



Health and Wellbeing Census Scotland: 2021/22

Technical Report

Experimental Statistics: Statistics under Development

28 February 2023

This statistical publication provides information on the first Health and Wellbeing Census 2021/22 in local authority (LA) schools in Scotland, conducted between October 2021 and June 2022.

These statistics are currently being developed and have been published to involve users and stakeholders in their development, and to build in quality and understanding at an early stage.

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Children and young people's health and wellbeing

Children and young people's wellbeing is important for their healthy development and long-term outcomes into adulthood. Schools have a central role to play in enabling their pupils to be resilient and to support good mental health and wellbeing. The [Children and Young People \(Scotland\) Act 2014](#), which includes key parts of the [Getting it Right for Every Child](#) approach (GIRFEC), assesses children and young people's wellbeing in terms of eight indicators of wellbeing: Safe, Healthy, Achieving, Nurtured, Active, Respected, Responsible and Included (known as SHANARRI). This recognises that children's well-being is multi-faceted and that it is important to measure it holistically across all the various domains that are relevant to a child's life. The wellbeing indicators enable the child or young person, and the adults supporting them, to consider strengths, as well as any obstacles they may face to growth and development.

Evidence reviews into drivers of child health and wellbeing distinguish between 'protective factors' that eliminate risk or facilitate resilience and have a positive impact on outcomes; and 'risk factors' that cause negative outcomes. Many outcomes are interrelated and will also be risk factors or contributors to other outcomes. Additionally, young people who experience one negative outcome are more likely to experience others, and these often compound each other.

We want all children and young people to be able to learn about health and wellbeing to ensure they acquire skills to live healthy, happy lives. As part of the Getting it Right for Every Child (GIRFEC) approach, services working with children and young people, and those who care for them, must play a part in promoting, supporting and safeguarding child wellbeing; this also includes schools. Health and wellbeing is one of the eight curricular areas in the Curriculum for Excellence and is one of the three core areas (together with literacy and numeracy) which are the responsibility of all staff.

Health and wellbeing isn't a single subject or class, but is organised into a number of areas:

- mental, emotional, social and physical wellbeing
- planning for choices and changes
- physical education
- physical activity and sport
- food and health
- substance misuse
- relationships, sexual health and parenthood

Health and wellbeing is also about ensuring that pupils are able to make the most of their educational opportunities regardless of their background or financial circumstances and through promotion of attendance at school. Educational settings provide opportunities for sustained participation in activities that develop mental, emotional, social and physical wellbeing.

The Scottish Government uses the United Nations Convention on the Rights of the Child (UNCRC) as a framework to ensure that children's rights are considered whenever decisions are taken, and to help provide every child with a good start in life and a safe, healthy and happy childhood. It forms the basis of the GIRFEC national approach for supporting children.

The Scottish Government and Convention of Scottish Local Authorities (COSLA), working with a range of partners and stakeholders, developed a set of public health priorities. Scotland's Public Health Priorities (2018) set out six key priorities, which are inter-related and interdependent, reflecting the complexity of Scotland's health challenges and the effort needed nationally, regionally and locally to make a difference. The priorities are consistent with local community planning priorities and Local Outcome Improvement Plans (LOIPs). Priority 2 of Scotland's Public Health Priorities states "A Scotland where we flourish in our early years addresses the health and wellbeing issues of children and young people, and recognising, respecting and promoting their rights is essential to achieving this outcome. This priority places particular emphasis on our early years, recognising the impact that early childhood poverty, disability and adverse childhood experiences can have on health outcomes throughout a person's life."

The [National Improvement Framework](#) (NIF) states one of its key priorities is "improving the health and wellbeing of children and young people". While the NIF is a national plan, the activity it contains has been informed by local and school level priorities drawn from the regional improvement plans produced by the Regional Improvement Collaboratives (RICs) as well as the local authority improvement plans.

As well as providing information and contributing to the delivery of the NIF it is recognised that information from the Health and Wellbeing (HWB) Census will support a range of local stakeholders, as well as 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/Community Planning Partnerships (CPPs)/ Alcohol Drug Partnerships (ADPs), etc..

Background to the Health and Wellbeing Census

The original proposal for introducing a HWB Census dates back to 2015, as relevant national and locally commissioned surveys had been set up by individual local authorities and health boards. These collections did not provide sufficient, consistent or timely enough data to support: annual reporting at local authority level to meet current and future obligations; exploration of inequalities within and across local areas; or service improvement activities at very local level. The disparity of sources and approaches to collecting the data meant that there was little potential for using the data systematically to enable national level evaluation of policy initiatives.

An [options appraisal on the future of children and young people's health and wellbeing surveys in Scotland](#) was undertaken to develop a better approach that met survey data users' needs, reduce the burden on schools and young people, and improve the quality of the data produced. It was also an opportune moment to examine the potential for greater use of data linkage, how data collection is commissioned and managed, and how the transfer of evidence into policy and practice is supported. The purpose of the HWB Census is to make more health and wellbeing evidence available for use by local partners (such as local authorities (LAs), Community Planning Partnerships (CPPs), Alcohol Drug Partnerships (ADPs) and schools); and to streamline and de-clutter the survey landscape to reduce the burden on schools.

This approach 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.

The census provides local and national information on children and young people's health and wellbeing and the behaviours that affect wellbeing. It also allows local authorities to share its data with the Scottish Government to support the formulation and monitoring of national and local policies, which in turn will drive forward improvements in the outcomes of Scotland's children and young people.

The approach taken with the HWB Census in Scotland is a new approach with central government working collaboratively with local authorities to support them to gather the evidence they need to fulfil their duties, to compare with other areas of Scotland, and to track progress in improving children and young people's health and wellbeing. This approach supports consistent monitoring and reporting at all levels from a consistent evidence base. It does this by collecting data once for use by all stakeholders, so reducing the burden and providing consistent evidence to support the improvement across the sector.

Background data quality statement

This section highlights aspects of quality and methodology that users should consider when interpreting results of the Health and Wellbeing (HWB) Census 2021/22.

The lawful basis for local authorities and Scottish Government to process the Health and Wellbeing Census data is Article 6 (1)(e) public task. The Census is entirely voluntary, for local authorities to undertake, for parents/carers to permit and for pupils to take part in.

1. Uses of the Health and Wellbeing Census

The HWB Census is a local authority data collection, primarily intended to provide local authorities (and their local partners) with evidence for informing and monitoring

improvement activity and meeting commitments and goals set out in the [National Improvement Framework and Improvement Plan](#).

The [National Improvement Framework](#) (NIF) requires evidence to ensure its aims are being delivered, whilst there is also an increasing need for high quality improvement data at a local level. The HWB Census aims to rationalise the collection of health and wellbeing data by providing a set of questions all local authorities will be invited to ask in their respective areas. This should result in comparative data being collected and will be used to drive improvement at a local level and to help monitor the progress of national policies.

The Scottish Government require data on the national trends in outcomes for Children and Young People (CYP) in order to inform priorities, policy and practice. This includes the need to compare outcomes internationally and to understand the impact of the policy and public spending decisions it makes.

Under the [Children and Young People \(Scotland\) Act 2014](#), local authorities and their relevant health board must, in respect of each three year period, prepare a children's services plan for the area of the local authority. The aims of the 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.

The [Standards in Scotland's Schools etc. Act 2000](#), states that the education authority must carry out the duties with a view to achieving the strategic priorities set out in the National Improvement Framework.

The [Local Government in Scotland Act 2003](#) states that a local authority has power to do anything which it considers is likely to promote or improve the well-being of its area and persons within that area.

Under the [National Health Service \(Scotland\) Act 1978](#) Scottish Ministers have a duty "to promote the improvement of the physical and mental health of the people of Scotland" and therefore need data to monitor and evaluate this duty.

