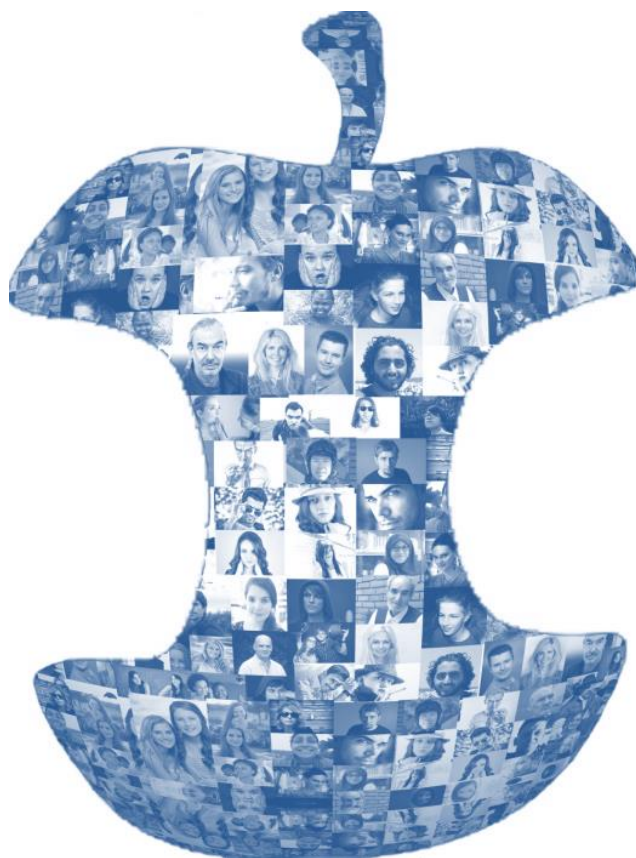


An Official Statistics publication for Scotland

**PEOPLE, COMMUNITIES AND PLACES**

# Scottish Surveys Core Questions 2017



# Scottish Surveys Core Questions 2017

The Scottish Surveys Core Questions (SSCQ) is an annual Official Statistics publication for Scotland. The SSCQ gathers survey responses from identical [indicator questions](#) in the Scottish Crime and Justice Survey, the Scottish Health Survey and the Scottish Household Survey into one output.

The Scottish Surveys Core Questions in 2017 reports on the indicators: self-assessed general health, limiting long-term conditions, smoking, mental wellbeing, unpaid caring, perception of crime in local area and perceptions of the police.

General health			Smaller geographies
Long-term conditions			Protected equalities groups: ethnic group, country of birth, sexual orientation, religion, age and gender
Smoking			Household types
Mental wellbeing			Housing tenure, SIMD
Unpaid caring			Car access
Crime in local area			
Perceptions of police			

The pooling of Core Questions results in an annual sample of around 20,000 respondents, providing unprecedented precision of estimates at national level. This sample size enables the detailed and reliable analysis of national indicators by **protected equalities characteristics** such as ethnic group, religion, country of birth, sexual orientation, age, and gender. Further variables are education level, economic activity, tenure, car access and household type. Multi-level analysis is available on request.

SSCQ also enables a more detailed analysis of **sub-national geographies** than source surveys allow. Annually, SSCQ reports for Local Authorities, Health Boards, Police Divisions and some smaller geographies ([see Supplementary Tables](#)).

[Multi-year SSCQ](#) (mySSCQ) reports indicators down to electoral ward level.

This report is the sixth in the SSCQ series and contains information about the change in many of the indicators over the period 2012-2017 at national and sub-national levels.<sup>1</sup>

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<sup>1</sup> The source of the graphic on front page is: <https://pixabay.com/en/social-media-faces-social-networks-550766/>

## Findings summary

Findings listed in this section are statistically significant at a 95% level.

### Disability: Limiting long-term physical and mental health conditions ([Section 2.1](#))

Adults **with a limiting long-term health condition** reported:

- Poorer general health;
- Higher levels of smoking;
- Lower mental wellbeing;
- Lower confidence in the ability of the police.

### Ethnic group ([Section 2.2](#))

In comparison to “White: Scottish” adults:

- Adults with “White: Other British” and “Asian” ethnicity and “All other ethnic groups” reported lower smoking prevalences.
- “White: Other British”, “White: Polish” and “White: Other” adults reported being less likely to provide unpaid care.
- “White: Polish” adults reported lower confidence in the ability of the police in three domains.

### Religion ([Section 2.3](#))

- Those who have “no religion” and who identified as “Church of Scotland”, “Roman Catholic” and “Other Christian” have seen reductions in smoking rates since 2012.

In comparison to adults with no religious belonging:

- “Roman Catholic”s and “Other Christian”s reported higher mental wellbeing.
- Adults reporting belonging to the “Church of Scotland” appear more likely to provide unpaid care.
- Adults reporting belonging to the “Church of Scotland” reported higher confidence in the ability of the police, but have seen reduced confidence since 2012.

### Sexual orientation ([Section 2.4](#))

Adults identifying as **Lesbian, Gay, Bisexual or Other** reported:

- Higher levels of smoking;
- A larger prevalence of limiting long-term health conditions;
- Lower mental wellbeing.

## Age and Gender [\(Section 2.5\)](#)

- With increasing age, adults were more likely to report having a limiting long-term condition and less likely to report good/very good general health.
- Since 2012, there have been reductions in smoking prevalence in all age groups other than 75+.
- In general, confidence in the ability of the police fell with age. Higher levels of confidence were reported among 16-24 year olds with the lowest levels in the 65-74 age group.
- The proportion of adults providing unpaid care was highest between the ages of 45 and 64, where almost a quarter of people provide unpaid care.

**Women** were more likely than men to report:

- Having a limiting long-term condition;
- Not smoking;
- Poorer general health;
- Providing unpaid care;

Women were less likely to report crime has stayed the same or reduced in their local area.

## Country of Birth [\(Section 3.1\)](#)

In comparison to adults born in Scotland:

- Adults born in the Rest of the UK and the Rest of the EU were more likely to report good or very good general health;
- Adults born in the Rest of the EU were less likely to report having a limiting long-term health condition;
- Adults born elsewhere, were less likely to provide unpaid care;
- Adults born in the Rest of the UK were more likely to report higher confidence in the ability of the police.

## Deprivation [\(Section 3.2\)](#)

Adults in the **most deprived 20%** of areas reported;

- Higher levels of smoking;
- Lower levels of general health and higher levels of limiting long-term conditions;
- Lower levels of mental wellbeing;
- Being more likely to provide unpaid care.

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## Guide to this report

This report provides indicator statistics for **protected equalities groups** such as ethnic group, religion, country of birth, sexual orientation, age and gender. Some analysis of **sub-national geographies** is also included.

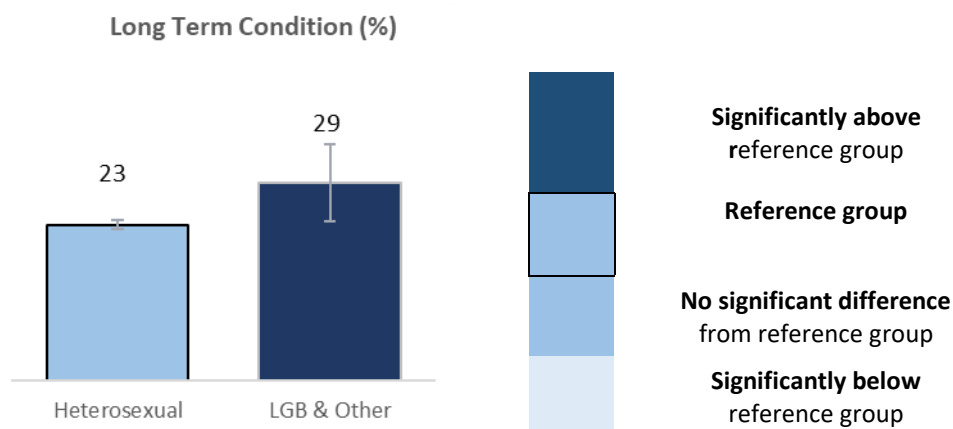
[Supplementary tables](#) contain worksheets with full analyses of each topic across all available social and geographic breakdowns.

SSCQ indicators are split into two or more states for analysis (e.g. currently smokes, does not currently smoke). The indicator property is provided in a blue box.

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

- Group comparisons (e.g. “No religion” compared to “Roman Catholic”) are age-standardised. See section 6.9 for technical details.
- Age standardisation has not been applied to the sections on Age and gender and Subnational geographies.
- Time series comparisons are made before age-standardisation is applied and non age-standardised estimates are shown in section 5.
- Only [statistically significant](#) differences (at 95% level) are reported. Details of these tests are provided in section 6.10. In the report text the term “significant” is used to mean “statistically significant” differences.
- Confidence intervals (at 95% level) are supplied in tables and shown on graphs throughout the report. See section 6.3 for technical details.

## Charts and maps



## Tables

All tables break down percentages in rows. ‘Refused’ and ‘don’t know’ responses are not shown, so row totals may not add to 100%.

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# 1 Indicators

Indicators are used in the [National Performance Framework](#) to monitor outcomes. SSCQ collates established national indicators from source surveys to enable more detailed analysis. This chapter defines and outlines the SSCQ indicators and their sources. Source estimates are compared in detail in [Annex A](#).

SSCQ is designed to provide comparisons between smaller population groups, particularly where the source survey is not powerful enough on an annual basis to produce estimates for equalities groups and subnational geographies.

## 1.1 Self-assessed General Health

*The proportion of adults reporting good or very good general health*

- The national indicator at Scotland level is from the [Scottish Health Survey](#).
- Since the baseline year (2008), there has been little change in the national indicator. The level has fluctuated between 73% and 77% over this period.
- The SSCQ shows around three quarters of adults (73.9% ± 0.8%) reported good or very good general health in 2017.
- [Table 7](#) shows no change in the indicator from 2012 or 2016.

## 1.2 Limiting Long-Term Health Conditions

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

- The national indicator at Scotland level is from the [Scottish Health Survey](#).
- Since 2012 the national indicator has been stable at around 32%.
- The SSCQ shows just under a quarter of adults (23.7% ± 0.7%) reported a limiting long-term health condition in 2017.
- The difference between the Scottish Health Survey and SSCQ figures are explained further in [Annex A](#).
- [Table 8](#) shows no change in the indicator from 2012 or 2016.

## 1.3 Smoking

*The proportion of adults who report that they currently smoke cigarettes*

- The national indicator at Scotland level is from the [Scottish Health Survey](#).
- The National Indicator of smoking prevalence has decreased from 26% of adults in 2008, to 18% in 2017.
- The SSCQ shows 17.9%  $\pm$  0.7% of adults reported being a current smoker in 2017.
- [Table 9](#) shows smoking rates have fallen since both 2012 (-5.8 percentage points) and 2016 (-1.6 percentage points).

## 1.4 Mental Wellbeing

- The national indicator based on WEMWBS at Scotland level is from the [Scottish Health Survey](#). Section 6.8 provides more details on how WEMWBS differs from the shorter SWEMWBS questionnaire.
- The mean WEMWBS score was 50.0 in 2008, and has remained at a similar level since (ranging between 49.7 and 50.0).

*Average SWEMWBS score*

- The SSCQ shows the average mental wellbeing (SWEMWBS) score was 24.2  $\pm$  0.1 in 2017.
- The difference between the Scottish Health Survey and SSCQ figures are explained further in [Annex A](#).
- [Table 10](#) shows mental wellbeing has fallen by a score of 0.2 since 2014.

## 1.5 Provision of Unpaid Care

*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 national indicator at Scotland level is from the [Scottish Health Survey](#) (SHeS).
- In 2017, SHeS estimated the level of unpaid care at 15%.
- The SSCQ estimate is 17.4%  $\pm$  0.7 in 2017.
- [Table 11](#) shows unpaid care provision has not changed since 2014 or 2016.

## 1.6 Perception of Crime in Local Area



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

- The national indicator at Scotland level is from the [Scottish Crime and Justice Survey](#) (SCJS).
- The SCJS 2017-18 found that 73% of adults reported that crime in their area had decreased or stayed the same in the past two years.
- The SSCQ estimate is 75.2% ± 0.8% in 2017.
- [Table 12](#) shows this measure has decreased from 2016 by 2.3 percentage points but shows no significant change from 2012.
- Those who have lived in the neighbourhood for less than two years are excluded, and for this reason the sample base and population is lower than for other crime indicators.

## 1.7 Confidence in the Police



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

- The national indicator at Scotland level is from the [Scottish Crime and Justice Survey](#) (SCJS), which provides a time series back to 2008-09.
- The SCJS 2017-18 found that the proportion of people who were very or fairly confident in the ability of the police ranged between the six domains from 53% (**A: to prevent crime**) to 69% (**D: to investigate incidents after they occur**).
- [Table 17 and Table 18](#) show confidence in the ability of the police to (E) **solve crimes** and to (F) **catch criminals** have increased from 2012 at the national level. Increasing by 1.5 and 1.4 percentage points respectively.
- [Table 15](#) shows the proportion of adults who had confidence in the police to **deal with incidents as they occur** (C) has fallen 1.6 percentage points since 2012 to 67% in 2017.

## 2 Equality Groups

### 2.1 Disability: Limiting long-term physical and mental health conditions

Harmonised questions on long-term 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](#). **Limiting long-term physical or mental health conditions are therefore taken as a proxy for disability.**

Table 1: Age profile of adults with limiting long-term conditions, SSCQ 2017

	Proportion in Age Group (Row %)						Adults	Col%
	16-24	25-34	35-44	45-54	55-64	65+		
Limiting condition	8	8	10	16	19	39	1,066,021	24%
No limiting condition	15	19	16	18	15	17	3,422,514	76%

- Older people were more likely to report living with a limiting long-term health condition.
- Nearly 40% of adults who reported living with a limiting condition were aged 65+, compared with 17% of those not reporting a limiting condition.
- 14% of 16-24 year olds reported living with a limiting long-term condition, a five percentage point increase since 2012 (see Table 5.2).

#### Analysis

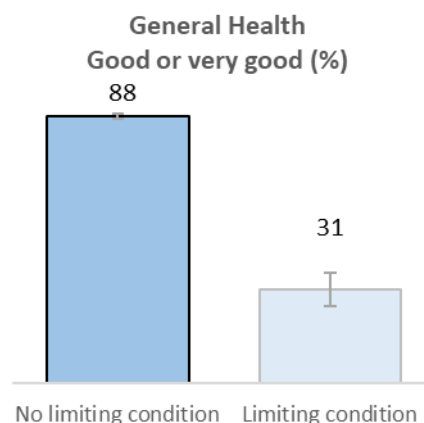
Due to the differences in age profiles of the two groups, age-standardisation is applied before comparisons are summarised below. For more information on age-standardisation, see section 6.9. For more information about statistical tests, see section 6.10.

## Disability - Findings (age-standardised)

### General Health

Those without a limiting long-term condition were nearly three times as likely to report good or very good health as those with a limiting long-term condition.

