

INDEX OF ENCLOSURES

Description	Date	Explanation of redactions	Clause
Enclosure 1: Submission: Health & Wellbeing Census (P5-S6 pupils) 2021-22 – September 2021 - response	29 September 2021	Personal details	Section 38(1)(b) Section 29(1)(c) – incorrectly applied. Replaced by s36(1)
Enclosure 2: Submission: Health & Wellbeing Census (P5-S6 pupils) 2021-22- September 2021	17 September 2021	Personal details	Section 38(1)(b) S30(b)(i)
Enclosure 3: Health and Wellbeing Census Submission June 2021 – response	24 June 2021	Personal details	Section 38(1)(b)
Enclosure 4: Health and Wellbeing Census Submission June 2021	24 June 2021	Personal details	Section 38(1)(b) Out of scope parts too
Enclosure 5: Health and Wellbeing Census Submission May 2021	06 May 2021	Personal details	Section 38(1)(b) Out of scope parts too
Enclosure 6: Health and Wellbeing Census Submission January 2021	January 2021	Personal details	Section 38(1)(b) Out of scope parts too
Enclosure 7: Submission - Approval for a voluntary Health and Wellbeing Census and Parental involvement and Engagement Census – Response – September 2020	28 September 2020	Personal details	Section 38(1)(b)
Enclosure 8: Submission - Approval for a voluntary Health and Wellbeing Census and Parental involvement and Engagement Census - September 2020	24 September 2020	Personal details	Section 38(1)(b) Out of scope parts too
Enclosure 9: Submission: Health and Wellbeing Census January 2020	January 2020	Personal details	Section 38(1)(b) S30(b)(i) S33(1)(b)

Enclosure 10: Submission: Health and Wellbeing census November 2019	November 2019	Personal details	Section 38(1)(b) S30(a) S30(b)(i)
Enclosure 11: Submission: Health and Wellbeing Census September 2019	September 2019	Personal details	Section 38(1)(b)
Enclosure 12: Health and Wellbeing Census submission August 2019 response	02 September 2019	Personal details	Section 38(1)(b)
Enclosure 13: Health and Wellbeing Census submission August 2019	August 2019	Personal details	Section 38(1)(b) S29(1)(c) incorrectly replaced 30(c) S30(b)(i)
Enclosure 14: Submission – Health and Wellbeing Data Collection and Platform – October 2017	17 October 2017	Personal details	Section 38 (1)(b) S30(b)(i)

Enclosure 1: Submission: Health & Wellbeing Census (P5-S6 pupils) 2021-22 – September 2021 - Response

Hi [REDACTED s38(1)(b)]

Ms Somerville was grateful for this additional information which she has noted.

Many thanks.

[REDACTED s38(1)(b)]

Private Secretary to Cabinet Secretary for Education & Skills

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From: [REDACTED s38(1)(b)]

Sent: 28 September 2021 18:42

To: Cabinet Secretary for Education and Skills <CabSecES@gov.scot>; Cabinet Secretary for Health and Social Care <CabSecHSC@gov.scot>

Cc: Minister for Children & Young People <MinisterCYP@gov.scot>; Minister for Public Health, Women's Health & Sport <MinisterPHWHS@gov.scot>; Minister for Mental Wellbeing & Social Care <MinisterMWSC@gov.scot>; DG Education & Justice <dgej@gov.scot>; DG Health & Social Care <DGHSC@gov.scot>; Livey D (David) <David.Livey@gov.scot>; Director of Learning <DirectorofLearning@gov.scot>; Director for Children and Families <DirectorforChildrenandFamilies@gov.scot>; Bell D (Donna) <Donna.Bell@gov.scot>; Director of Population Health <Directorofpopulationhealth@gov.scot>; Gorman G (Gayle) <Gayle.Gorman@educationscotland.gov.scot>; Wilson M (Mick) <Mick.Wilson@gov.scot>; Head of HSCA <HeadofHSCA@gov.scot>; Taylor A (Alison) <Alison.Taylor@gov.scot>; Anson S (Sam) <Sam.Ansongov.scot>; Drought A (Andrew) <Andrew.Drought@gov.scot>; Sheppard L (Lesley) <Lesley.Sheppard@gov.scot>; Macpherson MC (Mairi) <Mairi.Macpherson@gov.scot>; McLafferty DJ (Diane) <Diane.McLafferty@gov.scot>; Allen M (Mark) <Mark.Allen@gov.scot>; MacNee K (Karen) <Karen.MacNee@gov.scot>; Colvin I (Iona) <Iona.Colvin@gov.scot>; Chief Researcher <chiefresearcher@gov.scot>; Chief Statistician <ChiefStatistician@gov.scot>; [REDACTED s38(1)(b)]

Subject: RE: Submission: Health & Wellbeing Census (P5-S6 pupils) 2021-22

Cabinet Secretary for Education and Skills

Please find below a response to your questions:

- *I am not sure how para 14 sits with UNCRC to be honest. We're allowing a child to get a vaccine (in some circumstances that a parent refuses) but they cannot choose to fill in a form in a similar fashion. This seems a bit disjointed to me;*

[REDACTED s36(1)]

On reflection, the only alteration to the original position is that children and young people aged 16 years or over should ideally not need the consent of their parent/carer. Therefore, I suggest that pupils in S5 and S6 will not need their parental/carer consent, and their participation is entirely up to them.

This has been standard practice in the seeking of consent for children and young people to take part in statistical research for many years, and the UNCRC has not yet changed that position. You will wish to note that the Health Behaviours in School-Aged Children (HBSC) survey, which will also be taking place in Spring 2022, will be following this same consent process to ours.

- *Para 20 – which stakeholders?*

You sought clarification on who the stakeholders were that was mentioned in the following paragraph “Even though the content and design of the questionnaires have been carefully considered (involving a range of stakeholders), the HWC will cover topics that are seen to be potentially sensitive, particularly in areas such as relationships, sexual health, and substance use.”

The stakeholders involved in this were internal researchers and policy teams, external researchers (including previous work undertaken by [REDACTED s38(1)(b)], Children’s Parliament) who are experts in conducting research of this nature, Education Scotland, local authority and school representatives, and NHS experts from Greater Glasgow & Clyde Health Board who were involved in the production of the Relationships, Sexual Health and Parenthood (RSHP) materials.

- *I also don't understand why we have went for them giving their unique number (do they all know that or will that impact on return numbers?) rather than them filling in some data eg sex, DOB, postcode which, will it could all be analysed to find out who a person is, isn't so obviously traceable. Was that an SG or council decision?*

Children and young people will be given their own Scottish Candidate Number (SCN) just before they start completing their own questionnaire. The use of the SCN was an SG decision because the alternative would have resulted in children and young people spending many vital minutes entering personal information which local authorities already had access to. Also, the quality of the information being manually entered by children and young people may not be as complete/accurate (e.g. pupils having to know/remember their home postcode).

Given electronic technology is being used here, it would still be relatively easy to identify a child from their demographic data (rather than using a unique identifier), as a child’s postcode (together with other personal information, such as their sex, stage) would likely render them easily identifiable (and quickly searchable from school

management information systems). Note that the Scottish Government itself cannot trace a pupil's SCN back to a list of names.

I hope this additional information is helpful with reassuring you of the work, considerations and decisions that have been taken into account in developing the HWC. Officials would be happy to meet to discuss this further if needs be.

[REDACTED s38(1)(b)]

From: [REDACTED s38(1)(b)] **On Behalf Of** Cabinet Secretary for Education and Skills

Sent: 21 September 2021 11:34

To: [REDACTED s38(1)(b)]; Cabinet Secretary for Education and Skills <CabSecES@gov.scot>; Cabinet Secretary for Health and Social Care <CabSecHSC@gov.scot>

Cc: Minister for Children & Young People <MinisterCYP@gov.scot>; Minister for Public Health, Women's Health & Sport <MinisterPHWHS@gov.scot>; Minister for Mental Wellbeing & Social Care <MinisterMWSC@gov.scot>; DG Education & Justice <dgej@gov.scot>; DG Health & Social Care <DGHSC@gov.scot>; Lively D (David) <David.Lively@gov.scot>; Director of Learning <DirectorofLearning@gov.scot>; Director for Children and Families <DirectorforChildrenandFamilies@gov.scot>; Bell D (Donna) <Donna.Bell@gov.scot>; Director of Population Health <Directorofpopulationhealth@gov.scot>; Gorman G (Gayle) <Gayle.Gorman@educationscotland.gov.scot>; Wilson M (Mick) <Mick.Wilson@gov.scot>; Head of HSCA <HeadofHSCA@gov.scot>; Taylor A (Alison) <Alison.Taylor@gov.scot>; Anson S (Sam) <Sam.Ansongov.scot>; Drought A (Andrew) <Andrew.Drought@gov.scot>; Sheppard L (Lesley) <Lesley.Sheppard@gov.scot>; Macpherson MC (Mairi) <Mairi.Macpherson@gov.scot>; McLafferty DJ (Diane) <Diane.McLafferty@gov.scot>; Allen M (Mark) <Mark.Allen@gov.scot>; MacNee K (Karen) <Karen.MacNee@gov.scot>; Colvin I (Iona) <Iona.Colvin@gov.scot>; Chief Researcher <chiefresearcher@gov.scot>; Chief Statistician <ChiefStatistician@gov.scot>; [REDACTED s38(1)(b)]
Subject: RE: Submission: Health & Wellbeing Census (P5-S6 pupils) 2021-22

Hi [REDACTED s38(1)(b)]

Ms Somerville has seen your note and commented

- *I am not sure how para 14 sits with UNCRC to be honest. We're allowing a child to get a vaccine (in some circumstances that a parent refuses) but they cannot choose to fill in a form in a similar fashion. This seems a bit disjointed to me;*
- *Para 20 – which stakeholders?*
- *I also don't understand why we have went for them giving their unique number (do they all know that or will that impact on return numbers?) rather than them filling in some data eg sex, DOB, postcode which, will it could all be analysed to find out who a person is, isn't so obviously traceable. Was that an SG or council decision?*

Many thanks.

[REDACTED s38(1)(b)]

Private Secretary to Cabinet Secretary for Education & Skills

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From: [REDACTED s38(1)(b)]
Sent: 17 September 2021 12:46
To: Cabinet Secretary for Education and Skills <CabSecES@gov.scot>; Cabinet Secretary for Health and Social Care <CabSecHSC@gov.scot>
Cc: Minister for Children & Young People <MinisterCYP@gov.scot>; Minister for Public Health, Women's Health & Sport <MinisterPHWHS@gov.scot>; Minister for Mental Wellbeing & Social Care <MinisterMWSC@gov.scot>; DG Education & Justice <dgej@gov.scot>; DG Health & Social Care <DGHSC@gov.scot>; Livey D (David) <David.Livey@gov.scot>; Director of Learning <DirectorofLearning@gov.scot>; Director for Children and Families <DirectorforChildrenandFamilies@gov.scot>; Bell D (Donna) <Donna.Bell@gov.scot>; Director of Population Health <Directorofpopulationhealth@gov.scot>; Gorman G (Gayle) <Gayle.Gorman@educationscotland.gov.scot>; Wilson M (Mick) <Mick.Wilson@gov.scot>; Head of HSCA <HeadofHSCA@gov.scot>; Taylor A (Alison) <Alison.Taylor@gov.scot>; Anson S (Sam) <Sam.Ansongov.scot>; Drought A (Andrew) <Andrew.Drought@gov.scot>; Sheppard L (Lesley) <Lesley.Sheppard@gov.scot>; Macpherson MC (Mairi) <Mairi.Macpherson@gov.scot>; McLafferty DJ (Diane) <Diane.McLafferty@gov.scot>; Allen M (Mark) <Mark.Allen@gov.scot>; MacNee K (Karen) <Karen.MacNee@gov.scot>; Colvin I (Iona) <Iona.Colvin@gov.scot>; Chief Researcher <chiefresearcher@gov.scot>; Chief Statistician <ChiefStatistician@gov.scot>; [REDACTED s38(1)(b)]
Subject: Submission: Health & Wellbeing Census (P5-S6 pupils) 2021-22

Cabinet Secretary for Education and Skills
Cabinet Secretary for Health and Social Care

Please find attached a 5-page submission (plus Annexes) that aims to update and inform you in relation to the forthcoming Health and Wellbeing Census. Also attached are copies of the current versions of the S4 questionnaires. These are attached to provide you with the finer details of the questions, particularly those that will be perceived as sensitive, which pupils from this age/stage will be being asked.

[REDACTED s38(1)(b)]



[REDACTED s38(1)(b)]
Senior Statistician
Education Analytical Services

T: 0131 244 [REDACTED s38(1)(b)]

Scottish Government
Victoria Quay
Commercial Street
Edinburgh EH6 6QQ

Enclosure 2: Submission: Health & Wellbeing Census (P5-S6 pupils) 2021-22 – September 2021

From: [redacted s38(1)(b)]
Learning Directorate
17 September 2021

Cabinet Secretary for Education and Skills
Cabinet Secretary for Health and Social Care

HEALTH AND WELLBEING CENSUS (covering P5 to S6 pupils in schools)

Purpose

1. To provide an update on progress of this work, and to ensure that you are fully aware of the purpose and sensitive contents of this Census in advance of it being made available to Local Authorities in late September.
2. To provide you with the details of the questions being asked (including those potentially considered sensitive), I attach separately paper versions of the two online questionnaires which S4 pupils will be asked to complete.

Priority

3. **Routine** - but a response would be very much appreciated so that the Census can “go live” towards the end of September 2021.

Background

4. On 24 June 2021 you agreed that the Scottish Government (SG) should re-engage with local authorities in asking them to undertake their own Health and Wellbeing Census (HWC) in the 2021/22 school year. In addition to an update on the progress of this engagement, this advice provides key information on the census to ensure that you are fully sighted on the purpose, background and need for the survey, the sensitive nature of some of the questions that will be asked, prior to full implementation of the survey.
5. Additional background information in relation to the HWC is provided in Annex A.

Current Position

6. Following our engagement with authorities, we can confirm that 27 local authorities are currently in the process of working and planning to undertake their own HWC in the 2021/22 school year.
7. This is good news as it shows that there is a strong consensus across national and local government that the HWC is needed, and will be extremely beneficial to LAs/CPPs in meeting their legislative requirements as set out in Annex A. This consensus was also re-affirmed at a recent meeting of the Covid-19 Education Recovery Group (CERG).

8. This engagement complements that, in recent years, there have been significant policy developments relating to the health and wellbeing of children and young people, including the Review of Personal and Social Education (PSE), the development of statutory guidance on Relationships, Sexual Health and Parenthood (RSHP), the publication of guidance on Supporting Transgender Young People in Schools, development of tools to support LGBT Inclusive Education, improved guidance on food and nutrition in schools and support for mental health and wellbeing.

9. Some of these developments have been driven by partners, which has been very welcome, for example through the development of <https://rshp.scot/> an online resource developed by NHS Boards, education authorities to ensure that relationships, sexual health and parenthood education is supported, to recognise all of the relationships and sexual health practices and concerns within communities. This supports our agenda to tackle gender-based violence in schools, by addressing head on difficult issues such as consent and appropriate relationships and supports efforts to tackle the use, by young people, of pornography as a source of information about relationships. The evidence provided by the HWC will ensure that local and national priorities can continue to be aligned, and that actions can be streamlined to priorities.

10. Furthermore, stakeholders appreciate that schools themselves will also benefit from the HWC by receiving their own summary analysis so that they too become more informed in their contribution to improving the health and wellbeing of children and young people, such as through delivering the curriculum.

Local Authorities are Data Controllers

11. The approach for implementing the HWC (outlined in more detail in Annex A) means that legally each local authority are data controllers for their own HWC. This means that local authorities can decide for themselves whether or not to undertake their own HWC.

