



Welsh Government

## Consultation – Summary of Responses

# New approach to surveys in Wales: consultation on topics

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Dadansoddi ar gyfer Polisi



Analysis for Policy



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## **New approach to surveys in Wales – consultation Summary of responses**

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## **Executive Summary**

### **Background**

The Welsh Government and its partner organisations commission a range of large-scale surveys of people in Wales. The surveys have run for a number of years and are well-respected, heavily-used sources of information which feed into a wide variety of policy decisions. There is an ongoing need for us to provide results that are sufficiently robust and precise for a wide range of purposes, but in the current context maintaining the same approach is not a viable option.

We have therefore reviewed the options for how we can reduce survey costs from 2016-17 onwards while still collecting the information needed for decision making and providing the potential for a much more flexible approach.<sup>1</sup> It has been decided to amalgamate the National Survey, the Welsh Health Survey, the Arts in Wales Survey, the Active Adults Survey, and the Welsh Outdoor Recreation Survey into one survey. The new survey, to be known as the National Survey for Wales, will begin in 2016-17.

To ensure the new survey meets stakeholders' needs for information, a consultation was carried out between 27 November 2014 and 18 February 2015. It was published on the Welsh Government consultation pages and advertised via the National Survey web pages, a Chief Statistician's Update, and emails to survey stakeholders. The consultation received 48 responses, the majority (33) of which were from public sector organisations, such as local authorities, the NHS and Welsh Government.

The consultation was structured around five of the six main elements of the new survey, each element corresponding to an existing survey.<sup>2</sup> For each element, respondents were provided with information about the questions asked in the relevant existing survey. Responses on each of the five survey elements are discussed in turn below.

### **Core topics**

- This section of the survey consists of questions asked of all respondents, mainly for cross-analysis purposes. The questions are taken from the ONS set of [harmonised questions](#) wherever possible.
- 17 responses were received on this section.

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<sup>1</sup> The review of survey options is available [here](#).

<sup>2</sup> The other element of the survey is the Sport Wales topics previously included in the Active Adults Survey. These were not included in the consultation as Sport Wales' participation in the survey was not confirmed until March 2015. Sport Wales is in the process of consulting separately with stakeholders on these topics.

- Respondents were generally positive about the proposed content.
- A few revisions were suggested, such as bringing the demographic questions into line with the 2011 Census.
- It was suggested that food poverty should be added to the household material deprivation topic.

### **Welsh Government topics (National Survey 2012-15)**

- 26 respondents answered this section of the consultation.
- The consultation asked for views on the frequency and geographical level of data collection, the implications if the data was no longer available, and potential topics for cross-tabulation.
- In general, respondents noted a need for annual data collection at local authority level, and stated that ceasing data collection would be of ‘medium’ or ‘high’ impact.
- Respondents suggested a number of specific areas for topic development:
  - Improving the smoke alarms section to better understand respondents’ approaches to fire safety.
  - Ensuring the GP and hospital services questions are more closely aligned.
  - Expanding the recycling questions to address the different types of recycling services.
  - Aligning the wellbeing questions with those currently included in the WHS.
  - Adding new sections on children’s rights and the accessibility of public services for disabled people.

### **Arts Council of Wales topics (Arts in Wales Survey)**

- This part of the consultation received responses from four respondents.
- There were no suggestions for question changes or requirements for topics to be cross-analysed by other topics.
- Data was generally required at local authority level, every two years.

### **Natural Resources Wales topics (Welsh Outdoor Recreation Survey)**

- Responses were received on this section from three respondents.
- There was little consensus about the frequency or level at which data should be collected.
- Biodiversity was highlighted as a topic that should be asked about in more detail, to look at a wider range of environmental issues.

### **Welsh Government – personal health topics (Welsh Health Survey)**

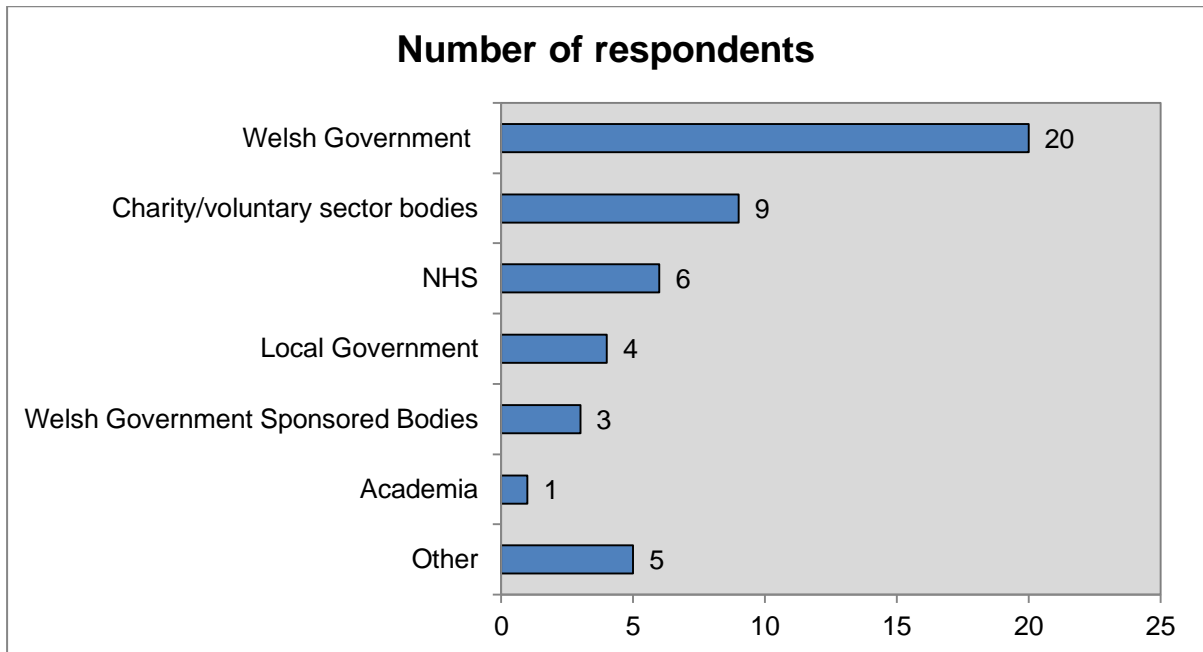
- This section received responses from 21 respondents, who generally agreed with the proposed content.
- The majority of responses noted a need for annual data collection at local authority level.