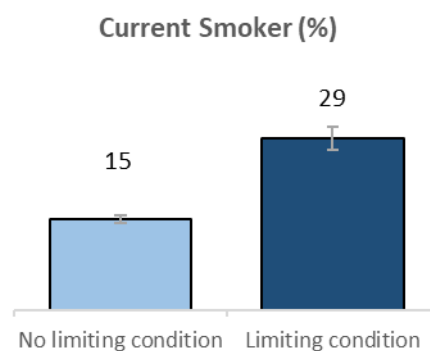
Since 2012, there has been a rise of 1.0 percentage points in good/very good general health for those with a limiting long-term condition.



### Smoking

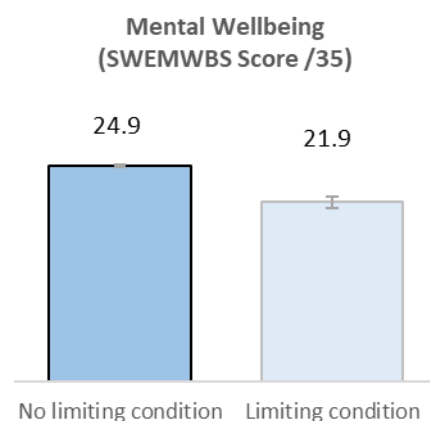
Smoking rates were nearly double (29%) among adults living with a limiting long-term health condition compared to those living without.

For adults with a limiting long-term health condition, smoking rates have fallen by 4.7 percentage points since 2012.



### Mental Wellbeing

Adults living with a limiting long-term condition scored lower in mental wellbeing than those without.

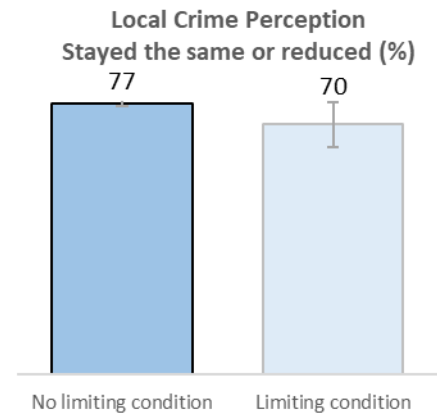




## Perception of Crime in Local Area

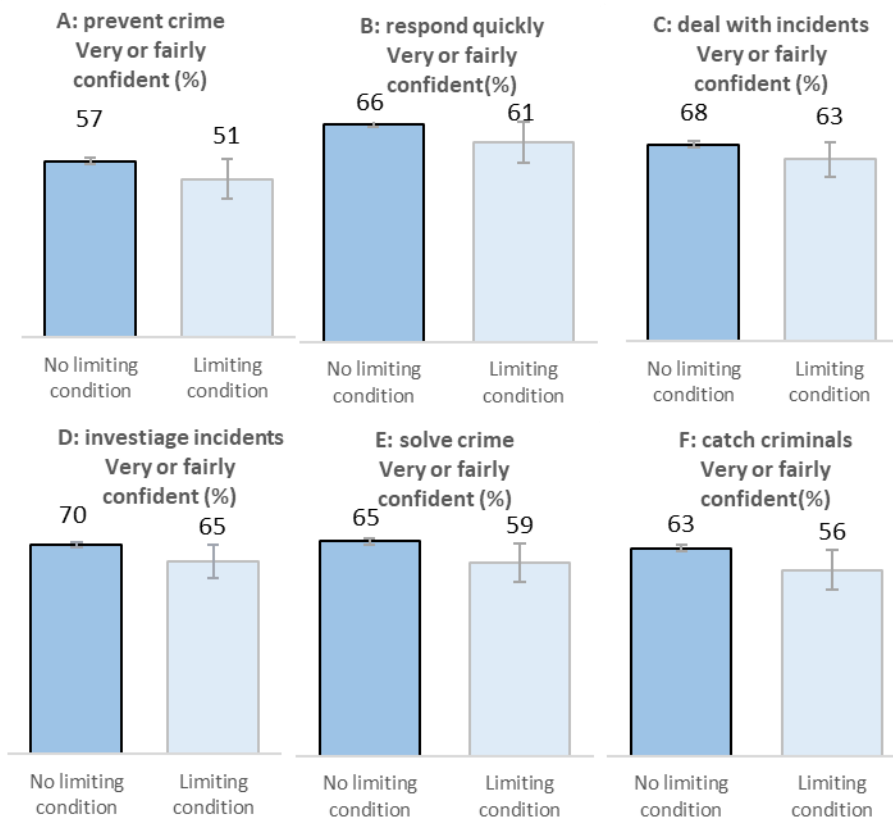
Adults with limiting long-term conditions were less likely to report that crime in their area had reduced or stayed the same.

Since 2016, there has been a reduction in this indicator for both groups but no change has occurred over the longer period (2012 to 2017).



## Confidence in the Police

For adults with a limiting long-term health conditions, the proportion who were very or fairly confident in the ability of the police ranged from 51% to 65% across the six domains. In each domain, this group was 5 to 7 percentage points below those without a limiting long-term health condition.



There were **no significant differences** between those with and without a limiting long-term health condition for unpaid care provision.

## 2.2 Ethnic group

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 21](#).

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. However, in Scotland, many ethnic groups are small in number which 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 the 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 and the protection of the individual. Our schema for combining ethnicity categories is provided in section [6.7](#).

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.

**Table 2: Age profile of ethnic groups, SSCQ 2017**

	Proportion in Age Group (Row %)						Adults	Col%
	16-24	25-34	35-44	45-54	55-64	65+		
White: Scottish	13	15	13	18	17	24	3,470,897	77%
White: Other British	11	14	15	18	17	25	546,454	12%
White: Polish	15	43	34	7	1	1	88,532	2%
White: Other*	18	28	22	12	8	13	197,101	4%
Asian**	21	30	24	12	8	6	118,414	3%
All other ethnic groups***	16	31	27	17	6	3	78,491	2%

\*Section 6.7 provides the full schema for combining ethnicity categories.

- There were substantial differences in the age distribution of ethnic groups. While “White: Scottish” and “White: Other British” were very similar, other groups tend to be younger in general and to have a larger proportion of people aged 25-34.

### Analysis

Where formal testing is conducted, “White: Scottish” is used as the reference category for comparison.

Due to the differences in age profiles of the two groups, age-standardisation is applied before comparisons are summarised below. For more information on age-standardisation, see section [6.9](#). For more information about statistical tests, see section [6.10](#).

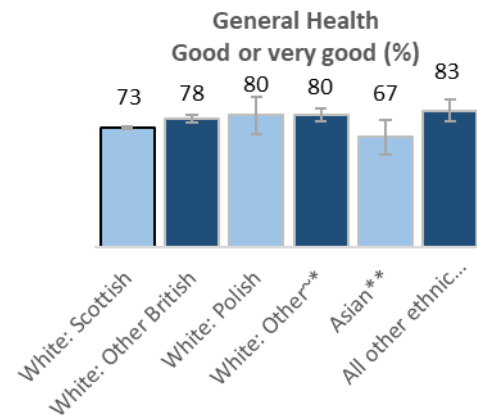


## Ethnicity - Findings (age-standardised)

### General Health

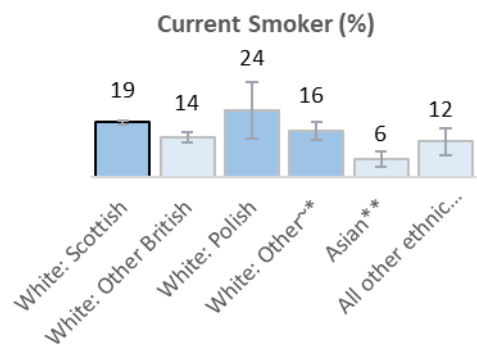
“White: Other British”, “White: Other” and “All other ethnic groups” reported higher good/very good general health than the “White: Scottish” reference group.

Since 2012, levels of good/very good general health have increased by 3.0 percentage points for the “White: Other British” group.



### Smoking

Adults whose ethnicity is “White: Other British” and “Asian” and “All other ethnic groups” reported a lower smoking prevalence than the “White: Scottish” group.



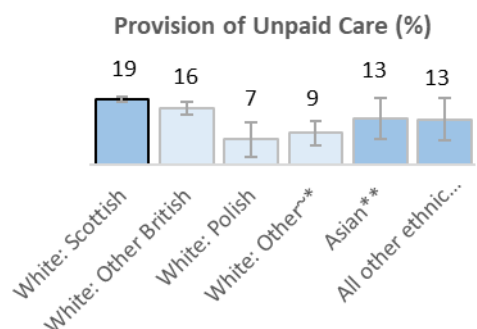
### Mental Wellbeing

Since 2014, there has been a reduction of 0.4 in the average mental wellbeing score of adults identifying as “White: Other British” to 24.3 in 2017.

### Unpaid Care

Lower proportions of “White: Other British” (16%), “White: Polish” (7%) and “White: Other” (9%) ethnic groups reported providing unpaid care than the “White: Scottish” reference group.

In the “White: Other” group, the proportion of adults providing unpaid care had fallen by 5.5 percentage points since 2014.



### Perception of Crime in Local Area

In the “White: Other British” group there is a higher proportion of adults who think that crime in their local area had fallen or stayed the same in the past two years (79%) than the “White: Scottish” reference group (75%).

In comparison to the “White: Scottish” reference group;

- “White: Polish” adults reported lower confidence in the ability of the police in three domains (**D,E,F**). In these domains those who were very or fairly confident in the ability of the police was below 50%, after age-standardisation.
- “White:Other British” adults reported higher confidence by between three and four percentage points in three domains (**B,C,D**).
- “White: Other” adults reported higher confidence by five percentage points in two domains (**D,F**).

[Table 13](#) to [Table 18](#) provide details of significant changes in the indicators since 2012 and 2016.

## 2.3 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 20](#).

In some instances to overcome the problem of small groups we have combined 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 [6.6](#).

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 religious group categories used in Scottish surveys.

**Table 3: Age profile of religion groups, SSCQ 2017**

	Proportion in Age Group (Row %)						Adults	Col%
	16-24	25-34	35-44	45-54	55-64	65+		
None	18	21	17	18	13	12	50%	
Church of Scotland	4	5	9	18	21	44	24%	
Roman Catholic	12	17	15	19	15	22	15%	
Other Christian	10	15	14	15	18	28	8%	
Muslim	19	29	26	13	8	5	2%	
Other	15	22	20	14	10	19	2%	

- Around 40% of those without religious affiliation were under 35.
- Over half of Muslims were under 35.
- Over 60% of Church of Scotland members were 55 or over.

### Analysis

Where formal testing is conducted, the group without a religious affiliation (“None”) is used as the reference category for comparison.

Due to the differences in age profiles of the two groups, age-standardisation is applied before comparisons are summarised below. For more information on age-standardisation, see section [6.9](#). For more information about statistical tests, see section [6.10](#).

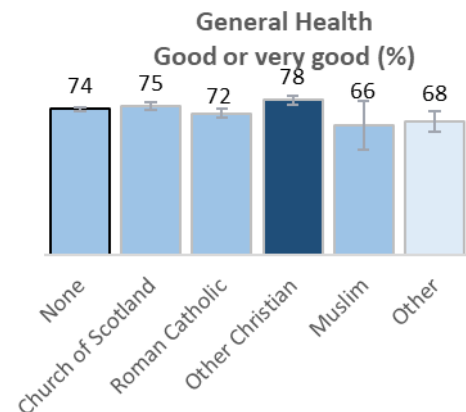
## Religious Group - Findings (age-standardised)

### General Health Limiting Long-Term Conditions

In comparison to those with no religious affiliation:

- A lower proportion of “other” religious groups reported good/very good general health and a higher proportion reported having a limiting long-term condition.
- “Other Christian”’s reported a higher level of good/very good general health than the ‘no religion’ reference group.

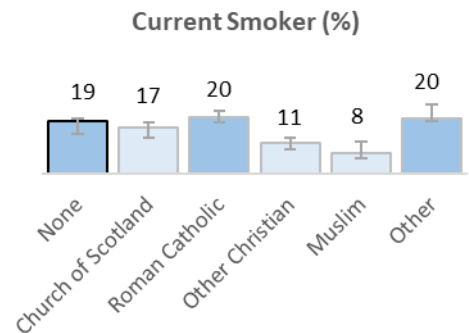
Limiting long-term conditions in “Other: Christian”’s has increased by 3.9 percentage points since 2016, to 26%.



### Smoking

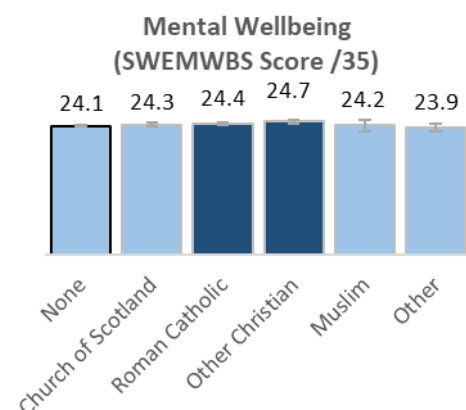
Smoking rates were lower for adults who identified as “Muslim”, “Other Christian” and “Church of Scotland” than the “no religion” reference group.

Those who have “no religion” and who identified as belonging to “Church of Scotland”, “Roman Catholic” and “Other Christian” groups have seen reductions in smoking rates since 2012.



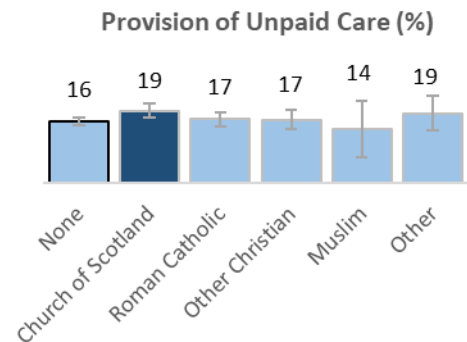
### Mental Wellbeing

The “Roman Catholic” (24.4) and “Other Christian” (24.7) groups reported higher mental wellbeing scores than the “No religion” (24.1) reference group.



## Unpaid Care

Those reporting as belonging to “Church of Scotland” (19%) appear more likely to provide unpaid care than adults with no religious affiliation (16%).



## Confidence in the Police

In comparison to those with no religious affiliation;

- Those reporting as belonging to the “Church of Scotland” reported higher confidence in the ability of the police by between three and five percentage points in four of the six domains (**C,D,E,F**).
- “Other Christian”s reported higher confidence in the police to deal with incidents as they occur (**C**) by three percentage points and to solve crimes (**E**) by six percentage points.

Since 2012, those reporting as belonging to the “Church of Scotland” have reduced confidence in the police in three domains (**A,B,C**), falling by 4.4, 1.9 and 2.6 percentage points respectively. In these domains the proportion of those very or fairly confident remains over 50% in 2017.

