An Official Statistics publication for Scotland

The Scottish Government
Riaghaltas na h-Alba

PEOPLE, COMMUNITIES AND PLACES

Scottish Surveys Core Questions 2016

Scottish Surveys Core Questions 2016 [1]

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

Scottish Surveys Core Questions 2016

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

The SSCQ gathers survey responses from identical questions in the Scottish Crime and Justice Survey, the Scottish Health Survey and the Scottish Household Survey into one output. The pooling of Core Questions results in an annual sample of around 20,000 respondents, providing unprecedented precision of estimates at national level. This sample size enables the detailed and reliable analysis of key national estimates by country of birth, ethnicity, sexual orientation, religion, age and gender, marital status, education level and economic activity, as well as tenure, car access and household type. SSCQ also enables a detailed sub-national analysis by Local Authority, urban-rural classification and Scottish Index of Multiple Deprivation. A guide to content is provided on page x.

The Scottish Surveys Core Questions in 2016 covered:

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

This report is the fifth in the SSCQ series and contains information about the change in many of the indicators over the period 2012-2016 at national and sub-national levels.

Jamie Robertson, Ben Cook
- together with numerous colleagues past and present who, along with our contractors, have helped deliver each of the surveys as well as the methodological transformations that enabled this new data source

Office of the Chief Statistician, Scottish Government

Foreword by Scotland's Chief Statistician & Data Officer

I am pleased to welcome this, the fifth data release from the Scottish Surveys Core Questions (SSCQ).

Randomly sampled, face-to-face social surveys represent the benchmark for quality in data collected by government. The wide range of surveys conducted or commissioned by the Scottish Government help us understand what is happening for different parts of Scottish society and provide the evidence necessary to identify and reduce inequalities between groups and regions in Scotland.

The SSCQ is the culmination of a review of the effectiveness and efficiency of the surveys – the Long Term Survey Strategy – which improved the collection and impact of information of important public value. It has been produced to maximise the value to the people in Scotland drawn from government surveys.

SSCQ is composed of survey responses collected by the Scottish Crime & Justioce Survey (SCJS), Scottish Household Survey (SHS), and the Scottish Health Survey (SHeS). By harmonising their sampling methodologies and agreeing a bank of shared questions, Scottish Government Statisticians have produced a large annual dataset which can access more minority groups in society and smaller geographical areas than any single survey could alone.

I shadowed an interviewer working on the Scottish Household Survey last year and can testify to the hard work and dedication required to collect this information. I would like to thank the hundreds of interviewers across Scotland who have contributed to our understanding of Scottish society. Most importantly I want to thank over 100,000 respondents, who gave their time generously to participate in the Scottish Household, Health and Crime & Justice Surveys since 2012. The information they provide is invaluable in helping build a safer, healthier and fairer Scotland.

Roger Halliday

Chief Statistician and Data Officer for Scotland

Scottish Government Digital Directorate

Contents

Guide to this report

This publication provides statistics centred around protected equality characteristics and sub-national geographies: age and gender, disability, ethnic groups, religion, sexual orientation, country of birth, deprivation and Health Board/Police Scotland Division. For each of the groups, relative values for a set of key indicators is provided.

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

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

- A comparison of subgroups, identifying inequalities where they arise.
- Changes within subgroups over the period 2012-2016. Statistically significant changes over time are marked with ↑ for an increase or ↓ for a decrease.
- The age profile of subgroups. Due to differences between subgroups in this respect and the age and/or gender dependence of many of the indicators, age standardised analysis has also been undertaken. This allows us to determine whether differences between equalities subgroups are a result of their different age and gender distributions or due to some other underlying correlation. See section 11.11 for further details

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

Confidence intervals are provided throughout this report. Commentary is generally confined to statistically significant comparisons unless otherwise stated. Under normal conditions where confidence intervals do not overlap then there is a significant difference between two points, but if they do overlap it does not necessarily mean there is no significant difference.[2] In some cases formal statistical tests are performed to check for statistically significant differences. Details of these tests is provided in section 11.11.

The accompanying **supplementary tables** contain worksheets with full analyses of each topic across all possible social and geographic breakdowns for 2016[3] alongside the 95% confidence intervals on each estimate. Table numbering in the supplementary tables has been kept consistent with previous publications. All tables break down percentages in rows. 'Refused' and 'don't know' responses are excluded, so row totals may not add to 100%, and numbers of adults and sample across subgroups may not add to the Scotland total for each cross-variable. Overall, presentation of supplementary tables across data years is consistent so that users can construct their own time series of SSCQ data.

Charts in this report are presented as "confidence clouds", familiar to readers of the 2014 report[4]:

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

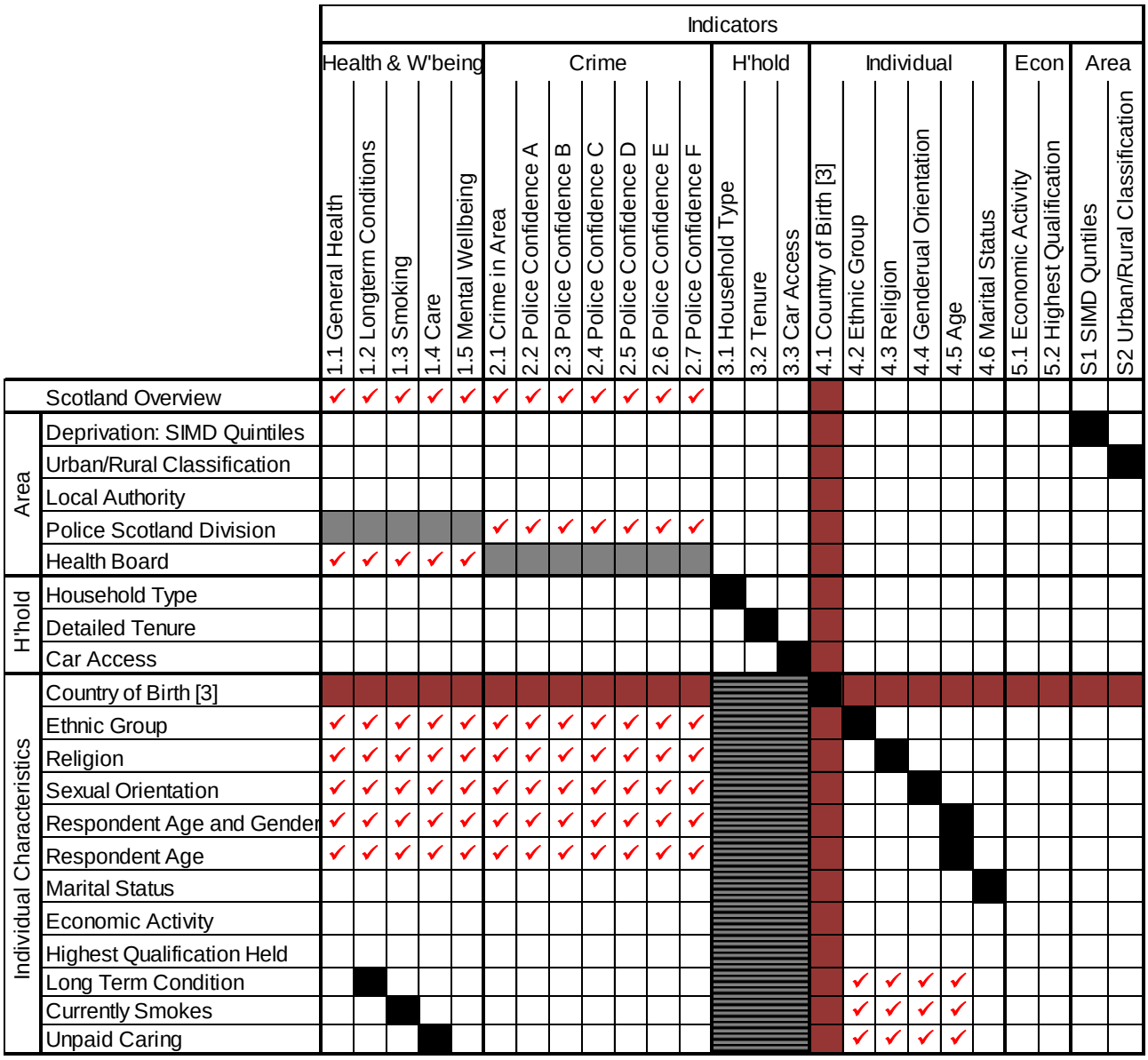
[2] see guidance at http://www.gov.scot/Topics/Statistics/About/Methodology/confinv

[3] SSCQ Supplementary Tables available at www.gov.scot/Topics/Statistics/About/Surveys/SSCQ/SSCQ2016/SuppTabs

[4] SSCQ 2014, http://www.gov.scot/Topics/Statistics/About/Surveys/SSCQ/SSCQ2014

Overview of Tables

Figure 1: Overview of Tables



✓ main report tables with changes over time and supplementary tables

included in this set of supplementary tables

not included

household data not crossed with respondent variables

cross with same variable

Country of Birth: Due to errors in survey fieldwork, the country of birth tables and subgroup analyses are not available for data collections in 2016 and 2017.

List of Tables and Figures

1 Topics in this report

A number of variables in the SSCQ are established indiciators for monitoring local and national government performance.

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

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

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

1.1 Self-assessed General Health

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

1.1.1 National Estimates and Key Sources

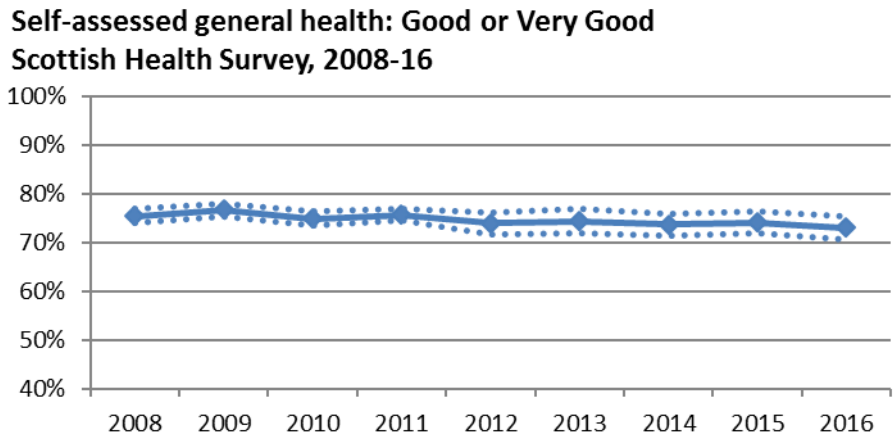
The established source of statistics for time series at Scotland level is the Scottish Health Survey. Since the baseline year (2008), there has been little change in the proportion of adults who assess their health as good or very good. The level has fluctuated between 74% and 77% over this period, though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

[5] www.gov.scot/About/Performance/scotPerforms/outcome

[6] www.gov.scot/About/Performance/scotPerforms/indicator/generalhealth

[7] SHeS 2016 Table 1.1, http://www.gov.scot/Topics/Statistics/Browse/Health/scottish-health-survey

Table 1: Good/very good general health, SHeS



	Good/Very good general health (% adults)
2008	75
2009	77
2010	74
2011	74
2012	73
2013	74
2014	74
2015	74
2016	73

1.1.2 SSCQ indicator

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

The counter-indicator is the proportion of adults reporting fair, bad or very bad health or declining to answer. This differs from the SHeS indicator, which excludes those declining to answer (0.2% in 2016).

This SSCQ analysis is the preferred source for comparison across demographic or area results. A comparison of SSCQ with constituent surveys can be found in Annex A. The SSCQ shows around three quarters of adults reported good or very good general health between 2012 and 2016.

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

Table 2: General health series, 2012-2016

	2012	2013	2014	2015	2016
Good/Very Good	73.8 ± 0.7	75.2 ± 0.8	74.1 ± 0.7	74.2 ± 0.7	73.3 ± 0.7
Fair	19.0 ± 0.6	17.4 ± 0.6	18.6 ± 0.6	18.1 ± 0.7	18.9 ± 0.6
Bad/Very Bad	7.2 ± 0.4	7.3 ± 0.4	7.1 ± 0.4	7.5 ± 0.4	7.6 ± 0.4
Detailed Categories					
Very Good	36.1 ± 0.9	36.7 ± 0.9	35.2 ± 0.9	35.0 ± 0.9	33.5 ± 0.9
Good	37.6 ± 0.8	38.5 ± 0.9	38.9 ± 0.8	39.2 ± 0.9	39.9 ± 0.9
Fair	19.0 ± 0.6	17.4 ± 0.6	18.6 ± 0.6	18.1 ± 0.7	18.9 ± 0.6
Bad	5.6 ± 0.4	5.7 ± 0.4	5.5 ± 0.4	5.8 ± 0.4	5.8 ± 0.4
Very Bad	1.6 ± 0.2	1.7 ± 0.2	1.6 ± 0.2	1.7 ± 0.2	1.8 ± 0.2
Weighted and Unweighted Bases					
Adults	4,341,500	4,398,900	4,436,300	4,460,700	4,488,800
Sample	20,527	21,038	20,153	20,183	19,532

Levels of good or very good general health observed in the SSCQ generally agree with those in the SHeS. Confidence intervals on SSCQ estimate contain the point estimates from SHeS in all cases, except for 2013 where SSCQ estimates were slightly above the SHeS indicator value.

A full listing of levels of good or very good self-assessed general health among demographic and equalities groups, and changes over time, is provided in Table 94.

1.2 Long-term Limiting Health Conditions

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

Long-term conditions account for 80% of all GP consultations and for 60% of all deaths in Scotland[8]. The link with deprivation, lifestyle factors and wider health determinants is also of importance in Scotland, given its persistent health inequalities. Long-term conditions therefore represent personal, social and economic costs both to individuals and their families and to Scottish society more widely. Details of long-term conditions are discussed in full in Chapter 7 of the Scottish Health Survey[9].

1.2.1 National Estimates and Key Sources

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

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

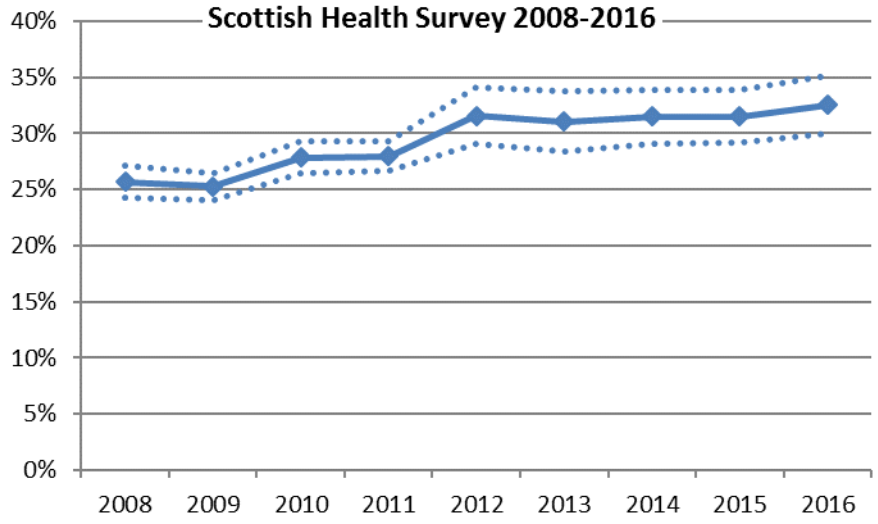
The question used from 2008-2011 was worded as follows: "Do you have any long-standing physical or mental condition or disability that has troubled you for at least 12 months, or that is likely to affect you for at least 12 months?".

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

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

[8] Improving the Health and Wellbeing of People with Long Term Conditions in Scotland: A National Action Plan. Edinburgh: Scottish Government, 2009. http://www.gov.scot/Publications/2009/12/03112054/11
[9] SHeS 2016, http://www.gov.scot/Resource/0052/00525472.pdf
[10] SHeS 2016, http://www.gov.scot/Resource/0052/00525472.pdf

Table 3: Long-term limiting health condition, SHeS



Long-term limiting health condition (% adults)	
1998	24
…	
2003	27
…	
2008	26
2009	25
2010	28
2011	28
2012	32
2013	31
2014	31
2015	32
2016	33

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

1.2.2 SSCQ indicator

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

The counter-indicator is the proportion of adults reporting no long-term limiting health condition and those declining to respond (0.4% in 2016). This differs from the SHeS indicator, which excludes those declining to respond.

Table 4: Long-term limiting health conditions series, 2012-2016

	2012	2013	2014	2015	2016
Limiting condition	23.9 ± 0.7	22.2 ± 0.7	23.2 ± 0.7	23.2 ± 0.7	24.3 ± 0.7
No limiting condition	75.9 ± 0.7	77.4 ± 0.7	76.3 ± 0.7	76.4 ± 0.7	75.3 ± 0.7
Weighted and Unweighted Bases					
Adults	4,341,500	4,398,900	4,436,300	4,460,700	4,488,800
Sample	20,527	21,038	20,153	20,183	19,532

There was a statistically significant increase in those with long-term conditions in 2016 compared to 2015. The trend is broadly in line with results from SHeS in Table 3. However estimates from the SSCQ are systematically lower than those from SHeS.

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

A full listing of rates of long-term limiting health conditions among demographic and equalities groups, and changes over time, is provided in Table 95

1.3 Smoking

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

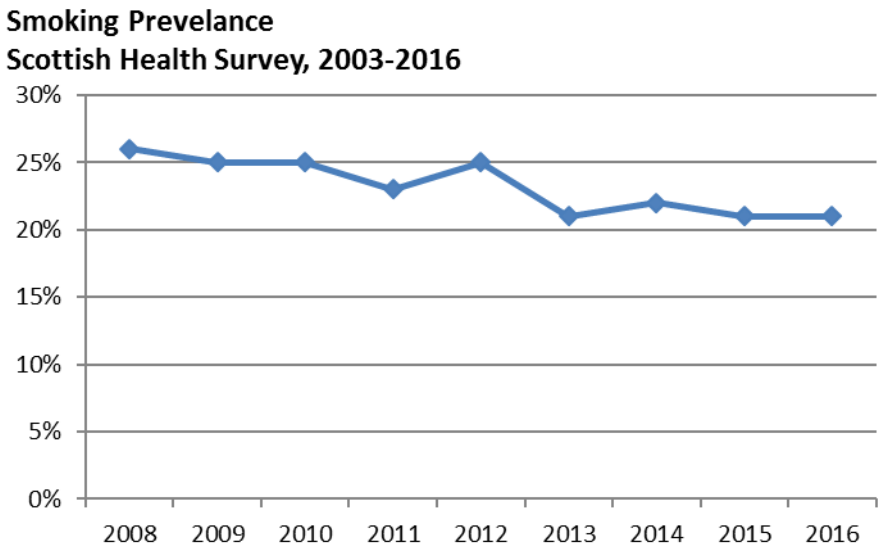
The Scottish Government's Tobacco Control Strategy sets a target to reduce smoking prevalence to 5% or lower by 2034. The actions taken by the Scottish Government to tackle the harm caused by tobacco include legislation to prohibit smoking in public places, which came into effect in March 2006, raising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

Two of the Scottish Government's National Performance Framework (NPF) National Indicators are relevant to smoking.[12] There is a specific indicator on reducing the proportion of adults who are current smokers, as well as a more general indicator on reducing premature mortality (deaths from all causes in those aged under 75), for which smoking is a significant contributory factor. Details of smoking behaviour are discussed in full in Chapter 2 of the Scottish Health Survey[13].

1.3.1 National Estimates and Key Sources

The established source of statistics on smoking for time series at Scotland level is the Scottish Health Survey. Smoking prevalence has reduced from 26% of adults in 2008, to 20% in 2016. In this context, the fall between 2012 and 2016 from 25% to 21% is relatively large.

Table 5: Current smokers, SHeS



	Current Smokers (% adults)
2003	28%
2004	
2005	
2006	
2007	
2008	26%
2009	25%
2010	25%
2011	23%
2012	25%
2013	21%
2014	22%
2015	21%
2016	21%

[11] Scottish Public Health Observatory, Tobacco use: key points. http://www.scotpho.org.uk/behaviour/tobacco-use/key-points

[12] http://www.gov.scot/About/Performance/scotPerforms/indicator/smoking

[13] http://www.gov.scot/Resource/0052/00525472.pdf http://www.gov.scot/Resource/0052/00525472.pdf

1.3.2 SSCQ indicator

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

The counter-indicator is the proportion of adults that report not smoking cigarettes or declining to respond (0.2% in 2016).

Table 6: Smoking prevalence, 2012-2016

	2012	2013	2014	2015	2016
Yes	23.8 ± 0.8	22.3 ± 0.7	21.2 ± 0.7	20.7 ± 0.7	19.6 ± 0.7
No	76.1 ± 0.8	77.5 ± 0.7	78.6 ± 0.7	79.1 ± 0.7	80.2 ± 0.7
Weighted and Unweighted Bases					
Adults	4,341,500	4,398,900	4,436,300	4,460,700	4,488,800
Sample	20,527	21,038	20,153	20,183	19,532

According to the SSCQ, over five years the smoking rate has fallen from 23.8% in 2012 to 19.6% in 2016. This is consistent with the longer term trend identified by the Scottish Health Survey, which has recorded a seven percentage point fall from 2003 to 21% in 2016.[14]

Until 2016, the confidence intervals on SHeS and SSCQ estimates overlap throughout the timeseries, indicating that these estimates are not statistically different. In 2016, the SHeS point estimate of 21% is slightly higher than the upper confidence bound in SSCQ.

A full listing of smoking prevalence among demographic and equalities groups, and changes over time, is provided in Table 96.

1.4 Mental Wellbeing

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

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

---

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

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

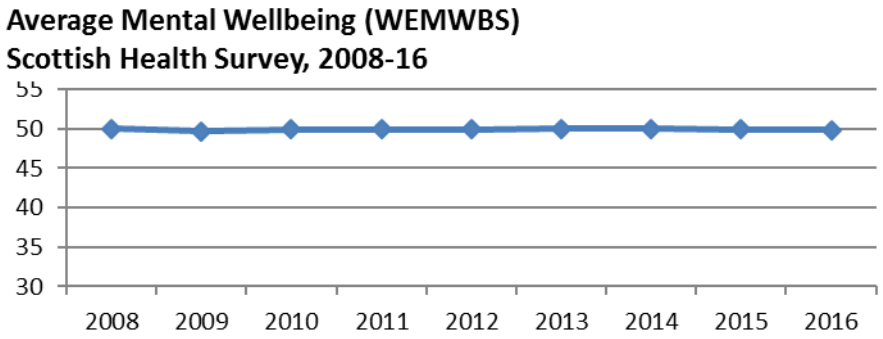
[16] Further information about WEMWBS is available here: www.healthscotland.com/scotlands-health/population/Measuring-positive-mental-health.aspx

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

1.4.1 National Estimates and Key Sources

The mean score was 50.0 in 2008, and has remained at a similar level since (ranging between 49.7 and 50.0).

Table 7: Mental Wellbeing, SHeS



	Average WEMWBS Score
2008	50.0
2009	49.7
2010	49.9
2011	49.9
2012	49.9
2013	50.0
2014	50.0
2015	49.9
2016	49.8

1.4.2 SSCQ indicator

⇳ *Average SWEMWBS score*

SWEMWBS is a shortened version of WEMWBS which is Rasch compatible. This means the seven items included have undergone a more rigorous test for internal consistency than the 14 item scale and have superior scaling properties. The seven items relate more to functioning than to feeling and therefore offer a slightly different perspective on mental wellbeing[18]. However, the correlation between WEMWBS and SWEMWBS is high at 95.4%[19]. The SWEMWBS scale runs from 7 for the lowest levels of mental wellbeing to 35 for the highest.

SWEMWBS statements are as follows:

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

Scoring on the SWEMWBS scale is not a straightforward sum of response scores, but underoes a metric conversion, the effects of which are described in section 11.9.

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

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

Table 8: Mental Wellbeing, SSCQ 2014-2016

	2014	2015	2016
Average score	24.5 ± 0.1	24.4 ± 0.1	24.3 ± 0.1
Weighted and Unweighted Bases			
Sample	19,473	19,150	18,684

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

Analysis of the SSCQ timeseries between 2014 and 2016 shows a small but statistically significant drop in mental wellbeing over time, of 0.2 points over two years.

A full listing of SWEMWBS scores among demographic and equalities groups, and changes over time, is provided in Table 97.

1.5 Provision of Unpaid Care

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

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

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

1.5.1 National Estimates and Key Sources

The Scottish Health Survey estimates that 15% of adults provided unpaid care in 2016.

Table 9: Provision of unpaid care, SHeS

		2012	2013	2014*	2015	2016
Provides	Yes	18%	16%	16%	13%	15%
Care	No	82%	84%	84%	87%	85%
Sample		4,815	4,893	3,459	4,994	4,323

In 2014 the question wording was altered in the second quarter of the collection period. As a result only three quarters of the respondent group were asked the question in it's current form. For further details see section 11.9.

The care question in the SHS was also altered in Q2 2014. Previously it was asked of the highest income householder about all members of the household. In Q2 2014 it moved to the Random Adult module of the survey and so becomes comparable to the other surveys

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

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

in the core. The point estimate for the valid three quarters of the SHS was that 17% of adults provide unpaid care, based on a sample of 7,730 respondents. This estimate does not differ from the SHeS result at national level.

Although SHeS showed a reduction in caring in 2015 to 13%, this has increased to 15% in 2016. Thus showing little change from 2013 to 2016.

1.5.2 SSCQ indicator

This is the first opportunity to provide time series analysis on statistics from SSCQ on provision of care. The question was fully harmonised across the three surveys in quarter 2 of 2014. As noted above, respondents in 2014 quarter 1 were not harmonised and have therefore been excluded.

For that reason the sample size for this indicator in 2014 is somewhat smaller at 16,867 cases (compared to the sample of 19,532 for the question in 2016). To counteract any additional bias as a result of this loss of sample, a specific weight for this question has been calculated for 2014 and is used for all analysis of unpaid care provision in that period. For further information see section 11.9.

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

The counter-indicator is the proportion of adults who do not provide such care or declined to respond (<0.1% in 2016).

Table 10: Provision of unpaid care, SSCQ 2016

	2014	2015	2016
Yes	17.9 ± 0.7	18.1 ± 0.7	17.0 ± 0.7
No	82.1 ± 0.7	81.8 ± 0.7	83.0 ± 0.7
Weighted and Unweighted Bases			
Adults	4,436,300	4,460,700	4,488,800
Sample	16,867	20,183	19,532

The SSCQ estimates that 17.0% of adults in Scotland provided unpaid care in 2016, a statistically significant reduction from 18.1% in 2015.

SSCQ estimate is somewhat higher than those shown in SHeS, this is a gap of 2.2 points in 2016.

A full listing of rates of unpaid care provision among demographic and equalities groups, and changes over time, is provided in Table 98.

1.6 Perceptions of Change in Local Crime Rate

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

- 'a lot less', 'a little less' or 'about the same'
- 'a little more' or 'a lot more'
- 'don't know' [22]

1.6.1 National Estimates and Key Sources

The established source of statistics on time series of the perception of crime is the Scottish Crime and Justice Survey (SCJS), with a continuous time series back to 2008/09.[23] The SCJS 2016-17 found around three-quarters of adults perceived the crime rate in their local area to have stayed the same or reduced in the past two years.

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

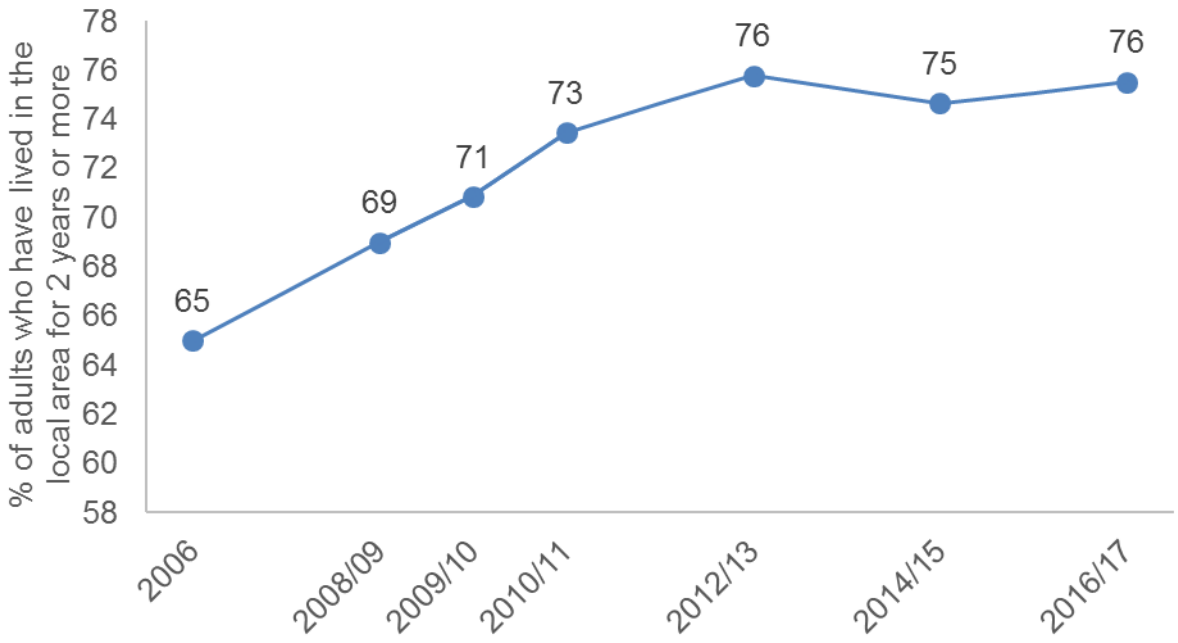


Table 11: Perceived change in crime rate in local area, SCJS

Perceived change in crime rate in local area	Column %						2008/9 to 2014/15	2014/15 to 2016/17
	2008/9	2009/10	2010/11	2012/13	2014/15	2016/17		
About the same, or a little / lot less	69	71	73	76	75	76	6.5 ↑	0.9
A little / lot more	28	25	23	20	20	19	-8.9 ↓	-1.3

[22] 'Don't know' responses are not included as a row in tables. As a result the remaining rows do not necessarily sum to 100%

[23] www.gov.scot/Topics/Statistics/Browse/Crime-Justice/crime-and-justice-survey

[24] SCJS 2016/17: http://www.gov.scot/Publications/2018/03/9068

Following an increase between 2006 (65%) and 2012/13 (76%), the proportion of adults who perceived the crime rate in their local area to have stayed the same or reduced in the past two years has not changed since 2012/13; the apparent one percentage point increase to 76% in 2016/17 is not a statistically significant change from 2014/15.

1.6.2 SSCQ indicator

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

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

A comparison of estimates from data pooled from the SCJS 2016-17 and estimates in SSCQ 2016 is provided in Annex A.

Table 12: Perception of Local Crime Rate series, SSCQ 2012-2016

	2012	2013	2014	2015	2016
About the same/A little/A lot less	75.8 ± 0.8	77.6 ± 0.8	77.4 ± 0.9	76.6 ± 0.8	77.5 ± 0.8
A little/A lot more	19.3 ± 0.8	16.0 ± 0.7	16.2 ± 0.8	18.2 ± 0.8	16.9 ± 0.7
Detailed Categories					
A lot less	1.9 ± 0.3	1.7 ± 0.3	2.0 ± 0.3	1.7 ± 0.3	1.7 ± 0.3
A little less	7.6 ± 0.5	8.1 ± 0.5	8.6 ± 0.6	8.1 ± 0.5	7.1 ± 0.5
About the same	66.3 ± 0.9	67.8 ± 0.9	66.8 ± 1.0	66.7 ± 0.9	68.8 ± 0.9
A little more	13.9 ± 0.7	12.2 ± 0.6	12.2 ± 0.7	13.7 ± 0.7	12.7 ± 0.6
A lot more	5.4 ± 0.4	3.9 ± 0.4	3.9 ± 0.4	4.6 ± 0.4	4.2 ± 0.4
Weighted and Unweighted Bases					
Adults	3,667,000	3,870,500	3,891,800	3,854,200	3,878,800
Sample	16,869	17,398	16,518	16,272	15,940

77.5% of adults reported that crime in their area had decreased or stayed the same in 2016. This represents an increase from 2012 of 1.7 percentage points.

Compared with Table 11, estimates provided by SCJS are slightly lower than the levels recorded by SSCQ. This may relate to context effects in the SCJS collection. It is thought that respondents may be likely to answer more negatively in response to questions about local crime rates when asked about them in the context of an interview about crime, victimisation and policing.

A full listing of the rate at which people report crime in their local area to be 'a lot less', 'a little less' or 'about the same' among demographic and equalities groups, and changes over time, is provided in Table 99.

1.7 Confidence in Police

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

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

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

1.7.1 National Estimates and Key Sources

The established source for these statistics is the Scottish Crime and Justice Survey (SCJS)[25], which provides a time series back to 2008-09 and continuous collection through 2018/19 while these questions are rested in SSCQ. The results of the SCJS are used for National Indicators[26] and Justice Outcome Indicators[27].

As shown in Table 13, since 2008/09 there have been statistically significant increases in public confidence across all six functions. Between 2014/15 and 2016/17, there were statistically significant increases in confidence in police forces' ability to (E) **solve crime** and (F) **catch criminals**.

Table 13: Police confidence responses, SCJS 2008/9-2016/17[28]

Confidence in local police force's ability to:	**Very/Fairly Confident (%)**						2008/9 to 2014/15	2014/15 to 2016/17
	2008/9	2009/10	2010/11	2012/13	2014/15	2016/17		
A Prevent Crime	46	48	50	56	57	56	9.7 ↑	-1.2
B Respond to calls	54	58	61	66	64	64	9.6 ↑	0.1
C Deal with incidents	58	61	65	68	66	66	8.1 ↑	0.2
D Investigate incidents	64	68	71	73	70	71	7.0 ↑	0.5
E Solve crimes	57	60	64	64	62	65	8.1 ↑	3.1 ↑
F Catch criminals	55	57	60	61	60	63	7.5 ↑	2.8 ↑
SCJS Respondents	*16,000*	*16,040*	*13,010*	*12,050*	*11,470*	*5,567*		

1.7.2 SSCQ indicator

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

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

[25] www.gov.scot/Topics/Statistics/Browse/Crime-Justice/crime-and-justice-survey
[26] http://www.gov.scot/About/Performance/scotPerforms/indicator/crimerate
[27] http://www.gov.scot/About/Performance/scotPerforms/partnerstories/Justice-Dashboard
[28] SCJS 2016/17: http://www.gov.scot/Publications/2018/03/9068

The proportion of positive responses to the individual questions are provided in Table 14. Detailed breakdowns of these questions by all four response options (very/fairly/not very/not at all confident) are included in supplementary tables[29].

