
Report To:	Education & Communities Committee	Date:	25 January 2022
Report By:	Corporate Director Education, Communities & Organisational Development	Report No:	EDUCOM/11/22/RB
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Subject:	Guidance on Supporting Transgender Pupils in Schools and the National Health and Wellbeing Survey		

1.0 PURPOSE

- 1.1 The purpose of this report is to provide an update to Committee about the national guidance on supporting transgender pupils in schools, the National Health and Wellbeing Survey and to seek approval to change the wording to some of the questions in the S4-6 survey for pupils.

2.0 SUMMARY

- 2.1 Supporting transgender pupils is an area where schools often seek support to get the best for all the young people involved. In a recent national survey it was found that more than half of transgender pupils had self-harmed and over 80% had experienced bullying.
- 2.2 A group was established to further develop guidance for Inverclyde. During ongoing meetings it became clear that the Scottish Government guidelines were significantly more comprehensive and of greater utility to school staff than the local developing ones. As a result of this the group recommended adoption of the Scottish Government guidance and that this should be preceded by a one page statement stating why this was the case. This latter task will be taken forward when the group meets again at the end of January 2022. The Scottish government guidance can be accessed at:
- <https://www.gov.scot/publications/supporting-transgender-young-people-schools-guidance-scottish-schools/>
- 2.3 Inverclyde has undertaken two specific Health and Wellbeing (HWB) surveys in secondary schools, the first in 2013 and the subsequent survey in 2019. The first survey led to the establishment of Clyde Conversations aimed at taking a deeper dive into some of the topics and to listen to young people about issues that are affecting them. The surveys, alongside Clyde Conversations, have given useful information on which to base decisions and has identified how best to support young people in their health and wellbeing.
- 2.4 A national HWB survey has now been developed by the Scottish Government, for use by local authorities. This gives the opportunity to have comparator information across the country, something that was not available for the 2013 and 2019 surveys.
- 2.5 There have been some concerns raised both locally and nationally about the wording of specific questions linked to sexual activity in the S4 – S6 questionnaire from the national survey.

Given that there is concern and sensitivity about the survey and in particular the terminology used in some of the questions especially linked to sexual activity, different options are outlined in 5.2.8. Officers recommend option 3.

3.0 RECOMMENDATIONS

3.1 The Committee is asked to:

- note the national guidance in place for best practice in supporting transgender pupils in schools
- agree an option for the health and wellbeing survey with option 3 being the option recommended by officers.

Ruth Binks
Corporate Director
Education, Communities & Organisational Development

4.0 BACKGROUND

4.1 Guidance on supporting transgender pupils in schools

4.1.1 In 2020 Inverclyde had established a group to further develop guidance for schools in respect of transgender issues arising in our education establishments. This is an area where schools often seek support to get the best for all the young people involved. In a recent national survey it was found that more than half of transgender pupils had self-harmed and over 80% had experienced bullying.

4.1.2 The trajectory of the group changed in August 2021 when the Scottish Government issued its guidance in this area of work. It was realised then that the group required to revisit its work. As well as legal services, CLD workers and educational psychologists were involved in the group. The group had significant representation from educational psychology as, during termly negotiation with our schools, this issue has emerged as one where school staff requested significant levels of guidance. The first task that the group undertook was to look at the developing local guidance and to cross reference against the Scottish Government guidelines to look at areas that were missing or that superseded the local guidelines in terms of quality of advice.

4.2 2021/22 National Health and Wellbeing Survey

4.2.1 Inverclyde has undertaken two specific Health and Wellbeing (HWB) surveys in secondary schools, the first in 2013 and the subsequent survey in 2019. Topics included in the survey were:

- Demographics – including age, gender, family composition, and ethnicity
- Physical Activity, Diet & Sleep
- Smoking, Alcohol & Drugs
- General health
- Mental health & wellbeing
- Sexual Health & Relationships
- Bullying and risk behaviours
- Future aspirations
- Uptake & awareness of services aimed at young people

4.2.2 The first survey was the inspiration for Clyde Conversations, aimed at taking a deeper dive into some of the topics and to listen to young people about issues that are affecting them. The surveys, alongside Clyde Conversations, have given useful information on which to base decisions and has identified how best to support young people in their health and wellbeing.

5.0 PROPOSALS

5.1 Guidance on supporting transgender pupils in schools

5.1.1 During ongoing meetings of the group formed to further develop the local guidance it became clear that the Scottish Government guidelines were significantly more comprehensive and of greater utility to school staff than the local developing ones. As a result of this the group recommended adoption of the Scottish Government guidance and that this should be preceded by a one page statement stating why this was the case. This latter task will be taken forward when the group meets again at the end of January 2022. The Scottish government guidance can be accessed at:

<https://www.gov.scot/publications/supporting-transgender-young-people-schools-guidance-scottish-schools/>

5.1.2 In order to take things forward in the future it is felt that further engagement with our young people will be required and, consequently, an exercise will take place at Clyde Conversations in February 2022 to gain the voice of our pupil population. In light of the level of requests for

support from school staff it was also felt that further support for school staff should also be offered to help them to support the young people and their families and to meet any challenges that they face.

- 5.1.3 It is important to remember that guidance is meant to provide support and examples of good practice to those who are helping young people and their families face difficult and sensitive situations. It is not a set of inflexible rules that are set in stone. Every situation differs depending on the circumstances and the context and it is paramount that practitioners work with young people and their families to provide the best support they can.

5.2 2021/22 National Health and Wellbeing Survey

- 5.2.1 Whilst the 2013 and 2019 surveys were very useful, they were specific to Inverclyde and were unable to give the national comparators which a Scotland wide survey could do. A national HWB survey has now been developed by the Scottish Government, for use by local authorities. The Scottish Government has provided each local authority with a consistent set of materials and technology to self-administer the survey. The topics covered by the national survey are very similar to those covered in our previous surveys. The questions in the national survey change according to the age and stage of the young people. The range of topics included in the national survey are:

- Demographics
- Alcohol, Drug use, Gambling
- Attitudes to school and future aspirations
- Bullying
- Caring responsibilities
- General health
- Mental health and wellbeing and self-perception
- Relationships and sexual health
- Physical activity diet and sleep
- Social media

One difference of significance between the surveys undertaken by Inverclyde Council and the national survey is that the previous surveys were completely anonymous without any form of identification. The national survey asks for the unique Scottish Candidate Number (SCN) linked to the pupil. The purpose of having the SCN is for statistical analysis and also means that in extreme circumstances e.g. child protection that pupils could be identified to ensure safety. The disadvantage, and the reason that Inverclyde did not previously use the SCN is that pupils may be less honest if they feel that the survey is not anonymous.

- 5.2.2 The new national HWB Census is voluntary, both for local authorities to undertake and to parents/carers and pupils to take part in. Questions on any topic can also be skipped if the young person does not wish to answer. The survey also complements other national surveys which sample views of young people:

- SALSUS - provides a national picture of young peoples' behaviours regarding smoking (from 1982), drinking (from 1990) and drug use (from 1998) within the context of other lifestyle, health and social factors.

The Health Behaviour in School-aged Children (HBSC) survey has included questions on sexual health and wellbeing; alcohol consumption; smoking; and, substance use (as well as a wide range of health and wellbeing topics) since 1990. The next round of HBSC will take place between January and March 2022.

- 5.2.3 There have been some concerns raised both locally and nationally about the wording of specific questions linked to sexual activity in the S4 – S6 questionnaire from the national survey. In response to these concerns the Scottish Government have issued further information (attached as Appendix 1 and 2) on the national survey. Whilst some authorities have proceeded with the survey, other authorities, including Inverclyde, have postponed implementation of the national survey to address any concerns.