There were **no significant differences** between “no religion” and all other religious groups for perception of crime in local area and confidence in the police to respond quickly to appropriate information (**B**).

## 2.4 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 those who identify as lesbian, gay or bisexual (LGB) within society due to a number of reasons, including the following:

- Asking about sexual orientation/identity is a relatively new development in national surveys and such questions can be seen as intrusive and personal.
- There is still prejudice and discrimination against those who identify as LGB in society. In a context where some will not have told friends and family about their sexual identity, there is a real question about whether they 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 adults who identify as LGB 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 estimate on LGB & Other should not be treated as a definitive measure but does provide useful insight into the difference between sexual orientation groups. Due to the small number of adults reporting their sexual orientation as lesbian, gay, bisexual or other, it is necessary to group these individuals together.

Table 4: Age profile of sexual orientation groups, SSCQ 2017

	Proportion in Age Group (Row %)						Adults	Col%
	16-24	25-34	35-44	45-54	55-64	65+		
Heterosexual	13	16	15	18	16	23	4,259,476	97%
LGB & Other	29	24	14	15	9	8	110,083	3%

- 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.
- Half of those identifying as LGB & Other were under 35. Under ten percent of the LGB & Other group were aged 65+, compared with over twenty percent of those identifying as heterosexual.

### Analysis

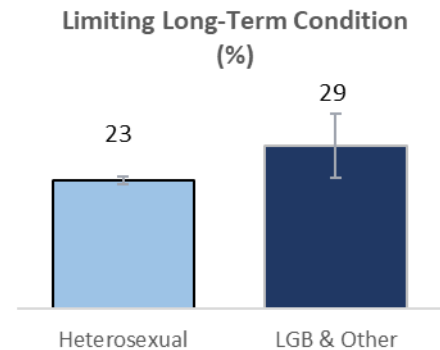
Where formal testing is conducted, those identifying as “Heterosexual” is used as the reference category for comparison.

Due to the differences in age profiles of the two groups, age-standardisation is applied before comparisons are summarised below. For more information on age-standardisation, see section 6.9. For more information about statistical tests, see section 6.10.

## Sexual Orientation - Findings (age-standardised)

### Limiting Long-Term Conditions

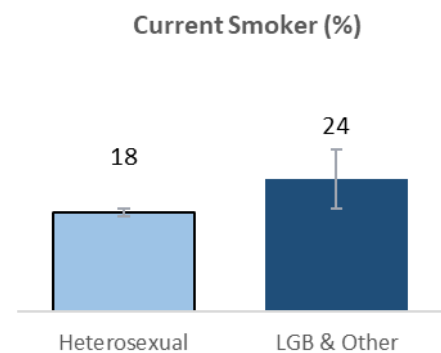
Adults identifying as “LGB & Other” reported a higher prevalence of limiting long-term health conditions (29%), than those identifying as “Heterosexual” (23%).



### Smoking

Adults identifying as “LGB & Other” reported a higher smoking rate (24%) than those identifying as “Heterosexual” (18%).

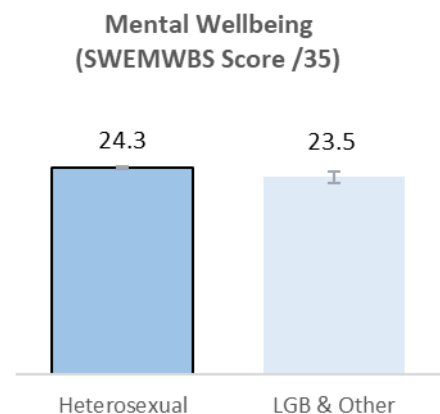
Both groups have seen a reduction from previous years, with the “LGB & Other” group falling by 11.5 percentage points and the “Heterosexual” group falling by 6.0 percentage points since 2012.



### Mental Wellbeing

Adults identifying as “LGB & Other” scored lower in mental wellbeing than those identifying as “Heterosexual” (0.8 lower after age-standardisation).

Mental wellbeing has fallen by a score of 0.2 for the “Heterosexual” group since 2012



There were **no significant differences** between sexual orientation groups for general health, unpaid care provision, perception of crime in local area and any of the confidence in the police domains.

## 2.5 Age and Gender

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](#) at Local Authority level from NRS.

Age and gender are determining factors across most indicators in the SSCQ.

### Analysis

Where formal testing is conducted, the median age group (45-54) and gender “Men” are used as the reference category for comparison. No age-standardisation has been applied to analysis in this section.

For more information about statistical tests, see section 6.10.

## Age Group - Summary Findings



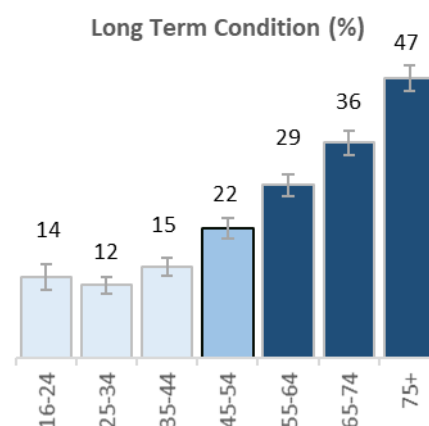
General Health



Limiting Long-Term Conditions

With increasing age, adults (16+) were more likely to report having a limiting long-term condition and less likely to report good/very good general health.

There has been an upward trend in the proportion of younger adults with limiting long-term health conditions, with the proportion in the 16-24 age group increasing by 5.0 percentage points since 2012.

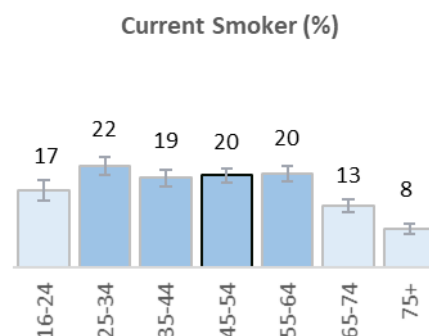


Smoking

Smoking was not as prevalent amongst older age groups. Those aged 65 or over reported lower smoking rates than the median age group. Age groups between 25 and 54 reported similar levels to each other (between 19% and 22%).

Low prevalence in older age groups is likely due to changes in habit with age and/or premature deaths among smokers.

Since 2012, there have been clear reductions in all age groups other than 75+.

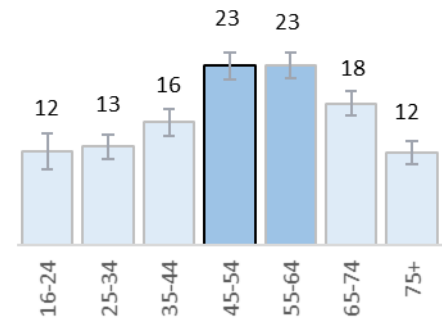




## Unpaid Care

The proportion of all adults providing unpaid care was highest between the ages of 45 and 64, where almost a quarter of people provide unpaid care.

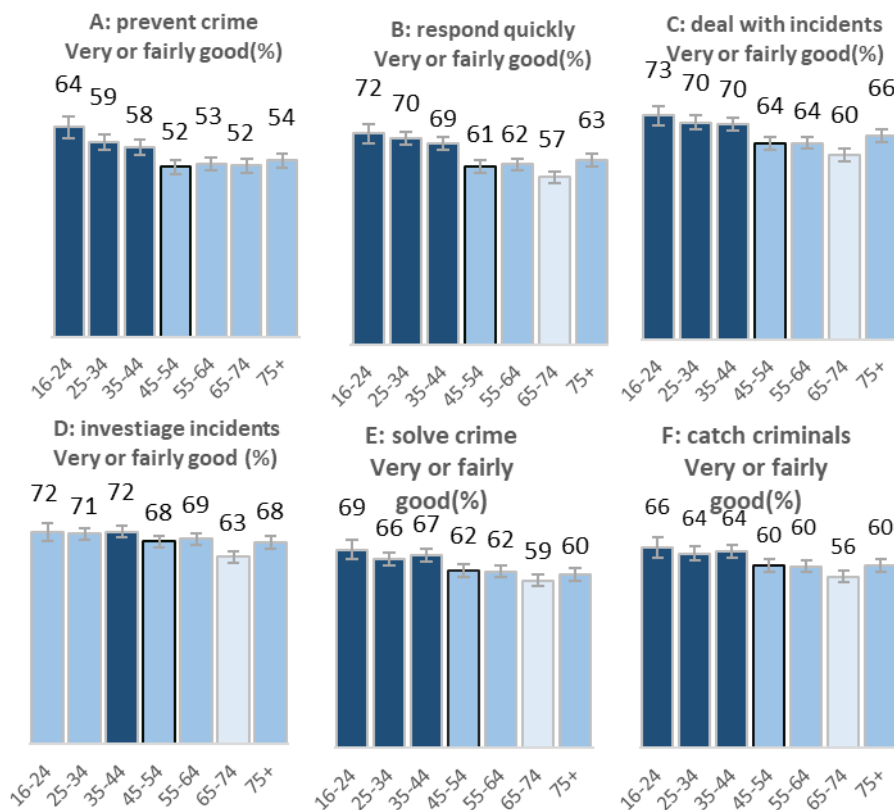
Provision of Unpaid Care (%)



## Confidence in the Police

In general, confidence in the ability of the police fell with age. Higher levels of confidence were reported among 16-24 year olds with the lowest levels in the 65-74 age group. Confidence levels were somewhat higher in the 75+ age group.

Since 2012, among those aged 65-74, fewer reported confidence in the police in four domains (A,B,C,D). Though this is often the least confident age group, the majority of this group remain very or fairly confident in the ability of the police.

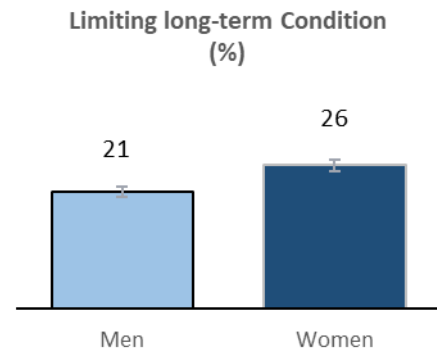


## Gender - Summary Findings

### General Health Limiting Long-Term Conditions

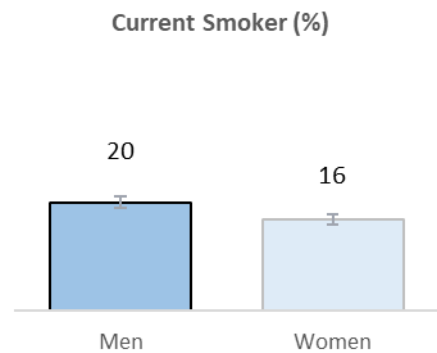
A higher proportion of women (26%) reported living with a limiting long-term health condition compared to men (21%).

Women were less likely to report to be in good or very good general health in comparison to men, with a gap of 2.8 percentage points between the two groups.



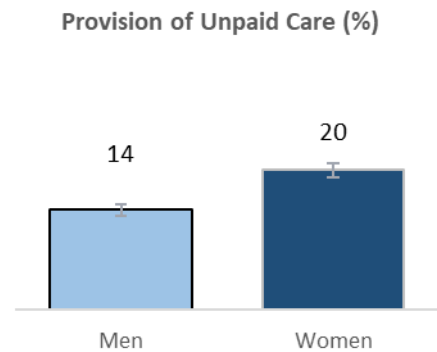
### Smoking

Smoking rates among women were three percentage points lower than for men.



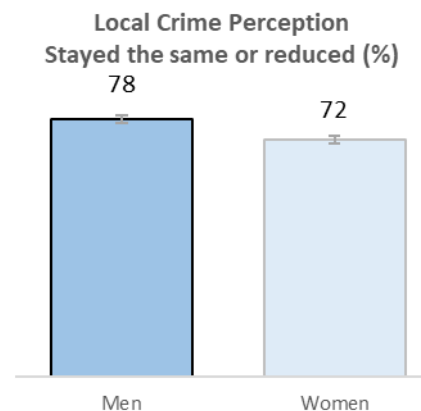
### Unpaid Care

Unpaid care was provided by fewer men (14%) than women (20%).



### Perception of Crime in Local Area

Men (78%) were more likely than women (72%) to report that crime had reduced or stayed the same in their local area over the previous two years.



## 3 Other characteristics

### 3.1 Country of Birth

The country of birth of respondents is collected in detail by the contributing surveys to the SSCQ and grouped by broad geographic location for this publication (see section 6.5). More detailed sub-groups and multi-level analysis (e.g. by ethnic group and gender) are available on request, provided there are sufficient respondents to draw statistics from.

Table 5: Age profile of country of birth groups, SSCQ 2017

	Proportion in Age Group (Row %)						Adults	Col%
	16-24	25-34	35-44	45-54	55-64	65+		
Scotland	13	15	13	18	17	24	3,539,219	79%
Rest of UK	13	15	15	17	16	24	503,508	11%
Rest of EU	17	35	27	10	4	7	248,147	6%
Rest of World	15	27	25	14	8	9	212,198	5%

- In 2017, adults born in the Rest of the UK had a similar age profile to those born in Scotland, but those born in the Rest of the EU and Rest of the World were younger.
- Of those born in the UK, nearly a quarter were over 65 years, where as less than 10% of those born elsewhere were in this age category.
- Over a third of those born in the Rest of the EU were between 25 and 34 years old.

### Analysis

Where formal testing is conducted, adults born in Scotland were used as the reference category for comparison.

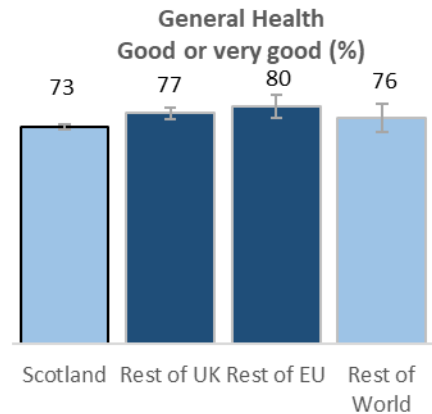
Due to the differences in age profiles of the groups, age-standardisation was applied before comparisons are summarised below, see section 6.9. For more information about statistical tests, see section 6.10.

## Country of Birth - Findings (age-standardised)

### General Health

Adults born in the Rest of the UK (outside Scotland) and the Rest of the EU were more likely to report good or very good general health than those born in Scotland.

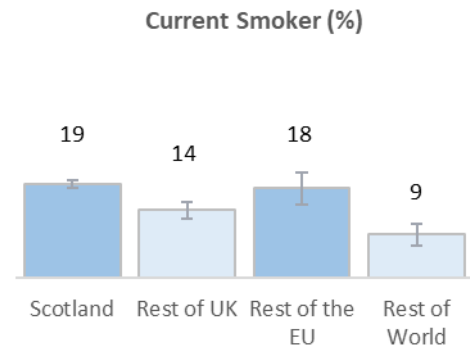
Adults born in Scotland reported a fall of 0.7 percentage points in good/very good levels of general health since 2012.