12. They also have the power to add or remove any questions they do/don't wish to ask, to ensure that their own legal teams are content for the HWC to happen in their local area. They are also required to ensure that they fully comply with UK GDPR requirements. The SG is working collaboratively with local authorities to ensure that they each conduct their own HWC lawfully and legally.

Mandatory vs. Voluntary

13. The HWC is totally voluntary, both for LAs to undertake and to parents/carers and pupils to take part in. As outlined above, local authorities are their own data controllers.

14. Similarly, parents/carers and pupils can decide for themselves not to take part in the HWC. The consent position being taken with the HWC is that views of parents/carers will take precedence over their child's view (i.e. pupils can only take part if their parents/carers consent to this).

15. However, if the parent/carer does provide their consent for their child to take part in the HWC, the child themselves can still refuse to take part. Also, the questionnaires are designed to enable pupils to “skip” questions they don’t wish to answer, or to actively state that they would “prefer not to say” to particular questions.

Engagement with Children and Young People

16. Whilst we did not directly engaged children and young people on the specifics of the HWC, we know from engagement on the PSE Review that young people want to learn more about the issues that directly affect them. For example, engagement with Girl Guiding identified that those young people recognised that they learned a lot about alcohol, drugs, smoking and anti-bullying but not enough about LGBT issues, relationships, consent and sexual harassment.

17. As such, the HWC will support schools and education authorities to identify the issues that young people are concerned about and to tailor their learning in PSE, and their advice and support services accordingly.

18. Also, the COVID-19 surveys carried out by the Children’s Parliament, and the Scottish Youth Parliament, YouthLink Scotland and Young Scot, consistently indicated that children and young people were concerned about their own health and wellbeing and that of others around them. One of the challenges for officials was that we were unable to quantify the level of concern that young people were experiencing during the pandemic and school closures because there wasn’t baseline information available about children and young people’s wellbeing, other than through surveys from previous years on specific issues.

19. Going forwards, the SG intends to ensure that the views of children and young people are taken into consideration as part of ongoing reviews, and future developments, of the HWC to ensure that the HWC remains topical and relevant to them, whilst also meeting the future needs of stakeholders.

Sensitive Issues/Topics covered in the HWC

20. Even though the content and design of the questionnaires have been carefully considered (involving a range of stakeholders), the HWC will cover topics that are seen to be potentially sensitive, particularly in areas such as relationships, sexual health, and substance use.

21. Ministers are asked to note that questions on Relationships and Sexual Health section (asked from S4 upwards) include a small number of questions on relationships, but then focusses on sexual activity, safe sex and pregnancy prevention. The complete set of questions that form the ‘Relationship and Sexual Health’ section can be seen in the latest S4 questionnaire (attached separately).

22. Furthermore, some questions in the HWC will ask S4 pupils about their smoking and alcohol habits, and substance use, which includes taking part in illegal activity (i.e. underage buying or attempting to buy cigarettes or alcohol, and the taking of illegal drugs).

23. Ministers should note that questions of this nature relating to smoking, alcohol, substance use and sexual health have been included in previous health and

wellbeing survey for many years, and are vital for CPPs/LAs as part of their legislative duties (see Annex A). This information is also vital for Scottish Government policy making purposes.

24. This is why questions on these sensitive topics are being asked as part of the HWC, and to ensure that this has all been done appropriately, the questionnaires have been ethically reviewed and approved by independent Scottish Government researchers.

25. The relationships and sexual health questions use language for which pupils in S4 should be familiar with, as these are used in the Relationship, Sexual Health and Parenthood (RSHP) national resource for which DFM endorsed: [Home - RSHP](#).

Risks

26. Even though the content and design of the questionnaires have been carefully considered, and the topics/themes included in the HWC are not new and have been covered in surveys of this nature for many years, [REDACTED 30(b)(i)]

27. [REDACTED 30(b)(i)]

28.

[REDACTED 30(b)(i)]

Confidential vs. Anonymous

29. As the HWC is to provide LAs/ CPPs and schools with their own statistical summary results, including looking at results by various pupil characteristics (e.g. sex, stage, SIMD, etc.), the HWC is not an “anonymous” survey. However, what pupils say in the survey should remain confidential.

30. The HWC is not anonymous because pupils will be asked to state which school they attend, and to enter their unique Scottish Candidate Number (SCN). Having pupils identifiable is unavoidable in order for local authorities to be able to undertake the analysis required. If pupils were not asked to enter their SCN, they would need to enter the necessary pupil characteristics required for analytical purposes (such as their sex, date of birth, home postcode, etc.). By asking pupils to do this would likely make them identifiable anyway (e.g. there will not be many pupils in the same school, with the same pupil stage (e.g. P7), with the same home postcode, and same date of birth, for example).

31. However, as stated in paragraph 22 above, some questions in the HWC do ask S4 pupils about taking part in illegal activity, and as such, these questions are included in a supplementary questionnaire where the pupil will remain anonymous (attached separately).

Child Protection Concerns vs. Confidentiality

32. Conducting research with children and young people provides them with a voice to help us all to understand what they think about the issues that affect them. However, any research involving children must balance the aims of the research with the safety and wellbeing of the participants.

33. As pupils are identifiable from the information they provide (as explained above), the questionnaires have been carefully designed to ensure that anything

they do say to each specific question should remain confidential, and no action will need to be taken on anything they say.

34. However, there is a very small risk that analysts may become concerned by something they see in their analysis, and as such would need to breach this confidentiality in order to take any necessary actions.

35. As part of their duties to comply with UK GDPR, local authorities will be informing parents/carers and pupils that what pupils say will only be used for statistics and research purposes, and will not be shared with anyone else outside of the local authority research team. However, they will also make it clear that they may need to break confidentiality when necessary, for instance if they feel a child is at risk of harm and action needs to be taken to protect them.

Recommendation

36. That you note this forthcoming HWC, including:

- the significant activity and progress made, and considerations that has been undertaken to address and mitigate against specific risks and concerns;
- the risks that are inherent in the undertaking a HWC of this scale, whilst considering the needs and purpose of the HWC to both local and national government as part of their legislative duties.

37. Officials would be happy to discuss this further.

[redacted s38(1)(b)]
Education Analytical Services
September 2021

Annex A

Background and history

38. Since 2015, the SG has been leading on a review of the landscape of health and wellbeing surveys. Historically, information from health and wellbeing surveys for children and young people have largely been gathered from national and international sample surveys commissioned by the Health and Social Care Directorate, such as the Health Behaviours in School Aged Children (HBSC) and the Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS). These 2 well-established surveys have always been conducted by surveying children and young people in schools during school hours. Annex B includes some information about these 2 existing surveys.

What will the Health and Wellbeing Census do?

39. [REDACTED s30(b)(i) Therefore, the aim of the HWC has been two-fold: to streamline and de-clutter the survey landscape to reduce the burden on schools; and to make more evidence available for use by local partners (such as local authorities (LAs), Community Planning Partnerships (CPPs) and schools). This streamlining and support for local Children's Services Planning based on evidence also responds to clear feedback from the engagement with local partnerships undertaken by the Director for Children and Families and Chief Social Work Adviser throughout 2019.

40. As the need for improving the health and wellbeing of children and young people stretches much further than education alone, the Census was jointly developed, in particular, with policy areas from across the Scottish Government's Health and Social Care, Children & Families and Learning Directorates, as well as with stakeholders from Education Scotland, Public Health Scotland and local authorities/CPPs.

41. In addition, the National Improvement Framework (NIF) states one of its key priorities is "improving the health and wellbeing of children and young people". As well as providing information and contributing to the delivery of the NIF it is recognised that information from the HWC will support a range of local stakeholders, as well as across a number of Scottish Government Directorates, to provide detailed evidence to inform policy making and provide local information to help drive forward local service planning and improvement by LAs/CPPs.

Scope of the HWC and alignment to national policy

42. The proposed new HWC has been designed to cover all aspects of wellbeing using the SHANARRI domains (Safe, Healthy, Active, Nurtured, Achieving, Responsible, Respected and Included), rather than to solely focus on health behaviours (such as smoking, alcohol and substance use), which in turn takes into consideration the 4 capacities of Curriculum for Excellence.

- Successful learners
- Confident individuals
- Responsible citizens
- Effective contributors

43. The HWC was originally due to "go live" in the 2019/20 school year. However, due to concerns about the sexual health questions, and the lack of questions on relationships, this was delayed. Pilots of the HWC were then planned to take place

in Spring 2020 and Spring 2021. However, due to the impact of having to close schools due to the Covid pandemic over these periods, these pilots could not go ahead.

Alignment to legislative Duties

44. Under the Children and Young People (Scotland) Act 2014, local authorities and their relevant health board must, in respect of each 3 year period, prepare a children's services plan for the area of the local authority. The aims of children's services plan are that children's services in the area concerned are provided in the way which:

- best safeguards, supports and promotes the wellbeing of children in the area concerned,
- ensures that any action to meet needs is taken at the earliest appropriate time and that, where appropriate, action is taken to prevent needs arising,
- is most integrated from the point of view of recipients, and
- constitutes the best use of available resources,

45. Therefore, the approach that is being adopted for implementing the HWC is to provide each local authority with a consistent set of materials and technology to self-administer their own HWC. This approach ensures that each LA (and their local partners) have access to its own information first and foremost, which is consistent across all local authority areas, so that they each have the evidence they need to fulfil their legislative duties as soon as children and young people have taken part in their local Census. This supports local authorities in their duties under the Local Government (Scotland) Act 2003, which states they can do anything which it considers is likely to promote or improve the well-being of its area and/or persons within that area.

46. It is worth noting that the data gathered from pupils will be held and stored by the pupil's local authority research team. Schools themselves will not have access to the individual child-level data. However, schools themselves will benefit from this approach by receiving their own individual summary results which will show what children and young people learning in that school had self-reported in order for the school to consider what further action it could take to influence and enhance the health and wellbeing of its children and young people. This supports education authorities in their duties to ensure their schools are health promoting as set out in the Standards in Scotland's Schools etc. Act 2000 and the Schools (Health Promotion and Nutrition) (Scotland) Act 2007.

47. Once each LA has self-administered its own HWC, the SG has a lawful and legal basis to ask each local authority to share their data with us (similar to other statistical data collections) in order for the SG to conduct national and local level analysis that will provide evidence for the NIF and Improvement Plan and for other key stakeholders within and outside the SG.

Content of the HWC

48. Whilst it is generally appreciated that the HWC can never fully meet everyone's needs (as what constitutes a person's health and wellbeing is wide-ranging and complex, and that consideration needs to be taken into account as to how many questions can be included in the questionnaires to enable pupils to complete them within a class period), the current content of the HWC questionnaires are very much based on existing tried and tested questions that have been used in long-standing surveys (such as HBSC and SALSUS).

49. However, the SG will continue to develop and review the content of future Censuses to ensure they remain relevant and useful to stakeholders, and to fill any "gaps" in topic coverage. The SG will ensure that all key stakeholders are involved in this process going forwards to ensure their views and requirements are taken into consideration, and that future development and testing of new questions can be put in place in time for future Censuses.

Handling

50. Officials have already prepared and published an FAQ document which addressed the key questions which parents and carers and those not directly involved in the development of the survey may have. This is available here: [Health and Wellbeing Census - gov.scot \(www.gov.scot\)](http://www.gov.scot/Health-and-Wellbeing-Census).

51. As it is anticipated that these matters may be raised by the media or in Parliament, officials will also prepare an FMQ document which will provide the top lines and key rebuttals to **[REDACTED 30(b)(i)]**.

Existing Key Sources of HWB information

Health Behaviours in School Aged Children (HBSC)

For around 30 years the Scottish HBSC study has investigated the health and well-being of school children in Scotland and the social contexts in which they are growing up.

The Scottish HBSC study is currently led by the MRC/CSO Social and Public Health Sciences Unit at the University of Glasgow. The study is funded by NHS Health Scotland, who are closely involved with developing the survey and in ensuring that the data collected is as useful as possible.

The HBSC survey is conducted every four years and collects data from around 2,000 Primary 7, Secondary 2 and Secondary 4 pupils (i.e. up to 6,000 pupils in total) from all over Scotland. In Scotland, pupils are currently asked to complete a paper-based survey in a classroom under exam conditions, which takes on average 40 minutes using the HBSC international standard questionnaire. They are looking to move to an online questionnaire for the next survey in Spring 2022.

The Scottish HBSC study is part of a larger cross-national study which is conducted in collaboration with the World Health Organisation (WHO) Regional Office for Europe. The study covers around 50 countries and regions in Europe and North America, and covers a wide range of health and social topics about physical activity, eating and dieting, oral health, smoking, alcohol consumption, self-reported health and symptoms, life satisfaction, spirituality, mental well-being, bullying, fighting and injuries, socio-demographics, family life, school environment and peer relationships.

Additional questions are included for the older age groups on cannabis use (13 and 15 year-olds only) and sexual health (15 year olds only).

The latest (2018) Scottish HBSC study results can be found here:

[HBSC](#)

Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS)

SALSUS is a continuation of a long-established series of national surveys on smoking, drinking and drug use. These were carried out jointly in Scotland and England between 1982 and 2000, to provide a national picture of young peoples' smoking (from 1982), drinking (from 1990), and drug use (from 1998) behaviours within the context of other lifestyle, health and social factors. Since 2002, Scotland has developed its own, more tailored survey, known as SALSUS. The survey runs approximately every two years.

This survey series also provides local prevalence rates for smoking, drinking and drug use approximately every four years across Alcohol and Drug Partnerships (ADPs), local authorities and NHS Boards.

SALSUS is a self-completion survey administered by teachers in a mixed ability class, under exam conditions, and more recently has been administered online. All local authority and independent schools in Scotland were eligible for inclusion in the sample, with the exception of special schools. A random, nationally representative sample of S2 and S4 pupils was drawn, with classes as the primary sampling unit.

Fieldwork was last undertaken between October 2018 and April 2019. In total, 12,558 pupils in S2 and 10,807 pupils in S4 took part in the survey. The results from this survey was published on 26 November 2019, and can be found here:

<https://www.gov.scot/publications/scottish-schools-adolescent-lifestyle-substance-use-survey-salsus-national-overview-2018/pages/1/>

Enclosure 3: Health and Wellbeing Census Submission June 2021 – Response

Many thanks, Ms Somerville has noted.

[REDACTED s38(1)(b)] (he/him)

Private Secretary to Cabinet Secretary for Education & Skills

T: 0131 244 2513 | M: 07920 595434 | E: cabsecES@gov.scot

The Scottish Government | St Andrew's House, Regent Road, EDINBURGH EH1 3DG

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From: [REDACTED s38(1)(b)]

Sent: 24 June 2021 10:26

To: Cabinet Secretary for Education and Skills <CabSecES@gov.scot>; Cabinet Secretary for Health and Social Care <CabSecHSC@gov.scot>

Cc: Minister for Children & Young People <MinisterCYP@gov.scot>; Minister for Public Health, Women's Health & Sport <MinisterPHWHS@gov.scot>; Minister for Mental Wellbeing & Social Care <MinisterMWSC@gov.scot>; DG Education & Justice <dgej@gov.scot>; DG Health & Social Care <DGHSC@gov.scot>; McAllister C (Colin) <Colin.McAllister@gov.scot>; Director of Learning <DirectorofLearning@gov.scot>; Director for Children and Families <DirectorforChildrenandFamilies@gov.scot>; Bell D (Donna) <Donna.Bell@gov.scot>; Foggo R (Richard) <Richard.Foggo@gov.scot>; Gorman G (Gayle) <Gayle.Gorman@educationscotland.gov.scot>; Wilson M (Mick) <Mick.Wilson@gov.scot>; Head of HSCA <HeadofHSCA@gov.scot>; Taylor A (Alison) <Alison.Taylor@gov.scot>; Anson S (Sam) <Sam.Ansongov.scot>; Drought A (Andrew) <Andrew.Drought@gov.scot>; [REDACTED s38(1)(b)]; Macpherson MC (Mairi) <Mairi.Macpherson@gov.scot>; Director of Population Health <Directorofpopulationhealth@gov.scot>; Colvin I (Iona) <Iona.Colvin@gov.scot>; Chief Researcher <chiefresearcher@gov.scot>; Chief Statistician <ChiefStatistician@gov.scot>; [REDACTED s38(1)(b)]

Subject: Submission in relation to the proposed Health and Wellbeing Census 2021/22

Cabinet Secretary for Education and Skills
Cabinet Secretary for Health and Social Care

Please find attached a 6 page submission with regards issuing a letter to Directors of Education asking all local authorities to undertake the Health and Wellbeing (HWB) Census in the 2021-22 school year. The letter also provides notification of the plans for the Health Behaviour in School-aged Children (HBSC) Study, which has been commissioned by Public Health Scotland, and will also take place in the 2021/22 school year.

