

# Health, Activity and Well-being Survey 2021

Report on survey results

**Public Health Directorate, in conjunction with  
Jersey Sport**

Department for Strategic Policy, Planning and  
Performance

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## Executive summary

This report presents the results of the 2021 Health, Activity and Well-being Survey. This anonymous survey has been run to help paint a picture of island life. Questions were included to gauge the impact of COVID-19 on Islanders, as well as questions that are asked regularly in social surveys on mental health and wellbeing, health-related behaviours, and money matters.

In 2021, Jersey compared favourably or similarly to previous years and to neighbouring jurisdictions like England across most measures. However, inequalities within Jersey's population are evident, and analysis of this survey data shines a light on key issues, or groups who are most negatively impacted.

COVID-19 has triggered a change in working patterns, with three in ten workers expecting to do a mix of working at home and in the office in the future. A significant proportion of people report negative impacts on mental and physical health. Impacts were unequally distributed through our population, with those finding it difficult to cope financially being worse affected in terms of mental and physical health, impact on relationships, and hopefulness about life returning to normal. Those finding it difficult to cope financially were also more likely to report negative impacts on their children's wellbeing and educational progress. When compared to a survey in 2020, some metrics indicate some "bounce back" from COVID-19 impacts were already in train by summer 2021: fewer workers were working from home, and fewer people said their life was worse due to the COVID-19 pandemic, for example.

Whilst the majority of people recorded high or very high scores for wellbeing, and average scores for the wellbeing measures were similar to that over the past few years, there were disparities within Jersey's population. For example, those who found it quite or very difficult to cope financially scored lower on wellbeing measures, and those who rated their health as bad/very bad were more likely to score low for wellbeing than those who rated their health as good/very good. These results highlight the high levels of interdependence between health, wellbeing, and deprivation. Some stigma around mental health problems persists, with just one third of people agreeing that people were generally caring and sympathetic towards people with mental health problems, and two out of five people saying that they wouldn't want people knowing about their mental health problem if they had one.

Overall, around two thirds of people reported their general health to be good or very good, but this proportion has declined since 2016. Again, those who found it difficult to cope financially were most negatively impacted, being more likely to be in bad or very bad health, and to report having a long-standing illness than those who were better off. Rates of smoking and drinking alcohol remained largely similar in 2021 to recent years, as did the proportion of Islanders classified as obese. More than two thirds of adults in Jersey were not eating the recommended five portions of fruit and vegetables daily, despite over 90% of adults agreeing that eating healthily is important to them. In 2021, around half of adults in Jersey reported doing at least the recommended amount of physical activity, similar to 2019, but most reported that they would like to do more physical activity than they currently do, citing needing more free time as a barrier.

Over a quarter of households said they found it quite or very difficult to cope financially in 2021, similar to over the last 10 years, and around one in fifteen households were severely materially deprived in Jersey in 2021, statistically similar to the 2020 EU average. Financial hardship was focussed in particular groups, for example single parents (with children aged under 16) were among those most likely to report finding it difficult to cope financially, and almost half of single parent households were materially deprived to some extent. Almost twice as many young people (aged 16 to 44 years) would not be able to afford an unexpected expense of £1,000 than those aged 55 years and over. Financial hardship and deprivation correlated with many of the other health and wellbeing measures in this report, highlighting the clear inequalities existing within Jersey's population.

The rich dataset presented will be used by Public Health and the Government of Jersey to ensure that policies are developed, and decisions are made from an informed standpoint, to best serve the needs of all Islanders.

## Introduction

### About the survey

This report presents the results of the 2021 Health, Activity and Wellbeing Survey. This anonymous survey has been run to help paint a picture of island life.

The survey is run by the Government of Jersey Public Health Directorate in partnership with Jersey Sport and collects information on a range of health and well-being topics affecting Islanders. The responses help to give an in-depth picture of the health, activity levels, and general well-being of Islanders today. Survey responses will help to shape public health policies and prioritise initiatives during the COVID-19 recovery phase, such as helping inform how money is invested in sports and exercise on-Island. The insights generated from the responses will help ensure that decisions made by Government of Jersey can be made from a more informed standpoint.

### Sample size and response rate

A random and representative group of 5,000 households were selected to participate. The household member who has their birthday next, and was over the age of 16 was invited to complete the survey by 30<sup>th</sup> September 2021. Participants were asked to fill in the survey online, or to fill in the paper form sent to their address, and return using a free post envelope.

A total of 1,376 survey responses were completed and returned, or 28% of those invited.

### Weighting

Whilst households were picked at random to participate in the Health, Activity and Well-being survey 2021, the likelihood of responding to the survey varied for different subgroups of population. For example, females were more likely to respond than males, as were Islanders in older age groups compared to younger age groups. Therefore, statistical weighting techniques have been used to compensate for different patterns of non-response. The survey results can therefore be considered broadly accurate and representative of Jersey's entire population. All analysis presented in this report is based on weighted responses.

See the background notes section of this report for more detail on the process, weighting and definitions used in this survey.

**The Public Health Directorate and Jersey Sport wish to thank all the respondents who took the time to take part in the survey.**

# Impact of COVID-19



Around **one third** of workers have shifted to working from home (at least some of the time)

**Over half** of people said they'd had to isolate at least once due to COVID-19



**45%** of people thought their mental health had been negatively impacted by the COVID-19 pandemic



**1 in 3** workers said COVID-19 had a negative impact on their work-life balance



**Over half (56%)** of people with children felt the COVID-19 pandemic had a negative impact on children's educational progress

Finances have got worse for **one third** of households due to the COVID-19 pandemic



# 1. Impact of COVID-19

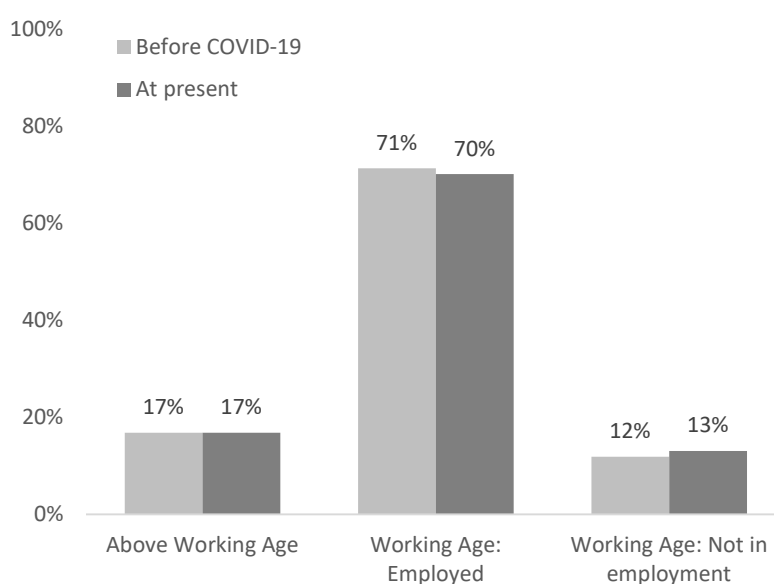
## *Key Observations*

- the pandemic has triggered a shift to working from home (at least some of the time) for around a third of employed people, and 29% of workers anticipate doing a mixture of at home and workplace working in the next 12 months
- working status (i.e employed or not in employment) was similar at the time of survey completion in 2021 to before the pandemic
- around one in three (33%) of employed respondents said that COVID-19 had a negative impact on their work-life balance
- just over half (56%) of respondents said they'd had to self-isolate at least once due to the COVID-19 pandemic for some reason
- around half of people were worried to some extent about the effect of COVID-19 on their lives, and the majority of people (60%) were worried to some extent that themselves or someone in their family would be infected with COVID-19
- a significant proportion of people perceived their mental and physical health to have been negatively impacted by the COVID-19 pandemic (45% and 33% respectively). Negative impacts were more common in younger people, and amongst those who found it difficult to cope financially.
- just under half (45%) of people with children indicated that the pandemic had a negative impact on their children's overall wellbeing, and over half (56%) indicated that it had a negative impact on their children's educational progress
- since the start of the pandemic, around one in three people were often or always feeling worried about the future, whilst 28% often or always felt bored, and 37% often or always felt stressed or anxious
- there has been a change in social contact compared to before the COVID-19 pandemic, with over one third of people (37%) saying they were meeting in person with family member *less* often, and 30% saying they were chatting with them on the phone or online *more* often.
- one third (33%) of people said their household finances had been got a little or a lot worse due to the COVID-19 pandemic

## 1.1 Changes to Work<sup>1</sup>

People were asked what best described their work status. Figure 1 shows that patterns of work status across the population were very similar before the COVID-19 pandemic and at the time of the survey (2021). Around 17% of people were above working age (65 years or older), around 70% of people were in employment (including part-time workers and self-employed), and around 13% were of working age (under 65 years) and *not* in employment. The “not in employment” category includes homemakers, those in full-time education, those unable to work due to sickness/disability, the unemployed, and those who have retired aged under 65 years. The proportion of those of working age in employment was 86% amongst males and 81% amongst females.

Figure 1. Working situation before the COVID-19 pandemic, and at the time of the survey (2021). Working age includes adults aged under 65 years.

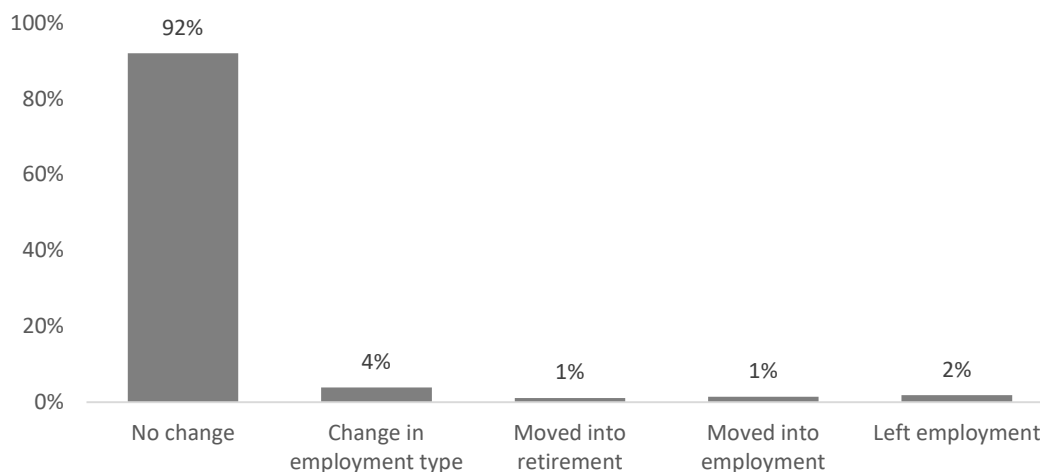


Amongst those of working age, most (92%) reported no change in work status from pre-pandemic (Figure 2). Around 4% reported a change in employment type (for example between full-time and part-time work, or between self-employment and working for an employer). Very small numbers of respondents of working age reported moving into retirement over the period (1%), transitioning from an unemployed to an employed status (1%), or leaving employment (2%).

Around one in five (18%) of employed respondents said that COVID-19 had a negative impact on their job security, whilst about one in eight (12%) said it had a positive impact on job security. The remaining 70% said COVID-19 had a neutral impact on job security, or that they did not feel the question was applicable to them (see also section 1.2 on other impacts of COVID-19).

<sup>1</sup> More detailed information on employment types in Jersey’s population from the 2021 census will be published later in 2022.

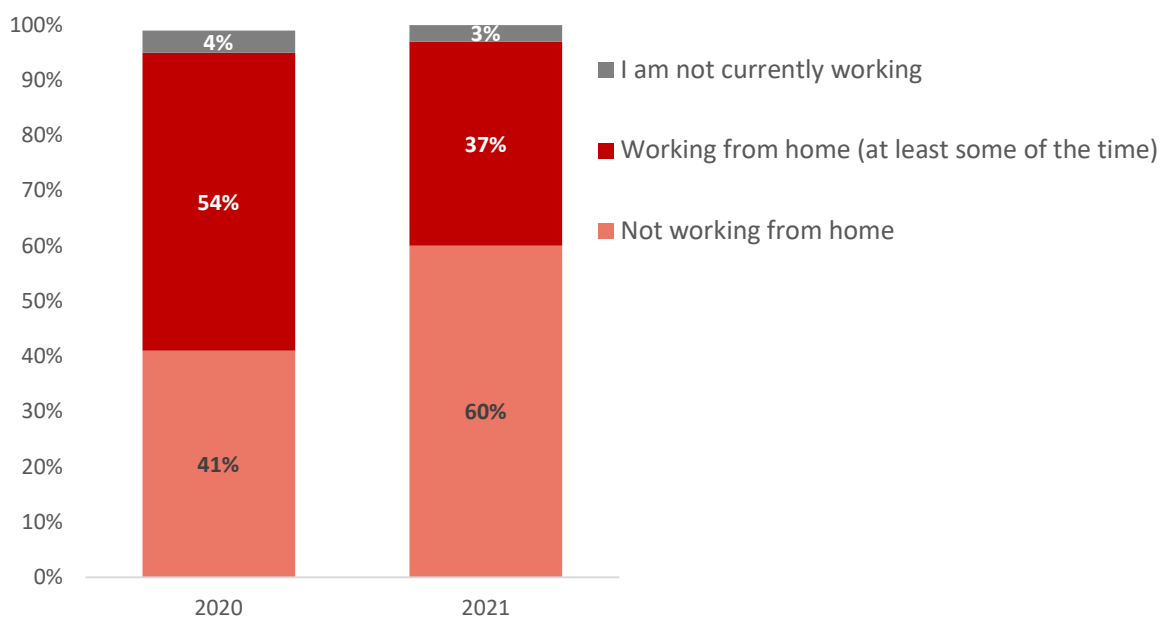
Figure 2. Change in working situation since before the COVID-19 pandemic, for those of working age (aged under 65 years).



Around two out of five (37%) working age adults were working from home at least some of the time in 2021 (Figure 3). This is slightly less than in June/July 2020, when 54% of working adults indicated they were working from home at least some of the time<sup>2</sup>. Of those who reported working from home at least some of the time, the majority (84%) reported that home was **not** their usual place of work before the pandemic. The pandemic has therefore triggered a shift to working from home (at least partially) for around a third (34%) of working people.

When asked which ways work was anticipated to change in the next 12 months, around 3 in 10 employed people indicated they expected to do a mixture of home working and working in the office/workplace (Figure 4). The highest rates of work from home were found in the finance sector and in information and communication services (64% and 68% respectively), whilst the lowest rates of working from home were amongst the retail, wholesale and hospitality sectors (6%).

Figure 3. Occurrence of working from home, amongst adults of working age (aged under 65 years, in 2020 and 2021).



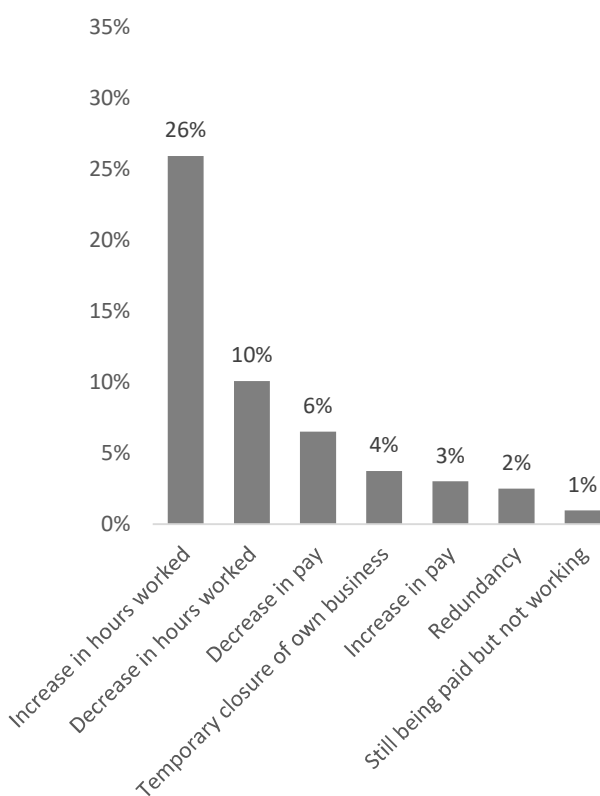
<sup>2</sup> Jersey Opinions and Lifestyle 2020



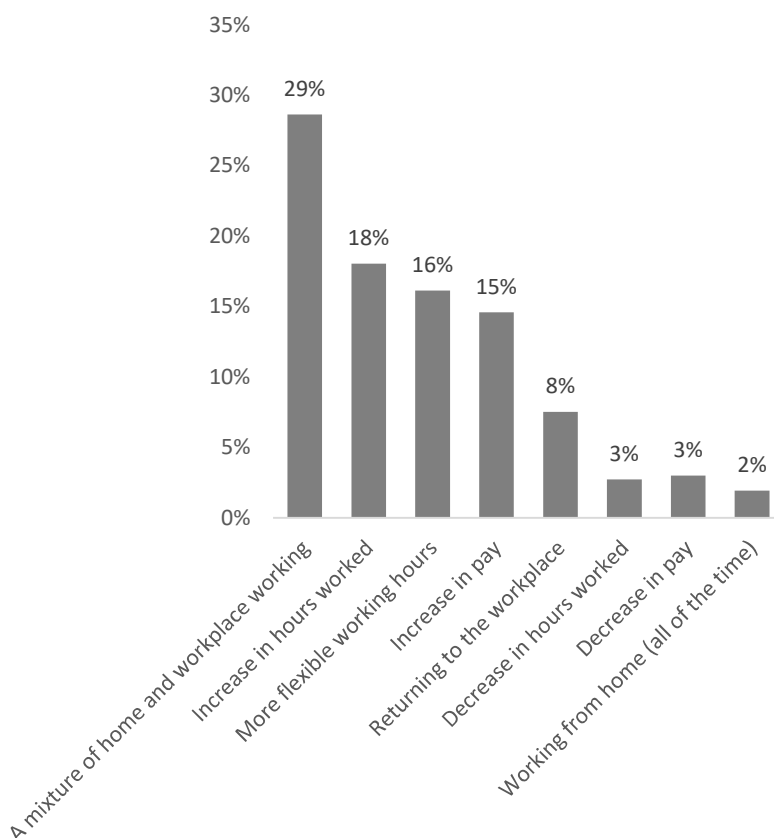
People were asked how the COVID-19 pandemic had impacted their work, and the most common impacts are shown in Figure 4. Over one quarter (26%) of employed respondents indicated that they experienced an increase in hours worked, whilst 10% indicated a decrease in hours worked (Figure 4). A small proportion of respondents reported a decrease in pay due to the pandemic (6%), whilst 3% reported an increase in pay. Respondents were able to select all impacts that applied to them, and some people (8%) reported experiencing at least two impacts.

Figure 4. a) Proportion of employed respondents who indicated experiencing the following impacts on work due to the COVID-19 pandemic. b) Proportion of employed respondents who anticipate the following changes to work in the next 12 months

a) How has the pandemic impacted your work?



b) How do you anticipate work to change in the next 12 months?

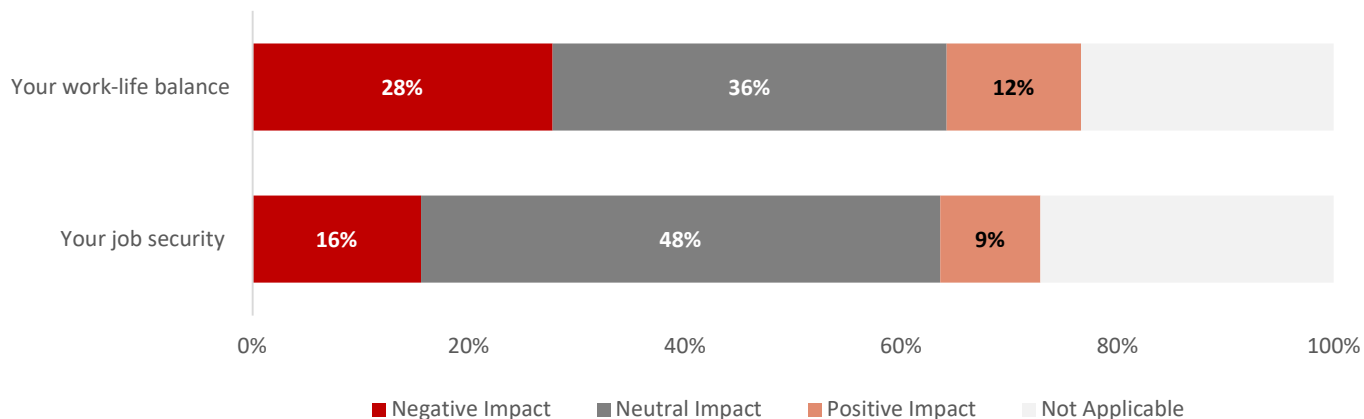


### COVID-19 Impact on Work-Life Balance and Job Security

Around one in three (33%) of employed respondents said that COVID-19 had a negative impact on their work-life balance, whilst about one in six (16%) said it had a positive impact on their work-life balance (Figure 5). The remaining 51% said COVID-19 had a neutral impact on their work-life balance, or that they did not feel the question was applicable to them. Job security was negatively impacted for 16% of people.

Figure 5. Impact of the COVID-19 pandemic on work-life balance and job security

What impact has the COVID-9 pandemic had on...?



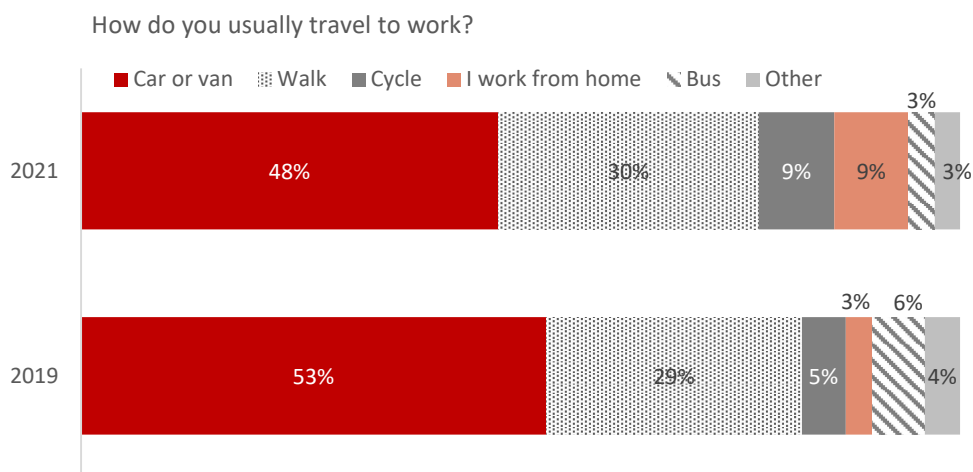
## 1.2 Travel to Work and Physical Activity

### Travel to Work

Car was the most common means of usual transport to work for employed respondents, with around half (48%) usually travelling to work in a car or van on their own or van with other people (Figure 6). Walking was the usual mode of transport to work for 30% of employed respondents, whilst 9% usually cycled.

Fewer people were travelling to work by car or van in 2021 than in 2019 (pre-pandemic), whilst a higher proportion were usually working from home or cycling compared to 2019 (Figure 6).

Figure 6. Usual mode of transport for travelling to work (on a typical day) in 2021 compared to 2019 (pre-pandemic).

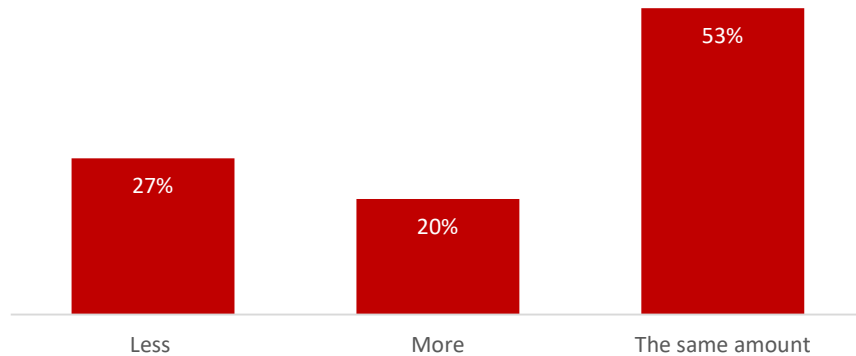


### Physical Activity

When it comes to physical activity levels, COVID-19 did not impact Islanders in a unified manner across the population. Whilst a quarter (27%) of Islanders reported doing less physical activity since the start of the pandemic, a

fifth (20%) said they were doing more in 2021 than they were before the outbreak began. More than half (53%) of respondents reported doing the same amount of physical activity pre- and post-COVID-19.

Figure 7. Since the coronavirus (COVID-19) outbreak, are you undertaking more or less sports and physical activity than before?

