



# CHILDREN, YOUNG PEOPLE & THEIR FAMILIES IN MORAY

Joint Strategic Needs Assessment 2022

To inform the Moray Children and Family's Services Plan

## Contents

Acknowledgements .....	4
Executive Summary .....	5
1. Introduction and Context .....	6
1.1. Engagement Work Undertaken for the JSNA .....	7
1.2. A Note on Qualitative Data .....	7
1.3. The UN Convention on the Rights of the Child (UNCRC).....	7
1.4. The Moray Schools Health and Wellbeing Census (HWBC) .....	7
2. Our Population of Children and Young People.....	9
2.1. How many?.....	9
2.2. Household Composition .....	10
2.3. Ethnic Diversity of Moray’s Children and Young People .....	11
2.4. Sexual Orientation and Gender Identity – LGBTQ+ in Moray .....	12
2.5. Looked After Children and Young People in Moray .....	13
2.6. Young Carers.....	19
2.7. Armed Forces Population .....	27
2.8. Gendered Parenting and Household Management .....	27
2.9. Broader Demographic Trends: Deaths and Life Expectancy .....	29
3. Socioeconomic Inequality and Poverty .....	32
3.1. Area-Based Deprivation (SIMD).....	33
3.2. Work and Earnings .....	36
3.3. Child Poverty .....	39
3.4. Free School Meals .....	43
3.5. Food Insecurity .....	46
3.6. Fuel Poverty.....	49
3.7. Housing.....	53
3.8. Digital Inclusion .....	55
3.9. Moray School Bank.....	55
3.10. The Moray Emergency Relief Fund .....	58
4. Health and Wellbeing .....	60
4.1. Maternal Health Indicators .....	60
4.2. Birth and Infancy .....	64
4.3. Child Development Reviews.....	68
4.4. Looked After Children and Young People, and Care Experienced People .....	70
4.4.1. Health and Wellbeing of Looked After Children and Young People .....	70
4.4.2. Care Experienced Parents.....	71
4.5. Neurodiversity .....	73

4.6. Families of Children and Young People Living with a Disability or Long-Term Health Condition ....	77
4.7. LGBTQ+ Young People .....	80
4.8. Self-Reported General Health .....	89
4.9. Healthy Weight, Nutrition and Physical Activity .....	93
4.9.1. Healthy Weight.....	93
4.9.2. Healthy Diet.....	94
4.9.3. Physical Activity .....	97
4.10. Tobacco, Nicotine, Alcohol, Drugs and Gambling .....	103
4.11. Alcohol Use.....	106
4.12. Substance Use .....	108
4.13. Gambling .....	111
4.14. Immunisation.....	113
4.15. Mental Health and Wellbeing .....	114
4.15.1. Perinatal Mental Health and Infant Mental Health.....	115
4.15.2. Impact of Covid-19 Pandemic on Wellbeing in the Early Years .....	116
4.15.3. Strengths and Difficulties Questionnaire .....	116
4.15.4. Mental Wellbeing .....	132
4.15.5. Body Image .....	144
4.15.6. Sleep .....	147
4.15.7. Wellbeing and Place .....	148
4.15.8. Child and Adolescent Mental Health Services (CAMHS) .....	152
4.16. Social Wellbeing .....	155
4.16.1. Trusted People to Talk to .....	155
4.16.2. Living with People.....	159
4.16.3. Friendship .....	163
4.16.4. Social isolation and Loneliness .....	167
4.16.5. Social Media .....	170
4.17. Injuries .....	173
4.18. Dental and Oral Health.....	173
4.19. Asthma.....	175
4.20. Sexual Health.....	176
4.21. Covid-Related Disruption for New Parents and Parents-to-Be .....	177
4.22. Parental Wellbeing .....	180
5. Safety and Security .....	182
5.1. Bullying .....	182
5.2. Safety of Place .....	192
5.3. Crime .....	194

5.4. Child Protection .....	198
5.5. Gender-Based Violence .....	203
6. Education, Activity and Employment .....	206
6.1. Teaching Provision.....	206
6.2. Pupils with Additional Support Needs.....	207
6.3. School Attendance and Exclusion from School .....	210
6.3.1. Attendance .....	210
6.3.2. Exclusion .....	213
6.3.3. Part-Time Timetables .....	215
6.4. Wellbeing at School.....	217
6.5. Play and Extracurricular Activities .....	224
6.5.1. Spending Time on Electronic Devices.....	224
6.5.2. Places to Play .....	226
6.5.3. Things to Do.....	231
6.6. Educational Attainment.....	237
6.6.1. Achievement of Expected Curriculum for Excellence Levels.....	237
6.6.2. Qualifications.....	239
6.6.3. School Leavers' Educational Attainment.....	242
6.6.4. Positive Destinations after School.....	245
6.7. Covid Impact on Education and Online Learning .....	250
6.8. Youth Employment.....	251
7. Involvement & Empowerment of Children and Young People .....	253
8. Abbreviations .....	258
9. Appendix. Additional Engagement Undertaken by the Children's Services Network for the JSNA.....	260
9.1. Parents of Neurodiverse Young People.....	260
9.2. Families with a Child Born During or Just Prior to the Covid-19 Pandemic or Children with Additional Needs .....	265
9.3. Care Experienced Parents.....	269
9.4. Parents of Children with a Disability .....	273
References.....	278

## Acknowledgements

Firstly, we would like to take the opportunity to give heartfelt thanks to the people of Moray, including young people, parents, wider community members, professionals and a variety of organisations who have contributed in a number of different ways. The time and willingness to share your information and your stories has been invaluable to producing this work.

Pulling together data and intelligence of this nature takes the time, effort, persistence, knowledge and skills of a number of people. Moray Community Planning Partnership would like to take the opportunity here to thank those involved in that process:

Elidh Brown, Partnership Development Lead, tsiMORAY	Diane Milne, Moray Women's Aid
Susanne Campbell, Quality Improvement Officer for Supporting All Learners (West), Moray Council	Nicola Milne, Performance and Evaluation Support Officer, Moray Council
Pamela Davidson, Promise Project Lead, Moray Council	Will Napier, Senior Policy Officer (Poverty), Moray Council
Tracy Davis, Child Health Commissioner, NHS Grampian	Lindsay Nelson, Improvement Officer (Wellbeing), Moray Council
Sandi Downing, Project Manager, Quarriers Carer Support Service	Susan Reid, Senior Community Development Worker, Army Welfare Service
Vicky Flood, Fundraising and Community Development Officer, Moray School Bank	Laura Russell, Locality Network Lead Officer, Moray Council
Caroline Gray, Detective Inspector, Police Scotland	Duncan Sage, Principal Information Analyst, Public Health Scotland
Emma Johnston, Public Protection Lead Officer, Moray Council	Richard Slessor, Senior Health Intelligence Analyst, NHS Grampian
Jeni Johnston, Revolution for Good	Hazel Sly, Early Years Service Manager, Moray Council
Lisa Kerr, Inspector: Partnerships, Preventions and Interventions, Police Scotland	Iain Sneddon, Research and Information Officer, Moray Council
Susan Leonard, GIRFEC and Promise Lead Officer, Moray Council	Paul Southworth, Consultant in Public Health, NHS Grampian
Iain MacDonald, Locality Manager, Health and Social Care Moray	Neil Stables, Research and Information Officer, Moray Council
Louise Marshall, Strategy and Performance Manager, Moray Council	Tracy Stephen, Head of Service, Moray Council
Sue Martin, Quality Assurance and Improvement Officer, Moray Health and Social Care Partnership	Georgina Sutherland, Improvement Officer (Corporate Parenting), Moray Council
Mairi McCallum, Project Manager, Moray Food Plus	Shelley Taylor, Service Manager Children and Families, Health and Social Care Moray
Kevin McDermott, Communities (CLD) Service Manager, Moray Council	Susan Thom, Area Public Health Coordinator, Health and Social Care Moray
Tracie McDermott, Deputy Area Welfare Support Officer, Army Welfare Service	Heidi Tweedie, Champion and Director, Moray Wellbeing Hub
Stewart McLauchlan, Quality Improvement Manager, Moray Council	Rachel Wilson, Quality Improvement Manager, Moray Council
Janet McVeigh, Wellbeing Coordinator, Moray Council	

# EXECUTIVE SUMMARY

## Children, Young People and Families in Moray

1

### POVERTY AND INEQUALITY

- Poverty, including child poverty, has been increasing in Moray for years.
- Moray is particularly vulnerable to fuel poverty.
- Increasing cost-of-living greatly exacerbating problems.
- Large families, single-parent households and those with additional needs (e.g. disabilities) at most risk.

### MENTAL WELLBEING

- Mental wellbeing of young people, particularly adolescents has been declining for some time.
- On a wide range of indicators, the wellbeing of girls and young women is suffering more than boys and young men.
- Eating disorders and unscheduled CAMHS need increased markedly during the pandemic.
- Some groups are particularly vulnerable to mental health harm, e.g. LGBTQ+ young people.

2

3

### SUPPORT FOR PARENTS

- For most issues identified for young people, a need was raised to support parents with the issue.
- Concerns have been repeatedly raised around more support needed for parents-to-be and new parents, particularly of children born in the early years of covid.
- The mental wellbeing of parents is also frequently raised as an issue affecting parenting, family life and children's wellbeing.
- A data gap is identified whereby understanding the wellbeing of parents (or specific groups of parents), as distinguished from the general adult population, is not currently possible.

### CHILD DEVELOPMENT

- A relatively low proportion of children were reported as receiving their 13-15 month or 27-30 month reviews on time in the most recent year of data.
- There is a mismatch between data showing an extremely low number of concerns being found in these reviews, compared to reports from early learning of children arriving with significant developmental issues previously unknown to services.

4

5

### GENDER-BASED VIOLENCE

- There has been a consistent increase in the number of domestic abused incidents reported to Police in recent years as well as the number of children and young people supported by Moray Women's Aid.
- National data shows an exacerbation of domestic abuse, particular coercive control, in response to the "cost-of-living crisis". Financial difficulties also make it more difficult to leave abusive situations.

### NEEDS OF PARTICULAR GROUPS EMPHASISED

- Neurodiversity - the needs of neurodivergent young people and parents were particularly highlighted.
- LGBTQ+ young people
- Those with additional support needs
- Looked After and Care Experienced Young People

6

## 1. Introduction and Context

This Joint Strategic Needs Assessment (JSNA) has been produced to inform the development of the Moray Children's Services Plan (CSP) 2023-2026. While this document aims to inform priorities and planning for children and young people's services for the coming 3 years, we recognise that the data and intelligence included is necessarily dynamic and therefore this document will be updated on an annual basis. The analysis undertaken here is based on the most recent data available at the time of writing and engagement with children, young people, families, frontline practitioners and managers involved in the care and support of children and young people.

The previous CSP for Moray ran from 2020-2023<sup>1</sup> and identified four agreed priorities:

- *The wellbeing of children, young people and families is improved;*
- *The impact of poverty on children, young people and families is mitigated;*
- *Children and young people feel safe and free from harm;*
- *The outcomes and life chances of looked after and care experienced children and young people are improved.*

The time since that plan was first developed has been an eventful one for Moray, nationally and globally. The Covid-19 pandemic and the measures taken to address it had huge impacts for everyone in our populations, including children, young people and their families. We now face a challenging recovery in the aftermath of covid-19 with the health and social care system experiencing an ongoing high level of strain, while family finances are seeing unprecedented challenges in the face of the rising cost of living, particularly – but not exclusively – in the rising costs of energy and food. Huge increases in costs are also being seen for public services, businesses and third sector organisations, for whom the consequences and supports available are not yet clear. On top of all of this, we are beginning to see some of the more obvious effects of climate change as the UK has seen extreme highs and lows in temperature as well as powerful storms, drought and flooding.

Of course not all the news is quite so gloomy and we have, for example, seen great examples of communities coming together during the course of the pandemic. This JSNA seeks to capture data and intelligence of things that are going well as well as where we have seen challenges, in order to paint a holistic picture of experiences and services for children, young people and their families in Moray.

### 1.1. Engagement Work Undertaken for the JSNA

This document aims to pull together the range of already existing information and intelligence on what we know about children, young people and families in Moray. However, recognising that there are key gaps in this data, further engagement work was undertaken and is included here specifically to inform the Children's Services Plan. Engagement groups included:

- Parents of children and young people with autism and other neurodivergence;
- Parents of children born in the early years of the pandemic (or just prior) and parents of children with additional needs;
- Parents of children living with a disability;
- Care Experienced Parents;
- Locality networks of a range of practitioners and professionals (70+ members);
- LGBTQ+ young people.

### 1.2. A Note on Qualitative Data

This document can be said to be very data-heavy and within its pages, you will find a large number of graphs showing a variety of indicators to try to draw a picture of the current situation for children, young people and their families in Moray. An important part of this data is a series of quotes and stories from children, young people, families and the professionals that work with them. These must be recognised not as supplementary to the quantitative data, but as informative as the numbers, tables and charts. It is only through these qualitative data, and through meaningful community engagement, that we can understand the lived experiences, needs and perceptions of the population of Moray. The intention of these data is not to be representative of the population but to give some degree of understanding of how it feels to live in Moray and experience the issues raised in this report, to provide depth to the dataset.

In the absence of ongoing collation of qualitative data for needs assessment purposes, the collation undertaken here was carried out in a relatively short time-frame. It is recommended that work is undertaken to develop a more real-time process of data collection, collation and analysis so that themes being raised are captured in real-time and accessible when needs are assessed and plans developed/updated.

### 1.3. The UN Convention on the Rights of the Child (UNCRC)

As with all of our community members, children and young people deserve to have their rights upheld and protected by Community Planning Partners and the broader community. Peppered through this document are articles from the UNCRC as a reminder of some of these obligations. UNCRC will be discussed in more detail in section 7 but those human rights should be considered in all aspects of planning for children's services.

### 1.4. The Moray Schools Health and Wellbeing Census (HWBC)

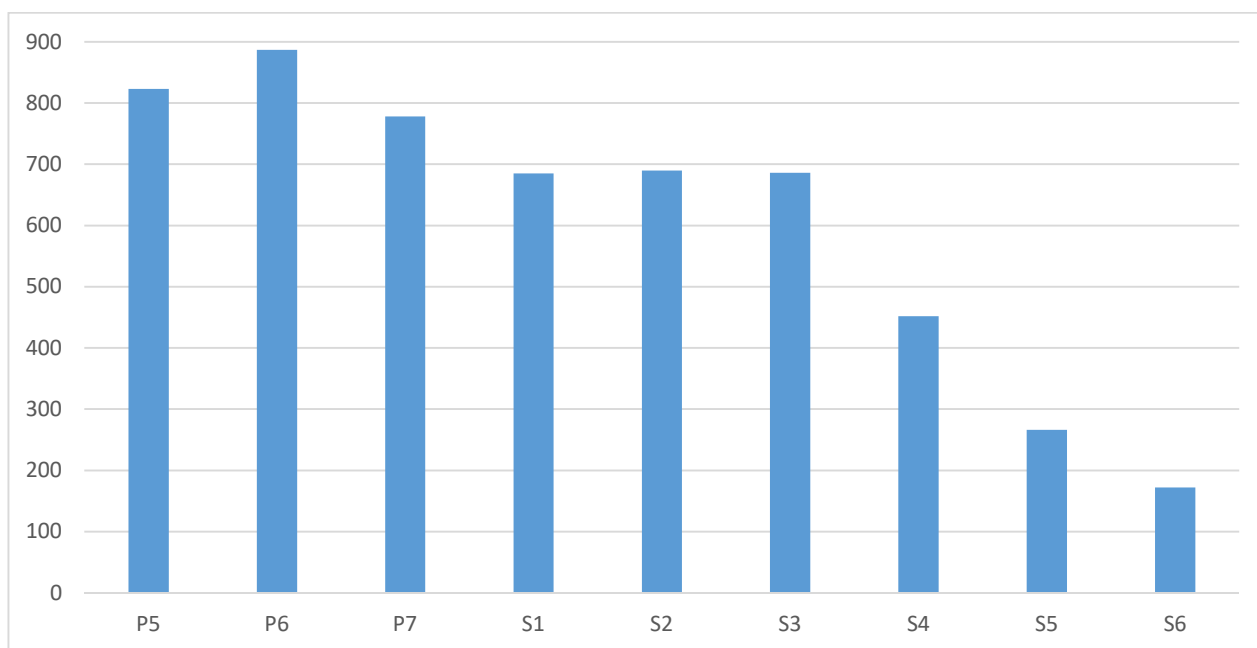
A significant portion of the data in this report comes from the Moray Schools Health and Wellbeing Census (HWBC) in which over 5,400 pupils in Moray took part. The HWBC was a survey



developed and distributed by the Scottish Government<sup>2</sup> to schools across Scotland, with local data subsequently analysed by Moray Council colleagues. Due to controversy over the inclusion of sexual health questions in the original survey, a number of local authority areas across Scotland chose not to run this survey, developing their own or utilising a different survey. As such, some of this data will not be comparable with other areas.

As this is the first time this census has been undertaken in schools, it represents only a current snapshot of health and wellbeing. When questions are repeated in future, this will aid in the interpretation of trends as well as possible causes or influencing factors. For example, if wellbeing is low in a particular year group this year (e.g. S4), it is not possible presently to distinguish if this is because S4 is a challenging time for wellbeing or if the particular cohort of young people in S4 this year have personal factors resulting in low wellbeing. Repeating the survey in future years will allow this to be better understood.

It is also important to note that only children and young people who are in school took part in the census. As such, it does not represent those children and young people who were not attending school on this day. This has a particular impact in the older year groups where a number of non-school options are available to them (e.g. further education, apprenticeships etc.). Figure 1.1 shows the number of pupils in each year group who took part in the survey and clearly shows this drop off in numbers in older years. In a number of areas, this may give an impression of improvements in wellbeing in the older age groups. This must be seen in the context that those young people who struggle the most at school may be more likely not to continue in school when other options become available. Furthermore, the smaller numbers seen in the older age groups mean that answers broken down into several categories are liable to significant variation in future years.

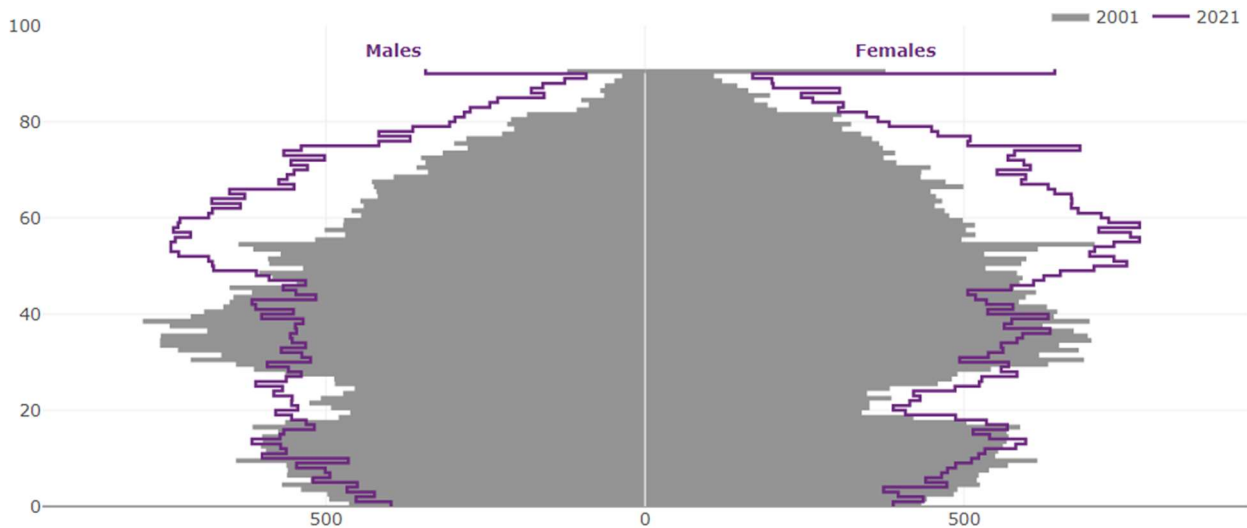


**Fig.1.1. Number of pupils responding to the Moray Schools HWBC, 2022, by year group.**

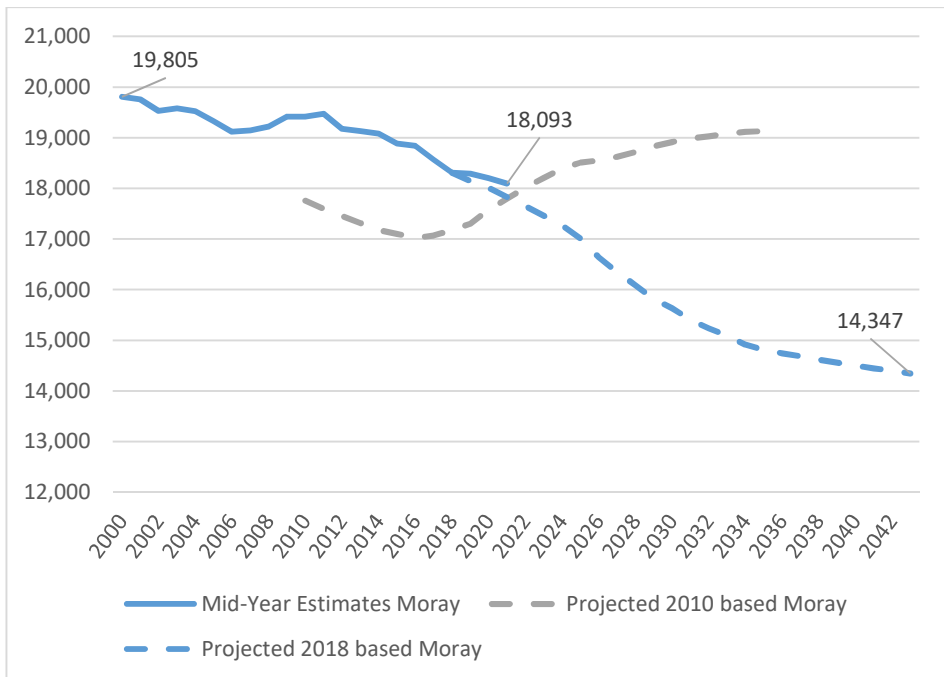
## 2. Our Population of Children and Young People

### 2.1. How many?

Over the course of the last 20 years, Moray’s overall population has increased by 9.8% (87,000 to 96,410). However, as can be seen in figure 2.1, population changes are dramatically different in different age groups. While the number of people in older age groups has increased markedly, the number of young people has actually decreased (see also figure 2.2). This means that the proportion of the population under 18yrs has reduced from 22.7% in 2001 to 18.8% in 2021. That translates into school pupil numbers in Moray reducing from about 13,600 in 2001 to 12,200 in 2021<sup>3</sup>.



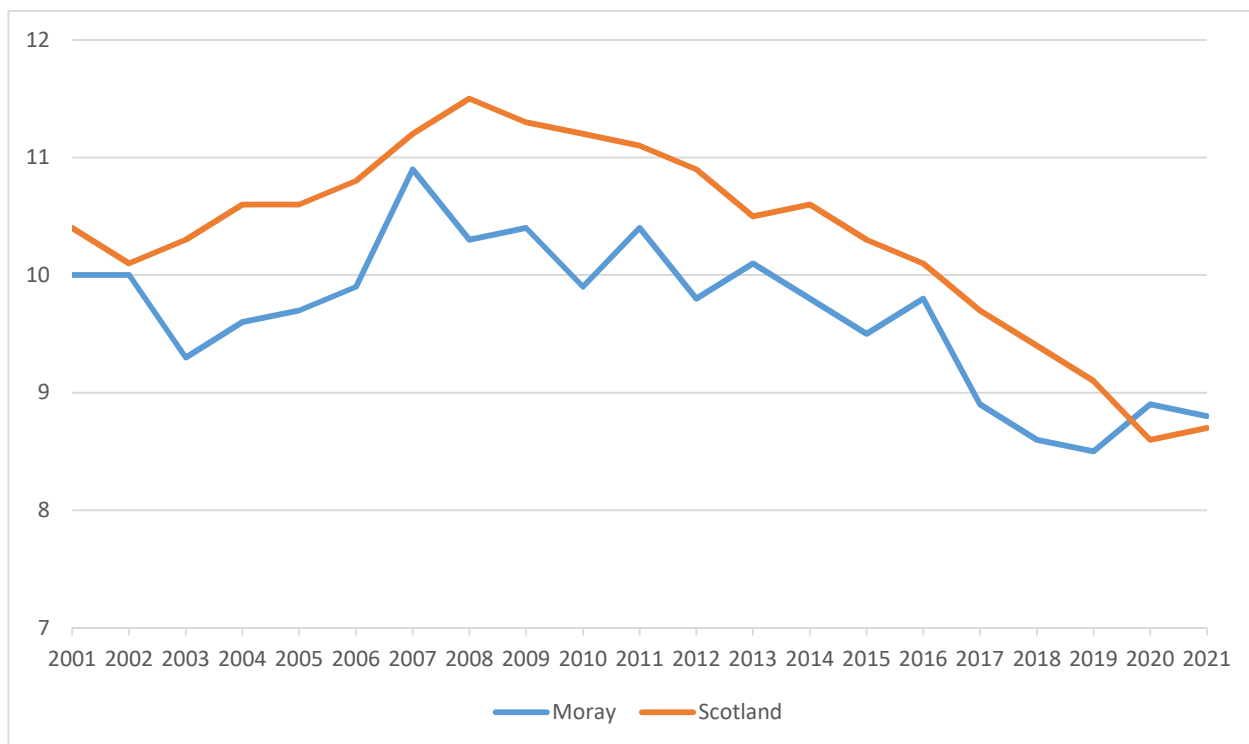
**Fig.2.1. Population Structure of Moray by Age and Sex, 2001 and 2021<sup>4</sup>**



The most recent Scottish census for which we have data happened in 2011. As time passes since the last census, mid-year population estimates are more and more likely to be different from the real picture on the ground. More up-to-date figures from the census undertaken in 2022 will help to improve these data in the next refresh of the JSNA.

**Fig.2.2. Moray Mid-Year Population Estimates, 0-17yrs of age, and projections 2000-2043<sup>4</sup>**

Moray’s birth rate has reduced slightly since a peak in 2007. Both the rate and the trend over the last 20 years are comparable to figures for the whole of Scotland (see figure 2.3). Compared to our “family group” of seven comparator local authority areas,\* Moray’s birth rate is relatively high, with only Stirling and East Lothian sitting higher. There were 846 births in Moray in 2021.



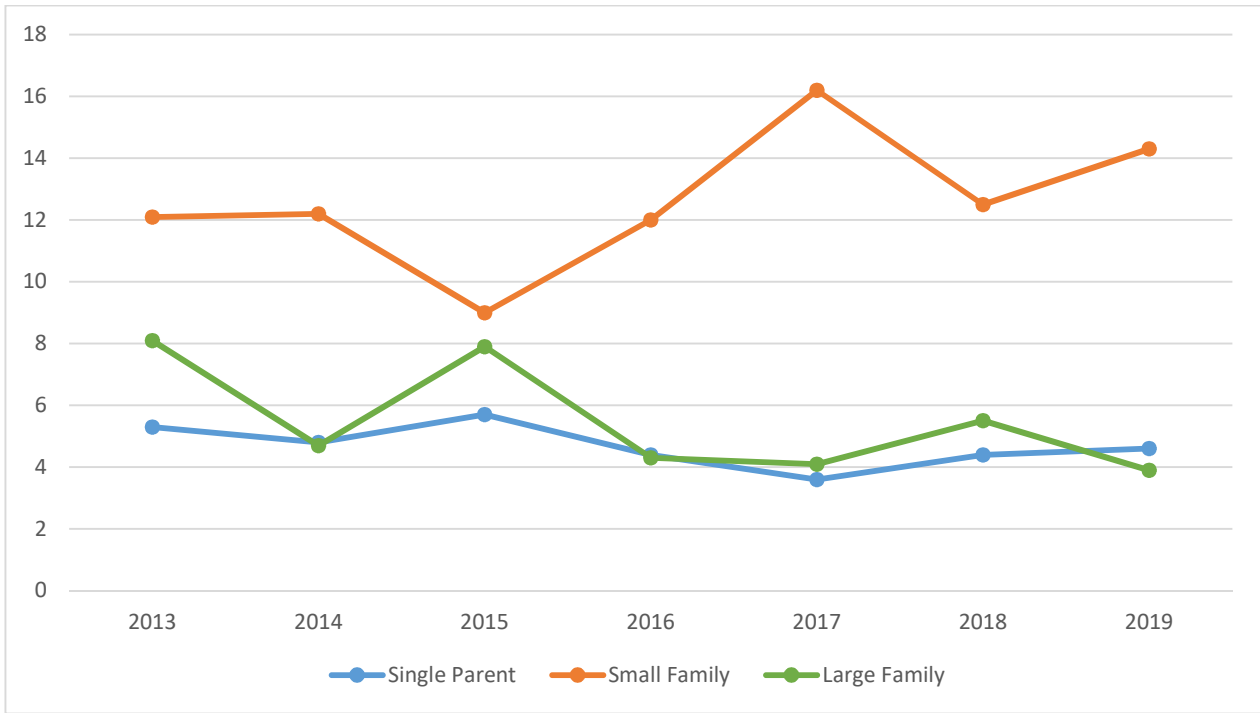
**Fig.2.3. Birth Rate, births per 1,000 population for Moray and Scotland, 2001-2021.<sup>5</sup>**

## 2.2. Household Composition

The Scottish Household Survey (SHS), undertaken every year, classifies households based on who lives in them. For households with people under 18 years of age, there are three classifications: single parent, where one adult lives with one or more children or young people; small family, where two adults live with one or two children or young people; and large family where two adults live with three or more children or young people, or three or more adults live with one or more children or young people. Figure 2.4 shows the change over time of these household types in Moray.

As of 2019 (most recent data available), approximately 14% of households in Moray are “small family” households, a small increase compared to 12% in 2013. However, there has been significant fluctuation in the intervening period meaning this may not be a significant change. Single parent households have stayed relatively stable over time, with 4.6% households classified this way in 2019, compared to 5.3% in 2013. Large family households, on the other hand, appear to have reduced by about half in terms of their proportion of Moray’s households – from 8% in 2013 to 4% in 2019.

\* Angus, Argyll & Bute, East Lothian, Highland, Midlothian, Scottish Borders, Stirling.



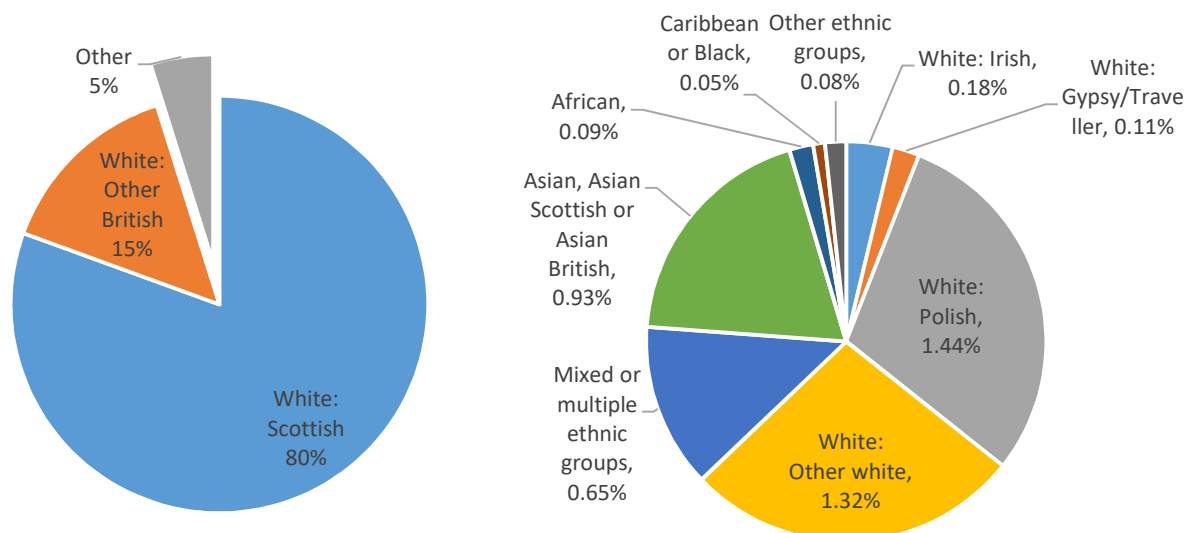
**Fig.2.4. Proportion of Households in Moray classified as ‘Single Parent’, ‘Small Family’, or ‘Large Family’, 2013-2019.<sup>6</sup>**

**UNCRC Articles 1&2: All people under 18 years of age have the rights detailed in the UNCRC. No children and young people should be discriminated against when these rights are realised.**

**UNCRC Article 30: Children and Young People who belong to a minority group have the right to share their culture, language and religion with other people in that group.**

### 2.3. Ethnic Diversity of Moray’s Children and Young People

Approximately 95% of Moray’s population aged under 16yrs identifies as White Scottish or White Other British according to the 2011 census (most recent data available). The remainder includes a number of different ethnic groups (see figure 2.5). There is good evidence to show that minority ethnic communities’ experience of disadvantage can be different, and greater, than for white British communities, including discrimination and racism<sup>7,8</sup>. The fact that these minority communities are relatively small locally may have implications for their connectedness, inclusion or social isolation. Migration patterns to and from the UK have changed significantly in recent years with a number of factors involved including movement of people from conflict areas, drought and poverty internationally changes in migration due to the Covid-19 pandemic, and of course Brexit and its impact on migration<sup>9</sup>. As such, the data shown in these charts are very out-of-date and this area is worthy of further exploration locally.



**Fig.2.5. Ethnic Composition of 0-15yr olds in Moray, 2011. The right-hand pie is a break-down of the 'Other' category in the left-hand pie.<sup>10</sup>**

#### 2.4. Sexual Orientation and Gender Identity – LGBTQ+ in Moray

There is very little data currently available on the number of young people in Moray who identify as LGBTQ+. In this document, LGBTQ+ is used as a term to represent a range of identities including lesbian, gay, bisexual, trans(gender), queer/questioning, and other identities inclusive of agender, pansexual and two spirit.

In terms of sexual orientation – a person’s identity in relation to their sexual attraction to other people – the national Scottish Survey Core Questions dataset from 2019<sup>11</sup> reports the proportion of people 16 years old or older in Moray answering as lesbian, gay, bisexual or other (LGBO, not including heterosexual) as 4%. However, this national dataset also shows large age differences in sexual orientation with younger age groups having higher rates of people identifying as LGBO. Across Scotland 8.3% of 16-24 year olds identify this way compared to 2.9% of adults over all age groups 16 years or older. As such, it is likely that people with a non-heterosexual sexual orientation make up a significant minority of children and young people in Moray.

For gender identities, there is even less data both locally and nationally at Scotland or UK-wide levels. As such, it is not possible at present to provide a robust estimate of the number of people in the population, including young people, who identify as trans (people whose gender is not the same as, or does not comfortably sit with, the sex they were assigned at birth<sup>12</sup>) or non-binary. However, this year’s census was the first to contain a question on gender identity<sup>13</sup> and so should allow future versions of this document to include such an estimate.

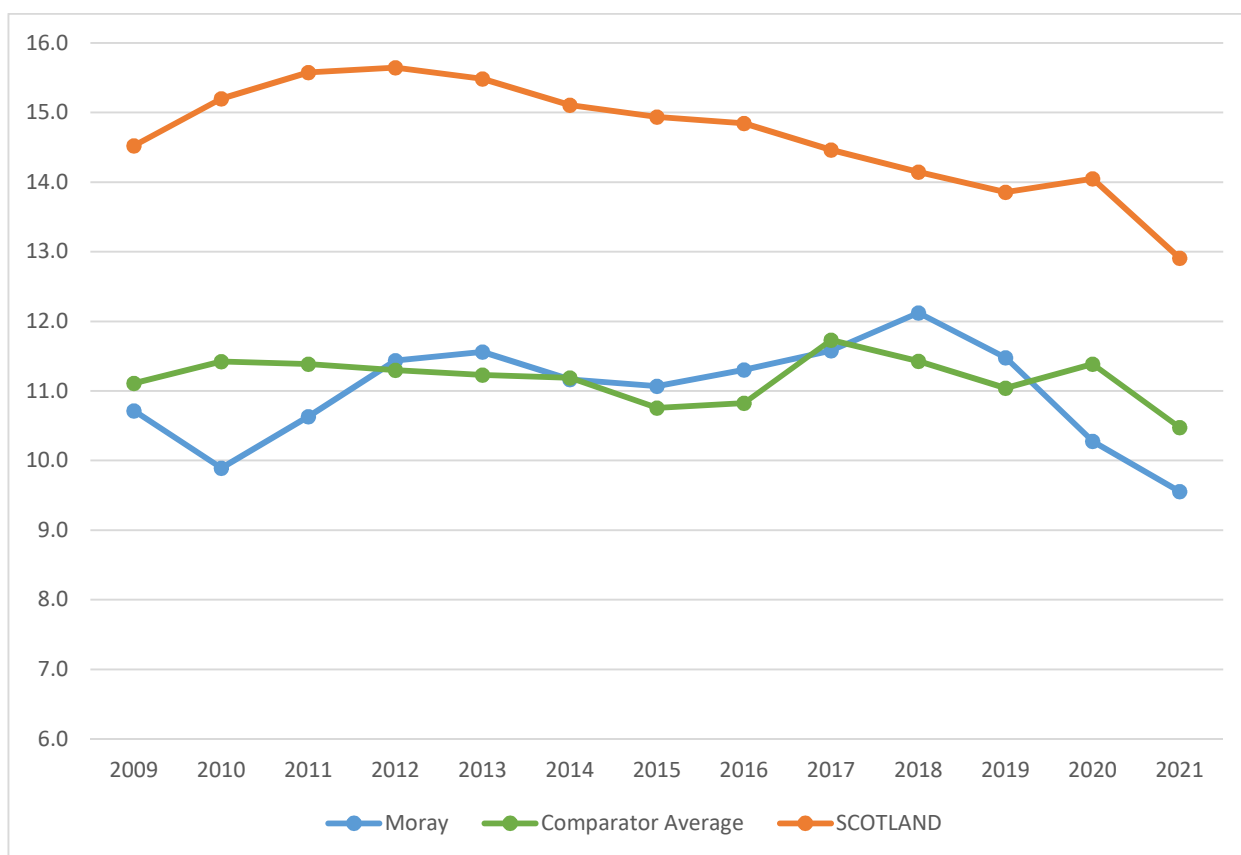
**UNCRC Article 9: Children and Young People have the right to live with a family who cares for them. Children and Young People should not be separated from their parents where possible.**

**UNCRC Article 20: Children and Young People have the right to special protection and help if they can't live with their own family.**

**UNCRC Article 25: If Children and Young People are not living with their family, people should keep checking that they are safe and happy.**

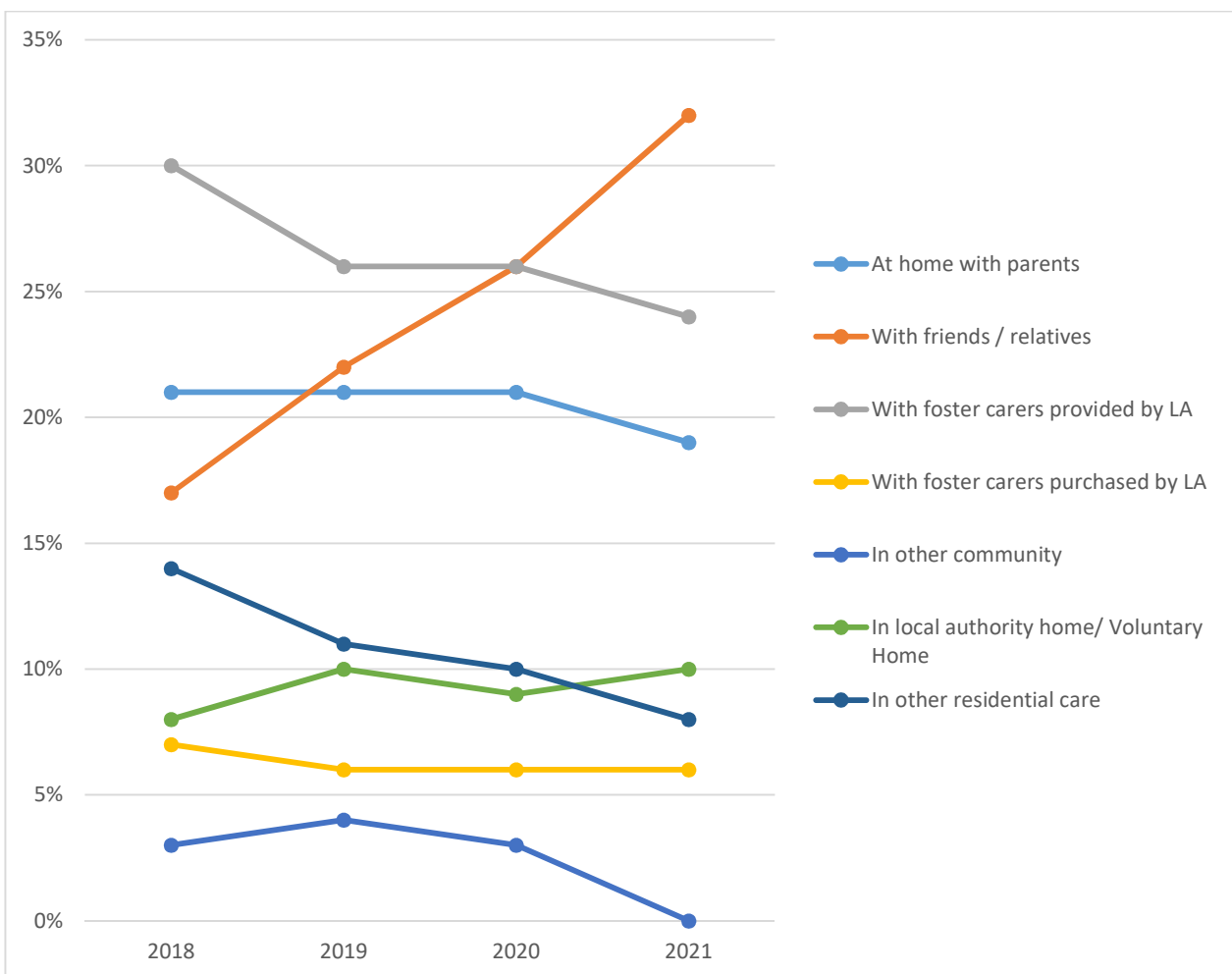
### 2.5. Looked After Children and Young People in Moray

The Children's Services Plan also includes Moray's Promise Plan and Corporate Parenting Plan. One of the key components of the vision to #KeepThePromise is that "love is no longer the casualty of the 'care system', but the value around which it operates."<sup>14</sup> As of 2021, 174 people under the age of 18 are categorised as 'Looked After' in Moray, representing just under 1% of people in that age group. This is a similar rate to that seen in comparable local authorities across Scotland and significantly lower than the rate for Scotland as a whole. This rate has remained relatively stable over a number of years, at between 10 and 12 per 1,000 young people (see figure 2.6).



**Fig.2.6. Looked After Children and Young People (LAC) in Moray, rate per 1,000 population under 18yrs, 2009-2021. "Family Group" of comparator local authority areas are highlighted in green<sup>15</sup>.**

There has, however, been a significant change in the last few years in where Looked After Children and Young People (LAC) are accommodated (see figure 2.7). In 2018, 17% of LAC were living with friends or relatives, but this figure has seen a consistent, significant increase year-on-year, sitting at 32% in 2021. This change did not come from just one of the other accommodation types, but rather nearly all of them saw a small decrease (except for local authority home/voluntary home which saw a small increase). Figure 2.8 shows how the most recent figure compares with the rest of Scotland and with comparable local authorities. As can be seen, Moray's figures are similar to our comparator 'family' for many accommodation types, but have fewer LAC living at home with parents (19% vs 23% for comparator and 22% Scotland-wide) and significantly more living in a local authority/voluntary home (10% vs 4% for comparator and 5% Scotland-wide). The proportion of LAC living with foster carers purchased by the local authority is similar to our comparator (6% vs 4%) but lower than Scotland-wide (10%).

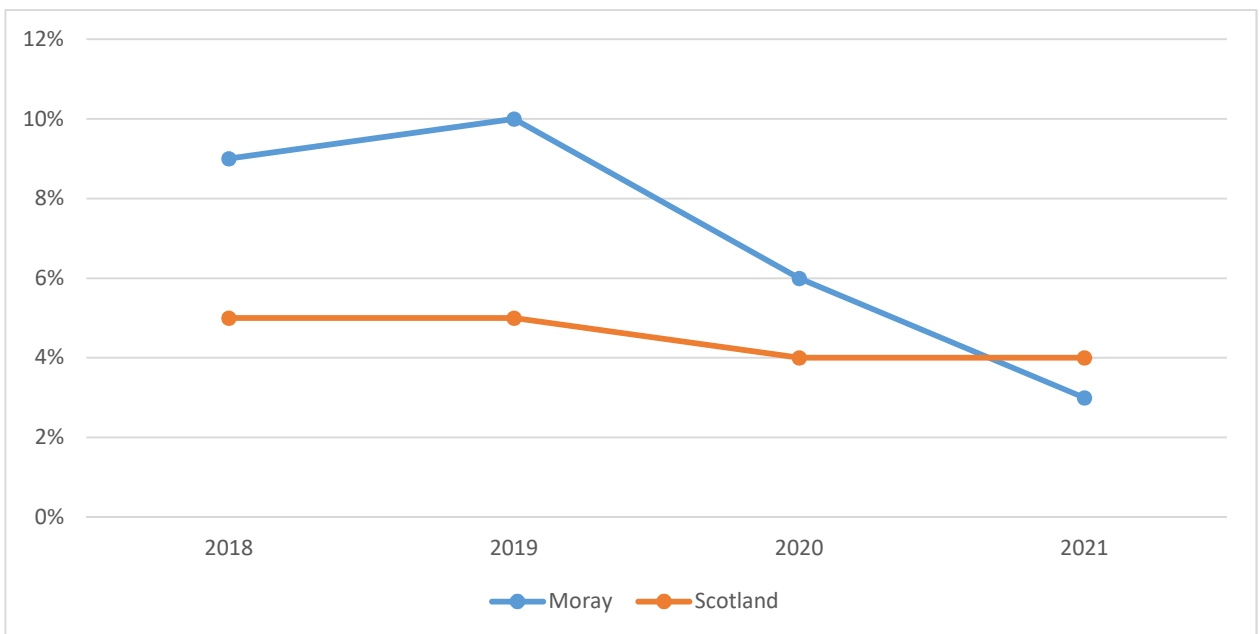


**Fig.2.7. Looked After Children and Young People (LAC) by accommodation type in Moray, 2018-21<sup>15</sup>.**



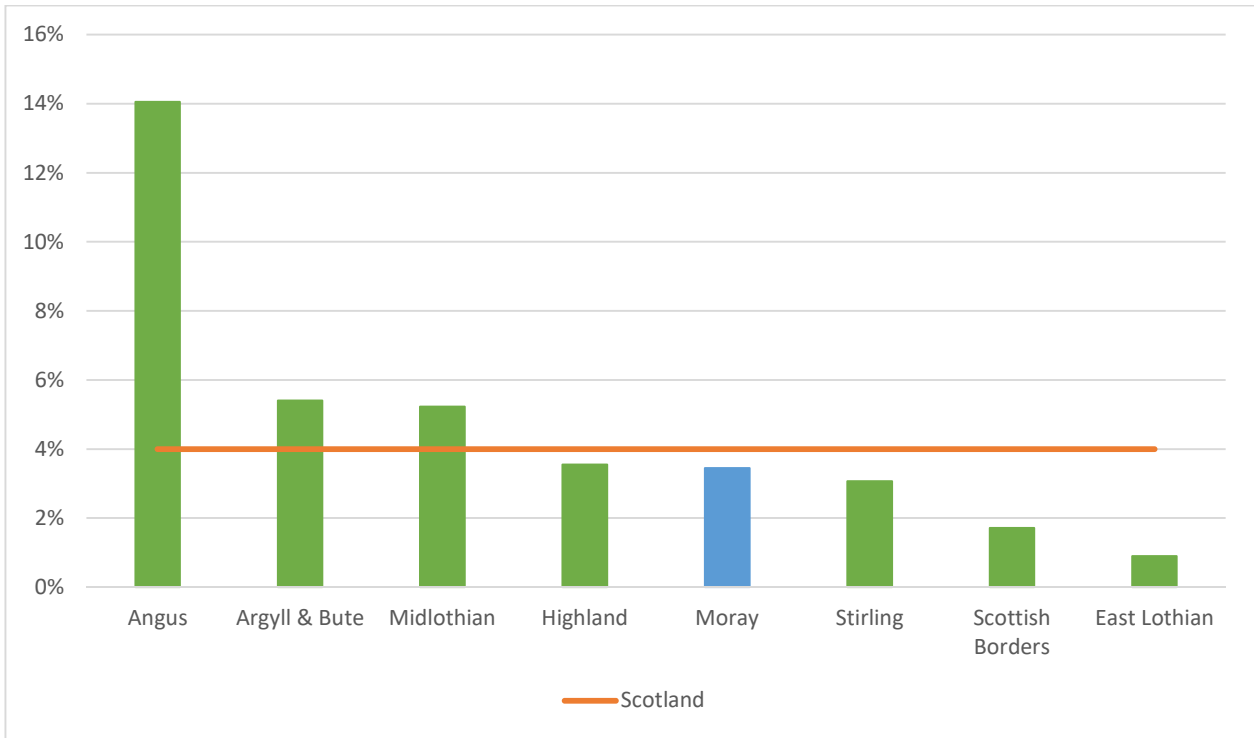
**Fig.2.8. Looked After Children and Young People (LAC) by accommodation type, 2021. The average figure for the “Family Group” of comparator local authority areas is included in green<sup>15</sup>.**

Figure 2.9 shows the proportion of LAC who have experienced three or more placements in the previous year, and how this figure has changed over time. This proportion has reduced dramatically in Moray in the last two years, from a high of 10% in 2019 to 3% in 2021. This brings Moray closely into line with the Scotland-wide rate. Figure 2.10 also shows Moray’s rate to sit in the middle of comparable local authorities when ranked.



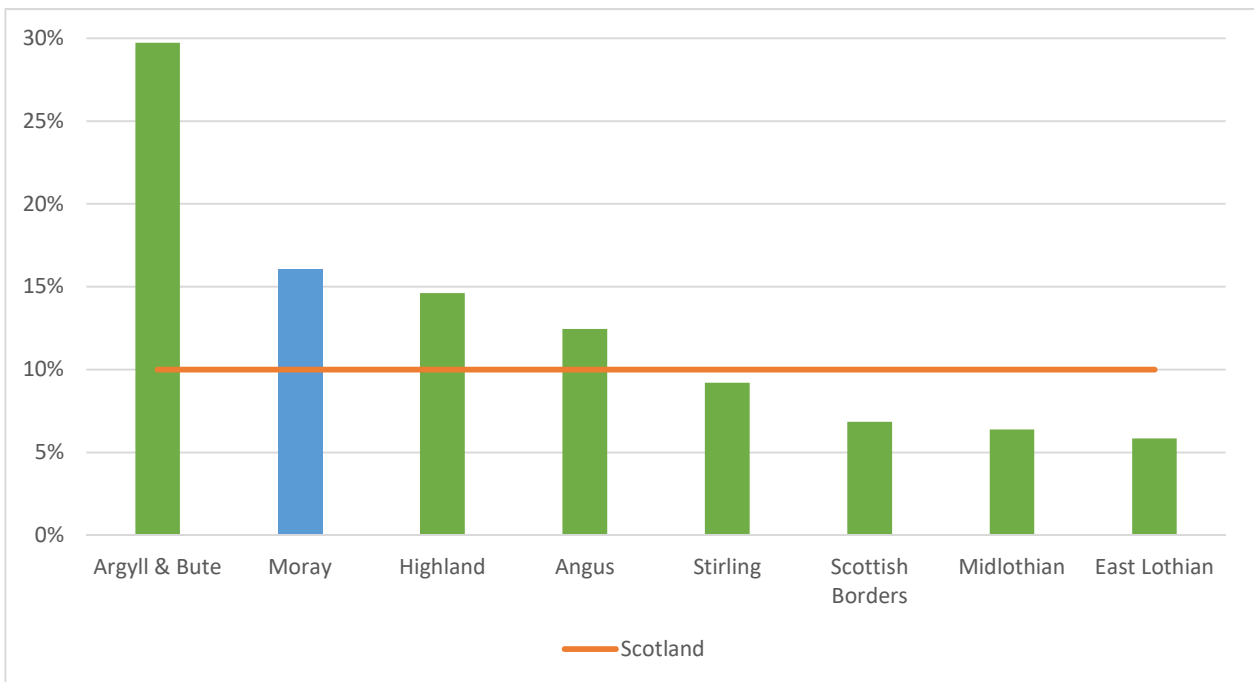
**Fig.2.9. Proportion of Looked After Children and Young People (LAC) with three or more placements in the previous year, 2018-21<sup>15</sup>.**





**Fig.2.10. Proportion of Looked After Children and Young People (LAC) with three or more placements in the previous year, 2021. “Family Group” of comparator local authority areas are highlighted in green<sup>15</sup>.**

Figure 2.11 shows the proportion of LAC who have a disability. The rate in Moray is higher than that for all but one of our comparable local authority areas and significantly above the national rate at 16% vs 10% Scotland-wide.



**Fig.2.11. Proportion of Looked After Children with a disability, 2021. “Family Group” of comparator local authority areas are highlighted in green<sup>15</sup>.**

Looked After and Care Experienced Children and Young People experience some of the poorest personal outcomes of any group in Scotland<sup>16</sup>. Some local data detailing this is incorporated in later sections, including how the gap between LAC and those not designated as LAC has changed over time. The following quote from a residential care service in Moray gives an example of the challenges faced by these young people, not just when Looked After, but also after leaving care. The table on the next page also shows some of what care experienced young people say they want.

---

*“Through discussions with ex residents, they have verbalised that they have experienced difficulties when leaving care, after having support 24/7, to then having limited support from other services. They acknowledge they are struggling with managing independently – managing their finances, maintaining their homes, having trusted adults to turn to. As a residential service, we try to maintain relationships and support as much as possible, but this is not accounted for within our staffing structure and budgets so is really difficult.”*

---

## What Care Experienced Young People Say They Want

- From 'Little Fix' group for Care Experienced under 16s

To have more choice in regards to their care and the people that support them	<b>To keep meetings to 5-6 people in the room</b>
To meet carers beforehand (prior to placements)	<b>To See family especially parents and siblings more frequently</b>
To have the opportunity to speak to people on my own if I want to (meetings)	<b>To see their social worker more often</b>
Don't want several placement moves	<b>To be heard more by social work</b>
To stay in their home town when in care outside the family	<b>For professionals to have a better understanding of their emotions- trauma</b>
For more groups for care experienced children and young people	<b>For a better understanding within schools of care experience</b>

### Challenges

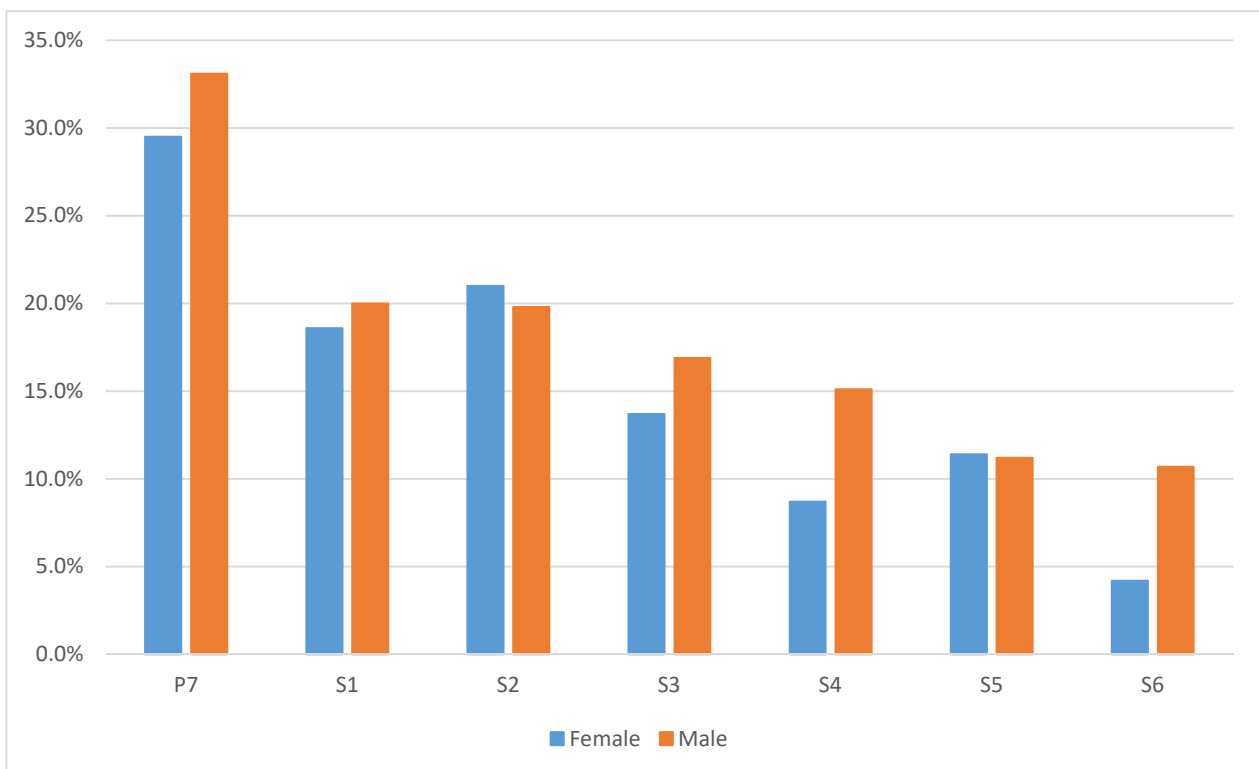
I feel like I'm treated differently because I'm in care. It holds me in back doing what I'm able to do.	<b>Being different from other teenagers - having a social worker - going to meetings.</b>
Being in care has been a real challenge as I don't get to see my brothers much.	<b>Having to get permission to do things from social worker / planning meeting.</b>
It's really difficult for him not being in a family, particularly so when his siblings are progressing with permanence and he doesn't experience this same permanence / security, and he knows this is the plan for him.	
To move around from foster placements challenging and just being in care challenging in case people at school find out.	<b>Having to come in early when my friends are still out.</b>
Telling my friends where I stay.	<b>New staff – having to talk about being in care.</b>

### Things that Have Made It Easier

Feel that having lots of different adults in the house is actually a good thing as I likes seeing different people so this has made things a bit easier.	
Learning to live with it – building up resilience.	<b>Using my voice.</b>
Having new people that I enjoyed meeting and building relationships and talking about things.	<b>Being able to visit the house before moving in was a real help as I was nervous and this was a good way of doing it.</b>
Going out - staff can't stop me going out.	<b>Getting things free - days out, activities, games.</b>

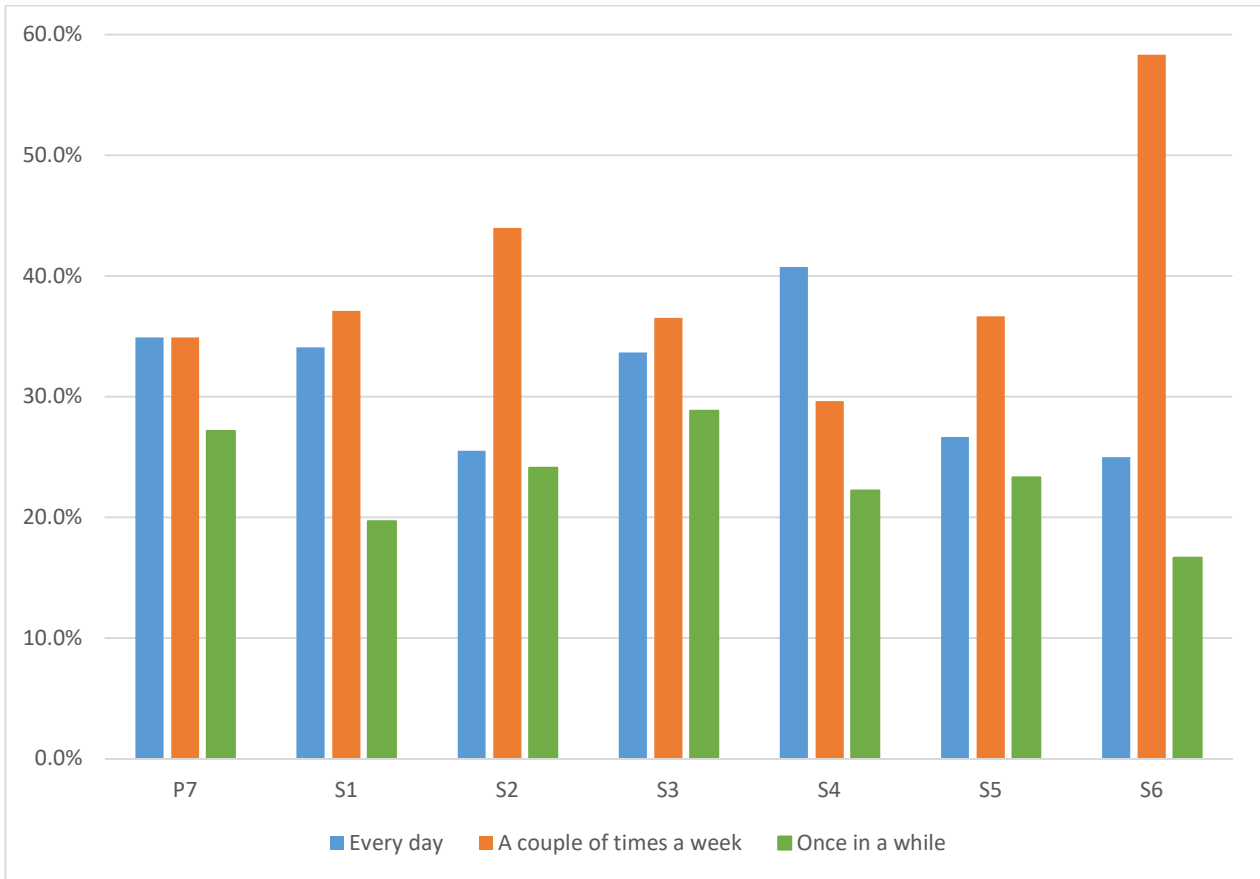
## 2.6. Young Carers

Young Carers are children and young people who regularly provide unpaid support or care for somebody with a disability, illness, drug, alcohol or mental health problem or problems associated with old age. Figure 2.12 shows data from the Schools Health and Wellbeing Census (HWBC), showing the proportion of male and female pupils in each age group from P7-S6 who identified themselves as caring for, or looking after someone. Nearly a third of P7 pupils (232 in total) report caring for someone. In secondary school, about a fifth of S1 and S2 pupils identify as caring for somebody but this reduces in the older age groups. More boys than girls identify this way in most age groups, which conflicts with data shown later in this document. Overall, approximately 48% of carers are girls or young women compared to approximately 51% of total respondents. It should be noted that total numbers identifying as carers in the older age groups are small and so are liable to large % changes over time. They also only represent those young people who are attending school.



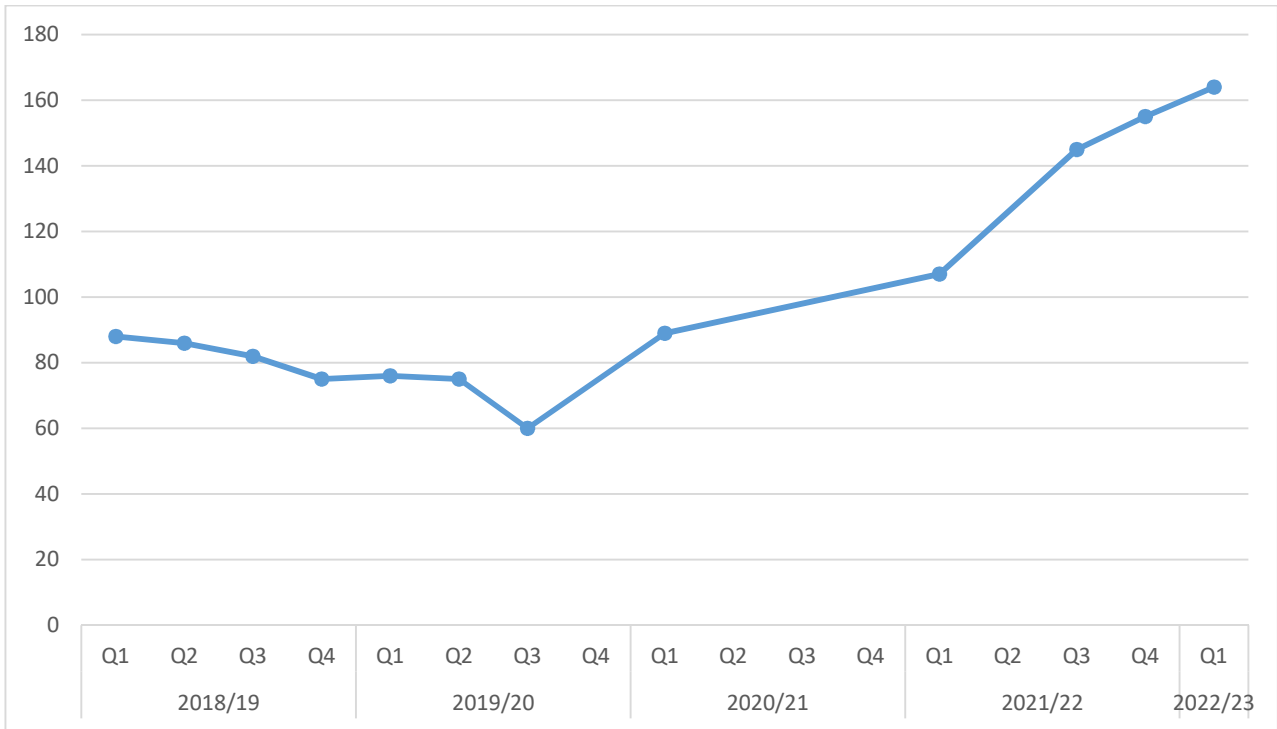
**Fig.2.12. Proportion of responding 'yes' to the question "Do you care for, or look after, someone? For example, because they have a disability, an illness, a drug or alcohol problem, a mental health problem, or problems related to old age" by gender and year group. From Moray's Schools HWBC, 2022.**

Figure 2.13 shows the frequency with which these young people reported caring for somebody. There is not a clear pattern of change across the age groups, though some individual data points seem anomalously high or low. Again caution must be exercised in interpretation of the older age groups where absolute numbers are small.



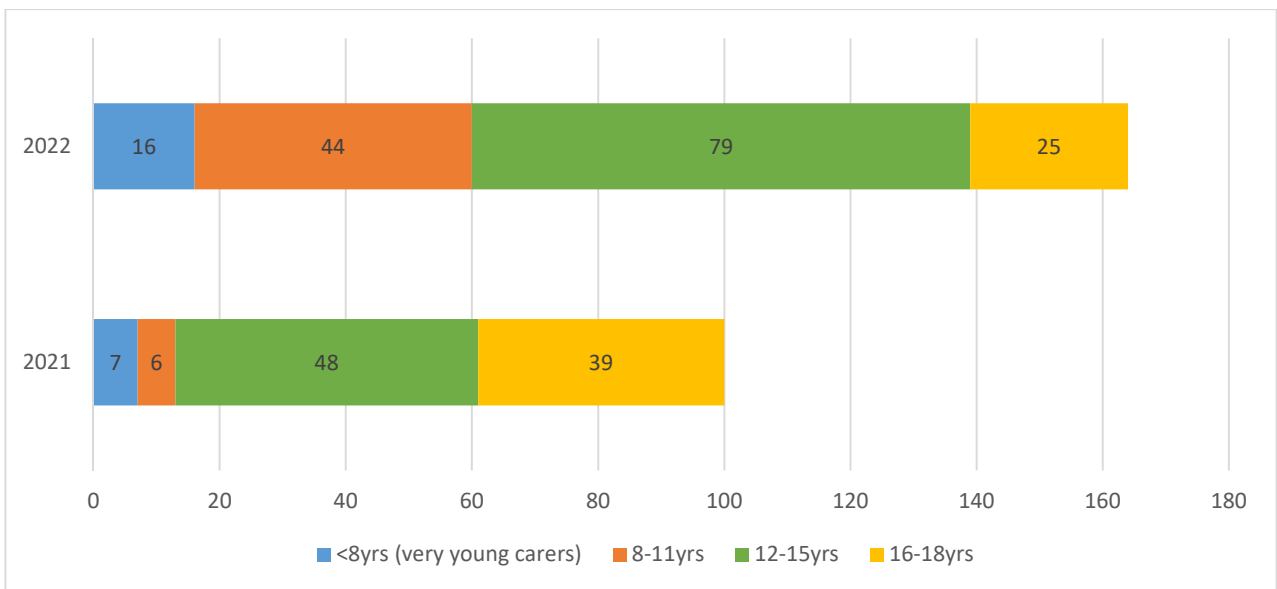
**Fig.2.13. The proportion of young people reporting caring for someone, by year group. From Moray’s Schools HWBC, 2022.**

The local young carers’ service in Moray is provided by Quarriers<sup>17</sup> and the data shown below has been provided by that service. Figure 2.14 shows that the number of children and young people registered with the Quarriers young carer support service has increased markedly over the last two years, from a low of 60 in quarter 3 of 2019/20 to 164 in Q1 of 2022/23. This may be due to a combination of changes to eligibility criteria for the service (from only those with a ‘significant caring role’ to all young carers) as well as increased awareness in schools and services to recognise and refer young carers.

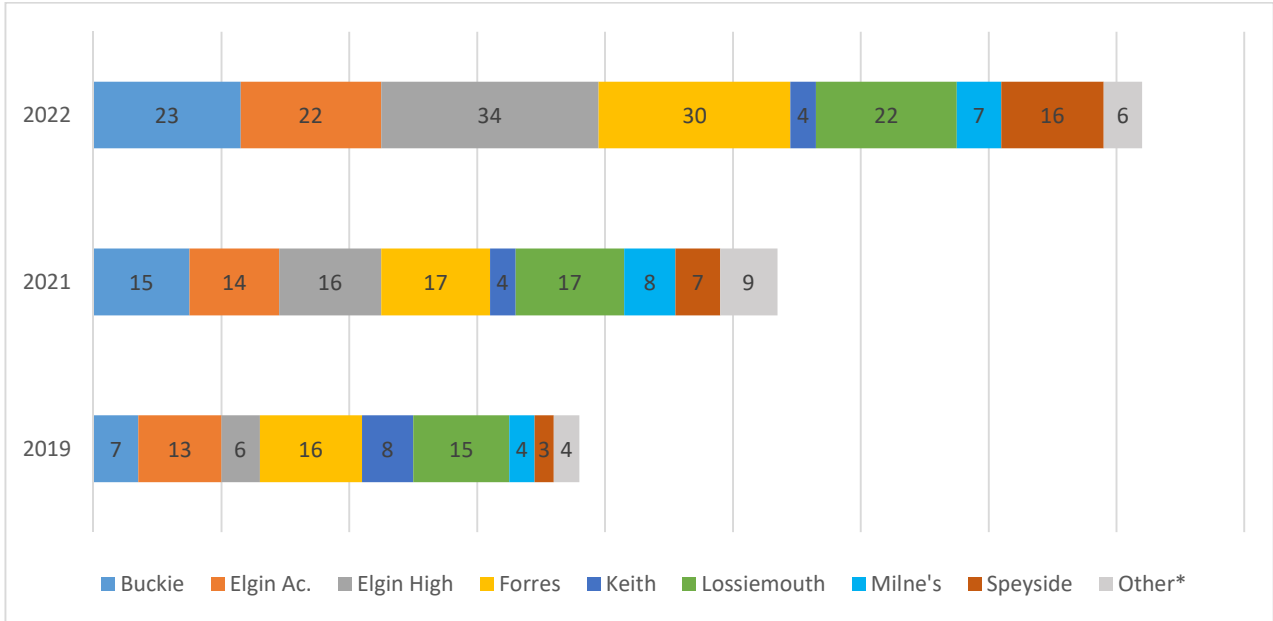


**Fig. 2.14. Number of children and young people registered with Quarriers young carer support service in Moray, by quarter.**

Figures 2.15 and 2.16 shows the age- and geographic-breakdown respectively of young carers registered with the service in different years. As can be seen, increases have been seen in the year across age groups, except for the oldest young carers. Likewise, increases have been seen across most geographic areas in recent years, with the exception of the Keith ASG area, where numbers have reduced. Quarriers recognise the lower levels of engagement and are keen to address this, with the support of local schools.

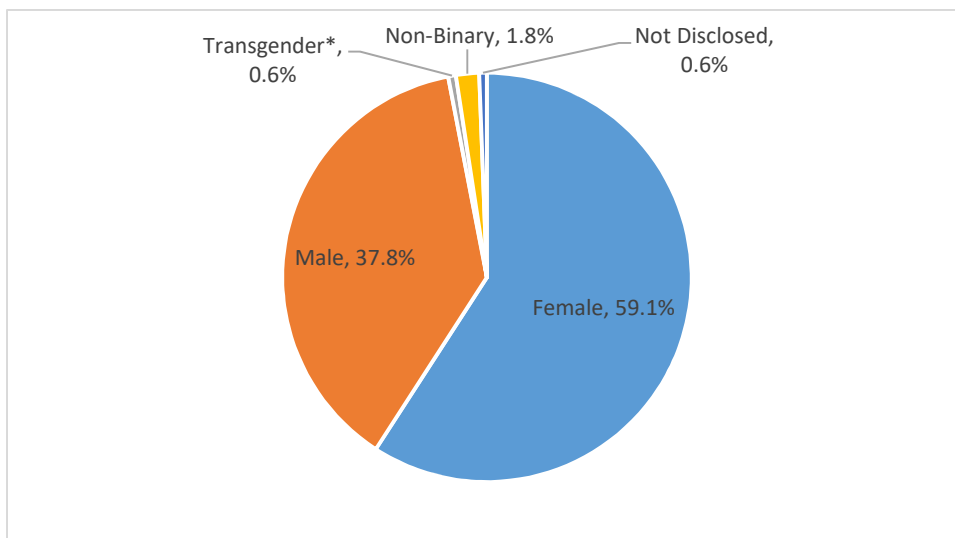


**Fig.2.15. Number of children and young people registered with Quarriers young carer support service in Moray, by age group, by year.**



**Fig.2.16. Number of children and young people registered with Quarriers young carer support service in Moray by year at Q1, by Associated School Group (ASG, based on school attendance, not residence). \*Other comprises Home School, pre-school age, UHI and those schooled outside Moray.**

Figure 2.17 shows the gender breakdown of young carers registered with the service in 2022. Girls and young women make up the majority of young carers registered with the service despite making up 49% of the population under 18 years old in Moray<sup>3</sup>. This may reflect social norms which place more caring responsibility on girls and women (see section 2.8), though this conflicts with the data shown in the HWBC above. Previous research nationally tends to find a majority of young carers are female<sup>18</sup>.



**Fig.2.17. Recorded gender of children and young people registered with Quarriers young carer support service in Moray, 2022. \* This may not be an exhaustive category as trans people may have been otherwise recorded as male, female or non-binary here.**

Quarriers have also reported seeing more young carers who have had a caring role for a long period of time, as well as more complex cases, as shown in the quote below:

---

*“We have an increasing number who have been young carers (YC) for many years, and are so ingrained in their role they don’t see it as an issue, but they’re missing out on a life their peers take for granted. As the numbers being referred increase, we’re seeing more and more of these YC in complex and sensitive situations, where the family are reluctant to engage with other services to access support, preferring to rely on the YC – our job is to chip away slowly at those perceptions, encouraging wider engagement and reducing the YC’s role as much as possible. But that takes a lot of time and effort, particularly around building the YC’s trust to speak openly to their worker, so the amount of time spent per YC is increasing, while at the same time the numbers being referred for support are increasing – with no increase in the staffing resource to meet demand. There’s also a growing number of YC indicating anxiety/stress/depression/low mood, which is nothing to do with their caring role and ties more with the broader experience of children and young people. We’re doing a lot of work to try to explore that with YC, to help Moray identify exactly what the issues are, and more importantly what services are needed to address them, because the Carers Service isn’t necessarily the right place for some of that to happen.”*

*- From Quarriers Young Carer Support Service*

---

---

*“Young people are concerned at parents having no choice but to take on more work which means older siblings are used to help look after younger siblings: ‘I can’t meet that day because I need to look after my sister then’”*

*“Looking at the youth group finding a meeting time out with school but trying to find a convenient time for all when it became apparent that parents are trying to work a second job, or longer hours for overtime but cannot afford child care so older siblings are supporting this process for families.”*

*- Feedback from Youth Work Team*

---



## What Young Carers Are Saying

- Young Carers Focus Group Jun 2022

<p>All my teachers need to know is I get in to trouble for no apparent reason, I try to explain to them but they don't listen, it hurts me that they don't know what it's like to be a Young Carer.</p>	<p>We should get people to speak about it too and we should be able to be free to get what we need and be able to understand.</p>
<p>People should understand we are the same even if we are young carers. We don't get treated fairly, we get yelled at for not completing things and cancelling things, it's not fair we get treated like this.</p>	<p>It develops stress.</p>

## Who Should Know about Young Carers

<p>People (Everyone) should know about young carers.</p>	<p>Teachers/schools neighbours around young carers.</p>
<p>The government.</p>	<p>Young carers come together, go in to schools and talk about their experiences.</p>
<p>Kids who aren't young carers.</p>	<p>Pharmacies</p>

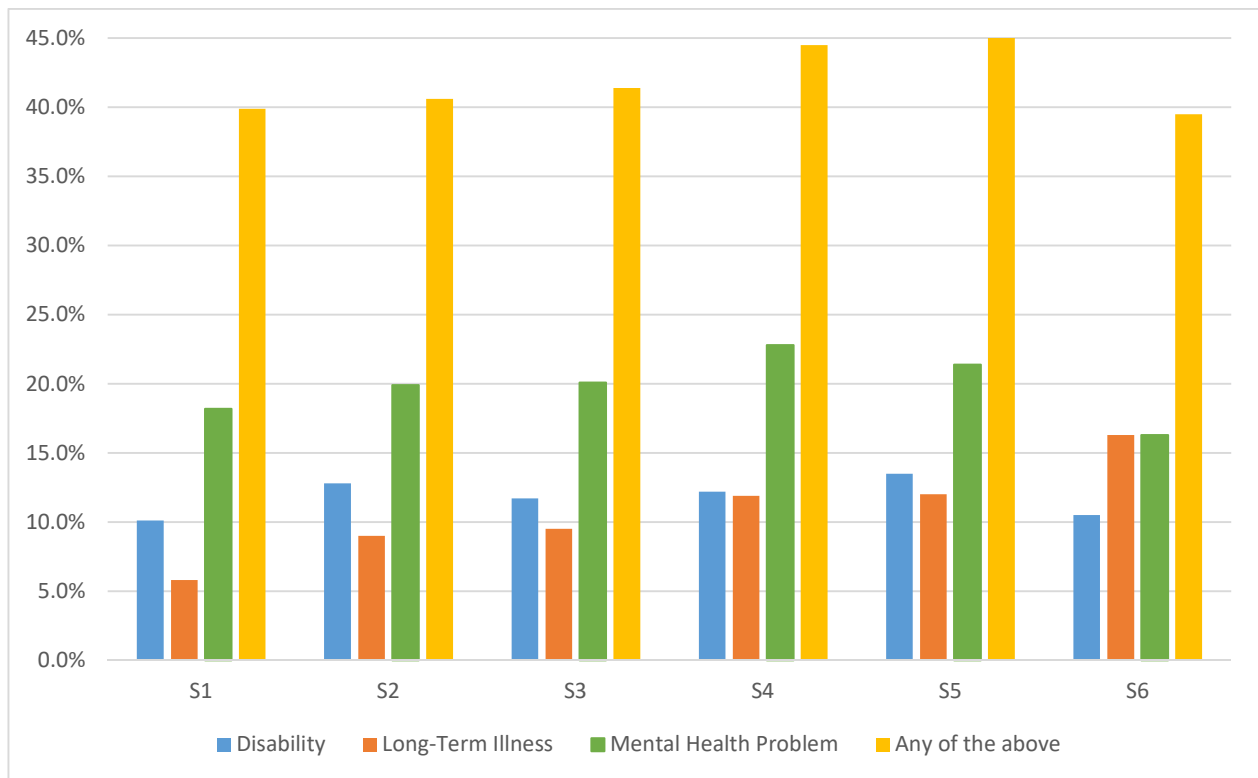
## How Do We Raise Awareness of Young Carers?

<p>Make a Moray young carers video.</p>	<p>Young Carers who are happy to speak in public can talk about their experiences.</p>
<p>Each school year have a young carer group.</p>	<p>Identify Young Carers with a badge in school.</p>
<p>Educate adults about Young Carers.</p>	<p>Assembly for teachers and pupils.</p>
<p>A young carers badge so they can pick up items from the chemist or talk to Doctor's etc.</p>	

## Being a Young Carer is...

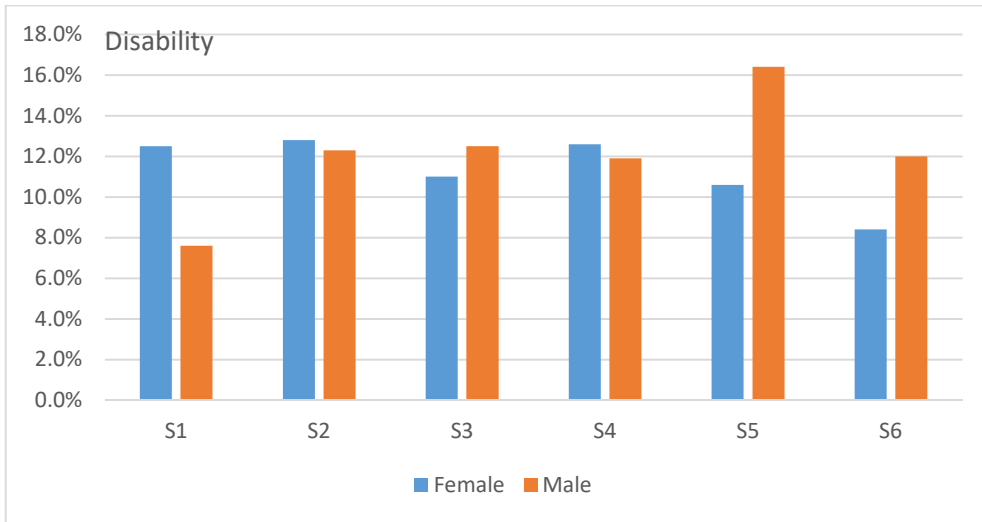
<p>Stressful, Rewarding, Lonely, Unpredictable.</p>	<p>It affects going to events.</p>
<p>Isolating, sometimes family busy with the cared for.</p>	<p>Hard to balance friendships.</p>

All the data presented above regards children and young people who classify themselves as caring for somebody or as carers. However, we understand that many people who undertake unpaid care would not necessarily recognise their role in those terms. As such, it is also useful to look at how many young people live in a household with people with a disability, long-term illness or mental health problem. Figure 2.18 shows the proportion of pupils in S1-S6 who report living with somebody with one or any of these. Although there is some fluctuation, the numbers appear fairly stable across secondary year groups.

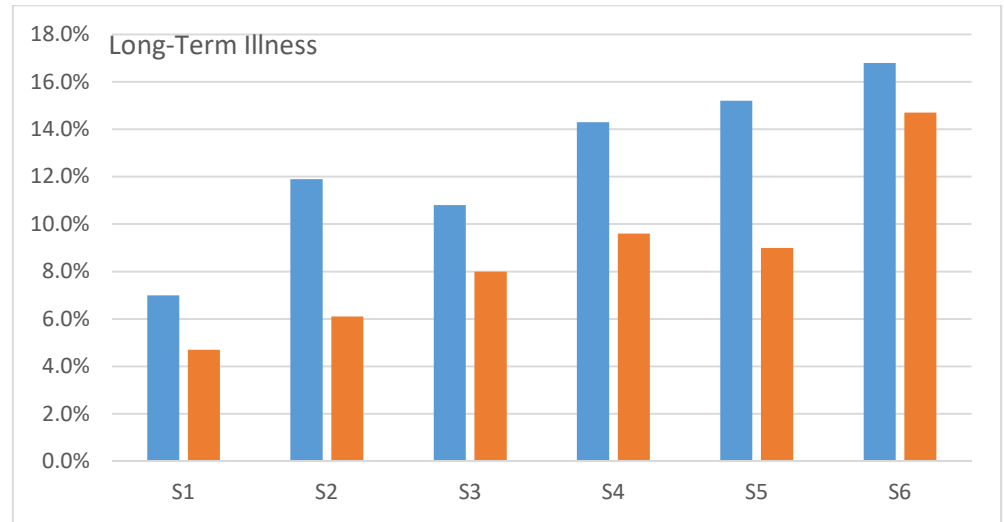


**Fig.2.18. The proportion of young people in each age group who report living with somebody who has a disability, long-term illness, mental health problem or any of the above. From Moray HWBC, 2022.**

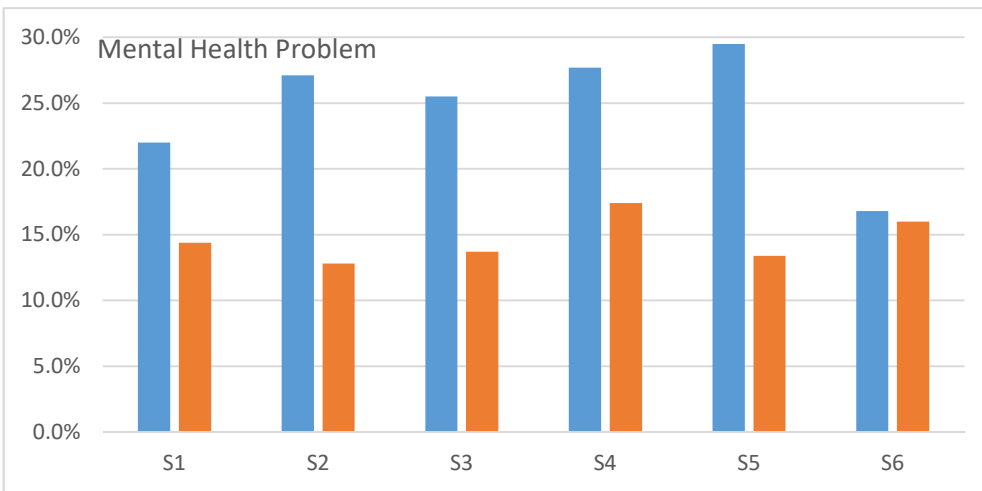
Figures 2.19-2.22 split this same data by gender, showing some striking differences. The proportion of girls and young women reporting living with somebody with one of these issues is much greater than boys and young men, with the exception of those reporting living with somebody with a disability where differences are not consistent. The gender difference is particularly large for the proportion reporting that they live with somebody with a mental health problem. There are a number of potential explanations for this and it warrants further investigation. It is possible that girls and young women are more involved in conversations around health and mental health in particular in households, reflecting norms in adult populations where women are more likely to be expected to be responsible for family health and welfare and more likely to shoulder the emotional burden of these issues.



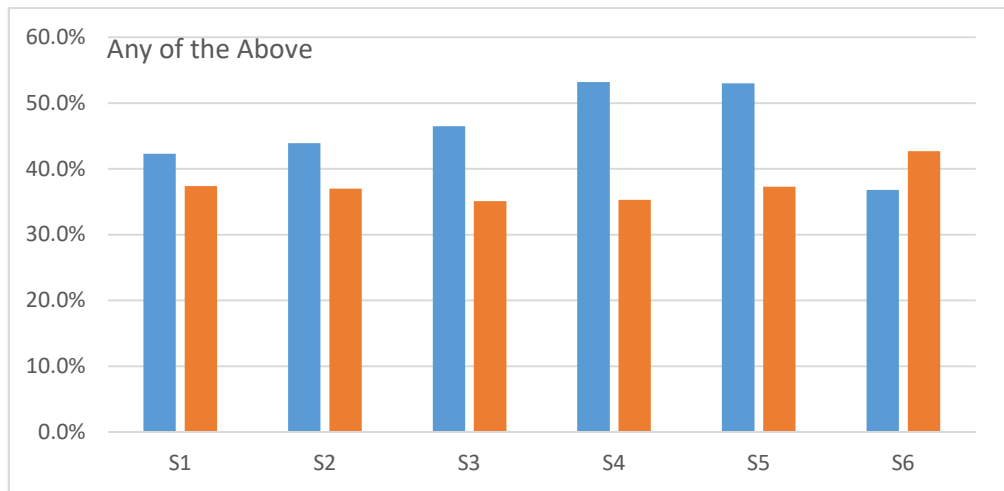
**Fig.2.19.** Proportion of young people in each year group who report living with somebody who has a disability, by gender. From Moray HWBC, 2022.



**Fig.2.20.** Proportion of young people in each year group who report living with somebody who has a long-term illness, by gender. From Moray HWBC, 2022.



**Fig.2.21.** Proportion of young people in each year group who report living with somebody who has a mental health problem, by gender. From Moray HWBC, 2022.



**Fig.2.22.** Proportion of young people in each year group who report living with somebody who has a disability, long-term illness or mental health problem, by gender. From Moray HWBC, 2022.

## 2.7. Armed Forces Population

As home to RAF Lossiemouth and Kinloss Army Barracks (housing 39 Engineer Regiment, the UK field army's largest regiment), Moray has a significant military population. Almost 1,700 children and young people in Moray's schools are recorded as living in a family with at least one armed forces regular (1025), reserve (68) or veteran (632). While the majority of this number is concentrated near to the large military bases and in Elgin, it is worth noting that all but two schools in Moray have children recorded as living in an armed forces family. Research at a Scotland-wide level shows that parental absence and changing schools are regarded as important features of belonging to an armed forces family for children and young people<sup>19</sup>. The quote below from a Moray Wellbeing Hub event also demonstrates some of the challenges for parents who are partners of armed forces personnel (some aspects of the quote have been removed to allow anonymity).

---

*One mum was chatting about how the last year has worked out for her –Covid guidelines [and the nature of her job] meant her job became more and more impossible last summer... so she left.*

*After having the holidays with her kids at home last year, she started job hunting again when they went back to school and finally got a job in December, then lockdown came back and then her husband received notice he would be posted overseas, so she gave in her notice again knowing that by the time this current lockdown was lifted she would only have a couple of months at work before she would have to pack up the family and leave again, and that short time building [work] relationships meant she felt it unfair to embark on it at all.*

*This really highlighted the checkered career trajectory that mums in the Forces families have to navigate, often having to take jobs below their capabilities due to their CV looking somewhat random.*

- From Celebrating Wellbeing Together in Moray 2020-21, MWH

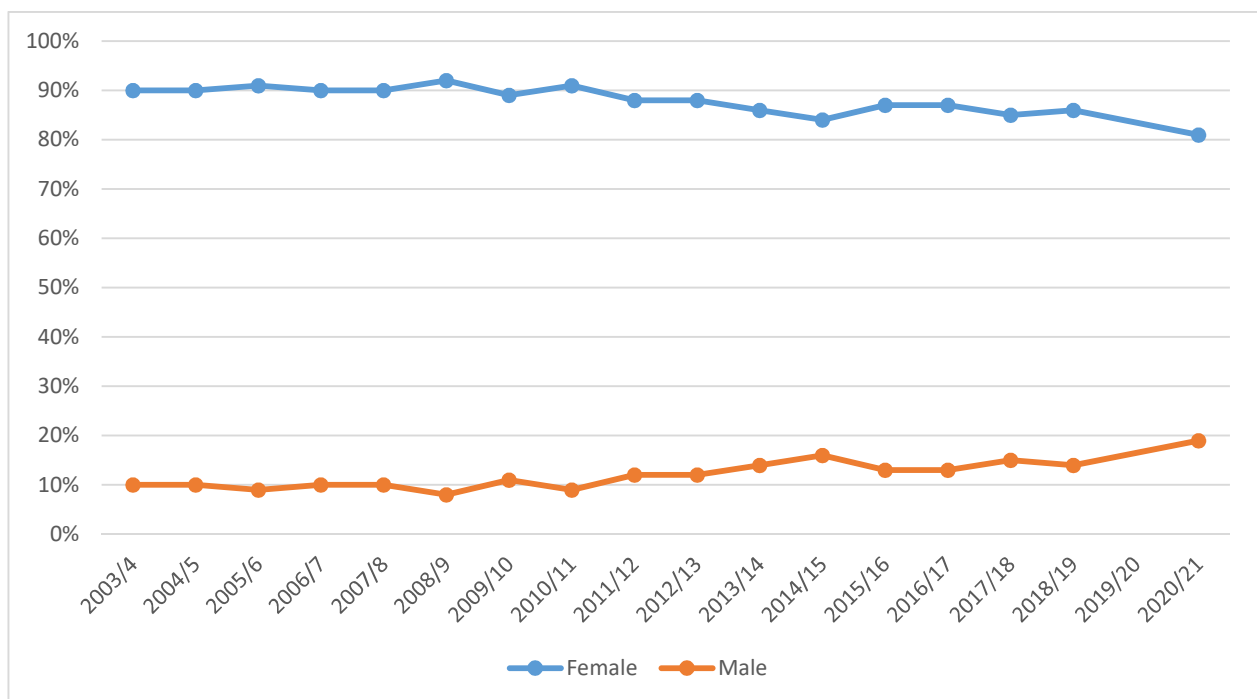
---

## 2.8. Gendered Parenting and Household Management

The data provided thus far does not capture the large inequalities in unpaid labour undertaken by different parents by gender. Despite significant cultural changes with regards to attitudes to gender in recent decades, by far the majority of unpaid labour is still undertaken by women<sup>20,21</sup>. The division of work between women and men and in particular the gendered division of unpaid labour impacts upon the lives of children growing up in this culture, serving to embed traditional gender roles from a young age<sup>22</sup>. As such, any actions taken which impact upon childcare requirements, access to services/activities for young people, parental support etc. will have significantly different impacts on men and women which should be recognised in equality impact assessment.

As well as the unequal distribution of physical, mental and emotional effort undertaken through unpaid work, this inequality also impacts upon participation in the (paid) labour market. Figure

2.23 shows the proportion of people in Scotland who are classified as “economically inactive” due to looking after family or home. As is clear, by far the majority of these people are women and change to this can optimistically be described as slow. Between 2003/4 and 2018/19, women went from representing 90% of this group to 86%. During the pandemic year of 2020/21, this reduced more substantially to 81% but it remains to be seen if this will be a sustained change. Even with this drop, women still outnumber men by four to one in this category. This statistic does not capture the number of women working part-time to manage paid work and unpaid caring roles. It is also worth noting that of the 234,000 lone parent families in Scotland in 2021, 205,000 (88%) were headed by the mother<sup>23</sup>.



**Fig.2.23. Proportion of people categorised as “economically inactive” due to looking after family/home, by gender, by year<sup>24</sup>. NB: No data currently available on SG website for year 2019/20.**

The covid-19 pandemic undoubtedly had different impacts on men and women<sup>25</sup>, including on the gendered nature of unpaid work, and in particular upon women’s caring roles<sup>26</sup>. Girls and young women were also twice as likely as boys and young men to take on additional household chores as a result of the pandemic<sup>27</sup>. Policy responses to covid led to a significant shift of care and childcare from public services into households, particularly through lockdowns. Data from UK-wide showed an increase in time spent by women on home-schooling, childcare, care for disabled and older people, as well as housework and household management<sup>25</sup>. At the same time, much formal and informal support for parents reduced during these periods and it remains to be seen what impact this has had and may continue to have on parenting for both parents and children/young people.

“[Dads] hope it will be alright in the end but they are not here all day”  
 - Parent attending ‘Autism Families Walk’ from Moray Wellbeing Hub

### 2.9. Broader Demographic Trends: Deaths and Life Expectancy

Death rates and life expectancy may seem strange items to include in a needs assessment principally about young people but it provides some context as to what is going on in the society in which our young people are growing. Moreover, bereavement is of course a very significant experience for young people who experience it and it has become a more common experience during the Covid-19 pandemic.

For many decades we have been able to take improving life expectancy for granted, with steady progress since the Second World War until the early years of the 2010s. Figures 2.24 (female) and 2.25 (male) show the percentage improvement in life expectancy since 2001-3. This improvement has since stalled for both men and women<sup>28</sup>, though the trend in Moray is different by sex. The causes for this may be multi-factorial, but the strongest evidence to date suggests that austerity measures to cut public spending including social security payments in response to and then following on from the financial crisis of 2008/9 is the key driver<sup>29,30,31,32,33,34</sup>.

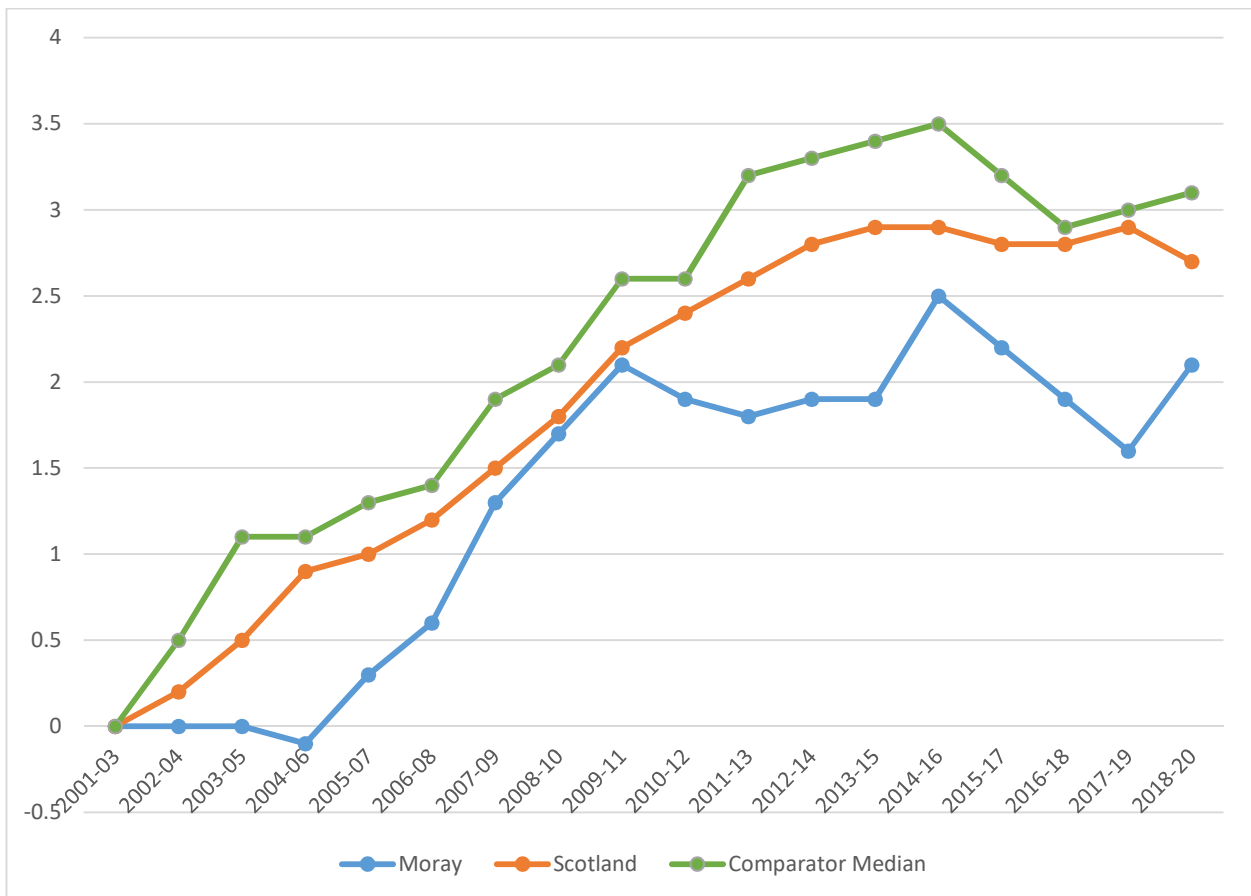
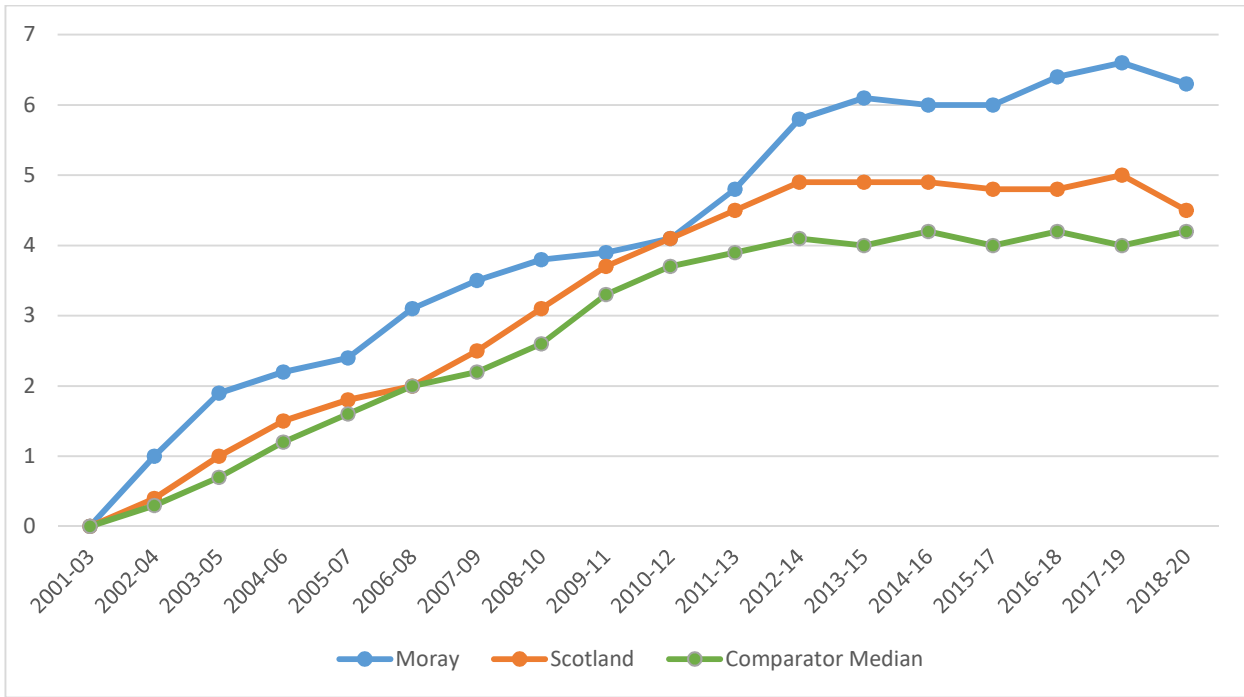
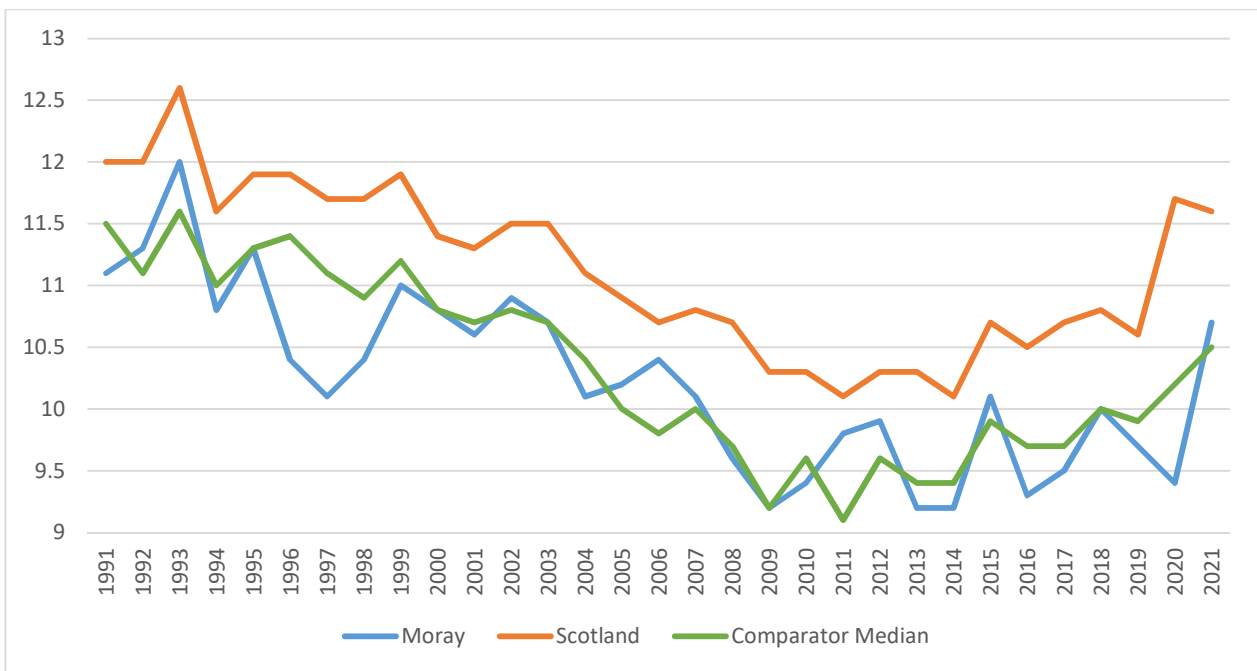


Fig.2.24. Percentage change in female life expectancy at birth from 2001-03<sup>35</sup>.



**Fig.2.25. Percentage change in male life expectancy at birth from 2001-03<sup>35</sup>.**

On top of this flattening, the most recent three year period published (2018-20) shows a *reduction* in life expectancy at a Scotland-wide level, particularly for men. This is likely to be driven by the high mortality caused by Covid-19. However, as can be seen in figure 2.26, which shows more up-to-date death rates by year, Moray saw the greatest impact upon mortality later in the pandemic compared to Scotland-wide. As such, it is likely that the next update to life expectancy data will show a similar drop in Moray in 2021.



**Fig.2.26. Age- and sex-standardised death rates per 1,000 population, 1991-2021<sup>36</sup>.**

Coping with loss and bereavement is always difficult but the Covid-19 pandemic has made this even more so. Social distancing and visiting restrictions are known to have changed the contact we have had with people at the end of life. Limits to attendees at funerals will have potentially impacted on our experiences of grief and the grief process. Lockdowns and physical distancing has changed our access to the wider support that we might need when we experience bereavement. This is true for all of us, but children bereaved during the pandemic may be facing their first experience of loss and bereavement. A national survey of parents of young children (Covid-19 Early Years Resilience and Impact Survey, CEYRIS) found that, by November/December 2020, one fifth of young children had already experienced a bereavement since the start of the pandemic<sup>37</sup>. A national Bereavement Commission found a significant increase in bereavements during 2020 and 2021 compared to the previous five years<sup>38</sup>.

**UNCRC Article 26: Children and Young People have the right to social security whereby their family gets the money they need to help bring them up. Children and Young People should get financial support when their parents or guardians can't give them enough.**



### 3. Socioeconomic Inequality and Poverty

In discussions with professionals and public alike, perhaps the most pressing and recurring issues arising concern socioeconomic inequalities, particularly the situation of those living in poverty. This is sometimes discussed in terms of the ability to access particular basic needs such as food (food poverty or food insecurity) and household heating (fuel poverty), but is broadly understood to be ultimately about families not having adequate money to be able to afford a life of dignity and full engagement in community life.

There is a broad understanding that too many young people have been living in poverty for some time, but that recent increases in the price of necessities, known as the cost of living, have greatly exacerbated this. At a UK-level, even before the advent of the covid-19 pandemic, destitution has been growing rapidly<sup>39</sup> and poverty has been deepening<sup>40</sup>, leading to increasing numbers going without basic essentials such as food and warmth<sup>41</sup>. These UK-wide studies also show the largest increases in very deep poverty in large families. Larger families were found to be twice as likely to be behind on their essential bills, living in a cold home, or not eating properly compared to people in smaller families with children. Very deep poverty was also found to be concentrated in ethnic minority communities and families with a person living with disability<sup>40,42</sup>. More recent work looking at poverty in Scotland found many of the same themes<sup>43</sup>.

It is also important to recognise the gendered impact of economic and financial circumstances. In the context of the so-called “cost of living crisis”<sup>44</sup>, this pertains to both increasing costs<sup>45</sup> at present and the long-term stagnation of earnings<sup>46</sup>. A Scottish report by the Poverty Alliance and the Scottish Women’s Budget Group details some of the impacts already being felt by women between August and October this year<sup>47</sup>. Furthermore, there are costs to living remotely, with estimates of the extra premium that is paid for household budgets as high as 15-30%<sup>48</sup>. This section aims to describe the different ways in which socioeconomic inequalities are measured and what poverty looks like locally.

#### Case Study from “Inequalities in Moray” Report<sup>75</sup>

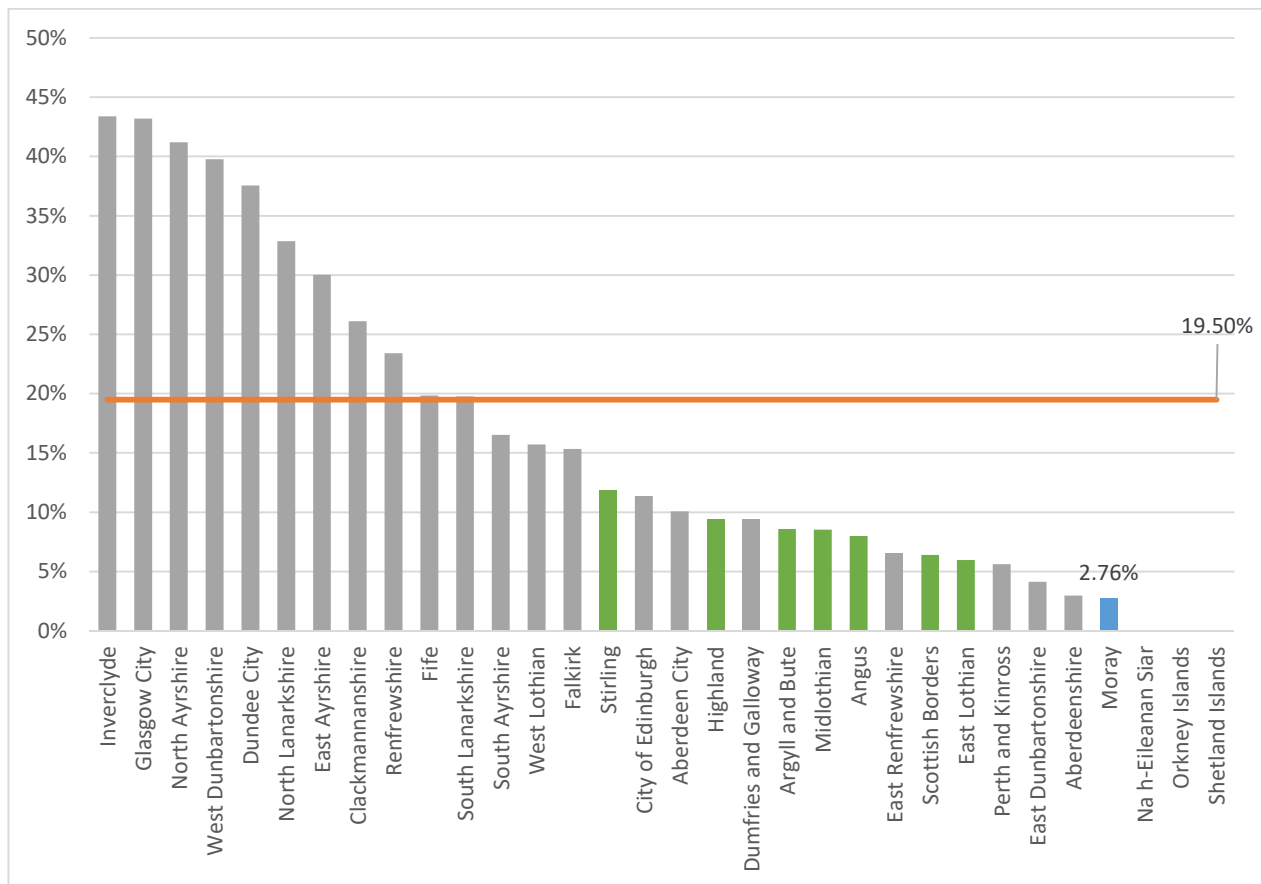
*Angela is a single parent who lives in a rural location with her 5 children aged between 2 to 16 years. She lives in a 4 bedroom privately rented property. She has various health conditions that prevent her from working and so relies on benefits. Her eldest daughter often helps with her care and daily tasks.*

*She attends hospital appointments and struggles with the cost of traveling to them. It costs her £20 per week in travel alone just to get her shopping for the family. She has been affected by the benefit cap, and is continually struggling trying to pay off over £2,000 in debts.*

*Angela lives in constant fear of opening her mail and facing the seriousness of her situation. She has been referred to the food bank numerous times and received help with Flexible Food Fund etc. She was unsuccessful for a Personal Independence Payment, but is appealing the decision with support from Money Advice Moray team. She is in rent arrears, her Landlord is considering action and she is facing bankruptcy.*

### 3.1. Area-Based Deprivation (SIMD)

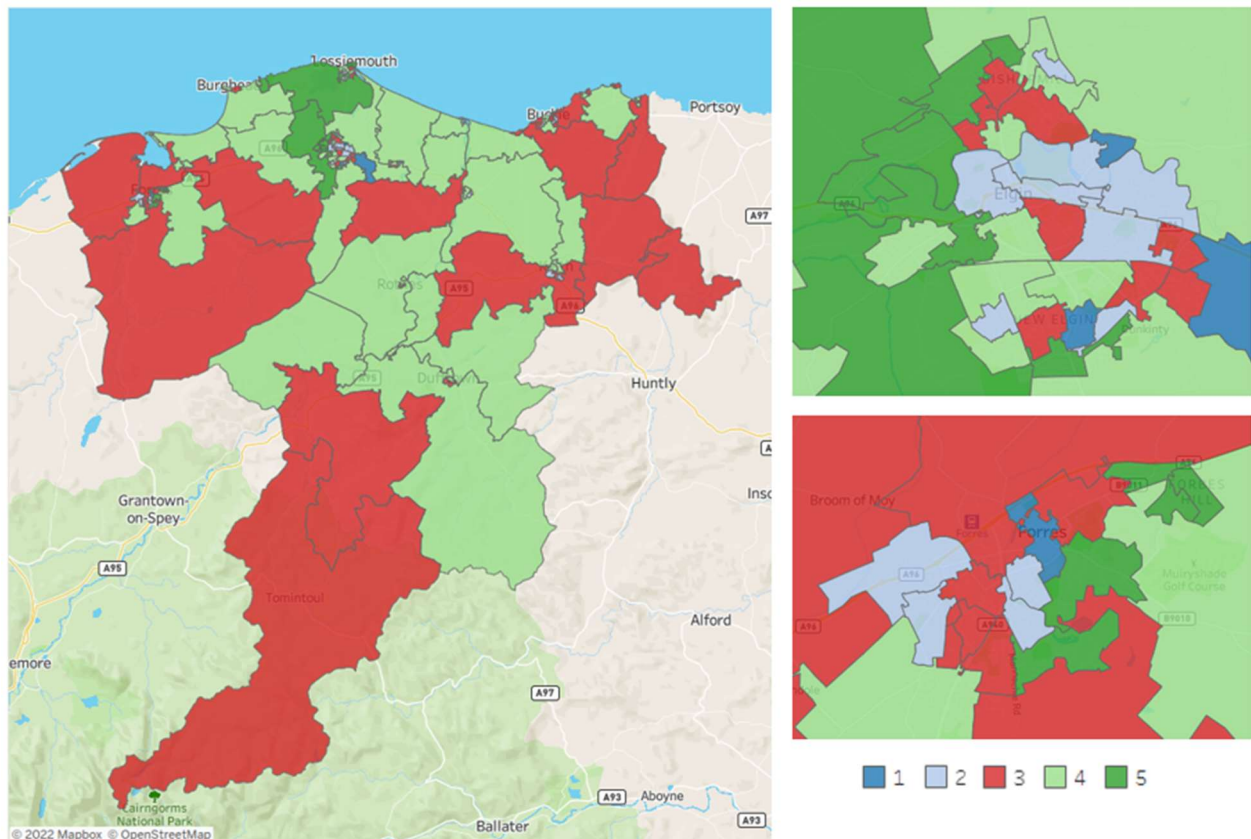
Deprivation in Scotland is most commonly discussed in terms of the Scottish Index of Multiple Deprivation (SIMD), an area-based measure which does not categorise individuals or families according to their personal experience of deprivation, but rather asks whether people live in a geographical area which has high or low levels of deprivation on average.



**Fig.3.1. The proportion of people living in SIMD 1, the 20% most deprived areas in Scotland, by local authority, 2020. “Family Group” of comparator local authority areas are highlighted in green<sup>49</sup>.**

Figure 3.1 shows the proportion of the population in each local authority area who live in the 20% most deprived datazones (small geographic areas) in Scotland. There are very few datazones in Moray which fall into this group, meaning less than 3% of our population live in them. By this measure, Moray appears to be the local authority area with the lowest deprivation in mainland Scotland. Figure 3.2 shows all the datazones of Moray together with their SIMD classification.

However, as SIMD is a measure of *area* deprivation rather than *individual* deprivation, more affluent people can and do live in deprived areas and less affluent people live in less deprived areas. In rural areas, deprivation and affluence do not tend to cluster geographically in the same way as often happens in urban areas and so the SIMD categorisation tends to be a less reliable indicator of individual or household deprivation.



**Fig.3.2. Datazones coloured according to SIMD 2020 quintiles.\* Those in quintile 1 (dark blue) are in the 20% most deprived datazones in Scotland while those in quintile 5 (dark green) are in the 20% least deprived. Moray (left), Elgin (top right), Forres (bottom right) areas shown.**

The SIMD rankings of deprivation are produced based on a number of different area deprivation measures including income, employment, crime, housing, health, education and access domains. The income and employment domains are the dominant ones and it is possible to look at where our population who are income- or employment-deprived in Moray live.

- **Income-deprivation:** People are defined as income-deprived if they are receiving one of a number of social security benefits (e.g. income support, universal credit, jobseeker’s allowance etc.) or are a child dependent on somebody receiving those benefits.
- **Employment-deprivation:** People are defined as employment-deprived if they are of working age and receiving one of a number of employment-related social security benefits (e.g. jobseeker’s allowance, incapacity benefit etc.)

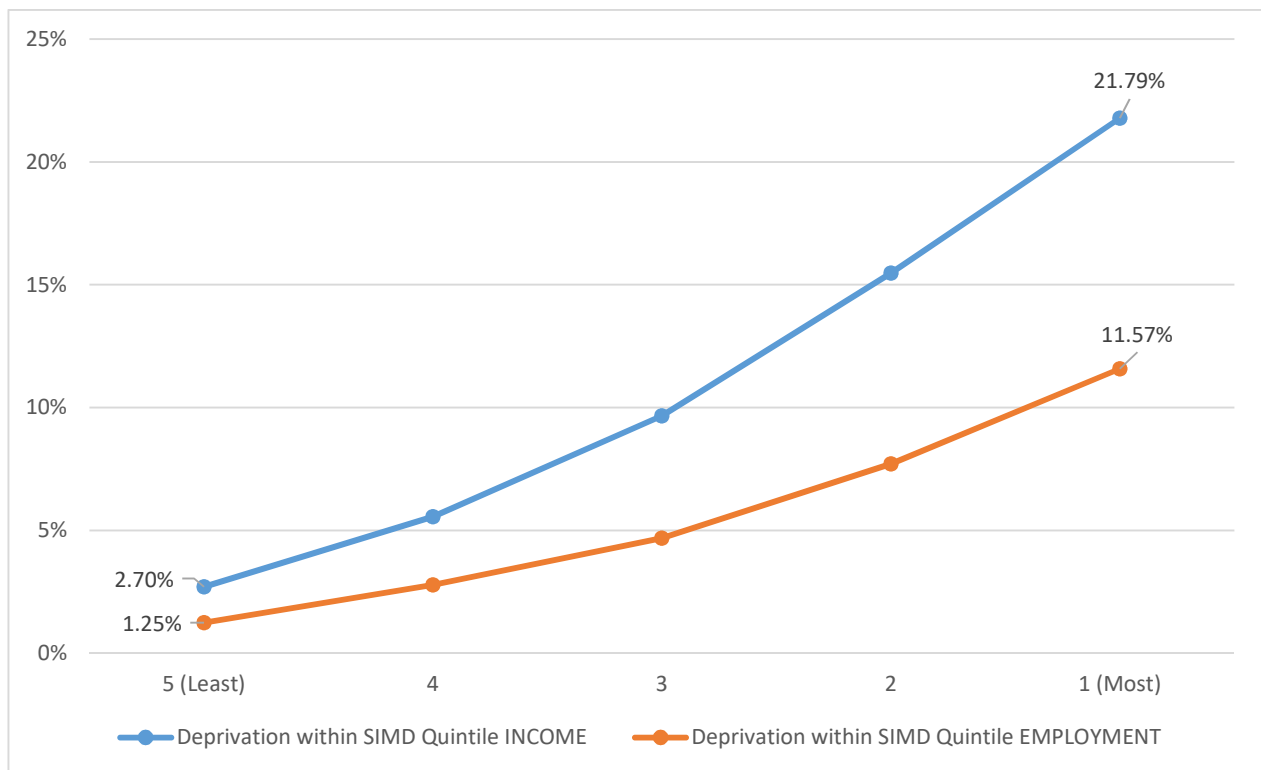
\* Datazones in Scotland are ranked by deprivation according to SIMD and split into five equal groups, known as quintiles. You may also see deprivation discussed in terms of ‘deciles’ – this refers to the datazones being split into ten equal groups rather than five.

## Case Study from “Inequalities in Moray” Report<sup>75</sup>

*A dad lost his job at the beginning of COVID. He has 50% custody of his 3 year old daughter. He got another job straight away, but it paid less and he was struggling to pay his bills, after 8 months this became a huge black cloud and his mental health was not in a great place. When he met with his Revolution for Good coach he was at high risk of suicide. They established a supportive path and then began the process of coaching.*

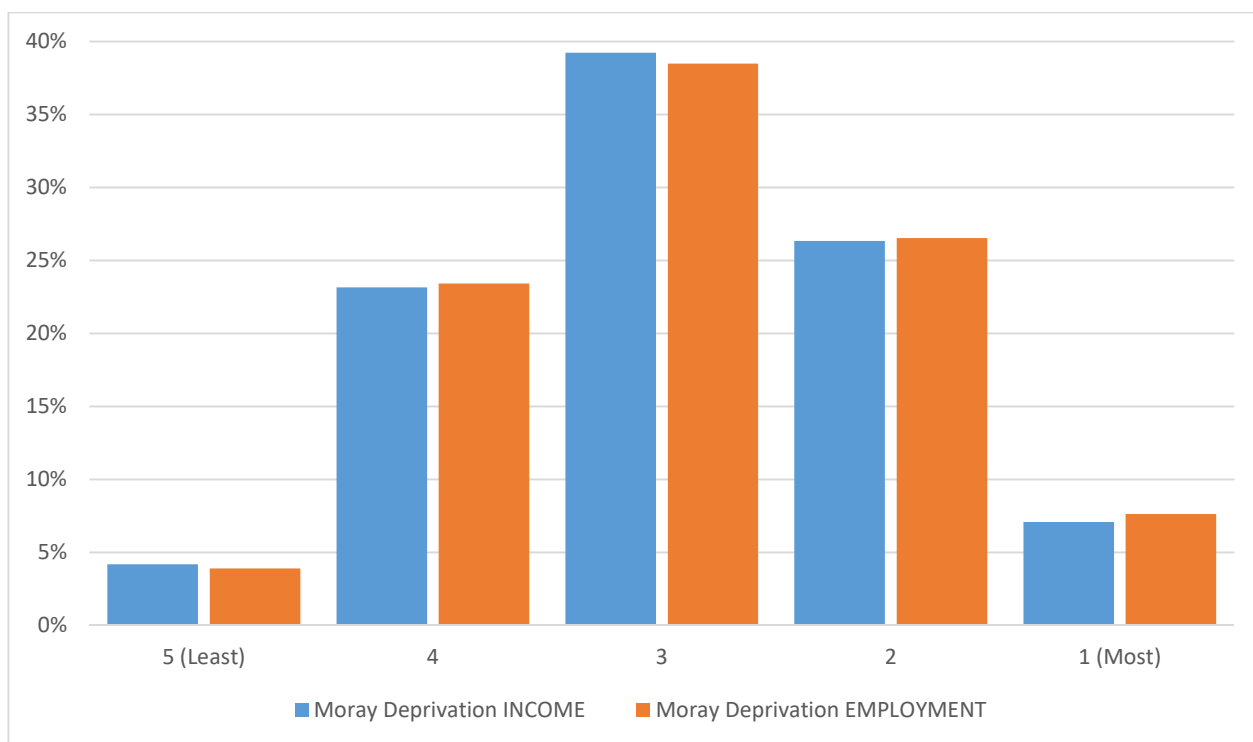
*They immediately set about getting a clear picture of his finances, which he wasn't aware of as he had stopped looking. The picture wasn't as bad as he thought. He and his coach worked together to make improvements. As part of the coaching process he was motivated to look at his ambitions and he applied for and was offered his dream job. He has now started that job and has managed to clear his finances, ending child poverty for him and his daughter and has goals set for this summer to do the things that promote his mental health.*

Figure 3.3 shows the proportion of people in each SIMD quintile who are classified as income- and employment-deprived. As can clearly be seen, while the greatest concentration of deprivation can be found in the most deprived quintile, there are people classified as income- and employment-deprived in each of the quintiles.



**Fig.3.3. Proportion of the population living within SIMD quintiles in Moray who are classified as income- and employment-deprived<sup>50</sup>.**

Furthermore, figure 3.4 looks at all the people classified as income- or employment-deprived in Moray and asks which 2020 SIMD quintile they live in. Only 7.1% of Moray’s residents classified as income-deprived, and 7.6% of Moray’s residents classified as employment-deprived live in the most-deprived quintile. As such, approaches to deprivation and poverty in Moray must necessarily look beyond the SIMD approach to also address deprivation in the other four quintiles where more than 90% of our residents classed as income- and employment-deprived live.



**Fig.3.4. Proportion of income- and employment deprived people in Moray who live within 2020 SIMD quintiles<sup>50</sup>.**

### 3.2. Work and Earnings

Of course a key factor impacting upon the quality of life of working people is the amount of money they earn and to what extent it is sufficient to meet their needs and aspirations. While access to work has traditionally been seen as the primary route out of poverty, the most recent data in Scotland (2017-20) found 68% of children in poverty lived in a working household. This has increased dramatically from 49% in 2007-10<sup>51</sup>. At a UK-wide level, even when looking only at ‘very deep poverty’ (<40% of median income), more than half of people in this category live in a working family. The impact of the covid-19 pandemic upon employment was also different for different groups, with women hardest hit<sup>52,53</sup>, particularly those with children<sup>54</sup>, young women on a low-income<sup>55</sup>, and mothers living with a disability<sup>56</sup>.

Figure 3.5 shows the average weekly earnings for those who live or work in Moray. Moray’s average earnings (£539 for residents and £525 for all people working in Moray) are lower than the Scottish average and are lower for residents than all but two of our comparator local authority areas.



**Fig.3.5. Median gross full-time weekly wage by place of residence (dark colours) and work (light colours), by local authority, 2020<sup>57</sup>.**

Of course average earnings figures do not detail the distribution of earnings across Moray. Figure 3.6 shows the national minimum wage for different age groups as well as apprentices, and also shows the Real Living Wage. The Real Living Wage is calculated annually by the Resolution Foundation as an attempt to estimate the minimum standard to meet everyday living costs<sup>58</sup>. As is clear from the graph, none of the minimum wage levels comes close to meeting this minimum standard and younger people are paid significantly less than those 23 years old and over.

Financial circumstances can also be related to gendered power structures and gender-based violence. A survey by Women’s Aid found that 66% of domestic abuse survivors reported that abusers are using the cost of living as a tool for coercive control, including to justify further restricting their access to money. 73% of women living with and having financial links with the abuser reported that the cost of living crisis had either prevented them from leaving or made it harder for them to leave<sup>59</sup> (see section 5.5. Gender-Based Violence).

---

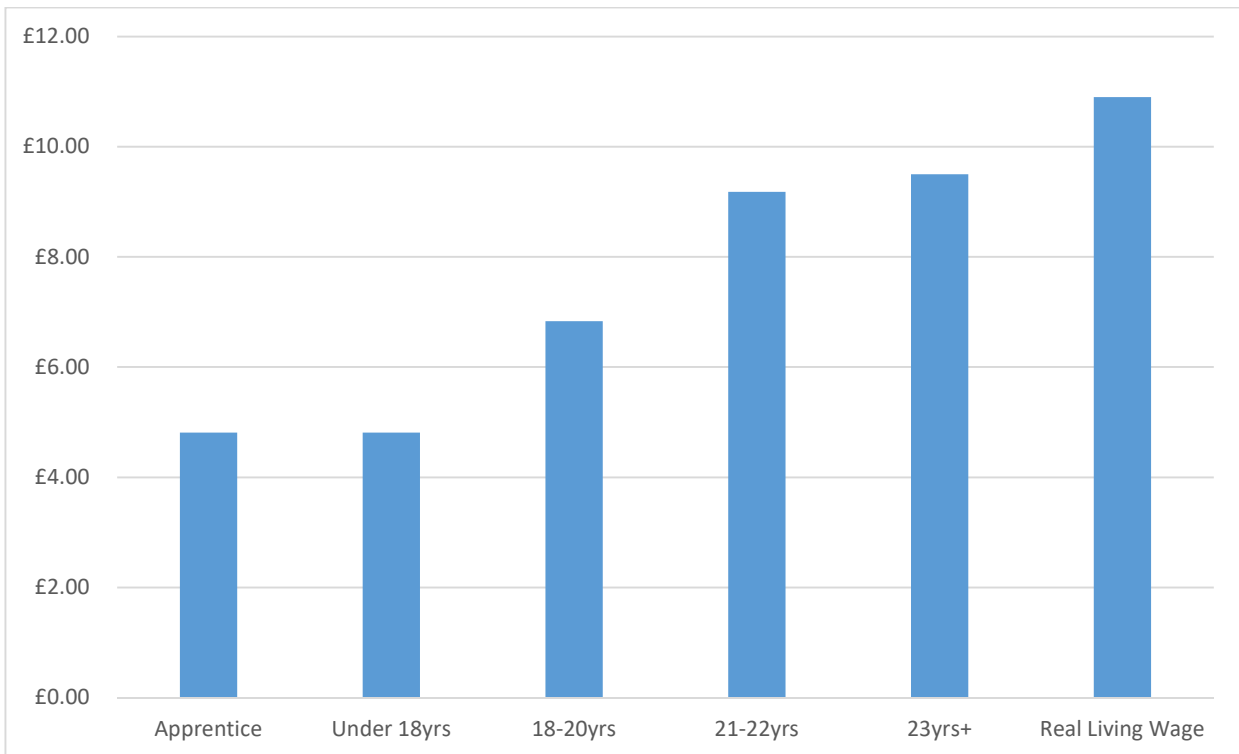
*“I have lots of debts, the bank, catalogues, credit union, library, electric and gases, it’s too much for me”*

*“I’ve got no debt payments being paid currently, I tried to set up payments, but it feels too much, I can’t do it on my own. I need support because it is causing me so much stress and I’m really worried I won’t be able to afford the gas and electric. I don’t even get any money from the kid’s dad”*

*“I work full time and I am still struggling to make ends meet and my finances are really impacting my mental health causing me to be more anxious and stressed”*

- Service Users of Moray School Bank

---



**Fig.3.6. National hourly minimum wage by age group and apprenticeship<sup>60</sup>, and Real Living Wage<sup>61</sup> from Sep 2022.**

## Case Study from “Inequalities in Moray” Report<sup>75</sup>

*“I am a stay at home Mum, I have 4 kids 2 teenagers and 2 at primary school my husband works as a delivery driver. During the pandemic and even now we are struggling having no spare money each week and have to save up for simple things like kid’s shoes or birthdays. My husband lost hours due to the pandemic and even though his hours are increasing now it’s still difficult. Because my husband receives working tax credits we are not entitled to free school meals or the money paid out for free school meals during the school closures, with home schooling if it wasn’t for the help we received from the MERF and from Moray School Bank it would have been a much more stressful time for us.*

*Our house is a private rental and is very run down and we are very overcrowded with myself, my husband and 2 youngest children in one room and it’s a real struggle especially for my daughter who’s nearly 10 and needs her own space. We managed to get a laptop for my eldest from the relief fund and it’s been a great help. The School Bank has helped us greatly with vouchers for food and school clothes.”*

### 3.3. Child Poverty

Child poverty of course needs to be understood in terms of family poverty as children and young people are dependent on their caregivers and wider household for their material resources. However, we also need to recognise the particular impacts of poverty on children and young people which will affect them throughout their childhood, through adolescence and into adulthood.

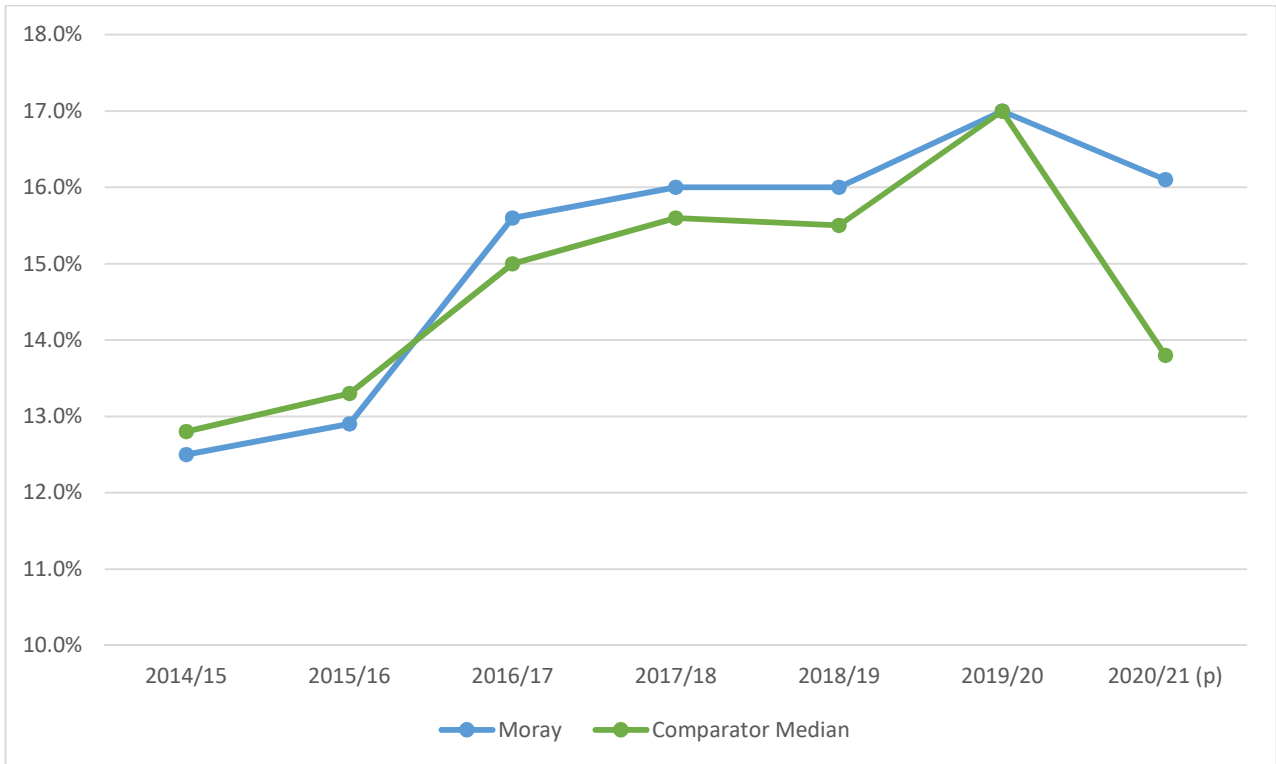
The most recent data presented here is from 2020/21 at the latest, meaning it has not taken account of all the impacts from the Covid-19 pandemic nor of the rapid and ongoing increases in the cost-of-living which will disproportionately impact those living in poverty and will of course push more people into poverty who previously weren’t categorised that way. The Children’s Services Plan will need to take account of the anticipated worsening of socioeconomic pressures over the coming years and the significant uncertainties in the current data and intelligence.

Figure 3.7 shows the proportion of children under 16 living in families classified as low-income before housing costs\*, from 2014/15-2020/21. However, DWP recommend caution when interpreting data for 2020/21, particularly when making comparisons with previous years, due to covid-related impacts on data collection. As such, the data shall be discussed only up until 2019/20. As can be seen, for both Moray and our “family” of comparable local authority areas, child poverty has increased significantly in that time from 12.5% to 17%. After housing costs, the proportion of children estimated to be living in poverty in Moray has risen from 21% to 23% in the same period<sup>62</sup>.

---

\* This is defined as the proportions of children under 16 living in families either in receipt of out-of-work (means-tested) benefits or in receipt of tax credits where their reported income is less than 60% of UK median income.





**Fig.3.7. Proportion of children living in low-income families (before housing costs).<sup>63</sup> Family must have claimed child benefit and at least one other household benefit in the year to be included in these figures. NB: While the data has undergone extensive quality assurance prior to publication, DWP recommend caution when interpreting data for 2020/21, particularly when making comparisons with previous years, due to covid-related impacts on data collection.**

---

*“I didn’t have a breakfast this morning, as there wasn’t enough bread left”.*

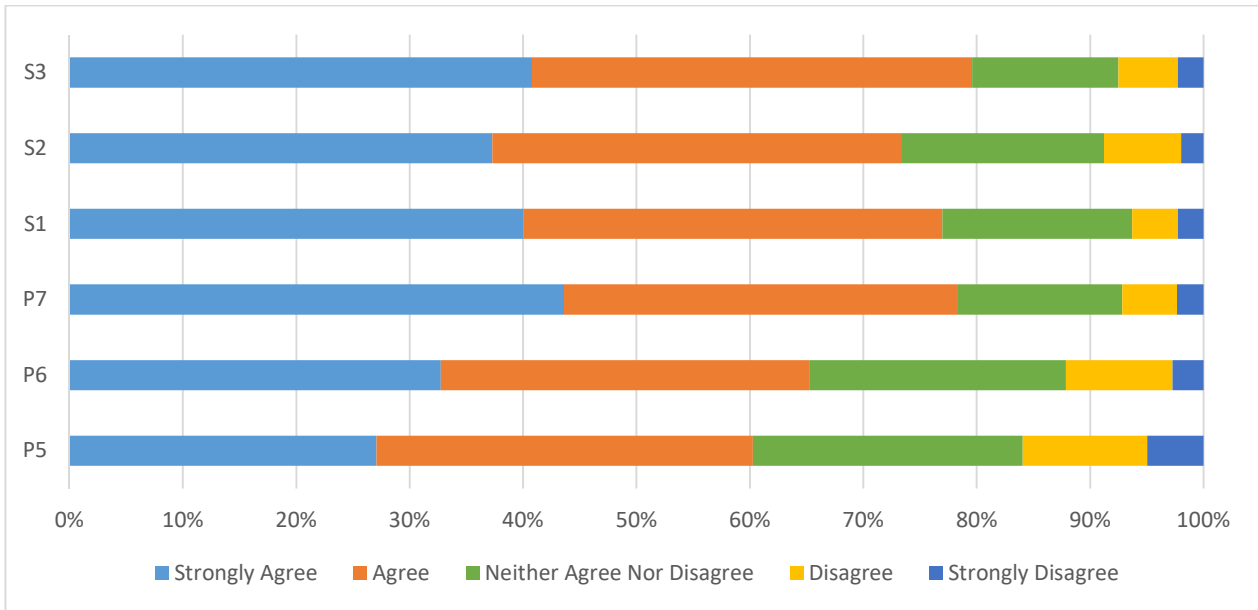
*“I’m glad all the activities are free or I wouldn’t have been able to go”.*

*“I don’t know if I will get new trainers for going back to school”.*

*- From children and young people engaged with the Youth Work team*

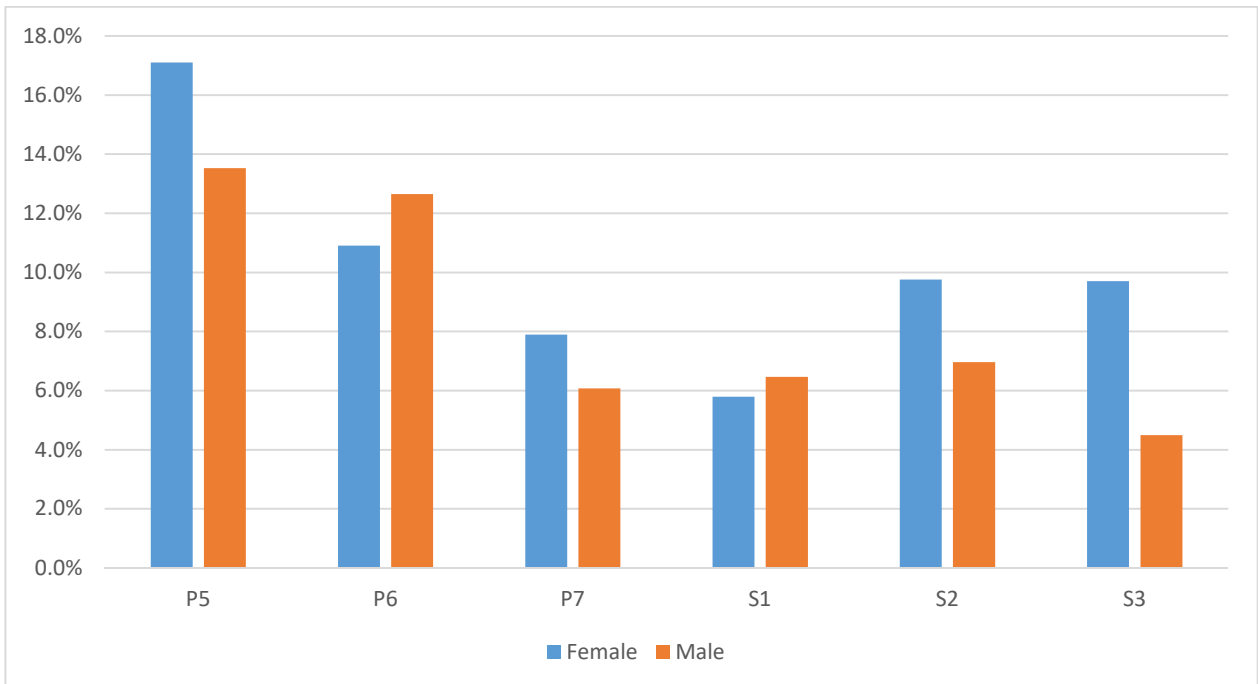
---

Data from the Schools Health and Wellbeing Census (HWBC) shows responses to the statement “Most of my time, I have enough money to do the same things as my friends.” While this data is included here, it is recognised that interpreting the data is complex as it may reflect the amount of money available to a family, the amount dispersed to young people directly, norms around the kinds of activities young people are engaging in, the wealth of a young person’s peer group etc. Figure 3.8 shows the total responses to the statement by year group. The majority of young people agree or strongly agree that they have enough money to do the same things as their friends. However, this varies significantly from year group to year group, with only 56.1% agreeing or strongly agreeing in P5, compared to 77.5% in S3.



**Fig.3.8. Responses to the statement “Most of my time, I have enough money to do the same things as my friends,” by year group. From Moray Schools HWBC, 2022.**

Looking only at those who disagree or strongly disagree that they have enough money to do the same things as their friends, we can see some significant differences by gender (see figure 3.9). While there is little difference for S1 pupils, we see many more girls than boys disagreeing in the youngest year group asked (P5, 17.1% of girls disagree/strongly disagree compared to 13.5% of boys) and the oldest year group (S3, 9.7% compared to 4.5%).



**Fig.3.9. Proportion of pupils responding ‘disagree’ or ‘strongly disagree’ to the statement “Most of my time, I have enough money to do the same things as my friends”, by year group and gender. From Moray Schools HWBC, 2022.**

One of the impacts of financial hardship most commonly mentioned by families is the ability to pay for activities so that children and young people can engage with their peers as equal members of their community. Below is a quote from a parent who has been using Moray School Bank noting the importance of being able to access local facilities and below that is feedback from the “No Worries in Moray” trips which show the impact affordable activities can have upon families.

