An Official Statistics publication for Scotland

The Scottish Government
Riaghaltas na h-Alba

PEOPLE, COMMUNITIES AND PLACES

Scottish Surveys Core Questions 2014

Scottish Surveys Core Questions 2014 [1]

[1] The source of the graphic is: https://pixabay.com/en/social-media-faces-social-networks-550766/

Scottish Surveys Core Questions 2014

The Scottish Surveys Core Questions (SSCQ) 2014 is an annual Official Statistics publication for Scotland. SSCQ provides reliable and detailed information on the composition, characteristics and attitudes of Scottish households and adults across a number of topic areas including equality characteristics, housing, employment and perceptions of health and crime. Following the publication of 2013 statistics in December 2015 and revised 2012 results in January 2016, this report provides the first set of trend data from the SSCQ.

The SSCQ gathers survey responses from identical questions in the Scottish Crime and Justice Survey, the Scottish Health Survey and the Scottish Household Survey into one output. The pooling of Core Questions results in an annual sample of around 21,000 respondents, providing unprecedented precision of estimates at national level. This sample size enables the detailed and reliable analysis of key national estimates by country of birth, ethnicity, sexual orientation, religion, age and sex, marital status, education level and economic activity, as well as tenure, car access and household type. SSCQ also enables a detailed sub-national analysis by Local Authority, urban-rural classification and Scottish Index of Multiple Deprivation. A guide to content is provided on page viii.

The Scottish Surveys Core Questions in 2014 covered:

self-assessed general health disability and long-term conditions smoking mental wellbeing provision of unpaid care perception of local crime rate perceptions of police performance highest qualification held economic activity household type	housing tenure car access country of birth ethnicity religion marital status sexual orientation sex age

As the third in the SSCQ series, for the first time this report contains information about the change in many of the indicators over the period 2012-2014 at national and sub-national levels.

Jamie Robertson, Dette Cowden, Sarah Martin, Michael Davidson, Julie Wilson
- together with numerous colleagues past and present who, along with our contractors, have helped deliver each of the surveys as well as this methodological transformation

Surveys Branch, Strategic Analytical Policy Unit

Office of the Chief Statistician and Strategic Analysis, The Scottish Government

Foreword by Scotland's Chief Statistician

I am pleased to welcome this second Official Statistics publication of the Scottish Surveys Core Questions (SSCQ), which pools responses from the major population surveys in Scotland. The SSCQ provides us with immensely valuable information on the characteristics and attitudes of the people of Scotland across a number of topic areas. This publication provides results from the third collection period, and as a result it is the first time we can report on trends from the core over the period 2012 to 2014.

The SSCQ is the culmination of a review of the effectiveness and efficiency of the surveys, which aimed to improve the collection and impact of information of important public value. A range of stakeholders participated, including Beyond 2011 (National Records for Scotland) and the Long Term Strategy for Population Surveys 2009-2019 (Scottish Government), and have driven the strategic approach to align methodologies and harmonise questions between surveys where possible. The result is a pooled sample of core variables spanning several surveys.

This evidence feeds the user need for local data identified in consultations, and offers an unprecedented, rich resource for analysis of small socioeconomic and equality groups. This resource is being used to support single outcome agreements and benchmarking work of Community Planning Partnerships, and also more widely to measure demographic change across the public sector.

I would like to thank our contractors who have been implementing the Long Term Strategy for Population Surveys since 2012. It is only with their help that this collection is possible.

Most importantly, I would like to thank over 60,000 people who gave their time to participate in the Scottish Crime and Justice, Health and Household Surveys in 2012, 2013 and 2014. The information they have provided is invaluable in delivering the evidence for the continuing development of a fairer, healthier and safer Scotland.

Roger Halliday

Chief Statistician for Scotland

Scottish Government Strategy and Constitution Directorate

Contents

Guide to this report

This publication provides statistics centred around protected equality characteristics and sub-national geographies: age and sex, disability, ethnic groups, religion, sexual orientation, country of birth, deprivation and Health Board/Police Scotland Division.

For each of the groups, relative values for a set of key indicators is provided.

⇳ *Indicators are defined in text boxes like this throughout Chapter 1*

Wherever possible, the following analyses of each indicator are reported:

- A comparison of subgroups, identifying inequalities where they arise.
- Changes within subgroups over the period 2012-2014. Statistically significant changes over time are marked with ⇧ for an increase from the earliest year or ⇩ for a decrease.
- The age profile of subgroups. Due to differences between subgroups in this respect and the age and/or sex dependence of many of the indicators, age standardised analysis has also been undertaken. This allows us to determine whether differences between equalities subgroups are a result of their different age and sex distributions or due to some other underlying correlation. See section 11.10 for further details

In the report text the term "significant" is used to mean "statistically significant" differences.

Confidence intervals are provided throughout this report. Commentary is generally confined to statistically significant comparisons unless otherwise stated. Under normal conditions where confidence intervals do not overlap then there is a significant difference between two points, but if they do overlap it does not necessarily mean there is no significant difference.[2] In some cases formal statistical tests are performed to check for statistically significant differences. Details of these tests is provided in section 11.10.

The accompanying **supplementary tables** contain worksheets with full analyses of each topic across all possible social and geographic breakdowns for 2014[3] alongside the 95% confidence intervals on each estimate. Table numbering in the supplementary tables has been kept consistent with previous publications. All tables break down percentages in rows. 'Refused' and 'don't know' responses are excluded, so row totals may not add to 100%, and numbers of adults and sample across subgroups may not add to the Scotland total for each cross-variable. Overall, presentation of supplementary tables across data years is consistent so that users can construct their own time series of SSCQ data.

Charts in this report are presented as "confidence clouds", familiar to readers of the 2013 report[4]:

- Dots represent the point estimates for each indicator.
- Dotted lines surrounding the central series provide the 95% confidence intervals around each estimate, allowing for visual inspection of statistical differences.
- Grey bands represent the 95% confidence interval of the national average for that indicator.

[2] see guidance at http://www.gov.scot/Topics/Statistics/About/Methodology/confinv
[3] SSCQ Supplementary Tables available at www.gov.scot/Topics/Statistics/About/Surveys/SSCQ/SSCQ2014/SuppTabs
[4] SSCQ 2013, http://www.gov.scot/Topics/Statistics/About/Surveys/SSCQ/SSCQ2013

Overview of Tables

Figure 1: Overview of Tables

		Indicators																								
		Health & W'being					Crime							H'hold			Individual							Econ		Area	
		1.1 General Health	1.2 Longterm Conditions	1.3 Smoking	1.4 Care	1.5 Mental Wellbeing	2.1 Crime in Area	2.2 Police Confidence A	2.3 Police Confidence B	2.4 Police Confidence C	2.5 Police Confidence D	2.6 Police Confidence E	2.7 Police Confidence F	3.1 Household Type	3.2 Tenure	3.3 Car Access	4.1 Country of Birth	4.2 Ethnic Group	4.3 Religion	4.4 Sexual Orientation	4.5 Age	4.6 Marital Status	5.1 Economic Activity	5.2 Highest Qualification	S1 SIMD Quntiles	S2 Urban/Rural Classification
Scotland Overview		✓	✓	✓	★	★	✓	✓	✓	✓	✓	✓	✓													
Area	Deprivation: SIMD Quintiles	✓	✓	✓	★	★	✓	♯	♯	♯	♯	♯	♯												■	
	Urban/Rural Classification																									■
	Local Authority																									
	Police Scotland Division						✓	♯	♯	♯	♯	♯	♯													
	Health Board	✓	✓	✓	★	★																				
H'hold	Household Type													■												
	Detailed Tenure														■											
	Car Access															■										
Individual Characteristics	Country of Birth	✓	✓	✓	★	★	✓	♯	♯	♯	♯	♯	♯	▒	▒	▒	■									
	Ethnic Group	✓	✓	✓	★	★	✓	♯	♯	♯	♯	♯	♯	▒	▒	▒		■								
	Religion	✓	✓	✓	★	★	✓	♯	♯	♯	♯	♯	♯	▒	▒	▒			■							
	Sexual Orientation	✓	✓	✓	★	★	✓	♯	♯	♯	♯	♯	♯	▒	▒	▒				■						
	Respondent Age and Sex	✓	✓	✓	★	★	✓	♯	♯	♯	♯	♯	♯	▒	▒	▒					■					
	Respondent Age													▒	▒	▒					■					
	Marital Status													▒	▒	▒						■				
	Economic Activity													▒	▒	▒										
	Highest Qualification Held													▒	▒	▒										
	Long Term Condition	✓	■	✓	★	★	✓	♯	♯	♯	♯	♯	♯	▒	▒	▒										
	Currently Smokes			■										▒	▒	▒										
	Provides unpaid care				■									▒	▒	▒										

✓ main report tables with changes over time; supplementary tables

★ new indicator, 2014 only; supplementary tables

♯ reported as statistics in development; supplementary tables

supplementary tables only

not included

household data not crossed with respondent variables

cross with same variable

List of Tables and Figures

1 Topics in this report

A number of variables in the SSCQ relate closely to key monitoring information for local and national government performance.

In this chapter the background for each of these indicators is provided along with the key statistics from the established source for each indicator. The indicator as formulated for discussion in the SSCQ report is then described alongside national estimates from the Core.

Note that SSCQ estimates differ in most cases and by varying degrees from the accepted national performance indicator or longer-running time series sources. SSCQ is designed to provide a suitable dataset for comparison between subgroups of the core questions, particularly where the individual surveys cannot produce such estimates due to insufficient sample sizes or other methdoological reasons. SSCQ national point estimates do not replace the accepted statistics from established sources.

SSCQ indicators are generally formulated as two-state variables for analysis. The indicator property is provided in a blue box followed by a description of the counter-indicator. These are designed wherever possible to match the description of current National Indicator statistics.

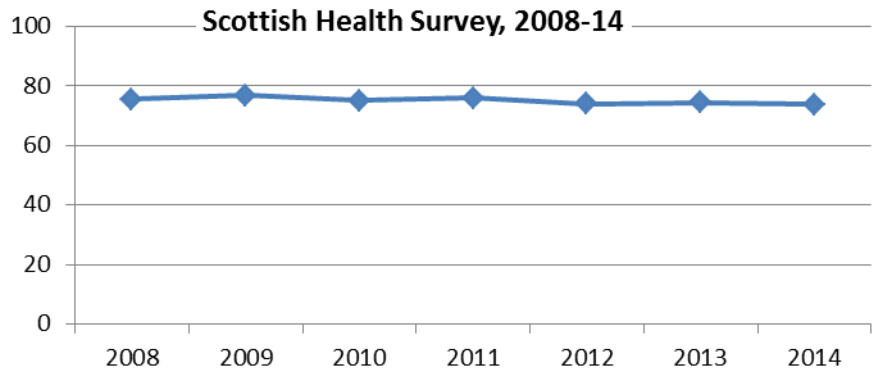
1.1 Self-assessed General Health

Self-assessed general health is a critical measure of the population's overall health status and a key marker of health inequalities. One of the Scottish Government's National Outcomes is the overall strategic objective for health: We live longer, healthier lives[5]. This is supported by a number of National Indicators including 'improve self-assessed general health'[6].

1.1.1 National Estimates and Key Sources

The preferred source of statistics for time series at Scotland level is the Scottish Health Survey. Since the baseline year (2008) there has been little change in the proportion of adults who assess their health as good or very good. The level has fluctuated between 74% and 77% over this period, though in the last three years has been stable at 74%[7].

Table 1: Good/very good general health, SHeS



	Good/Very good general health (% adults)
2008	75
2009	77
2010	75
2011	76
2012	74
2013	74
2014	74

[5] www.gov.scot/About/Performance/scotPerforms/outcome
[6] www.gov.scot/About/Performance/scotPerforms/indicator/generalhealth
[7] SHeS 2014 Table 1.1, http://www.gov.scot/Publications/2015/09/6648/318744

1.1.2 SSCQ indicator

⇳ *the proportion of adults reporting good or very good general health*

The counter-indicator is the proportion of adults reporting fair, bad or very bad health or declining to answer. This differs form the SHeS indicator, which excludes those declining to answer.

This SSCQ analysis is the preferred source for comparison across demographic or area results. A comparison of SSCQ and census findings is provided in Annex A, and a comparison with constituent surveys in Annex B. The SSCQ shows around three quarters of adults reporting good or very good general health between 2012 and 2014.

Across all response categories in the general health question, responses are stable through the time series; changes between years generally do not exceed combined confidence intervals.

Table 2: General health series, 2012-2014

	2012	2013	2014
Good/Very good	73.7 ± 0.7	75.2 ± 0.8	74.1 ± 0.7
Fair	19.0 ± 0.6	17.4 ± 0.6	18.6 ± 0.6
Bad/Very bad	7.2 ± 0.4	7.3 ± 0.4	7.1 ± 0.4
Detailed Categories			
Very good	36.1 ± 0.9	36.7 ± 0.9	35.2 ± 0.9
Good	37.6 ± 0.8	38.5 ± 0.9	38.9 ± 0.8
Fair	19.0 ± 0.6	17.4 ± 0.6	18.6 ± 0.6
Bad	5.6 ± 0.4	5.7 ± 0.4	5.5 ± 0.4
Very bad	1.6 ± 0.2	1.7 ± 0.2	1.6 ± 0.2
Weighted and Unweighted Bases			
Adults	4,341,500	4,398,900	4,436,300
Sample	20,527	21,038	20,153

Under formal testing, the differences in the indicator between years are not statistically significant.

Levels of good or very good general health observed in the SSCQ agree with those in the SHeS across all three years of SSCQ data. Confidence intervals on SSCQ estimate contain the point estimates from SHeS in all cases.

1.2 Long-term Limiting Health Conditions

In the Scottish Government's National Action Plan on long-term conditions, long-term conditions are defined as 'health conditions that last a year or longer, impact on a person's life, and may require on-going care and support'. Conditions include a wide range of mental and physical health conditions.

Long-term conditions account for 80% of all GP consultations and for 60% of all deaths in Scotland[8]. The link with deprivation, lifestyle factors and wider health determinants is also of importance in Scotland, given its persistent health inequalities. Long-term conditions

[8] Improving the Health and Wellbeing of People with Long Term Conditions in Scotland: A National Action Plan. Edinburgh: Scottish Government, 2009. http://www.gov.scot/Publications/2009/12/03112054/11

therefore represent personal, social and economic costs both to individuals and their families and to Scottish society more widely. Details of long-term conditions are discussed in full in Chapter 8 of the Scottish Health Survey[9].

1.2.1 National Estimates and Key Sources

The preferred source of statistics for time series at Scotland level is the Scottish Health Survey[10]. Timeseries data is available back to 1998 and is provided in Table 3. In 2008 the wording of the question about long-term conditions was changed in line with moves to harmonise questions across all Scottish Government surveys and to bring it into line with the definition of disability used in the Disability Discrimination Act 2005.

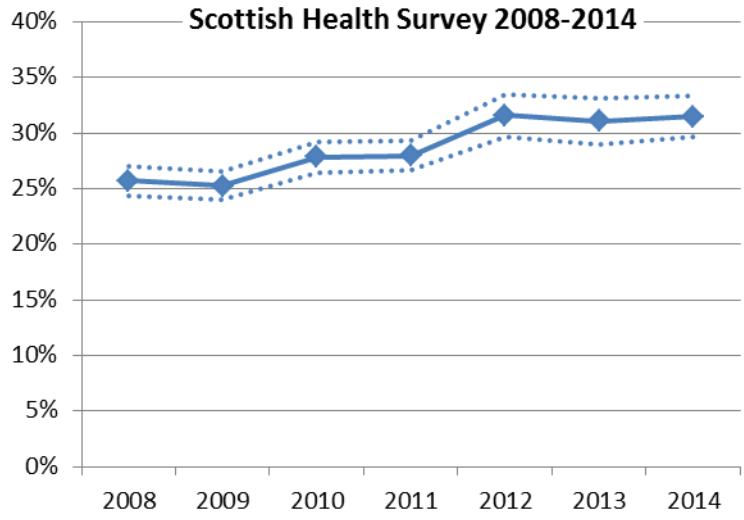
The wording used in SHeS prior to this was: “Do you have any long-standing illness, disability or infirmity? By long-standing I mean anything that has troubled you over a period of time, or that is likely to affect you over a period of time?”.

The question used from 2008 onwards is worded as follows: “Do you have any long-standing physical or mental condition or disability that has troubled you for at least 12 months, or that is likely to affect you for at least 12 months?”.

The question changed again in 2012 to the current wording: “Do you have a physical or mental health condition or illness lasting, or expected to last, 12 months or more?”

For this reason trends in the prevalence of long-term illness or conditions must be interpreted with caution. However the longer term increase in the prevalence of long-term limiting health conditions is likely linked to the aging population of Scotland.

Table 3: Long-term limiting health condition, SHeS



Long-term limiting health condition (% adults)	
1998	24 ± 1
…	
2003	27 ± 1
…	
2008	26 ± 1
2009	25 ± 1
2010	28 ± 1
2011	28 ± 1
2012	32 ± 2
2013	31 ± 2
2014	31 ± 2

Note that, contrary to the SSCQ reporting, these figures exclude those respondents who decline to answer.

1.2.2 SSCQ indicator

⇳ *the proportion of adults reporting a long-term mental or physical health condition that limits their day-to-day activities*

[9] SHeS 2014, http://www.gov.scot/Publications/2015/09/6648
[10] SHeS 2014, http://www.gov.scot/Publications/2015/09/6648

The counter-indicator is the proportion of adults reporting no long-term limiting health condition or declining to respond. This differs form the SHeS indicator, which excludes those declining to answer.

Table 4: Long-term limiting health conditions series, 2012-2014

	2012	2013	2014
Limiting Condition	23.9 ± 0.7	22.2 ± 0.7	23.2 ± 0.7
No Limiting Condition	75.9 ± 0.7	77.4 ± 0.7	76.3 ± 0.7
Weighted and Unweighted Bases			
Adults	4,341,500	4,398,900	4,436,300
Sample	20,527	21,038	20,153

Across the three years of SSCQ there is no detectable change in the prevalence of long-term limiting health conditions, in line with results from SHeS in Table 3. However estimates from the SSCQ are systematically lower than SHeS estimates.

Formulation of this indicator in SSCQ is slightly different due to exclusion of missing cases in the SHeS result. However this accounts for only a fraction of a percentage point difference in the SSCQ estimate. The underlying difference is more fundamental, and likely relates to context effects in the SHeS collection. Respondents are more likely to identify long-term conditions when asked about them in the context of a specific interview about numerous aspects of their health and wellbeing.

1.3 Smoking

Reducing smoking is a major priority for improving health. In Scotland, tobacco use is associated with over 10,000 deaths (around a quarter of all deaths) and around 128,000 hospital admissions every year.[11]

The Scottish Government's Tobacco Control Strategy sets a target to reduce smoking prevalence to 5% or lower by 2034. The actions taken by the Scottish Government to tackle the harm caused by tobacco include legislation to prohibit smoking in public places, which came into effect in March 2006, raising the age of sale for tobacco from 16 to 18 in 2007, implementation of a tobacco retail register in 2011, a ban on self-service sales from vending machines in 2013, and the introduction of a tobacco display ban in shops from 2013.

Two of the Scottish Government's National Performance Framework (NPF) National Indicators are relevant to smoking.[12] There is a specific indicator on reducing the proportion of adults who are current smokers, as well as a more general indicator on reducing premature mortality (deaths from all causes in those aged under 75), for which smoking is a significant contributory factor. Details of smoking behaviour are discussed in full in Chapter 4 of the Scottish Health Survey[13].

1.3.1 National Estimates and Key Sources

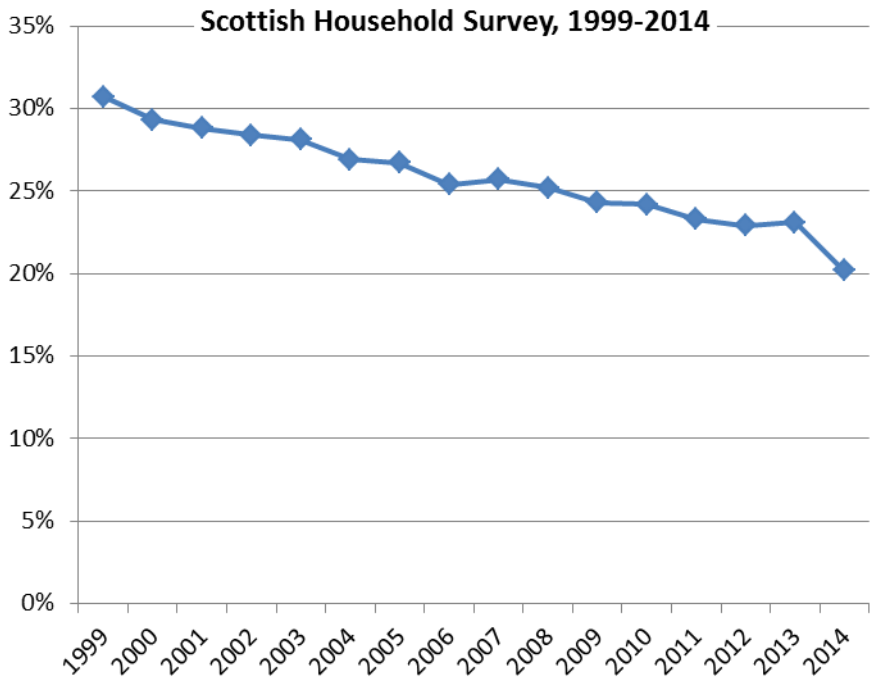
The preferred source of statistics on smoking for time series at Scotland level is the Scottish Household Survey. Smoking prevalence has reduced from 25% of adults in the

[11] ScotPHO Tobacco use: key points.
http://www.scotpho.org.uk/behaviour/tobacco-use/key-points
[12] http://www.gov.scot/About/Performance/scotPerforms/indicator/smoking
[13] www.gov.scot/Publications/2014/12/9982

baseline year, 2006, to 20% in 2014. In this context, the fall between 2013 and 2014 from 23% to 20% is relatively large.

Table 5: Current smokers, SHS

Current Smokers (% adults)	
1999	31%
2000	29%
2001	29%
2002	28%
2003	28%
2004	27%
2005	27%
2006	25%
2007	26%
2008	25%
2009	24%
2010	24%
2011	23%
2012	23%
2013	23%
2014	20%



1.3.2 SSCQ indicator

⇳ *the proportion of adults who report that they currently smoke cigarettes*

The counter-indicator is the proportion of adults that report not smoking cigarettes or declining to respond.

Table 6: Smoking prevalence, 2012-2014

	2012	2013	2014
Currently smokes cigarettes	23.8 ± 0.8	22.3 ± 0.7	21.2 ± 0.7
Non-smoker	76.1 ± 0.8	77.5 ± 0.7	78.6 ± 0.7
Weighted and Unweighted Bases			
Adults	4,341,500	4,398,900	4,436,300
Sample	20,527	21,038	20,153

According to the SSCQ, over three years the smoking rate has fallen from 23.8% in 2012 to 21.2% in 2014. This is consistent with the longer term trend identified by the Scottish Household Survey, which has recorded a ten percentage point fall from 1999 to 20.2% in 2014.[14]

The confidence intervals on SHS and SSCQ estimates overlap throughout the timeseries, indicating that these estimates are not statistically different.

[14] National Indicator: Smoking, http://www.gov.scot/About/Performance/scotPerforms/indicator/smoking

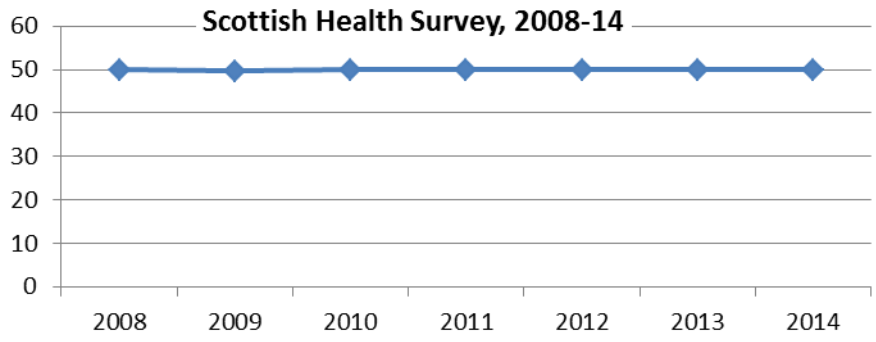
1.4 Mental Wellbeing

Wellbeing is measured in the Scottish Health Survey using the Warwick–Edinburgh Mental Wellbeing Scale (WEMWBS) questionnaire[15]. It has 14 items designed to assess: positive affect (optimism, cheerfulness, relaxation) and satisfying interpersonal relationships and positive functioning (energy, clear thinking, self-acceptance, personal development, mastery and autonomy).[16] The scale uses positively worded statements with a five-item scale ranging from '1 - none of the time' to '5 - all of the time'. Total score is the sum of these responses across the 14 questions. The scale therefore runs from 14 for the lowest levels of mental wellbeing to 70 for the highest.

WEMWBS is used to monitor the National Indicator 'improve mental wellbeing'. It is also part of the Scottish Government's adult mental health indicator set, and the mean score for parents of children aged 15 years and under on WEMWBS is included in the mental health indicator set for children.[17]

1.4.1 National Estimates and Key Sources

The mean score fell from 51.0 in 2006 to 50.0 in 2008, and has remained at a similar level since (ranging between 49.7 and 50.0).



Average WEMWBS Score	
2008	50.0
2009	49.7
2010	49.9
2011	49.9
2012	49.9
2013	50.0
2014	50.0

1.4.2 SSCQ indicator

⇳ *Average SWEMWBS score*

SWEMWBS is a shortened version of WEMWBS which is Rasch compatible. This means the seven items included have undergone a more rigorous test for internal consistency than the 14 item scale and have superior scaling properties. The seven items relate more to functioning than to feeling and therefore offer a slightly different perspective on mental wellbeing[18]. However, the correlation between WEMWBS and SWEMWBS is high at

[15] © NHS Health Scotland, University of Warwick and University of Edinburgh, 2006, all rights reserved. The Warwick–Edinburgh Mental Wellbeing Scale was funded by the Scottish Government National Programme for Improving Mental Health and Wellbeing, commissioned by NHS Health Scotland, developed by the University of Warwick and the University of Edinburgh, and is jointly owned by NHS Health Scotland, the University of Warwick and the University of Edinburgh.

[16] Further information about WEMWBS is available here: www.healthscotland.com/scotlands-health/population/Measuring-positive-mental-health.aspx

[17] See: www.healthscotland.com/scotlands-health/population/mental-health-indicators.aspx

[18] Warwick Medical School, Guidance on Scoring http://www2.warwick.ac.uk/fac/med/research/platform/wemwbs/researchers/guidance/

95.4%[19]. The SWEMWBS scale runs from 7 for the lowest levels of mental wellbeing to 35 for the highest.

SWEMWBS statements are as follows:

- I've been feeling optimistic about the future
- I've been feeling useful
- I've been feeling relaxed
- I've been dealing with problems well
- I've been thinking clearly
- I've been feeling close to other people
- I've been able to make up my own mind about things

Scoring on the SWEMWBS scale is not a straightforward sum of response scores, but underoes a metric conversion, the effets of which are described in section 11.8.

The average SWEMWBS score after conversion was 24.5.

Prior to 2014, the SWEMWBS questions were not harmonised. Respondents who decline to answer one or more of the seven SWEMWEBS questions are excluded from statistics.

1.5 Provision of Unpaid Care

The provision of unpaid care is a key indicator of care needs and has important implications for the planning and delivery of health and social care services.

Caring can have a detrimental effect on the health and wellbeing of a carer and this can subsequently impact on the person that is being cared for.[20] Local authorities have a duty to assess a carer's ability to care and the power to provide support where necessary. NHS boards can also be required to publish a carer information strategy setting out how carers will be informed of their right to request an assessment.

The Carers (Scotland) Bill was passed by the Scottish Parliament on 4 February 2016 and sets out a range of measures intended to improve the support given to carers[21]. This includes the introduction of new duties on local authorities to support carers who are assessed as needing support and who meet eligibility criteria.

1.5.1 National Estimates and Key Sources

The Scottish Health Survey estimates that 16% of adults provided unpaid care in 2014.

Table 7: Provision of unpaid care, SHeS

		2012	2013	2014*
Provides Care	Yes	18%	16%	16%
	No	82%	84%	84%
Sample		4,815	4,893	3,459

[19] WEMWBS User Guide v2 – NHS Health Scotland, http://www.healthscotland.com/uploads/documents/26787-WEMWBS%20User%20Guide%20Version%202%20May%202015.pdf

[20] SPICe Briefing, Carers (Scotland) Bill, http://www.scottish.parliament.uk/ResearchBriefingsAndFactsheets/S4/SB_15-24_Carers_Scotland_Bill.pdf

[21] Carers (Scotland) Bill, http://www.scottish.parliament.uk/parliamentarybusiness/Bills/86987.aspx

In 2014 the question wording was altered in the second quarter of the collection period. As a result only three quarters of the respondent group were asked the question in it's current form. For further details see section 11.8.

The care question in the SHS was also altered in Q2 2014. Previously it was asked of the highest income householder about all members of the household. In Q2 2014 it moved to the Random Adult module of the survey and so becomes comparable to the other surveys in the core. The point estimate for the valid three quarters of the SHS was that 17% of adults provide unpaid care, based on a sample of 7,730 respondents. This estimate does not differ from the SHeS result at national level.

1.5.2 SSCQ indicator

This is the first year where it has been possible to provide statistics from SSCQ on provision of care. The question was fully harmonised across the three surveys in quarter 2 of 2014. Respondents in quarter 1 were not harmonised and have therefore been excluded.