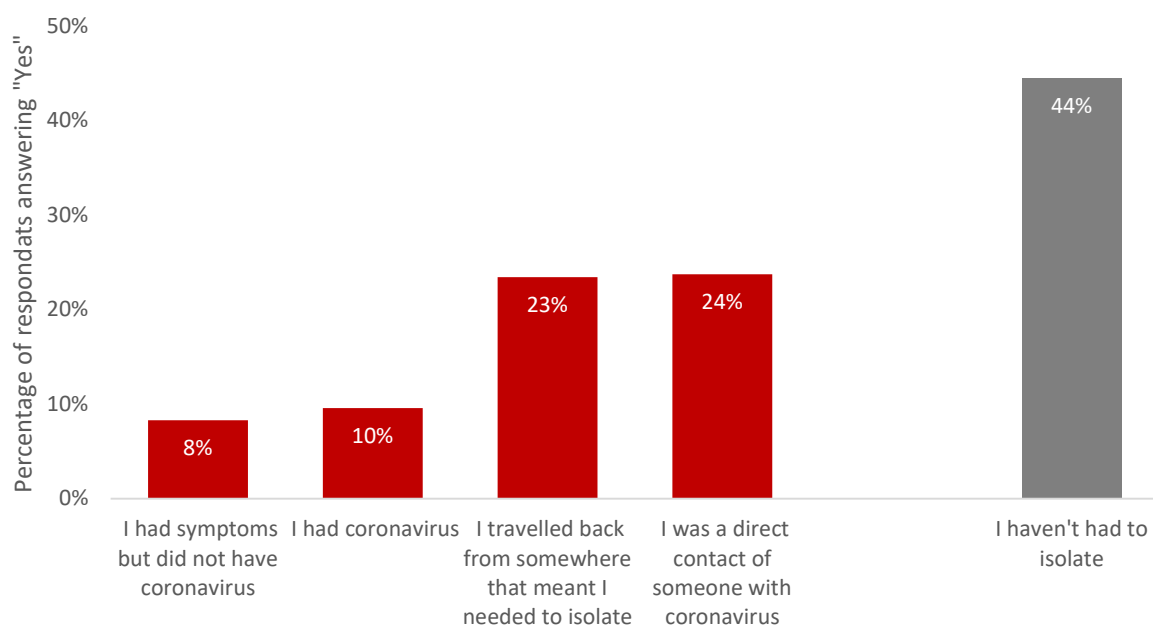


### 1.3 Health and Wellbeing Impacts of COVID-19

#### Isolation due to COVID-19

Just over half (56%) of respondents said they'd had to self-isolate at least once due to the COVID-19 pandemic for some reason, whilst the other 44% had not needed to isolate yet as at the time of the survey (Figure 9). One in ten (10%) of respondents reported that they'd had COVID-19, and 8% had isolated due to having symptoms (but didn't test positive for COVID-19). Just under a quarter (24%) of people had to isolate due to being a direct contact of a positive case, and a similar proportion (23%) had to isolate due to travelling back from somewhere that meant they needed to isolate. Note that self-isolation policies have changed over the course of the pandemic, and that some people (12%) had to self-isolate for two or more different reasons.

Figure 9. Percentage of respondents who had needed to isolate for various reasons shown in red, and the percentage of respondents who had not needed to isolate shown in grey.



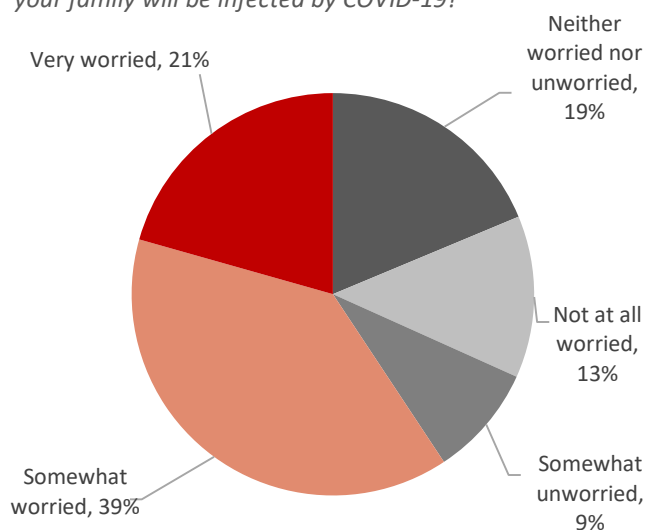
## COVID-19-related Worries and Wellbeing

The majority of people were worried to some extent that themselves or someone in their family would be infected with COVID-19, with 21% of respondents being very worried and 39% being somewhat worried (Figure 10a). The remaining 40% of people were unworried or stated that they were neither worried nor unworried. The proportion of people worried about COVID-19 infection did not change much between 2020 and 2021, with 59% and 62% being somewhat or very worried in each year respectively.

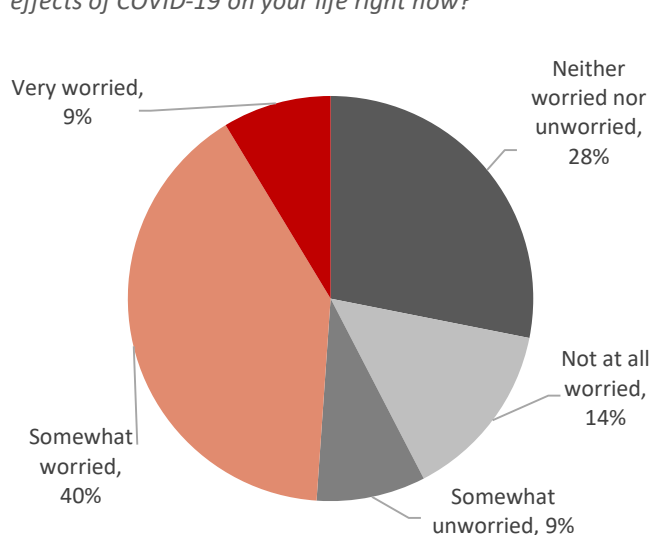
Around half of people were worried to some extent about the effect of COVID-19 on their lives at the time of the survey, with 9% being very worried and 40% being somewhat worried (Figure 10b). The other half of people indicated they were unworried, or stated that they were neither worried nor unworried. The proportion of people feeling worried about the impact of COVID-19 on their life reduced from 59% in 2020 to 49% in 2021.

Figure 10. Responses to questions on worries about COVID-19

a) How worried are you that you or someone in your family will be infected by COVID-19?



b) To what extent are you worried about the effects of COVID-19 on your life right now?



Since the start of the pandemic, around one in three people were often or always feeling worried about the future (Figure 11a), whilst 28% often or always felt bored, and 37% often or always felt stressed or anxious. Always or often feeling stressed, anxious, worried about the future or bored was more common amongst women than men (Figure 11b)

Figure 11a. Perceptions of the impact of the COVID-19 pandemic on frequency of feeling worried, bored, or anxious/stressed.

Since the start of the COVID-19 pandemic, how often have you felt...?

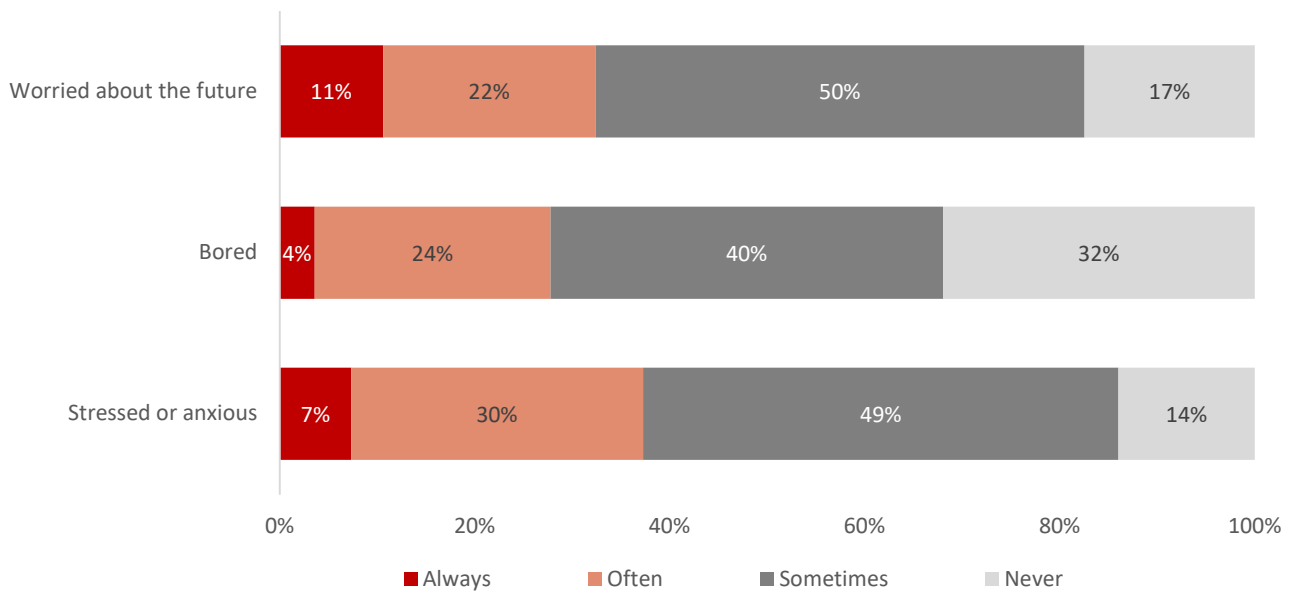
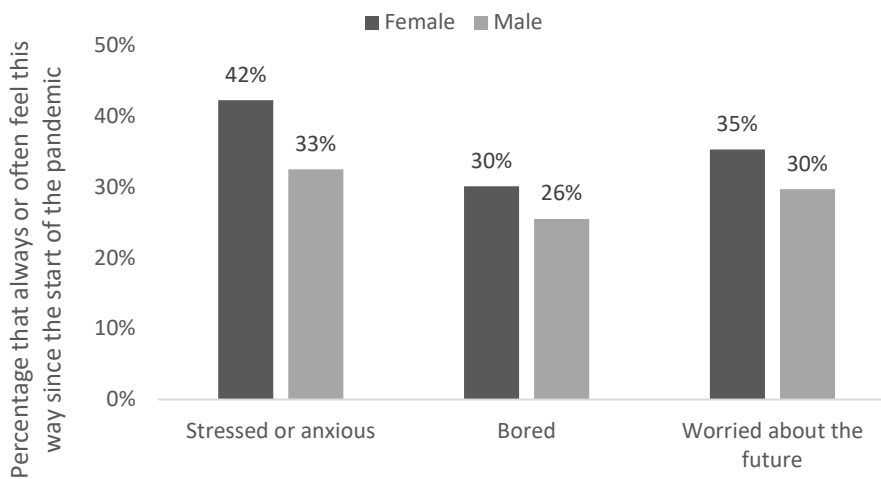
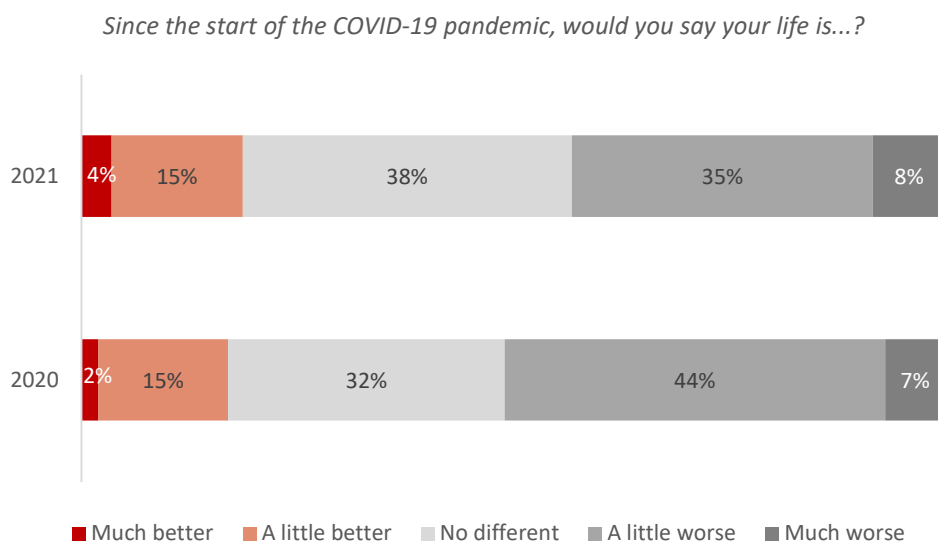


Figure 11b. Always or often feeling worried, bored, or anxious/stressed since the start of the pandemic, split by gender.



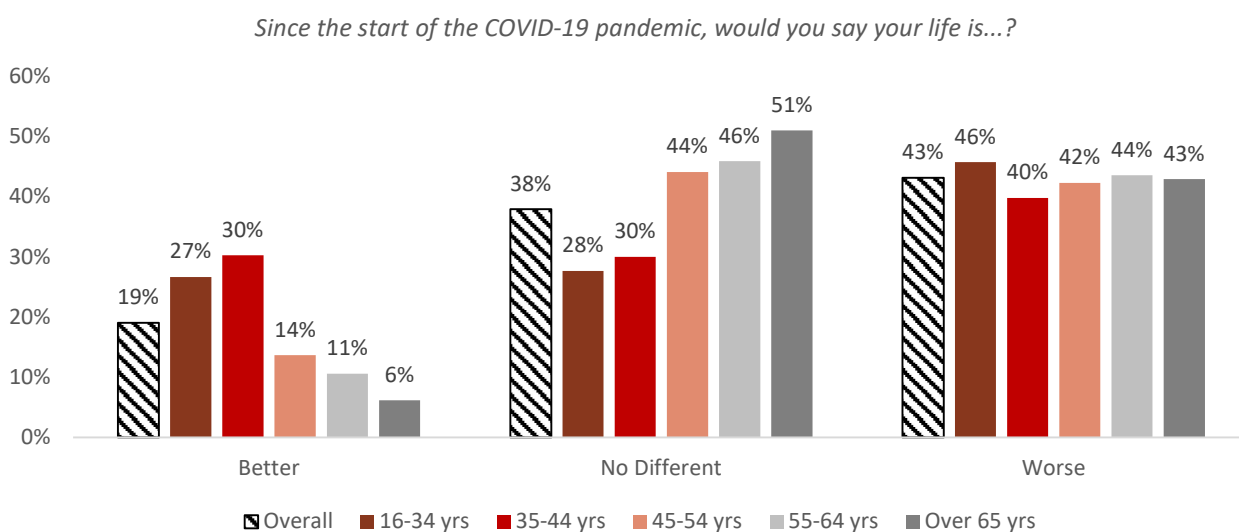
In 2021, the proportion of people who said their life was a little or much worse since the start of the COVID-19 pandemic was 43%, compared to 51% when the same question was asked back in 2020 (Figure 12). In 2021, 19% said life was a little or much better, and the remaining 38% of people considered there to have been no difference since the COVID-19 pandemic began.

Figure 12. Proportion of people that thought their life was better, worse, or no different since the start of the COVID-19 pandemic, in surveys during 2020 and 2021.



Younger people were more likely to report that their life had got a little or much better than older people; for example 30% of 35 to 44 year olds compared to just 6% of those aged over 65. Conversely, Older people were more likely to report no impact of the pandemic on their life, with just over half (51%) of those aged over 65 years reporting no difference. Similar proportions of people across age groups reported that their lives had got a little or much worse.

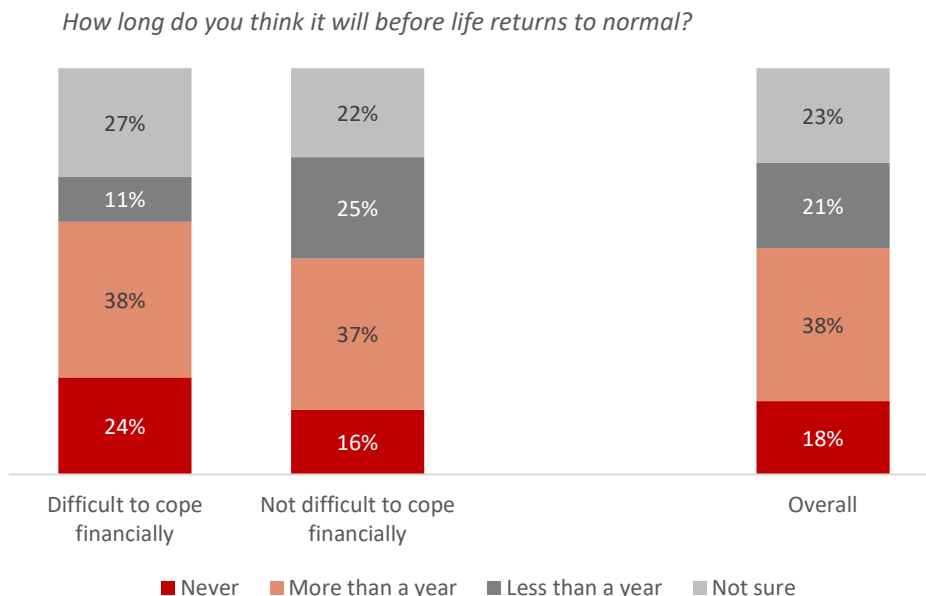
Figure 13. Proportion of people that thought their life was better, worse or no different since the start of the COVID-19 pandemic, split by age band.



People’s expectations about life returning to normal are shown in Figure 14. Around one in five people (18%) thought life would never return to normal, around two in five (38%) thought it would take more than a year, a further 21% thought it would take less than a year, and the remaining 23% weren’t sure. Those who found it difficult

to cope financially were more likely to think life would never go back to normal than those who did not find it difficult to cope financially.

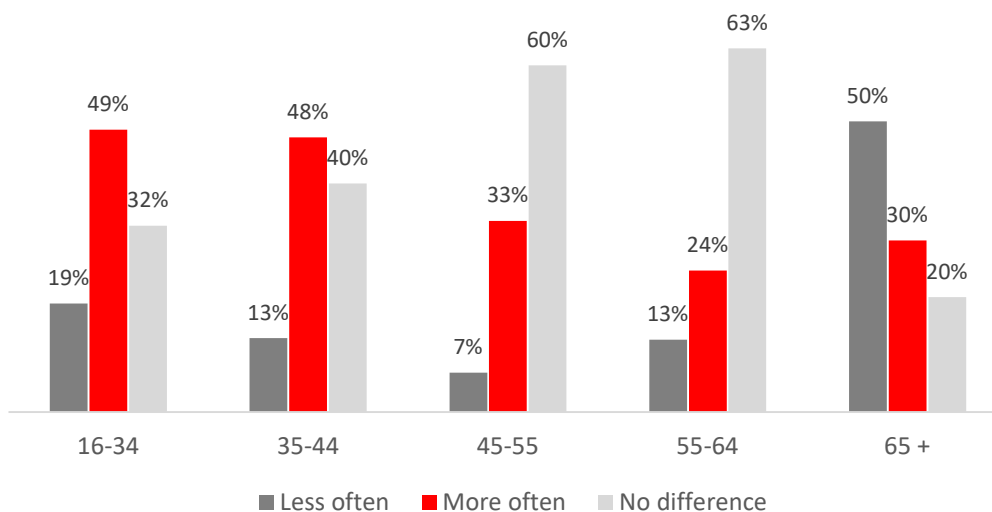
Figure 14. Perceptions of how long it will be before life returns to normal, split by whether or not you found it difficult to cope financially



## Smoking

Overall, since the COVID-19 outbreak 41% of smokers said they'd smoked more often, 42% no difference and 16% less often. The proportion of smokers<sup>3</sup> who were smoking more often was higher for female smokers (49%) than male smokers (34%), the age groups with highest percentages were 16 to 34 years (49%) and 35 to 44 year olds (48%). Overall, people aged 65+ were smoking less often (50%).

Figure 8. Since the coronavirus (COVID-19) outbreak, proportion of smokers<sup>3</sup> who are smoking more or less often



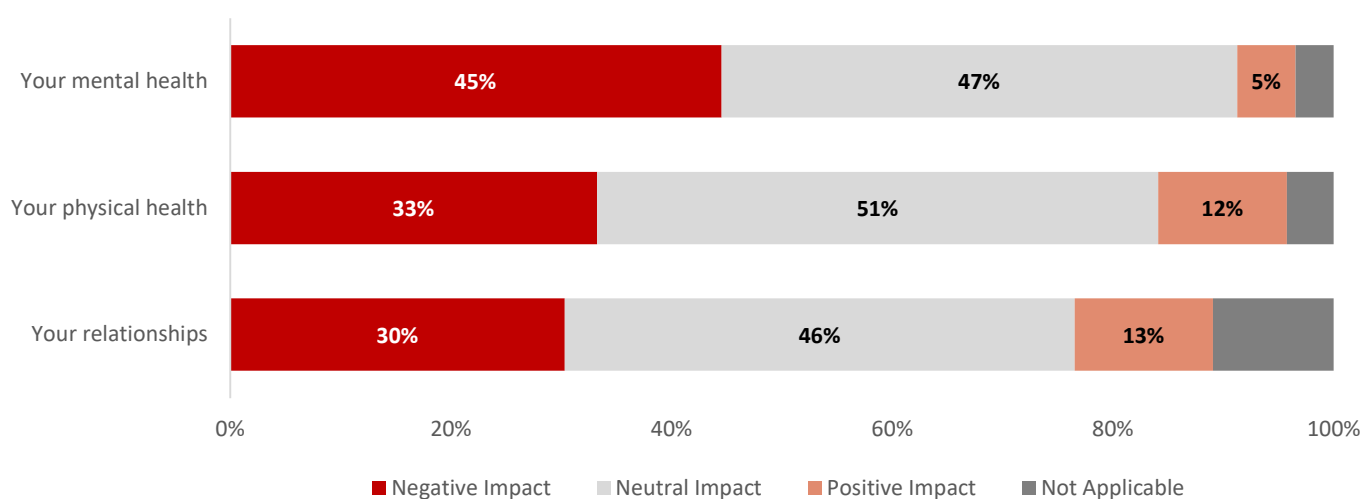
<sup>3</sup> The term 'smokers' refers to both tobacco and e-cigarette users

## Impacts of COVID-19 on Health & Relationships

A significant number of people perceived their health to have been negatively impacted by the COVID-19 pandemic: almost half (45%) of people said the COVID-19 pandemic had a negative on their mental health, and one third (33%) of people said it had negatively affected their physical health (Figure 15a). A small percentage of people experienced a positive impact on health, with 5% reporting positive impact on mental health and 12% reporting positive impact on physical health (Figure 15a). Around one in eight people reported the pandemic had a positive impact on their relationships (13%), whilst 3 in 10 found it had a negative impact on their relationships.

Figure 15a. Perceptions of the impact of the COVID-19 pandemic on health and relationships: either negative, positive, neutral, or not applicable.

a) What impact has the COVID-9 pandemic had on...?



The opposing experiences of different people highlight the unequal impact that the pandemic has had across the population. Negative impacts due to the COVID-19 pandemic were more common for younger people than for older people (Figure 15b). For example, those aged 16-34 years were almost twice as likely to report negative impacts on mental health than those aged over 65 years (57% compared to 30%), and almost twice as likely to report negative impacts on their relationships than those aged over 65 years (40% compared to 22%).

Negative impacts due to the COVID-19 pandemic were more common for those who found it quite or very difficult to cope financially (Figure 15c). The proportion of people reporting negative impacts on mental and physical health was higher for those who found it quite or very difficult to cope financially (57% and 45%) than for those who did not find it difficult to cope financially (40% and 29%).



Figure 15b. Prevalence of negative impacts of the COVID-19 pandemic on mental health, physical health, and relationships across different age groups.