- 5.2.4 Officers and head teachers have read through the survey and most of the questions are broadly similar in content and nature to the previous surveys used in Inverclyde for S3/4 and S5/6 pupils. The significant difference are the terms anal and vaginal to define penetrative sexual activity in the national survey. The full S4 survey is attached as Appendix 3 and the questions being referred to are questions 49-54.
- 5.2.5 The survey was shared with chairs of parent councils at a recent meeting. Parents were reassured to find out that the questions differed according to the age and stage of pupils (which was not always obvious in the media reporting). Parents could see why the terms anal and vaginal could cause upset to some but also reasoned that young people are taught to use the correct terms for body parts as part of relationships and sexual health education. They welcomed the fact that parental permission would be sought and that participation in the survey was voluntary. Parents sought assurance that support would be given to pupils undertaking the survey as the range of topics being tackled could be difficult for some.
- 5.2.6 The survey was also shared with senior pupil representatives in schools. They were keen to know why the information was needed and how it could be used to improve services. They were supportive of the survey in that it could be used to improve services and support for young people. They felt that the correct use of terminology should be used in any survey or educational content. Like the parents they were reassured that pupils who did not want to take part in the survey should not have to and felt that pupils who may find any of the subjects distressing should have access to support.
- 5.2.7 Inverclyde uses information from health and wellbeing surveys as part of self-evaluation to identify any trends and to ensure continued improvement in services that meet the needs of pupils. A local authority can change or omit questions from the survey but this removes any comparator data for those questions. National comparators are useful and it is in Inverclyde's interest to try and use as many questions from the national survey as possible to obtain comparator information. Having said this, it is in Inverclyde's interest to have as many pupils take part in the survey and if there are sensitivities about some of the questions being asked this could act as a barrier.
- 5.2.8 Given that there is some concern and sensitivity about the terminology used in some of the questions especially linked to sexual activity then different options are available:
- Option 1 – to undertake the survey in its full format
 - Option 2 - to change the explicit use of language in questions 49-54 to bring them more into line with the types of questions previously asked. If this option were to be explored then proposed changes are attached as Appendix 4
 - Option 3 – to remove the questions on sexual activity completely from the survey
 - Option 4 – not to undertake the survey at all
 - Option 5 – to explore the costs and implications of delivering the Inverclyde specific survey (in the region of £50,000).
- 5.2.9 At the time of writing the picture is mixed across the country with 9 authorities currently not taking part this year. Some authorities have proceeded with the survey in the full format with others opting to remove the sexual health questions.
- 5.2.10 On balance officers recommend option 3, although all of the above options could be considered and there are advantages and disadvantages to all options. Given the very public disagreement with the sexual nature of the survey then in all reality, Options 1 and 2 could still mean that a vast majority of young people and parents would not complete the survey. This would mean that the intelligence gathered from the survey would be of limited value. Option 4 would leave Inverclyde without the valuable information that has been gleaned from previous surveys and the informed intelligence to prioritise services and make decisions. Option 5 would have to be the subject of a further paper to committee as further work would need to be undertaken and there is no identified budget or resources for this option. It should be noted that if the same survey is used as previously undertaken (to give trend information) then this survey included questions on sexual activity. Option 5 would not give any comparator analysis.

6.0 IMPLICATIONS

6.1 Finance

N/A

Financial Implications:

One off Costs

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report	Virement From	Other Comments
N/A					

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact	Virement From (If Applicable)	Other Comments
N/A					

6.2 Legal

Legal services were represented on the group considering the national guidance for supporting transgender pupils in schools

6.3 Human Resources

N/A

6.4 Equalities

Equalities

(a) Has an Equality Impact Assessment been carried out?

	YES
X	NO – This report does not introduce a new policy, function or strategy or recommend a substantive change to an existing policy, function or strategy. Therefore, no Equality Impact Assessment is required

(b) Fairer Scotland Duty

If this report affects or proposes any major strategic decision:-

Has there been active consideration of how this report's recommendations reduce inequalities of outcome?

	YES – A written statement showing how this report's recommendations reduce inequalities of outcome caused by socio-economic disadvantage has been completed.
X	NO

(c) Data Protection

Has a Data Protection Impact Assessment been carried out?

X

YES – This report involves data processing which may result in a high risk to the rights and freedoms of individuals.

NO

6.5 Repopulation

N/A

7.0 CONSULTATIONS

7.1 Consultations have taken place with representative groups from head teachers, parents and pupils to inform this paper

8.0 BACKGROUND PAPERS

8.1 Inverclyde Council Schools Health and Wellbeing Survey 2019 – November 2020 agenda item 16a.

Health and Wellbeing Census Topics:

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1. Why are we having a survey?

Children and young people's wellbeing is important for their healthy development and long-term outcomes into adulthood. Schools have a central role to play in enabling their pupils to be resilient and to support good mental health and wellbeing. The Children and Young People (Scotland) Act 2014, which includes key parts of the

Getting it Right for Every Child approach (GIRFEC), defines Child Wellbeing in terms of 8 indicators of wellbeing: Safe, Healthy, Active, Nurtured, Achieving, Respected, Responsible and Included (known as SHANARRI). This recognises that children's well-being is multi-faceted and that it is important to measure it holistically across all the various domains that are relevant to a child's life. Different wellbeing outcomes may also act as drivers of other aspects of wellbeing, either at the same time or in the longer term. Not only is positive wellbeing an important outcome in and of itself, it also increases children and young people's resilience, enabling them to achieve and maintain positive wellbeing even in adverse conditions or circumstances.

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

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

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

As part of the Getting it Right For Every Child (GIRFEC) approach, services working with children and young people, and those who care for them, must play a part in promoting, supporting and safeguarding child wellbeing; this also includes schools. Health and wellbeing is one of the eight curricular areas in the Curriculum for Excellence and is one of the three core areas which are the responsibility of all staff. Educational settings provide opportunities for sustained participation in activities that develop mental, emotional, social and physical wellbeing. It is the Scottish Government's aspiration that at school all children and young people learn about health and wellbeing to ensure they acquire the skills to live healthy, happy lives.

2. Alcohol:

Children and young people are particularly vulnerable to the effects of alcohol. The earlier a young person begins to drink alcohol, the more likely they are to drink in ways that can be risky later in life. Underage drinking can cause short and long term harm to health. It is also linked to undertaking risky behaviour such as unsafe sex, anti-social behaviour, getting in trouble with the police, criminal behaviour as well as poorer educational outcomes.

Central to all Scottish Government policies is to protect children from harm. The Scottish Government Alcohol Framework (2018) aims to prevent underage drinking by providing education in schools and calling for restrictions on marketing and advertising on television.

We are asking questions on alcohol consumption to inform progress towards local and national policies to reduce the harms from drinking among children and young people. It will inform policy and practice by providing information on patterns of behaviour in relation to drinking; sources of alcohol; and contextual information on the relationship between alcohol use and other lifestyle, health and social factors.

3. Area factors:

The neighbourhood where we live has been linked to a range of health issues and health behaviours including diet, physical activity, quality of life, and wellbeing. Neighbourhood-level factors have also been shown to be important to children's mental health and development.

The Scottish Government recognises the importance of the neighbourhood environment on the health of young people, including both the social and the physical environment. Living in "vibrant, healthy and safe places and communities" is the first of six public health priorities in Scotland. This encompasses aspirations to improve local greenspace and create safe places that nurture health. The Scottish Government's Active Scotland Outcomes Framework also contains outcomes relating to the neighbourhood including improving the infrastructure of both the built and natural environment to enable physical activity. It also includes indicators on measuring the perceived safety of the community for play and walking around.

4. Aspirations and career planning:

Academic attainment is an important educational outcome and is strongly linked to health and wellbeing. Research shows that adolescents who aspire to go to university are significantly more likely to adopt healthy behaviours such as exercise and eating well and less likely to be involved in risk behaviours such as smoking, taking drugs or drinking alcohol, regardless of their social background.

Educational settings provide opportunities for sustained participation in activities that develop mental, emotional, social and physical wellbeing. It is the Scottish Government's aspiration that at school all children and young people learn about health and wellbeing to ensure they acquire the skills to live healthy, happy lives.

As part of the Getting it Right For Every Child (GIRFEC) approach, services working with children and young people, and those who care for them, must play a part in promoting, supporting and safeguarding child wellbeing; this also includes schools.

5. Attitudes to school:

Children and young people spend a significant amount of time in school and the school environment can positively influence adolescent health and wellbeing, and potentially mitigate some negative effects of other social factors.

The extent to which pupils feel accepted, respected, included, cared for and supported by people in the school environment, both as an individual and in terms of their learning, is an important determinant of adolescent mental health. Various aspects of school life impact on children's overall life satisfaction. A sense of belonging to school has also been associated with increased academic motivation, participation and school engagement.