For that reason the sample size for this indicator is somewhat smaller at 16,518 cases (compared to the sample of 20,153 for most individual-level questions). To counteract any additional bias as a result of this loss of sample, a specific weight for this question has been calculated and is used for all analysis of unpaid care provision. For further information see section 11.8.

⇳ *The proportion of adults who provide help or support to family members, friends, neighbours or others because of long-term physical or mental health issues, disability or old age*

The counter-indicator is the proportion of adults who do not provide such care. Due to the methodological changes, non-responding individuals are excluded.

Table 8: Provision of unpaid care, SSCQ 2014

	2014
Provides care	17.9 ± 0.7
Not providing care	82.1 ± 0.7
Weighted and Unweighted Bases	
Adults	4,436,300
Sample	16,867

The SSCQ estimates that 17.9% of adults in Scotland provided unpaid care in 2014.

Although the SSCQ estimate is somewhat higher, the confidence intervals on SHeS and SSCQ estimates overlap indicating that these results are not statistically different.

1.6 Perceptions of Change in Local Crime Rate

Respondents who had lived in their current neighbourhood for 2 or more years were asked how they perceive the crime rate in their area to have changed over the past year. The choices were 'a lot less', 'a little less', 'about the same', 'a little more', 'a lot more' crime, or 'don't know'. Responses were grouped into three groups for analysis:

- 'a lot less', 'a little less' or 'about the same'
- 'a little more' or 'a lot more'

- ‘don’t know’ [22]

1.6.1 National Estimates and Key Sources

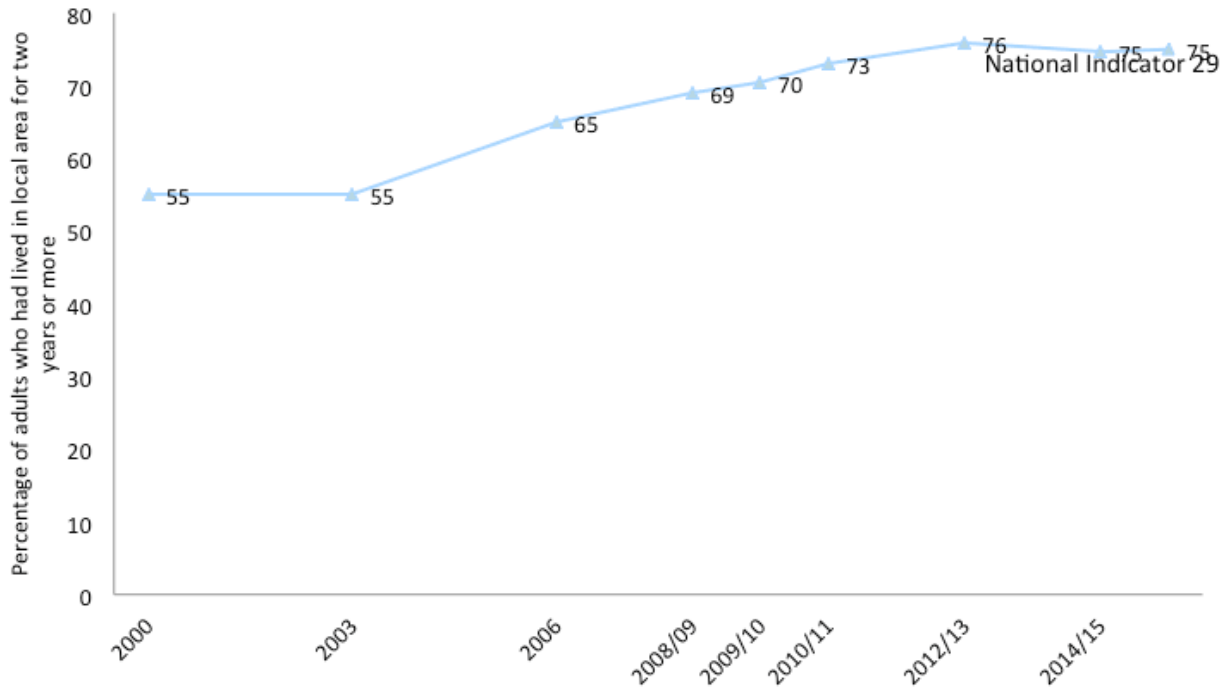
The preferred source of statistics on time series of the perception of crime is the Scottish Crime and Justice Survey (SCJS).[23] The SCJS 2014-15 found around three-quarters of adults perceived the crime rate in their local area to have stayed the same or reduced in the past two years.

Table 9: Perceived change in crime rate in local area, SCJS

Perceived change in crime rate in local area	Column %					2008/9 to 2014/15	2012/13 to 2014/15
	2008/9	2009/10	2010/11	2012/13	2014/15		
About the same, or a little / lot less	69	71	73	76	75	5.7 *	-1.1
A little / lot more	28	25	23	20	20	-7.6 *	0.5

Following an increase between 2006 (65%) and 2012/13 (76%), the proportion of adults who perceived the crime rate in their local area to have stayed the same or reduced in the past two years has not changed since 2012/13; the apparent one percentage point decrease to 75% in 2014/15 is not a statistically significant change.

Figure 2: Perceptions of how crime rates have changed locally in the past two years (Scottish Crime Surveys)[24]



[22] ‘Don’t know’ responses are not included in tables.
[23] www.gov.scot/Topics/Statistics/Browse/Crime-Justice/crime-and-justice-survey
[24] Scottish Crime and Justice Survey 2014/15: Main Findings
http://www.gov.scot/Publications/2016/03/5269/11

1.6.2 SSCQ indicator

⇳ *Excluding those who have lived in the neighbourhood for less than 2 years, the proportion of adults reporting crime in their local area to be 'a lot less', 'a little less' or 'about the same'*

The counter-indicator is the proportion of adults reporting crime in their area to be 'a little more', 'a lot more' or declining to respond (excluding those who have lived in the neighbourhood for less than 2 years). For this reason the sample base and population is lower than for other crime indicators.

A comparison of estimates from data pooled from the SCJS 2014-15 and estimates in SSCQ 2014 is provided in Annex B.

Table 10: Perception of Local Crime Rate series, SSCQ 2012-2014

	2012	2013	2014
About the same/A little/A lot less	75.8 ± 0.8	77.6 ± 0.8	77.4 ± 0.9
A little/A lot more	19.3 ± 0.8	16.0 ± 0.7	16.2 ± 0.8
Detailed Categories			
A lot less	1.9 ± 0.3	1.7 ± 0.3	2.0 ± 0.3
A little less	7.6 ± 0.5	8.1 ± 0.5	8.6 ± 0.6
About the same	66.3 ± 0.9	67.8 ± 0.9	66.8 ± 1.0
A little more	13.9 ± 0.7	12.2 ± 0.6	12.2 ± 0.7
A lot more	5.4 ± 0.4	3.9 ± 0.4	3.9 ± 0.4
Weighted and Unweighted Bases			
Adults	3,667,000	3,870,500	3,891,800
Sample	16,869	17,398	16,518

77.4% of adults reported that crime in their area had decreased or stayed the same in 2014. This represents an increase from 2012 of 1.6 percentage points.

Compared with Table 9, estimates provided by SCJS are somewhat lower than the levels recorded by SSCQ. This may relate to context effects in the SCJS collection. It is thought that respondents may be more likely to answer more negatively in response to questions about local crime rates when asked about them in the context of an interview about crime, victimisation and policing.

1.7 Confidence in Police

Survey respondents, regardless of whether they had ever been in contact with the police, were asked how confident they were in the ability of the police in their local area to undertake specific aspects of police work.

A. prevent crime
B. respond quickly to appropriate calls and information from the public
C. deal with incidents as they occur
D. investigate incidents after they occur
E. solve crimes
F. catch criminals

Response options were 'very', 'fairly', 'not very', or 'not at all' confident.

The preferred source for these statistics is the Scottish Crime and Justice Survey (SCJS), which provides a time series back to 2008-09. The results of the SCJS are which are used for National Indicators[25] and Justice Outcome Indicators[26].

1.7.1 National Estimates and Key Sources

The preferred source of statistics on time series of the perception of crime is the Scottish Crime and Justice Survey (SCJS).[27]

As shown in Table 11, since 2008/09 there have been statistically significant increases in public confidence across each of the six measures. Between 2012/13 and 2014/15, there were small but statistically significant decreases in four of the police confidence measures (the proportion of adults confident in their local police forces ability to investigate incidents, deal with incidents, respond quickly and solve crimes). The changes in the results for the other two measures (the proportion of adults confident in their local police forces ability to catch criminals and prevent crime) were not statistically significant.

Table 11: Police confidence responses, SCJS 2008/9-2014/15[28]

Confidence in local police force's ability to:	**Very/Fairly Confident (%)**					2008/9 to 2014/15	2012/13 to 2014/15
	2008/9	2009/10	2010/11	2012/13	2014/15		
A Prevent Crime	46	48	50	56	57	10.9 *	0.8
B Respond to calls	54	58	61	66	64	9.4 *	-2.2 *
C Deal with incidents	58	61	65	68	66	7.8 *	-2.6 *
D Investigate incidents	64	68	71	73	70	6.5 *	-2.4 *
E Solve crimes	57	60	64	64	62	5.0 *	-1.7 *
F Catch criminals	55	57	60	61	60	4.7 *	-1.1
SCJS Respondents	*16,000*	*16,040*	*13,010*	*12,050*	*11,470*		

1.7.2 SSCQ indicator

⇳ *the proportion of adults reporting that they are 'very confident' or 'fairly confident' in the ability of Police to perform a given function*

The counter-indicator is the proportion of adults reporting that they are 'not very' or 'not at all' confident or declining to respond.

The proportion of positive responses to the individual questions are provided in Table 12. Detailed breakdowns of these questions by all four response options (very/fairly/not very/not at all confident) are included in supplementary tables[29].

[25] http://www.gov.scot/About/Performance/scotPerforms/indicator/crimerate
[26] http://www.gov.scot/About/Performance/scotPerforms/partnerstories/Justice-Dashboard
[27] www.gov.scot/Topics/Statistics/Browse/Crime-Justice/crime-and-justice-survey
[28] Scottish Crime and Justice Survey 2014/15: Main Findings, http://www.gov.scot/Publications/2016/03/5269/12
[29] SSCQ Supplementary Tables 2014, http://www.gov.scot/Topics/Statistics/About/Surveys/SSCQ/SSCQ2014/SuppTables

Table 12: Police confidence questions series, SSCQ 2012-2014

	% very/fairly confident		
Very/fairly confident in Police to...	2012	2013	2014
A prevent crime	57.2 ± 0.9	57.4 ± 0.9	58.2 ± 1.0
B respond quickly to appropriate calls and information from the public	65.6 ± 0.9	66.5 ± 0.9	66.3 ± 0.9
C deal with incidents as they occur	68.3 ± 0.8	68.2 ± 0.9	68.0 ± 0.9
D investigate incidents after they occur	70.2 ± 0.8	69.3 ± 0.9	70.3 ± 0.9
E solve crimes	62.1 ± 0.9	62.6 ± 0.9	63.2 ± 0.9
F catch criminals	60.1 ± 0.9	60.5 ± 0.9	61.6 ± 0.9
Weighted and Unweighted Bases			
Adults	4,341,500	4,398,900	4,436,300
Sample	19,516	19,395	18,499

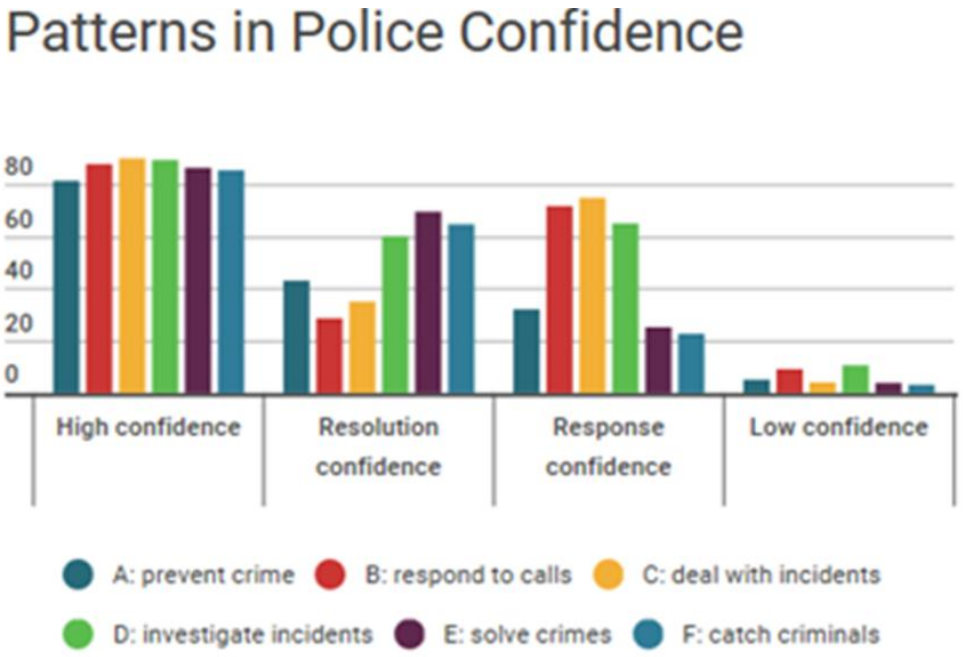
The proportion of positive responses across all six questions has not changed significantly over the three years of SSCQ.

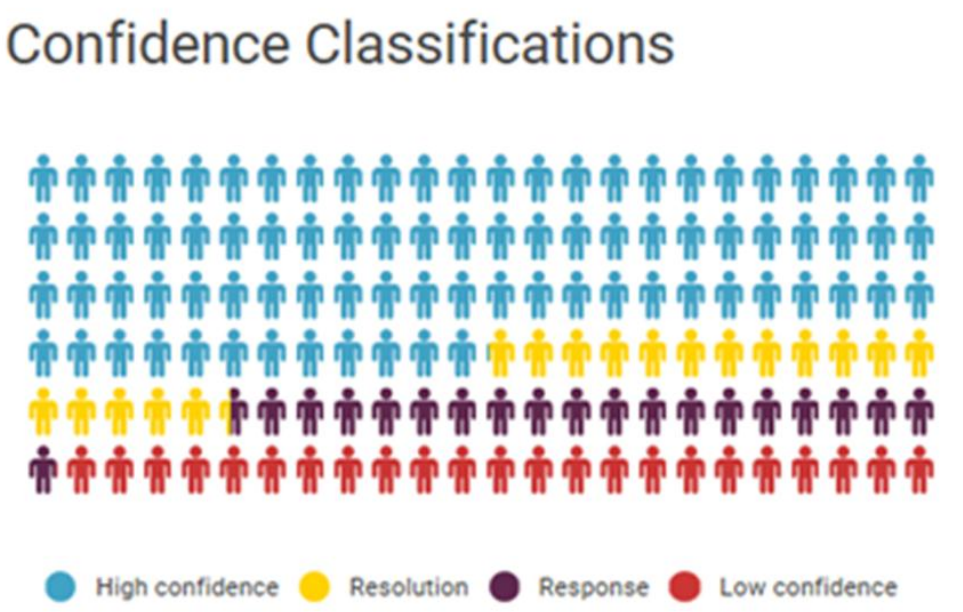
Confidence intervals on estimates from SSCQ across all six police confidence questions overlap with estimates produced by SCJS; the results are not statistically different. Any differences that do arise in the point estimates provided by the two sources may relate to context effects in the SCJS collection, where respondents may answer differently in response to questions about confidence in policing when asked about them in the context of an interview about crime and victimisation.

A novel analytical technique has been employed to analyse patterns of response across these questions in the SSCQ. These results are released as “Statistics in Development” in an accompanying paper[30]. An overview of underlying classes revealed by this analysis is provided in Figure 3, but subgroup analyses are not discussed in this report except to reference the supplementary paper. Comments on these results are welcome and should be directed to the SSCQ Project Team: sscq@gov.scot.

[30] SSCQ Statistics in Development: A latent class analysis of the six police confidence questions http://gov.scot//Topics/Statistics/About/Surveys/SSCQ/SSCQ2014/SSCQ2014-PolCon

Figure 3: Police confidence classes, SSCQ 2014[31]





High confidence	High probability of responding positively across all police confidence questions	58.4%
Resolution confidence	**More likely to express confidence in questions D, E and F, but less likely to also respond positively to other questions**	**12.0%**
Response confidence	More likely to express confidence in questions B, C and D, but less likely to also respond positively to other questions	13.6%
Low confidence	**Low probability of responding positively to any police confidence question**	**16.1%**

[31] SSCQ Statistics in Development: A latent class analysis of the six police confidence questions http://gov.scot//Topics/Statistics/About/Surveys/SSCQ/SSCQ2014/SSCQ2014-PolCon

Scottish Surveys
Core Questions

2 Age and Sex

SSCQ data is calibrated to reflect annual population estimates from the National Records of Scotland. The distribution from the survey therefore mirrors the published figures from NRS.[32]

Age and sex are determining factors across most indicators in the SSCQ. In the following sections we examine the differences between age groups and sexes.

Where formal testing is conducted, the median age group (45-54) is used as the reference category for comparison between age groups and “Female” is used as the reference category between sexes. Where p-values are provided, a value of less than 0.05 indicates statistical significance at the 95% level. For more information about statistical tests, see section 11.11.

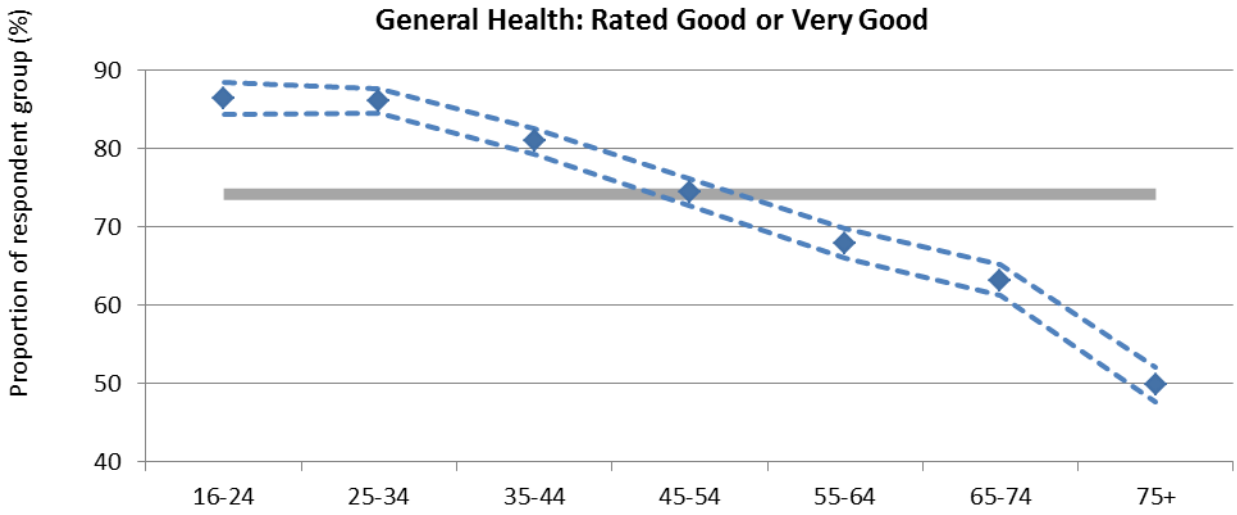
Summary Findings

- Good or very good general health generally decreases with age; there is no apparent difference between men and women
- Long-term limiting health conditions increase with age. Women tend to report slightly higher levels than men, likely due to a greater prevalence of older women.
- Smoking rates peak in the 25-34 age group at 27.6%, falling with age to 8.5% for those aged 75 or over. Men have higher smoking rates overall. There is a general reduction in smoking rates over time; this is most evident in the 35-44 and 55-64 age groups.
- The highest levels of mental wellbeing are reported by 25-34 and 65-74 year olds. Other age groups are close to the national average except for those aged 75+ who have lower levels in general.
- Women are more likely than men in general to provide unpaid care. Around one fifth of women provide care, compared with 15.7% of men. Unpaid care provision peaks between ages 55-64 when around a quarter of adults provide unpaid care.
- Women are less likely than men to think that crime in their area has reduced or stayed the same in the previous 2 years; around three quarters of women compared with nearly 80% of men.

[32] The population figures used for weighting and for age standardisation are provided in the SSCQ Weighting Bases tables: http://www.gov.scot/Topics/Statistics/About/Surveys/SSCQ/SSCQ2014/WgtBase

2.1 General Health

Figure 4: General health by age group, SSCQ 2014



There is a clear correlation between age and “Good/Very good” self-assessed general health, illustrated in Figure 4.

While over 85% of under-35s report good health, this rate drops systematically for older ages to around half for those aged 75+. From age 35, each of the age groups has a significantly lower level of good or very good health than the previous group.

There is no apparent association between sex and self-assessed general heath. The apparent gap between females and males of 1.4 percentage points in 2013 is attributable to random effects in the sample.

Table 13: General health by age and sex, SSCQ 2014; changes from 2013 and 2012

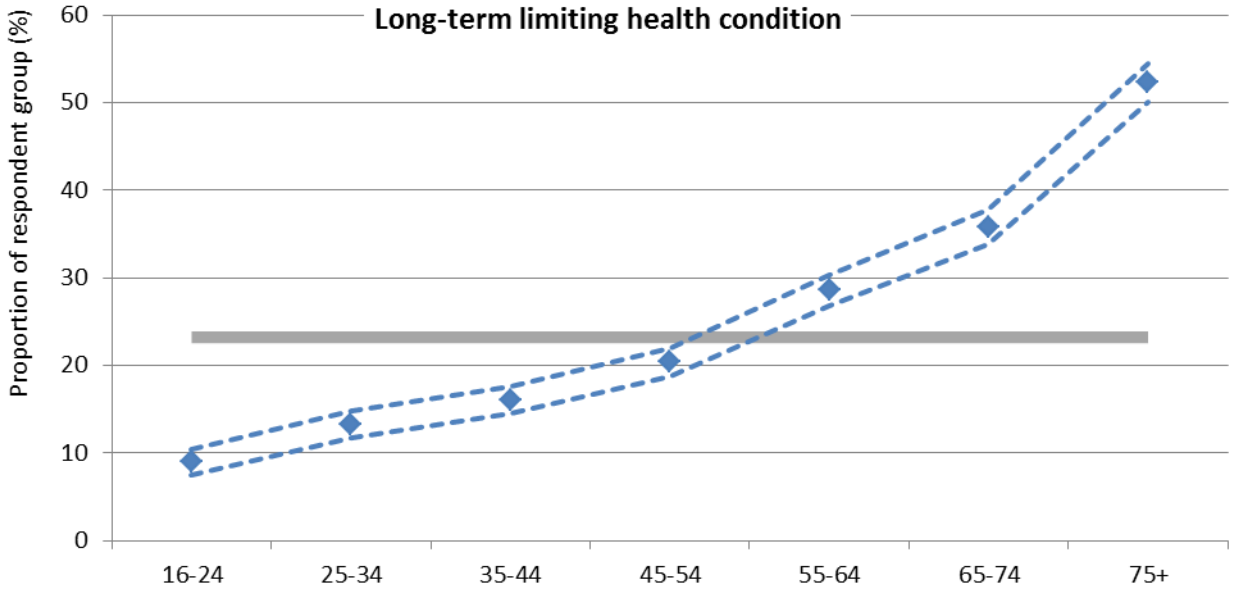
		2014		Change	
		grp %	+/-	from 2013	from 2012
Age	16-24	86.3	± 2.0	-1.8	-1.5
	25-34	86.0	± 1.5	+0.4	+0.8
	35-44	80.9	± 1.6	-2.7	+0.5
	45-54	74.4	± 1.7	-0.4	+0.7
	55-64	67.9	± 1.8	-1.1	+0.9
	65-74	63.2	± 2.0	+1.3	+3.3
	75+	49.8	± 2.2	-1.5	+0.6
Sex	Male	74.2	± 1.1	-1.7	-0.2
	Female	74.1	± 1.0	-0.5	+0.9

2.2 Long-term Limiting Health Conditions

There is a clear relationship between age and long-term condition, illustrated in Figure 5.

Prevalence of long-term limiting health conditions rises from less than 10% in the 16-24 group to over half of over 75s.

Figure 5: Long-term limiting health conditions by age group, SSCQ 2014



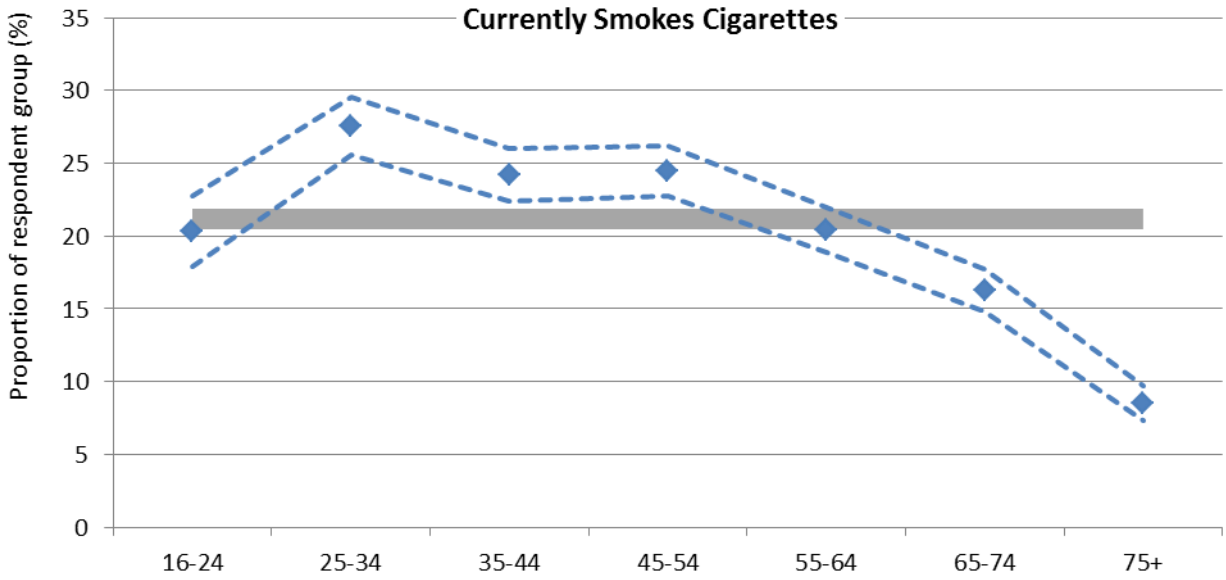
A slightly higher proportion of women (24.8%) report a long-term limiting health condition compared with men (21.5%). This statistically significant difference may be due to the greater proportion of older women in the population as a whole compared to men.

Table 14: Long-term limiting health conditions by age and sex, SSCQ 2014; changes from 2013 and 2012

		2014		Change			
		grp %	+/-	from 2013		from 2012	
Age	16-24	8.9	± 1.5	-0.2		+0.4	
	25-34	13.3	± 1.5	+2.8	⇧	+1.4	
	35-44	16.0	± 1.5	+2.5	⇧	-0.1	
	45-54	20.4	± 1.6	+0.7		-1.9	
	55-64	28.6	± 1.8	-1.2		-2.6	⇩
	65-74	35.8	± 1.9	-1.6		-3.8	⇩
	75+	52.3	± 2.2	+2.0		-1.8	
Sex	Male	21.5	± 1.0	+0.8		-1.0	
	Female	24.8	± 0.9	+1.1		-0.6	

2.3 Smoking

Figure 6: Smoking prevalence by age group, SSCQ 2014



Smoking is not as prevalent among older age groups. Those aged 65 or over have lower smoking rates than the national average, while the 25-54 age groups have higher than average levels.

The highest point estimate is for the 25-34 group, at 27.6%, while those aged 75+ have the lowest rates at 8.5%. This is likely due to changes in habit with age and premature deaths among smokers.

Over three years there is a clear reduction in the smoking rates for those aged 35-44 (5 percentage point reduction since 2012) and those aged 55-64 (a 3.7 point reduction). Across all other age groups under 75 there have been marginal reductions, but these are not statistically significant.

Smoking rates among women are somewhat lower than for men: 22.7% of men smoked in 2014, compared with 19.8% of women.

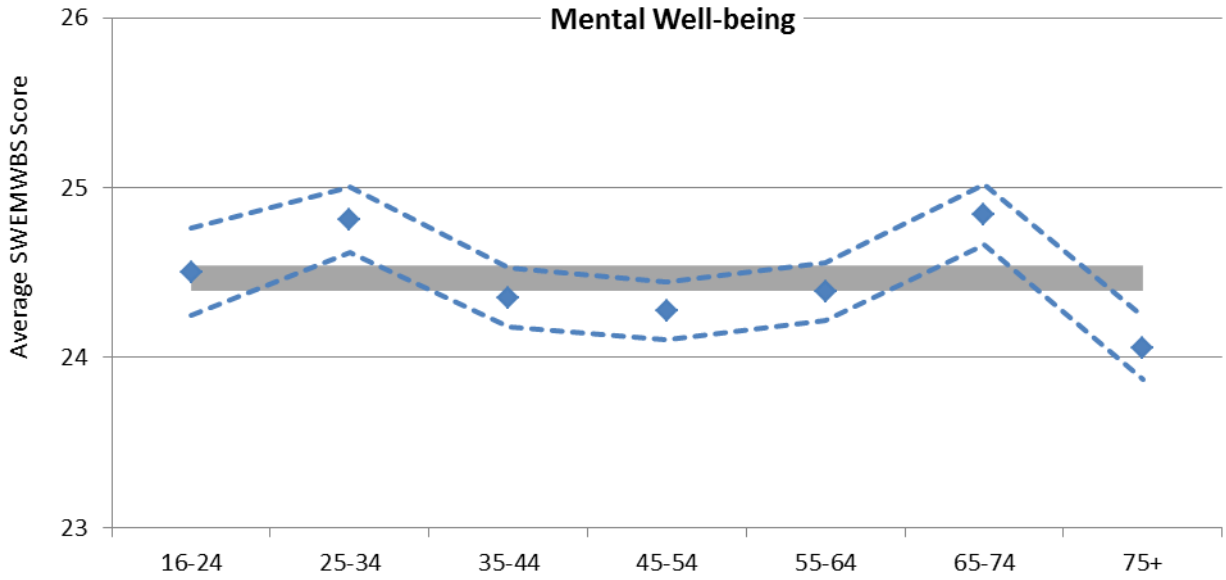
Smoking rates fell by around the same percentage point amount for men and women since 2012.