### Smoking

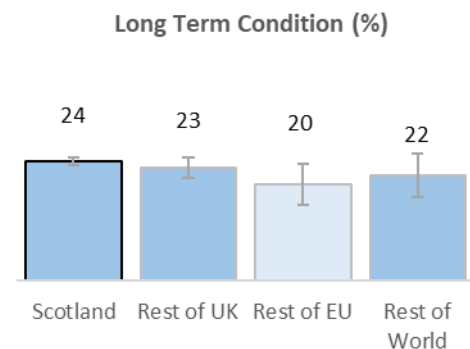
Lower proportions of adults born in the Rest of the UK (14%) and Rest of the World (9%) reported smoking in comparison to those born in Scotland (19%).

Smoking rates have fallen in all country of birth categories since 2012 and for adults born in Scotland and the Rest of the World since 2016.



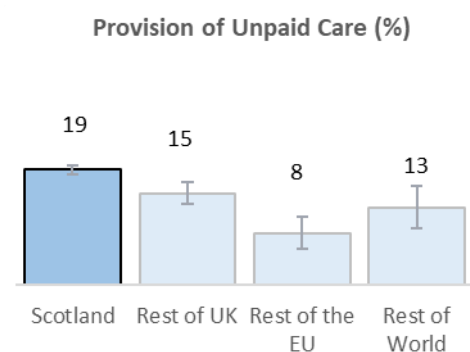
### Limiting Long-Term Conditions

Adults born in the Rest of the EU were less likely to report having a limiting long-term health condition than those born in Scotland.



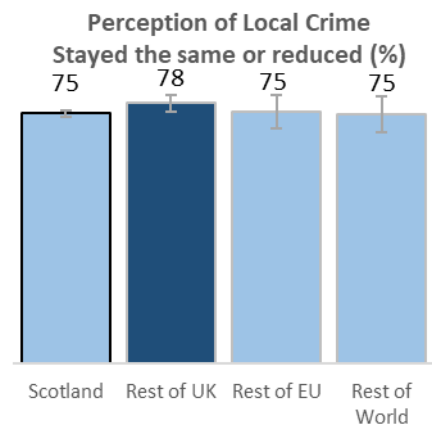
### Unpaid Care Provision

For all three groups born outside of Scotland, levels of unpaid care were lower in comparison to those born in Scotland. The lowest levels of unpaid care provision were reported by those born in the Rest of the EU (8%).



## Perception of Crime in Local Area

The proportion of adults who reported that crime in their local area has fallen or stayed the same in the last two years is higher for those born in the rest of the UK (78%) in comparison to those born in Scotland (75%).

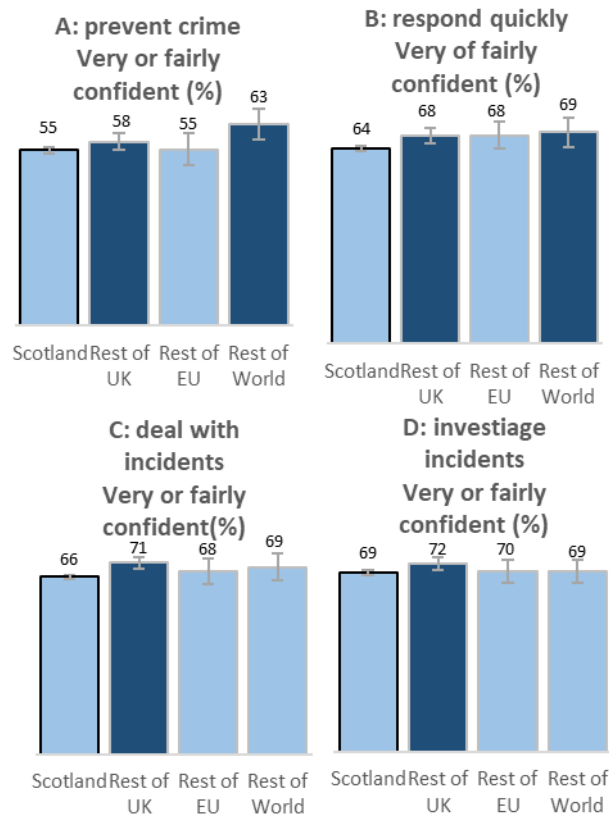


## Confidence in the Police

Adults born in the Rest of the UK were more likely to report confidence in the ability of the police in four of the six domains (**A,B,C,D**) than those born in Scotland, with differences of between three and five percentage points.

Adults born in the Rest of the World reported higher confidence than those born in Scotland in the ability of the police to prevent crime (**A**) and respond quickly to calls and information from the public (**B**).

Since 2012 for adults who were born in the Rest of the World, there has been a rise in confidence in the police to catch criminals (**F**) by 2.7 percentage points.



## 3.2 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 around 6,000 small areas, called datazones, each containing around 350 households or around 800 people.

For the purposes of this analysis, the population is split into quintiles – groups comprising 20% of SIMD areas – based on deprivation rank. SIMD does not identify all people who are deprived in Scotland because not everyone who is deprived lives in a deprived area.

Table 6: Age profile of deprivation quintile groups, SSCQ 2017

	Proportion in Age Group (Row %)						Adults	Col%
	16-24	25-34	35-44	45-54	55-64	65+		
1 Most deprived 20%	15	19	17	17	14	18	860,700	19%
2	13	19	15	17	13	21	888,500	20%
3	15	16	14	19	15	22	932,700	21%
4	11	13	14	19	18	24	896,300	20%
5 Least deprived 20%	13	13	15	18	17	25	910,500	20%

- In general there were higher proportions of younger adults in more deprived areas.

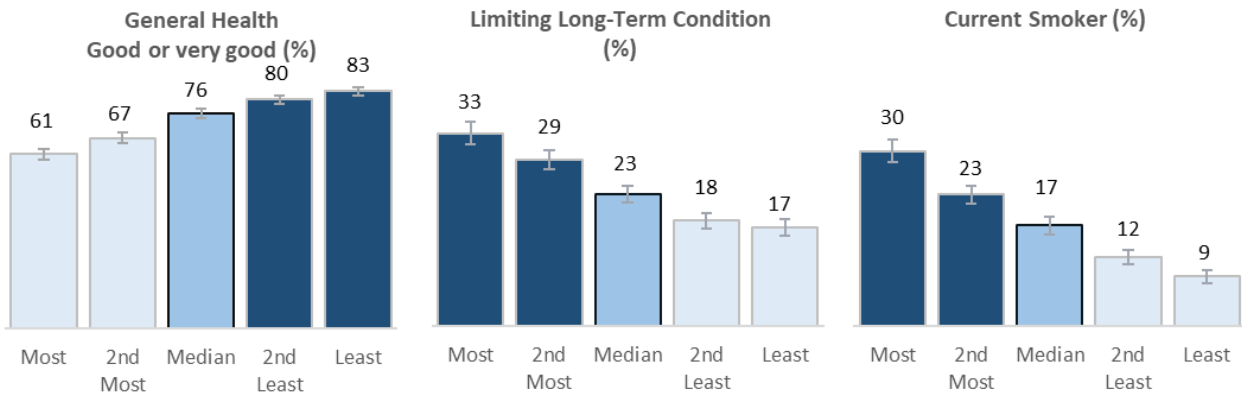
### Analysis

Where formal testing is conducted, the median deprivation group (group 3) is used as the reference category for comparison.

Due to the differences in age profiles of the groups, age-standardisation is applied before comparisons are summarised below. For more information on age-standardisation, see section 6.9. For more information about statistical tests, see section 6.10.

# Deprivation - Summary Findings (age-standardised)

+ General Health 
 ♿ Limiting Long-Term Conditions 
 🚭 Smoking



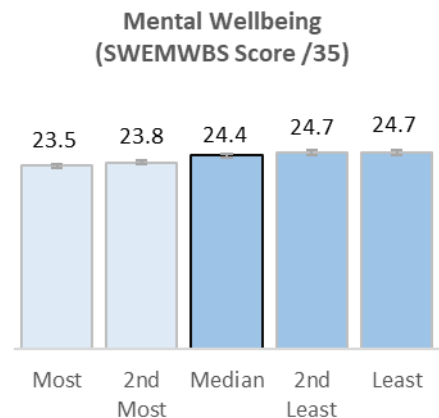
In 2017, adults living in the most deprived areas were more likely to:

- Report lower levels of good/very good general health
- Report having a limiting long-term health condition
- Smoke

The smoking rate in the most deprived group fell by 8.1 percentage points in total from 2012, the highest point reduction seen in any group.

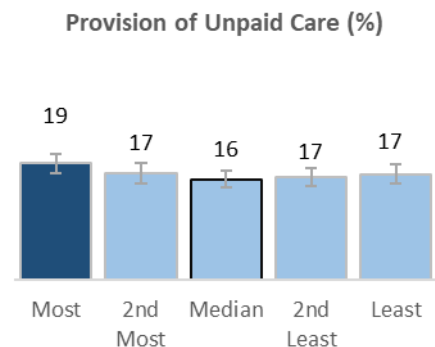
## 💡 Mental Wellbeing

Adults living in the most deprived 40% of areas scored lower in mental wellbeing than adults living in the least deprived areas. There is a difference in average score of 1.2 between the most and least deprived 20% of areas.



## 🏠 Unpaid Care

Unpaid care levels for adults living in the most deprived 20% of areas (19%) were higher than the median deprivation group (16%).



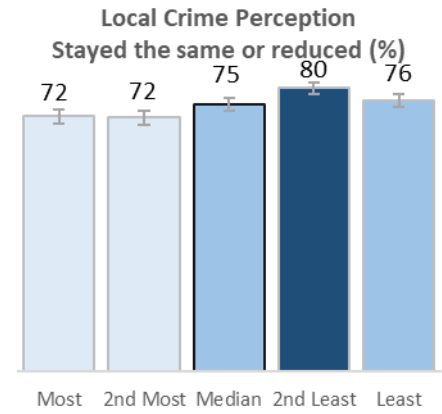


## Perception of Crime in Local Area

Adults in the 40% most deprived areas were less likely to report that crime in their area had reduced or stayed the same in the last two years than the median deprivation group.

These areas have seen a decrease in this indicator since 2016, with the most deprived 20% down by three percentage points and the next most deprived 20% down by five percentage points.

There was no change in these areas over the period 2012 to 2017.

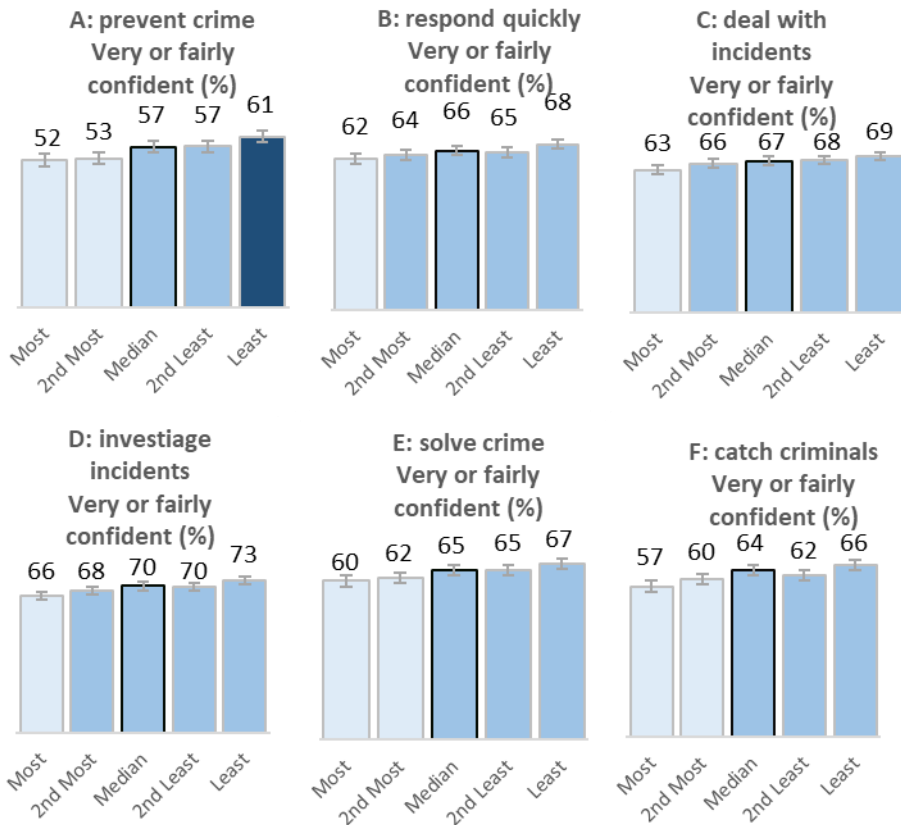


## Confidence in the Police

The majority of adults report being very or fairly confident in the ability of the police, across all deprivation quintiles.

Confidence in the police was generally lower for those living in the most deprived areas, with the most deprived quintile less likely to report confidence in the ability of the police in all six domains.

Since 2012, the most deprived 20% of areas have seen an increase in confidence in the ability of the police in three domains (B,E,F) of 2.4, 4.0 and 2.8 percentage points.





## 4 Subnational Geographies

A key strength of the SSCQ is the ability to provide more detailed statistics for smaller geographies than its source surveys. In this section we examine subnational geographies relevant to each indicator, i.e. Health Boards and Police Scotland Divisions.

Results by Local Authority are available annually in the [supplementary tables](#) published alongside this report. Even more detailed results (e.g. electoral wards) are published from multi-year datasets ([mySSCQ](#)).

### Analysis

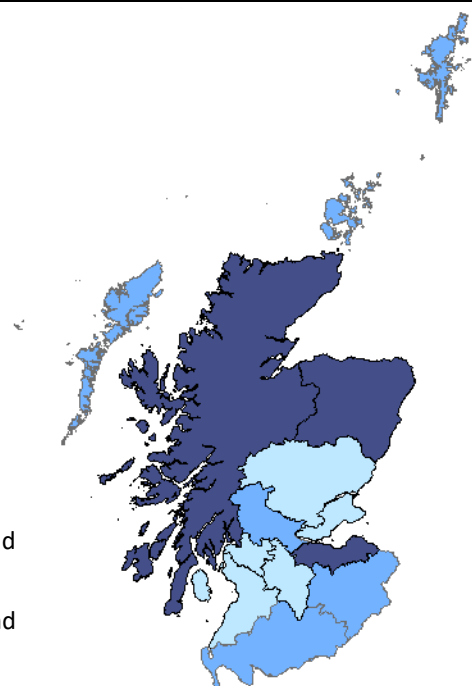
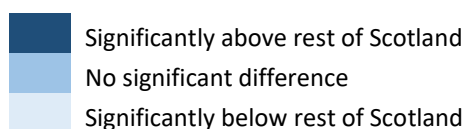
- Where statistical testing is used to identify differences, contrasts are constructed to compare each area to the national average excluding that area. (To check if, for example, Fife was significantly different to the rest of Scotland).
- Analysis in this section is not age-standardised. For more information about statistical tests, see section 6.10.

