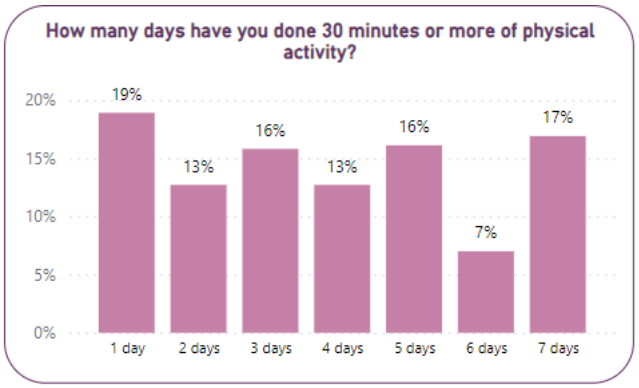
City Voice - Newsletter No. 49

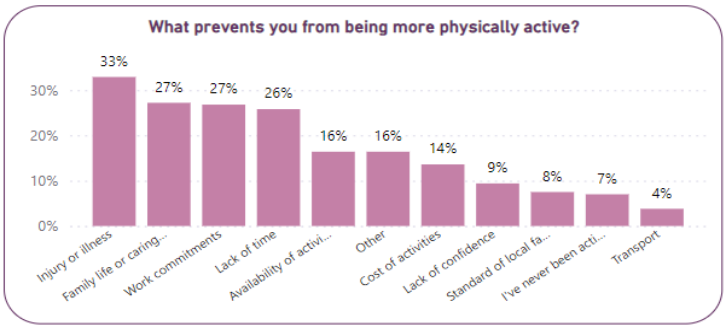
Welcome to the 49th citizens' panel newsletter. This newsletter gives you a brief summary of the results of the 49th questionnaire on the theme of "People" which you received in February 2024, along with a service response "this is what we are doing".

A total of 798 questionnaires were sent out to panellists and we received 357 completed questionnaires – equivalent to a response rate of 44.7%. This is lower than the response rate for City Voice 48 (48.9%). In addition to panellists, the survey was sent out to a few high schools and an additional 22 responses were received from senior pupils giving a total of 379 survey participants.

Physical activity

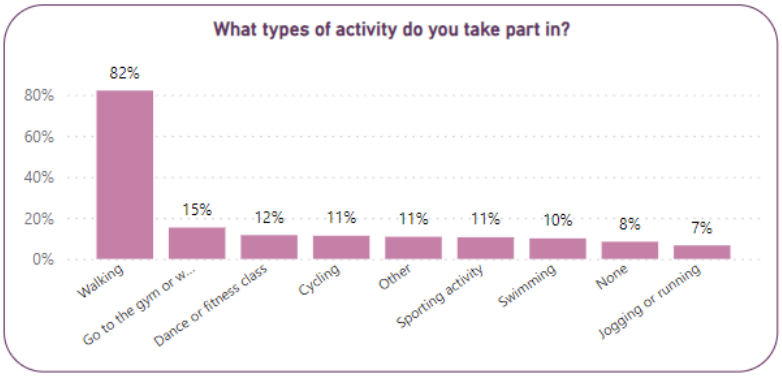
The questions in this first section of the questionnaire related to physical activity. The first asked panellists, **in the past week, on how many days have you done a total of 30 minutes or more of physical activity which was enough to raise your breathing rate?** The most common response was **1 day (18.9%),** although there was broad spread of responses across the other options. Overall, 60% had done 30 minutes of activity on 1-4 days and 40% on 5-7 days.



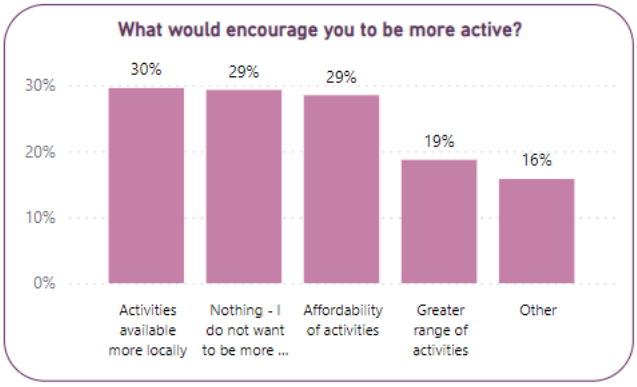


The next two questions in this section were only for those who had chosen 4 or fewer days for the first question. When asked have you been physically active for at least two and a half hours (150 minutes) over the course of the past week? most of these respondents (62.9%) answered **'yes'**. The next question asked them what prevents you from being more physically active? The most common reason was **injury or illness** with almost a third (32.9%) of respondents choosing this option. Other relatively common reasons were **family life or caring responsibilities** (27.2%), **work commitments** (26.8%) and **lack of time** (25.8%).

