



scottish sports *futures*

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**TRAUMA AND POVERTY:**

**Post COVID-19 challenges affecting vulnerable  
young people in Scotland**

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Commissioned by:

**Scottish Sports Futures**

*Changing Lives Through Sport*



[www.ssf.org.uk](http://www.ssf.org.uk)

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## Research Motivations

This research was commissioned to accurately reflect the needs of young people and communities across Scotland, with the expectation that it will inform Scottish Sports Futures (SSF) strategic work moving forward and provide national insight into the challenges our young people and families in Scotland are facing.

The brief was to research national needs in relation to children and young people in Scotland and analyse local data across the four local authorities SSF focus in depth: Glasgow, North Ayrshire, Stirling and Fife.

Ultimately, the research will allow Scottish Sports Futures, and any organisation working to alleviate societal issues to be truly needs-led.

This research will be used to:

- Inform policy and practice
- Update strategy
- Tailor programmes to meet needs of young people
- Evidence for fund applications

Young people in Scotland experience multiple challenges and vulnerabilities and have been disproportionately affected by the COVID-19 pandemic. This has meant working at a level of intensity which could not have been planned for or anticipated. It is our collective responsibility to understand these issues and respond now to alleviate and prevent further trauma, increased poverty, and all of the issues this will cause.



Kirsty McNab, Chief Executive of Scottish Sports Futures, *“We pride ourselves in being truly needs led to understand and then adapt services to alleviate the affects of living in poverty.*

*We wanted to get up to date facts and figures alongside real life lived experience post COVID-19 and what this shocking evidence of the harsh reality of living in deprived communities is like.*

*Sport/ physical activity combined with human connection and services working together can; play a huge part in addressing and improving mental and physical health, buffer the effects of trauma and ACEs and build skills and qualifications to bridge the attainment gap.”*

*Now is the time for significant investment to ensure things to do not get worse.*

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Kirsty Giles, Project Manager at Violence Reduction Unit Scotland, *“The Violence Reduction Unit Scotland has been supportive of SSF’s trauma-informed work with young people across Scotland for many years.*

*This new report highlights the need now, more than ever, for us to invest in our young people’s health and wellbeing. Access to sport and physical activity is a proven successful conduit to that.*

*We all want what is best for young people. Taking a trauma-informed approach to helping them must involve listening to young people’s voices, in particular those facing poverty and inequalities.*

*The research is clear - young people across Scotland need our support and it is crucial we all work together to ensure they are provided with hope for the future.*

*We will support SSF as a partner, in continuing their trauma-informed work in changing lives through sport and physical activity.”*



# Contents

<b>EXECUTIVE SUMMARY</b> .....	5
<b>INTRODUCTION</b> .....	10
<b>NATIONAL TRENDS</b> .....	11
PHYSICAL WELLBEING .....	11
POVERTY .....	13
ATTAINMENT .....	15
MENTAL HEALTH AND WELLBEING.....	17
ACEs AND TRAUMA.....	20
IMPACT OF COVID-19 PANDEMIC.....	22
<b>LOCAL TRENDS</b> .....	27
Glasgow.....	27
North Ayrshire.....	28
Fife .....	29
Stirling .....	29
<b>FINDINGS &amp; IMPLICATIONS</b> .....	30
<b>DISCUSSION &amp; CONCLUSION</b> .....	33
<b>APPENDICES</b> .....	36
Appendix A: Methodology .....	36
Appendix Ba: Trends: Physical Health.....	38
Appendix Bb: Trends: Poverty.....	40
Appendix Bc: Trends: Attainment.....	42
Appendix Bd: Trends: Mental Health.....	44
Appendix Be: Trends: ACEs and Trauma.....	46
Appendix Ca: Local Authorities; Glasgow .....	47
Appendix Cb: Local Authorities; North Ayrshire .....	49
Appendix Cc: Local Authorities; Fife .....	51
Appendix Cd: Local Authorities; Stirling.....	53
Glossary.....	55
References .....	57
<b>ENDNOTES</b> .....	63

## EXECUTIVE SUMMARY

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### FINDINGS & IMPLICATIONS

Findings from the literature and data provide future considerations for both research and implementation in working with vulnerable young people:

- Being involved in sport can not only improve health and ability, but has also shown to improve mental wellbeing. Additional research is still needed in this area, but initial studies show promising trends in increased physical activity and decreased feelings of depression and anxiety, as well as health harming behaviours. Involvement in sports can also contribute to improved socialisation and the building of social capital.
  - When training on how to be more accessible and inclusive for disabled young people is invested in, one barrier to physical activity is removed.
    - Additional and contemporary research is needed on barriers to involvement in sports and activity for groups less likely to be active, most notably adolescent girls and disabled young people.
  - Target development in confidence, socialisation, and resilience for personal growth.
  - Encourage open and supportive conversations about mental health and emotional wellbeing.
  - Establish trusting and supportive relationships with adults, including mentorships.
  - Provide opportunities for training, qualifications, assistantships, and traineeships for students who are disengaged from school and employment.
  - Use trauma-informed practices when working with vulnerable young people.
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### PHYSICAL ACTIVITY & WELLBEING

NHS guidelines recommend 60 minutes of physical activity a day; currently, only a third of young people are meeting these guidelines, a decrease from previous years most likely due to sedentary behaviours developed during COVID-19 lockdowns. Young people aged 8-10 were shown to be the most active, while adolescents aged 12-15 were least active compared to other under-18 age groups. Young people were also more likely to be active on weekdays over weekends. Girls were less likely to be physically active compared to boys; two major reasons being that they felt they would not be good at sports and another being that they were too embarrassed at their potential ability. Boys preferred team sports, while girls preferred individual sports. Disabled young people were much less likely to engage in physical activity and less likely to take part in team sports; besides the disability itself, barriers included sports and activity leaders and organisations not knowing how to be inclusive for disabled people. Few young people had access to sports facilities and a majority (over 90%) utilised streets/pavement for activity. Sociodemographic background can also influence participation in sports; activity levels amongst young people are lower in areas with higher deprivation. Young people living in more deprived areas were found to have less access to places for sport and higher rates of sedentary behaviours as well. Sports and physical activity have been found to aid in improving both mental and physical wellbeing. Obesity and being overweight increased with age, with similar rates between girls and boys. Two thirds of Scottish young people felt they were at a healthy weight and were satisfied with their weight.

## POVERTY

1 in 4 children in Scotland are living in relative poverty, with 1 in 5 living in absolute poverty. Multiple studies have identified links between poverty and physical wellbeing, showing that young people in these situations are more likely to become less physically active as they grow older. These young people are at higher risks of obesity and less likely to utilise or have access to recreation spaces to be active. Poverty was also linked to higher levels of stress and depression amongst young people, with an overall negative impact to mental and emotional wellbeing. Young people were more likely to experience social isolation, shame, and stigma as a result of living in poverty, impacting their social relationships outside of the home. Non-white young people living in poverty were more likely to experience additional barriers, including discrimination and language barriers. Food insecurity is rising as well: high levels of deprivation were associated with eating more unhealthy food options and being less likely to eat fruits and vegetables, which may be a result of not having access to healthier foods due to price, transportation and travel, or lack of options in one's neighbourhood.

## ATTAINMENT

The attainment gap starts young and gets wider with age. P1 students were found to be more likely to meet educational expectations compared to P4 and P7 students. Primary student literacy and numeracy has also decreased and is at its lowest level since 2017. Prior data from 2016 shows a gap in performance for reading, writing, and numeracy between students from the most and least deprived areas of Scotland. Like many of the issues noted in this study, attainment and engagement in education is estimated to have been impacted by the Coronavirus pandemic. Scottish headteachers and staff remain optimistic at the attainment gap closing, and while reports do confirm they are closing, it is happening at a rate considered not fast enough to meet government goals. Deprivation had one of the greatest impacts on school performance, with students from more deprived areas less likely to achieve awards at the same rate as young people from less deprived areas. Young people from the more deprived SIMD quintiles were more likely to report skipping school. These students were less likely to end up at 'positive destinations' after school, but also reported that they saw themselves going to college after school. Children in poverty and deprived areas were less likely to go to or be able to access extracurricular activities due to financial difficulties or unable to access transport—this was connected with doing more poorly in school. Following school, young people who were disengaged were less likely to secure stable full-time employment, or earned less than others their age.

## MENTAL HEALTH & WELLBEING

Mental health is a rising concern for young people in Scotland. Increased feelings of depression and anxiety amongst young people have been reported as recently as 2022. Mental health difficulties are likely to develop during childhood and adolescence, with approximately half of reported mental illnesses developing before the age of 24, and some occurring as young as under 14. Girls were more likely to report mental health difficulties, especially depression, compared to boys, but boys reported being less willing to talk about their mental health. Boys were more likely to feel pressured into acting 'tough' and had experienced name calling, shoving, pushing, hitting, or picking a fight more than girls. Girls were more likely to worry they missed something their friends had seen on social media, or worry that they will be left out of social activities or interactions with their friends because they weren't engaged in their social media. Stressors from school had one of the greatest influences over young people's mental and emotional wellbeing. Non-white young people were more likely than white young people to encounter difficulties in receiving treatment or support for mental health difficulties. One

concern amongst young people regarding mental wellbeing was they felt that their views, thoughts, and feelings were not being listened to by adults or taken into consideration. Trouble talking about mental health and seeking support may stem from pressures to act ‘tough’ or not feeling supported, acting as a barrier to identifying issues and seeking care. Long wait times for mental health services contributes to this.

## ACES AND TRAUMA

ACEs (adverse childhood experiences) have the potential to impact a young person into adulthood, and have been connected with difficulties in school, socioeconomic disadvantages, and poor physical and mental wellbeing. One US found ACEs to be more common than expected, with two thirds of participants reporting having at least one ACE. Estimates for Scotland lie between 500,000 to 750,000 individuals with at least one ACE. 15% of Scottish adults reported having four or more ACEs, with verbal abuse being the most common. Individuals with four or more ACEs are more likely to be at a higher risk of obesity, to smoke, experience a limiting long-term condition, have a cardiovascular disease, have lower mental wellbeing, and not meet physical activity guidelines compared to adults with no ACEs. ACEs can manifest as disruptive behaviours while in school, and may contribute to truancy or disengagement, even exclusion, for the individual. Experiencing trauma and ACEs can lead to toxic stress as well, in which the near-constant state of stress physically alters the development of the young person’s brain. This can lead to poor mental and physical health as well as the adopting of health-harming behaviours. Regarding crime, having ACEs has been shown to be retrospective instead of predictive; having ACEs does not determine if a young person will go on to offend, but many offenders and young people in custody have had ACEs. Young people in care are also more likely to have ACEs, with 74% of young people in care reporting four or more ACEs. When broken down by gender, girls in care were more likely than boys to experience all ten ACEs.

## LOCAL TRENDS

### GLASGOW

Glasgow has the highest rate of childhood poverty in Scotland, with a reported 34% of young people living in relative poverty. Almost 50% of surveyed families in Glasgow noted financial strains or difficulties from the pandemic. Families that had been living in poverty prior to the pandemic became more vulnerable, including reliance on welfare and benefits. Those of working age in Glasgow receiving social security ranged from 15% to 30% during the pandemic as a result of job loss. Prior to the pandemic, Glasgow had the highest number of people receiving Universal Credit. Early months—March to April—in the pandemic saw an additional 40% increase in individuals receiving Universal Credit. Obesity is also rising in Glasgow, part of which is assumed to be a result of COVID-19 lockdowns and the development of sedentary behaviours. Obesity and being overweight has been linked to deprivation, with the risk of being overweight increasing with deprivation levels. As of 2019, 8.6% of P1 students are obese. Attainment in Glasgow is below national levels and is one of the poorest in Scotland, with a gap of approximately 30% between the most deprived and least deprived students achieving 5 or more awards at SCQF level 5 or better. Audit Scotland reports show 83.2% of school leavers achieve 1 or more awards at SCQF level 5 or better, and 57.8% of school leavers achieved 5 or more awards at SCQF level 5 or better. Any progress made towards the attainment gap is believed to have been hurt by remote learning and additional stress brought by the pandemic.

## NORTH AYRSHIRE

North Ayrshire has significant levels of childhood poverty, with estimates that these rates will continue to grow in the next decade. North Ayrshire is reported as one of the most overall deprived areas in Scotland, with 52 of 186 of their data zones falling within the 15% most deprived in Scotland. 28% of North Ayrshire's population live in these areas, which is greater than the national average. 27.9% of children in North Ayrshire are living in poverty, with estimates that in 10 years 38% of children will be living in poverty. COVID-19 significantly impacted employment in North Ayrshire, bringing the economic inactivity rate in North Ayrshire up from 10% to 24.8%. There was also an increase in reported youth mental health difficulties during the pandemic and lockdowns; prior to this, there was a trend of increased referrals to CAMHS. North Ayrshire has a higher amount of looked after children compared to national rates, with a proportion of 2.1% of looked after children and 1.4% of looked after children, respectively. Domestic violence involving or witnessed by young people has been reported at higher rates in North Ayrshire compared to national rates; in 2018/2019, 123.5 per 10,000 incidents were recorded, compared to 111.5 per 10,000. The attainment gap is similar to that of Glasgow, with North Ayrshire reporting 83.3% of school leavers achieving 1 or more awards at SCQF level 5 or better, and 60.7% of school leavers achieving 5 or more awards at the same level. There is a comparable gap of 30% between students living in the most and least deprived areas achieving 5 or more awards at level 5 or better.

## FIFE

Approximately 21% of children in Fife live in relative poverty. Food insecurity was a prominent issue that was made worse by COVID-19 lockdowns. Many community spaces in Fife were reported as being in poor condition and not meeting the standards desired by the people living in the respective areas. Young people found these spaces in poor condition and a lack of safe and accessible places to play as a barrier to being active. Mid-Fife was recorded as having poorer outcomes of health, deprivation, and jobs. People living in more rural areas in Fife and those living in rural poverty face difficulties with fuel poverty and debt contributing to financial difficulties. Travelling around Fife was reported as being a barrier to accessing resources and communities, including the cost to do so, as a result of living in rural areas. Reaching recreational or retail centres was difficult for young people in this position. Teachers noted during lockdown a worsening of student's mental wellbeing; socioeconomically deprived young people were identified as struggling even more so. Loss of socialisation was identified as a significant stressor as well.

## STIRLING

21.3% of children in Stirling are living in poverty, with 38% of children living in low-income families. Household makeup impacts deprivation in Stirling: 37% of young people from BAME households, 44% of young people in households with a mother under 25, 36% of young people in single parent households, and 32% of households with a child under the age of 1 live in poverty in Stirling. Child poverty rates varies by ward as well; 1 in 3 children in the Castle ward are living in poverty, and the second highest is Bannockburn. This is compared to Dunblane, where 1 in 10 young people are living in poverty. There is an existing social polarisation in Stirling as a result, as it is perceived as an overall more affluent area. Fuel poverty is a significant issue in Stirling, with 32% of households experiencing this difficulty.

## IMPACT OF COVID-19 PANDEMIC

Inequalities worsened significantly as a result of the pandemic, especially regarding poverty and financial difficulties. The socioeconomic status of the household was a primary influencer in how they





navigated the pandemic, impacting costs for transportation, food, affording fuel, as well as providing space and materials for young people switching to online learning. Many families faced worsening financial situations or became impoverished as a result, which often contributed to feelings of anxiety over said financial situations. Changes to physical activity for young people was mixed: some young people reported taking the opportunity to become more active, while others noted an increase in sedentary behaviours and screen time. For those who saw a decrease in physical activity, barriers included not having a space to be active and not being able to participate regularly in team sports. Young people from disadvantaged backgrounds reported poorer health during lockdown as well compared to young people from less deprived areas. Women and girls reported more worsening of their mental health; nonbinary young people had reported the worst impact to their mental health, however the recorded amount of nonbinary participants in the respective study was very small. Young people under 18, disabled young people, young people in care, and non-white families all fared the worst as well.

Mental health overall worsened with reported higher levels of stress, anxiety, and depression as a result of lockdowns and fears over health. Feelings of loneliness was reported by many young people as well. Digital social platforms helped to alleviate this but remained a significant issue for young people. Online school posed difficulties, as young people living in deprived households had accessibility challenges to participate in activities, poor learning spaces, and fewer resources at home. The attainment gap widened, and foodbanks reported giving out more food to families than prior to the pandemic. Post-lockdown findings have found that children across Scotland are reporting signs of PTSD and trauma from the initial lockdown.



## INTRODUCTION

Vulnerable young people throughout Scotland face a variety of challenges as they grow up. Providing them with the tools and skills for personal development to help build resilience and mitigate the impact of the challenges they face has thus become a primary focus for the organisations which work with them. Scottish Sports Futures (SSF) uses physical activity and sport as a conduit to aid in this, providing programmes and sessional sports that not only create spaces for safe and physically active play, but offers support and resources for personal development and mental health.