---

*“I am only just affording to pay the bills and have enough money for food shopping. With the holidays coming up I feel I have no money to take the kids to enjoy the activities they want to do, everything can seem like it costs too much, like swimming and the cinema”.*

*- From parent engaging with Moray School Bank*

---

### Feedback from “No Worries in Moray” Trips

**“I would never have been able to afford to take my children here myself and my children have been asking for a while to be able to go. I suffer with anxiety when driving, so would never have been able to even get there, had I been able to save up money to go.”**

**“Yes my girls are still talking about it now it really improved their mental health and mine being able to have a day out without worrying about price of things like a snack or juice”**

**“It's made a big difference as I won't be able to afford to go out or get public transport due to my eldest having ADHD it was soo calm and great kids loved it”**

**“[Child] has additional support needs. He looked forward to the trip had lots of fun. He only struggled with the travel time and became upset on the bus but everyone was really kind. I’m also disabled and it was great to get out and go do something with my son. I’m usually so stressed out and worrying about one thing or another. I had a brilliant time too. We didn’t have to think about a thing.”**

**“We would not normally be able to afford a day out like that and my little one has not been to a zoo or wildlife park for 5 years because of how expensive it is. My son also struggles with sensory issues and hyperactivity, so this day out was so helpful as there was plenty for him to do and wide open spaces which helped prevent sensory overload”**

**“Hi just want to send you a message saying a massive thank you!! We had our day at wildlife park it was amazing kids haven’t stopped talking about all that they seen and would have never managed it without your help so thank you so much again xxx”**

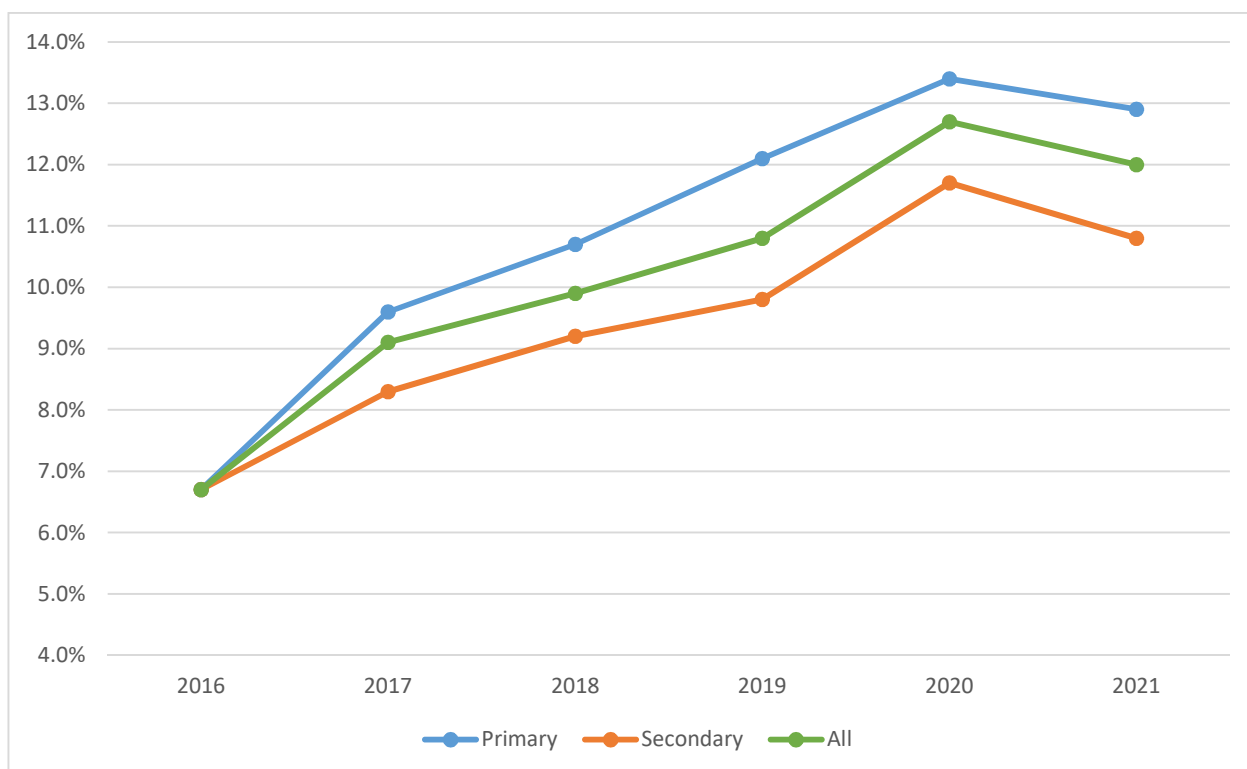
**“Hiya. I just wanted to message and say thank you so much for allowing me the opportunity to take my kids to Condonas yesterday. They haven't stopped speaking about it and were smiling from ear to ear the whole day. I would never have been able to take them otherwise and this has definitely made their summer holidays. Its the first family day out we have had since i got out of a domestic abusive relationship last year and it will forever be a great memory for us all. Thank you again xx”**

“I wanted to let you all know that today was absolutely brilliant!! It felt amazing to give my kids such a huge treat which to be honest I would not have been able to afford on my own. It has been years since we have been to Landmark and we have had a ball, the whole day was magical and from beginning to end the kids were beaming from ear to ear. You have given us amazing memories and we thank you all from the bottom of our heart. The day passed so quickly but we will always remember it. Thank you so much 🙏🙏🙏”

“Yes, the kids had asked to go and I had been trying to figure out a way to save £140 for the tickets to get in. It saved me the worry of having to tell them they couldn't go, cause we couldn't afford it.”

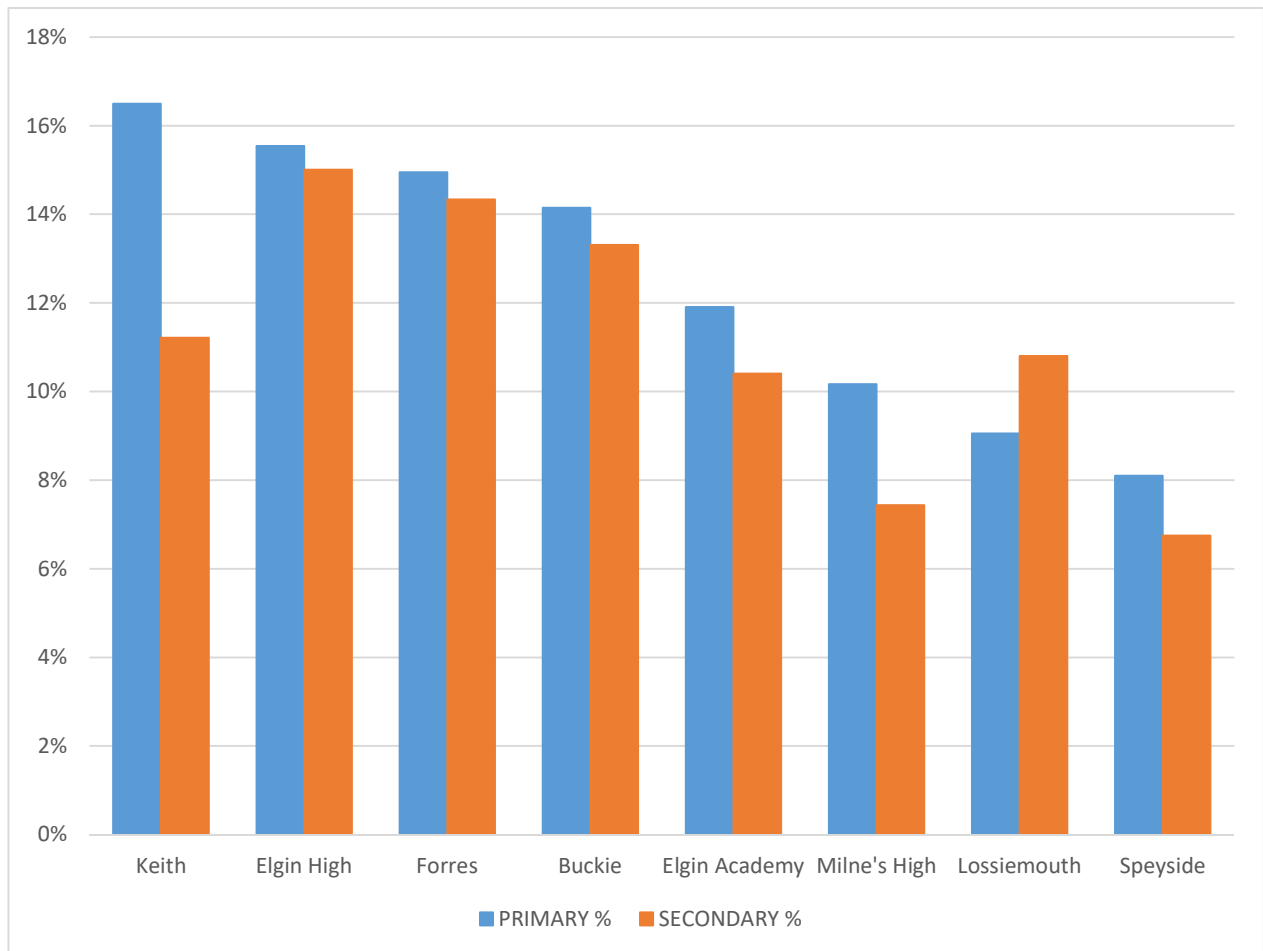
### 3.4. Free School Meals

Another way of assessing the number of families with children on a low-income in Moray is to look at the proportion of children and young people attending schools who are eligible for free school meals on the basis of low-income and/or receipt of qualifying social security benefits. Figure 3.10 shows how this proportion has changed over time for primary and secondary schools in Moray. The primary data in figure 3.10 does not include those pupils who are eligible for free school meals solely on the basis of the year group they are in. Those in year groups where provision is universal who would qualify through low-income and/or qualifying benefits are included and so the data is comparable across the time period. As can be seen, the proportion has increased consistently between 2016 and 2020, reflecting changes in the Child Poverty rate seen in section 3.3. For primary children, the proportion of children eligible has doubled in just four years.



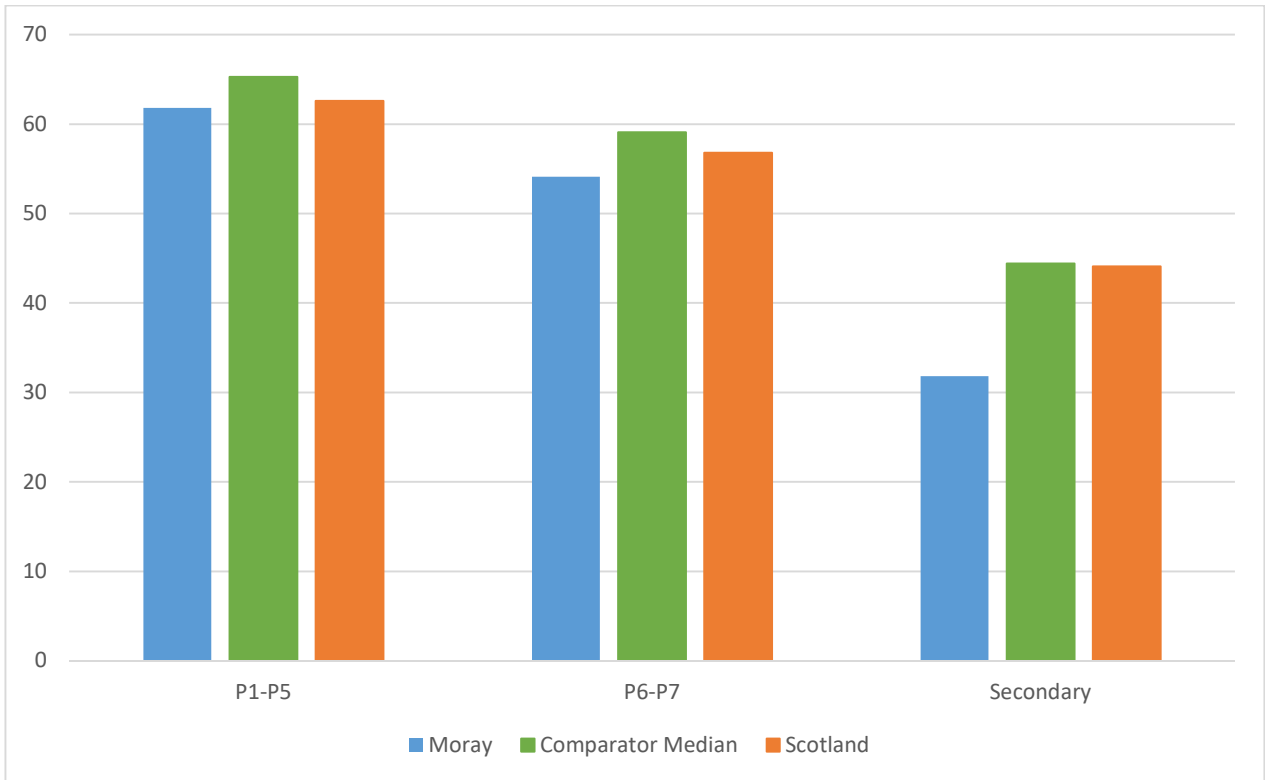
**Fig.3.10. Proportion of children and young people on school rolls eligible for free school meals on the basis of low-income and/or qualifying benefits in Moray, by primary/secondary and by year.**

Figure 3.11 shows how free school meal registrations are distributed across the eight associated school groups (ASGs) in Moray. In primary school children, 8% are registered for free school meals in Speyside ASG compared to nearly double that in Keith ASG. Similarly, under 7% of secondary children are registered for free school meals in Speyside compared to 15% in Elgin High. It should be noted that due to relatively small numbers, these proportions are liable to significant fluctuation year-to-year.



**Fig.3.11. Proportion of children and young people on school rolls registered for free school meals by Associated School Group (ASG), 2020.**

Figure 3.12 shows the proportion of pupils who are registered for free school meals who took up their free school meal on the day of the school meal census day 2022. As can be seen, uptake is higher in younger age groups, with twice as high uptake in P1-P5 (where provision is universal) compared to in secondary schools. In all three groups shown in this chart, Moray’s uptake rate is lower than both Scotland-wide and the median of our ‘family’ of local authority areas. This gap between Moray and others widens as children get older.



**Fig.3.12. Proportion of pupils registered for free school meals who took their free school meal on census day 2022, by year group<sup>64</sup>.**

### Case Study from “Inequalities in Moray” Report<sup>75</sup>

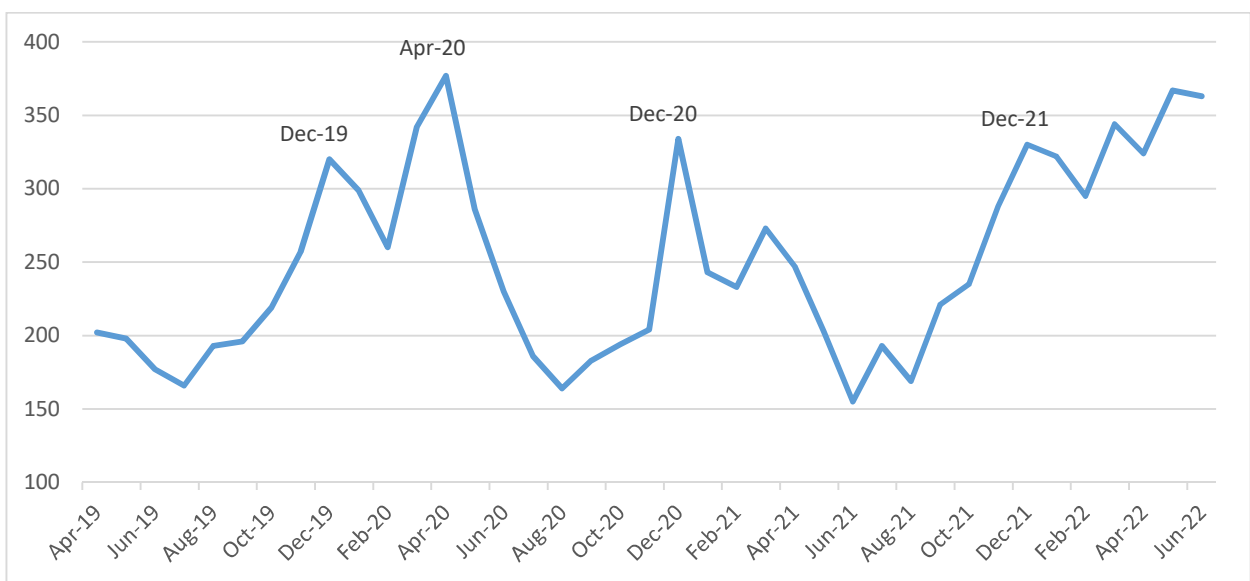
*I live with my sister, Mum, and Dad who are self-employed. We have never wanted for anything really, but have been really struggling. There was no money coming in for 14 weeks ‘cause we were waiting for a benefit (universal credit). Mum was really upset because we’re not a family who has ever been on benefits and didn’t know how it worked. It was embarrassing asking for help. Mum said that all our savings for a rainy day were being used up for paying the mortgage and bills. We were told about the Keith Covid Group and they connected us wi’ The Loft.*

*The Project Manager played the “basket trick” with us. I had to meet her every week and say fit we were short o’. We had food, toothpaste, shower gel, craft stuff and pens. We had vouchers for fresh stuff, meat and veg, so Mum could buy it... proper food for cooking. The first day I said “Oh my god that looks like heaps” and she said that’s one day for Mum and Dad nae tae worry. There was things from the hotels like the wee jams, and it kept changing. The Project Manager talked me through oor different meals like breakfast, school breaks for a play piece... it fair mounted up.*

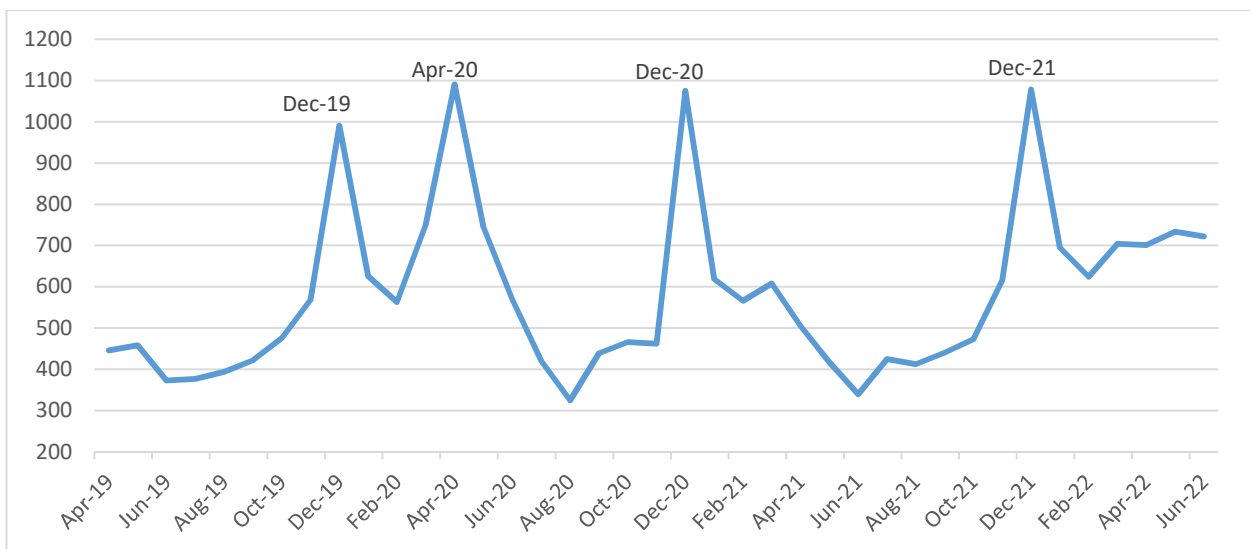
*Getting the different packs each gave me something to look forward to as I was sick o’ online work. It wis fun getting the cooking packs and craft or gardening packs every week for something different to dae. My parents made up a wee Christmas hamper to say thank you. Mum says it was a lifeline.*

### 3.5. Food Insecurity

Outside of schools, food insecurity has become a very significant issue over the last decade<sup>65</sup>, particularly for families with children<sup>66</sup> as food banks have become a normal part of society. This situation has been further exacerbated by the covid-19 pandemic<sup>67,68</sup>. Figure 3.13 shows the number of referrals to Moray Food Plus for emergency food provision each month. As can be seen, large jumps have been seen around Christmas each year and also at times of covid-19 related lockdowns. Prior to December 2021, these spikes were followed by reductions in referrals down to a lower level. However, after December 2021, no subsequent drop was seen. A similar pattern is seen in the number of people supported by Moray Food Plus (see figure 3.14), though there is a drop following winter, it is much smaller than previously. The number of people supported this summer is much higher than seen in previous summers.

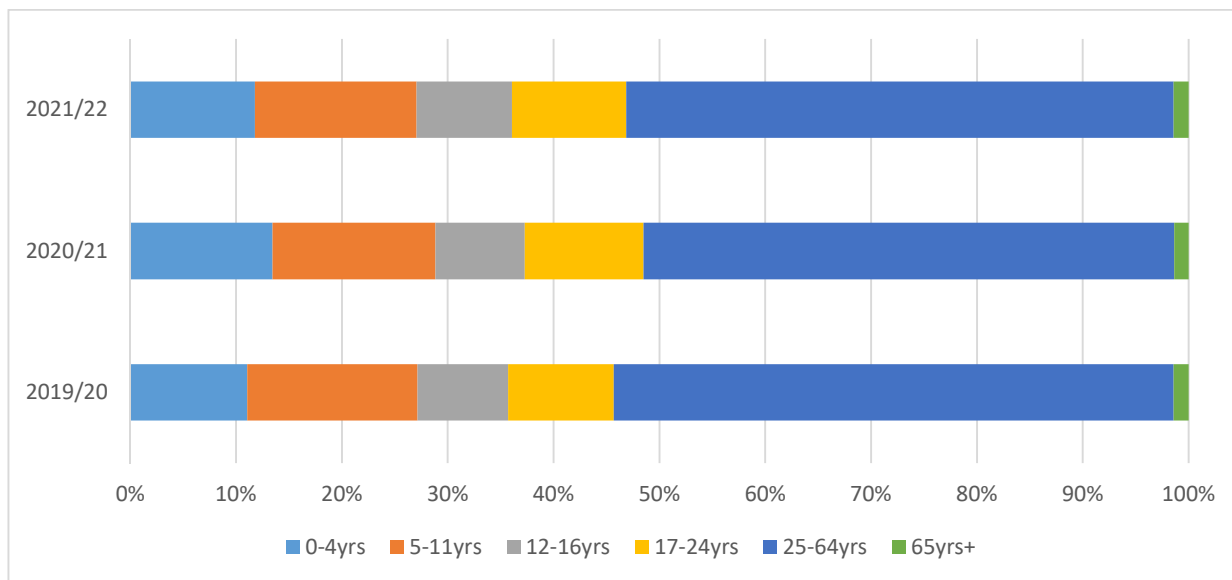


**Fig.3.13. Number of referrals to Moray Food Plus for emergency food provision, by month.**



**Fig.3.14. Number of people supported by Moray Food Plus providing emergency food provision, by month.**

Figure 3.15 shows the age group of people who are being supported by Moray Food Plus emergency food provision. The age split has remained quite consistent year-to-year, with nearly half of people supported under the age of 25. The table below shows some of the reasons people have needed this support. As can be seen, there is a mixture of reasons including insufficient social security benefits (and/or sanctioning of those benefits), insufficient earnings and unexpected costs.



**Fig.3.15. Proportion of people in each age group supported by Moray Food Plus providing emergency food provision, by year.**

Reported Reasons for Needing Support from Moray Food Plus	
<b>Had to pay deposit for new boiler so no money for two weeks</b>	Sanctioned for missing appointment due to covid, appealed and decision reversed but have to wait for balance to be paid. Have no food or power
<b>Worked overtime last month so reduced universal credit payment this month</b>	Universal Credit is not lasting the 4 weeks
<b>Had to buy washing machine so no money for another week</b>	Low wages
<b>Electricity gone from £60/month to £250/month</b>	Off work sick for a number of weeks and SSP is not enough to live on
<b>UC has been cut, direct debits taken all money out same week as paid – 4 week wait until next payment</b>	Started new job and adjusting to new income/benefit changes
<b>Been out of work for long time, no good with money – can't make it last the month</b>	Client requires oxygen machine and electricity bill has gone up considerably but been told not entitled to help with running costs of vital equipment
<b>Need to buy 2 tonne sticks so no money left for food</b>	Cost of living – increased bills, does not drive so has to pay for taxis and buses into town from their village
<b>Energy bills have increased from £100/month to £300/month</b>	



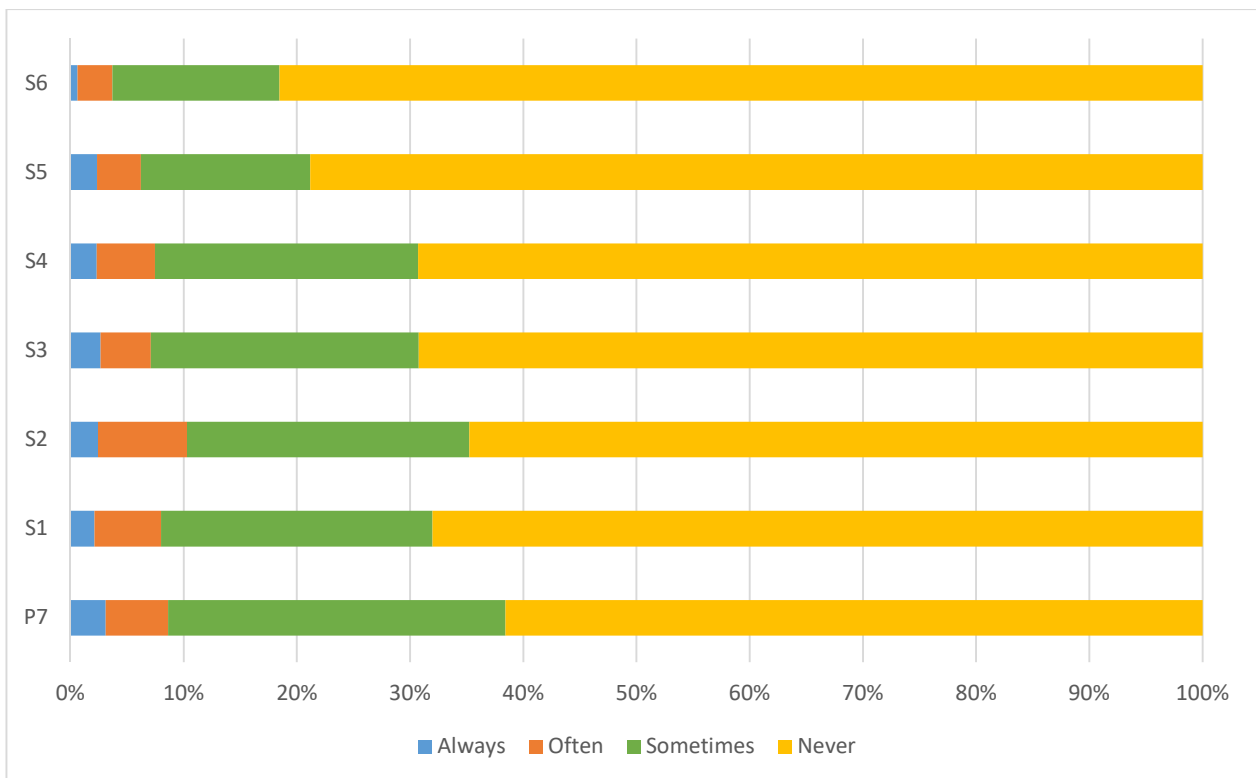
---

*“[We’re concerned about] children who are not on our radar – there was an incident over the summer and agencies involved noted that there was no food in the house at all.”*

*- Feedback from Practitioners’ Network*

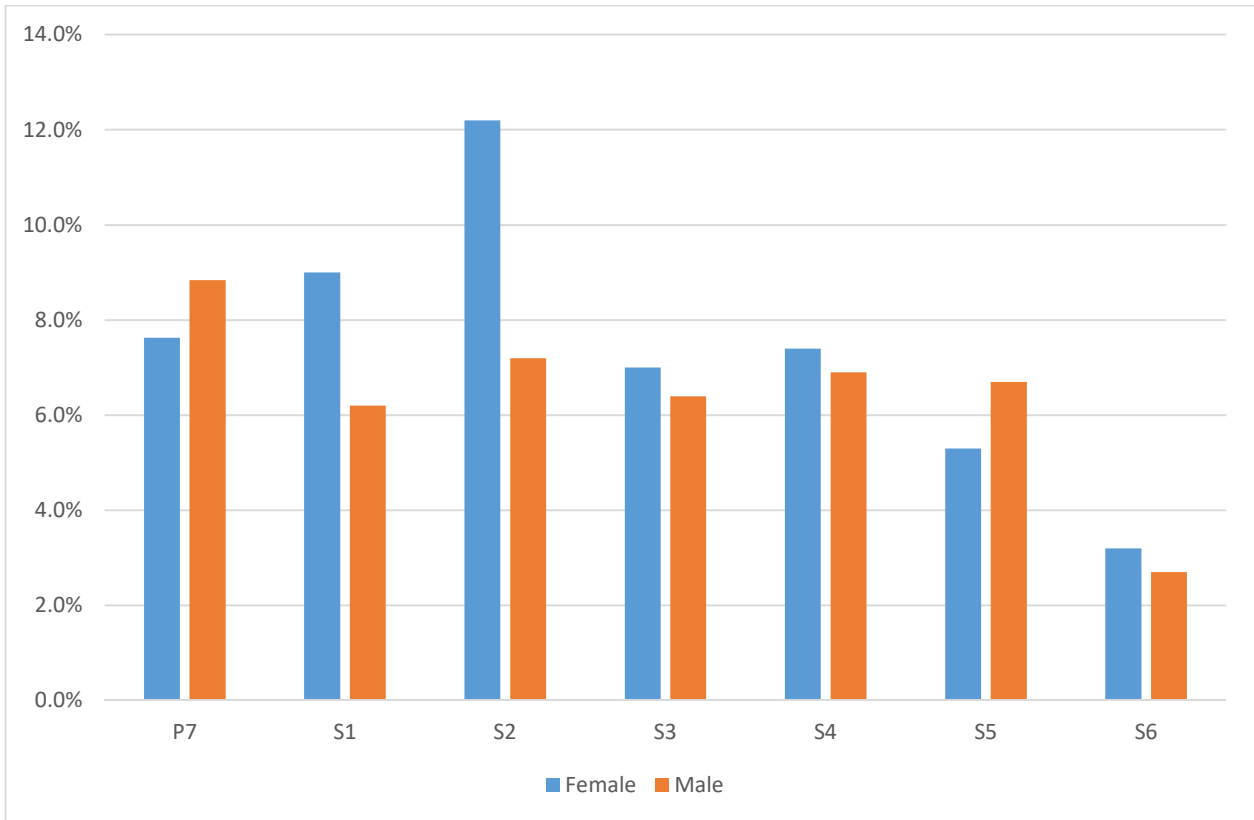
---

The Schools Health and Wellbeing Census (HWBC) also asked a question about how often children and young people go to school or to bed hungry. Figure 3.16 shows the overall results by year group. It should be noted that the survey took place in spring this year and so will not reflect any subsequent impacts of rising inflation, cost-of-living concerns etc. Happily, the majority of young people in every year group reported never going to bed or to school hungry, though this figure is lower in the younger age groups asked (58.6% of P7s) and higher in the older age groups (77.3% of S6s).



**Fig.3.16. Responses to the question “Some children and young people go to school or to bed hungry. How often does this happen to you?” by year group. From Moray Schools HWBC, 2022.**

Figure 3.17 looks only at those who reported that they ‘always’ or ‘often’ go to school or to bed hungry. The proportion responding this way varies between 3.5% in S6 (NB: small numbers) and 9.7% in S2. In most year groups, there is not a large difference between the experience of girls and boys. However, in S1 and S2, a much higher proportion of girls report going to school or bed hungry compared to boys (S1: 9.0% vs 6.2%; S2: 12.2% vs 7.2%).



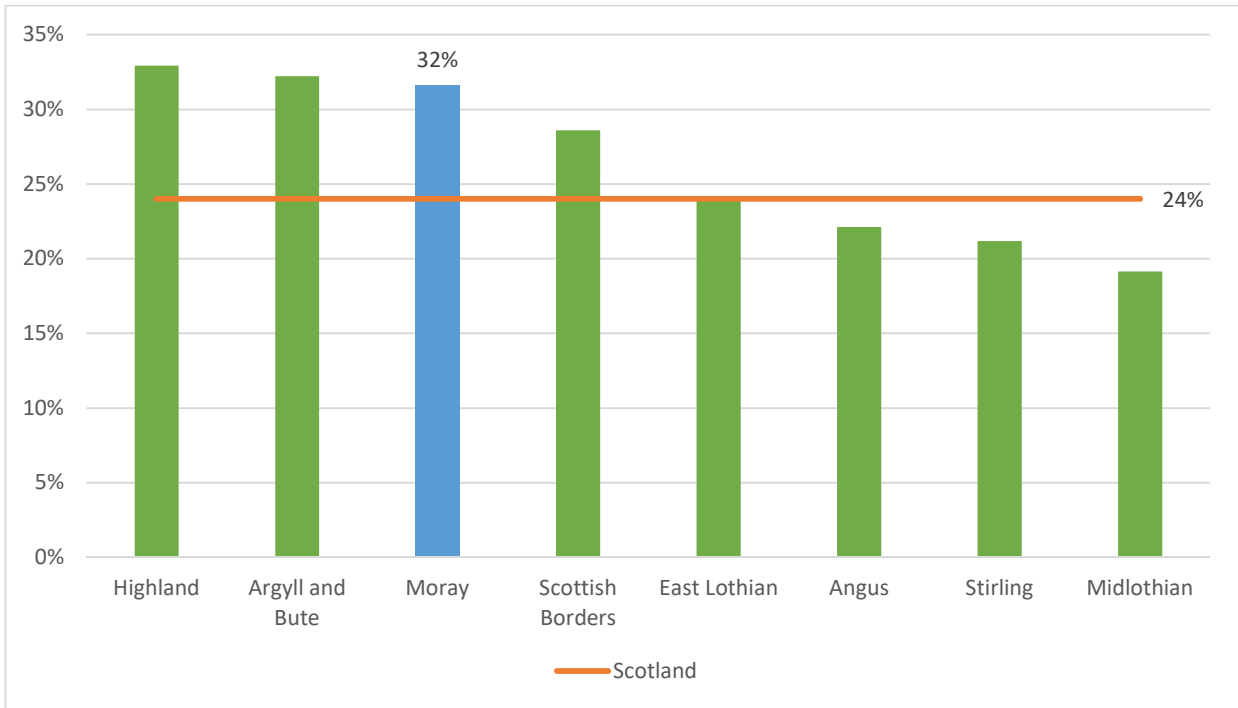
**Fig.3.17. Proportion of pupils responding ‘always’ or ‘often’ to the question “Some children and young people go to school or to bed hungry. How often does this happen to you?”, by gender and year group. From Moray Schools HWBC, 2022.**

### 3.6. Fuel Poverty

Fuel poverty is a measure of the affordability of heating our homes in the context of the money we have available to pay for other necessities. A household is considered ‘fuel poor’ or ‘in fuel poverty’ if:

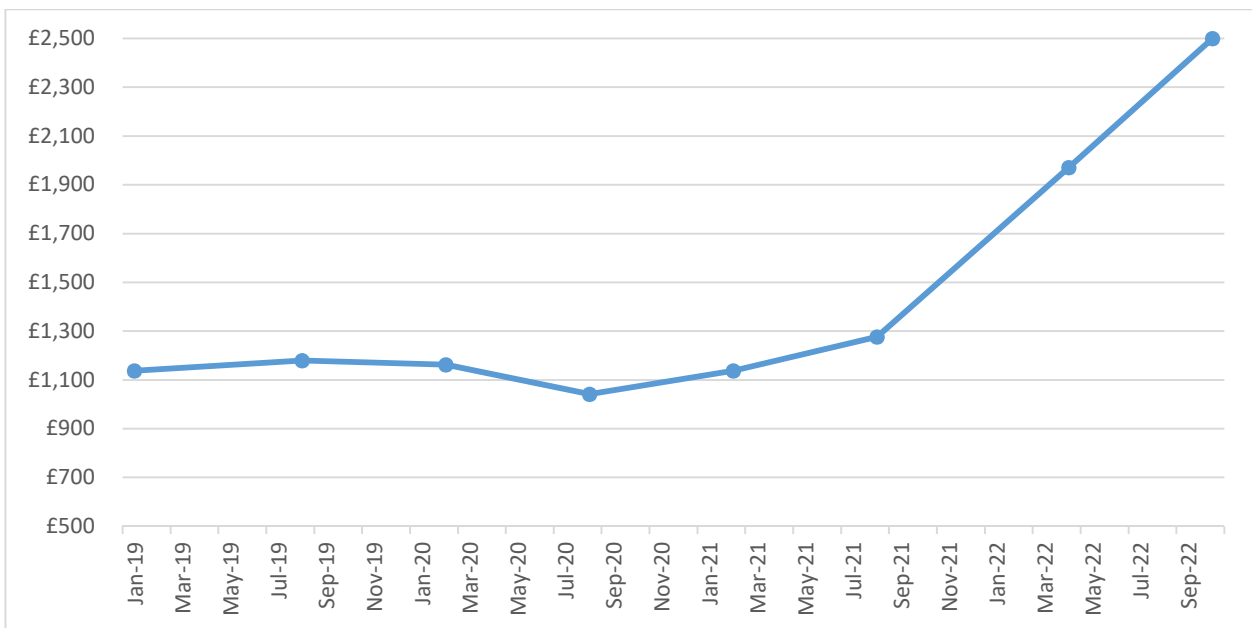
- in order to maintain a satisfactory heating regime, total fuel costs necessary for the home are more than 10% of the household's adjusted (i.e. after housing costs) net income; and
- if, after deducting those fuel costs, benefits received for a care need or disability<sup>[12]</sup> and childcare costs, the household's remaining adjusted net income is insufficient to maintain an acceptable standard of living.<sup>69</sup>

As can be seen in figure 3.18, fuel poverty has been a significant issue in Moray for some time, with most recent data from 2017-19 identifying nearly a third of households as fuel poor (19% are classified as being in “extreme fuel poverty”). This is particularly concerning in the current economic climate as energy costs are the biggest component of the high inflation we are seeing, resulting in a greatly increased “cost of living”. At a UK level, annual household energy costs will have more than doubled since the winter of 2020/21<sup>70</sup> meaning a much greater proportion of the Moray population is now likely to be living in fuel poverty. Furthermore, we know there has been a significant shift nationally towards more people working from home, potentially requiring people to heat their house for longer.



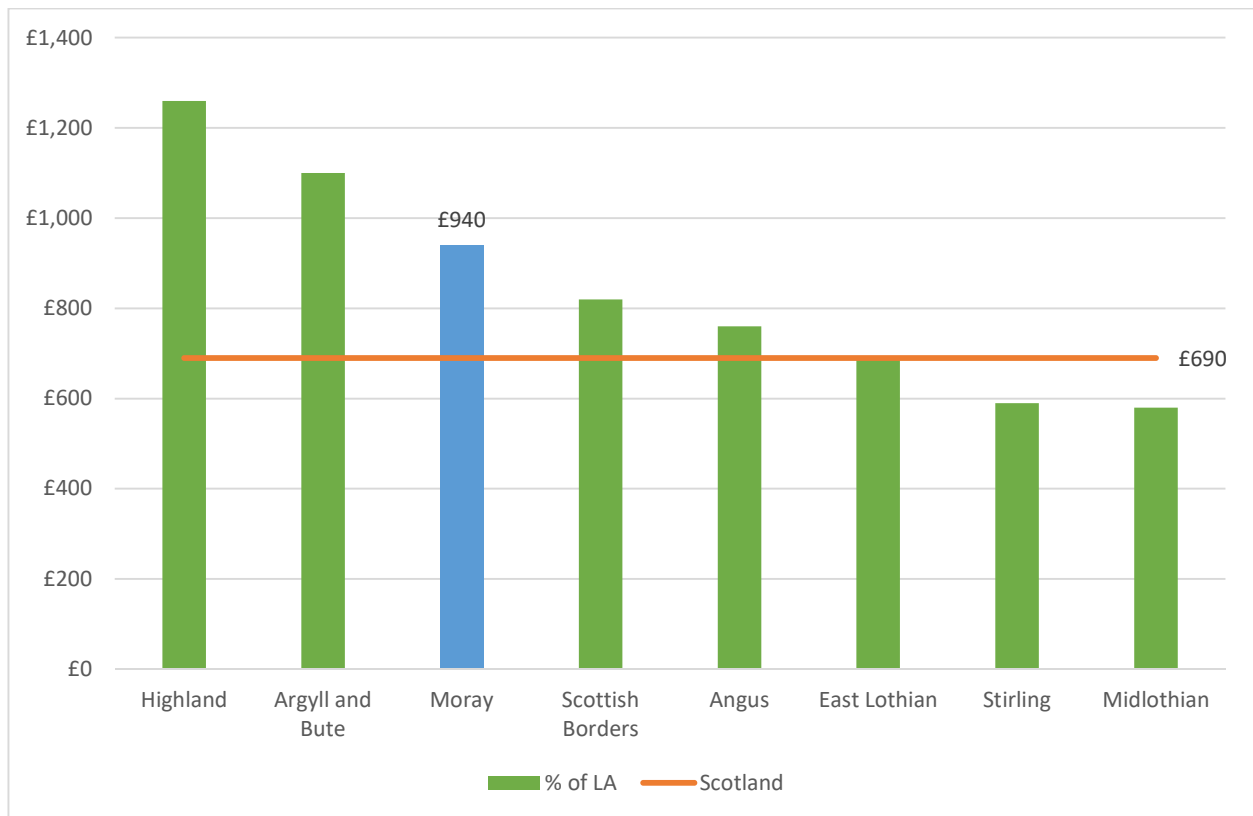
**Fig.3.18. Proportion of Households Classified as Fuel Poor, by local authority, 2017-19<sup>71</sup>. “Family Group” of comparator local authority areas are highlighted in green.**

Figure 3.19 shows how the energy price cap has changed over the past few years – showing the average energy cost for households on a standard variable tariff. As concerning as this picture is, it does not reflect the extent of the issue in Moray as our local climate is colder than the UK average meaning that people will have to use more fuel in order to heat their homes to an acceptable standard.



**Fig.3.19. Timeline of UK-wide energy price cap showing the average annual price of a standard variable tariff.**

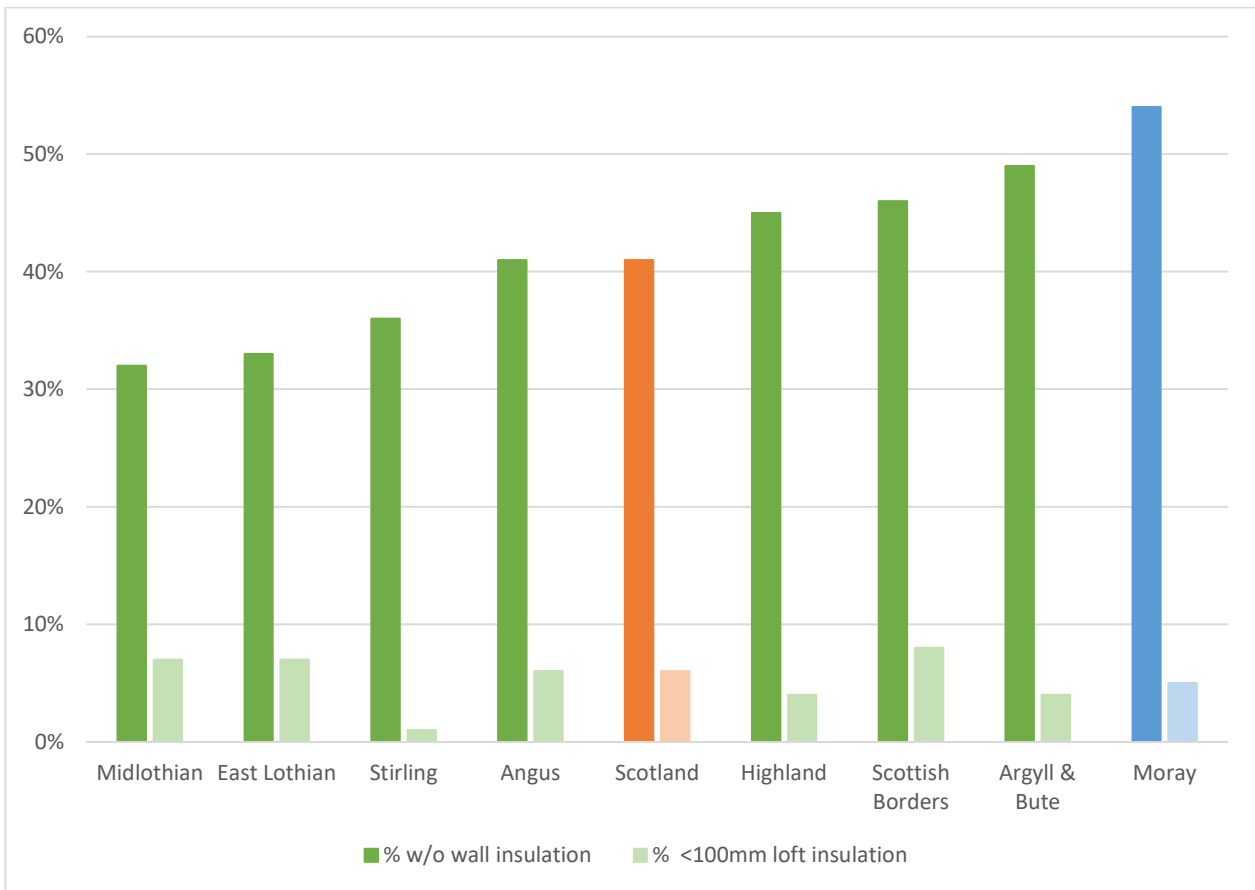
As shown in figure 3.20, as well as having a relatively high proportion of households in fuel poverty in Moray, the money required for somebody to be taken out of fuel poverty, the “Fuel Poverty Gap”, is also relatively high compared to Scotland as a whole and all but two of our comparator local authority areas. The median Fuel Poverty Gap in Moray is £940. Again, this is based on fuel poverty in the period 2017-19 and so does not take into account the extremely large increases in energy costs which are shown above. It is likely that both fuel poverty levels and Fuel Poverty Gaps have both increased significantly since these data were produced.



**Fig.3.20. Median ‘Fuel Poverty Gap’ by local authority, 2017-19<sup>71</sup>. “Family Group” of comparator local authority areas are highlighted in green.**

Figure 3.21 shows the proportion of households in Moray which have wall and loft insulation. As can be seen, while much progress has been made on loft insulation, Moray’s households have very poorly insulated walls. This means that even more fuel will be required to maintain a reasonable standard of living in our homes and the fuel poverty data above suggests that a significant number of households will struggle to do that.

It should also be noted that while the loft insulation measure looks at which households have at least 100mm of loft insulation, the current recommendation is a much higher 270mm of loft insulation<sup>72</sup> and so it is likely that a much greater number of households do not have this appropriate level of insulation installed.



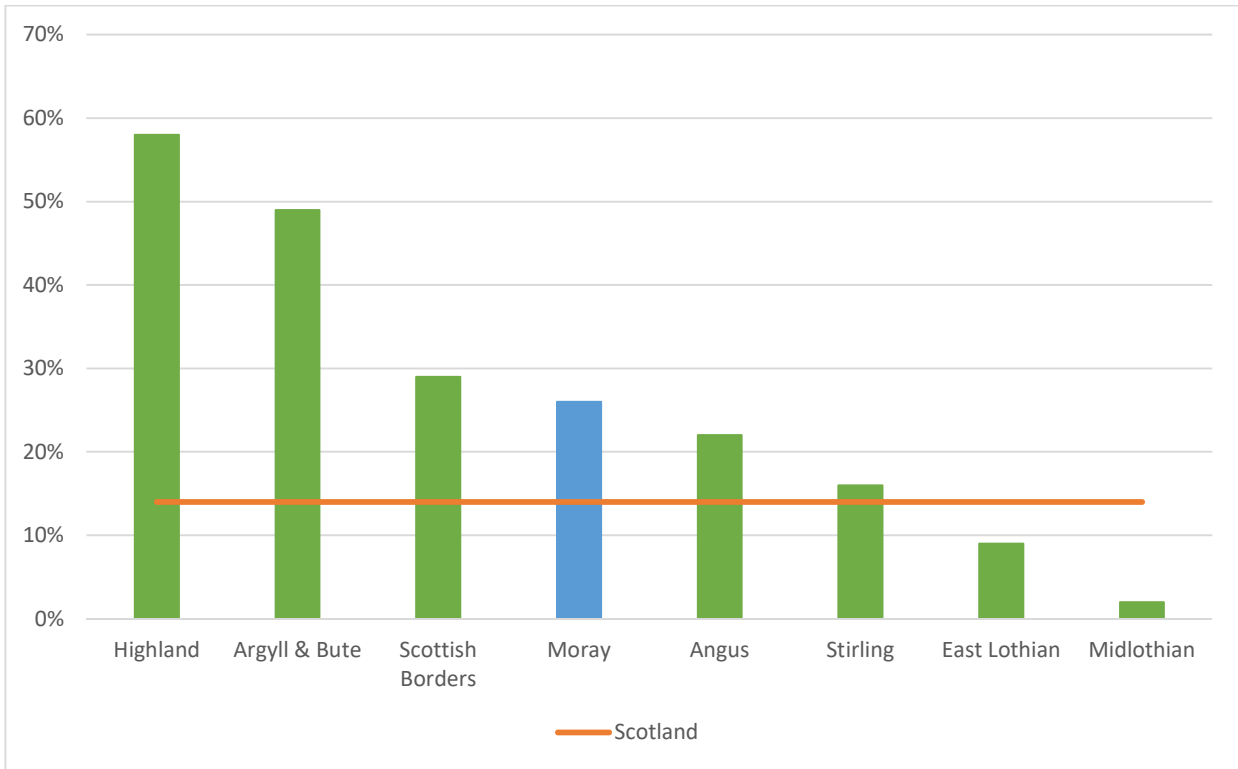
**Fig.3.21. Proportion of households without wall insulation (dark colours) and proportion of households which have loft space where insulation is less than 100mm (light colours), by local authority, 2017-19<sup>71</sup>.**

*“Parent asked their electricity provider to give back some money he had built up in his electric account as there was more money in that account than the bank account and the provider refused citing that there needed to be three months’ worth of accrued balance at all times. They thought being on a smart meter meant you only paid for what you used.”*

*“Moray School Bank learnt that a single parent and child had no money to get coal/wood and kindlers to have a fire. House was heated through a back boiler. MSB purchased items to enable family to heat home and wash. Child jumped with glee when told they could have a bath.”*

*- From Moray School Bank*

Figure 3.22 shows the proportion of households not connected to the gas grid. As can be seen, Moray has a much higher rate compared to Scotland (26% vs 14%). These households must be heated using another means, often using heating oil (kerosene) or gas (LPG) from a tank. Not only is oil and gas of this type more expensive than gas from the grid, but normally a minimum amount must be purchased, requiring a significant upfront outlay of cash. This can be a further barrier to heating for those with low incomes not on the gas grid.



**Fig.3.22. Proportion of domestic properties not connected to the gas grid, 2020<sup>73</sup>.**

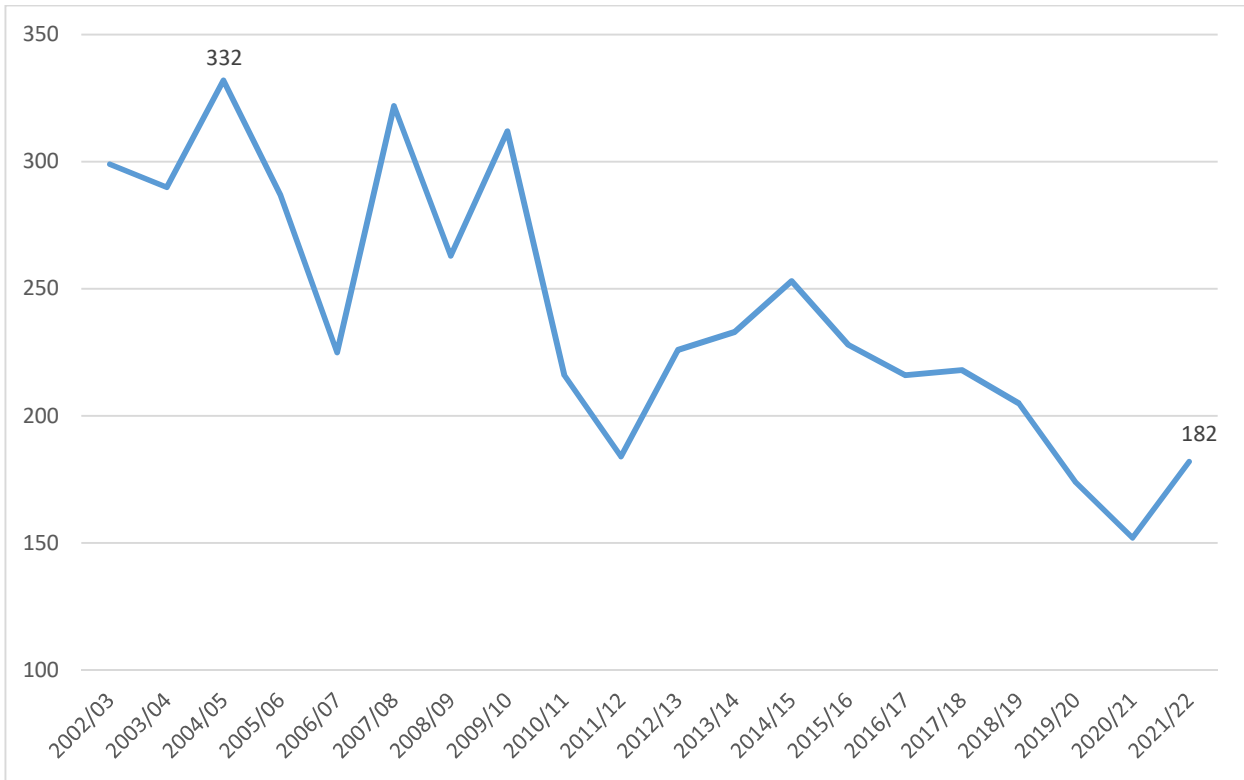
*“Some significant issues are around Universal credit, and the concern parents have in swapping from older benefits to the new one. The time to wait puts people in debt which leads them to having to pay off these debts once UC kicks in. It is demoralising and puts families/parents into a negative frame of mind from the outset of starting the benefit.”*

*- From Revolution for Good*

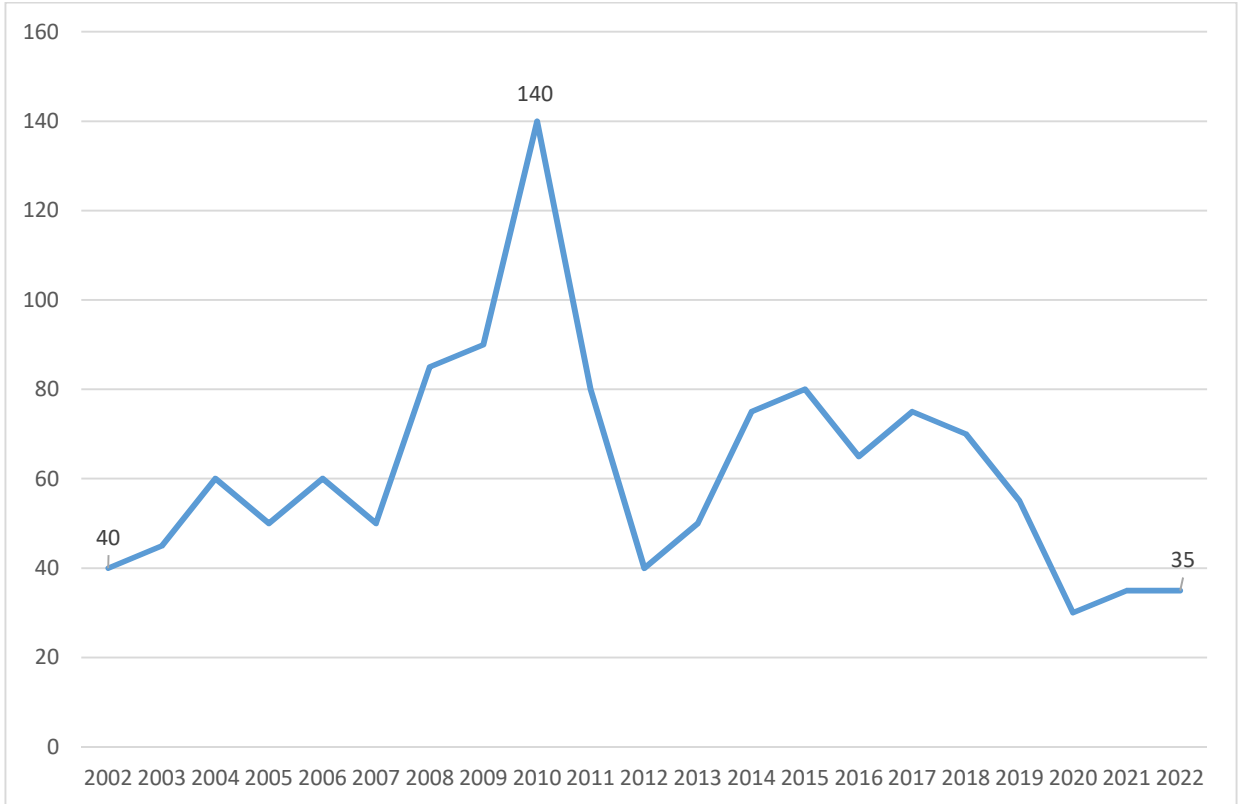
**UNCRC Article 27: Children and Young People have the right to the proper housing, food and clothing they need to reach their full potential.**

### 3.7. Housing

Homelessness is an experience which shouldn't happen to any of our residents and can have lifelong impacts, particularly for children and young people who experience it. Figure 3.23 shows the number of children associated with applications assessed as homeless or threatened with homelessness in Moray. The number of children in this situation has been slowly reducing over the last 20 years, though there was a significant uptick in 2021/22. Figure 3.24 shows that the number of children housed in temporary accommodation in Moray is similar in 2022 as it was in 2002.



**Fig.3.23. Number of children associated with applications assessed as homeless or threatened with homelessness in Moray, by year.**



**Fig.3.24. Number of children in temporary accommodation on 31<sup>st</sup> March in Moray, by year. Numbers are rounded to the nearest 5 to protect anonymity.**

## Case Study from Revolution for Good

*I had received a Benefit letter stating housing benefit would be suspended. I felt stressed, panicked, anxious and tearful. Jean sat with me calmed me down told me what I was doing well. I was then able to calm down and stop faffing about. We sat down did some breathing exercises and focused on a way forward and to reach a goal. We pulled out all the letters relating to the suspension, we then put everything in date order and we looked at the chain of dates to give us a way forward.*

*We then wrote down a list of questions which helped keep me focused when making telephone calls. I was then able to contact moray council, job seekers about universal credits and customs and revenue. All relating to income and rent payments. By having all the questions written down and having Jean with me, I was able to pick up the phone ask the relevant questions and also was able to get them to send and confirm what was discussed over the phone and my next steps.*

*Jean sitting down with me helping me go through everything made me see the light at the end of the tunnel. It also helped me over the following weeks with having a simple tool to use when having to deal with people over the phone and in person especially when I was under pressure and stressed.*

*Rent is sorted and arrears are declining and being managed. Woo hoo!*

### 3.8. Digital Inclusion

Access to the internet for communication, socialising, study and play is now a normal part of life for most children and young people. The Schools Health and Wellbeing Census (HWBC) asked pupils from P7 to S6 if they had access to the internet at home, on a phone or another device. Only 0.3% responded 'no' to this question with no significant variation across the age groups, representing 11 pupils out of 3623 who responded. A further 1.6% either responded 'prefer not to say' or did not answer the question, but this is not significantly different from response to other questions. What this information does not tell us is the extent of access and whether young people are able to get what they need from the access.

Further questions on use of social media and other online resources are included in the later section on health and wellbeing.

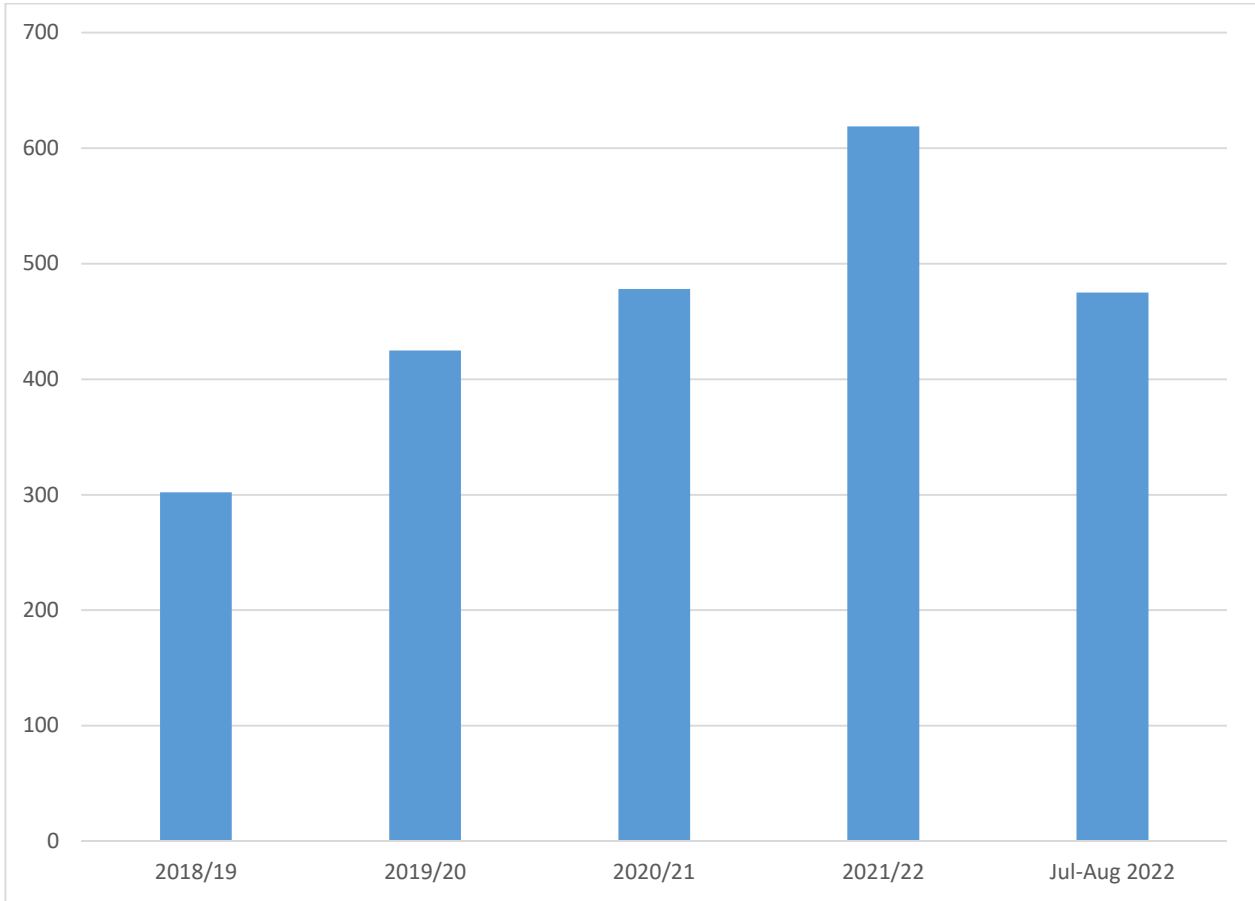
### 3.9. Moray School Bank

Moray School Bank is a charity founded with the aim to provide new school uniform and winter clothing to children living with poverty and hardship across Moray, ensuring all children are equal and have opportunities to reach their potential at school. Figure 3.25 shows the number of referrals the Moray School Bank has received each year, including summer and winter campaigns. The final bar on the graph (Jul-Aug 2022) shows only the summer campaign to date of data capture of the 2022/23 year. As can clearly be seen, the number of referrals has increased



markedly in recent years. Indeed the incomplete summer campaign of this year has had more referrals than the whole years of 2018/19 and 2019/20.

The quotes in the table on the following page provide some of the context surrounding these referrals.



**Fig.3.25. Moray School Bank referrals for uniform and winter clothing support. Each year includes a winter and a summer campaign, Jul-Aug 2022 shows only the as yet uncompleted summer campaign as at 18<sup>th</sup> Aug 2022.**

## Quotes and Context from Moray School Bank Recipients

*"You guys are the best! I was lying awake at night, worrying myself sick about how I was going to manage to buy food on top of my bills while the van is off the road and as if by magic, you pop round with clothes for O and shopping vouchers. It is so appreciated – Thank You"*

**Lone parent who runs her own business. Her van is her lifeline to work and without it couldn't continue to offer the service that she does. Shopping vouchers gave her a little bit of breathing space to gather her thoughts and move forward with a short-term plan. She now has a new van but has lost some good annual jobs due to being unable to fulfil her contract with customers. Back on track with replacement van and beginning to build up her client base again.**

*"Thank you so much for the jacket and boots you brought for B and the top up of electricity. It's amazing. What an incredible support".*

**Recent marital split – mum had to give up work to care for kids as now can't afford childcare so money very stretched at present.**

*"We had people that were experiencing a child going through cancer treatment with no additional support for finances, people crying as they feel they are drowning in debt and don't know where to turn. People not asking for help because they don't read or write well and so cannot ask for help."*

*"Three children, two at school. The younger child needs a lot of medical support so Mum is currently not working. The children require new school shoes as the current ones are getting too small. She has separated from her husband and has financial responsibility for all the children."*

*"Mum has recently been diagnosed with MS. Things are financially tough for Mum and she has requested assistance from the clothing bank. Referred child and her siblings are in need of new school uniform items."*

*"Since the birth of a younger sibling mum had to give up some hours at work due to the lack of child care within the village. Due to Covid 19 dad has also had to reduce his working hours due to lack of work. Mum feels that they are struggling because they are just on the threshold for receiving additional benefits and with having to have two cars for travelling to work (due to lack of local transport) this is having a significant impact on their finances."*

**Quotes from Moray School Bank on reasons given for recent uniform deliveries.**

### 3.10. The Moray Emergency Relief Fund

In April 2020, the lieutenancies of Moray and Banffshire launched a fund, the Moray Emergency Relief Fund (MERF), to provide financial relief to people in the Moray Council area suffering severe hardship, illness or poverty as a result of the Coronavirus crisis. The MERF was intended “for those who have not been helped sufficiently by measures available from the UK and Scottish governments and Moray Council”<sup>74</sup>. Data from the first 600 applications suggests that food (342 applications) and fuel (336 applications) were the most common reasons that people required support<sup>75</sup>, in line with the data presented above. A case study below shows an example of the experience of somebody who benefitted from the MERF programme. As can be seen, accessing and receiving appropriate support is often a complex process involving a large number of people and agencies.

#### Case Study from “Inequalities in Moray” Report<sup>75</sup>

*Simon is a 26-year-old student with ADHD and is care experienced. He lives mainly alone but hopes his daughter who visits will come to stay with him. He attended a Community Larder after a lot of encouragement. In his home, his cooker partially worked but otherwise no white goods were functioning. On receiving the tenancy, the gas was switched off because of cost and he has not been able to afford to get it switched back on. He is living with no heating and hot water, no fridge, washing machine, microwave and floor coverings. He is reliant on friends to pass on clothes and footwear. His situation became fraught when his car needed essential repairs, which were above the value of the vehicle. The car is a lifeline to see his daughter who is his priority. Through building up a working relationship, Simon shared more information and some help was sourced. There was a successful application to MERF; utility top ups; 2 applications to Life Changes Trust and contact with Who Cares Scotland.*

*A plumber was contacted to fix his leaking cistern and a locksmith sorted the doors. Through conversations with colleagues, Simon benefited from goods from a woman’s estate plus some outdoor play equipment. A member of the Men’s Shed went over, cut his grass, and then made raised beds for him to attend to with his daughter. At various points, Simon has tried to access help but the Council Office access point is closed and he is not comfortable talking on the phone with limited credit or completing online forms. This has caused increased anxiety but also added to the likelihood that he misses deadlines, which adds to his already difficult circumstances.*

---

*“Feeling overwhelmed with finances to the point of avoiding opening letters and emails. Holding previous debt and rent arrears with no headspace to deal with this. I have a low income and my Universal Credit fluctuates each month, so I find it a real struggle to budget each month”.*

*“After a marital breakdown I feel I have no idea what to do and where to turn for help with my finances, such as housing and benefits. I want to feel financially secure again and settled”.*

*“I am only just affording to pay the bills and have enough money for food shopping. With the holidays coming up I feel I have no money to take the kids to enjoy the activities they want to do, everything can seem like it costs too much, like swimming and the cinema”.*

*“At Christmas, many of our parents rely heavily on us (council service) to get presents from New Elgin Hall or MFR”*

*“An S1 girl was demonstrating her agility but when asked if she did gymnastics she told us she would love to but her parents cannot afford to have her attend.”*

*- Feedback to/from providers of Moray Council services*

---

**UNCRC Article 24: Children and Young People have the right to the enjoyment of the highest attainable standard of health, including the right to good quality healthcare, clean water and good food.**

## 4. Health and Wellbeing

Moray has, like the rest of the world, just spent more than two years in an acute public health crisis. Fortunately, the direct acute impacts of Covid-19 on children and young people have been limited (the magnitude of medium- long-term direct impacts of ‘long covid’ on children and young people remains to be seen<sup>76</sup>). However, the pandemic and the required health protection control measures that accompanied it have caused an unprecedented disruption in the lives of children, young people and their families. This comes on top of concerns about the health and wellbeing of young people, particularly around mental health and wellbeing, that pre-date the pandemic; many of the data on social determinants of health and wellbeing were already causing concern<sup>77,78</sup>.

The data shown here represents data available at the time of collation and should not be seen as exhaustive. It would be helpful for future iterations of this report to understand what aspects of physical, mental and social wellbeing matter most to young people in Moray in order to best prioritise these indicators for action.

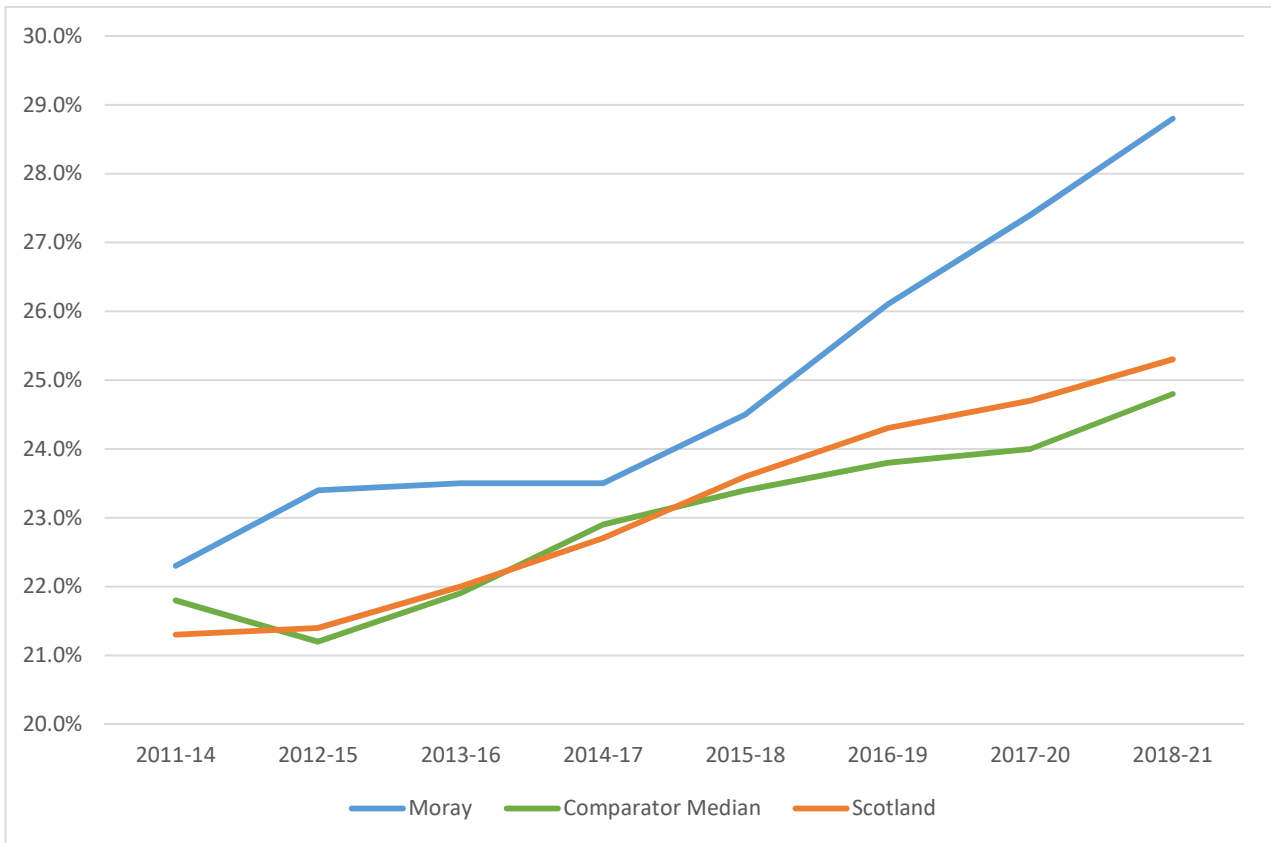
### 4.1. Maternal Health Indicators

It can be easy to forget in the context of a report primarily focused on children and young people that the health and wellbeing of people who are pregnant or new parents must be valued first and foremost for the sake of that individual, not only for the sake of the child. However, health and wellbeing are collective as well as individual characteristics and the health of children and young people must be understood in the context of the health of the family, household and community in which they live. The data presented here focuses on the pregnant parent. This is understandable given the particular maternal-child relationship during pregnancy and immediately following birth, as well as the overwhelmingly gendered social parenting roles currently prevalent in society (see section 2.8). However, to truly understand the health of the family environment, data on other people living in the household, particularly those providing care, would be greatly beneficial in future iterations of this report.

Obesity is a risk factor for a broad range of health problems and has also been used as an indicator for general health and health-related quality of life. It is important to understand obesity in the context of its social determinants<sup>79</sup>, and avoid “the lazy language of lifestyles,”<sup>80</sup> which lays the responsibility or blame for the large changes in such indicators across societies upon individuals. Figure 4.1 shows the proportion of pregnant people living with obesity in Moray at the time of their midwife booking appointment. There has been a clear and consistent increase in this proportion in Moray over the last decade from approximately 22% in 2011-14 compared to 29% in 2018-21. This is significantly higher than the average for both Scotland and our comparator

family of local authority areas (both 25%) and the gap is widening (1% gap between Moray and Scotland in 2011-14 vs 3.5% gap in 2018-21).

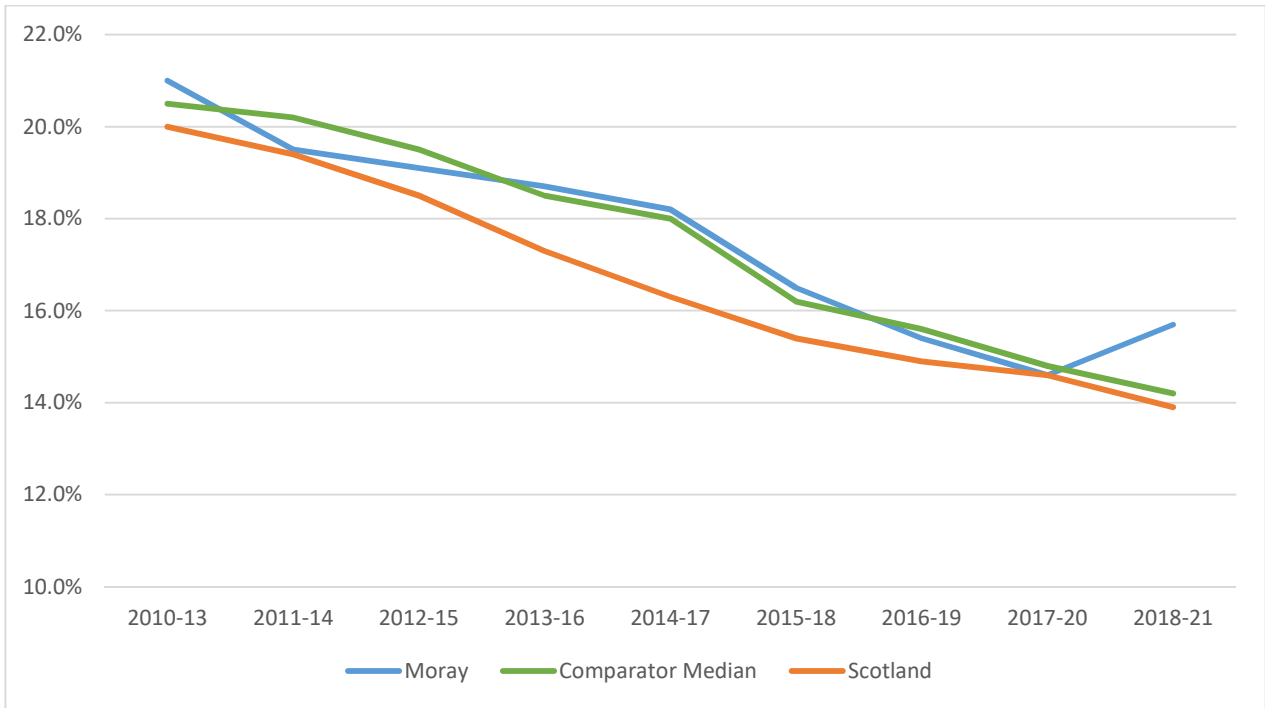
As well as the direct health impact of obesity upon the individual, parental obesity is also a risk factor for negative health outcomes for children and young people, including childhood (and later adulthood) obesity and overweight. It must be noted that impacts of parental obesity on child health are not restricted to maternal obesity, but many also apply to paternal obesity and are increased where both parents are living with obesity<sup>81,82,83,84</sup>.



**Fig.4.1. Proportion of those pregnant recorded as living with obesity at midwife booking appointment, by three-year period<sup>85</sup>.**

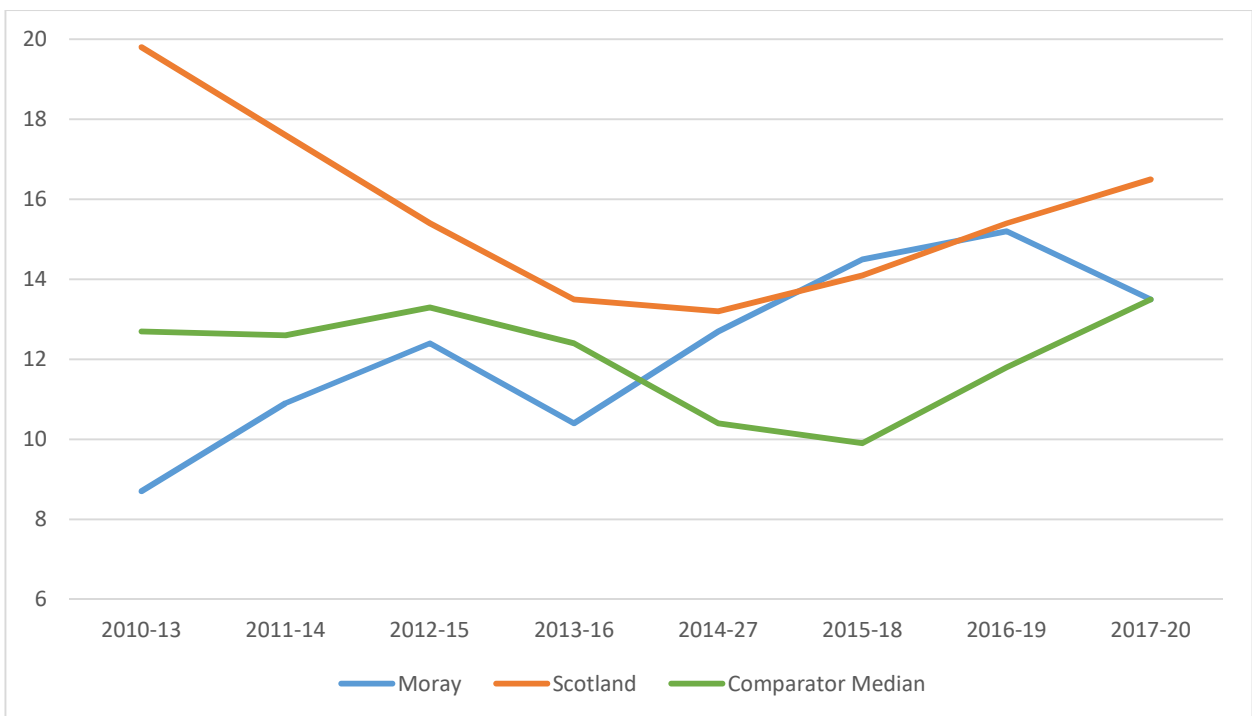
As in all stages of life, smoking is a very significant causal risk factor for a very broad range of negative health outcomes during pregnancy and parenthood. Smoking during pregnancy is causally associated with increased risk of stillbirth<sup>86</sup>, low birth weight<sup>87</sup> and sudden unexpected infant death<sup>88</sup>. Furthermore, parental smoking is one of the most well-documented risk factors for the development of smoking behaviour in young people<sup>89,90,91,92</sup>.

Figure 4.2 shows the proportion of pregnant people recorded as a current smoker at the midwife booking appointment. In the period from 2010-13 to 2017-20, Moray saw a consistent decrease in this proportion (from 21.0% to 14.6%) at a similar rate to our comparator local authority areas as well as the Scottish average. However, the most recent data point (2018-21) shows an uptick in this figure in Moray and not elsewhere. It remains to be seen if this is an anomaly or will be sustained in future data releases.



**Fig.4.2. Proportion of those pregnant where smoking status is known recorded as a current smoker at midwife booking appointment, by three year period<sup>85</sup>.**

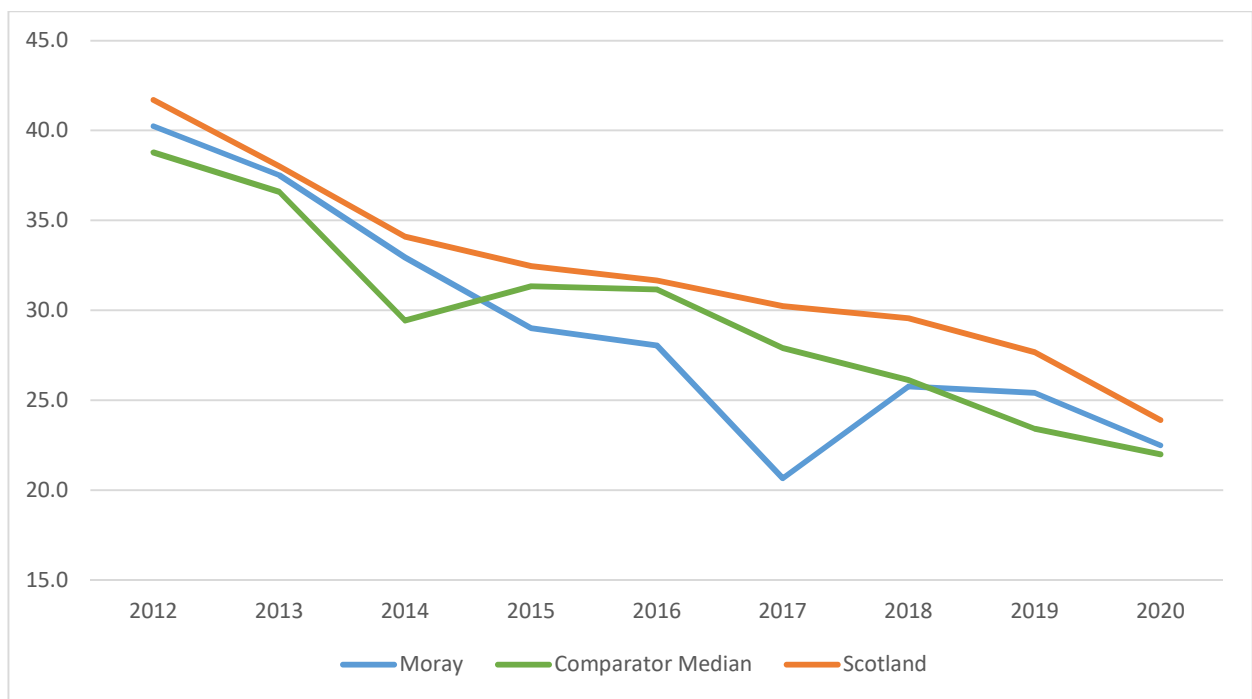
Figure 4.3 shows the rate of maternities where drug use is reported. Moray has seen a slow but significant increase over the time period, from 8.7 per 1,000 in 2010-13 to 13.5 per 1,000 in 2017-20. This is similar to the median of our comparator family of local authority areas and lower than the Scottish average.



**Fig.4.3. Crude rate of maternities with drug use per 1,000 maternities, by three year period<sup>85</sup>.**

Teenage pregnancy is well known to be associated with poorer outcomes for both the young parents and for their children, helpfully summarised by the Nuffield Trust: *“Teenage mothers are less likely to finish their education, are more likely to bring up their child alone and in poverty, and have a higher risk of mental health problems than older mothers. Infant mortality rates are 60% higher for babies born to teenage mothers. As children they have an increased risk of living in poverty and are more likely to have accidents and behavioural problems.”*<sup>93</sup>

Teenage pregnancy has shown a consistent downward trend over recent years, with the same trend seen across our comparator local authority areas and Scotland-wide. Moray’s teenage pregnancy rate fell from 40.2 pregnancies per 1,000 (female population aged 15-19) in 2012 to 22.0 per 1,000 in 2020 (see figure 4.4). However, it should be recognised that 60% of this fall happened in the three year period from 2012 to 2015 and the speed of the reduction has slowed in the five years since then. The current teenage pregnancy rate is comparable to our comparator local authority areas and Scotland-wide rates.



**Fig.4.4. Teenage pregnancy rate per 1,000 female population aged 15-19yrs, by year<sup>85</sup>.**

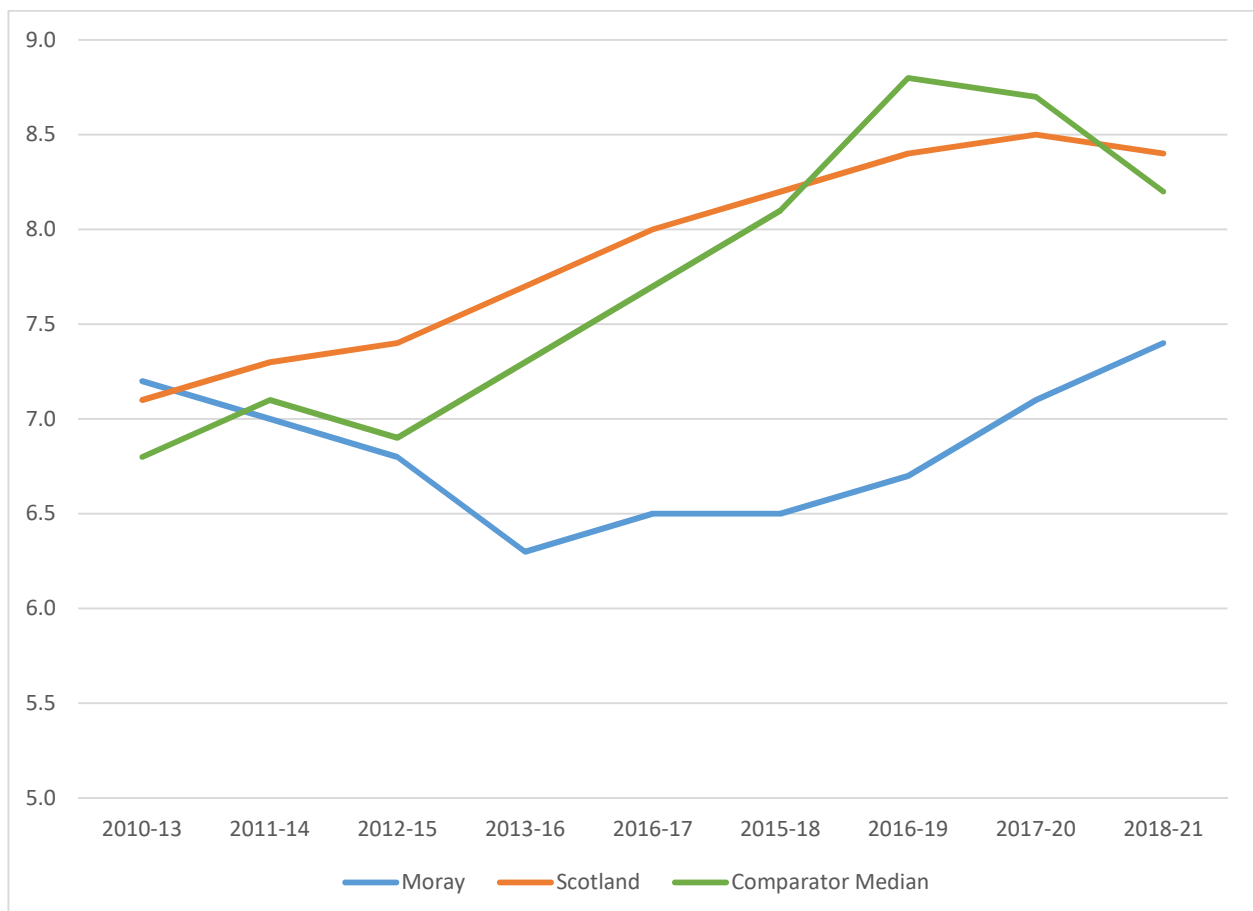
As may be expected, parental mental health can have a significant impact upon children and young people, and severe mental illness in a parent is recognised as an Adverse Childhood Experience (ACE, experiences during childhood that cumulatively disadvantage people and lead to poorer outcomes)<sup>94,95</sup>. At present, there is no local indicator of parental mental health and wellbeing available to be included here. Child health reviews undertaken by health visitors contain a Child Health Surveillance (CHS) form where issues can be coded, including post-natal depression. This does not appear to be currently recorded in Moray and is something that could be prioritised for future needs assessment. Furthermore, the new NHS Grampian Parent and Infant Mental Health Services could be a helpful source of information for future iterations of this document.



## 4.2. Birth and Infancy

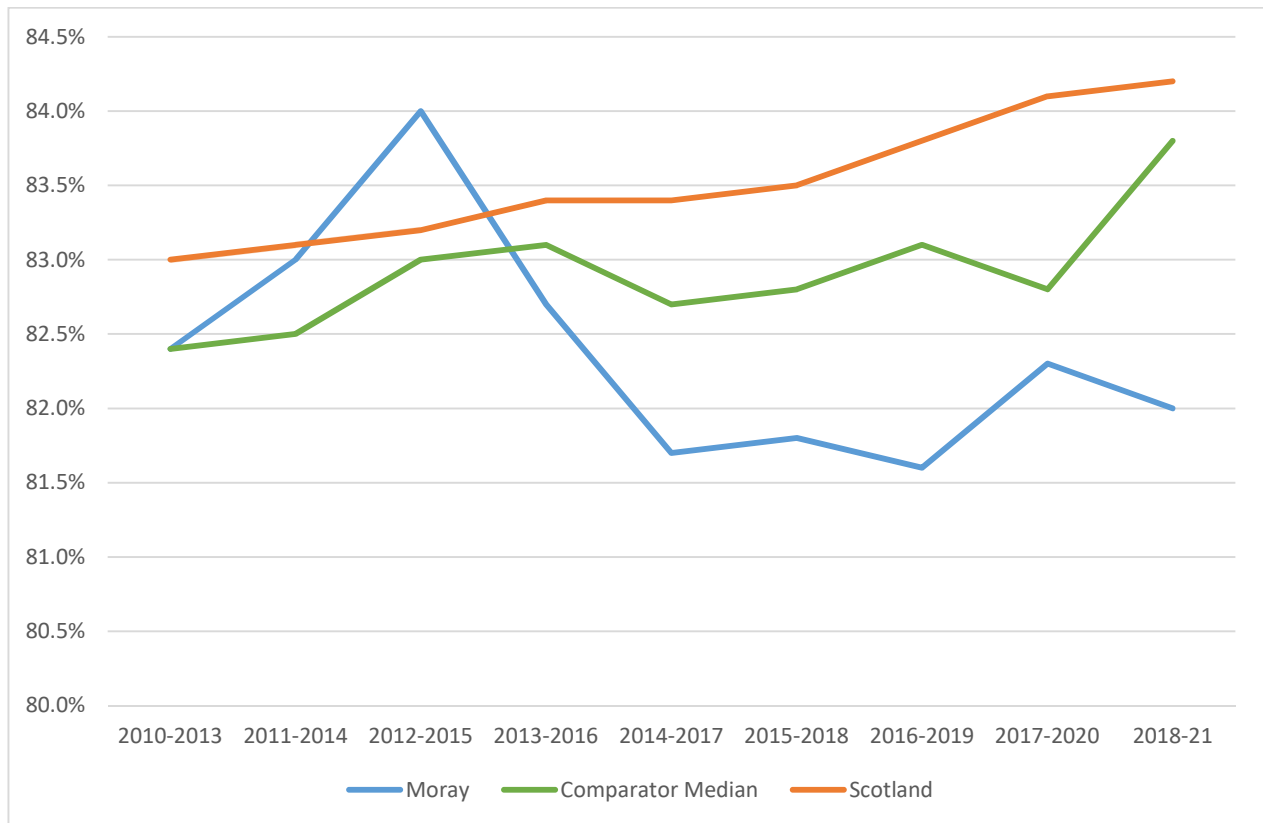
The earliest direct indicators of poor child health – stillbirths, neonatal and infant deaths – are mercifully rare in Moray. There are between one and five stillbirths each year in Moray as well as between one and four infant deaths (within the first year of life) each year. With small numbers like this, there is some fluctuation in the data, but no long-term upward or downward trend can be discerned. Full data on each year can be found publicly as part of the National Records of Scotland’s vital events statistics<sup>96</sup>.

Babies born prematurely (before 37 weeks gestation) are more likely to be of low birth weight and more likely to experience a number of health problems than babies born later. Premature birth is more likely where the birthing parent smokes, is living with overweight or obesity or in the birth of multiples. Figure 4.5 shows the proportion of all births in Moray before 37 weeks of gestation. The trend is relatively flat, fluctuating between 6.3% and 7.4% of births in the last 9 years of available data. However, there was a small fall between 2010-13 and 2013-16 followed by a small rise since. The median of our comparator local authority areas and the Scotland-wide rate have shown a slow increase over the whole time period. Whilst the rate of premature births in Moray and Scotland-wide were almost identical in 2010-13, there is now a gap – 8.4% of births are premature Scotland-wide vs 7.4% in Moray. However, this is a small gap which would only require a very small increase in Moray (or reduction elsewhere) to close.



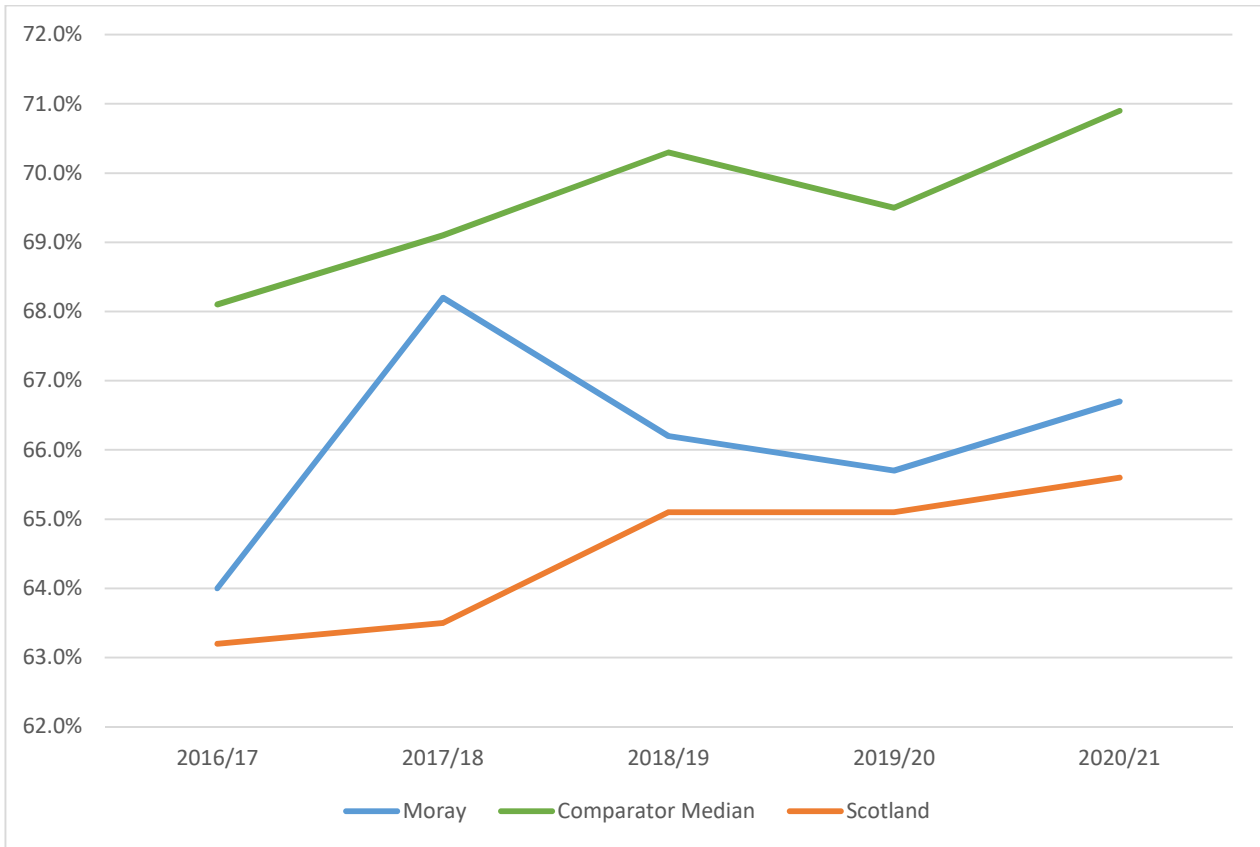
**Fig.4.5. Premature births: percentage of all births before 37 weeks gestation, three-year rolling average<sup>85</sup>.**

Figure 4.6 shows the proportion of babies categorised as being born with a healthy weight. This means being born between the 5<sup>th</sup> and 95<sup>th</sup> percentile of a 1990 UK-WHO growth standard<sup>97</sup>. As such, children not included as being of ‘healthy weight’ include both underweight and overweight. The numbers have fluctuated for Moray over the last decade of recorded data, though the fluctuations have been relatively small: from 81.6% to 84.0%. These fluctuations make a long-term trend difficult to discern. Both the median of our comparator local authority areas and the Scotland-wide figure have seen a small upward trend in recent years in babies born with a healthy weight. Scotland-wide, the figure has gone from 83.0% to 84.2% between 2010-13 and 2018-21.

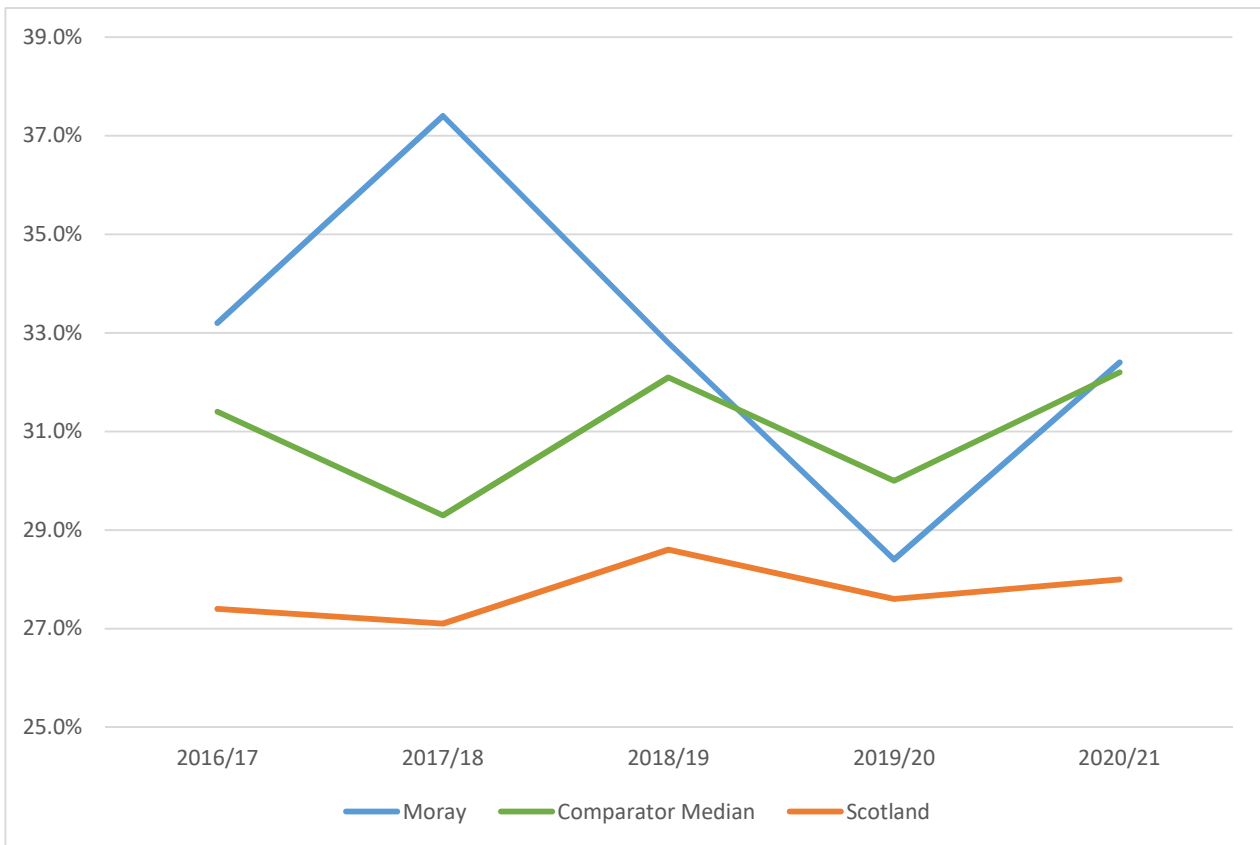


**Fig.4.6. Healthy weight (5 to 95 percentile) live full-term singleton birth, expressed as a 3-year rolling average number and percentage of all live singleton births<sup>85</sup>.**

There is extensive evidence to demonstrate that breastfeeding is beneficial to the health of both parent and child. It reduces the risk of a wide variety of health problems as well as sudden unexpected infant death<sup>98</sup>. Figures 4.7 and 4.8 show the proportion of babies ever breastfed by the first visit by a health visitor (at around 10 days of age) and the proportion of babies exclusively breastfed at 6-8 weeks, respectively. In both figures, Moray’s rate fluctuates significantly making a long-term trend difficult to discern. At 6-8 weeks, approximately one third of babies are exclusively breastfed, similar to our comparator local authority areas and above the Scotland-wide rate. As evidence-based best practice is exclusive breastfeeding up to six months of age<sup>99</sup>, there is a great deal of progress needed in this area.

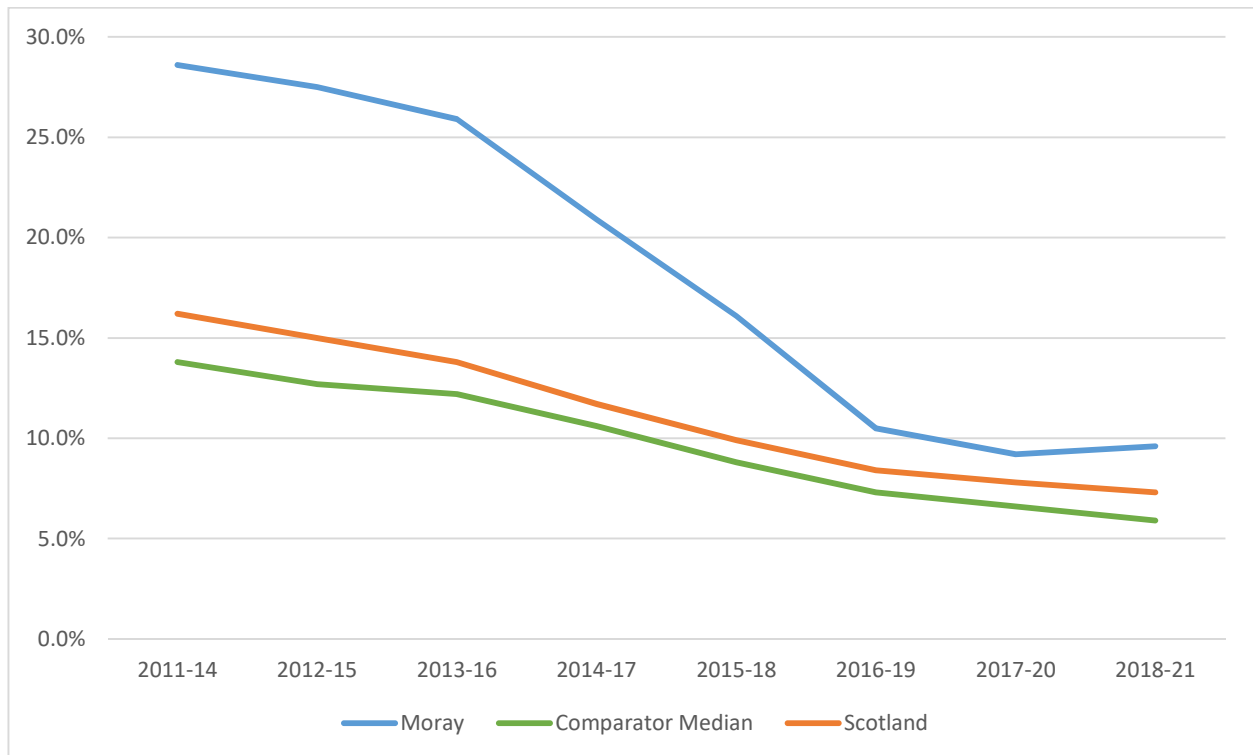


**Fig.4.7. Proportion of babies who have ever breastfed (as reported at first visit), by year<sup>100</sup>.**



**Fig.4.8. Proportion of babies exclusively breastfed at 6-8 weeks, by year<sup>100</sup>.**

As mentioned earlier, smoking is a substantial health hazard at all stages of life. Children exposed to second-hand smoke are at an increased risk of mental health challenges<sup>101</sup>, ADHD<sup>102,103</sup>, sudden unexpected infant death, acute respiratory infection, ear problems and more severe asthma<sup>104</sup>. Figure 4.9 shows the proportion of babies reported to be exposed to second-hand smoke at the 6-8 week review. Moray saw a significant decline in this proportion between 2011-14 – when the rate was nearly 30%, almost double the Scotland-wide rate – and 2016-19 when it had reduced to just above 10%. Since that time, the rate has been stable while rates for Scotland and our comparator local authorities are showing a slow reduction in this rate.



**Fig.4.9. Proportion of babies reported as exposed to second-hand smoke at 6-8 weeks, by three-year period<sup>85</sup>.**

*“[Care experienced] young person, who is now a new mother expressed her concerns over the lack of support she is offered now. Due to covid, she was isolated and did not experience the support of the young person’s midwife due to changes in thresholds.”*

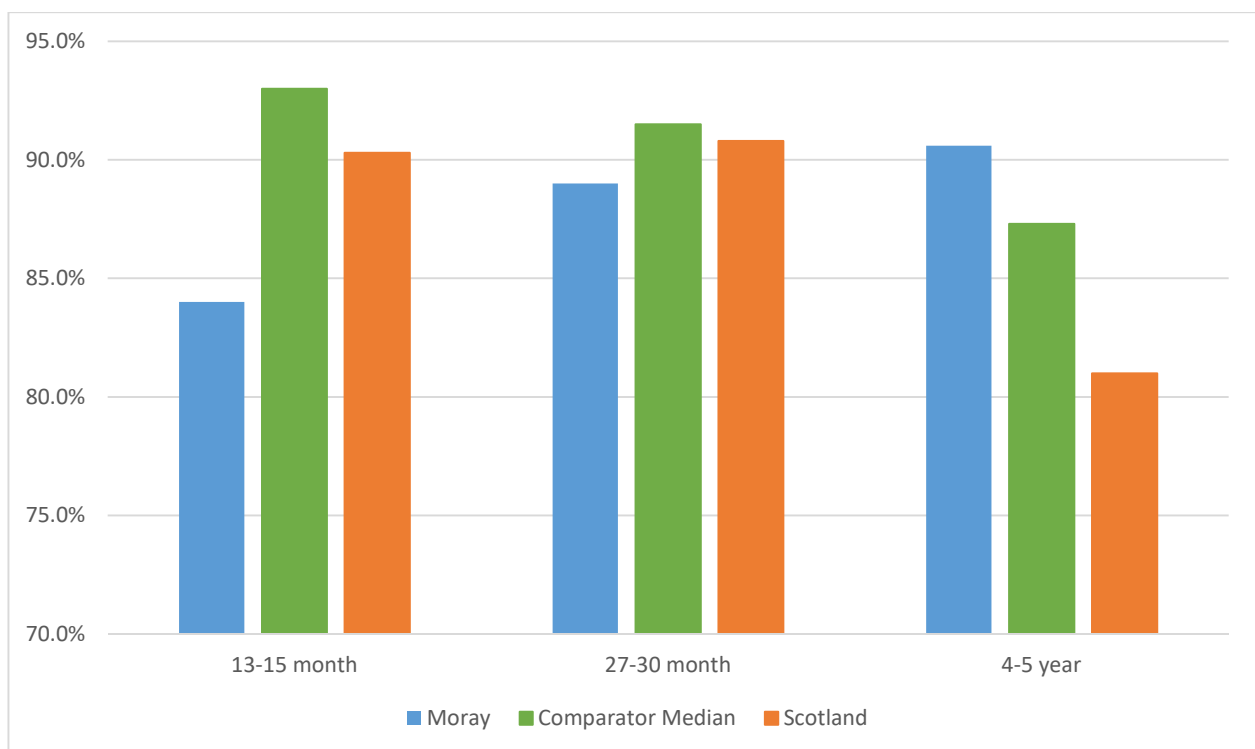
**UNCRC Article 6: Children and Young People have the right to survive and the right to develop.**

### 4.3. Child Development Reviews

All children in Scotland receive a series of Child Health Reviews which include assessment of children’s development at 13-15 months, 27-30 months and 4-5 years. These reviews involve asking parents about their child’s progress, carefully observing the child, and supporting parents to complete a structured questionnaire about the child’s development. Figure 4.10 shows the proportion of those children eligible for these reviews who received them in the appropriate time frame. In Moray, fewer children received their 13-15 month and 27-30 month reviews in the expected timeframe when compared with our comparator local authority areas and Scotland-wide. The gap is particularly large at the 13-15 month review, where the rate is 84% in Moray, 90% Scotland-wide and 93% in our comparator local authority areas.

Between March 2020 and April 2021 Health Visitors and Family Nurses did not routinely perform face-to-face contacts for children between 13 months and starting school, in compliance with the national COVID-19 guidelines. Primary 1 assessments were paused during August 2020 and August 2021 and this may be a factor in delayed identification of unmet needs<sup>105</sup>.

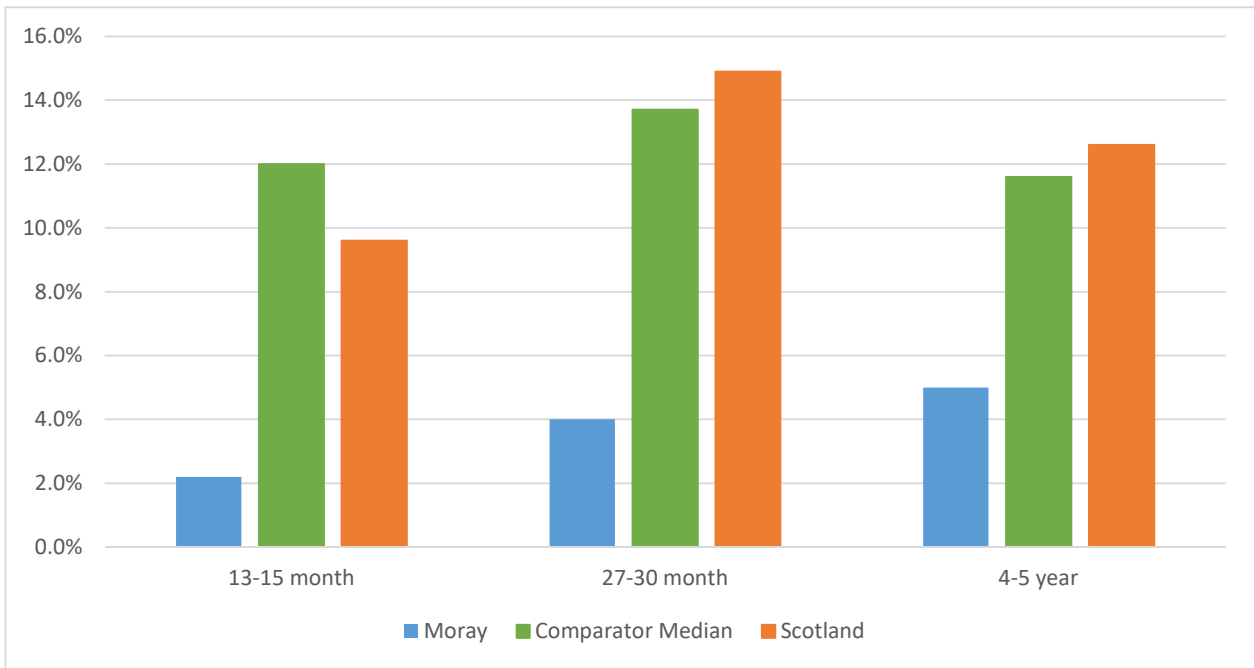
This pattern is reversed at the 4-5 year review, where the rate for Moray is significantly higher than our comparators and Scotland-wide (91% vs 87% and 81% respectively).



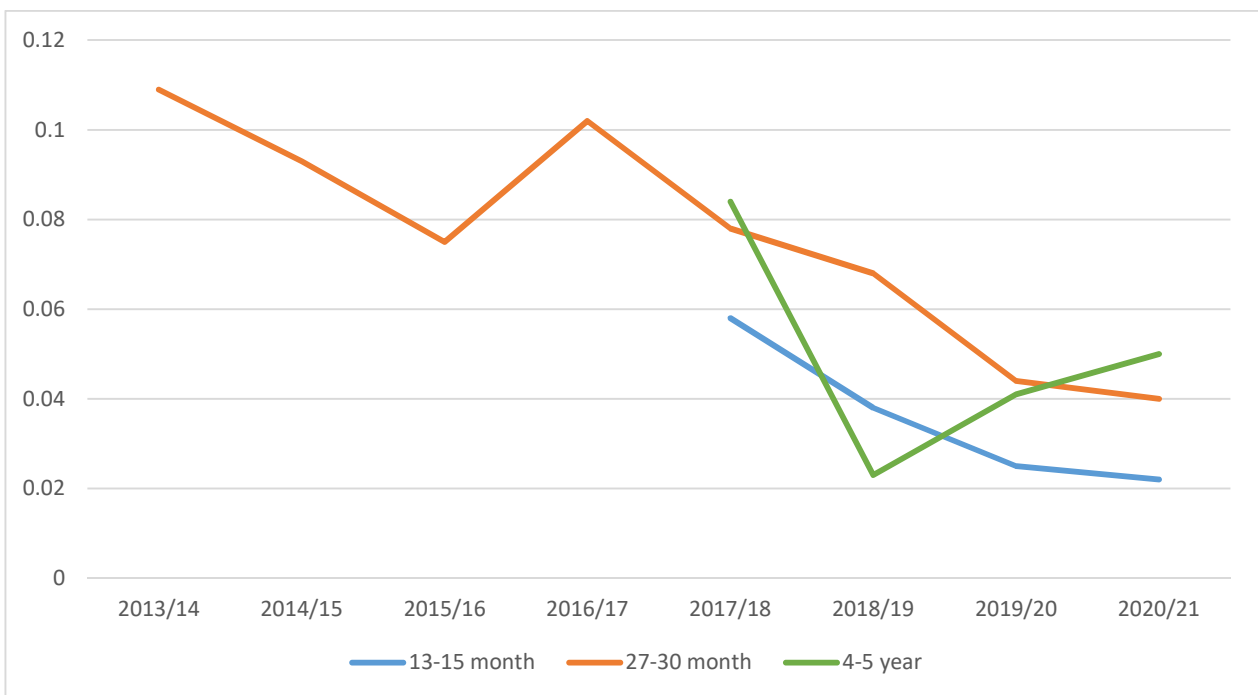
**Fig.4.10. Proportion of eligible children reviewed at 13-15 months, 27-30 months and 4-5 years, 2020/21<sup>106</sup>.**

Figure 4.11 shows the proportion of children reviewed where one or more developmental concern is recorded. This proportion is remarkably lower for Moray at every review stage compared to Scotland-wide and our comparator local authority areas. At the 13-15 month reviews, the rate for Scotland is nearly five-fold that of Moray and the rate for our comparator

local authorities six-fold. Figure 4.12 also shows the number of children recorded as having concerns at the first two review stages has been declining for some time. This conflicts with anecdotal reports from early learning which suggest that there is an increase in the number of children coming into nurseries and early learning centres with significant developmental issues. This issue deserves further scrutiny to determine the true picture.

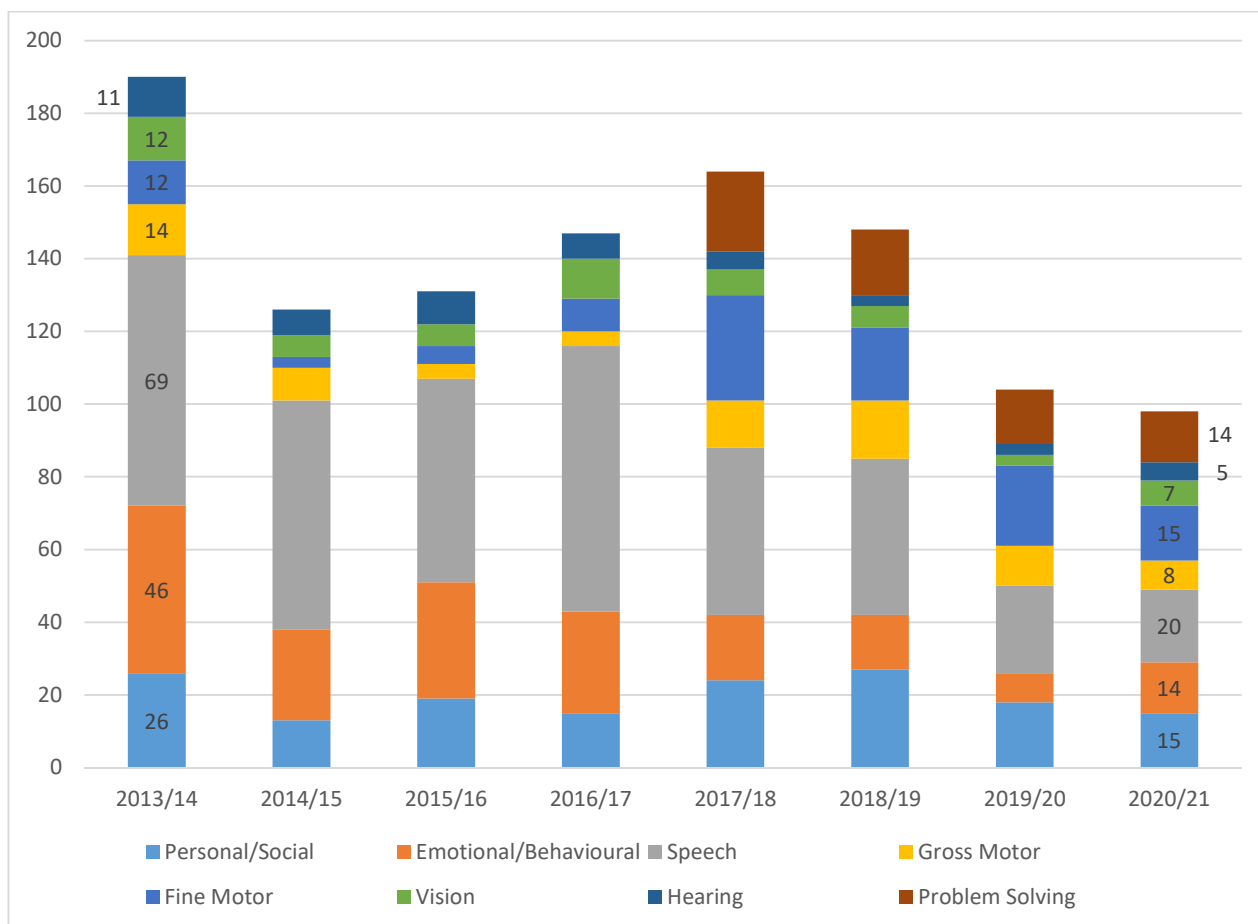


**Fig.4.11. Proportion of children reviewed with at least one developmental concern recorded at 13-15 months, 27-30 months and 4-5 years, 2020-21<sup>106</sup>.**



**Fig.4.12. Proportion of children reviewed with at least one developmental concern recorded in Moray at 13-15 months, 27-30 months and 4-5 years, by year<sup>106</sup>.**

Figure 4.13 shows the different concerns recorded at the 27-30 month review and how these have changed over time. The most common concern recorded has consistently been speech concerns across the time period, though this has reduced markedly from 69 concerns in 2013/14 to 20 in 2020/21. 'Problem solving' concerns began to be recorded in 2017/18 and are also one of the more commonly recorded concerns, along with fine motor, personal/social and emotional/behavioural.



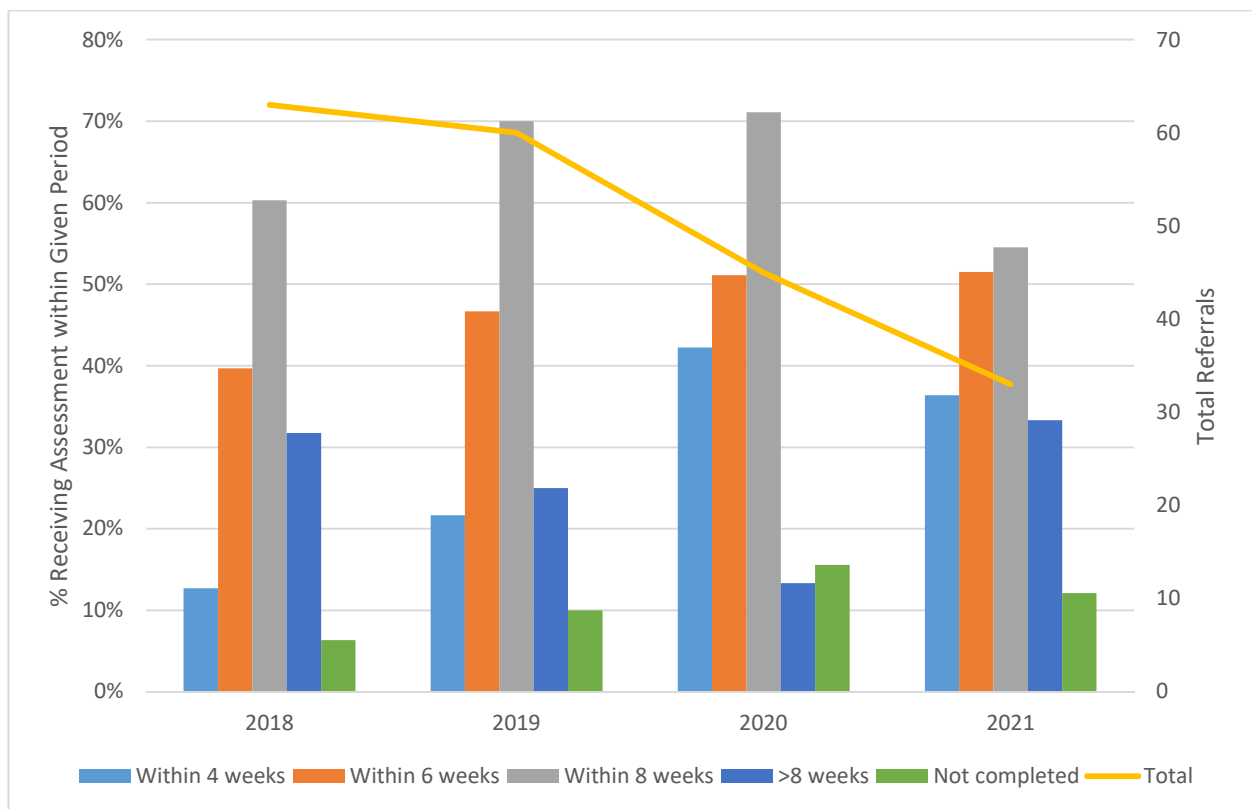
**Fig.4.13. Concerns recorded at 27-30 month review in Moray, by category and by year<sup>107</sup>.**

#### 4.4. Looked After Children and Young People, and Care Experienced People

##### 4.4.1. Health and Wellbeing of Looked After Children and Young People

Looked After and Care Experienced children and young people are more likely to experience poor health than other young people. For this reason, all children who become Looked After are required to have an initial health assessment within 4 weeks of notification<sup>108</sup>. Figure 4.14 shows the proportion of referrals of Looked After children and young people where an initial health assessment is received within given time periods, as well as the total number of referrals received. Despite the number of referrals dropping significantly in the last few years, the proportion of health assessments undertaken within four weeks remains low at just over a third of referrals. The proportion of assessments not undertaken within 8 weeks has also increased to 45% (33% undertaken after 8 weeks, 12% not undertaken).

The two most common recorded reasons why an initial health assessment was not completed by 8 weeks in 2021 were paperwork not being received (6 cases) and non-engagement (6 cases). In four cases, no initial health assessment was recorded as completed – two because the looked after young person had been discharged and was no longer considered ‘Looked After’, one because the young person declined the offer of assessment, and one because the necessary paperwork from social work was not completed. Of the four cases where no initial health assessment was completed, three were living in foster care and one with kinship carers.



**Fig.4.14. Total referrals of Looked After Children and Young People in Moray (yellow line, right-hand axis) and % receiving their initial health assessment within given times (bars, left-hand axis), by year.**

#### 4.4.2. Care Experienced Parents

The experience and subsequent impacts of being a Looked after Child/Young Person (LAC) does not stop when people come out of care or when entering into early adulthood. As such, it was recognised that in order to truly understand the impacts of care on families in Moray and keep the Promise we need to understand the needs of Care Experienced people as parents as well as during their time as young people. As such, the Children’s Services Network undertook some engagement work for this needs assessment, a full report of which is included in the appendix. Care experienced parents were asked about challenges, what was currently helping and what in addition would help.

In terms of challenges, these parents very clearly articulated strong feelings of stigma that they see in their interaction with services. They repeatedly talked about feeling that their past outwith their control is used against them.



- *“The judgement and stigma from organisations as soon as they become aware I am care experienced!”*
- *“I found being pregnant extremely challenging and my little one was referred to Social Work because I was care experienced. I felt I was being judged because of my past, which felt out of my control.”*
- *“As soon as they hear I am a care experienced parent, they judge me and think I cannot parent my children.”*
- *“I have three children and because I did not have a good childhood or experience good parenting myself, they think or presume I am not able to parent my own children. They judge me and jump to conclusions about my parenting.”*
- *“At one meeting they said due to my childhood we feel she is not able to parent or raise her children right. There was no understanding of how that made me feel in a room full of professional people and in front of everyone.”*

In terms of the things that were currently helping them, the parents described warmly individual professionals and others who they felt respected and supported by:

- *“My support worker at Children’s 1<sup>st</sup> comes to all meetings with me and supports me. She really helps and if I am upset and don’t feel I can talk she will talk for me. She supports me when I feel overwhelmed. She will say we need to take a 5-10 minute break, this really helps me.”*
- *“Having my Health Visitor fighting my corner to push through medical appointments and procedures that the little one needs done.”*
- *“My employer is great and put me through an apprenticeship qualification.”*
- *“My Health Visitor – I could go every Wednesday and they would do home visits. She was very supportive I didn’t feel judged. No power imbalance. I could ask questions, felt supported.”*

Financial support available was also raised: *“As a current student, I have been able to access a care experienced bursary. It’s supported me financially and has helped with the practicalities of expensive books etc. It’s helped me to further my education.”*

In terms of what in addition would make things better, parents suggested that professional meetings could be less formal and wanted professionals not to paint a mental picture of them before meeting:

- *“Professionals not reading files of information about me and judging me before meeting me. I feel if they took time to meet me before reading the files of information about my past they would get to know me and be less judgemental.”*
- *“Have meetings in a more friendly way. Meetings are too formal and structured.”*

- *“Having some tea or coffee and biscuits would help make things feel more relaxed. Some parents don’t eat before a meeting because we feel so nervous. This would help make the meeting feel more relaxed and that professionals care about our welfare.”*

As with a number of other groups discussed in this needs assessment, care experienced parents wanted settings where they could talk with other people in a similar situation:

- *“I think [it would help] if there were groups. Especially when I was a young mum I had no one else to talk to, nobody spoke about being care experienced.”*
- *“[It would help] being able to talk about being care experienced. Groups for mums and dad – being in care is one part, your journey how you ended up in care would be good to talk to others who have been through similar experiences.”*

Others spoke of the need to make the care experience more loving and a need for support to build/mend relationships with family:

- *“More love and affection when growing up in care [would help] as it’s something that I’ve struggled with as a parent.”*
- *“More support to help me mend bridges with my family. I would find that really helpful. I want to have a relationship with my family but really struggle.”*

#### 4.5. Neurodiversity

A common concern raised by a number of service providers in Moray has been particular needs of neurodiverse young people. Neurodiversity is a term used to describe the different ways in which people think and feel or the different ways that brains ‘work’. People whose experience may traditionally have been put into categories such as autism spectrum disorder (ASD), Attention Deficit Hyperactivity Disorder (ADHD), dyslexia etc. may be described as “neurodivergent”, while those falling outwith these categories may be “neurotypical”. However, it is recognised that even these categories do not have firm boundaries and so neurodiversity can be a helpful way to conceptualise the range of differences. An important aspect of understanding neurodiversity is recognising the strengths of different ways of thinking<sup>109</sup>.

There is a relative absence of local intelligence on the experience of neurodivergent young people locally. A survey was undertaken in 2020 around young people with autism in Moray - none of the responses came directly from young people themselves so a questionnaire was facilitated by Moray Autism Service with 11 young people with autism. Key themes raised by these young people were:

- **Not enough support before diagnosis** or in the community or school. We think that other **people listen more once there is a diagnosis.**
- **It helps me that I know I have Autism.** I want to be **able to talk about it** and find out more chat to others and **be part of a group.** We would chat to others now or in the future.
- The **Moray Autism Service really helps and really gets us,** they listen. Coming to the service has really worked well. In school no one recognised how much of a struggle it was, I was **“thrown” into mainstream and couldn’t cope, no-one believed I was struggling.** The Moray Autism Service understand me and listened. **Not enough people understand Autism, there is no support except MAS.**
- **Some school experiences are ok,** no concerns, some pupils felt listened to
- **We don’t know what support** is available to us in the community<sup>110</sup>.

The quotes below come from a range of other sources and include quotes from service providers, parents and young people locally. Again, common themes arise around struggling to get diagnosis, difficulty accessing activities, feeling misunderstood and (in common with a number of young people in different circumstances) feeling that they are not always listened to.

**“Parents [of neuro-diverse young people and of young people with disabilities] have stated that they would like more support and opportunities for their child to be involved in activities.”**

- From Youth Work Team

**“Support groups/play schemes have been set up for children with neurodiversity, however... they tend to be based in Elgin and especially for the play schemes, are very expensive to access unless in receipt of SDS or similar. Also difficulties in accessing local training and information / support in a timely manner from neurodiversity specialists.”**

- From Residential Child Care Service

**“Support in school – more support needed for young people who struggle due to neuro diversity – they may fall below the level of need required for SFL support but they need it.”**

- From Moray Youth Matters

**“They focus on progress but can’t see the full picture like I can. I know he has autism.”**

- From Moray Wellbeing Hub Autism Families Walk

**“Really lucky with the ASN there [at school]. They are helping without needing the diagnosis.”**

- From Moray Wellbeing Hub Autism Families Walk

**“I have a different perspective since being a part of the neurodiverse project, every mind is different and every person is different”**

- MWH Young People Neurodiverse Workshop

**“I’ve waited so long for something like this to happen, so I’m really eager to be involved. There needs to be much more attention around the strengths of neurodivergent people.”**

- From Moray Wellbeing Hub Neurodiversity Peer-Research Project (not young people specific)

**“Learning I was neurodivergent has made me accept my quirks and I now feel I belong.”**

- From Moray Wellbeing Hub Neurodiversity Peer-Research Project (not young people specific)

**“My many years of the stereotypical look at Autism as I knew no other, hindered my son’s diagnosis, didn’t even think my daughter was and also I never thought I could be as we didn’t fit the boxes I thought I had to. Having information gets the conversation going and as with me you have the light bulb moment and that could help others.”**

- From Moray Wellbeing Hub Neurodiversity Peer-Research Project (not young people specific)

Due to the sparseness of the data available, Moray’s Children’s Services Network undertook further engagement with parents of young people with neurodivergence. A brief report of this engagement is included in the appendix. Parents were asked about challenges, what currently helps and what could help. In terms of challenges, the key theme arising is difficulties in accessing appropriate support, whether that be through long waiting times, services provided being different from what was originally offered, or feeling not listened to.

- *“It was agreed at child protection conference they would be every four weeks. There has been one in twelve weeks and most people did not attend and no actions have progressed including starting a part-time timetable.”*
- *“My son will be sitting exams soon and the right support is still not in place. It’s talked about but not delivered.”*
- *We were struggling so badly in the summer. We rang social work and no-one came or called us back.”*
- *“It’s a struggle to get access and follow-up with Paediatrics. My child is on medication that is not working and should have been reviewed by the appointment was cancelled. GP says they can’t help. I’m told they are 9 months behind.”*
- *“I need support to work through my situation and I ask but no-one will listen to me and try to understand the full situation. I feel isolated. It’s hard to live with the constant stress and pressure. I feel no-one cares and I am being discriminated against.”*

The difficulties of supporting their young people through these challenges had significant negative impacts on the parents. In particular, they reported the impacts on their own mental health as well as parents having to give up work in order to care for their child who was not consistently in school. As discussed in section 2.8, the gendered way in which parenting responsibilities often fall in society means that these kinds of impacts are much more likely to impact on female parents.

- *“There was a period of three months that he didn’t go to school at all. I had no choice, no employer can be that understanding.” (parent who gave up work to care for their child)*
- *“There was a point when my child was only welcome in school for three hours a day. However, I would often be called by 10am to take him home. I had to give up my job.”*

- *“When my child is struggling, my own issues become hard to deal with. My child has ADHD and I’m diagnosed with ADHD and Borderline Personality Disorder. There was a time my daughter was being sent home from school a lot. I couldn’t go anywhere or do anything and it became really bad at home.”*

It is important to recognise that not all parents reported these negative experiences of services. In terms of the things that were currently helping families, parents described those instances where they felt the level of support received was appropriate. This included both statutory and third sector support. It is important to note that informal support received by friends, families and wider communities was not discussed and this kind of support may be worth further investigation.

- *“One-to-one support is in place at the nursery. Everyone that is working with us seems to see our son for him, not his autism. This was not the case the last place we lived.”*
- *“Feel the system is working: the professionals seem to be interconnected, the same approach is being used, the language is the same, it feels consistent.”*
- *“Social Emotional Behavioural Needs (SEBN) are coming into the school and training the staff. They also arrange time for my son to go to the woods, to horse ride. It’s making a difference with how he can manage the time in school.”*
- *“[Lossiemouth Sport Centre staff] are so supportive. My son is able to go swimming with his friend and use the library on Saturdays. The staff ring me and let me know if he leaves early or is not settled and I’m straight down. It’s a shame the pool is not open longer though at the weekends.”*
- *“[Children 1<sup>st</sup>] visit every fortnight and this really helps.”*
- *“Coming along to the [Children 1<sup>st</sup>] group, I can talk to others and the kids are OK.”*
- *“[Wednesday night club in Forres]... he’s really happy when he’s there, it’s the only time he leaves the house apart from school.”*

Some parents had a mixed experience, seeing services as helpful but with significant downsides:

- *“We have self-directed support in place, which is good, but it is used for Grampian Autism Society. Their staff change too much, it’s too unsettling and my son can’t cope. We have been advised to get a PA but told this can take a year.”*
- *“I tried support lines, they do help in the moment but need something beyond that.”*

In terms of what would make things better, a wide range of suggestions were made, including leisure services, social provision such as support groups, speech and language services, respite options and other carer support. Again, the importance of being listened to was repeated. More detail is shown in the appendix.

- *“Dealing with speech and language, been waiting for two years. It needs a rethink. In a different area I lived in they had a range of workers who were taught strategies and came to school and home to teach them. They need a rethink as it’s letting kids down.”*
- *“I would like to meet other parents but more importantly I would like my child to meet other children like him.”*
- *“School staff imply the behaviours are learnt, they are blaming you or denying anything additional is going on. Even when you then get a diagnosis they continue this attitude. As a parent you should be listened to and not made to feel worse. It’s already hard without that.”*
- *“[Carer support] it’s always targeted during the day. I need to work but really like to be able to attend and chat with others. I can’t ask my employer for time off for this, especially when at times I need their support to be able to respond if my son is struggling. Could there be evenings and weekend opportunities?”*

Further information is also included in the next section on families of children and young people living with a disability where a number of the parents spoke about neurodiversity.

**UNCRC Article 23: Children and Young People with a disability have the right to special care and education. All Children and Young People have the right to be safe and happy. When a child or young person has a disability, people should make sure it does not get in the way of this.**

#### 4.6. Families of Children and Young People Living with a Disability or Long-Term Health Condition

The pandemic has profoundly impacted on families with children with a disability or long-term condition. UK-wide research conducted by the Family Fund found that around 80% of the participating families had lost formal and informal support due to the pandemic<sup>111</sup>. In February 2021, respite care alongside access to play and recreational facilities was still unavailable to most families. Financially, families with disabled or seriously ill children faced a triple burden of reduced income, increased costs and increased debt. Of course, this will have been exacerbated by the ongoing “cost-of-living crisis”. Over half (56%) said their children had missed health assessments and reviews, 46% had missed hospital appointments, and 27% had missed GP appointments.

Another Scottish study looked at the experiences of 16 parents of children with disability or serious illness from 13 of the 32 Local Authorities. These parents highlighted that physical care was being undertaken solely by parents, carers and siblings. Other sources of support were unavailable. Concerns highlighted included loss of autonomy for their disabled child, loss of respite care, impact on siblings, and adverse impacts on mental health. Similarly school building closures have been reported to have had a substantial impact on families with additional support needs and disabilities<sup>112</sup>.

There is very little data available on children and young people with disabilities or long-term health conditions in Moray. Recognising this, the Children's Services Network undertook engagement work with families of children and young people living with a disability. They asked them about the challenges they face, what was currently helping, and what in addition would help. Full details are included in the appendix.

In terms of challenges, parents identified insufficient support and services including respite and services for siblings of children with a disability; poor communication; and difficulty building relationships with professionals.

- *"Due to a lack of respite, I don't get to spend time with my other child who is currently being assessed for Autism Spectrum Disorder and emotional issues."*
- *"[What I find most challenging is] the lack of services available to meet the specific needs of my child, I feel like I'm the only parent in this part of Scotland with a child with these needs, I shouldn't feel this way and haven't felt like this in other areas."*
- *"I find most challenging the lack of help we receive, also the lack of medical services, waiting for months for an appointment which makes the things worse."*
- *"[What I find most challenging is] isolation and people's ignorance, knowing who or what to ask people when you need help."*
- *"Child Planning is not meeting the needs of my child due to lack of engagement from services, usually one or two services send in apologies and do not attend even though meetings are agreed in advance."*
- *"[What I find most challenging is] poor communication from the team around the child, the impact is this created delays and frustration for us as a family."*
- *"Change in Social Workers makes it difficult to build trusting relationships. Having to repeat my story which is painful and difficult."*
- *"[What I find most challenging is] lack of support and very limited activities for siblings of children with a disability."*
- *"Support is not available at the right time for a child in need. Forms and applications are taking too long. A month in a disabled child's life is a long time. Being ignored by email by some departments and not respected, but I realise that professionals are busy folk."*

Parents also spoke about difficulties in education:

- *"Navigation of my child's transitions, not knowing what is happening next is hard."*
- *"There is a lack of inclusive and accessible education provision in Moray."*
- *"[There is a] lack of provision for children and young people with complex neurodiversity needs."*
- *"Once my child was diagnosed with autism there was no advice, guidance, support, and follow up on how to support our son with his diagnosis."*
- *"The amount of time I have to spend supporting my son as he is not in education, this means I am unable to work and hold down a long term job. Lack of support for my own needs, if my wellbeing needs were met I would be in a better place to support my son and meet his needs."*

In terms of what was currently helping the families, parents brought up instances when they had good support from others, whether formally or informally, with particular praise for supportive social workers.

- *"[What is helping just now is] support from family and friends."*
- *"Fantastic support from Social Work. I genuinely feel she's got my back and does everything in her power to support me and my children. I couldn't manage without her support."*
- *"It has been a help to us since our child's Social Worker is now her lead professional as it feels as though supports are coordinated and some progress can be made via regular and thorough Child Planning meetings."*
- *"The Social Worker having a holistic approach and having an awareness of the impact on the sibling who does not have a disability."*
- *"Regular communication so we are all up to date and know what is happening, quick ordering of equipment that changed a child's life for the better and quick assessments leading to support."*
- *"Respite – two sessions a month for a play-scheme through social work."*
- *"The AND/GAS Autism play scheme after school and alternate weekends provides some much needed structure and also respite but they too have had challenges with staffing."*
- *"My son receives his education through a private online provider. This is working well but I feel Moray Council should finance this as he does not attend school in Moray."*

In terms of what would make things better, the key themes raised were respite, parental peer support, better and more respectful support from services, and more social opportunities for children and young people.

- *"More respite and for longer periods of time."*
- *"Safe spaces for teenagers with learning difficulties, this is lacking in Moray."*
- *"Moray needs provision for children with disabilities such as a 'hub' or resource that can be accessed by children with disabilities and their families as well as service providers and support workers. A place where children will be accepted and their needs understood."*
- *"Consider ways parents experiencing similar difficulties can connect and support one another. I've always found I give and receive the best support from other parents and carers. This would also help lighten your load somewhat. You need more of this [engagement session] and an open forum to share ideas, support strategies and advice."*
- *"More robust, well-organised and meaningful parent carer and peer support is needed in Moray."*
- *"I don't know how your Moray service is structured, what the requirements are to qualify for social work input and what other parents do who are in my situation. This is the opposite of how other areas work. Open your doors and meet with us."*
- *"I would like professionals to acknowledge emails and chase up. Prompt replies and treating parents with some respect. Some compassion and understanding of the challenges in caring for a complex child."*
- *"Feeling heard when we ask for help."*



- *“More inclusive clubs, groups and activities or those specific to children with disabilities that can be accessed by families in universal services. Inclusive out-of-school care, childcare provision, holiday club, play scheme or group my child can attend in evenings weekends or school holidays.”*

One parent also highlighted financial concerns: *“Having satisfactory living conditions. Living in the cold with no heating or insulation in the building.”*

More detail on this engagement is included in the appendix and is worth reading in-depth to understand what is needed. Some further information is also given in the Education section of this document pertaining to those young people classified as having ‘additional support needs’.

---

*“We support a young person who has a learning difficulty and he did used to attend a support group for those with similar needs – however, he out grew this group and has been unable to access anything similar for his age group (secondary aged pupil) – this would help with his development and social skills”*

*- Residential Child Care Services*

---

#### 4.7. LGBTQ+ Young People

Issues for LGBTQ+ young people have been raised a number of times by professionals as a key concern in Moray. A recent Scotland-wide health needs assessment (not young people specific) found a number of common issues facing LGBTQ+ people<sup>113</sup>. The report deserves in-depth consideration, but some of the top-level findings include:

- High levels of loneliness found in LGBTQ+ groups, particularly for trans and non-binary people and bisexual men. This was reported by many to be as a result of a lack of LGBTQ+ friendly spaces.
- Discrimination was a common experience, again especially for trans and non-binary people and bisexual men.
- 37% reported having experienced an abusive relationship, with trans and non-binary people and bisexual women at highest risk. Neurodivergent LGBTQ+ people and those with a disability or limiting condition were also at significantly higher risk.
- Self-harm, eating disorders and suicide attempts were more likely for LGBTQ+ people with a limiting condition/illness and neurodivergent LGBTQ+ people. Over 80% of trans masculine and non-binary people reported a history of self-harm.
- Levels of neurodiversity was found to vary greatly between different LGBTQ+ groups, with levels of ADHD and Autism Spectrum Disorder (ASD) particularly common in trans masculine (23% ADHD and 29% ASD) and non-binary (26% and 26%) people.
- Trans masculine and non-binary people had the highest reported rates of mental health problems. This may be partly related to the fact that these groups also reported the lowest levels of feeling in control of the decisions affecting their life.

- Waiting times to access gender identity clinics are currently around 3 years. This is causing or exacerbating mental, financial and physical impacts upon those needing these services.

Particular findings for LGBTQ+ young people included:

- There was evidence for a higher prevalence of ASD among trans young people.
- Self-harm was more common in younger people, particularly prior to coming out or transitioning.
- Some young people did not feel able to come out to parents until the point when they were leaving home or had left the parental home. In some cases, this led to young people moving out of the parental home before they may be otherwise ready either emotionally or financially, and they could struggle to meet living costs.
- Literature review found some evidence that LGB young people may be more likely to be young carers.

As noted previously, we do not have a great deal of data and intelligence on LGBTQ+ young people in Moray. Aside from a small number of quotes from professionals, there is very little quantitative or qualitative data available. As such, a small number of LGBTQ+ young people, parents and professionals working with LGBTQ+ young people were asked for their views at Moray Pride or soon after. It should be recognised that this is a small number of people sharing a small sub-section of lived experience and more work should be undertaken to understand the needs, strengths, perceptions and experiences of young people in Moray. However, a number of common themes did arise from work undertaken to date.

### **Safe Spaces**

As noted in the national needs assessment, one of the main asks of LGBTQ+ young people in Moray was for 'safe spaces', the issue being repeatedly raised. Moray Pride was described in universally positive ways, with everybody reporting feeling safe there. Young people also reported feeling less alone seeing so many other LGBTQ+ people and feeling more accepted as a result of overt public support:

---

*"Moray Pride is the most colourful I have ever seen Moray. Where the hell have all these gay people come from? Where the hell was this when I was here?"*

*"Pride brings people out of the woodworks and shows that there are queer people and people who support queer people in Moray."*

*"Some parents treat children and young people differently after coming out. Pride makes you feel accepted."*

---

Outside of Moray Pride, there was an overall view of a lack of safe spaces for LGBTQ+ people and discrimination was a common experience. There was an appreciation of the effort schools are going to in setting up LGBTQ+ clubs *“it shows they’re really trying”*, but also a feeling that these can’t be completely effective due to discrimination from other pupils and the fact that people will know why you’re going into that setting:

- *“They don’t work unless you’re already fully confident with who you are.”*
- *“People don’t go because they don’t want horrible things shouted at them.”*
- *“People have to make a choice: come out and experience slurs and abuse, or stay in the closet and suffer in silence.”*

This was explicitly linked to the understanding that some LGBTQ+ people do not wish to be defined by their sexuality or gender identity nor wish to fit into pre-conceived social roles for LGBTQ+ people:

- *Some people “could be not 100% of who they are yet”*
- *“You need to be able to not feel all rainbow and glitter”*
- *“You walk into that door and everybody knows why”*
- *“Somebody can be comfortable as who they are and not wave a flag”*

Outside of schools, there is also understood to be a lack of LGBTQ+ spaces. Not everybody was concerned that there is no local ‘gay bar’, but one person said *“It bothers me! When I turn 18, I’m going to have to go to Edinburgh!”* Local practitioners also reported being aware of LGBTQ+ events in Elgin but a perception that these are not very accessible to those living in rural areas.

## **Discrimination**

Experience of discrimination was something raised by all the LGBTQ+ young people. Three main settings were mentioned: in the family, in schools and in other settings such as in romantic relationships or in public. In contrast, young people spoke about how helpful it was when adults (including parents and teachers) were fully supportive, non-judgemental and accepting.