Table 15: Smoking prevalence by age and sex, SSCQ 2014; changes from 2013 and 2012

		2014		Change		
		grp %	+/-	from 2013	from 2012	
Age	16-24	20.4	± 2.4	-3.4	-3.2	
	25-34	27.6	± 2.0	+1.6	-0.8	
	35-44	24.2	± 1.8	-1.9	-5.1	⇩
	45-54	24.5	± 1.7	-1.7	-2.2	
	55-64	20.5	± 1.5	-1.7	-3.7	⇩
	65-74	16.3	± 1.5	-0.4	-1.6	
	75+	8.5	± 1.2	+0.5	+0.9	
Sex	Male	22.7	± 1.1	-1.5	-2.7	⇩
	Female	19.8	± 0.9	-0.8	-2.5	⇩

2.4 Mental Wellbeing

Figure 7: Average SWEMWBS score by age group, 2014



Average SWEMWBS score varies by age group. Higher scores are detected among the 25-34 and 65-74 age groups, with lower scores between ages 35-64. The lowest average score is found in the 75+ age group.

There is no significant difference in the average mental wellbeing of men and women. The apparent small diffference in point estimates is not discernable from the effects of random sampling (p=0.3).

Table 16: Average SWEMWBS score by age group, 2014

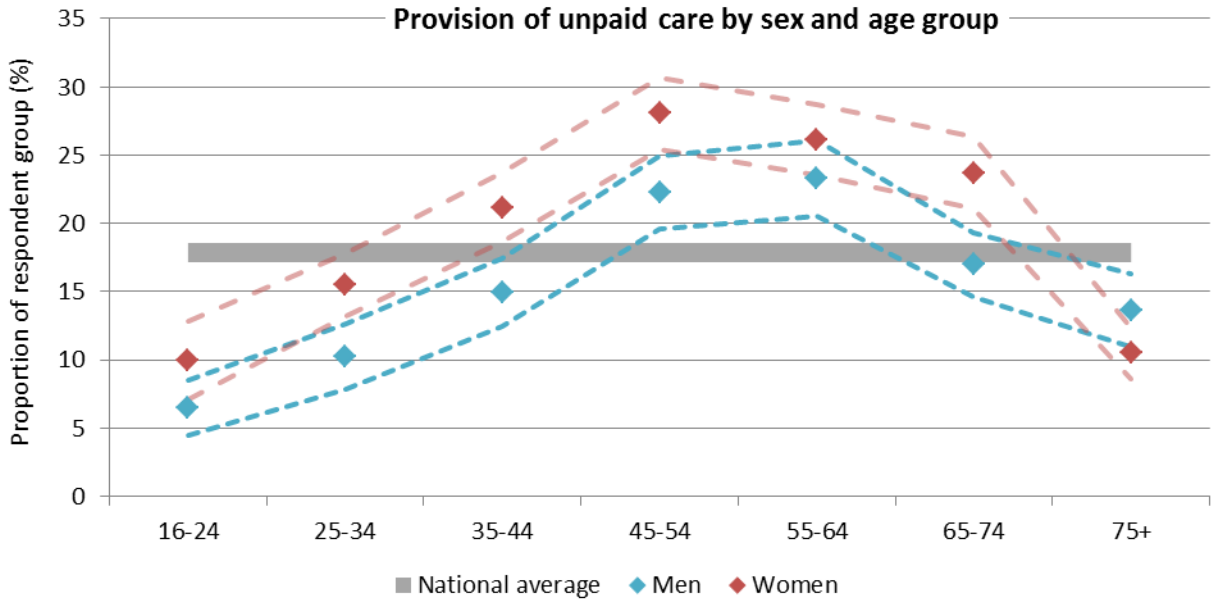
		2014	
		Mean	+/-
Age	16-24	24.5	± 0.3
	25-34	24.8	± 0.2
	35-44	24.4	± 0.2
	45-54	24.3	± 0.2
	55-64	24.4	± 0.2
	65-74	24.8	± 0.2
	75+	24.1	± 0.2
Gender	Male	24.5	± 0.1
	Female	24.4	± 0.1

2.5 Provision of Unpaid Care

The proportion of all adults providing unpaid care is highest between the ages of 45 and 64. Around a quarter of this group provides unpaid care. The lowest level is in the 16-24 year old age groupat 8.2%, and this rises steadily to the 25% peak in 45-54 year-olds. From age 65 onwards the proportion providing unpaid care drops off; 11.7% of those aged 75 or over provide unpaid care.

There are clear differences between sexes in the provision of unpaid care: overall nearly a fifth of women provide care, but fewer men (15.7%).

Table 17: Provision of unpaid care by sex and age group, SSCQ 2014



The difference between sexes is stable across most age groups, but less clear in the 16-24 and 55-64 year-olds. Formal testing confirms that women have a higher rate of providing care than men in the 16-24 age group (10.0% compared with 6.5%, p=0.046). Among 55-64 year olds, the difference between sexes is not statistically significant (p=0.14).

The point estimate for men aged 75+ is higher than that for women, but this difference is not statistically significant (p=0.058).

Table 18: Provision of unpaid care by sex and age group, SSCQ 2014

	Men	Women	All adults
16-24	6.5 ± 2.0	10.0 ± 2.9	8.2 ± 1.8
25-34	10.3 ± 2.4	15.5 ± 2.3	12.9 ± 1.7
35-44	14.9 ± 2.5	21.2 ± 2.6	18.1 ± 1.8
45-54	22.2 ± 2.7	28.1 ± 2.6	25.2 ± 1.9
55-64	23.3 ± 2.8	26.1 ± 2.6	24.7 ± 1.9
65-74	17.0 ± 2.4	23.7 ± 2.6	20.5 ± 1.8
75+	13.6 ± 2.7	10.5 ± 1.9	11.7 ± 1.6
All ages	15.7 ± 1.0	19.9 ± 1.0	17.9 ± 0.7

2.6 Perceptions of Local Crime Rate

There is no apparent general trend with age in perception of changes in the local crime rate. More people aged 75 or over think that crime has reduced or stayed the same in the past two years, at around 80%. The lowest levels for this indicator are found among 35-44 year olds at 75.5%. While these two groups are significantly different from each other, only those aged 75+ are significantly different from the national average.

Men are more likely than women to think that crime has reduced or stayed the same; 79.5% for men compared with 75.4% for women.

Table 19: Local crime rate by age and sex, SSCQ 2014; changes from 2013 and 2012

		2014		Change		
		grp %	+/-	from 2013	from 2012	
Age	16-24	77.0	± 3.3	-3.0	+0.3	
	25-34	76.2	± 2.4	-1.3	+0.5	
	35-44	75.5	± 2.2	+0.4	+0.7	
	45-54	76.4	± 2.0	-0.1	+1.8	
	55-64	78.4	± 1.9	+0.3	+2.0	
	65-74	78.8	± 1.9	+0.1	+1.8	
	75+	80.2	± 1.9	+1.5	+4.0	⇧
Gender	Male	79.5	± 1.2	-0.0	+1.7	
	Female	75.4	± 1.2	-0.4	+1.5	

2.7 Confidence in Police

Analysis of Confidence in Police is conducted on latent classes across all six questions. These statistics are in development and are therefore provided in a supplementary paper available from the SSCQ website.[33]

[33] SSCQ Statistics in Development: A latent class analysis of the six police confidence questions http://gov.scot//Topics/Statistics/About/Surveys/SSCQ/SSCQ2014/SSCQ2014-PolCon

3 Disability: Long-term limiting physical and mental health conditions

Harmonised questions on long-term limiting physical or mental health conditions that limit daily activity are designed to identify respondents who may have rights under section 6 of the Equality Act 2010[34]. **Long-term limiting physical or mental health conditions are therefore taken as a proxy for disability.**

Table 20: Age profile of those with long-term limiting conditions, SSCQ 2014

	Proportion in Age Group (Row %)							
	16-24	25-34	35-44	45-54	55-64	65+	Adults	Col%
Limiting condition	5.4	9.0	10.5	15.9	18.6	40.6	1,029,600	23%
No limiting condition	16.6	17.9	16.7	18.7	14.0	16.1	3,387,000	76%

Older people are more likely to suffer a long-term limiting health condition. 40% of those with limiting conditions are aged 65+, compared with 16% of those without such a condition. For this reason, age standardisation is applied to many of the analyses in the following section. For more information on this process, see section 11.10.

Where formal testing is conducted, the group without long-term limiting health conditions is used as the reference category for comparison. Where p-values are provided, a value of less than 0.05 indicates statistical significance at the 95% level. For more information about statistical tests, see section 11.11.

Summary Findings

- Unsurprisingly, the long-term limiting conditions group have considerably lower levels of good/very good general health than the rest of the population (27.5% compared with 88.6% in the non-disabled group).
- The smoking rate for this group is around 40% higher than for the rest of the population. Smoking prevalence among those with long-term limiting conditions has fallen in line with the change at national level since 2012, down 2.2 points to 27.7% in 2014.
- People with long-term physical or mental health conditions that limit their daily activities have lower levels of mental wellbeing.
- The gap in perception of the local crime rate has narrowed since 2012; the disabled group are still less likely to say that crime in their area has reduced or stayed the same in the last two years (74.8% compared with 78.2%) but the difference has reduced from 5.2 to 3.4 percentage points in 2014.

3.1 General Health

Table 21 General health by disability, SSCQ 2014; changes from 2013 and 2012

		2014		Change	
		grp %	+/-	from 2013	from 2012
Disability	Limiting condition	27.5	± 1.5	+0.7	-0.4
	No limiting condition	88.6	± 0.6	-0.7	+0.3

[34] http://www.legislation.gov.uk/ukpga/2010/15/section/6

As might be expected, there is a clear association between disability and self-assessed general health. Those without a limiting long-term condition are three times as likely to report “Good/Very good” health as those with a limiting condition.

Changes over time from 2012 are not statistically significant.

Disability is correlated with age; those reporting a long-term limiting health condition tend to be older. Controlling for this difference through age standardisation boosts the contribution to the group level statistic made by the younger members of the disabled group, who tend to rate their health higher. It therefore weakens the correlation between disability and general health somewhat, and the proportion of the disabled group reporting good/very good health rises to 30.4%. This is clearly still a much lower rate than those without limiting long-term conditions.

Table 22: Proportions rating general health “Good” or “Very good” – age standardised disability result, SSCQ 2014

	Base level	Age standardised
Limiting condition	27.5%	30.4% ± 2.0
No limiting condition	88.6%	87.8% ± 0.6

3.2 Smoking

Table 23 : Smoking prevalence by disability, SSCQ 2014; changes from 2013 and 2012

		2014		Change			
		grp %	+/-	from 2013		from 2012	
Disability	Limiting condition	27.7	± 1.4	-0.2		-2.2	⇩
	No limiting condition	19.2	± 0.8	-1.5	⇩	-2.6	⇩

Smoking is more common among those with long-term limiting health conditions. Over a quarter of those reporting such a condition smoke, compared with around a fifth of those with no limiting condition.

Table 24: Smoking prevalence – age standardised long-term limiting health condition groups, SSCQ 2014

	Base level	Age standardised
Limiting condition	27.7%	32.1% ± 1.9
No limiting condition	19.2%	18.5% ± 0.8

This difference is accentuated when we account for the age differences between the two groups, as shown in Table 24. Because the disability rate increases with age, while younger people are more likely to smoke (probably due to higher mortality rates for smokers), this shows that smoking rates are consistently higher for the long-term sick and disabled across the board, as confirmed in Figure 8.

Figure 8: Smoking prevalence by long-term limiting health conditions and age group, SSCQ 2014

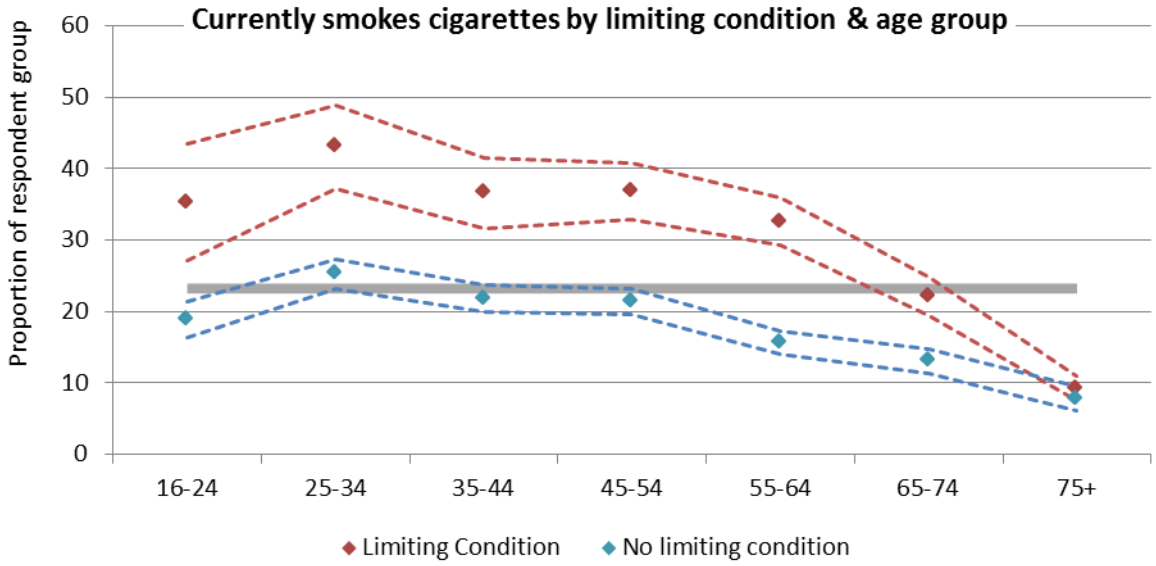


Table 25: Smoking prevalence by long-term limiting health conditions and age group, SSCQ 2014

	Limiting condition	No limiting condition
16-24	35.2% ± 8.2	18.8% ± 2.5
25-34	43.0% ± 5.8	25.3% ± 2.1
35-44	36.6% ± 4.9	21.8% ± 1.9
45-54	36.8% ± 4.0	21.3% ± 1.8
55-64	32.6% ± 3.3	15.6% ± 1.7
65-74	22.1% ± 2.7	13.0% ± 1.7
75+	9.2% ± 1.7	7.8% ± 1.7

3.3 Mental Wellbeing

The mental wellbeing of those reporting a long-term limiting health condition is around 2.8 percentage points lower than of those without such a condition.

Table 26 : Average SWEMWBS score by disability, 2014

		2014	
		Mean	+/-
Disability	Limiting condition	22.3	± 0.1
	No limiting condition	25.1	± 0.1

When the different age distribution of the long-term limiting conditions group is taken into account, this difference widens slightly to 3.1 points. Those with a long-term limiting condition have lower levels of mental wellbeing than those without.

Limiting conditions include people with physical and/or mental health conditions that limit daily activities. It is therefore not surprising that this group have lower levels of mental wellbeing.

Table 27: Average SWEMWBS score – age standardised disability groups, SSCQ 2014

	Base level	Age standardised
Limiting condition	22.3	22.0 ± 0.2
No limiting condition	25.1	25.1 ± 0.1

3.4 Provision of Unpaid Care

There is no statistically significant difference between those with and without long-term limiting conditions in their provision of care to others.

Table 28 : Provision of unpaid care by disability, SSCQ 2014

		2014	
		grp %	+/-
Disability	Limiting condition	18.4	± 1.4
	No limiting condition	17.7	± 0.8

Both the prevalence of limiting long-term conditions and the prevalence of unpaid care provision generally increase with age. When age standardisation is applied, the difference between the groups increases further, however this difference is still not statistically significant (p=0.07).

3.5 Perceptions of Local Crime Rate

People with long-term limiting conditions are less likely to report that crime in their area has reduced or stayed the same. Around three quarters report this change, while 78% of those without limiting conditions do so. However, since 2012 this difference has narrowed. The difference in 2014 was 3.4 percentage points, whereas in 2012 it was 5.1 percentage points.

Table 29 : Local crime rate by disability, SSCQ 2014; changes from 2013 and 2012

		2014		Change		
		grp %	+/-	from 2013	from 2012	
Disability	Limiting condition	74.8	± 1.6	-0.9	+2.8	⇧
	No limiting condition	78.2	± 1.0	-0.0	+1.1	

3.6 Confidence in Police

Analysis of Confidence in Police is conducted on latent classes across all six questions. These statistics are in development and are therefore provided in a supplementary paper available from the SSCQ website.[35]

[35] SSCQ Statistics in Development: A latent class analysis of the six police confidence questions http://gov.scot//Topics/Statistics/About/Surveys/SSCQ/SSCQ2014/SSCQ2014-PolCon

4 Ethnicity

The ethnic group of respondents is collected in detail by the surveys contributing to the SSCQ. The full range of responses available to survey respondents is provided in Table 91.

We have tried to present the data on ethnic group in a way that would be most helpful to users, with consideration to producing analysis to reveal inequalities that highlight the need for action. However, in Scotland, many ethnic groups are small in number and this can often lead to statistical unreliability when analysing and presenting data drawn from a sample survey. This can hinder publication of detailed data because of the need to avoid identification of individuals.

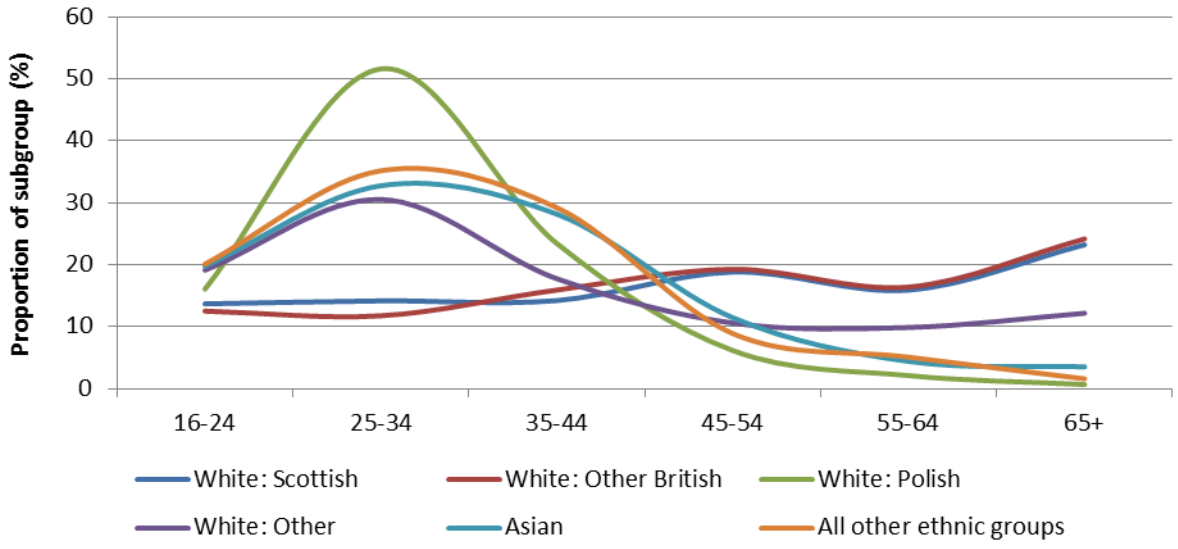
In some instances we have tried to overcome this problem by combining categories. This is not an ideal solution as it can hide inequalities that occur between each of the separate categories, but it is often the option which provides the best balance between data utility, sensitivity and the protection of the individual. Our schema for doing so is provided in section 11.7.

Where it has been necessary to combine categories, we have tried to make the headings reflective of the individual categories that have been combined. We have tried to take account of the sensitivities around differing stakeholders' views of the ethnic group categories used in Scottish surveys. In the accompanying commentary we have used current terminology on ethnic group.

Summary Findings

- When the differing age profile of ethnic groups are taken into account, the "White: Other British" and "White: Other" groups have significantly higher levels of good/very good general health compared to the "White: Scottish" majority.
- Accounting for age differences, only the "White: Other British" groups is significantly different to the national average level of long-term limiting health conditions, around 4 percentage points lower than the "White: Scottish" majority.
- The "White: Polish" group has higher smoking rates than the national average; for "White: Other British" and "Asian" subgroups, the rate is lower. There are also significant differences between sexes across most ethnic groups, the prevalence among women being lower.
- Mental wellbeing is lower in the "White: Scottish" group than in all other "White" ethnic subgroups. Differences for the "Asian" and "All other ethnic groups" are not statistically significant after age standardisation.
- When age distribution is accounted for, there are no significant differences between ethnic groups in their provision of care at the 95% level. Although the estimates for "White: Polish" and "Asian" subgroups are considerably lower than the national average, the increase in confidence interval as a result of this calculation means these differences are not statistically significant.
- Perceptions of local crime rates in 2014 were approximately equal for the "White: Scottish" and "White: Other British" subgroups. This is a result of an increase for the "White: Scottish" and a decrease for the "White: Other British" groups since 2012, when "White: Scottish" had a lower level than "White: Other British".
  After age standardisation, only the "White: Polish" group differs significantly from the national average. 84.2% reported crime has reduced or stayed the same over the past two years, a significantly higher level than other ethnic groups.

Figure 9: Age profile of ethnic groups , SSCQ 2014



There are significant differences in the age distribution of ethnic groups. While “White: Scottish” and “White: Other British” are very similar, other groups tend by varying degrees to be younger in general and to be in the 25-34 age group in particular. For this reason, age standardisation is applied to many of the analyses in the following section. For more information on this process, see section 11.10.

Table 30: Age profile of ethnic groups[36], SSCQ 2014

	Proportion in Age Group (Row %)							
	16-24	25-34	35-44	45-54	55-64	65+	Adults	Col%
White: Scottish	13.7	14.2	14.2	18.8	15.9	23.2	3,457,400	78%
White: Other British	12.5	11.8	15.9	19.3	16.4	24.2	579,100	13%
White: Polish	16.1	51.6	23.4	6.2	2.1	0.7	76,700	2%
White: Other*	19.1	30.5	17.7	10.6	9.9	12.2	167,400	4%
Asian**	19.8	32.7	28.2	11.4	4.4	3.5	101,400	2%
All other ethnic groups***	20.1	35.2	29.2	8.9	5.1	1.6	50,200	1%

Where statistical testing is used to identify differences between subgroups, the “White: Scottish” group – the most populous group in Scotland – is used as the basis for comparison. Where p-values are provided, a value of less than 0.05 indicates statistical significance at the 95% level. For more information about statistical tests, see section 11.11.

4.1 General Health

Ethnic groups other than “White:Scottish” report higher levels of good/very good general health. “White: Polish” and “White: Other” groups have the highest levels at around 88% and 86% respectively.

36

* 'White: Other' includes ‘White: Irish’, ‘White: Gypsy/Traveller’ and ‘White: Other White Ethnic Group’
** 'Asian' includes the categories ‘Asian’, “Asian Scottish’ or ‘Asian British’ and all associated subcategories
*** 'All other ethnic groups' includes categories within the 'Mixed or Multiple Ethnic Group', ‘African’, ‘Caribbean or Black’, and ‘Other Ethnic Group’

Table 31: General health by ethnic group, SSCQ 2014; changes from 2013 and 2012

		2014		Change	
		grp %	+/-	from 2013	from 2012
Ethnicity	White: Scottish	72.6	± 0.8	-1.0	+0.0
	White: Other British	76.6	± 1.9	-1.3	+2.4
	White: Polish	87.8	± 4.9	-4.8	-2.4
	White: Other	86.2	± 2.9	-1.4	+3.9
	Asian	79.1	± 5.3	-3.5	-1.9
	All other ethnic groups	84.8	± 5.2	-2.0	-5.7

This picture changes somewhat when the differing age profiles of the ethnic groups has been taken into account. Under age standardisation, the “White: Polish”, “Asian” and “All other” ethnic groups are no longer statistically different from the “White:Scottish”.

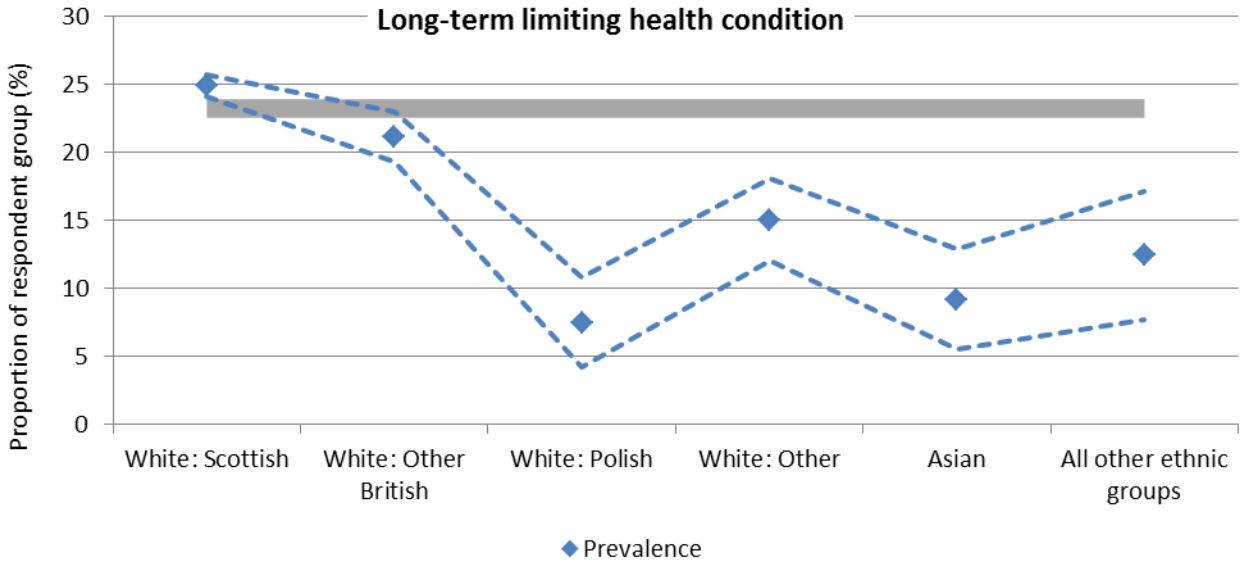
Only the “White: Other British” and “White: Other” remain significantly higher than the “White: Scottish” group under age standardisation.

Table 32: Good/very good general health – age standardised ethnic group result, SSCQ 2014

	Base level	Age standardised
White: Scottish	72.6%	73.1% ± 0.8
White: Other British	76.6%	77.6% ± 1.9
White: Polish	87.8%	74.2% ± 15.2
White: Other	86.2%	80.5% ± 3.8
Asian	79.1%	69.2% ± 8.5
All other ethnic groups	84.8%	72.3% ± 12.4

4.2 Long-term Limiting Health Conditions

Figure 10: Long-term limiting health conditions by ethnic group



All ethnic groups except “White: Scottish” and “White: Other British” have lower prevalences of long-term limiting conditions than the national average. “White: Scottish” have a slightly higher prevalence than the national rate.

Table 33 : Long-term limiting health conditions by ethnic group, SSCQ 2014; changes from 2013 and 2012

		2014		Change			
		grp %	+/-	from 2013		from 2012	
Ethnicity	White: Scottish	24.9	± 0.8	+1.4	⇧	-0.3	
	White: Other British	21.1	± 1.8	-0.8		-2.7	⇩
	White: Polish	7.5	± 3.3	+1.1		-0.7	
	White: Other	15.0	± 3.0	+3.0		-0.0	
	Asian	9.2	± 3.7	+1.9		-1.6	
	All other ethnic groups	12.4	± 4.7	+0.4		+1.2	

However, this indicator and ethnic group are both strongly correlated with age. Groups not identifying as “White: Scottish” or “White: Other British” tend to be considerably younger (see Table 30). When this relationship is accounted for through age standardisation, many of the apparent differences between ethnic groups disappear, as shown in Table 34.

