

Children, Young People and Families Outcomes Framework: Core Wellbeing Indicators – National Reporting

Children and Families Analysis September 2023

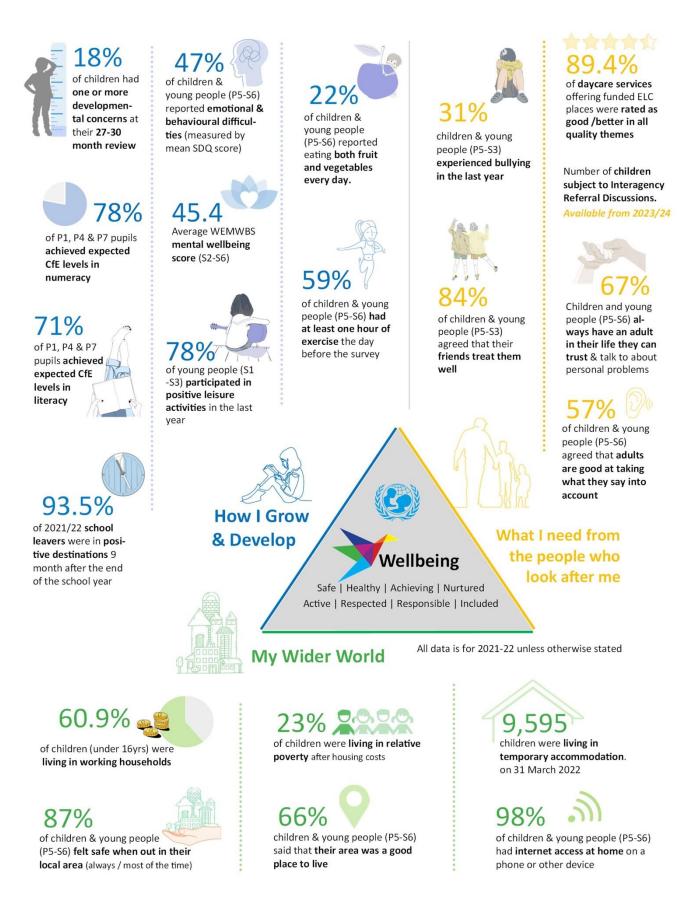


September 2023

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Executive summary

Introduction

This report presents headline findings, key socio-demographic breakdowns and time series data, where available, based on the set of 21 Core Wellbeing Indicators which forms part of <u>Scotland's Children, Young People and Families Outcomes</u> <u>Framework</u>. This report establishes an initial baseline, against which progress can be measured in future years, and provides a benchmark national picture of the current status of wellbeing of children, young people and families in Scotland. Children's Services Plans and annual reports will incorporate these indicators at local level, as data becomes available over time.

The indicators provide a high-level overview of the current status of wellbeing, which is aligned to the holistic definition set out in the <u>Children and Young People</u> (Scotland) Act 2014 and <u>Getting It Right for Every Child</u>, Scotland's national policy and practice approach. This recognises that children and young people's individual development takes place in the context of their caregiving environment and family networks, which in turn are influenced by community impacts and societal factors (as expressed in the 'My World Triangle').

Together with the views of children and young people, and deep-dive data which considers specific aspects of wellbeing in more detail, the core wellbeing indicators can be used as part of the evidence base informing policy and service developments at both national and local levels.

Data for the indicators is drawn from a range of previously published administrative and survey sources which provide data at both national and local level. 12 of the indicators are drawn from the Health and Wellbeing Census (HWB Census) which is a new data collection that was undertaken by 16 local authorities in 2021-22. While figures in this report are aggregated results for those areas who collected data only, the statistics can generally be treated as providing a national picture as the sample of respondents reflected the population by sex and deprivation (SIMD). Scottish Government is working closely with stakeholders to expand the Census' coverage in future years.

Summary of indicator statistics

Looking across the Core Wellbeing Indicators, the data shows that the majority of children and young people in Scotland have broadly positive experiences across all specified aspects of wellbeing, although for many indicators there were substantial minorities not achieving positive outcomes.

Outcomes were broadly positive around attainment. 71% of primary school pupils in P1, P4 and P7 achieved the expected Curriculum for Excellence levels in Literacy, and 78% in numeracy, and a very large percentage (94%) of school leavers were in positive destinations, which follows an upward trend in recent years.

Other areas showing good outcomes were peer relationships, where 84% children and young people in P5 to S3 agreed that their friends treat them well and participation in positive leisure activities among those in S1 to S3 which was high at 78%.

A more mixed picture was found in relation to some indictors. Looking at child development, while 82% of children had no developmental concerns at their 27-30 month review, the percentage that had developmental concerns has increased over recent years to 18% in 2021-22.

Similarly, while the majority of children and young people in P5 to S6 held positive perceptions of their local area, a notable minority did not. 87% said they felt safe in their area almost or most of the time, with 11% saying they felt only sometimes, rarely or never safe in their area. Two thirds said that their area was a good place to live, leaving a third who did not.

Relationships with adults also showed a mixed picture. 67% of children and young people in P5 to S6 said they always have a trusted adult in their life, leaving around a third who did not.

There are a number of areas where there is scope for substantial improvement. In terms of health behaviours, only 59% of children and young people in P5 to S6 met recommended physical activity levels and just 22% said they eat both fruit and vegetables every day.

In terms of mental health and mental wellbeing, almost half of children and young people in P5 to S6 had a Slightly Raised, High, or Very High Strength and Difficulties (SDQ) score, suggesting the presence of emotional or developmental issues. Almost a third of children and young people had experienced bullying in the last year, and only 57% felt that adults take their views into account when making decisions that affected them.

There were also substantial levels of economic hardship, with almost a quarter of children living in relative poverty after housing costs and an increasing number of families living in temporary accommodation.

Key socio-demographic patterns

There were a wide range of complex differences in children and young people's outcomes by socio-demographic and area characteristics, which were specific to each core wellbeing indicator. These are set out in the main body of this report. However, a number of patterns were identified when looking across the indicators as a whole.

There was substantial variation by area deprivation, as measured by the Scottish Index of Multiple Deprivation, with children living in the 20% least deprived areas displaying substantially better outcomes than those in the 20% most deprived areas. This pattern was consistent across all indicators relating to child development, attainment, mental health, physical health and area perceptions. Large differences in outcomes by sex were also found across a number of indicators, although the picture was more complex. Outcomes were better for girls in pre-school child development and literacy; whereas outcomes were better for boys for both mental health measures, physical activity, participation in positive leisure activities, having a trusted adult and perception of adults taking their views into account.

Children and young people with a long term health condition or disability had substantially worse outcomes than others in terms of peer relationships, bullying, having a trusted adult and perceptions of adults taking their views into account. Households with a disabled person (adult or child) were also substantially more likely to experience child poverty.

Conclusion

Looking across the Core Wellbeing Indicators, the data shows that the majority of children and young people in Scotland have broadly positive experiences across all specified aspects of wellbeing, although for many indicators there were substantial minorities not achieving positive outcomes. Gaps in wellbeing outcomes between different socio-demographic groups were also widely found.

The time period during which the data collection on which this report draws took place, will inevitably reflect how the COVID-19 Pandemic and cost of living crisis have impacted on the lived experiences of children, young people and families across Scotland. This has affected all children and young people, but is recognised to have disproportionately affected those facing inequalities or with vulnerabilities.

1. Introduction

This report presents headline data, socio-demographic differences and time series data, where available, based on the agreed set of Core Wellbeing Indicators which form part of Scotland's Children, Young People and Families Outcomes Framework. These indicators provide a high-level and holistic overview of the current levels of wellbeing for Scotland's children, young people and families. This report establishes an initial baseline, against which progress can be measured in future years.

1.1 The Children, Young People and Families Outcomes Framework

The <u>Children, Young People and Families Outcomes Framework (CYPF OF)</u> has been developed to provide an overarching understanding of children and young people's wellbeing in Scotland. This complements the <u>National Performance</u> <u>Framework</u>, with its holistic approach grounded in <u>Getting It Right For Every Child</u> (GIRFEC). The framework has children's rights at its core and is consistent with international definitions of child wellbeing.

It has been developed following a recommendation from the Scottish Government's review of Children's Services Plans (2017-2020) and in response to stakeholder feedback. This identified the need to 'embed a more joined-up strategic narrative on improving outcomes for children and young people across government, with improved use of data to support this'. The CYPF Outcomes Framework aims to support greater policy cohesion in decision-making, as well as in the strategic planning and delivery of services, support, and improvement activity at both national and local level.

The CYPF Outcomes Framework consists of the following elements:

- 8 overarching Wellbeing Outcomes consistent with the definition of wellbeing in the Children and Young People (Scotland) Act 2014 Safe, Healthy, Achieving, Nurtured, Active, Respected, Responsible and Included (SHANARRI). Wellbeing Outcomes are set out in Annex A.
- Shared Aims which reflect at a high level the policies, service delivery and supports that impact on wellbeing across the 3 sides of the 'My World Triangle' recognises that children and young people's individual development takes place in the context of their caregiving environment and family networks, which in turn are influenced by community impacts and societal factors. Shared aims are set out in Annex B.
- The **Transforming Outcomes Routemap** two high-level driver diagrams which set out the areas of individual and collective activity at a strategic, operational, and frontline practice level required to improve outcomes essentially 'what' we do, and 'how' we need to do it.
- A set of **Core Wellbeing Indicators** 21 high-level measures which show us what difference we are making, covering key aspects of wellbeing, based on data currently available at both a national and local level.

