

Notes for applicants

The economic and social value of health research programme

7 August 2017

A Health Foundation open call for innovative research on the economic and social value of health in the UK

NOTE: All applications to the economic and social value of health research programme have to be submitted through our online application portal <https://aims.health.org.uk>. We advise all potential applicants to familiarise themselves as early as possible with the application process. The process is outlined in the accompanying FAQ document as well as in the AIMS user manual.

The deadline for applications is 12.00 midday on 29 September 2017.

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About the Health Foundation

The Health Foundation is an independent charity committed to bringing about better health and health care for people in the UK.

Our aim is a healthier population, supported by high quality health care that can be equitably accessed. We learn what works to make people's lives healthier and improve the health care system. From giving grants to those working at the front line to carrying out research and policy analysis, we shine a light on how to make successful change happen.

We make links between the knowledge we gain from working with those delivering health and health care and our research and analysis. Our aspiration is to create a virtuous circle, using what we know works on the ground to inform effective policymaking and vice versa.

We believe good health and health care are key to a flourishing society. Through sharing what we learn, collaborating with others and building people's skills and knowledge, we aim to make a difference and contribute to a healthier population.

Further details about the organisation can be found at www.health.org.uk.

1 The economic and social value of health research programme

1.1 Overview

The Health Foundation's economic and social value of health research programme is a £1.5 million researcher-led open call for proposals. It forms a core part of the Health Foundation's work portfolio on healthy lives, which has been developed as part of our **Healthy Lives Strategy**. The call aims to build evidence for good health being an asset for the economy and society. Findings from this work will be used to inform the Foundation's work to promote national and local policies that improve health and health equity through action on the wider socio-economic determinants of health.

Economic and social factors have a complex, dynamic and multi-directional relationship with people's health. While much is known about their impact on people's health, relatively little is understood about the impact of individuals' health on the economy and society, or the mechanisms and pathways at play. We are not aware of any significant completed or ongoing work to address this gap.

By understanding the contribution that health status at individual and population level makes to wider economic and societal outcomes, and the mechanisms involved, policy makers across different sectors will be better placed to make decisions about the relative value of investing in the range of strategies that create and maintain good health over the life course. This includes strategies such as: action on the socio-economic determinants; actions that lay the early foundations for long-term health; or action that controls external factors that erode health 'stock'. This understanding of the economic and social value of health would enable an informed debate on the choices between the current health care based model of spending on services and provision that address the consequences of ill-health; and the opportunities for investment in other areas of public spending to promote and maintain good health and prevent ill-health.

In addition to this direct use in promoting different ways of thinking about health as an asset in policy making, the evidence generated by this research programme will have an applied use in the development of models and other tools for exploring the economic and social return on investment in people's health, and the liability of not doing this. The research will also facilitate further lines of enquiry, and a key output of the projects funded will be to set the forward research agenda in this field.

2 The current context

A scoping review commissioned by the Health Foundation to look at the individual-level literature found that while there has been considerable research using cohort studies to examine the determinants of people's health, individuals' health status has only rarely been used as a predictor for economic or social outcomes.

The findings from the review covered three life stages:

Life Stage 1: the impact of poor health status (chronic and/or acute) during childhood or teenage years (age up to 18-year-old) and on outcomes across the life course

- The majority of the evidence identified related to this stage, including 51 studies. This evidence was of high quality, and was roughly equally spread across both health categories (physical and mental health), types of outcomes (economic and social) and life periods for outcomes (childhood/adolescence and early/mid adulthood).

- In general, the evidence on the impact of physical health status on later outcomes was rather inconsistent. For instance, obesity was the most widely studied condition, producing a considerable volume of high quality, yet inconsistent, evidence, where some of the studies did show association of obesity with later outcomes and others did not. The associations between health problems in childhood and poor outcomes, mainly educational and occupational attainment, were more evident when health status was treated as being persistently poor or continuously deteriorating or being a severe problem due to an aggregate impact of various health conditions.
- Overall, the relationship between poor mental health, particularly Attention Deficit Hyperactivity Disorder, and worse educational and occupational outcomes was strongly established. However the association between mental health and various social outcomes, mainly focused around relationships, was less consistent, with some studies showing association and others not.