## Subnational Geographies - Findings

### General Health

Self-assessed good/very good general health varied between 70% and 79% across health boards in 2017. Lower than average levels were reported in Ayrshire and Arran, Fife, Greater Glasgow and Clyde, Lanarkshire and Tayside Health Boards. Higher than average levels were reported in Highland, Lothian and Grampian Health Boards.

Tayside has seen a fall in those reporting good or very good general health, by seven percentage points since 2012 to 70% in 2017.



### Unpaid Care

There were relatively small differences between Health Boards in the proportion of adults providing unpaid care. Ayrshire and Arran (21%), Lanarkshire (21%) and Orkney (25%) reported rates higher than the national average in 2017. Dumfries and Galloway (12%) and Fife (15%) reported rates lower than the rest of Scotland.

### Smoking

Estimates of smoking rates across Health Boards do not deviate greatly from the national average (18%). Only Forth Valley was significantly lower when tested against the rest of Scotland (14%).

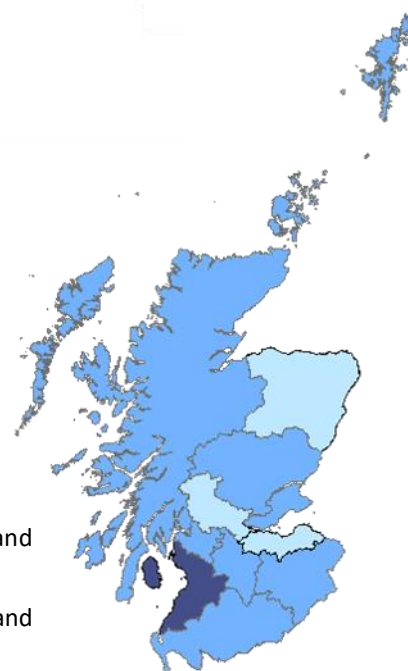
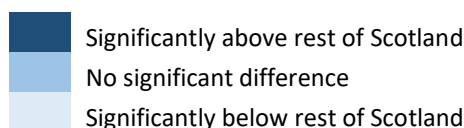
In line with the fall in the national rate, nine of the Health Boards have seen significant falls in smoking rates since 2012.

## Limiting Long-Term Conditions

Ayrshire and Arran was the only Health Board reporting a higher than average proportion of adults living with a limiting long-term health condition (29%).

Lower than average proportions were reported in Lothian (19%), Forth Valley (21%) and Grampian (21%).

Orkney (+7 points), Tayside (+3 points) and the Western Isles (+5 points) health boards all showed increases in the proportion of adults reporting limiting long-term health conditions since 2012.

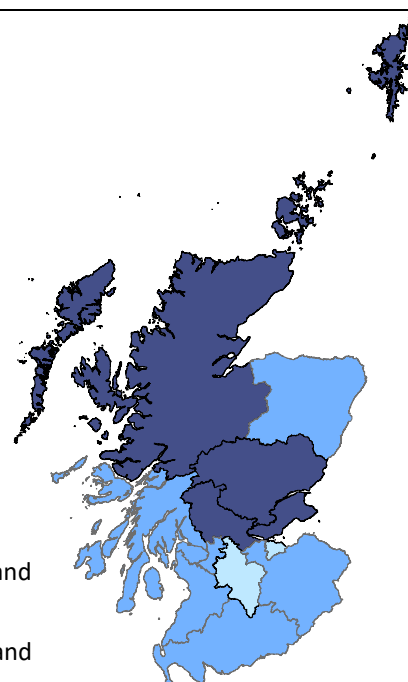
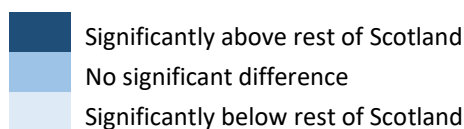


## Perception of Crime in Local Area

The highest levels for this indicator were found in Highlands and Islands Police Division (84%). Levels in Forth Valley (80%), Fife (79%) and Tayside (79%) were also above the national average.

Edinburgh (69%) and Lanarkshire (73%) reported levels below the national average.

Since 2012, Edinburgh (69%) and Lothian and Scottish Borders (68%) have seen falls in this indicator, by six and five percentage points respectively. In Highlands and Islands, a rise of two percentage points has been seen over the same period.



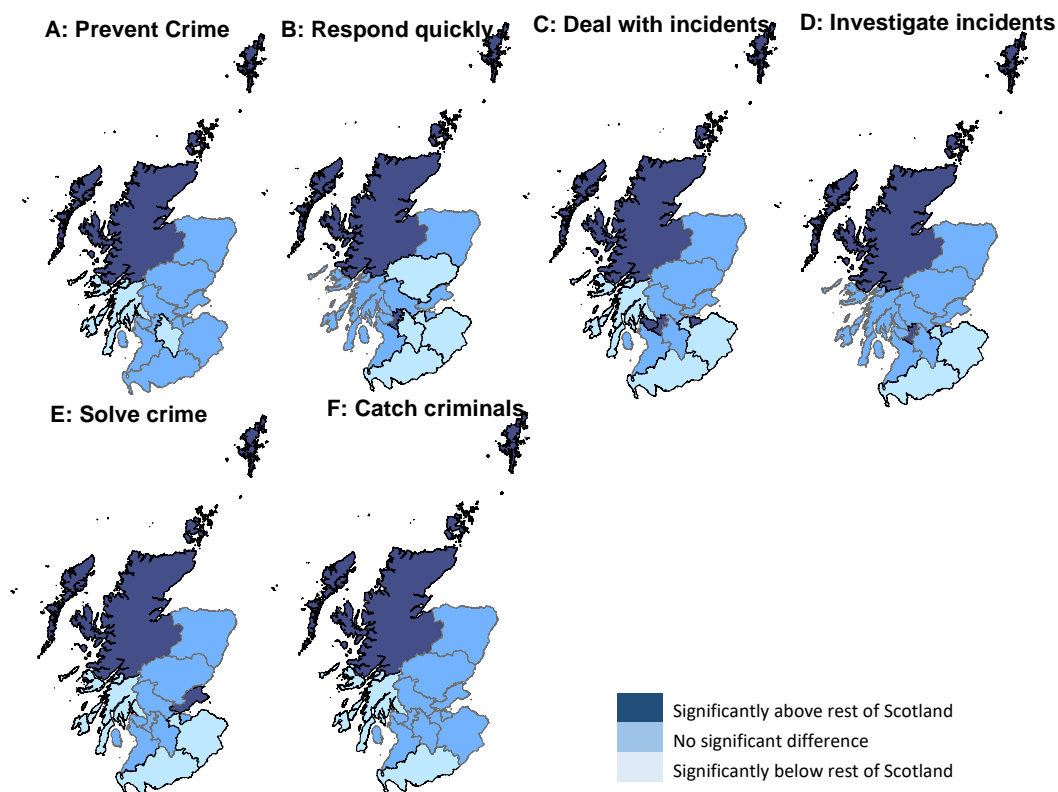
## Mental Wellbeing

Levels of mental wellbeing varied between 23.7 and 24.8 across health boards. There were higher than average levels of mental wellbeing as measured by SWEMWBS in Highland, Lanarkshire and Grampian Health Boards. Ayrshire and Arran, Greater Glasgow and Clyde, and Tayside all reported mental wellbeing scores below the Scottish average.

Falls in mental wellbeing since 2012 have been reported in Greater Glasgow and Clyde (-0.3), Lothian (-0.5) and Orkney (-1.6), and since 2016 in Ayrshire and Arran (-0.6), Fife (-0.8) and Western Isles (-1.2).

## Confidence in the Police

- Highlands and Islands police division was above national average in **all** domains.
- Greater Glasgow police division was above national average in three of the six (**B,C,D**) and **all** domains have seen increased confidence since 2012.
- Dumfries and Galloway police division was below the national average in five domains (**B,C,D,E,F**), with confidence in these domains ranging from 54% to 60% in 2017. Since 2012, this area has seen falls in confidence in **all** domains of between 10 and 14 percentage points.
- Lanarkshire police division was below the national average in two domains (**A – 51%, B – 61%**), but have seen increases in four since 2012 (**B,D,E,F**).
- In Lothian and Scottish Borders, confidence has fallen in five domains since 2012 (**A,B,C,D,E**) and in four since 2016 (**A,C,D,E**). In 2017, four domains were below national average (**B,C,D,E**) with confidence in the ability of the police ranging between 53% and 66% across all six domains.
- Tayside has seen police confidence fall in three domains since 2016 (**A,B,F**). In 2017, the lowest levels of confidence in Tayside across the domains was in the ability of the police to prevent crimes (53%).
- In Argyll and West Dunbartonshire, confidence in the ability of the police across the six domains ranged from 43% to 70%, and was below the national level in four domains (**A,C,E,F**). Since 2012, this area has seen falls of 12, 15 and 5 percentage points in domains A, C and F respectively.



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# 5 Indicator Tables

## 5.1 General Health



Table 7: Self-assessed general health “Good” or “Very good”, SSCQ 2017; changes since 2016 and 2012

		2017		Change	
		grp%	+/-	from 2016	from 2012
Scotland	All	73.9	± 0.8	0.5	0.1
Age	16-24	83.8	± 2.4	-2.3	-4.0 ↓
	25-34	84.4	± 1.6	1.7	-0.8
	35-44	80.4	± 1.8	0.1	0.0
	45-54	75.2	± 1.8	2.3	1.6
	55-64	68.9	± 1.8	2.2	1.9
	65-74	63.1	± 1.9	0.0	3.2 ↑
	75+	52.8	± 2.2	-1.2	3.6 ↑
Gender	Men	75.3	± 1.1	1.9 ↑	0.9
	Women	72.5	± 1.0	-0.7	-0.6
Disability	Limiting Condition	28.9	± 1.5	-0.5	1.0 ↑
	No limiting condition	88.2	± 0.7	0.4	-0.1
Ethnicity	White: Scottish	72.0	± 0.9	0.5	-0.6 ↓
	White: Other British	77.1	± 1.9	-0.1	3.0 ↑
	White: Polish	86.1	± 5.6	-2.3	-4.2
	White: Other*	84.3	± 3.0	0.8	2.0
	Asian**	79.8	± 4.9	-0.6	-1.2
	All other ethnic groups***	86.6	± 4.2	5.1	-3.9
Religion	None	76.5	± 1.1	0.7	-0.6 ↓
	Church of Scotland	69.3	± 1.5	0.4	-0.7
	Roman Catholic	71.8	± 2.0	-0.1	-0.5
	Other Christian	76.3	± 2.5	-0.5	1.7
	Muslim	78.2	± 7.0	7.2	0.8
	Other	70.3	± 5.0	-0.1	-4.4
Sexual Orientation	Heterosexual	74.1	± 0.8	0.4	0.2
	LGB & Other	75.9	± 4.8	5.7	3.3
SIMD	1=Most deprived	62.7	± 1.9	0.5	1.3
	2	67.3	± 1.8	-1.1	-2.0
	3	75.6	± 1.6	0.9	0.1
	4	79.8	± 1.5	1.9	1.1
	5=Least deprived	82.8	± 1.4	-0.1	-0.5
Country of Birth	Scotland	72.2	± 0.9	0.7	-0.7 ↓
	Rest of UK	76.8	± 2.1	-0.6	3.0
	Rest of EU	85.6	± 2.6	-0.8	0.0
	Rest of World	81.7	± 3.4	-0.1	-0.7

↑ a significant increase in the proportion of adults reporting good/very good health.

↓ a significant decrease in the proportion of adults reporting good/very good health.

This table is not age-standardised.

## 5.2 Limiting long-term health conditions



Table 8: Limiting long-term health conditions, SSCQ 2017; changes since 2016 and 2012

		2017		Change		
		grp%	+/-	from 2016	from 2012	
Scotland	All	23.7	± 0.7	-0.6	-0.3	
Age	16-24	13.6	± 2.1	-0.5	5.0	↑
	25-34	12.3	± 1.4	-0.5	0.4	
	35-44	15.3	± 1.6	-1.1	-0.8	
	45-54	21.9	± 1.7	-1.4	-0.4	
	55-64	29.1	± 1.8	0.7	-2.0	↓
	65-74	36.1	± 2.0	-0.2	-3.5	↓
	75+	47.0	± 2.2	-2.1	-7.1	↓
Gender	Men	21.1	± 1.0	-1.5	-1.3	↓
	Women	26.0	± 1.0	0.2	0.6	↑
Ethnicity	White: Scottish	25.1	± 0.9	-1.0	-0.2	
	White: Other British	24.3	± 2.0	0.7	0.5	
	White: Polish	10.6	± 4.2	3.6	2.4	
	White: Other*	14.2	± 2.8	1.8	-0.8	
	Asian**	12.3	± 3.8	2.0	1.5	
	All other ethnic groups***	13.1	± 4.7	-1.9	1.9	
Religion	None	20.0	± 1.0	-1.0	1.0	↑
	Church of Scotland	30.4	± 1.5	-0.3	0.6	
	Roman Catholic	24.1	± 1.9	-2.1	-2.0	
	Other Christian	26.1	± 2.6	3.9	2.1	↑
	Muslim	14.1	± 5.9	-3.6	2.4	
	Other	27.6	± 4.8	2.7	4.7	
Sexual Orientation	Heterosexual	23.2	± 0.7	-0.7	-0.5	
	LGB & Other	26.0	± 5.1	-2.9	0.8	
SIMD	1=Most deprived	31.7	± 1.9	-1.5	-2.5	
	2	28.3	± 1.7	-0.4	0.8	
	3	22.6	± 1.5	-0.6	0.1	
	4	19.0	± 1.4	-1.4	-0.7	
	5=Least deprived	17.6	± 1.4	1.1	1.4	↑
Country of Birth	Scotland	25.0	± 0.9	-0.9	0.5	↑
	Rest of UK	23.5	± 2.0	0.2	0.0	
	Rest of EU	11.5	± 2.4	2.0	-1.1	
	Rest of World	15.1	± 2.8	2.5	1.8	

↑ a significant increase in the proportion of adults with a limiting long-term condition

↓ a significant decrease in the proportion of adults with a limiting long-term condition.

This table is not age-standardised.