The CYPF Outcomes Framework was co-developed through an intense process of stakeholder collaboration.

It is based on the current evidence base of factors known to influence wellbeing, and has been substantially informed by what children, young people and families have told us matters most. As well as drawing on key messages from a review of existing engagements with children, young people and families, additional new engagement was undertaken via youth and parent/carer participation forums.

Stakeholders have played a key role in the development of the framework to ensure its alignment with wider activity on outcomes and data. This included Children's Services Planning Strategic Leads, The Promise Scotland, Public Health Scotland, COSLA, Children in Scotland, Local Government Improvement Service, CELCIS, ADES, and Scottish Government policy teams including the National Performance Framework and Children and Families Analysis.

The approach of the CYPF Outcomes Framework has been endorsed by COSLA Children and Young People Board, the then COVID-19 Children and Families Collective Leadership Group (now Children and Families National Leadership Group) and the Scottish Government Directors' Group on Improving Outcomes for Children and Families. It was made available for use as from 1 April 2022, with a 'soft launch' agreed in order to learn from embedding its application in practice.

The framework provides a structured approach through which Scottish Government and public and third sector partners are taking steps to enhance collective accountability for improving outcomes for children, young people and families. This includes a greater focus on impact, not outputs, and development of a more outcomes-based approach to national and local reporting.

As part of the next stages of work, data mapping to understand the range of underpinning deep-dive data relevant to wellbeing of children, young people and families is in progress. This will help to identify data gaps, as well as enabling a more holistic understanding of the evidence base around outcomes for children and young people to inform decision-making on policy development and strategic planning and delivery of services and supports to improve outcomes for children, young people and families.

1.2 The Core Wellbeing Indicator Set

The purpose of the Core Wellbeing Indicator Set is to provide a high level holistic overview of wellbeing of children, young people and families in Scotland, and to allow monitoring over time. This will help evidence the extent to which we are making progress at national and local level in achieving wellbeing outcomes, and the extent to which we are moving in the desired direction and closing wellbeing gaps. This will also help to identify where further priority by Scottish Government, stakeholder organisations, and Children's Services Planning partners is required.

The Core Wellbeing Indicator Set consists of 21 indicators. These cover key aspects of wellbeing and reflect all eight Wellbeing Outcomes, as well as spanning the three sides of the My World Triangle. It was developed through an in-depth collaborative process with a wide range of stakeholders and is informed by engagement with children and young people to identify the key topics to be covered by indicators.

Annex C presents these topics mapped against the My World Triangle, SHANARRI and UNCRC articles.

At a local level, the core wellbeing indicators provide a level of consistency within local reporting by public and third sector partners on each area's Children's Services Plan (CSP) and annual reports. The indicators were agreed by key stakeholder and governance groups as part of the wider CYPF Outcomes Framework and made available for use as from April 2022. Children's Services Planning Partnerships (CSPP's) were encouraged to use these indicators as part of their next Children's Services Plans (2023-2026) and in annual reports for 2022/23 onwards, as far as possible – recognising that not all areas have yet taken part in the new Health and Wellbeing Census (see below).

The indicators will provide a consistent shared reporting across all CSPPs. This will be supplemented through relevant deep dives or locally available data as appropriate to national and local strategic priorities and in relation to local planning, delivery, impact monitoring and progress reporting on how improvements are being made in wellbeing of children, young people and families living in that area, as a result of the local Children's Services Plan.

Similarly, at a national level, the Core Wellbeing Indicator Set will provide some consistency across different areas of policy, where this contributes to the wellbeing of children, young people and families, as well as providing consistency between national and local level reporting. By providing this high level and holistic shared picture, the indicators facilitate monitoring the potential collective impact of national policies, strategies and delivery action plans on the overall wellbeing of children, young people and families. They also allow policy teams across different directorates of the Scottish Government to better understand wellbeing gaps for particular groups of children and young people and to consider any action needed to address them, drawing on wider and more in-depth data and evidence as required.

It is intended that reporting on the core wellbeing indicators will be repeated at regular intervals, potentially in line with the three yearly Children's Services Planning cycle.

One example of the use of the core indicators at national level is in supporting joined-up work towards tackling child poverty. The <u>child poverty targets</u> are not an end in themselves. Ultimately, they are about improving the wellbeing of children, young people and parents or carers, and enhancing their quality of life and life chances. We know that poorer outcomes are driven by experiences of poverty, and so reducing child poverty, through increasing household income and reducing costs of living, is one important mechanism for doing so. But it is not the only mechanism. We recognise that there are many other important actions being taken forward across the Scottish Government and by local Children's Services Planning partners in the public and third sector, to plan and deliver services and support aimed at improving life experiences and life chances. To deepen our understanding of these wider policies on progress towards child poverty outcomes, a focussed report looking in detail at the CYPF Outcomes Framework core wellbeing indicators by indices of deprivation will be published by the end of 2023.

1.3 Indicator data sources

The 21 indicators are drawn from a range of data sources. Only sources which provide data at both a national and local level were considered in the development process, to enable consistency of reporting between national and local levels. A number of national-only data sources used in the National Performance Framework and other relevant national frameworks on particular aspects of wellbeing were therefore excluded from consideration for the Core Wellbeing Indicator set.

Reflecting the lack of capacity for additional data collection within local areas, only existing or confirmed planned data sources were included. However, as part of the development process, evidence gaps were highlighted for consideration in future data development work to be carried out as part of the next phase of the Outcomes Framework. Where more meaningful measures are needed, the development of these will be co-developed working closely with stakeholders, ensuring the views of children and young people are integral to this.

Attempts were made during the development process to include indicators which considered children and young people of all ages. While pre-school aged children are reflected through the early child development and Early Learning and Childcare indicators, it is acknowledged that available data sources for this age group, and early primary-school aged children which met the criteria for Core Wellbeing Indicator selection were more limited. More detailed indicators for this age group are being considered as part of policy development with a focus on early years, as well as exploring the potential of age-group disaggregation (e.g. children under 5, young people aged 16-18) within other core wellbeing indicators, where this is not currently available.

Annex D lists data sources and includes a link to the relevant publication, for each of the 21 Core Wellbeing Indicators. The data for most indicators is from 2021-22. This means that data will inevitably reflect how the COVID-19 Pandemic and cost of living crisis have impacted on the lived experiences of children, young people and families across Scotland. This has affected all children and young people, but is recognised to have disproportionately affected those facing inequalities or with vulnerabilities.

It should be noted that the source of 12 of the 21 indicators is the Health and Wellbeing Census (HWBC). This provides local level data as well as a wide range of socio-demographic characteristics, including variables where sample sizes in other surveys are often insufficient for reporting, e.g. minority ethnic groups and young carers. However, as a new data collection it does not currently provide time series data.

The HWBC data are the aggregated results for the 16 local authority areas which collected data in 2021-22. All young people in P5 – S6 were invited to take part, with just over 134,000 responses included in the analysis. Figures present the aggregated results for those areas who collected data and are not weighted to population totals. However, the sample of children and young people included in the HWBC mirrors the school population by sex and deprivation (SIMD). As such, these statistics can generally be treated as representative of, and showing a national

picture. The Scottish Government will continue to work closely with Children's Services Planning Partnership areas and local authorities to improve coverage of HWBC in future years.

1.4 Structure of the report

The remainder of this report is structured around the three sides of the My World Triangle, with the relevant indicators presented within each chapter. For each indicator, a definition and rationale for its inclusion is provided, and headline data are presented. This is followed by time series data, where available, to set the most recent findings in context and show improving or worsening trends; and a summary of socio-demographic breakdowns to highlight particular gaps in outcomes for particular groups of children and young people. Where differences between socioeconomic groups are presented, these are statistically significant.

2. How I grow and develop

The 'How I grow and develop' side of the My World Triangle relates to various aspects of physical, cognitive, social and psychological development.

Key Findings

- Looking at pre-school child development, 18% of children were reported as having a developmental concern at their 27-30 month review in 2021-22. This is an increase from 14% in 2019-20 and 15% in 2020-21.
- Developmental concerns were more likely to be reported for looked after children.
- In terms of achievement, the percentage of children in P1, P4 and P7 achieving expected Curriculum for Excellence levels in 2021-22 was 71% in literacy and 78% in numeracy. This was slightly higher than the previous year but roughly similar to the preceding years.
- 93.5% of 2021/22 school leavers were in a positive follow-up destination 9 months after the end of the school year.
- In all three cases, outcomes were poorer for children with additional support needs.
- Beyond formal attainment, 78% of children and young people were participating in positive leisure activities.
- Looking at physical health, 59% of children and young people in P5 to S6 had the recommended amount of at least one hour of exercise the day before the survey.
- 22% of children and young people ate fruit and vegetables at least once a day.
- Looking at mental health and mental wellbeing, the average WEMWBS score, a measure of positive mental wellbeing, for young people in S2 to S6 was 45.
- 47% of children had a slightly raised, high, or very high Strength and Difficulties Score indicating the presence of emotional or developmental problems.
- Across all measures, outcomes were consistently patterned by <u>area deprivation</u>, with children living in the 20% least deprived areas displaying better outcomes than those in the 20% most deprived areas.
- Many of the indicators also displayed substantial differences by <u>sex</u>, although the picture was more complex. Outcomes were better for girls in pre-school child development and literacy. However, outcomes were better for boys for both mental health measures, physical activity, and participation in positive leisure activities.