## Discrimination in the Family

*"I've told my Mum but not my Dad. Even though Dad said he'd be fine if his child was LGBTQ but it's not matched by how he talks about LGBTQ. I don't want to be subject to slurs and remarks."*

*There can be a particular challenge for some adults, including parents, seemingly unwilling to try to understand non-binary: "I get the gays, lesbians, bisexuals; I don't get the rest", "there's boys and there's girls, nothing else".*

*"I understand it's a sort of grieving process for parents 'losing' the child they thought they had, but they're also 'gaining' a new child... We understand that LGBT issues were basically non-existent in our parents' generation, meaning they may need help to understand."*

## Discrimination in Schools

*"I came out as gay when 18. When at school, I was terrified to tell people, there was no representation of queer people. I could be bullied just for looking at girls."*

*When slurs are used, they're not challenged by teachers/school staff. In terms of why:*

- Don't know it's wrong "I didn't know that was offensive"
- Don't know how to challenge
- Don't know where to start"

*"[What would make a difference is] teachers paying more attention to the popular boys and calling out language like "that's so gay" and "spasy"."*

*"I came out as bi in P7 and my friends called me disgusting and effectively pushed me back into the closet. I was told I was 'greedy' and people said things like 'I couldn't touch a woman' to make me feel ashamed. I only recently came out to family [at 17]."*

*"You hear disapproval and slurs often at school... young children brought a pride flag and had things thrown at them."*

## Other Discrimination

*"You always look and see how safe a situation feels before being open in public, coming out selectively... You can feel eyes boring into the back of your head".*

*"My then boyfriend was a totally different person after I came out as bi... asked me which of my female friends I want to get with... he could join in... His friends joined in [with this type of questioning], asked me to join threesomes".*

*"There's a lack of awareness of non-binary, though it's better in the younger generation (school age). People should ask what pronouns do you use? Some people dead-name me, saying "I've just known you that way for so long"."*

*"You can know people for years but you don't know how they will respond to your sexual identity."*

*"[What I find difficult is] people saying things, making assumptions and judgements about you."*

*"[What I find difficult is] trans people are more targeted."*

## Anti-LGBT Discrimination and Sexism

Sexism amongst young people was raised a number of times, with sexism amongst boys highlighted repeatedly: *“girls are particularly targeted by boys”*. One person said *“I prefer hanging out with boys but I feel I have to become more aggressive to fit in. If I am just being myself, I feel weak”*. Anti-LGBT discrimination was also recognised as interacting with misogyny with one third sector worker saying *“females are fetishised, males are beaten up”* and a young person highlighting that what they found difficult was *“male attitudes towards lesbians”*. Girls and women who are attracted to girls and women experienced discrimination differently from different groups: *“Straight boys think we’re going to steal their girls. Straight girls think I’m going to fall in love with them or feel them up in the changing room. They assume I’m a pervert.”* Bisexuality and non-binary people also felt specific discrimination.

## Supportive Adults

The importance of supportive and trustworthy adults was also a theme that arose multiple times, particularly in the context of ‘coming out’:

- *“I didn’t come out by choice. I told a teacher I trusted that I was not ready to come out but was pushed into an announcement at school. Despite telling them that I was not ready, they announced to the class “[Young person] has something they want to tell you all”.*
- Coming out is not a single event and involves coming out to different people in different contexts at different times. *“I came out to [third sector worker] who I’m really comfortable with, then later came out to my Mum and later came out to my Dad through my Mum.”*
- *“[What currently helps is] parents being non-judgemental and accepting”*
- *“Coming out was easy as parents were non-judgemental and accepting”*
- *“This school was better and more accepting than my last school in England”*
- *“[What would make a difference is] a world where you didn’t have to “come out” (where there is normality for different sexual orientation and this is not presumed.”*

## Mental Health and Wellbeing

Challenges with gender identity, societal expectations of gender (and gendered bodies) and discrimination were all identified as impacting upon mental health and wellbeing for trans young people, sometimes in terms of dysphoria. The importance of support from friends was particularly highlighted: *“Personally, my dysphoria has not subsided completely as I started to un-pick the way I view misogyny and gender roles but it has decreased, as well as having friends who understand and respect my identity (this helps hugely)... Your mental health can and will affect your dysphoria as well as dysphoria affecting your mental health. The ways people have treated me, whether that be commenting on my body, misgendering\* me or just generally being un-knowledgeable in a harmful way have affected the way I view myself and my body.”*

As is clear in the previous quote, the way bodies are perceived and judged by individuals and by society was noted as particularly important for trans young people: *“Because of being assigned*

---

\* Misgendering is the practice of referring to someone using a gender they don’t identify with, e.g. using ‘she’ and ‘her’ pronouns to refer to a person who identifies as male.

*being Female at birth, body standards have obviously affected me, meaning if I don't wear makeup and look "attractive" I view myself as lesser... when I don't wear makeup and just wear hoodies and joggers, I feel less and more comfortable, I feel less comfortable because I don't look societally nice but (especially after having felt less accepted by peers and adults) I feel less like I'm acting. Do not get me wrong, I love dressing up and looking feminine simply because of the clothes I wear or eyeliner I use should not give you the right to hurt and invalidate me. I am still a human being even if you do not appreciate or understand the way my self-expression functions, that doesn't give you the right to disrespect me or anyone else."*

### **Neurodiversity**

A number of young people raised issues around neurodiversity in their discussions. While not explicitly linking this in with their LGBTQ+ identity, the frequency with which it was raised suggests it is a particular priority for these groups:

- *"[What I find difficult is] focusing in class because of things like ADHD"*
- *"[What I find difficult is] teachers [are] annoyed because I am not paying attention"*
- *"[What I find difficult is] being able to understand and read people's emotions"*
- *"[What I find difficult is] relationships with family and understanding their emotions. I am a little scared of step-mum."*

### **LGBTQ+ Education in Schools**

Another area seen as a key issue by young people was the importance of LGBTQ education in schools, especially in primary schools. The young people spoken to were 16 and over so this may not reflect the current situation in primary schools, but there was a clear view that they were not taught about sexuality and gender identity early enough: *"There needs to be teaching about LGBTQ in primary schools as children know that they feel different and need support. Other (non-LGBTQ+) people also need to be taught about LGBTQ people as they need to be informed and people need to understand each other."* There was also a feeling that some staff were not comfortable delivering LGBTQ+ education and may not be informed enough, particularly around anti-LGBTQ+ slurs: *"In lessons on LGBTQ, teachers are asking pupils the questions when they should know the answers and be leading. They also sometimes accidentally use slurs... Teachers need educating, and parents too."* One trans young person highlighted the inequalities in who had access to support: *"Not every trans young person has access to this education or a support network which is why, education like this should be mandatory and hate speech a far more recognised thing within school, homes and just anywhere youths can internalise bigoted nonsense."*

### **Respect for Children and Young People**

LGBTQ+ young people also highlighted a feeling that their views and experiences were less likely to be taken seriously because of their age, particularly experience of gender identity: *"It also should not matter that we are minors, "you don't have enough life experience to know anything about yourself"... Also to fight with said logic, if I'm too young to know this about myself and am just doing it for attention, why the hell are you giving me attention, just let it fade away, if*

*it's just a "phase" I'll grow out of it and we'll all just transphobically laugh about my little teenage "phase".*

Quotes from practitioners working with trans people suggests that there are particular issues which need to be addressed for these young people:

- “I have 4 transgender young people that I work with in various groups. Only one of these is out to their parents and had their name changed on the school register.”
- “Young people have said how happy and accepted they feel in youth work groups when their chosen name & pronouns are asked about and used.”

As well as the lack of data and intelligence on LGBTQ+ young people, there is also a lack of information for parents of those young people who may need support to help their young person with some of the challenges mentioned above. Below is a case study from a parent of a young person identifying as agender. As can be seen, this demonstrates a number of the issues raised in the national needs assessment and by local LGBTQ+ young people, including mental health challenges and self-harm; family dynamics; the interaction of neurodiversity, identity and mental wellbeing; and the importance of a supportive school. It also shows some of the challenges accessing help for mental health and wellbeing in primary care, both for parents and young people.

## Case Study of A Parent of a Young Person Identifying as Agender

The parent was surprised and upset when it emerged that their young person had been engaging in self-harm behaviours and had been interacting on social media with groups where self-harm and suicidal thoughts were encouraged or promoted. They had previously had open conversations about mental health, wellbeing and anxiety, as well as gender identity together, so it was a surprise to find out that their young person was experiencing such levels of distress to provoke a very deliberate period of self-harm, where the young person cut themselves every day for the period of a month until this was revealed to the parent. Knowing about the young person's mental wellbeing challenges, the parent was glad that they had already referred them to the Sonas service and so they could quickly receive support there. They also engaged well with the young person's school, where, following both the news that the young person had engaged in self-harm and also then feeling equipped to ask for the school to respect their rights, the young person's identity was taken seriously and respectfully and they were able to change their name, including on e.g. school reports.

On approaching a GP for support because of the self-harm, they were told that because self-harm is prevalent in the area, there's nothing the GP could do directly. They did say there may be some other supports out there, from the third sector, although they could not specifically name these, whereby the parent shared that they had already made a referral to Sonas. The only advice received regarding the young person was that it would be a minimum of 18 months for a referral to CAMHS, so not a particularly viable route to take, and that in emergency, they should go to A&E. This felt as if the GP was not taking the issue seriously and that the problem was being brushed off.

The parent felt a bit insecure not feeling confident that they could assess how serious or not the self-harm cuts were, although their young person assured them they understood how these wounds should be looked after, again something they had learned online. The young person is not keen to show others the cuts, so beyond an initial assessment it's not been possible to really know for sure how deep these cuts are. The parent was offered a telephone appointment with a nurse to discuss their own mental health and wellbeing needs. As the practice can't accept calls but can only make calls regarding these appointments, it's very difficult to receive these due to poor mobile coverage in this rural area. No alternative was offered (such as online, which does work, or in-person). The parent sought support as they felt necessary from an independent source as a temporary measure to ensure they could be well and strong to support their young person.

An additional difficulty was that the young person's other parent (who does not live with the young person) has not been accepting of their identity. This has been hurtful to the young person and also placed extra pressure on the parent who lives with them as the only supportive parent. The parents have communicated and cooperated over issues relating to social media and self-harm, which again has felt hurtful to the young person, as they see who they felt was the supportive parent cooperating with the unsupportive parent. In some respects, the unsupportive parent isn't wholly unsupportive but struggles with gender identity and is unwilling to consider a more open or learning style approach to supporting the young person. The first or supportive parent is also aware of other young people in their young person's social group who are having similar experiences with their gender identity but without the same level of support from their families, with some of them not "out". Again, this places a pressure on the parent to provide a good example and support to the broad friendship group beyond their own young person."



## What Didn't Help

*"None of us adults, including me, and also professionals, who play an important role in my teens life, fully took gender identity issues seriously enough, or the anxiety that not being able to explore or express these caused. Some of us now take it more seriously, that is helping, but some do not, and that is not helping. My teen and I both feel aware of our own neurodiverse traits, and whilst we can discuss these, there do not feel like any clear routes to exploring diagnosis, support or advice regarding this for my teen. I didn't previously particularly want diagnosis, for me, as it feels like that ship has sailed, but I worry now this has left them more vulnerable and exposed, and maybe both they and I need to also take this aspect of ourselves more seriously, and learn how to articulate our needs in this regard in a way that is appropriate, rather than trying to do all the coping and adapting by ourselves.*

*"How this relates may not be fully clear to all, but I feel could add to why anxiety can reach distressing levels and why self-harm as a form of relief or way to feel a sense of control held an appeal and became a viable option for my teen. I am devastated that this is the case, but I can't ignore that it has happened and want to do all I can to prevent this and help them be happier and feel more in control and less anxious. Social media content did influence my teen, but they remain clear that this was not the sole cause, and do not feel being removed from accessing some social media platforms is helpful to them as it makes them different to their peers."*

## What helped/is helping my teen (from what they've said or from my observation)

*"As a parent, I am now glad to be a better source of support, to have learned that I must take gender identity more seriously, that listening without judgement is key. But listening on its own is not enough, some things I can challenge but I can't change, not in the short term, and that's really what they want from me, to create change, make things better for them. It really helps to have the school on board, and for them to support Pride initiatives within school, but in a more meaningful way than one off events, and it really helps for my teen to access independent sources of listening/counselling.*

*"More support options opening up to them from parent and teachers when self-harm was revealed by accident to me. Of these, current ongoing support includes:*

- being listened to, cared about, heard and seen, by parent, and where this does happen as it's not across the board, wider family, teachers, friends.*
- regular counselling with a counsellor within school (school have said these are issued in six week blocks due to high demand but that they will not limit my teen to take more sessions where this remains of benefit to them) free at point of access.*
- independent appointments with a clinical psychotherapist (private) fees start at £50 p.h. with closest practitioner a 1hour15minute drive from home. Biweekly or monthly depending on what's possible.*
- when people use their chosen name and preferred pronoun*
- taking part in Moray Pride, with friends and parent, both as volunteer and participant, visible yet safe, part of a wider community."*

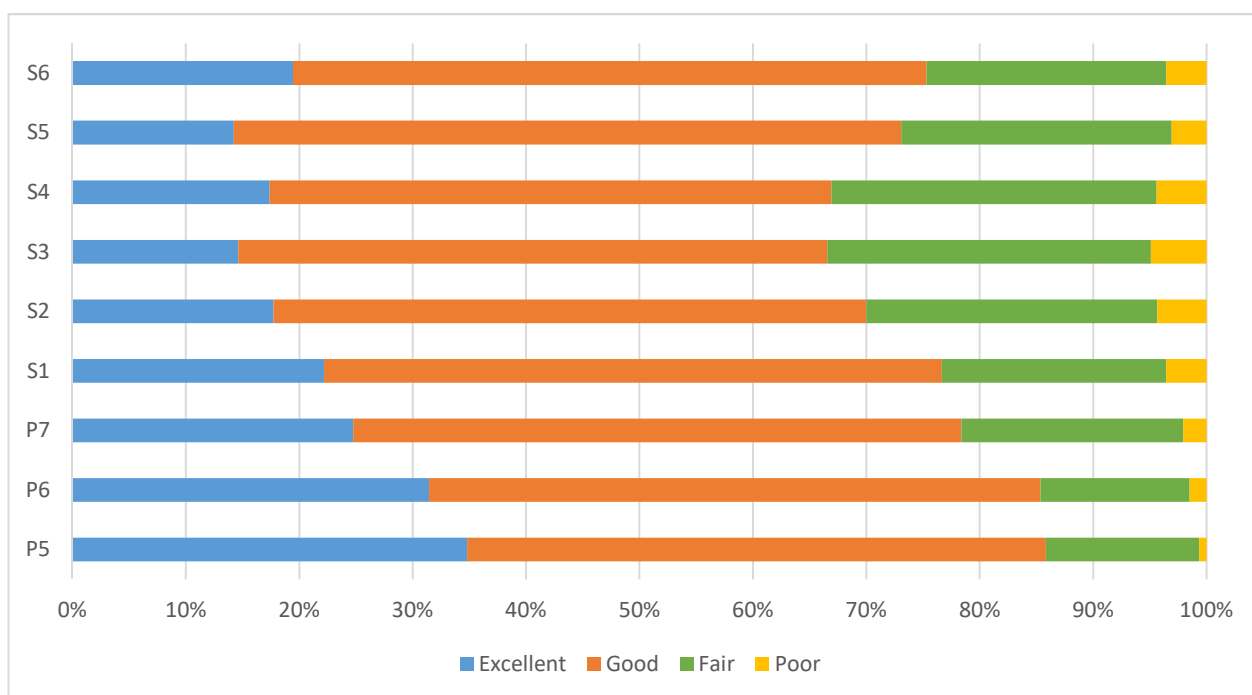
## What Could Help?

*"I don't know if this would necessarily help every creative teen, or every queer teen, but my teen would benefit from more teen focused queer friendly creative activities to be open to them locally. They recently took part in workshops in Dyke and Lossie, leading to a small role in supporting a performance as a performer volunteer. They loved this experience. More of this type of opportunity, for using their creative and design skills, being part of productions without being in the limelight, really suited where they are at as a creative and queer teen."*

#### 4.8. Self-Reported General Health

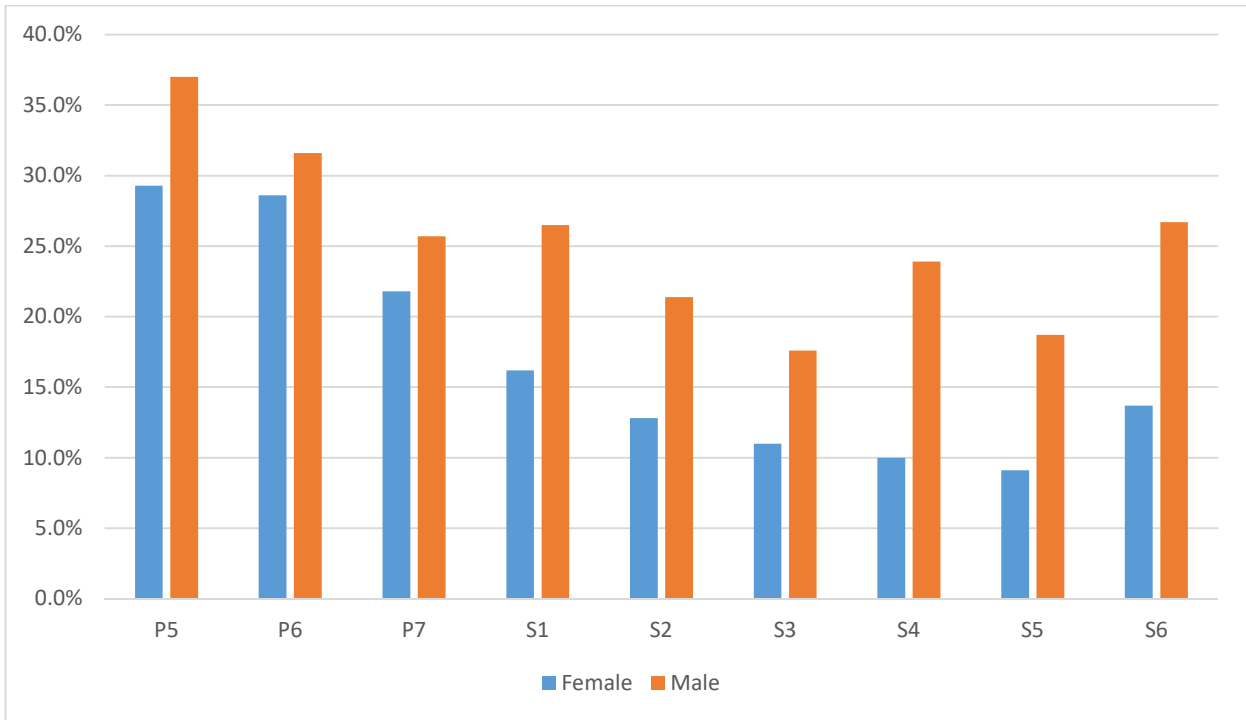
As part of the Schools Health and Wellbeing Census (HWBC), pupils were asked “in general, how would you say your health is?” As on average children and young people have fewer health problems than adults and older people, we would normally expect high levels of reporting excellent or good health. Overall results by year group are shown in figure 4.15. The number of pupils reporting excellent health deteriorated across the year groups from P5 to S3 (32.4% in P5 vs 14.0% in S3) before seeing some recovery in the last years of secondary school (though we have to be wary of smaller numbers in these age groups as well as the caveats mentioned in section 1.3). There was a corresponding reverse pattern seen in those reporting poor health, from 0.6% in P5 to 4.7% in S3.

Unfortunately, the wording of the answers (‘excellent’, ‘good’, ‘fair’ and ‘poor’) is not the same as is often used in other surveys such as the Scottish Health Survey or the previous Realigning Children’s Services survey (both of which used ‘very good’, ‘good’, ‘fair’, ‘bad’ and ‘very bad’), so direct comparison is not possible. Future iterations of the survey should consider using answer choices common to other surveys.



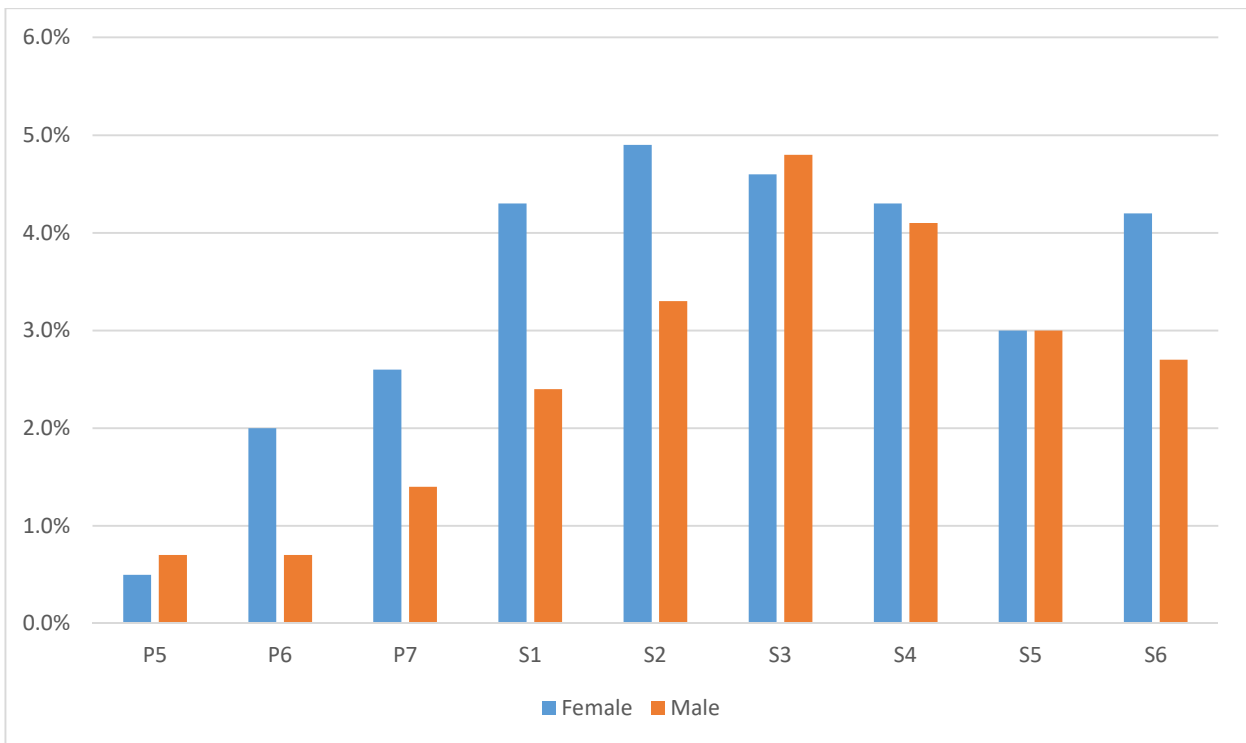
**Fig.4.15. Pupil responses to the question “In general, how would you say your health is?” by year group. From Moray Schools HWBC, 2022.**

When we split this data by gender, we see that girls’ and young women’s self-reported health is poorer than boys’ and young men’s. The following figures show responses by gender reporting excellent health (figure 4.16) and poor health (figure 4.17). In every year group, fewer female pupils reported excellent health compared to male pupils. Female pupils saw a consistent deterioration in health from P5 (29.3%) to S5 (just 9.1%), whereas boys deteriorated from 37% reporting excellent health in P5 to 17.6% in S3.



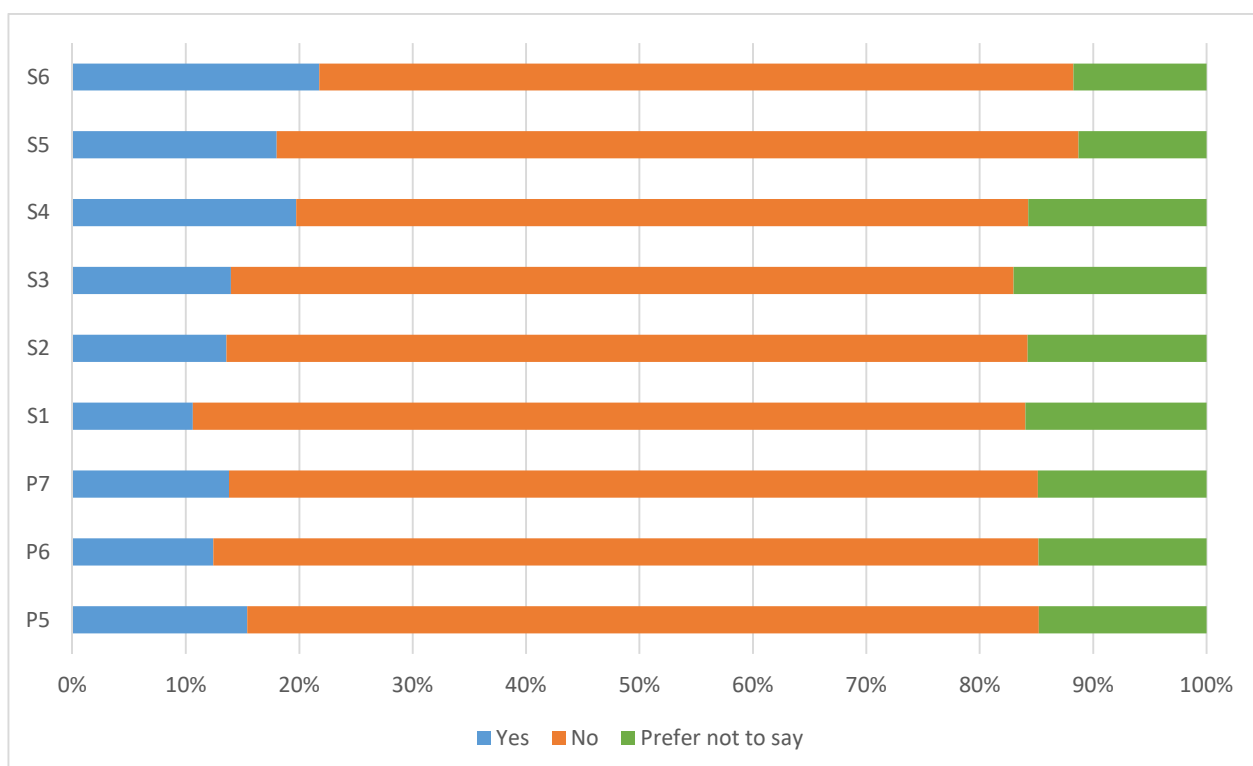
**Fig.4.16. Proportion of pupils responding 'excellent' to the question "In general, how would you say your health is?" by gender and year group. From Moray Schools HWBC, 2022.**

For those experiencing poor health, a similar picture is seen between P5 and S2, though the gender difference appears to disappear in S3-S5.



**Fig.4.17. Proportion of pupils responding 'poor' to the question "In general, how would you say your health is?" by gender and year group. From Moray Schools HWBC, 2022.**

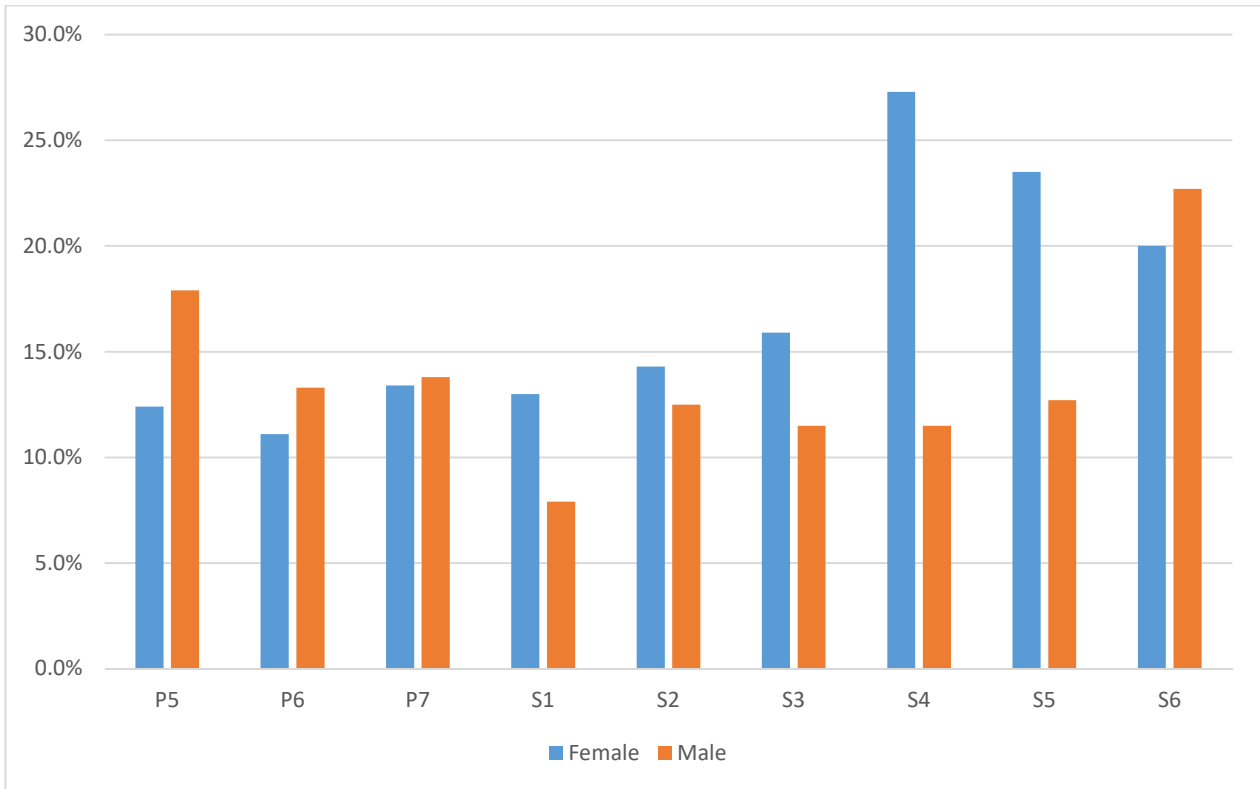
Pupils were also asked if they have a physical or mental health condition or illness lasting or expected to last 12 months or more (see figure 4.18). The responses to this question do not reflect the responses to the general health question with much less of a clear trend over the school year groups. It is also important to note that the proportion of pupils who responded “prefer not to say” was unusually high, between 11.3% and 16.8% in the different age groups. This compares to 0.4% and 4.1% in response to the general health question. This may suggest two things – firstly that pupils understand their health status in a more complex way than simply whether or not they have a ‘health condition’ or ‘illness’; secondly that a significant number appear to be uncomfortable classifying their health in terms of ‘health conditions’ and ‘illnesses’.



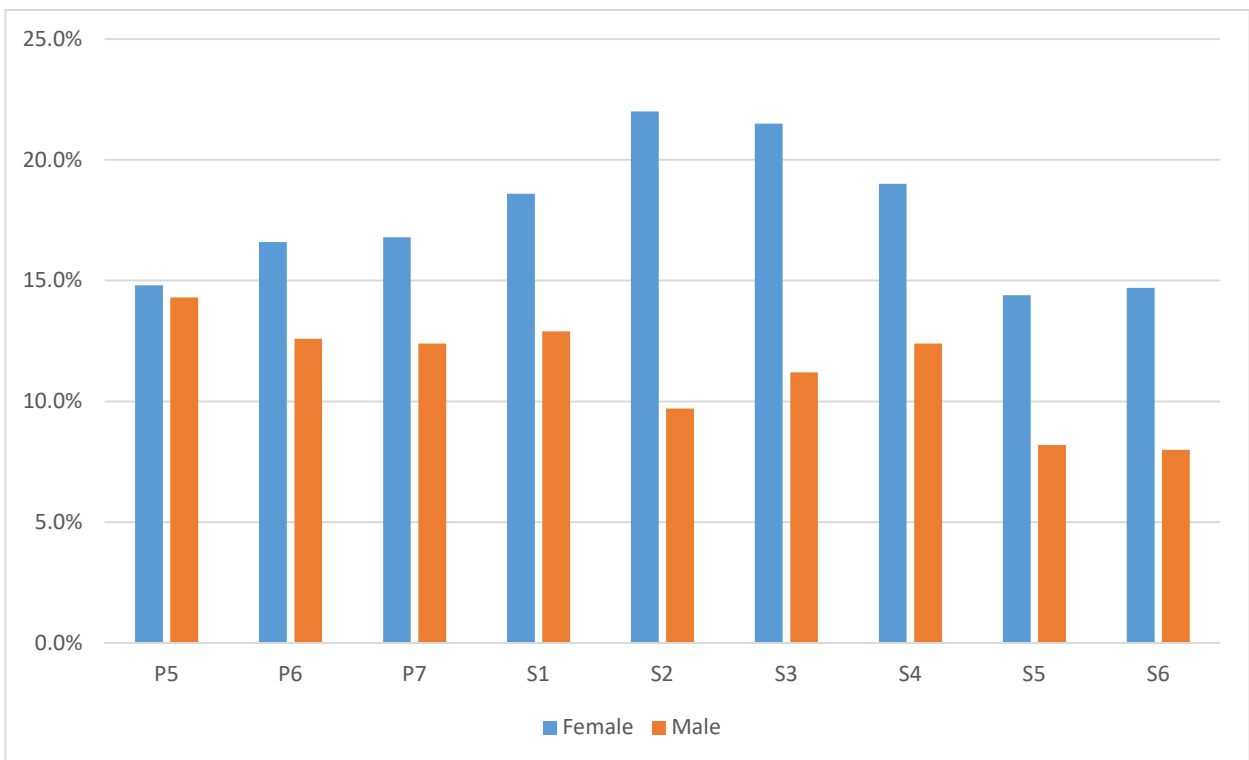
**Fig.4.18. Pupil responses to the question “Do you have a physical or mental health condition or illness lasting or expected to last 12 months or more?” by year group. From Moray Schools HWBC, 2022.**

Figures 4.19 and 4.20 show the gender and year group breakdown of those who responded that they have a physical or mental health condition or illness lasting or expected to last 12 months or more (fig 4.19), and those who responded that they would prefer not to say (fig 4.20). There is a sharp jump in young women responding ‘yes’ in S4-S6. There is also a consistently higher proportion of female pupils who would prefer not to respond to the question across age groups. This may explain some of the discrepancy between answers to this question and the general health question above.

This may have implications for future surveys and health discussions with pupils – framing these discussions in terms of ‘health conditions’ and ‘illnesses’ may be particularly unhelpful for girls and young women, though further investigation is required to understand if this is a repeatable finding.



**Fig.4.19. Proportion of pupils responding ‘yes’ to the question “Do you have a physical or mental health condition or illness lasting or expected to last 12 months or more?” by gender and year group. From Moray Schools HWBC, 2022.**



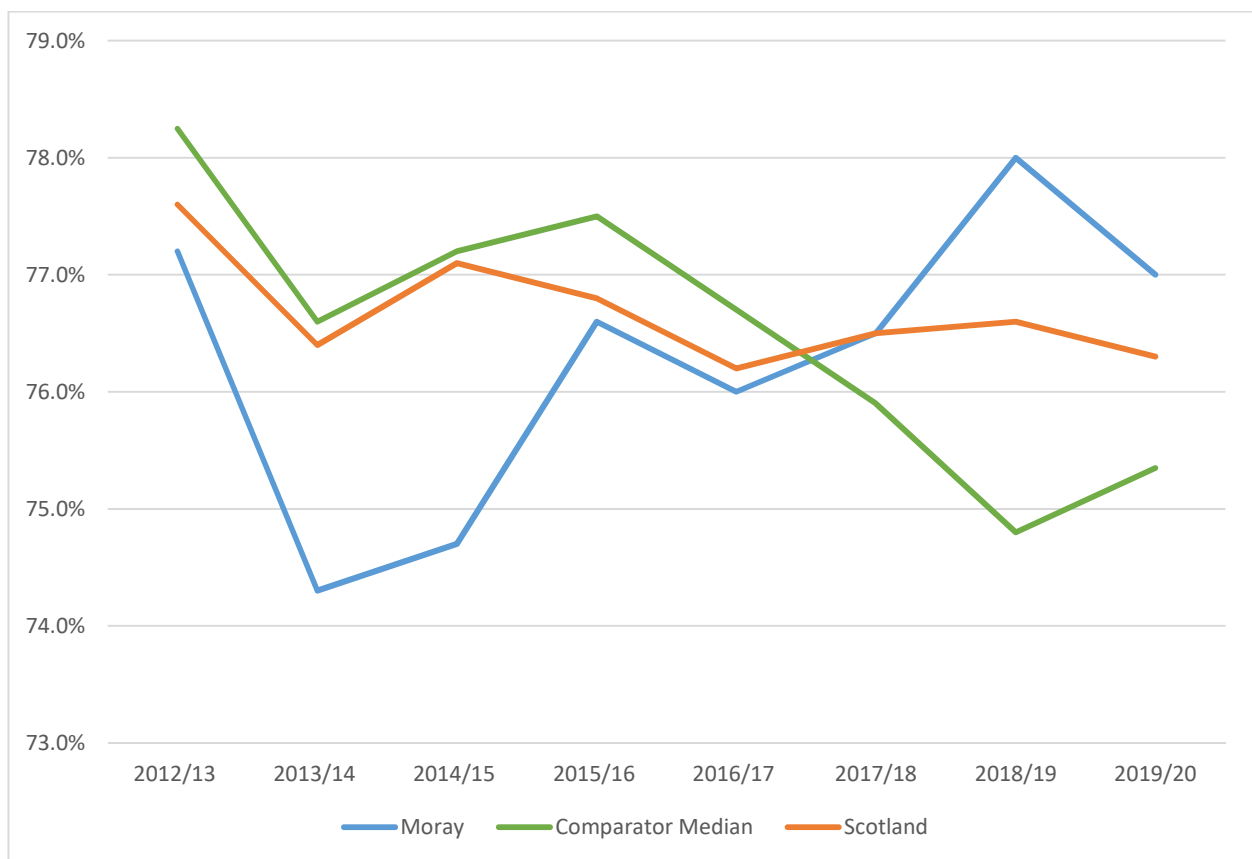
**Fig.4.20. Proportion of pupils responding ‘Prefer not to say’ to the question “Do you have a physical or mental health condition or illness lasting or expected to last 12 months or more?” by gender and year group. From Moray Schools HWBC, 2022.**

#### 4.9. Healthy Weight, Nutrition and Physical Activity

Our physical activity levels, our diet and our weight are inter-related and each have overlapping but also separate impacts upon our overall health and wellbeing. There are a number of factors which influence children's diet<sup>114,115,116</sup> and physical activity levels<sup>117</sup>, and they must normally be seen within the context of the family and community.

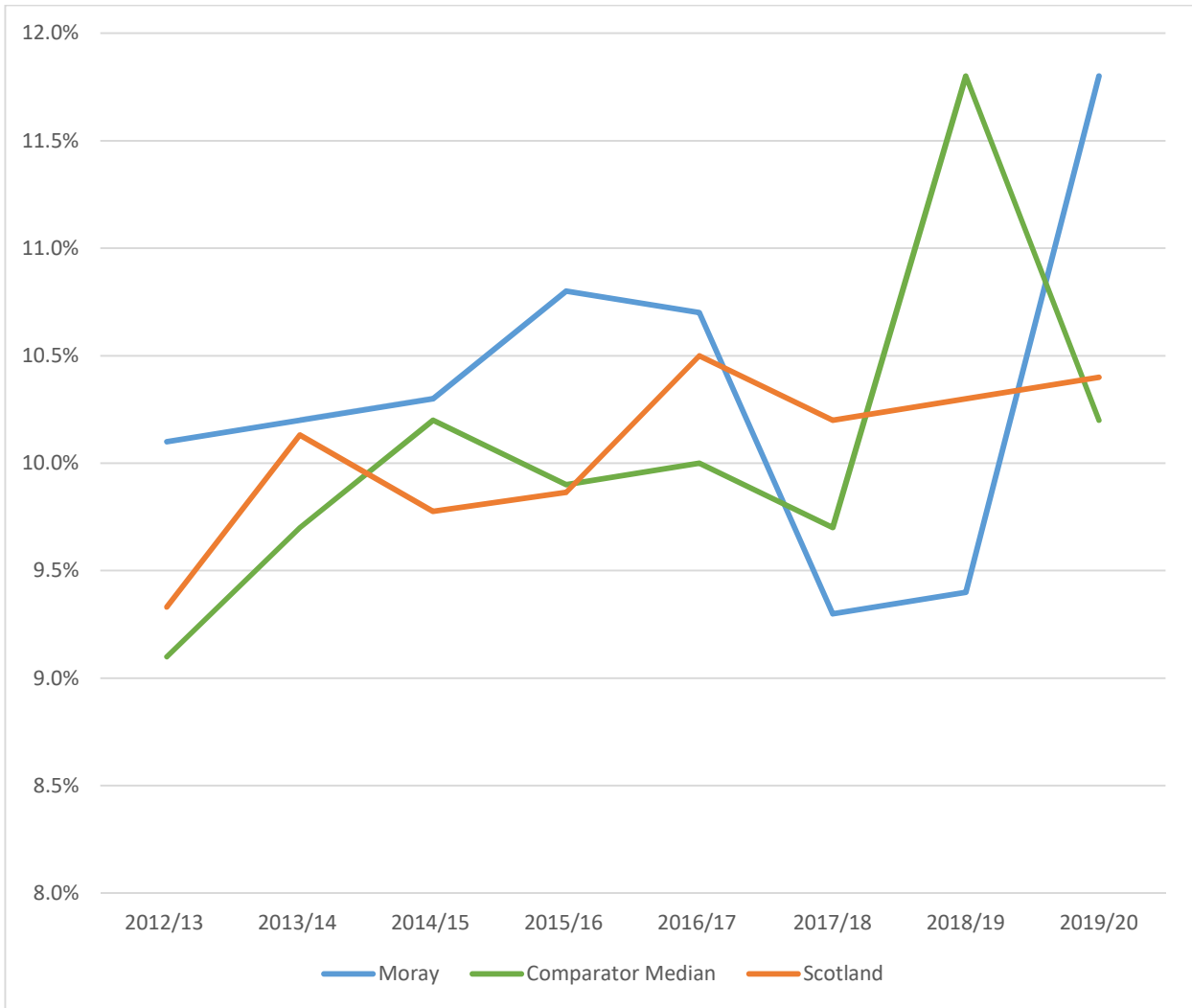
##### 4.9.1. Healthy Weight

Figure 4.21 shows the proportion of P1 children whose BMI is classified as being in the healthy range (excluding both underweight and overweight). Moray's rate shows considerable fluctuation but there appears to be a slow upward trend in this rate between 2013/14 and 2019/20. This contrasts with a slow downward trend in our comparator local authority areas and a generally flat trend Scotland-wide.



**Fig.4.21. Proportion of P1 children (with a valid height and weight recorded) whose BMI is between the 5% and 95% of the 1990 UK reference range for their age and sex, by year<sup>85</sup>.**

Figure 4.22 shows the proportion of P1 children classified as being overweight (95<sup>th</sup> percentile or more using 1990 standard). The fluctuation in this data makes a trend in Moray harder to discern though there may have been a slow upward trend. There has been a big jump in this rate between 2018/19 and 2019/20 and it remains to be seen whether this is an anomaly or part of a longer-term upward trend. The Scotland-wide rate has seen a slow upward trend over the time period.

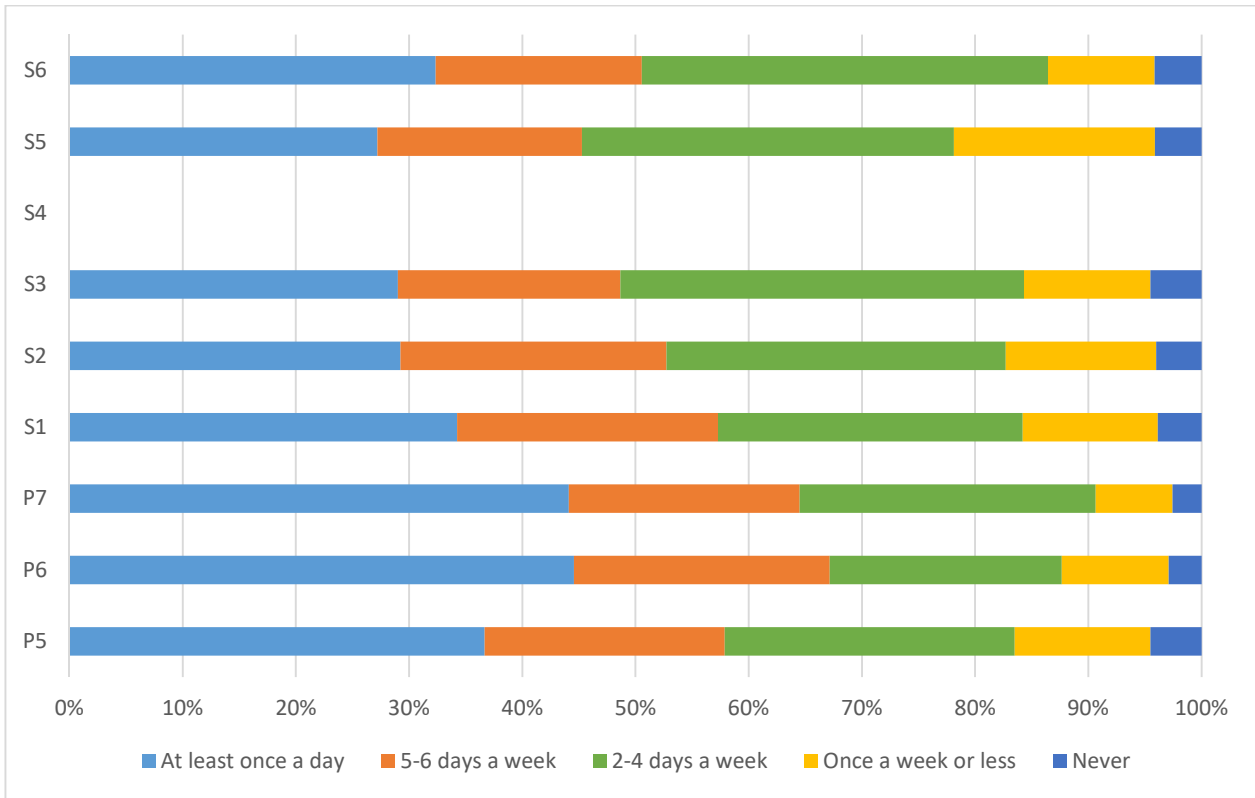


**Fig.4.22. Proportion of P1 children (with a valid height and weight recorded) whose BMI is 95% or more of the 1990 UK reference range for their age and sex, by year<sup>85</sup>.**

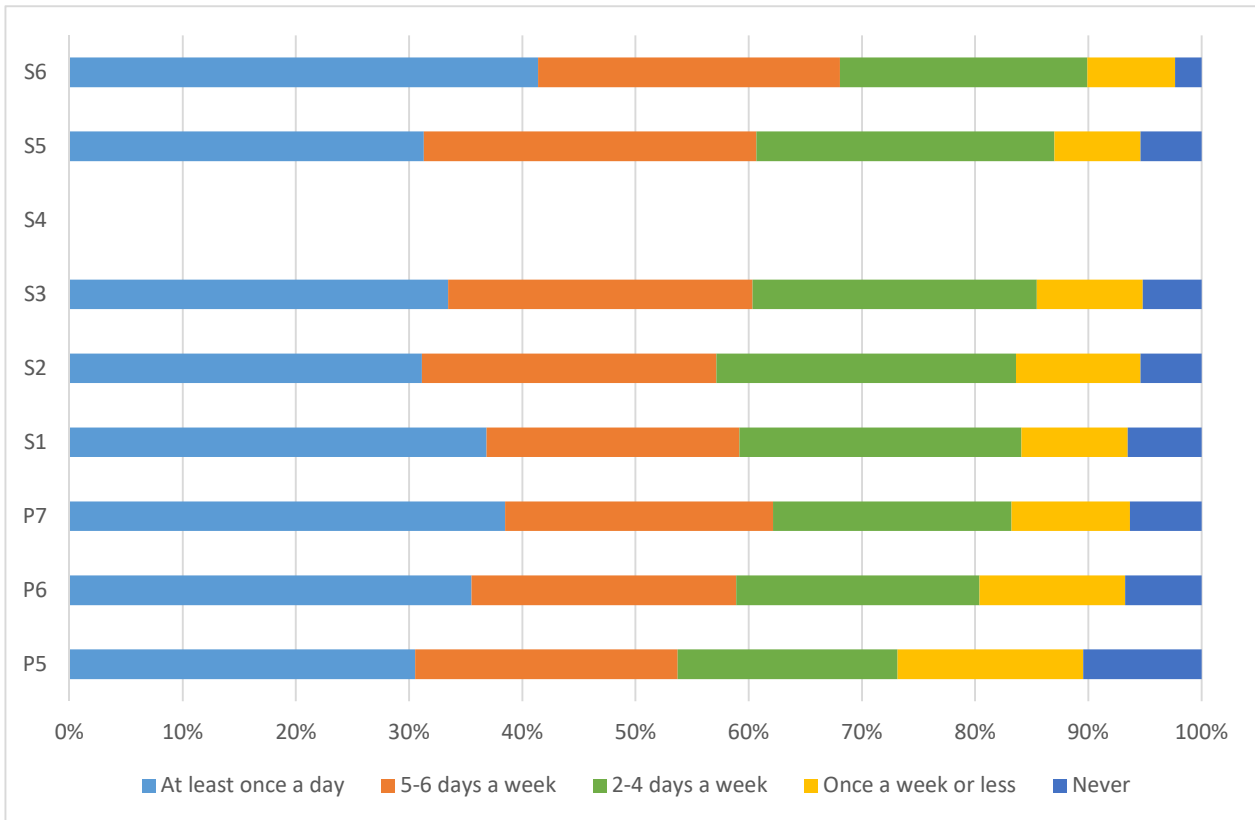
#### 4.9.2. Healthy Diet

A healthy diet is an important part of creating and maintaining positive health and wellbeing and plentiful fruit and vegetables are a necessary component of any healthy diet. The Schools HWBC asked pupils how often they ate fruit (see figure 4.23) and vegetables (see figure 4.24). To attain a healthy diet, children and young people should be eating at least five fruit and vegetables every day. However, the figures below show that we are very far away from attaining that for children and young people in Moray. While there is some variation by year group, in no year group do more than half of pupils report eating fruit or vegetables every day (from 27.1% in S5 to 43.0% in P6 for fruit; from 28.3% in P5 to 40.7% in S6 for vegetables). When we bear in mind that this only indicates where young people are eating any fruit and vegetables each day, the number managing to get five every day is likely to be much smaller than this.

NB: No data is available for S4 pupils – it appears that they were not asked this question in the HWBC.



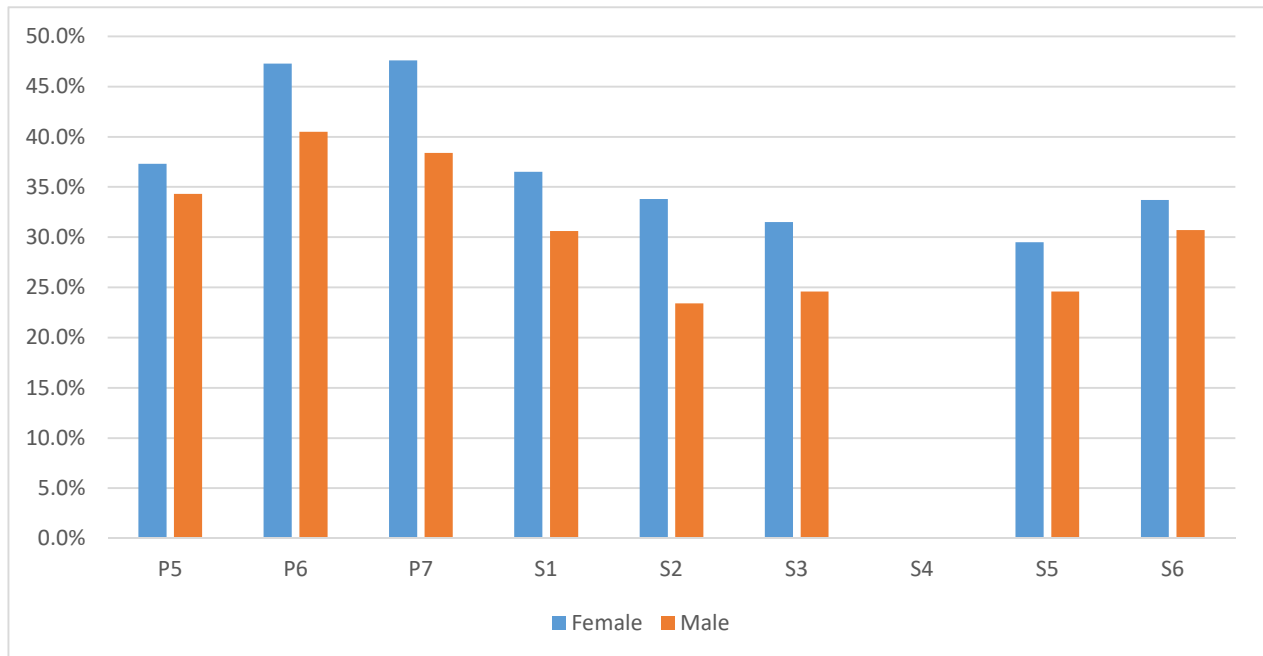
**Fig.4.23. Pupil responses to the question “How often do you usually eat fruit?” by year group. From Moray Schools HWBC, 2022. S4 data not available.**



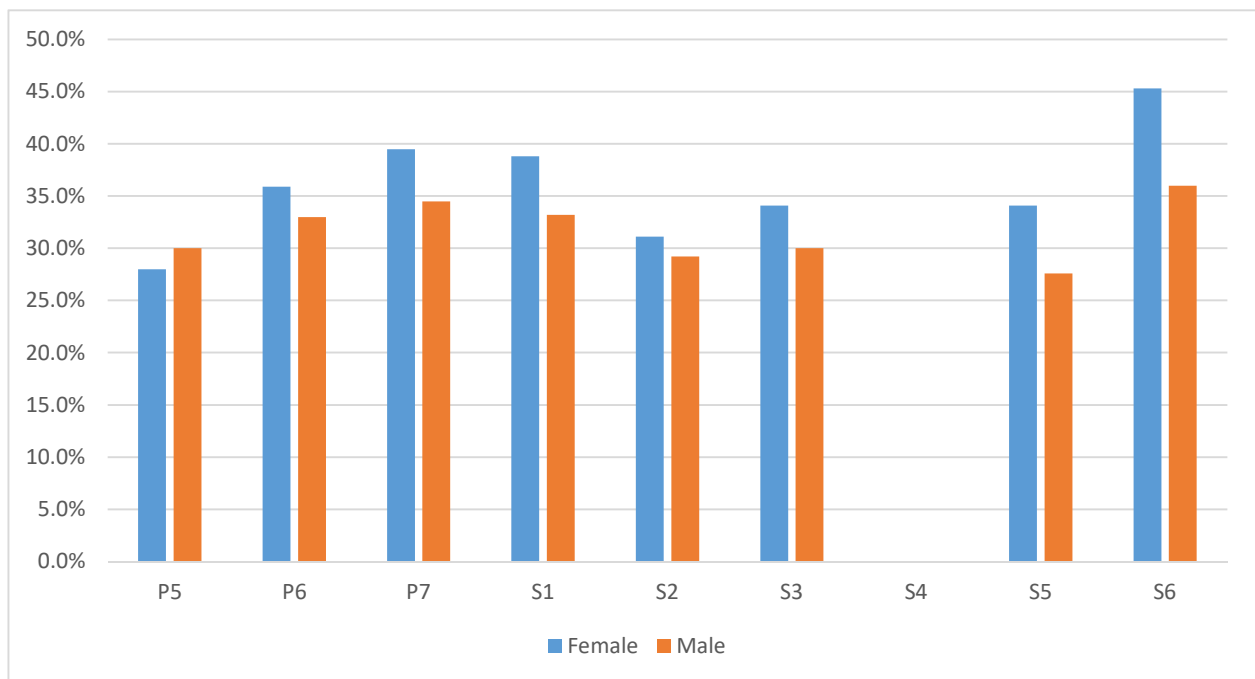
**Fig.4.24. Pupil responses to the question “How often do you usually eat vegetables?” by year group. From Moray Schools HWBC, 2022. S4 data not available.**



Figures 4.25 and 4.26 break this data down by gender. A consistent finding across all year groups is that more female pupils report eating fruit and vegetables every day than male pupils. This finding is consistent with previous research on fruit and vegetable consumption<sup>118</sup>. The pattern by age is similar for both meaning the gap between male and female pupils is relatively stable across year groups.



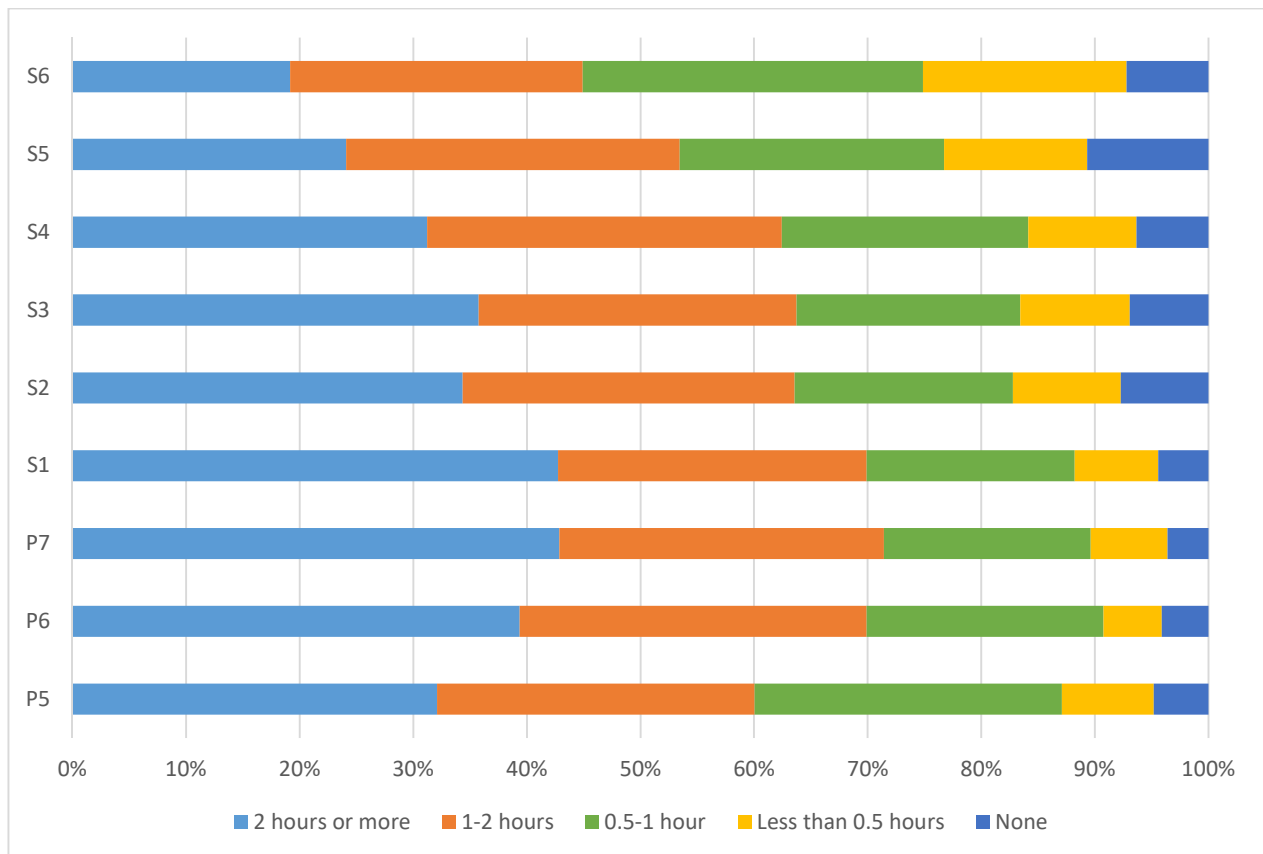
**Fig.4.25. Proportion of pupils responding 'At least once a day' to the question "How often do you usually eat fruit?" by year group and gender. From Moray Schools HWBC, 2022. S4 data not available.**



**Fig.4.26. Proportion of pupils responding 'At least once a day' to the question "How often do you usually eat vegetables?" by year group and gender. From Moray Schools HWBC, 2022. S4 data not available.**

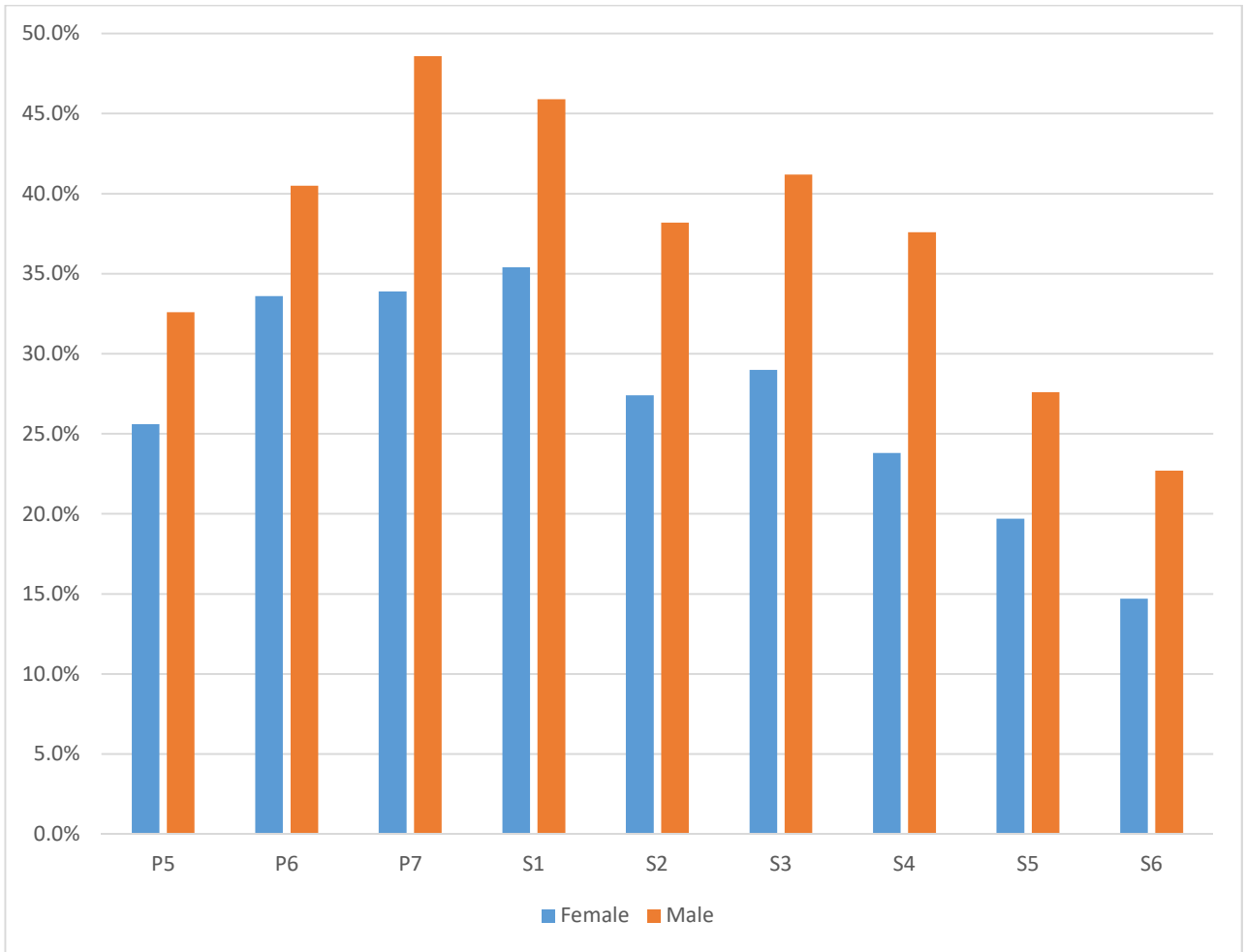
### 4.9.3. Physical Activity

Physical activity is also a crucial part of maintaining good health and wellbeing. Figure 4.27 shows pupil responses from the HWBC to the instruction “add up all the time you spent doing physical activity yesterday.” Physical activity was specifically defined in the survey as “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.” Activity seems to increase over age groups from P5 to P7 before reducing from S1 to S6.



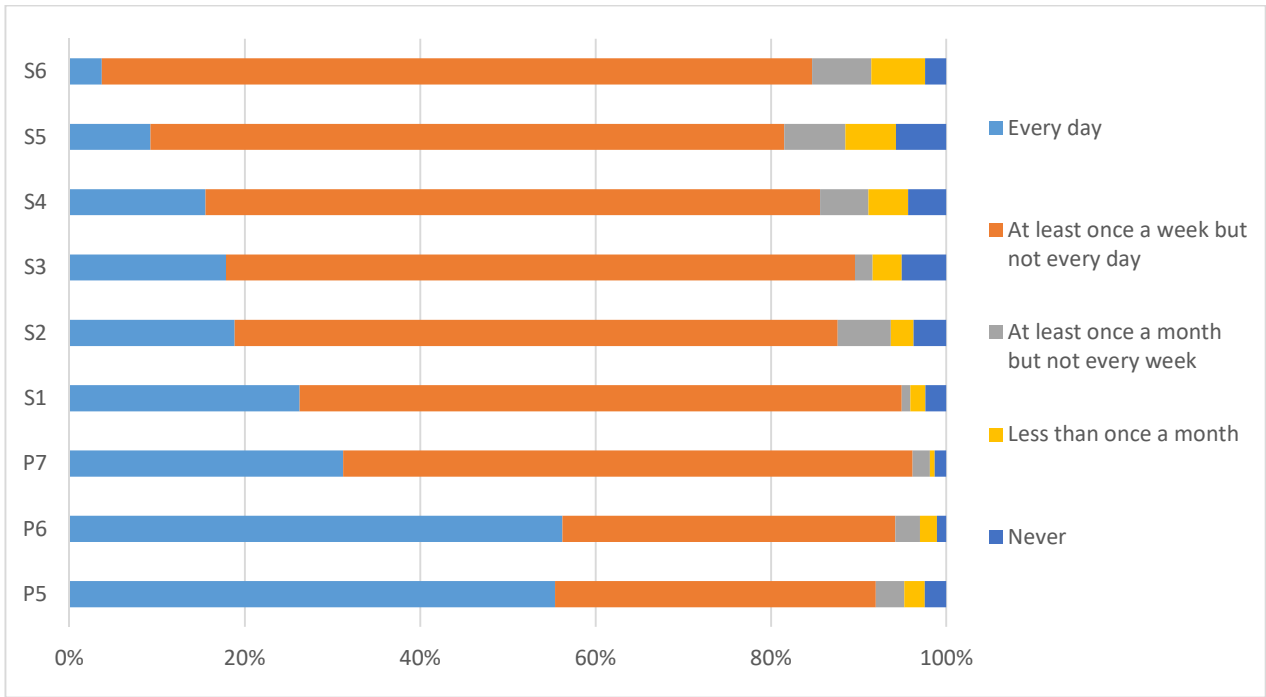
**Fig.4.27. Pupil responses to “add up all the time you spent doing physical activity yesterday.” Physical activity was defined in the survey as “any activity that increases your heart rate and makes you get out of breath some of the time. Some examples are running, fast walking, rollerblading, biking, dancing, swimming, basketball and football.” From Moray Schools HWBC, 2022.**

Figure 4.28 looks just at responses of ‘2 hours or more’. There is a clear inequality between female and male pupils in each year group, with female pupils less likely to engage in 2 hours of activity the day before the survey. Looking at 1 hour or more of physical activity still shows inequality in the same direction, though the gap by gender is smaller. These gender differences are consistent with previous research on physical activity in young people<sup>119</sup>. Understanding the influence of gender roles and particularly of perceptions and experiences of gendered bodies in the context of physical activity is crucial to addressing this inequality<sup>120</sup>.



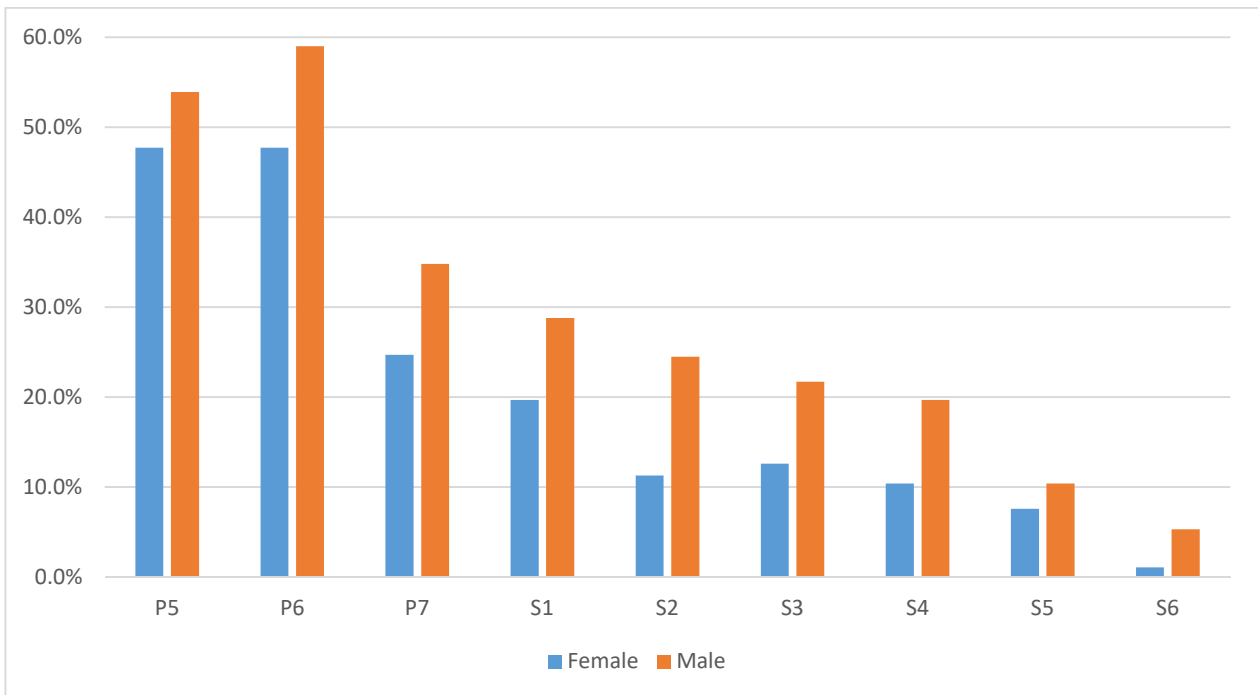
**Fig.4.28. Proportion of pupils responding '2 hours or more' to "add up all the time you spent doing physical activity yesterday" by gender. Physical activity was defined in the survey as "any activity that increases your heart rate and makes you get out of breath some of the time. Some examples are running, fast walking, rollerblading, biking, dancing, swimming, basketball and football." From Moray Schools HWBC, 2022.**

Another question from the HWBC asks "How often do you usually do any physical activity in your free time (outside school hours) so much that you get out of breath or sweat?" Figure 4.29 shows pupil responses to this question. There is a clear drop in daily physical activity after P6 and a continuing decline from then on. Looking at those doing physical activity at least once a week, the pattern is less clear (lowest is S5 - 79.3%; highest is 87.5% in S1).



**Fig.4.29. Pupil responses to the question “How often do you usually do any physical activity in your free time (outside school hours) so much that you get out of breath or sweat?” by year group. From Moray Schools HWBC, 2022.**

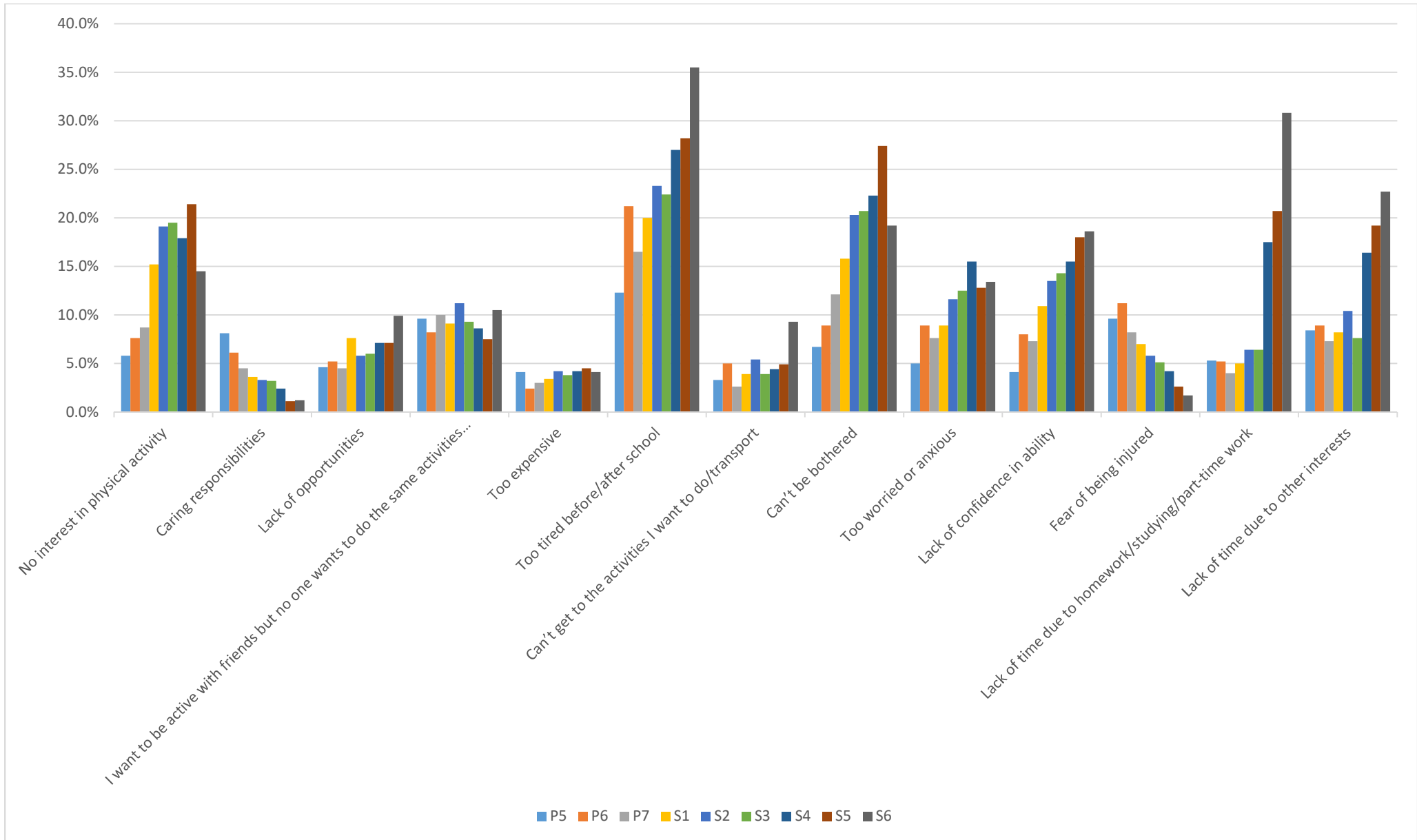
Figure 4.30 shows the pupils responding ‘every day’ broken down by gender. As with the previous question, there is a clear gender divide with fewer female pupils reporting daily physical activity than male pupils.



**Fig.4.30. Proportion of pupils responding ‘every day’ to the question “How often do you usually do any physical activity in your free time (outside school hours) so much that you get out of breath or sweat?” by gender and year group. From Moray Schools HWBC, 2022.**

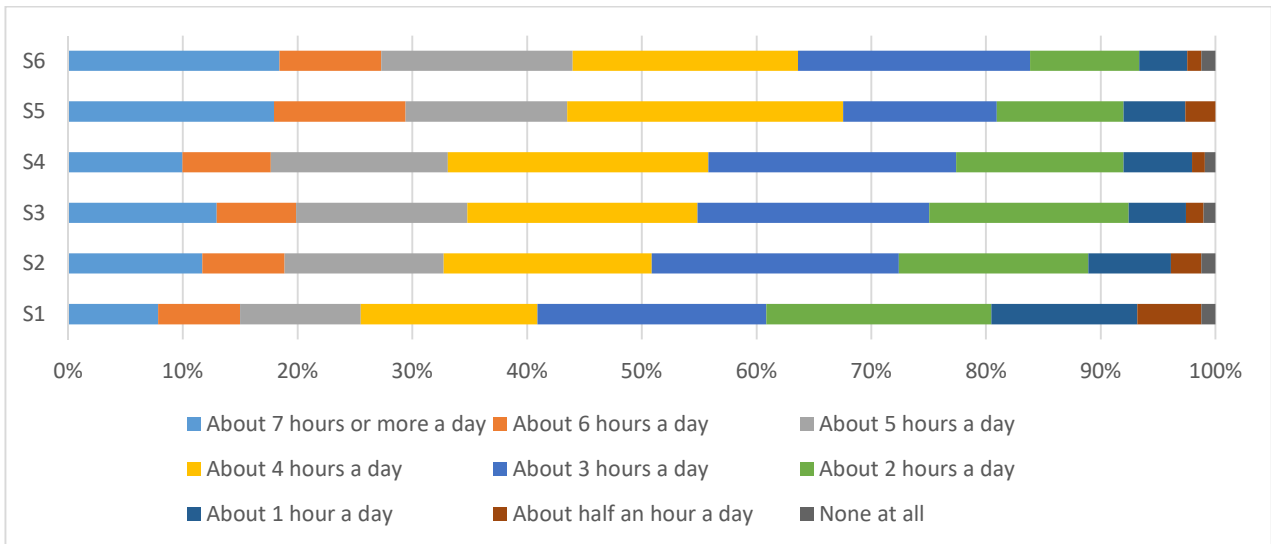
In order to understand potential barriers to physical activity, the HWBC asked the question “If you take part in less than one hour of physical activity every day, can you please tell us why?” There were fixed choices of answers with no free-text option, meaning that there may be other barriers that aren’t included here. For example, we know that body image concerns and concerns about menstruation can be barriers to taking part in some activities, particularly for girls and young women, though these were not options in the survey.

Figure 4.31 shows pupil responses to this question by year group. The most common barrier is being too tired before or after school and this concern increases across year groups, from 12.3% responding this way in P5 to 35.5% in S6. Another interesting finding is that the proportion of pupils reporting that they are lacking time due to homework, studying or part-time work sees a sharp rise in S4 (from 6.3% in S3 to 17.5% in S4) and this continues to rise in the remaining years (to 30.8% in S6).

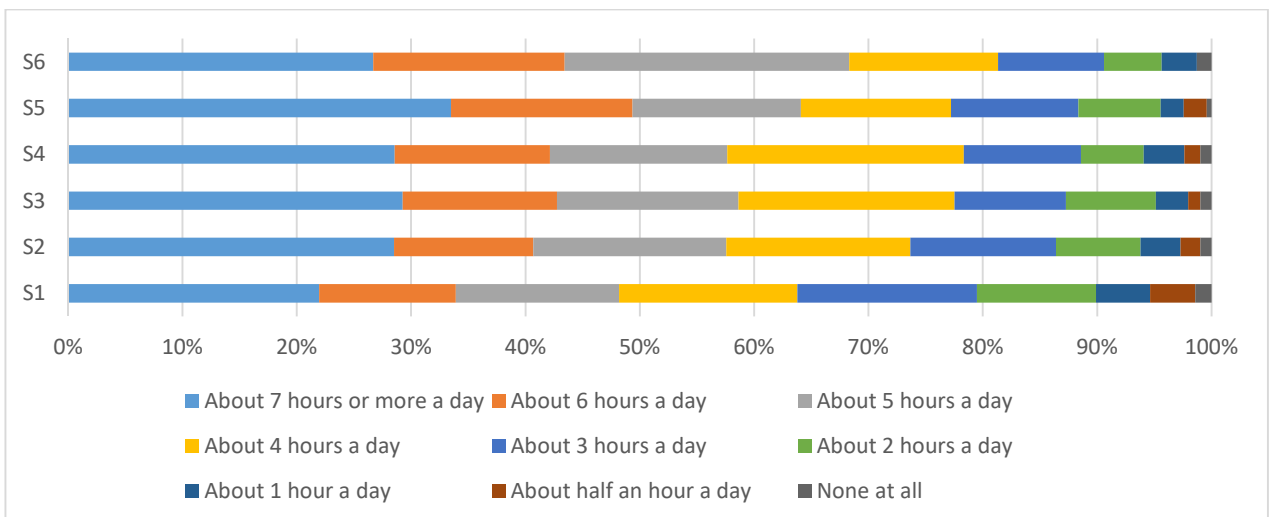


**Fig.4.31. Pupil responses to the question “If you take part in less than one hour of physical activity every day, can you please tell us why?” by year group. From Moray Schools HWBC, 2022.**

The survey also asked secondary school pupils about the amount of time they spend sitting outside of school hours. Figures 4.32 and 4.33 show the results for weekdays and weekends, respectively. On average, pupils report sitting for longer periods in older age groups. Those reporting sitting for about four hours or more a day on weekdays range from 39.6% of pupils in S1 to 66.6% of pupils in S5. For weekends, the figures range from 58.1% in S1 to 76.2% in S6. No consistent significant difference was seen between responses from female and male pupils.



**Fig.4.32. Pupil responses to the question “Outside school hours, how many hours a day do you usually spend sitting (e.g. watching TV, using a computer or mobile phone, travelling in a car or by bus, sitting and talking, eating, studying)? Please be aware that if activities take place at the same time (e.g. watching TV whilst talking) then these only count once. WEEKDAYS” by year group. From Moray Schools HWBC, 2022.**



**Fig.4.33. Pupil responses to the question “Outside school hours, how many hours a day do you usually spend sitting (e.g. watching TV, using a computer or mobile phone, travelling in a car or by bus, sitting and talking, eating, studying)? Please be aware that if activities take place at the same time (e.g. watching TV whilst talking) then these only count once. WEEKENDS” by year group. From Moray Schools HWBC, 2022.**

Data from the Scottish School Healthy Living Survey show that all of Moray's primary and secondary schools met the Physical Education target in 2021<sup>121</sup>. This target requires two hours of physical education per week for primary pupils and two periods (100 minutes) for secondary pupils.

---

*"In line with current policy and guidance, [Looked After] young people need to have access to local leisure facilities, however, budget constraints do limit this. Most of our young people enjoy attending various activities offered at the local leisure centre, including swimming lessons, swim sessions and ice skating, however, access to a Fitlife card would reduce the pressure on [service's] budgets."*

*- Residential care service*

---

**UNCRC Article 33: Children and Young People have the right to be protected from harmful drugs and to be protected from involvement in the production and trafficking of drugs.**

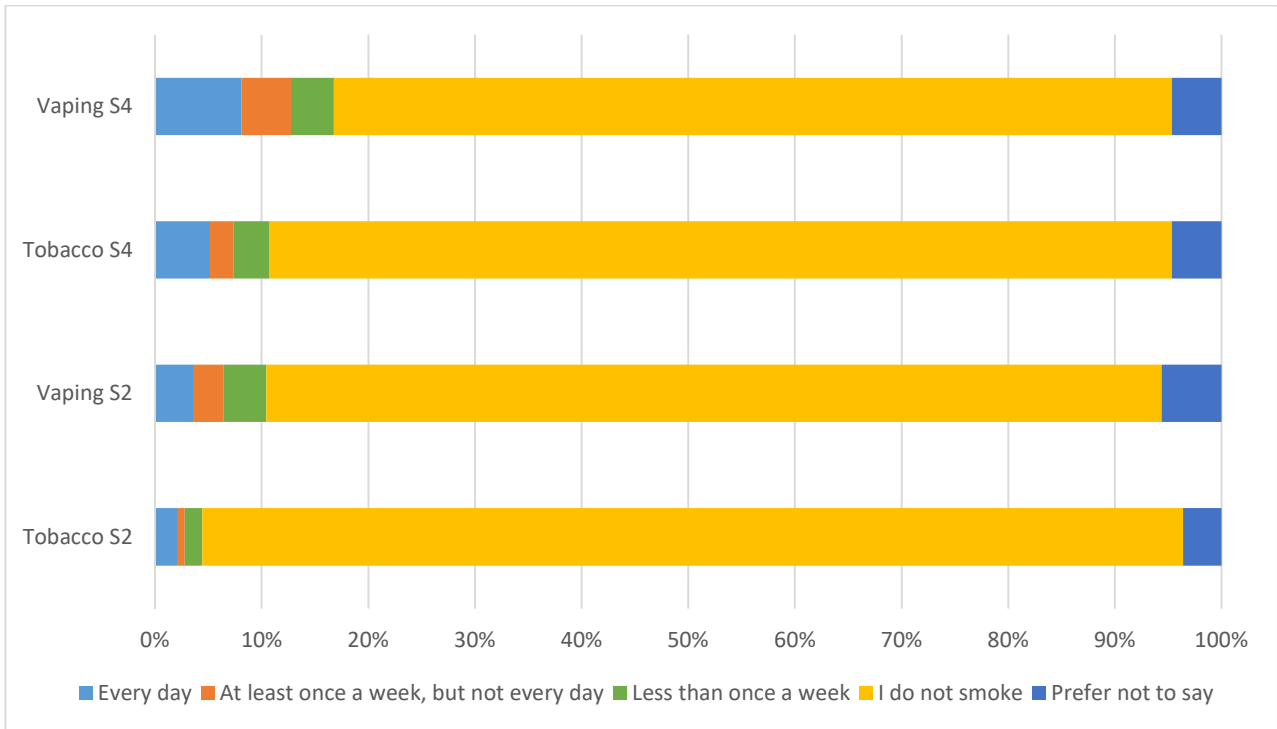
#### 4.10. Tobacco, Nicotine, Alcohol, Drugs and Gambling

In 2013, the Scottish Government set itself the target to create a tobacco-free generation in Scotland by 2034. The great majority of adult smokers begin smoking before the age of 18<sup>122</sup> and so addressing smoking in children and young people has the potential to improve individual and population health for a lifetime. Alongside reductions in smoking rates in adults<sup>123</sup>, smoking rates for adolescents have also fallen over time across Scotland. The proportion of 15 year old boys regularly smoking has dropped from 29% in 1982 to 8% in 2018; and the proportion of 15 year old girls regularly smoking has dropped from 26% to 6% in the same period<sup>124</sup>.

Vaping, the use of e-cigarettes, is a relatively new concern as vaping products have been increasingly marketed towards young people. While vaping can be a useful tool in the cessation of tobacco-smoking, vaping has been increasingly taken up by non-smoking young people. Most commonly, vaping is used as a vehicle for nicotine, an extremely addictive substance<sup>125</sup>, and carries increased risks of initiation of tobacco smoking, mental health problems<sup>126,127,128</sup>, pulmonary and cardiovascular disease, and unintentional injuries<sup>129,130,131</sup>.

The Schools HWBC asked S2 and S4 pupils about their smoking and vaping. Figure 4.34 shows the total results to the questions "How often do you smoke tobacco at present?" and "How often do you use e-cigarettes/vape at present?" 4.3% of S2 pupils and 10.6% of S4 pupils said that they smoked at all. In both groups, close to half of those reporting smoking at all smoked every day. Vaping rates were higher, with 10.2% of S2 pupils and 16.6% of S4 pupils saying that they vaped at all. Approximately a third of S2 pupils who vaped did so every day, compared to nearly half of S4 pupils who vaped.

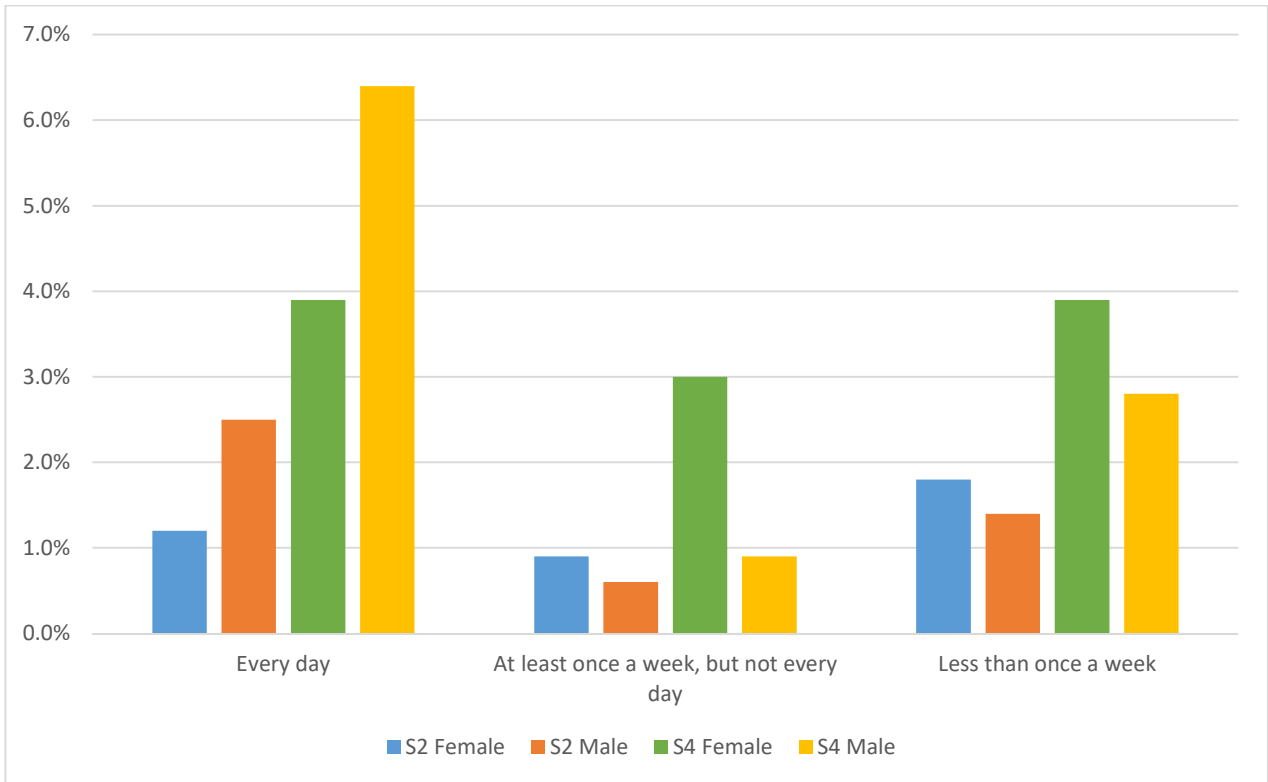




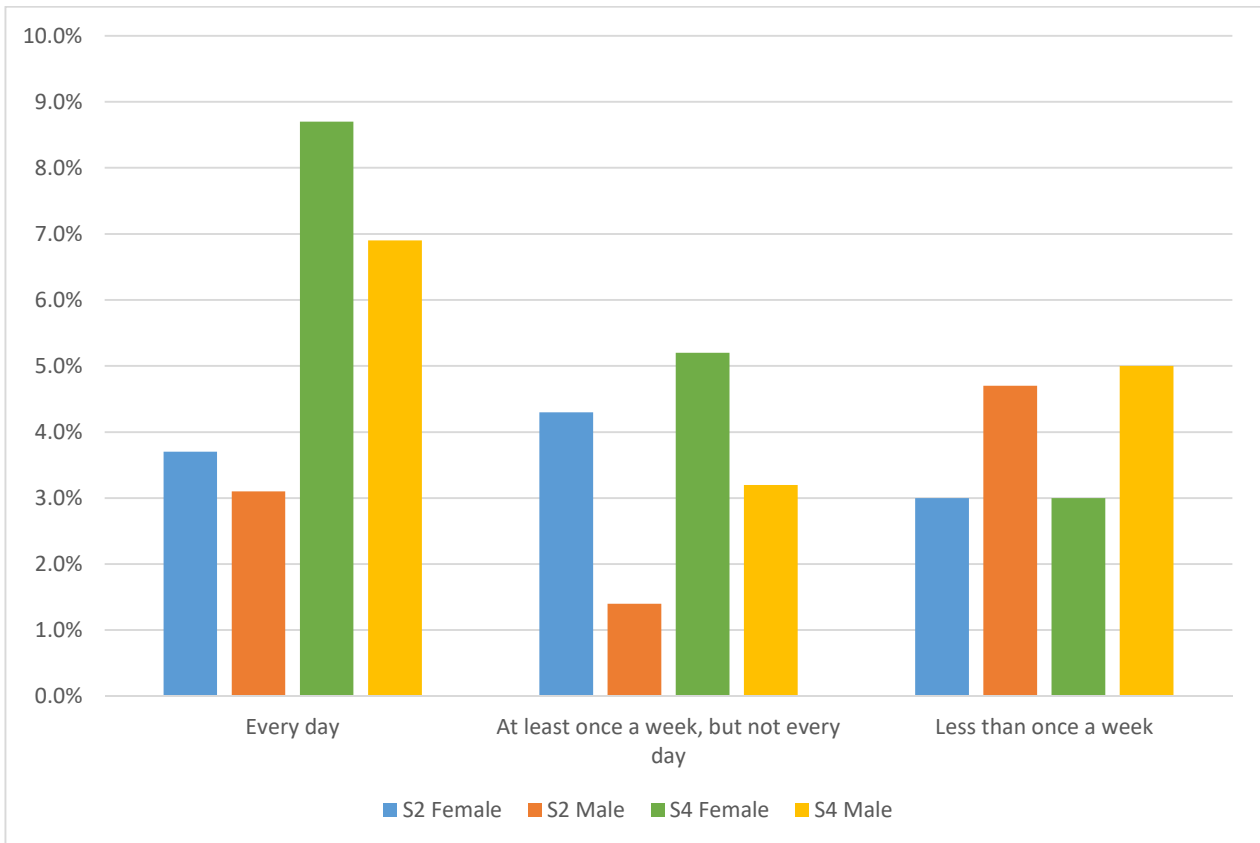
**Fig.4.34. Pupil responses to questions on how often they smoke tobacco or use e-cigarettes/vape, by year group. From Moray Schools HWBC, 2022.**

The figures below show the gender breakdown of these numbers, with figure 4.35 showing gender differences in tobacco smoking and figure 4.36 showing gender differences in e-cigarette use/vaping. Far more male pupils report smoking tobacco every day than female pupils (2.5% vs 1.2% in S2; 6.4% vs 3.9% in S4), while more female pupils report e-cigarette use/vaping every day than male pupils (3.7% vs 3.1% in S2; 8.7% vs 6.9% in S4).

When it comes to smoking or vaping less frequently than every day, but at least once a week, female pupils are more likely to do so than male pupils. For tobacco smoking, 0.9% of female S2 pupils reported smoking at this frequency compared to 0.6% of male pupils. In S4, the figures are 3.0% and 0.9%. For e-cigarette use/vaping, 4.3% of female S2 pupils reported vaping at this frequency compared to 1.4% of male pupils. In S4, the figures are 5.2% and 3.2%.



**Fig.4.35. Proportion of pupils reporting any tobacco smoking, by gender and year group. From Moray Schools HWBC, 2022.**



**Fig.4.36. Proportion of pupils reporting any e-cigarette use/vaping, by gender and year group. From Moray Schools HWBC, 2022.**

A further survey of S4 pupils was carried out in Moray earlier this year, with 6.2% of pupils reporting smoking at least one cigarette per week (4.5% of boys and 7.1% of girls). Of the 15 pupils who reported having smoked in the previous week (8.4% of respondents), 5 reported smoking more than 10 cigarettes per day on average. The most common sources of cigarettes for pupils were friends and relatives. Nearly half (47%) of those who reported smoking said friends gave them cigarettes or tobacco while over a third (37%) reported that they have bought cigarettes or tobacco from friends or relatives.

In the same survey of S4 pupils, 12.4% reported vaping at least once per week, with only 57% saying they had never tried vaping. In contrast to tobacco, a wider range of sources were described for e-cigarettes and refills. Of 46 pupils who reported vaping, 10 (22%) were given them by friends, 9 (20%) bought them from the internet and 7 (15%) bought them from a supermarket. It is illegal to sell e-cigarettes to people under 18 years of age.

Local professional networks, particularly in the Keith area, are also reporting increased anecdotal awareness of primary-age pupils vaping in the community and of secondary pupils being dependent as a result of vaping. There are further reports of young people using of nicotine pouches – the pouch is placed between the lip and the gum as the addictive and harmful nicotine and flavour are released. This is another way in which companies which sell tobacco and other nicotine products can encourage people to become addicted to their products and the extent of their use is not captured by the HWBC or other surveys. The products are widely available in shops and supermarkets including in mint and fruit flavours. Further investigation is required to discover to what extent this method of nicotine consumption is used locally by young people and whether its use is increasing.

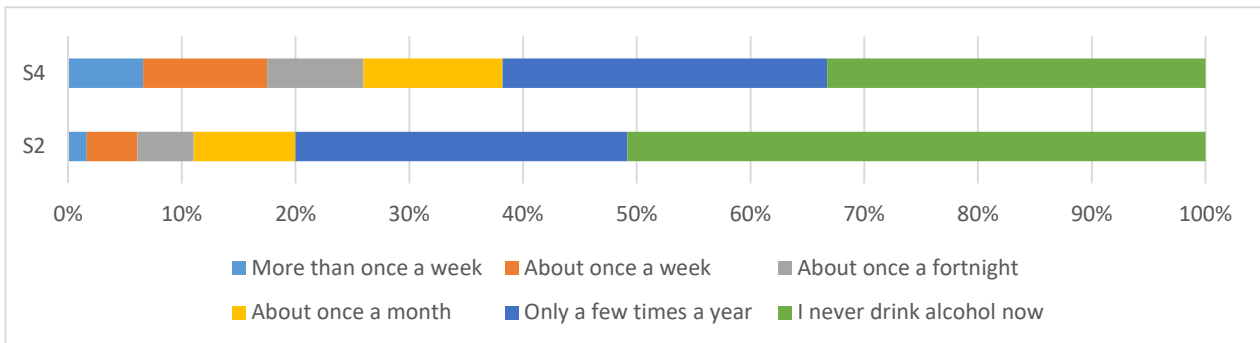
It would also be helpful for future understanding of tobacco and nicotine use if questions were asked more widely of school year groups, rather than only in S2 and S4.

#### 4.11. Alcohol Use

Alcohol consumption is the leading global risk factor for mortality and morbidity in 15-24 year olds. Despite this, alcohol continues to be marketed towards children and young people<sup>132</sup>. Some of the poor outcomes associated with alcohol consumption include road traffic accidents, violence, poor educational performance, mental health problems and alcohol-specific conditions<sup>133</sup>. Thankfully, the first decades of the 21<sup>st</sup> century have seen dramatic declines in the alcohol consumption of young people in a number of wealthy western countries, including Scotland<sup>134</sup>. Between 2002 and 2014, the proportion of 15 year olds in Scotland reporting alcohol consumption at least weekly dropped from 40.8% to 12.2%.

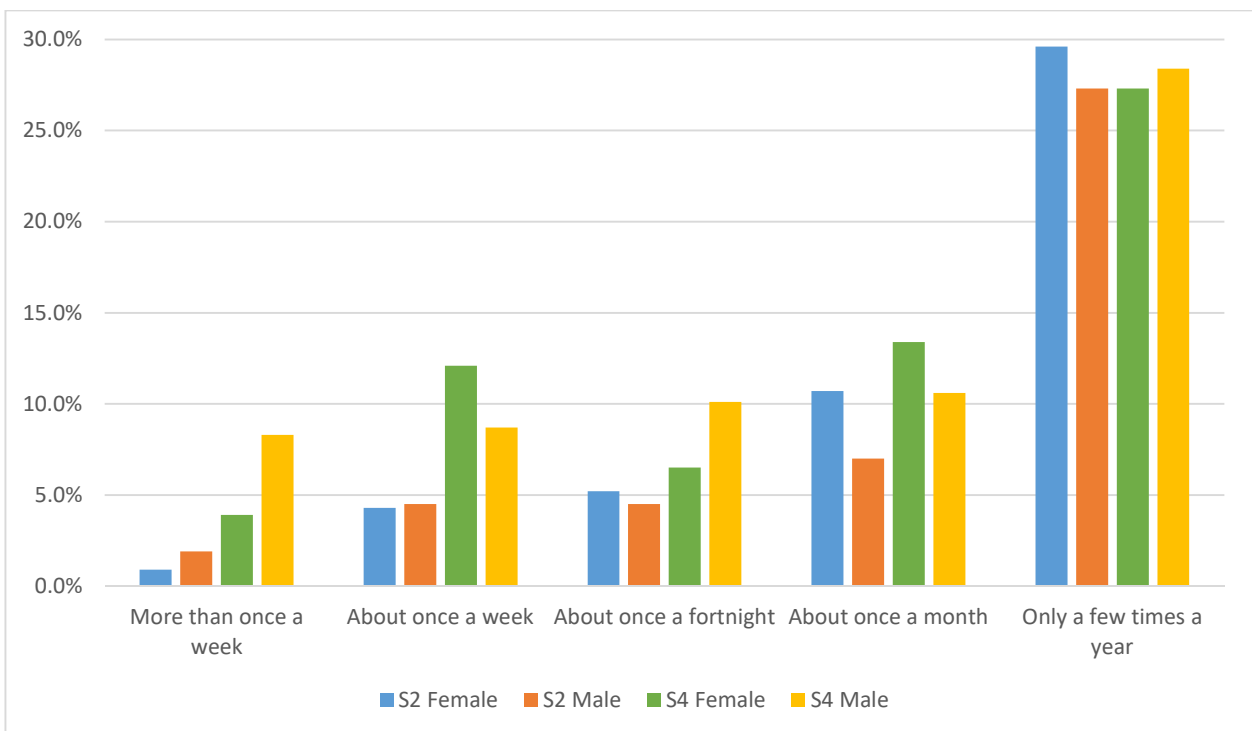
A survey of S4 pupils in Moray earlier this year showed 58% of pupils reported having ever had a whole alcoholic drink and 20% reported getting drunk at least once per month. Sweet drinks appeared to be the most popular, with only 12% and 15% reporting that they never drink cider and alcopops, respectively. 38% reported usually getting their alcohol from home, 19% from a friend and 15% from a relative. A high proportion (21%) declined to answer the question. The most common places for young people to drink were in their own home (66%), other people's homes (54%), at a party with friends (45%) or outdoors (28%).

The HWBC also asked S2 and S4 pupils how often they usually drink alcohol. The results are shown in figure 4.37. A much higher proportion of pupils in S4 report drinking alcohol compared to S2. Only 32.3% of S4 pupils report that they never drink, compared to 49.3% of S2 pupils. At the other end of the scale, 6.4% of S4 pupils report drinking more than once a week compared to 1.6% of S2 pupils.



**Fig.4.37. Pupil responses to the question "How often do you USUALLY have an alcoholic drink?" by year group. From Moray Schools HWBC, 2022.**

Figure 4.38 shows this data broken down by gender. There is a clear gender divide in those drinking alcohol more than once a week, with more than twice as many male pupils drinking this often compared with their female counterparts. In S2, 0.9% of female pupils report drinking more than once a week compared to 1.9% of male pupils. In S4, the figures are 3.9% and 8.3%.

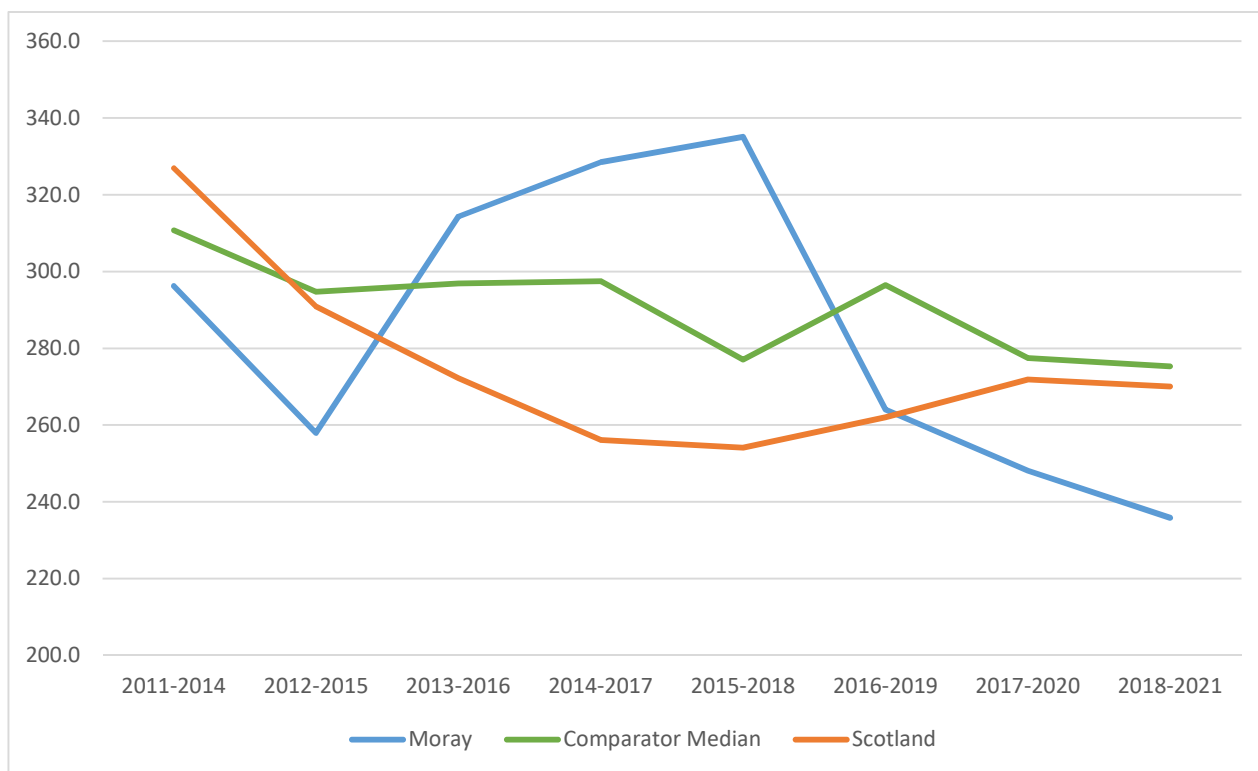


**Fig.4.38. Proportion of pupils reporting any alcohol use, by gender and year group. From Moray Schools HWBC, 2022.**

As with data on smoking and vaping from the HWBC, future iterations should consider asking these questions more widely across school age groups to ascertain differences and potential causal factors.

As mentioned earlier, alcohol consumption can lead to acute health problems, including hospitalisation. Figure 4.39 shows standardised rates of alcohol-related hospital stays for 11-25 year olds. Moray's data fluctuates markedly over the time period shown, but the most recent data appears to show a reduction in these admissions between 2016-2019 and 2018-2021.

It is, as yet, unclear to what extent there will be long-term impacts upon alcohol consumption of covid-related lockdowns and changes in behaviour. Early studies suggest that adults living with children were more likely to increase their alcohol consumption during lockdowns than those without children<sup>135,136</sup>. As individual behaviour is strongly associated with behaviour norms of a person's social groups, this could impact on drinking behaviour of children and young people.

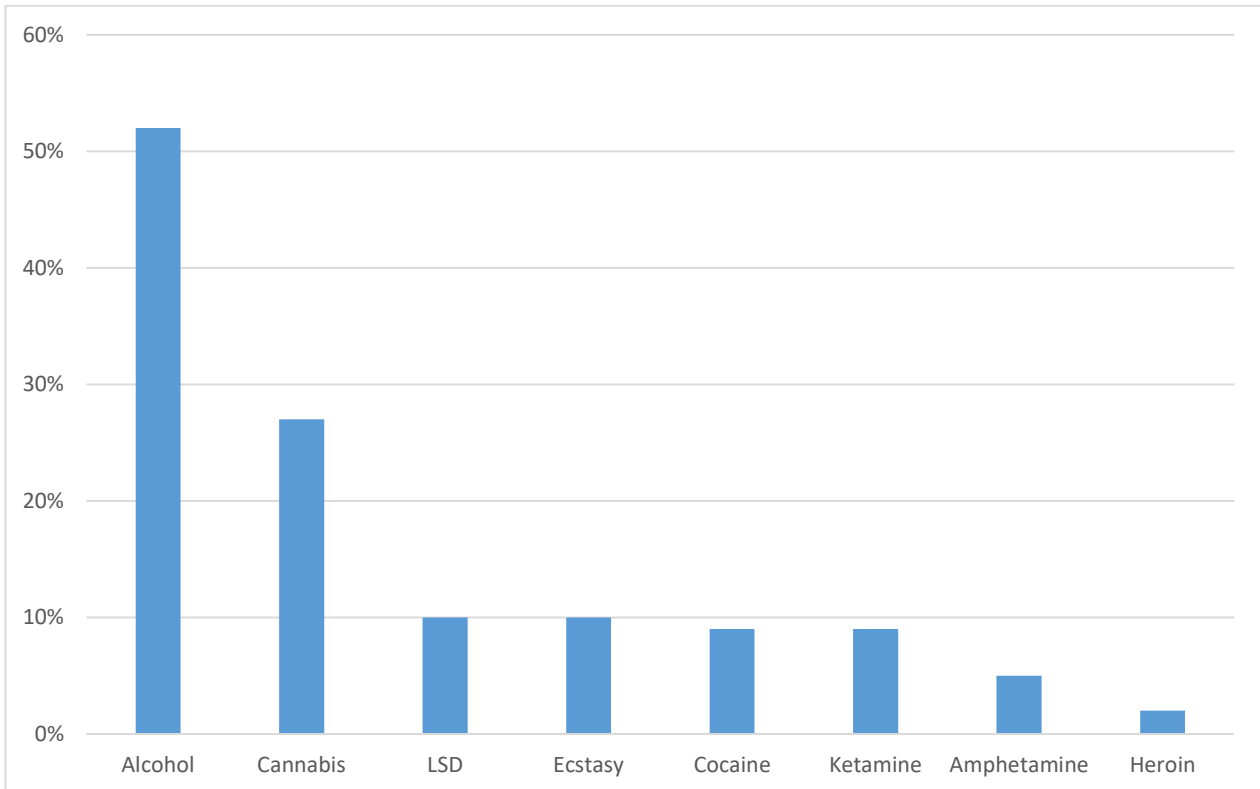


**Fig.4.39. Alcohol-related hospital stays in 11-25yr olds, age- and sex- standardised rates per 100,000 population, three year rolling average<sup>85</sup>.**

#### 4.12. Substance Use

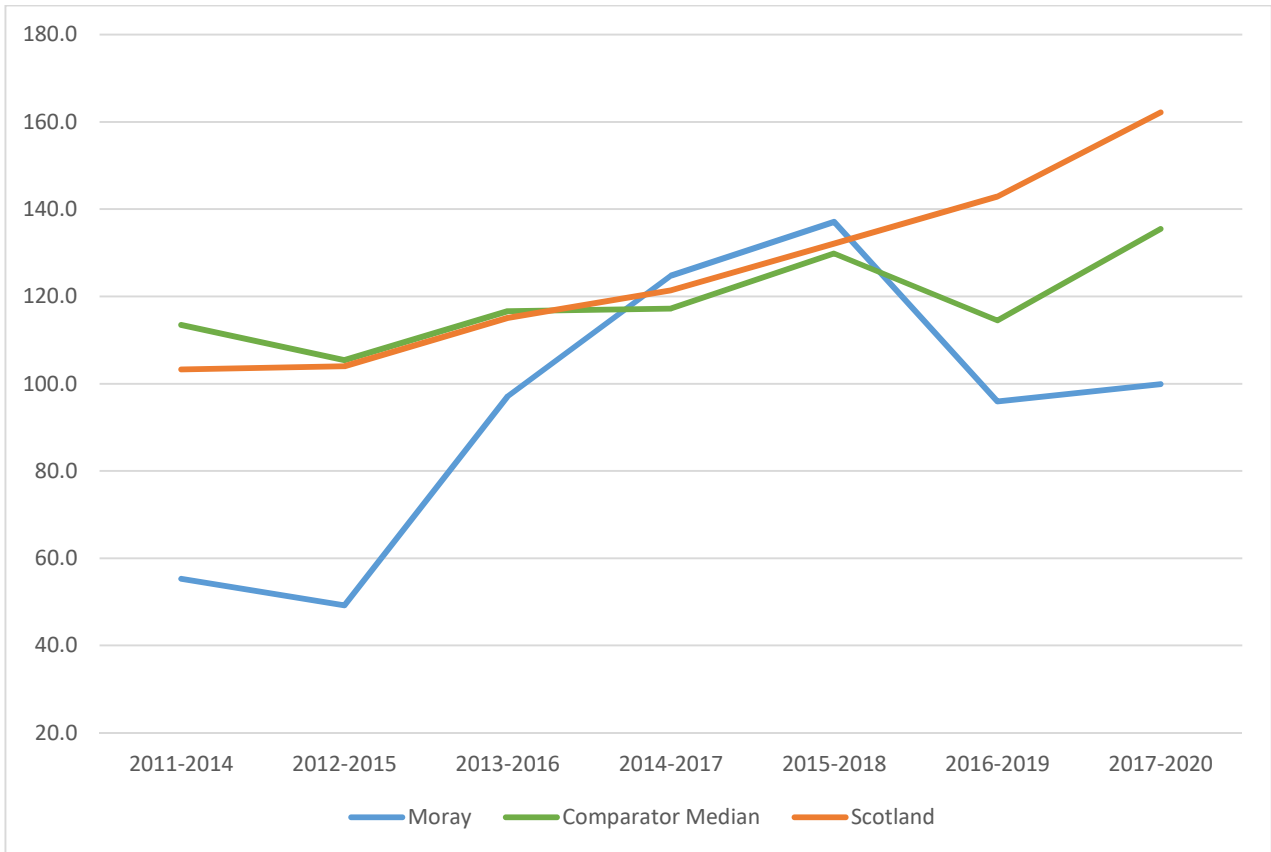
As with tobacco and alcohol consumption, drug use among young people in Scotland began reducing at the turn of the millennium. However, following a sustained drop, the proportion of 15 year old boys who have used drugs in the last month has increased slowly since 2013 and the rate for girls stopped dropping and stabilised. In 1998, the proportion of 15 year olds who had used drugs in the last month was 23% for boys and 22% for girls. By 2018, the figures were 15% for boys and 9% for girls. As the rate has been increasing in boys, this gender gap is widening<sup>137</sup>.

A survey of Buckie High pupils undertaken by Aberlour children’s charity in 2021 revealed widespread experience of illicit substance use, as shown in figure 4.40. 27% reported having tried cannabis, while 10% had tried LSD and 10% had tried ecstasy. Data is not available on what proportion of pupils had tried at least one of these substances as it is likely that individual pupils will have tried multiple. A survey of S4 pupils in Moray earlier this year shows a lower level of substance use across the region, with 12.4% reporting ever having taken “illegal drugs, drugs formerly known as legal highs, solvents or prescription drugs that were not prescribed to you”. 5% reported taking drugs at least once per month.



**Fig.4.40. Proportion of Buckie High pupils surveyed who reported having tried each substance (506 pupils surveyed)<sup>138</sup>.**

Figure 4.41 shows the rate of drug-related hospital admissions in 11-25 year olds in Moray. Although there is a significant amount of fluctuation in the data, it appears that the broad trend is a rising one, doubling from around 50 per 100,000 population in 2012-15 to 100 per 100,000 in 2017-20.



**Fig.4.41. Drug-related hospital admissions in 11-25yr olds, age- and sex-standardised rates per 100,000 population, three year rolling average<sup>85</sup>.**

The following quotes from the Youth Work team and from a residential care service also suggest there are problems with substance use in young people in Moray.

---

*“We are offered drugs quite a lot both in school or when we are hanging around at the park or shops”.*

*“My pals brother buys us drink because he’s older and gets served but we have to give him extra money so he can get some for himself”.*

*- Feedback to Youth Work Team*

---



---

*“Young person who lived at [residential care service] was struggling with substance misuse and there were real difficulties in being able to arrange support for him. MIDAS wouldn’t support due to him being under 18, CAMHS wouldn’t support due to substance misuse.”*

*- From Residential Care Service*

---

In future iterations of this document, it would be useful to understand the picture of drug use in parents in Moray. Drug use in parents can cause difficulties in providing a healthy and nurturing home environment for children and can make it more difficult for parents to give the best care to their young people<sup>139</sup>.

#### 4.13. Gambling

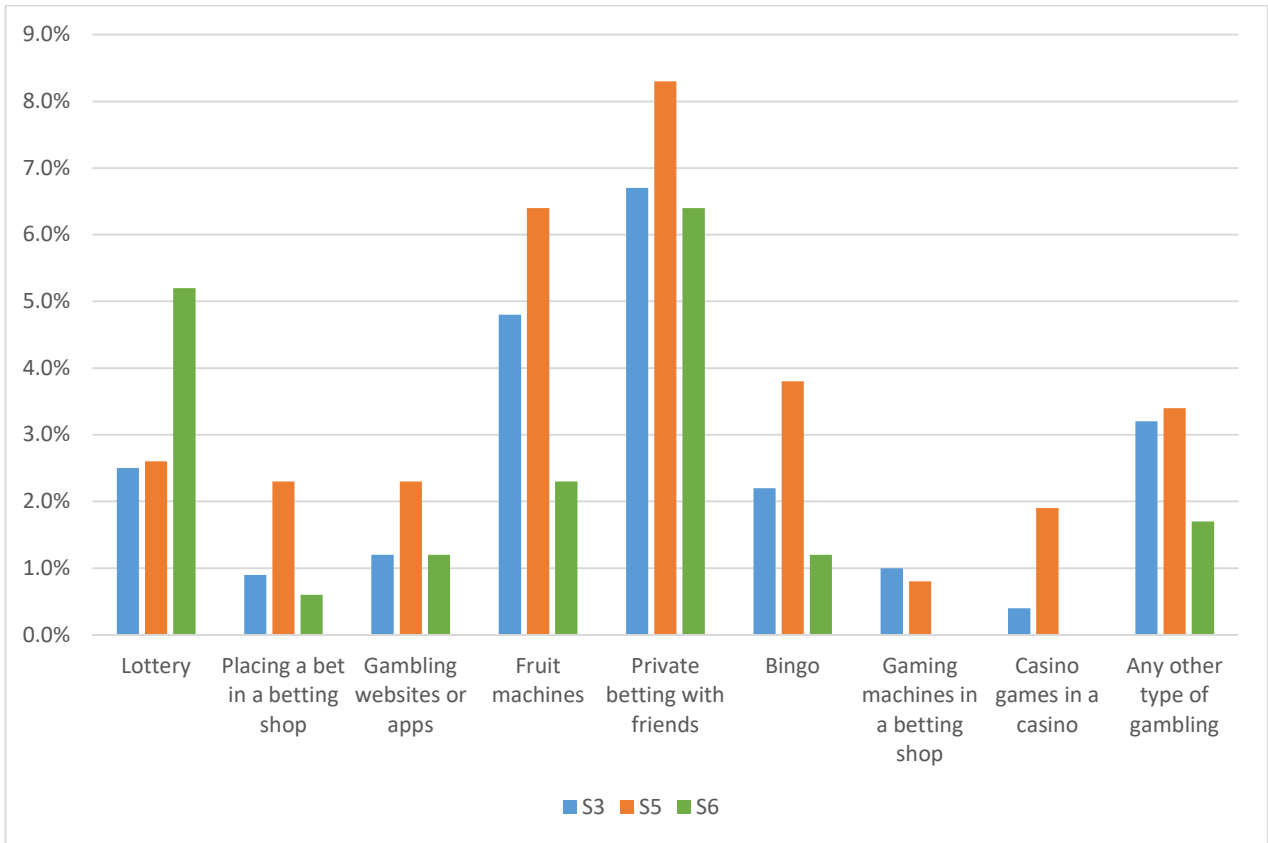
The school HWBC asked S3, S5 and S6 pupils an extensive question about their recent experience of gambling:

*“Have you spent any of YOUR money on any of the following in the last month? We want to know about games you played yourself. PLEASE READ THE LIST CAREFULLY AND SELECT ALL OF THE ACTIVITIES THAT YOU HAVE TAKEN PART IN, OR LEAVE BLANK IF YOU PREFER NOT TO SAY*

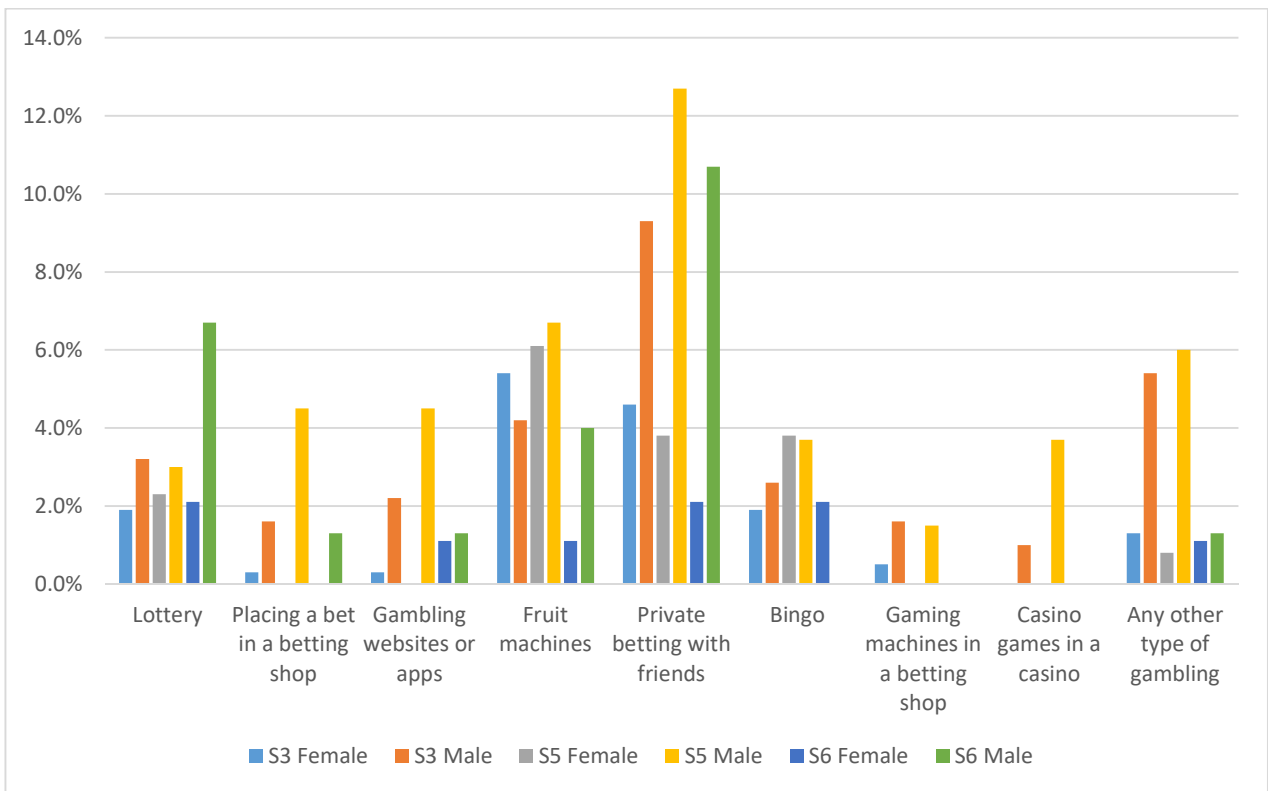
- *“Taking part in a lottery for example National Lottery Lotto (the main National lottery draw), Health Lottery, Postcode Lottery*
- *“Personally placing a bet at a betting shop for example visiting a bookies to bet on football or horse racing*
- *“Gambling websites or apps where you can win real money or other prizes for example poker, casino games, bingo, betting on sport or racing*
- *“Fruit machines (puggies, slot machines) at an arcade, pub or club*
- *“Private betting with friends for example playing cards or placing a private bet for money on the outcome of an event*
- *“Bingo at a bingo club or somewhere else, for example social club, holiday park*
- *“Visiting a betting shop to play gaming machines*
- *“Visiting a casino to play casino games*
- *“Any other type of gambling*
- *“None of the above”*

Figure 4.42 shows the proportion of pupils responding ‘yes’ to the different aspects of this question. The proportion of pupils who reported no gambling in the last month was relatively stable across the age groups, though increased slightly from 71.1% of S3 pupils to 76.7% of S6 pupils. The most commonly reported forms of gambling undertaken were private betting with friends (8.3% of S5 pupils), fruit machines (6.4% of S5 pupils) and lottery (5.2% of S6 pupils). As shown in figure 4.43, for almost all forms of gambling male pupils reported higher levels of participation than female pupils.





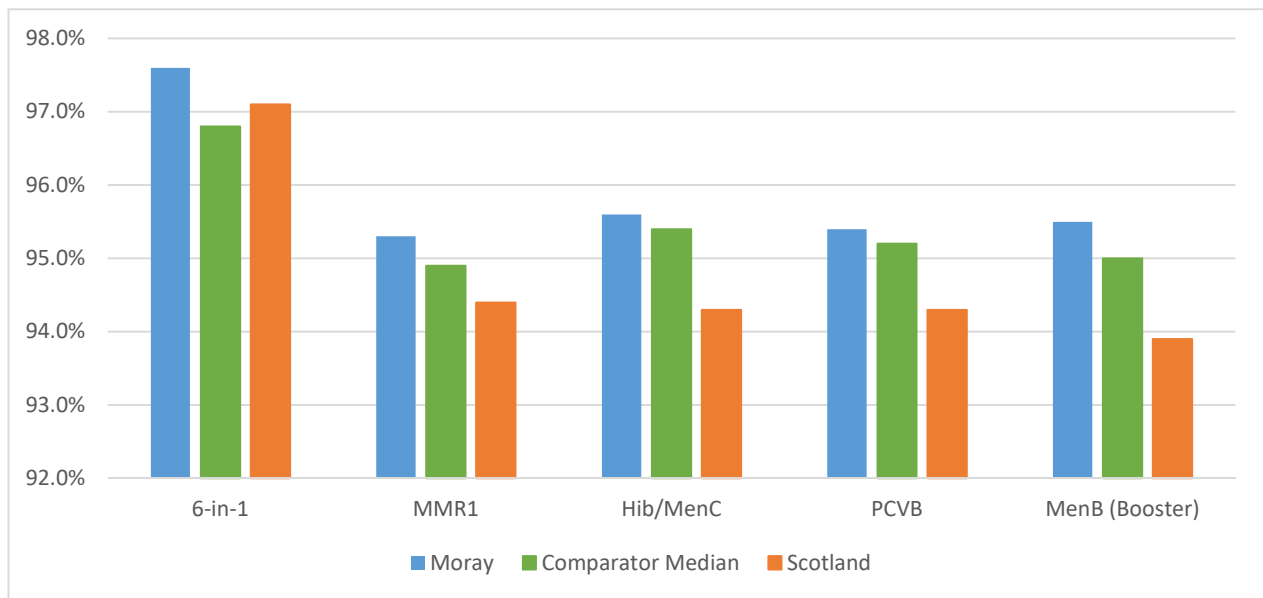
**Fig.4.42. Pupil responses to question on gambling within the last month (see main text for whole question), by year group. From Moray Schools HWBC, 2022.**



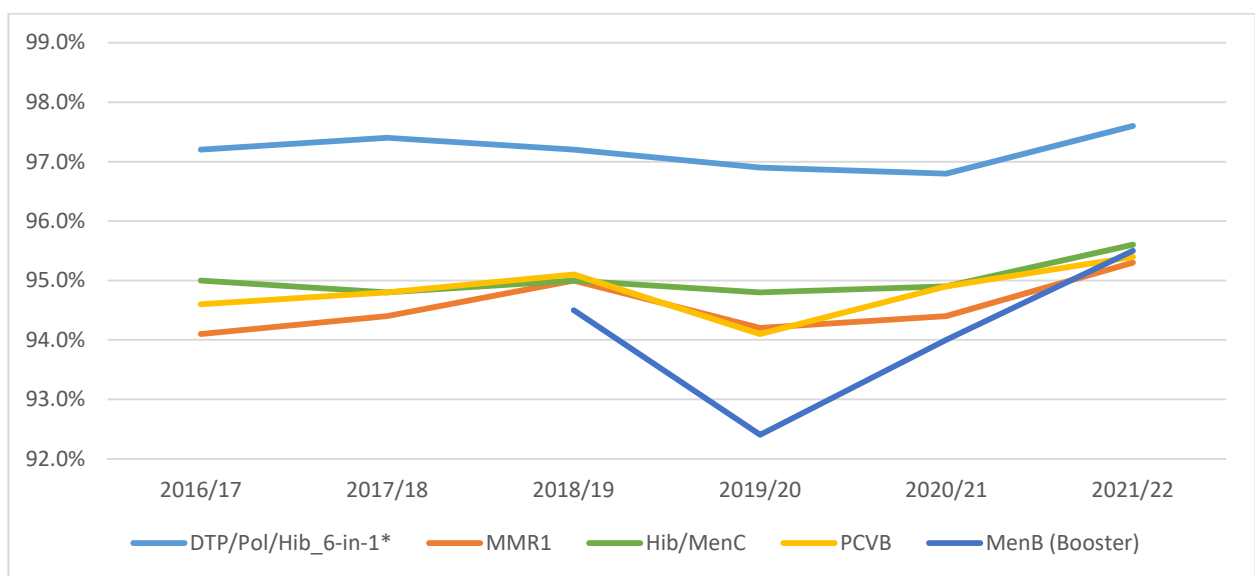
**Fig.4.43. Proportion of pupils reporting any gambling within the last month (see main text for whole question), by gender and year group. From Moray Schools HWBC, 2022.**

#### 4.14. Immunisation

Immunisation is a safe and effective way to protect people from the risk of infectious disease and has had a significant impact upon the health of the population for decades. Uptake of available immunisation programmes can also indicate the level of trust of parents and young people in the health service. Figure 4.44 shows the uptake of a number of child immunisation programmes. Moray has higher rates of uptake than our comparator local authorities and Scotland-wide for all of these immunisations. Figure 4.45 shows that uptake rates are relatively stable over time, though there has been a slight improvement in the last year. This may be due to increased awareness and trust in vaccination technologies due to the prominence and clear effectiveness of the Covid-19 immunisation programme.

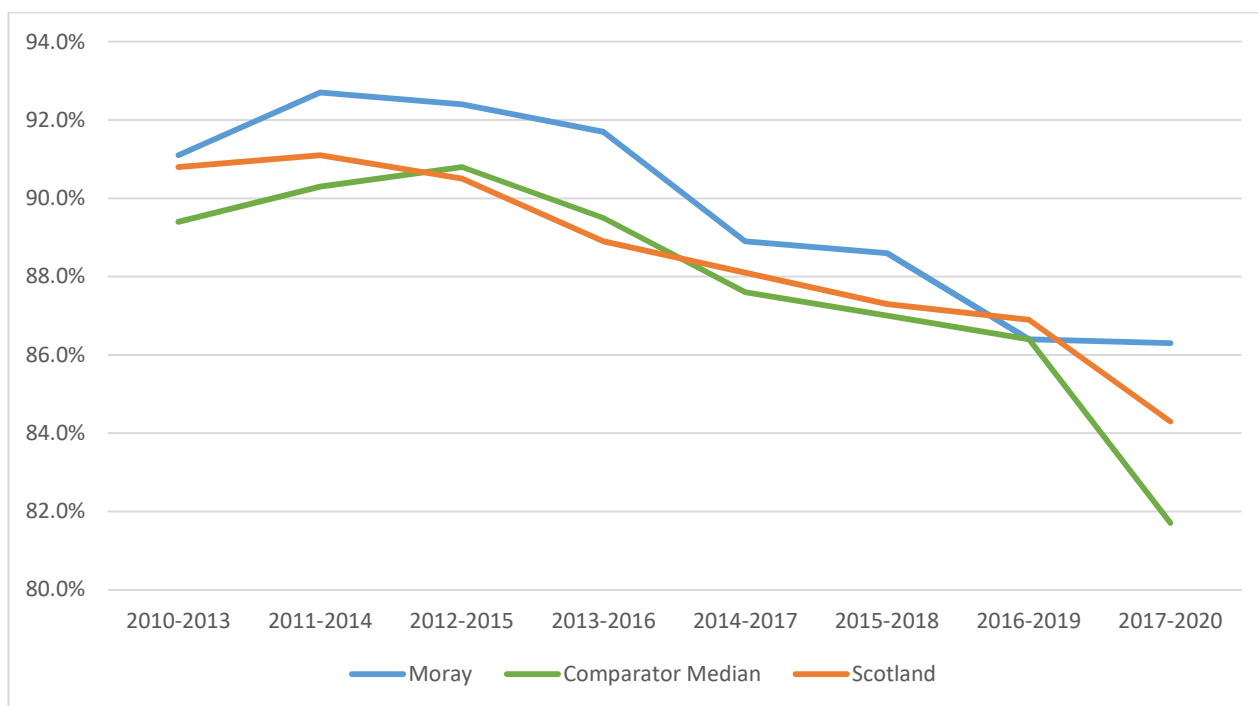


**Fig.4.44. Primary and booster immunisation uptake rates by 24 months old, 2021/22<sup>85</sup>.**



**Fig.4.45. Primary and booster immunisation uptake rates in Moray by 24 months old by year. \*In 2018/19, the DTP/Pol/Hib vaccine was replaced by a 6-in-1 vaccine<sup>85</sup>.**

Trends for the uptake of the Human Papillomavirus (HPV) vaccine in S3 girls are unfortunately much less positive (see figure 4.46). The HPV vaccine is effective in greatly reducing the lifetime risk of girls and women developing a number of cancers, particularly cervical cancer. Evidence suggests that this vaccination programme will ultimately prevent around 90% of cervical cancers in women<sup>140</sup>. However, the rate of S3 girls taking up the vaccine has been reducing in Moray as well as elsewhere in Scotland. In 2011-14, 92.7% of those eligible took up the offer of the vaccine compared to just 86.3% in 2017-20.



**Fig.4.46. HPV vaccine uptake rates in S3 girls, rolling three-year average<sup>85</sup>.**

#### 4.15. Mental Health and Wellbeing

Mental health and wellbeing are vital components of children and young people’s overall wellbeing. Not only will a more positive mental wellbeing greatly improve the experience of growing up, but it will also provide a solid foundation upon which a person’s lifelong health and wellbeing will be built. Evidence suggests that around half of all mental health problems in adults begin before the age of 14 and three quarters before the age of 24<sup>141</sup>. As with many other aspects of wellbeing, a young person’s mental health and wellbeing should be seen in the context of their community and family environment. Parenting, the mental wellbeing of children and young people and the mental wellbeing of their families, particularly their parents, are all inter-related.

Recent work in Scotland and elsewhere on the childhood stress caused by Adverse Childhood Experiences (ACEs) has highlighted the impact of ACEs on adolescent behaviour<sup>142</sup> and subsequent adult mental health and wellbeing<sup>143</sup>. ACEs include abuse (physical, sexual and emotional), neglect (physical and emotional) and household adversity (including domestic abuse, criminality, household alcohol and drug misuse, household mental ill health, separation of parents and being in care). ACEs can have a lifelong impact on physical and mental wellbeing and

behaviour, with those who experience multiple ACEs more likely to develop mental and physical ill-health and have health harming behaviours. Whilst ACEs can happen to all children, there is increased risk of ACEs in children living in poverty or high levels of social deprivation<sup>144</sup>.

The impact of the Covid-19 pandemic on the mental health and wellbeing of children and young people has also been well-documented and evidence is in abundance. As children and young people returned to school following periods of lockdown, teaching colleagues Grampian-wide reported an increasing volume and complexity of mental health and wellbeing concerns amongst pupils. Some of this impact is described in the sections below.

#### 4.15.1. Perinatal Mental Health and Infant Mental Health

The perinatal period, defined as the period from conception until the child is one year old, is often a stressful and challenging period for parents. Perinatal mental disorders are the most common complication of child-bearing for women<sup>145</sup> and are known to affect the long-term health of both mother and child<sup>146</sup>. Anxiety and depression affect approximately 20% of expectant and new mothers. The risk of perinatal anxiety and depression increases with life stress and is highest amongst those with low or unpredictable income and home circumstances, those living with abuse or exposed to violence and those who have existing mental ill-health<sup>147</sup>. Maternal suicide remains the leading cause of death between six weeks and a year following the end of pregnancy<sup>148</sup>.

Maternal mental illness in the perinatal period has been found to be associated with poorer outcomes for children in terms of emotional difficulties, depression, social development, behavioural problems, insecure attachment and cognitive development<sup>142</sup>. There is also evidence that mental health problems in fathers has impact upon the mental health and wellbeing of children<sup>149</sup>, though there is less research in this area than for maternal mental health. Action to address perinatal mental health problems has been found to have long-term positive impacts and also to be cost-effective<sup>150</sup>.

Infant mental health is normally defined as the capacity of babies and small children to form close relationships, recognise and express emotions, and explore and learn about their environment<sup>151</sup>. The importance of this period of life for a person's neurological, psychological, emotional and social development is widely recognised, often referred to as the "first 1000 days" from conception to infancy<sup>152</sup>. The concept of mental health disorders in infancy is not widely explored and the focus in infant mental health is often on parenting and secure attachment relationships. Attachment refers the tendency of the child to form close emotional bonds, particularly with their caregivers, and derive comfort from contact with them. Disorganised attachment, including insecurity and rejection in early life has been found to be an important determinant of the development of social, emotional, physical and mental health problems later in life<sup>153,154,155</sup>.

At present, we do not have local intelligence around the mental health and wellbeing of pregnant women and new parents, nor that of children in the early years. For future iterations of this document, this should be considered an important area of focus. If we can monitor and improve determinants, experiences and consequences of positive and negative attachment, relationships, mental health and wellbeing in the early years, it is possible that we can improve outcomes for children, and ultimately people in all age groups, across their life course.

#### 4.15.2. Impact of Covid-19 Pandemic on Wellbeing in the Early Years

It almost goes without saying that the Covid-19 pandemic which came to the UK in early 2020 resulted in immense disruption to all parts of our population, though it has impacted on different groups in different ways. In three rounds from 2020 to 2022, Public Health Scotland developed surveys to understand the impacts specifically on children aged 2-7 years, the Covid-19 Early Years Resilience and Impact Survey (CEYRIS)<sup>156</sup>. There are a number of reports with a huge amount of information which cannot be repeated here and it is recommended that people seek those reports out to learn more. Some of the key findings are:

- Unsurprisingly, many children and families saw deterioration in child and family health, wellbeing and development over the course of the pandemic. However, there were also some families that reported a positive impact.
- During lockdowns, children in lower-income households experienced poorer psychological and emotional wellbeing, greater deterioration in behaviour, few home learning activities, and lesser access to garden/greenspace than their wealthier counterparts. Their parents were more likely to experience poor mental health themselves, to be living with a long-term physical or mental health condition, and to see a reduction in their income.
- Children and adults in single parent households experienced lower emotional wellbeing, adults had lower income and children saw a greater decline in sleeping, concentrating and eating.
- Children in large families participated in fewer home-learning activities and had fewer visits to the park or other green space.
- Children with long-term conditions were less likely to be doing well emotionally and their parents were more likely to see a reduction in their income as well as their mental wellbeing.
- Children of parents with long-term conditions were doing much worse in terms of psychological wellbeing and behaviour during lockdown. Parents with a long-term conditions reported significantly lower mental health and wellbeing than other parents.

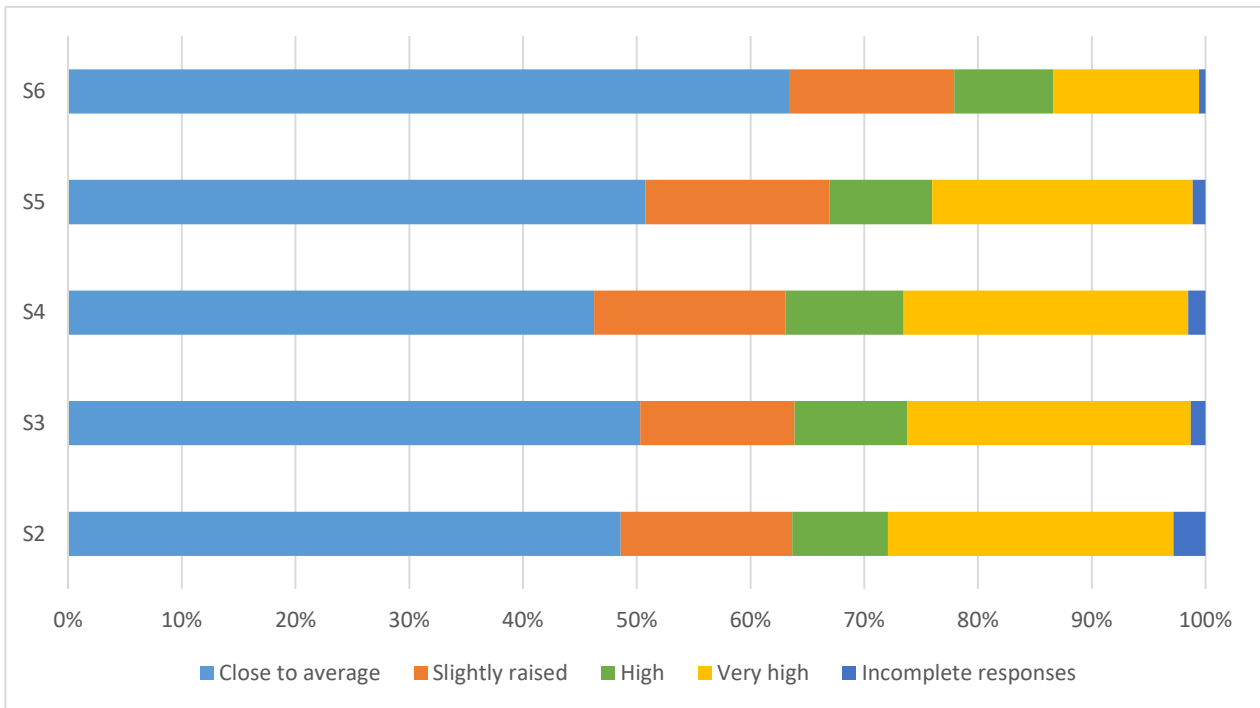
#### 4.15.3. Strengths and Difficulties Questionnaire

The Strengths and Difficulties Questionnaire (SDQ) is a commonly used tool for assessing the psychosocial health of young people. It consists of five different subscales: 'Emotional Problems', 'Peer Problems', 'Conduct Problems', 'Hyperactivity' and 'Prosocial'. The use of language which may feel judgemental in the framing of these scales may make its use problematic. However, some of these scales can be grouped into 'externalising' and 'internalising' scores, providing more neutral language.

The scores arising from these scales are categorised as 'close to average', 'slightly raised' (or 'slightly lowered' in the case of the positively framed prosocial scale), 'high' (or 'low' for prosocial) and 'very high' ('very low' for prosocial). A community sample from the UK proposes these categories to represent different proportions of the population, with 80% of young people expected to score 'close to average'. However, we know that young people's wellbeing has declined in recent years so this cannot be said to be a comparison with a current community sample.

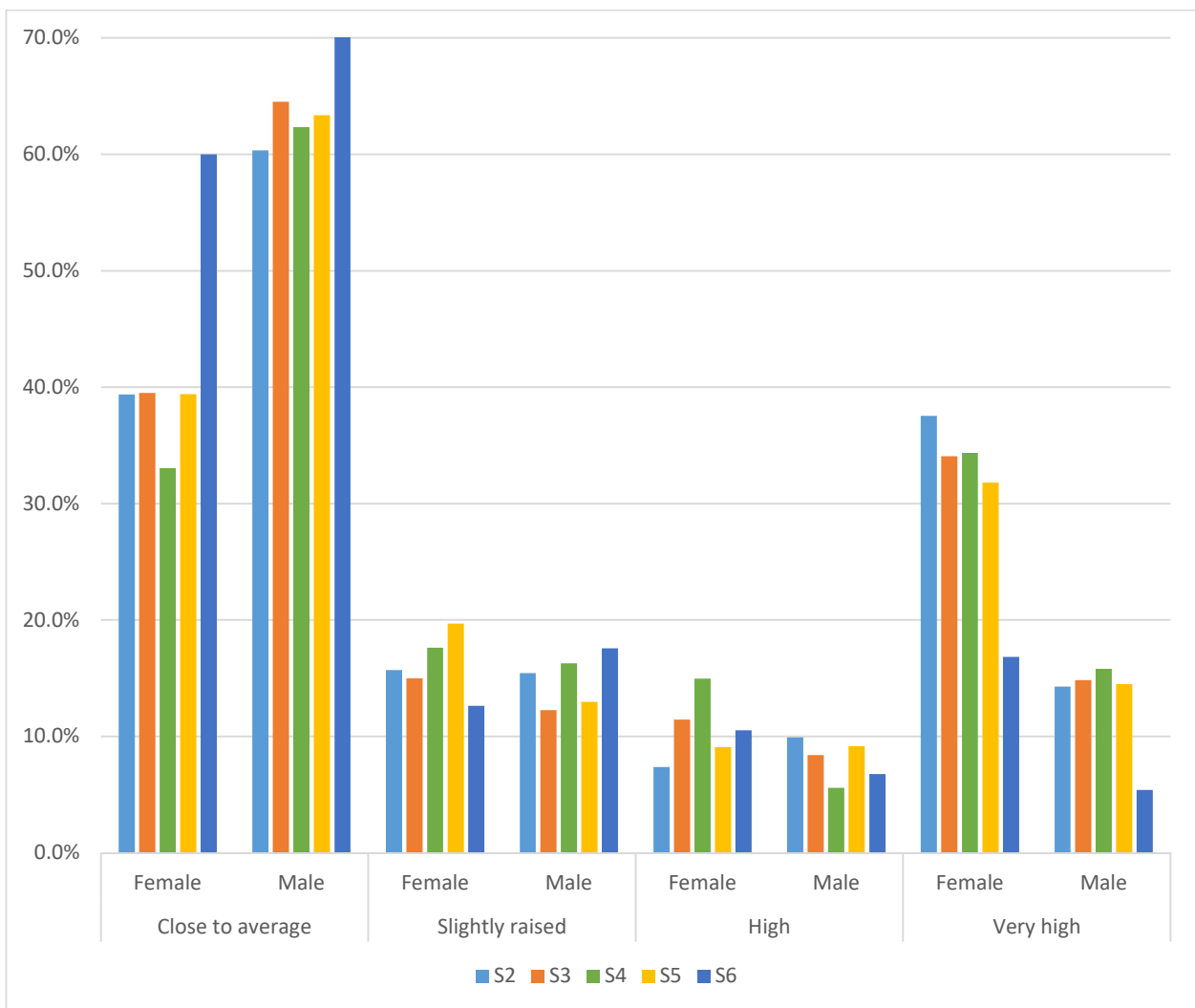
#### 4.15.3.1. Overall Difficulties Scores

Figure 4.47 shows the proportion of young people in each year group which fall into each scoring category for the overall SDQ scores. The overall score does not include the results of the prosocial scale, focusing solely on the negatively framed aspects ('difficulties') of the SDQ tool. The proportion of people scoring 'close to average' is similar across S2-S5, ranging between 47.0% and 51.3%. S6 pupils score more highly, but this must be seen in the context of the smaller number of pupils who stay in school to S6, with these pupils least likely to be those who struggle.



**Fig.4.47. Proportion of pupils scoring in each category in total SDQ score, by year group. From Moray Schools HWBC, 2022.**

Figure 4.48 shows this data broken down by gender. The proportion of male pupils scoring 'close to average' is a lot higher than the proportion of female pupils with most year groups having approximately 40% of girls in this category compared to approximately 60% of boys. This is largely explained by the much higher rate of girls scoring 'very high', with twice as many girls coming into this category than boys.