- Many of the comments received focused on trend analysis:
  - Respondents were concerned about likely discontinuities in trends due to the change from self-completion to face-to-face interviewing.
  - There was a consensus view that once new questions have been introduced into the survey, its content should be kept fairly constant to permit future trend analysis.
- Several topics attracted multiple comments, as follows:
  - Alcohol consumption: several respondents suggested asking about estimated weekly consumption instead of the last seven days.
  - Body Mass Index: the consultation suggested moving from self-reported to objective measures in order to improve accuracy. There was reasonable support for this, but concerns were raised about the feasibility and potential impact on respondent compliance.
  - Wellbeing: there was consensus that subjective wellbeing should continue to be measured, with some support for retaining the current SF-36 question format. Other suggestions included using SF-12, or another shortened scale.

## **Respondent profile**

The consultation was sent out to 268 stakeholders, published on the Welsh Government consultation pages and advertised via the National Survey webpages and a [Chief Statistician's Update](#). It received 48 responses in total. The majority of responses (33) were from individuals representing public sector organisations, such as local government, the NHS or Welsh Government departments. Nine responses were submitted by charities or voluntary sector bodies.

The graph below indicates the types of bodies that were represented. A full list of responding organisations can be found in Annex 1 at the end of this document.



## **Background to the consultation**

The Welsh Government and its partner organisations commission a range of large-scale surveys of people in Wales. These surveys provide information which can be difficult or impossible to obtain from other sources: for example, people's views about the services they receive, what they know about particular issues, their assessments of their own health or other aspects of their lives, and what they do or would like to do with their time. The surveys include the National Survey for Wales, the Welsh Health Survey, the Active Adults Survey (run by Sport Wales), the Arts in Wales Survey (run by Arts Council of Wales), and the Welsh Outdoor Recreation Survey (run by Natural Resources Wales).

The surveys have run for a number of years and are well-respected, heavily-used sources of information which feed into a wide variety of policy decisions. They are also used by central and local government, the NHS, the third sector, academia, and members of the public.

There is an ongoing need for us to provide results that are sufficiently robust and precise for a wide range of purposes. It is also important to ensure we continuously review how we do things, especially at a time when budgets are under pressure, so that we obtain best value for money. We have therefore reviewed the options for how we can reduce survey costs from 2016-17 onwards while still collecting the information needed for decision making and providing the potential for a much more flexible approach. To help inform the decision we commissioned external survey experts to advise on the options; the report is available [here](#).

Based on this report and on wider discussions, it has been decided to amalgamate the National Survey, the Welsh Health Survey, the Arts in Wales Survey, the Active Adults Survey, and the Welsh Outdoor Recreation Survey into one survey.

The new survey, to be known as the National Survey for Wales, will begin in 2016-17 and will involve a random sample of around 12,000 people across Wales each year. It will be carried out face-to-face in people's homes, by an external survey contractor.

The new approach will continue to provide vital information for decision-making, collected to the highest standards. It is, however, a more cost-effective way for us to do this compared with running several separate surveys, mainly because it is more efficient to design and run a single survey.

The new approach has a range of other advantages. It will allow for much richer analysis across topics currently included in separate surveys. It will mean that people across Wales spend much less time taking part in our surveys, for example because we do not need to ask the same questions about age, employment status, etc. in



different surveys. It will also allow us to minimise the risk of fieldwork problems as we will not have different surveys competing for the same pool of interviewers. The new approach also means we can be more flexible and reactive in adding or removing questions for particular samples.

However, in bringing together the separate surveys we need to reduce their overall length by around 20%. This can be managed by asking some topics less often (e.g. where results are slow-changing) and other topics only of subsamples of respondents (e.g. where the results are only required at a national or regional level: a more efficient use of survey time). Some topics that are low-priority or no longer needed will be dropped completely.

### **The consultation**

The consultation was designed to help us to identify, for the National Survey, the Welsh Health Survey, the Arts in Wales Survey, and the Welsh Outdoor Recreation Survey:

- which topics we need to continue including in the new survey;
- how often these topics should be included and which should be included as ‘core’ questions;
- what level of results are needed (national / regional / local health board / local authority), and therefore which topics can be asked only of a subsample of survey respondents;
- which topics need to be asked together, in the same year of the survey, so that the results can be analysed together;
- which topics are no longer needed and can be dropped;
- and whether any new topics are needed.

Sport Wales’ participation in the survey was not confirmed until March 2015, and so topics from its Active Adults Survey were not included in the consultation. Sport Wales is consulting separately with stakeholders on these topics.

The consultation ran between 27 November 2014 and 18 February 2015, receiving 48 responses which are summarised in this report.

## **Overall approach**

The consultation gave respondents the opportunity to submit feedback on the overall approach to the new National Survey for Wales (2016 onwards). The majority of comments focused on survey size and format, sampling method and likely response rates.

There were a number of positive responses, with respondents commending the potential to capture new information which is presented by the face-to-face interview format, which has not previously been used for the Welsh Outdoor Recreation Survey or for the bulk of the Welsh Health Survey. The integrated approach was also highlighted as less burdensome overall for members of the public than the current separate surveys.

However, several concerns were raised. Four respondents highlighted the reduced sample size of 12,000, compared with 14,500 for the current National Survey 2012-15, as a cause for concern. The same respondents also suggested that the length of the amalgamated survey could lead to reduced response rates. They suggested that these two issues coupled together would reduce the robustness of the data collected.

