Joint Strategic Needs Assessment

Children and Young People in Edinburgh

June 2025
Public Health and Health Policy

Contents

Acknowledgments

Summary and Recommendations

A JSNA is critical in informing the planning and commissioning of health and social care services, ensuring that resources are allocated effectively to improve health outcomes and reduce health inequalities. Children's Services Planning Statutory Guidance states that Children's Services Plans should incorporate a robust, evidence-based JSNA which identifies the needs of the current population of the children and young people in its area. In line with current national and local priorities for a greater focus on prevention and early intervention, this JSNA focusses on identifying opportunities to support children young people and families to develop and maintain good health and wellbeing.

In addition to information on demographics and some key health outcomes for children, young people and families in Edinburgh, the JSNA also reports on the extent to which Edinburgh is supporting children, young people and their families to access the Building Blocks of Health, that are set out in the Health Foundation's evidence-based framework. The report makes reference to Scottish Government's Children, Young People and Families Outcomes Framework - core wellbeing indicators; SHANARRI and UNCRC.

This JSNA takes a further 'deep dive' into three specific areas of particular interest to the Edinburgh Children's Partnership; Homelessness, Additional Support Needs and Universal Access to Healthy Environments and Opportunities i.e. the things that Edinburgh offers to all children and young people in addition to statutory health, education and social care services. Each of these 'deep dive' sections describe current levels of need as well as an assessment of opportunities for changes that could be made to better meet those needs.

Demographics

Edinburgh's population has a smaller proportion of children compared to national averages but a high number of young adults, influenced by the city's large student community. Although overall deprivation is less severe than in other areas in Scotland, significant pockets of socio-economic disadvantage remain, particularly in specific neighbourhoods. This uneven distribution underpins the persistent health inequalities seen among children and families.

Early Years & Health Outcomes

Key indicators show that there are low rates of smoking at maternity booking appointments overall, although rates are much higher in some geographical areas. Rates of maternal obesity are however of greater concern across the city, with over a quarter of women recorded as obese at maternity booking. The majority (71%) of babies are being breastfed at 6-8 weeks, although less than half are exclusively breastfed. Additionally, inequalities in developmental outcomes and immunisation uptake point to the need for targeted early intervention, particularly in deprived areas.

Health Outcomes and Behaviours

Children's health is influenced by a complex set of factors involving genetics and environment, including socio-economic factors, as shown by data on premature mortality and ill health. The leading causes of ill health among children under 15 are similar in both Edinburgh and Scotland. Skin conditions such as eczema, respiratory illnesses like asthma and congenital birth defects are

the greatest contributors to years lost to disability across the life course. For young people aged 15-24, the most common contributors are mental health disorders, headache disorder and musculoskeletal disorders. Rates of healthy weight and dental health in primary school children are better than the Scottish average but are still patterned by deprivation. National survey data shows a significant number of older children and young people reporting issues with mental health and wellbeing.

Building Blocks of Health

The Health Foundation's framework for understanding the building blocks of health provides a comprehensive lens through which we can explore the elements that influence children and young people's health and wellbeing in Edinburgh.

- **Money and resources**: Poverty among families in Edinburgh has remained relatively stable over the past decade, consistently affecting around 1 in 5 households with children.
- **Good Work:** While there has been a decrease in the number of families experiencing in-work poverty in Edinburgh, the percentage of families who are in work but still on low incomes is consistently higher than the Scottish average.
- **Housing:** The private rental market has become increasingly unaffordable, with average monthly rents reaching £1,500 and 11.2% of family households reported experiencing fuel poverty in 2023.
- **Surroundings:** While levels of air pollution are generally lower that in other major cities, there is no safe level of air pollutants, and work to address the main source of this (road traffic emissions) should continue. In Edinburgh we are fortunate to have a large number of public greenspaces. However the quality, perceived safety and play-value of these environments will differ across the city. Safe and assessible travel routes are essential to allow all children to access the full range of spaces. Overall, 78% children and young people from P5 to S6 reported feeling safe in the area that they live, all or most of the time, with 67% reporting that they think their area is a good place to live, however these levels were lower in deprived areas.
- **Transport:** Data from a national evaluation of the Young Person's Free Bus Travel Scheme shows the high update of the scheme within Edinburgh, with 83% take up amongst young people. However only 1 per cent of children and young people currently report travelling to school by cycle, and around a quarter are still being driven to school.
- **Food:** Seven percent of young people from P7 to S1 reported that they, often or always go to bed hungry, with a further 25% saying they sometime do. A survey of health professionals working with children and families in Edinburgh found that 25% report supporting a family experiencing infant food insecurity on a weekly basis.
- **Education and skills:** Primary one attainment data over the areas of listening, talking, literacy, numeracy, reading and writing shows that more children in Edinburgh as a whole, are meeting the expected curriculum of excellence (CfE) levels compared to Scotland, with just under half of young people reporting that they 'enjoyed learning at school', compared to 20% that didn't.
- **Community:** The majority of young people (65%) reported having an adult in their life who they could trust and talk to.

Deep Dive - Additional Support Needs

The percentage of pupils requiring Additional Support Needs (ASN) is rising nationally and in Edinburgh. National data shows that 36.7% of pupils now require support with an additional

need — a 31.4% increase over the past 15 years. In Edinburgh, the percentage of children with ASN has risen sharply since 2017, now exceeding national figures by approximately 10%. The spectrum of ASN includes social, emotional and behavioural difficulties (SEBD), autistic spectrum disorder, language and communication support and mental health problems. Notably, gender differences exist—with boys more frequently receiving support in most categories except for young carers or mental health problems.

There is a strong link between deprivation and higher prevalence of ASN. Data reveals that schools with a lower average SIMD (Scottish Index of Multiple Deprivation) score tend to have a higher proportion of pupils with ASN. Factors such as poverty, adult disability, parental stress, low birth weight and family breakdown are thought to contribute to this complex relationship. Children with ASN generally face an attainment gap compared to their peers, with lower rates achieving 1+ SCQF Level 5 upon leaving school. These challenges can affect long-term earning potential and contribute to intergenerational cycles of disadvantage.

Initiatives such as the CEC Transformation of Inclusion Services and the ongoing inclusion review in Edinburgh aims to strengthen classroom support, improve resource allocation and enhance inclusive learning environments. Additionally, NHS Lothian and the four Lothian local authorities are working on a pan-Lothian Neurodevelopmental Framework to streamline pathways for children with neurodevelopmental profiles.

Deep Dive - Homelessness
Homelessness affecting children and young people in Edinburgh is a complex issue, with many direct and indirect impacts on their health, wellbeing and prospects. Systemic causes include unaffordable housing, a shortage of social housing and the financial pressures of the cost of living. Edinburgh faces a unique housing emergency with the highest private rental costs nationwide and a lower proportion of social housing. These factors, combined with economic pressures and relationship breakdowns, have led to a sharp rise in homelessness. Increasing numbers of households with children are staying in temporary accommodation, spending extended periods (averaging over 1 year) in unstable and sometimes unsuitable housing conditions.

Impacts on Children and Young People:
The experience of homelessness can have a profound impact on children's physical, mental and social development. Challenges include:
- Sleep, Nutrition and Hygiene: Poor living conditions disrupt sleep, lead to nutritional inadequacies and compromise hygiene, contributing to further health issues.
- Limited Play and Exercise: Overcrowding and inadequate facilities reduce opportunities for safe play and physical activity, crucial for development.
- Mental Health: Instability, frequent relocations and perceived unsafe living conditions foster anxiety, social isolation and emotional distress.
- Access to Healthcare: Repeated moves disrupt continuity of care, affecting both physical and mental health outcomes.

Youth homelessness is also an issue, with an increasing number of young people presenting as homeless. Care experienced young people and those facing additional vulnerabilities (e.g. disabilities, neurodiversity) may require additional and targeted support.

It is recognised that significant work is ongoing within Edinburgh both to address the causes of homelessness as well as to support those experiencing homelessness, and it is important that the needs of children, young people and families continue to be a key consideration.

Deep Dive - Universal Offer of Access to Healthy Environments and Opportunities

It is important that every child in Edinburgh has access to the resources needed for health, wellbeing, education, leisure and culture, as part of a preventative approach to supportive healthy childhoods and adolescence, and the building blocks for healthy adult lives.

- Public Libraries: Although libraries serve as vital hubs for literacy and support, a significant proportion of children are not currently making use of these opportunities.
- Active Schools & Physical Activity: Participation in school-based sports and activity initiatives is uneven, with vulnerable groups potentially underrepresented.
- Bikeability: Cycling training programmes are in place, yet participation varies, particularly in more deprived areas, partly due to challenges with volunteer support and resource constraints.
- Free Bus Travel: There is high uptake of the national Free Bus Travel Scheme, although a lack of local data on how it is impacting children's sustainable travel and independent mobility choices.
- Culture, Leisure & Out-of-School Care: These services support holistic development. However, data gaps make it difficult to fully assess how well these offerings meet the needs of vulnerable children.
- Youth Work is highlighted as an effective a model for delivering equitable support, in particular supporting children and young people who might not otherwise have access to paid-for opportunities in the city.
- Data and Evaluation Challenges: A recurring theme is the need for improved data collection and sharing protocols. Current data is fragmented, making it hard to evaluate service reach, user satisfaction and impact, especially for groups facing higher levels of disadvantage.

The current understanding of the 'Universal Offer' to children and young people in Edinburgh is unclear, with differing opinions on what it should encompass. Data to evaluate current services are available to varying degrees, with potential to strengthen and share in order to assess how these services are meeting the needs of children and young people, as well as to consider opportunities for children and families to be supported to make connections between different parts of the offer.

Recommendations:

Early Years, Health Behaviours and Outcomes

1. Ensure that City Plan 2040 and other relevant local policies includes requirements for public spaces to support key aspects of early years and children and young people's development, including smoke free public places; walkable neighbourhoods to support active travel and healthy weight and independent mobility; as well as breastfeeding-friendly and wider child- and youth-friendly outdoor environments.

2. Support the most vulnerable families to access structured play and childcare opportunities as early as possible, as well as supporting key settings such as libraries, leisure centres, museums and galleries to provide an accessible, inclusive and welcoming offer to families who might not otherwise use those spaces.

3. Support all staff working with early years children and families in Edinburgh to feel able to raise key topics of smoking, healthy weight, breastfeeding, healthy development and immunisations as part of routine supportive conversations they are having with families.

4. Explore options for protection from harmful commercial determinants of health such as exposure to advertising for the retail of health-harming commodities including tobacco, alcohol and foods high in fat, sugar and salt (HFSS) which are a key determinant of young people's health behaviours and corresponding outcomes.

5. Continue to ensure that children and young people in schools and other settings such as youth work have access to relevant health promoting information and confident staff who can support them to engage with relevant services in relation to key health topics of healthy eating, physical activity, tobacco, alcohol, substance use, sexual health, mental health and wellbeing.

6. Ensure a joined up and effective approach to the provision of opportunities and support for young people's mental health and wellbeing, including through access to physical activity, youth work and mental health and wellbeing services, including those currently provided through Whole Family Wellbeing Fund, Connected Communities and Community Mental Health Grant programmes.

Building Blocks of Health

7. Money and resources: Ensure an accessible and equitable system of welfare advice is available in the city, to enable families with children to get appropriate help with money worries as early as possible, including ensuring all those working with children and families have the confidence to ask about money worries and signpost to relevant sources of support.

8. Good work: Further explore options to support parents into 'good work', including options to expand flexible, affordable childcare in the local areas where this could make the biggest difference.
9. Housing: Continue to prioritise the needs of children and families in the allocation of housing, including ensuring that when temporary accommodation is needed mitigations are put in place to minimise adverse impacts on children and young people.

10. Surroundings: Ensure that equitable access to high quality, child and young people friendly greenspace for playing, is prioritised as part of all development and regeneration opportunities in the city.

11. Transport: Improve the transport environments around schools, prioritising those in the most deprived areas, and continue to encourage uptake and use of Free Bus Travel as well as exploring options for equitable access to cycles and cycle training.

12. Food: Continue to support pathways to long-term food security, as well as supporting emergency food providers to consider options for a Cash First approach wherever possible.

13. Education and skills: Continue the development and evaluation of the Team Around the Community (TAC) approach to ensure children and young people, including those with additional support needs, have access to the full range of relevant support in the communities around their schools.

14. Communities: Ensure that learning from the Whole Family Wellbeing Fund and other programmes of community-based work are embedded in routine mechanisms for supporting communities to improve access to key services.

Additional Support Needs

15. Develop a multi-agency roll-out of an ASN-informed approach, taking learning from other approaches such as trauma-informed, to ensure the needs of those with ASN can be better accommodated within a wider range of non-specialist environments and opportunities.

Homelessness:

16. Build on the ongoing mapping of services as part of the Housing Emergency Action Plan to identify gaps in locally accessible services for children and families and explore opportunities and potential mitigations.

17. Build on existing data sharing with health visitors and schools, considering opportunities for an improved two-way feedback system between housing, social work, healthcare and education to ensure better coordination and support for families, in line with UNCRC, GIRFEC and Promise principles.

18. Explore data to understand the number and nature of relocations which families experience within Temporary Accommodation placements recognising that, if new accommodation better meets households need, the benefit of the move may outweigh the disbenefit from disruption to stability.

19. Explore opportunities to allow families in the homelessness system to maintain registration with current primary care services when relocating to temporary accommodation, in order to maintain continuity of care.

Universal Offer

20. Carry out further work to develop and agree a Universal Offer of access to healthy environments and opportunities for children and young people, taking a UNCRC and GIRFEC perspective to inform its scope and development and recommending the targeting of specific interventions to groups proportionate to need.

21. Continue to support the delivery of Youth Work in the city, recognising the key role it has to play in supporting children and young people to access a wider range of opportunities, support, and services. Take learning from the Youth Work approach to support other services, opportunities and environments provide the same inclusive and welcoming approach to young people, in line with the principles of GIRFEC, UNCRC and The Promise.

Cross-Cutting Recommendations:

Across all the sections of this JSNA, three themes continually appeared. These were embedding the voices of children and young people in the development and improvement of local environments, opportunities and services; for the system to make better use of data, and its collection, to further improve services to support children, young people and families; and capacity building around neurodiversity and trauma-informed practice.

22. Work as a Community Planning Partnership to systematically embed children's voices in the planning of spaces, opportunities and services, including through City Plan 2040 and as well as in future Community Plans and Children's Services Plans.

23. Work as a Community Planning Partnership to consider priority areas where improved data collection, sharing or analysis would enable us to make more informed policy decisions and service improvements.

24. Consider further workforce development including on neurodiversity and trauma-informed practice to ensure frontline staff across all services working with children and young people recognise and respond to the individual needs of each child, young person and family in a compassionate, adaptable and supportive way.

Background and Introduction

A [Joint Strategic Needs Assessment](#) (JSNA) is a process conducted by local councils, NHS boards and other partners to better understand the current status and future health and wellbeing needs of their local population. It systematically gathers and analyses a range of information, including demographic trends, health outcomes and indicators of access to the building blocks of health, to provide a detailed understanding of the community's needs.

A JSNA is critical in informing the planning and commissioning of health and social care services and opportunities, ensuring that resources are allocated effectively to improve health outcomes and reduce health inequalities. Children's Services Planning [Statutory Guidance](#) states that Children's Services Plans should incorporate a robust, evidence-based JSNA which identifies the needs of the current population of the children and young people in its area. In line with current national and [local priorities for a greater focus on prevention and early intervention](#), this JSNA focusses on identifying opportunities to support children young people and families to develop and maintain good health and wellbeing. It is not intended to provide a detailed assessment of the level of need for all children's services in the city.

A collaborative approach was taken in the collation, analysis and presentation of evidence in this document, including analysis of the published literature, national and local data, as well as informal interviews with key public and third sector stakeholders. In order to avoid repeated requests for engagement with those with lived experience, information on lived experience was drawn from existing reports as well as via stakeholder interviews. High level information on relevant service delivery is included, however this document does not aim to provide a comprehensive picture of all services available to children and young people in the city, nor does it aim to comment on the performance of services.

In addition to information on the demographics and key health outcomes for children, young people and families in Edinburgh, the JSNA also reports on the extent to which Edinburgh is supporting children, young people and their families to access the [Building Blocks of Health, that are set out in the Health Foundation's evidence-based framework.](#) The report also makes reference to Scottish Government's [Children, Young People and Families Outcomes Framework](#) - core wellbeing indicators; [SHANARRI](#) and [UNCRC](#). These are mapped out against the building blocks for health in Appendix 4. There are 'deep dives' into three areas of particular interest to the Edinburgh Children's Partnership; Homelessness, Additional Support Needs and Universal Access to Healthy Environments and Opportunities. Each of these 'deep dive' sections describe current levels of need as well as an assessment of opportunities to better meet those needs. Visual presentations of data such as graphs and charts have been included in the appendices for reference.

It is recommended that this become a 'living document,' where topic areas not currently covered in depth could be proposed for inclusion in future iterations, as part of a continuous, iterative approach to the use of JSNAs as part of wider data and intelligence work within the Edinburgh Community Planning Partnership.

Demographics

Demographic data is vital for guiding many aspects of strategic planning. By understanding population dynamics, the city can better plan for healthcare, education and community services as well as the infrastructure needed for thriving communities such as housing, recreational spaces, amenities and transportation networks. This knowledge allows for more strategic and efficient use of resources, ensuring that Edinburgh keeps pace with the growing needs of young families.

Edinburgh's population, as revealed by the 2022 Scotland Census shows some distinct trends compared to the national averages (Figure 1, Appendix 1). While the city has a smaller proportion of children relative to the rest of Scotland, it has a notably higher number of young adults, likely due to the large student population that comes to study in the city. The peak age of this group is 23. Notably, the city's population is dominated by adults aged 18-45, which coincides with the reproductive age group of women (typically 15-44 years of age).

When we examine the population of children (aged 0-17) in Edinburgh by individual year of age, the majority of children (over 60%) are aged between five and fifteen. (Figures 2 and 3, Appendix 1). This highlights the continued demand for children's services such as education, health and social services, as well as out-of-school opportunities, including youth work and more formal care, such as after-school and holiday clubs.

The concentration of family households in the city is predominantly located on the outskirts, with the communities with the highest proportion of family households are situated outside the city centre (Map 1, Appendix 1). This could be influenced by a variety of factors including housing costs being lower on the peripheries of the city as well as a potential desire for access to green space and less traffic dominated environments.

Fertility trends in Edinburgh align with broader national patterns. In 2000, the highest fertility rates in Scotland were for women aged 25-29, but by 2023, the highest fertility rate was observed in women aged 30-34. Nationally, fertility rates have declined in recent years, reaching their lowest point in 2023 at 45 live births per 1,000 women of childbearing age. This is mirrored in Edinburgh, with birth rates having decreased slightly, from nearly 50,000 in 2019 to under 46,000 in 2023 (Figure 4, Appendix 1). Predictive models forecast a decline in the number of children aged 5-14 in Edinburgh over the next 15 years, with increases in the under-5 and 15-24 age groups, reflecting the city's evolving demographic landscape.

Demographic data also provides insights into areas of inequality within the city. This indicates that although Edinburgh is less deprived compared to the national average, significant pockets of deprivation still exist, particularly in certain neighbourhoods within the peripheries of the city, including Craigmillar / Niddrie in the North East; Liberton / Gilmerton in the South East; Westerhailes in the South West and Pilton / Granton in the North West of the city (Figure 5-7, Appendix 1). Map 2, below, shows the geographic distribution of deprivation in Edinburgh. The datazones coloured yellow are in the most deprived 5th of all

datazones in Scotland (quintile 1) while those coloured dark purple are in the in the least deprived 5th of all datazones in Scotland. Deprivation is defined using a range of indicators, as per the Scottish Index of Multiple Deprivation (SIMD).
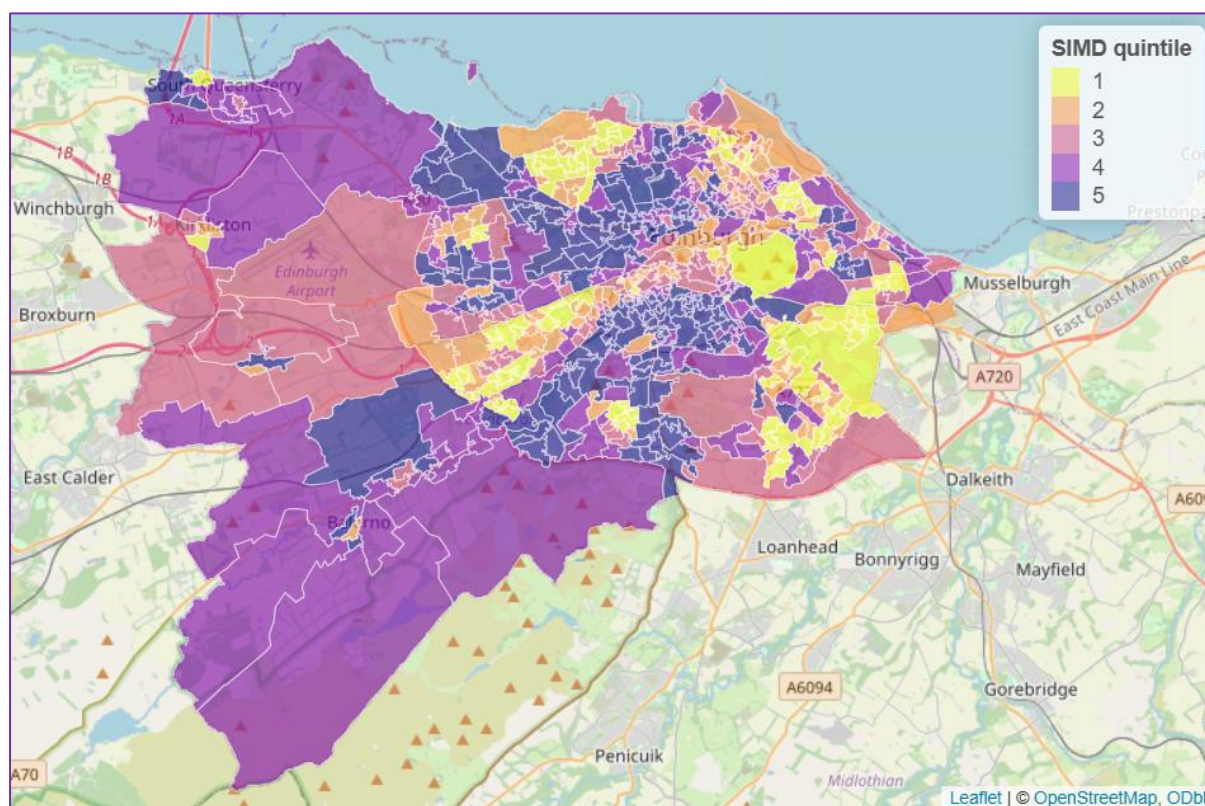
Map 2 – Geographical distribution of deprivation in Edinburgh
Source: Scottish Index of Multiple Deprivation 2020v2 - indicators - gov.scot

The distribution of family households, which includes children under 18, reflects the overall distribution of Edinburgh's population, which has a high proportion of the population living in less-deprived areas. Further analysis shows however that while 30.9% of all family households are located in the least deprived areas (SIMD 10), within the most deprived areas (SIMD 1), family households with children account for a higher proportion of households than in other SIMD areas.

The data on children in need of support, such as those on the Child Protection Register (CPR) and the number of looked after[1] children in Edinburgh highlights the importance of providing tailored services for vulnerable children. Whilst the rate of children on the CPR and the number of looked after children have decreased in recent years, the number of children and young people receiving social work support has been rising, reflecting a shift in balance towards supporting families more informally instead of on a formal statutory basis (Figures 8-10, Appendix 1).

With birth rates decreasing, there may be fewer children in Edinburgh in future, however that does not necessarily mean an overall lower level of need. If poverty rates remain high,

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[1] Note – terminology used locally would be 'Care Experienced Young People'

and the current trend in increased diagnosis of Additional Support Needs continues, there may be an increased number of children and families requiring a range of support to maximise their health and wellbeing. By prospectively exploring these changing needs, we have an opportunity to consider actions we can take now to ensure our city's offer is as prevention-focussed and inclusive as possible, in order to reduce the potential number of individual needs that might need to be supported in future. This is crucial to ensuring that all children, regardless of background or ability, continue to have the opportunity to thrive in Edinburgh.

Early Years

The early years of a child's life, including the critical period in the womb, are widely recognised as the most formative phase for a child's development. During this time, children undergo rapid physical, emotional, cognitive and social development, which lays the foundation for their long-term health, educational achievements and overall life outcomes.

Research consistently shows that positive interventions during this period—whether they focus on nutrition, health, play, education or support systems—can significantly improve the likelihood of children achieving their potential. Some key interventions, such as smoking cessation or maternal healthy weight interventions will need to take place in the pre-birth or even pre-conception phase, and therefore need to be supported by a range of stakeholders in the wider Community Planning Partnership system.

This early investment is essential not only for promoting individual wellbeing but also for preventing the development of more significant health, social and educational issues later in life. Intervening early to address developmental challenges, health risks or socio-economic inequalities can help mitigate long-term negative consequences and reduce inequalities. By monitoring key indicators for early years development, we can assess the effectiveness of current policies, identify emerging needs, and make informed decisions about the support required to ensure the best possible outcomes for the next generation.

This section provides information on five key indicators for the health and development of children under five in Edinburgh, as well as information of the areas of the city where younger parents are offered additional support through the Family Nurse Partnership programme.

Maternal Smoking Status

The proportion of pregnant women in Edinburgh who smoke at the time of booking (typically between 8-10 weeks of pregnancy) is lower than the national average in Scotland, likely to lower average rates of deprivation. Over the past three years, the percentage of smoking mothers in Edinburgh has been around 7%, compared to 11% across Scotland (Figure 11, Appendix 1). Smoking during pregnancy can lead to serious risks for both mother and baby, including stillbirth, preterm birth, respiratory issues, and long-term psychological challenges for the child. Second-hand smoke exposure also poses a significant health threat to wider members of the household. However, despite a relatively low average rate, rates vary significantly across the city with rates as high as 36.4% in some areas (Map 2).

Edinburgh has an effective Quit your Way service, with pathways established within midwifery to discuss the benefits of smoking cessation and refer women to local Quit Your Way support. This pathway could be bolstered by a more routine discussion of smoking as a health harm within a wider range of contacts, with a particular focus in the areas where we know smoking rates are higher. In addition, it is important that families are supported to reduce sources of stress, including money worries, which might increase their chance of smoking.
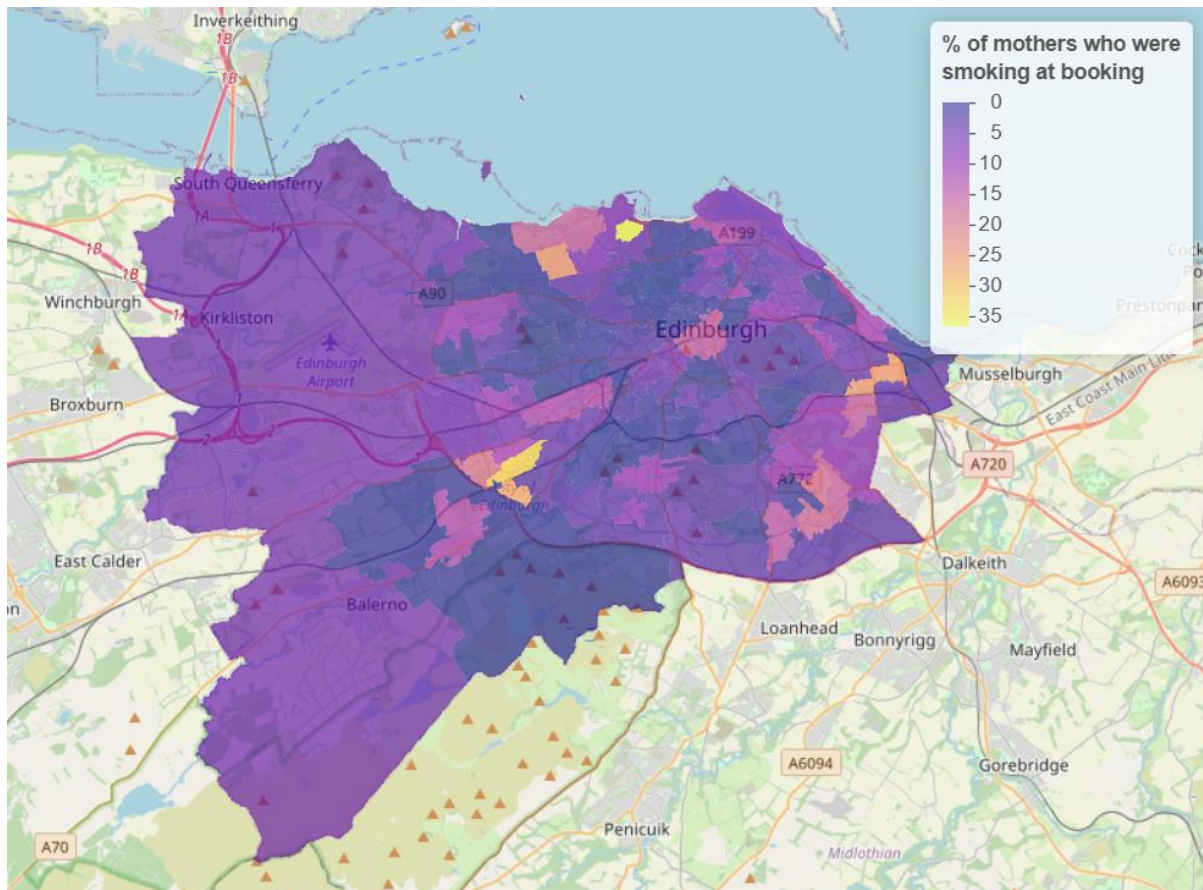
Map 2 – Percentage of pregnant people who were marked as current smokers at their booking appointment during the calendar year 2024, Edinburgh
Source: Discovery from PHS - data not publicly available

Maternal Obesity

The percentage of pregnant women in Edinburgh categorised as healthy weight at their antenatal booking appointment has decreased from just over 50% to less than 50% between 2021-2024. The proportion of women categorised as overweight has remained relatively stable and the obese group has increased to around 20%. Map 3 demonstrates how the percentage of women classified as obese at the antenatal booking appointment varies across the city. When compared with data for Scotland, the trends are similar to those in Edinburgh. However Edinburgh has around 8% greater proportion of pregnant women in the healthy weight category than Scotland and around 9% fewer in the obese category (Figures 12-13, Appendix 1).

This gradually worsening trend has well evidenced implications for the health of the women and foetuses during pregnancy and in later life for the women and children affected. A body of evidence suggests that a whole systems approach to healthy weight is necessary to combat the environmental, societal and individual factors causing obesity. This involves stakeholders coming together and developing a shared understanding and response to the factors that drive obesity locally. This will require a combination of many systems changes which facilitate healthier lives for everyone such as health-promoting built environments and positive food system changes as well as targeted interventions such as NHS Lothian weight management services.
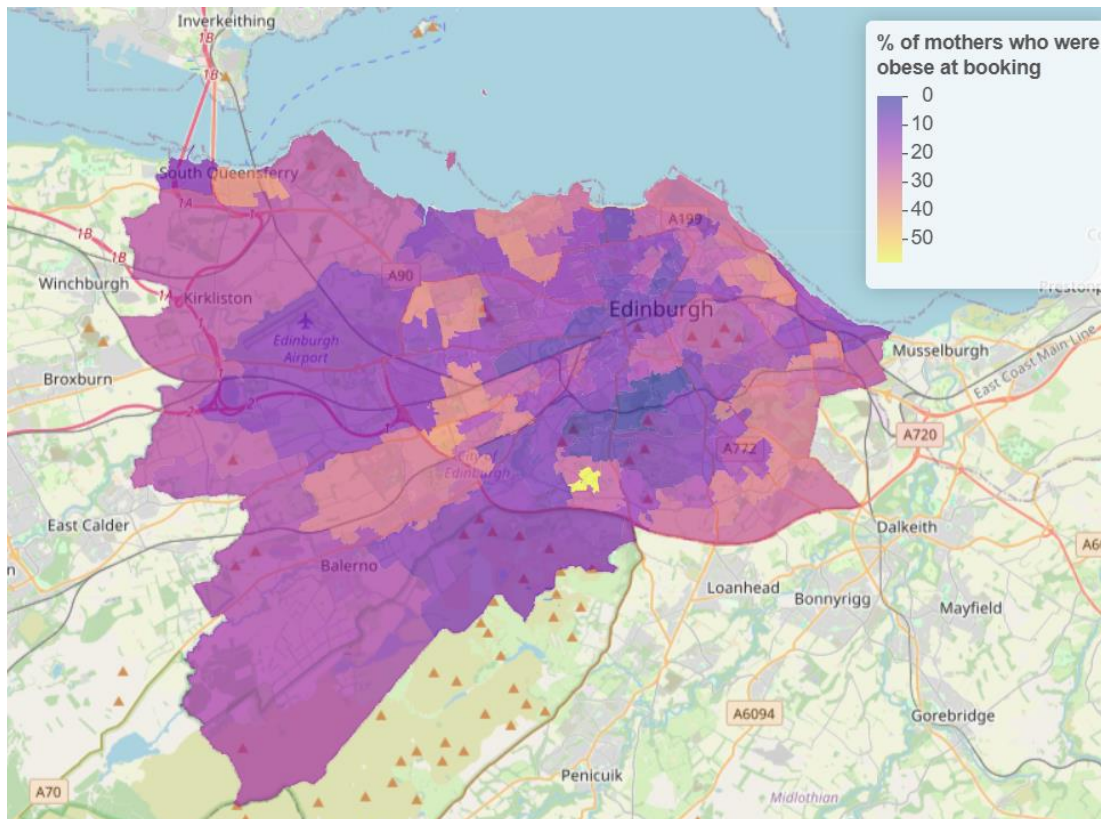
Map 3 – Percentage of pregnant people who were classified as obese at booking according to their BMI during the calendar year 2024, Edinburgh
Source: Discovery from PHS - data not publicly available

Breastfeeding Drop-Off Rate at 6-8 Weeks

The WHO recommend exclusively breastfeeding babies for the first 6 months of life, after which complementary feeding should be introduced while continuing to breastfeed for up to 2 years and beyond. The benefits of breastfeeding to mother, baby and society as a whole are well established however, many mothers and lactating people report not meeting their breastfeeding goals. Work within NHS Lothian is ongoing to make sure all mothers and lactating people are able to meet their breastfeeding goals, including by ensuring access to breastfeeding friendly spaces in key settings, as well as protecting the needs of breastfeeding parents when considering the design of the wider built environment.

Rates of babies having been ever breastfed are increasing and are relatively high at 84.9% in Edinburgh compared to 67.8% in Scotland. Inequalities do however exist, with those living in less deprived areas being more likely to breastfeed. The rate of babies that have been exclusively breastfeeding from birth to their 6-8 week check-up was 36.6% in Edinburgh in 2023/24, this rate has fallen slightly from 40.7% in 2019/20. However, the drop off rate, representing the proportion of parents who were breastfeeding and then stopped before their 6-8 week check-up has dropped from 17.6% in 2019/20 to 15.1% in 2023/24, suggesting more parents are being successfully supported to sustain their intention (Figure 14, Appendix 1). This includes babies receiving any breast milk not just those that are exclusively breastfed. The map below (Map 4) shows the geographical areas with higher breastfeeding drop-off rates, with drop-off seen to be higher in some of the more deprived areas of the city.
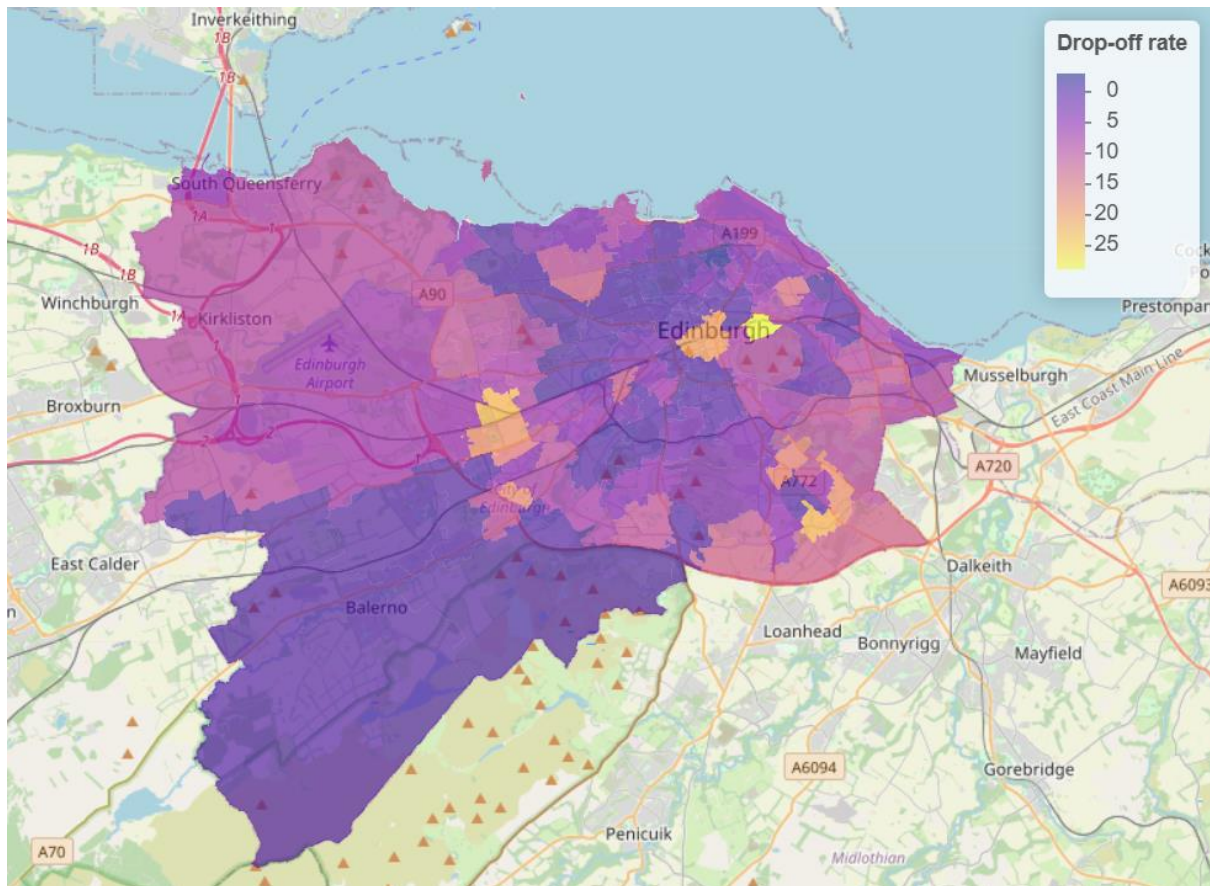
Map 4 - Breastfeeding drop-off rate (percentage) at 6-8 weeks by datazone
Source: Child Health Systems Programme Pre-School, Public Health Scotland

Work is already underway in other parts of Lothian to provide enhanced place-based support through the Delivering Early Breastfeeding Support (DEBS) programme, and there is the potential for this to be initiated in the parts of Edinburgh with the highest breastfeeding drop-off rates. As with smoking, it is also important that specialist support is bolstered by a more routine discussion of healthy maternal and infant feeding practices within a wide range of touch-points. This should include ensuring families are supported to access affordable or emergency sources of nutrition, in addition to wider welfare advice, where appropriate.

Developmental Concerns at 27-30 Month Review

Early language development and communication skills are important indicators, at a population level, of the wellbeing of children due to the strong links with outcomes in later life. The 27-30 month child health review is a universal assessment offered to every child once they reach the appropriate age. It offers an opportunity for provision of health promotion, parenting support and identification of families who may require additional support. The review records the outcome of a developmental assessment looking at 9 domains (social, emotional, behavioural, attention, speech language & communication, gross motor, fine motor, vision and hearing) and specifically whether there are one or more concerns in relation to the domains mentioned.

Data shows that children from the most deprived areas of Edinburgh are 10% more likely to present developmental concerns compared to those from least deprived areas. The

inequality gap has not shown noticeable improvement in the 5 years analysed (Figure 15, Appendix 1). In order to help close the attainment gap and prevent developmental challenges in the future, it is important to continue to support the most vulnerable families to access early learning and childcare, as well as ensuring promotion of and engagement with the wider range of opportunities available to all families in the city. This includes access to a range of free indoor and outdoor spaces where families can play and develop language, communication and physical skills in the early years.

Uptake of Immunisations

Vaccination is one of the most effective measures for preventing illness, disability and death and reduces health inequalities associated with infectious diseases. However, while uptake for the MMR1 vaccine (at age 1) is near the 95% target for effective immunity within a population, the uptake for later vaccinations, including the MMR booster and the 4-in-1 preschool booster, remains below the 95% target and there is a difference in uptake by deprivation (Figures 16 & 17, Appendix 1). The low uptake of these vaccines among pre-school children poses a risk to the individual children who remain unimmunised as well as to herd immunity and overall public health. Specific work is ongoing within the immunisation service to understand and address barriers to continued uptake of childhood immunisations. There is also an opportunity for all those coming into contact with families to have a supportive conversation about the benefits of vaccination, as well as to consider any practical barriers such as scheduling or travel to vaccination appointments that families might need support with.

Family Nurse Partnership

The Family Nurse Partnership (FNP) programme is offered to young people aged 19 and under, and those up to age 25 who were or are care-experienced. It is an intensive programme in which specially trained nurses work with young, first-time mothers to prepare them for motherhood and throughout the first two years of their child's life. Map 5 shows the number of clients who were supported by the Family Nurse Partnership (FNP) programme in different areas of the city over the time period 2019-2024. Areas with higher numbers of FNP-supported clients may indicate parts of the city where continued higher levels of resources and support might be beneficial for young families, beyond the initial two years where they are supported by Family Nurses from the FNP programme.
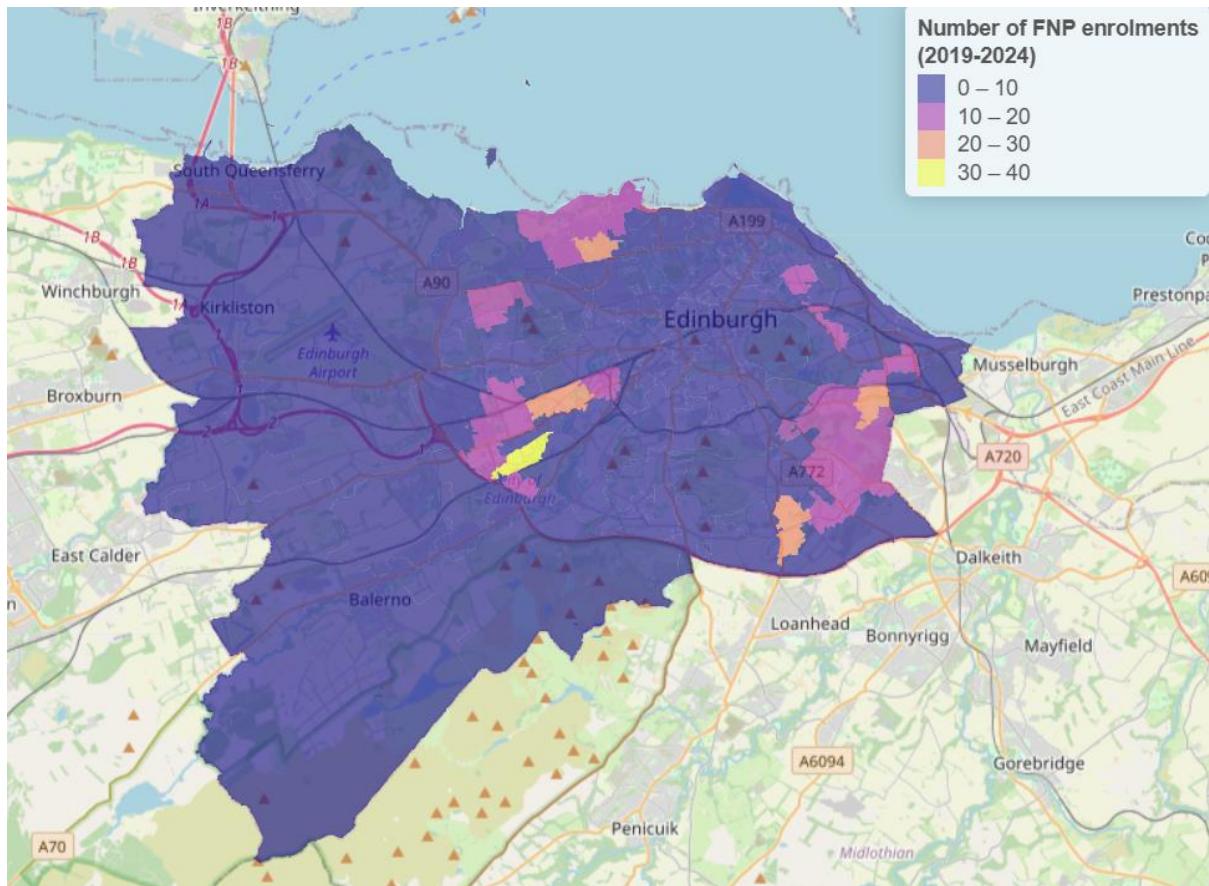
Map 5 – FNP Supported Clients, Edinburgh 2019-2024
Source: internal NHSL data

Recommendations – Early Years

1. **Ensure that City Plan 2040 and other relevant local policies includes requirements for public spaces to support key aspects of early years, children and young people's development, including smoke free public places; walkable neighbourhoods to support active travel, healthy weight and independent mobility; as well as breastfeeding-friendly and wider child- and youth-friendly outdoor environments.**

2. **Support the most vulnerable families to access structured play and childcare opportunities as early as possible, as well as supporting key settings such as libraries, leisure centres, museums and galleries to provide an accessible, inclusive and welcoming offer to families who might not otherwise use those spaces.**

3. **Support all staff working with early years children and families in Edinburgh to feel able to raise key topics of smoking, healthy weight, breastfeeding, healthy development and immunisations as part of routine supportive conversations they are having with families.**

Health Outcomes and Behaviours

Health outcomes for children are a crucial aspect of public health analysis, as they provide valuable insights into the effectiveness of interventions aimed at improving long-term health and reducing health inequalities. These outcomes provide a snapshot of the current state of public health, but it is important to remember that some may take years or even decades before the impacts of current interventions influence longer-term outcomes.

Children's health is influenced by a complex set of genetic and environmental factors, including socio-economic factors. Effects that emerge early in life can go on to influence health and wellbeing outcomes in adulthood, therefore improving health outcomes for children is a key part of efforts to improve whole population health and reduce longer-term health inequalities.

The data from the Scottish Burden of Disease Study highlights the primary causes of early death and illness in children and adolescents using the outcomes 'Years of life lost' (YLL)[2] and 'Years of healthy life lost to disability' (YLD)[3].

Leading Causes of Death in Children and Young People

Data on Years of Life Lost (YLL) (Figures 18-21, Appendix 2) reveals that the greatest number of life years lost in the under 15 population in Edinburgh are due to deaths during the neonatal period (the first 28 days after birth) or due to congenital birth defects. This is expected as the indicator represents years of life lost, therefore deaths at a younger age will contribute more total years lost. Other contributors to early death in under 15s include diarrhoea and other common infections, lower respiratory infections, sudden infant death syndrome, nutritional deficiencies and other unintentional injuries, however due to the data being based on very small numbers of deaths, this doesn't warrant further investigation.

Among young people aged 15-24, the leading causes of YLL are self-harm, interpersonal violence and drug use disorders. Young men in Edinburgh face a higher risk of drug-related deaths (1434.6 YLL per 100,000 population) compared to females (302.5 YLL per 100,000 population), while young women are disproportionately affected by self-harm and interpersonal violence (597.7 YLL per 100,000 population). It is however important to note that drug-related deaths in young people account for a minority of drug related deaths in Edinburgh and Lothian, with only 3% of the total number of drug related deaths in Lothian in 2023 being in young people aged under 25. The rates of YLL in young people age 15-24 in Edinburgh remain lower than the national averages for both sexes.