Table 14: Police confidence questions series, SSCQ 2012-2016

	2012	2013	2014	2015	2016
A prevent crime	57.2 ± 0.9	57.4 ± 0.9	58.2 ± 1.0	58.0 ± 0.9	57.5 ± 0.9
B respond quickly to appropriate calls and information from the public	65.6 ± 0.9	66.5 ± 0.9	66.3 ± 0.9	65.6 ± 0.9	66.0 ± 0.9
C deal with incidents as they occur	68.3 ± 0.8	68.2 ± 0.9	68.0 ± 0.9	66.5 ± 0.9	67.9 ± 0.8
D investigate incidents after they occur	70.2 ± 0.8	69.3 ± 0.9	70.3 ± 0.9	69.0 ± 0.9	70.8 ± 0.8
E solve crimes	62.1 ± 0.9	62.6 ± 0.9	63.2 ± 0.9	62.2 ± 0.9	64.6 ± 0.9
F catch criminals	60.1 ± 0.9	60.5 ± 0.9	61.6 ± 0.9	60.4 ± 0.9	62.3 ± 0.9
Weighted and Unweighted Bases					
Adults	4,341,500	4,398,900	4,436,300	4,460,700	4,488,800
Sample	19,516	19,395	18,499	18,483	18,010

The proportion of positive responses to questions of confidence in police ability to (E) **solve crimes** and to (F) **catch criminals** increased to 2016 at the national level.

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

Users should note that these questions will be rested from the core in the 2018-19 collection period.[30]

Full listings of the rates at which people have confidence in Police to undertake the six aspects of Police work among demographic and equalities groups, and changes over time, are provided in:

- Table 100: (A) prevent crime
- Table 101: (B) respond quickly to appropriate calls and information from the public
- Table 102: (C) deal with incidents as they occur
- Table 103: (D) investigate incidents after they occur
- Table 104: (E) solve crimes
- Table 105: (F) catch criminals

[29] SSCQ Supplementary Tables 2016, http://www.gov.scot/Topics/Statistics/About/Surveys/SSCQ/SSCQ2016/SuppTables

[30] For more information, see the results of the 2017 Core Question Review http://www.gov.scot/Topics/Statistics/About/Surveys/SSCQ/QuestionReview

Scottish Surveys
Core Questions

2 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.[31]

Age and gender are determining factors across most indicators in the SSCQ. In the following sections we examine the differences between age groups and genders. At present, the gender categories available from the core are “Men” and “Women”[32]

Where formal testing is conducted, the median age group (45-54) is used as the reference category for comparison between age groups and “Women” is used as the reference category between genders. Where p-values are provided, a value of less than 0.05 indicates statistical significance at the 95% level. For more information about statistical tests, see section 11.12.

Summary Findings

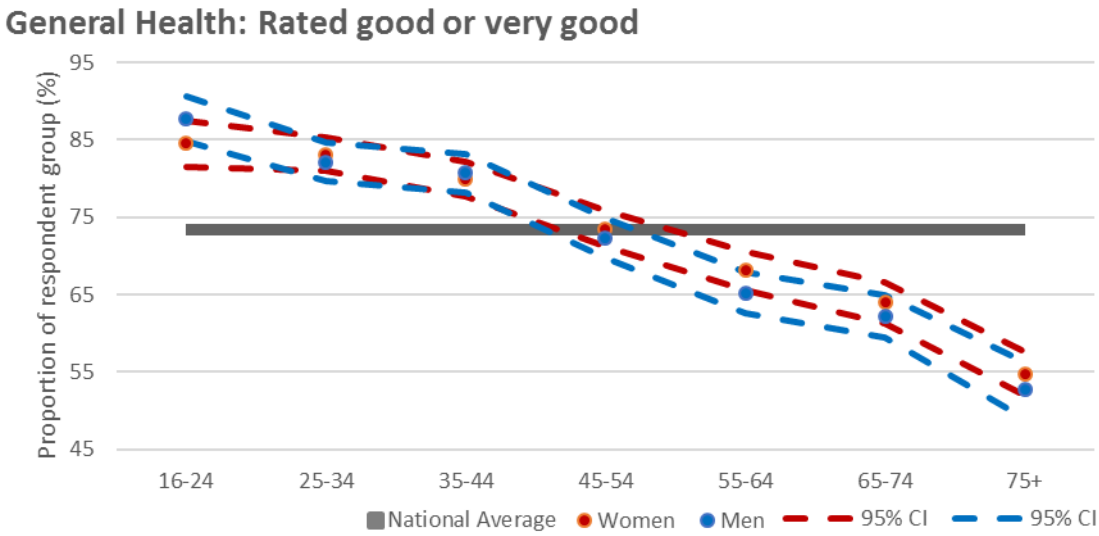
- Good or very good general health generally decreases with age; there is no clear difference between men and women in this
- Long-term limiting health conditions increase with age. Women tend to report higher levels than men, likely due to a greater prevalence of older women.
- Smoking rates peak in the 35-44 age group at 24.0% (27.0% for men alone), falling with age to 6.9% for those aged 75 or over. Men have higher smoking rates overall. There is a general reduction in smoking rates over time; this is most evident in the age groups less than 45 years old.
- The highest levels of mental wellbeing are reported by 65-74 year olds. Other age groups are close to the national average. There has been a significant reduction in women’s mental wellbeing since 2014.
- Women are more likely than men in general to provide unpaid care. Around one fifth of women provide care, compared with 14.0% of men. Unpaid care provision peaks between ages 55-64 when just under a quarter of adults provide unpaid care.
- Women are less likely than men to think that crime in their area has reduced or stayed the same in the previous 2 years; around three quarters of women compared with nearly 80% of men.

[31] The population figures used for weighting and for age standardisation are provided in the SSCQ Weighting Bases tables: http://www.gov.scot/Topics/Statistics/About/Surveys/SSCQ/SSCQ2016/WgtBase

[32] For more information see section 11.5.

2.1 General Health

Figure 3: General health by age group, SSCQ 2016



There is a clear correlation between age and “Good/Very good” self-assessed general health, illustrated in Figure 3.

While over 80% of under-35s report good health, this rate drops systematically for older ages to around half for those aged 75+. Among women over 35 years old, every ten year increase in age leads to a sginficiantly significant fall in levels of good/very good general health. This is also true for men age groups of 45-54, 55-64 and 75+.

There is no apparent association between gender and self-assessed general heath and there are no significant differences between genders at any corresponding age group.

Table 15: General health by age and gender, SSCQ 2016; changes from 2015 and 2012

		2016	Change	
		grp% +/-	from 2015	from 2012
Women	16-24	84.5 ± 3.0	-1.8	-1.7
	25-34	83.1 ± 2.2	-1.2	-1.2
	35-44	79.9 ± 2.3	-1.4	-0.4
	45-54	73.5 ± 2.4	-0.3	-0.3
	55-64	68.1 ± 2.5	-0.4	-0.5
	65-74	64.0 ± 2.6	1.5	3.3
	75+	54.8 ± 2.9	4.7 ↑	5.1 ↑
Men	16-24	87.7 ± 2.9	1.3	-1.6
	25-34	82.1 ± 2.5	-4.6 ↓	-3.9
	35-44	80.7 ± 2.5	-1.8	0.2
	45-54	72.3 ± 2.6	-2.4	-1.3
	55-64	65.2 ± 2.7	-2.0	0.0
	65-74	62.2 ± 2.8	-2.3	3.1 ↑
	75+	52.7 ± 3.6	1.2	4.3

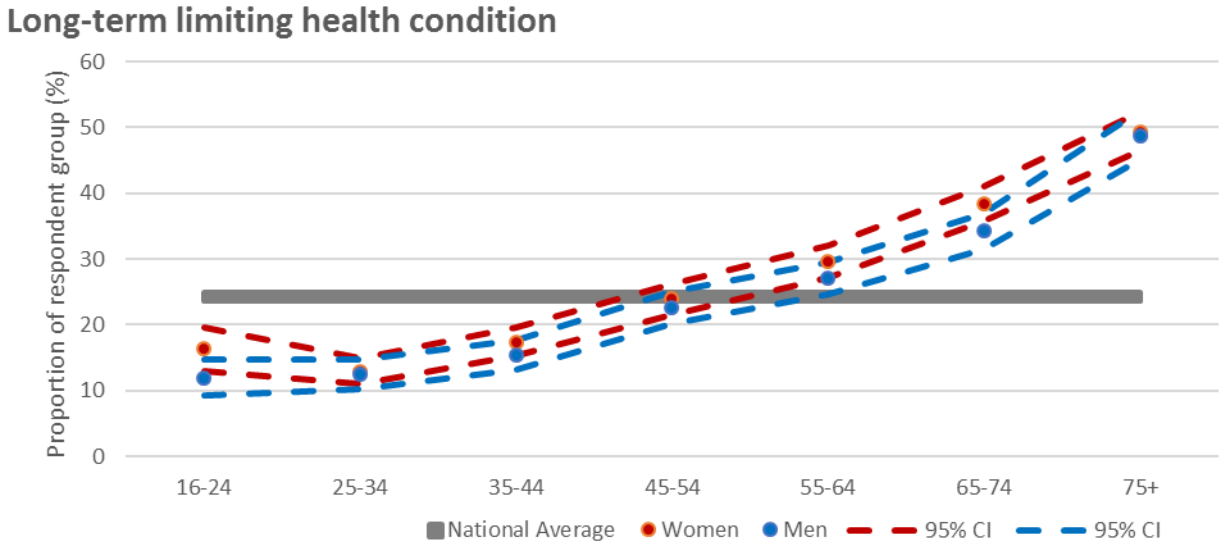
There has been a significant increase in the proportion of women aged 75+ rating their general health as good or very good since 2015. The longer term trend is also statistically significant.

2.2 Long-term Limiting Health Conditions

There is a clear relationship between age and long-term condition, illustrated in Figure 4.

Prevalence of long-term limiting health conditions rises from around 15% in the 16-24 group to just under half of over 75s.

Figure 4: Long-term limiting health conditions by age group, SSCQ 2016



A slightly higher proportion of women (25.8%) report a long-term limiting health condition compared with men (22.7%) – see Table 95.

Table 16: Long-term limiting health conditions by age and gender, SSCQ 2016; changes from 2015 and 2012

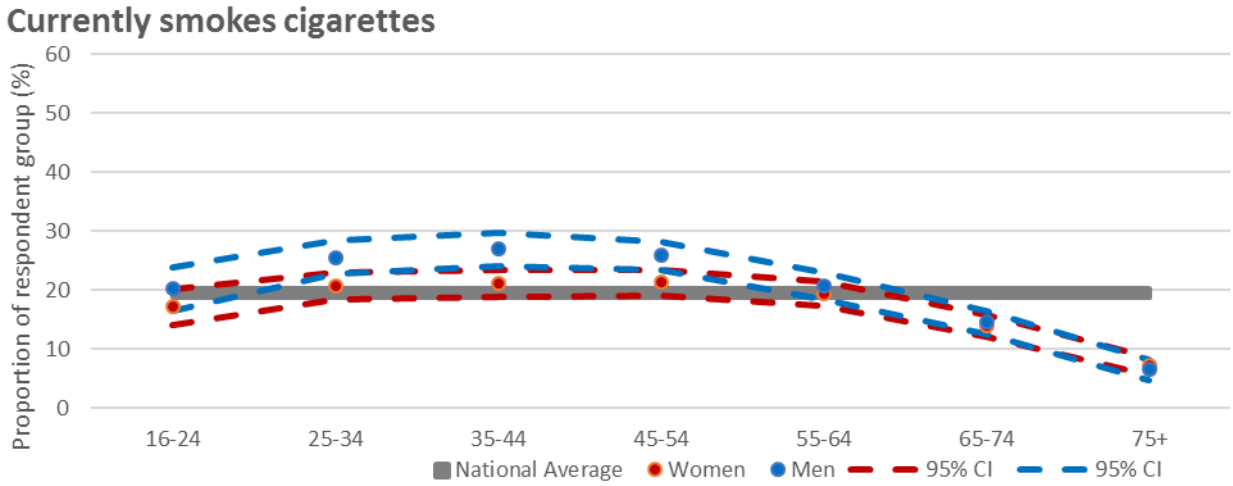
		2016	Change	
		grp% +/-	from 2015	from 2012
Women	16-24	16.3 ± 3.2	4.8 ↑	6.4 ↑
	25-34	13.0 ± 1.9	-0.5	0.7
	35-44	17.4 ± 2.1	0.2	-0.6
	45-54	23.9 ± 2.3	0.1	1.6
	55-64	29.7 ± 2.4	0.9	-2.1
	65-74	38.3 ± 2.6	2.9	-1.3
	75+	49.4 ± 2.9	-2.0	-4.6 ↓
Men	16-24	12.0 ± 2.7	1.6	4.7 ↑
	25-34	12.6 ± 2.2	2.6	1.1
	35-44	15.4 ± 2.3	2.2	1.2
	45-54	22.6 ± 2.4	1.0	0.6
	55-64	27.1 ± 2.4	-1.6	-3.2
	65-74	34.3 ± 2.7	0.8	-5.3 ↓
	75+	48.8 ± 3.7	2.2	-5.1

There is an upward trend in the proportion of younger people with long-term limiting health conditions. This is a widely observed phenomenon and is associated with the increasing survivability of such conditions into adulthood. The proportion of people with long-term limiting health conditions in the 16-24 age group has increased by over 6 percentage points among women and around 5 percentage points for men since 2012.

Among older age groups the proportion with such conditions has fallen, and this trend is noteable particularly among women aged 75 or over and men between 65 and 74.

2.3 Smoking

Figure 5: Smoking prevalence by age group, SSCQ 2016



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

The highest point estimate is for men aged 35-44, at 27.0%, while men aged 75+ have the lowest rates at 7.0%. This is likely due to changes in habit with age and/or premature deaths among smokers.

Over five years there have been clear reductions in most age groups for both men and women.The largest reductions have been seen in under 45 year olds.

Smoking rates among women are somewhat lower than for men: 21.4% of men smoked in 2016, compared with 17.9% of women – see Table 96. This difference is seen in Figure 5, for all age groups under 65.

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

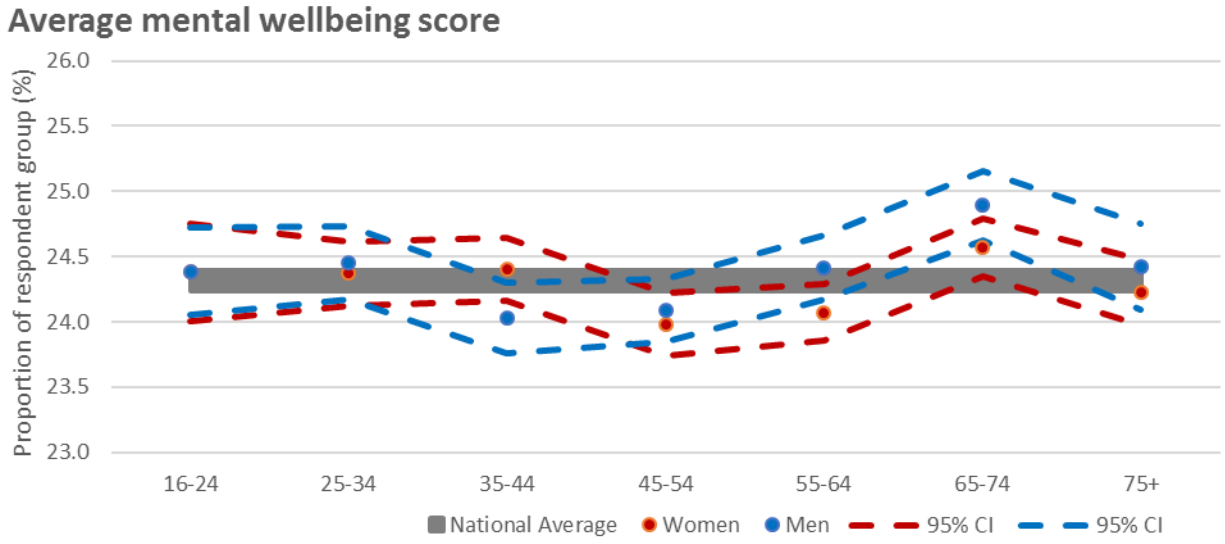
Table 17: Smoking prevalence by age and gender, SSCQ 2016; changes from 2015 and 2012

		2016	Change	
		grp% +/-	from 2015	from 2012
Women	16-24	17.2 ± 3.0	-2.4	-5.5 ↓
	25-34	20.7 ± 2.3	-1.6	-5.6 ↓
	35-44	21.2 ± 2.3	-0.9	-5.6 ↓
	45-54	21.3 ± 2.2	0.9	-4.0 ↓
	55-64	19.4 ± 2.1	-1.0	-4.0 ↓
	65-74	14.0 ± 1.8	-1.3	-3.4 ↓
	75+	7.2 ± 1.4	-0.9	-1.3
Men	16-24	20.2 ± 3.7	-1.5	-4.4 ↓
	25-34	25.5 ± 2.8	-4.0 ↓	-4.9 ↓
	35-44	27.0 ± 2.8	0.2	-5.0 ↓
	45-54	25.8 ± 2.5	-1.6	-2.3
	55-64	20.8 ± 2.3	1.1	-4.3 ↓
	65-74	14.6 ± 1.9	-0.8	-3.8 ↓
	75+	6.5 ± 1.7	-2.1	0.1

2.4 Mental Wellbeing

There is no significant difference overall between men and women in their average mental wellbeing scores – see Table 18. However, across genders, average SWEMWBS scores vary by age group. Higher scores are detected among the 65-74 age group, with lower scores between ages 35-64, as shown in Figure 6.

Figure 6: Average SWEMWBS score by age group, 2016



There have been reductions in mental wellbeing among women aged 25-34 and 55-64 since 2014.

Table 18: Average SWEMWBS score by age group and gender, 2016; changes from 2015 and 2014

		2016	Change	
		grp% +/-	from 2015	from 2014
Age	16-24	24.4 ± 0.3	0.2	-0.1
	25-34	24.4 ± 0.2	-0.2	-0.4 ↓
	35-44	24.2 ± 0.2	-0.2	-0.1
	45-54	24.0 ± 0.2	-0.2	-0.2
	55-64	24.2 ± 0.2	-0.3 ↓	-0.1
	65-74	24.7 ± 0.2	-0.1	-0.1
	75+	24.3 ± 0.2	0.1	0.3
Gender	Men	24.4 ± 0.1	-0.1	-0.1
	Women	24.3 ± 0.1	-0.1	-0.2 ↓
Women	16-24	24.4 ± 0.4	0.2	0.1
	25-34	24.4 ± 0.2	-0.3	-0.5 ↓
	35-44	24.4 ± 0.2	0.0	0.1
	45-54	24.0 ± 0.2	-0.2	-0.3
	55-64	24.1 ± 0.2	-0.3 ↓	-0.3 ↓
	65-74	24.6 ± 0.2	-0.1	-0.2
	75+	24.2 ± 0.3	0.1	0.2
Men	16-24	24.4 ± 0.3	0.2	-0.3
	25-34	24.5 ± 0.3	0.0	-0.3
	35-44	24.0 ± 0.3	-0.3	-0.4
	45-54	24.1 ± 0.2	0.0	-0.2
	55-64	24.4 ± 0.2	-0.2	0.0
	65-74	24.9 ± 0.3	0.0	-0.1
	75+	24.4 ± 0.3	0.0	0.4

2.5 Provision of Unpaid Care

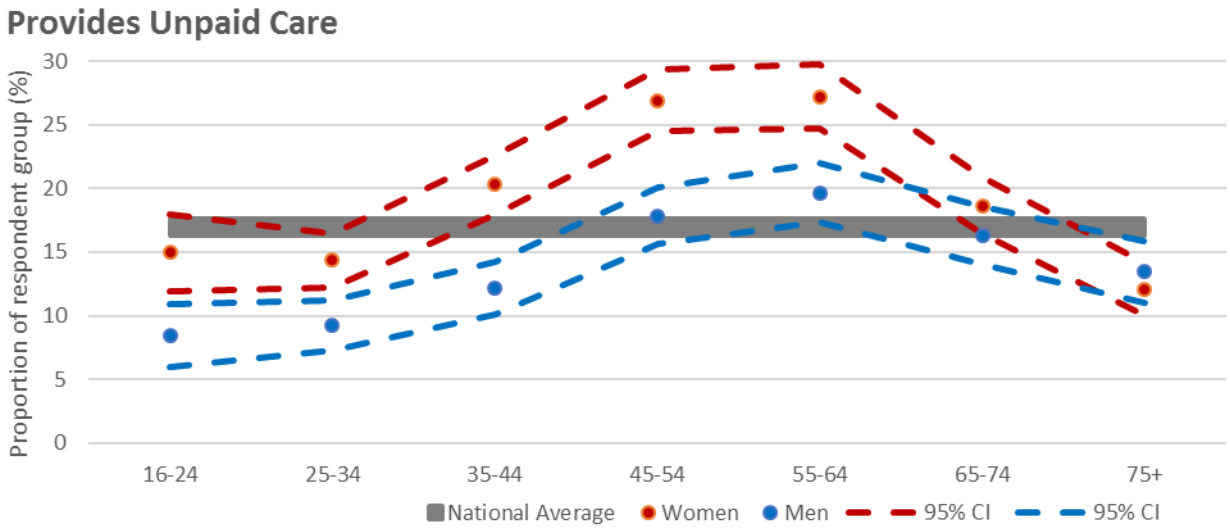
The proportion of all adults providing unpaid care is highest between the ages of 45 and 64. Around a quarter of this group provides unpaid care.

Among men, the lowest level is in the 16-24 year olds at 8.4%, and this rises steadily to the 19.7% peak in 55-64 year-olds. From age 65 onwards the proportion providing unpaid care drops off; less than 15% of those aged 75 or over provide unpaid care.

Among women, the lowest level is also in the 16-24 year olds at 15.0%, and this rises steadily to the 27.2% peak in 55-64 year-olds. From age 65 onwards the proportion providing unpaid care drops off, much like for men.

There are clear differences between genders in the provision of unpaid care: overall nearly a fifth of women provide care, but fewer men (14.0%) – see Table 98.

Figure 7: Provision of unpaid care by gender and age group, SSCQ 2016



The difference between genders is stable across most age groups, but less clear in over 65 year-olds. The point estimate for men aged 75+ is higher than that for women, but this higher level is not statistically significant.

Table 19: Provision of unpaid care by gender and age group, SSCQ 2016; changes from 2015 and 2014

		2016	Change	
		grp% +/-	from 2015	from 2014
Age	16-24	11.7 ± 2.0	-0.3	3.5 ↑
	25-34	11.9 ± 1.5	0.1	-1.1
	35-44	16.3 ± 1.6	-0.6	-1.8
	45-54	22.5 ± 1.7	-2.5 ↓	-2.7 ↓
	55-64	23.5 ± 1.7	-2.0	-1.2
	65-74	17.5 ± 1.6	-1.9	-3.0 ↓
	75+	12.6 ± 1.6	-0.1	0.9
Gender	Men	14.0 ± 0.9	-1.3 ↓	-1.7 ↓
	Women	19.8 ± 0.9	-0.9	-0.1
Women	16-24	15.0 ± 3.0	0.3	5.0 ↑
	25-34	14.4 ± 2.1	0.7	-1.1
	35-44	20.3 ± 2.3	-0.4	-0.9
	45-54	26.9 ± 2.4	-2.3	-1.1
	55-64	27.2 ± 2.5	-1.3	1.1
	65-74	18.6 ± 2.2	-2.8	-5.0 ↓
	75+	12.1 ± 2.0	-0.8	1.6
Men	16-24	8.4 ± 2.4	-1.0	1.9
	25-34	9.3 ± 2.0	-0.6	-1.0
	35-44	12.2 ± 2.1	-0.8	-2.8
	45-54	17.8 ± 2.2	-2.7	-4.4 ↓
	55-64	19.7 ± 2.3	-2.6	-3.6 ↓
	65-74	16.3 ± 2.2	-0.9	-0.6
	75+	13.4 ± 2.5	1.0	-0.1

2.6 Perceptions of Local Crime Rate

Comparing between age groups, there are some variation between age groups in perception of changes in the local crime rate. Younger and older age people tending to think crime has stayed the same or reduced more than other ages. Most people aged 75 or over think that crime has reduced or stayed the same in the past two years, at around 80%. The lowest levels for this indicator are found among 35-54 year old age groups.

Men are more likely than women to think that crime has reduced or stayed the same; 79.5% for men compared with 75.4% for women – see Table 99.

When age and gender categories are combined, only men aged 75+ are significantly different from the national average, as shown in Figure 8.

Figure 8: Perception of local crime by gender and age group, SSCQ 2016

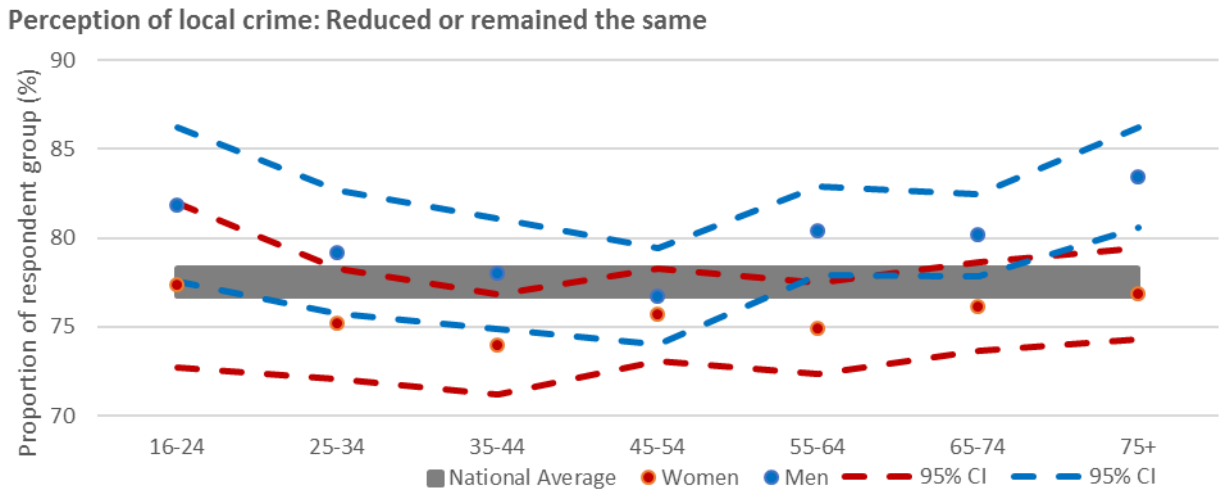


Table 20: Perception of local crime by gender and age group, SSCQ 2016; changes from 2015 and 2012

		2016	Change	
		grp% +/-	from 2015	from 2012
Women	16-24	77.3 ± 4.6	0.5	4.8
	25-34	75.2 ± 3.1	3.7	2.2
	35-44	74.0 ± 2.8	4.2 ↑	0.6
	45-54	75.7 ± 2.6	0.5	3.3
	55-64	74.9 ± 2.6	-1.5	-0.6
	65-74	76.1 ± 2.5	0.4	0.3
	75+	76.9 ± 2.6	-2.5	1.7
Men	16-24	81.9 ± 4.3	2.8	1.3
	25-34	79.2 ± 3.5	2.7	0.9
	35-44	78.0 ± 3.1	2.3	1.7
	45-54	76.7 ± 2.7	-2.1	-0.4
	55-64	80.4 ± 2.5	2.4	3.0
	65-74	80.2 ± 2.3	-0.5	1.9
	75+	83.4 ± 2.8	2.0	5.5 ↑

2.7 Confidence in Police

In general, confidence in the police falls with age with a higher level among 16-24 year olds and is at its lowest level in the 65-74 age group. Confidence levels are somewhat higher in the 75+ age group. This pattern is observed among both men and women.

The national level rise in confidence in police to **solve crimes (E)** and **catch criminals (F)** noted in section 1.7.2 is most evident among men and women aged 16-34 and men aged 55-64 (see Table 21). The general trend for younger age groups is increasing confidence across the range of police functions for genders.

Where these indicators fell it was exclusively among the middle age groups. In particular among women aged 55-64, compared with 2012, fewer reported confidence in police to **prevent crime (A)**, **respond quickly to appropriate calls and information from the public (B)** or to **deal with incidents as they occur (C)**.

Table 21: Confidence in police by gender and age group, SSCQ 2016

		A: Prevent Crime			B: respond quickly to appropriate calls and information from the public		
		2016	Change		2016	Change	
		grp% +/-	from 2015	from 2012	grp% +/-	from 2015	from 2012
Female	16-24	66.7 ± 4.3	4.2	6.1 ↑	75.7 ± 3.9	4.2	4.1
	25-34	61.8 ± 3.1	-0.2	2.6	74.0 ± 2.8	1.7	2.9
	35-44	57.3 ± 3.0	-1.3	-0.6	69.8 ± 2.8	0.8	0.3
	45-54	55.4 ± 2.9	-1.0	-1.2	63.2 ± 2.8	-3.4	-0.1
	55-64	51.4 ± 2.8	-4.8 ↓	-4.4 ↓	58.9 ± 2.8	-2.7	-5.7 ↓
	65-74	54.4 ± 2.8	-0.7	-1.1	61.8 ± 2.7	-0.5	0.2
	75+	58.4 ± 2.9	-2.1	1.5	67.5 ± 2.8	0.8	2.6
Male	16-24	65.5 ± 4.7	1.5	-1.7	75.3 ± 4.3	2.3	6.1 ↑
	25-34	63.2 ± 3.4	1.8	7.2 ↑	69.9 ± 3.3	2.0	1.9
	35-44	56.6 ± 3.4	3.0	0.4	68.4 ± 3.2	3.4	1.8
	45-54	54.0 ± 3.1	-1.3	2.1	59.4 ± 3.0	-1.7	-2.1
	55-64	52.3 ± 3.0	0.9	-1.9	59.7 ± 3.0	2.1	0.5
	65-74	53.3 ± 3.0	-2.7	-2.2	59.0 ± 2.9	0.1	-1.9
	75+	54.8 ± 3.8	-7.3 ↓	-4.0	60.6 ± 3.8	-1.8	-2.8
		C: deal with incidents as they occur			D: investigate incidents after they occur		
		2016	Change		2016	Change	
		grp% +/-	from 2015	from 2012	grp% +/-	from 2015	from 2012
Female	16-24	75.2 ± 3.9	4.3	5.2	78.1 ± 3.7	7.9 ↑	8.3 ↑
	25-34	72.7 ± 2.8	1.1	1.4	74.2 ± 2.8	1.9	1.6
	35-44	71.9 ± 2.7	3.8	-1.0	73.7 ± 2.7	2.2	1.0
	45-54	66.0 ± 2.8	-1.5	-0.9	72.5 ± 2.6	1.4	0.2
	55-64	59.8 ± 2.8	-6.9 ↓	-6.9 ↓	67.4 ± 2.6	-3.0	-2.9
	65-74	63.8 ± 2.7	0.7	-0.6	67.0 ± 2.6	-0.2	0.3
	75+	66.1 ± 2.8	-0.4	-1.3	68.5 ± 2.8	0.5	-0.3
Male	16-24	75.9 ± 4.3	3.8	3.4	77.1 ± 4.0	7.4 ↑	2.8
	25-34	73.6 ± 3.1	4.9 ↑	5.3 ↑	71.2 ± 3.2	1.9	3.4
	35-44	69.0 ± 3.2	2.9	-0.8	71.5 ± 3.1	2.8	-1.4
	45-54	64.6 ± 2.9	2.2	-0.8	68.2 ± 2.9	0.3	-0.9
	55-64	62.6 ± 2.9	3.1	-1.9	66.5 ± 2.8	3.1	0.3
	65-74	63.1 ± 2.9	1.8	-3.0	65.6 ± 2.8	0.1	-0.7
	75+	64.9 ± 3.7	-0.1	-3.0	67.5 ± 3.6	-0.4	-1.9
		E: solve crimes			F: catch criminals		
		2016	Change		2016	Change	
		grp% +/-	from 2015	from 2012	grp% +/-	from 2015	from 2012
Female	16-24	74.8 ± 3.8	10.3 ↑	8.6 ↑	69.8 ± 4.2	5.6	4.3
	25-34	68.3 ± 3.0	2.2	3.0	68.4 ± 2.9	4.0	6.6 ↑
	35-44	66.1 ± 2.8	3.3	1.4	63.9 ± 2.9	2.8	2.7
	45-54	64.9 ± 2.8	1.1	3.4	62.2 ± 2.9	0.5	2.5
	55-64	59.3 ± 2.8	-3.3	-1.1	58.0 ± 2.8	-4.3 ↓	-0.6
	65-74	60.7 ± 2.7	2.1	1.1	57.5 ± 2.8	-1.0	-0.5
	75+	62.6 ± 2.9	-1.0	1.1	60.3 ± 2.9	0.8	2.0
Male	16-24	70.2 ± 4.5	3.8	4.0	68.8 ± 4.5	6.9 ↑	3.1
	25-34	68.4 ± 3.3	4.7	9.0 ↑	64.9 ± 3.4	3.3	5.2 ↑
	35-44	63.4 ± 3.3	0.7	-0.1	64.1 ± 3.2	4.6 ↑	2.9
	45-54	61.5 ± 3.0	1.2	-0.4	59.8 ± 3.0	1.9	1.6
	55-64	61.2 ± 2.9	7.9 ↑	3.7	57.1 ± 3.0	5.3 ↑	2.9
	65-74	58.8 ± 2.9	-0.8	-0.4	56.1 ± 2.9	-3.1	-2.8
	75+	61.8 ± 3.7	0.5	1.0	58.1 ± 3.8	-4.5	-2.4

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

Harmonised questions on long-term limiting physical or mental health conditions that limit daily activity are designed to identify respondents who may have rights under section 6 of the Equality Act 2010[33]. **Long-term limiting physical or mental health conditions are therefore taken as a proxy for disability.**

Table 22: Age profile of those with long-term limiting conditions, SSCQ 2016

	Proportion in Age Group (Row %)							
	16-24	25-34	35-44	45-54	55-64	65+	Adults	Col%
Limiting condition	7.9	8.5	10.0	17.1	18.0	38.5	1,090,500	24%
No limiting condition	15.4	18.7	16.4	18.0	14.6	17.0	3,380,800	76%

Older people are more likely to suffer a long-term limiting health condition. Nearly 40% of those with limiting conditions are aged 65+, compared with 17% of those without such a condition. For this reason, age standardisation is applied to many of the analyses in the following section. For more information on this process, see section 11.11.