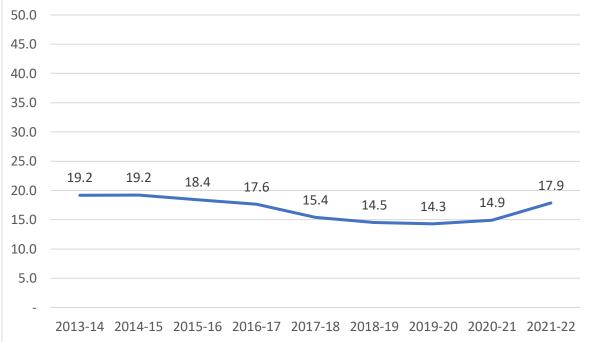
2.1 Pre-school Child Development

The pre-school child development indicator is the percentage of children with a developmental concern at their 27-30 month child health review. This was chosen as it is a widely used and agreed measure of pre-school development and is broadly a mid-point between birth and age 5 years.

This indicator relates to the Nurtured, Healthy and Achieving outcomes.

18% of children were reported as having a developmental concern at their 27-30 month review in 2021-22. As Figure 2.1 shows, there were marked drops in the proportion of children with a developmental concern from 19% in 2013-14 to a low of 14% in 2018-2019 followed by a slight increase in 2020-21 and a further increase in 2021-22.

Figure 2.1 Percentage of children reported as having a developmental concern at their 27-30 month review



The main socio-demographic differences within this variable were:

- There was a substantially higher proportion of developmental concerns amongst boys (23%) than girls (13%).
- There was a higher proportion of developmental concerns in more deprived areas, with 26% in the most deprived areas and 11% in the least deprived areas.
- The percentage of children reported as having a concern varied substantially by ethnic group. Children in the White Other British group were least likely to have a concern (13%) while children in the Black, Caribbean or African group were most likely to have a concern (27%).

- Looked after children were twice as likely to have a concern as other children (38% compared with 18%).
- The percentage of children with a concern was similar across those whose main language spoken was English and those where English was not the first language spoken.

2.2 Literacy

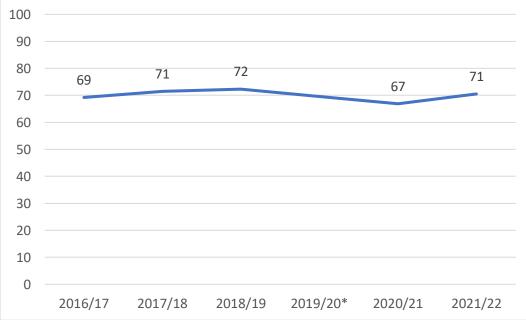
The literacy indicator is the percentage of children in P1, P4 and P7 achieving expected Curriculum for Excellence (CfE) levels in literacy (reading, writing, listening and talking). This was chosen as it is the main measure of achievement at younger ages and is aligned with the National improvement Framework for Scottish Education and the Local Government Benchmarking Framework.

This indicator relates to the **Achieving** and **Included** outcomes.

In the academic year 2021/22, 71% of P1, P4 and P7 pupils combined achieved expected CfE levels in literacy.

As Figure 2.2. shows, this is an increase from 67% in 2020/21, but similar to the previous years. The closures of schools between March 2020 and January 2021 because of the pandemic are likely to have had a negative effect on some pupils' progress and attainment.





^{*}Due to the COVID-19 pandemic, data is not available for 2019/20.

The main socio-demographic differences within this indicator were:

- Girls were substantially more likely to have achieved expected levels (76%) than boys (65%).
- The percentage of children achieving expected levels increased substantially as area deprivation decreased, from 61% in the 20% most deprived areas to 82% in SIMD the 20% most deprived areas.
- Children with additional support needs were substantially less likely to have achieved expected levels (46%) than those with no additional support needs (79%).
- There was substantial variation in the percentage of children achieving expected levels by ethnic group. The percentage was highest in the Asian – Chinese (83%) and Asian – Indian (80%) groups. The lowest percentages were in the White – Scottish, Asian – Pakistani and Asian – Other groups (all 70%).
- Children with English as an additional language were less likely to have achieved expected levels (64%) than those with English as a main language (71%).
- The percentage of children achieving expected levels varied substantially by urban-rural classification, although not in a consistent direction. The highest percentage was 73% in large urban areas and accessible rural areas, and the lowest was 61% in remote small towns.

2.3 Numeracy

The numeracy indicator is the percentage of children in P1, P4 and P7 achieving expected Curriculum for Excellence (CfE) levels in numeracy. This was chosen as it is the main measure of achievement at younger ages and is aligned with the National improvement Framework for Scottish Education and the Local Government Benchmarking Framework.

This indicator relates to **Achieving** and **Included** outcomes.

In the academic year 2021/22, 78% of P1, P4 and P7 pupils combined achieved expected CfE levels in numeracy.

As Figure 2.3 shows, this is an increase from 75% in 2020/21, but similar to previous years. Again, the closures of schools between March 2020 and January 2021 because of the pandemic are likely to have had a negative effect on some pupils' progress and attainment.

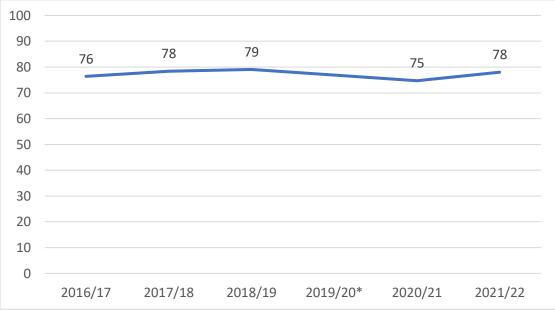


Figure 2.3 Percentage of P1, P4 and P7 pupils combined achieving expected CfE levels in numeracy

*Due to the COVID-19 pandemic, data is not available for 2019/20

The main socio-demographic differences within this indicator were:

- The percentage of children achieving expected levels increased as area deprivation decreased, from 70% in the 20% most deprived areas to 88% in the 20% least deprived areas.
- Children with additional support needs were substantially less likely to have achieved expected levels (57%) than those with no additional support needs (86%).
- There was substantial variation in the percentage of children achieving expected levels by ethnic group. The percentage was highest in the Asian – Chinese (92%) and Asian – Indian (86%). The lowest percentages were in the Asian-Pakistani (77%) and White – Scottish (78%) groups.
- The percentage of children achieving expected levels varied substantially by urban-rural classification, although not in a consistent direction. The highest percentage was 81% in accessible rural areas, and the lowest was 70% in remote small towns.
- The percentage of children with English as an additional language achieving expected levels (75%) was slightly lower than the percentage of children with English as a main language (78%).
- There was no difference in the percentage of boys and girls achieving expected levels.

2.4 **Positive Destinations**

The positive destinations of school leavers indicator is the percentage of all school leavers in positive destinations 9 months after the end of the school year. This was chosen as it gives an indication of post-school transitions.

This indicator relates to **Achieving** and **Included** wellbeing outcomes.

93.5% of 2021/22 school leavers were in a positive follow-up destination at 9 month follow-up. As Figure 2.4. shows, this was a slight increase from the previous year (93.2%).

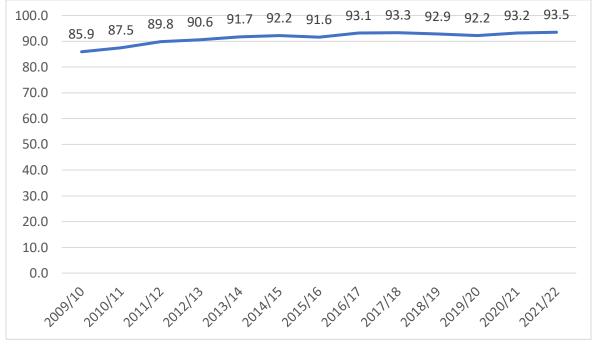


Figure 2.4 Percentage of school leavers in positive follow-up destinations

The main socio-demographic differences within this indicator were:

- The percentage of school leavers in a positive follow-up destination increased as area deprivation decreased, from 89.7% in the 20% most deprived areas to 96.7% in the 20% least deprived areas.
- The percentage of school leavers with additional support needs in a positive follow-up destination (90.1%) was lower than of those with no additional support needs (95.7%).
- There was slight variation in the percentage of school leavers in a positive follow-up destination by ethnic group. The percentage was highest in the Asian Indian group (98.5%) and lowest in the White Scottish and White non Scottish groups (93.4% and 93.2% respectively).
- The percentage of school leavers assessed or declared disabled in a positive follow-up destination (89.2%) was lower than of those not assessed or declared disabled (93.6%).
- There was slight variation in the percentage of school leavers in positive follow-up destinations by urban-rural classification. The percentage was highest in accessible rural and remote rural areas (95.1% and 94.8% respectively) and lowest in remote small towns (92.3%).

The percentage of students in positive follow-up destinations was broadly similar by sex although female school leavers were slightly more likely than male school leavers to be in a positive destination (94.0% compared to 92.9%).