Consultation respondents also drew attention to the survey's reduced coverage. The previous self-completion format of the Welsh Health Survey allowed children to participate, but no equivalent provision had been suggested for the new survey. This issue is currently being considered separately by the relevant policy areas. It will be possible to build a child self-completion element into the new survey if that is seen as the best way to collect this data.

It was also suggested that care home residents should be included in the sample. Respondents argued that as prominent users of social care services, data collected on this topic would be incomplete without their input.

## **Core topics**

The proposed core topics will be asked of everyone taking part. They are included primarily to allow more in-depth analysis of the other questions, as they facilitate cross-tabulation by age, employment status, home ownership, general health, etc. Some of the topics can also be of use in themselves (e.g. on Welsh language ability and use, or material deprivation).

The core topics received responses from 17 respondents, who were generally in favour of maintaining the current content. There were a number of comments relating to specific questions, which are summarised below.

### **1. Household information**

This module, which establishes the respondent's household size and relationships, received two comments. Firstly, there was a request for the question about the respondent's enrolment in education to differentiate between part-time and full-time, and higher and further, education. Secondly, one respondent suggested that same-sex marriage should be added to the list of marital statuses.

### **2. Health demographic questions**

This module covers general health, and long-term mental or physical health conditions. Three respondents noted the change in response options for the question, *How is your health in general?*, from *Excellent... Poor* (Welsh Health Survey question) to *Very good... Very bad* (National Survey and ONS harmonised question). Respondents were opposed to the change, as it would prevent analysis of trends over time. In particular, one respondent pointed out that if changed, it would be impossible to measure Healthy Life Expectancy and Disability Free Life Expectancy according to the current method.

### **3. Wellbeing**

This module includes four wellbeing questions on survey respondents' satisfaction with life, their happiness and their anxiety. Two respondents argued that these questions risked duplicating other more detailed assessments of wellbeing made in the Welsh Health Survey questions, and therefore queried whether wellbeing should be dropped from the core topics. However, two respondents noted that the data is used to compare outside Wales, and to measure the outcomes framework supporting the Social Services and Well-being Act 2014.

### **4. Demographic questions**

In its current form, this section covers nationality, ethnicity, sexual orientation, educational attainment, and employment, etc. Two respondents suggested that

these questions should be aligned with the 2011 Census to facilitate comparison between Wales and the rest of the UK.

## **5. Household material deprivation and child material deprivation**

This section covers the affordability of various household items and clothes, food, and activities. Opinion was divided regarding the suitability of these questions for inclusion in the core topics. Several respondents thought the questions would make survey participants uncomfortable, which could impact negatively on compliance. However, there is existing evidence to contradict this, including published evidence and feedback from current National Survey interviewers.<sup>3</sup>

However, several respondents commented that it is important to include information on deprivation in the survey. One respondent stated that child material deprivation data is required for analysis of childcare and education questions. Several respondents highlighted other policies to which deprivation data is important, such as the Social Services and Well-being (Wales) Act 2014 and the Tackling Poverty Action Plan. Two respondents suggested that the *household material deprivation* question module should be expanded to include access to private transport.

There were requests from two respondents for questions exploring food poverty to be added to this topic. One respondent suggested using three indicators from Ireland's [Survey on Income and Living Conditions](#), which look at the respondent's ability to afford a meal with meat or vegetarian equivalent every second day, their ability to afford a roast or vegetarian equivalent once a week, and whether during the last fortnight there was at least one day (i.e. from getting up to going to bed) when the respondent did not have a substantial meal due to lack of money.<sup>4</sup>

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<sup>3</sup> See, for example, Department for Work and Pensions (2010), [Family Resources Survey, 2010-2011: Field report 2010/11: feedback from interviewers](#), pp. 19-21.

<sup>4</sup> More details of the indicators, and how they can be used to measure food poverty, can be found in this [report](#), published by Ireland's Department of Social Protection (2012).

## **Welsh Government topics (National Survey 2012-15)**

In its current form (2012-15), the National Survey is carried out annually, with continuous data collection. It is a face-to-face survey involving a random sample of 14,500 people, achieving a 65% to 70% response rate.

Consultation respondents were asked about five topics included in the National Survey for Wales (2012-15): health and social care, children and education, internet, local area, and other topics. They were asked to specify how frequently they would like the questions to be included in the new survey, at which geographical level (LA/LHB, regional, or national), the likely impact of excluding the topic (low, medium or high), and potential topics for cross-tabulation analysis.

This section of the consultation received the most responses (from 26 respondents). In most cases, respondents noted a need for annual data collection at local authority level.

The findings are discussed in more detail below.

### **1. Health and social care**

Respondents were asked about 10 health and social care subjects which were included in the 2014-15 National Survey for Wales: local health services, GP services, hospital services, ambulance services, satisfaction with health services, social care services (core questions), social care services (add-on module), personal care plans, eye care, and use of health/social care services in Welsh. In total, 11 respondents responded to this topic. However, not all respondents answered every section of the topic, and therefore each section received between three and seven responses. The figures quoted below reflect the number of respondents to each section.

#### **Frequency and geographical level of data collection**

The majority of respondents on this topic suggested that, ideally, the data should be collected annually. However, several respondents stated that they would accept data collection less frequently, if necessary. Data collection every two years was supported by the majority of respondents for the following topics:

- *Local health services* (2 out of 3 respondents)
- *Ambulance services* (2 out of 3 respondents)
- *Social care services – add-on module* (3 out of 5 respondents)
- *Eye care* (4 out of 4 respondents)

The majority of responses relating to the geographical level of data collection suggested that the data should be collected at local authority level. Several respondents requested data at Local Health Board level, with relatively few requesting regional or national level collection. There was little agreement about the preferred geographical scale for specific topics.

### **Potential impact of no longer collecting the data in future**

Respondents were asked about the likely impact of no longer asking the health and social care questions in future. The majority of respondents reported that the impact would be 'medium', with several stating that it would be 'high'. Few respondents thought the impact would be 'low'. There was no consensus about the likely impact across different topics.