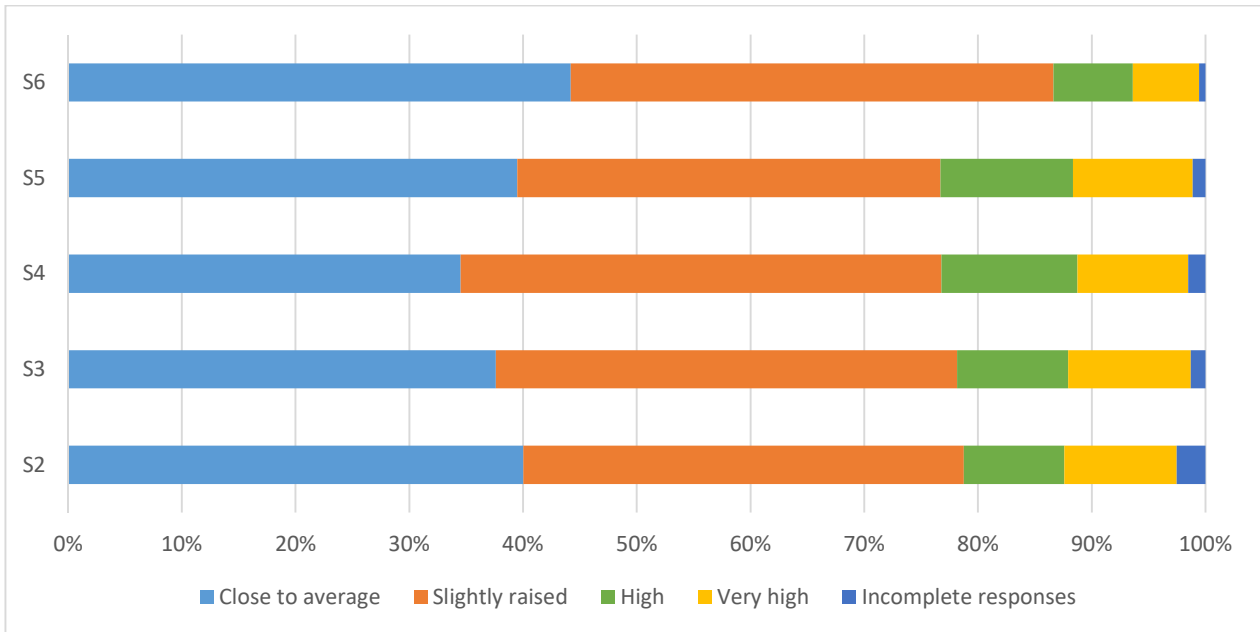


**Fig.4.48. Proportion of pupils scoring in each category in total SDQ score, by gender and age group. From Moray Schools HWBC, 2022.**

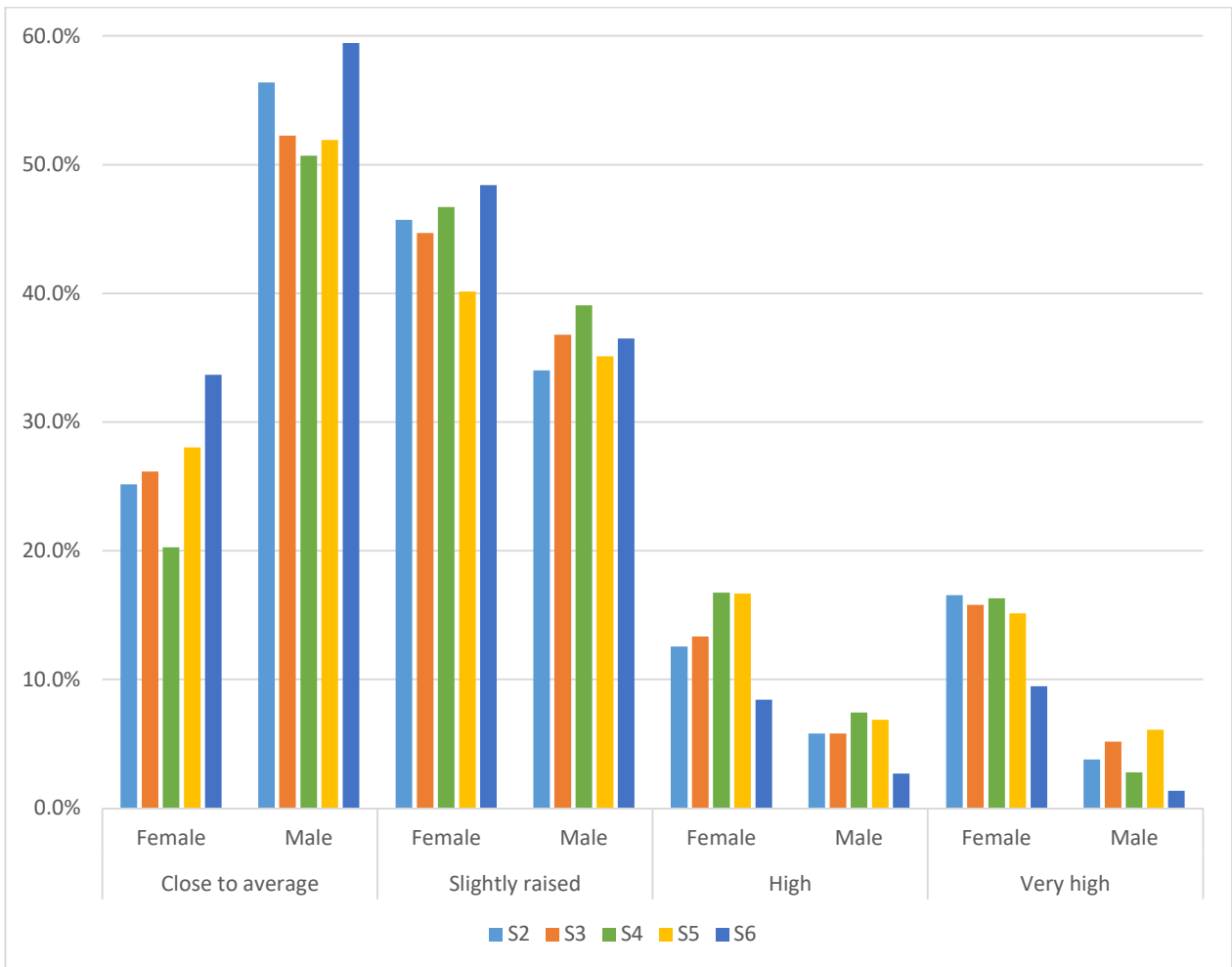
#### 4.15.3.2. Internalising Scores

The internalising score of SDQ consists of an ‘emotional problems’ scale and a ‘peer problems’ scale. ‘Internalising’ refers to the way people behave in response to emotions. Internalising behaviours are those which are directed inwards, generating personal distress. This is associated with withdrawal, anxiety, depression and dysphoria in contrast with externalising behaviours which are associated with aggression, impulsivity and disruptiveness<sup>157</sup>.

Figure 4.49 shows the proportion of pupils in each year group scoring in each category for the internalising score. The proportion of pupils scoring ‘close to average’ is consistently low at around 40% (ranging from 35.1% in S4 to 44.4% in S6). Figure 4.50 shows this data broke down by gender. The proportion of female pupils scoring ‘close to average’ (ranging from 20.3% in S4 to 33.7% in S6) is much lower than the proportion of male pupils scoring this way (from 50.7% in S4 to 59.5% in S6). Female pupils are significantly more likely to score in each of the other three categories (slightly raised, high and very high).



**Fig.4.49. Proportion of pupils scoring in each category for the 'Internalising Score' aspect of the SDQ, by year group. From Moray Schools HWBC, 2022.**

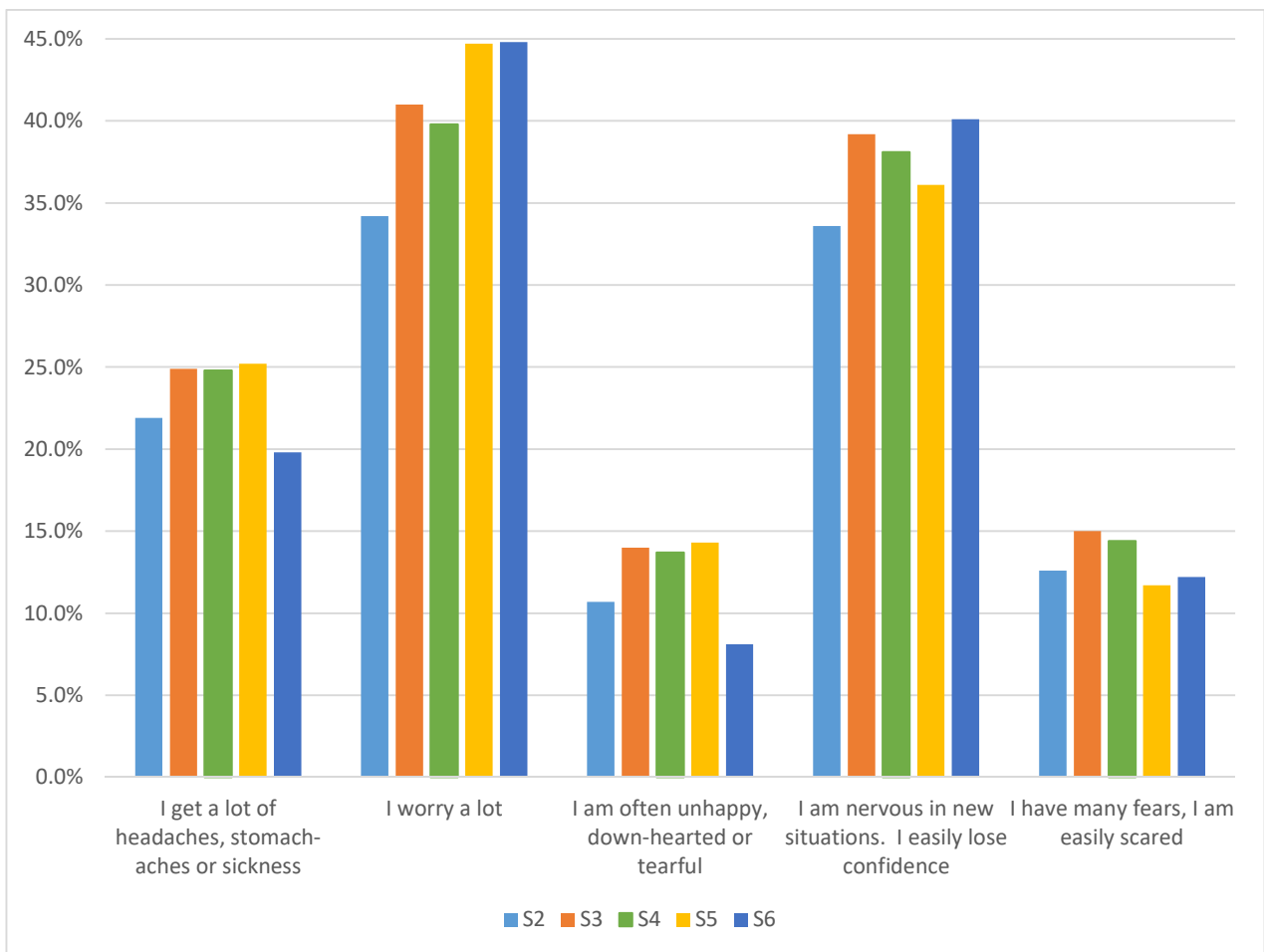


**Fig.4.50. Proportion of pupils scoring in each category for the 'Internalising Score' aspect of the SDQ, by gender and year group. From Moray Schools HWBC, 2022.**



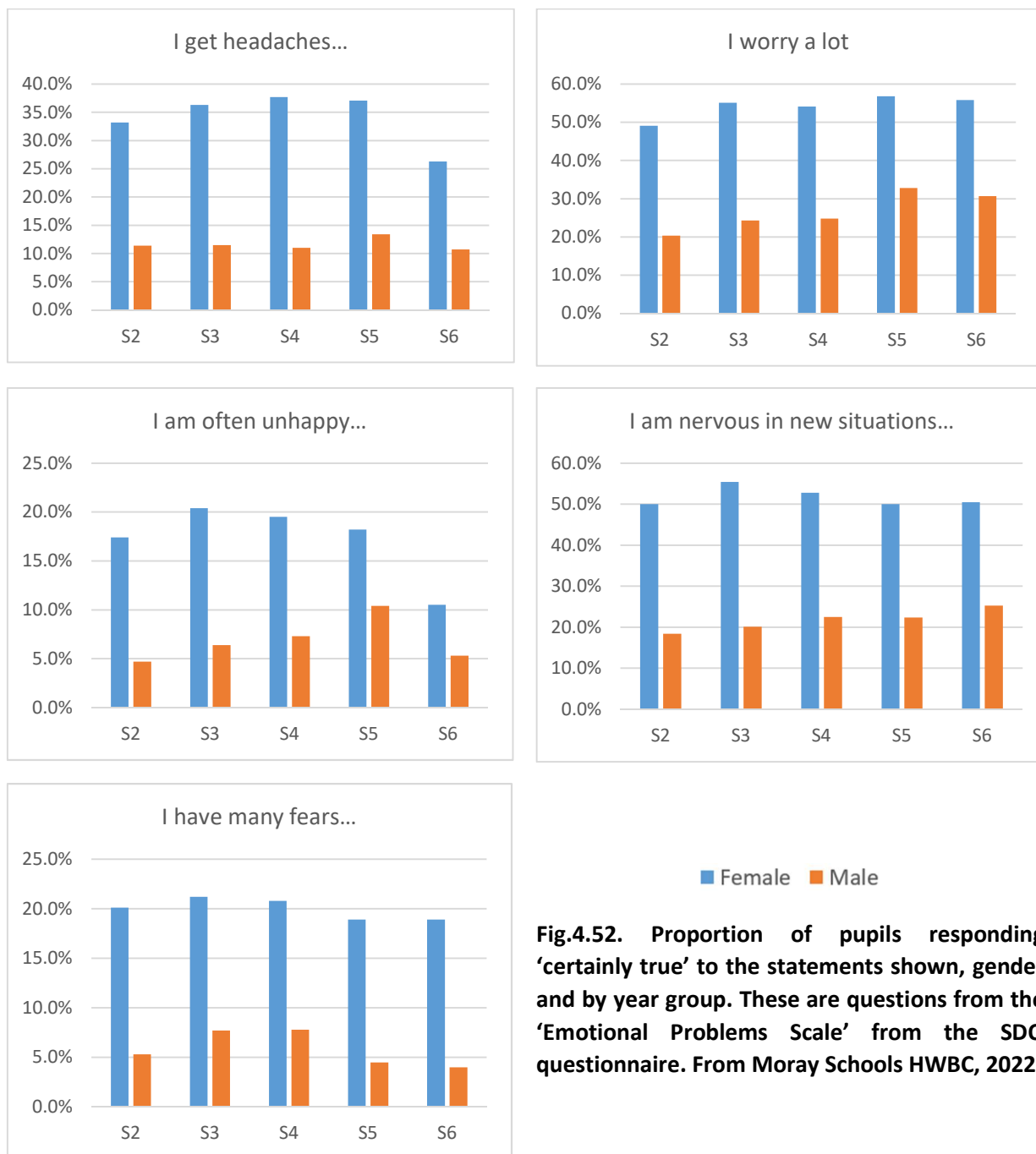
### Emotional Problems Scale

It can be useful to look at the individual component questions of the scales as well as the scores. Figure 4.51 shows the proportion of pupils responding ‘certainly true’ to the statements shown from the “Emotional Problems” scale (possible responses were ‘certainly true’, ‘somewhat true’ and ‘not true’). The negative statements with the highest proportions of pupils responding ‘certainly true’ are ‘I worry a lot’ and ‘I am nervous in new situations. I easily lose confidence.’ Most of the statements do not produce a notable pattern across age groups, with the exception of ‘I worry a lot’ which sees more pupils answering this way in older year groups compared to younger, from 34.2% responding ‘certainly true’ in S2 to 44.8% in S6.



**Fig.4.51. Proportion of pupils responding ‘certainly true’ to the statements shown, by year group. These are questions from the ‘Emotional Problems Scale’ from the SDQ questionnaire. From Moray Schools HWBC, 2022.**

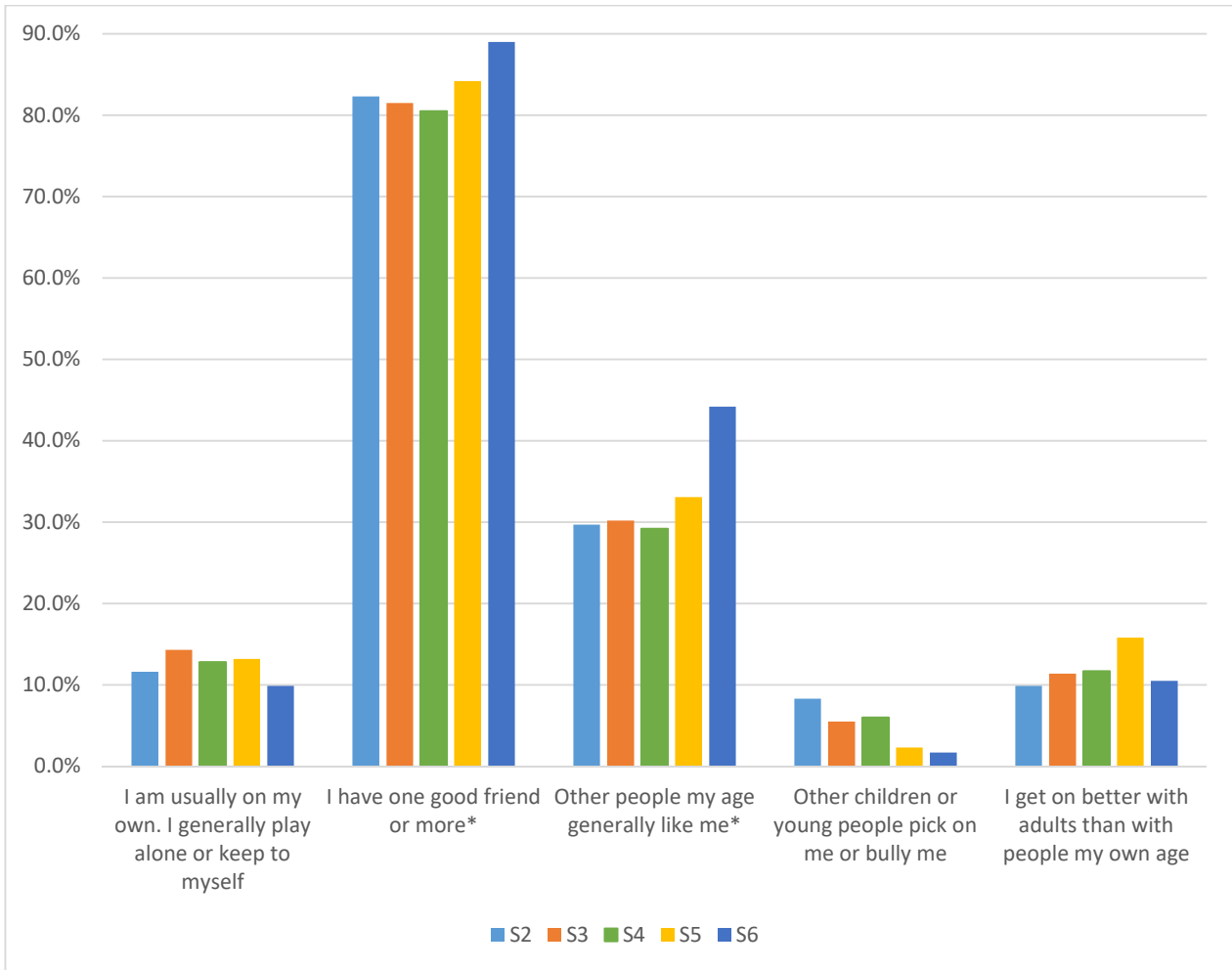
Figure 4.52 shows these ‘certainly true’ responses broken down by gender for each statement. As is immediately clear, female pupils are much more likely to respond ‘certainly true’ to all the statements in the “Emotional Problems” scale. The difference between male and female pupils appears to range from about 2-fold to 4-fold, e.g. 5.3% of male S2 pupils report having many fears compared to 20.1% of female S2 pupils.



**Fig.4.52. Proportion of pupils responding 'certainly true' to the statements shown, gender and by year group. These are questions from the 'Emotional Problems Scale' from the SDQ questionnaire. From Moray Schools HWBC, 2022.**

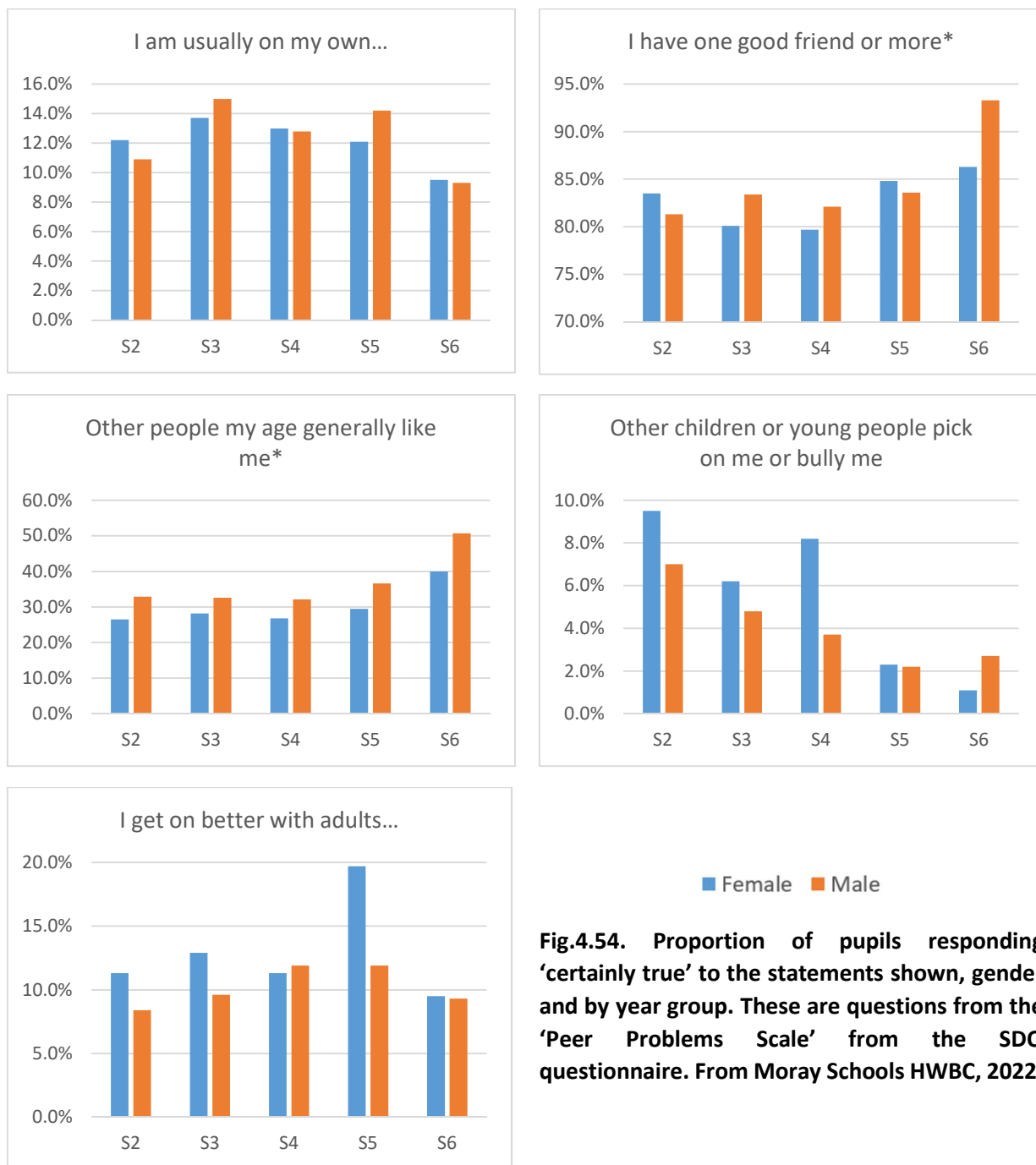
**Peer Problems Scale**

Figure 4.53 shows the proportion of pupils responding 'certainly true' to the statements shown from the "Peer Problems" scale (possible responses were 'certainly true', 'somewhat true' and 'not true'). Note that some of these statements are positively framed (so high percentages are positive) while others are negatively framed (so low percentages are positive). The most negatively scoring statement is 'other children my age generally like me'. Only around 30% of pupils respond 'certainly true' to this statement, with the exception of S6 pupils where 44.2% responded 'certainly true.' The proportion of pupils reporting that 'other children or young people pick on me or bully me' reduces across the year groups, from 8.3% in S2 to 1.7% in S6.



**Fig.4.53. Proportion of pupils responding ‘certainly true’ to the statements shown, by year group. These are questions from the ‘Peer Problems Scale’ from the SDQ questionnaire. From Moray Schools HWBC, 2022.**

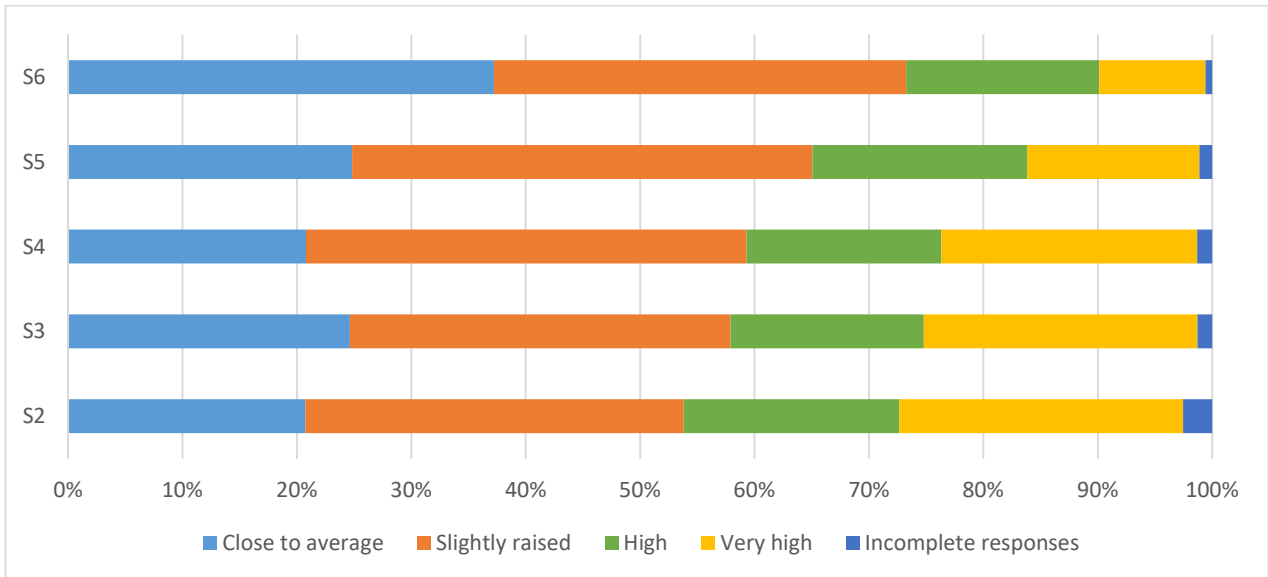
Figure 4.54 breaks this data down by gender. In contrast with the “Emotional Problems” scale, gender differences in response to questions to the “Peer Problems” scale are not large. Having said that, more male pupils consistently report other children their age generally liking them compared to female pupils; and more female pupils report other children and young people picking on or bullying them.



**Fig.4.54. Proportion of pupils responding 'certainly true' to the statements shown, gender and by year group. These are questions from the 'Peer Problems Scale' from the SDQ questionnaire. From Moray Schools HWBC, 2022.**

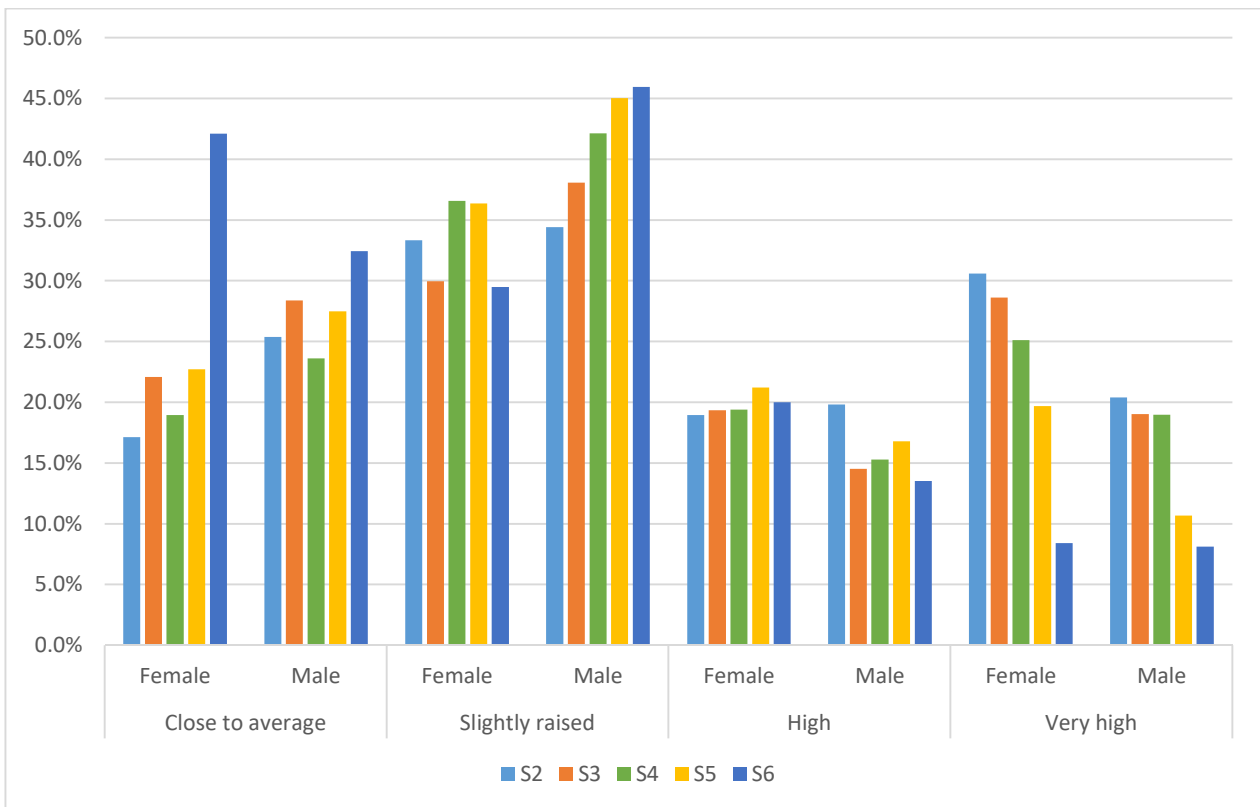
#### 4.15.3.3. Externalising Scores

The externalising score of SDQ consists of a 'conduct problems' scale and a 'hyperactivity' scale. As previously discussed, 'externalising' refers to the way people behave in response to emotions. Externalising behaviours are those which are directed outwards in response to emotion, potentially manifesting as disruptive behaviour, aggression and impulsivity. Figure 4.55 shows the proportion of pupils scoring in each category for the externalising score. Even fewer pupils score as 'close to average' for the externalising score than for the internalising score. In most year groups, just over 20% score this way (ranging from 21.1% in S4 to 25.1% in S5). A higher proportion of S6 pupils score this way (37.4%). The proportion of pupils scoring in the most concerning 'very high' category significantly reduces over the year groups, from 25.4% in S2 to 9.4% in S6.



**Fig.4.55. Proportion of pupils scoring in each category for the 'Externalising Score' aspect of the SDQ, by year group. From Moray Schools HWBC, 2022.**

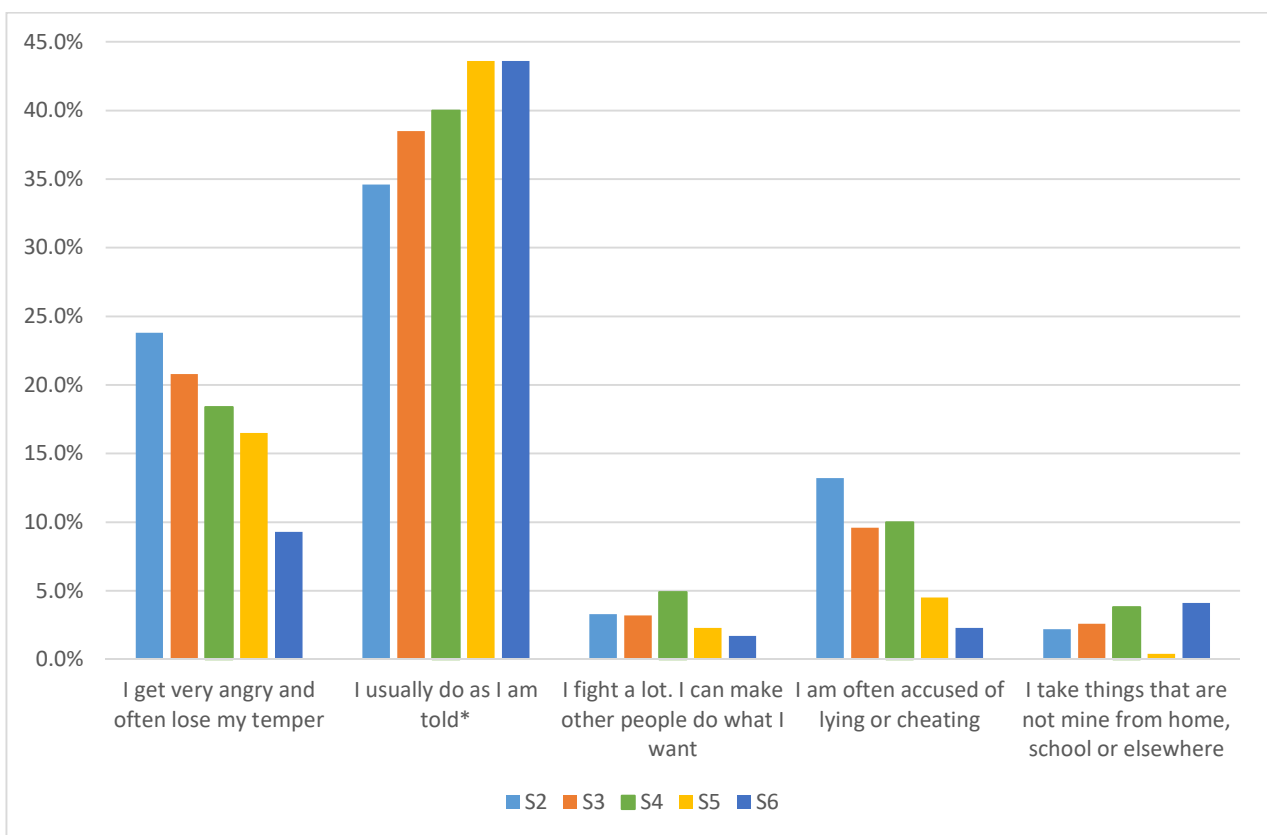
Figure 4.56 shows this data broken down by gender. Fewer female pupils score 'close to average' or 'slightly raised' than male pupils (with the exception of S6 pupils). A much higher proportion of female pupils score in the 'very high' category (again with the exception of S6 pupils), though the reduction in the proportion of female pupils scoring this way reduces across the year groups.



**Fig.4.56. Proportion of pupils scoring in each category for the 'Externalising Score' aspect of the SDQ, by gender and year group. From Moray Schools HWBC, 2022.**

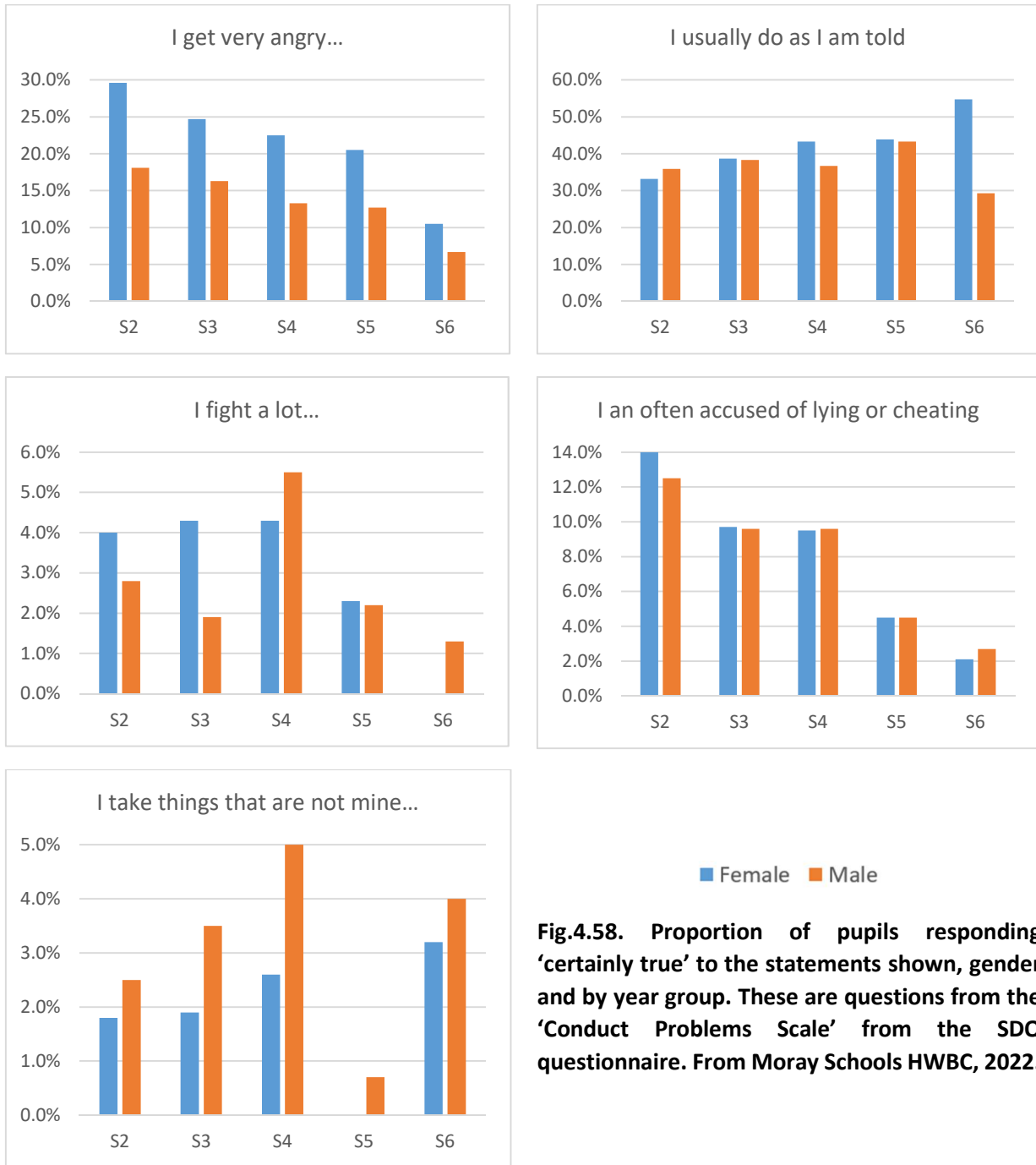
### Conduct Problems Scale

Figure 4.57 shows the proportion of pupils responding ‘certainly true’ to the statements shown from the “Conduct Problems” scale. Note that one of these statements is positively framed (so high percentages are positive) while others are negatively framed (so low percentages are positive). The proportion of pupils reporting that they get very angry and often lose their temper reduces markedly through the year groups, from 23.8% responding ‘certainly true’ to this statement in S2 compared to 9.3% in S6. The proportion reporting that they usually do as they are told increases across the year groups from 34.6% in S2 to 43.6% in S6. In this scale, this statement scores as a positive statement. However, the wording does not sit comfortably with a rights-based approach which respects children’s individuality and right to have a say over decisions affecting them.



**Fig.4.57. Proportion of pupils responding ‘certainly true’ to the statements shown, by year group. These are questions from the ‘Conduct Problems Scale’ from the SDQ questionnaire. From Moray Schools HWBC, 2022.**

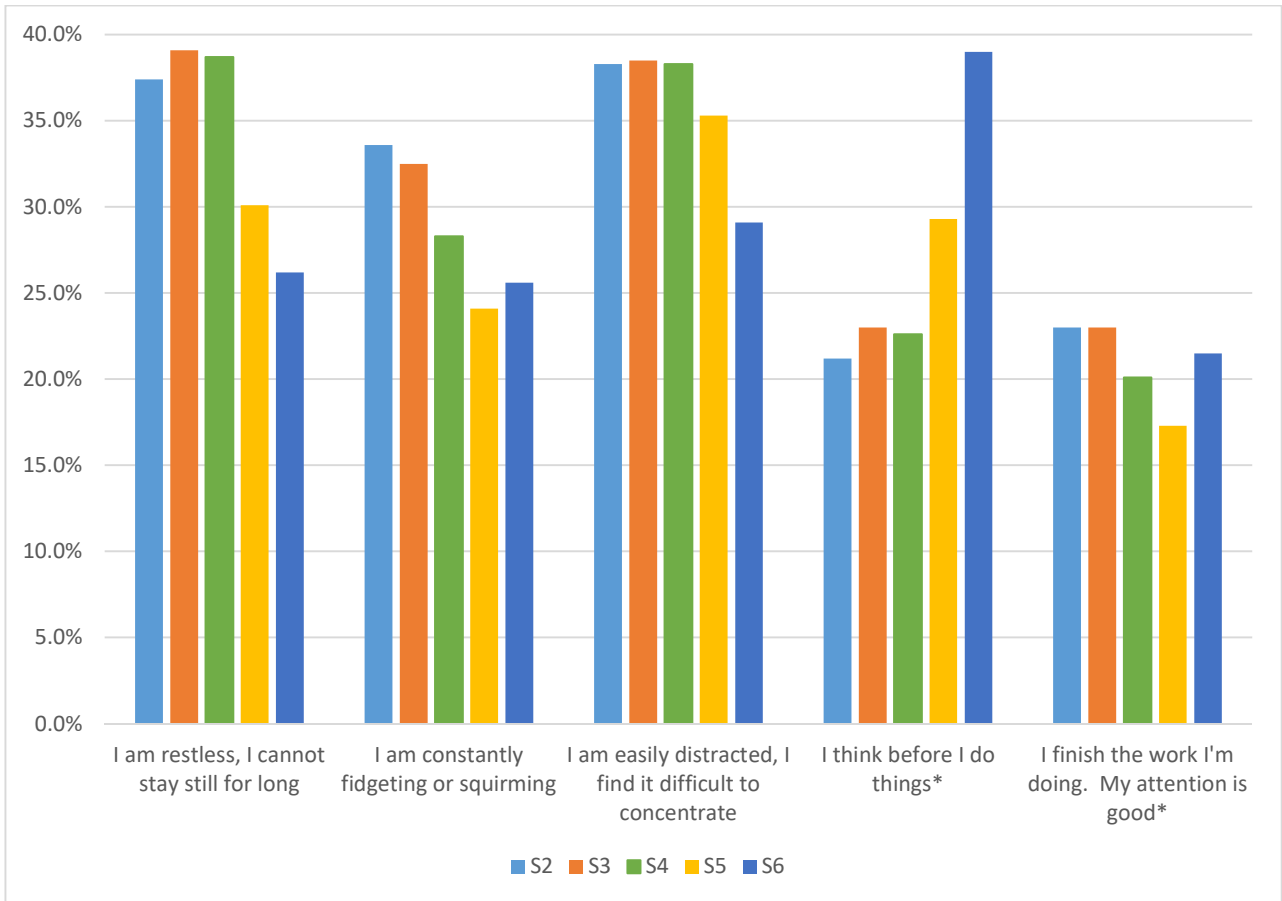
Figure 4.58 shows this data broken down by gender. Many more female pupils report getting very angry and often losing their temper than boys, though both reduce across the year groups. In S2, 29.6% of female pupils respond ‘certainly true’ to this statement compared to 18.1% of male pupils. In contrast, male pupils are more likely to report that they take things that are not theirs, though numbers are low for both male and female pupils. In S4, 5.0% of male pupils respond this way compared to 2.6% of female pupils.



**Fig.4.58. Proportion of pupils responding 'certainly true' to the statements shown, gender and by year group. These are questions from the 'Conduct Problems Scale' from the SDQ questionnaire. From Moray Schools HWBC, 2022.**

### Hyperactivity Scale

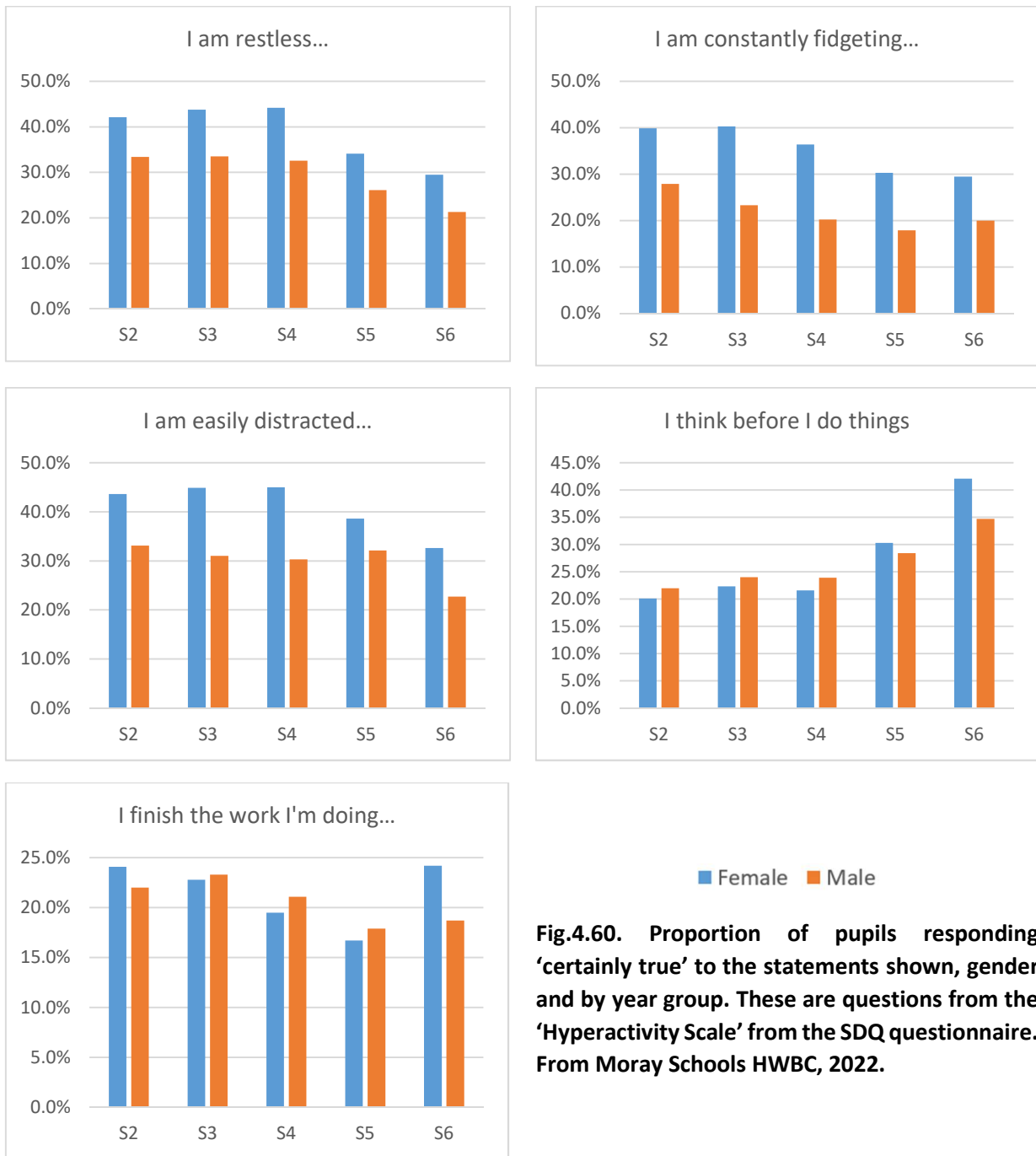
Figure 4.59 shows the proportion of pupils responding 'certainly true' to the statements from the "Hyperactivity" scale. Note that one of these statements is positively framed (so high percentages are positive) while others are negatively framed (so low percentages are positive). In general, the oldest year groups score more positively for each statement compared to younger year groups. E.g. 24.1% of S4 pupils report constantly fidgeting or squirming compared to 33.6% of S2 pupils.



**Fig.4.59. Proportion of pupils responding ‘certainly true’ to the statements shown, by year group. These are questions from the ‘Hyperactivity Scale’ from the SDQ questionnaire. From Moray Schools HWBC, 2022.**

Figure 4.60 shows this data broken down by gender. For all but one of the statements, female pupils score less positively than male pupils, though the size of the difference is not consistent between the different statements. Larger differences are seen for reporting constantly fidgeting or squirming, and for being easily distracted and finding it difficult to concentrate. For “I think before I do things”, slightly more female pupils respond ‘certainly true’ to this in S2-S4, but fewer in S5 and S6.

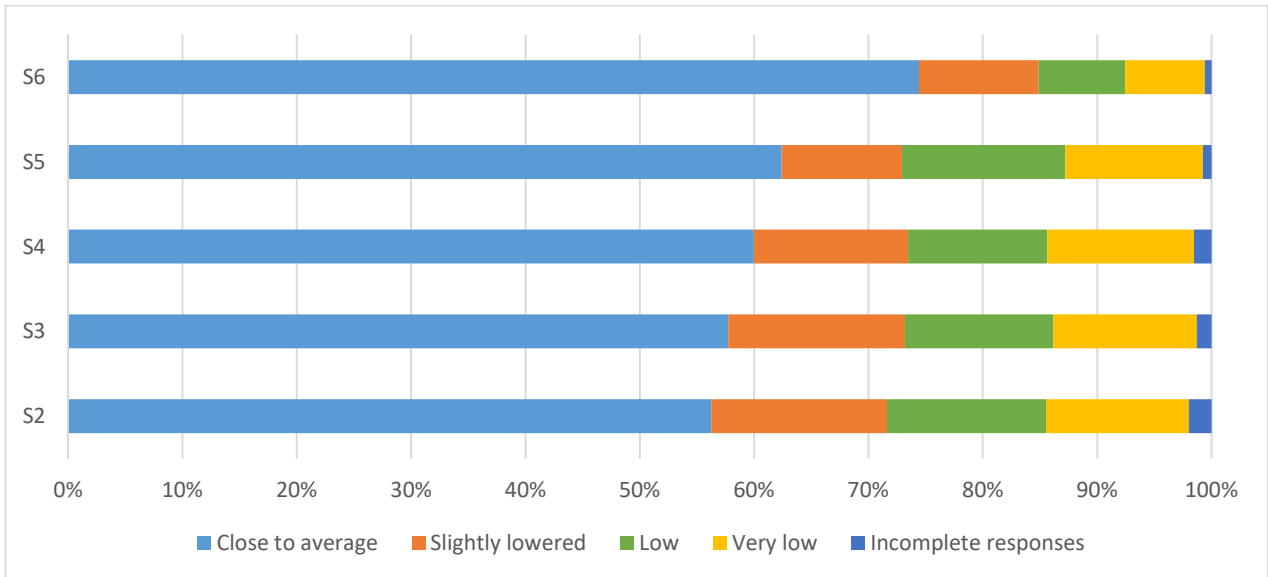




**Fig.4.60. Proportion of pupils responding 'certainly true' to the statements shown, gender and by year group. These are questions from the 'Hyperactivity Scale' from the SDQ questionnaire. From Moray Schools HWBC, 2022.**

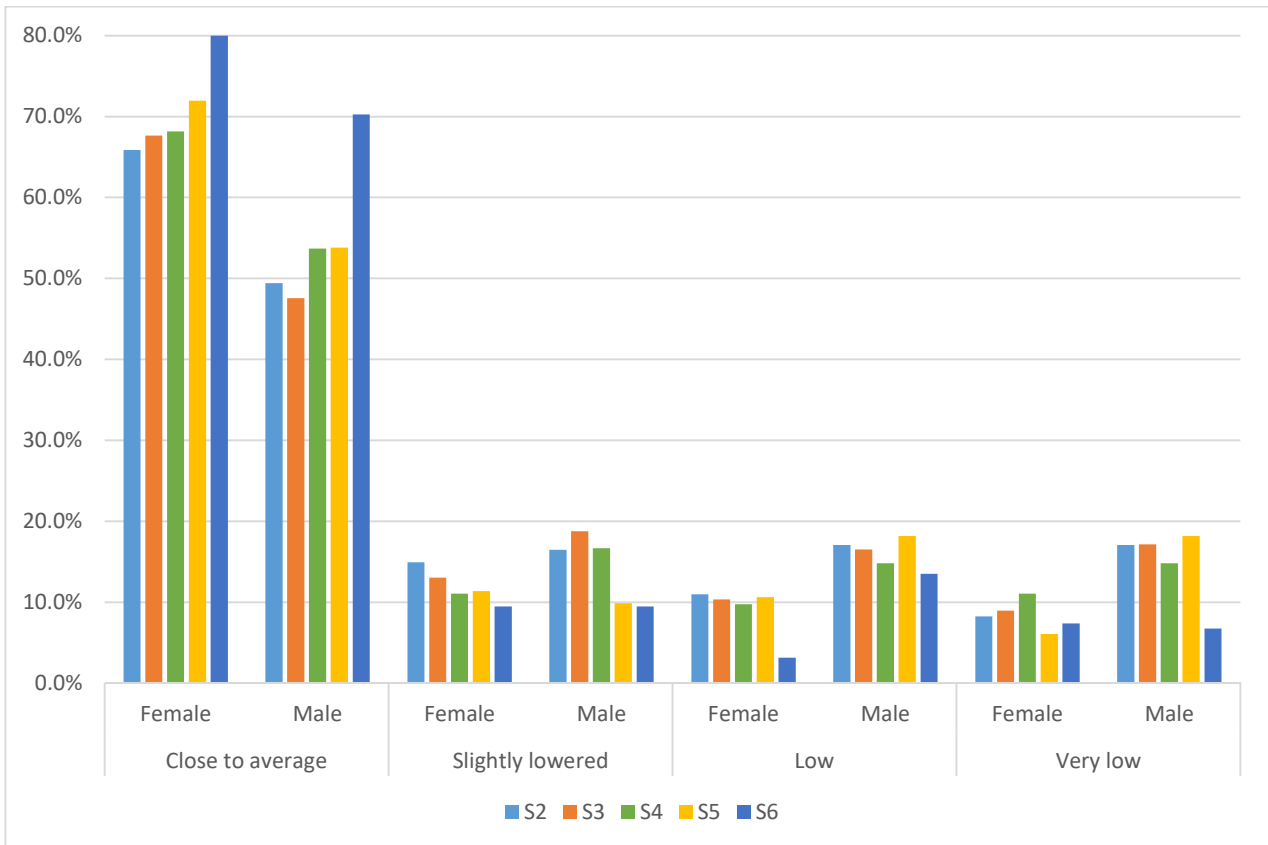
#### 4.15.3.4. Prosocial Scale

The "Prosocial" scale of the SDQ is not included in the overall score and so sits separately to the other sub-scales. Prosocial behaviour is voluntary behaviour intended to help or benefit others – it is essentially the opposite of anti-social behaviour and is an important indicator of empathy-related emotions<sup>158</sup>. Figure 4.61 shows the proportion of pupils scoring in each category in response to statements in the "Prosocial" scale. The proportion scoring 'close to average' is higher than for the externalising and internalising scores, ranging from 57.4% in S2 to 74.9% in S6.



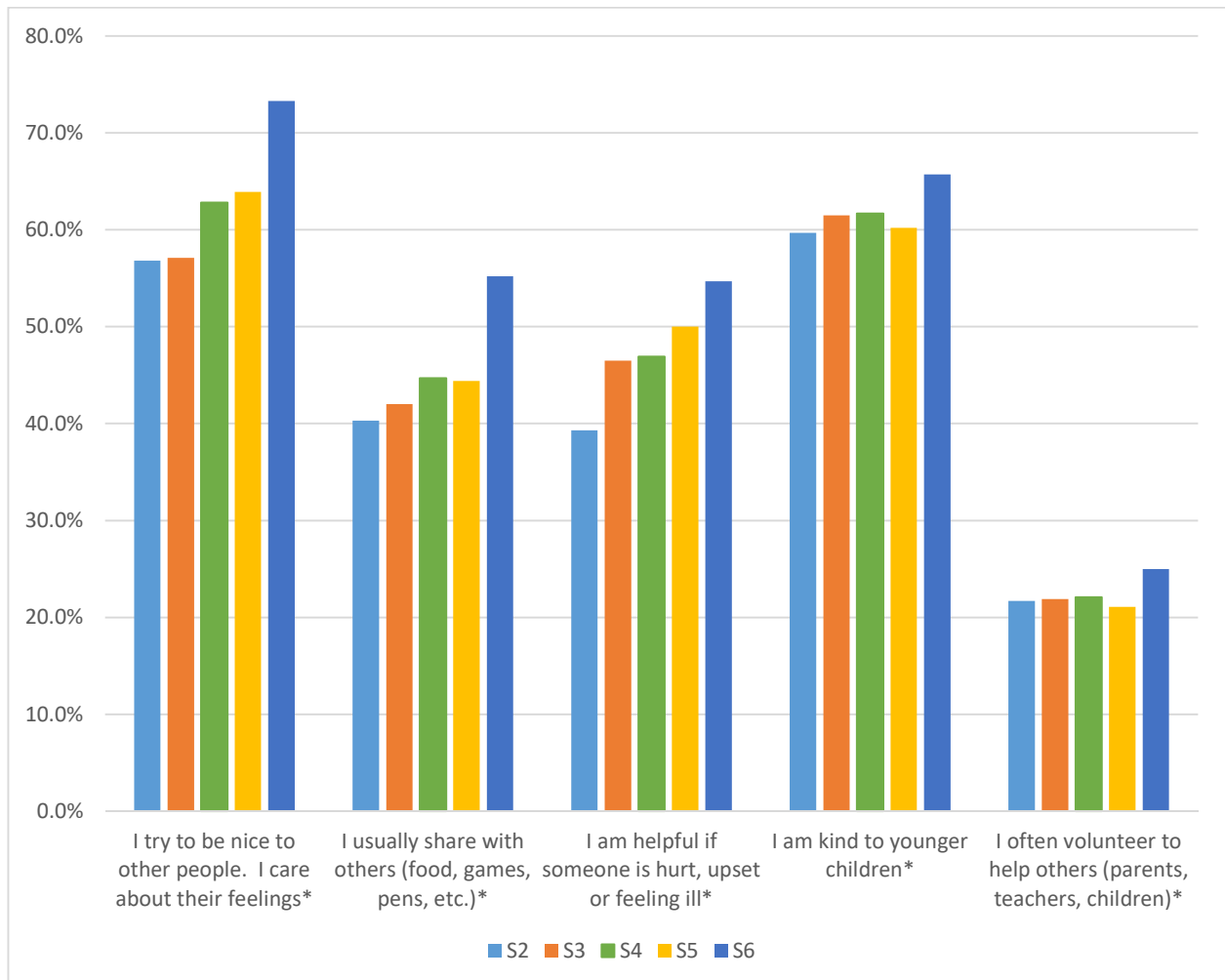
**Fig.4.61. Proportion of pupils scoring in each category for the 'Prosocial Scale' aspect of the SDQ, by year group. From Moray Schools HWBC, 2022.**

Figure 4.62 shows these data broken down by gender. In contrast to most indicators of wellbeing included in this document, male pupils score less positively on the prosocial score. 49-54% of male pupils in S2-S5 score 'close to average' compared to 66-72% of female pupils.



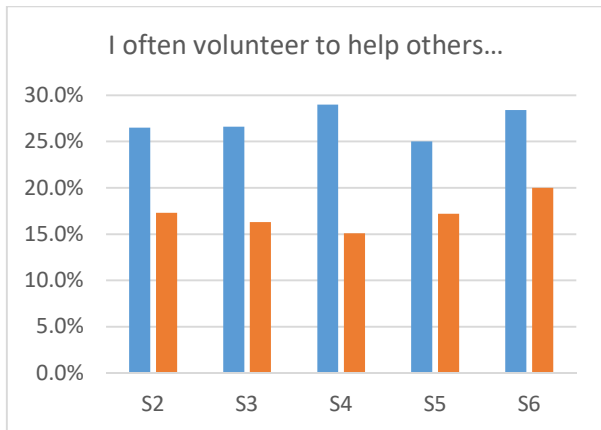
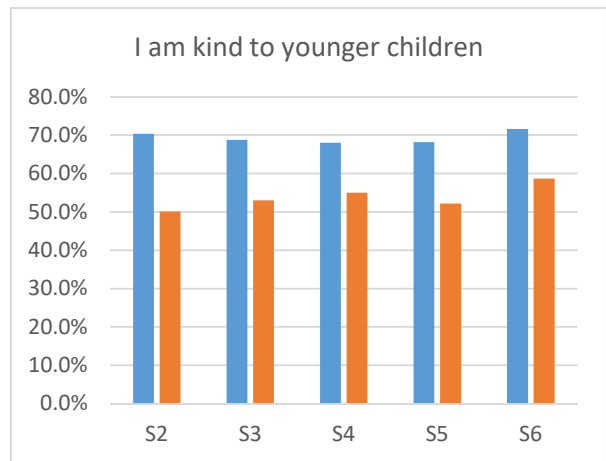
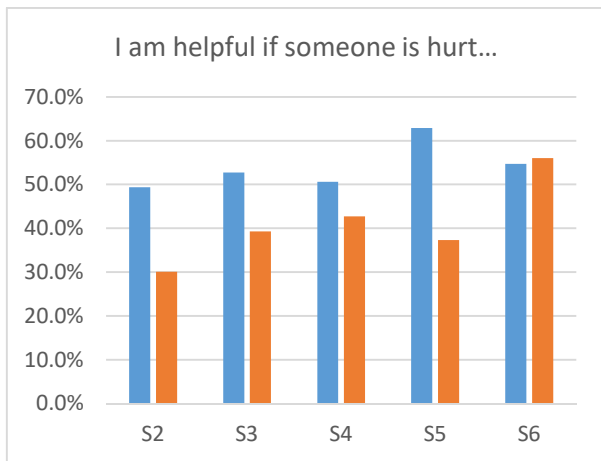
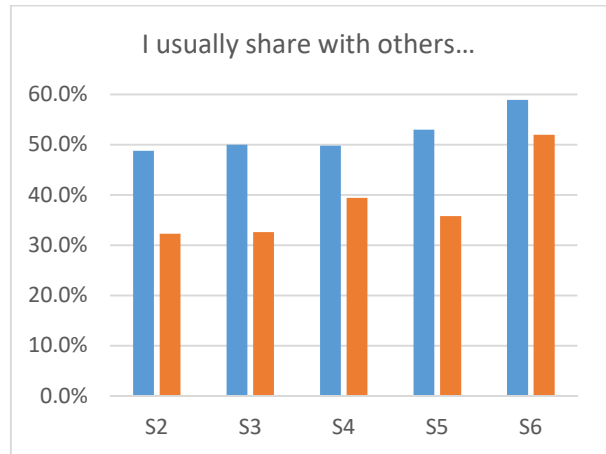
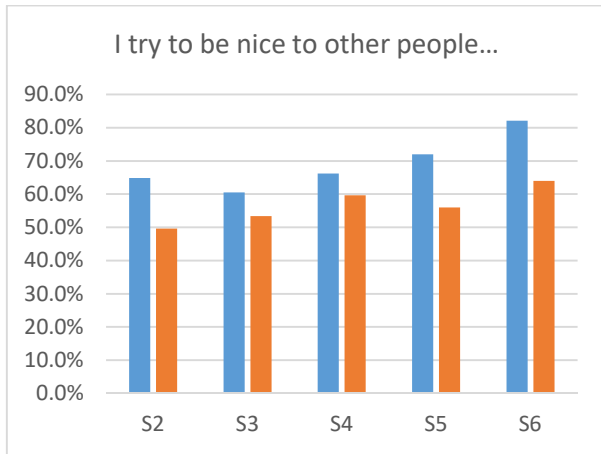
**Fig.4.62. Proportion of pupils scoring in each category for the 'Prosocial Scale' aspect of the SDQ, by gender and year group. From Moray Schools HWBC, 2022.**

Figure 4.63 shows the proportion of pupils responding ‘certainly true’ to each individual statement in the prosocial scale. Most of the statements receive more positive responses in the older year groups, though the gradient is not steep for all but ‘I am helpful if someone is hurt, upset or feeling ill’ which improves from 39.3% of S2 pupils to 50.0% in S5. All statements saw a marked increase for S6 pupils (see caveats in section 1.3).



**Fig.4.63. Proportion of pupils responding ‘certainly true’ to the statements shown, by year group. These are questions from the ‘Prosocial Scale’ from the SDQ questionnaire. From Moray Schools HWBC, 2022.**

Figure 4.64 shows these data broken down by gender. Female pupils consistently scored more positively on each statement compared to male pupils. For example, female pupils reporting that they are helpful if someone is hurt, upset or feeling ill range from 49.4% in S2 to 62.9% in S5. Male pupils reporting the same, on the other hand, range from 30.1% of S2 pupils to 56.0% of S6 pupils.



■ Female ■ Male

**Fig.4.64. Proportion of pupils responding 'certainly true' to the statements shown, gender and by year group. These are questions from the 'Prosocial Scale' from the SDQ questionnaire. From Moray Schools HWBC, 2022.**

#### 4.15.4. Mental Wellbeing

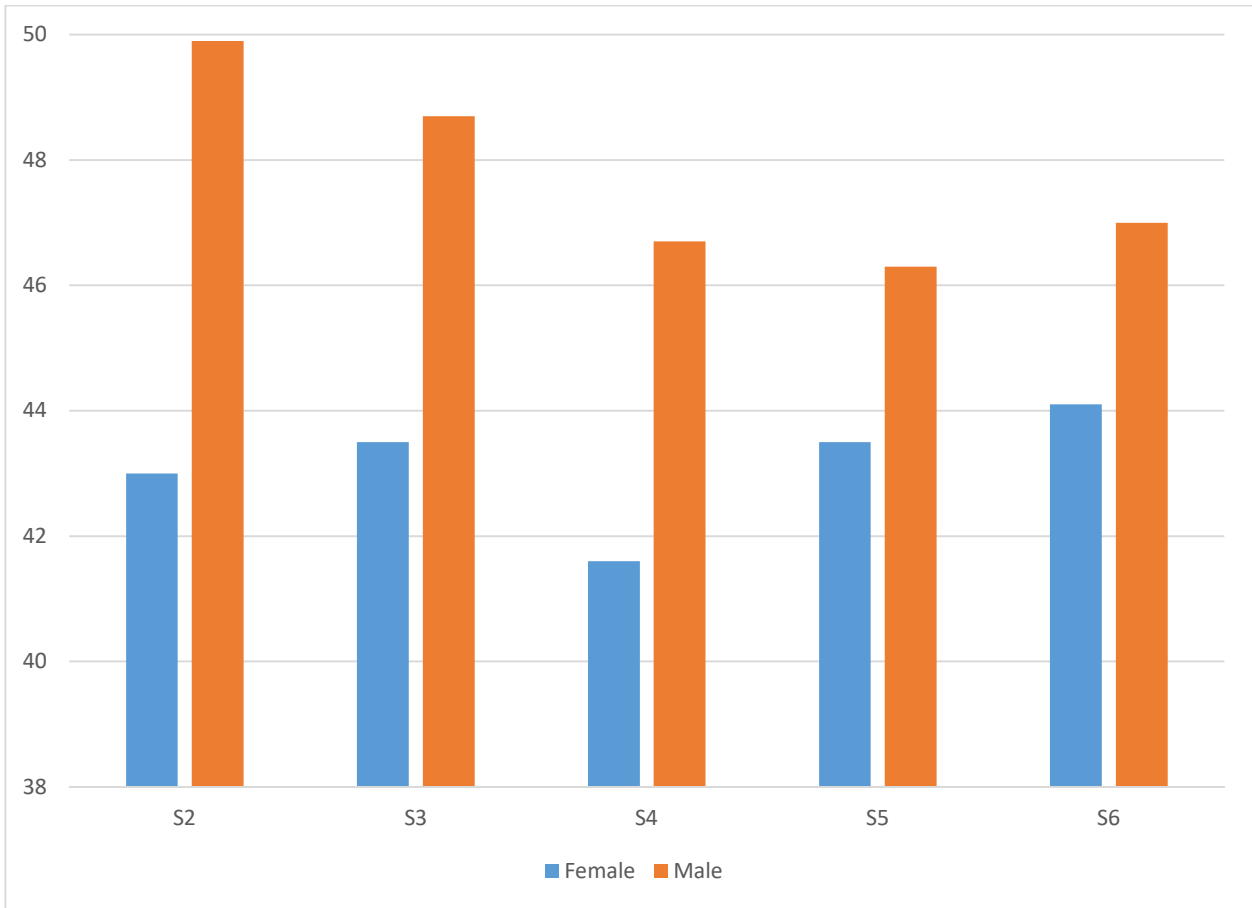
##### 4.15.4.1. Warwick Edinburgh Mental Wellbeing Scale (WEMWBS)

The Health and Wellbeing Census (HWBC) also used the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) for S2-S6 pupils. There is no simple interpretation of WEMWBS scores. At a whole population level in Scotland, the Scottish Health Survey has found average WEMWBS scores for people over 16 years of age to vary between 49.3 and 50.4 between 2008 and 2018<sup>159</sup>. Young people's scores were significantly different and declined between 2010 and 2018. 13 year old boys saw a decline from 50.9 to 50.0 in this period while 13 year old girls was much greater from 49.9 to 46.3. For 15 year olds, the change was even starker – for boys from 50.8 to 48.3 and for girls from 48.5 to 43.3<sup>160</sup>. The causes of this decline appear to be myriad and may include aspects of school-related pressures, bullying, social media use, disrupted sleep, body image concerns, increase in self-harm, increase in exposure to pornography and shaming. The difference in trajectory between girls and boys should be seen in the context of systemic societal gender inequity.

The average score for S2-S6 pupils in Moray in this survey was 45.6. This compares to 47.7 for S1-S4 pupils given the same questions in 2019 as part of the Realigning Children's Services (RCS) Health and Wellbeing Survey<sup>161</sup>. Clearly this is not quite comparing like with like, but may give some indication of the direction of travel of wellbeing for young people in Moray. While this number is very low compared to the historic measurements mentioned in the previous paragraph, preliminary data from all of the Scottish local authorities undertaking the school health and wellbeing census suggest that our figures reflect those seen nationally. This suggests a national crisis in young people's mental wellbeing, continuing a downward trend over the last decade or so.

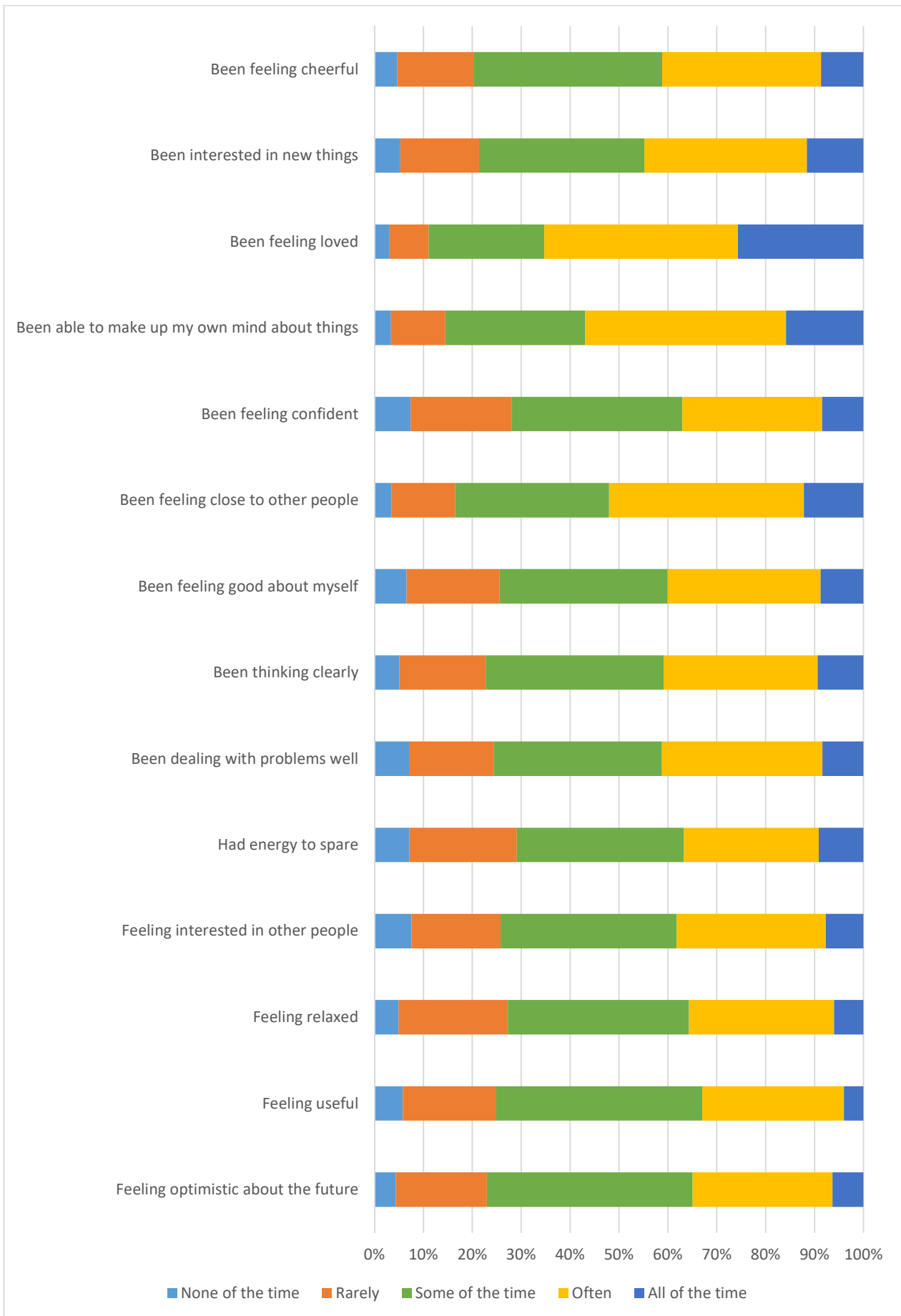
Figure 4.65 shows how the scores differ by year group and gender. Overall, S2 pupils report the highest level of mental wellbeing, with an average score of 46.5 while S4 report the lowest with 44.1. However, the large disparity by gender dwarfs the differences seen by age. For all age groups, the average WEMWBS score for males is 48.2 compared to 43.0 for females. Wellbeing for males appears to decline as they go through their school career, from 49.9 in S1 to 46.3 in S5 before a slight recovery to 47.0 in S6 (see caveats to this in section 1.3). Levels of wellbeing for females appear to be more stable but universally lower than wellbeing levels seen for males. S4 appears to be a particularly challenging year for female pupils with an average WEMWBS score of 41.6. Scores across the other year groups ranges from 43.0 to 44.1 for females.

Ascertaining the extent to which these figures fluctuate year to year is crucial to making a robust interpretation of this data. It is recommended that wellbeing is measured regularly (annually or biannually) to track how these figures are changing. What is beyond doubt is that girls' and young women's wellbeing is suffering across these age groups.

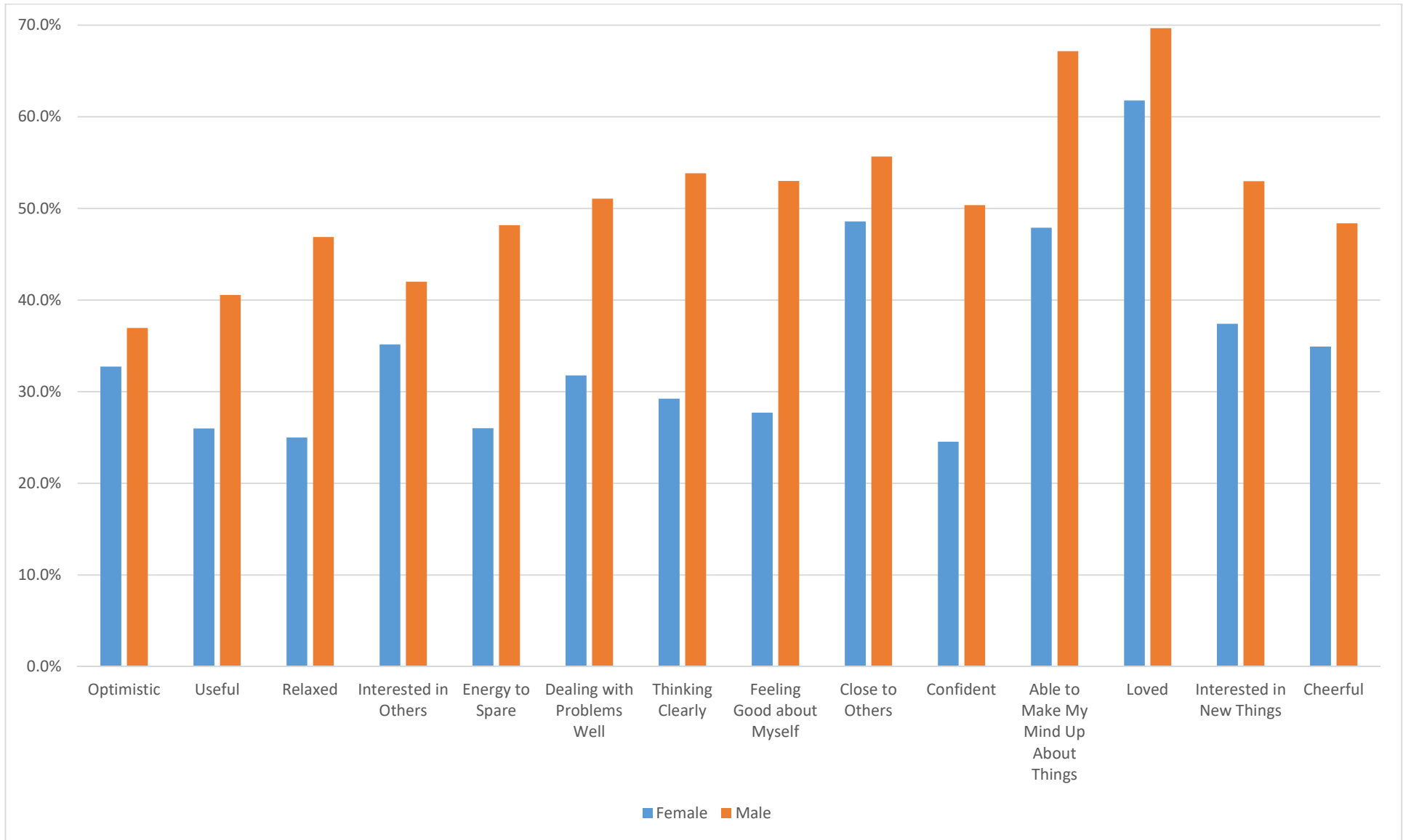


**Fig.4.65. Average WEMWBS score for each year group by gender. From Moray Schools HWBC, 2022.**

The WEMWBS survey consists of 14 different questions. The results of these questions for S2-S6 pupils is shown in figure 4.66. The most positively scoring question is about love, with 65% of respondents saying that they had been feeling loved often or all of the time. 11% of pupils reported feeling loved either rarely or none of the time. The most poorly scoring questions surrounded feeling useful (33% often or all of the time), relaxed (36%) and confident (37%). 28% of pupils reported feeling confident only rarely or none of the time and 29% reported that they only had energy to spare rarely or none of the time.

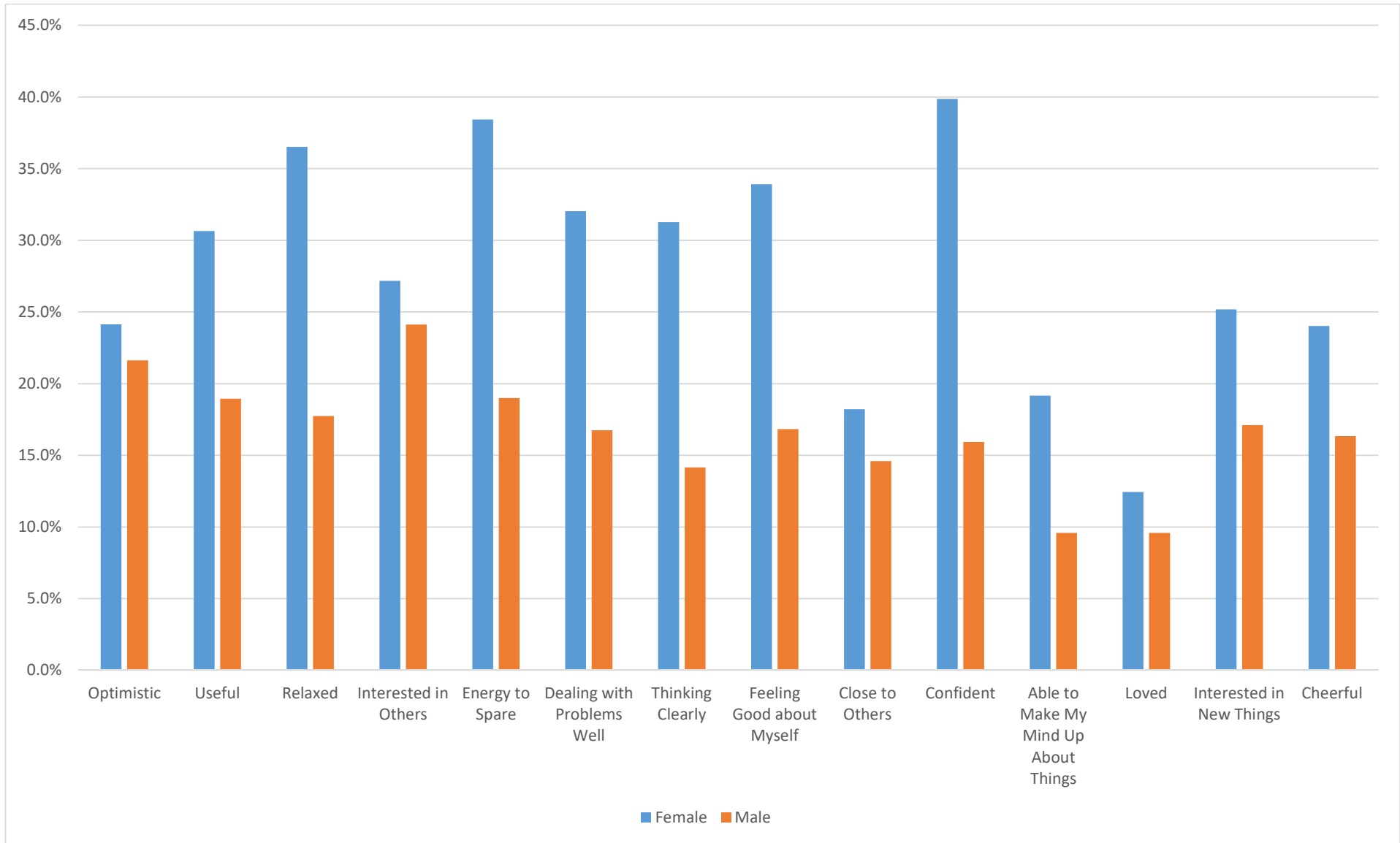


**Fig.4.66. Answers to WEMWBS of S2-S6 pupils in Moray, 2022.**



**Fig.4.67. [POSITIVE] Proportion of pupils answering “often” or “all of the time” to each of the 14 WEMWBS questions, by gender. Data from the Schools Health and Wellbeing Census in Moray 2022.**

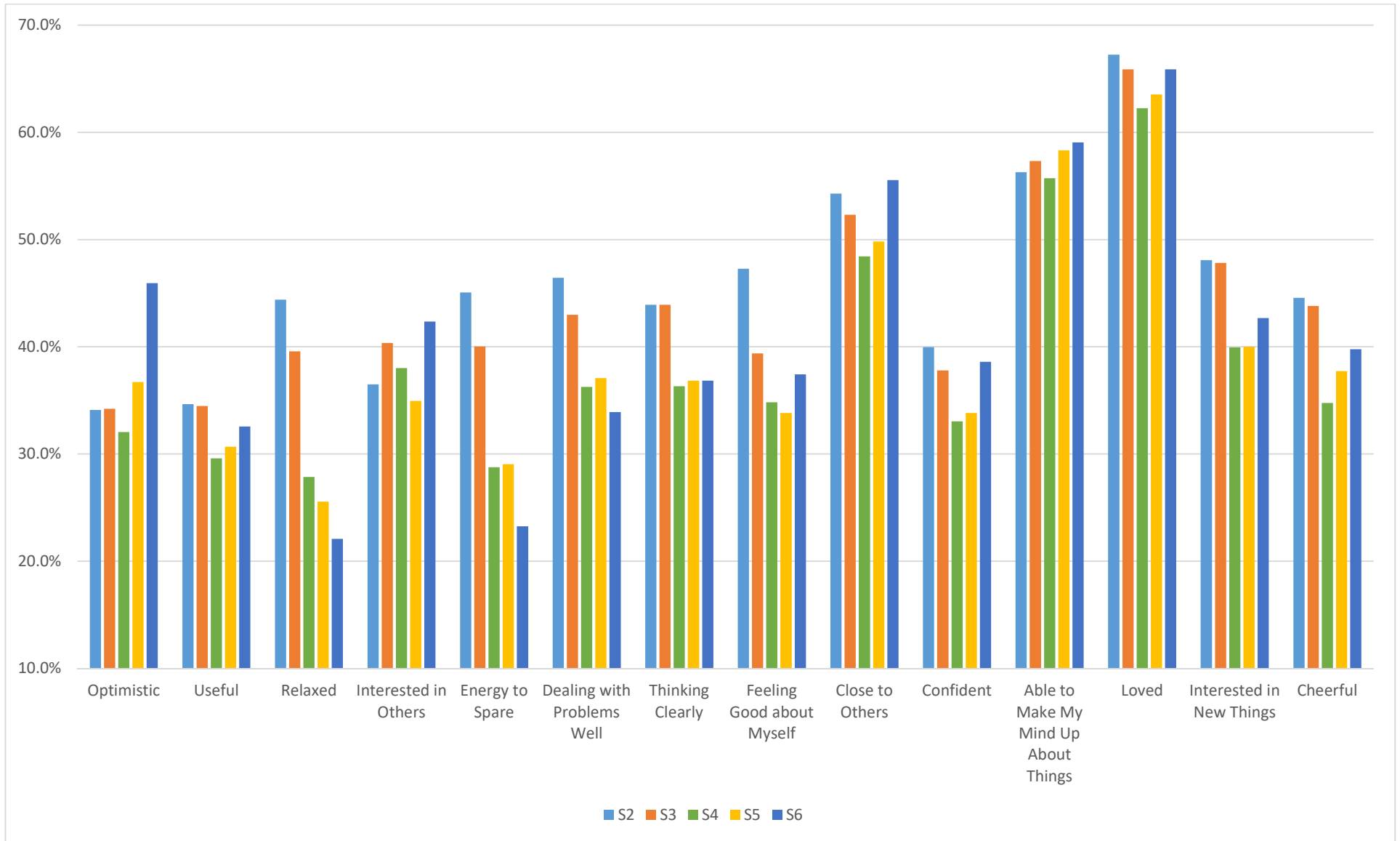




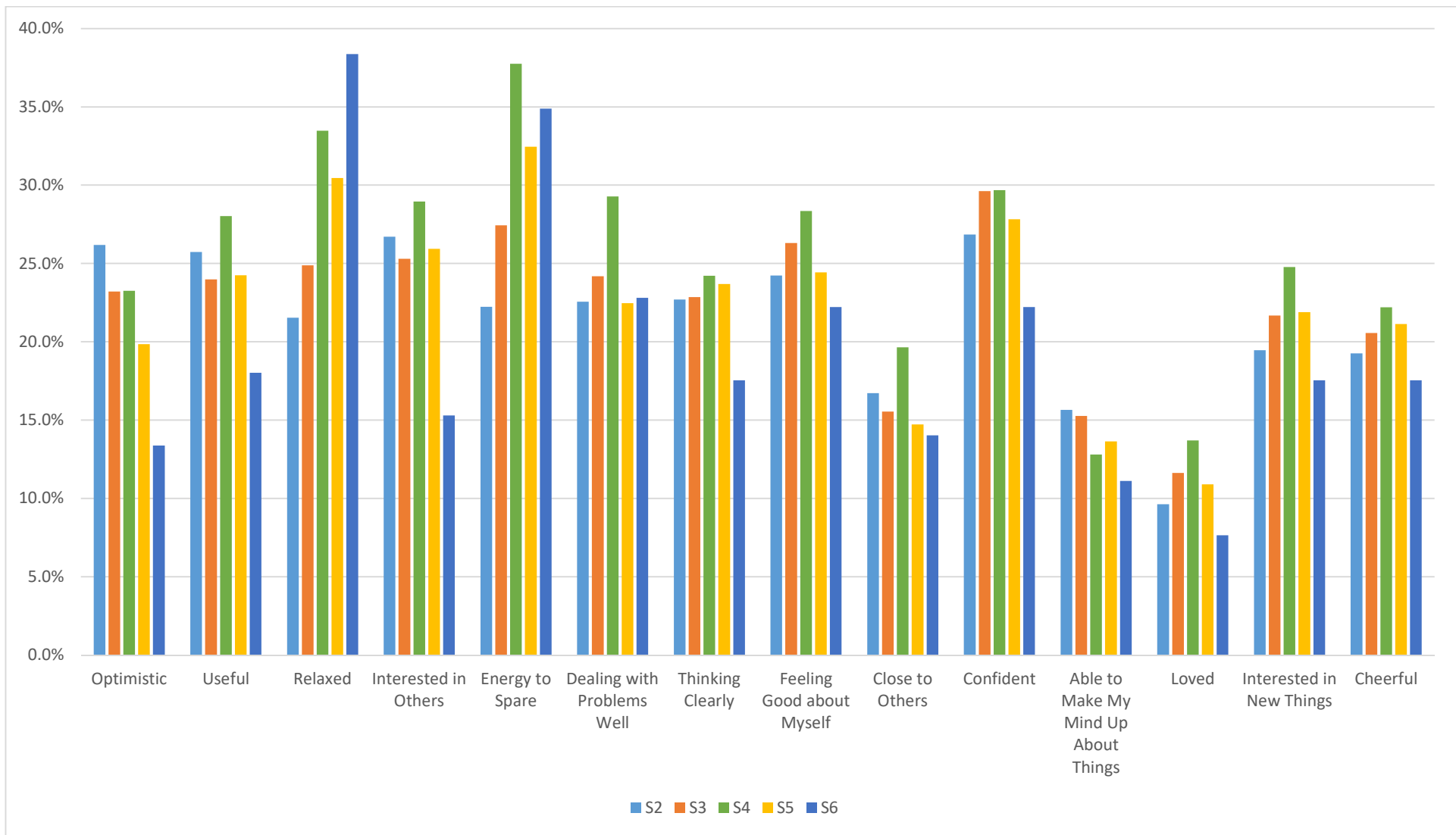
**Fig.4.68. [NEGATIVE] Proportion of pupils answering “rarely” or “none of the time” to each of the 14 WEMWBS questions, by gender. Data from the Schools Health and Wellbeing Census in Moray 2022.**

Figure 4.67 and figure 4.68 show how the answers to each of the WEMWBS questions varies by gender. Figure 4.67 shows the positive answers ('all of the time' or 'often') while figure 4.68 shows the negative answers ('none of the time' or 'rarely'). What is striking in both graphs is that figures for female pupils are consistently worse across all WEMWBS questions, without exception. In other words, girls and young women are experiencing worse wellbeing across all constituent aspects of mental wellbeing. On only one measure, feeling loved, do more than half of girls report feeling the positive aspect often or all of the time.

However, some of these discrepancies are much bigger than others. Confidence is a key area of inequality, where over half (50.4%) of boys feel confident often or all the time, compared to less than a quarter (24.6%) of girls. Other large differences are seen in feeling relaxed (46.9% vs 25.0%), having energy to spare (48.2% vs 26.0%), thinking clearly (53.8% vs 29.2%), feeling good about myself (53.0% vs 27.7%), and feeling useful (40.6% vs 26.0%). Where negative responses are given, similar results are seen, with the addition of a large discrepancy between boys and girls in dealing with problems well, where 16.7% of boys saying that they are doing this rarely or none of the time compared with 32.0% of girls.



**Fig.4.69. [POSITIVE] Proportion of pupils answering “often” or “all of the time” to each of the 14 WEMWBS questions, by year group. Data from the Schools Health and Wellbeing Census in Moray 2022.**

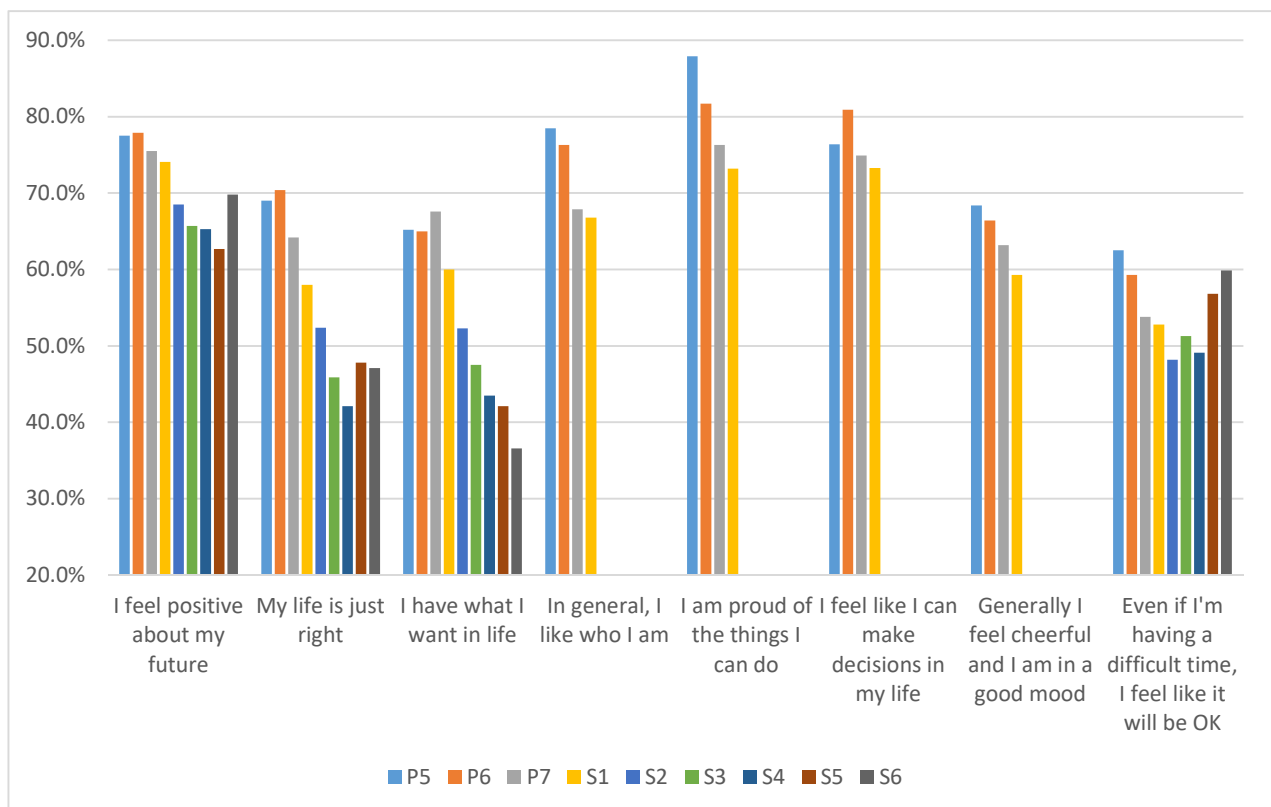


**Fig.4.70. [NEGATIVE] Proportion of pupils answering “rarely” or “none of the time” to each of the 14 WEMWBS questions, by year group. Data from the Schools Health and Wellbeing Census in Moray 2022.**

Figure 4.69 and figure 4.70 show how the answers to each of the WEMWBS questions vary by year group. Figure 4.69 shows the positive answers ('all of the time' or 'often') while figure 4.70 shows the negative answers ('none of the time' or 'rarely'). Despite the significantly lower overall score, there are not large differences in positive S4 responses compared to other year groups. However, the negative responses to show some clear differences on a number of questions. Questions where more S4 pupils respond negatively compared to other year groups include 'dealing with problems well' (29.3% answering negatively vs 22.5-24.2% in other year groups), 'energy to spare' (37.8% vs 22.2-34.9%), 'feeling close to other people' (19.6% vs 14.0-16.7%), 'feeling useful' (28.0% vs 18.0-25.7%), 'feeling loved' (13.7% vs 7.6-11.6%) and 'interested in new things' (24.8% vs 17.5-21.9%). Other interesting patterns emerge in the data. Over the school career from S2-S6, pupils appear to become less relaxed with less energy to spare, but also appear to become more optimistic.

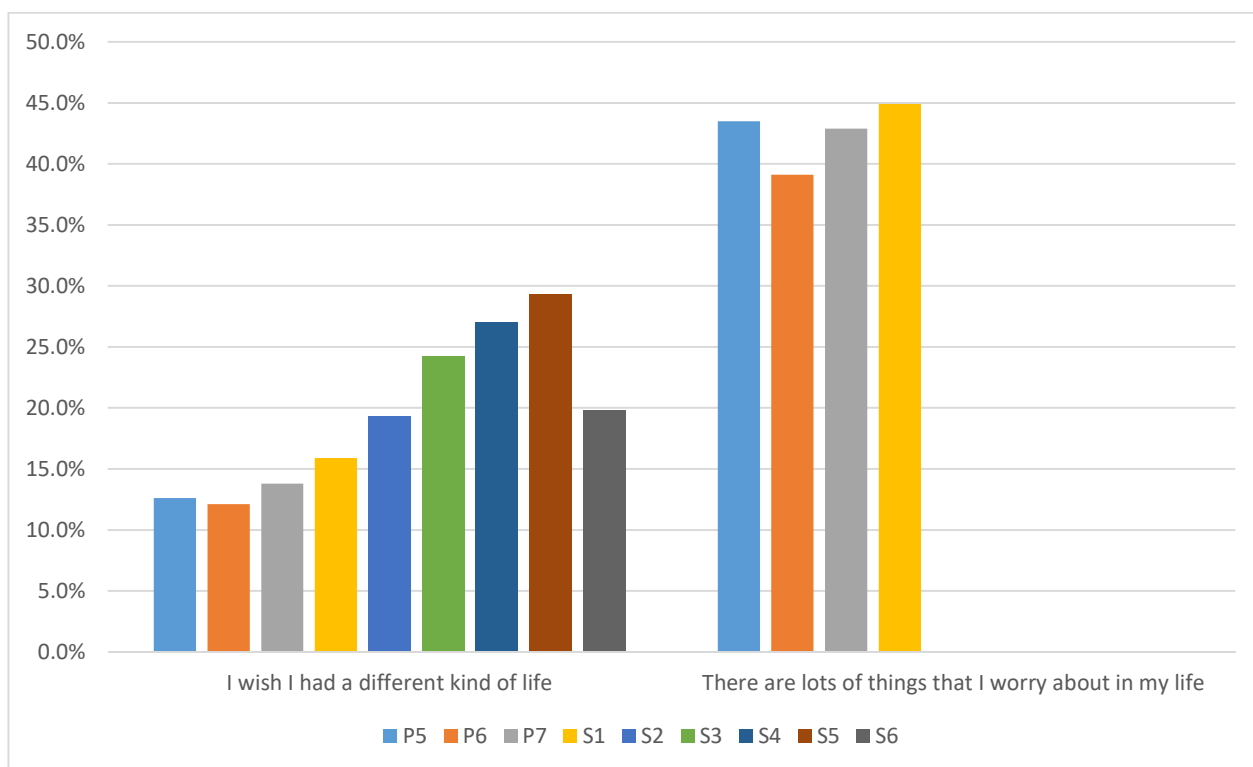
#### 4.15.4.2. Other Mental Wellbeing Indicators

Throughout the HWBC were a number of other statements and questions relating to the mental wellbeing of pupils. Figure 4.71 shows the proportion of pupils responding 'agree' or 'strongly agree' to a range of positive wellbeing statements. Universally across these statements, this proportion reduces from P5 to S4 (or S1 for those questions which were not asked of the older year groups). The steepest declines appear to be in pupils agreeing that "my life is just right", which reduces from 69.0% of pupils in P5 to 42.1% in S4; and "I have what I want in life" which reduces from 65.2% to 36.6% in S6.



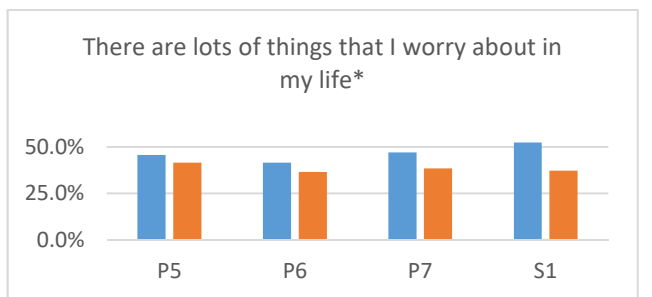
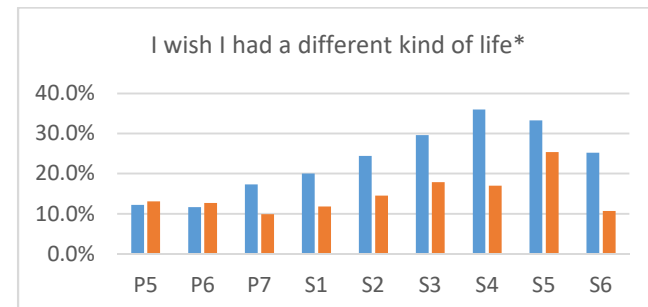
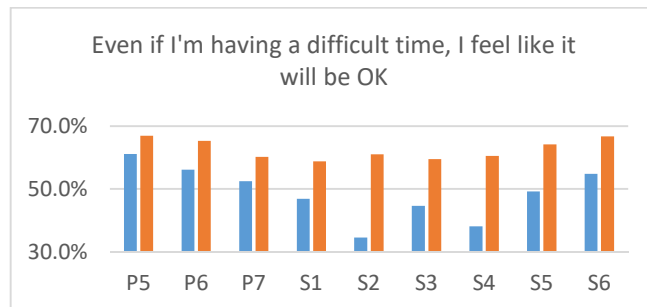
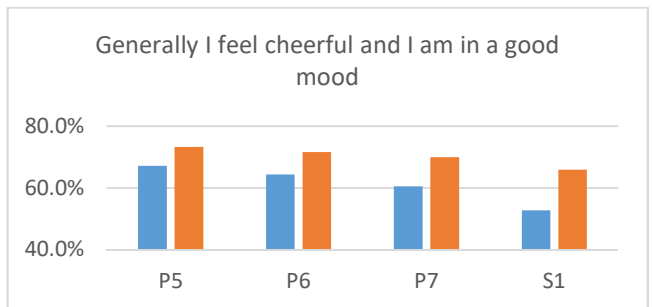
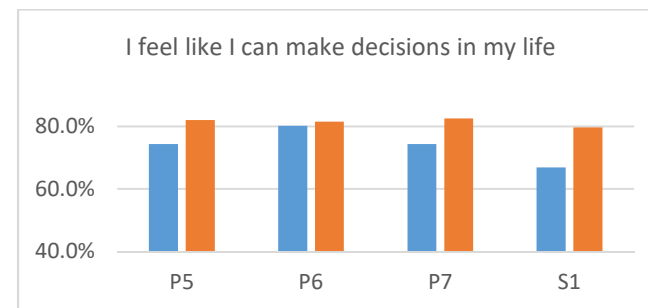
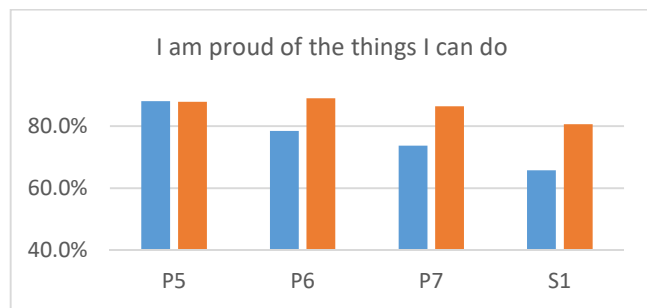
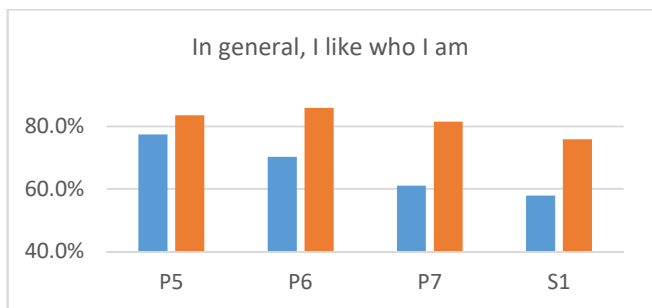
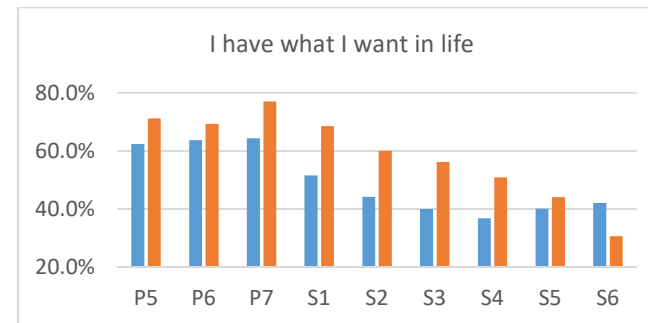
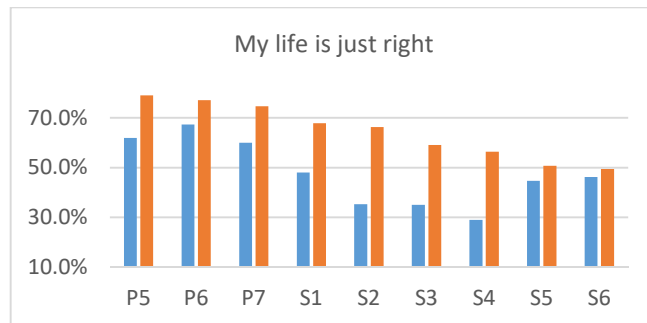
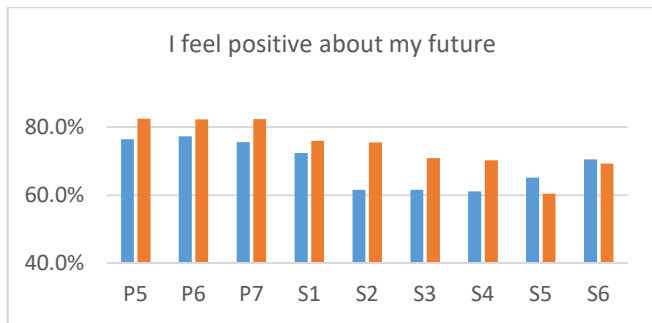
**Fig.4.71. Proportion of pupils responding 'strongly agree' or 'agree' to the positive statements given, by year group. From Moray Schools HWBC, 2022.**

Figure 4.72 shows the proportion of pupils responding ‘agree’ or ‘strongly agree’ to a range of negative wellbeing statements. More pupils reported wishing they had a different kind of life in the older year groups than in the younger ones (with the exception of S6 pupils). Proportions ranged from a low of 12.1% in S2 to 29.3% in S5. Together, figures 4.72 and 4.73 suggest a picture of worsening wellbeing as children and young people age.



**Fig.4.72. Proportion of pupils responding ‘strongly agree’ or ‘agree’ to the negative statements given, by year group. From Moray Schools HWBC, 2022.**

Figure 4.73 shows data for each of these statements broken down by gender. Again, note that the last two statements are framed negatively so low percentages are more positive. In common with the WEMWBS indicators, female pupils score consistently worse on each of the indicators with the largest inequalities seen in response to the statements “Even if I’m having a difficult time, I feel like it will be OK” (in S2, 34.5% of female pupils agree or strongly agree vs 61% of male pupils), “In general, I like who I am” (in P7, 61.1% vs 81.5%) and “I wish I had a different kind of life” (negatively framed, in S4, 36.0% vs 17.0%).



■ Female ■ Male

**Fig.4.73. Proportion of pupils responding 'strongly agree' or 'agree' to the statements shown, by year group and gender. \* denotes negative statements. From Moray Schools HWBC, 2022.**

---

*“Young person needs support around feeling angry takes a lot in but struggles to talk about it. They can overthink I will not talk about things – carrying a lot of ‘stuff’. Very black-and-white likes routine. They will allow change but, on their terms, otherwise this gives them a struggle. Would like to work on communication and more they are keeping in so that they can learn to manage their feelings. Need to know what is happening and feel a sense of control. Can at times try to parent (be the parent to) siblings and control that relationship when dealing with the situation.”*

*“Parent struggling with young person’s behaviour around not taking instructions at home. Communication with headteacher and class teacher during child planning meeting. Going for assessment for ADHD and ADHD and dyslexia. Young person would like help with his concentration at school he would like to find a new way of following instructions at home. Find spelling, reading “kinder hard” at school. Young person has trouble sleeping and this can be stressful.”*

*“And personal struggles with anxiety a lot. They struggled with talking to people and have a lack of social skills. If you’re anxious in crowds. Often a stickler for time and feeling the need to be a perfectionist.”*

*“Young person had panic attacks a few years ago – still struggles with anxiety and were not going out. Has a lack of energy and often sleeps all day. They’re tired after any activity. This has led to them not doing things which has impacted on confidence and lead to being picked on. Group of friends in school but only one outside of school. Young person following a part-time timetable which is left open when they’re able to attend. Would like to have future plans in art and music after leaving school. GP been involved for about a year for a blood test (potential anaemia).”*

*“Young person has self-harm since age 12 (now 14) – arms, legs, stomach. Feels hopeless not worth it. Nothing matters as there is nothing to hold onto. Doesn’t feel like they fit in high school. Struggles with mum when she puts in boundaries and feels more pressure from mum than she feels her sister gets.”*

*“I feel stuck and anxious in trying to cope with my daughters OCD symptoms as she feels things in our home are contaminated. This has led to me taking time off work to stay home with her as she needs me around to clean things before she can touch/use them. This is very stressful on our family life and we feel we cannot see a way forward. I feel I want to be better at coping with this, but unsure of how”.*

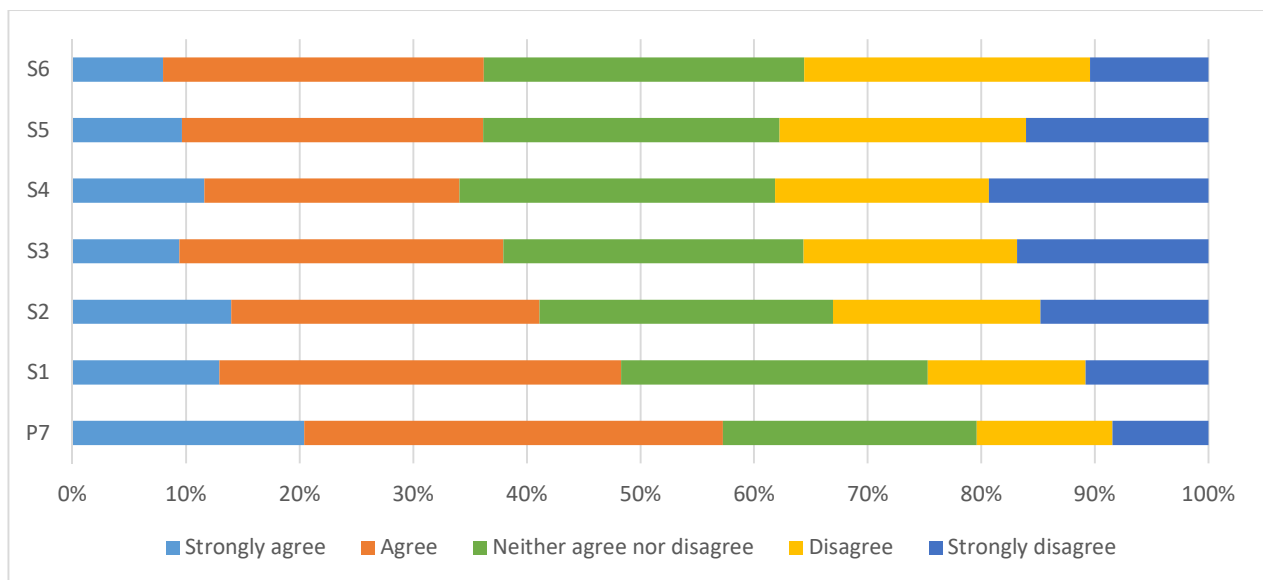
---



#### 4.15.5. Body Image

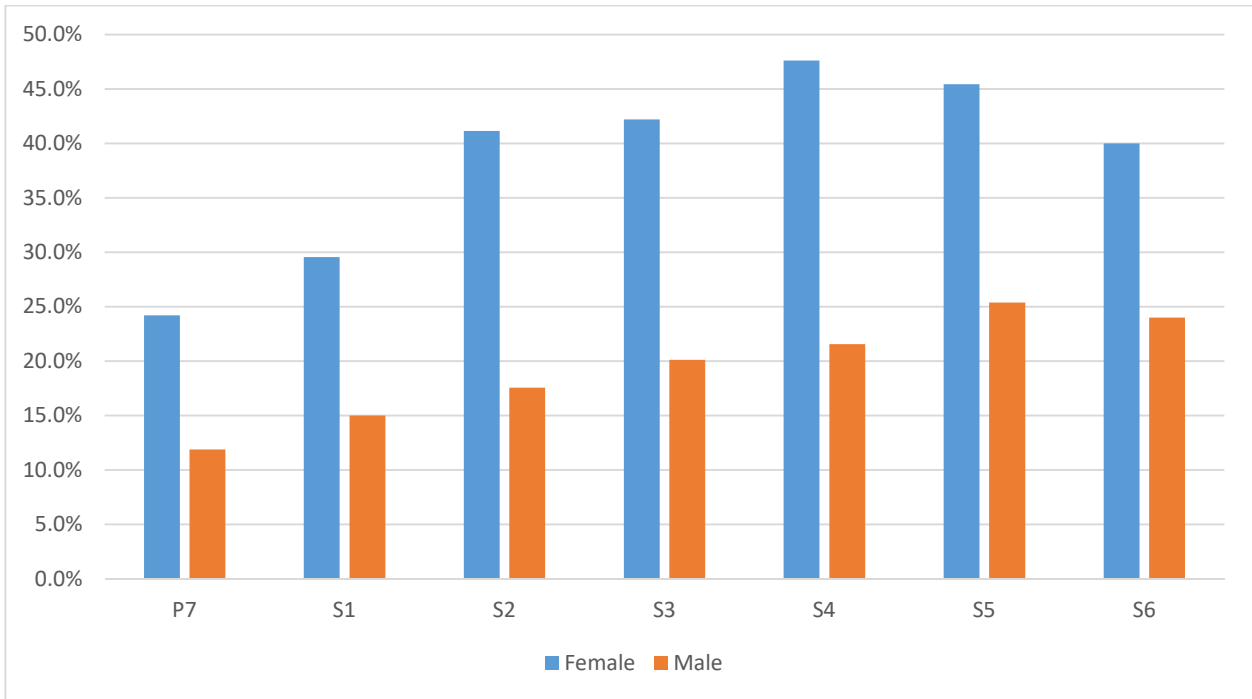
Body image, the way in which we see the appearance of our bodies either positively<sup>162</sup> or negatively, has long been recognised to be a major concern for a number of people. This is particularly true for young people and particularly for girls and women due to our society’s extremely gendered expectations and attitudes towards appearance and its importance. Negative body image is also known to impact upon the lives of trans young people as they try to reconcile their gender with social expectations of the appearance of gendered bodies<sup>163</sup> (see also quotes from LGBTQ+ young people in section 4.7). Negative body image can be related to low self-esteem and a number of indicators of poor mental health and wellbeing<sup>164</sup>.

Figure 4.74 shows pupil responses to the statement “I am happy with my body and the way I look”. The proportion responding ‘agree’ or ‘strongly agree’ is at its highest in P7 (48.8%, note graph does not include ‘prefer not to say’) and reduces consistently until S4 (31.2%). The proportion responding ‘disagree’ or ‘strongly disagree’ rises from 17.4% of pupils in P7 to 35.0% in S4.



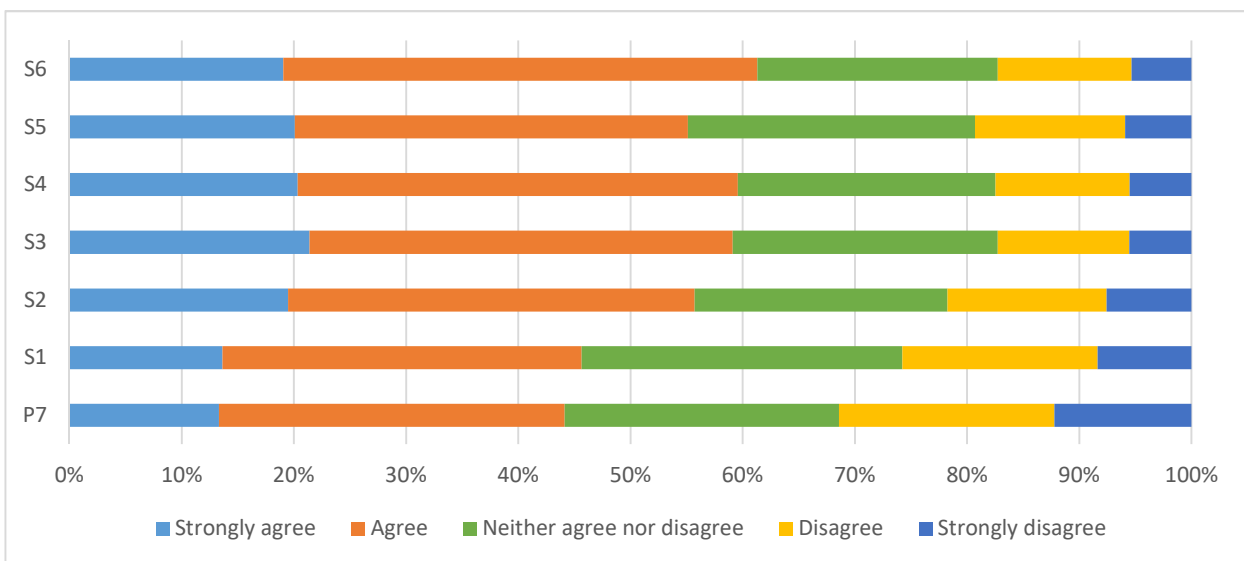
**Fig.4.74. Pupil responses to the statement “I am happy with my body and the way I look” by year group. From Moray Schools HWBC, 2022.**

Figure 4.75 breaks this data down by gender. Female pupils are much more likely to disagree or strongly disagree that they are happy with their body and the way they look, though the proportion of both male and female pupils responding this way increases through the year groups. In P7, 11.9% of males pupils and 24.2% of female pupils respond this way, rising to 21.6% and 47.6% in S4.

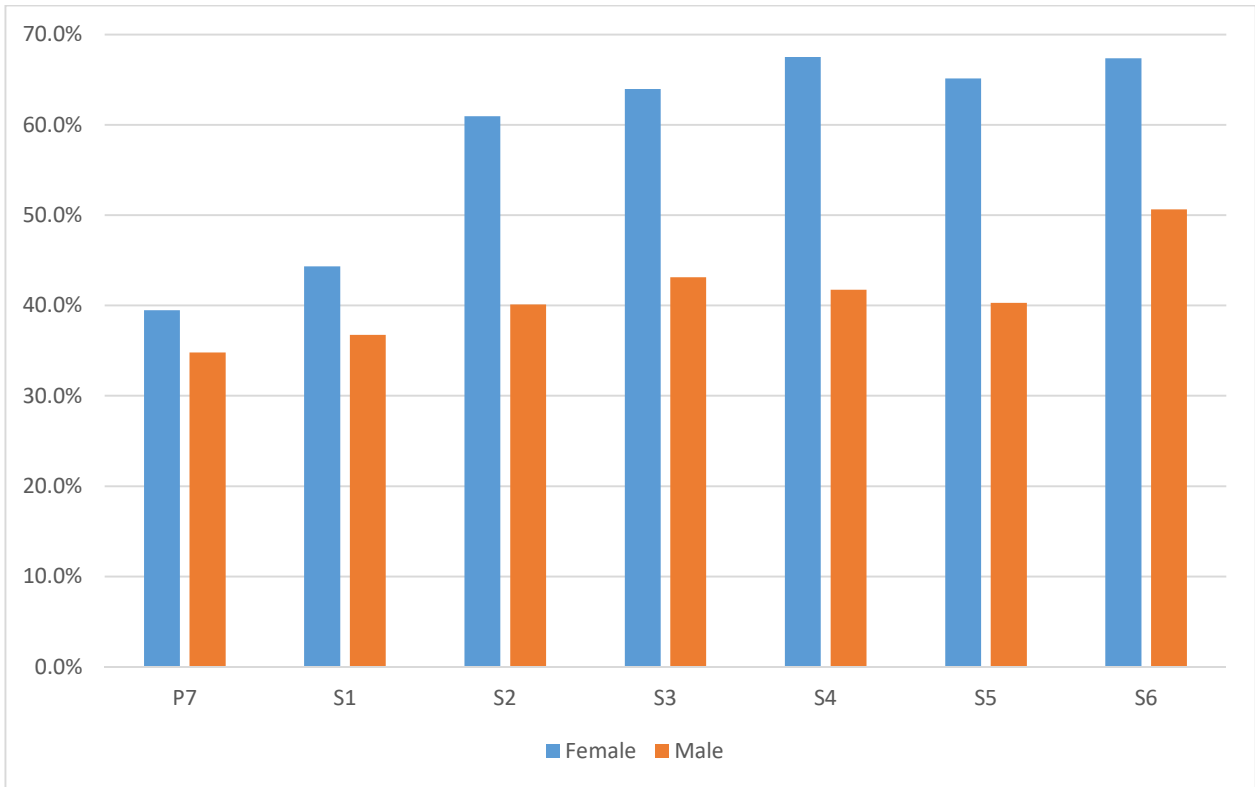


**Fig.4.75. Proportion of pupils responding 'disagree' or 'strongly disagree' to the statement "I am happy with my body and the way I look" by gender and year group. From Moray Schools HWBC, 2022.**

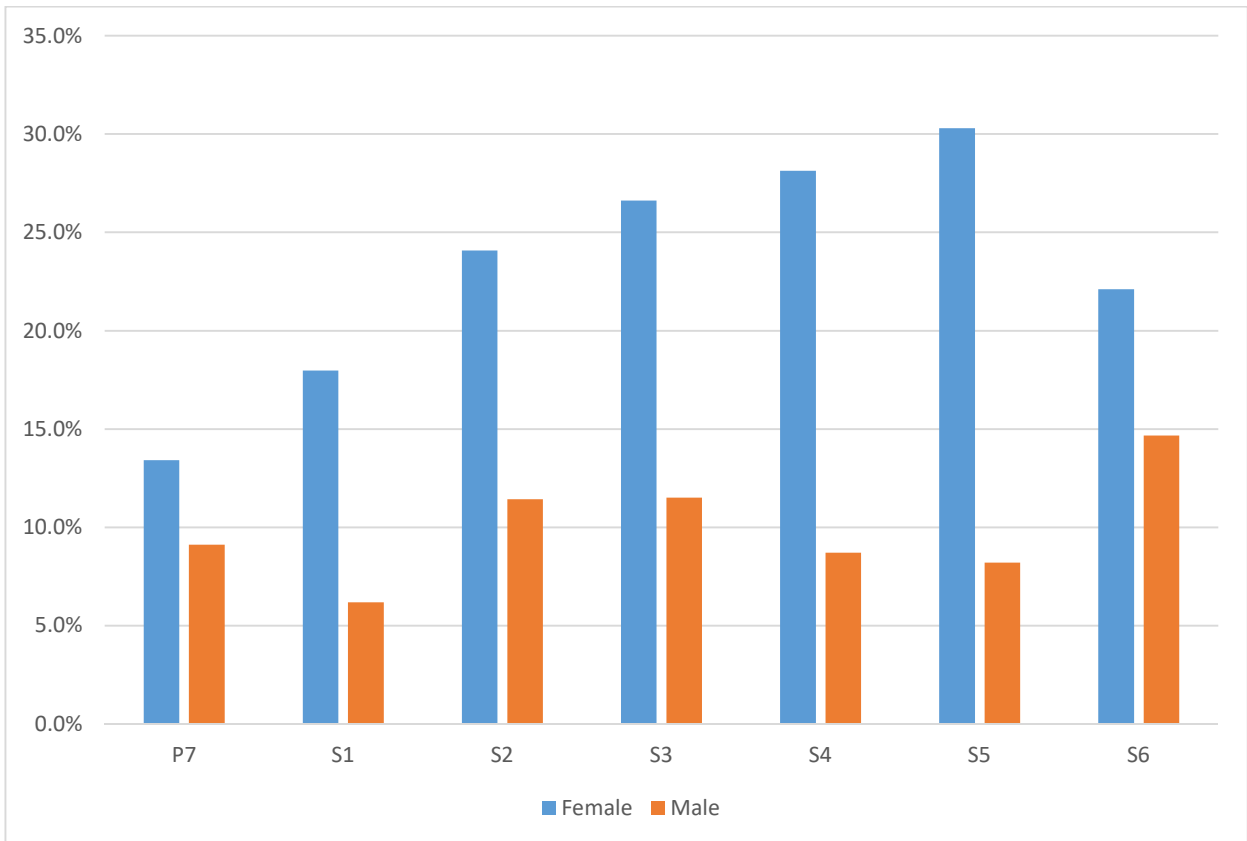
Figure 4.76 shows to what extent pupils feel their body and the way it looks affects how they feel about themselves. 35.7% either agree or strongly agree with this statement in P7 compared to 59.9% in S6. Figure 4.77 shows this data broken down by gender and again, the divide between female and male pupils is clear. From S2-S6, more than 60% of female pupils agree or strongly agree that their body and the way they look affects how they feel about themselves, compared to around 40% of male pupils. Figure 4.78 focuses only on those who strongly agree with the statement, showing a larger gender difference.



**Fig.4.76. Pupil responses to the statement "My body and the way I look affect how I feel about myself" by year group. From Moray Schools HWBC, 2022.**



**Fig.4.77. Proportion of pupils responding 'agree' or 'strongly agree' to the statement "My body and the way I look affect how I feel about myself" by gender and year group. From Moray Schools HWBC, 2022.**

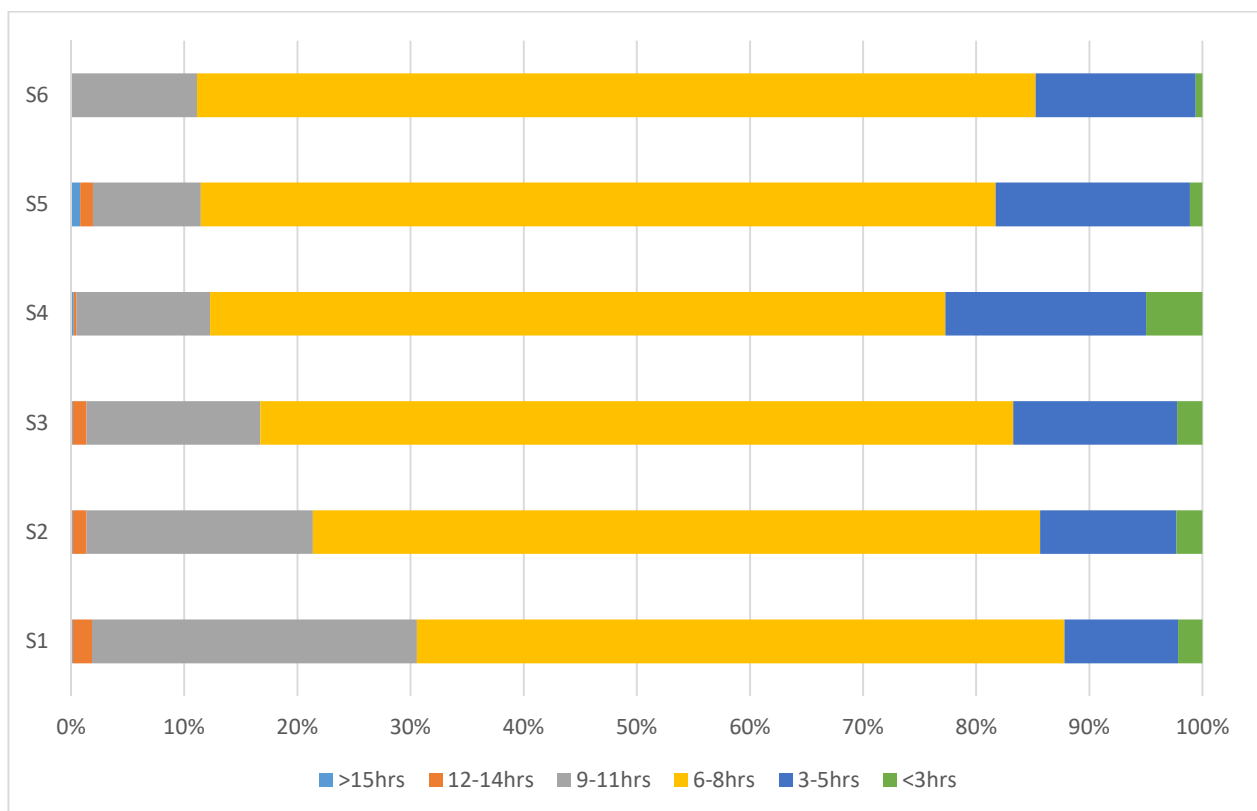


**Fig.4.78. Proportion of pupils responding 'strongly agree' to the statement "My body and the way I look affect how I feel about myself" by gender and year group. From Moray Schools HWBC, 2022.**

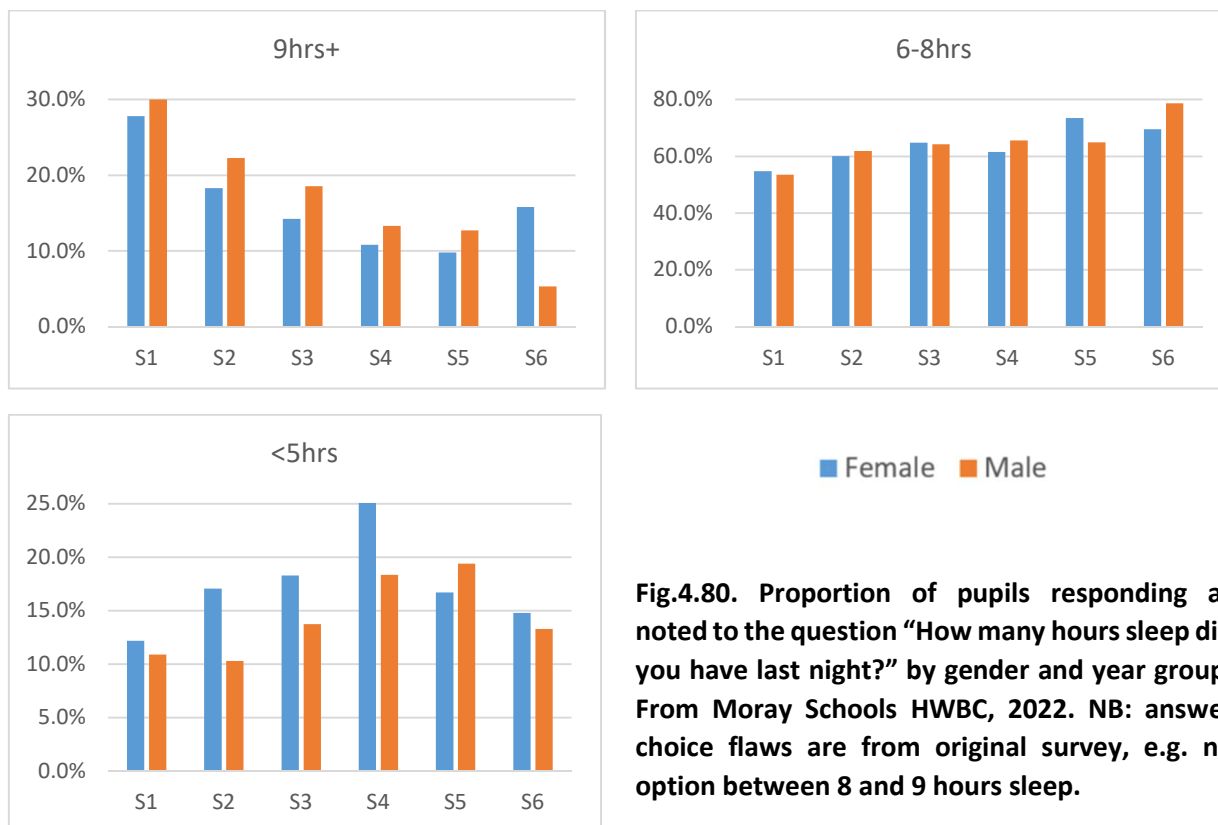
#### 4.15.6. Sleep

Sleep and sleep problems are increasingly recognised as important factors in health and wellbeing. Immediate consequences of insufficient sleep include poor concentration, lower memory capacity, behavioural problems and poor academic performance<sup>165,166,167</sup>. Over long periods, it can lead to higher rates of stress, depression, anxiety<sup>168</sup>, impaired immune functioning<sup>169</sup> and overweight and obesity<sup>170,171</sup>. There is no official guidelines about how much sleep people should get, though NHS Inform advises that on average a “normal” amount of sleep for an adult is 7-9 hours, while children and young people may sleep much longer than this<sup>172</sup>.

Figure 4.79 shows pupil responses to a question in the HWBC about how much sleep pupils got the previous night. Unfortunately the question as asked was fundamentally flawed, offering the following options: less than three hours, three to five hours, six to eight hours, nine to eleven hours, twelve to fourteen hours and more than fifteen hours. There was no option available for people who slept five to six hours, eight to nine hours, eleven to twelve hours or fourteen to fifteen hours. As such, the results should be taken with a pinch of salt and are presented here for information but without analysis. If we wish to understand sleep issues for young people, a further question should be asked of young people with appropriate answer choices.



**Fig.4.79. Pupil responses to question “How many hours sleep did you have last night?” by year group. From Moray Schools HWBC, 2022. NB: answer choice flaws are from original survey, e.g. no option between 8 and 9 hours sleep.**

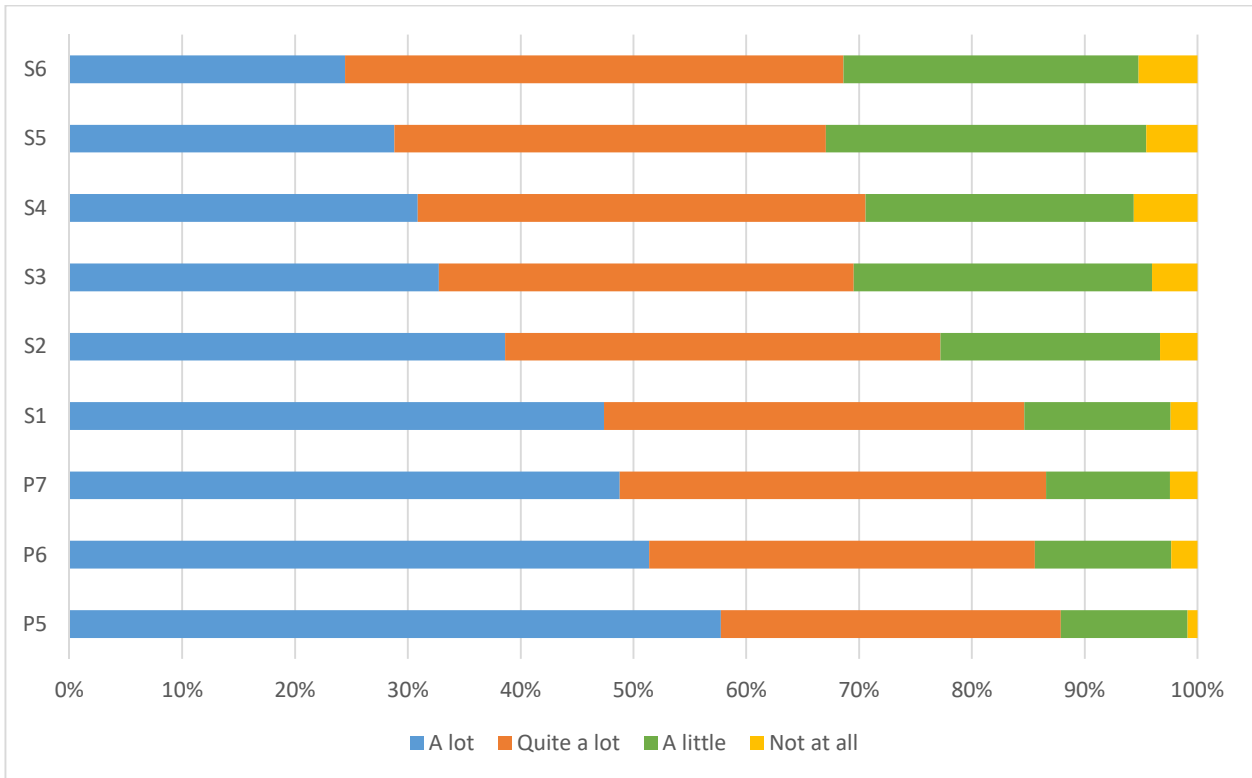


**Fig.4.80. Proportion of pupils responding as noted to the question "How many hours sleep did you have last night?" by gender and year group. From Moray Schools HWBC, 2022. NB: answer choice flaws are from original survey, e.g. no option between 8 and 9 hours sleep.**

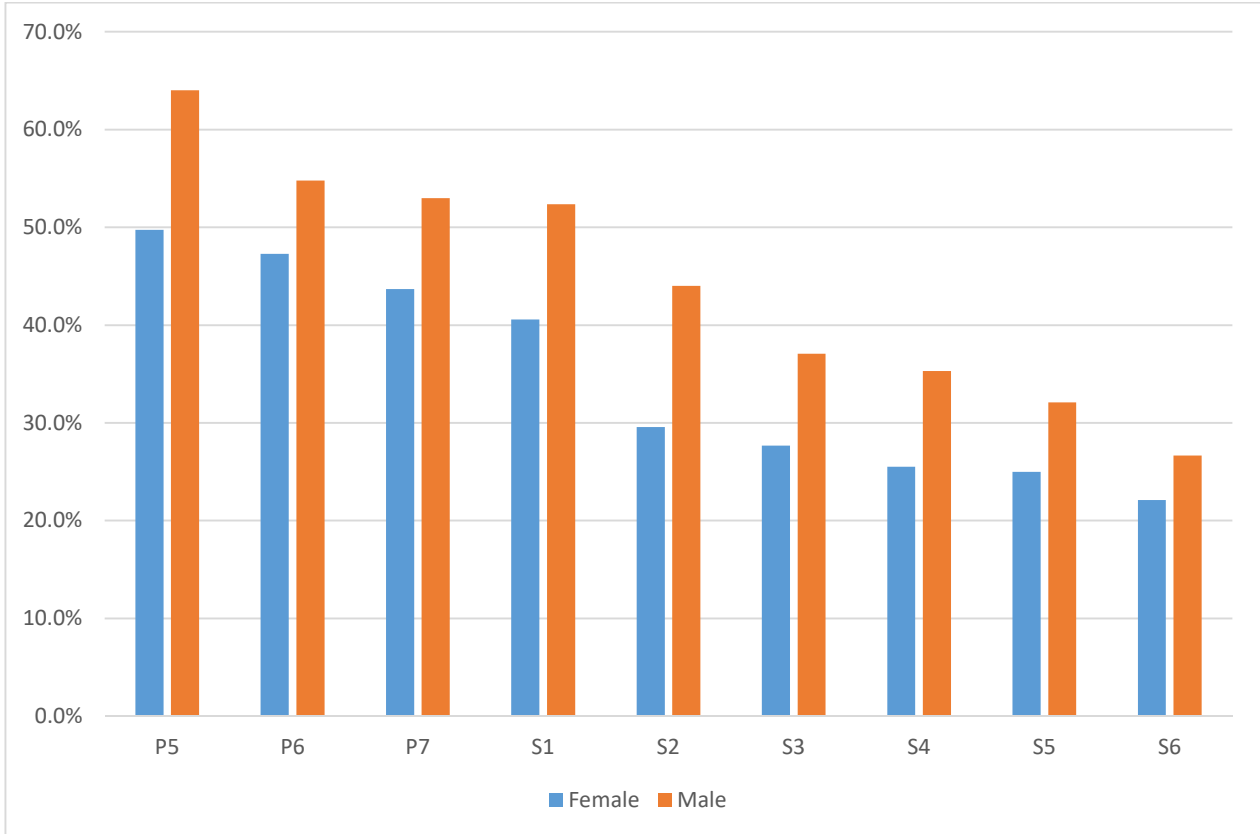
#### 4.15.7. Wellbeing and Place

Place encompasses both the physical environment (the buildings, streets, public areas and natural spaces that make up neighbourhoods) and the social environment (the relationships, social contact and support networks that exist in a community). A sense of enjoyment and satisfaction with a local area and a sense of belonging<sup>173</sup> can be important to wellbeing. For many people, this sense of belonging to a place can be a key part of our identity<sup>174</sup>.

Figure 4.81 shows pupil responses to the question "How much do you like the area you live in?" The proportion reporting that they like their area a lot is at its highest in P5 (55.7%), reducing consistently across year groups to its lowest in S6 (24.4%). Figure 4.82 shows these data broken down by gender. Male pupils consistently report liking their area more than female pupils across the year groups. 64.0% of male P5 pupils like their area a lot, reducing to 26.7% in S6. For female pupils, the rate reduces from 49.7% in P5 to 22.1% in S6.

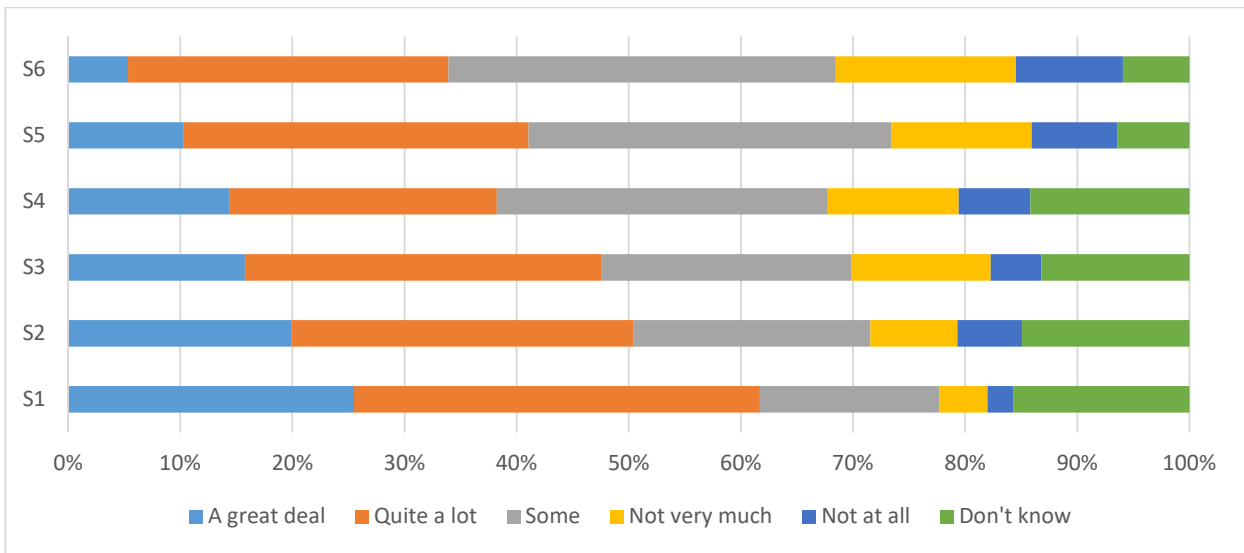


**Fig.4.81. Pupil responses to the question “How much do you like the area you live in?” by year group. From Moray Schools HWBC, 2022.**

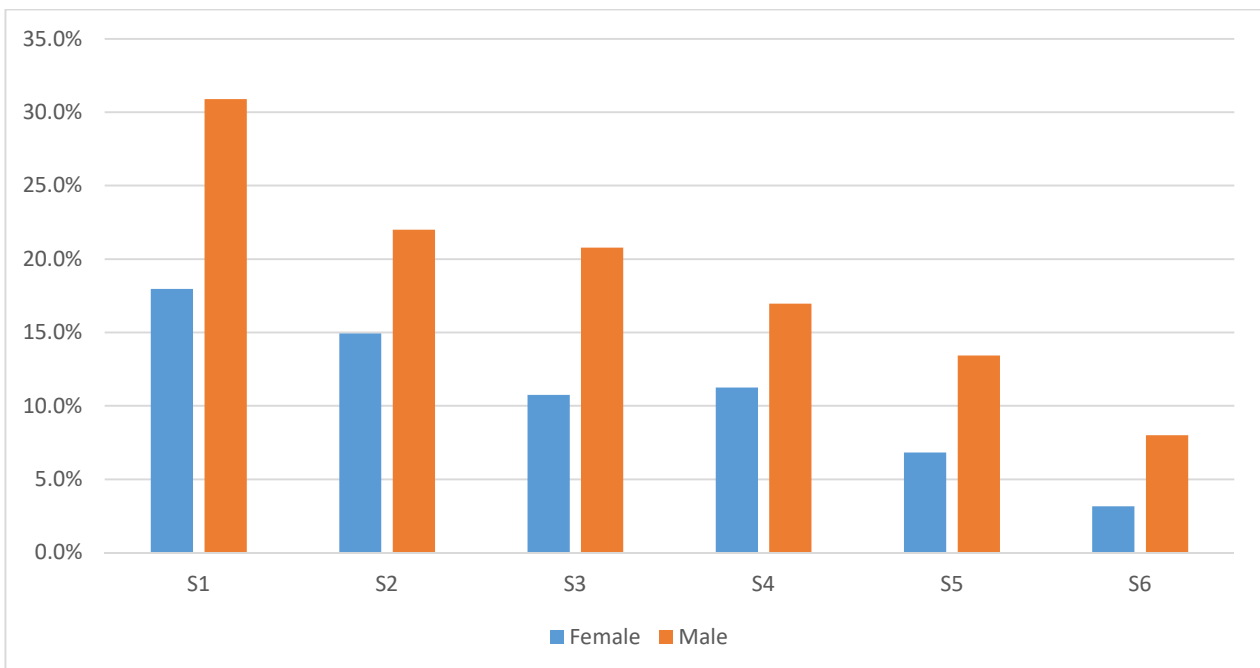


**Fig.4.82. Proportion of pupils responding ‘a lot’ to the question “How much do you like the area you live in?” by gender and year group. From Moray Schools HWBC, 2022.**

The HWBC also asked about pupils' sense of belonging in their local area. As with the previous question, this positive experience was highest in the youngest year groups (59.0% of pupils in S1 feel they belong to their local area 'a great deal' or 'quite a lot') and lowest in the oldest age groups (33.1% in S6, see figure 4.83). Many more male pupils felt they belonged to their area a great deal than female pupils (see figure 4.84). Male pupils responding this way reduced from 30.9% in S1 to 8.0% in S6. Female pupils responding this way reduced from 18.0% in S1 to 3.2% in S6.