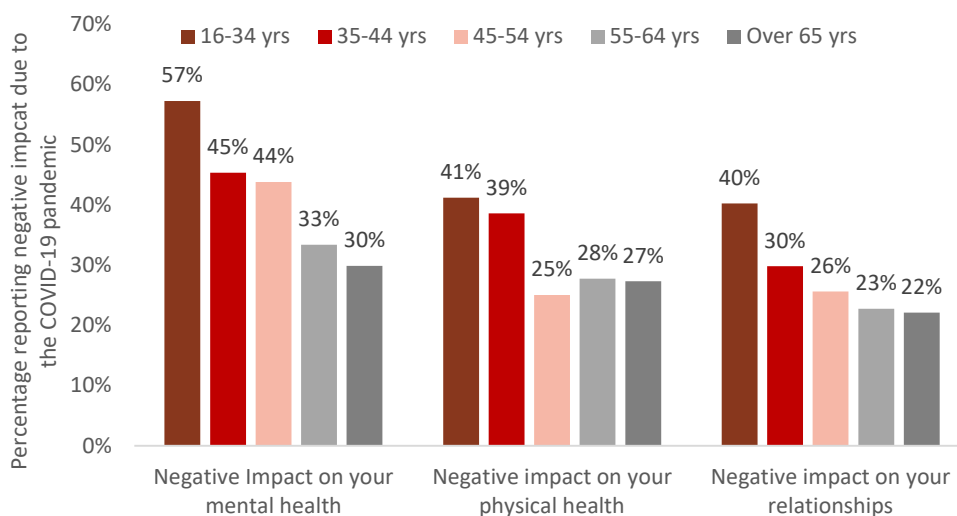
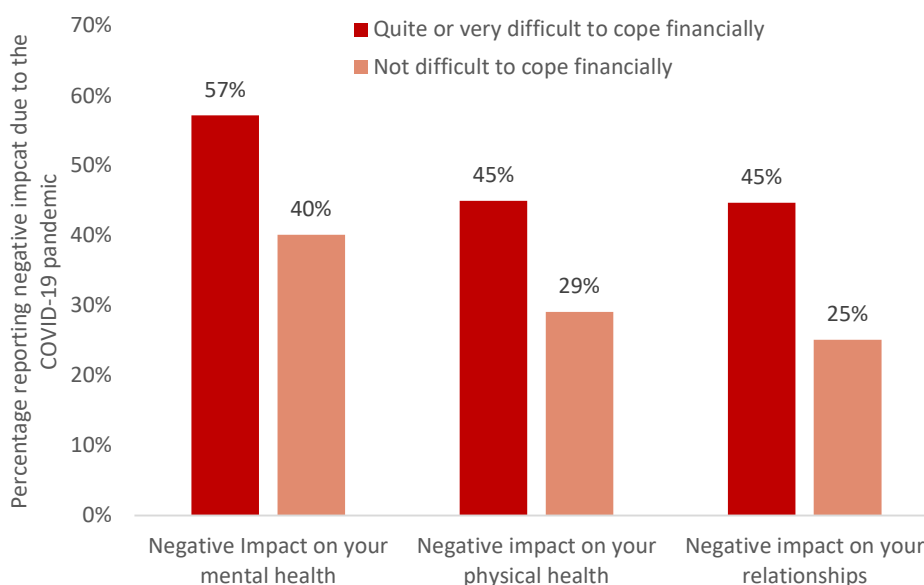
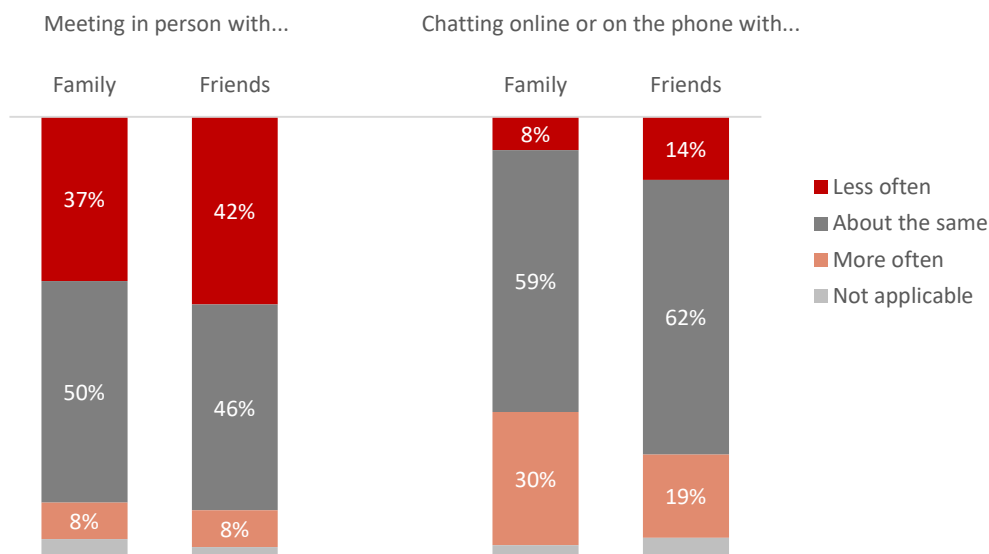


Figure 15c. Prevalence of negative impacts of the COVID-19 pandemic on mental health, physical health and relationships, split by whether you found it difficult to cope financially



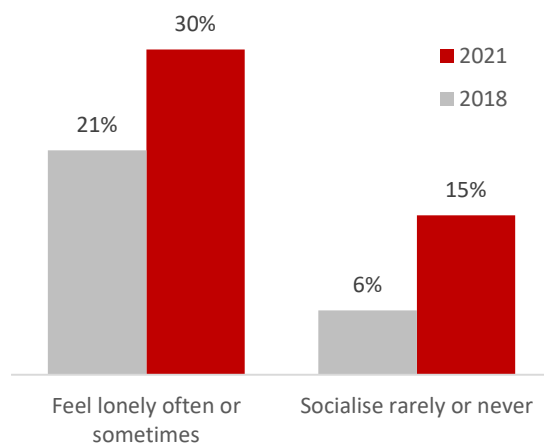
Changes in social activities compared to before the COVID-19 pandemic are shown in Figure 16. Over one third of people (37%) said they were meeting in person with family member *less often*, whilst 30% said they were chatting with them on the phone or online *more often*. Around 42% of people said they were meeting in person with friends less often, whilst 19% said they were chatting with them on the phone or online more often. One in five people said they were meeting in person with neighbours less often (20%).

Figure 16. Frequency of socialising either in person or on the phone/online, compared to before the COVID-19 pandemic



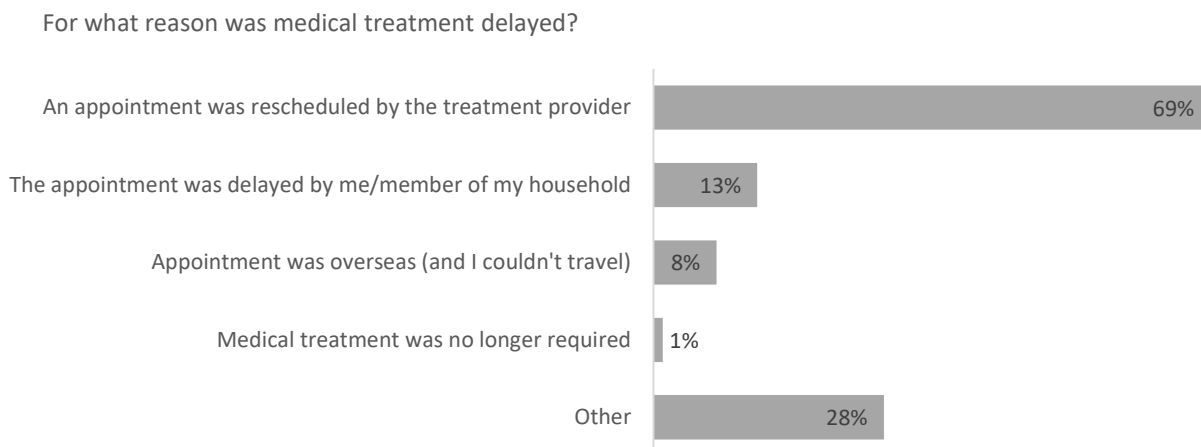
Compared to survey data from 2018 (pre-pandemic) a higher percentage of people report often or sometimes feeling lonely (30% in 2021 compared to 21% in 2018) and a higher proportion of people report socialising very infrequently (rarely or never socialising: 15% in 2021 compared to 6% in 2018).

Figure 17. Proportion of people reporting feeling lonely (often or sometimes), and socialising infrequently (rarely or never), in 2021 compared to 2018 (pre-pandemic)



One quarter (25%) of people said that they or someone in their household had experienced delays to medical treatment due to the COVID-19 pandemic. Of those who'd experienced delays, 69% said it had been rescheduled by the provider, 13% said they or their household member had delayed it, 8% said the provider was overseas (and they could not travel), and 28% stated other reasons including closed clinics, staff shortages, long waiting lists for appointments and having COVID-19 (Figure 18).

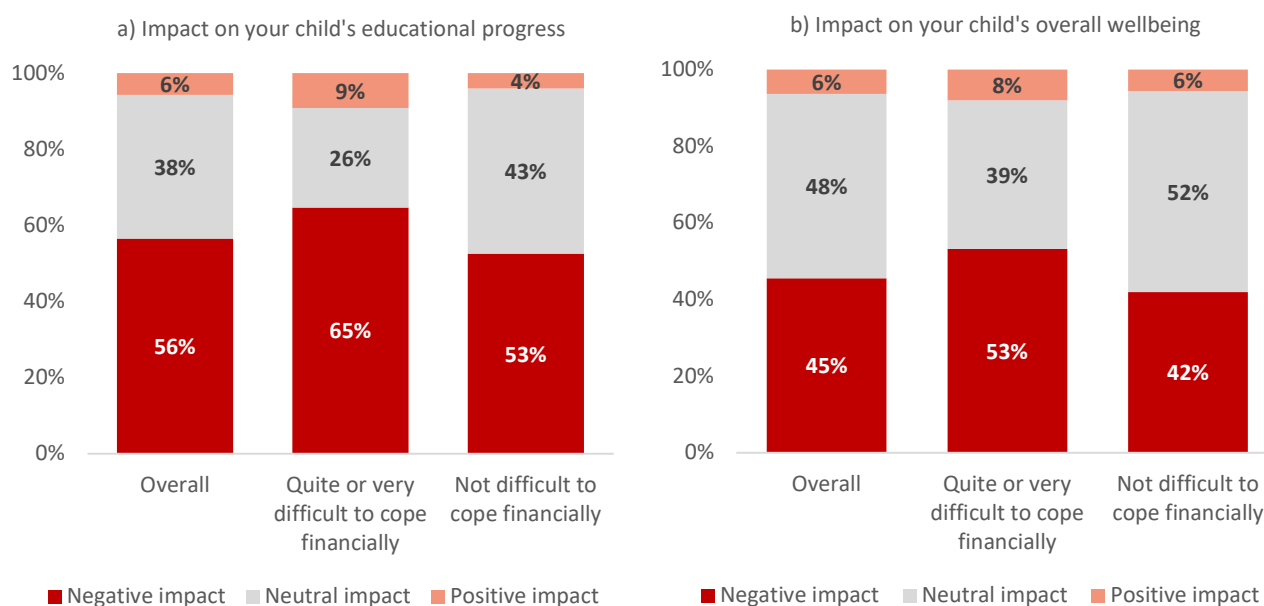
Figure 18. Reason for delays amongst those who experienced delays to medical treatment due to the COVID-19 pandemic (for themselves or someone in their household). Note that some people experienced more than one reason for delays, so percentages do not add up to 100%.



### Impacts of COVID-19 on Children

Just under half (45%) of people with children indicated that the pandemic had a negative impact on their children’s overall wellbeing (Figure 19b), and over half (56%) indicated that it had a negative impact on their children’s educational progress (Figure 19a). Only a very small number of people reported the pandemic having a positive impact on their children’s wellbeing or educational progress. Negative impacts on educational progress and overall wellbeing of children was higher amongst those who found it quite or very difficult to cope financially. Those in households who did not have access to a garden or outdoor space were more likely to report negative impacts on their children’s wellbeing (47%) compared to those who did have access to a garden or outdoor space (37%).

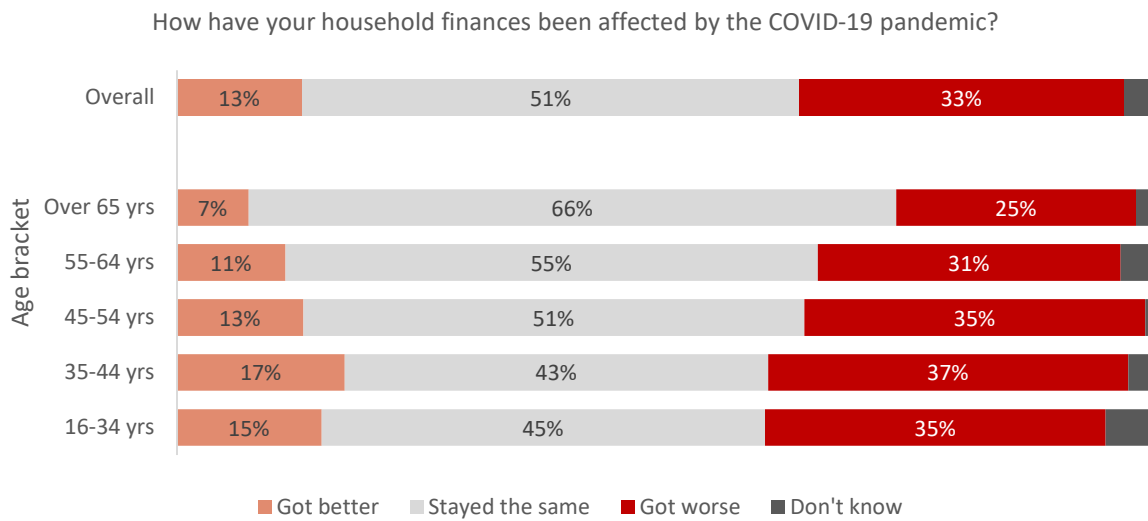
Figure 19. Perceptions of those with children on the impact of the COVID-19 pandemic on children’s educational progress (a) and overall wellbeing (b); either negative, positive, or neutral, split by ability to cope financially. “Not difficult to cope financially” includes those who started it was quite or very easy, or neither difficult nor easy to cope financially.



## 1.4 Financial Impacts of COVID-19

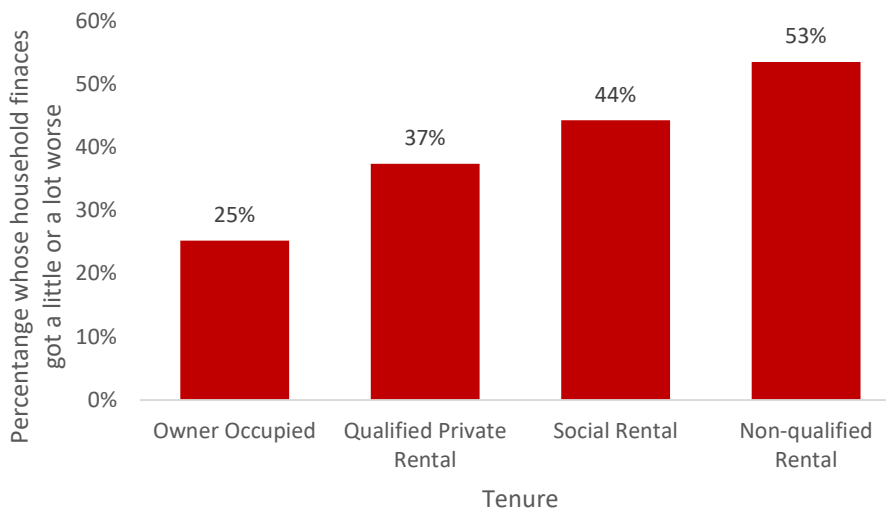
Overall, one third (33%) of people said their household finances had been got a little or a lot worse due to the COVID-19 pandemic, whilst 13% of people said it had got a little or a lot better (Figure 20). The proportion of those affected financially was highest amongst those aged between 16 to 44 years, with 35 - 37% being negative affected and 15-17% being positively affected. Older people were more likely to report no change to their household finances, with two thirds (66%) of those aged over 65 years seeing no change in their household finances due to the COVID-19 pandemic.

Figure 20. Proportion of people reporting effects of the COVID-19 pandemic on household finances, overall and by age bracket



Differences were seen between different tenure groups, with those in non-qualified rental accommodation being most likely to report finances having got a little or a lot worse (Figure 21). Amongst working people, there were also differences those working in different industries, with over three quarters (77%) of those working in hospitality reporting that their household finances had got worse compared to one quarter (28%) of those working in finance, legal & insurance.

Figure 21. Proportion of households for whom finances got a little or a lot worse due to the COVID-19 pandemic, by tenure



# Mental Health and Wellbeing



Average **scores for wellbeing** were similar to that over the last few years

**Almost everyone (96%)** agreed or strongly agreed that *anyone* can have mental health problems



**15% of people** rarely or never socialise face to face with people outside of their household

Only **one third** of people agree that people are caring and sympathetic towards those with mental health problems



**One in three** people felt they spent too much time working



Those who found it **difficult to cope financially** scored lower for wellbeing



## 2. Mental Health and Wellbeing

### *Key Observations*

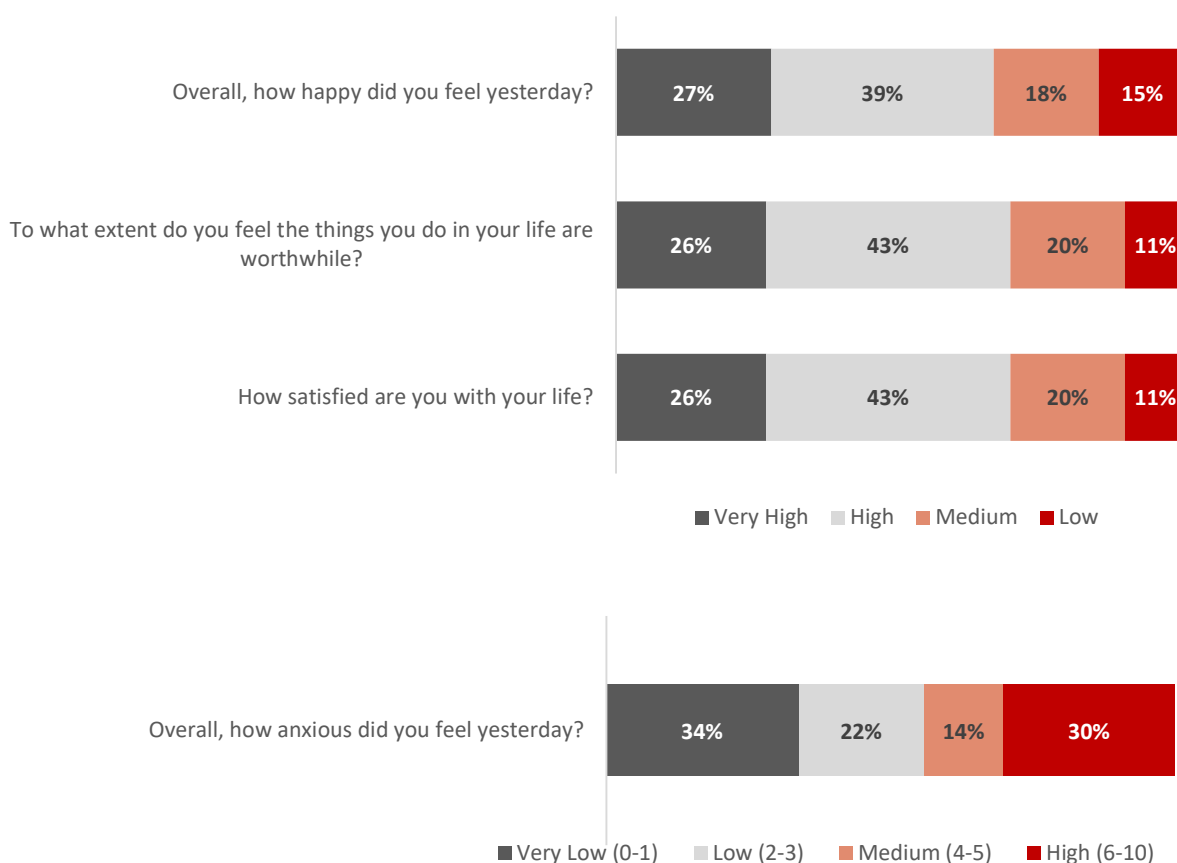
- the majority of people recorded high or very high scores for happiness (69%), satisfaction (66%) and feeling worthwhile (69%)
- across the three wellbeing measures, older people were more likely to score high or very high than younger people. Older people were also more likely to score low or very low for anxiety
- average (mean) scores out of ten for the wellbeing measures were similar to that over the past few years
- those who found it quite or very difficult to cope financially scored lower on wellbeing measures
- over one third (37%) of respondents felt they spent too much time working
- 15% of people rarely or never socialised face to face with people outside of their household and 14% often felt lonely
- those who rarely or never socialised face to face with people outside of their household were more likely to have low scores for happiness, satisfaction and feeling worthwhile
- those who rated their health as bad or very bad were more likely to score low for wellbeing than those who rated their health good or very good
- stigma around mental health problems persists, with just one third (36%) agreeing that people were generally caring and sympathetic towards people with mental health problems. Two out of five (39%) of people said that they wouldn't want people knowing about their mental health problem if they had one

## 2.1 Personal Wellbeing

People were asked to rate their life satisfaction, their happiness, and to what extent they felt their life was worthwhile out of 10. Scores of 0-4 were considered low, 5-6 were considered medium, 7-8 were considered high and 9-10 were considered very high. The majority of people recorded high or very high scores for happiness (69%), satisfaction (66%) and feeling worthwhile (69%). Around one in ten scored low for satisfaction and feeling worthwhile (11% for each), whilst 15% of people scored low for happiness.

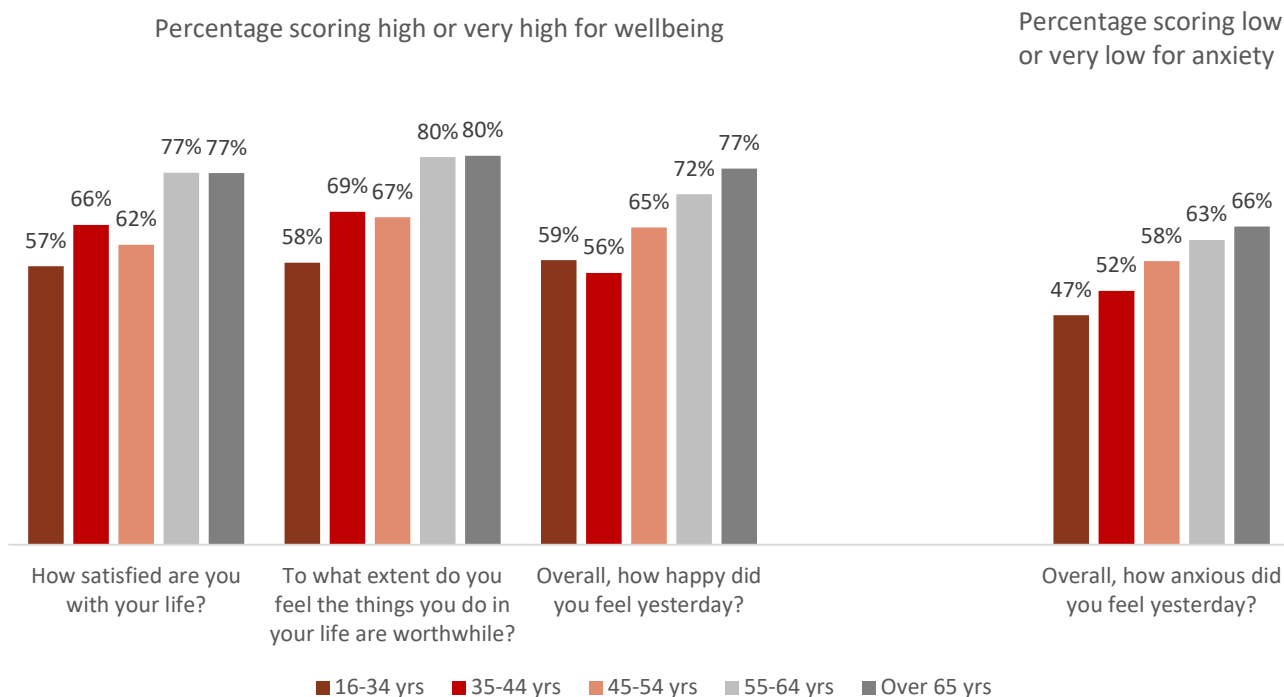
People were also asked how anxious they felt yesterday out of 10. Scores of 0-1 were considered very low, 2-3 were low, 4-5 were medium and 6-10 were considered high. Three in ten (30%) people overall scored high for anxiety.

Figure 22. Happiness, life satisfaction feeling worthwhile, and anxiety.