### **Cross-tabulation topics**

The most commonly asserted need was for questions in the health and social care topic to be cross-tabulated by the core topics. Two respondents noted that they would need the *eye care* questions to be analysed according to risk factors for sight-loss, such as smoking, fruit and vegetable consumption, learning difficulties, dementia and stroke.

### **Potential for new questions**

This topic received a request for the development of new content. It was suggested that the questions on use of GP and hospital services should also ask about involvement in healthcare decisions, to support the principle of prudent healthcare. It was also suggested that the questions about these services should match up, to ensure the same data are collected about each one. In particular, one respondent noted that the question, *I, or my carer, was given all the information I needed*, should be asked about hospital as well as GP services.

## **2. Children and education**

The children and education topic contains 10 question modules: primary education, secondary education, helping 3-7 year olds, helping 8-17 year olds, aspirations for child, parental support with literacy and numeracy, satisfaction with education system, active travel – school children, childcare, play. The topic received responses from 12 respondents.

### **Frequency and geographical level of data collection**

The majority of respondents requested annual data collection ideally, with one requesting data collection every two years and several asking for collection every three years. *Active travel* was the topic most likely to be requested less frequently,

with four respondents requesting it every two years and two requesting it every three years. Data on *play* were also requested less often than annually by 4 out of 6 respondents.

The majority of respondents requested local authority level data collection across all of the children and education questions. One respondent requested data at national level across most of the sections. At least half of those who responded also requested national level collection for the following topics:

- *Aspirations for child* (2 out of 3 respondents)
- *Parental support with literacy and numeracy* (2 out of 4 respondents)
- *Satisfaction with the education system* (2 out of 4 respondents)

### **Potential impact of no longer collecting the data in future**

Across all of the children and education questions, the majority of respondents thought the impact of no longer collecting the data in future would be 'medium'. Few respondents thought the impact would be 'high' or 'low'.

There was agreement among respondents that no longer asking questions about *childcare* or about parents helping their children – *helping 3-7 year olds*, *helping 8-17 year olds* and *parental support for literacy and numeracy* – would be of 'medium' impact.

### **Cross-tabulation topics**

Respondents suggested very few topics for cross-tabulation analysis beyond the core topics. One respondent suggested analysing *childcare* by the working pattern of survey participants, while another suggested analysing *play* by a question taken from the Welsh Outdoor Recreation Survey about visits to playgrounds.

### **Potential for new questions**

This topic received one request for new content. It was suggested that the survey should ask about the respondent's confidence in the education system, in order to monitor and report on the Designed for Life strategy.

## **3. Internet**

The consultation asked for respondents' views on: internet access; use of and satisfaction with Welsh Government and public service websites; and staying safe online. The topic received responses from 7 respondents.

### **Frequency and geographical level of data collection**

The majority of respondents stated that annual data collection was required for this topic.

Respondents were divided about whether data was required at national or local authority level.

### **Potential impact of no longer collecting the data in future**

For this topic, 7 out of 10 responses received stated that ceasing data collection would be of 'medium' impact, while the remaining responses stated that impact would be 'high'. For the *internet* question module, respondents were most likely to select 'high' impact (2 out of 3 respondents).

### **Cross-tabulation topics**

Welsh Government's Digital Inclusion Unit requested that the *internet* questions be analysed by wellbeing. Pembrokeshire County Council requested that the *internet* module be analysed by protected characteristics, and Pembrokeshire Coast National Park Authority requested analysis of *public service communications 2013-14* by the Welsh Outdoor Recreation Survey topic of participation in activities.

## **4. Local area**

The local area topic includes seven question modules: local area; local authority services; recycling; democracy and understanding; proximity to green spaces (2013-14 survey); belonging to the local area; and local area (2013-14 survey). In total, the topic received responses from 12 respondents. As with previous topics, not all respondents commented on every section within the topic. Rather, between three and eight respondents answered each question module, and so the figures below reflect this.

### **Frequency and geographical level of data collection**

This topic generated considerable support for data collection every two years, or less frequently in some cases. Although the majority of respondents requested data collection annually if possible, several requested collection every two years at minimum, with a small number requesting collection every three years or five every five years. For the *local area* section, there was most support (2 out of 5 respondents) for data collection every two years or less often; for the *local authority services* module, there was most support (3 out of 4 respondents) for annual data collection.

All 30 responses to the topic asked for data to be collected at local authority level.

### **Potential impact of no longer collecting the data in future**

Respondents were divided about the impact if this data were no longer available, with similar numbers selecting 'high' or 'medium' impact. Both of the respondents who commented on the impact of no longer asking the *democracy and*



*understanding* questions stated that this would be 'high', while 3 out of 3 respondents agreed that no longer collecting *recycling* data would be of 'medium' impact. No respondents selected 'low' impact for deleting any of the questions.

### **Cross-tabulation topics**

Very few needs for cross-tabulation analysis were identified. One respondent noted a need to analyse several question modules by health and wellbeing outcomes. Another respondent noted a need for *recycling* to be analysed by the Welsh Outdoor Recreation Survey question about pro-environmental behaviour: *Which of the following activities you have done at least once in the last 12 months to help protect the environment and nature?* The same respondent also stated that *proximity to green spaces* should be analysed by Welsh Outdoor Recreation Survey questions on recreation.

### **Potential for new questions**

There were requests for two new sections to be introduced to this topic, examining how well survey participants get on with others of different backgrounds living within a 15-minute walking distance, and secondly whether survey respondents participate in volunteering activities in their local area.

## **5. Other topics**

The Welsh Government part of the survey also asks respondents about a diverse range of other topics, including companion animals, wellbeing, the armed forces, active travel and discrimination. This part of the consultation received responses from 17 respondents. However, not all respondents answered every section of the topic, and so the figures below reflect this.