Table 34: Long-term limiting health conditions – age standardised ethnic group results, SSCQ 2014

	Base level	Age standardised
White: Scottish	24.9%	24.4% ± 0.8
White: Other British	21.1%	20.2% ± 1.8
White: Polish	7.5%	24.9% ± 16.0
White: Other	15.0%	20.1% ± 3.8
Asian	9.2%	17.2% ± 7.0
All other ethnic groups	12.4%	24.0% ± 12.5

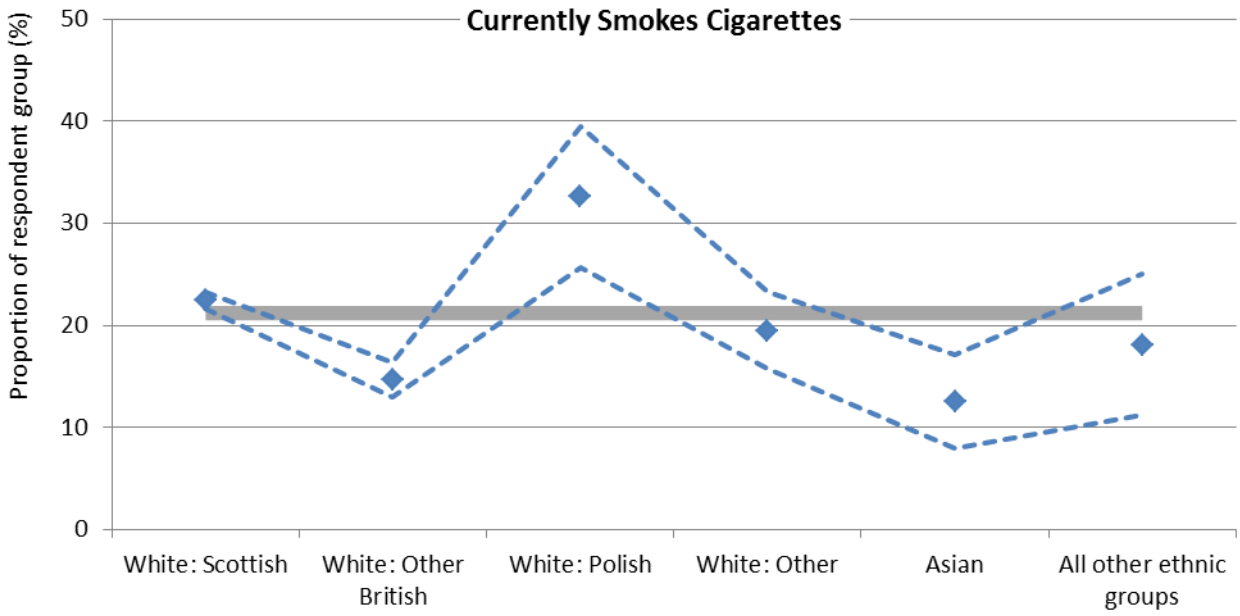
The results of age standardisation among ethnic groups are that:

- “White: Scottish” is no longer significantly different from the national average level
- “White: Other British” drops just below the national average
- “All other ethnic groups” increase in prevalence to account for their younger age distributions, and are no longer distinguishable from national average levels.

Note also that the confidence intervals on the age standardised results increase by a large amount, almost 5 times larger for “White: Polish”. This likely because a small number of older individuals are made to represent what is a large proportion of the population at national level.

4.3 Smoking

Figure 11: Smoking prevalence by ethnic group, SSCQ 2014



There are clear differences in smoking rates between ethnic groups, as shown in Figure 11. The “White: Other British” and “Asian” groups have lower smoking rates than the national average, while the “White: Polish” group has the highest rate at 32.6%.

Table 35 : Smoking prevalence by ethnic group, SSCQ 2014; changes from 2013 and 2012

		2014		Change		
		grp %	+/-	from 2013	from 2012	
Ethnicity	White: Scottish	22.4	± 0.8	-1.0	-2.5	⇩
	White: Other British	14.7	± 1.7	-1.9	-4.1	⇩
	White: Polish	32.6	± 6.9	+1.2	-2.7	
	White: Other	19.5	± 3.7	-3.3	-4.2	
	Asian	12.5	± 4.6	-1.8	+1.8	
	All other ethnic groups	18.1	± 6.9	+1.2	+4.7	

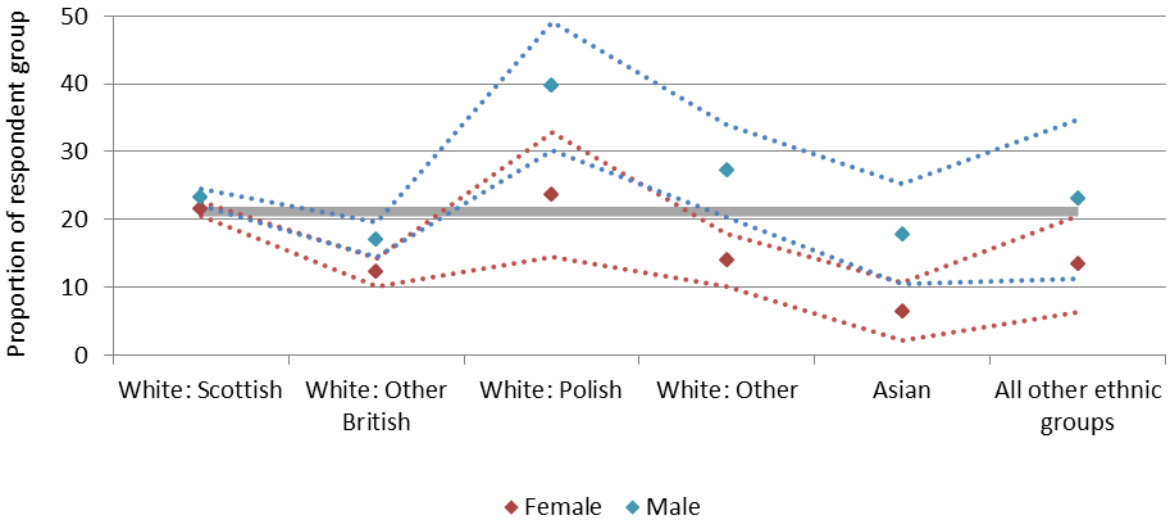
Across all ethnic groups, differences from the national average are accentuated by age standardisation, indicating that ethnic group is a determinate of smoking prevalence independent of age group.

Table 36: Smoking prevalence – age standardised ethnic groups, SSCQ 2014

	Base level	Age standardised
White: Scottish	22.4%	22.7% ± 0.8
White: Other British	14.7%	15.1% ± 1.8
White: Polish	32.6%	39.3% ± 13.7
White: Other	19.5%	17.9% ± 3.5
Asian	12.5%	11.8% ± 4.9
All other ethnic groups	18.1%	17.4% ± 7.8

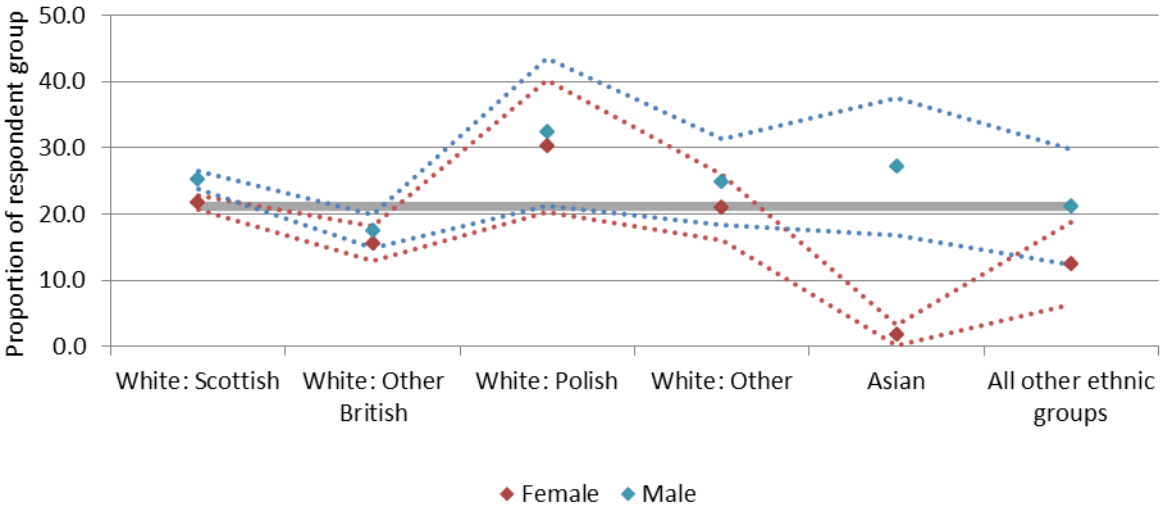
Smoking rates are significantly higher for men in all ethnic groups except “All other ethnic groups” where, although the point estimate is lower for women there is insufficient confidence for a statistical difference (see Figure 12)[37].

Figure 12: Smoking prevalence by ethnic group and sex, SSCQ 2014



The picture was rather different in 2013, when the difference between sexes at national level was somewhat smaller (see section 2.3). In 2013 when ethnic groups are split by sex, for most groups the smoking rates do not differ significantly. However, in the “Asian” ethnic group, women have much lower smoking rates than men. Indeed “Asian” men have a similar smoking rate to the “White: Scottish” group at 27.2%, while only 1.8% of “Asian” women smoke cigarettes (see Figure 13).

Figure 13: Smoking prevalence by ethnic group and sex, SSCQ 2013



[37] Although confidence intervals overlap slightly, formal testing between sexes shows significant differences. The test produced p-values as follows: "White: Scottish" p=0.040; "White: Other British" p=0.004; "White: Polish" p=0.021; "White: Other" p=0.001; "Asian" p=0.010; "All other ethnic groups" p=0.152.

4.4 Mental Wellbeing

As shown in Figure 14, “White: Other” and “All other ethnic groups” have higher levels of mental wellbeing than the national average. A formal test shows that the “White: Other British” and “White: Polish” groups also have higher levels of mental wellbeing than the “White: Scottish” reference group (p=0.009 and p=0.018 respectively).

Figure 14: Average SWEMWBS score by ethnic group, 2014

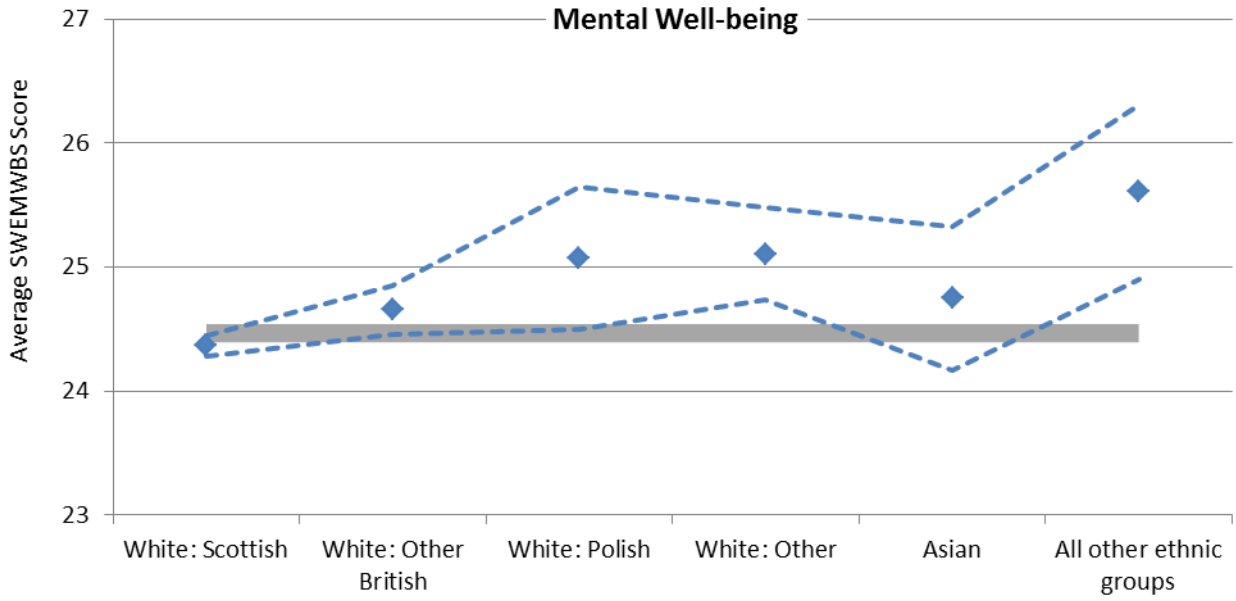


Table 37: Average SWEMWBS score by by ethnic group, age standardised ethnic group, SSCQ 2014

		2014		Age standardised	
		Mean	+/-	Mean	+/-
Ethnicity	White: Scottish	24.4	± 0.1	24.4	± 0.1
	White: Other British	24.7	± 0.2	24.7	± 0.2
	White: Polish	25.1	± 0.6	25.3	± 0.9
	White: Other	25.1	± 0.4	25.0	± 0.4
	Asian	24.7	± 0.6	24.6	± 0.7
	All other ethnic groups	25.6	± 0.7	25.4	± 1.1

When the different age profile of the “All other” group is taken into account, the average wellbeing is reduced so that it is not statistically different from the reference group.[38] However differences for the other ethnic groups remain; levels of mental wellbeing are lower in the “White:Scottish” group than in all other “White” ethnic groups.

4.5 Provision of Unpaid Care

Ethnic groups other than “White: Other British” are generally less likely to provide unpaid care than “White: Scottish”. However under formal testing only the lower rate in the “White: Polish” group is statisically significant. This is likely because a large number of “White: Polish” people living in Scotland have moved without older members of their families.

[38] The test applied to age standardised data produced p-values as follows: “White: Other British” p=0.0102; “White: Polish” p=0.0409; “White: Other” p=0.001; “Asian” p=0.5904; “All other ethnic groups” p=0.076

When the different age distributions of the groups is taken into account, the significance level increases from p=0.012 to p=0.0732 – i.e. it is no longer significant at the 95% level.

The younger age profile of “White: Polish” people in Scotland means than they would not be expected to follow the patterns of “White: Scottish” people in providing care before age standardisation.

Table 38 : Provision of unpaid care by ethnic group, age standardised ethnic group, SSCQ 2014

		2014		Age standardised	
		grp %	+/-	grp %	+/-
Ethnicity	White: Scottish	18.9	± 0.8	18.8	± 0.8
	White: Other British	17.0	± 1.9	16.4	± 1.8
	White: Polish	6.0	± 3.3	6.6	± 4.7
	White: Other	12.1	± 3.1	14.7	± 3.7
	Asian	10.0	± 4.4	8.8	± 5.1
	All other ethnic groups	8.5	± 4.6	14.0	± 10.6

4.6 Perceptions of Local Crime Rate

The “White: Scottish” group has reported a 2.4 point increase in this indicator since 2012, while “White: Other British” reported a 3.4 percentage point decrease. The difference between the two groups in 2014 is not statistically significant (p=0.17).

Among “White: Polish” and “All other ethnic groups” the change over time is generally positive to 2014, although the apparent changes are not statistically significant.

For the “White: Other” group there have been negative percentage point changes from 2012 and 2013 – again, these apparent changes are not statistically significant.

Opinion in the “Asian” group appears stable over time; around three quarters report crime falling or staying the same in the past two years.

Table 39: Local crime rate by ethnic group, SSCQ 2014; changes from 2013 and 2012

		2014		Change		
		grp %	+/-	from 2013	from 2012	
Ethnicity	White: Scottish	77.6	± 0.9	-0.1	+2.4	⇧
	White: Other British	75.7	± 2.5	-2.2	-3.4	⇩
	White: Polish	84.2	± 6.6	+10.0	+3.5	
	White: Other	75.0	± 5.5	-3.5	-5.5	
	Asian	76.1	± 7.3	+1.1	-1.5	
	All other ethnic groups	76.7	± 8.3	+7.3	+9.4	

After age standardisation, only the “White: Polish” group is statistically different from the “White: Scottish” group (p=0.006) and higher than the national average. 84.2% (90% age standardised) identified a reduction or no change in the local crime rate over 2 years compared to 77.6% of the “White: Scottish” group. This is the first time over the time series that the two groups have been statistically different. However this finding should be treated with caution, as it follows an apparent 10 percentage point increase in the “White: Polish” group between 2013 and 2014, which is an comparitively large in-year change.

Table 40: Local crime rate – age standardised ethnic groups, SSCQ 2014

	Base level	Age standardised
White: Scottish	77.6	77.5 ± 0.9
White: Other British	75.7	75.5 ± 2.6
White: Polish	84.2	90.3 ± 5.5
White: Other	75.0	75.3 ± 5.5
Asian	76.1	81.9 ± 7.0
All other ethnic groups	76.7	68.6 ± 16.5

4.7 Confidence in Police

Analysis of Confidence in Police is conducted on latent classes across all six questions. These statistics are in development and are therefore provided in a supplementary paper available from the SSCQ website.[39]

[39] SSCQ Statistics in Development: A latent class analysis of the six police confidence questions http://gov.scot//Topics/Statistics/About/Surveys/SSCQ/SSCQ2014/SSCQ2014-PolCon

5 Religion

The religious group or denomination to which respondents report belonging is collected in detail by the contributing surveys to the SSCQ. The full range of responses available to respondents is provided in Table 90.

We have tried to present the data on religion in a way that would be most helpful to users, with consideration to producing analysis to reveal inequalities that highlight the need for action. However, in Scotland, many religious groups are small in number and this can often lead to statistical unreliability when analysing and presenting data drawn from a sample survey. This can hinder publication of figures because of the need to avoid identification of individuals.

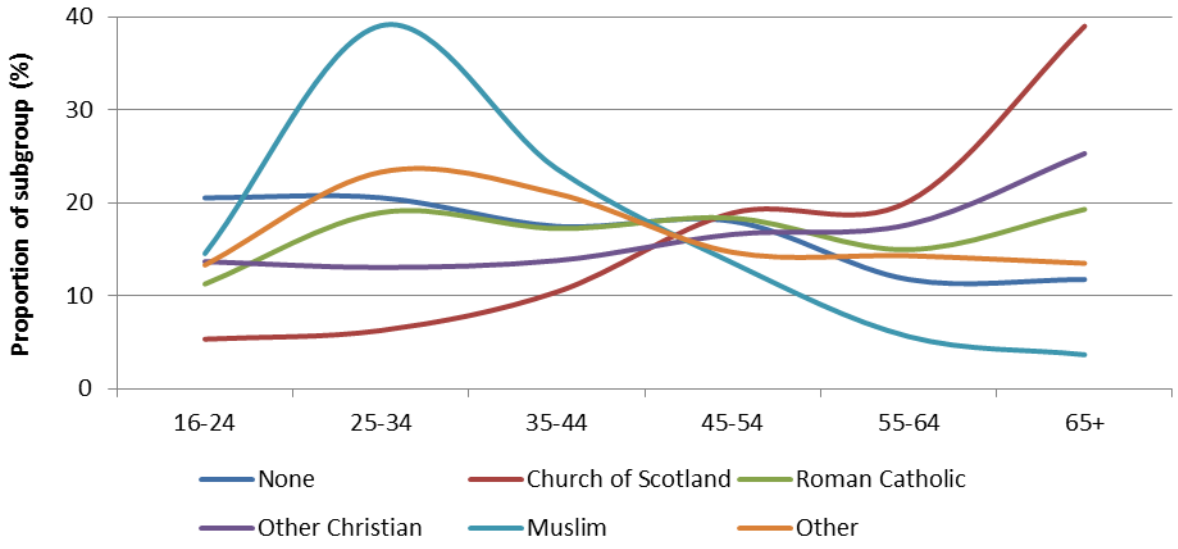
In some instances we have tried to overcome this problem by combining categories. This is not an ideal solution as it can hide inequalities that occur between each of the separate categories, but it is often the option which provides the best balance between data utility, sensitivity and the protection of the individual. Our schema for doing so is provided in section 11.6.

Where it has been necessary to combine categories, we have tried to make the headings reflective of the individual categories that have been combined. We have tried to take account of the sensitivities around differing stakeholders' views of the ethnic group categories used in Scottish surveys. In the accompanying commentary we have used current terminology on ethnic group.

Summary Findings

- After the age distribution of religion groups is taken into account, most of the apparent differences in good/very good general health disappear. Only the lower than average rates for the "Roman Catholic" and "Other" groups are significant, at 72.5% and 70.4% respectively.
- When age standardisation is applied, the apparent differences in the prevalence of long-term limiting health conditions are no longer statistically significant
- After age standardisation, the smoking rate for Church of Scotland, Other Christian and Muslims is considerably lower than the national average rate, and higher among Roman Catholics and those with no religious affiliation. Smoking rates are significantly higher for men compared with women in all religion groups except for those who identified as having 'no religion' and for Roman Catholics, where the rates for men and women are approximately equal
- Members of the Church of Scotland are more likely to report providing unpaid care (20.7%), even when the different age distributions of religion groups are accounted for.
- Since 2012, the proportion of members of the Church of Scotland and Roman Catholics reporting that crime rate decreased or stayed the same increased by 2.2 and 4.4 points respectively, while for those with no religious affiliation this has decreased by 2.2 points since 2013. In 2014 there were no statistically significant differences between religious groups on this indicator.

Figure 15: Age profile of religion groups, SSCQ 2014



Around 40% of those without religious affiliation, and over half of Muslims, are under 35 while nearly 60% of Church of Scotland members are 55 or over. These clear differences in age distribution between religion groups means that age standardisation has been applied to statistics in this chapter where indicators are age-correlated.

Table 41: Age profile of religion groups, SSCQ 2014

	Proportion in Age Group (Row %)							
	16-24	25-34	35-44	45-54	55-64	65+	Adults	Col%
None	20.5	20.5	17.5	18.0	11.7	11.7	1,973,600	44%
Church of Scotland	5.3	6.2	10.4	18.9	20.1	39.0	1,293,400	29%
Roman Catholic	11.2	18.9	17.2	18.3	15.0	19.3	666,700	15%
Other Christian	13.7	13.0	13.8	16.6	17.6	25.3	335,900	8%
Muslim	14.5	39.0	23.7	13.5	5.6	3.6	60,100	1%
Other	13.3	23.3	21.0	14.7	14.3	13.5	76,100	2%

Where statistical testing is used to identify differences between subgroups the “No religion” group – the most populous group in Scotland – is used as the basis for comparison. It should be noted that this group is generally younger than other religion groups (excluding Muslims) and age standardisation will therefore tend to have a large impact on the significance of differences between religions. For more information on this process, see section 11.10.

Where p-values are provided, a value of less than 0.05 indicates statistical significance at the 95% level. For more information about statistical tests, see section 11.11.

5.1 General Health

There are lower levels of good or very good general health among those identifying with the Church of Scotland (69.4%), Roman Catholics (72.5%) and “Others” (70.4%). Those with no religious affiliation report generally higher levels (77.8%) and Muslims report the highest levels overall at 80.6%. None of these groups saw significant changes over time.

Table 42: General health by religion, SSCQ 2014; changes from 2013 and 2012

		2014		Change	
		grp %	+/-	from 2013	from 2012
Religion	None	77.8	± 1.1	-1.5	+0.7
	Church of Scotland	69.4	± 1.3	-1.1	-0.5
	Roman Catholic	72.5	± 1.9	+0.1	+0.2
	Other Christian	75.1	± 2.5	-1.7	+0.5
	Muslim	80.6	± 6.7	+2.0	+3.2
	Other	70.4	± 6.1	-4.6	-4.3

These differences are closely related to the age profile of the various groups. Age standardisation moves the indicator for those who identified as having 'no religion', Roman Catholic, Muslim and Other groups down. The generally older Church of Scotland and Other Christian groups are moved up.

Table 43: Good/very good general health – age standardised religious group result, SSCQ 2014

	Base level	Age standardised
None	77.8%	74.0% ± 1.2
Church of Scotland	69.4%	74.9% ± 1.5
Roman Catholic	72.5%	71.7% ± 1.9
Other Christian	75.1%	76.3% ± 2.5
Muslim	80.6%	68.1% ± 11.8
Other	70.4%	66.9% ± 6.5

There were no detectable differences from the reference group in the age-standardised levels of good or very good general health for most groups. The exceptions are

- Roman Catholics where, after age standardisation, the rate was lower than the national average at 71.7%
- "Other", where the standardised rate was 66.9%

Although point estimates for Muslims and Other religions are moved 6-7 percentage points lower than the non-religious comparitor group and the national average by age standardisation, due to the large confidence intervals on these estimates this is not a statistically significant difference.

5.2 Long-term Limiting Health Conditions

Before the age differences among religious groups are taken into account, compared with those who identified as having 'no religion' (19.3%) there are fewer long-term limiting health conditions among Muslims (9.4%). People identifying as Church of Scotland, Roman Catholic and Other Christian have higher prevalences in general.

Table 44: Long-term limiting health conditions by religion, SSCQ 2014; changes from 2013 and 2012

		2014		Change		
		grp %	+/-	from 2013		from 2012
Religion	None	19.3	± 1.0	+1.9	⇧	+0.2
	Church of Scotland	28.8	± 1.3	+0.9		-1.0
	Roman Catholic	24.6	± 1.8	+0.4		-1.5
	Other Christian	24.7	± 2.5	+1.3		+0.7
	Muslim	9.4	± 4.7	-6.5		-2.3
	Other	24.4	± 5.6	+2.1		+1.6

As shown in Table 41, there are large differences in the age distributions of different religious groups. When age standardisation is applied, the apparent differences in the prevalence of long-term limiting health conditions are no longer statistically significant.

Table 45: Long-term limiting health conditions – age standardised religious group results, SSCQ 2014

	Base level	Age standardised
None	19.3%	23.3% ± 1.1
Church of Scotland	28.8%	23.7% ± 1.5
Roman Catholic	24.6%	25.3% ± 1.8
Other Christian	24.7%	23.1% ± 2.4
Muslim	9.4%	19.1% ± 10.6
Other	24.4%	27.4% ± 5.9

5.3 Smoking

Those who identified as having ‘no religion’ and Church of Scotland members have detectable reductions in smoking rates since 2012. Point estimates across all religious groups have fallen over this period, although not by statistically significant levels.

Those who identified as having ‘no religion’ are also more likely to smoke cigarettes than the national average. The Other Christian group has significantly lower smoking rates than the national average. The highest smoking rates are found among Roman Catholics, at 25.1%. These differences are not affected by age standardisation.

Table 46 : Smoking prevalence by religion, SSCQ 2014; changes from 2013 and 2012

		2014		Change		
		grp %	+/-	from 2013		from 2012
Religion	None	24.3	± 1.1	-1.6		-3.3 ⇩
	Church of Scotland	16.9	± 1.1	-1.1		-2.6 ⇩
	Roman Catholic	25.1	± 1.9	-1.5		-1.8
	Other Christian	13.4	± 2.2	-0.6		-2.4
	Muslim	14.1	± 6.0	-4.1		-0.4
	Other	19.4	± 5.9	+4.0		-6.1

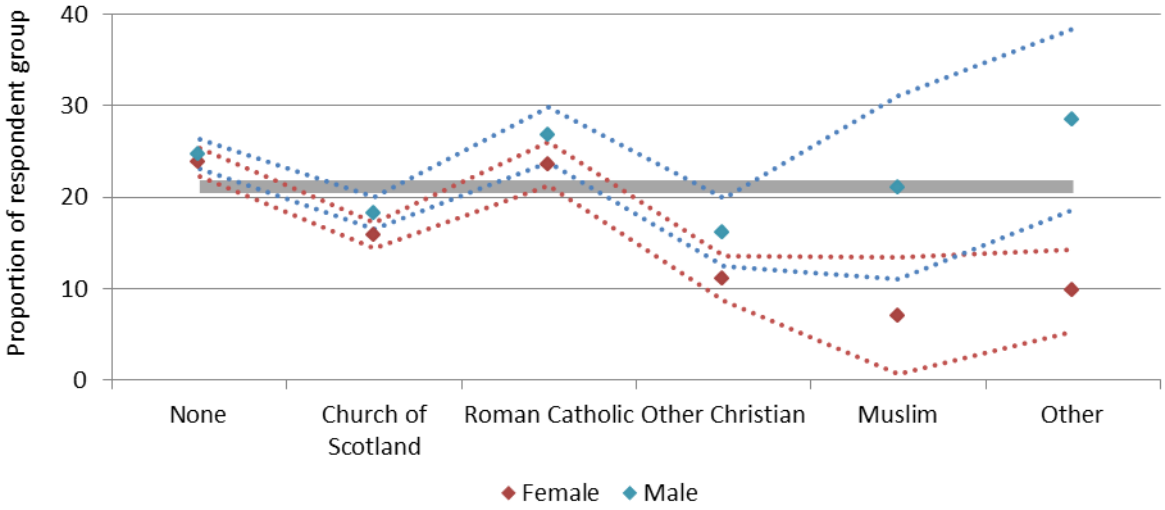
Muslim and Other religious groups do not have significantly different smoking rates from the national level. However, when the different age distribution of Muslims is taken into account, their smoking rate decreases further and is significantly lower than for Scotland as a whole.

Table 47: Smoking prevalence – age standardised religion groups, SSCQ 2014

	Base level	Age standardised
None	24.3%	23.1% ± 1.1
Church of Scotland	16.9%	18.4% ± 1.5
Roman Catholic	25.1%	24.6% ± 1.9
Other Christian	13.4%	13.9% ± 2.3
Muslim	14.1%	11.7% ± 5.8
Other	19.4%	18.9% ± 6.0

Smoking rates are significantly higher for men in all religion groups except for those who identified as having 'no religion' and Roman Catholics (see Figure 16)[40].

Figure 16: Smoking prevalence by religion and sex, SSCQ 2014



5.4 Mental Wellbeing

None of the religious groups have significantly different SWEMWBS scores on average. Age standardisation has no effect on this findings.

Table 48 : Average SWEMWBS score by religion, 2014

		2014	
		Mean	+/-
Religion	None	24.4	± 0.1
	Church of Scotland	24.5	± 0.1
	Roman Catholic	24.6	± 0.2
	Other Christian	24.5	± 0.2
	Muslim	24.6	± 0.8
	Other	24.5	± 0.7

[40] Although confidence intervals overlap, formal testing between sexes shows significant differences. The test produced p-values as follows: "None" p=0.493; "Church of Scotland" p=0.0264; "Roman Catholic" p=0.0995; "Other Christian" p=0.0199; "Muslim" p=0.0292; "Other" p<0.001.

5.5 Provision of Unpaid Care

Members of the Church of Scotland appear more likely to provide unpaid care than adults in Scotland on average. After age standardisation, all other groups are moved close to the national average, but Church of Scotland remains significantly higher than the non-religious reference group.

Table 49 : Provision of unpaid care – age standardised religion groups, SSCQ 2014

	Base level	Age standardised
None	15.8%	16.2% ± 1.0
Church of Scotland	20.7%	20.3% ± 1.7
Roman Catholic	18.7%	18.8% ± 1.9
Other Christian	19.1%	18.8% ± 2.6
Muslim	14.1%	17.9% ± 10.8
Other	16.7%	16.4% ± 5.3

5.6 Perceptions of Local Crime Rate

There are no statistically significant differences in perceptions of the local crime rate between religion groups.