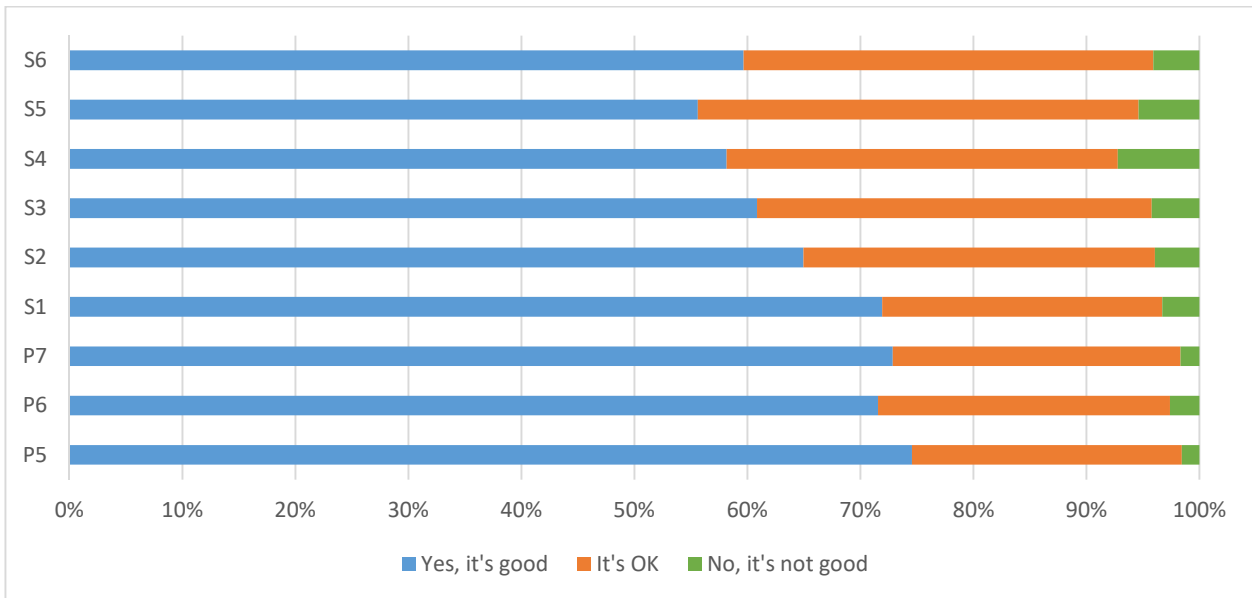


**Fig.4.83. Pupil responses to the question “Some people feel like they belong to their local area, while others don’t. To what extent do you feel like you belong to your local area?” by year group. From Moray Schools HWBC, 2022.**

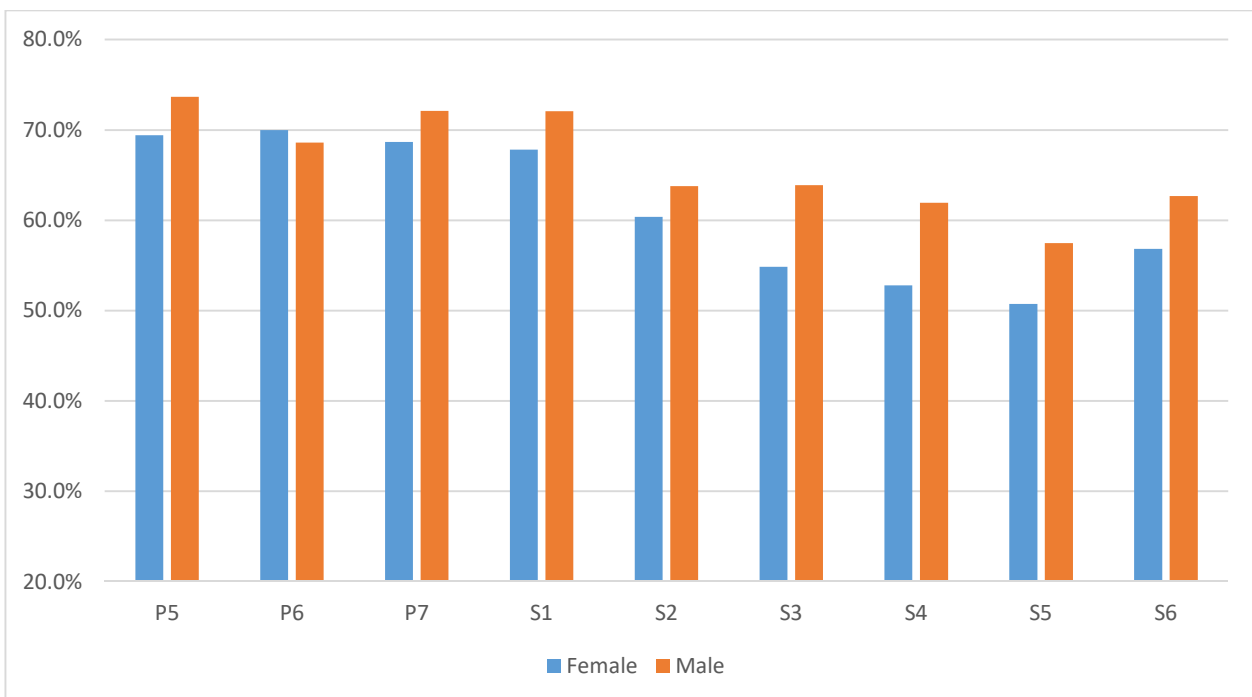


**Fig.4.84. Proportion of pupils responding ‘I belong a great deal’ to the question “Some people feel like they belong to their local area, while others don’t. To what extent do you feel like you belong to your local area?” by gender and year group. From Moray Schools HWBC, 2022.**

Asking a similar question with a less personal lens, pupils were asked if they thought the area they lived in is a good place to live (see figure 4.85). Responses were mostly positive, with between 54% and 70% of pupils in each year group reporting that their area is a good place to live. In general, more male pupils thought their area was a good place to live than female pupils, though gender differences were not large (see figure 4.86). The extent to which pupils feel safe in their local area is also included in section 5.2.



**Fig.4.85. Pupil responses to the question “Do you think that the area in which you live is a good place to live?” by year group. From Moray Schools HWBC, 2022.**



**Fig.4.86. Proportion of pupils responding ‘yes it’s good’ to the question “Do you think that the area in which you live is a good place to live?” by gender and year group. From Moray Schools HWBC, 2022.**

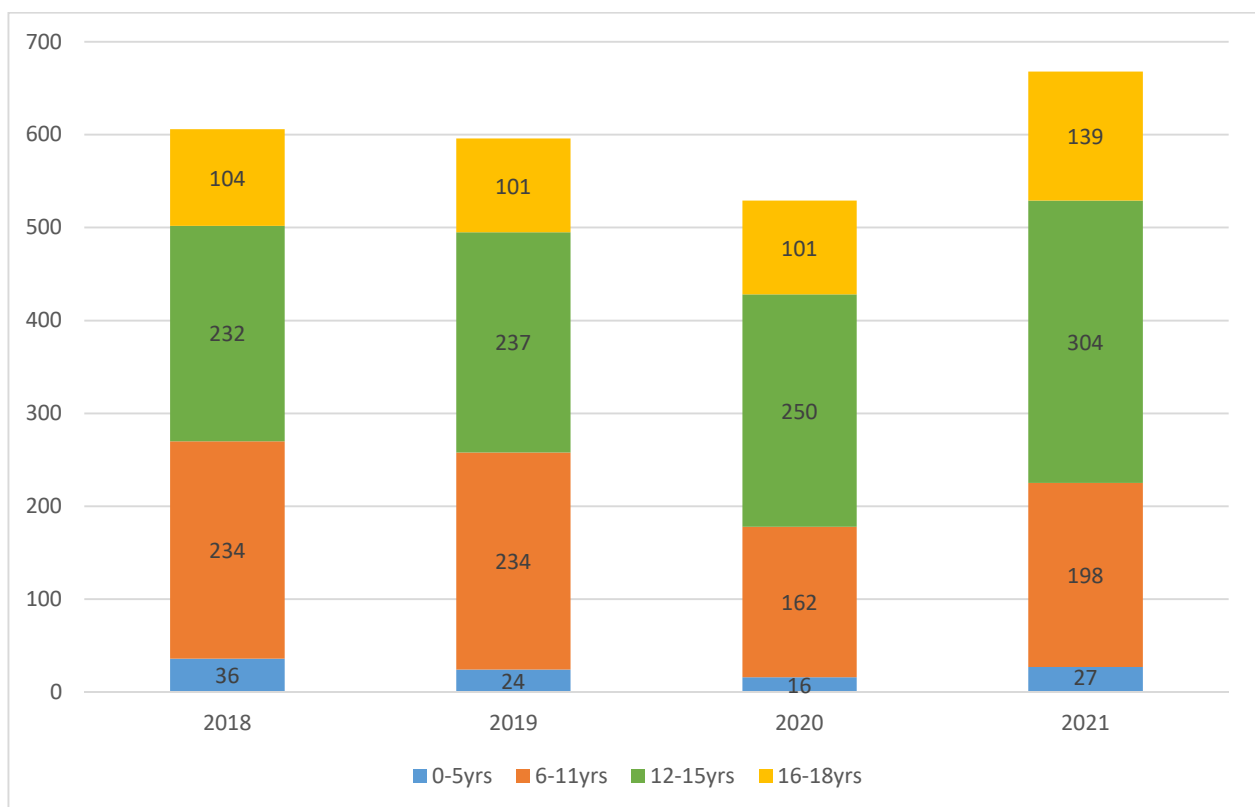


#### 4.15.8. Child and Adolescent Mental Health Services (CAMHS)

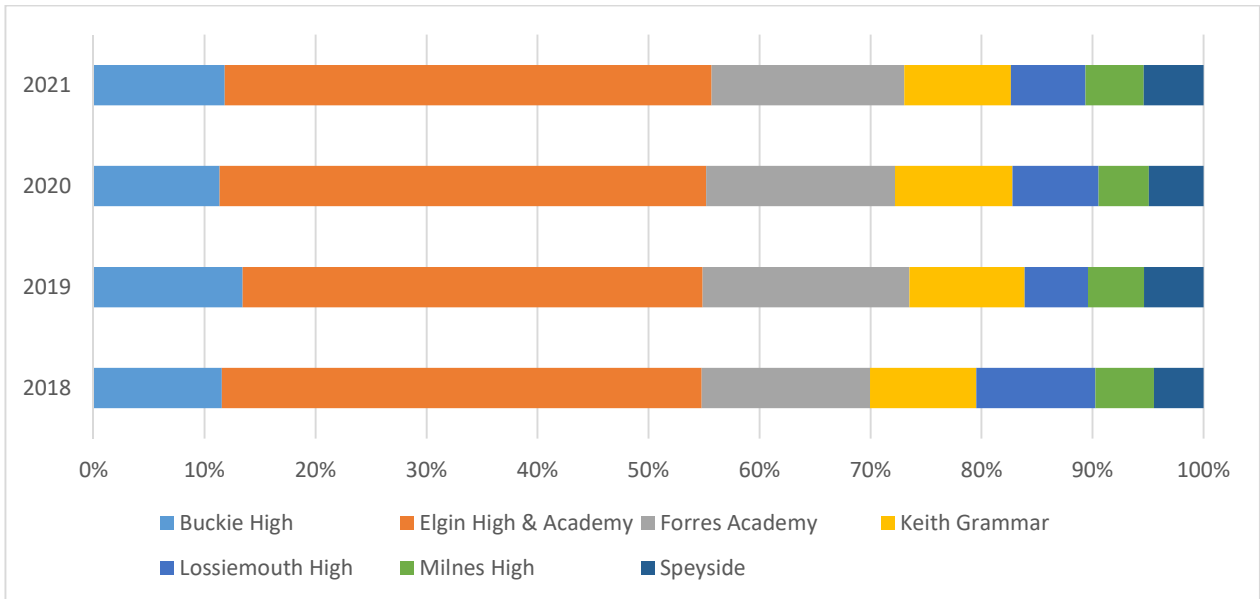
When children and young people have a mental health condition, they may seek help from the Child and Adolescent Mental Health Service (CAMHS). Figure 4.87 shows how referrals to CAMHS has changed in Moray over the last four years and figure 4.88 shows where these referrals are distributed across Moray. The number of referrals dropped in 2020 (529 referrals vs 596 in 2019) as the Covid-19 pandemic took hold but increased again in 2021 (to 668). The age profile of CAMHS referrals has changed over this period as more older children are referred (67% of referrals 12 or older in 2021 vs 55% in 2018). This is a pattern seen Grampian-wide. As a greater proportion of older children seen are girls and a greater proportion of younger children seen are boys, this has also affected the gender make-up of CAMHS referrals<sup>175</sup>.

Essentially, over time a greater proportion of young people seen in CAMHS are older girls and a lesser proportion is younger boys. More work is needed to understand how much this reflects changing need in the community (e.g. see greater deterioration in adolescent girls' mental wellbeing in recent years) or is due to services' ability to address some groups' mental health problems more effectively than others. This must be seen in the context, for example, of the greater level of school exclusion and contact with criminal justice seen in boys and young men, as discussed later in this document.

Another key area reported as concerning by CAMHS colleagues and replicated nationwide is a significant increase in young people with eating disorders. In Moray, these numbers remain relatively small but the increase is concerning and requires a significant amount of CAMHS resource to address.

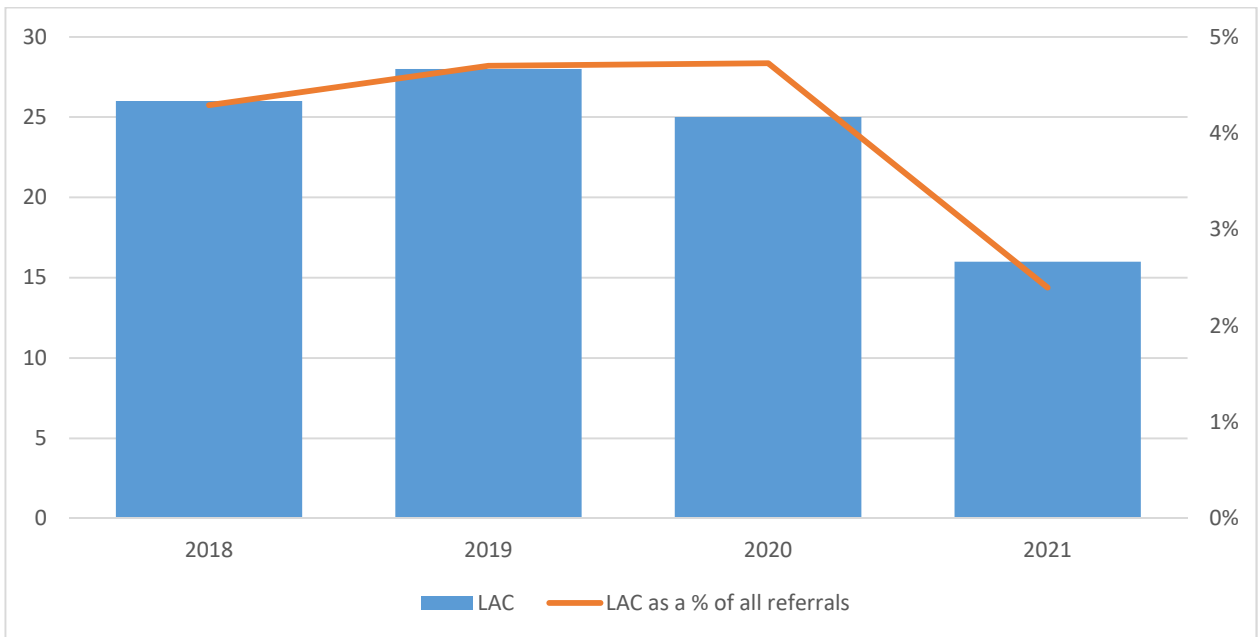


**Fig.4.87. CAMHS referrals in Moray by age group and by year.**



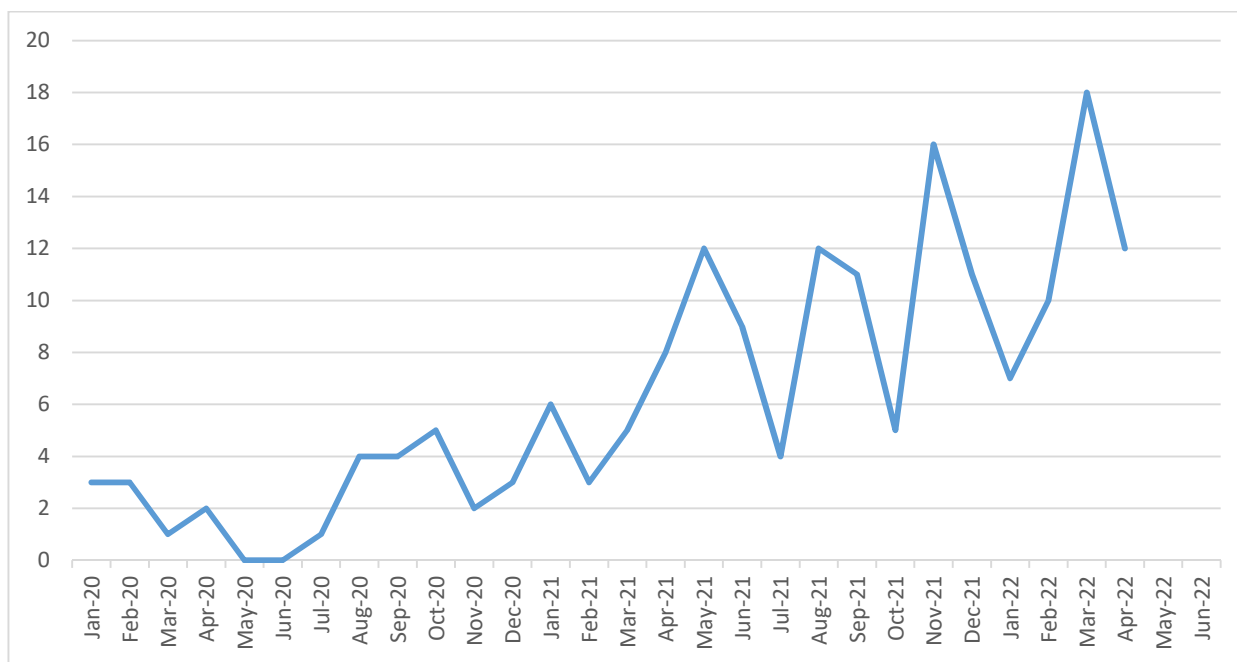
**Fig.4.88. Proportion of CAMHS referrals in Moray in each Associated School Group (ASG) area, by year.**

Figure 4.89 shows the number of Looked After children and young people referred to CAMHS by year as well as the total proportion of CAMHS referrals LACs represent. As referrals increased markedly for young people population-wide in 2021, the opposite was seen in LACs. In 2021, LACs represented just 2.4% of CAMHS referrals in Moray, down from 4.7% in 2020. Unless there is reason to believe that LAC mental health has improved in a way that isn't true for other young people in 2021, this is an indicator which requires further scrutiny to ascertain if this reduction in referrals is appropriate. The whole number of referrals for LACs is small in absolute numbers, so it is also possible that this is an anomalous year.



**Fig.4.89. Number (left-hand axis) and proportion (right-hand axis) of CAMHS referrals in Moray classified as Looked After Children and Young People.**

Figure 4.90 shows CAMHS unscheduled care assessments in Moray since January 2020. This shows a very concerning rise which may suggest a significant and increasing level of unmet need in the population. Further work is required to understand whether this unmet need has increased due to a likely increase in mental distress over the course of the last few years, a decrease in accessibility of services/supports including primary care and community support, or a combination of the two.



**Fig.4.90. CAMHS unscheduled care assessments in Moray, by month, Jan 2020 – Apr 2022.**

Quotes from practitioners across Moray raise concerns about accessing services for mental health support, including CAMHS:

---

*“Young People and/or the staff team, often need quick responses/support from CAMHS and this is not always available, due to their own pressures. The CAMHS service is limited in what support it is able to provide.”*

*“The referral/criteria and processes for accessing services can be really complex, and time consuming; and yet access tends to be required at times of crisis when simplicity and flexibility is vital.”*

*“Barriers for criteria to services has been an issue in past year or so, for example, YP or adult services, mental health or drugs and alcohol services. This added significant pressure to an already precarious situation.”*

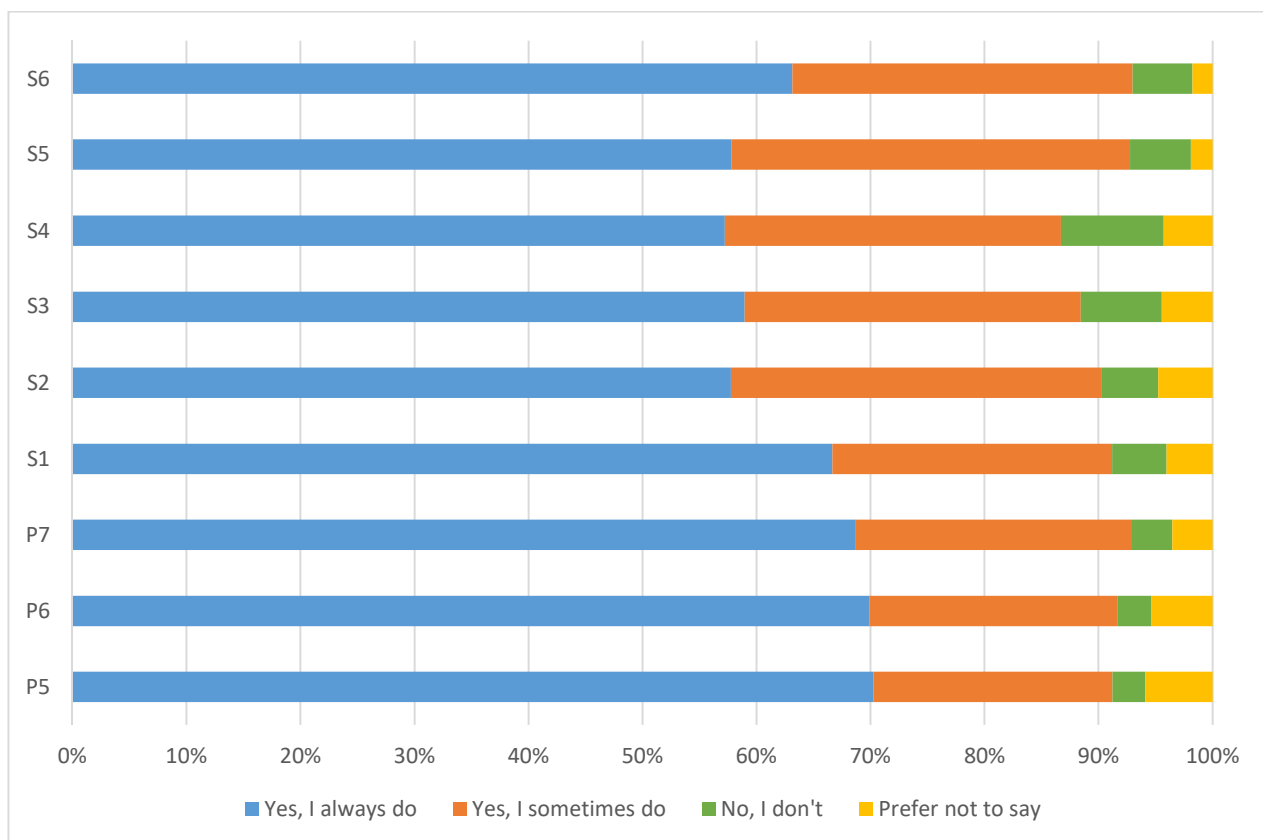
---

## 4.16. Social Wellbeing

The social environment around a child or young person is a huge influence upon their health and wellbeing. Building and maintaining healthy relationships is a crucial part of development and positive relationships within families are particularly important<sup>176,177,178</sup>. There is also some evidence that “trusted adults” are important to safety and security of young people, though robust evidence of effectiveness is not yet available<sup>179</sup>.

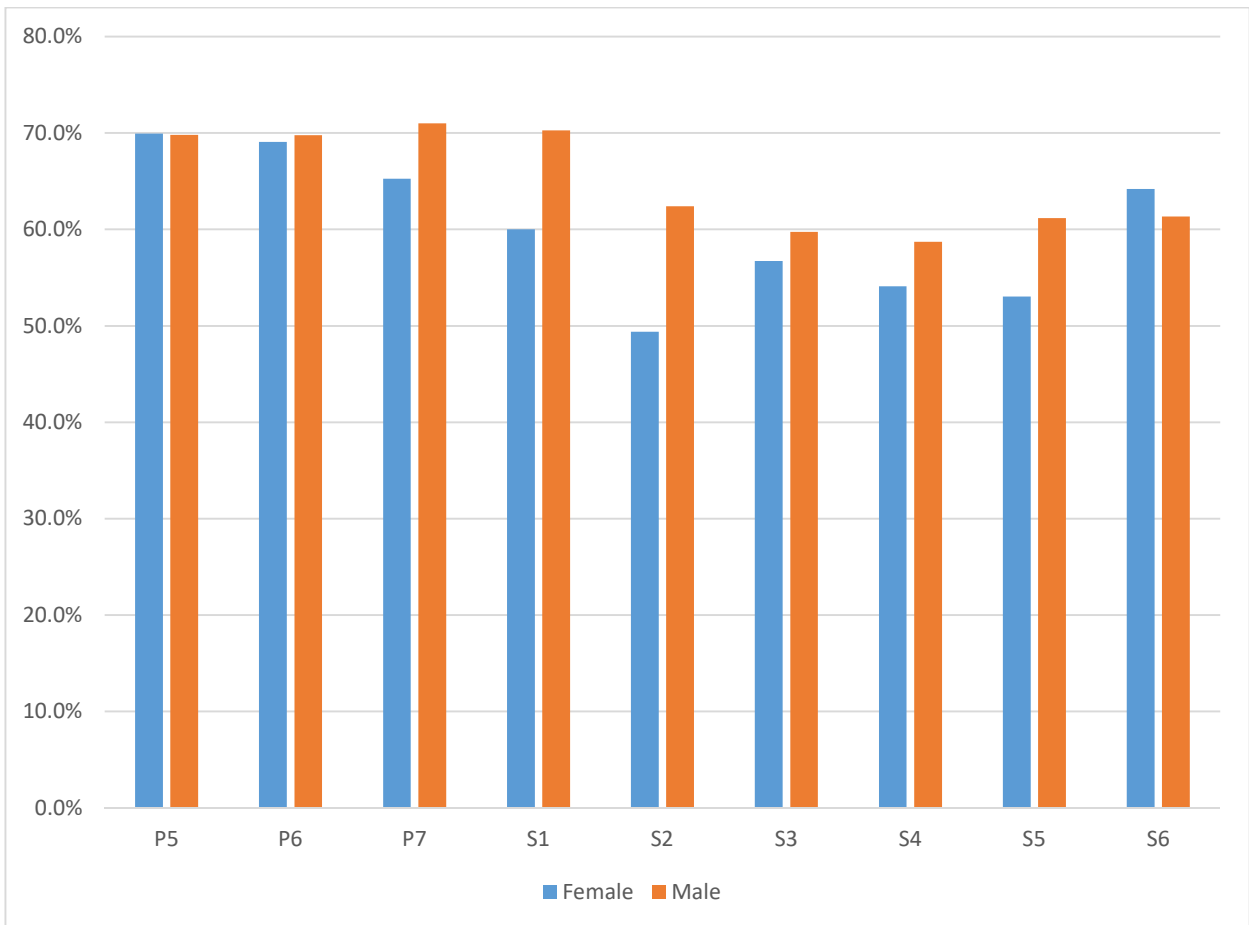
### 4.16.1. Trusted People to Talk to

Figure 4.91 shows pupils reporting to what extent they have an adult in their life who they can trust and talk to about any personal problems. The proportion saying that they always do is 65-70% in P5-S1 and drops to 56-58% in S2-S5.



**Fig.4.91. Pupil responses to the question “Do you have an adult in your life who you can trust and talk to about any personal problems?” by year group. From Moray Schools HWBC, 2022.**

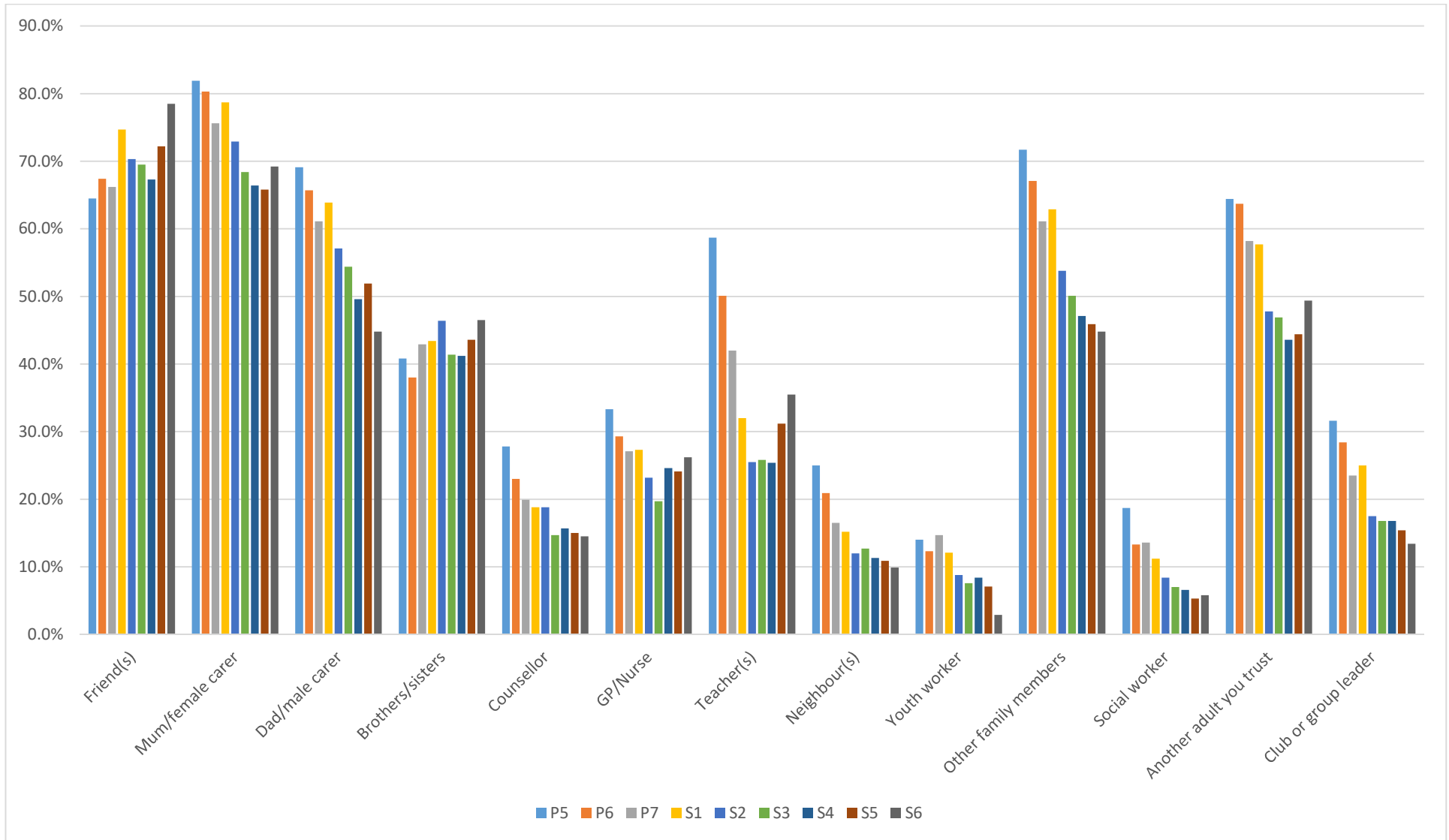
Figure 4.92 shows this data broken down by gender. There seems to be no significant gender difference in the responses in P5 and P6 but from P7 to S5, male pupils are more likely to say they always have a trusted adult to talk to.



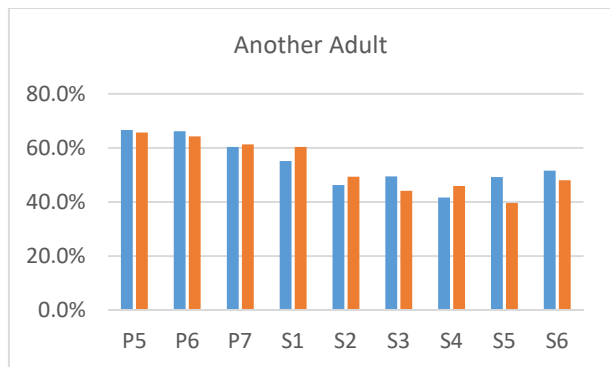
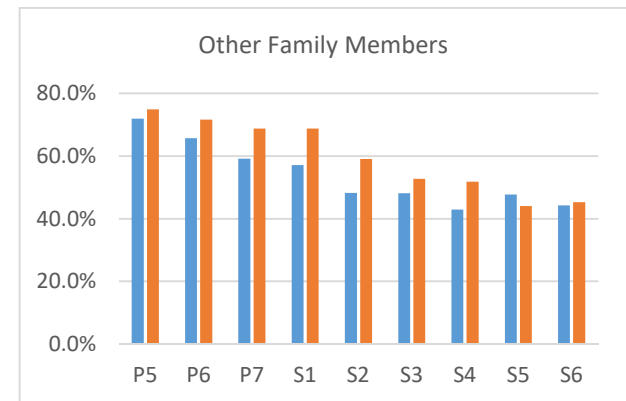
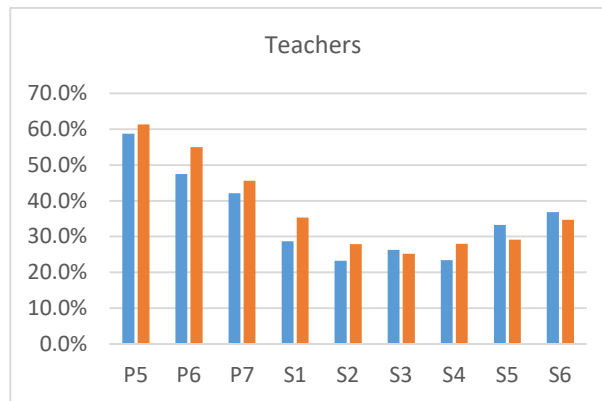
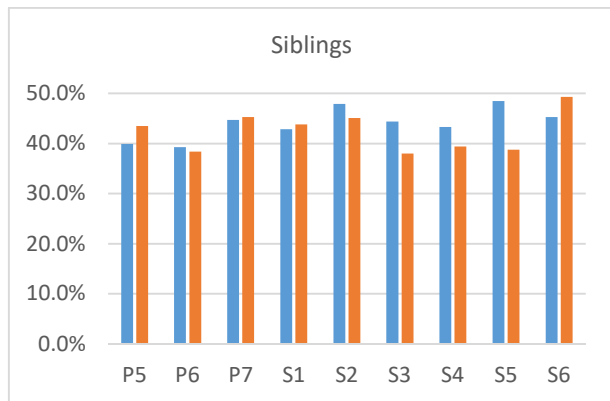
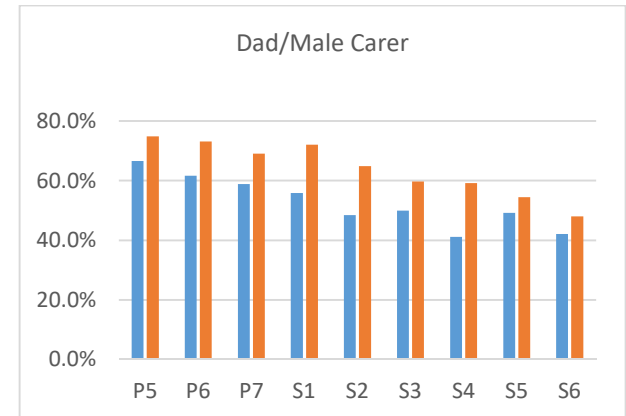
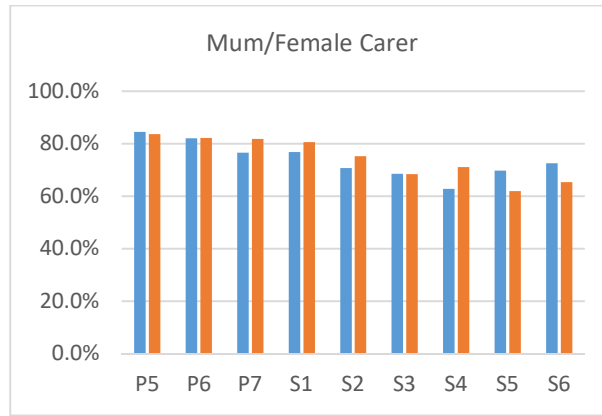
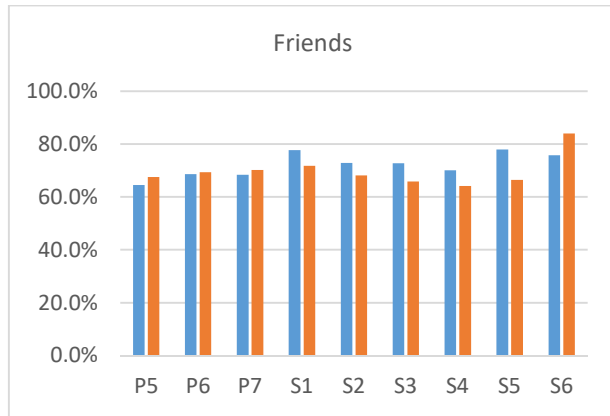
**Fig.4.92. Proportion of pupils responding ‘Yes I always do’ to the question “Do you have an adult in your life who you can trust and talk to about any personal problems?” by gender and year group. From Moray Schools HWBC, 2022.**

The HWBC also asked about how easy it is for pupils to talk to a number of specific people in their lives. The answer choices were ‘easy’, ‘difficult’ or ‘does not apply to me’. Figure 4.93 shows the proportion of pupils who answered ‘easy’ for each of the roles described. The most popular trusted people were mums/female carers, friends, dads/male carers, other family members and ‘another adult you trust’. As young people get older, fewer report finding it easy to talk to parents, other family members and ‘another adult you trust’. Teachers also scored relatively highly for primary school pupils, but much lower in secondary school. Only friends and siblings did not see a clear reduction in pupils reporting that they are easy to talk to across the year groups.

Figure 4.94 shows the data for the most commonly trusted groups broken down by gender. Slightly more male pupils report finding the adults easy to talk to whereas slightly more female pupils report finding friends and siblings easy to talk to. This contrasts with the results of the SDQ question “I get on better with adults than with children my own age” which found more female pupils agreeing with this statement.



**Fig.4.93. Proportion of pupils responding ‘easy’ to the question “How easy is it for you to talk to any of the following people about things that really bother you?” by year group. From Moray Schools HWBC, 2022. NB: Percentages are of total pupils in that year group – as such, low percentages should be expected for those roles who do not have contact with most young people.**

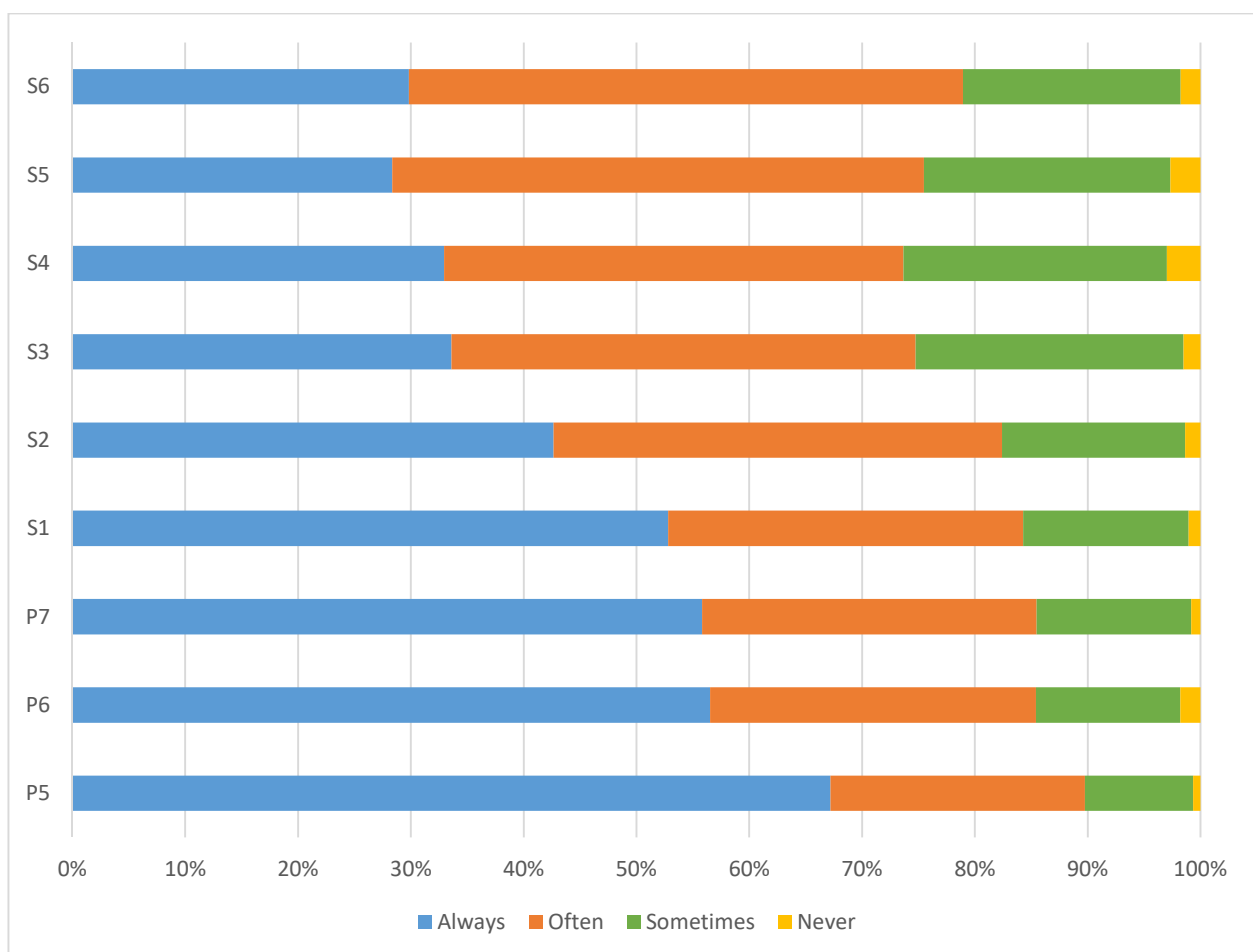


■ Female ■ Male

**Fig.4.94. Proportion of pupils responding 'easy' to the question "How easy is it for you to talk to any of the following people about things that really bother you?" by gender and year group. From Moray Schools HWBC, 2022. NB: Percentages are of total pupils in that year group – as such, low percentages should be expected for those roles who do not have contact with most young people.**

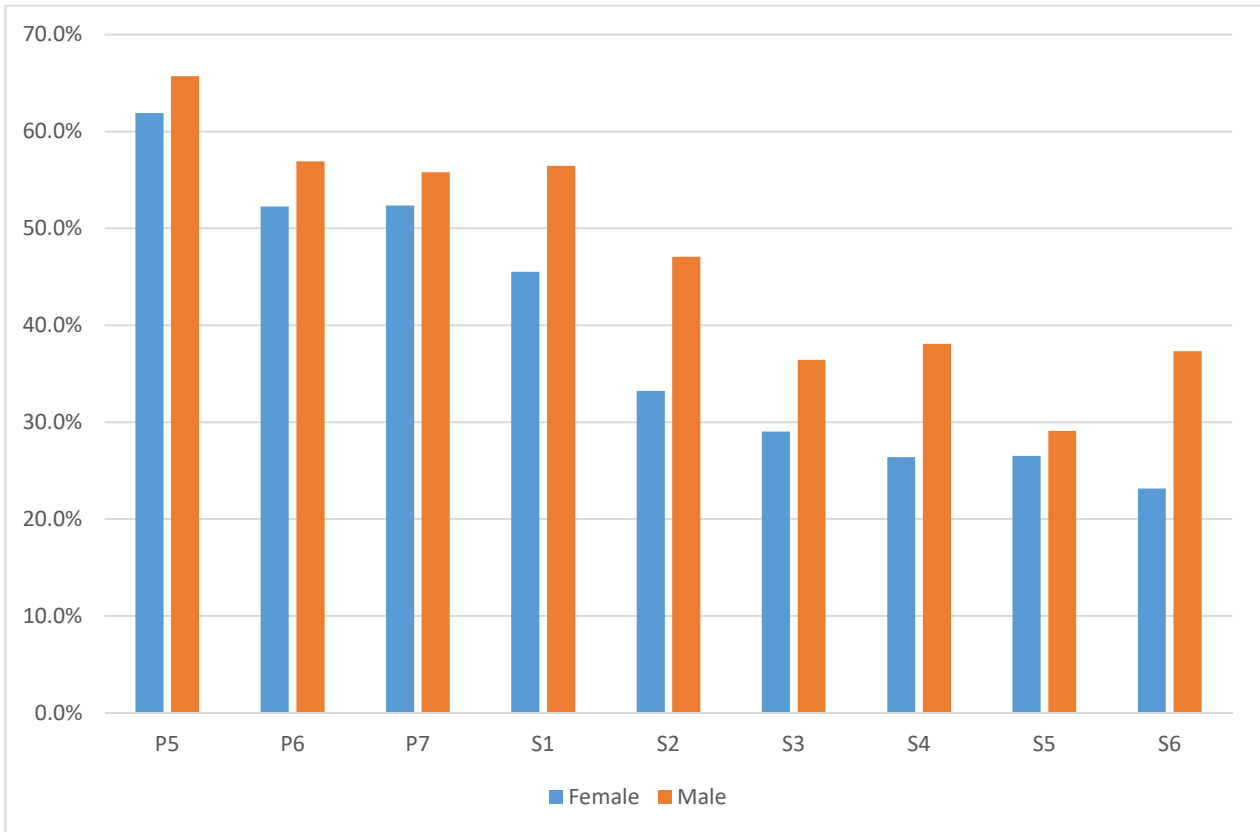
#### 4.16.2. Living with People

The HWBC asked questions about relationships with the people pupils live with. Figure 4.95 shows pupil responses to the question “How often do you enjoy being with the people you live with?” The proportion of pupils responding ‘always’ to this question reduces markedly from P5 to S3 (from 62.2% to 32.4%) before stabilising. However, if we look at those answering ‘always’ or ‘often’ together, there is much less variation, with the lowest proportion in S4 at 71.3% and the highest in P5 at 83.1%. Figure 4.96 shows the proportion responding ‘always’ broken down by gender. A consistently greater proportion of male pupils always enjoy being with the people they live with across the year groups. Of course we recognise that we all may not *always* enjoy being with the people we live with. Figure 4.97 shows the gender breakdown including those who ‘often’ enjoy being with the people they live with, as well as ‘always’. The same gendered pattern emerges as with the previous figure.

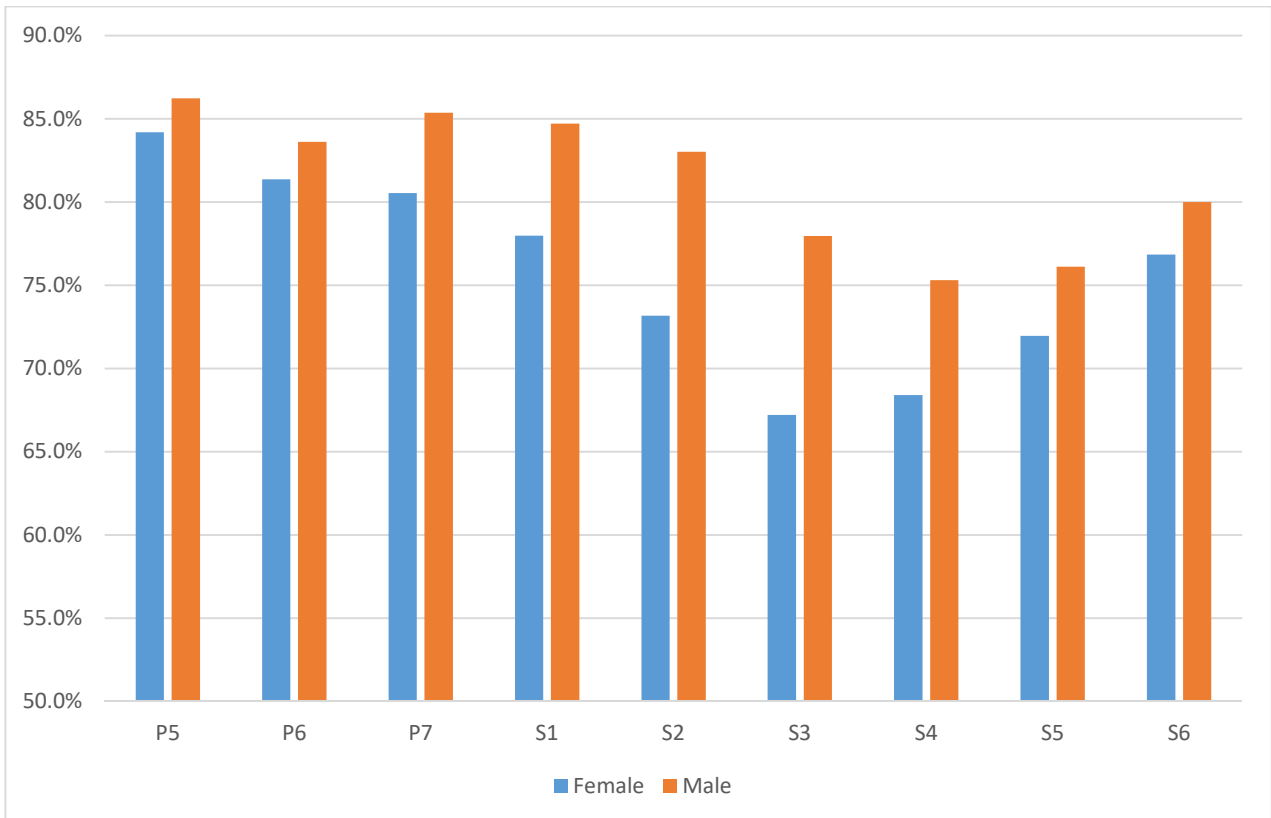


**Fig.4.95. Pupil responses to the question “How often do you enjoy being with the people you live with?” by year group. From Moray Schools HWBC, 2022.**



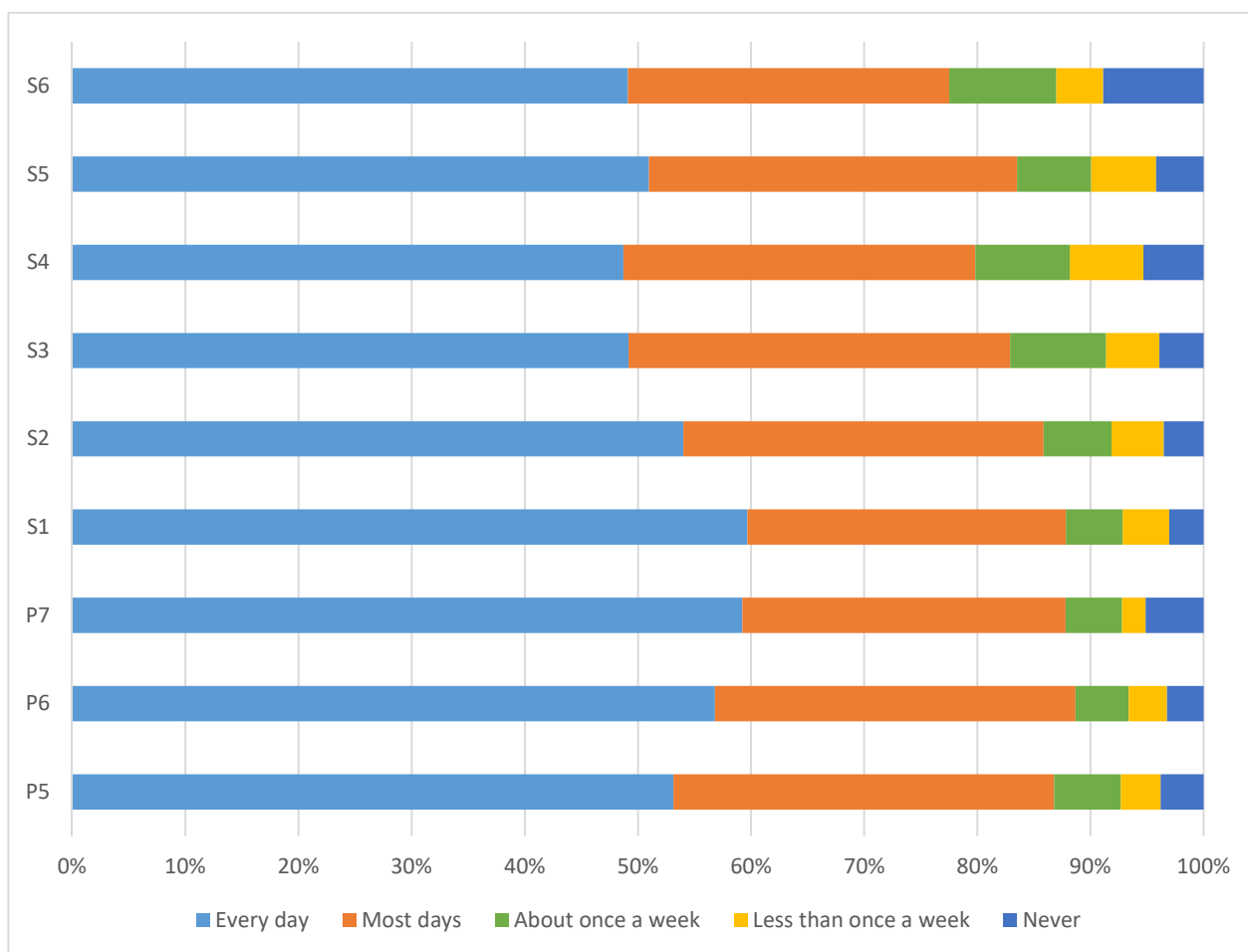


**Fig.4.96. Proportion of pupils responding 'always' to the question "How often do you enjoy being with the people you live with?" by gender and year group. From Moray Schools HWBC, 2022.**



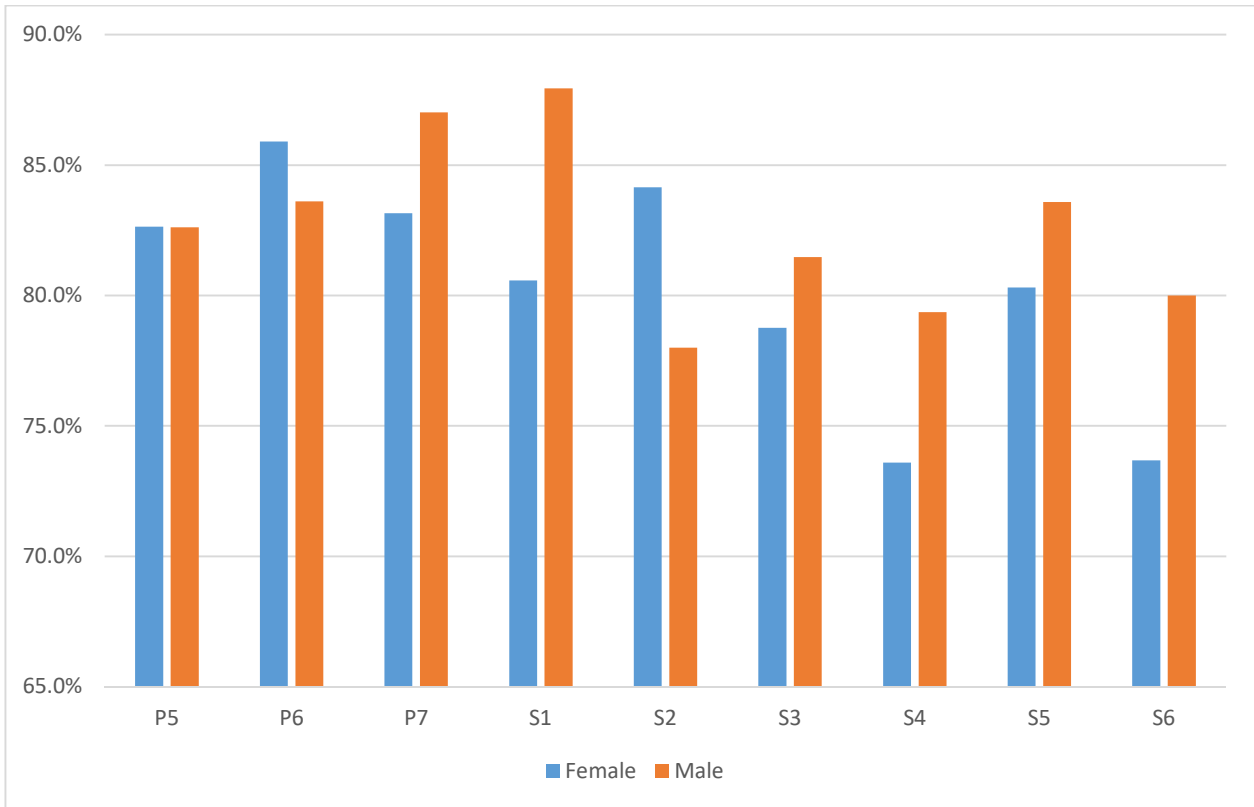
**Fig.4.97. Proportion of pupils responding 'always' or 'often' to the question "How often do you enjoy being with the people you live with?" by gender and year group. From Moray Schools HWBC, 2022.**

Figure 4.98 shows answers to the question “How often do you and the people you live with usually have meals together?” Research suggests that those children and young people who eat together with family members eat more nutritious food, drink fewer soft drinks, and are more likely not to skip breakfast<sup>180,181</sup>. Influences on whether families eat together include the working timetables of parents, childcare practices, extra-curricular activities and differing food preferences<sup>182</sup>. The proportion of pupils reporting eating together with the people they live with most days or every day is relatively stable across school year groups, ranging from 76.1% in S4 to 82.9% in P6. Those reporting never eating meals with the people they live with range from 3.0% in P6 to 8.7% in S6.



**Fig.4.98. Pupil responses to the question “How often do you and the people you live with usually have meals together?” by year group. From Moray Schools HWBC, 2022.**

Figure 4.99 shows ‘every day’ and ‘most days’ responses broken down by gender. In most year groups, it appears that more male pupils eat with the people they live with every day or most days than female pupils, though there are exceptions to this in P6 and S2 where the position is reversed, and in P5 where levels are roughly equal. Future iterations of this survey will clarify to what extent there is a stable gender difference.



**Fig.4.99. Proportion of pupils responding ‘every day’ or ‘most days’ to the question “How often do you and the people you live with usually have meals together?” by gender and year group. From Moray Schools HWBC, 2022.**

---

*“I have been supporting a young person who relates descriptions of her stepdad’s emotional bullying. She wishes to go to live with her dad in England. There is a history of her dad having to go to court to get rights for visitation previously. She has just been told that she can choose where to live when she is 14- so another year to endure the situation at home. She tells me she has no appetite (stress I am guessing) and her stepdad is making this into a big deal such that she now does not eat much- I have seen her getting whiter & skinnier. I have offered support to get some counselling through school which she is considering.”*

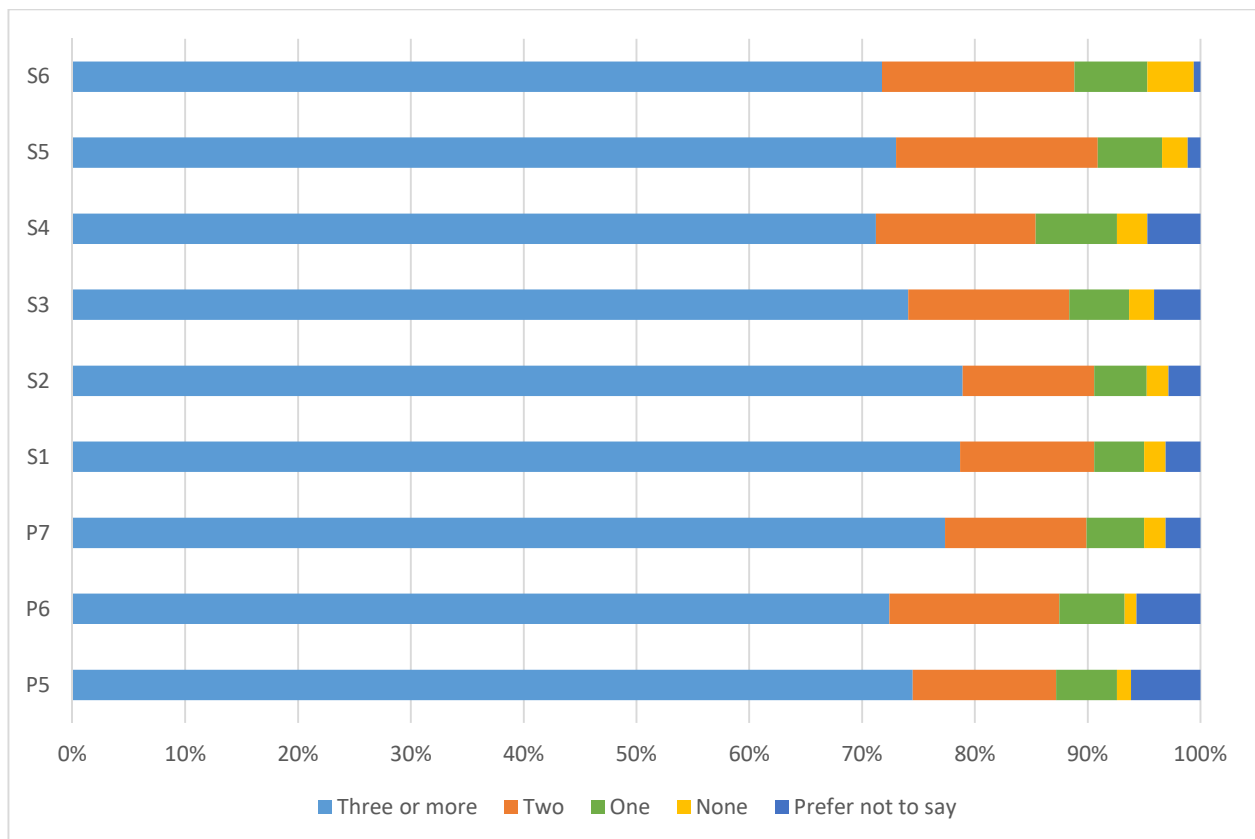
---

Family connection can be particularly important for Care Experienced Young People (CEYP). A small group of local CEYP from Who Cares? Scotland reported the particular importance of sibling rights. When young people go into care, sometimes siblings are separated – one young person asked how his rights and his brothers’ rights are being upheld if they are all separated into different local authority areas<sup>183</sup>.

### 4.16.3. Friendship

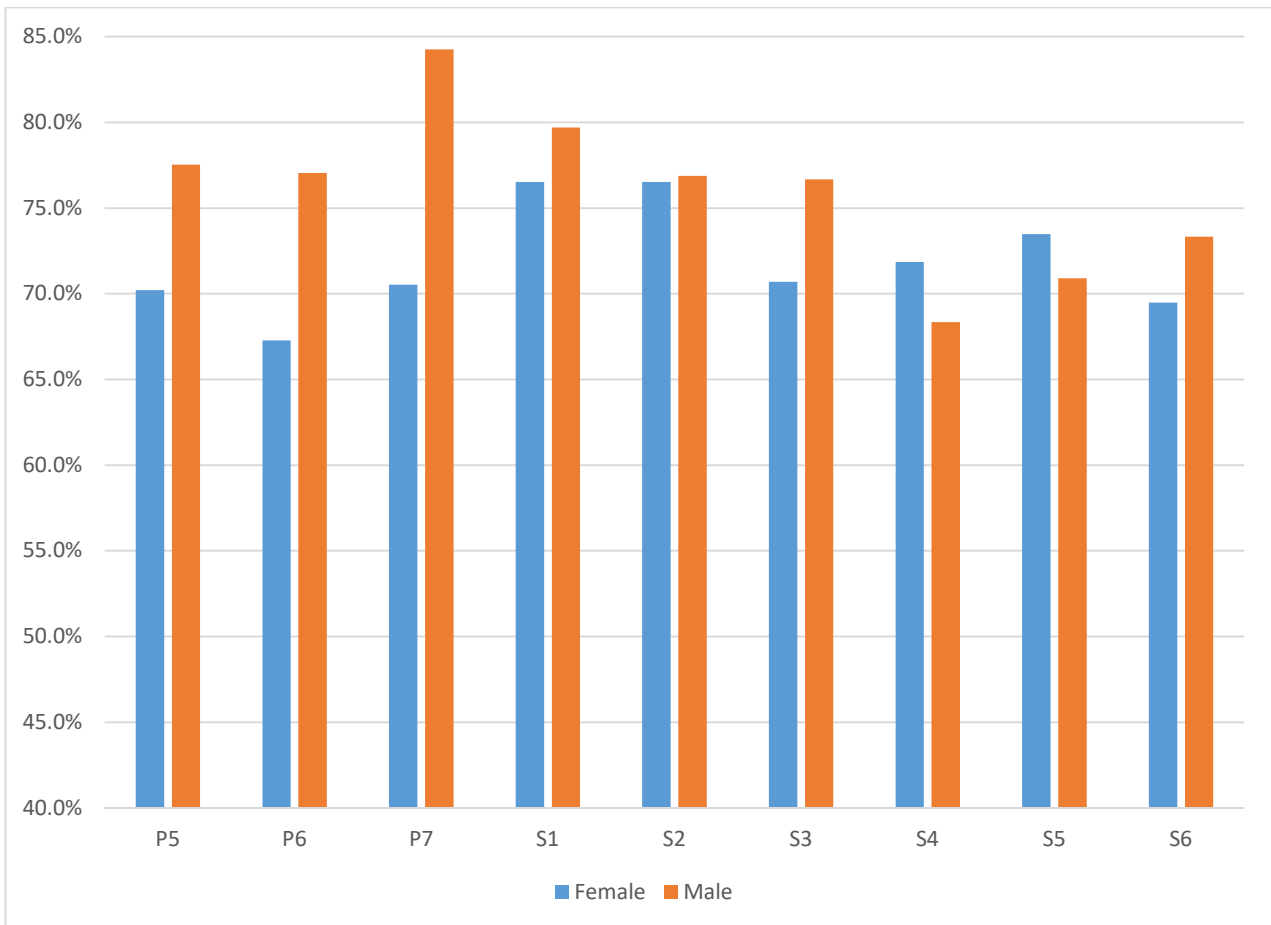
**UNCRC Article 15: All Children and Young People have the right to meet with friends and to join groups. Children and Young People have the right to freedom of association like everyone else.**

As well as trusted adults and family members, healthy and supportive friendship groups are also a key, necessary component of a flourishing life. A higher number and quality of friendships in young people has been found to be associated with fewer internalising behaviours (see section 4.15.3.2) and can provide social support and assist in the development of social competencies<sup>184</sup>. Figure 4.100 shows how many close friends pupils report having. Proportions of pupils reporting each answer remain relatively stable across year groups, with the proportion reporting three or more ranging from 70.1% in S4 to 78.1% in S1.



**Fig.4.100. Pupil responses to the question “How many close friends would you say you have?” by year group. From Moray Schools HWBC, 2022.**

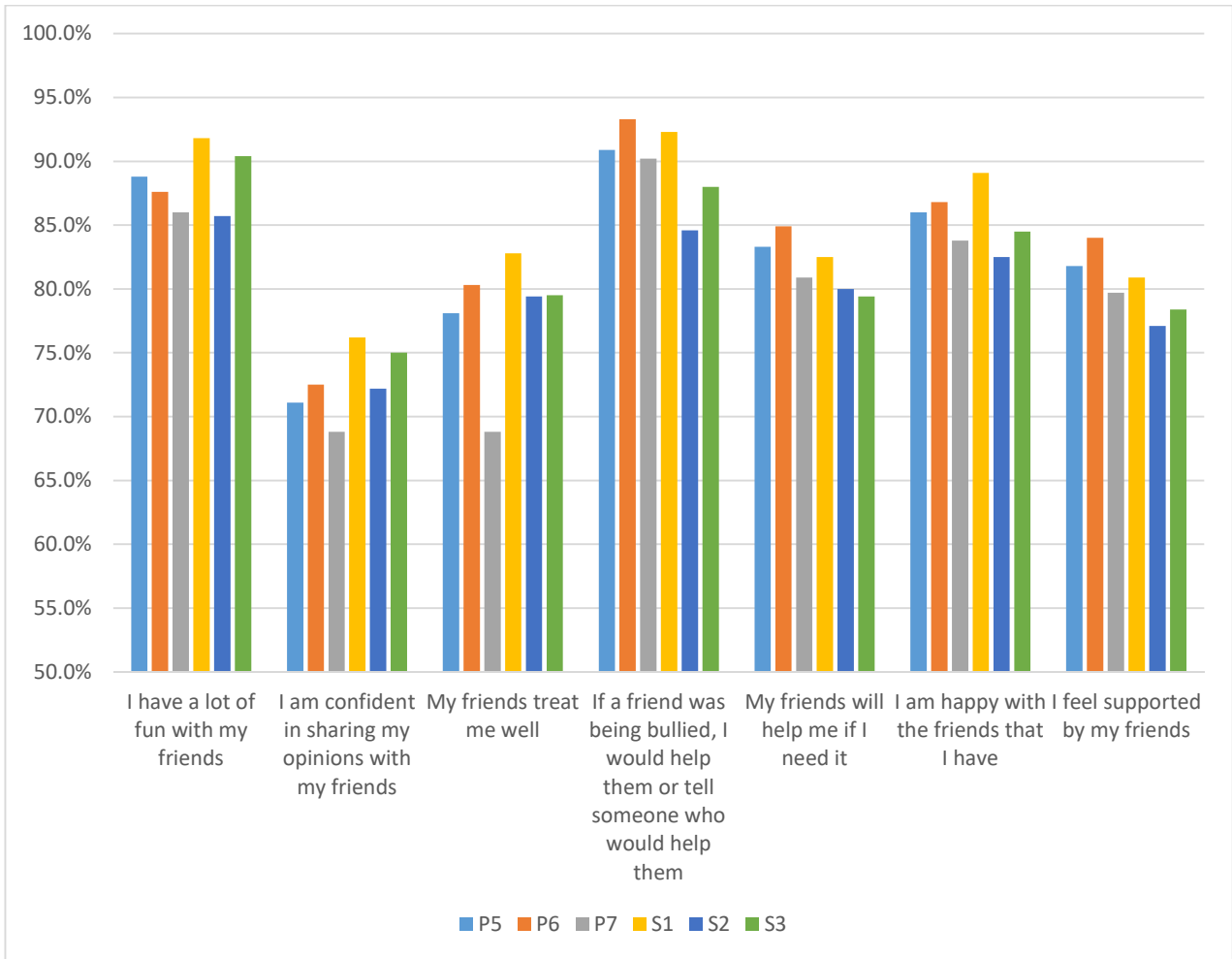
Figure 4.101 shows this broken down by gender. In all year groups except for S4, a greater proportion of male pupils report having three or more close friends compared to female pupils. In S4, the situation is reversed.



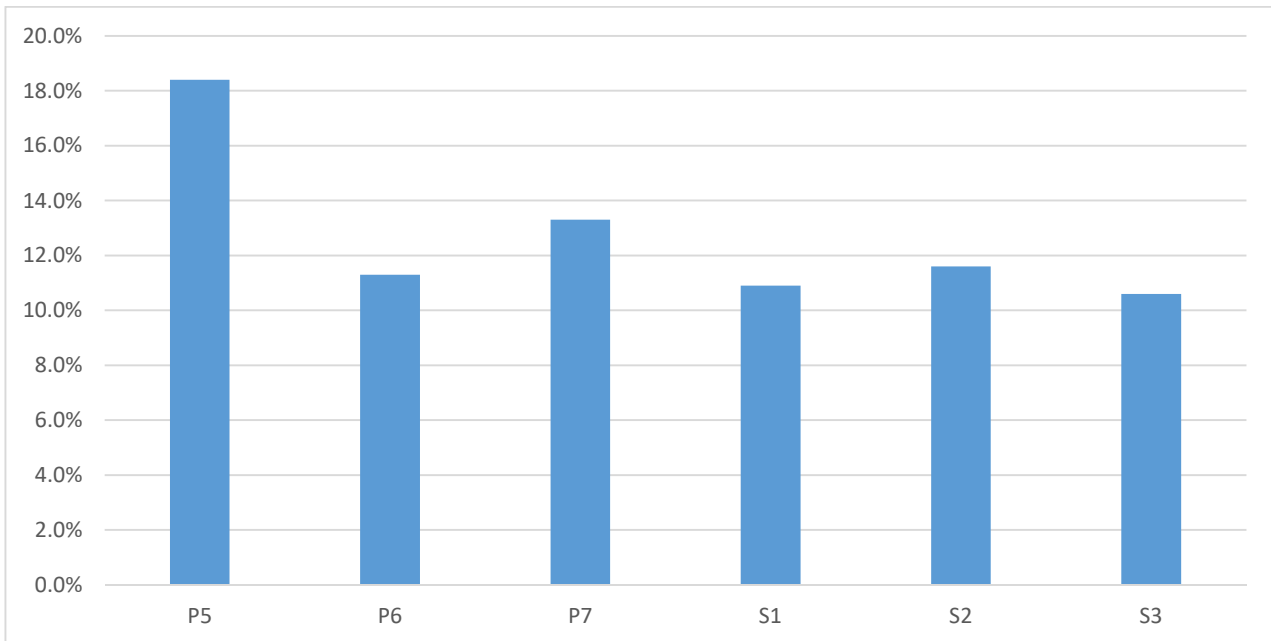
**Fig.4.101. Proportion of pupils responding ‘three or more’ to the question “How many close friends would you say you have?” by gender and year group. From Moray Schools HWBC, 2022.**

The HWBC also asked for pupils’ views on a number of statements relating to the quality of friendships (see figures 4.102 and 4.103). For all of the positive statements shown in figure 4.102 and for all age groups, a significant majority responded positively. One stand-out result is in P7 where there is a lower number of pupils reporting that their friends treat them well. For a number of the statements, e.g. “I feel supported by my friends” and “my friends will help me if I need it”, the proportion responding positively reduces as young people get older. Figure 4.103 shows responses to a negative statement included in the list “I feel my friends make me do things I don’t want to do”. The proportion agreeing or strongly agreeing with this is relatively stable at around 10% in each age group, with the exception of P5, where 18.4% agree or strongly agree.

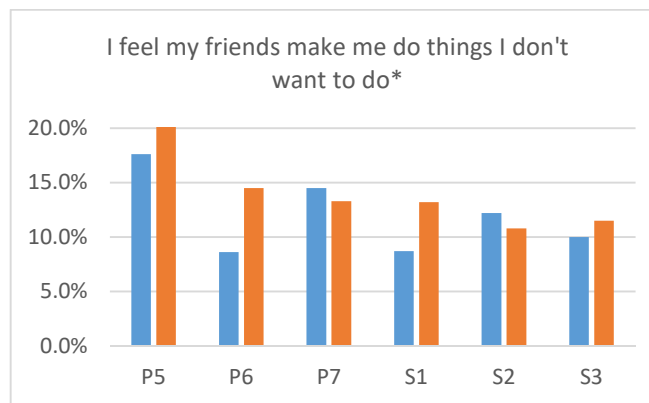
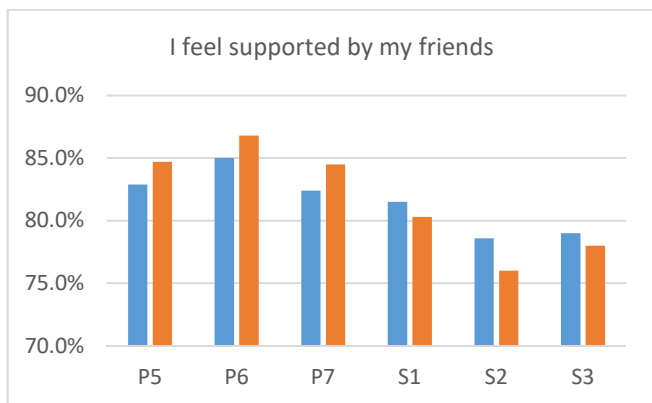
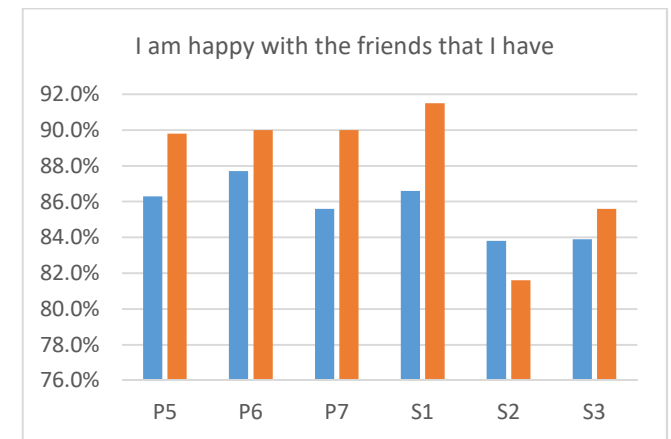
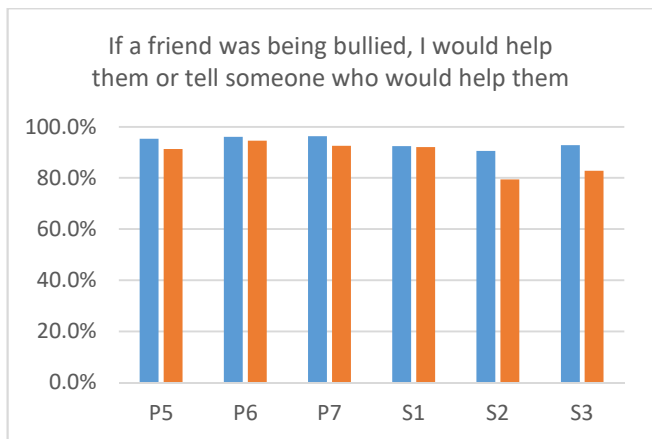
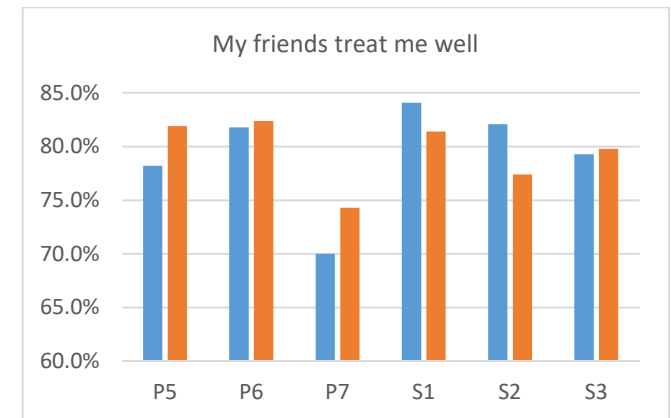
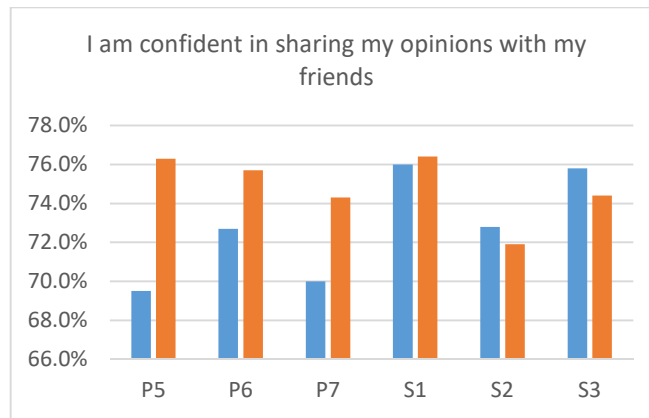
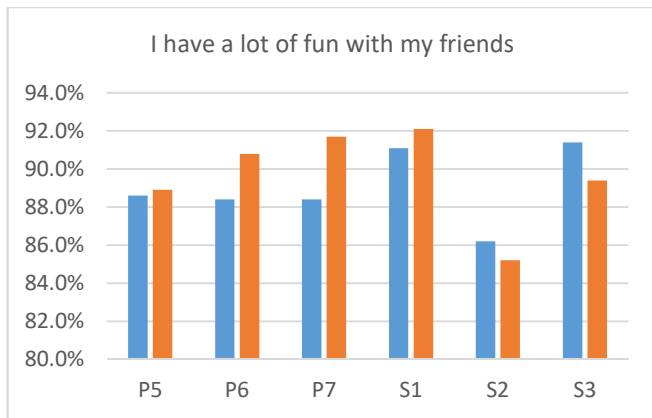
Figure 4.104 shows these data broken down by gender. For most statements, gender differences are mixed, without a clear pattern across year groups. However, for “I am happy with the friends that I have”, consistently more male pupils agree or strongly agree with this compared to female pupils. For “I have a lot of fun with my friends” more male pupils agree or strongly agree in P5-S1 but this gender difference reverses in S2 and S3.



**Fig.4.102.** Proportion of pupils responding ‘agree’ or ‘strongly agree’ to the positive statements given, by year group. From Moray Schools HWBC, 2022.



**Fig.4.103.** Proportion of pupils responding ‘agree’ or ‘strongly agree’ to the negative statement “I feel my friends make me do things I don’t want to do.”

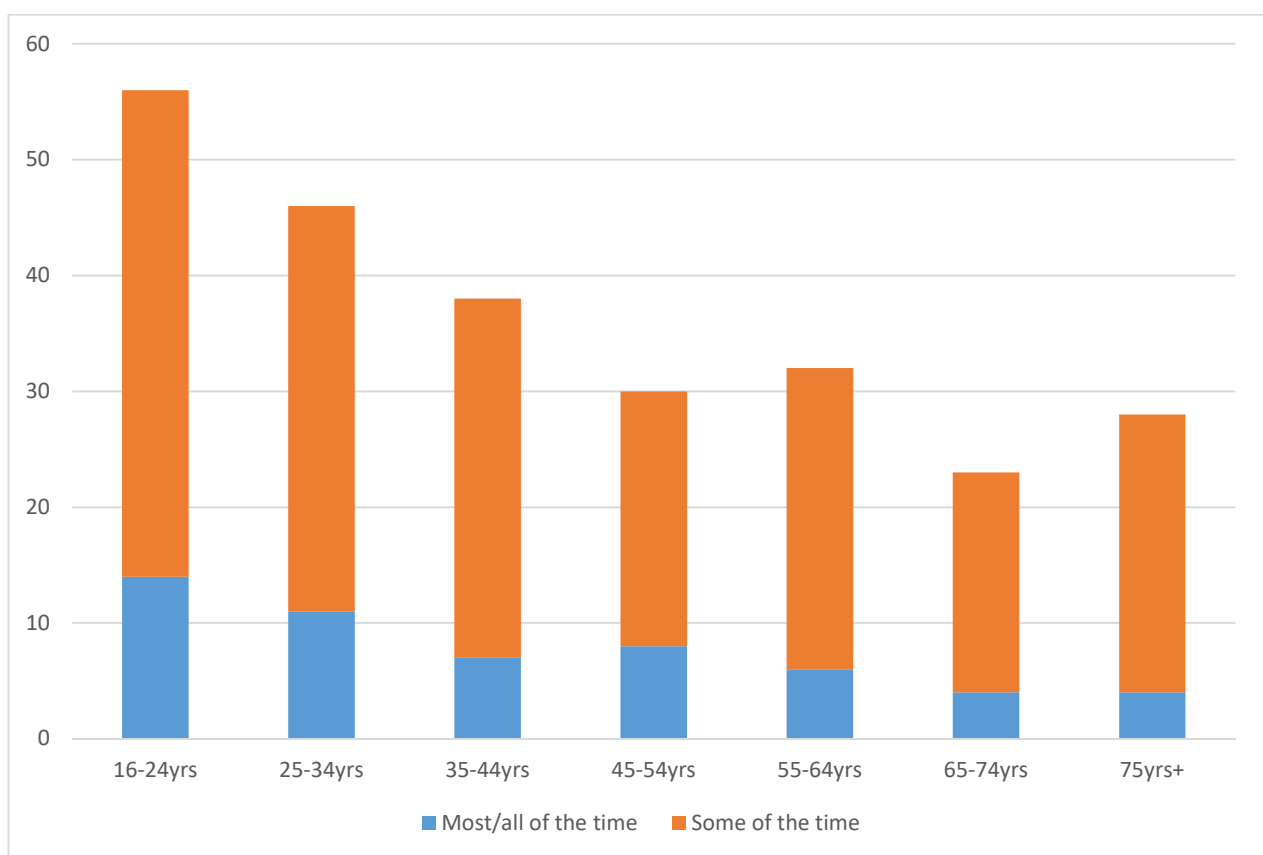


■ Female ■ Male

**Fig.4.104. Proportion of pupils responding 'agree' or 'strongly agree' to the statements given, by gender and year group. From Moray Schools HWBC, 2022. \*NB this graph shows a negative statement cf. positive statements in the other graphs.**

#### 4.16.4. Social isolation and Loneliness

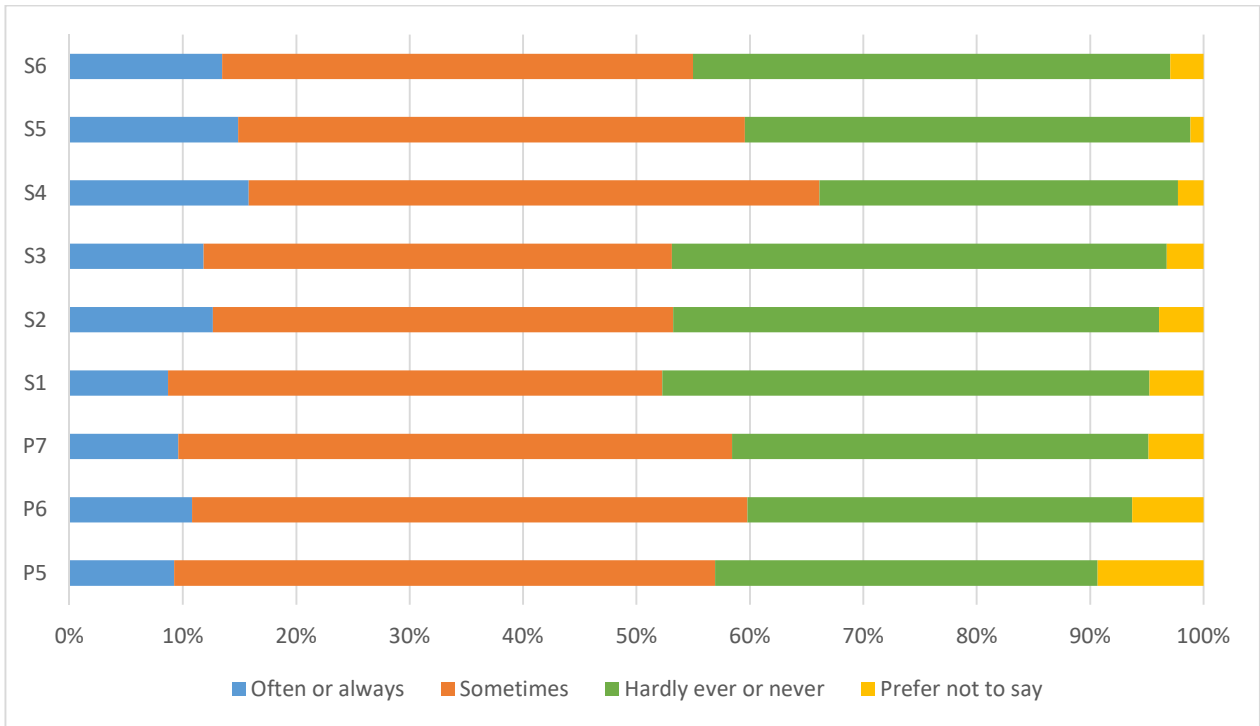
Social isolation and loneliness are two different, though related, concepts. Social isolation is an objective measure of how few social contacts people have, whereas loneliness is a subjective feeling about the gap between a person's social contact and the social contact they would like. As such, people can be isolated without feeling lonely and can feel lonely while surrounded by people. Counter to popular narratives of loneliness and isolation being principally an issue for older adults, the most recent Scottish Health Survey (SHeS), which seeks to understand the health and wellbeing of people aged 16 and over, found that the youngest age group they surveyed, 16-24 year olds, reported the highest levels of loneliness (see figure 4.105)<sup>185</sup>. This corroborates data from elsewhere which finds concerns around loneliness in children and young people, particularly in young adults<sup>186,187</sup>.



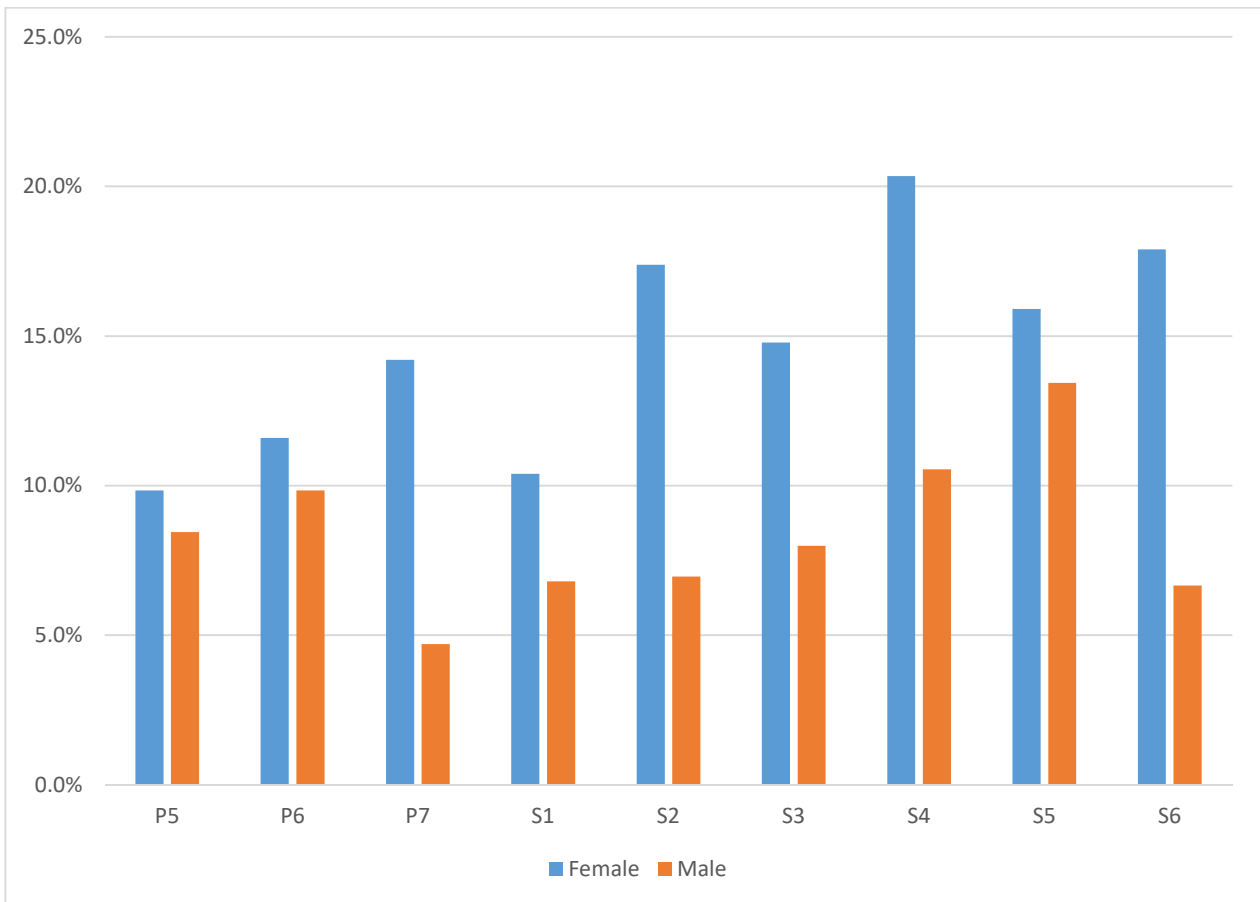
**Fig.4.105. Scottish national data on proportion of people in each age group reporting feeling lonely most/all of the time or some of the time. From SHeS 2021<sup>181</sup>.**

Figure 4.106 shows pupil answers in the HWBC to the question “How often do you feel left out of things?” The proportion of pupils responding ‘often or always’ ranges from 8.6% in S1 to 15.5% in S4, with older year groups more likely to see a higher proportion of pupils answering this way. Figure 4.107 breaks this data down by gender. There is a clear divide, with consistently more female pupils reporting feeling left out of things in every year group than male pupils. Males see a clearer trend of increasing numbers feeling left out in older year groups, those these levels are never as high as for female pupils.



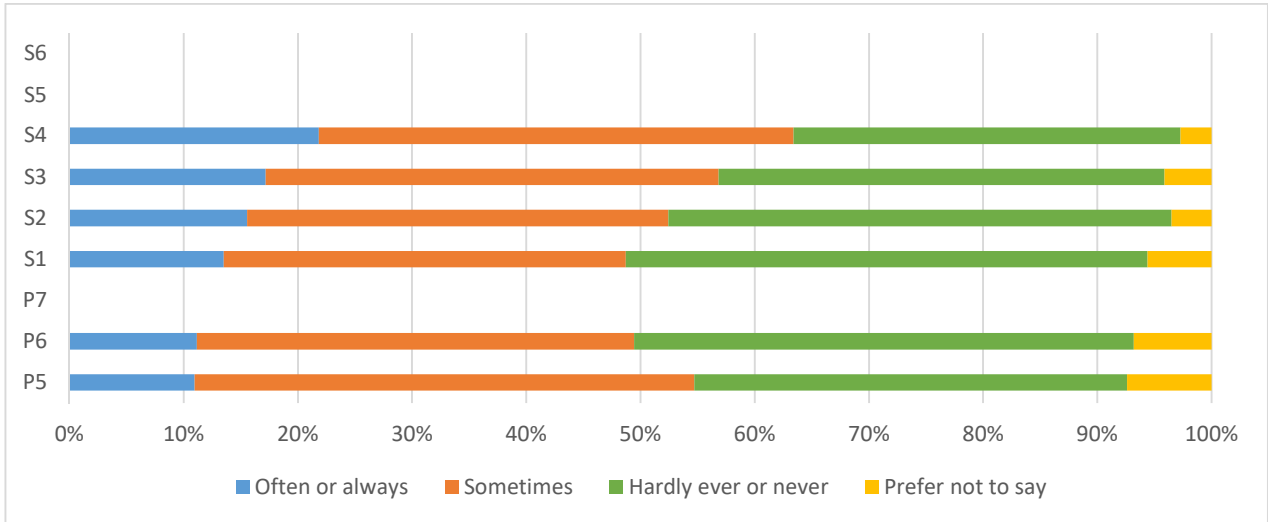


**Fig.4.106. Pupil responses to the question “How often do you feel left out of things?” by year group. From Moray Schools HWBC, 2022.**

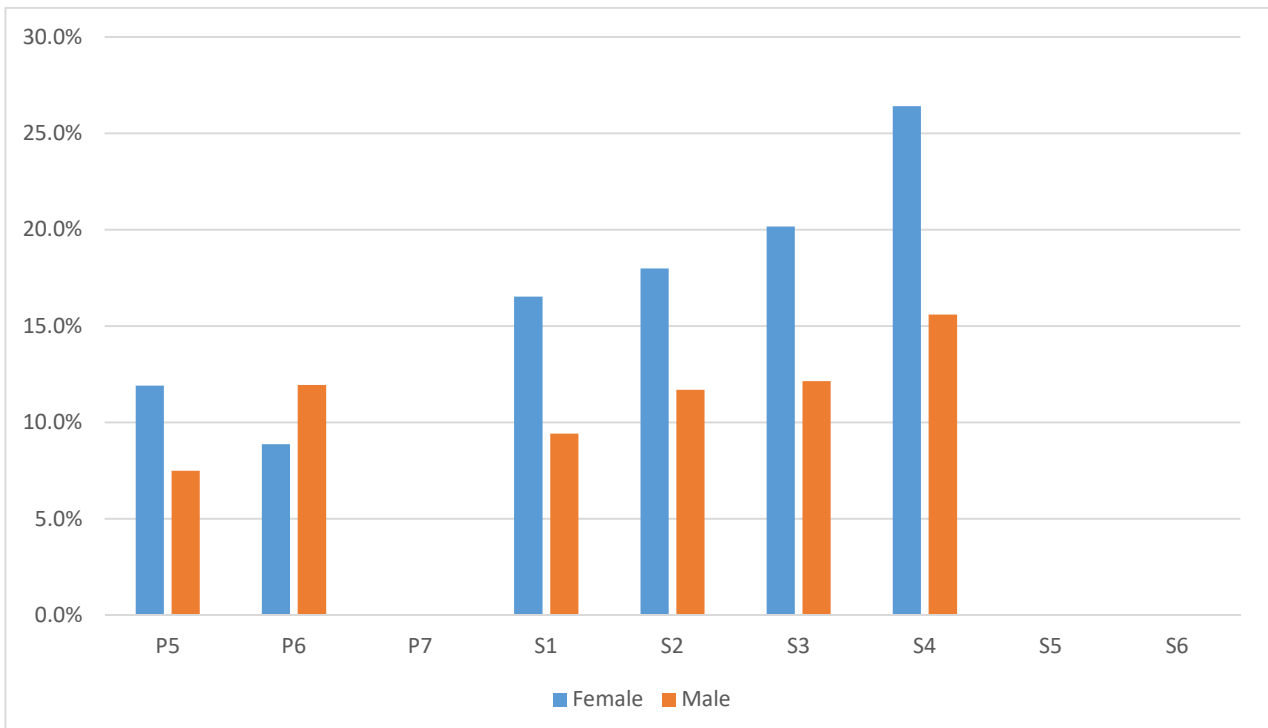


**Fig.4.107. Proportion of pupils responding ‘often or always’ to the question “How often do you feel left out of things?” by gender and year group. From Moray Schools HWBC, 2022.**

Figure 4.108 shows pupil responses to the question “How often do you feel lonely?” by year group. Levels of loneliness increase steadily from S1 (13.0% reporting feeling lonely often or always) to S4 (21.2% reporting feeling lonely often or always). Figure 4.109 shows this broken down by gender where higher levels of loneliness and a steeper rate of increase over time can be seen for female pupils compared to male pupils. Female pupils reporting often or always feeling lonely increase from 16.5% in S1 to 26.4% in S4, whereas the equivalent proportions for male pupils are 9.4% and 15.6%.



**Fig.4.108.** Pupil responses to the question “How often do you feel lonely?” by year group. From Moray Schools HWBC, 2022. NB: Some data correction is required in the missing year groups and can be refreshed at a later date.



**Fig.4.109.** Proportion of pupils responding ‘often or always’ to the question “How often do you feel lonely?” by gender and year group. From Moray Schools HWBC, 2022. NB: Some data correction is required in the missing year groups and can be refreshed at a later date.

---

*“Best Friend left four years ago and hasn’t been able to join any friend group since. Has found one or two people to connect with however this has been a fluctuating relationship which has included bullying at times. Leading to withdrawal from these relationships.”*

*“Young person has been referred to Rowan centre. Doesn’t like change and struggles “not able to make plans”. This Young person likes to solve problems alone. School too noisy and stressful. Struggles to make and maintain friendships. Can increase their level of anger leading to outbursts verbal and physical”*

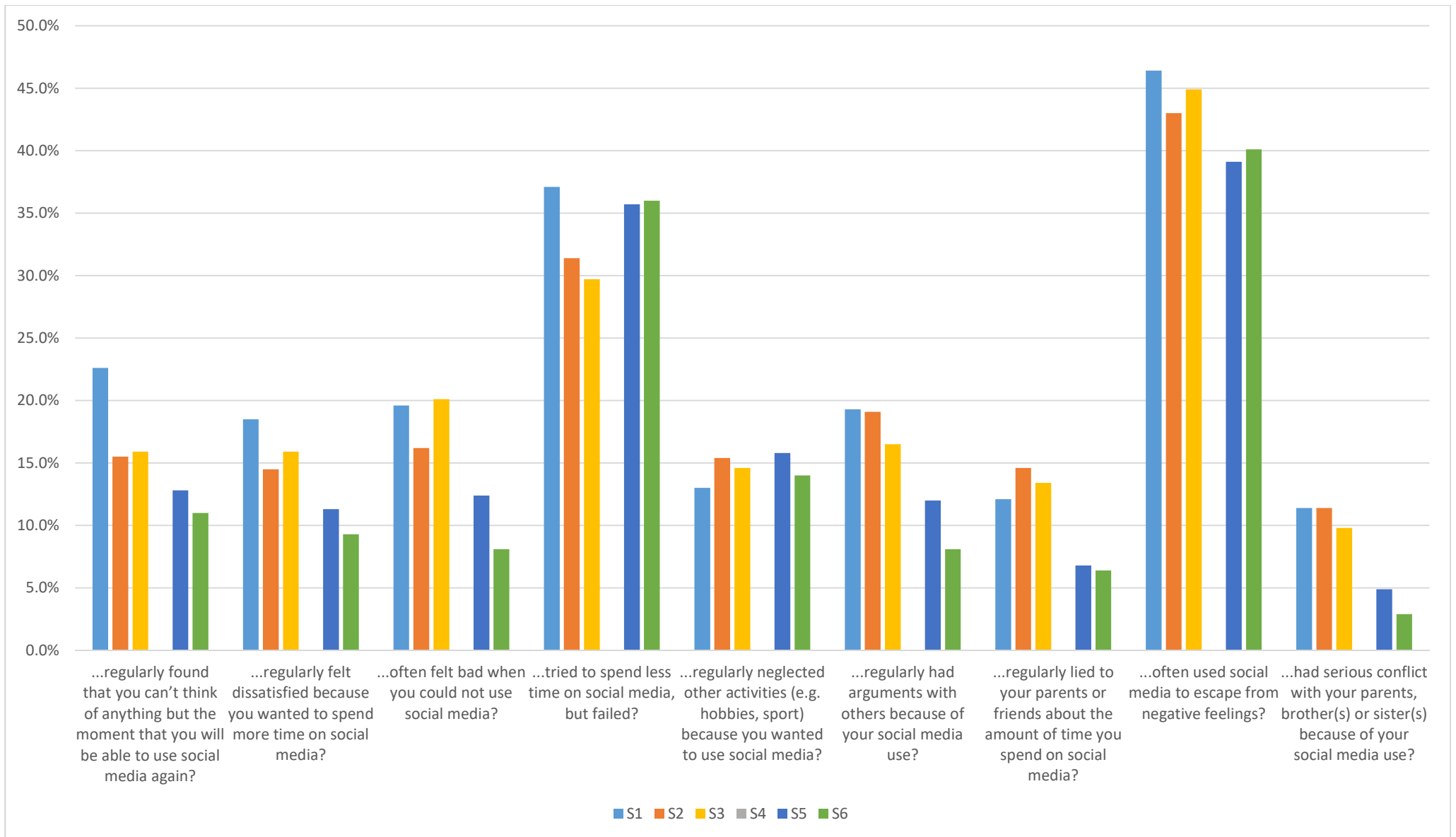
---

#### 4.16.5. Social Media

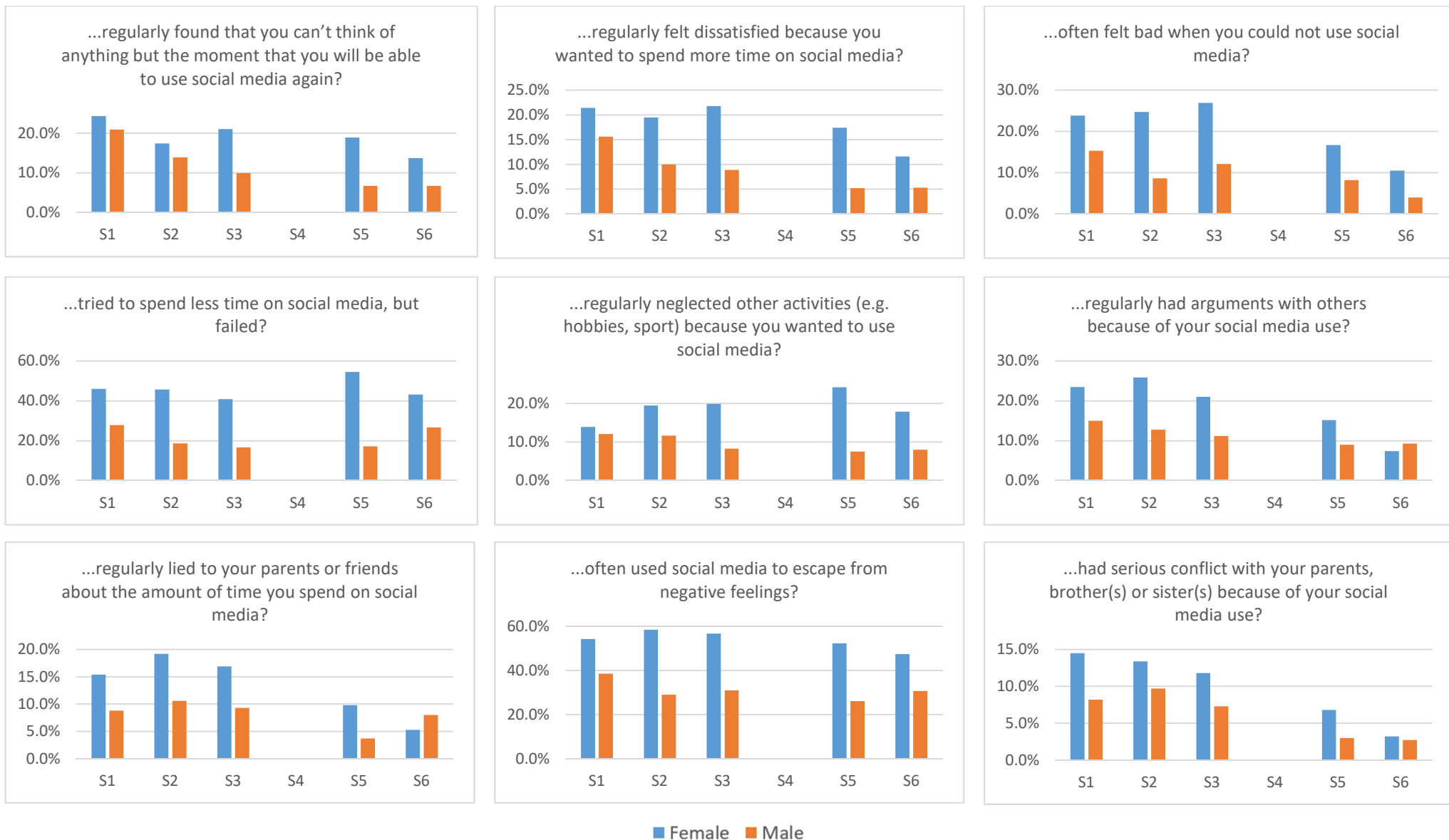
The relationship between social media use and wellbeing is complex and heterogeneous. As an increasingly important part of social life for young people over the last 20 years, it has at times been depicted as either the root of all evil or a potential panacea. In reality, it is neither of these and impacts vary according to the people using it and how it is used and experienced. The nature of social media and the platforms upon which it is built also change rapidly which means that research detailing social media use in one time period may not be directly applicable a few years later. Research to date is generally of low quality, but suggests that positive impacts of social media (where there is positive social interaction) may include reducing social isolation, particularly for marginalised groups, while potential negative impacts include on mental health, self-esteem, bullying, and body image<sup>188,189,190</sup>.

Figure 4.110 shows responses to a HWBC question detailing potential negative experiences in the past year associated with social media use as well as the use of social media as a way of escaping from negative feelings. The most commonly reported of this list of experiences are the use of social media as a way of escaping negative feelings (40-46% reported doing this often in the past year) and trying to spend less time on social media but failing (30-37% reported doing this in the last year). By and large, the potential negative experiences relating to social media listed here were less common in the older year groups compared to the younger.

Figure 4.111 shows these data broken down by gender. Across all the experiences listed, female pupils were far more likely to report having experienced them in the last year in every year group compared to male pupils.



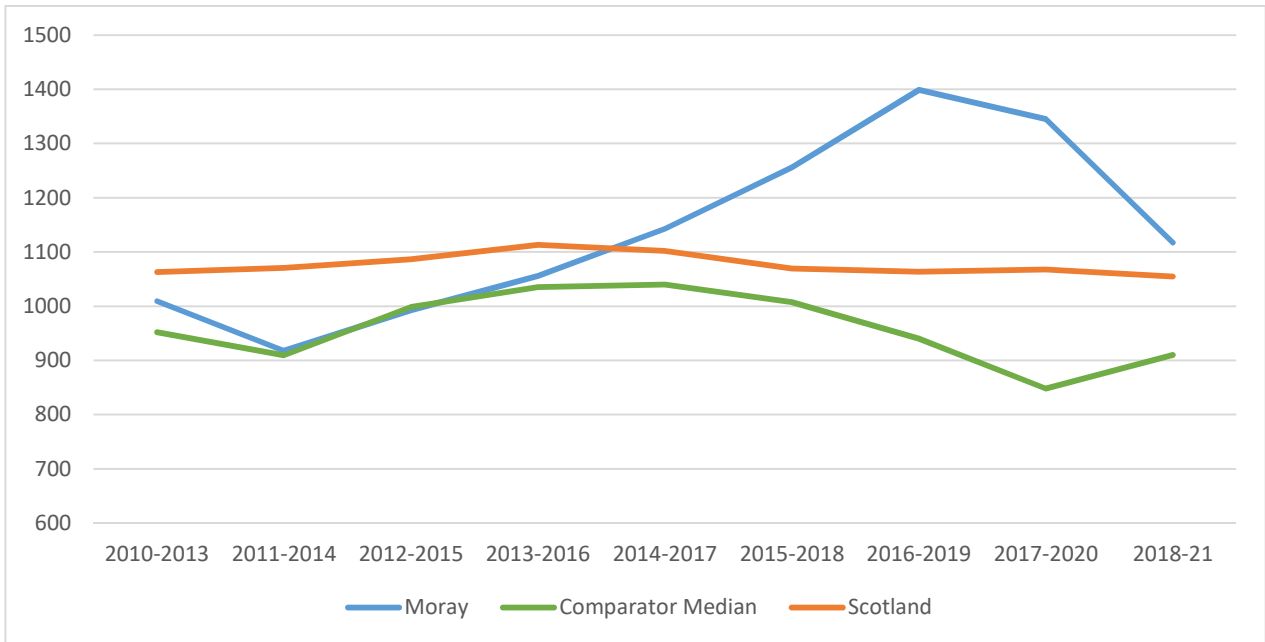
**Fig.4.110. Proportion of pupils responding 'yes' to the question "We are interested in your experience with social media. The term social media refers to social network sites (e.g. Facebook, Instagram)) and instant messengers (e.g. Whatsapp, Snapchat, Skype, Facebook messenger). During the past year have you..." by year group. From Moray Schools HWBC, 2022.**



**Fig.4.111. Proportion of pupils responding 'yes' to the question "We are interested in your experience with social media. The term social media refers to social network sites (e.g. Facebook, Instagram)) and instant messengers (e.g. Whatsapp, Snapchat, Skype, Facebook messenger). During the past year have you..." by gender and year group. From Moray Schools HWBC, 2022.**

#### 4.17. Injuries

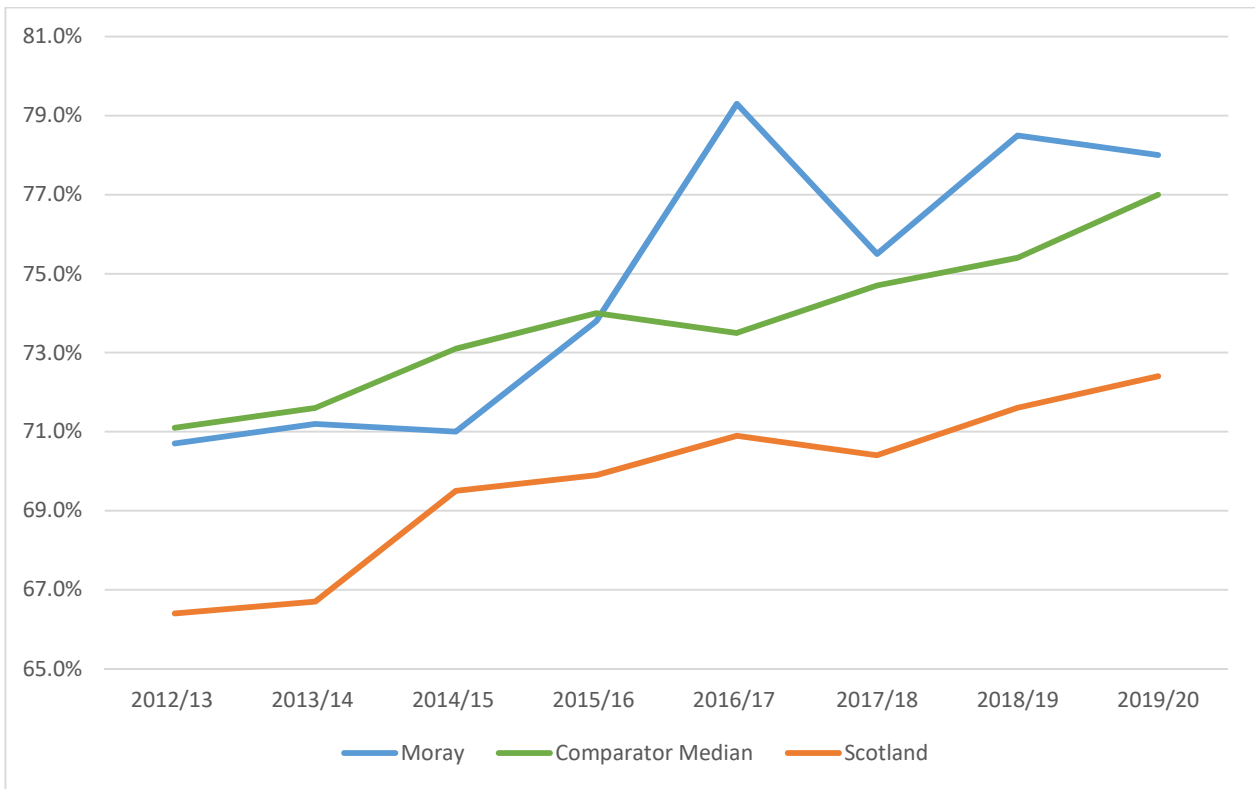
Figure 4.112 shows age- and sex-standardised rates of unintentional injuries in children under 5 years of age. Moray saw a significant increase of 52% in this rate between 2011-14 and 2016-19 (918 to 1399 per 100,000), though the figure has reduced since then to 1118 per 100,000 in 2018-21. This is currently similar to the Scottish average of 1054 per 100,000. The Scottish figure has stayed relatively stable over the whole time period shown.



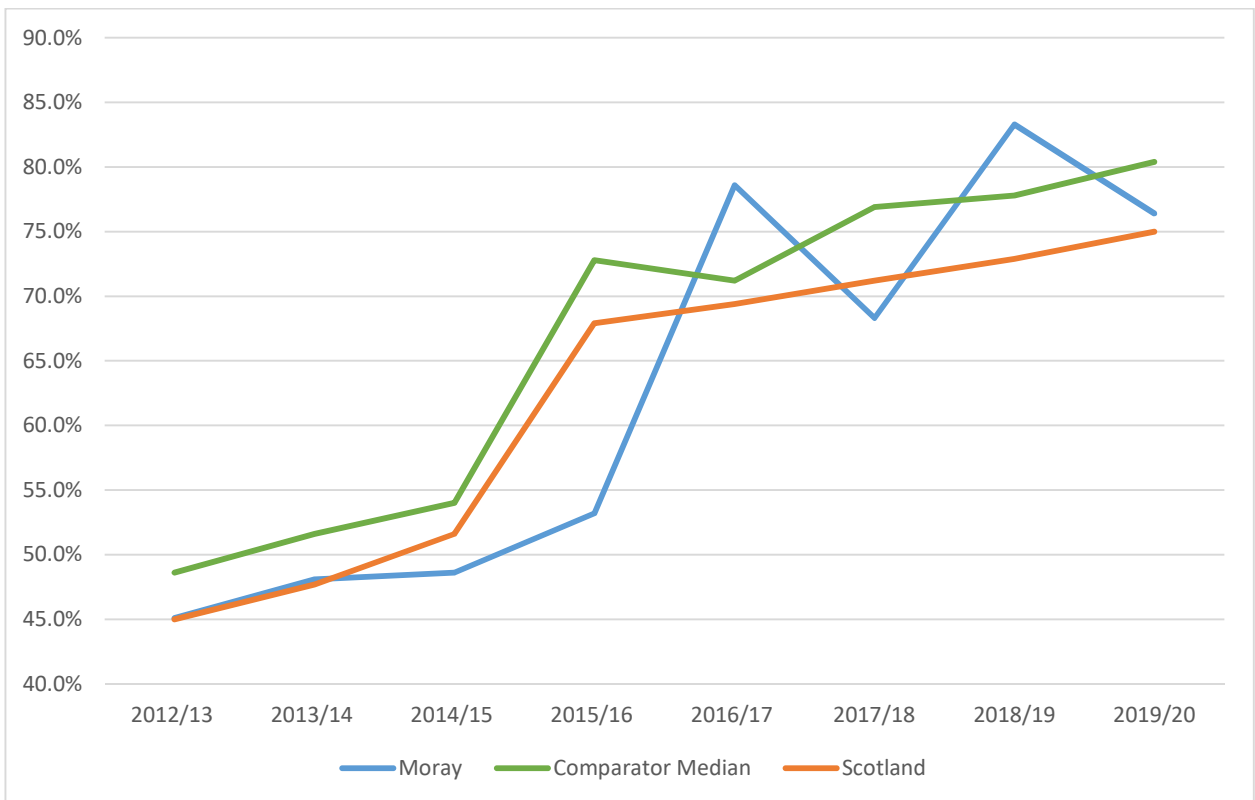
**Fig.4.112. Age- and sex-standardised rates per 100,000 population of unintentional injuries in children under 5yrs old, by three year period<sup>85</sup>.**

#### 4.18. Dental and Oral Health

Dental and oral health is a key component of overall health. Figures 4.113 and 4.114 show the proportion of pupils in P1 and P7 who receive a letter 'C' at basic inspection, meaning that there is no obvious decay experience. For both age groups, the proportion of children receiving this positive assessment has been increasing with rates and patterns of increase following those of our comparator local authority areas and Scotland-wide. For P7 pupils in Moray, there was a stark increase from 2015/16 to 2016/17, from 53% to 79% of pupils receiving a positive assessment. This is thought to be due in part to the success of the Childsmile programme, the national public dental health programme which aims to improve dental health in children and reduce inequalities.

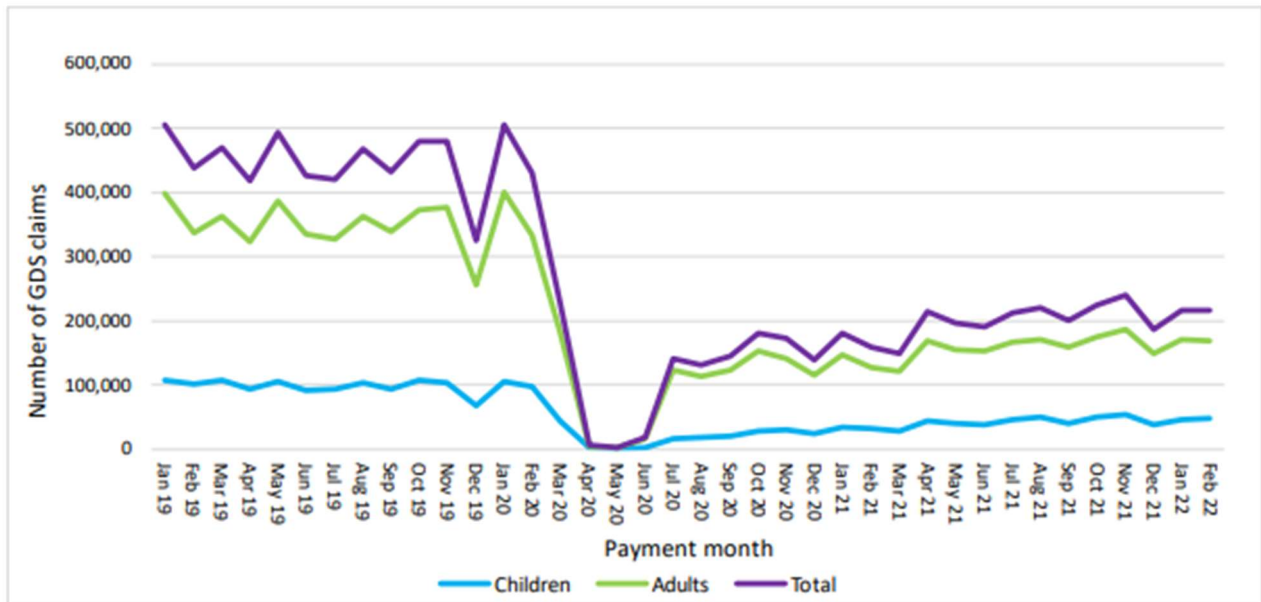


**Fig.4.113. Proportion of P1 children receiving a letter 'C' (no obvious decay experience but should continue to see the family dentist on a regular basis) at basic inspection<sup>85</sup>.**



**Fig.4.114. Proportion of P7 children receiving a letter 'C' (no obvious decay experience but should continue to see the family dentist on a regular basis) at basic inspection<sup>85</sup>.**

While figures to-date show this positive news story, it is worth noting recent difficulties in access to dental services during and in the wake of covid pandemic-related restrictions. National data from Public Health Scotland shows that access to dental care has reduced dramatically and inequalities have increased. Figure 4.115 shows national changes in the amount of dental care received in Scotland for adults and children. This amount dropped entirely when covid lockdown restrictions began and has not recovered to previous levels since.

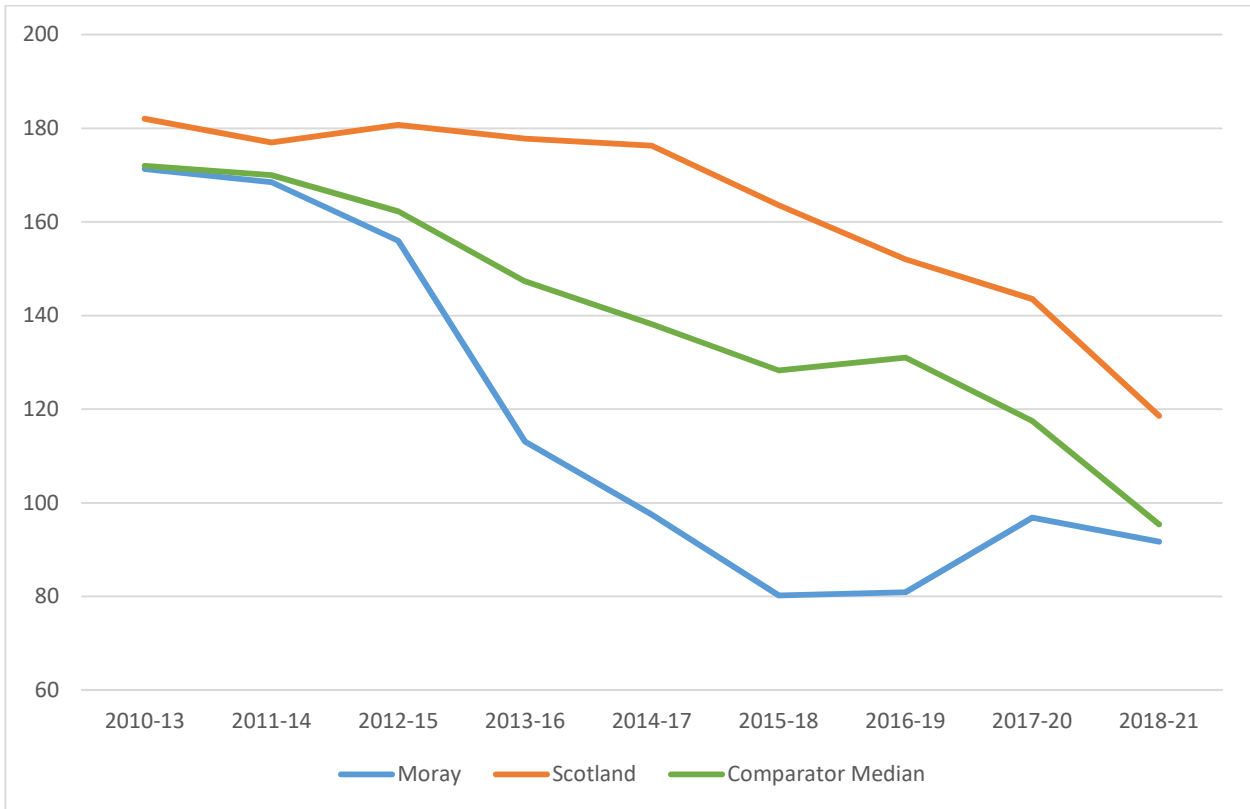


**Fig.4.115. Number of episodes of dental care (General Dental Service claims) by payment month in Scotland. From ‘The impact of COVID-19 on NHS dental services and oral health in Scotland: annual report.’<sup>191</sup>**

#### 4.19. Asthma

Hospitalisations due to asthma may be an indicator of health in the population and also an indicator of how well health conditions are being controlled/managed. Figure 4.116 shows that asthma hospitalisations in 0-15 year olds have been reducing in Moray, as elsewhere in Scotland, in the last decade with the most recent data point almost 50% less than 2010-13.



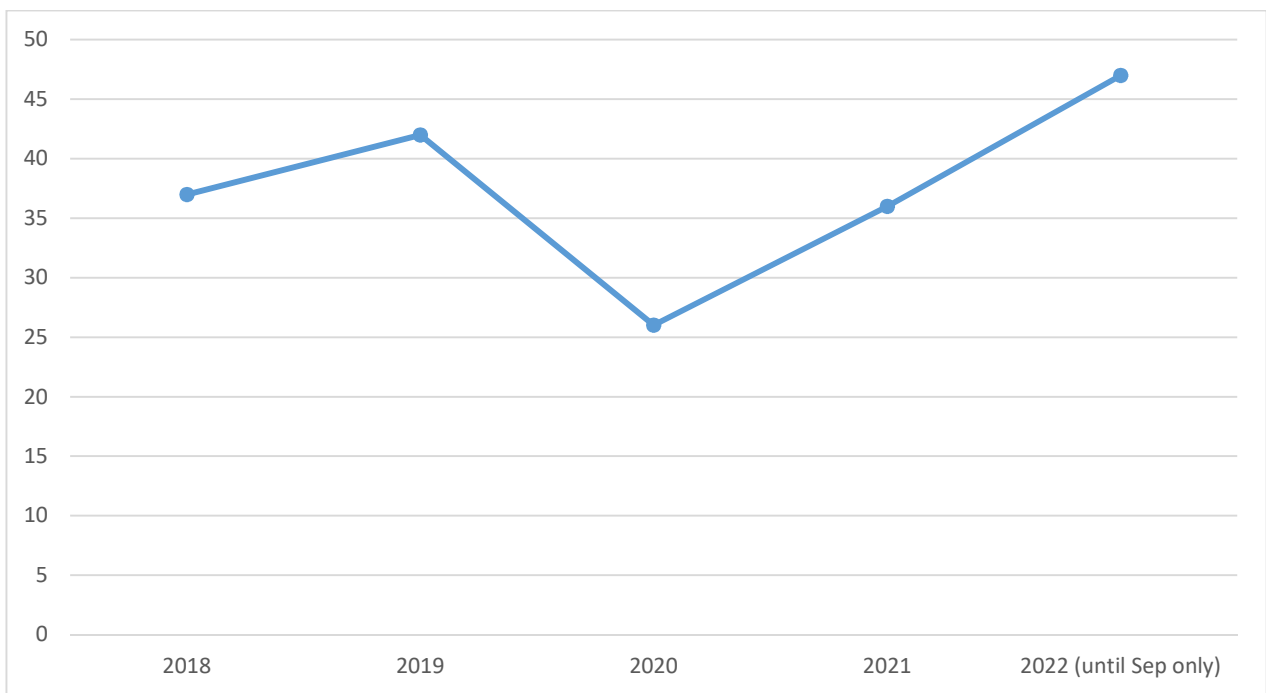


**Fig.4.116. Children (0-15yrs) hospitalised due to asthma, age- and sex-standardised rates per 100,000 population, rolling three year average<sup>85</sup>.**

#### 4.20. Sexual Health

Sexual health is another key component of the health and wellbeing of young people. Impacts of healthy or unhealthy sexual behaviours can be physical, mental, emotional and social. Following controversy over proposed questions on sexual health in the school Health and Wellbeing Census, these questions were not ultimately included locally, meaning we have a poor understanding of the sexual health of young people in Moray.

Figure 4.117 shows the number of young Moray residents attending NHS Grampian sexual health services by year. There was a large drop in people under 18 accessing sexual health services in 2020, presumably due to pandemic restrictions, though this has recovered since and the number of young people accessing the service in the first 9 months of 2022 has eclipsed the whole year totals of previous years.



**Fig.4.117. Individuals under 18 years of age attending NHS Grampian sexual health services whose home address is in Moray, by year. Note 2022 data was only available up until September at the time of writing.**

Bulk condom orders from public health were also greatly reduced in 2020/21 compared to 2019/20, potentially greatly reducing the accessibility of contraception. In 2019/20, 20,600 condoms were distributed in Moray in this way, whereas only 5,200 were distributed in 2020/21. At present, we do not know to what impact these figures may have in the long-term. It is possible that there was some reduced sexual activity in young people during pandemic-related restrictions or that contraceptives were accessed in other settings. However it is also possible that the reduction in access to sexual health services and condom distribution means that more unprotected sex may have been taking place. Including sexual health questions in future iterations of school health surveys would be helpful to understanding these issues.

#### 4.21. Covid-Related Disruption for New Parents and Parents-to-Be

What can perhaps be seen as something of a running theme through this document is disruption to service provision, formal and informal support, and the normal functioning of communities and social life during covid-related restrictions. While much of this has been discussed in various other parts of this document, the quotes below further illustrate the impact of this disruption on particular groups. In particular, concern was often raised over the dislocation of new parents and parents-to-be from the structures of support which would previously have been available to them. Much of this has since been reinstated, though not all of it has and it remains to be seen what the long-term impact will be for those children and families who did not have this level of support at a crucial moment in their lives.

---

*“In terms of community provision- health stopped delivering group provision like PEEP [Parents as Early Education Partners], baby massage. Parent and toddler groups, baby groups have dramatically decreased in the community as volunteers were lost during the pandemic. Also the facilities they were in have also been hit hard, they are struggling to remain open for booking as rely on volunteers and maintaining their funding. There are places that were successful at bidding for covid related funding to bridge the gap but that would depend how active their volunteers were to do this.”*

*“An area I would suggest is of growing concern is early years. I don’t think the local data gives justice to the impact the pandemic has had. Collection of health surveillance data was often over the phone with the child not seen and I would suggest... that may have given an inaccurate account of the extent of issues. Children are struggling in this age group and appear to continue to even though most provision has returned like nurseries for example. New parents during covid have really felt disconnected from support and advice and left to get on with it. Community support has reduced substantially as groups/activities fell victim to the COVID procedures.”*

*“Young mums were clear in their frustration at lack of health visitor visits and how difficult it was to make contact with their health visitor if they need advice or support:*

*“Sick of even trying to get a hold of my health visitor, and when I do I feel as if I am wasting their time”*

*“Where as a new mum am I meant to go for advice”?*

*“Parents are stating they are finding it difficult to get [doctor’s] appointments and they don’t like the new system of speaking to someone first, then they decide if you need to see the doctor or not.”*

---

A UK-wide study of the ongoing impacts of the pandemic upon babies, young children and their families has recently been published by the First 1001 Days Movement and the Institute for Health Visiting<sup>192</sup>. The report shows helpful detail on the large changes seen in these populations which are worth exploring in detail. However, as a brief summary, the report found a number of areas where the situation has not returned to pre-covid norms and more work may be needed:

- Increased parental mental health problems are still affecting some young children.
- Babies are at greater risk of harm caused by abused and neglect.
- There have been reductions in many children’s opportunities to play and experience other enriching activities.
- Both parents and young children often have smaller social networks.
- More babies and their families are living in poverty.

- The pandemic has impacted children’s health and development, particularly their communication and social skills.
- The pandemic has exacerbated inequalities.
- There is a “new normal” whereby changes in services in the course of the pandemic have not been felt to be beneficial for families.
- More services are operating in a hybrid way, which brings risks and benefits.
- Many children are not getting the support they need.
- The pandemic exacerbated existing strains on services.
- Most professionals agree that governments are not doing enough.

Recognising the specific concerns for families with a child born during or just prior to the covid pandemic and associated restrictions, the Children’s Services Network undertook some additional engagement with parents in this situation. Parents were asked about challenges, what was helping currently and additional what would help. An engagement report is included in full in the appendix. In terms of challenges, the key resounding theme was loneliness and social isolation for both parents and babies.

- *“Lack of social contact with other babies and children still has an impact on my daughter and she is two now.”*
- *“As my daughter was born during the lockdown we didn’t have any visitors as my family all live down south, that made me feel alone. We were able to visit when she was seven months old.”*
- *“Not being able to go out or meet with others was really hard, made me feel bad. I felt isolated and felt sorry for my baby not being able to play with others.”*
- *“Because of covid restrictions there were no antenatal groups meeting so we weren’t able to speak with others in the same situation as us.”*

Parents of children with additional needs reported additional challenges accessing services including nursery and respite.

- *“Lack of nursery places with additional needs. Ladybird is the only nursery in Moray. None of the others can take them.”*
- *“No respite facilities for parents. If my husband is at work I have to do everything and he can’t do anything for himself, even just for an hour. To get respite he needs a Child in Need Assessment done.”*

In terms of the things that were currently helping, parents reported the importance of support groups. This engagement work was undertaken through such a support group, so it is not currently known to what extent the availability of such groups are helpful for other new parents.

- *“Coming to this group makes me feel less lonely.”*

- *“Speaking with other mums at this group helps how I feel. It’s good to see the babies socialising.”*
- *“[What helps is] having something to do with other mums. I wish there were more groups.”*

Parents of children with additional needs also spoke of the importance of services which can provide for these children.

- One parent reported taking their child to a soft play facility which is available every two weeks for children with sensory needs.
- Several parents spoke of the importance of Ladybird nursery: *“Ladybird has been the best. It’s the only nursery to work with children with additional needs.”* *“How he’s come along by going to Ladybird, I couldn’t thank them enough.”*

In terms of what in addition would help, a number of suggestions were made, including:

- *“Activities on every day and more of them as there are long waiting times for some, like swimming and music or singing.”*
- Several parents suggested having a centralised space for information about what resources/facilities are available for parents to access for the Moray area, not just in each locality.
- *“I want him to be included in mainstream but sometimes it’d be good to go to something like soft play or swimming and be able to relax with parents who are in the same boat and you don’t feel embarrassed or aren’t worried if he shouts out loud.”*
- Transport was another issue raised by a number of parents, particularly transport to Ladybird nursery.

One father suggested *“Dads group would be good as I’m the only male coming to this group which is OK but one for dads would be good.”* As discussed in section 2.8, parenting is currently very gendered with women more likely to be expected to take on the lion’s share. As such, this engagement work has principally spoken to women about their experiences. Further work to understand how fathers and male carers in Moray can be included and encouraged to engage in parenting support may be helpful.

#### 4.22. Parental Wellbeing

As noted previously in this document, a big gap in the available data and intelligence around family wellbeing is the health and wellbeing of parents. This aspect is crucial to ensuring a healthy environment in which children and young people can thrive and families can flourish. This is something that was raised time and again in discussions with professionals – that for every issue we see for young people – poverty, mental health challenges, neurodiversity, LGBTQ+ issues etc. – there are parents who need support to understand and address concerns and challenges. The quotes below give something of a flavour of some of the wellbeing challenges faced by parents which are impacting on family lives.

## Parental Wellbeing

**"I had cancer surgery leaving me with memory loss and with 6 monthly MRI scans I am in a state of constant stress and anxiety. This leaves me with lack of motivation. With having a 7-year-old daughter I would like to find a part time job and move to a house with a garden, but I don't know how to get to this place".**

**"I feel I am just existing, rather than living the fulfilling life I want to. I also use gambling to fill the void I feel, which in turn does not help my financial issues. This is also affecting my son's mental health".**

**"Increase in poor mental health among parents and pupils is not being addressed by specialist services and schools are left to pick up the pieces."**

**"My mum and dad are arguing more now than before, first it was Covid lockdown and now it's the cost of everything, we haven't went anywhere during the holidays as we have no spare money".**

**"I'm living in a 2-bedroom house with my own child, and I have kinship care of my brothers 3 children. I am in cramped conditions, and I end up sleeping on the settee. This is really affecting me mentally and affecting the kids because they don't have their own space and the toys they play with are limited because there's no space. This also causes financial stress"**

**"I was in an abusive relationship for years with the boy's dad, it was awful he controlled everything I did. I wasn't even allowed to see friends. I was so lonely, and I had no one to talk to."**

**Parents attending a 'Parent Wellbeing Walk' consistently reported a need for opportunities to socialise with peers and get peer support: "[Looking to] meet new people, no groups going on at the moment, it's so isolating at the moment... I met some lovely people which really helped. Lovely to be here and be able to help."**

**From Parent Empowerment Group:**

***"Making self-care a priority... has had a knock-on positive effect on the rest of my household."***

***"not spoken to anyone for months except husband and dog"***

***"being labelled as a bad parent, this group has already given me confidence and the realisation that I am not on my own with some of my thoughts."***

**From MWH Supporting your Child with Resilience and Calm course: "I realised there were others anxious as I am. I also stopped to think of things I am good at and remember my own wellbeing."**

**From MWH Keith Peers 21: "It was really therapeutic to talk to other parents who fully understood the challenges in getting the right support and understanding for their child/young person for their additional support needs and their mental health"**

**"To feel that you are not alone in continually having to advocate for your child/young person's rights is comforting but also upsetting when everyone is sharing the same frustrations."**

**From MWH Parent Empowerment Group: "It's our children, we live with them, see them every day so we do know what we are talking about. It is so frustrating that they do not listen. We are dismissed a lot of the time as not having the expertise"**

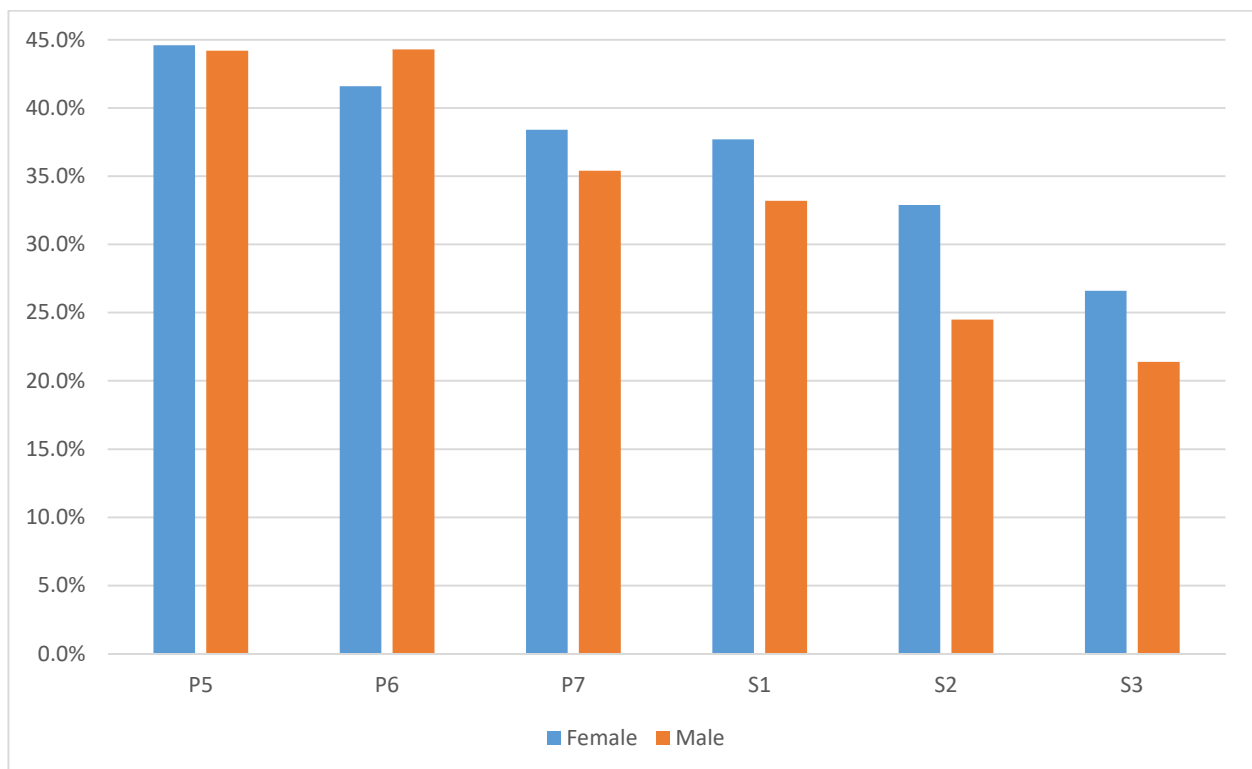
**UNCRC Article 19: All Children and Young People have the right to be protected from being hurt or badly treated. Children and Young People have the right to be protected from violence, just like everybody else.**

## 5. Safety and Security

The safety of children and young people is recognised as a core component of their wellbeing and is one of the core components of GIRFEC principles, the first of the SHANARRI wellbeing indicators. Within SHANARRI, 'safe' means "growing up in an environment where a child or young person feels secure, nurtured, listened to and enabled to develop to their full potential. This includes freedom from abuse or neglect"<sup>193</sup>.

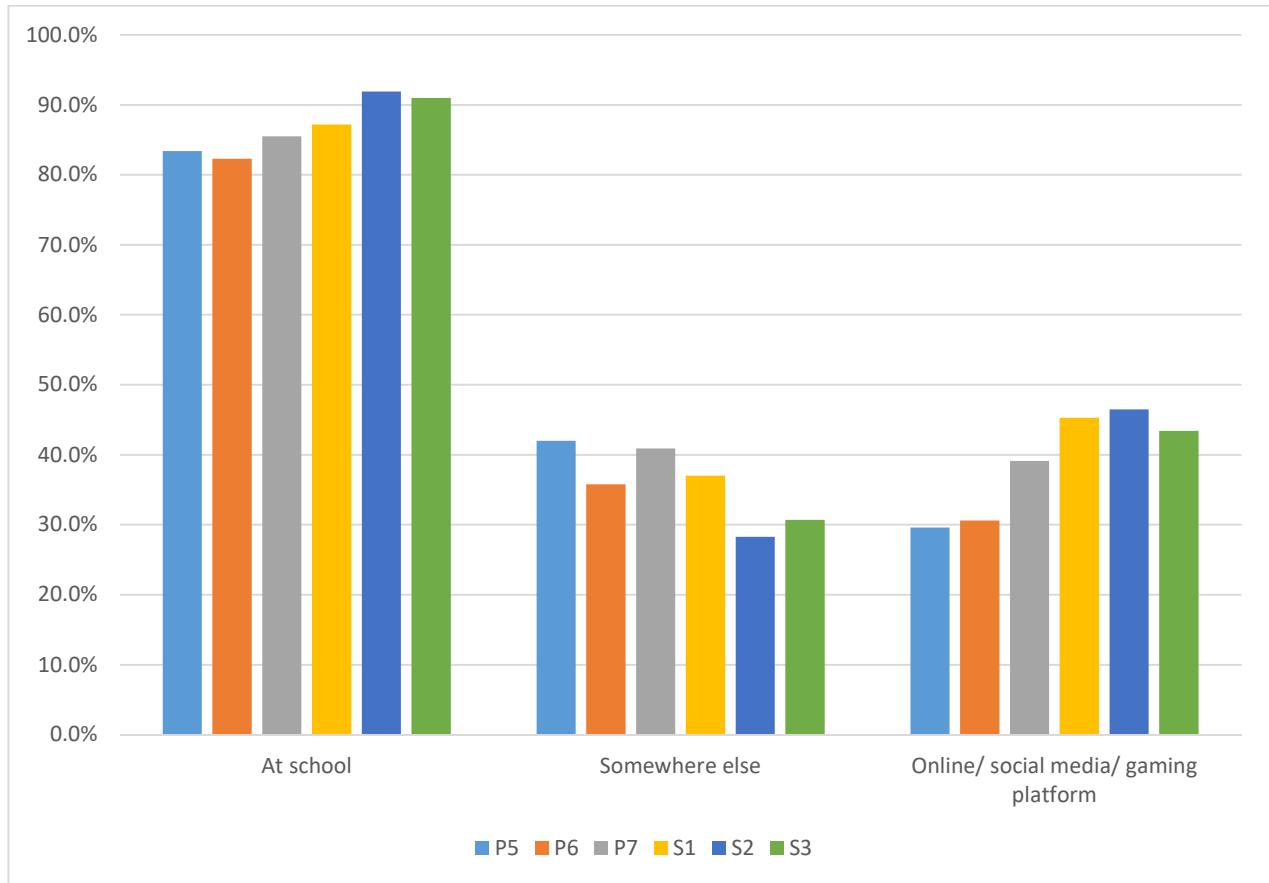
### 5.1. Bullying

Bullying in childhood and adolescence can have severe and long-lasting impacts on both those victimised and those engaging in bullying. Health, social and educational outcomes can all be negatively affected<sup>194</sup>. Figure 5.1 shows the proportion of pupils reporting having been bullied in the last year. The proportion saying they have been bullied reduces as age increases, with around 44% reporting being bullied in P5 compared to 24% in S3. More female pupils report having been bullied than male pupils in most year groups, with the exception of P6, where more male pupils report having been bullied, and P5 where the difference is minimal.



