

Re-aligning Children's Services Analysis

High Level Analysis – Key Areas/Issues/Topics for LOIP/CSP focus

Personal Wellbeing

- Physical activity close to Scottish average for 0-8 year-olds, but declined substantially with age (77% down to 17% active for recommended 1 hour a day in S1-4). Secondary girls even less active (only 7% for S4 girls).
- Fruit & veg consumption substantially below recommendations (all ages), declining with age (2/3 of 0-8 year-olds, 1/3 of P5-7s, and 1/4 of S1-4s eat fruit & veg every/most days), also inverse for unhealthy foods. Poorer results for boys, and differs by household type, eating arrangements, deprivation and free school meal eligibility.
- Life satisfaction lower with free school meal eligibility, with additional support needs, and if not living with both parents. Key links to bullying, attitudes to school, and relationships with teachers, parents and peers.
- Mood/emotions/strengths/difficulties improve in positivity from P5-7, then decrease again from S1-4, also gender differences. Close to Scottish average for 0-8 year-olds but less positive in S1-4 (all groupings: peer, emotional, hyperactivity, conduct and pro-social), and differences by various demographic factors.
- Mental health results (S1-4) decline with age, similar to national. Some links to groups below but not deprivation, more related to 'social and place' factors (attitude to school, relationships with teachers and peers, and bullying).
- 6-monthly dental check-ups increase with age: awareness-raising that recommended from birth may be required. Brushing twice a day less likely for boys, those from more deprived areas and those eligible for free school meals.
- General health declines with age, poorer for boys pre-school & primary, girls secondary, & various groups below.
- Long-standing health conditions more common in those living with neither of their parents.
- More smokers and e-cigarette users than nationally (S1-4). Nearly 2/5 exposed to smoke at home, higher for girls (reason not apparent, but impact greater on females). Mixed results for drinking and drug use, some above Scottish average, some below, and various links to wellbeing and various demographic groups below.

Social Wellbeing

- Own bedroom and garden less likely in deprived areas, also more non-resident parents (predominantly fathers).
- Child's strengths and difficulties results found to vary with parents' mental wellbeing results (0-8 year-olds). Parent-child conflict levels higher than Scottish average, and parent-child warmth lower in deprived areas.
- Links between families sitting down for meals together daily, and better nutrition and family relationships, but less likely in deprived areas, if eligible for free school meals, and if not living with both parents.
- Suggests significantly more young carers than the Scottish average, reducing for older children, and higher in deprived areas and for those eligible for free school meals. Further research required to validate.
- Similar issues for additional support needs (parents' survey) – reported as higher than the national average but even national results obtained for P1, despite stating that there's evidence of a peak at 9 years old.
- 5-8 year-olds reluctant to attend school linked to strengths & difficulties results.
- Links reported between exclusions and free school meal eligibility, those receiving children's services, and those living with single and step-parents, however, reporting on perceptions of being excluded, rather than factual data.
- More P5-7 experienced bullying, reduced in S1-4 (not directly comparable). Significantly less online than 'in person' – may still be emerging, or focus has succeeded in reducing, or may receive disproportionate prominence.
- Obesity awareness may require greater focus as significantly lower numbers of P5-7s (not asked of S1-4s) believed they were overweight or obese, than the Scottish Health Survey suggests is actually the case.

Place & Wellbeing

- Though there are many places for younger children to play outdoors (and equality of access across deprivation quintiles), 44% of secondary pupils reported that there was nothing for young people to do in their local area.
- Efforts to improve awareness of parental support groups/services may be beneficial, and though awareness of some other services and amenities was reported as high, uptake appears to be limited.
- High proportions of parents felt there's limited choice regarding childcare, and though many found it easy to arrange, those who did not stated reasons of cost, lack of places, working hours and dislike/distrust of providers.

Evidence of Inequality (Protected Groups/Community/School)

It was not possible to analyse to a community/school level (see Themes Requiring Further Analysis).