School can also be a source of stress, worry and unhappiness for children and young people. For example, young people who feel under pressure to perform well academically are more likely to report depressive symptoms and lower life satisfaction.

Health and wellbeing is one of the eight curricular areas in the Curriculum for Excellence and is one of the three core areas which are the responsibility of all staff. Educational settings provide opportunities for sustained participation in activities that develop mental, emotional, social and physical wellbeing. It is the Scottish Government's aspiration that at school all children and young people learn about health and wellbeing to ensure they acquire the skills to live healthy, happy lives.

Schools have an important role to play in promoting mental wellbeing and in identifying and providing initial support for children and young people who are experiencing mental ill-health. The Curriculum for Excellence states it is important that children and young people feel that they can share their anxieties with an appropriate individual who has the skills, rapport, responsibility and the time to listen and to help, or can identify appropriate sources of support.

6. Bullying others (there is a separate section covering Experiences of Being Bullied):

Bullying can occur across all life-stages but it can be particularly problematic for children and adolescents affected. It has been linked to many short and long-term negative outcomes: for example, adolescent victims of bullying show reduced attendance and performance at school, poor social adjustment, increased medicine use, increased physical injury and higher levels of both physical and psychological health problems. Both bullies and victims tend to report low levels of attachment to, and engagement with, their school.

For children and young people to thrive and achieve their full potential, they need environments that are safe, nurturing, respectful and free from fear, abuse and discrimination. The Scottish Government is committed to tackling and eradicating bullying for children and adolescents in Scotland. The Scottish Government National

Approach to Anti-Bullying for Scotland's Children and Young People, "Respect for All" provides a holistic framework for adults working with children and adolescents to address all aspects of bullying. Schools are an important place to address bullying and discrimination through anti-bullying and equality policies as well as wider whole school approaches.

7. Caring Responsibilities:

Being a young carer tends to be associated with poorer health and well-being. This is true for self-reported health, long term conditions or disabilities and mental health conditions. Caring may adversely affect a young person's education. Schools therefore have an important role in helping to support young carers, and are a potentially valuable avenue for support.

8. Substance Use

It is a Scottish public health priority to reduce the harm from drugs. The Scottish Government strategy, "Rights, Respect and Recovery" (2018), is aimed at improving the nation's health by preventing and reducing alcohol and drug use, harm and related deaths. It emphasises prevention and early intervention for young people and for those most at risk of becoming addicted to alcohol or drugs. The strategy is delivered in partnership with Scotland's 31 Alcohol and Drug Partnerships (ADPs), including health boards, local authorities, police and voluntary agencies.

There is an ambitious programme for alcohol and drug education currently in place to ensure that all children and young people in Scotland have credible and accessible information and advice on drugs. The Scottish Government has implemented health and wellbeing learning outcomes through Curriculum for Excellence, which includes specific emphasis on substance use. Learning in this area is aimed at promoting confidence, independent thinking and positive attitudes. It also aims to promote risk and resilience management skills in children and young people that equip them to make positive lifestyle choices.

9. Eating Behaviours:

Healthy eating is essential for good health and wellbeing. Adolescence is a key period because many healthy eating habits that are established during the adolescent years are maintained into adulthood.

Specifically within diet measures, fruit and vegetable consumption has been identified as a protective measure against a large number of health issues including cancer, heart disease and diabetes. Breakfast consumption is widely seen as an important component of a healthy diet and lifestyle, and can positively impact on children's health and well-being and their educational outcomes, while skipping breakfast is associated with increased snacking. Common snack foods amongst children include sugary drinks, crisps and sweets, which in turn are associated with increased risk of dental cavities and excess body weight. Unhealthy eating behaviour has also been shown to be associated with low mood, depression, anxiety and stress in adolescents.

Regularly eating together as a family during childhood has been linked to many benefits related to eating habits and emotional well-being in childhood and later in life. Family meals encourage regularity in eating patterns, which is associated with

both better health and wellbeing, and also reduced risk of unhealthy weight control methods.

A number of national initiatives have been developed to support the promotion of healthy eating across Scotland:

- The 'Supporting Healthy Choices' framework works with partners to create a healthier food environment for consumers to encourage healthier choices and support sustained health behaviour change.
- 'Beyond the School Gate' provides information and guidance for local authorities, schools, retailers and caterers to help them improve the food environment around schools.
- The Scottish Government 'A Healthier Future: Scotland's Diet & Healthy Weight Delivery Plan' promotes healthy weight and physical wellbeing in the Scottish population. The delivery plan is committed to encouraging young people to lead change and action on healthy eating in line with their rights and ambitions to lead healthy and active lives.

10. Experience of Bullying

Bullying can occur across all life-stages but it can be particularly problematic for children and adolescents affected. It has been linked to many short and long-term negative outcomes: for example, adolescent victims of bullying show reduced attendance and performance at school, poor social adjustment, increased medicine use, increased physical injury and higher levels of both physical and psychological health problems. Both bullies and victims tend to report low levels of attachment to, and engagement with, their school.

Schools are an important place to address bullying and discrimination through anti-bullying and equality policies as well as wider whole school approaches.

The Scottish Government is committed to tackling and eradicating bullying for children and adolescents in Scotland. In 2017, the Scottish Government introduced "Respect for All", a national approach to anti-bullying. It provides a holistic framework for adults working with children and adolescents to address all aspects of bullying and recognises that for adolescents to thrive and achieve their full potential, they need environments that are safe, nurturing, respectful and free from fear, abuse and discrimination.

11. Family relationships

The home life of children and young people has a major influence on their health and health behaviours. Family relationships are critical to children's health and development and can affect their future wellbeing.

Scottish Government focus on promoting positive relationships between parents and adolescents is set out in:

- The Scottish Action Framework: Delivering a Healthy Future emphasises the important role the family plays in the healthy development of adolescents.

- The National Parenting Strategy reiterates the importance of the family on adolescent health and health outcomes and focuses on promoting positive parent-child relationships.
- The Scottish Government has committed to supporting families through the Learning Together: National Action Plan on Parental Involvement, Engagement, Family Learning and Learning at Home 2018–2021 which sets out a vision for parental involvement and engagement and advocates for strategies that encourage active engagement in adolescents' learning and daily activities.

12. Feeling Hungry:

Healthy eating is essential for good health and wellbeing. Where young people live and their socio-economic status can affect eating behaviours. For example, research has shown that children living in rural areas have healthier eating habits compared to those living in urban centres, and adolescents from more affluent families also tend to report better eating habits.

The Scottish Government have committed to achieving the Sustainable Development Goals which include Ending Hunger. Scottish Government takes a human rights approach to tackling food insecurity founded on principles of dignity and respect as part of the overall approach to tackle inequalities and poverty. Scottish Government recognise that some households are impacted disproportionately by barriers to accessing food and that different households have different food needs and are clear that no one should go hungry or have to rely on emergency food aid in Scotland.

13. Gambling

Gambling behaviour is increasingly a subject of public health and policy interest. Adolescent risk behaviours often cluster - there is an association between behaviours such as anti-social behaviour, substance use and risky sexual behaviour. Risk taking in early adolescence is linked to greater risk-taking behaviours in later adolescence.

The Gambling Act 2005 is underpinned by three licensing objectives, including protecting children and other vulnerable people from being harmed or exploited by gambling.

14. General health and Long term health conditions

Numerous factors across different areas of children and young people's lives contribute to mental health and wellbeing, including good general health. Self-assessed general health is often a reflection of the presence or absence of long-term conditions, both physical and mental.

As well as potentially having a negative impact on their educational outcomes, long-term medical conditions can also affect young people's social behaviour at school. Evidence shows those with a long term illness or disability had lower levels of wellbeing than those who did not. COVID-19 related evidence highlights declines in mental health and wellbeing of range of equalities groups, including children with a long-term condition or disability.

The Scottish Government public health priorities (June 2018) includes initiatives to improve outcomes and reduce inequalities for long-term health conditions as well as addressing inequities in access to treatment across the country.

15. General wellbeing (Life Satisfaction):

Mental wellbeing is one of the Scottish Government's six public health priorities and is defined as: "... both feeling good and functioning effectively, maintaining positive relationships and living a life that has a sense of purpose". Poor mental wellbeing during adolescence can lead to difficulties in relationships with others, poorer engagement with school and lower confidence. High life satisfaction amongst children and young people has been linked to enhanced coping, self-esteem, positive self-concept and purpose in life as well as reduced risk of harmful behaviours such as drug or alcohol use. Young people with high subjective wellbeing have more favourable academic, social and physical health outcomes. Measures of life satisfaction are a more general indicator of young people's mental wellbeing.