Under the [Standards in Scotland's Schools etc. Act 2000](#), Scottish Ministers have "to ensure that schools managed by education authorities, grant-aided schools, and hostels provided and maintained by education authorities for pupils, are health-promoting".

The [Local Government \(Scotland\) Act 1973](#) also states that “the appropriate Minister with respect to any matter may require [a local authority] to provide the Minister with any information with respect to that matter which is in the possession of, or available to, that [local authority] in consequence of the exercise of any power conferred by or under any enactment”.

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.

The evidence provided by the HWB Census will ensure that local and national priorities can continue to be aligned, and that actions can be streamlined to priorities.

Schools themselves will also benefit from the HWB Census 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, through delivering the curriculum.

The lawful basis, under GDPR, for collecting the HWB Census data is for statistical and research purposes as part of a public task. This means the data can only be used for statistical and research purposes set out in the legislation above. It cannot be used for purposes of measures or decisions with respect to a particular individual. This includes ensuring any results of the research or resulting statistics will not be made available in a form which identifies individual children and young people.

2. Approach for the Health and Wellbeing Census

The approach that has been implemented for the HWB Census is that each local authority is provided with a consistent set of materials and technology to self-administer their own HWB Census. This means the Health and Wellbeing Census is not a single national Scottish Government Health and Wellbeing Census, but 32 individual local authority Health and Wellbeing Censuses. This approach ensures each local authority 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, whilst minimising the burden on local authorities and ensuring a degree of commonality and consistency across Scotland.

Once each local authority has undertaken its own census, the Scottish Government asks each local authority to share their data with it (similar to other statistical data collections) in order for the Scottish Government 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 the Scottish Government.

This approach means stakeholders at each level from schools to national government use consistent data, collected once, to support a range of activities to evidence and monitor improvement. Sharing local authority data with the Scottish Government means the Scottish Government can reuse this data to meet duties set out in the legislative framework and make the data accessible to internal and external users to maximise use of the data, meeting the requirements of informed decision making by government and researchers, maximising the public value of the statistics, and encouraging analysis and re-use.

This entire approach means that local authorities can decide for themselves whether or not to undertake their own census. Local authorities also have decision making on the questions included in their HWB Census. While the Health and Wellbeing Census Content Group set up jointly by the Scottish Government and Public Health Scotland have provided a set of core questionnaires for use, local authorities have the flexibility to add or remove questions, to provide the evidence which best meets local need.

3. Impact of Covid-19

The impact of Covid-19 on schools and education has been significant, and schools have responded by putting in place different ways of working over the changing landscape since early 2020. This will affect the data and needs to be taken into account in understanding and using the results. The questions are designed to capture children and young people's responses at the time of data collection (October 2021 – June 2022).

In the context of school closures due to Covid-19, and measures in place following their reopening, it is important locally and nationally to understand children's health and wellbeing. The [August 2020 statement](#) from the UK Chief Medical Officers highlighted the criticality of schooling, stating:

"We are confident that multiple sources of evidence show that a lack of schooling increases inequalities, reduces the life chances of children and can exacerbate physical and mental health issues. School improves health, learning, socialisation and opportunities throughout the life course including employment. It has not been possible to reduce societal inequalities through the provision of home-based education alone. School attendance is very important for children and young people."

The HWB Census 2021-22 provides an update for local authorities on children and young people's health and wellbeing following the Covid-19 pandemic and the resulting restrictions. This will help inform improvement activity going forward.

4. Questionnaire design

The Health and Wellbeing census is not a single survey for all children and young people. A set of separate questionnaires for children and young people in Primary 5 (P5) – Secondary 6 (S6), asking age-appropriate questions relevant to each stage, have been developed.

A Health and Wellbeing Census Content Group was established in April 2018 to develop age-appropriate questionnaires for P5 – S6. The content group consisted of representation from: Scottish Government, NHS Health Scotland (now Public Health Scotland), University of Glasgow (formerly University of St Andrews), Glasgow City Health & Social Care Partnership, Education Scotland, Perth & Kinross Council, Falkirk Council, MRC/CSO Social & Public Health Sciences Unit, an Independent consultant, South Lanarkshire Council, NHS National Services Scotland, Education Institute of Scotland (EIS), Association of Headteachers and Deputies in Scotland (AHDS), and ScotGen Social Research. There was also representation from two schools. NHS Greater Glasgow and Clyde Health Board provided an advisory role. The census covers a range of topics covering all aspects of wellbeing using the GIRFEC indicators of Child Wellbeing domains (Safe, Healthy, Active, Nurtured, Achieving, Responsible, Respected and Included), which in turn takes into consideration the four capacities of Curriculum for Excellence (Successful learners, Confident individuals, Responsible citizens and Effective contributors).

Further information on the questionnaire content is available on the [Scottish Government Health and Wellbeing](#) website. The surveys are available in Section 18 Topics in the Health and Wellbeing Questionnaires.

The Health and Wellbeing Census questionnaires have been ethically approved by independent researchers within the Scottish Government. An Ethics Peer Review is an internal process by which a group of independent Social Research colleagues support the assessment of challenging ethical issues relating to a particular social research project. Ethics Peer Review is a form of self-regulation by qualified members of the profession to maintain professional quality standards, improve performance and maintain credibility. The principles are set out in the Government Social Research ethics guidance [2021-GSR Ethics Guidance v3.pdf \(publishing.service.gov.uk\)](#). The process applies to the survey as a whole, rather than for individual questions.

As each local authority conducts their own data collections, the survey questionnaires used locally may differ as local authorities have the flexibility to add or remove questions. The local authorities were to only share with the Scottish Government those questions included in the core questionnaires (i.e. they were not to share any locally added questions).

While the HWB Census is a new collection, the content of the census questionnaires are largely based on existing tried and tested questions that have been used in long-

standing surveys. Surveys like this are not new and play a crucial role in ensuring children and young people have access to the help, advice and services they need. The Health Behaviours in School-aged Children (HBSC) survey, which has run in Scotland since 1990, has included questions on a range of health and wellbeing topics, including sexual health and wellbeing; substance use, alcohol consumption and smoking. Also, the Scottish Schools Adolescent Lifestyle & Substance Use Survey (SALSUS) has also provided a national picture of young peoples' behaviours in relation to smoking (from 1982), drinking (from 1990) and drug use (from 1998). Such issues are routinely also included in pupil surveys in other countries across Europe, including in England and Wales.

5. Collection of Scottish Candidate Number

The questionnaires collect the Scottish Candidate Number (SCN), so the data can be linked to the Pupil Census data. Collection of SCN removes the need for pupils to re-supply information already held by local authorities and the Scottish Government (such as their sex, ethnic background, home postcode, etc.). Collecting SCN also improves the quality of the data (for example, young pupils may not know their home postcode). This information will only be linked in order to enable the ability to undertake statistical analysis and research based on these socio-economic characteristics, for example to monitor and assess the impact of its policies on sub-populations and diverse equality groups. The Scottish Government does not have access to any data which contains a pupil's name or address. Therefore, the Scottish Government is unable to link the pupil's SCN to other information in order to directly identify any pupil.

A Substance Use questionnaire for S4 pupils was developed to collect more detailed information on alcohol, smoking and drug use. This collected only the pupil's sex and Scottish Index of Multiple Deprivation (SIMD) to provide some breakdown by characteristic.

6. Sample design

For those local authorities who undertook the HWB Census 2021/22, all P5 – S6 children and young people in local authority primary and secondary schools in Scotland were invited to take part.

The census is completed by children and young people in a class setting, therefore children and young people who were not at school on the date the data was collected may not have taken part.

Local authorities administer their own census collection and may individually have made arrangements for children and young people to complete if they were absent on the day.