Thank you,

[REDACTED s38(1)(b)]

[REDACTED s38(1)(b)]

Education Analytical Services: Benchmarking and Improving Evidence

I am currently working at home. Please contact me on [REDACTED s38(1)(b)].

Scottish Government | Victoria Quay | Edinburgh | EH6 6QQ

Tel: + 44(0)131 244 [REDACTED s38(1)(b)] | Mobile: [REDACTED s38(1)(b)]

I work from home on Tuesday and Friday, please contact me on my mobile number on these days.

[contactSCOTLAND-BSL](#) | [REDACTED]

Enclosure 4: Health and Wellbeing Census Submission June 2021

[REDACTED s38(1)(b)]
Learning Directorate
24 June 2021

Cabinet Secretary for Education and Skills
Cabinet Secretary for Health and Social Care

HEALTH AND WELLBEING CENSUS 2021/22

Purpose

1. Further to a submission dated 06 May 2021, and the discussion at CERG on 27 May 2021 this note is to inform you of our intention to issue a letter to Directors of Education asking all local authorities to undertake the Health and Wellbeing (HWB) Census in the 2021-22 school year.

Priority

2. Urgent.

Background

3. The original proposal for introducing a HWB Census dates back to 2015, to make more health and wellbeing evidence available for use by local partners (such as local authorities (LAs), Community Planning Partnerships (CPPs) and schools; and to streamline and de-clutter the survey landscape to reduce the burden on schools.
4. A set of questionnaires, for children and young people in P5 – S6, have been developed by representatives and experts from across academia, public health, local authorities and schools. These questionnaires have also been ethically approved by independent researchers within the Scottish Government.
5. The questionnaires cover a wide range of topics such as attitudes to school, physical activity, general health, eating behaviours, general wellbeing, mental wellbeing, sleep patterns, relationships with family and peers, self-perception, social media and online experience, experience of bullying, caring, and aspirations.
6. Children and young people in secondary school are also asked questions of a sensitive nature, on alcohol, tobacco and drug use. Young people in S4 and above are asked about relationships and sexual health. Whilst these are controversial topics, it is essential that education authorities are able to understand the picture of young people's awareness of these matters and use of substances in order to inform local action to reduce or prevent inappropriate behaviours. The information can also be shared with SG policy

teams to inform national policy – for example work on mental health and wellbeing, substance misuse. Similar questions are already included in existing national HWB surveys.

Current position

7. In September 2020, the DFM approved an approach to the HWB Census in which the Scottish Government would seek local authority ‘volunteers’ to undertake their own HWB in the current 2020/21 school year, and six local authorities volunteered.
8. However, due to the Covid-19 lockdown that came into force at the start of 2021, which resulted in the closure of schools for most pupils, local authorities were unable to proceed with the proposed HWB Census in 2020/21 as the Census requires pupils to take part during a class period whilst in school.
9. Following discussions and agreement by ADES, CoSLA, NPFS, Professional Associations and the Covid-19 Education Recovery Group (CERG) during recent months on the need for the HWB census, the Scottish Government are now planning to ask all local authorities to undertake their own HWB Census during the 2021/22 school year. This reflects acknowledgement that having comprehensive evidence in relation to the health and wellbeing of children and young people is now more important than ever to feed into local improvement planning and recovery.
10. As such, we intend to issue the attached correspondence (see Appendix 1) to Directors of Education as soon as possible asking them to undertake their own HWB Census, and setting out next actions.
11. [REDACTED Out of Scope]
12. [REDACTED Out of scope]

Recommendation

13. You are asked to note the letter to Directors of Education which will be issued this week, asking each local authority to undertake their own HWB Census in the 2021/22 school year.

[REDACTED s38(1)(b)]
Education Analytical Services
June 2021

Copy List:	For Action		For Information
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		For Comm ents	Portf olio Inter est	Constit Interest	General Awareness
Minister for Children and Young People			X		
Minister for Public Health, Women's Health and Sport			X		
Minister for Mental Wellbeing and Social Care			X		
Joe Griffin Caroline Lamb Colin McAllister Graeme Logan Michael Chalmers Donna Bell Richard Foggo Gayle Gorman Mick Wilson Anita Morrison / Nicola Edge Alison Taylor Sam Anson / Andy Drought John Froggatt Mairi Macpherson Liz Sadler Iona Colvin Audrey MacDougall Roger Halliday [REDACTED s38(1)(b)] [REDACTED s38(1)(b)] [REDACTED s38(1)(b)] [REDACTED s38(1)(b)] [REDACTED s38(1)(b)] [REDACTED s38(1)(b)] [REDACTED s38(1)(b)] [REDACTED s38(1)(b)] [REDACTED s38(1)(b)] [REDACTED s38(1)(b)] [REDACTED s38(1)(b)] [REDACTED s38(1)(b)] [REDACTED s38(1)(b)] [REDACTED s38(1)(b)] [REDACTED s38(1)(b)] [REDACTED s38(1)(b)] [REDACTED s38(1)(b)]	Director General Education and Justice Director General Health & Social Care Special Adviser Director of Learning Director of Children & Families Director of Mental Health Director of Covid-19 Public Health Chief Inspector of Education Scotland Head of Education Analytical Services Head of Health & Social Care Analysis Head of Improvement, Attainment and Wellbeing Head of Covid Education Strategy and Recovery Head of Creating Positive Futures Head of Improving Health and Wellbeing Interim Director of Population Health Chief Social Work Advisor Chief Researcher Chief Statistician Head of National Improvement Framework Unit Head of Support and Wellbeing Unit Team Leader Support and Wellbeing Unit Head of Learning Analysis Unit Information Management, Improvement and Evidence Unit Head of Children and Families Analysis Unit Children and Families Analysis Unit Senior Statistician, Health and Social Care Senior Principal Researcher, Health and Social Care Supporting Maternal and Child Wellbeing GIRFEC Unit Head of Adverse Childhood Experiences and Resilience Education Scotland Education Scotland Education Scotland				

Appendix 1 – Draft letter to Local Authorities Directors of Education

To Directors of Education

Dear Director

National Improvement Framework (NIF) - Improving the Evidence:

Health and Wellbeing Census Health Behaviours in School-aged Children Study Parental Involvement and Engagement Census

This letter sets out the arrangements going forward in relation to the Health and Wellbeing (HWB) Census, the Health Behaviour in School-aged Children study (HBSC) and the Parental Involvement and Engagement (PIE) Census.

Health and Wellbeing Census

Historically, information from health and wellbeing surveys for children and young people have largely been gathered from national and international sample surveys, such as HBSC and the Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS). Whilst these surveys provide an overview for Scotland (and how Scotland compares with other countries), they provide little or no evidence to help local partners identify and tackle local issues. When the National Improvement Framework (NIF) was launched in January 2016, there was a need to develop a new HWB Census in order to make more evidence available for use by local partners (such as local authorities (LAs), Community Planning Partnerships (CPPs) and schools); whilst also streamlining and adding consistency to the HWB survey landscape.

The first HWB Census was due to take place in the 2019/20 school year. However, due to Covid, planned pilots in both the 2019/20 and 2020/21 school years were abandoned due to school closures.

Therefore, following recent discussions and endorsements by ADES, CoSLA, NPFS, Professional Associations and the Covid-19 Education Recovery Group (CERG), the Scottish Government are now asking all local authorities to undertake their own HWB Census during the 2021/22 school year. This reflects acknowledgement that having comprehensive evidence in relation to the health and wellbeing of children and young people is now more important than ever to feed into local improvement planning and recovery.

The intention is that fieldwork for the HWB Census would take place from late October 2021 – April 2022, in order to provide schools and local authorities with maximum time and flexibility. The HWB Census is designed to include all P5 – S6 pupils, and the Scottish Government would encourage all local authorities to implement the Census for all of those stages wherever possible.

To keep burdens to a minimum on local authorities and schools, the Scottish Government will provide a set of relevant materials that will help local authorities to inform and prepare teachers, children and young people, and parents/carers with regards to the purpose of the Census, how it will be administered and their rights to 'opt-out'. The Scottish Government will also provide local authorities with support and advice for them to analyse their own data, and how to provide schools with summary findings in a timely and non-disclosive way.

The data you gather will first and foremost provide your local authority, your schools, and your CPP with a consistent evidence base to assess, monitor and drive forward improvements in the health and wellbeing outcomes of your children and young people. This includes monitoring any impact the Covid pandemic has had on your children and young people. By agreeing to share your data with the Scottish Government around June 2022, it will enable the Scottish Government to produce evidence for use in the National Improvement Framework and to assist with wider policy making processes and decisions.

[REDACTED Out of Scope][REDACTED out of scope]

Next steps and action required by you:

The Scottish Government will reconvene the HWB Census Implementation Group and the PIE Census Implementation Group, to work collaboratively to support local authorities in preparing for and undertaking both the HWB and PIE Censuses.

Please contact [REDACTED] by **16 July 2021** to inform her of your local authority's intentions in undertaking both a HWB Census and a PIE Census in the 2021/22 school year, and to nominate (or confirm) representatives to join the implementation groups for each survey.

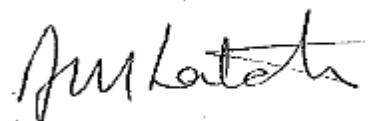
No action is required at this stage regarding the Health Behaviour in School-aged Children Study. The HBSC team at University of Glasgow will be in contact in the next few weeks to formally request permission to approach sampled schools in your Local Authority.

If you require any further information, or wish to discuss this further, before responding, please contact [REDACTED] directly.

Yours sincerely



Graeme Logan
Director of Learning, Scottish Government
Health Scotland



Angela Leitch
Chief Executive, Public

Copy List:	For Action	For Comments	For Information		
			Portfolio Interest	Constit Interest	General Awareness
Minister for Children and Young People			X		
Minister for Public Health, Women's Health and Sport			X		
Minister for Mental Wellbeing and Social Care			X		
Joe Griffin Caroline Lamb David Livey Graeme Logan Michael Chalmers Donna Bell Michael Kellet Gayle Gorman Mick Wilson Anita Morrison / Nicola Edge Alison Taylor Sam Anson / Andy Drought Lesley Sheppard Mairi Macpherson Diane McLafferty Mark Allen Karen MacNee Iona Colvin Audrey MacDougall Roger Halliday [redacted s38(1)(b)] [redacted s38(1)(b)] [redacted s38(1)(b)] [redacted s38(1)(b)] [redacted s38(1)(b)] [redacted s38(1)(b)] [redacted s38(1)(b)] [redacted s38(1)(b)] [redacted s38(1)(b)] [redacted s38(1)(b)] [redacted s38(1)(b)] [redacted s38(1)(b)] [redacted s38(1)(b)] [redacted s38(1)(b)] [redacted s38(1)(b)]			Director General Education and Justice Director General Health & Social Care Special Adviser Director of Learning Director of Children & Families Director of Mental Health Director of Population Health Chief Inspector of Education Scotland Head of Education Analytical Services Head of Health & Social Care Analysis Head of Improvement, Attainment and Wellbeing Head of Covid Education Strategy and Recovery Head of Creating Positive Futures Head of Improving Health and Wellbeing Head of Drugs Policy Head of Delivery, Active Scotland Head of Health Improvement Chief Social Work Advisor Chief Researcher Chief Statistician Head of National Improvement Framework Unit Head of Support and Wellbeing Unit Head of Learning Analysis Unit Information Management, Improvement and Evidence Unit Head of Children and Families Analysis Unit Children and Families Analysis Unit Senior Statistician, Health and Social Care Senior Principal Researcher, Health and Social Care Supporting Maternal and Child Wellbeing GIRFEC Unit Head of Trauma, Adverse Childhood Experiences and Resilience Education Scotland Education Scotland		

Enclosure 5: Health and Wellbeing Census Submission May 2021

[REDACTED s38(1)(b)]

Learning Directorate

6 May 2021

Deputy First Minister and Cabinet Secretary for Education and Skills
Cabinet Secretary for Health and Sport

HEALTH AND WELLBEING CENSUS 2021/22

Purpose

1. Further to a submission dated 27 January 2021, this provides you with an update on the proposed Health and Wellbeing (HWB) Census, and to seek your approval to discuss this Census at the next meeting of CERG with a view to obtaining their endorsement for the HWB Census to be undertaken by each local authority in the 2021/22 school year.

Priority

2. Routine.

Background

3. The original proposal for introducing a HWB Census dates back to 2015, with consultations and a proposed approach originally being undertaken by the Health and Social Care Directorate. However, implementation of the proposed Census transferred to the Learning Directorate in light of the launch of the National Improvement Framework in January 2016.
4. In September 2020, you approved an approach to the HWB Census in which the Scottish Government would seek local authority 'volunteers' to undertake their own HWB in the current 2020/21 school year, and six local authorities volunteered.
5. However, due to the Covid-19 lockdown that came into force at the start of 2021, which resulted in the closure of schools for most pupils, local authorities were unable to proceed with the proposed HWB Census in 2020/21 as the Census requires pupils to take part during a class period whilst in school.

Covid: Education Recovery

6. A number of recent reports and discussions have emphasised the importance of assessing and addressing the impact Covid-19 has had on the Health and Wellbeing of children and young people. As such, the Scottish Government are proposing that we proceed on the basis that full roll-out of the HWB Census should take place in the 2021/22 school year (subject to what the Covid situation in relation to schools will be at that time).

7. The aim is that the Scottish Government would encourage each local authority to undertake their own HWB Census, using a set of questionnaires that have been produced by representatives and experts from across academia, public health, local authorities and schools. These questionnaires have also been ethically approved by independent researchers within the Scottish Government.
8. The questionnaires would be completed by all P5 to S6 pupils during a class period whilst in school, at some point between October 2021 – April 2022. This 7-month window should provide local authorities with as much flexibility in arranging the self-administration of their own HWB Census with their schools.
9. The key benefit to this approach is that it provides each local authority with immediate access to their own data. This, in turn, will enable each local authority to provide schools with their own local findings, whilst also enabling them to work with their Community Planning Partners (CPPs) to inform local improvement and service planning.
10. Each local authority will be asked to share their data with the Scottish Government in June 2022, in order for the Scottish Government to analyse and publish its own national and local findings from this Census, most likely in December 2022.

Endorsement

11. The Scottish Government discussed this proposal with ADES/CoSLA on 8 April 2021. General feedback from this discussion was that asking local authorities to undertake their own HWB Census in the 2021/22 school year should be encouraged. However, ADES suggested that this proposal should be discussed at CERG and that any messaging with local authorities should make it clear that this proposal has their full backing (and should not just be seen as an “ask” by the Scottish Government).
12. As such, the Scottish Government took this proposal to the Advisory Sub-Group on Education and Children’s Issues on Tuesday 4 May 2021, and received their endorsement. Therefore, the Scottish Government is now seeking the endorsement of CERG before progressing this work further.
13. If endorsement for the HWB Census to go ahead in the 2021/22 school is given by CERG, the Scottish Government will begin approaching all local authorities, and will re-instate the local authority Implementation Group in order to ensure that the Scottish Government fully supports each local authority to undertake their own HWB Census in the 2021/22 school year.