Since 2012, a larger proportion of members of the Church of Scotland and Roman Catholics have reported that the crime rate has decreased or stayed the same over the previous two years, increasing 2.2 and 4.4 percentage points respectively.

Since 2013, this proportion has fallen for those with no religion by 2.2 percentage points.

Table 50 : Local crime rate by religion, SSCQ 2014; changes from 2013 and 2012

		2014		Change			
		grp %	+/-	from 2013		from 2012	
Religion	None	76.6	± 1.4	-2.2	⇩	+0.7	
	Church of Scotland	78.3	± 1.4	+1.2		+2.2	⇧
	Roman Catholic	77.7	± 2.1	+1.4		+4.4	⇧
	Other Christian	79.7	± 2.9	+2.7		-0.0	
	Muslim	74.7	± 9.4	+6.6		-1.6	
	Other	73.6	± 7.9	-3.9		+0.5	

5.7 Confidence in Police

Analysis of Confidence in Police is conducted on latent classes across all six questions. These statistics are in development and are therefore provided in a supplementary paper available from the SSCQ website.[41]

[41] SSCQ Statistics in Development: A latent class analysis of the six police confidence questions http://gov.scot//Topics/Statistics/About/Surveys/SSCQ/SSCQ2014/SSCQ2014-PolCon

6 Sexual orientation

Self-identified sexual orientation was introduced to Scottish government surveys to underpin the equality monitoring responsibilities of public sector organisations and to assess the disadvantage or relative discrimination experienced by the lesbian, gay and bisexual population.

It is felt that the figures are likely to under-report the percentage of lesbian, gay or bisexual (LGB) people within society due to a number of reasons, including the following:

- Asking about sexual orientation/identity is a new development in national surveys and such questions can be seen as intrusive and personal.
- There is still significant prejudice and discrimination against LGB people in society. In a context where some LGB people will not have told friends and family about their sexual identity, there is a real question about whether LGB people generally would want to be open with an interviewer.
- The default option for being uncertain about one's sexual orientation may be to respond 'straight/heterosexual' rather than to say 'don't know / not sure'.
- Particular LGB people are still less likely to be open where they belong to groups or communities where an LGB identity is less acceptable.

For these reasons, analysis of the SSCQ between sexual orientation groups should be treated with caution. Due to the small number of people reporting their sexual orientation as lesbian, gay, bisexual or other, it is necessary to group these individuals together to maintain a statistically significant sample.

The changing attitudes towards sexual orientation are at least partly reflected in the age distribution of the LGB & Other group versus those identifying as heterosexual (Table 51). Nearly half of those identifying as LGB & other are under 35. Less than 10% of the LGB & Other group are aged 65+, compared with over one fifth of those identifying as heterosexual.

Summary Findings

- After age standardisation, the proportion of the "LGB & Other" group reporting good or very good general health is significantly lower than the rest of the population (65.6% compared with 74.5%).
- The "LGB & Other" group has a higher smoking rate overall, but when their younger age distribution is accounted for this apparent difference is found not to be significant.
- The "LGB & Other" group has a lower mental wellbeing score on average than the heterosexual group (1.4 points lower)

Due to the significant differences in the age distribution of sexual orientation groups, age standardisation is applied to many of the analyses in the following section. For more information on this process, see section 11.10.

Table 51: Age profile of sexual orientation groups, SSCQ 2014

	Proportion in Age Group (Row %)							
	16-24	25-34	35-44	45-54	55-64	65+	Adults	Col%
Heterosexual	13.7	15.7	15.3	18.2	15.3	21.8	4,256,000	96%
LGB & other	26.4	23.1	18.4	15.8	7.8	8.5	72,200	2%

Where statistical testing is used to identify differences between subgroups the heterosexual group is used as the basis for comparison. Where p-values are provided, a value of less than 0.05 indicates statistical significance at the 95% level. For more information about statistical tests, see section 11.11.

6.1 General Health

Table 52 : General health by sexual orientation, SSCQ 2014; changes from 2013 and 2012

	2014		Change	
	grp %	+/-	from 2013	from 2012
Heterosexual	74.5	± 0.7	-0.9	+0.6
LGB & other	68.9	± 6.2	-3.1	-3.8

Differences in the general health indicator across sexual orientation groups are not statistically significant.

This picture changes upon age standardisation. The LGB & other group has a younger age profile than the heterosexual group. As a result, upon standardisation, the general health indicator reading is lowered and the confidence intervals no longer overlap.

Table 53: General health – age standardised sexual orientation group results, SSCQ 2014

	Base level	Age standardised
Heterosexual	74.5%	74.5% ± 0.7
LGB & other	68.9%	65.6% ± 6.4

When the differences in age between sexual orientation groups are taken into account, LGB & other sexual orientations tend to rate their general health lower. Only 65.6% said their general health was “Good or Very Good”, compared with 74.5% of the heterosexual group.

6.2 Long-term Limiting Health Conditions

Table 54: Long-term limiting health conditions by sexual orientation, SSCQ 2014; changes from 2013 and 2012

	2014		Change	
	grp %	+/-	from 2013	from 2012
Heterosexual	22.8	± 0.7	+0.9	-0.9
LGB & other	29.8	± 5.8	+4.0	+4.6

The apparent difference between sexual orientation groups is not statistically significant under formal testing (p=0.77).

Table 55: Long-term limiting health conditions – age standardised sexual orientation group results, SSCQ 2014

	Base level	Age standardised
Heterosexual	22.8%	22.7% ± 0.7
LGB & other	29.8%	32.1% ± 6.2

When age standardisation is applied, the difference between groups is accentuated (see Table 55). However, the confidence interval on the LGB & Other group estimate also increases and the evidence for a difference remains weak (p=0.17).

6.3 Smoking

Table 56 : Smoking prevalence by sexual orientation, SSCQ 2014; changes from 2013 and 2012

	2014		Change			
	grp %	+/-	from 2013		from 2012	
Heterosexual	21.0	± 0.7	-1.2	⇩	-2.6	⇩
LGB & other	29.0	± 5.8	+1.1		-5.2	

Smoking rates are higher in the LGB & other group than among heterosexuals (p=0.01). However,when the younger age distribution of the LGB & other group is taken into account this apparent difference disappears (p=0.25).

Both groups see a percentage point reduction over three years. However the reduction in the LGB & Other group (5.2 points) is not sufficiently large to be statistically significant. The heterosexual group sees a similar reduction as the populaton overall (of 2.6 percentage points).

6.4 Mental Wellbeing

The LGB and Other group has a lower mental wellbeing score on average than the heterosexual group (1.4 pts lower) – a statistically significant difference. This relationship is unaffected by age standardisation.

Table 57 : Average SWEMWBS score by sexual orientation, 2014

	2014	
	Mean	+/-
Heterosexual	24.5	± 0.1
LGB & other	23.1	± 0.5

6.5 Provision of Unpaid Care

The difference in care provision between sexual orientation groups is not sufficiently large to be statistically significant. Age standardisation does not greatly affect this relationship.

Table 58 : Provision of unpaid care by sexual orientation, SSCQ 2014

	2014	
	grp %	+/-
Heterosexual	18.0	± 0.7
LGB & other	21.1	± 6.5

6.6 Perceptions of Local Crime Rate

Although the LGB & Other group appear have a lower tendency to report a reduced or unchanged local crime rate, the apparent difference is not statistically significant. Age standardisation does not affect this finding.

Table 59 : Local crime rate by sexual orientation, SSCQ 2014; changes from 2013 and 2012

		2014		Change		
		grp %	+/-	from 2013	from 2012	
Sexuality	Heterosexual	77.5	± 0.9	-0.3	+1.6	⇧
	LGB & other	76.1	± 6.9	+4.0	-2.8	

6.7 Confidence in Police

Analysis of Confidence in Police is conducted on latent classes across all six questions. These statistics are in development and are therefore provided in a supplementary paper available from the SSCQ website.[42]

[42] SSCQ Statistics in Development: A latent class analysis of the six police confidence questions http://gov.scot//Topics/Statistics/About/Surveys/SSCQ/SSCQ2014/SSCQ2014-PolCon

7 Country of Birth

The country of birth of respondents is collected in detail by the pooled surveys. Reporting on the data in this way would uniquely identify, and therefore potentially disclose the identity of, participants from a range of countries. For this reason, country of birth has been presented as follows:

- Scotland: Respondents who specifically list “Scotland” as their country of birth
- Rest of UK: England, Northern Ireland, Wales, Great Britain/United Kingdom (Not Otherwise Specified)
- Rest of EU: Austria, Belgium, Bulgaria, Croatia, Cyprus (European Union), Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Ireland, Italy, Latvia, , Lithuania, Luxembourg, Malta, Netherlands, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden
- Rest of World: All other responses (excluding refusals)

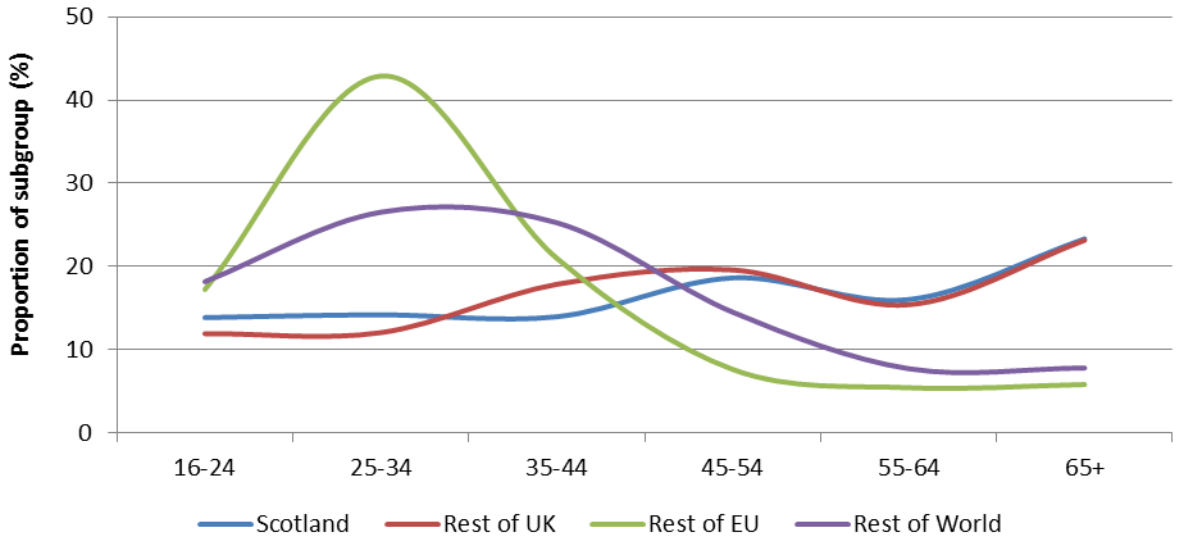
Note that in 2012 an error in questionnaire scripting in the SHS meant that data on country of birth was partly missing. This issue was resolved by calculating a specific weight for country of birth statistics from the 2012 data. For further information see section 1.5 of the SSCQ Technical Notes[43].

Summary Findings

- Those born outside Scotland – in the UK or in the wider EU – report higher levels of good/very good general health. The difference in those from the rest of the world is not statistically significant after age standardisation.
- Those born outside of the UK in the EU have lower levels of long-term limiting health conditions than the national average (8.5% compared with 23.2% nationally; 15.6% after age standardisation).
- Smoking rates among those born in the UK outside Scotland or the rest of the world outside the EU are somewhat lower than the national average, while those from the EU outside the UK are somewhat higher.
- All groups born outside of Scotland have higher mental wellbeing scores on average.
- Those born outside the UK are less likely to provide unpaid care.

[43] SSCQ 2012 Technical Notes, http://www.gov.scot/Resource/0049/00493729.pdf

Figure 17: Age profile of country of birth groups, SSCQ 2014



There are significant differences in the age distribution of these groups. For this reason, age standardisation is applied to many of the analyses in the following section. For more information on this process, see section 11.10.

Table 60: Age profile of country of birth groups, SSCQ 2014

	Proportion in Age Group (Row %)							
	16-24	25-34	35-44	45-54	55-64	65+	Adults	Col%
Scotland	13.9	14.2	14.0	18.6	16.0	23.3	3,547,000	80%
Rest of UK	11.9	12.1	17.9	19.6	15.4	23.2	493,300	11%
Rest of EU	17.2	42.9	21.0	7.6	5.4	5.8	191,100	4%
Rest of World	18.2	26.5	25.3	14.5	7.7	7.8	199,500	4%

Throughout this chapter, statistical testing is used to identify differences between subgroups. For this purpose, the group born in Scotland is used as the basis for comparison. Where p-values are provided, a value of less than 0.05 indicates statistical significance at the 95% level. For more information about statistical tests, see section 11.11.

7.1 General Health

Table 61 : Good/very good general health by country of birth, SSCQ 2014; changes from 2013 and 2012

		2014		Change	
		grp %	+/-	from 2013	from 2012
Country of Birth	Scotland	72.5	± 0.8	-1.0	-0.2
	Rest of UK	76.7	± 2.1	-2.1	+3.1
	Rest of EU	88.4	± 2.7	+0.3	+3.1
	Rest of World	82.6	± 3.3	-3.8	+0.5

There are clear differences in the levels of good or very good general health by country of birth. Those born in Scotland had the lowest levels overall (72.5%), while those born in the "Rest of EU" rate their health the highest (88.4%).

Table 62: General health – age standardised country of birth group results, SSCQ 2014

	Base level	Age standardised
Scotland	72.5%	73.1% ± 0.8
Rest of UK	76.7%	77.2% ± 2.1
Rest of EU	88.4%	80.7% ± 4.2
Rest of World	82.6%	76.4% ± 4.2

When the differing age profiles of these groups is taken into account, the group born in "Rest of World" drops back to levels comparible with those born in Scotland (76.4% - not statistically different from the 73.1% in those born in Scotland).

Those born outside Scotland in the UK, or in the rest of the EU, still have statistically significant higher levels of good/very good general health than Scotland after age standardisation.

7.2 Long-term Limiting Health Conditions

Table 63: Long-term limiting health conditions by country of birth, SSCQ 2014; changes from 2013 and 2012

		2014		Change			
		grp %	+/-	from 2013		from 2012	
Country of Birth	Scotland	24.8	± 0.8	+1.2	⇧	+0.1	
	Rest of UK	21.7	± 2.0	+1.7		-2.0	
	Rest of EU	8.5	± 2.0	-2.1		-4.2	⇩
	Rest of World	13.4	± 2.8	+1.5		-0.1	

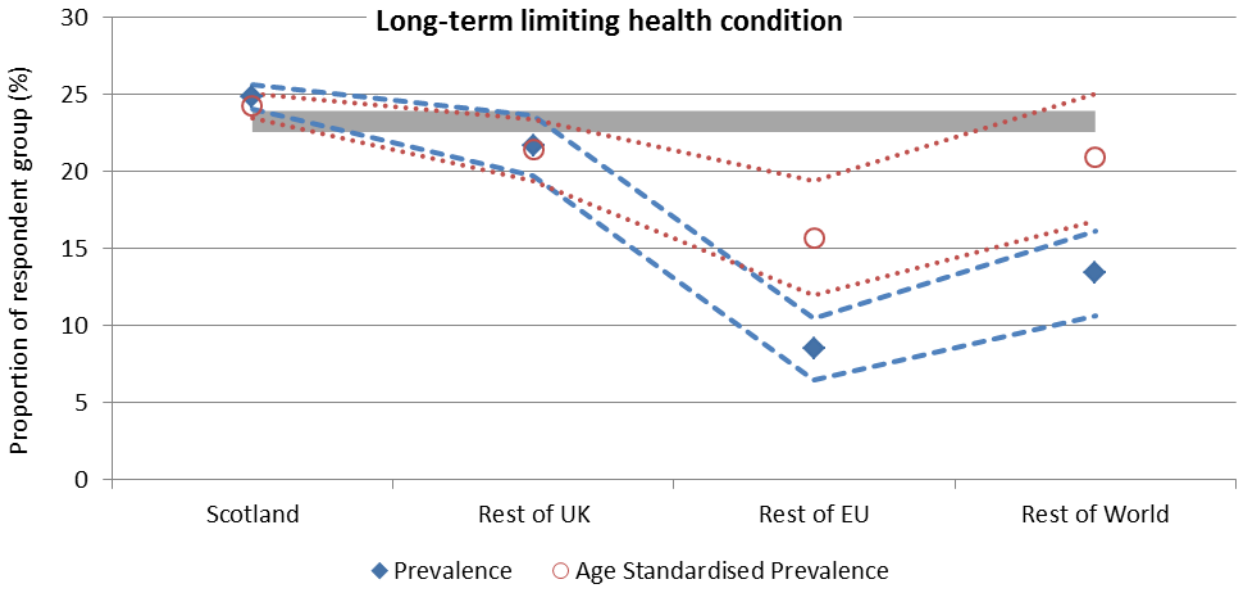
Individuals born outside of Scotland tend to have lower levels of long-term limiting health conditions: around a quarter of those born in Scotland compared with 21.7% of those born in the rest of the UK, 8.5% of those born in the rest of the EU, and 13.4% in the rest of the world. However there are also large differences in age distribution between these groups.

Age standardised results are provided in Figure 18 and Table 64. These indicate that if the population born outside the UK in the EU had the same age distribution as Scotland as a whole, they would still be significantly less likely to report a long-term limiting health condition. The group born in the rest of the world would not be different from the national average rate.

Table 64: Long-term limiting health conditions – age standardised country of birth results, SSCQ 2014

	Base level	Age standardised
Scotland	24.8%	24.2% ± 0.8
Rest of UK	21.7%	21.4% ± 2.0
Rest of EU	8.5%	15.6% ± 3.7
Rest of World	13.4%	20.9% ± 4.1

Figure 18: Long-term limiting health conditions by country of birth, SSCQ 2014 base and age standardised levels



7.3 Smoking

Smoking rates among those born in the UK outside Scotland or the rest of the world outside the EU are somewhat lower than the national average, while those from the EU outside the UK are somewhat higher. Age standardisation has little effect on these differences.

Table 65 : Smoking prevalence by country of birth, SSCQ 2014; changes from 2013 and 2012

		2014		Change		
		grp %	+/-	from 2013	from 2012	
Country of Birth	Scotland	22.2	± 0.8	-1.1	-2.5	⇩
	Rest of UK	15.5	± 1.9	-0.3	-4.1	⇩
	Rest of EU	25.5	± 3.9	-5.8	-2.7	
	Rest of World	13.3	± 3.0	-0.8	-1.5	

Smoking rates among those born in Scotland and the rest of the UK have seen clear reductions since 2012; a reduction of 2.5 and 4.1 percentage points respectively. Indeed smoking rates across all country of birth groups have fallen, but in other groups the changes are not large enough to be statistically significant given their smaller sample sizes.

7.4 Mental Wellbeing

All groups born outside of Scotland have higher mental wellbeing scores on average.[44] The differences remain statistically significant after age standardisation. The largest difference from those born in Scotland is among those born outside the UK in the EU, with a 1 point difference.

[44] The Rest of UK group appears marginal by inspection of confidence intervals, however under formal testing p=0.003 and is significant at the 95% level.

Table 66 : Average SWEMWBS score by country of birth, 2014

		2014	
		Mean	+/-
Country of Birth	Scotland	24.4	± 0.1
	Rest of UK	24.7	± 0.2
	Rest of EU	25.4	± 0.4
	Rest of World	25.0	± 0.4

7.5 Provision of Unpaid Care

Those born outside the UK are less likely to provide unpaid care. This is not unexpected given that many will be migrants to Scotland and may have moved without older members of their families. This effect is decreased but not eliminated by age standardisation, as shown in Table 67.

Table 67 : Provision of unpaid care by country of birth, SSCQ 2014

		2014		Age standardised	
		grp %	+/-	grp %	+/-
Country of Birth	Scotland	18.9	± 0.8	18.8	± 0.8
	Rest of UK	17.1	± 2.0	16.4	± 2.0
	Rest of EU	8.7	± 2.4	12.6	± 3.8
	Rest of World	10.2	± 3.0	10.4	± 3.0

7.6 Perceptions of Local Crime Rate

There are no significant differences in the perceptions of local crime rate between adults with different countries of birth shown in Table 68. The detected rise in perceptions among those born in Scotland reflects the rise at the national level.

Table 68 : Local crime rate by country of birth, SSCQ 2014; changes from 2013 and 2012

		2014		Change		
		grp %	+/-	from 2013	from 2012	
Country of Birth	Scotland	77.2	± 0.9	-0.5	+1.6	⇧
	Rest of UK	78.4	± 2.6	+0.6	-1.4	
	Rest of EU	77.1	± 4.9	+3.2	-0.6	
	Rest of World	79.3	± 4.5	-0.1	+2.6	

7.7 Confidence in Policing

Analysis of Confidence in Police is conducted on latent classes across all six questions. These statistics are in development and are therefore provided in a supplementary paper available from the SSCQ website.[45]

[45] SSCQ Statistics in Development: A latent class analysis of the six police confidence questions http://gov.scot//Topics/Statistics/About/Surveys/SSCQ/SSCQ2014/SSCQ2014-PolCon

8 Deprivation

The Scottish Index of Multiple Deprivation (SIMD) is the Scottish Government's official tool for identifying concentrations of deprivation. It incorporates several different aspects of deprivation, combining them into a single index. It divides Scotland into 6,505 small areas, called datazones, each containing around 350 households or around 800 people.

The Index provides a relative ranking for each datazone, from 1 (most deprived) to 6,505 (least deprived). By identifying small areas where there are concentrations of multiple deprivation, the SIMD can be used to target policies and resources at the places with greatest need. [46]

The SIMD cannot be used to determine 'how much' more deprived one data zone is than another e.g. it is not possible to say that data zone X, ranked 50, is twice as deprived as data zone Y, ranked 100. For the purposes of this analysis, the population is split into quintiles – groups comprising 20% of SIMD areas – based on deprivation rank. Note that area deprivation identifies areas of concentrated deprivation, but people experiencing deprivation can live outside these areas.

Deprivation is not a protected equality characteristic *per se*. However it is strongly correlated with a number of indicators examined throughout this report, and interactions between equality groups and deprivation area are likely to be important in understanding inequality. For this reason, the distribution of protected characteristic subgroups discussed in previous chapters is provided in Table 69.

Summary Findings

- Adults in more deprived areas have lower levels of good/very good general health than in less deprived areas, higher proportions with long-term limiting health conditions and higher smoking prevalence.
- Between deprivation quintiles 1-3 (the most deprived 20% through to the middle deprivation group) mental wellbeing increases. Between the 3rd and 5th quintile groups (the middle to the least deprived areas) there is no statistically significant difference.
- Adults in the second most deprived group are less likely to report that crime in their area has reduced or stayed the same in the last two years. Other deprivation area groups do not differ significantly from the national average level. This represents a large change for people in the most deprived 20% of areas, where this indicator has increased 7.1 percentage points since 2012.

Table 69 shows that the following subgroups are more likely to live in the most deprived areas than the Scottish population as a whole:

- Younger adults (under 35)
- People with long-term limiting health conditions
- White: Polish and “All other” ethnic groups
- Roman Catholics
- LGB & Other
- Those born in the EU outside the UK

[46] SIMD Publication Web Portal, http://simd.scotland.gov.uk/publication-2012/

Table 69: Deprivation distribution of protected equality groups, SSCQ 2014[47]

	Scottish Index of Multiple Deprivation - Quintiles (row %)				
	Most deprived				Least deprived
	20%	2	3	4	20%
All	19.8 ± 0.9	19.6 ± 0.8	19.9 ± 0.8	21.0 ± 0.9	19.7 ± 0.9
Respondent Age Group					
16-24	23.8 ± 2.6	20.4 ± 2.4	18.1 ± 2.3	18.0 ± 2.4	19.7 ± 2.6
25-34	24.4 ± 2.1	21.7 ± 1.9	19.8 ± 1.9	17.8 ± 1.9	16.2 ± 1.8
35-44	19.5 ± 1.8	20.2 ± 1.8	19.8 ± 1.7	20.8 ± 1.8	19.6 ± 1.8
45-54	18.6 ± 1.6	18.9 ± 1.6	19.3 ± 1.6	23.2 ± 1.8	20.0 ± 1.7
55-64	17.4 ± 1.5	17.4 ± 1.5	22.0 ± 1.7	21.5 ± 1.7	21.7 ± 1.8
65-74	16.5 ± 1.6	18.8 ± 1.6	21.6 ± 1.8	23.9 ± 1.9	19.3 ± 1.7
75+	17.0 ± 1.7	19.8 ± 1.9	18.7 ± 1.8	22.0 ± 2.0	22.4 ± 2.1
Limiting Long-term Physical or Mental Health Condition					
Yes	27.3 ± 1.7	22.6 ± 1.5	18.8 ± 1.3	18.2 ± 1.4	13.0 ± 1.3
No	17.5 ± 0.9	18.7 ± 0.9	20.3 ± 0.9	21.9 ± 1.0	21.7 ± 1.0
Ethnic Group					
White: Scottish	20.6 ± 1.0	20.6 ± 0.9	19.9 ± 0.9	20.4 ± 0.9	18.5 ± 1.0
White: Other British	12.0 ± 1.6	14.2 ± 1.7	21.3 ± 2.0	26.9 ± 2.2	25.6 ± 2.2
White: Polish	43.1 ± 7.4	20.9 ± 5.9	15.6 ± 4.9	11.1 ± 4.6	9.3 ± 4.5
White: Other	13.6 ± 3.0	16.2 ± 3.4	21.2 ± 3.8	21.2 ± 3.9	27.7 ± 4.8
Asian	19.4 ± 5.3	24.6 ± 5.8	15.2 ± 4.9	16.1 ± 4.7	24.6 ± 6.0
All other ethnic groups	35.5 ± 7.8	15.9 ± 5.7	14.5 ± 6.0	18.7 ± 7.2	15.5 ± 5.4
Religion					
None	19.0 ± 1.1	20.0 ± 1.2	20.1 ± 1.1	21.2 ± 1.2	19.7 ± 1.3
Church of Scotland	17.3 ± 1.3	18.4 ± 1.2	20.1 ± 1.3	23.2 ± 1.4	21.1 ± 1.4
Roman Catholic	28.9 ± 2.3	22.2 ± 1.9	18.8 ± 1.9	14.7 ± 1.7	15.4 ± 1.8
Other Christian	15.3 ± 2.4	15.5 ± 2.3	20.6 ± 2.5	25.3 ± 2.9	23.4 ± 2.8
Muslim	24.0 ± 6.9	25.5 ± 7.5	19.8 ± 7.3	14.5 ± 6.2	16.2 ± 6.2
Other	19.3 ± 5.5	20.6 ± 6.1	15.9 ± 4.9	18.9 ± 5.1	25.3 ± 6.3
Sexual Orientation					
Heterosexual	19.5 ± 0.8	19.5 ± 0.8	19.9 ± 0.8	21.2 ± 0.8	19.9 ± 0.9
LGB & other	31.8 ± 6.6	22.4 ± 5.6	14.6 ± 5.0	15.1 ± 4.6	16.0 ± 5.4
Country of Birth					
Scotland	20.7 ± 1.0	20.4 ± 0.9	20.0 ± 0.9	20.4 ± 0.9	18.6 ± 1.0
Rest of UK	10.8 ± 1.7	13.7 ± 1.8	21.6 ± 2.1	28.3 ± 2.4	25.6 ± 2.4
Rest of EU	26.4 ± 4.0	19.2 ± 3.6	20.4 ± 3.5	16.8 ± 3.4	17.1 ± 3.4
Rest of World	19.9 ± 3.5	20.8 ± 3.6	14.2 ± 3.0	18.1 ± 3.4	27.0 ± 4.6

As shown in Table 70, the age profiles of the SIMD quintile groups is somewhat different. In general there are higher proportions of younger adults in more deprived areas. For this reason, age standardisation is undertaken to check that apparent differences cannot be explained solely by this demographic effect. For more information on this process, see section 11.10.

[47] SSCQ 2014 Supplementary Tables, table S1: http://www.gov.scot/Topics/Statistics/About/Surveys/SSCQ/SSCQ2014/SuppTables

Table 70: Age profile of deprivation quintile groups, SSCQ 2014

	Proportion in Age Group (Row %)							
	16-24	25-34	35-44	45-54	55-64	65+	Adults	Col%
Most deprived 20%	16.8	19.5	15.0	17.0	13.3	18.5	877,600	20%
2	14.6	17.5	15.7	17.4	13.4	21.4	869,900	20%
3	12.7	15.7	15.2	17.5	16.7	22.2	883,700	20%
4	12.0	13.4	15.1	20.0	15.5	24.0	931,000	21%
Least deprived 20%	14.0	13.0	15.1	18.4	16.6	22.9	874,200	20%

Throughout this chapter, statistical testing is used to identify differences between subgroups. For this purpose, the median deprivation group – group 3 – is used as the basis for comparison. Where p-values are provided, a value of less than 0.05 indicates statistical significance at the 95% level. For more information about statistical tests, see section 11.11.

8.1 General Health

Figure 19: General health by deprivation, SSCQ 2014

There is a very clear correlation between self-assessed general health and deprivation, ranging from 63.7% in the most deprived fifth of areas reporting good or very good health and 83.6% in the least deprived fifth of areas.

Table 71 : General health by deprivation, SSCQ 2014; changes from 2013 and 2012

		2014		Change	
		grp %	+/-	from 2013	from 2012
SIMD	Most deprived 20%	63.7	± 1.8	+0.2	+2.4
	2	69.0	± 1.7	+0.3	-0.4
	3	75.5	± 1.6	-0.4	+0.0
	4	78.6	± 1.5	-2.7	-0.0
	Least deprived 20%	83.5	± 1.4	-0.7	+0.2

The minor adjustments to this relationship by age standardisation only accentuate the underlying differences, due to a younger population in more deprived areas and an older population in the less deprived areas. If the most deprived 20% of areas had the same age

distribution as Scotland as a whole just 61.5% would rate their health “good” or “very good”, compared with around 74% in Scotland as a whole.