All participants were then asked to indicate what type(s) of physical activity they took part in. By far the most common type of activity was **walking** with 82.1% of respondents choosing this option. Going to the **gym or weight training** was the next most common activity (15.3%). The most common **place** to exercise was the **natural environment** (78.4%) followed by **indoor sports facilities** (30.6%) and **at home** (29.3%).

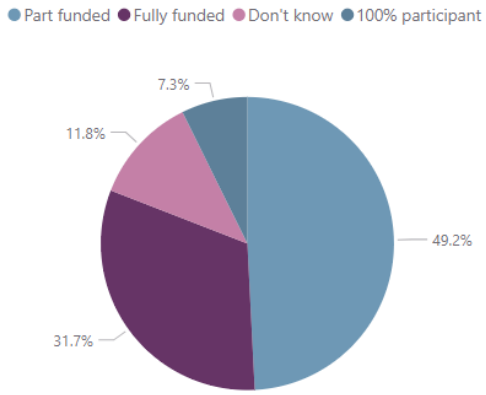


When asked what they valued most about being physically active, the most popular responses were having **good physical health** (73.6%) and having **good mental health** (71.8%). **Reducing the risk of developing a health condition** (60.2%) and **ageing well** (58.6%) were also valued by most respondents. The next question asked **what would encourage you to be more active?** The most common responses were **activities available more locally to my home or work** (29.6%) and **affordability of activities** (28.5%). However, a similar proportion of respondents (29.3%) reported that they **did not want to be more active.**



Specialist exercise programmes

The next set of questions related to specialist exercise programmes. Firstly, participants were asked: if you consider yourself to have a long-term health condition, would you be interested in specially designed physical activity programmes to help you manage your condition/improve your health? While the most common response to this question was **not applicable** (40.9%), a third of respondents (33.6%) reported that **yes,** they would be interested in such a programme. Those who answered '**yes'**, were then asked how they would like to access one of these programmes. Over half (54.8%) said they would **like to be able to refer themselves into a programme** with 41.9% saying they would **like to be directed via a medical professional.**



The final question in this section asked how do you think specialist exercise programmes which help people manage their health should be funded? This question was open to all participants. Almost half (49.2%) said they thought this type of specialist exercise programme should be **part funded – with a financial contribution towards the cost required from the participant.** Almost a third (31.7%) thought it should be **fully funded** with 7.3% saying they thought it should be **100% paid by participants.**

Service Response: Thank you for taking the time to complete these questions. The survey has produced a lot of high-quality data and we are continuing to analyse it so that it can be utilised to support the design of future activities and programmes. The focus of the questions was around specialist exercise programmes and what respondent's views were in a range of factors on these types of programmes. The results were very interesting, with there being quite a high demand for these types of specialist programmes and give an important indication on how people would like to access these, how they should be funded, and the barriers experienced on accessing them.

The information around what people value about being physically active is both very interesting and positive. Having good physical health has always been an important reason for people being physically active, however increasingly having good mental health through being physically active is now being seen as being more important. This result is in line with other research that is being conducted within the leisure and physical activity sector. Having positive mental health outcomes at the forefront when designing future specialist programmes will be vital.

We are in the very early stages of utilising the data that has been generated. However, internally within the organisation, we have shared the results in our business development committee, this helps to ensure that the results are not siloed in only one part of the organisation. Moving forward, we will cross reference the data with results from a recently completed report commissioned on our Active Lifestyles programme. We will be sharing these results in future discussions with partners, including NHS and other organisations involved in health improvement. Our aim is for the data generated to help guide improvements to the specialised programmes offered, as well as supporting an increase in this type provision.