[REDACTED Out of Scope]

14. [REDACTED Out of Scope]
15. [REDACTED Out of Scope]
16. [REDACTED Out of Scope]
17. [REDACTED Out of Scope]
18. [REDACTED Out of Scope]
19. [REDACTED Out of Scope]

Recommendation

20. The DFM is asked to note the current position and the plan to seek the endorsement from CERG in that the Scottish Government should approach each local authority to encourage them to undertake their own HWB Census in the 2021/22 school year.

[REDACTED s39(1)(b)]

Education Analytical Services
May 2021

Copy List:	For Action	For Comments	For Information		
			Portfolio Interest	Constit Interest	General Awareness
Minister for Public Health, Sport and Wellbeing			X		
Minister for Mental Health			X		
Joe Griffin Caroline Lamb Kate Higgins Graeme Logan Michael Chalmers Donna Bell Richard Foggo Gayle Gorman Mick Wilson Anita Morrison / Nicola Edge Alison Taylor Sam Anson / Andy Drought John Froggatt Mairi Macpherson Liz Sadler Iona Colvin Audrey MacDougall Roger Halliday [REDACTED s39(1)(b)] [REDACTED s39(1)(b)] [REDACTED s39(1)(b)] [REDACTED s39(1)(b)] [REDACTED s39(1)(b)] [REDACTED s39(1)(b)] [REDACTED s39(1)(b)] [REDACTED s39(1)(b)] [REDACTED s39(1)(b)] [REDACTED s39(1)(b)] [REDACTED s39(1)(b)] [REDACTED s39(1)(b)] [REDACTED s39(1)(b)] [REDACTED s39(1)(b)] [REDACTED s39(1)(b)] [REDACTED s39(1)(b)] [REDACTED s39(1)(b)] [REDACTED s39(1)(b)] [REDACTED s39(1)(b)] [REDACTED s39(1)(b)]	Director General Education and Justice Director General Health & Social Care Special Adviser Director of Learning Director of Children & Families Director of Mental Health Director of Covid-19 Public Health Chief Inspector of Education Scotland Head of Education Analytical Services Head of Health & Social Care Analysis Head of Improvement, Attainment and Wellbeing Head of Covid Education Strategy and Recovery Head of Creating Positive Futures Head of Improving Health and Wellbeing Interim Director of Population Health Chief Social Work Advisor Chief Researcher Chief Statistician Head of National Improvement Framework Unit Head of Support and Wellbeing Unit Team Leader Support and Wellbeing Unit Head of Learning Analysis Unit Information Management, Improvement and Evidence Unit Head of Children and Families Analysis Unit Children and Families Analysis Unit Senior Statistician, Health and Social Care Senior Principal Researcher, Health and Social Care National Lead for Pregnancy and Parenthood in Young People GIRFEC Unit Head of Adverse Childhood Experiences and Resilience Education Scotland Education Scotland Education Scotland				

Enclosure 6: Health and Wellbeing Census Submission January 2021

From: [REDACTED s39(1)(b)]
Learning Directorate

27 January 2021

Deputy First Minister and Cabinet Secretary for Education and Skills
Cabinet Secretary for Health and Sport

HEALTH AND WELLBEING CENSUS AND PARENTAL INVOLVEMENT AND ENGAGEMENT CENSUS 2020/21

Purpose

1. To provide an update on the Health and Wellbeing (HWB) Census and Parental Involvement and Engagement (PIE) Census, and to seek your approval to cancel the current implementation by the volunteer Local Authorities.

Priority

2. Routine.

Background

3. In September 2020, you approved an approach to the HWB Census and PIE Census in which the Scottish Government sought local authority 'volunteers' to undertake their own HWB and/or PIE Census in the 2020/21 school year.
4. For a local authority to volunteer, then they were to feel in a strong position to undertake their own HWB and/or PIE Census in the 2020/21 school year.
5. Six authorities volunteered to undertake the HWB Census, and eight volunteered to undertake the PIE Census in the 2020/21 school year.
6. Over the past four months, the joint HWB Census and PIE Census Implementation Group worked collaboratively to support implementation of both of these Censuses through sharing learning and best practice to minimise the burden on the volunteer local authorities.

Current Position

7. However, at the last meeting (held earlier this month) of the joint HWB Census and PIE Census Implementation group the 'volunteer' local authorities noted, with regret, that due to the current Covid-19 lockdown situation, they now feel that they are currently no longer in a position to undertake their own HWB Census and PIE Census in 2020/21.

Both Censuses rely on schools to be involved (e.g. pupils are to physically undertake the online HWB Census during class contact time in school, and schools are key in informing and promoting the PIE Census to parents/carers). Therefore, due to the current Covid-19 lockdown in which only pupils of keyworkers and those defined as vulnerable are currently physically attending schools, the HWB Census and PIE Census collections are now no longer practically able to proceed in the current school year.

8. Please be assured that local authorities continue to recognise the importance of the evidence collected through these census collections for local improvement planning. Therefore, the Scottish Government propose proceeding on the basis that full roll-out of both of these Censuses will take place in the 2021/22 school year (subject on what the Covid situation in relation to schools will be at that time).
9. The intention is that data collection for the HWB Census 2021/22 would be from October 2021 – April 2022, and for the PIE Census would be from January 2022 – April 2022, to provide local authorities with as much flexibility in self-administering their own Censuses as possible. Both of these Censuses will provide schools and local authorities with evidence to inform their own improvement planning process. The Scottish Government will seek to gather this data from each local authority towards the end of June 2022, and to publish its own findings from both of these Censuses towards the end of 2022.
10. The Implementation Group will continue to meet over coming months to ensure the necessary preparations for the full roll-out of these 2021/22 Censuses with all local authorities are in place.

[REDACTED Out of Scope]

11. [REDACTED Out of Scope]
12. [REDACTED Out of Scope]
13. [REDACTED Out of Scope]

Recommendation

14. The DFM is asked to note the current position and plans in relation to the HWB Census and PIE Census, and to approve proceeding on the basis that both Censuses, planned for the 2020/21 school year by the small number of 'volunteer' local authorities, are now abandoned in light of current Covid-19 restrictions.

15. The DFM is also asked to note and approve that work should continue to ensure that all authorities undertake their own HWB Census and PIE Census in the 2021/22 school year

[REDACTED s38(1)(b)]
Education Analytical Services
January 2021

Copy List:	For Action	For Comments	For Information		
			Portfolio Interest	Constit Interest	General Awareness
Minister for Public Health, Sport and Wellbeing			X		
Minister for Mental Health			X		
Paul Johnston Malcolm Wright Colin McAllister Graeme Logan Michael Chalmers Donna Bell Richard Foggo Gayle Gorman Mick Wilson Anita Morrison / Nicola Edge Sam Anson Amanda Gordon Mairi Macpherson Liz Sadler John Froggatt [REDACTED s38(1)(b)] Iona Colvin Audrey MacDougall Roger Halliday [REDACTED s38(1)(b)] [REDACTED s38(1)(b)] [REDACTED s38(1)(b)] [REDACTED s38(1)(b)] [REDACTED s38(1)(b)] [REDACTED s38(1)(b)] [REDACTED s38(1)(b)] [REDACTED s38(1)(b)] [REDACTED s38(1)(b)] [REDACTED s38(1)(b)] [REDACTED s38(1)(b)] [REDACTED s38(1)(b)] [REDACTED s38(1)(b)] [REDACTED s38(1)(b)] [REDACTED s38(1)(b)] [REDACTED s38(1)(b)] [REDACTED s38(1)(b)]	Director General Education, Communities and Justice Director General Health & Social Care Special Adviser Director of Learning Director for Children & Families Director of Mental Health Director of Population Health Chief Inspector of Education Scotland Head of Education Analytical Services Head of Health & Social Care Analysis Head of Improvement, Attainment and Wellbeing Head of Getting It Right For Every Child Head of Creating Positive Futures Interim Director of Population Health Head of Improving Health and Wellbeing Head of Information Management, Improvement and Evidence Chief Social Work Advisor Chief Researcher Chief Statistician Head of National Improvement Framework Unit Head of Support and Wellbeing Unit Team Leader Support and Wellbeing Unit Team Leader, Curriculum, Parents and Pupils Legislation and Policy Manager: Parental Engagement and Pupil Participation Head of Learning Analysis Unit Children and Families Analysis Unit Senior Statistician, Health and Social Care Public Health Scotland National Lead for Pregnancy and Parenthood in Young People GIRFEC Head of Adverse Childhood Experiences and Resilience Education Scotland Education Scotland Education Scotland Education Scotland Information Management, Improvement and Evidence Unit				

Enclosure 7: Submission - Approval for a voluntary Health and Wellbeing Census and Parental involvement and Engagement Census – Response – September 2020

[REDACTED s38(1)(b)]

Thank you for your email – DFM is content to approve.

Kind Regards

[REDACTED s38(1)(b)]

[REDACTED] | Deputy Private Secretary to John Swinney MSP, Deputy First Minister and Cabinet Secretary for Education and Skills | The Scottish Government | Web: www.gov.scot | ☎ 0300 24 41271 | Mobile: 0044 (0)7770 823 288 | Email: DFMCSE@gov.scot | [REDACTED s38(1)(b)]
5N.07 St Andrew's House | Regent Road | Edinburgh | EH1 3DG

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Scottish Ministers, Special advisers and the Permanent Secretary are covered by the terms of the Lobbying (Scotland) Act 2016. See www.lobbying.scot

From: [REDACTED s38(1)(b)]

Sent: 25 September 2020 11:24

To: Deputy First Minister and Cabinet Secretary for Education and Skills <DFMCSE@gov.scot>; Cabinet Secretary for Health and Sport <CabSecHS@gov.scot>

Cc: Minister for Mental Health <MinisterMH@gov.scot>; Minister for Public Health, Sport and Wellbeing <MinisterPHSW@gov.scot>; DG Education, Communities & Justice <DGECJ@gov.scot>; DG Health & Social Care <DGHSC@gov.scot>; McAllister C (Colin) <Colin.McAllister@gov.scot>; Director of Learning <DirectorofLearning@gov.scot>; Director for Children and Families <DirectorforChildrenandFamilies@gov.scot>; Director of Population Health <Directorofpopulationhealth@gov.scot>; Bell D (Donna) <Donna.Bell@gov.scot>; Gorman G (Gayle) <Gayle.Gorman@educationscotland.gov.scot>; Wilson M (Mick) <Mick.Wilson@gov.scot>; Chief Statistician <ChiefStatistician@gov.scot>; Chief Researcher <chiefresearcher@gov.scot>; Head of HSCA <HeadofHSCA@gov.scot>; Anson S (Sam) <Sam.Ansongov.scot>; [REDACTED]; Macpherson MC (Mairi) <Mairi.Macpherson@gov.scot>; Sadler E (Elizabeth) <Elizabeth.Sadler@gov.scot>; Froggatt J (John) <John.Froggatt@gov.scot>; [REDACTED s38(1)(b)]; Colvin I (Iona) <Iona.Colvin@gov.scot>; [REDACTED s38(1)(b)]

Subject: Submission - Approval for a voluntary Health and Wellbeing Census and Parental involvement and Engagement Census

Please see attached submission providing an update on the development and introduction of the Health and Wellbeing (HWB) Census, and to seek DFM's approval for the Scottish Government to re-engage with local authorities in order for them to "volunteer" in undertaking their own HWB Census in the 2020/21 academic year.

At the start of 2020, following a temporary "pause" to the 2019/20 HWB Census in order to address last minute concerns raised by stakeholders, it was agreed that the 2019/20 HWB Census would only take part in local authorities who volunteered to be

“early adopters”, and would only include pupils in Primary 7, Secondary 2 and Secondary 4. However, this “early adopter” 2019/20 HWB Census was subsequently suspended due to school closures as a result of COVID-19.

We are mindful that a number of local authorities will feel that they are not currently in a position to undertake their own HWB Census at this time (due to the ongoing pressures and priorities in light of the Covid-19 situation). Therefore, we intend approaching local authorities to ask them to again “volunteer” to become an “early adopter” for the 2020/21 HWB Census.

Thank you,

[REDACTED s38(1)(b)]

[REDACTED s38(1)(b)]

Education Analytical Services: Benchmarking and Improving Evidence

I am currently working at home. Please contact me on [REDACTED s38(1)(b)].

Scottish Government | Victoria Quay | Edinburgh | EH6 6QQ

Tel: + 44(0)131 244 [REDACTED s38(1)(b)] | Mobile: [REDACTED s38(1)(b)]

I work from home on Tuesday and Friday, please contact me on my mobile number on these days.

[contactSCOTLAND-BSL](#) | [\[REDACTED\]](#) s38(1)(b)

Enclosure 8: Submission - Approval for a voluntary Health and Wellbeing Census and Parental involvement and Engagement Census - September 2020

From: [REDACTED s38(1)(b)]

Learning Directorate

24 September 2020

Deputy First Minister and Cabinet Secretary for Education and Skills
Cabinet Secretary for Health and Sport

HEALTH AND WELLBEING CENSUS 2020/21

Purpose

1. To provide an update on the development and introduction of the Health and Wellbeing (HWB) Census, and to seek your approval for the Scottish Government to re-engage with local authorities in order for them to “volunteer” in undertaking their own HWB Census in the 2020/21 academic year.

Priority

2. Routine.

Background

3. At the start of 2020, following a temporary “pause” to the 2019/20 HWB Census in order to address last minute concerns raised by stakeholders, you agreed that the HWB Census 2019/20 could restart.

4. However, due to the delay that had been incurred as a result of this “pause”, it was agreed that the 2019/20 HWB Census would only take part in local authorities who volunteered to be “early adopters”, and would only include pupils in Primary 7, Secondary 2 and Secondary 4. Five local authorities volunteered (Clackmannanshire, Dundee, Na h-Eileanan Siar, Shetland Islands and West Lothian).

5. However, this “early adopter” 2019/20 HWB Census was subsequently suspended due to school closures as a result of COVID-19.

Current Position

6. Now that schools have reopened for the 2020/21 academic year, it would seem feasible for the Scottish Government to re-engage with local authorities in relation to the HWB Census. The National Improvement Framework (NIF) Programme Board has considered this and feedback suggests that it would be sensible to do so.

7. However, we are mindful that a number of local authorities will feel that they are not currently in a position to undertake their own HWB Census at this time (due to the ongoing pressures and priorities in light of the Covid-19 situation).

8. Therefore, we intend approaching local authorities to ask them to again “volunteer” to become an “early adopter” for the 2020/21 HWB Census. For a local authority to become an “early adopter”, then they should themselves feel in a strong position to undertake their own HWB Census in the 2020/21 academic year.

9. For those authorities who do volunteer to become an “early adopter”, they will be given the option to consider including all their P5 to S6 pupils in their HWB Census, or to only include a subset of their year groups (e.g. P7, S2 and S4 pupils only).

10. This approach will ensure that local authorities have as much flexibility in deciding whether they would like to become an “early adopter”. The benefit to the local authorities that do volunteer to become “early adopters” is that they will have access to their own data and evidence to inform future improvement planning, with support from the Scottish Government.

11. The benefit to the Scottish Government of having some local authorities undertaking their own HWB Census in the 2020/21 academic year is that this will provide valuable learning and insight with regards any challenges faced by local authorities in conducting their own HWB Census before the Scottish Government asks all local authorities to undertake their own HWB Census in future academic years.

Timing of data collection within the 2020/21 school year:

12. The intention is that data collection for the HWB Census 2020/21 would be from October 2020 – April 2021, to provide “early adopter” local authorities with as much flexibility in self-administering their own Census as possible.

13. The ‘best’ timing may differ between primary and secondary schools. For example, some local authorities may be keen that their secondary schools undertake their Census before Christmas 2020, due to pressures that build up afterwards. For primaries, local authorities may wish to delay undertaking their Census for ‘as long as possible’, and conduct the Census in the first quarter of 2021. COVID-19 impacts and pressures may also have some bearing on when the most appropriate time to conduct the work would be.