**Fig.5.1. Proportion of pupils responding 'yes' to the question "Have you been bullied in the last year?" by gender and year group. From Moray Schools HWBC, 2022.**

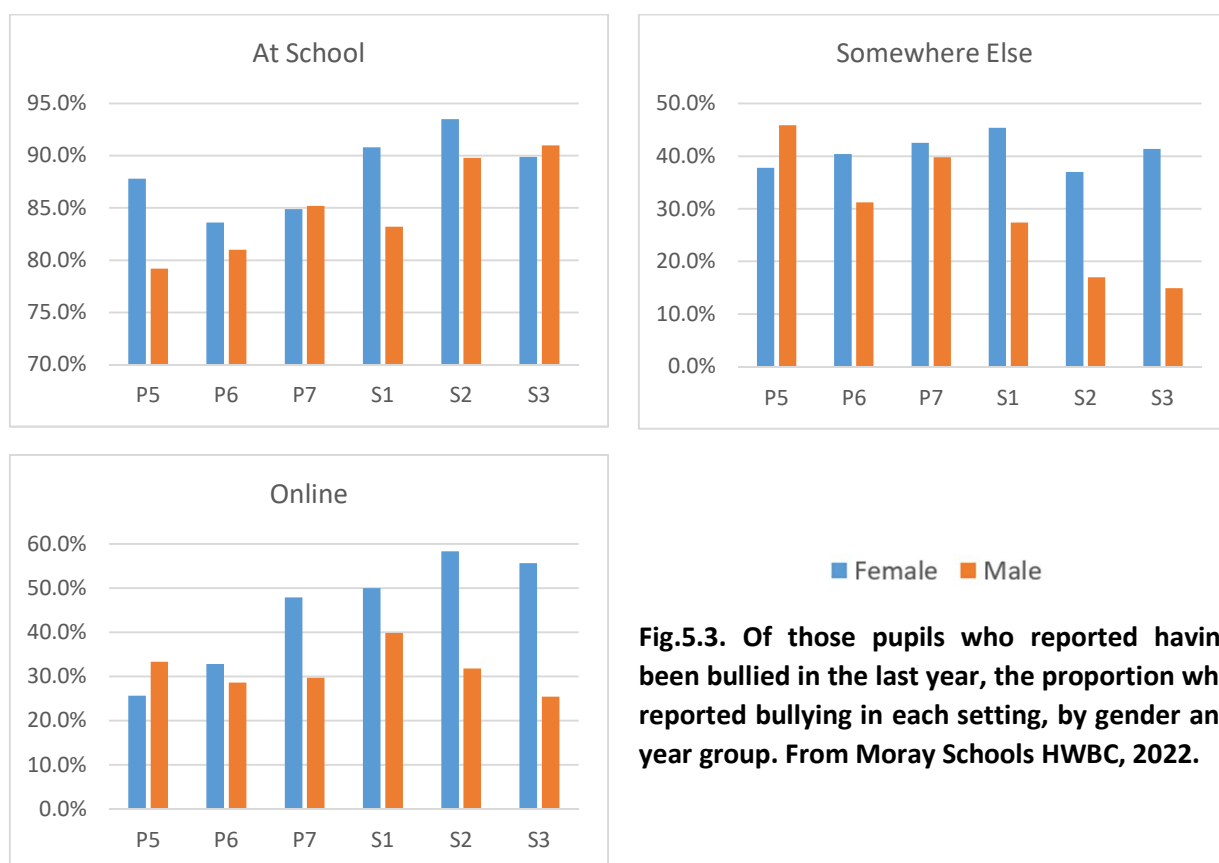
Of those who report having been bullied in the last year, the vast majority report that it happened at least in part at school. 83.4% of bullied pupils in P5 report this, rising to 91.9% of bullied pupils in S2. As age increases, a greater proportion of proportion of bullied pupils report the bullying taking place online or at school, while a reducing proportion report it taking place somewhere else.



**Fig.5.2. Of those pupils who reported having been bullied in the last year, the proportion who reported bullying in each setting, by year group. From Moray Schools HWBC, 2022.**

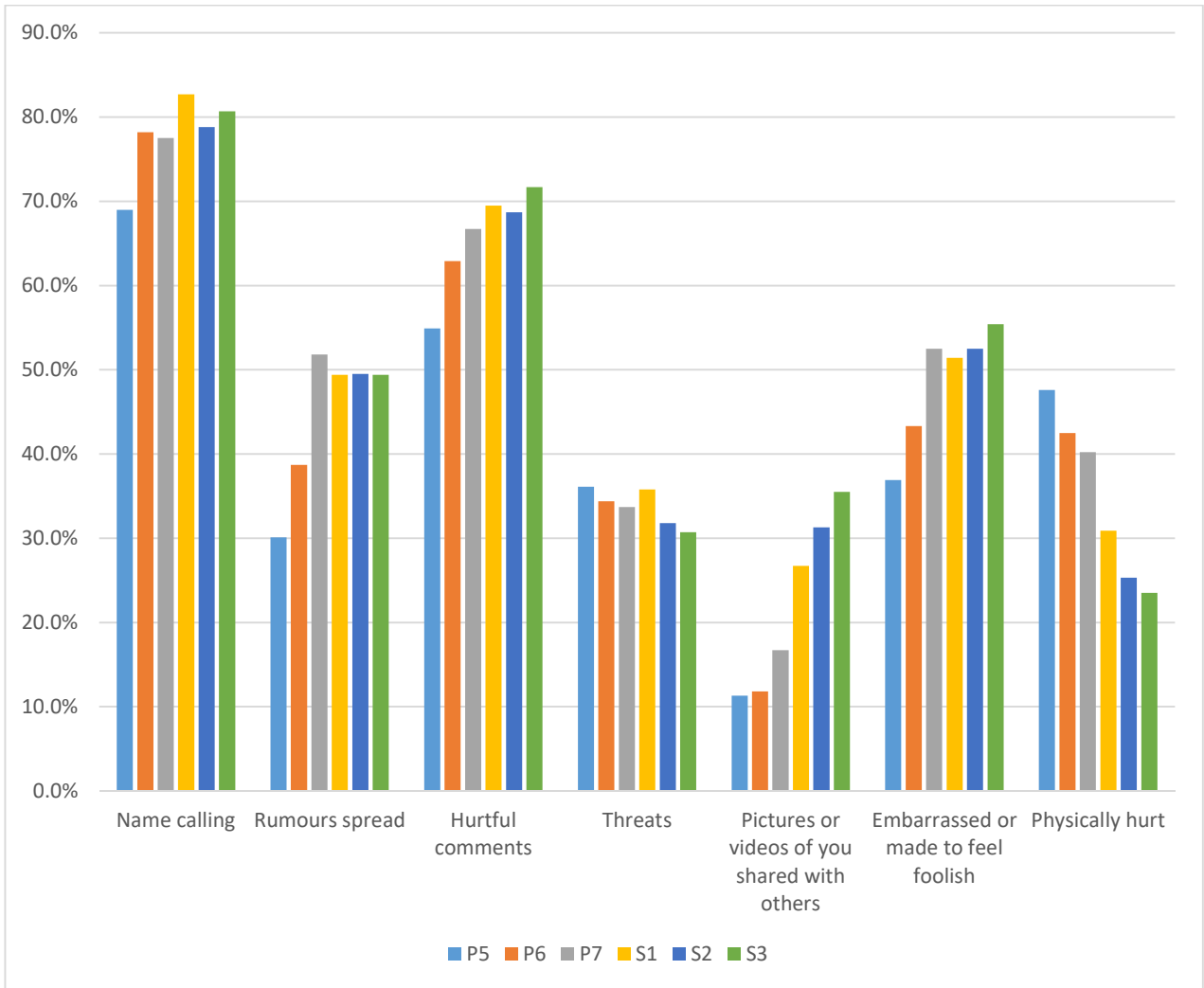
Figure 5.3 shows these data broken down by gender. While the proportion of bullied male pupils reporting being bullied online does not vary dramatically between year groups, the proportion of bullied female pupils increases markedly from 25.6% of bullied female pupils reporting bullying taking place online in P5 to 58.3% reporting bullying taking place online in S2. Of bullied pupils reporting bullying taking place somewhere else than school or online, the proportion of bullied male pupils drops notably from 45.9% of bullied male pupils in P5 to 14.9% in S3. The proportion of bullied female pupils reporting the same does not vary greatly, fluctuating between 37.0% (in S2) and 45.4% (in S1).





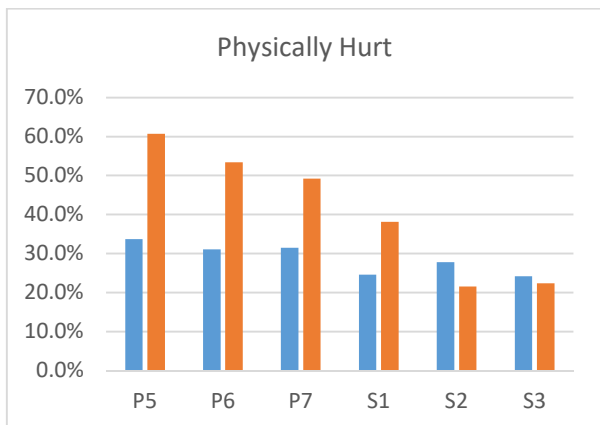
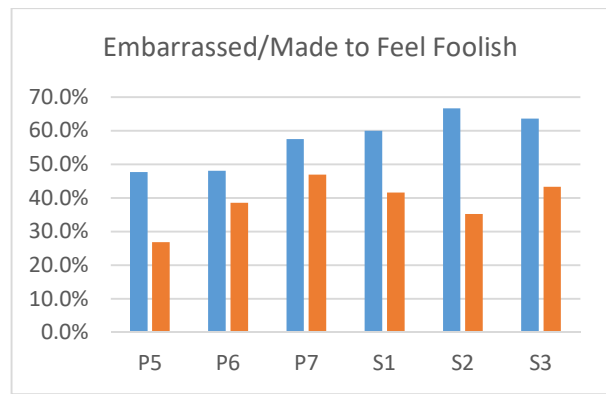
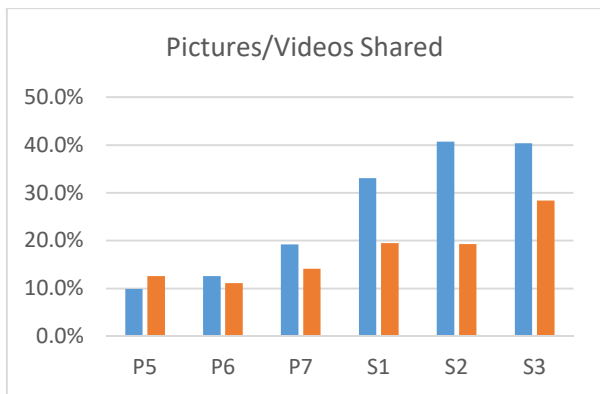
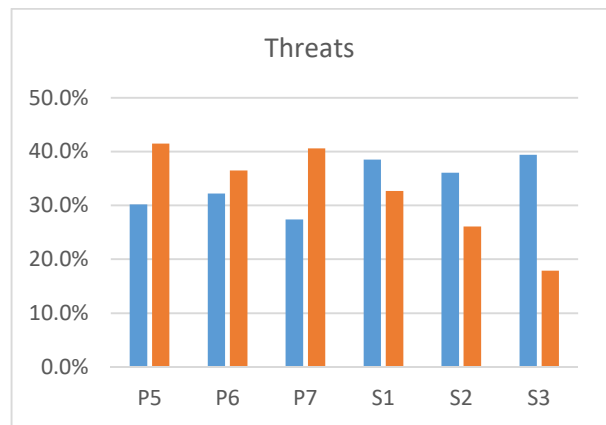
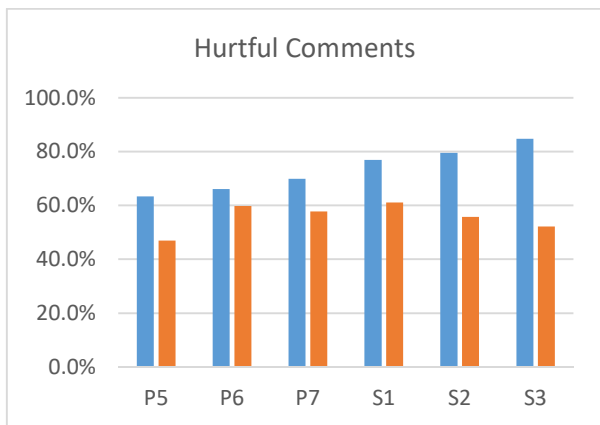
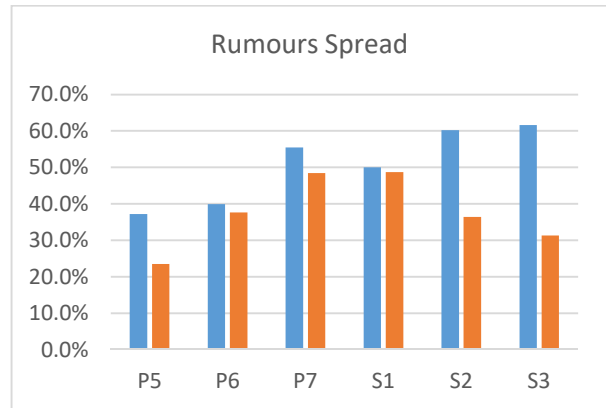
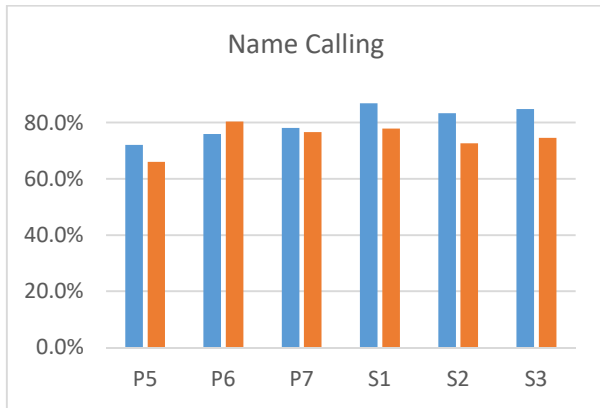
**Fig.5.3. Of those pupils who reported having been bullied in the last year, the proportion who reported bullying in each setting, by gender and year group. From Moray Schools HWBC, 2022.**

The HWBC also asked bullied pupils about the nature of the bullying. The most common forms of bullying were name calling and hurtful comments (see figure 5.4). The proportion of bullied pupils who were physically hurt or threatened reduces as age increases. The proportion reporting being physically hurt reduces from 47.6% in P5 to 23.5% in S3; while the proportion reporting receiving threats reduces from 36.1% in P5 to 30.7% in S3. Each of the other forms of bullying listed – name calling, rumours spread, hurtful comments, pictures or video of you shared with others, embarrassed or made to feel foolish – saw consistent increases as age increased. The sharpest increase was in the proportion of bullied pupils who reported having picture or video of them shared with others. This rose from 11.3% of bullied pupils in P5 to 35.5% of bullied pupils in S3.



**Fig.5.4. Of those pupils who reported having been bullied in the last year, the proportion responding to the question “How were you bullied?” with the statements given, by year group. From Moray Schools HWBC, 2022.**

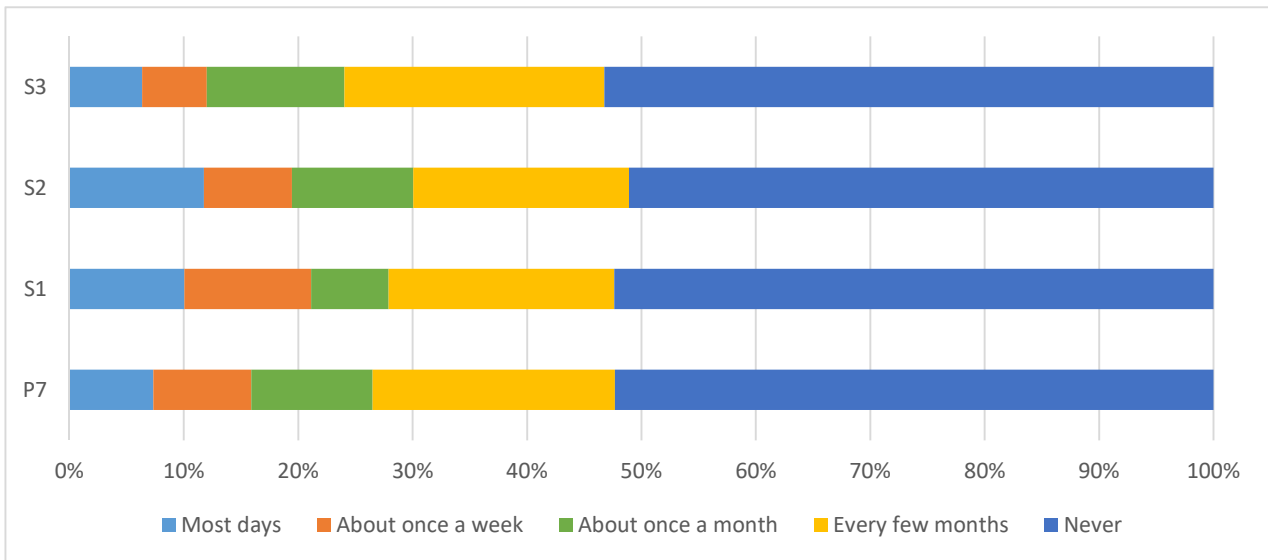
Figure 5.5 breaks these data down by gender and clear differences are seen. Bullied female pupils are more likely to report hurtful comments, rumours spread, pictures or videos shared, or being made to feel embarrassed or foolish than bullied male pupils. Bullied male pupils between P5 and S1 are more likely to report being physically hurt than bullied female pupils. The pattern of change is also often different by gender. For example, bullied male pupils see a decline in receiving threats as age increases, while bullied female pupils see an increase.



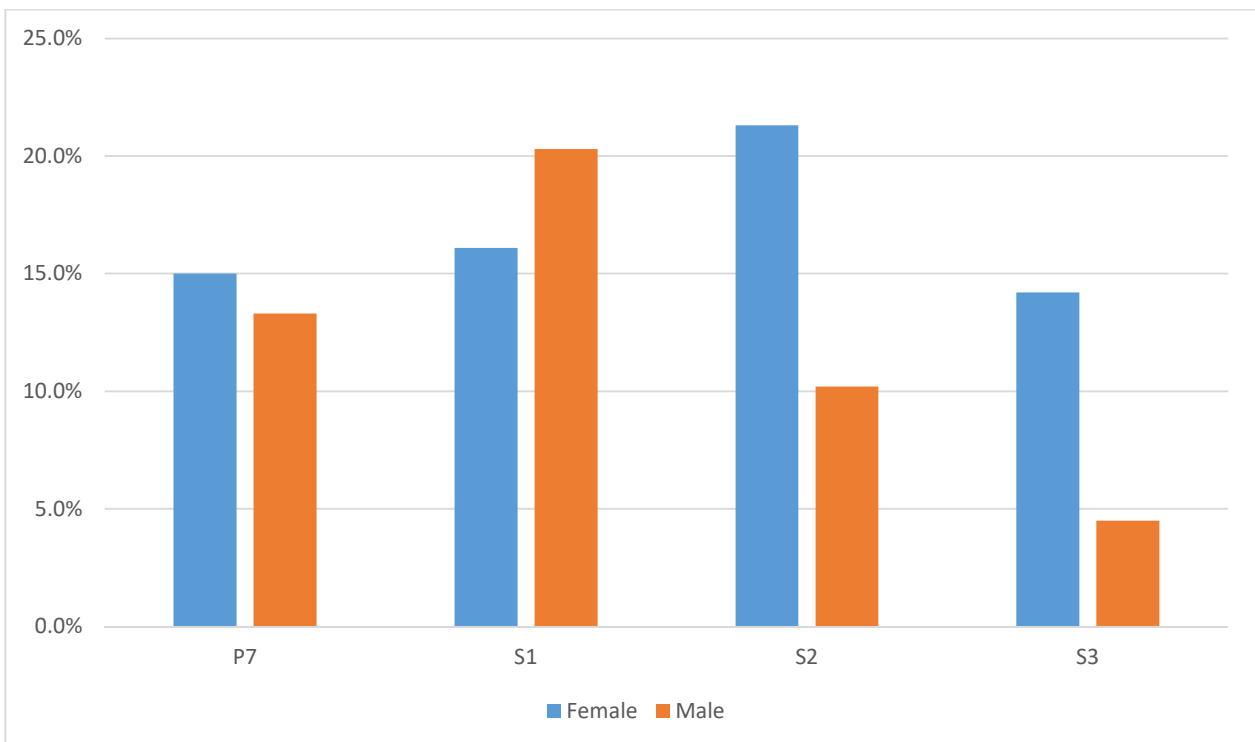
■ Female ■ Male

**Fig.5.5. Of those pupils who reported having been bullied in the last year, the proportion responding to the question “How were you bullied?” with the statements given, by gender and year group. From Moray Schools HWBC, 2022.**

Figure 5.6 shows the proportion of pupils reporting being picked on by email, electronic messages or online posting. These proportions do not vary greatly, with the greatest differences seen in those who experience this once a week or more – this varies from 10.2% of S3 pupils to 18.1% of S1 pupils. The gender break down in figure 5.7 suggests that more female pupils experience this form of bullying in all year groups except S1 when more male pupils experience it.

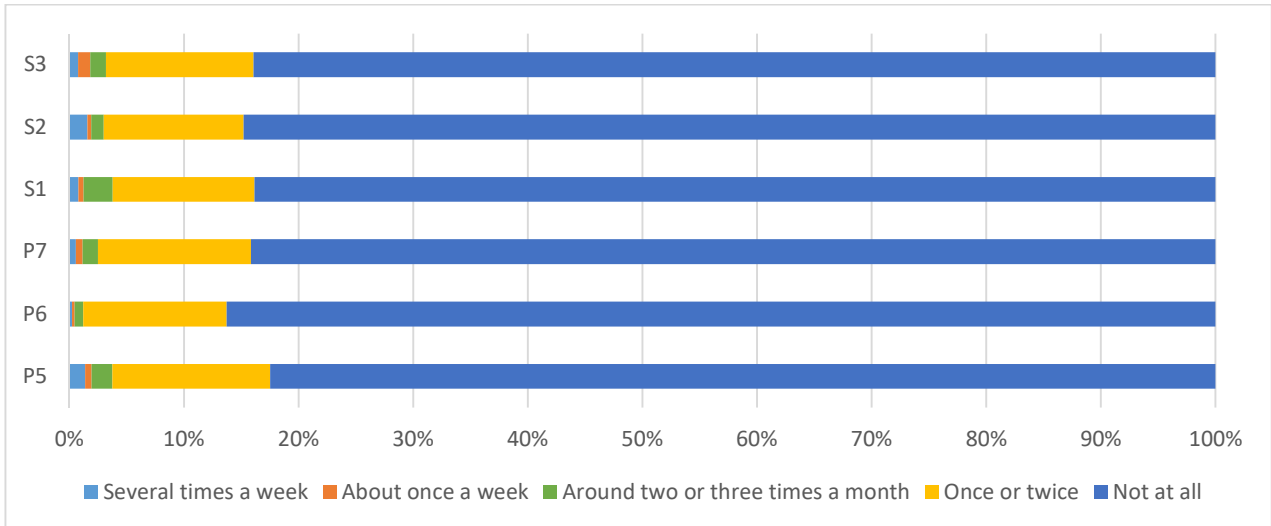


**Fig.5.6. Pupil responses to the question “How often do other children pick on you by sending emails, through messaging or posting something online?” by year group. From Moray Schools HWBC, 2022.**

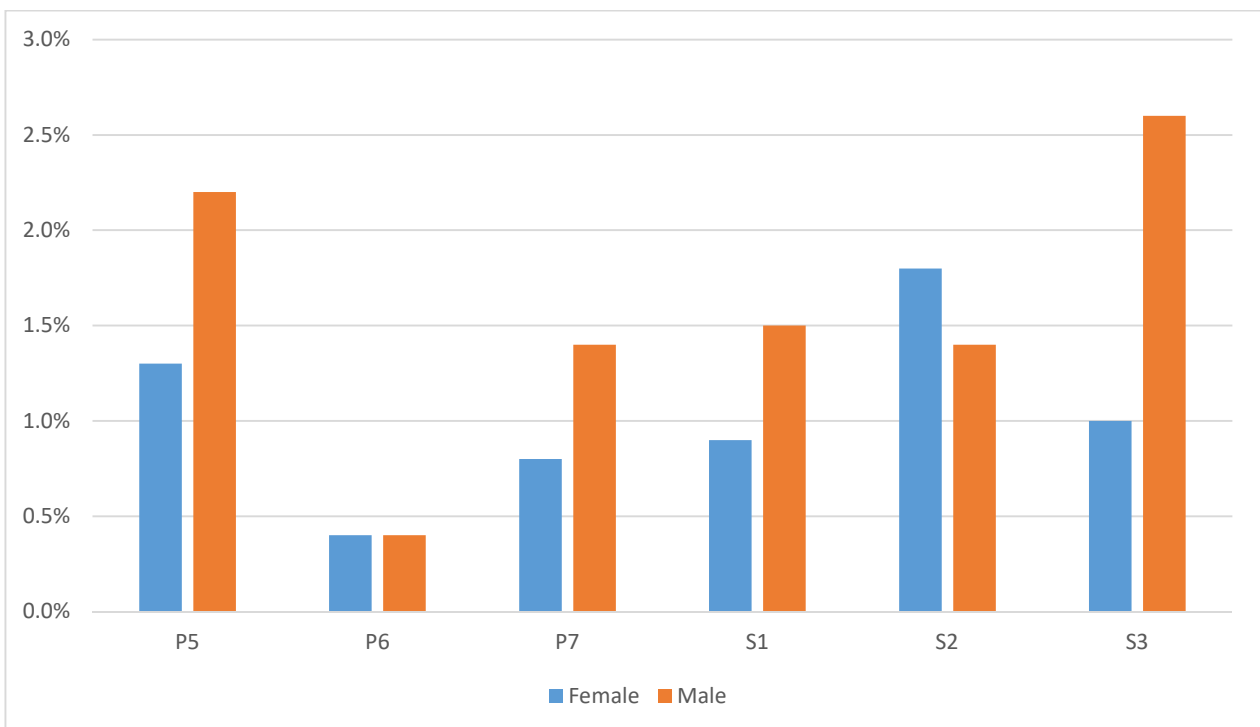


**Fig.5.7. Proportion of pupils responding ‘about once a week’ or ‘most days’ to the question “How often do other children pick on you by sending emails, through messaging or posting something online?” by gender and year group. From Moray Schools HWBC, 2022.**

The HWBC also asked pupils about their experience of taking part in the bullying of others. Thankfully, the great majority of pupils report participating in bullying ‘not at all’ – from 73.0% of P5 pupils to 80.0% of P6 pupils. The proportion reporting taking part in bullying about once a week or more varies from 0.4% of pupils in P6 to 1.7% in P5, S2 and S3. Figure 5.9 shows this broken down by gender and more male pupils report taking part in bullying than female pupils, though these are small numbers.

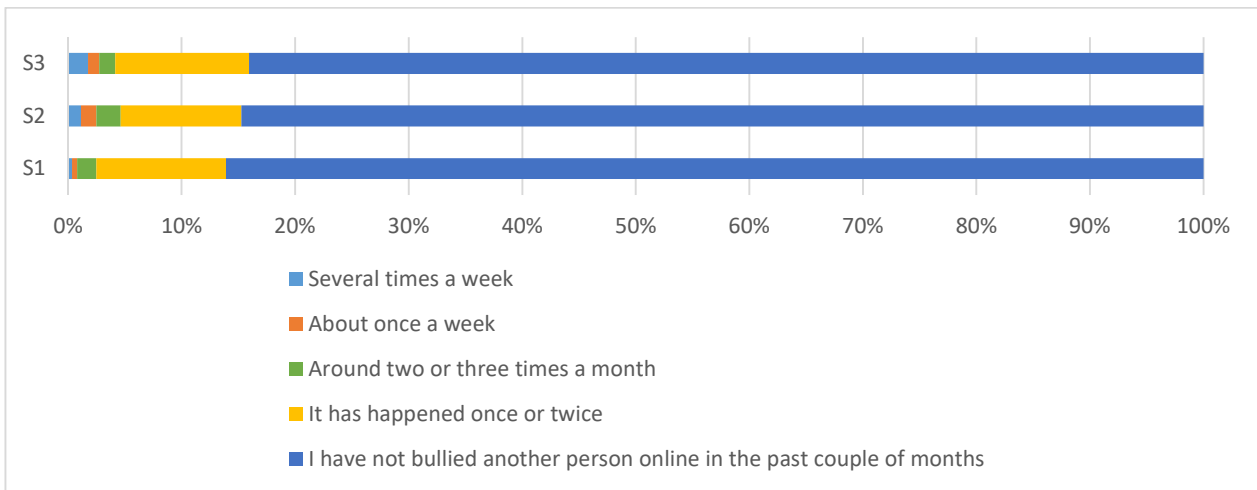


**Fig.5.8. Pupil responses to the question “How often have you taken part in bullying another pupil(s) at school in the past couple of months?” by year group. From Moray Schools HWBC, 2022.**

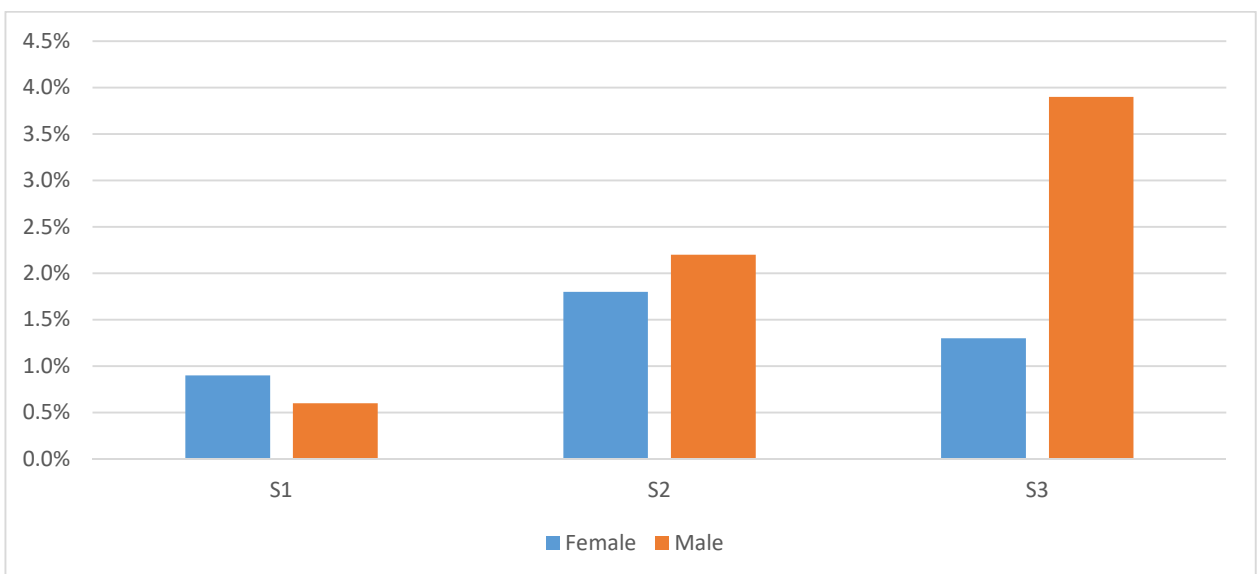


**Fig.5.9. Pupils responding ‘about once a week’ or ‘several times a week’ to the question “How often have you taken part in bullying another pupil(s) at school in the past couple of months?” by gender and year group. From Moray Schools HWBC, 2022.**

The next question specifically addressed taking part in online bullying “e.g. sent mean instant messages, email or text messages, wall postings, created a website making fun of someone, posted unflattering or inappropriate pictures online without permission or shared them with others”. The great majority of pupils (74-77%) reported not having taken part in this kind of bullying in the last couple of months, while the proportion having taken part in online bullying about once a week or more increased from 0.7% in S1 to 2.5% in S3 (see figure 5.10). As can be seen in figure 5.11, male pupils were more likely to report taking part in online bullying, especially in S3.

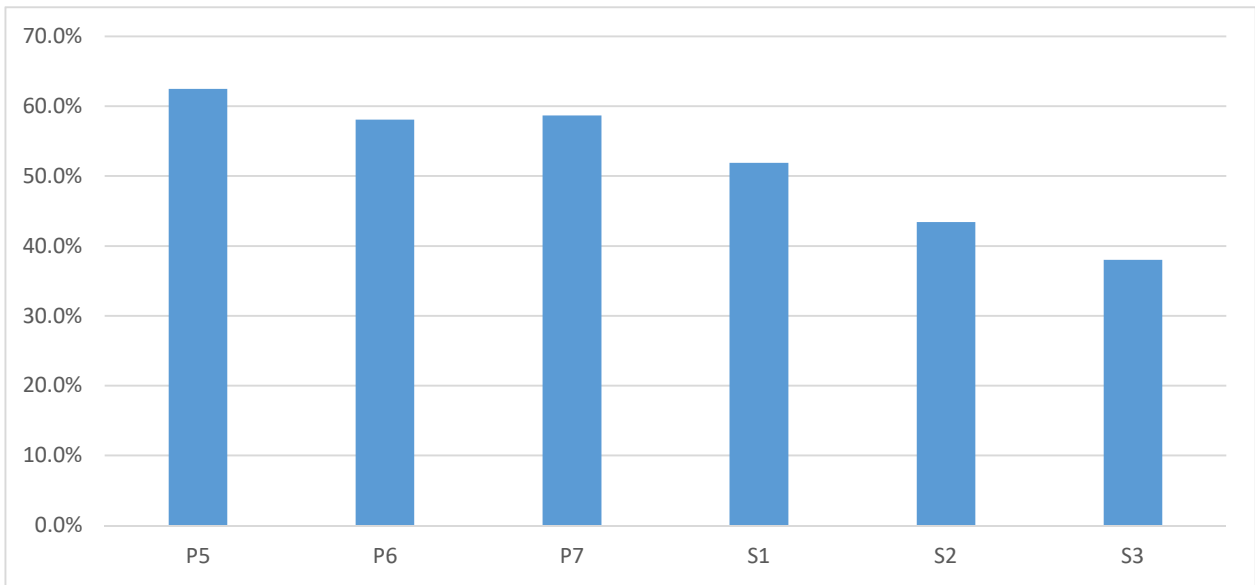


**Fig.5.10. Pupil responses to the question “In the past couple of months, how often have you taken part in online bullying (e.g. sent mean instant messages, email or text messages, wall postings, created a website making fun of someone, posted unflattering or inappropriate pictures online without permission or shared them with others)?” by year group. From Moray Schools HWBC, 2022.**

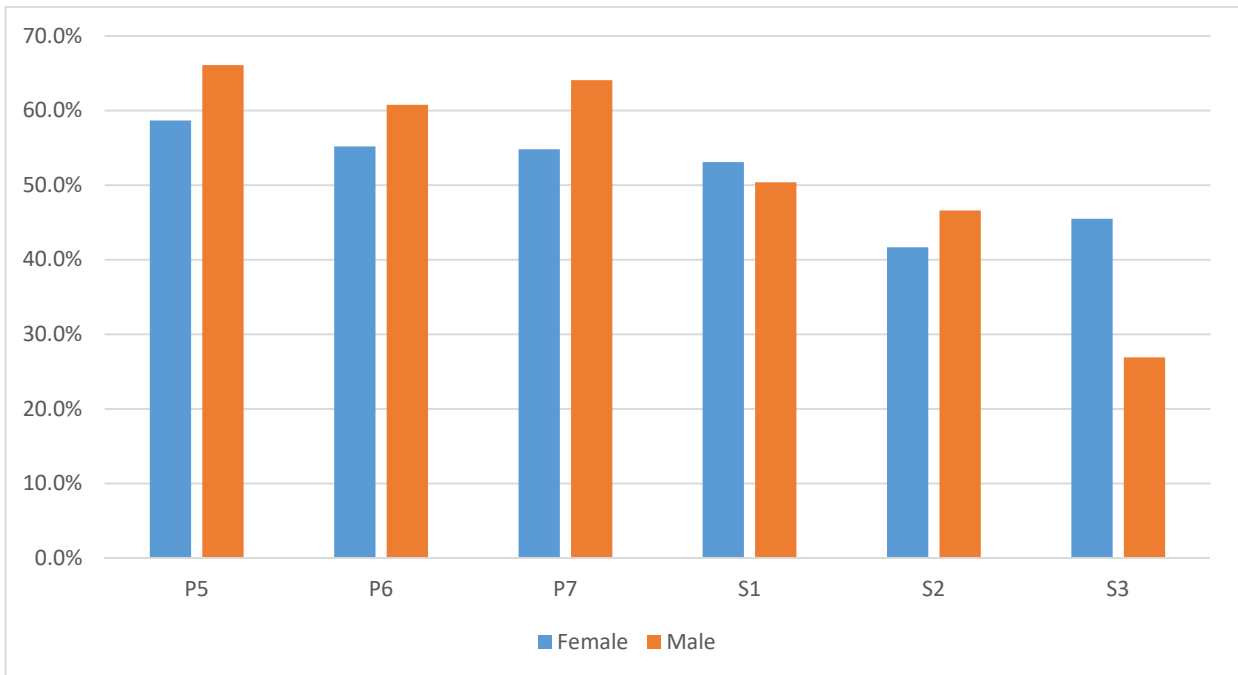


**Fig.5.11. Pupils responding ‘about once a week’ or ‘several times a week’ to the question “In the past couple of months, how often have you taken part in online bullying (e.g. sent mean instant messages, email or text messages, wall postings, created a website making fun of someone, posted unflattering or inappropriate pictures online without permission or shared them with others)?” by gender and year group. From Moray Schools HWBC, 2022.**

Asked about whether they reported bullying to anyone, the proportion responding that they had reduced from 62.5% of bullied pupils in P5 to 38.0% of bullied pupils in S3 (see figure 5.12). Male pupils are more likely to report their bullying in most age groups, with the exception of S1, where there were a small proportion more female pupils reporting, and S3, where female pupils were much more likely to report the bullying (see figure 5.13).

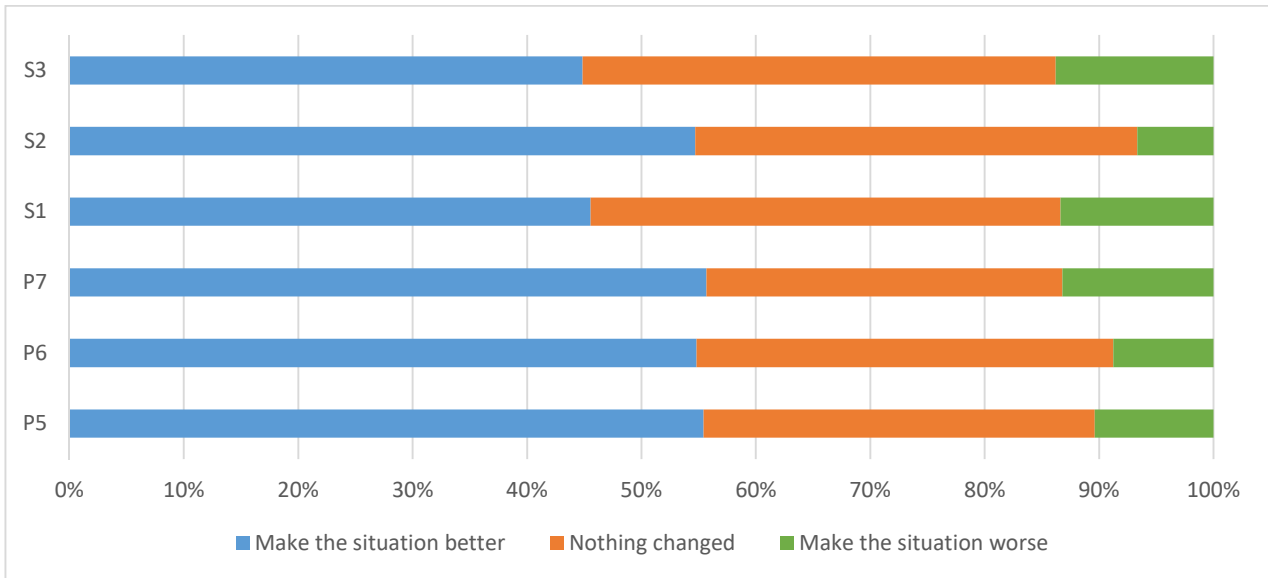


**Fig.5.12.** Of those pupils who reported having been bullied in the last year, the proportion of pupils responding ‘yes’ to the question “Did you report the bullying to anyone?” by year group. From Moray Schools HWBC, 2022.

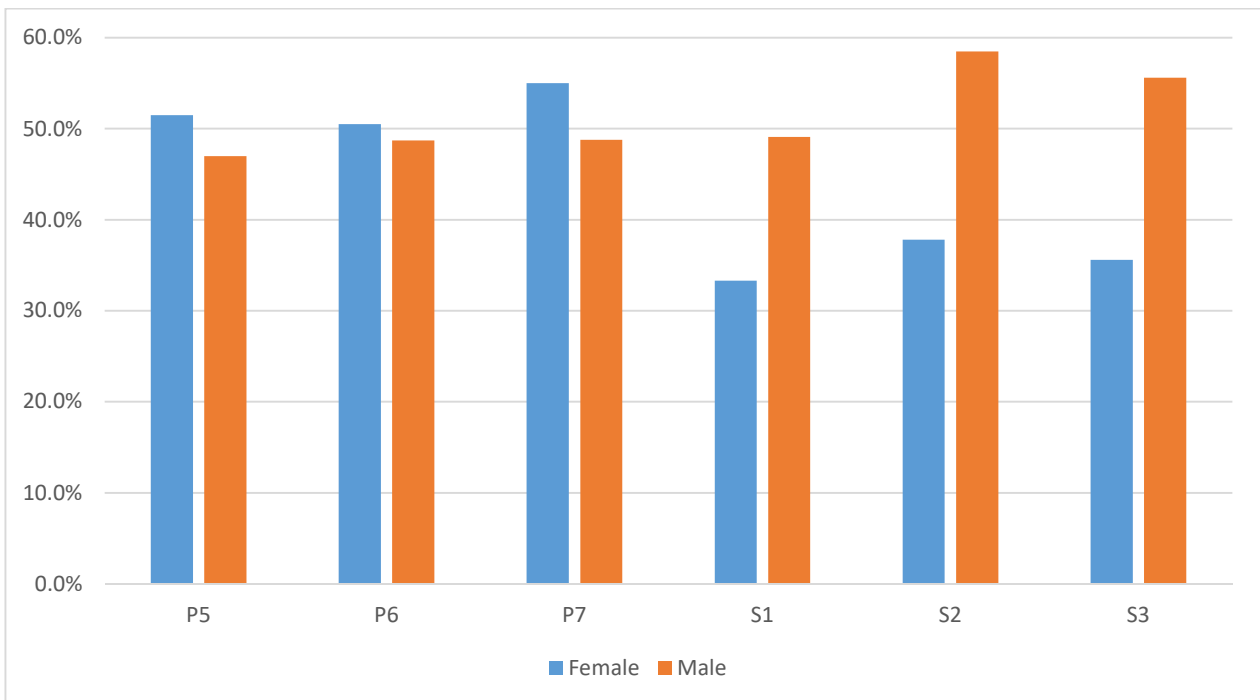


**Fig.5.13.** Of those pupils who reported having been bullied in the last year, the proportion of pupils responding ‘yes’ to the question “Did you report the bullying to anyone?” by gender and year group. From Moray Schools HWBC, 2022.

Of those who reported the bullying, between 40.5% (in S1) and 51.9% (in S2) indicated that it made the situation better. Female pupils were more likely to report that reporting bullying improved the situation in primary years, whereas male pupils were more likely to report that reporting bullying improved the situation in secondary years. The drop for female pupils responding this way from primary to secondary school is marked – from 55.0% in P7 to 33.3% in S1 (see figure 5.15).



**Fig.5.14.** Of those pupils who reported having been bullied in the last year and reported the bullying to someone, pupil responses to the question “Did reporting the bullying to anyone...?” by year group. From Moray Schools HWBC, 2022.



**Fig.5.15.** Of those pupils who reported having been bullied in the last year and reported the bullying to someone, proportion of pupils responding ‘yes’ to the question “Did reporting the bullying to anyone make the situation better?” by gender and year group. From Moray Schools HWBC, 2022.



Young people in LGBTQ+ discussion groups raised bullying as one of their concerns and spoke of difficulty in getting a desired response or outcome when reporting the bullying:

- *“[What I find difficult is] getting bullied and being told to just ignore them.”*
- *“[What I find difficult is] people making fun of me because of my accent. Telling parents makes it worse, dad’s reaction not helpful.”*

The following quotes demonstrate some of the harmful impact bullying has on those young people experiencing it.

---

*“A number of young people raised concerns with regards bullying in secondary schools and felt little was done to find solutions for their issues. The schools have a policy and this was brought to the attention of the young people but it was felt a number of issues are swept under the carpet and never resolved.”*

*“Nothing really happens to bullies. They are spoken to once then that’s it, I then get more grief as they say I’m a grass, they get their friends to bully me instead so they don’t into trouble”.*

*“I try to find places to hide at break times”.*

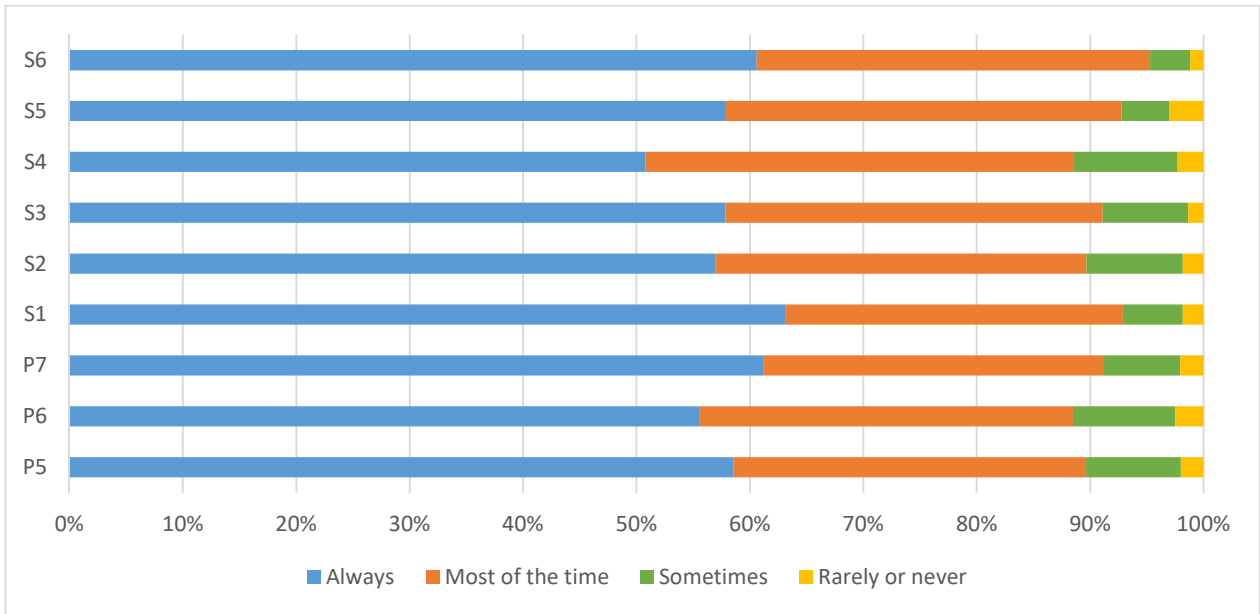
*“The bullies don’t seem to go to classes and wander round the corridors looking for people to shout at some even do it into classrooms when we are working”.*

*“They are filming us getting battered and putting it on Insta or Snap”.*

---

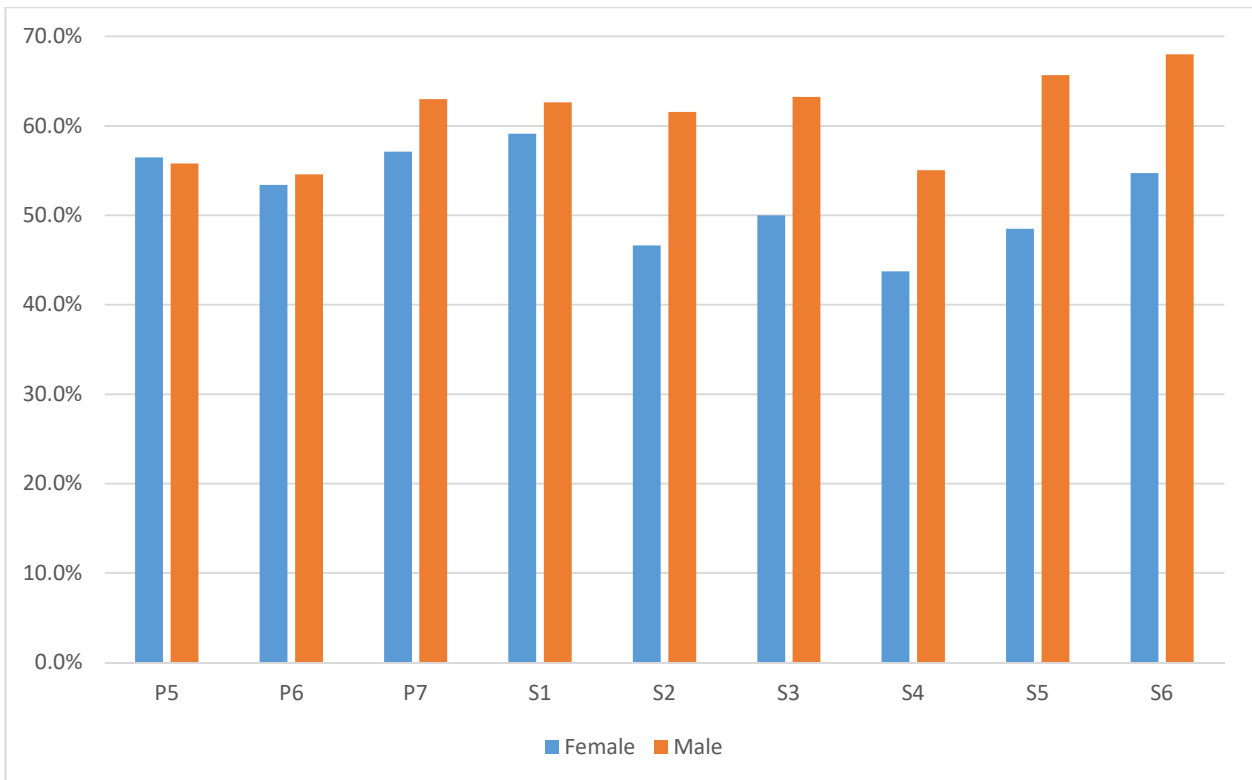
## 5.2. Safety of Place

As already mentioned in section 4.12.7, the place where we live can be an important part of our identity and a key factor affecting our wellbeing. The degree to which our local area feels safe is crucial to this. In general, the proportion of pupils reporting that they feel safe most of the time or always in the area where they live is very high and increases by age, from 85.7% in P5 to 94.2% in S6 (see figure 5.16).



**Fig.5.16. Pupil responses to the statement “Generally speaking, I feel safe in the area where I live” by year group. From Moray Schools HWBC, 2022.**

If we look at the gender breakdown of pupils reporting always feeling safe in the area where they live (see figure 5.17), we see that female pupils are significantly less likely to report this, with the gap with male pupils bigger in the older age groups. This is consistent with previous reports and research which highlight the extent to which girls and women are made to feel unsafe in their communities<sup>195</sup>. Gender-Based Violence (GBV) will be further discussed in section 5.5.

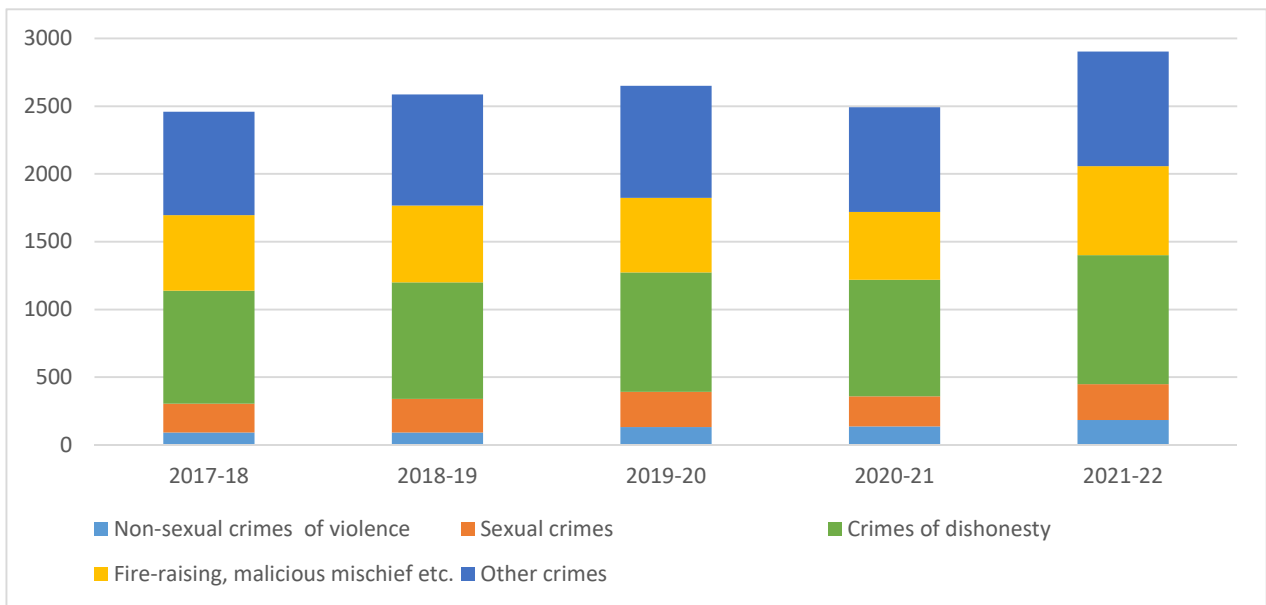


**Fig.5.17. Proportion of pupils responding ‘always’ to the statement “Generally speaking, I feel safe in the area where I live” by gender and age group. From Moray Schools HWBC, 2022.**

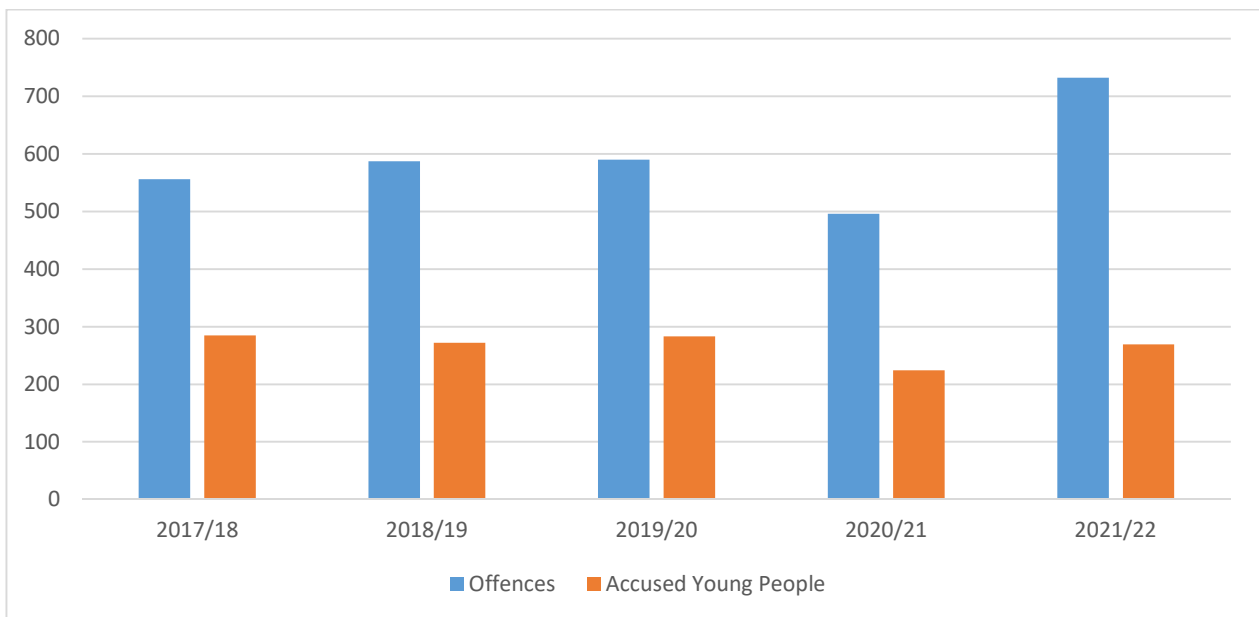
### 5.3. Crime

Figure 5.18 shows the number of reported crimes in Moray over time from 2017-18 to 2021-22. There has been a slow but consistent upward trend in this number over this time, from 2460 to 2903 (an 18% increase). The number dropped slightly in 2020-21 but this was reversed the following year.

Figure 5.19 shows the number of offences recorded where the accused person is under 18, as well as the number of accused young people. While the number of accused young people has remained relatively stable (except for a drop in 2020/21), the number of offences has increased markedly in 2021/22. The number of offences where the accused is under 18 was 732, a 24% increase compared to 2019/20.

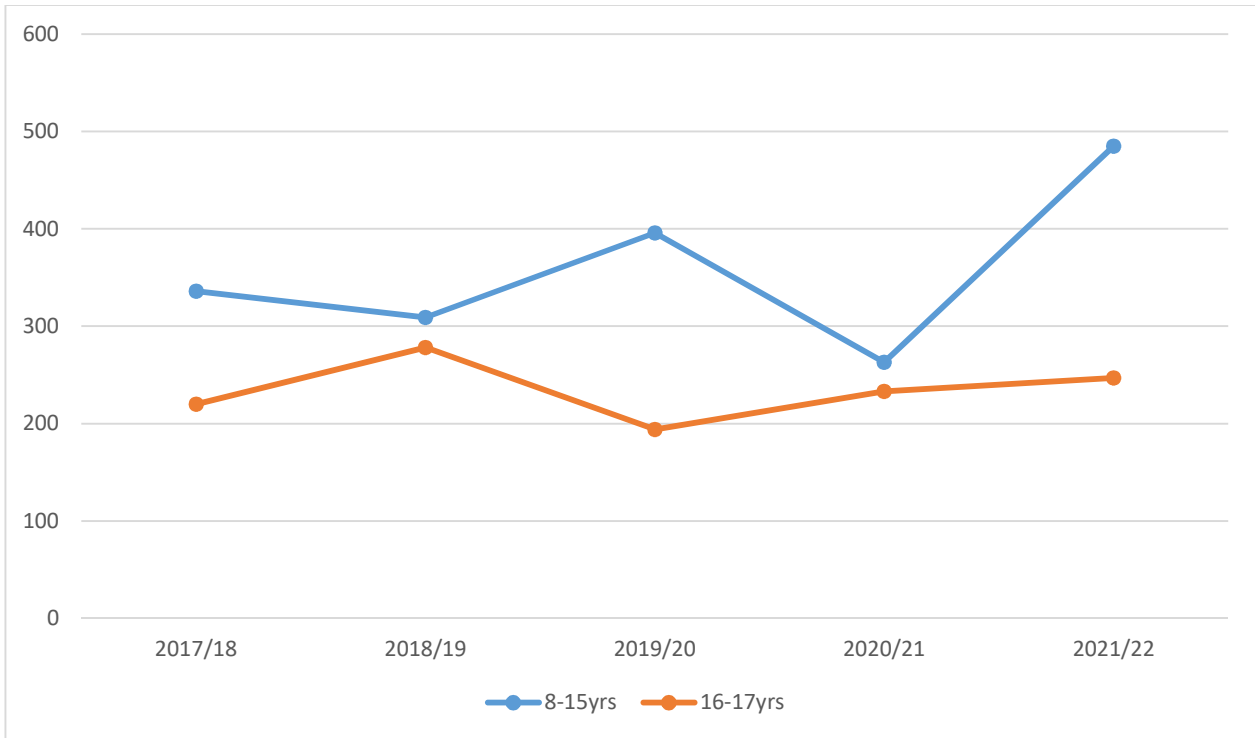


**Fig.5.18. Number of crimes reported in Moray, by category, 2017/18-2021/22<sup>196</sup>.**

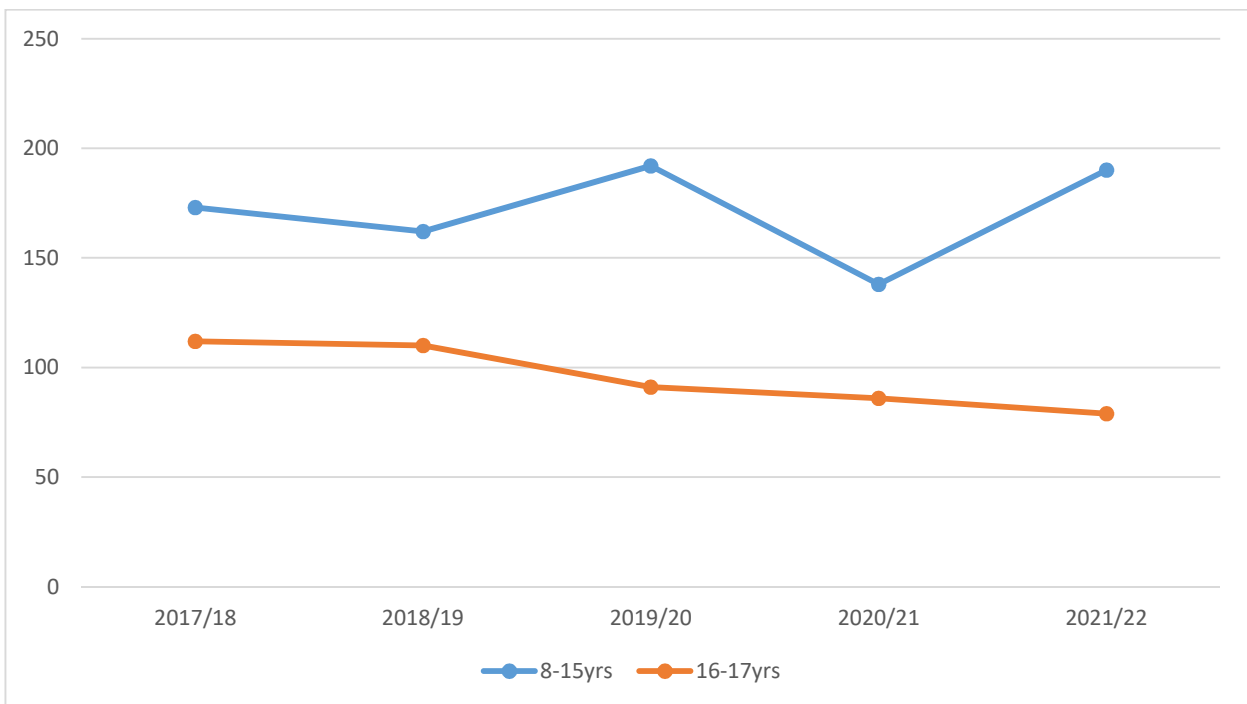


**Fig.5.19. Number of offences and number of accused young people in Moray, where accused is under 18 years old, by year<sup>197</sup>.**

Figures 5.20 and 5.21 show that this increase is mostly due to an increase in offences where the accused is in the 8-15yrs age group. The number of accused in this age group has also increased whereas the number of accused aged 16-17 years old has reduced slowly but consistently since 2017/18 from 112 to 79 in 2021/22.

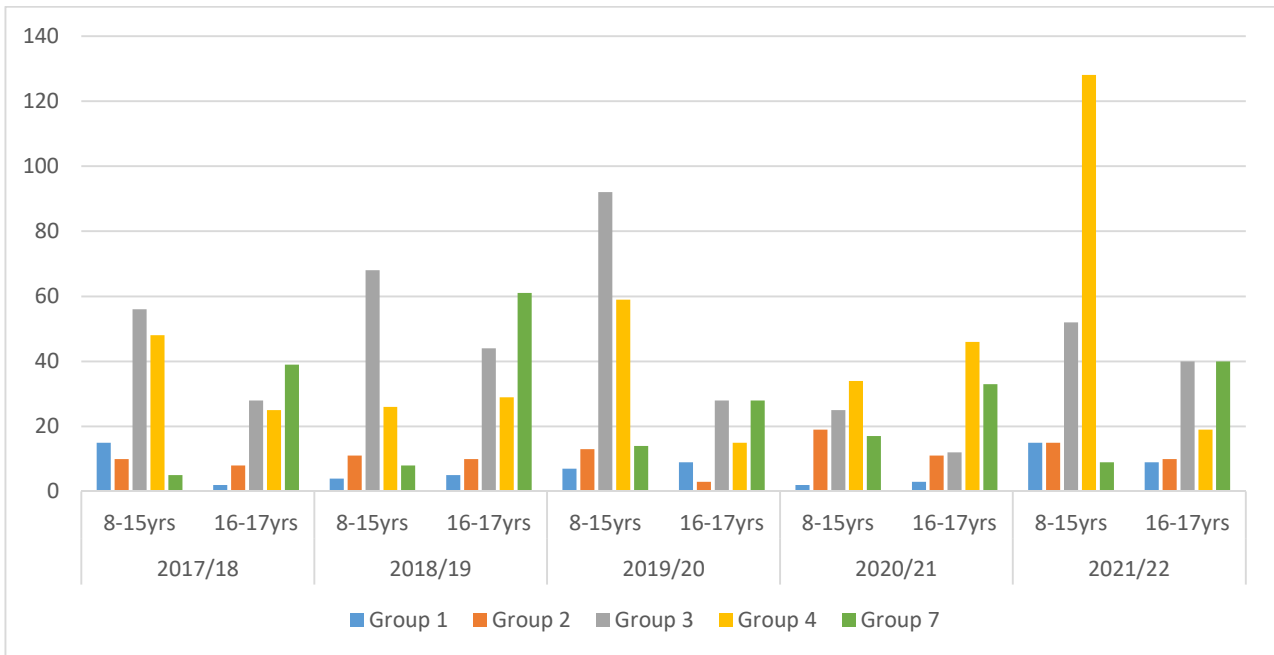


**Fig.5.20. Number of offences in Moray by age group of accused, by year<sup>192</sup>.**

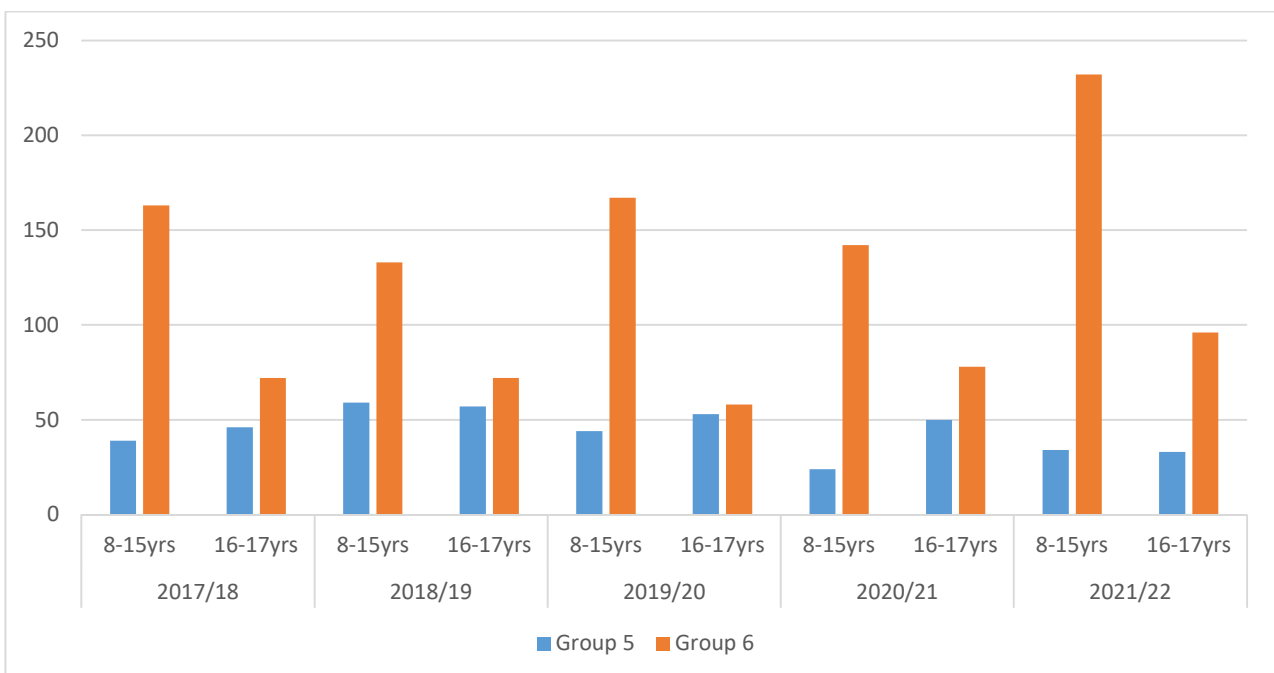


**Fig.5.21. Number of young people under 18 accused of an offence in Moray, by year<sup>192</sup>.**

Figures 5.22 and 5.23 show the categories of offences recorded where the accused is under 18 years old. The biggest increases seen in 2021/22 are in the ‘fire raising, vandalism, malicious mischief’ category and the ‘miscellaneous’ category.

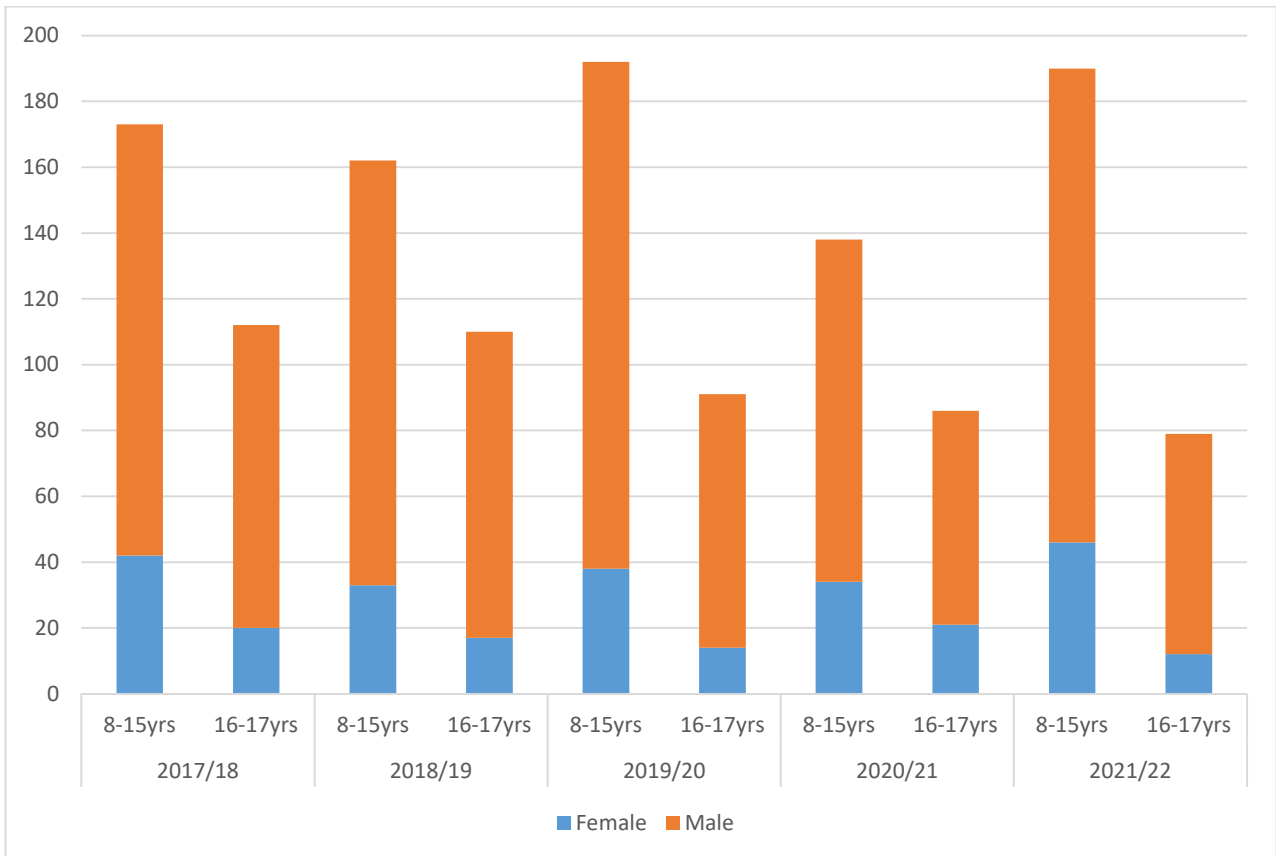


**Fig.5.22. Number of offences in Moray where the accused is under 18yrs old, by age group, by category of crime, by year (excluding “other” and “miscellaneous” categories). Group 1 – crimes of violence; group 2 – sexual offences; group 3 – crimes of dishonesty; group 4 – fire-raising, vandalism, malicious mischief; group 7 – offences related to motor vehicles<sup>192</sup>.**



**Fig.5.23. Number of offences in Moray where the accused is under 18yrs old, by age group, by category, by year (including only group 5 – other crimes; and group 6 – miscellaneous)<sup>192</sup>.**

As can be seen, group 6 “miscellaneous” offences make up a large proportion of offences where the accused is under 18 years old. Of the 340 offences reported as group 6 in 2021/22, 192 were for common assault, 75 were for threatening or abusive behaviour and 34 were for minor assault of an emergency worker. The increase in group 6 offences where the accused is under 18 is largely explained by a 63% increase in common assault and a 47% increase in threatening or abusive behaviour.



**Fig.5.24. Number of young people accused of an offence in Moray by gender, by age group, by year<sup>192</sup>.**

Figure 5.24 shows the gender of young people accused of an offence in Moray. As is very clear, the great majority of accused are boys and young men. In 2021/22, 78% of young people accused of an offence were male. This raises important questions about gender norms prevalent in our society which lead more boys and young men than girls and young women to offend; but also about whether systems are working appropriately to support boys before they come into contact with the Police and the Criminal Justice System. It is interesting to look at this data on the gendered nature of criminal activity alongside data earlier in this report showing large gender differences in different aspects of wellbeing, parenting, bullying, body image etc.

**UNCRC Article 34: Children and Young People have the right to be protected from sexual abuse and exploitation.**

**UNCRC Article 35: Children and Young People have the right to be protected from abduction and trafficking.**

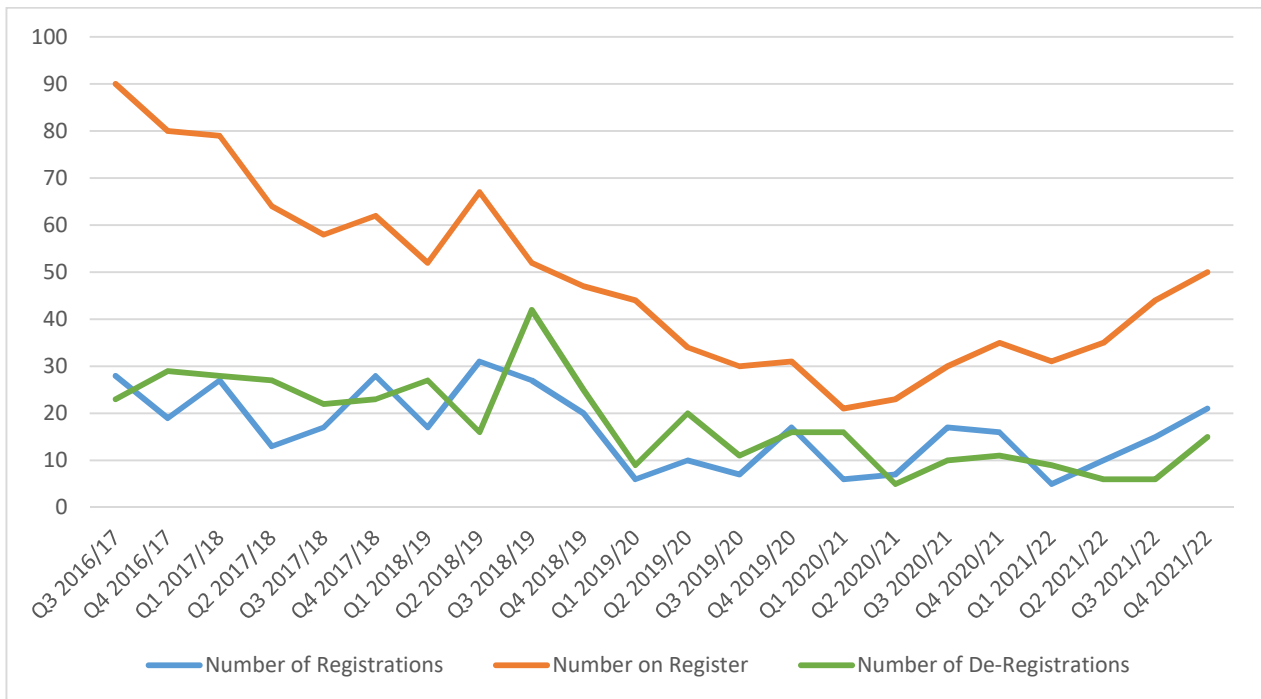
**UNCRC Article 36: Children and Young People have the right to be protected from any other exploitation which may harm their welfare.**

**UNCRC: Article 39: Children and Young People have the right to help if they have been hurt, neglected or badly treated.**

#### 5.4. Child Protection

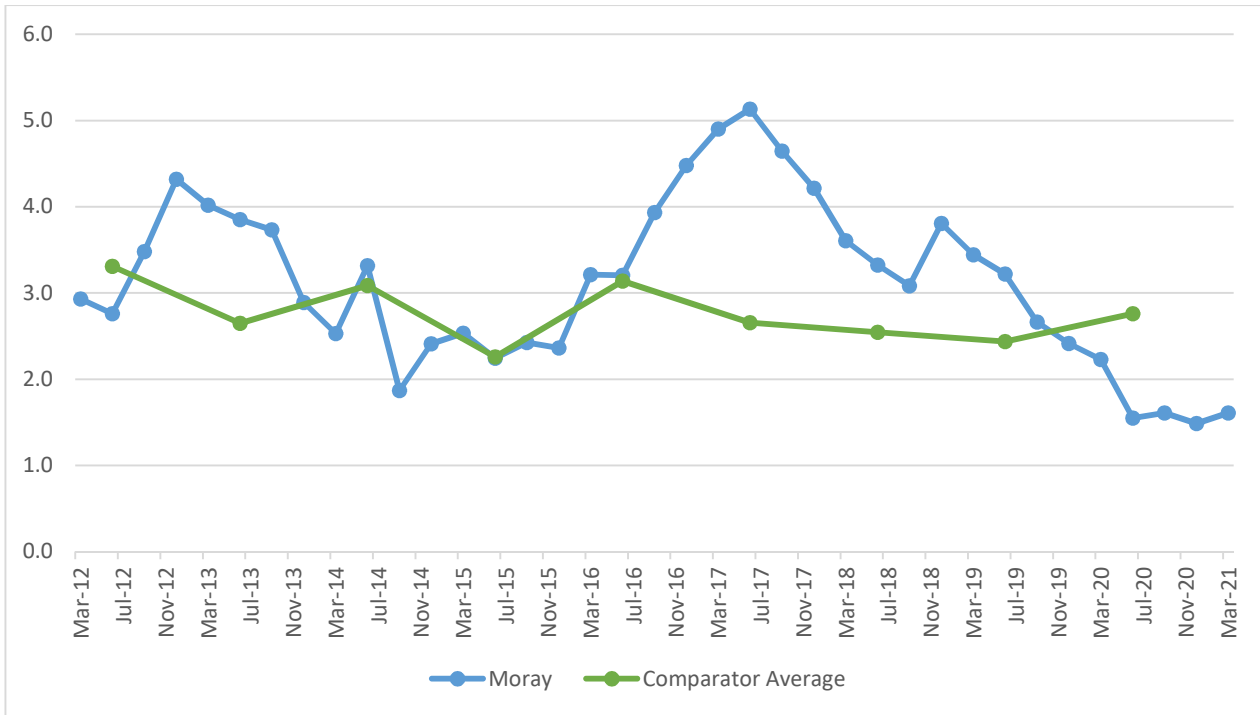
Child Protection services have remained categorised as “critical and protected” throughout the covid pandemic in Grampian and so provision of support, advice and response to child protection issues did not change. However, it is widely recognised that there was an increase in vulnerability across this period due to decreased activity in a number of other areas, where children were less visible to professionals due to school closures and disruption of early years services.

Figure 5.25 shows that up until the first quarter of 2020/21, the number of children on the child protection register had been falling since the first data point reported here in 2016/17. However, the number on the register then consistently increased over the following period up until the most recent data point. Data shown in blue and green on this graph show that the number of new registrations did not dramatically increase, but that the number of de-registrations has been unusually low, suggesting that young people are remaining on the register for longer.

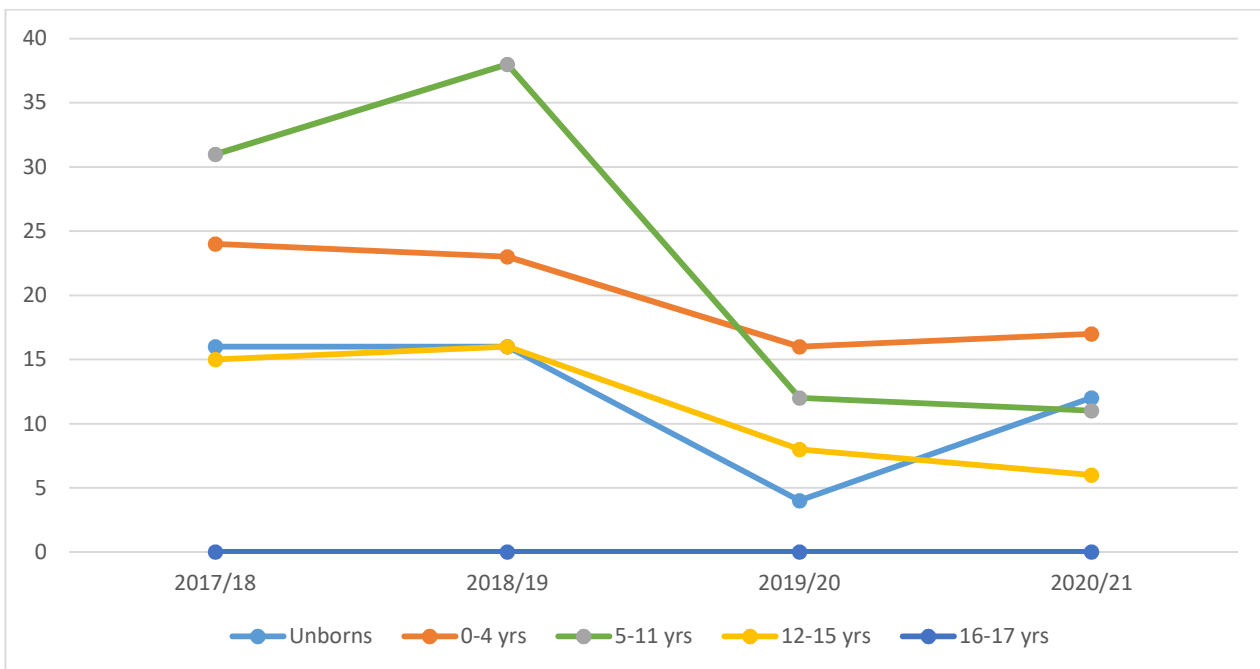


**Fig.5.25. Child Protection registrations, de-registrations and number on the register in Moray, by quarter.**

Fig 5.26 shows the rate of young people on the child protection register in Moray compared to our comparator local authorities. There is a great deal more fluctuation in Moray's figures (likely due to small numbers) which make comparison between areas challenging. In terms of age groups, figure 5.27 shows that the number of child protection registrations of 5-11 year olds has dropped markedly since 2018/19. Whereas 5-11 year olds made up 41% of registrations that year, they made up just 24% of registrations in 2020/21.



**Fig.5.26. Child protection registration rates in Moray per 1,000 population 0-15yrs. The average figure for the “Family Group” of comparator local authority areas is included in green<sup>198</sup>.**

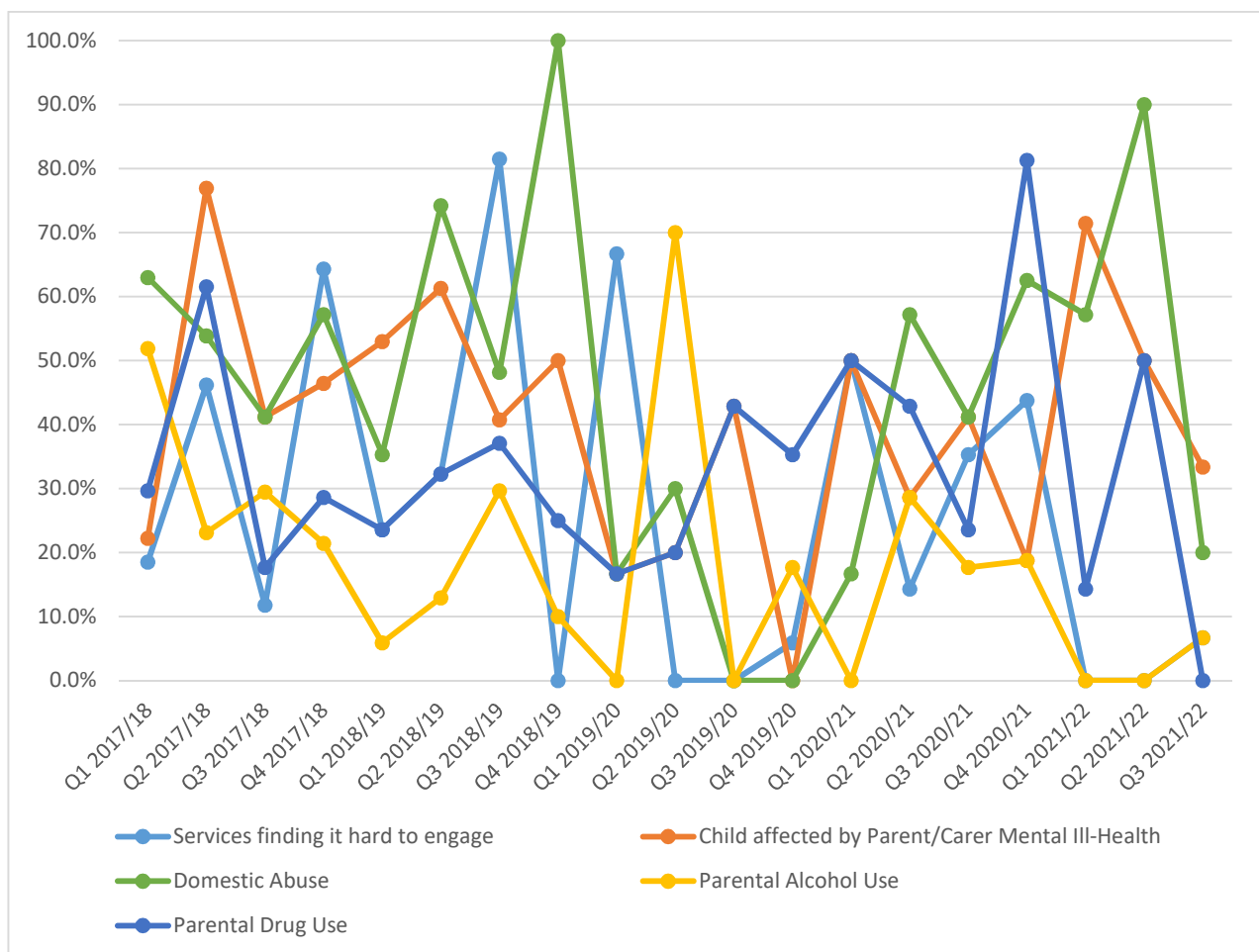


**Fig.5.27. Child Protection registrations in Moray by age group, by year.**

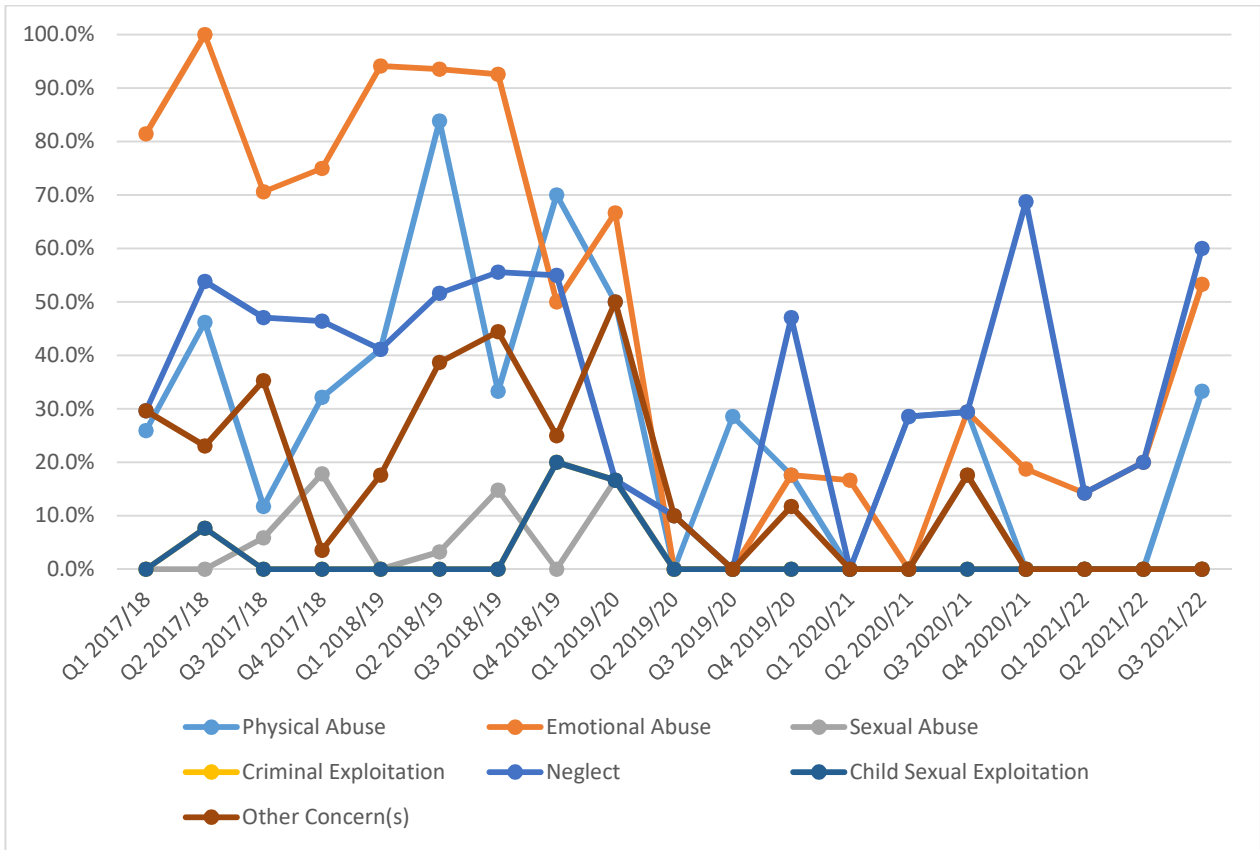


Figures 5.28 and 5.29 show the proportion of child protection registrations with each stated concern. Small numbers and a lot of fluctuation mean that it is difficult to ascertain trends and patterns in this data. Nevertheless, it is included here for interest and completeness. While the data is subject to changes in process, one striking trend is in the proportion where emotional abuse is recorded. This was between 70% and 100% consistently between Q1 2017/18 and Q3 2018/19 but then fell to between 0% and 30% until Q2 2021/22. The most recent data point has seen this rise again but it is not clear if this is an anomaly or the start of a trend.

In the most recent year of recording (Q4 2020/21 to Q3 2021/22), the most common concerns recorded are domestic abuse, parental drug use, parental mental health and neglect.

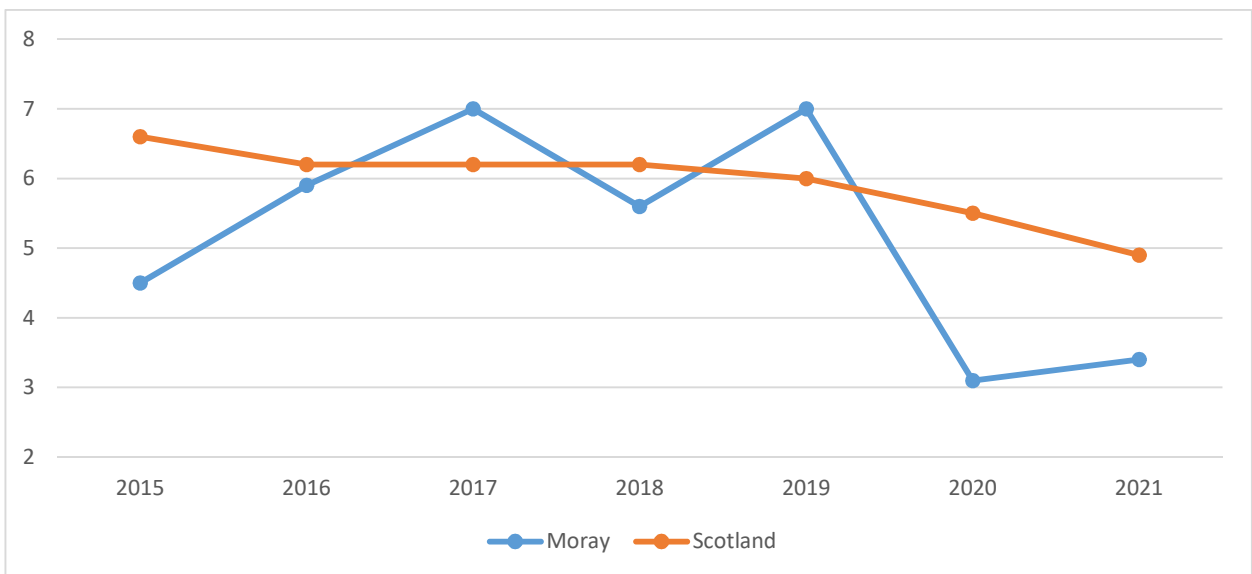


**Fig.5.28. Proportion of new Child Protection registrations with stated concern recorded in Moray, by vulnerability factor, by quarter.**

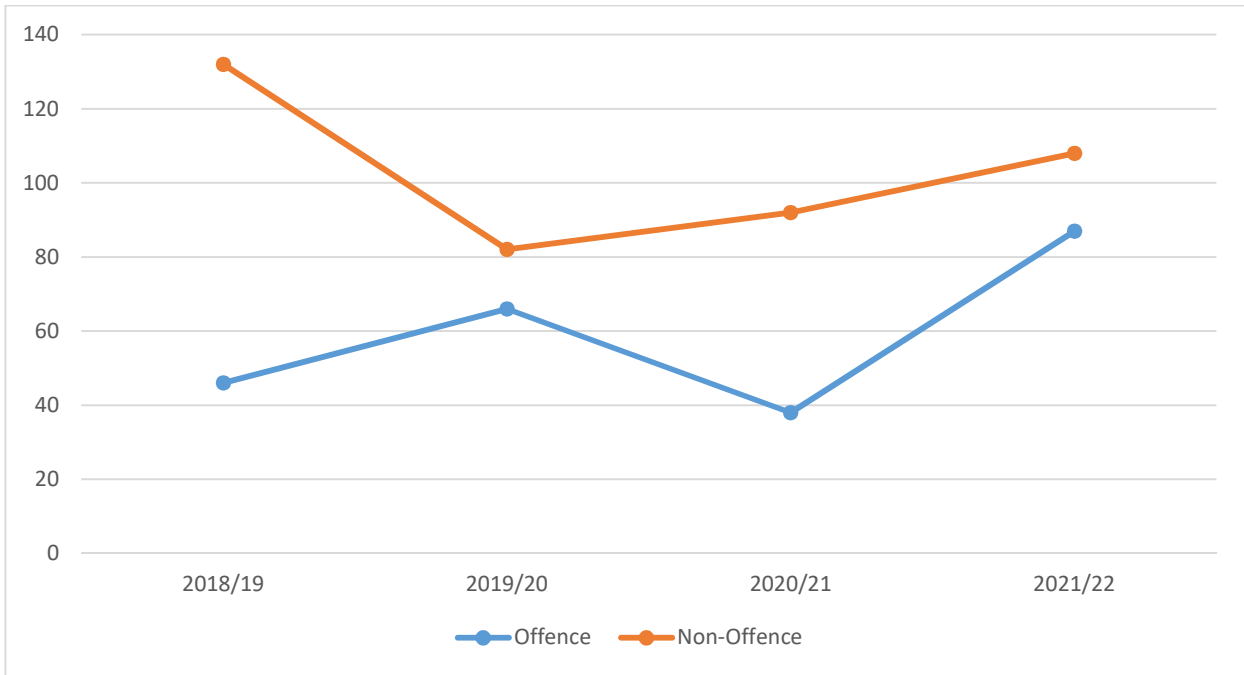


**Fig.5.29. Proportion of new Child Protection registrations with stated concern recorded in Moray, by impacts on/abuse of the child, by quarter.**

Figure 5.30 shows the rate of children protection referrals resulting in a case conference. This figure has dropped in the last two years in Moray to a much greater extent than in Scotland, though the nationwide figure is also reducing. Figure 5.31 shows the number of children referred to the Children’s Reporter in Moray. This has increased both for offence and non-offence reasons in recent years.

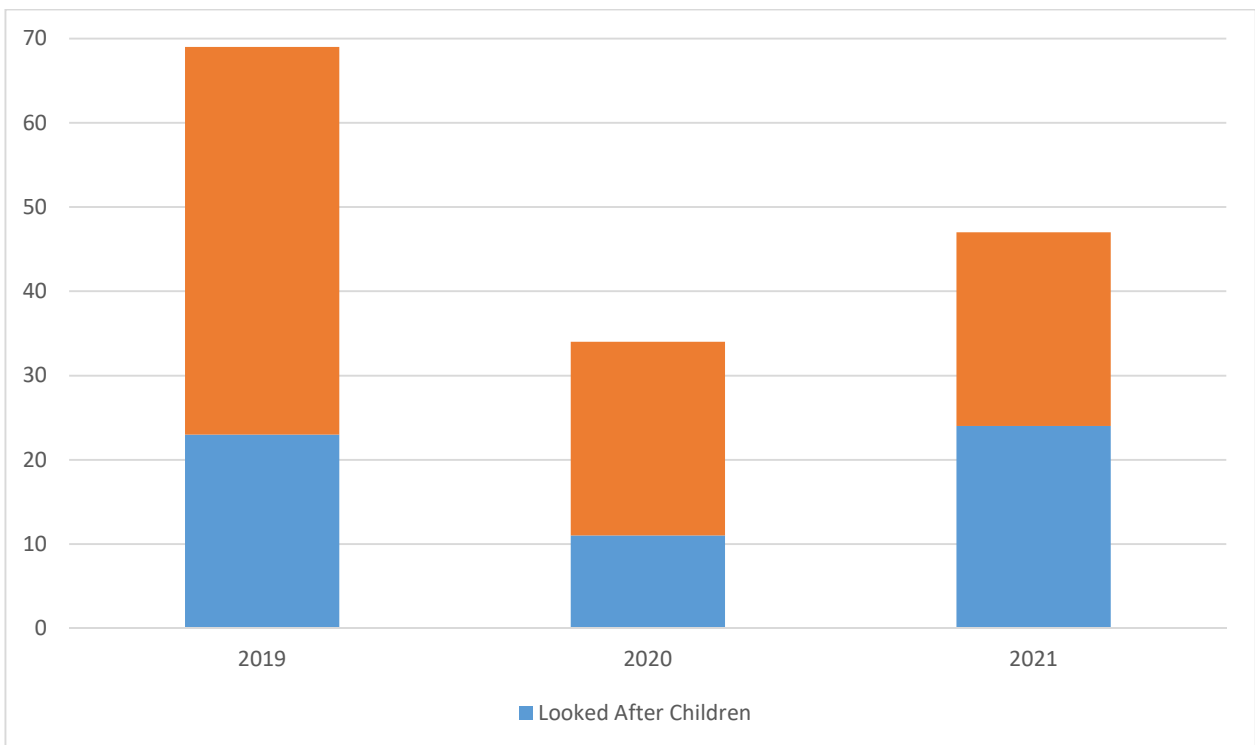


**Fig.5.30. Child Protection referrals resulting in a case conference in Moray and Scotland, rates per 1,000 population 0-15yrs.**



**Fig.5.31. Number of children referred to the Children's Reporter in Moray, by year and by offence/non-offence.**

Figure 5.32 shows the number of children subject to a missing person enquiry in Moray. This number has dropped in 2020 and 2021, though the number of looked after children and young people subject to a missing person enquiry in 2021 is in contrast similar to the figure for 2019 (24 vs 23).



**Fig.5.32. Number of children subject to a missing person enquiry in Moray, by year and by 'Looked After' status.**

It was reported in the Promise and Intensive Family Support Workshop that the number of vulnerable pregnancies in Moray increased during 2021. Parental mental health and substance use featured in the majority of concerns, and 13 of 19 pregnancies recorded up to the date of that workshop were to parents who already had one or more children placed in care.

### 5.5. Gender-Based Violence

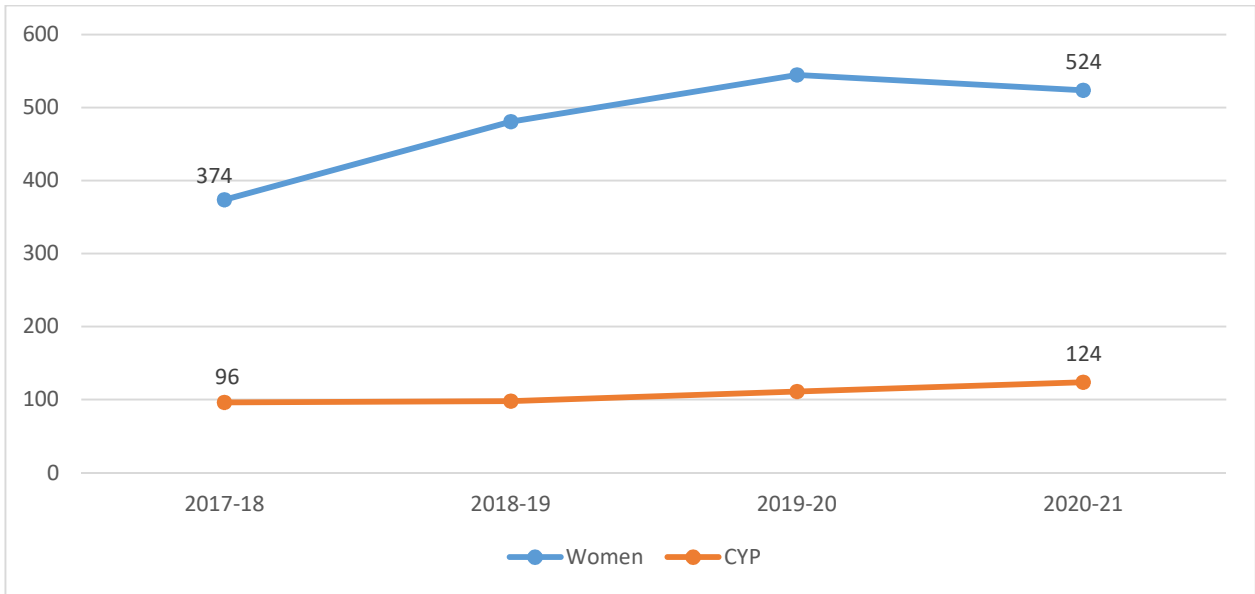
Gender-Based Violence (GBV) is a major health, human rights and social justice issue. The term covers a wide range of violence and abuse perpetrated primarily, though not exclusively, by men against women. GBV includes, but is not limited to:

- Domestic abuse,
- Rape and sexual assault,
- Childhood sexual exploitation,
- Stalking and harassment,
- Commercial sexual exploitation,
- Female genital mutilation, forced marriage, and so-called “honour”-based violence.

Children and young people can be directly impacted by violence or can live in a household where GBV is taking place. In both cases, the negative impact on children and young people can be enormous and both are recognised as Adverse Childhood Experiences (ACEs) which can affect the health, wellbeing and life chances of young people throughout their lives.

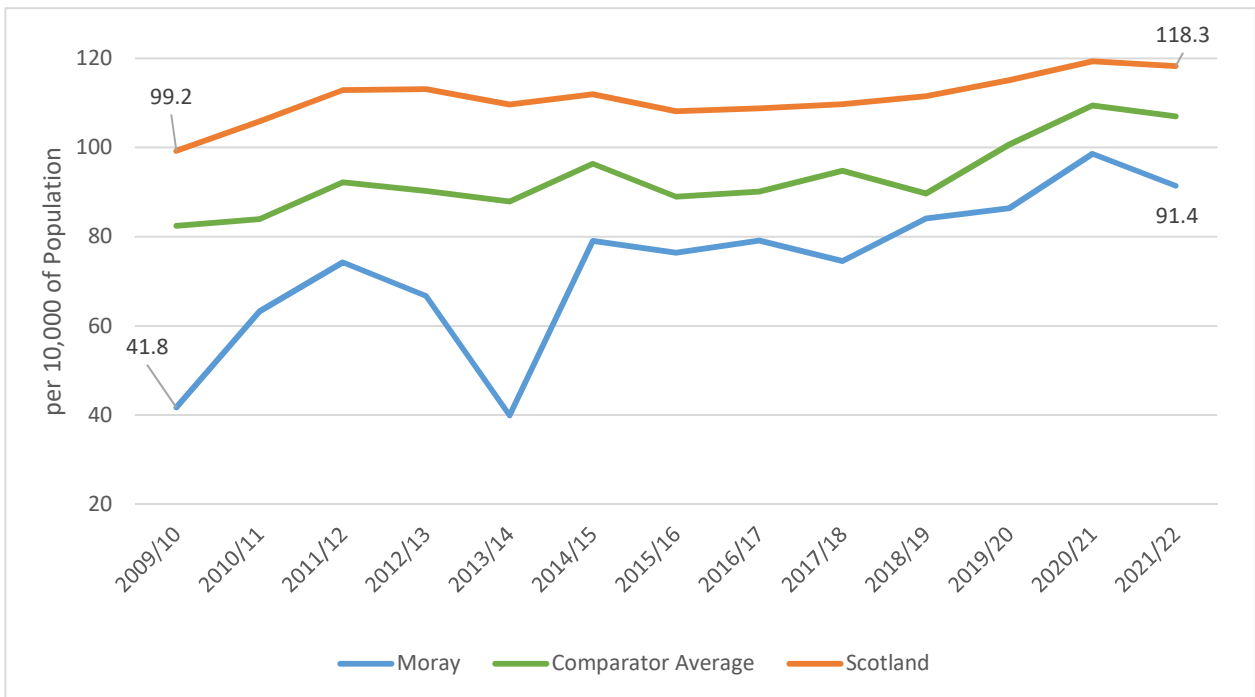
Early evidence shows that the Covid-19 pandemic has had a significant negative impact upon GBV<sup>199,200</sup>, including for children and young people<sup>201</sup>. As well as seeing increasing levels of violence, the restrictions put in place to reduce covid transmission also impacted on the degree to which women could leave settings of abuse and come into contact with supportive services<sup>202</sup>. National data shows that the so-called cost of living crisis is making this situation worse. Research from Women’s Aid found that two thirds of abuse survivors report that their abuser used the cost-of-living increases and worry about financial hardship as a tool for coercive control. Almost three quarters of women living with and having financial links with the abuser said that the cost of living crisis had either prevented them from leaving or made it harder for them to leave<sup>203</sup>.

Figure 5.33. shows data from Moray Women’s Aid on those people they have supported for domestic abuse. The number of women supported has been increasing consistently in recent years, though this saw a small drop in the first year of the pandemic. The number of children and young people (CYP) supported, on the other hand, has continued to rise even during the pandemic, with a 29% increase in the number of CYP supported since 2017/18 (from 96 to 124).



**Fig.5.33. Women, Children and Young People (CYP) supported for Domestic Abuse by Moray Women's Aid, by year<sup>74</sup>.**

Figure 5.34 shows the rate of domestic abuse incidents reported to Police Scotland and a small decrease has been seen in the last year. However, over the medium- and long-term, while the rate in Moray remains below that of our comparator local authorities and the Scotland-wide rate, the rate has been increasing in all three over the time period. The rate of increase in Moray is much greater than that for Scotland. In 2009/10, the Scotland-wide rate was more than twice as high as Moray's rate. In 2021/22, the Scotland-wide rate was only 29% higher. This may be explained by an increase in domestic abuse cases, it is also possible that a greater proportion of domestic abuse cases are being reported now compared to in the past.



**Fig.5.34. Incidents of domestic abuse recorded by Police Scotland, per 10,000 population<sup>204</sup>.**

Domestic abuse can take a number of forms, including physical, sexual, emotional and financial abuse including coercive control. Children can be affected by the abuse as a direct victim of violence, as a witness and indirectly e.g. lack of material resources if an abusing parent withholds money. Data from Moray Women's Aid shows that 32% of Moray survivors interviewed said their access to money during an abusive relationship was controlled by the perpetrator and 25% said their partner did not let them have enough money for essentials during the relationship. A third had to give up their home as a result of the abuse or leaving the relationship and over 40% were in debt as a result of the abuse<sup>74</sup>.

---

*"I am struggling with splitting up with my partner and looking after my young son alone. I can't seem to move on. But I want to, I want to go back to college to finish my mechanical engineering course but don't know if I can in my situation. But I want to earn good money to live a better life for us both". Woman who left her partner due to domestic abuse.*

*"Due to being in a mentally abusive relationship I feel my self-esteem, self-belief and confidence are at a low. I want to move forward with my life, and get a good job and be off benefits, but I don't know who I am anymore or how to move forward".*

*"I was sexually assaulted when I was 16, and for the past 7 years I have been in a emotional, physical and mentally abusive relationship. I am not in this relationship anymore, but this has impacted on my children to the extent that no of us will sit in the living room because of the association to abuse"*

---

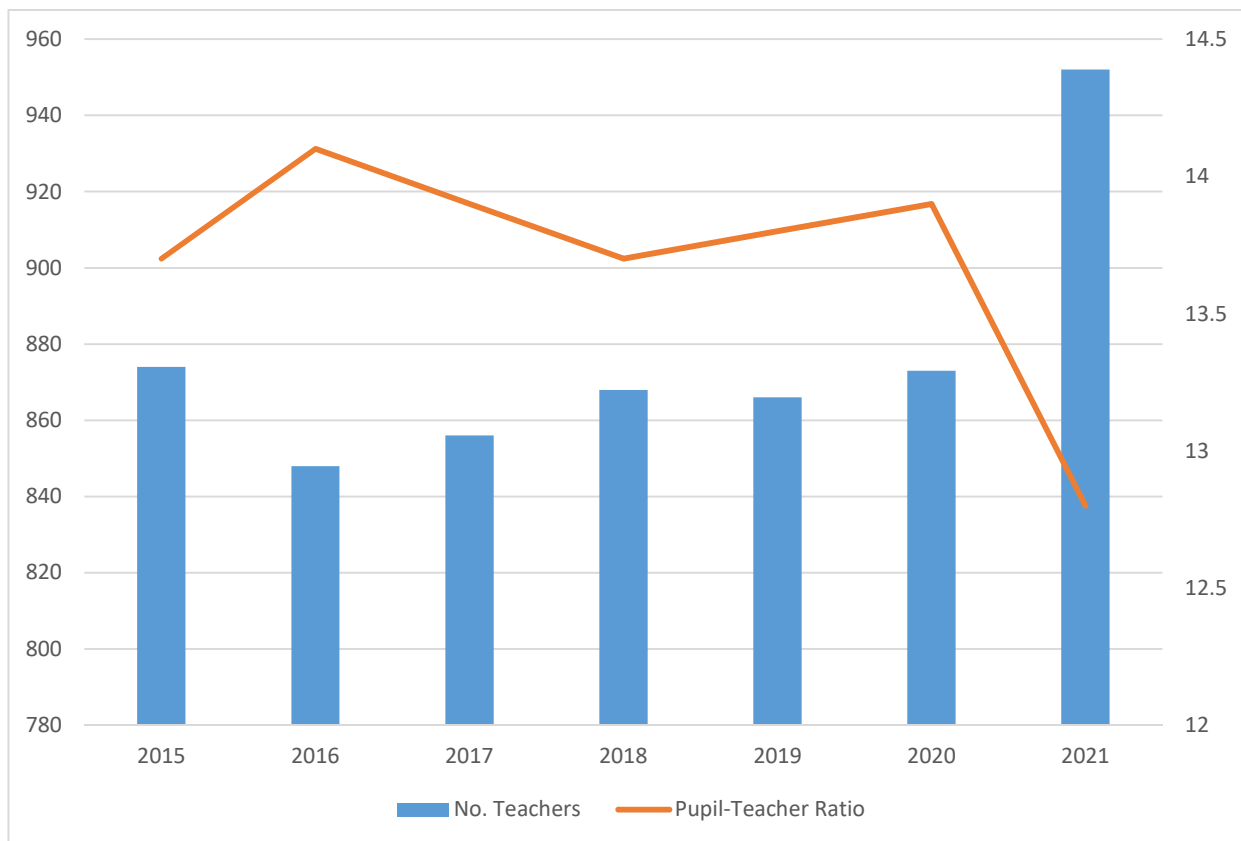
**UNCRC Article 28: All Children and Young People have the right to an education, no matter who they are.**

**UNCRC Article 29: Children and Young People have the right to an education which develops their personality, respect for others' rights and the environment. Their education should help their mind, body and talents to be the best they can.**

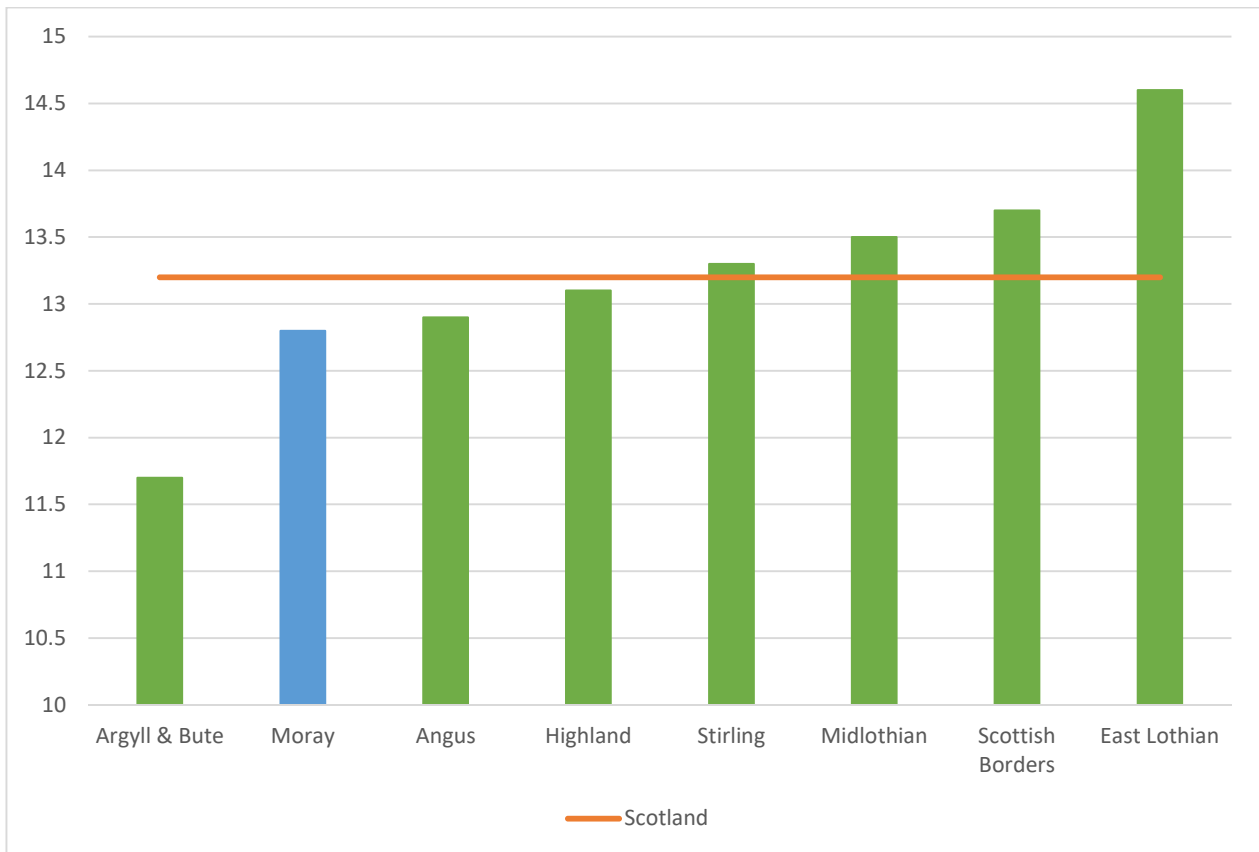
## 6. Education, Activity and Employment

### 6.1. Teaching Provision

Figure 6.1 shows the number of teachers employed in Moray over time, as well as the resulting pupil-teacher ratio. The ratio has remained fairly stable over time until 2021 when the number of teachers in employment increased significantly from around 870 to 950. It is thought that much of this rise is likely to be due to monies made available due to covid. It remains to be seen if this level of employment will be sustained. Figure 6.2 shows that Moray compares well to our comparator local authority areas, with only one having a lower pupil-teacher ratio.



**Fig.6.1. Number of Full-Time Equivalent (FTE) teachers in Moray in all sectors excluding Early Learning and Childcare, left-hand axis. Pupil-teacher ratio, right-hand axis<sup>205</sup>.**



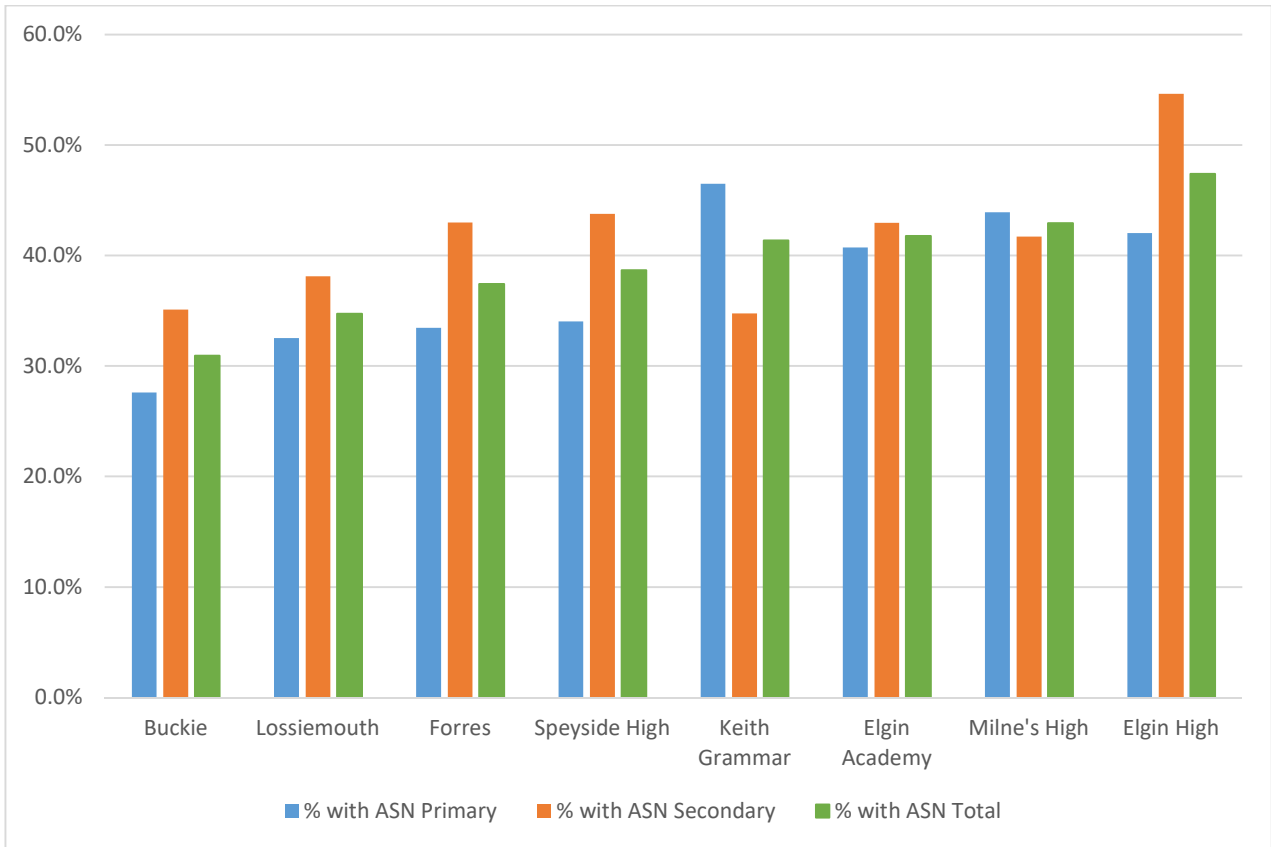
**Fig.6.2. Pupil-teacher ratios in all sectors excluding Early Learning and Childcare<sup>200</sup>.**

## 6.2. Pupils with Additional Support Needs

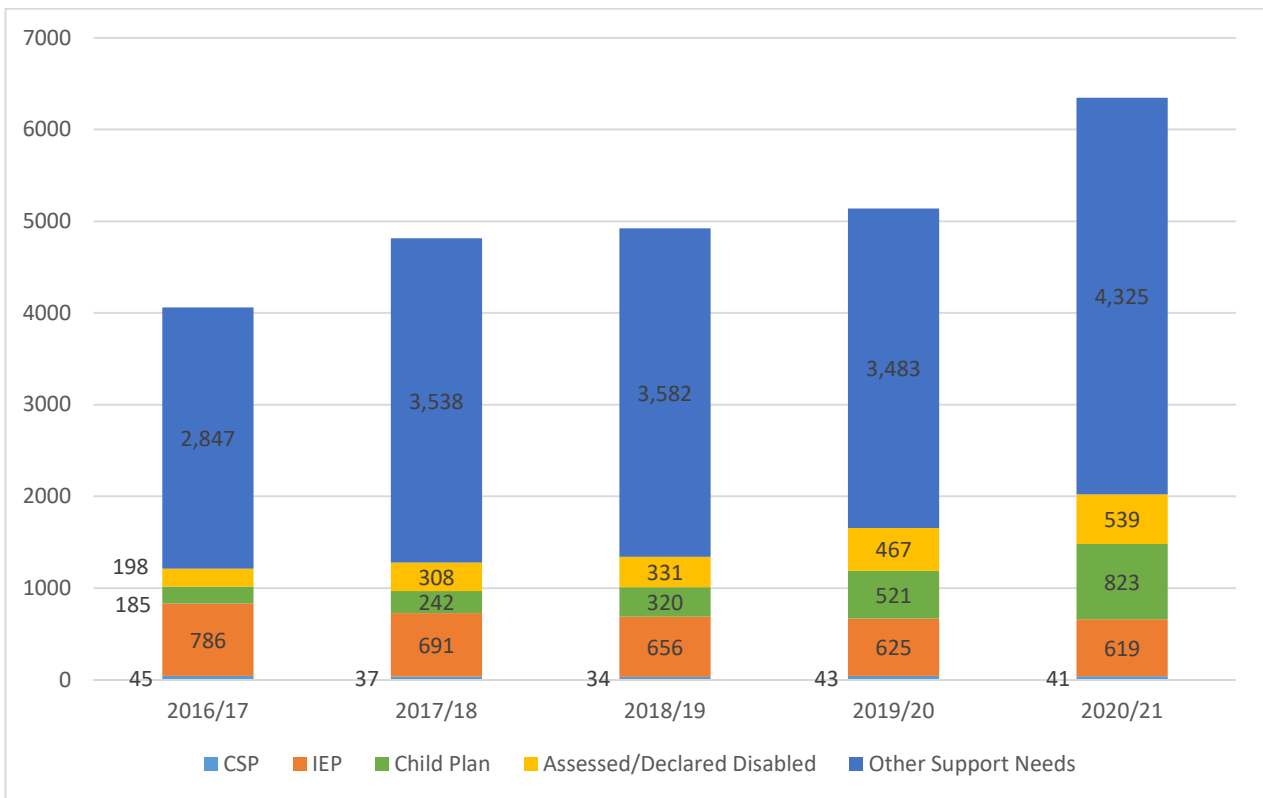
While statistics are available with numbers of children declared as having additional support needs or a disability by each local authority, comparison has not been undertaken here as each local authority has different criteria for categorising children and young people this way. Figure 6.3 shows the geographical distribution of children and young people with additional support needs (ASN) within Moray, by associated school group. In general, those with a higher proportion of children with ASN in primary schools also have a higher proportion in secondary schools. Keith Grammar is the exception to this, with the highest proportion of children with ASN in primary schools but the lowest proportion in the secondary school.

Figure 6.4 shows how the number of children and young people recorded as having ASN has changed over time. This number has risen dramatically from around 4,000 in 2016/17 to over 6,000 in 2020/21. Table 6.1 shows the breakdown of reasons for support in 2020. The most common reasons were social, emotional and behavioural difficulty (26%), other specific learning difficulty (18%), and other moderate learning difficulty (17%).





**Fig.6.3. Proportion of pupils with additional support needs by associated school group and primary/secondary, Sep 2021.**



**Fig.6.4. Number of pupils in Moray with an additional support need by type of plan/need, by year.**

**Table 6.1. Moray Pupils with Additional Support Needs by sector and reasons for support, Sep 2020.**

Reason for Support	Number of Pupils			Rate per 1,000 pupils		
	Primary	Secondary	Total	Primary	Secondary	Total
No. pupils with reason for support	2,612	2,090	4,702	376.2	404.2	388.1
Learning disability	208	146	354	30.0	28.2	29.2
Dyslexia	76	234	310	10.9	45.3	25.6
Other specific learning difficulty (e.g. numeric)	453	392	845	65.2	75.8	69.8
Other moderate learning difficulty	435	342	777	62.7	66.1	64.1
Visual impairment	56	49	105	8.1	9.5	8.7
Hearing impairment	29	23	52	4.2	4.4	4.3
Deafblind	*	*	*	*	*	*
Physical or motor impairment	109	117	226	15.7	22.6	18.7
Language or speech disorder	266	126	392	38.3	24.4	32.4
Autistic spectrum disorder	167	166	333	24.1	32.1	27.5
Social, emotional and behavioural difficulty	677	527	1,204	97.5	101.9	99.4
Physical health problem	149	157	306	21.5	30.4	25.3
Mental health problem	25	123	148	3.6	23.8	12.2
Interrupted learning	146	71	217	21.0	13.7	17.9
English as an additional language	319	213	532	45.9	41.2	43.9
Looked after	50	65	115	7.2	12.6	9.5
More able pupil	49	60	109	7.1	11.6	9.0
Communication Support Needs	108	62	170	15.6	12.0	14.0
Young Carer	8	53	61	1.2	10.2	5.0
Bereavement	39	49	88	5.6	9.5	7.3
Substance Misuse	16	15	31	2.3	2.9	2.6
Family Issues	299	220	519	43.1	42.5	42.8
Risk of Exclusion	21	34	55	3.0	6.6	4.5
Other	339	182	521	48.8	35.2	43.0

The quotes below show some of the challenges for children and young people classified as having ASN, as well as for their parents. Further data on the experiences of families of children with neurodiversity and of children with disabilities can be found in sections 4.5 and 4.6.

---

*“[Father of children with dyslexia and ADHD] expressed concerns around how these conditions are diagnosed, supported in main stream school and the lack of understanding amongst professionals regarding identifying such ASN’s in children and working with families to seek further help, support and guidance on diagnosis.”*

*[Young person identifying as neuro-diverse] “I felt like a monster being kept in a room by myself with two members of staff. I don’t feel confident to social with other people my age because I wasn’t in the classroom with other kids in early primary school. It has impacted my confidence now I am older in secondary school”*

*“My daughter is diagnosed with Global Learning Delay and being assessed for Autism. Since last January she will not go into school, and more recently will not come out of her room. She self-harms and I am scared to leave her in the house alone. I feel the professionals are not listening to me with the severity of how we are living just now. My mental health is at rock bottom due to this, and I have no time for a life of my own”.*

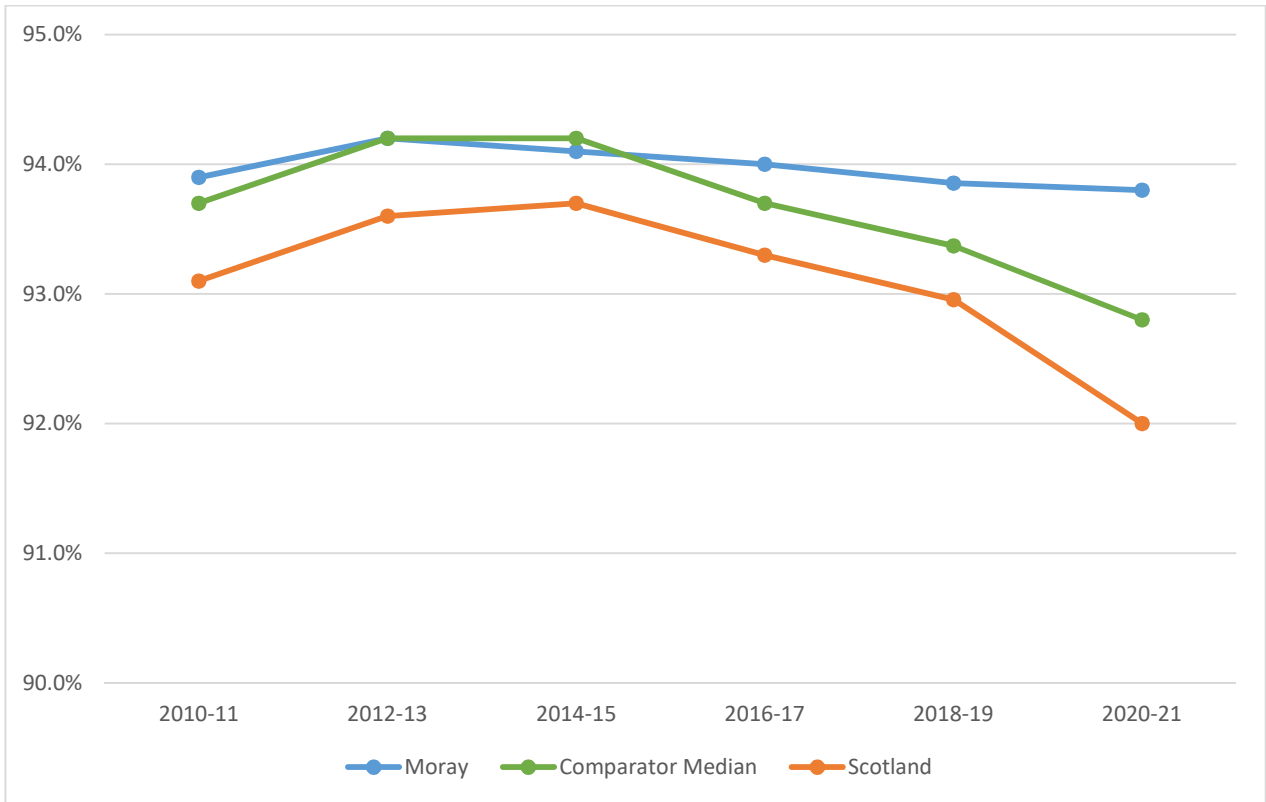
*“Difficulty in accessing after school clubs for children with ASN as supports are not there. Even with school based after school clubs our support staff finish work at the end of the school day. We have used PEF funding in the past to provide bespoke clubs and activities but don’t have the money to do so anymore.”*

---

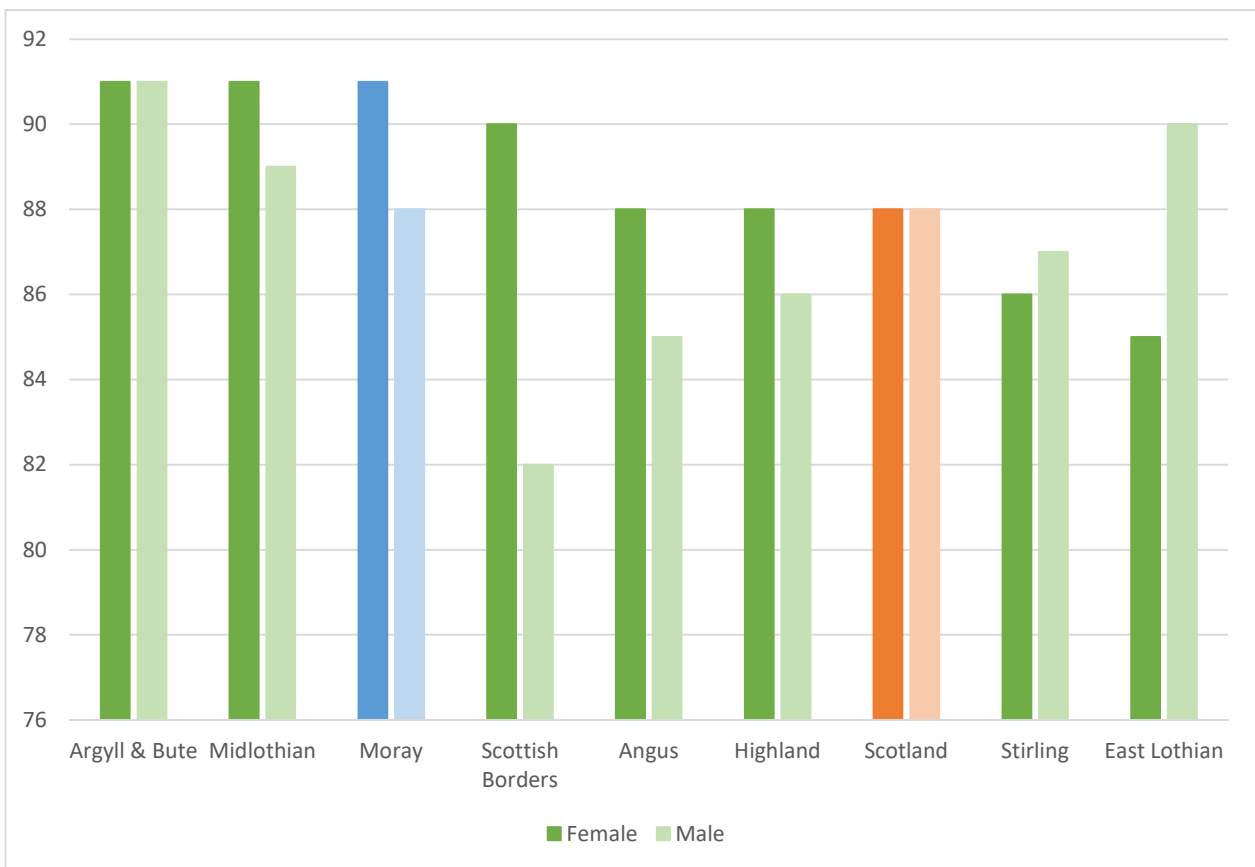
### 6.3. School Attendance and Exclusion from School

#### 6.3.1. Attendance

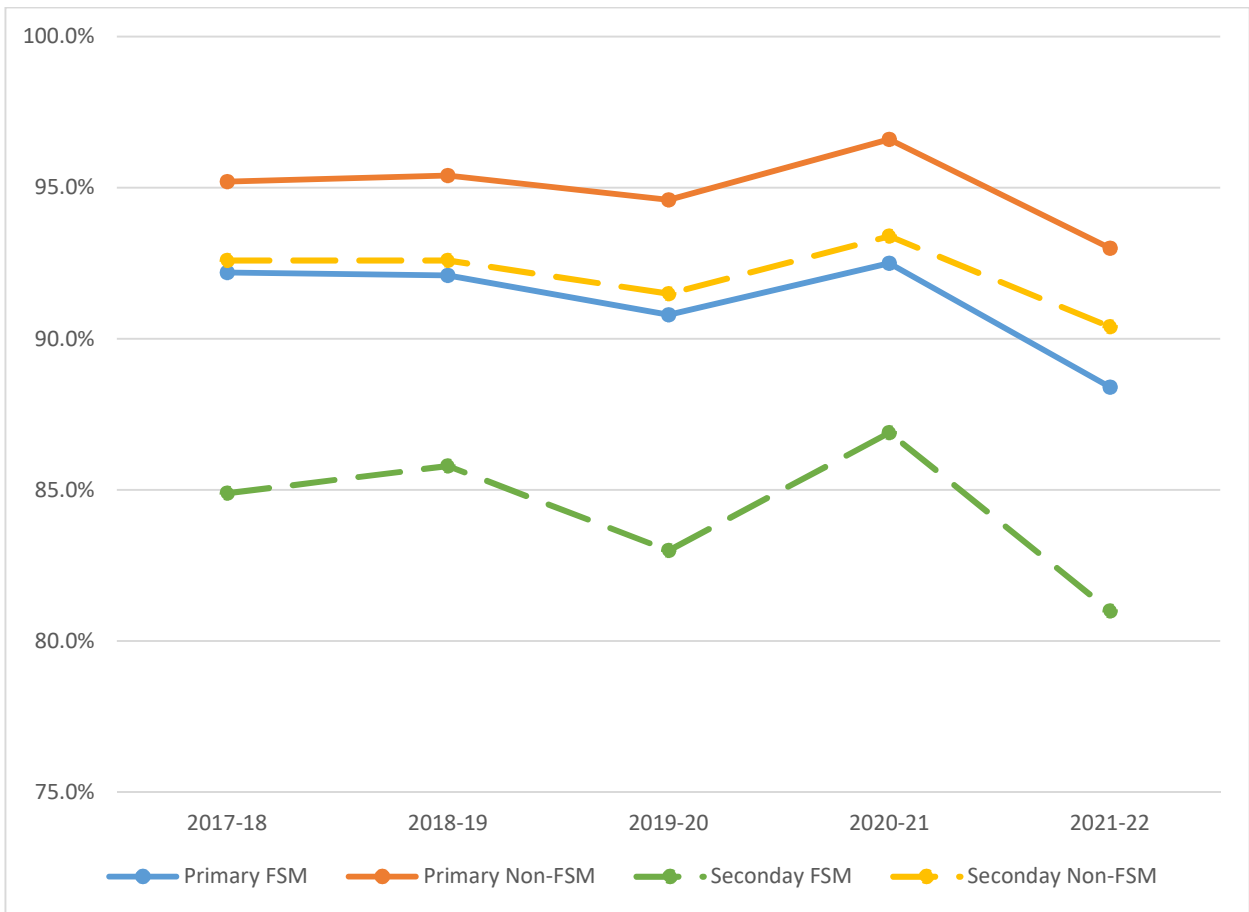
Figure 6.5 shows the attendance rate of pupils. Moray’s attendance rate has remained very stable over recent years at around 94%. This is in contrast to figures for our comparator local authorities and Scotland-wide, where rates have been reducing slowly since 2014/15. However, this high rate of attendance does not reflect the experience of all pupils. Figure 6.6 shows that Looked After girls have an attendance rate of 91% and Looked After boys of 88%. Figure 6.7 shows the different attendance rates of pupils eligible for free school meals compared to their peers who are not eligible. As can be seen, there is a significant and sustained gap in attendance for both primary and secondary pupils. The gap is approximately 5% for primary pupils (88% vs 93%) and 9% for secondary pupils (81% vs 90%).



**Fig.6.5. Percentage school attendance, by year<sup>206</sup>.**



**Fig.6.6. Percentage school attendance for children looked after within the last year, by gender, 2020/21<sup>207</sup>.**



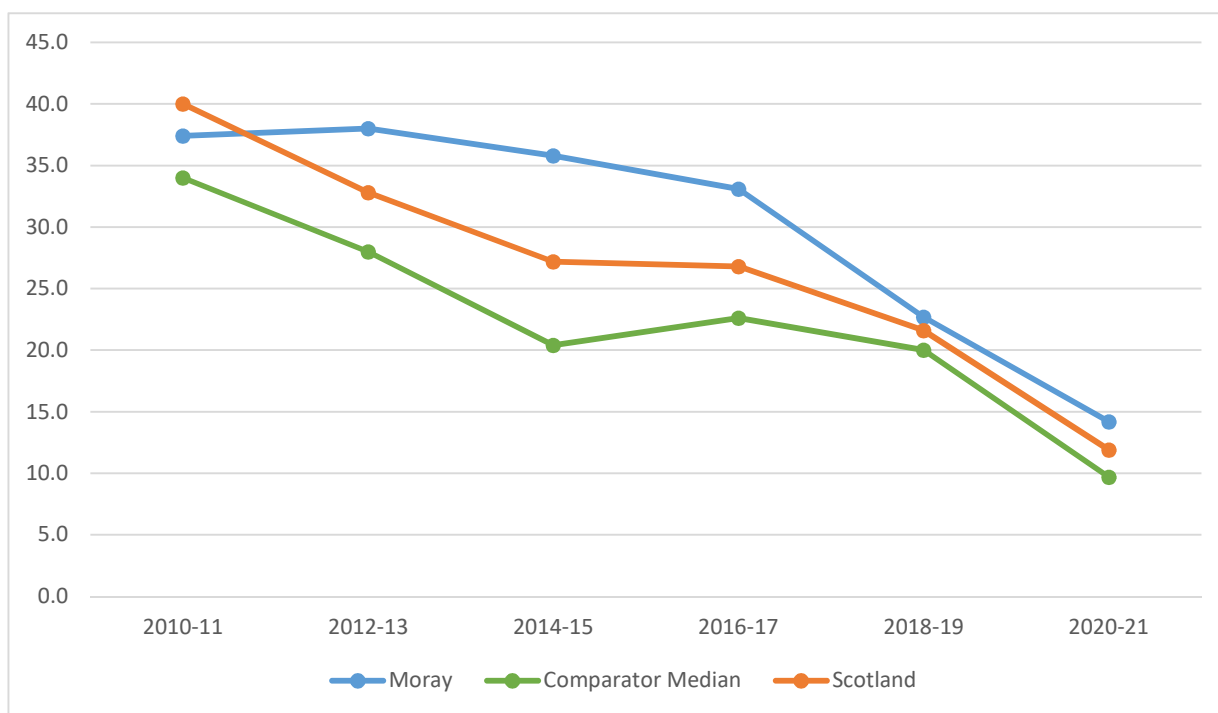
**Fig.6.7. Percentage school attendance in Moray by eligibility for Free School Meals by year.**

“Young person is currently not attending at school (has been supported by the school inclusion worker and counselling service = six weeks- neither support now in place). Following Covid and then move to Elgin no transition to high school young person is finding it extremely hard to attend school. He breaks down and cries uncontrollably. Young person feels torn as wants to be in school but there is a barrier for them. There has been a referral to the Rowan centre but they feel it is low impact and CAMHS will check in in a few months. There is a negative voice and I’m control the ball overthinking. Young person can’t see a way out. School are now sending work home in a way to currently encourage young person back but it feels it is pushing him further away. Feeling anxious that they are falling behind and also the unknown about what is to happen.”

“Young person having challenges with school attendance. Will leave home for school but wander around and not attend. Wants to manage and focus on schoolwork but doesn’t know how to start. Anxiety has impacted this as they hate crowds and won’t go to class if late in case people look at them.”

### 6.3.2. Exclusion

Exclusion rates have been significantly reducing across Moray and Scotland in recent years (see figure 6.8). The exclusion rate for Moray in 2020/21 was 14.2 per 1,000 pupils, a 63% reduction from 2012/13. The rate for Moray is consistently higher than for our comparator local authority areas and Scotland-wide, though this gap is small.



**Fig.6.8. School rates of exclusion per 1,000 pupils, by year<sup>208</sup>.**

As for attendance rates, the overall figure does not reflect the experience of all pupils. Figure 6.9 shows the exclusion rate for Looked After children and young people. While this has been reducing along with the rest of the pupil population, the rate remains much higher for looked after children and young people. In 2020/21 there were 125 exclusions per 1,000 looked after pupils compared to a rate of 14.2 per 1,000 for the whole school population (9 times higher).

Figure 6.10 compares exclusion rates for all pupils with rates for pupils with ASN. While there is also a gap here, it has narrowed significantly in recent years. For primary school pupils with ASN, the rate is 2.8 per 1,000 compared to 1.6 per 1,000 for all primary pupils. For secondary school, the figures are 32.1 per 1,000 and 43.7.

Figure 6.11 shows the gender breakdown of school exclusions, showing the overwhelming majority are male pupils. This data paints a picture together with that in section 5 showing the predominance of boys and young men in criminal behaviour, and that in section 4 showing the reduction in proportion of young people accessing mental health services. Together, this data may suggest that young boys are not having their needs met, resulting in challenging and ultimately criminal behaviour.

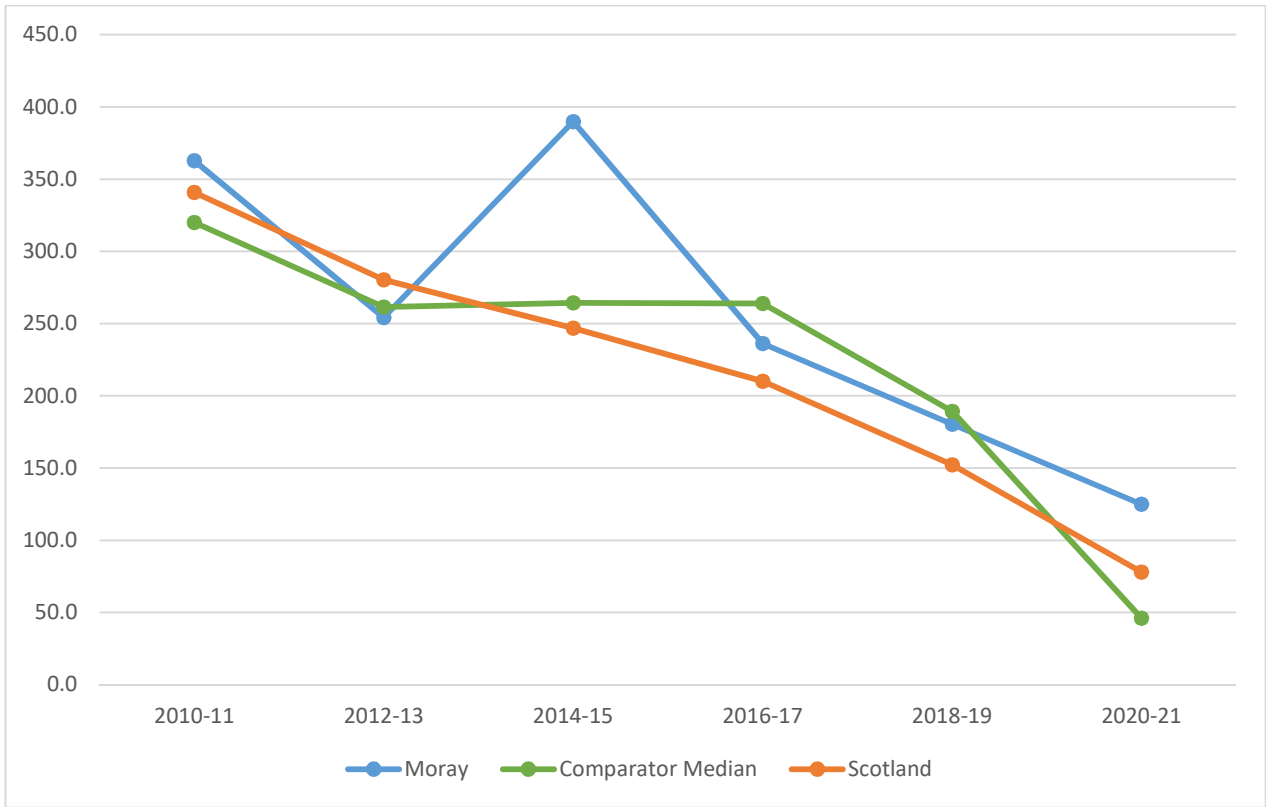


Fig.6.9. School rates of exclusion per 1,000 pupils looked after within the last year, by year<sup>202</sup>.