The HWB Census is totally voluntary, both for LAs to undertake and for parents/carers and pupils to take part in. The consent position is that views of parents/carers will take precedence over their child's view, where the child is aged 15 years or younger (i.e. pupils can only take part if their parents/carers consent to this). Children and young people aged 16 years or over did not necessarily need the consent of their parent/carer. However, the approach to consent for those aged 16 years and older is a matter for each local authority to decide on. For all ages, whether parental consent was opt-in or opt-out is a matter for each local authority to decide. The parental consent letters were translated into Arabic, Cantonese, Mandarin, Polish, Romanian and Urdu for use by local authorities.

Additionally, if the parent/carer does provide their consent for their child to take part in the census, the child themselves can still refuse to take part. The questionnaires were also designed to enable pupils to "skip" questions they did not wish to answer, or to actively state that they would "prefer not to say" to particular questions.

7. Survey administration

The HWB Census is a local authority administered collection, implemented for the first time in the 2021-22 school year. The Scottish Government has provided each local authority with a consistent set of materials and technology to self-administer their own census. Local authorities may choose to adapt the questionnaires or use different platforms for data collection.

Local authorities have the flexibility to include questions (these are not shared with the Scottish Government), remove questions from the questionnaire, and adapt the introductory text to meet their local needs. Individual local authorities put in place their own arrangements for communicating with parents and children and young people, and administering the survey.

Local authorities informed children and young people, and their parents and carers, about their HWB Census through a variety of mechanisms including alerts to parents through school communication platforms, parent meetings, engagement with their parent councils and other parent forums, information on school websites or social media, council website or social media, and email.

Children and young people responded to the survey on devices within the class setting.

The timing of the HWB Census was a local authority decision. The design was to ask local authorities to share their HWB Census data at the end of the academic year to enable national level use. Initially, local authorities were asked to undertake their data collection at some point between October and April 2022. This was extended to June 2022 to provide more flexibility for local authorities to manage the data collection and to maximise response rates. Each local authority undertook their data collection at a point within this period which best suited their needs. This period for

data collection allows local authorities to have evidence to inform their improvement activity for the next school year. Therefore, the data is not a snap shot at one time. This is similar to the approach taken in large population surveys such as the Scottish Household Survey and the Scottish Health Survey.

Local authorities have access to their own data for local use as soon as it has been collected. Following data collection, local authorities were asked to share their data with the Scottish Government at the end of the academic year for national analysis. Local authorities shared their data between June and October 2022.

8. Data shared by local authorities

The data shared by local authorities:

- Includes full and partial responses;
- Includes any corrections to SCN local authorities have made during their own assurance processes;
- Includes any corrections to school names local authorities have made during their own assurance processes;
- Includes any deduplications based on SCN local authorities have made during their assurance processes.

Not all records contain SCN, or an SCN that can be linked to the Pupil Census. Where a record cannot be linked to the Pupil Census, or in a small number of cases where the characteristics information is not available, the responses will be included in the aggregated totals. These responses will be included in the characteristic breakdowns as “Not known”. Further information on linkage is available in Section 10 Linkage to the Pupil Census.

After receiving the datasets, Scottish Government checked there was active agreement by the respondent to proceed, and that questions items had been responded to. The following records were removed:

- All records where response to taking part was not “Yes” (note these records had no additional information recorded)
- Records where the only question with a response was school and/or SCN – i.e. no item questions had been completed

In total 19,572 records were removed because there was not active agreement to take part in the survey (the first response required in completing the HWB Census), or no survey items had been completed.

9. Response rate

The HWB Census data was linked to the 2021 Pupil Census (school enrolments at 15 September 2021) to provide the characteristics. The percentages below are based on responses where the SCN could be linked to the Pupil Census to include pupil characteristics. As East Renfrewshire did not collect SCN, their responses are

included in the national totals, but are excluded from the analysis by characteristic. In total 1,749 SCNs not collected (coded as “888”) records for East Renfrewshire are excluded from the summary statistics below. Information on the linkage with the Pupil Census 2021 is in Section 10 Linkage to the Pupil Census.

In total 134,044 responses were included in the analysis dataset for stages P5 – S6. This includes 1,749 responses from East Renfrewshire which did not contain a SCN. The overall response rate for the 16 local authorities that collected their HWB Census data was 58.3%. The response rate decreased with stage, particularly so for S4 - S6, as set out in Table 1.

Table 1: Number of linked responses by stage

	Number of responses	Response rate
P5	19,565	70.6%
P6	19,316	69.3%
P7	20,081	72.3%
S1	17,672	65.5%
S2	16,688	61.0%
S3	15,315	56.4%
S4	11,738	45.3%
S5	8,729	38.5%
S6	4,940	30.0%
Total	134,044	58.3%

Additionally, 7,589 S4 pupils completed the Substance Use Questionnaire, a response rate of 29.3%.

The HWB Census data for the stage questionnaires and the substance use survey will not include:

- Pupils whose parents/carers requested their child(ren) did not take part;
- Pupils who did not agree to take part on the day the census was administered;
- Pupils who were absent from school on the day the census was administered. This includes pupils who were absent on the day, and those who are not attending school due to a range of reasons such as health or self-isolation due to Covid-19.

Tables 2 to 4 below sets out some comparisons of the distributions of respondents to the HWB Census to those seen generally in the Pupil Census.

It is important to note:

- the percentages from the Pupil Census 2021 include all pupils in P1 – S6 for the 16 local authorities who took part in the HWB census whereas those for the HWB Census include only P5 – S6,
- the percentages for the HWB Census exclude East Renfrewshire as no SCN was collected and therefore cannot be linked to the Pupil Census. The

number of respondents by stage includes the 1,749 responses from East Renfrewshire.

The groupings below are consistent with the school level data published in the school information dashboards and reflect the local authority disaggregation published in the [Pupil Census 2021 Supplementary Statistics](#).

Deprivation (SIMD quintile): Information on pupils' deprivation status is obtained by linking the information gathered in the Pupil Census to the Scottish Index of Multiple Deprivation (SIMD). This is done using pupils' home postcodes.

Urban/Rural classification: The 2016 Urban Rural Classification was applied to the 2021 Pupil Census and the HWB Census. The Scottish Government core definition of rurality classifies areas with a population of fewer than 3,000 people to be rural. The three-fold classification has been applied:

1. Urban – large urban areas, other urban areas, accessible small towns, remote small towns and very remote small towns.
2. Rural – accessible rural areas.
3. Remote – remote rural areas and very remote rural areas.

Ethnic group:

1. 'White - British' includes White-Scottish and White - Other British.
2. 'White - other' includes White - Other, White - Gypsy/Traveller, White - Irish, and White - Polish.
3. Minority ethnic includes all other known categories.

Additional Support Needs:

The Additional Support Needs variable has been added to the HWB Census dataset through linkage with the Pupil Census 2021. The Pupil Census collects information on the number of pupils who require additional support to access education (and the reason they need this support), not the number of pupils who have been diagnosed with specific needs. All Type = 01 - 04 records from are included to get all records of ASN pupils. Type = 05 "Other" includes pupils experiencing grief or at danger of being expelled, etc. and is excluded from the ASN categorisation. The HWB Census collects information on a self-identified long term health condition question. This is not comparable with the ASN variable.

Table 2, below sets out the distribution of responses to the stage questionnaires by stage, the percentage of responses by characteristic, and the equivalent percentages from the 2021 Pupil Census for the 16 local authorities who took part.