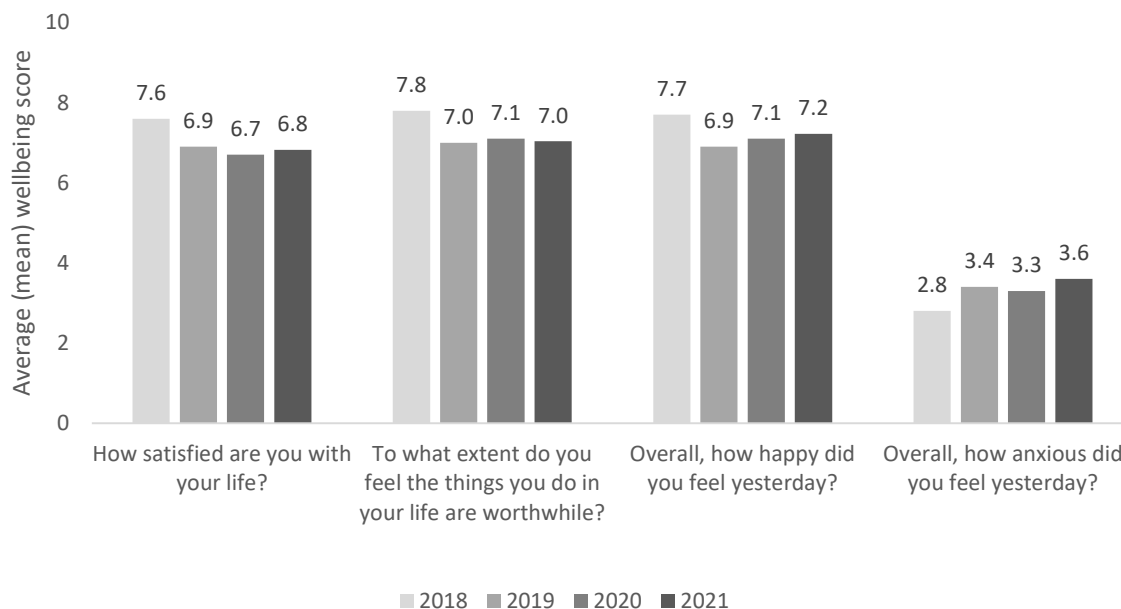
Across the three wellbeing measures, older people were more likely to score high or very high than younger people (Figure 23). Older people were also more likely to score low or very low for anxiety.

Figure 23 The percentage of respondents scoring high or very high for satisfaction, happiness and feeling worthwhile by age band.



Average (mean) scores out of ten for the wellbeing measures were similar to that over the past few years:

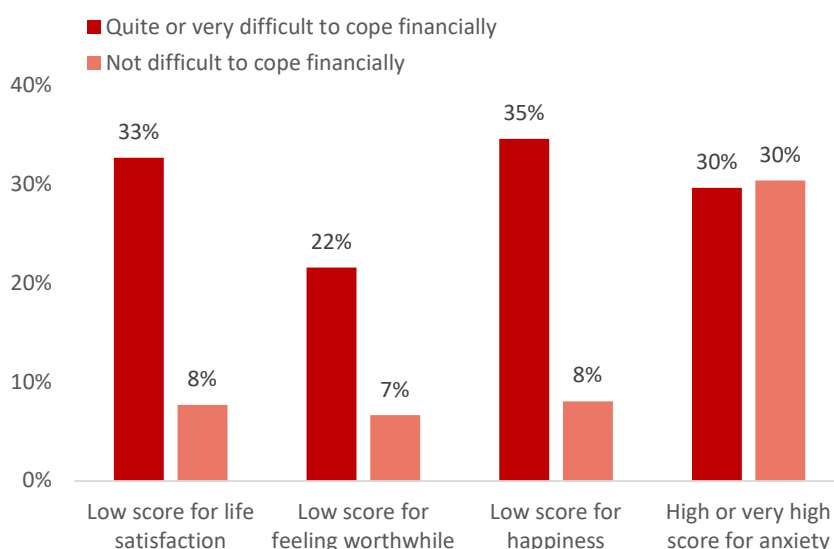
Figure 24. Average (mean) wellbeing scores over the past four years (2018 to 2021)



Those who found it quite or very difficult to cope financially were around four times more likely to report low scores for life satisfaction (33%) than those who weren't finding it difficult to cope financially (8%), around three times more likely to report low scores for feeling worthwhile (22% compared to 7%), and over four times more likely to report low scores for happiness (35% compared to 8%). The proportion scoring high for anxiety was similar (at 30%) regardless of how easy or difficult it was to cope financially.



Figure 25. Percentage of people who scored low for happiness, satisfaction and feeling worthwhile (scored 0-4 out of 10) split by whether they found it difficult to cope financially or not.



Those who rated their health as bad or very bad were more likely to report low scores for life satisfaction (67%) than those who rated their health good or very good (5%), more likely to report low scores for feeling worthwhile (52% compared to 3%), and more likely to report low scores for happiness (55% compared to 8%) (Figure 26). However, the proportion scoring high for anxiety was higher for those who reported being in good or very good health.

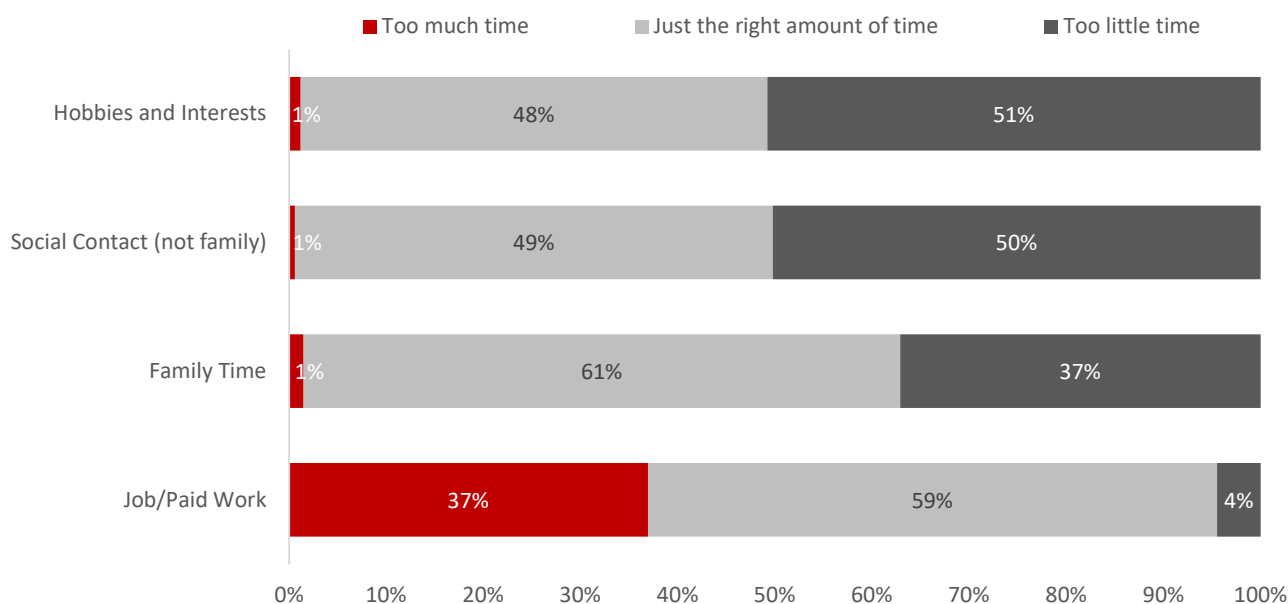
Figure 26. Percentage of people scoring low for happiness, satisfaction and feeling worthwhile, or high for anxiety, split by self-reported general health status (either bad/very bad, or good/very good)



## 2.2 Work/Life Balance

Respondents were asked about how they spent their time, and whether they felt too much, too little or about the right amount of time was spent working, with family, socialising or doing hobbies/interests. Over one third (37%) of respondents felt they spent too much time working (Figure 27). Around half of respondents felt they spent too little time on hobbies/interests (51%) or having social contact (50%), and around one third (37%) felt they spent too little time with their family.

Figure 27. Responses to a question on whether people felt that they spend too much, too little, or just about the right amount of time in the various areas

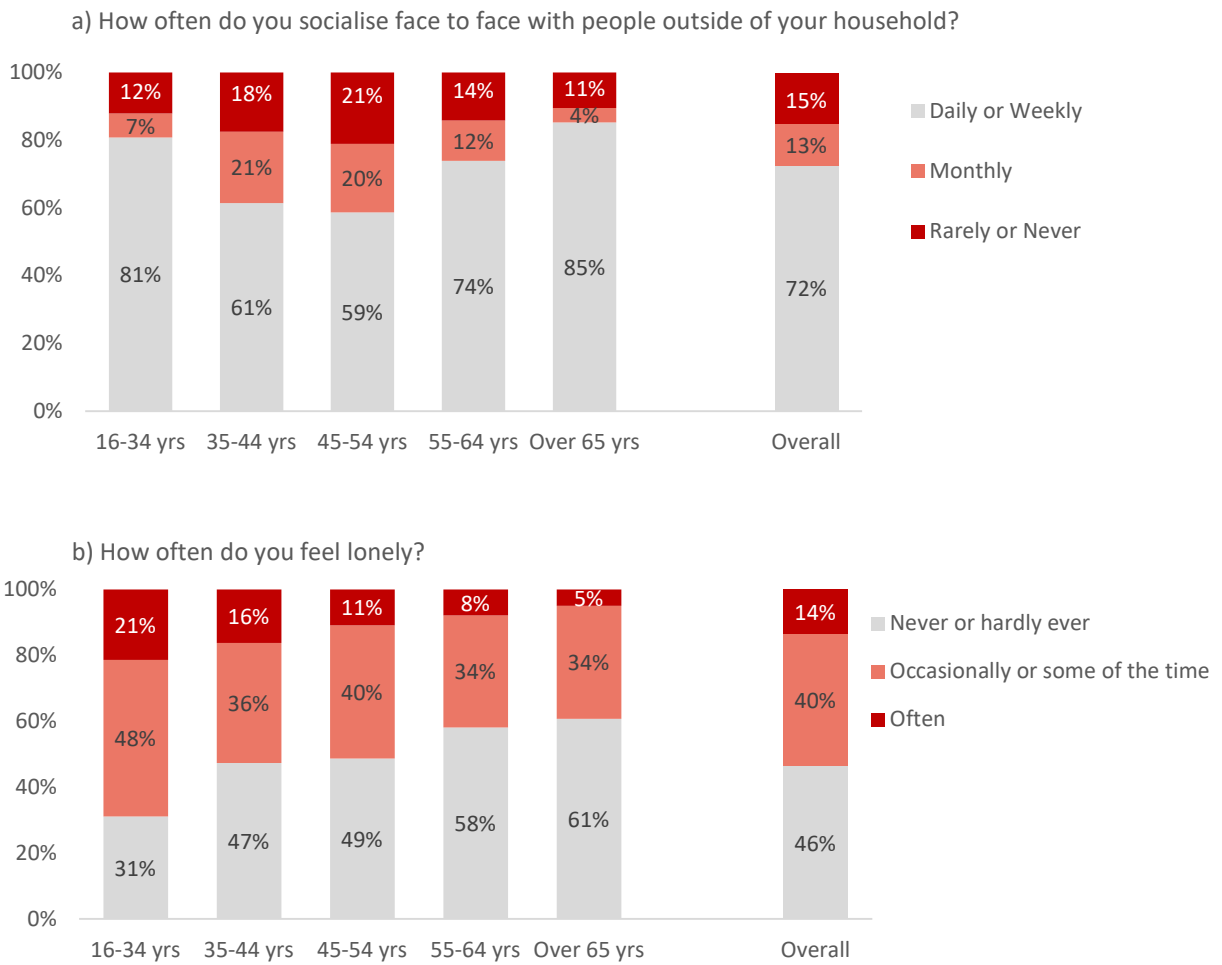


Respondents were asked whether they spent time volunteering in the last 12 months, and just over one third (36%) said they had. Of those who volunteered, almost a quarter (23%) did so for sport, exercise, or dance, whilst 17% volunteered for local community or neighbourhood groups. Smaller numbers of people volunteered for other causes like health, education, or religion/church.

## 2.2 Socialisation and Loneliness

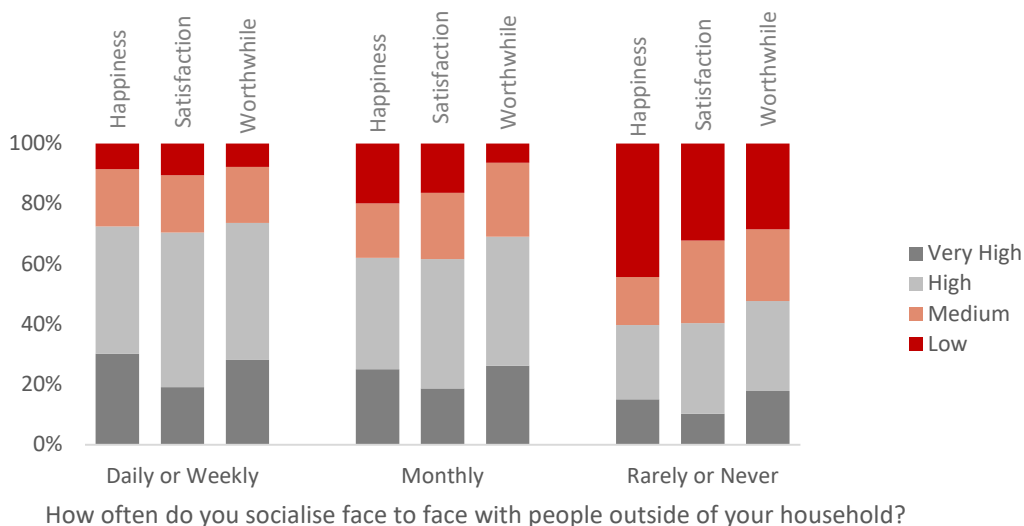
Overall, around three quarters (72%) of people socialised face to face with people outside of their household daily or weekly, ranging from 59% of those aged 45 – 55 years to 85% of those aged over 65 years (Figure 28a). Overall, 14% of people often felt lonely, ranging from 5% of those aged 65 years or over to 21% of those aged 16 to 34 years (Figure 28b). See section 1.2 for comparison of socialising and loneliness with pre-pandemic surveys.

Figure 28. Age break-down of answers to questions regarding a) the frequency of socialising face to face with people outside of your household, and b) the frequency of feeling lonely



Those who rarely or never socialised face to face with people outside of their household were more likely to have low scores for happiness, satisfaction and feeling worthwhile. For example, almost half (44%) of people who rarely or never socialised had a low happiness score compared to just 9% of those who socialised daily or weekly (Figure 29).

Figure 29. Wellbeing scores (see section 2.1 for question definitions) by face-to-face socialisation frequency

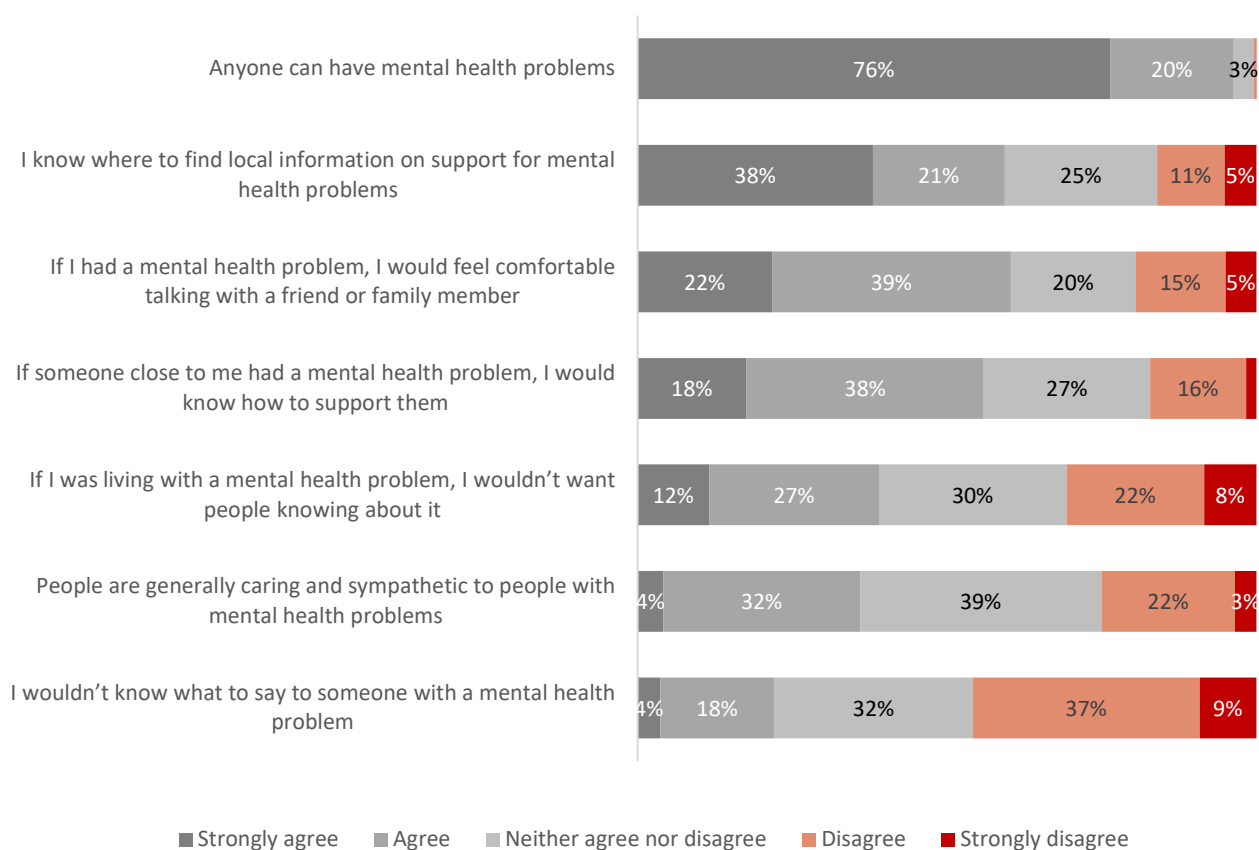


## 2.3 Perceptions on Mental Health

Almost all respondents (96%) agreed or strongly agreed that anyone can have mental health problems, but only one third (36%) agreed that people were generally caring and sympathetic towards people with mental health problems (Figure 30). Two out of five (39%) of people agreed or strongly agreed that they wouldn't want people knowing about their mental health problem if they had one.

Over half (61%) of people agreed that they knew where to find local information on mental health support, and 56% agreed that if someone close to them had a mental health problem they'd know how to support them. 61% agreed they'd feel comfortable talking with a friend or family if they had a mental health problem, but one in five (20%) disagreed. Just under one quarter (22%) of people agreed or strongly agreed that they wouldn't know what to say to someone with a mental health problem.

Figure 30. Responses to questions on perceptions of mental health and mental health support

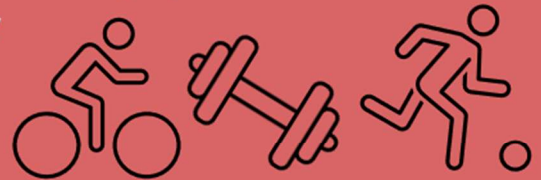


# Health & Health-related Behaviours

**One third** of people reported having a long-term health condition, and **7%** reported bad or very bad health

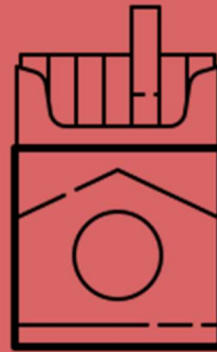


In 2021, **around half** of adults in Jersey were meeting the recommended guidelines for physical activity



Those who found it difficult to cope financially were

**5 times more likely** to report being in bad health



**One in seven** people smoked cigarettes in 2021

Around **1 in 5** adults drank in excess of 14 units of alcohol on a typical week



**Two thirds** of adults in Jersey had eaten *less* than the recommended five portions of fruit and veg in the last day



### 3. Health and Health-related Behaviours

#### *Key Observations*

- overall, around two thirds (67%) of people responding to this survey in 2021 reported their general health to be good or very good, whilst 7% reported bad or very bad health
- one third of people overall (34%) reported having a long-term physical or mental health condition, with two thirds of these saying it reduced their ability to carry out day to day activities
- since 2016, there has been a decrease in the percentage of people who report general health to be good or very good, from 81% in 2016 to 67% in 2021
- those who found it difficult to cope financially were around more likely to report being in bad or very bad health, and to report having a long-standing illness than those who did not find it difficult to cope financially
- overall, around one third of people were binge drinking monthly or more; males were more likely to report frequent binge drinking (40%) than females (28%)<sup>4</sup>
- one in seven (14%) people aged 16 years and above smoked cigarettes in 2021, a decline of 11 percentage points compared to 2005 when one in four (25%) were smokers<sup>5</sup>
- over two thirds (69%) of adults in Jersey **had not** eaten the recommended five portions of fruit and vegetable in the last 24 hours, yet over 90% of adults agreed that eating healthily is important to them
- overall, around half of people were classified as “normal weight” (47%), whilst one third (32%) were overweight, and 18% were obese, very obese or morbidly obese in 2021. These proportions have remained similar over the last 15 years
- in 2021, around half (52%) of adults in Jersey reported doing at least the recommended amount of physical activity, similar to 2019, but physical activity generally decreases with age
- in 2021, two-thirds (67%) of Islanders reported that they would like to do more physical activity than they currently do, with most saying they would be encouraged to more exercise if they had more free time

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<sup>4</sup> See also the Jersey Alcohol Profile 2021 for further analysis

<https://www.gov.je/Government/Pages/StatesReports.aspx?ReportID=5520>

<sup>5</sup> See also the Jersey Smoking Profile 2021 for further analysis

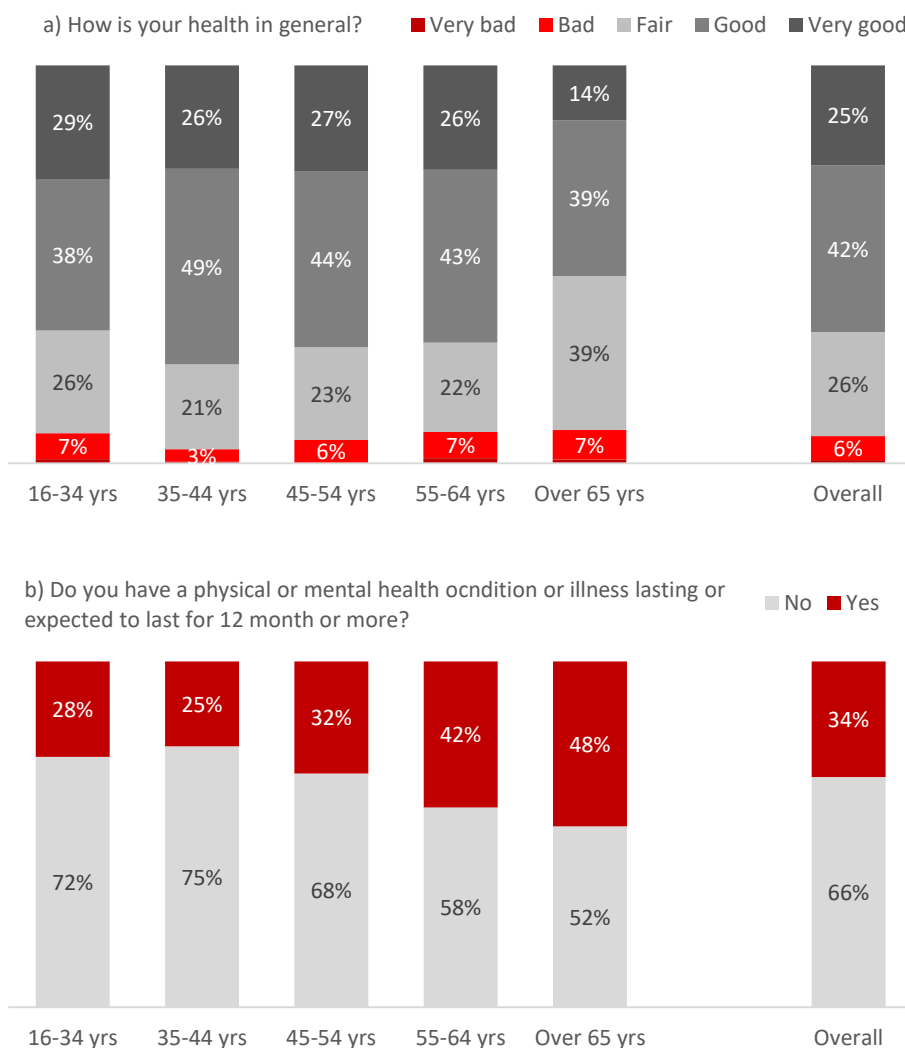
<https://www.gov.je/Government/Pages/StatesReports.aspx?ReportID=5552>

### 3.1 General health<sup>6</sup>

Overall, around two thirds (67%) of people reported their general health to be good or very good, and another quarter (26%) reported it to be fair. Around one in twenty (6%) or people reported their general health to be bad, and 1% to be very bad. Fewer of those aged over 65 years reported being in very good health than those in the younger age brackets (Figure 31).

One third of people overall (34%) reported having a long-term physical or mental health condition (defined as lasting or being expected to last for 12 months or more). A higher proportion of people aged over 65 years reported a long-term health condition (almost half, 48%) when compared to those in younger age brackets. Of those with a long-standing physical or mental illness, two thirds (67%) said it reduced their ability to carry out day to day activities (either a little or a lot).