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[2] **YLL (Years of Life Lost due to premature mortality):** YLLs are computed by multiplying the number of deaths at each age x by a standard life expectancy at age x. In Scottish Burden of Disease an aspirational world life expectancy table developed for the Global Burden of Disease study is used. (Public Health Information for Scotland)

[3] **YLD (Years of Life lived with a Disability):** In burden of disease studies this is also referred to as 'ill-health'. YLDs are computed as the prevalence of different disease-sequelae and injury-sequelae multiplied by the disability weight for that sequela**.** Disability weights are selected on the basis of surveys of the general population about the loss of health associated with the health state related to a disease sequela. (Public Health Information for Scotland)

More details and visualisations of causes of death in children and young people, including comparisons with other local authority areas are available via [Public Health Scotland's interactive tool Scottish Burden of Disease Interactive Visualisation Tool](#).

Leading Causes of Ill Health

Years of Life Lost to Disability (YLD) measures the impact of illness and disability on quality of life. The leading causes of ill health among children under 15 are similar in both Edinburgh and Scotland. Primary contributors include asthma, skin and subcutaneous conditions such as eczema; and congenital birth defects. Asthma causes more YLDs in boys at 398.6 years per 100,000 population than in girls at 281.6 years per 100,000 population. Skin and subcutaneous conditions represent the top cause for girls at 432.4 compared to 401 years per 100,000 population for boys.

For young people aged 15-24, the most common causes of YLD are similar to those in the adult population, and include mental health disorders, headache disorders and musculoskeletal disorders. Mental health disorders, such as anxiety and depression together contribute 984.6 YLD per 100,000 population in males and 1292 YLD per 100,000 population in females. Headache disorders contribute around twice the YLDs in females compared to males, whilst drug use disorders make up a larger proportion of YLDs in males compared to females, reflecting the similar trend seen in leading causes of early death (Figures 22-25, [Appendix 2](#)).

Primary 1 BMI Statistics

The percentage of children in Edinburgh classified as having a ["healthy weight" in Primary 1](#) (P1) tends to be higher than the Scottish average. However in 2023/24, 17.8% of P1 children were identified as being overweight or obese (Figure 26, [Appendix 2](#)). A notable [disparity](#) exists between the most and least deprived areas of Edinburgh, with a 13.2% difference in the rates of children who are overweight or obese. This highlights the marked health inequalities in the city, discernible from an early age and reflects broader socio-economic inequalities. It is important to recognise that children's weight is influenced by a wide range of factors and the evidence base shows that a '[Whole System Approach](#)' is required to support children and families to achieve healthy weight, with [recommended actions for local authorities set out by Obesity Action Scotland](#).

Dental Health

The [National Dental Inspection Programme](#) data demonstrates that children in Edinburgh show a higher rate of "no obvious decay experience" compared to the Scottish average, with over 75% of Primary 1 (P1) children and over 80% of Primary 7 (P7) children being free from noticeable dental decay, missing or filled teeth (Figures 27 &28, [Appendix 2](#)). Disruptions caused by the COVID-19 pandemic are noted however, with data indicating that over 20% of Edinburgh's P1 and over 15% of P7s were experiencing dental decay in 2022/23. Whilst data is not available disaggregated by SIMD, at local authority level, Lothian data for 2024 showed there was a 25% difference between the percentage of P1s with no obvious decay living in the most and least deprived parts of Lothian area and a 15% difference for P7s. Continued work within NHS Lothian on the [Childsmile programme](#) plays an important part in bringing dental decay in children down and addressing barriers to dental health in deprived areas

through universal and targeted services including distribution of toothbrushes and toothpaste and daily, supervising toothbrushing within nurseries.

Mental Health and Wellbeing

The national Schools Health and Wellbeing Census, which included a standardised Strengths and Difficulties Questionnaire (SDQ), paints a concerning picture of mental health among children and adolescents in Edinburgh. Over half (56.6%) of female respondents in S2-S6 scored as having raised levels of mental health and wellbeing difficulties, while the rate for males was lower (34.5%) but still substantial. The data indicates higher levels of self-reporting of mental health challenges in younger secondary school children, with an increased level of reporting of difficulties among girls and children with caring responsibilities. These issues are compounded by socio-economic factors, with a higher percentage of children from the most deprived quintile (51%) scoring as having raised levels of difficulties, compared with those from the least deprived quintile (41%). A slight socioeconomic trend was also seen for a range of other self-reported outcomes, with those in the least deprived quintile being less likely to agree or strongly agree that they are cheerful, more likely to agree that there are lots of things they worry about, and less likely to agree that they are often or always feeling confident (Figures 29-32, Appendix 2).

Smoking, Alcohol and Substance Use

The latest Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS) highlights trends in smoking and alcohol use among 13- and 15-year-olds. This includes information that while smoking rates have declined, the use of e-cigarettes has risen (Figures 33 & 34, Appendix 2). There is limited evidence of the long-term health impacts of vaping on children and young people, however there is a UK commitment to further research on this topic and a current PHS position statement on tobacco smoking and youth vaping, as well as am NHS Scotland consensus statement on e-cigarettes, which includes that access to e-cigarettes needs to be controlled carefully and that they are not products for children or non-smokers. It also however confirms that health professionals should advise smokers about the different ways they can quit and that they should not turn anyone away because they choose to use e-cigarettes. There is no routinely available data on substance use in children and young people, however data on drug deaths in Lothian does not show any drug-related deaths in children and young people, with the average age of drug related deaths being 43. More information on drug related deaths is available in the NHS Lothian Drug Related Deaths Annual Report.

Edinburgh's young people are less likely to have consumed alcohol compared to the national average, although they are more likely to view trying alcohol as socially acceptable. The survey also shows an increase in excessive drinking among 15-year-olds in Edinburgh over time (Figure 35 & 36, Appendix 2). More information on alcohol use in Edinburgh is available in the NHS Lothian Alcohol Health Needs Assessment.

Sexual Health, Wellbeing and Teenage Pregnancy

Young people's access to sexual and reproductive health information, education and services was disrupted during the pandemic, and we have still not seen young people's attendance at

sexual health services recover to pre-pandemic levels. Teenage pregnancy rates in Edinburgh and Scotland have declined in recent years, with a sharper decline seen during the COVID-19 pandemic, followed by a slight increase in 2022. For pregnancies in those aged under 20, Edinburgh has a higher proportion which end in termination rather than delivery, compared to the Scotland average, likely due to a range of social factors (Figures 37-39, Appendix 2). While higher rates of terminations may suggest a gap in uptake of effective contraception, supporting stigma-free access to termination, where appropriate, is also important to ensure young people do not feel compelled to continue with unintended pregnancies.

It is important to acknowledge that for some young women, teenage pregnancy can be a planned and positive life choice, despite wider societal stigmas. It is however equally important to ensure children and young people have access to age-appropriate information on sexual health and wellbeing, including contraception and termination, to allow them to make informed choices and access support where required. These challenges are acknowledged in the Scottish Government's Sexual Health and Blood Borne Virus Action Plan 23-26 where young people are recognised as a priority. In Lothian, the Healthy Respect team continue to work to improve young people's sexual health and wellbeing, this includes providing access to clear and inclusive information for both young people and those who work with them via the Healthy Respect website, as well as delivering training to the young people's workforce, including teaching staff and youth workers.

Youth Violence

There is no routinely available data on overall levels or trends of youth violence in Edinburgh however there are some concerns about the impact of this within certain communities. Data from the Scottish Children's Reporter however shows that the number of children involved in the Children's Hearing System due to an 'offense' has decreased significantly over time, from a peak of 900 in 2005/06 to a low of 111 in 2021/22, with numbers having risen slightly to 139 in 2023/24. There is no data on the number of offences that were 'violent' however information on the grounds of referral to the Children's Hearing System (including offense and non-offense grounds) showed that in 2023/24 102 children were referred due to the child's conduct being harmful to themselves or others.

Recommendations – Health Outcomes and Behaviours

4. **Explore options for protection from harmful commercial determinants of health such as exposure to advertising for the retail of health-harming commodities including tobacco, alcohol and foods high in fat, sugar and salt (HFSS) which are a key determinant of young people's health behaviours and corresponding outcomes.**

5. **Continue to ensure children and young people in schools and other settings such as youth work have access to relevant health promoting information and confident staff who can support them to engage with relevant services in relation to key health topics of healthy eating, physical activity, tobacco, alcohol, substance use, sexual health, mental health and wellbeing.**

6. **Ensure a joined up and effective approach to the provision of opportunities and support for young people's mental health and wellbeing, including through access to physical activity, youth work, and mental health and wellbeing services, including those currently provided through Whole Family Wellbeing Fund, Connected Communities and Mental Health Grant programmes.**

Building Blocks of Health

Health is shaped by a wide range of factors, many of which extend beyond the healthcare system itself. The Health Foundation's framework for understanding the **building blocks of health** provides a comprehensive lens through which we can explore the elements that influence individual and collective health and wellbeing. These eight building blocks of - money and resources; good work; housing; surroundings; transport; food, education and skills; and communities - interact in complex ways to either promote or undermine health.

This chapter will explore each of these building blocks, examining the available data relating to Edinburgh and their significance in shaping both short- long-term health outcomes.

Money and Resources

Poverty among families in Edinburgh has remained relatively stable over the past decade, consistently affecting around 1 in 5 households with children. Map 6 shows the areas of the city that are most impacted by child poverty, with the highest proportion of affected families living in areas such as Craigmillar / Niddrie in the North East of the city; Liberton / Gilmerton in the South East; Westerhailes in the South West; and Granton / Pilton in the North West, as well as in some areas of the City Centre and Leith.

While efforts to address child poverty have made important strides, the rates of child poverty have not changed substantially, indicating that progress has been slower than hoped. Scottish Government conservatively estimates that child poverty percentage rates are 4% lower than they would be otherwise, due to actions such as the Scottish Child Payment increase, free school meals, school clothing grants and council tax reduction. It is estimated that around 2,000 children in Edinburgh—roughly 2% of the 4% reduction—have been lifted out of poverty due to local delivery of government-funded actions.

Notably, Lothian Public Health Survey Data (Figures 5-7, Appendix 1) demonstrates that although family households in the most deprived areas - those in the lowest SIMD decile - represent only 6.7% of all family households in Edinburgh, the overall child poverty rate in the city remains high at 20% (Figure 40, Appendix 3). This indicates that a significant proportion of children in poverty do not reside in the areas conventionally considered the most deprived, highlighting the complex nature of poverty in the city.

There is a range of work ongoing in the city to support children and families living in poverty, more detail on which is set out in the End Poverty in Edinburgh Poverty Annual Report. While the long-term goal is to reduce the number of families who experience poverty in the city, a shorter term priority is to make it easier for families with money worries to access appropriate and joined up support.
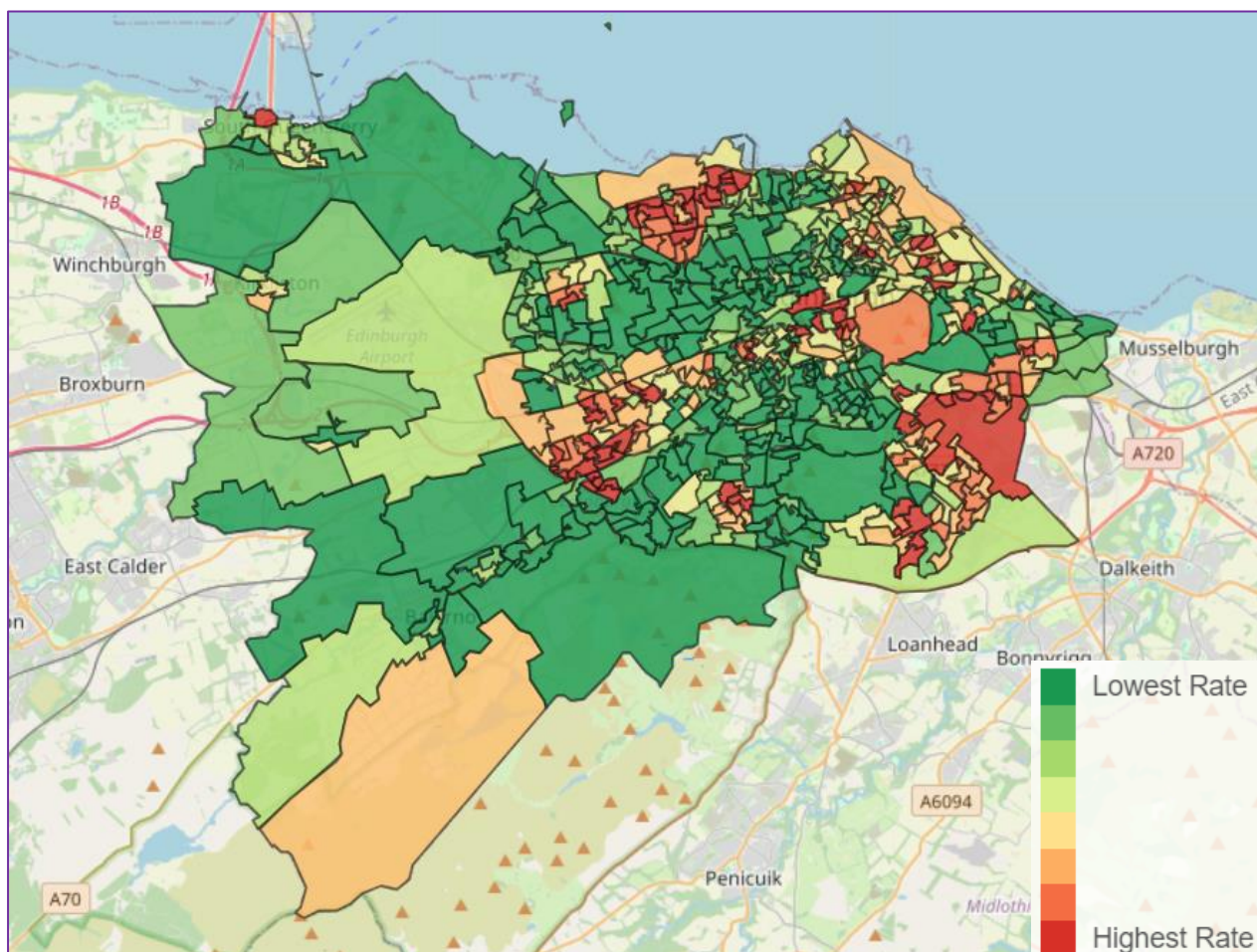
Map 6 - Percentage of children in poverty, Edinburgh, 2020/21 (relative income measure of children in low-income families before housing costs)
Source: [Children in low income families: local area statistics 2014 to 2021 - GOV.UK](#)

Good Work

For many people, high quality, well paid, secure work is a way out of poverty. While Scotland's overall unemployment rate is at a historic low, many families still face significant financial struggles, even when parents are in work. While there has been a decrease in the number of families experiencing in-work poverty in Edinburgh, the percentage of families on low income that are in work is consistently higher than the Scottish average, at 65.2% in 2022/23 in Edinburgh compared to 62.4% in Scotland (Figure 41, Appendix 3).

Caring responsibilities, particularly for mothers, are a barrier to full participation in the workforce. This is a [particular issue for lone parents](#), the majority of which are headed by women. Many single-parent families are underemployed, meaning parents are working fewer hours or in lower-paid roles, limiting their ability to provide financially for their children. The economic pressures of balancing paid work and unpaid care have long been a source of gender inequality. Mothers, particularly those with young children, are often forced to make significant sacrifices in their careers due to a lack of affordable childcare and flexible working options. This 'motherhood penalty' leads to lower earnings, fewer career opportunities, and less job security, all of which have a ripple effect on children's wellbeing. In Edinburgh, female unemployment has risen from 2.3% in 2022 to 3.4% in 2024, narrowing the gap between Edinburgh's unemployment rate and the national rate in Scotland (Figure 42, Appendix 3).

Affordable childcare is essential for many families to maintain steady employment, but for those in low-income households, it can be prohibitively expensive. The Scottish Government's provision of 1,140 hours of free childcare per year for 3-to 5-year-olds is a critical support. The percentage of 3- and 4-year olds registered with early learning and childcare centres in Edinburgh has seen a slight drop from 95% pre-COVID pandemic to 90-92% in the years following the pandemic. This pattern was not however seen in the Scotland rates which are slightly higher overall (Figure 43, Appendix 3). A 2023 survey showed that 56% of respondents accessed their funded hours through local authority settings and 44% did so though private partner provider settings. This data does not however take into account private childcare arrangements outside of nursery settings such as childminders and informal childcare through family and friends, as well as the importance of out-of-school childcare provision for older age groups.

The impact of the barriers to childcare is evident in a 2022 survey of families accessing standard childcare and those relying on subsidised childcare through Edinburgh's Affordable Childcare model of support. The survey found that 46% of low-income families using subsidised childcare would not have been able to work without this support (Figure 44, Appendix 3). For these parents, access to affordable childcare is a key enabler of financial stability as well as improved health and wellbeing outcomes for their children (Figure 45, Appendix 3). However, families accessing non-subsidised childcare face significant challenges, including inflexible hours and high costs, which prevent them from expanding their work hours or pursuing career growth. One survey respondent reported that, '*Availability is low/non-existent, and the cost outweighs the benefits of working,*' highlighting how lack of access to affordable, quality childcare in the city can restrict parents' ability to earn, which may in turn impact on children's prospects and opportunities in the future.

In some areas of the city, there is also an issue that a high proportion of adults report never having been in work. This can impact on children and young people in two key ways, firstly because children whose parents are not in work may be less likely to benefit from early enrolment in formal childcare; while national analysis has also shown that children with non-working parents may also lack support to meet their educational potential and enter the labour market in adulthood.

A range of work to tackle the issue of parental unemployment is already ongoing in the city, as part of Capital City Partnership's Joined up for Jobs approach. This includes addressing the barriers to stable, well-paid employment for parents including ensuring that affordable, flexible childcare options for pre-school and out-of-school childcare are available. These need to be promoted and made affordable and accessible to all families, particularly those in more deprived areas.

Housing

Affordable, stable and quality housing is crucial for the health and wellbeing of everyone, particularly children and its affordability directly impacts a family's financial stability. Studies have shown that housing affordability is a key driver of poverty and inequality in Scotland and increased supply of affordable housing is crucial in reducing child poverty. In Edinburgh, the private rental market has become increasingly unaffordable, with average monthly rents reaching £1,500 compared to £1,100 in Glasgow and even less in other cities like Aberdeen

and Dundee (Figure 46, Appendix 3). The proportion of households living in privately rented accommodation in Edinburgh is higher than the national average at 23.1%, compared to 12.9% across Scotland (Figure 47, Appendix 3).

The financial pressure caused by housing costs—both for rent and utilities—has both direct and indirect effects. For families, it can mean less disposable income for essential items like nutritious food or healthcare, which are vital for children's development. The impact of poor housing affordability can be especially profound for children, as stress and anxiety related to housing instability can impact their wellbeing, while frequent moves may damage engagement with health, other local services and weaken relationships in the local community. Evidence collated by The Health Foundation shows that households with children in the private rented sector are more likely to have moved home multiple times and that there is an association between moving more frequently and poor self-rated health.
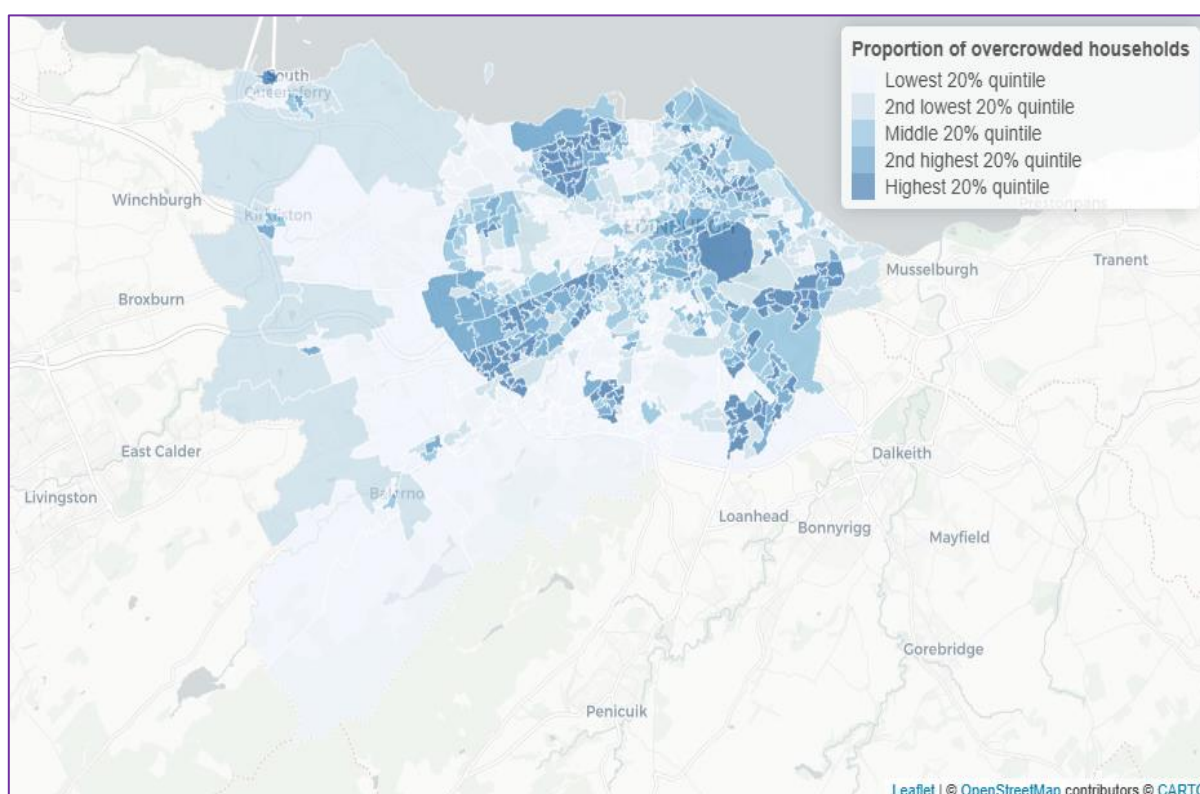
Map 7 – Distribution of overcrowding, Edinburgh, 2022
Source: Scottish Census 2022

Lack of affordable housing can also lead to overcrowding. In 2022, 2.7% of households in the city had an occupancy rating of -1 or less, meaning they were one bedroom short of what would be considered appropriate for the number of people living in the home. While 2.7% is not a large proportion of the population, certain parts of Edinburgh experience significant overcrowding, with up to 11% of households in specific datazones facing this issue (Figure 48, Appendix 3). These areas also coincide with higher levels of overall area deprivation (Map 7), which may amplify the risks for children if they experience both an overcrowded home environment as well as lower levels of health-promoting factors in their surrounding neighbourhood. Research has shown that children in overcrowded homes are more likely to experience stress, anxiety, and depression, have poorer physical health, and attain less well in school.

Fuel poverty is another component of housing affordability and quality that has a severe impact on children's health. In Edinburgh, 11.2% of family households reported experiencing fuel poverty in 2023, with 29.8% of those households residing in the most deprived fifth of areas in the city (Figures 49 & 50, Appendix 3). The consequences of living in cold homes are particularly concerning for children, as exposure to cold, damp conditions can impair lung function and cognitive development. The Institute of Health Equity's 2024 report 'Left out in the cold: the hidden health costs of Britain's cold homes', stresses that cold homes exacerbate respiratory issues and increase the risk of winter infections, while children living in inadequate warmth are more likely to suffer from mental health symptoms. These conditions, especially in the most vulnerable areas of the city, could affect nearly 30% of Edinburgh's children, creating long-term challenges for their health and wellbeing.

Lastly, the quality of housing itself, particularly issues like damp and mould, contributes to significant health risks. Damp and mouldy homes are associated with respiratory infections, exacerbation of asthma, and other respiratory symptoms. If untreated, these issues can lead to serious health problems, particularly for young children, whose developing respiratory systems are more vulnerable. Although Edinburgh generally has lower levels of homes affected by damp than other areas of Scotland, older housing types are more likely to face these issues (Figures 48 & 49, Appendix 3), further highlighting the disparities in housing quality that impact the city's most vulnerable populations.

A range of work to address homelessness and other housing challenges in the city are set out in Edinburgh's Housing Emergency Action Plan and forthcoming Local Housing Strategy. Further insights into the challenges facing children and young people in the homelessness system are included in the 'Deep Dive' section of this JSNA on Homelessness.

Our Surroundings

The environments we inhabit—our neighbourhoods, homes, schools, green spaces and streets - are fundamental to our health and wellbeing. Our surroundings extend beyond geography; they encompass the social, economic, and physical factors that shape health. A place-based approach recognises how these elements interact and influence the wellbeing of those who live, work, learn and play within them.

Clean Air

Poor air quality is cited as a top environmental risk to public health in the UK. Everyone who breathes polluted air is at increased risk of health issues but our most vulnerable populations, particularly children, are at greatest risk. Development in the womb and the first years of life is a critical stage when pollutants can impact on the growing body systems which can last for the entirety of a person's life. Conditions that are exacerbated by air pollution include asthma, chronic bronchitis, heart disease, stroke, diabetes, COPD and cancer, with an estimated 40,000 deaths per year in the UK attributable to exposure to outdoor air pollution.

In Edinburgh, the main contributor to air pollution is road traffic emissions with additional contributions from industrial, commercial and domestic sources. Whilst there were no reported exceedances of the Scottish air quality objectives in the Edinburgh Urban Area, based on modelled mean concentrations, there is no defined 'safe' level of exposure to

pollutants. Five specific Air Quality Management Areas (AQMAs) have been identified in Edinburgh, in Central Edinburgh; Glasgow Road; Great Junction Street; St John's Road and Salamander Street. These AQMAs are characterised by recent or historic high traffic or industrial emissions in comparison to the rest of the city and receive particular focus in the Air Quality Action Plan. Long term trends show stable or slightly decreasing levels of air pollution, in line with national trends. The enforcement of the low emission zone (LEZ) from June 2024 is expected to bring long-term improvements in air quality, however there remains a need for further work to improve air quality to protect children and young people from the harms of exposure to both nitrogen dioxide and particulate matter pollution.

Green Space

Access to green space is an important contributor to children and young people's health and wellbeing. Play in natural settings is not just about having fun, it provides opportunities to develop social skills, build resilience, and connect with the world around them. Time spent outdoors can improve mental and emotional wellbeing, boosting concentration and reducing stress.

Edinburgh is fortunate to have a large number of public parks, gardens and other greenspaces, including many play areas (Map 8), sports pitches and exercise equipment as well as alllotments, woodland areas and riverside paths, many of which have received a Green Flag award for high quality. While these spaces are spread geographically across the city (Map 9, Appendix 3), inequalities can still exist in the access to quality greenspace. This can arise if local streets are not considered safe enough to enable children to travel independently to local greenspaces, and / or if families don't have the time or resource to support children to travel to potentially higher quality, but more distant facilities.

In addition to open space and formal play equipment, there are also benefits to children and young people having access to more natural and biodiverse environments for non-structured play. Consideration should be given to how children, young people and families can access these types of environment as well. As our city grows, generating and preserving quality greenspaces for children to play, as well as supporting access to these spaces will be crucial.
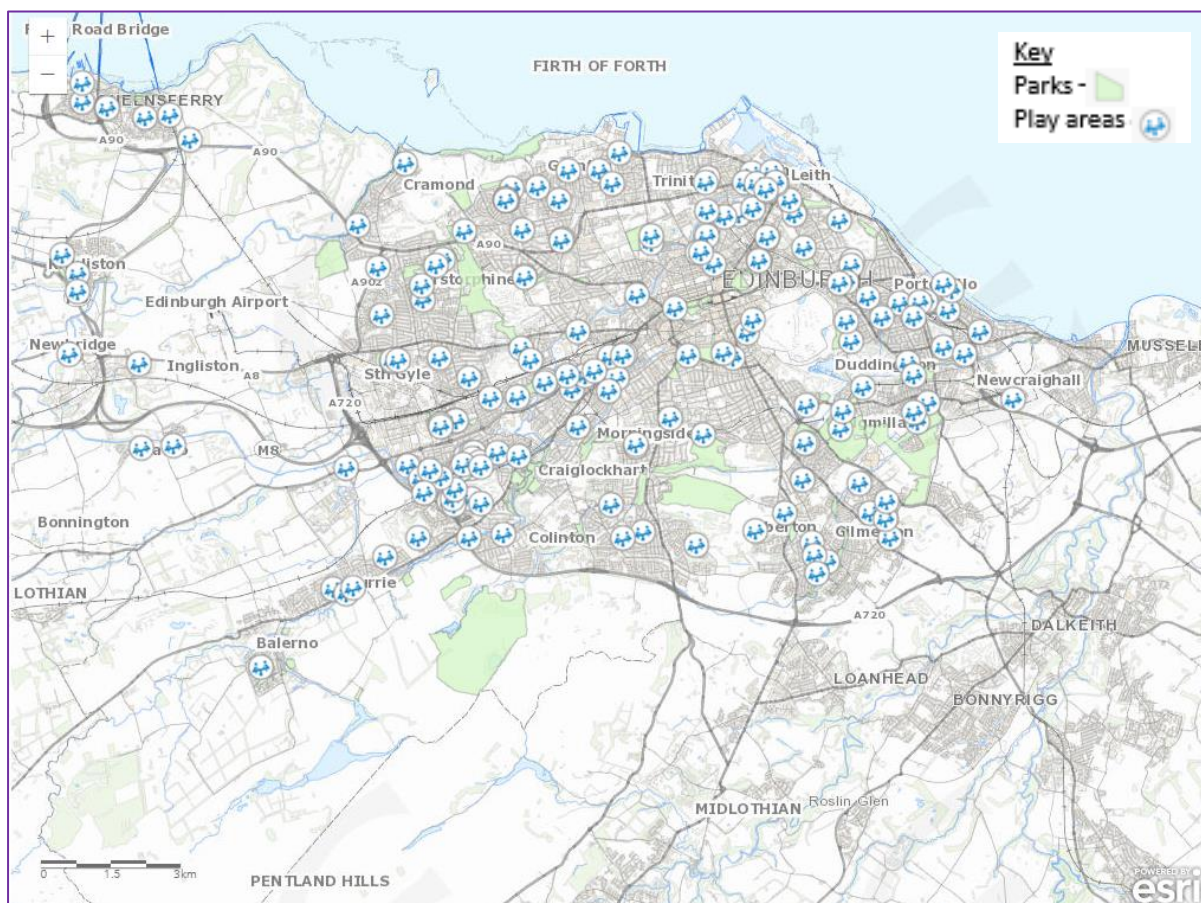
Map 8 – Parks and Play areas, Edinburgh, accessed: February 2025
Source: Edinburgh Outdoors Map

Safe Neighbourhoods

In order for children to be able to make the most of the opportunities and services in the wider city, it is essential that they perceive their local neighbourhoods and public places in the wider city as safe, high-quality spaces that are accessible, inclusive and welcoming.

Data from the 2021-22 Health and Wellbeing Census gives us an insight into the experience of their surroundings from the perspective of Edinburgh's children. Overall, 78% children and young people from P5 to S6 reported feeling safe in the area that they live, all or most of the time, with 67% reporting that they think their area is a good place to live. However, there is a clear association between children's perception of the area in which they live and the level of deprivation of that area with a 45% difference between the percentage of children in the least and most deprived areas who said the area in which they live is a good place to live. The gap between perception of safety amongst those living in the most and least deprived areas was lower, with 76% in the most deprived quintile saying they felt safe all or most of the time, compared with 94% in the least deprived quintile (Figure 53, Appendix 3).

Healthy Retail Environments

Commercial activities by private companies also impact on the physical and social environment in which we live, grow, learn and play. The availability and marketing of health-harming commodities such as tobacco, gambling, alcohol and foods high in fat, sugar and salt (HFSS foods) in local communities and digital spaces which make them easily accessible, more desirable and increases perceived normality of consumption.

[NHS Lothian Public Health Survey](#) data shows that across Lothian, people living in the 25% of areas with highest alcohol outlet density had 42% higher odds of risky drinking than those living in areas with no alcohol outlets. Children are a particularly vulnerable group to the commercial determinants of health, because their attitudes towards commercial determinants, such as unhealthy food, alcohol and [gambling](#), are established during this formative stage when their brains are still developing. This means they have increased susceptibility to persuasive messaging relating to these products as well as lower impulsivity control.

Recent [research from Obesity Action Scotland](#) found there is significant parental concern about the impact of food promotions on families diets, with parents seeking policy action to restrict unhealth promotions. There is evidence that [early initiation of alcohol use](#) increases the risk of problematic drinking in later life, and that the [volume of gambling advertisements](#) plays a role in normalising gambling behaviour. [Children living in a family that includes someone experiencing gambling harm can result in anxiety, neglect and poor mental health](#), with children of people experiencing gambling harm reported to be [four times more likely](#) to gamble themselves.

As well as being more susceptible to marketing messages, children have less independent mobility than adults. They typically spend most of their time close to home, making them more dependent on their local surroundings. A [recent Scottish study](#) found that children living in the most deprived areas were nearly five times more likely to be exposed to off-sales alcohol outlets than those in the least deprived areas and almost three times more likely to be exposed to on-sales outlets such as pubs and bars. Furthermore, 31% of children's exposure to off-sales outlets in deprived areas occurred within 500 meters of their homes, compared to just 7% in less deprived areas. Across all areas, children experienced 22–32% of their exposure to alcohol outlets within 500 meters of schools, with a higher proportion of this exposure coming from off-sales outlets in more deprived areas.

There are a range of opportunities within the planning systems and other key policy areas to improve air quality, increase access to quality green space and design safer, health-promoting streets that enable children, young people and families to live healthier lives. It is essential that we work collaboratively to develop and implement health-focussed planning, licensing and advertising policies that will help create these future environments.

Transport

Safe, environmentally sustainable transport opportunities are important to promote good health and reduce inequalities, including by providing opportunities for physical activity and protecting people from road danger, air and noise pollution. It also enables connection to education, employment and other services and opportunities, as well as reducing greenhouse gas emissions to reduce climate change.

Data on children's travel in the city shows that that nearly half (42%) of all school age children have less than 2km to travel to their place of education, with 65% having less than 5km to travel. For primary school age children, average distances are even lower, with 64% having less than 2km to travel and 79% having less than 5km to travel (Figure 54, [Appendix 3](#)). Unfortunately despite these low distances, [Scottish Household Survey 2022](#) data shows

24% of 6-10 year olds and 9% of 11-15 year old children still report travelling to school by car (Figure 55, Appendix 3).

Data from a Scotland-wide evaluation of the Young Person's Free Bus Travel Scheme shows the high update of the scheme within Edinburgh, with 83% take up amongst young people. Continued encouragement to young people to take up and make use of this is important not just to support sustainable travel to school, but because the evaluation has shown a wider range of benefits to children and young people. This included 83% of respondents age 12-15 reporting that the scheme gave them more independence and 34% of all respondents saying they'd been able to access new opportunities and activities as a result of the schemes. The evaluation also found girls and young women reported that free bus travel had enabled them to feel safer when traveling at night (Figure 56, Appendix 3).

In contrast to car travel, only 1 per cent of children and young people currently report travelling to school by cycle. While there will be a range of reasons that people choose other methods of travel to school, ensuring that young people are competent and feel confident to cycle independently is an important part of encouraging more sustainable travel. Cycling Scotland provides information on which schools currently offer 'Bikeability' training within Edinburgh. The latest data does not show any schools in the city delivering Level 3 training, which is what would be required for children to be able to cycle on roads with traffic - a skill they would need if they wanted to cycle for daily travel in adulthood. More information on the Bikeability scheme can be found in this report's chapter on the Universal Offer.

Children's transport behaviours are significantly influenced by the infrastructure that is designed for and the travel behaviours of the adult population. Data from the 2022 census shows that amongst adults travelling to work in Edinburgh, 25% do so by driving, with 15% travelling by bus, 12% on foot and 4% by bicycle and 39% working from home. While much of our transport network has historically been designed to support travel by car, lower-income households are much less likely to have access to a car. Ensuring environments, particularly around schools, prioritise access by sustainable travel, and supporting children and young people to choose these healthy modes by default, is essential in order to reduce inequalities in access to service and opportunities, as well as other transport-related health outcomes. Supporting the next generation to travel sustainably is also key to achieving Edinburgh's commitment to addressing the climate emergency.

Food

Nutritious food is essential for our health, playing a crucial role in children's development and overall wellbeing throughout life. Everyone should have the ability to access and afford sufficient healthy food to maintain good health. However, this is not the reality for many people in Scotland, as food insecurity for households with children has increased in recent years, meaning these families experience hunger and live with the uncertainty of how they will access enough food to meet their basic needs.

This is particularly problematic for households with infants for multiple reasons. For a baby to survive and thrive, they must have access to either breastmilk or infant formula on demand 24 hours per day. It is recommended to exclusively breastfeed however, Feed UK survey findings suggest food insecure women are more likely to stop breastfeeding due to concerns over perceived milk quality due to poor maternal diet. The cost of formula milk

rose by 18-36% between December 2021 and December 2023 and benefits available to low income families with a baby have not kept up with inflation, putting these families at higher risk of food insecurity. Results from an NHS Lothian survey of professionals working with families in Edinburgh revealed that 89% of 77 respondents have supported a family experiencing infant food insecurity with 25% reporting this happens every week. Given the extent of the issue, work is on-going to strengthen pathways to support people in emergency situations and with wider holistic welfare rights advice.

Data from the national Schools Health and Wellbeing Census, from 2021-22 reveals race inequalities in the levels of food insecurity experienced by children and young people from some ethnic backgrounds in Edinburgh. In this pupil survey, 11.6% of African, Black or Caribbean pupils in P7-S6 classes answered that they 'always' or 'often' go to school or bed hungry, compared to 6% of White Scottish or White British pupils (Figure 57, Appendix 3). When assessed by stage, younger pupils in this age group tend to be more likely to experience food insecurity than their older counterparts, with 70.4% of pupils in S5 reporting never going to school or bed hungry compared to 62.2% of P7s (Figure 58, Appendix 3). Overall, 32.4% of all pupils always, often or sometimes go to school or bed hungry, suggesting that food insecurity is a problem experienced by more than a third of children in this age group in the city.

More recent data from a 2024/25 survey of Edinburgh's secondary school pupils is not directly comparable, however it shows disparities in the consumption of breakfast by gender and by stage. Older females were less likely to have breakfast (more than a glass of milk or fruit juice) in 2024/25 with only 50% of secondary school aged girls answering agree or strongly agree to the statement 'I usually have breakfast (more than a glass of milk or fruit juice) compared with 65% of boys (Figures 59, 60 & 61, Appendix 3). Further analysis of the significance and accessibility of breakfast clubs in schools and colleges is available in the Universal Offer chapter of this report.

Meals eaten at school contribute a significant proportion of a child's diet with up to 5 breakfast meals and 5 lunch meals per week provided by school cafeterias during term time. Therefore, the quality and affordability of school meals can have a significant impact on child health. The provision of free school meals aims to ensure children receive a healthy meal whilst at school and the benefits of free school meals include increased attainment and attendance, reduced food insecurity and improved diet quality.

This can also contribute to reducing child poverty by decreasing the cost of the school day and reducing the health inequalities associated with poverty given that it would cost a household with children living in SIMD 1, 70% of their disposable income to provide a healthy balanced diet. It has been acknowledged that the preventative impact of these benefits far outweigh the costs and recognising this, the scheme was extended to offer universal free school meals to all children in Scotland in P1-P5 from 2022. Families on a low income can continue to access free school meals for their children in P6 and P7 and throughout secondary school. Of all registered children, including primary universal provision, Edinburgh consistently has a higher percentage of children taking up the offer of free school meals than the Scotland average (Figure 62, Appendix 3).

Eating school meals is often the healthier choice when compared with packed lunches and when children enter secondary school, their food options often increase to include food

purchased from local retailers also. Currently in Edinburgh, the density of hot food takeaway outlets, per equivalent population shows the highest density of these retailers concentrated at the city centre and in areas of higher deprivation (Map 10). In conjunction with data on the availability of healthier food options in the city, the most deprived areas of the city face greater challenges in access to a healthy food environment than the least deprived areas, which may be contributing towards higher levels of diet-related disease in these areas. Policy to reduce the availability of unhealthy food options and increase the availability of healthier options around schools is an important area where planning can contribute towards improving child health and creating healthier communities overall.

As part of the NHS Lothian and City of Edinburgh Council work on Good Food Nation Plans, there is an opportunity to take a holistic view of current food systems and work together to achieve more sustainable and healthy food systems for everyone.

Source: creshmap.com
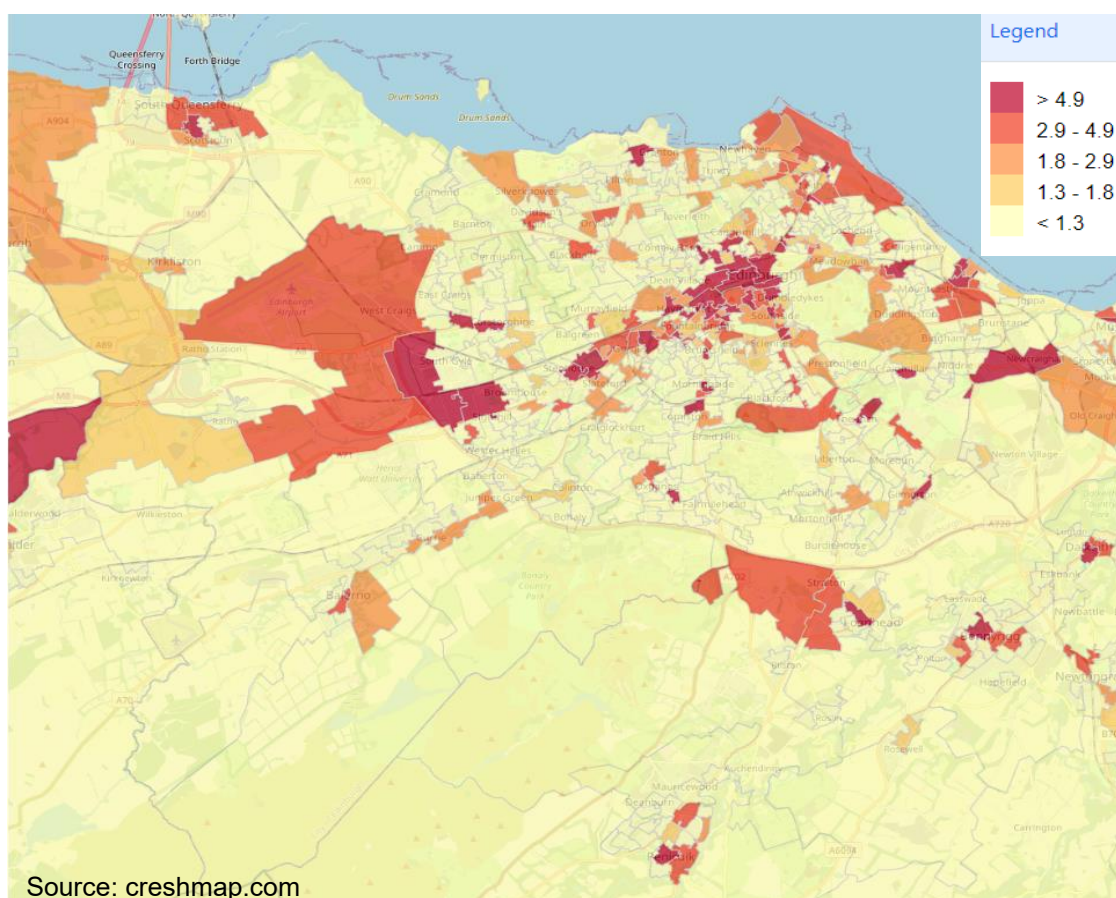
Map 10 - Number of food takeaway outlets per 1,000 people by data zone, Edinburgh, 2024
Source: creshmap.com

Education and Skills

A range of indicators on attainment and positive destinations, along with self-reported survey data provide a picture of children and young people's attainment and experience of education in the city.

Primary 1 attainment data over the areas of listening, talking, literacy, numeracy, reading and writing shows that more children in Edinburgh as a whole, are meeting the expected curriculum of excellence (CfE) levels compared to Scotland. However, if we look at the

attainment results for children across Edinburgh, there are significant differences between our most deprived and least deprived areas. In all areas of listening, talking, literacy, numeracy, reading and writing, children living in the most deprived areas of the city are less likely to meet CfE expectations. There are between 14-25% less pupils meeting expectations compared to children in the least deprived areas (Figure 63, Appendix 3). It is important to remember that educational attainment in primary one will be significantly shaped by levels of school readiness, and the extent to which children have been supported to reach developmental milestones prior to attending school.

Data on positive destinations for school leavers shows that just over 95% of pupils are in positive destinations 9 months after leaving school. The data for our Edinburgh young people is very similar to the Scottish wide data (Figure 64, Appendix 3).

In addition to data on educational attainment, it is also important to understand young people's experiences of their time in education. In a 2024/25 survey of Edinburgh's P5-S6 pupils, just under half (47.8%) of young people reported that they 'enjoyed learning at school' compared to 20% that didn't, with the remainder providing a neutral response (Figure 65, Appendix 3). A relatively large proportion (70.5%) of young people agreed that they were 'getting along well with their schoolwork', compared to 8.6% who reported they were not. Agreement levels were higher in the younger groups (S1-3) compared to older groups (S4-6) (Figure 66, Appendix 3). There was no gender differences in patterns for enjoying school and getting on with schoolwork. In the same survey, young people were generally positive about their future, with 84% agreeing that they expect to get a job, training or place at college/university after leaving school compared to 4.4% that disagreed.

It is recognised that the educational experience of children and young people with additional support needs may differ from the average experience of children in the city. The challenges and opportunities resulting from the increasing number of children identified as having additional need in the city are explored further in the 'deep dive' section of this JSNA on Additional Support Needs.

Ongoing work in education is successfully narrowing the attainment gap between those growing up in the most and least deprived areas of the city. Continuation of the Team Around the Community programme will help to connect those in education with a wider range of supportive resources to help them maximise their potential both in and out of key education settings.

Family, Friends and Community

Relationships with family, friends and communities play a crucial role in health and wellbeing. Positive relationships lead to better physical and mental wellbeing and longer lives, while negative relationships, or a lack of secure relationships can lead to loneliness and poor mental wellbeing. Additionally, strong community connections can improve mental health and lessen the effects of neighbourhood deprivation on mental health.

When our children and young people are connected to extended family, family friends and people in their community, they have: a sense of belonging to a place and community; opportunities to learn about getting along with others; and trusted people to go to when they need help.

Strong social connections can also boost our children's confidence, leading to new friendships. Different community connections for children have different benefits, such as:

- Extended family and family friends can strengthen their sense of belonging. Interacting with other adults and families help children understand that not all families are the same. This exposure shows them that there are various values, routines and ideas in the world. Additionally, in times of stress, family members or friends can provide support, for instance, picking up a child from school if a parent is sick or delayed.

- Being familiar with people in the local community can help children feel that their area is a safe and friendly place. Children might be involved with local organisations like sporting clubs, music or art clubs, religious organisations or volunteer groups. These opportunities allow children and young people to build skills, follow interests and 'give back' to the community.

Data from the national Schools Health and Wellbeing Census provides key information on children and young people's perceptions of their neighbourhood and home life in Edinburgh. The majority, 65% of young people, reported having an adult in their life who they could trust and talk to, and this was relatively consistent between the most and least deprived areas (Figure 67, Appendix 3). A higher proportion (77%) in the least deprived quintile strongly agreed that most of the time they had enough money to do the same things as their friends, compared with 65% in the most deprived quintile. Overall, 14% reported that they always or often felt lonely, with 39% reporting that they sometimes felt lonely (Figure 68, Appendix 3). This was similar across all deprivation quintiles.

The opportunities that are on offer to support children and young people to engage with family, friends and communities outside of home and education settings is explored further in the 'deep dive' section of this JSNA on 'Edinburgh's Universal Offer.'