As can be seen, some topics showed poorer results for a number of groups, therefore children in more than one of the groups, will be at even greater risk.

Age/year group

General health:	Declined with age, from pre-school, to primary, to secondary (as well as from S1 to S4).
Development:	Parental concerns increased from 3-4 year-olds to 5-8 year-olds (no data for older children).
Physical activity:	Declined substantially from 0-8 year-olds, to P5-7, and to S1-4 (as well as from S1 to S4).
Diet & nutrition:	Consumption of fruit & veg declined significantly with age, and unhealthy foods increased.
Dental health:	6-monthly check-ups recommended from birth but fewer 0-2 year-olds attending.
Mood & emotions:	Scores increase in positivity from P5-7 but decrease again from S1-4.
Strengths & diff:	3-4 year-olds & S1 – poor on pro-social, S4 – emotional, overall scores worsen from S1-S4.
Mental wellbeing:	Decline from S1-4, though similar to national results.
Smoke/drink/drugs:	Prevalence of smoking, e-cigarette use and drug use increases with age.
Warmth/conflict:	Parent-child conflict higher for 3-4 year-olds.
Family relations:	P5&6 more likely than P7 to 'always/often enjoy being with their family', and P5 more likely to report having bad arguments/fights more often. Older S1-4 children less likely to enjoy spending time with family and more likely to agree that family members shout at each other.
Parental health:	(S1-4 not asked) P7 less likely to worry about parental drinking than P5&6.
Engagement:	P6 reported greater enjoyment of school than P5 (P7 not stated). Poorer results on various questions about teacher support in P5-7 than S1-4 but different questions asked. S1-4 worry about school work increases with age but P5&7 more likely to worry than P6.
Bullying:	P5 more likely to report bullying than other age groups, and S2&3 higher for rumours/lies being spread about them or being ignored/excluded (particularly more online than for other ages).
Local area:	Younger secondary children were more positive about their local area and neighbours. 94% of 7-8 year-olds' parents allow them to go to the back garden alone or with friends, 65% to the pavement/front of home, 59% to see friends without crossing a road and 46% to cross a road.
Activities (S1-4):	Swimming most common for 5-8 year-olds, then cinema, then live performance/concert/play. Social networking most common activity for S1-4, then music, then films/DVDs, then seeing friends, then sport, then hobby/art/playing instrument. S1 more likely to participate in sport and go to museums/galleries, S3&4 more likely to participate in social networking.
Services/support:	Parents of younger children more confident about where to access parenting advice locally.

Gender

General health:	Better health reported for girls in pre-school and primary, boys better in secondary.
Accidents/injuries:	Boys more likely to be admitted to hospital than girls, suggesting likely to be more severe.
Communication:	Parents expressed more concerns about boys' communication than girls' (0-8 year-olds).
Physical activity:	More S1-4 boys active for 1 hour a day than girls (no gender difference in younger groups).
Diet & nutrition:	Boys eat fruit & veg less often, and unhealthy foods more often than girls.
Dental health:	Boys less likely to brush teeth twice a day (P5-7).
Strengths & diff:	Boys 0-8 less positive on peer & overall, S1-4 girls poorer overall, pronounced for emotional & hyperactivity, boys worse on pro-social.
Mental wellbeing:	Less positive for girls, slightly wider than national gap (S2 boys highest, S4 girls lowest)
Smoke/drink/drugs:	Girls more likely to smoke (S1-4 only, other groups not asked), and more likely to be exposed to smoke in home, and effects also worse for females.
Warmth/conflict:	Higher parent-child conflict for boys.
Family relations:	Boys more likely to report have bad arguments/fights more frequently than girls (P5-7). S1-4 girls more likely to agree that family members shout at each other.
Engagement:	More girls report enjoying primary school, but more boys enjoy secondary school (report states interesting in context of attainment gap by gender). More P5-7 boys report skipping school but more S1-4 girls. P5-7 girls higher enjoyment of school but not gender difference in primary about worry about school work, contrasting with S1-4 where girls felt more pressure.
Relationships:	S1-4 boys substantially more likely to report positive relationships with teachers and peers but more likely to have no close friends, or friends they can speak to about things that bother them.
Bullying:	S1-4 girls more likely to report having experienced bullying (both online and in person). Boys more likely to say that had ever bullied others (P5-7 only, S1-4 not asked).
Activities (S1-4):	Boys more likely to participate in sports, go to museums/galleries and play computer games, girls more likely to participate in social networking and hang around streets.