Scottish Sports Futures runs several delivery programmes aimed at improving the lives of vulnerable young people through sport and physical activity, including:

- SSF Chance:2:Be
- SSF Families
- Active:2:Grow
- SSF Young Leaders
- Shell Twilight
- Education Through Cashback (ETC)
- Additional training, educational, and wellbeing workshops

These programmes are conducted in SSF's four local authorities: Glasgow, North Ayrshire, Fife, and Stirling. SSF Chance:2:Be, targeted at young people who are disengaged from school employment, aims to teach personal development and skills to help in exploring and finding positive destinations. In SSF Families sessions, families work together to build and learn about physical activity and wellbeing. Active:2:Grow combines physical play with mental health as a partnership with SAMH, in which young people are provided with the tools to communicate and learn about mental and emotional wellbeing. SSF Young Leaders provides young people the opportunity to build leadership skills for themselves and their communities, while also providing formal qualifications and a space for personal development. Shell Twilight, one of the more popular weekly programmes, is an open-access session of sports and physical activity that provides a safe space for young people to play and engage with others. Education Through Cashback (ETC) provides qualifications, transferrable skills, and training modules for young people through sport and group activity. In order to provide successful programmes aimed at helping vulnerable young people, understanding the foundation of their challenges and the scope of their experiences is crucial.

This report, commissioned for Scottish Sports Futures, sought to produce evidence around which topics, themes, and trends are recurrent as challenges to young people throughout Scotland, as well as the four local authorities covered. As Scottish Sports Futures is a sports-based organisation, physical activity and sports remained a primary aspect of this reports' focus.

Questions guiding this report were:

- What trends are affecting young people in Scotland today?
- What role did COVID-19 and lockdowns play in their lives? And to what extent did the pandemic affect the challenges they were already experiencing?
- What can organisations working with young people in Scotland do to help them navigate these trends?

To better understand what young people in Scotland are experiencing, this paper utilised a review of available data and literature on vulnerable young people in Scotland. Initial preliminary literature established a multiplicity of trends. The most prominent trends identified were further explored through a non-systematic, rapid review of recent and relevant literature. In addition, semi-structured interviews took place with young people and staff for the programmes Shell Twilight, Active:2:Grow, and SSF Chance:2:Be. Appendix A contains additional information on the scope, methodology, and limitations of this report. Commentary on the implications of findings from interviews and the

literature are presented, which can serve to inform development on programmes working with young people.

In a post-COVID-19 context, understanding the challenges faced by young people in Scotland is more important than ever. Recent studies on experiences during the height of COVID-19 highlighted how vulnerable young people were one of the groups that fared the worst, and are still struggling with transitioning out of this period. As we navigate our way beyond initial lockdowns and surges, it is important not only to make note of the challenges young people already struggle with, but recognize how they were impacted by the pandemic and the role this can play in their future. Having this foundation of knowledge can better prepare strategies when working with young people, and potentially mitigate the impacts of these challenges.

## NATIONAL TRENDS

### PHYSICAL WELLBEING

#### Activity and Fitness

- According to the NHS, young people aged 5-18 should average at least 60 minutes of physical activity a day, ranging from moderate to vigorous activity. 3 days a week should be spent on activity targeting muscles, such as push-ups, running, and jumping<sup>i</sup>.
- A Scottish government study, *Life at Age 14: Initial Findings from the Growing Up in Scotland Study (2022)*, found 65% of young people reported their general health to be ‘very good’ or ‘excellent’, with a third of surveyed young people reporting that they met or exceeded the expectations set by the NHS for weekly fitness<sup>ii</sup>. This is a decrease from previous years: a 2019 study found 69% of young people in a similar age group to be active at recommended levels<sup>iii</sup>, which is a decrease from 2016 as well, which saw 76% of young people meeting recommendations<sup>iv</sup>. Under two thirds of young people reported being physically active for under the recommended amount, with a ‘small minority’ reporting not being physically active at all<sup>v</sup>. Decreases by gender also show a noteworthy difference: a drop in boys reporting meeting NHS recommendations from 2016, with 79%, to 2019, with 71% percent.
- Age distribution showed younger children, aged 8-10, to be the most active in a sample of 4–15-year-olds<sup>vi</sup>. This age group met 79% of NHS recommendations, while 5–7-year-olds met 78%, and 11–12 and 13–15-year-olds met 53%, making these groups the least likely to meet NHS recommendations. Young people were more likely to not be physically active on the weekends compared to weekdays; screen time and sedentary behaviours were reported to be higher on the weekends, with 4.9 hours of sedentary behaviour compared to 3.6 hours. 2 hours of screen time is the recommended limit, but young people in Scotland often exceed 3 hours per day<sup>vii</sup>. Boys reported slightly longer averages of screen time, with 2.2 hours in front of a screen, compared to 2 hours for girls.
- Despite longer screen times, as well as the reported drop in meeting NHS guidelines for physical activity, boys reported engaging in physical activity more than girls across several studies<sup>viii</sup>. Where 71% of boys met NHS guidelines, 68% of girls met these recommendations. A similar study from 2017 with a sample of 10-11 year olds found gender differences as well; 69% of boys in this age group met recommended guidelines, compared to 52% of girls<sup>ix</sup>. This study, utilising counts per minute (CPM), found boys to average a higher CPM than girls (674.2 CPM compared to 627.6, respectively); this was maintained for moderate to vigorous physical activity, as boys reported

higher rates than girls over both weekdays and the weekend<sup>x</sup>. In the *Life at Age 14* (2022) study, boys reported being active for 7+ hours a week more than girls—36.2% of boys going above the recommendations compared to 29.6% of girls in the study<sup>xi</sup>. Conversely, girls were more likely to report being active for 1-3 hour per week than boys in the sample.

- Additional literature shows the reason for this gender divide may lie in the social aspects of sport just as much as physical ability. One study found boys to prefer team sports where girls preferred individual activity. When asked why they might be reluctant to take part in sports, team or otherwise, two common responses from girls were feeling they wouldn't be good at the sport, and general feelings of embarrassment<sup>xii</sup>. Girls participating in sport less than boys is far from new, with one study based on data from a 2002/2003 report had similar findings<sup>xiii</sup>. One point of note was the decreased competitiveness with age which played a role in decreased participation into adolescence. Competitiveness was identified as a deterrent factor for many girls in sport, as it corresponded to a girl's perceived own ability and an increase in anxiety over their ability. Perceptions of a competitive sports environment within a mixed-gender setting increased these feelings. These feelings were not universal, however, and girls who enjoyed competitive sports or did not consider competitiveness to be a barrier were highly active in comparison.
- Location—and accessibility—also plays a role in regular physical activity. One 2017 study reported that when young people felt they didn't have access to a perceived safe place to play, or if they did, if it was of poor condition, they were deterred from being active<sup>xiv</sup>. 'Local pavements and streets' were regarded as the most popular spaces to play, with 92% of young people reporting using these spaces for physical play. Homes, gardens, open spaces, playgrounds, and parks were also recorded as popular spaces for young people to play. Sports fields, courts, and sports centres were least likely to be reported as used for activity, with a quarter of participants noting they used these spaces<sup>xv</sup>.
- One point to keep in mind regarding the accessibility of spaces for play is socioeconomic demography, and if the areas the young person or people residing in is deprived of safe and well-maintained infrastructure, they may be deterred from play. Those who have regular access to well-maintained and safe spaces such as courts, centres, and fields are at an advantage over young people living in areas without access to similar spaces, or who are unable to travel to these spaces for activity.
- Socioeconomic inequality can also play a role in regular activity. Based on the literature, participation in sport and physical activity is lower in areas with high levels of deprivation in Scotland<sup>xvi</sup>. Young people coming from disadvantaged backgrounds have shown to have more sedentary behaviours, as well as poorer diets and a higher rate of obesity. Currently, there are gaps in data on this population in Scotland, however the data that does exist shows consistent trends in young people from these backgrounds participating less in organised sport and activities compared to young people from less deprived areas. A clear—and concerning—connection can thus be made between socioeconomic disadvantage and activity levels of young people, bringing attention to the necessity of bridging this gap so all young people have equal access to sport.
- Maintaining good physical health by being active regularly can have positive impacts beyond one's health. According to one OSS study, physical activity has been connected to better regulating emotions, which was consistent throughout ages 7 to 14<sup>xvii</sup>. Early intervention with physical activity and sport produced young people who were better able to regulate feelings when attention to emotion was paid rather than to behaviour. Young people who were better able to work through and control their emotions also showed in the same study better effort in school and learning.

## Health and Obesity

- Several studies found that obesity and being overweight often increases with age; a 2019 report showed 40% of 16–24-year-olds in Scotland as being obese or overweight. This continues to increase to old age, as 79% of adults aged 65-74 reporting being overweight or obese<sup>xxiii</sup>. Younger children reported the highest proportion of healthy weight: 73% of children aged 7-11 had a healthy weight, compared to the lowest proportion (62%) recorded for 12–15-year-olds. This can be in part associated with the decline of regular physical activity meeting the NHS guidelines with age.
- Looking at differences in gender, boys and girls were within similar ranges of healthy weight- 66% of boys reporting a healthy weight compared to 70% of girls. Over time, girls reported similar healthy weight ranges from 1998, while ranges for boys fluctuated significantly over the same period<sup>xix</sup>. In 2018, 17% of boys and 15% of girls in Scotland, aged 2-15 years old, were at risk of obesity<sup>xx</sup>. This evened to 16% for both boys and girls in 2019.
- Obesity levels were found to be higher in young people from socioeconomically deprived backgrounds compared to young people from less deprived areas<sup>xxi</sup>. This may be due in part to previously mentioned factors, such as eating less fruits and vegetables, increased sedentary behaviours, and lower participation rates for sports and activities for young people in disadvantaged situations.

## Accessibility

- The accessibility of sports and physical activity has posed a challenge for disabled young people. The *Life at Age 14* (2022) study reported lower levels of activity for disabled young people, with 10.9% of disabled young people being likely to not be active during the week, compared to 3.8% of non-disabled young people<sup>xxii</sup>. Disabled young people were also more likely to only be active 1-3 hours per week. In terms of being active for more than NHS guidelines of 7 hours per week, 23.2% of disabled young people exceeded standards, compared to 34.6% of non-disabled young people. Disabled young people were also less likely to take part in team sports, with 22.1% reporting they did, compared to 42.5% of non-disabled young people.
- The 2021 Disability Sports Review noted barriers to sports participation varied over a variety of factors. Specific to the individual were barriers such as ‘the disability itself, pain, lack of time, health’, as well as environmental factors, which included transportation and opportunities themselves. Barriers that were dependent on the organisation included a lack of staff who were aware of and qualified to work with disabled people, existing stigma towards disabled people, facilities that were inaccessible to disabled people, and a lack of funding, coordination, and collaborating on including disabled people in activity<sup>xxiii</sup>.
- Disabled young people were found to be more likely than non-disabled peers to experience bullying, including being left out of activities, being shoved, pushed, and hit, and name calling<sup>xxiv</sup>. These experiences demonstrate the importance of making an inclusive space for disabled young people to take part in activity.

## POVERTY

- The UK and Scottish Government have identified the threshold as living in households that have less than 60% of the UK median household income<sup>xxv</sup>.
- Approximately 1 in 4 young people in Scotland were living in relative poverty and 1 in 5 living in absolute poverty, with a pre-COVID-19 prediction to steadily rise within the following years<sup>xxvi</sup>. This is an overall decrease from the late 1990’s, but an increase within the past decade. In addition

to this, 65% of young people living in poverty were also living in working households<sup>xxvii</sup>. BAME families reported higher rates of living in poverty compared to white families, with one report estimating 2 in 5 BAME families living in poverty compared to 1 in 5 white families<sup>xxviii</sup>.

- It is worth noting the acronym and usage of BAME (Black, Asian, and Minority Ethnic) and its use in this report. BAME can be reductive as it combines together a number of identities and experiences, and can be problematic when used without consciousness of the ‘othering’ aspect of this term. It is used initially in this report to designate the experiences of non-white young people which differentiate from white young people as a result of their race and ethnicity, where specifications are necessary they will be provided, as well as the terminology ‘non-white’. This is a nuanced topic, and further information can be found in Birmingham City University/BBC’s *BAME: A Report on the Use of the Term and Responses to It*<sup>xxix</sup> report.
- Other family households at risk were families that had more than 3 children, young (<25 years old) mothers, single parent households, children in care and households with disabled family members<sup>xxx</sup>. Young males under the age of 25 not living with family were also identified at being at risk of impoverishment<sup>xxxi</sup>.
- For low-income households with one or more disabled children, the costs for care may be inaccessible<sup>xxxii</sup>. This might require one of the primary earners to forgo working to care for the child. Inaccessible and unaffordable care can be detrimental to low-income families, especially if it overlaps with one of the other at-risk groups, such as lone parent households.
- 13% of young people in Scotland in 2017-2020 were found to be living in material deprivation, with minority ethnic families more likely to experience material deprivation compared to white families<sup>xxxiii</sup>. Family households with a disabled member were reported as being ‘consistently more likely’ to experience material deprivation, as well as single-parent households<sup>xxxiv</sup>. Families living in poverty with a disabled child faced significantly more difficulty in accessing childcare and support; this was often found in cases where parents worked less to provide care for their child which in turn impacted household income.
- A report by the Robertson Trust noted that poverty experienced by the household or individual is not ‘static’, meaning the experiences of poverty may be short-term<sup>xxxv</sup>. This can occur from transitional periods of life, as well as periods of job loss or instability and poor health.
- Unstable employment and low wages, whether for the parents or guardians of households or for over-16 young people, has been connected to growing up in deprivation. Young people living in more deprived areas were found to be less likely to find stable and well-paying employment as a positive destination after school compared to their peers. This creates a vicious cycle of poverty that feeds into itself through generations, and with rising costs for energy, housing, council tax, transportation and other resources, people in this situation find themselves stuck<sup>xxxvi</sup>. This often leads to these people or their households falling into debt as a result of managing rising costs and staying afloat.

### Physical Health

- Participation in regular physical activity is often lower in young people from areas with high deprivation, for both boys and girls, and declines with age. Young people in the more deprived SIMD quintiles reported being less likely to participate in sports or classes to learn new skills, less likely to have ‘excellent’ health, and less likely to see themselves attending University compared to young people living in less deprived SIMD quintiles<sup>xxxvii</sup>. A University of Strathclyde study reported young people living in poverty were 3 times more likely to not be physically active through sports, and twice as likely to experience childhood obesity<sup>xxxviii</sup>.



- Future outcomes on physical health for those living in deprivation are poor as well, with higher likelihoods of having a drug (18 times more likely) or alcohol (4 times more likely) related death. Those from more deprived areas have lower life expectancies compared to those from less deprived areas as well. Boys from more deprived areas were found, as of 2021, to have an average life expectancy of 47 years, while girls have an average life expectancy of 50 years. This is 25 and 21 years lower than boys and girls from less deprived areas in Scotland, respectively.

### Rural Poverty

- Almost 1 million people in Scotland live in an area designated as rural, with 95% of the population living in areas classified as rural or ‘accessible rural’<sup>xxxix</sup>. As of 2021, 19% of children living in rural areas experienced relative poverty. This is disproportionate to the rate of all individuals living in relative poverty, as 15% of all people living in rural areas were identified as living in relative poverty. Furthermore, 13% of young people in remote rural areas and an additional 12% of young people living in accessible rural areas lived in households with ‘limited resources’<sup>xl</sup>. These rates for young people living in relative and absolute poverty, as well as having limited access to resources, are lower than the national rates of young people living in poverty. Despite this, the current rate is a 3% increase from the 2016-2019 period.

### Food Insecurity

- Food insecurity, or the inability to access nutritious food on a consistent basis to meet dietary needs, has been found to be closely linked to household poverty.
- Food insecurity and child hunger has continued to rise alongside the increase of relative poverty. A survey conducted by Magic Breakfast found 62% of Scottish teachers anticipate students arriving to school hungry to increase, especially following the COVID-19 pandemic<sup>xli</sup>. Teachers in this study reported that coming to school hungry negatively impacted a student’s ability to engage in class or contributed to the student ‘falling behind academically’; they also felt that students eligible for free school meals were worse affected by the pandemic.
- A separate study on the eating habits of young people in Scotland found while boys were more likely than girls to eat breakfast before school, the rate at which young people eat breakfast begins to decline as they age. Young people who consistently ate breakfast before school were more likely to report confidence in their health and performance in school as well.
- One study conducted in the United States found areas with higher rates of poverty had less access to food stores that carried fresh produce and healthy food options, and a higher distribution of fast-food restaurants<sup>xlii</sup>. When families are unable to access nutritious food and healthy options due to a lack of accessibility or affordability, inequalities in health and physical wellbeing can arise. In addition to this, it may be cheaper, faster, or more accessible to buy ready-made meals compared to fresh produce, which may go to waste quickly.
- Young people living in deprived areas consumed fruits and vegetables less than young people in less deprived areas<sup>xliii</sup>. This may be an extension of a lack of accessibility to affordable produce, or the otherwise convenience of other foods that won’t expire as quickly.

