Ipsos MORI
Social Research Institute

Kirklees CLiK Survey 2016 Technical Report

Technical Report

Introduction and background

This report outlines the methodology and design of the CLiK (Current Living in Kirklees) Survey for 2016, which was conducted by Ipsos MORI on behalf of Kirklees Council. The study follows on from four previous CLiK surveys, conducted in 2001, 2005, 2008 and 2012.

The overall aim of the survey was to gather comprehensive data on the health and wellbeing of Kirklees adults across a range of measures, including lifestyle choices, social care, quality of life and quality of place, amongst others.

Other objectives of the research included:

- Providing the Council with Kirklees-level, District Committee-level, CCG-level and other geographical-level data;

- Enabling further analysis by specific population groups and communities of identity; and

- Refreshing outcome indicators for key programmes, such as the Early Intervention and Prevention programme.

The data will also enable updates to be made to key strategic documents such as the Joint Strategic Assessment and the Joint Health and Wellbeing Strategy, as well as helping to improve commissioning and service provision.

Methodology

As with previous surveys, the 2016 CLiK survey was conducted using a postal, self-completion approach. Participants could complete the survey by either filling in the paper questionnaire, which was sent to a random sample of households in Kirklees, or alternatively completing it online using the internet link and login details provided on the cover letter. All responses were processed and checked by Ipsos MORI, while the majority of the analysis will be conducted by the Council.

The most substantial change in methodology in the 2016 survey was that for the first time, up to three people from each household selected were able to take part. One person could complete the paper survey, while two additional people could fill in the online survey (see *Questionnaire and Fieldwork* for more information). Where this option was taken up, any surveys from the same household were treated as separate individual responses when reporting the results, however the final dataset includes a flag showing responses received from the same household – allowing additional analysis to be conducted on questions relating to the household rather than individual perceptions.

Sampling

A sample of 42,666 addresses was drawn from the local Land and Property Gazetteer held by Kirklees Council. The core sampling approach was a disproportionate, stratified random sample, and was designed to produce robust results at sub-district and socio-demographic group level to inform the commissioning, planning and provision of local services.

As the fieldwork period fell outside of term time, to help boost response rates, any addresses from student halls of residence were removed from the Gazetteer before the sample was drawn.

It is normal in postal surveys for the response rate to be lower in more deprived areas, and conversely higher in more affluent areas. Since health inequality is associated with level of deprivation, the sampling frame was designed to ensure robust results from those living in the more deprived areas in Kirklees.

The sampling approach used the Index of Multiple Deprivation 2015 (IMD) to categorise all Lower-layer Super Output Areas (LSOAs) by levels of deprivation. The LSOAs were then divided into quintiles which were the basis of the sampling outlined below, along with the profile of responses received. The 'Estimated survey response rate for quintile' figures were based on 2012 response rates, adjusted slightly to take account of the overall target response rate for this survey – 20%.

IMD quintile	Count of Kirklees h'holds in quintile	Count of addresses drawn in sample	Estimated survey response rate for quintile	Expected number of responses	Actual response rate for quintile	Actual response rate
Quintile 1- most deprived	47071	14770	14.8%	2180	14.6%	2150
Quintile 2	42220	9980	19.6%	1956	18.2%	1812
Quintile 3	32400	6650	22.6%	1501	23.2%	1549
Quintile 4	41788	7989	24.2%	1935	25.1%	2002
Quintile 5 – least deprived	20042	3277	28.3%	928	28.5%	935
Total	183521	42666	19.9%	8500	19.8%	8448

While the figures in the final two columns above are useful in showing the profile of responses received, they are not strictly accurate if we consider that multiple responses were received from a small number of households. Accounting for the 90 households where two people completed the survey, and the four households where three people completed the survey, at least one response was received from 8,354 households from across Kirklees – giving an adjusted response rate of 19.6%.

Of the 8,448 individual responses, 475 were online and 7,973 were paper surveys. The proportion completing online was higher than the previous survey (5.6% vs. 1.5% in 2012), perhaps helped by the option for up to three responses from each household.

Questionnaire and fieldwork

A 16-page self-completion questionnaire was posted to selected households on 8 July 2016. A reminder was sent on 11 August 2016 to all those who had not responded. The reminder included another questionnaire and reply-paid envelope. The final day for completing and returning the questionnaire was 31 August 2016.

A separate covering letter was included with each questionnaire, and this provided information on the background to the survey and instructions on how to complete it. Residents were given the option to complete the survey online (either if they preferred this method, or to allow other members of the household to take part). The covering letter contained two login numbers which acted as the passwords to access the survey.

The cover letter contained details of a prize draw, which was used as an extra incentive for participants to take part. The draw was open to all those who responded the survey by the original deadline of 19 August 2016, and the winner received £100 in high street shopping vouchers. While fieldwork was subsequently extended to close on 31 August 2016, the prize draw could not be extended because of the timetable stated in the terms and conditions.

The covering letter also contained details of how to receive the survey in large print, while a Freephone number was available to support those not able to complete the survey in English.

