0%

### Religion or Belief

The majority of the participants were Christian at 44% followed by those with No Religion at 29%.

Religion or Belief		
Buddhist	4	2%
Hindu	8	4%
Muslim	21	9%
Christian	99	44%
Jewish	1	0%
Sikh	10	4%
No Religion	64	29%
Other	16	7%
No Answer	27	

### Ethnic Background

The majority of participants identified as White British, it is important to note here that Eastern European participants either ticked White British or other as they felt that this best represented them. The second largest ethnic group was Asian / Asian British Pakistani at 9%. These figures slightly over represent the ethnic minority population of Armley when compared with the 2011 census data for the area.

<http://observatory.leeds.gov.uk/profiles/profile?profileid=247&geoTypeId=27&geoids=00DAGP#iasProfileSection2>

Ethnic Background		
White British	154	67%
White Irish	3	1%
Gypsy or Irish Traveller	3	1%
Mixed White & Black Caribbean	6	3%
Mixed White & Black African	3	1%
Mixed White & Asian	2	1%
Asian / Asian British Indian	17	7%
Asian / Asian British Pakistani	20	9%
Asian / Asian British Bangladeshi	0	0%
Black / Black British Caribbean	0	0%
Black / Black British African	7	3%
Chinese	1	0%
Arab	0	0%
Other	14	6%
No Answer	20	

## Healthy Lifestyles

**Q1: Do you feel you are able to live a healthy lifestyle?**

**Q2: Do you feel you have the information you need to live a healthy lifestyle?**

**Q3: Do you feel you have the support you need to live a healthy lifestyle?**

There is consistency between the participant's responses to the 3 healthy lifestyle questions. With all the questions receiving very similar percentages with even demographic splits.

	Q1	%	Q2	%	Q3	%
Don't know	17	7%	13	5%	27	11%
No	26	10%	24	10%	30	12%
Yes Definitely	80	32%	109	44%	83	34%
Yes to some extent	124	50%	104	42%	105	43%
No answer	3		0		5	

### Majority feel they can live a healthy lifestyle

82% answered 'Yes Definitely' and 'Yes to some extent' on Q1&2 with 77% giving the same answer to Q3. This demonstrates that the majority of participants felt that they could live a healthy lifestyle as well as having the information they needed to do so. There was no theme connecting the 5% who had answered positively to Q1&2 but said 'No' to Q3.

### Contact with health services key

Between 10 and 11% of participants answered 'No' for all 3 questions. What connected these participants was that all did not have a long standing illness or disability as asked in Q7 or Q15. A possible reason for this is that they have had less direct contact with health services due to their health leading to less contact with healthy lifestyle messages.

All participants who either stated that they had a long standing illness or a disability answered either 'Yes definitely' or 'Yes to some extent'. As stated above this shows that those who have the most contact with health services have the most understanding of the meaning of a healthy lifestyle, its benefits and how to live healthily.

### Being single

53% of those who stated that they 'Don't know / can't say' were single compared to only 6% who were married and 12% for those who were cohabiting. This suggest that those who have a partner or long term relationship are more likely to have discussions regarding their health and more opportunity to hear about health messages through a partner.

### Comments

The comments attached to the above questions gives a deeper insight into how people feel about living a healthy lifestyle.

**External Barriers:**

Participants stated that a *“lack of money”* made it difficult to live a healthy lifestyle. A lack of *“shops selling healthy food”* and a *“not a lot of food choices”* was mentioned by a number of participants. A need for *“more community services and buses”* fits with the other comments and echoes the findings of the focus groups. One participants stated that *“Too many drugs and distractions”*, which was also reflected in the other part of this research.