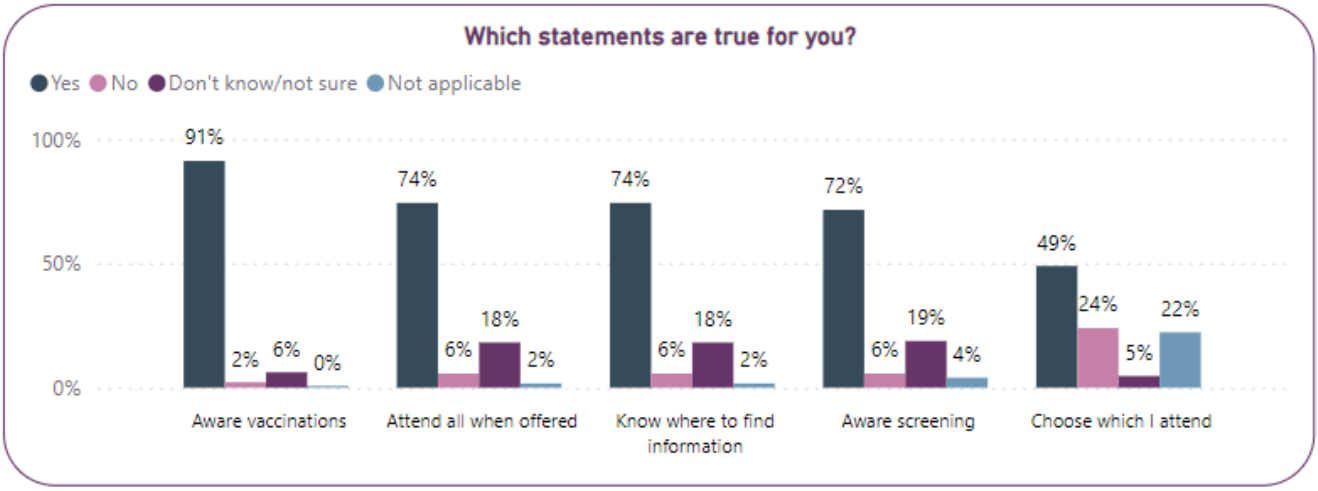
Healthy and social lives

Vaccinations and screening

The first set of questions in this section related to vaccinations and screening tests. These questions were not answered by the school pupils.

When asked, most respondents reported being up-to-date with both their vaccinations (84.9%) and their screening tests (74.8%).

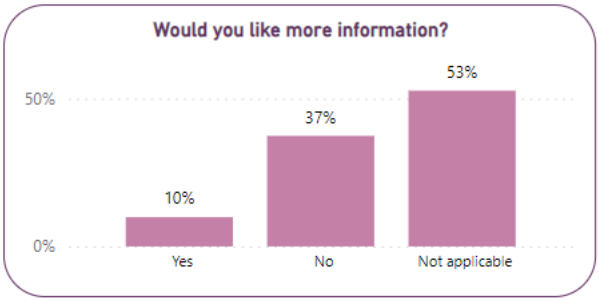
Participants were then given a series of statements relating to vaccinations and screening tests and asked which of these statements was true for them. The response options given were **'yes', 'no', 'don't know/not sure'** and '**not applicable**'. At 91.3%, the proportion of positive responses was highest for **I am aware of what vaccinations I am eligible for.** Most respondents also said they **know where to find information relating to vaccinations or screening tests** (74.4%), that they **attend all screening tests or vaccinations when offered** (74.4%) and that they were **aware of what screening tests they were eligible for** (71.6%). However, almost a fifth of respondents answered **don't know/not sure** for each of these three options. Almost half of respondents (49.0%) said they **choose which screening or vaccinations they attend.**



Carers

Firstly, participants were given a definition of what a Carer is and asked if, based on that definition, they considered themselves to be a Carer. Almost a fifth (18.8%) said **'yes'.** In a follow-up question, those who had answered 'yes' to the previous question were then asked if they were registered as a Carer with the local Carer Support Service. Only 5.6% said that they were registered.

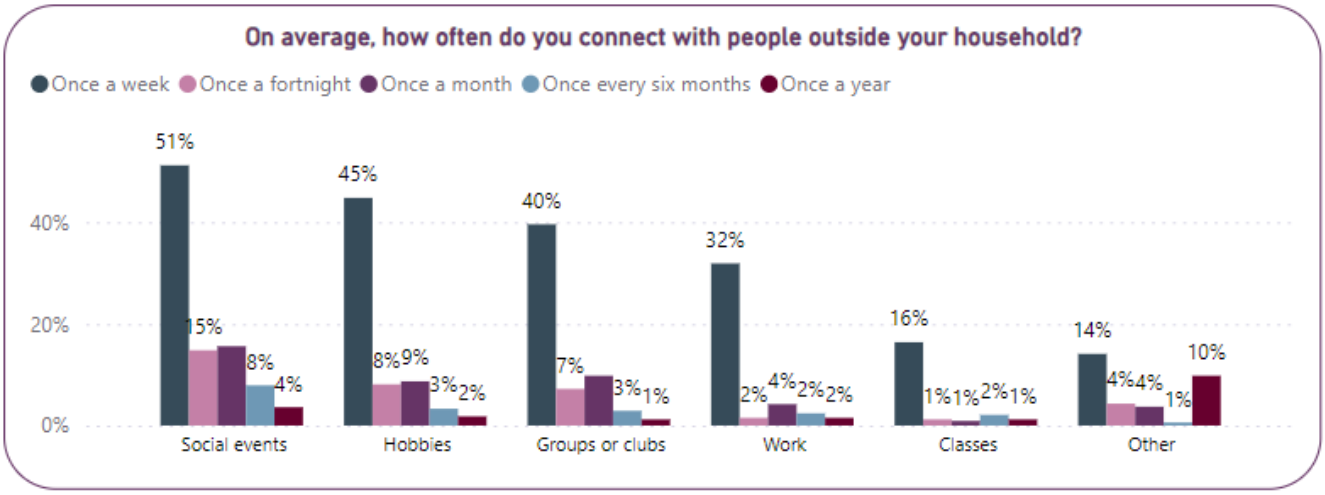
The next question asked all participants if they would like more information on how to register as a Carer and what support they may be eligible for. Just under 10% said they would like more information. Of these, 85.7% said they would be happy to be contacted with this information.