Life Stage 2: the impact of poor health status (chronic and/or acute) in early adulthood and middle age (ages 18–50) and on later outcomes

- The volume of the evidence was more modest than for life stage 1, with 17 relevant studies identified; nonetheless, these studies were of high quality. The impact of physical health status in early adulthood and middle age has been somewhat less studied than mental health.
- Overall, the relationship between an individual's physical health and economic outcomes was more consistent compared with the association with social outcomes.
- Both poor physical and mental health, including a variety of indicators, tended to be associated with unemployment or lower socio-economic status. However, as in life stage 1, the evidence on obesity was again highly inconclusive.
- Poor mental health was also found to be associated with experiencing some poor social outcomes, mainly quality of parenting, whereas the findings on the impact of poor physical health on social outcomes were mixed.

Life Stage 3: the impact of poor health status at older ages (50-year-old or older) and on later outcomes

- The size of evidence within this stage was moderate, with 20 studies, focusing mainly on the impact of physical health on later outcomes.
- The quality of evidence was not as high as in the previous stages.
- The evidence fairly consistently indicated a negative impact of poor mental health, chronic conditions, disability/functional limitations and self-rated poor general health on a range of social outcomes, such as life satisfaction/quality of life, as well as economic outcomes, mainly early retirement.

Although some relevant, good quality research exists, there are important gaps and opportunities for answering questions highly relevant to policy-making. .

The UK has some of the best longitudinal cohort studies (Appendix 1) in the world which provide a uniquely rich data source. The data have been underexploited in looking at the impact of health on economic and social outcomes through the life course. Data collection from these cohorts is ongoing. This provides the opportunity for extended follow-up of cohorts, to gain a broad understanding of the long-term impact of health on people's lives,

and to look at later life as the cohorts age. There is also scope to use data from new sweeps of the youngest cohorts, to consider the impact of childhood and adolescent health on economic and social outcomes among contemporary generations of young people, and to test whether associations are changing across generations, given the major generational shifts in health and socio-economic status now occurring. There may also be scope to use relevant administrative datasets.

The vast majority of studies identified in the scoping review used methods that were not able to identify causal relationships between health and later outcomes. Establishing causality is challenging, with limitations arising both from statistical methods used and study designs. Cohort studies provide a valuable data source of repeated measurements over time, however there are still gaps between measurement points.

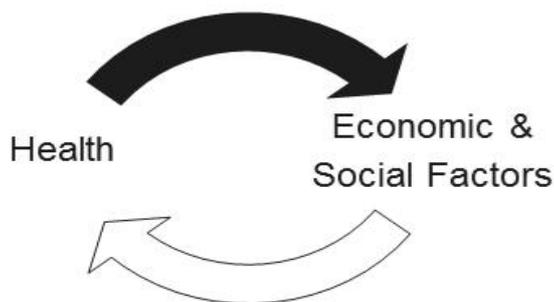
Many studies accounted for a wide range of relevant confounding factors due to the availability of rich data. However, there have been very few attempts to use methods that explicitly test for causality. There is therefore a need for research which attempts to identify outcomes that are consequences of an individual's health status (for example, approaches using multiple observations of health and economic outcomes among the same families or individuals over time, fixed effects models, or exploitation of the existence of any exogenous variation in health to use an instrumental variables approach). Both in terms of getting closer to the establishment of causality, and for policy purposes, there is a need for research that aims to explain the pathways and mechanisms by which health status translates into variation in economic and social outcomes. This will be crucial for drawing out policy implications. Looking at health trajectories across the life course, rather than single points, would help increase our understanding of mechanisms.

3 Remit of this call

This call is seeking proposals for research to build the evidence of health as an asset for the economy and society, which will be key to the promotion of cross-sector policies that support healthy lives, such as inclusive growth strategies and early intervention initiatives to support young children and their parents.

We are focusing this research call on the impact of the physical and/or mental health of individuals on their own economic and social outcomes, plus potentially also those of their immediate household where data are available. This research programme aims to generate new knowledge and expand our understanding of the impact that a person's physical and/or mental health has on their own economic and social outcomes (solid arrow, Figure 1).

Figure 1



We are looking to fund a number of awards that span a range of age groups and economic and social outcomes.

The call will not fund research into the impact of economic and social factors on health (outline arrow, Figure 1). Nor will it fund return on investment studies of public health interventions.