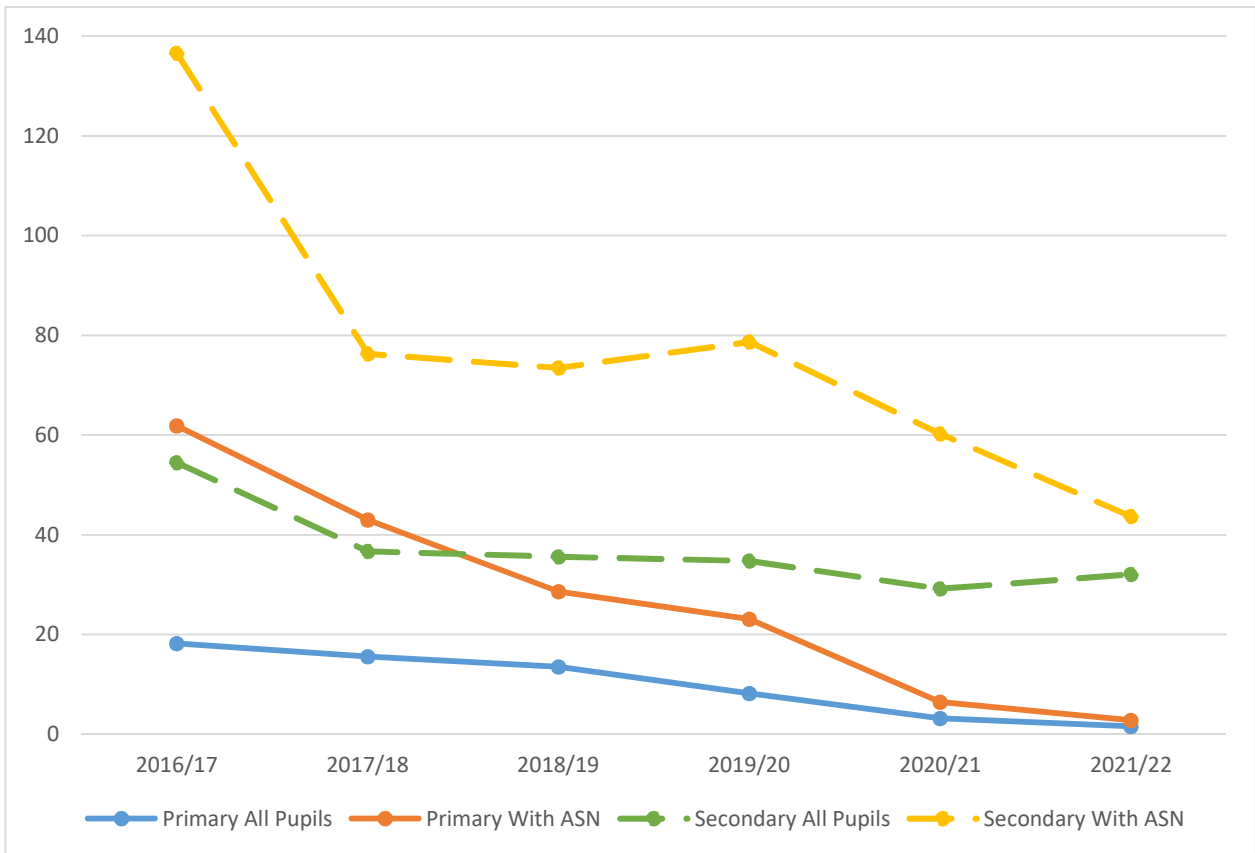
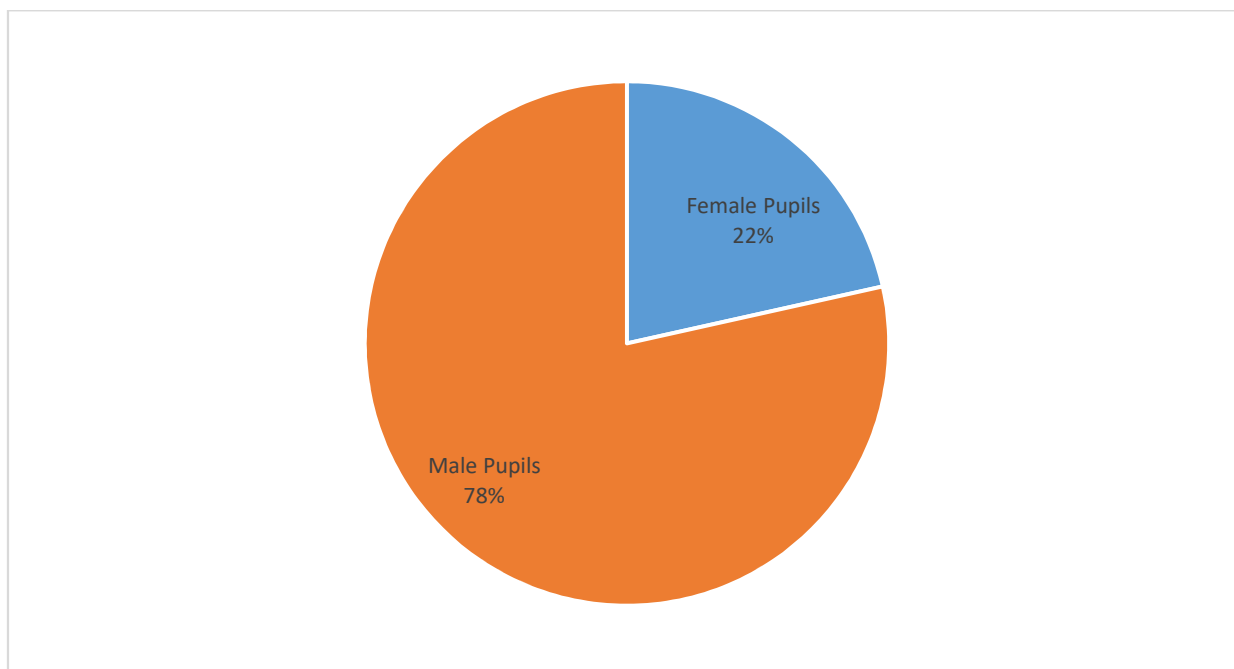


Fig.6.10. School rates of exclusion per 1,000 pupils by Additional Support Needs status and primary/secondary, by year<sup>203</sup>.



**Fig.6.11. Proportion of cases of school exclusion by gender in Moray, 2020-21<sup>203</sup>.**

The quote below does not concern a formal exclusion from a school, but does show an example of a child having a change of school not of their choice, resulting in dislocation from their social support networks.

---

*“A young person’s gender identity was not accepted by his family. This resulted in her separating from her family and moving into a care home. A decision was made for the young person to start school post-transition in a different school from the one they had previously attended. The young person wanted to continue at their old school but was told she could not because of the risk that she would be bullied. As a result, she was disconnected from all her social connections – family and friends – in a short space of time.”*

---

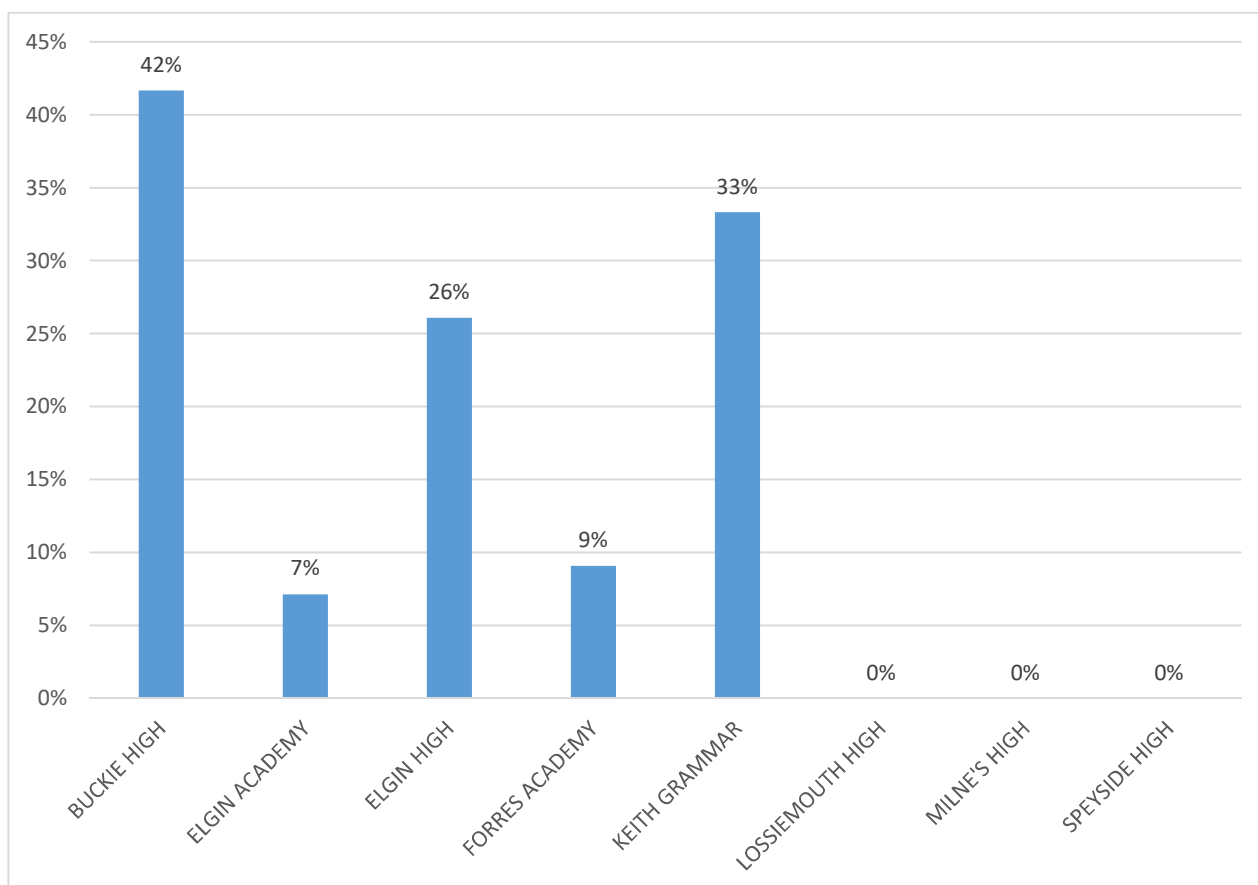
### 6.3.3. Part-Time Timetables

Concerns were raised by some professionals locally around the potential for some more vulnerable or marginalised groups (e.g. Care Experienced Young People or those with Additional Support Needs) to be further marginalised from their peer groups, communities and educational opportunities by being on part-time timetables. While exclusions have been reducing, we do not have a clear picture of pupils whose schooling may be significantly restricted. Part-time timetables can include a wide range of circumstances from minor changes where a small number of hours are spent outside the classroom, to a timetable where very little time is spent in school. As such, the situation is very complex and what is appropriate for each child cannot be easily summarised. In the timeframe allowed for the production of this document, it has not been possible to build a



comprehensive picture of part-time timetables and this deserves further investigation for the next refresh of the needs assessment.

To show an example of how variable experiences can be, figure 6.12 shows the proportion of Care Experienced Young People who are on part-time timetables at the different secondary schools in Moray.



**Fig.6.12. Percentage of Care Experienced Young People on Part-Time Timetables by School in Moray.**

Concerns raised around the use of part-time timetables include:

- Children and young people experiencing significant social isolation in spending little time in the school community;
- Increased pressure on parents and carers when the child is not in education, leading to pressures on family relationships as well as difficulty maintaining employment. Due to the gendered parenting discussed in section 2.8, this is more likely to impact on female carers;
- Young people on reduced timetables have lower recorded attendance than those in full-time education.

#### 6.4. Wellbeing at School

As a setting where most children and young people spend a great deal of their time, wellbeing at school is an important aspect of overall wellbeing. The Health and Wellbeing Census (HWBC) asked a number of questions around wellbeing specifically related to school experiences (see figure 6.13). The statements with which the most children and young people agreed were regarding how important they and their parents/carers regarded their education. The fewest affirmative responses came to the statement “I feel like I have a choice in what I am learning in school”. Many of these statements get fewer positive responses in the early years of secondary school compared to primary school and later years of secondary school.

Figure 6.14 shows these data broken down by gender. The clearest gender differences are seen in response to the statements “I feel confident to speak up in class, ask questions and share my opinion”, “Most of the time, I am happy at school” and “I feel like I have a choice in what I am learning in school”. For each of these statements, fewer female pupils agreed or strongly agreed compared to male pupils. Conversely, more female pupils agreed or strongly agreed that getting an education is important to them, compared to male pupils, though the differences were very small.

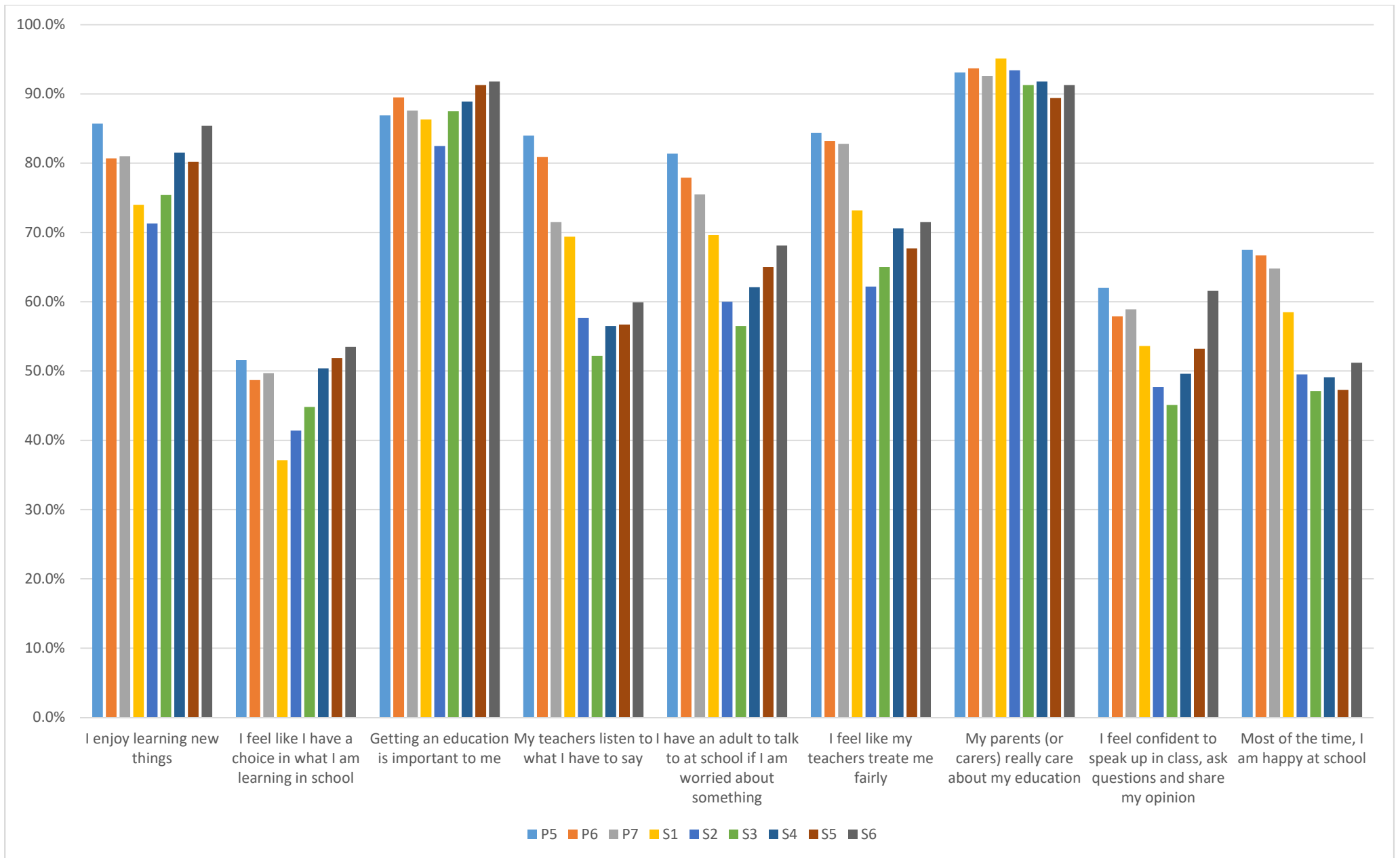


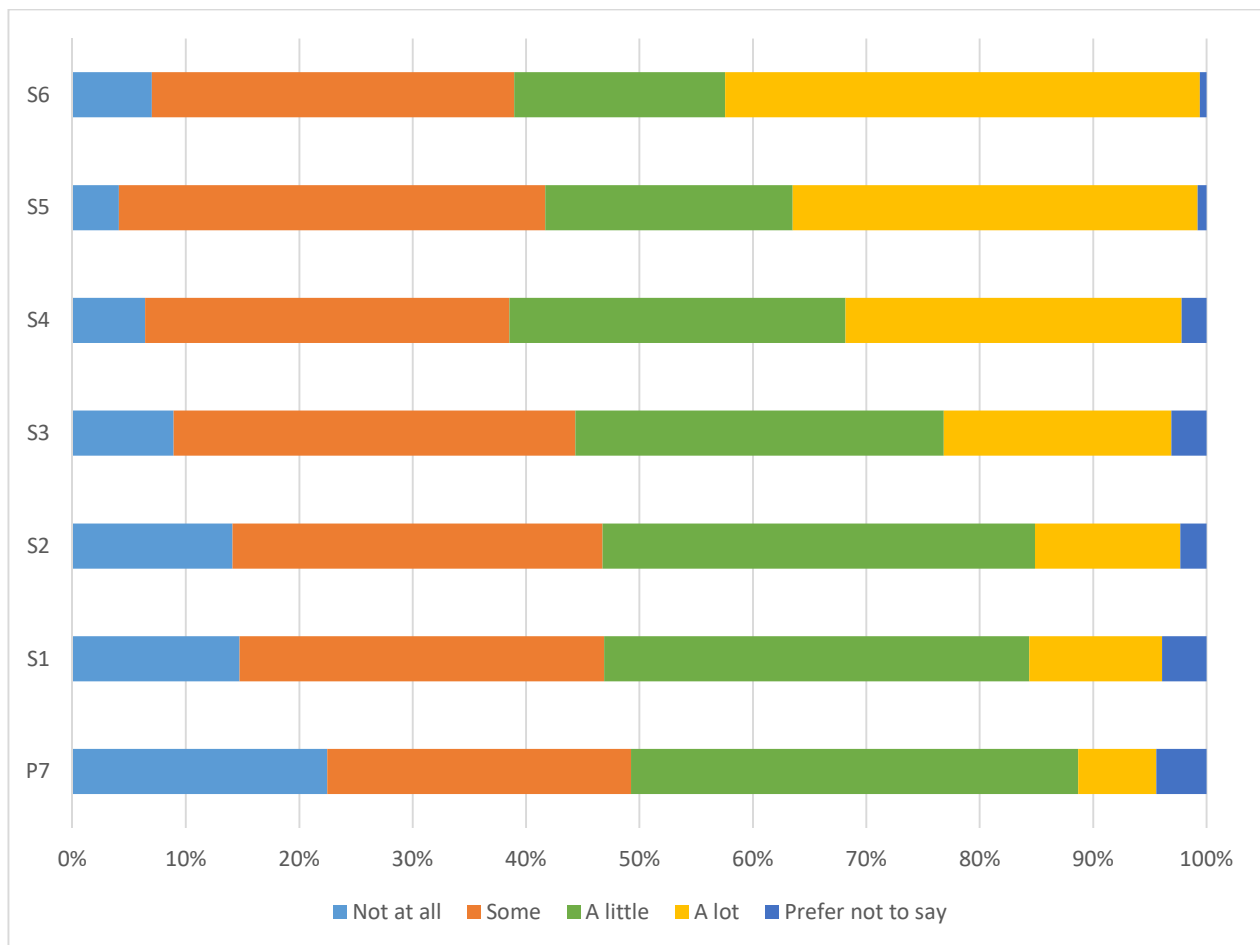
Fig.6.13. Proportion of pupils responding 'agree' or 'strongly agree' to the statements shown, by year group. From Moray Schools HWBC, 2022.



Fig.6.14. Proportion of pupils responding 'agree' or 'strongly agree' to the statements shown, by gender and year group. From Moray Schools HWBC, 2022.

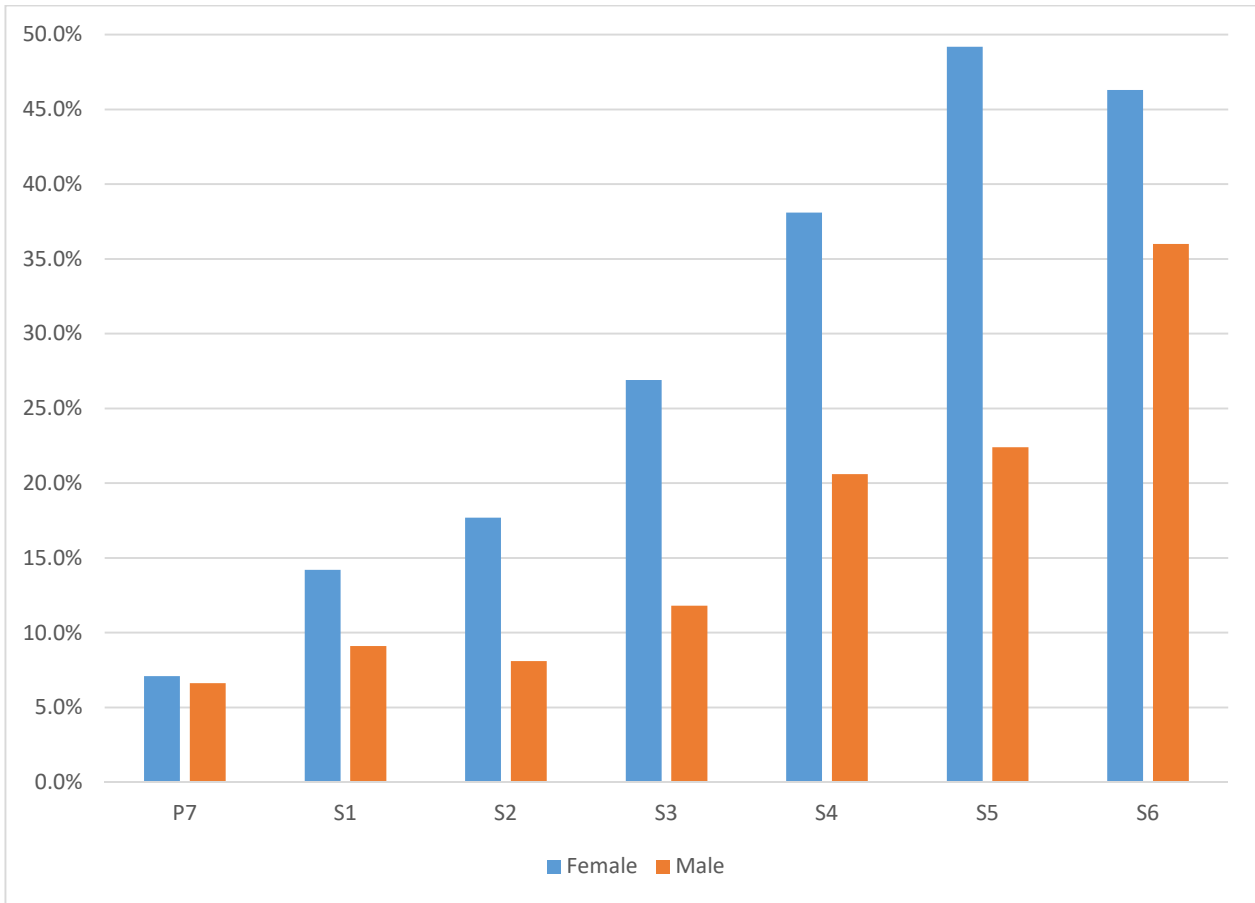
In terms of feeling pressured or stressed by the schoolwork they undertake (the HWBC phrased the question in terms of “schoolwork you have to do”), the proportion responding “a lot” increases markedly as young people progress through their school careers, from 6.6% of P7 pupils to 41.9% of S6 pupils. Conversely, the proportion responding ‘not at all’ reduces from 21.5% in P7 to a low of 4.1% in S5.

Some of the data in responses to this question is not simple to interpret – the possible answers to choose from were ‘not at all’, ‘some’, ‘a little’, and ‘a lot’. In this sequence, it is not clear whether ‘some’ is greater or lesser than ‘a little’. Future iterations of such a question should consider adjusting these choices.



**Fig.6.15. Pupil responses to the question “How pressured (stressed) do you feel by the schoolwork you have to do?” by year group. From Moray Schools HWBC, 2022.**

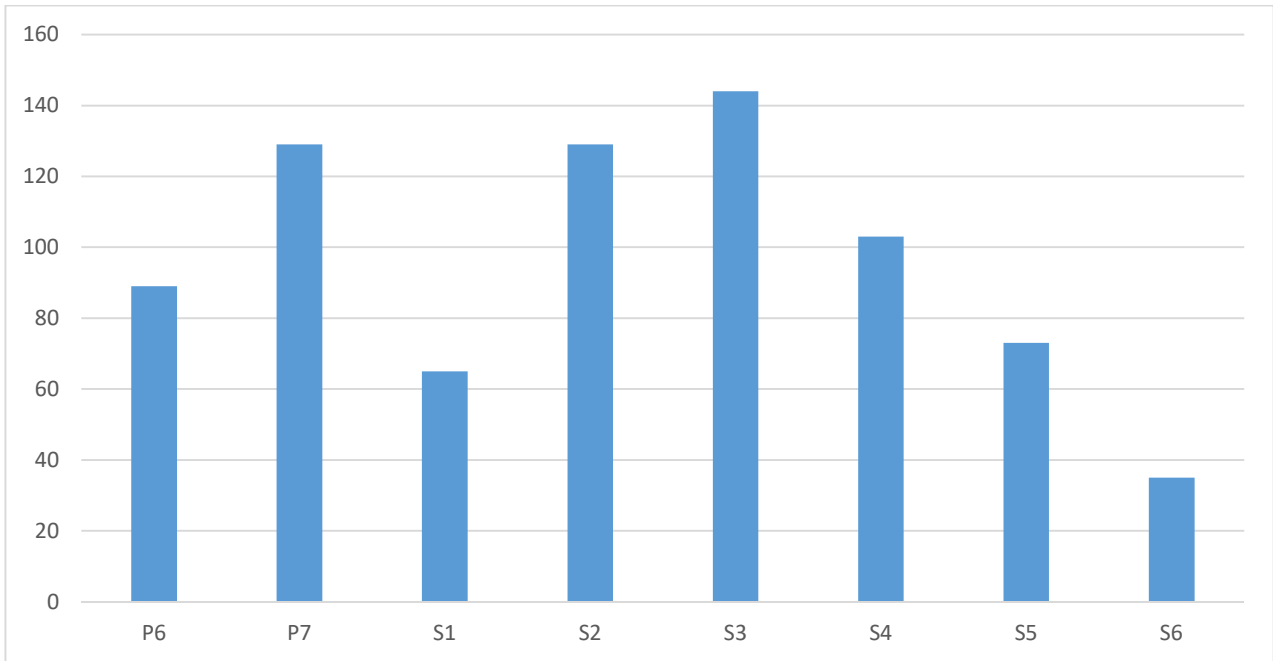
Looking only at those pupils who responded that they felt stressed a lot by schoolwork, figure 6.16 breaks these data down by gender. There is a clear gender divide with female pupils much more likely to report feeling a lot of stress. The proportion of female pupils responding this way increases from 7.1% in P7 to 49.2% in S5. The proportion of male pupils responding this way increases from 6.6% in P7 to 22.4% in S5, followed by a significant rise to 36.0% in S6.



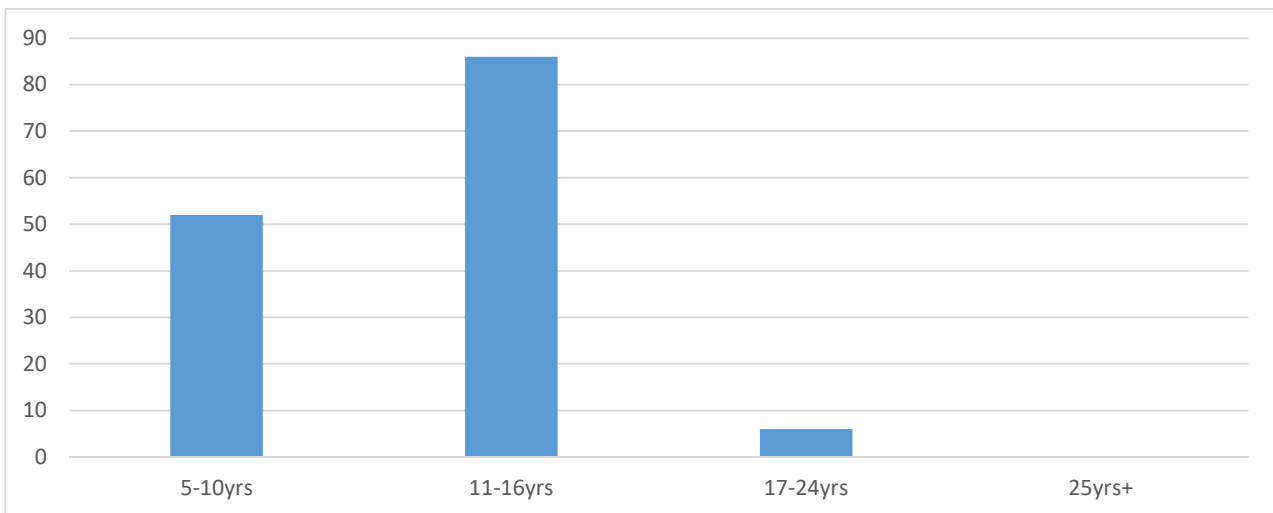
**Fig.6.16. Proportion of pupils responding ‘a lot’ to the question “How pressured (stressed) do you feel by the schoolwork you have to do?” by gender and year group. From Moray Schools HWBC, 2022.**

A school counselling service for young people started in April 2021 and a separate service, ‘Sonas’, began in September of the same year. As such, there is little data associated with these services to date, but what is available is shown below. Of 720 referrals to the school counselling service in the year to July 2022, 644 (89%) were referred by school staff, 35 (5%) were self-referrals and 12 (2%) were referred by school nurses. Only two referrals were made by health professionals during this period (none by GPs) and one by social services. There were 28 onward referrals to CAMHS.

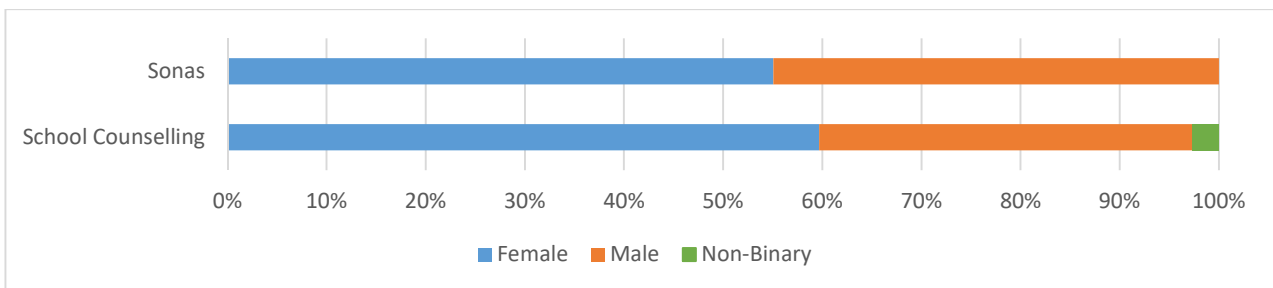
Figure 6.17 shows the number of children and young people accessing the school counselling service broken down by year group. P7, S2 and S3 pupils are currently accessing the service most, while S1 and S6 pupils are accessing it least. The age breakdown of pupils accessing the Sonas service is grouped differently (see figure 6.18). The majority of pupils accessing this service are 11-16 years old. Figure 6.19 shows the gender breakdown of both the school counselling service and Sonas, showing that the majority of pupils accessing both are female.



**Fig.6.17. Children and young people accessing school counselling service in Moray by year group, 2021/22.**

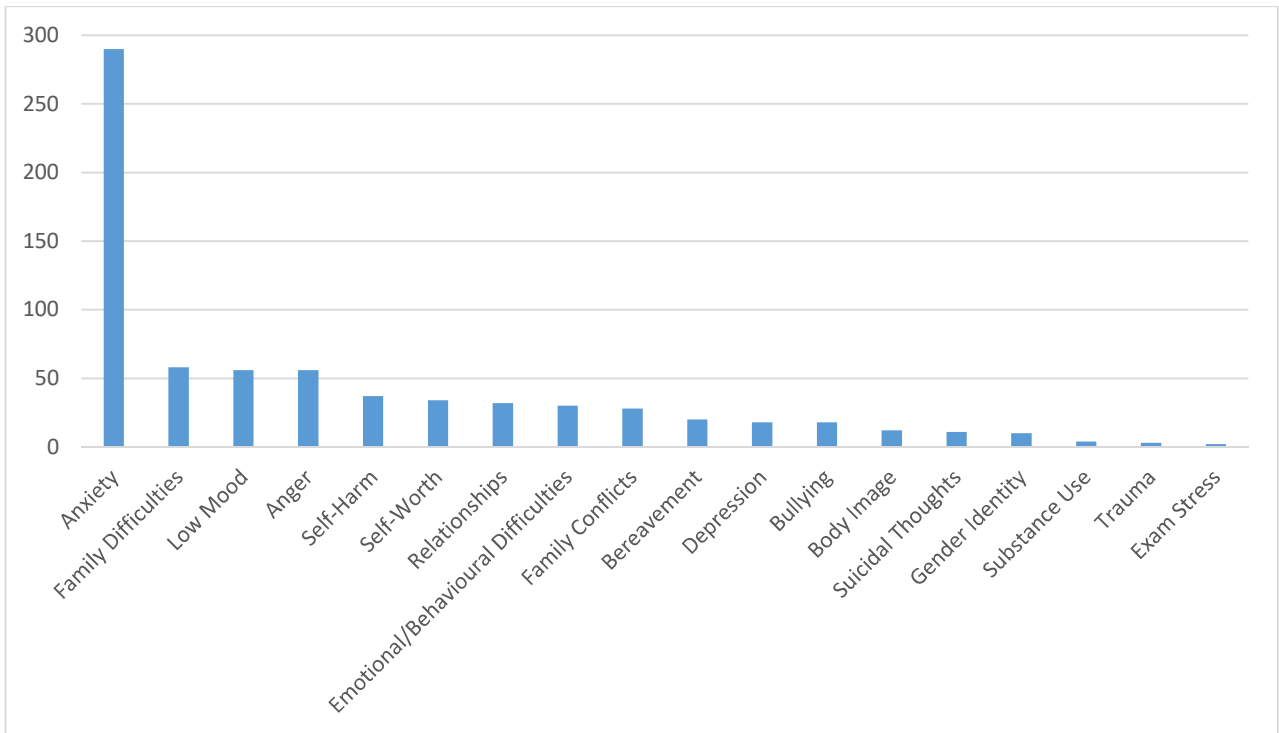


**Fig.6.18. Children and young people accessing Sonas wellbeing service in Moray, Jan-Jun 2022, by age group.**

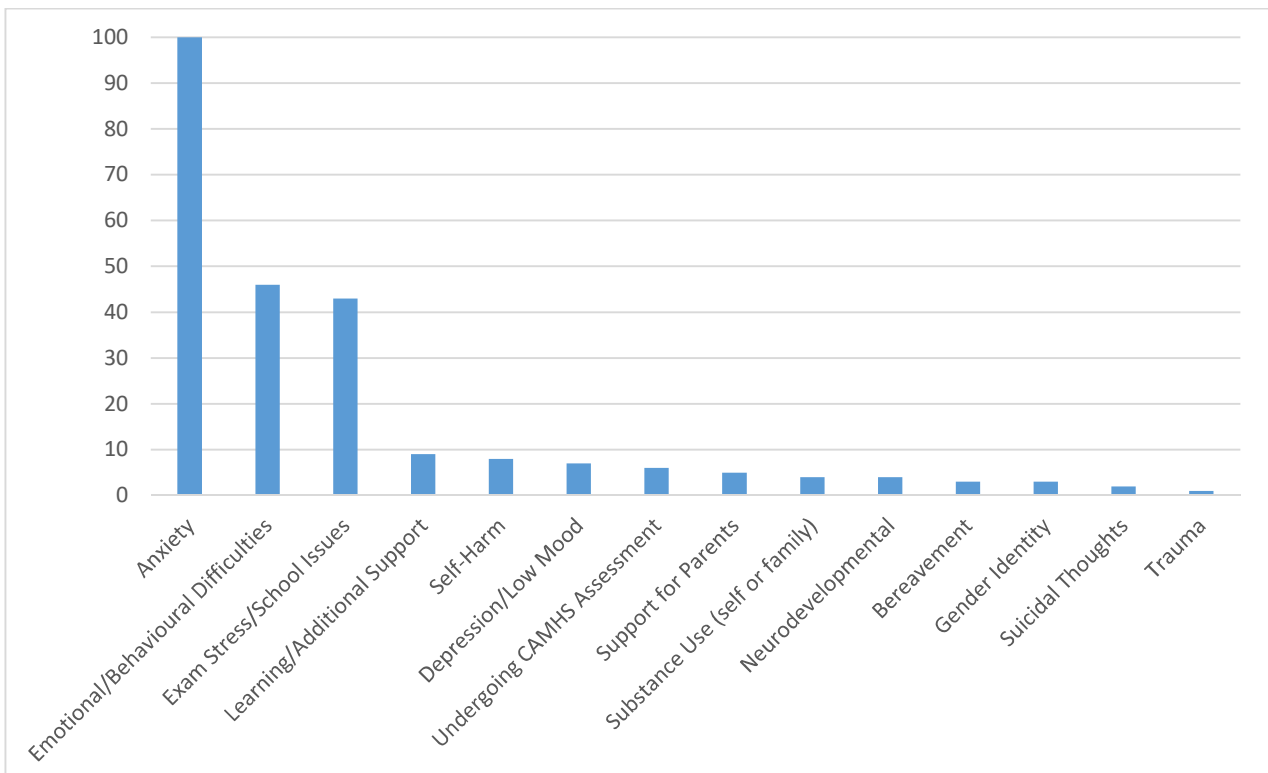


**Fig.6.19. Proportion of children and young people using the school counselling service and Sonas service in Moray by gender, Jan-Jun 2022. NB: Those services users recorded as non-binary should not be assumed to represent all service users who identify that way due to stigma surrounding trans- and non-binary identities.**

Figures 6.20 and 6.21 show the issues which young people are presenting to both services. For both, anxiety is by far the most common issue, while emotional or behavioural difficulties and exam stress or school issues are also common in the Sonas service.



**Fig.6.20. Number of children and young people presenting with specified issues to school counsellors in Moray, 2021/22.**



**Fig.6.21. Number of children and young people presenting with specified issues to Sonas wellbeing service in Moray, Jan-Jun 2022.**



---

*“Anxiety is a substantial concern amongst children and their concepts of it. The data around the increasing unscheduled primary care presentation of children in significant distress is alarming and the rise on part time education timetables. My past experience of these has been it’s a slow process getting back to full time education and with covid gaps already in education knowledge it’s a concern how many young people will be long term disadvantaged.”*

*[Feedback raising concern for CYP with learning difficulties, especially dyslexia and associated conditions]: “Children do not get proper education and are stuck in mainstream education. Children can become frustrated and angry in school. Do not get the specialist educational support that they need and legislation dictates. Most end up leaving school with very poor literacy and numeracy and fail to get well paying employment. Fact that Learning Difficulties are hereditary not acknowledged therefore not picked up pre-school or in Primary School.”*

*“There is a desperate need for LGBTQ+ issues to be addressed more in education, especially in primary. Non-inclusion can feel the same as exclusion.”*

---

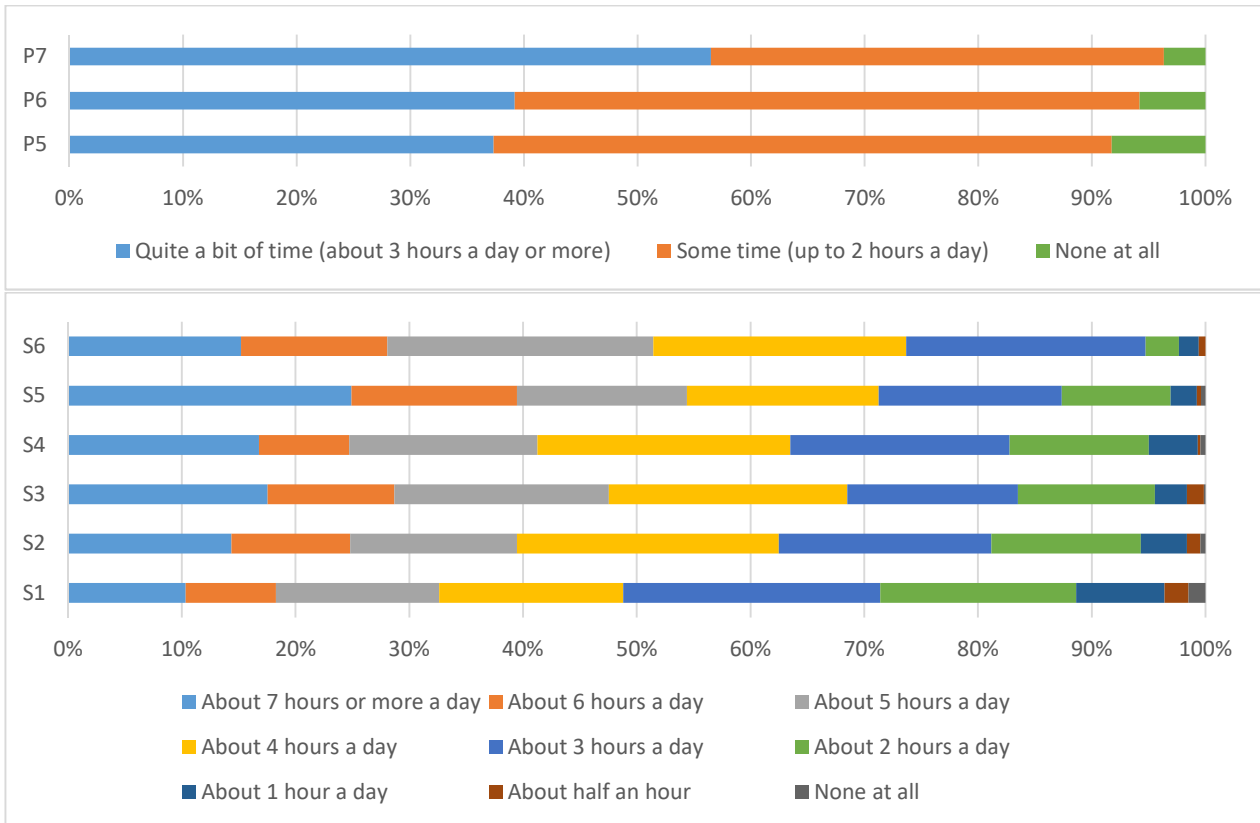
**UNCRC Article 31: Children and Young People have the right to relax and play. Children and Young People have the right to have fun in the way they want to.**

## 6.5. Play and Extracurricular Activities

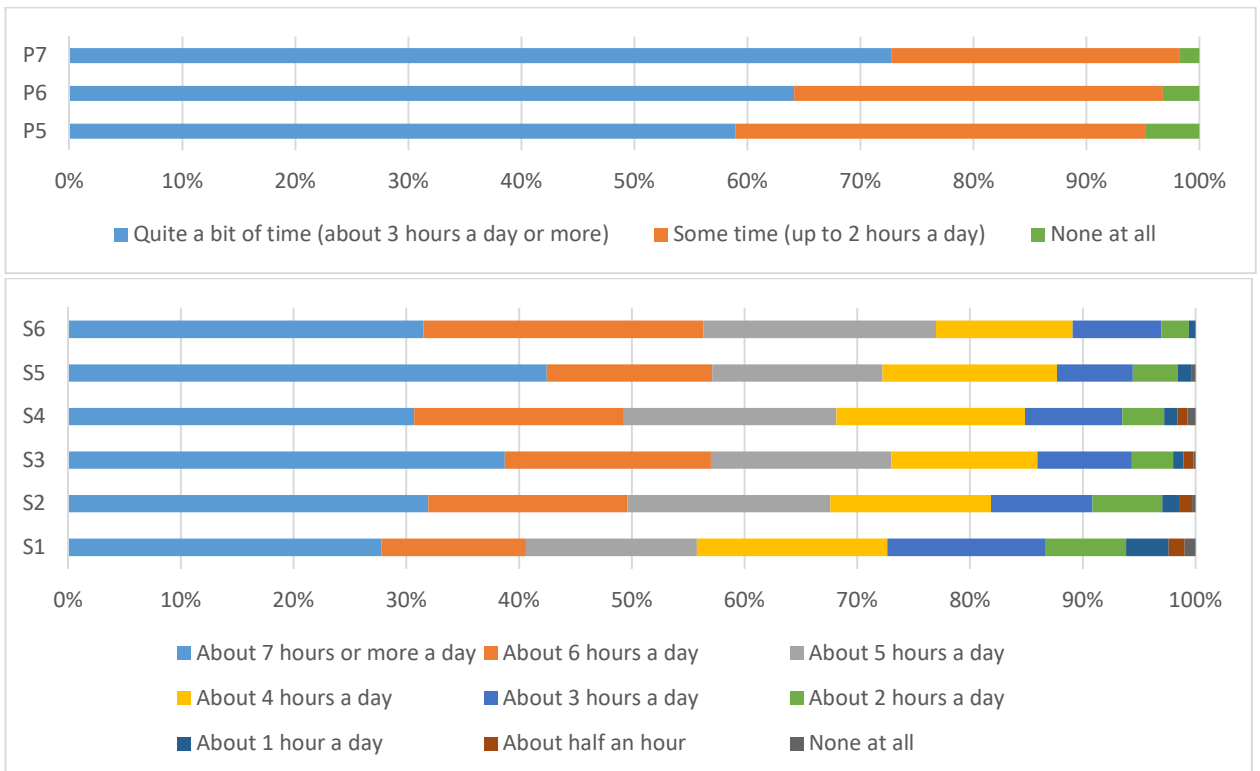
Play is a vital part of children’s lives and central to their physical, social and emotional development. What is more, play can positively impact on children’s emotional wellbeing, social engagement and physical activity levels<sup>209</sup>. Extra-curricular activities such as music and sports also have other life-enriching impacts which will follow children throughout their lives. The quotes on the “No Worries in Moray” day trips seen in section 3 likewise show the value such activities have for children, young people and their families. The data currently available on play is limited, particularly for children in their younger years. However, this section presents the data currently available on some of the ways that young people choose to spend their time, the availability of settings to do this and available activities.

### 6.5.1. Spending Time on Electronic Devices

The HWBC asked young people about how much time they spent on weekdays and weekends using electronic devices. Of course, there are many different ways in which electronic devices may be used, whether for study, communication, play, shopping etc. As such, it is not clear how best to interpret the following data. The answer choices offered to S1-S6 pupils were different to those offered to P5-P7 pupils and that is reflected in the figures. Figures 6.22 and 6.23 shows pupil responses to the question.

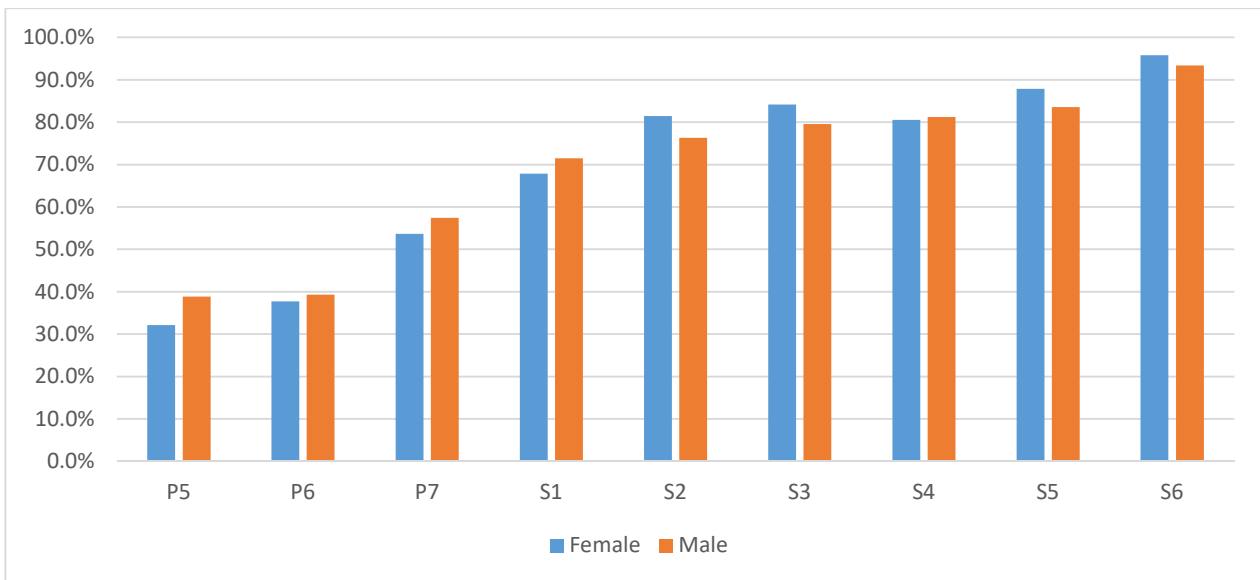


**Fig.6.22. [WEEKDAYS] Pupil responses to the question “In your free time, how long do you usually spend using electronic devices such as computers, tablets (like iPad) or smart phones?” by year group. From Moray Schools HWBC, 2022.**



**Fig.6.23. [WEEKENDS] Pupil responses to the question “In your free time, how long do you usually spend using electronic devices such as computers, tablets (like iPad) or smart phones?” by year group. From Moray Schools HWBC, 2022.**

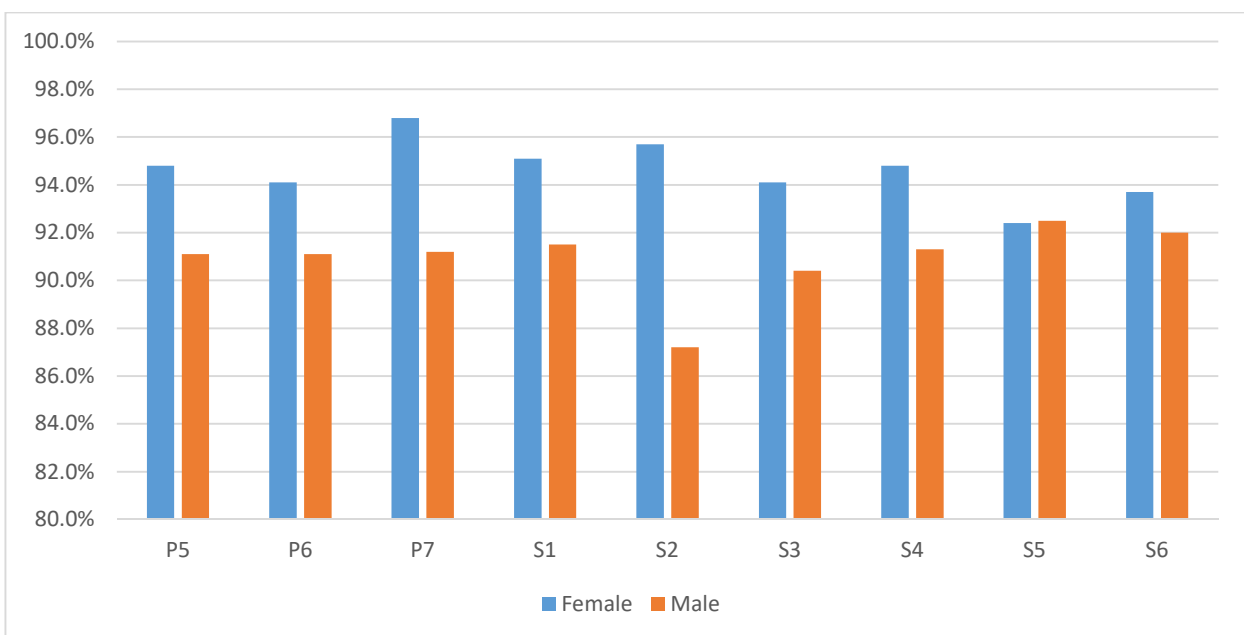
Figure 6.24 shows the proportion of pupils reporting spending three or more hours a day on electronic devices, broken down by gender. There is little gender difference in these data and a similar picture is seen for data on weekend use of electronic devices.



**Fig.6.24. [WEEKDAYS] Proportion of pupils responding three hours or more to the question “In your free time, how long do you usually spend using electronic devices such as computers, tablets (like iPad) or smart phones?” by gender and year group. From Moray Schools HWBC, 2022.**

### 6.5.2. Places to Play

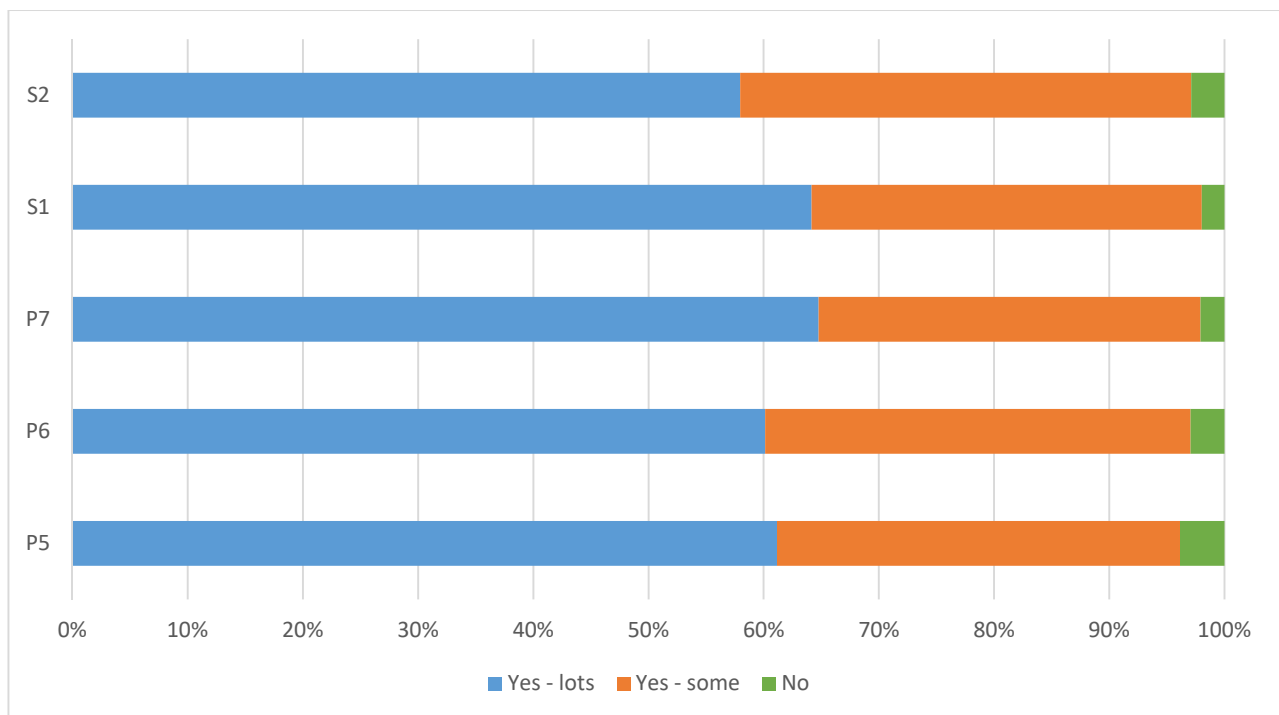
Figure 6.25 shows the proportion of pupils who have a garden at home to play in. The proportion is relatively stable across year groups, though consistently more female pupils report having a garden to play in compared to male pupils.



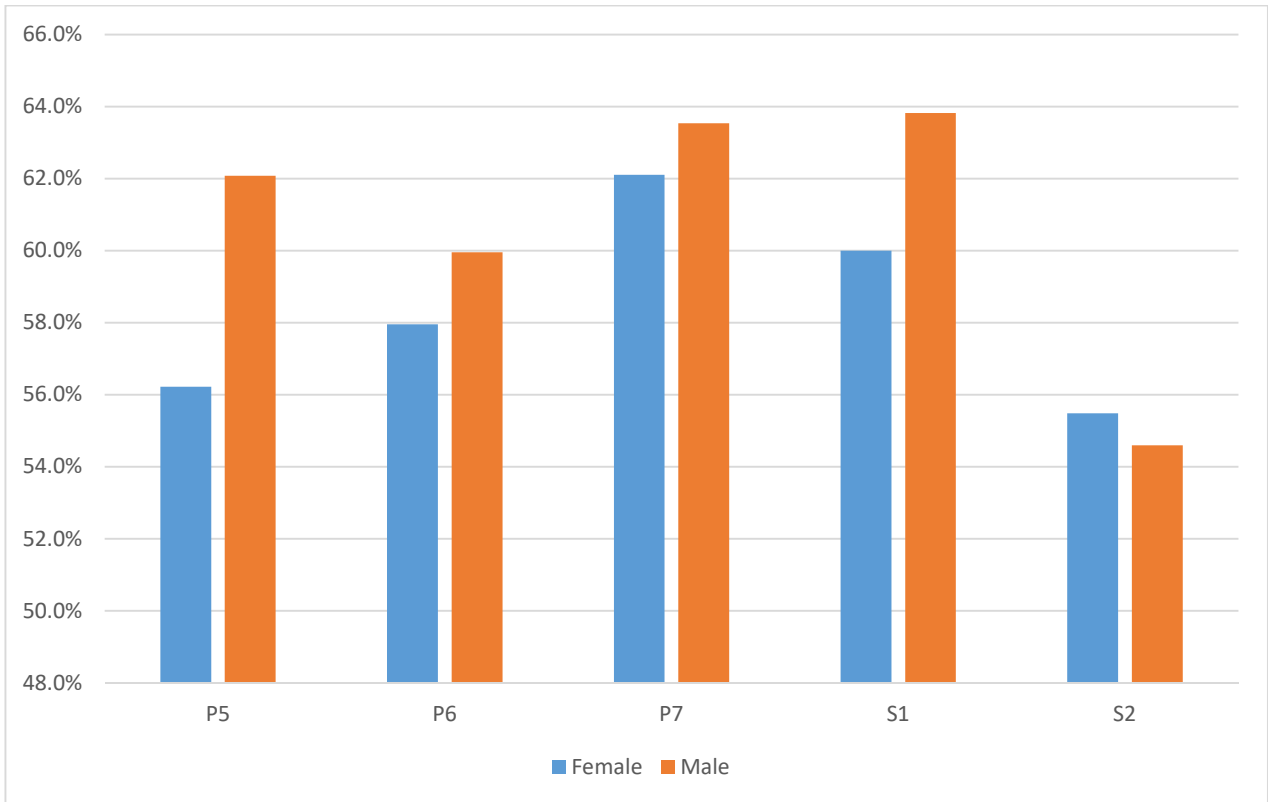
**Fig.6.25. Pupils responding ‘yes’ to the question “Do you have a garden at home that you can play in?” by gender and year group. From Moray Schools HWBC, 2022.**

Figure 6.26 shows response to the question “Are there places near where you live where you can play outdoors?” Again, this proportion is relatively stable across year groups (between P5 and S2, the year groups asked), with around 60% responding ‘yes – lots’ in each year group. Figure 6.27 shows this broken down by gender and shows that consistently more male pupils report having places near where they live where they can play outdoors compared to female pupils. In contrast, if we look at both ‘yes – lots’ and ‘yes – some’ responses, we see more female pupils reporting having such places near where they live, though the differences are smaller.

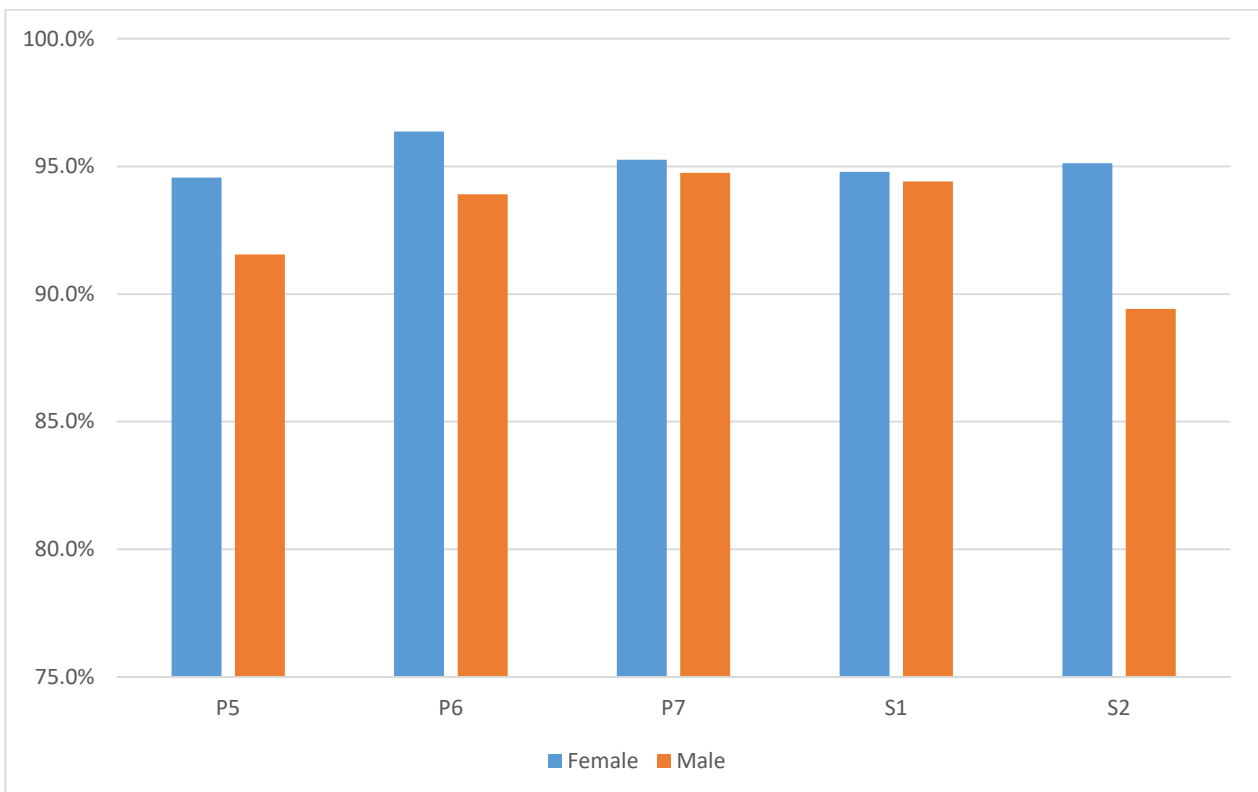
There are a number of reasons why these gender differences may arise: there may be differences in the ways male and female pupils perceive spaces as being suitable for play, there may be differences in the extent to which male and female pupils are allowed to play in some places by their parents/carers etc. Further exploration about gendered differences in play and suitable settings for play will enable a fuller picture to be drawn of who is included or excluded from play in different settings. There is much research on the ways in which playgrounds can be designed in such a way that either includes or excludes children of different genders<sup>210,211</sup>.



**Fig.6.26. Pupils responding ‘yes’ to the question “Are there places near where you live where you can play outdoors?” by year group. From Moray Schools HWBC, 2022.**



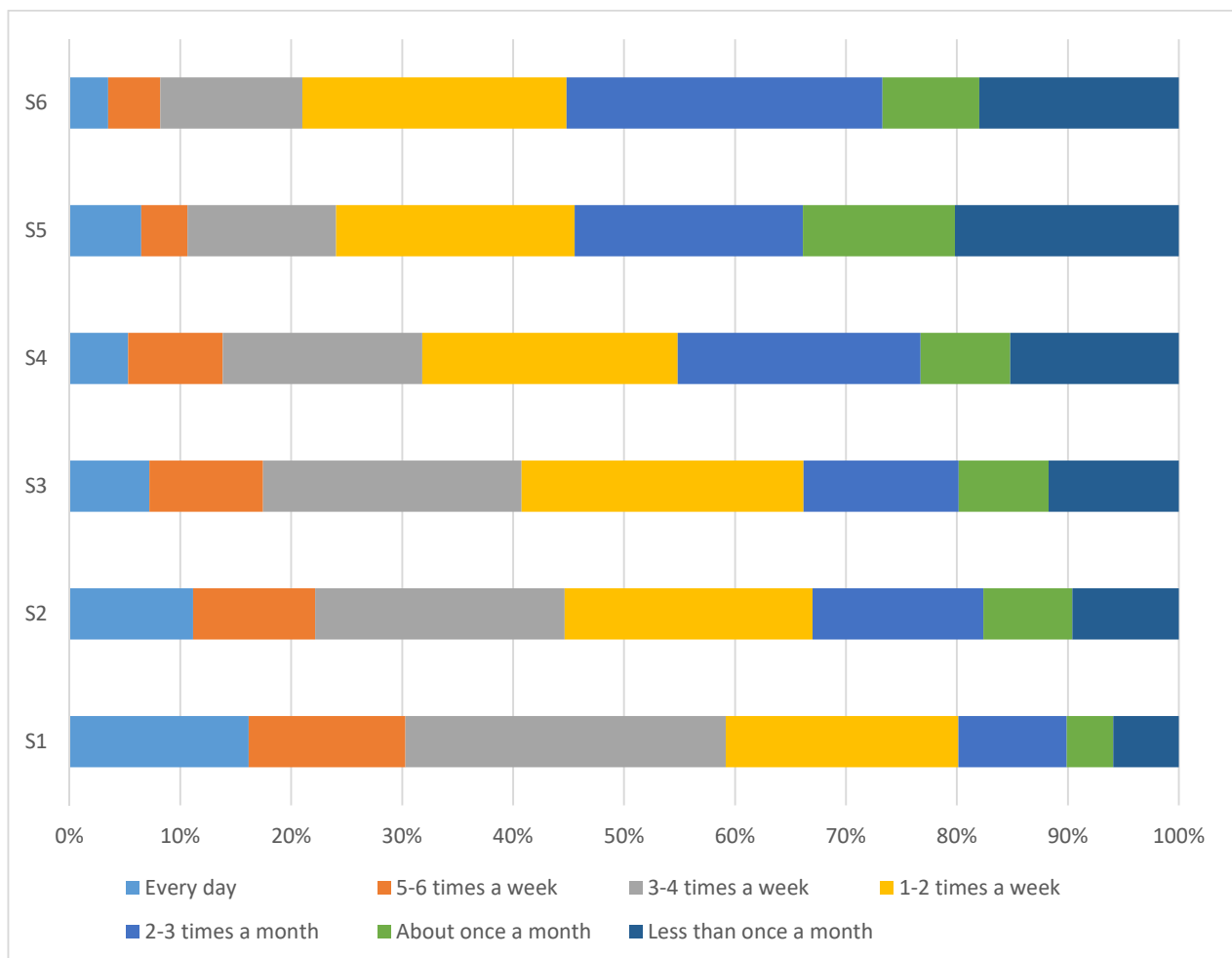
**Fig.6.27. Proportion of pupils responding 'yes – lots' to the question “Are there places near where you live where you can play outdoors?” by gender and year group. From Moray Schools HWBC, 2022.**



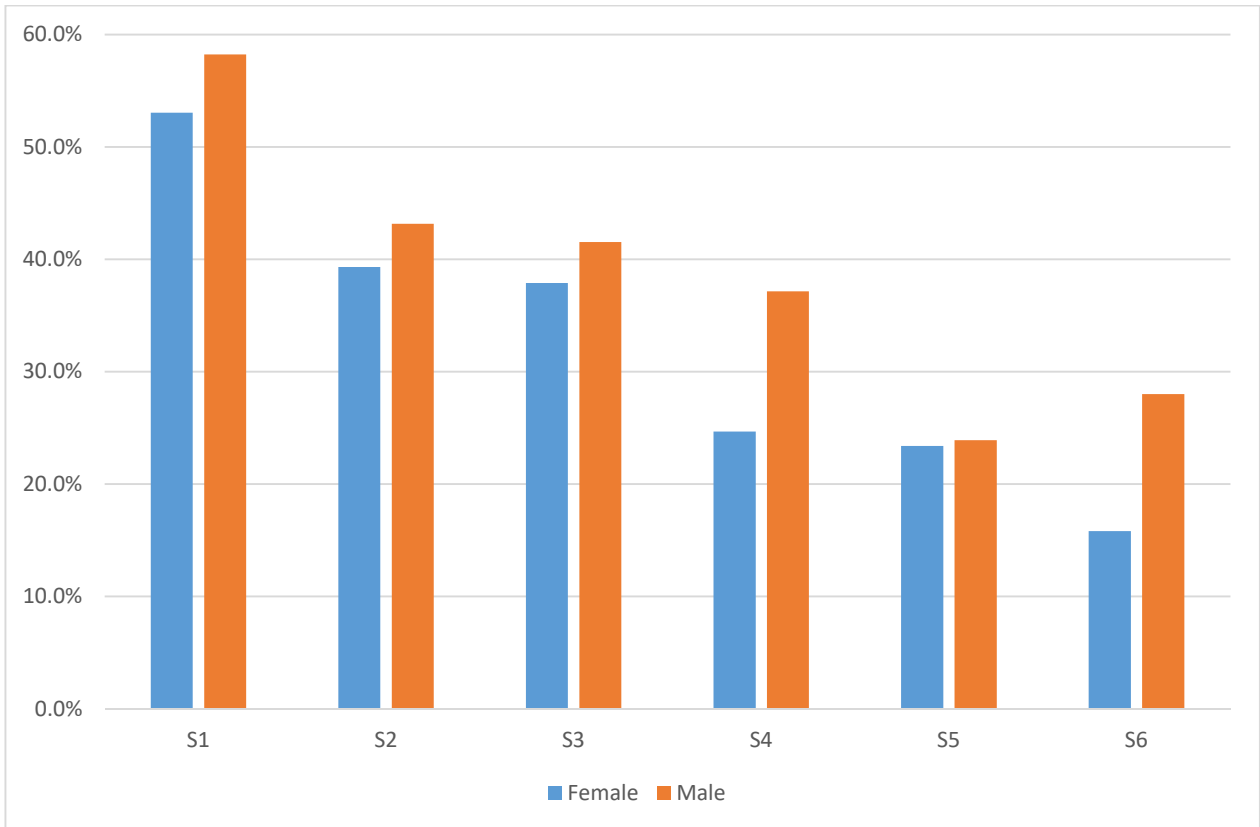
**Fig.6.28. Proportion of pupils responding 'yes – lots' or 'yes – some' to the question “Are there places near where you live where you can play outdoors?” by gender and year group. From Moray Schools HWBC, 2022.**

Access to green spaces has been shown to be associated with improved mental wellbeing in young people, improved general health, improved cognitive development, and reduction in behavioural problems<sup>212,213,214,215</sup>. As well as understanding the availability of such spaces, the HWBC also sought to find how much time young people were spending in them. Pupils were asked how often they visit (figures 6.29 and 6.30) and how much time they spend in (figures 6.31 and 6.32) a list of various outdoor spaces. The number of visits to these spaces reduced as age increased. In S1, 75.4% of pupils reported visiting these spaces once a week or more, compared to 44.8% of S6 pupils. Male pupils were more likely than female pupils to report visiting these sites 3 times a week or more.

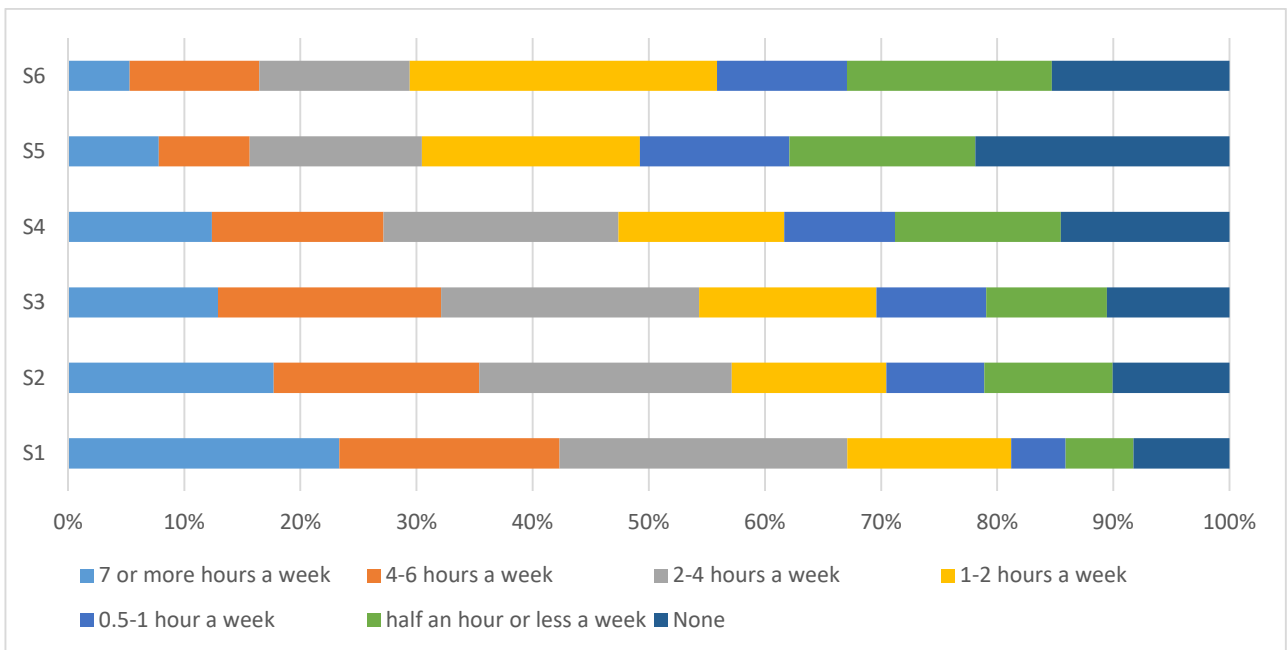
In terms of amount of time spent in these settings, a similar picture was seen with 60.3% of S1 pupils spending two or more hours a week there, compared to 29.0% of S6 pupils. The same gender difference was also seen, with male pupils more likely to report spending two hours or more in these places than female pupils.



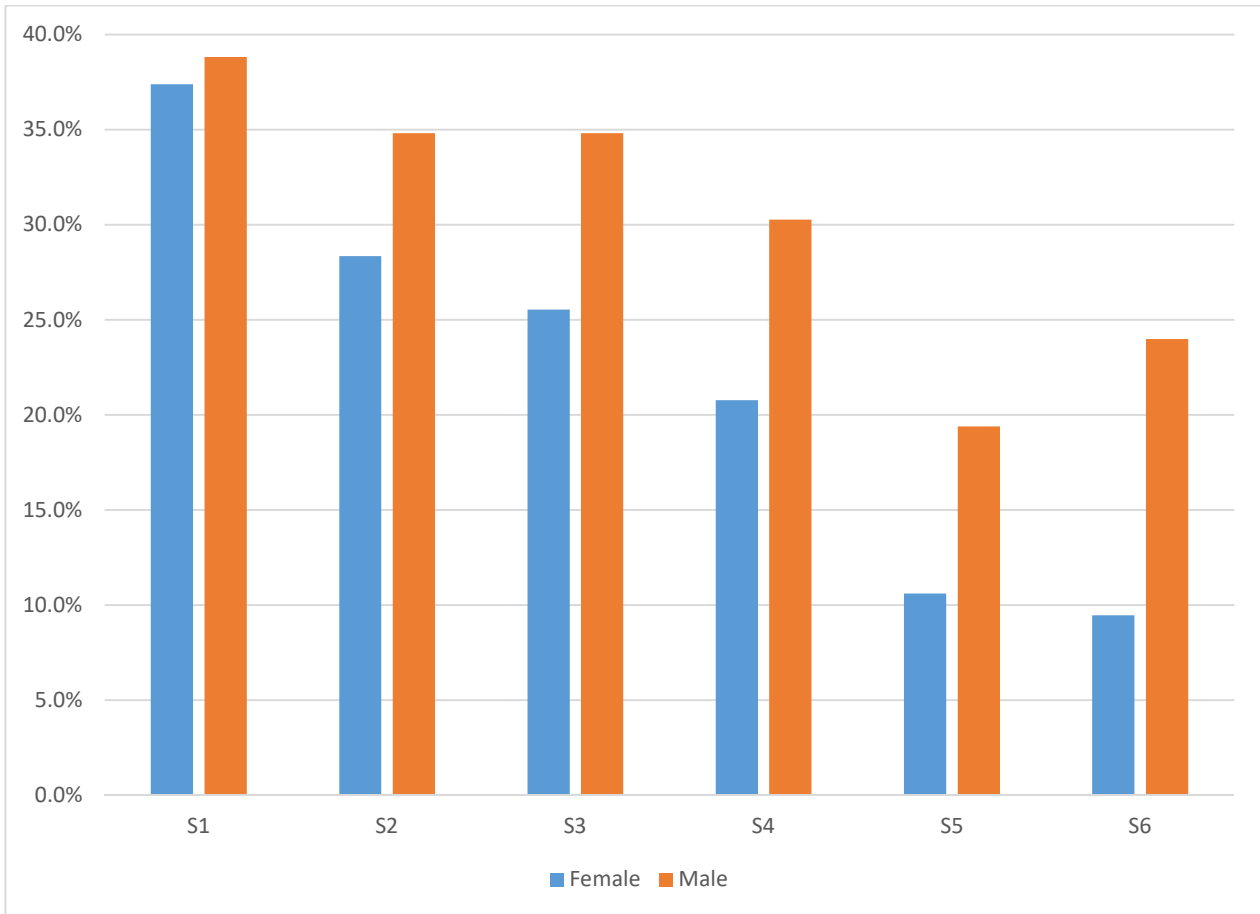
**Fig.6.29. Pupil responses to the question “How often do you usually spend time in any of the following places in your local area? Parks, play areas, public gardens, woods, playing fields or sports pitches, golf courses, beaches, canals, rivers or by lochs or other types of natural open space.” By year group. From Moray Schools HWBC, 2022.**



**Fig.6.30. Proportion of pupils responding '3-4 times a week' or more to the question "How often do you usually spend time in any of the following places in your local area? Parks, play areas, public gardens, woods, playing fields or sports pitches, golf courses, beaches, canals, rivers or by lochs or other types of natural open space." By year group. From Moray Schools HWBC, 2022.**



**Fig.6.31. Pupil responses to the question "And how much time overall in a week do you usually spend in any of the following places in your local area? Parks, play areas, public gardens, woods, playing fields or sports pitches, golf courses, beaches, canals, rivers or by lochs or other types of natural open space." By year group. From Moray Schools HWBC, 2022.**



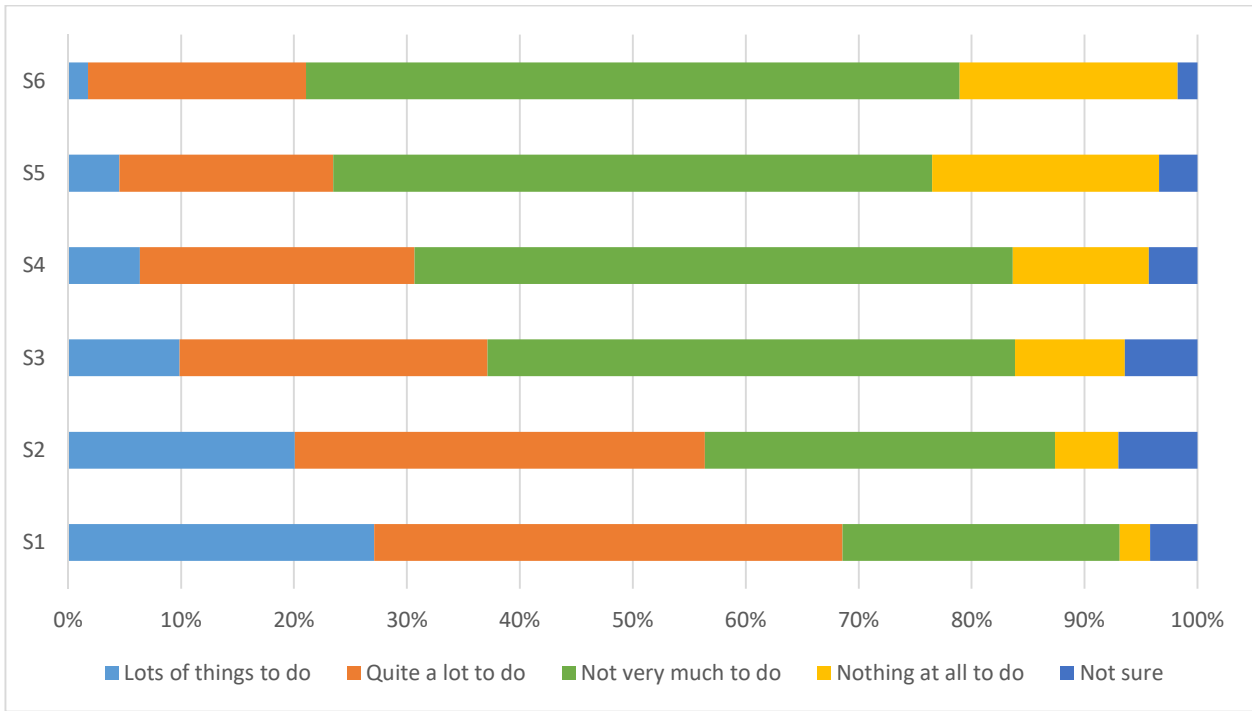
**Fig.6.32. Proportion of pupils responding '2-4 hours a week' or more to the question "And how much time overall in a week do you usually spend in any of the following places in your local area? Parks, play areas, public gardens, woods, playing fields or sports pitches, golf courses, beaches, canals, rivers or by lochs or other types of natural open space." By year group. From Moray Schools HWBC, 2022.**

### 6.5.3. Things to Do

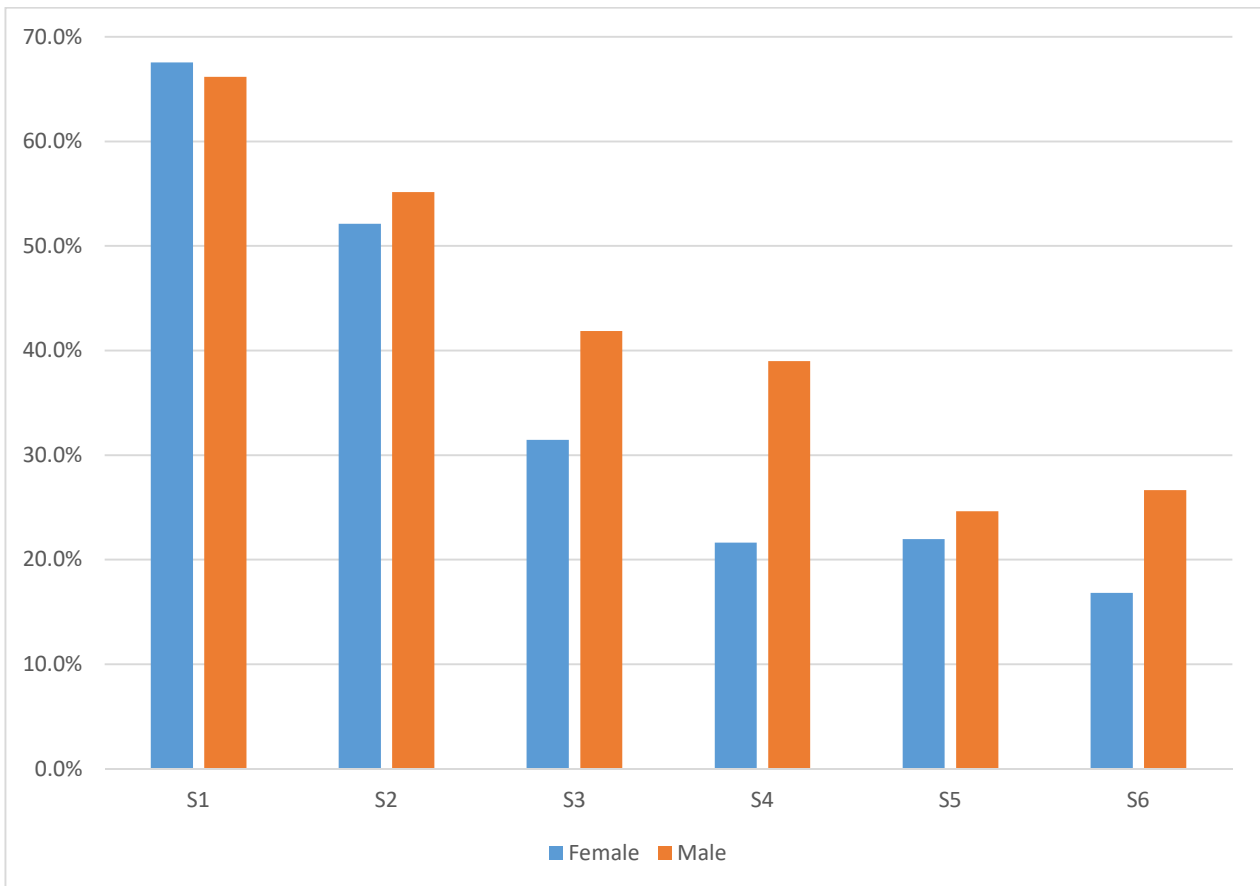
A common concern in much engagement work undertaken in a variety of settings is that there may be an insufficient number or range of recreational activities available to young people. Figure 6.33 shows pupil answers to the question "How much do you think there is for young people to do in your local area?" As with access to green spaces, the proportion responding that there are lots of things to do or quite a lot to do begins high in S1 (66.8% of pupils) but reduces as age increases to just 20.9%.

Figure 6.34 breaks these data down by gender. There is a clear gender difference in those reporting that there are lots of things to do or quite a lot to do, with more male pupils responding this way than female pupils. The difference is particularly large in S3 and S4 year groups.





**Fig.6.33. Pupil responses to the question “How much do you think there is for young people to do in your local area?” by year group. From Moray Schools HWBC, 2022.**



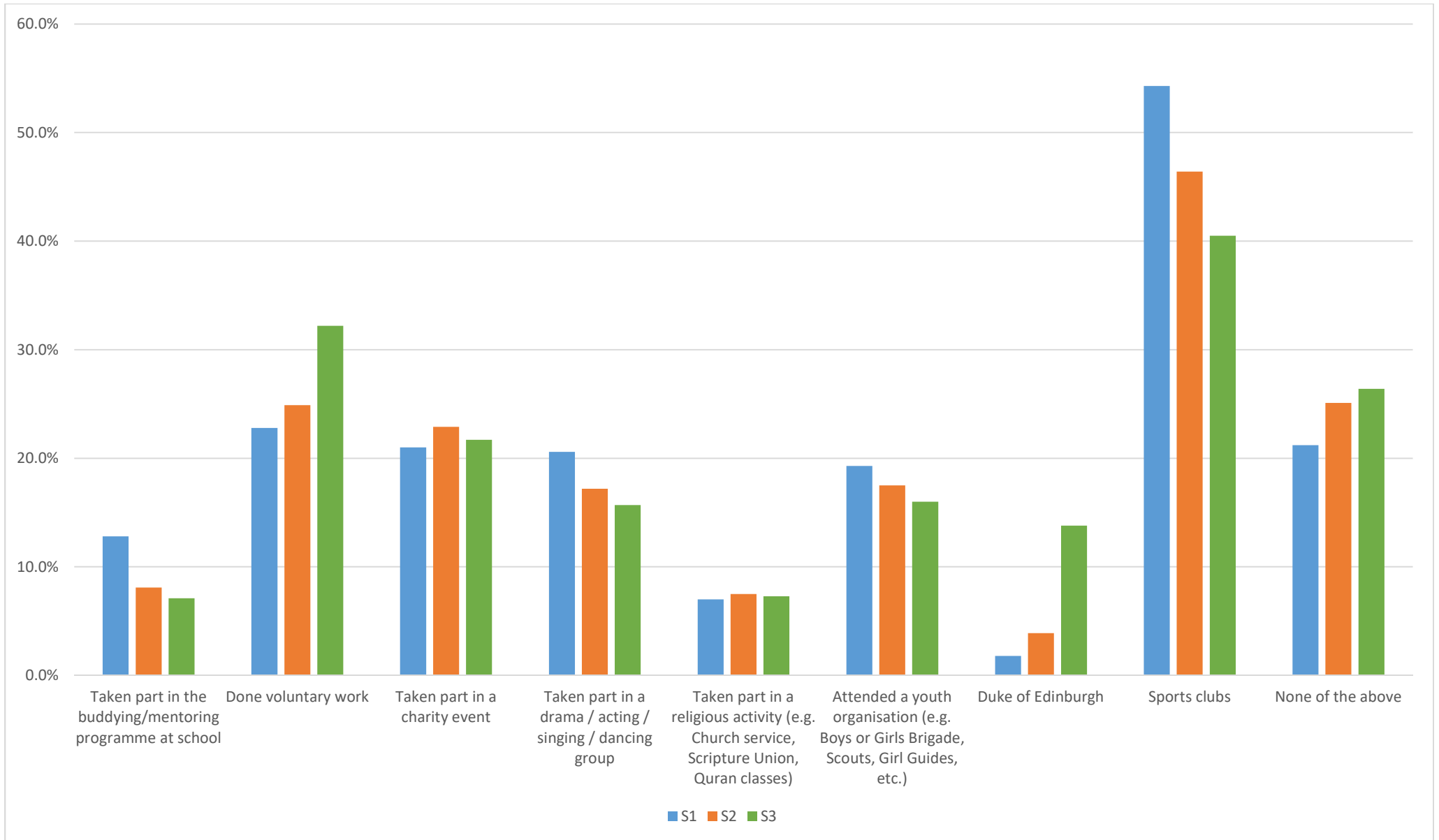
**Fig.6.34. Proportion of pupils responding ‘quite a lot to do’ or ‘lots of things to do’ to the question “How much do you think there is for young people to do in your local area?” by gender and year group. From Moray Schools HWBC, 2022.**

The quotes below show the value that people place on activities for young people locally but also consistent concerns that there isn't enough available and that there are barriers to participation for some.

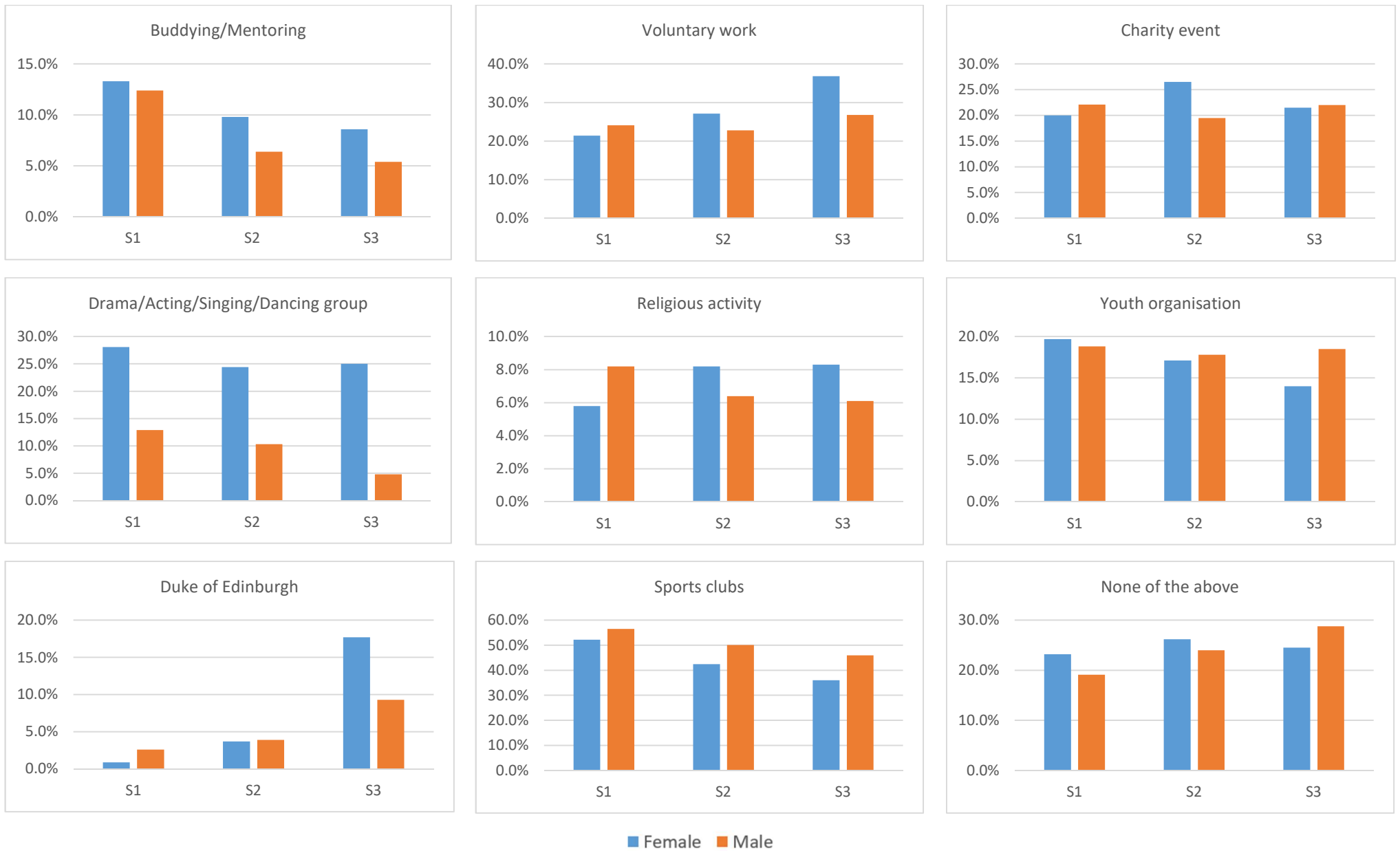
The Importance of Extra-Curricular Activities, Play and Fun
<p><i>“Music Instructors report concerns children and young people from low income families are unable to access Moray Music Centre due to cost barrier. Scot Gov provide funding to enable free music instruction (school based lessons) but this does not extend to cover extra-curricular activities such as Moray Music Centre (regional Saturday morning ensembles delivered by music instruction team).”</i></p>
<p><i>“2 mums (separately) collecting their children from youth work activity (rural community) took the time to say that their child had really enjoyed coming to the weekly sessions especially because there was very limited things for them to do locally.”</i></p>
<p><b>FROM THE BETTER BUCKIE CONSULTATION:</b></p> <p><i>“Need better GPs that have spaces for all, more support for families, provide more family activities that aren't fast food based, keeping streets cleaner so safer to walk with children, more open door community events.”</i></p> <p><i>“Would be nice to see a place opened up for the younger ones to go to at night, when I was younger there was the solid rock cafe, the jelly bean which had a small arcade at the back but we should really ask them what they want though a café would be good as older teenagers could volunteer”</i></p> <p><i>“The drifter isn't being used surely it could be fitted out as an indoor play area cafe or an indoor market even an indoor ice skate area; somewhere parents could take their children”</i></p> <p><i>“Survey the kids to see what they want then get them involved in fundraising to help with costs. Look at the skatepark, a lot of my friends helped raise money so they could have the park which still stands today it must be the longest standing activity in Buckie because it's something the kids want.”</i></p>
<p><i>“Parents report needing more universal children's activities especially during school holidays – not necessarily childcare but something for the kids to do”</i></p>
<p><i>“Parents with children with additional needs constantly ask for respite, activities during the holidays – not family learning – something for the kids to give them a break. Also something for their siblings. We always refer to Quarriers and they offer great support but it is limited - 6 weeks summer holidays is a long time especially if you are a single parent. These children may find it difficult to integrate into universal activities and some activities are expensive to attend.”</i></p>
<p><i>“Cost is an issue. One Autism group which [friend]'s son enjoys, would cost £135 per session if she had to pay for her it herself.”</i></p>
<p><b>From Moray Youth Matters:</b> <i>“[We want] places to go where we can meet pals, just hang out but also get involved.”</i></p>

Young people were also asked about their participation in a number of organised activities as shown in figure 6.35. By far the most popular of these activities was participation in sports clubs. Of the three year groups asked (S1-S3), S3 pupils were the most likely to report not participating in any of the listed activities and S1 pupils were the least likely.

Figure 6.36 breaks these data down by gender. As can be seen, female pupils are more likely to report participating in most of these activities, with the exception of 'youth organisation' and 'sports clubs' (the most popular activity). The proportion of female pupils reporting undertaking none of the listed activities is higher in S1 and S2 than for male pupils, though this is reversed in S3.



**Fig.6.35. Proportion of pupils reporting having done the stated activities within the last year, by year group. From Moray Schools HWBC, 2022.**

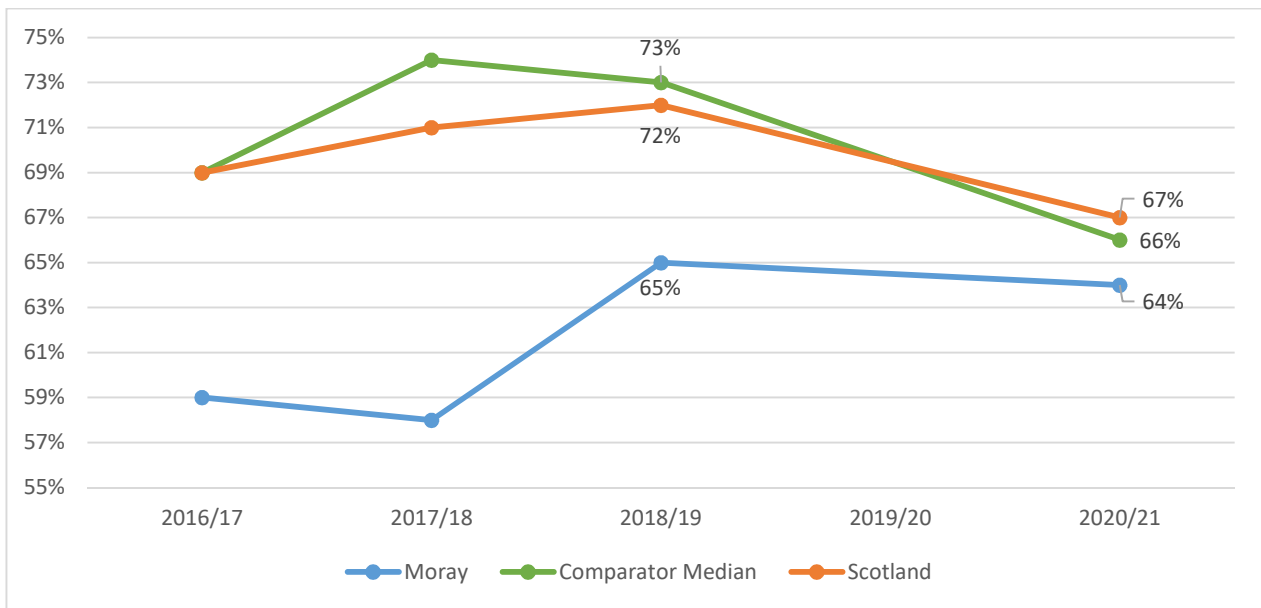


**Fig.6.36 Proportion of pupils reporting having done the stated activities within the last year, by gender and year group. From Moray Schools HWBC, 2022.**

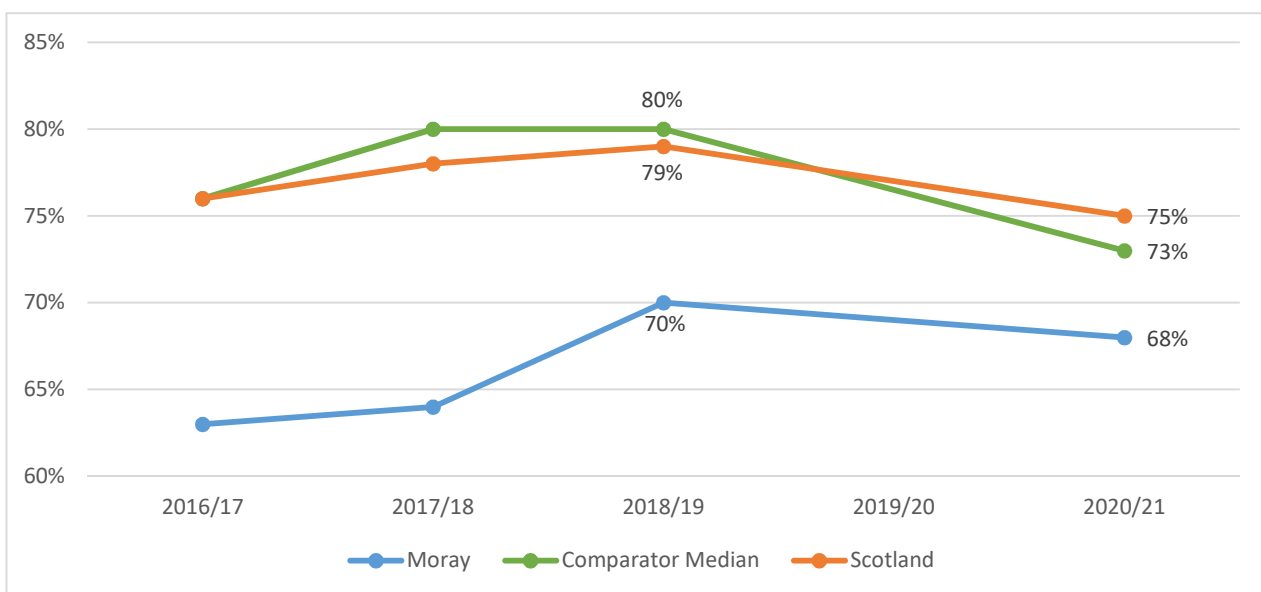
## 6.6. Educational Attainment

### 6.6.1. Achievement of Expected Curriculum for Excellence Levels

Figures 6.37 and 6.38 show the proportion of children in P1, P4 and P7 (combined) who achieved expected Curriculum for Excellence (CfE) levels in literacy and numeracy respectively. In both cases, the figure for Moray is below that for our comparator local authority areas and for Scotland, though the gap is greater for numeracy. Moray saw a significant improvement in both areas in 2018/19 but a plateauing since then. The gap between Moray and the comparators has narrowed in the last two years but this is principally due to a deterioration in the comparator figures rather than an improvement in Moray's.

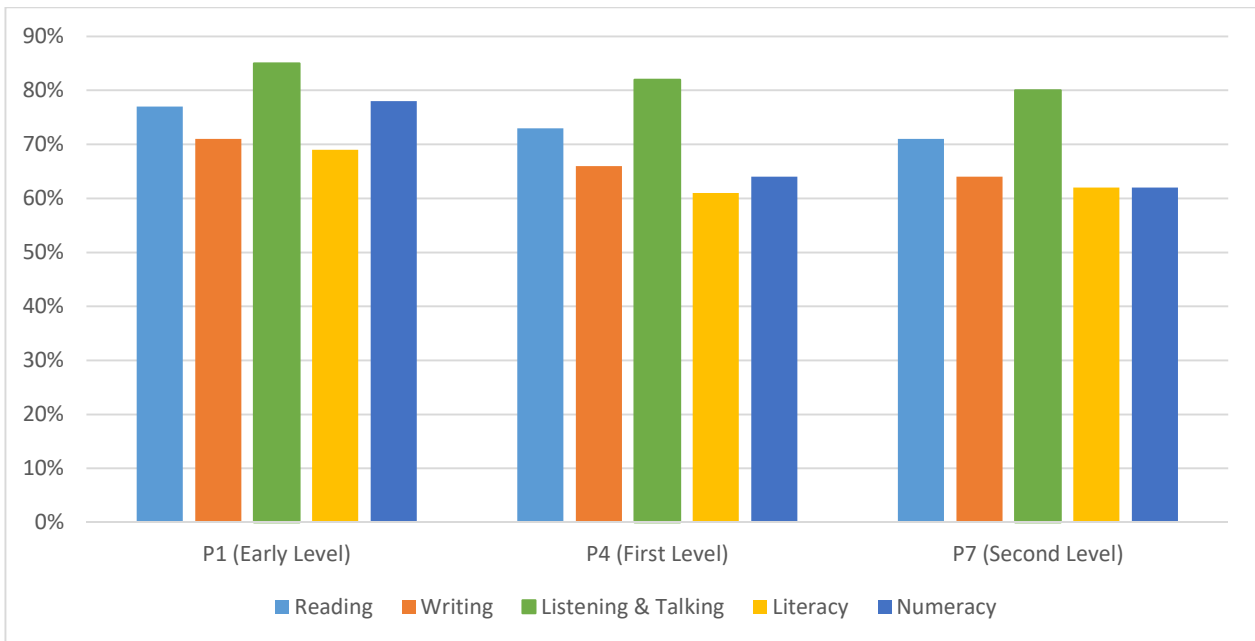


**Fig.6.37. Proportion of P1, P4 and P7 pupils (combined) achieving expected CfE levels in literacy, by year. NB: There is no data available for 2019/20<sup>216</sup>.**

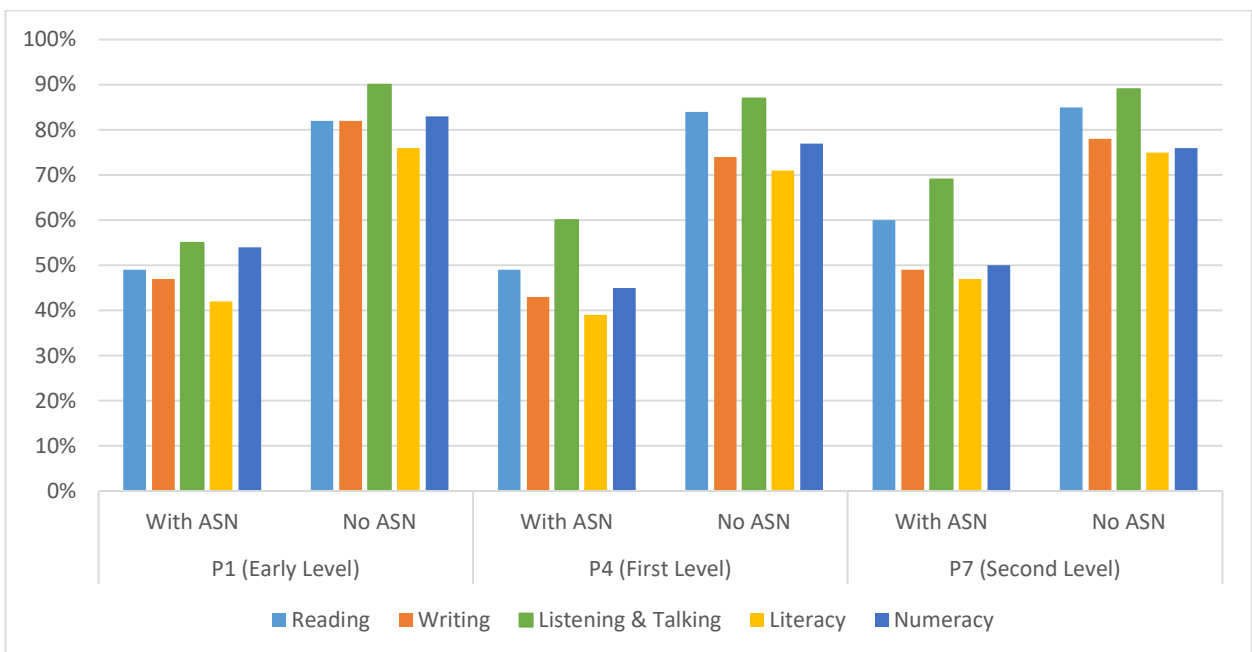


**Fig.6.38. Proportion of P1, P4 and P7 pupils (combined) achieving expected CfE levels in numeracy, by year. NB: There is no data available for 2019/20<sup>211</sup>.**

Figure 6.39 shows the figures for 2020/21 for P1, P4 and P7 pupils achieving the expected CfE levels in reading, writing, listening and talking, literacy and numeracy. At each stage, the listening and talking shows the largest proportion of pupils achieving the expected level; and literacy shows the smallest proportion achieving the expected level (though the same figure is seen for numeracy at P7). Figure 6.40 breaks down similar data for 2018/19 (most recent available) by ASN status. Those categorised as having ASN show much lower rates of achieving the expected levels in all areas.



**Fig.6.39. Proportion of pupils in Moray at each primary stage achieving expected CfE levels in literacy and numeracy, 2020/21<sup>211</sup>.**



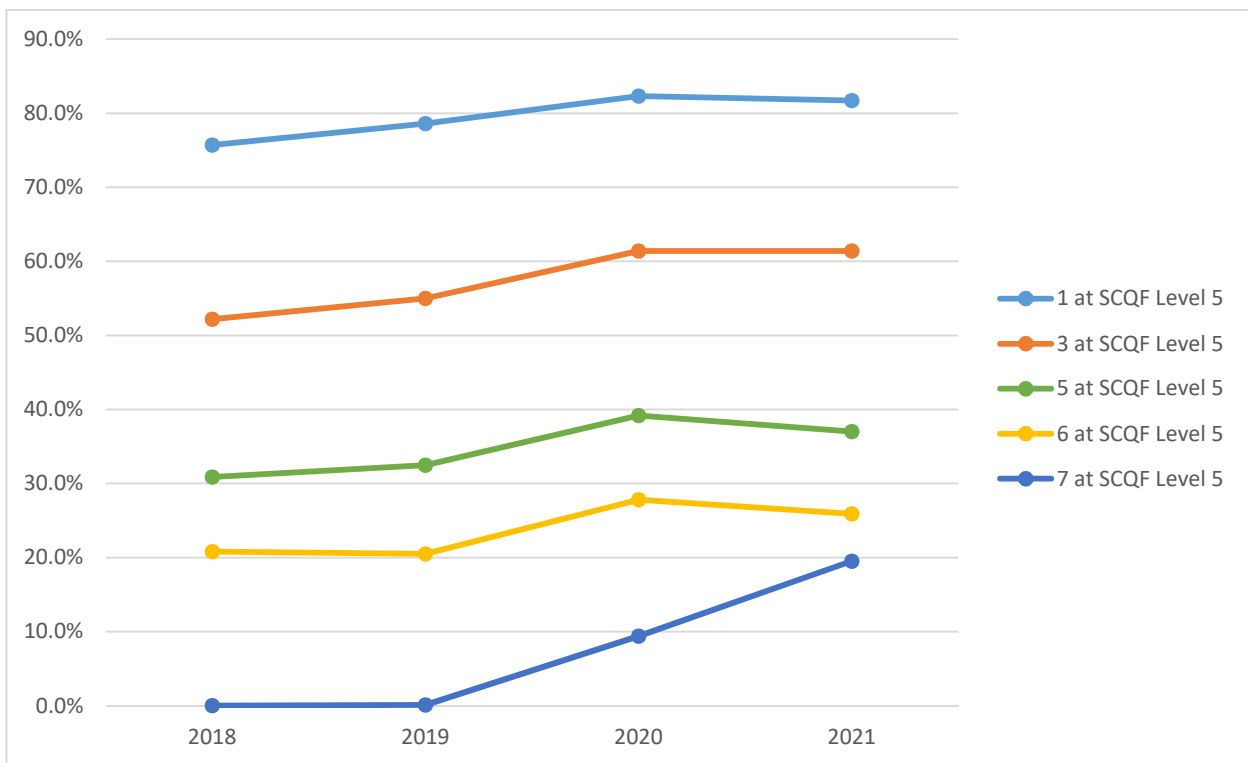
**Fig.6.40. Proportion of pupils in Moray at each primary stage achieving expected CfE levels in literacy and numeracy, by Additional Support Needs status 2018/19<sup>211</sup>.**

*“Parents are feeling more confident to speak out at the same time as recognising that teachers are also under pressure. A great example can be seen from the discussions around report cards relating to the child’s achieving abilities – ‘below expectations’, ‘At expected expectation’ and ‘exceeding expectations.’ This wording could be stigmatising at the same time it is very general and does not show that the teacher knows the individual child well. ‘Very much a tick box exercise’ as it didn’t give the parents a sense of where their child was at in their individual learning process. ‘This told me nothing, other than he is doing ok’. ‘I would like some pointers to where I as a parent can help’. ‘The report cards can be seen as a misrepresentation of my child’. Other parents praised the involvement of senior school staff “taking part in the chatter and putting forward options for us to get involved with to benefit us as individuals, but also as parents. I found it uplifting and reassuring to know that support is there.”*

- From Moray Wellbeing Hub Parent Empowerment Group

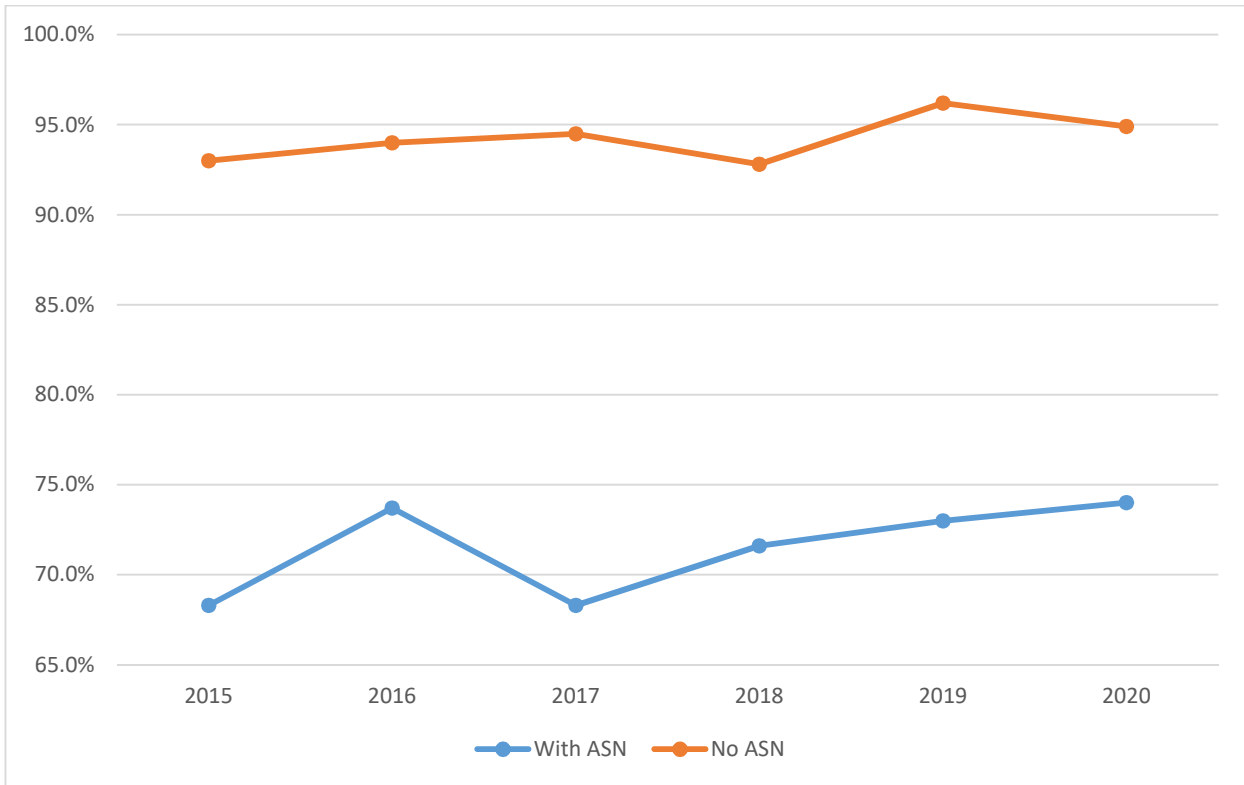
### 6.6.2. Qualifications

Figure 6.41 shows the proportion of S4 pupils attaining SCQF level 5 qualifications by year. There has been a slow improving trend with a significant increase in the number attaining 7 such awards. As with other indicators, this success is not evenly distributed across the school population. Figure 6.42 shows the large gap between those with ASN and those without in terms of achieving at least one award at SCQF level 5. 74% of pupils with ASN did so in 2020 compared to 95% without ASN.



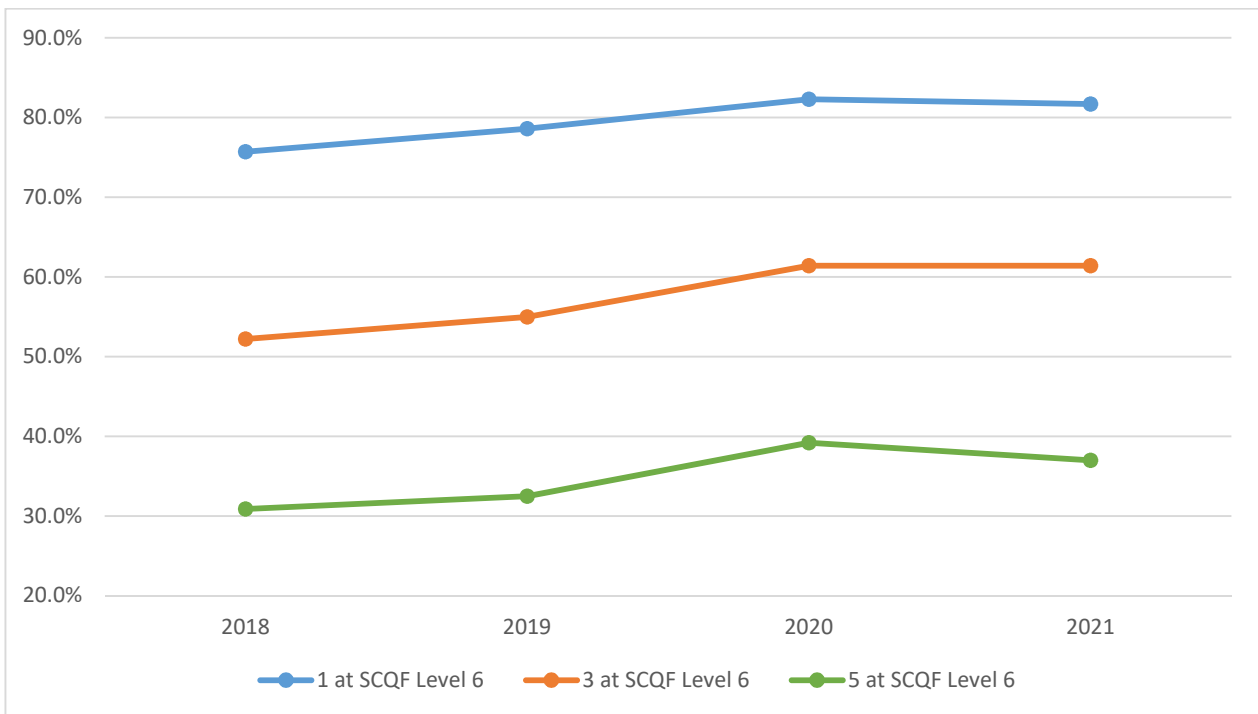
**Fig.6.41. Proportion of S4 pupils attaining given number of qualifications at SCQF Level 5 in Moray, by year<sup>217</sup>.**



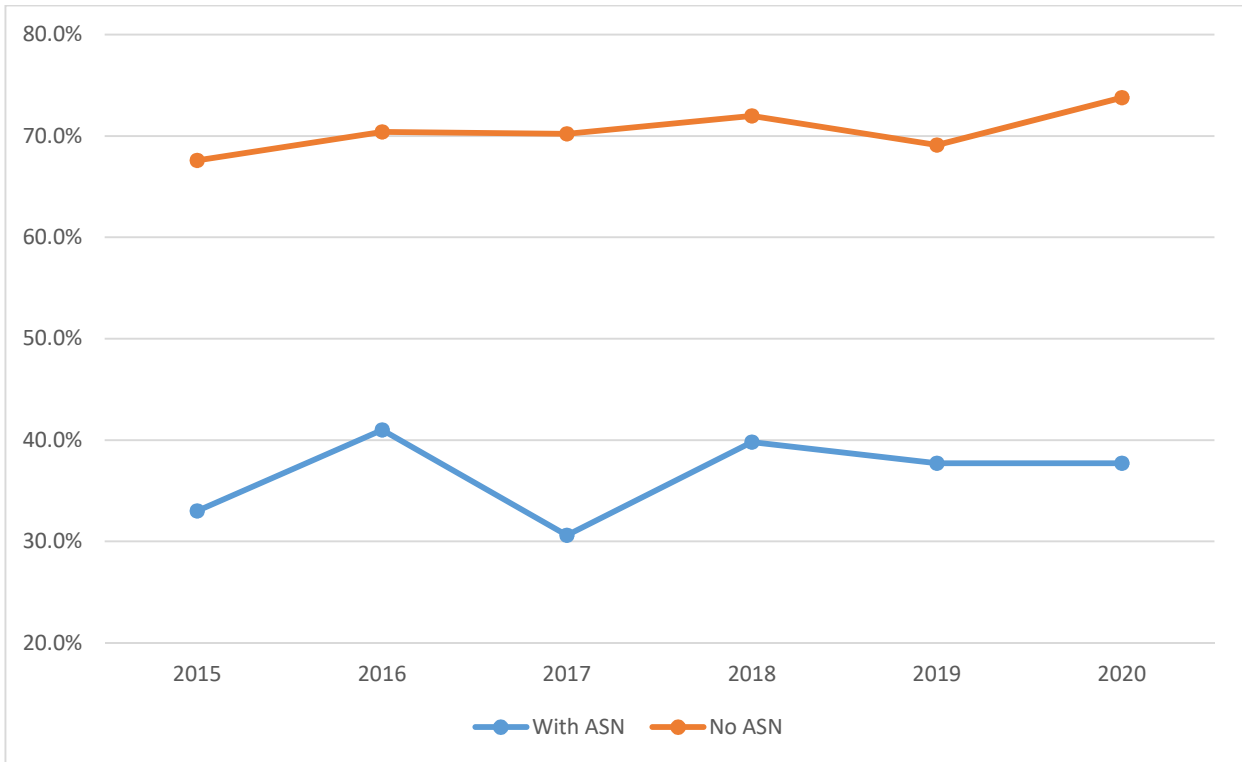


**Fig.6.42. Proportion of pupils attaining one or more awards at SCQF Level 5 by Additional Support Needs status, by year.**

Figure 6.43 and 6.44 show similar figures for SCQF level 6.

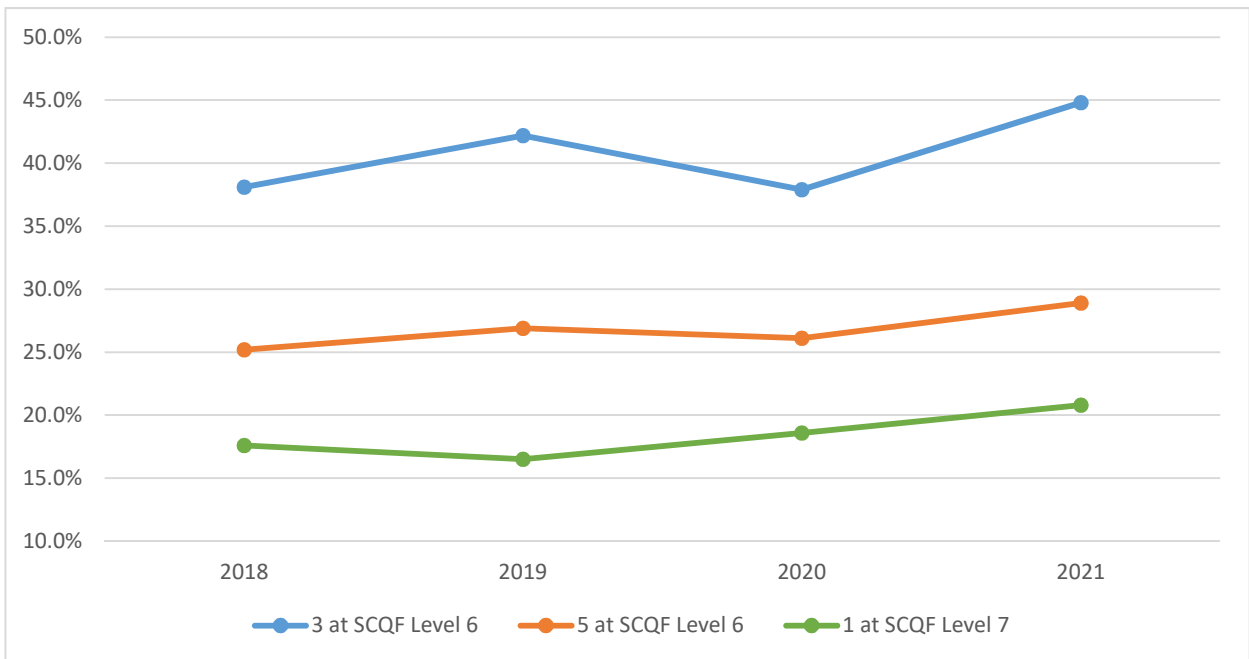


**Fig.6.43. Proportion of S5 pupils attaining given number of qualifications at SCQF Level 6 in Moray, by year<sup>212</sup>.**



**Fig.6.44. Proportion of pupils attaining one or more awards at SCQF Level 6 by Additional Support Needs status, by year.**

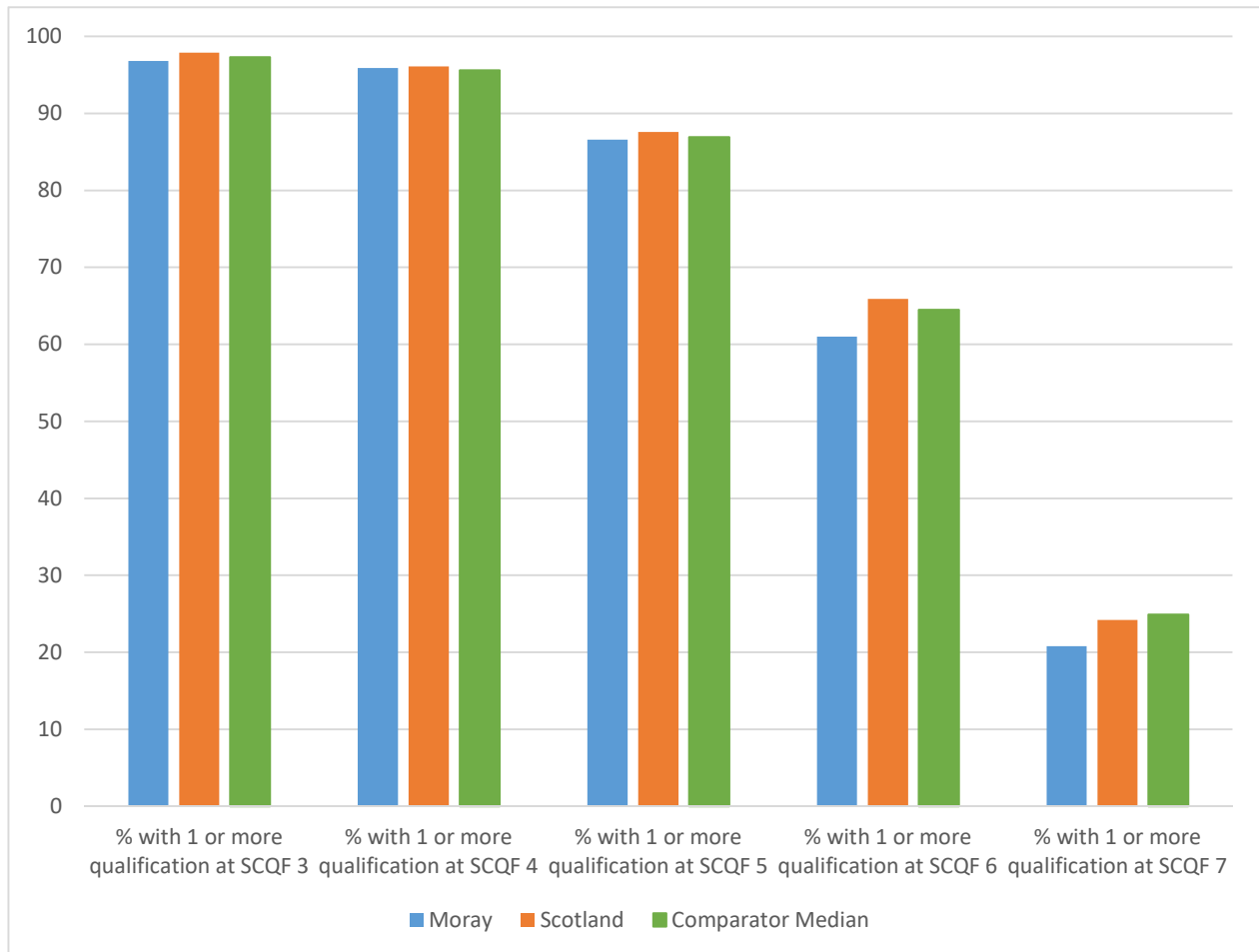
Figure 6.45 shows the proportion of S6 pupils attaining SCQF level 6 and 7 qualifications. This figure has seen a significant improvement in the most recent year, particularly in those achieving 3 level 6 awards (from 38% to 45%).



**Fig.6.45. Proportion of S6 pupils attaining given number of qualifications at SCQF Level 6/7 in Moray, by year<sup>212</sup>.**

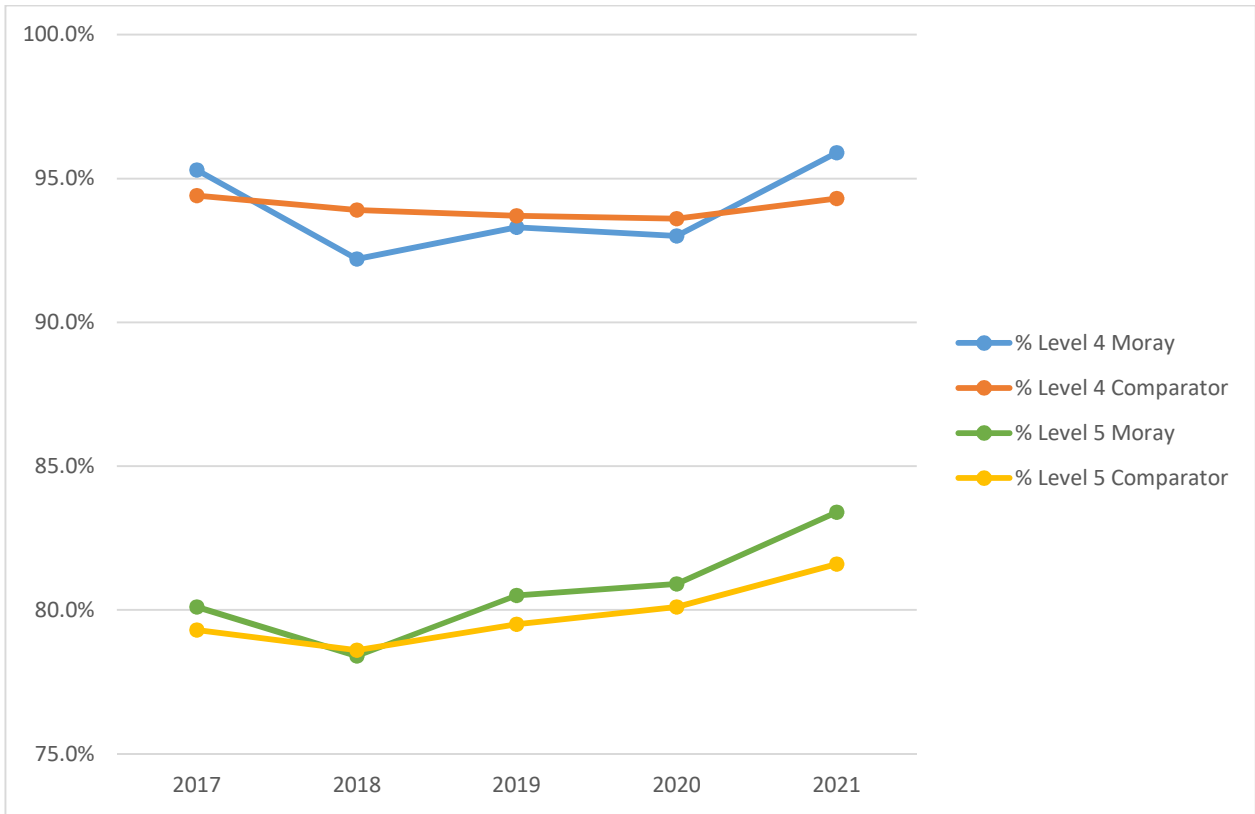
### 6.6.3. School Leavers' Educational Attainment

Figure 6.46 shows the highest level of educational attainment of all school leavers for Moray, our comparator local authority areas and Scotland-wide. Moray's levels are lower than both comparators for each stage, though the difference for those with one or more qualification at levels 3-5 are all similar.

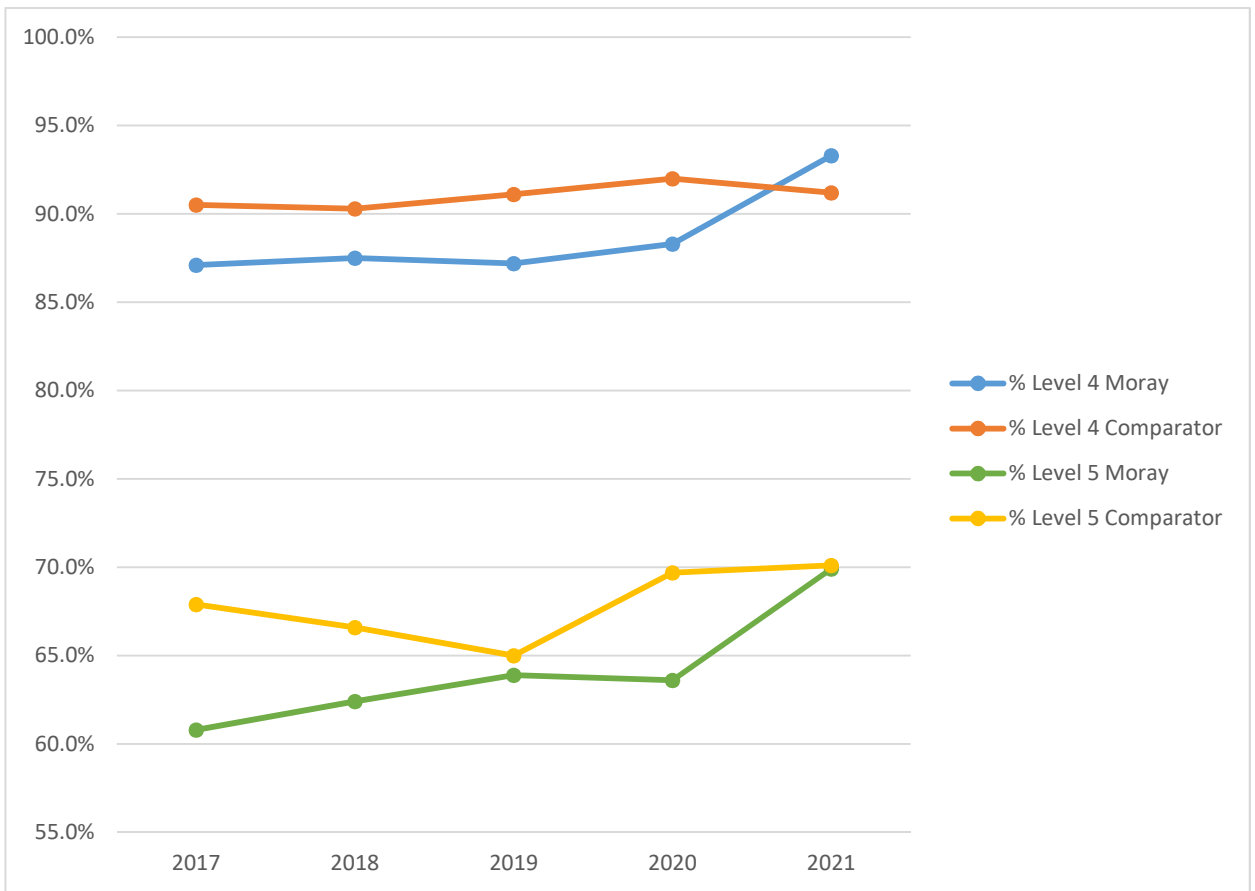


**Fig.6.46. Highest level of educational attainment of all school leavers, 2020-21<sup>212</sup>.**

Figures 6.47 and 6.48 show how attainment of school leavers has changed over time in literacy and numeracy respectively. In the case of literacy, Moray slightly outperforms our local authority comparators and the last year has seen improvement at both level 4 and level 5. The results for numeracy have also improved in the last year for Moray, though the proportion achieving qualifications in numeracy are lower than for literacy.

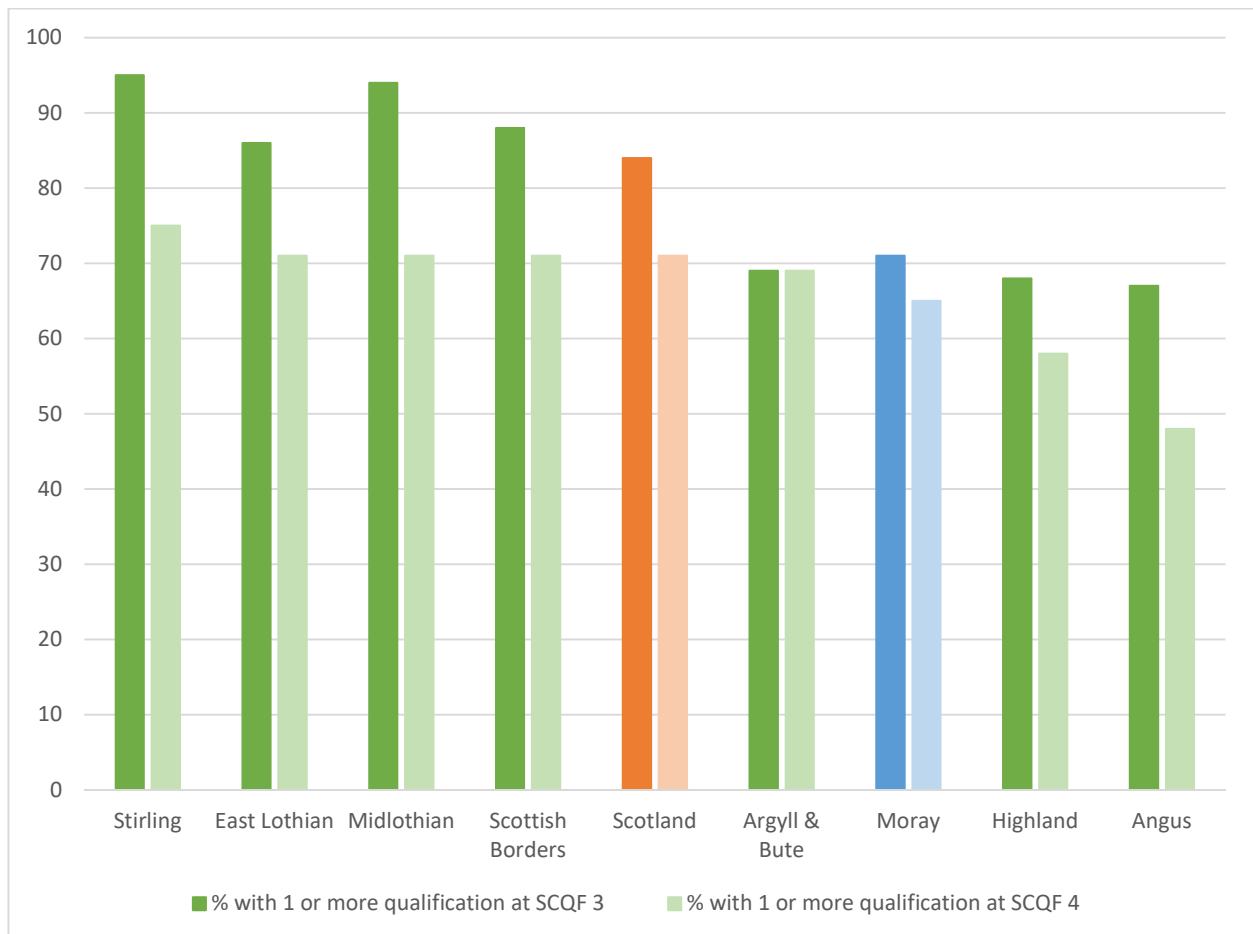


**Fig.6.47. Proportion of school leavers achieving an award of literacy at SCQF levels 4 and 5, by year.**



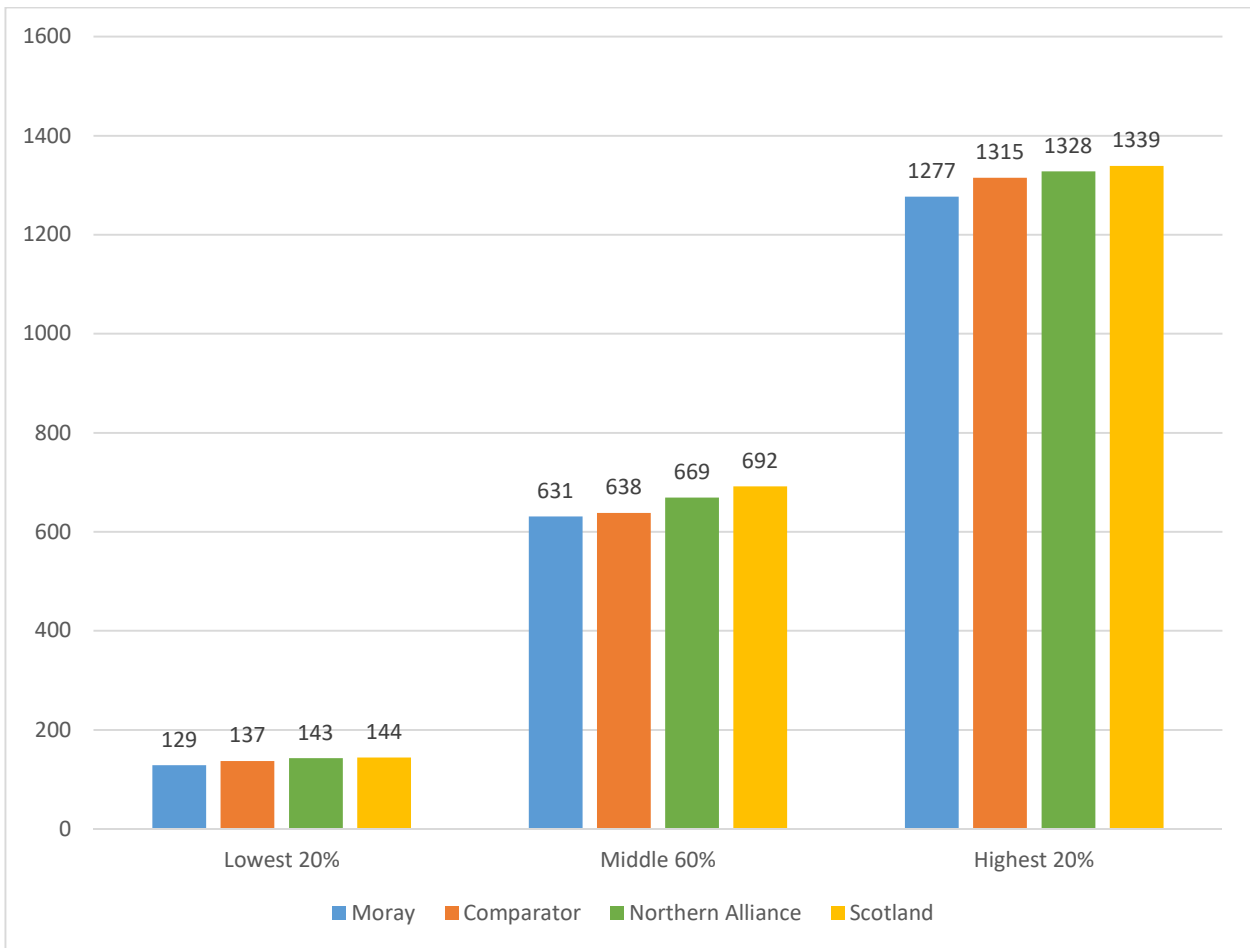
**Fig.6.48. Proportion of school leavers achieving an award of numeracy at SCQF levels 4 and 5, by year.**

Figure 6.49 shows the highest level of attainment for Looked After school leavers. Moray’s results for this part of our population are poorer than both the national average and all but two of our local authority comparators. The proportion achieving at least one qualification at SCQF3 is 71% compared with 97% of all school leavers. For SCQF4 the figure is 65% compared to 96% for all school leavers. Of course this leaves 29% of looked after school leavers who do not receive any qualifications at SCQF3 or above.



**Fig.6.49. Highest level of educational attainment of school leavers looked after within the last year, 2020-21.**

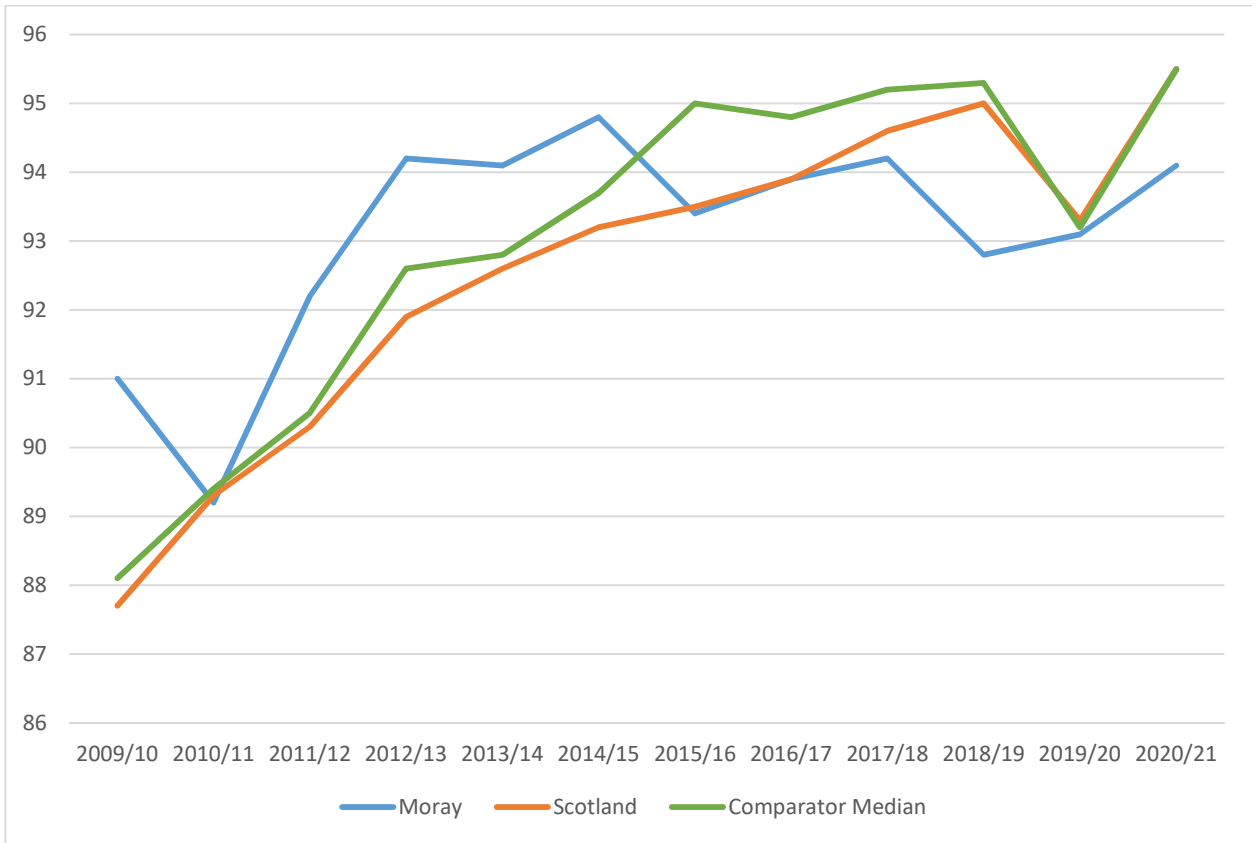
Figure 6.50 shows how educational attainment is distributed across the population of school leavers, giving an idea of how equally or unequally these outcomes are distributed. In all three categories, highest achieving 20%, middle 60%, and lowest achieving 20%, Moray pupils attain a lower ‘complementary tariff’ of qualifications at SCQF levels 4 and 5 than comparators.