One of the four key areas of the Scottish Government Mental Health Strategy (2017–2027) is to focus on prevention and early intervention. The strategy recognises the role that education plays in this and the link between educational attainment and achievement and wellbeing. A Children and Young People's Mental Health Taskforce published a series of recommendations for the Scottish Government and COSLA to improve how children's mental health services are organised, commissioned and provided. Amongst other aspects, it focuses on a whole system approach as well as early intervention.

16. Involvement in Decision-making:

Positive relationships between young people and their families, as well as their teachers, are a crucial for young people's health and wellbeing. Relationships with any services young people use are also important. Putting children at the centre is fundamental to the United Nations Convention of the Rights of the Child - when adults are making decisions that affect children, children have the right to say what they think should happen and have their opinions taken into account. Consultation with children and young people has highlighted the importance of being respected and seen as individuals, within the home, schools, the community and by government. However, children and young people report often feeling looked down on or stigmatised, and say that this is one of the major issues affecting their confidence, wellbeing and potentially life outcomes.

One aspect of a positive relationship is that the young person feels listened to and recognises that their views are valued, through involvement in decisions about their lives. Where young people feel like they aren't listened to this can lead to disaffection and potentially withdrawal from personal relationships, school and services, which affects their wider health and wellbeing.

17. Mental health:

Mental wellbeing is one of the Scottish Government's six public health priorities and is defined as: "... both feeling good and functioning effectively, maintaining positive relationships and living a life that has a sense of purpose". Together with physical health, mental wellbeing is a central aspect of overall wellbeing.

Many factors influence mental health and wellbeing, such as diet, physical activity, sleep, substance use, social relationships and school experience. In terms of promoting wellbeing, positive relationships with family, friends and school staff are linked with health and wellbeing during adolescence. Research has also found that sleep and eating behaviours are linked to adolescent wellbeing. Poor mental wellbeing during adolescence can lead to difficulties in relationships with others, poorer engagement with school and lower confidence.

The Scottish Government Mental Health Strategy sets out the vision to improve mental health in Scotland. One of the four key areas of the strategy is on prevention and early intervention, which outlines the ambition that every child and young person should have appropriate access to emotional and mental wellbeing support in school. The strategy recognises the role that education plays in this and the link between educational attainment and achievement and wellbeing. A Children and Young People's Mental Health Taskforce published a series of recommendations for the Scottish Government and COSLA to improve how children's mental health services are organised, commissioned and provided. It includes a focus on a whole system approach as well as early intervention.

18. Peer Relationships:

Peer relationships become increasingly important during adolescence and support from peers can help young people cope with changes in their bodies, emotions, social relationships and school environment. Social support from peers has been linked with fewer negative mental health outcomes. School friendships, including those developed through extracurricular activities, may also increase educational engagement and lead to higher educational aspirations.

Peers may also have a negative influence in terms of spreading negative attitudes towards school and school work. Some peer groups may also encourage risky health behaviours, such as early onset of alcohol consumption and binge-drinking, smoking, drug use, risky sexual behaviour, eating disorders and snacking and sugary drink consumption.

An important aspect of school is the support provided by peers and friends. Greater connections with school peers is associated with better subjective wellbeing and mental health. In addition, peer acceptance is related to liking school and school engagement while being rejected by one's peers is related to disengagement from school, lower school achievement, aspiration and social participation.

19. Physical activity:

Physical activity is an important part of a healthy lifestyle. Young people's participation in physical activity is associated with improved physical and mental health. Being active improves psychological wellbeing, boosts self-esteem, plays an important role in maintaining a healthy weight and improves mood and sleep quality. There is strong evidence that intervention in the early years, including through play, improves health and cognitive development. Exercise and participation in sport can have the additional benefits of increasing resilience, feelings of achievement and belonging to a group and may prevent young people from participating in risky behaviours.

The Scottish Government's Active Scotland Outcomes Framework sets out a vision for a more active Scotland. A key outcome is to ensure that all children and young people in Scotland develop the physical confidence and competence required for a foundation of lifelong participation in physical activity and sport. The Framework is supported by Scotland's Physical Activity Delivery Plan 'A More Active Scotland' along with other national strategies including 'Let's Get Scotland Walking' and 'Raising the Bar'. Scottish Government also support initiatives like Active Schools and the Daily Mile.

20. Play

One important link between neighbourhood environment and health outcomes is the availability of play areas and greenspace, which provide opportunities to be physically active. Young people themselves have indicated that open spaces for leisure are a prerequisite for health and wellbeing.

Evidence demonstrates a favourable association between children's use of greenspace and their emotional and behavioural wellbeing. The Scottish Government recognises the importance of the neighbourhood environment on the health of young people, including both the social and the physical environment. Living in "vibrant, healthy and safe places and communities" is the first of six public health priorities in Scotland. The Scottish Government's Active Scotland Outcomes Framework includes indicators on measuring the perceived safety of the community for play and walking around.

21. Positive attitudes

Participation in activities such as clubs, groups and volunteering can have positive benefits for young people such as new experiences, improved peer relationships, exposure to role models and a feeling of belonging to a community. Participation in positive activities has been shown to improve psychological wellbeing; self-perception and self-esteem; and skills development. Volunteering in particular also has wider benefits, strengthening community cohesion and public services, which in turn act as protective factors for young people's health and wellbeing.

22. Pressure of schoolwork:

Consultation with young people has shown that time to relax and participate in hobbies is an important factor for them, and that in some cases pressures from homework can cause stress and worry. Young people who feel under pressure to perform well academically are more likely to report depressive symptoms and lower life satisfaction. For younger adolescents experiencing high stress school environments, increased academic expectations have been associated with increased school-related stress which in turn may impede academic achievement later on.

As part of the Getting it Right For Every Child (GIRFEC) approach, services working with children and young people, and those who care for them, must play a part in promoting, supporting and safeguarding child wellbeing; this also includes schools.

23. Resilience:

Children and young people develop resilience through having a stable and committed relationship with a supportive trusted adult (who may or may not be a

parent). Children and young people with greater levels of resilience are better able to manage stress. When children and young people are supported to find ways to navigate these stressors, it helps to facilitate good mental health and wellbeing. Having a trusted adult outside the home they can talk to about problems and feelings, and feeling optimistic and believing things will turn out alright are factors which enhance children and young people's resilience.

Resilience has been associated with better academic performance and behaviour and, longer-term, is associated with greater life opportunities (including employment and satisfying relationships).

24. Sedentary behaviour:

Sedentary behaviour refers to participation in low energy activities requiring minimal physical movement. Contrary to what might be expected, levels of sedentary behaviour are not strongly correlated with how active a young person is, and time spent being sedentary (e.g. watching television or playing computer games) does not necessarily displace time spent engaging in physical activity. Sedentary behaviours, independently of lack of participation in physical activity, are associated with higher levels of obesity, as well as negative dietary behaviours such as consumption of sugary drinks and energy-dense snacks. They are also associated with poorer mental health.

The Scottish Government's vision for a more active Scotland is set out in the Active Scotland Outcomes Framework. A key outcome is to ensure that all children and young people in Scotland develop the physical confidence and competence required for a foundation of lifelong participation in physical activity and sport. The Framework is supported by Scotland's Physical Activity Delivery Plan 'A More Active Scotland' along with other national strategies including 'Let's Get Scotland Walking' and 'Raising the Bar'.

25. Self-perception (body image)

In young people, body dissatisfaction has been linked to risk-taking behaviours and mental health problems. Poor body image may also prevent young people from engaging in healthy behaviours, and may also be less likely to take part in physical activity. Among adolescents, research has found that those with greater body appreciation are less likely to diet or use alcohol or cigarettes.

The National Framework and Improvement plan is designed to help deliver both excellence and equity in education and one of the four key priorities of this framework is to improve children and young people's health and wellbeing. This work is anchored in the long-standing national approach of Getting It Right For Every Child (GIRFEC) which promotes the eight SHANARRI wellbeing outcomes (Safe, Healthy, Achieving, Nurtured, Active, Respected, Responsible, Included). All services working with children and young people, and those who care for them, must play their part to promote, support and safeguard children and young people's wellbeing.

