

The proposed Scottish Longitudinal Study of Ageing (SaLSA)

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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

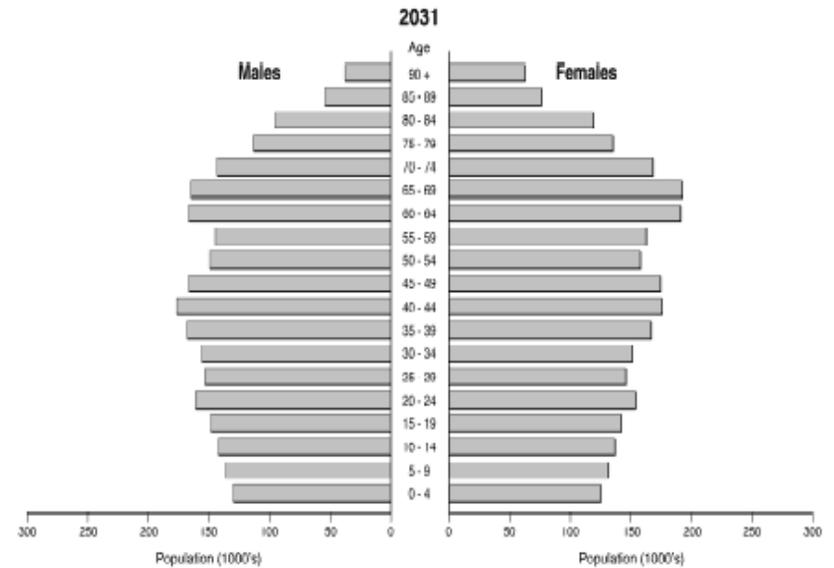
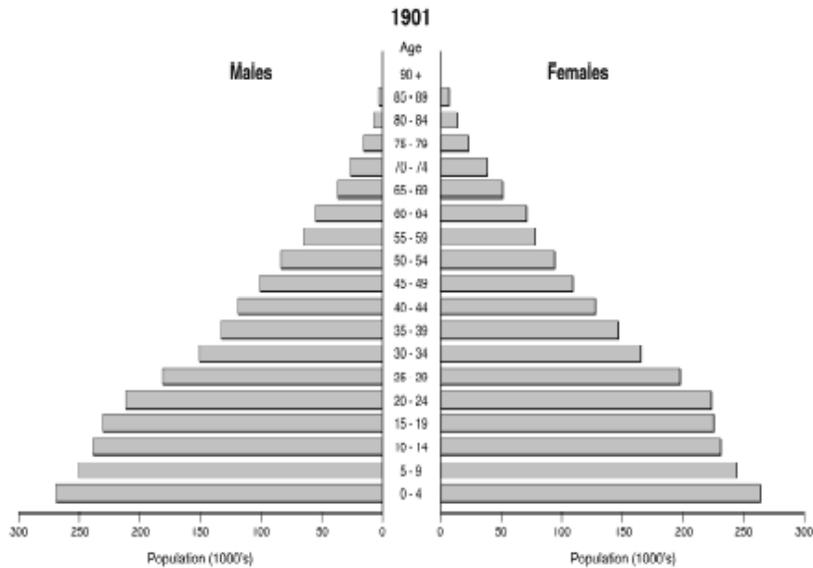
•Informal interviews:

- 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):

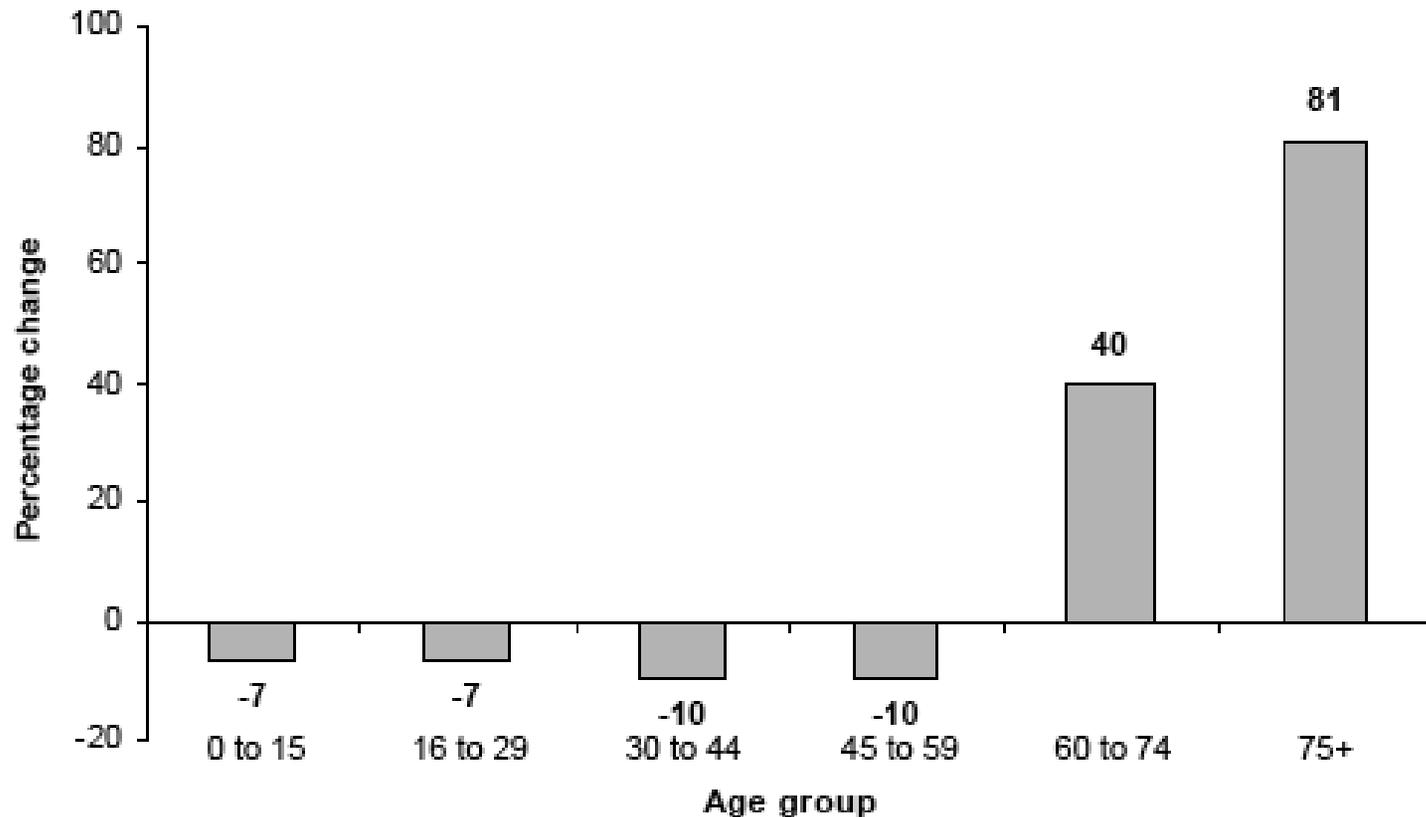
- The first mainly for academics
- The second including Scottish Government analysts

“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

