Health and wellbeing among children and young people in Falkirk

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| Findings from the RCS Wellbeing Survey Programme |
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# Introduction

## The RCS Wellbeing Survey Programme

In 2016, Falkirk Community Planning Partnership joined the Realigning Children’s Services (RCS) programme – an initiative sponsored by the Scottish Government to support effective commissioning of children’s services.

A key aim of RCS is to improve the availability and use of evidence about local needs and services. Although local planners and practitioners often have access to good information about those already in contact with targeted or specialist services, less is generally known about the characteristics, needs and perceptions of the wider population of children and young people.

With this gap in mind, the RCS programme involved three related survey exercises, aimed at collecting information about the health and wellbeing of children and young people from birth to the mid-teens. Two of the surveys engaged young people directly as participants while the third collected information from parents of younger children. The core features of the surveys are summarised below. Further details can be found at the beginning of the relevant chapters and in the accompanying Technical Report.

**Survey of pupils in S1 to S4:** Conducted in all eight of Falkirk’s secondary schools between November 2016 and March 2017, using Computer Assisted Self Interviewing (CASI) and based on an existing survey – the Scottish Adolescent Lifestyles and Substance Use Survey (SALSUS) – with additional questions around wider wellbeing. Total achieved sample size – n=4,448.

**Survey of pupils in P5 to P7**: Conducted in 48 of Falkirk’s 50 primary schools between January and March 2017, using online Computer Assisted Self Interviewing (CASI) with audio support. Total achieved sample size – n=4,147.

**Survey of parents of children aged 0-8:** Conductedin-home between January and May 2017, using face-to-face interviewing and quota sampling. Total achieved sample size – n=502.

The two school-based surveys were supplemented by a data linkage programme that allowed pupils’ responses to be securely linked to a limited range of data held by education and social work services and – via home postcode – to an area based measure of multiple deprivation. Further details about this element of the programme can be found in the Technical Report.

## Surveying wellbeing

Although the idea that we should seek to prioritise, maximise or improve wellbeing – for children and young people or other sections of the population – is not contentious, the definition of wellbeing is less clear cut. In the context of Getting It Right for Every Child, the SHANARRI framework provides a helpful way of ensuring that wellbeing is seen as a multi-dimensional construct and that children and young people’s needs are viewed holistically. However, it is not intended to represent a systematic measurement framework: there is a lack of consensus about what should be the key indicators within each domain and a degree of potential overlap between them.

The RCS programme, therefore, has adopted an approach to wellbeing that is flexible and pragmatic. In broad terms, the phrase wellbeing is being used here as a shorthand for the range of positive outcomes for children and families that CPPs may be attempting to promote. This approach recognises that wellbeing means different things to different people; that it has both objective and subjective dimensions; and that practitioners and policy makers in one context may choose to focus on or emphasise different aspects or dimensions. For those reasons, the surveys cover a range of topics, loosely organised around three overarching dimensions, relating to the personal, the social and to place. These have been derived from a range of existing evidence-based frameworks, incorporate topics that are common to almost all such frameworks, but are also flexible enough to accommodate the specific needs of RCS and its local partners.

Where relevant, potential links to SHANARRI domains have been highlighted.

## How to read this report

Although each of the three main substantive chapters is loosely organised around the three overarching themes of the personal, the social and place, the exact topics and questions vary. It was not always possible to use the same questions wording for pupils in primary and secondary school, for example, and some topics – such as drug and alcohol use – were inappropriate for the younger age group. All potentially sensitive questions were tested on a sample of individuals from the relevant age group to ensure they were appropriate and easily understood before they were included in the surveys. The parent questionnaire not only focuses on age-specific questions relating to child wellbeing (e.g. sleep patterns) but also includes some questions that relate to the parents’ own views and experiences (e.g. of local services). In order to keep the report to a manageable length, some variables are not reported on but will be available for subsequent analysis.

The report is split into three main sections, providing an overview of the findings from each of the three survey exercises. While these can be read sequentially from start to finish, they may also be treated as reference documents – allowing the reader to find survey findings that relate to specific aspects of wellbeing for the populations surveyed. Those pressed for time, or looking for higher-level messages, may wish to go straight to the final chapter or to the standalone summary of the report, which look across all three survey exercises to draw out, summarise and discuss key issues that may have relevance for the strategic planning of children’s services in Falkirk.

## A note on analysis

Basic frequencies for key wellbeing measures are provided in the main body of the report along with statistically significant differences between sub-groups of interest (for instance, between year groups, or boys and girls). Where differences between sub-groups were not statistically significant these are not reported unless the lack of significance itself is of particular note.

The smaller sample size in the parent survey means that the same depth of analysis could not be conducted in that chapter as for the school surveys. For this reason, the Scottish Index of Multiple Deprivation (SIMD) quintiles have been re-banded for the parent survey analysis. The re-banding compares areas of North Lanarkshire within the two most deprived quintiles (or 40% most deprived areas) with those in the three least deprived quintiles (or 60% least deprived areas). In the other chapters it is possible to compare across all five quintiles individually. For more information on the SIMD and deprivation quintiles is provided on page 128.

Where relevant comparative figures are presented from national data sources (such as SALSUS, Growing Up in Scotland and the Scottish Health Survey). Such comparisons are not always direct due to methodological differences – for instance in relation to the age of children surveyed, mode of interviewing or precise question wording – and caveats are included where appropriate.

In various places, the analysis makes use of scale variables, which summarise scores across related questions. Some of these scales, such as those associated with the Strengths and Difficulties Questionnaire (SDQ), have been widely used in other settings and have established cut-off points (based on population norms) for ‘higher’ and ‘lower’ scores. In other places, the report draws on summary scales developed specifically for use in the RCS survey programme (see, for example, the analysis of parent-child relationships on page 92).

In these instances, we do not have access to population norms and have assigned survey participants to ‘higher’, ‘average’ and ‘lower’ categories on the basis of responses from within the Falkirk sample. A degree of caution is appropriate when interpreting the resulting figures: if the characteristics of the local population proved to be substantially different from those of the national population. For example, there might be a danger of over- or under-emphasising the importance of the proportions in the ‘lower’ category.

However, these summaries are useful in helping to identify patterning and variation across different sub-groups within Falkirk itself.

Further details on the variables used to create this report and on interpreting the tables are provided in the appendix.

# Findings from the secondary school survey

## How the survey was carried out

Conducted in all eight of Falkirk’s secondary schools between November 2016 and March 2017, this exercise followed the same procedures as the first set of RCS children’s wellbeing surveys, conducted in three different CPPs one year previously, with a slightly amended questionnaire.

The secondary survey was built around the methodology for an existing survey – the Scottish Adolescent Lifestyles and Substance Use Survey (SALSUS) – but involved a wider range of year groups and schools, and a set of additional questions focusing on broader measures of health and wellbeing. Pupils could read from and enter answers directly into the computer but did not have the audio element provided in primary schools (see page 53).

The secondary questionnaire took approximately 40 minutes, on average, for pupils to complete. In total, 4,448 pupils took part in the secondary school survey, representing 73% of the eligible population. Because of item non response, however, each individual question was answered by a smaller proportion. Further details about the survey process, including how the data were weighted can be found in the Technical Report.

## Personal wellbeing

We begin by reviewing aspects of wellbeing related to the personal (or individual) domain. These include measures of physical and mental health, subjective wellbeing, and health and risk behaviours – for instance, relating to drug or alcohol use.

### Health

### General health (Healthy)

Most pupils in S1 to S4 in Falkirk (81%) assessed their own general health as being either good (45%) or very good (35%). By contrast, only 2% rated their health as bad or very bad.

While these figures are encouraging, the best available comparison – from the Scottish Health Survey[[1]](#endnote-1) - suggests that the proportion in Falkirk reporting their health as good or very good is below that recorded nationally for those aged 12-15 in 2015 (94%). Slight differences in survey methodology may, however, have played a part here, including the presence of parents when young people were answering the Scottish Health Survey questionnaire.

Some differences in health status by subgroup are worth noting. First, the proportion of children reporting their health as good or very good declined across school year group, from 86% in S1 to 74% in S4. There were also significant differences by family structure (82% of children with siblings at home self-reporting their health as good or very good compared with 77% of those with no siblings at home; and 84% living with two parents, 78% living in a step family, 73% in a one parent household, and 66% in other situations).

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Table 2.2.1a General health** | | | | | | | |
| How is your health in general - Would you say it is…? | Very good | Good | Fair | Bad | Very bad | *Weighted bases* | *Unweighted bases* |
| *Row percentages* | | | | | | | |
| All | 35 | 45 | 17 | 2 | 1 | *4402* | *4401* |
|  |  |  |  |  |  |  |  |
| S1 | 44 | 42 | 13 | 1 | 0 | *1121* | *1189* |
| S2 | 37 | 45 | 16 | 2 | 0 | *1121* | *1160* |
| S3 | 34 | 47 | 16 | 2 | 1 | *1076* | *999* |
| S4 | 25 | 49 | 22 | 3 | 1 | *1037* | *1007* |
|  |  |  |  |  |  |  |  |
| Siblings | 36 | 46 | 16 | 2 | 0 | *3344* | *3346* |
| No siblings | 34 | 43 | 20 | 2 | 1 | *950* | *948* |
|  |  |  |  |  |  |  |  |
| Two parent household | 39 | 45 | 14 | 1 | 0 | *2888* | *2891* |
| One parent household | 26 | 47 | 25 | 2 | 0 | *818* | *817* |
| Step-family | 31 | 47 | 18 | 3 | 0 | *486* | *486* |
| Other household type | 32 | 34 | 23 | 3 | 8 | *102* | *100* |
|  |  |  |  |  |  |  |  |

*Source: RCS secondary school survey, Falkirk 2017*

There was some evidence of a link between self-reported health status and deprivation: those in the most deprived quintile were less likely to say they have good or very good health (77%) than were those in the other quintiles (78-87%).

Self-reported health was also worse among those who had an additional support need, 74% of whom reported being in good or very good health compared with 82% of those without. Similarly, 67% of those in receipt of children’s services (i.e. looked after children, those on the child protection register, those receiving through care and after care, or those looking for prospective adopters – see appendix for more details) reported good or very good health compared with 81% of those not in receipt of these services. 71% of those eligible for free school meals reported good or very good health compared with 82% of those not in receipt of this service. Although we are not able to present figures for Looked After Children (LAC) here (because the numbers are too small), evidence from elsewhere suggests that health outcomes for this group tend to be worse than for the wider population but can improve when placements are secure.[[2]](#endnote-2)

*Source: RCS secondary school survey, Falkirk 2017*

### Health conditions (Healthy)

Overall, 13% indicated that they had a physical or mental health condition or illness lasting (or expected to last) 12 months or more.

This is below the best available national comparison, from the Scottish Health Survey for 2015, which indicated that across the whole of Scotland, 18% of children aged 12-15 reported having a long-term health condition.

As seen in relation to self-reported general health, the picture is worse among older pupils. The proportion reporting a long-term condition increased from 10% of those in S1 to 16% in S4. However, differences by gender and area deprivation were not statistically significant.

Those who reported living in the ‘other’ category of household type (for example, those living with other relatives, in foster care, or in a care home) were significantly more likely than others to have a long-term condition (20% compared with 11-18% of those living with at least one parent or in a step family). Those with no siblings at home were also more likely to have a long-term condition (16% compared with 12% of those with one or more sibling at home). Those eligible for free schools meals were also more likely to have a long-term condition (17% compared with 12%).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Table 2.2.1c Long-term condition** | | | | |
| Do you have a physical or mental health condition or illness lasting or expected to last 12 months or more? | Yes | No | *Weighted bases* | *Unweighted bases* |
| *Row percentages* | | | | |
| All | 13 | 87 | *4128* | *4129* |
|  |  |  |  |  |
| S1 | 10 | 90 | *1058* | *1122* |
| S2 | 12 | 88 | *1052* | *1088* |
| S3 | 13 | 87 | *1007* | *935* |
| S4 | 16 | 84 | *974* | *946* |
|  |  |  |  |  |
| Two parent household | 11 | 89 | *2737* | *2740* |
| One parent household | 16 | 84 | *751* | *750* |
| Step-family | 18 | 82 | *457* | *457* |
| Other household type | 20 | 80 | *92* | *90* |
|  |  |  |  |  |
| No siblings at home | 16 | 84 | *896* | *894* |
| One or more sibling at home | 12 | 88 | 3141 | 3143 |
|  |  |  |  |  |

*Source: RCS secondary school survey, Falkirk 2017*

### Healthy living

In addition to measures of self-assessed health and health conditions, the secondary survey examined a range of health-related behaviours, including exercise, diet and substance use.

### Physical activity (Healthy, Active)

The Chief Medical Officers of the UK publish guidelines on physical activity, which recommend that all children from ages 5 to 18 should be active for at least 60 minutes a day on all seven days of the week.[[3]](#endnote-3) Pupils taking part in the secondary survey were asked on how many days of the previous week they were physically active for at least 60 minutes.

In total, only 20% of those in S1 to S4 in Falkirk reported that they were active for the recommended 60 minutes a day on all seven days of the week. A further 30% were active for at least 60 minutes on five or six days a week.

The question was formulated specially for the survey and so direct comparisons with other sources are difficult. The Scottish Health Survey asks in much greater detail about a range of specific types of physical activity and found that 61% of 12-15 year-olds in Scotland were active on most days of the previous week for an average of 60 minutes.

Despite this discrepancy, the RCS figures provide useful insights into the patterning of reported physical activity across subgroups. Again, there are clear differences between year groups, with 25% of those in S1 reporting that they were active for at least an hour on all seven days of the previous week (with a further 35% active on five or six days) compared with 17% of those in S4 who stated they were active on all seven days (with 26% being active on five or six days).

Boys were also significantly more active than girls with 22% of all boys reporting that they were active every day compared with 17% of girls. The interaction of year group and gender means that S3 and S4 girls are especially unlikely to engage in regular physical activity (13% and 14% compared with 21% of S3 boys and 19% of S4 boys).

*Source: RCS secondary school survey, Falkirk 2017*

### Diet and nutrition (Healthy)

The overall picture in terms of diet is one of considerable variation between subgroups of S1 to S4 pupils in the frequency with which they consume both less healthy options of sweets / chocolate / sugary drinks and healthier options of fruit or vegetables.

More than a third (34%) of pupils in S1 to S4 reported that they ate fruit every day, with a quarter saying they did so once a week or less. A similar pattern was evident for the consumption of vegetables; 36% of pupils consumed these daily but 24% did so once a week or less often. In other words, daily (or near daily) fruit and vegetable consumption is by no means established as the norm among this age group.

Girls were more likely than boys to consume either fruit or vegetables every day (49% compared with 40%). Daily fruit or vegetable consumption was highest amongst young people in S1 (51%) with lower levels in S2 (45%), S3 (39%) and S4 (43%).

While a link between diet and deprivation may not be surprising, the differences evident in the survey are stark: daily consumption of either fruit or vegetables was higher within the least deprived quintile (52%) than the most deprived quintile (35%). Related to this, daily consumption of fruit or vegetables was lower amongst those eligible for free school meals than those who were not (38% compared with 46%).

Family type and mealtimes were also linked to fruit or vegetable intake. Daily fruit or vegetable consumption was more common among those who had one or more sibling at home than among those with no siblings at home (46% compared with 40%) and among those living in a two parent household (48%) than those living in other household types (35% - 39%). It was also more common among those who eat breakfast everyday (53% compared with 35%-38% of those that never or sometimes eat breakfast). Those who eat with their parents every day were also more likely to eat fruit or vegetables every day (53% compared with 26% - 44% of those who did not sit down for a meal with parents daily). The nature of this association is not entirely clear, however – an issue we return to later in the report.

Questions asked of secondary pupils in Falkirk about the consumption of sweets or chocolate, sugary drinks and diet drinks are similar to those asked of those aged 13 to 15 in the Scottish Health Survey in 2015 (SHeS). For each of these, the proportion reporting that they consumed the items every day was lower in Falkirk than it was across the whole of Scotland. However, this may be due to methodological differences playing a part.

For instance, 36% of those in S1 to S4 in Falkirk consumed sweets or chocolate every day compared with 46% of those aged 13 to 15 in SHeS; 24% consumed sugary drinks every day compared with 42% nationally; and 17% consumed diet drinks every day compared with 24% nationally. The proportion reporting consumption of crisps or fried potatoes every day (23%) was also lower than the national figure for the proportion of those aged 13 to 15 who ate crisps (not including fried potatoes) every day (32%).

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Table 2.2.2b Diet and nutrition** | | | | | | |
| How many times a week do you normally eat or drink the following things? | Every day | 5 or 6 days a week | 2 to 4 days a week | Once a week or less | *Weighted bases* | *Unweighted bases* |
| *Row percentages* | | | | | | |
| Fruit | 34 | 14 | 26 | 25 | *4107* | *4107* |
| Vegetables | 36 | 17 | 23 | 24 | *4064* | *4064* |
| Sweets or chocolate | 36 | 20 | 29 | 15 | *4081* | *4079* |
| Crisps or fried potatoes | 23 | 18 | 29 | 30 | *4069* | *4068* |
| Sugary drinks | 24 | 13 | 23 | 40 | *4082* | *4082* |
| Diet drinks | 17 | 11 | 20 | 52 | *4057* | *4056* |
| Fruit juice or smoothies | 28 | 16 | 19 | 38 | *4080* | *4079* |
|  |  |  |  |  |  |  |

*Source: RCS secondary school survey, Falkirk 2017*

Those in S1 were less likely than older children to consume sugary drinks daily (20% compared with 22-27%). And boys were more likely than girls to consume such drinks daily (26% compared with 21%), meaning that the highest figures for daily consumption were found among boys in S3 (28%) and S4 (29%).

A lower proportion of those living with two parents (21%) drank sugary drinks every day in comparison with those in other types of household (29% to 33%). Those with no siblings at home were also more likely to consume sugary drinks every day (27%) compared with those with one or more sibling at home (23%).

Consumption of sugary drinks was also strongly associated with the absence of family mealtimes. Those who never sat down to a meal with either parent were much more likely to consume sugary drinks daily: 37% doing so compared with 21% of those who sat down to a meal with at least one parent every day. Those who never (36%) or sometimes (25%) ate breakfast were substantially more likely to consume sugary drinks every day compared with 17% of those who ate breakfast every day.

Daily consumption of sugary drinks was also associated with higher levels of deprivation: consumption was nearly twice as high (31%) in the most deprived quintile as in the least deprived (17%). Similarly, daily consumption was higher among those eligible for free school meals (33% compared with 22% among those not eligible).

*Source: RCS secondary school survey, Falkirk 2017*

Around half of pupils (49%) reported eating breakfast every day with a further 33% eating breakfast some, but not all, days and 18% never eating breakfast. The proportion of pupils never eating breakfast tended to increase with age, rising from 13% in S1 to 22% in S3. Girls were also more likely to consistently skip breakfast compared with boys (21% compared with 14%).

Whether pupils skipped breakfast varied by area deprivation and free school meal eligibility. Those in the most deprived quintile (24%) and those eligible for free school meals (28%) were both more likely to regularly skip breakfast compared with those in the least deprived quintile (13%) and those ineligible for free school meals (17%).

Children living with two parents were less likely to skip breakfast (15%) compared with children living in single parent households (26%) or in step-families (21%).

### Mental health and wellbeing

While there has been an increasing recognition in recent years that children’s mental and emotional wellbeing is as important as their physical health – and that problems associated with mental illhealth often first emerge in late childhood and adolescence - local authority level data relating to such issues are not available.

### Strengths and Difficulties Questionnaire (SDQ) (Healthy, Achieving, Included)

The secondary school survey incorporated a commonly used tool for assessing social, emotional and behavioural development in children: Goodman’s Strengths and Difficulties Questionnaire (SDQ).[[4]](#endnote-4) This consists of 25 statements about the child’s behaviour, to which they can respond ‘not true’, ‘somewhat true’ or ‘certainly true’.

Responses can be combined to form five different measures, namely emotional symptoms (for example, excessive worrying), conduct problems (for example, often fighting with other children), hyperactivity (for example, constantly fidgeting), peer problems (for example, not having close friends), and prosocial behaviour (for example, being kind to others). The first four of these can also be combined into a total difficulties scale.

The scoring of SDQ previously resulted in the categories of ‘Normal’, ‘Borderline’ and ‘Abnormal’. In 2016 these were re-banded and different categories are now used. The scoring cut-offs have also been standardised to reflect a more recent, British sample. For the new banding, responses are classified as being ‘close to average’, ‘slightly raised’, ‘high’ and ‘very high’ on each of the scales. The ‘very high’ category indicates multiple emotional and behaviour problems have been identified

The exception being the prosocial scale which is divided into ‘close to average’, ‘slightly lowered’, ‘low’ and ‘very low’. With ‘very low’ indicating very little prosocial behaviour identified. The further the response from close to the average, the greater the potential cause for concern.

The legend on the chart below shows the categories for each of the difficulties scales, with the categories for the prosocial behaviour scale in brackets. More details of how the SDQ scales were created are provided in the appendix.

Across the various scales, between 61% and 81% of pupils in S1 to S4 were categorised as being close to average. The proportion deviating from the average was greatest in relation to both prosocial behaviour, implying there was less of this kind of positive behaviour (being kind to younger children, volunteering to help others, etc.) than might be expected and emotional symptoms, indicating a higher than expected level of emotional issues, such as feeling unhappy or being nervous in new situations.

*Source: RCS secondary school survey, Falkirk 2017*

Although SDQ has been reported on as part of SALSUS, the revision to the cut-off points means it is not possible to make direct comparisons with national data. Comparisons using the previous categories are provided at the end of this section. The revised measures were, however, validated on a UK sample of children aged 4 to 17, which found around 80% were categorised as close to average on each sub-scale. The higher score in the validated UK sample may be due to higher scores for the younger age group, although this presumes that the general pattern of scores declining as age increases shown in the RCS sample in Table 2.2.3b, are applicable to other age groups.

Within S1 to S4, older pupils were certainly more likely to have a raised total difficulty score: the proportion in this group increased from 27% in S1 (including 10% very high) to 42% in S4 (including 18% very high). This is largely driven by differences by age on the emotional symptoms scale (with the proportion with a raised score increasing from 32% in S1 to 48% in S4) and on the hyperactivity scale (the proportion with raised scores increased from 28% in S1 to 42% in S4); there were also raised difficulty scores by school year group for conduct problems and peer problems. On one set of measures, the prosocial scale, those in S1 scored worse than older pupils (30% with lowered prosocial behaviour, indicative of greater problems on this sub-scale compared with 40% to 45% in subsequent year groups).

Girls were more likely than boys to have a raised score on the total difficulties scale (37% raised, including 15% very high compared with 31% raised, including 12% very high for boys). This gender gap was especially pronounced in relation to the emotional symptoms scale (51% of girls with a raised score, including 25% very high compared with 25% of boys with a raised score, including 9% very high). The reverse pattern was found for the conduct scale (22% of boys raised including 5% very high compared with 15% and 4% respectively for girls). This reverse pattern was also seen on the prosocial scale, with a higher proportion of boys having a lowered score (50% lowered, including 17% very low compared with 28% of girls with a lowered score, including 8% very low).

Taken together, age and gender had a pronounced effect, such that almost half the girls in S4 (47%) had a raised total difficulties score, including 20% very high, and 66% of S4 girls had a raised emotional symptoms score, including 37% very high.

A higher proportion of those eligible for free school meals had a raised score on the total difficulties scale (50% compared with 33% of non-eligible pupils). The same was true for emotional problems (45% and 38% respectively) conduct problems (32% and 18% respectively), hyperactivity (45% and 33% respectively) and peer problems (42% and 32% respectively). There was no significant relationship between eligibility for free school meals and prosocial behaviour.

Those living with two parents were less likely to have a raised score on the total difficulties scale (30% compared with 44% of children living with just one parent and 45% of those in a step-family). The same was true for each of the subscales: emotional symptoms scale (36% compared with 44% and 46% respectively); conduct problems (16% compared with 24% and 25%); hyperactivity (30% compared with 42% and 41%); and peer problems (30% compared with 38% and 36%). On the prosocial scale, those in two parent households were less likely than those in single parent households to have a lowered (i.e. problematic) score (37% compared with 42%).

Those living with one or more siblings at home were less likely to have a raised score on the total difficulties scale (33%) compared with children with no siblings at home (42%). The same was true for the following sub scales: conduct problems (18% compared with 23%); hyperactivity (33% compared with 38%); and peer problems (31% compared with 37%). On the prosocial scale, those with one or more siblings at home were less likely than those with no siblings at home to have a lowered (i.e. problematic) score (38% compared with 42%).

There were also differences in SDQ scores according to area deprivation. In relation to the total difficulties scale, 44% living in the most deprived quintile had raised scores (i.e. not close to average), including 19% very high compared with 25% in the least deprived quintile, including 10% very high. Similar patterns were seen on each of the subscales.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Table 2.2.3b SDQ total difficulties** | | | | | | |
| SDQ total difficulties score | Close to average | Slightly raised | High | Very high | *Weighted bases* | *Unweighted bases* |
| *Row percentages* | | | | | | |
| All | 66 | 14 | 7 | 14 | *4090* | *4090* |
|  |  |  |  |  |  |  |
| S1 | 73 | 10 | 7 | 10 | *1032* | *1094* |
| S2 | 69 | 13 | 6 | 13 | *1052* | *1088* |
| S3 | 61 | 16 | 7 | 16 | *999* | *928* |
| S4 | 58 | 17 | 7 | 18 | *974* | *946* |
|  |  |  |  |  |  |  |
| Boys | 69 | 13 | 6 | 12 | *1924* | *1901* |
| Girls | 63 | 15 | 7 | 15 | *2093* | *2116* |
|  |  |  |  |  |  |  |
| SIMD quintile 1 (most deprived) | 56 | 17 | 8 | 19 | *543* | *541* |
| SIMD quintile 2 | 60 | 15 | 8 | 17 | *1112* | *1113* |
| SIMD quintile 3 | 64 | 15 | 6 | 14 | *729* | *729* |
| SIMD quintile 4 | 71 | 13 | 6 | 10 | *825* | *827* |
| SIMD quintile 5 (least deprived) | 75 | 11 | 4 | 10 | *874* | *873* |
|  |  |  |  |  |  |  |
| Eligible for free school meals | 50 | 18 | 11 | 21 | *433* | *435* |
| Not eligible for free school meals | 67 | 13 | 6 | 13 | *3656* | *3655* |
|  |  |  |  |  |  |  |
| No siblings at home | 58 | 17 | 8 | 17 | *858* | *856* |
| One or more siblings at home | 67 | 13 | 6 | 13 | *3144* | *3147* |
|  |  |  |  |  |  |  |
| Two parent household | 70 | 13 | 5 | 11 | *2712* | *2715* |
| One parent household | 56 | 16 | 10 | 18 | *754* | *754* |
| Step-family | 55 | 16 | 8 | 21 | *448* | *448* |
| Other household type | 40 | 20 | 8 | 32 | *87* | *86* |
|  |  |  |  |  |  |  |

*Source: RCS secondary school survey, Falkirk 2017*

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Table 2.2.3c SDQ prosocial behaviour** | | | | | | | | | |
| SDQ prosocial behaviour score | Close to average | | Slightly lowered | Low | | Very low | | *Weighted bases* | *Unweighted bases* |
| *Row percentages* | | | | | | | | | |
| All | 61 | 14 | | 12 | 13 | | *4185* | | *4186* |
|  |  |  | |  |  | |  | |  |
| S1 | 70 | 12 | | 10 | 7 | | *1070* | | *1135* |
| S2 | 60 | 13 | | 13 | 14 | | *1073* | | *1110* |
| S3 | 58 | 15 | | 14 | 14 | | *1017* | | *945* |
| S4 | 55 | 16 | | 13 | 15 | | *987* | | *959* |
|  |  |  | |  |  | |  | |  |
| Boys | 50 | 17 | | 16 | 17 | | *1979* | | *1957* |
| Girls | 72 | 11 | | 9 | 8 | | *2128* | | *2152* |
|  |  |  | |  |  | |  | |  |
| SIMD quintile 1 (most deprived) | 59 | 13 | | 15 | 14 | | *562* | | *561* |
| SIMD quintile 2 | 61 | 15 | | 13 | 12 | | *1147* | | *1148* |
| SIMD quintile 3 | 60 | 13 | | 12 | 15 | | *743* | | *743* |
| SIMD quintile 4 | 61 | 15 | | 11 | 12 | | *838* | | *840* |
| SIMD quintile 5 (least deprived) | 63 | 14 | | 12 | 11 | | *887* | | *886* |
|  |  |  | |  |  | |  | |  |
| Eligible for free school meals | 57 | 16 | | 13 | 15 | | *450* | | *452* |
| Not eligible for free school meals | 61 | 14 | | 12 | 12 | | *3734* | | *3734* |
|  |  |  | |  |  | |  | |  |
| No siblings at home | 58 | 14 | | 12 | 16 | | *884* | | *882* |
| One or more siblings at home | 62 | 14 | | 12 | 12 | | *3208* | | *3211* |
|  |  |  | |  |  | |  | |  |
| Two parent household | 63 | 13 | | 12 | 12 | | *2767* | | *2771* |
| One parent household | 58 | 16 | | 11 | 15 | | *777* | | *777* |
| Step-family | 56 | 16 | | 16 | 12 | | *457* | | *457* |
| Other household type | 46 | 14 | | 10 | 30 | | *89* | | *88* |
|  |  |  | |  |  | |  | |  |

*Source: RCS secondary school survey, Falkirk 2017*

To allow for some comparison, the chart below shows the SDQ scores for S2 and S4 pupils using the previous bandings for Scotland across 2010, 2013, and 2015, all from the Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS) as well as for Falkirk in 2010 and 2013 (from SALSUS) and 2017 (from the RCS secondary school survey). Although they cannot be directly compared with the new banding, it is possible to see that the proportion of S2 and S4 pupils in the ‘Normal’ band in 2017 was the same as for Scotland in 2015. The 2017 Falkirk figure halted the decline over time in the proportion categorised as ‘Normal’ that had been seen in Scotland from 2010 to 2015 and in Falkirk from 2010 to 2013.