26. Sexual health and relationships

Sexual health and wellbeing is an important aspect of the physical and emotional wellbeing of individuals. While teenage relationships can be positive and healthy, it is

important that adolescents understand the concept of fully informed consent as a basis for any sexual relationship in order to reduce vulnerability to sexual exploitation.

In September 2015, the Scottish Government published the Sexual Health and Blood Borne Virus Framework 2015–2020 update. It reported on the progress made since the original Framework published in 2011 which brought together policy on sexual health and wellbeing, HIV and viral hepatitis for the first time. The Scottish Government strategy “Pregnancy and Parenthood in Young People (2016–2026)” sets out actions on pregnancy information and advice, and on mental health of teenage mothers.

27. Sleep

Sleep is crucial to both physical and mental health and wellbeing. Sleep is now widely recognised as fundamental to the general health and wellbeing of everyone. But it’s especially important for children and teenagers – research has linked lack of sleep and poor sleep-quality to impaired learning, obesity, depression and many other mental health conditions. There are strong indications that sleep deprivation affects memory consolidation and, as a result, the ability to retain information, which affects children and young people’s learning outcomes.

NHS guidelines recommend adolescents get a minimum of 8 to 9 hours of good sleep on a school night. Sleep Scotland is a national charity which provides schools with the Sound Sleep education programme. This programme aims to raise awareness in schools of the importance of sleep for health and wellbeing, and helps pupils implement positive sleep habits in their routines

28. Smoking

Tobacco smoking is a major public health problem. The short-term health consequences to young people of smoking include respiratory and non-respiratory effects, nicotine addiction and associated risk of other drug use. There are concerns that vaping may undermine recent declines in smoking behaviour and act as a gateway to cigarette smoking. The Scottish Government policy is that e-cigarettes should not be used by children since they are highly addictive and they are only recommended for adults as a way to assist smoking cessation. The Scottish Government has therefore banned the sale of vaping devices to those under the age of 18 and, for other people, the purchase of them for under 18s.

Despite recent declines in smoking in Scotland, it is still a priority area for public health action. In 2018, the Scottish Government published, “Raising Scotland’s tobacco-free generation: our tobacco control action plan 2018”. This plan builds on The Tobacco Control Strategy published in 2013 that aims to reduce overall smoking prevalence to 5% by 2034 with the aim that those born in 2013 will be part of the first tobacco free generation when they turn 21 years old. Since 2013, the Scottish Government has also implemented a number of tobacco control measures, including, reducing the visibility of cigarettes and tobacco products from retail, ending the sale of cigarettes from vending machines, banning smoking in a car with a child under the age of 18, and introducing plain packaging for all cigarettes on sale.

29. Social media and online experience:

Digital technology now plays an increasingly important role in children and young people's lives. Using social media can create a sense of social support, connectedness and positive interaction, which can boost mental health. It can provide easier access to informal and formal support that is available at different times of the day, and it provides a platform on which to be creative and have fun.

But for others, using social media can become compulsive and fuel unhealthy comparisons. It can expose them to bullying and see them becoming more isolated, which can lead to their mental health deteriorating. Excessive use of digital media has been associated with negative behaviours, disrupted sleep, and some studies that suggest time spent on social media is linked to frequency of appearance-related comparisons and peer competition, which may be linked to body dissatisfaction and mental health.

In 2013, the Scottish Government set out a strategy to provide schools and local authorities with advice on how to develop policies to encourage safe and responsible use of personal mobile technology in schools. It reiterated that policies should be designed to protect staff, children and young people from harassment and abuse which can arise from the misuse of technology. The strategy encouraged the promotion of digital citizenship, moving beyond compliant behaviour and involving a commitment to responsible behaviour. It suggested that engaging the whole school community – staff, pupils and parents – in policy development was the most effective means of ensuring engagement with, and commitment to, the policy. To date, action has been taken across a number of programmes and settings to support safe and responsible use of personal mobile technology in school and beyond including; 360 Degree Safe, Respectme, Child Exploitation and Online Protection Centre, Think U Know, Childline, and Positive Relationships and Behaviour.

HEALTH AND WELLBEING (HWB) CENSUS

Background

The HWB Census is a new local authority collection being implemented in the 2021-22 school year. This has been developed by the Scottish Government, for use by local authorities. The Scottish Government has provided each local authority with a consistent set of materials and technology to self-administer their own census. The Scottish Government is working collaboratively with local authorities to ensure they each conduct their own census lawfully and legally, to share learning and best practice.

Consent

The HWB Census is totally voluntary, both for local authorities to undertake and to parents/carers and pupils to take part in. It includes a range of topics covering all aspects of wellbeing using the GIRFEC indicators of Child Wellbeing domains (Safe, Healthy, Active, Nurtured, Achieving, Responsible, Respected and Included), which in turn takes into consideration the four capacities.

The evidence provided by the census will ensure local and national priorities can continue to be aligned, and actions can be streamlined to priorities. It will also support schools and education authorities to identify issues children and young people are concerned about and to tailor their learning in PSE, and their advice and support services accordingly.

Content

The HWB Census is not a single survey for all children and young people. A set of separate questionnaires, for children and young people in P5 to S6, asking age appropriate questions relevant to each stage, have been developed by representatives and experts from across academia, public health, local authorities and schools. These questionnaires have also been ethically approved by independent researchers within the Scottish Government.

The census includes topics that are seen to be potentially sensitive, particularly in areas such as relationships, sexual health, and substance use. Public reaction to the HWB Census has seen some concerns raised about the age appropriateness of some of the more probing questions, particularly around sexual activity of older school pupils. While the census is a new collection, the content of the census questionnaires are very much based on existing tried and tested questions that have been used in long-standing surveys.

SALSUS had been running since 2002, following joint surveys with England that started in 1982, to provide a national picture of young peoples' behaviours regarding smoking (from 1982), drinking (from 1990) and drug use (from 1998) within the context of other lifestyle, health and social factors.

The Health Behaviour in School-aged Children (HBSC) survey has included questions on sexual health and wellbeing; alcohol consumption; smoking; and, substance use (as well as a wide range of health and wellbeing topics) since 1990. The next round of HBSC will take place between January and March 2022.

Information on these sensitive topics are vital for Community Planning Partnerships/local authorities as part of their legislative duties. This information is also vital for the Scottish Government's policy making purposes.

This document aims to address some of the concerns raised around the Census.

Questions and Answers

Are the questions being asked sexualising our children and young people?

No. The questions in the HWB Census about relationships and sexual health are asked of S4 to S6 pupils only. It is important to note questions are only asked where relevant. For example, if a young person responds that they have not had any sexual experiences, they will not see any further questions asking about such experiences.

Why do you need to ask questions about sexual activity?

Sexual health and wellbeing is an important aspect of the physical and emotional wellbeing of individuals. While teenage relationships can be positive and healthy, it is important that adolescents understand the concept of fully informed consent as a basis for any sexual relationship in order to reduce vulnerability to sexual exploitation.

In September 2015, the Scottish Government published the Sexual Health and Blood Borne Virus Framework 2015-2020 update. It reported on the progress made since the original Framework was published in 2011, which brought together policy on sexual health and wellbeing, HIV and viral hepatitis for the first time. The Scottish Government strategy "*Pregnancy and Parenthood in Young People (2016-2026)*" sets out actions on pregnancy information and advice, as well as on mental health of teenage mothers.

By law, local authorities and their partners are required to plan for services for their local area. To ensure this is done effectively, it is important for them to understand the wellbeing and needs of their local area. The HWB Census will provide local areas with evidence to identify issues young people are concerned about and to tailor their learning in PSE, and their advice and support services accordingly.

Are all children and young people asked these questions?

The HWB Census is not a single survey for all children and young people. It is a set of separate questionnaires, for children and young people in P5 to S6, asking age appropriate questions relevant to each stage, having been developed by representatives and experts from across academia, public health, local authorities and schools. These questionnaires have also been ethically approved by independent researchers within the Scottish Government.

