



EVIDENCE **2** SUCCESS  
improving our children's futures

# Evidence2Success (UK)

## Muthill Primary School Survey Findings

the social research unit



Muthill Primary School

## Introduction

This report provides information on the results gathered to inform the Evidence2Success project in Perth and Kinross.

Evidence2Success is a collaborative project between Perth and Kinross Community Planning Partnership (CPP) and the Social Research Unit (SRU) that aims to improve the wellbeing of children and young people in Perth and Kinross by:

- Finding out how healthy, happy and safe children and young people are;
- Helping communities work together, and with services, to support their children to grow up healthy, happy and safe;
- Showing us where we need to invest to improve how well children are doing;
- Helping us to understand what works and what doesn't work in helping children to grow up healthier, happier and safer.

Children and young people completed an online wellbeing survey during class-time in late January or early February 2013 using standardised measures of wellbeing with reasonable validity and reliability. Children completed the survey on an individual basis and school staff supervised its completion. Children and young people were advised their survey responses would be treated in a confidential manner.

This report summarises findings for Muthill Primary School from the Evidence2Success wellbeing survey. The survey asked key questions related to children and young people's wellbeing. It included questions on their physical health, mental wellbeing and behavioural outcomes, as well as covering school and family influences. Of the 36 children aged 9-11 in the school, 33 completed the questionnaire (92%). Of these, 48.5% were boys and 51.5% girls.

The comparison findings for children aged 9-12 are also presented for the Crieff Cluster along with Perth and Kinross as a whole. In total, over 3,700 children and young people from 73 Primary schools across Perth and Kinross, a response rate of 91%, completed the Evidence2Success wellbeing survey.

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## Report Summary

The Evidence2Success wellbeing survey measured a number of 'Key Developmental Outcomes', risk and protective factors and related information. Key Developmental Outcomes are developmentally specific indicators that are predictive of children's subsequent wellbeing. If children have difficulties in these areas then their longer term outcomes are more likely to be negatively affected. Risk and protective factors are characteristics or experiences that decrease or increase the likelihood of these good outcomes, respectively. The related information consists of additional indicators relevant to each of the overall topics.

The **Key Developmental Outcomes** for Muthill Primary School pupils and how they compare to Perth and Kinross pupils as a whole are summarised below. A more detailed breakdown of these Key Developmental Outcomes, along with associated risk and protective factors and other related information is provided on subsequent pages. Definitions are provided at the end of this report.

In Muthill Primary School:

- Approximately nine in ten pupils (93%) are below the clinical threshold for a likely conduct disorder in Crieff's school cluster. This is comparable to the average across Perth and Kinross.
- Approximately eight in ten pupils (84%) are able to regulate their emotions in Crieff's school cluster. This is comparable to the average across Perth and Kinross.
- In Muthill Primary School, children's engagement with school is lower than Crieff's school cluster and lower than the average across Perth and Kinross.
- In Muthill Primary School, approximately eight in ten pupils (81%) report no substance misuse in the past month, specifically no smoking (100%) and no illegal drug use (100%). This is lower than Crieff's school cluster and lower than the average across Perth and Kinross.
- In Crieff school cluster, approximately nine in ten pupils (90%) are below the clinical threshold for having significant emotional difficulties, specifically anxiety and depression. This is slightly lower than the average across Perth and Kinross.
- In Muthill Primary School, 86% of children reported no chronic health problems, which is higher than the reported average figure across Perth and Kinross and higher than the reported figure in the Crieff Cluster.



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- In Crieff school cluster, approximately nine in ten pupils (86%) report not engaging in antisocial behaviour in the past year. This is comparable to the average across Perth and Kinross.

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### **Key developmental Outcomes, risk and protective factors and other information**

In the tables that follow, key developmental outcomes (KDO), risk/protective factors and other information are as follows

#### Behaviour

- No likely conduct disorder - KDO
- Exhibits prosocial behaviour - Risk/Protective factor
- No likely hyperactivity difficulties - Risk/Protective factor
- No antisocial behaviour - KDO
- Risky sexual behaviour - KDO

#### Mental Wellbeing

- Below clinical threshold for emotional difficulties - KDO
- Able to regulate emotions - KDO

#### School Engagement

- Good school engagement - KDO
- Put effort into school work - Other info (item that contributes to school engagement)
- Think school work is important - Other info (item that contributes to school engagement)
- Enjoy school - Other info (item that contributes to school engagement)
- Place value on school in later life - Other info (item that contributes to school engagement)
- No truancy in the past month - Other info (item that contributes to school engagement)

#### Substance Misuse

- No substance misuse past month - KDO
- No smoking past month - Other info (item that contributes to substance misuse)
- No alcohol use past month - Other info (item that contributes to substance misuse)
- No illegal drug use past month - Other info (item that contributes to substance misuse)