Table 72: Proportions rating general health “Good” or “Very good” – age standardised SIMD quintile results, SSCQ 2014

	Base level	Age standardised
Most deprived 20%	63.7%	61.5% ± 1.8
2	69.0%	68.3% ± 1.8
3	75.5%	75.8% ± 1.6
4	78.6%	79.3% ± 1.5
Least Deprived 20%	83.5%	84.2% ± 1.4

8.2 Long-term Limiting Health Conditions

There is a very clear correlation between deprivation and long-term limiting health conditions. The rate in the least deprived fifth of areas is around half that in the most deprived fifth of areas (15.3% compared with 32.0%).

In general as deprivation increases, so does the rate of long-term limiting health conditions. The rates in the median group and the 4th quintile are not significantly different. The rate in the 4th quintile group has increased by a statistically signfiicant marginal from 2013, up 3.3 points from 16.8% to 20.1% in 2014.

Accounting for the age differences in area deprivation does not affect the differences between groups despite a somewhat younger population in the most deprived areas.

Figure 20: Long-term limiting health conditions and deprivation, SSCQ 2014

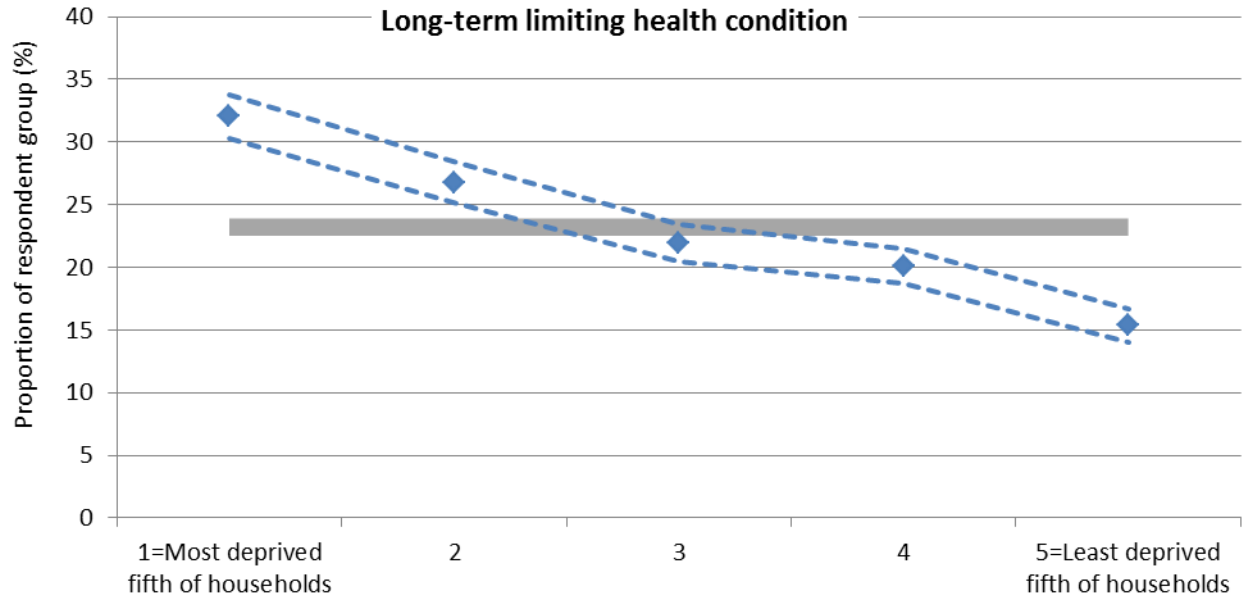


Table 73: Long-term limiting health conditions by deprivation, SSCQ 2014; changes from 2013 and 2012

		2014		Change			
		grp %	+/-	from 2013		from 2012	
SIMD	Most deprived 20%	32.0	± 1.7	+0.5		-2.1	
	2	26.8	± 1.6	-0.8		-0.7	
	3	21.9	± 1.5	+0.0		-0.6	
	4	20.1	± 1.4	+3.3	⇧	+0.3	
	Least deprived 20%	15.3	± 1.3	+0.3		-0.8	

8.3 Smoking

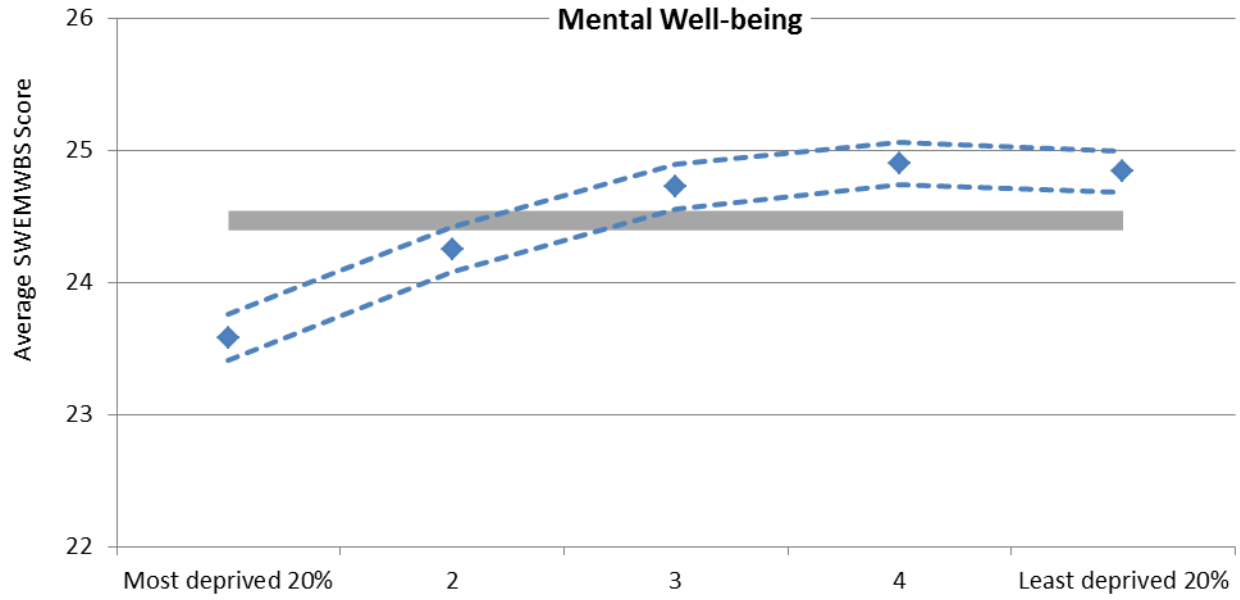
There is a clear correlation between deprivation and smoking; adults in the most deprived areas are more than three times as likely to smoke than in the least deprived areas. The smoking rate in most deprived group fell 3.3 percentage points from 2013 and a further 0.6 points from 2012. The highest reduction over the series is in the median group, which has fallen from 23.2% in 2012 to 18.6% in 2014; a reduction of almost one fifth.

Table 74 : Smoking prevalence by deprivation, SSCQ 2014; changes from 2013 and 2012

		2014		Change			
		grp %	+/-	from 2013		from 2012	
SIMD	Most deprived 20%	34.5	± 1.8	-3.3	⇩	-3.9	⇩
	2	27.6	± 1.7	+0.3		-1.1	
	3	18.6	± 1.5	-3.1	⇩	-4.6	⇩
	4	15.4	± 1.4	-1.0		-2.1	⇩
	Least deprived 20%	10.2	± 1.2	-0.6		-1.3	

8.4 Mental Wellbeing

Figure 21: Average SWEMWBS score by deprivation, SSCQ 2014



Deprivation appears to have a clear link to mental wellbeing. Those in the most deprived 20% of areas have the lowest average scores at 23.6.

The next most deprived group is 0.7 points higher and the median group is 0.4 points higher still at 24.7.

However there is no significant difference between the median group and individuals in the least deprived 40% of areas; the top three groups score around 24.8 on average.

Table 75 : Average SWEMWBS score by deprivation, 2014

		2014	
		Mean	+/-
SIMD	Most deprived 20%	23.6	± 0.2
	2	24.3	± 0.2
	3	24.7	± 0.2
	4	24.9	± 0.2
	Least deprived 20%	24.8	± 0.2

8.5 Provision of Unpaid Care

There is no difference in the rate of upaid care provision between any of the deprivation groups and the national average. Age standardisation has no effect on this relationship.

Table 76 : Provision of unpaid care by deprivation, SSCQ 2014

		2014	
		grp %	+/-
SIMD	Most deprived 20%	17.6	± 1.6
	2	18.6	± 1.7
	3	17.5	± 1.5
	4	17.8	± 1.5
	Least deprived 20%	17.9	± 1.6

8.6 Perceptions of Local Crime Rate

Adults in the second most deprived group are less likely to report that crime in their area has reduced or stayed the same in the last two years. Other deprivation area groups do not differ significantly from the national average level.

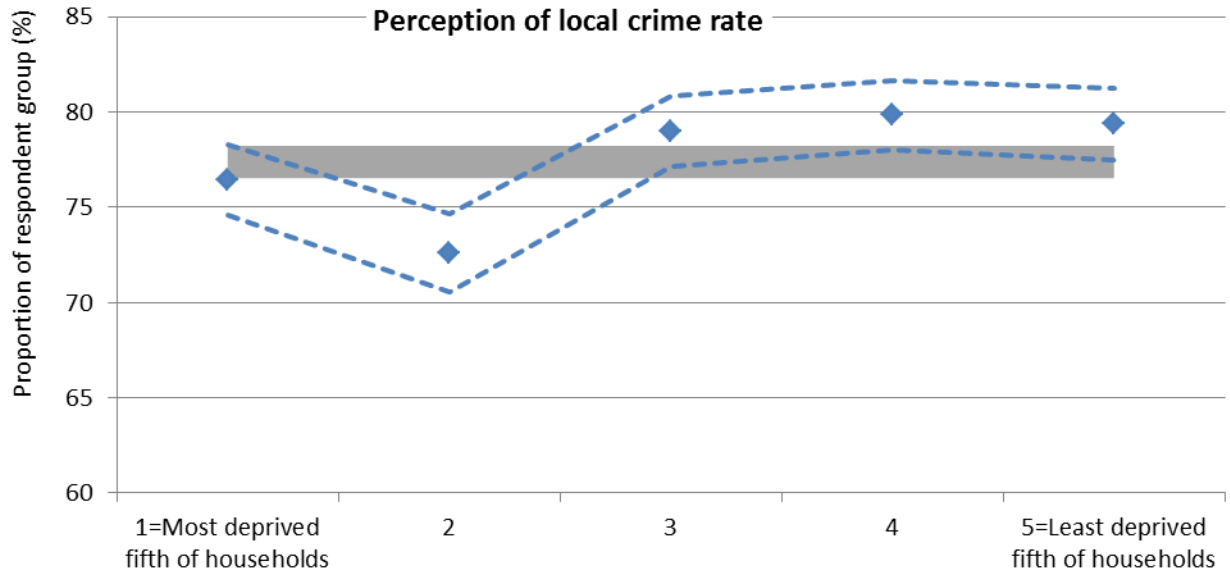
This represents a change from the position in 2012 and 2013, when the most deprived group also scored lower than the national average on this indicator. Adults in the most deprived 20% of areas have reported a consistent increase in this indicator over three years, up 7.1 percentage points from 2012, and 3.4 points from 2013.

Since 2012, the median deprivation group has reported a rise of 3 percentage points in this indicator. However the median group does not differ from the national average rate throughout the time series.

Table 77 : Local crime rate by deprivation, SSCQ 2014; changes from 2013 and 2012

		2014		Change			
		grp %	+/-	from 2013		from 2012	
SIMD	Most deprived 20%	76.4	± 1.8	+3.4	⇧	+7.1	⇧
	2	72.6	± 2.1	-1.3		+0.4	
	3	79.0	± 1.8	+0.9		+3.0	⇧
	4	79.9	± 1.8	-0.5		+0.4	
	Least deprived 20%	79.4	± 1.9	-2.4		-2.0	

Figure 22: Local crime rate by deprivation, SSCQ 2014



8.7 Confidence in Policing

Analysis of Confidence in Police is conducted on latent classes across all six questions. These statistics are in development and are therefore provided in a supplementary paper available from the SSCQ website.[48]

[48] SSCQ Statistics in Development: A latent class analysis of the six police confidence questions http://gov.scot//Topics/Statistics/About/Surveys/SSCQ/SSCQ2014/SSCQ2014-PolCon

9 Subnational Geographies

A key strength of the SSCQ is the ability to provide statistics at geographical levels smaller than Scotland as a whole. Results by local authority are available in the supplementary tables published alongside this report[49]. In this section we examine the relevant subnational geographies relating to the indicators, i.e. Health Boards and Police Scotland Divisions.

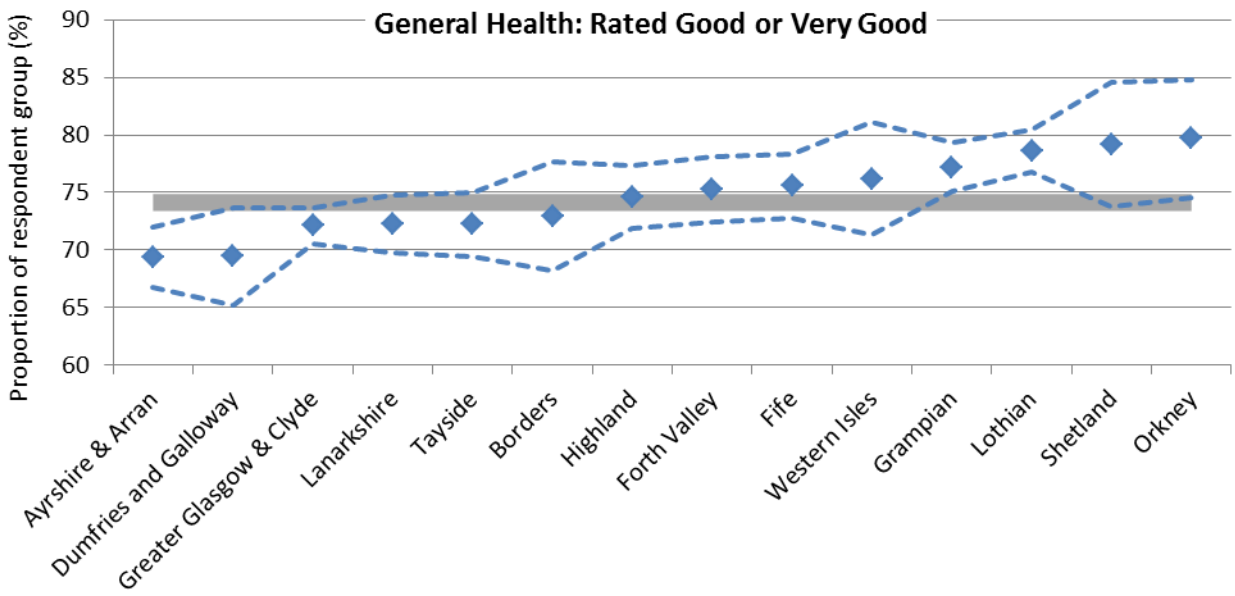
Where statistical testing is used to identify differences, contrasts are constructed to compare each area to the national average excluding that area, for example to check if Fife is significantly different to the rest of Scotland taken together.

Where p-values are provided, a value of less than 0.05 indicates statistical significance at the 95% level. For more information about statistical tests, see section 11.11.

9.1 General Health

"Good" or "Very good" general health varies between 69% and 80% across health boards. Lower levels can be found in Ayrshire & Arran and Dumfries & Galloway health boards. Higher levels are found in Orkney, Shetland, Lothian and Grampian.

Figure 23: General health by Health Board area, 2014



Across the time series, Lothian has remained above the national average on this indicator for the past three years (2012-14), and Grampian for the past two years (2013-14). Ayrshire & Arran is below national average in 2014, as it was in 2012. No other health boards differ significantly from the national average.

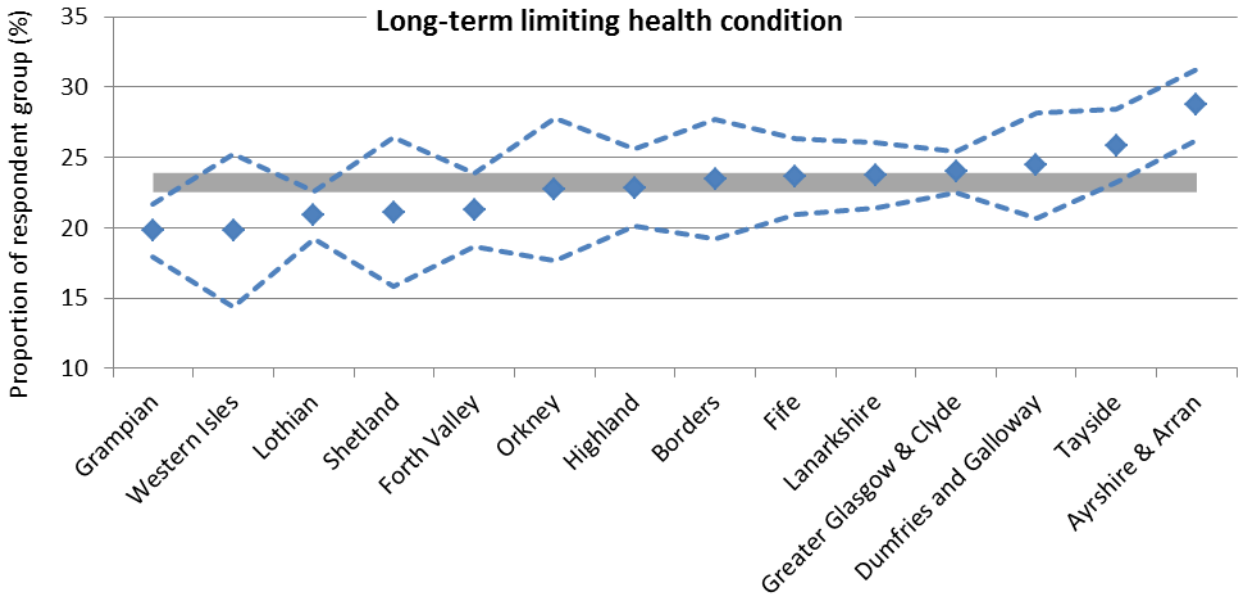
[49] www.gov.scot/Topics/Statistics/About/Surveys/SSCQ/SSCQ2014/SuppTabs

Table 78: General health by Health Board area; changes from 2013 and 2012

Health Board	2014	Change from 2013	Change from 2012
Ayrshire & Arran	69.4 ± 2.6	-2.2	-0.1
Borders	72.9 ± 4.7	-4.6	-3.1
Dumfries and Galloway	69.4 ± 4.3	-5.3	-1.8
Fife	75.6 ± 2.8	+1.5	+2.9
Forth Valley	75.3 ± 2.8	-3.2	+2.0
Grampian	77.2 ± 2.1	-1.4	+2.1
Greater Glasgow & Clyde	72.1 ± 1.5	-0.3	+0.5
Highland	74.6 ± 2.7	-3.5	-2.0
Lanarkshire	72.2 ± 2.5	+2.1	+0.7
Lothian	78.6 ± 1.8	-0.5	+2.0
Orkney	79.7 ± 5.1	+2.0	-3.6
Shetland	79.2 ± 5.4	+5.9	+3.1
Tayside	72.3 ± 2.8	-4.1	-5.2
Western Isles	76.2 ± 4.9	+0.3	-0.5
SCOTLAND	74.1 ± 0.7	-1.0	+0.4

9.2 Long-term Limiting Health Conditions

Figure 24: Long-term limiting health conditions by Health Board Area, 2014



Ayrshire & Arran has the highest prevalence of limiting long-term health conditions at 28.7%, and has shown above average levels on this indicator throughout the timeseries from 2012. The level in Tayside is also higher than the national average (p=0.037) at 25.8%.

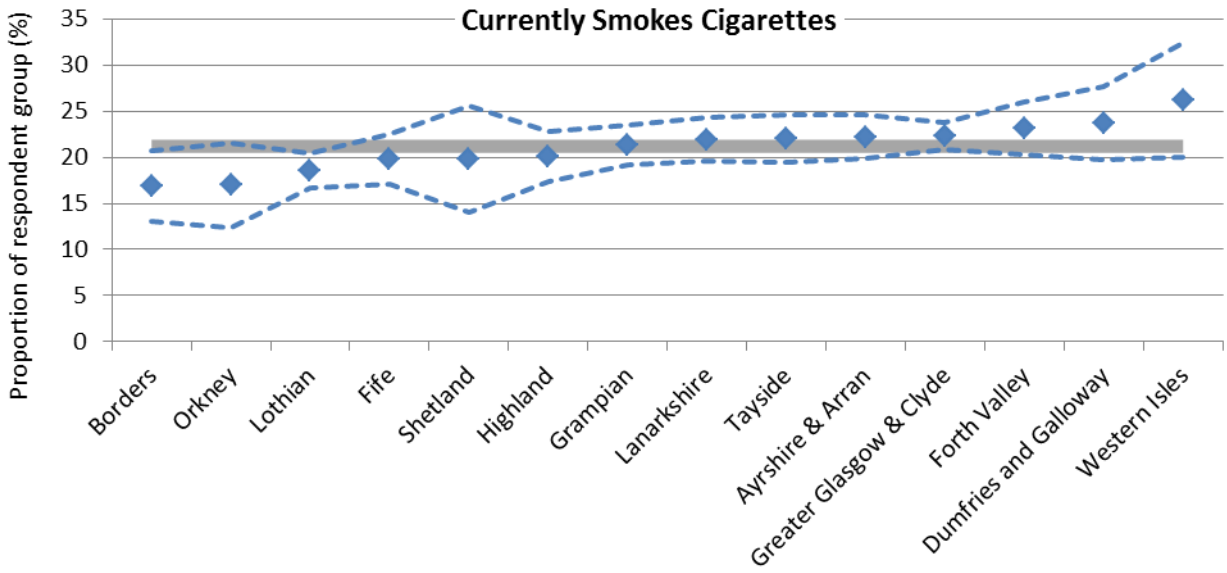
Grampian and Lothian have had consistently lower levels throughout the time series (2012-14). The rate in Lothian was 20.9% and in Grampain was 19.8% in 2014, both lower than the national average (p=0.017 and p<0.01 respectively).

Table 79: Long-term limiting health conditions by Health Board area; changes from 2013 and 2012

Health Board	2014	Change from 2013	Change from 2012
Ayrshire & Arran	28.7 ± 2.5	+1.6	+0.5
Borders	23.5 ± 4.3	-1.0	+0.3
Dumfries and Galloway	24.4 ± 3.7	+1.3	-2.0
Fife	23.7 ± 2.7	-2.0	-0.9
Forth Valley	21.3 ± 2.6	+2.5	-0.0
Grampian	19.8 ± 1.9	+1.2	-1.1
Greater Glasgow & Clyde	24.0 ± 1.5	-0.0	-1.2
Highland	22.9 ± 2.7	+3.2	-0.9
Lanarkshire	23.7 ± 2.3	-0.7	-3.6
Lothian	20.9 ± 1.7	+2.1	+0.1
Orkney	22.7 ± 5.0	+6.8	+3.9
Shetland	21.1 ± 5.3	-2.6	+0.0
Tayside	25.8 ± 2.6	+3.5	+1.8
Western Isles	19.8 ± 5.4	+0.4	+0.8
SCOTLAND	23.2 ± 0.7	+1.0	-0.8

9.3 Smoking

Figure 25: Smoking prevalence by Health Board, SSCQ 2014



Estimates of smoking rates across health boards do not deviate greatly from the national average. The only detectable differences are for Greater Glasgow and Clyde (GGC), higher than the national average at 22.3% (p=0.036), and for Lothian health board, which is below the national average at 18.5% (p=0.042).

Table 80 : Smoking prevalence by Health Board area, SSCQ 2014; changes from 2013 and 2012

Health Board	2014	Change from 2013	Change from 2012
Ayrshire & Arran	22.2 ± 2.4	-1.9	-1.9
Borders	16.9 ± 3.8	-1.9	-3.0
Dumfries and Galloway	23.7 ± 4.0	+4.7	+0.1
Fife	19.8 ± 2.8	-3.1	-4.0
Forth Valley	23.1 ± 2.9	+2.1	+1.2
Grampian	21.4 ± 2.1	-1.2	-0.9
Greater Glasgow & Clyde	22.3 ± 1.5	-1.9	-3.1 ⇩
Highland	20.1 ± 2.7	+1.1	-3.8
Lanarkshire	21.9 ± 2.4	-3.7	-2.9
Lothian	18.5 ± 1.9	-1.0	-4.0 ⇩
Orkney	17.0 ± 4.6	-3.0	-0.1
Shetland	19.8 ± 5.8	+1.1	+0.2
Tayside	22.0 ± 2.6	+0.3	-2.4
Western Isles	26.1 ± 6.2	+4.4	+4.8
SCOTLAND	21.2 ± 0.7	-1.1	-2.6 ⇩

In line with the fall in the national rate, GGC and Lothian health boards have detectable reductions in smoking prevalence over three years. In GGC smoking rates have fallen each year, from 25.4% in 2012 to 22.3% in 2014. In Lothian there has been a 4 percentage point drop from 2012, from 22.5% to 18.5% in 2014.

Across other health boards, it is not possible to distinguish changes in point estimate from random effects. However, most show a systematic reduction over time.

9.4 Mental Wellbeing

There are significantly higher levels of mental wellbeing as measured by SWEMWBS in Orkney, Shetland and the Highlands compared with the national average. Lower levels were measured in the Ayshire & Arran health board.

Figure 26: Average SWEMWBS score by Health Board area, 2014

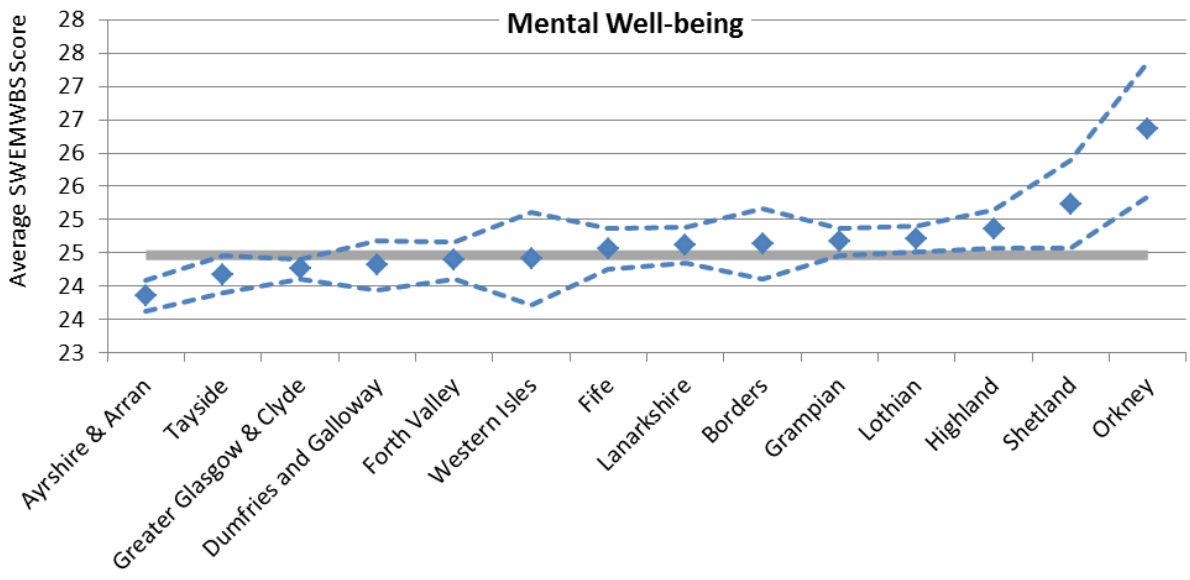


Figure 27: Average SWEMWBS score by Health Board area, 2014

Health Board	2014
Ayrshire & Arran	23.9 ± 0.2
Borders	24.6 ± 0.5
Dumfries and Galloway	24.3 ± 0.4
Fife	24.6 ± 0.3
Forth Valley	24.4 ± 0.3
Grampian	24.7 ± 0.2
Greater Glasgow & Clyde	24.3 ± 0.2
Highland	24.9 ± 0.3
Lanarkshire	24.6 ± 0.3
Lothian	24.7 ± 0.2
Orkney	26.4 ± 1.0
Shetland	25.2 ± 0.7
Tayside	24.2 ± 0.3
Western Isles	24.4 ± 0.7
SCOTLAND	24.5 ± 0.1

9.5 Provision of Unpaid Care

There are relatively small difference between Health Boards in the proportion of adults providing unpaid care.

In Fife ($p<0.001$) and Grampian ($p=0.003$), rates are lower than the national average: 12.9% and 15.6% provide care respectively.

In the Western Isles 27.4% provide unpaid care, significantly higher than the national average ($p=0.003$).

Table 81: Provision of unpaid care by Health Board area, 2014

Health Board	2014
Ayrshire & Arran	21.1 ± 2.7
Borders	17.8 ± 4.0
Dumfries and Galloway	19.1 ± 3.6
Fife	12.9 ± 2.3
Forth Valley	20.7 ± 2.9
Grampian	15.6 ± 1.9
Greater Glasgow & Clyde	17.9 ± 1.5
Highland	20.3 ± 2.9
Lanarkshire	17.4 ± 2.5
Lothian	17.3 ± 1.9
Orkney	22.4 ± 6.7
Shetland	24.3 ± 6.9
Tayside	18.8 ± 2.7
Western Isles	27.4 ± 6.4
SCOTLAND	17.9 ± 0.7

9.6 Perceptions of Local Crime Rate

Since 2012 the proportion of respondents reporting that crime in their local area has fallen or stayed the same has gone up in four Police Scotland Division areas, as shown in Table 82.