*Source: RCS secondary school survey, Falkirk 2017 / SALSUS 2010, 2013 & 2015*

### Mental wellbeing (Healthy)

The secondary school survey also included the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS). This is another commonly used tool and provides a summary measure of *positive mental wellbeing* in adults and older children. It comprises 14 questions concerning how often the respondent had certain thoughts or feelings over the previous two weeks. Answer options ranged from ‘1 – None of the time’ to ‘5 – All of the time’. Responses to each question are added together, to give a scale from 14 to 70. Average scores are reported, with higher scores indicating greater wellbeing.

The average (mean) score for Falkirk pupils in S1 to S4 in 2016/17 was 49.4. This is slightly above the most recently published national figures from SALSUS for 2015 which showed an average of 48.4 for pupils in S2 and S4, a noticeable decline from 50.0 in 2010.

As with the SDQ scores, there was an age effect with WEMWBS mean scores declining from 51.0 in S1 to 47.5 in S4. A similar decline between S2 and S4 was seen in the national figures. Girls had a lower mean score than boys (47.6 and 51.3 respectively) – a gap which was similar to the national figures from 2015 (for 13 year olds, girls scored 48.2 and boys 51.4; for 15 year olds figures were 44.4 and 50.1 respectively).

The combined effects of age and gender mean that the highest mean scores were found among S3 boys (52.4), and the lowest among S4 girls (44.9).

Children in single-parent households and step-families had lower mean scores than those in two parent households (47.2 and 46.9 compared with 50.5) and those with no siblings at home also had a lower mean score than those with one or more siblings at home (48.5 compared with 49.6). There was a significant difference in mean scores between those that reported being very likely to talk to a family member about worries and those that were not at all likely (54.5 compared with 40.6).

Lower mean scores were also likely for those with additional support needs when compared with those without (mean scores of 48.2 and 49.6 respectively) and for those in receipt of children’s services (45.0 compared with 49.5 for those not in receipt).

There was also a significant difference by area deprivation, with mean scores of 48.1 to 49.0 in the three most deprived quintiles and 50.1 to 50.3 in the two least deprived quintiles. Similarly, pupils that were eligible for free school meals had lower mean scores than those that were not eligible (47.0 compared with 49.6).

Pupils who ate breakfast every day had a mean wellbeing score of 52.2 compared with a score of 48.1 among those who ate breakfast sometimes and 44.1 among those who never ate breakfast. The nature and direction of this relationship is not clear from the analysis conducted here.

A higher proportion of those who might be considered as having low wellbeing (see appendix) were identified as having additional support needs (19% compared with 15% of those with average levels of wellbeing and 13% of those with high levels of wellbeing).

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Table 2.2.3e WEMWBS** | | | | | |
| Overall WEMWBS score | Mean | Median | *Weighted bases* | *Unweighted bases* | |
| *Row percentages* |  |  |  | | |
| All | 49.4 | 50 | *3388* | | *3382* |
|  |  |  |  | |  |
| S1 | 51.0 | 51 | *808* | | *857* |
| S2 | 49.8 | 50 | *852* | | *882* |
| S3 | 49.4 | 51 | *825* | | *766* |
| S4 | 47.5 | 49 | *878* | | *853* |
|  |  |  |  | |  |
| Boys | 51.3 | 52 | *1617* | | *1594* |
| Girls | 47.6 | 48 | *1711* | | *1728* |
|  |  |  |  | |  |
| SIMD quintile 1 (most deprived) | 48.1 | 49 | *438* | | *435* |
| SIMD quintile 2 | 48.9 | 50 | *920* | | *918* |
| SIMD quintile 3 | 49.0 | 50 | *609* | | *608* |
| SIMD quintile 4 | 50.1 | 51 | *684* | | *685* |
| SIMD quintile 5 (least deprived) | 50.3 | 51 | *731* | | *730* |
|  |  |  |  | |  |
| Eligible for free school meals | 47.0 | 48 | *347* | | *347* |
| Not eligible for free school meals | 49.6 | 50 | *3041* | | *3035* |
|  |  |  | *Continued…* | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Table 2.2.3e - Continued** | | | | |
| Overall WEMWBS score | Mean | Median | *Weighted bases* | *Unweighted bases* |
| *Row percentages* |  |  |  | |
| No siblings at home | 48.5 | 49 | *727* | *725* |
| One or more siblings at home | 49.6 | 51 | *2586* | *2584* |
|  |  |  |  |  |
| Two parent household | 50.5 | 51 | *2250* | *2250* |
| One parent household | 47.2 | 48 | *620* | *617* |
| Step-family | 46.9 | 48 | *371* | *371* |
| Other household type | 45.0 | 49 | *73* | *71* |
|  |  |  |  |  |
| Additional support need | 48.2 | 49 | *522* | *519* |
| No additional support need | 49.6 | 50 | *2866* | *2863* |
|  |  |  |  |  |
| In receipt of children's services | 45.0 | 45 | *104* | *104* |
| Not in receipt of children's service | 49.5 | 50 | *3284* | *3278* |
|  |  |  |  |  |

*Source: RCS secondary school survey, Falkirk 2017*

Consistent with evidence from elsewhere about key predictors of subjective wellbeing among children and young people,[[5]](#endnote-5) WEMWBS scores were also related to many aspects of the social and place domains. For example, higher mean wellbeing scores were observed for children who agreed they enjoyed spending time with their family (50.7 compared with 40.5 for those who disagreed). Similarly, mean wellbeing scores were higher for those who agreed that pupils at their school treated each other with respect (51.9 compared with 45.5 for those who disagreed), and for those who agreed their teachers made them want to do well (51.4 compared with 42.7 for those who disagreed).

Attitude towards school as a whole appears to be a particularly powerful predictor of positive mental wellbeing: mean wellbeing was particularly high for those who liked school a lot (55.2 compared with just 39.4 for those who did not like it at all).

Other social scientific studies have suggested that there is a link between wellbeing and experience of being bullied. Those who said they had been hit, kicked, punched or physically threatened in the last month had a mean score of 44.8, compared with 50.2 for those who had not been physically bullied. Those who said they had been teased or called names, either in person or online, had a mean wellbeing score of 45.8, compared with 51.2 for those who had not been teased. And those who had rumours or lies spread about them, or were excluded from groups, either online or in person, had a mean wellbeing score of 45.8, compared with 51.3 for those who were not excluded in this way.

Pupils with more friends tended to have higher levels of wellbeing: those with three or more close friends had a mean score of 50.4, compared with 43.6 for those with none or just one close friend.

Body image is another factor that has been shown to be related to subjective wellbeing in other studies. Those who said in the secondary survey that they were very happy with the way they look had a mean WEMWBS score of 55.4, while those who said they were not at all happy with the way they look had a mean score of 36.6 (those who said they didn’t care about the way they look had a mean score of 49.2).

Wellbeing scores were also related to pupils’ feelings about the area in which they lived. For example, those who agreed that they could trust people in the area had a mean score of 51.5 compared with 44.6 for those who disagreed.

*Source: RCS secondary school survey, Falkirk 2017*

### Smoking, drinking and drugs

### Smoking (Healthy, Responsible)

The survey suggests that the general downward trend in smoking rates across the UK as a whole is being mirrored among S1 to S4 pupils in Falkirk – although particular groups of young people remain disproportionately affected.

Overall, 5% of pupils in S1 to S4 in Falkirk indicated that they currently smoke. Comparison with national figures from SALSUS showed similar levels of current smoking in Falkirk both for pupils in S2 (4% in Falkirk compared with 3% in the national SALSUS sample) and S4 (9% compared with 12% respectively). (These comparisons are especially robust because they are based on the same survey vehicle.)

The 5% who currently smoke comprised 2% who usually smoke more than six cigarettes a week; 1% who smoke between one and six per week; and 2% who only smoked occasionally.

Not surprisingly, smoking prevalence rose with age: 5% of children in S1 had *ever* smoked, including less than 1% who currently smoke compared with 30% in S4, including 9% who currently smoke. Gender was not significantly associated with smoking in Falkirk.

Current smoking was more prevalent in the most deprived quintile than in the least deprived (6% compared with 3%), with experience of smoking ever reducing from 24% in the most deprived quintile to 13% in the least deprived. Current smoking was similarly more prevalent among those eligible for free school meals than among those not eligible (8% and 5% respectively).

Those who lived with two parents were less likely to currently smoke (4% of current smokers compared with 7% to 28% in other household types) or to have ever smoked (13% compared with 25% to 46% in other situations). Those with siblings were also less likely to smoke (4% compared with 9% of those without siblings).

Smoking was noticeably more prevalent among those with low wellbeing. Of those with low wellbeing (classed as one or more standard deviation below the mean on the WEMWBS scale), 12% were current smokers compared with 4% of those with average wellbeing.

Current smoking among pupils was also powerfully related to the extent to which those around them smoked. More than half (59%) of those who reported that all or almost all of their friends smoked were current smokers compared with less than 1% of those who reported that none of their friends smoked. And 11% of pupils who reported that family members smoked were current smokers compared with 4% of those who reported that no family members smoked.

Smoking habits were also related to peer pressure and other behaviours like alcohol consumption, with 11% of pupils who reported feeling pressured by friends or people they know to act tough or hard being current smokers compared with 5% of pupils who felt only a little or no such pressure from those around them. The link with alcohol use was especially pronounced: around a third (32%) of pupils who drank in the past week were current smokers compared with less than 1% of those who never drank alcohol.

Those who agreed there was nothing for young people to do where they lived were also more likely to be current smokers (6% compared with 3% of those who disagreed) – although it is not possible to determine whether one drives the other and, if so, which.

*Source: RCS secondary school survey, Falkirk 2017*

### E-cigarette use (Healthy, Responsible)

Secondary pupils were also asked about their use of electronic cigarettes. Around one in five children (23%) had *ever* used e-cigarettes, although only 2% used them regularly (at least once a week).

|  |  |
| --- | --- |
| Table 2.2.4b E-cigarette smoking status | |
| *Column percentages* | |
| Never used an e-cigarette | 77 |
| Used to use e-cigarettes but don't use them anymore | 2 |
| Tried an e-cigarette once | 8 |
| Tried e-cigarettes a few times | 8 |
| Use e-cigarettes sometimes, but no more than once a month | 1 |
| Use e-cigarettes once a week or more | 2 |
| Weighted base | 4342 |
| Unweighted base | 4342 |

*Source: RCS secondary school survey, Falkirk 2017*

Again, use of e-cigarettes tended to increase with age. Only 1% of children in S1 described themselves as current users of e-cigarettes, compared with 6% in S4. Only 8% of those in S1 had ever tried e-cigarettes, rising to 34% in S4. Figures for S2 (19%) and S4 (34%) were quite close to the national averages of 15% and 32% respectively from the full SALSUS survey.[[6]](#endnote-6) Prevalence of having ever used e-cigarettes was higher among boys than girls (25% compared with 20% respectively).

Prevalence of ever having tried e-cigarettes mirrored the patterns for smoking in terms of area deprivation, eligibility for free school meals, type of household and number of siblings.

Currentcigarette smokers were more likely to also be current e-cigarette users compared with ex-cigarette smokers (39% compared with 8% respectively).

### Exposure to smoke in the home (Safe, Healthy)

Children who are exposed to second-hand smoke have an increased risk of a wide range of health problems and illnesses.[[7]](#endnote-7) Secondary pupils were asked whether anyone smokes inside their home (including smoking out of a window or at / just outside an open door).

Wider evidence indicates that smoking rates in the adult population are reducing,[[8]](#endnote-8) and that there is also a downward trend in exposure to second-hand smoke. However around one in seven S1 to S4 pupils (15%) said they were exposed every day or most days to smoke inside their home, and a further 13% said they were exposed sometimes. Moreover, risk of exposure was markedly higher among those living in deprived areas and those eligible for free school meals.

For example, pupils living in the most deprived quintile were markedly more likely than those in the least deprived quintile to be exposed to second-hand smoke every day or most days (22% compared with 6%). Prevalence of exposure to smoke every day or most days was also much higher among those eligible for free school meals (28% compared with 13% of those not eligible).

Prevalence of exposure also varied with family type: 12% of those living with two parents were exposed most days, compared with 20-32% of those living in other situations. Those without siblings were also more likely to be exposed every day (18%) compared with those with siblings (14%).

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Table 2.2.4c Exposure to second-hand smoke** | | | | | | | | | | |
| Does anyone smoke inside your home? Please include times when someone smokes out of a window or at / just outside an open door | Yes - every day / most days | | Yes - sometimes | No - never | | *Weighted bases* | | *Unweighted bases* | |
| *Row percentages* | | | | | | | | | | |
| All | 15 | 13 | | | 72 | | *4312* | | *4310* | |
|  |  |  | | |  | |  | |  | |
| SIMD quintile 1 (most deprived) | 22 | 22 | | | 56 | | *576* | | *574* | |
| SIMD quintile 2 | 21 | 16 | | | 62 | | *1187* | | *1186* | |
| SIMD quintile 3 | 17 | 14 | | | 69 | | *771* | | *770* | |
| SIMD quintile 4 | 8 | 10 | | | 82 | | *859* | | *861* | |
| SIMD quintile 5 (least deprived) | 6 | 7 | | | 87 | | *912* | | *911* | |
|  |  |  | | |  | |  | |  | |
| Eligible for free school meals | 28 | 28 | | | 44 | | *467* | | *468* | |
| Not eligible for free school meals | 13 | 12 | | | 75 | | *3845* | | *3842* | |
|  |  |  | | |  | |  | |  | |
| No siblings at home | 18 | 15 | | | 67 | | *930* | | *928* | |
| One or more sibling at home | 14 | 13 | | | 73 | | *3271* | | *3272* | |
|  |  |  | | |  | |  | |  | |
| Two parent household | 12 | 10 | | | 78 | | *2827* | | *2829* | |
| One parent household | 20 | 20 | | | 60 | | *804* | | *802* | |
| Step-family | 21 | 22 | | | 57 | | *472* | | *472* | |
| Other household type | 32 | 18 | | | 51 | | *99* | | *97* | |
|  |  |  | | |  | |  | |  | |

*Source: RCS secondary school survey, Falkirk 2017*

### Drinking (Healthy, Responsible, Safe)

Around 2 in 5 pupils in S1 to S4 (39%) indicated that they had ever had a proper alcoholic drink (a whole drink, not just a sip). Not surprisingly, there was considerable variation by age, rising from 12% of those in S1 to 67% in S4. The figure for pupils in S2 and S4 are close to the national figures (30% of those in S2 compared with the national average of 28% and 67% for those in S4 compared with the national figure of 66%).[[9]](#endnote-9)

Interestingly there was no significant difference in the prevalence of ever having drunk alcohol by gender, area deprivation or by eligibility for free school meals. There was, however, greater variation by family structure: 36% of those living with two parents had ever had an alcoholic drink, as had 46% in one parent households and 47% living with a step-parent. Those with no siblings at home were more likely to have ever had an alcoholic drink than those with one or more siblings (47% compared with 37% respectively).

There was a very clear association between drinking and feelings about where pupils lived. Those who agreed there was nothing for young people to do in the local area were markedly more likely to have ever drunk alcohol (48% compared with 28% for those who disagreed).

There was a similarly clear association between drinking and mental wellbeing. Those with low mental wellbeing were more likely to ever have drunk alcohol (60% compared with 39% of those with average wellbeing and 29% of those with above average). This suggests that tackling wellbeing may also have a positive impact on tackling alcohol use.

Pupils who reported that they feel pressured by their friends or people they know to act tough or hard were more likely to have ever drunk alcohol than those who felt no pressure (52% compared with 38%).

Smoking and drinking were also associated with one another with those who were current cigarette smokers more likely to have ever drunk alcohol, 97% compared with 84% of those who were ex-smokers and 28% of those who had never smoked.

*Source: RCS secondary school survey, Falkirk 2017*

As the following table shows, most of those who had tried alcohol drank relatively rarely: 4% of pupils said that they drank alcohol at least once a week, although this rose to 9% by S4.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Table 2.2.4e Frequency of drinking alcohol | | | | | |
| How often do you usually have an alcohol drink? | S1 | S2 | S3 | S4 | All |
| *Column percentages* | | | | | |
| Almost every day | 0 | 0 | 1 | 1 | 1 |
| About twice a week | 0 | 1 | 3 | 5 | 2 |
| About once a week | 0 | 1 | 5 | 9 | 4 |
| About once a fortnight | 0 | 2 | 8 | 10 | 5 |
| About once a month | 1 | 5 | 8 | 13 | 7 |
| Only a few times a year | 7 | 16 | 20 | 26 | 17 |
| Never drink alcohol | 91 | 74 | 55 | 36 | 65 |
| Weighted base | 1063 | 1048 | 1010 | 987 | 4148 |
| Unweighted base | 1127 | 1084 | 938 | 958 | 4148 |

*Source: RCS secondary school survey, Falkirk 2017*

Around a quarter (22%) of pupils had ever been drunk, rising from 5% in S1 to 45% in S4. This was more common among those eligible for free school meals than among those not eligible (29% compared with 22%). There was also considerable variation by household type: 19% of those living with two parents had ever been drunk compared with 30% of those in single parent households, 27% of those in a step-family and 47% of those living with neither parent; and 31% of those with no siblings at home had ever been drunk compared with 20% of those with siblings.

In terms of the national picture, data from SALSUS 2015 showed that two-thirds of those in S4 (66%) and around a quarter (28%) of those in S2 had ever had an alcoholic drink. These figures include 17% in S4 and 4% in S2 who had had a drink in the previous week. Figures for Falkirk show slightly higher levels of consumption among those in S2 (30% had ever had an alcoholic drink and 5% in the last week), and in S4 (67% had ever had a drink, including 19% who had drunk in the last week).

### Drugs (Healthy, Responsible, Safe)

Overall, 8% of pupils in S1 to S4 indicated that they had ever taken any of a list of illicit or illegal drugs. This figure rose significantly with age, from 1% in S1 to 18% in S4. Figures for S2 (4%) and S4 (18%) were close to the national average from SALSUS in 2015 (which were 5% and 19% respectively).[[10]](#endnote-10)

There was also some variation across the subgroups, most notably by household type, with 6% of pupils living with two parents ever having taken any drugs, compared with 12% in one parent households, 10% in step-families, and 30% in other household types. Those with no siblings at home were more likely to have ever taken drugs than those with one or more siblings (11% compared with 8%). Boys were also more likely than girls to report having ever taken drugs (10% and 7% respectively). There was also slight variation by area deprivation with 9% in the most deprived quintile ever having taken drugs compared with 6% in the least deprived quintile.

As with alcohol use, those who agreed there was nothing for young people to do in the local area were more likely to have taken drugs (10% compared with 5% of those who disagreed). Those who reported being pressured (a lot, quite a lot or a little) to take drugs were more likely to have ever taken drugs (19%, 37% and 40% respectively) compared with those who had not been pressured (5%).

Alcohol consumption and smoking status were also related to drug use with those who drank alcohol in the last week being more likely to have ever taken drugs, (44% compared with 16% of those that had drank alcohol, but not in the last week and 1% of those that had never drunk alcohol). Current smokers were also more likely to have ever taken drugs, 71% compared with 27% of ex-smokers and 2% of those who had never smoked.

Figures for use in the last month were similar to the national average, with 5% of all pupils in S1 to S4 having taken drugs in the last month, less than 1% of those in S1, 3% in S2, 7% in S3 and 11% in S4. National figures for S2 and S4 were 3% and 11% respectively. Patterns for use in the last month across the subgroups matched those of pupils who had ever used drugs.

*Source: RCS secondary school survey, Falkirk 2017*

Of the 8% of pupils who had ever taken any type of drug around half (54%, or 5% of the sample as a whole) had taken cannabis in the last month, with 7% having ever ever taken cannabis. The next most commonly taken drugs in the last month were ecstacy (18%), MDMA powder (13%), and cocaine (12%).

*Source: RCS secondary school survey, Falkirk 2017*

*Note: A bogus drug Semeron was included in the list of drugs as a check on responses. Fewer than 0.5% of participants reported using semeron, and all those who reported use of semeron also reported the use of other drugs.*

## Social wellbeing

This section covers sub-areas of wellbeing related to the social domain, namely family, educational and learning environment, and peer relationships and friendships. Several of these measures are associated with indicators of mental and emotional wellbeing.

### Family

### Time spent with family (Nurtured, Included)

Secondary pupils were asked how much they agreed or disagreed with a number of statements about family life.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Table 2.3.1a Time spent with family | | | | | | | |
|  | Strongly agree | Tend to agree | Neither | Tend  to disagree | Strongly disagree | *Weighted bases* | *Unweighted bases* |
| *Row Percentages* | | |  |  |  |  |  |
| My parents/carers treat me fairly | 69 | 23 | 5 | 2 | 1 | *3851* | *3851* |
| I enjoy spending time with my family | 58 | 28 | 8 | 4 | 2 | *3813* | *3813* |
| Members of my family shout at each other a lot | 8 | 13 | 15 | 20 | 44 | *3800* | *3797* |
| I get to decide on how I spend most of my spare time | 56 | 31 | 7 | 3 | 2 | *3944* | *3942* |
|  |  |  |  |  |  |  |  |

*Source: RCS secondary school survey, Falkirk 2017*

Overall, the responses suggest that family life and relationships are viewed positively by most young people. Nearly all pupils (92%) agreed (either strongly or tend to agree) that their parents or carers treated them fairly and 86% agreed that they enjoyed spending time with their family. Most pupils (88%) also agreed that they get to decide how to spend most of their spare time.

As pupils got older, they were more likely to agree that their family shout a lot (17% in S1, rising to 24% in S4). There were also differences by age in relation to the other statements, younger pupils were more likely to agree that they enjoy spending time with their family (93% of those in S1 declining to 81% in S4) and to agree that their parents treat them fairly (95% in S1 compared with 91% in S4). There was no association with age and pupils deciding how they spend their spare time.

On a perhaps less positive note, around a fifth (21%) agreed that members of their family shout at each other a lot – although, of course, shouting is not in itself an indicator of highly problematic family relationships.

Those living in two parent households were less likely to say their families shout a lot (17% compared with 26-44% in other household types). Shouting also increased with deprivation, reported by 15% of those in the least deprived quintile, rising to 25% in the most deprived quintile. Similarly, it was reported more frequently by those eligible for free school meals (29% compared with 20% of those not eligible).

Those living in step-families were less likely to agree: that they enjoyed spending time with their family (80% compared with 88% of those living with two parents and 83% with a single parent), and that their parents or carers treated them fairly (89% compared with 94% living with two parents and 91% living with one).

Those eligible for free school meals were less likely: to say that they enjoy spending time with their family (82% compared with 86% of those not eligible) and to agree that they can decide on how they spend their spare time (83% compared with 88% respectively).

There was very little variation by gender across these statements, or by area deprivation, except in relation to shouting.

*Source: RCS secondary school survey, Falkirk 2017*

### Family meals (Healthy, Nurtured, Included)

Previous research has found a link between eating meals as a family and greater psychological wellbeing among adolescents[[11]](#endnote-11) and having a healthier diet among children.[[12]](#endnote-12)

Over half (55%) of secondary school pupils said they usually sit down to eat a main meal with one or both of their parents or carers every day, with a further 17% doing so 4 to 6 days a week. One in ten children (11%) said they hardly ever or never do so. These findings appear broadly comparable with the Scottish Health Survey which found a similar proportion (57%) of children aged 12 to 15 across Scotland sat down to a main meal with their parents at least seven times a week.

The proportions eating a main meal with their parents or carers every day declined with age, from 61% in S1 to 52% in S4. There was also variation according to area deprivation, with the proportion lowest in the most deprived quintile (45%) and highest in the two least deprived (58%-61%). Similarly, those eligible for free school meals were less likely to eat a meal every day with their parents or carers than those who were not eligible (47% and 56% respectively).

Those living with both parents were more likely to sit down to a main meal every day with a parent or carer (58%) than those living with one parent (45%) or in a step-family (49%). Those with siblings at home were also more likely to do so than those without (56% and 51% respectively).

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Table 2.3.1c Family meals** | | | | | | | |
| On how many days a week would you usually sit down to eat a main meal (at lunchtime or in the evening) with one or both of your parents or carers? | Every day | 4-6 days a week | 2-3 days a week | Once a week | Hardly ever or never | *Weighted bases* | *Unweighted bases* |
| *Row percentages* | | | | | | | |
| All | 55 | 17 | 11 | 6 | 11 | *4062* | *4061* |
|  |  |  |  |  |  |  |  |
| S1 | 61 | 16 | 10 | 5 | 10 | *1024* | *1086* |
| S2 | 54 | 18 | 11 | 6 | 11 | *1031* | *1067* |
| S3 | 53 | 18 | 12 | 5 | 12 | *991* | *921* |
| S4 | 52 | 17 | 13 | 7 | 12 | *981* | *953* |
|  |  |  |  |  |  |  |  |
| SIMD quintile 1 (most deprived) | 45 | 18 | 12 | 9 | 16 | *536* | *535* |
| SIMD quintile 2 | 51 | 16 | 13 | 6 | 15 | *1102* | *1101* |
| SIMD quintile 3 | 57 | 17 | 9 | 6 | 11 | *733* | *734* |
| SIMD quintile 4 | 61 | 15 | 11 | 5 | 9 | *820* | *822* |
| SIMD quintile 5 (least deprived) | 58 | 20 | 11 | 5 | 6 | *864* | *862* |
|  |  |  |  |  |  |  |  |
| Eligible for free school meals | 47 | 15 | 14 | 6 | 18 | *435* | *436* |
| Not eligible for free school meals | 56 | 17 | 11 | 6 | 10 | *3627* | *3625* |
|  |  |  |  |  |  |  |  |
| No siblings at home | 51 | 16 | 13 | 7 | 14 | *862* | *860* |
| One or more sibling at home | 56 | 18 | 11 | 5 | 11 | *3108* | *3110* |
|  |  |  |  |  |  |  |  |
| Two parent household | 58 | 17 | 10 | 5 | 9 | *2683* | *2685* |
| One parent household | 45 | 17 | 14 | 7 | 17 | *746* | *745* |
| Step-family | 49 | 16 | 14 | 7 | 14 | *453* | *453* |
| Other household type | 46 | 14 | 13 | 7 | 21 | *89* | *87* |
|  |  |  |  |  |  |  |  |

*Source: RCS secondary school survey, Falkirk 2017*

### Young carers (Included)

Around one in eight children (12%) in S1 to S4 indicated that they were young carers – in other words that they care for or look after someone in their home because, for example, of a long-term illness or disability.

This figure is substantially higher than was found at national level among those aged 13 to 15, using data from the Scottish Health Survey (8%). While this difference may be due to slight differences in methodology and question wording, it suggests an issue that may be worth exploring further using other sources of data.

Interestingly, the prevalence of young carers declined with age. While there may be a methodological reason for this, with different understandings of the question between those in the younger and older year groups, such differences were not apparent during cognitive testing of the questionnaire.

There were also, however, marked differences by area deprivation and free school meal eligibility and these are unlikely to be accounted for by methodological issues. Pupils in the most deprived quintile were more likely than those in the other quintiles to identify as young carers (20%, declining to 7% in the least deprived quintile). Those eligible for free school meals were significantly more likely than other children to identify themselves as carers (30% doing so compared with 10% of those not eligible).

### Talk to family member about worries (Nurtured, Included)

Pupils were asked how likely would they be to talk to a family member if they were really worried about something. Overall, three in five pupils (60%) said they were either fairly likely or very likely to talk to a family member.

There was, however, some variation in the responses. Younger people were more likely to talk to a family member (68% of S1 pupils answering fairly likely or very likely compared with 53% of those in S4). Those in the least deprived areas were also more likely to talk to a family member (64% of those living in the least deprived quintile compared with 53% of those living in the most deprived quintile). Finally, pupils living in a two parent household were more likely to talk to a family member if they were worried about something (65%) compared with those living in a one parent household (55%) and those living in a step-family (51%).

### Worry about family members’ health (Healthy, Responsible)

Pupils were then asked two broad questions about worrying about their families: how much they worry about the health of someone in their family and how much they worry about adults drinking too much alcohol at home. It should be emphasised that these are measures of worry not actual prevalence of the thing being worried about.

Overall, a third (33%) reported that they worried a lot about a family member’s health, 31% quite a lot, 27% not very much, and 9% not at all. Levels of worry about adults drinking too much were lower: 9% reported worrying a lot, 9% quite a lot, 29% not very much, and 53% not at all.

Girls were more likely than boys to worry about a family member’s health (67% of girls worrying a lot or quite a lot compared with 61% of boys), as were those living in more deprived areas (71% living in the most deprived quintile compared with 58% in the least deprived). The proportion who said that they worried a lot or quite a lot about a family member’s health was also higher among those eligible for free school meals (73% compared with 63% of those not eligible), those living in one parent households (70%) compared with those living in a step-family (65%) or in a two parent household (62%), and those with no siblings at home (67%) compared with those with siblings (63%).