Household type

General health:	Worse health reported by those in 'other' household types, then step-parents, then single parents, better for those living with 2 parents (and those with siblings at home) (secondary).
Health conditions:	Significantly more common for those living with neither of their parents.

Diet & nutrition:	Eating veg daily more common for those with siblings at home, and for children living with both parents (lower if single parents or step-parents and similar but converse for fizzy drinks).
Life satisfaction:	Lower if living with single- or step-parents, than both parents (P5-7).
Strengths & diff:	More positive results if living with both parents (overall, emotional & conduct), then living with 1 parent and 1 step-parent, then for those living with single parent least positive.
Mental wellbeing:	Less positive if no siblings at home, or if 1 parent and 1 step-parent, or single parents.
Smoke/drink/drugs:	Less likely to smoke, use e-cigarette, be exposed to smoke at home and take drugs if living with both parents (exposure higher with 1 parent & 1 step-parent than single parents). Those living with 1 parent and 1 step-parent less likely to drink (then living with both, then single).
Family relations:	More likely to sit down for meals together (and have higher 'family relations' results) if living with both parents, rather than single-parent or step-families. Living with step-parent more likely to report family members shout at each other than those living with single or both parents (S1-4).
Parental health:	More likely to worry about parental health if living in with a step-parent (S1-4). Less likely to worry about parental health if living with 1 sibling, than with 0, or 2 or more (S1-4).
Engagement:	More likely to read to 0-8 year-olds with higher parental academic attainment. Those living with both parents and those with 1 sibling more likely to enjoy school than living with single or step-parents, or with 0 or 2 or more siblings. Those with no siblings at home and living with single or step-parents more likely to report skipping school and worrying about school work. Less likely to report being excluded from school if living with both parents.
Relationships:	Those living with both parents more likely to report positive relationships with teachers and positive attitude to school (S1-4). Those living with both parents were less likely to spend at least 5 nights a week with friends.
Bullying:	Less likely to experience physical bullying if living with both parents, and more likely if living with step-parents than single parents.
Body image:	Less likely to report being happy with their weight if living with step-parents, than those living with both parents or single parents.
Local area:	More likely to like living in local area if living with both parents. Those with no siblings were less likely to have their own garden than those with siblings. Those living with single or step-parents were less likely to report being able to trust people in the local area, and those living with step-parents were less likely to say they could ask for help from neighbours.
Activities:	5-8 year-olds living with a single parent were less likely to have visited a museum/gallery/historical site in the last year. Single parents less likely to have attended parent & baby/toddler groups in the last year than those with a partner, also less likely for parents with lower levels of academic attainment.
Services/support:	Single parents of 0-3 year-olds were more likely to say that professionals (health visitors, social workers, etc.) don't offer enough advice/support, more likely to feel that if you ask for help, services with start interfering/taking over, and more likely to think that if others knew you were getting advice/support, they would think they were a bad parent.

