

Consultation Response: Scotland's Census 2031

30/09/25

Introduction

At VHS, we regularly hear from our members that they are unable to access the data they need to support their work. Often, data is not available to reflect the health needs of the communities they serve, either for specific health conditions, geographical locations or demographic groups. In addition, typical sample sizes for national datasets do not allow for more granular analysis of intersectional needs.

With this in mind, Scotland's Census is a rich source of data for many third sector health organisations. Its large sample size and open accessibility allow for more detailed analysis than other datasets. We therefore believe that the 2031 Census must build on existing questions related to health and wellbeing to ensure it continues to reflect health trends and policy priorities. In particular, it is vital that the Census reflects the shift to preventative interventions that promote health creation In Scotland.

About Us

We are a movement for health creation. We work with our members and partners to address health inequalities and to create better health and wellbeing for people and communities. We believe health is more than the absence of illness. We are here to create health in Scotland by reducing inequalities and enabling people to live well. We provide the national voice for Third Sector health organisations in Scotland.

Through our policy work, VHS seeks to ensure that the experiences, knowledge, and interests of our members and stakeholders are reflected in national decision-making about health inequalities and health creation. We regularly consult with our members to ensure that our policy voice and priorities are reflective of their views and interests. We also ensure that our members are informed about relevant policy developments through accessible communications and events, and that they are aware of opportunities to influence decision-makers individually and collectively.



Consultation Questions

1. Have you used any outputs from the 2022 Census?

Yes

- 8. Health, Disability, and Unpaid Care
- a) For each topic area, please indicate whether or not you use outputs from this topic and if you do use the outputs, complete the additional information.

Yes, I currently use this data

- b) What do you use this topic information for? Tick all that apply
 - Planning services
 - Monitoring policy impact
- c) Please give detailed examples of how you use the outputs for this topic.

We have largely used the outputs of the 'health, disability, and unpaid care' Census 2022 topic to plan ahead and to influence policy.

Firstly, the data in the 2022 Census has informed the development of our upcoming 2025-2030 Strategy. VHS exists to champion the role of the third sector in addressing health inequalities and promoting health creation. Our Strategy is informed by the current health landscape in Scotland and the 2022 Census provides important data regarding trends and challenges, including important data on health inequalities. For example, the rise in the number of people reporting mental illness between 2011 and 2022 is a clear indicator of our need to further champion preventative interventions.

We have also utilised the 2022 Census data in our policy influence work. In our recent response to the <u>Scottish Parliament's Health, Social Care and Sport Committee consultation on Mental Health Spending</u>, for example, we utilised the Census data to highlight that current spending levels are inadequate given the rise in people reporting a mental health condition.

d) What benefits do these topic outputs create for you or your organisation? Please give detailed examples.

The benefit of the Census data over other relevant datasets, particularly the Scottish Health Survey, is the considerable difference in sample size. The Scottish Health Survey in 2023 had



a respectable sample size of just under 5000 adults and almost 2200 children. However, this obviously does not compare with the Census which in 2022 reached 89% of Scottish households.

The main benefit of this larger sample size is that Census data can provide accurate insights into the prevalence of reported health conditions for specific demographic groups, either by geographical location or by other variables such as ethnicity or main language. It also allows for representative analysis according to multiple variables. This level of detail is vital for identifying intersectional health inequalities in Scotland but is not often possible with other datasets given the sample size. This is further explored in our answer to question 10.

9. At what geographical level do you use the 2022 Census outputs?

- All of Scotland
- Local authority
- Data zone
- Health board area

10. What benefit do the multivariate outputs give you or your organisation? Please give a detailed answer.

As stated in our answer to question 8, the multivariate outputs in the Census are useful for understanding health inequalities, particularly those that are intersectional in nature. The ability to access data regarding intersectional health inequalities has been raised by our members as a particular challenge. Many of our members are community-based and respond to specific needs identified in the communities of place or interest that they serve. However, it can be difficult to prove the need for a service, or secure sustained funding for a service, if clear data does not exist to evidence demand.

Scottish Independent Advocacy, a VHS member, provide a clear example of the benefits of census data for identifying service need. In a recent <u>policy position paper</u>, they referenced the <u>census data on the increase in mental ill health and reporting of neurodivergent conditions</u> to demonstrate that there is an increased number of people that would have the right to access independent advocacy under the Mental Health Act. They further highlighted that independent advocacy providers are under increased pressure given the demand for their services, particularly given that they are broadly working with static or decreased resources.



11. How important is it for you to be able to compare census outputs across the UK?

Very important

Please explain your answer or provide more information.

Being able to compare census outputs from across the UK is vital, particularly given that responsibility for many public services, including health, is devolved to the Scottish Government. Census results are useful for understanding the long-term impact of health interventions that are unique to Scotland, by providing a comparison with other parts of the UK where that intervention may not be in place. To be useful, however, questions in the different censuses need to be comparable.

12. How important is the need for continuity with previous census outputs for your work?

Very important

Please explain your answer or provide more information.

As stated in our answer to question 11, the Census provides important information for assessing the impact of both local and national policy interventions related to health. It can take many years for interventions to have an impact. For example, the Childsmile programme, launched almost 20 years ago in 2006 to improve child dental hygiene, was found in 2023 to have greatly reduced the number of children with obvious dental decay. It also significantly narrowed the gap in dental health between children in the most and least deprived areas. Given the sample size of the census, it could provide an important indicator of the true impact of policy interventions, particularly with specific communities or demographic groups.

13. Should National Records of Scotland add topics to the 2031 Census that were not included in the 2022 Census?

Yes

14. What additional topics should be included in the 2031 Census?



We believe it would be beneficial to include more questions in the 2031 Census related to the behaviours which create health and support healthier lifestyles.

These could include questions on physical activity levels, alcohol consumption, access to healthy food, and smoking/vaping. Given the rise in the proportion of people reporting a mental health condition, it would also be useful to consider questions on wider wellbeing, including a question on social isolation and loneliness.

We know that these variables have a considerable impact on an individual's long-term health and wellbeing and would provide an important source of evidence supporting the Scottish Government's commitment to preventative health interventions. The Public Service Reform Strategy, Population Health Framework, and Service Renewal Framework, published in 2025, all express the need to shift healthcare towards prevention.

15. At what geographical level do you require this information? (tick all that apply)

- All of Scotland
- Local authority
- Data zone
- Health board area

Conclusion

Scotland's Census is a valuable data set for understanding trends related to health and wellbeing and is widely used by VHS and our members. However, Scotland's health needs are changing, and it is vital that the Census adapts to meet emerging needs.

We have therefore identified a number of recommendations to ensure that the 2031 Census remains useful for analysing the effectiveness of devolved policy interventions, whilst continuing to reflect Scotland's changing health landscape.

Our recommendations are:

- ensure that Scotland's Census is easily comparable with other census outputs in the UK, supporting analysis of the effectiveness of devolved interventions regarding health.
- ensure continuity with previous Census question-sets to allow for important trend analysis regarding health and wellbeing.
- include more questions in the 2031 Census related to the behaviours which create health and support healthier lifestyles.



Further Information

If you require additional information about any of the points made in this response or if you would like to discuss them further, you can contact our Policy and Public Affairs Lead, Sarah Latto, by emailing sarah.latto@vhscotland.org.uk.