Table 2: Distribution of response to the stage questionnaires by characteristic

		Number of respondents	Pupil Census 2021 (16 participating LAs)	Pupil Census 2021 (national)
Scotland		134,044	229,907	478,592
Stage	P5	19,565	27,697	57,121
	P6	19,316	27,892	57,809
	P7	20,081	27,763	57,435
	S1	17,672	26,992	56,788
	S2	16,688	27,348	57,381
	S3	15,315	27,178	56,596
	S4	11,738	25,910	54,907
	S5	8,729	22,672	47,039
	S6	4,940	16,455	33,516
		Percentage of respondents (P5 – S6)	Pupil census 2021 (all stages) (16 participating LAs)	Pupil census 2021 (all stages) (national)
Deprivation (SIMD quintile)	SIMD1 (Most deprived)	23.3%	26.1%	22.2%
	SIMD2	17.5%	17.7%	19.6%
	SIMD3	18.6%	17.6%	18.3%
	SIMD4	19.8%	18.5%	20.5%
	SIMD5 (Least deprived)	20.7%	20.0%	19.3%
	Not known	0.1%	0.1%	0.1%
Sex	Female	50.2%	49.3%	49.2%
	Male	49.8%	50.7%	50.8%
Urban/Rural classification	Urban	81.8%	73.5%	68.2%
	Small town	13.6%	10.1%	12.2%
	Rural	4.4%	16.4%	19.5%
	Not known	0.1%	0.1%	0.1%
Ethnic group	White - British	80.9%	78.3%	82.6%
	White - Other	6.3%	6.5%	6.1%
	Minority Ethnic	10.9%	12.5%	9.2%
	Not known	1.8%	2.8%	2.1%
Additional Support Needs	ASN	10.9%	33.8%	32.2%
	No ASN	89.1%	66.2%	67.7%

The HWB Census characteristics data mirrors the pupil profiles, for the 16 local authorities who collected data, for sex and deprivation (SIMD).

However, from the pupil profiles for the 16 local authorities who collected data, there appears to be under-representation of pupils from minority ethnic groups (10.9% compared with 12.5%), and over-representation of white – British ethnic groups (80.9% compared with 78.3%).

The proportion of pupils with ASN is under-represented in the HWB Census data (10.9% compared with 33.8% of all pupils in primary and secondary schools). It is important to note local authorities took decisions locally around supporting pupils with ASN to take part and complete. This included the choice of completing the survey on their own; not completing the survey; and completing the survey with support.

Table 3 below sets out the distribution of responses to the stage questionnaires by characteristic.

Table 3: Distribution of responses to the stage questionnaires by stage and characteristic

	Stage									Total
	P5	P6	P7	S1	S2	S3	S4	S5	S6	
ASN - No	89.9	88.2	87.4	87.9	88.6	89.6	90.3	92.2	93.1	89.1
ASN - Yes	10.1	11.8	12.6	12.1	11.4	10.4	9.7	7.8	6.9	10.9
SIMD 1	26.3	27.0	26.0	23.0	22.4	21.2	19.7	17.6	16.4	23.3
SIMD 2	18.2	18.3	17.6	17.6	17.8	17.3	16.9	15.7	14.9	17.5
SIMD 3	17.9	17.7	18.3	18.9	19.5	19.4	18.9	18.3	19.5	18.6
SIMD 4	18.3	17.6	18.5	20.2	19.7	20.2	21.5	23.8	24.9	19.8
SIMD 5	19.3	19.4	19.5	20.2	20.4	21.7	22.8	24.5	24.2	20.7
SIMD - Not known	0.1	0.1	0.1	0.1	0.1	0.2	0.1	0.1	0.1	0.1
White - British	77.7	78.7	79.5	81.9	82.1	82.7	83.7	84.1	83.5	80.9
White - Other	7.2	6.6	6.8	6.8	6.4	6.0	5.3	5.0	5.1	6.3
Minority Ethnic	12.1	12.1	11.5	10.1	10.1	10.1	9.7	9.8	10.3	10.9
Not known	2.8	2.6	2.4	1.2	1.4	1.3	1.3	1.2	1.2	1.8
Female	49.6	49.5	50.1	50.6	49.7	50.1	49.9	51.7	54.0	50.2
Male	50.4	50.5	49.9	49.4	50.3	49.9	50.1	48.3	46.0	49.8
Urban	82.9	84.2	82.9	81.5	82.3	81.2	79.7	79.1	77.9	81.8
Small town	13.3	12.2	13.0	13.9	13.5	14.6	14.3	15.0	15.1	13.6
Rural	3.8	3.6	3.9	4.5	4.1	4.2	5.8	5.7	6.9	4.4
Not known	0.1	0.1	0.1	0.1	0.1	0.2	0.1	0.1	0.1	0.1

This table excludes the responses for East Renfrewshire, as they did not contain SCN they were unable to be linked to the Pupil census 2021.

Table 4 sets out the response rate by local authority.

Table 4: Number of responses to the stage questionnaires by local authority

	HWB Census	Pupil Census 2021	Response rate
Angus	6,568	10,391	63.2%
Clackmannanshire	2,612	4,511	57.9%
Dumfries & Galloway	7,570	13,192	57.4%
Dundee City	8,773	12,553	69.9%
East Renfrewshire	1,749	12,366	14.1%
Edinburgh, City of	23,163	34,601	66.9%
Falkirk	10,039	15,063	66.6%
Glasgow City	23,061	46,166	50.0%
Moray	4,509	8,402	53.7%
North Ayrshire	7,582	12,431	61.0%
Perth & Kinross	7,592	12,331	61.6%
Renfrewshire	10,492	16,311	64.3%
Scottish Borders	6,725	10,190	66.0%
Shetland Islands	1,684	2,307	73.0%
South Ayrshire	5,518	9,929	55.6%
Stirling	6,407	9,163	69.9%
Total	134,044	229,907	58.3%

Table 5 sets out the characteristics profile of the S4 substance use survey respondents and the equivalent statistics from the 2021 Pupil Census. The Pupil Census percentages are based on S4 pupils for the 16 local authorities who took part in the HWB substance use survey.

Table 5: Percentage of responses to the S4 substance use survey by characteristic

	HWB Substance Use survey	Pupil Census 2021
Female	48.6%	49.3%
Male	46.3%	50.7%
Prefer not to say or Not known	5.2%	
SIMD1 (Most deprived)	15.1%	26.1%
SIMD2	12.3%	17.7%
SIMD3	11.7%	17.6%
SIMD4	12.1%	18.5%

SIMD5 (least deprived)	13.8%	20.0%
Not known	35.0%	0.1%
Total	7,589	25,910

10. Linkage to the pupil census

The Scottish Government link the HWB Census data to the Pupil Census. The 2021 pupil and school staff censuses were carried out on 15 September 2021.

Pupils included in the Pupil Census are those recorded by the school as being “on the roll of the school except those in full time education at another institution” (‘status 01’ in the Pupil Census data specification). Schools have only been included in Pupil Census school counts where they have at least one pupil on the school roll meeting this definition. The data gathered in the Pupil Census is drawn from management information held by schools and local authorities for the purposes of administering education. The information published is therefore a reflection of the information provided by school staff and pupils’ parents/guardians.

The linked dataset contains the pupil characteristics as at the date of the Pupil Census, including school name and SEED code.

This means that in the small number of instances where pupils have moved schools to a different local authority after this date, they will still be recorded in the local authority that they were enrolled in at the time of the Pupil Census. If there are amendments made by schools to items recorded in SEEMiS after 15 September 2021, these will not be reflected in this Scottish Government analysis.

The HWB Census dataset was linked to the Pupil Census by SCN only. This means where a SCN is invalid or did not match directly, secondary actions to match pupils were not undertaken. Secondary actions could potentially increase the number of matches. However, there will be differences for the reasons noted above.

The variables from the pupil census included in the HWB census datasets are:

- ScottishCandidateNumberN (numeric variable used for joining)
- StudentId (required for linking with ASN tables)
- LaCode
- OnRoll (= 1 to indicate pupil is registered with this school)
- StudentStage
- Gender
- EthnicBackground
- UrbRur6
- UrbRur8
- Datazone2011 (required for linking with SIMD quintiles)
- SchoolFundingType (= 2 Primary, = 3 Secondary).