Data from social work statistics also show that some children in the city continue to be adversely affected by negative experiences with family, friends and communities. For children registered in 2023-24, the concerns raised most often were domestic abuse (45%), neglect (42%), parental substance use (39%), parental mental ill health (37%), and emotional abuse (33%) (Figure 69, Appendix 3). The overall rate of child protection planning meetings in Edinburgh is however consistently lower than Scotland and decreasing over time (Figure 70, Appendix 3).

It is important that we work to support all children to build strong and protective relationship with family, friends and wider communities, while also continuing to ensure that processes are in place to enable early identification and intervention when children and experiencing unsupportive or harmful environments.

Recommendations – Building Blocks of Health

7. **Money and resources: Ensure an accessible and equitable system of welfare advice is available in the city, to enable families with children to get appropriate help with money worries as early as possible, including ensuring all those working with children and families have the confidence to ask about money worries and signpost to relevant sources of support.**

8. **Good work: Further explore options to support parents into 'good work', including options to expand flexible, affordable childcare in the local areas where this could make the biggest difference.**

9. **Housing: Continue to prioritise the needs of children and families in the allocation of housing, including ensuring that when temporary accommodation is needed mitigations are put in place to minimise adverse impacts on children and young people.**

10. **Surroundings: Ensure that equitable access to high quality, child and young people friendly greenspace for playing, is prioritised as part of all development and regeneration opportunities in the city.**

11. **Transport: Improve the transport environments around schools, prioritising those in the most deprived areas, and continue to encourage uptake and use of Free Bus Travel as well as exploring options for equitable access to cycles and cycle training.**

12. **Food: Continue to support pathways to long-term food security, as well as supporting emergency food providers to consider options for a Cash First approach wherever possible.**

13. **Education and skills: Continue the development and evaluation of the Team Around the Community (TAC) approach to ensure children and young people, including those with additional support needs, have access to the full range of relevant support in the communities around their schools.**

14. **Communities: Ensure that learning from the Whole Family Wellbeing Fund and other programmes of community-based work are embedded in routine mechanisms for supporting communities to improve access to key services.**

Deep Dive - Additional Support Needs

Every child and young person has the right to receive the support they need to reach their full potential and thrive. Current services for children and young people such as education and healthcare are set-up to ensure they can meet a wide range of needs. Some children and young people however may require support that goes beyond what is typically provided to their peers, to ensure they can fully engage in education and other opportunities to enable them to meet their full potential. These additional support needs may be due to:

- The learning environment
- Family circumstances
- Health or disabilities
- Social and emotional factors

This chapter assesses the data around Additional Support Needs (ASN) both nationally and locally to Edinburgh and the Lothians and explores the systems that are currently in place to meet the needs of children and young people with ASN, providing recommendations for improving these support systems. It is important to note that the term ASN is used to refer to a wide range of needs, including having English as an additional language or being a young carer as well as a range of physical impairments, neurodiversity and mental health issues.

National and Local Data

Data in this chapter is taken from Scottish Government Pupil Census and from data shared by City of Edinburgh Council, from the SEEMIS pupil data management system which was extracted in April 2023. .

Figure A1, below, demonstrates the sharp rise seen nationally in the percentage of pupils with documented ASN, to 36.7% of all pupils in 2023, representing a 31.4% increase in the last 15 years. This includes data from primary and secondary schools where pupils are integrated into mainstream classes as well as pupils enrolled in specialist settings. In 2023 reported figures show 30.4% of primary school children and 42.9% of secondary school pupils in mainstream schools are receiving support with ASN.

Percentage of pupils with ASN - Scotland

Percentage of school roll

Year	Value
2007	5.3
2008	5.7
2009	6.5
2010	10.3
2011	14.7
2012	17.6
2013	19.5
2014	20.8
2015	22.5
2016	24.9
2017	26.6
2018	28.7
2019	30.9
2020	32.3
2021	33.0
2022	34.2
2023	36.7
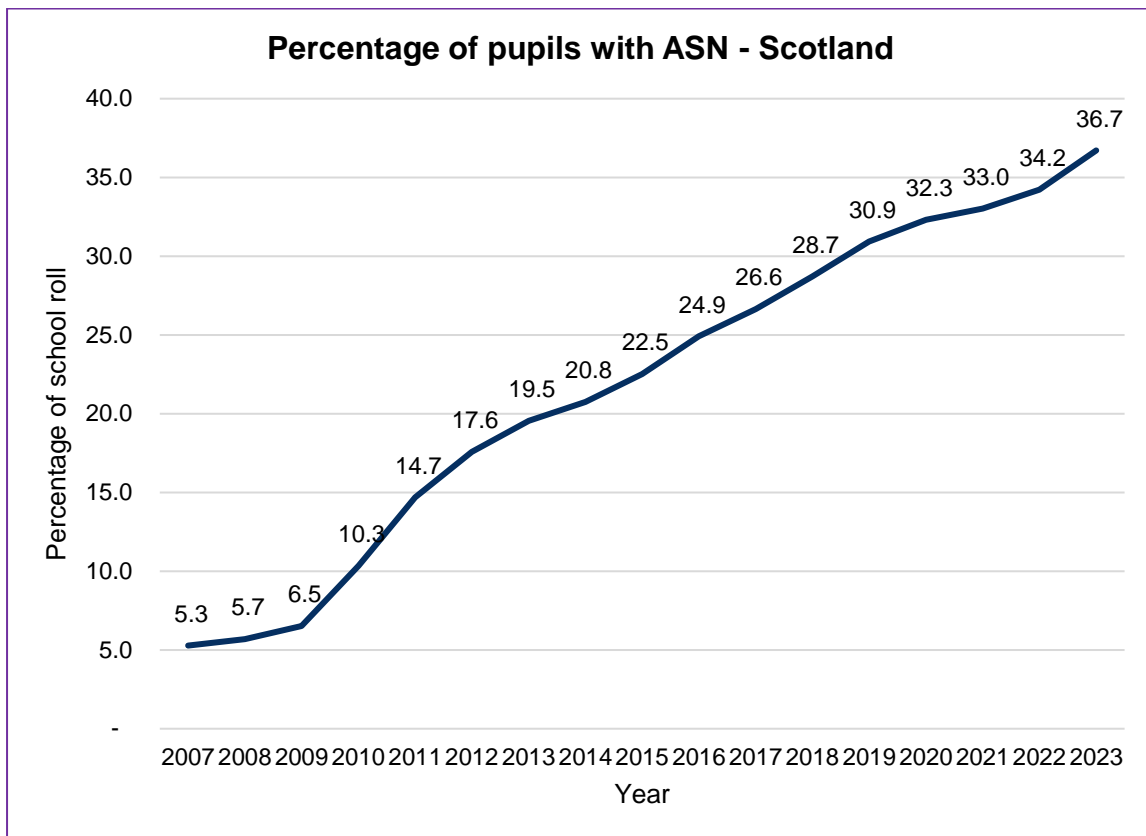
Figure A1
Source: Scottish Government Pupil Census

% of pupils with Additional Support Needs - Edinburgh

Percentage of pupils with ASN

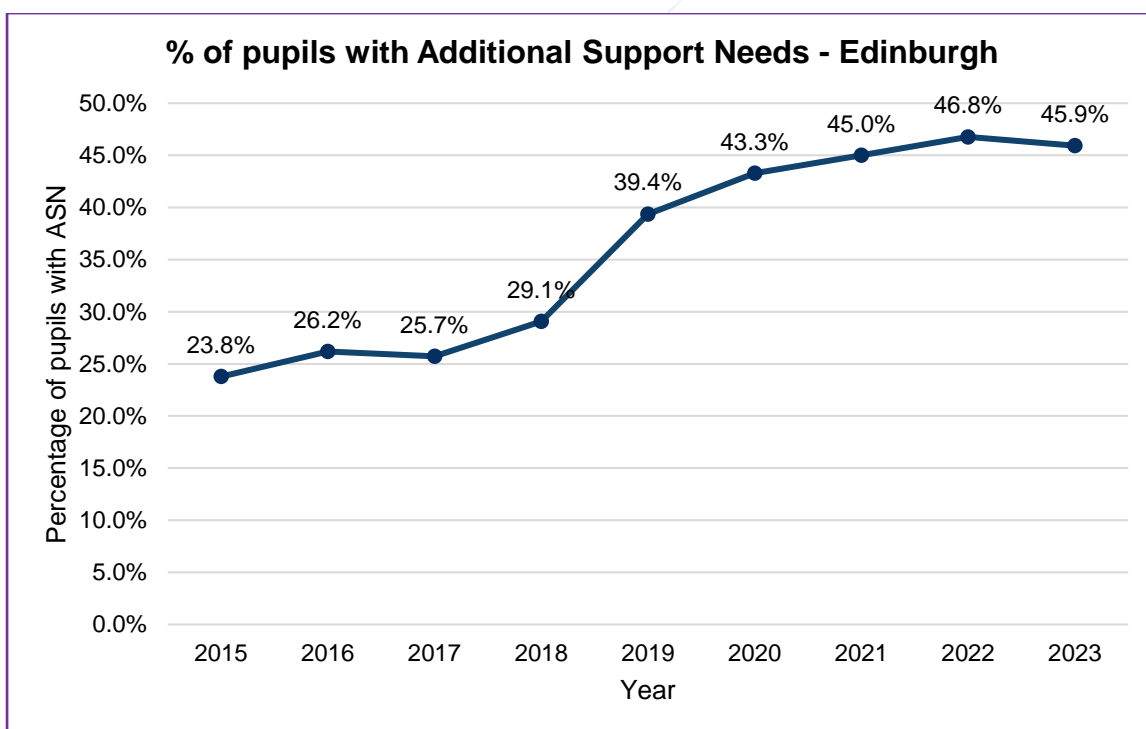| Year	Value
2015	23.8%
2016	26.2%
2017	25.7%
2018	29.1%
2019	39.4%
2020	43.3%
2021	45.0%
2022	46.8%
2023	45.9%

Figure A2
Source: Internal CEC data

In Edinburgh there has been a similar rise in the number of children with ASN, from around a quarter of pupils in 2017 to almost half of pupils in 2023, around 10% higher than the

Scottish average (Figure A2). With such a high proportion of pupils in the city with ASN, it is essential that schools and other services are adequately resourced to meet these needs.

There is a strong link between levels of deprivation and ASN, with the direction of linkage flowing in both directions. Children from more deprived backgrounds are more likely to have ASN and, in turn, those with ASN are more likely to experience poverty when grown up. Children from low-income families are more likely than their peers to be born with ASN. Those who do not start life with ASN are more likely that their peers to develop some form of ASN in childhood and are also more likely to continue requiring additional support throughout their school years. Figure A3, below, tracks the percentage of pupils with ASN in a school and the average level of deprivation of the pupils attending the school. Each data point represents a school within Edinburgh and the trendline shows that as the average level of deprivation within a school increases, the percentage of children within the school with ASN increases. The average level of deprivation of a school has been calculated by matching pupil postcodes to the Scottish Index of Multiple Deprivation (SIMD), with postcodes in the most deprived 10% of datazones in Scotland described as being in 'SIMD decile 1', as those in the least deprived 10% of datazones in Scotland being described as being in 'SIMD decile 10'. For each school the average of the SIMD score assigned to each pupil postcode is then calculated, with that SIMD score then assigned to the school.
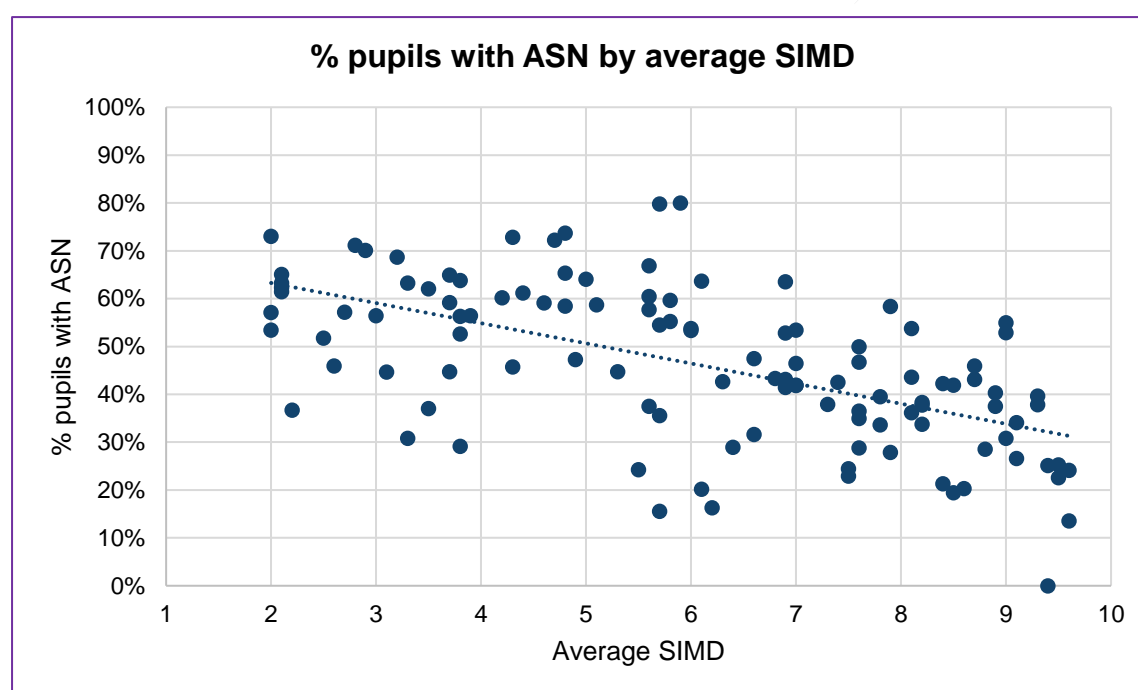
Figure A3
Source: Internal CEC data

The causes of these links are complex and include links between adult disability and poverty as well as co-occurring factors such as maternal education, smoking and alcohol consumption in pregnancy, low birth weight, parental stress and family breakdown which have been associated with development of some ASN in childhood. Furthermore, care of a child with ASN has a direct financial and emotional cost associated. There may be a need for carers of a child with ASN to take time away from work, and links with greater parental stress and family breakdown lead to greater numbers of single-parent households caring for

children with ASN, which can put a further strain on finances. Links between deprivation and ASN will however vary in strength depending on the type of need.

The most common reason for ASN support across Scotland is 'Social, Emotional and Behavioural Difficulties' (SEBD), which is a term encapsulating a wide range of behaviours which may create barriers to learning. Around a quarter of the total of pupils with ASN in Scotland are categorised as having SEBD (Figure A4, below), slightly higher than the 20% of pupils who are categorised as having an additional support need due to English as an additional language. When this information is broken down by sex, it reveals that boys are more likely to receive support with ASN for every reason other than being a young carer or having a mental health problem. The gender gap is particularly large for SEBD, Autistic Spectrum Disorder (ASD), Language or Speech Disorders and Communication support needs (Figure A5, below).

Between 2012 and 2018 the number of pupils identified with autistic spectrum disorder as reason for support in publicly funded primary, secondary and special schools in Scotland increased by 101.1%, those with social, emotional and behavioural needs increased by 86% and those with communication support needs increased by 293.4%. Increases were also reported in the number of children and young people with mental health concerns (252.4%) and physical health problems (98.8%).

Data for from [National Records for Scotland](#) reports that in 2022, 15.4% of people aged 16 to 24 reported having a mental health condition, up from 2.5% in 2011. Females in this age group were twice as likely to report having a mental health condition, with 20.4% reporting this compared to 10.5% of males.

There is a similar pattern in reasons for ASN in primary and secondary schools in Edinburgh as in Scotland (Figure A6, below). The percentage of pupils with English as an additional language is however notably 18% higher in Edinburgh in 2023, likely due to the greater diversity of countries of origin in the city compared with Scotland overall. There are also a greater proportion of children with ASN who have their reason for support stated as 'other' in Edinburgh, which may signify a difference in how data is collected and categorised locally. SEBD is third most common reason for ASN in Edinburgh. It is important to be aware of the higher proportion of pupils requiring support with the English language in Edinburgh. This need may also parents and wider family members, who may also require support with language translation, access to services, and wider cultural support if they are not familiar with local systems and how to navigate them.

Percentage Reason for Support, Scotland 2023

Data values by Reason for support (Percentage of pupils with ASN):

- Learning disability: 5
- Dyslexia: 12
- Other specific learning difficulty (e.g. numeric): 11
- Other moderate learning difficulty: 12
- Visual impairment: 2
- Hearing impairment: 1
- Deafblind: 0
- Physical or motor impairment: 3
- Language or speech disorder: 8
- Autistic spectrum disorder: 12
- Social, emotional and behavioural difficulty: 24
- Physical health problem: 7
- Mental health problem: 4
- Interrupted learning: 4
- English as an additional language: 20
- Looked after: 4
- More able pupil: 1
- Communication Support Needs: 5
- Young Carer: 3
- Bereavement: 2
- Substance Misuse: 0
- Family Issues: 10
- Risk of Exclusion: 1
- Other: 10

Figure A4
Source: Scottish Government Pupil Census

Reasons for support with ASN by sex in Scotland 2023
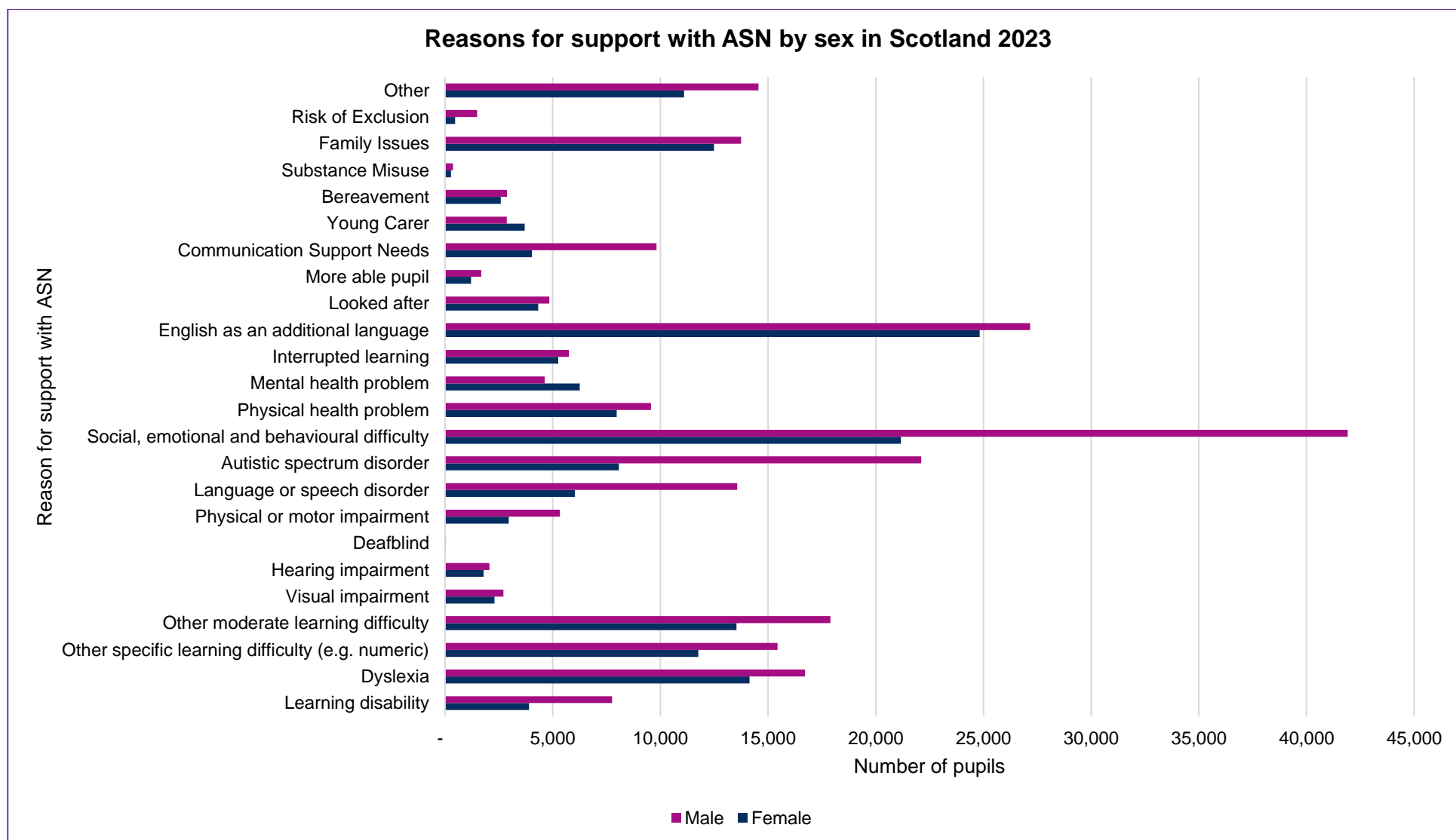
Figure A5
Source: Scottish Government Pupil Census

Percentage reason for support, Edinburgh 2023
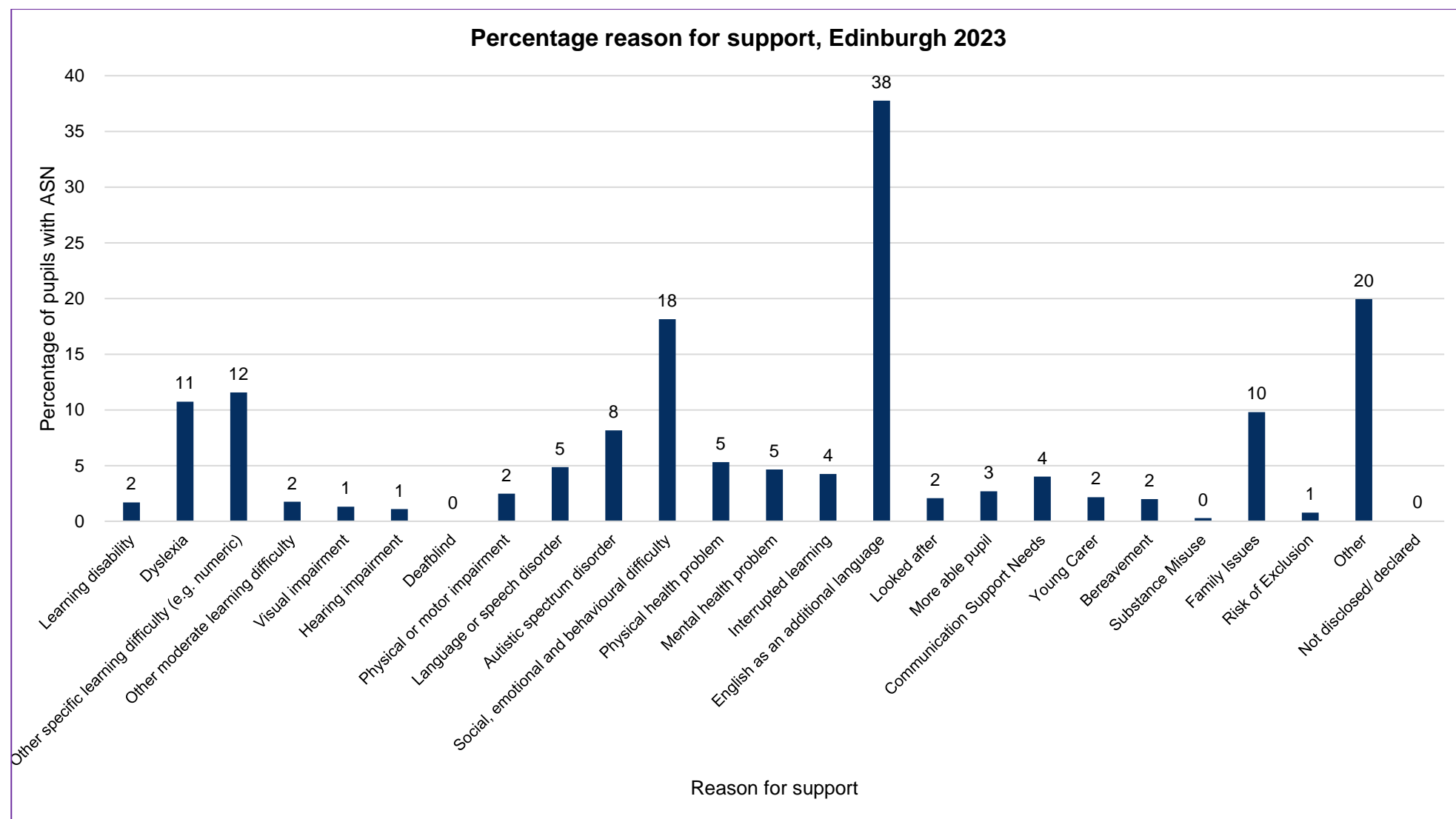
Figure A6

Source: Internal CEC data

There is a notable attainment gap between those with ASN and without ASN in Edinburgh. School leavers with ASN are less likely to leave school with at least one qualification at SCQF levels 5 and 6. Furthermore, since 2019 there has been a 3.2% and 8% increase in the percentage of pupils without ASN leaving school with at least one level 5 and 6 qualification respectively, however this increase has not been seen in the population of pupils with ASN (Figures A7 and A8).
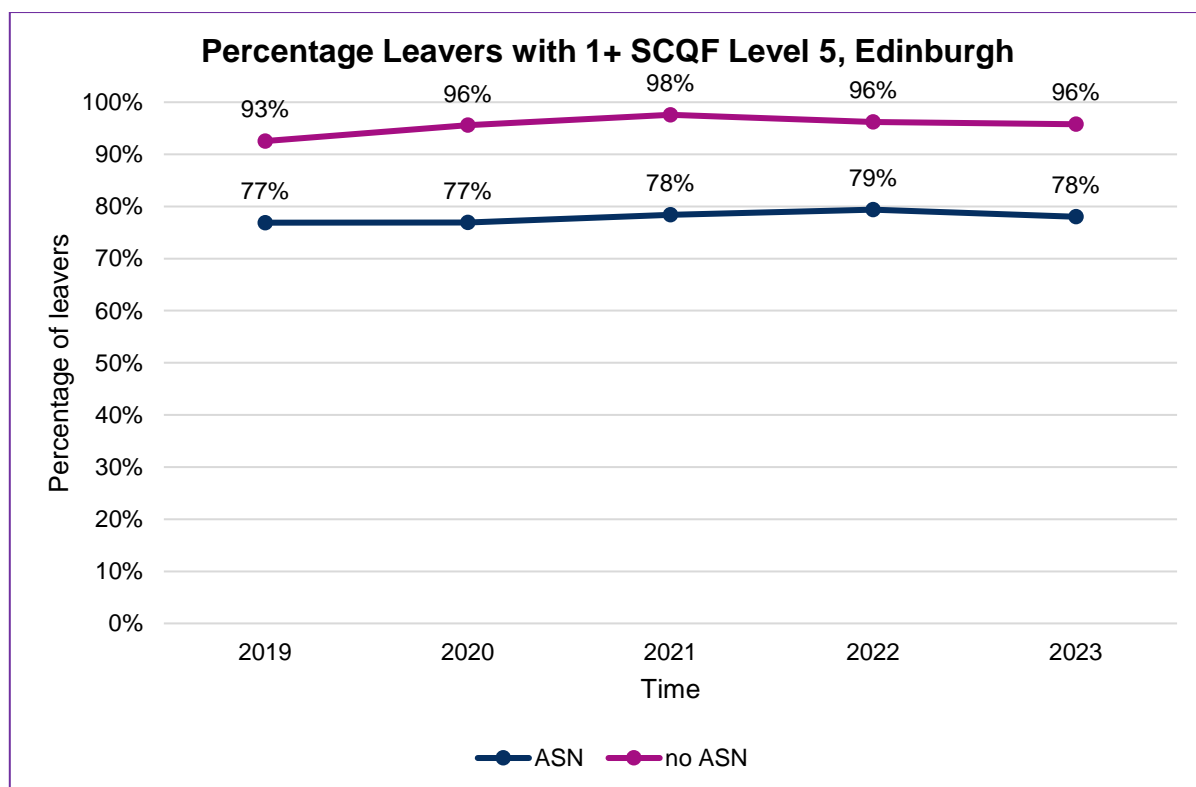
Figure A7
Source: Internal CEC data

Percentage Leavers with 1+ SCQF Level 6, Edinburgh

Figure showing percentage of leavers over time (2019-2023). ASN line (dark blue): 53%, 54%, 55%, 52%, 53%. no ASN line (magenta): 76%, 83%, 85%, 82%, 84%.

Figure A8
Source: Internal CEC data

Nationally, fewer children with ASN achieve the expected level of literacy and numeracy than children without ASN and school leavers in 2022-23 with ASN were slightly less likely to be in a positive initial destination (93.7 per cent) than leavers without a recorded ASN (97.4 per cent). This may go on to have a direct impact on those children's earning potential in later life contributing also to the links between ASN and poverty.

Currently, the number of pupils in specialist schools is determined by the number of available spaces. The total number of pupils in the City of Edinburgh educated in special schools has therefore remained around 1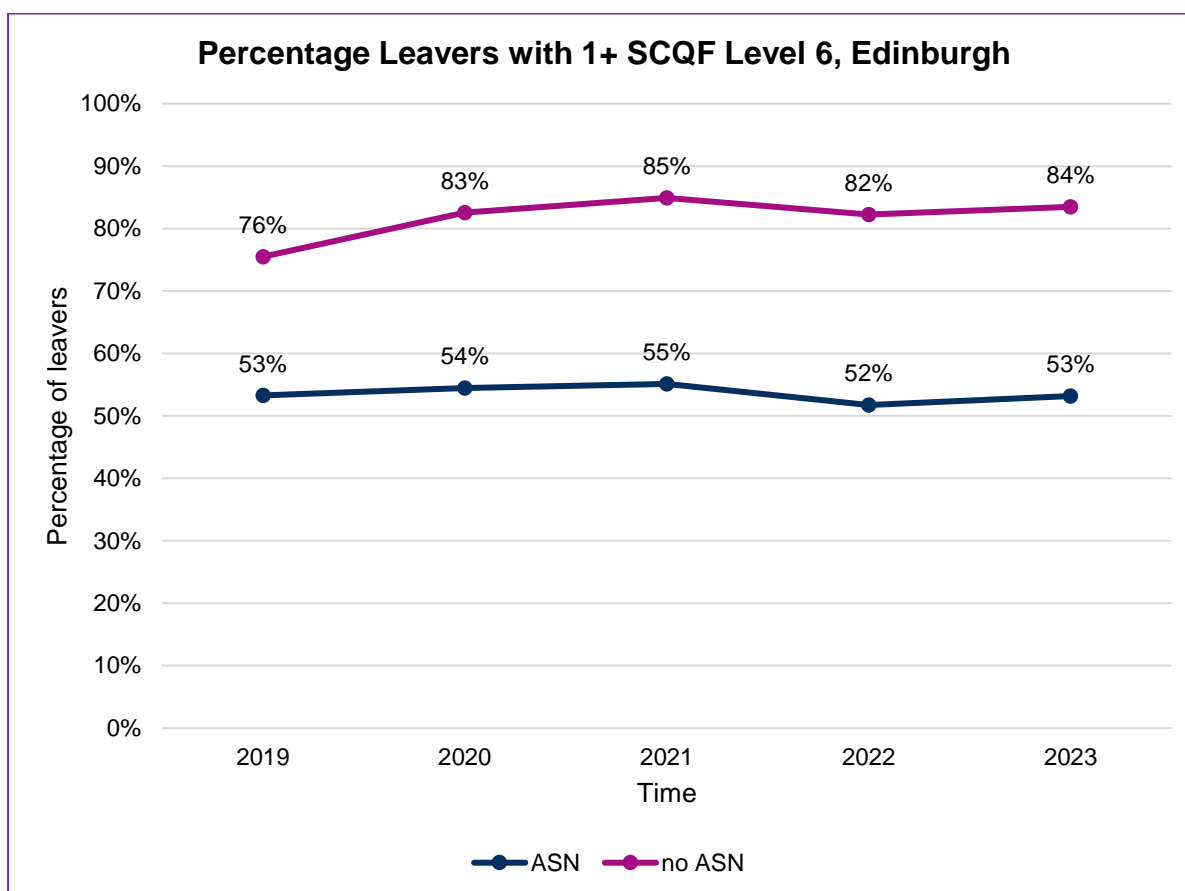.25% of the total pupil population over the last five years, despite the significant growth in total school population and the proportion of pupils with additional support needs (Table A1). This has led to a more complex range of needs having to be met within mainstream school sector as only those with the highest levels of ASN can be accommodated within the available number of special school places.

Sector	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23
Total school population	49009	49964	50650	51299	51855	52903
% educated in special schools	**1.27%**	**1.28%**	**1.30%**	**1.28%**	**1.3%**	**1.2%**

Table A1
Source: Overview of Inclusion in City of Edinburgh Schools Data, Session 2022/2023

Current Work Within Education

Nationally, work on Additional Support for Learning has made progress towards delivering on the pledges made to children with ASN including:

- Consideration of proposals set out in the Review, including a National Measurement Framework of Additional Support Needs, to ensure that the qualification and assessment approach meets the needs of all learners and recognises all forms of achievements by children with ASN;
- Publishing of the Pupil Support Staff Framework recognising the value of support staff;
- Launch of the Inclusion, Wellbeing and Equalities Professional Learning Framework to support professional learning, development of national resources and a plan to carry out a mapping of professional learning support currently available;
- Continuation of work to communicate and involve parents and carers of ASN in their children's learning, including development of the 'Learning Together' National Action Plan proposal to map and enhance signposting for parents and carers of children with ASN, including encouragement of the formation of parent's groups;
- Continuation of engagement with work to achieve inclusion in its widest sense through effective implementation of GIRFEC policy including development of the GIRFEC child's plan practice statement and refreshing the Supporting Learners' Code of Practice to recognise links with GIRFEC and The Promise. This includes revision of relevant Children's Services Planning Statutory Guidance to reflect changes in legislation, policy and delivery;
- Involvement of children and young people throughout the work and establishing a sustainable mechanism for continuation of this in policy development.

Edinburgh specific work within Children, Education and Justice Services of the City of Edinburgh Council includes their Transformation of Inclusion Services Review which has a vision for Edinburgh that:

"Every child or young person, irrespective of identity, background or ability, is part of a resilient and positive learning community where they feel: we belong, we contribute, we learn, we are supported and we help others."

A recent update emphasises the benefits of shifting decision-making closer to schools and communities and details the work being undertaken to better support diverse learner needs. Key priorities include:

- Providing teachers and support staff with the necessary knowledge, skills and resources to effectively meet the needs of all children and young people.
- Aligning resources for greatest impact on supporting inclusion.
- Embedding UNCRC principles into inclusive practices.

The proposed restructuring will decentralise support services, placing Inclusion and English as an Additional Language (EAL) staff within learning communities while retaining a small

central team for specialist needs. Consultation with stakeholders has informed these changes, ensuring a focus on direct support for pupils and enhanced staff capacity.

ASN and Healthcare

Healthcare services are also impacted by the rise in ASN. Children, young people and young adults may require neurodevelopmental assessment if they present with additional support needs arising from environmental barriers to participation in daily life and differences in:

- communication, interaction and broad social functioning
- emotional regulation and attention
- development and intellect
- co-ordination and movement

Assessments are carried out by [NHS Lothian Child and Adolescent Mental Health services](#) (CAMHS) who work with children and young people aged 5-18 years. An assessment may lead to diagnosis of a neurodevelopmental (ND) condition which refers to the presentation of difficulties, differences or need for additional supports related to nervous system functions. ND conditions are lifelong, often present in early childhood and include conditions such as Autism, Attention Deficit Hyperactivity Disorder (ADHD), Fetal Alcohol Spectrum Disorder (FASD) and Intellectual Disability (ID).

The demand for ND assessment for children and young people in Lothian has steadily increased in recent years (Figure A9). NHS Lothian ND referral and waiting list data shows that monthly additions to ND wait lists across Lothian increased from 50 in August 2019 to over 350 in August 2024. In September 2024, the waiting list included over 7,400 children and young people.

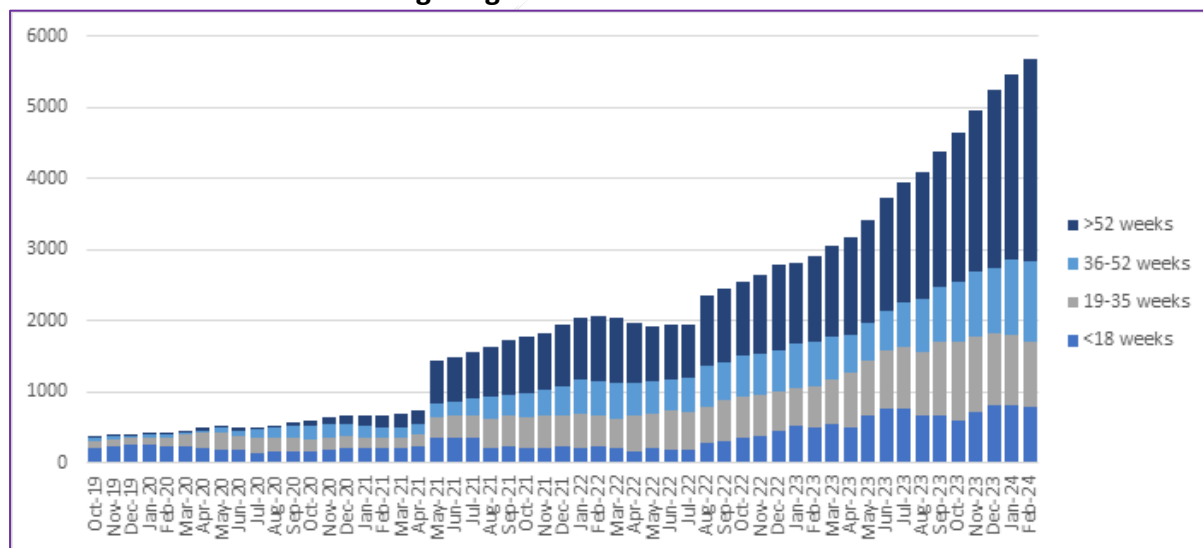**NHS Lothian CAMHS ND waiting list growth Oct 2019 - Feb 2024[4]**

Figure A9
Source: [Neurodevelopmental Framework for C&YP IA report 2024](#)

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[4] *In April 2021, Autistic Spectrum Disorder (ASD) referrals were combined with the ADHD waiting list*

Following consultation with partners on how best to manage the growing demand, NHS Lothian has developed a draft pan-Lothian Neurodevelopmental Framework to support a consistent, high quality, multi-agency approach to the development of neurodevelopmental pathways. This supports implementation of the [Scottish Government National Neurodevelopmental Specification](#) and through setting out principles and priorities, allows resources to be allocated more effectively to respond to the needs of this population. Children who do not meet the mental health criteria described in the CAMHS national service specification but who may require supports and access to services to meet their needs based on the Getting it Right for Every Child (GIRFEC) approach are included in this Framework. Support may be community-based and should be quickly and easily accessible.

Framework Principles:
- Multi-agency and multi-disciplinary approach to support
- Public health approach that supports prevention and early intervention
- Needs-led and child-focused
- Driven by data and research
- Common neuro-affirming language

Framework Priorities**:**
- Service redesign including the creation of a unified waiting list
- Referral pathways with links to Single Points of Access
- Communication and engagement for service users, healthcare providers, education, community organisations and policymakers
- Infrastructure and data needs
- Use of technology
- Transition to adult ND services

Summary
The data shows a dramatic increase in additional support needs among children and young people with services stretched to meet demand. The needs are characterised by their links with deprivation and attainment, with a high level of English as an Additional Language support need identified as an outlier in Edinburgh compared to Scotland.

Much of the ongoing work nationally and locally within education and healthcare aligns in its principles of maximising inclusion through a multi-agency, multi-disciplinary approach, underpinned by UNCRC and GIRFEC. Integrating this work into wider networks of services for children, young people and families, including all areas of NHS, local authority and third sector supports, is important to support a whole systems shift towards better understanding of neurodiversity and ASN and the expected normal variations within the population. In turn, this will support the development of services and creation of environments which better meet the needs of all children and young people, reducing inequalities in outcomes for those with ASN and allowing each child and young person to thrive.

Additionally, there is motivation among professionals to deliver joined-up targeted support for children and young people with ASN and their families. Development of the [Single Points of Access](#) represents coordinated working between third sector, local authority and the NHS to provide a seamless pathway for families to access the right mental health and wellbeing

support. This includes the Whole Family Wellbeing Programme-funded [Edinburgh Disability and Neurodiversity (EDAN) hub](#) which is an example of an effective collaboration between the third sector, local authority and the NHS (CAMHS), particularly in addressing whole family support needs and the need for support whilst awaiting ND assessment. Some services may still benefit from a further strengthening of connections and more open dialogue between statutory agencies and third sector organisations to ensure effective partnership working under GIRFEC.

Recommendation – Additional Support Needs

15. **Develop a multi-agency roll-out of an ASN-informed approach, taking learning from other approaches such as trauma-informed, to ensure the needs of those with ASN can be better accommodated within a wider range of non-specialist environments and opportunities.**

Deep Dive - Homelessness

This report's ['Building Blocks of Health'](#) chapter has outlined the importance of access to affordable, stable, quality housing to children's health and wellbeing. The same chapter also outlined the financial pressures placed on many of Edinburgh's families relating to unaffordable housing in the city. Financial pressures, along with other risk factors, can result in homelessness for some families.

Being [homeless](#) means that a person or household has no accommodation or has accommodation that it would not be reasonable for them to continue to occupy. For most of Edinburgh's homeless children and young people, it means living in temporary accommodation and waiting for a permanent home. By analysing available data and conducting interviews with key council and third sector stakeholders, this chapter explores the causes and impacts of homelessness for families and young people in Edinburgh.

Background

The City of Edinburgh has a unique set of circumstances which led to the declaration of a housing emergency in November 2023. The majority of Edinburgh households (60%) live in the owner-occupied sector, where house prices have risen sharply. House prices rose by 4.7% in the year leading up to May 2024, with the average house price sitting at around £340,000 in October 2024, compared to the Scottish average of £197,000 (Office for National Statistics).

[The proportion of households in the private rented sector in Edinburgh, 23%, is significantly larger than the Scottish average of 13%](#). The private rental sector in Edinburgh demands the highest average monthly rent prices nationwide (Appendix 3, figure 49) and following a dramatic reduction in social housing units in the late 20th century, Edinburgh has one of the [lowest proportions of social housing](#) in Scotland, with only 16% of homes available for social rent, compared to a Scottish average of 22%. Compounded with the recent increases in the cost of living, the demand for social housing in Edinburgh far outstrips supply. Approximately 27,000 households are currently (as of 31 March 2025) registered with EdIndex, the partnership between the City of Edinburgh Council and 18 Housing Associations and co-operatives in Edinburgh, with 15 of these partner organisations letting their homes through the Key to Choice choice-based letting system. [There were on average 290 households bidding for every social rented home that became available for let through EdIndex in 2024/25](#).

Where a family is assessed as homeless or threatened with homelessness the Council has a duty to offer temporary accommodation until such time as a permanent accommodation is secured. As of 31 March 2025, Edinburgh had around [5000 households](#) in temporary accommodation, including around 3000 children and young people. This has increased significantly since the COVID-19 pandemic.

The Scottish Government published [Homelessness in Scotland: 2023-24](#) on 24 September 2024. This is the annual national statistical publication of the homelessness statutory returns for the period 1 April 2023 to 31 March 2024. Nationwide, the number of applications and

households assessed as homeless are at the highest level since 2011-12. The number of open homelessness applications and households in temporary accommodation is the highest in the time series (back to 2003 and 2002 respectively).
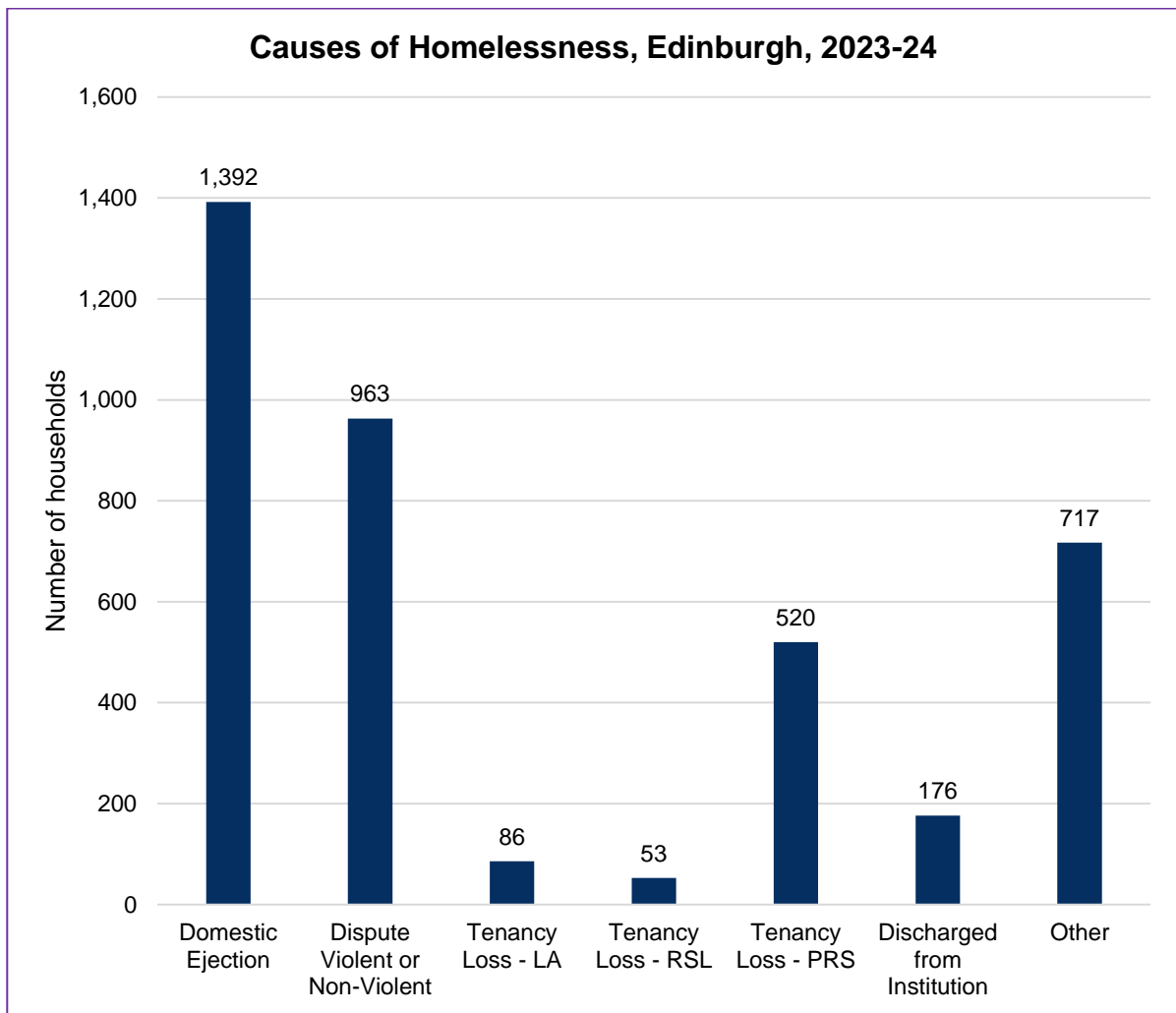
In Edinburgh during 2023/24 there were:

- 3,814 homeless applications in 2023/24, second only to Glasgow;
- 3,375 households were assessed as homeless, again second only to Glasgow;
- 7,067 open homeless cases, the highest in the country; and
- 158 households per 10,000 in temporary accommodation, the highest in the country.

This demonstrates the significant challenges with regards to homelessness across the country and the unique pressures in Edinburgh where the ability to provide settled accommodation is most acute.

Causes of Homelessness

The housing crisis is influenced by a range of national as well as local factors that affect availability and affordability of homes, however it is also important to consider the precipitating factors that can tip an individual or family into homelessness. In Edinburgh more households lose their tenancy from the Private Rental Sector (PRS) than from Local Authority (LA) or Registered Social Landlords (RSL) (also known as housing associations).

Overall homelessness applications due to tenancy loss decreased between 2022-23 and 2023-24. However the number of homelessness applications due to domestic ejection (needing to leave accommodation that was shared with parents, family or friends) rose by 13.9% in the same period, making this the most common reason for a homelessness application in 2023/24 (Figure H1). The main causes of homelessness in Edinburgh follow similar patterns to national data (Figure H2).