### **Frequency and geographical level of data collection**

For questions within 'other topics', most respondents identified annual data collection as a first preference. However, most respondents identified collection every two years (or every three years in one case) as a minimum requirement. The majority of respondents said that data collection every two years was sufficient for the following topics:

- *Accommodation* (3 out of 4 respondents)
- *Arts / museums / heritage* (1 respondent)
- *Future generations* (2 out of 2 respondents)
- *EU SILC questions* (1 respondent)
- *Armed Forces* (1 respondent)
- *Fuel Poverty* (3 out of 4 respondents)
- *Active travel* (3 out of 3 respondents)

- *Use of a car* (4 out of 5 respondents)
- *NS-SEC (2013-14 survey)* (3 out of 4 respondents)

The majority of respondents requested data collection at local authority level, with this level of collection preferred for the majority of sections. However, opinion was divided about the level at which *wellbeing* data would be required. Three respondents preferred national level collection, one respondent preferred regional level, while two respondents preferred local authority level.

### **Potential impact of no longer collecting the data in future**

The majority of respondents reported that the potential impact of ceasing data collection for these topics would be 'medium'. There was disagreement about the impact of no longer collecting *wellbeing* data, with three respondents stating it would be 'high' and two respondents stating it would be 'medium'.

### **Cross-tabulation topics**

Public health Wales Observatory requested the following topics be analysed by health and wellbeing outcomes: *accommodation, fuel poverty, active travel, smoke alarms, use of a care, and NS-SEC 2013-14*. One respondent requested analysis of *future generations* and *wellbeing* by Welsh Outdoor Recreation Survey questions.

### **Comments**

The 'other topics' attracted a number of comments from respondents which are summarised below:

**Companion animals:** one respondent highlighted the importance of these questions for identifying the prevalence of pets with complex needs, such as exotic animals. The respondent suggested that this topic should be asked annually as trends in pet ownership, species popularity, and the prevalence of establishments selling animals can change quickly.

**Wellbeing:** a number of respondents raised concerns about how wellbeing would be covered in the survey, due to its inclusion in the core topics, National Survey 2014-15 and Welsh Health Survey. Respondents thought it should be consolidated into one section, with a consistent approach to how it should be measured. This concern should be addressed by the fact that similar topics will be grouped together in the final questionnaire. The current surveys were kept separate in the consultation document in order to make it easier for relevant stakeholders to identify and comment on areas of interest. However, in amalgamating the existing surveys the new National Survey questionnaire will bring together similar or overlapping topics.

One respondent suggested adding a 6 question module based on the 6-item De Jong Gierveld Loneliness Scale to provide a baseline for measuring the impact of the Strategy for Older People Phase 3, 2013-23.<sup>5</sup>

**Smoke alarms:** one respondent commented that the current questions are of limited value as smoke alarms only provide a warning in the event of a fire breaking out, rather than improving safety through prevention. The respondent proposed revising the question module to take a wider view of fire safety.

### **Potential new topics**

There were a number of requests for new topics to be included in this section of the survey. Firstly, one respondent suggested that a new set of questions should be developed around children's rights, in order to gauge levels of knowledge and awareness of children's rights and the United Nations Convention on the Rights of the Child (UNCRC). It was suggested that this would provide baseline statistics for levels of knowledge and understanding across Wales which would support monitoring of the Rights of Children and Young Persons (Wales) Measure 2011.

Secondly, one respondent stated that there was a need for more data around disability, particularly in relation to access to services. It was suggested that questions should be included about: whether disabled learners have choice and control over the courses they can take; the accessibility of local facilities e.g. schools, colleges, meeting places, cinemas, pubs, theatres, and shops; the accessibility of and/or satisfaction with public transport, or why disabled people don't use it; and the availability of suitable housing.

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<sup>5</sup> The De Jong Gierveld Loneliness Scale consists of the following six questions: 1) I experience a general sense of emptiness, 2) I miss having people around, 3) I often feel rejected, 4) There are plenty of people I can rely on when I have problems, 5) There are many people I can trust completely, 6) There are enough people I feel close to.

## **Arts Council of Wales topics (Arts in Wales Survey)**

The current Arts in Wales Survey is commissioned by the Arts Council of Wales. It is carried out face-to-face every five years, achieving a quota of 7000 participants. The survey covers attendance at and participation in arts events, communication of cultural activities, and attitudes to arts and culture.

As part of the consultation on new survey topics, respondents were asked how often they thought these topics should be included and at which geographical level, how much of an impact there would be if data collection ceased, and whether there were any topics which they would suggest for cross-tabulation analysis of these questions.

This section of the consultation received nine responses from four respondents. The majority (six) of responses requested that data be collected every two years at minimum, while one asked for data collection annually and another every three years. All respondents to this topic requested data collection at local authority level, and all agreed that the impact of no longer collecting the data in future would be 'medium'. No suggestions for cross-tabulation analysis, or for new topics, were received.

## **Natural Resources Wales topics (Welsh Outdoor Recreation Survey)**

The Welsh Outdoor Recreation Survey is run by Natural Resources Wales, involving a quota of 6,400 participants. It is carried out via telephone every three years, and so the move to the National Survey will involve a change in mode to face-to-face. The current Welsh Outdoor Recreation Survey asks about respondents' visits to the outdoors, outdoor activities they engage in, barriers to visiting the outdoors and attitudes to biodiversity.

Consultation respondents were asked about the frequency and geographical level of data collection, the potential impact of no longer collecting the data in future, and any preferred topics for cross-tabulation analysis.

This part of the consultation received responses from three respondents, although not all respondents answered every section of the topic. For the following question modules, each respondent stated a different preference for the frequency of data collection, with one preferring annual collection, one preferring every two years, and one respondent preferring every five years:

- *Recent visits*
- *Most recent visit*
- *General questions*

*Biodiversity* was requested every two years by one respondent and every five years by another. The questions for cross-analysis purposes were requested every two years (one respondent).

For the following question modules, each of the three respondents stated a different preference for the level of data collection, with one requesting local authority level, one preferring regional and one respondent favouring national level collection:

- *Recent visits*
- *Most recent visit*
- *General questions*

*Biodiversity* was requested at national level (one respondent) and local authority level (one respondent). The questions for cross-analysis purposes were requested at local authority level (one respondent).

The three respondents agreed that the impact of no longer collecting the data in future would be 'high' for the majority of question modules.