## ATTAINMENT

- Scottish schools aim for all students to succeed and meet expected levels for learning, however the current attainment gap highlights how young people from more deprived areas do not achieve at the same rate as those from less disadvantaged backgrounds.
- The attainment gap starts young and widens with age. P1 students are more likely to meet expected levels for areas such as numeracy and literacy, while older primary students—P4 and P7—see a pattern of meeting these expectations less<sup>xliv</sup>.
- A 2020-2021 study found primary student literacy and numeracy to have decreased, and is at the lowest expected level since 2017. From this study, 66.9% of primary school students met expected levels of literacy and 74.4% had met the expected levels of numeracy<sup>xlv</sup>. A report by the Scottish government was optimistic, with approximately 90% of surveyed headteachers stating that the gap had begun to close within the past 5 years and felt that the gap would continue to improve<sup>xlvi</sup>. Scotland’s audit report, however, found that efforts to close the gap is not meeting the rates of progress expected by the government. What is lacking is a rapid and consistent improvement, which was halted as a result of the COVID-19 pandemic. Schools found themselves restructuring how they taught as well as young people figuring out how to navigate a new form of learning, which ultimately had negative effects on the attainment gap—more of which will be explored in this report. Closing this gap remains a difficulty as it is a complex process. Different aspects of the gap and how it is remedied around the country makes it clear that while certain patterns arise, it is not a one-size-fits-all issue.
- Socioeconomic status of the household often has a greater impact on school engagement on the student than the school itself. From 2009, the poverty-related attainment gap has closed from 33.3%, which is very promising for the future of the attainment gap<sup>xlvii</sup>. However, the gap did increase slightly between 2016 and 2019 from 19.3% to 20.2%; it is estimated that the COVID-19 pandemic and the transition to remote learning had a significantly negative effect on the gap.
- Another example of the clear gap caused by disadvantages is in literacy: 80.7% of primary students from less deprived and affluent areas met expected literacy levels, while only 56% of primary students from impoverished backgrounds met those same levels<sup>xlviii</sup>. The Coronavirus pandemic more than likely played a significant role in this, which will be discussed further in this report. Another study from 2014 found that by S2, young people from less deprived areas, are affluent, or otherwise in better-off socioeconomic situations perform twice as well in school compared to young people from deprived backgrounds<sup>xlix</sup>. Overall, the socioeconomic status of the parent has a greater impact on the young person’s abilities in school and the attainment gap than the school itself. Even in places where the school may excel, such as teaching and engagement, deprivation influences the engagement of the young person even more.
- Based on recent literature, attainment has been shown to be both a direct cause and consequence of poverty. Stress and poor living conditions when living in poverty or deprived circumstances directly impacts the young person’s ability to successfully complete schoolwork and homework, as well as study and be prepared for the school day<sup>l</sup>. This can result in disengagement from school and learning. Disengagement and exclusion from school can negatively impact employability if the young person has few opportunities or interventions to bridge this gap. Struggling with employability, if additional support is unavailable, can then lead to deprivation.
- In the *Life at Age 14 (2022)* study, girls reported ‘always’ enjoying learning at school and trying their best more so than boys did. Girls also saw themselves going to university after school more than boys did in this study as well. White Scottish and other British working-class boys in Scotland are one of the most affected groups of the poverty-related attainment gap. A Robertson Trust report estimates this may be due to households putting less value on education, as well as a ‘lack of awareness of the link between being successful and future employment’<sup>li</sup>.



## Employability

- Doing well in school can put young people on a path towards increased employability, higher education, and access to additional opportunities. This exemplifies why the relationship between attainment and employability is so important, as it plays a role in positive destinations for students. Young people who are disengaged from school were found to be more likely to be unemployed by ages 22-23, or work part-time and earn less than others their age<sup>lii</sup>. Disengagement from school and low-level employment has been linked to a more long-term low-income socioeconomic status and unsteady employment. For post-16 year olds, those from more deprived areas, much like with education, are also less likely to find employment compared to young people from less deprived areas by almost 10%. A Poverty Alliance report found that while this percentage is a decrease from the years previously, disadvantaged backgrounds contribute to the gap between older students seeking employment after school<sup>liii</sup>.
- Disadvantaged backgrounds and the household's socioeconomic status can act as a precursor to many aspects of the attainment gap.
- Parents from more deprived SIMD areas are more likely to receive calls from school about their child about their behaviour and attendance<sup>liv</sup>. Young people from these backgrounds were also found to be more likely to skip schools.
- 'Positive destinations' – post-school plans such as university and employment—were less likely to be achieved by young people from more deprived areas or who came from a low-income background<sup>lv</sup>.
- However, despite past studies finding that those from deprived backgrounds disengage from school, the *Life at Age 14 (2022)* report found these young people to also be optimistic about their destinations after school, with many seeing themselves going to college<sup>lvi</sup>.
- Young people from these backgrounds were shown to be much less able to participate in extracurricular activities that might have a positive impact on their learning<sup>lvii</sup>. This was connected with their performance in school, which saw a negative impact. Financial difficulties or the inability to access transport was a main barrier from these activities.

## MENTAL HEALTH AND WELLBEING

- Mental health is a rising concern for young people in Scotland. The mental and emotional wellbeing of young people in Scotland is showing a range of trends including increasing anxiety and depression, impacts on weight, increased feelings of anxiety and depression, stressors from school, and not reaching out for support. These patterns have all gone on to impact their day-to-day life. About half of mental health issues will develop during young adulthood, or before the individual turns 24. A Barnardo's study reports that some mental health difficulties can begin as early as under-14<sup>lviii</sup>. This period in a person's life may put them in a vulnerable position regarding their mental wellbeing. The *Life at Age 14 (2022)* report found almost half of participants had experienced lasting depression for more than a period of several days<sup>lix</sup>. Of these young people, approximately half had thoughts about death. Additional information revealed 13.9% of this sample seeking out and receiving a diagnosis because of the impact of their mental health, with 11.6% self-harming. Feelings of depression often lasted most or all of the day.

- These feelings often have consequences that extend outside of their emotional wellbeing. In the same study, almost half of young people who were surveyed reported changes in their weight over a two-week period which was not intentional. Several studies note that mental health and diet are often connected, with eating habits being impacted as a result of mental illness. This can include over-eating or under-eating, whether as a coping mechanism, lack of priority, or a side effect of medication. Early studies<sup>lx</sup> on depression and weight fluctuation asserted that a reduced appetite is common amongst those with depression, however development in this area has found a stronger—and contemporary—correlation between depression and weight gain. One<sup>lxi</sup> study found that weight gain and obesity could contribute to the development of depression and anxiety, and conversely, living with a mental illness contributed to weight gain. Symptoms of depression include a decrease in physical activity and an increase in appetite, while the fluctuation and shame or stigma of weight gain could negatively impact one’s mental health. This often results in a cycle that continuously hurts the emotional wellbeing of the young person.
- Looking at disparities of gender, girls were more likely to report experiencing a mental illness: 56.4% of girls revealed feelings of depression, while 38% of boys reported the same<sup>lxii</sup>. This divide continues when comparing adolescent aged girls, who reportedly have the poorest reported mental wellbeing<sup>lxiii</sup>. It is worth highlighting that this is the reported amount, but the actual amount of young people experiencing mental health difficulties—especially boys—may be higher.
- Common impacts to the mental and emotional wellbeing of girls included social media use, body image and body dysmorphia, pressures to perform well in school, and other social-related pressures<sup>lxiv</sup>. Body image issues often stemmed from social media use and consistently viewing women of specific ‘attractive’ body types, leading to dissatisfaction with their body. Frequent use of social media has been associated with harmful impacts to emotional wellbeing. Although social media can be used for positive social interaction, it can also negatively influence self-image, cyberbullying, as well as develop or worsen anxiety and depression<sup>lxv</sup>.
- Girls were much more likely to use social media compared to boys, and more likely to report body image issues. With this being said, boys often feel pressured to look and act certain ways associated with masculinity.

### Social Interaction

- Talking about mental health may be difficult for some young people, as pressures to act ‘tough’ and not be overly emotional are prevalent. 32.9% of young people reported experiencing being pressured into this, while 40% reported feeling pressured into dressing or looking the part<sup>lxvi</sup>. This was especially true for boys, who were more likely than girls to report these feelings. Boys were also more likely to report being in physical altercations with other young people, such as fighting, hitting, pushing, or name calling.
- About half of young people surveyed in the *Life at Age 14 (2022)* report, 49.1%, had experienced bullying by peers. Almost three quarters of young people who were bullied stated the treatment was targeted at any characteristics about them, with 22% of respondents stating the bullying was directed at their appearance, including their weight.
- Social media and similar platforms were at times a source of stress for young people, especially girls. Anxieties surrounding social media included worrying over being excluded of social events and interactions as a result of not being engaged with social accounts. In addition to this, worries also arose over missing information or media their friends had seen, and wanting to stay connected to what was trending amongst social circles and peers<sup>lxvii</sup>. These worries were much more likely to be experienced by girls compared to boys.

## Impact of Poverty

- Poverty and deprivation are heavily associated with mental health difficulties<sup>lxviii</sup>. The connection between poverty and mental health can be cyclical: poverty can contribute to poor mental health through stress, anxiety, depression regarding one's situation, as well as internalised shame and stigma. Poor mental health can negatively impact one's living situation by acting as a barrier to access resources, support, connect with one's community and loved ones, find a job, and other aspects of maintaining their livelihood and taking care of themselves. Poor mental health can negatively impact education and training, which may have a lifelong impact on the individual. Furthermore, individuals living in deprivation or poverty may not have the resources or time to seek care<sup>lxix</sup>. Young people with a poor socioeconomic background in particular are at risk of this, putting them at a significant disadvantage. Looking at this issue from a different perspective, a young person from an affluent family might be able to obtain private consultations and treatment more quickly for their mental health, which may not be a possibility for young people from deprived backgrounds. Furthermore, the transition into a disadvantaged situation, including job loss and eviction, can also negatively impact mental wellbeing as a sudden upheaval in the young person's life. A Joseph Rowntree Foundation report found that these instances of sudden transition can harm mental health similar to living in a state of depravity<sup>lxx</sup>.
- Rurality and poverty is also a prevalent issue that presents unique difficulties. Regarding mental health, those living in deprived rural areas and lacking transport connections, community engagement, or other ways to access support often leads to increased feelings of loneliness and isolation<sup>lxxi</sup>. One study found that the suicide rate in the Scottish Highlands has a higher average than the overall national average, pointing to the alarming mental health difficulties experienced in these areas<sup>lxxii</sup>.

## Additional Influences

- Stressors from school have a significant impact on the mental and emotional wellbeing of young people. As these are spaces where much of their socialization occurs, along with the importance of schoolwork placed on the young people and the amount of time it takes in their daily life, school and their performance can influence their mental health<sup>lxxiii</sup>. One of the more prominent reports of school stressors came in adolescent girls and the pressures associated with maintaining good marks. Bullying is also a significant contributor to poor mental health, especially when it takes place at younger ages<sup>lxxiv</sup>. Inclusion and social cohesion, based on the literature, is incredibly important for young people trying to carve a space for themselves as they grow into their world.
- Disabled young people were more likely to report feelings of depression compared to non-disabled young people. When asked whether they had experienced lasting feelings of depression throughout the day, 62.8% of surveyed disabled young people had stated they had experienced such feelings compared to 44.6% of non-disabled young people. Additionally, 23.3% of disabled young people reporting these feelings lasting all day compared to 14.4% of non-disabled young people.
- Although recent reports have found BAME young people to be as likely as white young people to develop a mental illness, the factors that contribute to it and the way they navigate receiving care can vary significantly<sup>lxxv</sup>. The impact of racism and bigotry, especially in regards to religion, significantly impact the wellbeing and can contribute to feelings of depression, anxiety and the

development of PTSD. In 2021, a Freedom of Information request revealed 2,200 reported incidents of racism in schools across Scotland in a three year period; it is estimated that the actual amount is significantly more, as racist incidents often go unreported. Additionally, young people in Glasgow have reported a rise of islamophobia and hostility<sup>lxxvi</sup>. As well as this, one U.S. study found the viewing of viral content on social media of police brutality against Black Americans by Black and Latine young people contributed to feelings of depression and PTSD<sup>lxxvii</sup>.

- In 2021, 6% of Scottish young people were non-white, while 10% of CAMHS referrals were for non-white young people<sup>lxxviii</sup>. Despite this overrepresentation, young people of colour sometimes encounter barriers when seeking support for their mental health that is specific to their experiences as ethnically diverse people. A Joseph Rowntree Foundation report found that non-white young people sometimes struggle gaining access to mental health services and support<sup>lxxiv</sup>. Racialised stereotyping or ‘harsh’ reactions to a non-white young person expressing mental health difficulties can deter these young people from seeking additional help. Incidents of micro-aggressions from health care providers contribute to this as well<sup>lxxv</sup>. The Racial Inequality and Mental Health in Scotland report found that Black people, and more specifically, Black women, were perceived to be more of a threat to themselves and others when detained for a mental health emergency<sup>lxxix</sup>. Racialized stigma of violence or perceived non-compliance projected onto young people of colour not only subjects them to racism, but conveys that their ethnicity is a barrier to them receiving care. Finding support where this isn’t an occurrence, as well as is inclusive of cultural competency, is necessary for non-white young people to establish a safe space or person to talk about their wellbeing.

### Support From Adults

- An overarching theme across literature regarding youth mental health is whether young people feel that the adults in their lives take into account their thoughts and feelings, especially regarding things that affect their lives. One 2019 study found that young people with a mental illness, at 54%, were less likely to believe adults took their views into account compared to young people without a reported mental illness, at 62%<sup>lxxx</sup>. Looking at gender, boys were more likely to feel that adults took into account their feelings or perspective compared to girls. Disabled young people felt even less sure that adults were considerate to their views<sup>lxxxi</sup>.
- The stigma of mental illness is pervasive, and often acts as a barrier between young people and receiving help or reaching out to those they can talk with. A FeelsFM campaign found only 26% of surveyed young people felt comfortable enough to speak with a trusted adult about their mental health if they were experiencing difficulties<sup>lxxxii</sup>. For young people who do seek help with their mental health, approximately 20% wait longer than 18 weeks for services<sup>lxxxiii</sup>. Long waits can contribute to feelings of depression or anxiety, as it leaves them with weeks of not knowing how to cope or otherwise manage their mental health. About 20% of referrals to CAMHs are rejected as well, which may leave young people seeking help feeling lost or dejected as they may not know what their next steps are.

### ACEs AND TRAUMA

- ACEs, or adverse childhood experiences, have the potential to impact a young person into adulthood, and have been connected with difficulties in school, socioeconomic disadvantages, and poor physical and mental wellbeing. ACEs are common, even if young people aren’t able to identify them right away. There are 10 predominant ACEs, which are physical abuse, sexual abuse, verbal

abuse, physical neglect, emotional neglect, a family member with a diagnosed mental illness, a family member living with substance or alcohol addiction, a family member in prison, witnessing a parent being abused, and parent separation. One study, conducted in the United States, found two thirds of participants reporting 1 or more ACEs, and slightly over 1 in 5 participants experiencing 3 or more ACEs<sup>lxxxiv</sup>. Though similar studies conducted in Scotland are limited, the Robertson Trust estimates between 500,000 and 750,000 Scottish people have had ACEs, based off of similar studies conducted in Wales and England<sup>lxxxv</sup>.

