Title of consultation
Consultation on the Design of The Scottish Household Survey (SHS) for 2017 and Beyond

Name of the consulting body
The Scottish Government

Link to consultation

Why did the MRC/CSO Social and Public Health Sciences Unit contribute to this consultation?
A considerable number of Unit researchers utilise these population-sampled survey data

Our consultation response

This is an institutional response from the MRC/CSO Social and Public Health Sciences Unit, University of Glasgow in response to a set of questions posed about the current and future design and use of the Scottish Household Survey. The span of the work covered by the Unit includes the Health, Equalities, Income and wealth, Housing, Communities and Young People categories outlined in the consultation.

What do you use the SHS for?

The main social survey topics we use in the SHS include Household composition & characteristics of all occupants; Employment status of the highest income householder; Household income from employment and other sources; and Health/disability; Accommodation - Type of property, tenure, housing aspirations (from the HOUSEHOLD INTERVIEW) and Key adult characteristics; Health/disability and caring responsibilities; Education – Qualifications; Employment/economic activity; Participation in sports activities (from the RANDOM ADULT INTERVIEW).

We use analysis of SHS data for a range of research programmes and studies, and we provide four illustrative examples here:

1. **Evaluating welfare policy:** Using SHS data to evaluate specific policy divergence between Scotland and England. Data related to employment and welfare policy is likely to be of increased utility in the future, as a consequence of policy divergence but at present, the level of detail is not adequate for research/evaluation. One possibility of overcoming this is to use data linkage to other sources but that will require improvements to data accessibility and streamlining the application processes.

2. **For the purposes of research conducted to inform smoking policy:** There is particular interest in smoking data. Previous smoking data-based work has
shown that whilst active smoking may be associated with reduced risk of being overweight among some older adults, there was no evidence to support the belief among young people that smoking protects them from weight gain. Making this point in educational campaigns targeted at young people may help to discourage them from starting to smoke. This work has been presented as evidence to The Scottish Government’s Research and Evaluation Sub-Group of the Ministerial Working Group on Tobacco Control, Action on Smoking and Health’s (Scotland) (ASH Scotland) Scottish Tobacco Control Alliance (STCA) Research Group.

3. **Alcohol epidemiology**: in particular to look at the social patterning of different alcohol consumption and other health-related behaviours.

4. **Informing on whether young people not in education, employment or training (NEET) are more likely to exhibit behaviours associated with cancer**: SHS data for 16-24 year olds from the 2010-12 surveys were merged with similar data from the Health Survey for England (HSE) as part of a Cancer Research UK (CRUK) grant to conduct research informing on whether NEETs were more likely to exhibit unhealthy behaviours associated with cancer (smoking, drinking, low fruit and veg consumption, no participation in sport/exercise, unhealthy BMI) than ‘non-NEETs’. These associations were investigated before and after adjustment for a wide range of socio-demographic confounders available in the survey. Merging of SHS and HSE data also allowed for cross-national comparisons of behaviours. Findings were presented at a showcase event which included CRUK employees and external stakeholders. Findings will be submitted for peer-reviewed publication in order to increase the evidence base, which is currently lacking, on whether NEETs are at greater risk of cancer development by increased participation in unhealthy behaviours.

**Are there any alternative sources of evidence available for the topics and/or questions you use in the SHS?**

No

- **Please list alternative sources of evidence for each topic and views on options for 2017**

- **What would be the impact of the two options the consultation proposes for your organisation’s use of the SHS?**

- **What is the reason for your option preference**

In our opinion, there are no any alternative sources of evidence available for the topics and/or questions we use in the SHS. For the CRUK-funded research investigating participation in cancer-related unhealthy behaviours by NEET status, there were no other sources of data available that included all of the information required without the need for data linkage. The SHS contained all of the information needed to create the ‘NEET’ variable and to look at a wide range of cancer-related behaviours (smoking, drinking, low fruit and veg consumption, no participation in sport/exercise, unhealthy BMI) whilst adjusting for a large range of socio-demographic and mental/physical-health related variables which could confound the relationship between NEET status and participation in cancer-related behaviours, e.g. poor self-rated health. There were also no other surveys available with comparable
information on the same scale as in the Scottish Health Survey (SHeS) and Healthy Survey for England which would have allowed for cross-national comparisons. The SHeS provides smoking data. However, SHS is what is used as the basis to measure the Scottish Government’s current National Performance Framework (NPF) indicator on reducing smoking among adults, and is therefore a crucial source. See: [www.gov.scot/About/Performance/scotPerforms/indicator/smoking;](http://www.gov.scot/About/Performance/scotPerforms/indicator/smoking) [www.gov.scot/About/Performance/scotPerforms/NIchanges](http://www.gov.scot/About/Performance/scotPerforms/NIchanges) and [www.scotlandperforms.com](http://www.scotlandperforms.com)

The impact of option A (Biennial topics, i.e. halving the number of topics covered by the survey every year and collecting data on each topic every second year, with a small reduction in sample size [from 10,700 to 10,100]) for the Unit’s use of the SHS would be moderate for the smoking and NEET-based work; more major for the alcohol-based work and welfare policy evaluation.

The impact of option B (reduction of the overall survey sample size by around a third, from 10,700 to 7,450, with a small reduction in topics covered by the survey) for the Unit’s use of the SHS would be moderate for the alcohol-based work and welfare policy evaluation; more major for the smoking and NEET-based work.

The overall consensus of the MRC/CSO Social and Public Health Sciences Unit at the University of Glasgow was a preference for Option B (reduction of the overall survey sample size by around a third, from 10,700 to 7,450, with a small reduction in topics covered by the survey), because for some researchers, we would most likely be combining survey data across a number of years, so it is generally feasible to achieve a sufficient sample size. Weighing up the modest loss of precision versus the retention of range of topics covered by the survey every year (albeit with a small reduction in topics), Option B is a good balance. There was a minority preference for Option A (Biennial topics, i.e. halving the number of topics covered by the survey every year and collecting data on each topic every second year, with a small reduction in sample size [from 10,700 to 10,100]), as it would maintain the potential for analysing larger samples for any core questions retained in both years, particularly drawing on data linkage. We would also suggest that consideration is given to the feasibility of collecting genetic data from the blood samples/hair/buccal samples, especially since costs of Single Nucleotide Polymorphisms (SNPs) has fallen hugely. Whilst appreciating cost implications, we feel this would enhance the utility of the SHS data sets.

We believe that the small reduction in full sample topic coverage of around 4 minutes (around 7% of questions) necessary to maintain current ‘one third sample questions’ at around their present sample size required for option B (reduction in sample size) should be achieved by reducing breadth of larger topics and introducing more biennial topics and questions.

Under option B (cut in sample size), we would prefer local authority data to be published on a two year rolling average basis every year. The reason for our preference is that having local authority data published on a two year rolling average basis every year maximises the utility of the available data.

If it is necessary for the Scottish Government to make further reductions to the SHS for 2018 - 2021, we would you prefer any further changes to the SHS to be based on
a reduction in the overall SHS sample size. The reason for our preference is that moderate loss of precision resulting from sample size reduction would be outweighed by retention of topic range. A reduction in carefully selected topic coverage would be the next approach to consider.

The impact on the work of the Unit if there were to be a further reduction in the overall SHS sample size would be minor; a reduction in the frequency of SHS data collection would be less minor; finally, a reduction in SHS topic coverage would also be less minor.

**When was the response submitted?**
18 April 2016

**Find out more about our research in this area**
http://www.glasgow.ac.uk/sphsu/research-programmes/in/

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