

The proposed Scottish Longitudinal Study of Ageing (SaLSA)

Jon Godwin (1)

Simon Anderson (2)

Paul Boyle (3)

Clare Sharp (2)

(1) Glasgow Caledonian University

(2) Scottish Centre for Social Research

(3) University of St Andrews

1. Introduction

- **Background**
- **The scoping study**
 - Jointly funded by the Scottish Government and NHS Health Scotland and conducted by the Scottish Centre for Social Research and the Longitudinal Studies Centre - Scotland (St Andrews)
 - **Specific aims:**
 - Engage with potential stakeholders to identify pressing data needs and questions relating to Scotland's older population
 - Consider the extent to which those needs could be addressed from existing cross-sectional Scottish data sources or from longitudinal studies of older people elsewhere
 - Review the possible models for a longitudinal study of ageing in Scotland, with particular reference to the implications for comparative analyses
 - Make recommendations for detailed survey design
 - Provide indicative costs and timescales associated with the various possible models for such a study

•Methods

•Desk research:

- Demographic trends in Scotland
- Key questions in policy debates
- Academic literature
- Similar studies elsewhere
- Existing data sources and current gaps in knowledge
- Models of collection
- Innovative uses or extensions of current or planned studies

•Interviews with potential stakeholders:

- Academia
- NHS Health Scotland
- ISD Scotland
- Scottish Government Analytical Services
- Scottish Government policy stakeholders across a range of areas
- The voluntary sector

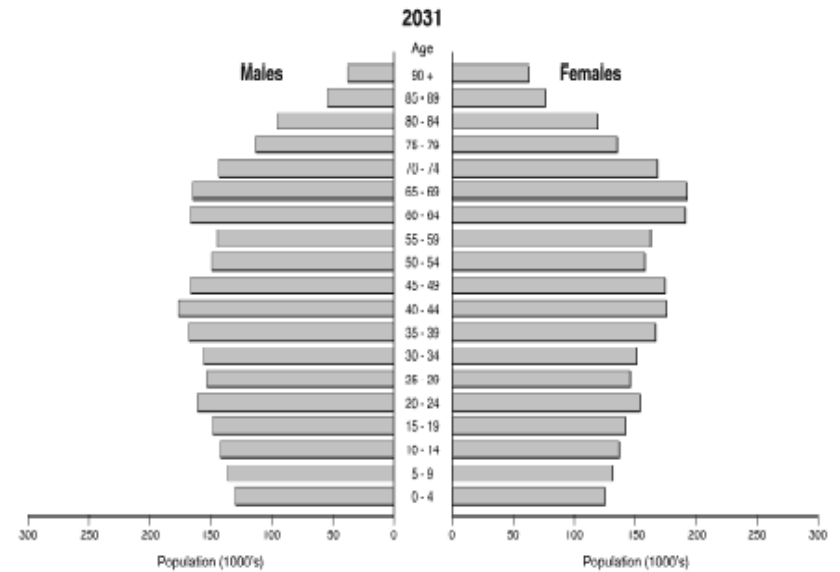
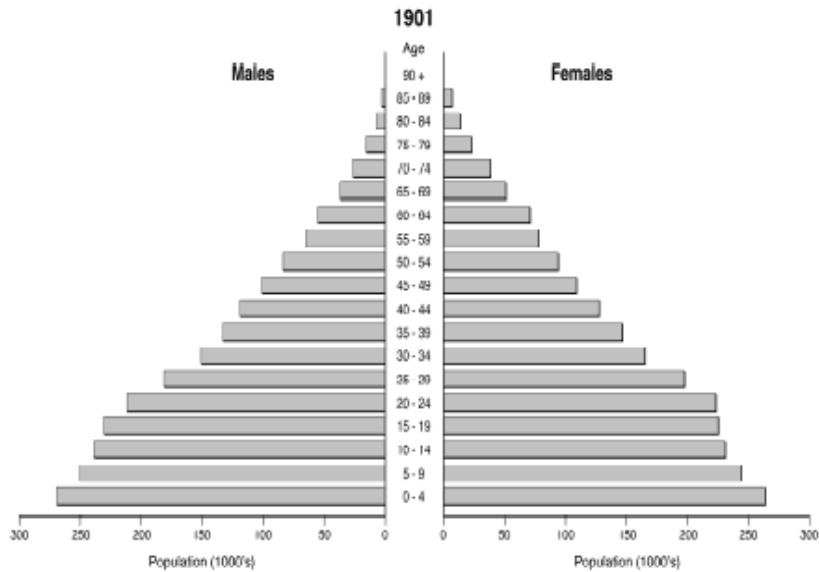
•Informal interviews:

- Academic researchers in main existing UK studies (ELSA and SHARE)
- Representatives of the National Institute on Ageing in the United States

•Two consultative seminars (2008):

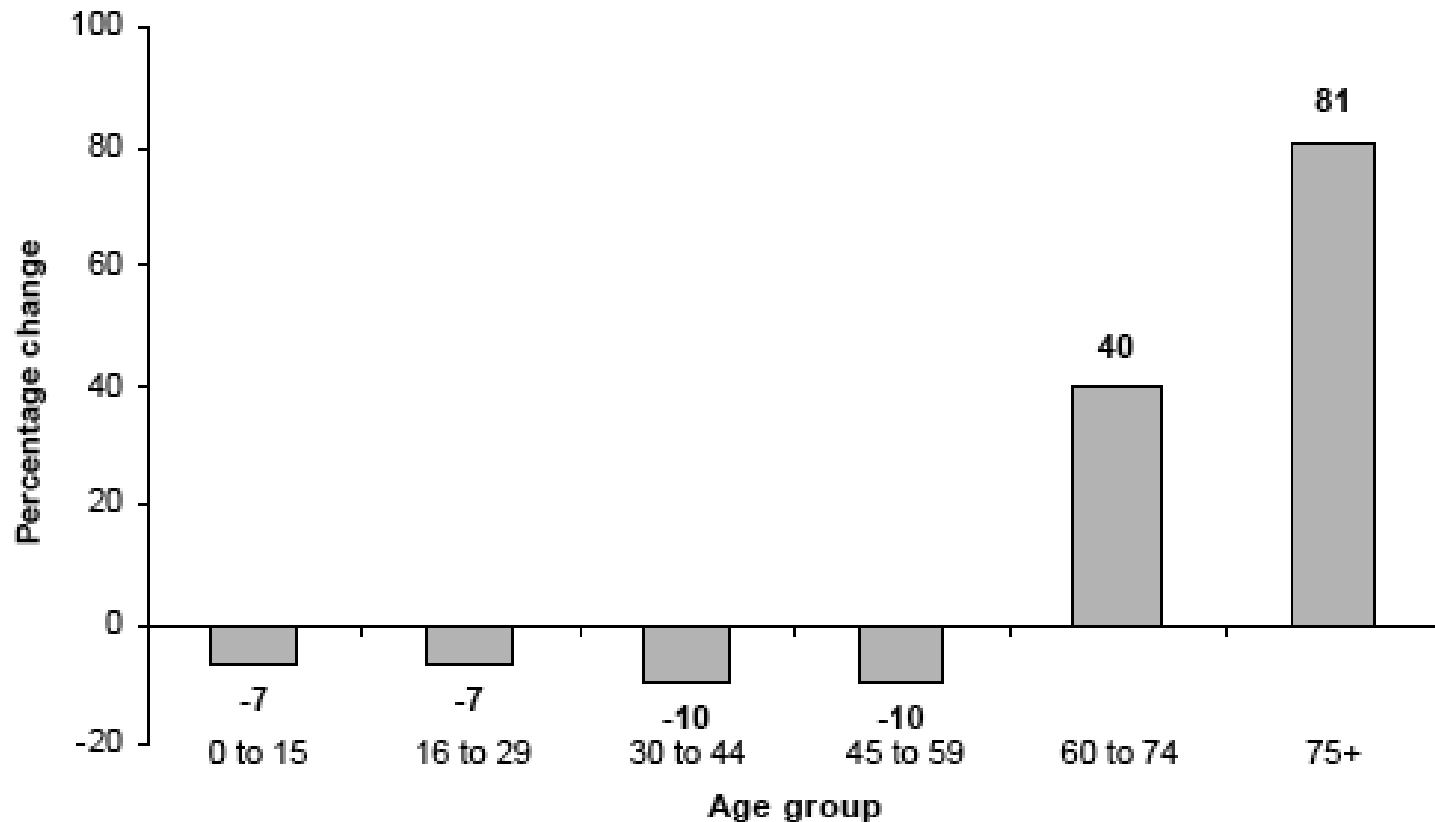
- The first mainly for academics
- The second including Scottish Government analysts

“Population pyramids” Scotland, 1901 and 2031



GROS 1901 Census and 2006-based projection to 2031

Percentage change in age structure of the Scottish population, 2006-2031



- **Fertility rates 2007 (children per woman)**
 - England 1.92
 - N. Ireland 2.0
 - **Scotland 1.73**
 - Wales 1.9

- **Social housing sector renting (2001 Census)**
 - England 19%
 - N. Ireland 21%
 - **Scotland 27%**
 - Wales 18%