Causes of Homelessness, Edinburgh, 2023-24

Figure H1
Source: Internal CEC data

Causes of Homelessness, Scotland

Legend:
- Other reason for leaving accommodation / household
- Asked to leave
- Overcrowding
- Harassment
- Fleeing non-domestic violence
- Dispute within household / relationship breakdown: non-violent
- Dispute within household: violent or abusive
- Other reason for loss of accommodation
- Forced division and sale of matrimonial home
- Emergency (fire, flood, storm, closing order from Environmental Health etc.)
- Discharge from prison / hospital / care / other institution
- Loss of service / tied accommodation
- Applicant terminated secure accommodation
- Other action by landlord resulting in the termination of the tenancy
- Termination of mortgage due to default on payments
- Termination of tenancy to rent arrears: Private rented tenancy
- Termination of tenancy to rent arrears: RSL tenancy
- Termination of tenancy to rent arrears: LA tenancy

Figure H2

Source: [Homelessness in Scotland: 2023-24 - gov.scot](#)

Temporary Accommodation

The Housing (Scotland) Act places duties on all Scottish Local authorities regarding homelessness. This includes the duty to provide temporary accommodation until settled accommodation has been secured, where the household has been assessed as unintentionally homeless. Local authorities' duty to secure accommodation for unintentionally homeless people would be fulfilled by a single offer of housing, even if this is refused by the applicant, provided that the offer was a reasonable one.

There are various models of temporary accommodation available in the city. This includes:

- Temporary furnished flats / houses
- Homeshares
- Private Sector Leasing
- Homeless Accommodation with Support
- Domestic Abuse Shelters
- Bed and Breakfasts
- Shared Houses

The Homeless Persons (Unsuitable Accommodation) (Scotland) Order 2014 states that households cannot be in temporary accommodation classed as unsuitable for more than 7 days, this includes bed and breakfast and shared house accommodation.

The recently agreed [Medium to Long Term Strategy to Change the Mix of Temporary Accommodation](#) highlights the changing demographics of homeless households in the city. It also sets out the work underway to increase the stock of self-contained accommodation and Homeless Accommodation with Support to eliminate the use of unsuitable temporary accommodation. The key strategic objective underpinning this is that:

'Where temporary accommodation is required, it will meet the needs of the household.'

The strategy notes that in order to achieve this it is essential to continue to prevent homelessness in the first place and to support people to access settled accommodation as quickly as possible. However as a Community Planning Partnership it is also important that we consider opportunities to best support the needs of households, including families with children, during the period in which temporary accommodation is required.

The number of children in temporary accommodation in Edinburgh has been rising and there are now around 3000 children currently living in a temporary home (Figure H3). These numbers have now reached similar totals to Glasgow, despite its larger population.
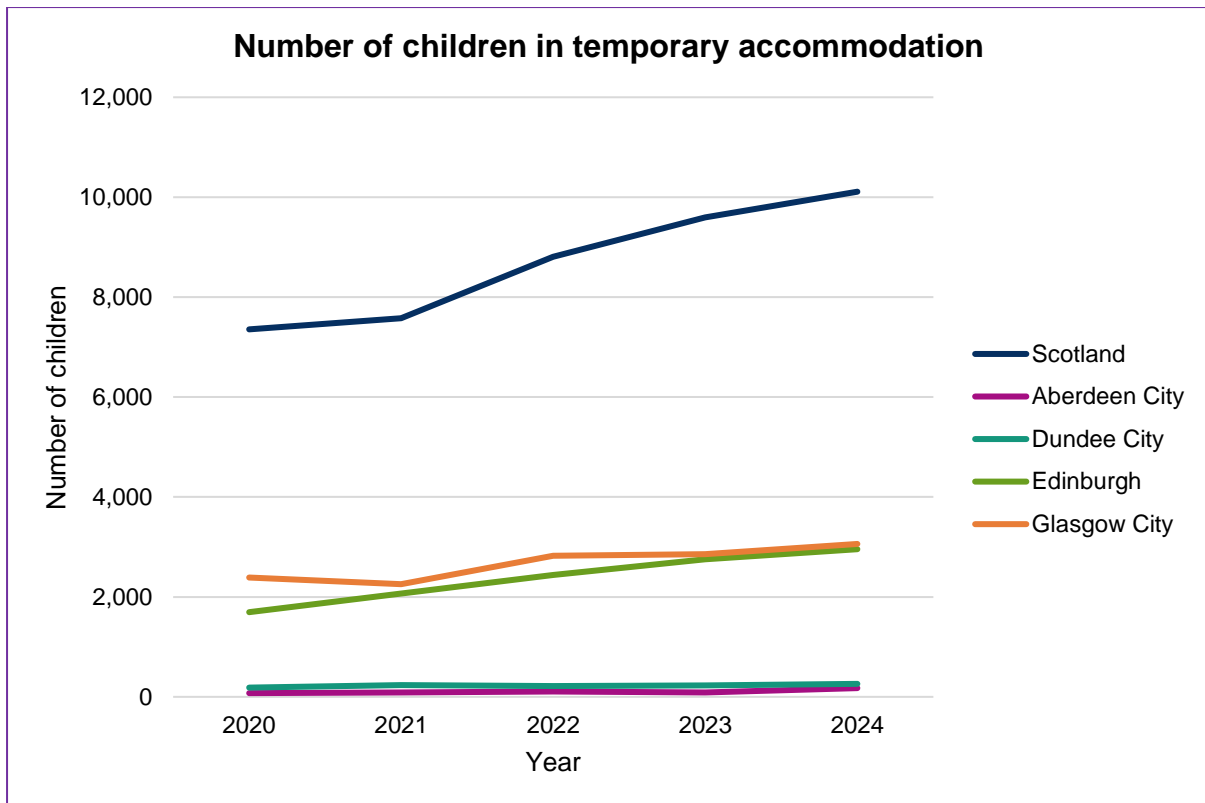
Number of children in temporary accommodation

Figure H3

Source: [*Homelessness in Scotland: 2023-24 - gov.scot*](...)

In Edinburgh households with children spend longer in temporary accommodation than households without children. This is likely due to a lack of family-sized social housing with adequate number of bedrooms for them to move into. Also, single parents tend to spend slightly longer in temporary accommodation than couples with children. In 2023/24 the average number of days a single parent spent in temporary accommodation was 773 days, compared with 697 days for a couple with children and 508 for a couple without children (Figure H4). Nationally, households with children also spend longer in temporary accommodation, with steeper increases in this time over the last 5 years than households without children. The Scottish average for time spent in temporary accommodation is however nearly half the Edinburgh average, at 375 days for a couple with children and 270 days for single parent (Figure H5).
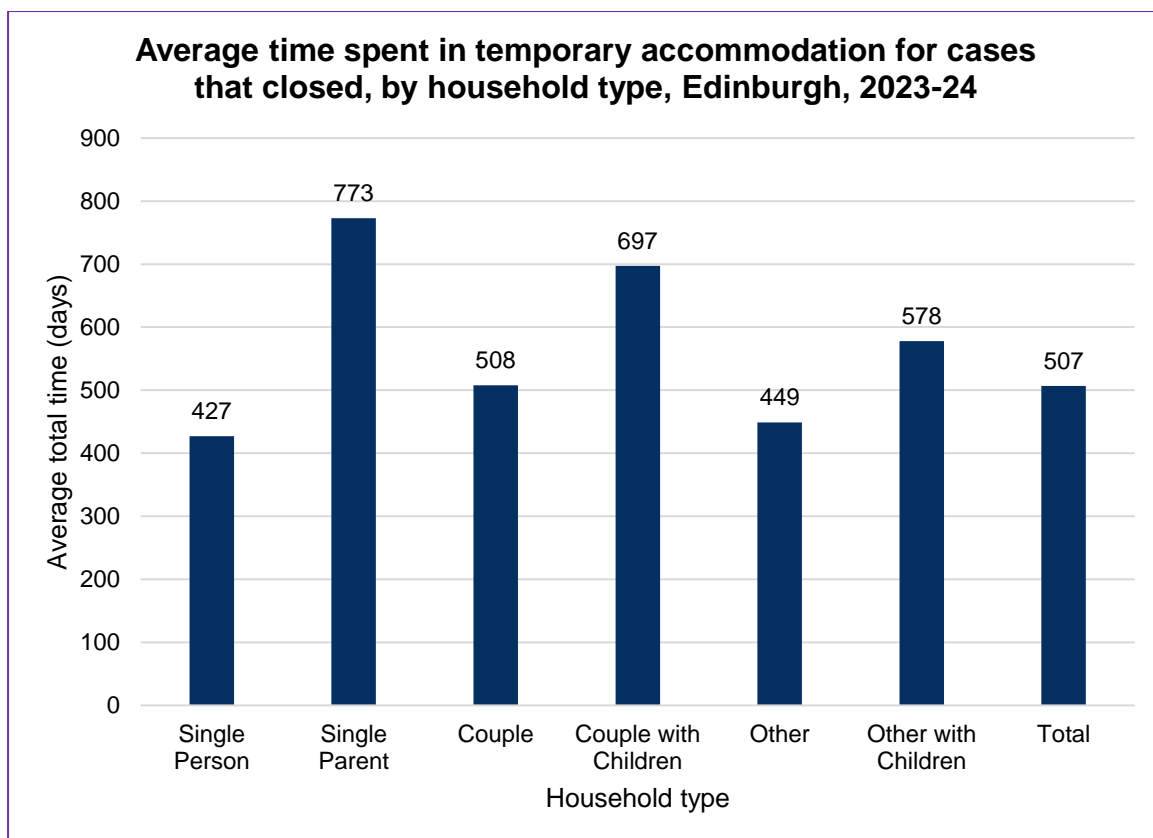
Figure H4
Source: Homelessness in Scotland: 2023-24 - gov.scot
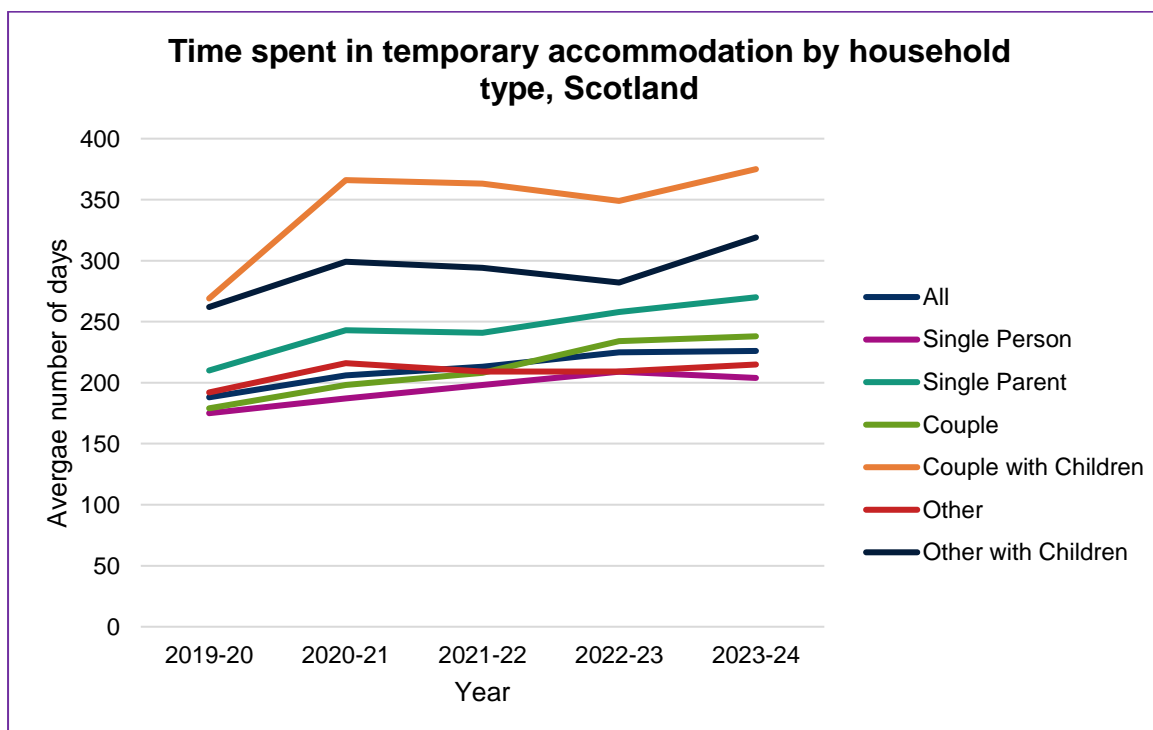
Figure H5
Source: Homelessness in Scotland: 2023-24 - gov.scot

Another trend seen in Edinburgh is the sharp increase in the number of temporary accommodation placements that have been in breach of the Unsuitable Accommodation Order. The Homeless Persons (Unsuitable Accommodation) (Scotland) Order 2020 extended the remit of the order from households with children or pregnant women to all homeless households. This came into force in September 2021. This is more commonly known as the Unsuitable Accommodation Order (UAO). Where a household is placed in this type of accommodation for more than 7 days, the local authority is in breach of the UAO. This would include circumstances where the household has been placed in a property which:

- is not water/wind tight
- is unsuitable for children
- lacks adequate bedrooms, kitchen or bathroom facilities
- is not in the local authority area or near schools or health services being used
- is not accessible 24 hours a day

Since September 2022 the number of breaches of this order in Edinburgh has increased from around 10 per 3 months to around 400 per 3 months and there continue to be around 1,000 households living in housing that is unacceptable for their needs for extended periods. This data mirrors concerns raised in key stakeholder interviews with those supporting homeless families, who report challenges arising from households moving multiple times; being located far from their known community; and living in hotels and bed and breakfast accommodation without access to cooking facilities and / or lacking sufficient space to live comfortably.

In response to these breaches in legislation, the [Housing, Homelessness and Fair Work Committee](#) agreed to suspend the Council House Letting Policy on 25 April 2025 until the Council is compliant with the Housing Scotland Act 1987 and the Homeless Person (Unsuitable Accommodation) (Scotland) Order 2014. In suspending the Council House Letting Policy, other than for those with 'Gold Priority' there will be no properties advertised for rent until the Committee is assured the Council is compliant with housing legislation related to homelessness duties. This means that only those with a disability will be able to bid for or secure, permanent, settled accommodation and properties that become available for let will either be used for temporary accommodation or allocated as permanent tenancies through a direct matching process. People who are currently in Unsuitable Temporary Accommodation, have Gold Priority, are awaiting hospital discharge or individual cases where there is a high-risk need will be prioritised for direct let through an exceptional management decision. Ensuring the Council is complying with relevant housing legislation relating to homelessness will provide better quality and more secure accommodation overall, improving access to settled accommodation quicker, especially for households including children and young people.

The Children and Young People's Commissioner for Scotland has published a [report on the harms of placing children in hotel-type temporary accommodation](#) which states that 'use of hotel-type accommodation on anything other than a short-term emergency basis is likely to violate a wide range of children's human rights under the European Convention on Human Rights (ECHR), the United Nations Convention on the Rights of the Child (UNCRC) and other international treaties.'

Whilst national and local data are important to understand the trends, the voices of the children who have and continue to experience homelessness are also important. A recent report commissioned by Shelter Scotland details the experiences of 23 children aged 0-18 years, living in temporary accommodation in Scotland, of which 7 were from in Edinburgh. Through interviews with the children and their families some key themes arose nationally, including the impact of living in temporary accommodation upon sleep, diet, exercise and play, hygiene, mental health and access to services.

Sleep

Sufficient quality sleep is crucially important for children and their parents. Unhealthy sleep in children has been linked to numerous negative outcomes, including physical effects such as obesity, neurocognitive impacts like impaired memory, attention and academic performance, as well as emotional and behavioural issues. The worry children feel about their housing situation can lead to sleep issues for the whole family. Children within the Shelter national report described noise disturbances at night, damp conditions impacting on sleep and difficulty staying awake at school and associated impacts on their education, both of which can result in potential stigmatisation.

Food

Lack of adequate cooking facilities in some forms of temporary accommodation have been reported during stakeholder interviews and also appears in national reports of families living in temporary accommodation. Due to the increased cost of living, families on a low income may find it increasingly difficult to provide nutritious meals for their family even with appropriate cooking facilities. Nationally, families in temporary accommodation have reported having no freezer; limited fridge capacity; or a complete lack of cooking utensils; making it difficult to store and prepare food. Families may have no choice but to rely on hot food take-aways, microwavable convenience foods and ready-to-eat cold foods purchased from local retailers. These options may be less likely to meet children and young people's nutritional requirements and are likely to be more expensive than cooking basic foods from scratch. Food insecurity can mean families need to use food banks which may have a limited supply of ready-to-eat foods that do not require preparation. The need to use food banks may also be associated with feelings of shame.

Exercise and Play

Families in temporary accommodation may face multiple barriers to exercise and play. Lack of space and overcrowding can limit available space for children to move freely within their living environment. Space within the home is particularly important for the physical and cognitive development of very young children who require space to allow ample opportunities to move around and play. Further research on the play needs of young children in temporary housing in England examined the impact on children under five and highlighted the lack of priority given to this fundamental biological need in the context of homelessness. One Third-Sector Housing Professional interviewed in the study noted: *'A lot of our mums are living in a room the size of a parking space with a bed which takes up all the floor space. Children are doing everything on the bed, eating, sleeping, playing, trying to learn to walk, to crawl.'*

For older children, moving further away from their school can lead to longer commutes, which can reduce their time available for play and distance them from their friends; community and the hobbies and out of school activities they once enjoyed. Families in the recent Shelter study also expressed concerns around the safety of the neighbourhoods where temporary accommodation is situated, as well as the safety of facilities shared with other residents such as corridors and lobbies, often reporting that these environments were not family-friendly. As a result, the available space for play is further restricted, limiting children's ability to meet up and play outside regularly without the need for direct adult supervision, further impacting on their overall health and well-being and their right to play under article 31 of the UNCRC.

Physical Health Impacts and Access to Healthcare

This report's section on housing within the 'Building Blocks of Health' section identifies the known health issues associated with poor housing conditions, such as damp and mould. In the national study by Shelter, families report housing conditions exacerbating underlying health issues such as asthma and sleep apnoea and concerns around unclean environments such as contaminated carpets and unhygienic bathrooms with broken fixtures. Children expressed feelings of disgust and discomfort toward their living conditions, further deepening their social isolation as they feel unable to invite friends or family over. Parents also reported delays in repair of fittings, making personal hygiene difficult to maintain.

Additionally, relocations between temporary accommodation placements may disrupt a family's relationship to their primary health and care services, including GPs, which may make it harder to receive continuity of medical care.

Mental health

Having a consistent, safe space to call home is fundamental for a child's development. The instability and insecurity of repeated transfer to new temporary accommodation can take a significant toll on children's mental health. In national reports, older children comment upon the inability to settle or personalise their living space, knowing they may have to leave again soon. Repeated upheaval contributes to feelings of social isolation, as forming and maintaining friendships becomes difficult. Children may experience heightened anxiety, increased aggression, and in some cases, separation anxiety due to the lack of stability in their living environment. The emotional strain of an unstable home can have lasting effects on wellbeing, making it harder for children and young people to feel safe, secure and connected to those around them.

Summary of Impact of Homelessness on Children

The experience of becoming homeless is likely to be traumatic for even the most resilient adult, but for a child, the experience may have a profound impact on them in many ways. The stress and uncertainty of unstable housing can impact a child's physical health, mental wellbeing and social development, including leading to chronic health conditions, anxiety, and isolation. Beyond these immediate challenges, the effects can continue into adulthood, influencing educational attainment, career prospects and financial stability. Children who grow up without a secure home face higher risks of falling into cycles of poverty, criminal activity, substance use and lasting mental and physical health conditions. Without the right

support, these young people may struggle to recover from the challenges of their early years and may continue to rely on support services in adulthood.

Protective factors mitigating against some of these harms do exist. Maintaining friendships and peer networks are important to provide emotional stability for children in the homelessness system. Prevention of a change in schools can support this and retain some normality and continuity for children. There are also some protective parenting strategies such as home-making or allowing the child to personalise their space, shielding children from some of the more adult conversations to reduce stress and worry, involving them in decision-making to foster a sense of control and framing the situation positively to provide hope. It is however important to appreciate that families living in temporary accommodation are living through a crisis point and therefore engagement in specific parenting strategies may not be possible given the emotional strain they are under. Support services are therefore a crucial factor in protecting children and young people from these negative outcomes.

Various support systems are in place in Edinburgh to prevent homelessness and assist families in temporary accommodation, by connecting vulnerable people with essential services such as crisis support, emergency food provision and welfare rights and debt advice to help alleviate the effects of poverty. For example, through a system of data sharing, the third sector organisation Cyrenians support homeless adults presenting at NHS Lothian's Emergency Departments and those admitted to secondary care to engage with services including housing, income maximisation and registration with a GP. An exploration of opportunities to implement data sharing protocols between agencies in the context of homeless families may create opportunities to further enhance existing support services.

Practical services that aim to mitigate the impact of homelessness on children, such as access to hot meals or safe, easily accessible indoor and outdoor play spaces are not always consistently available. Interviews with stakeholders suggest that provision of practical support is inconsistent, and awareness of third sector services may be incomplete. While there is a need to continue to prioritise actions to reduce the causes and prevalence of homelessness, there may also be opportunities to enhance the support that can help to mitigate some of the impacts that children and families face in the homelessness system. The newly formed, multi-agency Homelessness Working Group is currently exploring opportunities to gather the voices of families experiencing homelessness in Edinburgh with a view to improving support services available to them.

Youth Homelessness

As explored in the first half of this chapter, the experience of homelessness in childhood can have profound and lasting consequences. However, as children grow into adolescence and early adulthood, they face a unique set of challenges that require targeted support. Since 2020, the numbers of young people (aged 16-25) presenting as homeless (defined as youth homelessness) to Edinburgh services has been rising. Recent figures show that 914 young people had a homeless assessment in 2023/24, with the highest numbers presenting at services in the North West and South West of the city (Figure H6).
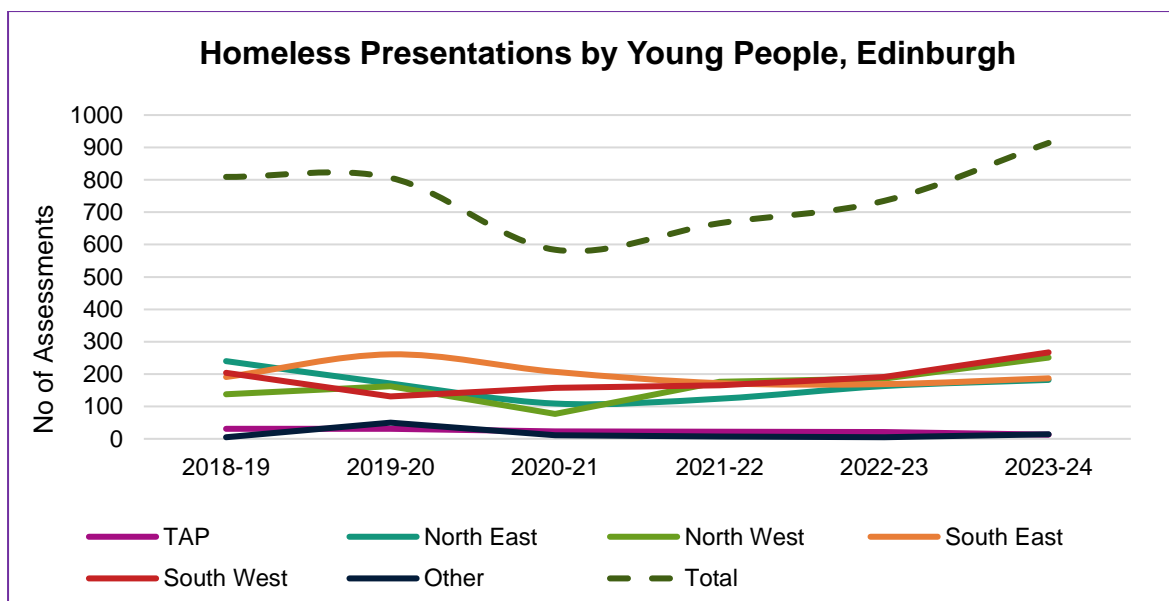
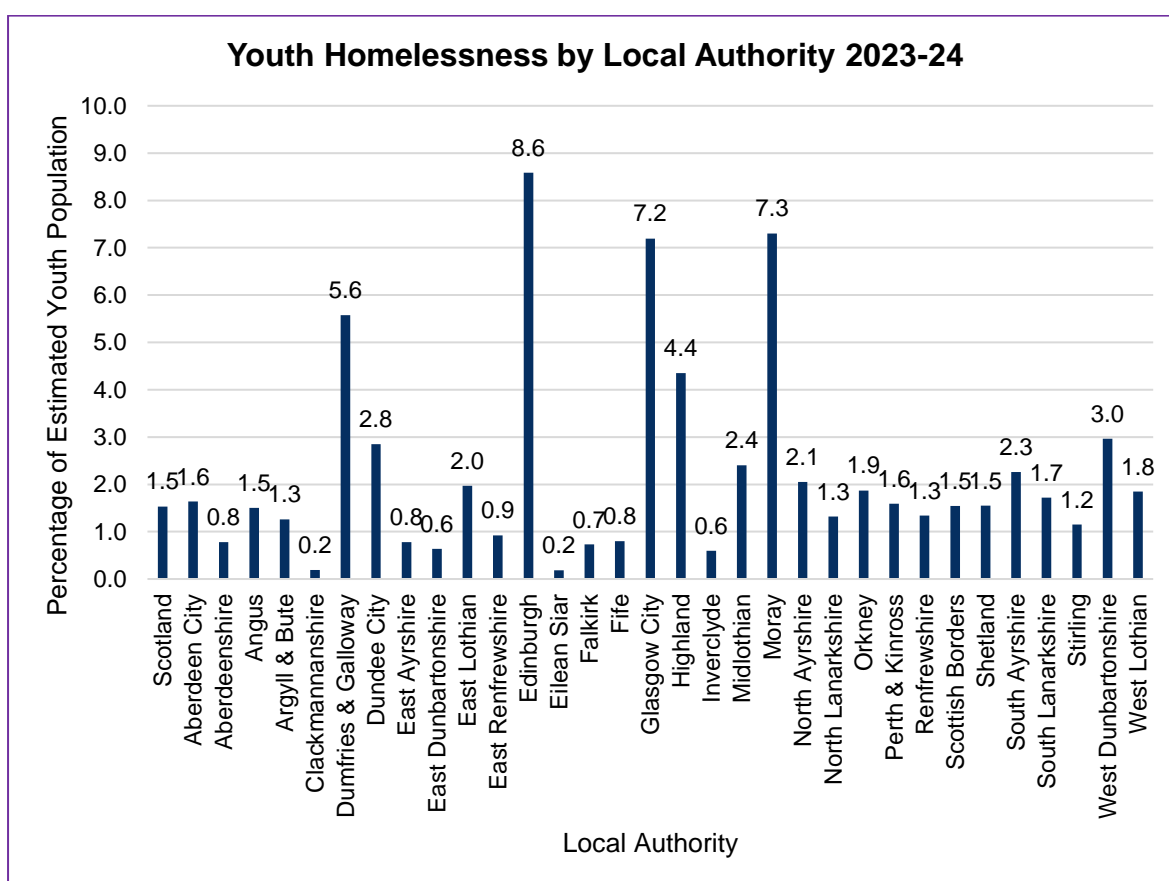Figure H6   (TAP = The Access Practice)

Source: *Internal CEC data*

Figure H7

Source: *Homelessness in Scotland: youth homelessness - gov.scot*

In comparison with other local authority areas in Scotland, the percentage of the estimated youth population making a homeless application is the highest in Edinburgh at 8.6% in

2023/24 (Figure H7). The youngest and most vulnerable of the youth homeless population are the 16- and 17-year-olds as they transition into young adulthood, out of school and into engagement with adult services, gaining the ability to make their own homeless application without a parent or carer.

Homeless presentations in this age category have fallen overall in the last 7 years, however there is still a disparity between genders, where young women are disproportionately affected by youth homelessness (Figure H8). Current service provision for 16- and 17-year-olds includes two dedicated Homelessness Prevention and Housing Options Housing Officers, working alongside colleagues in Children's Services to provide dedicated housing officer support. They are connected to the Rocktrust, Number 20 and Fusion services, where they offer drop-in sessions and provide training on housing options. They have been sharing new challenges and trends as well as good practice with partners, including Link Living, Cyrenians and Foursquare, including via a new initiative to support young men's mental health, driven by Link Living.
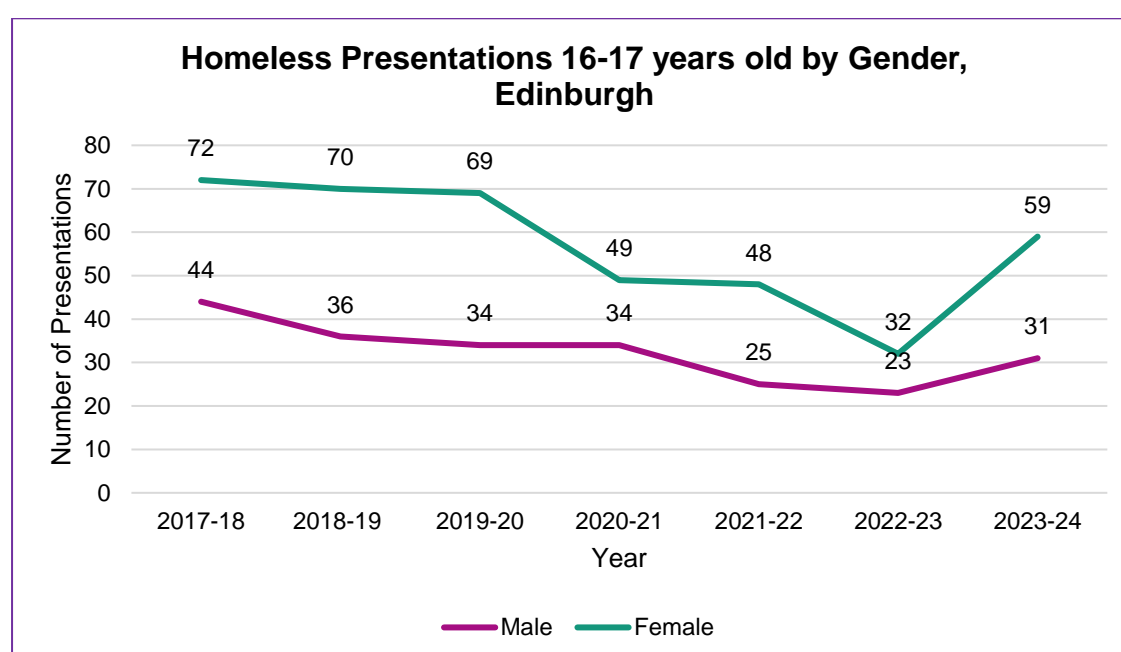
Homeless Presentations 16-17 years old by Gender, Edinburgh

Figure H8
Source: Internal CEC data

There has been a downward trend in the percentage of young people (aged 16-25 years) presenting as homeless who are care-experienced. In 2023-24, 6.5% of homeless young people were care-experienced, marking the lowest figure in the last 7 years (Figure H9). This is likely due to the introduction of the Exceptional Housing Need Protocol where care-experienced young people have a priority for permanent housing with a focus on avoiding homelessness wherever possible. The proportion of young people presenting as homeless who are care experienced in Edinburgh is however still disproportionate compared to the rate of children (0-17 years) who are looked after, which has been less than 1.4% of children since 2020 (Appendix 1, Figure 8).
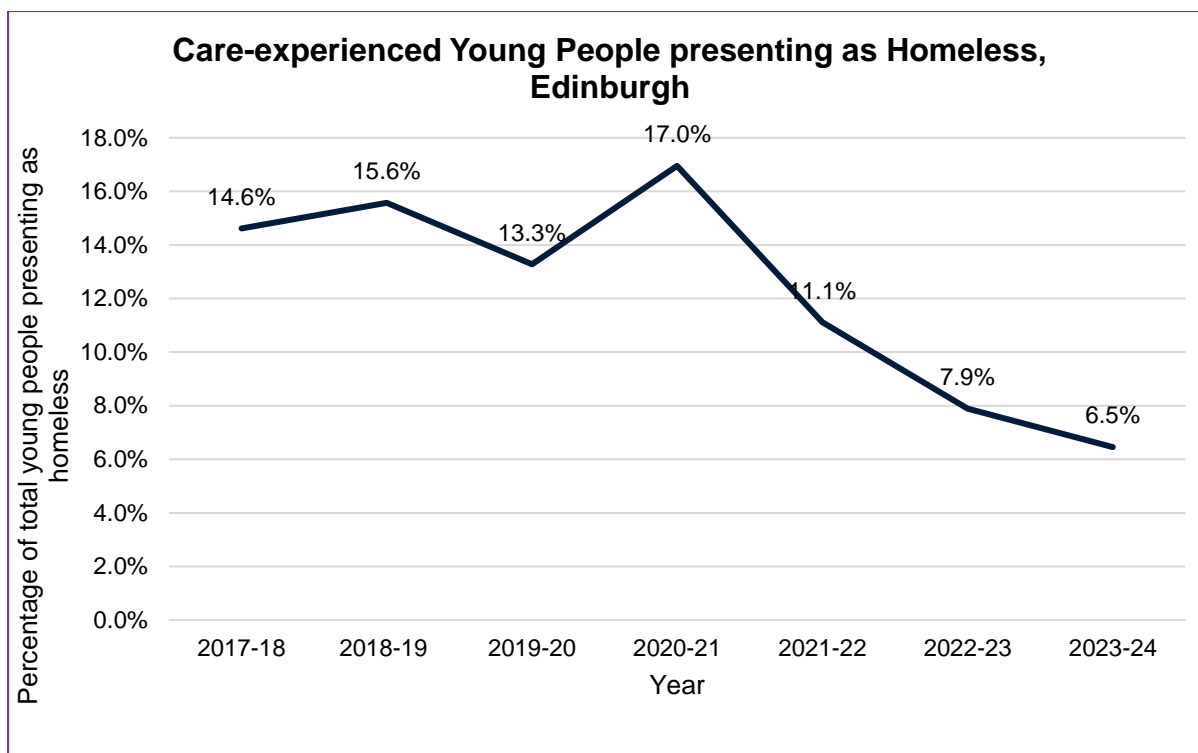
Care-experienced Young People presenting as Homeless, Edinburgh

Figure H9
Source: Internal CEC data

Discussions with stakeholders revealed a repeatedly occurring theme of the vulnerability of young people, particularly relating to the transition to living more independently and making use of adult services. During this period, independent skills are often not fully developed and thus there may lie a gap between a young person's capabilities to act independently and the support they receive. One area of concern highlighted is the potential for a young person to live alone in temporary accommodation without necessary support to ensure their safety from harm. In an emergency situation, a young person may be accommodated in temporary accommodation without support, however the intention would be that appropriate support services would be identified for the young person by Children's Services.

Data from the Cyrenians 'Moving on from Care' consultation response, which was developed through focus groups with staff teams as well as conversations with care-experienced young people directly, highlighted many of the key vulnerabilities faced by young people in their transition to adulthood. Insights from consultations with care-experienced young people are really valuable in the development of systems of support, in particular because when a system is designed to work for care experienced young people, it is likely that it will also work for the wider population of young people.

Contributors to the report lived in Edinburgh and the Lothians at the time of the focus groups but due to some movements between local authorities, some of their comments may reflect experiences in other areas prior to moving to Lothian. Participants identified some areas relating to services specifically for care-experienced young people that they felt could be improved to support a smoother, more flexible transition to adulthood. This included overlapping of support systems, allowing young people to gradually transition from residential care to independent living with a staged approach. This is also important within

and between local authority or health board areas given some young people's experience of moving. For example, extending visiting support services during transition periods, making them flexible and ensuring they align with the realities of young people's new routines in education or employment. One young person said:

> "The times of the support was right after college, and between saying bye to my friends and bus times I was often late for my support, but if I was 15 minutes late they would leave. I didn't want to leave college early, I was in the middle of exams".

Preparation well in advance of leaving care was also highlighted as key, including relationship-building with third-sector services and the wider community to foster a stronger foundation for independence. Additionally, practical skill-development and assistance in navigating essential services such as registering with a GP, are vital in preparing young people for independent living. This is not only relevant for care-experienced young people but important for all young people. More targeted support may however be required for specific groups of young people transitioning out of care, such as unaccompanied asylum-seekers and those with disabilities or neurodiversity who may require supported housing.

Crucially, a preventative approach to youth homelessness requires early intervention and proactive measures that focus on strengthening young people's support networks and equipping them with the skills needed to thrive. As part of the Housing Emergency Action Plan, a plan is being developed setting out areas of joint working to support young people with tenancy sustainment and the prevention of homelessness. The Cyrenian's 'Keeping Families Together' project demonstrates an example of good practice where whole family support and mediation services combine income maximisation, housing, mental health and wellbeing and community connections to result in positive outcomes for young people at risk of homelessness due to family breakdowns.

In Edinburgh, work is also ongoing to explore the potential of establishing a youth housing hub. This would be a multi-agency space where young people who are at risk or experiencing homelessness would be able to get advice, support and access to accommodation if required. Ensuring that professionals working with children and young people are adequately trained in trauma-informed practices, children's rights, and neurodiversity can enable early identification of support needs and foster better understanding and support for children who might otherwise be seen as 'disruptive'. This can enable their needs to be met earlier, preventing emotional distress from escalating to more complex issues as they become a young adult.

Much of this approach aligns with the principles of GIRFEC and The Promise. It is essential to ensure that sufficient training and resource is available to enable these principles to be implemented, with the involvement of children and young people embedded in the system. A good example of this is the work of Throughcare Housing Development Workers, who actively engage with care-experienced young people, having conversations about their options and nurturing one-to-one relationships, which can make a significant difference in preventing crisis situations. Models of supported accommodation have also proven to be highly effective in helping young people establish stability.

Recommendations - Homelessness

16. **Build on the ongoing mapping of services as part of the Housing Emergency Action Plan to identify gaps in locally accessible services for children and families and explore opportunities and potential mitigations.**

17. **Build on existing data sharing with health visitors and schools, considering opportunities for an improved two-way feedback system between housing, social work, healthcare and education to ensure better coordination and support for families, in line with UNCRC, GIRFEC and Promise principles.**

18. **Explore data to understand the number and nature of relocations which families experience within Temporary Accommodation placements recognising that, if new accommodation better meets households needs, the benefit of the move may outweigh the disbenefit from disruption to stability.**

19. **Explore opportunities to allow families in the homelessness system to maintain registration with current primary care services when relocating to temporary accommodation, in order to maintain continuity of care.**

Deep Dive - Universal Offer

The chapter on the "Building Blocks of Health" in this report highlights how health and wellbeing are shaped by a complex interplay of physical, social, and economic factors, all of which are influenced by the characteristics of the places where people live, grow, play and learn. There is an increasing amount of research highlighting the benefits of investing in initiatives which prevent issues in health and wellbeing from arising, known as primary prevention.

The idea of a Universal Offer refers to the opportunities, services and support which all children and young people in Edinburgh can expect from the city, and is an important part of primary prevention. While a Universal Offer should be inclusive and available to all, it is important that particular attention is paid to supporting the most vulnerable groups of children and young people to access such an offer, as they will stand to gain the most. This concept, termed Proportionate Universalism in the 2010 Marmot Review, asserts that:

"To reduce the steepness of the social gradient in health, actions must be universal, but with a scale and intensity that is proportionate to the level of disadvantage"

A Universal Offer can also be approached from a children's rights lens, ensuring every child has the right to health, social and economic help, food, clothing and a safe home, as well as rights to education, rest, play, culture and arts, in addition to the right to protection from harms. This chapter explores Edinburgh's current Universal Offer for children and young people and whether it effectively meets their needs.

Health visiting; early learning; schools and youth work settings are all important touchpoints for children and families in the city. These services therefore provide opportunities whereby children, young people and families can be informed of, signposted to and supported to connect with wider opportunities, services and support throughout the city.

Early Years

The universal offer for children under-5 is important to support families in their child's learning and development as well as taking a preventative approach to tackling deprivation and inequality. The current national offer includes the provision of a range of essential items for all babies born in Scotland through the Baby Box scheme. Latest data from 2019 shows high a high level of uptake of the offer nationally, at over 90%, with little variation by area of deprivation, however more up to date, local level data is not available.

The Maternal and Early Years Edinburgh Children's Partnership Sub-Group recently surveyed third sector maternal and early years services in Edinburgh to map provision for this population, identify any unmet needs. Findings, summarised in Appendix 5, shows that third sector provision for families includes antenatal and postnatal support as well as parent and toddler groups spread across the city, with some additional services available to specific or vulnerable groups such as families affected by domestic abuse, alcohol or substance misuse; ethnic minority groups; and fathers. The report highlights that service provision is somewhat

variable across the city and that funding within the third sector is precarious. Gaps or changes in provision may result in unmet need in turn leading to increased pressure for midwifery, health visiting and Family Nurse Partnership services. The report provides a range of recommendations to address these issues.

Early learning and childcare are also recognised as an important contributor to closing the poverty-related attainment gap including by and in fostering the confidence and skills needed to start school. Currently, children aged 3 and 4 are eligible for 1140 hours of free early learning and childcare per year from the term after their third birthday, in either a council or private nursery. As referred to in the "Building Blocks of Health" chapter of this JSNA, registration of eligible 3 and 4 year olds with a council or private nursery under this scheme in Edinburgh dropped to 90% in 2023 compared to 97% in Scotland (Figure 43, Appendix 3). While these figures do not take into account private arrangements with childminders and more informal childcare arrangements, there may still be some opportunities to address barriers to participation in the more formal offer.

Library Membership

As local hubs for child development and a connection to other forms of advice and support, Edinburgh's libraries form a vital part of the Universal Offer. A range of free sessions, including Bookbug story and song sessions for under 5s, as well as sessions for school age children are available in libraries across the city. Data suggests that that 18% of children under-5 and 40% of children aged 5-11 are actively using their library card (Figure U2). Given that the 5-11 age group represents the key stage at which many children are learning to read, this data positively reflects the contribution public libraries are making towards literacy. However, with 60% of 5-11 year olds and 75% of 12-17 year olds not actively using a library card, the majority of children in our city may be missing out on the benefits of the library services. With reading frequency and enjoyment levels are at an historic low across the UK, a strengthening of children's engagement with public libraries would be very beneficial.

Some schools have dedicated school libraries and some actively encourage membership with local libraries and facilitate visits. Data on the extent of school engagement with their local libraries is not however routinely available. When asked, 90% of children in S1-S6 stated that a dedicated school library space was important or very important to them, so it is clear that these spaces hold value for young people. The Future Libraries Strategy 2024-29 details the strategic alignment of their aims with other strategies such as the 20-minute Neighbourhoods Strategy and Vibrant Libraries – Thriving Schools. This includes a goal to strengthen engagement between public libraries, schools and other partners to improve provision of information and awareness of additional opportunities and support to children, young people and families.

% Active Library Members
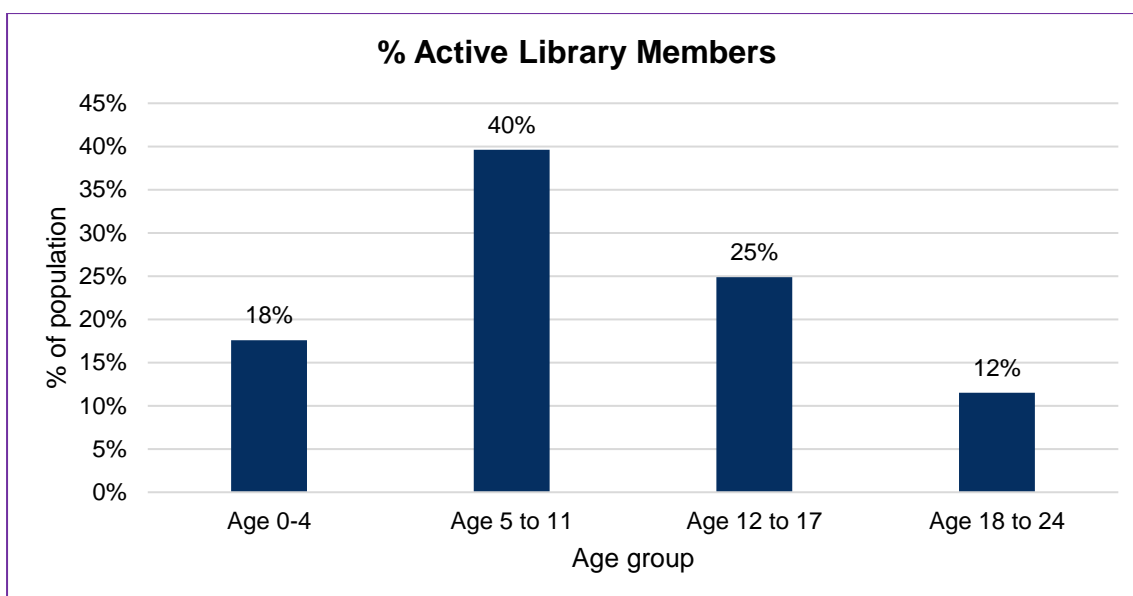
Figure U2: Percentage of Edinburgh population in each age group who are actively using their library membership
Source: Internal CEC library data (as at 31 Dec 2024), population data from 2022 Census

Active Schools

The benefits of physical activity and sport on health and wellbeing are extremely well evidenced, however inequalities in participation persist. Groups less likely to participate in physical activity include residents of more deprived areas, women and girls, people with disabilities and those from ethnic minority communities. In some circumstances, these inequality gaps are widening. Children who are supported to enjoy and participate in physical activity are more likely to continue to be active as they get older, therefore getting this right at an early age is important.

Active Schools is a Sport Scotland scheme that aims to provide more and higher quality opportunities to take part in sport and physical activity before school, during lunchtime and after school, and to develop effective pathways between schools and sports clubs in the local community. Data on participation with the scheme is published annually by local authority and shows that in 2023-2024, 8034 school-aged children, approximately 14% of the school-age population participated in Edinburgh. Table U1 shows key demographics of participants, which broadly align with the demographics of the Edinburgh population. There is however an argument that in line with the concept of Proportionate Universalism, a programme such as active schools should be striving to ensure higher levels of participation from population groups who might otherwise face disadvantage, and therefore be less likely to engage in other forms of physical activity. Further data on the experiences of children and their families engaging in the programme and the levels of supply and demand in different areas of the city were not available. It would be valuable to have a better under data in assessing how the programme is meeting their needs of the children and young people within the city.

	Female	Male	Total
Total percentage of distinct participants	**45.6%**	**54.4%**	**100%**
Additional Support Need	**17.4%**	**24.7%**	**42.0%**
Assessed Disabled	**1%**	**2.1%**	**3.0%**
SIMD 1 + 2 (Deciles)	**8.8%**	**11.6%**	**20.4%**
Free School Meal (entitlement)	**6.1%**	**7.2%**	**13.3%**
Black and Minority Ethnic	**11.1%**	**13.9%**	**25.0%**

Table U1
Source: Internal CEC Active Schools data

Active schools encourage coordinators, coaches and volunteers to undertake inclusion training to support children with Additional Support Needs and offers more specialist sessions including disability specific sessions to meet the needs of children with more specific requirements. Further data around the experiences of children and young people accessing these sessions would also be valuable.

Informal and unstructured physical activity can come in many forms and is an integral part of much of children's play. It is a statutory requirement to carry out a Play Sufficiency Assessment and this process is currently underway in Edinburgh, planned to be published in 2026. It will assess the quantity, quality and accessibility of play facilities within formal areas, such as the city's 177 playgrounds, with informal areas for play also included in the assessment. The assessment aims to look beyond an audit of physical equipment and also examines the quality and inclusiveness of spaces, through consultation with schools as well as engagement with children, young people and their families, including children and young person with disabilities.

In addition, the Physical Activity and Sport Strategy for Edinburgh aims to address barriers to participation in physical activity and sport, improving inclusion and access to all forms of physical activity for Edinburgh's children and young people. An implementation plan for this strategy, covering 2025-2027, is currently being developed.