However, we recognise the complex, dynamic inter-relationship that exists between people's health status and socio-economic outcomes, and the possibility that, for example, health may causally impact on an economic outcome in such a way that may in turn create or exacerbate health problems. We are particularly interested in those economic and social outcomes that are consistent with promoting ongoing good health and equity, and the establishment of 'virtuous cycles'. We also recognise that the socio-economic context in which people experience ill health will be an important determinant of the impact of health, mitigating or exacerbating consequences. Researchers may take this into account by exploring as part of their proposals – for example – protective factors that mitigate negative consequences of ill health, or whether the impact of ill health differs across generations as socio-economic context changes over time.

This complex relationship between people's health status and socio-economic factors means that determination of the causal impact of health on economic and social outcomes is methodologically challenging. We will seek to fund research that attempts to address this by employing statistical methods explicitly testing for causality, and/or by examining pathways and mechanisms by which an individual's health status may translate into later economic and social outcomes.

We will be separately funding exploratory work to understand better the impact of health at the community level, with the intention that this will inform future funding by the Health Foundation of research into how the health of communities impacts on economic and social outcomes in those communities. This is part of a long-term strategy at the Health Foundation to change the conversation so that the focus is on health as an asset and to promote policies that support everyone's opportunity for a healthy life.

This document sets out the detailed process for the award of the economic and social value of health research programme awards and invites appropriately qualified organisations to submit a full proposal.

Applicants should read this 'Notes for Applicants' document, as well as the accompanying 'Frequently Asked Questions' (FAQs) document and any guidance notes in the online application form, in full before submitting their application.

4 Our areas of interest

Please note: This call does not have priority areas; please choose '0' from the dropdown when you complete section 4.2 of the application form.

We are particularly interested in research related to the above areas which seeks to address one or more of the following:

- The impact of individual health status across the life course on present and subsequent economic and social outcomes, and looking at trajectories of health in addition to single points in time.

- Understanding the mechanisms by which different individual health experiences (for example, enduring good or poor health, or periodic episodes of poor health) translate into later economic and social outcomes.
- Cross-cohort comparisons: for example, the association of childhood/adolescent health on outcomes for contemporary and prior generations, to test whether or not associations are changing across generations, given the changing socio-economic context.
- Methods which explicitly test for causality, in terms of the impact of individual health on economic and social outcomes: such as fixed effects models, marginal structure models, instrumental variables.

However, we are prepared to fund other high risk/high impact projects in other areas within the scope of the research programme.

We recognise that there may be a need for some methodological development to enable these questions to be answered, so you can include this in your proposal.

Projects funded as part of this call will help to develop understanding of the economic and social case for investing in strategies that maintain, protect and create health more broadly than through investment in health care, by reframing health as an asset that can potentially deliver wider economic and social returns on investment.

Projects funded will use UK longitudinal data and other relevant sources to enable exploration of the temporal relationship between exposures (health) and outcomes (economic and social factors). This is to ensure health exposures predate outcomes, a necessary prerequisite for implying causality, and to provide insight into time from exposure to outcomes. We are interested in the medium to long-term impact of health status through the life course; however, given the importance to policy, we would also expect identification of any shorter-term outcomes, and exploration of lag-times to outcome. We are also interested in any impact on the economic and social outcomes of the individual's immediate household members, where this is researchable.

Applicants must look at the downstream impacts of health status on economic and social outcomes. They should address the methodological challenges of establishing causality in their proposals, including the limitations of statistical methods and data in examining this, and must use appropriate methods to answer their research question. In addition to relationships between health status and economic and social outcomes, we are very interested in research that examines the mechanisms and pathways by which health status may influence economic and social outcomes. Qualitative research and life course studies may provide a useful complement, or alternative, to quantitative methods. This will increase understanding of causality, and will be important in determining policy implications.

We will particularly welcome proposals that combine UK longitudinal data with other sources of evidence. For example, a proposal may include new qualitative work that aims to deepen understanding of quantitative findings. We are also interested in the combination of data from different UK cohorts to understand how relationships might be changing over time, due to the importance of the wider socio-economic context.

We expect some projects may wish to explore linkages with UK Biobank data, however, we would look for some reassurance that this would be possible, given the different information governance regimes in operation across the four countries of the UK.