Socially connected

The next set of questions were about being socially connected. These were included to help support people to stay well and stay connected in their communities.

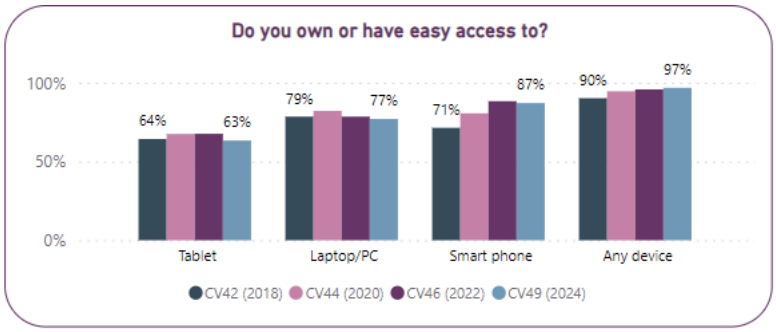
Firstly participants were asked on average, how often they connected with people outside of their household through a number of different ways. **Social events** (e.g. meeting up with friends/family) was the most commonly chosen frequent way of connecting with people outside of the household with over half (51.2%) of respondents meeting other people **at least once a week** and 81.6% meeting other people at least **once a month.** The next most commonly reported frequent ways of meeting people outside the household were **hobbies** (44.8% at least once a week), **groups or clubs** (39.6% at least once a week) and **work** (31.9% at least once a week). Overall, 82.3% of respondents reported meeting people outside of their household through at least one of the activities at least once a week and 92.6% at least once a month.



The next question asked if there were any factors participants felt limited their ability to be socially active. The most common overall response was 'not applicable' with 40% of respondents choosing this option. The most commonly reported limiting factors were **disability or mobility** (17.7%) and **unaware of what is available in your local area** (16.6%), followed by **confidence** (15.6%) and **funds or costs** (14.5%).

When asked if they felt they would like to be more socially active, over a third (35.8%) said 'yes' and, of these, 59.7% said they would like to be contacted with information about the Stay Well Stay Connected programme.

The next set of questions was around **digital** connectedness. Participants were asked if they owned or had easy access to either a **smart phone**, a **tablet** or a **laptop or PC**. Most respondents reported owning or having easy access to these devices with 87.1% having a smart phone, 77% having a laptop or PC and 63.3% having a tablet. Overall, 96.8% owned or had easy access to at least one of the devices.



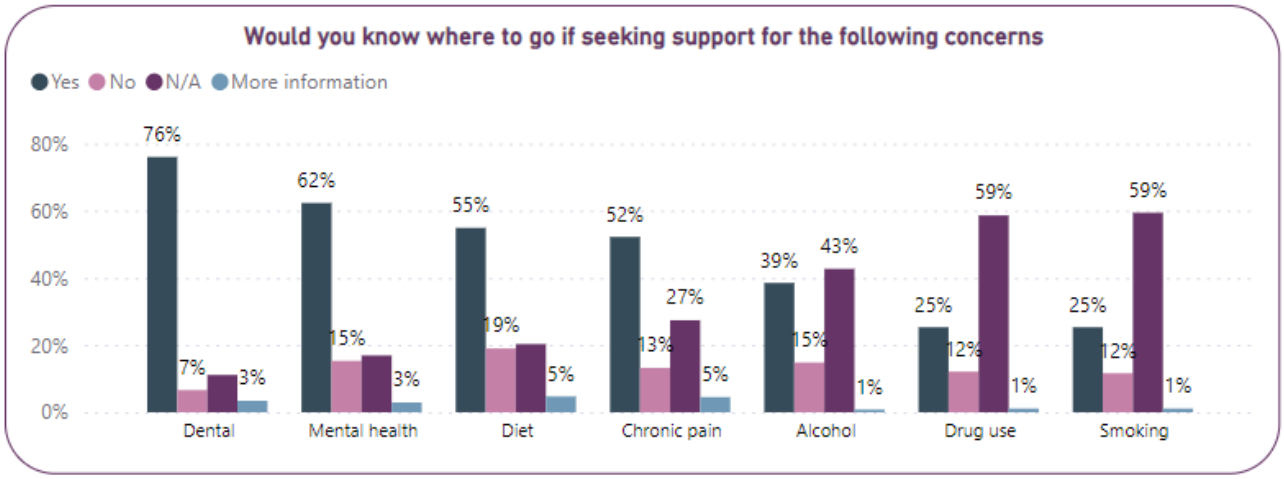
These questions have been asked in previous City Voice questionnaires. On the whole the findings from this questionnaire are broadly similar to when these questions were last asked in December 2022, however since the questions were first asked in 2018, the proportion of respondents owning or having access to at least one of the devices has increased from 90.2% to 96.8%, with access to smart phones showing the largest increase of any of the devices (from 71.4% to 87.1%).