Issues to note

14. Engagement with a small number of local authorities was undertaken over Summer 2020 in order to understand how the Census could be implemented in a way that works best for local authorities during the 2020/21 academic year. Feedback from this engagement has informed the proposal outlined above.

15. A number of local authorities have also recently approached the Scottish Government enquiring about the HWB Census and, therefore, signalling their possible desire to undertake their own Census in the 2020/21 school year.

[REDACTED Out of Scope]

Recommendation

20. The DFM is asked to note the current position and plans in relation to the HWB Census, and to approve our re-engagement with all 32 local authorities to seek out whether any local authorities wish to volunteer to become an “early adopter” and who will therefore undertake their own HWB Census in the 2020/21 academic year.

[REDACTED s38(1)(b)]
Education Analytical Services
September 2020

Copy List:	For Action	For Comments	For Information		
			Portfolio Interest	Constit Interest	General Awareness
Minister for Health and Sport			X		
Minister for Mental Health			X		
Paul Johnston Malcolm Wright Colin McAllister Graeme Logan Michael Chalmers Donna Bell Richard Foggo Gayle Gorman Mick Wilson Anita Morrison / Nicola Edge Sam Anson Amanda Gordon Mairi Macpherson Liz Sadler John Froggatt [REDACTED s38(1)(b)] Iona Colvin Audrey MacDougall Roger Halliday [REDACTED s38(1)(b)] [REDACTED s38(1)(b)] [REDACTED s38(1)(b)] [REDACTED s38(1)(b)] [REDACTED s38(1)(b)] [REDACTED s38(1)(b)] [REDACTED s38(1)(b)] [REDACTED s38(1)(b)] [REDACTED s38(1)(b)] [REDACTED s38(1)(b)] [REDACTED s38(1)(b)] [REDACTED s38(1)(b)] [REDACTED s38(1)(b)] [REDACTED s38(1)(b)] [REDACTED s38(1)(b)] [REDACTED s38(1)(b)] [REDACTED s38(1)(b)]	Director General Education, Communities and Justice Director General Health & Social Care Special Adviser Director of Learning Director for Children & Families Director of Mental Health Director of Population Health Chief Inspector of Education Scotland Head of Education Analytical Services Head of Health & Social Care Analysis Head of Improvement, Attainment and Wellbeing Head of Getting It Right For Every Child Head of Creating Positive Futures Interim Director of Population Health Head of Improving Health and Wellbeing Head of Information Management, Improvement and Evidence Chief Social Work Advisor Chief Researcher Chief Statistician Head of National Improvement Framework Unit Head of Support and Wellbeing Unit Team Leader Support and Wellbeing Unit Head of Learning Analysis Unit Children and Families Analysis Unit Senior Statistician, Health and Social Care Public Health Scotland National Lead for Pregnancy and Parenthood in Young People GIRFEC Head of Adverse Childhood Experiences and Resilience Education Scotland Education Scotland Education Scotland Education Scotland Information Management, Improvement and Evidence Unit				

Enclosure 9: Submission: Health and Wellbeing Census January 2020

From: [REDACTED s38(1)(b)]

Learning Directorate

January 2020

Deputy First Minister and Cabinet Secretary for Education and Skills

HEALTH AND WELLBEING CENSUS

Purpose

1. To provide an update on the development of the Health and Wellbeing Census (HWC), and to seek your approval for removing the “pause” on the Health and Wellbeing Census so that the Scottish Government can recommence working with local authorities in order for them to undertake their own HWC in the 2019/20 academic year.

Priority

2. Urgent.

Background

3. Following submissions about the HWC on 27 August and 30 September 2019, you provided feedback asking for the possible removal of the health behavioural questions contained in the Census (e.g. smoking, alcohol and substance use, sexual health) and to ensure the Census is aligned with Curriculum for Excellence Health and Wellbeing Experiences and Outcomes

4. Following this, the Cabinet Secretary for Health and Sport wrote to you on 31 October 2019 setting out the impact this decision will have on her portfolio.

History of the HWC

5. Since 2015, the Scottish Government (SG) has been leading on a review of the landscape of health and wellbeing surveys. Historically, information from health and wellbeing surveys for children and young people have largely been gathered from national and international sample surveys commissioned by the Health and Social Care Directorate, such as the Health Behaviours in School Aged Children (HBSC) and the Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS). These 2 well-established surveys have always been conducted by surveying children and young people in schools during school hours. Annex A includes some information about these 2 existing surveys.

6. Whilst these 2 surveys provide an overview for Scotland (and how Scotland compares with other countries), they provide little or no evidence to help local partners identify and tackle local issues. Therefore, the aim of the HWC review has been two-fold: to streamline and de-clutter the survey landscape to reduce the burden on schools; and to make more evidence available for use by local partners (such as local authorities (LAs), Community Planning Partnerships (CPPs) and schools.

7. As the need for improving the health and wellbeing of children and young people stretches much further than education alone, the Census was jointly developed, in particular, with policy areas from within the Scottish Government's Health and Social Care and Children & Families Directorates, as well as with Education Scotland, NHS Health Scotland and local authorities/CPPs.

8. With the launch of the National Improvement Framework (NIF) in January 2016, which stated one of its key priorities as "improving the health and wellbeing of children and young people" due to the known links with educational outcomes, the development of the HWC was transferred from Health & Social Care Directorate to the Learning Directorate.

9. However, even though this work transferred to the Learning Directorate, the intention always remained that information from the HWC was needed to help all local stakeholders, as well as the Scottish Government, to provide detailed evidence to inform the NIF (e.g. analysis of the health and wellbeing of children and young people by deprivation areas) as well as to provide local information to help drive forward local service planning and improvement by LAs/CPPs.

10. The proposed new HWC has been designed to cover all aspects of wellbeing using the SHANARRI domains (Safe, Healthy, Active, Nurtured, Achieving, Responsible, Respected and Included), rather than to solely focus on health behaviours (such as smoking, alcohol and substance use), which in turn takes into consideration the 4 capacities.

- Successful learners
- Confident individuals
- Responsible citizens
- Effective contributors

Legislative Duties

11. Under Part 3 of the Children and Young People (Scotland) Act 2014, local authorities and their relevant health board must, in respect of each 3 year period, prepare a children's services plan for the area of the local authority. The aims of children's services plan are that children's services in the area concerned are provided in the way which:

- best safeguards, supports and promotes the wellbeing of children in the area concerned,
- ensures that any action to meet needs is taken at the earliest appropriate time and that, where appropriate, action is taken to prevent needs arising,
- is most integrated from the point of view of recipients, and
- constitutes the best use of available resources,

12. Therefore, the approach being proposed is that each local authority would be provided with a consistent set of materials and technology to self-administer their own HWC. This approach would ensure that each LA (and their local partners) had access to its own information first and foremost, so that they had the evidence needed to contribute to their legislative planning duties as soon as children and young people had taken part in their local Census.

13. Schools would also benefit from this approach by also receiving their own individual summary reports showing what children and young people learning in that school had self-reported in order for the school to consider what further action it could take to influence and enhance the health and wellbeing of its children and young people. This would also support education authorities in their duties under the Schools (Health Promotion and Nutrition) (Scotland) Act 2007 to be health promoting.

14. Once each LA had self-administered its own HWC, the SG would ask each local authority to share their data with us (similar to other statistical data collections) in order for the SG to conduct national and local level analysis that will provide evidence for the NIF and Improvement Plan and for other key stakeholders within and outside SG.

Current Position

15. Since the HWC was "paused" in September 2019, officials within the Scottish Government have been reviewing and reconsidering the purpose and content of the HWC to ensure that concerns raised about the HWC were aligned with Curriculum for Excellence Health and Wellbeing Experiences and Outcomes and the 4 capacities.

16. A Strategic Stakeholder Group (involving policy colleagues and analysts from across the SG's Learning Directorate, Children & Families Directorate, Health & Social Care Directorate, NHS Health Scotland, Education Scotland and local authorities) met on Monday 4 November 2019. The aim of this group was for each key stakeholder to state what their needs and requirements from the HWC were, to discuss any concerns they had with the current proposal, and to agree a set of options for the HWC in 2019/20 and beyond.

17. At this meeting, it was re-affirmed to stakeholders that the initial content of the HWC was based on existing tried and tested questions. However, it was clarified that ongoing work would continually take place to ensure the relevance and usefulness of the HWC remained up-to-date, and that all key stakeholders would be involved in this process to ensure their requirements were taken into consideration.

18. Whilst it was generally appreciated that the HWC could never fully meet everyone's needs (as what constitutes a person's health and wellbeing is complex), there was a clear consensus that the HWC was needed, and would be extremely beneficial to LAs/CPs in meeting their legislative requirements to Children's Services planning as set out under the Children and Young People's (Scotland) Act 2014. Furthermore, stakeholders appreciated that schools themselves would also benefit from the HWC by receiving their own summary analysis so that they too were more informed in their contribution to improving the health and wellbeing of children and young people, such as through delivering the curriculum.

19. [REDACTED 30(b)(i)]

Scope of the HWC

20. The 2019/20 HWC was originally intended to cover all children and young people who are in Primary 5 to Secondary 6. However, as the HWC has been paused for 3 months, the Scottish Government does not think LAs will now have sufficient time to self-administer their own HWC across all 9 stages in this current academic year.

21. Therefore, the Scottish Government now propose that each LA only undertakes their own 2019/20 HWC covering only the key stages used in existing HWB surveys (i.e. Primary 7, Secondary 2 and Secondary 4). However, if an LA wishes to include additional stages, then they would be able to do so if they so wish. Future Censuses would aim to cover all 9 stages.

22. To accommodate this scaling back in the coverage of the 2019/20 HWC, the S2 questionnaire would need to be re-designed to accommodate topics/themes that were originally intended to be captured in S1 and/or S3 stages (e.g. experience of bullying, eating and drinking behaviours, etc.) with some topics/themes being reduced (e.g. smoking, alcohol and drug use) to accommodate for these topics/themes being asked. The S4 questionnaire would still capture more detailed information on smoking, drinking and drug use (as this is where these behaviours are more prevalent).

Meeting between Scottish Government Directors of Learning, Children & Families, Population Health and Education Scotland

23. A meeting was held on 19 December 2019 involving SG Directors from across Learning, Children & Families, and Population Health Directorates, as well as with Education Scotland. The meeting discussed the current position; to hear about the work that had been undertaken to address outstanding concerns; and to reach a consensus as to whether the proposals outline now meant, subject to Ministerial approval, that the HWC should now continue in the 2019/20 academic year.

24. The views expressed at this meeting were that SG officials had clearly demonstrated that, wherever possible, they were taking on board any concerns raised; the efforts in doing so was very much appreciated; and that the HWC will be of significant benefit to a wide range of stakeholders (including LA/CPPs, schools, the Scottish Government and Education Scotland).

25. As such, the Consensus view was that, subject to Ministerial approval, the HWC should now continue, as outlined above, and that the SG should now restart working with local authorities to assist them in self-administering their own HWC between January to May 2020.

Recommendation

26. The DFM is asked to note the current position in relation to the HWC, the activity that has been undertaken to address outstanding concerns, and to approve for the HWC to recommence in order to meet the commitment previously set out under the National Improvement Framework.

[REDACTED s38(1)(b)]
Education Analytical Services
January 2020

Existing Key Sources of HWB information

Health Behaviours in School Aged Children (HBSC)

For over 20 years the Scottish HBSC study has investigated the health and well-being of school children in Scotland and the social contexts in which they are growing up.

The Scottish HBSC study is conducted by the Child and Adolescent Health Research Unit (CAHRU) at the University of St Andrews.

The HBSC survey is conducted every four years and collects data from around 2,000 Primary 7, Secondary 2 and Secondary 4 pupils (i.e. up to 6,000 pupils in total) from all over Scotland. In Scotland, pupils are currently asked to complete a paper-based survey in a classroom under exam conditions, which takes on average 40 minutes using the HBSC international standard questionnaire.

The Scottish HBSC study is part of a larger cross-national study which is conducted in collaboration with the World Health Organisation (WHO) Regional Office for Europe. The study covers around 50 countries and regions in Europe and North America, and covers a wide range of health and social topics about physical activity, eating and dieting, oral health, smoking, alcohol consumption, self-reported health and symptoms, life satisfaction, spirituality, mental well-being, bullying, fighting and injuries, socio-demographics, family life, school environment and peer relationships.

Additional questions are included for the older age groups on cannabis use (13 and 15 year-olds only) and sexual health (15 year olds only).

The latest (2014) Scottish HBSC study results can be found here:

http://www.cahru.org/content/03-publications/04-reports/hbsc_nr14_interactive_final.pdf

The HBSC study was last conducted in Scotland in Spring 2018, and results from this survey will be published in January 2020.

Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS)

SALSUS is a continuation of a long-established series of national surveys on smoking, drinking and drug use. These were carried out jointly in Scotland and England between 1982 and 2000, to provide a national picture of young peoples' smoking (from 1982), drinking (from 1990), and drug use (from 1998) behaviours within the context of other lifestyle, health and social factors. Since 2002, Scotland has developed its own, more tailored survey, known as SALSUS. The survey runs approximately every two years.

This survey series also provides local prevalence rates for smoking, drinking and drug use approximately every four years across Alcohol and Drug Partnerships (ADPs), local authorities and NHS Boards.

SALSUS is a self-completion survey administered by teachers in a mixed ability class, under exam conditions. Schools were given the choice to complete the survey either online or on paper. All local authority and independent schools in Scotland were eligible for inclusion in the sample, with the exception of special schools. A random, nationally representative sample of S2 and S4 pupils was drawn, with classes as the primary sampling unit.

Fieldwork was last undertaken between October 2018 and April 2019. In total, 12,558 pupils in S2 and 10,807 pupils in S4 took part in the survey. The results from this survey was published on 26 November 2019, and can be found here:

<https://www.gov.scot/publications/scottish-schools-adolescent-lifestyle-substance-use-survey-salsus-national-overview-2018/pages/1/>

Enclosure 10: Submission: Health and Wellbeing census – November 2019

From: [REDACTED s38(1)(b)]

Learning Directorate

November 2019

Deputy First Minister and Cabinet Secretary for Education and Skills

HEALTH AND WELLBEING CENSUS

Purpose

1. To provide an update on the development of the Health and Wellbeing Census (HWC), and [REDACTED s30(a) and 29(1)(b)]

Priority

2. Routine.

Background

3. Following submissions about the HWC on 27 August and 30 September 2019, you provided feedback asking for the removal of the health behavioural questions contained in the Census (e.g. smoking, alcohol and substance use, sexual health) and to ensure the Census is aligned with Curriculum for Excellence Health and Wellbeing Experiences and Outcomes

4. [REDACTED s30(a) and s29(1)(b)]

History of the HWC

5. Since 2015, the Scottish Government (SG) has been leading on a review of the landscape of health and wellbeing surveys. The aim has always been to streamline and de-clutter the survey landscape to reduce the burden on schools whilst also being able to make more evidence available for use by local partners (such as local authorities (LAs), Community Planning Partnerships (CPPs) and schools.

6. As the need for HWC data stretches much further than education alone, the Census was jointly developed, in particular, with policy areas from within the Scottish Government's Health and Social Care and Children & Families Directorates, as well as with Education Scotland, NHS Health Scotland and local authorities.

7. Historically, information from health and wellbeing surveys for children and young people have largely been gathered from national and international sample surveys commissioned by the Health and Social Care Directorate. Whilst these surveys provide an overview for Scotland (and how Scotland compares with other countries), they provide little or no evidence to help local partners identify and tackle issues.

8. With the launch of the National Improvement Framework (NIF) in January 2016, which stated one of its key priorities as “improving the health and wellbeing of children and young people” due to the known links with educational outcomes, the development of the HWC was transferred from Health & Social Care Directorate to the Learning Directorate.