- According to the aforementioned US study, adults with 4+ ACEs were found to be more likely to experience obesity, to smoke, experience a limiting long-term condition, have a cardiovascular disease, have lower mental wellbeing, and not meet physical activity guidelines compared to adults with no ACEs. A recent Scottish Health Survey found 15% of Scottish adults reported 4+ ACEs<sup>lxxxvi</sup>. Verbal abuse was listed as the most common ACE experienced. Adults living in more deprived areas of Scotland were found to be two times as likely to experience 4+ ACEs, compared to adults in less deprived areas.
- Past research has also identified a connection between ACEs and deprivation, with young people living in areas with high deprivation reporting several ACEs. As poverty can negatively impact the mental and physical wellbeing of the young person, this can lead to the development of ACEs. The effects of deprivation, including shame and stigma, can become internalized and harm the wellbeing of the young person. Young people with ACEs were also found to be more likely to experience poverty as adults. Poverty in itself is not considered an ACE, as it is not considered relational but rather material, however the surrounding effects and causes of poverty can contribute to the development of ACEs<sup>lxxxvii</sup>. Some examples would be stress, food insecurity, social isolation, and stigma, all of which can negatively impact the wellbeing of a young person. A significant contributor to domestic violence is poverty<sup>lxxxviii</sup>; pressures and anxiety that come with living in deprivation have been shown to increase the risk towards victims of abuse.
- In a school setting, ACEs often manifest as being ‘unfocused, disruptive, controlling, withdrawn, and destructive’<sup>lxxxix</sup>. Young people who display these behaviours were at a higher risk of truancy, being disengaged from learning and exclusion from school. ACEs and trauma can negatively impact learning and school involvement, later contributing to attainment.
- The health and development of the child can also be affected by ACEs. This is due to ‘toxic stress’, defined by Public Health Scotland as ‘prolonged activation of stress response systems in the absence of protective relationships’<sup>xc</sup>. This physically changes the brain as it develops, with studies reporting the individual developing ‘health-harming’ behaviours. The risk for developing mental and physical health problems arises as well. Similarly, developmental trauma highlights the initial impact of ACEs and other traumatic experiences that have become repetitive in the life of the young person. The effects of trauma and ACEs on young people are lasting and can stretch well into adulthood to negatively impact their health, wellbeing, experiences and opportunities. Many Scottish adults with severe and multiple disadvantages (SMD) were found to have ACEs as young children, and experienced poor mental health, substance abuse and difficulty securing employment later in life<sup>xc1</sup>.

### ACEs and Crime

- One study focusing on ACEs of Scottish inmates proposed that the tackling of ACEs may lead to a reduction in crime levels in Scotland. ACEs are often associated with criminogenic behaviours, which are factors likely to lead to offending. These factors, according to the study, can include illicit substance abuse, living in or experiencing deprivation, the attainment gap and school

exclusion, and poor mental health<sup>xcii</sup>. Toxic stress may also play a role, as the disruption to the development of the brain and health-harming behaviours can potentially lead to harmful behaviours as adults. In the study, 45% of adult inmates reported physical abuse at home as a child, 61% of adult inmates reported bullying in school as a young person, and 56% of young people in custody reported verbal abuse at home<sup>xciii</sup>. However, the Robertson Trust concluded that the connection between ACEs and offending was not as straightforward. It suggested having ACEs does not predetermine someone as an offender, but rather as retrospective, wherein young people who do offend are frequently found to have a history of ACEs and/or trauma<sup>xciv</sup>.

### Young People in Care

- Looked-after young people have been found to be more likely to have multiple ACEs compared to young people who are not in care. As of 2022, approximately 15,000 young people are in care in Scotland, with 306 young people entering continuing care<sup>xcv</sup>. One study found 64% of young people in care have reported having 4 or more ACEs in 2018, which increased to 74% in 2019<sup>xcvi</sup>. About 80% of children placed in care were experiencing relative poverty, and almost 50% were living within SIMD zones 1 or 2 (compared to only 22% of all under 18s living in these areas amongst the general population). These zones are considered the most disadvantaged areas in Scotland, often meaning that many of the young people going into care are coming from deprived situations. Young people in care have described their experiences in care as ‘stigmatising’ and ‘uncaring’<sup>xcvii</sup>; a COSLA report notes that stigmatising looked after young people negates feelings of safety and compassion, negatively impacting the wellbeing of the young person<sup>xcviii</sup>. Differences are stark when comparing boys and girls as well; girls in secure were more likely than boys to experience all predominant ACEs. This study also concluded that, 60% of the girls in the sample had at least one ACE<sup>xcix</sup>. Due to the sensitive nature of being care experienced, being trauma informed when working with this vulnerable population is necessary to prevent re-traumatisation and make sure the wellbeing of the young person is at the forefront of working with them<sup>c</sup>.

## IMPACT OF COVID-19 PANDEMIC

- All of these trends have impacted young people throughout Scotland, but the COVID-19 pandemic exacerbated their experiences. Of the recent literature that has been published post-lockdown, reports have been consistent; young people have suffered throughout the pandemic. The pandemic, and especially lockdowns, have hit young people in different stages of life—whether developing early social skills or engaging in online school.

### Physical Health

- Physical activity during lockdown looked different for many people—some used it as an opportunity to be more active and utilise outdoor spaces more, while other young people saw an increase in screen time. Less than 20% of Scottish young people met guidelines for appropriate daily screentime, and often went beyond the suggested amount<sup>ci</sup>. A majority of studies have found an overall decrease in physical activity amongst young people and an increase in sedentary behaviours. While 24% of Scottish parents reported that they saw a decrease in physical activity, conversely 42% of parents reported an increase in activity.



- The variations in increasing and decreasing levels of physical activity may be due to the accessibility of being active during the day. Another possibility is the boredom that arose from quarantine, and physical activity can play an escape from that.
- Similarly, in a YouthLink study, young people reported both a significant decline in physical activity and an improvement in activity and exercise<sup>cii</sup>. For those seeing a decrease in physical activity, being unable to take part in team sports or group activity, as well as not having access to places they could be active, contributed to this decline. Losing access to group or team-based physical activity often resulted in individual decline of physical activity for young people, especially those who used team sports for socialization<sup>ciii</sup>. For those who saw an improvement in physical activity, young people attributed having more time to be active as a primary motivator.
- Looking at the immediate impact of lockdown on young people in Scotland, young people from disadvantaged backgrounds or living in more deprived areas reported feeling worse about their physical health than young people in less deprived areas<sup>civ</sup>.
- Reports on the changes of physical health for young people is mixed, but one connection of note is between poor physical health and poor mental health. A Who Cares? study found that as physical health worsened, the individual's mental health was negatively impacted as well. The YouthLink study's respondents noted that physical health had become less of a priority, as worsening mental health was a primary struggle for them<sup>cv</sup>. A lack of ready and accessible support took a toll on young people's mental health, as many respondents reported the worsening of their wellbeing was one of the first major changes they noticed during lockdowns.

### Poverty

- One of the most impacted trends during COVID-19 was the worsening financial inequalities experienced by households throughout Scotland. The socioeconomic background of a household played one of the biggest roles in how they navigated lockdown<sup>cvi</sup>. Multiple studies highlight that coming from a disadvantaged or impoverished socioeconomic background meant individuals were more likely to feel anxious over the pandemic, whether that related to employment status, financial situation and debt, access to food, or the possibility of homelessness<sup>cvi</sup>.
- Scotland saw an increase in benefit claims following initial lockdowns. The Department for Work and Pensions recorded an increase of Scottish welfare claimants by 109% between October of 2019 to October of 2020. Though not as high of an increase, 46% more applications were made to the Scottish Welfare Fund crisis grants in the first quarter of 2020/2021, compared to the fiscal year prior<sup>cvi</sup>. In February of 2021, Self-Isolation Support Grant successful applications increased by 10%, from 32% to 42%<sup>cix</sup>.
- For families already living in deprivation, the pandemic worsened financial difficulties. COVID-19 also contributed to households becoming impoverished, as job loss and delays in welfare or benefits negatively impacted household finances. In the years leading up to quarantine, 34% of Scottish households were considered 'financially vulnerable', putting them in the position of facing poverty as a result of COVID-19<sup>cx</sup>. One study reported that approximately 20% of families with children were 'in serious financial difficulty', and over half of adults reported COVID-19 impacting them and their families financially<sup>cx</sup>. Households in these situations saw their debt increase in order to make ends meet and combat any lack of savings, contributing even more to financial difficulties.
- During lockdown, foodbanks reported giving out more food than they had pre-COVID, highlighting the increased food insecurity as a result of financial difficulties brought by the pandemic. Concerns arose for students who received free meals while at school when remote learning began<sup>cxii</sup>; some

areas of Scotland, such as Stirling, were able to provide bagged lunches for these students. However, this was not the case on a national scale.

### Attainment

- Switching to and from online classes has had a significant effect on school engagement; estimates of the outcome of remote learning include falling behind in studies as well social interaction and development. From late March of 2020 to the start of the next academic term and then again in January of 2021, students in Scotland were moved to online classes in accordance with lockdown and social distancing measures. Various difficulties emerged for some students as they adapted to remote learning. The setting of where the student took their classes or completed work impacted their ability to engage with the material. For young people living in deprived areas and struggling with maintaining internet connection or a quiet space to work found difficulty in adapting to at-home learning<sup>cxiii</sup>. For those living in fuel poverty, poor housing conditions also affected their ability to stay engaged throughout the school day. Inability to access additional learning materials or other resources such as a printer, notepads and writing utensils also contributed negatively to the student's engagement with remote learning. In one study<sup>cxiv</sup>, 35% of families from low-income backgrounds were in this position, noting electronic devices such as laptops being the most prominent missing resource.
- Younger students were happier with online school compared to older students, with 91% of 11 and 12 year old students feeling positive about their education versus 47% of over-18s who were surveyed<sup>cxv</sup>. Students aged between 13 and 18 were concerned about exams and the impact of online learning, as some worried about doing poorly as a result of remote learning.
- Anxiety as it relates to school also manifested as worries about the future and the ability to access positive destinations. 16-18 year olds experienced more worry about obtaining employment, with some citing job security as a concern following the pandemic. Approximately 26% of this age group were optimistic about future employment. Young people who were employed either full-time or part-time during the lockdown reported a reduction of hours (41% of young people surveyed) and being furloughed (38% of young people surveyed)<sup>cxvi</sup>. Finding a stable job was a concern for employed young people, as the pandemic saw an increase of job loss. This left many young people feeling their age and work experience were a barrier to them retaining employment.

### Mental Health

- It is important to note that the previous few years have been traumatic for many people as we have navigated the 'new normal' in addition to new waves and variants of the Coronavirus. Some people fared better than others, but recent reports have noted signs of developing PTSD in young people as a direct result of quarantining<sup>cxvii</sup>. Similar to the relationship between ACEs and toxic stress, anxiety arising from the pandemic from a variety of sources coupled with a swift and sudden change to their everyday lives may leave young people feeling unsure about the future, or displaying signs of poor mental health as a result.
- Multiple studies on the experiences of the pandemic highlight worsening mental health, especially for young people<sup>cxviii</sup>. Approximately one third of young people surveyed in one report stated that switching to remote learning had negatively affected their mental health, with 9% and 7% of young people hitting clinical thresholds for depression and anxiety, respectively<sup>cxix</sup>. Another third of respondents stated their anxiety had worsened, while almost half respondents noted feeling more depressed during the pandemic.



- Worries over the virus and the many ways it could impact their lives served as a source of stress for young people, ranging from becoming sick to losing contact with friends while in lockdown<sup>cxix</sup>. Anxiety over the wellbeing of family members, especially those who are immunocompromised, was also noted as a stressor during this time. Many older young people were worried about catching Coronavirus, passing it on to others, the safety of social spaces such as schools, and the potential for additional waves. Young people who are immunocompromised considered their physical health and catching the virus to be a noted worry of theirs as well.
- Anxiety and distress increased in young people, as well as feelings of loneliness and isolation. Loneliness was reported as a prominent concern with young people in Scotland, and can further damage already poor mental and emotional wellbeing. One report states that the 'shared experience' of the lockdown may have lessened the impact of loneliness, as loneliness involves 'social comparison' to take root<sup>cxixi</sup>. Despite this, loneliness and isolation remained as a core experience of the pandemic<sup>cxixii</sup>. This may be due to young people comparing their social lives pre-COVID-19 or comparing it to how they envisioned their life at present, as approximately 50% of young people aged 16 and older reported feelings of loneliness. For much younger children, loneliness was not as significant a problem as developing their initial social skills outside of the household and their families. Increased use in social media, phones, and video chat aided in mitigating feelings of loneliness as it enabled young people to connect to their friends and family. However, despite this, feelings of isolation were still persistent, bringing to light the benefits of in-person social interaction.
- Teachers and school staff identified increased mental health concerns, particularly around anxiety and the pandemic. Feelings of isolation among students were reported as well, especially during initial stages of online classes<sup>cxixiii</sup>. The loss of routine was difficult for many students, and difficulty engaging and concentrating on work was noted. Some parents reported weight loss in their children as a result of anxiety as well.
- Additional concerns noted by teachers was the barrier of remote learning to free school meals; students living in poverty expressed worry over the impact of the pandemic on their household and financial difficulties<sup>cxixiv</sup>. P1 and P2 students were identified as being particularly negatively affected by remote schooling as identified by teachers. Development of social skills and confidence were areas of concern for school staff and parents alike<sup>cxixv</sup>. In addition to reports of increased anxiety and loneliness, parents also reported an increase in irritability, inattention, and for younger children there was an increase in clinging behaviours to parents.
- Young people aged 13-25 were surveyed in January 2021 about their mental health in relation to COVID-19 and lockdowns in a Young Minds study; many respondents noted the surge of the omicron variant contributed to a resurgence of worsening mental health<sup>cxixvi</sup>. Three quarters of respondents stated their experience with quarantining was harder than initial lockdowns. Two thirds of respondents noted their mental wellbeing in the long-term would be affected by COVID-19; this was a result of a combination of factors, such as trauma and anxiety experienced throughout the pandemic as well as the impact to their education and employability.
- Incidents of domestic abuse increased over quarantine, as victims experienced lockdown beside their abusers. One report noted that 16 people, including 2 children, were killed in the initial weeks of lockdown<sup>cxixvii</sup>. U.K. evidence points to concern of a rise in domestic abuse during lockdown which young people experienced or witnessed<sup>cxixviii</sup>. This includes physical, emotional, or sexual abuse as well as exposure to abuse. As rates of poverty and deprivation increased alongside inequalities in Scotland, it is estimated that domestic violence increased as well. Experiences of abuse contributed significantly to feelings of isolation, further contributing to the trauma experienced over the pandemic.

## Different Experiences

- The impacts of COVID-19 were not equal, as different groups had varying experiences, often fairing worse than others. This was often the case for young people in care, disabled young people, non-white young people, and young people from deprived areas over the course of the pandemic. All of these groups of young people, according to the Lockdown Lowdown survey, were less likely to 'feel good' about their physical and mental wellbeing during lockdown. These young people also experienced anxiety over getting Coronavirus more so than young people not in these groups. LGBTQ+ students also faced a decline in mental and emotional wellbeing, with nonbinary young people fairing the worst across all genders during lockdown. Young people in these groups had already been dealing with difficulties specific to their experiences; COVID-19 served to add additional negative impacts on these
- When looking at differences in gender, girls reported a worsening of mental health much more than boys. General UK research as well as Scotland-specific research demonstrates this, with adolescent girls noting more significant declines in mental and emotional wellbeing<sup>cxix</sup>. Anxiety and depression during quarantine was reported, and for girls already struggling with poor mental health, the pandemic negatively impacted their wellbeing. Girls also reported a decrease in physical activity, more so than boys throughout lockdown.

The COVID-19 pandemic was experienced in different ways by young people throughout Scotland; while some saw a significant decrease in physical activity, others used lockdown as an opportunity to be more active. Mental health was negatively impacted by many, but for some young people certain sources of stress were no longer encountered, such as social anxiety or bullying at school. Some young people struggled with remote learning while others performed better at home. Through all of the nuance, it is important to remember the pandemic came with unique challenges to young people who live in more deprived areas and had already struggled with poor mental health or disengagement from school. This is true as well for young people who are looked after, non-white, disabled, and/or LGBTQ+.

## LOCAL TRENDS

While these trends are experienced on a national level, within the four local authorities covered by SSF, some trends take on more prominence than others. Outlined below are predominant trends in Glasgow, North Ayrshire, Stirling, and Fife that are unique to their areas.