One respondent identified a need to analyse recent visits, most recent visit and *general questions* by Welsh Health Survey questions on physical activity, health limitations and wellbeing.

### **Potential for new questions**

One respondent suggested that the survey should ask about a wide range of environmental issues in addition to biodiversity, including public perceptions and awareness of climate change and flooding, in order to adequately support the Environment Bill and the Well-being of Future Generations Bill.

## **Welsh Government – personal health (Welsh Health Survey)**

Presently, the Welsh Health Survey is an annual survey of 15,000 respondents, with continuous data collection. It is a paper-based self-completion survey involving adults and children, and usually achieves around a 63% response rate. In joining the new National Survey for Wales, the format will change to face-to-face interviews, though it is likely there will be a self-completion element to cover more sensitive topics.<sup>6</sup>

The Welsh Government ran a consultation on future content and the approach to data collection for the Welsh Health Survey in 2014, the results of which were used to generate a proposal for health and lifestyle content for the new survey. The proposal was used as a basis for this consultation on personal health topics in the new National Survey. This section of the consultation received 96 responses from 22 respondents. As with previous topics, not all 22 respondents answered every personal health question module, and so the figures below reflect this.

Respondents were asked for feedback on the proposed frequency and geographical level of data collection, and the proposed priority level of each topic. Respondents were able to comment on the proposed approach, providing rich feedback which is summarised below. Please note that topics which received no consultation responses are not included in this summary.

### **1. Smoking**

The proposed content for this topic covers whether the survey respondent smokes and how often, whether they intend to quit, and use of e-cigarettes. It is proposed that these data will be collected annually at local authority level.

The 11 respondents who answered this topic agreed that this data should be collected annually, at local authority level. Two respondents requested data collection at LSOA or MSOA level. This would be very costly and is beyond the scope of the survey design, although work is under way to explore alternative ways of providing information at this small geographical level. Five respondents gave more detailed comments, requesting further development of questions around e-cigarette use, particularly as mechanism for quitting tobacco smoking.

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<sup>6</sup> The large-scale test phase of the new survey (being carried out in May and June 2015) will provide more data about which questions should be asked face-to-face and which should be self-completion.

## **2. Exposure to smoke**

This section of the survey asks about where respondents are exposed to second-hand smoke. It was proposed that this subject could be dropped, given that the ban on smoking in public places has been in place for a number of years.

Of the six respondents who answered this section, five requested that the questions be retained (annually and at local authority level), with one noting that the data is used to inform the Respiratory Disease Delivery Plan. One respondent was in favour of dropping the topic.

## **3. Alcohol consumption**

In the proposed survey questionnaire, this topic would cover how often respondents consume alcohol and their drinking habits over the last seven days. It was proposed that the data should be collected annually at local authority level, with the topic considered an 'essential' priority.

This topic received comments from ten respondents. Of the five respondents who commented on the frequency and level of data collection, four requested the data annually at local authority level, and one respondent requested that data at local health board level.

Two main concerns were raised in the comments. Firstly, three respondents raised concerns about the change in approach, from self-completion to face-to-face interview, stating that data collected face-to-face were likely to be unreliable for sensitive topics. Secondly, respondents disputed the best way to measure consumption, suggesting that current measures were inconsistent. Three respondents requested a change to the question wording in order to ask about estimated weekly consumption, rather than drinks consumed in the last seven days.

## **4. Physical activity**

The proposed survey content asks respondents about time spent walking, participation in moderate and/or vigorous activity, and time spent sitting. The questions are revised from previous WHS content, to reflect new guidelines coming into force from 2015. It is proposed that the data should be collected annually, at local authority level, as an 'essential' priority.

Respondents generally agreed with the proposed frequency, level, and priority of data collection. Several respondents noted that current indicators were inconsistent. However, opinion was divided about whether it was more important to update the



questions, aligning data collection with the new guidelines, or to retain the existing questions, allowing for continuity of trends.

## **5. Body Mass Index (height and weight)**

Currently, the Welsh Health Survey relies on the respondents' self-reported weight and height which are then used to calculate their BMI. The consultation asked respondents for their views on whether objective measurements by interviewers should be considered. These would be more accurate, but also time consuming and expensive. Whether self-reported or collected by interviewers, it is proposed that height and weight data will be collected annually, at local authority level as an essential priority.

A number of respondents highlighted the importance of these data in helping to tackle obesity in Wales. Several respondents favoured objective measures of BMI for their accuracy, highlighting evidence that considerable discrepancies are typically found between self-reported and objective measurements. However, others suggested that objective measurements would be impractical and could lead to increased refusal rates for this question, or lower response rates for the survey. In order to minimise the practical difficulties associated with objective measurements, it was suggested that they could be taken for a subsample of participants.

## **6. Fruit and vegetable consumption**

The planned survey content asks about the amounts of different fruits and vegetables consumed yesterday. It is proposed that this data will be collected annually, at local authority level as an essential priority. The consultation asked respondents whether, with the move to face-to-face interviewing, the topic should be revised.

Five respondents stated that this topic should be retained in its current form to allow for the analysis of trend data, despite the change in format.

## **7. Illnesses**

This topic looks at whether people have ever been treated for serious illnesses, including cancer, stroke or heart attack. It also asks about current treatment for a specified range of long-term physical and mental health conditions. It is proposed that this topic will be collected annually, at local authority level, as an 'essential' priority, though the change in survey format may offer the chance for topic development.

In general, consultation respondents felt that this topic should remain in its planned form. Nevertheless, there were two alternative suggestions. Firstly, two respondents suggested that objective measures of blood pressure should be used for a subsample of respondents. Secondly, several respondents requested adding other conditions to the specified list of illnesses, such as specific cancers, and dementia. One respondent proposed changing the question wording to ask about diagnosis, rather than treatment, given that effective treatments do not exist for all diagnosable conditions.

## **8. Limited by health problem/disability**

The survey asks people whether their day-to-day life is limited by a disability or other condition, as well as details about those condition(s). It is proposed that this topic should be collected annually, at local authority level, and considered an 'essential' priority. Respondents were asked to suggest potential changes in approach, given the new survey format.