We define health broadly, as both physical and mental. We are interested in both objective and subjective measures of health, which may relate differentially to outcomes. Whether health as defined by physiological/biochemical measures, or as perceived by the individual,

has the biggest impact on economic and social outcomes is an interesting and relevant question. Researchers may wish to include wider 'wellbeing' as well as core health measures in their proposal, but this will not be a criterion for successful application. We are not looking to fund research that focuses entirely on a single health condition, although a narrower focus may become necessary for exploration of mechanisms/pathways by which health impacts on socio-economic outcomes, for example, as these may differ between conditions.

As described above, we know that economic and social factors have a complex interaction with health status. We will not fund research into the impact of these factors on health, only the impact of health on economic and social outcomes, with an attempt to explicitly look at causal relationships as far as data and methods allow. We are, however, most interested in those economic and social outcomes that are consistent in turn with good health and equity, in setting up and continuing 'virtuous cycles of health'. We are also interested in protective factors that may mitigate or exacerbate the economic and social consequences of poor health, and in the role of the socio-economic context in terms of how it influences the impact of health on the outcomes of interest.

The proposed programme will therefore support research that expands our knowledge and understanding of the impact of individuals' health on their economic and social outcomes, and the dynamic relationship between health status and the wider determinants of health.

We recognise that although the priority areas are distinct, some are linked or overlapping, and we acknowledge that research proposals may seek to address more than one area. Applicants are asked to identify which area their research will be predominantly addressing in their applications.

Opportunities for further analysis

The scoping review identified a number of key opportunities for analysis within the existing cohort data, although our funding will not be limited to proposals exploring these areas specifically, and we welcome all proposals within scope.

- The impact of childhood and adolescent health on economic and social outcomes among contemporary generations of young people. There is an important opportunity to make use of the Millennium Cohort Study at age 14 and Next Steps (born 1989/90) at age 25 to consider the impact of childhood and adolescent health on social and economic outcomes among contemporary generations of young people.
- More extensive use of recent sweeps of the National Child Development Study (NCDS) (age 44 biomedical sweep, age 46, age 50 and age 55) and British Cohort Study (BCS70) (at ages 38, 42, and in future, at age 46 including a biomedical sweep; currently underway), and of the National Survey of Health and Development (NSHD) (at age 43) to find evidence on the impact of health in early and middle adulthood on subsequent economic and social outcomes.
- Participants of the NSHD and NCDS are approaching older age and these datasets have information on a wide range of characteristics and circumstances occurring throughout the entire lifespan which could provide information about trajectories and cumulative impacts.
- Use of biomedical data, which is already widely available within cohort studies, as a means of overcoming biases in self-reported health measures.

5 Relevant work within the Health Foundation and other research funders

The economic and social value of health is an under-researched area, although there has been some research into the economic and social consequences of specific conditions, and the costs of illness.

None of the major potential funders such as the National Institute for Health Research (NIHR), Department of Health Policy Research Programme, Economic and Social Research Council (ESRC) and Joseph Rowntree Foundation appear to have funded work in this area. However, the ESRC currently has an open call for research into secondary data analysis of existing datasets (the Secondary Data Analysis Initiative (SDAI)). We will liaise with the ESRC to ensure that our funding does not duplicate efforts and is complementary to their own.

The EU published a report in 2005 on the contribution of health to the economy in the European Unionⁱ, and the World Health Organisation (WHO) published a guide to identifying the economic consequences of disease and injury in 2009ⁱⁱ. Apart from some ongoing work at the Institute of Fiscal Studies into how health affects the ability to work and influences retirement decisions (and vice versa), there appears to be a gap in funding of research in this area, despite the availability of potentially valuable longitudinal datasets and cohort studies.

6 Criteria and eligibility

In this call, we aim to develop knowledge and understanding of the economic and social case for investing in strategies that maintain, protect and create good health more broadly, rather than through investment in health care. The programme will therefore support research that expands our knowledge and understanding of the impact of individuals' health on their economic and social outcomes, and the dynamic relationship between health status and the wider determinants of health. To be eligible you should demonstrate that you have identified a genuine need for the research and how the findings will expand knowledge in the field, and have the potential for policy impact.

Successful applications must be policy relevant in the UK context and have the potential to have an impact on policy. Teams are expected to have the ability and preparedness to work with us to engage with, and influence, policymakers. Applicants must demonstrate a good understanding of the policy landscape.

Specifically therefore, applications to this stream should be studies that seek to:

- address an issue of relevance to the understanding of good health status as an asset for the economy and society
- develop policy relevant knowledge and evidence.