9. However, the intention remained that information from the HWC was needed to help all local stakeholders, as well as the Scottish Government, to provide detailed evidence to inform the NIF (e.g. analysis of the health and wellbeing of children and young people by deprivation areas) as well as to help drive forward local service planning and improvement.

10. The proposed new HWC was designed to cover all aspects of wellbeing using the SHANARRI domains (Safe, Healthy, Active, Nurtured, Achieving, Responsible, Respected and Included), rather than to solely focus on health behaviours (such as smoking, alcohol and substance use), and also take into consideration the 4 capacities.

- Successful learners
- Confident individuals
- Responsible citizens
- Effective contributors

Legislative Duties

11. Under the Children and Young People (Scotland) Act 2014, local authorities and their relevant health board must, in respect of each 3 year period, prepare a children’s services plan for the area of the local authority. The aims of children’s services plan are that children’s services in the area concerned are provided in the way which:

- best safeguards, supports and promotes the wellbeing of children in the area concerned,
- ensures that any action to meet needs is taken at the earliest appropriate time and that, where appropriate, action is taken to prevent needs arising,
- is most integrated from the point of view of recipients, and
- constitutes the best use of available resources,

12. Therefore, the approach being proposed was that each local authority would be provided with a consistent set of materials and technology to self-administer their own HWC. This approach would ensure that each LA had access to its own information first and foremost, so that it had the evidence it needed to inform and monitor their legislative duties as soon as children and young people had taken part in their local Census.

13. Schools would also benefit from this approach by directly receiving their own individual reports which showed what children and young people learning in that school had self-reported so that the school can consider what further action it could take to further influence and enhance the health and wellbeing of its children and young people. This would also support education authorities in their duties under the Schools (Health Promotion and Nutrition) (Scotland) Act 2007 to be health promoting.

14. Once each LA had self-administered its own HWC, the SG would ask each local authority to share their data with us (similar to other statistical data collections) in order for the SG to conduct national and local level analysis that will provide evidence for the NIF and Improvement Plan and for other key stakeholders within and outside SG.

Current Position

15. To start the process of reconsidering and reviewing the purpose and content of the HWC to better align with Curriculum for Excellence Health and Wellbeing Experiences and Outcomes and the 4 capacities, a Strategic Stakeholder Group (involving policy colleagues and analysts from across the SG’s Learning Directorate, Children & Families Directorate, Health & Social Care Directorate, NHS Health Scotland, Education Scotland and local authorities) met on Monday 4 November 2019.

16. The aim of this group was for each key stakeholder to state what their needs and requirements from the HWC are, to discuss any concerns they had with the current proposal, and to agree a set of options for the HWC in 2019/20 and beyond.

17. This group will be continuing its work throughout November 2019, and are focussed on putting forward a set of options to you that ensure the National Improvement Framework commitment “to introduce a brand new Health and Wellbeing Census, covering children from late primary through to secondary schools, starting in the 2019/20 academic year” will be met, whilst ensuring the requirements from all key stakeholders is taken into consideration.

18. A further submission outlining the outcomes of this group, and its proposed options together with timescales, will be provided to you by the end of November 2019.

19. [REDACTED s30(a) and 29(1)(b)]

Recommendation

17. The DFM is asked to note the latest position in relation to the HWC and to approve and [REDACTED s30(a) and 29(1)(b)]

[REDACTED s38(1)(b)]

Education Analytical Services

November 2019

Copy List:	For Action	For Comments	For Information		
			Portfolio Interest	Constit Interest	General Awareness

Paul Johnston Colin McAllister Graeme Logan Michael Chalmers Donna Bell Richard Foggo Mick Wilson Anita Morrison / Nicola Edge Sam Anson Amanda Gordon Mairi Macpherson Liz Sadler Iona Colvin Audrey MacDougall Roger Halliday [REDACTED s38(1)(b)] [REDACTED s38(1)(b)] [REDACTED s38(1)(b)] [REDACTED s38(1)(b)] [REDACTED s38(1)(b)] [REDACTED s38(1)(b)]	Director General Education, Communities and Justice Special Adviser Director of Learning Director for Children & Families Director of Mental Health Director of Population Health Head of Education Analytical Services Head of Health & Social Care Analysis Head of Improvement, Attainment and Wellbeing Head of Getting It Right For Every Child Head of Creating Positive Futures Head of Health Improvement Division Chief Social Work Advisor Chief Researcher Chief Statistician Head of National Improvement Framework Unit Head of Support and Wellbeing Unit Team Leader Support and Wellbeing Unit Head of Learning Analysis Unit Head of Children and Families Analysis Unit Information Management, Improvement and Evidence Unit				

[REDACTED s30(a) and 29(1)(b)]

Enclosure 11: Submission: Health and Wellbeing Census September 2019

From: [REDACTED s38(1)(b)]

Learning Directorate
September 2019

Deputy First Minister and Cabinet Secretary for Education and Skills
Cabinet Secretary for Health and Sport

HEALTH AND WELLBEING CENSUS

Purpose

1. To provide an update on development of the Health and Wellbeing (HWB) Census.

Priority

2. Urgent. We require an urgent response in order to proceed with communications to local authorities and other stakeholders.

Background

3. Further to our previous submission on the HWB Census on 27 August 2019, officials are now taking forward further development of the HWB Census based on feedback from the DFM, including refocusing the content of the HWB questionnaire to better align with Curriculum for Excellence Health and Wellbeing Experiences and Outcomes.

Considerations

4. It is worth noting that refocusing the HWB Census to align to CfE Experiences and Outcomes will likely result in the continuation of other surveys (e.g. HBSC, SALSUS) collecting data on health behaviours of young people known to impact health and wellbeing (such as on substance use, sexual health and other issues known to impact on a child's health and wellbeing). This information is required by local authorities, NHS Health Scotland, and the Scottish Government in order to monitor and drive forward local improvement, for funding applications and for policy development.
5. Similarly, Greater Glasgow and Clyde Health Board (GGCHB) carry out their own HWB survey of S1 to S6 pupils, and have done for many years. It is highly anticipated that they will proceed with their own HWB Census in November 2019 (working collaboratively with Glasgow's Director of Education to enable access to their pupils in Glasgow's secondary schools) to ensure they maintain continuity in capturing their own HWB data. Their survey focuses on very similar topics to those proposed in our previous submission.

6. Scottish Government have worked very closely with GGCHB and Glasgow City Council to ensure their HWB Census would also meet our requirements, therefore avoiding the need for two separate Censuses.
7. Over the last year, the SG have also been working closely with local authority colleagues and, as such, there has been a great deal of positivity and enthusiasm from the representatives and Directors of Education in relation to conducting their own HWB Census. Local authority colleagues have invested a lot of resource preparing for the HWB Census, we will handle the practical and other implications of this through planned communications (see paragraph 10).

Approach

8. In order to refocus the content of the HWB questionnaire to better align with Curriculum for Excellence Health and Wellbeing Experiences and Outcomes, policy colleagues and analysts from across the SG, NHS Health Scotland, Education Scotland and local authorities will reconvene to work together to develop a set of options around how this could be done, to varying degrees and timescales.
9. This work will happen in earnest in order to ensure that the SG deliver on the National Improvement Framework commitment “to introduce a brand new Health and Wellbeing Census, covering children from late primary through to secondary schools, starting in the 2019/20 academic year”. Further advice on emerging options and timescales will be provided in October 2019.

Communications

10. A communications plan to update local authorities, partner organisations and other interested parties of the intended refined scope of the HWB Census is in development. This will include, but is not limited to, the HWB Census Questionnaire Content Group members, LA Implementation Group members and Local Authority Directors of Education.
11. In terms of Directors of Education we intend to issue correspondence as soon as possible. Over the past year, we have been reiterating that each LA owns their own “local” HWB Census. Therefore, now informing LAs that they must not proceed with delivering the HWB questionnaire as planned may appear contradictory to this messaging. Please see draft letter for your approval at Appendix 1.
12. We have already spoken, in confidence, with two local authority HWB representatives (Glasgow and East Ayrshire); it was important they were informed of this delay as early as possible, as they were planning to implement the HWB Census imminently.

Recommendation

13. DFM is asked to note the intended approach to HWB Census development and approve the draft letter to Local Authority Directors of Education at Appendix 1.

[REDACTED s38(1)(b)]
Learning Analysis
[REDACTED s38(1)(b)]
September 2019

Copy List:	For Action	For Comments	For Information		
			Portfolio Interest	Constit Interest	General Awareness
Minister for Health and Sport Minister for Mental Health			x x		
Paul Johnston Malcolm Wright Colin McAllister Stewart Maxwell Graeme Logan Richard Foggo Donna Bell Michael Chalmers Iona Colvin Mick Wilson Audrey MacDougall Roger Halliday Liz Sadler Jamie MacDougall Hugh McAloon Derek Grieve [REDACTED s38(1)(b)] [REDACTED s38(1)(b)] [REDACTED s38(1)(b)] [REDACTED s38(1)(b)] [REDACTED s38(1)(b)] [REDACTED s38(1)(b)] Anita Morrison / Nicola Edge [REDACTED s38(1)(b)] [REDACTED s38(1)(b)] John Froggatt [REDACTED s38(1)(b)] Mairi Macpherson [REDACTED s38(1)(b)] [REDACTED s38(1)(b)] [REDACTED s38(1)(b)] Gayle Gorman [REDACTED s38(1)(b)] [REDACTED s38(1)(b)] [REDACTED s38(1)(b)]	Director General Education, Communities and Justice Director General Health Special Adviser Special Adviser Director of Learning Director of Population Health Director of Mental Health Director of Children and Families Chief Social Work Adviser Head of Education Analytical Services Chief Researcher Chief Statistician Head of Health Improvement Head of Social Care Support Head of Children and Young People's Mental Health Head of Active Scotland Head of Improvement, Attainment and Wellbeing Head of Support and Wellbeing Unit Team Leader Support and Wellbeing Unit Head of Learning Analysis Unit Head of Children and Families Analysis Unit Statistician Head of Health and Social Care Analysis Senior Statistician, Health and Social Care Head of Early Interventions Head of Improving Health and Wellbeing National Lead for Pregnancy and Parenthood in Young People Head of Creating Positive Futures GIRFEC Unit Head Adverse Childhood Experiences Realigning Children's Services Programme Manager Chief Inspector of Education Scotland Education Scotland Education Scotland NHS Health Scotland				

Appendix 1 – Draft letter to Local Authorities Directors of Education

All LA Directors of Education / Children Services

Insert Date

Dear [Name of Director],

National Improvement Framework (NIF) - Improving the Evidence: Children and Young People's Health & Wellbeing

In June 2018 and January 2019, you may recall that Mick Wilson and [REDACTED s38(1)(b)]

wrote to you setting out our plans in addressing some of the existing challenges for consistent and reliable data being collected at a local level, primarily aimed at informing and monitoring aspects of children and young people's health and wellbeing at both a national and local level.

Following a submission to the Deputy First Minister (DFM) on 27 August 2019, we have been asked to review the Census in terms of content and scale. As such, the Scottish Government (SG) project team are now taking steps to further explore options and suggest alternative ways in progressing with the Census with a view of meeting the Ministerial commitment of conducting a Health and Wellbeing Census during the 2019/20 academic year.

This unfortunately means that the implementation of the HWB Census by each local authority has needed to be paused while we explore further options. However, we are doing everything we can to minimise the impact on this delay, so that the materials we make available to you for you to conduct your own HWB Census are available as quickly as possible.

I acknowledge that many of you will find this news disappointing at this late stage. A great deal of work has been invested over the last year and we appreciate the efforts from you and your colleagues in planning and preparing for carrying out your own HWB census. We will aim to ensure that all of this hard work will be to no avail.

I will be arranging for communication to be issued to both the Questionnaire Content Group and the LA Implementation Group, both of whose input to date has been of enormous value. Both groups will continue to have a key role in reviewing and refining the content of the questionnaires and to agreeing to the scope for the implementation of the Census across Scotland in 2019/20 and beyond. I hope that you can continue to support membership resource for both these groups.

Can I therefore ask that you take all necessary steps to ensure that your local authority does not carry out the HWB Census at this time until we are in a position to provide you with a recommended set of 'core' questionnaires for which all key stakeholders are fully supportive of.

Please do not hesitate to get in touch with me should you wish to discuss this further. Alternatively, please contact [REDACTED s38(1)(b)] who is managing this process. [REDACTED s38(1)(b)] can be contacted on 0131 244 [REDACTED s38(1)(b)] or via e-mail [REDACTED s38(1)(b)].

Best regards,

Graeme Logan
Director of Learning
Scottish Government

Enclosure 12: Health and Wellbeing Census submission August 2019 response

From: Logan G (Graeme) <Graeme.Logan@gov.scot> **On Behalf Of** Director of Learning
Sent: 02 September 2019 13:47
To: Deputy First Minister and Cabinet Secretary for Education and Skills <DFMCSE@gov.scot>; Gorman G (Gayle) <Gayle.Gorman@educationscotland.gov.scot>; Johnston P (Paul) <Paul.Johnston@gov.scot>
Subject: FW: Health and wellbeing Census Submission

PS/DFM

Given the complexities around this piece of work, it would be very helpful if Gayle and I could meet with DFM to discuss options and next steps. A decision on how to proceed is needed in the next week or two.

Many thanks
Graeme.

From: [REDACTED s38(1)(b)]
Sent: 27 August 2019 09:31
To: Deputy First Minister and Cabinet Secretary for Education and Skills <DFMCSE@gov.scot>; Cabinet Secretary for Health and Sport <CabSecHS@gov.scot>
Cc: First Minister <firstminister@gov.scot>; Minister for Children and Young People <MinisterCYP@gov.scot>; Minister for Mental Health <MinisterMH@gov.scot>; Minister for Public Health, Sport and Wellbeing <MinisterPHSW@gov.scot>; Johnston P (Paul) <Paul.Johnston@gov.scot>; Maxwell S (Stewart) (Special Adviser) <Stewart.Maxwell2@gov.scot>; [REDACTED]; [REDACTED]; Wilson M (Mick) <Mick.Wilson@gov.scot>; Halliday R (Roger) <Roger.Halliday@gov.scot>; Gorman G (Gayle) <Gayle.Gorman@educationscotland.gov.scot>; [REDACTED]; MacDougall A (Audrey) <Audrey.MacDougall@gov.scot>; McAllister C (Colin) <Colin.McAllister@gov.scot>; Director of Learning <DirectorofLearning@gov.scot>; [REDACTED s38(1)(b)] Director for Children and Families <DirectorforChildrenandFamilies@gov.scot>; Gorman G (Gayle) <Gayle.Gorman@educationscotland.gov.scot>; [REDACTED s38(1)(b)]
Subject: Health and wellbeing Census Submission

Resending to updated copy list. Apologies for duplication

Deputy First Minister and Cabinet Secretary for Education and Skills and Cabinet Secretary for Health and Sport

Please find attached submission for your consideration and two example questionnaires for the Health and Wellbeing Census.

Do not hesitate to get in touch should you wish to discuss this further,

Kind regards,
[REDACTED s38(1)(b)]
HWB Project Manager
NIF Analysis Team
Education Analytical Services

Enclosure 13: Health and Wellbeing Census submission August 2019

From: [REDACTED s38(1)(b)]

Learning Directorate
August 2019

Deputy First Minister and Cabinet Secretary for Education and Skills
Cabinet Secretary for Health and Sport

NEW HEALTH AND WELLBEING CENSUS

Purpose

3. To advise on progress in introducing the new Health and Wellbeing Census of all Primary 5 to Secondary 6 pupils during the 2019/20 school year.

Priority

4. Routine.

Background

5. Since 2015, the Scottish Government (SG) has been leading on a review of the landscape of health and wellbeing surveys. The aim being to streamline and de-clutter the survey landscape to reduce the burden on schools whilst also being able to make more evidence available for use by local partners.