Most respondents (91.6%) reported having household access to the internet, and 30.6% reported they could access the internet at home using a mobile device. 4.2% of respondents said they did not have any internet access. When asked, over a fifth of respondents (21.1%) said they would be interested in learning skills to help build confidence using technology.

Health and wellbeing

The first question in this section asked participants to rate their **general health**. Two-thirds (66.8%) of respondents rated their health as **good** (very good or good) with 8% saying their health was **bad** (bad or very bad). Participants were then asked if their **day to day activities were limited** because of a health problem or disability which has lasted, or is expected to last, at least 12 months (including problems relating to old age). While most participants (58.7%) did not report any limited activities, 41.3% reported their day to day activities were **limited a little** (29.9%) or **a lot** (11.5%) by health problems or disability.

Participants were then asked if they would know where to go if seeking support in relation to a number of different concerns. Most respondents reported that, **yes,** they would know where to go for support for **dental health** (76.0%), **mental health** (62.3%), **diet** (54.9%) and **chronic pain** (52.2%). While the proportion of respondents who reported they would know where to go for support was lower for the other concerns (**smoking, drug use** and **alcohol consumption**), there was a higher proportion of respondents who answered **not applicable** for these concerns**.**



Community Planning Aberdeen Response - this is what we are doing: Aberdeen City Health and Social Care Partnership (ACHSCP) welcomes this report and the wealth of invaluable information it contains.

It was really encouraging to see such a high percentage of people aware of what vaccinations they were eligible for and also that almost half of the respondents choose which screening or vaccinations they attend. It looks like we have a bit of work to do to increase awareness around screening and also the availability of information. This fits with the new LOIP project around screening and will help inform our actions but we will also share this information with our Wellbeing Hubs so they can reconsider their communication and information sharing strategies.

It was interesting to note that almost a fifth of respondents considered themselves to be a Carer but that only 5.6% of these were registered with the local Carer Support Service. We will share these results with our Carers Strategy Implementation Group and task them with considering how we can explore the reasons for Carers not engaging with the support service. Is it because they are not aware of the service, that it doesn't offer them what they need, or do they feel they don't require that kind of support at this time.

The information on social connection is hugely valuable and is the first time we have had an opportunity to gain a real understanding of this topic as it relates to the people of Aberdeen. The limiting factors, and in particular the comments received, will help shape the community support delivered by our Stay Well Stay Connected Programme. In general we are aware of this list, but the percentages against each will help to target our resources . Caring responsibilities were mentioned in the comments as being a barrier to social connection and we will ensure the conversations we have with Carers explores what support can be offered to overcome this. It was interesting to note that almost a sixth of the comments received indicated a preference not to connect socially. We have tended to take an approach that assumes everyone wants to be more connected but this was a good reminder that not everyone does, and also gives us an idea of how prevalent that stance is. The level of access to smart phones, tablets, laptops, PCs and internet was surprisingly high and gives us confidence to develop more support offered digitally.

The health and wellbeing section confirmed our general understanding of the health of the population and how this can limit their day to day lives. It is good to have this baseline and we would hope to repeat the same survey at a later date to assess whether the actions we are taking have had any impact on these figures or not. The results on knowing where to go for support are varied and we will share these with the relevant services as there is certainly more work to be done particularly for alcohol and drug use and for smoking.

Although not part of the Healthy and Social Lives section we have also scrutinised the results from the Physical Activity section, particularly what prevents people from being more physically active, as this obviously impacts on health. Again it was interesting to note that almost 30% of respondents did not want to be more active.

The whole report will be shared with the Aberdeen City Integration Joint Board and the Senior Leadership Team of Aberdeen City Health and Social Care Partnership who are the key groups responsible for making strategic decisions about the design and delivery of community health and social care services. One of our stated aims is that we hear the voices of our communities in order that they can help shape what services are delivered and how they are provided. This report provides a wealth of information to feed into the development of the next iteration of our Strategic Plan.

Community Justice

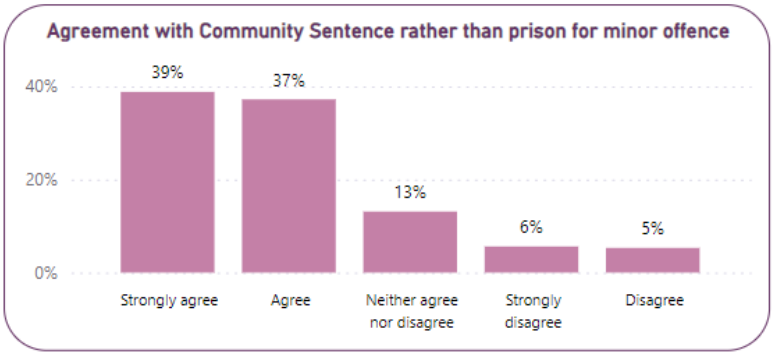
In this section of the questionnaire, panellists were asked questions relating to their awareness and understanding of Community Justice. When asked, most respondents (55.9%) said they had heard of Community Justice.