2.5 Leisure activities

The positive activities measure is the percentage of young people in S1 to S3 who said they had participated in any activity from the following list of leisure activities in the last year: buddying/mentoring programme at school; voluntary work; charity event; drama / acting / singing / dancing group; religious activity; youth organisations; Duke of Edinburgh; and sports clubs. This measure is consistent with a national indicator in the National Performance Framework and provides an indication of achievement outside of an educational context and a broad definition of play though including a range of leisure activities known to be important for wellbeing of children and young people. Please note that this indicator comes from the Health and Wellbeing Census and figures presented here are the aggregated results for those 16 local authority areas who collected data and are not weighted to population totals.

This indicator relates to Active and Respected outcomes.

In 2021-22, 78% of young people in S1 to S3 had participated in positive leisure activities.

The main socio-demographic differences within this indicator were:

- The percentage of young people participating in positive leisure activities decreased by stage, from 81% in S1 to 75% in S3.
- The percentage of boys participating in positive leisure activities was 80%, slightly higher than the percentage of girls (76%).
- The percentage of young people participating in positive leisure activities increased substantially as area deprivation decreased, from 70% in the 20% most deprived areas to 86% in the 20% least deprived areas.
- There was variation in the percentage of young people participating in positive leisure activities by urban-rural classification, although not in a consistent direction. The highest percentage was 81% in accessible rural and remote rural areas, and the lowest was 74% in remote small towns.
- The percentage of young people participating in positive leisure activities varied substantially by ethnic group. The groups with the highest percentage were African Other (87%), African Scottish/British (85%) and Asian Indian (85%). The groups with the lowest percentage were Asian Chinese (68%) and White Polish (72%).
- The percentage of young people participating in positive leisure activities was lower for those with additional support needs (71%) than those with no additional support needs (79%).

The percentage of young people participating in positive leisure activities was broadly similar for those with and without caring responsibilities, and for those with and without a long term illness.

2.6 Physical activity

The physical activity indicator is the percentage of children and young people in P5 to S6 that had at least one hour of exercise the day before the survey. This was chosen as it is a topline measure of physical activity, and a proxy for the 'meets physical activity guidelines' measure which requires a large number of sub questions and is available only at national level from the Scottish Health Survey. Physical activity includes low impact activity like walking, not just exercise. Please note that this indicator comes from the Health and Wellbeing Census and figures presented here are the aggregated results for those 16 local authority areas who collected data and are not weighted to population totals.

This indicator relates to **Active** and **Respected** outcomes.

In 2021-22, 59% of children and young people in P5 to S6 had at least one hour of exercise the day before the survey.

The main socio-demographic differences within this indicator were:

- The percentage of children and young people who had at least one hour of exercise varied substantially by stage, although not in a consistent direction. The percentage was lower in P7 to S3 and lower in both the youngest and oldest age groups. The highest percentages were in P7 (63%) and S2 (62%), and the lowest in S6 (50%).
- A substantially higher percentage of boys (64%) had at least one hour of exercise than girls (54%). Boys were more likely to have had an hour of exercise than girls in all stages, although the difference was smaller at the youngest stages.
- The percentage of children and young people who had at least one hour of exercise increased as area deprivation decreased, from 54% in the 20% most deprived areas to 64% in the 20% the least deprived areas.
- The percentage of children and young people who had at least one hour of exercise varied substantially by ethnic group. The groups with the highest percentage were White Irish (62%), White Other British (60%) and White Scottish (60%). The groups with the lowest percentage were Asian Pakistani (43%), Asian Bangladeshi (45%) and Asian Other (45%).
- 50% of children and young people with additional support needs had at least one hour of exercise, substantially lower than the 60% of children with no additional support needs.

Differences in physical activities were relatively small (4 percentage points) by long term health condition and urban-rural classification. Percentages were broadly similar by caring responsibilities.

2.7 Diet

The diet indicator is the percentage of children and young people in P5 to S3 and S5 to S6 who eat both fruit and vegetables every day. This was chosen as a proxy for the nationally recommended 'five portions of fruit or vegetables a day,' which

requires a large number of sub questions and is available only at national level from the Scottish Health Survey. Please note that this indicator comes from the Health and Wellbeing Census and figures presented here are the aggregated results of the 16 local authority areas who collected data, and so are not weighted to population totals.

This indicator relates to Healthy, Nurtured and Responsible outcomes.

22% of children and young people in P5 to S3 and S5 to S6 ate both fruit and vegetables at least once a day in 2021-22.

The main socio-demographic differences within this indicator were:

- There was slight variation in the percentage of children and young people eating both fruit and vegetables every day by stage, and it was not in a consistent direction. The highest percentage was 24% in S6, and the lowest was 21% in P5 and S3.
- The percentage of children and young people who ate both fruit and vegetables at least once a day was slightly higher for girls (24%) than boys (20%).
- The percentage of children and young people who ate both fruit and vegetables at least once a day varied substantially by area deprivation. The lowest was 14% in the 20% most deprived areas and the highest was 33% in the 20% least deprived areas.
- The percentage of children and young people who ate both fruit and vegetables at least once a day varied by urban-rural classification, although not in a consistent direction. The highest percentage was 27% in remote rural areas, and the lowest was 20% in other urban areas.
- The percentage of children and young people who ate both fruit and vegetables at least one a day varied substantially by ethnic group. The groups with the highest percentage were Asian – Chinese (31%), Mixed or multiple ethnic groups (30%) and White – Irish (30%). The groups with the lowest percentage were Caribbean or Black – Other (11%) and African – Other (13%).
- The percentage of children and young people with additional support needs who ate both fruit and vegetables once a day was 17%, lower than the 23% of children and young people with no additional support needs.
- The percentage of children and young people with caring responsibilities who ate both fruit and vegetables at least once a day was 19%, lower than the 25% of those with no caring responsibilities.
- The percentage of children and young people who ate both fruit and vegetables at least once a day was roughly similar among those with and without a long term illness.

2.8 Mental wellbeing (WEMWBS)

This mental health and mental wellbeing indicator is the mean score on the Warwick Edinburgh Mental Wellbeing Score (WEMWBS) for children and young people in S2 to S6. This was chosen as the most commonly used measure of positive mental

wellbeing. It is an average score based on a set of 14 positively worded items. Each item is scored from 1 to 5 ('none of the time' to 'all of the time'), giving a total score range of 14 to 70 with higher scores indicating better mental wellbeing. Please note that this indicator comes from the Health and Wellbeing Census and figures presented here are the aggregated results for those 16 local authority areas who collected data and are not weighted to population totals.

This indicator relates to Healthy, Nurtured and Included outcomes.

Overall, the average WEMWBS score among children and young people in S2 to S6 was 45.4 in 2021-22.

The main socio-demographic differences within this indicator were:

- The average score by stage was lowest at 44.3 in S4 to and highest at 46.6 in S2.
- The average score was higher for boys (48.1) than girls (42.8).
- The average score increased as area deprivation decreased, from 44.4 in the 20% most deprived areas to 46.4 in the 20% least deprived areas.
- The average score was 41.2 for children and young people with a long term illness, higher than the average score of 47.4 for those with no long term illness.
- The average score was lowest in remote small towns (44.8) and highest in accessible rural areas (45.8)
- There was slight variation in the WEMWBS score by ethnic group. The groups with the highest average scores were Arab (48.0) and African Other (47.9). The groups with the lowest average scores were Asian Chinese (45.0), Black or Caribbean -British/Scottish (45.2) and White Other British (45.2).
- The average score was 44.8 for those with additional support needs, and 45.5 for those with no additional support needs.
- The average score for those with caring responsibilities was 44.3 and 45.9 for those with no caring responsibilities.

2.9 Mental health (SDQ)

This mental health and mental wellbeing indicator is the percentage of young people in S2 to S6 with slightly raised, high or very high Strength and Difficulties score. This was chosen as it measures emotional, behavioural and developmental difficulties. It is based on 20 statements relating to the presence of emotional, conduct, hyperactivity and peer problems. Each question is scored between 0 (not true) and 2 (certainly true), resulting in a total SDQ score between 0 and 40. Scores are banded into four categories: 'close to average', indicating the absence of problems; and 'slightly raised, 'high' and 'very high', indicating the presence of problems of different severity. Please note that this indicator comes from the Health and Wellbeing Census and figures presented here are the aggregated results for those 16 local authority areas who collected data and are not weighted to population totals.

This indicator relates to Healthy, Nurtured and Included outcomes.

47% of young people in S2 to S6 had a Slightly Raised, High, or Very High score in 2021-22.

The main socio-demographic differences within this indicator were:

- The percentage of young people with a Slightly Raised, High, or Very High score varied by stage. The highest percentage was 50% in S4, and the lowest 41% in S6.
- A substantially higher percentage of girls had a Slightly Raised, High, or Very High score (58%) compared with boys (36%). The gap between boys and girls was highest in S2 (23 percentage points) and narrowed consistently across stages to 17 percentage points in S6.
- The percentage of children with Slightly Raised, High, or Very High scores decreased substantially as area deprivation decreased, from 54% in the 20% most deprived areas to 41% in the 20% least deprived areas.
- The percentage of children with Slightly Raised, High, or Very High scores varied substantially by ethnic group. The highest percentage was in the white Scottish (49%) and White Irish (47%), and the lowest percentages were in the African Other (31%) and Asian Chinese (32%) groups.
- The percentage of children with additional support needs who had Slightly Raised, High, or Very High scores was 55%, higher than for children without additional support needs (47%).
- The percentage of children with caring responsibilities who had Slightly Raised, High, or Very High was 59%, substantially higher than for those with no caring responsibilities (43%).
- The percentage of children with a long term health condition who had Slightly Raised, High, or Very High scores was 72%, almost double the percentage of children without a long term health condition (37%).
- The percentage of children with Slightly Raised, High, or Very High scores was highest in accessible small towns (49%) and lowest in accessible rural areas (46%).