Bikeability

The Transport section of the 'Building Blocks of Health' chapter in this report evidenced the importance of sustainable travel for health and wellbeing. Studies suggest that supporting primary and secondary school children to travel more sustainably can result in lone term sustainable behaviours for years to come. Key factors contributing to successful interventions include collaboration with external agencies to support schools in promoting and sustaining cycling, alongside engagement from parents and the local community. The bikeability scheme meets these characteristics as an in-school programme, led by trained teaching staff and supported by volunteers. It teaches children to cycle safely on local roads, aiming to give provide young people at the end of primary school with the competence and confidence to make cycling the norm for short journeys.

In Edinburgh, 74 Primary schools have been were offered support to participate in the scheme. Of these schools 46 (62%) submitted Level 1 accreditations with the scheme. Level 1 takes place off-road, normally on the school playground and most children take part in Level 1 at school during Primary 3 or 4 when they are between 7 and 9 years old. 28 schools (38%) submitted Level 2 accreditations which involves cycling on quiet roads and usually takes place during Primary 5 or 6 when children are between 9 and 11 years old.

In 2023-24, a total of 4130 children across the city completed their training through the scheme. Figure U3 shows the percentage of primary schools that offered Bikeability Level 2 training, categorised by deprivation level, with the training being offered by 50% of schools in least deprived areas of the city (those in SIMD quintile 5); compared with 43% of schools in the most deprived areas of the city (those in SIMD quintile 1).

Many schools reported challenges releasing staff for training and / or delivery of the scheme as well as lack of support from staff and / or parents. As a voluntary scheme, the ability to deliver this opportunity may be subject to variation in the capacity of communities in more deprived areas to provide parental volunteers, with UK research showing that there is generally an uneven distribution of voluntary hours across different demographics, with more educated, middle-aged, homeowners having greater capacity to volunteer. It is important therefore to consider the risk that volunteer-led initiatives may inadvertently widen inequalities, and to consider opportunities to encourage volunteers to offer support to schools which may not otherwise be able to offer the training.
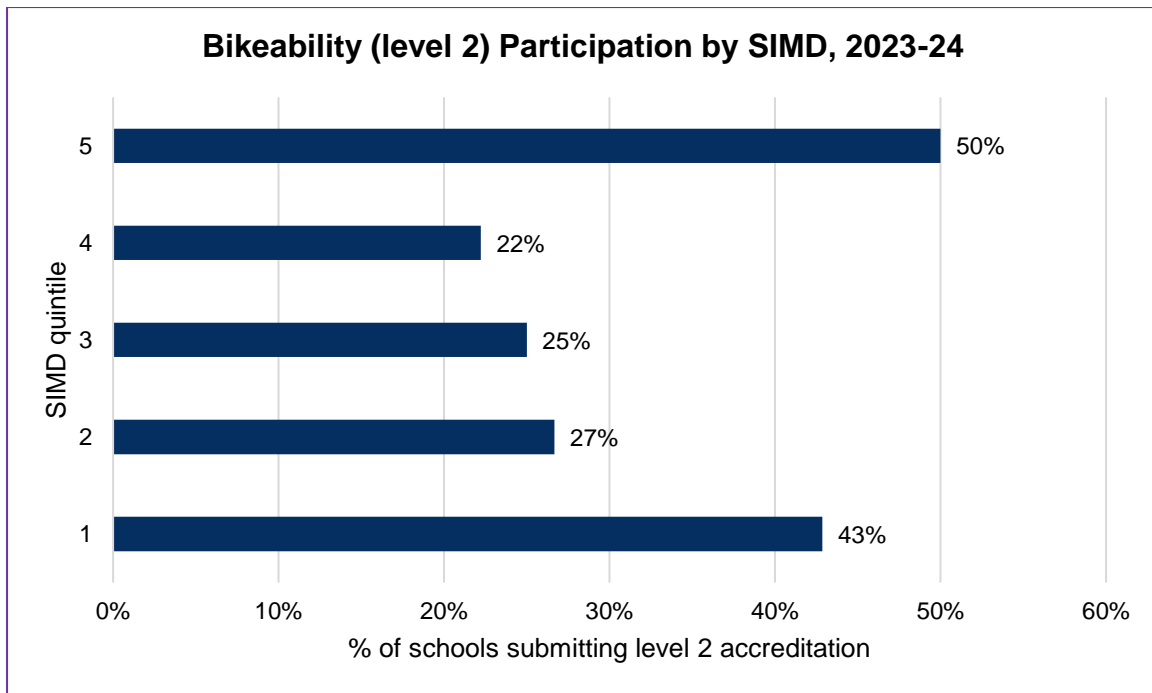
Bikeability (level 2) Participation by SIMD, 2023-24

SIMD quintile	% of schools submitting level 2 accreditation
5	50%
4	22%
3	25%
2	27%
1	43%

Figure U3
Source: Internal CEC Bikeability data

Cycle training schemes such as Bikeability are an evidence-based way to increase cycling among children and without these many children would not have the necessary training to safely and confidently bike around the city for travel and leisure. Not all children will however have access to a cycle outside of the school environment and opportunities should be explored to connect families with third sector organisations which may be able to support young people to access free or low cost cycles and related equipment, to enable them to continue to benefit beyond the initial period of training.

Young Persons' Free Bus Travel Scheme

Under the Young Persons' Free Bus Travel Scheme, all children and young people aged 5-21 years and residing in Scotland can travel by bus for free throughout Scotland. The uptake figures for Edinburgh are 24% higher than the national average across all local authorities, with 83% of children and young people in Edinburgh applying for their free bus pass (Figure U4). The high uptake in Edinburgh is likely due to the infrastructure for bus travel in the city in comparison to that in other areas of Scotland.
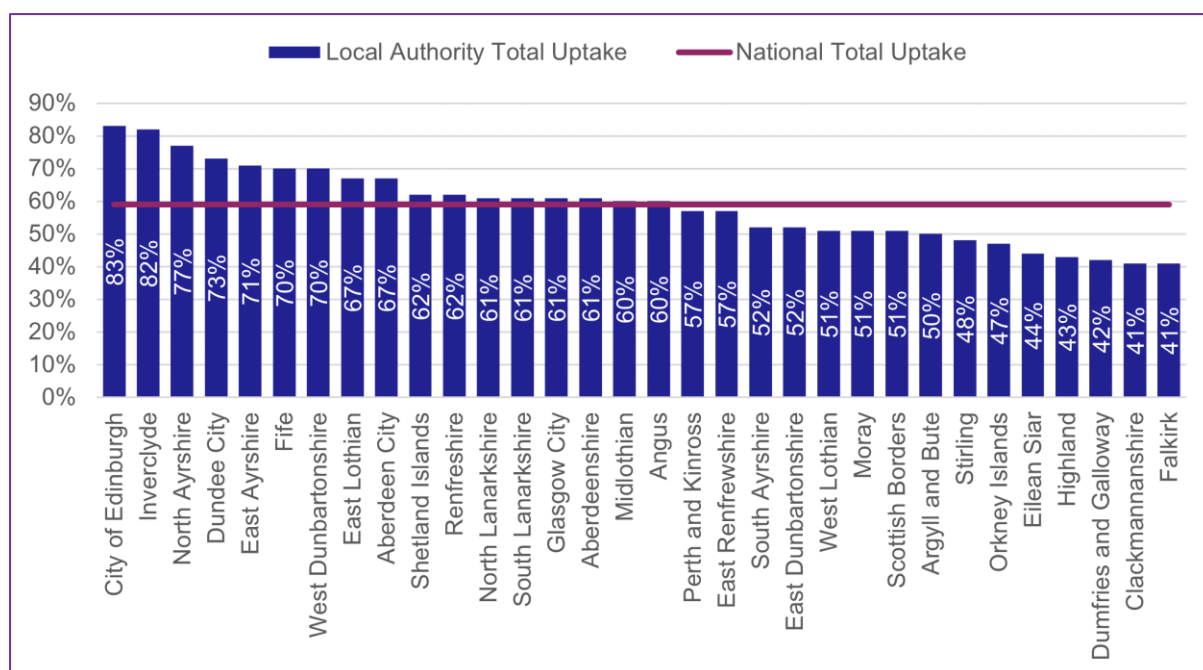
Figure U4
Source: Young Persons' Free Bus Travel Scheme - Year 1 Evaluation

From the introduction of the scheme in January 2022 to April 2023 when a Year 1 evaluation was completed, 13.8 million trips in Edinburgh were completed using. Further Edinburgh specific data around how children and young people are using their cards would be beneficial to assess how effectively this scheme is meeting their needs.

Qualitative data was available from surveys and focus groups conducted during the Year 1 evaluation which included the experiences and perceptions of the scheme from the point of view of the children, young people and their families. Nationally, two thirds said the scheme allowed them to travel more independently. The majority of these were aged 12-23 years and there was some consensus from parents and carers that primary school aged children were too young to travel without an adult. There were also reports that free bus pass has facilitated increased access to services including social and leisure activities, education and training opportunities, new jobs, sports and activity clubs and healthcare.

One criticism of the scheme is that families with younger children are not encouraged to switch their mode of travel from car to bus due to the cost of adult tickets associated with accompanying their child/children on the bus. However, overall the reduced spending on child's travel expenses and the financial impact of this, particularly on young people and their families, were reported as a main benefit of the scheme, alongside reduced car use to transport older age groups. Impact of the scheme on poverty rates were not available in the evaluation, however now that the scheme has been running for a longer time period, this would be a useful analysis.

Leisure and culture

There is evidence from the Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS) that friendships, liking of school, belonging to a group and being involved in leisure activities are associated with better mental health and wellbeing. Edinburgh Leisure is the

largest provider of sport and leisure facilities in Edinburgh with over 30 locations across the city offering a variety of activities including swimming, gymnastics, dance, judo, racquet sports, climbing, gyms, and holiday camps. They are funded to provide free access to their facilities for care-experienced young people aged 0-25 years through the Looked After and Active project and to young people aged 11-16 experiencing mental health challenges through the Be Strong Be You project, as well as offering discounted access to individuals who are referred as part of their Community Access Programme.

Participation data for 2023-24, set out in Table U2, shows the numbers of children supported in these two programmes for specific groups of vulnerable young people as well as level of participation in mainstream activities such as gym, swim, soft play and sports. The total number of supported children and young people in the table below represents those that have an Edinburgh Leisure access card. However there will be many more children and young people who access activities on a pay-as-you-go basis, without being registered. This data however has been captured in the number of visits to be active. Trends by specific demographics or over time were not available at the time of publishing.

	Total Number Supported	Visits to be Active
Looked After & Active	536	6,092
Be Strong Be You	83	564
Mainstream Edinburgh Leisure Activities (Gym, Swim, Softplay, Sports) All children and young people aged 0-18)	8,155	615,549

Table U2
Source: Internal Edinburgh Leisure data

The data demonstrates the scale at which children are supported by this organisation, however, also highlights the lack of data to enable assessment of how well the service is supporting demographics of children and young people who may have higher levels of need and / or lower ability to access non-subsidised offers. Nationally, levels of physical activity in children do not differ substantially by level of deprivation, suggesting that cost may not be a barrier to families of engaging in physical activity, however data from the same evidence review shows that girls are less likely to meet physical activity guidelines than boys and physical activity declines in older childhood and adolescence.

Engagement with arts, culture and leisure are some of the ways in which children and young people play, learn and explore their physical and social environment, building self-confidence, resilience and discovering their identity. There is also evidence to suggest that engagement with culture and leisure activities has other benefits such as its role in education, increased likelihood of pro-social behaviour and greater social cohesion, ultimately creating more inclusive societies. Furthermore, UNCRC Article 31 states:

"Every child has the right to rest and leisure, and to engage in play and recreational activity appropriate to the age of the child and to participate freely in cultural life and the arts"

There is however a lack of data on how children engage with culture facilities in the city. The [Improvement Service dashboard](#) provides data on eight key indicators for culture and leisure at local authority level, however these are focussed on cost per visit and levels of adult satisfaction with. We do not currently know how many children and young people are visiting public parks and gardens, museums, galleries and other cultural and leisure facilities in Edinburgh or what they think of them.

The potential value of access to these opportunities as part of a Universal Offer to children and young people should be recognised and explored further to understand to what extend the city's current offer is meeting the needs of the population, particularly the needs of those who might stand to gain the most from additional cultural opportunities.

Out of School Care

Out of School Care (OSC) refers to childcare services provided for school-aged children (typically aged 5-12) outside of regular school hours, such as before school, after school and during school holidays. These services are designed to support children's development, providing safe, supervised environments where children can engage in recreational activities, socialise with peers and sometimes participate in educational or skill-building opportunities. OSC can be provided and managed by schools directly, through private providers or charitable organisations.

[Research](#) indicates that OSC services are especially beneficial for children from disadvantaged backgrounds, contributing to improved academic outcomes and better social integration. This is crucial as we work to close the educational attainment gap, ensuring that all children have equal opportunities to thrive. For parents, out of school care provides essential support, enabling them to pursue education, employment or carry out other responsibilities. Without affordable, accessible care options, families face significant barriers to economic stability, particularly single-parent families or those with multiple children. OSC therefore plays an important part of the city's Universal Offer.

Breakfast Clubs

Within Edinburgh's 91 primary schools there are 52 school-managed breakfast clubs and 41 breakfast clubs provided by private OSC providers and organisations with charitable status. 6 schools operate 2 breakfast clubs and 2 schools share 1 breakfast club. There are 3 primary schools that don't have breakfast clubs due to lack of demand. All the breakfast clubs provide an hour to an hour and a half of childcare as well as providing a nutritious breakfast which must meet standards from the [Healthy Eating in Schools: A guide to implementing the Nutritional Requirements for Food and Drink in Schools (Scotland) Regulations 2020](#). It is well [evidenced](#) that school breakfast club provision can have multiple benefits to attendance, attainment and mitigating the impacts of poverty.

Data from a [recent CEC survey](#), where 41 out of 91 primary schools responded, showed that 18 primary schools provide their breakfast club as a free service to all their families. The remaining 23 schools apply a daily charge of £1 – £2 per day to attend. The cost to families is dependent on how funding for the club is managed; school managed breakfast clubs receive partial funding from City of Edinburgh Council and may also receive support from corporate

or charitable organisations. Unfortunately, data on the cost of provision at the remaining 49 schools was not available at the time of publishing. However there is an expectation that all regulated childcare provider breakfast clubs provide around 10% of breakfast club places free of charge to families where a need has been identified. This is in return for the CEC school let which is provided at no cost to the childcare provider.

Whilst breakfast club provision in secondary schools is not as critical as in primary schools for early morning childcare, the benefits still exist for older children to support attendance, academic achievement and mitigate the impacts of poverty. Unfortunately, data on provision in school for this age group was not available. Edinburgh College also offer free a breakfast club to their students, with current estimates that around 250 young people per day are accessing the breakfast club across all four campuses.

After School Clubs

Stakeholder discussions suggested certain areas of Edinburgh, particularly those with higher levels of poverty, have limited access to After School Club (ASC) services. Of the city's 91 primary schools, 8 do not offer after school clubs, with the majority of the gap found in the South-East area, including Niddrie, Craigmillar and Greendykes. A recent survey of parents in 5 primary schools in the South-East of the city aimed to identify unmet ASC need for up to 78 children from these schools. Many parents/carers responding to the survey expressed frustrations at the impact the lack of provision had on their existing working patterns, access to further education, and future employability options. One parent commented:

"We have all been really struggling with juggling being full time working parents and the lack of after school club - the previous club closed just after COVID due to low numbers (hardly surprising, we were all at home and didn't need childcare). There has been no alternative provision for the children and parents who work "office hours" being 9am-5pm, which has caused some parents to reduce their working hours and therefore has economic impacts on the household. This needs urgent attention…"

Data from Lothian Association of Youth Clubs (LAYC) also demonstrates a lack of LAYC member organisations in the South-East of the city (Figure U6). The situation in the South East is in stark contrast to that in some of the city's more affluent area, where some schools may have multiple providers to meet the need of the families within that school, such as Trinity Primary School which has 4 providers. Financial viability of the ASC providers' business relies on enough families in the local area having the means to afford the fees, therefore demand is likely to be much higher in the areas of least deprivation. Furthermore, challenges around staff recruitment and retention within the childcare and OSC industry also impact the affordability, availability and quality of services. As such, affordability and supply of ASC for families is often at odds with the financial viability of providers, making demand in areas of higher deprivation appear lower than it is in reality. For many, the cost of care, especially for single parent families or those with more than one child, can be prohibitive.

LAYC data shows that across the city, 20 LAYC member organisations are currently providing after school care to 2574 children aged 5-11 years across the city. Using 2022 population demographic data (Figure U1), this represents around 7.7% of the population of children aged 5-11 years, however this doesn't represent non-LAYC member organisations providing

after school care. Unfortunately, further data such as numbers of children currently cared for, numbers on waiting lists and affordability across all after school clubs was not available.

Youth Work

Formal education is only one of several methods of learning available to us and Youth Work represents an important part of the Universal Offer not only as an educational tool but in supporting the health, wellbeing, development and achievements of children and young people too. Youth Work, as defined by Youth Link Scotland, is "an educational practice contributing to young people's learning and development." Rooted in their communities, it recognises the influence of peers, culture and wider social networks while helping young people reach their potential and navigate life's challenges with creativity and critical thinking. Youth Work takes place in various settings, including community centres, schools, youth cafés and street-based programs. It uses many different approaches such as outdoor activities, drama, accredited Youth Awards, health initiatives, peer education, and single issue and single gender programmes to effectively engage young people.

Community Learning and Development (CLD) is a key element of education provided by the City of Edinburgh Council which includes Youth Work as well as adult and family learning and community development. This work takes place in a diverse range of settings including within schools and the wider community and aims to provide early intervention and prevention to those experiencing or at risk of experiencing inequality of opportunity within the education and skills system. The Scottish Attainment Challenge promotes strong partnerships between Youth Work and educational settings, recognising the unique role that youth work plays in supporting young people to overcome barriers to achievement and their contribution to closing the poverty attainment gap.

Notwithstanding the challenges faced by the sector in demonstrating a direct causal link with positive outcomes, substantial qualitative research shows that Youth Work significantly benefits young people, boosting confidence, self-worth and essential life skills. Many children and young people report stronger relationships with peers and adults as a result of Youth Work and an increased engagement in learning, supporting their progress to positive destinations. Youth Work also enhances wellbeing, with young people noticing links to improved physical and mental wellbeing from a variety of youth work activities and approaches including sport and exercise, education around strategies to overcome anxiety and difficult emotions and reducing social isolation in fun group activities.

Partnerships between Local Authority and third sector organisations recognise these benefits and aspire to offer an equitable balance of Youth Work, ensuring that every child has access to high quality Youth Work services which meet their needs where they are. Figure U4 shows the distribution of LAYC member organisations, which are mainly third sector youth work organisations. The pattern of distribution is partially aligned to areas of higher deprivation within the city however there is a distinct lack of organisations in the South East, demonstrating the gap in provision in this area of the city. This is further evidenced by the distribution by locality in Figure U5. The lack of organisations to provide Youth Work services in the South East of the city signifies a need for a targeted approach in this area.
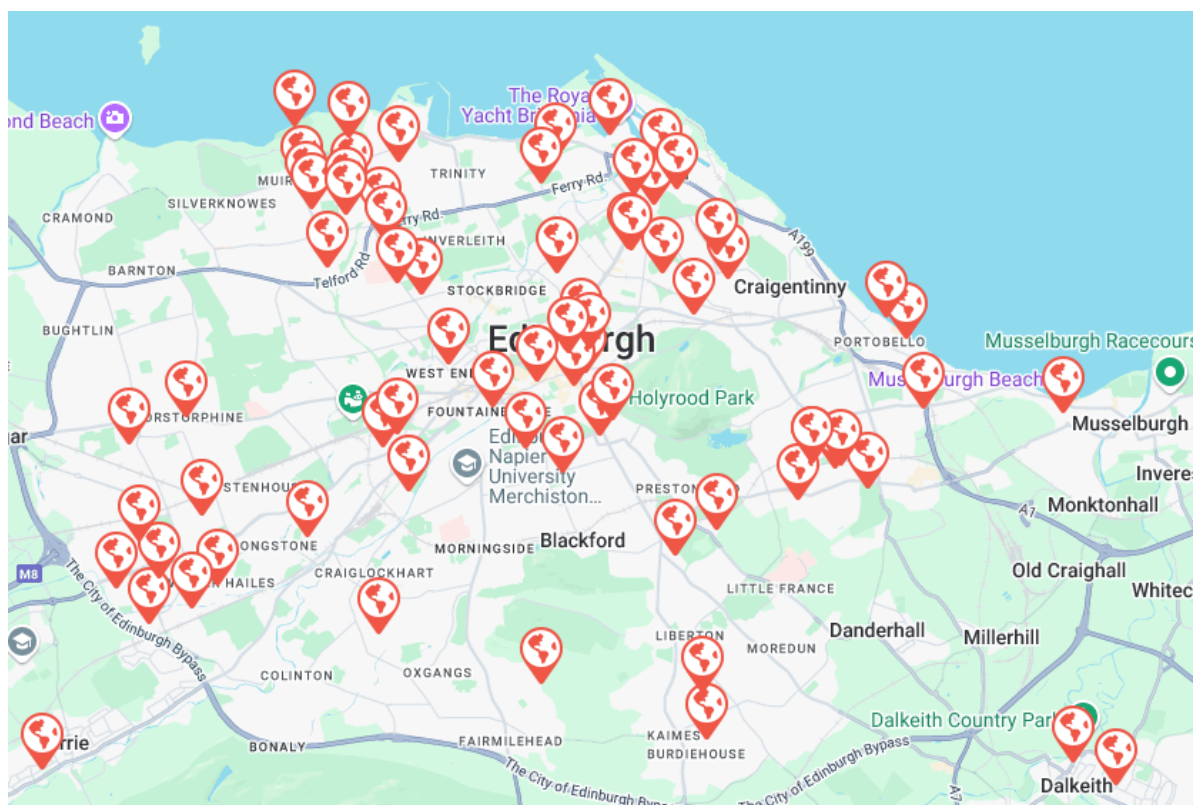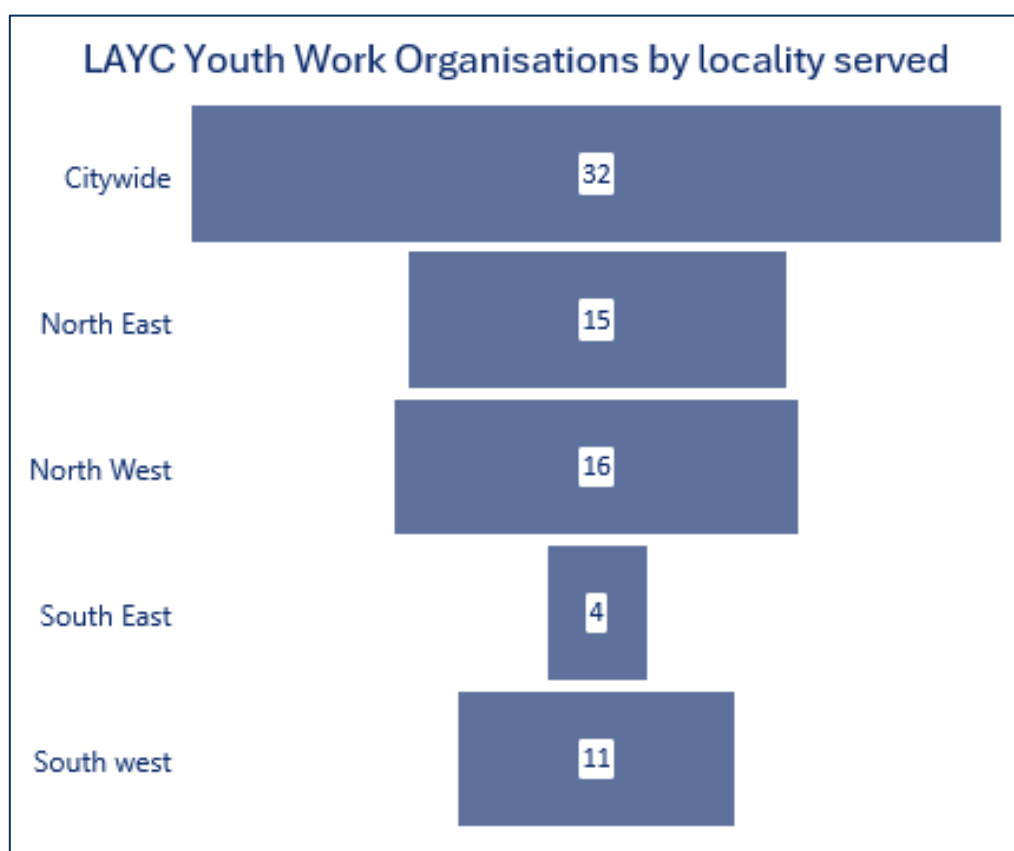
Figure U5
Source: Internal LAYC data

Figure U6
Source: Shared internal LAYC data

LAYC Youth Club Membership data in Figure U6 shows the distribution of membership amongst children and young people by age. This shows a fairly even distribution, suggesting that the activities on offer meet the needs of all age groups. Whilst the majority of Youth Work organisations would report a decline in engagement beyond 18 years old, there are a few groups in the LAYC network whose data is included that offer more specialist adult services in addition to Youth Work and report high numbers of engagement in this age bracket.
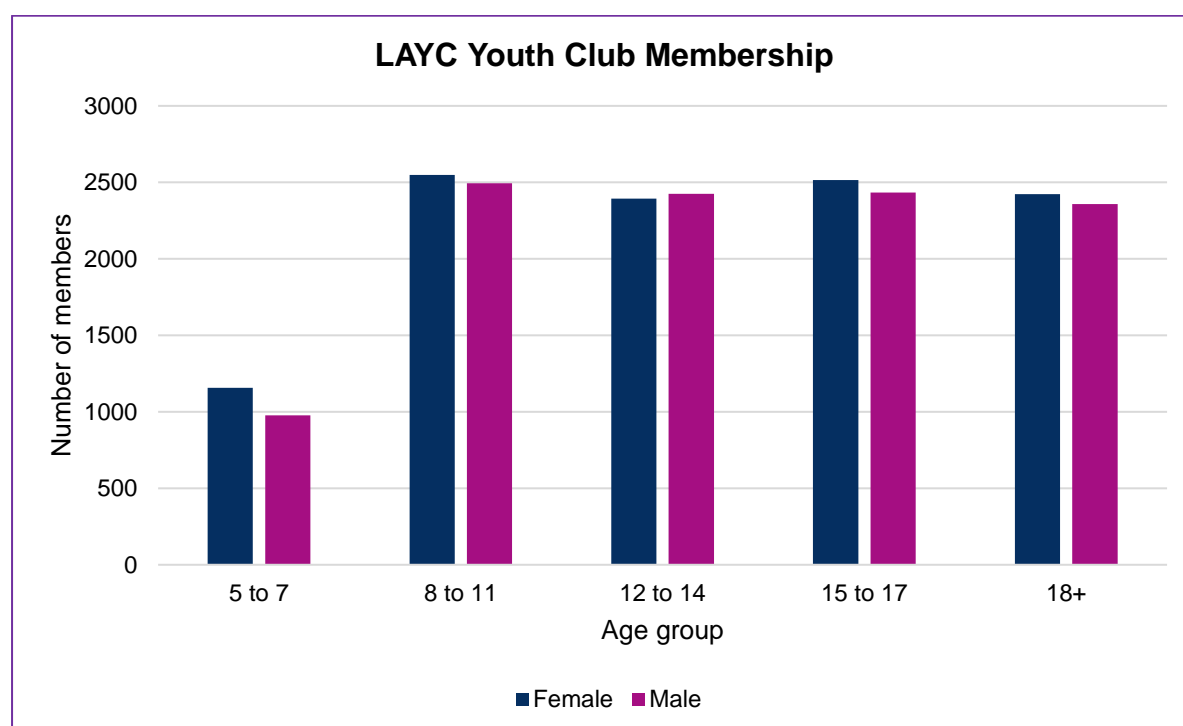
Figure U7
Source: Shared internal LAYC data

Data from a 2023/24 CEC pupil survey (Figures U7 and U8) shows the percentage of children who agree with statements about out of class activities and school clubs. Overall, 58% agree or strongly agree that they take part in out of class activities and school clubs. The question does not specify what constitutes an out of class activity or club therefore there is room for differences in interpretation of this question. However, there is a smaller proportion of children who answered 'strongly agree' or 'agree' to the statement 'I take part in out of class activities and school clubs' than to the statement 'I know what out of school activities and youth groups are available in my local area'. This suggests that a section of the population of children and young people are aware of the groups but choosing not to participate. Whilst we do not have qualitative data to support a robust understanding of this gap, there may be some barriers to participation meaning that the offering is not meeting the needs of some children and young people. Furthermore, 42% did not agree that they take part in these types of activities, suggesting a significant minority of the local population who are missing out on the benefits from engaging in these types of activities.
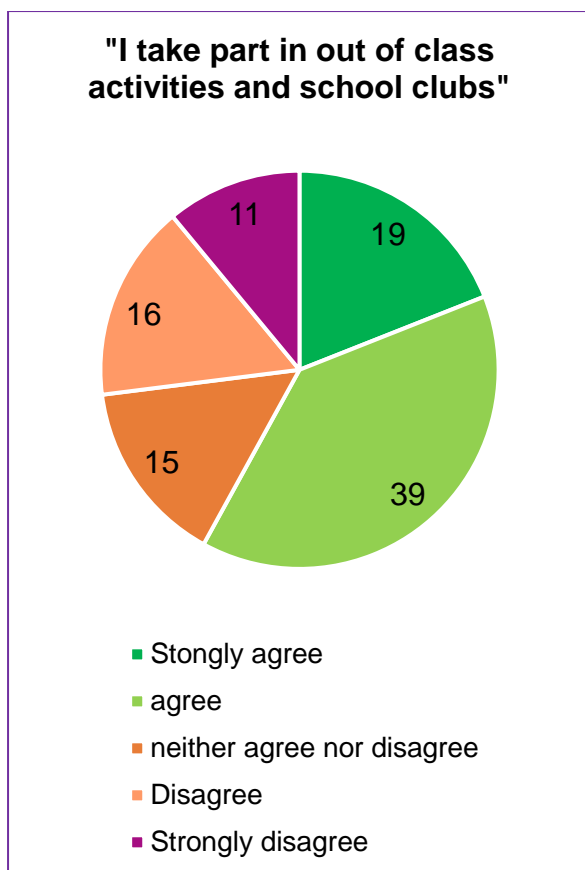
"I take part in out of class activities and school clubs"

- 19 — Stongly agree
- 39 — agree
- 15 — neither agree nor disagree
- 16 — Disagree
- 11 — Strongly disagree

"I know what out of school activities and youth groups are available in my local area"

- 12 — Stongly agree
- 48 — agree
- 9 — neither agree nor disagree
- 12 — Disagree
- 7 — Strongly disagree

Figure U8
Source: Shared internal CEC pupil survey data
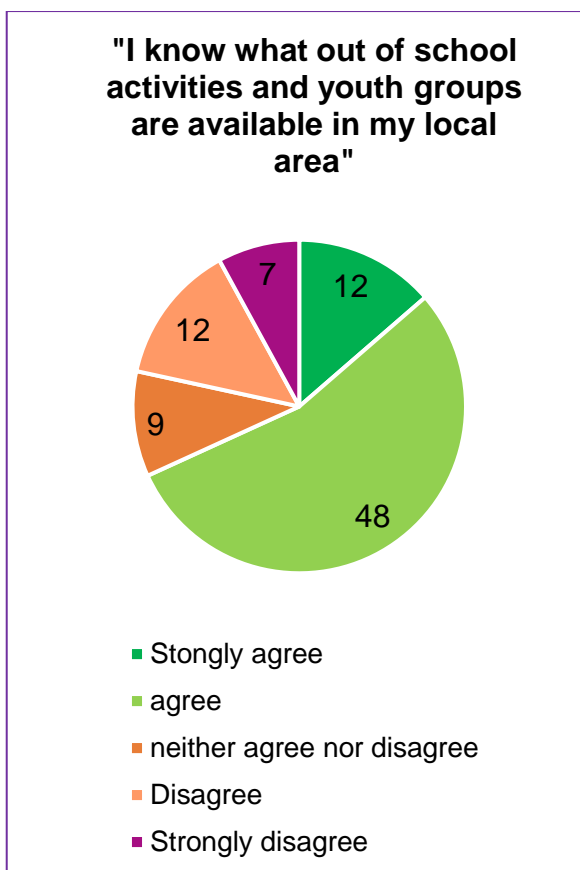
Figure U9

Discussions with key stakeholders highlighted the investment in Youth Work through the Connected Communities fund as being beneficial in increasing the capacity of services to provide an equitable offer across the city. However, services continue to experience a high level of demand, with the majority of resources therefore directly supporting the delivery of services, with limited resource then available to support workforce training needs.

Summary

A place-based approach recognises the interconnected characteristics of a place and how these contribute towards the health and wellbeing of the people living within it. Given the capacity of a place to influence outcomes both positively and negatively, Edinburgh's Universal Offer for children and young people has the ability to shape these outcomes for the better. The Team Around the Community (TAC) programme uses a place-based, partnership approach to build networks of council, health, justice and voluntary sector services who can provide coordinated, timely and impactful help to families at an early stage from a local level within school cluster learning communities, coordinated by a small team. Two proof-of-concept sites have been established in Liberton/Gracemount and Craigroyston. Learning from the work will focus on how this approach can improve outcomes for families, but also how it can improve the system and how different services work together to provide support, providing this at the earliest stage possible.

This report has found that current understanding of the Universal Offer to children and young people in Edinburgh is unclear. Discussions have revealed a lack of consensus on the

definition of the current Universal Offer, with differing opinions on what it should encompass. Data to evaluate current services are available to varying degrees, with much potential to strengthen and share in order to assess how these services are meeting the need.

All children and young people should have access to opportunities which support them to thrive and some children, either because of their needs or circumstances will require extra, targeted support to be healthy, safe and to achieve their potential. However, inequalities in the Universal Offer persist with some services and areas of the city experiencing them more significantly than others.

With reference to the ASN chapter of this report, it is important to recognise the individual needs of every child and young person within the Universal Offer, ensuring that services and environments are designed with an understanding of the expected normal variations within the population. Building a strong Universal Offer for Edinburgh, which meets the needs of all the children and young people who live here, by listening and respecting their voices, will make Edinburgh a better place for children and young people to live.

Recommendations – Universal Offer

20. **Carry out further work to develop and agree a Universal Offer of access to healthy opportunities for children and young people, taking a UNCRC and GIRFEC perspective to inform its scope and development and recommending the targeting of specific interventions to groups proportionate to need.**

21. **Continue to support the delivery of Youth and Children's Work in the city, recognising the key role it has to play in supporting children and young people to access a wider range of opportunities, support and services. Take learning from the Youth Work approach to support other services, opportunities and environments to provide the same inclusive and welcoming approach to young people, in line with the principles of GIRFEC, UNCRC and The Promise.**

Cross Cutting Themes

Across all the sections of this JSNA, three themes continually appeared. These were embedding the voices of children and young people in the development and improvement of local environments, opportunities and services; for the system to make better use of data, and its collection, to further improve services to support children, young people and families; and capacity building around neurodiversity and trauma-informed practice.

Children's Voices

As per the principles of GIRFEC and UNCRC, children have the right to express their views and should have full participation in decisions that affect them. However, this JSNA has found that the collection and consideration of children's voice is not systematically embedded effectively within all services.

There are good examples of the collection and inclusion of children's voices within strategic planning and evaluation of services. However, this is often represented by discrete pieces of work and does not form part of the structure of the service, therefore may not be repeated regularly. That said, care must also be taken to ensure that children and young people are not overburdened by the collection of their views, particularly if their comments have not been addressed before they are asked again.

The Hub for Success, a service within Edinburgh to support care-experienced young people into further and higher education, represents an example of good practice for systematically embedding the views of young people within the service. The student ambassador programme puts care experienced students on the Advisory Board and steering groups, to actively participate in the design and delivery of all the Hub for Success work at an operational level. They are paid for their time and have professional development plans alongside their role offering the opportunity to develop employability skills throughout their time with the Hub for Success.

In parallel with this needs assessment, City of Edinburgh Council and Public Health Scotland have developed fictionalised life stories of children and families called 'Pen Portraits' (Appendix 6). Whilst these are fictional and not representative of the real voices of children and families, they are a useful resource for conversation and reflection and can support understanding of a person-centred approach.

Data

Data analysis played a key role in this report's methodology, and we are thankful to our partners for their support in providing data and expertise. While there was a substantial amount of data available to inform our findings, gaps in certain areas limited our ability to draw comprehensive conclusions. As a result, it was not always possible to clearly assess how well services are meeting the needs of children and young people in Edinburgh.

Capacity Building

Statutory and third sector stakeholder engagement has recognised gaps in implementation of GIRFEC and UNCRC principles within frontline services. For example, there is clear understanding of the importance of family and child-centred, trauma-informed practice, and of the need to collaborate across services to provide the right support at the right time for every child and young person, regardless of their neurotype. There are also lots of good examples of this already happening within services. However, there is also a recognition of the time needed with individuals to build trusting relationships, in order to fully understand and respond to their needs. Some frontline services, whilst motivated to implement these principles, express frustrations linked to pressures around resource and competing priorities, leaving gaps in the real-world actioning of these principles.

The GIRFEC sub-group of the Children's Partnership is currently working on updating the GIRFEC Practitioner guidance. This is informed by a self-evaluation process of questionnaires and focus groups with staff and will incorporate refreshed national guidance as well as operational guidance for professionals in both statutory and third sector services and guidance around improving communications with families, children and young people.

Additionally, third sector stakeholders have expressed challenges in prioritising workforce development due to the demands of continuous service delivery. Ensuring training reaches the third sector workforce as well as statutory services is important to improve service quality to meet the growing and changing needs of children and young people in Edinburgh. The GIRFEC subgroup recognises this and aims to build effective workforce development across statutory and third sector services into their future work. Together with sufficient resourcing, this will strengthen the translation of policy into meaningful action within services.

Recommendations – Cross Cutting Themes

22. **Work as a Community Planning Partnership to systematically embed children's voices in the planning of spaces, opportunities and services, including through City Plan 2040 and as well as in future Community Plans and Children's Services Plans.**

23. **Work as a Community Planning Partnership to consider priority areas where improved data collection, sharing or analysis would enable us to make more informed policy decisions and service improvements.**

24. **Consider further workforce development, including on neurodiversity and trauma-informed practice, to ensure frontline staff across all services working with children and young people recognise and respond to the individual needs of each child, young person and family in a compassionate, adaptable and supportive way.**

Conclusion

This JSNA sets out a picture of some of the health challenges facing our children, young people and families' health in the city. This includes challenges in relation to underlying risk factors such as maternal obesity and unequal uptake of preventative opportunities such as immunisation. It also reminds us of the inequalities in outcomes for children and young people that continue to exist, including in relation to mental health and wellbeing, developmental milestones and educational attainment.

Given the need for an increased focus on prevention, it also sets out what we know about children's access to and experience of the key building blocks of health – money and resources; good work; housing; surroundings; transport; food; education and skills; and communities. Despite these commonly being referred to as the 'building blocks of health' they are also the building blocks that children and young people need in order to be successful in other areas of development. This includes educational attainment, the ability to build connections with others and to go on to have secure access to building blocks in adulthood. This is important for our city as a whole, as the children we support into a healthy and thriving adulthood will become the adults we need to continue to create a healthy and thriving city overall.

The JSNA has also provided additional analysis of three areas of particular challenge and opportunity in the city – homelessness; additional support needs; and the universal offer that we are making to our children and families. It is recognised that there is already a significant amount of work ongoing in these areas, however the JSNA has sought to identify opportunities for further coordination and focus on children.

While this JSNA has focussed on an assessment of the needs of children and young people, many of these recommendations are also relevant to the wider population. By improving the environments, opportunities and services for the youngest in our city, we will also improve the landscape for the whole population. There is a real opportunity for the Edinburgh Community Planning Partnership, not just the Edinburgh Children's Partnership, to commit to using the recommendations as a starting point for future Community Plans.
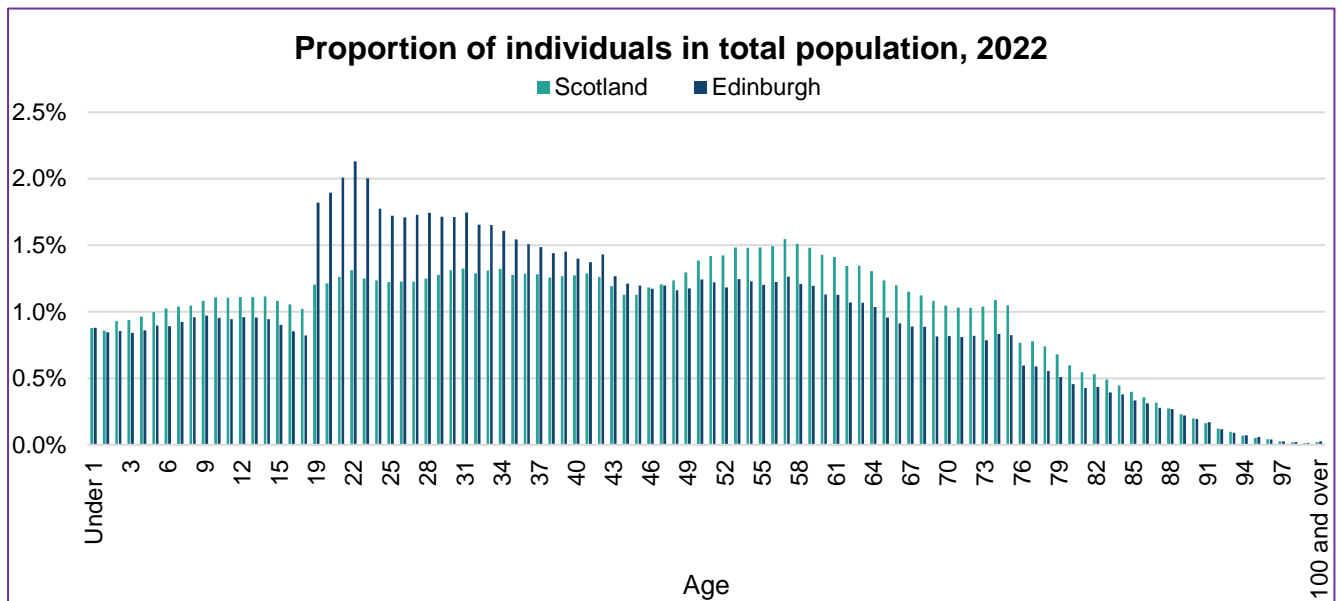
Appendix 1 – Demographics Data
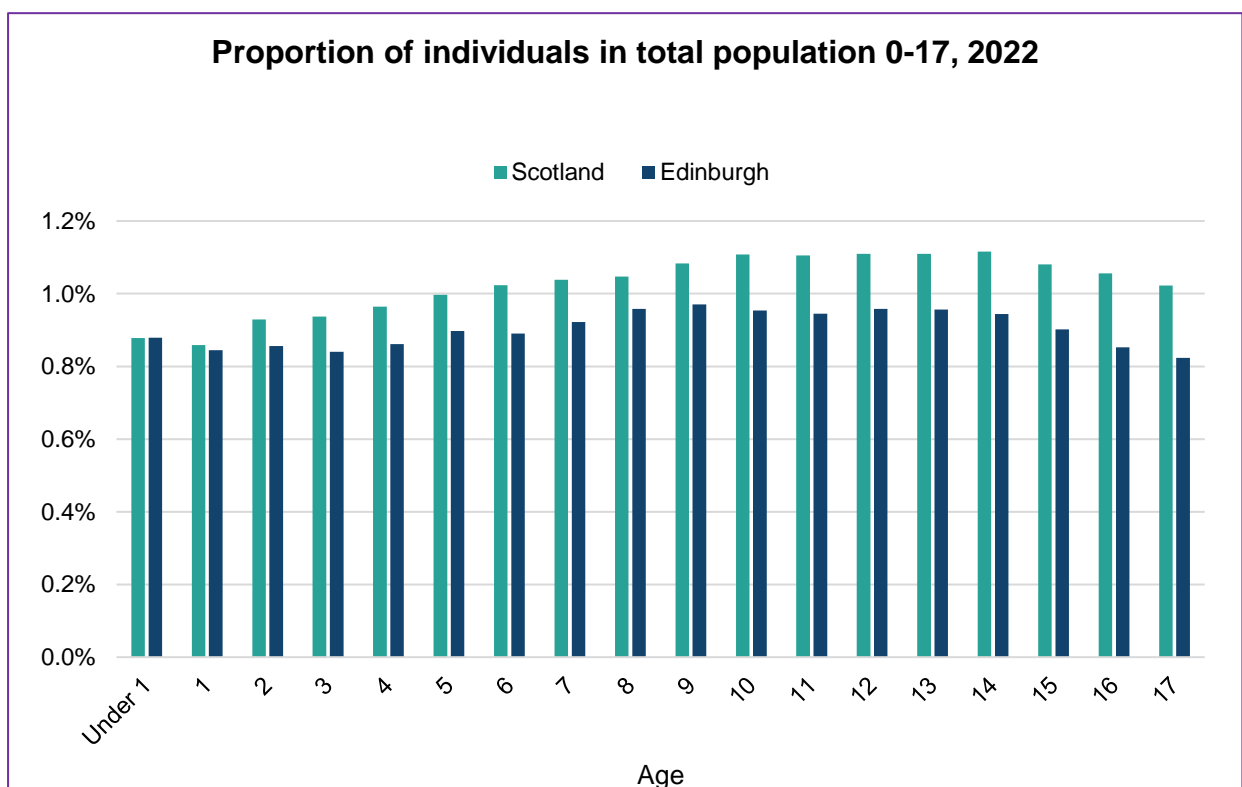