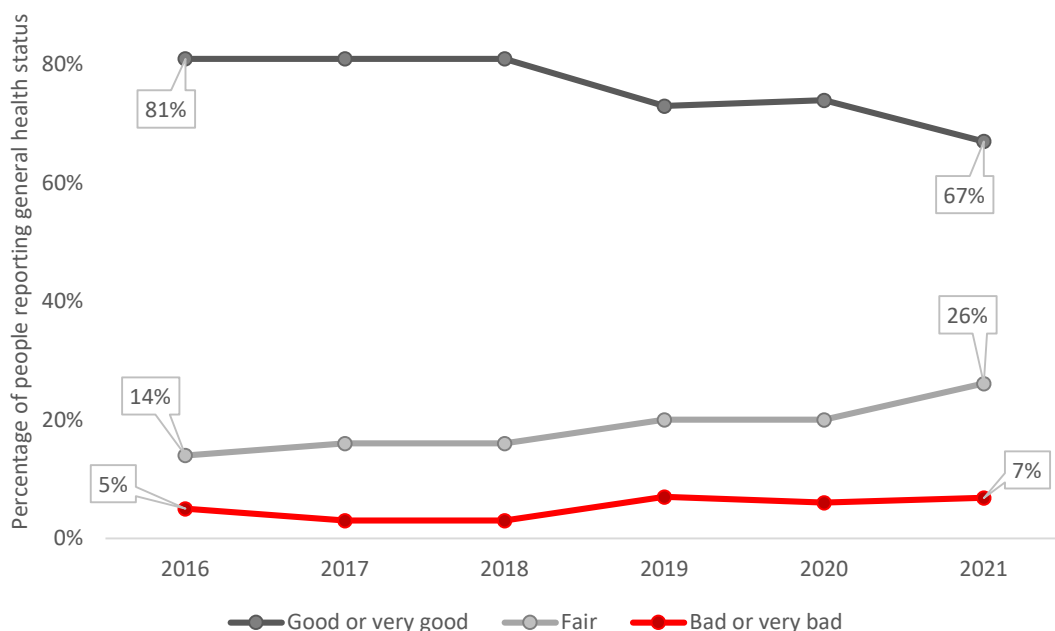
Figure 31.a) Self-reported general health status, by age. b) prevalence of long-term mental or physical health conditions, by age



<sup>6</sup> Note that general health reported here is taken from responses to the Health Activity and Wellbeing Survey 2021. Similar questions were also asked in the 2021 Census across the entire population, and results differ slightly. Read more here: [R\\_CensusBulletin3\\_20220504\\_SJ.pdf \(gov.ie\)](#)

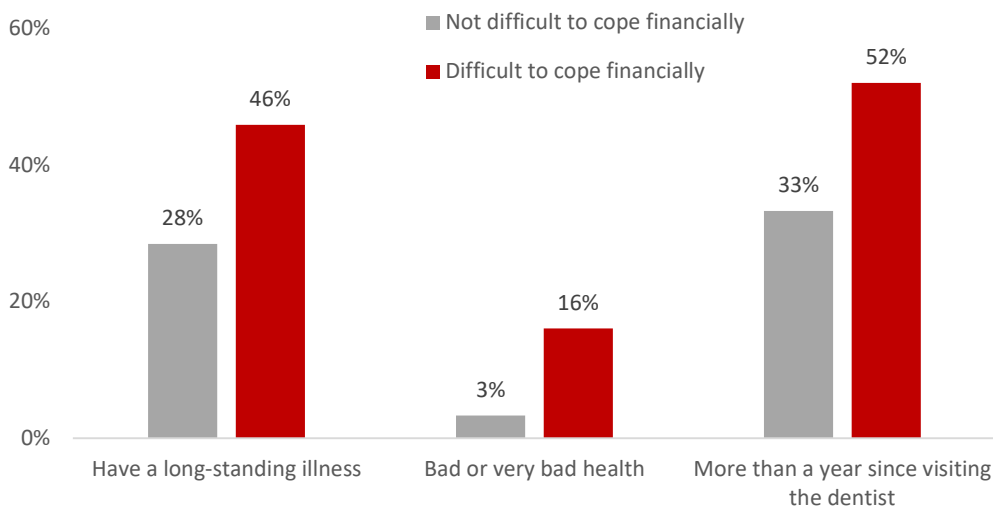
Since 2016, there has been a decrease in the percentage of people who report general health to be good or very good, from 81% in 2016 to 67% in 2021 (Figure 32), whilst a larger proportion of people now report their general health to be fair (14% in 2016 compared to 26% in 2021). There was no significant change in the number of people reporting bad or very bad health over the last six years.

Figure 32. Proportion of people self-reporting general health to be good/very good, fair, or bad/very bad, between 2016 and 2021



Those who found it difficult to cope financially were around 5 times more likely to report being in bad or very bad health, and to report having a long-standing illness than those who did not find it difficult to cope financially (Figure 33). Those living in social rental were more likely to report being in bad or very bad health than other tenure groups (22% in social rental, compared to between 4% and 8% in other rental or owner-occupied housing).

Figure 33. The percentage of people reporting a long-standing illness or being in bad health, split by whether they found it difficult to cope financially.

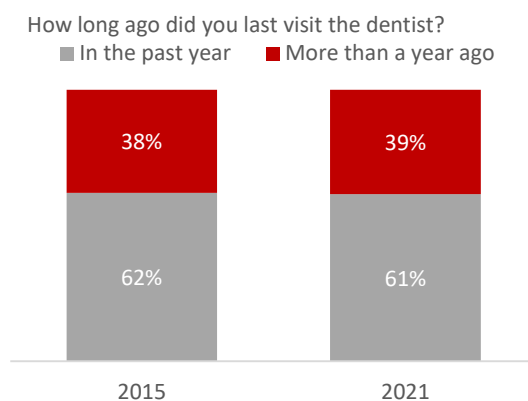




Around six in ten people (61%) had been to the dentist within the past 12 months. This proportion was very similar to 2015 in Jersey (Figure 34). For comparison, in Quarter 1 of 2021 in England, 39% of adults (aged 16 and over, excluding those who preferred to get private dental care) had tried to get an appointment with the dentist within the last 12 months, and 60% had tried to get an appointment within the last 2 years<sup>7</sup>.

Around half (52%) of those who found it difficult to cope financially in Jersey had not been to the dentist in the past 12 months, compared to one third (33%) of those who were not finding it difficult financially (Figure 33).

Figure 34. Proportion of people who visited the dentist in the past year, or over a year ago, in 2015 and 2021 in Jersey

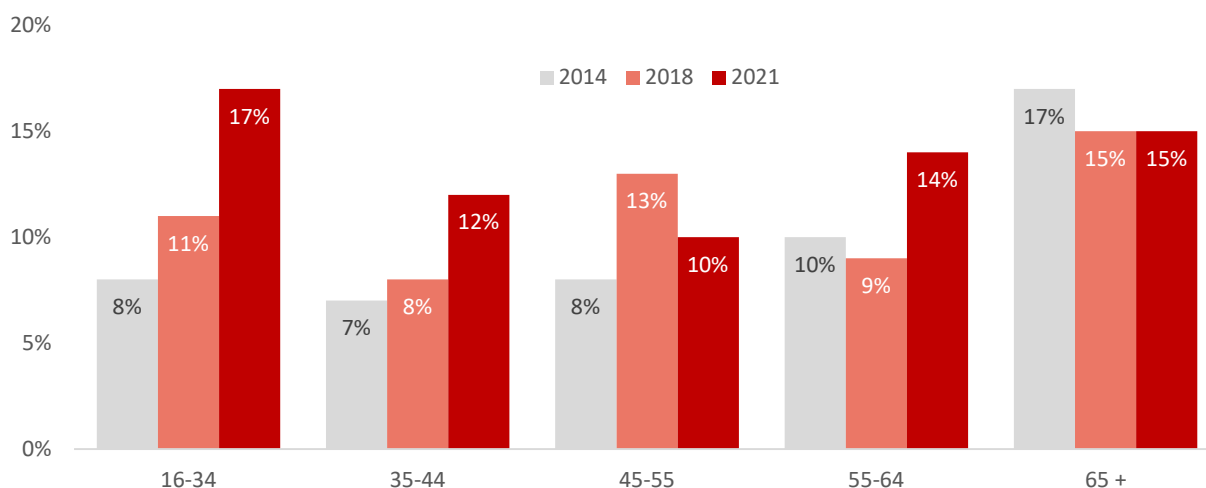


## 3.2 Drinking

### Teetotalism

In 2021, one in seven (14%) of Jersey adults reported never drinking alcohol. For comparison in 2017, one in five (20%) of people in Great Britain reported themselves to be teetotal<sup>8</sup>. The percentage of Jersey adults who reported never drinking alcohol has risen slightly overall since 2014 (from 10% to 14%). Rates of teetotalism amongst the young (16-34 year olds) have more than doubled between 2014 and 2021 from 8% to 17%.

Figure 35. Teetotalism (percentage of adults that reported NEVER drinking alcohol) by age in 2014, 2018 and 2021



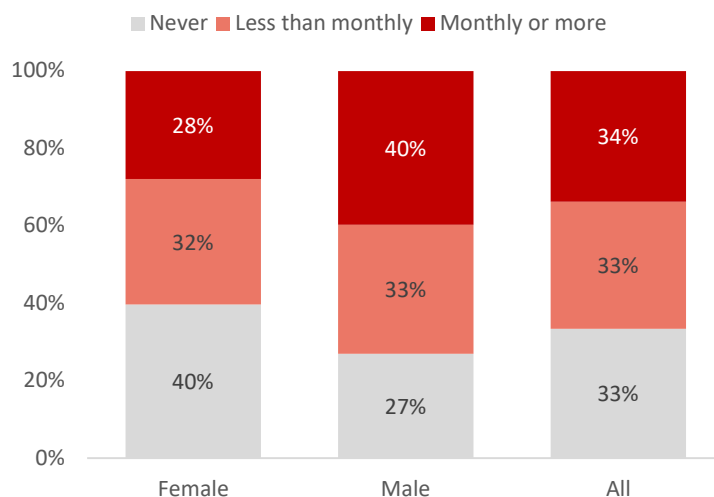
<sup>7</sup> <https://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2021/07/GP-Survey-Dental-Results-Summary-January-to-March-2021.pdf>

<sup>8</sup> ONS, Adult drinking habits in Great Britain: 2017

## Binge Drinking

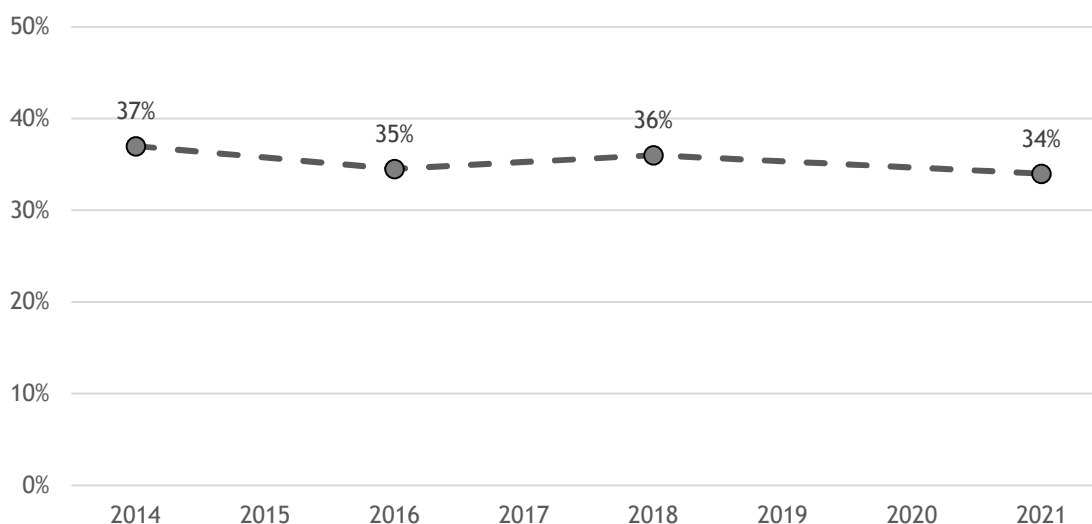
The definition of binge drinking is based on the UK Office for National Statistics (ONS) definition. Specifically, this concerns males who drink more than 8 units on one day (around four pints of normal strength beer or three-quarters of a bottle of wine) and females who drink 6 units or more on one day (around three pints of normal strength beer or two large glasses of wine)<sup>9</sup>. Overall, around one third of people were binge drinking monthly or more. Males were more likely to report frequent binge drinking (40%) than females (28%)

Figure 36. Frequency of binge drinking by gender



Over the period 2014 to 2021, the proportion of adults that reported binge drinking at a frequency of monthly or more has stayed relatively constant (between 34% and 37%).

Figure 37. Percentage of adults that reported drinking more than 8 (men) or 6 (women) units of alcohol per day at a frequency of monthly or more, between 2014 and 2021

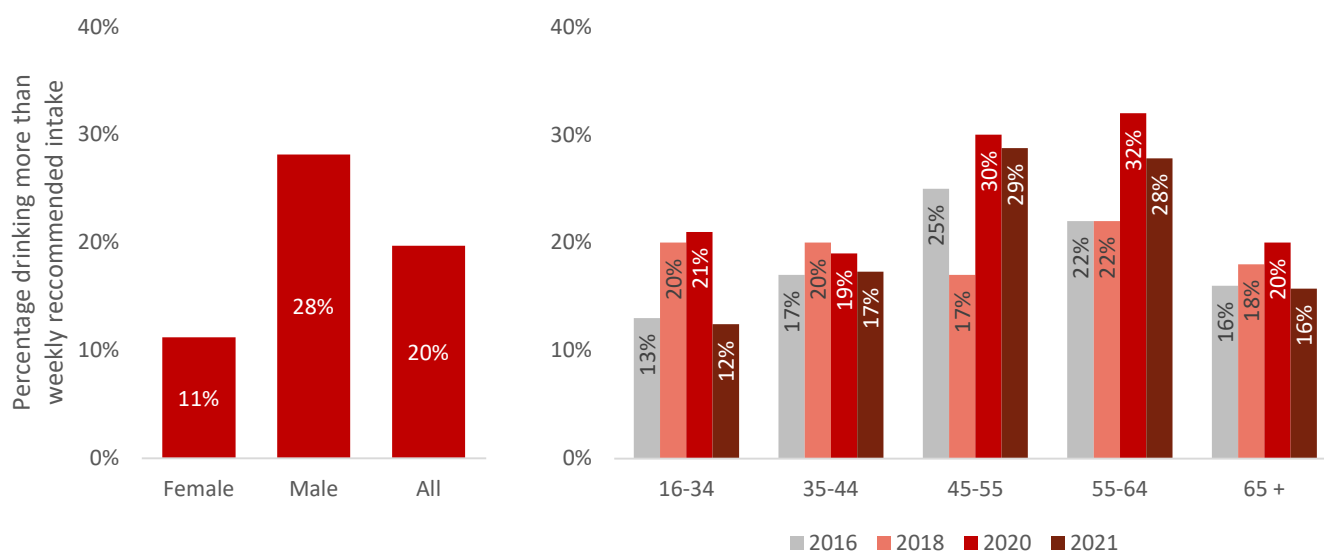


<sup>9</sup> NHS guidelines now define binge drinking as consuming more than 6 units on one day for both males and females.

### Recommended levels of weekly alcohol intake: 14 units

Current NHS guidelines<sup>10</sup> advise both men and women not to drink more than 14 units of alcohol a week on a regular basis. Around 1 in 5 (20%) Jersey adults drank in excess of 14 units on a typical week. Over a quarter (28%) of males drank more than the recommended weekly limit of 14 standard alcoholic drinks, compared to 11% of females. For comparison, NHS England data shows that in England, 25% of males and 11% of females drank more than 14 units of alcohol per week<sup>11</sup>. The percentage of adults reporting exceeding the recommended weekly intake was highest amongst 45 to 64 year olds, and has been higher in these groups in 2020/21 than in 2016 and 2018 (Figure 38).

Figure 38. Percentages of adults drinking more than 14 units of alcohol per week, by gender, and by age in 2016, 2018, 2020 and 2021



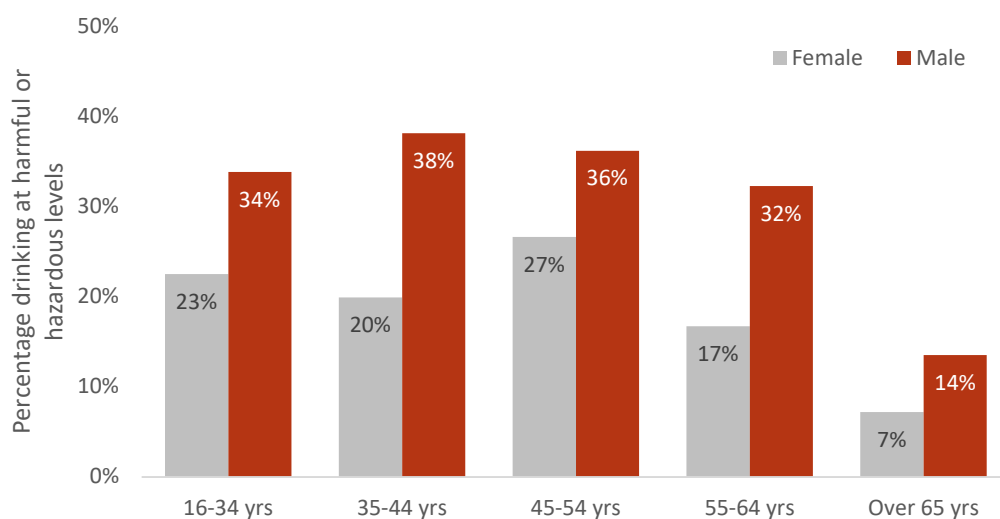
The NHS Health Development Agency's FAST screening methodology identifies potentially hazardous and harmful drinking behaviour. Designed for use in a clinical environment, the test scores the answers to four questions, and a combined score of 3 or more indicates hazardous or harmful drinking. (Further details can be found in the Jersey Alcohol Profile 2021<sup>12</sup>). A quarter (25%) of respondents had a FAST score which indicated drinking at a level hazardous or harmful to their health. The rate of hazardous or harmful drinking was higher in men (one in three) than in women (one in five) (Figure 39). Levels of hazardous and harmful drinking were higher in those aged under 65. Almost two in every five men in the 35-44 year old age bracket were drinking at a level hazardous or harmful to their health.

<sup>10</sup> [www.nhs.uk/live-well/alcohol-support/](http://www.nhs.uk/live-well/alcohol-support/)

<sup>11</sup> [Health Survey for England 2018 \[NS\] - NHS Digital](https://www.gov.uk/government/statistics/health-survey-for-england-2018)

<sup>12</sup> <https://www.gov.je/Government/Pages/StatesReports.aspx?ReportID=5520>

Figure 39. Percentage of adults with a FAST score of 3 or more, indicating drinking at harmful or hazardous levels



A small percentage of people reported drinking having a big effect on ability to function, with 2% regularly (monthly or more) failing to do what was normally expected of them because of their drinking, and 4% report being unable to remember what happened the night before monthly or more. One in 20 people (5%) report a relative, friend, doctor or other health worker being concerned about their drinking during the last year.

Please note that as a self-completion postal questionnaire delivered to a random selection of private households, it is likely that results under-represent alcohol dependent adults who may not be in stable accommodation, or live in an institutional setting. Furthermore, problem drinkers living in private households may be less willing to participate in surveys, or may under-report their drinking. Further analysis of alcohol-related questions can be found in the Jersey Alcohol Profile 2021<sup>13</sup>

### 3.3 Smoking

In 2021, around one in seven (14%) adults in Jersey were smokers (including people who smoked daily or occasionally). This latest figure is a statistically significant decrease of eleven percentage points compared to 2005 when one in four (25%) were smokers (Figure 40). For comparison, Jersey's smoking rates were similar to the UK, where rates fell from 24% of over 16's smoking in 2005 to 15% in 2020. The proportion of Islanders who reported smoking daily has fallen from around one in five (19%) in 2005 to around one in ten (9%) in 2021 (Figure 40). There are an estimated 11,900 adult smokers (daily or occasional) in Jersey<sup>14</sup>.

<sup>13</sup> <https://www.gov.je/Government/Pages/StatesReports.aspx?ReportID=5520>

<sup>14</sup> Calculated by smoking prevalence multiplied by an estimated population of over 16's from Statistics Jersey 2021 CensusBulletin1.pdf

Figure 40. Do you smoke? Percentage by year, 2005-2021

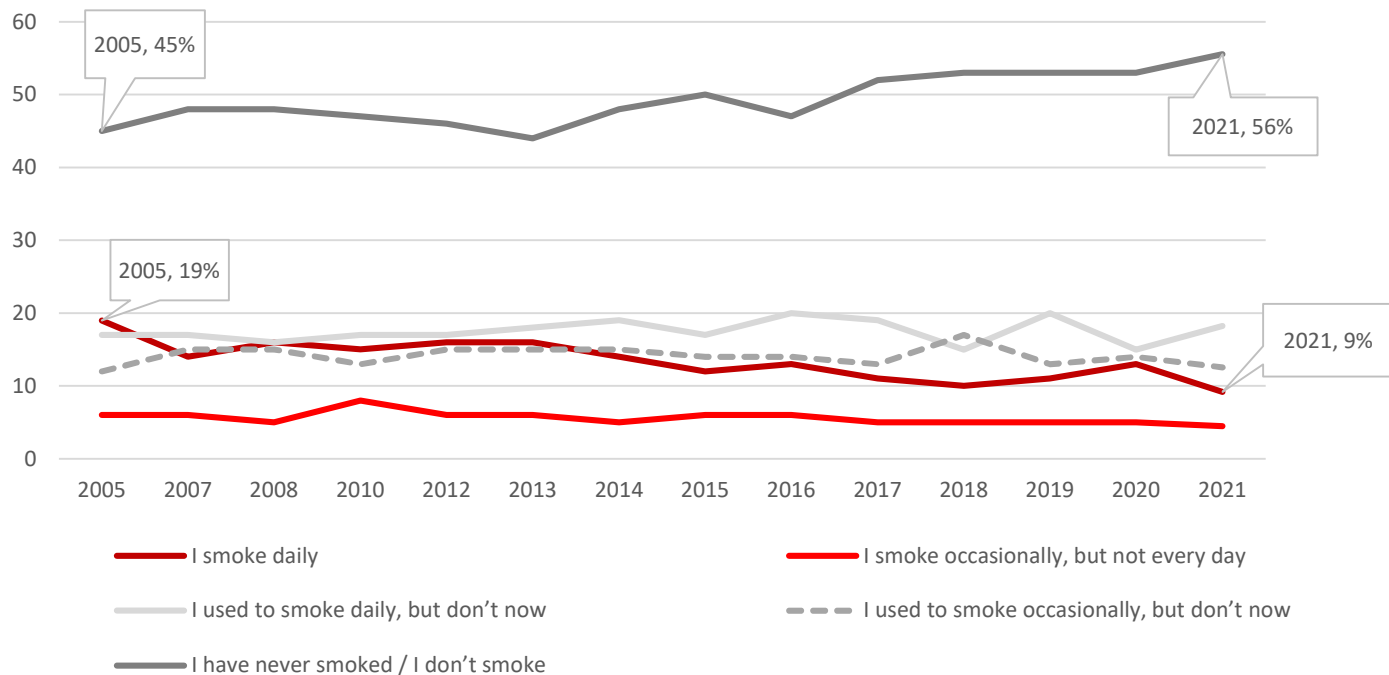
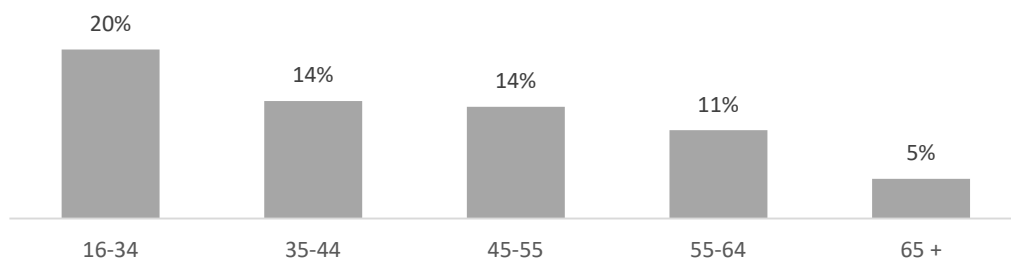
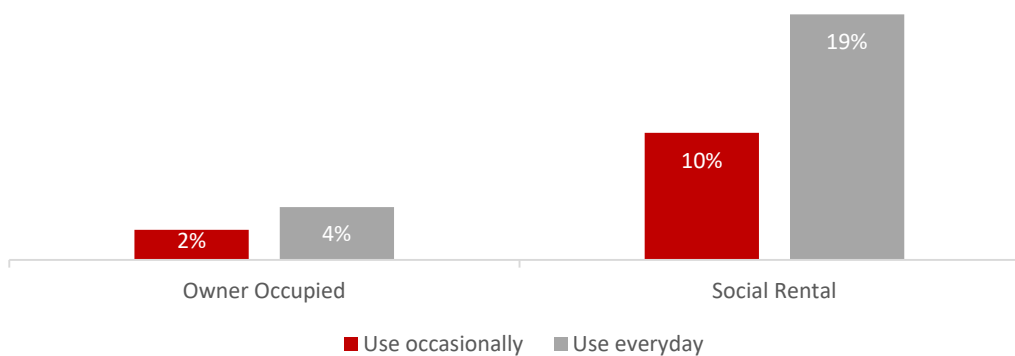


Figure 41. Current (daily or occasional) smokers by age group



Across the different levels of tenure there was a significantly higher proportion of current smokers (daily or occasional) in social rented accommodation (29%) than owner-occupied accommodation (6%).