Deprivation/local area

General health:	Worse in more deprived areas (parents & secondary).
Diet & nutrition:	Substantially poorer on consumption of healthy & unhealthy foods in more deprived areas.
Dental health:	Less likely to brush teeth twice a day if from deprived areas (P5-7).
Strengths & diff:	Less positive results in most deprived areas, particularly on conduct. Interestingly, high hyperactivity in most and least deprived quintiles, than in middle 3.
Mental wellbeing:	More positive in those who agree they 'can trust people in the area'.
Smoke/drink/drugs:	Smoking, e-cigarette use and exposure to smoke at home more prevalent in most deprived areas. Higher rates of smoking, drinking and drug use in those who agree that there is 'nothing for young people to do in local area'.
Bedroom & garden:	Children from more deprived areas are less likely to have their own bedroom or garden.
Non-resident parent:	More likely to have non-resident parent (predominantly father) in more deprived areas.
Warmth/conflict:	Parent-child warmth higher in less deprived (no link to deprivation for conflict) (0-8 year-olds).
Family relations:	Less likely to sit down for meals together every/most days in deprived areas (P5-7).
Engagement:	Less likely to enjoy school in deprived areas (P5-7, no link in S1-4), less likely to read to child (0-8 year-olds) and more likely to skip school (S1-4). Marked association with exclusions.
Relationships:	Those from deprived areas more likely to say other pupils accept them as they are (S1-4). 2 nd least deprived quintile more likely to be happy with what they get to do and study at school than other 4 quintiles (S1-4). Those from the most deprived areas were more likely to spend at least 5 nights a week with friends, and more likely to report having bullied others.
Local area:	Less likely to like living in the local area if from deprived areas.
Activities:	Those from more deprived areas more likely to look around shops and hang around streets and less likely to participate in sports. Limited evidence of 'digital divide'. 5-8 year-olds from less deprived areas were more likely to have visited a museum/gallery/historical site, swimming pool, cinema or religious service in the last year. Parents of 0-8 year-olds from more deprived areas had less positive perceptions of their local area. Less likely to have attended parent & baby/toddler groups in the last year in more deprived areas. 0-3 year-olds from deprived areas less likely to participate in organised activities/groups.

Services/support: Parents of 0-3 year-olds from more deprived areas were more likely to feel that if others knew they were getting advice/support, they would think they were bad parents.

Free school meal eligibility

General health: Worse health reported by those eligible for free school meals (primary).
Diet & nutrition: Consumption of veg on a daily basis lower for those eligible.
Dental health: Less likely to brush teeth twice a day if eligible (P5-7).
Life satisfaction: Lower satisfaction if eligible (P5-7).
Strengths & diff: Likely to have less positive overall scores, particularly for conduct and hyperactivity.
Smoke/drink/drugs: Greater use of e-cigarettes, and exposure to smoke in the home for those eligible.
Family relations: Less likely to sit down for meals together (P5-7). Less likely to agree that parents/carers treat fairly or enjoy spending time with family, and more likely to agree that family members shout at each other a lot (S1-4).
Parental health: More likely to worry about parental health (S1-4).
Engagement: Those eligible are less likely to enjoy school (P5-7). More likely to report skipping school, being excluded from school and worry about school work (P5-7).
Relationships: Less likely to report positive relationships with teachers and peers (S1-4). More likely to report having no or only 1 close friend. More likely to spend at least 5 nights a week with friends. More likely to think family poorer than their friends'.
Bullying: Both more likely to have experienced and to have bullied others if eligible (P5-7 only).
Local area: Less likely to have a garden they can play in (P5-7).
Activities: Less likely to participate in social networking and sports, more likely to look around shops and hang around streets.

Additional support needs

General health: Worse health reported (primary & secondary).
Life satisfaction: Lower for those with additional support needs (P5-7).
Mental wellbeing: Less positive with additional needs, more considered to have low wellbeing.
Engagement: No link between skipping school and additional support needs (S1-4) but more exclusions.
Relationships: More likely to report having no or only 1 close friend (P5-7).

In receipt of children's services

General health: Worse health reported (secondary). Though numbers too low to analyse here, other evidence that LAC report worse health but that this can improve when placements are secure.
Relationships: Less likely to report that friends are never mean to them (P5-7). More likely to spend at least 5 nights a week with friends.