6. In addition, the National Improvement Framework (NIF), launched in January 2016, stated one of its key priorities as “improving the health and wellbeing of children and young people” due to the known links with educational outcomes. The intention to gather data on children and young people’s health and wellbeing was first announced in the June 2016 Delivery Plan. Delivery of the NIF is a joint programme between Learning Directorate and Education Scotland.

7. The NIF recognises the need for evidence to be available at both a national level (for policy making and monitoring purposes), and at a local level in order to help identify local issues and drive forward local improvements. Historically, health and wellbeing surveys for children and young people have largely gathered data from national and international sample surveys which, whilst providing an overview for Scotland (and how Scotland compares with other countries), provides little or no evidence to help local partners identify and tackle issues. The [2019 NIF and Improvement Plan](#) reiterated our commitment to introduce a new health and wellbeing census during 2019/20 academic year.

8. The need for HWB data stretches much further than education alone. Therefore, the Census has been jointly developed with Health (in particular Mental Health and Physical Activity), Social Care, Justice and other interested areas.

5. This proposed new Census will cover all aspects of health and wellbeing using the SHANARRI model (Safe, Healthy, Active, Nurtured, Achieving,

Responsible, Respected and Included) and importantly will provide Local Authorities (LAs) and the SG with much more detailed evidence to focus on where improvement is needed, and to monitor progress over time. Appendix 1 provides a list of the topics/themes that will be covered in the Census.

6. Once collected, data from each LA's Census will enable them to identify particular health and wellbeing issues with their local schools and local areas. Once the data are shared with the SG, the SG will also be able to utilise them to inform and monitor policy development to further promote health and wellbeing. The data will benefit a wide range of policy areas from across a number of SG Directorates (such as Health and Social Care, and Children & Families), especially in the policy areas of mental health, substance misuse, physical activity, eating behaviours, bullying and sexual health.

Census Operation

7. The data from the census will largely be collected electronically online. We originally planned to outsource delivery of the Census with estimated costs circa. £500,000. However, we identified that a more beneficial and cost effective option was to use SmartSurvey (www.smartsurvey.co.uk). This online survey platform was purchased by the SG using the Cabinet Office's G-Cloud 10 Framework; Scottish Government has purchased licences on behalf of each LA. **Each LA SmartSurvey licence costs £500 plus VAT per annum which demonstrates significant cost efficiencies. [REDACTED 30(c) were involved in the agreeing of the call-off contract between SmartSurvey and Scottish Government including ensuring the supplier was fully GDPR compliant on safe and secure management of the data.**

8. This new innovative approach not only provides the same online functionality in gathering the data as would have been offered by an external contractor, but more importantly provides LAs with direct ownership of their own data and instant access to their data for more timely local analysis and reporting.

Individual Local Authority Health & Wellbeing Censuses

9. This approach legally renders the Health and Wellbeing Census **not** as a single national SG Health and Wellbeing Census, but 32 individual local authority Health and Wellbeing Censuses.

10. LAs have a legal requirement to be "promoting and improving the health and wellbeing of children and young people who live within their local area". Therefore, this approach ensures each LA has access to its own data first and foremost, so that it has the evidence to inform and monitor their legislative duties as soon as children and young people have taken part in their local Census.

11. As each LA is conducting its own Census, they legally have the right to decide what questions to include and when and if they wish to undertake their own Health and Wellbeing Census. However, the SG have been working closely with local authorities to agree a "core set" of questions which all LAs are being asked to use in order to ensure a degree of commonality and consistency across Scotland. We

estimate the Census taking no longer than 30 minutes for Primary and approximately 40 minutes for Secondary pupils to complete.

12. The SG cannot legally instruct each local authority to undertake their own Health and Wellbeing Census. However, by SG taking the lead role, and working collaboratively with all 32 LAs, the LAs understand the purpose and value of the approach adopted that will enable them to drive forward their own local improvements and to self-evaluate themselves against each other.

13. Once each LA has undertaken its own Census, the SG will ask each local authority to share their data with us (similar to other statistical data collections) in order for the SG to produce national and local level results that will provide evidence for the NIF and Improvement Plan and for other key stakeholders within and outside SG.

Census Development

14. A Health and Wellbeing Questionnaire Content Group was established in April 2018 chaired by NHS Health Scotland, with membership including Education Scotland, existing health and wellbeing researchers, local authorities, professional association representation as well as SG analysts from Health and Social Care, Learning Analysis Unit and Children & Families Analysis Unit. The Content Group operates jointly with these stakeholders where they have been involved from the outset.

15. This group's remit was to create a set of core questionnaires, together with an accompanying question bank, using questions from existing and established health and wellbeing surveys such as Health Behaviours in School-aged Children (HBSC), Realigning Children Services (RCS), Growing Up in Scotland (GUS), Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS), Programme for International Student Assessment (PISA), and other local Health and Wellbeing surveys that have already been conducted for a number of years and therefore contain tried and tested questions. This group was also supported by a wide range of SG policy colleagues who provided feedback and suggestions on the proposed set of questions relevant to their policy area in order to ensure that the language used is up-to-date and relevant.

Census Governance

16. In June 2018, this LA-led approach for each LA undertaking its own Census was presented to Directors of Education as part of our annual NIF discussions, and was largely welcomed. As such, each LA was asked to identify a lead contact to represent their authority as part of a LA Implementation Group that would look at all aspects required of them (such as fulfilling their own GDPR requirements, planning and co-ordination with schools, informing parents/carers, etc.) to fully prepare themselves and schools across Scotland for the legal and lawful implementation of their local Census. The SG has been working closely with this group over the last year and there has been a great deal of positivity and enthusiasm from LA representatives.

17. Although there will be 32 local Censuses being carried out across Scotland, the Census overall is being managed by officials from the SG's Learning Analysis Unit within Education Analytical Services (EAS) Division.

18. The SG have also been highlighting and supporting local authorities (after consulting with SG Data Protection Officers and Data Protection and Information Assurance Team) by ensuring that they undertake all of their legal requirements, set out under GDPR, for carrying out their own Census.

Stakeholder Engagement

19. As mentioned above, the Census has formed part of the NIF stakeholder engagement in terms of NIF Director of Education updates undertaken in summer 2018 and summer 2019, with largely welcoming and positive feedback received. The NIF Programme Board has also approved the approach taken. Membership of the NIF Programme Board includes senior Education Scotland and Learning Directorate staff.

20. Professional Associations have been regularly kept informed of the Census and arranged for headteacher representation to join the Questionnaire Content Group, which has been of particular value. Some concerns were noted on the possible impact on school staff workload to manage the implementation for the Census which is being carefully considered and managed by the LAs. The scope of the Census was extended to Secondary 5 and Secondary 6 pupils on recommendation of the Professional Associations.

Ethics

21. We have also been working closely with SG Social Researchers, and have made use of their Ethics Process to ensure we are meeting their robust ethical standards as well as complying with our legal obligations. The Ethical Checklist is a formal part of the Scottish Government's research commissioning and management process. This process is being managed by the ethics sponsor within Children and Families Analysis and has highlighted two areas which warranted further discussion with the Chief Researcher: (a) the sensitive nature of the content (as expected) and; (b) a confidentiality/duty of care issue (see paragraphs 31-35). Following a discussion on 20th August 2019, the Chief Researcher has indicated that she is content with the progress made and that we continue working with the SG Comms Team to help ensure that LAs are consistent with their communications to parents and children to fully inform them about the purpose and participation with the Census.

22. To ensure the questionnaires were well designed, structured, flowed, and the topics and questions asked were age/stage appropriate, we convened an ethics questionnaire review panel comprising of two experienced SG social researchers, one of whom leads on the Growing Up in Scotland (GUS) study and the other who works within the SG's Equality and Social Justice Analysis Unit. Both colleagues provided minor points in relation to simplifying the language in the introductory text and some suggested edits to the questions.

Census Pilots

23. In March 2019, successful pilots were carried out in Dundee, South Lanarkshire and Argyll and Bute and feedback from them was very positive. The purpose for the pilots were to:

- test the functionality of the SmartSurvey platform
- test the time taken to complete the questionnaires across all stages
- learn from pupil participation experiences to ensure that the questions being asked are robust and unambiguous, and
- test the bandwidth and offline functionality for authorities where remoteness may be an operational issue.

24. We have already used the pilot feedback, as well as responses from LA Educational Psychologists to help shape the most up-to-date versions of the questionnaires.

Legal advice and GDPR

25. We continue to provide full support to the LAs to assist them in preparing all the necessary documentation under GDPR regulations. In consultation with [REDACTED 30(c)] we have Data Processor Agreements in place to permit LAs to make use of the SmartSurvey Platform to collect the data directly from children. The SG is legally the Data Processor for each LA with SmartSurvey being the sub-processor.

26. Further to this, we have obtained additional advice from our Head of Data Protection and Information Assurance and the Data Protection Officer for SG and [REDACTED 30(c)] to develop our own Data Privacy Impacts Assessments, Privacy Notices and Data Sharing Agreements, all of which we are required to produce under GDPR.

Issues

Local Authority Participation

27. We have minimised the administrative burden on schools and local authorities as far as possible. It is likely that LAs would ask school staff and teachers to implement the census as would be the case for similar surveys.

28. One local authority has indicated that they do not think that they have the central analytical capacity to carry out their own Census in the 2019/20 academic year. At the moment, Highland Council is the only local authority who have specified they are unlikely to participate, but it does raise a concern that we won't have consistent national data unless all local authorities participate.

29. We will continue to liaise with Highland Council to consider if there is anything else we can do to support them in order for them to carry out their own Census.

Should Highland continue to have resource issues, the data gathered by the remaining LAs would still be of considerable value to the LAs themselves and Scottish Government.

Local authority “Duty of Care” responsibilities

30. A small number of LAs have also raised concerns about their “duty of care” responsibilities if a child protection issue is uncovered by a child or young person taking part in the Census. This is particularly an issue due to the fact that the data local authorities will be gathering and processing will be personally identifiable data, and some of the questions asked in the Census could potentially highlight something that could raise a child protection concern.

31. Censuses of this nature should provide respondents with a guarantee of complete confidentiality, which not only protects the child but also ensures the research is robust and unbiased. However, child protection issues are an important consideration.

32. The SG has attempted to mitigate the need for LAs breaching confidentiality by setting up a dedicated focus group to:

- Scrutinise the draft set of questionnaires to identify potential questions that could likely raise a wellbeing concern;
- Review the question wording and/or the response and recommend revisions accordingly in order to make the questions more subjective. Some questions were also removed; and
- Discuss and explore options to anonymise or pseudonymise the data. This last option was the most problematic to achieve at this time, and as such, the data will remain personally identifiable data (which is still permissible for the statistical and research purpose of the Census under GDPR).

33. The SG have therefore clarified the latest position with local authorities, i.e. that the GDPR lawful basis for each local authority conducting its own Census is for statistical and research purposes as part of a public task. As such, LAs cannot then use the Census as a “screening” tool to identify and monitor individual pupils. However, if in the usual course of analysing their data, a LA uncovers something which raises a child protection concern, they are legally and morally able to consider taking further action.

34. The SG are continuing to work with local authorities to provide them with a form of words for inclusion in their Privacy Notices and any communications with parents, carers and pupils with regards this issue.

Lack of gender identity and sexual orientation questions

35. We received some feedback from the Glasgow City Health and Social Care Partnership (GCHSCP) who do not feel the Census meets the requirements of GIRFEC and limits children’s rights, because the Census does not ask children about their sexual orientation or their gender identity.

36. As you will be aware, the issue of collecting information on Gender Identity is a current and live issue, with the recent statement on 20 June 2019 to the Scottish Parliament by the Cabinet Secretary for Social Security and Older People stating *“that the Scottish Government will establish a working group on sex and gender in data comprised of professionals from across statistical services. This will be led by and report to the Chief Statistician. The working group will consider what guidance should be offered to public bodies on the collection of data on sex and gender including what form of data collection and disaggregation is most appropriate in different circumstances.”*

37. We currently have a similar issue in relation to asking children and young people about their sexual orientation; current national Censuses and surveys do not ask children and young people this question. Therefore, further work is required to resolve what an appropriate question would be and from what age it should be asked.

38. On the basis that there is currently no definitive guidance, the Health and Wellbeing Census will not include a gender identity or a sexual orientation question in 2019/20. We are expecting that when the census is repeated (expected in 2023/24 school year), decisions on this will have been reached and we can include this important topic in future Censuses.

Concerns about the style and content of the questionnaires

39. [REDACTED s38(1)(b)] from the Children’s Parliament and Education Scotland have recently raised some concerns about the HWB Census, specifically:

- the style of the questions asked and the response options available to children responding to questions in the Census;
- consistency of question themes between different stages (Primary / Secondary);
- the language and terminology used in questions being out of date;

40. We have taken action in response to these concerns as far as possible, whilst remaining true to the Census principles: utilising existing tried and tested questions and meeting the needs of a broad range of users from across the Scottish Government, local authorities and NHS Health Scotland. The NIF Programme Board met on 15th August 2019 and discussed the current position on the Census where the Board agreed that it should proceed this year and that ongoing discussions and developments should take place in preparation for the next Census (in 2023/24).

41. As with any survey or data collection, the SG will continue to work with key stakeholders and consult with them as part of future planned developments for the Census, which will include drafting, testing and piloting new questions.

42. [REDACTED 30(b)(i)]

Timescales

43. To prepare for the launch of the Census in October 2019, all documentation will be agreed, finalised and made available to LAs by end September 2019. LAs will have until the end of April 2020 to work with their schools to carry out their own local Census to timescales that they agree with their own schools.

44. We will ask local authorities to share their data with the SG by the end of June 2020 (Data Sharing Agreements are being drawn up), with the aim that SG analysts will publish its initial findings in December 2020.

Conclusion

45. Over the past 18 months, the SG has been working closely with internal and external stakeholders from across Learning, Children and Families and Health Directorates, as well as with LA Directors, local authority staff, professional associations and Education Scotland. We have taken on board feedback and now have in place a set of questionnaires that satisfies the requirements for schools, LAs and SG colleagues as we all work towards improving the health and wellbeing of Scotland's children and young people.

46. Given the sensitive nature of the census, it has proven challenging to get complete consensus across all stakeholders. However, a great deal of effort has been put into communicating and consulting with all relevant policy and local authority colleagues, as well as with a range of key stakeholders and there continues to be a great deal of enthusiasm and buy-in by the majority of stakeholders.

47. LAs are actively engaged in the process and timescales proposed, and have invested time in the development of the Census; many have already started preparing for conducting their own Census in the 2019/20 school year. As such, we are confident that LAs will undertake their own Census based on the work taken forward with both the Questionnaire Content Group and the LA Implementation Group.

Recommendation

48. With this in mind, we recommend that we continue working on the Census with a view to LAs going 'live' from October 2019.

49. Please find attached the near final versions of the P7 and S4 proposed core questionnaires as an example of the questions being asked and would be more than happy to discuss this work in more detail.