The proportion who worried a lot or quite a lot about adults drinking too much at home differed significantly by age, with the older pupils being less likely to worry a lot or quite a lot (16% of those in S4 compared with 21% in S1). There were also variations by area deprivation, with 22% of those in the most deprived quintile worrying a lot or quite a lot compared with 16% in the least deprived quintile (16%). Pupils eligible for free school meals were more likely to worry a lot or quite a lot (23% compared with 17% of those not eligible). Pupils living in step-families or in one parent households tended to worry more about their parents drinking than those living in two parent households (22% and 21% respectively, compared with 16% in two parent families). Finally, those with no siblings were more likely to worry than those with siblings (21% compared with 17%).

### Educational and learning environment

### Educational enjoyment and engagement (Achieving, Included)

There was a mixed picture in terms of attitudes towards school. In total, 72% of pupils indicated that they liked school, either a lot (21%) or a bit (51%). However, 28% did not like school very much (19%) or at all (9%).

Age and gender were factors here, with a steep decline from those in S1 (80%) to those in S4 (60%) saying they liked school and boys being more likely than girls to say they liked school (75% compared with 69% respectively).

A higher proportion of those living with two parents (75%) said they liked school compared with those living in a one parent household, in a step-family or in another type of household (65%, 66% and 56% respectively).

Those eligible for free school meals (63%) were less likely than those not eligible (73%) to say they liked school, and those in receipt of children’s services (57%) were markedly less likely than those not in receipt (72%). Pupils with additional support needs were also less likely to do so, 68% compared with 72% of pupils with no additional support needs.

*Source: RCS secondary school survey, Falkirk 2017*

When asked how often they felt strained or pressured by schoolwork, around a third of pupils (31%) said that they feel that way a lot of the time, 56% that they sometimes do and 13% that they never feel that way. Not surprisingly perhaps, the proportion feeling strained or pressured a lot of the time rose with age from 17% in S1 to 54% in S4. It was also higher for girls (38%) than boys (23%) and highest of all among girls in S4 (69%), which was substantially higher than for all other age and gender groups with S3 girls feeling the next most strained by schoolwork (41%) followed by S4 boys (40%).

Those living with one parent (36%) were more likely to feel strained or pressured by school work than those living with two parents (29%), as were those with no siblings at home compared with those with one or more siblings (36% compared with 30% respectively).

Feeling pressured or strained by schoolwork was also associated with friendships, those who reported that all their close friends work hard were less likely to feel pressured, 29% in comparison with those who have some close friends (38%) or no close friends (42%) who work hard. Pupils with additional support needs were in fact less likely to feel pressured and strained by school work, 25% compared with 32% of those without.

The majority (60%) of children indicated that they had not skipped school in the past year, but 22% said they had done so once or twice, 13% between three and ten times and 5% more than ten times. The proportion who had reported truanting in the last year was higher among boys (42% compared with 37% of girls), those eligible for free school meals (51% compared with 39% of those not eligible), and those living in the most deprived quintile (46% falling to 34% in the least deprived). Truancy was less prevalent among those in a two parent household (36%) than those in a one parent household, a step-family or other type of household (50%, 47% and 56% respectively), and among those with siblings at home (39% compared with 44% of those without). Those with an additional support need (46%) were more likely to have skipped school in the past year than those without (39%), and more starkly, more than half of those in receipt of children’s services (54%) reported having skipped school, compared with four in ten (40%) of those not in receipt.

Since starting secondary school, 8% of pupils had been 'excluded' at some point. It should be noted that pupils’ understanding of this may not coincide with schools' own definitions of what constitutes exclusion and may even mean that pupils feel excluded in another manner, e.g. peer groups.

Self-reported exclusion did not increase with age but boys were more likely than girls to report exclusion (9% compared with 7%. There were higher levels of exclusion among those eligible for free school meals (12% compared with 8% for those not eligible) and those living in the three most deprived quintiles (9%-11%) compared with those living in the two least deprived (5% and 6% respectively). Those receiving children’s services were also more likely to self-report exclusion (29% compared with 7% for those not receiving them). Those with additional support needs generally reported exclusion more than those without (15% compared with 7% for those without). Those without siblings at home (11% compared with 7% of those with one or more siblings at home), and those living with neither parent also had higher rates or self-reported exclusion (33% compared with 6% of those in a two parent household, 10% in a one parent household and 12% in a step-family).

### Perception of school

Next, pupils were asked how often they find school interesting and how often they find it a waste of time. Overall, 20% said that they find school a waste of time ‘most’ or ‘all of the time’ while more than double (45%) said they find school interesting ‘most’ or ‘all of the time’.

As pupils got older, they were more likely to say school is a waste of time most or all of the time (17% in S1 compared with 25% in S4) and less likely to say it is interesting most or all of the time (51% in S1 compared with 37% in S4). Those living in the most deprived areas were also more likely to say school is a waste of time most or all of the time (22% compared with 16% of those living in the least deprived areas) and less likely to say it is interesting most or all of the time (42% compared with 48% respectively).

Family structure also played a role in how pupils evaluated school, with pupils with no siblings being more likely to find school a waste of time (23% compared with 19% of those with siblings) and less likely to find it interesting (41% compared with 45% respectively). Similarly, those living in step-families or in one parent households were more likely to find school a waste of time (26% and 23% respectively, compared with 18% of those living with two parents) and less likely to find school interesting (37% of those in step-families and 41% in one parent households, compared with 48% in two parent households).

In addition those receiving free school meals were more likely to find school a waste of time (27% compared with 19% not receiving free school meals), although there was no significant difference in whether they find school interesting. Also, boys were more likely to find school interesting (47% compared with 43% of girls) but there were no differences by gender in relation to whether they found school a waste of time.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Table 2.3.2b Finds school interesting** | | | | | | |
| How often do you find school interesting? | All of the time | Most of the time | Some of the time | Never | *Weighted bases* | *Unweighted bases* |
| *Row percentages* | | | | | | |
| All | 7 | 38 | 46 | 9 | *4210* | *4212* |
|  |  |  |  |  |  |  |
| S1 | 10 | 41 | 41 | 8 | *1080* | *1145* |
| S2 | 7 | 40 | 43 | 9 | *1082* | *1119* |
| S3 | 7 | 36 | 49 | 8 | *1017* | *945* |
| S4 | 4 | 33 | 53 | 10 | *994* | *945* |
|  |  |  |  |  |  |  |
| Boys | 7 | 39 | 44 | 9 | *2007* | *1934* |
| Girls | 7 | 37 | 48 | 9 | *2130* | *2154* |
|  |  |  |  |  |  |  |
| SIMD quintile 1 (most deprived) | 8 | 33 | 49 | 10 | *571* | *570* |
| SIMD quintile 2 | 6 | 35 | 47 | 11 | *1159* | *1159* |
| SIMD quintile 3 | 7 | 37 | 46 | 10 | *747* | *747* |
| SIMD quintile 4 | 7 | 42 | 44 | 8 | *835* | *838* |
| SIMD quintile 5 (least deprived) | 7 | 41 | 45 | 7 | *891* | *890* |
|  |  |  |  |  |  |  |
| Eligible for free school meals | 8 | 33 | 46 | 13 | *456* | *458* |
| Not eligible for free school meals | 7 | 38 | 46 | 9 | *3754* | *3754* |
| No siblings at home | 7 | 34 | 46 | 13 | *895* | *893* |
| One or more siblings at home | 7 | 39 | 46 | 8 | *3221* | *3225* |
|  |  |  |  |  |  |  |
| Two parent household | 7 | 40 | 45 | 8 | *2786* | *2786* |
| One parent household | 7 | 34 | 48 | 12 | *784* | *783* |
| Step-family | 4 | 32 | 52 | 12 | *461* | *462* |
| Other household type | 5 | 25 | 49 | 21 | *88* | *87* |
|  |  |  |  |  |  |  |

*Source: RCS secondary school survey, Falkirk 2017*

Pupils were then asked how often they feel unhappy at school, with 22% reporting that they feel unhappy most or all of the time and 27% saying they never feel unhappy at school. Those who were more likely to feel unhappy at school most or all of the time included older pupils (32% of those in S4 compared with 15% in S1) and girls (25% compared with 19% of boys), with girls in S4 especially likely to do so (38%).

Those living in the most deprived areas were also more likely to feel unhappy at school (25% compared with 17% of those living in the least deprived quintile), as were those in receipt of free school meals (29% compared with 21% not in receipt of free school meals), those with no siblings (26% compared with 21% with siblings), and those living in one parent households (28%) or in step-families (29%) compared with those living with two parents (19%).

### Effort and behaviour at school

Most pupils (86%) said that they try their best at school most or all of the time. However, some variation was evident with the most notable difference existing between different year groups, with 91% of the pupils in S1 reporting that they try their best most or all of the time compared with 82% of pupils in S4. In addition, those most likely to say they tried their best at school were: girls (88% compared with 85% of boys), those living in the least deprived quintile (89% compared with 83% of those living in the most deprived quintile), those not in receipt of free school meals (87% compared with 81% in receipt of free school meals), those with siblings (87% compared with 83% with no siblings), and those living with two parents (89% compared with 80% of those living in one parent households and 83% living in step-families).

Pupils were asked both how often they misbehave and how often others misbehaved in their class. Overall, 41% said they misbehaved at least some of the time, and 58% said that other pupils misbehaved in lessons most or all of the time.

Younger pupils were more likely to say they misbehaved most or all of the time (6% in S1 compared with 5% in S4) and that other pupils misbehaved in lessons (59% in S1 compared with 46% in S4). Boys were more likely to say that they misbehaved (9% compared with 5% of girls), whereas girls were more likely than boys to say that others misbehaved in lessons (60% compared with 56% of boys). Those living in the most deprived quintile were more likely to say both that they misbehaved (10% compared with 5% of those in the least deprived quintile) and that others misbehaved (63% compared with 53% of those living in the least deprived quintile), as were those living in step-families compared with those living in one parent households or those living in two parent households. Those in receipt of free school meals were more likely than those not in receipt to say they misbehaved (53% compared with 40%) but there was no significant difference in the views on the behaviour of others.

Those who said that all of their friends got into a lot of trouble at school and those who said that people misbehaved in lessons all of the time were more likely to say they misbehaved in lessons at least some of the time. For example, four out of five (80%) of those whose friends got into trouble a lot misbehaved themselves in lessons compared with only around one in five (22%) whose friends never got into trouble.

### Fatigue and difficulty concentrating at school

Overall, about a third (32%) of pupils found it difficult to concentrate on schoolwork most or all of the time, while 18% said that they never found it difficult. Older pupils found if more difficult to concentrate (39% of those in S4 compared with 29% in S1), as did those with no siblings (38% compared with 30% of those with siblings), and those living in one parent households or step-families (40% and 35% respectively) compared with 29% of those living in two parent households. Those living in the most deprived quintile were also more likely to find it difficult to concentrate (36% compared with 25% of those living in the least deprived quintile), as did those in receipt of free school meals (46% compared with 30% not in receipt).

*Source: RCS secondary school survey, Falkirk 2017*

A strikingly high proportion (55%) of pupils in secondary school also reported that they feel tired at school most or all of time. This figure varied by age, gender, area deprivation, receiving free school meals, and family structure. Older pupils were more likely to get tired at school, with 70% of those in S4 reporting getting tired most or all of the time compared with 44% of those in S1. Girls were more likely than boys to feel tired (61% compared with 49%).

Pupils in the most deprived areas were more likely to feel tired at school (56% in the most deprived quintile compared with 51% of those in the least deprived quintile). Those in receipt of free school meals (60% compared with 55% not in receipt), and those living in one parent households or step-families (61% and 63% respectively) compared with 52% of those living with two parents were also more likely to feel tired at school most or all of the time.

### Relationships with teachers and other pupils (Achieving, Respected, Responsible, Included)

Pupils were asked how much they agreed or disagreed with statements about their school, teachers and other pupils in their class.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Table 2.3.2d School, teachers and pupils in your class** | | | | | | | |
|  | Strongly agree | Tend to agree | Neither | Tend  to disagree | Strongly disagree | *Weighted bases* | *Unweighted bases* |
| *Row percentages* |  |  |  |  |  |  |  |
| Other pupils accept me as I am | 45 | 36 | 10 | 5 | 4 | *3867* | *3866* |
| My teachers listen to me | 37 | 36 | 14 | 7 | 4 | *3864* | *3864* |
| I feel like teachers in my school treat me fairly | 38 | 35 | 15 | 7 | 5 | *3867* | *3866* |
| The pupils in my class(es) treat each other with respect | 20 | 33 | 25 | 15 | 7 | *3856* | *3856* |
| I am happy with what I get to do and study at school | 34 | 37 | 17 | 7 | 4 | *3864* | *3863* |
| My teachers make me want to do well in school | 41 | 33 | 17 | 6 | 4 | *3838* | *3837* |
| My teachers care about me as a person | 34 | 33 | 20 | 7 | 5 | *3755* | *3754* |
|  |  |  |  |  |  |  |  |

*Source: RCS secondary school survey, Falkirk 2017*

Pupils were generally positive about their school, teachers and other pupils in their class with the majority agreeing or agreeing strongly with each of the statements.

Around three-quarters agreed that their teachers listen to them (74%), that teachers in the school treat them fairly (73%), that their teachers make them want to do well (also 73%), and that they are happy with what they get to study at school (72%). Slightly fewer agreed that their teachers care about them as a person, but this was still a majority of pupils (68%). Most pupils agreed that other pupils accept them as they are (81%), with just over half saying that pupils in their class(es) treat each other with respect (53%).

Again, there was evidence of an age difference with those in S1 most likely to agree with each of the individual statements and those in S4 least likely (there was no significant relationship between age and the statement ‘other pupils accept me’). There was also a small gender difference for all but one of the statements (teachers in my school treat me fairly), with boys more likely than girls to agree.

Those eligible for free school meals were less likely to agree that; ‘other pupils accept me as I am’, ‘my teachers listen to me’, and that ‘I am happy with what I study at school’, compared with those who were not eligible.

Those who lived with two parents were more likely to agree with each of the statements compared with those in other family situations, as were those with one or more siblings compared with those with no siblings (with the exception of the statement ‘pupils accept me as I am’ where there was no significant different).

There were no significant differences by area deprivation for any of the statements about relationships with teachers and pupils.

### Worries about school (Healthy, Achieving)

When pupils were asked how much they worried about not doing well at school, 30% said a lot, a further 36% quite a lot, 29% not very much and 6% saying not at all.

Older pupils tended to worry more, with over three-quarters (78%) of S4 pupils worrying a lot or quite a lot about not doing well at school compared with 57% of S1 pupils. Girls also tended to worry more (72% compared with 58% of boys), as did those living in one parent households (70% compared with 67% of those living in step-families and 64% of those living with two parents).

Pupils whose friends work hard all of the time were also more likely to worry about not doing well (68% compared with 58% of those whose friends never worked hard). The biggest gap, however, was determined by whether the pupil felt strained by schoolwork. Those who felt strained all of the time were more than twice as likely (85%) to worry about not doing well at school compared with those who never felt strained (39%).

### Peer relationships and friendships

### Friendships (Included, Respected)

Most pupils (80%) said that they had three or more close friends, 14% that they had two, 4% that they had one friend and 2% that they did not have any. Boys were more likely than girls not to have any close friends, although in both cases the proportion was very small in absolute terms (2% compared with 1%).

Similarly, most pupils (80%) agreed that they had a close friend they could speak to about things that really bothered them, with girls more likely to agree than boys (85% of girls agreed and 8% disagreed compared with 75% of boy who agreed and 14% disagreed). Younger children were more likely to agree with this statement (82% agreed and 11% disagreed in S1 compared with 78% and 11% in S4). Those not living with a parent were less likely than those in all other household types to agree that they had a close friend to speak to (66% of those not living with a parent compared with 81% of those in two parent households, 79% in one parent households and 78% in step-families).

Pupils that reported being very likely to talk to a family member about worries were also more likely to agree that they had a close friend to speak to (88% agreed compared with 65% agreeing among those who were not likely at all to talk to a family member about worries). This suggests that those who experience isolation at school are relatively less likely to have this compensated for in the home environment.

### Social Pressure

During adolescent years, pupils might also feel pressures by their peers to act in certain ways. Secondary school pupils in Falkirk were asked if they felt pressured to look a certain way, to break rules, have sex, cause trouble, or to take drugs. Overall, 43% felt, even if a little, pressured to look a certain way, 26% to break rules, 22% to cause trouble, 16% to have sex, and 11% to take drugs.

Boys felt more pressure than girls to break rules (31% compared with 21% respectively), to cause trouble (28% compared with 16%), to have sex (19% compared with 12%), and to take drugs (12% compared with 10%). Age was also related to whether pupils felt social pressure with different age groups feeling different types of pressure. Younger pupils were more likely to feel pressure to break rules (31% of S1 pupils compared with 19% in S4), and to cause trouble (26% in S1 compared with 15% in S4). Older pupils, however, felt more pressure to take drugs (13% in S4 compared with 9% in S1).

Those living in the most deprived areas were more likely to feel pressure to break rules (30% in the most deprived quintile compared with 22% in the least deprived quintile), to cause trouble (28% compared with 16% respectively), to have sex (19% compared with 16%), and to take drugs (18% compared with 9%). Similar patterns were observed with regards to free school meal eligibility, with those eligible for free school meals consistently feeling more social pressure than those who were not eligible (with the exception of feeling pressured to have sex where there was no significant difference between the two groups).

Those living in two parent households were less likely to report that they felt pressure to break rules (25% compared with 26-36% in other household types), to have sex (15% compared with 16-21% in other household types), to cause trouble (20% compared with 23-44% in other household types), and to take drugs (10% compared with 12-27% in other household types). The only exception to this pattern was feeling pressured to look a certain way, where those not living with parents felt the least pressure (40% compared with 43% of those living with one or two parents, and 45% of those living in step-families).

Finally, whether or not pupils felt pressured to have sex was also associated with whether or not they already engaged in activities such as smoking, drinking, and taking drugs. For example, current smokers were more likely to feel pressure to have sex (33% compared with 32% of ex-smokers and 11% of non-smokers), as did pupils who had had alcoholic drinks in the past week (33% compared with 21% of those who drank but not in the past week and 9% of non-drinkers). Similarly, those who had taken drugs in the past year were more likely to feel pressure to have sex (45% compared with 33% of those who had taken drugs more than a year ago, and 13% of those who had never taken drugs).

### Bullying (Safe, Included, Respected, Responsible)

The effects of being bullied on emotional health and wellbeing are well established.[[13]](#endnote-13) Pupils were asked whether other children or young people had done any of the following things to them over the past month, either online/by phone or offline:

* Hit, kicked or punched you, taken your belongings or hurt or threatened you physically in some other way
* Teased you in a mean way or called you hurtful names
* Spread mean rumours or told lies about you, deliberately ignored you or excluded you from a group

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Table 2.3.3a Experience of bullying** | | | | | |
|  | Yes – online / by phone | Yes – offline | No – not at all | *Weighted bases* | *Unweighted bases* |
| *Row percentages* | | | | | |
| Hit, kicked or punched you, taken your belongings or hurt or threatened you physically in some other way | N/A | 13 | 87 | *4017* | *4018* |
| Teased you in a mean way or called you hurtful names | 14 | 24 | 67 | *4004* | *4004* |
| Spread mean rumours or told lies about you, deliberately ignored you or excluded you from a group | 14 | 25 | 68 | *3992* | *3992* |
|  |  |  |  |  |  |

*Source: RCS secondary school survey, Falkirk 2017*

Although a majority of respondents had not experienced any of the types of bullying asked about in the last month, 13% indicated they had been hit, kicked, punched or physically threatened, and 25% that they had had mean rumours or lies told about them or been excluded from a group offline and 14% online. Similar figures were reported in relation to being teased in a mean way or called hurtful names (24% offline and 14% online).

Experience of bullying by having rumours spread about them online was highest amongst older children, however, there were no significant differences by age with regards to being teased online. However experiences of being bullied by being teased or having rumours spread about them offline were highest amongst younger children.

Boys (16%) were significantly more likely than girls (10%) to report being hit, kicked or punched, while girls were significantly more likely to report having rumours or lies told about them (16% online and 28% offline) than were boys (11% online and 21% offline). Girls were also more likely to report being teased online (15% compared with 12% of boys).

Those eligible for free school meals were more likely to be the victim of all of the different types of bullying: 18% reported being hit, 20% teased online, 16% had rumours spread online, and 32% offline, compared with 12%, 13%, 13% and 24% of those not eligible.

Experience of bullying was also significantly associated with area deprivation. Children living in the most deprived areas were more likely to say they had been hit, kicked or punched or to have had rumours spread about them in person or online (18% and 35% respectively) compared with children living in the least deprived areas (10% and 29% respectively).

Those with an additional support need were more likely than those without to say they had been hit kicked or punched (17% and 12% respectively). Those in receipt of children’s services were also more likely than those not receiving them to say they had been hit kicked or punched (22% and 13% respectively), to have been teased online (17% and 13% respectively), and to have had rumours spread online (20% and 13% respectively).

Those living in other household types also reported higher levels of bullying than those living with two parents, one parent or in a step-family, with respect to each of the different statements.

### Experience of discrimination (Safe, Included, Respected)

Pupils were asked whether they felt that either adults or other children had treated them badly due to certain types of discrimination.

|  |  |  |
| --- | --- | --- |
| Table 2.3.3b Experience of prejudice | |  |
| Treated badly by either other children or adults, for reasons of… | Other children | Adults |
| *Column percentages* | | |
| Accent | 9 | 2 |
| Gender | 4 | 2 |
| Age | 6 | 6 |
| Sexual orientation\* | 5 | 2 |
| Disability | 4 | 1 |
| Skin colour | 3 | 1 |
| Clothes/the way I look | 22 | 5 |
| Language I speak at home | 3 | 2 |
| Family background | 8 | 2 |
| Nationality | 4 | 1 |
| Religion / faith / belief | 5 | 2 |
| Other | 13 | 3 |
| None of these | 61 | 87 |
| Weighted base | 4264 | 4264 |
| Unweighted base | 4264 | 4264 |

*\*Sexual orientation was only asked of S2 to S4 pupils. Weighted base=3135, unweighted base=3070*

*Note: Columns may add to more than 100% as more than one response was allowed*

*Source: RCS secondary school survey (SALSUS boost), Falkirk, 2016/17*

Over one in five (22%) said that other pupils had treated them badly due to the clothes they wear or the way they look, with being treated badly due to their accent (9%) the only other individual form of prejudice from other children noted by around a tenth of the sample. Other forms of prejudice experienced from other pupils included being treated badly due to their family background (8%), age (6%), religion / beliefs (5%), gender or a disability (4%), their sexual orientation (5%), the language they speak at home, or skin colour (3%).

Pupils were less likely to say they had been treated badly by adults than by children in terms of the same types of discrimination. However 6% reported being treated badly by adults due to their age and 5% for the clothes they wore / the way they looked. These were the only types of prejudice experienced by more than 3% of pupils.

Around two in five (41%) reported experiencing discrimination by either adults or other children for any of the reasons listed, with girls being more likely than boys to say they had experienced discrimination (44% of girls compared with 37% of boys), and older pupils more likely than younger pupils to experience discrimination (45% in S4 declining to 36% in S1).

Household type was, however, significantly associated with experiences of discrimination. Children living in one parent households (43%) or in step-families (48%) were significantly more likely than those living in two parent households (39%) to report experiencing any form of discrimination. Around two in five (45%) children with no siblings reported that they had experienced discrimination compared with 40% of children with one or more siblings at home.

Experience of discrimination increased as area deprivation increased: 41% of children living in the most deprived quintile reported experiencing prejudice compared with 36% of children in the least deprived quintile.

Those eligible for free school meals (46%) were more likely than those not eligible (40%) to say they had been treated badly. The same was true for those in receipt of children’s services (54% of those in receipt compared with 41% of those not in receipt).

## Place and wellbeing

This section covers the areas of wellbeing related to the place domain covered in the secondary school survey. These are all related to perceptions of the local area and community.

### Community

### Views on local area (Included, Respected, Safe)

Secondary school pupils were presented with a series of statements relating to their local area and asked to indicate to what extent they agreed with each statement.

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Table 2.4.1a Views on local area | | | | | | | | | | | | |
|  | Strongly agree | Tend to agree | Neither | | Tend to disagree | | Strongly disagree | | *Weighted bases* | | *Unweighted bases* | |
| *Row percentages* | | | | | | | | | | | | |
| People say ‘hello’ and often stop to talk to each other in the street | 29 | 36 | | 18 | | 10 | | 7 | | *3739* | | *3737* |
| It’s a really good place to live | 40 | 32 | | 16 | | 7 | | 5 | | *3787* | | *3785* |
| I could ask for help or a favour from neighbours | 36 | 28 | | 16 | | 10 | | 10 | | *3719* | | *3717* |
| You can trust people round here | 34 | 29 | | 20 | | 10 | | 8 | | *3719* | | *3717* |
| There is nothing for young people to do in this area | 20 | 23 | | 21 | | 19 | | 16 | | *3717* | | *3714* |
| I feel safe being outside with my friends in this area | 46 | 31 | | 14 | | 5 | | 5 | | *3736* | | *3734* |
|  | | | | | | | | | | | | |

*Source: RCS secondary school survey, Falkirk, 2017*

The majority of pupils were positive about their local area with around three-quarters either strongly agreeing or tending to agree that they felt safe being outside with their friends in their local area (76%) and that it’s a really good place to live (72%). A slightly smaller proportion agreed that people often say ‘hello’ or stop to talk to each other in the street (65%), that you could ask for help or a favour from neighbours (64%) and that they can trust people from round here (62%).

The most negative views were evident in relation to the issue of activities and amenities for young people: 43% agreed that ‘there is nothing for young people to do in this area’, while only 36% disagreed.

There were significant differences for each of the statements by year group, with the younger age groups tending to be more positive. Those in S1 were more likely to strongly agree their local area is a really good place to live (55% declining to 31% in S4), that they feel safe (55% declining to 40% in S4), that people say hello (37% declining to 22%), that they could trust people (45% declining to 25%), and that they could ask for help (46% declining to 30%). They were also more likely to strongly disagree that there was nothing for young people to do in their local area (28% declining to 9% in S4). Those living in two parent households were also more positive on each of the statements than those in other types of household.

Those in the least deprived areas were more positive about their local area in relation to each of the statements than those in the more deprived areas. The proportion agreeing decreased as levels of deprivation increased in relation to the statements that it was a really good place to live (83% in the least deprived quintile declining to 55% in the most deprived), that they felt safe in their local area was (85% declining to 60%), that they could trust people (75% declining to 47%), and that they could ask for help (71% declining to 54%). The proportion disagreeing that there was nothing for young people to do also declined with increasing deprivation (from 42% to 34%). The same patterns were seen in relation to eligibility for free school meals, with those not eligible being more positive.

Gender was significantly associated with view on whether ‘it’s a really good place to live’ and ‘I feel safe being outside with my friends in this area’, with boys responding more positively than girls to both statements. Boys were also more likely to disagree that ‘there is nothing for young people to do in this area’ (40% compared with 32% respectively).

Finally pupils were asked how much they felt they belonged to their local area. Overall, half of the pupils (50%) said they felt they belonged to their local area, either quite a lot (32%) or a great deal (18%).

Younger people were more likely to report a sense of belonging to their local area (60% in S1, compared with 41% in S4), as did boys (53%, compared with 48%), those living in the least deprived areas (59%, compared with 39%), those not eligible for free school meals (51%, compared with 40%), those with siblings (51%, compared with 44%), and those living with two parents (52%, compared with 36%-48% in other household types).

### Participation in activities (Active, Included)

In terms of activities participated in daily, S1 to S4 pupils were most likely to mention social networking sites such as Facebook or Twitter (73%) or listening to music (56%). Around a fifth of pupils also said they did activities such as playing computer games (29%), seeing friends (23%), watching films / DVDs (19%), doing a sport such as football or swimming (16%), or doing a hobby, art or playing a musical instrument (15%).

*Source: RCS secondary school survey, Falkirk 2017*

There were different levels of participation in different activities between boys and girls. For example, boys were much more likely than girls to say they did sport every day or most days (53% of boys compared with 35% of girls) – a finding consistent with the data on physical activity reported on page 11. Boys were more much likely to play computer games every day (48% compared with 9% of girls) but the reverse was true for social networking sites with 81% of girls using these daily compared with 64% of boys.

Those in S3 and S4 tended to make more use of online social networking sites, 77% in S3 and 80% in S4 using them daily, compared with 63% in S1 and 71% in S2. In contrast, those in S1 were more likely to do sport every day or most days (53%) than were those in S4 (36%). Those in S1 were also the most likely to report ever going to a museum or gallery (52% compared with 35-41% of older children).

Levels of deprivation were also associated with the types of activities secondary pupils regularly did. Looking round the shops every day or most days declined from 27% in the most deprived areas to 18% in the least deprived, while the same pattern could be seen for hanging around the streets (30% in the most deprived areas declining to 17% in the least). Those in the least deprived quintile were more likely to do sport every day or most days (51%) compared with those in the most deprived quintile (40%).

Similar patterns could be seen by household type (those in two parent households being more likely to do sport and less likely to hang around the streets or shops) and by eligibility for free school meals (those eligible being less likely to do sport and more likely to hang around the streets or shops).

## Summary of key findings from the secondary survey

Wellbeing decreased from S1 to S4, especially for girls. By S4 only 53% of girls were within the close to average range of the SDQ total difficulties (compared with 65% of boys), driven primarily by emotional difficulties, and were scoring an average of 44.9 on the WEMWBS (compared with 50.3 for boys). Total difficulties scores also tended to be higher for children living in more deprived areas, children eligible for free school meals, and children in single-parent, step-families and other household types.