Participants were then given a list of topics relating to the Justice System and asked which of these, if any, they would like to learn more about. Almost two-thirds (65.4%) responded that they did not want to learn more about any of the topics. The topic with the highest proportion of respondents (19.5%) saying they would like to learn more about was **reporting a crime, initial Police investigation/detention of suspect, police direct measures.**

The next question was similar, giving participants a list of Community Justice services/interventions and asking which of these they would like to learn more about. Again, the most common response was **none** (66.5%). The service/intervention that respondents most commonly indicated interest in learning about was **supports for people who have been harmed or affected by crime** (19.5%) followed by **unpaid work in communities** (16.9%).

The next questions asked about the best ways to raise awareness of, and give views about Community Justice. From the lists of options presented, the most popular choices for raising awareness were **social media** (62.3%), **press/magazine articles** (57%) and **leaflets** (39.8%). For giving views about Community Justice, the most popular choices were **online surveys** (60.4%) and **questionnaires** (46.7%).

The final question in this section asked participants whether they agreed that rather than spend a few months in prison for committing a minor offence, people should help their community as part of a community sentence. Over three quarters of respondents (76%) said they **agreed** with this (either strongly agree or agree) with 10.9% **disagreeing** (disagree or strongly disagree).



Community Planning Aberdeen Response - this is what we are doing:

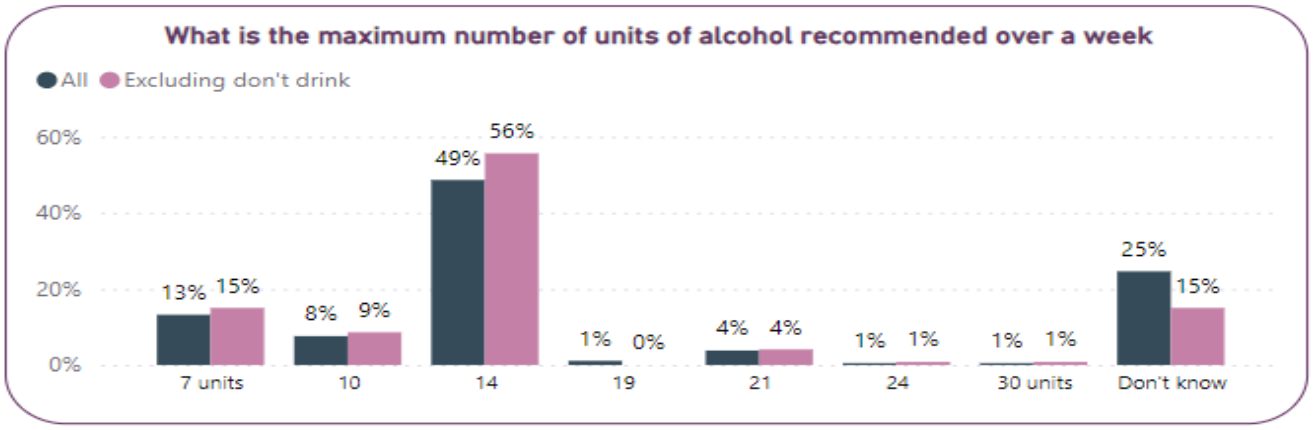
Thank you to everyone for taking their time to complete their responses. The purpose behind asking these questions was to gauge the level of understanding around Community Justice. There is a slight majority who have heard about Community Justice, which is positive, while at the same time demonstrates there is work for the Community Justice Partnership around communication as highlighted in some of the comments expressing no understanding of how Community Justice differs from other types of justice.

The final question, if respondents agree with community sentencing rather than a short term prison sentence for minor offences, is a national indicator that is captured by the Scottish Government to gauge public opinion around Community Justice. It is positive to see that 76% agree with this approach. The comments around this group of questions does highlight some key points of interest that the partnership is looking to address, for example community payback being used to support work to improve communities, how a community would get this support and get an initiative implemented.
The responses and feedback will be used in the development of a communication plan for the Community Justice Partnership. The Partnership welcomes all forms of feedback and will be implementing some of the suggestions. Thank you again for taking the time to respond.

Alcohol

The questions in this section were included to help understand the knowledge of the wider population regarding drinking alcohol in a responsible way.

Firstly participants were asked what they thought the maximum number of units of alcohol recommended over a week. A list of options was given ranging from 7 units per week to 30 units per week. Just under half (48.6%) correctly identified **14 units** as the maximum recommended units per week. When those who don't drink alcohol were excluded, the percentage who correctly identified 14 units increased to 55.6%.