ⁱ Suhrcke, M., McKee, M., Sauto Arce, R., Tsoolova, S., Mortensen, J. (2005) *The contribution of health to the economy in the European Union*, Luxembourg: Health and Consumer Protection Directorate-General, European Commission. See: <https://www.ceps.eu/publications/contribution-health-economy-european-union>

ⁱⁱ WHO (2009) *WHO guide to identifying the economic consequences of disease and injury*, Geneva: WHO Department of Health Systems Financing Health Systems and Services. See: http://www.who.int/choice/publications/d_economic_impact_guide.pdf

We expect that many of the applications will be multidisciplinary, including a range of methodologies and linking cohorts and/or cohort studies, and we are keen to support multidisciplinary research that includes expertise in public health, statistics, economics and other social sciences.

6.1 Who can apply

We expect the lead applicant to be from a university or similar organisation with suitable research expertise (for example, a centre for research in population health or longitudinal studies).

Project teams will need to demonstrate that they have strong research and analytical skills relevant to the project, adequate systems of information and/or research governance, and experience in project management and delivery. We will also want to see evidence that the team has a thorough understanding of the data requirements for the project, particularly where datasets are required from a third party.

6.2 Selection criteria

When selecting proposals to fund, we will look for evidence of the following:

- the proposal directly addresses our areas of interest
- a clearly defined gap in the knowledge that the research is seeking to address
- application of robust and appropriate methodology
- a thorough understanding of the data requirements for the project, including a proactive approach to implementing appropriate information governance and data security arrangements
- usefulness and generalisability of anticipated findings
- understanding of the policy landscape and potential policy impact
- appropriate project management approach, including risk management and quality assurance
- value for money
- relevant experience and expertise of the research team.

6.3 What we will and will not fund

The research programme **will** support:

- primary and secondary research. We expect applicants to have identified a clearly defined gap in the knowledge prior to submitting an application
- study designs using quantitative and/or qualitative research methods, and we are keen to encourage studies which include a mixed methods design if appropriate
- the development of research methods and analytical techniques, as long as they support a clearly defined research study and produce policy relevant outputs.

The programme **will not** support:

- research which does not address one of the areas of interest
- costs where the main element of the project is supporting professional and personal development to build analytical capability.

7 Governance, audience and dissemination approach

The audience for this research is broad and includes senior officials in government departments responsible for key areas of economic and social policy; the national, regional and local policy and academic research community; commissioners; and third sector organisations that work on economic and social policy.

We expect research funded through this programme to be widely disseminated, especially through leading peer review journals and conferences. We would also encourage researchers to consider innovative methods of dissemination where appropriate.

We will expect successful research teams to communicate the progress of their work from an early stage; to seek to build linkages and share information where appropriate between the teams funded through this programme; and to work with the Health Foundation to influence policy makers.

An advisory group will be established to support the stewardship of the overall programme of the Health Foundation's work on 'health as an asset'. The group will include policy makers and public health professionals, as well as relevant academics. Terms of reference for the group will be agreed as part of the formulation of the group. Broadly, the primary purpose of the advisory group is to act as a 'critical friend' to the programme, providing technical oversight and monitoring progress against programme milestones and objectives.

Awardees of grants of £250,000 and over will be expected to attend board meetings which will be held at least twice a year throughout the life of the programme. Management of grants below £250,000 will be fixed on an individual basis, but there is an expectation that grant holders will attend at least one advisory group meeting during the life of the project.

For all grants, each project team will be expected to establish an advisory group to guide delivery of the project against agreed milestones.

The formal outputs from each project will be an annual award report, an end of award report and a final research report. We would also expect grant holders to publish their work in academic journals and to present their work at meetings and conferences. The Foundation has a policy of supporting open access publication fees for strategically relevant publications. These are decided on a case-by-case basis and therefore should not be part of the budget proposal. The Health Foundation will also support dissemination of the research findings, if appropriate.

Information governance

The projects will be expected to meet organisational and legal information governance requirements. This will be assessed during the application process.

Research governance

As outlined above, an advisory group will be established to support the stewardship of the overall programme of the Health Foundation's work on 'health as an asset'. This group will assist in the research governance process as appropriate.

The chosen grant holders will have demonstrated as part of the assessment process that they have governance procedures that are consistent with the Health Foundation's organisational research governance framework. The grant holders will be responsible for obtaining all ethical approvals required for the project.