In 2014 the highest levels for this indicator (respondents reporting crime had fallen or stayed the same in the past 2 years) were found in Argyll & West Dunbartonshire (80.0%), Tayside (80.2%) and in Renfrewshire & Inverclyde (82.1%).

Renfrewshire & Inverclyde and Argyll & West Dunbartonshire saw the largest increases over the series, up 7.6 and 6.8 points respectively since 2012.

A statistically significant reduction been observed only in Edinburgh; a reduction of 5.7 points since 2012. Edinburgh also had the lowest proportion of adults reporting crime in their local area to be 'a lot less', 'a little less' or 'about the same' in 2014 at 69.8%.

Table 82: Local crime rate by Police Scotland Division; changes from 2013 and 2012

Police Scotland Division	2014	Change from 2013	Change from 2012
Aberdeen City	74.3 ± 4.3	-3.4	-4.8
Aberdeenshire & Moray	78.1 ± 3.3	-3.0	+0.3
Argyll & West Dunbartonshire	80.0 ± 3.5	+3.3	+6.8 ⇧
Ayrshire	74.8 ± 3.2	-2.9	+0.8
Dumfries & Galloway	77.5 ± 5.2	-1.7	-1.4
Edinburgh	69.8 ± 3.2	-6.9 ⇩	-5.7 ⇩
Fife	78.4 ± 3.3	-2.0	+1.4
Forth Valley	79.9 ± 2.9	-2.0	+2.4
Greater Glasgow	77.9 ± 2.1	+2.9	+3.1 ⇧
Highland & Islands	79.4 ± 3.3	-0.2	-1.8
Lanarkshire	78.2 ± 2.5	+3.8 ⇧	+4.8 ⇧
Lothians & Scottish Borders	75.4 ± 3.3	+0.6	+2.6
Renfrewshire & Inverclyde	82.1 ± 3.2	+2.4	+7.6 ⇧
Tayside	80.2 ± 3.0	+0.0	+2.1
SCOTLAND	77.4 ± 0.8	-0.2	+1.6 ⇧

9.7 Confidence in Policing

Analysis of Confidence in Police is conducted on latent classes across all six questions. These statistics are in development and are therefore provided in a supplementary paper available from the SSCQ website.[50]

[50] SSCQ Statistics in Development: A latent class analysis of the six police confidence questions http://gov.scot//Topics/Statistics/About/Surveys/SSCQ/SSCQ2014/SSCQ2014-PolCon

10 Indicator Tables

This chapter provides a digest of statistics arranged by indicator across equality subgroups for the convenience of the reader. Where possible the size and significance of changes over time are also provided. Statistically significant changes over time are marked with ⇧ for an increase from the reference year or ⇩ for a decrease.

10.1 General Health

Table 83: Self-assessed general health "Good" or "Very good", SSCQ 2014

		2014		Change	
		grp %	+/-	from 2013	from 2012
Scotland	Overall	74.1	± 0.7	-1.0	+0.4
Age	16-24	86.3	± 2.0	-1.8	-1.5
	25-34	86.0	± 1.5	+0.4	+0.8
	35-44	80.9	± 1.6	-2.7	+0.5
	45-54	74.4	± 1.7	-0.4	+0.7
	55-64	67.9	± 1.8	-1.1	+0.9
	65-74	63.2	± 2.0	+1.3	+3.3
	75+	49.8	± 2.2	-1.5	+0.6
Gender	Male	74.2	± 1.1	-1.7	-0.2
	Female	74.1	± 1.0	-0.5	+0.9
Disability	Limiting condition	27.5	± 1.5	+0.7	-0.4
	No limiting condition	88.6	± 0.6	-0.7	+0.3
Ethnicity	White: Scottish	72.6	± 0.8	-1.0	+0.0
	White: Other British	76.6	± 1.9	-1.3	+2.4
	White: Polish	87.8	± 4.9	-4.8	-2.4
	White: Other	86.2	± 2.9	-1.4	+3.9
	Asian	79.1	± 5.3	-3.5	-1.9
	All other ethnic groups	84.8	± 5.2	-2.0	-5.7
Religion	None	77.8	± 1.1	-1.5	+0.7
	Church of Scotland	69.4	± 1.3	-1.1	-0.5
	Roman Catholic	72.5	± 1.9	+0.1	+0.2
	Other Christian	75.1	± 2.5	-1.7	+0.5
	Muslim	80.6	± 6.7	+2.0	+3.2
	Other	70.4	± 6.1	-4.6	-4.3
Sexual Orientation	Heterosexual	74.5	± 0.7	-0.9	+0.6
	LGB & other	68.9	± 6.2	-3.1	-3.8
Country of Birth	Scotland	72.5	± 0.8	-1.0	-0.2
	Rest of UK	76.7	± 2.1	-2.1	+3.1
	Rest of EU	88.4	± 2.7	+0.3	+3.1
	Rest of World	82.6	± 3.3	-3.8	+0.5
SIMD	Most deprived 20%	63.7	± 1.8	+0.2	+2.4
	2	69.0	± 1.7	+0.3	-0.4
	3	75.5	± 1.6	-0.4	+0.0
	4	78.6	± 1.5	-2.7	-0.0
	Least deprived 20%	83.5	± 1.4	-0.7	+0.2

10.2 Long-term limiting health conditions

Table 84: Long-term limiting health conditions, SSCQ 2014

		2014		Change			
		grp %	+/-	from 2013		from 2012	
Scotland	Overall	23.2	± 0.7	+1.0	⇧	-0.8	
Age	16-24	8.9	± 1.5	-0.2		+0.4	
	25-34	13.3	± 1.5	+2.8	⇧	+1.4	
	35-44	16.0	± 1.5	+2.5	⇧	-0.1	
	45-54	20.4	± 1.6	+0.7		-1.9	
	55-64	28.6	± 1.8	-1.2		-2.6	⇩
	65-74	35.8	± 1.9	-1.6		-3.8	⇩
	75+	52.3	± 2.2	+2.0		-1.8	
Gender	Male	21.5	± 1.0	+0.8		-1.0	
	Female	24.8	± 0.9	+1.1		-0.6	
Ethnicity	White: Scottish	24.9	± 0.8	+1.4	⇧	-0.3	
	White: Other British	21.1	± 1.8	-0.8		-2.7	⇩
	White: Polish	7.5	± 3.3	+1.1		-0.7	
	White: Other	15.0	± 3.0	+3.0		-0.0	
	Asian	9.2	± 3.7	+1.9		-1.6	
	All other ethnic groups	12.4	± 4.7	+0.4		+1.2	
Religion	None	19.3	± 1.0	+1.9	⇧	+0.2	
	Church of Scotland	28.8	± 1.3	+0.9		-1.0	
	Roman Catholic	24.6	± 1.8	+0.4		-1.5	
	Other Christian	24.7	± 2.5	+1.3		+0.7	
	Muslim	9.4	± 4.7	-6.5		-2.3	
	Other	24.4	± 5.6	+2.1		+1.6	
Sexual Orientation	Heterosexual	22.8	± 0.7	+0.9		-0.9	
	LGB & other	29.8	± 5.8	+4.0		+4.6	
Country of Birth	Scotland	24.8	± 0.8	+1.2	⇧	+0.1	
	Rest of UK	21.7	± 2.0	+1.7		-2.0	
	Rest of EU	8.5	± 2.0	-2.1		-4.2	⇩
	Rest of World	13.4	± 2.8	+1.5		-0.1	
SIMD	Most deprived 20%	32.0	± 1.7	+0.5		-2.1	
	2	26.8	± 1.6	-0.8		-0.7	
	3	21.9	± 1.5	+0.0		-0.6	
	4	20.1	± 1.4	+3.3	⇧	+0.3	
	Least deprived 20%	15.3	± 1.3	+0.3		-0.8	

10.3 Smoking

Table 85: Smoking prevalence, SSCQ 2014; changes from 2013 and 2012

		2014		Change			
		grp %	+/-	from 2013		from 2012	
Scotland	Overall	21.2	± 0.7	-1.1	⇩	-2.6	⇩
Age	16-24	20.4	± 2.4	-3.4		-3.2	
	25-34	27.6	± 2.0	+1.6		-0.8	
	35-44	24.2	± 1.8	-1.9		-5.1	⇩
	45-54	24.5	± 1.7	-1.7		-2.2	
	55-64	20.5	± 1.5	-1.7		-3.7	⇩
	65-74	16.3	± 1.5	-0.4		-1.6	
	75+	8.5	± 1.2	+0.5		+0.9	
Gender	Male	22.7	± 1.1	-1.5		-2.7	⇩
	Female	19.8	± 0.9	-0.8		-2.5	⇩
Disability	Limiting condition	27.7	± 1.4	-0.2		-2.2	⇩
	No limiting condition	19.2	± 0.8	-1.5	⇩	-2.6	⇩
Ethnicity	White: Scottish	22.4	± 0.8	-1.0		-2.5	⇩
	White: Other British	14.7	± 1.7	-1.9		-4.1	⇩
	White: Polish	32.6	± 6.9	+1.2		-2.7	
	White: Other	19.5	± 3.7	-3.3		-4.2	
	Asian	12.5	± 4.6	-1.8		+1.8	
	All other ethnic groups	18.1	± 6.9	+1.2		+4.7	
Religion	None	24.3	± 1.1	-1.6		-3.3	⇩
	Church of Scotland	16.9	± 1.1	-1.1		-2.6	⇩
	Roman Catholic	25.1	± 1.9	-1.5		-1.8	
	Other Christian	13.4	± 2.2	-0.6		-2.4	
	Muslim	14.1	± 6.0	-4.1		-0.4	
	Other	19.4	± 5.9	+4.0		-6.1	
Sexual Orientation	Heterosexual	21.0	± 0.7	-1.2	⇩	-2.6	⇩
	LGB & other	29.0	± 5.8	+1.1		-5.2	
Country of Birth	Scotland	22.2	± 0.8	-1.1		-2.5	⇩
	Rest of UK	15.5	± 1.9	-0.3		-4.1	⇩
	Rest of EU	25.5	± 3.9	-5.8		-2.7	
	Rest of World	13.3	± 3.0	-0.8		-1.5	
SIMD	Most deprived 20%	34.5	± 1.8	-3.3	⇩	-3.9	⇩
	2	27.6	± 1.7	+0.3		-1.1	
	3	18.6	± 1.5	-3.1	⇩	-4.6	⇩
	4	15.4	± 1.4	-1.0		-2.1	⇩
	Least deprived 20%	10.2	± 1.2	-0.6		-1.3	

10.4 Mental Wellbeing

Table 86: Average SWEMWBS score, SSCQ 2014

		2014 Average SWEMWBS Score	+/-
Scotland	Overall	24.5	± 0.1
Age	16-24	24.5	± 0.3
	25-34	24.8	± 0.2
	35-44	24.4	± 0.2
	45-54	24.3	± 0.2
	55-64	24.4	± 0.2
	65-74	24.8	± 0.2
	75+	24.1	± 0.2
Gender	Male	24.5	± 0.1
	Female	24.4	± 0.1
Disability	Limiting condition	22.3	± 0.1
	No limiting condition	25.1	± 0.1
Ethnicity	White: Scottish	24.4	± 0.1
	White: Other British	24.7	± 0.2
	White: Polish	25.1	± 0.6
	White: Other	25.1	± 0.4
	Asian	24.7	± 0.6
	All other ethnic groups	25.6	± 0.7
Religion	None	24.4	± 0.1
	Church of Scotland	24.5	± 0.1
	Roman Catholic	24.6	± 0.2
	Other Christian	24.5	± 0.2
	Muslim	24.6	± 0.8
	Other	24.5	± 0.7
Sexual Orientation	Heterosexual	24.5	± 0.1
	LGB & other	23.1	± 0.5
Country of Birth	Scotland	24.4	± 0.1
	Rest of UK	24.7	± 0.2
	Rest of EU	25.4	± 0.4
	Rest of World	25.0	± 0.4
SIMD	Most deprived 20%	23.6	± 0.2
	2	24.3	± 0.2
	3	24.7	± 0.2
	4	24.9	± 0.2
	Least deprived 20%	24.8	± 0.2

10.5 Provision of unpaid care

Table 87: Provision of unpaid care, SSCQ 2014

		2014	
		grp %	+/-
Scotland	Overall	17.9	± 0.7
Age	16-24	8.2	± 1.8
	25-34	12.9	± 1.7
	35-44	18.1	± 1.8
	45-54	25.2	± 1.9
	55-64	24.7	± 1.9
	65-74	20.5	± 1.8
	75+	11.7	± 1.6
Gender	Male	15.7	± 1.0
	Female	19.9	± 1.0
Disability	Limiting condition	18.4	± 1.4
	No limiting condition	17.7	± 0.8
Ethnicity	White: Scottish	18.9	± 0.8
	White: Other British	17.0	± 1.9
	White: Polish	6.0	± 3.3
	White: Other	12.1	± 3.1
	Asian	10.0	± 4.4
	All other ethnic groups	8.5	± 4.6
Religion	None	15.8	± 1.0
	Church of Scotland	20.7	± 1.3
	Roman Catholic	18.7	± 1.9
	Other Christian	19.1	± 2.6
	Muslim	14.1	± 6.8
	Other	16.7	± 5.1
Sexual Orientation	Heterosexual	18.0	± 0.7
	LGB & other	21.1	± 6.5
Country of Birth	Scotland	18.9	± 0.8
	Rest of UK	17.1	± 2.0
	Rest of EU	8.7	± 2.4
	Rest of World	10.2	± 3.0
SIMD	Most deprived 20%	17.6	± 1.6
	2	18.6	± 1.7
	3	17.5	± 1.5
	4	17.8	± 1.5
	Least deprived 20%	17.9	± 1.6

10.6 Perception of local crime rate

Table 88: Local crime rate has fallen or stayed the same in the past 2 years, SSCQ 2014; changes from 2013 and 2012

		2014		Change	
		grp %	+/-	from 2013	from 2012
Scotland	Overall	77.4	± 0.8	-0.2	+1.6 ⇧
Age	16-24	77.0	± 3.3	-3.0	+0.3
	25-34	76.2	± 2.4	-1.3	+0.5
	35-44	75.5	± 2.2	+0.4	+0.7
	45-54	76.4	± 2.0	-0.1	+1.8
	55-64	78.4	± 1.9	+0.3	+2.0
	65-74	78.8	± 1.9	+0.1	+1.8
	75+	80.2	± 1.9	+1.5	+4.0 ⇧
Gender	Male	79.5	± 1.2	-0.0	+1.7
	Female	75.4	± 1.2	-0.4	+1.5
Disability	Limiting condition	74.8	± 1.6	-0.9	+2.8 ⇧
	No limiting condition	78.2	± 1.0	-0.0	+1.1
Ethnicity	White: Scottish	77.6	± 0.9	-0.1	+2.4 ⇧
	White: Other British	75.7	± 2.5	-2.2	-3.4 ⇩
	White: Polish	84.2	± 6.6	+10.0	+3.5
	White: Other	75.0	± 5.5	-3.5	-5.5
	Asian	76.1	± 7.3	+1.1	-1.5
	All other ethnic groups	76.7	± 8.3	+7.3	+9.4
Religion	None	76.6	± 1.4	-2.2 ⇩	+0.7
	Church of Scotland	78.3	± 1.4	+1.2	+2.2 ⇧
	Roman Catholic	77.7	± 2.1	+1.4	+4.4 ⇧
	Other Christian	79.7	± 2.9	+2.7	-0.0
	Muslim	74.7	± 9.4	+6.6	-1.6
	Other	73.6	± 7.9	-3.9	+0.5
Sexual Orientation	Heterosexual	77.5	± 0.9	-0.3	+1.6 ⇧
	LGB & other	76.1	± 6.9	+4.0	-2.8
Country of Birth	Scotland	77.2	± 0.9	-0.5	+1.6 ⇧
	Rest of UK	78.4	± 2.6	+0.6	-1.4
	Rest of EU	77.1	± 4.9	+3.2	-0.6
	Rest of World	79.3	± 4.5	-0.1	+2.6
SIMD	Most deprived 20%	76.4	± 1.8	+3.4 ⇧	+7.1 ⇧
	2	72.6	± 2.1	-1.3	+0.4
	3	79.0	± 1.8	+0.9	+3.0 ⇧
	4	79.9	± 1.8	-0.5	+0.4
	Least deprived 20%	79.4	± 1.9	-2.4	-2.0

11 Technical Notes

This chapter provides additional background on the methodology and reporting conventions of the SSCQ and its constituent surveys:

- source surveys and core questions (section 11.1)
- weighting (section 11.2)
- confidence interval calculations (section 11.3)
- statistical disclosure control (section 11.4)
- presentation of data on country of birth (section 11.5), ethnic group (11.7), religion (11.6) and mental wellbeing (11.9)
- the age standardisation process (11.10) and statistical tests used in this analysis (11.11)

11.1 Source surveys and core questions

Results from the three large-scale Scottish Government population surveys are published separately as National Statistics:

- Scottish Crime and Justice Survey (SCJS) www.gov.scot/Topics/Statistics/Browse/Crime-Justice/crime-and-justice-survey
- Scottish Health Survey (SHeS) www.gov.scot/Topics/Statistics/Browse/Health/scottish-health-survey
- Scottish Household Survey (SHS) www.gov.scot/shs

Further information on Population Surveys in Scotland can be found here: www.gov.scot/Topics/Statistics/About/Surveys

Since the beginning of 2012 each of the surveys has included a set of 20 core questions that provide information on the composition, characteristics and attitudes of Scottish households and adults across a number of topic areas including equality characteristics, housing, employment and perceptions of health and crime. Responses on these questions from all three surveys have been pooled to provide the Scottish Surveys Core Questions (SSCQ) dataset with a sample size in excess of 20,000 responses.

Full details of the harmonised questions are available on the Scottish Government website[51] and questionnaires are provided on the websites of each of the individual surveys.

The first set of pooled response tables for the year 2012 were published as data under development here: www.gov.scot/Topics/Statistics/About/Surveys/PooledSample2012

Following further consultation and methodological development, the 2013 dataset was published as Official Statistics in December 2015. The website contains further information and supplementary tables to this main report.

www.gov.scot/Topics/Statistics/About/Surveys/SSCQ

[51] http://www.gov.scot/Topics/Statistics/About/SurveyHarm

The SSCQ 2014 dataset was pooled from the first and second quarter year of the Scottish Crime and Justice Survey 2014/15 and all four quarters each of the Scottish Health Survey 2014 and the Scottish Household Survey 2014. Responses from adults aged 16 and over were included.

Due to the different sampling nature of each srvey, which is necessary to meet their primary aims, the number of respondents varies between different SSCQ questions. The questions were hence batched into three groups: household questions, individual questions and crime questions, and three different sets of weights calculated to ensure representative results. Sampling, weighting and pooled sample numbers are described separetely for each survey below.

11.1.1 Scottish Crime and Justice Survey (SCJS) technical notes

Sampling, survey response and weighting are described in full in the SCJS2014/15 technical report: http://www.gov.scot/Topics/Statistics/Browse/Crime-Justice/crime-and-justice-survey/publications/scjs2014-15technicalreport

Briefly, the survey consists of a simple random sample, designed to achieve a minimum effective sample size of 750 interviews in the eight Police Force Areas (PFAs), enabling robust analysis at this level. One random adult per household was interviewed and asked all SSCQ and SCJS questions.

The response rate was 63.8%, resulting in 11,472 interviews during the 2014/15 financial year field work. Of these, 5695 interviews (completed in the second two quarters of the financial year) were pooled into the SSCQ 2014 dataset. The subset was re-weighted to be in itself representative of the adult Scottish population distribution, as described for the SCJS publication.

Roughly half of the SCJS sample is incorporated into the SSCQ. This enables a consistent sample size in each SSCQ publication for 2013-15, while the SCJS is produced biennially on a financial year basis. From 2016/17 onwards, the SCJS will be produced annually, which will enable data pooled on a calendar year basis.

11.1.2 Scottish Health Survey (SHeS) technical notes

Sampling, survey response and weighting are described in full in the SHeS 2014 technical report: www.gov.scot/Publications/2014/12/6634/downloads

The SHeS sample is clustered in each calendar year and unclustered over four years. All adults and up to two children in each household are eligible for interview. Only one adult in each household was asked the crime and household questions, to remain in line with the SCJS sampling procedure. The SHeS sample is boosted by participating health boards. It is further boosted to interview children in further households. These households were excluded from the SSCQ dataset as equality questions were not asked.

The response rate was 62.2%, and 3,011 households were interviewed in the main and health board boost samples. 4,659 resulting adult interviews were pooled into the SSCQ 2014 dataset. Of these, 3,005 were asked the crime questions. The subset of households (excluding the child boost), and adult respondents were re-weighted to be representative of the Scottish private household and population distribution, as described for the SHeS publication.

11.1.3 Scottish Household Survey (SHS) technical notes

Sampling, survey response and weighting are described in full in the SHS 2014 technical report:
http://www.gov.scot/Topics/Statistics/16002/PublicationMethodology/Methodology14

The SHS consists of a simple random sample with a target minimum effective sample size of 250 per local authority. The SSCQ household questions are asked of the highest income householder or their spouse/partner, and one adult is randomly selected to answer the individual and crime questions, in line with the other two surveys.

67.0% of eligible households responded, leading to 10,634 household interviews. The response for the random adult interview was 61.7%, yielding 9,799 interviews. Weighting is fully described in the SHS technical report.

11.2 Weighting

Datasets from the three source surveys were combined into three new SSCQ datasets: SSCQ household variables (20,743 responses), SSCQ individual variables (20,153 responses) and SSCQ crime variables (19,395 responses), see Table 89.

Each variable response category in each of the surveys carries a different design effect. If we were solely seeking the most efficient estimate for each variable separately then separate scale factors could be derived for each one. However, this would restrict the use and understanding of the dataset. Rather, for each constituent survey dataset the design effects were estimated for each response category and then the median design effect over all response categories for all variables was used as the representative design effect of that survey. These design effects were then used along with the sample sizes to calculate the effective sample sizes (neff) and scaling factors for combining the three datasets.

Table 89: Numbers of sample and effective sample pooled from the source surveys

	SCJS		SHeS		SHS		SSCQ	
	sample	**neff**	**sample**	**neff**	**sample**	**neff**	**sample**	**neff**
Household responses[52]	5,695	4,858	3,011	2,037	10,633	8,987	19,339	15,882
Individual responses[53]	5,695	4,019	4,659	2,375	9,799	6,832	20,153	13,226
Crime responses[54]	5,695	3,968	3,005	1,447	9,799	6,566	18,499	11,980

To combine the data the scale factors were applied to the grossing weights for the individual surveys (described in section 11.1). The neff of each survey contribution formed the basis for the scaling factors:

[52] SSCQ household variables are household type, tenure and car access
[53] SSCQ individual respondent variables are self-assessed general health, limiting long-term health conditions, smoking, unpaid care provision, mental wellbeing, highest achieved qualification, economic activity, country of birth, ethnic group, religion, marital status, sexual orientation, sex and age
[54] SSCQ crime variables are perception of local crime rate and six questions on perceptions of police performance

survey A weight scaling factor = neff (surveyA) / (sum of three survey neffs).

The weights were then re-scaled to be proportionate to effective sample size contribution of each survey and used as pre-weights.

The three pooled SSCQ datasets were then weighted again to be representative of National Records of Scotland population estimates[55].

11.3 Confidence Interval Calculations

All three of the source surveys are stratified to ensure sufficient sample sizes in the smaller local authority areas. In addition, SHeS is clustered in each annual fieldwork period and, while this effect cancels out over each four-year period, it must be accounted for in producing annual results.

Confidence intervals have therefore been calculated using a method to account for stratification and clustering and the resulting design effects (surveyfreq in SAS). This method is used to compare estimates of all quantities provided by SSCQ. Confidence intervals across all subgroup estimates are provided in the accompanying supplementary tables.[56]

Confidence intervals are plotted on all charts and figures in this report. If the intervals do not overlap then there is a significant difference between two points, but if they do overlap it does not necessarily mean there is no significant difference.[57] In the report text the term "significant" refers to "statistically significant" differences.

A comparison of estimates of key variables across the three constituent surveys and the SSCQ are provided in Annex B.

11.4 Statistical Disclosure Control

All estimates based on a single respondent and displayed in main and supplementary tables have been denoted with '*' to safeguard the confidentiality of respondents with rare characteristics.

For individual variables crossed with individual variables (e.g. Ethnic group by Religion), further cells with zero or low respondent numbers in the same row and column as the single response have also been suppressed with '*' to ensure confidentiality. For household and geographic variables, only one further cell in the same row was suppressed, as these cross-tabulations are not transposed.

Cells with true zero counts are denoted with '.' throughout, unless denoted '*' as part of disclosure control.

[55] See SSCQ Weighting tables spreadsheet at http://www.gov.scot/Topics/Statistics/About/Surveys/SSCQ/SSCQ2014/WgtBase
[56] SSCQ Supplementary Tables available at http://www.gov.scot/Topics/Statistics/About/Surveys/SSCQ/SSCQ2014/SuppTables
[57] see guidance at http://www.gov.scot/Topics/Statistics/About/Methodology/confinv

11.5 Presentation of Data on Country of Birth

The country of birth of respondents is collected in detail by the pooled surveys. Reporting on the data in this way would uniquely identify, and therefore potentially disclose the identity of, participants from a range of countries. For this reason, country of birth has been presented as follows:

- Scotland: Respondents who specifically list “Scotland” as their country of birth
- Rest of UK: England, Northern Ireland, Wales, Great Britain/United Kingdom (Not Otherwise Specified)
- Rest of EU: Austria, Belgium, Bulgaria, Croatia, Cyprus (European Union), Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Ireland, Italy, Latvia, , Lithuania, Luxembourg, Malta, Netherlands, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden
- Rest of World: All other responses (excluding refusals)

11.6 Presentation of Data on Religion

Table 90: Grouping of religion in the SSCQ 2014

Base Collection Categories	Sample	Super Groups	Sample
None	8413	None	8413
Church of Scotland	6539	Church of Scotland	6539
Roman Catholic	2861	Roman Catholic	2861
Other Christian	1670	Other Christian	1670
Muslim	191	Muslim	191
Buddhist	56	Other	350
Sikh	24		
Jewish	39		
Hindu	63		
Pagan	24		
Another religion	144		

11.7 Presentation of Data on Ethnic Group

Table 91: Grouping of ethnic group in the SSCQ 2014

Base Collection Categories	Sample	Super Groups	Sample
A - WHITE - White Scottish	15918	White: Scottish	15918
A - WHITE - Other British	2744	White: Other British	2744
A - WHITE - Polish	148	White: Polish	148
A - WHITE - Irish	3	White: Other	779
A - WHITE - Gypsy/Traveller	262		
A - WHITE - Any other white ethnic group	514		
C - ASIAN, ASIAN SCOTTISH OR ASIAN BRITISH - Pakistani, Pakistani Scottish or Pakistani British	28	Asian	322
C - ASIAN, ASIAN SCOTTISH OR ASIAN BRITISH - Indian, Indian Scottish or Indian British	109		
C - ASIAN, ASIAN SCOTTISH OR ASIAN BRITISH - Bangladeshi, Bangladeshi Scottish or Bangladeshi British	94		
C - ASIAN, ASIAN SCOTTISH OR ASIAN BRITISH - Chinese, Chinese Scottish or Chinese British	23		
C - ASIAN, ASIAN SCOTTISH OR ASIAN BRITISH - Other Asian, “Asian” Scottish or “Asian” British	68		
B - MIXED OR MULTIPLE ETHNIC GROUP - Any mixed or multiple ethnic groups	46	All other ethnic groups	224
D - AFRICAN - African, African Scottish or African British	63		
D - AFRICAN - Other African background	26		
E - CARIBBEAN OR BLACK - Caribbean, Caribbean Scottish or Caribbean British	12		
E - CARIBBEAN OR BLACK - Black, Black Scottish or Black British	4		
E - CARIBBEAN OR BLACK - Other Caribbean or Black background	2		
F - OTHER ETHNIC GROUP - Arab, Arab Scottish or Arab British	14		
F - OTHER ETHNIC GROUP - Other	57		

11.8 Provision of unpaid care

Since 2012 there have been some changes to the collection of data about the provision of unpaid caring. The wording of the question was altered in quarter 2 of the 2014 collection period to the following:

> *Apart from anything you do as part of paid employment, do you look after, or give any regular help or support to family members, friends, neighbours or others because of either long-term physical, mental ill-health, disability; or problems related to old age?*

In the Scottish Household Survey, this question was also moved from being asked of the household reference person in the household survey to the being asked of the random adult.

This change part way through the collection period has different effects depending on the source survey.

- The SCJS runs from Q2 2014 to Q1 2015. This methodological change therefore has no effect on SCJS data. The SCJS question wording was harmonised before fieldwork began.
- In the SHS and SHeS the harmonised question was not asked until quarter 2; around one quarter of responses are missing as a result of this change.