Figure 1
Source: 2022 results | Scotland's Census
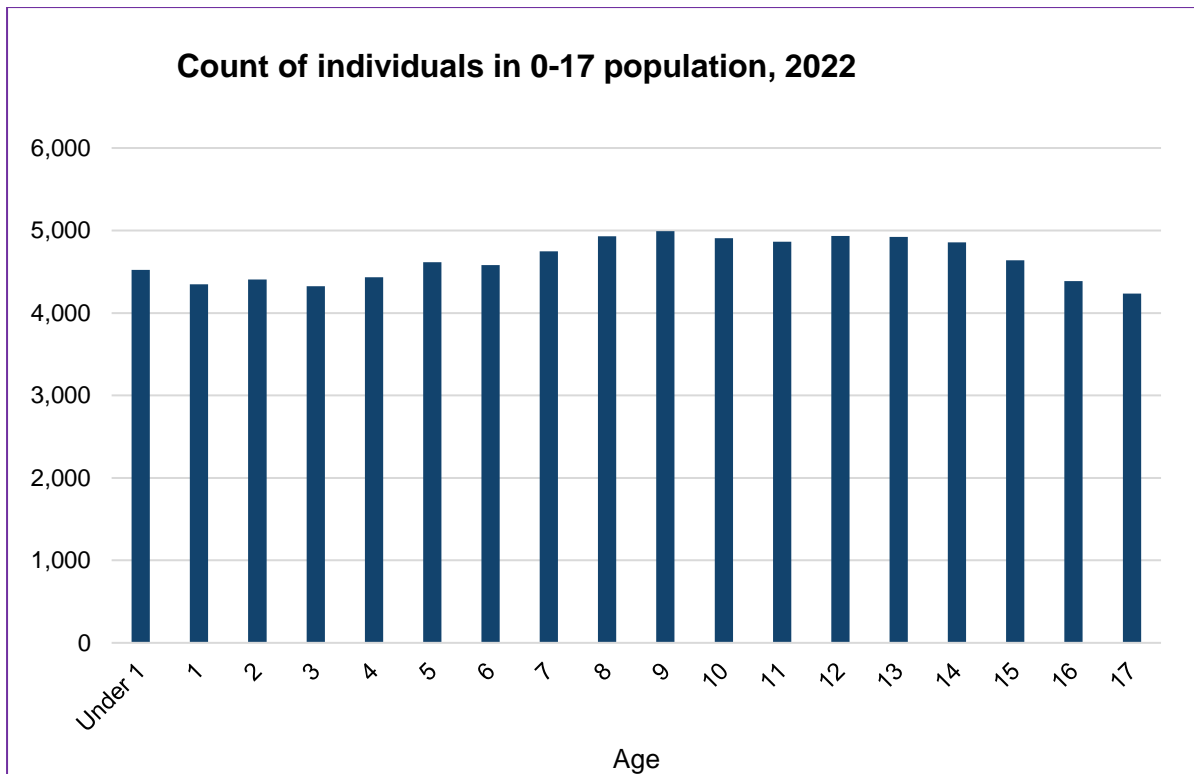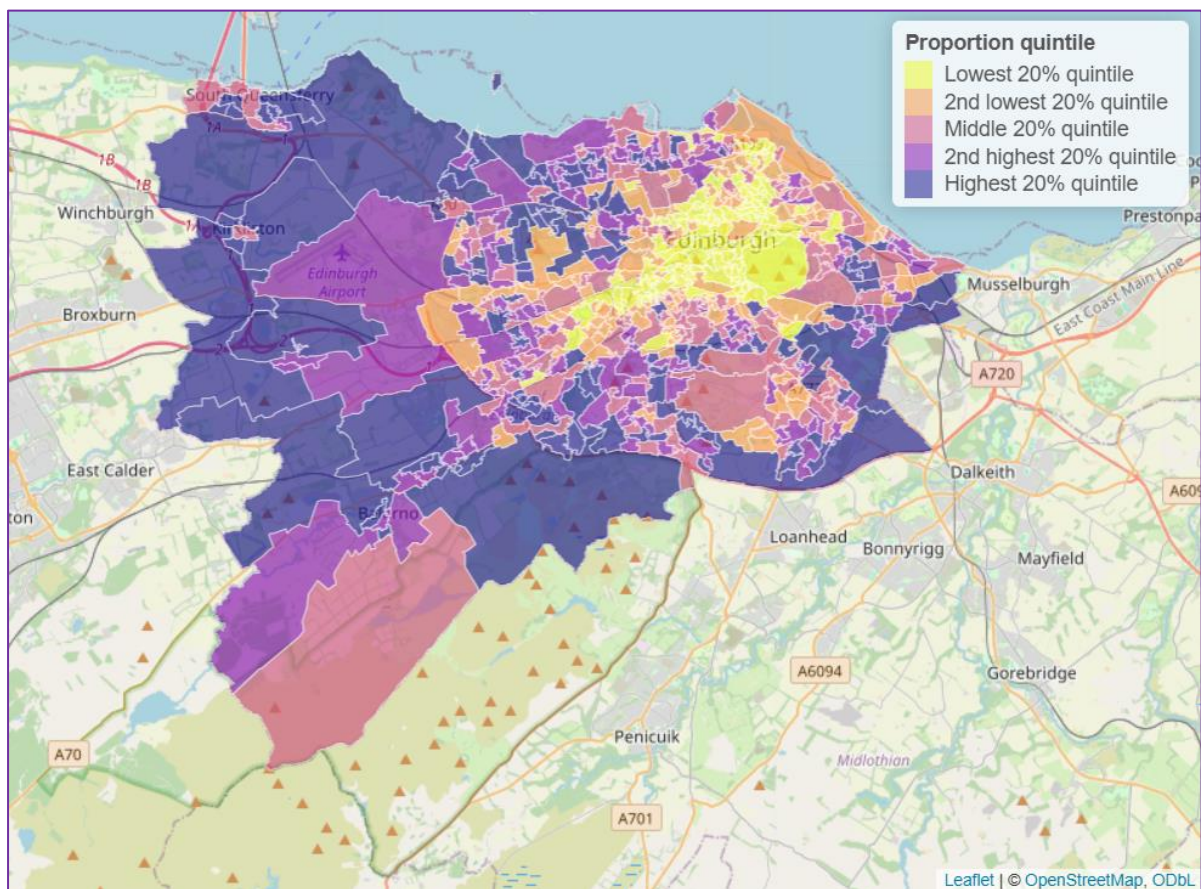

 Figure 2
Source: 2022 results | Scotland's Census

Count of individuals in 0-17 population, 2022

Figure 3
Source: 2022 results | Scotland's Census

Map 1
Source: 2022 results | Scotland's Census

Count of Births by sex

Year	Males	Females
2019	25,687	24,176
2020	23,972	22,837
2021	24,542	23,244
2022	24,259	22,700
2023	23,594	22,341
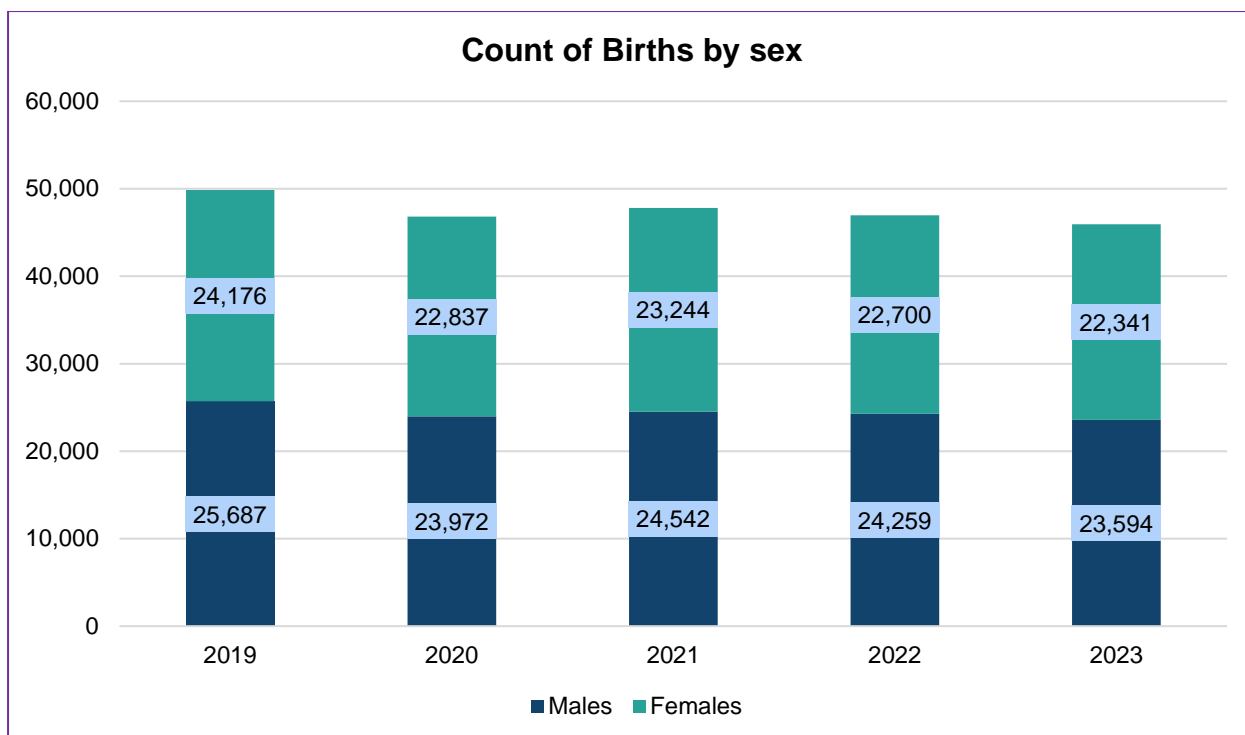
Figure 4
Source: 2022 results | Scotland's Census

Distribution of households in Edinburgh across national SIMD deciles

Decile	Percentage
SIMD 1	4%
SIMD 2	5.80%
SIMD 3	7.20%
SIMD 4	8.60%
SIMD 5	7.60%
SIMD 6	6.80%
SIMD 7	9.70%
SIMD 8	8.20%
SIMD 9	11.10%
SIMD 10	30.90%
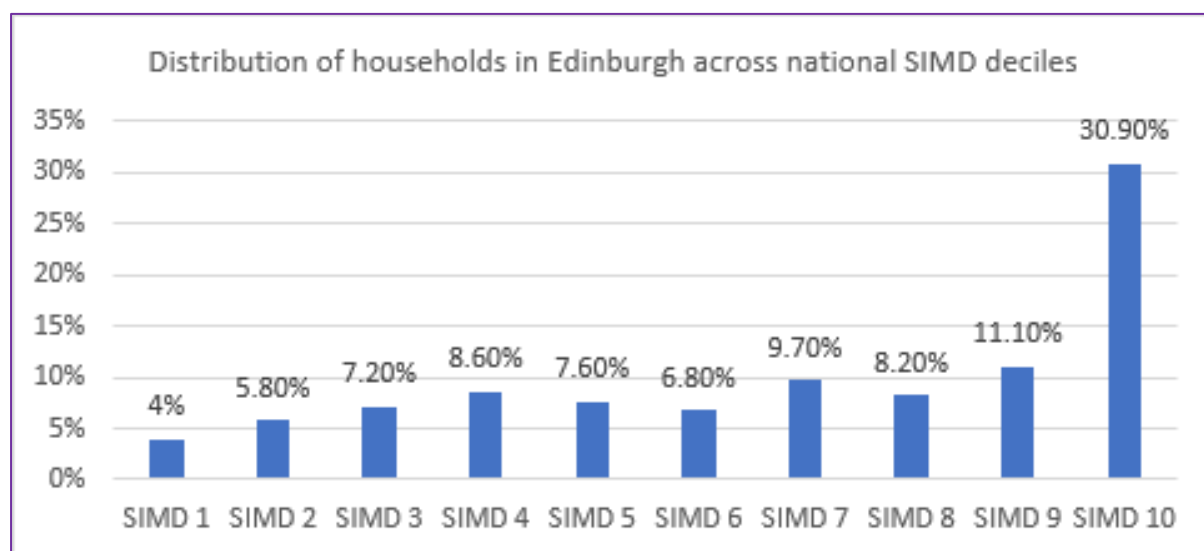
Figure 5
Source: NHS Lothian Public Health Survey 2023 (additional unpublished analysis)

Distribution of family households across Edinburgh by SIMD decile
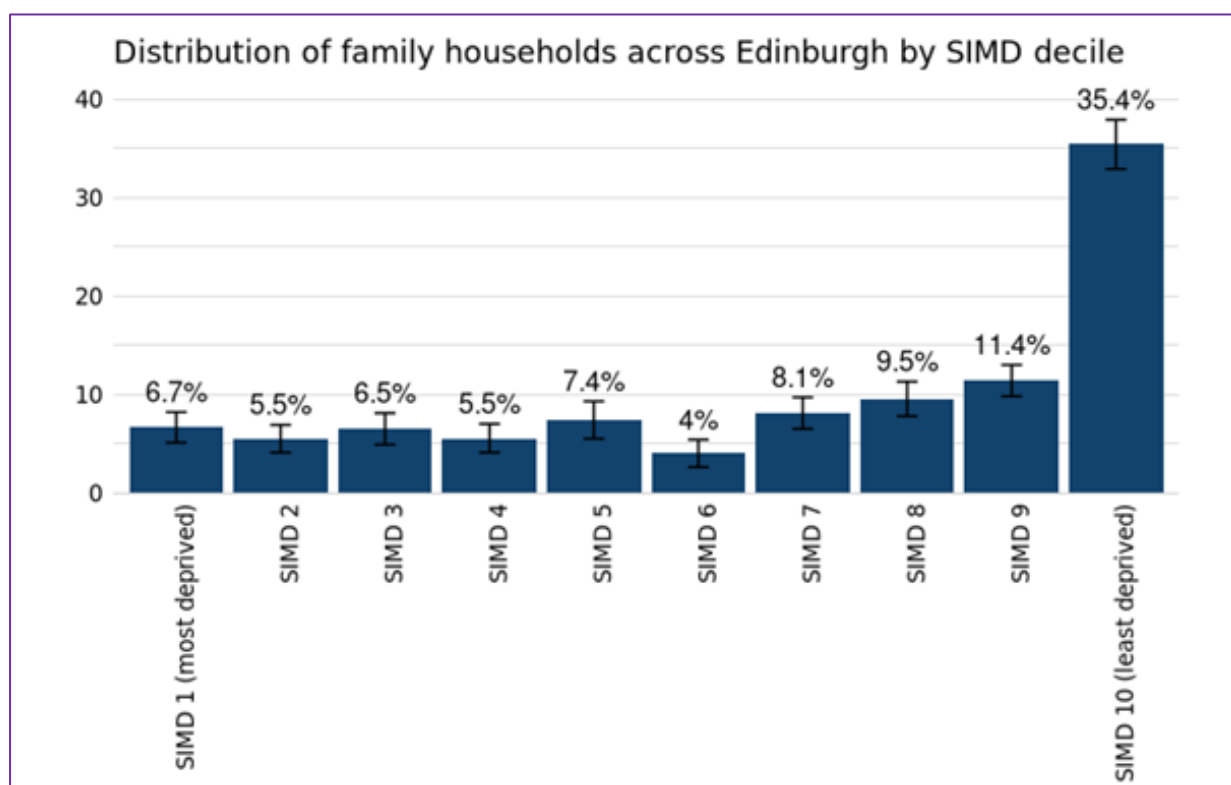
Figure 6
Source: NHS Lothian Public Health Survey 2023

Proportion of family households by SIMD decile across Edinburgh
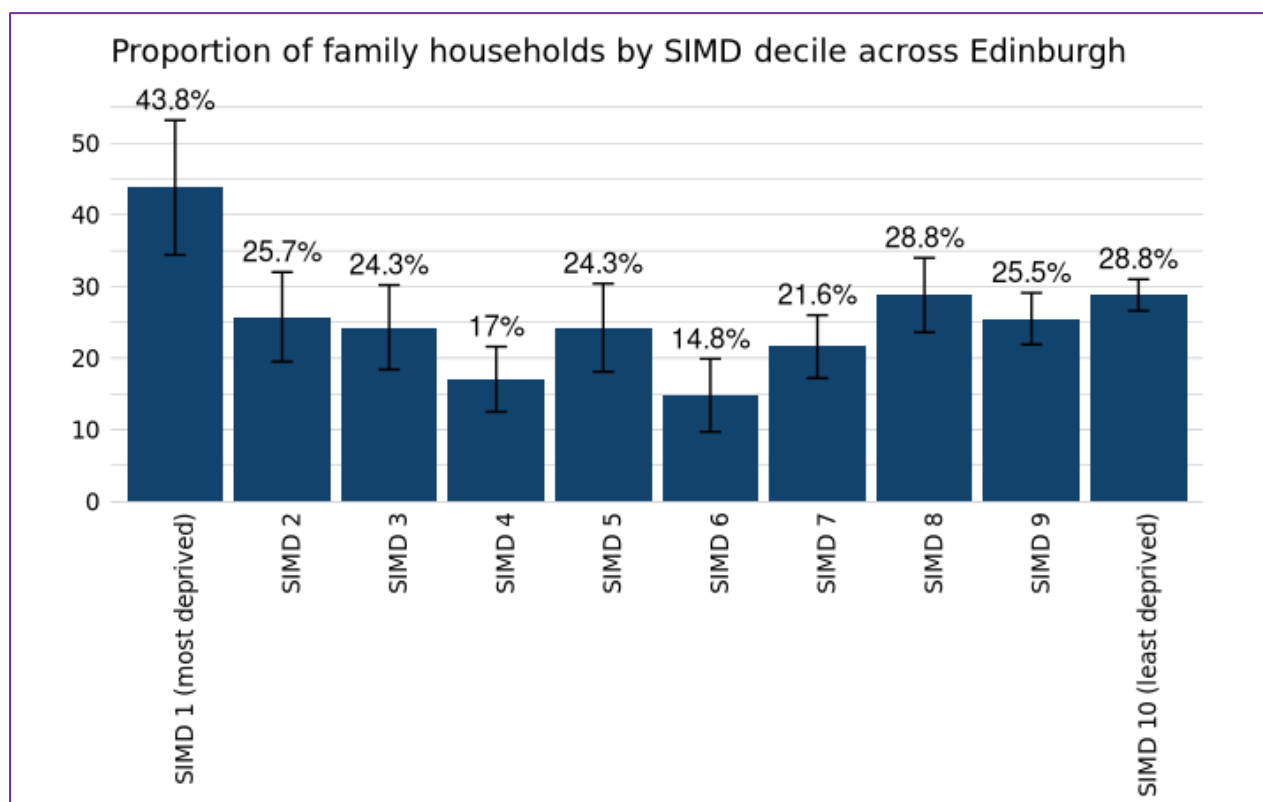
Figure 7
Source: NHS Lothian Public Health Survey 2023

**Rate of Looked After Children
(per 1,000 0 – 17 population)**

Child Protection Registration

Figure 8

Figure 9

Source: Shared internal CEC data

Open cases in Edinburgh 2020-24
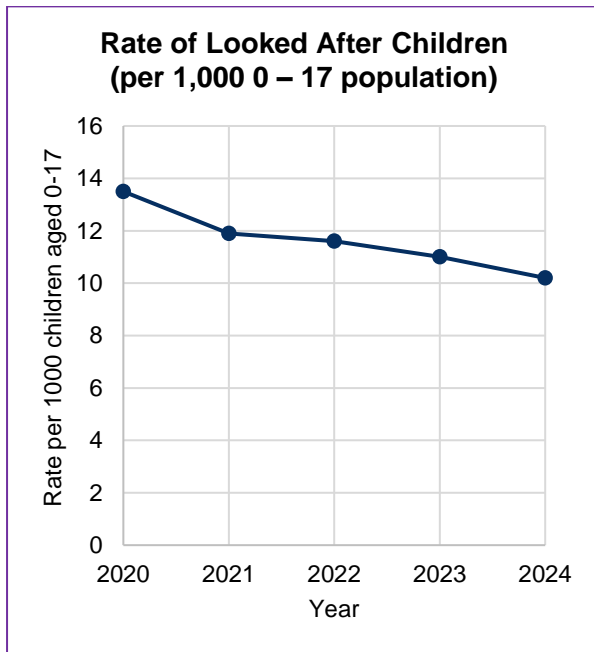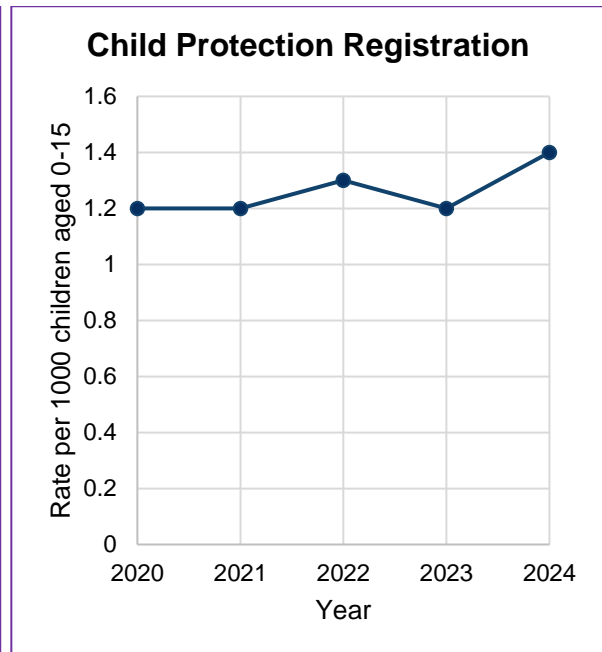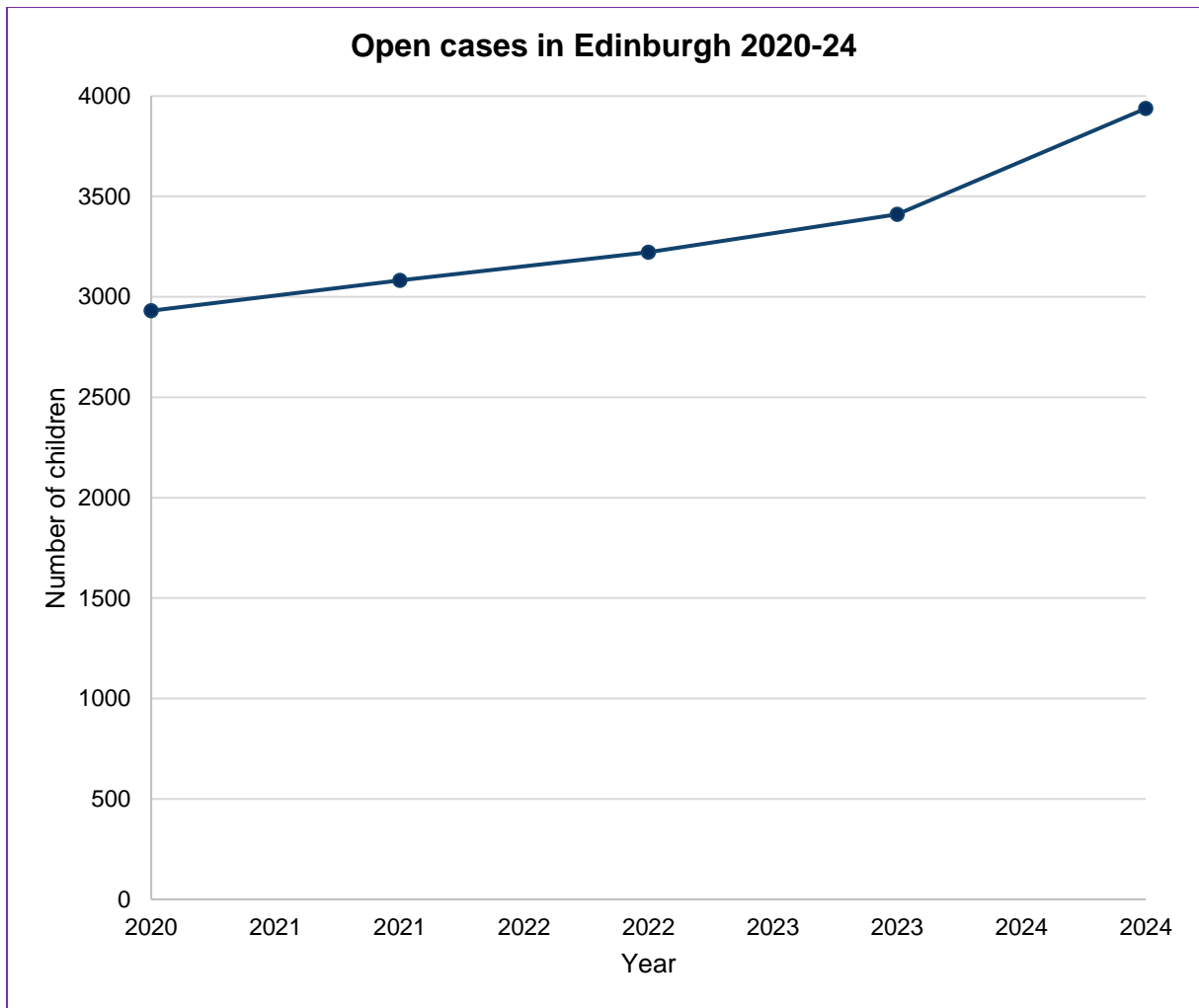
Figure 10
Source: Shared internal CEC data

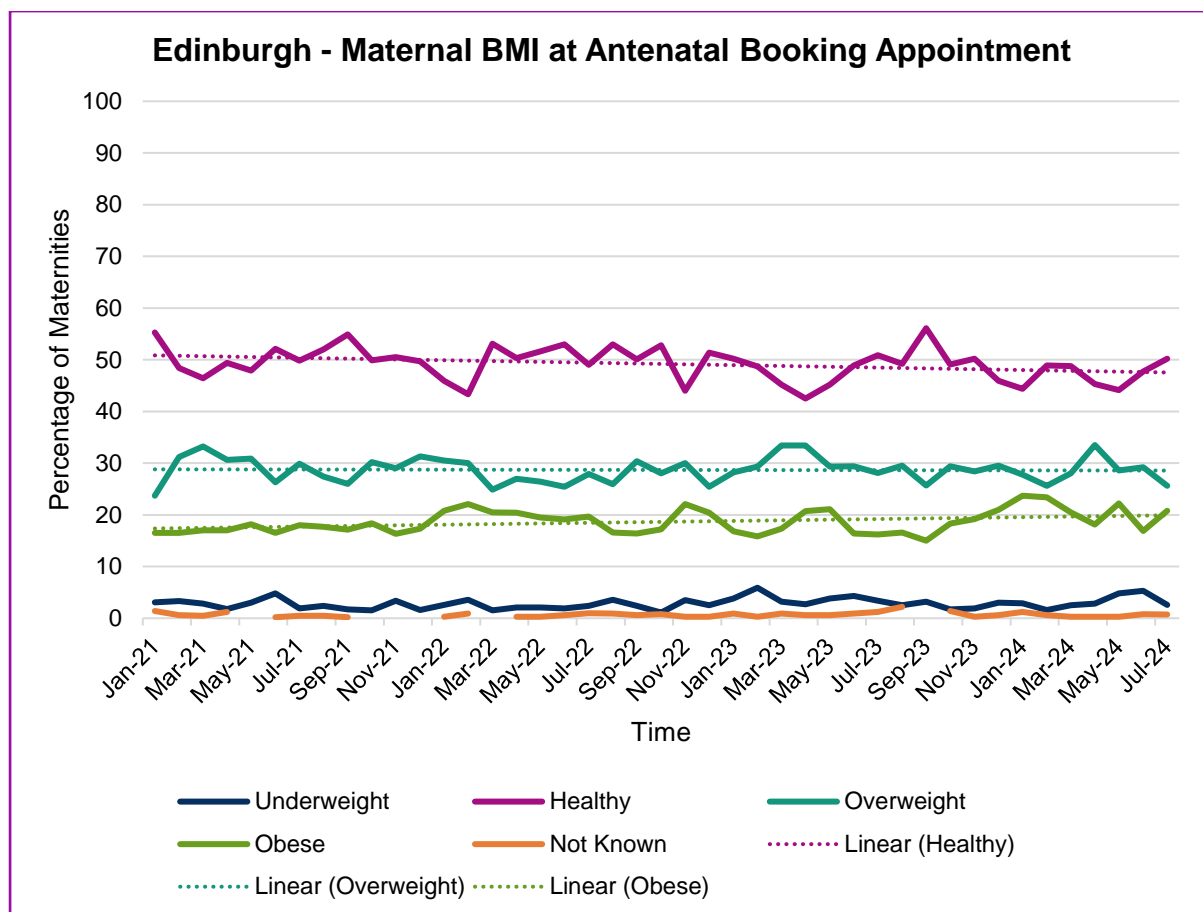Proportion of pregnant women who were recorded as current smokers at time of booking, Febraury 2021 to September 2024
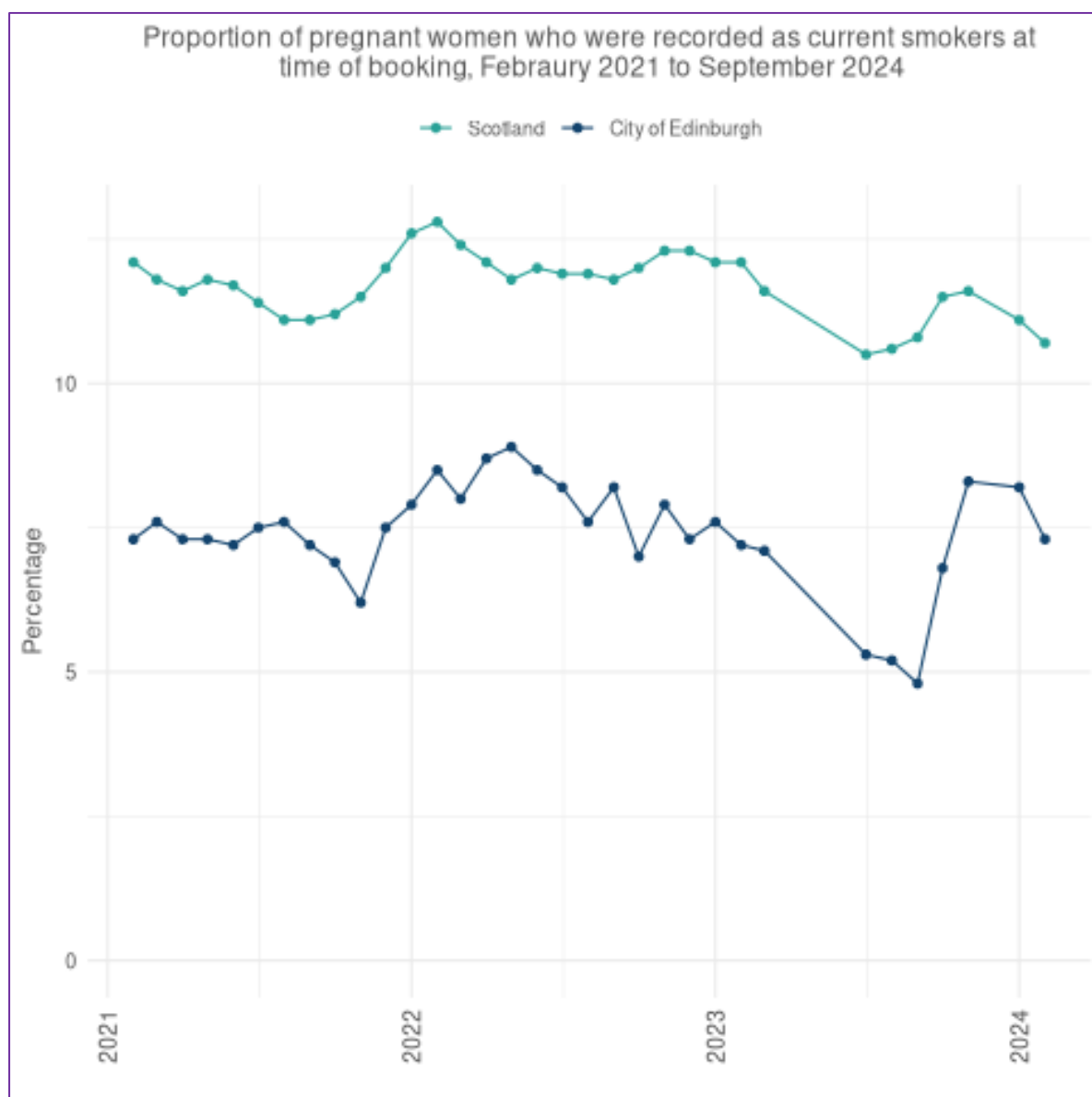
Figure 11
Source: Discovery from PHS - data not publicly available

Figure 12
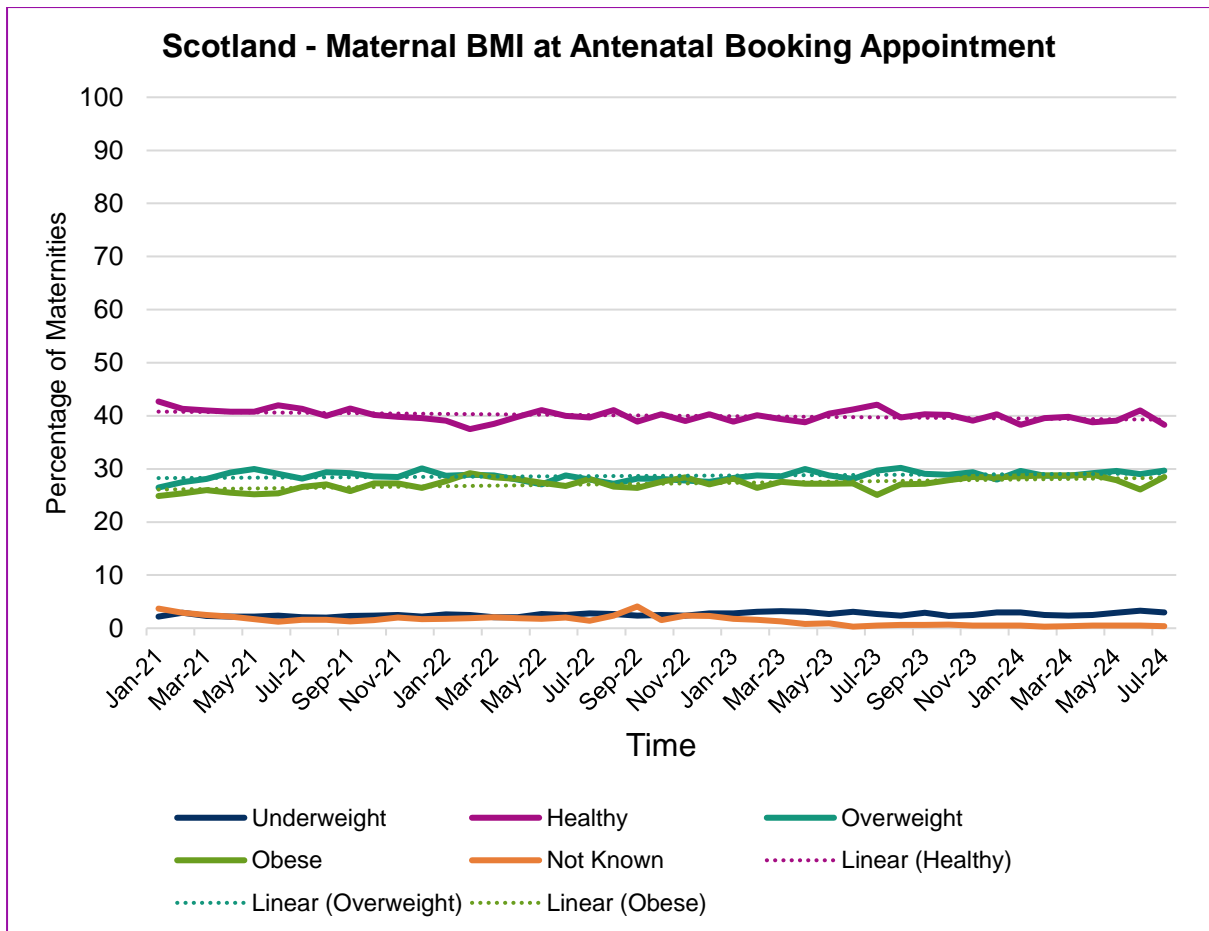*Source: Discovery from PHS - data not publicly available*

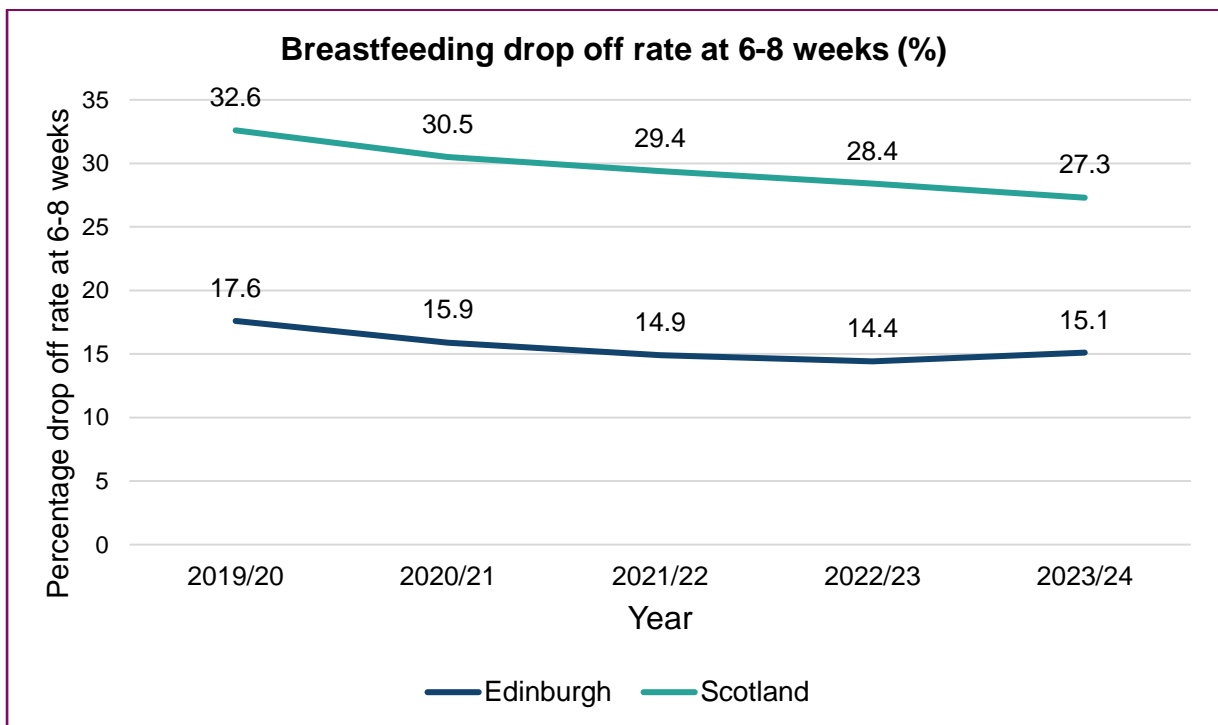**Scotland - Maternal BMI at Antenatal Booking Appointment**

Figure 13

Source: Discovery from PHS - data not publicly available

Breastfeeding drop off rate at 6-8 weeks (%)

Figure 14

Source: Infant feeding statistics - Public Health Scotland

Developmental concerns at 27-30 month review by SIMD quintile, Edinburgh, 2018/19 to 2022/23
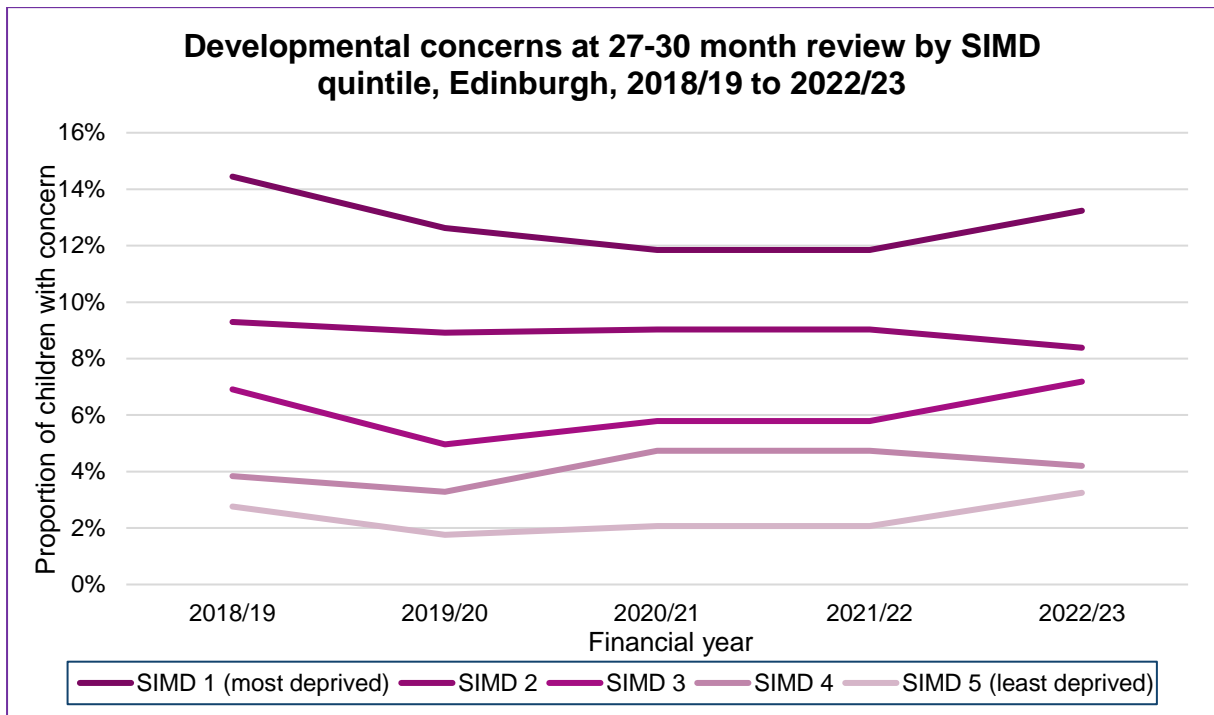
Figure 15

Source: Scottish Child Health Programme 27-30 Month Review, Scottish Government
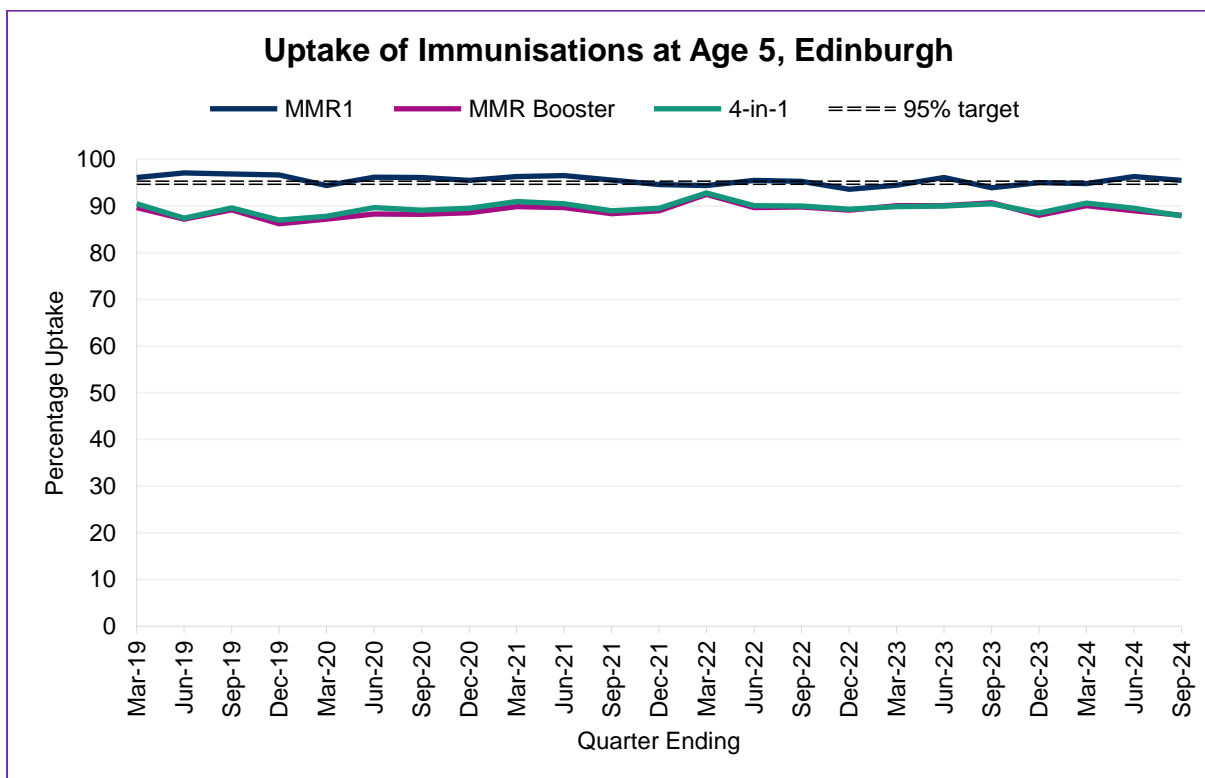

Uptake of Immunisations at Age 5, Edinburgh

Figure 16

Source: Scottish Immunisation Recall System
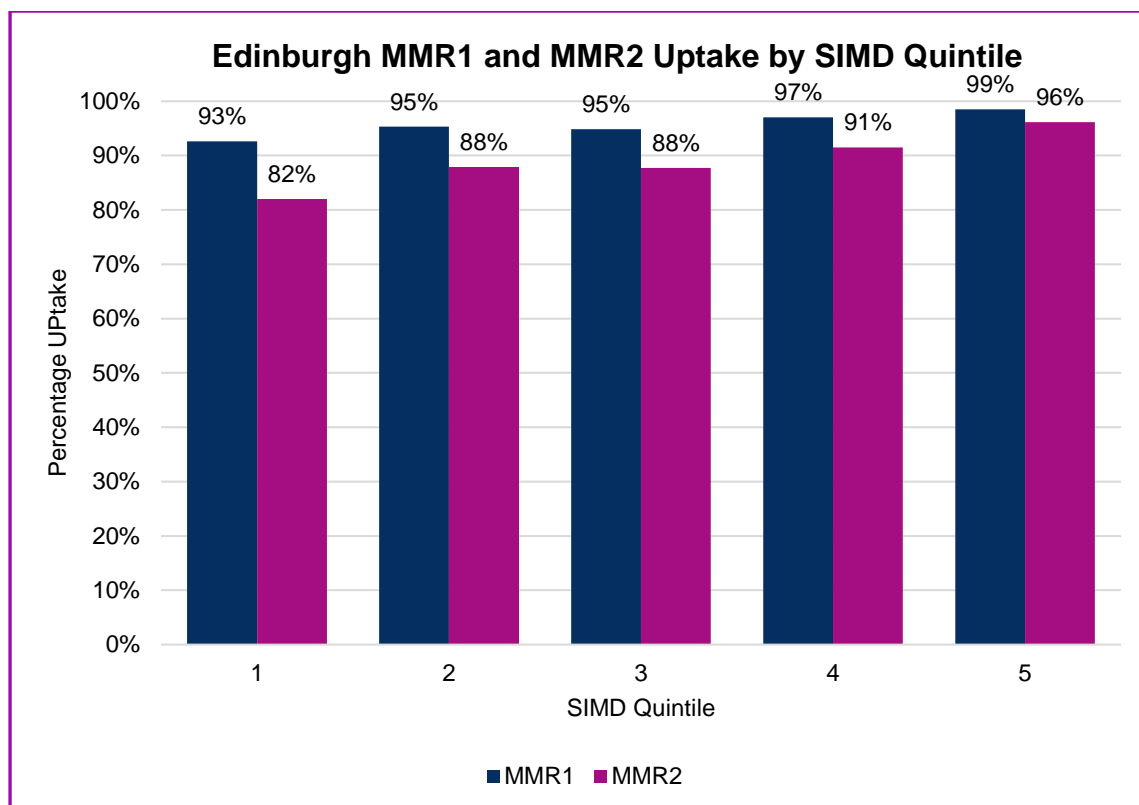
Figure 17
Source: Scottish Immunisation Recall System
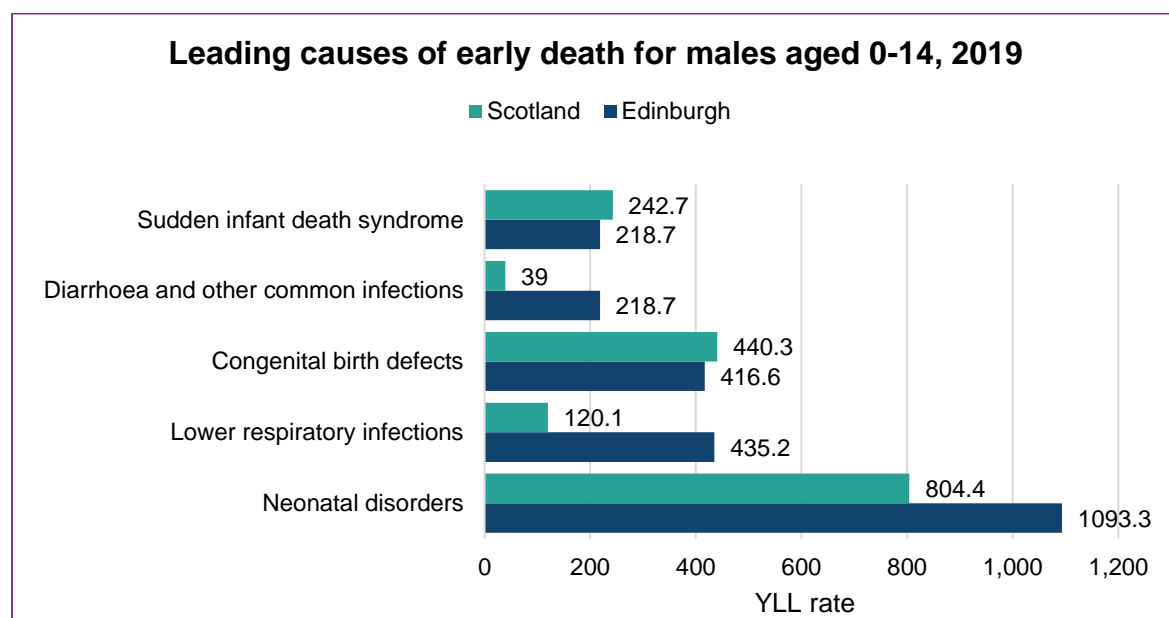
Appendix 2 - Health Outcomes and Behaviour Data