Where formal testing is conducted, the group without long-term limiting health conditions is used as the reference category for comparison. Where p-values are provided, a value of less than 0.05 indicates statistical significance at the 95% level. For more information about statistical tests, see section 11.12.

Summary Findings

- Unsurprisingly, the long-term limiting conditions group have considerably lower levels of good/very good general health than the rest of the population (29.3% compared with 87.8% in those not identifying as having a long-term limiting condition).
- The smoking rate for this group is around 50% higher than for the rest of the population. Smoking prevalence among those with long-term limiting conditions has fallen in line with the change at national level since 2012, down 3.7 points to 26.2% in 2016.
- People with long-term physical or mental health conditions that limit their daily activities have lower levels of mental wellbeing.
- The gap in perception of the local crime rate has narrowed since 2012; the group with long-term limiting conditions are still less likely to say that crime in their area has reduced or stayed the same in the last two years (75.6% compared with 78.2%) but the difference has reduced from 5.1 to 2.6 percentage points in 2016.
- People with limiting conditions were significantly less likely to report they were fairly or very confident in the police in all 6 of the questions.

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

3.1 General Health

Table 23: General health by disability, SSCQ 2016; changes from 2015 and 2012

	2016	Change	
	grp% +/-	from 2015	from 2012
Limiting Condition	29.3 ± 1.5	2.0	1.4
No limiting condition	87.8 ± 0.6	-0.9	-0.5

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

Changes over time from 2012 are not statistically significant.

Disability is correlated with age; those reporting a long-term limiting health condition tend to be older. Controlling for this difference through age standardisation boosts the contribution to the group level statistic made by the younger members of the group with long term limiting conditions, who tend to rate their health higher. It therefore weakens the correlation between disability and general health somewhat, and the proportion of the group with long term limiting conditions reporting good/very good health rises to 31.5%. This is clearly still a much lower rate than those without limiting long-term conditions.

Table 24: Proportions rating general health “Good” or “Very good” – age standardised disability result, SSCQ 2016

	Base level	Age Standardised
Limiting Condition	29.3%	31.5% ± 1.9
No limiting condition	87.8%	87.2% ± 0.7

3.2 Smoking

Table 25 : Smoking prevalence by disability, SSCQ 2016; changes from 2015 and 2012

	2016	Change	
	grp% +/-	from 2015	from 2012
Limiting Condition	26.2 ± 1.4	-1.0	-3.7 ↓
No limiting condition	17.4 ± 0.8	-1.2 ↓	-4.5 ↓

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

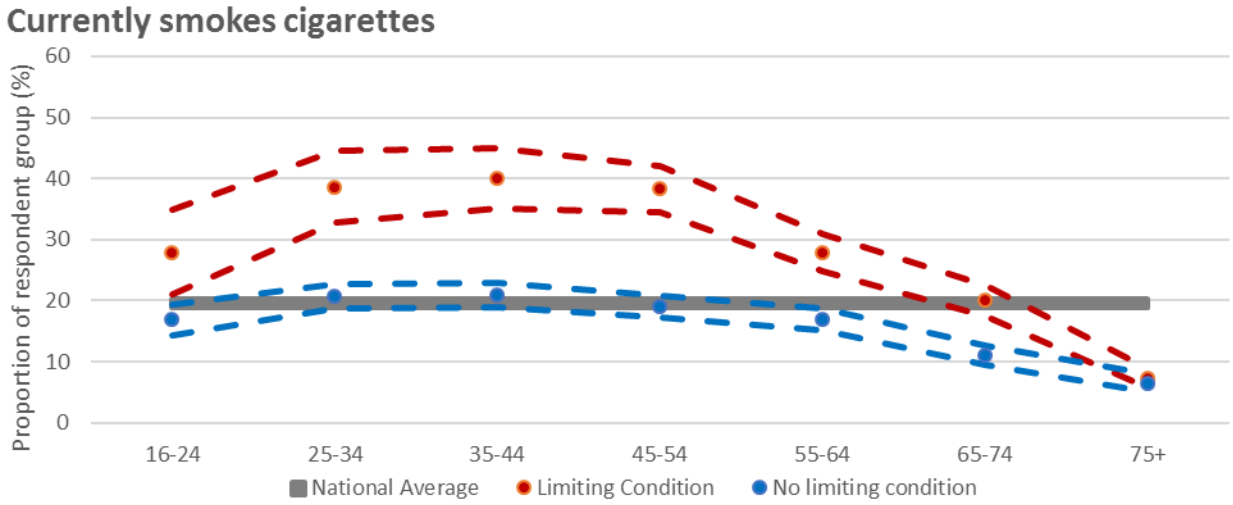
Table 26: Smoking prevalence – age standardised long-term limiting health condition groups, SSCQ 2016

	Base level	Age Standardised
Limiting Condition	26.2%	30.2% ± 1.8
No limiting condition	17.4%	16.8% ± 0.7

This difference is accentuated when we account for the age differences between the two groups, as shown in Table 26. The disability rate increases with age, while younger people are more likely to smoke. Therefore when we account for the older profile of the group with long term conditions, the relative smoking rate increases. Figure 9 confirms that smoking

rates are higher across all age groups among those with long-term limiting health conditions.

Figure 9: Smoking prevalence by long-term limiting health conditions and age group, SSCQ 2016



	Limiting Condition	No Limiting Condition
16-24	27.9 ± 7.0	16.9 ± 2.5
25-34	38.6 ± 5.9	20.7 ± 1.9
35-44	40.0 ± 5.0	20.9 ± 2.0
45-54	38.3 ± 3.8	19.0 ± 1.8
55-64	27.8 ± 3.1	16.9 ± 1.8
65-74	20.0 ± 2.4	11.1 ± 1.5
75+	7.3 ± 1.5	6.5 ± 1.6

3.3 Mental Wellbeing

The mental wellbeing of people reporting a long-term limiting health condition is around 2.5 points lower on the SWEMWBS scale than those without such a condition. This lower level has not changed since 2014.

Table 27 : Average SWEMWBS score by disability, 2016; changes from 2015 and 2014

	2016		Change	
	grp%	+/-	from 2015	from 2014
Limiting Condition	22.4	± 0.1	0.1	0.1
No limiting condition	24.9	± 0.1	-0.1	-0.2 ↓

When the different age distribution of the long-term limiting conditions group is taken into account, this difference widens slightly to 2.9 points. Those with a long-term limiting condition have lower levels of mental wellbeing than those without.

Where people report that their day-to-day activities are constrained by ill health, it is not unexpected there are also lower levels of mental wellbeing. However, by this metric over the SSCQ timescale, it does not appear that this situation is worsening.

Table 28: Average SWEMWBS score – age standardised disability groups, SSCQ 2016

	Base level	Age Standardised
Limiting Condition	22.4	22.1 ± 0.2
No limiting condition	24.9	25.0 ± 0.1

3.4 Provision of Unpaid Care

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

Table 29 : Provision of unpaid care by disability, SSCQ 2016; changes from 2015 and 2014

	2016	Change	
	grp% +/-	from 2015	from 2014
Limiting Condition	19.0 ± 1.3	1.1	0.6
No limiting condition	16.3 ± 0.7	-1.8 ↓	-1.4 ↓

Both the prevalence of limiting long-term conditions and the prevalence of unpaid care provision generally increase with age. When age standardisation is applied, the difference between the groups increases further, however this difference is still not statistically significant (p=0.25).

Table 30 : Provision of unpaid care – age standardised disability groups, SSCQ 2016

	Base level	Age Standardised
Limiting Condition	19.0%	20.2% ± 1.6
No limiting condition	16.3%	16.6% ± 0.7

3.5 Perceptions of Local Crime Rate

People with long-term limiting conditions are less likely than those without to report that crime in their area has reduced or stayed the same. Around three quarters report this change, while 78% of those without limiting conditions do so. However, since 2012 this difference has narrowed. The difference in 2016 was 2.6 percentage points, whereas in 2012 it was 5.1 percentage points.

Table 31 : Local crime rate by disability, SSCQ 2016; changes from 2015 and 2012

	2016	Change	
	grp% +/-	from 2015	from 2012
Limiting Condition	75.6 ± 1.5	0.9	3.6 ↑
No limiting condition	78.2 ± 0.9	0.9	1.1

3.6 Confidence in Police

People with limiting conditions were significantly less likely to report they were fairly or very confident in the police across all 6 functions.

Only confidence in police to (E) **solve crime**, has shown a significant increase in very or fairly confident for those with long-term limiting health conditions since 2014. The other 5 questions have seen very small or non-significant changes.

Table 32 : Confidence in police by disability, SSCQ 2016

	2016		Change	
A: prevent crime	**grp%**	**+/-**	**from 2015**	**from 2012**
Limiting Condition	52.9	± 1.7	-1.6	0.5
No limiting condition	59.0	± 1.1	-0.2	0.5
B: respond quickly to appropriate information from the public				
Limiting Condition	61.4	± 1.7	0.0	0.1
No limiting condition	67.5	± 1.0	0.6	0.9
C: deal with incidents as they occur				
Limiting Condition	63.1	± 1.6	0.0	0.0
No limiting condition	69.4	± 1.0	1.8 ↑	-0.2
D: investigate incidents after they occur				
Limiting Condition	65.9	± 1.6	-0.3	0.5
No limiting condition	72.4	± 0.9	2.5 ↑	0.9
E: solve crimes				
Limiting Condition	59.5	± 1.7	1.9	2.7 ↑
No limiting condition	66.2	± 1.0	2.6 ↑	2.7 ↑
F: catch criminals				
Limiting Condition	57.4	± 1.7	1.2	2.1
No limiting condition	63.8	± 1.0	2.1 ↑	2.4 ↑

4 Ethnicity

The ethnic group of respondents is collected in detail by the surveys contributing to the SSCQ. The full range of responses available to survey respondents is provided in Table 108.

We have tried to present the data on ethnic group in a way that would be most helpful to users, with consideration to producing analysis to reveal inequalities that highlight the need for action. However, in Scotland, many ethnic groups are small in number 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.

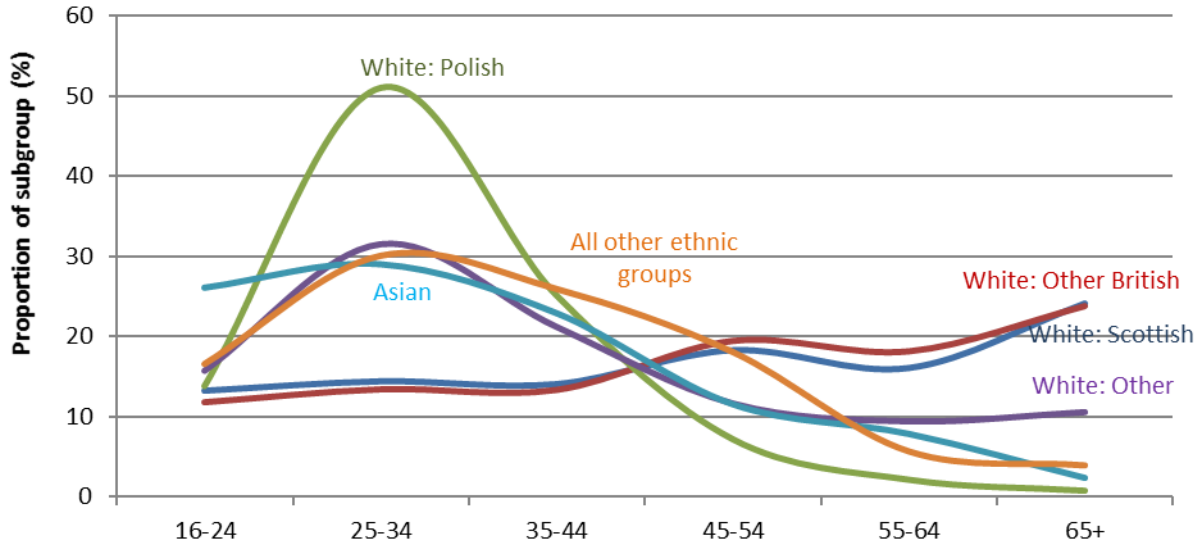
In some instances we have tried to overcome this problem by combining categories. This is not an ideal solution as it can hide inequalities that occur between each of the separate categories, but it is often the option which provides the best balance between data utility and the protection of the individual. Our schema for combining ethnicity categories is provided in section 11.8.

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

Summary Findings

- When the differing age profile of ethnic groups are taken into account, no ethnic groups have significantly different levels of good/very good general health compared to the "White: Scottish" majority.
- Accounting for age differences, "White: Other British", "White: Polish" and "Asian" groups are no longer significantly different to the national average level of long-term limiting health conditions, but are between 2 and 7 percentage points lower than the "White: Scottish" majority.
- The "White: Polish" group has higher smoking rates than the national average; for "White: Other British" and "Asian" subgroups, the rate is lower. The differences for the "White: Polish" and "Asian" groups remain significant after age standardisation.
- Mental wellbeing is higher in the "White: Other" group than the "White: Scottish" ethnic groups. Differences for the all other ethnic subgroups are not statistically significant after age standardisation.
- When age distribution is accounted for, there are significant differences between "White: Polish" and "White: Other British" in comparison to "White: Scottish" people in their provision of care at the 95% level.
- Perceptions of local crime rates in 2016 were approximately equal for the "White: Scottish" and "All other ethnic group" subgroups. This is a result of a large increase for the "All other ethnic group" groups since 2012. No groups were statistically significant from "White: Scottish" before age standardization.
  After age standardisation, only the "White: Other" group differs significantly from the national average. 81.5% reported crime has reduced or stayed the same over the past two years, a higher level than other ethnic groups.

Figure 10: Age profile of ethnic groups, SSCQ 2016



There are significant differences in the age distribution of ethnic groups. While "White: Scottish" and "White: Other British" are very similar, other groups tend by varying degrees to be younger in general and to be in the 25-34 age group in particular. For this reason, age standardisation is applied to many of the analyses in the following section. For more information on this process, see section 11.11.

Table 33: Age profile of ethnic groups[34], SSCQ 2016

	Proportion in Age Group (Row %)							
	16-24	25-34	35-44	45-54	55-64	65+	Adults	Col%
White: Scottish	13.2	14.4	14.0	18.3	16.0	24.1	3,505,600	78%
White: Other British	11.8	13.4	13.3	19.5	18.2	23.8	546,400	12%
White: Polish	13.8	51.0	25.1	7.2	2.1	0.8	80,000	2%
White: Other*	15.7	31.5	21.2	11.6	9.4	10.6	160,700	4%
Asian**	26.1	29.1	22.9	11.6	7.9	2.4	112,500	3%
All other ethnic groups***	16.5	30.1	25.9	18.0	5.6	3.8	76,100	2%

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

4.1 General Health

All ethnic groups report higher levels of good/very good general health than "White:Scottish". "White: Polish" and "White: Other" groups have the highest levels at around 88% and 83% respectively.

34

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

Figure 11: General Health by ethnic group, SSCQ 2016

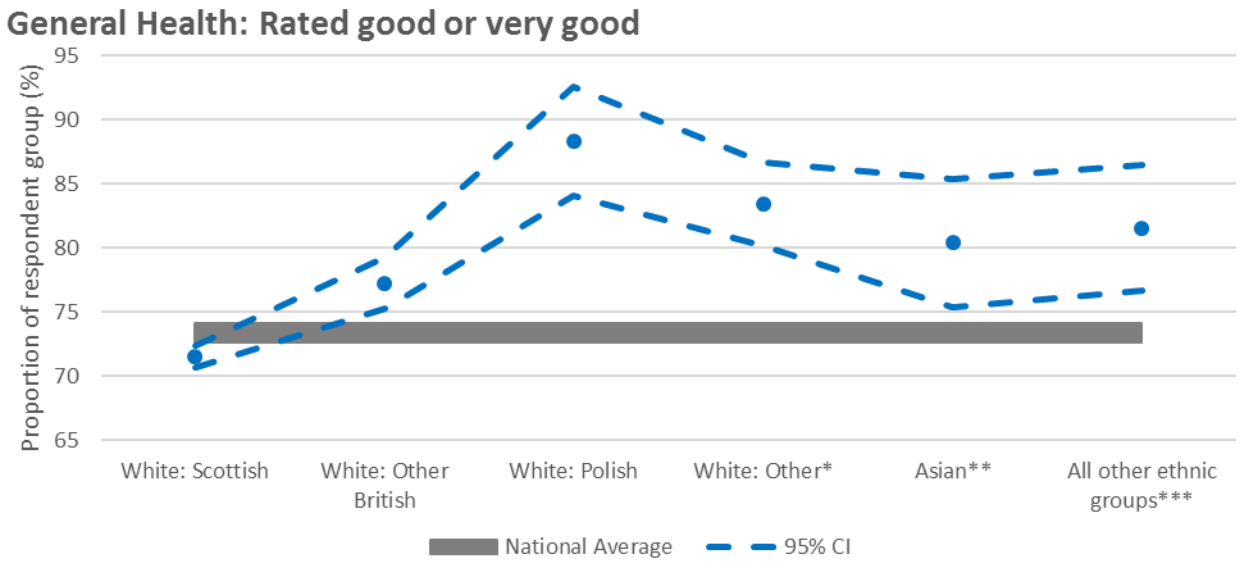


Table 34: General health by ethnic group, SSCQ 2016; changes from 2015 and 2012

	2016		Change	
	grp%	+/-	from 2015	from 2012
White: Scottish	71.5	± 0.9	-1.0	-1.0
White: Other British	77.3	± 2.0	-0.6	3.0 ↑
White: Polish	88.3	± 4.3	-2.6	-2.0
White: Other*	83.4	± 3.2	-2.1	1.2
Asian**	80.4	± 5.0	0.7	-0.5
All other ethnic groups***	81.5	± 4.9	-2.9	-8.9 ↓

This picture changes somewhat when the differing age profiles of the ethnic groups has been taken into account.

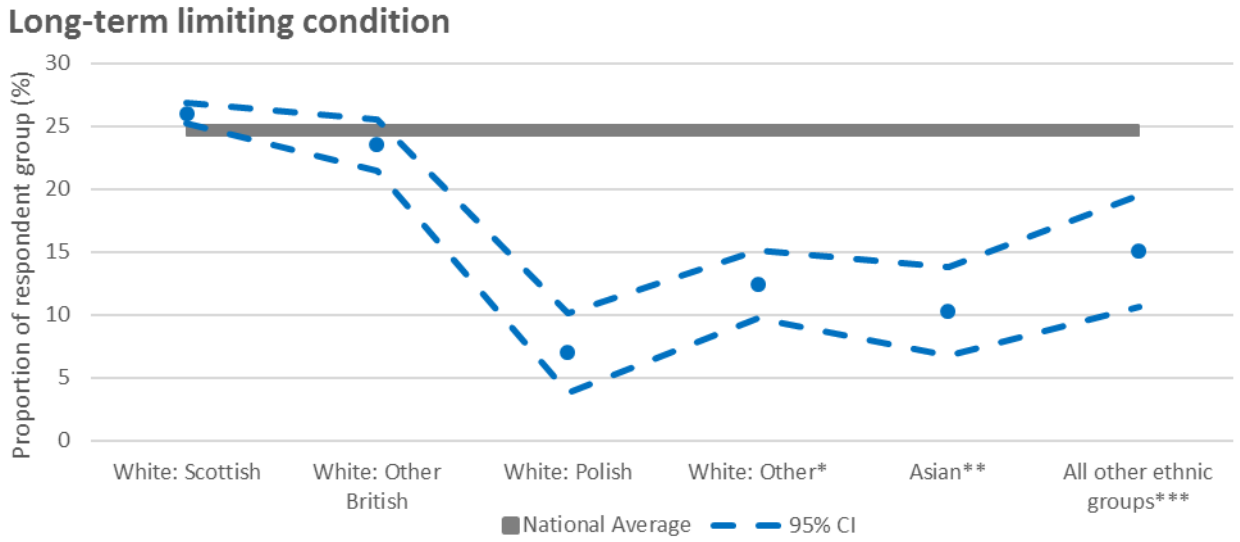
The “White: Polish”, “White: Other British” and “White: Other” ethnic groups are no longer significantly higher than the “White: Scottish” group after age standardisation.

Table 35: Good/very good general health – age standardised ethnic group result, SSCQ 2016

	Base level	Age Standardised
White: Scottish	71.5%	72.1% ± 0.9
White: Other British	77.3%	77.9% ± 2.0
White: Polish	88.3%	82.9% ± 8.0
White: Other*	83.4%	80.0% ± 3.9
Asian**	80.4%	73.9% ± 7.2
All other ethnic groups***	81.5%	75.9% ± 7.1

4.2 Long-term Limiting Health Conditions

Figure 12: Long-term limiting health conditions by ethnic group



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

Table 36 : Long-term limiting health conditions by ethnic group, SSCQ 2016; changes from 2015 and 2012

	2016		Change	
	grp%	+/-	from 2015	from 2012
White: Scottish	26.0	± 0.8	1.5 ↑	0.8
White: Other British	23.5	± 2.1	0.2	-0.2
White: Polish	7.0	± 3.2	0.9	-1.1
White: Other*	12.4	± 2.7	0.0	-2.6
Asian**	10.3	± 3.5	-4.3	-0.5
All other ethnic groups***	15.0	± 4.4	3.4	3.8

This indicator and ethnic group are both strongly correlated with age. Groups not identifying as “White: Scottish” or “White: Other British” tend to be considerably younger (see Table 33). When this relationship is accounted for through age standardisation, many of the apparent differences between ethnic groups disappear, as shown in Table 37.

Table 37: Long-term limiting health conditions – age standardised ethnic group results, SSCQ 2016

	Base level	Age Standardised
White: Scottish	26.0%	25.4% ± 0.8
White: Other British	23.5%	22.7% ± 2.1
White: Polish	7.0%	15.7% ± 12.9
White: Other*	12.4%	17.5% ± 3.7
Asian**	10.3%	17.0% ± 6.5
All other ethnic groups***	15.0%	24.2% ± 8.1

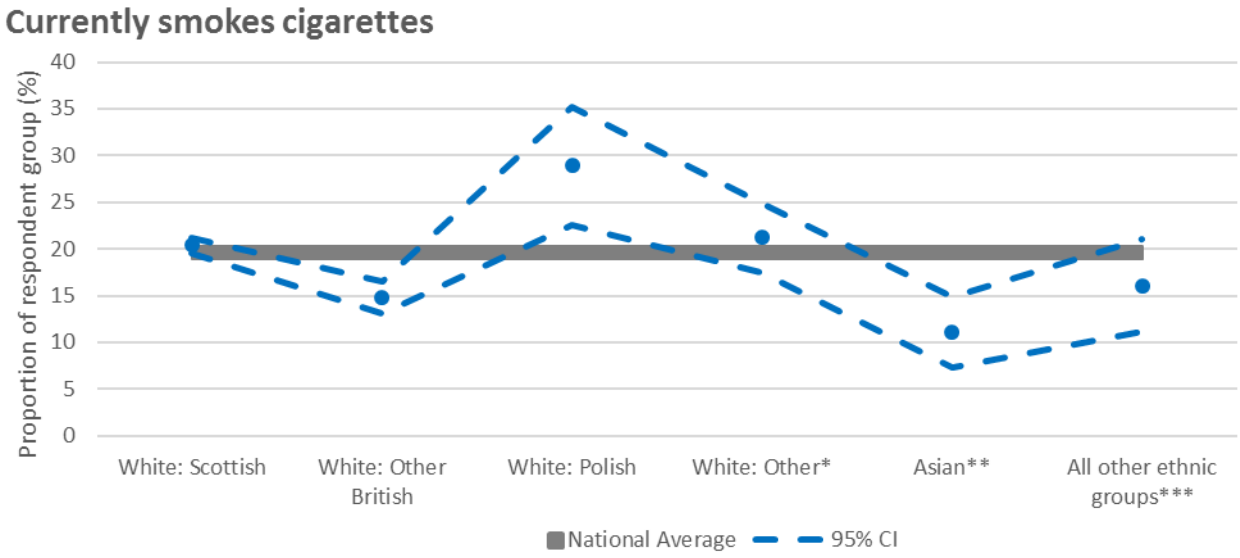
The results of age standardisation among ethnic groups are that:

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

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

4.3 Smoking

Figure 13: Smoking prevalence by ethnic group, SSCQ 2016



There are clear differences in smoking rates between ethnic groups, as shown in Figure 13. The “White: Other British” and “Asian” groups have lower smoking rates than the national average, the “White: Polish” group has the highest rate at 28.9%.

Table 38 : Smoking prevalence by ethnic group, SSCQ 2016; changes from 2015 and 2012

	2016	Change	
	grp% +/-	from 2015	from 2012
White: Scottish	20.4 ± 0.8	-1.4 ↓	-4.6 ↓
White: Other British	14.8 ± 1.7	0.1	-4.0 ↓
White: Polish	28.9 ± 6.3	3.4	-6.5
White: Other*	21.2 ± 3.7	-0.8	-2.4
Asian**	11.1 ± 3.8	1.4	0.3
All other ethnic groups***	16.1 ± 5.0	-3.0	2.7

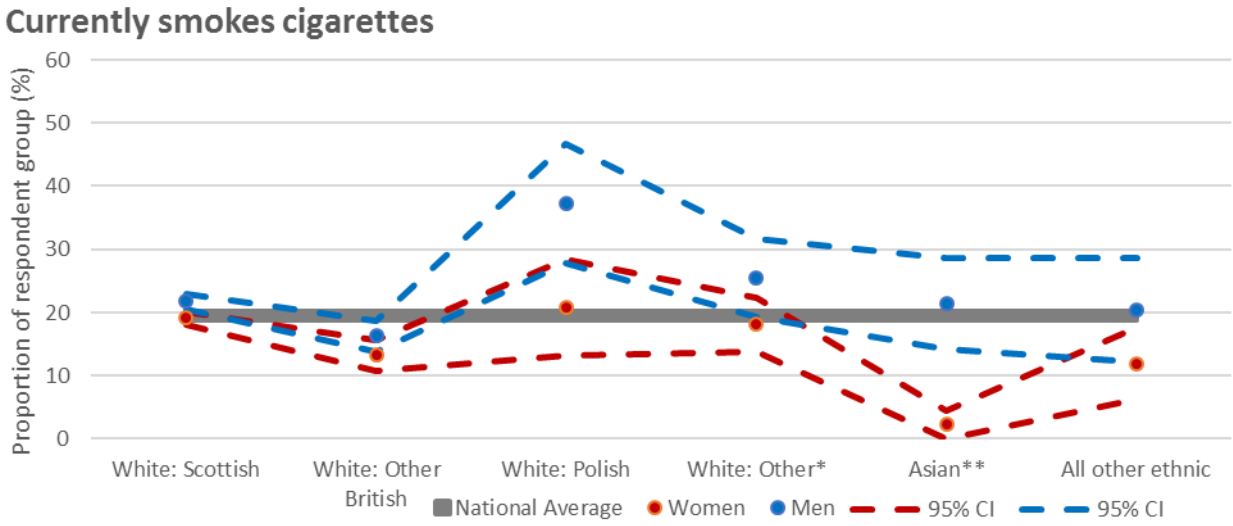
Across all ethnic groups, differences from the national average are accentuated by age standardisation, indicating that ethnic group is a determinate of smoking prevalence independent of age group. The “White: Polish” and “Asian” groups remain significantly different from the “White: Scottish” reference group after age-standardisation.

Table 39: Smoking prevalence – age standardised ethnic groups, SSCQ 2016

	Base level	Age Standardised
White: Scottish	20.4%	20.6% ± 0.8
White: Other British	14.8%	14.9% ± 1.7
White: Polish	28.9%	33.9% ± 12.6
White: Other*	21.2%	18.0% ± 3.5
Asian**	11.1%	9.2% ± 3.5
All other ethnic groups***	16.1%	12.7% ± 4.5

Even with a relatively small sample size in the “Asian” group, the subdivision by age in Figure 14 shows a much lower proportion of women in this group – very close to zero – smoke.

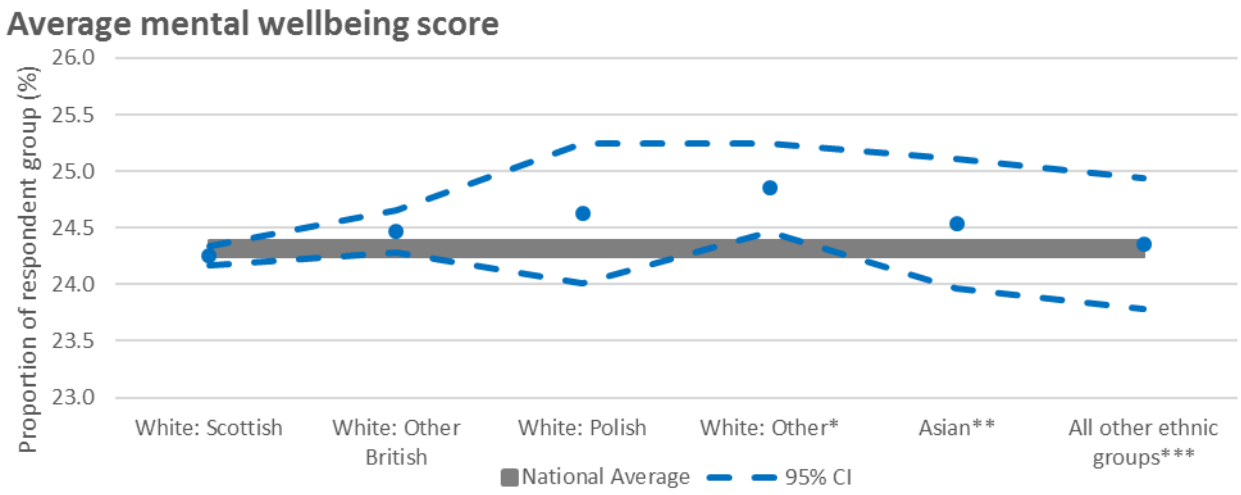
Figure 14: Smoking prevalence by ethnic group and gender, SSCQ 2016



4.4 Mental Wellbeing

As shown in Figure 15, the “White: Other” group has levels of mental wellbeing higher than the national average. A formal test shows that the “White: Other” group also has higher levels of mental wellbeing than the “White: Scottish” reference group after standardising for age differences (p=0.001).

Figure 15: Average SWEMWBS Score by ethnic group, SSCQ 2016



There appears to have been a statistically significant reduction in the SWEMWBS scores of people identifying as White: Polish since 2015, with a 1.5 point drop to 2016.

The apparent drop since 2014 in the “All other ethnic groups” category is difficult to comment on due to the diversity within this group (see Table 108 for the ethnicities grouped together to retain sufficient sample size for analysis). This group contains all those identifying as African, Black, Caribbean or Mixed, and this apparent change warrants further investigation.

Table 40: Average SWEMWBS score by ethnic group, SSCQ 2016; changes since 2015 and 2014

	2016		Change	
	grp%	+/-	from 2015	from 2014
White: Scottish	24.2	± 0.1	-0.1	-0.1
White: Other British	24.5	± 0.2	-0.2	-0.2
White: Polish	24.6	± 0.6	-1.5 ↓	-0.4
White: Other*	24.9	± 0.4	0.0	-0.3
Asian**	24.5	± 0.6	-0.1	-0.2
All other ethnic groups***	24.4	± 0.6	-0.4	-1.2 ↓

Table 41: Average SWEMWBS score by age standardised ethnic group, SSCQ 2016

	Base level	Age Standardised
White: Scottish	24.2	24.2 ± 0.1
White: Other British	24.5	24.5 ± 0.2
White: Polish	24.6	24.2 ± 0.6
White: Other*	24.9	25.0 ± 0.4
Asian**	24.5	24.5 ± 0.8
All other ethnic groups***	24.4	24.1 ± 0.6

4.5 Provision of Unpaid Care

Ethnic groups other than “White: Other British” are generally less likely to provide unpaid care than “White: Scottish”.

Under formal testing only the lower rate in the “White: Polish” group is also statisically different from the “White: Scottish” reference group. When the different age distributions of these groups is taken into account, the significance level increases from p=0.012 to p=0.0003. This indicates that there is an underlying trend, likely because a large number of “White: Polish” people living in Scotland have moved without older members of their families.

Figure 16: Provision of unpaid care by ethnic group, SSCQ 2016

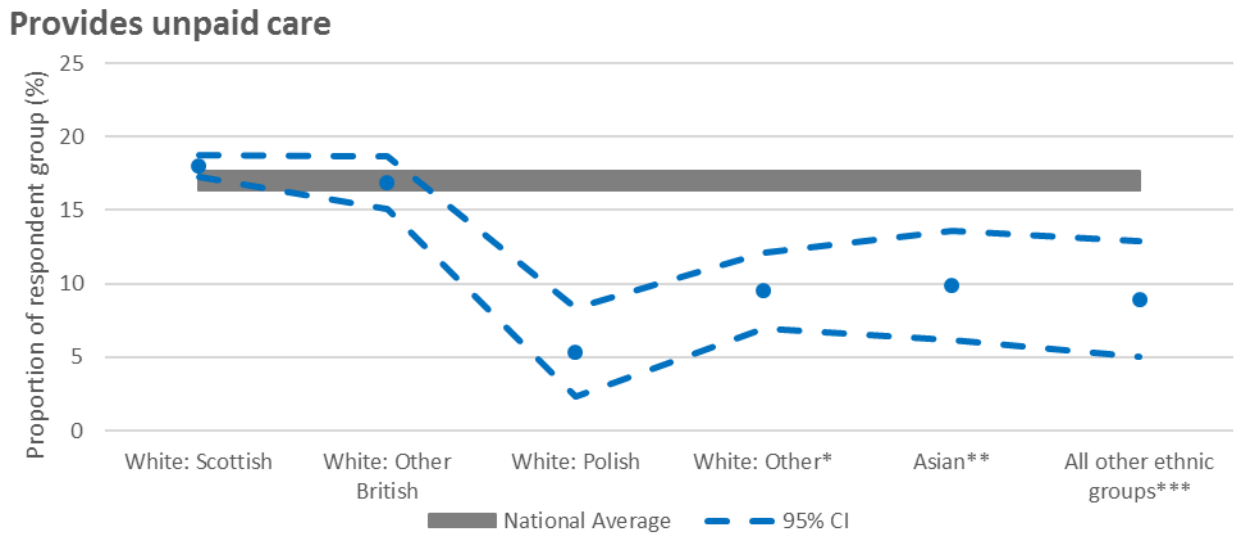


Table 42: Provision of unpaid care by ethnic group, SSCQ 2016; changes since 2015 and 2014

	2016	Change	
	grp% +/-	from 2015	from 2014
White: Scottish	18.0 ± 0.7	-0.9	-0.9
White: Other British	16.9 ± 1.8	-0.8	-0.2
White: Polish	5.3 ± 3.0	-2.4	-0.7
White: Other*	9.5 ± 2.6	-1.9	-2.6
Asian**	9.9 ± 3.7	-2.9	-0.1
All other ethnic groups***	9.0 ± 3.9	-7.0	0.4

Table 43: Provision of unpaid care by ethnic group, age standardised ethnic group, SSCQ 2016

	Base level	Age Standardised
White: Scottish	18.0%	17.9% ± 0.8
White: Other British	16.9%	16.2% ± 1.8
White: Polish	5.3%	3.6% ± 2.3
White: Other*	16.9%	11.9% ± 3.2
Asian**	9.9%	11.3% ± 5.1
All other ethnic groups***	9.0%	11.6% ± 5.7

4.6 Perceptions of Local Crime Rate

The “White: Scottish” group has reported a 2.2 point increase in this indicator since 2012.