WEMWBS scores are closely related to teacher relationship, attitude to school, bullying, body image and having friends. Experience of bullying behaviours was associated with lower emotional wellbeing regardless of whether the behaviours were related to physical or verbal bullying, online or in person.

Girls were more likely than boys to say they felt pressured or strained by schoolwork, rising to 69% of girls by S4. Girls were also less likely than boys to respond positively to statements about their school environment and relationships with teachers and other pupils.

Levels of self-report of smoking, drinking and drug use among S2 and S4 pupils in Falkirk were at roughly the same level as in Scotland in general, although drinking in S2 was below the nationally reported level. By S4, one in ten pupils reported being a current smoker, while one quarter were drinking at least once a fortnight. Smoking and alcohol were strongly associated with lower emotional wellbeing and all three behaviours (smoking, alcohol and drugs) were associated with perceptions of there being little to do in the young person’s local area. Among S1-S4 pupils overall, over half felt there was little to do in their area.

Girls were less likely to be physically active and by S4 just 14% reported exercising for an hour each day, compared with 19% of boys. Conversely, boys were more likely to drink sugary drinks at least once a day (29% of S4 boys in comparison to 24% of S4 girls). Living in a deprived area or being eligible for free school meals was also associated with higher intake of sugary drinks. Likewise, living in a deprived area was associated with decreased consumption of fruit and poorer health in general.

Pressure to act in certain ways, in particular to look a certain way, to break rules, have sex, cause trouble, or to take drugs was also felt particularly by certain groups. Boys were more likely than girls to experience peer pressure (apart from in relation to looking a certain way) and those living in two parent households were less likely to report that they felt pressure to do all but look a certain way. Older pupils were more likely to feel pressure to take drugs and those living in the most deprived areas felt more pressured to break rules, cause trouble, have sex and, to take drugs. Pupils who smoked, drank and took drugs were also more likely to say they felt peer pressure to have sex.

Around half of S1 to S4 pupils ate a meal with at least one parent or carer every night and around one in ten pupils said they hardly ever or never did this. Sitting down to family meals every day differed by family make up with 58% of children living with both parents eating a family meal compared with 45% of pupils in single parent families and 49% of pupils in step-families.

One in ten secondary pupils (10%) reported not feeling safe in the area they lived in and 18% felt that they could not trust people who lived locally. The proportion feeling able to trust people in their neighbourhood dropped steadily from S1 (72%) to S4 (55%).

There were significant gender differences in terms of activities children did in their spare time. Although both boys and girls tended to use computers or other electronic devices most days, boys were much more likely to play computer games, while girls were much more likely to use social networking sites.

# Findings from the primary school survey

## How the survey was carried out

Conducted in 48 of Falkirk’s 50 primary schools between January and March 2017, this survey comprised a set of age-appropriate questions for children in years Primary 5 to 7 measuring health and wellbeing across the domains of the personal (physical and emotional health), social (family/peer interactions and school) and place (child’s local area). The questionnaire was a repeat of a survey conducted in three other CPPs one year previously. The majority of the questions were established measures that have been found to be related to wellbeing and developmental outcomes, though some were newly developed or adapted questions from national surveys such as Growing Up in Scotland. As with the secondary survey, pupils were able to read from and enter answers directly into the computer, but this survey also had an audio element which automatically read out the questions and answer options on each screen. The primary school questionnaire took approximately 20 minutes, on average, for pupils to complete. In total, 4,147 pupils took part in the primary school survey and agreed for their data to be used, representing 78% of the eligible population. Further details about the survey process can be found in the Technical Report.

## Personal wellbeing

We begin by reviewing aspects of wellbeing related to the personal (or individual) domain. These include measures of physical and mental health, subjective wellbeing and healthy living.

### General health (Healthy)

Most children in P5 to P7 in Falkirk rated their own health as either very good (40%) or good (40%) and only 3% rated it as bad or very bad.

Girls were more likely than boys to report their health as good or very good (83% compared with 78% respectively). Those in the least deprived quintile were also significantly more likely to report their health as good or very good than those in the most deprived quintile (86% and 73% respectively).

Those with an additional support need were less likely to report their health as good (75% of those with an additional support need reported their health as good or very good compared with 82% of those without an additional support need). Similarly, those in receipt of children’s services were less likely to report good or very good health, compared with children who were not (74% and 81% respectively).

Those eligible for free school meals were also less likely to report good or very good health (73% compared with 82% of those not eligible).

There were also significant differences in children’s self-reported health depending on the type of household they live in. A greater proportion of children living in two parent households (83%) reported good or very good health than those in single parent households (73%) or step-families (78%).

There were, however, no significant differences in self-reported general health by age.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Table 3.2.1a General health** | | | | | | | | | | | | | |
| How is your health in general - Would you say it is…? | Very good | Good | | | Fair | Bad | | | Very bad | | *Weighted bases* | | *Unweighted bases* |
| *Row percentages* | | | | | | | | | | | | | |
| All | 40 | | 40 | 17 | | | 2 | 1 | | *4014* | | *4015* | |
|  |  | |  |  | | |  |  | |  | |  | |
| Boy | 39 | | 39 | 19 | | | 2 | 1 | | *2016* | | *1971* | |
| Girl | 42 | | 41 | 15 | | | 2 | 0 | | *1985* | | *2032* | |
|  |  | |  |  | | |  |  | |  | |  | |
| SIMD quintile 1 (most deprived) | 32 | | 41 | 22 | | | 3 | 1 | | *591* | | *571* | |
| SIMD quintile 2 | 38 | | 40 | 19 | | | 2 | 1 | | *1153* | | *1144* | |
| SIMD quintile 3 | 39 | | 41 | 17 | | | 3 | 0 | | *773* | | *775* | |
| SIMD quintile 4 | 44 | | 41 | 14 | | | 1 | - | | *733* | | *745* | |
| SIMD quintile 5 (least deprived) | 48 | | 37 | 12 | | | 1 | 1 | | *743* | | *760* | |
|  |  | |  |  | | |  |  | |  | |  | |
| Eligible for free school meals | 33 | | 40 | 22 | | | 4 | 2 | | *665* | | *578* | |
| Not eligible for free school meals | 42 | | 40 | 16 | | | 2 | 0 | | *3349* | | *3437* | |
|  |  | |  |  | | |  |  | |  | |  | |
| Additional support need | 39 | | 35 | 20 | | | 3 | 1 | | *754* | | *731* | |
| No additional support need | 41 | | 41 | 16 | | | 2 | 0 | | *3260* | | *3284* | |
|  |  | |  |  | | |  |  | |  | |  | |
| In receipt of children’s services | 42 | | 33 | 18 | | | 5 | 2 | | *207* | | *191* | |
| Not in receipt of children’s services | 40 | | 40 | 17 | | | 2 | 1 | | *3807* | | *3824* | |
|  |  | |  |  | | |  |  | |  | |  | |
| Two parent household | 42 | | 40 | 15 | | | 2 | 0 | | *2729* | | *2763* | |
| One parent household | 33 | | 39 | 23 | | | 4 | 1 | | *707* | | *681* | |
| Step-family | 37 | | 41 | 19 | | | 2 | 1 | | 469 | | 464 | |
| Other household type | 49 | | 32 | 14 | | | 7 | - | | *77* | | *74* | |
|  |  | |  |  | | |  |  | |  | |  | |

*Source: RCS primary school survey, Falkirk 2017*

### Healthy living

### Physical activity (Active, Healthy)

As noted earlier in the report, the Chief Medical Officers of the UK publish guidelines on physical activity which recommend that all children from ages 5 to 18 should be active for at least 60 minutes a day on all seven days of the week.[[14]](#endnote-14) Children taking part in the survey were provided with examples of being active[[15]](#endnote-15) and then asked how often they spend time being physically active.

In total, 47% of children in P5 to P7 in Falkirk reported that they were active every day, with a further 33% active most days, 15% some days, 4% rarely active and 1% never active.

Children living in the least deprived areas were more likely than those living in the most deprived areas to engage in physical activity everyday (51% compared with 44%). Similarly, more children who were not eligible for free school meals reported that they were active every day than children who were eligible (48% and 43% respectively).

Children with a garden at home in which they could play were more likely than those without to be active every day (48% compared with 40%), suggesting the need to ensure an alternative safe place for children who do not have access to a garden to play in.

The relationship between physical activity and unhealthy dietary behaviour, such as consumption of fizzy drinks highlights the compounding effect that the two may have on levels of obesity. Around half (49-52%) of those who rarely or never drank fizzy drinks were physically active every day compared with 41-43% of those who drank fizzy drinks most days or every day.

A slightly different question was asked in the secondary survey (see section 2.2.2), but it was still possible to see that daily physical activity was higher in primary.

### Diet and nutrition (Healthy)

There is clearly a long way to go before all primary pupils reach recommended levels of fruit and vegetable consumption. Although the majority of pupils in P5 to P7 said that they ate fruit either every day (42%) or most days (32%), and a smaller proportion said they ate vegetables every day (29%) or most days (33%).

Primary pupils were asked about consumption of fizzy drinks as a proxy indicator of an unhealthydiet. Only a small proportion (9%) said they never consumed fizzy drinks and over a quarter said that they did so either most days (17%) or every day (11%).

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Table 3.2.2b Diet** | | | | | | | |
| Frequency of consumption | Every day | Most days | Some days | Rarely | Never | *Weighted bases* | *Unweighted bases* |
| *Row percentages* | | | | | | | |
| How often do you eat fruit? | 42 | 32 | 17 | 6 | 2 | *4012* | *4013* |
| How often do you eat vegetables? | 29 | 33 | 20 | 10 | 9 | *3994* | *3995* |
| How often do you drink fizzy drinks? | 11 | 17 | 35 | 28 | 9 | *4002* | *4003* |
|  |  |  |  |  |  |  |  |

*Source: RCS primary school survey, Falkirk 2017*

There were also differences by gender with boys being less likely than girls to eat both fruit (35% doing so every day compared with 49% of girls) and vegetables (25% compared with 33% respectively). They were also more likely to consume fizzy drinks every day or most days (34%) compared with girls (22%).

Not surprisingly, links with income and deprivation were also evident with frequent consumption of fruit and vegetables lower among those eligible for free school meals and among those in the most deprived areas. For example, those in the most deprived quintile were less likely to consume fruit every day than those in the least deprived quintile (35% compared with 50% respectively) as were those who were eligible for free school meals (29% consuming fruit every day or most days compared with 44% of those not in receipt of free school meals).

Fizzy drinks were consumed every day or most days by 38% of those in the most deprived quintile compared with just 17% of those in the least deprived. Those eligible for free school meals also consumed these drinks more frequently (40%) than did those not in receipt of free school meals (26%).

There was also some evidence of less healthy dietary behaviours among children in single parent households and step-families and those with no siblings. For example, daily vegetable consumption was less common among those in single parent households (25%) compared with those living in two parent households (31%).

The same pattern was evident for fruit consumption, with those in single parent households eating fruit less frequently (34% daily compared with 44% in two parent households). Those in single parent households, by contrast, were more likely to consume fizzy drinks every day or most days (35% compared with 25% in two parent households).

It is also worth noting an association between healthy dietary behaviour and family mealtime routines. For instance, daily vegetable consumption was lower among those who rarely or never sat down to a meal with their family (19-22%, compared with 25-39% among those who ate together most days or every day). Similar patterns were evident in relation to consumption of fruit and fizzy drinks. Similar patterns were seen for the secondary school survey (see section 2.2.2), although the slightly different question wording means that responses are not directly comparable.

*Source: RCS primary school survey, Falkirk 2017*

### Dental health (Healthy)

The Chief Dental Officer recommends that children should brush their teeth at least twice a day with fluoride toothpaste[[16]](#endnote-16) and frequency of tooth brushing has been shown to be a reliable proxy measure for oral hygiene.[[17]](#endnote-17) Around three-quarters (74%) of children in P5 to P7 in Falkirk met this target, while 5% brushed their teeth less than once a day.

As the following table shows, some groups of pupils were more likely to brush their teeth at least twice a day. These included girls, those living in more deprived area, and those not eligible for free school meals. Those with one sibling at home were also more likely than those with either no siblings or more than one sibling to brush their teeth twice daily. And those living in two parent households were more likely to brush their teeth twice daily (compared with those in single parent households or step-families).

Importantly, given the potential compounding effects, those who drank fizzy drinks every day or on most days were also markedly less likely to brush their teeth at least twice a day (56% and 62%, respectively) compared with those who rarely or never consumed fizzy drinks (83% and 80%).

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Table 3.2.2d Dental health** | | | | | |
| How often do you brush your teeth with toothpaste? | More than once a day | Once a day | Less often than once a day | *Weighted bases* | *Unweighted bases* |
| *Row percentages* | | | | | |
| All | 74 | 21 | 5 | *4035* | *4037* |
|  |  |  |  |  |  |
| Boy | 69 | 25 | 6 | *2022* | *1977* |
| Girl | 80 | 17 | 4 | *2000* | *2047* |
|  |  |  |  |  |  |
| SIMD quintile 1 (most deprived) | 64 | 26 | 10 | *596* | *576* |
| SIMD quintile 2 | 69 | 26 | 6 | *1159* | *1150* |
| SIMD quintile 3 | 76 | 19 | 5 | *773* | *775* |
| SIMD quintile 4 | 80 | 18 | 2 | *740* | *752* |
| SIMD quintile 5 (least deprived) | 84 | 14 | 2 | *748* | *765* |
|  |  |  |  |  |  |
| Eligible for free school meals | 60 | 29 | 11 | *664* | *577* |
| Not eligible for free school meals | 77 | 19 | 4 | *3371* | *3460* |
|  |  |  |  |  |  |
| No siblings at home | 72 | 22 | 6 | *1251* | *1242* |
| One sibling at home | 78 | 19 | 3 | *1511* | *1533* |
| Two or more siblings at home | 72 | 22 | 6 | *1260* | *1250* |
|  |  |  |  |  |  |
| Two parent household | 77 | 19 | 4 | *2749* | *2783* |
| One parent household | 64 | 28 | 8 | *702* | *677* |
| Step-family | 72 | 22 | 6 | *469* | *465* |
| Other household type | 72 | 18 | 10 | *76* | *73* |
|  |  |  |  |  |  |

*Source: RCS primary school survey, Falkirk 2017*

### Exposure to smoking (Healthy, Safe)

Rates of smoking in Scotland – as elsewhere in the UK – are declining. Among the pupils in Falkirk 21% in P5 to P7 are still frequently exposed to smoke inside their home, either sometimes or most days (10% and 11% respectively). These figures appear relatively high: data from the Scottish Health Survey show that 12% of children in Scotland aged between 8 and 11 live in accommodation where someone smokes.[[18]](#endnote-18)

There are very clear health inequalities here: 39% of children in the most deprived areas had frequent exposure to second hand smoke, compared with only 9% in the least deprived quintile. Almost half (45%) of those eligible for free school meals were exposed to smoking in their home compared with 16% of those who were not eligible for free school meals.

Those in one parent households or step-families were also more likely to be exposed (35% and 32% respectively, compared with 15% of those in two parent households). The same was true for children with no siblings at home (25% compared with 15% of those with one sibling).

Finally, boys were slight more likely to have frequent exposure to second hand smoke than girls (22% compared with 20%).

*Source: RCS primary school survey, Falkirk 2017*

### Mental health and wellbeing

### Life satisfaction (Healthy, Included)

Subjective wellbeing is concerned with emotional experiences and the cognitive aspect of evaluating one’s life, including overall life satisfaction.[[19]](#endnote-19) As emotional states may be relatively transient among children of this age the survey focused on cognitive aspects of subjective wellbeing.

Most children in P5 to P7 in Falkirk seem to feel satisfied with their lives across a range of measures and, as Chart 3.2.3a suggests, the findings for this age group are broadly comparable with those found among a national sample of 7-8 year-olds by the Growing Up in Scotland study.

*Source: RCS primary school survey, Falkirk, 2017, Growing Up in Scotland, 2015*

Subjective wellbeing was assessed using two measures, one of which was an abbreviated version of Huebner’s Life Satisfaction Scale[[20]](#endnote-20) which has been previously used on Growing Up in Scotland.[[21]](#endnote-21) This scale was developed for use with children aged 7-14. Numerous studies have demonstrated the validity of the scale and found it to be associated in the expected directions with self-esteem, anxiety and depression.[[22]](#endnote-22)

Based on mean scores within the sample in Falkirk, pupils were assigned to life satisfaction categories: 34% fell into the ‘high life satisfaction’ category, 34% the ‘medium’ category and 31% the ‘low life satisfaction’ category. These categories are helpful in understanding the way in which life satisfaction is patterned across different groups of the population. They are not intended to identify prevalence of high or low life satisfaction for the whole population. More details are provided in the appendix.

In terms of basic socio-demographic characteristics, having ‘high life satisfaction’ was associated with not having an additional support need (36% compared with 29% among those with such a need) and living in a two parent household (37% compared with 28% among those in a one parent household and 32% in a step-family).

High life satisfaction was also strongly associated with a range of other factors – some of which have been shown to be drivers or predictors of wellbeing in other studies. For example, among those exposed to above average levels of bullying, 19% reported high levels of life satisfaction and 49% low levels.

Those with more positive relationships with their teachers also tended to exhibit greater life satisfaction (51% having high life satisfaction and 15% low life satisfaction) than those with less positive relationships (22% having high life satisfaction and 47% low life satisfaction). The same pattern was seen for relationships with parents (53% with more positive relationships having high levels of life satisfaction and 16% low, compared with 16% high and 51% low for those with less positive relationships). Worry about the health of someone in the family was also significantly related to life satisfaction, with those who worried a lot being over twice as likely to have low levels of satisfaction as those not worrying at all (39% compared with 18%).

*Source: RCS primary school survey, Falkirk 2017*

Not surprisingly, given what we have already seen about the significance of relationships with teachers and experiences of bullying, how children feel about their lives as a whole is strongly associated with their feelings about school. For example, pupils who felt positive about school tended to have higher levels of life satisfaction: of those who liked school a lot, 46% had high levels of life satisfaction compared with only 17% of those who did not like school at all. Among those who worried a lot about not doing well at school, 49% had low levels of life satisfaction compared with 19% who did not worry at all about doing well at school. Although the exact nature of these relationships is not clear – feeling positive about school may impact on wider life satisfaction or vice versa – they serve as a reminder of the centrality of school within children’s lives.

Friendships are also relevant here. Having three or more close friends, having friends who were always nice, and having friends who were never mean all being associated with higher levels of life satisfaction. For example, those whose friends were always nice were more than twice as likely as those whose friends were sometimes or never nice to have high life satisfaction (44% compared with 18%).

### Mood and emotions (Healthy)

As well as questions about general life satisfaction, primary pupils were also asked questions about frequency of ‘affect’ – in other words, how often they feel happy or sad and how often they worry. It was explained that everyone has times when they feel happy, sad or angry and they were asked to say whether they felt like this always, often, sometimes or never. A very similar set of questions was previously used across the UK in the Millennium Cohort Study (MCS) with children aged 7[[23]](#endnote-23) and again aged 11.[[24]](#endnote-24)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Table 3.2.3c Mood and emotions** | | | | | | | | |
| Mood and emotions items | Always | Often | Sometimes | Never | *Weighted bases* | | *Unweighted bases* | |
| *Row percentages* | | | | | | | | |
| How often do you feel happy? | 24 | 54 | 20 | 2 | | *4045* | | *4046* |
| How often do you get worried about what will happen to you? | 15 | 19 | 45 | 22 | | *4018* | | *4018* |
| How often do you feel sad? | 3 | 15 | 73 | 9 | | *4002* | | *4004* |
| How often do you feel afraid or scared? | 5 | 13 | 54 | 29 | | *3985* | | *3986* |
| How often do you laugh? | 47 | 40 | 12 | 1 | | *4024* | | *4025* |
| How often do you lose your temper? | 7 | 17 | 50 | 25 | | *3989* | | *3988* |
|  |  |  |  |  | |  | |  |

*Source: RCS primary school survey, Falkirk 2017*

Responses to these questions were summed to create a scale of mood and emotions, with the first and fifth items reversed, so that higher scores indicated more positive mood. Around three in ten (29%) of those in P5 to P7 in Falkirk were categorised as having ‘higher’ mood, 45% ‘average’ and 26% ‘lower’.

Girls were more likely than boys to have ‘higher’ mood (32% compared with 25%), as were those in two parent households (30% compared with 23% of those in single parent households and 26% of those in step-families).

Children with additional support needs were much more likely to score loweron the moods and emotions scale than their peers without such needs (34% and 24% respectively).

Interestingly, there were no significant differences by school year, area deprivation, being eligible for free school meals, or being in receipt of children’s services.

*Source: RCS primary school survey, Falkirk 2017*

## Social wellbeing

This section covers the sub-areas of wellbeing related to the social domain, namely family, educational and learning environment, peer relationships and friendships and societal influences.

### Family

### Family relations (Nurtured, Included)

Primary pupils were asked a set of questions on the quality of their relationship with their parents drawn from the People in My Life (PIML) scale.[[25]](#endnote-25) [[26]](#endnote-26)

A majority (58%) said that their parents could always tell when they were upset about something and 69% that their parents would always ask if they knew something was bothering them. Smaller proportions said they always talk to their parents if they were having a problem (46%) and that they always shared their thoughts and feelings with their parents (38%).

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Table 3.3.1a Parent-child relationship** | | | | | | |
| People in my life items | Never | Sometimes | Often | Always | *Weighted bases* | *Unweighted bases* |
| *Row percentages* | | | | | | |
| My parents can tell when I am upset about something | 3 | 15 | 23 | 58 | *3922* | *3924* |
| I talk to my parents when I am having a problem | 7 | 24 | 24 | 46 | *3945* | *3947* |
| If my parents know that something is bothering me, they ask me about it | 3 | 11 | 18 | 69 | *3916* | *3918* |
| I share my thoughts and feelings with my parents | 8 | 27 | 28 | 38 | *3908* | *3910* |
|  |  |  |  |  |  |  |

*Source: RCS primary school survey, Falkirk 2017*

As with previous questions, in order to better understand variations in response, four items were used to build a scale of parent-child relationships: 35% of children in Falkirk scored within the ‘higher’ category, as having more positive relationships, 37% were categorised as average, and 27% scored within the ‘lower’ category. More details of this scale are provided in the appendix.

There were no significant differences in parent-child relationship score according to most of the demographic variables, including year group, area deprivation and receipt of children’s services.

There were, however, differences by gender, with girls having higher parent-child relationship scores than boys (42% of girls being in the ‘higher’ category compared with 29% of boys). Those in two parent households were also more likely to score in the ‘higher’ category than those in single parent households and step-families (37% compared with 33% and 32% respectively), as did children not eligible for free school meals (36% compared with 31% of children who were eligible).

The frequency with which children sat down and had a meal with their parents was also a powerful predictor of higher scores on the PIML scale: of those who sat down to a meal with their parents every day, 43% scored in the ‘higher’ category, indicating more positive relationships. By contrast, among those who never sat down to a meal with either parent, only 26% were in the ‘higher’ category.

*Source: RCS primary school survey, Falkirk 2017*

Overall, around two in five children (42%) sat down at a table to eat a main meal with one or both of their parents every day. Around one in five (22%) reported doing so on ‘most days’ and a further 16% on ‘some days’. By contrast, few did so ‘rarely’ (13%) or ‘never’ (7%).

Older children were more likely to sit down for a meal with their parents every day or most days (44% in P7 compared with 40% in P6 and 41% in P5). There was also a clear link with deprivation, with the proportion answering ‘every day’ rising from 34% in the most deprived areas to 51% in the least deprived. Of those eligible for free school meals, 31% said they sat down to a meal with their parents most days or every day compared with 44% of those who were not eligible.

Those in two parent households were also more likely than those in single parent households or step-families to eat with their parents most days or every day (45% compared with 32% and 36% respectively). Finally, those with one sibling at home were more likely to sit down for a meal most days or every day than were those with no siblings or two or more siblings (44% compared with 39% and 41% respectively).

*Source: RCS primary school survey, Falkirk 2016/17*

Around three quarters of children in P5 to P7 (73%) said that they ‘always’ enjoyed being with their family and a further 21% said they ‘often’ did. Children in P5 (78%) and P6 (72%) were more likely to say they always enjoyed family time compared with children in P7 (69%), as were those in two parent households (75% compared with 69% in both single parent households and in step-families). Children with no siblings at home were more likely to report ‘always’ enjoying being with their family than those with one, or two or more siblings at home (79% compared with 70% for both respectively). There were, however, no significant differences between boys and girls or socio-economic factors, such as area deprivation and free school meals.

Children were also asked how often there are a lot of bad arguments or fights at home: 38% said ‘never’ and a further 43% said ‘sometimes’, with 13% saying ‘often’ and 5% ‘always’. Children in P5 were more likely than those in P6 or P7 to report that there were ever bad arguments at home (66% compared with 61% and 57% respectively). Boys were also more likely than girls to say there were ever bad arguments or fights (67% compared with 56%).

Those from step-families were also more likely to report there ever being bad arguments at home (67% compared with 65% of those in single parent households and 60% in two parent households). Children with two or more siblings at home were more likely to report there ever being bad arguments (66% doing so, compared with 60% of those with one sibling and 59% of those with no siblings).

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Table 3.3.1d Family arguments** | | | | | | | | | | | |
| How often are there a lot of bad arguments or fights at home? | Always | | Often | | Sometimes | | Never | | *Weighted bases* | | *Unweighted bases* |
| *Row percentages* | | | | | | | | | | | |
| All | 5 | 13 | | 43 | | 38 | | *3914* | | *3915* | |
|  |  |  | |  | |  | |  | |  | |
| P5 | 8 | 16 | | 43 | | 34 | | *1329* | | *1318* | |
| P6 | 4 | 13 | | 45 | | 39 | | *1261* | | *1230* | |
| P7 | 4 | 11 | | 43 | | 43 | | *1294* | | *1338* | |
|  |  |  | |  | |  | |  | |  | |
| Boy | 5 | 15 | | 47 | | 33 | | *1959* | | *1915* | |
| Girl | 5 | 12 | | 40 | | 44 | | *1944* | | *1989* | |
|  |  |  | |  | |  | |  | |  | |
| No siblings at home | 5 | 13 | | 41 | | 41 | | *1189* | | *1179* | |
| One sibling at home | 4 | 12 | | 45 | | 40 | | *1483* | | *1504* | |
| Two or more siblings at home | 7 | 15 | | 44 | | 34 | | *1230* | | *1220* | |
|  |  |  | |  | |  | |  | |  | |
| Two parent household | 4 | 13 | | 43 | | 40 | | *2691* | | *2725* | |
| One parent household | 7 | 15 | | 42 | | 35 | | *699* | | *674* | |
| Step-family | 9 | 13 | | 44 | | 33 | | *456* | | *451* | |
| Other household type | 8 | 8 | | 47 | | 37 | | *67* | | *65* | |
|  |  |  | |  | |  | |  | |  | |

*Source: RCS primary school survey, Falkirk 2017*

### Worries about parental health (Healthy)

It was noted earlier that propensity to worry about school work was correlated with lower levels of life satisfaction among children in P5 to P7. Children were asked two broader questions about things they might worry about: the health of someone in their family and adults drinking too much at home. Of course, it should be emphasised that these are measures of worry not actual prevalence of the thing being worried about.

Overall, 35% reported that they worried a lot about a family member’s health, 26% quite a lot, 25% not very much and 14% not at all. Levels of worry about adults drinking too much were lower: 17% reported worrying a lot, 15% quite a lot, 27% not very much and 41% not at all.

The proportion who said that they worried a lot or quite a lot about a family member’s health was higher among those eligible for free school meals (66% compared with 59% of those not eligible), those living in a step-family (65% compared with 58% in a two parent household), and those with no siblings at home (65%) or two or more siblings (61%) compared with those with one sibling (58%). There was also significant variation by gender, with boys reporting worrying more than girls (64% worrying a lot or quite a lot compared with 58% of girls). The proportion of children who worried was also related to area deprivation, with 67% in the most deprived quintile worrying a lot or quite a lot compared with 56% in the least deprived quintile.

*Source: RCS primary school survey, Falkirk, 2017*

The proportion who worried a lot or quite a lot about adults drinking too much at home differed significantly by year group. Those in P7 were less likely to worry a lot or quite a lot (25%) compared with those in P6 (31%) and those in P5 (40%). This difference may relate to the timing of health education messages via the curriculum and other channels.

Levels of worry about drinking differed by area deprivation with 40% of those in the most deprived quintile worrying a lot or quite a lot compared with 26% in the least deprived quintile. Children eligible for free school meals were more likely to worry a lot of quite a lot (36%, compared with 32% of those not eligible). Children with step-parents and those living in single-parent households tended to worry about their parents drinking more than those in two-parent (38% and 35% reporting they worried a lot or quite a lot, compared with 31% in two-parent families). Finally, those with no siblings were more likely to worry a lot or quite a lot than those with one or more siblings (35%, compared with 29% of those with one sibling and 32% of those with two or more).

### Educational and learning environment

### Educational enjoyment and engagement (Achieving, Included)

It is widely recognised and reflected in policy making that educational engagement and a positive experience of schooling is closely associated with positive mental, emotional, social and physical wellbeing both inside and outside of school.[[27]](#endnote-27) It is also established that a positive school experience can act as a protective factor for children who may be experiencing adversity in other areas of their lives.[[28]](#endnote-28)

Children were asked about their enjoyment of school and whether they have ever skipped school when their parents didn’t know, even if only for half a day or a little while.

Overall, a third of children in P5, P6 and P7 said they liked school a lot (33%) with around half saying they liked it a bit (45%), 14% not very much, and 9% not at all.