Data processing

The following procedure describes how the surveys were processed prior to analysis:

Booking-in

Each household was allocated a unique survey number to allow duplicate responses to be identified, and to link responses back to the sample in order to match information on geography, deprivation etc.

Once completed, questionnaires were returned to Ipsos MORI, envelopes were opened and questionnaires collated and prepared for scanning. Any other items of correspondence were set aside for review and response by Ipsos MORI.

Questionnaires were scanned by Ipsos MORI's Data Capture Centre in Harrow and processed through barcode recognition and Optical Mark Recognition technology, with operator verification of uncertain entries. All marks on the forms were recognised at this stage, regardless of whether they were in accordance with the questionnaire instructions.

Once the scanned data was processed, further checks were carried out on a random selection of individual data before the output files were passed to the data processing team.

Data cleaning

As the majority of the completed questionnaires were on paper, there was some degree of completion error, for example ticking more than one box when only one response was required, answering a question which was not relevant, or missing questions out altogether.

As with previous CLiK surveys, some data editing and setting of logical or common sense parameters was necessary:

- If a respondent ticked more than one box where only one answer was required, then all their answers to that question were ignored.

- If all boxes were left blank, the reply for that question was excluded. Measures that involved a number of statements (e.g. Q3 Warwick Edinburgh Mental Wellbeing Scale, and Q14 EQ-5D-5L Crosswalk Index) were only based on those who answered all parts of the question.

- For questions that required people to provide measurement or unit, the most extreme, unrealistic or nonsensical figures were identified as outliers and blanked from the computer tables. The questions concerned included:

    - Q18 on the number of days, hours and minutes spent on different types of exercise in a typical week. Answers of less than 10 mins or more than 360 mins (6 hours) per day were blanked out for each activity selected.

    - Q57 on the number of rooms in the household. Answers of 20+ rooms were blanked out.

    - Q67 on the number of people in the household. This question comprises five parts: three cover children of different ages, one adults aged 18-64 and the final adults aged 65+. Where no answers were given to the five parts, the response was classed as 'Not stated'. Where at least one child was listed, but no adults, either the

'aged 18-64' or 'aged 65+' box was changed to 1 depending on the age of the respondent given at Q70. If *no* age was provided, the number of children was blanked out. Where extreme responses were given for any of the five boxes (specifically 10+) these responses were also blanked out.

- Q70 on the age of participants. Responses from those below 18 were blanked out.

- Q71 and Q72 on the height and weight of respondents and the Body Mass Index (BMI) data produced from their responses to these. Outlying values were reviewed on an individual basis, in particular with regard to heights of below 1.4m and above 2.2m, and weights of below 40kg or above 160kg. Editing decisions were made where possible – for example 5m,7cm would be changed to 5ft,7in – otherwise answers were blanked out as 'Not stated'.

As part of the data processing stage, a list of prize draw entrants was produced containing any respondents who ticked the box to say they wanted to take part. The draw took place in early September, and was witnessed by an auditor from outside the project research team.

Weighting

Weights were applied to the final data to adjust imbalances in the demographic profile of survey respondents. They were based on four variables, as follows:

- Age within ward for six age bands (18-34, 35-44, 45-54, 55-64, 65-74, 75+);

- Gender within ward;

- Ethnicity within ward (White, South Asian and non-South Asian BME); and

- The distribution of the Kirklees population between the 23 ward areas.

The profile of the Kirklees population was drawn from census information (a combination of 2011 census data and the latest mid-year estimates where available).

Ipsos MORI first weighted the data by age, gender and ethnicity within each of the 23 wards in Kirklees – these were then balanced by ward size in accordance with population distribution across Kirklees. Weighting was capped at 5.0 to avoid extreme weights being applied, and the overall weighted responses were factored to bring the final weighted total to 8,439.

The initial intention had been to split out the 18-34 age group into those aged 18-24 and those aged 25-34 separately, replicating the process undertaken in the 2012 survey. However, the reduction in sample size resulted in a smaller number of people in each weighting cell at ward-level, meaning that it would not have been possible to achieve the target weights for the 18-24 group while still capping at 5.0.

Similarly, when weighting by ethnicity, a small number of wards had too few people in the 'South Asian' or 'Other BME' categories – where it was not possible to hit weighting targets while capping at 5.0, cells were collapsed within the affected wards.

The following table shows the overall impact of the weighting by age, gender and ethnicity on the profile of responses received:

	Unweighted responses		Weighted responses	
	N	%	N	%
18-34yrs	673	8	2163	27
35-44yrs	913	11	1412	17
45-54yrs	1334	16	1516	19
55-64yrs	1614	20	1226	15
65-74yrs	2048	25	1018	13
75yrs and over	1572	19	796	10
Male	2961	37	3857	48
Female	5119	63	4201	52
White	7480	92	6612	82
South Asian	403	5	1048	13
Non-South Asian BME	235	3	436	5

The following table shows the impact of the ward weighting on the profile of responses received – along with the profile for the four combined 'District Committee' areas.