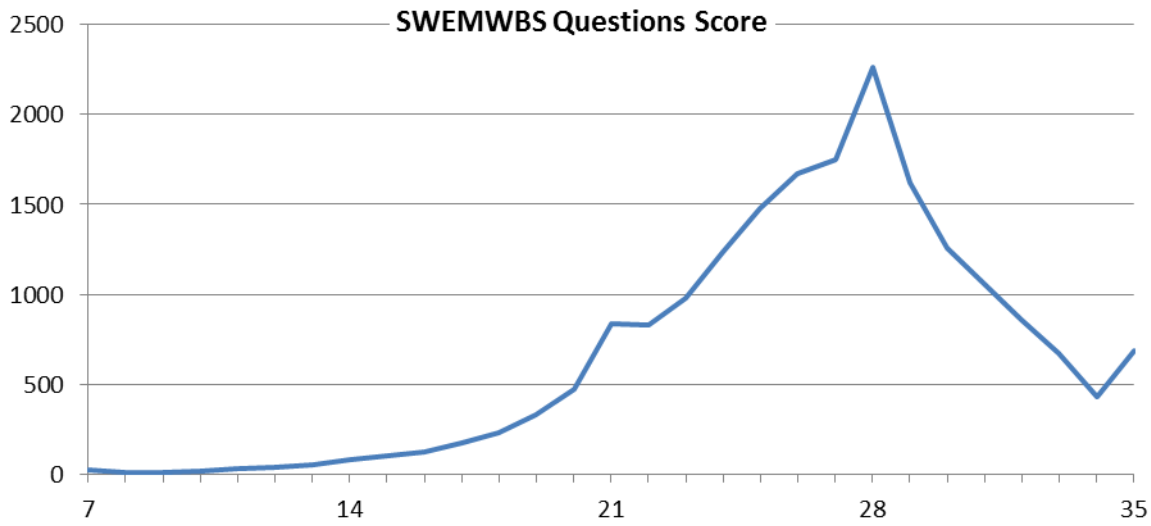
For this reason the sample size for the care indicator is somewhat smaller at 16,518 cases (compared to the sample of 20,153 for most individual-level questions).

To counteract any additional bias as a result of this loss of sample, a specific weight for this question has been calculated and is used throughout chapter 1.5.

11.9 SWEMWBS Scoring

Peaks at multiples of seven in Figure 28 are produced by column effects, where respondents are more likely to place answers down a column giving the same response for each question.

Figure 28: SWEMWBS unconverted and unweighted response totals, SSCQ 2014

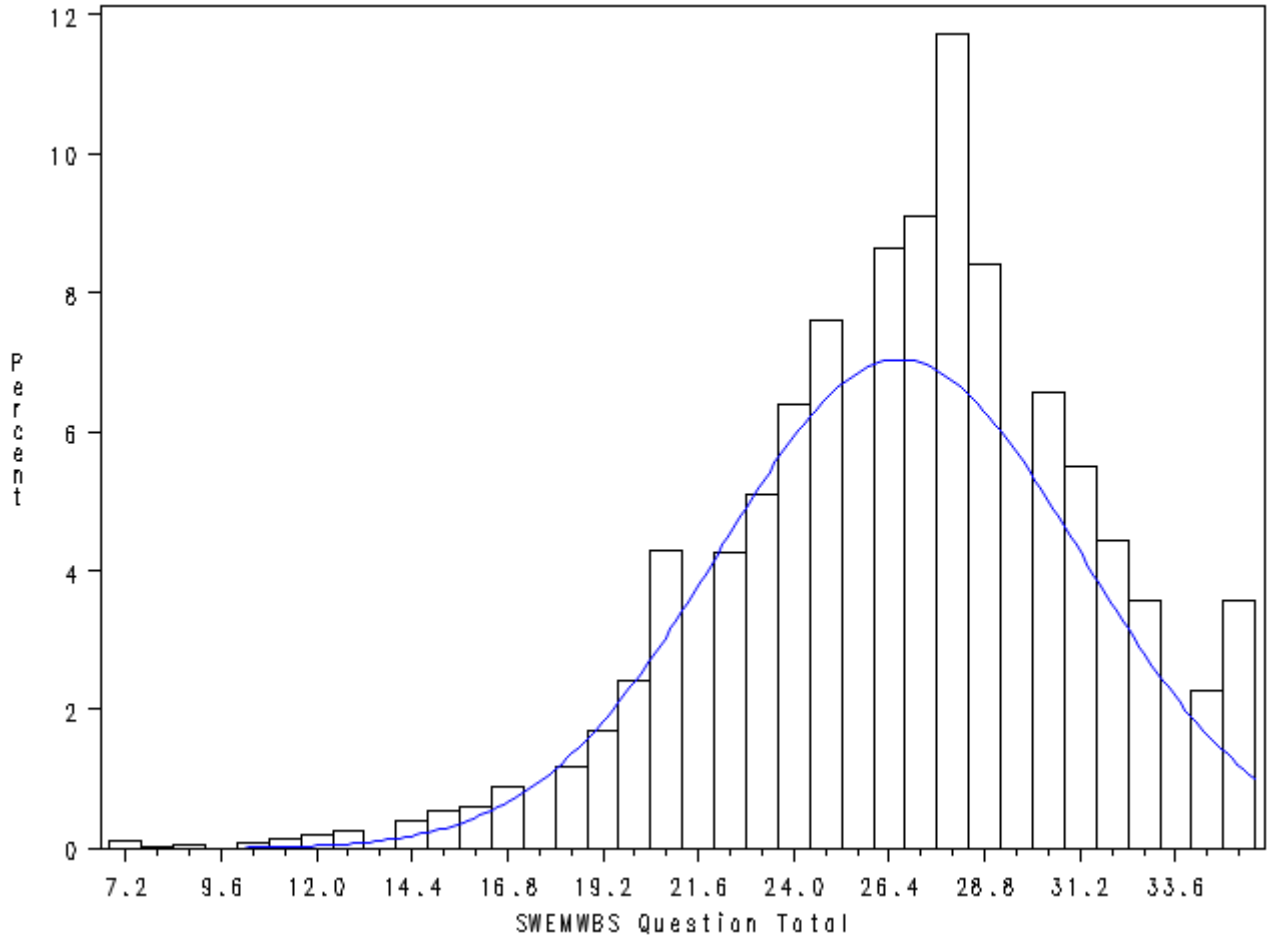


Unlike the full WEMWBS metric, SWEMWBS scores undergo a metric conversion to correct somewhat for this effect and produce a distribution that is closer to normal. This conversion follows the schema in Table 92. After transformation, the distribution of scores is approximately normal and the boundary effect at the scale maximum of 35 is reduced, as shown in Figure 29 and Figure 30.

Table 92: SWEMWBS Scoring - Metric Conversion[58]

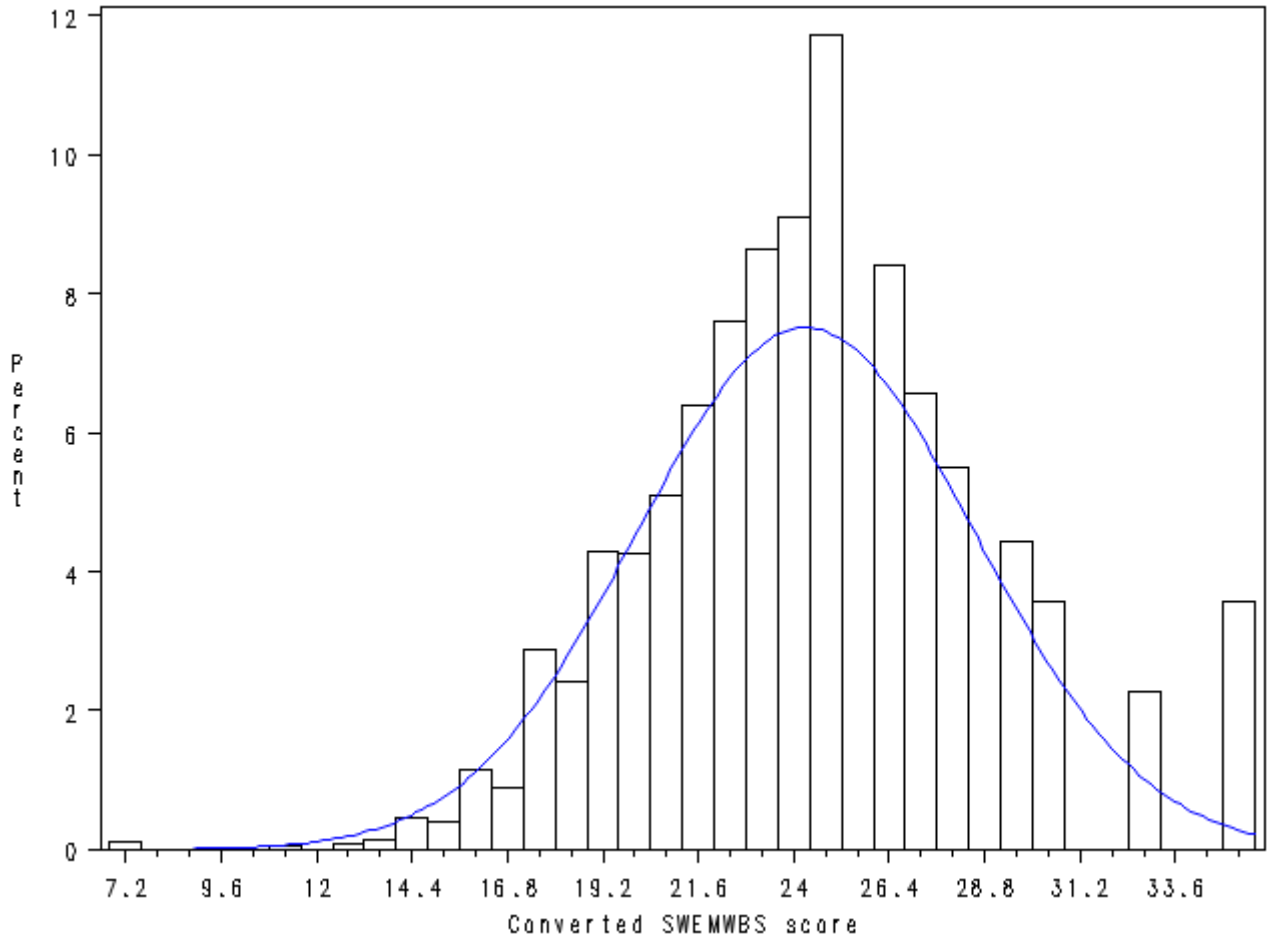
Raw Score	Metric Score	Raw Score	Metric Score	Raw Score	Metric Score
7	7	17	16.88	27	24.11
8	9.51	18	17.43	28	25.03
9	11.25	19	17.98	29	26.02
10	12.4	20	18.59	30	27.03
11	13.33	21	19.25	31	28.13
12	14.08	22	19.98	32	29.31
13	14.75	23	20.73	33	30.7
14	15.32	24	21.54	34	32.55
15	15.84	25	22.35	35	35
16	16.36	26	23.21		

Figure 29: Unweighted distribution of the sum of SWEMWBS question scores



[58] Stewart-Brown et al. Health and Quality of Life Outcomes 2009 7:15 doi:10.1186/1477-7525-7-15 http://www2.warwick.ac.uk/fac/med/research/platform/wemwbs/researchers/guidance/swemwbs_raw_score_to_metric_score_conversion_table.pdf

Figure 30: Unweighted distribution of SWEMWBS scores after metric conversion



11.10 Age Standardisation

Age standardisation has been used in order to enable groups to be compared after adjusting for the effects of any differences in their age and sex distributions.

When different sub-groups are compared in respect of a variable on which age has an important influence, any differences in age distributions between these sub-groups are likely to affect the observed differences in the proportions of interest.

Age standardisation was carried out, using the direct standardisation method. The standard population to which the age distribution of sub-groups was adjusted was the mid-2014 population estimates for Scotland. All age standardisation has been undertaken separately within each sex.

The age-standardised proportion p' was calculated as follows, where pi is the age specific proportion in age group i and Ni is the standard population size in age group i:

$$p' = \frac{\sum_i N_i p_i}{\sum_i N_i}$$

Therefore p' can be viewed as a weighted mean of p_i using the weights N_i.

Age standardisation was carried out using the age groups: 16-24, 25-34, 35-44, 45-54, 55-64, 65-74 and 75 and over broken down by sex.

The variance of the standardised proportion can be estimated by:

$$var(p') = \frac{\sum_i N_i^2 p_i(p_i - 1)/n_i}{(\sum_i N_i)^2}$$

The populations used for age standardisation are the same as those used for weighting. See the associated Weighting Base tables for details.[59]

11.11 Statistical Tests

Statistical tests are used throughout this publication to determine where apparent differences are statistically significant.

For most indicators the variable type is binary, i.e. each case is either a “yes” or “no” with respect to the indicator text at the beginning of each chapter. For that reason a logistic regression model is used to determine whether differences between subgroup categories are statistically significant. Testing is relative to a reference category which is always the most populated subgroup in the domain. This is performed using proc surveylogistic in SAS to account for the complex design of SSCQ.

A similar technique is used to determine changes over time. Data year is coded as a continuous integer variable.

- Change “from 2013” excludes data from 2012 and regresses year against the indicator variable overall or within subgroup domains or geographical areas.
- Change “from 2012” retains all data years (i.e. not testing 2012 against 2014) and indicates whether a trend exists over the longer time base.

The adjusted chi-squared statistics and odds ratio confidence limits are examined to determine whether a change over time is statistically significant. The requirement for 95% confidence requires p-values to be below 0.05. Odds ratio confidence intervals, which indicate the strength of the signal, are required to exclude the value of 1 (either to lie above or below equal odds) with the same 95% confidence bounds.

In the few cases where these two indicators disagree (i.e. where the odds ratio interval includes the value of 1 but the p-value is below 0.05, or p-value exceed 0.05 but the signal is strong) are taken not to be statistically significant.

SWEMWBS is the only continuous indicator variable in SSCQ. A regressions analysis is implemented using SAS proc surveyreg to account for the complex survey design. Testing is relative to a reference category which is always the most populated subgroup in the domain.

Between subnational geographies, any formal testing is produced using contrasts to compare the area in question with the combined total of all other areas. An example of the contrast matrix for health board is provided in Table 93.

[59] http://www.gov.scot/Topics/Statistics/About/Surveys/SSCQ/SSCQ2014/WgtBase

Table 93: Contrast matrix for testing health board areas against residual national average

'Ayrshire & Arran'	0.91	-0.07	-0.07	-0.07	-0.07	-0.07	-0.07	-0.07	-0.07	-0.07	-0.07	-0.07	-0.07	-0.07
'Borders'	-0.07	0.91	-0.07	-0.07	-0.07	-0.07	-0.07	-0.07	-0.07	-0.07	-0.07	-0.07	-0.07	-0.07
'Dumfries and Galloway'	-0.07	-0.07	0.91	-0.07	-0.07	-0.07	-0.07	-0.07	-0.07	-0.07	-0.07	-0.07	-0.07	-0.07
'Fife'	-0.07	-0.07	-0.07	0.91	-0.07	-0.07	-0.07	-0.07	-0.07	-0.07	-0.07	-0.07	-0.07	-0.07
'Forth Valley'	-0.07	-0.07	-0.07	-0.07	0.91	-0.07	-0.07	-0.07	-0.07	-0.07	-0.07	-0.07	-0.07	-0.07
'Grampian'	-0.07	-0.07	-0.07	-0.07	-0.07	0.91	-0.07	-0.07	-0.07	-0.07	-0.07	-0.07	-0.07	-0.07
'Greater Glasgow & Clyde'	-0.07	-0.07	-0.07	-0.07	-0.07	-0.07	0.91	-0.07	-0.07	-0.07	-0.07	-0.07	-0.07	-0.07
'Highland'	-0.07	-0.07	-0.07	-0.07	-0.07	-0.07	-0.07	0.91	-0.07	-0.07	-0.07	-0.07	-0.07	-0.07
'Lanarkshire'	-0.07	-0.07	-0.07	-0.07	-0.07	-0.07	-0.07	-0.07	0.91	-0.07	-0.07	-0.07	-0.07	-0.07
'Lothian'	-0.07	-0.07	-0.07	-0.07	-0.07	-0.07	-0.07	-0.07	-0.07	0.91	-0.07	-0.07	-0.07	-0.07
'Orkney'	-0.07	-0.07	-0.07	-0.07	-0.07	-0.07	-0.07	-0.07	-0.07	-0.07	0.91	-0.07	-0.07	-0.07
'Shetland'	-0.07	-0.07	-0.07	-0.07	-0.07	-0.07	-0.07	-0.07	-0.07	-0.07	-0.07	0.91	-0.07	-0.07
'Tayside'	-0.07	-0.07	-0.07	-0.07	-0.07	-0.07	-0.07	-0.07	-0.07	-0.07	-0.07	-0.07	0.91	-0.07
'Western Isles'	-0.07	-0.07	-0.07	-0.07	-0.07	-0.07	-0.07	-0.07	-0.07	-0.07	-0.07	-0.07	-0.07	0.91

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Annex A. Comparison with Census

In this chapter we compare estimates produced from the SSCQ 2014 data with the population of Scotland on census day 2011. The census tables used for the following comparisons are available to download from the Scotland-level bulk data file[60].

Table A.1: Tenure of Scottish households

Tenure	Census 2011	SSCQ 2014
Owned	27.80%	30.6% ± 0.8%
Mortgaged	34.20%	29.4% ± 0.8%
Social rented	24.30%	24.9% ± 0.8%
Private rented	11.10%	14.7% ± 0.6%
Other rented	2.60%	0.1% ± 0.1%
Census source table:	*KS402SC*	

Census figures are close to being within the confidence intervals of the SSCQ tenure estimates. However, SSCQ estimates there to be fewer mortgage-holders (-3 p.p.) and more private renting tenants (+2.4 p.p.) than reported by census. Some of the differences are likely to be as a result of changes in the underlying composition of household tenure between 2011 and 2014. The Scottish Household Survey Annual Report 2014[61] sets out trends in tenure between 1999 and 2014. This highlights for example that the proportion of households in the private rented sector has estimated to have grown steadily from 5 per cent in 1999 to 14 per cent in 2014.

Table A.2: Number of cars accessible by household members

Car Access	Census 2011	SSCQ 2014
None	30.50%	31.8% ± 0.8%
1	42.20%	43.5% ± 0.8%
2	21.60%	19.9% ± 0.7%
3+	5.60%	4.7% ± 0.3%
Census source table:	*KS404SC*	

Estimates of car access by household are very accurate compared to census figures.

Table A.3: Country of birth of adult population

Country of Birth	Census 2011	SSCQ 2014	SSCQ 2013
Scotland	81.50%	80.3% ± 0.8%	81.1% ± 0.7%
Rest of UK	10.80%	10.5% ± 0.6%	10.8% ± 0.5%
Rest of EU	3.30%	4.5% ± 0.4%	3.7% ± 0.3%
Rest of World	4.40%	4.6% ± 0.4%	4.4% ± 0.4%
Census source table:	*DC2103SC*		

Estimates of country of birth from the SSCQ are in very close agreement with census figures. SSCQ noted an increase in respondents born in the EU outside the UK. An

[60] Scotland's Census 2011 Data Warehouse: http://www.scotlandscensus.gov.uk/ods-web/data-warehouse.html#bulkdatatab

[61] See housing chapter of the 2014 SHS report at www.gov.scot/Topics/Statistics/16002

increase in people born in the EU outside the UK in 2014 was also noted in the Annual Population Survey at the UK level[62].

Table A.4: Ethnic group of adult population

Ethnicity	Census 2011	SSCQ 2014
White Scottish	83.40%	78.4% ± 0.8%
White other British	8.60%	12.3% ± 0.6%
White Polish	1.10%	1.8% ± 0.3%
White other	3.30%	3.8% ± 0.4%
Asian	2.50%	2.4% ± 0.3%
All Other	1.10%	1.1% ± 0.2%
Census source table:	*DC2101SC*	

83% of census respondents were white Scottish, and 8.6% white other British. SSCQ puts these at around 78% and 12% respectively. Other ethnicities are in line with census figures.

Table A.5: Religion of adult population

Religion	Census 2011	excl. Missing	SSCQ 2014
Refused/DK	6.70%	-	0.7% ± 0.1%
None	34.30%	37%	44.1% ± 0.9%
Church of Scotland	34.80%	37%	29.0% ± 0.8%
Roman Catholic	16.00%	17%	15.5% ± 0.7%
Other Christian	5.80%	6%	7.7% ± 0.5%
Muslim	1.20%	1%	1.4% ± 0.2%
Other	1.20%	1%	1.7% ± 0.2%
Census source table:	*DC2107SC*		

A large proportion (6.7%) of census respondents did not provide information about their religious belief. Excluding these missing cases from census responses indicates that SSCQ picks up fewer Church of Scotland respondents, and more non-religious, non-Church of Scotland Christians and “Other”.

Table A.6: Economic activity

Economic Activity	Census 2011	SSCQ 2014
In Employment	57.70%	55.8% ± 0.9%
Unemployed	5.10%	3.5% ± 0.4%
Inactive	37.20%	40.6% ± 0.9%
Census source table:	*DC6107SC*	

SSCQ reported marginally lower levels of employment and unemployment, and higher levels of inactivity than the census estimates.

[62] ONS, Population by Country of Birth and Nationality Report, August 2015; http://goo.gl/Gkv9KS

Table A.7: Highest achieved qualification

Top Qualification	Census 2011	SSCQ 2014
No qualifications	26.80%	18.2% ± 0.7%
Other qualifications	-	4.5% ± 0.3%
Level 1	23.10%	20.4% ± 0.8%
Level 2	14.30%	16.2% ± 0.7%
Level 3	9.70%	11.4% ± 0.6%
Level 4 and above	26.10%	28.6% ± 0.9%
Census source table:	*DC5102SC*	

SSCQ reported similar levels of higher qualifications and a distinction between 'no qualifications' and 'other qualifications' when compared to census estimates.

Table A.8: Self-assessed general health

General Health	Census 2011	SSCQ 2014
Very good	46.00%	34.9% ± 0.9%
Good	33.00%	38.8% ± 0.9%
Fair	14.30%	18.9% ± 0.7%
Bad	5.10%	5.6% ± 0.4%
Very bad	1.60%	1.7% ± 0.2%
Census source table:	*DC3102SC*	

Reported levels of 'very good' general health were higher in census responses than in the SSCQ. However further reports of 'good' general health in SSCQ bring the National Indicator combining these top two categories close (79% versus 74%). The responses were similar in reporting 'bad' and 'very bad' general health.

Table A.9: Adults providing unpaid care

Unpaid care	Census 2011	SSCQ 2014
Provides Care	11.22%	17.7% ± 0.7%
No care	88.78%	82.3% ± 0.7%
Census source table:	*DC6301SC*	

The proportion of adults providing unpaid care was significantly higher in the SSCQ and the three constituent surveys than in the census. This may be because carer were more accessible to interviewers whereas no bias of this sort would be expected in the census. However it may also be due to proxy respondents in census. When SHS moved from a proxy respondent in 2013 to the random adult respondent in 2014 the measured rate of care provision increased dramatically (from 8.6% in 2013 to 17.2% in 2014). It may be that the proxy respondent (giving information on behalf of all members of the household) perceives this activity differently to the individual providing care.

Annex B. Comparison of the pooled surveys

In this section, key outcome variables are assessed across the three surveys to determine if there is broad agreement between the constituents of the SSCQ. Where the quoted confidence intervals overlap, we can assume that differences in the estimates are not statistically significant.

Estimates in these tables will be close to but may not be identical to figures published by the individual surveys. This is due to differences in the valid sample size and weights being applied before pooling (see section 11.1).

The three surveys and the pool broadly agree on the distribution of self-assessed health (Table B.1) and on the proportion of the adult population that smoke (Table B.2).

Respondents to the Scottish Health Survey (SHeS) are somewhat more likely to say that they suffer from a long-term limiting health condition (Table B.3). Respondents are more likely to identify long-term conditions when asked about them in the context of an interview about numerous aspects of their health and wellbeing. A similar collection effect can be observed in mental wellbeing scores, where the average score given in SHeS is somewhat lower than that in the other two surveys (Table B.4).

Table B.1: Self-assessed general health by survey (row % and margin of error)

	Very good	Good	Fair	Bad	Very Bad
SSCQ	35.2 ± 0.8	38.9 ± 0.8	18.6 ± 0.6	5.5 ± 0.4	1.6 ± 0.2
SCJS	35.5 ± 1.5	39.0 ± 1.5	18.1 ± 1.2	5.5 ± 0.6	1.7 ± 0.4
SHeS	32.2 ± 1.8	41.1 ± 1.9	18.4 ± 1.4	6.2 ± 0.8	2.1 ± 0.5
SHS	36.1 ± 1.2	38.2 ± 1.2	19.1 ± 0.9	5.2 ± 0.5	1.4 ± 0.2

Table B.2: Current smoker (row % and margin of error)

	Yes	No
SSCQ	21.2 ± 0.7	78.6 ± 0.7
SCJS	22.0 ± 1.3	77.9 ± 1.3
SHeS	22.1 ± 1.6	77.2 ± 1.7
SHS	20.4 ± 1.0	79.6 ± 1.0

Table B.3: Long-term limiting health condition (row % and margin of error)

	Limiting condition	No limiting condition
SSCQ	23.2 ± 0.7	76.3 ± 0.7
SCJS	18.3 ± 1.1	81.2 ± 1.1
SHeS	31.8 ± 1.8	68.1 ± 1.8
SHS	23.1 ± 1.0	76.3 ± 1.0

Table B.4: Average mental wellbeing score (scale from 7-35) and margin of error

	Average
SSCQ	24.5 ± 0.1
SCJS	25.1 ± 0.1
SHS	24.6 ± 0.1
SHeS	22.9 ± 0.1

The three surveys produce somewhat different estimates of the rate of provision of unpaid care, as shown in Table B.5. SCJS has the highest level, at 19.6%, followed by SHS at 17.2% and SHeS at 16%.The confidence intervals on estimates from SHS and SHeS overlap considerably and do represent a significant difference. SCJS is 2.4 points higher than SHS and the combined CIs are 2.2 points.

Table B.5: Provides unpaid care (row % and margin of error)

	Yes	No
SSCQ	17.9 ± 0.7	82.1 ± 0.7
SCJS	19.6 ± 1.2	80.4 ± 1.2
SHeS	16.0 ± 1.7	84.0 ± 1.7
SHS	17.2 ± 1.0	82.8 ± 1.0

Respondents to the Scottish Crime and Justice Survey (SCJS) are more likely to perceive a large increase in the crime rate of their local area and somewhat lower levels of confidence in the police overall (Tables B.5 & B.6).

Table B.6: Perception of local crime rate (row % and margin of error)

	A lot more	A little more	About the same	A little less	A lot less
SSCQ	3.9 ± 0.4	12.2 ± 0.7	66.8 ± 1.0	8.6 ± 0.6	2.0 ± 0.3
SCJS	5.7 ± 0.8	13.8 ± 1.3	61.8 ± 1.7	10.0 ± 1.1	3.0 ± 0.6
SHeS	3.8 ± 0.9	10.4 ± 1.6	68.4 ± 2.6	11.0 ± 2.0	2.8 ± 0.9
SHS	3.0 ± 0.5	11.7 ± 0.9	69.3 ± 1.3	7.3 ± 0.7	1.3 ± 0.3

Table B.7: Confidence in the Police to… (row % and margin of error)

	Very confident	Fairly confident	Not very confident	Not at all confident
A: Prevent crime				
SSCQ	9.1 ± 0.6	49.1 ± 1.0	25.7 ± 0.9	7.2 ± 0.5
SCJS	8.8 ± 1.0	48.2 ± 1.7	28.4 ± 1.5	8.6 ± 0.9
SHeS	8.7 ± 1.4	55.7 ± 2.6	23.7 ± 2.3	3.7 ± 0.9
SHS	9.4 ± 0.8	48.2 ± 1.3	24.5 ± 1.1	7.1 ± 0.7
B: Respond quickly to appropriate calls and information from the publi				
SSCQ	16.6 ± 0.7	49.7 ± 1.0	18.0 ± 0.7	6.6 ± 0.5
SCJS	16.9 ± 1.3	47.1 ± 1.7	20.8 ± 1.4	8.5 ± 0.9
SHeS	15.0 ± 1.8	55.4 ± 2.6	17.6 ± 2.0	3.6 ± 0.9
SHS	16.6 ± 1.0	50.0 ± 1.3	16.4 ± 1.0	6.1 ± 0.6
C: Deal with incidents as they occur				
SSCQ	13.9 ± 0.7	54.0 ± 1.0	18.0 ± 0.7	5.3 ± 0.4
SCJS	14.1 ± 1.2	52.9 ± 1.7	20.1 ± 1.3	6.6 ± 0.9
SHeS	13.9 ± 1.8	59.0 ± 2.6	16.5 ± 1.9	3.4 ± 1.1
SHS	13.8 ± 0.9	53.7 ± 1.3	17.0 ± 1.0	5.0 ± 0.5
D: Investigate incidents after they occur				
SSCQ	14.7 ± 0.7	55.6 ± 1.0	15.8 ± 0.7	4.4 ± 0.4
SCJS	15.2 ± 1.2	56.1 ± 1.7	17.0 ± 1.3	4.7 ± 0.7
SHeS	13.7 ± 1.8	61.3 ± 2.6	13.8 ± 1.8	2.9 ± 0.8
SHS	14.5 ± 0.9	54.2 ± 1.3	15.5 ± 1.0	4.6 ± 0.5
E: Solve crimes				
SSCQ	9.5 ± 0.6	53.7 ± 1.0	19.5 ± 0.8	5.0 ± 0.4
SCJS	8.1 ± 0.9	54.6 ± 1.7	21.1 ± 1.4	4.9 ± 0.7
SHeS	10.4 ± 1.7	58.9 ± 2.6	18.3 ± 2.0	3.0 ± 0.9
SHS	10.1 ± 0.8	52.1 ± 1.3	18.9 ± 1.0	5.5 ± 0.6
F: Catch criminals				
SSCQ	8.9 ± 0.6	52.7 ± 1.0	21.2 ± 0.8	5.8 ± 0.4
SCJS	8.6 ± 0.9	52.2 ± 1.7	23.7 ± 1.4	6.2 ± 0.8
SHeS	8.5 ± 1.5	56.9 ± 2.7	21.7 ± 2.2	3.4 ± 0.9
SHS	9.1 ± 0.8	52.1 ± 1.3	19.5 ± 1.0	6.0 ± 0.6

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