2. Does Scotland need a longitudinal study of ageing?

- Economic issues
- Health and health care
- Community care
- Social justice
- Comparative data

- **Labour Force Survey (LFS)**

- Key source of data on the labour market - official government figures for employment and unemployment
- Full set of questions is asked of all those in employment, regardless of age
- Plans to raise the upper age limit for questions to 69 for the unemployed and retired
- Includes a longitudinal component covering experiences of individuals over a 12 month period only

- **Work and Pensions Longitudinal Survey (WPLS)**

- Potentially rich source of data on how people move through the labour market
- Administrative database linking Department of Work and Pensions (DWP) benefit and programme information with records from HMRC
- Issues around access to this data source (discussions between Scottish Government and DWP on access in process)
- Detailed information about employment spells and income, but not explanatory or behavioural information necessary to interpret patterns

Outcomes for older workers in England

- **DWP report 'Lifecourse Events and Later Life Employment'**, based on data from:
 - British Household Panel Study (BHPS)
 - Workplace Employment Relation Survey and the Longitudinal Study
- **Report on English Longitudinal Study on Ageing (ELSA)**
 - Three waves of longitudinal data on people aged 50 and over so far

- **Birth Cohort Studies**

- 1946 National Survey of Health and Development, NSHD (remaining UK sample ~3000; now aged >60; infrequent)
- 1958 National Child Development Study (Scottish sample ~1000; 800 now aged 50+; future 4-year follow-ups)
- 1970 Birth Cohort Study (Scottish sample ~1000; future 4-year follow-ups)

- **Localised longitudinal studies**

- Mid-1970s MIDSPAN Renfrew/Paisley Study (sample ~15,000; aged 45-64; follow-up late 1970s)
- 1987 *ff.* West of Scotland Twenty-07 Study (sample ?; ages 15, 35, 55; still following up)

- **Scotland-wide studies**

- Scottish Longitudinal Study, SLS (1991 Census; sample ~274,000; linked to 2001 Census, vital events and health sources)
- Scottish Health Survey (SHeS)
- Scottish Household Survey (SHS)

- **Care home and ‘care at home’ information**
(administrative)
 - Scottish Care Home Census
 - Home Care Statistical Return

Some issues affecting older people

- Poverty and inequality
- Disability and age
- Uptake of benefits
- Housing
 - (a higher proportion of the Scottish population lives in social housing than UK-wide)
- Transport
- Caring responsibilities
- Income, access to well-paid employment and ageism
- Credit crunch and pensions policy
- Children remaining at home

Data sources

- Scottish Neighbourhood Statistics
- Scottish Household Survey
- Scottish House Conditions Survey

3. Possible models of data collection

- The English Longitudinal Study of Ageing (**ELSA**)
- The Survey of Health and Retirement in Europe (**SHARE**)
- The Irish Longitudinal Study of Ageing (**TILDA**)
- Comparisons between **ELSA**, **SHARE** and **TILDA**
- Conclusion: towards a hybrid approach?

The English Longitudinal Study of Ageing (ELSA)

- Begun 2002; three “waves” completed so far
- To study how the health, economic and social circumstances of people aged 50 and over change over time
- To help the government plan for an ageing population and longer periods of retirement, and to ensure that the UK's healthcare and pension systems will be able to meet everyone's needs
- Modelled on the US Health and Retirement Study (HRS)
- Conducted jointly by the National Centre for Social Research, University College London and the Institute for Fiscal Studies
- Sample: ~12,500 people aged over 50 in private households, identified in the Health Survey for England (those who move into care settings are retained)
- Interviews every 2 years, mainly face-to-face plus self-completion questionnaire for sensitive questions. Third Wave included retrospective life questions
- Nurse visit, biomarkers collected
- Linkage to (including):
 - National Health Service Central Register
 - Hospital Episodes database
 - DWP information on benefits
 - HMRC information on NI contributions
 - Geographical data

Broad topic areas included in the ELSA interview

- Individual and household characteristics
- Physical, cognitive, mental and psychological health
- Quality of healthcare
- Housing, work, pensions, income and assets
- Expectations for the future
- Different forms of expenditure (e.g. fuel, leisure, clothing, transport)
- Social participation and social support
- Relative deprivation
- Life satisfaction
- Perceptions of ageing and subjects' own age

The Survey of Health and Retirement in Europe (SHARE)