**Motivation:**

A lack of motivation was highlighted as being a major reason why people hadn't started living a healthy lifestyle, *“I believe I can live a healthy lifestyle I just need the motivation”* and *“I have no motivation”*. People had the knowledge and know what they should do but struggle to find the time and motivation to do it *“I have read a lot of books but have found it difficult to get started”*. One participant expressed that they *“Could probably benefit from being in a group (peer support/pressure)”*

**Mental Health:**

With 21% of all participants stating that they had a mental health issue it is unsurprising that mental health was seen as a major barrier to living a healthy lifestyle. Comments such as *“too stressed”*, *“too depressed to do anything about it”*, *“I don't go out”*, *“I have depression”* and *“I have a mental health condition”* demonstrate that people felt that it was the main thing getting in their way.

## Local Community

**Q4 Do you feel part of your local community?**

**Q5 Are you involved in your local community?**

### Majority engaged

70% of participants felt that they were in some way part of their community with 61% being involved in some way. The demographics of those who felt part of and involved in the community demonstrated no meaningful variation in the gender, sexuality, age, belief or race of those who were 'engaged' and not engaged in the community.

	Q4	%	Q5	%
Don't Know	16	7%	12	5%
No	58	24%	84	34%
Yes Definitely	65	27%	55	22%
Yes to some extent	105	43%	97	39%
No Answer	6		2	

**Q6 If you answered 'No' or 'Don't know / can't say', do you want to get involved?**

### Who doesn't want to take part?

Looking at those who did not feel they were engaged but also 'did not want to' demonstrated that mental health problems related to feelings of community involvement.

	Q6	%
Don't know	17	18%
No	41	43%
Yes Definitely	10	10%
Yes to some extent	23	24%
No answer	5	

43%, of the 96 who answered 'No' or 'Don't Know', said that they did not want to get involved in their local community and 18% said they 'Don't know'. Therefore just under a quarter, at 23%, of all the participants of this research do not want to get involved in their community.

### Mental health as barrier to participation

Out of these 58 participants 38 have a long-standing health issue. 66% percent of those with a health issue have a long-standing mental health problem. This shows that despite the known health benefits of engaging in community activities just under half (48%) of all participants with a mental health problem do not want to engage in activities that may support their problems.

Developing strategies that enables individuals with mental health issues to integrate into local communities through peer support and talk therapies is key to being able to engage this group in support for their health needs.

### **Comments**

Below are participant comments relating to questions 4 to 6.

#### **“I don’t want to”**

There were 7 comments that just said “*I don’t want to*” part of the community. This type of resistance to engagement is common with some forms of mental health problem and again demonstrates what a barrier it is to support.

#### **Immigration**

As with the focus groups immigration and the changing community of Armley played a part in people feeling part of their local area, “*I try but sadly our community has changed beyond all recognition, don't feel like part of it*”. Language was also highlighted as a barrier to community involvement, “*cannot speak Polish*” and “*I cannot speak foreign language*”.

#### **Charity as community**

Many participants expressed that their involvement in the community is based around community projects and centres in the local area. Stocks Hill day centre and New Wortley community centre were especially highlighted in the comments, “*I come to Stocks for my mental health issues, my local community is Stocks Hill*”, “*I travel further for a community centre that’s right for me (New Wortley)*”. Other groups were also mentioned as people volunteered and also attended sessions, “*I go to Armley Helping Hands*”, “*apart from Dosti, no other involvement*”, “*Women’s group Burley Wood Lodge Centre*”. This demonstrates how charities and community projects help to support people into being part of their local communities.

#### **Good Community vs No community**

Participants were positive and negative about the local community with negative responses being slightly more prevalent. People were positive about their neighbours, “*I have good neighbours, we all look out for one another*” and “*I have some good neighbours*”. However, some participants felt unsafe or that there was little community in Armley, “*There is no community in Armley anymore*”, “*What community!*”, “*Sometimes it doesn't feel safe*”. This demonstrates that although there is hope in terms of building community relations that there is still a long way to go to ensure that some feel like they are part of their area.

#### **Time and Information**

A reoccurring comment was that people had too little information and/ or time to get more involved in their community, “*I don’t know about everything’s that’s going on*”, “*If I have time*”, “*Work all the time*”. Volunteering or community involvement does not need to be time consuming. More information is needed to help promote local projects and opportunities.

