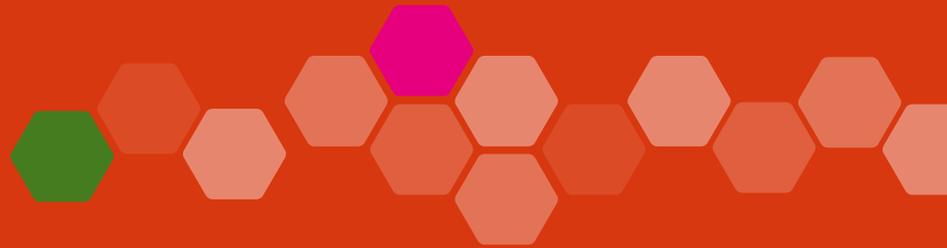


Child and parental wellbeing: measuring wellbeing outcomes and understanding their relation with poverty



PEOPLE, COMMUNITIES AND PLACES

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Executive summary

Background

Tackling child poverty and achieving the targets set by the Child Poverty (Scotland) Act 2017 is imperative to improving the lives of Scotland's children, young people and families.



Increasing incomes and reducing costs of living are important mechanisms for reducing poverty, but they are not the only mechanism.



Improving quality of life, and life chances, is important in building a solid long term foundation to support the lives of children, young people and families. For this, policies need to focus on enhancing wellbeing of children and families.

This report intends to be a first step in assessing wellbeing outcomes and understanding their relation with poverty for low income families.

Research findings



Children and young people's wellbeing is influenced by the world around them. Therefore, in considering their wellbeing it is important to take into account the wellbeing of their parents and carers as these are often inextricably linked to children's wellbeing. For example, evidence suggests how parent-child relations may be negatively affected by periods of financial struggle.

Negative impacts on wellbeing have arisen from the COVID-19 pandemic and the cost of living crisis which have disproportionately impacted upon families in low income households.



Policies supporting the longer term wellbeing of children are not expected to reduce poverty levels in time to achieve the 2030 targets. Nevertheless, these policies are essential so that the progress achieved towards the 2030 targets is sustained.

How I grow and develop



Children living in areas of high deprivation continue to record greater developmental concerns in the early years, lower attainment while in school, were less likely to undertake physical activities in their early teenage years and recorded greater difficulties with their mental health.

Over recent years, there is evidence of a reduction in the poverty-related gap, particularly in terms of attainment. Though it should be noted that during the pandemic there was a clear widening of the poverty-related gap, which has started to reduce again in the years since.

Mental wellbeing varies by measure (WEMWBS and SDQ). By WEMWBS, there was little variation, but SDQ suggested greater difficulties in the mental health of those living in areas of high deprivation.



What I need from the people that look after me



Peer relations are broadly similar across area of deprivation. However, those from more deprived communities are more likely to report having been bullied in the past year compared to those from the least deprived communities.

Children and young people's relationships with adults vary according to area deprivation, with those from more deprived communities less likely to report positive interactions with adults, compared to their less deprived peers, in relation to trust and decision-making.



The quality of early learning and childcare services are high. There is a consistent quality of provision across all areas with little variation by area deprivation.

My wider world



Low income households have been the most negatively impacted by the COVID-19 pandemic. Despite wider economic pressures, child poverty levels in Scotland have remained stable over the medium term.

Low income households with children spend a greater proportion of their income on housing costs. Spend on housing has been relatively stable in recent years. The number of children in temporary accommodation continues to increase due to the knock-on effects of the COVID-19 pandemic.



Children and young people from more deprived communities are less likely than those living in the least deprived communities to agree that their local area is a good place to live or feel safe when out in their local area.

Parental measures of wellbeing



Parents and carers play a significant role in the lives of children and young people. Understanding carers' wellbeing is essential in supporting the wellbeing of children and young people. The indicators considered are drawn from the areas of mental wellbeing (WEMWBS) and social capital (feelings of loneliness and neighbourhood rating).

Over time, there is a consistent gap in WEMWBS scores between the top and bottom income quintiles. Those on the highest income are consistently more likely to report higher wellbeing scores than those in the lowest quintile.

The social capital indicators of loneliness and neighbourhood rating further show a divide, with those on higher household annual incomes more likely to report lower levels of loneliness and higher levels of neighbourhood rating.

Learnings



Tackling child poverty and improving wellbeing are interlinked. Children and young people living in poverty are less likely than their peers to achieve positive wellbeing outcomes.

Understanding whole family wellbeing is a crucial facilitator in helping families to navigate their way out of poverty. Monitoring wellbeing is necessary to better understand the association of wellbeing with longer-term poverty reduction measures and ensure no additional harm.



But patience is necessary when assessing impacts of policies aiming to support the health and wellbeing of families.

What next?



Engagement with stakeholders to develop and enhance parental measures of wellbeing.

Periodic analysis, and publication of wellbeing indicators, to support longer term poverty reduction actions and to reduce unintended consequences.

Introduction

Key messages

Evidence highlights the detrimental impact that poverty has on a child's health and wellbeing.

Children and young people's wellbeing is influenced by the world around them. Therefore, in considering their wellbeing it is important to take into account the wellbeing of their parents and carers as these are often inextricably linked. For example, evidence suggests how parent-child relations may be negatively affected by periods of financial struggle.

When considering wellbeing for children, young people and families living in poverty, we need to consider the context we are operating in. In particular, the recent period of significant social, economic and political change. Most notably, negative impacts on wellbeing have arisen from the COVID-19 pandemic and the cost of living crisis which have disproportionately impacted upon families in low income households.

Policies supporting the longer term wellbeing of children are not expected to reduce poverty levels in time to achieve the 2030 targets. Nevertheless, these policies are essential so that the progress achieved towards the 2030 targets is sustained.

Background

Tackling child poverty and achieving the targets set by the [Child Poverty \(Scotland\) Act 2017](#) is imperative to improving the lives of Scotland's children and young people, their families and wider communities.

The child poverty targets are not an end in themselves. Ultimately, they are about improving parents' and children's wellbeing, quality of life and life chances. We know that poor life outcomes for children and parents are driven by poverty. Therefore, reducing child poverty, through increasing incomes and reducing costs of living, is one important mechanism for doing so. But it is not the only mechanism. We recognise that there are many other important actions being taken forward by the Scottish Government, and its partners, that will improve parents and children's quality of life and life chances. These are a range of actions that will help to build a solid, long term foundation to support the lives of children, young people and families. These policy actions are less about boosting immediate income, and more about supporting and enhancing the health and wellbeing of individuals.

This report intends to be a first step in assessing wellbeing outcomes and understanding their relation with poverty for low income families. As such, this report should be seen as experimental and as a discussion starter in order to facilitate and develop our understanding of wellbeing and poverty. It provides us with a starting point of what we know, what we do not know, and what we need to know.

The ultimate aim is to monitor whether action across drivers of poverty is associated with successful and sustainable ways of improving life chances for families living in poverty, and importantly that it does no additional harm.

Developing an understanding of the relationship between wellbeing and poverty

This section provides an overview of the links between wellbeing and poverty. In particular, there is a focus on what we know, and what we need to know in order to better understand the relationship between wellbeing and poverty.

What do we know about wellbeing and poverty?

Children and young people's wellbeing is influenced by the world around them. Their environment, relationships and experiences contribute to a healthy and happy childhood.¹

For children and young people, positive relationships can be a cornerstone for ensuring strong mental health and wellbeing, and resilience. In particular, parent-child relationships are of crucial importance – starting with early and secure attachment.^{2,3}

In assessing the wellbeing of children and young people it is important to consider the wellbeing of their parents/carers as these are often inextricably linked.

In the context of child poverty, achieving the child poverty targets is not an end in itself. Ultimately, reducing poverty is about improving parents' and children's wellbeing, quality of life and life chances.

Public Health Scotland (PHS) have observed that living in poverty can negatively impact upon a child's development and health. Evidence shows how health can worsen with longer exposure to poverty.⁴ Further, PHS acknowledge how families living in low income households are often unable to access the resources required for a healthy lifestyle. For example, low income households can struggle to access adequate and affordable food, good quality housing, heating, affordable social and cultural opportunities. This scarcity can directly impact on a child's health and wellbeing, as well as having a negative impact on a parent's or carer's health and wellbeing, which in turn, can impact on the relationship between children and their carers.

There are other indirect links between poverty and a child's wellbeing. For example, feelings of exclusion and social isolation. Children living in poverty are more likely to be bullied and less likely to be able to take part in social activities with their peers.⁵ Fundamentally, the economic circumstances of a household impact upon both their present and future physical and mental health, but also on their broader wellbeing.⁶

Throughout the COVID-19 pandemic there was an increasing concern about the impact of rising poverty on the wellbeing of children and families. This was due to financial insecurity, but also due to rising levels of new families in crisis. Specifically for those families who had to navigate the complex social security system and associated services

for the first time, alongside concerns around food insecurity, digital exclusion, poor quality housing, or limited access to outdoor space.⁷

Similarly, early evidence emerging from the recent cost of living crisis highlights how financial crises and periods of uncertainty can have a significant impact on wellbeing. In particular, negative impacts on wellbeing tend to be exacerbated amongst low income households.⁸

PHS highlighted similar concerns on how the recent financial strain of the cost of living crisis can impact upon parent-child relations and parental mental health. Evidence shows how negative wellbeing impacts were felt more acutely by some [priority family groups](#) most at risk of poverty.⁹

What do we need to understand about wellbeing and poverty?

There are many important actions being taken forward by the Scottish Government, and its partners, that are anticipated to improve children, young people and family's quality of life and life chances. Policy actions in this space often take time to translate into positive outcomes. This means that results may not be seen in the short term. Developing our understanding of how quality of life, and life chances, contribute to poverty is therefore important.

Reflecting on broader outcomes, experience has made us mindful of the need to ensure that income-based policies continue to support wellbeing. For example, it may not be suitable to encourage a single mother to work longer hours if this impacts negatively on the wellbeing of her and her child. Therefore, analysis of wellbeing metrics will be necessary to monitor that child poverty driver action is associated with positive impacts on longer-term poverty-reduction outcomes and does no additional harm, as well as helping us to understand, and track, improving outcomes for families in poverty.

We have taken some initial steps in doing so. The [child poverty evaluation framework](#) contains some guideline research questions on how to assess the impact of policies on child poverty, specifically around the area of enhanced life chances. However, the implementation of this framework is in the early stages and further work needs to take place to ensure that evidence is indeed gathered, collated, assessed and reported.

As part of this report, there are [parental/carer measures of wellbeing](#). The indicators chosen were selected as a first step for exploration of the mental wellbeing and social connectivity of parents and carers. Other measures may need to be included, and we need to expand our understanding on how best to effectively measure and consider wellbeing for the parents and carers of children living in poverty.