Boys were less likely to enjoy school than girls (70% compared with 85% respectively). This is in contrast to findings from the secondary school survey, in which a slightly lower proportion of girls than boys reported liking school.

Those in the most deprived quintile were also less likely to enjoy school a lot or a bit (74%) than those in the least deprived quintile (78%). A smaller proportion of those eligible for free school meals also reported enjoying school (71% compared with 79% of those not eligible). Children without an additional support need were also more likely to report enjoying school (74%) compared with those with such a need (78%).

*Source: RCS primary school survey, Falkirk 2017*

Two other findings are worth highlighting here. First, those who experienced higher levels of bullying were less likely to report enjoying school (68% compared with 78% of those with average exposure to bullying and 84% with little exposure).

The most obvious differences in enjoyment of school, however, were between those with more and those with less positive relationships with their teachers: 94% of those with a higher score on the educational environment scale (see page 72) said they enjoyed school (56% a lot and 38% a bit) compared with 62% of those with a lower score on the scale (19% a lot and 43% a bit).

*Source: RCS primary school survey, Falkirk 2017*

Overall, 8% of children in P5 to P7 in Falkirk said they had ever skipped school without their parents knowing. Younger children were more likely to say they had skipped school (10% in P5 compared with 8% of those in P6 and 5% in P7). The figure was higher among boys than girls (11% compared with 4% respectively) and among those eligible for free school meals (14% compared with 7% of those not eligible). Children in the most deprived quintile were more likely to have skipped school than were those in the least deprived (12% and 5% respectively).

Some differences were also evident by family circumstances with those with no siblings at home or two or more siblings at home being more likely to say they had skipped school (9% for both) compared with 6% of those with one sibling. Those living in step-families were also more likely to have skipped school (12% compared with 6% of those in two parent households and 10% of those in one parent households). Children with additional support needs were more likely to say they had skipped school than those with no such needs (14% and 6% respectively). Similarly, pupils in receipt of children’s services were also around twice as likely as those who were not to say they had skipped school (15% compared with 7%).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Table 3.3.2c Ever skipped school** | | | | |
| Have you ever skipped school, when your parents didn’t know, even if only for half a day or a little while? | Yes | No | *Weighted bases* | *Unweighted bases* |
| *Row percentages* | | | | |
| All | 8 | 92 | *4101* | *4102* |
|  |  |  |  |  |
| P5 | 10 | 90 | *1420* | *1407* |
| P6 | 8 | 92 | *1317* | *1284* |
| P7 | 5 | 95 | *1332* | *1378* |
|  |  |  |  |  |
| Boy | 11 | 89 | *2076* | *2029* |
| Girl | 4 | 96 | *2013* | *2061* |
|  |  |  |  |  |
| SIMD quintile 1 (most deprived) | 12 | 88 | *613* | *592* |
| SIMD quintile 2 | 8 | 92 | *1181* | *1172* |
| SIMD quintile 3 | 8 | 92 | *785* | *786* |
| SIMD quintile 4 | 7 | 93 | *747* | *759* |
| SIMD quintile 5 (least deprived) | 5 | 95 | *756* | *773* |
|  |  |  |  |  |
| Eligible for free school meals | 14 | 86 | *678* | *589* |
| Not eligible for free school meals | 7 | 93 | *3423* | *3513* |
|  |  |  |  |  |
| No siblings at home | 9 | 91 | *1258* | *1249* |
| One sibling at home | 6 | 94 | *1517* | *1538* |
| Two or more siblings at home | 9 | 91 | *1271* | *1260* |
|  |  |  |  |  |
| Two parent household | 6 | 94 | *2764* | *2799* |
| One parent household | 10 | 90 | *712* | *687* |
| Step-family | 12 | 88 | *470* | *465* |
| Other household type | 14 | 86 | *76* | *73* |
|  |  |  |  |  |
| Additional support need | 14 | 86 | *789* | *765* |
| No additional support need | 6 | 94 | *3313* | *3337* |
|  |  |  |  |  |
| In receipt of children's services | 15 | 85 | *220* | *203* |
| Not in receipt of children's services | 7 | 93 | *3882* | *3899* |
|  |  |  |  |  |

*Source: RCS primary school survey, Falkirk, 2016/17*

### Educational environment (Achieving, Included)

Although it is not clear which aspects of school life are most important for wellbeing, previous research in the US has found that enjoying school work, receiving teacher support during lessons and absence of peer victimisation were all associated with primary school age children’s liking for school.[[29]](#endnote-29)

For most pupils, relationships with teachers seemed to be very positive. A majority said that they always received help from the teacher when they needed it (52%). And 57% said that they always got along well with their teacher. Over a third of children also said that they never got into trouble at school (39%).

However, there was a sizable group – of 19% – reporting that they got help from their teacher only sometimes or never. Around one in ten pupils (11%) said that they always or often got in trouble while 14% only sometimes or never got along with their teacher.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Table 3.3.2d Teacher relationships** | | | | | | |
| Educational environment items | Always | Often | Sometimes | Never | *Weighted bases* | *Unweighted bases* |
| *Row percentages* | | | | | | |
| How often does your teacher help you when you need help? | 52 | 29 | 17 | 2 | *4117* | *4118* |
| How often do you get along well with your teacher? | 57 | 29 | 12 | 2 | *4067* | *4068* |
| How often do you get into trouble with the teachers at school? | 3 | 8 | 50 | 39 | *4073* | *4074* |
|  |  |  |  |  |  |  |

*Source: RCS primary school survey, Falkirk 2016/17*

The three questions in the table above were used to create a scale which gave a sense of the child’s view of their educational environment. The scoring for the first two questions was reversed so that higher scores indicated more positive teacher relationships. There was a mix of responses with 19% of children categorised as having a more positive view of their educational environment, 47% an ‘average’ view and 34% a less positive view. See appendix for further details of the scale used.

A much greater proportion of girls than boys had a higher score on the educational environment scale (28% compared with 10%). The same was true for those not eligible for free school meals (20% compared with 16% of those who were eligible), and those in two parent households (21%) compared with those in one parent households (16%) and those in step-families (15%). Children with one or more siblings were also more likely to score higher than those with no siblings at home (20% compared with 17% respectively). Children without an additional support need also had higher scores (20% compared with 16% of those with a support need).

*Source: RCS primary school survey, Falkirk, 2017*

### Worries about school work (Achieving, Healthy)

When pupils were asked how much they worry about not doing well at school, 17% said they worried a lot, 23% quite a lot, 44% not very much and 16% not at all. By comparison, findings from the secondary school survey show that two-thirds of children in S1 to S4 reported being worried a lot or quite a lot about not doing well at school.

Children in the most deprived quintile (47%) were more likely to worry about school a lot or quite a lot than those in the least deprived quintile (36%). Those eligible for free school meals were also more likely to worry (47% compared with 39% of those not eligible). Again, children in single parent households (48%) and in step-families (41%) were more likely to worry than those in two parent households (38%).

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Table 3.3.2f Worry about not doing well at school** | | | | | | |
| How much do you worry about not doing well at school? | A lot | Quite a lot | Not very much | Not at all | *Weighted bases* | *Unweighted bases* |
| *Row percentages* | | | | | | |
| All | 17 | 23 | 44 | 16 | *3986* | *3987* |
|  |  |  |  |  |  |  |
| SIMD quintile 1 (most deprived) | 21 | 25 | 37 | 16 | *586* | *566* |
| SIMD quintile 2 | 19 | 24 | 43 | 14 | *1148* | *1139* |
| SIMD quintile 3 | 16 | 23 | 44 | 17 | *765* | *767* |
| SIMD quintile 4 | 13 | 22 | 48 | 17 | *730* | *742* |
| SIMD quintile 5 (least deprived) | 14 | 22 | 46 | 18 | *737* | *754* |
|  |  |  |  |  |  |  |
| Eligible for free school meals | 22 | 26 | 36 | 17 | *660* | *574* |
| Not eligible for free school meals | 16 | 23 | 45 | 16 | *3325* | *3413* |
|  |  |  |  |  |  |  |
| No siblings | 19 | 22 | 42 | 17 | *1232* | *1223* |
| One sibling | 15 | 23 | 46 | 16 | *1497* | *1518* |
| Two or more siblings | 17 | 24 | 42 | 16 | *1244* | *1234* |
|  |  |  |  |  |  |  |
| Two parent household | 14 | 23 | 46 | 17 | *2701* | *2735* |
| One parent household | 22 | 26 | 38 | 14 | *703* | *678* |
| Step-family | 20 | 21 | 41 | 18 | *469* | *465* |
|  |  |  |  |  |  |  |

*Source: RCS primary school survey, Falkirk, 2017*

### Peer relationships and friendships

### Friendships (Included, Respected)

Children in P5 to P7 were asked how often their friends are nice to them and how often they are mean to them. Overall, half of children (50%) said their friends were always nice to them and a further 31% that they were often nice. Only 2% said friends were always mean, and a further 7% said they were often mean.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Table 3.3.3a Friends nice or mean** | | | | | | | | |
|  | Always | Often | Some-times | Never | I don't have any friends | *Weighted bases* | *Unweighted bases* | |
| *Row percentages* | | | | | | | | |
| How often are your friends nice to you? | 50 | 31 | 16 | 1 | 2 | *4112* | | *4113* |
| How often are your friends mean to you? | 2 | 7 | 45 | 46 | N/A | *4020* | | *4024* |
|  |  |  |  |  |  |  | |  |

*Source: RCS primary school survey, Falkirk 2017*

There were no significant differences in either the prevalence of friends being nice or friends being mean to primary school children in Falkirk by any sub-group.

There were, however, a range of factors significantly associated with the number of close friends children had. A majority of children in P5 to P7 (61%) said they had three or more close friends, 23% two, 13% one and 3% none with children in P7 being less likely to have one or no close friends (14%) than those in P5 (18%) and P6 (17%).

Children in the most deprived quintile were more likely to report having one or no friends (19%) than those in the least deprived quintile (14%). The proportion who said they had no close friends, or just one, was higher for those eligible for free school meals (22%) than other children (15%), and higher for those with an additional support need (24%) compared with those without (15%) and those in receipt of children’s services (22% of those in receipt compared with 16% of those who were not).

Children with no siblings were more likely to report having one or no friends (18%) than those with one or two or more siblings (15% and 17 % respectively). Those in single parent households were more likely to have one or no friends (22%) than those in two parent households or step-families (15% and 16% respectively).

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Table 3.3.3b Number of close friends** | | | | | | |
| How many close friends would you say you have? | None | One | Two | Three or more | *Weighted bases* | *Unweighted bases* |
| *Row percentages* | | | | | | |
| All | 3 | 13 | 23 | 61 | *4010* | *4013* |
|  |  |  |  |  |  |  |
| P5 | 3 | 14 | 23 | 60 | *1394* | *1382* |
| P6 | 3 | 14 | 23 | 60 | *1273* | *1243* |
| P7 | 3 | 11 | 23 | 63 | *1313* | *1358* |
|  |  |  |  |  |  |  |
| SIMD quintile 1 (most deprived) | 4 | 16 | 26 | 55 | *590* | *570* |
| SIMD quintile 2 | 5 | 14 | 25 | 57 | *1157* | *1148* |
| SIMD quintile 3 | 2 | 14 | 23 | 61 | *758* | *760* |
| SIMD quintile 4 | 3 | 11 | 19 | 67 | *736* | *748* |
| SIMD quintile 5 (least deprived) | 2 | 12 | 21 | 65 | *751* | *768* |
|  |  |  |  |  |  |  |
| Eligible for free school meals | 6 | 16 | 20 | 58 | *657* | *571* |
| Not eligible for free school meals | 3 | 13 | 23 | 61 | *3353* | *3442* |
|  |  |  |  |  | *Continued…* | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Table 3.3.3b - *Continued*** | | | | | | |
| How many close friends would you say you have? | None | One | Two | Three or more | *Weighted bases* | *Unweighted bases* |
| *Row percentages* | | | | | | |
|  |  |  |  |  |  |  |
| No siblings at home | 3 | 15 | 22 | 60 | *1232* | *1223* |
| One sibling at home | 2 | 12 | 24 | 61 | *1491* | *1513* |
| Two or more siblings at home | 4 | 13 | 22 | 62 | *1238* | *1228* |
| Two parent household | 2 | 12 | 23 | 62 | *2713* | *2747* |
| One parent household | 5 | 17 | 22 | 56 | *692* | *668* |
| Step-family | 3 | 12 | 22 | 63 | *458* | *454* |
| Other household type | 10 | 12 | 21 | 57 | *77* | *74* |
|  |  |  |  |  |  |  |
| Additional support need | 7 | 17 | 22 | 54 | *750* | *729* |
| No additional support need | 2 | 13 | 23 | 62 | *3260* | *3284* |
|  |  |  |  |  |  |  |

*Source: RCS primary school survey, Falkirk, 2016/17*

### Bullying (Safe, Included, Respected, Responsible)

As part of the primary school survey, pupils in P5 to P7 were asked how often, if at all, they are bullied by other children at school and what types of bullying they experienced.

Over half (56%) said that they were picked on at least sometimes by being called names, or made fun of, in a way they did not like, and over one in ten (14%) said this happened on most days. Similar proportions (49%) were left out of games and chats (12% on most days).

There was a physical dimension to bullying for 39% of pupils who said they were picked on by someone pushing, shoving or hitting them or picking a fight with them at least sometimes (8% on most days).

Interestingly, given the prominence given to concerns about cyber-bullying, a smaller proportion (16%) said they were picked on through the sending of emails, text messages, or something being posted online (4% on most days).

*Source: RCS primary school survey, Falkirk 2017*

These questions were combined to form a scale, with 31% being identified as being bullied more often than average, 27% average[[30]](#endnote-30), and 42% very rarely if at all. Further details of this scale are provided in the appendix.

Younger primary children were more likely than older ones to report higher levels of bullying – 35% of those in P5 and 31% P6 doing so, compared with 27% in P7. Boys also experienced higher levels of bullying than girls (33% compared with 29%).

Those eligible for free school meals were also more likely to report higher levels of bullying (39%) compared with other children (30%). Children with no siblings or two or more siblings (34% and 33% respectively) reported more bullying than those with just one sibling (27%). Those in one parent households and step-families (both 37%) also reported higher levels of bullying than those in two parent households (28%).

Children with an additional support need were also more likely to experience higher levels of bullying (41%) than others (29%), as were those in receipt of children’s services (39% compared with 31% of those who were not in receipt).

There was also a relationship between area deprivation and experiences of being bullied, with 36% of those in the most deprived quintile reporting high levels of bullying and 26% of those in the least deprived quintile reporting the same, with these levels increasing as area deprivation increased.

*Source: RCS primary school survey, Falkirk 2017*

Primary pupils were also asked how often, if at all, they bully other children. Most (81%) said they never hit kicked or punched other children at school, and the same proportion (81%) said they were never mean to other children at school or called them hurtful names.

Boys were nearly four times as likely as girls to say they hit other children at least sometimes (30% and 8% respectively) or that they are ever mean to other children (26% and 11%). Those who lived in the most deprived quintile were more likely to say they had hit someone (25% compared with 16-21% for other areas) or been mean to others (23% in the most deprived quintile compared with 15% in the least deprived). Those eligible for free school meals were more likely than others to say they had hit (24% and 18% respectively) and that they had been mean (24% and 18% respectively).

Bullying behaviour also varied by household type in relation to both hitting and being mean to others: for instance, 17% of those in two parent households said they hit others at least sometimes, compared with 21% in single parent households and 28% in step-families.

But perhaps the most notable difference was in terms of whether the children were themselves bullied. Among those who experienced higher levels of bullying themselves, 34% admitted hitting others compared with only 7% of those who experienced lower levels of bullying. Similarly, 35% of those who were bullied more frequently admitted to being mean to others compared with 7% of those who were bullied less often.

*Source: RCS primary school survey, Falkirk 2017*

### Societal

### Equality (Included)

Primary pupils were asked whether they thought their family was richer, poorer or about the same as those of their friends. Despite the fact that pupils were drawn from across a range of backgrounds, most (82%) said their family was about the same, 12% that they were richer and 5% poorer. They were also asked to think about the things they have at home – like toys, games, computers, phones or clothes – and to say whether they think they have more or less of these things than their friends. Almost three quarters (70%) said about the same, 21% said more and 9% less.

Boys were more likely than girls to think that they had more things at home (25% and 18% respectively), as were children living in step-families (24% compared with 20% of children in one parent households and 21% of children in two parent households).

Those eligible for free school meals were more likely than other children to think they were poorer than other families (9% compared with 5%). Finally, those in two parent households (13%) or step-families (14%) were more likely to think they were richer than those in one parent households (9%).

### Anti-social behaviours (Responsible)

In order to gauge the extent to which they might engage in anti-social behaviour, primary pupils were asked how many times they had stolen something that did not belong to them. Most (87%) said they had never done so, but 11% said once and 2% more than once. Girls were more likely than boys to say that they had never stolen anything (89% compared with 85%). There were also associations with other forms of anti-social behaviour, such as hitting other children or being mean to them.

Those who admitted hitting other children once a week or more were more likely to admit to stealing (35% compared with 10% of those who said they never hit other children). Similarly, those who admitted being mean at least once a week were more likely to say they had ever stolen (36% compared with 10% of those who said they were never mean).

*Source: RCS primary school survey, Falkirk 2017*

### Body image and appearance (Healthy)

The link between how men, women and children feel about their own appearance and their mental wellbeing has been the subject of much research.[[31]](#endnote-31) Most children (71%) said they were either very or fairly happy with their appearance, though a few (4%) said they were not at all happy.

The proportion feeling very happy with their appearance fell from 46% in P5 to 27% in P7. Those living in step-families or one parent households were also less likely to be very happy with their looks (33% and 32% respectively) than those in two parent households (38%).

Interestingly, 40% of those receiving free school meals were very happy with their appearance compared with 36% of those not eligible for free school meals. Those with either no siblings or two siblings were also more likely to report that they felt positively about their body (40% and 37% respectively saying they were very happy) compared with those with one sibling (33%).

Area deprivation also had a significant relationship with how happy children were with their appearance, though the pattern was unclear. Interestingly, there was no significant difference in feelings about how they look by gender.

*Source: RCS primary school survey, Falkirk 2017*

Negative body self-image was associated with a range of other outcomes relating to social wellbeing. Over half (52%) of those with a more positive relationship with their parents felt very happy with their appearance compared with 31% of those with an average relationship and 22% with a less positive one. Almost half (45%) of those whose friends were always nice were very happy with their appearance compared with 26-28% of those whose friends were not always nice. Children with three or more close friends were also more likely to be very happy with their appearance (41%) than those with either two (31%) or just one or no close friends (29%).

## Place and wellbeing

This section covers the areas of wellbeing related to the place domain addressed in the primary survey. These related to children’s views of the area in which they live and other aspects of their immediate physical environment.

### Physical environment

### Views on local area (Included)

More than half (55%) of the children in P5 to P7 in Falkirk said they liked living in their local area a lot, but a higher proportion said they liked it a lot in the least deprived (67%) than in the most deprived quintile (44%).

Younger children were also more likely to report liking where they lived a lot, with 60% of those in P5 doing so compared with 53% in P6 and 52% in P7. Those eligible for free school meals were less likely to report liking their local area compared with those not receiving free meals (46% and 57% respectively). Pupils living in two parent households (58%) were also more likely than those living in a step-family (49%) or one parent household (46%) to say they like their area a lot.

Overall, around three in five (58%) said there were lots of places to play outside near them, 39% said some, and just 3% said none. Boys were more likely to agree there was lots of space to play outdoors (61%) compared with girls (56%).

Area deprivation also played a role here, with 53% of children in the most deprived quintile reporting there being lots of places to play and 65% reporting the same in the least deprived quintile. Those in P5 were least likely to say they had lots of access (54%), while those in P7 were the most likely to say they did (63%). Children in two parent households had more access to open spaces, with 60% saying they had a lot of access compared with 53% of those in one parent families and 59% of those in step-families.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Table 3.4.1a Views on local area** | | | | | | |
| How much do you like the area you live in? | A lot | Quite a lot | Not very much | Not at all | *Weighted bases* | *Unweighted bases* |
| *Row percentages* | | | | | | |
| All | 55 | 32 | 11 | 3 | *3985* | *3988* |
|  |  |  |  |  |  |  |
| P5 | 60 | 28 | 9 | 3 | *1367* | *1356* |
| P6 | 53 | 34 | 11 | 3 | *1287* | *1255* |
| P7 | 52 | 34 | 12 | 2 | *1303* | *1348* |
|  |  |  |  |  |  |  |
| SIMD quintile 1 (most deprived) | 44 | 33 | 17 | 6 | *588* | *568* |
| SIMD quintile 2 | 50 | 32 | 15 | 3 | *1140* | *1132* |
| SIMD quintile 3 | 53 | 34 | 10 | 3 | *766* | *768* |
| SIMD quintile 4 | 61 | 32 | 6 | 1 | *734* | *746* |
| SIMD quintile 5 (least deprived) | 67 | 27 | 4 | 2 | *738* | *755* |
|  |  |  |  |  | *Continued…* | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Table 3.4.1a - *Continued*** | | | | | | |
| How much do you like the area you live in? | A lot | Quite a lot | Not very much | Not at all | *Weighted bases* | *Unweighted bases* |
| *Row percentages* | | | | | | |
|  |  |  |  |  |  |  |
| Eligible for free school meals | 46 | 30 | 17 | 7 | *654* | *568* |
| Not eligible for free school meals | 57 | 32 | 9 | 2 | *3332* | *3420* |
|  |  |  |  |  |  |  |
| Two parent household | 58 | 31 | 9 | 2 | *2713* | *2747* |
| One parent household | 46 | 33 | 16 | 5 | *692* | *667* |
| Step-family | 49 | 34 | 12 | 4 | *469* | *464* |
| Other household type | 61 | 20 | 13 | 5 | *77* | *74* |
|  |  |  |  |  |  |  |

*Source: RCS primary school survey, Falkirk 2017*

### Access to a garden at home (Active)

Most children (92%) said they had a garden at home they could play in. However, there were significant differences with respect to area deprivation (85% in the most deprived quintile had access to a garden compared with 96% in the least deprived), free school meal status (84% of those eligible for free school meals compared with 93% of other children), and the number of children in the household (89% of only children compared with 94% with one sibling and 92% with two or more). Children in two parent households were also more likely to have access to a garden (94%) compared with those in one parent households (86%) and step-families (88%).

## Summary of key findings from the primary school survey

Across a range of different indicators of wellbeing there were significant differences by gender, area deprivation, household type, as well as whether pupils were eligible for free school meals or had additional support needs.

Girls were more likely than boys to have a healthy diet, have a ‘higher mood’ and to have a more positive relationship with their parents than boys. In relation to school, girls were more likely than boys to say they enjoyed school, had a considerably more positive view of their educational environment and were less likely to experience bullying.

The differences between those living in the most deprived areas and those in the least deprived areas suggest that inequalities persist in relation to a range of key indicators of physical and emotional wellbeing. A similar relationship was found in relation to those eligible for free school meals and those who were not. For example, pupils living in deprived areas were less likely to eat a healthy diet, consuming less fruit and vegetables and more fizzy drinks than those in less deprived areas. The higher consumption of fizzy drinks among those in more deprived areas is also accompanied by poor dental hygiene as those who consume more fizzy drinks are less likely to brush their teeth regularly.

Pupils in deprived areas were also more likely to be exposed to an unhealthy environment with 39% of children in the most deprived quintile being frequently exposed to second hand smoke compared with only 9% in the least deprived quintile. And those in deprived areas were also less likely to take part in activities that were shown to be linked to a healthy lifestyle, for example, 34% in the most deprived quintile ate with their family every day compared with 51% in the least deprived quintile.

Those in the most deprived areas were also more likely to worry about the health of a family member or about not doing well at school, and more likely to have been bullied at school. They were less likely to have access to a garden or to say that they liked living in their local area.

Family composition was a predictive factor for indicators within each of the three wellbeing domains. In comparison with children who lived with two parents, children in single parent and step-families had:

* worse health
* less healthy dietary behaviours
* lower levels of life satisfaction
* lower moods
* increased exposure to second-hand smoke in the home
* less positive relationships with their parents
* increased incidence of bullying
* poorer body image
* lower satisfaction with the area they live in

Pupils with additional support needs were considerably more likely to have been bullied (41% compared with 29% among those without); to have fewer friends; to be less likely to enjoy school and more likely to have ever skipped school; to be less likely to have high life satisfaction and more likely to have lower mood.

# Findings from the parent survey

## How the survey was carried out

This element of the RCS survey programme served two main purposes. First and most importantly, it was a means of obtaining proxy information about the health and wellbeing of children in the early stages of childhood (0-8 years), to set alongside that provided by the school-based surveys of older children and young people. Secondly, it offered an opportunity to gather some information about the views, experiences and wellbeing of parents and carers themselves. In relation to both these groups – 0-8 year-olds and their parents – the survey provides population-level information not readily available from any other source.

Interviews were conductedwith 502 parents or main carers across Falkirk in their homes between January and May 2017, using face-to-face Computer Assisted Personal Interviewing (CAPI) interviewing. The questionnaire took approximately 30 minutes, on average, for parents to complete.

If interviewees had more than one child in the 0-8 age group, a ‘reference child’ was selected at random. The survey used an approach called quota sampling to ensure that the sample was broadly representative of the Local Authority in terms of the age of the child (0-4 or 5-8 years) and working status of the household (working or non-working). It cannot be assumed to be wholly representative of the Local Authority in terms of other demographic characteristics. As is common in surveys of this kind with ‘main carers’, the vast majority of interviewees (77%) were female which may have had an impact on some responses.

In terms of the gender of the child being asked about, 257 (51%) were male and 245 (49%) were female. In terms of age, 158 (32%) were aged 0-2 years, 110 (22%) were aged 3-4 years and 234 (47%) were aged 5-8 years.

Because of the relatively small total sample size, there are limits on the extent to which statistically significant differences can be demonstrated across sub-groups.

Further details about the data collection process – and about the characteristics of the achieved sample – can be found in the Technical Report.

## Personal wellbeing

Parents and carers were asked to provide proxy data in relation to various aspects of personal wellbeing. These included physical health (child’s general health; long-standing health conditions; hospital admissions; communication and sleep patterns), healthy living (diet and nutrition; physical activity; dental health) and mental health.

### General health

### Child’s general health (Healthy)

The survey suggests that parents and carers tend to take a relatively positive view of their child’s health: almost all rated their child’s general health as either ‘very good’ (76%) or ‘good’ (19%), while just 5% reported that it was ‘fair’ and 1% that it was ‘bad’. Scottish Health Survey 2015 data for Scotland as a whole showed that around seven in ten (68%) of those aged 0-3 and those aged 4-7 (71%) had their health rated as ‘very good’ using the same question.[[32]](#endnote-32)

### Long-standing health conditions (Healthy)

Despite these positive assessments of general health, around one parent in six (18%) said their child has a long-term physical or mental health condition or illness (that is, a condition or illness that has been present since birth or is expected to last for 12 months or more). Comparative national data from the Scottish Health Survey in 2015 showed 10% of those aged 0-3 and 17% of those aged 4-7 were reported to have a long-term condition.[[33]](#endnote-33)

Of those children with a long-standing health condition, the largest single group (29%) had a condition relating to social or behavioural issues. A further 24% reported the child having a condition that affected their stamina or breathing and 19% mentioned issues with the child’s learning or concentration. The most commonly mentioned other conditions were allergies (18%), conditions that affected vision (13%), and issues relating to mobility (11%).

### Accidents, injuries and hospital admissions (Safe, Healthy)

***Accidents and injuries***

Around one in eight (12%) children had experienced an accident or injury during the past twelve months. Figures from the 2015 Scottish Health Survey (with a slightly different question) showed that across Scotland 12% of those aged 0-3 and 13% of those aged 4-7 had an accident in the previous 12 months.

Of those who had experienced accident or injury, 76% attended Casualty or Accident and Emergency and 6% were admitted to a hospital ward. The remaining 18% did not need to go to hospital. There were no significant differences between sub-groups in relation to experience of accidents or injury.

***Hospital admission as a result of illness***

Around a quarter of parents (26%) said that their child had ever been admitted to a hospital ward as a result of illness or a health problem. There were no statistically significant differences in hospital admission according to the child’s age, gender or area deprivation level.

### Birth weight (Healthy)

Parents were asked to provide their child’s weight at birth. Those children who were singleton births and whose weight was under 2.5kg were classed as having low birth weight. Only 7% of children had a low birth weight. Children living in areas in the two most deprived quintiles were markedly more likely to have had a low birth weight than were children living in areas in the three least deprived quintiles (10% compared with 5%).

### Concerns about development, communication and sleep patterns (Healthy, Achieving)

***Development and communication***

Overall, 88% of parents had no concerns about their child’s development, learning and/or behaviour, 7% had some concerns and 5% had a lot. Parents of girls were more likely than parents of boys to say they had no concerns (92% and 84% respectively).

Research shows that children and young people who have speech, language and communication needs commonly have difficulties with reading and writing and accessing the curriculum as well as behavioural difficulties and difficulties in socialising with their peers. These difficulties can progress into poor outcomes in terms of mental health and employment opportunities during adulthood. Speech, language and communication needs are often concentrated in socially disadvantaged households, but research has demonstrated the positive impact of support on these families.[[34]](#endnote-34),[[35]](#endnote-35),[[36]](#endnote-36),[[37]](#endnote-37)

A large majority of parents (91%) had no concerns about how their child communicates, 5% had some concerns and 4% a lot of concerns. Again, parents of girls were more likely (95%) to have no concerns about how their child communicates than the parents of boys (87%).