Figure 42. Smoking prevalence in owner occupied and Social rental accommodation



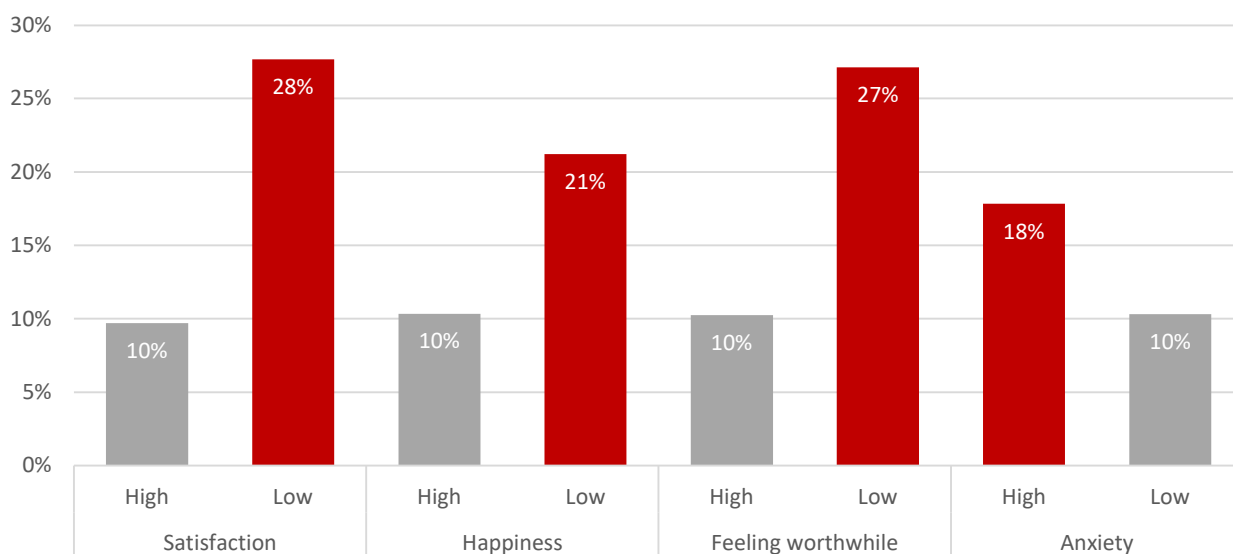
## Smoking and Mental health

A factsheet launched by World Health Organisation (WHO)<sup>15</sup> examines the intricate connections between tobacco use and mental illness. Quitting tobacco is associated with reduction in levels of depression, anxiety, and stress, and with mood enhancement and improvements in the symptoms of ADHD. Using tobacco can also inhibit the effectiveness of certain medications taken for mental health concerns.

Jersey's survey data from 2021 shows that those who had medium or low scores for measures of wellbeing were more likely to be smokers than those who had high scores for wellbeing (Figure 43):

- around one quarter of those who had low scores for life satisfaction, happiness and feeling worthwhile (28%, 21% and 27% respectively) were smokers
- around one in ten of those who had high scores for happiness, life satisfaction and feeling worthwhile (10% for each) were smokers
- around 18% of those with high levels of anxiety were smokers, compared to 10% of those with low levels of anxiety

Figure 43. Prevalence of smoking (daily or occasional) by self-reported wellbeing measures (happiness, satisfaction, feeling worthwhile, and anxiety)



### E-cigarettes

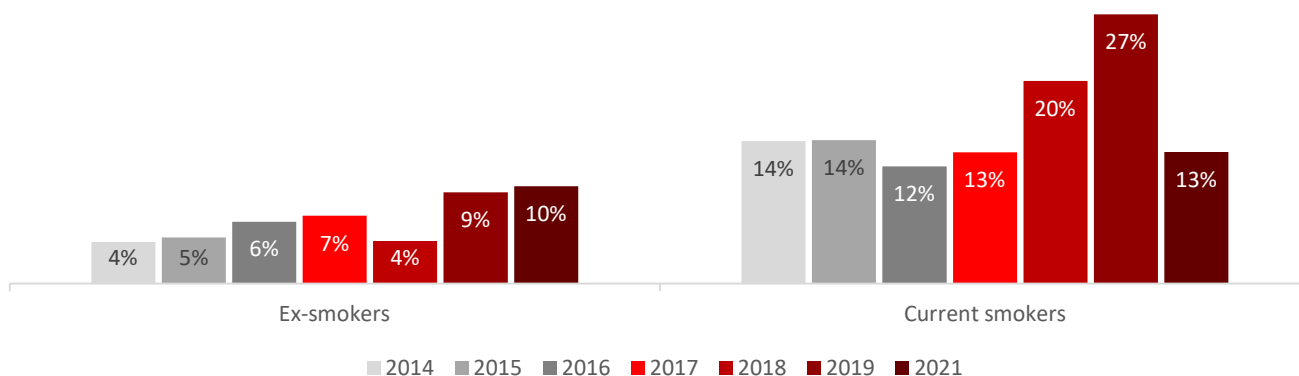
E-cigarettes deliver nicotine that is vaporised and inhaled from a liquid form via a battery-powered device that simulates cigarette smoking; they are classified as nicotine containing products. Questions about e-cigarettes have been included in the Jersey Opinions and Lifestyle Survey since 2014.

<sup>15</sup> WHO/Europe | The vicious cycle of tobacco use and mental illness – a double burden on health

In 2021:

- the majority of Islanders had either never used or heard of e-cigarettes (83%), 12% had used them once or twice, and 5% of adults were using e-cigarette at least sometimes
- 13% of those who currently smoke (either daily or occasionally) used e-cigarettes at least sometimes, and 10% of ex-smokers used them at least sometimes (Figure 44)

Figure 44. Proportion of adults using e-cigarettes at least sometimes, by smoking status, 2014 – 2021



Further analysis of the smoking-related survey questions can be found in the Jersey Smoking Profile 2021<sup>16</sup>.

### 3.4 Food & Diet

Eating a healthy, balanced diet is an important part of maintaining good health and can help you feel your best. This means eating a wide variety of foods in the right proportions and consuming the right amount of food and drink to achieve and maintain a healthy body weight. The 5 A Day campaign promoted by the NHS is based on advice from the World Health Organization (WHO), evidence shows there are significant health benefits to getting at least 5 portions of a variety of fruit and vegetables every day. That's 5 portions of fruit and veg in total, not 5 portions of each.

In 2021:

- over two thirds (69%) of adults in Jersey had eaten less than the recommended five portions
- 7% of adults had not eaten any fruit or vegetables over the previous day
- a third (36%) of women reported eating at least the recommended daily portion of fruit and vegetables, compared to a quarter (27%) of men
- overall 25% of people living in social rental accommodation had not eaten any fruit or vegetables over the previous day

<sup>16</sup> <https://www.gov.je/Government/Pages/StatesReports.aspx?ReportID=5552>

Figure 45. Number of portions of fruit and vegetables eaten in the last 24 hours by gender

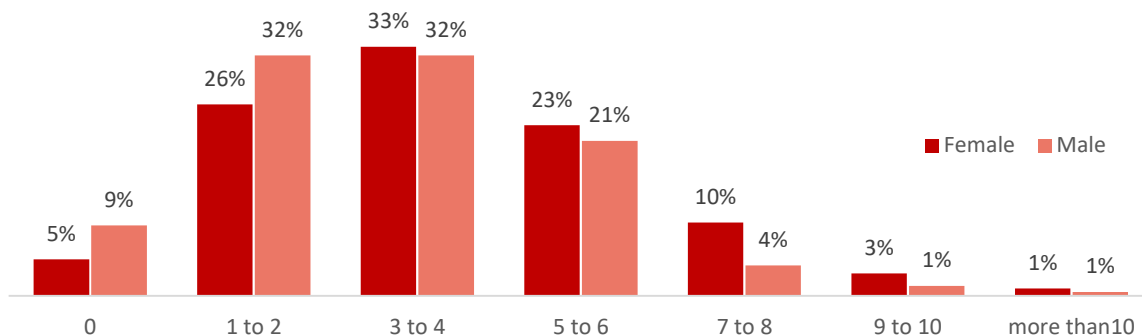


Figure 46. Number of portions of fruit and vegetables eaten in the last 24 hours by tenure

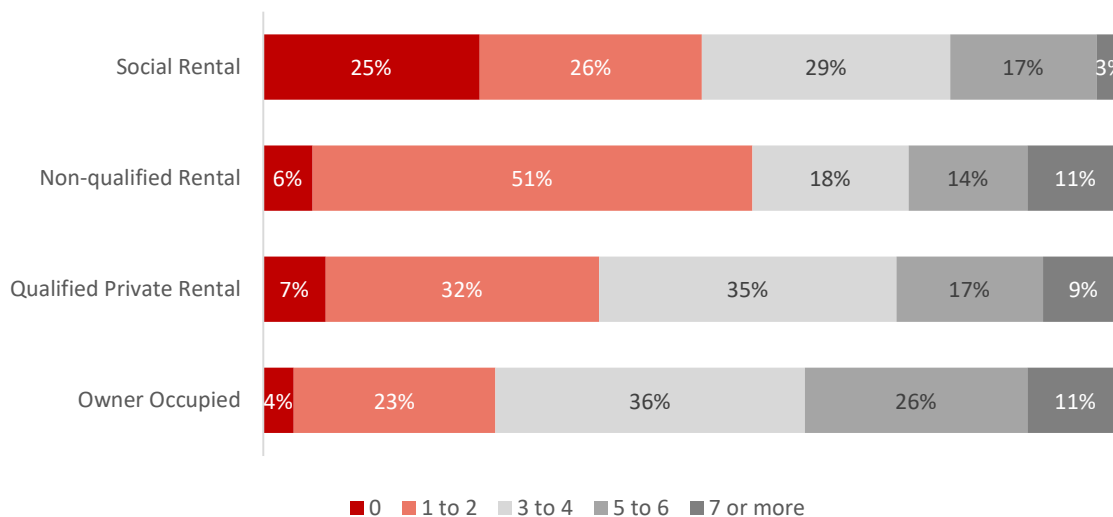
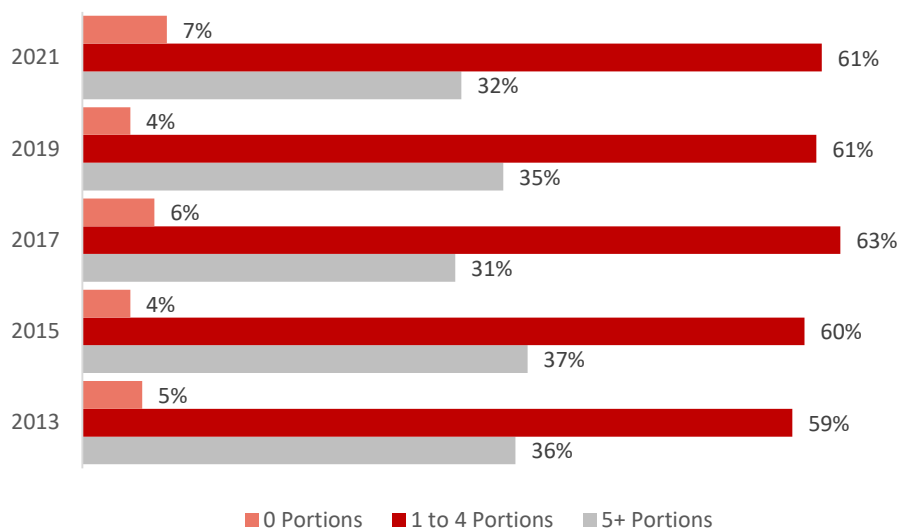


Figure 47. Portions of fruit and vegetables eaten in the last 24 hours. 2013 - 2021



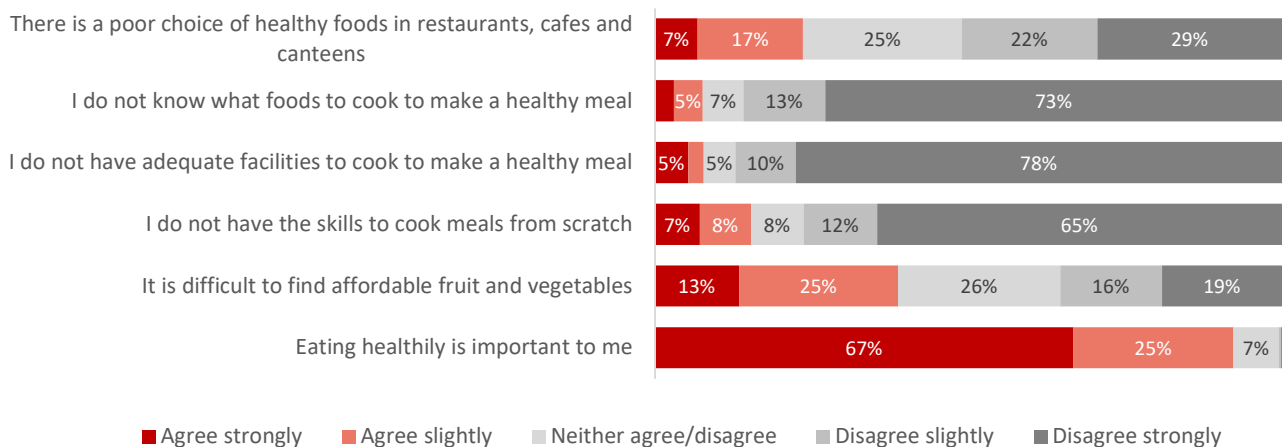


## Views on healthy eating

In 2021:

- over 90% of adults agreed that eating healthily is important to them
- 8% of adults agreed that they don't have adequate facilities to cook healthy meals, and 8% that they don't know what foods to cook to make a healthy meal
- 39% of adults agreed that it is difficult to find affordable fruits and vegetables

Figure 48. People were asked how much they agreed or disagreed with statements relating to healthy eating.



## 3.5 BMI and Waist Measurements

### Body Mass Index (BMI)

The self-reported height and weight of respondents was used to calculate their Body Mass Index (BMI), an indicator of whether a person's weight is healthy. BMI is calculated by dividing a person's weight in kilograms by the square of their height in metres. For example: a person 1.75 metres tall with a mass of 65 kilograms has a BMI of 21.2, and falls within the "normal weight" range.

$$\frac{65}{1.75 \times 1.75} = 21.2$$

The classification of a person's weight status in terms of BMI values is shown in Table 1

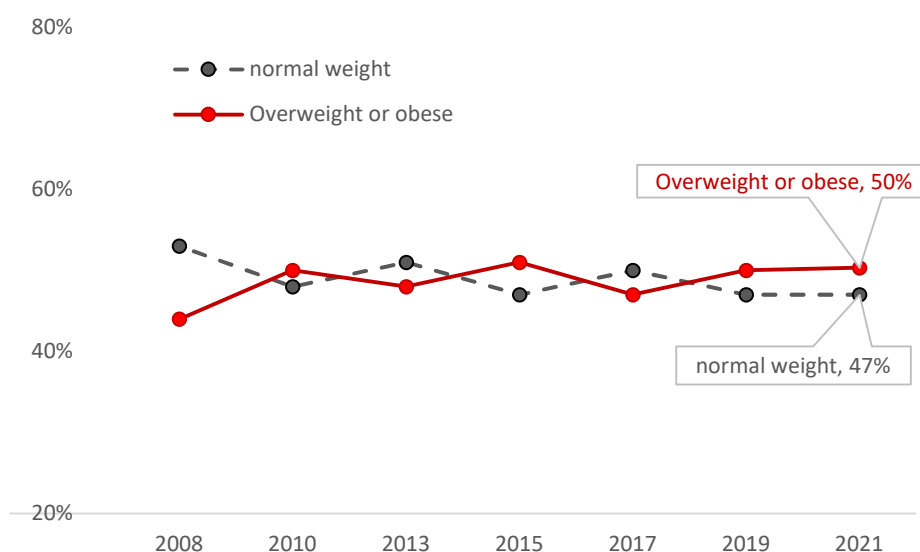
Table 1. Descriptive classifications of BMI values

Classification	BMI range
underweight	< 18.5
normal weight	18.5 – 24.9
overweight	25.0 – 29.9
obese	30.0 – 34.9
very obese	35.0 – 39.9
morbidly obese	≥ 40

It should be noted that there is academic evidence to suggest that using self-reported height and weight to look at the distribution of BMI amongst populations can lead to an underestimation of actual rates of obesity. Self-reported BMI has been found to be lower than measured BMI more frequently for overweight and obese people, and this under-estimation tends also to be more common in women than men – particularly overweight or obese women.

Overall, around half of people were classified as “normal weight” (47%), whilst one third (32%) were overweight, and 18% were obese, very obese or morbidly obese in 2021. These proportions have remained similar over the last 15 years (Figure 49).

Figure 49. Proportion of people falling into the “normal weight” BMI Category, or into the “overweight or obese” categories (including overweight, obese, very obese and morbidly obese), by year



A higher proportion of males were overweight or obese (57%) than females (43%) (Figure 50). Those who self-reported bad or very bad health were most likely to fall into the obese categories, whilst those reporting very good health were the least likely to fall into the obese categories (Figure 51).

Figure 50. Proportion of males and females falling into each BMI weight category

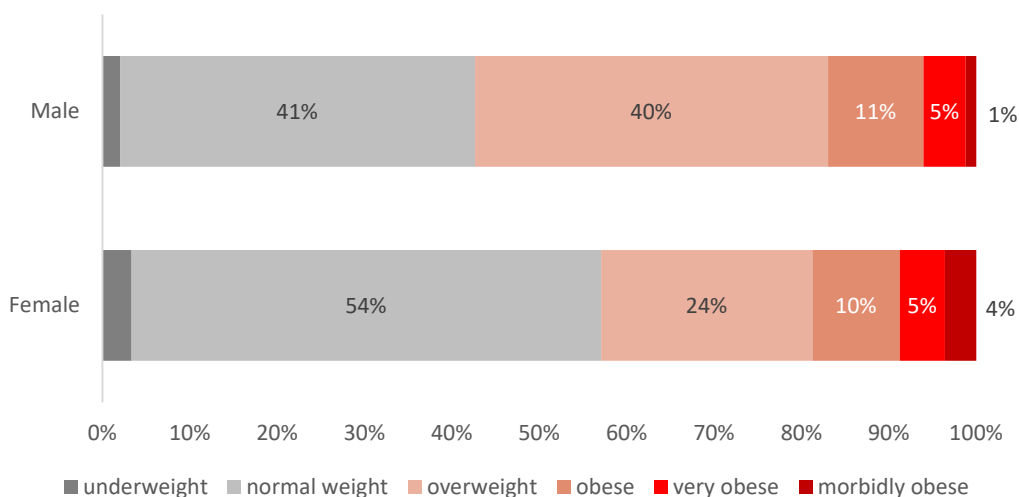
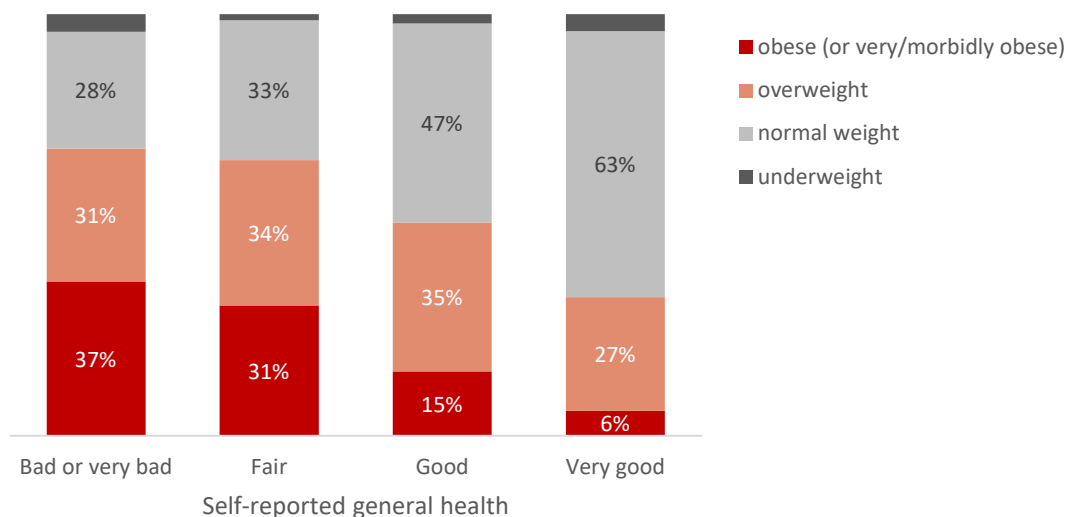


Figure 51. Proportion of people in BMI weight categories, by self-reported general health status



### Waist Measurements

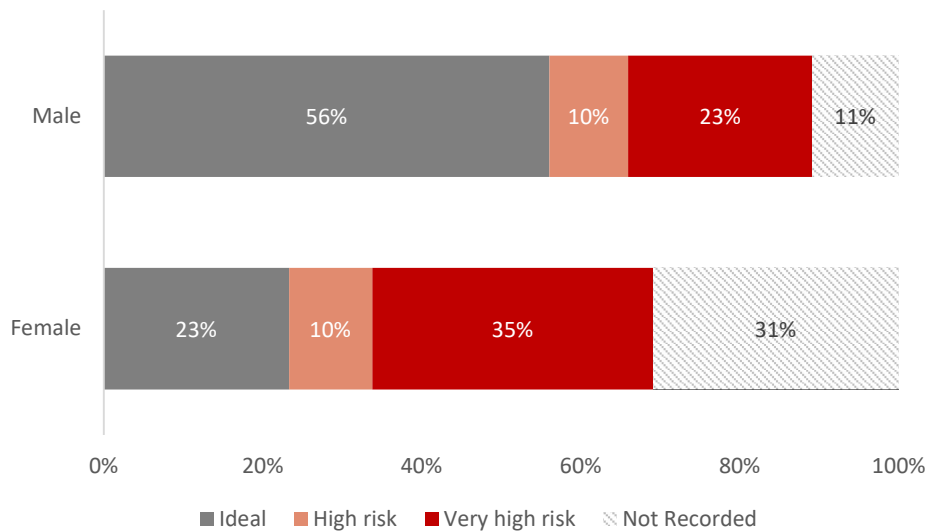
The waist is measured at the mid-point between the bottom of the rib cage and the top of the hips, which for many people is around the level of the navel, and without breathing in. This is not the same as belt size. A waist measurement of more than 94 cm (37 inches) for men and 80 cm (31.5 inches) for women has been associated with an increased risk of cardio-vascular disease. Those with a waist measurement above 102 cm (40 inches) for men and 88 cm (34.5 inches) for women are considered to be at very high risk as shown in Table 2.

Table 2. Cardiovascular disease risk by waist size

Risk Factor	Men	Women
ideal	94 cm or less	80 cm or less
high	94 to 102 cm	80 to 88 cm
very high	Over 102 cm	Over 88 cm

Around one third on men (33%) reported a waist measurement that indicates they are at high or very high risk of cardiovascular disease, whilst the proportion at high/very high risk amongst females was 45%. Note that there was a relatively high rate of non-completion for this question (19% overall), as indicated in Figure 52, and as such results should be treated as an indication only.

Figure 52. Proportion of adults in different cardiovascular risk categories, as indicated by waist measurement.



### 3.6 Sports and Physical Activity

The World Health Organisation (WHO) guidelines recommend that to gain substantial health benefits, adults should aim for at least:

- 150 minutes of moderate-intensity aerobic physical activity (such as cycling or walking) in bouts of 10 minutes or more each week

Or

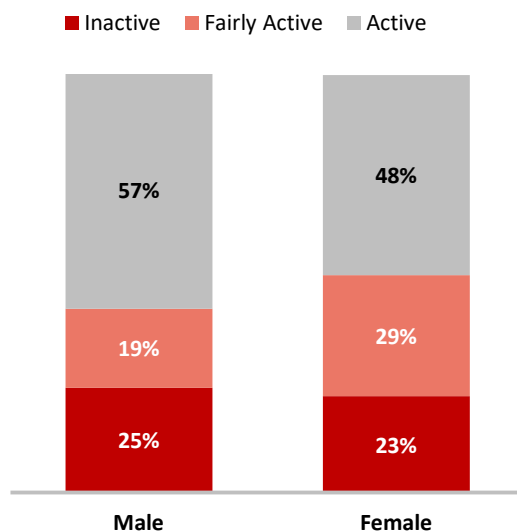
- 75 minutes of vigorous intensity aerobic physical activity (such as running or a game of singles tennis) each week

Or

- a mixture of moderate and vigorous aerobic activity which equates to 150 minutes of moderate intensity activity (a general rule of thumb is that 1 minute of vigorous activity provides the same health benefits as 2 minutes of moderate intensity activity)

In 2021, around half (52%) of adults in Jersey reported doing at least the equivalent of 150 minutes of moderate intensity exercise each week and so were meeting the recommended guidelines for physical activity. This was similar to 2019, when 51% of adults were found to do 150 mins or more per week. In 2021, a quarter (24%) of adults reported doing less than 30 minutes of physical activity in a week and a similar proportion (24%) reported doing between 30 and 150 minutes.