The Children, Young People and Families Outcomes Framework

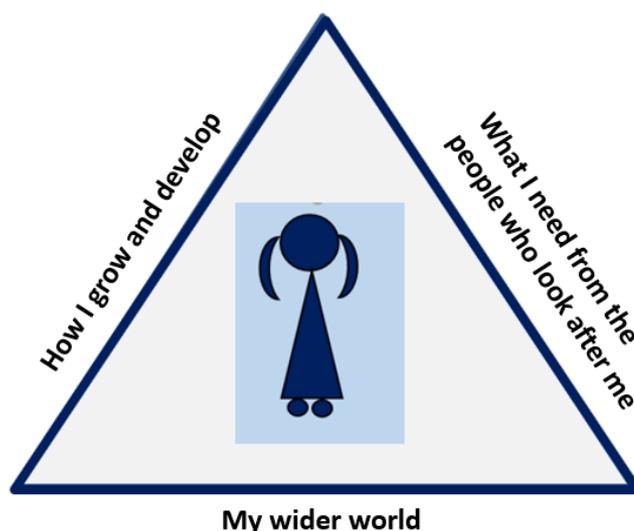
The [Children, Young People and Families Outcomes Framework](#) provides an overarching understanding of the wellbeing levels of children and young people living in Scotland. The framework was developed following recommendations from the Scottish Government's review of Children's Services Plans (2017-2020) and in response to stakeholder feedback. The Framework seeks to 'embed a more joined-up strategic narrative on improving outcomes for children and young people across government, with improved use of data'. In particular, it aims to 'support policy cohesion in decision making at both national and local levels'.

In order to align efforts, and support the cohesion and narrative of improving outcomes for children and young people living in poverty, the [framework's core wellbeing indicators](#) will be utilised in this report to explore how poverty impacts upon children and young people's wellbeing, and to use this information to inform the planning and delivery of holistic whole family support (such as, [Whole Family Wellbeing Funding](#)).

The [core wellbeing indicator set](#) consists of 21 high-level measures which can provide insight into levels of wellbeing across time, and by various socio-demographic characteristics. Further information on the development of the outcomes framework and the rationale behind selected indicators can be found in the [national reporting](#).

Each of the indicators fall under three shared aims of the '[My World Triangle](#)'. These are: 'How I grow and develop', 'What I need from the people who look after me', and 'My wider world' (see Figure 1). These headings are adopted in this report to focus on the experiences of children and young people. Further information on the shared aims can be found in [Appendix B of the national report](#).

Figure 1: The My World Triangle



For further detail on how the My World Triangle is linked to the [SHANARRI wellbeing outcomes](#) and [UNCRC articles](#) see the [national report](#).

Analysing wellbeing outcomes and their connections with poverty

The most commonly used poverty threshold is 60% of the median household income. This is referred to as relative poverty and is a measure of whether those in the lowest income households are keeping pace with the growth of incomes across the economy as a whole.¹⁰ This method assumes that all individuals in the household benefit equally from the combined income of the household.¹¹

However, it is not always possible to obtain household income data from survey participants. Therefore, we may use what we call proxy measures of poverty. This is often the case when collecting data from children and young people.

Some data sources used in this report, such as the Scottish Household Survey, do collect household income. This allows us to compare data by the amount of income available for the household.

However, the majority of data in this report is drawn from the [Health and Wellbeing Census](#). This data was collected via an online survey during the 2021-2022 school year from children and young people in school years P5 to S6. The Health and Wellbeing Census does not collect data on household income. Instead, the data has been linked to the [Pupil Census](#) and through this linkage the child's data can be linked to the Scottish Index of Multiple Deprivation (SIMD).¹²

When household income is not available, we use SIMD as a proxy measure to understand how outcomes may vary for individuals depending on deprivation levels. For example, if children living in the most deprived areas of Scotland are achieving lower outcomes, than those living in the less deprived areas, this suggests an association between a wellbeing indicator and inequality and poverty.

However, caution needs to be taken when using SIMD as it is a relative, area measure of deprivation. This means not every individual in the most deprived areas will be experiencing high levels of deprivation, and similarly, there may be individuals in the least deprived areas experiencing high levels of deprivation. This caveat is particularly true for rural areas where SIMD data zones cover vaster areas and there is a more mixed picture of individuals experiencing different levels of deprivation.¹³

Nevertheless, SIMD is still useful, especially when analysed alongside other data in order to gain a richer picture of the associations between wellbeing and socio-economic disadvantage. Therefore, in this report, where available, we have considered relevant key findings from wider studies. These frequently draw on other proxy measures of poverty and allow us to see if there are similar findings found across these different measures.

Report structure

Firstly, the report utilises the Children, Young People and Families Outcomes Framework, and the associated, core wellbeing indicators, to provide insights and understandings to current levels of wellbeing for children, young people and families living in low income households in Scotland.

The subsequent section of the report explores the relevance of utilising parental wellbeing indicators in order to better understand the wellbeing of families living in poverty. This is situated within the context that children's lives are shaped by the environment and relations around them – with parents being a crucial relationship in a child's life.

Finally, the report offers conclusions and situates the report findings within the relevant policy context. Thus, highlighting the need for periodic analysis of wellbeing indicators as part of efforts to tackle child poverty.

How I grow and develop

Key messages

The ongoing cost of living crisis is impacting upon the mental health of both parents and children. For many households, the cost of living crisis has resulted in a lack of social connection, and increased isolation.

Children living in areas of high deprivation continue to record greater developmental concerns in the early years, lower attainment while in school, were less likely to undertake physical activities in their early teenage years and recorded greater difficulties with their mental health.

Over recent years, there is evidence of a reduction in the poverty related gap across these measures, particularly in terms of attainment. However, it should be noted that during the COVID-19 pandemic there was a clear widening of the poverty related attainment gap, which has started to reduce again in the years since.

The policy context

[Best Start, Bright Futures](#) (BSBF) works towards a vision for Scotland to be the best place for children and young people to grow up. The aim is that every child grows up feeling loved, safe and respected so that they realise their full potential.

The ongoing cost of living crisis is significantly impacting upon the mental health of both parents and children. Additionally, the cost of living crisis has resulted in a lack of social connection, and increased isolation, for many households. This is on the back of a period of intensive isolation arising from when stay at home regulations were in place during the COVID-19 pandemic. The negative impacts of a lack of social interaction on loneliness and mental wellbeing are well documented. Low income households are particularly at risk of financial stress, leading to lower levels of mental wellbeing.¹⁴

Policies supporting the longer term wellbeing of children are not expected to reduce poverty levels in time to achieve the 2030 targets. Nevertheless, these policies are essential so that the progress achieved towards the 2030 targets is sustained. This is a long term vision to ensure that the children of today do not become the parents of children living in poverty in the future.

In this space, we find policies that:

- **support the best start to life.** There are many policies as part of BSBF in this space. For example, policies that support high quality and affordable childcare provision, social security payments and benefits in-kind such as the Baby Box and the five family payments including the Scottish Child Payment. Further, there are policies supporting the strategic implementation of wellbeing such as Getting It Right for Every Child (GIRFEC) or the Whole Family Wellbeing Fund. In addition, there is

also practical health support provided through the Universal Health Visiting Pathways or the Family Nurse Partnership programme for young mothers.

- **support children to grow and learn.** For example, the Scottish Attainment Challenge which aims to reduce the poverty related attainment gap, removing the digital divide by ensuring that all children (from primary to higher education) have access to the necessary technology, providing infrastructure that supports health and active lifestyles through the Active Schools programme, the free bikes pilot scheme or the investment in outdoor playgrounds.
- **and foster positive post-school transitions.** Policies such as the Young Person's Guarantee, the Scottish Mentoring and Leadership programme, Job Start Payment, Higher Education Student Support or the School leavers toolkit are designed to foster positive post school transitions for young people.

All these policies are expected to support positive progress towards all indicators in this section. Indeed, many individual policy evaluations do track the impact they can contribute to on relevant indicators. Where appropriate we have linked up to the specific policy evaluation for further information.

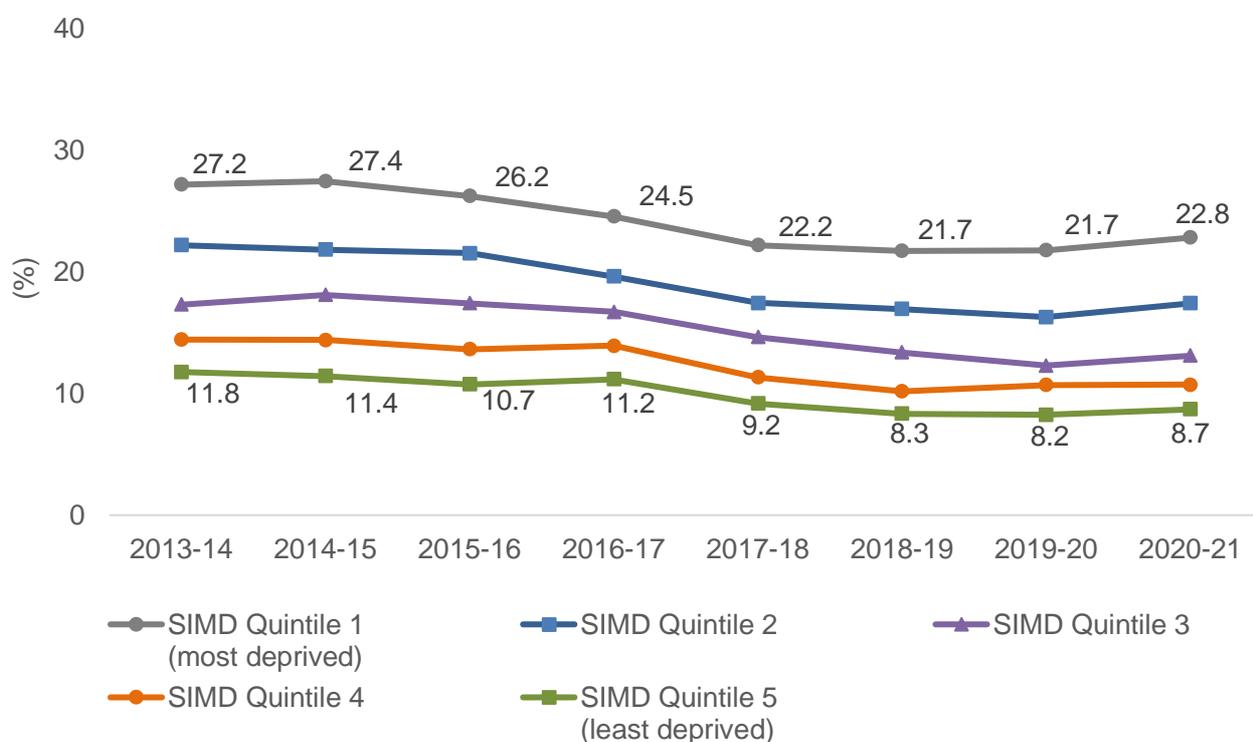
Pre-school development

The pre-school development indicator is the percentage of children with a developmental concern at their 27-30 month child health review.

In 2021/22, 18% were reported as having a developmental concern at their 27-30 month review. Between 2014/15 and 2019/20 developmental concerns at the 27-30 month review fell from 19% to 14%, respectively. However, this figure has risen in recent years.

Research suggests that recent rises in developmental concerns may be associated with the COVID-19 pandemic – with associated lockdown measures limiting opportunities for social communication¹⁵ and physical development¹⁶.

Figure 2: Percentage of children reported as having a developmental concern at their 27-30 month review, by SIMD, 2013/14 – 2020/21. Data points only shown for quintile 1 and 5 to simplify the chart. But detailed data can be found directly on the source. Data source: Early child development statistics, Public Health Scotland



There is an association between higher levels of area deprivation and increasing likelihood of a developmental concern at the 27-30 month review over time. Figure 2 illustrates this trend with the gap between the most deprived and least deprived areas remaining relatively constant over time.