### Glasgow

- Glasgow City currently has the highest rate of young people living in poverty in Scotland<sup>cxxx</sup>. Scottish government statistics estimates 34% of young people are living in relative poverty<sup>cxxxi</sup>. 77% of young people were reported to be living in unemployed households as well<sup>cxxxii</sup>. As a result of the COVID-19 pandemic, a third of families in Glasgow reported an increase in debt. 46% of families also reported a worsening financial situation as a direct result of the pandemic<sup>cxxxiii</sup>. Financial concerns of note included food insecurity, fuel poverty, accessing the internet, and the costs of housing and transportation. The COVID-19 pandemic saw families increasingly apply for social security benefits for being out of work at this time. Prior to the pandemic, Glasgow had already been recognized as having the most people on Universal Credit in Scotland. The COVID-19 pandemic saw a 40% increase of people in Glasgow receiving social security benefits, further highlighting the financial difficulties faced in this area<sup>cxxxiv</sup>.
- In Glasgow, youth obesity has been rising, and is estimated to have increased over the COVID-19 pandemic as a result of increased sedentary behaviours and poor eating habits.
- As of 2018/2019, Glasgow had one of the highest number of obese P1 children in Scottish cities, with 8.6% of P1 children being reported as obese or severely obese<sup>cxxxv</sup>. This is a 2.6% increase from the period between 2012-2015. As shown by the literature, a disadvantaged socioeconomic status and other living inequalities can affect weight and contribute to obesity, including access to healthy and nutritious food and accessibility of physical activity. As Glasgow has the highest rate of childhood poverty, these links and subsequent climbing rate of childhood obesity have been predicted, and are estimated to continue this trajectory as a result of the pandemic<sup>cxxxvi</sup>.
- The attainment gap in Glasgow is currently one of the poorest in Scotland.
- Government data comparing the gap between 2012 and 2019 show that Glasgow is making improvements on closing the gap, however it still remains quite wide. Currently, Glasgow is one of several local authorities who are participating in the Scottish Attainment Challenge. This initiative has demonstrated concentrated efforts in investing in closing the attainment gap. 83.2% of school leavers in Glasgow achieve 1 or more awards at SCQF level 5 or better, while 57.8% of school leavers achieved 5 or more awards at the same level<sup>cxxxvii</sup>. Though both of these scores are an increase between the years of 2013/2014 and 2018/19 by 2.7% and 8.1%, respectively, they are still both below the national average. National averages for 2018/2019 were 85.1% for 1 or more awards, and 64.3% for 5 or more awards. One study on the experiences of young people in Glasgow during the pandemic reported that quarantine had 'overturned' the improvements made in the years prior<sup>cxxxviii</sup>. Existing literature on the attainment gap show school breaks or any long period of time being away from school negatively affects attainment. Despite learning remotely, not having access to face-to-face support or being out of a traditional learning setting may have contributed to this. Inequalities disproportionately affected the learning experiences of students; as almost a quarter of young people live in poverty, many low-income families or households may have struggled in providing the resources, space and support students need while in school.

- As of 2019/2020, 10.5% of young people in Glasgow were not engaged or participating in school, employment, or training, which is higher than the national average of 7.9%<sup>cxviii</sup>.
- When accounting for the poverty-related attainment gap, Glasgow schools are seeing a significant difference between the performance of students from the most deprived areas and the least deprived areas by 30%<sup>cxli</sup>. For students achieving 5 or more awards at SCQF level 5 or better, approximately 50% of students from more deprived areas met this mark, while around 80% of students from the least deprived areas did the same. This is slightly wider than the national poverty-related attainment gap, and has shown to be a persistent issue.

### North Ayrshire

- North Ayrshire has been reported as one of the most deprived areas in Scotland, with 27.9% of young people living in relative poverty<sup>cxlii</sup>. This is an increase from before the pandemic, which saw child poverty at 24% of the youth population. Studies further estimate that this number will continue to grow to approximately 38% in the next 10 years<sup>cxliii</sup>. 52 of the 186 data zones in North Ayrshire fall within the 15% most deprived data zones in Scotland. 28% of North Ayrshire's population lives in these data zones, which is greater than the national average. In addition to this, 12 of North Ayrshire's data zones are in the top 5% most deprived areas of Scotland.
- Loss of employment rose in North Ayrshire as a result of the pandemic, with the economic inactivity rate rising from 10% to 24.8%<sup>cxliii</sup>. Similar to the whole of Scotland, inequalities impact various aspects of life, such as living in deprivation and attainment in schools. These all contribute towards difficulty maintaining steady employment, an issue that was already prevalent prior to the pandemic. For young people living in households where no one works, or for young people looking for jobs themselves, this poses a significant barrier to employment. In 2019, the unemployment rate for 18-24 year olds was 14.6%, 5 percentage points higher than the youth unemployment rate of Scotland<sup>cxliii</sup>.
- Accessibility to mental health resources, both before and after lockdown, is an area showing promise in North Ayrshire. Currently, the NHS operates an 18-week standard for referrals to CAMHS in order to ensure those needing mental health support are able to have a timeline for their care. As of 2017/2018, the average wait time between referral and reception of care in North Ayrshire for young people was approximately 10 weeks, one week less than the average waiting time for Scotland<sup>cxliv</sup>. Prior to standardising starting treatment within 18 weeks in 2014/2015, three quarters of young people seeking treatment in Ayrshire were able to receive mental health support through CAMHS. After standardising the 18-week referral, this number increased, with 2017/2018 reports showing 96% of young people in Ayrshire able to receive care. This demonstrates that by making mental health resources and support accessible, young people may be more willing to seek the support they need.
- However as noted in this report, criticism over the 18-week period has arisen as that amount of time alone is a significantly long wait to be treated for mental health difficulties and receive support that may be urgently needed.
- North Ayrshire has a higher percentage of looked after children compared to the national rates, with a 2019 study reporting 2.1% of looked after children in North Ayrshire and 1.4% nationally<sup>cxlvi</sup>.
- The reported rate of young people experiencing domestic violence is higher in North Ayrshire compared to Scotland. In 2018/2019, recorded incidents in North Ayrshire were 123.5 per 10,000, compared to 111.5 per 10,000 for Scotland. Current estimates are believed to have increased as a result of COVID-19 lockdowns<sup>cxlvii</sup>.

- Like Glasgow, North Ayrshire has one of the poorest attainment gaps in Scotland, and is also one of the Local Authorities participating in the Scottish Attainment Challenge. North Ayrshire had similar results to Glasgow, with 83.3% of school leavers achieving 1 or more awards at SCQF level 5 or better, and 60.7% of school leavers achieving 5 or more awards at the same level<sup>cxlviii</sup>. 9.4% of young people in North Ayrshire are not engaged or participating in school, employment or training. The poverty-related attainment gap for students living in the most and least deprived areas of North Ayrshire achieving 5 or more awards at level 5 in 2018/2019 was approximately 30%, at similar levels to Glasgow.

### Fife

- In Fife, an estimated 21% of young people live in relative poverty<sup>cxlix</sup>. Like other local authorities, the COVID-19 pandemic exacerbated poverty in Fife. Fife Council estimates that poverty rates, while already increasing prior to the pandemic, has more than likely increased as a result.
- Kirkcaldy Foodbank saw an increase of households with children receiving food through the pandemic, reporting 40% of receptions being for these households<sup>cl</sup>. Food insecurity pre-pandemic had already been at concerning levels in Fife, but like many inequalities the pandemic worsened food insecurity for households.
- Rural poverty brought unique difficulties to Fife, impacting areas and villages such as North East and Mid-Fife<sup>cli</sup>. Fuel poverty and debt contribute to experiences of rural poverty in these areas. Rural poverty also imposed additional restrictions on young people, such as the cost and accessibility of transport, both private and public<sup>clii</sup>. A lack of transport made commuting to public spaces and retail parks significantly more difficult, which often contributed to rising food insecurity in rural areas.
- In a similar vein, one study found that a lack of social cohesion due to rurality made it difficult for young people in Fife to make friends and build relationships. This would aid in building confidence and learning skills for navigating peer issues<sup>cliii</sup>. In addition to this, young people in Fife reported wanting a partnership or mentorship with a supportive adult who would make them feel that their views and perspectives were listened to and valued.
- Regarding physical activity, young people in Fife noted a lack of access to public spaces for play that were well maintained and felt safe. The lack of accessibility to spaces for play was often a barrier to being active. A study conducted with almost half of all young people in Fife found many young people wanted to branch out in the sports they played, such as water-based activities, team sports, and fitness activities<sup>cliv</sup>. Active transport was one of the most popular ways for young people in Fife to be active, with 79.9% of boys and 84.4% of girls, reporting participation. Sports like swimming, tennis, and football were listed as popular choices by young people. The weather was listed as one of the most significant barriers to sports and play, as well as transport and access to sports facilities.

### Stirling

- Stirling is recognised as a more affluent local area in Scotland, but poverty amongst young people still remains an issue. 21.3% of children in Stirling are living in poverty after housing costs; 38% of young people come from low-income families<sup>clv</sup>. This rate increases across different households in Stirling: in households with mothers younger than 25, 44% of children were living in relative

poverty. BAME households saw 37% of young people living in poverty, single parent households reported 36% of young people in poverty, and 32% of households with a child aged below 1 year experienced poverty<sup>clvi</sup>. This further varies by ward: Castle ward had the highest rate of young people living in poverty—1 in 3 children—followed by Bannockburn<sup>clvii</sup>. 8 of the 15% most deprived data zones in Scotland are in Stirling, and 5 of Stirlings data zones are in the 100 most deprived in Scotland<sup>clviii</sup>. These five data zones consist of 1 from Fallin and 4 from Raploch. 17.3% of households in Stirling were unemployed as well.

- Fuel poverty in Stirling is similar to that of the national average, with a 2019 report finding 32% of households experiencing fuel poverty and 7% experiencing extreme fuel poverty<sup>clix</sup>. This is compared to the 2019 national average of 36% of households experiencing fuel poverty and 10% experiencing extreme fuel poverty.
- Due to the proportion of people living in deprivation contrasts against the affluence in Stirling, ‘social polarisation’ can take effect, resulting in significantly different experiences of living in Stirling for young people<sup>clx</sup>. Where 1 in 3 young people in the Castle ward live in poverty, Dunblane and Bridge of Allan has 1 in 10 young people living in poverty, a stark difference that creates significantly different life experiences for young people in the areas overall<sup>clxi</sup>.
- More people in Stirling live in rural areas compared to national proportions, with 34% of residents living in rural communities while the national figure is 18%. Similar to Fife, unique challenges specific to living in rural areas can occur for young people. This includes transportation and access to community spaces and resources and higher potential for fuel poverty. Because of location, households may have to rely on alternative sources of fuel that can be more expensive, including electric storage heating and oil-powered heating<sup>clxii</sup>.

## FINDINGS & IMPLICATIONS

From conversations with staff and young people, similar trends found in the literature arose throughout all of the local authorities.

When asked about why they attended or returned to Scottish Sports Futures programmes and what they looked forward to, common answers were:

- Play sports and be active
- Socialise and see the friends they’ve made
- Enjoyed having something to do to get out of the house
- Increased confidence
- Gain volunteer experience, qualifications, and access other opportunities

Because sport is at the centre of Scottish Sports Futures’ mission, emphasis on physical activity in a variety of forms is placed in different programmes. For some, such as Shell Twilight, having the opportunity to play football or other sport was a significant reason behind attending sessions. Activity was often tailored to the group, which many young people appreciated if they weren’t keen on football or basketball. Of the girls who participated, several of them noted that they preferred having options such as games like tag as opposed to team sports, as the games were more accessible and enjoyable to them. Both boys and girls noted they liked having access to sports facilities and designated spaces for play as well. Many of the young people in this study reported being bored at home after school or in their community, and Scottish Sports Futures programmes provided an outlet to combat that boredom.



Positive interactions were a motivator to return to sessions across both Shell Twilight programmes and Active:2:Grow sessions. For many young people, the programmes served as a way to meet new people in their area and bond over shared goals and interests. Several of the young people who had been attending Shell Twilight sessions for several years noted they initially came for the sports, but made friends over time and that the relationships they had built motivated them to come out. As the young people at sessions may be coming from different school districts or neighbourhoods, these programmes offer opportunities for young people to socialise with other young people they might not have otherwise met.

Alongside socialisation with other young people, participants valued the relationships they had built with sessional staff. Especially for those that have been attending Shell Twilight programmes for years, as well as Active:2:Grow cohorts coming to the end of their programme, young people found themselves forming trusting and supportive relationships with staff members they otherwise may not have outside of programmes. For some young people, these relationships inspired them to form goals for positive destinations that emulated their staff, including one day volunteering with SSF or other similar organisations.

Almost all of the young people noted that their lockdown was ‘boring’, ‘isolating’, and stressful. While at first many of the young people enjoyed staying home from school, this quickly devolved in monotonous routine that some described as ‘rough’. Participants missed their friends, struggled with quarantining with their household, and an increase in sedentary behaviours. Most of the young people, when comparing their lockdown experiences to their current situation, identified the Scottish Sports Futures’ programme they attended as helping ease out of the transition from lockdowns. Aspects of their programmes which contributed to this were similar to the reasons for why they initially attended sessions; access to sports and facilities and positive socialisation. Being active and socialising, whether with other young people or staff they had formed relationships with, is what many of the participants considered the catalyst for improving their outlook coming out of lockdown and as they currently navigate the pandemic.

Speaking with staff members expanded on young people’s responses. Young people, when attending programmes regularly, flourished in terms of improved behaviour, social skills, engagement in sport, resilience, and confidence. Reflecting on lockdown, staff made note of the toll the pandemic had on the mental health of the young people, especially those coming from disadvantaged backgrounds. Coming out to sessions helped to mitigate this, alongside making sure young people felt supported. Establishing trusting relationships between staff and participants was regarded as important to show young people that they were supported by an adult in their lives, something they may not have outside of Scottish Sports Futures’ programmes. By forming a trusting relationship with staff, some staff had noted the participants felt more comfortable socialising and building trusting relationships with other young people.

Noted by young people and staff was the significance of said meaningful and trusting relationships between participants and staff. For the SSF Chance:2:Be programme, having a role model to support the young person as they bridge the gap between school and a positive destination, made a difference in motivation and goal-setting. Establishing a trusting relationship with an adult to help them navigate adolescence when they may not have a similar relationship at home or school, made young people feel more supported. Feelings of support and the resulting positive impact was noted in the Active:2:Grow cohorts and Shell Twilight participants as well. Where young people had formed positive and supporting relationships with staff, staff members noticed an increase in socialisation, confidence, and positive behaviour. Being able to trust the adults they interacted with at programmes made them feel more comfortable in participating in activity and engaging with others as well.

An increase of confidence was reported by many staff members regarding the progress of young people over time. For some young people, this could be as simple as requesting specific activities for sessions. This usually demonstrated that not only were they establishing their wants by bringing it to the attention of staff members, but also displayed confidence in their ability or want to participate alongside other young people. Confidence also came in the form of participants becoming more social and initiating more conversations with staff and other young people. Skills like confidence and socialisation were noted as important for the transition from primary to secondary school, and by building them up and reinforcing them, the young people felt better prepared.

Picked up by sessional staff was the progression and regression of behaviours each week. One coach stressed that young people can have good days and bad days, but to 'not hold the bad against them' as they're still learning how to regulate behaviours. School was noted as a very influential stressor for young people, and that a bad day or interaction at school often carried over into the programme session. Staff members stated that even if the young person arrived feeling upset, the session gave the young person an opportunity to work through their feelings. This could be done by talking with staff, having positive and uplifting interactions with other young people, or using the activity as an opportunity to de-stress. Regardless of bad days, staff noted they were happier to see the young people at the session as opposed to engaging in antisocial behaviour or participating in health-harming behaviours.

Another point of note for each session, as acknowledged by staff, was providing food to participants. At each session, food ranging from snacks and drinks to hot meals were always provided to young people, often dependent on the programme itself and which local authority the programme was held in. In Glasgow Active:2:Grow programmes, a hot meal was common; staff noted that rates of food insecurity was a concern, and sought to provide enough to eat. This was done universally without assumptions of home life or if the young person was experiencing food insecurity, so as to ensure the young person did not feel singled out or made to disclose information they were not comfortable sharing.

Regarding COVID-19 lockdowns, changes in behaviour post-lockdown were reported by staff. Both boys and girls displayed behaviours in which they would act in specific ways to garner attention from other participants and staff. This could be in the form of being loud, interrupting others, making others aware that they chose not to engage in activities, or using hurtful language. One staff member noted instances of 'faked' confidence from young people using these behaviours, as a way of portraying themselves as happy and confident even though the feelings weren't genuine. Staff estimates for why this behaviour became more prevalent pointed to coming out of an isolating social experience, and seeking out immediate social interaction and acknowledgement. Consistent participation in programmes and socialisation helped to mitigate these behaviours.

The gender makeup of programmes also showed a pattern that staff commented on: in programmes aimed primarily at sport, such as Shell Twilight, participants were primarily boys. Active:2:Grow, which focuses on mental and emotional wellbeing with the inclusion of activity, tended to attract more girls. SSF Chance:2:Be cohorts were mostly boys as well, though participants are referred for this programme. This makeup was rarely a surprise, with many staff members confirming that primarily sports-based programmes attracted boys while mental health-oriented programmes saw more girls. When asked why they believed this pattern arose, responses included:

- Girls may not receive the same training or sports opportunities that boys do at their schools, and some girls may not feel as prepared for the sport as the boys do
- Social anxiety and anxiety over skill level; girls may worry they won't perform as well in the activity and hold themselves back
- Conversely, programmes that included a lot of socialising appealed to girls



- Boys were less likely to come forward to talk about their mental health compared to girls, however they were referred more than girls to SSF Chance:2:Be based on behavioural difficulties and antisocial behaviour
- In the case of SSF Chance:2:Be, behavioural problems with boys were easier to identify than in girls as it was often physical or used loud voices. Issues with girls were characterised as more passive, which can be easily hidden and disregarded

In terms of encouraging girls to participate more in sports, staff explained the benefit of not pushing young people into playing the sports, but rather letting them approach participating on their own time and terms. This aided in building confidence in themselves and their ability. Staff members regularly took part in activities, but one staff member noted that her participation was intentionally geared towards encouraging girls to participate. By demonstrating to other girls she had no issue participating regardless of her ability, and additionally acting as a role model for girls in the activities, the participants felt more comfortable taking part in activities.