	Unweighted responses		Weighted responses	
	N	%	N	%
Almondbury	397	5	375	4
Ashbrow	364	4	376	4
Batley East	278	3	366	4
Batley West	292	3	367	4
Birstall and Birkenshaw	363	4	344	4
Cleckheaton	398	5	360	4
Colne Valley	418	5	370	4
Crosland Moor and Netherton	357	4	347	4
Dalton	370	4	345	4
Denby Dale	351	4	338	4
Dewsbury East	373	4	389	5
Dewsbury South	288	3	344	4
Dewsbury West	261	3	339	4
Golcar	412	5	372	4
Greenhead	353	4	372	4
Heckmondwike	354	4	333	4
Holme Valley North	378	4	353	4
Holme Valley South	424	5	386	4
Kirkburton	326	4	337	5
Lindley	423	5	401	4
Liversedge and Gomersal	395	5	388	5
Mirfield	450	5	408	5
Newsome	424	5	427	5

Batley and Spen	2080	25	2159	26
Dewsbury and Mirfield	1372	16	1480	18
Huddersfield	2687	32	2643	31
Kirklees Rural	2309	27	2157	26

Presentation of data

The results of the survey exist in several formats for use by Kirklees Council:

▪ As data cross-tabulations (or crossbreaks), for example showing the results by gender, various age bands, at ward and District Committee level, and by those who report their health as 'good' and 'bad'. These tables show column percentages and also show significant differences across sub-groups and against the total.

▪ As Excel tables showing the results from the computer tabulations in a format which is easy to include in other reports.

▪ As "toplines" – summary data showing just the percentage results for each question.

▪ As an SPSS dataset – showing anonymised results for each respondent to allow further analysis by Kirklees Council. The results for each question are included, together with any grouping/netting of results and also any sub-groups formed for the data table crossbreaks. The weighting factor is also included.

Derived variables

For reference, the table below outlines the definitions for some of the more complex derived variables that are included in the individual-level SPSS dataset.

Description	Variable name	Where from?
ONS rating on the satisfaction score (low, medium, high)	ons1	Q2a, low = 0-6, medium = 7-8, high = 9-10
ONS rating on the worthwhile score (low, medium, high)	ons2	Q2b, low = 0-6, medium = 7-8, high = 9-10
ONS rating on the happiness score (low, medium, high)	ons3	Q2c, low = 0-6, medium = 7-8, high = 9-10
Cardiovascular disease as long-term condition	q8cv	Q8 (heart disease, high blood pressure, stroke)
Any long-term condition other than pain	q8lt	Q8 (any except short-term or long-term pain)
Any unmet need for support/help with LTC	@q8unm21	Q8 any yes to a) but no to corresponding b)
Achieve minimum recommended amount of physical activity	active	Q17 options 4,5
Time spent on active travel	minst	Q18a + Q18c (time per day x days)
Time spent on leisure walking/cycling	minsl	Q18b + Q18d (time per day x days)
Exceed recommended safe drinking levels (NET: No (up to 14 units), NET: Yes (15	drink	Q23 No = options 1-3; Yes = options 4-5

units or more))		
Current smoker	@smoke1	Q25 (occasional or regular cigarette, cigar or pipe smoker)
Regular smoker	@smoke2	Q25 (regular cigarette, cigar or pipe smoker)
Level of dependency (dependent, indoor mobility, outdoor mobility)	@depend1 @depend2 @depend3	Q32 options 1,2,4 for dependent, 3,5,8 for indoor mobility, 6,7 for outdoor mobility
Unmet need for support/help	@q32un10	Q32 answer yes to b) but 'I do not currently receive support' at c)
Formal volunteering at least once a month	@volunt1	Q43 any responses in cols 1 or 2
Informal volunteering at least once a month	@volunt2	Q44a any responses in cols 1 or 2
Living in overcrowded accommodation	crowd	Respondents having a ratio of total people in household to living rooms (Q57) > 1
Economically active	econact	Q60 options 1,2,4,5,7,8,9,10
Workless	work2	Q60 options 8, 10-11
Workless aged under 65	work65	Q60 options 8, 10-11 and age from Q70
Employment status	work2	Q60 options 1,2,4,5,7,9 for working, options 3,6 for education/training, options 8,10,11 for workless, options 13,14 for homemaker/other, option 12 for retired
Child poverty	@pov@1	Q65 (options 10-11) and Q67 (1-3 =1+)
Adults of working age in poverty	@pov@3	Q65 (options 9,10,11) and Q70 (age 18-64)
Pensioners in poverty	@pov@4	Q65 (option 12) and Q70 (age 65+)
Single person household	@house7	Q67 (1 adult, any age – no children)
Any children in household	@house4	Q67 (1 or more children, any age)
Any pensioners in household	@house9	Q67 (1 or more adult aged 65+)
Any overweight	bodym1	BMI category (overweight, obese, morbidly obese) – excluding those who are pregnant
Any obese	bodym2	BMI category (obese, morbidly obese) – excluding those who are pregnant
Number of unhealthy behaviours	unhealth	Q17 exercise (options 1-3) Q19 fruit & veg (options 1-2) Q23 alcohol (options 3-5) Q25 regular smokers (options 5-6) Q30 drugs (options 3-5)

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