3. What I need from the people that look after me

The 'What I need from the people who look after me' side of the My World Triangle relates to the critical influences of other people in a child or young person's life and the support they can provide. Primary caregivers have the most significant role and influence, but the role of siblings, wider family, teachers, friends and community figures can also be important.

Key findings

- Looking at peers, in 2021-22, 84% of children and young people in P5 to S3 agreed that their friends treat them well. This was consistent across sex and stage.
- However, 31% of children and young people in P5 to S3 said they had experienced bullying in the last year. Respondents in primary stages and living in more deprived areas were more likely to report having been bullied.
- Across both questions children and young people with long term health conditions, additional support needs and caring responsibilities had worse outcomes.
- Looking at support from adults, in 2021-22, 67% of children and young people in P5 to S6 said they always had an adult in their life who they can trust and talk to about any personal problems.
- In 2021-22, 57% of children and young people in P5 to S6 agreed that adults are good at taking what they say into account.
- Girls, young people in secondary stage and children and young people with a long term health condition were less likely to have a trusted adult and to agree that adults take their views into account.
- Looking at services, 89.4% of daycare of children services offering funded Early Learning and Childcare places were evaluated as good or better in all quality themes in 2021. This was similar across area deprivation quintiles and rural and urban areas.
- A protection from harm indicator will be available from 2023-24 data onwards.

3.1 Peer relationships

The peer relationship indicator is the percentage of children and young people in P5 to S3 who agree that their friends treat them well. This was chosen over other peer relationship measures as it is applicable to all children and reflects the quality of relationships. Please note that this indicator comes from the Health and Wellbeing Census and figures presented here are the aggregated results for those 16 local authority areas who collected data, and are not weighted to population totals.

This indicator relates to the Included, Nurtured and Safe outcomes.

In 2021-2022, 84% of children and young people in P5 to S3 strongly agreed or agreed that their friends treat them well. Three percent disagreed or strongly disagreed.

The main socio-demographic differences within this variable were:

- Children and young people with a long term health condition were less likely to say that their friends treat them well (80%) than other children and young people (87%).
- Similarly, children and young people with additional support needs were slightly less likely to say that their friends treat them well (82%) than other children and young people (85%), although the difference was smaller.
- Children and young people with caring responsibilities were less likely to say that their friends treat them well (82%) than other children and young people (86%).

Percentages were roughly similar by stage, sex, area deprivation, rurality and ethnicity.

3.2 Bullying

The bullying indicator is the percentage of children and young people in P5 to S3 who were bullied in last year. This is a population wide measure of harm that was prioritised by children and young people themselves in engagement work reviewed. Please note that this indicator comes from the Health and Wellbeing Census and figures presented here are the aggregated results for those 16 local authority areas who collected data and are not weighted to population totals.

This indicator relates to the **Safe** and **Respected** outcomes.

In 2021-2022, 31% of children and young people in P5 to S3 said they had experienced bullying in the last year. 12% preferred not to say.

The main socio-demographic differences within this variable were:

- The prevalence of bullying consistently decreased with stage, from 41% in P5 to 20% in S3.
- The prevalence of bullying consistently increased with area deprivation, from 26% in the 20% least deprived areas to 34% in the 20% most deprived areas.
- There were substantially higher percentages saying they had been bullied among those with a long term health condition (45% compared with 26% among others) and among those with additional support needs (38% compared with 30% among others).
- Respondents with caring responsibilities were substantially more likely to report having been bullied (35%) than others (22%).

Percentages were roughly similar by sex. Differences by ethnicity and rurality were relatively small and did not display a consistent pattern.

3.3 Trusted adult

The trusted adult indicator is the percentage of children and young people in P5 to S6 who always have an adult in their life who they can trust and talk to about any personal problems. This was chosen as the most suitable high level measure for relationship with adults. Other measures available for quality of relationship with a particular adult (e.g. mother, father, teacher) are not applicable to the life circumstances of all children and young people. Please note that this indicator comes from the Health and Wellbeing Census and figures presented here are the aggregated results for those 16 local authority areas who collected data and are not weighted to population totals.

This indicator relates to the Nurtured, Safe and Included outcomes.

In 2021-22, 67% of children and young people in P5 to S6 said that they always have an adult in their life who they can trust and talk to about any personal problems, with a further 24% saying that they sometimes do. Five percent said they did not have a trusted adult and four percent preferred not to say.

The main socio-demographic differences within this variable were:

- The percentage of children and young people who said they always had a trusted adult varied substantially by stage and was higher in primary stages and lowest in later secondary stages. The highest percentage was 75% in P6 and the lowest 57% in S4.
- Boys were more likely to say they always had a trusted adult (70%) than girls (64%).
- The percentage of children and young people who said they always had a trusted adult consistently increased as area deprivation decreased, from 65% in the 20% most deprived areas to 70% in the 20% least deprived areas.
- Percentages who said they always had a trusted adult varied by urban-rural classification areas but not in a consistent direction. The lowest percentage of children and young people who said they always had a trusted adult was 64% in remote small towns, and the highest 69% in accessible rural areas.
- The percentage of children and young people who said they always had a trusted adult was lowest in those from the Black/Caribbean Other (50%) and Asian Bangladeshi (51%) groups. It was highest in the White Gypsy/Traveller (72%); White Scottish (68%) groups.
- Children and young people with additional support needs were slightly less likely to say they always have a trusted adult (64%) than others (67%).
- Children and young people with caring responsibilities were slightly less likely to likely to say they always have a trusted adult (63%) than those without caring responsibilities (67%).
- Children and young people with a long term health condition were substantially less likely to say they always had a trusted adult (57%) than those with no long term health condition (72%).

3.4 Involvement in decision making

The involvement in decision making indicator is the percentage of children and young people in P5 to S6 who agree that adults are good at taking what they say into account. This is a widely used and agreed measure of participation and influence on decision making. Please note that this indicator comes from the Health and Wellbeing Census and figures presented here are the aggregated results for those 16 local authority areas who collected data and are not weighted to population totals.

This indicator relates to the **Respected** and **Responsible** outcomes.

In 2021-2022, 57% of children and young people in P5 to S6 agreed that adults are good at taking what they say into account. 11% disagreed. A large percentage of 24% said they didn't know.

The main socio-demographic differences within this variable were:

- Primary school age children were substantially more likely to agree that adults are good at taking what they say into account than older young people in secondary school. The percentage was highest in P5 (63%) and P6 (64%) and lowest in S4 (48%) and S5 (49%).
- Boys were substantially more likely to agree that adults are good at taking what they say into account (62%) than girls (52%). The gap in findings by sex was higher in secondary school stages than primary school stages.
- Looking at ethnicity, the percentage agreeing that adults are good at taking what they say into account was lowest within African Scottish or British (56%), Asian Bangladeshi (57%) and Asian Chinese (57%) groups, and highest in White Gypsy Traveller (77%), Arab (68%) and Asian Indian (68%) groups.
- There was a small, but consistent, difference in findings by area deprivation, from 56% in the 20% most deprived areas to 59% in the 20% least deprived areas.
- Respondents with a long term health condition were substantially less likely to agree that adults are good at taking what they say into account (49%) than other children and young people (62%).

Percentages were roughly similar by additional support needs and caring responsibilities. Differences by rurality were small (3 percentage points) and not consistent.

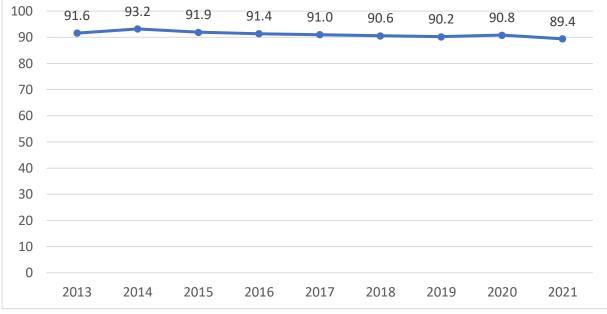
3.5 Quality of services

The quality services indicator is the percentage of settings providing funded Early Learning and Childcare (ELC) achieving Care Inspectorate grades of good or better across all four quality themes. This was chosen as a nationally and locally available measure of service quality, relating to a universal service that is taken up by a very large percentage of parents. It was also chosen because it and provides coverage of pre-school age groups on which there is limited data.

This indicator relates to the Nurtured, Included and Achieving outcomes.

In 2021, 89.4% of daycare of children services offering funded ELC places were evaluated as good or better in all four quality themes. This is a slight decrease compared to the 90.8% reported in 2020. As Figure 3.3. shows, there has been a slight downward trend in the percentage of settings achieving good or better grades across all quality themes from a peak in 2014.