The questions for each stage are age appropriate. For example questions on alcohol and smoking are asked of children and young people in S2 and above, and questions on relationships and sexual health are asked of young people in S4 and above. A list of topics included in the census, with the age ranges, can be found in the privacy notice and frequently asked questions published on the

Scottish Government website at <https://www.gov.scot/publications/health-and-wellbeing-census-2/>.

Does my child have to take part in the HWB Census?

No. The HWB Census is totally voluntary, both for local authorities to undertake and for, parents/carers to consent to, pupils to take part in. Parents/carers and pupils can decide for themselves not to take part in the census. Views of parents/carers will take precedence over their child's view, where the child is aged 15 years or younger - pupils can only take part if their parents/carers consent to this.

Children and young people aged 16 years or over should not need the consent of their parent/carer. However, the approach to consent for those aged 16 years and older is a matter for each local authority to decide on. Additionally, if the parent/carer does provide their consent for their child to take part in the census, the child themselves can still refuse to take part. The questionnaires are also designed to enable pupils to "skip" questions they do not wish to answer, or to actively state they would "prefer not to say" to particular questions.

Not taking part will have absolutely no impact on a child or young person's schooling or any services they use.

Is this census another route to implementing the Named Person scheme?

No. This is a census to gather local data for local purposes. It has no relevance to implementing Named Person.

Where can I get further information on the HWB Census?

Further information on the HWB Census can be found on the Scottish Government website at <https://www.gov.scot/publications/health-and-wellbeing-census-2/>.

Learning Directorate
Scottish Government
November 2021

Scottish Health & Wellbeing Census 2021-22: S4 Pupils

INFORMATION and CONSENT FOR PUPILS

All pupils in Secondary 4 in your school have been asked to take part in this new Health & Wellbeing Census which is taking place in a number of primary and secondary schools right across Scotland.

To take part in the Census, you must read the information provided next and then choose either the "Yes" or "No" box at the end to say if you agree to take part in the Census.

Next you will see some questions and answers that should help you to make a decision.

WHAT IS IT?

We are inviting everyone in your stage from your school to take part. We want to hear about what you do and how you feel about your life. You are just about to complete a short online questionnaire. We are hoping to hear from a lot of children from across our local area.

WHAT WILL HAPPEN?

Your teacher will ask you to answer some questions on a computer, laptop or tablet on your own. You will then need to choose the answer that best fits how you feel. This will take about 20 – 40 minutes. The questions will ask you about your school, your family, things you do, how you feel, your friendships, and a range of other things.

WHAT HAPPENS TO MY ANSWERS?

Your local authority will collect answers from every child or young person who takes part. You will not be asked to provide your name. The local authority will not tell anybody your answers, not your teacher or your family. Of course, it's up to you if you want to talk to other people about your answers.

Your local authority will then look at everybody's answers together. This is so your local authority can understand what children or young people of your age think and do. They will also look at other information about you, such as the area you live in, your ethnic background, whether you get extra help at school, etc..

WHO IS ASKING THE QUESTIONS?

Your local authority. They are asking you these questions so that they can plan for, and improve, the children's services needed in your local area, based on what you and other children and young people say in this survey.

IS THIS A TEST?

Don't worry, this is not a test. You did not need to have prepared, as there are no right or wrong answers. We just want to hear what you think or how you feel.

CONFIDENTIALITY AND DATA SECURITY

The answers you provide will be treated in accordance with the law and used for statistics and research purposes only. This means that the data we collect is kept separately from information which could directly identify you (such as your name). When reports using the data are published, care is taken to ensure that no information which could identify you is included.

The Census can legally happen as the local authority will be processing your personal data as part of its performance of a task in the public interest.

WILL ANYTHING HAPPEN BASED ON ANYTHING I SAY?

While analysing all the data, if your local authority sees anything in your answers that they are concerned about, they may need to do something to help you. This would be the **only** time that your actual identity would be sought, by identifying you from a separate database that holds your Scottish Candidate Number together with your name for which the local authority also has access to.

This should **not** happen very often so it is **highly unlikely** that anyone will actually contact you about anything you say in the survey. However, if they do, they are only doing this so that they can make sure that you are OK and to help you.

DO I HAVE TO TAKE PART?

It would be great to hear your views but you don't have to take part. You will shortly be asked if you want to, just say "No" if you don't. If you do take part that's great. But remember if there are any questions you don't want to answer, that's fine, you will be able to skip questions, or choose the 'prefer not to say' option, and you won't be asked why.

SUPPORT AND ADVICE

If you need support or advice on any of the topics asked in the survey, then your school will have provided you with a list of ways in which you can speak to someone who may be able to help you.

1. Are you happy to continue taking part in the Scottish Health and Wellbeing Census? *

Yes

No

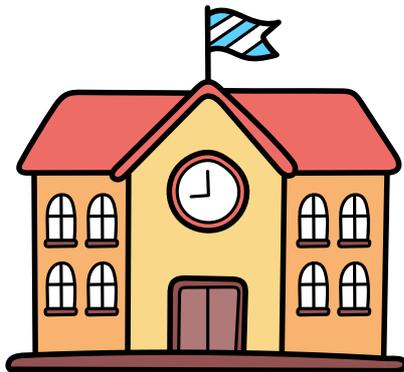


Thank you for your response, and we fully understand and appreciate your decision not to take part in the Scottish Health and Wellbeing Census.

Please remember that your decision to not take part is perfectly fine. However, other young people are still taking part in the Census. Therefore, please can you keep any noise and distraction down to a minimum.

You may now find it useful to be doing something whilst others are taking part in the Census, such as reading a book, doing some homework, etc.

Your response has now been recorded, and you may now close down the browser window.



The first few questions ask for some basic information about you and your school

Please click on the 'next page' button below to continue.

2. Please choose your secondary school from the drop down list. *

3. Please type in your own 9-digit Scottish Candidate Number. *

And now some questions about your life at school and what you think you will do when you leave school

4. Below are some sentences about your school and learning. Please say how much you agree or disagree with each sentence. Please tick one circle for each question.

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Prefer not to say
I enjoy learning new things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel like I have a choice in what I am learning in school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting an education is important to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My teachers listen to what I have to say	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have an adult to talk to at school if I am worried about something	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Below are some sentences about your school and learning. Please say how much you agree or disagree with each sentence. Please tick one circle for each question.

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Prefer not to say
I feel like my teachers treat me fairly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My parents (or carers) really care about my education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel confident to speak up in class, ask questions and share my opinion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Most of the time, I am happy at school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel positive about my future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. How pressured (stressed) do you feel by the schoolwork you have to do?

- Not at all
- A little
- Some

- A lot
- Prefer not to say

7. Now looking ahead, when do you think you want to leave school / full-time education?

- I want to leave school as soon as I can (e.g. at the end of S4)
- I want to continue with my full-time education (e.g. stay on into S5 or go to college)
- I'm not sure at the moment
- Prefer not to say

8. What do you think you will be doing as soon as you leave secondary education (usually in S4, S5 or S6)?

- University
- Further Education College
- Apprenticeship or Trade
- Youth Training or Skill Seekers
- Employment
- Unemployed
- Don't know
- Other
- Prefer not to say

The next questions ask about how active you are

Physical activity is any activity that increases your heart rate and makes you get out of breath some of the time. Some examples are running, fast walking, rollerblading, biking, dancing, swimming, basketball and football.



These next questions ask about your health and how you feel



Please click the 'next page' button below to continue

12. In general, how would you say your health is?

- Excellent
- Good
- Fair
- Poor
- Prefer not to say

13. Do you have a physical or mental health condition or illness lasting or expected to last 12 months or more?

- Yes
- No
- Prefer not to say

14. Please say how much you agree or disagree with each of the sentences.
Please tick one circle for each question.

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Prefer not to say
My life is just right	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I wish I had a different kind of life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have what I want in life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Here are some statements about how you might have been feeling, or thinking about things.



Please click on the 'next page' button below to continue

28.

Warwick–Edinburgh Mental Well-being Scale (WEMWBS) © NHS Health Scotland, University of Warwick and University of Edinburgh, 2006, all rights reserved.

15. Below are some statements about feelings and thoughts. Please tick the box that best describes your experience of each over the last 2 weeks.