This gap in developmental concerns by area deprivation, which arises during the early years, is evident across the evidence base and can have significant consequences in the longer-term for academic achievement, which may impact on later life wellbeing outcomes for children.^{17,18}

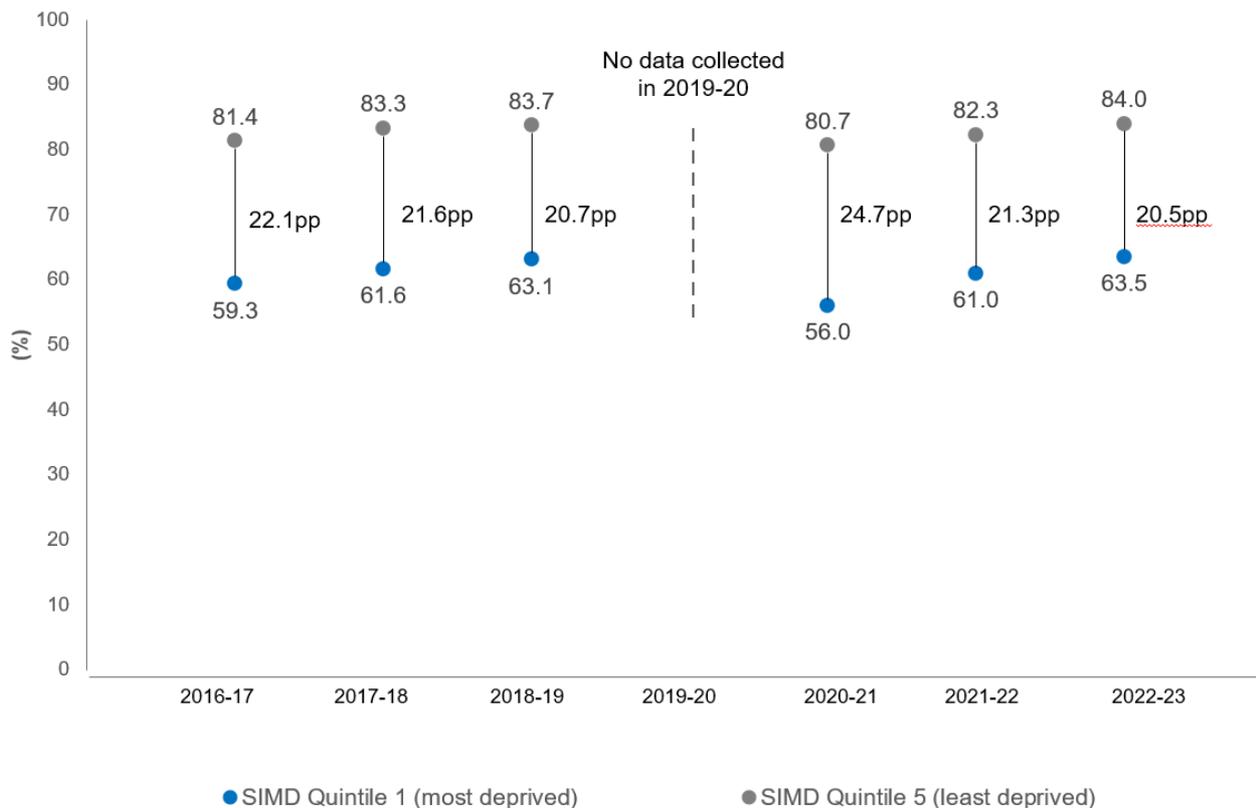
Literacy

The literacy indicator considers the proportion of all primary school pupils (P1, P4 and P7 combined) achieving the expected Curriculum for Excellence (CfE) level for literacy. To achieve this, children need to achieve the expected level in all three literacy organisers: reading, writing, and listening and talking.

For all P1, P4 and P7 pupils, 73% achieved the expected CfE level in literacy in 2022/23.

of P1, P4 and P7 pupils (combined) achieving expected CfE level in Literacy

Figure 3: Percentage of P1, P4 and P7 pupils (combined) achieving expected CfE level in Literacy, 2016/17-2022/23. Data source: Achievement of Curriculum for Excellence Levels,



When literacy achievement is analysed by SIMD, there is a persistent gap between children living in the most deprived areas and those living in the least deprived areas. As illustrated in Figure 3, in 2022/23, 64% of children living in the most deprived areas (SIMD 1) achieved the expected CfE level in literacy, compared to 84% of those living in the least deprived areas (SIMD 5). This is a difference of 20.5 percentage points. This poverty related attainment gap does appear to be persistent over time. However, prior to the COVID-19 pandemic the gap between the highest and lowest areas of deprivation was slowly but steadily reducing. Following the pandemic, the poverty related attainment gap in literacy stood at 24.7 percentage points in 2020/21 and positively reduced again to 21.3 in 2021/22, before falling further to 20.5 in 2022/23. This is the smallest reported gap on record.

As reported in the [fifth interim report of the Attainment Scotland Fund evaluation](#) increasing levels of children were meeting expected levels across literacy until 2020/21.

Therefore, it is important to consider the impact of COVID-19 on progress in closing the attainment gap, as a result of school building closures and other disruptions.

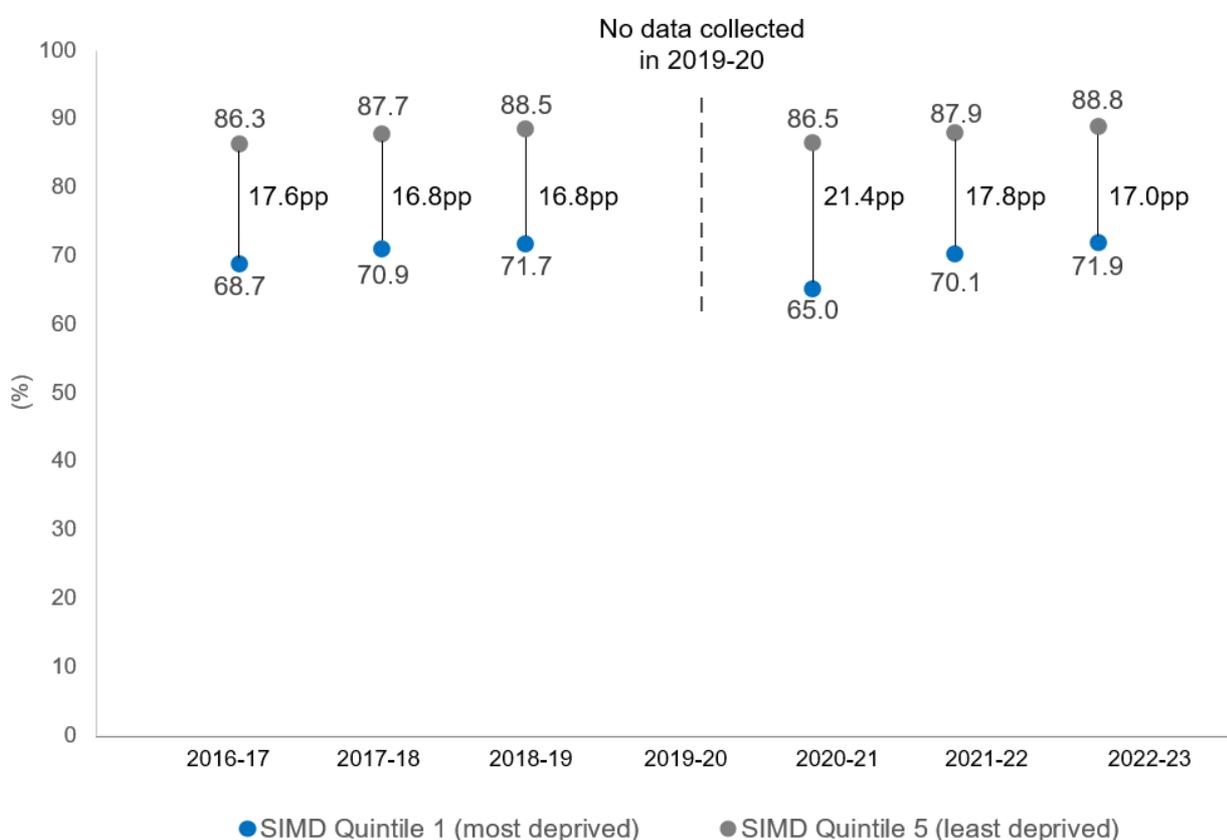
Across other evidence sources, the poverty related literacy gap is seen across other measures of poverty and deprivation, such as family income or parental level of education. For example, the Growing Up in Scotland study evidences how a gap in language ability, based on measures of poverty, with more advantaged children having higher language abilities than children from less advantaged backgrounds, build during the early years of a child's life¹⁹ - and this gap is maintained during primary school.²⁰

Numeracy

The numeracy indicator considers the proportion of all primary school pupils (P1, P4 and P7 combined) achieving the expected CfE level in numeracy.

For all P1, P4 and P7 pupils, 80% achieved the expected CfE level in numeracy in the most recent year 2022/23.

Figure 4: Percentage of P1, P4 and P7 pupils (combined) achieving expected CfE level in Numeracy, 2016/17-2022/23. Data source: Achievement of Curriculum for Excellence Levels, Scottish Government



As seen in Figure 4, there is a consistent gap between children living in the most deprived areas and those living in the least deprived areas. In 2022/23, 72% of children living in the

most deprived areas (SIMD 1) achieved the expected CfE level in numeracy, compared to 89% of those from the least deprived areas (SIMD 5). This is a percentage point difference of 17.0. This is slightly wider than the gap in 2018/19 (16.8 percentage points), but it is a decrease compared to the 2020/21 gap following the COVID-19 pandemic which led to a sharp increase to 21.4.

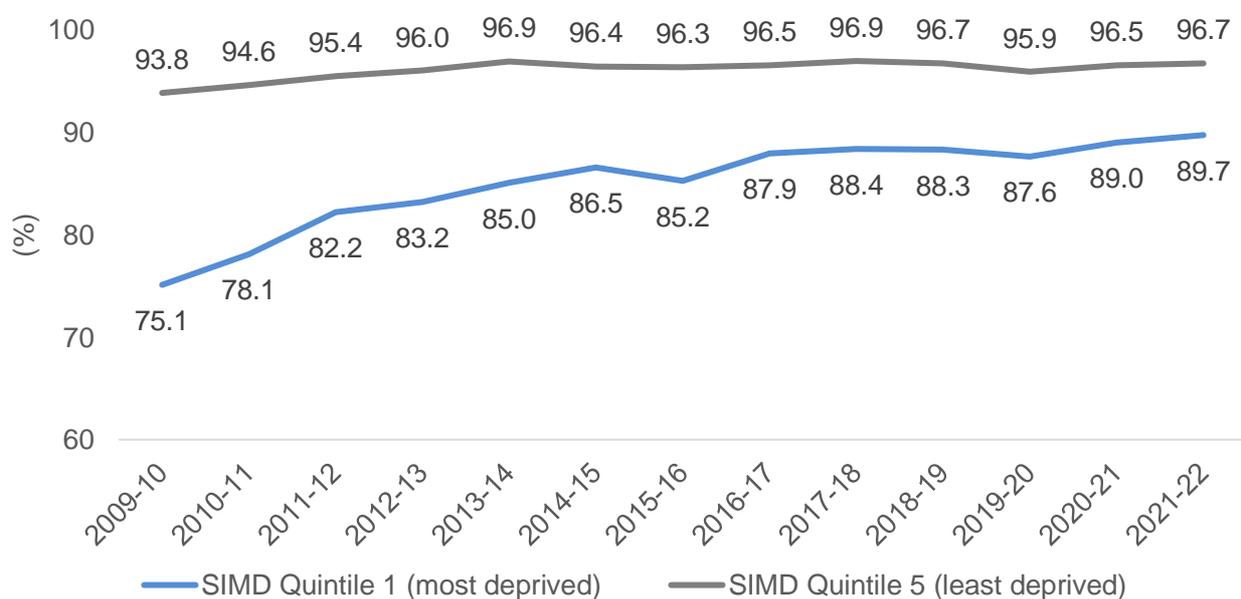
As reported in the [fifth interim report of the Attainment Scotland Fund evaluation](#) increasing levels of children were meeting expected levels across numeracy until 2020/21. Therefore, it is important to consider the impact of COVID-19 on progress in closing the attainment gap, as a result of school building closures and other disruptions.