When asked if they knew how many units were in the alcoholic drinks they consumed, almost half (49.2%) said **yes** they did. This proportion increased to 69.4% when those who did not drink alcohol were excluded. Particpants were then asked when they thought about how many units they were drinking. The response options were **before, during, after, not at all** and **don't drink alcohol.** Overall, the most common response was **not at all** (38.1%). When those who resported they did not drink alcohol were excluded, this increased to 54.0%.

Community Planning Aberdeen Response - this is what we are doing: We welcome the exploration in City Voice around awareness of alcohol units, since this underpins much of the public health messaging around alcohol and minimising the risks of harm. While on the one hand it is reassuring that there is a high level of understanding around units consumed for habitual drinkers, it is less encouraging that the majority of those who drink (54%) never give any thought to the amount of units they are consuming.

Messaging around the health harms of alcohol have focused on specific health conditions or diseases, cancer-risk being a strong focus of some of these approaches. Through our Alcohol and Drug Partnership improvement activity in relation to alcohol services we are working with our communities to contextualise alcohol risks around meaningful health consequences, and promote tools such as our new Try Dry App that support awareness of alcohol intake and reduce alcohol use. Thank you for taking the time to complete these questions.

Children and young people

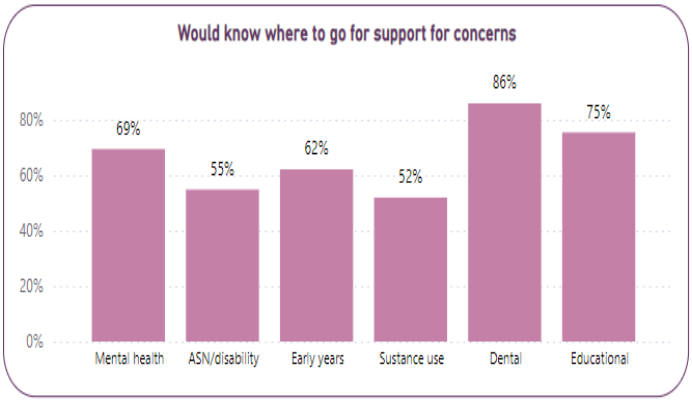
These questions were included to hear participants' views about the availability of services and supports for children and young people across the city.

Support

The first question in this section was about support and asked participants if they knew where to go if they were seeking support for their family or children in relation to a number of different concerns. The response options were **yes, no** and **not applicable.** The concerns were:

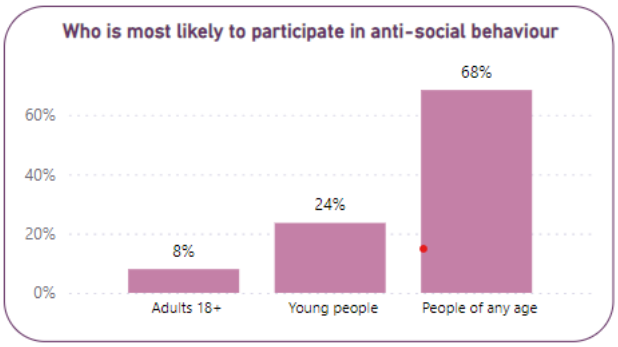
- Mental health concerns
- Additional support needs and/or disability
- Early years developmental concerns
- Substance use
- Dental health
- Educational Concerns

With the exception of dental health the most common response for all concerns was not applicable. When those who answered 'not applicable' were excluded, most remaining respondents reported **yes** they would know where to go for support for each of the concerns. There was, however, considerable variation across the concerns, ranging from a high of 85.9% for **dental health** to a low of 51.9% for **substance use.**



Young People

The first question in this final section asked participants who they believed was most likely to participate in anti-social behaviour: adults (18+); young people or people of any age. Most respondents (68.4%) answered **people of any age** with almost a quarter (23.6%) saying they thought **young people** would be more likely to participate in anti-social behaviour.