	None of the time	Rarely	Some of the time	Often	All of the time
I've been feeling optimistic about the future	<input type="checkbox"/>				
I've been feeling useful	<input type="checkbox"/>				
I've been feeling relaxed	<input type="checkbox"/>				
I've been feeling interested in other people	<input type="checkbox"/>				
I've had energy to spare	<input type="checkbox"/>				
I've been dealing with problems well	<input type="checkbox"/>				
I've been thinking clearly	<input type="checkbox"/>				

29.

Warwick–Edinburgh Mental Well-being Scale (WEMWBS) © NHS Health Scotland, University of Warwick and University of Edinburgh, 2006, all rights reserved.

16. Below are some statements about feelings and thoughts. Please tick the box that best describes your experience of each over the last 2 weeks.

	None of the time	Rarely	Some of the time	Often	All of the time
I've been feeling good about myself	<input type="checkbox"/>				
I've been feeling close to other people	<input type="checkbox"/>				
I've been feeling confident	<input type="checkbox"/>				
I've been able to make up my own mind about things	<input type="checkbox"/>				
I've been feeling loved	<input type="checkbox"/>				

	None of the time	Rarely	Some of the time	Often	All of the time
I've been interested in new things	<input type="checkbox"/>				
I've been feeling cheerful	<input type="checkbox"/>				

17. Please say how much you agree or disagree with this sentence: "Even if I am having a difficult time, I feel like I will be OK"

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Prefer not to say

18. Please say how much you agree or disagree with this sentence: "I am happy with my body and the way I look".

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Prefer not to say

19. Please say how much you agree or disagree with this sentence: "My body and the way I look affects how I feel about myself".

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Prefer not to say

Now we would like to ask questions about when you go to bed and sleeping



Please click on the 'next page' button below to continue

20. When do you usually go to bed if you have to go to school the next morning?

- Before 9.00 pm
- At 9.00 pm or later, but before 10.00 pm
- At 10.00 pm or later, but before 11.00 pm
- At 11.00 pm or later, but before midnight
- At midnight or later, but before 1.00 am
- At 1.00 am or later, but before 2.00 am
- At 2.00 am or later
- Prefer not to say

21. When do you usually wake up on school mornings?

- Before 5.00 am
- At 5.00 am or later, but before 6.00 am
- At 6.00 am or later, but before 7.00 am
- At 7.00 am or later, but before 8.00 am
- At 8.00 am or later
- Prefer not to say

22. How many hours sleep did you have last night?

- Less than 3 hours
- 3 to 5 hours
- 6 to 8 hours
- 9 to 11 hours
- 12 to 14 hours
- 15 hours or more

Prefer not to say

23. Some children and young people go to school or to bed hungry.

How often does this happen to you?

- Always
- Often
- Sometimes
- Never
- Prefer not to say

Thanks for your answers so far.

The next question asks you about adults, such as your parents/carers, grandparents, teachers, youth workers, sports coaches, Scouts/Guides leaders.

24. How much do you agree or disagree with the following statements?

	Agree	Disagree	Don't know
Adults are good at listening to what I say	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adults are good at taking what I say into account	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The next set of questions ask you about how you feel and things that you do, to help understand your strengths and difficulties.

40.

Strengths and Difficulties Questionnaire

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25. For each item, please select the circle for Not True, Somewhat True or Certainly True.

It would help us if you answered all items as best you can even if you are not absolutely certain or the item seems daft!

Please give your answers on the basis of how things have been for you over the last six months.

Please tick one circle on each line.

	Not true	Somewhat true	Certainly true
I try to be nice to other people. I care about their feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am restless, I cannot stay still for long	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I get a lot of headaches, stomach-aches or sickness
I usually share with others (food, games, pens, etc.)
I get very angry and often lose my temper

Not true	Somewhat true	Certainly true
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

41.

Strengths and Difficulties Questionnaire

© Robert Goodman, 2005

26. For each item, please select the circle for Not True, Somewhat True or Certainly True.

It would help us if you answered all items as best you can even if you are not absolutely certain or the item seems daft!

Please give your answers on the basis of how things have been for you over the last six months.

Please tick one circle on each line.

I am usually on my own. I generally play alone or keep to myself
I usually do as I am told
I worry a lot
I am helpful if someone is hurt, upset or feeling ill
I am constantly fidgeting or squirming

Not true	Somewhat true	Certainly true
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

42.

Strengths and Difficulties Questionnaire

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27. For each item, please select the circle for Not True, Somewhat True or Certainly True.

It would help us if you answered all items as best you can even if you are not absolutely certain or the item seems daft!

Please give your answers on the basis of how things have been for you over the last six months.

Please tick one circle on each line.

I have one good friend or more
I fight a lot. I can make other people do what I want
I am often unhappy, down-hearted or tearful
Other people my age generally like me
I am easily distracted, I find it difficult to concentrate

Not true	Somewhat true	Certainly true
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

43.

Strengths and Difficulties Questionnaire

© Robert Goodman, 2005

28. For each item, please select the circle for Not True, Somewhat True or Certainly True.

It would help us if you answered all items as best you can even if you are not absolutely certain or the item seems daft!

Please give your answers on the basis of how things have been for you over the last six months.

Please tick one circle on each line.

	Not true	Somewhat true	Certainly true
I am nervous in new situations. I easily lose confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am kind to younger children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am often accused of lying or cheating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other children or young people pick on me or bully me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I often volunteer to help others (parents, teachers, children)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

44.

Strengths and Difficulties Questionnaire

© Robert Goodman, 2005

29. For each item, please select the circle for Not True, Somewhat True or Certainly True.

It would help us if you answered all items as best you can even if you are not absolutely certain or the item seems daft!

Please give your answers on the basis of how things have been for you over the last six months.

Please tick one circle on each line.

	Not true	Somewhat true	Certainly true
I think before I do things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I take things that are not mine from home, school or elsewhere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get on better with adults than with people my own age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have many fears, I am easily scared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I finish the work I'm doing. My attention is good	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

And now some questions about your use of electronic devices and the internet.



Please click on the 'next page' button below to continue

30. Do you have access to the internet at home, on a phone, or another device?

- Yes
- No
- Prefer not to say

31. In your free time, how many hours a day do you usually spend using electronic devices such as computers, tablets (like iPad) or smart phones?

Please tick ONE box for each line or leave blank if you prefer not to say

	None at all	About half an hour	About 1 hour a day	About 2 hours a day	About 3 hours a day	About 4 hours a day	About 5 hours a day	About 6 hours a day	About 7 hours or more a day
Weekdays	<input type="checkbox"/>								
Weekends	<input type="checkbox"/>								

32. Which of the following activities have you done online in the last 2 weeks, even if not very often?

Please select ALL the answers that apply or skip this question if you do not go online or prefer not to say

- Watching videos online
- Playing games online
- Listening to music online
- Looking things up to help with schoolwork
- Updating your pictures, status or 'story' on social media
- Browsing other people's pictures, status or 'stories' on social media
- Messaging, chatting or video-chatting using social media (such as WhatsApp or Snapchat)
- Something else

The next questions are about friendships



Please click on the 'next page' button to continue

33. How many close friends would you say you have?

- None
- One
- Two
- Three or more
- Prefer not to say

34. How often do you feel left out of things?

- Hardly ever or never
- Sometimes
- Often or always
- Prefer not to say

35. How often do you feel lonely?

- Hardly ever or never
- Some of the time
- Often

Prefer not to say

Thinking about the people that you live with, please answer these next questions as best you can.



Please click on the 'next page' button below to continue

36. How often do you and the people you live with usually have meals together?

- Every day
- Most days
- About once a week
- Less than once a week
- Never
- Prefer not to say

37. How often do you enjoy being with the people you live with?

- Always
- Often
- Sometimes
- Never
- Prefer not to say

38. Does anyone who you live with have any of the following?

PLEASE TICK ALL THAT APPLY.

PLEASE LEAVE BLANK IF YOU PREFER NOT TO SAY

- A disability
- A long-term illness
- A mental health problem
- None of the above

Now think about anyone that you care for or look after, whether they live with you or not.

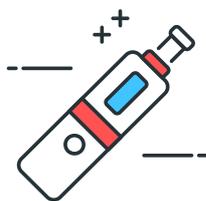
39. Do you care for, or look after, someone? For example, because they have a disability, an illness, a drug or alcohol problem, a mental health problem, or problems related to old age.