Positive Destinations

The positive destinations of schools leavers indicator is the percentage of all school leavers in positive destinations nine months after the end of the school year. Positive destinations include: higher education, further education, training, voluntary work, and employment amongst others.

In 2021/22, 93.5% of all school leavers were in a positive follow-up destination. This is the highest proportion since consistent records began in 2009/10. Positive follow-up destinations have increased over time across all SIMD quintiles – but most notably for those in the most deprived areas. For example, as illustrated in Figure 5, in 2009/10 75.1% of those living in the most deprived areas (SIMD 1) were in a positive follow-up destination, compared to 89.7% in 2021/22. This increase across trend data has led to a 7 percentage point difference between the most deprived areas (SIMD 1) and the least deprived areas (SIMD 5) in 2021/22, compared to an 18.7 difference in 2009/10. This is the narrowest the gap has been since consistent records began. Further, it suggests that area deprivation is having less of an attributable effect on entering a positive destination.

Figure 5: Percentage of school leavers in a positive follow-up destination, by SIMD, 2009/10 - 2020/21. Data source: Statistics for follow-up leaver destinations, Scottish Government



Positive leisure activities

The positive leisure activities indicator is the percentage of young people in S1 to S3 participating in any of the following leisure activities: Buddying/mentoring programme at school; voluntary work; charity event; drama / acting / singing / dancing group; religious activity; youth organisation; Duke of Edinburgh; and Sports clubs.

In 2021-22, 78% of young people in S1 to S3 had participated in positive leisure activities. However, when we look at this data by area of deprivation, participation in positive leisure activities tend to decrease as deprivation increases. For example, 70% of those in the most deprived areas (SIMD 1) participated in a positive leisure activity, compared to 86% of those from the least deprived areas (SIMD 5).

Across other data sources, the Health Behaviour in School-Aged Children 2022 report, focused on Scottish specific data, identifies that 71% of young people (11, 13 and 15 year olds) were taking part in an organised leisure activity at least once per week – with participation decreasing with lower levels of family affluence (57% in low affluence families compared to 81% in high affluence families).²¹

The wider literature suggests cost as a barrier for children from more disadvantaged backgrounds not taking part in organised or structured activities.²² This was not only the cost of the leisure activity itself, but also included the hidden or not very obvious costs associated with participation.²³ From example, refreshments, suitable clothing, snacks, musical instrument maintenance²⁴ and transport costs²⁵.

During the cost of living crisis, many families noticed an increasing spend on household essentials such as energy and food. Many had to reprioritise household spend to cope with increasing costs of living. In some cases, deductions had to be made on what sometimes had to be seen as discretionary spend, such as children and young people's leisure activities.^{26,27,28,29} For example, the Joseph Rowntree Foundation (JRF) report that one in five households have reduced spending on children's activities during the cost of living crisis in order to manage household finances.³⁰ It will be children in low income households who are more likely to have experienced cuts in the social and leisure activities. The impact that this can have in the long term for attainment and general wellbeing is still unknown.

Physical activity

The physical activity indicator is the percentage of children and young people in P5 to S6 that had at least one hour of exercise the day before the survey ([Health and Wellbeing Census](#)).

Data, from the Census, shows a marked difference by deprivation, with those from less deprived areas more likely to have done exercise. In 2021/22, almost six in ten children and young people (59%) had at least one hour of exercise the day before the survey. Just over half of the children and young people (54%) from the most deprived areas (SIMD 1) had at least one hour of exercise the day before the survey. This increased by SIMD quintile to 64% of those in the least deprived areas (SIMD 5) having one hour of exercise the day before the survey.

However, other sources of evidence are less conclusive, with some showing differences by deprivation and others not. This could be due to discrepancies in the data surrounding physical activity levels and the mismatch in definitions.³¹ Some collect information on physical activity – which may include light activity. Others look at moderate to vigorous exercise. For example, research from the Growing Up in Scotland study (2015/16), exploring physical activity levels amongst 10 and 11 year olds, found no reported differences by disadvantage.³² On the other hand, the Health Behaviour in School-Aged Children 2022 reported higher levels of physical activity were found amongst more affluent families.³³

Diet

The diet indicator is the percentage of children and young people in P5 to S3 and S5 to S6 who eat both fruit and vegetables every day. The diet indicator comes from the [Health and Wellbeing Census](#).

In 2021/22, just over two in ten children and young people (22%) reported eating both fruit and vegetables every day. By area deprivation, the proportion of children reporting eating both fruit and vegetables every day increased as deprivation decreased. In particular, there was a ten percentage point difference between the most deprived and least deprived areas, with 14% from the most deprived areas (SIMD 1) reporting eating both fruit and vegetables every day compared to 33% from the least deprived areas (SIMD 5).

Families living in low income households may not be able to access affordable healthy food, with 27% of children in low income households living in households with low or very low food security (compared to 13% of all children).³⁴ Analysis suggests that limited financial resources impacts on the food that low income households do eat – often opting for fewer fruit and vegetables³⁵. However, current data may not best capture the effects of the cost of living crisis due to data collection timings – and current levels of food insecurity may be higher as families struggle with high food prices.³⁶

Mental wellbeing (WEMWBS)

The mental wellbeing indicator portrays the mean score on the Warwick Edinburgh Mental Wellbeing Scale (WEMWBS) for children and young people in S2 to S6. The mental health (WEMWBS) indicator comes from the [Health and Wellbeing Census](#).

This scale provides a score on 14 positively worded items in order to assess a population's mental wellbeing. An individual score can range from a minimum of 14 to a maximum of 70 in their response to a 5-point Likert scoring scale for each individual item. Generally higher scores indicate a higher level of wellbeing. This is a valid and reliable instrument for measuring wellbeing at a population level amongst those aged 13 years and over.³⁷ Questions relate to an own person's perception of self-confidence, being loved, cared, positive or active amongst other things.

In 2021/22, the average WEMWBS score for young people in S2 to S6 was 45.4. By deprivation, the average WEMWBS score increased slightly as socio-economic deprivation decreased, suggesting some link between area deprivation and a lower reported level of mental wellbeing. In particular, there was a two point difference between the most deprived areas (44.4 for SIMD 1) and least deprived areas (46.4 for SIMD 5). Data would need to be monitored over time to assess whether this difference is sustained.

Data from the Scottish Health Survey reporting on the WEMWBS mean scores of children aged 13-15 years found no clear pattern when analysed by area deprivation. Combined data from years 2017 to 2021, found that those in the most deprived areas (SIMD 1) recorded a mean score of 51.2 compared to 51.4 for those young people in the least deprived areas (SIMD 5).³⁸

Mental wellbeing (SDQ)

This mental health and wellbeing indicator is the percentage of young people in S2 to S6 with a 'Slightly Raised', 'High' or 'Very High' Strength and Difficulties Questionnaire (SDQ) score. The mental health (SDQ) indicator comes from the [Health and Wellbeing Census](#).

This indicator utilises 20 statements relating to emotional, conduct, hyperactivity / inattention and peer relationship problems. A total SDQ score range from a minimum of 0 to a maximum of 40. A higher score indicates greater evidence of difficulties, with scores banded into four categories: close to average, slightly raised, high, and very high. SDQ is a validated screening tool for emotional and behavioural difficulties in children and young people.³⁹

On average, 47% of young people had a 'Slightly Raised', 'High' or 'Very High' SDQ Total Difficulties score in 2021/22.

Those living in areas of high deprivation were likely to have greater evidence of difficulties in their mental health. Specifically, 54% of children and young people in in the most deprived areas (SIMD 1) had a 'Slightly Raised', 'High' or 'Very High' SDQ Total Difficulties score, compared to 41% of those from the least deprived areas (SIMD 5).

What I need from the people that look after me

Key messages

An important element of a person's wellbeing is their feeling of safety and inclusion. The premise being that when someone feels safe and cared for they are more likely to achieve their full potential.

Positive peer relations are broadly similar across area of deprivation. However, those from more deprived communities are more likely to report having been bullied in the past year compared to those from the least deprived communities.

Children and young people's relationships with adults vary according to area deprivation, with those from more deprived communities being less likely to report positive interactions with adults, compared to their less deprived peers, in relation to trust and decision-making.

The quality of early learning and childcare services are high. There is a consistent level of quality provision across all areas with little variation by area deprivation.

National reporting on the protection from harm indicator will be available from 2023/24.

The policy context

An important element of a person's wellbeing is their feeling of safety and inclusion. The premise being that when someone feels safe and cared for they are more likely to achieve their full potential.

[Best Start, Bright Futures](#) (BSBF) includes policies that support work in this area.

However, the positive impact of policies that foster safety, connection and inclusion are long term. Progress is unlikely to support progress towards the 2030 targets, but work in this space is likely to foster a strong infrastructure that allows for sustained outcomes.

Some of the policies included in BSBF that are likely to impact on these indicators are:

- the Whole Family Wellbeing Fund which aims to provide holistic support for children and their carers at the time of need rather than at crisis point.
- the Promise which aims ensure that cared experience children and young people feel loved, safe and respected.
- and policies around providing childcare, both during early years and for school-aged children.

All these policies are expected to support positive progress across the indicators in this section. Indeed, many individual policy evaluations do track the impact they have on the

relevant indicator. Where appropriate we have linked up to the specific evaluation update for further information.

Peer relationships

The peer relationships indicator is the percentage of children and young people in P5 to S3 who agree ('agree' or 'strongly agree') with the statement that 'My friends treat me well'. The peer relationships indicator comes from the [Health and Wellbeing Census](#).

In 2021/22, 84% of children and young people agreed that their friends treated them well. This remained broadly similarly when analysed by area deprivation, with 84% in the most deprived areas (SIMD 1) reporting their friends treating them well, compared to 85% in the least deprived areas (SIMD 5).