Relationships with peers & bullying

Life satisfaction: Lower for those exposed to bullying (P5-7). Higher for those who have 3 or more close friends, who said their friends were 'always nice', and who said their friends were 'never mean' (P5-7).
Mental wellbeing: Better wellbeing if agree pupils treat each other with respect, worse if experience of physical bullying, teasing/name-calling or being excluded from groups (online or in person). More positive if more close friends.
Bullying: Less likely to enjoy school if experience of bullying, and more likely to bully others if bullied themselves. Those who bullied others were more likely to also report having stolen.
Body image: Those who said their friends were always nice, or who had 3 or more close friends were more likely to be happy with their appearance and weight.

Relationships with teachers

Life satisfaction: Higher for those who reported having positive relationships (P5-7).
Mental wellbeing: Better wellbeing if agree teachers made them want to do well.
Engagement: Biggest differences in liking school relate to relationships with teachers.

Relationships with parents

Life satisfaction: Higher for those who reported having positive relationships (P5-7).
Mental wellbeing: Child's strengths & difficulties scores varied with parents' mental wellbeing (0-8 year-olds).
Parental health: 57% of S1-4 worry a lot or quite a lot about parental health, 25% worry a lot or quite a lot about parents drinking too much.
Body image: Those with more positive relationships with parents were more likely to report being happy with their appearance and weight.

Attitude towards school

Life satisfaction: Higher if 'like school a lot', and for those who worry less about not doing well at school (P5-7).
Mental wellbeing: Particularly positive results for those who like school a lot.

Areas Where Clackmannanshire's Doing Well

Personal Wellbeing

- Most children reported being in good or very good health – 95% of 0-8 year-olds (76% very good – above Scottish averages of 68% (0-3 year-olds) and 71% (4-7 year-olds)), 83% in primary 5-7 (41% very good), and 79% in S1-4 (32% very good). The latter was below Scottish average of 94% (12-15 year-olds), though methodologies differ.
- Around Scottish average for children with long-standing health conditions – 14% of 0-8 year-olds (Scottish average 10% for 0-3 year-olds and 17% for 4-7 year-olds), and 17% of 12-15 year-olds (Scottish average 18%).
- Slightly below Scottish averages for accidents, injuries & hospital admissions – 10% of 0-8 year-olds experienced accident/injury in the last year (Scottish average 12% for 0-3 year-olds and 13% for 4-7 year-olds) , though boys were more likely to be admitted to hospital as a result (this topic was only included in the survey on 0-8 year-olds).
- 93% of 0-8 year-olds' parents expressed no concerns about how their child communicates, 84% expressed no concerns about development/learning/behaviour, and 73% said there were few or no problems with sleep patterns (the latter similar to Scottish averages, and declining with age, as would be expected).
- Positive results for physical activity in 0-8 year-olds, 73% of 0-2 year-olds active for 1 hour a day, 89% of 3-4 year-olds and 74% of 5-8 year-olds (similar to Scottish averages: 70% for 2-4 year-olds and 78% for 5-7 year-olds). Though this declined for older children, there were no significant differences between other groups.
- 83% of 0-8 year-olds reported attending dental check-ups with the recommended 6 monthly frequency (above the Scottish averages 43% of 2 year-olds and 66% of 4 year-olds), and 72% of P5-7s brush their teeth twice a day.
- Mood and emotions, and family relations results (P5-7) do not appear to be influenced by demographic factors. Similar mental wellbeing assessment (S1-4) found no links between mental health and deprivation. Neither were there any links between drinking and gender or deprivation, or between worry about school work and deprivation.