## 5.3 Smoking



Table 9: Smoking prevalence, SSCQ 2017; changes from 2016 and 2012

		2017		Change	
		grp%	+/-	from 2016	from 2012
Scotland	All	17.9	± 0.7	-1.6 ↓	-5.8 ↓
Age	16-24	16.8	± 2.3	-1.9	-6.8 ↓
	25-34	22.1	± 1.9	-1.0	-6.3 ↓
	35-44	19.5	± 1.7	-4.6 ↓	-9.9 ↓
	45-54	20.0	± 1.6	-3.5 ↓	-6.6 ↓
	55-64	20.4	± 1.6	0.3	-3.8 ↓
	65-74	13.5	± 1.3	-0.8	-4.4 ↓
	75+	8.5	± 1.2	1.6	0.8
Gender	Men	19.6	± 1.0	-1.8 ↓	-5.8 ↓
	Women	16.4	± 0.9	-1.4 ↓	-5.8 ↓
Disability	Limiting Condition	25.2	± 1.4	-1.0	-4.7 ↓
	No limiting condition	15.7	± 0.7	-1.7 ↓	-6.1 ↓
Ethnicity	White: Scottish	18.9	± 0.8	-1.5 ↓	-6.0 ↓
	White: Other British	13.6	± 1.7	-1.2	-5.2 ↓
	White: Polish	27.1	± 5.8	-1.8	-8.1
	White: Other*	17.0	± 3.1	-4.2	-6.7 ↓
	Asian**	7.3	± 3.0	-3.8	-3.4
	All other ethnic groups***	14.7	± 4.7	-1.4	1.3
Religion	None	19.7	± 1.0	-2.8 ↓	-7.9 ↓
	Church of Scotland	15.5	± 1.2	0.4	-4.1 ↓
	Roman Catholic	20.5	± 1.9	-1.6	-6.5 ↓
	Other Christian	10.9	± 1.8	-1.4	-4.9 ↓
	Muslim	10.0	± 4.6	-6.7	-4.4
	Other	19.8	± 4.7	0.8	-5.6
Sexual Orientation	Heterosexual	17.7	± 0.7	-1.5 ↓	-6.0 ↓
	LGB & Other	22.8	± 4.8	-6.4	-11.5 ↓
SIMD	1=Most deprived	30.4	± 1.9	-1.9	-8.1 ↓
	2	22.8	± 1.7	-2.0	-5.9 ↓
	3	17.5	± 1.5	-0.2	-5.7 ↓
	4	11.9	± 1.2	-2.5 ↓	-5.6 ↓
	5=Least deprived	8.5	± 1.1	-1.0	-2.9 ↓
Country of Birth	Scotland	18.8	± 0.8	-1.4 ↓	-5.9 ↓
	Rest of UK	13.6	± 1.8	-1.7	-6.1 ↓
	Rest of EU	22.0	± 3.1	-2.5	-6.2 ↓
	Rest of World	9.3	± 2.2	-5.0 ↓	-5.4 ↓

↑ a significant increase in the proportion of adults who reported to currently smoke.

↓ a significant decrease in the proportion of adults who reported to currently smoke.

This table is not age-standardised.

## 5.4 Mental Wellbeing



Table 10: Average SWEMWBS score, SSCQ 2017; changes since 2016 and 2014

		2017		Change		
		grp	+/-	from 2016		from 2014
Scotland	All	24.2	± 0.1	-0.1	-0.2	↓
Age	16-24	24.0	± 0.3	-0.4	↓	-0.5 ↓
	25-34	24.3	± 0.2	-0.2		-0.6 ↓
	35-44	24.1	± 0.2	-0.1		-0.2
	45-54	24.0	± 0.2	0.0		-0.3 ↓
	55-64	24.4	± 0.2	0.2		0.0
	65-74	24.7	± 0.2	0.0		-0.1
	75+	24.2	± 0.2	-0.1		0.2
Gender	Men	24.3	± 0.1	-0.1		-0.2 ↓
	Women	24.2	± 0.1	-0.1		-0.2 ↓
Disability	Limiting Condition	22.2	± 0.1	-0.1		-0.1
	No limiting condition	24.9	± 0.1	-0.1		-0.3 ↓
Ethnicity	White: Scottish	24.2	± 0.1	-0.1		-0.2 ↓
	White: Other British	24.3	± 0.2	-0.2		-0.4 ↓
	White: Polish	24.6	± 0.6	0.0		-0.4
	White: Other*	24.8	± 0.3	0.0		-0.3
	Asian**	24.3	± 0.5	-0.2		-0.4
	All other ethnic groups***	24.8	± 0.6	0.4		-0.8
Religion	None	24.1	± 0.1	-0.1		-0.3 ↓
	Church of Scotland	24.4	± 0.1	-0.2		-0.1
	Roman Catholic	24.4	± 0.2	0.1		-0.2
	Other Christian	24.7	± 0.3	0.1		0.2
	Muslim	24.0	± 0.7	-0.3		-0.6
	Other	24.0	± 0.5	-0.1		-0.5
Sexual Orientation	Heterosexual	24.3	± 0.1	-0.1		-0.2 ↓
	LGB & Other	23.3	± 0.5	-0.2		0.2
SIMD	1=Most deprived	23.5	± 0.1	0.0		-0.1
	2	23.8	± 0.2	-0.3	↓	-0.5 ↓
	3	24.4	± 0.2	-0.1		-0.4 ↓
	4	24.7	± 0.2	0.0		-0.2
	5=Least deprived	24.7	± 0.2	-0.1		-0.1
Country of Birth	Scotland	24.2	± 0.1	-0.1		-0.2 ↓
	Rest of UK	24.3	± 0.2	0.0		-0.4 ↓
	Rest of EU	24.7	± 0.3	-0.1		-0.7 ↓
	Rest of World	24.7	± 0.4	0.2		-0.3

↑ a significant increase in mental wellbeing.

↓ a significant decrease in mental wellbeing.

This table is not age-standardised.

## 5.5 Provision of unpaid care



Table 11: Provision of unpaid care, SSCQ 2017; changes since 2016 and 2014

		2017		Change	
		grp%	+/-	from 2016	from 2014
Scotland	All	17.4	± 0.7	0.4	-0.5
Age	16-24	12.3	± 2.3	0.6	4.1 ↑
	25-34	12.9	± 1.6	1.0	0.0
	35-44	16.0	± 1.7	-0.3	-2.1
	45-54	23.4	± 1.8	0.8	-1.9
	55-64	23.5	± 1.7	-0.1	-1.3
	65-74	18.5	± 1.6	1.0	-2.0 ↓
	75+	12.1	± 1.5	-0.5	0.4
Gender	Men	14.4	± 0.9	0.5	-1.3 ↓
	Women	20.2	± 1.0	0.4	0.3
Disability	Limiting Condition	18.6	± 1.3	-0.4	0.2
	No limiting condition	17.1	± 0.8	0.7	-0.6 ↓
Ethnicity	White: Scottish	18.8	± 0.8	0.7	-0.2
	White: Other British	16.3	± 1.8	-0.6	-0.7
	White: Polish	9.2	± 5.3	3.9	3.2
	White: Other*	6.6	± 2.2	-2.9	-5.5 ↓
	Asian**	11.6	± 4.4	1.7	1.6
	All other ethnic groups***	10.6	± 4.7	1.6	2.1
Religion	None	16.2	± 1.0	0.5	0.5
	Church of Scotland	20.1	± 1.3	0.9	-0.6
	Roman Catholic	17.2	± 1.8	0.0	-1.5
	Other Christian	17.2	± 2.3	-1.2	-1.9
	Muslim	15.6	± 7.0	5.3	1.6
	Other	17.5	± 4.5	0.7	0.8
Sexual Orientation	Heterosexual	17.5	± 0.7	0.4	-0.5
	LGB & Other	20.4	± 5.0	2.7	-0.7
SIMD	1=Most deprived	19.0	± 1.6	1.3	1.4
	2	17.2	± 1.6	-0.3	-1.5
	3	16.4	± 1.4	0.1	-1.1
	4	17.1	± 1.4	0.9	-0.6
	5=Least deprived	17.4	± 1.6	0.2	-0.4
Country of Birth	Scotland	18.9	± 0.8	0.8	-0.1
	Rest of UK	15.1	± 1.8	-1.3	-2.0
	Rest of EU	6.9	± 2.0	-0.3	-1.8
	Rest of World	11.4	± 3.2	1.4	1.1

↑ a significant increase in the proportion of adults providing unpaid care.

↓ a significant decrease in the proportion of adults providing unpaid care.

This table is not age-standardised.



## 5.6 Perception of crime in local area



Table 12: Crime in local area has fallen or stayed the same in the past two years, SSCQ 2017; changes from 2016 and 2012

		2017		Change		
		grp%	+/-	from 2016		from 2012
Scotland	All	75.2	± 0.8	-2.3	↓	-0.6
Age	16-24	76.0	± 3.5	-3.7		-0.6
	25-34	75.4	± 2.4	-1.8		-0.3
	35-44	73.9	± 2.2	-2.1		-0.9
	45-54	72.7	± 2.1	-3.5	↓	-2.0
	55-64	76.4	± 1.8	-1.2		-0.1
	65-74	76.5	± 1.8	-1.6		-0.5
	75+	77.0	± 1.9	-2.5		0.8
Gender	Men	78.4	± 1.2	-1.2		0.6
	Women	72.4	± 1.2	-3.3	↓	-1.6
Disability	Limiting Condition	71.9	± 1.6	-3.7	↓	-0.1
	No limiting condition	76.3	± 1.0	-1.9	↓	-0.9
Ethnicity	White: Scottish	74.9	± 0.9	-2.5	↓	-0.3
	White: Other British	78.3	± 2.2	-1.1		-0.8
	White: Polish	74.0	± 7.5	2.5		-6.8
	White: Other*	75.9	± 4.5	-4.2		-4.7
	Asian**	70.4	± 7.5	-3.0		-7.2
	All other ethnic groups***	75.2	± 7.5	-2.0		7.9
Religion	None	75.6	± 1.2	-2.2	↓	-0.4
	Church of Scotland	75.5	± 1.5	-2.4	↓	-0.6
	Roman Catholic	74.0	± 2.3	-2.1		0.8
	Other Christian	76.2	± 2.9	-3.1		-3.6
	Muslim	68.5	± 10.3	-7.8		-7.8
	Other	73.6	± 5.9	0.9		0.5
Sexual Orientation	Heterosexual	75.2	± 0.9	-2.5	↓	-0.6
	LGB & Other	74.4	± 6.0	1.1		-4.5
SIMD	1=Most deprived	72.1	± 2.0	-3.2	↓	2.8
	2	71.7	± 2.0	-4.8	↓	-0.5
	3	75.4	± 1.9	-2.0		-0.6
	4	80.0	± 1.7	0.1		0.5
	5=Least deprived	76.5	± 1.9	-2.0		-4.9 ↓
Country of Birth	Scotland	74.9	± 0.9	-2.3	↓	-0.6
	Rest of UK	78.0	± 2.3	-1.6		-1.6
	Rest of EU	74.7	± 4.3	-2.2		-3.1
	Rest of World	74.8	± 4.7	-3.9		-2.1

↑ a significant increase in the proportion of adults reporting that crime has stayed the same or decreased in their local area in the past two years.

↓ a significant decrease in the proportion of adults reporting that crime has stayed the same or decreased in their local area in the past two years.

This table is not age-standardised.

## 5.7 Confidence in the police to prevent crime (A)



Table 13: Very or fairly confident in the police to prevent crime, SSCQ 2017; changes from 2016 and 2012

		2017		Change	
		grp%	+/-	from 2016	from 2012
Scotland	All	55.8	± 0.9	-1.7 ↓	-1.4
Age	16-24	63.7	± 3.4	-2.3	-0.2
	25-34	59.1	± 2.3	-3.4 ↓	1.5 ↑
	35-44	57.8	± 2.3	0.8	0.7
	45-54	51.7	± 2.2	-3.0	-2.6
	55-64	52.6	± 2.1	0.8	-2.3 ↓
	65-74	52.1	± 2.0	-1.8	-3.4 ↓
	75+	53.6	± 2.3	-3.4 ↓	-4.0 ↓
Gender	Men	55.5	± 1.4	-1.7	-1.4
	Women	56.0	± 1.2	-1.7	-1.5
Disability	Limiting Condition	51.1	± 1.8	-1.8	-1.3
	No limiting condition	57.3	± 1.1	-1.7 ↓	-1.2
Ethnicity	White: Scottish	54.9	± 1.1	-1.9 ↓	-1.2
	White: Other British	56.4	± 2.5	-1.6	-3.1 ↓
	White: Polish	52.3	± 7.7	-11.6 ↓	-12.2
	White: Other*	59.0	± 4.6	-0.3	1.1
	Asian**	67.9	± 6.0	4.5	2.8
	All other ethnic groups***	66.8	± 6.7	0.9	2.8
Religion	None	56.3	± 1.4	-1.4	0.0
	Church of Scotland	53.6	± 1.7	-3.2 ↓	-4.4 ↓
	Roman Catholic	54.9	± 2.5	-1.3	-0.9
	Other Christian	58.2	± 3.1	-2.3	0.7
	Muslim	62.5	± 8.1	0.7	-1.0
	Other	61.3	± 5.9	1.0	-0.6
Sexual Orientation	Heterosexual	55.6	± 1.0	-1.9 ↓	-1.5
	LGB & Other	59.2	± 6.2	3.9	2.0
SIMD	1=Most deprived	52.2	± 2.1	-0.4	1.5
	2	52.8	± 2.1	-2.4	-3.3
	3	56.9	± 2.0	-2.6	-1.2
	4	56.5	± 2.0	-2.0	-1.5 ↓
	5=Least deprived	60.0	± 2.1	-1.4	-2.9
Country of Birth	Scotland	54.8	± 1.0	-1.6 ↓	-1.8 ↓
	Rest of UK	57.5	± 2.7	-1.5	-2.1
	Rest of EU	57.5	± 4.2	-4.6	-4.4
	Rest of World	65.0	± 4.4	-2.7	0.5

↑ a significant increase in the proportion of adults fairly or very confident in the police.

↓ a significant decrease in the proportion of adults fairly or very confident in the police.

This table is not age-standardised.

## 5.8 Confidence in the police to respond quickly to calls and information from the public (B)



Table 14: Very or fairly confident in the police to respond quickly to calls, SSCQ 2017; changes from 2016 and 2012

		2017		Change	
		grp%	+/-	from 2016	from 2012
Scotland	All	64.9	± 0.9	-1.1	-0.7
Age	16-24	72.1	± 3.2	-3.4	1.8
	25-34	70.5	± 2.2	-1.5	0.9
	35-44	68.7	± 2.2	-0.4	0.6
	45-54	60.7	± 2.2	-0.6	-1.7 ↓
	55-64	61.6	± 2.0	2.3	-0.2
	65-74	57.1	± 2.0	-3.3 ↓	-4.1 ↓
	75+	62.8	± 2.2	-1.9	-1.5
Gender	Men	63.3	± 1.3	-1.5	-0.9
	Women	66.3	± 1.2	-0.8	-0.4
Disability	Limiting Condition	59.8	± 1.7	-1.6	-1.5
	No limiting condition	66.6	± 1.0	-0.9	0.0
Ethnicity	White: Scottish	64.0	± 1.0	-1.4 ↓	-0.5
	White: Other British	67.4	± 2.4	0.6	-0.5
	White: Polish	62.8	± 7.7	-8.5	-7.9
	White: Other*	69.1	± 4.4	-1.2	-3.4
	Asian**	71.2	± 6.0	-2.9	1.1
	All other ethnic groups***	70.7	± 6.5	5.1	6.1
Religion	None	65.8	± 1.3	-1.2	0.2
	Church of Scotland	62.3	± 1.7	0.1	-1.9 ↓
	Roman Catholic	64.4	± 2.4	-2.1	-0.3
	Other Christian	66.6	± 3.0	-2.7	-1.5
	Muslim	69.9	± 7.9	-0.5	-0.7
	Other	64.7	± 5.9	-4.6	-7.4
Sexual Orientation	Heterosexual	64.7	± 0.9	-1.1	-0.7
	LGB & Other	69.0	± 5.7	-0.5	1.9
SIMD	1=Most deprived	62.5	± 2.1	-1.3	2.4 ↑
	2	64.1	± 2.0	0.2	-1.5
	3	65.5	± 1.9	-0.4	-1.0
	4	64.5	± 1.9	-2.3	-2.0 ↓
	5=Least deprived	67.6	± 1.9	-2.1	-1.4
Country of Birth	Scotland	63.8	± 1.0	-1.2	-0.9 ↓
	Rest of UK	68.2	± 2.5	-0.1	1.2
	Rest of EU	68.5	± 3.9	-3.2	-4.1
	Rest of World	70.9	± 4.4	-1.2	-0.3

↑ a significant increase in the proportion of adults fairly or very confident in the police.