[REDACTED s38(1)(b)]

Learning Analysis

[REDACTED s38(1)(b)]

August 2019

Copy List:	For Action	For Comments	For Information		
			Portfolio Interest	Constit Interest	General Awareness
Minister for Health and Sport			x		
Minister for Mental Health			x		
Paul Johnston Colin McAllister Stewart Maxwell Graeme Logan Mick Wilson Audrey MacDougall [REDACTED s38(1)(b)] [REDACTED s38(1)(b)] [REDACTED s38(1)(b)] [REDACTED s38(1)(b)] [REDACTED s38(1)(b)] [REDACTED s38(1)(b)] [REDACTED s38(1)(b)] [REDACTED s38(1)(b)] [REDACTED s38(1)(b)] [REDACTED s38(1)(b)] [REDACTED s38(1)(b)] Gayle Gorman [REDACTED s38(1)(b)] [REDACTED s38(1)(b)] [REDACTED s38(1)(b)]	Director General Education, Communities and Justice Special Adviser Special Adviser Director of Learning Head of Education Analytical Services Chief Researcher Strategy and Performance Unit Head of Support and Wellbeing Unit Team Leader Support and Wellbeing Unit Head of Learning Analysis Senior Statistician, Health and Social Care Statistician Head of Health and Social Care Analysis Head of Early Interventions NHS Scotland National Lead for Pregnancy and Parenthood in Young People GIRFEC Unit Head Adverse Childhood Experiences Chief Inspector of Education Scotland Education Scotland Education Scotland Education Scotland				

Appendix 1 – HWB Areas to be covered within the Census

SHANARRI Indicators	Topics covered
Safe	Child's experience of bullying and fighting
	Child's area factors
Healthy	Child's mental health
	Child's physical or mental health condition
	Child's sleep pattern
	Child's general wellbeing (life satisfaction)
	Child's eating behaviours
Achieving	Child's general health
	Child's perception of achievement
	Child's attitude to school
	Child's aspirations and career planning
Nurtured	Child's pressure of school work
	Child's adverse childhood experiences
	Child's relationships with parents/carers
Active	Child's relationships with family / environment
	Child's resilience
	Child's sedentary behaviour
Respected	Child's places to play
	Child's physical activity/exercise
Responsible	Child's involvement in decision making
	Child's decision making in schools
Included	Child's sexual health
	Child's use of alcohol, tobacco, drugs
	Child's positive activities
	Child's experience of bullying others
Included	Child's caring responsibilities
	Child's feeling of discrimination
	Child's economic inclusion (poverty)

	Child's relationship with peers
	Child's self-perception (body image)
	Child's social media and online experience

Appendix 2 – Questionnaire Topics Covered by Age Group

Topic	P5-P6	P7	S1	S2	S3	S4	S5-S6
Alcohol				→		→	
Area factors	→	→	→	→	→	→	→
Aspirations and career planning			→	→	→	→	→
Attitudes to school	→	→	→	→	→	→	→
Bullying others	→	→	→		→		
Caring responsibilities		→	→	→	→	→	→
Decision making in schools	→	→	→	→	→	→	→
Drugs				→		→	
Family relationships/environment	→	→	→	→	→	→	→
Eating behaviours	→	→	→		→		→
Feeling hungry		→	→	→	→	→	→
Experience of Bullying and fighting	→	→	→		→		→
Family relationships/environment	→	→	→	→	→	→	→
Gambling					→		
General health	→	→	→	→	→	→	→
General wellbeing (life satisfaction)	→	→	→	→	→	→	→
Involvement in decision making overall	→	→	→	→	→	→	→
Mental health	→	→	→	→	→	→	→
Peer relations	→	→	→	→	→	→	→
Peer relations - focus			→		→		
Physical activity/exercise	→	→	→	→	→	→	→
Physical or mental health condition	→	→	→	→	→	→	→
Play	→	→	→	→			
Positive activities			→		→		→
Pressure of school work		→	→	→	→	→	→
Resilience	→	→	→	→	→	→	→
Sedentary behaviour			→	→	→	→	→
Self perception (body image)		→	→	→	→	→	→
Sexual health						→	→
Sleep	→	→	→	→	→	→	→
Smoking				→		→	
Social media and online	→	→	→	→	→	→	→
Social media and online - focus			→		→		→

- Core, across all age groups
- S1 and S3 (+/- Primary, +/- S5) sequence
- S2 and S4 sequence
- Distribution limited by space / age-appropriateness

Enclosure 14: Submission – Health and Wellbeing Data Collection and Platform – October 2017

From: [REDACTED s38(1)(b)]
Learning Analysis Unit
17 October 2017

Deputy First Minister and Cabinet Secretary for Education and Skills
Cabinet Secretary for Health and Sport

PROPOSALS FOR THE DEVELOPMENT OF A NEW SCOTTISH GOVERNMENT HEALTH AND WELLBEING CENSUS, AND A NEW HEALTH AND WELLBEING DATA COLLECTION PLATFORM

Purpose

1. To update and seek approval from Ministers on proposals for the introduction of a new Scottish Government Health and Wellbeing Census for children in late primary and secondary stages, and the purchasing and development of a new Health and Wellbeing data collection platform.

Priority

2. Routine.

Background

3. The Programme for Government 2017-18 emphasised again our ambition for Scotland to be the best place to grow up. To assess progress on the relevant national outcomes and understand how to improve the health and wellbeing of children and young people, we need a high quality evidence base. Further, the importance of understanding the circumstances, characteristics, behaviours and experiences of children in Scotland has been underlined by the First Minister's vision for the improvement of educational attainment in Scotland. The twin goals of raising attainment for all children, and closing the poverty-related attainment gap between children living in the most and least deprived areas, signals the need for robust and comprehensive evidence – not only on attainment and achievement, but on a much wider range of aspects of children's lives which will shed light on the differentials in attainment and achievement and how these might be addressed.

4. In March 2015, Health Analytical Services set out plans to review health and wellbeing surveys in schools. This was in response to an increasingly complex landscape of international, national and local surveys that were impacting on schools, yet not generating the data required by Local Authorities for planning and improvement purposes.

5. As such, two national consultation events were held throughout 2015 in order to discuss the current health and wellbeing survey landscape and to seek views on how this could be improved in order to meet national and local needs, whilst reducing the burden on schools. These consultations resulted in the following key recommendations:

- Design a Health and Wellbeing Census, rather than a sample, that would generate robust data at national, local authority, health board and school level.
- Collect data at regular intervals from specific year groups (e.g. P7, S2, S4 to continue the existing time series) but to also consider collecting information from children from around P4/P5.
- Continue Scotland's participation in the international survey, the Health Behaviours of School Aged Children (HBSC).

6. In January 2016, the National Improvement Framework for Scottish Education (NIF) was launched, and improving Health and Wellbeing for children and young people was stated as one of the four key priorities. Furthermore, in June 2016, the NIF Delivery Plan committed the Scottish Government “**to publish a plan for gathering information about the health and wellbeing of children in December 2016**”. However, following consideration of the draft plan, the DFM requested an additional feasibility study be undertaken throughout 2017 to explore options for collecting health and wellbeing data for children and young people, and whether there was a strong need, both nationally and locally, for introducing a new data collection that would provide detailed, high quality information in relation to children and young people's health and wellbeing for national monitoring and improvement purposes.

7. As such, a feasibility study was conducted throughout 2017, involving a range of colleagues from across the Scottish Government, NHS Health Scotland, the Improvement Service, and selected local authorities and health board representatives who currently conduct their own health and wellbeing surveys. This feasibility study has determined that the original recommendations outlined in paragraph 5 are still appropriate, as this would provide consistent, reliable information in relation to the health and wellbeing of children and young people, at the most detailed level possible (e.g. nationally, locally and school). The potential to also link such data to other data sources would also allow us to shed light on socio-economic inequalities and provide meaningful information to drive forward improvements both at a national and local level.

8. Similarly to the 2015 exercise, the 2017 feasibility study also concluded that addressing the need to reduce the costs of survey fieldwork and to de-clutter the survey landscape was necessary. The 2017 feasibility study also raised the need to deliver a data collection solution that offers both flexibility and a quick turnaround of results for both national monitoring and local improvement purposes when collecting health and wellbeing data.

The proposal

Health and Wellbeing Census

9. To develop and introduce a new Scottish Government Health and Wellbeing Census (as mentioned in paragraph 5 above), commencing in the 2019/20 school year.

10. Further consideration is still required as to how frequently such a Census would take place, what topics and themes would be included, how the data collection would be managed and resourced (e.g. externally commissioned, conducted in-house, or a mixture of both). We would also further consider how the current survey landscape would be streamlined and co-ordinated with other health and wellbeing survey activity in order to ensure national, local and international needs are met whilst minimising the burden on schools. Further information about the current school-based surveys can be found in Annex A.

11. [REDACTION s30(b)(i)]

12. [REDACTION s30(b)(i)]

13. [REDACTION s30(b)(i)]

Health and Wellbeing Data Collection Platform

14. We have identified a solution that allows us to service a multi-level data collection while maintaining the strict data security requirements of such a project. The recommended approach entails purchasing a secure, web-based survey platform provided by a third-party company that would enable the Scottish Government, local authorities, health boards and authorised research organisations to administer their own national and local health and wellbeing surveys electronically.

15. [REDACTION s30(b)(i)]

16. The benefits of such a data collection platform are:

- a reduction in the cost of survey fieldwork compared to using paper-based questionnaires;
- it will provide much quicker access to the data resulting in a faster access to key results for improvement and monitoring purposes;
- it will provide the flexibility for use at both national and local level;
- it will provide the scope for content co-ordination between existing national and local health and wellbeing surveys, and improve joined-up working between local partners and organisations.

Funding

17. Please note that funding for the proposed Health and Wellbeing Census, and the data collection platform, has been included in existing resources identified for the implementation of the National Improvement Framework in the current financial year and will be used for initial development work if DFM is content for these developments to proceed. Colleagues in Learning Directorate will seek on-going funding for the proposed data collection platform as part of the 2018-19 budget process.

18. Further details are set out in the Annexes:

Annex A - sets out the current survey landscape of national school-based Health and Wellbeing Surveys conducted in Scotland, outlining the coverage and timing of such data collections.

Annex B - sets out the proposals for development of the Health and Wellbeing data collection platform for use by national and local partners (e.g. local authorities, health boards, etc.)

Annex C – outlines some lessons we have learned from Wales.

Conclusion

Ministers are invited to:

- **approve the development of a new national Health and Wellbeing data collection (i.e. Census) to be conducted on a regular basis. Further consideration is still required, so further approval regarding costs, frequency, content and coverage of the census will be sought in due course. Current plans are that this Census would first be conducted in the 2019/20 school year.**
- **approve the commissioning of a Health and Wellbeing electronic data collection platform, to be used for the gathering of health and wellbeing related data in Scotland, by national and local partners.**

[REDACTED s38(1)(b)]
Learning Directorate
[REDACTED s38(1)(b)]

ANNEX A

Current survey landscape for school-based Health and Wellbeing surveys

19. The current key surveys that provide information directly from children and young people, during school time, in relation to their Health and Wellbeing are:

- Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS)
- Health Behaviour in School-Aged Children (HBSC)
- Realigning Children's Services (RCS)
- Programme for International Student Assessment (PISA)

20. SALSUS is part of an important and long established series of national surveys on smoking, drinking and drug use, and also capture information on mental wellbeing. The survey is conducted every 2-3 years, from a sample of S2 and S4 pupils. The survey provides a national picture for Scotland every 2-3 years, but also provides results at a local authority (LA), health board (HB), and alcohol & drug partnership (ADP) levels every 4-5 years. The survey was last conducted in 2015 (National results only) but it is planned to be conducted in Autumn 2018 / Spring 2019 (providing National, LA, HB and ADP level results).

21. The HBSC study has been conducted in Scotland for over 20 years, and investigates the health and well-being of school children in Scotland and the social contexts in which they are growing up. The HBSC survey covers a wide range of health and social topics about physical activity, eating and dieting, oral health, smoking, alcohol consumption, self-reported health and symptoms, life satisfaction, spirituality, mental well-being, bullying, fighting and injuries, socio-demographics, family life, school environment and peer relationships. Additional questions are included for the older age groups on cannabis use (13 and 15 year-olds only) and sexual health (15 year olds only). The HBSC survey is conducted every four years and collects data from a sample of P7, S2 and S4 pupils and provides a nationally representative picture for Scotland. The HBSC study is part of a larger cross-national study which is conducted in collaboration with the World Health Organisation (WHO) Regional Office for Europe, and currently covers 44 countries and regions in Europe and North America. The survey was last conducted in 2014, and will be conducted again in Spring 2018.

22. As part of the RCS programme, an entirely new set of children wellbeing surveys were established covering children from P5 to S4. These surveys used well established questions - the majority of which existed in other health and wellbeing surveys across Scotland and the rest of the UK. These surveys were first used in 2015-16 in Clackmannanshire, South Lanarkshire and West Lothian and following further developments, were subsequently used in 2017 Falkirk and North Lanarkshire. These surveys do not provide any National results, but they do provide detailed information for those local authorities who take part in this programme. No further survey activity is due to commence until the 2018/19 school year. If a Health and Wellbeing Census was approved, RCS could potentially make use of that data collection, thus removing the need for the RCS specific survey work to continue.

23. The Programme for International Student Assessment (PISA) is a sample survey that assesses the skills of 15 year-olds' (largely S4 pupils) carried out under the auspices of the Organisation for Economic Co-operation and Development (OECD). The programme runs every three years across all OECD members and a variety of partner countries. Scotland has participated in all six surveys since the first wave of testing in 2000. Each survey cycle focusses on one of three domains: reading, mathematics and science. In 2015 the main domain was science, with maths and reading as subsidiary domains. As part of the study, pupils are also asked about their motivations for study, attitudes to school, beliefs about science, studying and their socio-economic background. The survey was last conducted in Spring 2015, and will be conducted again in Autumn 2018.

ANNEX B

24. [REDACTED s30(b)(i)]
25. [REDACTED s30(b)(i)]
26. [REDACTED s30(b)(i)]
27. [REDACTED s30(b)(i)]
28. [REDACTED s30(b)(i)]

Advantages of this approach

29. [REDACTED s30(b)(i)]
30. [REDACTED s30(b)(i)]
31. [REDACTED s30(b)(i)]
32. [REDACTED s30(b)(i)]

ANNEX C

Lessons from Health & Wellbeing activity in Wales

33. We have recently met with colleagues from Wales who collect their own secondary school level health and wellbeing information. A key lesson we learned from their activity is that in a very short space of time after students participated in the survey, participating schools themselves receive their own school's results in order for them to assess what the responses show and to take further action to make improvements in areas where issues are highlighted. This is something we are particularly keen to replicate in Scotland as this will help local schools and authorities to quickly identify areas of concern in which to start to address as early as possible.

Copy List:	For Action	For Comments	For Information		
			Portfolio Interest	Constit Interest	General Awareness
Minister for Mental Health			X		
Minister for Public Health and Sport			X		

DG Education, Communities and Justice
 DG Health and Social Care
 Fiona Robertson, Director for Learning
 Michael Chalmers, Director for Children and Families
 Andrew Scott, Director of Population Health Improvement
 Mick Wilson, Head of Education Analytical Services
 Angela Campbell, Head of Health Analytical Services
 Audrey MacDougall, Chief Researcher
 Roger Halliday, Chief Statistician
 Joe Griffin, Head of Creating Positive Futures Division
 John Froggatt, Head of Improving Health & Wellbeing
 Iona Colvin, Chief Social Work Adviser
 [REDACTED s38(1)(b)], Head of Children & Families Analysis
 Daniel Kleinberg, Head of Health Improvement
 [REDACTED s38(1)(b)], Head of Better Life Chances Unit
 Susan Gallacher, Improving Health & Wellbeing
 [REDACTED s38(1)(b)], Children & Young People Improvement Collaborative
 [REDACTED s38(1)(b)], Statistician
 [REDACTED s38(1)(b)], Principal Research Officer
 [REDACTED s38(1)(b)], Principal Research Officer
 [REDACTED s38(1)(b)], Principal Research Officer
 [REDACTED s38(1)(b)], Realigning Children's Services
 [REDACTED s38(1)(b)], Getting It Right For Every Child
 [REDACTED s38(1)(b)], Scottish Attainment Challenge
 [REDACTED s38(1)(b)], Scottish Attainment Challenge
 [REDACTED s38(1)(b)], Promoting Prevention Team
 [REDACTED s38(1)(b)], Senior Researcher
 Comms DFM & Education
 Comms Healthier
 Kate Higgins, Special Adviser
 Colin McAllister, Special Adviser