Among the “All other ethnic groups” the general trend is positive to 2016, although the apparent changes are not statistically significant.

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

Opinion in the “White: Other” and “White: Other British” groups appears stable over time; around 80% report crime falling or staying the same in the past two years.

Figure 17: Perception of local crime rate by ethnic group, SSCQ 2016

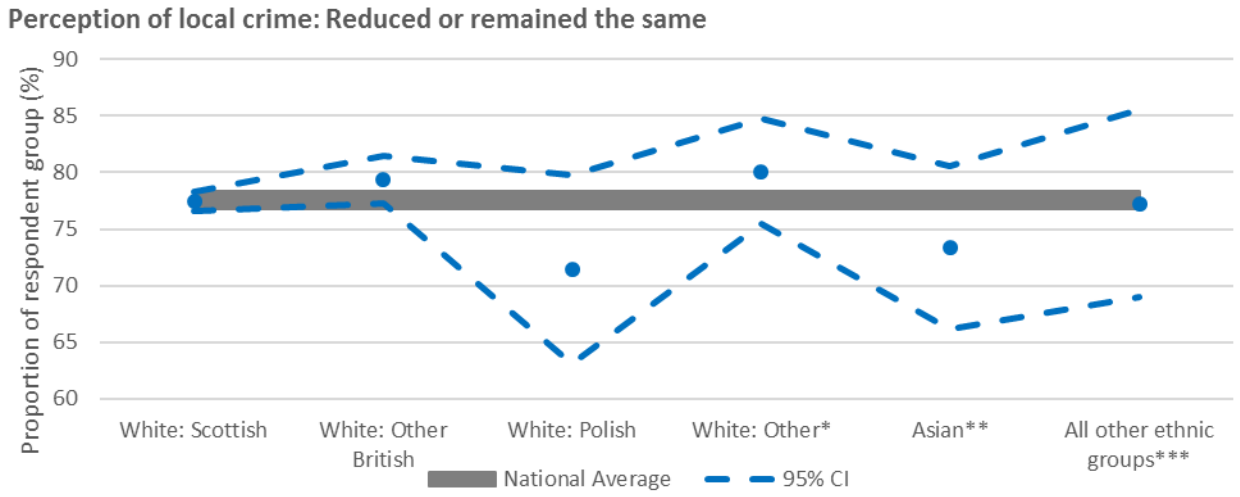


Table 44: Local crime rate by ethnic group, SSCQ 2016; changes from 2015 and 2012

	2016		Change	
	grp%	+/-	from 2015	from 2012
White: Scottish	77.4	± 0.9	1.0	2.2 ↑
White: Other British	79.4	± 2.1	2.2	0.3
White: Polish	71.5	± 8.3	-6.7	-9.3
White: Other*	80.1	± 4.6	-0.9	-0.5
Asian**	73.4	± 7.2	2.8	-4.2
All other ethnic groups***	77.2	± 8.3	-3.5	10.0

After age standardisation, only the “White: Other” group is statistically different from the “White: Scottish” group (p=0.043) and higher than the national average. 80.1% (81.5% age standardised) identified a reduction or no change in the local crime rate over 2 years compared to 77.4% of the “White: Scottish” group.

Table 45: Local crime rate – age standardised ethnic groups, SSCQ 2016

	Base level	Age Standardised
White: Scottish	77.4%	77.4% ± 0.9
White: Other British	79.4%	79.4% ± 2.2
White: Polish	71.5%	71.7% ± 14.5
White: Other*	80.1%	81.5% ± 4.7
Asian**	73.4%	70.4% ± 9.5
All other ethnic groups***	77.2%	75.2% ± 10.2

4.7 Confidence in Police

No ethnic groups showed significant differences in police confidence across any of the measures in comparison to “White: Scottish” reference group.

The majority “White: Scottish” group saw significant increases in confidence in police to (E) **solve crimes** and (F) **catch criminals** since 2012 in line with national trends.

The “White: Polish” group’s confidence in the police to (C) **deal with incidents as they occur** increased from 2015 by a significant degree, from 61% to 75%.

Table 46: Confidence in police by ethnic groups, SSCQ 2016

	2016	Change	
A: prevent crime	**grp% +/-**	**from 2015**	**from 2012**
White: Scottish	56.9 ± 1.0	-0.5	0.7
White: Other British	58.0 ± 2.5	-1.7	-1.6
White: Polish	63.9 ± 7.0	10.4	-0.7
White: Other*	59.3 ± 4.7	-2.0	1.4
Asian**	63.4 ± 6.3	-3.4	-1.8
All other ethnic groups***	65.9 ± 6.9	3.5	1.9
B: respond quickly to appropriate information from the public			
White: Scottish	65.4 ± 1.0	0.7	0.9
White: Other British	66.8 ± 2.4	-2.4	-1.1
White: Polish	71.3 ± 6.7	10.8	0.6
White: Other*	70.3 ± 4.3	0.3	-2.2
Asian**	74.1 ± 5.5	0.5	4.1
All other ethnic groups***	65.6 ± 7.0	-1.8	1.0
C: deal with incidents as they occur			
White: Scottish	67.3 ± 1.0	1.5 ↑	-0.3
White: Other British	68.6 ± 2.4	-0.2	-1.8
White: Polish	74.9 ± 6.2	14.0 ↑	7.5
White: Other*	70.2 ± 4.2	-1.4	-0.5
Asian**	74.0 ± 5.4	0.9	5.5
All other ethnic groups***	69.9 ± 6.6	2.3	0.1

	2016	Change	
D: investigate incidents after they occu		**from 2015**	**from 2012**
White: Scottish	71.1 ± 0.9	2.4 ↑	1.2
White: Other British	69.9 ± 2.4	-1.3	-1.0
White: Polish	68.8 ± 6.8	9.4	-1.3
White: Other*	70.4 ± 4.2	-0.6	-1.0
Asian**	72.5 ± 5.6	3.7	1.9
All other ethnic groups***	69.3 ± 6.7	1.4	1.1
E: solve crimes			
White: Scottish	64.6 ± 1.0	2.6 ↑	2.7 ↑
White: Other British	63.7 ± 2.5	-0.6	1.0
White: Polish	62.3 ± 7.1	7.7	5.6
White: Other*	64.4 ± 4.4	0.3	1.7
Asian**	68.1 ± 6.0	3.6	6.2
All other ethnic groups***	66.7 ± 6.7	12.5 ↑	3.2
F: catch criminals			
White: Scottish	62.2 ± 1.0	1.9 ↑	2.4 ↑
White: Other British	62.2 ± 2.5	0.6	1.0
White: Polish	64.3 ± 7.0	8.2	2.4
White: Other*	62.8 ± 4.4	2.8	4.3
Asian**	62.2 ± 6.3	1.3	1.7
All other ethnic groups***	63.6 ± 6.9	5.5	1.5

5 Religion

The religious group or denomination to which respondents report belonging is collected in detail by the contributing surveys to the SSCQ. The full range of responses available to respondents is provided in Table 107.

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

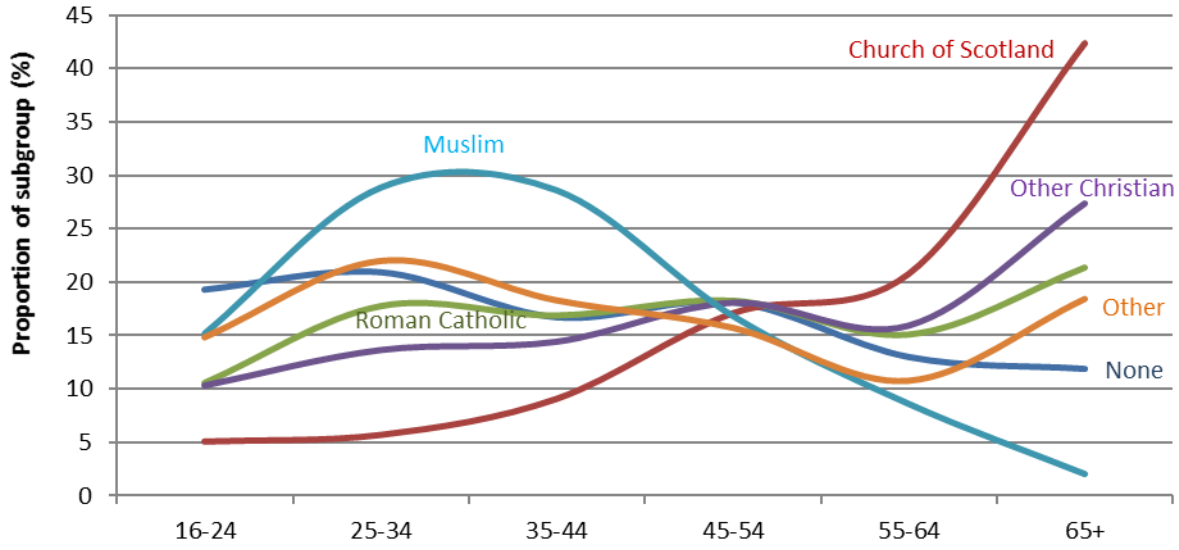
In some instances we have tried to overcome this problem by combining categories. This is not an ideal solution as it can hide inequalities that occur between each of the separate categories, but it is often the option which provides the best balance between data utility, sensitivity and the protection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

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

Summary Findings

- After the age distribution of religion groups is taken into account, most of the apparent differences in good/very good general health disappear. Lower than average rates for the "Muslims" and higher than average rates for "Other Christian" and "Church of Scotland" groups are significant, at 56.6%, 78.3% and 74.8% respectively.
- When age standardisation is applied, Other Christians have a lower prevalence of long-term limiting health conditions, the only statistically significant group.
- After age standardisation, the smoking rate for Church of Scotland, Other Christian and Muslims is considerably lower than the national average rate. Smoking rates are significantly higher for men compared with women for Muslims
- Members of the Church of Scotland, Roman Catholic and 'Other: Christian' are more likely to report providing unpaid care and Muslims less likely to (7.9%), even when the different age distributions of religion groups are accounted for.
- Since 2012, the proportion of those reporting crime in their area has fallen or stayed the same has fallen for those of 'Church of Scotland' religious group. In 2016 there were no statistically significant differences between religious groups on this indicator.
- The "Other Christian" religious group had significantly higher confidence in 2016 in the police to solve crimes (E) and deal with incidents as they occur (C), than the "No religion" reference group, after age standardisation.

Figure 18: Age profile of religion groups, SSCQ 2016



Around 40% of those responding as having no religion, and half of Muslims, are under 35 while 60% of Church of Scotland members are 55 or over. These clear differences in age distribution between religion groups means that age standardisation has been applied to statistics in this chapter where indicators are age-correlated.

Table 47: Age profile of religion groups, SSCQ 2016

	Proportion in Age Group (Row %)							
	16-24	25-34	35-44	45-54	55-64	65+	Adults	Col%
None	19.3	20.9	16.7	18.1	13.0	11.9	2,185,900	49%
Church of Scotland	5.1	5.7	9.1	17.1	20.8	42.4	1,146,800	26%
Roman Catholic	10.6	17.8	16.9	18.3	15.1	21.4	617,500	14%
Other Christian	10.4	13.7	14.5	18.1	16.0	27.4	358,300	8%
Muslim	15.2	28.8	28.6	16.8	8.6	2.0	61,000	1%
Other	14.8	22.0	18.3	15.7	10.8	18.4	89,700	2%

Where statistical testing is used to identify differences between subgroups the “No religion” group – the most populous group in Scotland – is used as the basis for comparison. It should be noted that this group is generally younger than other religion groups (excluding Muslims) and age standardisation will therefore tend to have a large impact on the significance of differences between religions. For more information on this process, see section 11.11.

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

5.1 General Health

There are lower levels of good or very good general health among those identifying with the Church of Scotland (68.8%), Roman Catholics (71.9%), Muslim (71.0%) and “Others” (70.4%). Those who respond as having no religion report generally higher levels (75.8%) and Other Christians report the highest levels overall at 76.8%. General health for those with no religious affliation has fallen 2 percentage points to around 76% since 2015.

Figure 19: General health by religion, SSCQ 2016

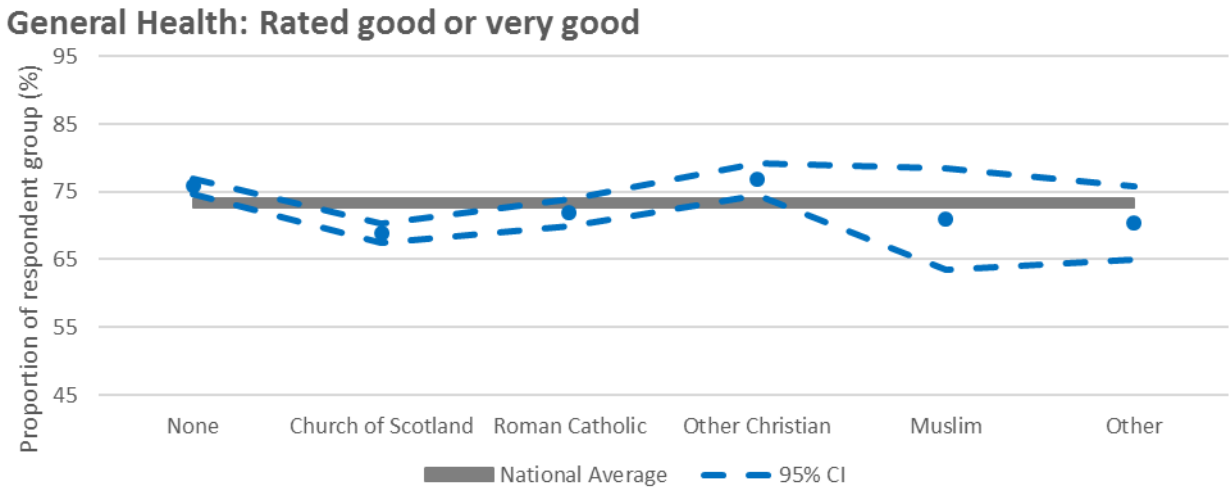


Table 48: General health by religion, SSCQ 2016; changes from 2015 and 2012

	2016		Change	
	grp%	+/-	from 2015	from 2012
None	75.8	± 1.1	-2.1 ↓	-1.3
Church of Scotland	68.8	± 1.4	-1.0	-1.1
Roman Catholic	71.9	± 2.0	0.8	-0.4
Other Christian	76.8	± 2.3	2.7	2.1
Muslim	71.0	± 7.5	-5.2	-6.3
Other	70.4	± 5.4	-1.1	-4.2

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

Table 49: Good/very good general health – age standardised religious group result, SSCQ 2016

	Base level	Age Standardised
None	75.8%	72.8% ± 1.1
Church of Scotland	68.8%	74.8% ± 1.7
Roman Catholic	71.9%	71.5% ± 2.1
Other Christian	76.8%	78.3% ± 2.3
Muslim	71.0%	56.6% ± 12.3
Other	70.4%	68.4% ± 5.6

Significant differences from the reference group in the age-standardised levels of good or very good general health are:

- “Other Christian” and “Church of Scotland” age standardised rates were 78.3% and 74.8% respectively; higher than the ‘no religion’ reference group.
- Muslims, where the standardised rate was 56.6% (though with a large confidence interval) moves below the no religion reference group.

5.2 Long-term Limiting Health Conditions

Before the age differences among religious groups are taken into account, compared with those who identified as having ‘no religion’ (21.0%) people identifying as Church of Scotland, Roman Catholic have higher prevalences in general.

The changes in this indicator at national level are reflected in the Church of Scotland group and the group with “no religion”. The “Other Christian” group apparently bucks this trend, with a lower proportion reporting long-term limiting health conditions than in 2015 (see Table 50).

Figure 20: Long-term limiting health condition by religion, SSCQ 2016

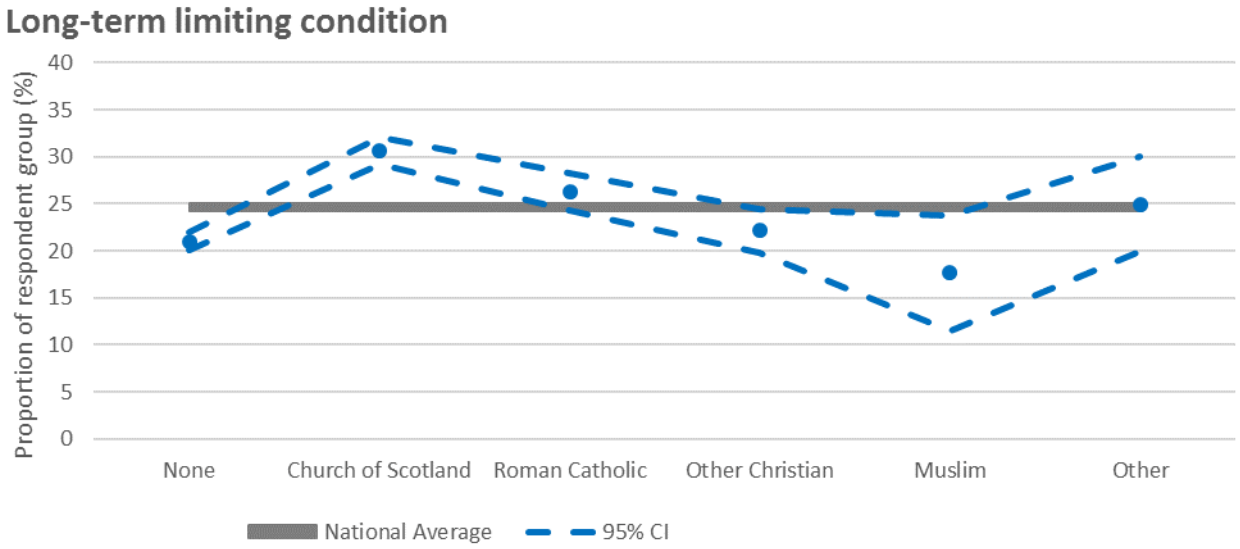


Table 50: Long-term limiting health conditions by religion, SSCQ 2016; changes from 2015 and 2012

	2016		Change	
	grp%	+/-	from 2015	from 2012
None	21.0	± 1.0	1.6 ↑	2.0 ↑
Church of Scotland	30.7	± 1.4	2.1 ↑	0.9
Roman Catholic	26.2	± 2.0	1.2	0.1
Other Christian	22.1	± 2.3	-4.1 ↓	-1.7
Muslim	17.7	± 6.1	0.3	6.0
Other	24.9	± 5.0	3.0	2.2

As shown in Table 47, there are large differences in the age distributions of different religious groups. When age standardisation is applied, the apparent differences in the prevalence of long-term limiting health conditions are no longer statistically significant for

all groups other than Other Christians, who become significantly lower than the no religion reference group.

Table 51: Long-term limiting health conditions – age standardised religious group results, SSCQ 2016

	Base level	Age Standardised
None	21.0%	24.1% ± 1.1
Church of Scotland	30.7%	24.9% ± 1.8
Roman Catholic	26.2%	26.7% ± 2.0
Other Christian	22.1%	20.6% ± 2.3
Muslim	17.7%	26.1% ± 10.8
Other	24.9%	27.0% ± 5.2

5.3 Smoking

Those who identified as having ‘no religion’, Church of Scotland, Roman Catholic and Other Christian members have detectable reductions in smoking rates since 2012. Point estimates in the ‘Others’ group also fell over this period, although not by a statistically significant amount.

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

Figure 21: Smoking prevalence by religion, SSCQ 2016

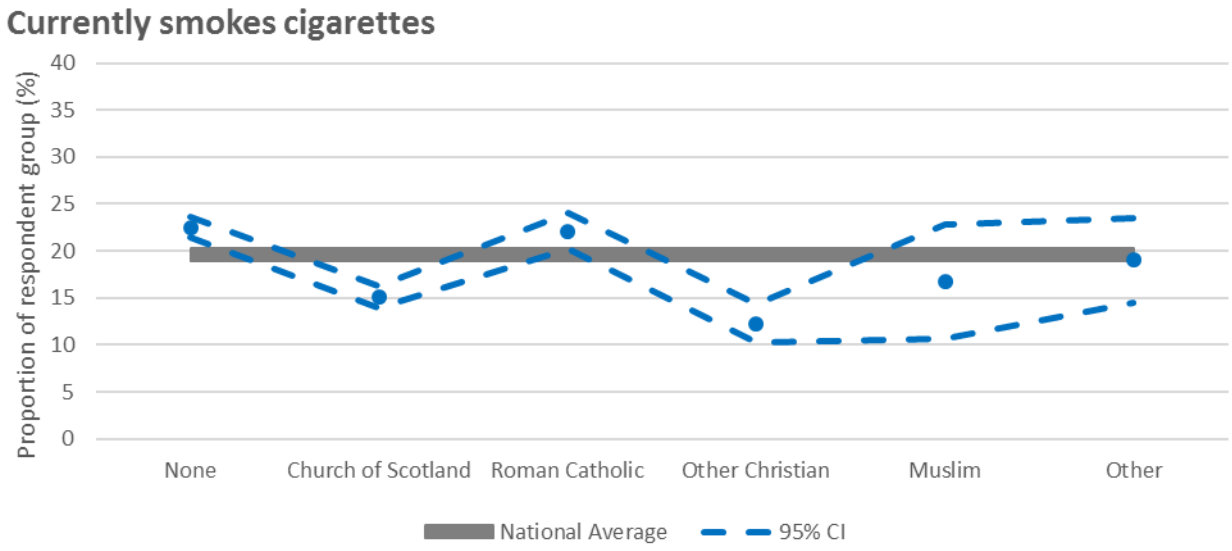


Table 52 : Smoking prevalence by religion, SSCQ 2016; changes from 2015 and 2012

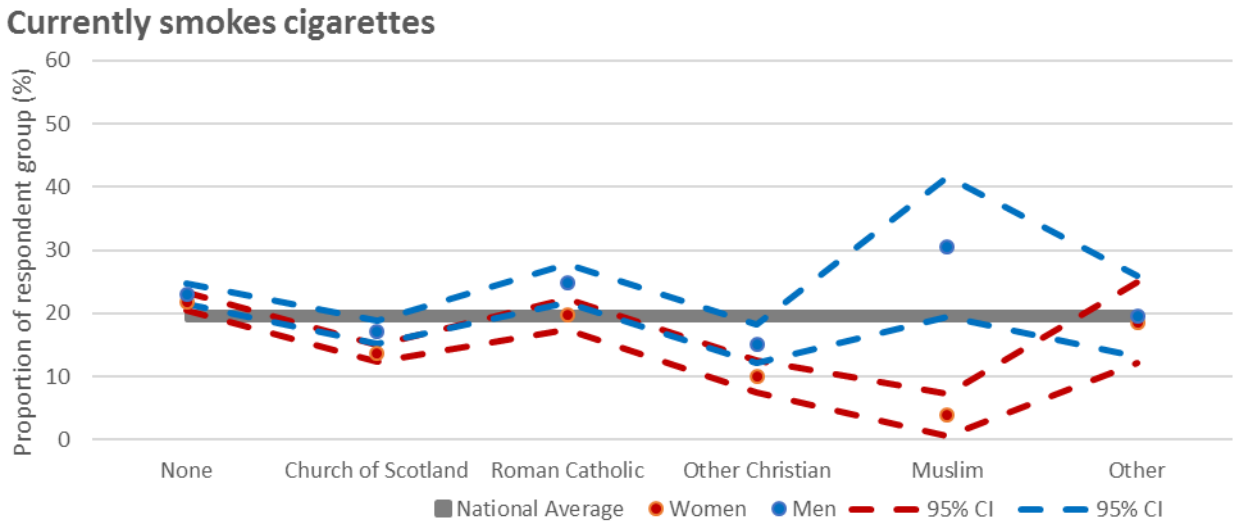
	2016		Change	
	grp%	+/-	from 2015	from 2012
None	22.5	± 1.1	-0.9	-5.1 ↓
Church of Scotland	15.1	± 1.1	-1.6	-4.5 ↓
Roman Catholic	22.1	± 1.9	-2.1	-4.9 ↓
Other Christian	12.3	± 2.0	-1.2	-3.6 ↓
Muslim	16.8	± 6.1	1.7	2.2
Other	19.0	± 4.5	3.5	-6.4

Table 53: Smoking prevalence – age standardised religion groups, SSCQ 2016

	Base level	Age Standardised
None	22.5%	21.4% ± 1.0
Church of Scotland	15.1%	16.7% ± 1.7
Roman Catholic	22.1%	21.7% ± 1.9
Other Christian	12.3%	12.6% ± 2.2
Muslim	16.8%	13.8% ± 6.2
Other	19.0%	18.7% ± 4.4

Smoking rates are significantly higher for men who identified as Muslim (see Figure 22). In all other groups there wasn't a significant difference.

Figure 22: Smoking prevalence by religion and gender, SSCQ 2016



5.4 Mental Wellbeing

The “Church of Scotland” and “Other Christian” groups have significantly higher SWEMWBS scores than the national average, and this remains the case after age standardisation.

Figure 23: Average SWEMWBS score by religion, SSCQ 2016

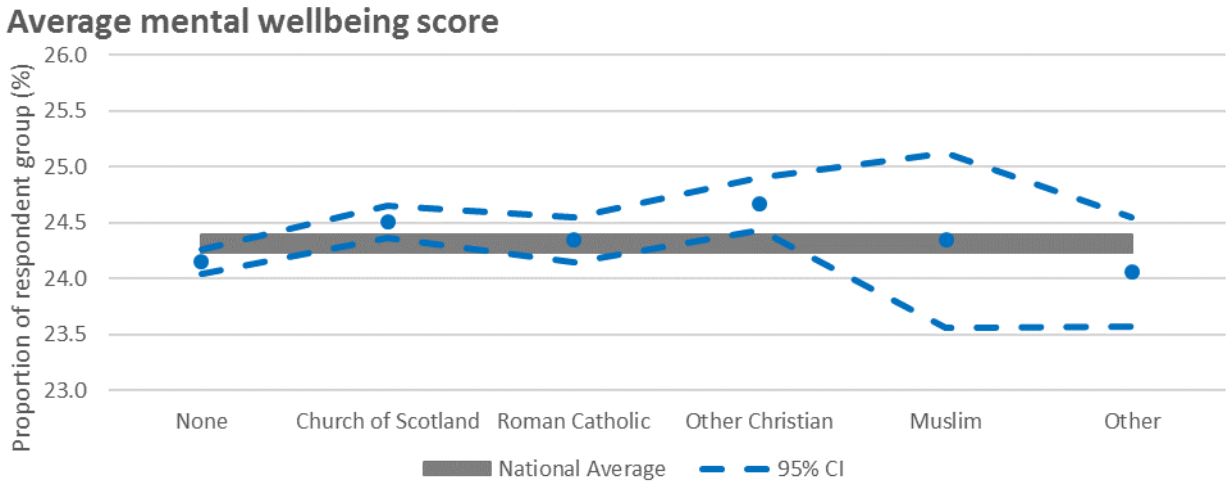


Table 54 : Average SWEMWBS score by religion, SSCQ 2016; changes from 2015 and 2014

	2016		Change	
	grp%	+/-	from 2015	from 2014
None	24.2	± 0.1	0.0	-0.3 ↓
Church of Scotland	24.5	± 0.1	-0.1	0.0
Roman Catholic	24.3	± 0.2	-0.3	-0.2
Other Christian	24.7	± 0.2	0.1	0.2
Muslim	24.3	± 0.8	0.4	-0.3
Other	24.1	± 0.5	-0.5	-0.5

Table 55: Average SWEMWBS score by age standardised religion, SSCQ 2016

	Base level	Age Standardised
None	24.2	24.1 ± 0.1
Church of Scotland	24.5	24.5 ± 0.2
Roman Catholic	24.3	24.3 ± 0.2
Other Christian	24.7	24.7 ± 0.2
Muslim	24.3	23.6 ± 1.1
Other	24.1	24.1 ± 0.5

5.5 Provision of Unpaid Care

Members of the Church of Scotland appear more likely to provide unpaid care than adults in Scotland on average.

After age standardisation, the Church of Scotland, Roman Catholic and “Other Christian” groups remains significantly higher than the non-religious reference group, while those identifying as “Muslim” is significantly lower than the non-religious reference group after age standardisation.

Figure 24: Provision of unpaid care by religion, SSCQ 2016

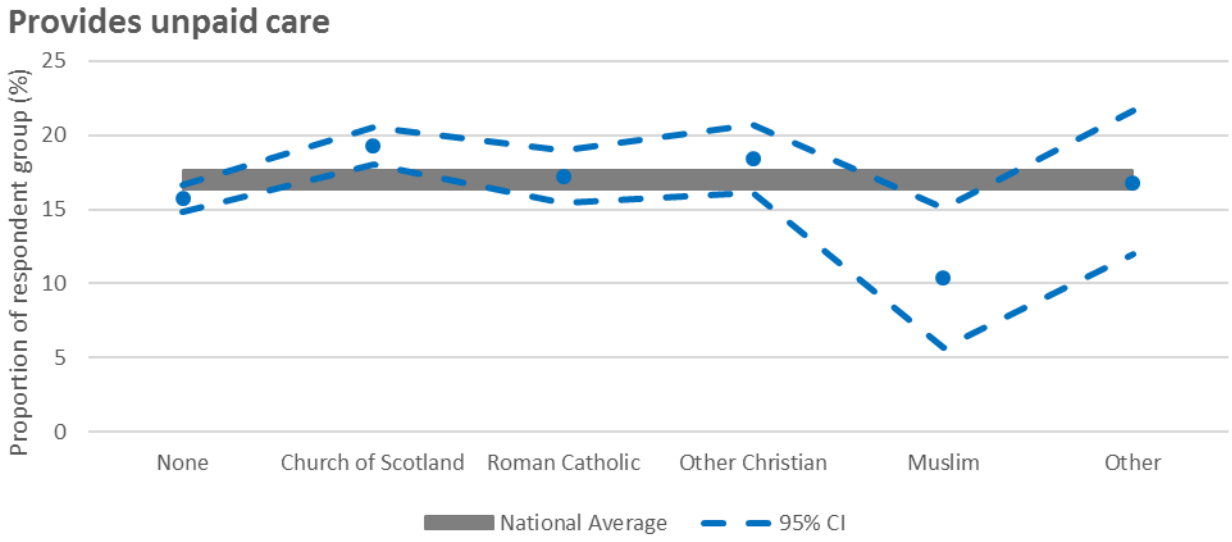


Table 56: Provision of unpaid care by religion groups, SSCQ 2016; changes since 2015 and 2014

	2016		Change	
	grp%	+/-	from 2015	from 2014
None	15.7	± 0.9	-0.3	0.0
Church of Scotland	19.3	± 1.3	-1.7	-1.5
Roman Catholic	17.2	± 1.8	-1.9	-1.5
Other Christian	18.4	± 2.3	-1.4	-0.7
Muslim	10.4	± 4.7	-5.5	-3.7
Other	16.8	± 4.8	-4.1	0.1

Table 57 : Provision of unpaid care by age standardised religion groups, SSCQ 2016

	Base level	Age Standardised
None	15.7%	15.7% ± 0.9
Church of Scotland	19.3%	18.1% ± 1.5
Roman Catholic	17.2%	17.3% ± 1.8
Other Christian	18.4%	18.3% ± 2.5
Muslim	10.4%	7.9% ± 4.3
Other	16.8%	17.5% ± 5.1

5.6 Perceptions of Local Crime Rate

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

Since 2012, a larger proportion of members identifying as ”Church of Scotland” have reported that the crime rate has decreased or stayed the same over the previous two years, increasing 1.9 percentage points.[35]

Figure 25: Perception of local crime rate by religion, SSCQ 2016

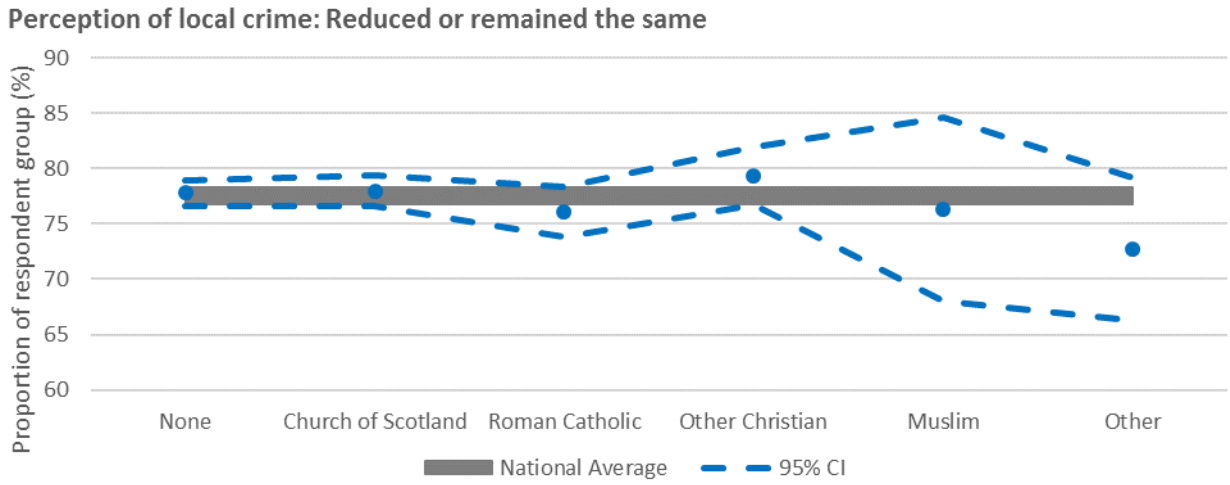


Table 58 : Local crime rate by religion, SSCQ 2016; changes from 2015 and 2012

	2016		Change	
	grp%	+/-	from 2015	from 2012
None	77.8	± 1.2	1.2	1.9
Church of Scotland	78.0	± 1.4	0.7	1.9 ↑
Roman Catholic	76.1	± 2.2	0.5	2.8
Other Christian	79.3	± 2.6	2.3	-0.4
Muslim	76.3	± 8.3	5.0	0.0
Other	72.7	± 6.4	3.4	-0.4

[35] Although similar percentage point increases are observed in the ’no religion’ and Roman Catholic groups in Table 58, these were not found to be statistically significant under testing.