Only pupils included in primary and secondary schools are included in this analysis (those with school funding type “2” or “3” in the Pupil Census). Local authorities during implementation made decisions on the inclusion of special schools, and the approach that would best meet their needs and the pupils’ needs. These records are not included in the tables below, or the supplementary tables.

In total 139,413 responses to the P5 – S6 questionnaires were received. After matching with the Pupil Census 2021, 134,044 records were retained. Table 6 sets out the number of records removed at each stage. Details of records removed are set out in the text below.

Table 6 Records removed in quality assurance

	Number
Number of records received	139,413
Duplicate SCN (records removed within stage datasets)	1,607
Total number of records with unique SCN ¹ within stage	137,806
Number of records with no SCN (these were records provided by East Renfrewshire, where no SCN data was collected) ²	1,749
Total records for pupil census match	136,057
Number of records with invalid SCN (records removed)	92
Number of records with no SCN match in Pupil Census 2021 (records removed)	989
Total matched records	134,976
Add in records where no SCN collected	1,749
Total records with a unique SCN within stage (or no SCN) following pupil census match	136,725
Number of records with no stage match in Pupil Census (records removed)	2,464
Number of records with LA code match in Pupil Census that did not participate in HWB Census (records removed)	217
Total Records for analysis	134,044

¹ This includes the records with no SCN collected

² These records were included in aggregate totals but were excluded from any breakdowns that required matching to the Pupil Census

1. Duplicate checks: duplicate records within stage are those with the same SCN but different responses to the questions. Duplicate SCN records were removed randomly as there was no variable available on which these could be ordered in

any way. In total 1,607 duplicate SCN records were removed across all stages to leave only one record per SCN. In total 137,806 unique SCNs were identified.

These 137,806 records with a unique SCN underwent the data checks set out in table 7 below.

2. Linking the HWB Census dataset with the Pupil Census dataset identified 2,830 records with no match to the Pupil Census 2021. This includes 1,749 records for East Renfrewshire which did not collect SCN. These records were retained for analysis but excluded from characteristic breakdowns.
 - 92 records were identified as having an invalid SCN. Invalid SCN records are those where SCNs in the HWB Census datasets were not of a valid format. These records were removed from all analysis.
 - 989 records were identified as not having a match within stages P5 – S6 in the 2021 Pupil Census. This may include pupils who have enrolled in schools in Scotland after 15 September 2021 (and so are not included in the 2021 Pupil Census). These records were removed from all analysis.

In total 1,080 records (0.8%) were removed because the SCN was invalid or did not match the Pupil Census 2021. The number of records removed due to invalid SCNs or no SCN match (within stage) with the Pupil Census match are set out in table 7.

Table 7: Number of records with invalid SCN or no SCN match with the Pupil Census 2021, by local authority

LA code	Local Authority	Number	Percentage	Total number of records
120	Angus	29	0.4%	6,627
150	Clackmannanshire	39	1.5%	2,658
170	Dumfries & Galloway	55	0.7%	7,718
180	Dundee City	101	1.1%	8,885
230	Edinburgh, City of	300	1.3%	23,844
240	Falkirk	56	0.5%	10,312
260	Glasgow City	227	1.0%	23,320
300	Moray	63	1.1%	5,732
310	North Ayrshire	18	0.2%	7,706
340	Perth and Kinross	31	0.4%	7,741
350	Renfrewshire	62	0.6%	10,717
355	Scottish Borders	43	0.6%	7,017
360	Shetland Islands	9	0.5%	1,739
370	South Ayrshire	11	0.2%	5,597
390	Stirling	37	0.6%	6,444
	Total	1081	0.8%	137,806

This table excludes East Renfrewshire which did not collect SCN.

Further checks on the stage and LA code were made following data linkage. These checks were applied to the 136,725 records with an SCN matched to the Pupil Census 2021 (or SCN not collected).

1. The pupil stage from the Pupil Census was checked against the questionnaire responded to. Each stage from P5 – S6 had a stage specific HWB Census questionnaire. 2,849 records were identified with a stage mis-match.

P5 and P6 stage questionnaires contained the same questions, as did those for S5 and S6 stage questionnaires. Where the stage was P5 on the pupil census and a P6 stage questionnaire was returned the stage was replaced with P5 and vice versa. Similarly, where the pupil census was stage S5 and a S6 stage questionnaire was returned, the stage was set as S5, and vice versa. This reset the stage consistent with the pupil census and a correct core question set appropriate for the age for 385 records. The remaining 2,464 records without a stage match were removed from analysis.

2. The LA code from the Pupil Census is used in the analysis. Pupils may have moved schools between the Pupil Census date and the date the school administered the HWB Census. A total of 339 records did not have a LA code match. Of these, 217 had a LA code on the Pupil Census of a local authority that did not take part in the HWB Census. These were removed from analysis. The remaining 122 records which did not have a LA code match with the Pupil Census were retained, using the Pupil Census LA code.

Following la code and stage checks, 134,044 records were retained for analysis.

11. Data Coding and cleaning

The Scottish Government received data from local authorities for those questions in the core questionnaire only. Where a local authority had included additional questions, these were not shared with the Scottish Government. As this is a local authority data collection, local authorities have the flexibility to change or exclude questions. Therefore, not all core questions were asked in each local authority.

All questions were voluntary, so respondents were able to move through a question without providing a response. Where respondents did not provide a response, these are coded as NA.

Primary data cleaning removed:

1. All responses where “Q1. Are you happy to continue taking part in the Scottish Health and Wellbeing Census?” was “No” were removed. The online questionnaire was set up so that this question could not be skipped.
2. All records where no survey items beyond the school name/SEED code, and SCN questions were responded to were removed
3. All partial responses, where pupils had provided a response to at least one question (and the response to Q1 was “Yes”) within the survey, were included. Analysis by question will include all valid responses to that question. This includes “Prefer Not to Say”, where this is included as a response option. Analysis by question will exclude all missing responses to that question, where pupils had been routed past a question, or chosen not to respond.

Cohort sizes will differ across the questions (as pupils were filtered based on the response to previous questions).

4. Where a local authority had made changes to questions or response options these were mapped to the core questions. Specifically East Renfrewshire changed the response structure for a number of their questions. One specific item had multiple choices where the Scottish Government questionnaire was “one option only”. As it was not possible to apply a hierarchy to the multiple choices, the option with the highest percentage response based on the distribution of the other responses from all local authorities to this question item was included as the single response.
5. East Renfrewshire included the Substance Use questions in the S4 survey. These were separated to be able to merge the data with the rest of the LAs. The governance documentation did not specify linking the substance use data to the Pupil Census so the separated substance use responses do not include the pupil characteristics from the Pupil Census.
East Renfrewshire collected sexual health survey questions separately. Due to the number of changes to the questions made by this local authority, their data could not be included in this analysis.

Table 8 below sets out the coding applied to the data received by the Scottish Government. Table 9 sets out the additional coding applied to the Substance Use Survey.

Table 8: Coding applied by Scottish Government to all stage questionnaire responses:

Variable	Coding
	Replace all “-” values with “NA”. NA designates missing values, which applies to all instances where the question was skipped by participant or routing.
	Where LAs removed a core question: The corresponding column populated with the values “Data not collected” (for question item variables) and “888” (for numeric variables).
	Where blank cells were identified, these were replaced with “NA”.
LA code	Added by Scottish Government.
seedcode	Replace “Data not collected” with “888”; replace invalid value (e.g. 0) with “999”. This data was not used for analysis.
School name	Where school name did not match the format specified in the Pupil Census, replaced with school name as specified in the Pupil Census data. This data was not used for analysis.
SCN	Replace “Data not collected” with “888”; replace invalid value (e.g., 0, 1004) with “999”. Retained all values that had a valid format (>= 8 digits).