Social Wellbeing

- 71% of 0-8 year-olds have their own bedroom. 84% of 0-8 year-olds, 62% of P5-7, and 70% of S1-4 sit down for a meal with at least one parent every or most days.
- 90% of S1-4 children feel their parents treat them fairly, 85% enjoy spending time with family (93% for P5-7), and 89% get to decide how to spend most of their spare time.
- 98% of 3-4 year-old's parents were satisfied with pre-school provision. 69% of 5-8 year olds are reported as never being upset or reluctant to attend school. 78% of P5-7s and 65% of S1-4s like school a lot or a bit.
- 87% of 0-8 year-olds' parents report helping children with homework every time or most of the time.
- 72% of S1-4 pupils report that teachers listen to them, 70% that teachers treat them fairly, 70% that teachers want them to do well and 60% that teachers care about them as a person.
- 77% of S1-4 pupils report that other pupils accept them as they are, 53% that pupils treat each other with respect and 68% are happy with what they get to do and study at school. 94% of S1-4 have 2 or more close friends.
- 86% of S1-4 pupils report never having experienced physical bullying, 68% had never experienced teasing/name-calling and 70% had never had rumours/lies spread about them or being ignored/excluded. Significantly fewer children report experience of online bullying than 'in person'. 79% of P5-7 reported never having bullied others.
- 80% of P5-7s said their family was no richer or poorer than their friends', and 67% said they had about the same possessions (toys, computers, clothes, etc.), with no statistical link found to deprivation.
- 57% of S1-4 children had never experienced prejudice and, where this did happen, the fewest reported instances related to the language they spoke at home, sexual orientation, skin colour, nationality or religion/faith/belief. There were also no differences found in relation to prejudice by any of the demographic groups analysed.
- 86% of P5-7 pupils had never stolen (not asked of S1-4) and there was no link to demographic factors.
- 84% of P5-7s were very/fairly happy with their appearance (not asked of S1-4).

Place & Wellbeing

- 97% of P5-7s (others not asked) reported having some or lots of places to play outdoors, and there were no statistical links to deprivation. 89% of 0-8 year-olds have their own garden, with a further 7% having access to a shared garden, and 93% of P5-7s have a garden they can play in.
- 69% of S1-4 pupils felt safe outside with friends in the local area, 65% said their local area was a really good place to live, 64% said people talk to each other on the street, 60% said they could ask for help from neighbours and 55% said they could trust people in their local area.
- 77% of 0-8 year-olds' parents felt settled in and part of the community, 69% said people were willing to help their neighbours, and 63% felt it was safe to walk in the dark in their local area. 72% felt it was safe for children to play outside during the day, and 74% said there were safe parks, play grounds and open spaces for children.
- Limited evidence of the 'digital divide' with similar numbers of pupils participating in online and offline activities.
- The most common activities for 0-3 year-olds to participate in were book bug/library (29%), swimming (29%), baby massage (19%), gym (15%), baby sensory (14%) and tuneful tots (9).
- 89% of 5-8 year-olds had visited a swimming pool in the last year, 83% had visited a cinema and 69% had attended a live performance/concert/play/panto. 66% participated in individual sport coaching, 48% in team sport coaching, 41% in community groups, 27% in art/music/performance lessons.

- Most parents of 0-8 year-olds report that services and amenities (schools, shops, GP/health clinics, regular public transport, libraries, crèche/mother & toddler groups, etc.) were easy to access, and 61% rated their quality as fairly or very good. 65% of 0-3 year-olds' parents know where to get parenting advice locally.
- 80% of 0-8 year-olds' parents have family living in the local area and 77% report getting enough help and support from family and friends (slightly above the Scottish average of 74%).
- 71% of 0-3 year-olds' parents reported using at least one from a list of public resources/services, with most having used Childsmile dental services (48%), Ready Steady Baby/Toddler (41%), NHS Healthy Start (33%) or Play, Talk, Read (20%).