- Begun 2004; three “waves” completed so far:
 - First Wave 2004: Austria, Belgium, Denmark, France, Germany, Greece, Italy, Netherlands, Spain, Sweden, Switzerland
 - Second Wave 2006 - joined by: Czech Republic, Irish Republic, Israel, Poland
- To study how differences in policies, cultures and living conditions affect quality of life in older people living in different countries
- Development advanced with input from the US Health and Retirement Study (HRS) and ELSA teams
- Sample: ~2,500 people per country aged 50+ in private households (those who move into care settings are retained)
- Interviews every 2 years, face-to-face. Third Wave included retrospective life questions
- No nurse visit, but some biomarkers collected at interview
- Linkages planned

Broad topic areas included in the SHARE interview

- Health (self-reported, physical and cognitive functioning, health behaviour, use of healthcare)
- Psychological (psychological health, well-being, life satisfaction)
- Economic (current work activity, job details, working past retirement age, income, wealth and consumption, housing, education)
- Social support (assistance within families, transfers of income and assets, social networks, volunteering)

The Irish Longitudinal Study of Ageing (TILDA)

- Pilot work begun 2008; main fieldwork beginning 2009
- Drawn on design features of both ELSA and SHARE
- Sample: 8,000-10,000 people aged 50+ in private households
- Interviews every 2 years, face-to-face
- Clinical data collection every 4 years
- **Broad topic areas included in the interview:**
 - Economic (pensions, employments, living standards)
 - Health (physical, mental, service use and needs)
 - Social (social participation, formal and informal care)

4. Design recommendations

- Broad methodological parameters
- Projected sample size, response rates and attrition
- Sample frame
- Subgroup coverage
- Mode of data collection
- Broad topic coverage

Sample size

- **Canadian Longitudinal Study on Ageing (CLSA)**
 - Begun 2002; 200 co-investigators and collaborators from 26 universities
 - Sample: 50,000 people aged 40-84, followed up for 20+ years
- **Survey of Health and Retirement in Europe (SHARE)**
 - Begun 2004; now 15 countries
 - Sample: 1,000-3,000 people aged 50+ per country
- **Scottish Longitudinal Study of Ageing (SaLSA)**
 - Begins ?2009-2010
 - Sample: at least 8,000 people aged 50+ (or 45+)

Response rates and samples (based on ELSA)

Wave-on-wave response rates (based on ELSA)

Age group	Response rate
50 – 59	78%
60 – 69	78%
70 – 79	73%
80+	60%

Remaining achieved samples from an initial 8,000 – Wave 3 (year 10)

Age group	Remaining sample
50 – 59	1,452
60 – 69	1,101
70 – 79	700
80+	177

Boosting response and reducing attrition (from non-death causes)

- Providing good information to participants about the purpose and nature of the interview (through paper documentation, interviewer feedback and survey website)
- Branding the survey appropriately
- Valuing and appreciating participants by sending thank you letters, providing evidence of how the findings have been used or offering flexibility in the timing of interviews
- Offering financial incentives, vouchers or gifts
- Providing reassurance about the confidential nature of the study and the bona fide character of the organisation
- Making reasonable demands which leave respondents feeling that taking part in the study is a manageable commitment and that questions are not too intrusive or seemingly irrelevant and the survey not too long
- Maintaining up to date address records for the participant and stable contacts and using periodic contacts (such as birthday cards and newsletters) to maintain awareness of the study
- Using systematic methods of 'in-field' tracing

Sample frame

- **Recontact respondents from an existing survey**
 - Used in ELSA
 - Candidates: Scottish Health Survey (SHeS); Scottish Household Survey (SHS); Labour Force Survey (LFS); new UK Household Longitudinal Survey
 - Advantages: possibility of building on baseline data
 - Problems: inherited response bias and attrition, and their evaluation; prior weighting; subjects' consent; small sizes of some, under-representation of the old and in some cases Scotland
- **Screen addresses to identify eligible households or individuals**
 - Advantages: no heritage; geographic flexibility
 - Problems: somewhat more expensive; interviewers prefer interviewing to screening!
- **Identify a sample from an individual-level sampling frame or database**
 - Advantages: could use Community Health Index (CHI), a listing of all Scottish General Practice registrations – tracking movers feasible
 - Problems: no comprehensive frame (unlike Sweden's population register, for example); unclear whether permission to use CHI would be obtained

- **Key domains covered by existing studies of ageing**

- Health (physical, cognitive, mental and psychological)
- Health care use, the experience and perceptions of quality
- Social participation and social support
- Economic issues (work, pensions, income, assets, living standards, expenditure, housing)
- Expectations for the future
- Life satisfaction

- **Other specific topics highlighted**

- Migration
- Disability
- Ageism and age discrimination
- Transport
- Caring responsibilities
- Formal and informal learning
- Consents for data linkage needed in main interview

5. Possible models of funding and delivery

- Funding
- Possible governance and delivery arrangements
- Likely timescales

6. Conclusions