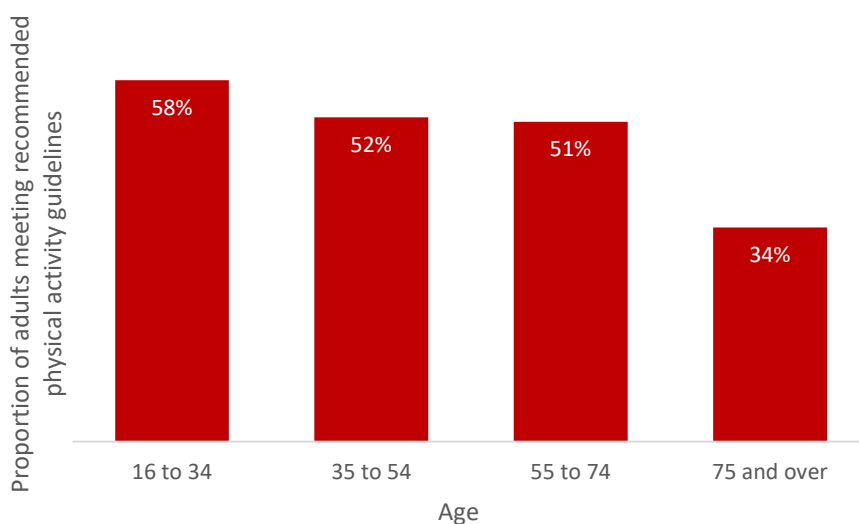
Figure 53. Proportion of adults meeting the recommended physical activity guidelines, Jersey, 2021



A higher proportion of males (57%) reported meeting the physical activity guidelines than females (48%). This is a relatively large gender difference compared to that seen in England on this measure (the Active Lives Survey reported a gender difference of 2 percentage points in 2021).

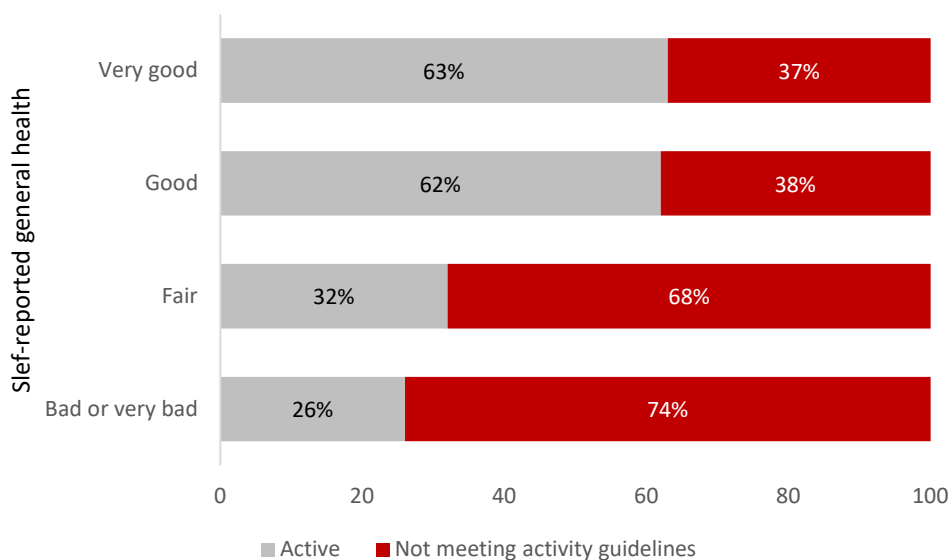
The proportion of adults who are active (meeting the physical activity guidelines) generally decreases with age, with a large drop off observed for adults aged 75 and over.

Figure 54. Proportion of adults meeting the recommended physical activity guidelines, by age group



The likelihood of being ‘active’ (doing the equivalent of 150 minutes + of moderate intensity physical activity per week) is strongly associated to self-rated health. Over three-fifths of Islanders who rate their health as good (62%) or very good (63%) meet the WHO guidelines for physical activity (150 + mins per week). This compares to a quarter (26%) of adults who rate their health as bad or very bad (Figure 55).

Figure 55. Active to the recommended guidelines (150 + mins plus per week) by self-assessment of health



In 2021, two-thirds (67%) of Islanders reported that they would like to do more physical activity than they currently do. Of those, over two-thirds (69%) said they would be encouraged to more exercise if they had more free time. Other commonly cited forms of encouragement included more disposable income (39%), someone to exercise with (36%) and better health (34%).

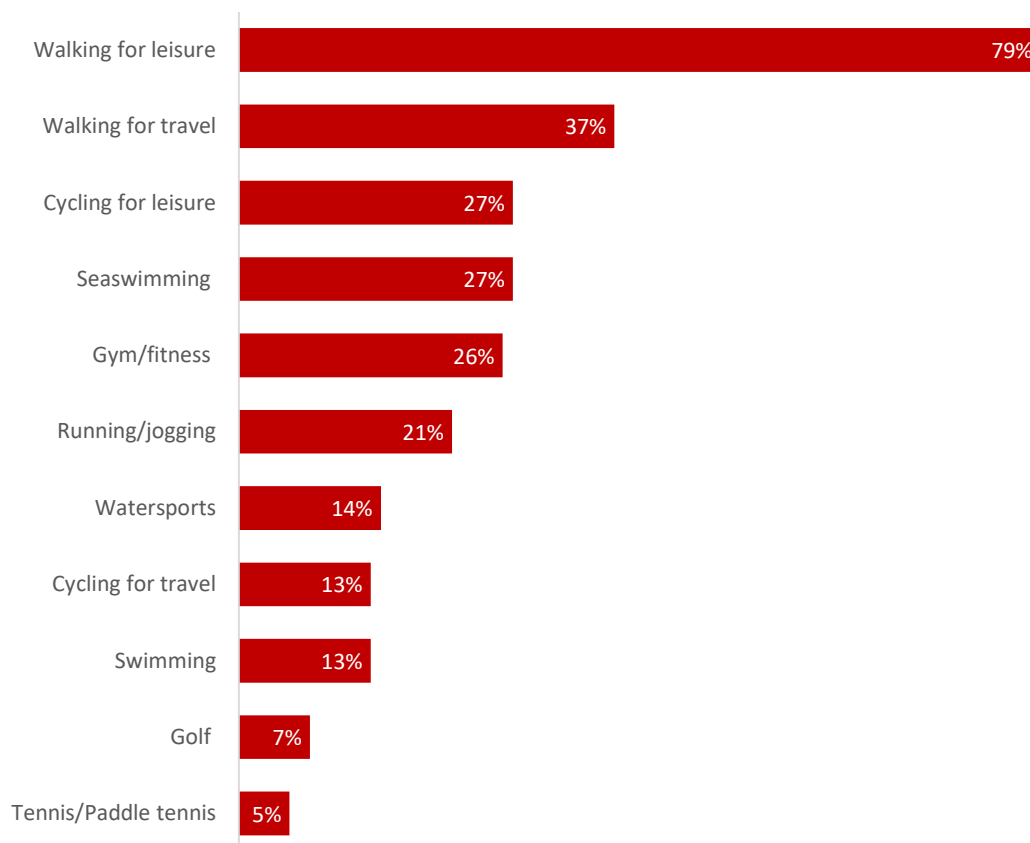
Figure 56. “What would encourage you to do more physical activity?”, Jersey, 2021



Islanders were asked about the types of sports and physical activities they had participated in over the 28 days preceding the survey. In 2021, the most popular physical activity for Islanders was walking for leisure with 79% of adults reporting that they had walked for pleasure at least once in 28 days preceding the survey. This proportion is identical to that recorded in 2019.

The proportion of people who reported they had walked for travel in the last 28 days (37%) had fallen since 2019 (when it was 46%), likely reflecting the shift to working from home for a sub-section of the population. Cycling for leisure has seen an increase in popularity in the most recent year, with more than a quarter (27%) of adults reporting that they had cycled for pleasure at least once in the last month. In 2019, this proportion was 17%.

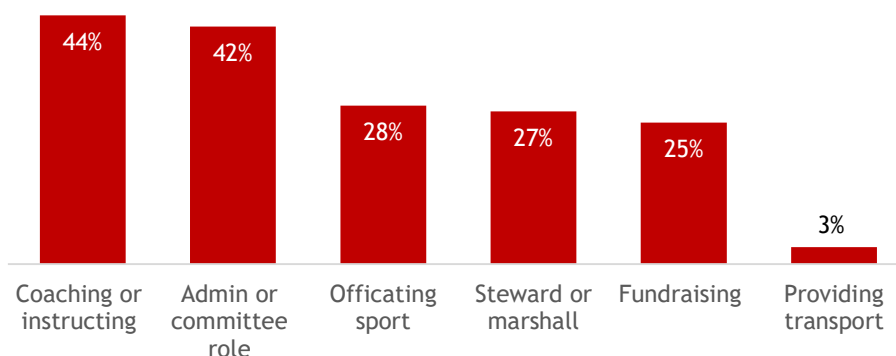
Figure 57. Proportion of Islanders who had participated in sports and physical activities at least once in the last 28 days



In 2021, sea swimming was as popular with Islanders as attending a gym or doing fitness classes, with over a quarter (27%) of respondents saying they had been swimming in the sea in the last 28 days.

Around 1 in 10 respondents (9%) indicated that they have given up their time at least once in the last year to support sport, exercise activities or dance. This is similar in 2019 when the proportion was 10%. Of those who had volunteered in sport or exercise, almost half (46%) said they had given up their time at least weekly and a further quarter (26%) said they had volunteered at least once a month.

Figure 58. Types of activities participated in by those who had volunteered in sport, exercise activities or dance at least once in the last year



Of those that had volunteered in sport, two-fifths (44%) had been involved in instructing or coaching and a similar proportion had given up their time to fulfil an admin or committee role.

## Travel to work

Around two thirds of employed respondents (62%) indicated that they worked in town, and those that worked in town were more likely to walk to work (43%) than those who did not work in town (just 8%) (Figure 59). Two thirds (66%) of those who did not work in town travel to work using a car or van, compared to around one third of those who worked in town. Respondents were also asked how often they use other modes of transport to get to work (besides their usual). 30% said they walked to work at least once per week, and an additional 14% said they walked occasionally. Around a third (32%) of respondents said they cycled to work at least occasionally, whilst about one in five people (19%) got the bus to work at least occasionally. Small numbers of people sometimes ran to work or used a scooter.

Figure 59. Usual mode of transport to work for employed respondents overall and split by whether they worked in town or not. For context, 62% of employed respondents worked in town whilst 38% did not.

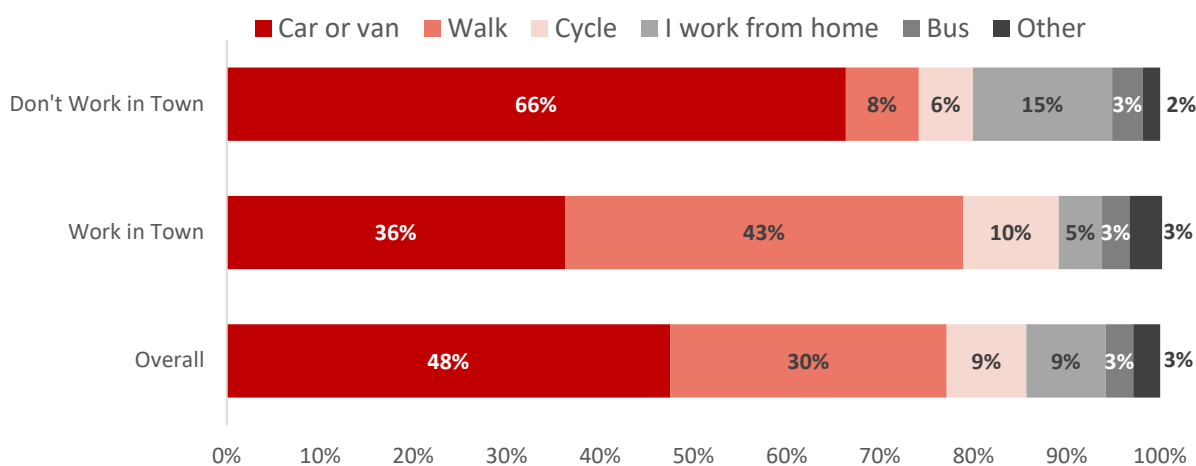
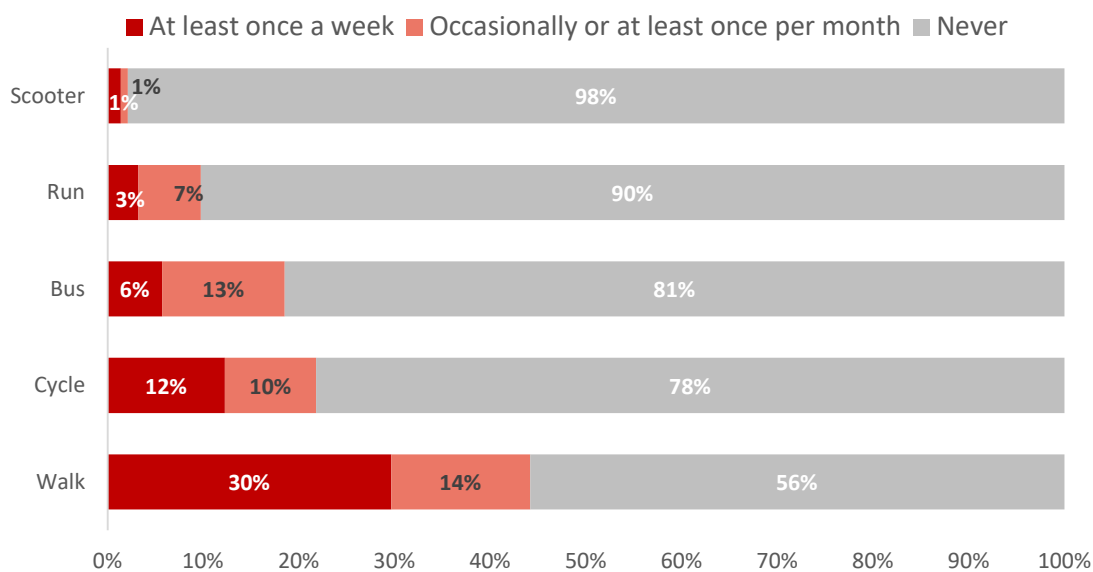


Figure 60. How often employed respondents used other modes of transport to get to work (besides their usual)





# Money Matters

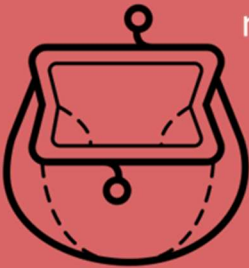
Over **a quarter** of households said they found it quite or very difficult to cope financially in 2021, similar to over the last 10 years



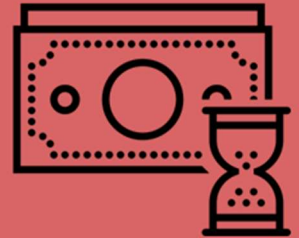
## Single parent households

were amongst those most likely to find it difficult to cope financially

around **one in fifteen** households were severely materially deprived in Jersey in 2021



Around **one in twelve** households had been in arrears (i.e. unable to pay on time) for payments of some kind within the last 12 months



Overall, around **three in ten** people would not be able to afford an unexpected but necessary expense of £1,000



Around **a quarter** of people struggled to pay to replace electrical appliances, or to save regularly



## 4. Money Matters

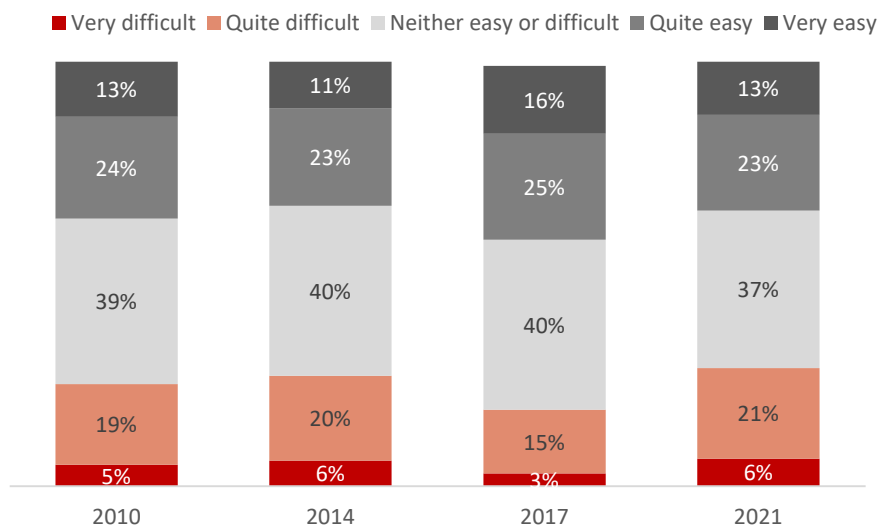
### *Key Observations*

- just over a quarter (28%) of households said they found it quite or very difficult to cope financially in 2021, similar to over the last 10 years
- those living in social rental or non-qualified rental accommodation, and single parents (with children aged under 16) were most likely to report finding it difficult to cope financially
- around three in ten households (31%) would not be able to afford an unexpected but necessary expense of £1,000. Almost twice as many people aged 16 to 44 years (38%) would not be able to afford this expense than those aged 55 years and over (21%)
- around one in fifteen households (7%) were severely materially deprived in Jersey in 2021, statistically similar to the EU average (28 countries in 2020) of 6%
- single parent households (with a child under the age of 16) were most likely to be materially deprived to some extent (43%), compared to 6% of pensioners or couples with no children being materially deprived
- around a quarter of people struggled to pay to replace electrical appliances, or to save regularly (27% and 25% respectively), and one third (32%) struggled to pay for replacing worn out furniture
- amongst people aged 16 to 34 years, females were more likely to report having to go without hygiene products (such as toothpaste, shampoo or period products) because of a shortage of money over the last 12 months, when compared to males of the same age
- around one quarter of people (24%) said their household had gone without a holiday away from home in the last 12 months due to a shortage of money
- around one in twelve households (8%) had been in arrears (i.e. unable to pay on time) for payments of some kind within the last 12 months, with half of these being in arrears for more than one type of payment.

## 4.1 Coping Financially

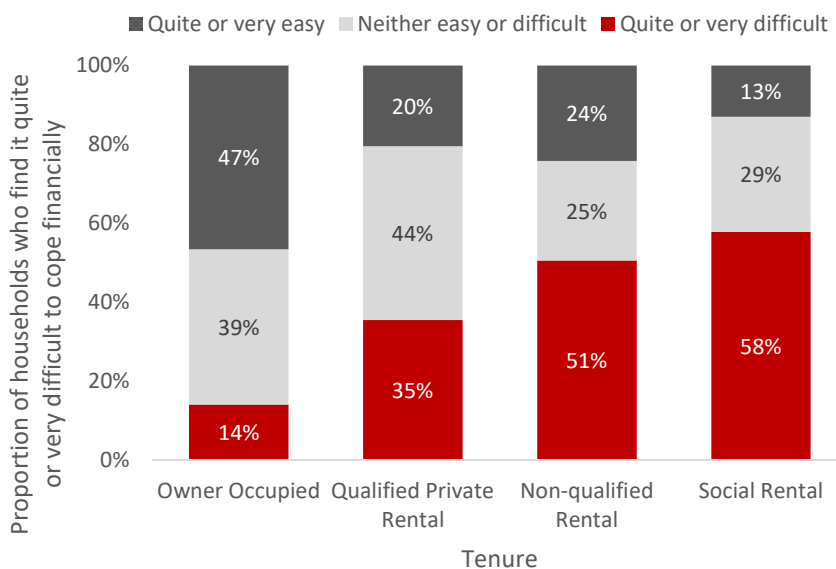
Just over a quarter (28%) of households said they found it quite or very difficult to cope financially in 2021 (Figure 61). The proportion has been similar over the last 10 years, ranging between 19% to 28%

Figure 61. How easy or difficult do you find it to cope financially?



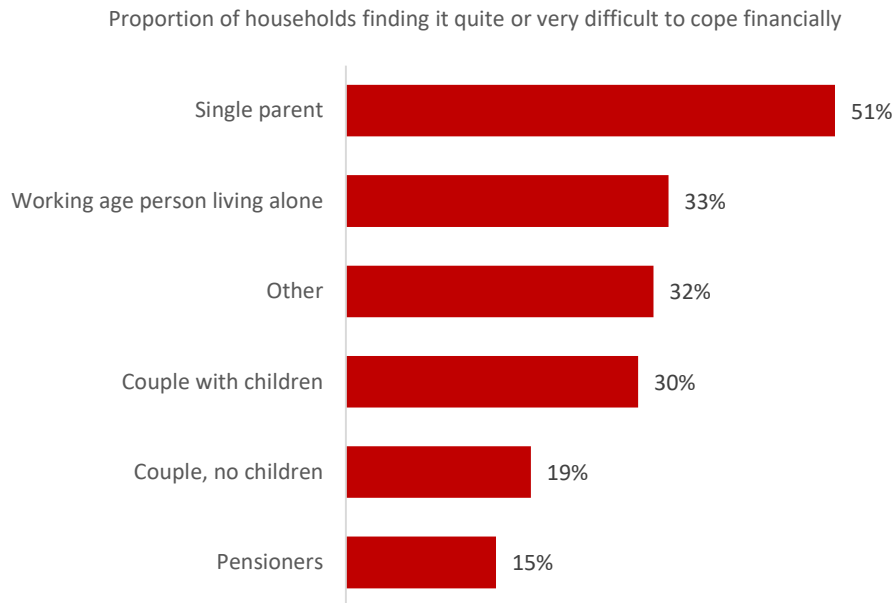
The proportion of households finding it quite or very difficult to cope financially was highest amongst those in social rental (58%). Over half (51%) of those in non-qualified rental were also finding it difficult to cope, whilst just 14% of owner occupiers found it difficult.

Figure 62. The proportion of households finding it quite or very difficult to cope financially, by housing tenure



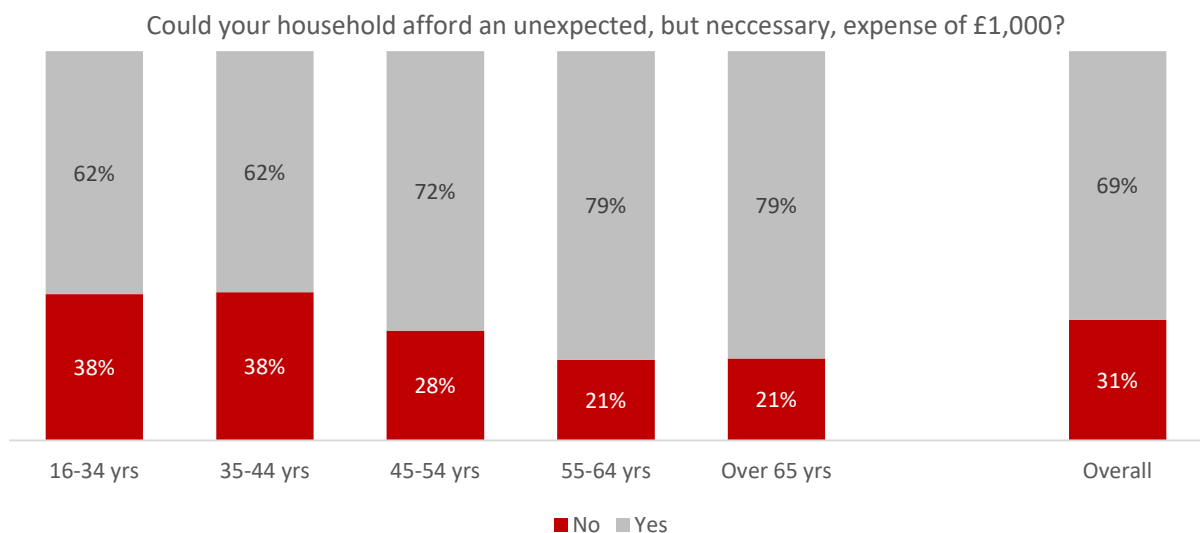
The household type most likely to find it quite or very difficult to cope financially was single parents, living with at least one dependent child (under 16 years), where around half (51%) found it difficult. In contrast around one in five (19%) of couples living without children found it difficult, and 15% of pensioner households.