Through methods like this, staff saw a direct connection between actively taking part in games and sport, and the development of their self-identity—especially with girls. As noted, boys were much less likely to initially speak about their mental health, however by establishing the trusting relationships with staff, it became easier to do so. Creating a safe space and making it known to male participants they were welcome at any time to speak about what they were dealing with, eventually allowed boys to feel comfortable regarding their mental health. In bridging gaps with gender, staff saw success in making the spaces the young people were in feel safe enough to approach them on their own.

## DISCUSSION & CONCLUSION

From the literature, it is evident that young people across Scotland are navigating a variety of challenges, with variations specific to local authorities. Especially considering the impact of the pandemic, looking at how young people have fared across Scotland and what they are navigating in their lives, can better equip organisations aimed at working with young people to leave a positive and lasting impact on their lives. In addition, knowing what trends affecting young people that can branch into adulthood, can help pinpoint the tools that can be provided to them now to aid in improving their future conditions.

Future considerations when working with young people, as identified from the literature and findings from interviews, are outlined below.

A variety of studies demonstrate the health benefits of participating in sport and regular physical activity, both as a young person and into adulthood. The risk for health issues such as cardiovascular disease, diabetes, types of cancer, hypertension, obesity, osteoporosis, and premature death has been shown to decrease amongst people who take part in regular physical activity<sup>clxiii</sup>. Though not as many studies have been released focusing on mental health and sports, those that are in publication point to an improvement of emotional wellbeing as well as consistent physical activity. One study found regular involvement in sport to reduce anxiety, health harming behaviours, depression, and improves overall brain health<sup>clxiv</sup>. Social isolation decreases, which can positively impact mental health through the development of teamwork and social and communication skills.

Taking part in sport can also help to build social capital and establish a sense of belonging while engaging with community and team members. Positive social and community engagement has been linked with better regulation of emotions and strengthening resilience. Positive social connections,

especially mentorships, have been shown to contribute towards building resilience and confidence, as well as improve social competencies<sup>clxv</sup>. Across age groups between 7 and 14-years-old, one study found physical activity was positively related to emotional regulation. In the same study, being physically active ‘positively predicted academic achievement through emotional self-regulation’, demonstrating one of many benefits to physical activity and sport from young ages<sup>clxvi</sup>.

Utilizing skills and behaviours learned from sports and activity, as outlined, can later influence and impact behaviours outside of activity-based programmes, such as:

- Building and reinforcing resilience to aid in mitigating the effects of ACEs and navigating trauma later in life<sup>clxvii</sup>
- Improved regulation of emotions, aiding in engagement in school<sup>clxviii</sup>
- Community and school engagement, which can contribute to identifying future goals and establishing plans for positive destinations<sup>clxix</sup>

Learning these skills and investing in personal development can improve future outlooks for young people. From interviews with staff, personal development was a turning point for many young people, and contributed to improved confidence and socialisation. These were the points where staff noticed young people setting goals, initiating positive social interactions, and showing evidence of resilience. Participating in sports and physical activity are ways to engage young people in personal development to combat poor physical and mental health, as well as contribute towards developing positive behaviours to aid them in school, their communities, and their futures.

Being involved in sport relates to improving the noted trends in this report, however the overall accessibility of sports is not equal. Gender can disproportionately impact interactions and involvement in sport and may require review in how it is delivered to ensure it is enjoyable for everyone involved. Sports should also be made accessible to disabled young people; organisers of sports often do not know how to include or adapt activities to be inclusive to young people with disabilities, ultimately leaving them out.

- One way to adapt activity to groups that may be or feel excluded is to gather feedback on what they want or would prefer to have included.
- Furthermore, additional research on how best to include groups while still maintaining activities enjoyed by others – such as team sports enjoyed by boys and individual sports preferred by girls— would be beneficial to provide a more inclusive experience.
- Having access to or living in an area with safe and positive spaces for sports and play can encourage involvement in sport.

Establishing trusting relationships with adults, including mentorships, can aid in fostering confidence in young people. As many young people were recorded in the literature feeling that their views or concerns were not properly acknowledged by the adults in their lives, having an adult who does take their feelings into consideration can make a significant difference in how they navigate social relationships. This was also seen with participants in this report, as feeling seen and heard by adults in their lives aided in building confidence. In addition to this, having a mentor or role model figure can help to build confidence and also encourage goal setting as it pertains to confidence in one’s future. Interviews with both participants and staff showed that young people were more inspired to make future plans for themselves as a result, which could aid in reaching positive destinations.

As noted, strengthening resilience from a young age has been found to mitigate effects of trauma and ACEs. One study found having a stable, supportive, and trusting relationship with an adult, whether it be parent, guardian, or mentor to be a consistent factor in learning about and building resilience<sup>clxx</sup>. Other studies have confirmed this, highlighting the benefit of mentoring programmes specifically in improving confidence, socialisation, and most significantly being resilient<sup>clxxi</sup>.

One of the best ways to combat the attainment gap is early intervention, as this is when the gap first comes into place. This includes parental engagement with their child’s learning and can look like helping them study or with other take-home work, and otherwise encourage their learning. Targeted interventions in more deprived areas and disadvantaged communities to provide better education and improved facilities can also help. Free tutoring and mentoring can help with the poverty-related attainment gap as well.

For older young people, providing opportunities for training, qualifications, assistantships, traineeships, and internships can have a positive effect on attainment. This can also aid in increasing employability for disengaged students. Young people who are disengaged from school would benefit from being provided with opportunities that will help them reach positive destinations after school, whether this is volunteer opportunities, training, apprenticeships—something that will help them land on their feet should they leave school or are disengaged throughout. Helping young people learn valuable skills or preparing them for interviews and CV writing, and other practical guides can make a significant difference in them being able to determine goals and end up in a positive destination. By making these students more desirable to employers, they become equipped with valuable skills which prepares them better for the future work force or higher education. By even providing them with opportunities, young people can become encouraged to set goals and decide on positive destinations after school.

The Robertson Trust identified ‘effective support’ of vulnerable young people as including a trauma informed practice<sup>clxxii</sup>. Using support that is trauma informed is not only beneficial to the young person’s wellbeing, but necessary to prevent any re-traumatisation and fostering a truly safe space. Organisations which work with vulnerable youth populations should educate staff about trauma and how best to work with young people while being mindful of potential triggers. Practices should be aimed at understanding how trauma impacts young people and the weight of it and integrates this education as well as approaches which reduce the risk of re-traumatisation.

## APPENDICES

### Appendix A: Methodology

#### PAPER AIMS & SCOPE

The aim of this report was to identify through available research the trends and challenges affecting young people in Scotland, as well as the four local authorities covered by Scottish Sports Futures. Trends including the ones presented in this report were identified; this paper is not meant to be a systematic review nor is it an exhaustive report of all challenges young people in Scotland face. Instead, this project sought to identify key themes and trends that played prominent roles in the lives of young people. In addition, the interviews were also conducted with a similar scope in mind, in that the findings are not exhaustive considering the sample used. All participants were informed and interviewed through Scottish Sports Futures, with the knowledge on both ends of the participant and interviewer of the association with Scottish Sports Futures. The interview portion of this report should not be regarded as definitive of the experiences of young people or observations of such. Rather, it should be viewed within the context of participants in an environment targeting physical activity, emotional wellbeing, and personal development, instead of a random sample of young people.

The overall intention of this report is meant to serve as guidance for future strategy specific to Scottish Sports Futures when working with vulnerable young people across Scotland but can be used in further identifying and understanding key challenges of young people.

#### METHODS

##### Review of Literature

- Initial stages of the report consisted of a non-systematic rapid review of literature. Reports and journal articles from 2015 to present were prioritised. Special consideration regarding delays in research or outdated statistics were taken into account, as the COVID-19 pandemic halted or delayed multiple updates on relevant information and data. Where this occurred, the most recent data was used, and the year it was from was indicated. When a report from over ten years prior was identified or used, it was done so with an understanding of possibly dated information. If used, this consideration was carried into the report for transparency. Literature focusing on Scottish youth was prioritised as well; where studies using a sample pool of the entire U.K. or other country, this was also indicated. Studies which did not include Scottish participants or young people were noted, and if additional literature provided estimates for a Scottish sample, this was included.
- For specific information regarding local authorities, areas within the local authorities, and data zones were retrieved from Improvement Service's Community Planning Outcomes Profile<sup>clxxiii</sup>. All data used in this tool has been updated to the year 2019, with some information from 2012/13.
  - After identifying recurring trends and challenges, the most prominent and relevant trends were selected for this report.

## Interviews

- Interviews for this report sought to further identify key themes in the experiences of young people, as well as gain first-hand observations on the impact of sport and activities on the lives of vulnerable young people.
- Interviews with both staff and young people were semi-structured; approximately four questions were prepared, however conversations often took their own path. Young people were asked questions on why they participated in, initially came to, or kept returning to Scottish Sports Futures programmes and what they looked forward to at sessions. Additional questions covered things they had learned about themselves and personal development, as well as reflect on early COVID-19 lockdown experiences and how they feel now. There were no direct questions on negative challenges they experienced nor any questions specifically regarding their home life, as this may be sensitive information or contribute to traumatising/re-traumatising the participant.
  - Due to the sensitivity of interviewing young people and inherent power dynamics, young people were interviewed in spaces with other young people and staff to ensure comfort.
- Interviews with staff provided observations of young people and the progress they had made after regularly attending programmes for periods of time, some as long as 5 years. This included a short-term period, such as over the course of one session, and over long-term. Additional questions noted any patterns, concerns, or challenges they had observed in the young people. Staff were then asked what they believed the role of Scottish Sports Futures played in participants lives, and the practical benefits of participation. Final questions focused on the participation of girls, and why some programmes attract more boys than girls. Discussions on the gender difference included observations by staff and interactions with both boys and girls at sessions, as well as encouraging young people to engage in sport or activities regardless of gender.
  - Interview notes were then coded for prominent themes and cross-referenced with data from the literature.

## Limitations

- As noted, the review of the literature was not systematic, and at many times accounted for gaps or delays in updated data as a result of the COVID-19 pandemic. Some studies with relevant data or information were not inclusive of a Scottish sample that could be used to directly reflect on young people in Scotland or the four local authorities included. Additionally, where local authorities were concerned, reports and data provided for one local authority may not have been available for another local authority. As a result, some sections were not as comprehensive as others due to a lack of relevant data.
- In addition to this, interviews are not comprehensive of the experiences of young people across Scotland and are specific to the context of Scottish Sports Futures programmes and participants.

## Appendix Ba: Trends: Physical Health

- The rates of young people being physically active and meeting guidelines in 2019 is 69%, a decrease from 76% in 2016<sup>clxxiv</sup>.
- Activity levels between boys and girls differ; 68% of girls are meeting activity guidelines compared to 71% of boys. The physical activity levels of boys is a decrease from 79% in 2016.
- Young people aged 8-10 years old are the most active amongst young people, with 79% meeting activity guidelines. This is compared to 78% of 5–7-year-olds, and 53% of 13–15-year-olds and 11–12-year-olds.
  - In a separate study of just 10–11-year-olds from 2017, this age group averaged 73 minutes of physical activity a day, exceeding NHS physical activity guidelines<sup>clxxv</sup>.
  - Boys in this age group were more active than girls, spending approximately 78 minutes in ‘moderate to vigorous physical activity’, compared to girls spending 68 minutes being active.
- Young people aged 2 to 15 averaged 3.6 hours being sedentary on weekdays and 4.9 hours per day being sedentary on weekends<sup>clxxvi</sup>.
- Current sedentary behaviours of young people exceed guidelines of 2 hours per day, with 68% of young people aged between 11 and 15 watching television for more than two hours a day, 56% playing computer games more than 2 hours per day, and 63%-66% of young people spending time other than gaming on the computer. Boys across this age group were more likely than girls to be sedentary more than guideline recommendations. 70.6% of boys aged 11 to 15 watched television more than recommended guidelines compared to 65.3% of girls. 71.3% of boys exceeded guidelines with computer gaming compared to 42.3% of girls. For computer use not including gaming, 63% of boys exceeded guidelines compared to 66% of girls<sup>clxxvii</sup>.
- From the study focusing on young people in Scotland aged 10-11, sedentary behaviours averaged to 7.5 per day, 7.7 hours per day on weekdays and 7.1 hours per day on weekends<sup>clxxviii</sup>.
  - Sedentary behaviours in this age group did not vary significantly between boys and girls: boys were sedentary for 7.4 hours a day, and girls were sedentary for 7.6 hours a day.
- A small percentage, 4.9%, of young people aged 14 reported not being active at all during the week. 27.8% of young people in this age group reported being active 1 to 3 hours per week, 34.4% of young people reported being active for 4-6 hours per week, and 32.9% of young people reported being active for 7 or more hours per week<sup>clxxix</sup>.
- 36.2% of boys aged 14 reported being active for more than 7 hours per week compared to 29.6% of girls aged 14. Conversely, 31.4% of girls from this age group reported being active for 1 to 3 hours per week, compared to 24.2% of boys.
- 23.2% of disabled young people aged 14 reported meeting NHS activity guidelines each week compared to 34.6% of non-disabled young people in this age group. Disabled young people at this age were more likely to be active for 1 to 3 hours per week, with a reported 37% compared to 26.2% of non-disabled young people. Disabled young people were also more likely to report, at 10.9%, to not be active at all during the week, compared to 3.8% of non-disabled young people.
- 1 in 7 children aged 2 to 15 meet recommended guidelines for fruit and vegetable consumption, with 16% of girls meeting these guidelines compared to 12% of boys. Children aged 2-4 were more likely out of this age group to meet these guidelines at 20%, compared to 13% of 5 to 7 year olds, 11% of 8 to 10 year olds, 14% of 11 to 12 year olds, and 13% of 13 to 15 year olds<sup>clxxx</sup>.
- 73% of young people aged 7 to 11 were in a healthy weight range, compared to 68% of 2 to 6 year olds and 62% of 12 to 15 year olds.



- Approximately 16% of young people are at risk of obesity, with not significant differences between boys and girls. 30% of young people are at risk of being overweight.
- In 2019, 68% of young people aged 2-15 were at a healthy weight for their age group, a 2% decrease from 2018<sup>clxxxii</sup>.
- Regarding location of activity, 92% of young people utilised 'local pavements and streets', 77% of young people used homes and gardens, 51% used open green spaces including 'playgrounds or parks', 48% used 'open spaces/parks', 39% used 'woodlands', 22% used 'country paths', 22% used 'beaches/rivers', 35% used a 'swimming pool', 26% used a 'gym/sports centre', and 25% used a 'sports field/outdoor court'<sup>clxxxii</sup>.





## Appendix Bb: Trends: Poverty

- As a result of the pandemic, updated data on child poverty is limited. Recent data shows:
- In 2019/2020, 26% of young people in Scotland were living in relative poverty, and 23% were living in absolute poverty. 12% of young people were living with combined material deprivation and low income, and 10% of young people experienced persistent poverty<sup>clxxxiii</sup>.
- During the 2017/2018 fiscal year, 24% of young people in Scotland were living in poverty, or 240,000<sup>clxxxiv</sup>.
  - This is compared to approximately 20% of the population of Scotland living in poverty
  - Families that have a mother under the age of 25, a disabled family member, 3 or more children, a child under the age of 1, is an ethnically diverse household, unemployed households, or is a single parent household is more likely to experience poverty.
  - 56% of young people living in households with a mother under the age of 25 were living in poverty
  - 40% of young people living in households with a disabled family member were living in poverty
  - 32% of young people living in a household with three or more children were living in poverty
  - 30% of young people living in a household with a child under the age of one were living in poverty
  - 40% of young people living in an ethnically diverse household were living in poverty
    - This varies further by ethnicity, with 38% of 'mixed, Black, or Black British' families living in poverty, and 34% of 'Asian or Asian British' families living in poverty.
  - 41% of young people living in single parent households were living in poverty
  - Overall, 83% of young people meet or experience one or more of the aforementioned risks
- Regarding working households,
  - 54% of families living in unemployed households were living in poverty
  - 30% of families living in a household with parents or guardians working part-time jobs were living in poverty
- 65% of young people in living in poverty were in working households<sup>clxxxv</sup>
- Prior to the pandemic, the amount of young people living in poverty was anticipated to increase in amount by 50,000<sup>clxxxvi</sup>
- In 2017-2020, 13% of young people were reported to be living in combined material deprivation and a low-income household
- During this time, 10% of young people were living in persistent poverty, compared to 10% of working-age adults and 11% of pensioners<sup>clxxxvii</sup>.
- 18% of young people across Scotland have limited resources<sup>clxxxviii</sup>
- As of 2021, people living in the most deprived areas of Scotland are: '18 times more likely to have a drug-related death', 'more than four times more likely to have an alcohol related death', and 3 times more likely to die by suicide compared to less deprived areas<sup>clxxxix</sup>.
- Boys living or from more deprived areas have an average life expectancy of 47 years, and girls have a life expectancy of 50 years. Compared to young people from less deprived areas, this is 25 and 21 years less for boys and girls.
- Overall, poverty levels for Scotland are lower compared to the late 1990s, when almost 25% of people in Scotland were living in poverty. Currently approximately 20% of people in Scotland are living in poverty, which is a steady rise from 2011.