The wider evidence base, however, shows a more detailed picture. While children and young people generally reported positive peer relationships, persistent poverty was linked with increases in more volatile peer relations. These volatile peer relationships include, for example, falling out with friends or being less likely to have a good friend.⁴⁰

The HBSC Scotland study utilises a peer support score ranging from 1 to 7 to explore young people's perception of peer support. Half of young people (50%) reported high levels of peer support with this varying by family affluence (44% for low affluence families compared to 54% for high affluence families).⁴¹ Further, findings from the Millenium Cohort Study, at age 11, found that poverty – especially persistent poverty – was associated with children having more problematic peer relations. For example, those with experience of poverty were more likely to: fall out often with their friends; fight with or bully others; be bullied; play alone. They were also less likely to: have a good friend; be liked by other children; and, talk to their friends about their worries.⁴²

Bullying

The bullying indicator is the percentage of children and young people in P5 to S3 who report having been bullied in the last year. The bullying indicator comes from the [Health and Wellbeing Census](#).

In 2021/22, one in three children and young people (31%) reporting having been bullied in the last year. Experience of bullying decreases in less deprived areas. In the most deprived areas (SIMD 1), over a third of children and young people (34%) reporting bullying in the last year, with this falling to a quarter (26%) in the least deprived areas (SIMD 5).

The wider evidence supports these findings with children living in lower income households at greater risk of being left out – physically due to costs associated with socialising, or more psychologically due to feeling embarrassed or fear at not being able to have similar lifestyles as peers due to financial limitations.⁴³

Trusted adult

The trusted adult indicator is the percentage of children and young people in P5 to S6 who reported always having an adult in their life who they can trust and talk to about any personal problems. The trusted adult indicator comes from the [Health and Wellbeing Census](#).

In 2021, two-thirds of children and young people (67%) reported always having an adult in their life who they can trust and talk to about any personal problem. There was variation by area deprivation, with those in less deprived areas more likely to have a trusted adult in their life. For example, 65% of children and young people in the most deprived areas (SIMD 1) reported always having an adult in their life who they can trust and talk to about any personal problem, with this increasing to 70% in the least deprived areas (SIMD 5).

Similar findings are found in the HBSC Scotland study, where 55% of young people (aged 11, 13 and 15 years) from low affluence families reported always have a trusted adult to talk to about any personal problems (compared to 67% of those from high affluence families).⁴⁴

Involvement in decision-making

The involvement in decision making indicator is the percentage of children and young people in P5 to S6 who agree that adults are good at taking what they say into account. The involvement in decision-making indicator comes from the [Health and Wellbeing Census](#).

In 2021/22, 57% of children and young people thought adults were good at taking what they said into account. By area deprivation, there was little variation with the proportion of children and young people who thought adults were good at taking what they said into account. There were slight increases recorded with those in less deprived areas gradually more likely to say their views were taken into account by adults - 56% in the most deprived areas (SIMD 1) compared to 59% in the least deprived areas (SIMD 5).

Similar findings were found in the 2019 Young People in Scotland survey which found 57% of young people (aged 11 to 18 years) agreed that adults were good at taking their views into account when making decisions that affect that young person. By area deprivation, young people in lower SIMD deciles (areas of higher deprivation) were less likely to agree that adults take their views into account compared to those from higher SIMD deciles (areas of lower deprivation).⁴⁵

Quality services

The quality services indicator is the percentage of settings providing funded Early Learning and Childcare (ELC) achieving Care Inspectorate grades of good or better across all four quality themes.

In 2022, nine in ten settings providing funded daycare of children services were evaluated as “good” or better in all quality themes. There were some differences by geographical areas, although no clear pattern emerged by level of deprivation. In 2022, the percentage achieving good grades was highest in SIMD Quintile 1 (91.8%) and lowest in SIMD Quintile 5 (88.3%). Across the remaining Quintiles the percentage of services achieving good grades ranged between 88.9-91.4%. This suggests the quality of ELC services remain high with a consistent level of quality provision across all areas.

Protection from harm

The protection from harm indicator is the number of children and young people subject to Interagency Referral Discussions. Data around this indicator is currently only collected locally and not at national level. It is expected that national reporting will be available from 2023/24 onwards. Further information on the expected national reporting of this indicator can be found in the core indicators national report. Available here: [Children, young people and families outcomes framework - core wellbeing indicators: analysis - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/core-indicators-national-report-2023-24/pages/10-children-young-people-and-families-outcomes-framework-core-wellbeing-indicators-analysis.aspx)

My wider world

Key messages

Despite the wider economic pressures, child poverty levels in Scotland have remained stable over the medium term. Having paid work can be an effective way out of poverty, but having a job is not always enough. Many families with children live in poverty despite working.

Low income households with children spend a greater proportion of their income on housing costs. Spend on housing has been relatively stable in recent years. From a wellbeing perspective, the child wellbeing indicator relating to housing, looks at temporary accommodation. The number of children in temporary accommodation continues to increase due to the knock on effects of the COVID-19 pandemic.

Where you live also plays a role in how you interact with the world. Those from more deprived communities are less likely than those in the least deprived communities to:

- Agree their local area is a good place to live
- Feel safe when out in their local area.

The policy context

The premise of [Best Start, Bright Futures](#) (BSBF) is to lay out the plan of action to achieve the interim and final child poverty targets. This includes work across the main drivers of poverty (income and cost of living). Therefore, BSBF features key policies focused in the areas of employability, housing and digital connectivity. All of these are indicators used to see progress on this side of the 'My World Triangle'.

When looking at the wider world, it is important to consider the range of different societal and political changes and economic crises of recent years. From Brexit, through the COVID-19 pandemic to the most recent cost of living crisis. Evidence shows that low income households have entered the latest crisis in a highly vulnerable position with few, or no, options left to reduce household costs.⁴⁶ Further, evidence highlights that the cost of living crisis is significantly impacting upon the mental health of both parents and children.⁴⁷

As such, progress towards the child poverty targets is likely to positively impact on the wider wellbeing of families.

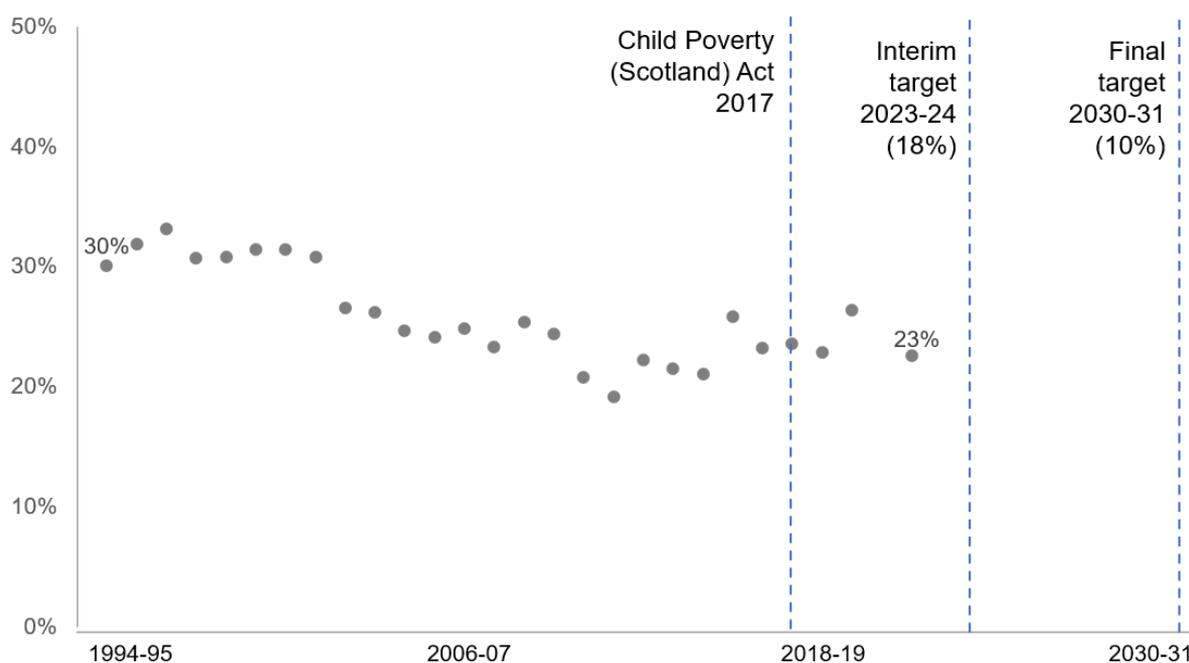
Child Poverty

The child poverty indicator is the relative child poverty rate after housing costs.

In 2021-22, 23% of children were living in relative poverty after housing costs. This is broadly similar to previous, recent years (see Figure 6). After falling during the late 1990s into the 2010s, with the rate slowing prior to the 2008/09 recession, child poverty has gradually risen in the past decade, but has stabilised in recent years.

Some types of households with children are known to be at a particularly high risk of poverty. These include households with single parents, three or more children, disabled household members, of a minority ethnic background, with a child aged under one, or a mother aged under 25. These groups do not cover everyone at higher risk of poverty, but taken together, they cover the majority of households with children that are in poverty.⁴⁸

Figure 6: Percentage of children in relative poverty after housing costs, 1994/95 – 2021/22.
Data source: Family Resources Survey, Office for National Statistics



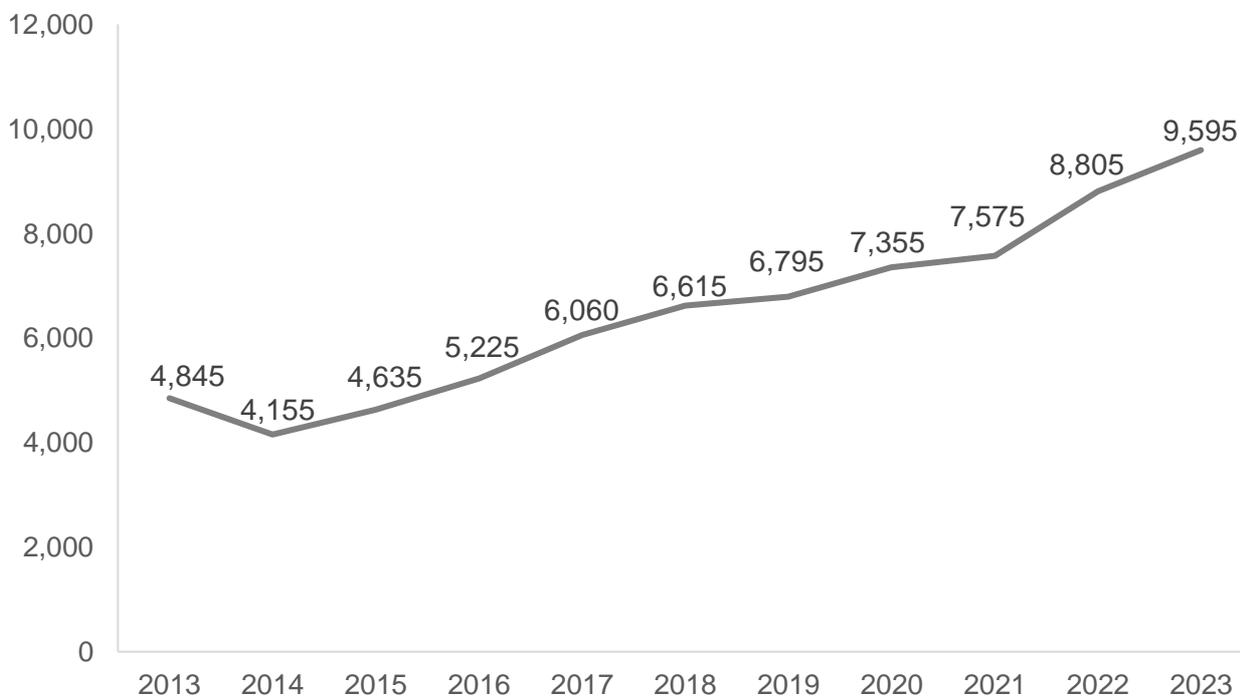
Note: Dots and labels show single-year estimates.