As this indicator relates to settings rather than individuals, there is no demographic data. There were some differences by geographical areas, but these did not follow a consistent pattern. In terms of area deprivation, the percentage achieving good grades was lowest in the 20% least deprived areas (87.3%) but there was not a linear pattern within other area deprivation categories. In terms of urban-rural classification, settings in accessible rural areas were most likely to achieve good grades (92.9%) while those in remote small towns were least likely to achieve good grades (85.3%).

3.6 Protection from harm

The protection from harm indicator is the number of children and young people subject to Interagency Referral Discussions. This was identified as the most suitable protection from harm measure as it represents the earliest stage in the child protection process from currently available data.

This indicator relates to the **Safe**, **Respected**, **Nurtured**, **Healthy**, **Achieving** and **Included** outcomes.

It is expected that national reporting on this indicator will be available from 2023/24 onwards. Interagency Referral Discussion management information has been collected monthly since May 2020, and data between then and May 2023 has been published via the <u>Vulnerable Children and Adult Protection Monitoring returns</u> dashboard. However, these figures are released as management information which means they are not subject to the same level of quality assurance as National Statistics and will not be used as a baseline once national reporting becomes available. They have therefore not been included in this report.

4. My wider world

The 'My wider World' side of the My World Triangle relates to how communities where children and young people grow up, and structural factors such as household income, employment opportunities, local resources, and housing, can have a significant impact on their wellbeing and the wellbeing of their families.

- Findings show substantial levels of economic hardship.
- In 2021-2022, 23% of children were living in relative poverty after housing costs. Child poverty appears stable after a recent gradual rise.
- On 31 March 2022, there were 8,635 children and young people living in temporary accommodation. This is a 17% increase on the figure from 2021 and follows a general upward trend.
- In 2021, 61% of children and young people under 16 lived in households that contained at least one person aged 16 to 64, where all individuals aged 16 and over were in employment.
- In 2021-2022, almost all (98%) of children and young people in P5 to S6 said that they had internet access at home, on a phone or another device.
- Looking at perceptions of their local area in 2021-2022, 66% of children and young people in P5 to S6 said that their area was a good place to live.
- 87% said that they felt safe when out in their local area always or most of the time
- Children and young people living in the most deprived areas and in large urban areas were substantially less likely to have positive perceptions than those from less deprived and rural areas.
- Primary school age children were more likely to think of their area as a good place to live, but less likely to feel safe.
- Those from African, Caribbean or Black backgrounds were more likely to have negative perceptions of their area.

4.1 Child Poverty

The child poverty indicator is the relative child poverty rate after housing costs. This is a widely recognised and used top line measure of child poverty.

This indicator relates to the **Included**, **Nurtured**, **Safe**, **Healthy** and **Achieving** outcomes.

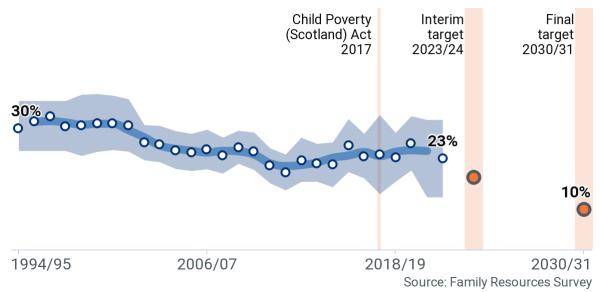
In 2021/22, 23% of children were living in relative poverty after housing costs.

This is similar to previous years. Figure 4.1. shows the trend in child poverty rates over time. Single year figures are presented alongside a rolling three year average in order to reduce fluctuations from sampling variation and portray underlying trends more accurately. After a long fall between the late nineties and 2010-13, which slowed briefly just before the 2008/09 recession, child poverty rates were gradually rising again, but have stabilised in recent years.

Figure 4.1. Percentage of children in relative poverty after housing costs

Relative poverty

Measures low income relative to the rest of society



Note: Dots and labels show single-year estimates; shaded areas show indicative 95% confidence intervals around the single-year estimates; lines show three-year averages.

A number of demographic groups, known as 'priority family types' have been identified as having particularly high child poverty rates. These figures are based on the 2019-2022 rolling average. These are:

- Households with a disabled person (28%)
- Households with three or more children (34%)
- Minority ethnic households (39%)
- Single parent households (38%)

Households where the youngest child is under one year old and where the mother is under 25 have also been previously identified as priority family types but could not be reported in 2019-2022 due to small sample sizes.

4.2 Housing security

The housing indicator is the number of children in temporary accommodation at 31 March. A child is defined as (a) anyone aged 15 years or less, and (b) anyone aged 16, 17 or 18 either receiving or about to begin full-time education or training, or unable to support themselves for some other reason (e.g. they have a learning disability) and are dependent on an adult household member. This was selected as the most upstream measure of housing security and the most suitable of housing measures available.

This indicator relates to the **Included** and **Nurtured** outcomes.

On 31 March 2023, there were 9,595 children living in temporary accommodation. This is a 9% increase on the figure from 2022 and follows a general upward trend from as shown in Figure 4.2. As a result of the pandemic, there was an increased demand on temporary accommodation given some households who were previously making informal arrangements (e.g. staying with friends) could no longer continue to do so and given settled accommodations were not available to move people out of temporary accommodation. The trend has continued given due to the backlog, and cost and supply issues of materials and tradespeople which resulted in a lack of settled accommodation.

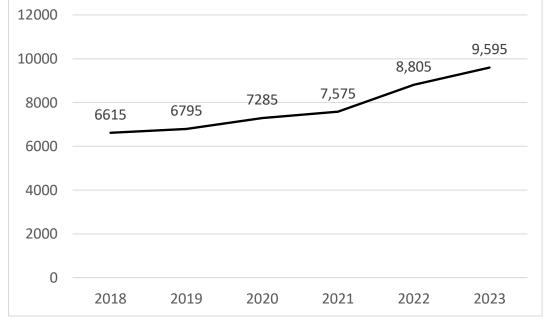


Figure 4.2. Number of children in temporary accommodation as at 31 March

No demographic information on the characteristics of children and families living in temporary accommodation is available.

4.3 Adult employment

The Office of National Statistics use three different categories for households including at least one adult aged 16-64 years. These are:

- number of working households where all adults are in employment.
- number of mixed households, where some adults are in employment and some not in employment.
- number of workless households where no adults are in employment.

The adult employment indicator is the percentage of all children under 16 who live in working households. This was included alongside the child poverty rate to give a fuller picture of economic wellbeing of families.

This indicator relates to the **Included** outcome.

In 2021, it was estimated that 60.9% of children under 16 lived in working households.

As Figure 4.4 shows, the percentage of children living in working households decreased between 2006 and 2011 before increasing to 2017 and then remained constant until 2020.

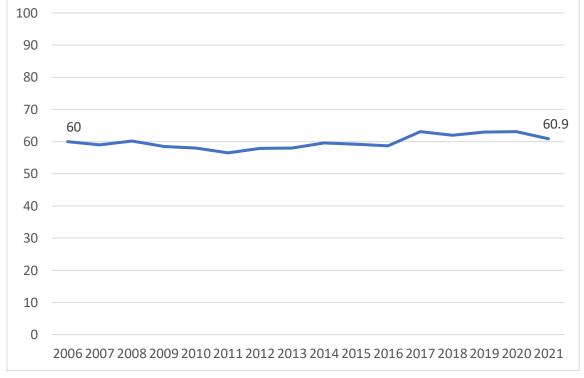


Figure 4.4. Percentage of all children under 16 who live in working households

No demographic information on the characteristics of children living in working households is available.

4.4 Digital inclusion

The digital inclusion indicator is the percentage of children and young people in P5 to S6 who have access to the internet at home or on a phone or another device. This indicator was prioritised as of high importance by children and young people themselves in engagement work reviewed. Please note that this indicator comes from the Health and Wellbeing Census and figures presented here are the aggregated results for those 16 local authority areas who collected data and are not weighted to population totals.

This indicator relates to the **Included** and **Achieving** outcomes.

In 2021-2022, 98% of children and young people in P5 to S6 said that they had internet access at home, on a phone or another device.

In terms of socio-demographic differences, the percentage of children who said that they had internet access at home, on a phone or another device was lowest in P5 (95%), and 99% in all secondary school stages.

Percentages were roughly the same by sex, area deprivation, rurality, ethnicity, additional support needs, caring responsibilities and long term health condition.

The very high levels of internet access, and lack of variation between demographic groups limits the usefulness of this indicator. An indicator looking at quality of internet access, e.g. on own vs shared devices, or duration of internet access may be more meaningful.

4.5 Neighbourhood satisfaction

The neighbourhood satisfaction indicator is the percentage of children and young people in P5 to S6 who agree that their local area is a good place to live. This was selected as the most suitable measure of general neighbourhood quality relevant to all children and young people. It may be influenced by various environment and community factors. Please note that this indicator comes from the Health and Wellbeing Census and figures presented here are the aggregated results of the 16 local authority areas who collected data, and so are not weighted to population totals.

This indicator relates to the Included, Respected and Safe outcomes.

In 2021-2022, 66% of children and young people in P5 to S6 said that their area was a good place to live. 29% said their area was ok, and four percent said it was not good.