5.7 Confidence in Police

In comparison to the “no religion” reference group, those identifying as “Church of Scotland” religion have significantly lower confidence in police to **respond quickly to appropriate calls and information from the public** (B) and **deal with incidents as they occur** (C). However, these differences are accounted for by the demographics of the Church of Scotland group and disappear under age standardisation.

“Other Christian” had significantly higher confidence in 2016 in the police to **deal with incidents as they occur** (C) and to **solve crimes** (E) than the “No religion” reference group after age standardisation.

The “No religion” and “Roman Catholic” groups expressed statistically significant increases in confidence since 2012 in the police **solving crimes** (E) and **catching criminals** (F).

Those reporting as “Church of Scotland” have seen significant falls in police confidence since 2012 in; **responding quickly to appropriate calls and information from the public** (B) and the police **dealing with incidents as they occur** (C).

Table 59: Confidence in Police, SSCQ 2016

	2016	Change	
A: prevent crime	**grp% +/-**	**from 2015**	**from 2012**
None	57.7 ± 1.4	0.4	1.4
Church of Scotland	56.8 ± 1.6	-1.8	-1.2
Roman Catholic	56.1 ± 2.4	-1.4	0.4
Other Christian	60.5 ± 3.0	-1.0	3.0
Muslim	61.8 ± 8.3	-2.4	-1.7
Other	60.3 ± 6.1	0.0	-1.6
B: respond quickly to appropriate information from the public			
None	67.0 ± 1.3	0.3	1.3
Church of Scotland	62.3 ± 1.6	-1.1	-2.0 ↓
Roman Catholic	66.5 ± 2.3	3.2	1.8
Other Christian	69.3 ± 2.8	-0.6	1.2
Muslim	70.4 ± 7.6	-1.3	-0.2
Other	69.3 ± 5.7	-2.7	-2.8
C: deal with incidents as they occur			
None	68.8 ± 1.2	2.1 ↑	0.5
Church of Scotland	65.9 ± 1.6	-0.1	-2.2 ↓
Roman Catholic	66.5 ± 2.3	1.8	0.8
Other Christian	71.2 ± 2.8	1.9	0.0
Muslim	69.2 ± 7.7	-6.3	-2.6
Other	68.6 ± 5.7	-0.7	-5.1

	2016	Change	
D: investigate incidents after they occur		**from 2015**	**from 2012**
None	70.8 ± 1.2	1.9 ↑	1.2
Church of Scotland	70.6 ± 1.5	0.7	-0.3
Roman Catholic	70.0 ± 2.2	2.9	2.3
Other Christian	73.5 ± 2.7	2.6	0.8
Muslim	70.1 ± 7.6	-1.4	0.6
Other	73.6 ± 5.4	10.2 ↑	-1.1
E: solve crimes			
None	64.3 ± 1.3	3.3 ↑	3.3 ↑
Church of Scotland	64.6 ± 1.6	0.8	0.6
Roman Catholic	64.0 ± 2.4	2.7	4.9 ↑
Other Christian	67.6 ± 2.9	1.1	3.0
Muslim	68.0 ± 7.6	5.1	4.9
Other	63.6 ± 6.0	2.4	2.6
F: catch criminals			
None	62.4 ± 1.3	2.5 ↑	3.1 ↑
Church of Scotland	61.6 ± 1.6	0.0	0.5
Roman Catholic	62.6 ± 2.4	2.5	4.5 ↑
Other Christian	64.5 ± 3.0	2.2	1.2
Muslim	64.0 ± 7.9	1.6	4.8
Other	62.1 ± 6.0	7.6	1.6

6 Sexual orientation

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

"Other" has been grouped with lesbian, gay and bisexual due to the small number of people identying with this group in the sample, and to provide inclusion in comaprison to the heterosexual grouping.

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

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

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

The changing attitudes towards sexual orientation are at least partly reflected in the age distribution of the LGB & Other group versus those identifying as heterosexual (Table 60). Half of those identifying as LGB & other are under 35. 10% of the LGB & Other group are aged 65+, compared with over one fifth of those identifying as heterosexual.

Summary Findings

- After age standardisation, the proportion of the "LGB & Other" group reporting good or very good general health is significantly lower than the rest of the population (64.0% compared with 73.8%).
- The "LGB & Other" group has a higher prevalence of limiting long-term health conditions, than the heterosexual group.
- The "LGB & Other" group has a higher smoking rate overall than the "heterosexual" group.
- The "LGB & Other" group has a lower mental wellbeing score on average than the heterosexual group (1.1 points lower)

Due to the significant differences in the age distribution of sexual orientation groups, age standardisation is applied to many of the analyses in the following section. For more information on this process, see section 11.11.

Table 60: Age profile of sexual orientation groups, SSCQ 2016

	Proportion in Age Group (Row %)	Col%

	16-24	25-34	35-44	45-54	55-64	65+	Adults	
Heterosexual	13.3	15.9	14.8	18.0	15.7	22.3	4,277,700	98%
LGB & other	27.6	24.7	17.3	12.9	7.4	10.1	99,900	2%

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

6.1 General Health

Table 61 : General health by sexual orientation, SSCQ 2016; changes from 2015 and 2012

	2016		Change	
	grp%	+/-	from 2015	from 2012
Heterosexual	73.7	± 0.8	-0.9	-0.2
LGB & Other	70.2	± 5.3	-0.9	-2.4

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

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

Table 62: General health – age standardised sexual orientation group results, SSCQ 2016

	Base level	Age Standardised
Heterosexual	73.7%	73.8% ± 0.8
LGB & Other	70.2%	64.0% ± 6.0

When the differences in age between sexual orientation groups are taken into account, LGB & Other group tend to rate their general health lower. Only 64.0% said their general health was “Good or Very Good”, compared with 73.8% of the heterosexual group.

6.2 Long-term Limiting Health Conditions

Table 63: Long-term limiting health conditions by sexual orientation, SSCQ 2016; changes from 2015 and 2012

	2016		Change	
	grp%	+/-	from 2015	from 2012
Heterosexual	23.9	± 0.7	1.1 ↑	0.3
LGB & Other	28.8	± 5.4	2.7	3.6

The apparent difference between sexual orientation groups in Table 63 is close to statistically significant under formal testing (p=0.06). When age standardisation is applied, the difference between groups is accentuated (see Table 64), and shows a significant difference between the two groups (p=0.001). People in the LGB & Other group are more likely, irrespective of age, to report a long-term limiting health condition.

Table 64: Long-term limiting health conditions – age standardised sexual orientation group results, SSCQ 2016

	Base level	Age Standardised
Heterosexual	23.9%	23.8% ± 0.7
LGB & Other	28.8%	32.5% ± 5.8

6.3 Smoking

Smoking rates are higher in the LGB & other group than among heterosexuals (p=0.0001). Age standardisation does not affect this finding.

Table 65 : Smoking prevalence by sexual orientation, SSCQ 2016; changes from 2015 and 2012

	2016		Change	
	grp%	+/-	from 2015	from 2012
Heterosexual	19.2	± 0.7	-1.3 ↓	-4.5 ↓
LGB & Other	29.2	± 5.7	-0.6	-5.1

Table 66: Smoking prevalence by age standardised sexual orientation, SSCQ 2016

	Base level	Age Standardised
Heterosexual	19.2%	19.2% ± 0.7
LGB & Other	29.2%	28.8% ± 5.7

Both groups see a reduction in percentage terms since 2012, however the reduction in the LGB & Other group (5.1 points) is not sufficiently large to be statistically significant. This may be due to the small sample achieved for this group. The heterosexual group sees a similar reduction as the populaton overall (of 4.5 percentage points).

6.4 Mental Wellbeing

The LGB and Other group has a lower mental wellbeing score on average than the heterosexual group (0.9 pts lower) – a statistically significant difference. This finding is unaltered by age standardisation.

Table 67 : Average SWEMWBS score by sexual orientation, 2016; change since 2015 and 2014

	2016	Change	
	grp% +/-	from 2015	from 2014
Heterosexual	24.4 ± 0.1	0.0	-0.2 ↓
LGB & Other	23.5 ± 0.5	0.0	0.4

Table 68: Average SWEMWBS score by age standardised sexual orientation, 2016

	Base level	Age Standardised
Heterosexual	24.4	24.4 ± 0.1
LGB & Other	23.5	23.8 ± 0.5

6.5 Provision of Unpaid Care

The difference in care provision between sexual orientation groups is not sufficently large to be statistically significant. After age standardisation, the gap between the “LGB & Other” and “hetereosexual” groups increases, and the difference becomes statistically significant.

Table 69 : Provision of unpaid care by sexual orientation, SSCQ 2016; changes since 2015 and 2014

	2016	Change	
	grp% +/-	from 2015	from 2014
Heterosexual	17.1 ± 0.7	-1.1 ↓	-0.9
LGB & Other	17.6 ± 4.4	-1.3	-3.5

Table 70: Provision of unpaid care by age standarised sexual orientation, SSCQ 2016

	Base level	Age Standardised
Heterosexual	17.1%	17.1% ± 0.7
LGB & Other	17.6%	20.8% ± 5.1

6.6 Perceptions of Local Crime Rate

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

Table 71 : Local crime rate by sexual orientation, SSCQ 2016; changes from 2015 and 2012

	2016	Change	
	grp% +/-	from 2015	from 2012
Heterosexual	77.7 ± 0.8	1.1	1.9 ↑
LGB & Other	73.3 ± 6.3	-0.7	-5.6

6.7 Confidence in Police

There are no statistically significant differences in police confidence between “LGB & Other” group and “hetereosexual” group. There were also no significant changes over time across any of the 6 police functions for the “LGB & Other” group.

Table 72: Confidence in Police, SSCQ 2016

	2016		Change	
A: prevent crime	**grp%**	**+/-**	**from 2015**	**from 2012**
Heterosexual	57.5	± 0.9	-0.5	0.4
LGB & Other	55.4	± 6.5	-8.4	-1.9
B: respond quickly to appropriate information from the public				
Heterosexual	65.9	± 0.9	0.3	0.4
LGB & Other	69.4	± 6.2	0.7	2.4
C: deal with incidents as they occur				
Heterosexual	67.7	± 0.9	1.1	-0.5
LGB & Other	70.4	± 6.2	2.8	1.6
D: investigate incidents after they occur				
Heterosexual	70.8	± 0.8	1.7 ↑	0.6
LGB & Other	72.5	± 5.8	5.2	4.3
E: solve crimes				
Heterosexual	64.5	± 0.9	2.2 ↑	2.6 ↑
LGB & Other	65.9	± 6.4	0.6	0.2
F: catch criminals				
Heterosexual	62.2	± 0.9	1.7 ↑	2.2 ↑
LGB & Other	63.6	± 6.4	3.8	2.5

7 Country of Birth

Due to errors in survey fieldwork, the country of birth tables and subgroup analyses are not available for data collections in 2016 and 2017.

8 Deprivation

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

The Index provides a relative ranking for each datazone, from 1 (most deprived) to 6,505 (least deprived). By identifying small areas where there are concentrations of multiple deprivation, the SIMD can be used to target policies and resources at the places with greatest need. [36]

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

Deprivation is not a protected equality characteristic *per se*. However it is strongly correlated with a number of indicators examined throughout this report, and interactions between equality groups and deprivation area are likely to be important in understanding inequality. For this reason, the distribution of protected characteristic subgroups discussed in previous chapters is provided in Table 73.

Summary Findings

- Adults in more deprived areas have lower levels of good/very good general health than in less deprived areas, higher proportions with long-term limiting health conditions and higher smoking prevalence.
- Between deprivation quintiles mental wellbeing increases. The 40% most and 40% least deprived areas all significantly differ from the median 20%.
- Adults in the most deprived group are less likely to report that crime in their area has reduced or stayed the same in the last two years, significantly lower than the median deprivation group. The most deprived 40% of households have reported significant increases in those reporting that crime in their area has reduced or stayed the same in the last two years.
- Confidence in the police is lowest in the most deprived quintile, though confidence has increased in all categories since 2012, with 4 of these increases being significant.

Table 73 shows that the following subgroups are more likely to live in the most deprived areas than the Scottish population as a whole:

- Younger adults (under 35)
- People with long-term limiting health conditions
- White: Polish and “All other” ethnic groups
- Roman Catholic and Muslim people

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

Table 73: Deprivation distribution of protected equality groups, SSCQ 2016[37]

	Scottish Index of Multiple Deprivation - Quintiles (row %)									
	Most deprived 20%		2		3		4		Least deprived 20%	
All	19.2	± 0.8	19.8	± 0.8	20.8	± 0.8	20.0	± 0.8	20.3	± 0.9
Respondent Age Group										
16-24	20.9	± 2.5	19.7	± 2.6	22.5	± 2.9	16.9	± 2.4	20.0	± 2.7
25-34	22.5	± 2.0	23.8	± 2.0	20.7	± 1.9	16.6	± 1.8	16.4	± 1.8
35-44	21.7	± 1.9	19.9	± 1.8	19.2	± 1.7	19.3	± 1.7	19.9	± 1.9
45-54	18.0	± 1.6	19.3	± 1.6	21.8	± 1.7	20.8	± 1.7	20.1	± 1.7
55-64	18.0	± 1.6	17.2	± 1.5	20.0	± 1.6	23.0	± 1.7	21.9	± 1.8
65-74	15.8	± 1.5	17.9	± 1.6	21.4	± 1.7	21.7	± 1.7	23.2	± 1.8
75+	15.8	± 1.7	20.5	± 1.9	19.7	± 1.8	22.3	± 1.9	21.7	± 2.0
Limiting Long-term Physical or Mental Health Condition										
Yes	26.2	± 1.6	23.4	± 1.5	19.9	± 1.4	16.8	± 1.3	13.8	± 1.3
No	16.8	± 0.9	18.7	± 0.9	21.1	± 0.9	21.0	± 0.9	22.4	± 1.0
Ethnic Group										
White: Scottish	20.2	± 0.9	20.8	± 0.9	20.4	± 0.9	19.3	± 0.9	19.3	± 1.0
White: Other British	10.1	± 1.5	13.1	± 1.7	23.7	± 2.2	26.2	± 2.3	26.9	± 2.5
White: Polish	35.1	± 7.1	27.1	± 6.4	21.2	± 7.2	10.2	± 4.3	6.5	± 3.6
White: Other	17.9	± 3.8	16.6	± 3.3	21.9	± 3.9	19.9	± 3.9	23.8	± 3.8
Asian	15.7	± 4.5	20.0	± 5.2	20.4	± 5.0	21.2	± 5.5	22.6	± 5.2
All other ethnic groups	30.6	± 6.5	20.4	± 5.6	14.0	± 4.8	14.7	± 4.9	20.4	± 6.2
Religion										
None	19.0	± 1.1	20.4	± 1.2	21.0	± 1.2	19.9	± 1.1	19.7	± 1.2
Church of Scotland	15.3	± 1.3	17.9	± 1.3	21.5	± 1.4	22.3	± 1.4	23.0	± 1.5
Roman Catholic	29.4	± 2.3	21.7	± 2.0	19.3	± 2.0	14.1	± 1.6	15.5	± 1.8
Other Christian	12.6	± 2.0	18.0	± 2.4	20.2	± 2.4	24.5	± 2.6	24.7	± 2.9
Muslim	24.7	± 6.7	21.6	± 7.0	18.3	± 6.7	15.3	± 6.2	20.1	± 7.1
Other	19.0	± 4.8	19.7	± 4.9	23.2	± 5.4	21.0	± 5.0	17.1	± 4.5
Sexual Orientation										
Heterosexual	18.9	± 0.8	19.7	± 0.8	20.8	± 0.8	20.0	± 0.8	20.6	± 0.9
LGB & other	17.8	± 4.5	21.0	± 4.9	24.1	± 5.1	22.2	± 6.1	14.9	± 4.3

As shown in Table 74, the age profiles of the SIMD quintile groups is somewhat different. In general there are higher proportions of younger adults in more deprived areas. For this reason, age standardisation is undertaken to check that apparent differences cannot be explained solely by this demographic effect. For more information on this process, see section 11.11.

[37] SSCQ 2016 Supplementary Tables, table S1: http://www.gov.scot/Topics/Statistics/About/Surveys/SSCQ/SSCQ2016/SuppTables

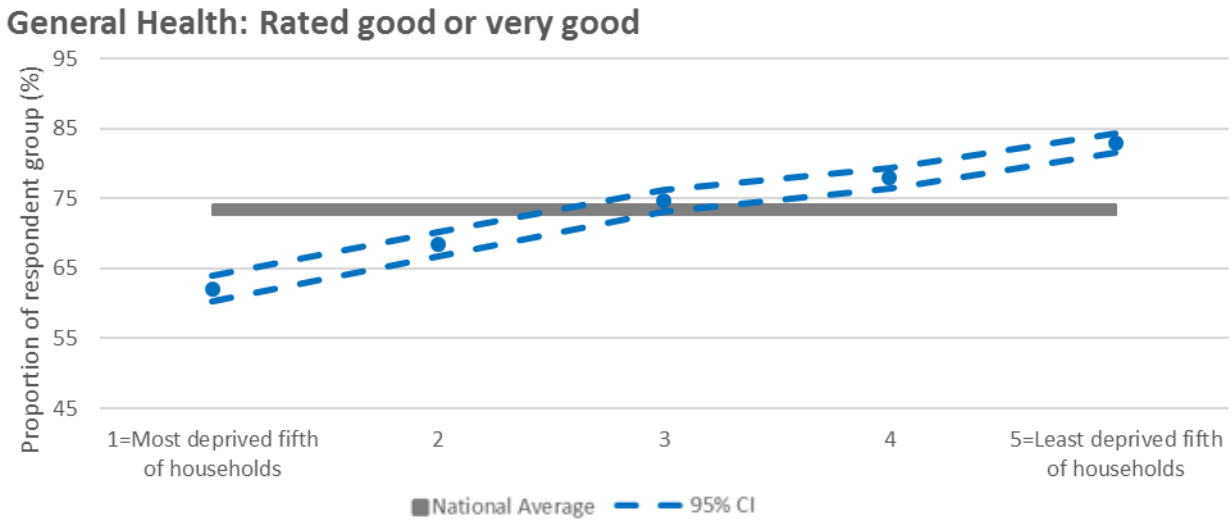
Table 74: Age profile of deprivation quintile groups, SSCQ 2016

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

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

8.1 General Health

Figure 26: General Health by deprivation, SSCQ 2016



There is a very clear correlation between self-assessed general health and deprivation, ranging from 62.1% in the most deprived fifth of areas reporting good or very good health and 82.9% in the least deprived fifth of areas.

Table 75 : General health by deprivation, SSCQ 2016; changes from 2015 and 2012

	2016		Change	
	grp%	+/-	from 2015	from 2012
1=Most deprived fifth of households	62.1	± 1.9	0.3	0.7
2	68.4	± 1.8	-1.2	-0.9
3	74.7	± 1.6	-1.3	-0.9
4	77.9	± 1.5	-2.5 ↓	-0.7
5=Least deprived fifth of households	82.9	± 1.4	0.4	-0.5

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

distribution as Scotland as a whole just 60.4% would rate their health “good” or “very good”, compared with around 73% in Scotland as a whole.

Table 76: Proportions rating general health “Good” or “Very good” – age standardised SIMD quintile results, SSCQ 2016

	Base level	Age Standardised
1=Most deprived fifth of households	62.1%	60.4% ± 1.9
2	68.4%	67.9% ± 1.8
3	74.7%	74.5% ± 1.6
4	77.9%	78.9% ± 1.5
5=Least deprived fifth of households	82.9%	83.4% ± 1.4

8.2 Long-term Limiting Health Conditions

There is a very clear correlation between deprivation and long-term limiting health conditions. The rate in the least deprived fifth of areas is around half that in the most deprived fifth of areas (16.5% compared with 33.2%).

In general as deprivation increases, so does the rate of long-term limiting health conditions. The rates in the median group and all of the other groups are significantly different.

Accounting for the age differences in area deprivation emphasises this finding (Table 78), strengthening the correlation between area deprivation and long-term limiting health conditions.

Figure 27: Long-term limiting health conditions and deprivation, SSCQ 2016

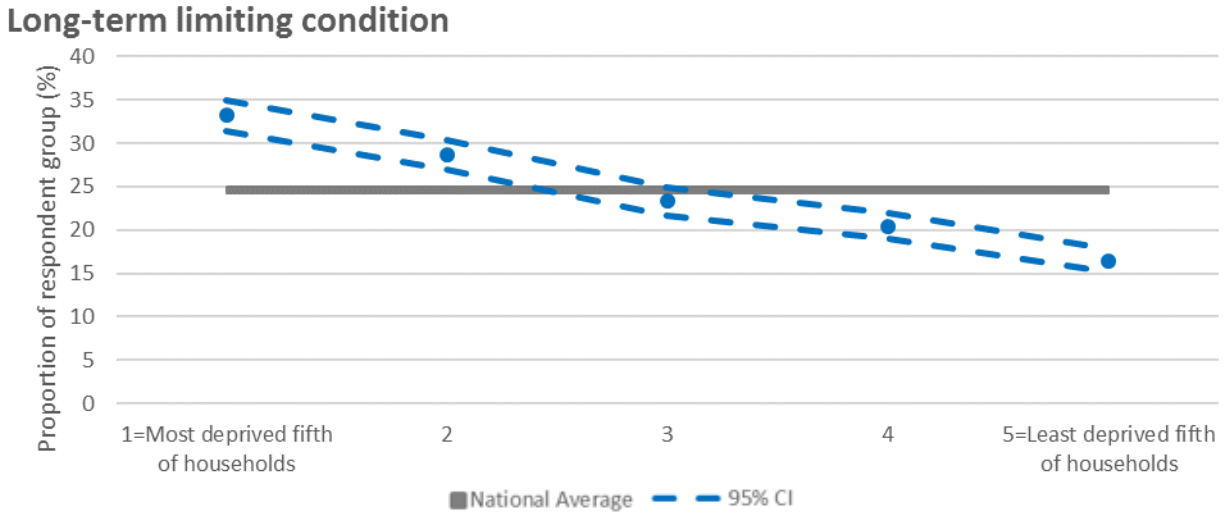


Table 77: Long-term limiting health conditions by deprivation, SSCQ 2016; changes from 2015 and 2012

	2016		Change	
	grp%	+/-	from 2015	from 2012
1=Most deprived fifth of households	33.2	± 1.8	0.7	-1.1
2	28.7	± 1.7	1.7	1.2
3	23.3	± 1.6	1.8	0.7
4	20.4	± 1.5	1.5	0.7
5=Least deprived fifth of households	16.5	± 1.3	-0.2	0.3

Table 78: Long-term limiting health conditions by age standardised deprivation, SSCQ 2016

	Base level	Age Standardised
1=Most deprived fifth of households	33.2%	34.9% ± 1.9
2	28.7%	29.3% ± 1.7
3	23.3%	23.4% ± 1.6
4	20.4%	19.5% ± 1.5
5=Least deprived fifth of households	16.5%	15.8% ± 1.3

8.3 Smoking

There is a clear correlation between deprivation and smoking; adults in the most deprived areas are more than three times as likely to smoke than in the least deprived areas. The smoking rate in most deprived group fell 1.6 percentage points from 2015 and a further 4.6 points from 2012, the highest reduction seen in any group.

Figure 28: Smoking prevalence and deprivation, SSCQ 2016

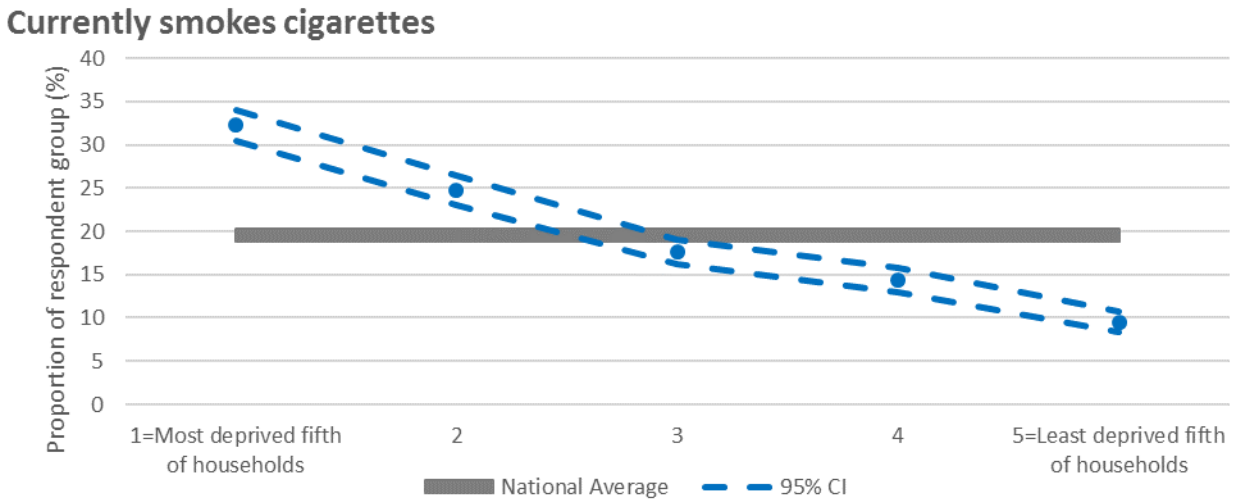


Table 79 : Smoking prevalence by deprivation, SSCQ 2016; changes from 2015 and 2012

	2016		Change	
	grp%	+/-	from 2015	from 2012
1=Most deprived fifth of households	32.3	± 1.8	-1.6	-6.2 ↓
2	24.8	± 1.7	-0.8	-4.0 ↓
3	17.6	± 1.4	-2.5 ↓	-5.6 ↓
4	14.4	± 1.4	-0.3	-3.2 ↓
5=Least deprived fifth of households	9.5	± 1.2	-0.4	-2.0 ↓

Table 80: Smoking prevelance by age standardised deprivation, SSCQ 2016

	Base level	Age Standardised
1=Most deprived fifth of households	32.3%	31.9% ± 1.8
2	24.8%	24.6% ± 1.7
3	17.6%	17.6% ± 1.4
4	14.4%	14.6% ± 1.5
5=Least deprived fifth of households	9.5%	9.7% ± 1.2

8.4 Mental Wellbeing

There is a clear correlation between deprivation and mental wellbeing. Those in the most deprived 20% of areas have the lowest average scores at 23.5. The next most deprived group is 0.6 points higher and the median group is 0.3 points higher still at 24.4. There are significant differences between all SIMD groups and median group. Age standardisation does not change this finding.

Figure 29: Average SWEMWBS score by deprivation, SSCQ 2016

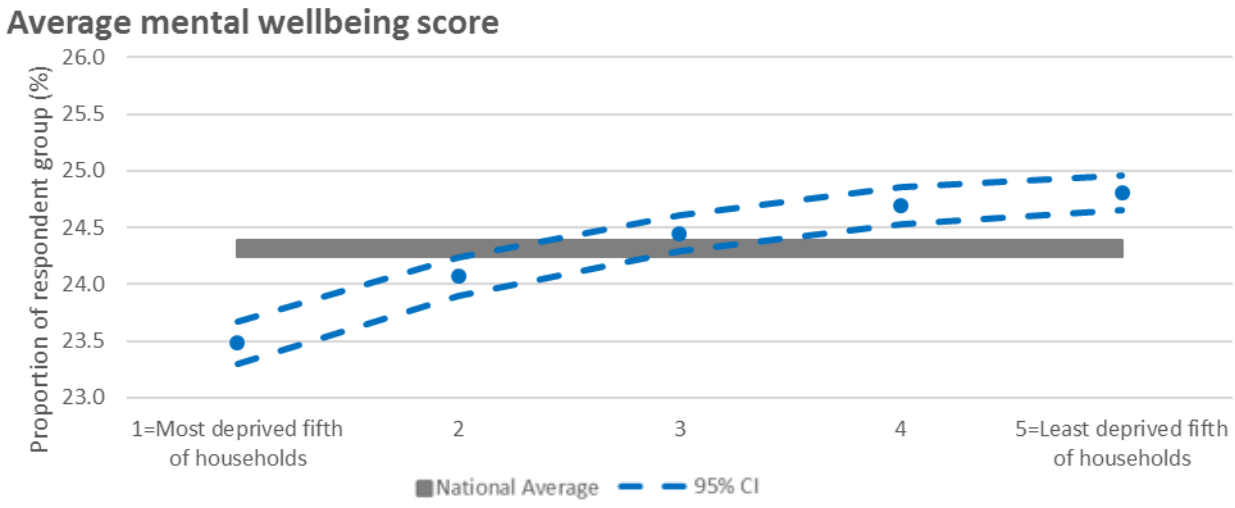


Table 81 : Average SWEMWBS score by deprivation, 2016; changes since 2015 and 2014

	2016		Change	
	grp%	+/-	from 2015	from 2014
1=Most deprived fifth of households	23.5	± 0.2	-0.1	-0.1
2	24.1	± 0.2	-0.2	-0.2
3	24.4	± 0.2	0.0	-0.3 ↓
4	24.7	± 0.2	-0.1	-0.2
5=Least deprived fifth of households	24.8	± 0.2	-0.1	0.0

Table 82: Average SWEMWBS score by age standardised deprivation, 2016

	Base level	Age Standardised
1=Most deprived fifth of households	23.5	23.5 ± 0.2
2	24.1	24.1 ± 0.2
3	24.4	24.4 ± 0.2
4	24.7	24.7 ± 0.2
5=Least deprived fifth of households	24.8	24.8 ± 0.2

8.5 Provision of Unpaid Care

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

Rates of unpaid care provision have fallen in the most deprived 20% and the median deprivation areas since 2015, when unusual peaks in the rate of provision were found for these areas.

Figure 30: Provision of unpaid care by deprivation, SSCQ 2016

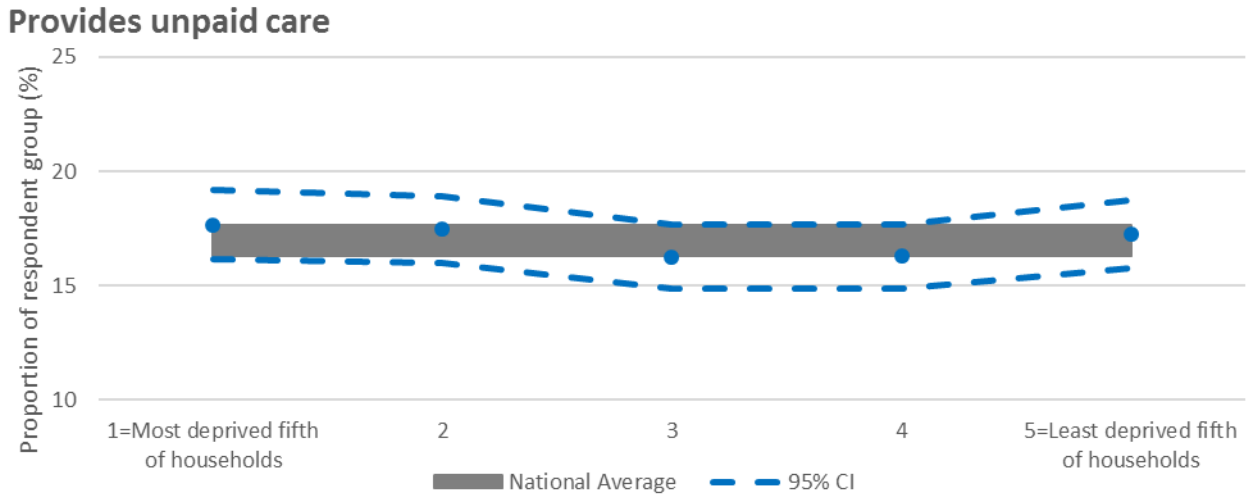


Table 83 : Provision of unpaid care by deprivation, SSCQ 2016; changes since 2015 and 2014

	2016		Change	
	grp%	+/-	from 2015	from 2014
1=Most deprived fifth of households	17.7	± 1.5	-2.6 ↓	0.0
2	17.5	± 1.4	0.9	-1.2
3	16.3	± 1.4	-2.8 ↓	-1.2
4	16.3	± 1.4	-1.7	-1.5
5=Least deprived fifth of households	17.3	± 1.5	0.9	-0.6

Table 84: Provision of unpaid care by age standardised deprivation, SSCQ 2016

	Base level	Age Standardised
1=Most deprived fifth of households	17.7	17.7% ± 1.5
2	17.5	17.7% ± 1.5
3	16.3	16.3% ± 1.4
4	16.3	15.7% ± 1.4
5=Least deprived fifth of households	17.3	16.9% ± 1.5

8.6 Perceptions of Local Crime Rate

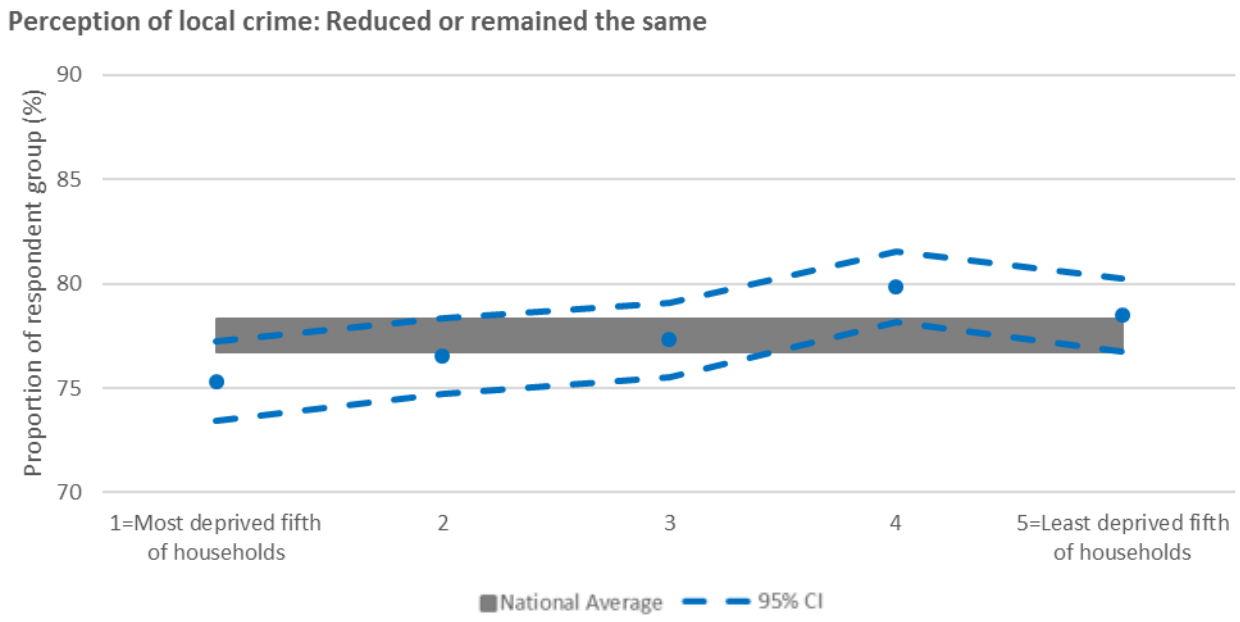
Adults in the most deprived group are less likely to report that crime in their area has reduced or stayed the same in the last two years, and this significantly differs from the median deprivation group. However, adults in the most deprived 40% of areas have reported a consistent increase in this indicator over five years, up 6.0 percentage points from 2012 for the most deprived quintile and 4.3 points from 2012, for the second most deprived quintile.