***Sleep patterns***

Around 1 in 4 parents reported that their child’s sleep had been a problem during the previous three months: 18% stated that this had been ‘a bit of a problem’ and 6% said that it had been ‘a big problem’. Not surprisingly, sleep was less likely to be a problem among older children – 83% of parents of 5-8 year-olds said it had not been a problem, compared with 74% of parents of 3-4 years-olds and 66% of parents of 0-2 year-olds.

National data from GUS (2013)[[38]](#endnote-38) showed that 64% of parents of 10 month old children said their child’s sleep had not been a problem in the last 3 months and 71% said this of their children at age 3 years.

### Healthy Living

### Breastfeeding (Healthy)

Over half of children (54%) were breastfed for at least some duration. Findings from GUS suggest that amongst children born in 2010 and 2011, 63% were breastfed for some duration.[[39]](#endnote-39) Children living in less deprived areas and those whose parents had higher levels of education were much more likely to have been breastfed than were those living in more deprived areas and those whose parents had lower levels of education. For example, 74% of children with a degree educated parent were breastfed compared with 40% of those whose parents’ highest qualifications were at Standard Grade. In addition, 61% of children living in areas in the three least deprived quintiles had been breastfed compared with 45% of children living in areas in the two most deprived quintiles. Those who had regularly attended any parent and baby/toddler groups with their child were also more likely to have breastfed than those who had not (64% compared with 48% respectively).

### Diet and nutrition (Healthy)

As noted elsewhere in this report, diet and nutrition are key areas in terms of child wellbeing.

Parents in Falkirk were asked how frequently their child consumes fruit and/or vegetables. For the purpose of analysis, levels of fruit and vegetable consumption were combined and classified as follows:

* Higher – consumes fruit and/or vegetables at least once a day or one of these more than once a day and the other most days
* Medium – consumes fruit and/or vegetables most days or one of these most days and the other less than once a month
* Lower – consumes fruit and/or vegetables less than once a month or one of these at least once a week and never consumes the other

Overall, around two-thirds of children aged 8 or under (67%) were classified as having a higher level of fruit and vegetable consumption within this sample. Three in 10 (30%) were classified as having a medium consumption, whilst fewer than 1 in 20 (4%) were classified as having a lower fruit and vegetable consumption.[[40]](#endnote-40)

Girls (73%) were more likely to have a high fruit and vegetable consumption than boys (60%). Children aged between 0 and 2 years (79%) were also more likely to have a high fruit and vegetable consumption, most likely due to weaning, than those aged 3-4 or 5-8 (69% and 58% respectively).

*Source: RCS parent survey, Falkirk 2017*

Overall, 64% of children in Falkirk aged 0-8 were reported to never consume fizzy drinks and a further 14% do so less than once a month. However, 16% consume fizzy drinks at least once a week, and 6% do so either ‘most days’, ‘once a day’ or ‘more than once a day’.

Not surprisingly, whether a child consumed fizzy drinks was linked to the age of child: 90% of parents of children aged 0-2 said that their child never consumes fizzy drinks compared with 75% of those with children aged 3-4 and 43% of those with children aged 5-8.

### Physical activity (Active, Healthy)

Having good levels of physical activity is important for both physical and mental health. Being active can help reduce the risk of over 25 chronic conditions including coronary heart disease, stroke, type 2 diabetes, cancer, obesity and musculoskeletal problems and has secondary prevention benefits for many other conditions.[[41]](#endnote-41)

Most parents reported that their children engaged in physical activity on a regular basis, with 83% of children active for at least 60 minutes every day during the past seven days. 9% were active for at least 60 minutes on 5-6 of the past seven days, while 5% were active on 2-4 days and a further 3% were active on one day or less.[[42]](#endnote-42) These figures are broadly comparable with findings from the 2015 Scottish Health Survey (which used a different and more detailed set of questions): this showed 70% of children aged 2-4 and 78% of those aged 5-7 being active for at least 60 minutes every day in the past week.

*Source: RCS parent survey, Falkirk 2017*

### Dental health (Healthy)

Although almost totally preventable, dental decay is the single most common reason to admit children to hospital in Scotland, accounts for significant pain and discomfort to the child and can result in absence from school. Dental health is also widely used as an 'indicative measure' of children's general health and reflects a key 'outcome' of good parental care during the pre-school period.[[43]](#endnote-43) Oral health is an important component of wider general health which can influence a person’s quality of life.[[44]](#endnote-44)

Around 8 in 10 (84%) parents reported ‘always’ taking their child for check-ups, either as often as the dentist suggests or around once every 6 months, with a further 4% reporting ‘mostly’ taking their child for check-ups. Around 1 in 10 (12%) did not take their child for check-ups at the dentist. In nationally representative data (GUS, 2008)[[45]](#endnote-45) 43% of parents of children aged 2 had taken their child to the dentist in the last 6 months and 66% of parents of the children aged 4. This is not directly comparable due to question wording as GUS only asked about visits in the last 6 months whereas on RCS they were asked about general frequency of check-ups.

Not surprisingly, frequency of dental check-ups varied by age, with children aged 0-2 years (65%) less likely to be taken for check-ups (every 6 months) than those aged 3-4 years (90%) and 5-8 years (93%). Guidance from Child Smile suggests that parents should ‘Aim to register your baby with a dentist soon after birth or by the time they are six months of age. From then on, take your child to the dental practice every six months, or as advised by your dental team.’

### Mental health and wellbeing

### Strengths and difficulties questionnaire (Healthy, Achieving, Included)

As noted in relation to the secondary survey, Goodman’s Strengths and Difficulties Questionnaire (SDQ)[[46]](#endnote-46) is a commonly used tool for reporting on social, emotional and behavioural development in children. These questions were also asked of parents of children aged 3-8 years (n=317), in line with the guidelines of the scale. More detail on the SDQ is provided in section 2.2.3.

Summary data for each of the five sub-scores, together with a summary measure of children’s total SDQ difficulties score, are presented in Chart 4.2.3a below.

*Source: RCS parent survey, Falkirk 2017*

Most children aged between 3 and 8 years (85%) scored in the ‘close to average’ range according to their total SDQ difficulties score, with a further 4% in the ‘slightly raised’ range. Around one child in nine was classified as being in either the ‘high’ (5%) or ‘very high’ (6%) range.

Although the SDQ has been used with parents in previous national surveys, the cut-off points for the scales have since been revised, so it is not possible to make direct comparisons with national data. The revised measures were validated on a UK sample of children aged 4 to 17, which found around 80% scored ‘close to average’ on each sub-scale. The lower proportion categorised as ‘close to average’ in the validated UK sample may be due to the older age group, as it was found in both the parent survey and the secondary school survey (completed by the child) that scores on the difficulties scale tend to increase as the child’s age increases.

There were a number of differences in scores according to gender, with girls more likely than boys to score ‘close to average’ on the ‘conduct, ‘hyperactivity’, and ‘pro-social’ sub-scales in addition to the ‘total’ SDQ score. Parental physical health and mental wellbeing were also significantly related to total SDQ scores, with children of parents with ‘average’ or ‘above average’ physical health (87%) and mental wellbeing (90%) more likely to score ‘close to average’ than the children of parents with ‘low’ physical health (70%) and mental wellbeing (56%). Only the ‘emotional’ sub-scale showed any statistically significant variation across age groups, with children aged 3-4 years more likely than those aged 5-8 years to score ‘close to average’.

There were no significant differences on any of the sub-scales in relation to the level of area deprivation.

## Social wellbeing

For the parent survey, this section covers questions relating to family circumstances and relationships. These include household characteristics including accommodation, living arrangements and non-resident parents; parental general health; parental healthy living; and parent-child relationship). And the educational and learning environment (pre-school; primary school; parental involvement in homework; home learning environment; and additional support needs).

### Family

Whether children have their own bedroom and a garden (Active, Respected)

A majority of children aged 0-8 (80%) had their own bedroom. Comparable national figures from GUS (2009/10) showed that 64% of children aged 5 years had their own bedroom (this figure was the same when children were aged 1 in GUS[[47]](#endnote-47)). Most also had access to a garden or common space, with 93% living in a home with their own garden and 4% having access to a shared garden.

Not surprisingly, whether or not a child had their own bedroom varied by area deprivation, with 73% of children living in the two most deprived quintiles having their own bedroom and 85% of those living in the three least deprived quintiles.

*Source: RCS parent survey, Falkirk 2017*

Living arrangements and non-resident parents

Overall, 87% of parents reported that their child lives with them all of the time, and 13% that their child sometimes lives somewhere else.

Around one in five (19%) children had a non-resident parent. Typically, this was a non-resident father (83%) but 8% of those with a non-resident parent had a non-resident mother, and 9% had two non-resident parents. Whether or not a child had a non-resident parent varied by area deprivation, with children living in the two most deprived quintiles markedly more likely than those living in the three least deprived quintiles to have a non-resident parent (29% compared with 11%).

### Parental general health

Maternal health problems have been identified as a significant factor associated with child outcomes, including behaviour difficulties.[[48]](#endnote-48)

***Physical and mental health***

Parents were asked a series of questions relating to their health. These form the SF-12, which is a short survey of physical and mental health.[[49]](#endnote-49) Data from these questions were combined to produce a summary measure of respondent’s physical health and mental wellbeing. The majority of parents had few physical or mental health problems, with 11% of parents reporting below average physical health and 14% reporting below average mental health.

***Parental health and children’s SDQ***

Children’s total difficulties scores on the Strength and Difficulties Questionnaire varied according to the responding parent’s physical and mental health (see sections 2.2.3 and 4.2.3 for more detail). Where a parent had an ‘above average’ physical health score, 87% of children had a ‘close to average’ total SDQ score; however, this figure fell to 70% where the child’s parent had a lower than average physical health score. Similarly, where a parent had an ‘above average’ mental wellbeing score, 90% of children had a ‘close to average’ total SDQ score; however, this figure fell to 56% where the child’s parent had a lower than average mental wellbeing score.

*Source: RCS parent survey, Falkirk 2017*

***Parental life satisfaction***

Parents were asked to assess their general satisfaction with life using a scale between 0 and 10, where 0 denotes extremely dissatisfied and 10 denotes extremely satisfied. Most parents (80%) selected a value between 7 and 10, indicating a relatively high degree of satisfaction with their lives. A further 16% selected a value between 4 and 6, whilst 4% of respondents selected a value between 0 and 3, suggesting a level of dissatisfaction with life.

*Source: RCS parent survey, Falkirk 2017*

Parental life satisfaction varied by area deprivation, with parents living in areas in the three least deprived quintiles more likely to report being satisfied with life (83%) than those living in areas in the two most deprived quintiles (76%).

The findings also highlight the importance of the relationship between life satisfaction and parental health. Those with above average physical and mental health within the sample were much more likely to report being satisfied - 82% and 86% doing so, respectively, compared with 60% and 47% of those with lower than average physical and mental health. Although the sample size is not large enough to support more detailed analysis, it is reasonable then to assume that those with poorer health will show markedly worse levels of general life satisfaction.

### Parental healthy living

Parental smoking, alcohol or drug misuse can have an effect on child health and wellbeing during pregnancy (via, for example, foetal alcohol syndrome,[[50]](#endnote-50) neonatal abstinence syndrome[[51]](#endnote-51) and the impact of smoke on sudden infant death syndrome, stillbirths and complications in pregnancy[[52]](#endnote-52)). There can also be impacts in later life, with passive smoking being linked to a range of health issues among children, including respiratory diseases, asthma, lung function and bacterial meningitis.[[53]](#endnote-53)

***Alcohol use***

Table 4.3.1d shows the frequency of alcohol consumption reported by respondent parents of 0-8 year olds in Falkirk compared with national figures from Growing Up in Scotland.[[54]](#endnote-54) As this GUS data was gathered from parents of children aged 10 months this is not directly comparable to results from the RCS survey, but the broad patterns are very similar. In both surveys, the achieved sample was predominantly female.

|  |  |  |
| --- | --- | --- |
| Table 4.3.1d Frequency of parental alcohol consumption | | |
|  | Falkirk  Parents of children aged 0‑8) | National GUS data (parents of child aged 10 months) |
| *Column percentages* | | |
| Never drink alcohol | 20 | 21 |
| Monthly or less | 35 | 39 |
| 2-4 times a month | 28 | 27 |
| At least 2-3 times a week | 17 | 13 |
| *Weighted bases* | *470* | *6018* |
| *Unweighted bases* | *470* | *6023* |

*Source: RCS parent survey, Falkirk 2017, Growing Up in Scotland 2011*

Alcohol use among respondents in Falkirk varied by area deprivation, with those living in the two most deprived quintiles (25%) more likely to say they never drink alcohol than those in the three least deprived quintiles (17%).

The AUDIT-C is a brief indicator of risky drinking derived from the Alcohol Use Disorders Identification Test, developed by the World Health Organisation.[[55]](#endnote-55) Data from questions concerning their alcohol consumption were combined to produce an AUDIT-C score[[56]](#endnote-56) for each respondent.

Half of all parents (50%) in Falkirk fell into the category of ‘risky drinkers’ on the basis of their AUDIT-C scores. ‘Risky drinking’ is defined as increasing or higher risk drinking (relating to how much and how often alcohol is consumed). This is equivalent to drinking two or more glasses of wine at least twice a week for women, and slightly more for men. The proportion of risky drinkers in Falkirk is similar to that found nationally using data from GUS.

***Smoking***

Around one in five (19%) parents and carers reported being current smokers. (This compares to 21% of the whole Scottish adult population, using a similar – though not identical – measure from the Scottish Health Survey data). Of those who were current smokers, 14% smoked fewer than five cigarettes per day, 16% smoked between five and nine cigarettes per day, 40% smoked between 10 and 14 cigarettes per day, and 16% smoked between 15 and 19 cigarettes per day. A further 14% of respondents reported smoking at least 20 cigarettes per day.

As was seen in relation to pupil exposure to second-hand smoke (see pages 26, 59), area deprivation was a key predictor here: parental smoking rates were more than twice as high in the two most deprived quintiles (28%) as in the three least deprived (11%).*Source: RCS parent survey, Falkirk 2017*

***Drug use***

Levels of reported parental drug use were low. Overall, 2% of parents reported having used cannabis at some point since their child was born, less than 1% reported using cocaine or crack cocaine, and none said they had used either heroine or ‘other drugs’. A similar question was asked on Growing Up in Scotland (2013) of parents of children aged 10 months old which showed levels of drug use since their child was born as 2% usage for cannabis, and less than 1% for crack, cocaine, heroin and methadone.[[57]](#endnote-57) In both surveys, the gender profile of the achieved sample may be a factor as rates of drug use may vary between male and female parents.

### Parent-child relationship (Nurtured)

***Attachment***

Evidence from Health Scotland has shown links between a child’s attachment style to their parents and later social and emotional outcomes,[[58]](#endnote-58) including associations with a relative improvement in cognitive ability between ages 3 and 5.[[59]](#endnote-59)

Parents and carers with a child aged between 0 and 2 years were asked a series of nine questions about the quality of their relationship with their child. Data from these questions were combined to produce a score for each respondent of between 22 and 37 based upon Condon and Corkindale’s Parent-Infant Attachment scale (MPAS).[[60]](#endnote-60)

A third (33%) of parents scored 36 or 37 on the scale, by reporting strong feelings of attachment in response to all or nearly all of the questions. These were recorded as demonstrating higher levels of attachment. The remaining two-thirds (67%) were recorded as having lower levels of attachment, but it should be recognised that this is only in relation to those scoring very highly, and most of these are likely to have a good relationship with their child.

***Parental warmth and conflict***

Parents and carers with a child aged between 3 and 8 years were asked a separate set of 15 questions from the Pianta scale[[61]](#endnote-61) about the quality of their relationship with their child. Data from these questions produce two summary measures – one indicating the level of parent-child warmth and one measuring parent-child conflict (as on GUS[[62]](#endnote-62)).

Overall, 65% of respondents reported ‘high’ parent-child warmth (on the basis that they scored 34 or more on these items) which is a similar proportion found in national data from GUS (65%, 2011)[[63]](#endnote-63) of parents (mostly mothers) of children aged 5. Parent-child warmth varied according to gender, with parents of girls more likely than parents of boys to report a high level of parent-child warmth (77% compared with 53%).

Around a third (32%) of parents in Falkirk scored as having ‘high’ parent-child conflict (scores of 19-40), with a similar proportion (34%) achieving both medium (scores of 13-18) and low conflict scores (scores of 8-12). As with parent-child warmth, parent-child conflict varied according to gender, with parents of boys more likely than parents of girls to report a high level of parent-child conflict (39% compared with 26%). Equivalent figures on parent-child conflict from GUS (2011) of parents of children aged 5 were 30%, 37% and 33%.

***Meal times***

Around two-thirds of parents and carers (67%) reported that their child eats a main meal with a parent or family member ‘every day’ and 20% that they do so between 2 and 6 days per week. A minority of children were reported to eat a main meal with a parent or family member ‘once a week’ (5%) or ‘hardly ever or never’ (8%). No significant sub-group variations were evident in relation to this measure, perhaps as a result of the limited total sample size.

### Educational and learning environment (Achieving)

Attendance at high quality early learning and childcare settings and school has clear links with improved educational (and other) outcomes. Longitudinal research in the UK has shown pre-compulsory education to have a positive impact on early schooling outcomes and later educational outcomes, as well as providing some evidence of positive labour market effects.[[64]](#endnote-64) Parental assistance with homework is important given evidence that effective parental engagement programmes that focus on helping parents to use appropriate strategies to support their children’s learning at home can help reduce the attainment gap associated with pupils from economically disadvantaged households.[[65]](#endnote-65) Moreover, longitudinal research in Scotland shows the home learning environment to exert a greater and more independent influence on children’s cognitive development at three years of age than parental education and socio-economic status.[[66]](#endnote-66)

### Pre-school (Achieving)

Around nine in ten parents or carers (92%) with a child aged 3 to 4 reported that the child currently attends a pre-school nursery. Of those who do, around four in five (79%) attend a nursery class attached to a local authority primary school, with the remainder mostly attending either a local authority nursery school or centre (7%) or private day nursery or nursery school (9%).

Of those children attending a pre-school nursery, 75% do so for 15 hours or fewer per week, whilst 25% attend for 16 hours or more.

*Source: RCS parent survey, Falkirk 2017*

Levels of satisfaction with nursery provision appear high. Almost all those with a child aged between 3 and 4 years who attended a pre-school nursery (97%) were satisfied with the overall standard of pre-school provision – 71% were ‘very satisfied’ and 26% ‘satisfied’.

### Attendance at primary school (and reluctance to attend) (Achieving)

Almost all children aged between 5 and 8 years (96%) attended a primary school - and in all cases this was a state rather than a private school.

Most parents and carers (72%) reported that their child never feels upset or reluctant to go to school; however, 20% indicated that this happens once a week or less and 8% that it happens more than once a week.

There was a clear association between reluctance to attend school and SDQ scores. For instance, 78% of those with a score close to average were reported to never be reluctant to attend school; by comparison, the same was true of only 41% of those with a raised SDQ difficulties score.

Overall, 89% of respondents with a child aged between 5 and 8 years who currently attends a primary school expressed satisfaction with the overall standard of primary school provision, with 52% reporting that they are ‘very satisfied’ and 36% stating that they are ‘satisfied’. A total of 6% expressed dissatisfaction with the overall standard of primary school provision, with 5% stating that they are ‘dissatisfied’ and 1% reporting being ‘very dissatisfied’ and a further 5% of respondents being ‘neither satisfied nor dissatisfied’.

### Home learning environment and parental involvement in homework (Achieving, Nurtured)

Encouraging parents to undertake home learning activities with their child from an early age has long been high on the agenda for both policy makers and academics interested in children’s outcomes and development.

Parents and carers were asked how often they undertake the following activities with their child:

* Reading stories or books
* Singing songs or playing music
* Visiting friends who have young children
* Activities outside of the home (e.g. going to play parks/soft play areas, going on day trips or doing hobbies or sports)
* Activities or playing inside of the home

The chart below shows the proportion that reported doing each of these activities with their child at least once or twice per week.

*Source: RCS parent survey, Falkirk 2017*

Overall, the findings suggest that most parents engage in each of these activities relatively frequently. However, there are some variations by sub-group worth noting. For instance, parents with a degree level qualification were markedly more likely to read to their child every day (87% compared with 68% of those with Standard Grades or equivalent and 55% of those with no formal qualifications), as were parents in the three least deprived quintiles (81% compared with 67% of parents in the two most deprived quintiles). Parents in the two most deprived quintiles were, however, more likely to sing songs or play music to or with their child every day (83%) compared with those in the three least deprived quintiles (75%). Parents with fewer educational qualifications were also less likely to undertake activities outside the home with their child at least once per week (82% of those with no qualifications compared with 96% of those with degree level qualifications).

Many of the activities varied by the age of the child, with daily activities less common with children aged 5-8. For example, 63% of parents of children aged 5-8 played music or sang songs with their children daily compared with 86% of parents of children aged 3-4 and 96% of parents of children aged 0-2. Reading to their child daily was reported by 66% of those with children aged 5-8 compared with 86% of parents of children aged 3-4 and 79% aged 0-2, and; 19% of parents of children aged 5-8 did activities outside the home at least once per week compared with 30% aged 3-4 and 44% aged 0-2. Parents of girls were also more likely than parents of boys to play music or sing songs with their children daily (83% compared with 74%).

Comparable national data from GUS shows that the majority of parent respondents of children aged 10 months old read or looked at books with their child ‘most days’ or a ‘few days a week’ (90%), while almost everyone recited nursery rhymes or sang songs most days or a ‘few days a week’ (97%). Data from GUS gathered when the children were aged 3 years showed 98% read books with their children every day or a few days a week and 95% sang songs or nursery rhymes with them this frequently).[[67]](#endnote-67)

Around three quarters (74%) of those with a child aged 5-8 years reported helping their child every time they get homework, with a further 16% stating that they helped their child ‘most of the time’ and 5% stating that they helped their child ‘sometimes’. Only 3% ‘hardly ever’ helped their child with homework, and 2% of parents that said they ‘never’ helped their child with homework.

### Additional support needs (Healthy, Included)

Around one in seven (15%) parents or carers of children aged 3-8 years indicated that their child has been identified by their pre-school or primary school as having additional support needs (ASN) – 13% doing so in relation to children at pre-school and 16% in relation to children at primary school. These figures appear slightly high for children in early primary school compared with national figures from GUS which showed that 8% of children in the first year of primary school were reported as being identified with ASN by their main carer.[[68]](#endnote-68) However, it is worth noting that a government report published in 2011 suggests that ASN prevalence increases steadily with age until around 9 years old.[[69]](#endnote-69)

Chart 4.3.2c shows the most common types of additional support needs that parents reported their child to be receiving support for. It should also be noted that some children may have more than one ASN.

*Source: RCS parent survey, Falkirk 2017*

The most common types of additional support needs related to speech and language (5%), social, emotional and/or behavioural problems (5%), learning disability (4%) and autistic spectrum disorder (3%).

Parents and carers were asked if their child had any other additional support needs not being met by the school. Overall, 5% said this was the case; relating to 5% of both pre-school age children and 5% of primary school age children.

## Place and wellbeing

For the parent survey issues of place and wellbeing were explored via a range of measures including: community participation; neighbourhood, perceptions of safety and community; and use of and satisfaction with local services. Some of these relate directly to the child, while others concern parental views and experiences.

### Community

Participation (Included, Active)

Scottish Government analysis of the impact of the arts and culture has shown that participating in cultural activities at a younger age leads to increased economic capital when older (independent of social background) and, among other findings, that arts participation makes a greater difference to students from lower socio-economic groups.[[70]](#endnote-70)

Almost all parents and carers of children aged 5-8 (99%) said their child had visited at least one of a range of places or events asked about during the previous 12 months – most commonly, a swimming pool (93%), a cinema (84%), or a zoo, aquarium or farm (73%).

*Source: RCS parent survey, Falkirk 2017*

Those living in the three least deprived quintiles were much more likely than those living in the two most deprived to have visited many of the places or events asked about, including visiting a swimming pool (96% compared with 88%), visiting the cinema (90% compared with 76%), attending a live performance (75% compared with 59%), and attending a religious service (55% compared with 32%).

Parents and carers with a child aged 5-8 years were also asked whether their child takes part in any of a list of specific activities on a regular basis:

* Community group or club (e.g. cubs/beavers, rainbows/brownies, anchor boys, or cultural group)
* Team sport, sports coaching or sports lessons (e.g. football, cricket or netball)
* Individual sport, sports coaching or sports lessons (e.g. swimming, tennis, karate or gymnastics)
* Art, music, or performance lessons (e.g. piano, dance, choir or drama)
* Classes or extra lessons to improve academic skills (e.g. remedial reading or extra tutoring)
* Classes to learn new skills (e.g. computing or learning another language)
* Religious services or classes

The majority (85%) of children in this age group engaged in at least one such regular activity. The most common of these were individual and team sports (66% and 47% respectively), followed by community groups or clubs (42%) and art, music or performance lessons (30%). A smaller proportion were said to take part regularly in religious services or classes (18%), classes or extra lessons to improve academic skills (3%) and classes to learn new skills (5%).

Children living in the three least deprived quintiles were more likely to engage in individual sports (74%) than were those in the two most deprived (55%), whilst boys were more likely to participate in team sports than girls (54% compared with 39%).

Those with a child aged between 7 and 8 years were asked whether their child is allowed to go to a range of specific places either on his or her own or with friends of his or her own age without adult supervision. Almost all children of this age (91%) were allowed to go out in their own backyard or garden, whilst 79% were allowed to go out onto a pavement or area in front of the home and 64% to see a friend without crossing a road (53% are allowed to cross a road to see a friend). Just 5% of children aged between 7 and 8 years were not allowed anywhere outdoors without constant adult supervision.

### Neighbourhood, safety and community (Safe)

There are well established links between children and young people’s mental and emotional wellbeing and how they feel about the area they live in. Although the latter issue could not be addressed directly by the survey, it was possible to obtain contextual and attitudinal information from parents.

Many children in this age group live in households that are well established in the local area: around half (46%) of the parents and carers interviewed had lived in their area for more than ten years (19% between 11 and 20 years, 9% between 21 and 30 years, and 18% for more than 30 years). Of the 54% who had been resident in the area for ten years or less, 15% had lived there for less than two years, and a further 15% had lived there between two and four years.

Perhaps not surprisingly, then, most parents said they felt they were settled in and part of the community in their area (85%). A majority also agreed that people in the community are willing to help their neighbours (73%).

Most (74%) also agreed that it is safe to walk in their local area in the dark – a higher proportion to the 61% found nationally among parents of children aged 3 in GUS.[[71]](#endnote-71) (In both cases, however, it needs to be remembered that the majority of interviewees were female and that this may have had an influence on responses to the question.) A similar proportion agreed that there are safe parks, play grounds and play spaces in the area (74%), and that it is safe for children to play outside in their area during the day (73%).

Combining data from the above questions[[72]](#endnote-72) resulted in 30% of respondents being classified as having a higher level, 53% as having a medium level and 16% as having a lower level of feeling safe/part of a community. Area deprivation was a factor here, with those in the three least deprived quintiles more likely than those in the two most deprived quintiles to perceive high levels of feeling safe / being part of the community (37% compared with 22%).

*Source: RCS parent survey, Falkirk 2017*

## Broader parental views and experiences

This final section considers some broader parental views and experiences which may be indirectly relevant to child wellbeing or to the ability of services to support parents and carers appropriately. These include measures of use of and satisfaction with local services; social support (family support and social networks); quality of parental relationships; use of childcare and use of and access to parenting support services).

### Use of and satisfaction with local services

### Availability of services and amenities

As Chart 4.5.1a shows, most or almost all parents and carers in Falkirk said they had easy access to a range of key services and amenities. The main exceptions to this were access to a social welfare office.

*Source: RCS parent survey, Falkirk 2017*

Although 71% of parents said they had easy access to ‘groups, clubs and activities’, only 31% reported actually being involved in local clubs and groups.

Although a majority of parents felt that the overall quality and availability of services for children and families in their area was either ‘very good’ (20%) or ‘fairly good’ (44%), 13% felt services were ‘fairly poor’ and 5% ‘very poor’. This suggests there is considerable scope to improve local services based on these parental assessments.

### Contact with professionals

Parents were more likely to have been in contact with a GP/Doctor over the last 12 months than a health visitor or teacher (excluding normal classroom teaching) (Chart 4.5.1b), with 80% having had contact with a GP/Doctor compared with 38% who had been in contact with a health visitor and 25% a teacher.

Contact with a health visitor and with a GP is more common among parents of younger children. Almost nine out of ten (88%) parents of children aged 0-2 had contact with a GP compared with around eight out of ten parents of children aged 3-4 years (84%) and seven out of ten parents of children aged 5-8 years (73%). In contrast, and as may be expected, contact with a teacher was higher amongst parents of children aged 5-8 years – 42% had done so compared with 23% of parents of 3-4 year olds. Overall, 88% of parents had come into contact with at least one of these services in the last 12 months.

*Source: RCS parent survey, Falkirk 2016*

### Social support

### Family support and social networks

Informal social support networks have been found to play a significant part in helping parents in their role. The importance of informal support for families with multiple disadvantages, but particularly with low incomes, has been highlighted in previous GUS research.[[73]](#endnote-73),[[74]](#endnote-74) Low social support has been associated with poor maternal mental health, a factor linked to poorer child outcomes.[[75]](#endnote-75) In addition, strong maternal social networks have been shown to protect children living on persistently low incomes from poorer wellbeing.[[76]](#endnote-76)

In this context, the first thing to note is that most parents (73%) have family living in the local area, and feel that they get enough help and support from family and friends (78%). That said, 10% felt they do not get enough help and 8% that they receive no help at all. A further 5% felt they didn’t need any help. These findings are broadly comparable with national data from GUS showed that 74% of respondents with children aged 22 months said they get enough help (75% for parents of children aged 46 months.[[77]](#endnote-77) The differences in age ranges of children limit direct comparability, however.