Six respondents stated that it was essential to collect this data annually at local authority level, as it is used to monitor and inform various plans and outcome frameworks. Respondents also commented that trend data would be compromised if the question wording were changed. However, two respondents suggested changing the approach. The first suggested asking the same question used in the 2011 Census. The second stated that the question should reflect a 'social' model of disability, which informs cross-departmental Welsh Government policy, rather than a narrow 'medical' definition.

## **9. Health status / wellbeing**

In its current form, the survey uses the SF-36 measure to assess wellbeing. There are 36 questions which look at whether respondents are limited by physical activities or have problems with daily activities due to their physical or mental health, their mental health during the last four weeks, their health compared to other people, and compared to themselves one year ago. The consultation asked respondents to consider alternative measures that would be less time-consuming and would focus particularly on mental health and wellbeing.

Several respondents asked for SF-36 to be retained as it is widely used to inform and monitor Welsh Government policies, and to facilitate trend analysis. However, some respondents highlighted a potential for overlap with the wellbeing questions in both the core topics and the Welsh Government section. Two respondents suggested using a short form measurement capable of capturing the physical and

mental aspect of wellbeing, such as SF-12, while one suggested EuroQol or the Canadian Index of Wellbeing. A number of respondents highlighted a need to be able to compare with other countries.

### **10. Eyesight difficulty**

This topic asks whether the respondent's eyesight is good enough to see across a room. The consultation proposed asking the question once every two years, with data collected at the national level, as an essential priority.

Four respondents asked for the question to be retained, as it is the only measure of eye-health, as opposed to use of services. However, one respondent requested a change in question wording, to specify whether the person would be wearing their glasses/contact lenses if they usually wear them. The respondent also asked for results at a lower geographical level.

### **11. Hearing difficulty**

The proposed survey asks respondents whether they experience hearing difficulty, with and without their hearing aid if they usually wear one. It is proposed that this topic will be asked every two years, at national level, and considered a desirable priority.

The two respondents who commented on this topic asked for it to be retained.

### **12. Teeth**

This topic looks at how many natural teeth the respondent has. It is proposed that this topic may be dropped, as it is less used than others.

Three respondents asked for the topic to be retained, stating that it was useful for understanding equity of access to dental services geographically and according to socio-economic indicators. Two of the three respondents noted that there was potential to ask the question every two years, rather than annually.

### **13. Accident in past 3 months**

This topic asks whether respondents have experienced an accident, injury or poisoning in the last three months, and if so, what it was and where it occurred. The consultation proposed dropping this topic.

The single respondent to this section noted that the data could be collected administratively, rather than through the survey.

#### **14. Whether a carer**

The survey asks about caring responsibilities for friends, family members and neighbours. It is proposed that this topic will be asked every two years, with data collected at national level, as an 'essential' priority.

Several respondents requested the data annually at local authority level, with two noting that it was used extensively to inform service delivery and policy such as the Carer's Strategy, as it provided a framework for agencies to work together. One respondent stated that the topic was important for cross analysis of Welsh Outdoor Recreation Survey questions.

#### **15. Use of hospital services**

The proposed survey content looks at use of any hospitals services in the last 12 months, such as visiting A&E, attending an outpatient appointment and inpatient treatment. The consultation asked for feedback on whether this topic could be dropped.

The one respondent to this topic noted that the current data were useful, and so the topic should be retained.

#### **16. Use of other health services**

This topic examines use of other health services, such as the chiropodist or optician, in the last 12 months. It also looks at their usual reason for visiting the dentist, and whether they have received a flu jab. It was suggested in the consultation documents that this topic could be dropped.

The four respondents who gave feedback on this topic requested that it be retained, with the question about dental services asked every two years. One respondent stated that the data is used by NHS bodies.

#### **Potential for new topics**

One respondent requested new questions on use of 'legal highs', including herbal mixtures, powders, crystals or tablets which produce similar effects to illegal drugs, based on the questions currently used in the Crime Survey for England and Wales.

The respondent suggested that this would help the Welsh Government respond to a recent Health and Social Care Inquiry into new psychoactive substances which suggested more data was needed on levels of usage and prevalence.

### **Welsh Government – personal health topics consultation questions**

The consultation asked a number of general questions about their views on the overall approach to the ‘personal health’ element of the new National Survey, including topic content, the frequency and level at which topics should be included, ensuring continuity between years once new content has been introduced, and handling discontinuities introduced by the change in survey format.

The comments received indicated that respondents generally agreed with the proposed topics. The consultation proposed asking some topics annually at local authority level, but others less often and at national level, in order to increase the breadth of topics that could be included in the survey over the next five years. Several respondents argued against this approach, in particular the proposal to collect data at national rather than local authority level. Rather, some respondents stated that local authority level data collection was likely to be insufficient, with collection at LSOA level preferred. However, although the Welsh Government acknowledges the importance of small-area data, particularly for local auctioning planning, data collection at this level is very costly and is beyond the scope of the design for the new National Survey. The National Survey team is, however, currently working with academic experts to explore other ways of providing neighbourhood level estimates (at MSOA and LSOA level) by combining survey results with sources of lower-level information such as the Census.