#### Physical Health

- No chronic health condition - KDO (made up of Asthma, Diabetes or 4+ school days missed due to illness or injury self report)
- Good general health - Other info (stand alone item, doesn't contribute to any KDO or risk factor)
- < 4 school days missed in the past month due to illness or injury - Other info (item that contributes to KDO of chronic health condition)

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### Behaviour (11 to 15 years)

This table presents the proportion of pupils who answered questions in such a way that indicates that they do not have a likely behavioural or hyperactive/attention-deficit disorder. This is not a firm diagnosis, rather an inference made using the well respected clinical screening tool, the Strengths and Difficulties Questionnaire. If pupils meet a particular threshold score, it means they are likely to be given a clinical diagnosis for a disorder, if they were to see a professional. The table also provides the percentage of children who have not engaged in **antisocial behaviour** or **risky sexual behaviour**. These key behavioural constructs are developed by combining pupil responses to a number of questions.

These behavioural constructs include, for example, the following questions:

Conduct problems; *'I usually do as I am told'* and *'I get very angry and often lose my temper'*

Prosocial behaviour; *'I usually share with others'* and *'I am helpful if someone is hurt...'*

Hyperactivity; *'I think before I do things'* and *'I finish the work I am doing. My attention is good'*

Antisocial behaviour; *How many times in the past year have you... 'attacked someone with the idea of seriously hurting them?' and 'purposely damaged or destroyed property that did not belong to you (not counting family property)?'*

	Muthill	Crieff Cluster	Perth and Kinross
No likely conduct disorder %	-	93.1	<b>93.2</b>
Exhibits prosocial behaviour %	-	96.0	<b>94.7</b>
No likely hyperactivity difficulties %	-	91.5	<b>90.0</b>
No antisocial behaviour %	-	85.9	<b>85.9</b>

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### Mental Wellbeing (9 to 12 years)

This table highlights the proportion of pupils who answered questions in such a way that indicates that they are below the clinical threshold for **emotional difficulties** and those who are able to **regulate their emotions**.

These mental wellbeing constructs are developed by scoring and combining pupils responses to a number of items in the questionnaire. If pupils' meet a particular threshold score, this means they are at risk of a likely impairment in that area of development.

Examples of these questions include:

Emotional difficulties; *'I worry a lot'* and *'I have many fears, I am easily scared'*

Emotional regulation; *'I know how to relax when I feel tense'* and *'I can control my temper...'*

	Muthill	Crieff Cluster	Perth and Kinross
Below clinical threshold for emotional difficulties %	-	90.3	<b>93.3</b>
Able to regulate emotions %	-	83.7	<b>84.2</b>

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### School Engagement (9 to 12 years)

This table highlights the proportion of pupils who report good engagement with school and learning. 'Good school engagement' is derived from a **scored scale** with demonstrated reliability<sup>1</sup>. It uses questions related to the value pupils place on school work for later life, the level of effort they put into school work, any truancy in the past month, and their general enjoyment of being in school. Established formulas are used to develop cut-off scores for those pupils who are engaging, or failing to engage, with school and learning.

As an additional supplement, an individual breakdown of the school engagement questions have been provided. Please note: the individual question breakdown does **not** provide pupils *scored* responses. Rather, it groups pupils into broad categories based on their responses to individual questions. The proportions below represent the pupils who responded highly or moderately positively about their school experience. For example, the table provides the proportion of pupils who rated their school work as '*always*', '*often*' or '*sometimes*' important.

	Muthill	Crieff Cluster	Perth and Kinross
Good school engagement %	46.9	51.2	54.4
Put effort put into school work %	-	85.6	87.2
Think school work is important %	81.3	53.0	59.5
Enjoy school %	-	62.4	60.7
Place value on school for later life %	100.0	88.4	88.2
No truancy in the past month %	-	93.8	94.2

<sup>1</sup> 'Reliability, in this context, is a measure of how consistent the results are for different questions within the same set of broader questions measuring a particular construct



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### Substance Misuse (9 to 12 years)

The following table provides a breakdown of substance misuse in the past month for smoking, alcohol use and any illegal drug use (e.g. cannabis, LSD or ecstasy). Example questions include "How frequently have you smoked cigarettes during the past month?" and "On how many occasions (if any) have you had beer, cider, wine, alcopops or spirits....during the past month?"

	Muthill	Crieff Cluster	Perth and Kinross
No substance misuse (past month) %	81.3	87.5	89.6
No smoking (past month) %	100.0	100.0	99.9
No alcohol use (past month) %	-	89.1	90.3
No illegal drugs (past month) %	100.0	99.6	99.8

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### Physical Health (9 to 12 years)

The following table provides a summary of pupils' physical health.