Housing

The housing indicator for the purpose of this report, is the number of children in temporary accommodation at 31 March of a given year. A child is defined as (a) anyone aged under 16, or (b) anyone aged 16, 17 or 18 either receiving or about to begin full-time education or training, or unable to support themselves for some other reason (e.g. they have a learning disability) and are dependent on an adult household member.

On 31 March 2023, there were 9,595 children living in temporary accommodation. This is a 9% increase on the figure from 2022, and follows a general upward trend since 2015 (see Figure 7 below).

Figure 7: Number of children in temporary accommodation, as at 31 March, 2013-2023. Data source: Homelessness in Scotland, Scottish Government



As reported in the [national reporting of the core wellbeing indicators](#) there has been an increased demand for temporary accommodation arising from, and following, the COVID-19 pandemic. This is due to informal arrangements, such as staying with friends, no longer being suitable due to lockdown and social distancing measures. Post-pandemic numbers have remained high due to the backlog of applications and cost and supply issues of materials and trades people.⁴⁹ While the most recent year is reported to also be affected by the cost of living crisis.⁵⁰

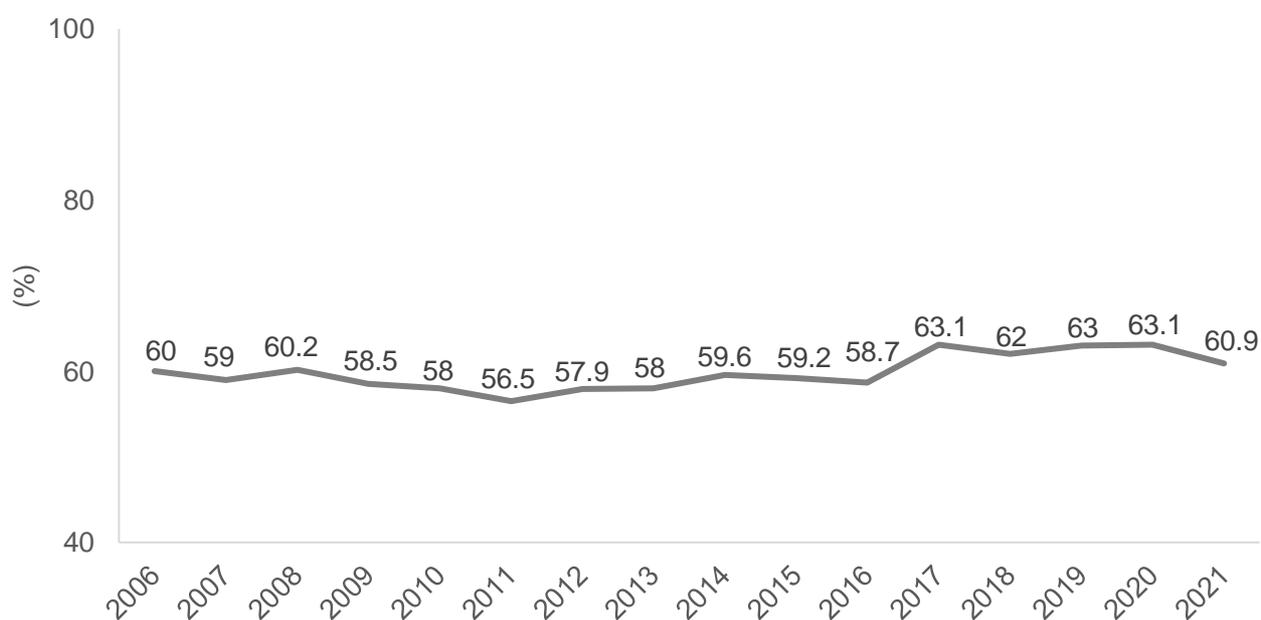
Adult employment

The adult employment indicator is the percentage of children under 16 who live in households where all adults are in employment (working households). This indicator can be understood best alongside the child poverty rate to give a fuller picture of the economic wellbeing of families.

In 2022, two-thirds of children and young people (66%) under the age of 16 were living in a working household. Figure 8 illustrates how the percentage of children living in working households fell between 2006 and 2011 (from 60% to 56.5%) before increasing and remaining somewhat constant between 2017-2020 (varying between 62-63.1%).

Living in a household where no adult is in paid employment is one of the biggest poverty risks. However, having a job is not always enough. In fact, 88% of children in relative poverty do live in a household where someone works. This is what is called in-work poverty. The main driver of in-work poverty is limited flexibility and low pay across many sectors.⁵¹ The evidence provides recommendations to tackle in-work poverty. Some of these recommendations are to improve the quality and flexibility of available employment and ensure childcare availability and flexibility that matches job requirements. Evidence also highlights the need to address structural barriers such as discrimination (unfair treatment) and undervaluation (being paid less for equally demanding jobs), particularly for women, people with a disability and people from a minority ethnic group.

Figure 8: Percentage of children living in a working household in Scotland, 2006-2021.
Data source: Labour Force Survey, Office for National Statistics



Digital inclusion

The digital inclusion indicator is the percentage of children and young people in P5 to S6 who have regular access to the internet at home. This could be on a phone or another device. The digital inclusion indicator comes from the [Health and Wellbeing Census](#).

In 2021/2022, 98% of children and young people reported internet access at home, on a phone or another device. There was no difference by area of deprivation, with digital access being generally very high. 98% in the most deprived areas (SIMD 1) and 99% in the least deprived areas (SIMD 5).

As highlighted in the [national reporting of the core wellbeing indicators](#) the usefulness of this indicator is limited as it does not tell us about the quality of internet access (e.g. speed of the internet) nor the quality of device (e.g. useability of the device for the task at hand). Such measures may be more meaningful. For example, the [Connecting Scotland](#) evaluation found that prior to receiving a device many people relied on using a mobile

phone as their main means of accessing the internet. This limited their ability to: complete school or college work; edit and save documents, such as CVs; and, access a range of applications restricting the ways in which people used their connectivity.⁵² Additionally, the on-going costs of continued connectivity and electricity can cause financial issues for some lower income households. Thus, limiting a household's digital inclusion.⁵³

Neighbourhood satisfaction

The neighbourhood satisfaction indicator is the percentage of children and young people in P5 to S6 who agree that their local area is a good place to live. The neighbourhood satisfaction indicator comes from the [Health and Wellbeing Census](#).

In 2021/22, two-thirds of children and young people (66%) thought their areas was a good place to live. By area deprivation, the percentage of children and young people thinking their area was a good place to live increased as area deprivation decreased – 47% in the most deprived areas (SIMD 1) compared to 82% in the least deprived areas (SIMD 5).

A similar trend has been found in other datasets with the 2018 HBSC Scotland study reporting based on family affluence, young people (aged 13 and 15 years) with low levels of family affluence were less likely to agree, than those with higher family affluence) that their local area was a really good place to live (28% and 59% respectively).⁵⁴

Neighbourhood safety

The neighbourhood safety indicator is the percentage of children and young people in P5 to S6 who say they feel safe when out in their local area always or most of the time. The neighbourhood safety indicator comes from the [Health and Wellbeing Census](#).

In 2021/22, 87% of children and young people feel safe in their local area always or most of the time. There was variation by area deprivation with feeling safe increasing alongside falling deprivation. For example, 78% of children and young people from the most deprived areas (SIMD 1) reported feeling safe always or most of the time, compared to 93% of those from the least deprived areas (SIMD 5).

As with neighbourhood satisfaction, the 2018 HBSC Scotland study reports a similar trend with young people (aged 13 and 15 years) from lower levels of family affluence less likely, than their peers from families with higher affluence, to always feel safe in their local area (50% and 72%, respectively).⁵⁵

Exploring parental measures of wellbeing

Key messages

Children and young people's lives are shaped by the world around them. Parents and carers play a significant role in the lives of children and young people. Subsequently, understanding parental and carer wellbeing is essential in supporting the wellbeing of children and young people.

The three indicators considered are drawn from the areas of mental wellbeing (WEMWBS) and social capital (feelings of loneliness and neighbourhood rating).

Over time, there is a consistent gap in WEMWBS scores between the top and bottom income quintiles. With those on the highest income consistently more likely to report higher wellbeing scores than those in the lowest quintile.

The social capital indicators of loneliness and neighbourhood rating further show a gap between the top and bottom household income bands, with those on higher household annual incomes more likely to report lower levels of loneliness and higher levels of neighbourhood rating than those in the lowest household annual incomes.

Discussion on relevant indicators

Parental measures of wellbeing are included in this report as experimental indicators in order to ascertain the suitability and usability of such outputs. The original [children and young people outcomes framework](#) does not include indicators on parental or carer wellbeing.

There is a widespread understanding that child poverty targets are not an end in themselves. Tackling child poverty needs to support child and parental wellbeing in order to improve quality of life and life chances, and ensure that any reduction in poverty is sustained. We also know that a child or young person's wellbeing is influenced by the world around them, and by the different experiences they have.^{56,57}

Therefore, considering parental wellbeing is essential in then supporting the wellbeing of children and young people. Further, we are also aware of the unintended consequences of policies. For example, encouraging a lone parent to increase their hours may impact negatively upon the wellbeing of them and their child. Therefore, parental wellbeing measures may allow us to monitor associations with drivers and policies in long-term poverty reduction policies in order to better understand the connections between wellbeing and poverty.

These indicators are to be used to open this discussion and to inform future directions for reporting on poverty and wellbeing.