Figure 63. The proportion of households that found it quite or very difficult to cope financially, by household type



Overall, around three in ten people (31%) would not be able to afford an unexpected but necessary expense of £1,000. The proportion not being able to afford an unexpected expense was the same (31%) in 2017, the last time this question was included in the JOLS survey<sup>17</sup>. Almost twice as many people aged 16 to 44 years (38%) would not be able to afford this expense than those aged 55 years and over (21%).

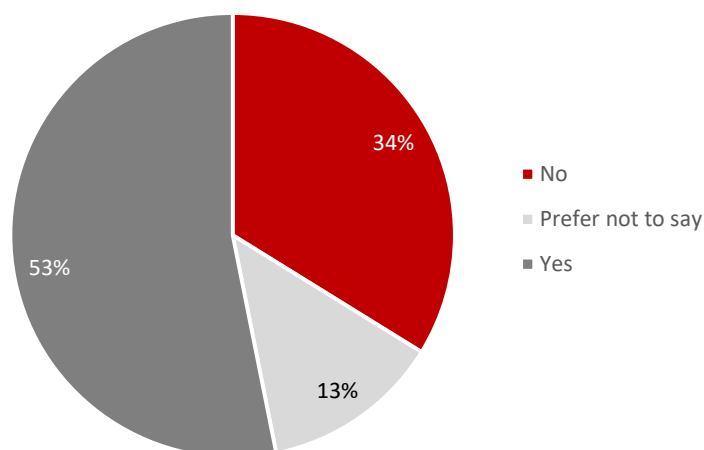
Figure 64. Can your household afford an unexpected but necessary expense of £1,000?



<sup>17</sup> <https://www.gov.je/Government/Pages/StatesReports.aspx?ReportID=3908>

Just over one third (34%) of people said they did not think they'd be able to save money in the next twelve month (in view of the general economic situation).

Figure 65. In view of the general economic situation, do you think you will be able to save money in the next twelve months?



## 4.2 Material deprivation

Material deprivation refers to the inability (enforced, rather than by choice) to afford some items considered by most people to be desirable or even necessary to lead an adequate life. The material deprivation rate is an indicator in EU-SILC<sup>18</sup> that distinguishes between individuals who cannot afford a certain good or service, and those who do not have this good or service for another reason, e.g., because they do not want or do not need it.

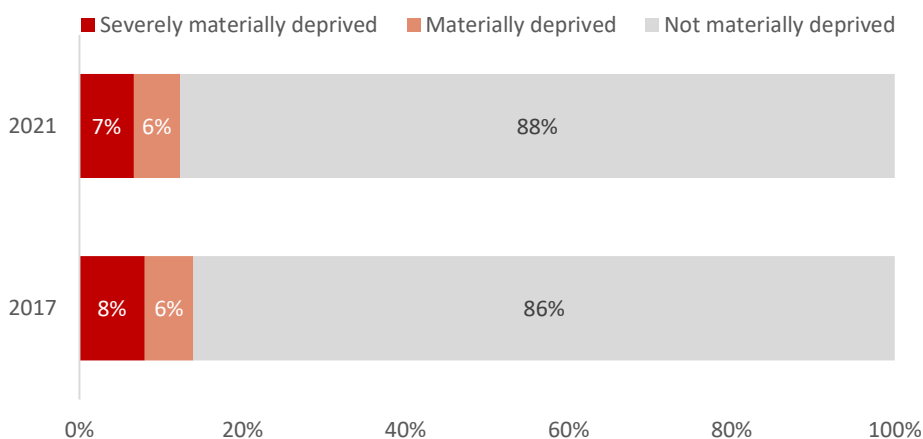
In this measure, the people of a household are considered to be materially deprived if they cannot afford at least **three** of the following nine items, and to be severely materially deprived if it cannot afford at least **four** of the items:

1. to pay their rent, mortgage, utility bills, or loan payments
2. to keep their home adequately warm
3. to face unexpected expenses
4. to eat meat or proteins regularly
5. to go on a one week annual holiday away from home
6. a television set
7. a washing machine
8. a car
9. a telephone

<sup>18</sup> The EU statistics on income and living conditions, abbreviated as EU-SILC, is the reference source for comparative statistics on income distribution and social inclusion in the European Union (EU). Methodology for calculating material deprivation: [https://ec.europa.eu/eurostat/statistics-explained/index.php?title=EU\\_statistics\\_on\\_income\\_and\\_living\\_conditions\\_\(EU-SILC\)\\_methodology\\_-\\_material\\_deprivation\\_by\\_dimension](https://ec.europa.eu/eurostat/statistics-explained/index.php?title=EU_statistics_on_income_and_living_conditions_(EU-SILC)_methodology_-_material_deprivation_by_dimension)

In Jersey in 2021, most people (88%) were not materially deprived<sup>7</sup>, whilst 6% were classified as materially deprived, and 7% as severely materially deprived (Figure 66). These proportions were similar to the last time this measure was calculated in Jersey in 2017 (Figure 66).

Figure 66. Households in Jersey in 2021 by material deprivation status, 2021 compared to 2017



Around one in fifteen households (7%) were severely materially deprived in Jersey in 2021. This was not significantly different from the EU average (28 countries in 2020) of 6%. Single parent households (with a child under the age of 16) were most likely to be materially deprived to some extent (43%), compared to 6% of pensioners or couples with no children being materially deprived (Figure 68).

Figure 67. Percentage of households that were severely materially deprived (using EU-SILC methodology) for Jersey (2021) compared to the most recent levels available for other countries (2020, or \*2018 for the UK and Iceland)

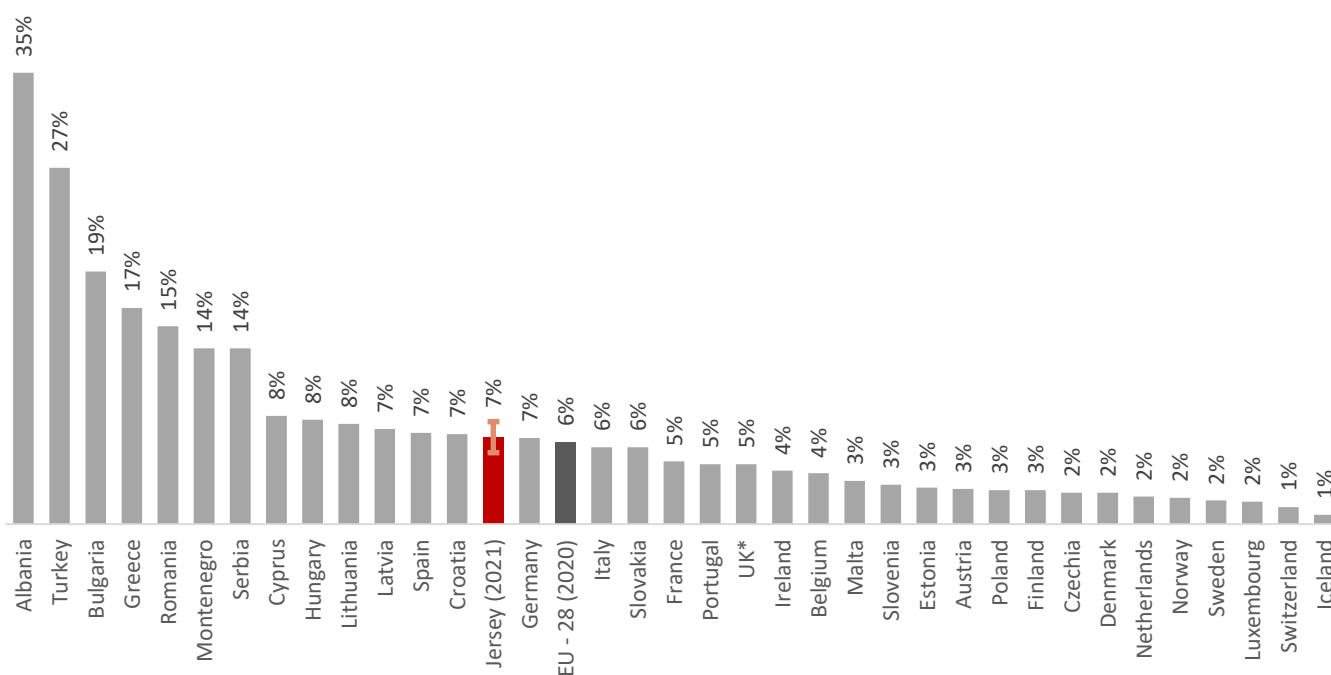
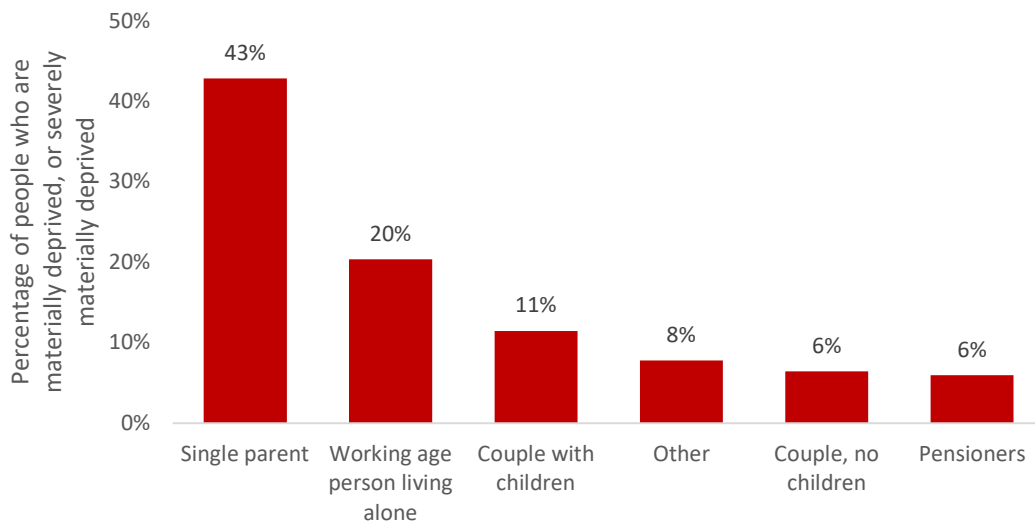


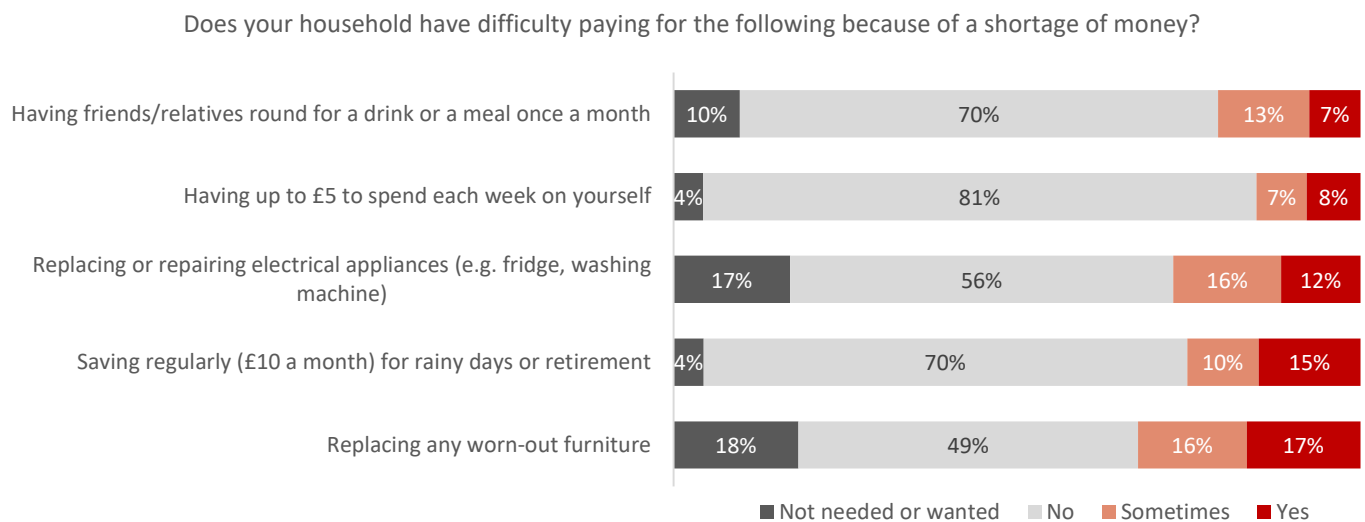
Figure 68. Proportion of people (grouped by household type) that were scored as materially deprived, or severely materially deprived



### 4.3 Going without

Around a quarter of people answered yes or sometimes when asked if they struggled to pay to replace electrical appliances, or to save regularly (27% and 25% respectively), and one third (32%) struggled to pay for replacing worn out furniture. One in five (20%) said they couldn't always afford to have friends/relatives round for dinner once a month, and 15% said they didn't have £5 per week to spend on themselves.

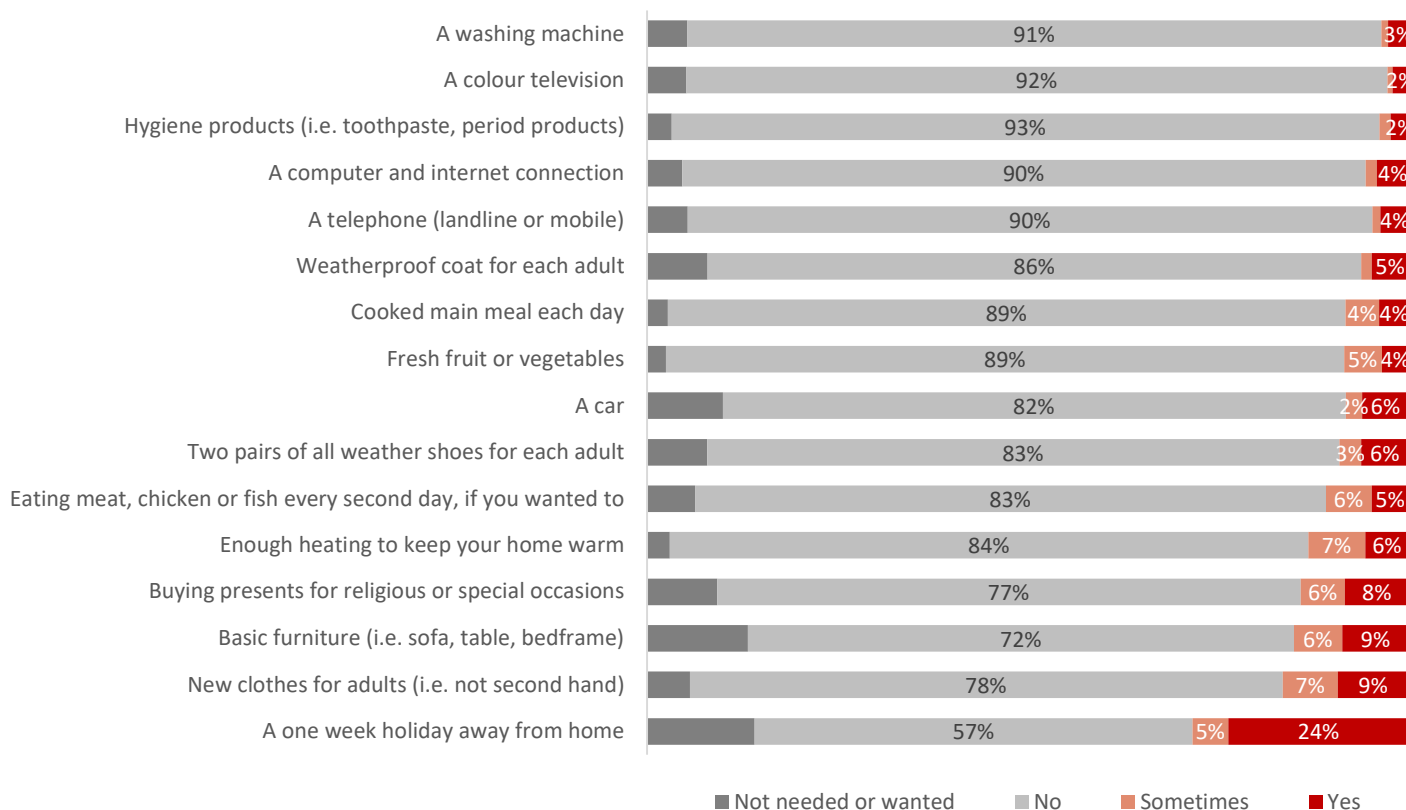
Figure 69. Percentage of people having difficulties paying for the following



Around one quarter of people (24%) said their household had gone without a holiday away from home in the last 12 months due to a shortage of money (Figure 70). New clothes, basic furniture, sufficient heating, buying presents for special occasions were all things that over 10% of households sometimes or always went without due to a shortage of money.

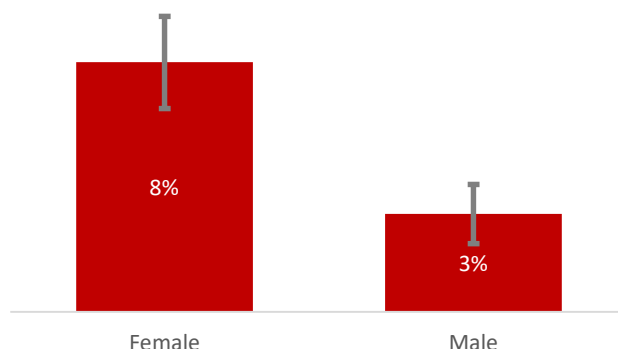
For households with children, 7% had gone without new clothes, and 3% went without waterproof coats and two pairs of all-weather shoes. Note that these measures of going without were reported by adults in households with children; please see the Jersey Children and Young People’s Survey<sup>19</sup> for results from the perspective of children and young people themselves.

Figure 70. Has your household gone without the following because of a shortage of money over the last 12 months?



Amongst people aged 16 to 34 years, females were more likely to report having to go without hygiene products because of a shortage of money over the last 12 months, when compared to males of the same age (Figure 71).

Figure 71. Percentage of 16-34 year olds that went without hygiene products (i.e. toothpaste, period products)



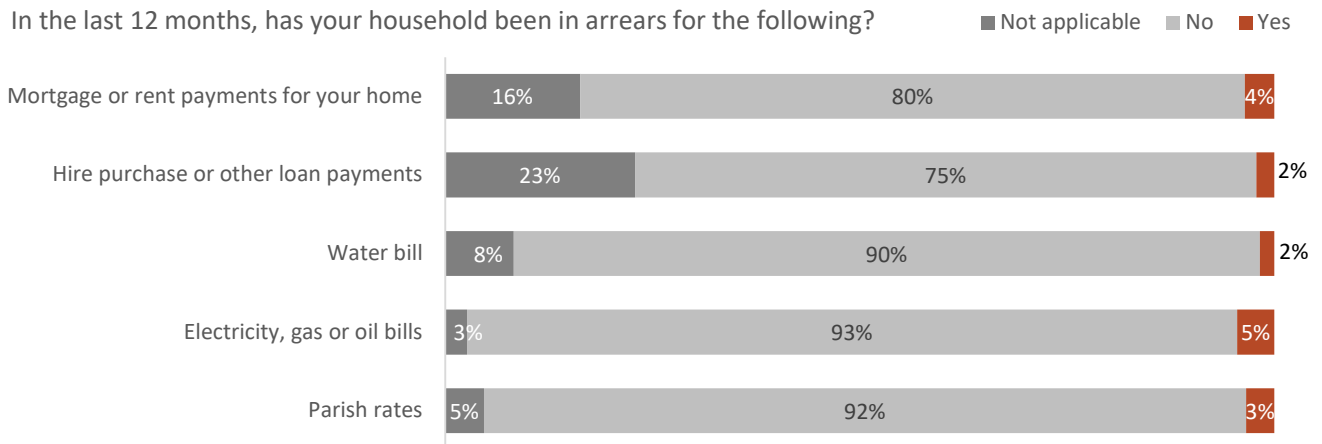
19



## 4.4 Difficulties Paying

Around one in twelve households (8%) had been in arrears (i.e. unable to pay on time) for payments of some kind within the last 12 months, with half of these being in arrears for more than one type of payment. The most common types of payments that people had been in arrears for were electricity, gas or oil bills (5%), and mortgage or rental payments (4%) (Figure 72).

Figure 72. Answers to questions regarding being in arrears for different payment types



## Background Notes

### *Methodology*

In September 2021, 5,000 Jersey households were invited to take part in the Health, Activity and Wellbeing Survey. Households were selected at random to participate. The household member who was next to have their birthday, and was over the age of 16, was invited to complete the survey.

The survey adopted an 'online first' approach in order to save material waste and reduce survey administration costs. Initially all randomly selected households were sent a letter inviting them to complete the survey online. The online survey was administrated using SmartSurvey technology. For those households who didn't respond online, a follow up letter was sent which incorporated a paper copy of the household survey for return via freepost envelope.

### *Response rate and weighting*

The overall response rate to the 2021 survey was 28 per cent equating to 1,376 completed surveys.

Households were picked at random to participate in the Health, Activity and Well-being survey 2021 in order to ensure that results would be representative of the overall adult population. However, the profile of respondents was checked against available population data from the 2011 census. This showed that the likelihood of responding to the survey varied for different subgroups of the population. For example, more females responded to the survey than would be expected based on their proportion observed in the entire population. Similarly, people living in non-qualified accommodation and social housing and people in younger age groups were found to be under-represented in the survey respondents.

Therefore, statistical weighting techniques have been applied to compensate for different patterns of non-response i.e. survey responses have been weighted in proportion with the known whole population.

The response profile of this survey was compared against Census data from 2011 (people aged 16 years or over and living in private households to correspond with the target population for this survey). At the time of survey analysis, the 2021 census data was not available.

Comparing the profile of survey respondents against the profile of the entire adult population from the 2011 census indicated that responses should be weighted across three dimensions: age, sex and tenure.

Because of the statistical weighting techniques applied, findings from this survey can be considered broadly accurate and representative of Jersey's entire population. All analysis presented in this report is based on weighted responses.

For each question, individuals who failed to complete were excluded from analysis for that particular measure, unless otherwise stated.

## Confidence intervals

The principle behind a sample survey is that by asking questions of a representative subset of a population, conclusions can be drawn about the overall population without having to approach every individual. Provided the sample is representative, the results will be unbiased and accurate. However, the sample results will always have an element of statistical uncertainty, because they are based on a sample and not the entire population.

While non-sampling uncertainty cannot be easily quantified, the sampling uncertainty can be quantified. Sampling theory means that the statistical uncertainty on any result for the full population, derived from a sample survey, can be calculated; this is done below for this survey.

Under the sampling design implemented (simple random sampling without replacement) the standard error on the estimate of a population proportion  $p$  is:

$$s. e(p) = \sqrt{\frac{p(1-p)(1-f)}{n-1}}$$

Where:

$n$  is the total number of respondents,

$f$  is the sampling fraction, equal to  $\frac{n}{N}$ , where  $N$  is the number of adults in the Island.

The 95% confidence interval on any proportion  $p$  is then given by:

$p \pm 1.96s. e(p)$  and attains a maximum for  $p = 0.5$ , i.e. 50%.

As a result of the confidence intervals described above, results for the full population which show small changes or differences, e.g. of 1 or 2 percentage points, should be treated with some caution, as the differences will not be significant with respect to the confidence intervals to be attached to each single value. However, for larger differences, of 5 percentage points or more, the chance that such a difference is due to sampling (rather than being a true measure of a difference or change in the overall population) is small. Since this report focuses on larger differences, there can be confidence that the results presented, and inferences drawn, do indeed reflect the views or behavioural differences of the overall population.

## *Definitions*

This survey has been completed by persons aged 16 years or over, so where any of the terms 'adult', 'public', 'residents', 'population', 'Islanders', 'respondents' or 'people' are used it refers to this age group, unless otherwise specified.

For results published by tenure:

- 1) Social housing includes States, housing trust and parish rental accommodation
- 2) Non-qualified accommodation includes non-qualified 'rented' accommodation, registered lodging houses, private lodging arrangements and staff or service accommodation
- 3) Qualified rental
- 4) Owner occupied

Where responses have been grouped by employment status, groups are defined as follows:

- 1) Working age: employed – this includes people aged under 65 years working in any kind of employment including part-time or self employed
- 2) Working age: not in employment – this includes people aged under 65 years not in employment, including homemakers, those in full-time education, those unable to work due to long-term sickness or disability, the unemployed, and those who have retired aged under 65 years
- 3) Above work age – this includes those aged 65 years and older

## *Rounding*

Numbers are rounded to the nearest integer. All calculations are independently rounded and so totals in published tables may not necessarily sum to the corresponding row or column totals.

## *Contact details*

Please forward any comments or feedback to the Public Health Intelligence Team: [healthintelligence@gov.je](mailto:healthintelligence@gov.je)