Since 2012, the least deprived fifth of households has seen a significant reduction in the proportion reporting that crime in their area has reduced or stayed the same in the last two years, down by 2.9 points.

Table 85 : Local crime rate by deprivation, SSCQ 2016; changes from 2015 and 2012

	2016		Change	
	grp%	+/-	from 2015	from 2012
1=Most deprived fifth of households	75.3	± 1.9	2.2	6.0 ↑
2	76.5	± 1.8	2.2	4.3 ↑
3	77.3	± 1.8	-0.4	1.3
4	79.8	± 1.7	0.8	0.4
5=Least deprived fifth of households	78.5	± 1.7	0.2	-2.9 ↓

Figure 31: Local crime rate by deprivation, SSCQ 2016



8.7 Confidence in Policing

In general, confidence in police increases for each less deprived quintile, with differences of between 5 and 9 points between the most and least deprived quintiles.

The most deprived were significantly less likely to be fairly or very confident in the police across all the 6 categories. The 2 most deprived quintiles were significantly less likely than the median quintile to be fairly or very confident in police to; prevent crime (A), respond quickly to appropraite information and calls (B), deal with incidents as they occur (C) and investigate incidents after they occur (D).

There have been significant increases in confidence in the most deprived quintile in police to; prevent crime (A), respond quickly to appropraite information and calls (B), solve crimes (E) and catch criminals (F).

The least deprived quintile were significantly more likely than the median quintile to be fairly or very confidenct in police across all categories.

Table 86: Confidence in Police, SSCQ 2016

	2016		Change	
A: prevent crime	**grp%**	**+/-**	**from 2015**	**from 2012**
1=Most deprived fifth of households	52.7	± 2.1	-0.7	1.9 ↑
2	55.1	± 2.1	0.5	-0.9
3	59.5	± 1.9	1.1	1.4
4	58.5	± 2.0	-1.4	0.5
5=Least deprived fifth of households	61.4	± 2.0	-2.2	-1.5
B: respond quickly to appropriate information from the public				
1=Most deprived fifth of households	63.7	± 2.0	0.9	3.7 ↑
2	63.9	± 2.0	0.3	-1.7
3	65.9	± 1.9	-0.1	-0.6
4	66.8	± 1.9	0.7	0.2
5=Least deprived fifth of households	69.7	± 1.8	0.5	0.7
C: deal with incidents as they occur				
1=Most deprived fifth of households	65.7	± 2.0	2.2	2.8
2	65.6	± 2.0	1.5	-1.4
3	67.4	± 1.9	0.2	-2.0 ↓
4	68.6	± 1.8	1.8	-1.0 ↓
5=Least deprived fifth of households	72.0	± 1.8	1.1	-0.2
D: investigate incidents after they	**grp%**	**+/-**	**from 2015**	**from 2012**
1=Most deprived fifth of households	67.3	± 1.9	2.9 ↑	2.4
2	68.8	± 1.9	1.3	-0.7
3	72.1	± 1.7	2.1	0.7
4	71.9	± 1.8	1.6	1.8
5=Least deprived fifth of households	73.7	± 1.8	1.3	-1.1
E: solve crimes				
1=Most deprived fifth of households	59.7	± 2.0	1.7	3.1 ↑
2	63.8	± 2.0	4.2 ↑	2.8 ↑
3	64.8	± 1.9	2.5	1.3
4	66.6	± 1.9	2.4	3.2
5=Least deprived fifth of households	67.6	± 1.9	1.0	1.7
F: catch criminals				
1=Most deprived fifth of households	59.1	± 2.0	2.1	4.6 ↑
2	61.1	± 2.0	2.8	1.9
3	63.2	± 1.9	2.4	1.1
4	63.3	± 1.9	1.3	2.3
5=Least deprived fifth of households	64.5	± 1.9	0.7	0.9

9 Subnational Geographies

A key strength of the SSCQ is the ability to provide statistics at geographical levels smaller than Scotland as a whole. Results by local authority are available in the supplementary tables published alongside this report[38]. In this section we examine the relevant subnational geographies relating to the indicators, i.e. Health Boards and Police Scotland Divisions. Estimates and comparisons at Health Board level are made on the basis of 2006 Health Board geographic areas, thus providing direct comparisons years prior to 2014.

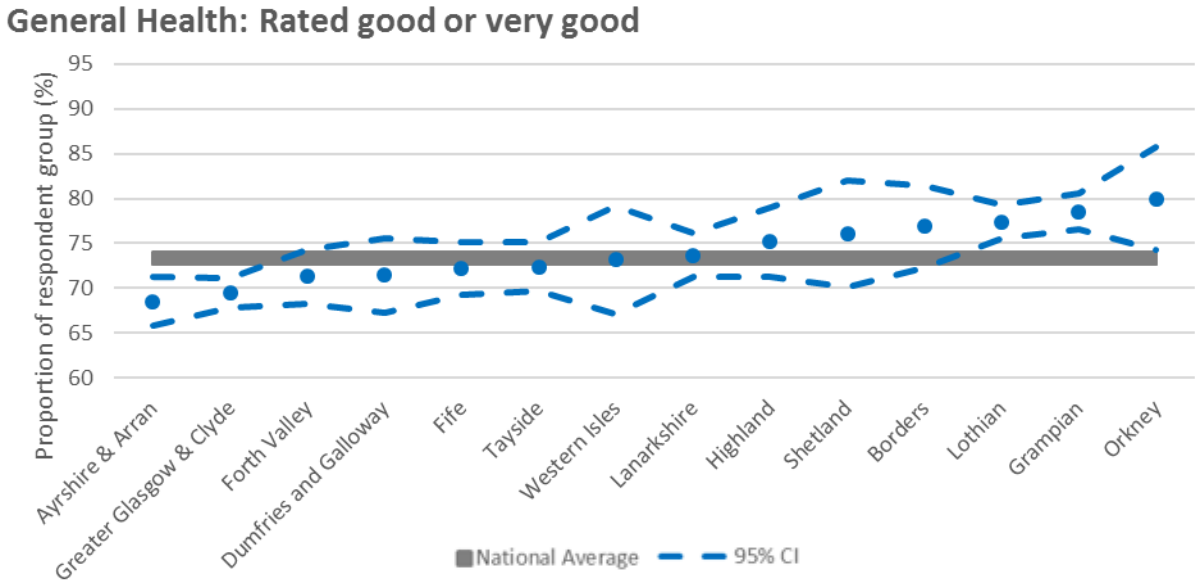
Where statistical testing is used to identify differences, contrasts are constructed to compare each area to the national average excluding that area. (To check if, for example, Fife was significantly different to the rest of Scotland taken together.)

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

9.1 General Health

"Good" or "Very good" general health varies between 69% and 80% across health boards. Lower levels can be found in Ayrshire & Arran, Forth Valley and Greater Glasgow & Clyde health boards. Levels higher than the national average were found in Lothian and Grampian.

Figure 32: General Health by Health Board area, SSCQ 2016



Across the time series, Lothian has remained above the national average on this indicator for the past five years (2012-16) and Grampian for the past four (2013-16). Ayrshire & Arran is below national average in 2016, as it has been since 2012. Greater Glasgow and Clyde has also been below the national average since 2014. No other health boards differ significantly from the national average.

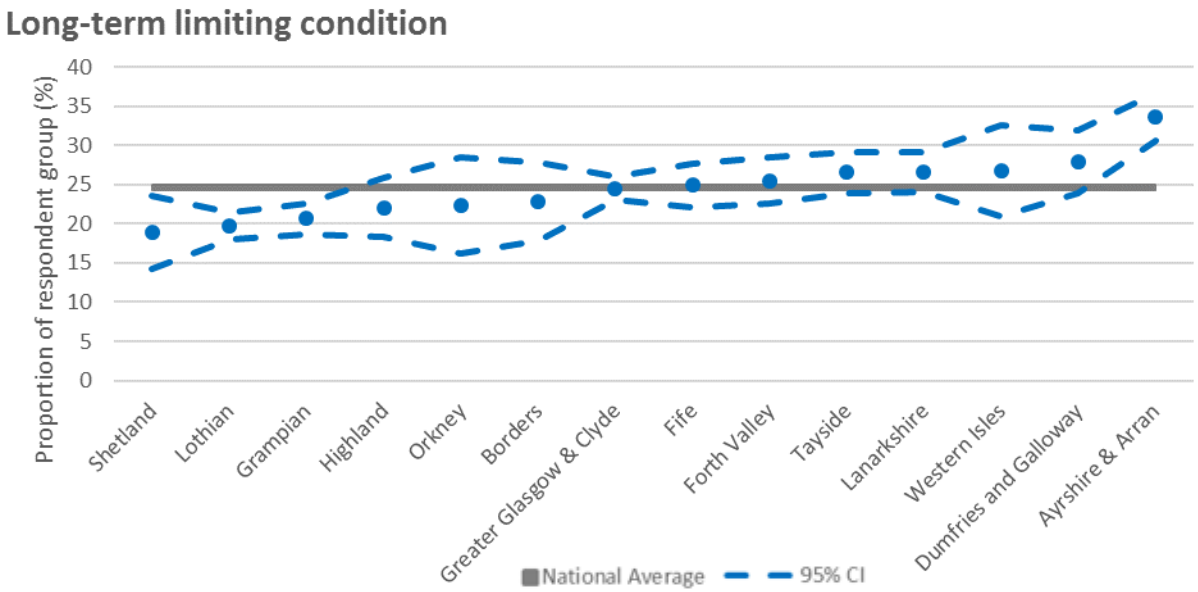
[38] www.gov.scot/Topics/Statistics/About/Surveys/SSCQ/SSCQ2016/SuppTabs

Table 87: General health by Health Board area; changes from 2015 and 2012

	2016		Change	
	grp%	+/-	from 2015	from 2012
Ayrshire & Arran	68.5	± 2.7	-1.6	-0.9
Borders	76.9	± 4.5	-0.7	0.9
Dumfries and Galloway	71.4	± 4.2	-1.0	0.3
Fife	72.2	± 3.0	0.0	-0.5
Forth Valley	71.3	± 3.0	-3.8	-1.8
Grampian	78.6	± 2.0	-0.7	3.4 ↑
Greater Glasgow & Clyde	69.5	± 1.6	-1.0	-2.2 ↓
Highland	75.7	± 3.1	0.7	-0.9
Lanarkshire	73.7	± 2.4	2.8	2.1
Lothian	77.4	± 1.8	-2.3	0.8
Orkney	80.0	± 5.8	-0.6	-3.4
Shetland	76.1	± 5.9	-3.8	-0.1
Tayside	72.4	± 2.7	-2.5	-5.2 ↓
Western Isles	73.1	± 6.0	2.3	-3.6

9.2 Long-term Limiting Health Conditions

Figure 33: Long-term limiting health condition by Health Board area, SSCQ 2016



Ayrshire & Arran has the highest prevalence of limiting long-term health conditions at 33.6%, and along with Dumfries and Galloway and Lanarkshire, has shown above average levels on this indicator throughout the timeseries from 2012.

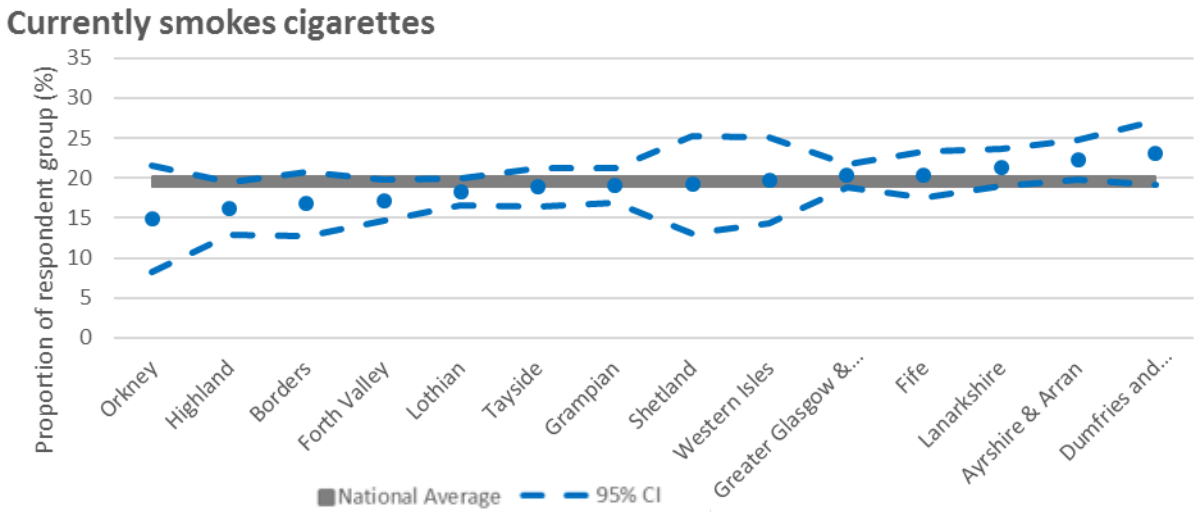
Grampian and Lothian have had consistently lower levels throughout the time series (2012-16). The rate in Lothian was 19.7% and in Grampian was 20.6% in 2016, both lower than the national average. In 2016, Shetland (18.9%) had a level significantly lower than the national average for the first time since 2012.

Table 88: Long-term limiting health conditions by Health Board area; changes from 2015 and 2012

	2016		Change	
	grp%	+/-	from 2015	from 2012
Ayrshire & Arran	33.6	± 3.0	2.8	5.3 ↑
Borders	22.8	± 5.0	0.7	-0.4
Dumfries and Galloway	27.9	± 3.9	1.3	1.3
Fife	24.9	± 2.8	-0.9	0.3
Forth Valley	25.5	± 2.9	2.7	4.2 ↑
Grampian	20.6	± 2.0	3.2 ↑	-0.2
Greater Glasgow & Clyde	24.5	± 1.5	-0.6	-0.5
Highland	22.1	± 3.0	-0.7	-1.7
Lanarkshire	26.6	± 2.5	1.4	-0.8
Lothian	19.7	± 1.7	1.4	-1.1
Orkney	22.4	± 6.1	-3.3	3.5
Shetland	18.9	± 4.7	-3.2	-2.2
Tayside	26.6	± 2.7	3.0	2.4
Western Isles	26.8	± 5.8	0.7	7.8 ↑

9.3 Smoking

Figure 34: Smoking prevalence by health board area, SSCQ 2016



Estimates of smoking rates across health boards do not deviate greatly from the national average. Ayrshire & Arran, Dumfries and Galloway and Lanarkshire have significantly higher than average prevelance of smoking.

Table 89 : Smoking prevalence by health board, SSCQ 2016; changes from 2015 and 2012

	2016		Change	
	grp%	+/-	from 2015	from 2012
Ayrshire & Arran	22.3	± 2.5	1.1	-2.0
Borders	16.8	± 4.0	-1.2	-3.1
Dumfries and Galloway	23.2	± 4.1	0.3	-0.5
Fife	20.4	± 2.9	-1.6	-3.3 ↓
Forth Valley	17.2	± 2.5	0.7	-4.8 ↓
Grampian	19.1	± 2.2	-1.0	-3.2 ↓
Greater Glasgow & Clyde	20.3	± 1.5	-2.0	-5.1 ↓
Highland	16.4	± 2.6	-4.5 ↓	-7.5 ↓
Lanarkshire	21.3	± 2.3	-0.9	-3.6 ↓
Lothian	18.3	± 1.7	-0.2	-4.3 ↓
Orkney	14.9	± 6.6	-2.0	-2.1
Shetland	19.2	± 6.1	2.1	-0.5
Tayside	18.9	± 2.4	-1.3	-5.6 ↓
Western Isles	19.7	± 5.4	-1.9	-1.7

In line with the fall in the national rate, a large number of health boards have seen significant falls in smoking rates since 2012. The largest of these has been in Highland, which has fallen 7.5 points since 2012.

9.4 Mental Wellbeing

There are significantly higher levels of mental wellbeing as measured by SWEMWBS in Orkney, Western Isles and Fife compared with the national average. Dumfries and Galloway, Greater Glasgow and Clyde, Tayside, Forth Valley and Lothian, all had significantly lower levels of mental wellbeing than the national average in 2016.

Figure 35: Average SWEMWBS score by Health Board area, 2016

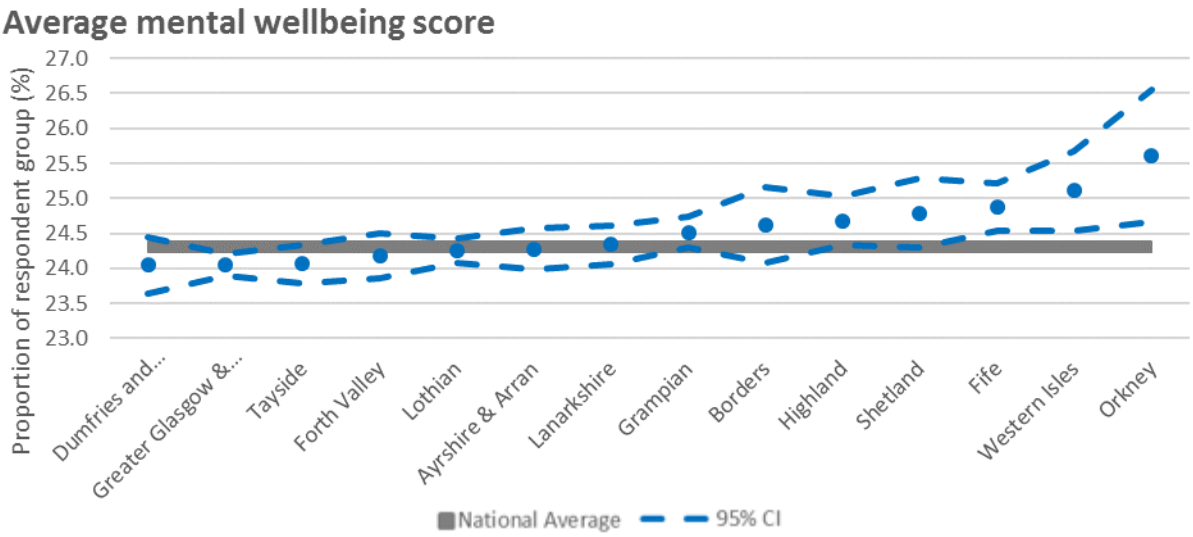


Table 90: Average SWEMWBS Score by Health Board; changes from 2015 and 2012

	2016		Change	
	grp%	+/-	from 2015	from 2014
Ayrshire & Arran	24.3	± 0.3	0.3	0.4 ↑
Borders	24.6	± 0.5	0.0	0.0
Dumfries and Galloway	24.0	± 0.4	-0.1	-0.3
Fife	24.9	± 0.3	0.5 ↑	0.3
Forth Valley	24.2	± 0.3	-0.3	-0.2
Grampian	24.5	± 0.2	-0.2	-0.2
Greater Glasgow & Clyde	24.0	± 0.2	0.0	-0.2
Highland	24.8	± 0.3	0.1	-0.1
Lanarkshire	24.3	± 0.3	-0.1	-0.3
Lothian	24.3	± 0.2	-0.5 ↓	-0.5 ↓
Orkney	25.6	± 0.9	-0.2	-0.7
Shetland	24.8	± 0.5	-0.2	-0.4
Tayside	24.1	± 0.3	-0.3	-0.1
Western Isles	25.1	± 0.6	0.5	0.7

9.5 Provision of Unpaid Care

There are relatively small difference between Health Boards in the proportion of adults providing unpaid care, except for the Western Isles, which has relatively large confidence intervals around the estimate.

Fife and Dumfries and Galloway had rates lower than the national average in 2016.

The Western Isles (35.7%), Shetland (24.7%), Highland (22.3%) and Ayrshire and Arran (21.4%) all had rates of unpaid care provision higher than the national average (p=0.003).

Figure 36: Provision of unpaid care by Health Board area, 2016

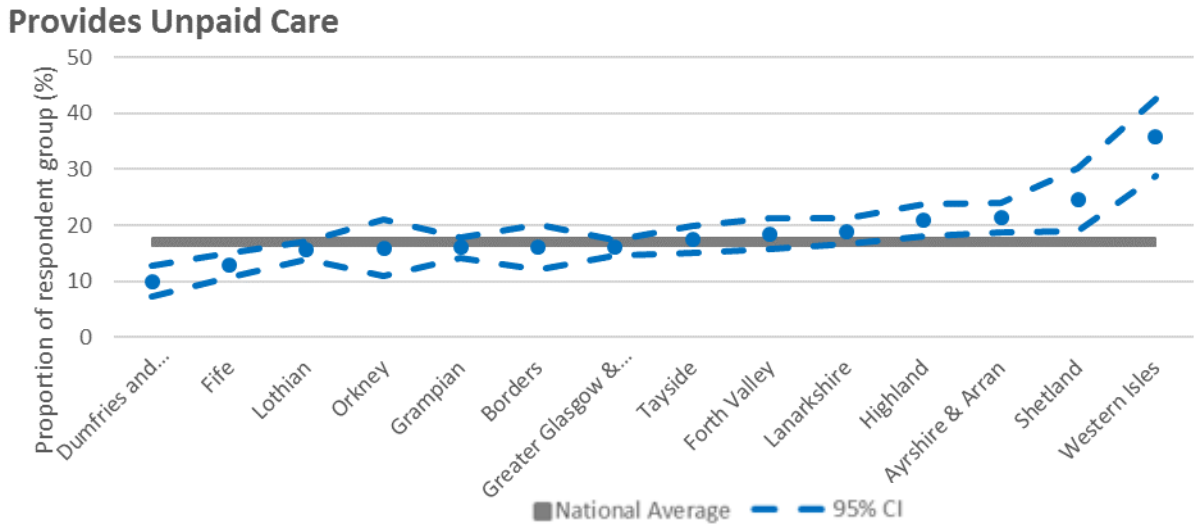


Table 91: Unpaid care provision by Health Board area, 2016; changes since 2015 and 2014

	2016		Change	
	grp%	+/-	from 2015	from 2014
Ayrshire & Arran	21.4	± 2.6	0.0	0.2
Borders	16.1	± 4.0	-2.3	-1.7
Dumfries and Galloway	10.0	± 2.7	-3.4	-9.1 ↓
Fife	13.0	± 2.2	-1.8	0.1
Forth Valley	18.5	± 2.8	-1.1	-2.2
Grampian	16.1	± 1.8	1.0	0.5
Greater Glasgow & Clyde	16.1	± 1.4	-2.5 ↓	-1.8
Highland	20.9	± 2.9	2.2	0.6
Lanarkshire	19.0	± 2.3	0.4	1.6
Lothian	15.6	± 1.6	-3.2 ↓	-1.7
Orkney	16.0	± 5.0	-0.4	-6.4
Shetland	24.7	± 5.6	5.0	0.4
Tayside	17.6	± 2.4	-0.3	-1.3
Western Isles	35.7	± 6.9	12.0 ↑	8.3

9.6 Perceptions of Local Crime Rate

In 2016 the highest levels for this indicator (respondents reporting crime had fallen or stayed the same in the past 2 years) were found in Highlands and Islands (83.6%) Police

Division area. Edinburgh (68.5%) and Lothian & Scottish Borders (74.6%) had the lowest reported levels of crime rates falling or staying the same.

Since 2012 the proportion of respondents reporting that crime in their local area has fallen or stayed the same increased in five Police Scotland Division areas, as shown in Table 92. These statistically significant increases were seen in Argyll and West Dunbartonshire (up 5.8 points since 2012), Lanarkshire (up 5.5 points since 2012), Renfrewshire & Inverclyde (up 5.4 points since 2012), Greater Glasgow (up 4.2 points since 2012).and Ayrshire (up 3.5 points since 2012).

A statistically significant reduction was observed in Edinburgh (down 7.0 points since 2012).

Table 92: Local crime rate by Police Scotland Division; changes from 2015 and 2012

	2016		Change	
	grp%	+/-	from 2015	from 2012
Aberdeen City	74.8	± 4.0	-4.4	-4.3
Aberdeenshire & Moray	76.9	± 3.3	2.4	-0.9
Argyll & West Dunbartonshire	79.0	± 3.3	-2.0	5.8 ↑
Ayrshire	77.5	± 2.9	-1.9	3.5 ↑
Dumfries & Galloway	73.7	± 4.3	-3.3	-5.2
Edinburgh	68.5	± 3.0	2.1	-7.0 ↓
Fife	79.3	± 3.0	2.8	2.2
Forth Valley	78.7	± 3.2	4.6 ↑	1.3
Greater Glasgow	79.0	± 2.1	2.5	4.2 ↑
Highland & Islands	83.6	± 2.9	3.3	2.3
Lanarkshire	78.9	± 2.4	1.2	5.5 ↑
Lothians & Scottish Borders	74.6	± 2.8	2.6	1.8
Renfrewshire & Inverclyde	79.9	± 3.2	-0.7	5.4 ↑
Tayside	80.3	± 2.8	-2.6	2.1

9.7 Confidence in Policing

In 2016, Argyll and West Dunbartonshire confidence in police was below the national average in 4 of the 6 categories: (**A**) prevent crimes, (**C**) deal with incidents as they occur, (**E**) solve crimes and (**F**) catch criminals.

Aberdeenshire and Moray had 3 categories below national average; police confidence to (**B**) respond to appropriate information from the public, (**C**) deal with incidents as they occur and (**D**) investigate incidents after they occur. Though they did see a significant increase since 2015 in confidence in the police to solve crimes (E).

Forth Valley (A, C, D), Fife (A, C, E) and Highland and Islands (A, D, F) all have 3 measures which are above national average in 2016.

Greater Glasgow also had 3 measures above national average (A, B, C) and has also seen a significant increases in 5 of the 6 measures (all but C).

Lanarkshire saw significant increases in 5 measures also but remains below national average in confidence for police to prevent crimes (A), where there was no significant change.

Lothian and the Scottish Borders have seen significant reductions in police confidence since 2012 in 4 out of 6 measures: (A,B,C and D), though have seen significant increases since 2015 in 5 out of the 6 measures (A,C,D,E and F).

Dumfries and Galloway have seen significant reductions in those feeling very or fairly confident in police across all 6 categories since 2012. This has meant in 2016, 3 categories are below national average (B, C, and D).

Since 2015, Fife has seen a significant decrease in confidence in the police to prevent crime (A) and in Tayside a significant increase has been seen in confidence in the police to catch criminals (F).

Table 93: Confidence in police by Police Scotland Division

	2016		Change	
A: prevent crime	**grp%**	**+/-**	**from 2015**	**from 2012**
Aberdeen City	60.3	± 4.1	-3.4	-3.3
Aberdeenshire & Moray	54.4	± 3.7	1.3	-2.5
Argyll & West Dunbartonshire	48.9	± 4.1	1.9	-6.8 ↓
Ayrshire	56.3	± 3.2	-3.8	-2.8
Dumfries & Galloway	53.1	± 4.8	0.8	-8.8 ↓
Edinburgh	58.4	± 3.0	-2.3	0.0
Fife	62.1	± 3.5	-4.8 ↓	3.3
Forth Valley	62.2	± 3.6	4.6	11.0 ↑
Greater Glasgow	59.5	± 2.4	2.4	5.1 ↑
Highland & Islands	60.9	± 3.7	-1.9	-1.3
Lanarkshire	53.7	± 2.8	-2.8	2.1
Lothians & Scottish Borders	57.8	± 3.0	5.9 ↑	-3.6 ↓
Renfrewshire & Inverclyde	52.8	± 4.1	-5.4	-1.1
Tayside	58.3	± 3.3	-2.4	-2.1
B: respond quickly to appropriate information from the public				
Aberdeen City	65.9	± 4.0	-1.4	0.3
Aberdeenshire & Moray	57.5	± 3.6	-0.3	-2.0
Argyll & West Dunbartonshire	68.6	± 3.6	1.5	1.0
Ayrshire	64.3	± 3.1	-0.6	4.8 ↑
Dumfries & Galloway	57.3	± 4.8	0.3	-13.9 ↓
Edinburgh	70.2	± 2.7	1.1	-0.7
Fife	66.0	± 3.4	-2.0	-0.9
Forth Valley	67.0	± 3.4	-0.7	-3.1
Greater Glasgow	71.8	± 2.2	3.4 ↑	5.1 ↑
Highland & Islands	67.5	± 3.6	0.0	0.2
Lanarkshire	63.6	± 2.7	-0.3	6.7 ↑
Lothians & Scottish Borders	62.2	± 2.9	-0.3	-7.6 ↓
Renfrewshire & Inverclyde	66.9	± 3.6	0.7	5.0
Tayside	66.3	± 3.1	1.0	-2.9 ↓
C: deal with incidents as they occur				
Aberdeen City	68.8	± 3.9	1.5	-1.2
Aberdeenshire & Moray	63.6	± 3.5	3.2	-1.6
Argyll & West Dunbartonshire	56.5	± 4.0	2.0	-10.6 ↓
Ayrshire	64.1	± 3.1	-3.5	0.3
Dumfries & Galloway	62.7	± 4.5	-1.2	-9.5 ↓
Edinburgh	72.0	± 2.8	2.9	1.2
Fife	71.0	± 3.2	0.6	2.5
Forth Valley	71.6	± 3.3	4.2	0.4
Greater Glasgow	69.8	± 2.2	1.8	1.7
Highland & Islands	68.6	± 3.7	-0.9	-4.4 ↓
Lanarkshire	64.9	± 2.6	-1.3	4.0 ↑
Lothians & Scottish Borders	67.0	± 2.8	5.1 ↑	-4.6 ↓
Renfrewshire & Inverclyde	71.2	± 3.6	2.2	0.9
Tayside	70.1	± 3.0	2.0	-0.6

	2016	Change	
D: investigate incidents after t grp%	**+/-**	**from 2015**	**from 2012**
Aberdeen City	69.7 ± 3.9	1.3	-5.0 ↓
Aberdeenshire & Moray	67.1 ± 3.4	1.9	0.2
Argyll & West Dunbartonshire	70.1 ± 3.6	-0.2	1.4
Ayrshire	68.3 ± 3.0	-0.6	1.7
Dumfries & Galloway	63.9 ± 4.5	0.1	-6.9 ↓
Edinburgh	72.3 ± 2.7	0.0	-0.2
Fife	71.8 ± 3.2	0.5	1.4
Forth Valley	74.1 ± 3.2	2.3	2.2
Greater Glasgow	71.2 ± 2.2	3.5 ↑	3.2 ↑
Highland & Islands	74.0 ± 3.3	0.6	-0.6
Lanarkshire	68.9 ± 2.5	0.5	5.0 ↑
Lothians & Scottish Borders	70.5 ± 2.7	6.4 ↑	-3.5 ↓
Renfrewshire & Inverclyde	74.9 ± 3.4	2.5	2.8
Tayside	72.4 ± 2.8	2.9	-2.7
E: solve crimes			
Aberdeen City	64.7 ± 4.1	-0.6	0.7
Aberdeenshire & Moray	63.0 ± 3.5	5.8 ↑	5.1
Argyll & West Dunbartonshire	58.6 ± 3.9	2.4	-1.8
Ayrshire	63.5 ± 3.1	-0.6	0.6
Dumfries & Galloway	61.6 ± 4.5	2.6	-6.8 ↓
Edinburgh	65.5 ± 2.9	2.8	2.0
Fife	69.2 ± 3.4	0.8	6.9
Forth Valley	65.8 ± 3.6	2.1	5.1 ↑
Greater Glasgow	64.1 ± 2.3	5.7 ↑	5.5 ↑
Highland & Islands	65.2 ± 3.7	-2.4	-1.5
Lanarkshire	62.6 ± 2.6	-1.6	5.7 ↑
Lothians & Scottish Borders	65.4 ± 2.9	9.0 ↑	-1.2
Renfrewshire & Inverclyde	64.8 ± 3.7	-1.3	2.1
Tayside	66.6 ± 3.1	2.6	-1.1
F: catch criminals			
Aberdeen City	59.7 ± 4.2	-0.7	0.7
Aberdeenshire & Moray	59.1 ± 3.6	2.4	0.9
Argyll & West Dunbartonshire	56.2 ± 4.1	-0.4	-3.9
Ayrshire	62.0 ± 3.2	-1.9	1.4
Dumfries & Galloway	57.6 ± 4.6	-1.9	-8.4 ↓
Edinburgh	60.8 ± 3.0	1.1	0.2
Fife	64.7 ± 3.5	-2.7	3.2
Forth Valley	64.9 ± 3.6	3.2	6.5 ↑
Greater Glasgow	62.1 ± 2.3	5.6 ↑	5.8 ↑
Highland & Islands	66.6 ± 3.7	1.9	-1.0
Lanarkshire	61.3 ± 2.6	-0.4	5.5 ↑
Lothians & Scottish Borders	62.9 ± 2.9	6.0 ↑	-1.3
Renfrewshire & Inverclyde	63.9 ± 3.8	0.2	3.6
Tayside	65.6 ± 3.1	5.0 ↑	2.3