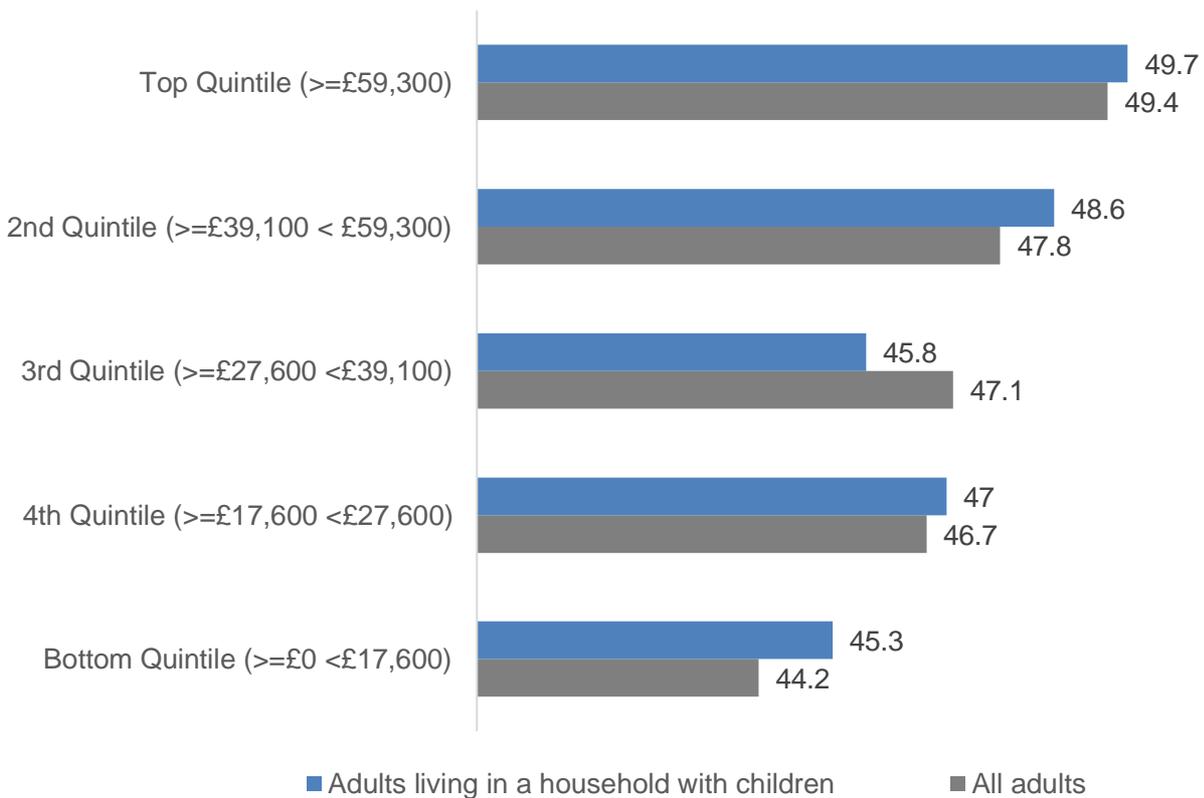
The subsequent sections consider three indicators across the areas of mental wellbeing and social capital.

Mental wellbeing

The following data presented from SHeS reports on the mean WEMWBS scores by equivalised household income (across five income bands) among adults living in a household with children. Figure 9 displays the 2021 by equivalised household income bands, while Figure 10 displays the trend data, from 2016 to 2021, for the bottom quintile and top quintile equivalised income bands.

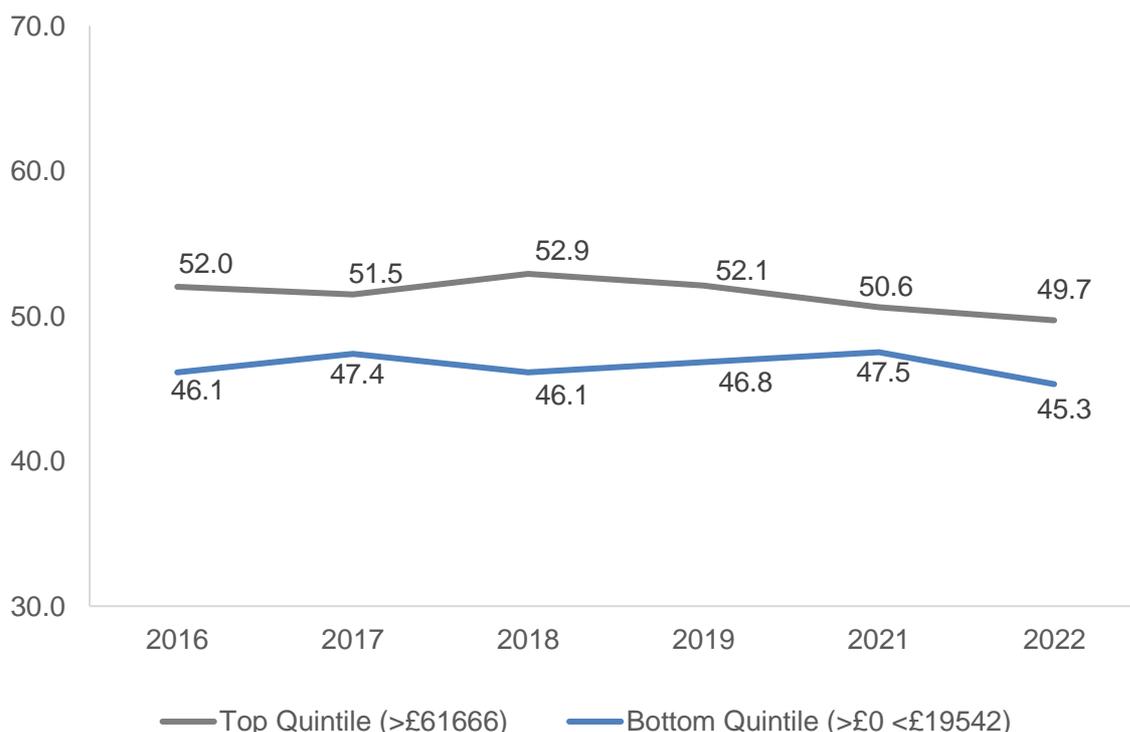
Figure 9 highlights how those with the lowest household incomes report a lower mean WEMWBS score than those in the highest household income quintiles. This remains true across all adults (49.4 for the top quintile and 44.2 for the bottom quintile) and all adults living in a household with children (49.7 for the top quintile and 45.3 for the bottom quintile). However, there is some fluctuation amongst the middle income bands (2nd to 4th quintiles). Further, it appears that adults living in a household with children are more likely to report a higher mean WEMWBS score compared to all adults.

Figure 9: Mean WEMWBS scores for all adults and adults living in a household with children, by equivalised household income bands, 2022. Data source: Scottish Health Survey



Over time, there is a consistent gap in wellbeing between the top and bottom income quintiles, with those on the highest income are consistently more likely to report higher wellbeing scores than those in the lowest quintile. However, across all household income quintiles, mean WEMWBS scores for households with children are the lowest they have been since 2016. See Figure 10 for more detail.

Figure 10: Mean WEMWBS score for households with children, by equivalized household income (top and bottom quintiles), 2016-2022. Data source: Scottish Health Survey, Scottish Government



Social capital

Social capital provides insight into the social connections which contribute to people’s quality of life, health, safety, economy and wellbeing in the neighbourhoods where they lives.⁵⁸

A Scottish Government report, [Social Capital in Scotland](#), explores four inter-related aspects of social capital: social networks; community cohesion; social participation; and, community empowerment.. It shows a social capital index, compiled across 18 survey questions:

In our consideration of social capital, we explore two survey questions which fall under the themes of social networks (felt lonely in the last week) and community cohesion (neighbourhood rating). These particular questions were selected to give us a starting point for assessing parental wellbeing. Further, the question on loneliness is included in the [National Performance Framework](#), while loneliness is related to interconnected communities and the notion of having (or not having) meaningful relationships.⁵⁹

Meanwhile, the survey question on neighbourhood rating is the broadest and most overarching questions asked of respondents relating to community cohesion.

This data is from the Scottish Household Survey (SHS). Due to changes in survey methodology in 2020, as a result of the COVID-19 pandemic, the SHS 2020 results are not directly comparable to SHS results for previous years. Therefore, we have used the 2018 and 2022 data as our primary sources for the social networks indicator, while for the community cohesion data we have excluded the 2020 data from the presented trend data. Further information on the adaptations to the SHS 2020 methodology can be found in the [methodology and impact of change in mode publication](#).

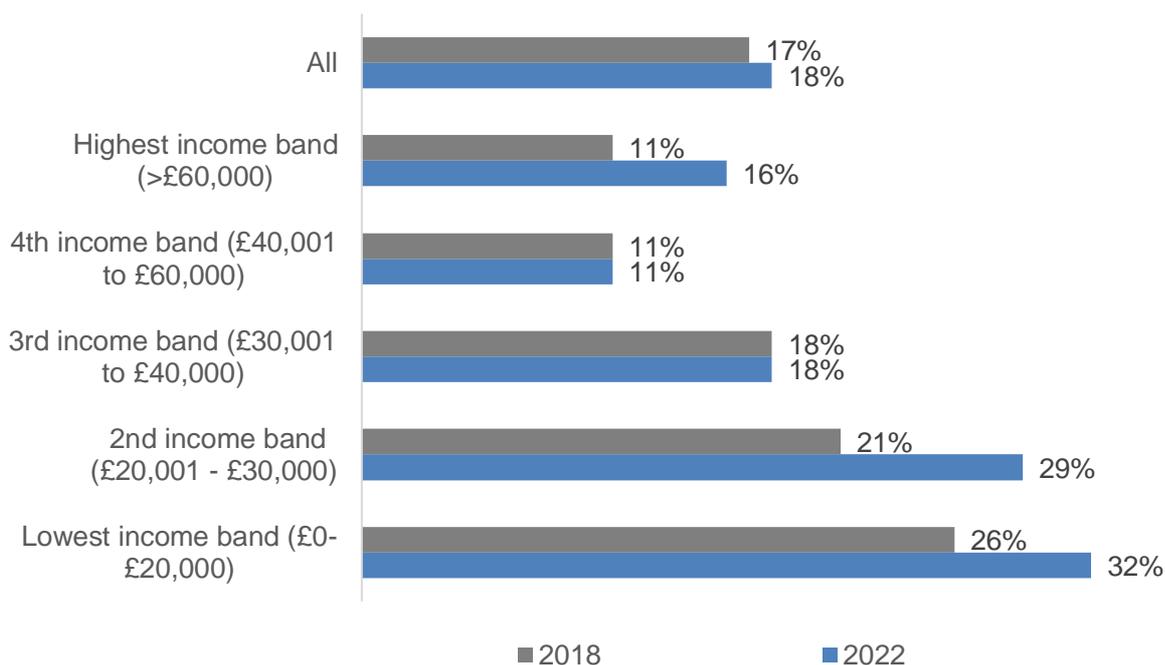
Social networks

The social network theme considers the indicator of loneliness with the associated SHS question: 'How much of the time during the past week have you felt lonely?'. This indicator includes three of the five response options: 'some of the time', 'most of the time', 'all or almost all of the time'.

The following data reports on loneliness by annual household income (across five income bands) among households with children. Figure 11 illustrates how feelings are closely associated with household income – with loneliness levels tending to decrease as household income increased. In 2022, 18% of all adults with children in the household felt lonely some, most, all or almost all of the time. By household income, there is a marked difference in levels of loneliness with a third of adults (32%) living in the lowest household income band (up to £20,000) reporting feeling lonely at some point in the past week, while this fell to 16% of adults for those in the highest household income band (£60,000 and over). However, the lowest reported level of loneliness was in the fourth household income band, where one in ten (11%) reported feelings of loneliness at some point in the past week.

Looking across the two time periods, 2018 and 2022, it is notable that those in the bottom two income bands tended to report greater levels of loneliness when compared to households with higher income. Further, lower income households also reported greater increases over time, from 2018 to 2022.