The main socio-demographic differences within this variable were:

- The percentage of respondents describing their area as a good place to live decreased substantially by stage. It was highest in P5 (70%) and lowest in S5 (59%).
- Boys were slightly more likely to describe their area as a good place to live (67%) than girls (64%).
- There were very large and consistent differences in neighbourhood satisfaction by area deprivation. 47% of respondents living in the 20% most deprived areas described them as a good place to live, compared with 82% in the 20% least deprived areas.
- Respondents living in rural areas were more likely to describe their area as a good place to live (75% in accessible rural areas and 74% in remote rural areas) than those living in urban areas (62% in large urban areas and 64% in other urban areas).
- Looking at ethnicity, respondents least likely to describe their area as a good place to live were from Caribbean or Black other (39%) and African other (45%) groups. The groups most likely to describe their area as a good place to live were from White Irish (75%) and Asian Indian (71%) groups.

- Young people with a long term health condition were substantially less likely to describe their area as a good place to live (58%) than others (70%) and similarly, those with additional support needs were less likely to do so (62%) than others (66%).
- Respondents with caring responsibilities were less likely to describe their area as a good place to live (59%) than others (67%).

4.6 Neighbourhood safety

The neighbourhood safety indicator is the percentage of children and young people in P5 to S6 who say they feel safe when out in their local area always or most of the time. This was included as a key measure of the characteristics of the areas families live in. Please note that this indicator comes from the Health and Wellbeing Census and figures presented here are the aggregated results of the 16 local authority areas who collected data, and so are not weighted to population totals

This indicator relates to the Safe and Included outcomes.

In 2021-2022, 87% of children and young people in P5 to S6 said that they felt safe when out in their local area always or most of the time. Nine percent said they felt sometimes safe, and two percent said they felt rarely or never safe.

The main socio-demographic differences within this variable were:

- The percentage saying they felt safe always or most of the time was lowest in P5 (84%) and highest in S1 and S2 (89%).
- The percentage who said they felt safe in their area increased as area deprivation decreased, from 78% in the 20% most deprived areas to 93% in the 20% least deprived areas.
- In terms of rurality, the percentage of children and young people who felt safe was lowest in large urban areas (85%) and highest in accessible and remote rural areas (91%).
- Looking at ethnicity, the percentage who said they felt safe in their area was lowest within the African – other (79%) and African – Scottish or British (81%) groups. It was highest in the White – Irish (91%); White – other British (89%) and Asian – Indian (89%) groups.
- Young people with a long term health condition were less likely to say they feel safe in their local area (90%) than others (81%) and similarly, those with additional support needs were slightly less likely to feel safe (83%) than others (87%).
- Respondents with caring responsibilities were less likely to say they feel safe in their local area (84%) than others (91%).

The percentage of boys and girls who said they felt safe in their neighbourhood always or most of the time was roughly similar.

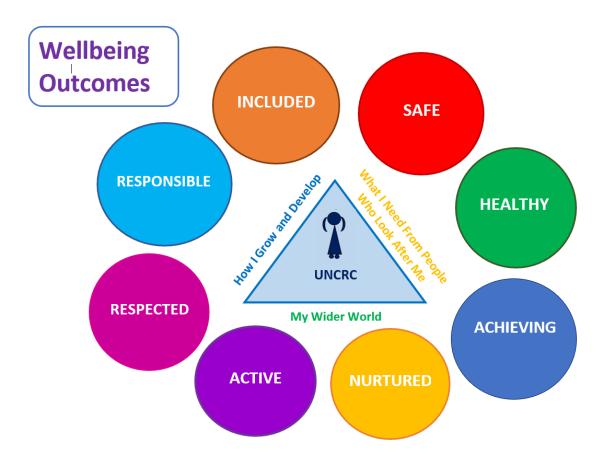
5. Conclusion

This report has presented headline findings, socio-demographic breakdowns and time series, where available, for the 21 core wellbeing indicators which form part of Scotland's Children, Young People and Families Outcomes Framework. This establishes an initial baseline, against which progress can be measured in future years, and provides a benchmark national picture to inform local reporting.

Looking across the Core Wellbeing Indicators, the data shows that the majority of children and young people in Scotland have broadly positive experiences across all specified aspects of wellbeing, although for many indicators there were substantial minorities not achieving positive outcomes. Gaps in wellbeing outcomes between different socio-demographic groups were also widely found.

The time period during which the data collection on which this report draws took place, will inevitably reflect how the COVID-19 Pandemic and cost of living crisis have impacted on the lived experiences of children, young people and families across Scotland. This has affected all children and young people, but is recognised to have disproportionately affected those facing inequalities or with vulnerabilities.

Annex A Children, Young People and Families Wellbeing Outcomes



The eight wellbeing outcomes in the Children, Young People and Families outcomes Framework draw on the Getting it Right for Every Child approach applied at a local and national population level using SHANARRI:

- Safe
- Healthy
- Achieving
- Nurtured
- Active
- Respected
- Responsible
- Included

Annex B Children, Young People and Families Shared Aims

How I Grow and Develop

We are encouraged/supported to express our beliefs and identity and all forms of bullying, discrimination and harassment are tackled. We are resilient, with positive mental health and wellbeing and have access to early help. We have the best possible physical health and live healthy and active lifestyles with no barriers to accessing care or support. We have opportunities to develop leadership and are empowered to participate meaningfully in all decisions that affect us. We recognise our responsibilities to others and positively contribute at home, in school and to our local, national and global communities. We are encouraged to develop individual interests and have opportunities for indoors and outdoors play. exercise, sport, recreation and culture. We are equipped to successfully navigate key times of transition, with co-ordinated support available to overcome any barriers including into young adulthood. We have engaging and inclusive learning opportunities which build self-esteem, knowledge, and life-skills. Our rights are upheld and the UNCRC is fully implemented.

What I Need From People Who Look After Me

We have trusting relationships with caring and nonjudgemental adults who listen to, value and encourage us, and provide our families with the right help at the right time through GIRFEC. We grow up in loving families and homes that nurture us and keep us safe. We have access to early support to recover from experiences of trauma and neglect. We have the best possible physical health and live healthy and active lifestyles with no barriers to accessing care or support. Where living with our family is not possible we stay in a loving home for as long as we need and are supported to maintain safe, loving relationships. Where we cannot live with our family we stay together with our brothers and sisters where safe to do so. Universally available support helps families flourish so children grow and develop healthily from pre-birth throughout childhood. We have access to information, and advocacy and childcentred legal advice and representation. We receive early support to prevent and reduce conflict with the law, through a rights-based approach to youth justice. Family support feels and is experienced as integrated by children, young people, families and the workforce,

through joined up help that is non-judgemental and there when needed, for as long as it is needed. We have positive relationships with the people we live

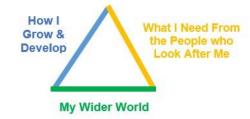
with and opportunities to spend time with people we care about.

We participate fully in co-designing services which meet the needs of our families.

My Wider World

Our home, school, online and local communities are safe and welcoming spaces, where we can connect with friends, families and communities. Our families have locally available, affordable, quality early learning and child care, and wraparound care. Our families live in affordable, secure and stable high quality homes which meet our needs. Our families live in thriving communities supported by local resources, digital access, social innovation and access to sustainable, reliable transport and green space. We live in neighbourhoods which are free from crime and antisocial behaviour and other harms. Our families have a good standard of income, and the root causes of inequality are tackled so we grow up free from experiences of poverty. Our families have access to lifelong training and learning and employment opportunities with fair pay. Our communities are sustainable, and we have opportunities to make our voices heard and take action on climate change, climate justice and caring for the environment.

We are supported through pathways into sustainable positive destinations, and employment opportunities for young people with fair pay.



How I Grow and Develop

- We are encouraged/supported to express our beliefs and identity and all forms of bullying, discrimination and harassment are tackled.
- We are resilient, with positive mental health and wellbeing and have access to early help.
- We have the best possible physical health and live healthy and active lifestyles with no barriers to accessing care or support.
- We have opportunities to develop leadership and are empowered to participate meaningfully in all decisions that affect us.
- We recognise our responsibilities to others and positively contribute at home, in school and to our local, national and global communities.
- We are encouraged to develop individual interests and have opportunities for indoors and outdoors play, exercise, sport, recreation and culture.
- We are equipped to successfully navigate key times of transition, with coordinated support available to overcome any barriers including into young adulthood.
- We have engaging and inclusive learning opportunities which build selfesteem, knowledge, and life-skills.
- Our rights are upheld and the UNCRC is fully implemented.