Figure 37: Confidence in police to prevent crimes (A), by Police Scotland District, SSCQ 2016

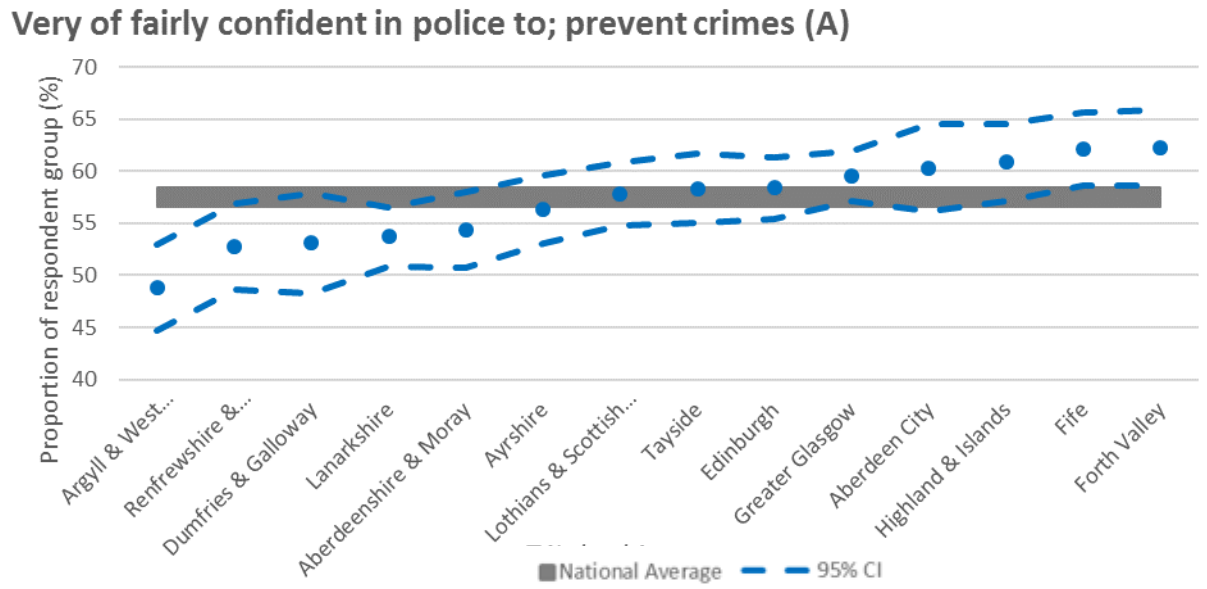


Figure 38: Confidence in police to respond to appropriate information from the public (B), by Police Scotland District, SSCQ 2016

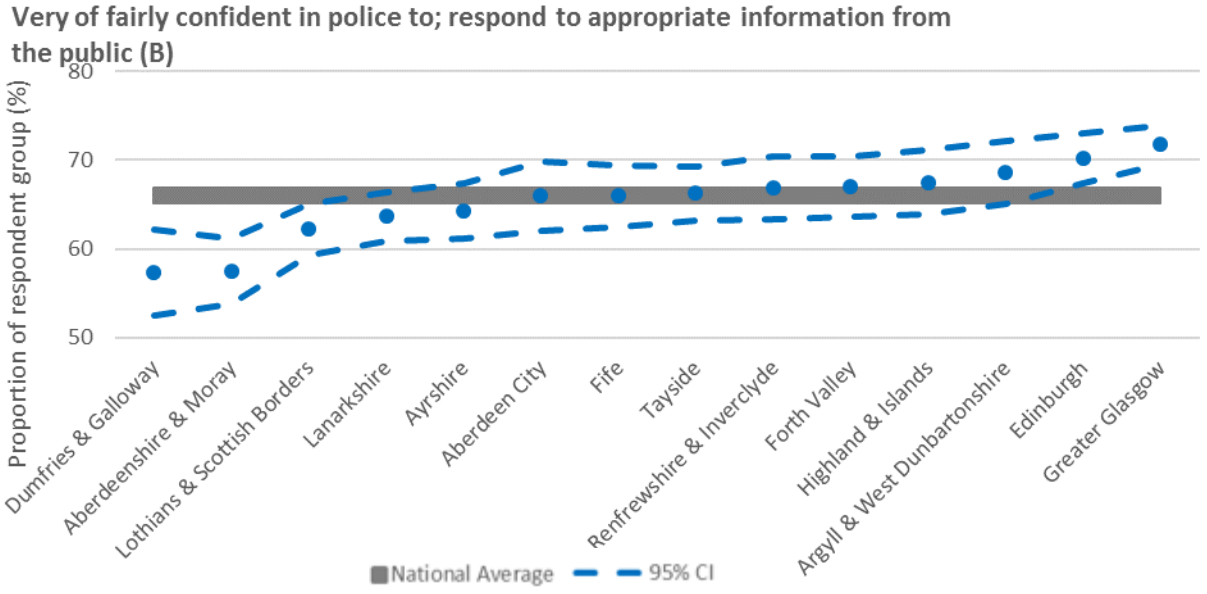


Figure 39: Confidence in police to deal with incidents as they occur (C), by Police Scotland District, SSCQ 2016

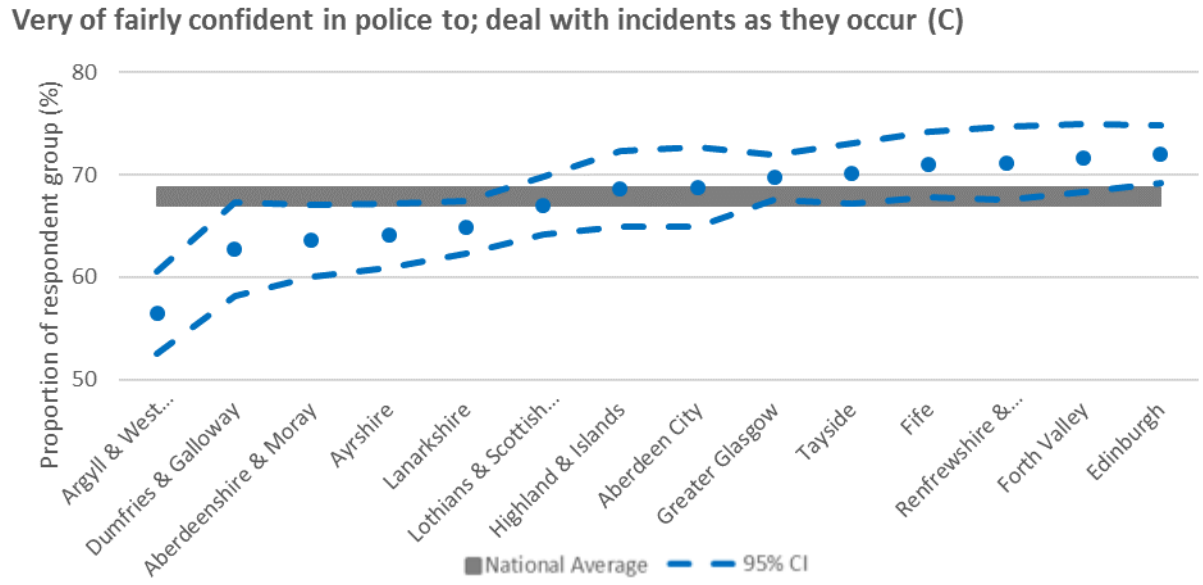


Figure 40: Confidence in police to respond to investigate incidents after they occur (D), by Police Scotland District, SSCQ 2016

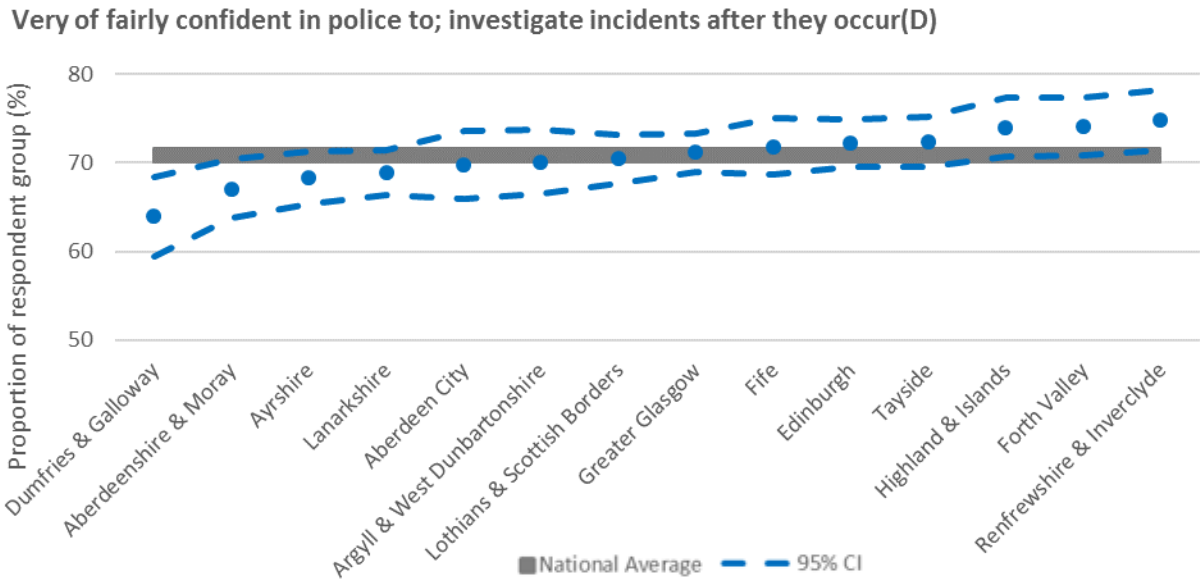


Figure 41: Confidence in police to respond to solve crimes (E), by Police Scotland District, SSCQ 2016

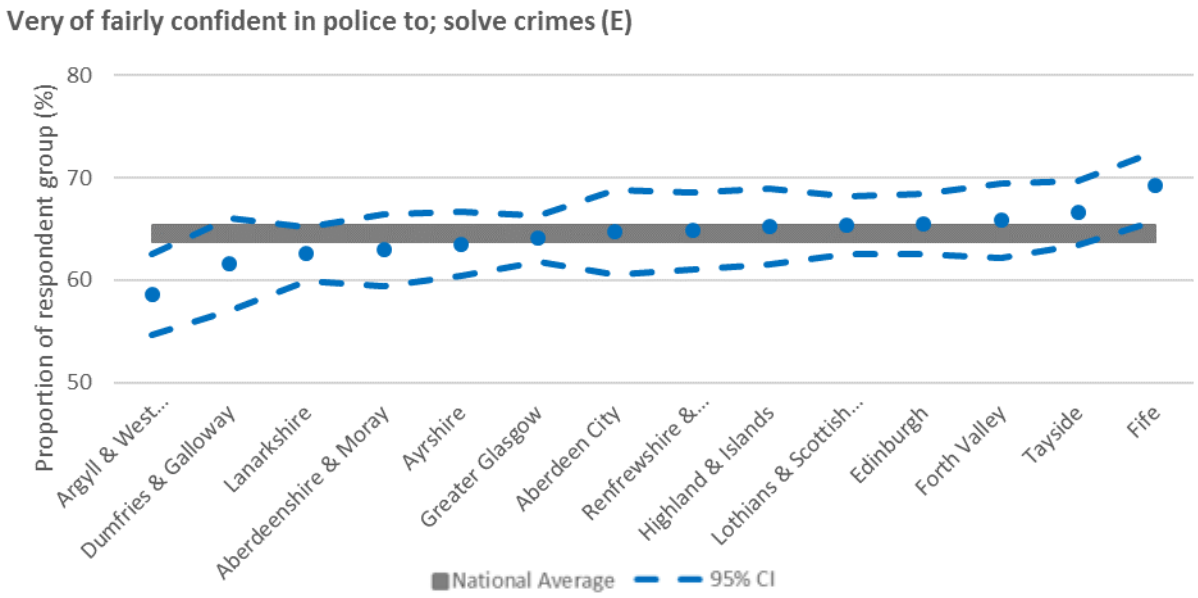
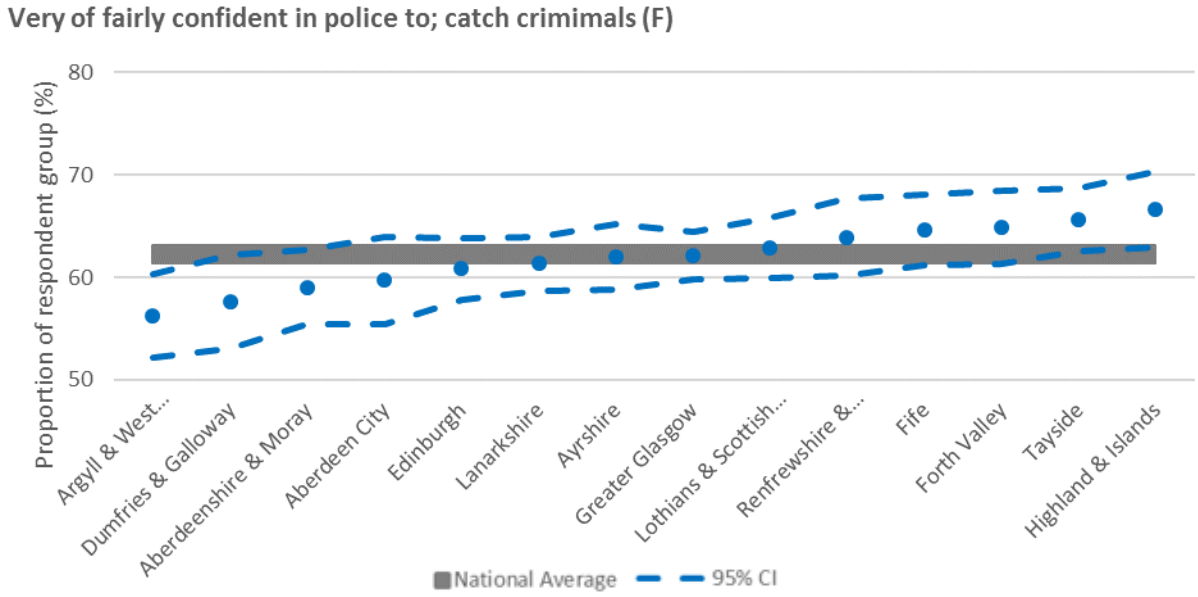


Figure 42: Confidence in police to respond to catch criminals (F), by Police Scotland District, SSCQ 2016



10 Indicator Tables

This chapter provides a digest of statistics arranged by indicator across equality subgroups for the convenience of the reader. Where possible the size and significance of changes over time are also provided.

10.1 General Health

Table 94: Self-assessed general health "Good" or "Very good", SSCQ 2016; changes since 2015 and 2012

		2016	Change	
		grp% +/-	from 2015	from 2012
Scotland	All	73.3 ± 0.7	-0.9	-0.4
Age	16-24	86.1 ± 2.1	-0.2	-1.7
	25-34	82.6 ± 1.7	-2.9 ↓	-2.6 ↓
	35-44	80.3 ± 1.7	-1.6	-0.1
	45-54	72.9 ± 1.8	-1.3	-0.8
	55-64	66.7 ± 1.8	-1.2	-0.3
	65-74	63.1 ± 1.9	-0.3	3.2 ↑
	75+	54.0 ± 2.3	3.4 ↑	4.8 ↑
Gender	Men	73.4 ± 1.1	-1.8 ↓	-1.0
	Women	73.3 ± 1.0	-0.1	0.1
Disability	Limiting Condition	29.3 ± 1.5	2.0	1.4
	No limiting condition	87.8 ± 0.6	-0.9	-0.5
Ethnicity	White: Scottish	71.5 ± 0.9	-1.0	-1.0
	White: Other British	77.3 ± 2.0	-0.6	3.0 ↑
	White: Polish	88.3 ± 4.3	-2.6	-2.0
	White: Other*	83.4 ± 3.2	-2.1	1.2
	Asian**	80.4 ± 5.0	0.7	-0.5
	All other ethnic groups***	81.5 ± 4.9	-2.9	-8.9 ↓
Religion	None	75.8 ± 1.1	-2.1 ↓	-1.3
	Church of Scotland	68.8 ± 1.4	-1.0	-1.1
	Roman Catholic	71.9 ± 2.0	0.8	-0.4
	Other Christian	76.8 ± 2.3	2.7	2.1
	Muslim	71.0 ± 7.5	-5.2	-6.3
	Other	70.4 ± 5.4	-1.1	-4.2
Sexual Ori	Heterosexual	73.7 ± 0.8	-0.9	-0.2
	LGB & Other	70.2 ± 5.3	-0.9	-2.4
SIMD	1=Most deprived fifth of households	62.1 ± 1.9	0.3	0.7
	2	68.4 ± 1.8	-1.2	-0.9
	3	74.7 ± 1.6	-1.3	-0.9
	4	77.9 ± 1.5	-2.5 ↓	-0.7
	5=Least deprived fifth of households	82.9 ± 1.4	0.4	-0.5

Statistically significant changes over time are marked with ↑ for an increase or ↓ for a decrease.

10.2 Long-term limiting health conditions

Table 95: Long-term limiting health conditions, SSCQ 2016; changes since 2015 and 2012

		2016		Change	
		grp%	+/-	from 2015	from 2012
Scotland	All	24.3	± 0.7	1.1 ↑	0.4
Age	16-24	14.1	± 2.1	3.1 ↑	5.6 ↑
	25-34	12.8	± 1.5	1.0	0.9
	35-44	16.4	± 1.5	1.1	0.3
	45-54	23.3	± 1.7	0.6	1.1
	55-64	28.4	± 1.7	-0.4	-2.7 ↓
	65-74	36.4	± 1.9	1.9	-3.2 ↓
	75+	49.1	± 2.3	-0.3	-4.8 ↓
Gender	Men	22.7	± 1.0	0.0	0.3
	Women	25.8	± 1.0	0.0	0.4
Ethnicity	White: Scottish	26.0	± 0.8	1.5 ↑	0.8
	White: Other British	23.5	± 2.1	0.2	-0.2
	White: Polish	7.0	± 3.2	0.9	-1.1
	White: Other*	12.4	± 2.7	0.0	-2.6
	Asian**	10.3	± 3.5	-4.3	-0.5
	All other ethnic groups***	15.0	± 4.4	3.4	3.8
Religion	None	21.0	± 1.0	1.6 ↑	2.0 ↑
	Church of Scotland	30.7	± 1.4	2.1 ↑	0.9
	Roman Catholic	26.2	± 2.0	1.2	0.1
	Other Christian	22.1	± 2.3	-4.1 ↓	-1.7
	Muslim	17.7	± 6.1	0.3	6.0
	Other	24.9	± 5.0	3.0	2.2
Sexual Ori	Heterosexual	23.9	± 0.7	1.1 ↑	0.3
	LGB & Other	28.8	± 5.4	2.7	3.6
SIMD	1=Most deprived fifth of households	33.2	± 1.8	0.7	-1.1
	2	28.7	± 1.7	1.7	1.2
	3	23.3	± 1.6	1.8	0.7
	4	20.4	± 1.5	1.5	0.7
	5=Least deprived fifth of households	16.5	± 1.3	-0.2	0.3

Statistically significant changes over time are marked with ↑ for an increase or ↓ for a decrease.

10.3 Smoking

Table 96: Smoking prevalence, SSCQ 2016; changes from 2015 and 2012

		2016	Change	
		grp% +/-	from 2015	from 2012
Scotland	All	19.6 ± 0.7	-1.1 ↓	-4.2 ↓
Age	16-24	18.7 ± 2.4	-1.9	-4.9 ↓
	25-34	23.1 ± 1.8	-2.8 ↓	-5.4 ↓
	35-44	24.0 ± 1.8	-0.4	-5.2 ↓
	45-54	23.5 ± 1.7	-0.3	-3.2 ↓
	55-64	20.1 ± 1.6	0.0	-4.1 ↓
	65-74	14.3 ± 1.3	-1.0	-3.6 ↓
	75+	6.9 ± 1.1	-1.4	-0.8
Gender	Men	21.4 ± 1.1	-1.3	-4.0 ↓
	Women	17.9 ± 0.9	-1.0	-4.4 ↓
Disability	Limiting Condition	26.2 ± 1.4	-1.0	-3.7 ↓
	No limiting condition	17.4 ± 0.8	-1.2 ↓	-4.5 ↓
Ethnicity	White: Scottish	20.4 ± 0.8	-1.4 ↓	-4.6 ↓
	White: Other British	14.8 ± 1.7	0.1	-4.0 ↓
	White: Polish	28.9 ± 6.3	3.4	-6.5
	White: Other*	21.2 ± 3.7	-0.8	-2.4
	Asian**	11.1 ± 3.8	1.4	0.3
	All other ethnic groups***	16.1 ± 5.0	-3.0	2.7
Religion	None	22.5 ± 1.1	-0.9	-5.1 ↓
	Church of Scotland	15.1 ± 1.1	-1.6	-4.5 ↓
	Roman Catholic	22.1 ± 1.9	-2.1	-4.9 ↓
	Other Christian	12.3 ± 2.0	-1.2	-3.6 ↓
	Muslim	16.8 ± 6.1	1.7	2.2
	Other	19.0 ± 4.5	3.5	-6.4
Sexual Ori	Heterosexual	19.2 ± 0.7	-1.3 ↓	-4.5 ↓
	LGB & Other	29.2 ± 5.7	-0.6	-5.1
SIMD	1=Most deprived fifth of households	32.3 ± 1.8	-1.6	-6.2 ↓
	2	24.8 ± 1.7	-0.8	-4.0 ↓
	3	17.6 ± 1.4	-2.5 ↓	-5.6 ↓
	4	14.4 ± 1.4	-0.3	-3.2 ↓
	5=Least deprived fifth of households	9.5 ± 1.2	-0.4	-2.0 ↓

Statistically significant changes over time are marked with ↑ for an increase or ↓ for a decrease.

10.4 Mental Wellbeing

Table 97: Average SWEMWBS score, SSCQ 2016; changes since 2015 and 2014

		2016	Change	
		grp% +/-	from 2015	from 2014
Scotland	swemwbs	24.3 ± 0.1	-0.1	-0.2 ↓
Age	16-24	24.4 ± 0.3	0.2	-0.1
	25-34	24.4 ± 0.2	-0.2	-0.4 ↓
	35-44	24.2 ± 0.2	-0.2	-0.1
	45-54	24.0 ± 0.2	-0.2	-0.2
	55-64	24.2 ± 0.2	-0.3 ↓	-0.1
	65-74	24.7 ± 0.2	-0.1	-0.1
	75+	24.3 ± 0.2	0.1	0.3
Gender	Men	24.4 ± 0.1	-0.1	-0.1
	Women	24.3 ± 0.1	-0.1	-0.2 ↓
Disability	Limiting Condition	22.4 ± 0.1	0.1	0.1
	No limiting condition	24.9 ± 0.1	-0.1	-0.2 ↓
Ethnicity	White: Scottish	24.2 ± 0.1	-0.1	-0.1
	White: Other British	24.5 ± 0.2	-0.2	-0.2
	White: Polish	24.6 ± 0.6	-1.5 ↓	-0.4
	White: Other*	24.9 ± 0.4	0.0	-0.3
	Asian**	24.5 ± 0.6	-0.1	-0.2
	All other ethnic groups***	24.4 ± 0.6	-0.4	-1.2 ↓
Religion	None	24.2 ± 0.1	0.0	-0.3 ↓
	Church of Scotland	24.5 ± 0.1	-0.1	0.0
	Roman Catholic	24.3 ± 0.2	-0.3	-0.2
	Other Christian	24.7 ± 0.2	0.1	0.2
	Muslim	24.3 ± 0.8	0.4	-0.3
	Other	24.1 ± 0.5	-0.5	-0.5
Sexual Ori	Heterosexual	24.4 ± 0.1	0.0	-0.2 ↓
	LGB & Other	23.5 ± 0.5	0.0	0.4
SIMD	1=Most deprived fifth of households	23.5 ± 0.2	-0.1	-0.1
	2	24.1 ± 0.2	-0.2	-0.2
	3	24.4 ± 0.2	0.0	-0.3 ↓
	4	24.7 ± 0.2	-0.1	-0.2
	5=Least deprived fifth of households	24.8 ± 0.2	-0.1	0.0

Statistically significant changes over time are marked with ↑ for an increase or ↓ for a decrease.

10.5 Provision of unpaid care

Table 98: Provision of unpaid care, SSCQ 2016; changes since 2015 and 2014

		2016		Change	
		grp%	+/-	from 2015	from 2014
Scotland	All	17.0	± 0.7	-1.1 ↓	-0.9
Age	16-24	11.7	± 2.0	-0.3	3.5 ↑
	25-34	11.9	± 1.5	0.1	-1.1
	35-44	16.3	± 1.6	-0.6	-1.8
	45-54	22.5	± 1.7	-2.5 ↓	-2.7 ↓
	55-64	23.5	± 1.7	-2.0	-1.2
	65-74	17.5	± 1.6	-1.9	-3.0 ↓
	75+	12.6	± 1.6	-0.1	0.9
Gender	Men	14.0	± 0.9	-1.3 ↓	-1.7 ↓
	Women	19.8	± 0.9	-0.9	-0.1
Disability	Limiting Condition	19.0	± 1.3	1.1	0.6
	No limiting condition	16.3	± 0.7	-1.8 ↓	-1.4 ↓
Ethnicity	White: Scottish	18.0	± 0.7	-0.9	-0.9
	White: Other British	16.9	± 1.8	-0.8	-0.2
	White: Polish	5.3	± 3.0	-2.4	-0.7
	White: Other*	9.5	± 2.6	-1.9	-2.6
	Asian**	9.9	± 3.7	-2.9	-0.1
	All other ethnic groups***	9.0	± 3.9	-7.0	0.4
Religion	None	15.7	± 0.9	-0.3	0.0
	Church of Scotland	19.3	± 1.3	-1.7	-1.5
	Roman Catholic	17.2	± 1.8	-1.9	-1.5
	Other Christian	18.4	± 2.3	-1.4	-0.7
	Muslim	10.4	± 4.7	-5.5	-3.7
	Other	16.8	± 4.8	-4.1	0.1
Sexual Ori	Heterosexual	17.1	± 0.7	-1.1 ↓	-0.9
	LGB & Other	17.6	± 4.4	-1.3	-3.5
SIMD	1=Most deprived fifth of households	17.7	± 1.5	-2.6 ↓	0.0
	2	17.5	± 1.4	0.9	-1.2
	3	16.3	± 1.4	-2.8 ↓	-1.2
	4	16.3	± 1.4	-1.7	-1.5
	5=Least deprived fifth of households	17.3	± 1.5	0.9	-0.6

Statistically significant changes over time are marked with ↑ for an increase or ↓ for a decrease.

10.6 Perception of local crime rate

Table 99: Local crime rate has fallen or stayed the same in the past 2 years, SSCQ 2016; changes from 2015 and 2012

		2016		Change	
		grp%	+/-	from 2015	from 2012
Scotland	All	77.5	± 0.8	0.9	1.7 ↑
Age	16-24	79.7	± 3.2	1.7	3.0
	25-34	77.1	± 2.3	3.1	1.5
	35-44	75.9	± 2.1	3.3 ↑	1.2
	45-54	76.2	± 1.9	-0.8	1.6
	55-64	77.6	± 1.8	0.4	1.2
	65-74	78.1	± 1.7	0.0	1.1
	75+	79.5	± 1.9	-0.7	3.3 ↑
Gender	Men	79.5	± 1.1	1.1	1.7
	Women	75.4	± 1.1	0.5	1.4
Disability	Limiting Condition	75.6	± 1.5	0.9	3.6 ↑
	No limiting condition	78.2	± 0.9	0.9	1.1
Ethnicity	White: Scottish	77.4	± 0.9	1.0	2.2 ↑
	White: Other British	79.4	± 2.1	2.2	0.3
	White: Polish	71.5	± 8.3	-6.7	-9.3
	White: Other*	80.1	± 4.6	-0.9	-0.5
	Asian**	73.4	± 7.2	2.8	-4.2
	All other ethnic groups***	77.2	± 8.3	-3.5	10.0
Religion	None	77.8	± 1.2	1.2	1.9
	Church of Scotland	78.0	± 1.4	0.7	1.9 ↑
	Roman Catholic	76.1	± 2.2	0.5	2.8
	Other Christian	79.3	± 2.6	2.3	-0.4
	Muslim	76.3	± 8.3	5.0	0.0
	Other	72.7	± 6.4	3.4	-0.4
Sexual Ori	Heterosexual	77.7	± 0.8	1.1	1.9 ↑
	LGB & Other	73.3	± 6.3	-0.7	-5.6
SIMD	1=Most deprived fifth of households	75.3	± 1.9	2.2	6.0 ↑
	2	76.5	± 1.8	2.2	4.3 ↑
	3	77.3	± 1.8	-0.4	1.3
	4	79.8	± 1.7	0.8	0.4
	5=Least deprived fifth of households	78.5	± 1.7	0.2	-2.9 ↓

Statistically significant changes over time are marked with ↑ for an increase or ↓ for a decrease.

10.7 Confidence in Police to prevent crime (A)

Table 100: Very of fairly confident in police to prevent crime, SSCQ 2016; changes from 2015 and 2012

		2016	Change	
		grp% +/-	from 2015	from 2012
Scotland	All	57.5 ± 0.9	-0.5	0.3
Age	16-24	66.1 ± 3.2	2.8	2.1
	25-34	62.5 ± 2.3	0.8	4.9 ↑
	35-44	57.0 ± 2.2	0.8	-0.1
	45-54	54.7 ± 2.1	-1.2	0.4
	55-64	51.8 ± 2.1	-2.1	-3.2 ↓
	65-74	53.9 ± 2.0	-1.6	-1.6
	75+	56.9 ± 2.3	-4.2 ↓	-0.7
Gender	Men	57.3 ± 1.3	-0.1	0.4
	Women	57.7 ± 1.2	-0.9	0.2
Disability	Limiting Condition	52.9 ± 1.7	-1.6	0.5
	No limiting condition	59.0 ± 1.1	-0.2	0.5
Ethnicity	White: Scottish	56.9 ± 1.0	-0.5	0.7
	White: Other British	58.0 ± 2.5	-1.7	-1.6
	White: Polish	63.9 ± 7.0	10.4	-0.7
	White: Other*	59.3 ± 4.7	-2.0	1.4
	Asian**	63.4 ± 6.3	-3.4	-1.8
	All other ethnic groups***	65.9 ± 6.9	3.5	1.9
Religion	None	57.7 ± 1.4	0.4	1.4
	Church of Scotland	56.8 ± 1.6	-1.8	-1.2
	Roman Catholic	56.1 ± 2.4	-1.4	0.4
	Other Christian	60.5 ± 3.0	-1.0	3.0
	Muslim	61.8 ± 8.3	-2.4	-1.7
	Other	60.3 ± 6.1	0.0	-1.6
Sexual Ori	Heterosexual	57.5 ± 0.9	-0.5	0.4
	LGB & Other	55.4 ± 6.5	-8.4	-1.9
SIMD	1=Most deprived fifth of households	52.7 ± 2.1	-0.7	1.9 ↑
	2	55.1 ± 2.1	0.5	-0.9
	3	59.5 ± 1.9	1.1	1.4
	4	58.5 ± 2.0	-1.4	0.5
	5=Least deprived fifth of households	61.4 ± 2.0	-2.2	-1.5

Statistically significant changes over time are marked with ↑ for an increase or ↓ for a decrease.

10.8 Confidence in Police to respond quickly to appropriate calls and information from the public (B)

Table 101: Very of fairly confident in police to respond quickly to calls, SSCQ 2016; changes from 2015 and 2012

		2016	Change	
		grp% +/-	from 2015	from 2012
Scotland	All	66.0 ± 0.9	0.4	0.4
Age	16-24	75.5 ± 2.9	3.2	5.2 ↑
	25-34	72.0 ± 2.1	1.9	2.4
	35-44	69.1 ± 2.1	2.1	1.0
	45-54	61.3 ± 2.1	-2.6	-1.1
	55-64	59.3 ± 2.0	-0.3	-2.7 ↓
	65-74	60.4 ± 2.0	-0.3	-0.8
	75+	64.7 ± 2.3	-0.3	0.4
Gender	Men	64.8 ± 1.3	1.0	0.6
	Women	67.1 ± 1.1	-0.1	0.4
Disability	Limiting Condition	61.4 ± 1.7	0.0	0.1
	No limiting condition	67.5 ± 1.0	0.6	0.9
Ethnicity	White: Scottish	65.4 ± 1.0	0.7	0.9
	White: Other British	66.8 ± 2.4	-2.4	-1.1
	White: Polish	71.3 ± 6.7	10.8	0.6
	White: Other*	70.3 ± 4.3	0.3	-2.2
	Asian**	74.1 ± 5.5	0.5	4.1
	All other ethnic groups***	65.6 ± 7.0	-1.8	1.0
Religion	None	67.0 ± 1.3	0.3	1.3
	Church of Scotland	62.3 ± 1.6	-1.1	-2.0 ↓
	Roman Catholic	66.5 ± 2.3	3.2	1.8
	Other Christian	69.3 ± 2.8	-0.6	1.2
	Muslim	70.4 ± 7.6	-1.3	-0.2
	Other	69.3 ± 5.7	-2.7	-2.8
Sexual Ori	Heterosexual	65.9 ± 0.9	0.3	0.4
	LGB & Other	69.4 ± 6.2	0.7	2.4
SIMD	1=Most deprived fifth of households	63.7 ± 2.0	0.9	3.7 ↑
	2	63.9 ± 2.0	0.3	-1.7
	3	65.9 ± 1.9	-0.1	-0.6
	4	66.8 ± 1.9	0.7	0.2
	5=Least deprived fifth of households	69.7 ± 1.8	0.5	0.7

Statistically significant changes over time are marked with ↑ for an increase or ↓ for a decrease.