Progress of the work of each research project will be monitored through regular update meetings between the Health Foundation research manager and the lead of the external research teams.

8 The budget

The Health Foundation currently has a total of £1.5 million allocated to fund our ambitions for the economic and social value of health research programme.

We anticipate funding a range of awards of between £150,000 and £350,000 for projects up to 36 months in length, however we expect some projects may be of shorter duration than this. In exceptional circumstances we may consider funding a research idea beyond our maximum of £350,000. You will, however, need to present an excellent case for this, based on the additional value and impact of the proposal.

Please note that as a charity we will fund only the full directly incurred costs of the research. **We do not fund overheads.** Furthermore, the research will be supported as a charitable grant and as such is not liable for VAT.

9 Application and selection process

How to apply

Applicants must complete an **online research proposal application form available at <https://aims.health.org.uk>**

We would ask that you familiarise yourself with the online application portal at the earliest possible stage of your application because we may not be able to respond in a timely fashion to any technical queries as the deadline for applications nears. We strongly encourage early proposal submission to avoid any disappointment.

To assist in preparing your application, a list of responses to FAQs has been prepared and is available for download. If you have queries about the application process which have not been answered in our FAQs, please email

TheEconomicAndSocialValueOfHealth@health.org.uk in the first instance. We will endeavour to reply within five working days and, if appropriate, will also update the FAQs document.

Information call

We will hold an **information call from 16.00 to 17.00 on Thursday 17 August 2017**. You can submit questions in advance. If you would like to take part, please register your interest to join the information call [here](#). Joining instructions and the exact time will be sent to you via email in advance of the call.

Information calls offer applicants the opportunity to hear more about the programme and ask questions to clarify understanding. Please note that we will not be able to answer specific technical questions about individual applications.

You are strongly encouraged to participate in the information call.

Key dates

The deadline to submit proposals is 12.00 midday, 29 September 2017. The online application portal will not accept proposals submitted after this time.

Longlisting of proposals will be completed by the week commencing 30 October 2017. Longlisted proposals will then be externally peer reviewed.

Shortlisting will be completed by 24 November 2017. Shortlisted proposals will be invited to attend an interview at our London offices.

Interviews will take place on 6 and 7 December 2017. Please ensure that you are available for interview on these dates, as we are unable to offer applicants alternative interview dates.

Applicants will be informed of the final decision by 11 December 2017.

Activity	Date
Deadline for applications	12.00 midday on 29 September 2017
Longlisting completed	w/c 30 October 2017
Peer review and shortlisting complete and applicants informed of interview	24 November 2017
Interviews	6 and 7 December 2017
Applicants to be informed of final decision	11 December 2017

Appendix 1: Summary table of UK longitudinal studies

Cohort Survey	Birth date	Data collection (year or age)
Hertfordshire Cohort Study (HCS)	1920s	Early 1990s + birth records
	1931-39	1998–2004 + birth records
English Longitudinal Study of Ageing (ELSA)	50+ in 2002	1998 (from Health Survey for England), 7 waves between 2002 and 2015
MRC National Survey of Health and Development Cohort / 1946 Birth Cohort (NSHD)	1946	Birth, 2, 4, 6, 7, 8, 9, 10, 11, 13, 15, 16, 19, 20, 22, 24, 26, 31, 36, 43, 53, 60–65
National Child Development Study / 1958 Birth Cohort (NCDS)	1958	Birth, 7, 11, 16, 23, 33, 42, 46, 50, 55
1970 British Cohort Study (BCS70)	1970	Birth, 5, 10, 16, 26, 30, 34, 38, 42
Longitudinal Study of Young People in England / Next Steps (LSYPE)	1989-90	13-14, annual to 19-20, 25
Avon Longitudinal Study of Parents and Children / Children of the 90s (ALSPAC)	1990s + families	Annual from recruitment during pregnancy
Millennium Cohort Study (MCS)	2000-01	9 months, 3, 5, 7, 11, 14, 17 (planned for 2018)
Growing Up in Scotland (GUS)	2002-03	3, 4, 5, 6
	2004-05	10 months, annual to 6, biannual to 11-12, further TBC
	2010-11	10 months, almost 3, almost 5, further TBC
Understanding Society (formerly the British Household Panel Survey)	N/A	Annual from 1991