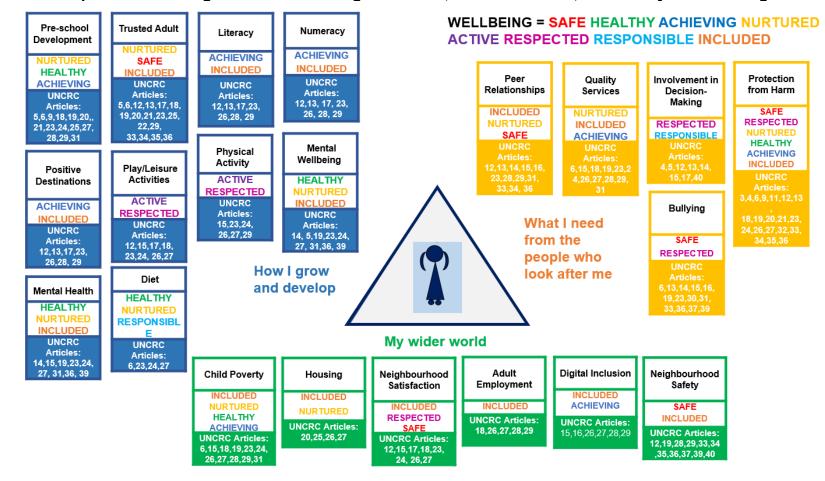
What I Need From People Who Look After Me

- We have trusting relationships with caring and non-judgemental adults who listen to, value and encourage us, and provide our families with the right help at the right time through GIRFEC.
- We grow up in loving families and homes that nurture us and keep us safe.
- We have access to early support to recover from experiences of trauma and neglect.
- We have the best possible physical health and live healthy and active lifestyles with no barriers to accessing care or support.
- Where living with our family is not possible we stay in a loving home for as long as we need and are supported to maintain safe, loving relationships.
- Where we cannot live with our family we stay together with our brothers and sisters where safe to do so.
- Universally available support helps families flourish so children grow and develop healthily from pre-birth throughout childhood.
- We have access to information, and advocacy and child-centred legal advice and representation.
- We receive early support to prevent and reduce conflict with the law, through a rights-based approach to youth justice.
- Family support feels and is experienced as integrated by children, young people, families and the workforce, through joined up help that is non-judgemental and there when needed, for as long as it is needed.
- We have positive relationships with the people we live with and opportunities to spend time with people we care about.

• We participate fully in co-designing services which meet the needs of our families.

My Wider World

- Our home, school, online and local communities are safe and welcoming spaces, where we can connect with friends, families and communities.
- Our families have locally available, affordable, quality early learning and child care, and wraparound care.
- Our families live in affordable, secure and stable high quality homes which meet our needs.
- Our families live in thriving communities supported by local resources, digital access, social innovation and access to sustainable, reliable transport and green space.
- We live in neighbourhoods which are free from crime and antisocial behaviour and other harms.
- Our families have a good standard of income, and the root causes of inequality are tackled so we grow up free from experiences of poverty.
- Our families have access to lifelong training and learning and employment opportunities with fair pay.
- Our communities are sustainable, and we have opportunities to make our voices heard and take action on climate change, climate justice and caring for the environment.
- We are supported through pathways into sustainable positive destinations, and employment opportunities for young people with fair pay.



Annex C Topics of Wellbeing linked to Wellbeing Outcomes, UNCRC Articles, and the My World Triangle

How I Grow and Develop

Wellbeing	UNCRC Articles
	(please see here for <u>list of articles</u>)
	5, 6, 9, 18, 19, 20, 21, 23, 24, 25, 27,
Healthy	28, 29, 31
Achieving	
Achieving	12, 13, 17, 23, 26, 28, 29
Included	
Achieving	12, 13, 17, 23, 26, 28, 29
Included	
Achieving	12, 13, 17, 23, 26, 28, 29
Included	
Active	12, 15, 17, 18, 23, 24, 26, 27
Respected	
Active	15, 23, 24, 26, 27, 29
Respected	
Healthy	6, 23, 24, 27
Nurtured	
Responsible	
Healthy	14, 15, 19, 23, 24, 27, 31, 36, 39
	14, 15, 19, 23, 24, 27, 31, 36, 39
	, _, _, _, _, _, _, _, _, _ , , _ , , _ , , _ , , , , , , , , , ,
	OutcomesNurturedHealthyAchievingAchievingIncludedAchievingIncludedAchievingIncludedAchievingIncludedActiveRespectedActiveRespectedHealthyNurtured

What I Need from the People that Look After Me

Topic of Wellbeing	Wellbeing	UNCRC Articles
	Outcomes	(please see here for list of articles)
	Nurtured	5, 6, 12, 13, 17, 18, 19, 20, 21, 23, 25,
Trusted adult	Safe	28, 29, 33, 34, 35, 36
	Included	
	Included	12, 13, 14, 15, 16, 23, 28, 29, 31, 33,
Peer relationships	Nurtured	34, 36
	Safe	
	Nurtured	6, 15, 18, 19, 23, 24, 26, 27, 28, 29,
Quality services	Included	31
	Achieving	
Involvement in decision	Respected	4, 5, 12, 13, 14, 15, 17, 40
making	Responsible	
Bullving	Safe	6, 13, 14, 15, 16, 19, 23, 30, 31, 33,
Bullying	Respected	36, 37, 39
	Safe	3, 4, 6, 9, 11, 12, 13, 18, 19, 20, 21,
Protection from harm	Respected	23, 24, 26, 27, 32, 33, 34, 35, 36
	Nurtured	
	Healthy	

	Achieving Included	
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My Wider World

Topic of Wellbeing	Wellbeing	UNCRC Articles
	Outcomes	(please see here for <u>list of articles</u>)
	Included	6, 15, 18, 19, 23, 24, 26, 27, 28, 29,
Child poverty	Nurtured	31
Crilid poverty	Healthy	
	Achieving	
	Included	20, 25, 26, 27
Housing security	Nurtured	
Naighbourbood	Included	12,15, 17, 18, 23, 24, 26, 27
Neighbourhood satisfaction	Respected	
Sausiacuon	Safe	
Adult employment	Included	18, 26, 27, 28, 29
Digital inclusion	Included	15, 16, 26, 27, 28, 29
Digital inclusion	Achieving	
Neighbourhood safety	Safe	12, 19, 28, 29, 33, 34, 35, 36, 37, 39,
Neighbourhood salety	Included	40

Annex D Core Wellbeing Indicator Sources

How I grow and develop

Торіс	Core Wellbeing Indicator	Data source
Pre-school development	Percentage of children with a concern at their 27-30 month review	Early child development statistics - Scotland 2021 to 2022 - Early child development - Publications - Public Health Scotland
Literacy	Percentage of P1, P4 and P7 children achieving expected CfE levels in literacy	Achievement of Curriculum for Excellence Levels
Numeracy	Percentage of P1, P4 and P7 children achieving expected CfE levels in numeracy	Achievement of Curriculum for Excellence Levels
Positive destinations	Percentage of all school leavers in positive destinations at 9-month follow-up	Summary statistics for follow-up leaver destinations, no. 5: 2023 edition - gov.scot (www.gov.scot)
Play/leisure activities	Percentage of S1-S3 children participating in positive leisure activities	Health and Wellbeing Census Scotland (core wellbeing indicators supplementary tables)
Physical activity	Percentage of P5-S6 children that had at least one hour of exercise the day before the survey	Health and Wellbeing Census Scotland (physical health supplementary tables)
Diet	Percentage of P5-S6 children who eat both fruit and vegetables every day	Health and Wellbeing Census Scotland (core wellbeing indicators supplementary tables)
Mental wellbeing	Mean score on Warwick Edinburgh Mental Wellbeing Score (WEMWBS)	Health and Wellbeing Census Scotland (core wellbeing indicators supplementary tables)
Mental health	Percentage of S2-S6 children with slightly raised, high or very high SDQ score	Health and Wellbeing Census Scotland (mental health and wellbeing (SDQ) supplementary tables)

What I need from the people that look after me

Торіс	Core Wellbeing Indicator	Data source
Trusted adult	Percentage of P5-S5 children who say they always have an adult in their life who they can trust and talk to about any personal problems	Health and Wellbeing Census Scotland (neighbourhood and life at home supplementary tables)
Peer relationships	Percentage of P5-S3 children who agree that their friends treat them well	Health and Wellbeing Census Scotland (neighbourhood and life at home supplementary tables)
Quality services	Percentage of settings providing funded Early Learning and Childcare achieving Care Inspectorate grades of good or better across all four quality themes	Early Learning and Childcare Statistics, Care Inspectorate
Involvement in decision making	Percentage of P5-S6 children who agree that adults are good at taking what they say into account	Health and Wellbeing Census Scotland (mental health supplementary tables)
Bullying	Percentage of P5-S3 children who were bullied in last year	Health and Wellbeing Census Scotland (experience of bullying supplementary tables)
Protection from harm	Number of children and young people subject to Interagency Referral Discussions	Not currently available (from 2023/24 Social work statistics)

My wider world

Торіс	Core Wellbeing Indicator	Data source
Child poverty	Relative child poverty rate after housing costs	<u>Child poverty analysis -</u> <u>gov.scot (www.gov.scot)</u>
Housing security	Number of children in temporary accommodation	FRS local poverty estimates Homelessness in Scotland: 2022-23 - gov.scot (www.gov.scot)
Neighbourhood satisfaction	Percentage of P5-S6 children who agree that their local area is a good place to live	Health and Wellbeing Census Scotland (neighbourhood and life at home supplementary tables)
Adult employment	Proportions of all children under 16 who live in households that contain at least one person aged	ONS, Workless households for regions of the UK

	16 to 64, where all individuals	
	aged 16 and over are in	
	employment	
	Percentage of P7-S6 children	Health and Wellbeing
Digital inclusion	who have access to the internet	Census Scotland
Digital inclusion	at home or on a phone or another	(neighbourhood and life at
	device	home supplementary tables)
	Percentage of P5-S6 children	Health and Wellbeing
Neighbourhood	who say they feel safe when out	Census Scotland
safety	in their local area always or most	(neighbourhood and life at
	of the time	home supplementary tables)



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