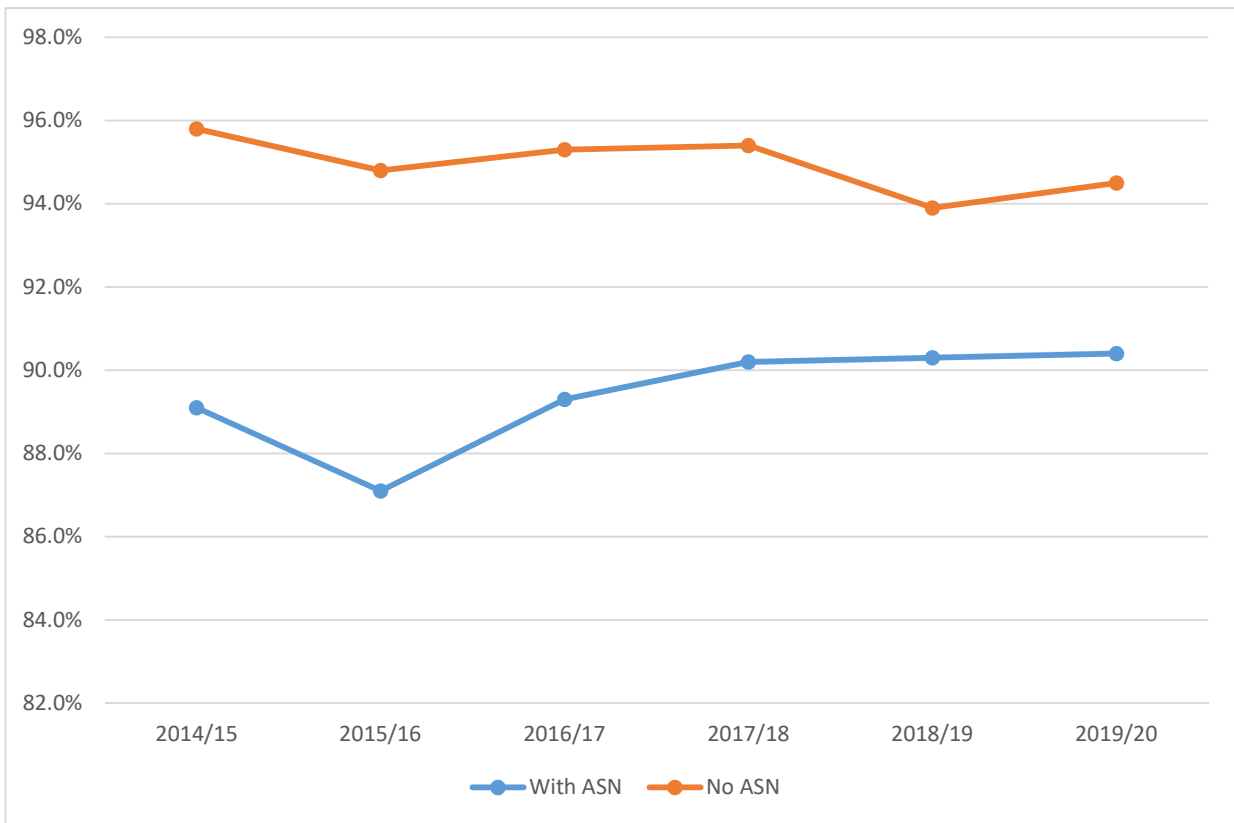
**Fig.6.50. Average 'complementary tariff' at SCQF levels 4 and 5, by attainment group (lowest quintile, middle three quintiles, highest quintile), by geography, 2021.**

#### 6.6.4. Positive Destinations after School

Figure 6.51 shows the percentage of school leavers who go on to positive destinations following leaving school. For our comparator local authority areas and Scotland-wide, this figure has been improving over the last decade or so. In Moray, however, initial improvement up to 2012/13 appears to have stalled, with the same figure achieved in 2020/21 as 2012/13 (94.1% from 94.2%). This is below the national average and our comparators' median of 95.5%. Figure 6.52 shows how this figure differs between those recorded as having ASN and those without. There is a consistent gap between these with just over 90% of pupils with ASN going on to positive destinations compared to 94.5% of pupils without ASN.

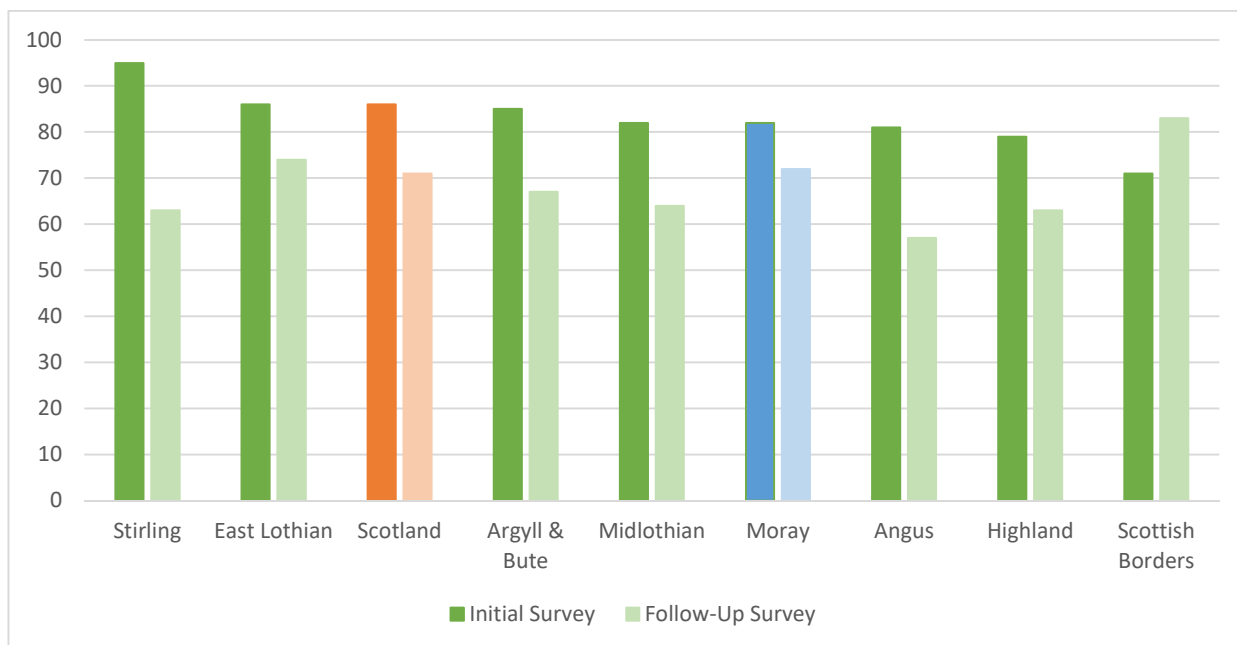


**Fig.6.51. Proportion of school leavers in positive destinations over time.**



**Fig. 6.52. Proportion of school leavers in positive destinations over time, by additional support needs status.**

Figure 6.53 shows the same figure for Looked After school leavers and the figures are even lower for this group. 82% are in positive destinations at the initial survey and 72% at the follow-up. This is below the national average and somewhere in the middle of our comparator local authority areas.

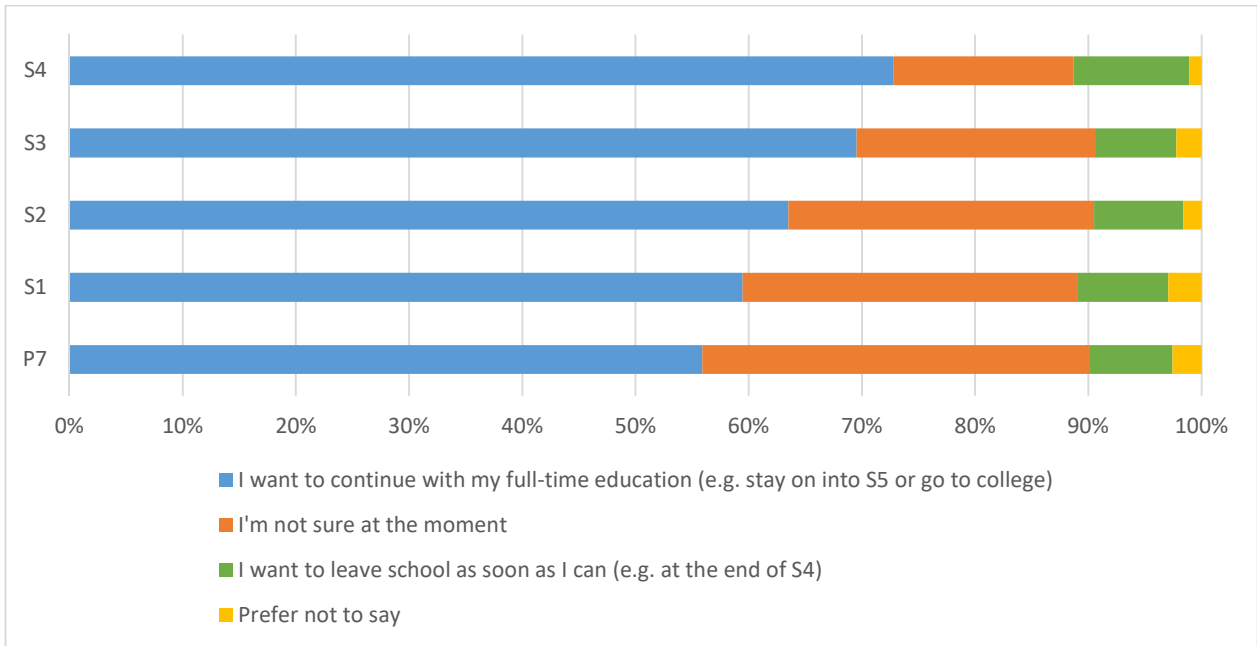


**Fig.6.53. Proportion of school leavers looked after within the last year who were in positive destinations, at initial and follow-up surveys.**

<b>What Pupils Want – From Moray Youth Matters</b>
<i>“Support in school – more support needed for young people who struggle due to neuro diversity – they may fall below the level of need required for SFL support but they need it.”</i>
<i>“The middle section of young people are left to get on with things. The high achievers are supported to access courses at Uni and given extra ways to engage in the school. The kids that misbehave and are challenging in class have a lot of time given to them.”</i>
<i>“Many have struggled with exams – pressure and study support.”</i>
<i>“Need to get more time outside as this is good for our Mental Health”</i>
<i>“Plants in classrooms”</i>
<i>“More groups at lunchtimes, places to hang out”</i>

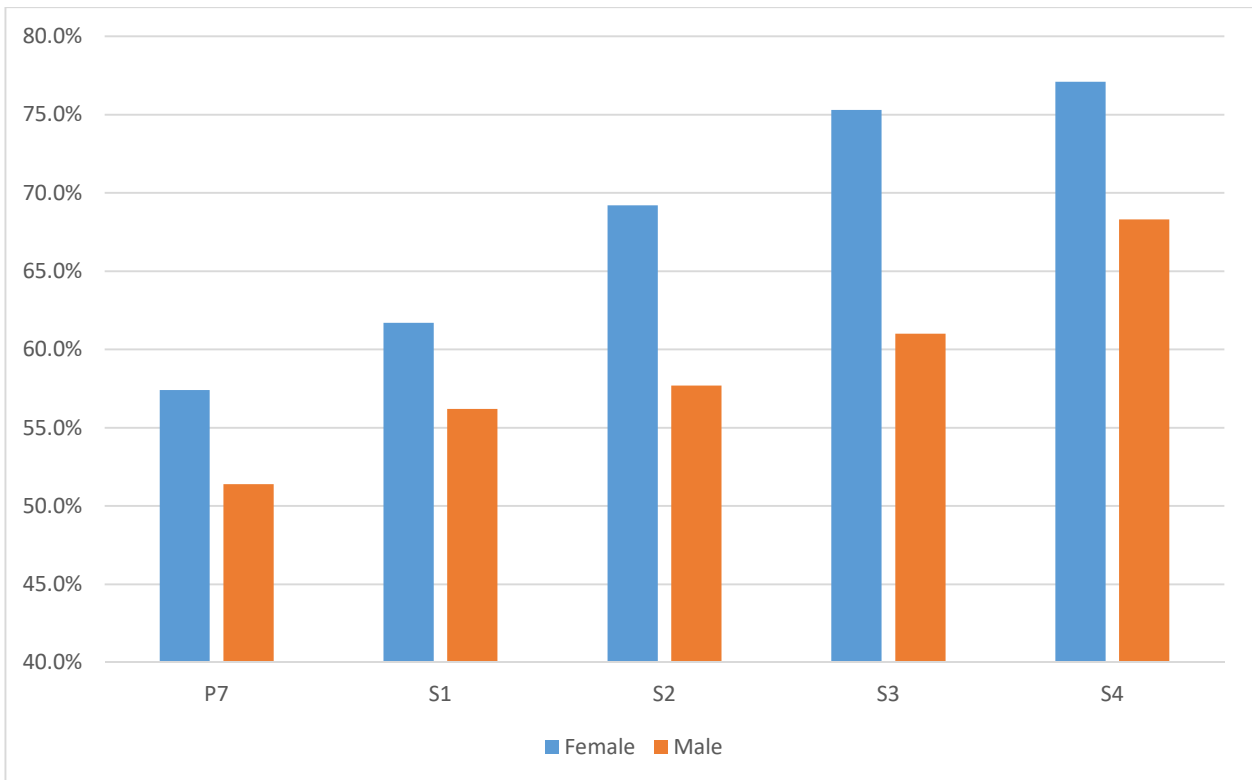
The schools Health and Wellbeing Census (HWBC) asked pupils when they thought they wanted to leave school/full-time education. The proportion responding that they wanted to continue with full-time education after S4 increased by age from 52.1% in P7 to 72.8% in S4, as the proportion reporting that they weren’t sure reduced.





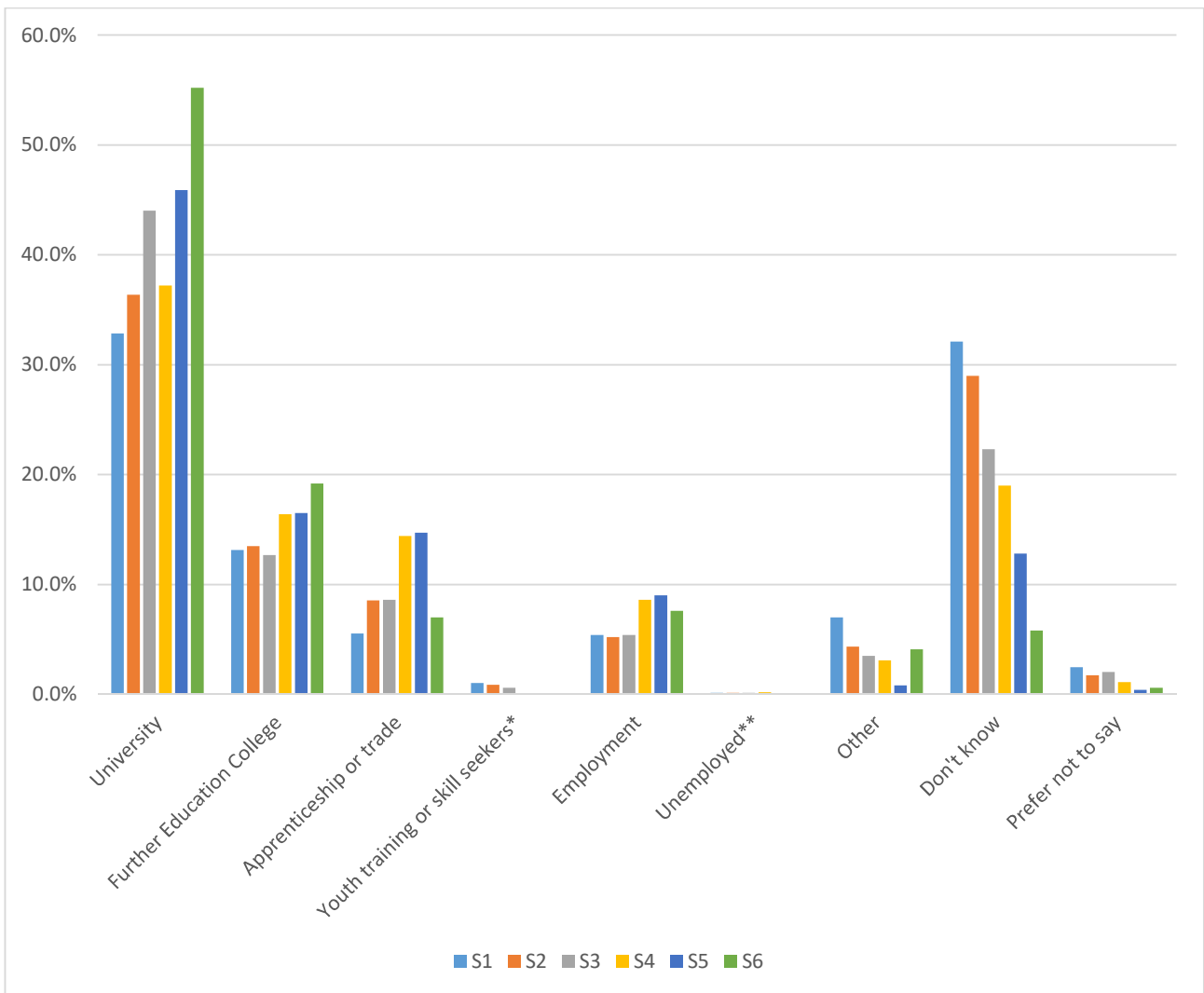
**Fig.6.54. Pupil responses to the question “Now looking ahead, when do you think you want to leave school/full-time education?” by year group. From Moray Schools HWBC, 2022.**

Figure 6.55 shows these data broken down by gender. In each year group, female pupils were much more likely to report wanting to stay on in full-time education compared to male pupils.



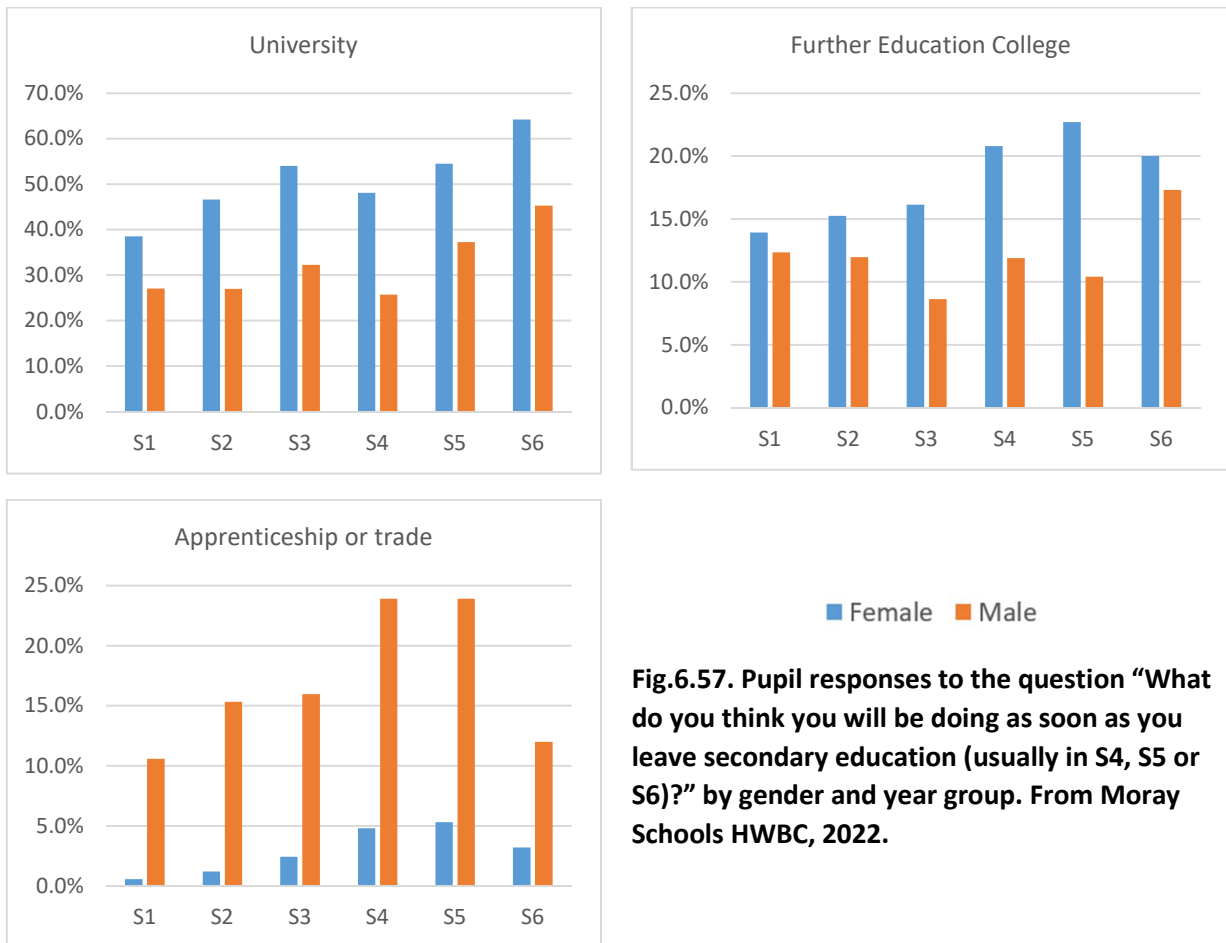
**Fig.6.55. Proportion of pupils responding ‘I want to continue with my full-time education (e.g. stay on into S5 or go to college)’ to the question “Now looking ahead, when do you think you want to leave school/full-time education?” by gender and year group. From Moray Schools HWBC, 2022.**

Figure 6.56 shows responses to a further question about what pupils think they would be doing after leaving secondary education. The number of answer choices was limited and some were framed in negative light which may have discouraged that choice (e.g. ‘unemployed’). Of the choices available, university was the most popular choice and became more popular as age increased. 32.8% of S1 pupils reported thinking they would go to university straight after school compared to 55.2% of S6 pupils. The proportion responding ‘don’t know’ reduced consistently over the year groups.



**Fig.6.56. Pupil responses to the question “What do you think you will be doing as soon as you leave secondary education (usually in S4, S5 or S6)?” by year group. From Moray Schools HWBC, 2022. \*‘youth training or skill seekers’ was not available as an option for S4-6. \*\* ‘unemployed’ was not available as an option for S5-6.**

Figure 6.57 breaks down the data on university, Further Education College and apprenticeship or trade down by gender. Female pupils were much more likely to report expecting to go to university or Further Education College, while male pupils were much more likely to report expecting to do an apprenticeship or learn/practice a trade.



**Fig.6.57. Pupil responses to the question “What do you think you will be doing as soon as you leave secondary education (usually in S4, S5 or S6)?” by gender and year group. From Moray Schools HWBC, 2022.**

### 6.7. Covid Impact on Education and Online Learning

As with various aspects of children and young people’s lives described throughout this document, the Covid-19 pandemic and associated restrictions caused huge disruption in education from home-schooling through online learning to transformed examination processes. It is not possible to capture the extent of the disruption in this document and indeed it will be years before we can fully appreciate the long-term impact on those pupils who have gone through it and their families. Only a few quotes on this topic are available at this time, but this is an issue we should remain cognisant of over the coming years.

---

*“Transition to High School during covid has impacted confidence to attend school. Increased anxiety and created trauma response behaviour to being around the school environment”*

*“I don’t think I’m catching up with my work and I really struggled in my exams”.*

*From parents on impact of online learning for both children and parents: “When young people fall behind they have a sense of overwhelm and on line learning puts more pressure on them”*

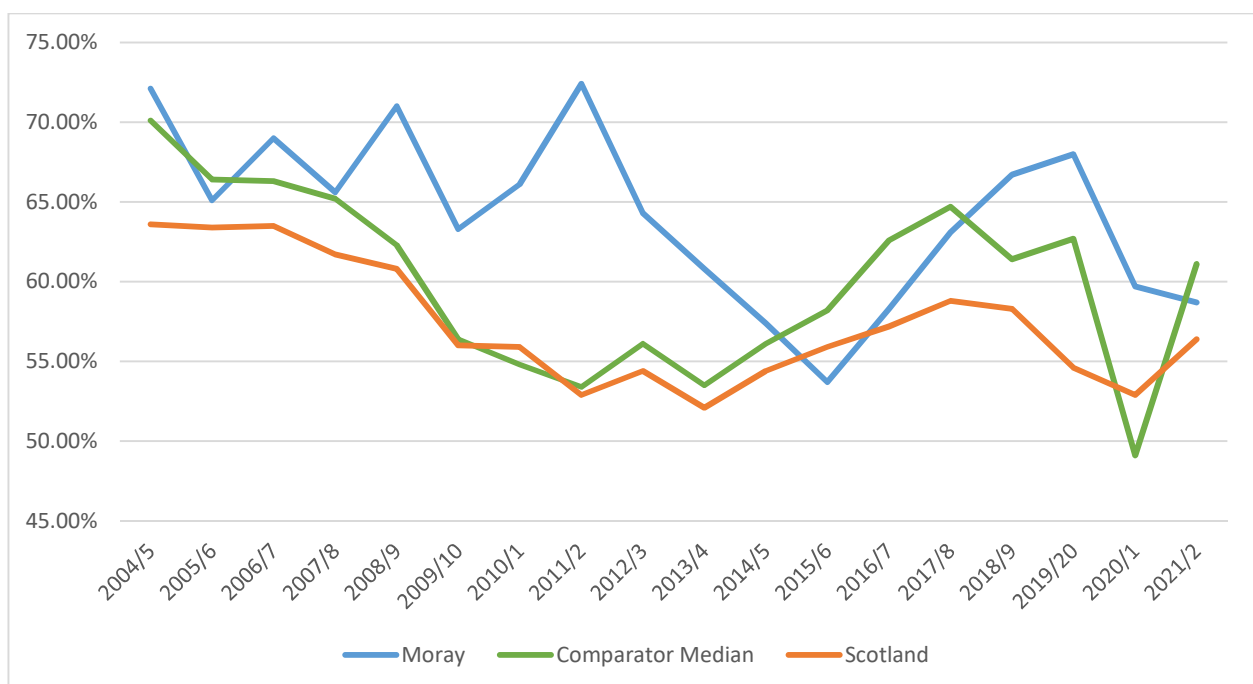
*“Regardless of breaking things down into bite size chunks it can be too much for me”*

*“Guilty conscience is a real barrier to me...especially with the challenges of home schooling through lockdown and to be more supportive to kids.”*

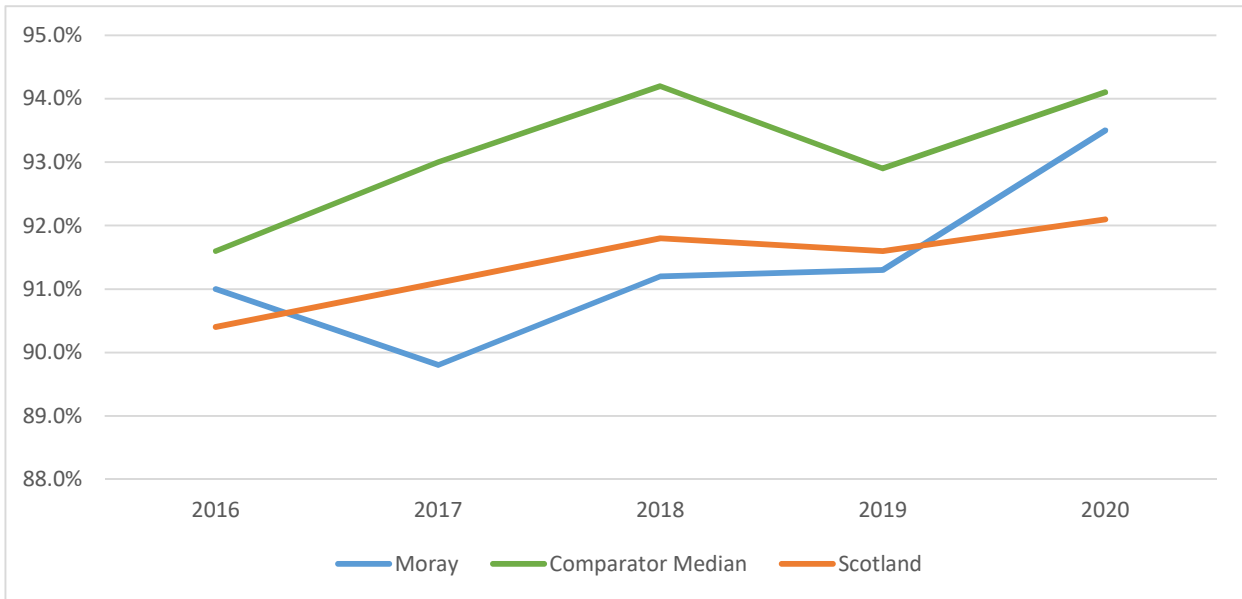
---

## 6.8. Youth Employment

Upon leaving education, many young people will go on to work. Figure 6.58 shows employment rates for 16-24 year olds in Moray, our comparator local authority areas and Scotland-wide. Moray’s rate sits consistently higher than the Scottish national average (except for one year in 2015/16) and appears to have declined slowly since 2004/5. However, if we look at the rate of young people participating in employment, education or training, the proportion has been consistently rising from 89.8% in 2017 to 93.5% in 2020. This is below the national average of 94.1% but above the median of our local authority comparators.



**Fig.6.58. Employment rates for those aged 16-24yrs<sup>218</sup>.**



**Fig.6.59. Proportion of young people aged 16-19yrs participating in education, employment or training, by year<sup>213</sup>.**

### From Moray Youth Matters

*“No support for young people who don’t do well in exams and don’t get the grades they need. They are forgotten about and leave school with very little. No effort by the school to get them back on course.”*

*“Very few jobs for under 16s – just paper rounds and some cafes and restaurants. If they sell alcohol they won’t take you on. Don’t take you seriously if it’s your first job.”*

*“Lots of young people want to be able to help their families out, especially now with rising costs of everything. Pay for their own stuff.”*

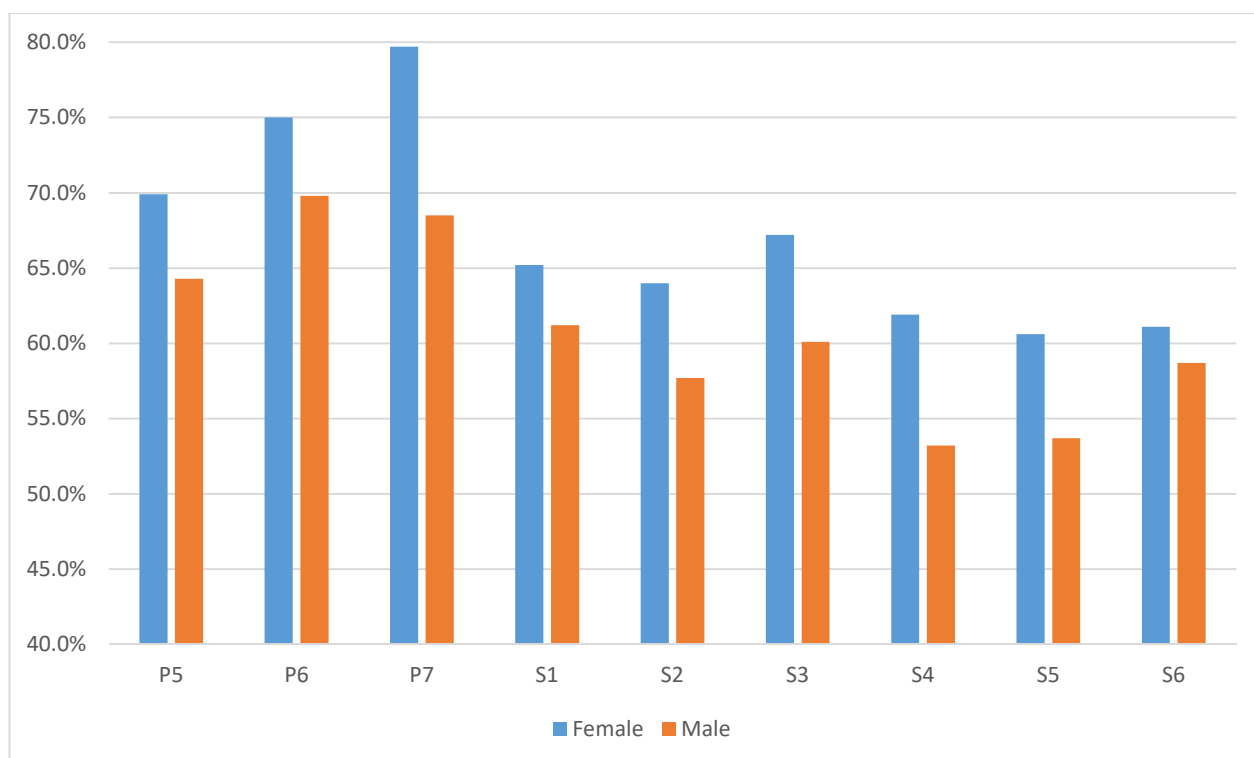
**UNCRC Article 12: All Children and Young People have the right to be listened to and taken seriously.**

**UNCRC Article 13: Children and Young People have the right to find out and share information. Children and Young People have the right to freedom of expression like everyone else.**

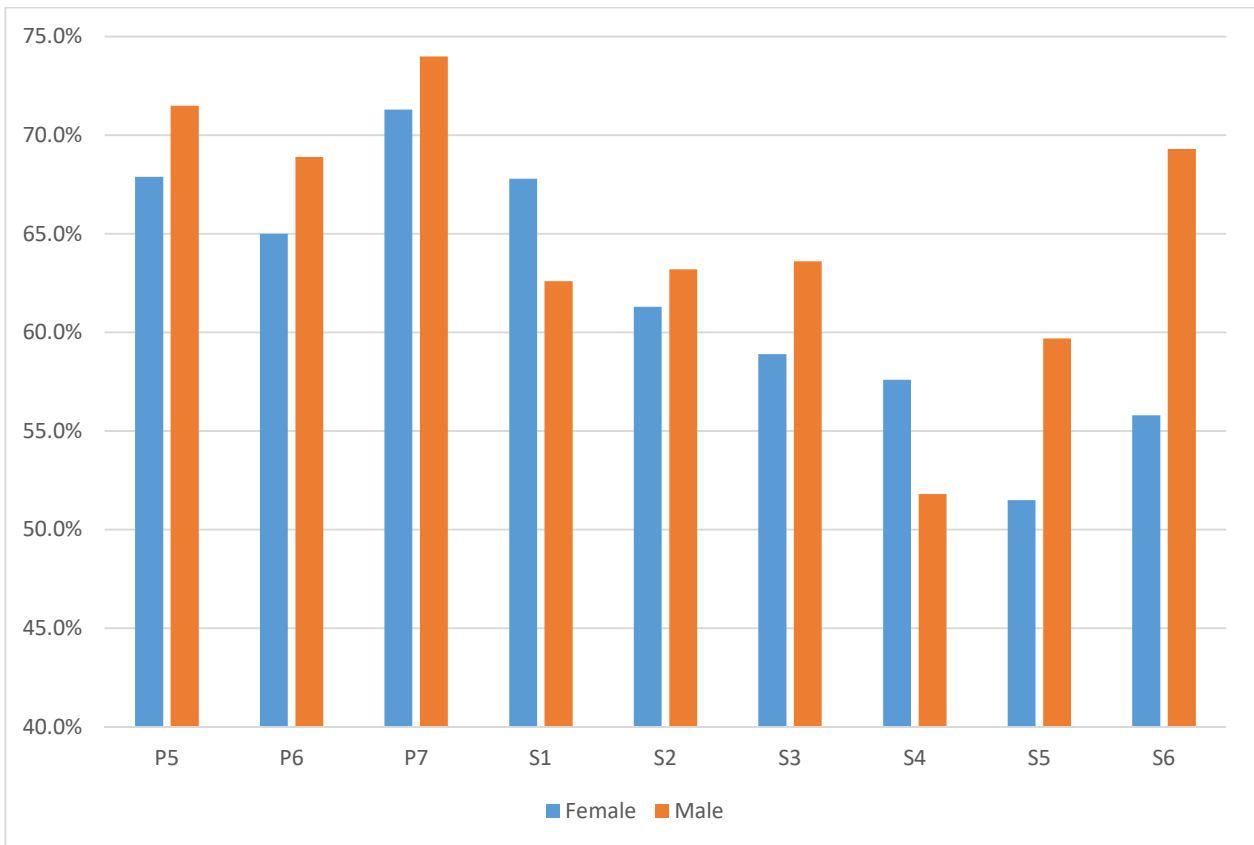
**UNCRC Article 42: All Children, Young People and adults should know about the UNCRC and its provisions.**

## 7. Involvement & Empowerment of Children and Young People

As the Scottish Government aims to incorporate the UN Convention on the Rights of the Child (UNCRC) into law, more awareness is building around the rights of young people as citizens to participate in our communities and society as equal members. In order to understand the current understanding that young people currently have of their rights, Moray added questions on the UNCRC to the HWBC. Figure 7.1 shows the proportion of pupils who answered that they know about the UNCRC and their rights. In every year group, more female pupils reported knowing about their rights than male pupils. In contrast, figure 7.2 shows the proportion of pupils who reported knowing what to do if their rights were not respected. In this case, generally more male pupils reported knowing what to do than female pupils.



**Fig.7.1. "Yes" answers from Schools Health and Wellbeing Census in Moray to the question "Do you know about UNCRC and your rights as a child/young person?" by year group and gender.**



**Fig.7.2. “Yes” answers from the Schools Health and Wellbeing Census in Moray to the question “Would you know what to do if your rights were not being respected?” by year group and gender.**

A key article in the UNCRC with relevance for the design, planning and provision of children’s services is article 12, by which children and young people have the right to be listened to and taken seriously. The principles of this article are echoed in the quotes given by young people in the box below.

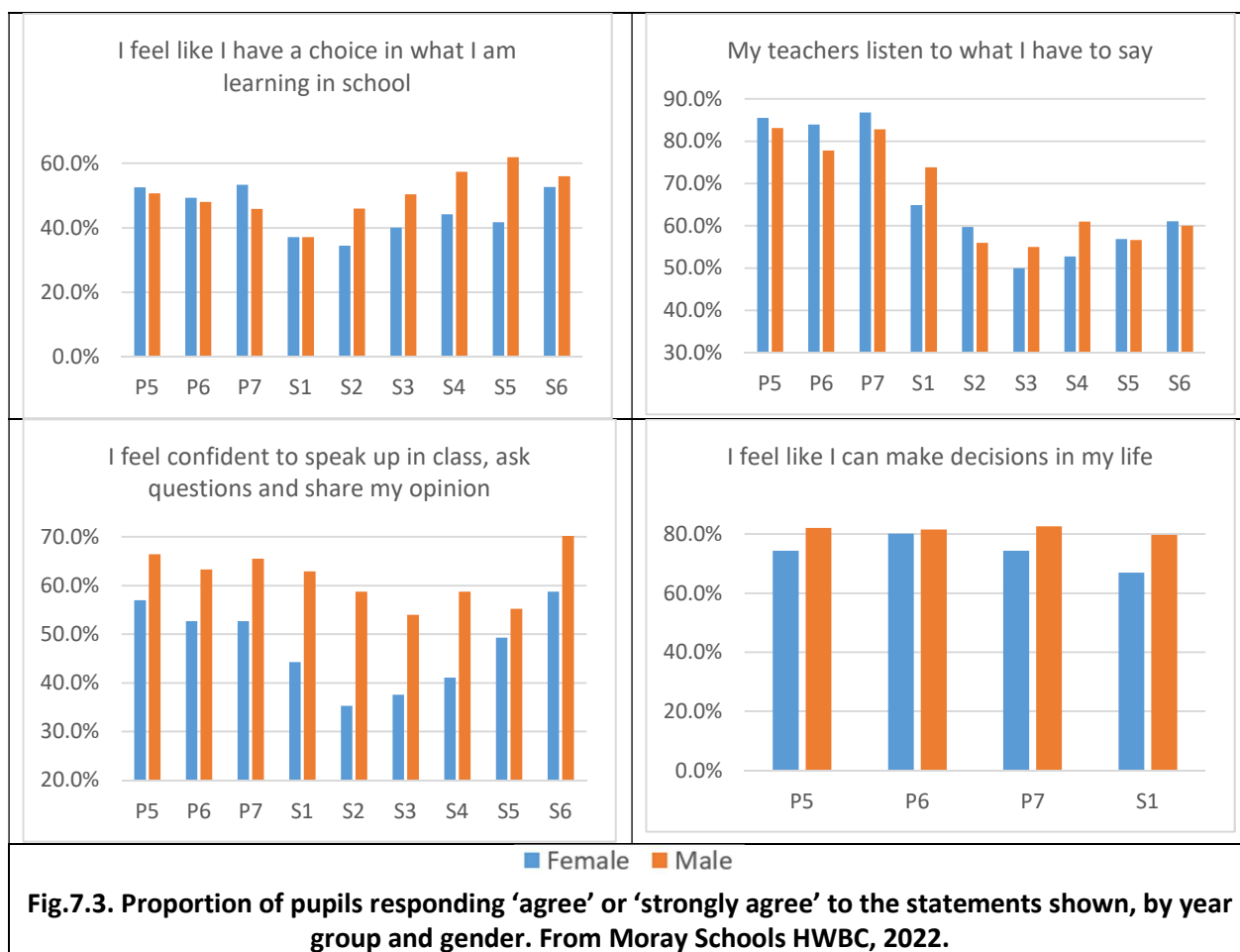
From Moray Youth Matters: ***“Asked for opinions but often they change what we say. They need to take us seriously.”***

Parent at Moray Wellbeing Hub Parent Empowerment Group reported P7 child came home reporting that ***“she [teacher] spoke to us like babies”.***

Young Champion from Moray Wellbeing Hub: ***“I enjoy the activities and the discussion sessions and like taking part in both. My mum and teachers have noticed the change in my behaviour that I have been telling them more when I feel annoyed by others. I feel I am a champion. I feel empowered and connected and inspired by others. Being a Champion I've learnt lots of different tools. Fortunately/unfortunately game I like the most. In the future I hope we can do more well-being walks and activities in nature. I have been working with a friend to do a fundraiser at school for Moray Wellbeing Hub I hope that I can support more young people. I have had support from my guidance teacher and my friend. We are putting together ideas over the summer and hoping to be ready for the new term.”***

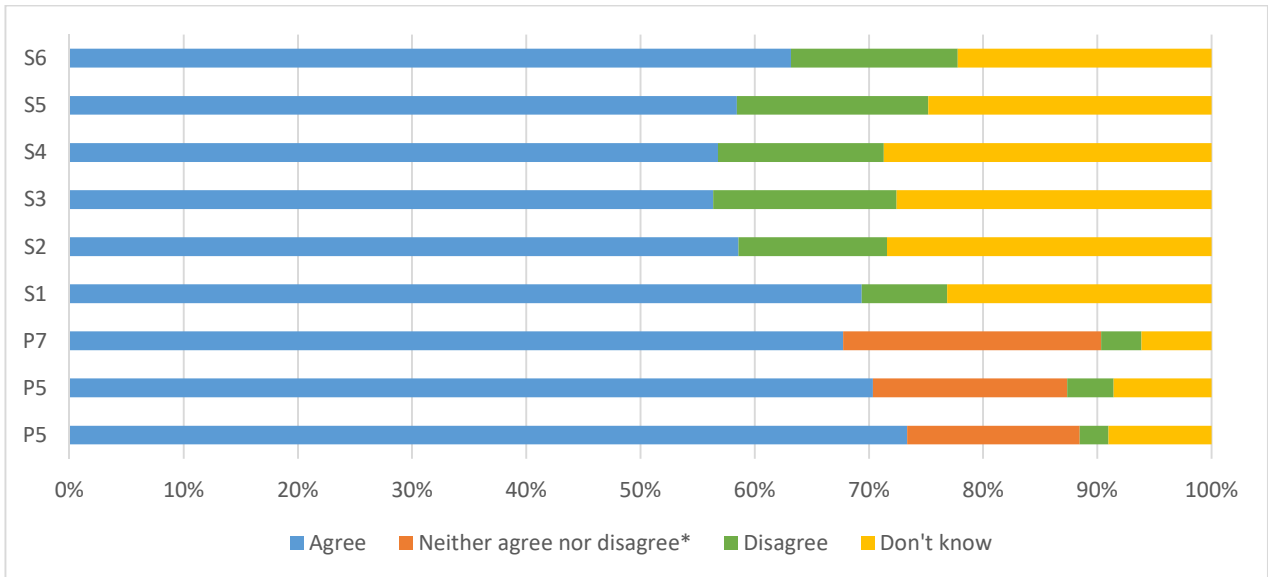
Moray Wellbeing Hub Youth Champions programme: ***“I don't feel up to it just now but thank you. Thank you for listening”***

The HWBC asked a number of questions about being listened to and taken seriously, and feeling empowered to speak, some of which have already been described in other sections but are repeated here. Figure 7.3 shows these by gender and year group. For “I feel confident to speak up in class...” and “I feel like I can make decisions in my life”, male pupils are more likely to report agreeing with these statements. For “I feel like I have a choice in what I am learning in school”, there is little gender difference in P5-S1, but after this, again more male pupils feel that they have a choice. For “my teachers listen to what I have to say”, the gender split is not clear, though all pupils are less likely to agree with the statement in older year groups.

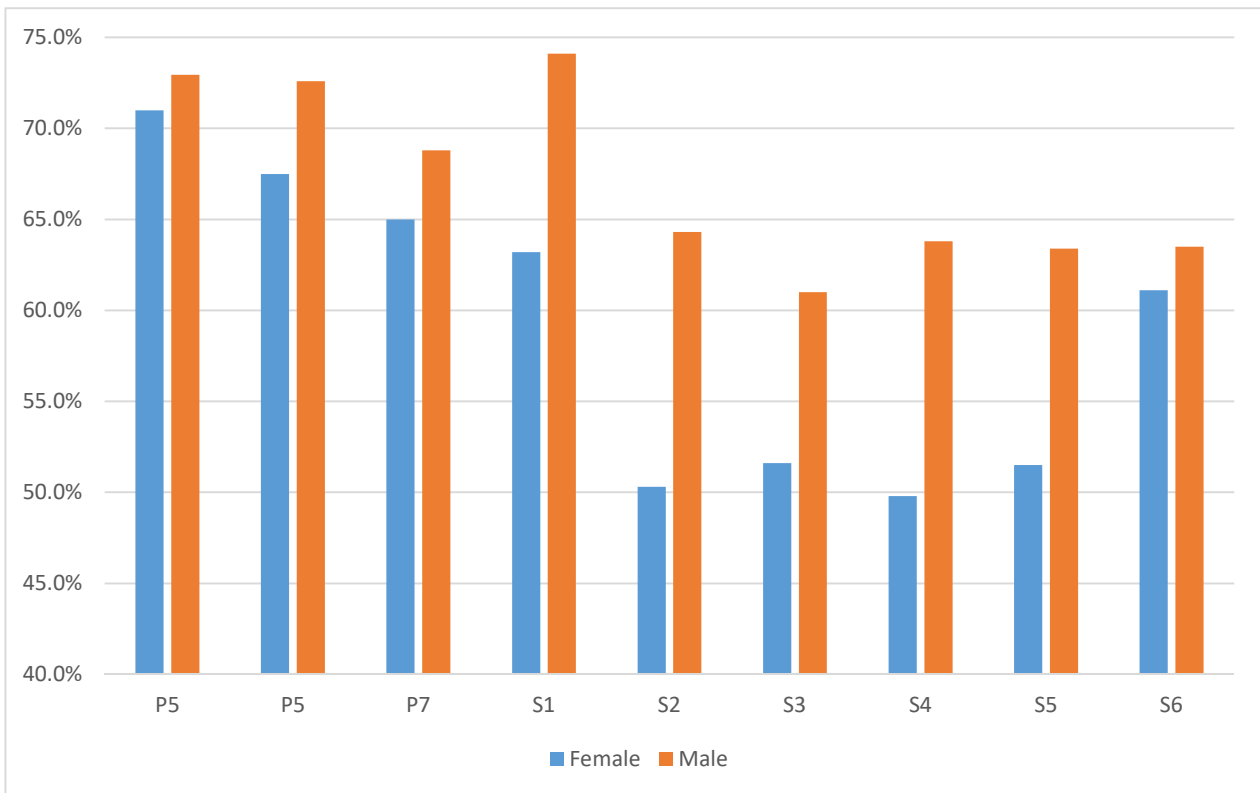


The HWBC also asked to what extent pupils agreed that adults are good at listening to what they have to say. The answer choices offered were not the standard likert answers from ‘strongly agree’ to ‘strongly disagree’, but rather three options from P5-P7 and only two for S1-S6 (see figure 7.4). This appears to have left a large proportion of secondary pupils feeling that the only answer they could give is ‘don’t know’. Nevertheless, looking at the answers from those who responded ‘agree’ to the statement, we can see a clear gender divide, with male pupils in each year group more likely to respond that adults were good at listening to what they have to say (see figure 7.5).



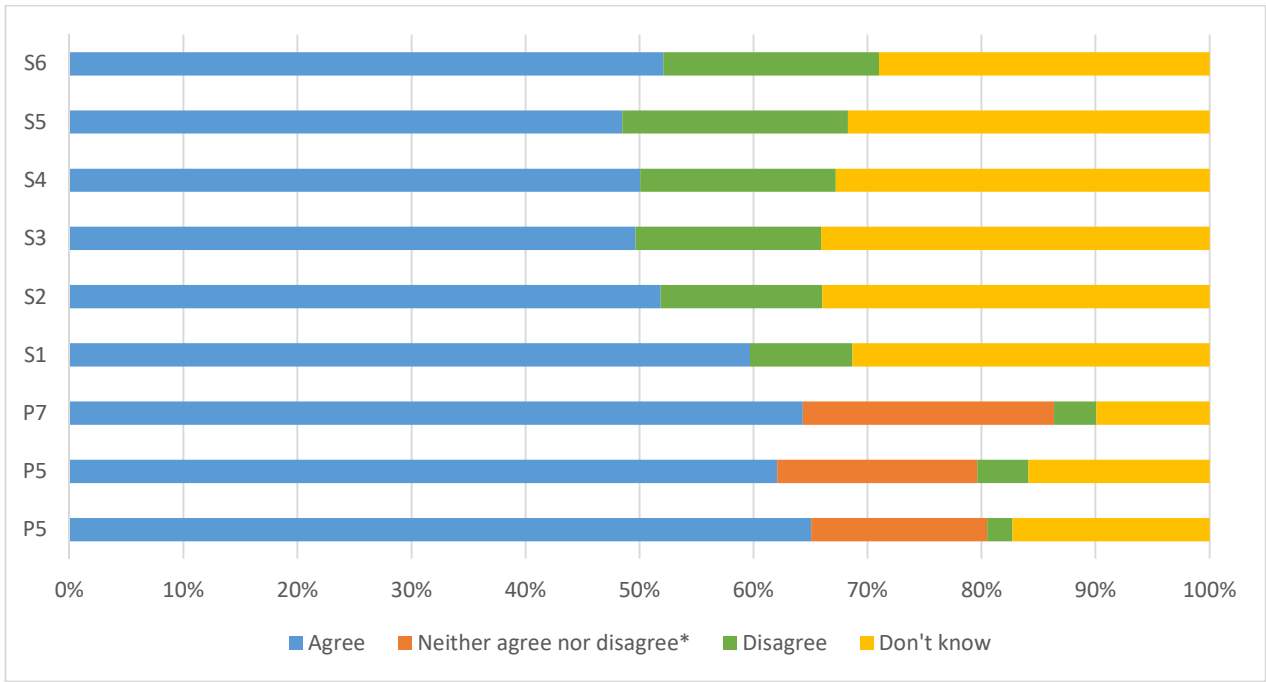


**Fig.7.4. Pupil responses to the statement “Adults are good at listening to what I have to say” by year group. From Moray Schools HWBC, 2022. \* ‘Neither agree nor disagree’ was not offered as an option for S1-S6.**

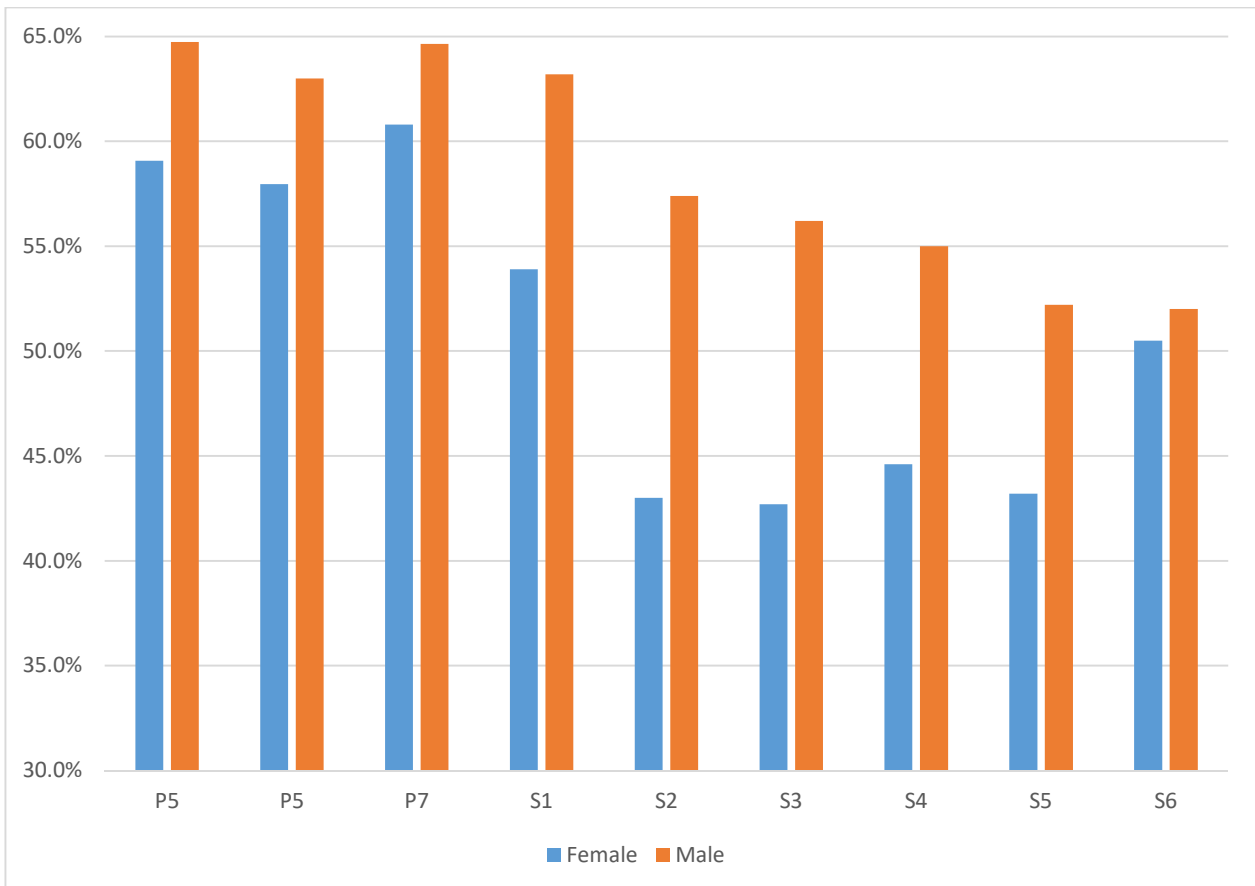


**Fig.7.5. Pupils responding ‘agree’ to the statement “Adults are good at listening to what I have to say” by gender and year group. From Moray Schools HWBC, 2022.**

Pupils were also asked if adults were good at taking what they say into account (with the same issue of answer choices seen above). The same picture is seen for this question as for the previous one in terms of the gender split.



**Fig.7.6. Pupil responses to the statement “Adults are good at taking what I say into account” by year group. From Moray Schools HWBC, 2022. \* ‘Neither agree nor disagree’ was not offered as an option for S1-S6.**



**Fig.7.7. Pupils responding ‘agree’ to the statement “Adults are good at taking what I say into account” by year group. From Moray Schools HWBC, 2022.**

## 8. Abbreviations

ACEs	-	Adverse Childhood Experiences
ADHD	-	Attention Deficit Hyperactivity Disorder
ADP	-	Alcohol and Drugs Partnership
ASD	-	Autism Spectrum Disorder
ASG	-	Associated School Group
ASN	-	Additional Support Needs
CAMHS	-	Child and Adolescent Mental Health Services
CEYP	-	Care-Experienced Young People
CEYRIS	-	Covid-19 Early Years Resilience and Impact Survey
CfE	-	Curriculum for Excellence
CPP	-	Community Planning Partnership
CSP	-	Coordinated Support Plan
CYP(F)	-	Children and Young People (and Families)
DTP	-	Diphtheria, Tetanus, Pertussis (vaccine)
DWP	-	Department of Work and Pensions
ELC	-	Early Learning and Childcare
FTE	-	Full-Time Equivalent
GBV	-	Gender-Based Violence
GDS	-	General Dental Service
GIRFEC	-	Getting it Right for Every Child
Hib	-	<i>Haemophilus influenzae B</i> (vaccine)
HSCM	-	Health and Social Care Moray
HWBC	-	Health and Wellbeing Census (school survey)
IEP	-	Individualised Education Programme
JSNA	-	Joint Strategic Needs Assessment
LAC	-	Looked After Children and Young People
LD	-	Learning Disabilities
LGBF	-	Local Government Benchmarking Framework
LGBO	-	Lesbian, Gay, Bisexual and Other (sexual orientations not including heterosexual)
LGBTQ+	-	Lesbian, Gay, Bisexual, Trans(gender), Queer/Questioning plus other identities inclusive of agender, pansexual and two spirit
LPG	-	Liquid Petroleum Gas
MenB/C	-	Meningitis B/C (vaccines)
MERF	-	Moray Emergency Relief Fund
MHLD	-	Mental Health and Learning Disabilities
MMR	-	Measles, Mumps, Rubella (vaccine)
MRRP	-	Making Recovery Real Partnership
MWH	-	Moray Wellbeing Hub
NEET	-	Not in Education, Employment or Training
NRS	-	National Records of Scotland
ONS	-	Office for National Statistics (UK)
PCVB	-	Pneumococcal Conjugate Vaccine B
PEEP	-	Parents as Early Education Partners
RCS	-	Realigning Children's Services
SALSUS	-	Scottish Schools Adolescent Lifestyle and Substance Use Survey
ScotPHO	-	Scottish Public Health Observatory
SCQF	-	Scottish Credit and Qualifications Framework

SDQ	-	Strengths and Difficulties Questionnaire
SEBN	-	Social, Emotional and Behavioural Needs
SFL	-	Support for Learning
SHANARRI	-	Safe, Healthy, Achieving, Nurtured, Active, Respected, Responsible, Included
SHeS	-	Scottish Health Survey
SHS	-	Scottish Household Survey
SIMD	-	Scottish Index of Multiple Deprivation
SSP	-	Statutory Sick Pay
TSI	-	Third Sector Interface
UC	-	Universal Credit
UHI	-	University of the Highlands and Islands
UNCRC	-	UN Convention on the Rights of the Child
VAWG	-	Violence Against Women and Girls
WEMWBS	-	Warwick-Edinburgh Mental Wellbeing Scale

## 9. Appendix. Additional Engagement Undertaken by the Children’s Services Network for the JSNA.

During November 2022 a programme of engagement was undertaken by members of the Children’s Services Network. The purpose of this engagement was to directly capture the voice of children and families in regards to understanding their experiences, the challenges they face and what is currently working well for them and what could make things better. The engagement was to provide more primary data to enhance the findings of the Joint Strategic Needs Assessment used to inform priorities going forward.

Below emerging themes noted include:

- Feelings of Isolation and loneliness
- Lack of provision for children with complex additional support needs
- Care Experienced parents feeling stigmatised and pre-judged
- The lifelong impact of positive relationships for Care Experienced parents
- The Impact of support groups and peer support came out as a theme in all engagement groups
- Receiving the right support at the right time

### 9.1. Parents of Neurodiverse Young People

<p><b>NAME AND NATURE OF ORGANISATION:</b> The organisations that have supported engagement and reach to these specific parents have been Children 1<sup>st</sup>, Surfable Scotland, Lossiemouth’s Community Hub Development Worker and 2-3s group, Aberlour Youth Point and Early Interventions Teachers ( Early Years’ Service) involved in community based support.</p>
<p><b>NUMBER OF PARENTS:</b> 14 parents engaged with</p>
<p><b>NUMBER AND AGE RANGE OF CHILDREN:</b></p> <p>Pre- birth 0</p> <p>0-2 yrs 1</p> <p>3- 5yrs 3</p> <p>P1-P4 10</p> <p>P6-P7 4</p> <p>Secondary school 9</p> <p>Post school 5</p>
<p><b>What do you find most challenging?</b> (include actual quotes and examples)</p> <p><b>Waiting times-</b></p> <p>I waited 6 months for a health visitor to contact me back (Parent of 4, concerns for her 3 year old, being accessed for ADHD, Autism)</p> <p>We are currently waiting for speech and language and Paediatrics, there are also some services who say they are involved but have never met my child, that’s not right, example provided was education psychology.</p>

It has taken 28 months to go through ADAPT and they still have not provided a written decision or any paperwork which you need to apply for some services ( Parent, P2 age child recently diagnosed with Autism).

**Giving up work to care for my child as not in school consistently or full time-**

There was a period of 3 months that he didn't go to school at all, I had no choice, no employer can be that understanding. ( Parent, 11 Year old with Autism)

There was a point when my child was only welcome in school for 3 hours a day, however I would often be called by 10am to take him home, I had to give up my job. ( Parent, 7 year old, diagnosed with ADHD, Global Development Delay, Sleeping Disorder)

**Child plan processes-** it was agreed at child protection conference they would be every four weeks, there has been 1 in 12 weeks and most people did not attend and no actions have progressed including starting a part time timetable ( Parent, 2 children, 11 & 8, 11 year old diagnosed with Autism, social anxiety) .

The school cancelling the meeting the afternoon before and then not re-arranging )  
Parent, 15 Year old with Autism)

**Getting the right support in place through school**

My son will be sitting exams soon and the right support is still not in place, it's talked about but not delivered. (Parent, 5 children, struggle for 15 yr old with Autism)

**Being forced to fight for support**

Currently having to pay £80 a week to get my child to school, he can't walk for 40 minutes and being non- verbal cannot communicate with others if something was wrong. Other professionals have to try and help you fight your cause with the different departments (Parent to 3 children, 12, 10, 5. Current worries for her 10 year old).

**Lack of help-** we were struggling so badly in the summer, we rang social work and no one came or called us back (Parent of 3, 12 year of is disabled and has autism, 10 year old currently being assessed for Autism).

**My mental health-** when my child is struggling my own issues become hard to deal with, my child has ADHD and I'm diagnosed with Attention Deficit Hyperactivity Disorder and Borderline Personality Disorder. There was a time my daughter was being sent home from school a lot, I couldn't go anywhere or do anything and it became really bad at home. (Single parent, 2 children, 8 year old diagnosed with Attention Deficit Hyperactivity Disorder)

The everyday stress of the situation really effected my mental health.

**Lack of communication-** it's a struggle to get access and follow up with Paediatrics, my child is on medication that is not working and should have been reviewed but appointment cancelled. GP say they can't help. I'm told they are 9 months behind. (Parent through Kinship, 9 year old with Autism, Global Developmental Delay)

It's a big challenge to stay on top of the communication when appointments keep getting changed, I'm keeping everyone who is involved up to date because meetings don't happen so they don't know. I found out today there is a CAMHS appointment next week when I decided to go and speak to them in person, I didn't know this. ( Parent 10 year, 7 year old. 7 year old diagnosed with Attention Deficit Hyperactivity Disorder, Global Developmental Delay)

**Feeling let down-** I need support to work through my situation and I ask but no one will listen to me and try to understand the full situation. I feel isolated, it's hard to live with the constant stress and pressure, I feel no one cares and I am being discriminated against. ( Single Parent, 6 year old, Global Developmental Delay)

### Others issues

**Changeable mental health of child** (Parent, Secondary school age child with Autism)

**Managing challenging behaviour**

**Dealing with daily abuse, emotional and sometimes physical** ( Parent, 13 Yr. old & child that's left school)

**No respite-** there is nothing, not a moment to have any kind of break (Single Parent of 4).

**Feeling isolated and left to struggle on own. A sense of hopelessness**

**What are the things that are helping just now** ( include actual quotes and examples)

### **Evidence from parents who felt the support level was right**

1-1 support in place at school, they had to apply for it again every 6 months which is worrying but its making a big difference ( parent of P2 child recently diagnosed with Autism)

1-1 support is in place at the nursery, everyone that is working with us seems to see our son for him not his autism, this was not case the last place we lived ( parent of 4 year old with Autism)

Feel the system is working the professionals seem to be interconnected, the same approach is being used, the language used is the same, it feels consistent (Parent of 4 year old with autism). evidence from early years stage

I feel the right level of support is in place ( parent of 4, 3 year old going through diagnosis for Attention Deficit Hyperactivity Disorder)

School had a COVID funded teacher, he would take my son out of class and work with him including his homework. Now that's stop we are struggling with the homework at home and I think he is struggling more than before.( kinship parent, 9 year old with Oppositional Defiant Disorder, Autism, Global Developmental Delay)

Social Emotional Behaviour Needs (SEBN) are coming into the school and training the staff, they also arrange time for my son to go to the woods, to horse ride, its making a difference with how he can manage the time in school ( Single parent of 2, 7 year old

diagnosed with Attention Deficit Hyperactivity Disorder, Global developmental Delay and Sleep Disorder)

My youngest (5 years) is showing autistic traits, a worker from the early years' service spends time with him at school and does activities with him, I think it's helping him manage

**Quarriers-** help for carers ( parent of secondary age child)

We have **Self Directed Support** in place which is good but it used for Grampian Autism Society. Their staff change too much, it's too unsettling and my son can't cope. We have been advised to get a PA but told this can take a year. ( parent 12 year old who is disabled and has Autism)

I tried support lines, they do help in the moment but need something beyond that ( parent, child age 8 with Attention Deficit Hyperactivity Disorder)

### **Examples of specific good practice**

**Lossiemouth Sport Centre Staff-** they are so supportive, my son is able to go swimming with his friend and use the library on Saturdays, the staff ring me and let me know if he leaves early or is not settled and I'm straight down. It's a shame the pool is not open longer though at the weekends. ( kinship Parent, child 9 with Oppositional Defiant Disorder , Autism, Global Developmental Delay)

**Occupational Therapy department** were brilliant, the best 40 minute appointment we have had with anyone, she engaged with my son, she shared her knowledge and we learnt so much, it made a difference right away ( parent of 4 year old with Autism)

### **Childrens 1<sup>st</sup> support groups and home visits**

they visit every fortnight and this really helps

coming along to the group, I can talk to others and kids are okay ( single parent of 4 children)

**Wednesday night club in Forres-** its volunteer run and they raise all their funds, it's become very popular so they divided the group so my son can't go as often but he's really happy when he's there, it's the only time he leaves the house apart from school ( parent of 15 year old boy with autism)

### **What would make things better?** (include actual quotes and examples)

#### **Leisure & Social provision**

**Swimming pools-** they are not open long enough and there is no time specific to those with additional needs (Parent, child 9)

There are no longer any swimming classes available for children with additional needs.

**Social provision-** I would like to meet other parents but more importantly I would like my child to meet other children like him.



Needs to be more support and local to where you are, we can't rely on national organisations who have no local presence as they can really only offer support lines to call. (Parent, 6 & 8 year old, 8 year old )

Need to have parent support groups, it's especially hard when you're a single parent family, you need people to talk to ( Parent, 10 & 7 )

**Social work** need to follow through with support, they spoke of arranging some mediation but nothing happened ( Parent, 4 children)

Parent felt that schools are waiting on situations for too long and sending mixed messages to the children regarding their behaviour. They are missing the opportunities to intervene and stop escalation or crisis situations. ( Parent of 4, one child with ASN)

### **Speech & Language Provision**

Dealing with Speech & Language, been waiting for 2 years. It needs a rethink. In a different area I lived in they had a range of workers who were taught strategies and came to school and home to teach them. They need a rethink as its letting kids down. (Parent of 5, 2 with Autism, youngest being assessed).

I think Speech & Language Therapy needs to have a closer look at how it works, I felt like they could be helping my son so much more but it wasn't happening (Parent, 3 year old )

Concern highlighted in terms of how services are prioritising cases, parent gave example of waiting 9 months for Speech & Language Therapy for her non-verbal child yet second child was referred by health visitor and phone call received the same day. Example of Health visitor not visiting through this year because of COVID and then when did said the child should have been prioritised as due to Additional Support Needs , already school deferred for year. Took 5 months for the visit to happen since request for it. (Parent, 4 & 2 year old, 4 year old diagnosed prior to moving to Moray.

### **Working together better**

School and home working together, it's okay to accept my child can be doing well in one place and not in the other place, with autism they are often masking the issues and we need to walk together to learn from each other and get it right. Need to be more open to listen and school needs to be more willing to say when they are struggling. (Parent of 3, disability and autism.

School staff imply the behaviours are learnt, they are blaming you or denying anything additional is going on. Even when you then get a diagnosis they continue this attitude. As a parent you should be listened to and not made to feel worse, it's already hard without that. ( Parent, children age 8, 6years. 8 year old had ADHD)

Schools stopping thinking it is okay just to keep sending a child home (Parent, 10 & 7 year old)

### **Self-Directed Support**

Grampian Autism Society is already not working for families. It's important to get in there now and sort it out and not leave us without a viable respite option which this is what the

Self Directed Support plans are providing. There needs to be improvement to the Self Directed Support System, there needs more choice in it. Does it have to be social work, could it be run differently as don't want social work in your life ( Parent, 9 year old)

**Assessment processes**

The assessment system, the forms I filled in and the school filled in were so different which then impacts services like Paediatrics. I feel more needs to be done to ensure school are getting the right person(s) to complete. When they asked directly they then changed their answers but the delays had already happened. It also highlights how inappropriate it is to have any assessment process which doesn't involve seeing the child (Parent, 10 & 7 year)

**Carer support-** it's always targeted during the day, I need to work but really like to be able to attend and chat with others. I can't ask my employer for time off for this, especially when at times I need their support to be able to respond if my son is struggling. Could there be evenings and weekend opportunities? (Parent, child 9 yrs.)  
 Carer support is available but the meet ups are always during the day and I work. I would have loved to be able to go to the Christmas party. ( parent, child 9 with Autism)

There is a lack of options for teenagers either with Additional Support Needs or without. The schools don't put anything on for them and nothing in the community.

9.2. Families with a Child Born During or Just Prior to the Covid-19 Pandemic or Children with Additional Needs

**NAME AND NATURE OF ORGANISATION:**

**Step by Step – support for families**

**Cullen Play centre – play and activities for 2s & over**

**Independent baby massage group**

**Ladybird Developmental playgroup – facility for children with complex additional needs**

**NUMBER OF PARENTS: 22**

**NUMBER AND AGE RANGE OF CHILDREN:**

Pre- birth

0-2 yrs 13

3- 5yrs 10

P1-P4

P6-P7

Secondary school

Post school

**What do you find most challenging? (include actual quotes and examples)**

“lack of social contact with other babies and children still has an impact on my daughter and she is 2 now”

“Having my baby in Aberdeen on my own during the second lockdown was really hard, no-one was allowed to stay in triage with me..... so I ended up having him on my own.”

“As my daughter was born during the lockdown we didn’t have any visitors as my family all live down south, that made me feel alone. We were able to visit when she was 7 months old”

1 parent had covid when she delivered her 3<sup>rd</sup> baby and had to travel to Aberdeen Maternity Hospital as Dr Grays would not accept her. The baby was admitted to the Neonatal Unit. “Not getting updates about him was hard. Only 1 parent was allowed to go the hospital appointment with the baby that was hard too. We didn’t go to any groups until he was almost 1year old”

This theme was repeated by several parents from different groups. Feeling isolated. “Not being able to go out or meet with others was really hard, made me feel bad, felt isolated and felt sorry for my baby not being able to play with others.”

“We went for walks in the park as a group but I didn’t like that much as it’s not the same interaction as being in the same room to talk and the children were all in their buggies so couldn’t play together”

“The children didn’t like the masks, they couldn’t see our faces, its better now we don’t have the masks to wear”.

“I would say it was the most lonely time of my life having a new baby and being pregnant again soon after with the restrictions, no groups to go to and no family close by”

Parents reported missing the face to face interaction with others and their babies, stating it just wasn’t the same being online.

“Because of covid restrictions there were no Antenatal groups meeting so we weren’t able to speak with others in the same situation as us.”

“Lack of nursery places for children with additional needs, Ladybird is the only Nursery in Moray. None of the others can take them”.

“No respite facilities for parents. If my husband is at work I have to do everything and he can’t do anything for himself. Even just for an hour. To get respite he needs a Child in Need Assessment done”.

Common theme from parents who have a child with additional needs: unaware of activities locally for their children and not aware of parent support groups either.

2 parents reported : transport to and from Ladybird is an issue, needs to be funded and more flexible as one child postponing attending until next term due to transport issues.

Other comments: delays with appointments and poor communication with education services when seeking support in identifying the most appropriate school for their child.

**What are the things that are helping just now? (include actual quotes and examples)**

“coming to this group makes me feel less lonely”

“initially after the lockdown was lifted we came every 2 weeks, all the windows were open and we didn’t have snack or sing but it was worth coming for to meet others”

“As she is my first baby it was the normal for me as I didn’t know any different, coming to the groups are definitely good, to be able to chat with others and for the children to play and socialise.”

“My son, who was born during the second lockdown, was really clingy before, but he now also goes to Nursery which has helped him be less clingy and more vocal even if we don’t always understand what he’s saying!”

“Speaking with other mums at this group helps how I feel. It’s good to see the babies socialising”

“I come to the group every week so really missed it when we weren’t able to meet”

“having something to do with other mums, I wish there were more groups”

“it was good to get back into groups, being able to speak with other mums and get out of the house”

“although it was good to come back to the group I was apprehensive after all the covid restrictions having been in place”

All parents reported that having the groups to go to was good for their baby/toddler to interact with other children and had a positive impact on their own mood. They enjoyed watching their baby interacting with the other babies/children.

Co-ordinated support through the Moray Inter Disciplinary Assessment Service for children with complex needs has been useful.

There has been support and practical input from the Council Occupational Therapist for hoists and the Health Visitor has been visiting regularly to monitor the health condition which has been reassuring.

1 parent: reported they take their child to a soft play facility which is available every 2 weeks for children with sensory needs.

Several parents: “Ladybird has been the best. It’s the only nursery to work with children with additional needs” “How he’s come along by going to Ladybird I couldn’t thank them enough.”

### **What would make things better? (include actual quotes and examples)**

“Having a group like this makes you feel less lonely”

“Activities on every day and more of them as there are long waiting times for some, like swimming and music or singing.”

Comment from 1 parent : “Dads group would be good as I’m the only male coming to this group which is ok but one for dads would be good”

Several parents suggested having a centralised space for information about what resources/facilities are available for parents to access for the Moray area, not just in each locality. Eg Antenatal Natal groups, baby groups, toddler groups, dads group, children with additional needs.

1 parent reported on a set up in Sweden (similar to Home start/Sure start) – single community centre building with Council employed staff, support workers/play workers, and an HV. Open 5 days per week. 0-5yrs. Open access, drop in, play and chat.

“I want him to be included in mainstream but sometimes it’d be good to go to something like soft play or swimming, and be able to relax with parents who are in the same boat and you don’t feel embarrassed or aren’t worried if he shouts out loud”

More accessible transport – to get to Ladybird and to activities that may be being held. Parents are not able to be in several places at the same time with their children.

### 9.3. Care Experienced Parents

**NAME AND NATURE OF ORGANISATION:** Care Experienced Parents , 1 parent was part of a group at Children’s 1<sup>st</sup>.

**NUMBER OF PARENTS:** 6

**NUMBER AND AGE RANGE OF CHILDREN:**

Pre- birth 1

0-2 yrs 1

3- 5yrs 3

P1-P4 2

P6-P7 1

Secondary school 3

Post school 4

**What do you find most challenging?** (include actual quotes and examples)

“The judgement and stigma from organisations as soon as they become aware I am care experienced. “I found being pregnant extremely challenging and my little one was referred to Social Work because I was care experienced. I felt I was being judged because of my past, which felt out with my control.”

“I am not recognised as me for who I am, I was always a care experienced young adult first.”

“As soon as they hear I am a care experienced parent they judge me and think I cannot parent my children.”

“I have 3 children and because I did not have a good childhood or experience good parenting myself they think or presume I am not able to parent my own children. They judge me and jump to conclusions about my parenting.”

“All reports written about my children mention my childhood and how bad it was. Social Work use information about me from 2010 before I even had my children.”

“Meetings are challenging, really difficult. “Bringing up things about my past” professionals don’t understand. I go to Child Planning meetings, Looked After Child Reviews, Children’s Hearings and experience the same judgement and lack of understanding at all of these meetings.”

“At one meeting they said due to my childhood we feel she is not able to parent or raise her children right. There was no understanding of how that made me feel in a room full of professional people and in front of everyone.”

Not having external family to support me “I was on my own”.

“Financial pressure are challenging and knowing where to access supports.”

“One of the biggest challenges was stigma about being care experienced.

Examples -I was in care when I found out I was pregnant, those adults around me felt that I lacked capacity and didn’t have the skills to parent.”

“I was still at school when I had my son, there was no child care provision so I couldn’t return to school. Education did not understand, the truancy officer would arrive at my door with no understanding of how I could parent and maintain my education. I feel I could have gone on to do more if I had received the support but I didn’t so I left school. The only support I could access was child benefit.”

“There were no groups with other care experienced young mums, I felt very much on my own. I felt isolated. No one talked about Care experienced young people, no understanding what this means. It felt like no one understood.”

“After being in care I felt that I was tarred with a label, seen as somebody who was problematic and this has followed me through my life.”

“I got no support when I left care, the only time I saw a social worker was when things were going wrong.”

**What are the things that are helping just now?** (include actual quotes and examples)

“My support worker at Children’s 1<sup>st</sup> comes to all meetings with me and supports me, she really helps and if I am upset and don’t feel I can talk she will talk for me. She supports me when I feel overwhelmed, she will say we need to take a 5-10 minute break this really helps me.”

“Having my Health Visitor fighting my corner to push through medical appointments and procedures that the little one needs done.”

“My employer is great and put me through an apprenticeship qualification.”

“My Social Worker is helping me to learn new skills like budgeting and practical skills.”

“My Health visitor, I could go every Wednesday and they would do home visits, she was very supportive I didn’t feel judged. No power imbalance. I could ask questions, felt supported.”

“As a current student I have been able to access care experienced bursary. It’s supported me financially and has helped with the practicalities of expensive books etc. It’s helped me to further my education.”

“I think attitudes are slowly changing where people are starting to recognise that children are not in care because they are difficult or have behaviour problems, the situation is more complex and people are slowly starting to recognise that.”

“Before I left school a teacher helped me, she gave me tutoring out with school time in her own house. Without her I would not have got any of my standards grades. It was someone recognising the challenges I faced and going over and above at that time to not only support me but believe in me.” “She really helped me and without her I don’t think I would have gained any qualifications.” Someone believing in me, that’s what really helped.



**What would make things better?** (include actual quotes and examples)

“Professionals not reading files of information about me and judging me before meeting with me. “I feel if they took time to meet me before reading the files of information about my past they would get to know me and be less judgemental.”

“Have meetings in a more friendly way. Meetings are too formal and structured.”

“Having some tea or coffee and biscuits would help make things feel more relaxed. Some parents don’t eat before a meeting because we feel so nervous, this would help make the meeting feel more relaxed and that professionals care about our welfare.”

“I think if there were groups. Especially when I was a young mum I had no one else to talk to, nobody spoke about being care experienced.”

“Being able to talk about being care experienced” Groups for mums and dads – being in care is one part, your journey how you ended up in care would be good to talk to others who have been through similar experiences.”

“Mental Health support I can access. So much more supports in place now. Family mediation, Trauma informed practice Better relationships – the work force coming from a place of compassion, kindness and understanding.”

“More help - I have contacted social services multiple times for support over the years and have always been left and been told there is no reason for us to be involved with services or we can’t be involved because no one has put a referral in.

I genuinely believe if Social Work helped when I first asked for it we wouldn’t be going through court proceedings at the moment and life would be a little easier. As a care experienced parent it takes a lot to admit you need help, I have screamed out for help and been refused on multiple occasions why is this happening? Why does the system continue to fail me?”

“More love and affection when growing up in care as it’s something that I’ve struggled with as a parent.”

“More support to help me mend bridges with my family. I would find that really helpful, I want to have a relationships with my family but really struggle.”

#### 9.4. Parents of Children with a Disability

**NAME AND NATURE OF ORGANISATION: Moray Council (children and families social work teams)**

**NUMBER OF PARENTS: 15**

**NUMBER OF CHILDREN:17**

#### **What do you find most challenging?**

##### Lack of respite & support services

“Due to a lack of respite I don’t get to spend time with my other child who is currently being assessed for Autism Spectrum Disorder and emotional issues.”

“The lack of services available to meet the specific needs of my child, I feel like I’m the only parent in this part of Scotland with a child with these needs. I shouldn’t feel this way and haven’t felt like this in other areas.”

“I find most challenging the lack of help we receive, also the lack of medical services, waiting for months for an appointment which makes the things worst.”

“Isolation and people’s ignorance, knowing who or what to ask people when you need help.”

“Childs Planning is not meeting the needs of my child due to lack of engagement from services, usually one or two services send in apologies and do not attend even though meetings are agreed in advance.”

“Poor communication from the team around the child, the impact is this created delays and frustration for us as a family.”

There is a lack of support services available, mostly due to funding and staffing issues. E.g. Earth time and Home from Home support both stopped offering some/all services due to a mix of too much demand and too little funding.

“A severe lack of staff and support.”

Change in Social Workers makes it difficult to build trusting relationships. Having to repeat my story which is painful and difficult.”

“Lack of support and very limited activities for siblings of children with a disability.”

Support is not available at the right time for a child in need. Forms and applications taking too long “A month in a disabled child’s life is a long time. Being ignored by email by some departments and not respected but realise professionals are busy folk.”

Waiting times for accessing services and follow up actions/appointments.

There is a lack of wheelchair accessible resources in Moray for children, including Play Parks, events, clubs and activities.

There is no out-of-school care, childcare provision, holiday club, Play scheme or group my child can attend in evenings, weekends or school holidays. There are plenty on offer for Mainstream children but nothing that is accessible for my child or others with similar needs.

There is a lack of support and therapies from NHS services in this area. We must travel far for specialist appointments which my child finds distressing. My child should be receiving frequent Physiotherapy, Occupational Therapy and Speech and Language Therapy and what we are finding is that they are only able to work on a ‘consultation basis’ with schools and that she is not getting the direct therapy she needs to progress.

Self-Direct Support –“This is not enabling choice or flexibility and does not meet the needs of my son.”

#### Transitions and education

“Navigation my child’s transitions, not knowing what is happening next is hard.”

There is a lack of inclusive and accessible education provision in Moray.

“There is no appropriate services to support children and young people with Autism.”

“Lack of provision for children and young people with complex neurodiversity needs”

“Once my child was diagnosed with Autism there was no advice, guidance support, and follow up on how to support our son with his diagnosis.”

“The amount of time I have to spend supporting my son as he is not in Education, this means I am unable to work and hold down a long term job. Lack of support for my own needs, if my wellbeing needs were met I would be in a better place to support my son and meet his needs.”

#### **What are the things that are helping just now?**

Support from family and friends

Support and advice from the staff at the Autism Team

Fantastic support from Social Work. "I genially feel she got my back and does everything in her power to support me and my children, I couldn't manage without her support."

"It has been a help to us since our child's Social Worker is now her Lead Professional as it feels as though supports are coordinated and some progress can be made via regular and thorough Child Planning Meetings."

"Easy access to the Social Worker."

"The Social Worker having a holistic approach and having an awareness of the impact on the sibling who does not have a disability."

Having support from Yasmin our Social Worker when we need it is really helping , any time I need advice or to talk things through she's there.

Good Communication form professionals, "regular communication so we are all up to date and know what is happening, quick ordering of equipment that changes a child's life for the better and quick assessments leading to support."

"Getting a range of information so families are informed and can make their own choices."

Respite - 2 sessions a month for a playscheme through Social Work

The AND/GAS Autism playscheme after school and alternate weekends provides some much needed structure and also respite but they too have had challenges with staffing.

We have Social Care and Support in place via a Personal Assistant funded by Self Directed Support which is a significant help to our family.

Education – "My son receives his Education through a private on line provider, this is working well but I feel Moray Council should finance this as he does not attend school in Moray."

Meetings are better now as I have regular communication from our Social Worker/"

### **What would make things better?**

#### Respite

Respite which meets the needs of our children and young people in Moray.

Moray needs provision for Children with Disabilities such as a 'hub' or resource that can be accessed by children with disabilities and their families as well as service providers and support workers. A place where children will be accepted and their needs

understood. This would be of benefit to all families who have a child with a disability and somewhere for professionals to base themselves to ensure shared knowledge and information. This space could also be used for play sessions, after school clubs, youth clubs, weekend groups and holiday Playschemes. It should have access to a Sensory Room and safe Soft Play and outdoor play areas.

“More respite and for longer periods of time.”

“Safe spaces for teenagers with learning disabilities, this is lacking in Moray.”

More targeted service.

“Adequate staffing to cover leave and staff using non patronising language.”

Better understanding in the community of Autism. More activities being inclusive.

Parental Peer Support - Consider ways parents experiencing similar difficulties can connect and support one another. “I’ve always found I give and receive the best support from other parents and carers. This would also help lighten your load somewhat. You need more of this (asking for feedback) and an open forum to share ideas, support strategies and advice.”

“More robust, well organised and meaningful Parent Carer and Peer Support is needed in Moray.”

“More support for parents.”

Education / SW – A review of provision for children with complex needs.

“I don’t know how your Moray service is structured, what the requirements are to qualify for social work input and what other parents do who are in my situation. This is the opposite of how other areas work. Open your doors and meet with us.”

“Better Communication – “I Would like professionals to acknowledge emails and chase up. Prompt replies and treating parents with some respect. Some compassion and understanding of the challenges in caring for complex child.”

“Feeling heard when we ask for help.”

“Face to face appointments with CAMHS and post diagnosis support.”

“More robust transition planning through the child’s journey including post school.”

“A wider reaching Autism Service which includes Health professionals such as OT Speech and language.”

Social

More inclusive clubs, groups and activities or those specific to children with disabilities that can be accessed by families in Universal Services.

Inclusive out-of-school care, childcare provision, holiday club, Playscheme or group my child can attend in evenings, weekends or school holidays.

“Having satisfactory living conditions. “living in the cold with no heating or insulation in the building.”

## References

---

- <sup>1</sup> Moray Community Planning Partnership (2020) Children’s Services Plan 2020-2023 <http://yourmoray.org.uk/downloads/file136160.pdf>
- <sup>2</sup> Scottish Government, Health and Wellbeing Census <https://www.gov.scot/publications/health-and-wellbeing-census-2/>
- <sup>3</sup> Scottish Government, Pupil Census 2021 <https://www.gov.scot/publications/pupil-census-supplementary-statistics/>
- <sup>4</sup> National Records of Scotland (NRS), Mid-Year Population Estimates <https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/population/population-estimates/mid-year-population-estimates/population-estimates-time-series-data>
- <sup>5</sup> NRS, Birth Time Series Data <https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/vital-events/births/births-time-series-data>
- <sup>6</sup> Scottish Household Survey (SHS), Table 3.7b: Household Characteristics by Tenure – Household Composition <https://www.gov.scot/publications/scottish-household-survey-how-to-get-results/pages/publications-and-tables/>
- <sup>7</sup> The Equality and Human Rights Commission (2016) Scotland’s Ethnic Minorities face overcrowding, poverty and unemployment, says equality and human rights body <https://www.equalityhumanrights.com/en/our-work/news/scotland%E2%80%99s-ethnic-minorities-face-overcrowding-poverty-and-unemployment-says-equality>
- <sup>8</sup> Joseph Rowntree Foundation (2011) A review of poverty and ethnicity in Scotland <https://www.jrf.org.uk/report/review-poverty-and-ethnicity-scotland>
- <sup>9</sup> Office for National Statistics (ONS) (2022) Long-term international migration, provisional: year ending June 2022 <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/internationalmigration/bulletins/longterminternationalmigrationprovisional/yearendingjune2022>
- <sup>10</sup> Scotland's Census 2011 - Table LC2101SC - Ethnic group by age <https://www.scotlandscensus.gov.uk/>
- <sup>11</sup> Scottish Government (2021), Scottish Survey Core Questions 2019 <https://www.gov.scot/publications/scottish-surveys-core-questions-2019/>
- <sup>12</sup> Stonewall, List of LGBTQ+ Terms <https://www.stonewall.org.uk/help-advice/information-and-resources/faqs-and-glossary/list-lgbtq-terms>
- <sup>13</sup> Scotland’s Census (2022) Changes for 2022 <https://www.scotlandscensus.gov.uk/about/2022-census/changes-for-2022/>
- <sup>14</sup> The Promise (2021) Plan 21-24 <https://thepromise.scot/plan-21-24/>
- <sup>15</sup> Scottish Government (2022), Children’s Social Work Statistics, Scotland 2020-21 <https://www.gov.scot/publications/childrens-social-work-statistics-scotland-2020-21/documents/>

- 
- <sup>16</sup> Scottish Government (2015) Statutory Guidance on Part 9 (Corporate Parenting) of the Children and Young People (Scotland) Act 2014 <https://www.gov.scot/publications/statutory-guidance-part-9-corporate-parenting-children-young-people-scotland/pages/2/>
- <sup>17</sup> Quarriers Young Carer Support Service <https://www.quarriers.org.uk/services/young-carers-support-service-moray/>
- <sup>18</sup> Scottish Government (2017), Young carers: review of research and data. <https://www.gov.scot/publications/young-carers-review-research-data/pages/3/>
- <sup>19</sup> Forces Children Scotland (2022), Researching the Experiences of Children and Young People from Armed Forces Families <https://forceschildrenscotland.org.uk/publications/>
- <sup>20</sup> Scottish Government (2019), Time Use Survey 2014-15: results for Scotland <https://www.gov.scot/publications/centre-time-use-research-time-use-survey-2014-15-results-scotland/pages/5/>
- <sup>21</sup> Wishart, R. *et al.* (2019), Changing Patterns in Parental Time Use in the UK [https://natcen.ac.uk/media/1722408/Parental\\_time\\_use\\_report.pdf](https://natcen.ac.uk/media/1722408/Parental_time_use_report.pdf)
- <sup>22</sup> The Fawcett Society (2020) Unlimited Potential: The Final Report of the Commission on Gender Stereotypes in Early Childhood <https://www.fawcettsociety.org.uk/unlimited-potential-the-final-report-of-the-commission-on-gender-stereotypes-in-early-childhood>
- <sup>23</sup> Office for National Statistics (ONS), Families and Households in the UK: 2021 <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/families/bulletins/familiesandhouseholds/latest#families-and-households-data>
- <sup>24</sup> Scottish Government, Annual Population Survey Statistics <https://www.gov.scot/collections/labour-market-statistics/#annualpopulationsurvey>
- <sup>25</sup> Office for National Statistics (ONS), Coronavirus (COVID-19) and the different effects on men and women in the UK, March 2020 to February 2021 <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/articles/coronaviruscovid19andthedifferenteffectsonmenandwomenintheukmarch2020tofebruary2021/2021-03-10>
- <sup>26</sup> Engender, Gender & Unpaid Work: The Impact of COVID-19 on Women's Caring Roles [https://www.engender.org.uk/content/publications/1594974358\\_Gender--unpaid-work---the-impact-of-Covid-19-on-womens-caring-roles.pdf](https://www.engender.org.uk/content/publications/1594974358_Gender--unpaid-work---the-impact-of-Covid-19-on-womens-caring-roles.pdf)
- <sup>27</sup> TheirWorld (2021) More chores for girls in the UK means less time for school work <https://theirworld.org/news/more-chores-for-girls-in-the-uk-means-less-time-for-school-work/>
- <sup>28</sup> Ramsay, Julie, et al. "How Have Changes in Death by Cause and Age Group Contributed to the Recent Stalling of Life Expectancy Gains in Scotland? Comparative Decomposition Analysis of Mortality Data, 2000-02 to 2015-17." SocArXiv, 15 July 2019. <https://osf.io/preprints/socarxiv/q8rme/>
- <sup>29</sup> Walsh D, Wyper GMA, McCartney G. Trends in healthy life expectancy in the age of austerity. *J Epidemiol Community Health* 2022;76:743-745. <https://jech.bmj.com/content/76/8/743>
- <sup>30</sup> Hiam L, Harrison D, McKee M, et al. Why is life expectancy in England and Wales 'stalling'? *J Epidemiol Community Health* 2018;72:404-408. <https://jech.bmj.com/content/72/5/404>



- 
- <sup>31</sup> Fenton L, Wyper GM, McCartney G, et al. Socioeconomic inequality in recent adverse all-cause mortality trends in Scotland. *J Epidemiol Community Health* 2019;73:971-974.  
<https://jech.bmj.com/content/73/10/971>
- <sup>32</sup> Alexiou A, Fahy K, Mason K, et al. Local government funding and life expectancy in England: a longitudinal ecological study. *Lancet Public Health* 2021; 6 (9): E641-E647.  
[https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667\(21\)00110-9/fulltext](https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(21)00110-9/fulltext)
- <sup>33</sup> Walsh D, McCartney G, Minton J, et al. Changing mortality trends in countries and cities of the UK: a population-based trend analysis. *BMJ Open* 2020;10:e038135.  
<https://bmjopen.bmj.com/content/10/11/e038135>
- <sup>34</sup> Walsh D, Dundas R, McCartney G, et al. Bearing the burden of austerity: how do changing mortality rates in the UK compare between men and women? *Journal of Epidemiology and Community Health*. 2022. doi: 10.1136/jech-2022-219645 <https://jech.bmj.com/content/early/2022/09/26/jech-2022-219645>
- <sup>35</sup> National Records of Scotland (NRS), Life Expectancy in Scotland  
<https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/life-expectancy/life-expectancy-at-scotland-level>
- <sup>36</sup> National Records of Scotland (NRS), Vital Events Reference Tables 2021.  
<https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/vital-events/general-publications/vital-events-reference-tables/2021>
- <sup>37</sup> Public Health Scotland (2021) Covid-19 Early Years Resilience and Impact Survey (CEYRIS): Findings from round two (November/December 2020)  
<https://www.publichealthscotland.scot/media/2997/ceyris-findings-from-round-2-full-report-march2021-english.pdf>
- <sup>38</sup> UK Commission on Bereavement (2022) Bereavement is everyone’s business – Scotland briefing  
[https://bereavementcommission.org.uk/media/tzekjiyy/ukcb-scotland\\_briefing.pdf](https://bereavementcommission.org.uk/media/tzekjiyy/ukcb-scotland_briefing.pdf)
- <sup>39</sup> Joseph Rowntree Foundation (2020), Destitution in the UK 2020  
<https://www.jrf.org.uk/report/destitution-uk-2020>
- <sup>40</sup> Joseph Rowntree Foundation (2022), Going without: deepening poverty in the UK  
<https://www.jrf.org.uk/report/going-without-deepening-poverty-uk>
- <sup>41</sup> Joseph Rowntree Foundation (2022), Not heating, eating or meeting bills: managing a cost of living crisis on a low income <https://www.jrf.org.uk/report/not-heating-eating-or-meeting-bills-managing-cost-living-crisis-low-income>
- <sup>42</sup> Joseph Rowntree Foundation (2022), UK Poverty 2022: The essential guide to understanding poverty in the UK <https://www.jrf.org.uk/report/uk-poverty-2022>
- <sup>43</sup> Joseph Rowntree Foundation (2022) Poverty in Scotland 2022 <https://www.jrf.org.uk/report/poverty-scotland-2022>
- <sup>44</sup> Women’s Budget Group (2022) The gendered impact of the cost-of-living crisis  
<https://wbg.org.uk/analysis/reports/gendered-impact-cost-of-living/>

- 
- <sup>45</sup> Women’s Budget Group (2022) The Cost Crisis: a gendered analysis <https://wbg.org.uk/analysis/the-cost-crisis-a-gendered-analysis/>
- <sup>46</sup> Women’s Budget Group (2022) The Income Crisis: a gendered analysis <https://wbg.org.uk/analysis/the-income-crisis-a-gendered-analysis/>
- <sup>47</sup> Poverty Alliance & Scottish Women’s Budget Group (2022) “I don’t live, I survive” Women’s experience of the cost-of-living crisis. <https://www.swbg.org.uk/content/publications/Womens-experience-of-the-cost-of-living-crisis---research-briefing.pdf>
- <sup>48</sup> Scottish Government (2021) The cost of remoteness – reflecting higher living costs in remote rural Scotland when measuring fuel poverty: research report. <https://www.gov.scot/publications/cost-remoteness-reflecting-higher-living-costs-remote-rural-scotland-measuring-fuel-poverty/>
- <sup>49</sup> Scottish Government, SIMD rank to quintile, decile, vigintile <https://www.gov.scot/publications/simd-rank-to-quintile-decile-and-vigintile/>
- <sup>50</sup> Scottish Government, Scottish Index of Multiple Deprivation 2020 [https://www.gov.scot/collections/scottish-index-of-multiple-deprivation-2020/?utm\\_source=redirect&utm\\_medium=shorturl&utm\\_campaign=SIMD](https://www.gov.scot/collections/scottish-index-of-multiple-deprivation-2020/?utm_source=redirect&utm_medium=shorturl&utm_campaign=SIMD)
- <sup>51</sup> Scottish Public Health Observatory (ScotPHO) (2021), Income and Employment: working age and in-work poverty <https://www.scotpho.org.uk/life-circumstances/income-and-employment/data/working-age-poverty>
- <sup>52</sup> Women’s Budget Group (2020) Crises Collide: Women and Covid-19 <https://wbg.org.uk/analysis/reports/crises-collide-women-and-covid-19/>
- <sup>53</sup> The Global Institute for Women’s Leadership, King’s College London (2021) Does furlough work for women? Gendered experiences of the Coronavirus Job Retention Scheme in the UK <https://www.kcl.ac.uk/giwl/assets/does-furlough-work-for-women.pdf>
- <sup>54</sup> The Fawcett Society (2021) Pushed to More Precarity: The uneven impact of lockdowns on mothers and lower-income parents <https://www.fawcettsociety.org.uk/pushed-to-more-precarity-the-uneven-impact-of-lockdowns-on-mothers-and-lower-income-parents>
- <sup>55</sup> The Fawcett Society (2021) The impact of the coronavirus pandemic on young women on low incomes [Coronavirus: Impact on Young Women on Low Income | The Fawcett Society](https://www.fawcettsociety.org.uk/coronavirus-impact-on-young-women-on-low-income)
- <sup>56</sup> The Fawcett Society (2021) The impact of the coronavirus pandemic on Disabled parents <https://www.fawcettsociety.org.uk/disabled-mothers-three-times-more-likely-to-have-lost-work-during-the-pandemic>
- <sup>57</sup> Nomis, Official Census and Labour Market Statistics <https://www.nomisweb.co.uk/>
- <sup>58</sup> Living Wage Foundation (2022) The Calculation <https://www.livingwage.org.uk/calculation>
- <sup>59</sup> Women’s Aid (2022) The cost of living is preventing women from fleeing domestic abuse. <https://www.womensaid.org.uk/the-cost-of-living/>
- <sup>60</sup> UK Government (2022) National Minimum Wage and National Living Wage rates <https://www.gov.uk/national-minimum-wage-rates>

- 
- <sup>61</sup> Living Wage Foundation (2022) What is the real living wage. <https://www.livingwage.org.uk/what-real-living-wage>
- <sup>62</sup> End Child Poverty Coalition, Child Poverty in Your Area <https://endchildpoverty.org.uk/child-poverty/>
- <sup>63</sup> Department for Work and Pensions (DWP), Children in low-income families: local area statistics <https://www.gov.uk/government/statistics/children-in-low-income-families-local-area-statistics-2014-to-2021/children-in-low-income-families-local-area-statistics-financial-year-ending-2021>
- <sup>64</sup> Scottish Government (2022) School Healthy Living Survey statistics 2022 <https://www.gov.scot/publications/school-healthy-living-survey-statistics-2022/>
- <sup>65</sup> Jenkins RH, Aliabadi S, Vamos EP et al. (2021) The Relationship between Austerity and Food Insecurity in the UK: A Systematic Review. Lancet EclinicalMedicin 33: 100781. [https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370\(21\)00061-4/fulltext](https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370(21)00061-4/fulltext)
- <sup>66</sup> Children's Right2Food (2019) Children's Future Food Inquiry <https://foodfoundation.org.uk/sites/default/files/2021-09/Childrens-Future-Food-Inquiry-report.pdf>
- <sup>67</sup> De Schutter, O & Fakhri, M. (2020) Mandates of the Special Rapporteur on extreme poverty and human rights; and the Special Rapporteur on the right to food (AL GBR 8/2020) <https://spcommreports.ohchr.org/TMResultsBase/DownloadPublicCommunicationFile?gld=25477>
- <sup>68</sup> The Food Foundation (2021) A Crisis within a Crisis: The Impact of Covid-19 on Household Food Security <https://foodfoundation.org.uk/publication/crisis-within-crisis-impact-covid-19-household-food-security>
- <sup>69</sup> Scottish Government, Scottish House Condition Survey: 2019 key findings <https://www.gov.scot/publications/scottish-house-condition-survey-2019-key-findings/pages/6/>
- <sup>70</sup> Department for Business, Energy and Industrial Strategy, UK Government (2022) Energy Bills Support Factsheet <https://www.gov.uk/government/publications/energy-bills-support/energy-bills-support-factsheet-8-september-2022>
- <sup>71</sup> Scottish Government, Scottish House Condition Survey: Local Authority Analysis 2017-19. <https://www.gov.scot/publications/scottish-house-condition-survey-local-authority-analysis-2017-2019/documents/>
- <sup>72</sup> Energy Saving Trust, Roof and Loft Insulation <https://energysavingtrust.org.uk/advice/roof-and-loft-insulation/>
- <sup>73</sup> Department for Business, Energy & Industrial Strategy (2021) Sub-national estimates of properties not connected to the gas network <https://www.gov.uk/government/statistics/sub-national-estimates-of-households-not-connected-to-the-gas-network>
- <sup>74</sup> The Lieutenancy of Moray, Moray Emergency Relief Fund <https://www.lordlieutenantmoray.co.uk/moray-emergency-relief-fund/>
- <sup>75</sup> Fairer Moray Action Group, Inequalities in Moray: Lived experience of Poverty 2019-2021 <http://www.moray.gov.uk/downloads/file138799.pdf>

- 
- <sup>76</sup> Pellegrino, R., Chiappini, E., Licari, A. et al. Prevalence and clinical presentation of long COVID in children: a systematic review. *European Journal of Paediatrics* (2022). <https://doi.org/10.1007/s00431-022-04600-x>
- <sup>77</sup> Marmot M. (2020) Health Equity in England: the Marmot review ten years on. *BMJ*. 368:m693. <https://www.bmj.com/content/368/bmj.m693.full>
- <sup>78</sup> Marmot M & Bell R (2019) Social determinants and non-communicable diseases: time for integrated action. *BMJ*. 364:l251 <https://www.bmj.com/content/364/bmj.l251.full>
- <sup>79</sup> Marmot M, Allen J, Bell R et al. (2012) WHO European Review of Social Determinants of Health and the Health Divide. *The Lancet*. 380 (9846): 1011-1029. [https://www.sciencedirect.com/science/article/pii/S0140673612612288?casa\\_token=r87ERLxAJIIAAAAA:6p8CrNWvqN0uli5\\_jtlk3m1kMW85IAftAqiDbnNih-57KWrtigpoLMfRPjTbDvW7mtE\\_wOmcrA](https://www.sciencedirect.com/science/article/pii/S0140673612612288?casa_token=r87ERLxAJIIAAAAA:6p8CrNWvqN0uli5_jtlk3m1kMW85IAftAqiDbnNih-57KWrtigpoLMfRPjTbDvW7mtE_wOmcrA)
- <sup>80</sup> Robinson M & Smith JA (2022) The lazy language of ‘lifestyles’. *Health Promotion Journal of Australia*. doi: 10.1002/hpja.677 <https://onlinelibrary.wiley.com/doi/10.1002/hpja.677>
- <sup>81</sup> Lane, M., Zander-Fox, D. L., Robker, R. L., & McPherson, N. O. (2015). Peri-conception parental obesity, reproductive health, and transgenerational impacts. *Trends in Endocrinology & Metabolism*, 26(2), 84-90. <https://www.sciencedirect.com/science/article/abs/pii/S1043276014002021>
- <sup>82</sup> Wang, Y., Min, J., Khuri, J., & Li, M. (2017). A systematic examination of the association between parental and child obesity across countries. *Advances in Nutrition*, 8(3), 436-448. <https://academic.oup.com/advances/article/8/3/436/4558063?login=false>
- <sup>83</sup> Parsons, T. J., Power, C., Logan, S., & Summerbell, C. D. (1999). Childhood predictors of adult obesity: a systematic review. *International journal of obesity*, 23. <https://www.bewegenismedicijn.nl/files/downloads/Parsons%20et%20al.,%201999.pdf>
- <sup>84</sup> McLoone P, Morrison DS. Risk of child obesity from parental obesity: analysis of repeat national cross-sectional surveys. *Eur J Public Health*. 2014 Apr;24(2):186-90. doi: 10.1093/eurpub/cks175. Epub 2012 Dec 18. PMID: 23254271. <https://pubmed.ncbi.nlm.nih.gov/23254271/>
- <sup>85</sup> ScotPHO Profiles Tool [https://scotland.shinyapps.io/ScotPHO\\_profiles\\_tool/](https://scotland.shinyapps.io/ScotPHO_profiles_tool/)
- <sup>86</sup> Marufu, T.C., Ahankari, A., Coleman, T. et al. Maternal smoking and the risk of still birth: systematic review and meta-analysis. *BMC Public Health* 15, 239 (2015). <https://doi.org/10.1186/s12889-015-1552-5>
- <sup>87</sup> Windham GC, Hopkins B, Fenster L, Swan SH. Prenatal active or passive tobacco smoke exposure and the risk of preterm delivery or low birth weight. *Epidemiology*. 2000 Jul;11(4):427-33. doi: 10.1097/00001648-200007000-00011. PMID: 10874550. <https://pubmed.ncbi.nlm.nih.gov/10874550/>
- <sup>88</sup> Tatiana M. Anderson, Juan M. Lavista Ferres, Shirley You Ren, Rachel Y. Moon, Richard D. Goldstein, Jan-Marino Ramirez, Edwin A. Mitchell; Maternal Smoking Before and During Pregnancy and the Risk of Sudden Unexpected Infant Death. *Pediatrics* April 2019; 143 (4): e20183325. 10.1542/peds.2018-3325 <https://publications.aap.org/pediatrics/article/143/4/e20183325/76782/Maternal-Smoking-Before-and-During-Pregnancy-and>
- <sup>89</sup> Rappaport, H., Reznikoff, M., Glueck Jr, B. C., Honeyman, M. S., & Eisenberg, H. (1968). Smoking behavior in offspring of heart disease patients: A response to cognitive dissonance. *Journal of consulting and clinical psychology*, 32(4), 494.

- 
- <sup>90</sup> Kardia, S. L., Pomerleau, C. S., Rozek, L. S., & Marks, J. L. (2003). Association of parental smoking history with nicotine dependence, smoking rate, and psychological cofactors in adult smokers. *Addictive Behaviors*, 28(8), 1447-1452. <https://www.sciencedirect.com/science/article/pii/S0306460302002459>
- <sup>91</sup> Hu, M. C., Davies, M., & Kandel, D. B. (2006). Epidemiology and correlates of daily smoking and nicotine dependence among young adults in the United States. *American journal of public health*, 96(2), 299-308. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1470478/>
- <sup>92</sup> Fergusson, D. M., Horwood, L. J., Boden, J. M., & Jenkin, G. (2007). Childhood social disadvantage and smoking in adulthood: results of a 25-year longitudinal study. *Addiction*, 102(3), 475-482. <https://onlinelibrary.wiley.com/doi/10.1111/j.1360-0443.2006.01729.x>
- <sup>93</sup> Nuffield Trust (2022) Teenage Pregnancy <https://www.nuffieldtrust.org.uk/resource/teenage-pregnancy>
- <sup>94</sup> Lacey RE & Gondek D (2021) Adverse Childhood Experiences and Mental Health: Key Findings [https://www.ucl.ac.uk/epidemiology-health-care/sites/epidemiology\\_health\\_care/files/aces\\_mentalhealth\\_policybrief\\_0.pdf](https://www.ucl.ac.uk/epidemiology-health-care/sites/epidemiology_health_care/files/aces_mentalhealth_policybrief_0.pdf)
- <sup>95</sup> Boullier M & Blair M (2018) Adverse Childhood Experiences. *Paediatrics and Child Health*. 28 (3): 132-137. <https://www.sciencedirect.com/science/article/pii/S1751722217302913>
- <sup>96</sup> National Records of Scotland (NRS) (2022) Vital Events Reference Tables 2021. <https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/vital-events/general-publications/vital-events-reference-tables/2021>
- <sup>97</sup> Royal College of Paediatrics and Child Health (RCPCH) (2013) UK-WHO Growth Charts: 0-4 years <https://www.rcpch.ac.uk/resources/uk-who-growth-charts-0-4-years>
- <sup>98</sup> UNICEF UK, Baby Friendly Initiative: Infant Health Research <https://www.unicef.org.uk/babyfriendly/news-and-research/baby-friendly-research/infant-health-research/>
- <sup>99</sup> UNICEF UK, Baby Friendly Initiative: Breastfeeding in the UK <https://www.unicef.org.uk/babyfriendly/about/breastfeeding-in-the-uk/>
- <sup>100</sup> Public Health Scotland (2021) Infant Feeding Statistics <https://publichealthscotland.scot/publications/infant-feeding-statistics/infant-feeding-statistics-financial-year-2020-to-2021/dashboard/>
- <sup>101</sup> Padrón A, Galán I, García-Esquinas E, et al (2016) Exposure to secondhand smoke in the home and mental health in children: a population-based study. *Tobacco Control* 2016;25:307-312. <https://tobaccocontrol.bmj.com/content/25/3/307>
- <sup>102</sup> Huang, A., Wu, K., Cai, Z. et al. Association between postnatal second-hand smoke exposure and ADHD in children: a systematic review and meta-analysis. *Environ Sci Pollut Res* 28, 1370–1380 (2021). <https://doi.org/10.1007/s11356-020-11269-y>
- <sup>103</sup> Zubair Kabir, Gregory N. Connolly, Hillel R. Alpert; Secondhand Smoke Exposure and Neurobehavioral Disorders Among Children in the United States. *Pediatrics* August 2011; 128 (2): 263–270. 10.1542/peds.2011-0023 <https://publications.aap.org/pediatrics/article-abstract/128/2/263/30554/Secondhand-Smoke-Exposure-and-Neurobehavioral>

- 
- <sup>104</sup> US Department of Health and Human Services (2006) The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General  
<http://www.gaspforair.org/gasp/gedc/pdf/SurgeonGeneralSummary06.pdf>
- <sup>105</sup> Miele F and Davis T (2021) The Impact of COVID-19 on Children, Young People and Families in Grampian.
- <sup>106</sup> Public Health Scotland (2022) Early Child Development: Scotland 2020-2021.  
<https://publichealthscotland.scot/publications/early-child-development/early-child-development-statistics-scotland-2020-to-2021/dashboard-26-april-2022/>
- <sup>107</sup> Public Health Scotland (2022) Early Child Development: 27-30 month review statistics  
<https://www.opendata.nhs.scot/dataset/27-30-month-review-statistics>
- <sup>108</sup> Scottish Government (2014) Guidance on Health Assessments for Looked After Children in Scotland  
<https://www.gov.scot/publications/guidance-health-assessments-looked-children-scotland/>
- <sup>109</sup> Moray Wellbeing Hub (2021) Neurodiversity: A positive perspective for understanding neurodiversity and celebrating neurodiverse strengths. [https://moraywellbeinghub.org.uk/wp-content/uploads/2021/11/neurodiversity\\_leaflet\\_22\\_11\\_21.pdf](https://moraywellbeinghub.org.uk/wp-content/uploads/2021/11/neurodiversity_leaflet_22_11_21.pdf)
- <sup>110</sup> Getting it Right for Children and Young People with Autism in Moray. Key themes overview from our 'Listening and Understanding...' Survey September – December 2020.
- <sup>111</sup> Family Fund (2021) The impact of Coronavirus: A year in the life of families raising disabled and seriously ill children and young people.  
<https://www.familyfund.org.uk/Handlers/Download.ashx?IDMF=c7e2f959-c183-49e8-bef8-1a7ae8e12e6e>
- <sup>112</sup> Couper-Kenney F & Riddell S (2021) The impact of COVID-19 on children with additional support needs and disabilities in Scotland, European Journal of Special Needs Education, 36:1, 20-34.  
<https://www.tandfonline.com/doi/full/10.1080/08856257.2021.1872844>
- <sup>113</sup> Public Health Scotland (2022) Health Needs Assessment of Lesbian, Gay, Bisexual, Transgender and Non-Binary People. <https://www.scotphn.net/projects/joint-national-health-needs-assessment-of-lesbian-gay-bisexual-transgender-and-non-binary-lgbt-people-in-scotland/>
- <sup>114</sup> Mazarello Paes V, Hesketh K, O'Malley C et al. (2015) Determinants of sugar-sweetened beverage consumption in young children: a systematic review. Obesity Reviews. 16 (11): 903-913.  
<https://onlinelibrary.wiley.com/doi/full/10.1111/obr.12310>
- <sup>115</sup> Mialon, M. An overview of the commercial determinants of health. Global Health 16, 74 (2020).  
<https://doi.org/10.1186/s12992-020-00607-x>
- <sup>116</sup> Pilgrim A, Barker M, Jackson A, et al Does living in a food insecure household impact on the diets and body composition of young children? Findings from the Southampton Women's Survey J Epidemiol Community Health 2012;66:e6. <https://jech.bmj.com/content/66/6/e6>
- <sup>117</sup> Loprinzi P, D, Cardinal B, J, Loprinzi K, L, Lee H: Benefits and Environmental Determinants of Physical Activity in Children and Adolescents. Obes Facts 2012;5:597-610. doi: 10.1159/000342684  
<https://www.karger.com/Article/Abstract/342684#>

- 
- <sup>118</sup> Stea TH, Nordheim O, Bere E et al. (2020) Fruit and vegetable consumption in Europe according to gender, educational attainment and regional affiliation—A cross-sectional study in 21 European countries. *PLOS One*. doi: 10.1371/journal.pone.0232521  
<https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0232521>
- <sup>119</sup> Armstrong, N., Welsman, J.R. (2006) The Physical Activity Patterns of European Youth with Reference to Methods of Assessment. *Sports Medicine*. 36, 1067–1086. doi: 10.2165/00007256-200636120-00005  
<https://link.springer.com/article/10.2165/00007256-200636120-00005>
- <sup>120</sup> Spencer, R.A., Rehman, L. & Kirk, S.F. (2015) Understanding gender norms, nutrition, and physical activity in adolescent girls: a scoping review. *International Journal of Behavioural Nutrition and Physical Activity*. 12, 6. doi: 10.1186/s12966-015-0166-8 <https://link.springer.com/article/10.1186/s12966-015-0166-8>
- <sup>121</sup> Scottish Government (2021) School Healthy Living Survey supplementary statistics  
<https://www.gov.scot/publications/healthy-living-survey-schools-meals-and-pe-supplementary-data/>
- <sup>122</sup> UK Office for National Statistics (ONS) (2011) General Lifestyle Survey 2011  
<https://www.ons.gov.uk/peoplepopulationandcommunity/personalandhouseholdfinances/incomeandwealth/compendium/generallifestylesurvey/2013-03-07#tab-Age->
- <sup>123</sup> Ash Scotland (2020) Adult Smoking Prevalence in Scotland 1974 to 2019  
<https://www.ashscotland.org.uk/media/854533/smoking-trends-1974-2019.pdf>
- <sup>124</sup> Scottish Government (2019) Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS): smoking report 2018 <https://www.gov.scot/publications/scottish-schools-adolescent-lifestyle-substance-use-survey-salsus-smoking-report-2018/pages/4/>
- <sup>125</sup> Benowitz, N. L. (2010). Nicotine addiction. *New England Journal of Medicine*, 362(24), 2295-2303.  
<https://www.nejm.org/doi/full/10.1056/nejmra0809890>
- <sup>126</sup> Timothy D Becker, MD, Melanie K Arnold, BA, Vicky Ro, BA, Lily Martin, MLIS, Timothy R Rice, MD, Systematic Review of Electronic Cigarette Use (Vaping) and Mental Health Comorbidity Among Adolescents and Young Adults, *Nicotine & Tobacco Research*, Volume 23, Issue 3, March 2021, Pages 415–425, <https://doi.org/10.1093/ntr/ntaa171>
- <sup>127</sup> Grant JE, Lust K, Fridberg DJ, King AC, Chamberlain SR. E-cigarette use (vaping) is associated with illicit drug use, mental health problems, and impulsivity in university students. *Ann Clin Psychiatry*. 2019 Feb;31(1):27-35. PMID: 30699215; PMCID: PMC6420081.  
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6420081/>
- <sup>128</sup> Baiden, P., Szlyk, H. S., Cavazos-Rehg, P., Onyeaka, H. K., Peoples, J. E., & Kasson, E. (2022). Use of electronic vaping products and mental health among adolescent high school students in the United States: The moderating effect of sex. *Journal of Psychiatric Research*, 147, 24-33.  
<https://www.sciencedirect.com/science/article/abs/pii/S0022395621007482>
- <sup>129</sup> Nicholas Chadi, Ellie Vyver, Richard E Bélanger, Protecting children and adolescents against the risks of vaping, *Paediatrics & Child Health*, Volume 26, Issue 6, October 2021, Pages 358–365,  
<https://doi.org/10.1093/pch/pxab037>  
<https://academic.oup.com/pch/article/26/6/358/6372121?login=true>
- <sup>130</sup> Gilley, Meghan; Beno, Suzanne. Vaping implications for children and youth. *Current Opinion in Pediatrics*: June 2020 - Volume 32 - Issue 3 - p 343-348 doi: 10.1097/MOP.0000000000000889

---

[https://journals.lww.com/co-pediatrics/Fulltext/2020/06000/Vaping\\_implications\\_for\\_children\\_and\\_youth.3.aspx?context=LatestArticles](https://journals.lww.com/co-pediatrics/Fulltext/2020/06000/Vaping_implications_for_children_and_youth.3.aspx?context=LatestArticles)

<sup>131</sup> Centers for Disease Control and Prevention (CDC) (2022) Quick Facts on the Risks of E-Cigarettes for Kids, Teens and Young Adults [https://www.cdc.gov/tobacco/basic\\_information/e-cigarettes/Quick-Facts-on-the-Risks-of-E-cigarettes-for-Kids-Teens-and-Young-Adults.html](https://www.cdc.gov/tobacco/basic_information/e-cigarettes/Quick-Facts-on-the-Risks-of-E-cigarettes-for-Kids-Teens-and-Young-Adults.html)

<sup>132</sup> Hastings G & Sheron N (2013) Alcohol marketing: grooming the next generation. *BMJ* 346: f1227. <https://www.bmj.com/content/346/bmj.f1227>

<sup>133</sup> Holmes J, Fairbrother H, Livingston M, Meier PS, Oldham M, Pennay A, Whitaker V. Youth drinking in decline: What are the implications for public health, public policy and public debate? *Int J Drug Policy*. 2022 Apr;102:103606. doi: 10.1016/j.drugpo.2022.103606. Epub 2022 Feb 4. PMID: 35131690; PMCID: PMC7612362. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7612362/>

<sup>134</sup> Inchley, Jo, Currie, Dorothy, Vieno, Alessio, Torsheim, Torbjørn, Ferreira-Borges, Carina. et al. (2018). Adolescent alcohol-related behaviours: trends and inequalities in the WHO European Region, 2002–2014: observations from the Health Behaviour in School-aged Children (HBSC) WHO collaborative cross-national study. World Health Organization. Regional Office for Europe. <https://apps.who.int/iris/handle/10665/342239>

<sup>135</sup> Ingram J, Hand CJ, Hijikata Y, Maciejewski G. Exploring the effects of COVID-19 restrictions on wellbeing across different styles of lockdown. *Health Psychology Open*. 2022;9(1). doi:10.1177/20551029221099800 <https://journals.sagepub.com/doi/full/10.1177/20551029221099800>

<sup>136</sup> Acuff, S. F., Strickland, J. C., Tucker, J. A., & Murphy, J. G. (2022). Changes in alcohol use during COVID-19 and associations with contextual and individual difference variables: A systematic review and meta-analysis. *Psychology of Addictive Behaviors*, 36(1), 1–19. <https://doi.org/10.1037/adb0000796>

<sup>137</sup> Scottish Government (2019) Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS): drug use report 2018. <https://www.gov.scot/publications/scottish-schools-adolescent-lifestyle-substance-use-survey-salsus-drug-use-report-2018/>

<sup>138</sup> Aberlour Childcare Trust (2021) Moray – Young People’s Substance Misuse Service.

<sup>139</sup> Barnard M & McKeganey N (2004) The impact of parental problem drug use on children: what is the problem and what can be done to help? *Addiction* 99 (5): 552-559. [https://onlinelibrary.wiley.com/doi/full/10.1111/j.1360-0443.2003.00664.x?saml\\_referrer](https://onlinelibrary.wiley.com/doi/full/10.1111/j.1360-0443.2003.00664.x?saml_referrer)

<sup>140</sup> Falcaro M, Castañon A, Ndlela B et al. The effects of the national HPV vaccination programme in England, UK, on cervical cancer and grade 3 cervical intraepithelial neoplasia incidence: a register-based observational study. *The Lancet* 398 (10316): P2084-92. [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(21\)02178-4/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)02178-4/fulltext)

<sup>141</sup> Kessler RC, Berglund P, Demler O et al. Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication. *Archives of General Psychiatry*, 2005;62(6):593-602. <https://jamanetwork.com/journals/jamapsychiatry/fullarticle/208678>

<sup>142</sup> Schilling EA, RH Aseltine and S Gore. Adverse childhood experiences and mental health in young adults: a longitudinal survey. *BMC Public Health*, 2007;7:30. <https://bmcpubhealth.biomedcentral.com/articles/10.1186/1471-2458-7-30>



- 
- <sup>143</sup> NHS Health Scotland (2019) Adverse Childhood Experiences in context <http://www.healthscotland.scot/media/2676/adverse-childhood-experiences-in-context-aug2019-english.pdf>
- <sup>144</sup> Walsh D, G McCartney, M Smith, G Armour. *Relationship between childhood socioeconomic position and adverse childhood experiences (ACEs): a systematic review*. Journal of Epidemiology and Community Health, 2019;73(12);1087-1093. <https://jech.bmj.com/content/73/12/1087.long>
- <sup>145</sup> Howard LM and H Khalifeh. Perinatal mental health: a review of progress and challenges. World Psychiatry, 2020;19; 313-327. <https://onlinelibrary.wiley.com/doi/10.1002/wps.20769>
- <sup>146</sup> Stein A, RM Pearson, SH Goodman et al. Effects of perinatal mental disorders on the fetus and child. Lancet, 2014;384(9956);1800-19. [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(14\)61277-0/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(14)61277-0/fulltext)
- <sup>147</sup> Jones I, PS Chandra, P Dazzan, LM Howard. Bipolar disorder, affective psychosis and schizophrenia in pregnancy and the post-partum period. Lancet 2014;384:1789-99. [https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736\(14\)61278-2.pdf](https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(14)61278-2.pdf)
- <sup>148</sup> MBRRACE-UK (2020) Saving Lives, Improving Mothers' Care Lessons learned to inform maternity care from the UK and Ireland - Confidential Enquiries into Maternal Deaths and Morbidity 2016-18. [https://www.npeu.ox.ac.uk/assets/downloads/mbrance-uk/reports/maternal-report-2020/MBRRACE-UK\\_Maternal\\_Report\\_Dec\\_2020\\_v10\\_ONLINE\\_VERSION\\_1404.pdf](https://www.npeu.ox.ac.uk/assets/downloads/mbrance-uk/reports/maternal-report-2020/MBRRACE-UK_Maternal_Report_Dec_2020_v10_ONLINE_VERSION_1404.pdf)
- <sup>149</sup> Ramchandani P and L Psychogiou. Paternal psychiatric disorders and children's psychosocial development. Lancet, 2009;374;646-53. [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(09\)60238-5/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(09)60238-5/fulltext)
- <sup>150</sup> London School of Economics, Personal Social Services Research Unit (2016) Best practice for perinatal mental health care: the economic case. <https://www.pssru.ac.uk/pub/5226.pdf>
- <sup>151</sup> HSC Public Health Agency (2020) What is infant mental health and why does it matter so much during COVID-19? available at: <https://www.publichealth.hscni.net/node/5161>
- <sup>152</sup> Thousand Days, <https://thousanddays.org/why-1000-days/>
- <sup>153</sup> Fearon RP, MJ Bakermans-Kranenburg, MH Van IJzendoorn, et al. The Significance of Insecure Attachment and Disorganization in the Development of Children's Externalizing Behavior: A Meta-Analytic Study. Child Development, 2010;81;435-456. <https://srcd.onlinelibrary.wiley.com/doi/10.1111/j.1467-8624.2009.01405.x>
- <sup>154</sup> Feeney JA (2001) Implications of attachment style for patterns of health and illness. Child: care, health and development. 26 (4): 277-288. [https://onlinelibrary.wiley.com/doi/full/10.1046/j.1365-2214.2000.00146.x?casa\\_token=VeFxFxJKQ2uHsAAAAA%3AQGquasRoLGsk3j6i2xo1JBq7uszVO5ZD0W4tg9d1GpEish3rfbVF0mKuG4gXIsUOrJwNy1uxwtSc](https://onlinelibrary.wiley.com/doi/full/10.1046/j.1365-2214.2000.00146.x?casa_token=VeFxFxJKQ2uHsAAAAA%3AQGquasRoLGsk3j6i2xo1JBq7uszVO5ZD0W4tg9d1GpEish3rfbVF0mKuG4gXIsUOrJwNy1uxwtSc)
- <sup>155</sup> Maunder RG & Hunter JJ (2008) Attachment Relationships as Determinants of Physical Health. Psychodynamic Psychiatry 36 (1) <https://guilfordjournals.com/doi/epdf/10.1521/jaap.2008.36.1.11>
- <sup>156</sup> Public Health Scotland (2020) COVID-19 Early Years Resilience and Impact Survey (CEYRIS) <https://publichealthscotland.scot/repository/covid-19-early-years-resilience-and-impact-survey-ceyris/>

- 
- <sup>157</sup> Zilanawala A, Sacker A & Kelly Y (2019) Internalising and externalising behaviour profiles across childhood: The consequences of changes in the family environment. *Social Science and Medicine*. 226: 2017-16. <https://www.sciencedirect.com/science/article/pii/S0277953619301212>
- <sup>158</sup> Eisenberg N, Fabes RA & Spinrad TL (2007) Prosocial Development. In: *Handbook of Child Psychology*. [https://www.academia.edu/download/60009987/Handbook\\_of\\_Child\\_Psychology\\_Vol\\_3\\_6th\\_ed\\_-\\_R.\\_Lerner\\_Wiley\\_2006\\_WW20190715-19324-1w72nml.pdf](https://www.academia.edu/download/60009987/Handbook_of_Child_Psychology_Vol_3_6th_ed_-_R._Lerner_Wiley_2006_WW20190715-19324-1w72nml.pdf)
- <sup>159</sup> Scottish Government (2020) Scottish Health Survey 2018: main report – revised 2020 - <https://www.gov.scot/publications/scottish-health-survey-2018-volume-1-main-report/pages/6/>
- <sup>160</sup> Scottish Government (2021) Scottish Schools and Adolescent Lifestyle and Substance Use Survey (SALSUS): mental wellbeing report 2018 <https://www.gov.scot/publications/scottish-schools-adolescent-lifestyle-substance-use-survey-salsus-mental-wellbeing-report-2018/pages/4/>
- <sup>161</sup> Realigning Children’s Services (2019) Health and Wellbeing Surveys Summary Report.
- <sup>162</sup> Halliwell E (2015) Future directions for positive body image research. *Body Image* 14: 177-189. [https://www.sciencedirect.com/science/article/pii/S1740144515000273?casa\\_token=U5MO9aw6yegAAA:QwNnvAjgtKVjyGZLfbDPHXFQXKlrRkipZP0gYVvHWcK8wW79jNqFlcpmvsJF32INXR9Odtz](https://www.sciencedirect.com/science/article/pii/S1740144515000273?casa_token=U5MO9aw6yegAAA:QwNnvAjgtKVjyGZLfbDPHXFQXKlrRkipZP0gYVvHWcK8wW79jNqFlcpmvsJF32INXR9Odtz)
- <sup>163</sup> McGuire JK, Doty JL, Catalpa JM, Ola C (2016) Body image in transgender young people: Findings from a qualitative, community based study. *Body Image* 18: 96-107. [https://www.sciencedirect.com/science/article/pii/S1740144516302236?casa\\_token=NHMJvjm6aVgAAA:WR7GUJeaG2heRybvHGCCfkieVBRj8WeJdCqoWuF2O8VauSR8bxoqFAkH5ESJrwwgbNSKpCTv](https://www.sciencedirect.com/science/article/pii/S1740144516302236?casa_token=NHMJvjm6aVgAAA:WR7GUJeaG2heRybvHGCCfkieVBRj8WeJdCqoWuF2O8VauSR8bxoqFAkH5ESJrwwgbNSKpCTv)
- <sup>164</sup> Mental Health Foundation, Body Image in Childhood <https://www.mentalhealth.org.uk/explore-mental-health/articles/body-image-report-executive-summary/body-image-childhood>
- <sup>165</sup> Blunden S & Rigney G (2015) Lessons Learned from Sleep Education in Schools: A Review of Dos and Don’ts. *Journal of Clinical Sleep Medicine*. 11 (6): <https://jcs.m.aasm.org/doi/full/10.5664/jcs.m.4782>
- <sup>166</sup> Astill, R. G., Van der Heijden, K. B., Van IJendoorn, M. H., & Van Someren, E. J. (2012). Sleep, cognition, and behavioral problems in school-age children: a century of research meta-analyzed. *Psychological bulletin*, 138(6), 1109.
- <sup>167</sup> Curcio, G., Ferrara, M., & De Gennaro, L. (2006). Sleep loss, learning capacity and academic performance. *Sleep medicine reviews*, 10(5), 323-337. [https://www.sciencedirect.com/science/article/pii/S1087079205001231?casa\\_token=pY76WtzJxqMAAAA:WseFmHlrEpvNHgwI37lexZzsvdFieSk72SC6oDjybFAR\\_TOjUKBHfV5n9pclBUwHT41CZDr1](https://www.sciencedirect.com/science/article/pii/S1087079205001231?casa_token=pY76WtzJxqMAAAA:WseFmHlrEpvNHgwI37lexZzsvdFieSk72SC6oDjybFAR_TOjUKBHfV5n9pclBUwHT41CZDr1)
- <sup>168</sup> Chorney, D. B., Detweiler, M. F., Morris, T. L., & Kuhn, B. R. (2008). The interplay of sleep disturbance, anxiety, and depression in children. *Journal of pediatric psychology*, 33(4), 339-348. <https://academic.oup.com/jpepsy/article/33/4/339/1746376>
- <sup>169</sup> Vgontzas, A. N., Mastorakos, G., Bixler, E. O., Kales, A., Gold, P. W., & Chrousos, G. P. (1999). Sleep deprivation effects on the activity of the hypothalamic–pituitary–adrenal and growth axes: potential clinical implications. *Clinical endocrinology*, 51(2), 205-215. [https://onlinelibrary.wiley.com/doi/full/10.1046/j.1365-2265.1999.00763.x?casa\\_token=YbsQkhbH78AAAAA%3AJLDcLHMB1RZ3QI1Mm9JE7OYEawjkwR\\_I1bY-xkcx8zyHRa5vTzyU7dskNJqMPAlcqjFLZd5E3\\_q](https://onlinelibrary.wiley.com/doi/full/10.1046/j.1365-2265.1999.00763.x?casa_token=YbsQkhbH78AAAAA%3AJLDcLHMB1RZ3QI1Mm9JE7OYEawjkwR_I1bY-xkcx8zyHRa5vTzyU7dskNJqMPAlcqjFLZd5E3_q)

- 
- <sup>170</sup> Ogilvie, R. P., & Patel, S. R. (2017). The epidemiology of sleep and obesity. *Sleep health*, 3(5), 383-388. <https://www.sciencedirect.com/science/article/abs/pii/S2352721817301481>
- <sup>171</sup> Miller, A. L., Lumeng, J. C., & LeBourgeois, M. K. (2015). Sleep patterns and obesity in childhood. *Current opinion in endocrinology, diabetes, and obesity*, 22(1), 41. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4437224/>
- <sup>172</sup> NHS Inform, Insomnia <https://www.nhsinform.scot/illnesses-and-conditions/mental-health/insomnia/>
- <sup>173</sup> Roffey S (2013) Inclusive and exclusive belonging – the impact on individual and community wellbeing. *Educational and Child Psychology*. 30 (1): 38-49. <https://www.sueroffey.com/wp-content/uploads/import/35-2013%20Inclusive%20and%20Exclusive%20belonging.pdf>
- <sup>174</sup> Our Place <https://www.ourplace.scot/>
- <sup>175</sup> Ball WP, Black C, Gordon S, et al. (2022) Inequalities in Children’s Mental Health Care: analysis of routinely collected data on prescribing and referrals to secondary care. <https://www.medrxiv.org/content/10.1101/2022.06.14.22276082v2>
- <sup>176</sup> McPherson, K.E., Kerr, S., Morgan, A. *et al.* The association between family and community social capital and health risk behaviours in young people: an integrative review. *BMC Public Health* 13, 971 (2013). <https://doi.org/10.1186/1471-2458-13-971> <https://bmcpublichealth.biomedcentral.com/articles/10.1186/1471-2458-13-971>
- <sup>177</sup> McPherson, K.E., Kerr, S., McGee, E. et al. The association between social capital and mental health and behavioural problems in children and adolescents: an integrative systematic review. *BMC Psychol* 2, 7 (2014). <https://doi.org/10.1186/2050-7283-2-7> <https://link.springer.com/article/10.1186/2050-7283-2-7>
- <sup>178</sup> Alvarez EC, Kawachi I, Romani JR (2016) Family social capital and health: a systematic review and redirection. *Sociology of Health and Illness*. 39 (1): 5-29. <https://onlinelibrary.wiley.com/doi/full/10.1111/1467-9566.12506>
- <sup>179</sup> Pringle, J., Whitehead, R., Milne, D. *et al.* (2018) The relationship between a trusted adult and adolescent outcomes: a protocol of a scoping review. *Syst Rev* 7, 207. <https://systematicreviewsjournal.biomedcentral.com/articles/10.1186/s13643-018-0873-8>
- <sup>180</sup> Patrick H & Nicklas TA (2005) A Review of Family and Social Determinants of Children’s Eating Patterns and Diet Quality. *Journal of the American College of Nutrition*. 24 (2): 83-92. [https://www.researchgate.net/publication/7938097\\_A\\_Review\\_of\\_Family\\_and\\_Social\\_Determinants\\_of\\_Children%27s\\_Eating\\_Patterns\\_and\\_Diet\\_Quality](https://www.researchgate.net/publication/7938097_A_Review_of_Family_and_Social_Determinants_of_Children%27s_Eating_Patterns_and_Diet_Quality)
- <sup>181</sup> Fulkerson JA, Larson N, Horning M & Neumark-Sztainer D (2014) A Review of Associations between Family or Shared Meal Frequency and Dietary and Weight Status Outcomes Across the Lifespan. *Journal of Nutrition Education and Behavior*. 46 (1): 2-19. <https://www.sciencedirect.com/science/article/pii/S1499404613005794>
- <sup>182</sup> Brannen J, O’Connell R & Mooney A (2013) Families, meals and synchronicity: eating together in British dual earner families. *Community, Work and Family*. 16 (4): 417-34. <https://www.tandfonline.com/doi/full/10.1080/13668803.2013.776514>
- <sup>183</sup> Who Cares Scotland? (2022) Sibling Rights Project: Moray Group 08.11.22

- 
- <sup>184</sup> McPherson K, Kerr S, McGee E et al. (2013) The Role and Impact of Social Capital on the Health and Wellbeing of Children and Adolescents: a systematic review. Glasgow Centre for Population Health. [https://www.gcph.co.uk/assets/0000/3647/Social\\_capital\\_final\\_2013.pdf](https://www.gcph.co.uk/assets/0000/3647/Social_capital_final_2013.pdf)
- <sup>185</sup> Scottish Government (2022) Scottish Health Survey 2021 – volume 1: main report <https://www.gov.scot/publications/scottish-health-survey-2021-volume-1-main-report/>
- <sup>186</sup> Siva N (2020) Loneliness in children and young people in the UK. The Lancet Child and Adolescent Health. 4 (8): P567-8. [https://www.thelancet.com/journals/lanchi/article/PIIS2352-4642\(20\)30213-3/fulltext](https://www.thelancet.com/journals/lanchi/article/PIIS2352-4642(20)30213-3/fulltext)
- <sup>187</sup> Young Scot (2021) Youth Loneliness Panel – Recommendations and Actions Report. <https://youngscot.net/yobservatory/youth-loneliness-panel-recommendations-and-actions>
- <sup>188</sup> Richards D, Caldwell PHY & Go H (2015) Impact of social media on the health of children and young people. Journal of Paediatrics and Child Health. 51 (12): 1152-7. <https://onlinelibrary.wiley.com/doi/full/10.1111/jpc.13023>
- <sup>189</sup> Seabrook E, Kern M, Rickard N (2016) Social Networking Sites, Depression, and Anxiety: A Systematic Review. JMIR Ment Health 3(4): e50. <https://mental.jmir.org/2016/4/e50> DOI: 10.2196/mental.5842
- <sup>190</sup> Orben, A. (2020) Teenagers, screens and social media: a narrative review of reviews and key studies. Social Psychiatry and Psychiatric Epidemiology 55, 407–414 (2020). <https://doi.org/10.1007/s00127-019-01825-4> <https://link.springer.com/article/10.1007/s00127-019-01825-4>
- <sup>191</sup> Public Health Scotland (2022) The impact of COVID-19 on NHS dental services and oral health in Scotland: annual report. <https://publichealthscotland.scot/media/12840/covid-19-dental-annual-report.pdf>
- <sup>192</sup> Hogg S & Mayes G (2022) Casting Long Shadows: The ongoing impact of the Covid-19 pandemic on babies, their families and the services that support them. First 1001 Days Movement <https://ihv.org.uk/wp-content/uploads/2022/11/F1001D-Casting-Long-Shadows-FINAL-NOV-22.pdf>
- <sup>193</sup> Scottish Government, Wellbeing (SHANARRI) <https://www.gov.scot/policies/girfec/wellbeing-indicators-shanarri/>
- <sup>194</sup> Armitage R. (2021) Bullying in children: impact on child health. BMJ Paediatrics Open. 2021 Mar 11;5(1):e000939. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7957129/>
- <sup>195</sup> The Scottish Women’s Convention (2022) The Scottish Women’s Convention’s Report on Male Violence against Women and Girls. <https://www.alliance-scotland.org.uk/wp-content/uploads/2022/08/Updated-VAWG-Report-Final.pdf>
- <sup>196</sup> Police Scotland (2022) How we are performing <https://www.scotland.police.uk/about-us/what-we-do/how-we-are-performing/>
- <sup>197</sup> Police Scotland (2022) Comparative Report on Juvenile Offenders: Moray Local Authority Area.
- <sup>198</sup> Scottish Government (2022) Child protection statistics 2021: local authority benchmarking tool. <https://www.gov.scot/publications/child-protection-statistics-2021-local-authority-benchmarking-tool/>
- <sup>199</sup> Havard T (2021) Domestic abuse and Covid-19: A year into the pandemic. House of Commons Library. <https://commonslibrary.parliament.uk/domestic-abuse-and-covid-19-a-year-into-the-pandemic/>

- 
- <sup>200</sup> Scottish Women's Aid (2020) Crisis and Resilience: The Impact of a Global Pandemic on Domestic Abuse Survivors and Service Providers in Scotland. <https://womensaid.scot/wp-content/uploads/2020/09/SWA-COVID-Report.pdf>
- <sup>201</sup> Children and Young People's Commissioner Scotland (2020) The pandemic's impact on: Domestic abuse. <https://www.cypcs.org.uk/coronavirus/independent-impact-assessment/pandemic-impact-domestic-abuse/>
- <sup>202</sup> Scottish Government (2020) Coronavirus (COVID-19): domestic abuse and other forms of violence against women and girls during Phases 1, 2 and 3 of Scotland's route map (22 May to 11 August 2020). <https://www.gov.scot/publications/coronavirus-covid-19-domestic-abuse-forms-violence-against-women-girls-during-phases-1-2-3-scotlands-route-map-22-11-august-2020/>
- <sup>203</sup> Women's Aid (2022) The cost of living is preventing women from fleeing domestic abuse. <https://www.womensaid.org.uk/the-cost-of-living/>
- <sup>204</sup> Scottish Government (2021) Domestic abuse: statistics recorded by the police in Scotland – 2021/22. <https://www.gov.scot/publications/domestic-abuse-recorded-police-scotland-2021-22/documents/>
- <sup>205</sup> Scottish Government (2021) Summary Statistics for Schools in Scotland 2021. <https://www.gov.scot/publications/summary-statistics-schools-scotland/documents/>
- <sup>206</sup> Scottish Government (2022) School attendance and absence statistics. <https://www.gov.scot/publications/school-attendance-and-absence-statistics/>
- <sup>207</sup> Scottish Government (2022) Education Outcomes for Looked After Children 2020/21. <https://www.gov.scot/publications/education-outcomes-looked-children-2020-21/documents/>
- <sup>208</sup> Scottish Government (2022) School exclusion statistics. <https://www.gov.scot/publications/school-exclusion-statistics/>
- <sup>209</sup> Lee RLT, Lane S, Brown G et al. (2020) Systematic review of the impact of unstructured play interventions to improve young children's physical, social and emotional wellbeing. *Nursing and Health Sciences*. 22 (2): 184-196. [https://onlinelibrary.wiley.com/doi/full/10.1111/nhs.12732?casa\\_token=B6bJ3M6HMVsAAAAA%3AdF71OV2LCzmRYQm3WRiyjpunt8VC56ISJtP\\_75srVxK7RaM72Ra26uO\\_Ko\\_P1JUrxQ64c7WZicX5](https://onlinelibrary.wiley.com/doi/full/10.1111/nhs.12732?casa_token=B6bJ3M6HMVsAAAAA%3AdF71OV2LCzmRYQm3WRiyjpunt8VC56ISJtP_75srVxK7RaM72Ra26uO_Ko_P1JUrxQ64c7WZicX5)
- <sup>210</sup> Walker S & Clark I (2020) Make Space for Girls: Everything you need to know in one (relatively) easy document. <https://makespaceforgirls.co.uk/wp-content/uploads/2021/02/Make-Space-for-Girls-Summary-of-Research-findings-December-2020-web.pdf>
- <sup>211</sup> Karsten L (2016) Children's Use of Public Space: The Gendered World of the Playground. *Childhood* 10 (4): 457-73. <https://journals.sagepub.com/doi/10.1177/0907568203104005>
- <sup>212</sup> McCormick R (2017) Does Access to Green Space Impact the Mental Well-Being of Children: a systematic review. *Journal of Pediatric Nursing*. 37: 3-7. <https://www.sciencedirect.com/science/article/abs/pii/S0882596317301859>
- <sup>213</sup> Sakhvidi MJZ, Knobel P, Bauwelinck M et al. (2022) Greenspace exposure and children behaviour: A systematic review. *Science of the Total Environment*. 824: 153608. <https://www.sciencedirect.com/science/article/pii/S0048969722007008>

---

<sup>214</sup> Peng J, Xinxi C, Hongxi Y et al. (2020) Green space access in the neighbourhood and childhood obesity. *Obesity Reviews*. 22 (S1): e13100. <https://onlinelibrary.wiley.com/doi/full/10.1111/obr.13100>

<sup>215</sup> Vanaken, GJ & Danckaerts M (2018) Impact of Green Space Exposure on Children's and Adolescents' Mental Health: A systematic review. *International Journal of Environmental Research and Public Health*. 15 (12): 2668. <https://www.mdpi.com/1660-4601/15/12/2668>

<sup>216</sup> Scottish Government (2021) Achievement of Curriculum for Excellence (CfE) Levels 2020-21. <https://www.gov.scot/publications/achievement-curriculum-excellence-cfe-levels-2020-21/documents/>

<sup>217</sup> Report to Moray Council Education, Children's and Leisure Services Committee: Initial Attainment Report for Secondary Schools 2021.

<sup>218</sup> Scottish Government (2022) Labour Market Statistics for 16 to 24 year olds: Scotland and the United Kingdom – April 2021 to March 2022. <https://www.gov.scot/publications/labour-market-statistics-for-16-to-24-year-olds-scotland-and-the-united-kingdom-april-2021-to-march-2022/>