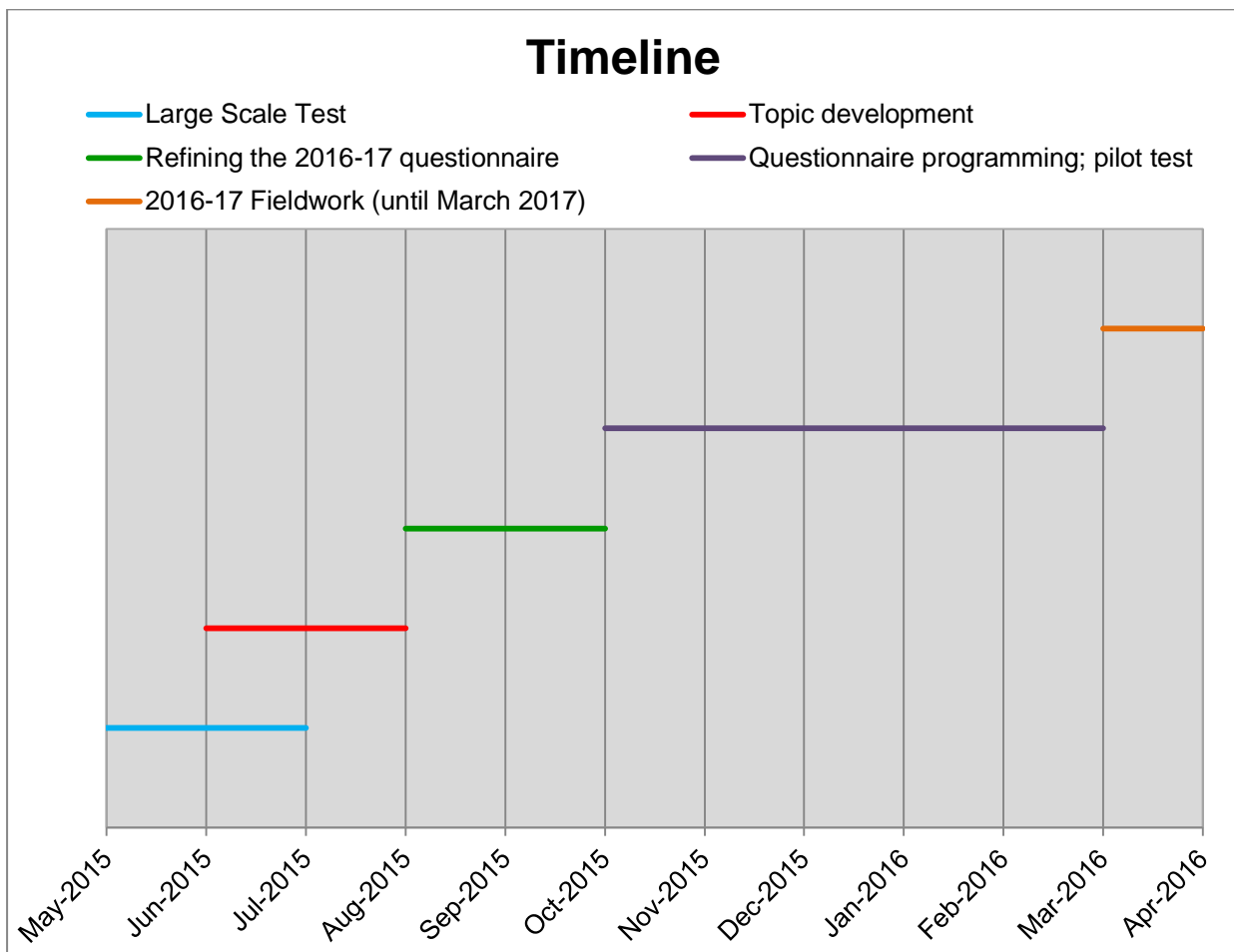
Several respondents raised concerns about the likely discontinuities in trends caused by changing from a self-completion survey to a face-to-face format, suggesting that further work should be carried out in order to fully understand the likely effects. However, the majority of responses recognised the potential afforded by the change in approach, stating that the opportunity to introduce new topics and adjust questions should be taken given that discontinuities would be unavoidable even if question wording was maintained. There was also consensus that once new topics were introduced to the survey, facilitating trend analysis should be a priority. The solution proposed by respondents was that survey content should remain fairly constant every year. However, trend analysis may still be carried out on data collected every two years or less frequently, and so this may offer a way to vary topics year-on-year at the same time as building up time series.

## Next steps

The consultation responses provide valuable input for developing new and existing survey topics, both for the 2016-17 survey and for subsequent years. During spring and summer 2015, work is taking place with Welsh Government policy teams and other stakeholders to develop the survey content. The questionnaire for 2016-17 will be finalised in October 2015.

The main concerns raised in the consultation focused on discontinuities due to the proposed face-to-face survey format, which differs from the approach of several of the existing surveys. Steps are being taken to minimise discontinuities where possible, and to ensure they are understood before the launch of the new survey in March 2016. For example, a questionnaire review was commissioned in late 2014 which looked at likely discontinuities between the existing surveys and the new survey; the report is available [here](#). In addition a large-scale test of the new survey, involving 3,000 respondents, is being carried out between May and July 2015 and should provide information on the discontinuities. It will also give a better idea about question timings, and therefore what can be fitted into the survey.

The timeline of work over the remainder of 2015-16 is shown below.



## **Annex 1**

Organisations responding to the consultation\*:

- Ageing Well in Wales
- Alzheimer’s Society
- Arts Council Wales
- Asthma UK
- BMA Wales
- British Association for Shooting and Conservation
- Caerphilly County Borough Council
- Cardiff University Dental School
- Care Council for Wales
- Cwm Taf University Health Board
- Hywel Dda Public Health Team
- Hywel Dda University Health Board
- Local Government Data Unit
- Natural Resources Wales
- Newport Local Service Board
- North Wales Community Health Council
- Older People Wales
- Pembrokeshire Coast National Park Authority
- Pembrokeshire County Council
- Powys Local Public Health Team
- Public Health Wales
- Public Health Wales Observatory
- RNIB Cymru
- RSPCA
- Wales Council for Voluntary Action
  
- Welsh Government branches
  - Audiology/Ophthalmic Policy
  - Crime and Justice
  - Children’s Rights
  - Digital Inclusion Unit
  - Equalities – Fairer Futures
  - Inclusion – Fairer Futures
  - Major Conditions
  - Mental Health and Vulnerable Groups
  - Office of the Chief Medical Officer
  - Public Health and Health Professionals
  - Research for Education and Skills

- Scheduled Care
- Substance Misuse
- Tackling Poverty
- Waste and Efficiency

\*Several respondents chose to remain anonymous and therefore are not included in this list.