↓ a significant decrease in the proportion of adults fairly or very confident in the police.

This table is not age-standardised.

## 5.9 Confidence in the police to deal with incidents as they occur (C)



Table 15: Very or fairly confident in the police to deal with incidents as they occur, SSCQ 2017; changes from 2016 and 2012

		2017		Change	
		grp%	+/-	from 2016	from 2012
Scotland	All	66.6	± 0.9	-1.3 ↓	-1.6 ↓
Age	16-24	72.7	± 3.1	-2.8	1.5
	25-34	70.4	± 2.2	-2.7	0.6
	35-44	69.8	± 2.1	-0.7	-1.7
	45-54	63.7	± 2.1	-1.7	-2.5 ↓
	55-64	63.8	± 2.0	2.6	-1.7 ↓
	65-74	59.8	± 2.0	-3.6 ↓	-5.4 ↓
	75+	66.1	± 2.1	0.5	-1.5
Gender	Men	65.3	± 1.3	-2.6 ↓	-2.5 ↓
	Women	67.8	± 1.1	0.0	-0.8
Disability	Limiting Condition	62.4	± 1.7	-0.8	-0.8
	No limiting condition	68.1	± 1.0	-1.4	-1.6 ↓
Ethnicity	White: Scottish	65.8	± 1.0	-1.4 ↓	-1.8 ↓
	White: Other British	68.7	± 2.3	0.1	-1.7
	White: Polish	62.0	± 7.8	-12.9 ↓	-5.4
	White: Other*	69.9	± 4.3	-0.3	-0.8
	Asian**	75.9	± 5.7	1.8	7.4 ↑
	All other ethnic groups***	70.1	± 6.5	0.2	0.3
Religion	None	67.0	± 1.3	-1.8 ↓	-1.3
	Church of Scotland	65.4	± 1.6	-0.5	-2.6 ↓
	Roman Catholic	65.3	± 2.4	-1.2	-0.4
	Other Christian	69.1	± 2.9	-2.1	-2.1
	Muslim	69.2	± 8.0	0.0	-2.6
	Other	69.6	± 5.4	0.9	-4.1
Sexual Orientation	Heterosexual	66.4	± 0.9	-1.4 ↓	-1.8 ↓
	LGB & Other	72.6	± 5.4	2.2	3.7
SIMD	1=Most deprived	63.3	± 2.1	-2.4	0.3
	2	66.1	± 2.0	0.6	-0.8
	3	67.2	± 1.9	-0.2	-2.2 ↓
	4	67.4	± 1.9	-1.2	-2.2 ↓
	5=Least deprived	68.9	± 1.9	-3.1 ↓	-3.3 ↓
Country of Birth	Scotland	65.7	± 1.0	-1.3	-2.2 ↓
	Rest of UK	70.8	± 2.3	1.0	1.0
	Rest of EU	68.3	± 4.0	-4.4	-1.6
	Rest of World	70.5	± 4.3	-3.1	-0.6

↑ a significant increase in the proportion of adults fairly or very confident in the police.

↓ a significant decrease in the proportion of adults fairly or very confident in the police.

This table is not age-standardised.

## 5.10 Confidence in the police to investigate incidents after they occur (D)



Table 16: Very or fairly confident in the police to investigate incidents after they occur, SSCQ 2017; changes from 2016 and 2012

		2017		Change	
		grp%	+/-	from 2016	from 2012
Scotland	All	69.2	± 0.9	-1.6 ↓	-1.0
Age	16-24	71.6	± 3.2	-5.9 ↓	-0.5
	25-34	71.0	± 2.1	-1.7	0.9
	35-44	71.8	± 2.1	-0.9	-1.1
	45-54	68.5	± 2.0	-1.9	-2.3
	55-64	69.3	± 1.9	2.3	1.1
	65-74	63.2	± 2.0	-3.2 ↓	-3.3 ↓
	75+	68.0	± 2.1	-0.1	-1.0
Gender	Men	68.1	± 1.3	-1.7	-1.4
	Women	70.2	± 1.1	-1.5	-0.5
Disability	Limiting Condition	64.8	± 1.7	-1.2	-0.7
	No limiting condition	70.7	± 1.0	-1.7 ↓	-0.8
Ethnicity	White: Scottish	68.7	± 1.0	-2.4 ↓	-1.2
	White: Other British	72.1	± 2.2	2.2	1.2
	White: Polish	57.2	± 7.8	-11.6 ↓	-12.9
	White: Other*	73.1	± 4.1	2.8	1.8
	Asian**	73.7	± 5.7	1.2	3.2
	All other ethnic groups***	70.6	± 6.6	1.3	2.4
Religion	None	69.4	± 1.3	-1.4	-0.1
	Church of Scotland	69.4	± 1.6	-1.3	-1.6
	Roman Catholic	67.2	± 2.4	-2.8	-0.5
	Other Christian	71.2	± 2.9	-2.3	-1.5
	Muslim	70.8	± 7.5	0.7	1.3
	Other	68.9	± 5.6	-4.7	-5.8
Sexual Orientation	Heterosexual	69.1	± 0.9	-1.7 ↓	-1.1
	LGB & Other	72.8	± 5.5	0.3	4.6
SIMD	1=Most deprived	65.6	± 2.0	-1.7	0.7
	2	68.1	± 1.9	-0.7	-1.4
	3	70.1	± 1.9	-2.1	-1.3
	4	69.8	± 1.9	-2.2	-0.3
	5=Least deprived	72.2	± 1.8	-1.5	-2.7
Country of Birth	Scotland	68.8	± 1.0	-1.9 ↓	-1.3
	Rest of UK	72.3	± 2.3	1.5	0.9
	Rest of EU	68.3	± 4.0	-1.1	-1.7
	Rest of World	69.9	± 4.3	-4.3	-2.1

↑ a significant increase in the proportion of adults fairly or very confident in the police.

↓ a significant decrease in the proportion of adults fairly or very confident in the police.

This table is not age-standardised.

## 5.11 Confidence in the police to solve crimes (E)



Table 17: Very or fairly confident in the police to solve crimes, SSCQ 2017; changes from 2016 and 2012

		2017		Change	
		grp%	+/-	from 2016	from 2012
Scotland	All	63.6	± 0.9	-1.0	1.5 ↑
Age	16-24	69.2	± 3.3	-3.4	2.9 ↑
	25-34	65.8	± 2.2	-2.5	3.5 ↑
	35-44	67.1	± 2.2	2.3	2.9
	45-54	61.8	± 2.1	-1.4	0.2
	55-64	61.5	± 2.0	1.3	2.6
	65-74	58.5	± 2.0	-1.3	-0.9
	75+	60.4	± 2.2	-1.9	-0.8
Gender	Men	62.6	± 1.3	-1.2	1.2 ↑
	Women	64.6	± 1.2	-0.7	1.7 ↑
Disability	Limiting Condition	58.2	± 1.7	-1.4	1.3
	No limiting condition	65.4	± 1.0	-0.8	1.9 ↑
Ethnicity	White: Scottish	63.6	± 1.0	-1.0	1.7 ↑
	White: Other British	63.7	± 2.5	-0.1	0.9
	White: Polish	54.4	± 7.7	-8.0	-2.4
	White: Other*	65.5	± 4.4	1.1	2.8
	Asian**	68.1	± 6.1	0.0	6.2 ↑
	All other ethnic groups***	65.0	± 6.7	-1.7	1.4
Religion	None	63.4	± 1.3	-0.9	2.4 ↑
	Church of Scotland	64.1	± 1.6	-0.6	0.0
	Roman Catholic	61.9	± 2.4	-2.2	2.7
	Other Christian	67.1	± 2.9	-0.5	2.5
	Muslim	65.1	± 8.1	-2.9	2.0
	Other	62.8	± 5.9	-0.7	1.9
Sexual Orientation	Heterosexual	63.6	± 0.9	-1.0	1.6 ↑
	LGB & Other	66.1	± 5.9	0.2	0.4
SIMD	1=Most deprived	60.6	± 2.1	0.9	4.0 ↑
	2	61.7	± 2.0	-2.1	0.7 ↑
	3	64.6	± 2.0	-0.2	1.1
	4	64.2	± 1.9	-2.4	0.9
	5=Least deprived	66.6	± 1.9	-1.0	0.7
Country of Birth	Scotland	63.4	± 1.0	-0.8	1.2 ↑
	Rest of UK	65.3	± 2.6	1.3	2.1
	Rest of EU	61.5	± 4.1	-3.6	1.1
	Rest of World	65.1	± 4.4	-5.1	0.3

↑ a significant increase in the proportion of adults fairly or very confident in the police.

↓ a significant decrease in the proportion of adults fairly or very confident in the police.

This table is not age-standardised.

## 5.12 Confidence in the police to catch criminals (F)



Table 18: Very or fairly confident in the police to catch criminals, SSCQ 2017; changes from 2016 and 2012

		2017		Change	
		grp%	+/-	from 2016	from 2012
Scotland	All	61.5	± 0.9	-0.8	1.4 ↑
Age	16-24	65.8	± 3.4	-3.5	0.2
	25-34	63.9	± 2.3	-2.8	3.1 ↑
	35-44	64.5	± 2.2	0.5	3.3
	45-54	59.9	± 2.2	-1.2	0.9
	55-64	59.6	± 2.0	2.0	3.2
	65-74	56.3	± 2.0	-0.5	-2.1
	75+	59.9	± 2.2	0.5	0.8
Gender	Men	61.2	± 1.4	-0.4	1.5 ↑
	Women	61.8	± 1.2	-1.1	1.3 ↑
Disability	Limiting Condition	56.2	± 1.7	-1.3	0.8
	No limiting condition	63.2	± 1.1	-0.6	1.8 ↑
Ethnicity	White: Scottish	61.1	± 1.0	-1.1	1.4 ↑
	White: Other British	62.8	± 2.4	0.6	1.5
	White: Polish	50.2	± 7.6	-14.0 ↓	-11.6
	White: Other*	65.3	± 4.5	2.5	6.8 ↑
	Asian**	64.1	± 6.3	1.9	3.6
	All other ethnic groups***	68.2	± 6.5	4.6	6.1
Religion	None	61.4	± 1.3	-1.0	2.1 ↑
	Church of Scotland	61.7	± 1.7	0.1	0.5
	Roman Catholic	60.7	± 2.4	-1.9	2.6 ↑
	Other Christian	63.2	± 3.0	-1.3	-0.1
	Muslim	60.8	± 8.4	-3.2	1.6
	Other	63.5	± 5.9	1.5	3.1
Sexual Orientation	Heterosexual	61.5	± 0.9	-0.8	1.5 ↑
	LGB & Other	61.9	± 6.1	-1.7	0.7
SIMD	1=Most deprived	57.3	± 2.1	-1.8	2.8 ↑
	2	60.0	± 2.0	-1.1	0.8 ↑
	3	63.5	± 1.9	0.3	1.4
	4	61.3	± 2.0	-2.0	0.3
	5=Least deprived	65.0	± 2.0	0.5	1.4
Country of Birth	Scotland	61.1	± 1.0	-0.7	0.9
	Rest of UK	63.9	± 2.6	1.3	2.7
	Rest of EU	59.7	± 4.1	-4.4	-0.3
	Rest of World	64.8	± 4.4	-3.6	2.7 ↑

↑ a significant increase in the proportion of adults fairly or very confident in the police.

↓ a significant decrease in the proportion of adults fairly or very confident in the police.

This table is not age-standardised.

# 6 Technical Notes

## 6.1 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 \(SCJS\)](#)
- [Scottish Health Survey \(SHeS\)](#)
- [Scottish Household Survey \(SHS\)](#)

Further information on Population Surveys in Scotland can be found on the [SG website](#).

Since the beginning of 2012 each of the surveys 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 of around 20,000 responses.

Full details of the [harmonised questions](#) are available online and questionnaires are provided on the websites of each of the individual surveys.

Due to the different sampling nature of each survey, 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 separately for each survey below.

### **Scottish Crime and Justice Survey (SCJS) technical notes**

Sampling, survey response and weighting are described in full in the [SCJS technical report](#). Briefly, the survey consists of a simple random sample, designed to achieve a robust sample at national and subgroup level. The target samples size at national level is 6,000 interviews per year. One random adult per household is interviewed and asked all SSCQ and SCJS questions.

### **Scottish Health Survey (SHeS) technical notes**

Sampling, survey response and weighting are described in full in the [SHeS 2017 technical report](#). 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 are excluded from the SSCQ dataset.

### **Scottish Household Survey (SHS) technical notes**

Sampling, survey response and weighting are described in full in the [SHS technical report](#). 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 answered by 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.

## 6.2 Weighting

Datasets from the three source surveys were combined into three new SSCQ datasets: SSCQ household variables (19,220 responses), SSCQ individual variables (18,984 responses) and SSCQ crime variables (17,756 responses), see [Table 19](#).

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 of the dataset. Rather, for each constituent survey dataset the design effects were estimated for each category and then the median design effect over all categories 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 19: 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[1]	5,475	4,970	3,062	1,879	10,683	8,793	19,220	15,642
Individual responses[2]	5,475	4,110	3,697	2,107	9,812	6,430	18,984	12,647
Crime responses[3]	5,475	3,959	2,469	1,135	9,812	6,264	17,756	11,358

To combine the data the scale factors were applied to the grossing weights for the individual surveys (described in section 6.1). The neff of each survey contribution formed the basis for the scaling factors:

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 population estimates. See [SSCQ Weighting tables](#).

## 6.3 Confidence Interval Calculations

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

Confidence intervals have been calculated using a method to account for stratification and clustering (surveyfreq in SAS). Confidence intervals across all subgroup estimates in SSCQ are provided in the accompanying [supplementary tables](#).