Missing values	All questions are voluntary. Where a respondent does not provide a response to a question a value of “NA” is included.
Question routing	Where a respondent is routed past a question based on a response to a previous question a value of “NA” is included.
Mental health: Average WEMWBS score	A score is calculated by summing the individual scores of the 14 items. The minimum score is 14 and the maximum is 70. The scale was not designed to identify individuals with exceptionally high or low levels of positive mental health, so cut-off points have not been developed.
Mental health: Total strengths and difficulties score (SDQ)	A Total Difficulties score is generated by summing scores from all the scales except the Prosocial scale. Only where all scales were fully completed was a Total Difficulties score calculated. This is reported two ways: <ol style="list-style-type: none"> 1. on the original 3 band categorisation with “borderline or abnormal” total difficulties score defined as a score of 14 or more. 2. On the newer 4 band categorisation with “slightly raised, high or very high” total difficulties score defined as 15 or more.
Mental health: Mean hyperactivity score, mean conduct score, mean peer relationship problems score, mean emotional symptoms score, and mean pro-social score	Mean scores for each subscale are presented, based on the 4-band categorisation of: 'slightly raised', 'high' or 'very high' score on the hyperactivity scale. 'slightly raised', 'high' or 'very high' score on the conduct scale. 'slightly raised', 'high' or 'very high' score on the peer relationship problems scale. 'slightly raised', 'high' or 'very high' score on the emotional symptoms scale. 'Slightly lowered', 'low' or 'very low' score on the pro-social scale.
Mental health: Even if I am having a difficult time, I feel like I will be OK	P5 - S1 stage questionnaires included the item within the mental health topic question item “Please say how much you agree or disagree with each sentence. In general, I like who I am I am proud of the things I can do When I do something, I try my hardest I feel like I can make decisions in my life Generally, I feel cheerful and I am in a good mood There are lots of things that I worry about in my life

	<p>Even if I'm having a difficult time, I feel like I will be OK"</p> <p>S2 – S6 questionnaires asked a stand-alone question in the resilience topic.</p>
Average hours of sleep	<p>This is a derived variable based on time_bed and time_wake. As the response options provide bands, the hours bed time and wake time are coded as the mid point of the band (or for response options where it is at the hour or after, the time is coded as the time at the start of the band. For example, time_bed is</p> <p>"Before 9.00 pm" time_bed = 21.00</p> <p>"At 9.00 pm or later, but before 10.00 pm" time_bed = 21.30 p.m.</p> <p>"At 10.00 pm or later, but before 11.00 pm" time_bed = 22:30 p.m.</p> <p>"At 11.00 pm or later, but before midnight" time_bed = 23.30 p.m.</p> <p>"At midnight or later" time_bed = 0.00 p.m.</p> <p>"At midnight or later, but before 1.00 am" time_bed = 0:30 a.m.</p> <p>"At 1.00 am or later, but before 2.00 am" time_bed = 1.30 a.m.</p> <p>"At 2.00 am or later" time_bed = 2.00 a.m.</p> <p>Similarly, time_wake is</p> <p>"Before 5.00 am" time_wake = 5.00 a.m. time_wake = 5.00 a.m.</p> <p>"At 5.00 am or later, but before 6.00 am" time_wake = 5:30 a.m.</p> <p>"At 6.00 am or later, but before 7.00 am" time_wake = 6:30 a.m.</p> <p>"At 7.00 am or later, but before 8.00 am" time_wake = 7:30 a.m.</p> <p>"At 8.00 am or later" , time_wake = 8:00 a.m.</p> <p>These times are then used to calculate average hours sleep.</p>
Experience of bullying and fighting: Have you been bullied in the last year?	<p>P5 – S3 questionnaires only. Where response is not "Yes", respondents were routed past the question items on experience of being bullied in the survey.</p>
Experience of bullying and fighting: Did reporting the bullying to anyone...?	<p>This question item was only seen by respondents who answered "Yes" to "Have you been bullied in the last year?" and "Yes" to "Did you report the bullying to anyone?"</p>

Caring Responsibilities: Do you help care for, or look after, them....	P7 – S6 questionnaires only. This question item was only seen by respondents who answered "Yes" to “Do you care for, or look after, someone? For example, because they have a disability, an illness, a drug or alcohol problem, a mental health problem, or problems related to old age”.
Social media and online experience: Mean score on the social media disorder scale	<p>S1 – S6 questionnaires only. Calculated from the question “During the past year, have you... regularly found that you can’t think of anything else but the moment that you will be able to use social media again? / ...regularly felt dissatisfied because you wanted to spend more time on social media? / ..often felt bad when you could not use social media? / ..tried to spend less time on social media but failed?/..regularly neglected other activities (e.g. hobbies, sport) because you wanted to use social media? / ..regularly had arguments with others because of your social media use? / ..regularly lied to your parents or friends about the amount of time you spend on social media?/..often used social media to escape from negative feelings? / ..had serious conflict with your parents, brother(s) or sister (s) because of your social media use? (No / Yes)”.</p> <p>Each item responded to with ‘yes’ scores a value of 1, ‘no’ responses score 0.</p> <p>Problematic use is classified as responding ‘yes’ to at least 6 of the 9 items.</p>

Additionally, for the S4 Substance Use Survey the following coding was applied to the data received by the Scottish Government.

Table 9: Coding applied to the Substance Use Survey by Scottish Government:

Variable	Coding
SIMD quintile	Where LAs recorded SIMD vigintiles these were converted into deciles.
cigarettes_daily_number	Number range values were converted to dates (as received in the original datasets), which had to be amended. For instance, “1-2” was converted to “01-Feb”. Values were replaced with the ranges assumed to underlie the date values. The assumption was based on all date values having a corresponding range value that matched the possible response options for that given question column. Each date (e.g., 03-Apr) could be accounted for with a corresponding number range (e.g., 3-4).
drugs_use_last_year_type_cyroban	46 respondents selected Cyroban (a non-existent drug) from the list of drugs ever used. To remain consistent with the SALSUS methodology, analysis will exclude pupils who reported that the <u>only</u> drug

	<p>they had ever used was Cyroban. No such cases were identified (all respondents that selected Cyroban also selected other drugs). Responses for pupils who claimed to have taken a non-existent drug <u>but also</u> reported taking other drugs are included in the analysis. Therefore, no changes were made to the dataset.</p>
<p>Regular smoker / occasional smoker / non-smoker</p>	<p>This is a derived variable from the Smoking status question (Q4) “Now read the following statements carefully and select the option which best describes you: I have never smoked / I have only ever tried smoking once / I used to smoke sometimes but I never smoke a cigarette now / I sometimes smoke cigarettes now but I don't smoke as many as one a week / I usually smoke between one and six cigarettes a week / I usually smoke more than six cigarettes a week / Prefer not to say”.</p> <p>Respondents are classified as:</p> <ul style="list-style-type: none"> • 'regular smokers': defined as 'at least one cigarette a week - 'usually smoke between one and six cigarettes a week' OR 'usually smoke more than six cigarettes a week', • 'occasional smokers': defined as currently smoking but less than one cigarette a week - 'I sometimes smoke cigarettes now but I don't smoke as many as one a week' • or 'non-smokers' (respondents who had never smoked or who were not current smokers) – 'I have never smoked' OR 'I have only ever tried smoking once' OR 'I used to smoke sometimes but I never smoke a cigarette now'. <p>Respondents who skipped the question or responded “Prefer not to say” cannot be classified and are excluded from the measures that use smoking status as an investigatory variable. Pupils with unknown smoking status are included in the 'all pupils' category.</p>
<p>Regular vapers / occasional vapers / non-vapers</p>	<p>This is a derived variable from the How often do you use e-cigarettes / vape at present? (Q8) “I have never used an e-cigarette / vape; I used to use e-cigarettes / vapes but don't use them anymore; I have tried an e-cigarette / vape once; I have tried e-cigarettes / vapes a few times; I use e-cigarettes / vapes sometimes, but no more than once a month; I use e-cigarettes / vapes once a week or more; Prefer not to say”.</p> <p>Respondents are classified as:</p>