- Yes
- No
- Prefer not to say

40. Do you help care for, or look after, them....

- Every day
- A couple of times a week
- Once in a while
- Prefer not to say

The next few questions are about smoking and drinking alcohol



Please click on the 'next page' button below to continue

41. How often do you smoke tobacco at present?

- Every day
- At least once a week, but not every day
- Less than once a week

- I do not smoke
- Prefer not to say

An e-cigarette (electronic cigarette) or a vape is a device that puffs nicotine vapour instead of burning tobacco like a cigarette does. E-cigarettes can have different flavours and come in many shapes and sizes - like pens, boxes and flash-drives. Most are rechargeable. Sometimes they can look like cigarettes and can only be used once.

42. How often do you use e-cigarettes / vape at present?

- Every day
- At least once a week, but not every day
- Less than once a week
- I do not use e-cigarettes / vape
- Prefer not to say

43. How often do you USUALLY have an alcoholic drink?

- More than once a week
- About once a week
- About once a fortnight
- About once a month
- Only a few times a year
- I never drink alcohol now

We now have some more questions about your life.

Please remember that you don't have to answer any questions that you don't want to answer.

44. Do you have an adult in your life who you can trust and talk to about any personal problems?

- No, I don't
- Yes, I sometimes do
- Yes, I always do

Prefer not to say

45. How easy is it for you to talk to any of the following people about things that really bother you?

Please tick one circle on each line or leave blank if you prefer not to say

	Easy	Difficult	Does not apply to me
Friend(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mum / female carer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dad / male carer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brother(s) / Sister(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Counsellor (someone who is trained to listen and give you advice about your problems or help you manage your feelings)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GP or Nurse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teacher(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

46. How easy is it for you to talk to any of the following people about things that really bother you?

Please tick one circle on each line or leave blank if you prefer not to say

	Easy	Difficult	Does not apply to me
Neighbour(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Youth Worker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other family members (e.g. grandparent(s))	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Worker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Another adult you trust	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Club or Group leader (e.g. sports coach, girl guides, boys brigade, scouts, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The next few questions ask you about your relationships and sexual health. Please remember that you don't have to answer any questions that you don't want to answer.

You may feel that some of the following questions don't apply to you and your experience. Where that is the case, you may wish to choose the 'this question does not apply to me' option.

47. Do you currently have a boyfriend/girlfriend?

Yes

- No
- Prefer not to say

**48. Does your current boyfriend/girlfriend do any of the following things?
Please tick one box on each line**

	Often	Quite often	Occasionally	Never	Prefer not to say
Makes you feel safe and respected?	<input type="checkbox"/>				
Encourages you to do something you enjoy?	<input type="checkbox"/>				
Constantly checks where you are?	<input type="checkbox"/>				
Puts you down when you are together or in front of other people?	<input type="checkbox"/>				
Comments negatively on how you dress?	<input type="checkbox"/>				
Tries to or limits the time you spend with friends?	<input type="checkbox"/>				
Puts pressure on you to do sexual things?	<input type="checkbox"/>				

49. People have varying degrees of sexual experience. How much, if any, sexual experience have you had?

- None
- Small amount (e.g. kissing, some intimate touching on top of clothes)
- Some experiences but no sexual intercourse (e.g. touching intimately underneath clothes or without clothes on)
- More experiences, including oral sex
- Vaginal or anal sex
- Prefer not to say

50. The most recent time you had vaginal or anal sex (penetrative sex), did you or the other person use a condom?

- This question does not apply to me
- Yes
- No
- Don't know
- Prefer not to say

51. The most recent time you had penetrative vaginal sex, did you or the other person use anything to prevent pregnancy?

- This question does not apply to me
- Yes
- No
- Don't know
- Prefer not to say

52. The most recent time you had penetrative vaginal sex, which of these forms of contraception did you or the other person use to prevent pregnancy?

PLEASE TICK ALL THAT APPLY OR LEAVE BLANK IF NONE APPLY OR YOU PREFER NOT TO SAY

- Condom
- Implant
- Hormonal coil (intrauterine system or hormonal coil)
- Non-hormonal coil (intrauterine device, IUD)
- Injection (e.g. "the jag")
- Contraceptive pill
- Hormonal patch
- Vaginal ring

53. The most recent time you had penetrative vaginal sex, did you or the other person use any of the following to try to prevent pregnancy?

PLEASE TICK ALL THAT APPLY OR LEAVE BLANK IF NONE APPLY OR YOU PREFER NOT TO SAY

- Fertility app
- Withdrawal (e.g. pulling out)
- Emergency contraception
- Something else
- Don't know

54. Have you had vaginal or anal sex (penetrative sex) more than once?

- Yes
- No
- Prefer not to say

55. The first time you had penetrative sex, did you or the other person use a condom?

- Yes
- No
- Don't know
- Prefer not to say

56. How old were you when you had sex for the first time?

- 13 years old or younger
- 14 years old
- 15 years old
- 16 years old or older
- Don't know
- Prefer not to say

57. When you first had sex, would you personally say:

- You wanted it to happen earlier
- You wanted it to happen at that time
- You would rather have had it later
- You did not ask yourself that
- Prefer not to say

58. Did you drink alcohol or use drugs before you had sex for the first time?

- Yes
- No
- I do not remember
- Prefer not to say

59. Which of the following best describes you....??

Please tick one circle on each line

	Doesn't apply to me	Fully agree	Agree	Disagree	Totally disagree	Prefer not to say
I find it easy to say 'no' to having sexual experiences I don't want	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I find it easy to ask for help regarding sexual health issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I find it easy to get information on sexual health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I find it easy to say what I want in relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

And finally, a couple of questions about where you live.

60. Generally speaking, I feel safe in the area where I live...

- Always
- Most of the time
- Sometimes
- Rarely or Never
- Prefer not to say

61. Do you think that the area in which you live is a good place to live?

- Yes, it's good
- It's OK
- No, it's not good
- Prefer not to say



Thank you for taking part in the Scottish Health and Wellbeing Census. You are helping your school, your local authority and the Scottish Government to understand more about the lives of children and young people, and things that matter to you.

If any of the questions you have seen has raised any issues which you would like to talk about, then please speak to someone you can trust. This could be your parent(s), carer(s), teacher(s), youth worker(s), etc.

Further information will have been provided by your school teacher.

Please remember that the only people who will see your answers will be a small number of analysts in your local authority and in the Scottish Government. Other analysts may also ask to see your answers in order to conduct their own research, but this will only happen if the local authority or the Scottish Government agree to this.

Your parents, teachers and friends will not see your answers. However, the local authority may need to act on something you have said if they feel this will help you. This should NOT happen very often, but if it does then it is ONLY being done because they want to make sure that you are OK.

Once again, thank you for taking part.

Inverclyde Council

Proposed changes to HWB survey

S4 survey

Remove questions 49,50,51,52,53,54

Replace with the following:

49.

People have varying degrees of sexual experience. How much, if any, sexual experience have you had?

None

Small amount (e.g. kissing, some intimate touching on top of clothes)

Some experiences but no sexual intercourse (e.g. touching intimately underneath clothes or without clothes on)

Sexual intercourse

Prefer not to say

50.

The most recent time you had sexual intercourse, did you or the other person use a condom?

This question does not apply to me

Yes

No

Don't know

Prefer not to say

51.

The most recent time you had sexual intercourse, did you or the other person use anything to prevent pregnancy?

This question does not apply to me

Yes

No

Don't know

Prefer not to say

52.

The most recent time you had sexual intercourse, which of these forms of contraception did you or the other person use to prevent pregnancy?

PLEASE TICK ALL THAT APPLY OR LEAVE BLANK IF NONE APPLY OR YOU PREFER NOT TO SAY

Condom

Implant

Hormonal coil (intrauterine system or hormonal coil)

Non-hormonal coil (intrauterine device, IUD)

Injection (e.g. "the jag")

Contraceptive pill

Hormonal patch
Vaginal ring

53.

The most recent time you had sexual intercourse, did you or the other person use any of the following to try to prevent pregnancy?

PLEASE TICK ALL THAT APPLY OR LEAVE BLANK IF NONE APPLY OR YOU PREFER NOT TO SAY

Fertility app

Withdrawal (e.g. pulling out)

Emergency contraception

Something else

Don't know

54.

Have you had sexual intercourse more than once?

Yes

No

Prefer not to say