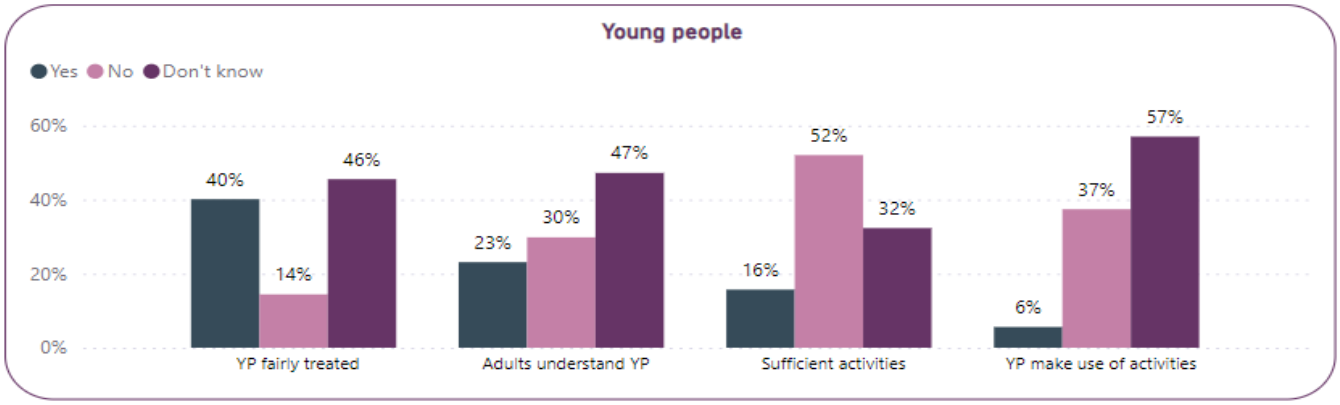


The next question ask participants if they felt young people were fairly treated in their community. The most common response was **don't know** (45.5% of respondents). However, 40.1% thought that **yes**, young people were fairly treated and 14.4% thought that **no,** they were not fairly treated.

Participants were then asked if they thought that adults understand young people in their community. Only 23.1% of respondents reported that they thought that adults **did** understand young people. Almost 30% said they thought adults **didn't** understand young people and again the most common response was **don't know** (47.2%).

When asked if they thought there were sufficient activities available for young people in your area, the most common response was **no**, with over half (52.0%) of respondents choosing this option. 15.7% of respondents thought there **were** sufficient activities and almost a third (32.3%) said they **didn't know.**

The next question asked do you think young people make enough use of available activities? The most common response was **don't know** with 57.0% of respondents choosing this option. Over a third (37.4%) thought that young people **didn't** make enough use of activities, and only 5.6% thought they **did**.



The final question asked **If there was one change you think would improve things for young people in your community, what would it be?** A free text box was given and a total of 216 comments were received. These will be forwarded to the service for full consideration, however a small sample is given below:

- More spaces/venues available to let young people meet up and socialise or participate in activities (e.g. youth centres, youth cafes, community centres, clubs etc.)
- Encourage participation in clubs (e.g. Scouts, BBs, Guides etc.)
- Encourage participation/more opportunities for participation in sporting activities/clubs/music/art
- Make it easier to participate in clubs/activities (e.g. funding/grants to increase provision, lower costs)
- More community/youth workers
- Engagement with seniors (e.g. helping out with gardening and shopping/promote better understanding between age groups)
- Get young people involved in discussions/listen more
- Encourage volunteering

Community Planning Aberdeen Response - this is what we are doing:

Support: Overall the results for those who have responded to questions relating where to go for support are very helpful in shaping our understanding of how to better promote services and supports. The figures indicate that people feel confident about knowing where to get support in regards to education and dental concerns, but there are clearly some areas where access routes could be better promoted and shared.

We currently are in the currently process of initiating several improvements projects with a focus on increasing awareness and accessibility of support for those with additional support needs (ASN)/disabilities and mental health concerns and this includes mapping out the Teir 2 community mental health supports available across the city. It is thought that this will help shape improvements to our referral pathways. We have also just completed a survey among parents of children with ASN/Disabilities to understand how we can better promote access to services. The feedback from the survey will be useful in informing these projects.

We will continue to work with our Alcohol and Drugs Partnership colleagues to support families facing substance misuse issues. The refreshed LOIP has a number of projects identified as part of Stretch Outcome 11 that will focus specifically on supporting families experiencing alcohol and substance misuse. We would hope to ask similar questions of City Voice again in the future so that we can measure the impact of our work in the longer term.

Young People: It is encouraging that most people feel that Anti-Social Behaviour can occur at any age and is not focussed primarily focussed on young people, as well as the fact that the majority of respondents felt that young people are treated fairly in the community.

Over the course of this year we have been working to increase young provision in the city. Since the Scottish Attainment Challenge funding for youth work was made available in August 2021, a total of 893 activities have been delivered to 2,246 participants, a total of 22,626 learner hours. Most of the referrals are for one to one or small group work with a focus on improving confidence and resilience. Bespoke support for children in P7 making the transition to S1 is also part of the youth work team's offer. However, we recognise that there is more to do.

Aberdeen Youth Movement (AYM) acts as the Youth Activities Funding group and since 2022 they have assessed and approved over £91,000 of funding for activities that help young people develop skills, improve their confidence and access opportunities that can be life changing. Over financial year 2023/24, 1409 young people have benefitted from a Youth Activities Grant.

We've also been working in a number of communities and the city centre to test approaches to reduce youth anti-social behaviour, including the provision of youth hubs in Northfield and Bucksburn. These have begun to have a positive impact on the number of young antisocial behaviour calls being recorded. We continue to work with partners and the community to improve this further.

And finally……

This newsletter, together with the detailed report of the 49th questionnaire, is available to view on the Community Planning website City Voice - Community Planning Aberdeen.

If you have any further queries or would like to feedback your comments, please contact:

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