	<ul style="list-style-type: none"> • 'regular vapers': defined as 'using at least once a week or more', • 'occasional vapers': defined as currently using but less than once a week - 'I have tried an e-cigarette / vape once' OR 'I have tried e-cigarettes / vapes a few times' OR 'I use e-cigarettes / vapes sometimes, but no more than once a month', • or 'non-vapers' (respondents who had never used an e-cigarette or no longer use an e-cigarette) – 'I have never used an e-cigarette / vape' OR 'I used to use e-cigarettes / vapes but don't use them anymore'. <p>Respondents who skipped the question or responded "Prefer not to say" cannot be classified and are excluded from the measures that use vaper status as an investigatory variable. Pupils with unknown vaper status are included in the 'all pupils' category.</p>
Drug use in the last month, by type of drug taken	S4 pupils who responded 'yes' to Q17 in the Substance Use questionnaire "Have you ever taken illegal drugs, drugs formerly known as legal highs, solvents or prescription drugs that were not prescribed to you?" AND 'yes' at Q19 "Have you taken any drugs in the last year?", AND selected "I take drugs once or twice a month" OR "I take drugs at least once a week or more".

Substance Use Drugs Used:

As with all surveys, the results can only tell us what respondents say that they do, think or feel. We have to assume that their answers are honest and accurate. Concerns about the honesty of responses are particularly applicable to a survey such as the substance use survey which covers sensitive topic areas. In surveys, there is always a risk of respondents not answering honestly. Results from English surveys of smoking, drinking and drug use among secondary school pupils carried out throughout the 1990s consistently suggested that pupils were providing honest answers. While there is no such evidence relating to drinking or drug use, it is assumed that the proven high level of honesty extends to these substances.

In school surveys over-reporting is possible ("faking bad"), that is, pupils report that they have used a drug even if they have not. To test validity, the name of a non-existent drug, Cyroban, was included in the list of drugs in question of drugs used (question 20). This is included to highlight where pupils might be exaggerating their drug use i.e., answering that they used a drug when they do not know what it is. If reported use of the non-existent drug is low, it indicates that students do not exaggerate their drug use. If reported use is high, this may indicate pupils are over-reporting and there may be questions about the validity of the results.

This analysis will exclude pupils who reported that the only drug they had ever used was Cyroban from tables that report on the use of any drugs. Responses for pupils who claimed to have taken a non-existent drug but also reported taking other drugs will be included in the analysis. This is consistent with the SALSUS methodology.

12. Quality assurance

Local authorities share their data with the Scottish Government. Any quality assurance undertaken by local authorities is included in the data shared with the Scottish Government.

The Scottish Government has applied further quality assurance noted in Section 10 – Section 11 above.

As with all surveys, the responses provided are accepted as honest.

In total 139,413 responses to the P5 – S6 questionnaires were received. After matching with the Pupil Census 2021 and data cleaning, 134,044 records were retained.

The data are the aggregated results for the 16 local authorities who collected data, and are not weighted to population totals. The analysis sets out the findings for the 16 local authorities with HWB census data. The HWB Census characteristics data mirrors the pupil profiles, for the 16 local authorities who collected data, for sex and deprivation (SIMD). However, from the pupil profiles for the 16 local authorities who collected data, there appears to be under-representation of pupils from minority ethnic groups (10.9% compared with 12.5%), and over-representation of white – British ethnic groups (80.9% compared with 78.3%).

13. Base cohorts

For the measures reported in this publication the base cohort, unless specified, is all who responded to the question including “prefer not to say”.

- All questions are able to be ‘skipped’ – pupils can move past a question without providing a response. Those who skipped the question will be excluded from the base cohort. For filter questions, if a pupil does not provide a response they are routed past the topic.
- Partial responses are included. Therefore, the base cohort may vary by question, even where the question item is presented to all pupils in the stage.
- The base cohort will differ by question, based on the questionnaire routing. Some topics begin with a filter question, such that pupils are presented with the relevant questions to them. For example, only pupils that respond “yes” to the carer question are asked about the frequency of caring.

All percentages in the published measures are calculated as a percentage of the relevant base cohort for that question.

The base cohort will differ dependent on the question type:

1. Questions presented to all pupils: base cohort is the number of pupils who provided a response, including “prefer not to say”. Excludes those who did not provide a response.
2. Mutually exclusive questions - ‘Select one response’: For example, “How often do you usually do any physical activity in your free time (outside school hours) so much that you get out of breath or sweat? Every day / 4 to 6 times a week / 2 to 3 times a week / Once a week / At least once a month but not every week / Less than once a month / Never / Prefer not to say”.

The cohort size is calculated for the question – all pupils who responded including “prefer not to say”. Excludes those who did not provide a response.

3. Multi-statement questions - ‘select a response for each statement’: For example, “Please say how much you agree or disagree with each sentence. Please tick one circle for each sentence. I enjoy learning new things / I feel like I have a choice in what I am learning at school / Getting an education is important to me / My teachers listen to what I have to say / I have an adult to talk to at school if I am worried about something.”

The cohort size is calculated for each statement separately. Includes all pupils who responded to any of the statements including “prefer not to say”. Excludes those who did not provide a response to any of the statements.

4. Multi-response questions – ‘select all that apply’: For example, “Where have you been bullied? Please tick all that apply or leave blank if you prefer not to say. At school / Somewhere else (including on the way to and home from school) / Online/Social media/Gaming platform.”

The cohort base is the sum of all respondents who provided a response to any of the statements in the question. Excludes those that did not provide a response to any of the options. This question does not have a “prefer not to say” option, so it is not possible to distinguish between those who preferred not to say and those who did not choose to provide a response at all.

5. Multi-response questions including “Not applicable”: For example, “How easy is it for you to talk to any of the following people about things that really bother you? Please tick one circle on each line or leave blank if you prefer not to say: Easy / Difficult / Does not apply to me: Friend(s) / Mum or female carer / Dad or male carer / Brother(s) or Sister(s) / Counsellor (someone who is trained to listen and give you advice about your problems or help you manage your feelings) / GP or Nurse / Teacher(s)”.

The cohort size is the sum of all respondents who provided a response to any of the statements in the question, excluding those who selected “Does not apply to me”. This question does not have a “prefer not to say” option, so it is not possible to distinguish between those who preferred not to say and those who did not choose to provide a response at all.

14. Coverage

The HWB Census is a local authority data collection. The Scottish Government has worked collaboratively with local authorities (and others) to develop a set of core questionnaires and provide a platform for collection. Local authorities may choose to use alternative methods to collect the evidence they require or use alternative platforms. This approach supports local authorities to collect the evidence they require to meet their legislative duties, while improving efficiency by sharing the data with the Scottish Government to enable the Scottish Government to fulfil its own functions. The aim is to have a single data collection which provides evidence for a range of purposes at a range of geographies. For example, health and wellbeing data is available for use by schools, local authorities (and their partners) and nationally to inform and monitor progress at each level.

Sixteen local authorities collected data using the HWB Census 2021/22, all of which shared their data with the Scottish Government for inclusion in the published analysis. This analysis is a summary of the data from those 16 local authorities. The local authorities who shared data with the Scottish Government are:

Angus
Clackmannanshire
Dumfries & Galloway
Dundee City
East Renfrewshire
Edinburgh, City of
Falkirk
Glasgow City
Moray
North Ayrshire
Perth and Kinross
Renfrewshire
Scottish Borders
Shetland Islands
South Ayrshire
Stirling

Response rates by local authority are set out in Section 9 Table 4.