Leading causes of early death for males aged 0-14, 2019

■ Scotland ■ Edinburgh

Cause	Scotland	Edinburgh
Sudden infant death syndrome	242.7	218.7
Diarrhoea and other common infections	39	218.7
Congenital birth defects	440.3	416.6
Lower respiratory infections	120.1	435.2
Neonatal disorders	804.4	1093.3

YLL rate

Figure 18 - YLLs expressed per 100 000 population.
Source: Scottish Burden of Disease Study

Leading causes of early death for females aged 0-14, 2019

■ Scotland ■ Edinburgh

Cause	Scotland	Edinburgh
Nutritional deficiencies	19.6	231.4
Other unintentional injuries	58.6	233.9
Diarrhoea and other common infections	64.2	233.9
Congenital birth defects	384	458.1
Neonatal disorders	620.2	467.8

YLL rate
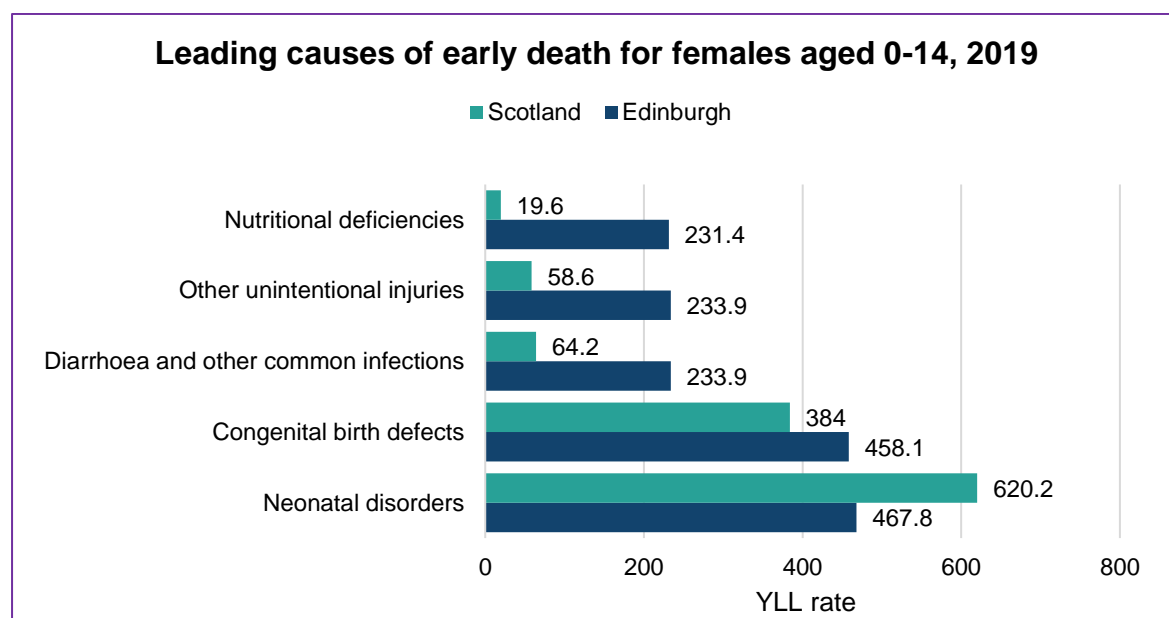
Figure 19 - YLLs expressed per 100 000 population.
Source: Scottish Burden of Disease Study

Leading causes of early death for males aged 15-24, 2019

■ Scotland ■ Edinburgh

Cause	Scotland	Edinburgh
Transport injuries	268	171.1
Other cancers	108.7	171.1
Non-Hodgkin's lymphoma	24.8	289.6
Self-harm and interpersonal violence	1699.6	1092.4
Drug use disorders	1311.1	1434.6

YLL rate
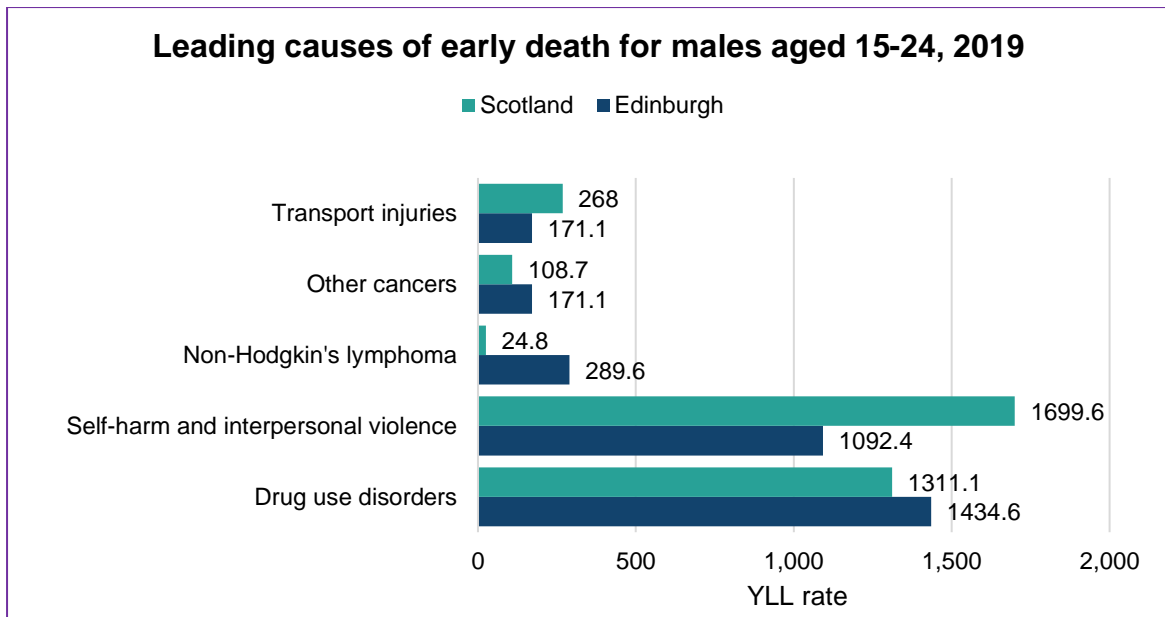
Figure 20 - YLLs expressed per 100 000 population.
Source: Scottish Burden of Disease Study

Leading causes of early death for females aged 15-24, 2019

■ Scotland ■ Edinburgh

Cause	Scotland	Edinburgh
HIV/AIDS and tuberculosis	0	0
Other cancers	149.6	295.1
Drug use disorders	521.2	302.5
Congenital birth defects	42.1	302.5
Self-harm and interpersonal violence	755	597.7

YLL rate
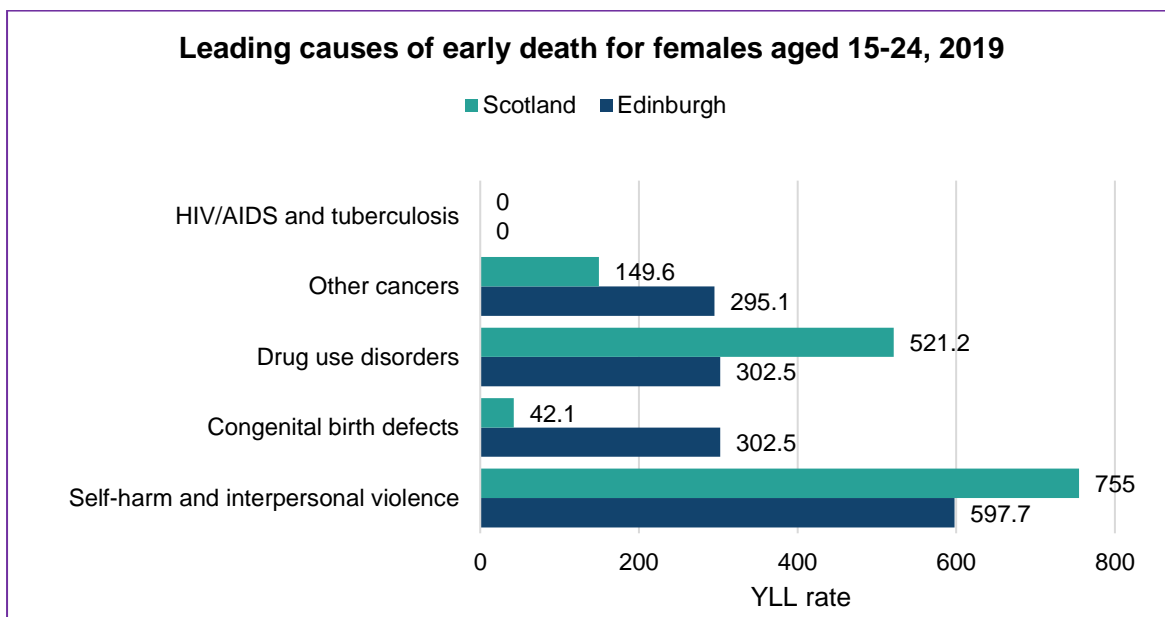
Figure 21 - YLLs expressed per 100 000 population.
Source: Scottish Burden of Disease Study

Leading causes of ill health for males aged 0-14, 2019

■ Scotland ■ Edinburgh

Cause	Scotland	Edinburgh
Other mental health disorders	251.5	240.7
Headache disorders	283.8	271.6
Congenital birth defects	314.5	310.6
Asthma	416.9	398.6
Skin and subcutaneous diseases	379.9	401

YLD rate
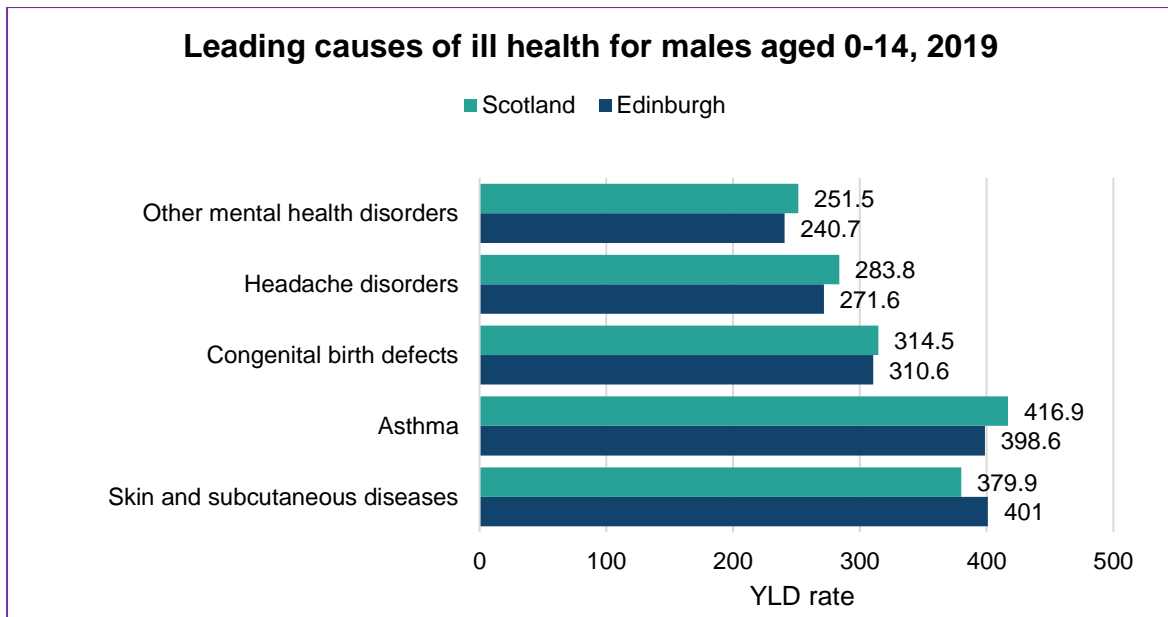
Figure 22 - YLDs expressed per 100 000 population.
Source: Scottish Burden of Disease Study

Leading causes of ill health for females aged 0-14, 2019

■ Scotland ■ Edinburgh

Cause	Scotland	Edinburgh
Blindness and vision loss	180	201.6
Asthma	297.2	281.6
Headache disorders	316.2	301.4
Congenital birth defects	306.1	313.7
Skin and subcutaneous diseases	415.5	432.4

YLD rate
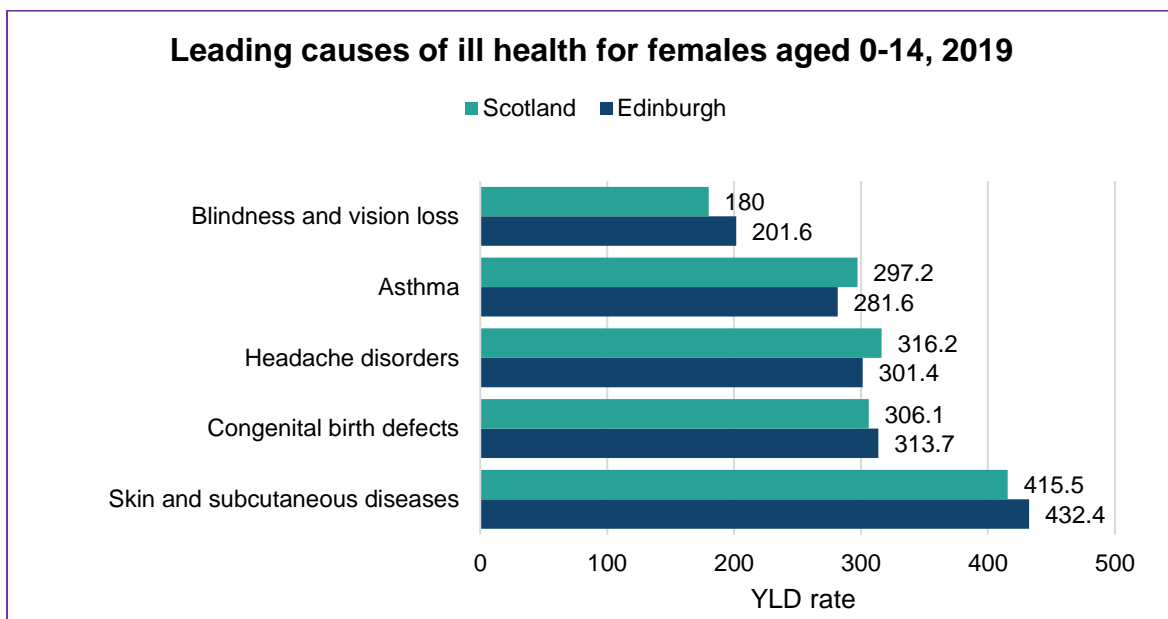
Figure 23 - YLDs expressed per 100 000 population.
Source: Scottish Burden of Disease Study

Leading causes of ill health for males aged 15-24, 2019

■ Scotland ■ Edinburgh

Cause	Scotland	Edinburgh
Anxiety disorders	360.4	319
Low back and neck pain	667.6	631.4
Drug use disorders	882	638.8
Depression	751.7	665.6
Headache disorders	746.9	716

YLD rate

Figure 24 - YLDs expressed per 100 000 population.
Source: Scottish Burden of Disease Study

Leading causes of ill health for females aged 15-24, 2019

■ Scotland ■ Edinburgh

Cause	Scotland	Edinburgh
Skin and subcutaneous diseases	527.3	559.4
Anxiety disorders	655.1	583.4
Depression	795.7	708.6
Low back and neck pain	1049	975.1
Headache disorders	1555.5	1486.9

YLD rate
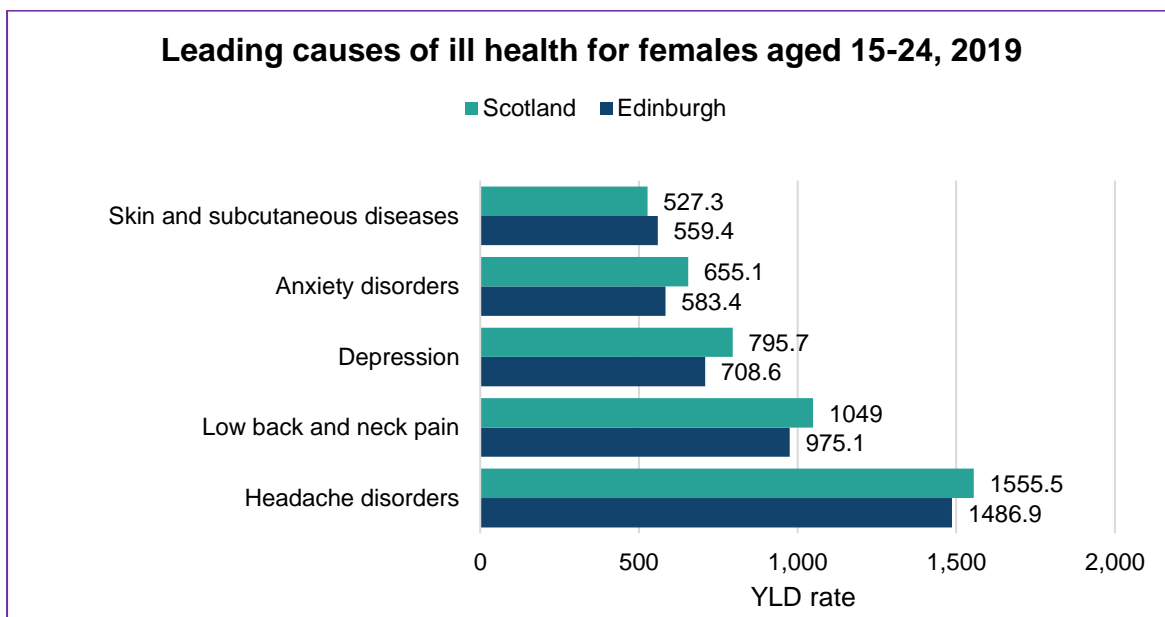
Figure 25 - YLDs expressed per 100 000 population.
Source: Scottish Burden of Disease Study

P1 Healthy Weight
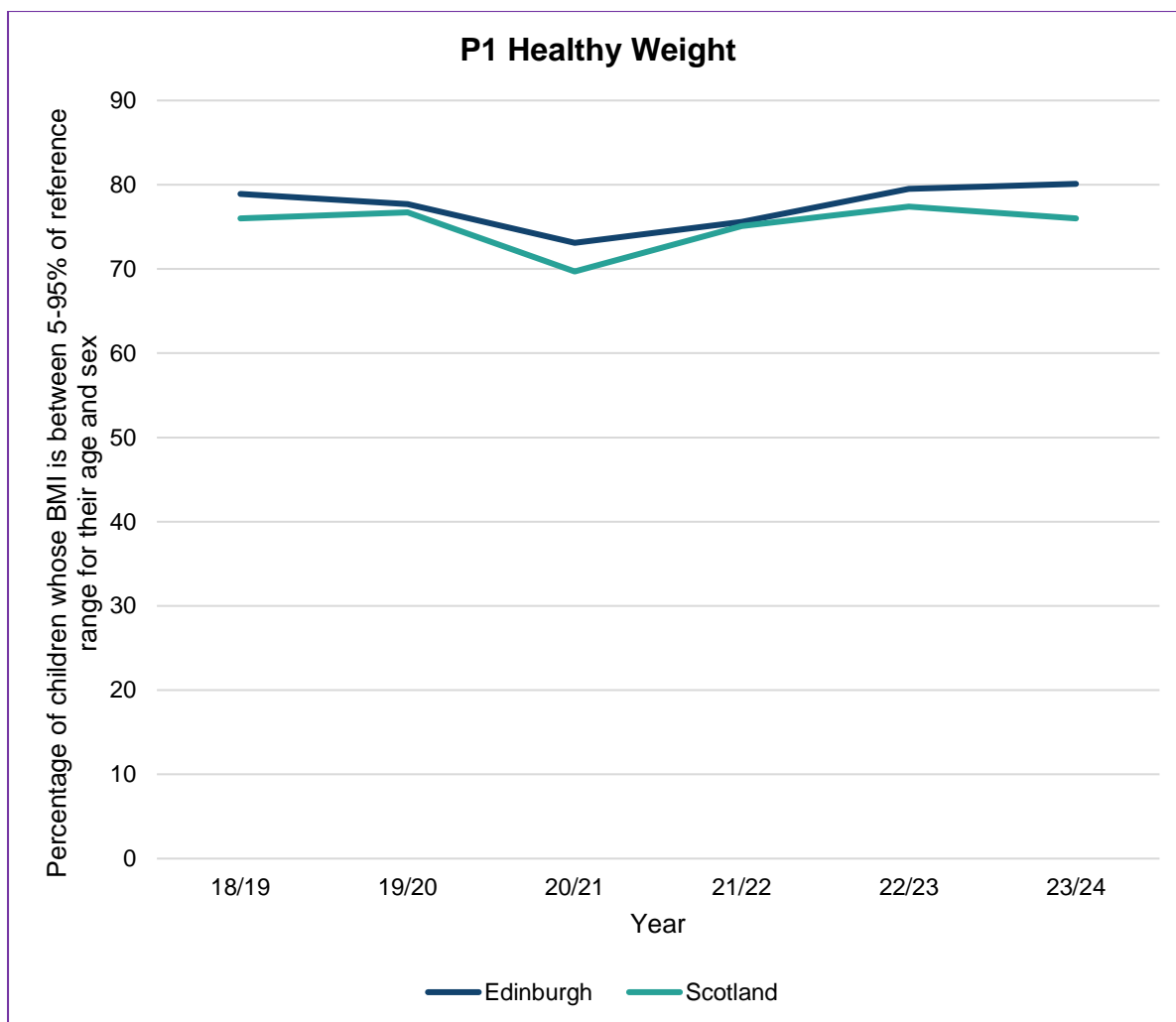
Figure 26
Source: Child Health Systems Programme Schools, Public Health Scotland
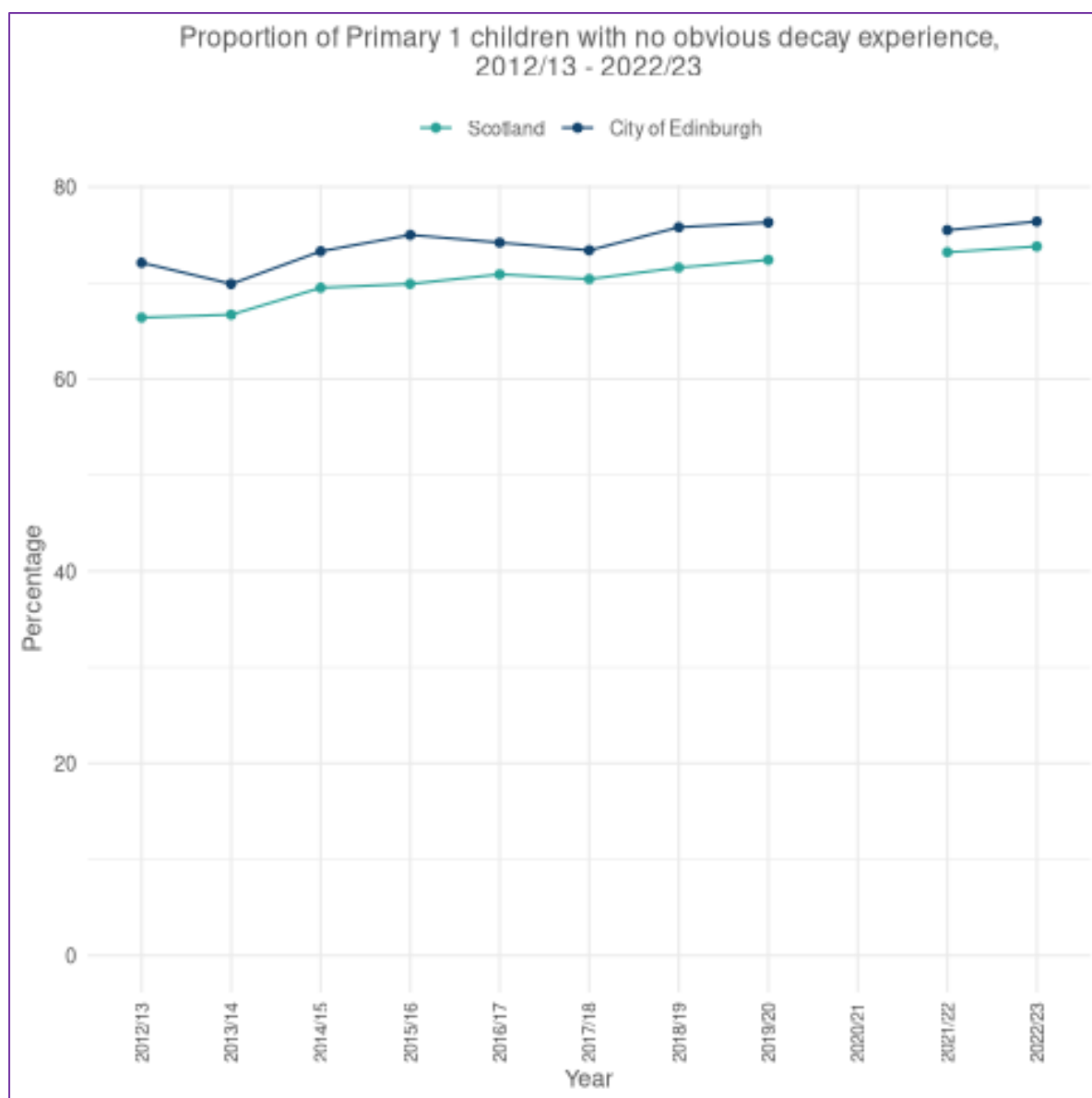
Figure 27
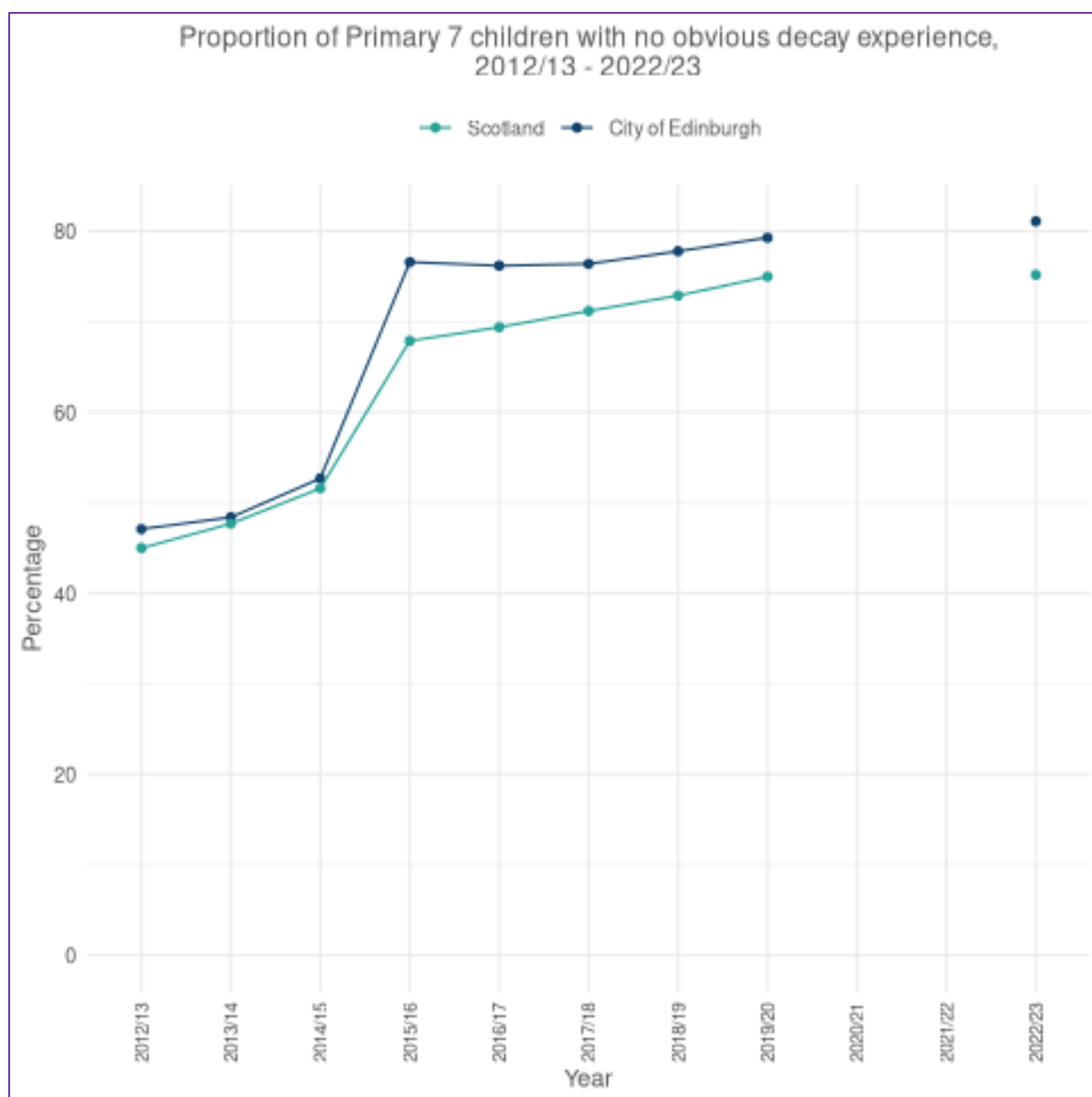*Source: National Dental Inspection Programme Basic Inspection, Public Health Scotland via ScotPHO*

Figure 28
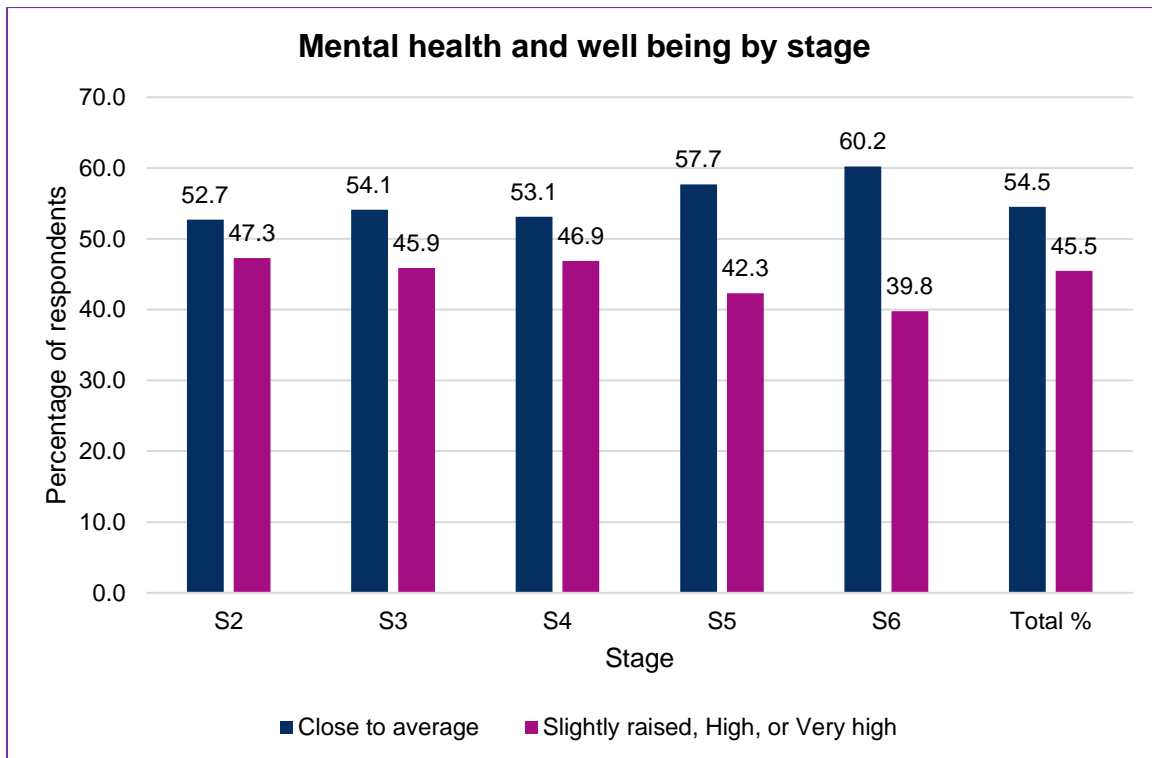*Source: National Dental Inspection Programme Basic Inspection, Public Health Scotland via ScotPHO*

Mental health and well being by stage

Figure 29
Source: Health and Wellbeing Census 2021/22

Mental health and well being by sex
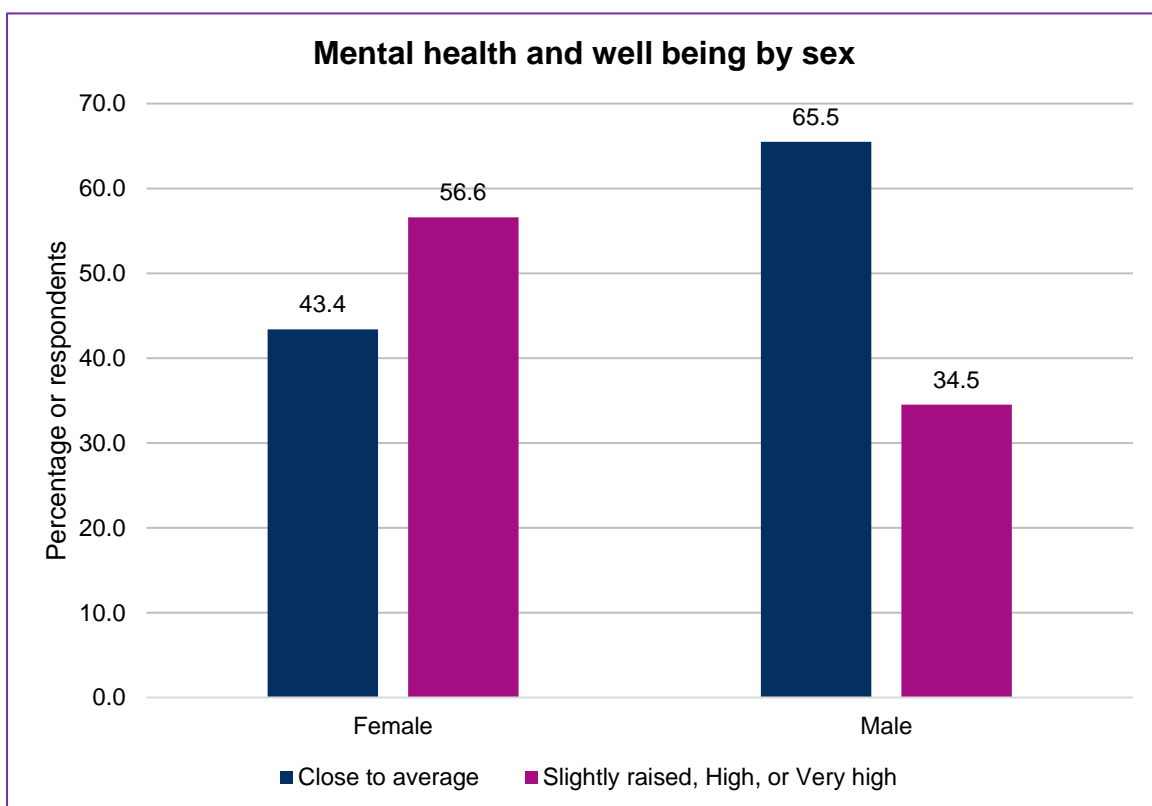
Figure 30
Source: Health and Wellbeing Census 2021/22

Mental health and wellbeing for children with caring responsibilities
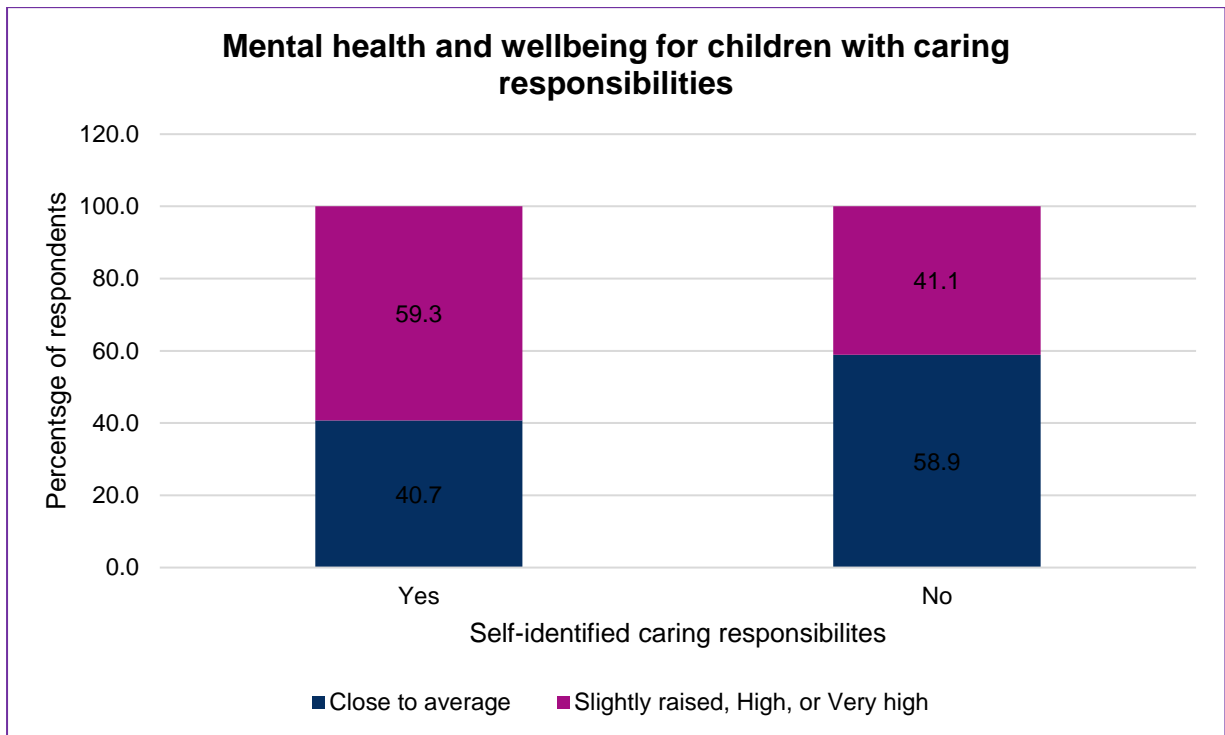
Figure 31
Source: Health and Wellbeing Census 2021/22

Mental health and well being by SIMD
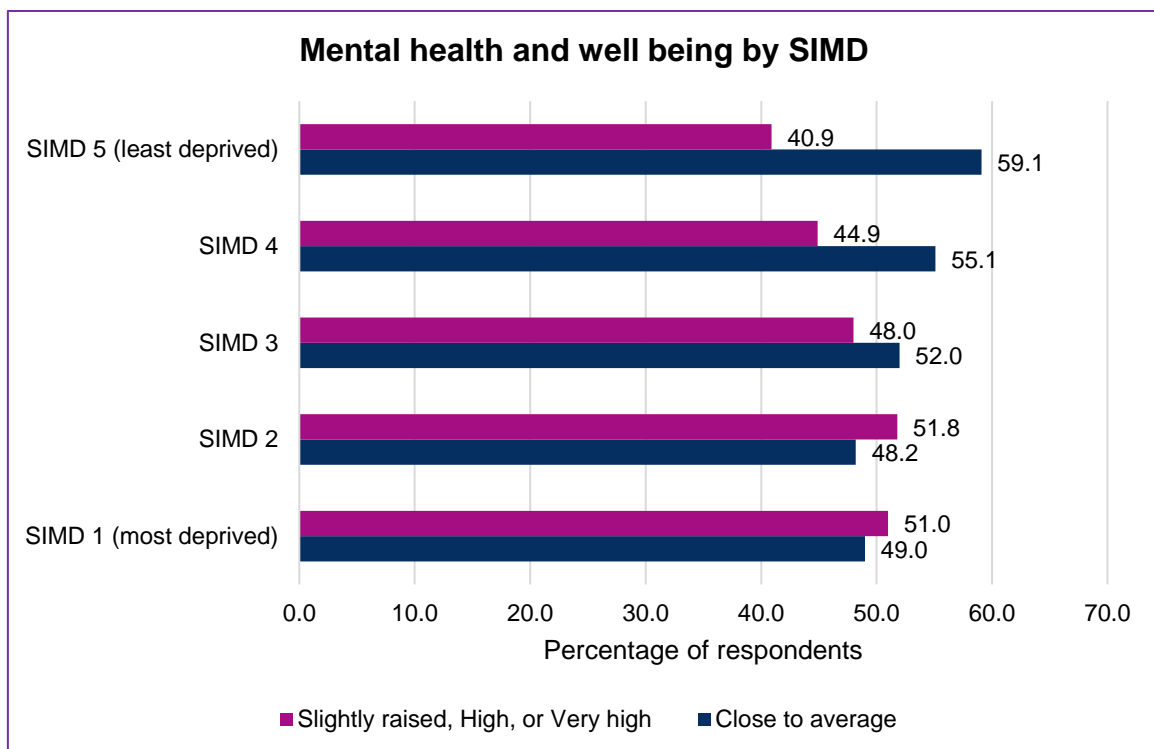
Figure 32
Source: Health and Wellbeing Census 2021/22

		Base	Change from 2013	Difference from Scotland 2018
90%	Of 13 year olds reported they had never smoked	706	+8%	+2%
70%	Of 15 year olds reported they had never smoked	659	+2%	+1%
10%	Of 13 year olds reported they had ever smoked	706	-8%	-2%
30%	Of 15 year olds reported they had ever smoked	659	-2%	-1%
1%	Of 13 year olds were occasional smokers (sometimes smoke cigarettes but less than one per week)	706	0%	0%
6%	Of 15 year olds were occasional smokers (sometimes smoke cigarettes but less than one per week)	659	0%	0%
1%	Of 13 year olds were regular smokers (usually smoking one or more cigarettes per week)	706	0%	-1%
5%	Of 15 year olds were regular smokers (usually smoking one or more cigarettes per week)	659	-1%	-2%

Figure 33 – C&YP Smoking prevalence in Edinburgh
Source: Scottish Schools Adolescent Lifestyle and Substance Use Survey

		Base	Change from 2013	Difference from Scotland 2018
16%	Of 13 year olds reported either trying or using e-cigarettes	697	+9%	-1%
34%	Of 15 year olds reported either trying or using e-cigarettes	656	+20%	-1%
1%	Of 13 year olds reported using e-cigarettes once a week or more	697	0%	-1%
4%	Of 15 year olds reported using e-cigarettes once a week or more	656	+4%	0%

Figure 34 – C&YP E-cigarette use in Edinburgh
Source: Scottish Schools Adolescent Lifestyle and Substance Use Survey

		Base	Change from 2013	Difference from Scotland 2018
29%	Of 13 year olds reported they had had an alcoholic drink (a 'proper alcoholic drink – a whole drink, not just a sip')	692	-3%	-7%
66%	Of 15 year olds reported they had had an alcoholic drink (a 'proper alcoholic drink – a whole drink, not just a sip')	653	-1%	-5%
4%	Of 13 year olds said they had drunk alcohol in the week prior to the survey	714	+1%	-2%
16%	Of 15 year olds said they had drunk alcohol in the week prior to the survey	666	-3%	-3%

		Base	Change from 2013	Difference from Scotland 2018
57%	Of 13 year olds thought it was 'ok' for someone their age to 'try drinking alcohol to see what it's like'	685	+6%	+6%
84%	Of 15 year olds thought it was 'ok' for someone their age to 'try drinking alcohol to see what it's like'	634	+1%	+5%

Figure 35 – C&YP Alcohol consumption and perceptions in Edinburgh

Source: Scottish Schools Adolescent Lifestyle and Substance Use Survey

		Base	Change from 2013	Difference from Scotland 2018
56%	Of 13 year olds reported that they had never been drunk	203	-16%	+9%
31%	Of 15 year olds reported that they had never been drunk	430	-4%	+2%
44%	Of 13 year olds said they had ever been drunk	203	+16%	-2%
69%	Of 15 year olds said they had ever been drunk	430	+4%	-2%
6%	Of 13 year olds said they had been drunk more than 10 times	203	+4%	-4%
24%	Of 15 year olds said they had been drunk more than 10 times	430	+7%	-2%

Figure 36 – C&YP Excessive drinking prevalence in Edinburgh

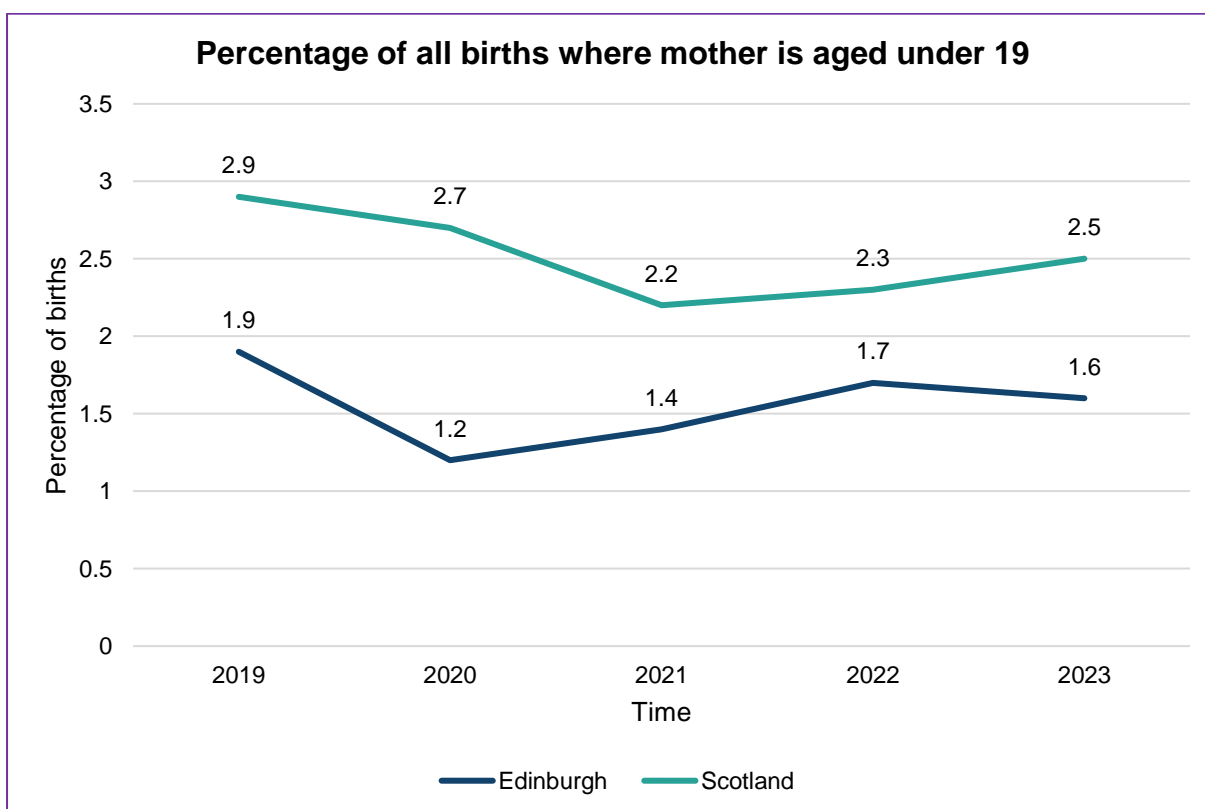Source: Scottish Schools Adolescent Lifestyle and Substance Use Survey