Confidence intervals are plotted on point estimates on all charts and figures in this report. If the intervals surrounding two different point estimates do not overlap then there is a significant difference between the two points, but if they do overlap it does not necessarily mean there is no significant difference (see [further guidance](#)). 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 A](#).

## 6.4 Statistical Disclosure Control

All estimates based on one or two respondents and displayed in main and supplementary tables have been denoted with ‘\*’ to safeguard the confidentiality of respondents with rare characteristics. Cells with true zero counts are denoted with ‘.’ throughout, unless denoted ‘\*’ as part of disclosure control.

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.

## 6.5 Presentation of Data on Country of Birth

Due to errors in coding survey fieldwork, the country of birth for individuals outside of the UK countries and Ireland were not recorded for ~400 respondents of the Scottish Crime and Justice Survey in 2017. This complicated their assignment to country of birth in the “Rest of the EU” or in the “Rest of the World”. We assigned respondents with “White: Polish” ethnicity to the “Rest of the EU” category, based on the country of birth of nearly all other survey respondents with this characteristic. We imputed the remaining 331 respondents’ country of birth category with a logistic regression model based on correlating variables (ethnic group, religion, tenure, age, urban-rural area). Those born in the Ireland were excluded from the “Rest of the EU” group prior to the logistic regression as they had been correctly coded.

## 6.6 Presentation of Data on Religion

Table 20: Grouping of religion in the SSCQ 2017

Base Collection Categories	Sample	SSCQ Groups	Sample
None	8845	None	8845
Church of Scotland	5237	Church of Scotland	5237
Roman Catholic	2577	Roman Catholic	2577
Other Christian	1637	Other Christian	1637
Muslim	201	Muslim	201
Buddhist	55	Other	423
Sikh	28		
Jewish	30		
Hindu	63		
Pagan	26		
Another religion	221		

## 6.7 Presentation of Data on Ethnic Group

Table 21: Grouping of ethnic group in the SSCQ 2017

Base Collection Categories	Sample	SSCQ Groups	Sample
A - WHITE - White Scottish	14908	White: Scottish	14908
A - WHITE - Other British	2428	White: Other British	2428
A - WHITE – Polish	281	White: Polish	281
A - WHITE – Irish	171	White: Other	709
A - WHITE - Gypsy/Traveller	4		
A - WHITE - Any other white ethnic group	534		
C - ASIAN, ASIAN SCOTTISH OR ASIAN BRITISH - Pakistani, Pakistani Scottish or Pakistani British	109	Asian	355
C - ASIAN, ASIAN SCOTTISH OR ASIAN BRITISH - Indian, Indian Scottish or Indian British	111		
C - ASIAN, ASIAN SCOTTISH OR ASIAN BRITISH - Bangladeshi, Bangladeshi Scottish or Bangladeshi British	9		
C - ASIAN, ASIAN SCOTTISH OR ASIAN BRITISH - Chinese, Chinese Scottish or Chinese British	65		
C - ASIAN, ASIAN SCOTTISH OR ASIAN BRITISH - Other Asian, “Asian” Scottish or “Asian” British	61		
B - MIXED OR MULTIPLE ETHNIC GROUP - Any mixed or multiple ethnic groups	42	All other ethnic groups	269
D - AFRICAN - African, African Scottish or African British	73		
D - AFRICAN - Other African background	21		
E - CARIBBEAN OR BLACK - Caribbean, Caribbean Scottish or Caribbean British	7		
E - CARIBBEAN OR BLACK - Black, Black Scottish or Black British	7		
E - CARIBBEAN OR BLACK - Other Caribbean or Black background	2		
F - OTHER ETHNIC GROUP - Arab, Arab Scottish or Arab British	30		
F - OTHER ETHNIC GROUP – Other	87		

## 6.8 Mental Wellbeing Scoring

Wellbeing is measured in the Scottish Health Survey using the Warwick–Edinburgh Mental Wellbeing Scale (WEMWBS) questionnaire<sup>2</sup>. 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,

<sup>2</sup> © 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.

mastery and autonomy).<sup>3</sup> The scale uses positively worded statements with a five-item scale ranging from '1 - none of the time' to '5 - all of the time'. The 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.

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<sup>4</sup>. However, the correlation between WEMWBS and SWEMWBS is high at 95.4%. The SWEMWBS scale runs from seven 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

Peaks at multiples of seven are produced by column effects, where respondents are more likely to place answers down a column giving the same response for each question. SWEMWBS scores undergo a metric conversion<sup>5</sup> to correct somewhat for this effect and produce a distribution that is closer to normal, also reducing the boundary effect at the scale maximum of 35.

## 6.9 Age Standardisation

When comparing sub-groups for a variable on which age has an influence, differences in age distributions are likely to affect any observed differences between groups. Age standardisation enables groups to be compared after adjusting for the effects of differences in their age distributions.

Age standardisation was carried out using the direct standardisation method: the age distribution of sub-groups was adjusted was the mid-2017 population estimates for Scotland. All age standardisation has been undertaken separately for each gender.

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

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<sup>3</sup> Further information about WEMWBS is available here: [www.healthscotland.com/scotlands-health/population/Measuring-positive-mental-health.aspx](http://www.healthscotland.com/scotlands-health/population/Measuring-positive-mental-health.aspx)

<sup>4</sup> Warwick Medical School, Guidance on Scoring <https://warwick.ac.uk/fac/sci/med/research/platform/wemwbs/about/>

<sup>5</sup> 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](http://www2.warwick.ac.uk/fac/med/research/platform/wemwbs/researchers/guidance/swemwbs_raw_score_to_metric_score_conversion_table.pdf)

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

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 gender.

The variance of the standardised proportion can be estimated by:

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

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

## 6.10 Statistical Tests

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

For ordinal or categorical variables, a logistic regression model is used to determine whether differences between subgroups are statistically significant. Testing is relative to a “reference group” which is always the largest subgroup (see [Guide to this report](#)). This is performed using `proc surveylogistic` in SAS to account for the complex design of SSCQ.

To determine changes over time we use a similar technique, coding data years as a continuous integer variable.

- Change “from 2016” excludes data prior to 2016 and regresses year against the indicator variable overall or within subgroup domains or geographical areas.
- Change “from 2012” (or 2014) retains all data years (i.e. not testing 2012 (or 2014) against 2016) and indicates whether a trend exists over the longer time base.

To determine whether a change over time is statistically significant, we examine adjusted chi-squared statistics and odds ratio confidence limits. We require 95% confidence. 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 cases where the 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 regression 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.

Formal testing between subnational geographies is produced using contrasts to compare the area in question with the combined total of all other areas.

## Annex A. Comparison of the pooled surveys

In this section, estimates from the pooled SSCQ and its constituent surveys SCJS, SHeS and SHS are displayed and assessed to determine agreement.

Estimates in these tables 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 6.1).

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

	<b>Good/very good</b>	Very good	Good	Fair	Bad	Very Bad
SSCQ	<b>73.9 ± 0.8</b>	34.0 ± 0.9	39.9 ± 0.9	18.6 ± 0.7	5.6 ± 0.4	1.7 ± 0.2
SCJS	<b>74.6 ± 1.3</b>	33.9 ± 1.5	40.7 ± 1.5	18.7 ± 1.2	5.1 ± 0.6	1.3 ± 0.3
SHeS	<b>73.3 ± 1.6</b>	33.8 ± 2.4	39.5 ± 2.1	18.2 ± 1.5	6.0 ± 0.8	2.5 ± 0.6
SHS	<b>73.6 ± 1.1</b>	34.1 ± 1.2	39.5 ± 1.2	18.7 ± 0.9	5.8 ± 0.5	1.8 ± 0.3

All three survey estimates of self-assessed general health overlap under formal testing.

Table A.2: Current smoker by source survey (row % and margin of error)

	<b>Yes</b>	<b>No</b>
SSCQ	17.9 ± 0.7	81.9 ± 0.7
SCJS	18.4 ± 1.2	81.6 ± 1.2
SHeS	17.9 ± 1.7	81.3 ± 1.7
SHS	17.7 ± 0.9	82.3 ± 0.9

All three survey estimates of current smoking prevalence in the adult population overlap under formal testing.

Table A.3: Long-term limiting health condition by source survey (row % and margin of error)

	<b>Limiting condition</b>	<b>No limiting condition</b>
SSCQ	23.7 ± 0.7	75.9 ± 0.7
SCJS	21.7 ± 1.2	77.8 ± 1.2
SHeS	31.6 ± 2.1	68.3 ± 2.1
SHS	22.3 ± 1.0	77.2 ± 1.0

SHeS reports a somewhat higher percentage of adults living with long-term limiting health conditions, while SHS and SCJS estimates overlap. It is thought that 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.

Table A.4: Average mental wellbeing score by source survey (scale from 7-35 and margin of error)

	Average	
SSCQ	24.2	± 0.1
SCJS	24.7	± 0.1
SHS	24.3	± 0.1
SHeS	22.9	± 0.1

The three surveys produce similar average mental wellbeing scores. It is thought the SHeS estimate is lower due to the context of the health survey and surrounding questions on mental health.

Table A.5: Provides unpaid care by source survey (row % and margin of error)

	Provides Care		No care	
SSCQ	17.4	± 0.7	82.5	± 0.7
SCJS	15.9	± 1.1	84.0	± 1.1
SHeS	14.7	± 1.6	85.2	± 1.6
SHS	19.2	± 1.0	80.8	± 1.0

The three surveys produce somewhat different estimates of the rate of the provision of unpaid care. SHS reports the highest level, followed by SCJS and SHeS. The confidence intervals on estimates from SCJS and SHeS overlap and do not represent a significant difference. It is thought that the SHS estimate is higher due to this being asked in the context of other questions around volunteering and time spent providing care.

Table A.6: Perception of crime in local area by source survey (row % and margin of error)

	About the same/a little/a lot less	A lot more	A little more	About the same	A little less	A lot less
SSCQ	<b>75.2 ± 0.8</b>	5.0 ± 0.4	13.9 ± 0.7	67.0 ± 0.9	6.6 ± 0.5	1.6 ± 0.3
SCJS	<b>72.5 ± 1.4</b>	6.6 ± 0.9	15.6 ± 1.2	63.0 ± 1.6	7.4 ± 0.9	2.1 ± 0.5
SHeS	<b>79.1 ± 2.4</b>	4.1 ± 0.9	12.4 ± 1.8	70.6 ± 2.7	6.2 ± 1.3	2.3 ± 1.1
SHS	<b>76.2 ± 1.1</b>	4.1 ± 0.5	13.1 ± 0.9	68.8 ± 1.2	6.1 ± 0.7	1.3 ± 0.3

The SCJS reports a slightly worse perception of crime in the local area than the other surveys and by extension, SSCQ. It is thought that respondents answer this question more negatively in the context of an interview about crime, victimisation and policing.



Table A.7: Confidence in the police by source survey (row % and margin of error)

	Very or fairly confident	Very confident	Fairly confident	Not very confident	Not at all confident
<b>A: Prevent crime</b>					
SSCQ	55.8 ± 0.9	8.8 ± 0.6	47.0 ± 0.9	26.8 ± 0.8	8.2 ± 0.5
SCJS	53.2 ± 1.6	7.5 ± 0.9	45.6 ± 1.6	31.7 ± 1.5	8.4 ± 0.9
SHeS	61.4 ± 2.6	9.0 ± 1.8	52.5 ± 3.0	23.8 ± 2.5	6.1 ± 1.4
SHS	56.4 ± 1.2	9.5 ± 0.8	46.9 ± 1.3	24.3 ± 1.1	8.4 ± 0.7
<b>B: Respond quickly to appropriate calls and information from the public</b>					
SSCQ	64.9 ± 0.9	15.6 ± 0.7	49.3 ± 0.9	19.6 ± 0.7	7.2 ± 0.5
SCJS	62.5 ± 1.5	14.6 ± 1.1	47.9 ± 1.6	23.5 ± 1.3	8.6 ± 0.9
SHeS	68.3 ± 2.4	15.9 ± 2.3	52.4 ± 2.8	17.2 ± 2.1	5.4 ± 1.3
SHS	65.8 ± 1.2	16.2 ± 0.9	49.6 ± 1.3	17.5 ± 0.9	6.6 ± 0.6
<b>C: Deal with incidents as they occur</b>					
SSCQ	66.6 ± 0.9	12.9 ± 0.6	53.8 ± 0.9	19.1 ± 0.7	6.4 ± 0.4
SCJS	65.4 ± 1.5	12.0 ± 1.1	53.4 ± 1.6	22.6 ± 1.3	6.9 ± 0.8
SHeS	70.1 ± 2.4	14.4 ± 2.1	55.7 ± 2.8	17.4 ± 2.0	4.7 ± 1.3
SHS	66.8 ± 1.2	13.2 ± 0.9	53.6 ± 1.3	17.3 ± 0.9	6.3 ± 0.6
<b>D: Investigate incidents after they occur</b>					
SSCQ	69.2 ± 0.9	14.0 ± 0.7	55.3 ± 0.9	16.9 ± 0.7	4.5 ± 0.4
SCJS	69.4 ± 1.5	13.0 ± 1.1	56.5 ± 1.6	18.9 ± 1.2	4.8 ± 0.7
SHeS	72.4 ± 2.3	15.1 ± 2.0	57.3 ± 2.6	14.8 ± 1.8	4.5 ± 1.3
SHS	68.5 ± 1.2	14.4 ± 0.9	54.2 ± 1.3	16.1 ± 0.9	4.3 ± 0.5
<b>E: Solve crimes</b>					
SSCQ	63.6 ± 0.9	9.2 ± 0.6	54.4 ± 0.9	19.5 ± 0.7	5.0 ± 0.4
SCJS	64.0 ± 1.5	7.8 ± 0.9	56.2 ± 1.6	21.6 ± 1.3	4.7 ± 0.7
SHeS	65.9 ± 2.5	10.7 ± 1.9	55.2 ± 2.7	19.6 ± 2.1	4.3 ± 1.2
SHS	62.9 ± 1.2	9.7 ± 0.8	53.2 ± 1.3	18.2 ± 0.9	5.4 ± 0.6
<b>F: Catch criminals</b>					
SSCQ	61.5 ± 0.9	9.1 ± 0.6	52.4 ± 0.9	21.9 ± 0.8	5.7 ± 0.4
SCJS	61.2 ± 1.5	7.8 ± 0.9	53.4 ± 1.6	25.3 ± 1.4	5.7 ± 0.7
SHeS	63.5 ± 2.5	8.8 ± 1.8	54.7 ± 2.9	21.3 ± 2.4	4.8 ± 1.2
SHS	61.4 ± 1.2	10.0 ± 0.8	51.3 ± 1.3	19.8 ± 1.0	5.9 ± 0.6

The SSCQ and SCJS estimates across all police confidence questions are not statistically different. Differences in the point estimates between surveys may relate to the interview context about crime, victimisation and policing in the SCJS.



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ISBN 978-1-78781-677-0 (web only)

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