## Long Standing Health Condition

### Q7 Do you have a long-standing health condition?

People with long term health issues are over represented in the sample with 63% of participants stating that they had an ongoing issue. The only demographic difference between this group and those who did not have a long term illness is that those who are aged between 55 and 84 are slightly over represented. This fits with what the idea that people develop more health issues as they get older however the differences are not significant enough to be explain the high number of long term illnesses. The only major factor that links all of the participants is that they live in the Armley area and that they take part in some form of third sector support or activity.

	No	%
Don't know	2	1%
No	86	35%
Yes Definitely	107	44%
Yes to some extent	50	20%
No answer	5	

### Q8 Types of long standing illnesses

Out of the 157 people who had a long term health condition 2/3 had more then on condition. This explains why the number of long term health conditions is 335. Participants had up to 7 conditions simultaneously. The 3 main issues stated were Long-term mental health, high blood pressure and arthritis / joint problems.

#### Mental Health

21% of all participants have a mental health issue in both Q8 and in the disability equality monitoring information. Men are over represented in these figures when compared to the demographic of participants as a whole. There is a 60-40 split between female and male participants stating that they have a mental health condition. Those over 35 are also over represented in the number of those with long term mental health issues. When looking at relationship status and mental health those who are single are representative of all the participants as a whole whilst those who are married are massively under represented.

#### High Blood

High blood pressure is more likely to affect those who are over 35 with 86% of those with the long term condition over that age. Participants who stated that they had the long term condition were otherwise representative of all the participants. This suggests that age is a key factor high blood pressure diagnosis.

#### Arthritis

All those who stated that they had Arthritis as a long term health condition were over 35 with the percentages steadily increasing as participants got older. All other demographic information was representative of the sample as a whole.

	No	%
Alzheimer's / Dementia	1	0%
Angina / heart problem	15	4%
Arthritis / joint problem	48	14%
Asthma / Chest Problem	30	9%
Blindness / visual impairment	6	2%
Cancer	8	2%
Deafness / hearing impairment	12	4%
Diabetes	22	7%
Epilepsy	6	2%
High Blood Pressure	46	14%
Kidney or liver disease	6	2%
Learning Difficulty	10	3%
Long-term back problem	33	10%
Long-term mental health	55	16%
Long-term neurological	8	2%
Another long-term condition	29	9%
Responses to named conditions	335	

**Q9 In the last 6 months, have you had enough support from local services or organisations to help you manage your long-term health condition(s)?**

Out of those who had a long term illness 19% had not needed support in the last 6 months. 16% felt that they had not received the support the needed, 50% of these also did not feel like they were part of their community and also had mental health issues. 33% had to some extent received the support that they needed and 25% felt that they had definitely received the support that they required.

	No	%
Don't Know	17	8%
I Haven't needed such support	42	19%
Yes Definitely	57	25%
Yes to some extent	74	33%
No	35	16%
No Answer	25	

**Comments**

The comments to this question can be broken into two sections. Firstly, the type of support that people received and secondly, the lack of support that people felt that they needed.

**Support**

Manny received support through the community organisation that they were engaged through, *"I attend Stocks Hill day centre weekly, and have a support worker P.E.P"*, *"support from Dosti only"* and *"Council given by drug therapist at Forward Leeds"*. Others received support through G.P's and Doctors services only but felt that these services were good.

### No support

Some did not know “*what is available*” in terms of support or felt there was “*not really much support*”. Others described long waits for appointments, especially for specialist services like “*physios*”. Some felt that they did not get enough support from their G.P’s.

### Q10 How confident are you that you can manage your own health?

81% of participant’s felt either very or fairly confident in terms of managing their own health. 28% were very confident in terms of managing their own health. The majority of these respondents had answered ‘yes’ to questions about healthy lifestyles and involvement in their local community. Half of these had a long term health condition. Those who were not at all confident all had long term health issues.

	No	%
Very Confident	68	<b>28%</b>
Fairly Confident	128	<b>53%</b>
Not Very Confident	39	<b>16%</b>
Not At All Confident	8	<b>3%</b>
No Answer	7	

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