Figure 11: Loneliness levels for adults in households with children, by annual household income, 2018 and 2022. Data source: Scottish Household Survey, Scottish Government



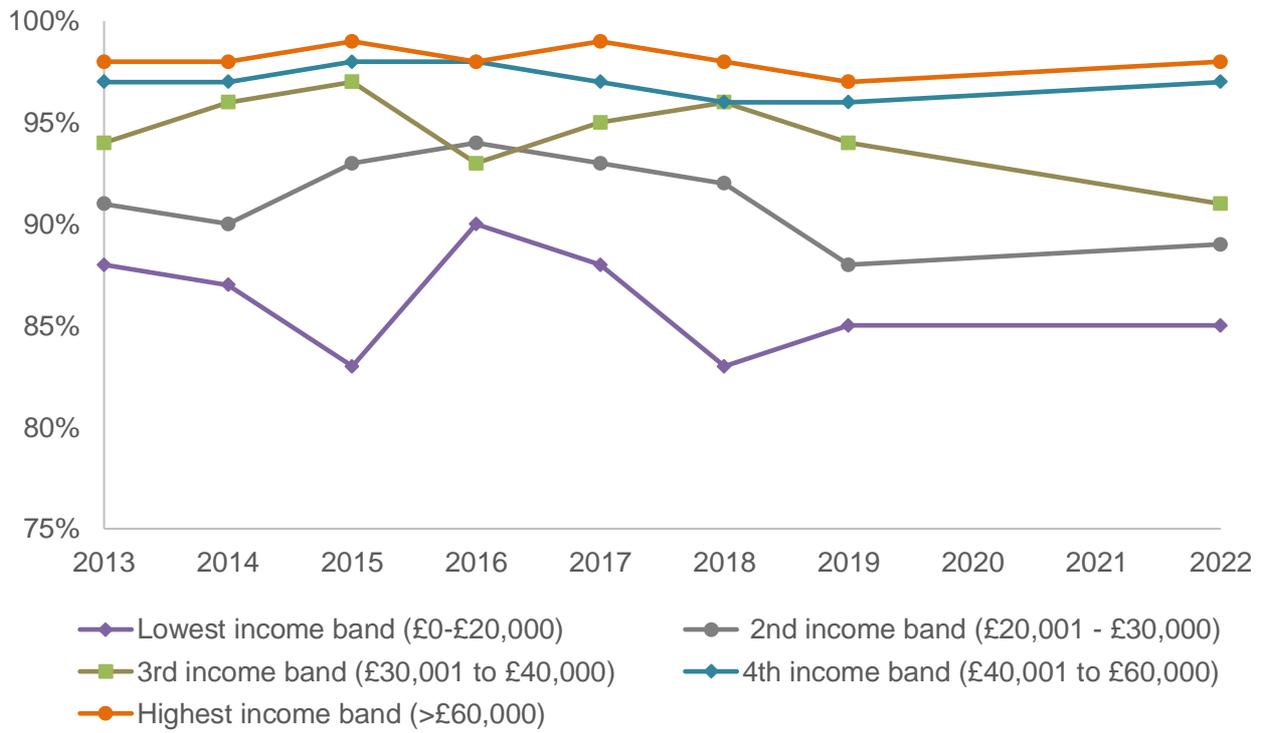
Community cohesion

The community cohesion theme considers the indicator of neighbourhood rating with the associated SHS question: ‘Thinking now about the neighbourhood you live in, how would you rate it as a place to live?’ This indicator includes two of the four response options: ‘fairly good’ and ‘very good’.

The following data reports on neighbourhood rating (the percentage reporting a ‘very good’ or ‘fairly good’ response to neighbourhood rating) by annual household income (across five income bands) among households with children.

Figure 12 displays the trend data from 2013 to 2022 for neighbourhood rating by household annual income. This chart highlights how those in lower income households, and particularly in the lowest income households, tend to perceive their neighbourhood less positively than those in higher income households. For households in the lowest income band (of up to £20,000), neighbourhood rating fluctuates between 83-90% during this period, while for households in the highest income band neighbourhood rating is more stable between 97-99%. For households in the three middle income bands (£20,001 to £30,00; £30,001 to £40,00; £40,001 to £60,000), they tend to follow a general trend of increasing income associated with an increase in neighbourhood rating.

Figure 12: Neighbourhood rating for households with children, by annual household income, 2013-2022. Data source: Scottish Household Survey, Scottish Government



Conclusions

The [Children, Young People and Families Outcomes Framework](#), and the associated 21 core wellbeing indicators, permits for baseline findings from which we can measure progress – with a particular focus on child wellbeing in relation to poverty. The indicators considered under parental wellbeing can also be used to measure progress, but also allow open a dialogue in order for us to better understand the connections between wellbeing and poverty for families living in poverty.

We know that whole family wellbeing is crucial to creating the conditions for families to be able to navigate their way out of poverty and to enable families to thrive. However, overall, there are lower levels of health and wellbeing amongst children, young people and families living in higher areas of deprivation.

Moreover, while recent crises have impacted upon all households, those on the lowest incomes have been hit the hardest. In the current societal, political and economic context, focusing on supporting low income families in their health and wellbeing is crucial in reducing inequalities.

This reiterates the need for actions, such as those outlined in [Best Start, Bright Futures](#), which seek to strengthen and enhance wellbeing for families living in poverty. By doing so, this can help to support children and young people to achieve their potential.

Further exploratory work will be needed to embed learning from individual policy evaluations and the impact they can have on families' health and wellbeing.

Annex A: How to access background data

The data collected for this social research publication:

- are available in more detail through Scottish Neighbourhood Statistics
- are available via an alternative route. All data can be accessed by following hyperlinks throughout the report. A summary of data sources is also provided in the table below.
- may be made available on request.
- cannot be made available by Scottish Government for further analysis as Scottish Government is not the data controller.

Data sources

How I grow and develop

Topic	Core wellbeing indicator	Data source
Pre-school development	Percentage of children with a concern at their 27-30 month review	Public Health Scotland, Early child development statistics
Literacy	Percentage of P1, P4 and P7 children achieving expected CfE levels in literacy	Achievement of Curriculum for Excellence levels
Numeracy	Percentage of P1, P4 and P7 children achieving expected CfE levels in numeracy	Achievement of Curriculum for Excellence levels
Positive destinations	Percentage of all school leavers in positive destinations at 9-month follow-up	Summary Statistics for Follow-up Leaver Destinations
Positive leisure activities	Percentage of S1-S3 children participating in positive leisure activities	Health and Wellbeing Census Neighbourhood and life at home – supplementary tables. Figures presented here present the aggregated results for those 16 local authority areas who collected data. The data are not weighted to population totals.

Topic	Core wellbeing indicator	Data source
Physical activity	Percentage of P5-S6 children that had at least one hour of exercise the day before the survey	Health and Wellbeing Census Physical health – supplementary tables. Figures presented here present the aggregated results for those 16 local authority areas who collected data. The data are not weighted to population totals.
Diet	Percentage of P5-S6 children who eat both fruit and vegetables every day	Health and Wellbeing Census Physical health – supplementary tables. Figures presented here present the aggregated results for those 16 local authority areas who collected data. The data are not weighted to population totals.
Mental wellbeing (WEMWBS)	Mean score on Warwick Edinburgh Mental Wellbeing Score (WEMWBS)	Health and Wellbeing Census Mental health and wellbeing (WEMWBS) – supplementary tables. Figures presented here present the aggregated results for those 16 local authority areas who collected data. The data are not weighted to population totals.
Mental wellbeing (SDQ)	Percentage of S2-S6 children with slightly raised, high or very high SDQ score	Health and Wellbeing Census Mental health and wellbeing (SDQ) – supplementary tables. Figures presented here present the aggregated results for those 16 local authority areas who collected data. The data are not weighted to population totals.

What I need from the people who look after me

Topic	Core wellbeing indicator	Data source
Peer relationships	Percentage of P5-S4 children who agree that their friends treat them well	Health and Wellbeing Census Neighbourhood and life at home – supplementary tables . Figures presented here present the aggregated results for those 16 local authority areas who collected data. The data are not weighted to population totals.
Bullying	Percentage of P5-S3 children who were bullied in last year	Health and Wellbeing Census Experience of bullying – supplementary tables Figures presented here present the aggregated results for those 16 local authority areas who collected data. The data are not weighted to population totals.
Trusted adult	Percentage of P5-S5 children who say they always have an adult in their life who they can trust and talk to about any personal problems	Health and Wellbeing Census Neighbourhood and life at home – supplementary tables Figures presented here present the aggregated results for those 16 local authority areas who collected data. The data are not weighted to population totals.
Involvement in decision-making	Percentage of P5-S6 children who agree that adults are good at taking what they say into account	Health and Wellbeing Census Mental health and wellbeing – supplementary table Figures presented here present the aggregated results for those 16 local authority areas who collected data. The data are not weighted to population totals.
Quality services	Percentage of settings providing (funded Early Learning and Childcare) achieving Care Inspectorate grades of good or better across all four quality themes	Early learning and childcare statistics
Protection from harm	Number of children and young people subject to Interagency Referral Discussions	Not currently available (reporting should be available from 2023/24 onwards)

My wider world

Topic	Core wellbeing indicator	Data source
Child poverty	Relative child poverty rate after housing costs	Child poverty analysis
Housing	Number of children in temporary accommodation	Homelessness in Scotland
Adult employment	Proportions of all children under 16 who live in households that contain at least one person aged 16 to 64, where all individuals aged 16 and over are in employment	ONS, Children by the combined economic activity status of household members
Digital inclusion	Percentage of P7-S6 children who have access to the internet at home or on a phone or another device	Health and Wellbeing Census Neighbourhood and life at home – supplementary tables Figures presented here present the aggregated results for those 16 local authority areas who collected data. The data are not weighted to population totals.
Neighbourhood satisfaction	Percentage of P5-S6 children who agree that their local area is a good place to live	Health and Wellbeing Census Neighbourhood and life at home – supplementary tables Figures presented here present the aggregated results for those 16 local authority areas who collected data. The data are not weighted to population totals.
Neighbourhood safety	Percentage of P5-S6 children who say they feel safe when out in their local area always or most of the time	Health and Wellbeing Census Neighbourhood and life at home – supplementary tables Figures presented here present the aggregated results for those 16 local authority areas who collected data. The data are not weighted to population totals.

Parental wellbeing indicators

Topic	Indicator	Source
Mental wellbeing	Mean WEMWBS score for households with children, by equivalised household income bands	Scottish Health Survey
Social networks	Loneliness levels for adults with children in the household, by household annual income	Scottish Household Survey
Community cohesion	Neighbourhood rating for adults with children in the household, by household annual income	

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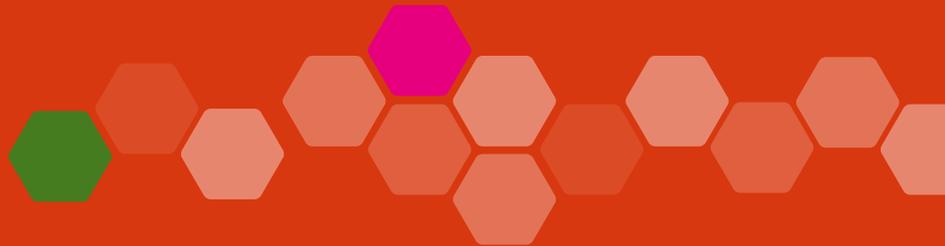
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This document is also available from our website at www.gov.scot.
ISBN: 978-1-83521-961-4

The Scottish Government
St Andrew's House
Edinburgh
EH1 3DG

Produced for
the Scottish Government
by APS Group Scotland
PPDAS1414814 (02/24)
Published by
the Scottish Government,
February 2024



Social Research series
ISSN 2045-6964
ISBN 978-1-83521-961-4

Web Publication
www.gov.scot/socialresearch

PPDAS1414814 (02/24)