**Chronic health condition** is the presence of at least one of the following: asthma, diabetes or having missed 4 + school days due to illness or injury.

**Good general health** is a pupils self-perception of their overall health, it asks "*In general, how would you say your health is? Excellent, Very Good, Good, Fair or Poor*".

	Muthill	Crieff Cluster	Perth and Kinross
No chronic health condition %	68.8	76.4	<b>74.5</b>
Good general health %	100.0	99.2	<b>99.3</b>
< 4 school days missed in the past month due to illness or injury <sup>2</sup> %	-	91.2	<b>89.8</b>

<sup>2</sup> Please note, this is self-report

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### Relationships (9 to 12 years)

The following table provides a summary of pupils' experience of bullying, family management and whether there are opportunities for family involvement. These peer and family relationships are *risk and protective factors* as they have the potential to influence children and young people's development.

**Bullying victimisation** covers physical, verbal and cyber bullying. It is developed using multiple scored questions including, *Another pupil... "pushed shoved, tripped or picked a fight with me"* and *"Spread rumours or told lies about me"*

**Good family management** relates to parental monitoring (e.g. *'When I am not at home, one of my parents (or caregivers) knows where I am and who I am with'*) and rule setting (e.g. *'My family has clear rules about drug and alcohol use'*).

**Opportunities for family involvement** include questions such as *'My parents (or caregivers) ask me what I think before most family decisions affecting me are made'* and *"My parents (or caregivers) give me lots of chances to do fun things with them"*

	Muthill	Crieff Cluster	Perth and Kinross
Low reported bullying %	78.1	70.3	65.8
Good family management %	50.0	59.3	57.5
Opportunities for positive family involvement %	43.8	50.4	53.3

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### Key Developmental Outcomes: Summary (9 to 12 years)

This page provides an overview of children's wellbeing against the seven Key Developmental Outcomes measured within the survey. Detailed explainers of each key developmental outcome are provided on subsequent pages.

	Muthill	Crieff Cluster	Perth and Kinross
No likely conduct disorder %	-	93.1	<b>93.2</b>
No antisocial behaviour %	-	85.9	<b>85.9</b>
Below clinical threshold for emotional difficulties %	-	90.3	<b>93.3</b>
Able to regulate emotions %	-	83.7	<b>84.2</b>
Good school engagement %	46.9	51.2	<b>54.4</b>
No substance misuse %	81.3	87.5	<b>89.6</b>
No chronic health conditions %	68.8	76.4	<b>74.5</b>

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## Appendix 1. Key Developmental Outcome Explainers

Key Developmental Outcomes	Explainer
Antisocial behaviour (ASB)	At least once instance of self-reported ASB in the past year which includes; shoplifting, vandalism, arrest, attacking someone with the idea of seriously hurting them or selling illegal drugs.
Chronic health condition	Presence of at least one of the following: asthma, diabetes or have missed 4+ days due to illness or injury in the past month
Conduct disorder	Behavioural problems such as fighting, lying/cheating, stealing and disobedience . Pupils defined as having a likely conduct disorder, meet the clinical threshold for probable impairment.
Emotional difficulties	Feelings of worry, unhappiness and psychosomatic complaints. Pupils defined as suffering from emotional difficulties, meet the clinical threshold for likely disorder.
Emotional regulation	Emotional regulation includes being able to relax when tense, keep feelings under control and calm down when nervous.
School engagement	When pupils place limited value on school work for later life, put limited effort put into school work, hate being in school and find school boring. It also encapsulates any truancy in the past month
Substance misuse	Any substance use in the past month involving alcohol, tobacco or other drugs (e.g. cannabis, illicit drug use such as ecstasy or LSD).

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## Appendix 2. Risk and Protective Factor Explainers

Risk Factors	Explainer
Bullying victimisation	Pupils are asked how often in the past year they have been subjected to physical, verbal or cyber-bullying. This also includes being victim to malicious gossip (e.g. 'spread rumours or told lies about me').
Family management	Family management involves adequate parental monitoring of pupil behaviours such as homework completion and whereabouts. It also asks about the likelihood of pupils being caught by parents if they drank alcohol, skipped school or carried a weapon.
General health	Pupils are asked to rate how well their general health is on a scale ranging from excellent, very good, good, fair or poor. Good health is categorised as ranging from excellent to fair.
Hyperactivity	Concentration difficulties, the inability to stop and think before acting and problems with fidgeting. Pupils defined as having hyperactivity difficulties meet the clinical threshold for likely disorder.
Opportunities for prosocial family involvement	This includes whether parents provide chances to participate in fun activities, if children could turn to their parents for help or if parents talk to their child before making important family decisions.
Prosocial Behaviour	Being considerate of others, behaving kindly towards younger children and volunteering to help adults



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