Not surprisingly, those with family nearby were more likely than those without to report that they get enough help.

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| --- | --- | --- | --- |
| Table 4.5.2a Frequency of help from family and friends | | | |
|  | Falkirk  Parents of children aged 0-8) | National data (parents of child aged 22 months) | National data (parents of child aged 46 months) |
| *Column percentages* | | | |
| Get enough help | 78 | 74 | 75 |
| Don’t get enough help | 10 | 16 | 16 |
| Get no help at all | 8 | 6 | 6 |
| Do not need help | 5 | 4 | 4 |
| *Weighted bases* | *502* | *4469* | *2486* |
| *Unweighted bases* | *502* | *4476* | *2485* |

*Source: RCS parent survey, Falkirk 2017, Growing Up in Scotland 2012 and 2014*

Around one in five (19%) parents indicated that family and friends look after their child every day or almost every day, with a further 37% relying on family and friends to look after their child for an hour or more during the day at least once a week.

*Source: RCS parent survey, Falkirk 2017*

Single parents were more likely to report that family or friends look after their child in the evenings (35% doing so at least once a week, compared with 13% of those living in a couple).

As shown below, parents also reported various other forms of help and support from family members, friends and neighbours – most commonly, gifts or practical help, but also advice or support, and financial assistance. Only 7% of those interviewed had received no such support, with those without family living in the area more likely than those with family in the area to have received no support (14% compared with 4%).

*Source: RCS parent survey, Falkirk 2017*

Those with family living locally were more likely than those with no family nearby to have had family/friends or neighbours take their child on outings/day trips (80% compared with 57% respectively), and to have bought them toys, clothes or equipment (86% compared with 77%).

### Quality of parental relationships

The most immediate influence on children in the early years is, of course, their parents - and parents undergoing the stress which often accompanies relationship difficulties can have an effect on wellbeing outcomes for children.[[78]](#endnote-78)

Over half of those who had a partner had lived with their current partner for more than 10 years (60%); a further 37% had lived with their partner for between 2 and 10 years and 3% had done so for less than 2 years.

Those with a partner were presented with four statements relating to the quality of their relationship and asked to state how much they agree or disagree with each. Data from these were combined to produce a summary measure indicating the overall quality of the relationship between the respondent and their partner. Overall, 43% of respondents were categorised as having a higher than average-quality relationship with their partner, 39% as having a medium-quality relationship, and 18% as having a lower than average-quality relationship.

Relationship quality was significantly associated with overall life satisfaction: those with a higher than average quality relationship were more likely to be satisfied with life (93%) than were those with a medium (86%) or lower than average quality of relationship (63%).

### Use of and access to parenting support services

The National Parenting Strategy was put in place to encourage agencies to work together to ensure that all families get the help they need.[[79]](#endnote-79) The Strategy recognises the importance of parenting in giving children the best possible start in life. It aims to strengthen the support on offer to parents and make it easier for them to access.

Of course, for parents to access and use services, they first need to be aware of them. Overall, 44% of those interviewed were aware of groups and services in their local area aimed at helping or supporting parents. But awareness was higher among parents of younger children: 54% among parents of children aged 0-2 years compared with 45% of those with children aged 3-4 and 37% of those with children aged 5-8.

Of those with a child 0-3 years, 54% had attended a parent and baby or parent and toddler group with their child. In national data from GUS exactly half of parents of children aged 22 months old reported having attended a baby/toddler group during the last year.[[80]](#endnote-80) Regular attendance at a parent and baby or parent and toddler groups was less likely among those with lower levels of educational attainment: 64% of parents educated to degree level had attended a group compared with 38% of those with no formal qualifications.

The most common reasons given for not attending parent and baby or parent and toddler groups in Falkirk include having ‘no time to do so’, ‘nobody told me about them’, having ‘no suitable groups available or accessible’ and feeling ‘shy or awkward about attending’.

Parents with a child aged 0-3 years were also asked whether they had participated in one or more of a list of specific programmes, group or courses for parents and their children, or on child development or behaviour, over the past 12 months. Overall, 24% reported participating in at least one group, the most common being a breastfeeding group (7%) and a weaning group (3%).

Parents with a child aged 0-3 years were also asked whether they had participated in any organised activities with their child over the past 12 months. Overall, 65% of respondents reported having participated in at least one organised activity with their child – most commonly, swimming classes (35%) and library groups (27%) – but just over three in ten (35%) had attended none. Those living in the most deprived quintiles were less likely than those in the least deprived quintiles to have been to library groups such as book bug (20% compared with 35%).

*Source: RCS parent survey, Falkirk 2016*

Almost half of those who attended parenting groups did so after hearing about them through friends or family members (47%) or through a health visitor or midwife (45%) with 25% hearing about the groups through the internet.

Over half of parents said that they were unlikely to consider attending parenting programmes and groups in the future (26% being ‘not very’ and 32% ‘not at all likely’ to do so). Only 10% indicated that they were ‘very likely’ to do so (with the remaining 32% ‘fairly likely’ to do so).

***Perceptions of parenting support***

The survey also provided an opportunity to explore general attitudes to parenting advice and professional support. Levels of knowledge about how to get such support appeared reasonably high, with around three in five (62%) agreeing that ‘if I need advice or help with parenting I would know whom to ask/where to go in my local area’. Those with younger children were more likely to say they knew where to go (71% of parents with children aged 0-2 compared with 64% of those with children aged 3-4 and 55% of those with children aged 5-8).

However, there was some evidence of wariness or suspicion of professional support: around a quarter (26%) agreed that ‘if other people knew you were getting professional advice or support with parenting, they would probably think you were a bad parent’, with single parents (37%) more likely than those in couples (24%) to agree with this statement. One in five (20%) agreed that ‘professionals like health visitors and social workers do not offer parents enough advice and support with bringing up their children’, with those who had some concerns about their child’s development more likely to agree with this statement (32%) than those who had no concerns (18%). And 13% agreed that ‘If you ask for help or advice on parenting from professionals like doctors or social workers, they start interfering or trying to take over’, with those living in the most deprived areas more likely to agree with this statement (17%) compared with those in the least deprived areas (10%).

*Source: RCS parent survey, Falkirk 2017*

Respondents were asked if they had used or contacted one or more of a set of specific public resources or services and seven in ten (70%) had used at least one of the services listed. The most commonly used services including Child Smile dental services (47%), Ready Steady Baby/Toddler (45%), and NHS Healthy Start (32%) and the Play, Talk, Read website (26%).

*Source: RCS parent survey, Falkirk 2017*

### Childcare

Providing universally accessible and high quality early learning and childcare enriches children with skills and confidence to carry into and further develop throughout school, and is seen as a cornerstone for closing the attainment and inequality gaps.[[81]](#endnote-81)

Overall, 76% of parents reported using some form of childcare (in GUS, 52% of parents of 10 month old children were using non-parental childcare). This included; 15% receiving childcare from a nursery attached to a school or an out-of-school club; 10% using a childminder, carer, nanny or babysitter, 8% using a private crèche, nursery or playgroup; and 7% making use of local authority provided care (in combination, these figures fit approximately with the 29% of parents in GUS that reported their child was looked after in a nursery or crèche of some description). Around a third (35%) of respondents reported that their child was looked after by their spouse, a family member or a friend, and around a quarter (24%) report not requiring childcare (48% of GUS respondents reported not using childcare for children aged 10 months).

Of those using childcare, 39% paid for this childcare, with those in the three least deprived quintiles being more likely than those in the two most deprived to have done so (47% compared with 28% respectively).

When asked to consider the affordable and available childcare options open to them at the time, 50% of respondents felt that they had ‘not very much’ choice within their financial constraints, with a further 12% stating that they had ‘none at all’; 31% of respondents stated that they had ‘quite a lot of choice, whilst 7% reported having ‘a great deal of choice’.

*Source: RCS parent survey, Falkirk 2017*

Although most parents found it either ‘very’ (38%) or ‘fairly easy’ (36%) to arrange childcare, 10% of found it ‘fairly’ and 5% ‘very difficult’. Of those who found arranging childcare difficult, 47% mentioned the cost as a reason for this; 36% mentioned a lack of childcare places; 22% working unusual, long or irregular hours; 13% their dislike or distrust of childcare providers; 9% that their child was too young or unwilling to be separated from their main carer; and 37% mentioned that it was due to another reason.

## Summary of key findings from the parent survey

The findings described in this chapter demonstrate the significant relationship between disadvantage and children’s experiences and outcomes. It is notable that across a number of domains, parents and children living in more deprived areas had poorer outcomes and experiences than those living in less advantaged areas. Socio-economic deprivation was related to parental mental health, as well as whether a child had their own room, had a garden to play in, how often the child ate fruit, the child’s sleep patterns, reluctance to go to primary school, involvement in local groups, and feelings about safety and whether the family was part of the community. In addition, around a fifth of parents interviewed reported that they were current smokers, with those in the two most deprived quintiles three times more likely to smoke than those in the least deprived quintiles.

Poorer parental mental health was associated with lower child scores on the total difficulties scale of the parent-reported SDQ. When parental mental wellbeing was ‘above average’, 90% of children scored close to average on that scale but when parental wellbeing was ‘below average’ only 56% of children did so. The direction of that relationship is not, however, clear.

Family composition was also associated with experience of local services. Children from single parent households tended to show much greater reluctance to go to primary school than those from couple families. Although family composition had no impact on awareness of available services, parents who were single were three times as likely to feel that professionals would act in a way which was interfering/trying to take over.

# Discussion

The three surveys conducted as part of the Realigning Children’s Services programme provide a new, population-level perspective on the health and wellbeing of children in Falkirk, as well as insights into the views and experiences of parents with young children.

In this final chapter, we try to summarise some of the most important findings emerging from these exercises and to highlight recurring or cross-cutting themes. The broad aims here are to begin to identify issues that the CPP may wish to address or prioritise but also to establish where additional evidence may be needed.

**Most children in Falkirk appear happy, consider themselves healthy, like the areas they live in and have good relationships with family, peers and teachers**

Despite the challenges of contemporary childhood and adolescence, it is important to keep in mind that wellbeing outcomes for a majority of children in Falkirk appear to be positive across the domains of personal, social and place.

By way of illustration, here are some examples of indicators where the overall picture is broadly very positive. For instance, 80% of pupils in primary school and 81% in secondary school rate their own health as being either very good or good. Meanwhile 76% of parents of children aged 8 or under rate their child’s health as very good. In primary school, 75% of pupils in P5 to P7 always or often feel that their life is going well. Around three-quarters of pupils in primary school (77%) and secondary school (72%) say that they like school a lot or a bit. Nearly all children (97% at primary, 98% at secondary) say they have at least one close friend. Nearly three-quarters of S1 to S4 pupils (72%) agree that the area they live in is a good place to live. On a range of other indicators, too, wellbeing outcomes appear to be positive for a majority or most children.

**But there are always children who do less well and there are some important specific areas of concern**

The overall picture is positive –and Falkirk should be encouraged by the findings. However, it is important to keep in mind that there are children with key vulnerabilities that should continue being prioritised by practitioners. These children include those from the most deprived areas and those with additional support needs.

Although we are limited in terms of the measures for which we can make direct comparisons with the rest of Scotland, SALSUS provides fairly robust comparisons for health-related behaviours at secondary school, albeit from 2015. For most of these, the picture in Falkirk appears similar to or better than in Scotland as a whole.

For example, rates of **smoking** among S2 pupils in Falkirk are similar to those in Scotland as a whole, and slightly lower than the national figure in S4. Rates of **alcohol consumption** and **drug use** are both similar to the national picture. While these are positive findings in themselves, there is still room for improvement.

These behaviours are, of course, not only potentially harmful in their own right, but tend to cluster together and may be associated with other forms of risk-taking. For example, those who participated in each of these activities were more likely than those who did not to feel pressured to have sex. They also cluster in that individual pupils exhibiting such behaviours are more likely to associate with others doing the same. For example, more than half (59%) of those who said that most of their friends smoke also smoke, and there were very few smokers (fewer than 0.5%) among those who said none of their friends smoke.

**Exposure to second-hand smoke** in the home remains a significant problem too, affecting around 15% of S1 to S4 pupils every day or almost every day and a further 13% at least sometimes. This also impacts disproportionately on those from poorer households (see below).

In the context of rising obesity levels, the findings on **diet** and **physical activity** should also give pause for thought. Daily consumption of fruit or vegetables is far from being the norm in Falkirk - each being reported by around a third of secondary school pupils, for example. Only half (49%) of secondary school pupils ate breakfast every day, and around one in five (18%) never ate breakfast. Unhealthy choices, such as consumption of fizzy or sugary drinks, were also common. Compounding such dietary choices is the relatively sedentary lifestyle of many children, especially as they progress through the school system. Half of S1 to S4 pupils in Falkirk (50%), for example, are physically active on fewer than five days a week. Indeed, one in nine (11%) say they are active on just one day or less.

These figures contrast with those from the primary school survey, suggesting again that the good behaviours learned throughout primary school are not sustained as children get older. Around half the pupils in P5 to P7 (47%) were physically active every day, with a further third (33%) active on most days. Daily consumption of fruit was also more common at primary school level.

In terms of **mental and emotional wellbeing**, there are indications that the picture in Falkirk is also similar to that across Scotland as a whole. In 2017, for example, the proportion of S2 and S4 pupils in Falkirk within the ‘normal’ range for the total difficulties SDQ score was the same as the Scotland average for 2015. However, it is also worth noting that, both locally and nationally, there are signs that the proportion of pupils with ‘very high’ scores may be increasing. This issue undoubtedly merits further investigation as, if confirmed, such a trend would have significant implications for the type and capacity of service provision required.

Although we are not in a position to compare experiences of **bullying** in Falkirk with the position nationally, in absolute terms, the proportion of children affected remains somewhat high. Cyberbullying appears to be a presence in the lives of a significant minority of young people. For example, 16% of pupils in primary school said that they had been bullied by other children ‘sending emails, text messages or posting something online’. However, the proportions reporting experience of some form of offline victimisation were considerably greater. For instance, 39% of primary pupils had experienced some form of physical bullying; 49% had been left out of games and chats; and 56% had been called names or made fun of.

The precise definition and measurement of bullying is, of course, open to debate - and it is possible (and even likely) that different questions would have produced different prevalence rates. What is clear, however, is that experience of being bullied is an effective predictor of two other things: having a lower level of mental or emotional wellbeing and bullying other children. For both these reasons, the survey findings around bullying merit further investigation, to help to identify those especially at risk and how and when appropriate interventions might be targeted.

**The surveys provide powerful evidence of persistent inequalities in health and wellbeing...**

It is perhaps not surprising to find that poverty and deprivation are key predictors on many measures. However, the extent of some of those differences - and the fact that they can be demonstrated using data that are specific to the local context of Falkirk - should serve as a reminder of the work that remains to be done. Such inequalities are not necessarily consistent. On some measures - such as enjoyment of school or physical activity - there is little variation across socio-economic backgrounds. On others, however, the differences remain stark. In the least deprived quintile, for example, 13% of S1 to S4 pupils were exposed to second-hand smoke; in the most deprived areas, by contrast, the figure was 44%. Similar patterns were evident in relation to caring responsibilities and concern about family members. For instance, 45% of primary school pupils in the most deprived areas worried a lot about a family member’s health compared with 29-30% in the two least deprived quintiles; and 30% of secondary school pupils eligible for free school meals described themselves as young carers compared with 10% of others.

At primary school level, differences in health behaviours were noticeable, with children eligible for free school meals and children living in the most deprived areas being more likely to drink fizzy drinks every day and less likely to brush their teeth at least twice a day. By secondary school, the same groups of children also reported lower levels of positive mental wellbeing (on the WEMWBS scale) and more social, emotional and behavioural problems (on the Strengths and Difficulties Questionnaire).

But there were also differences in mental wellbeing and health behaviours for other disadvantaged groups at both primary and secondary level, which in some cases showed stronger associations with poorer outcomes. For example, children from single parent households and step-families were worse off (than those in two parent households) in terms of total SDQ scores, emotional symptoms, conduct problems, hyperactivity and peer problems. The same groups of children also had poorer diet and were more likely to drink alcohol, and exhibited more problems at school, for example in relationships with teachers.

In general, inequalities in health and wellbeing outcomes appear to become more pronounced as children move through the school system. The broader issue of how different aspects of wellbeing are patterned by age group is addressed below.

**...and of the compounding effects of poor health and wellbeing outcomes across different domains**

Of course, it is possible for children to be doing well in some health and wellbeing domains and poorly in others, however, poor outcomes in one area are often accompanied by poor outcomes in others. These are often likely to reinforce and amplify each other. For example, in Falkirk, it is apparent that those most likely to drink sugary drinks are also least likely to brush their teeth regularly, with obvious implications for dental health. Among those in P5 to P7 who drink fizzy drinks every day 56% brush their teeth at least twice a day compared with 80-83% of those who rarely or never drink fizzy drinks. The same children are also less likely to eat fruit and vegetables or to be physically active, with compounding consequences for obesity levels.

Other ways in which poorer outcomes tend to cluster across different kinds of indicators are also apparent. For example, there was a link between parental mental health and SDQ scores for 3-8 year-olds. Parents who had ‘poorer’ mental health were around four to five times as likely as those with ‘average or better’ mental health to have a child with a ‘raised’ ( problematic) total SDQ score. Those with ‘poorer’ physical health were also more likely to have a child with a raised score.

Although we have begun the work of exploring the relationship between these different aspects of wellbeing, there is more that can be done. This might help to identify potentially productive strategies for addressing clusters of poor outcomes, such as those relating to dietary choice, physical activity and dental health. These findings also highlight the importance of taking a multidisciplinary approach to tackling issues such as the ones discussed above.

**Gender and age are also powerful predictors - separately and in combination - of health-related behaviours and wellbeing outcomes**

While deprivation, poverty and family structure are strongly linked to certain wellbeing indicators, so too are gender and age. Indeed, these often interact to produce particular concentrations of positive or negative outcomes, for example, among S4 girls or P5 boys. Understanding how these associations play out may help schools and other services in Falkirk to target and time interventions more effectively.

**Dietary behaviour, for example, is generally poorer among boys than girls**

Differences in dietary behaviour between boys and girls are evident from a young age in Falkirk, with more frequent consumption of fruit and vegetables among 0-8 year old girls than boys of the same age. From P5 onwards, boys tended to make poorer dietary choices. For example, among P5 to P7 pupils, 69% of boys said they ate fruit every day or most days compared with 79% of girls; by contrast, 34% of boys drank fizzy drinks with the same frequency compared with 22% of girls. In secondary school, 42% of S1 to S4 boys consumed sugary drinks every day or most days compared with 32% of girls of the same age.

**But older girls appear to have poorer mental and emotional wellbeing, and are less likely to engage in physical activity**

In P5 to P7, girls tended to be more positive than boys about their mood and emotions. However, this pattern reversed in secondary school, with some quite large differences, particularly for older children. For example, girls in S1 to S4 were more likely than boys to have a ‘very high’ emotional symptoms score in the SDQ (25% compared with 9%) and to have a lower WEMWBS score (a mean of 47.6 compared with 51.3). The interaction with age means that S4 girls exhibit particularly low levels of positive mental wellbeing, with an average WEMWBS score of just 44.9, and 37% having a ‘very high’ SDQ emotional symptoms score. Other recent studies such as the CSN Policy Briefing 2016[[82]](#endnote-82) suggest that there may be particular pressures on teenage girls. These ranged from anxieties about attainment, to body image issues and higher levels of social media use (all of which are apparent in the data from Falkirk). In particular the surveys note that the gender gap in mental and emotional wellbeing is widening.

Physical activity is another area where outcomes are very similar for boys and girls in younger age groups but diverge as children age. In P5 to P7, for example, 80% of both boys and girls report that they were active every day or most days; by S4, 49% of boys and just 36% of girls report being active on at least five days a week. Efforts to maintain levels of physical activity for older pupils, but especially for girls, might have positive consequences not only for obesity, but for maintenance of mental and emotional wellbeing.

**And as both boys and girls age, attitudes tend to become more negative**

Between S1 and S4, there is a clear change in the attitudes of children, as well as their behaviour. In S1, 80% of children like school a lot or a bit, but this declines to 60% by S4. Attitudes towards teachers show a similar increase in negativity over the same period. Outside of school, changes can also be seen: for example, 71% of those in S1 strongly agree that they enjoy spending time with their family compared with 48% of those in S4. At the same time, older pupils are less willing to talk to family members about worries than younger ones. Attitudes towards the local area also change: nearly half (45%) of pupils in S1 strongly agree they can trust people in the area compared with a quarter (25%) of those in S4. And by S4, a third of pupils (34%) say they do nothing in their free time most days or every day, compared with one in seven (14%) of those in S1.

**Experience of - and engagement with - school itself is a powerful predictor of wellbeing outcomes**

It is, of course, right to see school as a setting for interventions and programmes that can help to promote wellbeing among children and young people. But the survey findings also emphasise the extent to which the everyday experience of school itself is likely to be important. For example, the extent to which children are engaged, and have good relationships with peers and teachers is likely to be fundamental to mental and emotional wellbeing in particular. For instance, the surveys showed that those children who feel that other pupils treat them with respect, who have lower exposure to bullying, have close friends or friends that are nice to them, and who enjoy school more all tend to enjoy better mental and emotional wellbeing.

**Efforts to improve attainment and wellbeing agendas need to remain closely aligned**

There is a well-established and widening gap between the attainment of boys and girls at secondary schools in Scotland. Perhaps not surprisingly, then, as girls progress through secondary school they are progressively more likely than boys to feel pressured or strained by school work. In S1, 19% of girls and 14% of boys say they feel like that ‘a lot of the time’, but by S4, the same is true of 69% of girls and 40% of boys. There is also a strong association between feeling pressured by school work and having lower levels of mental and emotional wellbeing.

This reinforces the need to ensure that the goals of improving attainment and children and young people’s health and wellbeing remain closely aligned (as set out in the National Improvement Framework for Scottish Education) – and that an awareness of the potential relationship between them needs to lie at the heart of efforts to address both. In other words, encouraging pupils to do well at school needs to be done without creating excessive concern or anxiety among pupils about their school work - pressure which may have adverse consequences for their mental and emotional wellbeing.

**Not everything can be achieved through schools – family life is also important**

There are a number of strong predictors of wellbeing that it is difficult to tackle through schools, although schools can certainly help mediate some of these factors to tackle them in a roundabout way. For example, wellbeing (as measured by WEMWBS) was particularly low for those who said they would not be at all likely to talk to a family member about worries. There is an association between being able to talk to family members, and having close friends to talk to, suggesting that encouraging supportive relationships with friends can partially make up for, and potentially improve relationships at home.

Having breakfast every day is another strong predictor of wellbeing. While breakfast clubs can provide food in the mornings for those who would otherwise go without, the eating of breakfast appears to demonstrate something more about home-life than the meal itself, for there is also an association between eating breakfast and other health-related behaviours, such as eating vegetables.

**Exposure to social media and other online activity may be a factor in wellbeing but needs further investigation and monitoring**

The secondary survey provides evidence – consistent with that emerging from other studies – that young people in Falkirk are spending large amounts of time online. For instance, three-quarters of S1 to S4 pupils (73%) indicated that they go online and use social media sites every day, while half (50%) said they play computer games every day or most days. Mean wellbeing scores actually vary very little by frequency of use of social media, and to some extent simply reflect gender differences. However, as well as the online bullying mentioned earlier, the evidence shows that daily use of social media is associated with negative body image, which in turn is associated with lower wellbeing.

As the online environment continues to evolve, the nature of the relationship between wellbeing and the use of social media is an issue that needs closer investigation and monitoring over time.

**There are some other recurring associations with poorer health and wellbeing outcomes that would merit further exploration**

The analyses in this report can be very useful in identifying predictors of poorer outcomes. Many of the relationships reported, such as that between deprivation and diet, are expected given what is known from wider research. However, the surveys have also identified some other recurring associations with poorer outcomes that may be worth exploring further: for example, living within a step-family, and being less likely to sit down to eat regularly with an adult family member. However, it needs to be kept in mind that the direction of any such relationship is not always clear - for example, a child may have a closer relationship with their parents because they sit down to eat regularly, but the reverse may also be true. And sometimes two separate factors - such as coming from a step-family and having poorer mental wellbeing - may be linked by a third factor, such as poverty, rather than being directly related to one another.

It is worth considering whether these specific aspects of family life and circumstances represent either useful predictors of potential wellbeing issues and/or a potential focus for targeted activity. For example, what can the wider evidence base tell us about initiatives aimed at promoting family meals as part of health promotion and obesity prevention efforts? While the challenges faced by single parent families are recognised, is there also a need for support geared towards the needs of both children and parents in step-families?

**Services are not always reaching the right children**

The findings from the primary and secondary school surveys show an association between various indicators of need and being in receipt of ASN or other children’s services. But this is not necessarily as close as one might expect. For example, S1 to S4 pupils who have a below average mental wellbeing score are more likely than those with an average or above score to have an ASN (19% compared with 13-15%). But the survey also suggests that there are many other children with low wellbeing or other forms of difficulties who are not receiving services. The fact that around four in five of those with a low wellbeing score do not have a record of an ASN suggests that there are clear opportunities for earlier intervention. Although we have highlighted patterns of inequality associated with indicators such as area deprivation, eligibility for free school meals and family structure, poorer wellbeing is by no means confined to such groups and approaches that are wholly targeted will not necessarily be capable of reaching this wider population.

The above findings can also be read as suggesting that some children with an existing ASN or service provision do show particular evidence of need as they are more likely to have low mental wellbeing scores, lower levels of life satisfaction, be bullied and be excluded from school.

Some important caveats need to be mentioned here. The survey does not capture all aspects of need - for example, there are important aspects of wellbeing (such as experience of sexual or domestic violence) that cannot be asked about in the context of a school-based study. Sometimes children will be in receipt of services because of their wider family circumstances (e.g. family breakdown) rather than their individual needs; and sometimes children will exhibit an absence of need precisely because they have received services at the right point and are continuing to benefit from an appropriate level of provision.

It is also worth remembering that the data linkage exercise does not capture all aspects of service use - for instance, it does not include any health-based services, such as those associated with child and adolescent mental health or third sector involvement. That said, such analysis - which can be developed further beyond the current report - points at some potentially important issues in terms of the current targeting of services within education and social work settings.

Evidence from the parent survey also suggests that some of those who recognise a need do not feel they are offered enough support or advice. A third (32%) of parents who said they had concerns about their child’s development agreed with the statement that ‘Professionals like health visitors and social workers do not offer parents enough advice and support with bringing up their children’ compared with one in six (18%) of other parents.

**Attitudes towards professional support may influence uptake**

Of course, services not only need to be available and accessible: parents also need to feel comfortable and confident in engaging with these services. The parent survey provides some useful clues as to why that may not always be the case. In particular, it suggests that there remains deep-rooted anxiety about ‘professional involvement’ - particularly in areas of greater deprivation and among single parents. For example, 37% of single parents agreed with the statement, ‘If other people knew you were getting professional advice or support with parenting, they would probably think you were a bad parent’ compared with 24% of those in couples.

# Appendix – Explanation of variables used in the report and tables

The analysis included in this report uses data from the two school surveys and the parent survey. The questionnaires can be used to identify the exact wording of questions as they were asked. Some of the analysis makes use of variables derived from multiple questions. These are described below.

To supplement the questionnaire, administrative data received from the CPP was added to data from the two school surveys in a way that ensured no pupil’s identity was disclosed. Details of this process are outlined in the technical report. The administrative variables used in this report are also described below.