Themes Requiring Further Analysis/Explanation by the RCS team

It has not been possible to analyse for specific schools/communities, and summary does not appear to detail any notable differences in different areas. It would be useful for these to be analysed, and for someone to check whether there's any established process for schools to share good practice if any approaches are proving successful. It may also be useful for someone with a social work/education background to review the results as better knowledge of principles/support/curriculum may have provided better insight into why some differences exist.

More/better linkage of perception data to factual data (or replacement of perceptions with facts):

- Are there significantly higher numbers of young carers in the area or was the question misunderstood?
- Could health data on general health/long-standing conditions/accidents/admissions have been used instead of perceptions, which are likely to be less accurate? Similarly, factual data on exclusions and bullying incidents could provide greater insight and is likely to be more robust than perceptions.
- Could survey data be linked to attainment to investigate relationships between perceptions and achievement? In particular, this could provide better insight into stress/worry – wording of report suggests this is always a negative, and this could be tested to ascertain whether children who worry more perform better/worse.
- Could strengths & difficulties data be augmented with new indicators (teacher judgements on children achieving expected levels in different areas) to provide better insight?
- Do we have accurate data on additional support needs (0-8 year-old survey asks for a perception on this, and national figures obtained for P1, despite stating that there is evidence of a peak at age 9)?

More information on cause/effect in some areas to know which factor should be targeted:

- Are family relations scores higher because families sit down together for meals, or vice versa?
- Why are those with 1 sibling be more likely to brush teeth twice a day than those with none, or more than 1?
- Was there any analysis of whether parents were in employment?
- Doesn't appear to be coverage of reasons for bullying others, which could have been informative. Is it a perception of those eligible for meals that they're bullied more or do other children see this as a negative?
- No references to differing setup/support between primary and secondary school (single class teacher vs multiple) – could this be the reason for some differences between primary and secondary school trends?
- Do adults and children have same perception of 'looking around shops' – adults may be more likely to consider this an offline activity, but do children differentiate between online and offline shopping?
- Half as many P5-7s reported being unhappy with their appearance than reported being overweight (and suggestion that than perceptions underestimate this issue too). How do schools manage contradictory aims in relation to children feeling happy with their appearance, and awareness of the risks of obesity?
- Can the link identified in the parents' survey between parent's mental health and child's strengths & difficulties be considered valid when the parent provided the information on both?

Other Aspects/Findings Considered Significant

Some errors in wording of report casts doubt over accuracy (a few are obvious – 'least' instead of 'most' deprived). Not all figures quoted are shown in tables, therefore, there is no way of knowing if any of the figures are typos.

Some significant gaps/concerns about data:

- Virtually all national averages are not comparable (and one survey 8 years old), making it difficult to assess whether results are strong or poor, and which need greatest attention. Alignment of questions/methodologies would have made comparisons more meaningful.
- No trend data so difficult to ascertain whether results are specific to this group of children, whether they have improved or declined, and any impact of changes in curriculum.
- Low sample size for parent (0-8 year-old) survey (353 responses), meaning results not entirely robust and various sub-groups could not be separated (e.g. household types/deprivation quintiles). Also overwhelmingly female responses – only 17% (60 responses) from male parents, which could potentially skew results.
- Reasons for differing approaches understood but some areas could have been covered in all 3, or covered more consistently (bullying, dental health, body image, mental health and wellbeing, etc.). Some asked consistently but summarised differently: strengths & difficulties 3 groupings in S1-4 but 4 in parents' survey.

Other relevant areas of work that could be linked:

- Some of this links to the Local Government Benchmarking Framework family group on Looked After Children – are Social Work attending these meetings?
- Scottish Government report on drivers/persistence of child poverty published Jun-2017.
- Are there plans to repeat this survey on any sort of regular basis to obtain trend data and enable target-setting? These, plus comparable data, either nationally or at least from another authority, would improve the scope of this work in terms of good performance management practice.
- Could some questions/sections be used in Clacks 1000/stand-alone survey to obtain similar data on adult personal/social/place wellbeing, to further inform LOIPs, or to obtain trend data?