10.9 Confidence in Police to deal with incidents as they occur (C)

Table 102: Very of fairly confident in police to deal with incidents as they occur, SSCQ 2016; changes from 2015 and 2012

		2016		Change	
		grp%	+/-	from 2015	from 2012
Scotland	All	67.9	± 0.8	1.4 ↑	-0.4
Age	16-24	75.5	± 2.9	4.0	4.3 ↑
	25-34	73.1	± 2.1	2.9	3.4
	35-44	70.5	± 2.1	3.4 ↑	-1.0
	45-54	65.3	± 2.0	0.3	-0.9
	55-64	61.2	± 2.0	-2.0	-4.4 ↓
	65-74	63.4	± 2.0	1.2	-1.7 ↓
	75+	65.6	± 2.2	-0.3	-2.0
Gender	Men	67.9	± 1.3	2.9 ↑	0.1
	Women	67.9	± 1.1	0.0	-0.8
Disability	Limiting Condition	63.1	± 1.6	0.0	0.0
	No limiting condition	69.4	± 1.0	1.8 ↑	-0.2
Ethnicity	White: Scottish	67.3	± 1.0	1.5 ↑	-0.3
	White: Other British	68.6	± 2.4	-0.2	-1.8
	White: Polish	74.9	± 6.2	14.0 ↑	7.5
	White: Other*	70.2	± 4.2	-1.4	-0.5
	Asian**	74.0	± 5.4	0.9	5.5
	All other ethnic groups***	69.9	± 6.6	2.3	0.1
Religion	None	68.8	± 1.2	2.1 ↑	0.5
	Church of Scotland	65.9	± 1.6	-0.1	-2.2 ↓
	Roman Catholic	66.5	± 2.3	1.8	0.8
	Other Christian	71.2	± 2.8	1.9	0.0
	Muslim	69.2	± 7.7	-6.3	-2.6
	Other	68.6	± 5.7	-0.7	-5.1
Sexual Ori	Heterosexual	67.7	± 0.9	1.1	-0.5
	LGB & Other	70.4	± 6.2	2.8	1.6
SIMD	1=Most deprived fifth of households	65.7	± 2.0	2.2	2.8
	2	65.6	± 2.0	1.5	-1.4
	3	67.4	± 1.9	0.2	-2.0 ↓
	4	68.6	± 1.8	1.8	-1.0 ↓
	5=Least deprived fifth of households	72.0	± 1.8	1.1	-0.2

Statistically significant changes over time are marked with ↑ for an increase or ↓ for a decrease.

10.10 Confidence in Police to investigate incidents after they occur (D)

Table 103: Very of fairly confident in police to investigate incidents after they occur, SSCQ 2016; changes from 2015 and 2012

		2016	Change	
		grp% +/-	from 2015	from 2012
Scotland	All	70.8 ± 0.8	1.8 ↑	0.6
Age	16-24	77.5 ± 2.7	7.5 ↑	5.5 ↑
	25-34	72.7 ± 2.1	1.9	2.5
	35-44	72.7 ± 2.0	2.6	-0.2
	45-54	70.4 ± 1.9	0.8	-0.4
	55-64	66.9 ± 1.9	-0.1	-1.4
	65-74	66.4 ± 1.9	0.0	-0.2
	75+	68.1 ± 2.2	0.1	-0.9
Gender	Men	69.8 ± 1.2	2.3 ↑	0.3
	Women	71.7 ± 1.1	1.5	1.0
Disability	Limiting Condition	65.9 ± 1.6	-0.3	0.5
	No limiting condition	72.4 ± 0.9	2.5 ↑	0.9
Ethnicity	White: Scottish	71.1 ± 0.9	2.4 ↑	1.2
	White: Other British	69.9 ± 2.4	-1.3	-1.0
	White: Polish	68.8 ± 6.8	9.4	-1.3
	White: Other*	70.4 ± 4.2	-0.6	-1.0
	Asian**	72.5 ± 5.6	3.7	1.9
	All other ethnic groups***	69.3 ± 6.7	1.4	1.1
Religion	None	70.8 ± 1.2	1.9 ↑	1.2
	Church of Scotland	70.6 ± 1.5	0.7	-0.3
	Roman Catholic	70.0 ± 2.2	2.9	2.3
	Other Christian	73.5 ± 2.7	2.6	0.8
	Muslim	70.1 ± 7.6	-1.4	0.6
	Other	73.6 ± 5.4	10.2 ↑	-1.1
Sexual Ori	Heterosexual	70.8 ± 0.8	1.7 ↑	0.6
	LGB & Other	72.5 ± 5.8	5.2	4.3
SIMD	1=Most deprived fifth of households	67.3 ± 1.9	2.9 ↑	2.4
	2	68.8 ± 1.9	1.3	-0.7
	3	72.1 ± 1.7	2.1	0.7
	4	71.9 ± 1.8	1.6	1.8
	5=Least deprived fifth of households	73.7 ± 1.8	1.3	-1.1

Statistically significant changes over time are marked with ↑ for an increase or ↓ for a decrease.

10.11 Confidence in Police to solve crimes (E)

Table 104: Very of fairly confident in police to solve crimes, SSCQ 2016; changes from 2015 and 2012

		2016	Change	
		grp% +/-	from 2015	from 2012
Scotland	All	64.6 ± 0.9	2.4 ↑	2.4 ↑
Age	16-24	72.5 ± 3.0	7.0 ↑	6.3 ↑
	25-34	68.3 ± 2.2	3.4 ↑	6.0 ↑
	35-44	64.8 ± 2.2	2.0	0.7
	45-54	63.2 ± 2.0	1.1	1.6
	55-64	60.2 ± 2.0	2.2	1.2
	65-74	59.8 ± 2.0	0.7	0.4
	75+	62.3 ± 2.3	-0.5	1.0
Gender	Men	63.8 ± 1.3	2.8 ↑	2.5 ↑
	Women	65.3 ± 1.2	2.0 ↑	2.4 ↑
Disability	Limiting Condition	59.5 ± 1.7	1.9	2.7 ↑
	No limiting condition	66.2 ± 1.0	2.6 ↑	2.7 ↑
Ethnicity	White: Scottish	64.6 ± 1.0	2.6 ↑	2.7 ↑
	White: Other British	63.7 ± 2.5	-0.6	1.0
	White: Polish	62.3 ± 7.1	7.7	5.6
	White: Other*	64.4 ± 4.4	0.3	1.7
	Asian**	68.1 ± 6.0	3.6	6.2
	All other ethnic groups***	66.7 ± 6.7	12.5 ↑	3.2
Religion	None	64.3 ± 1.3	3.3 ↑	3.3 ↑
	Church of Scotland	64.6 ± 1.6	0.8	0.6
	Roman Catholic	64.0 ± 2.4	2.7	4.9 ↑
	Other Christian	67.6 ± 2.9	1.1	3.0
	Muslim	68.0 ± 7.6	5.1	4.9
	Other	63.6 ± 6.0	2.4	2.6
Sexual Ori	Heterosexual	64.5 ± 0.9	2.2 ↑	2.6 ↑
	LGB & Other	65.9 ± 6.4	0.6	0.2
SIMD	1=Most deprived fifth of households	59.7 ± 2.0	1.7	3.1 ↑
	2	63.8 ± 2.0	4.2 ↑	2.8 ↑
	3	64.8 ± 1.9	2.5	1.3
	4	66.6 ± 1.9	2.4	3.2
	5=Least deprived fifth of households	67.6 ± 1.9	1.0	1.7

Statistically significant changes over time are marked with ↑ for an increase or ↓ for a decrease.

10.12 Confidence in Police to catch criminals (F)

Table 105: Very of fairly confident in police to catch criminals, SSCQ 2016; changes from 2015 and 2012

		2016	Change	
		grp% +/-	from 2015	from 2012
Scotland	All	62.3 ± 0.9	1.9 ↑	2.1 ↑
Age	16-24	69.3 ± 3.1	6.2 ↑	3.7
	25-34	66.7 ± 2.3	3.7 ↑	5.9 ↑
	35-44	64.0 ± 2.2	3.7 ↑	2.8
	45-54	61.0 ± 2.1	1.2	2.0
	55-64	57.6 ± 2.0	0.4	1.1
	65-74	56.8 ± 2.0	-2.0	-1.6
	75+	59.4 ± 2.3	-1.4	0.3
Gender	Men	61.6 ± 1.3	2.6 ↑	1.9
	Women	63.0 ± 1.2	1.1	2.4 ↑
Disability	Limiting Condition	57.4 ± 1.7	1.2	2.1
	No limiting condition	63.8 ± 1.0	2.1 ↑	2.4 ↑
Ethnicity	White: Scottish	62.2 ± 1.0	1.9 ↑	2.4 ↑
	White: Other British	62.2 ± 2.5	0.6	1.0
	White: Polish	64.3 ± 7.0	8.2	2.4
	White: Other*	62.8 ± 4.4	2.8	4.3
	Asian**	62.2 ± 6.3	1.3	1.7
	All other ethnic groups***	63.6 ± 6.9	5.5	1.5
Religion	None	62.4 ± 1.3	2.5 ↑	3.1 ↑
	Church of Scotland	61.6 ± 1.6	0.0	0.5
	Roman Catholic	62.6 ± 2.4	2.5	4.5 ↑
	Other Christian	64.5 ± 3.0	2.2	1.2
	Muslim	64.0 ± 7.9	1.6	4.8
	Other	62.1 ± 6.0	7.6	1.6
Sexual Ori	Heterosexual	62.2 ± 0.9	1.7 ↑	2.2 ↑
	LGB & Other	63.6 ± 6.4	3.8	2.5
SIMD	1=Most deprived fifth of households	59.1 ± 2.0	2.1	4.6 ↑
	2	61.1 ± 2.0	2.8	1.9
	3	63.2 ± 1.9	2.4	1.1
	4	63.3 ± 1.9	1.3	2.3
	5=Least deprived fifth of households	64.5 ± 1.9	0.7	0.9

Statistically significant changes over time are marked with ↑ for an increase or ↓ for a decrease.

11 Technical Notes

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

- source surveys and core questions (section 11.1)
- weighting (section 11.2)
- confidence interval calculations (section 11.3)
- statistical disclosure control (section 11.4)
- presentation of data on ethnic group (11.8), religion (0) and mental wellbeing (11.10)
- the age standardisation process (11.11) and statistical tests used in this analysis (11.12)

11.1 Source surveys and core questions

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

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

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

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

Full details of the harmonised questions are available on the Scottish Government website[39] and questionnaires are provided on the websites of each of the individual surveys.

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

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

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

The SSCQ 2016 dataset was pooled from the first and second quarter year of the Scottish Crime and Justice Survey 2016/15 and all four quarters each of the Scottish Health Survey

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

2016 and the Scottish Household Survey 2016. Responses from adults aged 16 and over were included.

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

11.1.1 Scottish Crime and Justice Survey (SCJS) technical notes

From 2016/17 onwards, the SCJS moved to a continuous survey design. It is no longer necessary (as it was in previous years) to split fieldwork periods to apportion separate parts to SSCQ data years.

Sampling, survey response and weighting are described in full in the SCJS 2016/17 technical report: http://www.gov.scot/Topics/Statistics/Browse/Crime-Justice/crime-and-justice-survey/publications/scjs2016-17technicalreport

Briefly, the survey consists of a simple random sample, designed to achieve a robust sample at national and subgroup level. The target samples ize at national level is 6,000 interviews per year. One random adult per household is interviewed and asked all SSCQ and SCJS questions.

The response rate to the SCJS in 2016/17 was 57.6%, resulting in 5567 interviews. All of these responses were pooled into the SSCQ 2016 dataset.

11.1.2 Scottish Health Survey (SHeS) technical notes

Sampling, survey response and weighting are described in full in the SHeS 2016 technical report: http://www.gov.scot/Publications/2017/10/4796

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

The response rate was 52.8%, and 3,334 households were interviewed in the main and health board boost samples. 4,323 resulting adult interviews were pooled into the SSCQ 2016 dataset. Of these, 2,801 were asked the crime questions. The subset of households (excluding the child boost), and adult respondents were re-weighted to be representative of the Scottish private household and population distribution, as described for the SHeS publication.

11.1.3 Scottish Household Survey (SHS) technical notes

Sampling, survey response and weighting are described in full in the SHS 2016 technical report: http://www.gov.scot/Topics/Statistics/16002/PublicationMethodology

The SHS consists of a simple random sample with a target minimum effective sample size of 250 per local authority. The SSCQ household questions are asked of the highest

income householder or their spouse/partner, and one adult is randomly selected to answer the individual and crime questions, in line with the other two surveys.

59.5% of eligible households responded, leading to 10,470 household interviews. The conversion rate for the additional random adult interview was 54.8%, yielding 9,642 interviews. Weighting is fully described in the SHS technical report.

11.2 Weighting

Datasets from the three source surveys were combined into three new SSCQ datasets: SSCQ household variables (19,371 responses), SSCQ individual variables (19,532 responses) and SSCQ crime variables (18,010 responses), see Table 106.

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

Table 106: 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[40]	5,567	5,044	3,334	2,116	10,470	8,770	19,371	15,930
Individual responses[41]	5,567	4,204	4,323	2,102	9,642	6,625	19,532	12,931
Crime responses[42]	5,567	4,107	2,801	1,301	9,642	6,474	18,010	11,882

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

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.

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

The three pooled SSCQ datasets were then weighted again to be representative of National Records of Scotland population estimates[43].

11.3 Confidence Interval Calculations

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

Confidence intervals have therefore been calculated using a method to account for stratification and clustering and the resulting design effects (surveyfreq in SAS). This method is used to compare estimates of all quantities provided by SSCQ. Confidence intervals across all subgroup estimates are provided in the accompanying supplementary tables.[44]

Confidence intervals are plotted on all charts and figures in this report. If the intervals do not overlap then there is a significant difference between two points, but if they do overlap it does not necessarily mean there is no significant difference.[45] 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.

11.4 Statistical Disclosure Control

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

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

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

[43] See SSCQ Weighting tables spreadsheet at http://www.gov.scot/Topics/Statistics/About/Surveys/SSCQ/SSCQ2016/WgtBase
[44] SSCQ Supplementary Tables available at http://www.gov.scot/Topics/Statistics/About/Surveys/SSCQ/SSCQ2016/SuppTables
[45] see guidance at http://www.gov.scot/Topics/Statistics/About/Methodology/confinv

11.5 Presentation of Data on Gender

Work is on-going among Scottish Government surveys to accurately represent the non-binary nature of gender. The 2018 fieldwork of the Scottish Household Survey, for example, provides a non-binary option for the first time. However collection is not yet harmonised across population surveys and cannot presently be reflected in statistics from the SSCQ. At present the breakdowns available remain “Men” and “Women”.

11.6 Presentation of Data on Country of Birth

Due to errors in survey fieldwork, the country of birth tables and subgroup analyses are not available for data collections in 2016 and 2017.

11.7 Presentation of Data on Religion

Table 107: Grouping of religion in the SSCQ 2016

Base Collection Categories	Sample	Super Groups	Sample
None	8849	None	8849
Church of Scotland	5772	Church of Scotland	5772
Roman Catholic	2566	Roman Catholic	2566
Other Christian	1672	Other Christian	1672
Muslim	193	Muslim	193
Buddhist	67	Other	361
Sikh	18		
Jewish	20		
Hindu	49		
Pagan	43		
Another religion	164		

11.8 Presentation of Data on Ethnic Group

Table 108: Grouping of ethnic group in the SSCQ 2016

Base Collection Categories	Sample	Super Groups	Sample
A - WHITE - White Scottish	15476	White: Scottish	15476
A - WHITE - Other British	2514	White: Other British	2514
A - WHITE – Polish	258	White: Polish	258
A - WHITE – Irish	160	White: Other	632
A - WHITE - Gypsy/Traveller	5		
A - WHITE - Any other white ethnic group	467		
C - ASIAN, ASIAN SCOTTISH OR ASIAN BRITISH - Pakistani, Pakistani Scottish or Pakistani British	95	Asian	351
C - ASIAN, ASIAN SCOTTISH OR ASIAN BRITISH - Indian, Indian Scottish or Indian British	95		
C - ASIAN, ASIAN SCOTTISH OR ASIAN BRITISH - Bangladeshi, Bangladeshi Scottish or Bangladeshi British	13		
C - ASIAN, ASIAN SCOTTISH OR ASIAN BRITISH - Chinese, Chinese Scottish or Chinese British	77		
C - ASIAN, ASIAN SCOTTISH OR ASIAN BRITISH - Other Asian, “Asian” Scottish or “Asian” British	71		
B - MIXED OR MULTIPLE ETHNIC GROUP - Any mixed or multiple ethnic groups	46	All other ethnic groups	274
D - AFRICAN - African, African Scottish or African British	88		
D - AFRICAN - Other African background	24		
E - CARIBBEAN OR BLACK - Caribbean, Caribbean Scottish or Caribbean British	11		
E - CARIBBEAN OR BLACK - Black, Black Scottish or Black British	11		
E - CARIBBEAN OR BLACK - Other Caribbean or Black background	3		
F - OTHER ETHNIC GROUP - Arab, Arab Scottish or Arab British	22		
F - OTHER ETHNIC GROUP – Other	69		

11.9 Provision of unpaid care

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

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

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

For this reason, the question on the provision of unpaid care was only considered “Core” from Q2 2014 onwards, and any resultsfrom before that period are considered invalid for the purposes of SSCQ analysis.

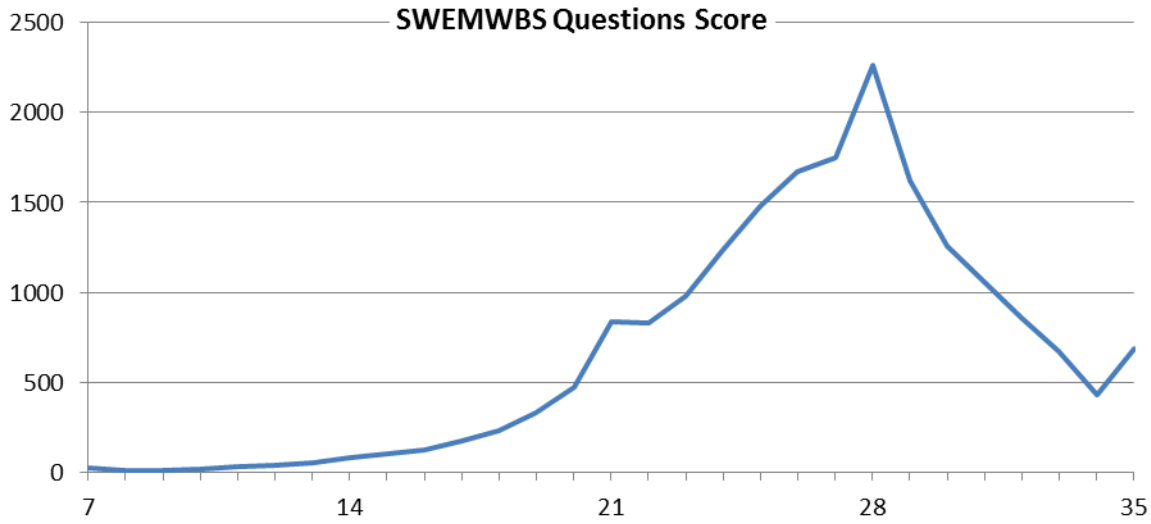
Due to this change occuring part way through fieldwork for SHeS and SHS, and to counteract any additional bias as a result of this loss of sample, a specific weight for this question was calculated for 2014. This weight was used throughout for comparisons between the current year’s data and the 2014 baseline.

11.10 SWEMWBS Scoring

SWEMWBS scoring undergoes transformation before analysis. Examples of it seffect are provided in this section using data from 2014.

Peaks at multiples of seven in Figure 43 are produced by column effects, where respondents are more likely to place answers down a column giving the same response for each question.

Figure 43: SWEMWBS unconverted and unweighted response totals, SSCQ 2014



Unlike the full WEMWBS metric, SWEMWBS scores undergo a metric conversion to correct somewhat for this effect and produce a distribution that is closer to normal. This conversion follows the schema in Table 109. After transformation, the distribution of scores is approximately normal and the boundary effect at the scale maximum of 35 is reduced, as shown in Figure 44 and Figure 45.

Table 109: SWEMWBS Scoring - Metric Conversion[46]

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

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

Figure 44: Unweighted distribution of the sum of SWEMWBS question scores

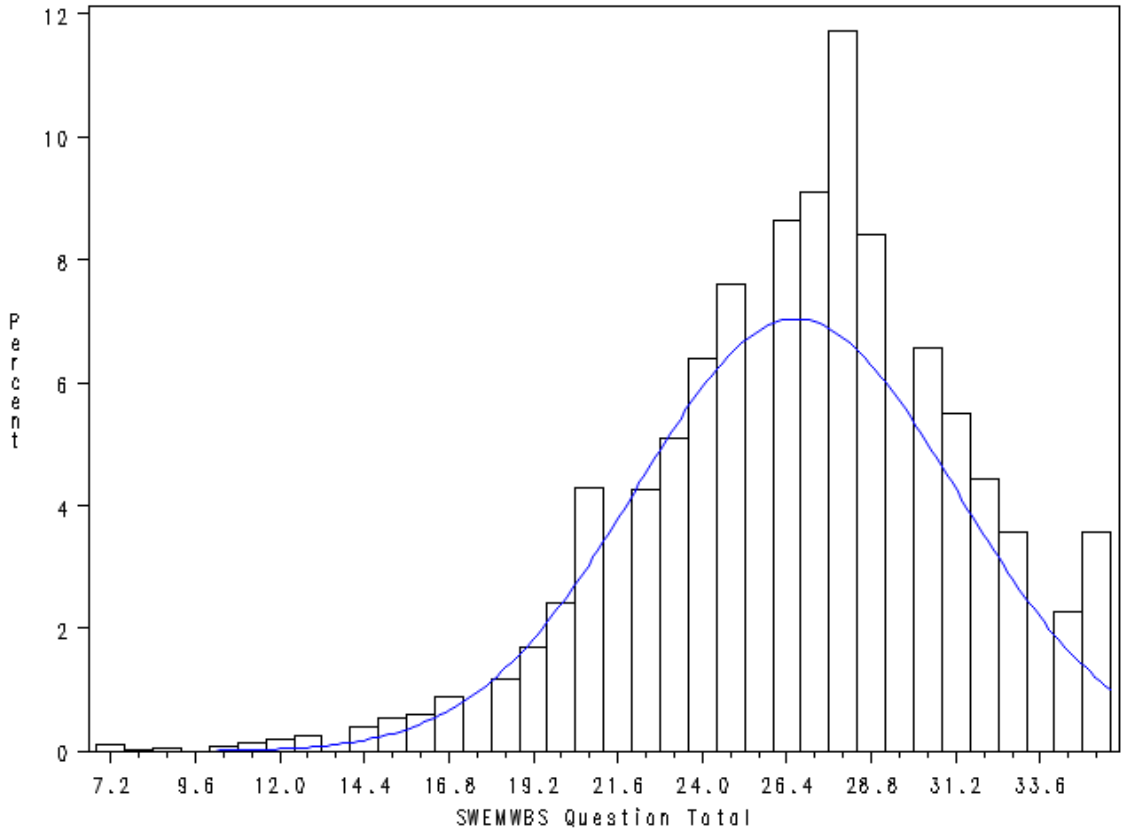
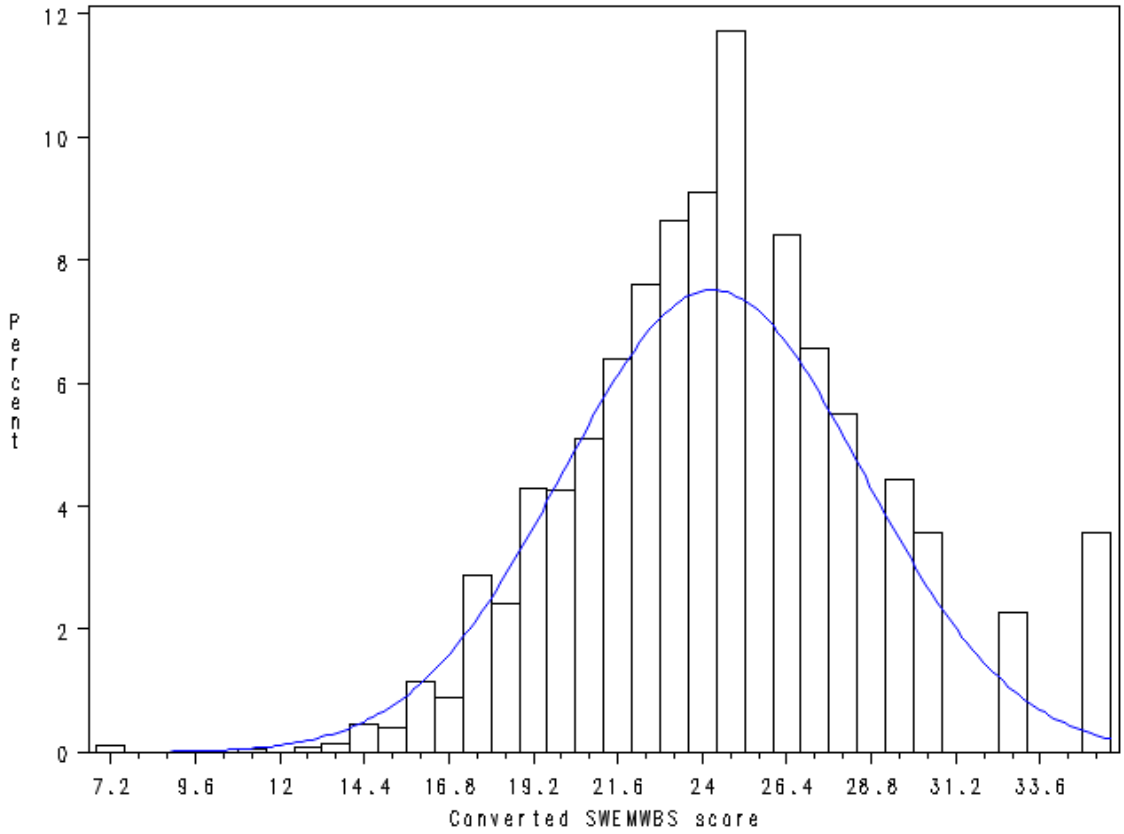


Figure 45: Unweighted distribution of SWEMWBS scores after metric conversion



11.11 Age Standardisation

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

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

Age standardisation was carried out, using the direct standardisation method. The standard population to which the age distribution of sub-groups was adjusted was the mid-2016 population estimates for Scotland. All age standardisation has been undertaken separately within each gender.

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

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

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

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

The variance of the standardised proportion can be estimated by:

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

The populations used for age standardisation are the same as those used for weighting. See the associated Weighting Base tables for details.[47]

11.12 Statistical Tests

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

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

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

- Change “from 2015” excludes data from 2014 and before and regresses year against the indicator variable overall or within subgroup domains or geographical areas.

[47] http://www.gov.scot/Topics/Statistics/About/Surveys/SSCQ/SSCQ2016/WgtBase

- Change “from 2012” retains all data years (i.e. not testing 2012 against 2016) and indicates whether a trend exists over the longer time base.

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

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

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

Between subnational geographies, any formal testing is produced using contrasts to compare the area in question with the combined total of all other areas. An example of the contrast matrix for health board is provided in Table 110.

Table 110: Contrast matrix for testing health board areas against residual national average

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

An Official Statistics publication for Scotland

Official and National Statistics are produced to high professional standards set out in the Code of Practice for Official Statistics. Both undergo regular quality assurance reviews to ensure that they meet customer needs and are produced free from any political interference.

Correspondence and enquiries

For enquiries about this publication please contact:

Jamie Robertson
Office of the Chief Statistician
Telephone: 0131 24 43040,
e-mail: jamie.robertson@gov.scot

For general enquiries about Scottish Government statistics please contact:

Office of the Chief Statistician, Telephone: 0131 244 0442,
e-mail: statistics.enquiries@gov.scot

How to access background or source data

The data collected for this statistical bulletin:
☒ are available on statistics.gov.scot
☒ are available on the UK Data Archive under end user license
☒ may be made available on request, subject to consideration of legal and ethical factors. Please contact sscq@gov.scot for further information.
☐ cannot be made available by Scottish Government for further analysis as Scottish Government is not the data controller.

Complaints and suggestions

If you are not satisfied with our service or have any comments or suggestions, please write to the Chief Statistician, 2W, St Andrews House, Edinburgh, EH1 3DG, Telephone: (0131) 244 0302, e-mail statistics.enquiries@gov.scot.

If you would like to be consulted about statistical collections or receive notification of publications, please register your interest at www.gov.scot/scotstat

Details of forthcoming publications can be found at www.gov.scot/statistics

Crown Copyright

Annex A. Comparison of the pooled surveys

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

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

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

Respondents to the Scottish Health Survey (SHeS) are somewhat more likely to say that they suffer from a long-term limiting health condition (Table B.3). Respondents are more likely to identify long-term conditions when asked about them in the context of an interview about numerous aspects of their health and wellbeing.

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

	Very good	Good	Fair	Bad	Very Bad
SSCQ	33.5 ± 0.9	39.9 ± 0.9	18.9 ± 0.6	5.8 ± 0.4	1.8 ± 0.2
SCJS	33.8 ± 1.5	39.9 ± 1.5	19.0 ± 1.2	5.4 ± 0.6	1.5 ± 0.4
SHeS	31.3 ± 2.2	41.9 ± 2.1	18.2 ± 1.4	6.5 ± 0.9	2.1 ± 0.5
SHS	33.9 ± 1.2	39.3 ± 1.2	19.0 ± 0.9	5.9 ± 0.5	1.8 ± 0.3

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

	Yes	No
SSCQ	19.6 ± 0.7	80.2 ± 0.7
SCJS	20.5 ± 1.2	79.4 ± 1.2
SHeS	20.5 ± 1.7	78.5 ± 1.8
SHS	18.7 ± 0.9	81.3 ± 0.9

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

	Limiting condition	No limiting condition
SSCQ	24.3 ± 0.7	75.3 ± 0.7
SCJS	21.1 ± 1.2	78.3 ± 1.2
SHeS	32.5 ± 1.8	67.4 ± 1.9
SHS	23.8 ± 1.0	75.9 ± 1.0

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

	Average	
SSCQ	23.4	± 0.1
SCJS	23.9	± 0.2
SHS	20.6	± 0.4
SHeS	23.9	± 0.1

The three surveys produce somewhat different estimates of the rate of provision of unpaid care, as shown in Table B.5. SHS has the highest level, at 18.6%, followed by SCJS at 15.5% and SHeS at 14.6%.The confidence intervals on estimates from SCJS and SHeS overlap considerably and do not represent a significant difference. SHS is 3.1 points higher than SCJS and the combined CIs are 2.1 points.

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

	Provides Care		No care	
SSCQ	17.0	± 0.7	83.0	± 0.7
SCJS	15.5	± 1.1	84.3	± 1.1
SHeS	14.6	± 1.4	85.4	± 1.4
SHS	18.6	± 1.0	81.4	± 1.0

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

	A lot more		A little more		About the same		A little less		A lot less	
SSCQ	4.2	± 0.4	12.7	± 0.6	68.8	± 0.9	7.1	± 0.5	1.7	± 0.3
SCJS	5.1	± 0.7	13.3	± 1.1	65.2	± 1.6	8.6	± 1.0	2.0	± 0.5
SHeS	5.7	± 1.3	13.4	± 1.8	67.1	± 2.7	7.1	± 1.4	1.8	± 0.6
SHS	3.3	± 0.5	12.2	± 0.9	71.3	± 1.2	6.2	± 0.6	1.4	± 0.3

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

	Very confident		Fairly confident		Not very confident		Not at all confident	
A: Prevent crime								
SSCQ	9.6	± 0.6	47.9	± 0.9	25.7	± 0.8	7.8	± 0.5
SCJS	8.0	± 0.8	47.6	± 1.5	29.7	± 1.4	8.1	± 0.9
SHeS	8.9	± 1.5	52.5	± 2.8	25.3	± 2.5	4.2	± 0.9
SHS	10.7	± 0.8	47.2	± 1.2	23.4	± 1.0	8.3	± 0.7
B: Respond quickly to appropriate calls and information from the public								
SSCQ	17.1	± 0.7	48.9	± 0.9	18.4	± 0.7	7.1	± 0.5
SCJS	15.9	± 1.2	48.2	± 1.5	22.0	± 1.3	8.1	± 0.8
SHeS	16.8	± 1.9	52.0	± 2.5	17.7	± 2.1	4.4	± 1.1
SHS	18.0	± 1.0	48.7	± 1.2	16.3	± 0.9	7.1	± 0.6
C: Deal with incidents as they occur								
SSCQ	14.5	± 0.7	53.4	± 0.9	18.2	± 0.7	6.2	± 0.4
SCJS	13.3	± 1.1	52.8	± 1.5	22.4	± 1.3	6.6	± 0.7
SHeS	13.4	± 1.7	56.2	± 2.5	17.2	± 2.0	4.7	± 1.1
SHS	15.4	± 0.9	53.3	± 1.2	15.8	± 0.9	6.2	± 0.6
D: Investigate incidents after they occur								
SSCQ	15.1	± 0.7	55.7	± 0.9	15.7	± 0.6	4.7	± 0.4
SCJS	13.8	± 1.1	57.3	± 1.5	17.5	± 1.1	4.9	± 0.7
SHeS	13.1	± 1.8	56.7	± 2.7	16.1	± 1.9	3.6	± 0.8
SHS	16.3	± 0.9	54.5	± 1.2	14.5	± 0.9	4.8	± 0.5
E: Solve crimes								
SSCQ	10.3	± 0.6	54.3	± 0.9	19.0	± 0.7	5.3	± 0.4
SCJS	8.7	± 0.9	56.5	± 1.5	20.7	± 1.2	5.2	± 0.7
SHeS	9.4	± 1.5	57.4	± 2.7	18.9	± 2.1	3.6	± 0.9
SHS	11.5	± 0.8	52.2	± 1.2	17.9	± 0.9	5.6	± 0.6
F: Catch criminals								
SSCQ	10.3	± 0.6	51.9	± 0.9	21.1	± 0.7	5.8	± 0.4
SCJS	9.2	± 0.9	53.6	± 1.5	23.5	± 1.3	5.5	± 0.7
SHeS	8.5	± 1.4	54.4	± 2.5	21.8	± 2.3	4.6	± 1.1
SHS	11.4	± 0.8	50.4	± 1.2	19.3	± 1.0	6.3	± 0.6