15. Time series

This is the first Health and Wellbeing Census undertaken by local authorities. Where possible questions included are directly comparable to other sources (such as SALSUS, Health Behaviour in School-aged Children, Growing Up in Scotland, My Life in Scotland, and ONS surveys).

16. Published statistics

The statistics set out the percentage of responses for those pupils who responded. The base cohort may differ across questions as all of the questions are voluntary.

The data are the aggregated results for the 16 local authorities who collected data, and are not weighted to population totals. The analysis sets out the findings for the 16 local authorities with HWB census data. The response rates and characteristics are set out in section 9.

The analysis presents the results of the 16 local authorities who used the HWB Census to collect the data.

17. Experimental Statistics

Experimental statistics are Official Statistics that are undergoing development. The Code of Practice for Official Statistics defines experimental statistics as: 'Experimental statistics are a subset of newly developed or innovative official statistics undergoing evaluation. They are developed under the guidance of the Head of Profession for Statistics (HoP) and published to involve users and stakeholders in the assessment of their suitability and quality at an early stage'. The regulatory guidance document [Experimental statistics – official statistics in development](#) sets out the United Kingdom (UK) Statistics Authority policy on this topic. Experimental statistics status provides a clear statement of the nature of the official statistics going through development, with a potentially wider degree of uncertainty in the resulting estimates as the methods and processes are established and verified.

Testing of the experimental statistics allows producers to gain a good understanding of their quality, including their accuracy and reliability, and their value. Users are central to this process – without their involvement, producers will have an incomplete understanding of the suitability of the statistics.

The Office for Statistics Regulation's Experimental Statistics Official Statistics in Development guidance (June 2022) states the use of experimental statistics provides an excellent means of demonstrating innovation and improvement, while at the same time showing how the statistics can be appropriately used and understood, with producers then using that knowledge to feed back into the development.

There is an emphasis across the Government Statistical Service (GSS) to consult users during the review of statistics, and to make experimental series available during this period to assist in the quality assurance, development and familiarisation of the statistics. The Code of Practice for Official Statistics promotes and supports the release of experimental statistics to involve users in their development at an early stage; however, it is likely that the statistics will not be fully compliant in all areas due to their nature as 'data being developed'. The practices that are particularly relevant to producing experimental statistics are shown below:

- T2.1 The Chief Statistician/Head of Profession for Statistics should have sole authority for deciding on methods, standards and procedures, and on the content and timing of the release of regular and ad hoc official statistics. This should include determining the need for new official statistics, ceasing the release of official statistics, and the development of experimental statistics.
- V1.3 User satisfaction with the relevance and usefulness of the statistics and data should be reviewed routinely. This should consider the timeliness, accessibility, clarity and accuracy of the statistics and data.

- V1.5 The views received from users, potential users and other stakeholders should be addressed, where practicable. Statistics producers should consider whether to produce new statistics to meet identified information gaps. Feedback should be provided to them about how their needs can and cannot be met, being transparent about reasons for the decisions made and any constraints.
- V1.6 Statistics producers should periodically review whether to continue, discontinue, adapt or to provide the statistics through other means, in discussion with users and other stakeholders.
- V4.1 Statistics producers should keep up to date with developments that can improve statistics and data. They should be transparent in conducting their development activities, and be open about the outcomes and longer-term development plans.
- V4.2 Statistics producers should consider testing and releasing new official statistics initially as experimental statistics, under the guidance of the Chief Statistician/Head of Profession for Statistics.
- V4.3 Users should be involved in the ongoing development of statistics and data, exploring and testing statistical innovations, so that the statistics remain relevant and useful.

The reason for these statistics being classed as experimental statistics is because they are based on a new survey data source. These will be labelled as experimental statistics as such time is required: a. To receive informed feedback from users and potential users of the statistics; b. For users to become familiar with the new statistics and methodology.

Following this publication, the Scottish Government will review the current model with stakeholders with a view to improving the quality of the statistics. Where appropriate, identified improvements will be incorporated prior to the next data collection.

18. Topics in the Health and Wellbeing Census Questionnaire 2021/22, by stage

The HWB Census questionnaires are designed to be age/stage appropriate, and ask pupils about a range of topics. Table 11 sets out the topics included in the stage questionnaires.

Table 10 Topics by stage questionnaire

	P5 - P6	P7	S1	S2	S3	S4	S5 - S6
Alcohol				Yes		Yes	
Area factors	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Aspirations and career planning		Yes	Yes	Yes	Yes	Yes	Yes
Attitude to school	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Bullying others	Yes	Yes	Yes	Yes	Yes		
Caring responsibilities		Yes	Yes	Yes	Yes	Yes	Yes
Drugs						Yes	
Eating behaviours	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Feeling hungry		Yes	Yes	Yes	Yes	Yes	Yes
Experience of bullying	Yes	Yes	Yes	Yes	Yes		
Family relationships/environment	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Gambling					Yes		Yes
General health	Yes	Yes	Yes	Yes	Yes	Yes	Yes
General wellbeing (life satisfaction)	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Involvement in decision making	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Long-term health conditions	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Mental health	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Peer relationships	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Physical activity/exercise	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Play	Yes	Yes	Yes	Yes			
Positive activities			Yes	Yes	Yes		
Pressure of school work		Yes	Yes	Yes	Yes	Yes	Yes
Resilience	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Sedentary behaviour			Yes	Yes	Yes	Yes	Yes
Self-perception (body image)		Yes	Yes	Yes	Yes	Yes	Yes
Sexual health and relationships						Yes	Yes
Sleep	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Smoking				Yes		Yes	
Social media and online experience	Yes	Yes	Yes	Yes	Yes	Yes	Yes

The core questionnaires :

P5 questionnaire: [Survey Preview Window \(smartsurvey.co.uk\)](https://smartsurvey.co.uk)

P6 questionnaire: [Survey Preview Window \(smartsurvey.co.uk\)](https://smartsurvey.co.uk)

P7 questionnaire: [Survey Preview Window \(smartsurvey.co.uk\)](https://smartsurvey.co.uk)

S1 questionnaire: [Survey Preview Window \(smartsurvey.co.uk\)](https://smartsurvey.co.uk)

S2 questionnaire: [Survey Preview Window \(smartsurvey.co.uk\)](https://smartsurvey.co.uk)

S3 questionnaire: [Survey Preview Window \(smartsurvey.co.uk\)](https://smartsurvey.co.uk)

S4 questionnaire: [Survey Preview Window \(smartsurvey.co.uk\)](https://smartsurvey.co.uk)

S4 Substance Use questionnaire: [Survey Preview Window \(smartsurvey.co.uk\)](https://smartsurvey.co.uk)

S5 questionnaire: [Survey Preview Window \(smartsurvey.co.uk\)](https://smartsurvey.co.uk)

S6 questionnaire: [Survey Preview Window \(smartsurvey.co.uk\)](https://smartsurvey.co.uk).

Background Information

An Official Statistics publication for Scotland

Official and National Statistics are produced to high professional standards set out in the Code of Practice for Official Statistics. Both undergo regular quality assurance reviews to ensure that they meet customer needs and are produced free from any political interference.

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How to access background or source data

The data collected for this statistical bulletin may be made available on request, subject to consideration of legal and ethical factors. Please contact school.stats@gov.scot for further information.

Complaints and suggestions

If you are not satisfied with our service or have any comments or suggestions, please write to the Chief Statistician, St Andrews House, Edinburgh, EH1 3DG, Telephone: (0131) 244 0302, e-mail statistics.enquiries@gov.scot.

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