- 19% of young people living in rural areas of Scotland are living in poverty. Looking at accessible and remote rural areas, 12% of young people in accessible rural areas have limited resources, and 13% of young people living in remote rural areas have limited resources<sup>cxv</sup>.
- This is compared to 26% of young people in urban areas of Scotland living in poverty, and 20% of young people in urban areas who have limited resources.
- Overall, 15% of people living in rural areas of Scotland are living in poverty.
- The rate of young people living in poverty in urban and rural areas is not proportionate to young people from these areas registered for free meals: in remote and accessible rural areas, 10% of young people are registered for free school meals. Compared to young people in urban areas, 26% of young people in poverty in these areas are registered for free school meals.
- In 2019, 14% of young people aged 2-15 met the recommended five or more portions, or 400g, of fruits and vegetables in their daily diet, a decrease from 15% in the year prior<sup>cxvi</sup>.
- 9% of the Scottish population were food insecure in 2019, with a higher prevalence for those aged 16 and older<sup>cxvii</sup>.

## Appendix Bc: Trends: Attainment

- Performance in literacy and numeracy is impacted by deprivation and socioeconomic background as early as age 5; some young people from more deprived areas can be as far behind as 10 months in ‘problem-solving development’ and 13 months in vocabulary<sup>cxci</sup>.
- The poverty-related attainment gap continues to grow through school; for young people aged 12-14, those from less deprived areas performed twice as well in numeracy compared to young people from more deprived area.
- From primary into secondary schools, a gap in performance in schools is evident between young people from more deprived areas in Scotland compared to young people from less deprived areas. In 2015/2016, the Scottish Survey of Literacy and Numeracy identified gaps in numeracy and literacy between students from more deprived areas and less deprived areas, with ‘14-17% for reading, 21% for writing, and 12-28% for numeracy’.
- Overall performance of ‘well’ or ‘very well’ as identified by the Scottish Survey of Literacy and Numeracy for P4, P7, and S2 students decreased between 2013 and 2015, with S2 students least likely to meet marks of ‘well’ or ‘very well’ at 40% in 2015 compared to 66% of P4 and 66% of P7 students. Similarly, in writing, S2 students were less likely to perform ‘well’ or ‘very well’ in writing compared to P4 and P7 students, at 49% in 2016 compared to 62% and 65%, respectively. Performance in reading varied, with 82% of S2 students performing ‘well’ or ‘very well’, compared to 77% of P4 students and 88% of P7 students<sup>cxci</sup>.
- From 2016 to 2019, however, the combined rates of P1, P4, and P7 students meeting expected marks for literacy and numeracy demonstrate that the poverty-related attainment gap is closing, as well as a general improvement of scores. As of 2019, the combined rate of P1, P4, and P7 meeting expected marks in numeracy had a gap of 16.8%, a decrease from 2016, which had a gap of 17.6% in numeracy. Similarly, for literacy marks, the gap for 2019 was 20.7%, compared to the 2016 gap of 22.1%. Performance rates for students from more deprived areas has increased as well, with 71.7% of students from SIMD quintile 1 meeting expected numeracy marks, a 3% increase from 2016. In literacy, 63.1% of students from SIMD quintile 1 met expected marks, a 3.8% increase from 2016<sup>cxci</sup>.
- Similar improvements are seen in S3 numeracy, with a gap decrease from 14.9% in 2016 to 13.5% in 2019. S3 students from SIMD quintile 1 saw an improvement in numeracy, with an increase in meeting expected levels from 80.5% in 2016 to 82.9% in 2019. S3 expected marks in literacy varied; the gap in 2019 was 13.8%, an increase from 13.3% in 2017 and 13.6% in 2016. S3 students from SIMD quintile 1 met expected literacy levels at a slightly higher rate compared to 2016, with a percentage of 81 compared to 80.7%, but decrease by .2% from 2017.
- Girls (16.4%) reported enjoying school and learning more than boys (11.6%) and reported feeling more pressure to do well in school than boys, with 26.3% of girls feeling this way compared to 19.8% of boys<sup>cxci</sup>.
- Disabled young people (10.2%) were more likely to ‘hate’ being in school compared to non-disabled young people (3.1%)
- Overall, the gap itself in performance of students from more deprived and less deprived has gotten smaller, with 90% of school headteachers seeing promising change, and 96% of headteachers able to identify what they needed to do in order to help close the gap in schools<sup>cxci</sup>.
- 91.9% of young people reported engaging or trying their best in school, compared to 4.8% of young people who reported ‘always’ misbehaving in school. 23.1% of young people noted feeling pressure to perform well in school ‘quite a lot’, with 6.4% of young people feeling ‘a lot’ of pressure. This is compared to 16.4% of young people not feeling pressured over schoolwork<sup>cxci</sup>.

- From 2009/2010, the gap between students on either end of SIMD deprivation levels achieving 1 or more awards at SCQF level 5 reduced by 12.5%, from 33.3% to 20.8%. This promising gap decrease is seen at SCQF level 6, with a reduction from 45.6% to 36.1%<sup>ccix</sup>.
- Participation in education, training, or employment for young people aged 16-19 is slightly less for students from more deprived areas, with 88.6% of these young people participating, compared to 96.5% of young people from less deprived areas<sup>cc</sup>.
- The gap between school leavers achieving 1 or more awards at SCQF levels 4 and 5 for students from the most and least deprived areas in Scotland is at 6.7% for SCQF level 4, and 20.2% for SCQF level 5, as of 2019. There is a gap of 35.8% of students from the most and the least deprived areas achieving 1 or more awards at SCQF level 6 or above as well.
- Compared to young people from less deprived areas, students from more deprived areas are only one-third as likely to go on to university after school. Regarding employment after school, 12% of 'low attainers' are likely to be unemployed, compared to 4% of students who perform well in school. 'Low attainers' are more likely to work part-time or earn less than students who performed well in school, with 12% of low attainers working part-time opposed to 6% of other students<sup>cci</sup>.
- Young people from more deprived areas, at 27.8% for SIMD quintile 1, were more likely to see themselves going to college compared to young people from less deprived areas, at 7.8% for SIMD quintile 5. Conversely, young people from more deprived areas were less likely to see themselves going to university, at 39.1%, compared to young people from less deprived areas, at 57.5%. Boys were more likely than girls to report not knowing what their plans after school would be, at 24% compared to 18.1%. Girls were more likely to report wanting to go to college (17.8%) or university (57.1%), compared to boys (12.4% and 38.2%, respectively)<sup>ccii</sup>.

## Appendix Bd: Trends: Mental Health

- Using a WEMWBS (Warwick-Edinburgh Mental Wellbeing Scale) score, which ranks mental wellbeing on a scale from 14 to 70 with 70 being a higher wellbeing, young people aged 13-15 averaged 51.0, with boys reporting a score of 52.0 and girls averaging a score of 49.9. Looking at differences by area deprivation, young people from less deprived areas scoring 51.8, compared to young people from more deprived areas scoring an average of 50.8<sup>cciii</sup>.
- In the *Life at Age 14* (2022) report, 47.2% of young people reported feelings of depression lasting for several days or longer. Almost 75% of these young people noting having difficulty concentrating, and 50% of them had thought about death. 13.9% of respondent had experienced mental health difficulties that lead to them seeking out and/or receiving care and support for their wellbeing. 11.6% of participants reported self-harming in the 12 months prior to the survey. 43.6% of those feeling depressed had noted these feelings began as a result of experiencing traumatic events. Feelings of depression was reported the most as lasting most of the day, with 41.2% of participants experiencing depression at this length. 26.8% of participants reported feelings lasting for half of the day, and 15.9% of participants noting feelings lasting for less than half of the day<sup>cciv</sup>.
- 46.5% of young people who experienced depression also noted changes in their weight, whether gaining or losing weight.
- In conjunction with lasting feelings of depression, 82.2% of participants who experienced depression had felt low on energy or more tired than usual.
- 56.4% of girls reported feelings of depression compared to 38% of boys. Of the girls experiencing depression, 87.6% of girls reported feelings of low energy compared to 74% of boys. 79.1% of girls reported feeling 'down on themselves', 77.8% reported having trouble concentrating, and 53.7% reported thinking of death. This is compared to 61.4% of boys feeling 'down on themselves', 64.8% having trouble concentrating, and 44% reported thinking about death. 18.6% of girls reported seeking help for mental health difficulties, compared to 9.1% of boys. Girls were more likely to report self-harming compared to boys, with 16.2% of girls reporting this compared to 6.9% of boys.
- 62.8% of disabled young people reported feelings of depression, compared to 44.6% of non-disabled young people. Disabled young people were also more likely to report these feelings lasting all day, at 23.3% of disabled participants, compared to 14.4% of non-disabled young people. 56.2% of disabled young people who experienced depression reported thinking about death, compared to 48.4% of non-disabled young people. 31.7% of disabled young people had sought help or support for mental health difficulties, compared to 10.9% of non-disabled young people. 20% of disabled young people reported self-harming, compared to 10.2% of non-disabled young people.
- Looking at wellbeing, young people predominantly felt satisfied with their lives: 63.6% of young people reported feeling that 'their life was just about right', and 74.8% of participants reported feeling that they had 'what they wanted in life'.
- 73.8% of young people noted agreeing 'completely' that they 'had a trusted adult to talk to'. Boys were more likely than girls to feel this way, with 77.5% of boys feeling this way compared to 70.5%. 69.2% of disabled young people felt this way, compared to 74.6% of non-disabled young people. 19.3% of young people reported that when something worried or bothered them they kept their feelings to themselves.
- Adolescent girls often have poorer mental and emotional wellbeing compared to other age groups amongst young people and compared to boys. 44% of 15-year-old girls reported 'two or more psychological health issues', compared to 21% of 15 year old boys<sup>ccv</sup>.

- 30% of girls reported ‘more frequent psychological health complaints’ compared to boys, at 17%<sup>ccvi</sup>.
- An anonymous survey for children in care aged 10-17 showed 32% of young people in care had self-harmed<sup>ccvii</sup>.
- One study surveying disabled young people aged between 5 and 18 found 1 in 3 disabled young people experiencing feeling depressed.
- Regarding wait times for CAMHS support, care, and/or resources, almost 12,000 young people are waiting to be seen by CAMHS. This is an increase from 9,699 people in the year prior. 56% of the young people currently waiting have been waiting for over 18 weeks, the standard or maximum expected time length for receiving care<sup>ccviii</sup>.
- Almost 1 in 3 boys felt that adults in their lives did not take their feelings or views into account when making decisions about their lives, and 45% of girls felt the same. Young people from more deprived areas were less likely to feel that adults in their lives took their views or feelings into account, at 45% feeling they did not, compared to 30% of young people from less deprived areas<sup>ccix</sup>.

## Appendix Be: Trends: ACEs and Trauma

- The original US-based ACEs study found that 2 thirds of participants had experienced 1 or more ACE, and over 20% had experienced 3 or more ACEs. Similar comprehensive research focusing on ACEs for young people and adults to capture percentages of these experiences in Scotland is limited, however estimates from similar studies in England (50% of participants experienced 1 or more ACEs, and 8% experienced 4 or more ACEs) and Wales (50% of participants experienced 1 or more ACEs, and 14% experienced 4 or more ACEs) bring estimates to 500,000 to 750,000 of people in Scotland with 1 or more ACEs<sup>ccx</sup>.
- One study estimates that two thirds of children in Scotland by age 8 will have experienced at least one or more 'ACE-related factor', as well as 1 in 10 children potentially experiencing 3 or more 'ACE-related factors'<sup>ccxi</sup>.
- 15% of adults in Scotland reported having experienced 4 or more ACEs. Adults with 4 or more ACEs in Scotland were less likely to be in higher education, at 28%, compared to 39% of adults with no ACEs. The most common reported ACE amongst adults was verbal abuse at 47%, followed by 28% experiencing physical abuse, 24% experiencing 'household domestic violence', 23% experiencing divorce, 19% experiencing 'household mental illness', 16% experiencing 'household alcohol abuse', 7% experiencing sexual abuse, 5% experiencing 'household drug abuse', and 3% experiencing 'incarceration of a household member'<sup>ccxii</sup>.
- 20% of adults with 4 or more ACEs lived in the most deprived areas of Scotland, compared to 11% of adults with 4 or more ACEs living in the least deprived areas of Scotland.
- A Wales-based ACE study found that adults with 4 or more ACEs were more likely to experience obesity, type 2 diabetes, frequent GP visits, cardiovascular disease, committed a crime or engaged in anti-social or violent behaviour, and engage in health-harming behaviours, such as smoking and abusing illicit substances<sup>ccxiii</sup>.
- Regarding the relationship between ACEs and crime, people with 4 or more ACEs are 4 times more likely to drink heavily, 6 times more likely to cause or experience teenage pregnancy, 14 times more likely to be a victim of violence, 15 times more likely to offend, and 20 times more likely to be incarcerated compared to people who have not had ACEs. Having 4 or more ACEs was also linked to lower mental and emotional wellbeing<sup>ccxiv</sup>.
- In Scottish prisons, 45% of adult inmates report experiences of physical abuse when they were children, and 56% of young adults in custody reported experiencing verbal abuse by an adult in their household. 61% of inmates had experienced bullying as well.
- 64% of young people in secure care have had 4 or more ACEs in 2018, this increased to 74% in 2019<sup>ccxv</sup>.
- Gender showed to consistently impact exposure to ACEs for young people in care in Scotland; girls were more likely to experience all 10 ACEs compared to boys, and in one study, 60% of the girls encountering each ACE. The rate of exposure to ACEs for boys was 3.77, compared to girls at 5.96. 86% of girls in care experienced 4 or more ACEs, compared to 49% of boys.
- In one 2019 study of young people in care in Scotland and England, the average amount of ACEs girls in care were exposed to increase to 6.06<sup>ccxvi</sup>.
- Young people in care living in poverty or more deprived areas on average encountered 4.89 ACEs, compared to young people in care living in less deprived areas, who on average encountered 2.55 ACEs. 86% of Scottish young people in care with 4 or more ACEs were living in poverty, compared to 56% of young people in care with 4 or more ACEs not living in relative poverty.
- In the same study, 98% of participants had experienced 1 or more ACEs.

## Appendix Ca: Local Authorities; Glasgow

Utilizing Improvement Services' Community Planning Outcomes Profile, specific data on vulnerable areas within the four local authorities is presented here<sup>ccxvii</sup>.

- Areas within Glasgow considered 'more deprived' on the SIMD scale are found in all corners of the city. Of the 136 areas of Glasgow, the top five most vulnerable are North Barlanark and Easterhouse South, Drumry East, Drumchapel North, City Centre South, and Keppochhill. The rate of improvement compared to Glasgow is faster, with these areas seeing improvement in attainment and positive destinations.
  - Markers for improvement were child poverty, crime rates, depopulation, early mortality, emergency admissions, out of work benefits, positive destinations, and average highest attainment scores. Areas of interest to this report included child poverty, attainment scores, and positive destinations, however other markers were also considered when looking at overall progress scores.
- Young people from both more deprived and less deprived areas in Glasgow were less likely to reach positive destinations compared to national averages. 80.8% of more deprived young people from Glasgow in 2012/13 and 92.9% of young people from less deprived areas in Glasgow reached positive destinations, compared to 83% of young people from more deprived areas and 94.5% of young people from less deprived areas of Scotland. Broken down by vulnerable areas, North Barlanark and Easterhouse South reported 78.9% of young people reaching positive destinations in this time frame, with Drumry East reporting 82.8%, Drumchapel North reporting 75%, City Centre South reporting 92.86%, and Keppochhill reporting 73.25%. The Glasgow average for this time was 85.34%
- The average highest attainment (AHA) score, defined by the Community Planning Outcomes Profile, is the score which is pulled from the highest level of SCQF qualification from school leavers and averaged for their respective data zones. For young people from more deprived areas of Glasgow, this average was 5; this was similar to the national score for more deprived areas in Scotland. Young people from the least deprived areas of Glasgow had an AHA score of 6, which was slightly lower than the national AHA score of 6.1 for less deprived areas in Scotland.
- Child poverty also varied based on location within Glasgow; 35.7% of young people from more deprived areas lived in poverty compared to 12.2% of young people in less deprived areas. Both of these percentages were higher than national averages, with 6% of young people in less deprived areas in Scotland living in poverty, and 32.8 of young people from more deprived areas living in poverty.
  - Looking at data zones within deprived areas of Glasgow, additional variations in poverty is revealed: for North Barlanark and Easterhouse South, the percentages of young people living in poverty varies from 24% to 47.6%, with the majority of the data zones being over 42% of young people in poverty. Similar percentages are seen in Drumchapel North, with the highest percentage of young people living in poverty at 44.4%. Conversely, the lowest percentage of childhood poverty in one data zone of Drumchapel North is 27%. Drumry East sees a divide in child poverty percentages, with two data zones reporting 26.5% and 28.25%, and two data zones reporting 48.15% and 42.1%. In Keppochhill, data zones reporting child poverty percentages ranged between 33.5% and 52.4%. City Centre South had the most variation in childhood poverty across data zones, with one data zone reporting 40.8% of young



people living in poverty, while other data zones reported 25.6%, 19.5%, and 19.6% of young people living in poverty.