**Administrative data**

|  |  |
| --- | --- |
| Scottish Index of Multiple deprivation (SIMD) | Measure of area deprivation for the pupil’s home address. Quintiles are based on a national sample, with quintile 1 being the 20% most deprived areas in Scotland, and quintile 5 the 20% leastdeprived.  For the parent survey, because of the lower sample size, quintiles 1 and 2 were combined to give the 40% most deprived areas in Scotland, and quintiles 3, 4 and 5 were combined to give the 60% least deprived.  More detail on the SIMD can be found at <http://www.gov.scot/Topics/Statistics/SIMD> |
| Free School Meals | Pupil is eligible for free school meals. Taken from the local authority’s SEEMiS database. |
| Additional Support Needs | Pupil has an identified additional support need at school (with or without a Co-ordinated Support Plan or Individualised Education Plan). Taken from the local authority’s SEEMiS database. |
| In receipt of children’s services | Pupil is in receipt of any children’s social work services. This includes being looked after at home or in any form of care, on the child protection register, receiving through care and after care, or looking for prospective adopters. Taken from the local authority SWIFT, SWIS, or in-house social work database. |

**Derived variables**

Note that variables which are created from combining answer categories as provided in the questionnaire are not noted below.

|  |  |  |
| --- | --- | --- |
| Household type (all surveys) | Derived from questions about who the child lived with (secondary school questionnaire Q21a / primary school questionnaire ChHome1)  Derived from questions about relationships between household members (parent survey questionnaire Relation) | * Two parent households were defined as those in which the child reported living with both a mother and father * One parent households were defined as those in which the child reported living with either a mother or a father, but not both, and not someone described as the mother or father’s partner * Step-families were defined as those in which the child reported living with either the mother or father, and the mother or father’s partner * Other household types were those in which the child reported living with neither their mother nor father. This could include living with grandparents, in foster care, in a care home, or with someone else.   In some cases, children reported living with both parents and one of their parents’ partners. This was taken to be a step-family, as it was assumed the mother’s partner and the father were the same person, but not the biological father (and similarly for father’s partner).  Similarly, those who reported living with parents and foster parents were assumed to be a foster family (hence ‘other’ household type).  The questionnaire did not allow someone to say they lived with two mothers or two fathers. Such cases are, unfortunately, likely to be misclassified.  For the parent survey, because of the smaller sample sizes, only two categories were used.   * Two parent households were defined as those with two adults responsible for the child, who were married or living together as a couple. * Single parent households were defined as those with one adult responsible for the child, not living with a partner. |
| Number of siblings (school surveys) | Derived from questions about who the child lived with (secondary Q21b / primary ChSib1 & ChSib2) | The number of siblings was taken to be the number reported by the child as living in their home most of the time. They were asked to include half-, step- or foster- brothers and sisters. No guidance was provided on what was meant by ‘most of the time’. |
| Fruit and vegetable consumption (secondary school survey and parent survey) | Derived from questions about the frequency of consuming fruit and the frequency of consuming vegetables (secondary Q51 / parent EatFruit / EatVeg) | The combined frequency for the consumption of fruit and vegetables was taken as the most frequent of the consumption of fruit and the consumption of vegetables (secondary school survey).  For the parent survey, the two questions were summed to give a scale of 2-12. 2-4 was recorded as ‘high’ consumption, equating to both once a day, or one more than once a day and the other at least most days. 5-8 was recorded as medium consumption and 9-12 low consumption. |
| Goodman’s Strengths and Difficulties Questionnaire (SDQ) (secondary school and parent surveys) | Derived from 25 questions about the social, emotional and behavioural development of the child (secondary Q48 / parent SDQ1 to SDQ25) | This is a standard set of screening questions and standard derivations used in many surveys. It is validated for use by parents of younger children, and for self-report by older children. The respondent is asked whether statements about particular behaviours of the child are ‘not true’, ‘somewhat true’, or ‘certainly true’. Responses are combined into five scales of 0-10 by summing\* responses to relevant questions for each of the domains, and one scale of 0-40 for the total difficulties score.  Banded scores are reported, indicating whether a child is ‘close to average’, ‘slightly raised’ (‘slightly lowered’ for the prosocial scale), ‘high’ (‘low’), or ‘very high’ (‘very low’). The higher the score (lower for prosocial), the more of an indication of problems for that child in that domain. The scores used to categorise children into these bands are different for each domain and different for the parent and secondary school surveys, but have been determined by the creators of the survey based on UK data.  More detail on the SDQ can be found at <http://www.sdqinfo.org/>  \* When questions are summed to form a scale, answer categories for some questions are reversed so that higher scores for each question indicate similar types of behaviour – i.e. more problematic in the case of the total difficulties score and the four domains representing different types of problematic behaviour. The same applies to most of the scales discussed below. |
| Warwick-Edinburgh Mental Well-being Scale (WEMWBS) (secondary school survey) | Derived from 14 questions about wellbeing (secondary Q12) | This is a standard set of questions and standard derivations used in many surveys. The respondent is asked whether they feel a particular way ‘none of the time’, ‘rarely’, ‘some of the time’, ‘often’, or ‘all of the time’. Responses are combined into a single scale of 14-70, and mean and median scores are reported. Higher scores are indicative of more positive wellbeing.  Where banded scores are used, ‘below average wellbeing’ is defined as one standard deviation below the mean on the 2015 SALSUS dataset. This roughly equates to the bottom one sixth, both nationally and for the local authority. ‘Above average wellbeing’ is one standard deviation above the mean, or the top one sixth.  More detail on WEMWBS can be found at <http://www2.warwick.ac.uk/fac/med/research/platform/wemwbs/> |
| Huebner’s Student’s Life Satisfaction Scale (school surveys) | Derived from questions about satisfaction with life (secondary Q14 / primary ChLife1 to ChLife5) | A standard set of questions asking for the level of agreement / disagreement with a series of statements is used for the secondary school survey. Responses are combined into a single scale of 7-42, and mean and median scores are reported.  More detail on the Student’s Life Satisfaction Scale can be found at <http://www.midss.org/content/students-life-satisfaction-scale>  For the primary school survey, five of these questions have been adapted to ask about the frequency of feelings (‘Always’, ‘Often’, ‘Sometimes’ or ‘Never’) as this was determined to fit in better with the questionnaire and be better understood by children of that age. Responses are combined into a single scale of 5-20. Scores of 18-20 were recorded as ‘Higher life satisfaction’, 15-17 ‘Average’ and 5-14 as ‘Lower life satisfaction’. These bandings match those used in the first year of RCS surveys, and were decided upon so that the mean score fell in the middle of the ‘Average’ category, and roughly one third were in each of the bandings, although the clustering of responses meant that considerably more than one third are included in the top band. An ‘Average’ score equates to often experiencing each of the feelings. ‘Higher’ and ‘lower’ are in relation to others who have taken the survey and, unlike the bandings used for the SDQ, are not necessarily indicative of problems existing, but can still be used as an indication of risk, with those in the ‘lower’ category being more at risk of problems relating to lower life satisfaction. |
| Any discrimination (secondary school survey) | Derived from questions about being treated badly (secondary Q60) | Any discrimination by other children and young people was recorded where a respondent gave any of the 12 reasons (including ‘other’) that other children and young people have treated them badly.  Any discrimination by adults was similarly recorded where respondents gave any of the 12 reasons that adults have treated them badly.  Any discrimination at all was recorded where a respondent gave any reason for being treated badly by either adults or other children and young people. |
| Mood and emotions (primary school survey) | Derived from questions about mood and emotions (primary ChFeel1 to ChFeel6) | A set of questions devised for RCS asking the frequency of different feelings (‘Always’, ‘Often’, ‘Sometimes’ or ‘Never’). Responses are combined into a single scale of 6-24. Scores of 20-24 were recorded as ‘Higher (more positive) mood’, 17-19 ‘Average’ and 6-16 as ‘Lower (less positive) mood’. These bandings match those used in the first year of RCS surveys, and, similar to the life satisfaction scale for the primary school survey, were decided upon so that the mean score fell in the middle of the ‘Average’ category, and roughly one third fell in each of the bandings, although the clustering of responses meant that considerably more than one third are included in the top band.  ‘Average’ implies often having positive mood, while ‘Higher’ and ‘lower’ are in relation to others who have taken the survey. |
| People in my life (primary school survey) | Derived from questions about relationships with parents / caregivers (primary ChPar1 to ChPar4) | Four items taken from the People In My Life questionnaire (Cook, Greenberg & Kusche, 1995) asking the frequency of different behaviours (‘Always’, ‘Often’, ‘Sometimes’ or ‘Never’). Responses are combined into a single scale of 4-16. Scores of 15-16 were recorded as ‘Higher (more positive) relationships’, 12-14 ‘Average’ and 4-11 as ‘Lower (less positive) relationships’. These bandings match those used in the first year of RCS surveys, and, similar to the life satisfaction scale for the primary school survey, were decided upon so that the mean score fell in the middle of the ‘Average’ category, and roughly one third fell in each of the bandings, although the clustering of responses meant that considerably more than one third are included in the top band.  ‘Higher’ implies good relationships / understanding between parents and child nearly all the time, and ‘Average’ most of the time. ‘Lower’ is in relation to others who have taken the survey. |
| Teacher relationships (primary school survey) | Derived from questions about relationships with teachers (primary ChSch2 to ChSch4) | Three questions devised for RCS asking the frequency of different behaviours (‘Always’, ‘Often’, ‘Sometimes’ or ‘Never’). Responses are combined into a single scale of 3-12. Scores of 12 were recorded as ‘Higher (more positive) relationships’, 9-11 ‘Average’ and 3-8 as ‘Lower (less positive) relationships’. These bandings match those used in the first year of RCS surveys, and, similar to the life satisfaction scale for the primary school survey, were decided upon so that the mean score fell in the middle of the ‘Average’ category, and roughly one third fell in each of the bandings, although the clustering of responses meant that considerably more than one third are included in the middle band.  ‘Higher’ implies good relationships with teachers in all respects, while ‘Average’ implies occasional issues. ‘Lower’ is in relation to others who have taken the survey. |
| Experiences of being bullied (primary school survey) | Derived from questions about experiences of being bullied (primary ChPick1 to ChPick4) | Four questions taken from Growing Up in Scotland asking the frequency of different experiences (‘Most days’, ‘About once a week’, ‘About once a month’, ‘Every few months’, or ‘Never’). Responses are combined into a single scale of 4-20. Scores of 9-20 were recorded as ‘Higher (greater exposure to bullying)’, 6-8 ‘Average’ and 4-5 as ‘Lower (less exposure to bullying)’. These bandings match those used in the first year of RCS surveys, and, similar to the life satisfaction scale for the primary school survey, were decided upon so that the mean score fell in the middle of the ‘Average’ category, and roughly one third fell in each of the bandings, although the clustering of responses meant that considerably more than one third are included in the lower band.  ‘Average’ equates to some form of bullying roughly every month, although could be more frequent if other forms of bullying were not experienced. ‘Higher’ and ‘lower’ are in relation to others who have taken the survey. |
| Ease of feeding (parent survey) | Derived from questions about ease of feeding and variety of food (parent FeedEas VarFood) | The two questions were added, to create a scale of 2-8, with 2-3 recorded as ‘easy to feed’, 4-6 as ‘average’ and 7-8 as ‘difficult to feed’. ‘Easy to feed’ equated to saying the child was very easy or quite easy to feed, and would eat most things, or very easy to feed and would eat a reasonable variety of things. |
| Birth weight (parent survey) | Derived from questions about child’s weight at birth in metric or imperial measurements (Birweig1, Birweig2) | Low birth weight was recorded as below 2.5 kg (5lb 8 oz) |
| Parent’s physical health | Derived from questions about general health and physical health (parent PSF12Gen PSF12Lim1 PSF12Lim2 PSF12Lim3 PSF12Lim4 PSF12Lim7) | 6 of the 12 questions from the SF-12 health questionnaire were used to create a scale of physical health. Answer categories were reversed where appropriate, and all questions were standardised, to create a scale with an average of 0 and higher scores indicating better physical health. ‘Below average’ physical health was taken as one or more standard deviations below the mean. |
| Parent’s mental health | Derived from questions about mental health (parent PSF12Lim5 PSF12Lim6 PSF12Clm PSF12En PSF12Dwn PSF12Soc) | The other 6 questions from the SF-12 health questionnaire were used to create a scale of mental health. Answer categories were reversed where appropriate, and all questions were standardised, to create a scale with an average of 0 and higher scores indicating better mental health. ‘Below average’ mental health was taken as one or more standard deviations below the mean. |
| Parent life satisfaction | Banded question (parent psatis) | Life satisfaction was asked on a 0-10 scale. 0-3 was recorded as ‘dissatisfied’, 4-6 ‘neither’ and 7-10 ‘satisfied’. |
| Risky drinker | Derived from questions about frequency of drinking (parent PAuditC1, PAuditC2, PAuditC3) | Three questions taken from the AUDIT scale developed by the WHO for assessing risky drinking behaviour were summed to form a scale of 3-15. A score of 8 or above for men and 7 or above for women was recorded as risky drinking behaviour, which roughly equates to drinking two glasses of wine 2-3 times a week and rarely or never binging. |
| Parent-child attachment (Condon & Corkindale) | Derived from questions about quality of relationship with child (parent QualAt1 to QualAt9) | Nine questions from Condon & Corkindale’s parent-child attachment scale for parents of children aged 0-2. Responses were summed (with questions reversed as appropriate) to form a scale 9-37. Scores of 36 and 37 were recorded as ‘high’, equating to reported strong feelings of attachment in response to nearly all of the questions. Scores of 35 and below were recorded as ‘low’, but in many cases would still indicate fairly strong attachment. |
| Parent-child warmth (Pianta) | Derived from questions about warmth of relationship with child (parent PPian1, PPian3, PPian5, PPian6, PPian7, PPian9, PPian15) | Seven questions from the Pianta parent-child relationship scale with possible responses ‘Definitely does not apply’, ‘Not really’, ‘Neutral’, ‘Applies sometimes’, ‘Definitely applies’. Responses of “Can’t say” were treated as ‘Applies sometimes’. Responses were summed to form a scale 7-35, with higher scores indicating greater warmth. Scores of 34 and 35 were recorded as ‘high’, with all (or all but one) of the statements definitely applying. |
| Parent-child conflict | Derived from questions about conflict within relationship with child (parent PPian2, PPian8, PPian10, PPian11, PPian12, PPian13, PPian14) | Eight questions from the Pianta parent-child relationship scale with possible responses ‘Definitely does not apply’, ‘Not really’, ‘Neutral’, ‘Applies sometimes’, ‘Definitely applies’. Responses of “Can’t say” were treated as ‘Applies sometimes’. Responses were summed to form a scale 8-40, with higher scores indicating greater conflict. Scores were grouped into three roughly equal bands: scores of 8-12 ‘low conflict’ (statements mostly not applying / not really applying); 13-18 ‘medium conflict’; 19-40 ‘high conflict’ (multiple statements neutral or applying at least sometimes). |
| Safety / community in local area | Derived from questions about the local area (parent LASafeWk, LASafePy, LASafeSp, LAComm, LANeig) | Five statements about the local area on a five-point scale from ‘Strongly agree’ to ‘Strongly disagree’. Responses were summed to form a scale 5-25, with lower scores indicating more positive feelings about the neighbourhood. Scores of 5-9 were described as ‘high’ (positive feelings about the neighbourhood) (equating to agreeing to each of the statements that the area is safe and the family is part of the community). Scores of 10-13 were described as ‘medium’ and 14-25 ‘low’. |
| Quality of parent relationship | Derived from questions about the quality of the relationship (parent ParNeeds, ParListen, ParLonely, ParArgue) | Four statements about the relationship with their partner (reversed as appropriate). Responses were summed to form a scale 4-20, with higher scores indicating more positive relationship. Scores of 18-20 were described as ‘high’ (positive), indicating respondent generally agreed partner listened, was sensitive about their needs, they rarely argued and respondent wasn’t lonely. Scores of 15-17 were described as ‘medium’ and 4-14 ‘low’. |
| Concerns about development | Derived from questions about concerns about child development or communication (parent ChDevL, ChComm) | If respondent said they had some or a lot of concerns about either the child’s development, learning or behaviour, or about how they communicate or understand, this was recorded as having some concerns about development. |

The following conventions have been used for both tables within the text and as part of the annex:

|  |  |
| --- | --- |
| Unweighted bases | The number of respondents providing a valid response |
| Weighted bases | The number of respondents providing a valid response after weighting applied (see Technical Report) |
| \* | Data omitted because based on < 20 responses |
| 0 | < 0.5, but > 0 |
| - | None at all |
| Row percentages | Percentage of the row base (should add up to 100% unless more than one variable is shown in the same table) |
| Column percentages | Percentage of the column base (should add up to 100% unless more than one variable is shown in the same table) |

All tables included within the text show significant differences only, unless otherwise indicated.

### End notes

1. Because of the different survey methodologies, these figures are not directly comparable. In the Scottish Health Survey, responses were provided by parents for children aged 12, and by the children themselves, in the presence of their parents for children aged 13 to 15. In the SALSUS boost, children entered responses directly into a computer. Much of the difference between the two figures is likely to be a result of the different methodologies. Scottish Health Survey figures are available from <http://www.gov.scot/Topics/Statistics/Browse/Health/scottish-health-survey/Publications/Supplementary2015> [↑](#endnote-ref-1)
2. Scott J and Hill M (2006). *The health of looked after and accommodated children and young people in Scotland. Messages from research.* Social Work Inspection Agency. <http://www.gov.scot/Resource/Doc/128931/0030711.pdf> [↑](#endnote-ref-2)
3. <https://www.gov.uk/government/publications/uk-physical-activity-guidelines> [↑](#endnote-ref-3)
4. Goodman R (1997). The Strengths and Difficulties Questionnaire: A Research Note. Journal of Child Psychology and Psychiatry; 38, 581-586. [↑](#endnote-ref-4)
5. <http://www.childrenssociety.org.uk/what-we-do/research/the-good-childhood-report> [↑](#endnote-ref-5)
6. <http://www.gov.scot/Publications/2016/10/8742> [↑](#endnote-ref-6)
7. <http://www.rightoutside.org/> [↑](#endnote-ref-7)
8. <http://www.gov.scot/Publications/2016/09/2764/332571> [↑](#endnote-ref-8)
9. <http://www.gov.scot/Publications/2016/10/3937> [↑](#endnote-ref-9)
10. <http://www.gov.scot/Publications/2016/10/5514> [↑](#endnote-ref-10)
11. <http://www.gov.scot/Resource/Doc/350041/0117150.pdf> [↑](#endnote-ref-11)
12. Eisenberg, M.E., Olson, R.E., Neumark-Sztainer, D., Story, M., & Bearinger, L.H. (2004). Correlations between family meals and psychosocial well-being among adolescents. Archives of Pediatrics and Adolescent Medicine, 158: 792-796. [↑](#endnote-ref-12)
13. <http://www.gov.scot/Publications/2010/11/12120420/0> [↑](#endnote-ref-13)
14. <https://www.gov.uk/government/publications/uk-physical-activity-guidelines> [↑](#endnote-ref-14)
15. Children were provided with the following explanation before being asked how often they spend time doing active things: ‘The next question is about being active. Being active is anything that moves your body, makes your heart beat faster and makes you get out of breath some of the time. You are active when you play in sports, take part in school activities, play with friends or walk to school. Some examples are running, walking quickly, cycling, dancing, skateboarding, swimming, football and gymnastics.’ [↑](#endnote-ref-15)
16. <http://www.gov.scot/Publications/2013/12/1101/0> [↑](#endnote-ref-16)
17. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4355135/ [↑](#endnote-ref-17)
18. <http://www.gov.scot/Topics/Statistics/Browse/Health/scottish-health-survey/Publications/Supplementary2015> [↑](#endnote-ref-18)
19. Ben-Arieh A, et al. (2014) Multifaceted concept of child wellbeing, in handbook of child well-being. In: Theories, methods and policies in global perspective, Ben-Arieh A, et al. (eds.) Springer, Dordrecht [↑](#endnote-ref-19)
20. Huebner ES, Alderman GL (1993) Convergent and discriminant validation of a children life satisfaction scale: its relationship to self-reported and teacher-reported psychological-problems and school functioning. Soc Indic Res 30(1):71–82 [↑](#endnote-ref-20)
21. <http://www.gov.scot/Resource/0045/00452548.pdf> [↑](#endnote-ref-21)
22. Proctor, C. L., Linley, P. A., & Maltby, J. (2009). Youth life satisfaction: A review of the literature. *Journal of Happiness Studies*, *10(5)*, 583-630. [↑](#endnote-ref-22)
23. <http://www.cls.ioe.ac.uk/datadictionary/page.asp?section=000100010003000500030004&sectionTitle=D.+Self-Completion&var=dccnum00> [↑](#endnote-ref-23)
24. <http://www.cls.ioe.ac.uk/page.aspx?&sitesectionid=1080&sitesectiontitle=Questionnaires> [↑](#endnote-ref-24)
25. Cook ET, Greenberg MT, Kusche CA. People in my life: attachment relationships in middle childhood. Paper presented at the Society for Research in Child Development; Indianapolis, IN, March. 1995. [↑](#endnote-ref-25)
26. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1862408/#R32> [↑](#endnote-ref-26)
27. <http://www.gov.scot/Topics/Education/Schools/HLivi> [↑](#endnote-ref-27)
28. <http://www.gov.scot/Resource/0040/00408604.pdf> [↑](#endnote-ref-28)
29. Løhre A, Lydersen S, Vatten LJ. School wellbeing among children in grades 1-10. BMC Public Health. 2010, 10: 526. [↑](#endnote-ref-29)
30. ‘Average’ equates to some form of bullying roughly every month, although could be more frequent if other forms of bullying were not experienced. ‘Higher’ and ‘lower’ are in relation to others who have taken the survey. [↑](#endnote-ref-30)
31. Grogan S. Body image: Understanding body dissatisfaction in men, women and children, Third edition; London: Routledge. 2016. [↑](#endnote-ref-31)
32. <http://www.gov.scot/Topics/Statistics/Browse/Health/scottish-health-survey/Publications/Supplementary2015> [↑](#endnote-ref-32)
33. <http://www.gov.scot/Topics/Statistics/Browse/Health/scottish-health-survey/Publications/Supplementary2015> [↑](#endnote-ref-33)
34. <http://jslhr.pubs.asha.org/article.aspx?articleid=1779996> [↑](#endnote-ref-34)
35. <http://www.ican.org.uk/evidence> [↑](#endnote-ref-35)
36. <https://www.rcslt.org/about/parliamentary_work/appg_report_feb_2013> [↑](#endnote-ref-36)
37. <https://www.researchgate.net/profile/Ingrid_Schoon/publication/222751070_Long-term_Outcomes_for_Children_with_Early_Language_Problems_Beating_the_Odds/links/572ca95908ae7a42e133472d.pdf> [↑](#endnote-ref-37)
38. <http://www.gov.scot/Resource/0041/00414641.pdf> [↑](#endnote-ref-38)
39. Bradshaw, P. et al (2013) *Growing Up in Scotland: Birth Cohort 2 – Results from the first year*Edinburgh: Scottish Government, <http://www.gov.scot/Publications/2013/02/3280> [↑](#endnote-ref-39)
40. Respondents were asked how often their child eats both fruit and vegetables. Data from these questions were combined to give each child a score for fruit and vegetable consumption of between 1 and 12, with those scoring between 1 and 4 classified as having a higher fruit and vegetable consumption (those who eat fruit/and or vegetables every day or most days), those scoring between 5 and 8 classified as having a medium fruit and vegetable consumption, and those scoring between 9 and 12 classified as having a lower fruit and vegetable consumption. [↑](#endnote-ref-40)
41. Fogelholm M. (2010) Physical activity, fitness and fatness: relations to mortality, morbidity and disease risk factors. A systematic review. Obesity Reviews, 11(3): 202–221. [↑](#endnote-ref-41)
42. Respondents were asked on how many days during the past seven days their child was active for a total of at least 60 minutes per day. Being active was defined as including any activities that they do that involves them moving their body, increasing their heart rate and making them out of breath some of the time. [↑](#endnote-ref-42)
43. <http://www.gov.scot/About/Performance/scotPerforms/indicator/dental> [↑](#endnote-ref-43)
44. Annual Report of the Chief Dental Officer 2012 – A picture of Scotland’s Oral Health. Edinburgh: Scottish Government, 2013. Available from: [www.scotland.gov.uk/Publications/2013/12/1101](http://www.scotland.gov.uk/Publications/2013/12/1101) [↑](#endnote-ref-44)
45. <http://www.gov.scot/Resource/Doc/212225/0056476.pdf> [↑](#endnote-ref-45)
46. Goodman R (1997). The Strengths and Difficulties Questionnaire: A Research Note. Journal of Child Psychology and Psychiatry; 38, 581-586. [↑](#endnote-ref-46)
47. <http://www.gov.scot/Resource/0041/00414641.pdf> [↑](#endnote-ref-47)
48. . Kelly, Y. & Bartley, M. (2010) Parental and child health. In: Hansen, K., Joshi, H. & Dex, S. (eds.) Children of the 21st Century: the first five years. Bristol: The Policy Press [↑](#endnote-ref-48)
49. Ware Jr., E., Kosinski, M. and Keller, S.D. (1995) How to score the SF-12 physical and mental health summary scales. 2nd Edition, The Health Institute, Boston. [↑](#endnote-ref-49)
50. <http://www.gov.scot/Resource/Doc/175356/0066306.pdf> [↑](#endnote-ref-50)
51. <https://medlineplus.gov/ency/article/007313.htm> [↑](#endnote-ref-51)
52. <http://www.nhs.uk/Conditions/pregnancy-and-baby/pages/smoking-pregnant.aspx> [↑](#endnote-ref-52)
53. <https://cdn.shopify.com/s/files/1/0924/4392/files/passive-smoking-and-children.pdf?15599436013786148553>= [↑](#endnote-ref-53)
54. <http://www.gov.scot/Resource/0041/00414641.pdf> [↑](#endnote-ref-54)
55. AUDIT-C (Audit-Consumption) is derived from the first three questions on the standardised Alcohol Use Disorders Identification Test, developed by the World Health Organisation. It is one of two measures developed as a reliable pre-screen for a full AUDIT and is able to indicate whether an individual is potentially drinking at increasing or higher risk levels. [↑](#endnote-ref-55)
56. Bush K, Kivlahan D, McDonell M, Fihn S and Bradley K, (1998). The AUDIT alcohol consumption questions (AUDIT-C): an effective brief screening test for problem drinking. Ambulatory Care Quality Improvement Project (ACQUIP). Alcohol Use Disorders Identification Test. Archives of Internal Medicine 158(16):1789-95. [↑](#endnote-ref-56)
57. <http://www.gov.scot/Resource/0041/00414641.pdf> [↑](#endnote-ref-57)
58. <http://www.healthscotland.com/uploads/documents/18212-A_brief_guide_to_attachment.pdf> [↑](#endnote-ref-58)
59. <http://growingupinscotland.org.uk/wp-content/uploads/2013/05/GUSYear5parentingbriefing.pdf> [↑](#endnote-ref-59)
60. Condon  JI & Corkindale CJ (1998)  The assessment of parent‐to‐infant attachment: development of a self‐report questionnaire instrument. Journal of Reproductive and Infant Psychology. 16: 57–77 [↑](#endnote-ref-60)
61. Pianta, R. C. (1992). *Child-Parent Relationship Scale*. Charlottesville, VA, Unpublished measure, University of Virginia. [↑](#endnote-ref-61)
62. The **warmth of mother-child relationship** was measured using seven items from the Pianta scale (Pianta 1992) (reliability acceptable, Cronbach alpha=0.67). Each item was scored as 1 definitely does not apply, 2 not really, 3 neutral, 4 applies sometimes, or 5 definitely applies. ‘Can’t say’ responses were considered as missing. Scores were summed for parents who had completed all warmth items. The scores were derived using the same categories as Growing Up in Scotland (2011) in which a high number of parents scored the maximum of 35, and so the lowest third of parents (with scores between 7 and 33) were contrasted with the remainder (referred to as ‘high warmth’). **Mother-child conflict** was measured using eight items from the Pianta scale (Pianta 1992) with items scored on a 4-point scale as for the Pianta warmth items (see above). Cronbach’s alpha indicated good reliability (0.80). Scores were summed for parents who had completed all conflict items and grouped those that scored 8-12 (lowest conflict), 13-18 (medium conflict), or 19-40 (high conflict). [↑](#endnote-ref-62)
63. <http://www.gov.scot/Resource/Doc/350041/0117150.pdf> [↑](#endnote-ref-63)
64. <http://www.ifs.org.uk/docs/ee_impact.pdf> [↑](#endnote-ref-64)
65. <https://www.jrf.org.uk/sites/default/files/jrf/migrated/files/education-attainment-scotland-full.pdf> [↑](#endnote-ref-65)
66. <http://www.gov.scot/Resource/Doc/310722/0098010.pdf> [↑](#endnote-ref-66)
67. <http://www.gov.scot/Resource/0050/00501021.pdf> [↑](#endnote-ref-67)
68. <http://www.gov.scot/Resource/0039/00392709.pdf> [↑](#endnote-ref-68)
69. Department for Education (2011) Special Educational Needs Information Act: An Analysis

    2011. [↑](#endnote-ref-69)
70. <http://www.gov.scot/Resource/Doc/17002/0023718.pdf> [↑](#endnote-ref-70)
71. <http://www.gov.scot/Resource/Doc/263896/0079034.pdf> [↑](#endnote-ref-71)
72. Data from these questions were combined to produce a score for each respondent of between 5 and 25, with those scoring between 5 and 9 classified as perceiving their area as more safe, those scoring between 10 and 13 classified as perceiving their area as having a medium level of safety, and those scoring between 14 and 25 classified as perceiving their area as less safe. [↑](#endnote-ref-72)
73. Mabelis, J. and Marryat, L. (2011) Growing Up in Scotland: Parental service use and informal networks in the early years Edinburgh: Scottish Government [↑](#endnote-ref-73)
74. Bradshaw, P., Sharp, P. Webster, C. and Jamieson, L (2009) Growing Up in Scotland: Year 3 – Parenting and the Neighbourhood Context Edinburgh: Scottish Government [↑](#endnote-ref-74)
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76. Treanor, Morag C. (2015) '[Social assets, low income and child social and emotional and behavioural wellbeing](http://www.ingentaconnect.com/content/tpp/frs/pre-prints/content-PP_FRS-D-14-00037R1)' Journal of Families, Relationships and Societies [↑](#endnote-ref-76)
77. <http://www.gov.scot/Resource/Doc/212225/0056476.pdf> [↑](#endnote-ref-77)
78. <http://www.gov.scot/Topics/People/Young-People/early-years/parenting-early-learning/families/relationship-support> [↑](#endnote-ref-78)
79. <http://www.gov.scot/Topics/People/Young-People/early-years/parenting-early-learning/families/national-parenting-strategy> [↑](#endnote-ref-79)
80. <http://www.gov.scot/Resource/Doc/212225/0056476.pdf> [↑](#endnote-ref-80)
81. <http://www.gov.scot/Publications/2016/10/1665> [↑](#endnote-ref-81)
82. <http://www.lgiu.org.uk/wp-content/uploads/2016/08/DfE-research-wellbeing-of-young-people.pdf> [↑](#endnote-ref-82)