- These percentages correlate with AHA scores as well; in City Centre South, the data zone with the highest percentage of childhood poverty also had an AHA score of 4.71. Data on the other data zones in this area are currently unavailable for comparison, however other areas point to additional correlation. In North Barlanark and Easterhouse South, the area with the highest percentage of childhood poverty had an AHA score of 4.6. In Drumry East, the data zone with the highest percentage of child poverty, at 48.15%, had the lowest AHA score at 4.48. While the literature and past evidence points to this correlation, it is also worth noting that data zones within this area that had lower rates of childhood poverty still saw lower attainment scores, with one data zone in this area reporting 24.3% of young people in poverty and an AHA score of 4.56, lower than that of the data zone with the highest percentage of childhood poverty. Additionally, in Drumchapel North, the data zone with the lowest AHA score (4.5) had neither the highest or the lowest rate of childhood poverty, reporting at 32.2%. The data zone with the highest rate of young people living in poverty at 44.4% had an attainment average of 5.5, the highest in this area. Similarly, in Keppochhill, the data zone with the highest percentage of child poverty reported the highest AHA score of 5.8. The data zone with the second lowest percentage of child poverty, at 35.96%, reported the lowest AHA score of 4.71.

## Appendix Cb: Local Authorities; North Ayrshire

- The most deprived areas of North Ayrshire are Irvine Fullarton, Saltcoats Central, Irvine Castlepark South, Stevenston Hayocks, and Ardrossan Central.
- Irvine Fullerton and Saltcoats Central are the two most deprived areas in North Ayrshire, with an overall slower rate of positive change compared to the whole of North Ayrshire. Irvine Castlepark South, Stevenston Hayocks and Ardrossan Central had an overall faster improvement rate compared to all of North Ayrshire.
- Young people from more deprived areas in North Ayrshire were less likely to reach positive destinations: in 2012/13, 84% of young people from more deprived areas reached positive destinations compared to 96.2% of young people from less deprived areas. Specific to areas in North Ayrshire identified, Irvine Fullarton reported 83.3% of young people reaching positive destination, Saltcoats Central reported 85.56%, Irvine Castlepark South reported 82.9%, Stevenston Hayocks reported 92.5%, and Ardrossan Central reported 85.8% of young people reaching positive destinations. This is compared to the average for North Ayrshire, which was 91.46%.
- The AHA for young people in more deprived areas was 5.1 points, compared to 5.9 points for young people from less deprived areas.
- Young people living in poverty varied by the area they lived in, with 36.4% of young people from more deprived areas living in poverty compared to 10.6% of young people living in less deprived areas.
- Broken down further by data zones, the numbers continue to climb; in Saltcoats Central, the data zone S01011240 recorded 85.66% children living in poverty, followed by the data zone S01011238 with 60.44% children living in poverty. It is worth noting that a majority of data zones from more deprived areas in North Ayrshire have proportions of child poverty around 30-40%, and S01011240 was the highest percentage of child poverty from these areas and is the most vulnerable data zone in all of North Ayrshire. In Irvine Fullarton, percentages of childhood poverty ranged from 34.2% to 44.4%. A larger variation is seen in Stevenston Hayocks, with a range of 28.8% to 46.8%. The highest data zone percentage of childhood poverty in Irvine Castlepark South was 35.3%. Other data zones in this area reported percentages of child poverty between 26.3% and 31.7%. Ardrossan Central had variation in youth poverty across data zones as well; the highest reported percentage in one data zone was 56.1%, followed by 39.9%. The other two data zones reported percentages of 31.1%, and the lowest being 25.3% of young people living in poverty.
- Attainment scores for these data zones are low as well, with S01011240 reporting an AHA score of 4.75, and S01011238 reporting a score of 5 in Saltcoats Central. AHA scores for Irvine Fullarton ranges from 4.4 to 5.19, with the data zone reporting the second highest proportion of child poverty also noting the lowest AHA score. The data zone with the highest rate of child poverty also reported the highest AHA score for this area. Similar variations to this—in which areas of high childhood poverty does not have the lowest AHA score—are seen in Irvine Castlepark South. The data zone with one of the lowest rates of child poverty reported an AHA score of 4.89, the lowest in the area. The area with the highest AHA score, at 5.39, had a child poverty rate of 31.6%, the second highest rate in this area. In Ardrossan Central, the data zone with the highest percentage of child poverty also has the lowest AHA score at 4.81. Comparatively, the data zone in this area with the lowest percentage of child poverty has the highest AHA score, at 5.57. In Stevenston Central, the data zone with the second-highest percentage of child poverty at 43.65% also reported the lowest AHA score of 4.79 for this area. Other data zones in this area reported higher AHA scores in comparison, ranging from 5.27 to 5.59.

- Stevenson Ardeer, while not listed as one of the most deprived areas in North Ayrshire, is still considered more vulnerable due to data zones S01011236, S01011234, and S01011235. Child poverty rates are 41.8%, 39.7%, and 23.6%, respectively. This is compared to the other data zone in this area, S01011233, with a proportion of child poverty at 6.3%. A similar polarity is seen when comparing attainment scores, with S01011233 reporting an AHA score of 5.65, compared to scores of 4.88 for S01011236, 5.53 for S01011234, and 5.42 for S01011235.

## Appendix Cc: Local Authorities; Fife

- The most vulnerable areas in Fife are Glenrothes Macedonia and Tanshall, Methil East, Methil West, Kirkcaldy Hayfield and Smeaton, and Ballingry. Deprivation in Fife tends to be more concentrated in Mid-Fife, as well as the Kirkcaldy, Levenmouth, Cowdenbeath, and Glenrothes areas.
- Methil West and Kirkcaldy Hayfield and Smeaton are showing improvement rates that are slower than improvement rates across Fife, while Methil East, Ballingry, and Glenrothes Macedonia and Tanshall are improving at rates faster than Fife.
- In 2012/13, percentages for young people reaching positive destinations after school were all lower for young people from these areas compared to Fife overall. 88.16% of young people across Fife reach positive destinations; Methil West saw 81.12%, Glenrothes Macedonia and Tanshall saw 68.14%, Ballingry report 87.9%, Methil East saw 83.29%, and Kirkcaldy Hayfield and Smeaton saw 82.03% of young people reaching positive destinations.
- The AHA scores for Fife in less deprived areas and more deprived areas were lower compared to national scores. In Fife, young people from less deprived areas had an AHA score of 6, and young people from more deprived areas had an AHA score of 4.8.
- Less deprived areas in Fife averaged 7.8% of young people living in poverty, and 33.6% of young people in more deprived areas living in poverty.
- Looking at data zones in more deprived areas demonstrates variations in experiences within specific areas. In Methil West, the data zone S01009633 has approximately 47% of young people living in poverty, and two other data zones reporting 39.9% and 37.5%. The fourth data zone of Methil West, S01009634, has reported 0% of child poverty. AHA scores for each data zone in Methil West was below 5, ranging from 4.1 to 4.83. S01009633 reported an AHA score of 4.67, while S01009634 reported the highest AHA score at 4.83. Glenrothes Macedonia and Tanshall saw child poverty rates range from 21.35% to 44.7%, with a majority of the six data zones near or above 30%. AHA scores showed similar variation, with the lowest score being 4.78 and the highest being 5.36. The data zone with the highest AHA score, S01009556, reported child poverty levels at 35.5%. S01009560, the data zone with the lowest AHA score, had one of the lower rates of child poverty at 29.3%. Methil East was even more varied in range between highest and lowest proportions and scores for child poverty and attainment: the range for young people living in poverty across the four data zones was 25.8% to 40.7%, and the range of AHA scores was 3.83 to 5.38. S01009637, the data zone with the highest proportion of young people living in poverty, had the second lowest AHA score of 4.56. The data zone with the lowest AHA score of 3.83, S01009638, had the second lowest proportion of child poverty, with approximately 27.4% of young people living in poverty. S01009636, which had the highest AHA score, reported 34.4% of young people living in poverty. Ballingry reported percentages of child poverty with a range of 34.9% to 43.1%. The data zone with the highest percentage of child poverty reported the lowest AHA score of 4.71. Other attainment scores ranged from 4.88 to 5.11; the data zone with the lowest percentage of child poverty reported that highest AHA score. The data zone with the second lowest percentage of child poverty, at 38.97%, reported the second highest AHA score of 5.03. S01009432, the data zone with the second highest percentage of child poverty, at 39.3%, had the second lowest AHA score of 4.88. In Kirkcaldy Hayfield and Smeaton, percentages for young people living in poverty ranged between 25.3% and 43.5%; of the five total data zones, the three middle scores ranged between 34% to 36%. A majority of the AHA scores for this area were higher than that of the previous areas, with two scores above 5 (5.2 and 5.05), two scores just below 5 (4.98 and 4.88)

and one score at 3.74. The data zone with the highest AHA score of 5.2 had the highest percentage of young people living in poverty. S01009525, the data zone with the lowest AHA score, had the second lowest proportion of young people living in poverty at 34.3%. S01009524, which had the second highest proportion of child poverty at 36.5%, had the second lowest AHA score of 4.88.

## Appendix Cd: Local Authorities; Stirling

- Areas of deprivation in Stirling are concentrated around the City Centre and the southeast, with some deprivation in the Highlands area. Raploch, City Centre, Cowie, Plean and Rural SE, and Fallin were noted as the five most vulnerable areas in Stirling. Plean and Rural SE and Fallin were found to be improving at a slower pace than the Stirling average, while Raploch, City Centre, and Cowie showed a faster improvement rate.
- Child poverty rates for young people living in more deprived areas and less deprived areas were both less than national averages for either group. 5.1% of young people from less deprived areas were living in poverty, while 28.7% of young people from more deprived areas were living in poverty. This is a decrease from national averages by .9% and 4.1%, respectively.
- Attainment for young people regardless of deprivation level was higher compared to national scores. Young people from more deprived areas had an AHA score of 5.1, .1 point higher than the national score for young people in more deprived areas. Similarly, young people from less deprived areas in Stirling reported .1 point higher AHA scores compared to national averages.
- Despite Stirling's performance in reaching averages above national averages, positive destinations show a stark difference. For young people from less deprived areas, 91.8% reached positive destinations in 2012/13. Young people from more deprived areas, however, were much less likely to during this time, with only 67.3% reaching positive destinations—15.7% less than the national average for young people from more deprived areas. Looking at areas of deprivation in Stirling, Raploch reported 66.12% of young people reaching positive destinations during this time period, with City Centre reporting 74.85%, Cowie reporting 79.4%, Plean and Rural SE reporting 79.3%, and Fallin reporting 77.8%. These all fall below the average for Stirling, which was 86.4%.
- The data zones of these areas further show the variance in vulnerability in the more deprived areas of Stirling. In Raploch, the lowest proportion of child poverty was 20.88% in the S01013073 data zone, and the highest being almost twice the amount with 40.7% of young people living in poverty in S01013074. The other two data zones, S01013075 and S01013072, had similar percentages for young people living in poverty at 35.23% and 35.24%, respectively. S01013074, which had the highest percentage of child poverty, had the lowest AHA score of 4.22. S01013073 had the highest AHA score with 5.45. S01013075 and S01013072, despite having near identical percentages for child poverty, had different AHA scores (4.95 and 5.5, respectively). Plean and Rural SE differed from the other more deprived areas in Stirling where young people are concerned as two of the four data zones in this area had percentages of child poverty below 10%; S01013025 being 8.75%, and S01013028 being 8.23%. S01013028 had the second-highest AHA score for this area, at 5.27, while S01013025 had an AHA score of 4.76. S01013027 reported the highest proportion of young people living in poverty in this area at 38.76%, and the lowest AHA score of 4.57. S01013026 had the highest AHA score of 5.48, with approximately 19% of young people living in poverty. In Fallin, percentages of young people living in poverty ranged from 21.26% to 34.06%, with AHA scores ranging from 4.92 to 5.38. The data zone with the lowest AHA score of 4.92 had the second-highest percentage of child poverty, at 31.75%. The data zone with the highest proportion of child poverty also reported the second-highest AHA score of 5.22. S01013033, which had the lowest proportion of young people living in poverty, had the highest AHA score. Child poverty rates in Cowie ranged from 15.8% to 36.4%, with AHA scores ranging from 5 to 5.55. S01013032, the data zone with the lowest percentage of young people living in poverty, reported the highest AHA score for the area. Conversely, S01013031 reported the highest percentage of young people living in poverty, and the lowest AHA score. The other two data zones, S01013030 and S01013029, followed inverted projections. S01013030 reported approximately

26% of young people living in poverty, and AHA score of 5.06. Approximately 29.1% of young people in the S01013029 data zone were living in poverty, with a reported AHA score of 5.11. In the City Centre area, child poverty varied the most, with the highest percentage reaching 48.8%, and the lowest being 13.4%. S01013071, the data zone with the lowest percentage of child poverty, did not have data available for AHA scores, however S01013070, which reported the highest percentage of child poverty, also reported the highest AHA score for the City Centre at 5.67. S01013069 reported the lowest AHA score at 5.17, as well as recorded the second lowest percentage of young people living in poverty, at 13.5%. S01013067 and S01013068 reported similar AHA scores at 5.43 and 5.4, respectively, but varied in percentages of young people living in poverty (26.5% and 33.6%, respectively).



## Glossary

<b>Absolute Poverty</b>	Living in households with income below 60% of the average household income, adjusted for inflation
<b>Accessible Rural</b>	Areas with < 3,000, and within a driving distance of 30 minutes to a Settlement of > 10,000
<b>ACE</b>	Adverse Childhood Experience
<b>AHA</b>	Average Highest Attainment
<b>CAMHS</b>	Children and Adolescent Mental Health Services
<b>Continuing Care</b>	A local authority's responsibility to provide a young person in care the same accommodation and support they were originally receiving before the person ceased to be looked after.
<b>CPM</b>	Counts per Minute: a measurement of all movement recorded per minute
<b>Data zone</b>	Micro-level geographic areas composed of contiguous whole census output areas
<b>Deprivation</b>	The consequence of a lack of income and other resources
<b>Extreme Fuel Poverty</b>	Fuel costs are more than 20% of the household's income, and costs result in the household being impoverished
<b>Fuel Poverty</b>	Fuel costs are more than 10% of the household's income, and costs result in the household being impoverished
<b>Income Deprived</b>	In reception of Income Support, Employment and Support Allowance, Job Seekers Allowance, Guaranteed Pension Credits, and Child and Working Tax Credits
<b>Low Income Families/Household</b>	Living in households with income below 60% of average household income
<b>Material Deprivation</b>	Inability for a household to obtain basic resources, services, or consumption goods
<b>Micro-aggression</b>	A subtle or indirect comment or action, intentional or unintentional, which communicates negative, hostile, or stigmatized discrimination against someone of a minority group
<b>Persistent Poverty</b>	Prolonged and consistent periods of poverty; usually over a three-year period
<b>Relative Poverty</b>	Living in households with income below 60% of average household income

<b>Remote Rural</b>	Population < 3,000 and more than 30 minute drive to a Settlement of > 10,000
<b>Resilience</b>	The ability to cope emotionally with trauma
<b>SIMD</b>	Scottish Index of Multiple Deprivation: Measures deprivation across Scotland, with 1 being the most deprived and 5 being the least deprived on a scale of 1 to 5
<b>Social Polarization</b>	Segregation in a society due to income inequality
<b>Unemployed/Workless Household</b>	Household where no one over age 16 is working

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