Figure 37

Source: Teenage Pregnancy - Datasets - Scottish Health and Social Care Open Data

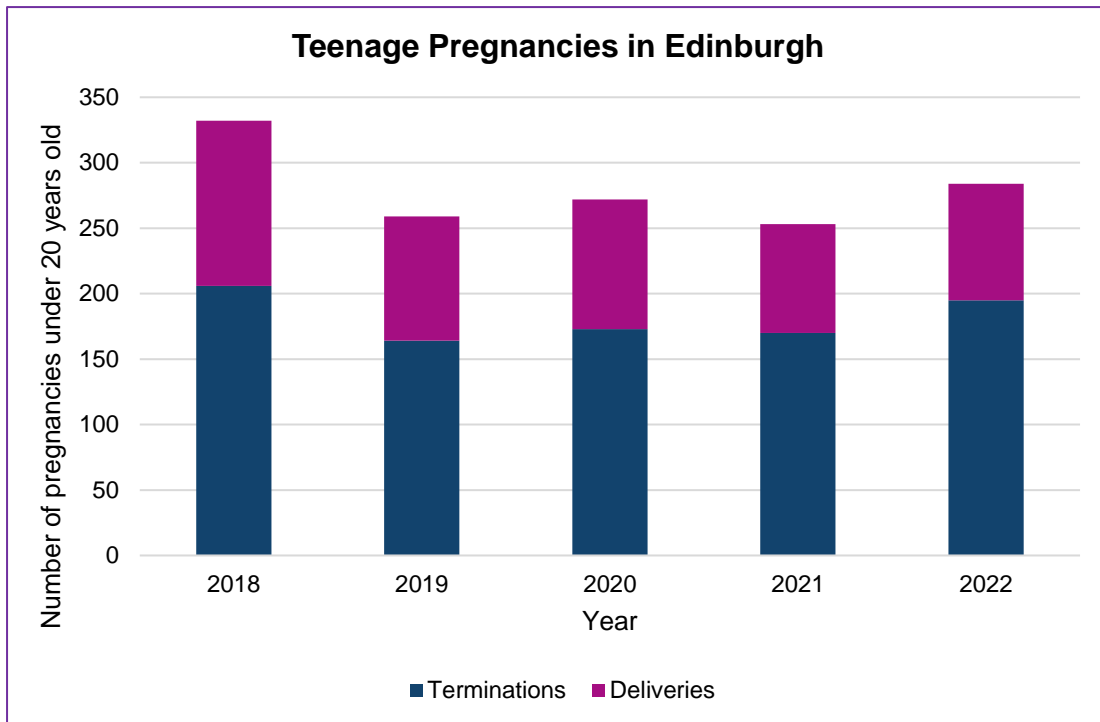*Figure 38*
Source: Teenage Pregnancy - Datasets - Scottish Health and Social Care Open Data

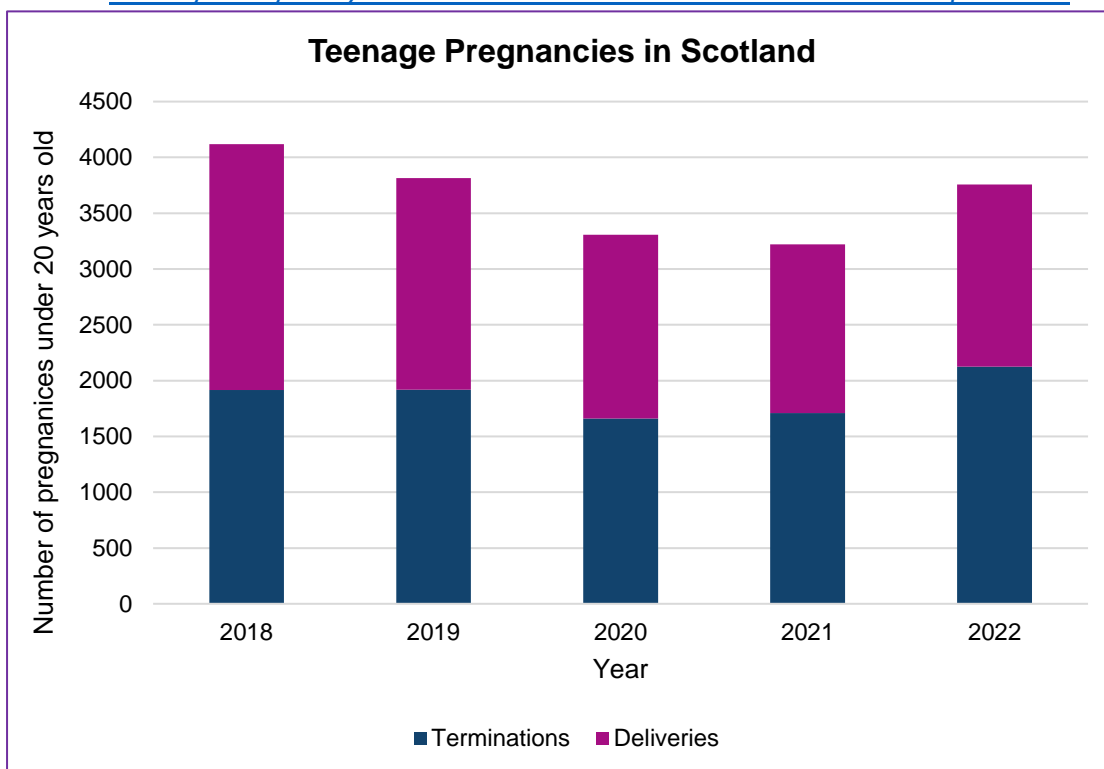*Figure 39*
Source: Teenage Pregnancy - Datasets - Scottish Health and Social Care Open Data

Appendix 3 – Building Blocks of Health Data

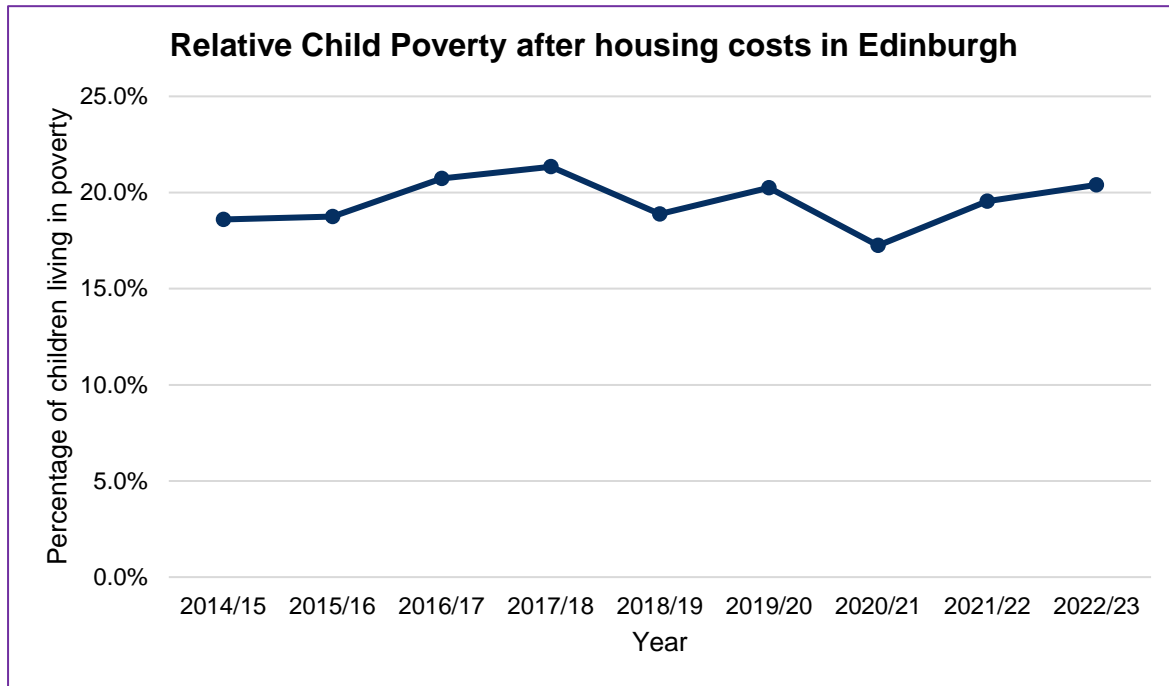**Relative Child Poverty after housing costs in Edinburgh**

Figure 40
Source: Child Poverty Statistics 2024 - End Child Poverty

Percentage of families on low income that are in work
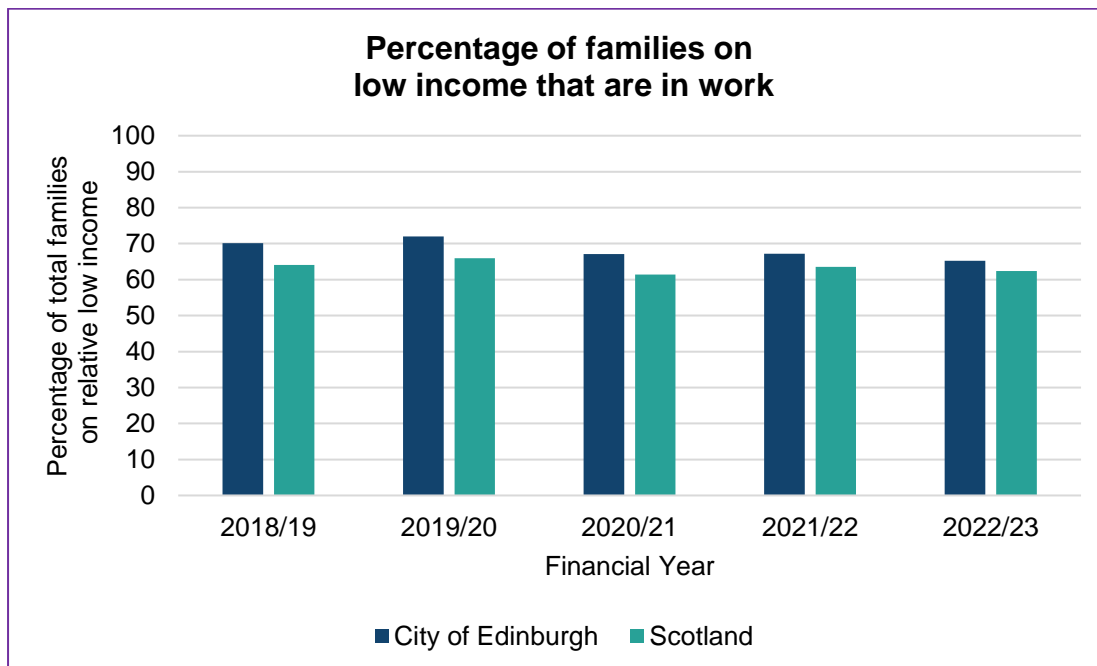
Figure 41
Source: Department for Work and Pensions

Female unemployment rate (model based), July 2013 - June 2024

Scotland — Edinburgh
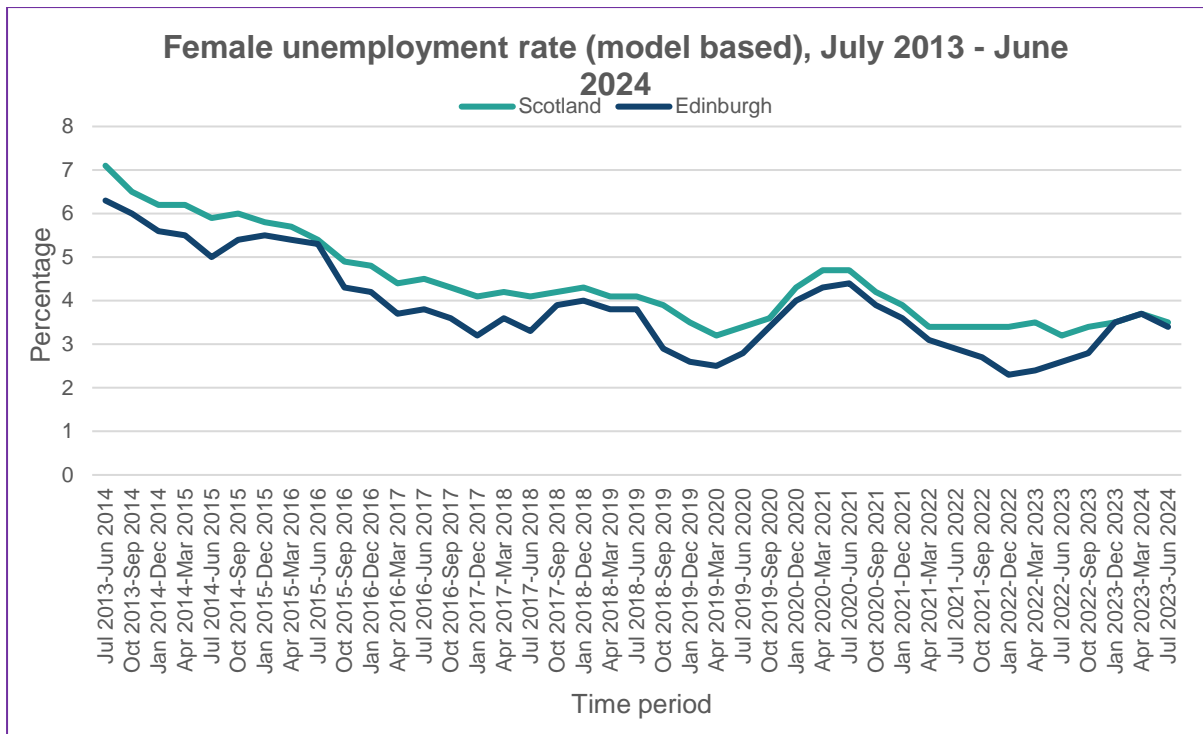
Figure 42

Source: Office for National Statistics

Early Learning and Childcare Registrations
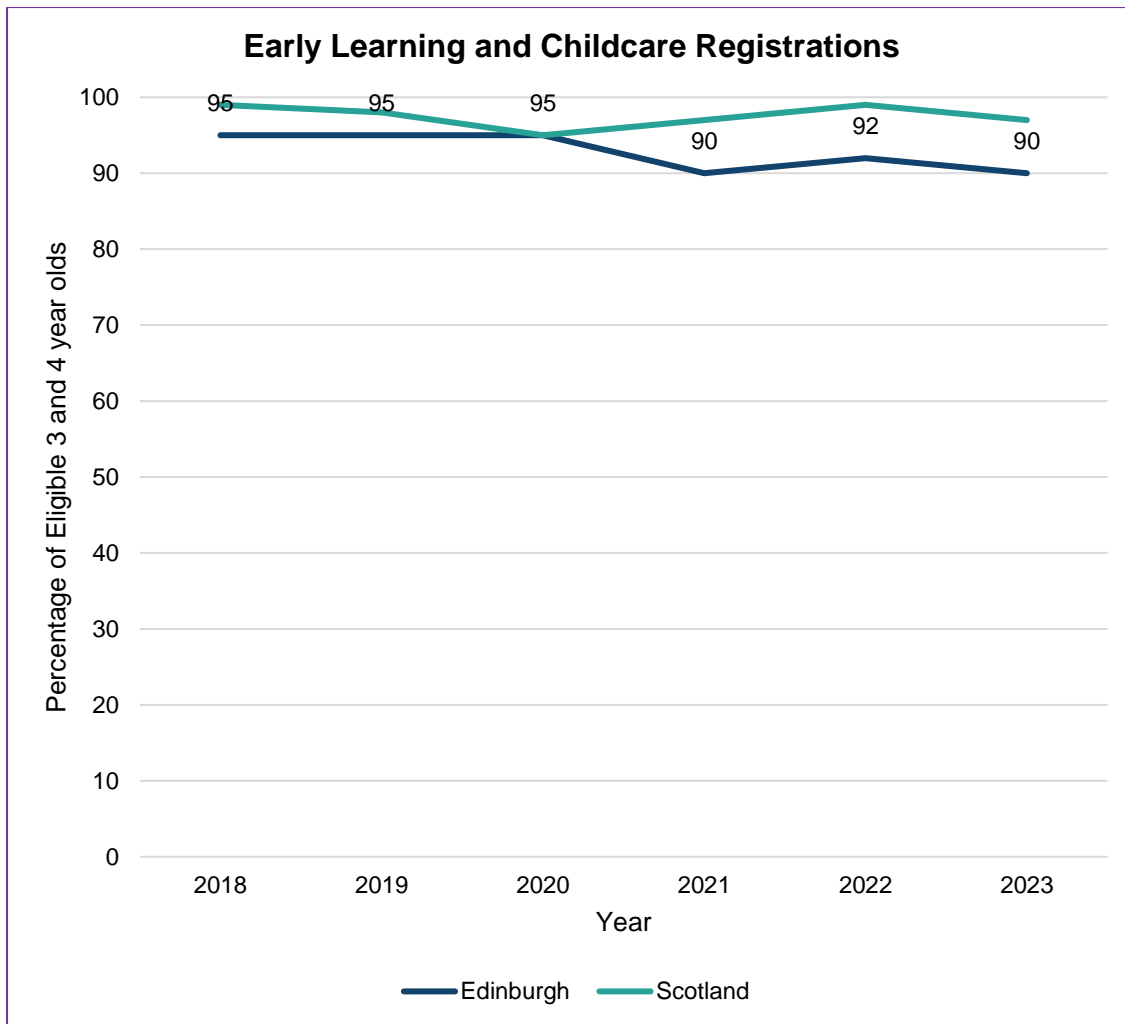
Figure 43
Source: Summary Statistics for schools in Scotland

Impact	Number	%
I would not have been able to work	26	46%
My children would have missed out on the opportunity to learn and develop in good quality childcare	26	46%
My household income would be lower	21	37%
My emotional wellbeing would have suffered	20	35%
I would have increased financial difficulties	19	33%
I could not have improved my employment situation	13	23%
I would not have developed my personal skills such as financial management, time management, household management	8	14%
I would not have been able to take part in learning and education outside of work	7	12%
I would have housing difficulties	6	11%
I would not have been able to take part in training at work	5	9%
I would have required the same level of support benefits, i.e. Universal Credit	5	9%
Not applicable	1	2%

Figure 44 - Impact if had not received childcare support – subsidised respondents (N=57)
Source: Future of Affordable Childcare for Working Parents

	Current benefit (number)	Current benefit (%)	Expected benefit (number)	Expected benefit (%)
There are better health and wellbeing outcomes for my child/children	26	46%	3	5%
My child/children have had better access to learning and development	25	44%	2	4%
I have been able to stay in employment	24	42%	8	14%
I am better able to manage finances, including debt	17	30%	6	11%
I have better health and wellbeing outcomes, for example confidence, self-esteem, feeling positive about the future	17	30%	3	5%
I have taken part in training and development at work	15	26%	7	12%
I have fewer benefit requirements, i.e. Universal Credit	14	25%	6	11%
My housing situation is more stable	14	25%	5	9%
I have developed my personal skills (i.e. more confident, improved time management)	12	21%	5	9%
I have moved to a more stable, better quality job	10	18%	9	16%
I have moved to a job that better suits my family needs	9	16%	9	16%
I have a higher level of household income	9	16%	9	16%
It allowed me to take up education/training outside of work	8	14%	8	14%
I have achieved promotion at work	7	12%	12	21%

Figure 45 - Benefits of Affordable Childcare – subsidised respondents (N=57)
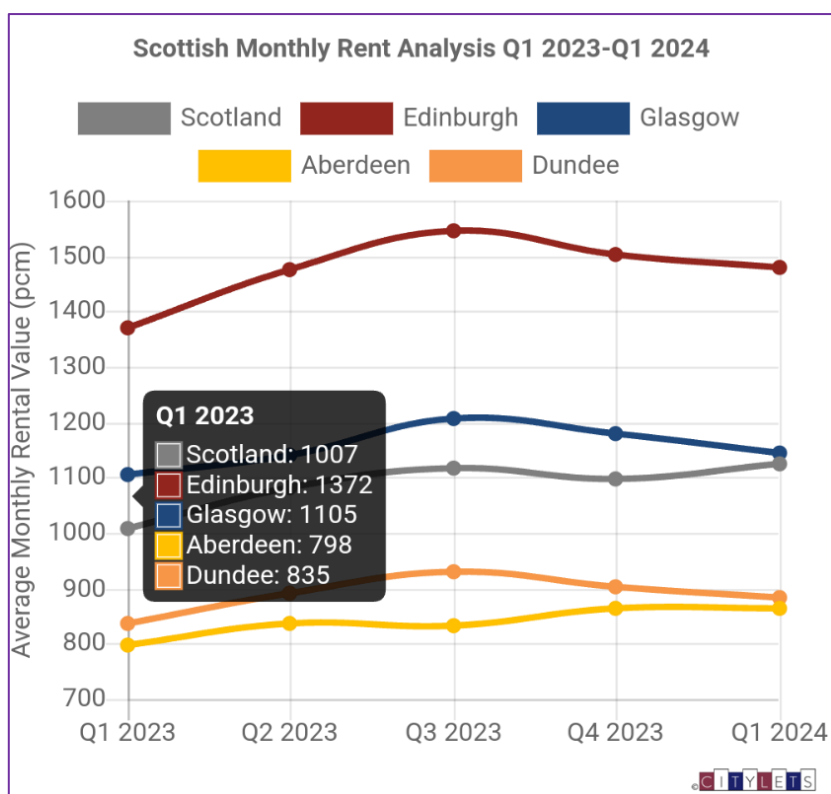*Source: Future of Affordable Childcare for Working Parents*

Figure 46
Source: Citylets *Edinburgh Private Rented Accommodation Report Q4 2024*

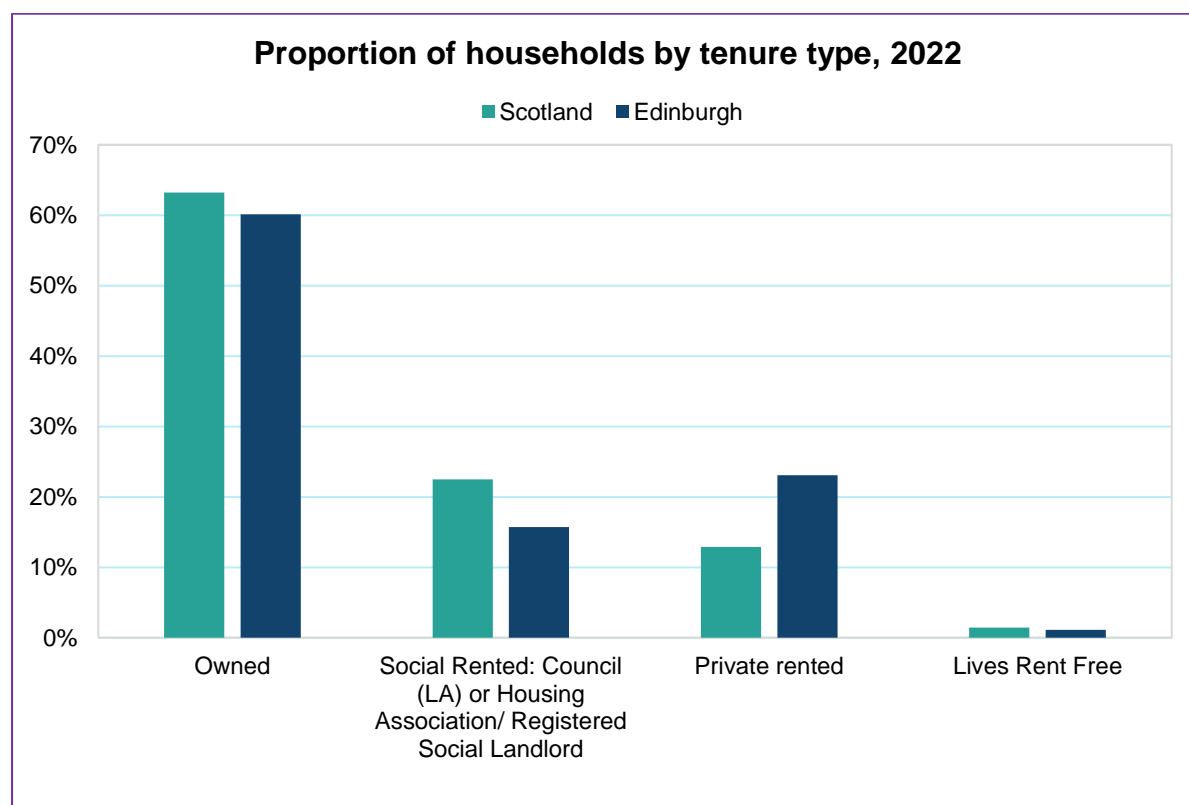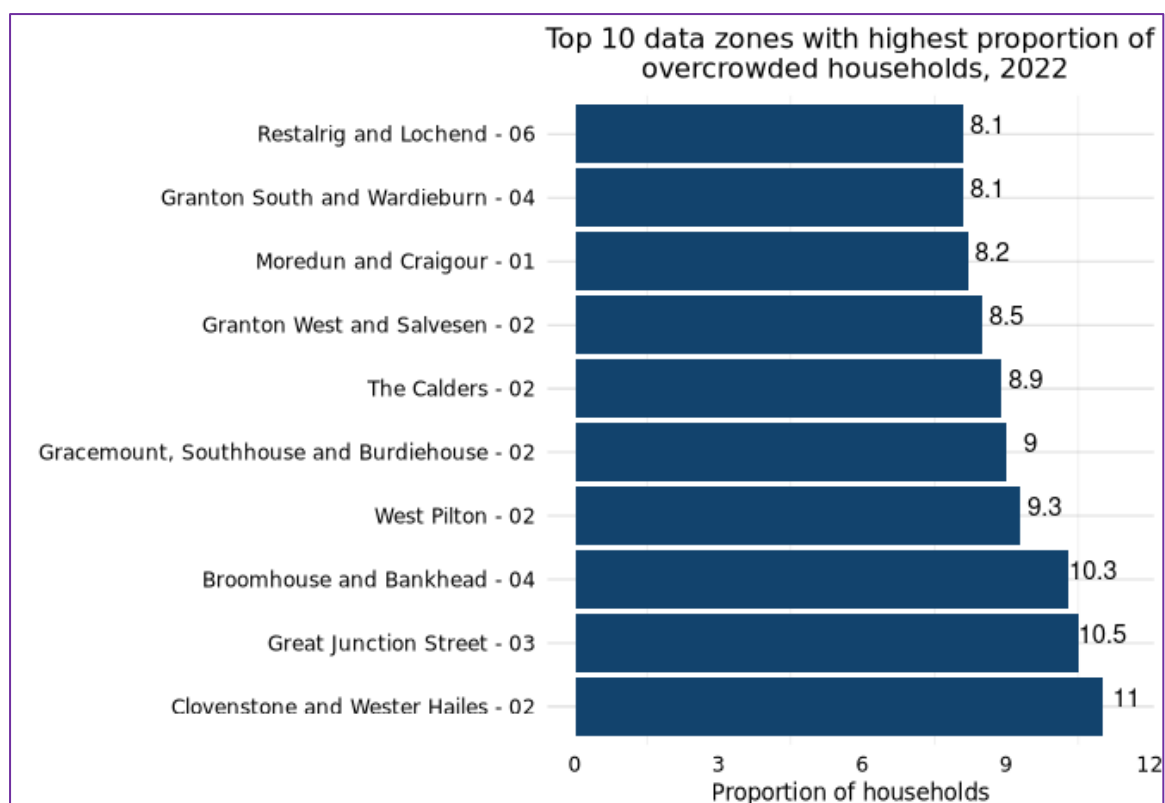*Figure 47*
Source: *Scottish Census 2022*

Top 10 data zones with highest proportion of overcrowded households, 2022

Data zone	Proportion of households
Restalrig and Lochend - 06	8.1
Granton South and Wardieburn - 04	8.1
Moredun and Craigour - 01	8.2
Granton West and Salvesen - 02	8.5
The Calders - 02	8.9
Gracemount, Southhouse and Burdiehouse - 02	9
West Pilton - 02	9.3
Broomhouse and Bankhead - 04	10.3
Great Junction Street - 03	10.5
Clovenstone and Wester Hailes - 02	11

Figure 48
Source: Scottish Census 2022

Proportion of respondants in families who experienced fuel poverty, 2023

Area	Proportion of respondants
City of Edinburgh	11.2%
East Lothian	13.6%
Midlothian	15.7%
West Lothian	16.9%
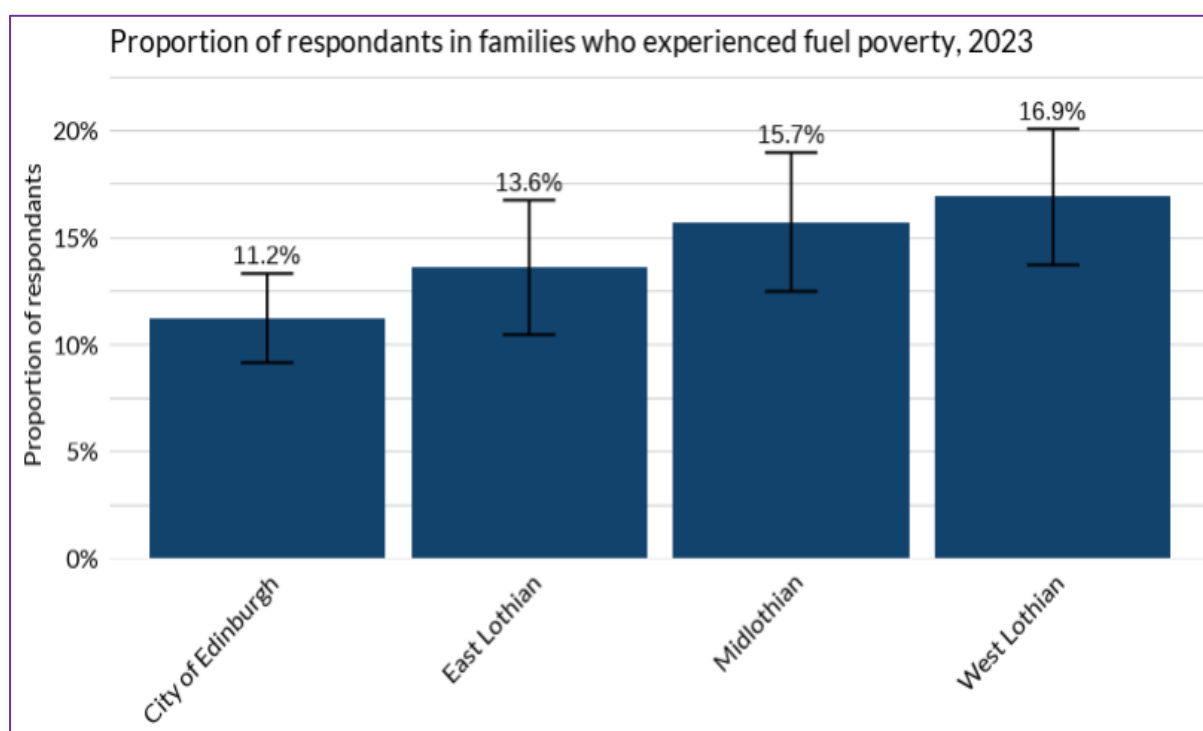
Figure 49
Source: NHS Lothian Public Health Survey 2023

Proportion of respondents in families who experienced fuel poverty in Edinburgh by SIMD quintile, 2023
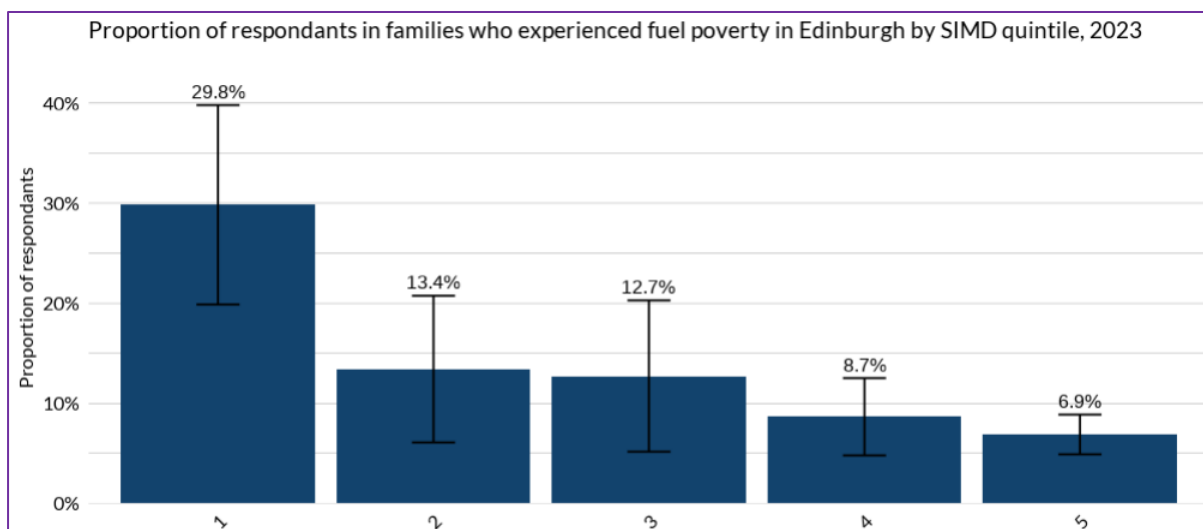
Figure 50
Source: NHS Lothian Public Health Survey 2023

% of Dwellings with Condensation by household type
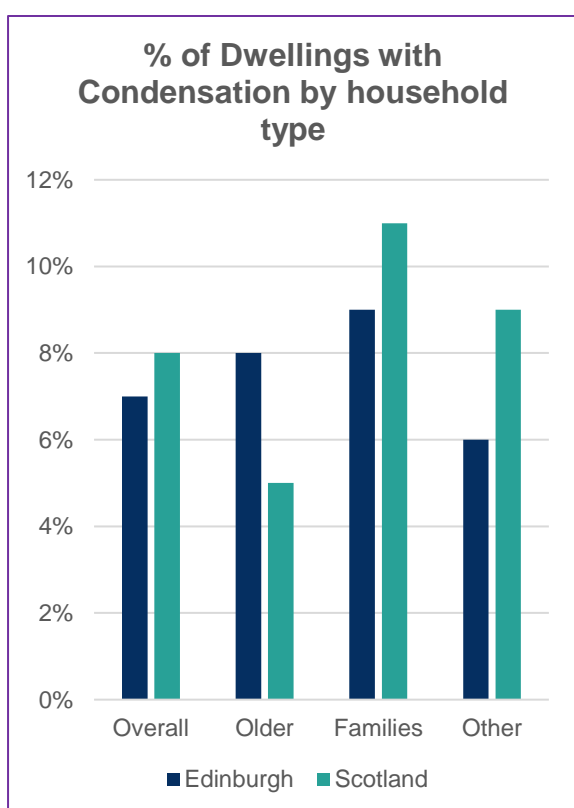
Figure 51
Source: Scottish House Condition Survey

% of Dwellings with Rising or Penetrating Damp by household type
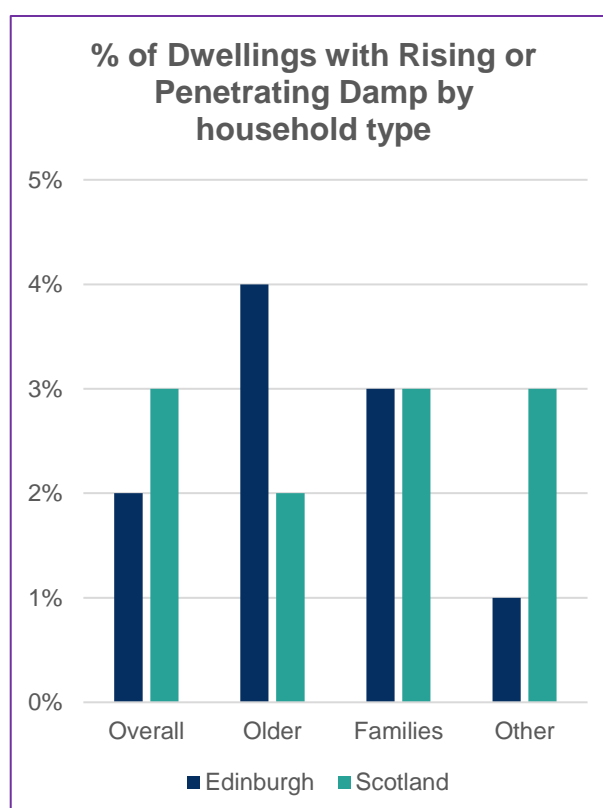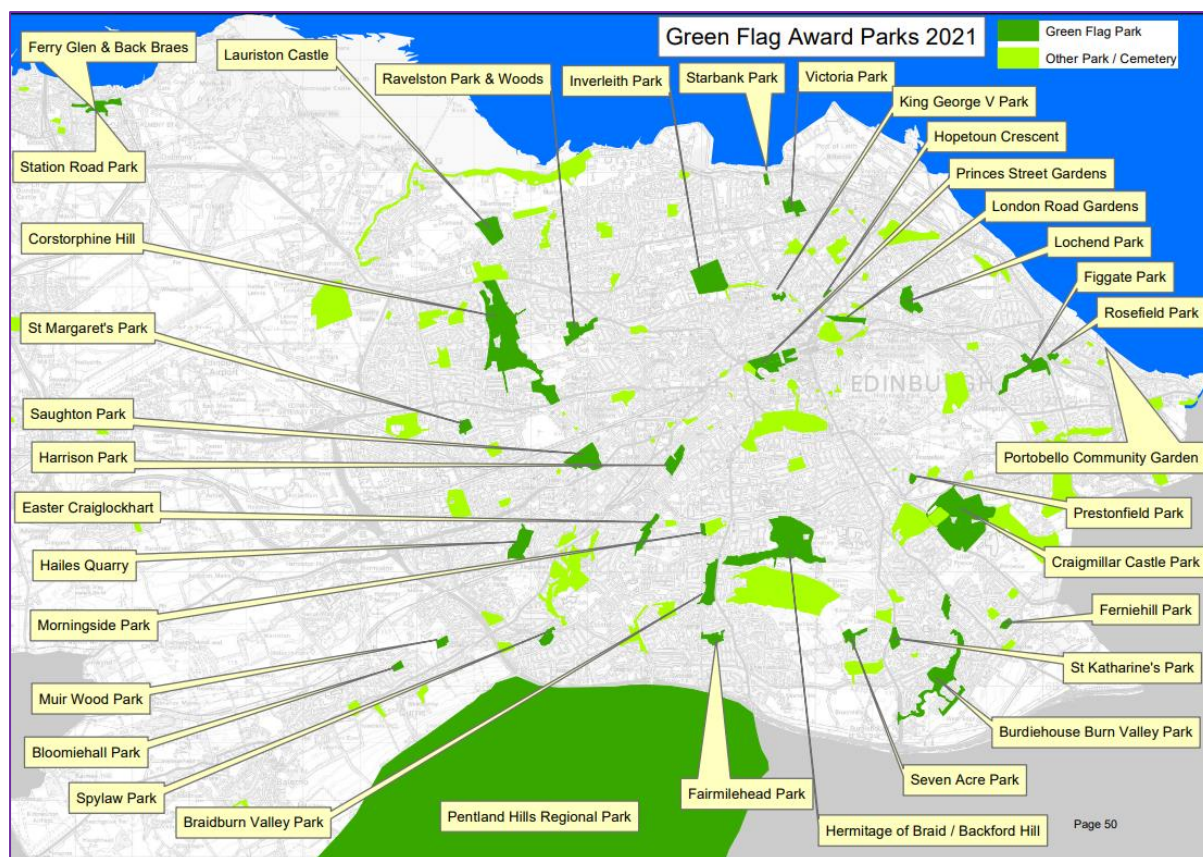
Figure 52

Map 9 – Green Flag Award Parks Map, 2021, Edinburgh
Source: PQA & GFA Report 2021

Do you think that the area in which you live is a good place to live? P5-S6, Edinburgh, 2021/22
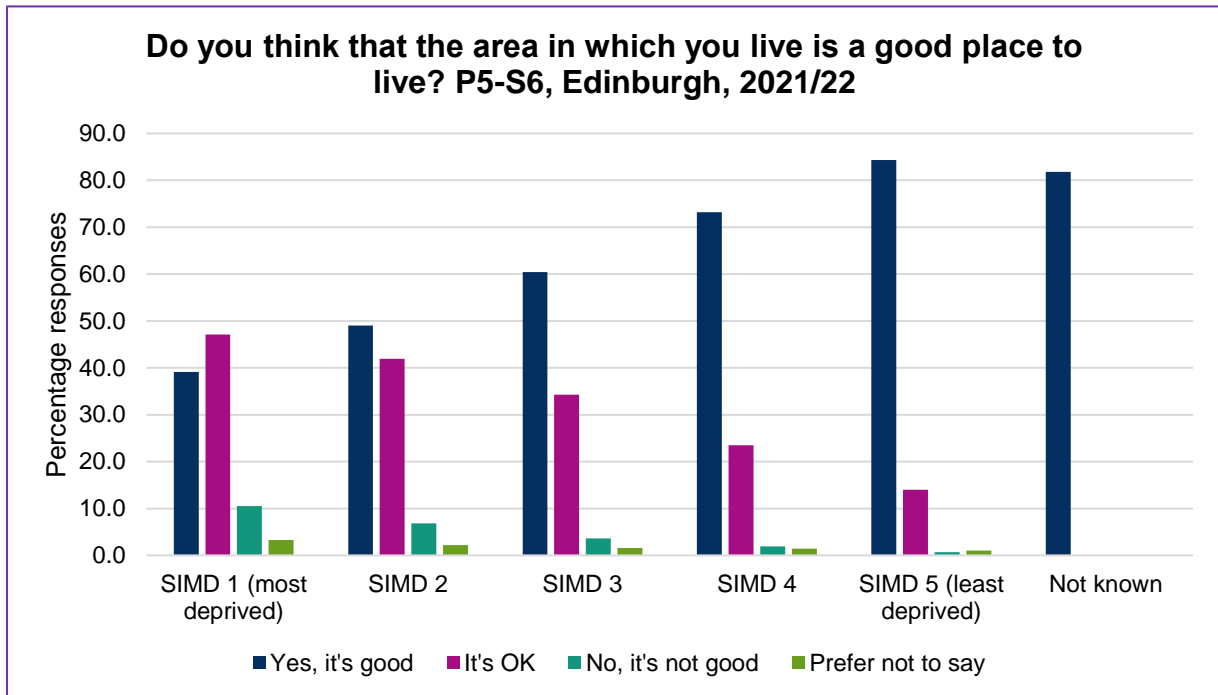
Figure 53

Source: *Health and Wellbeing Census 2021-22*

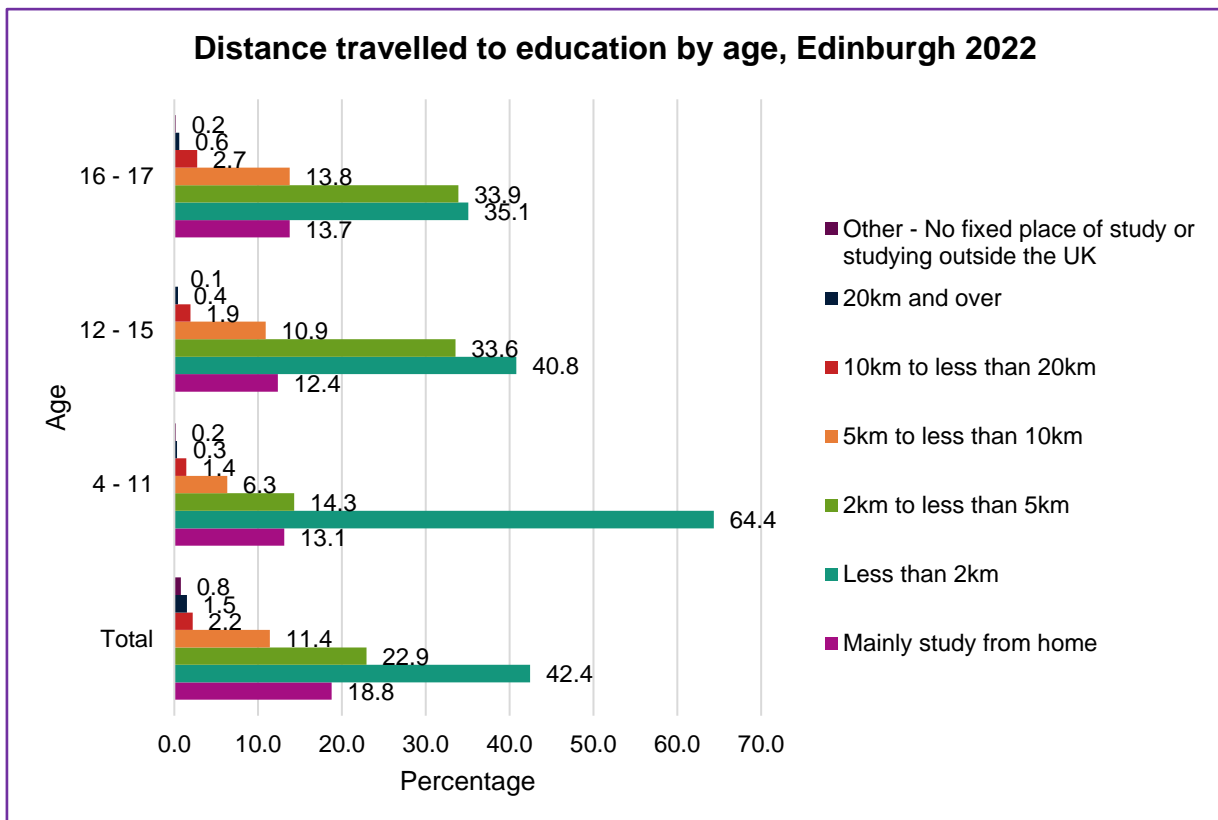**Distance travelled to education by age, Edinburgh 2022**
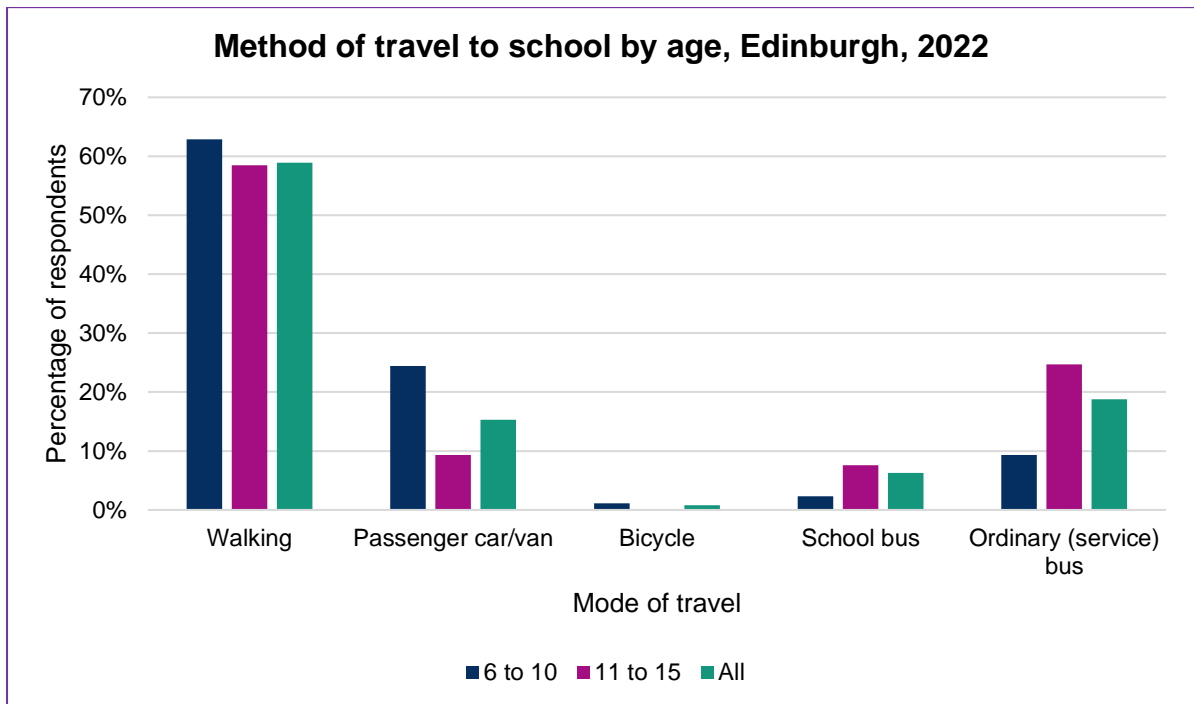
Figure 54

Source: Scottish Census 2022

Figure 55 – Method of travel to school by age 2022, Scotland
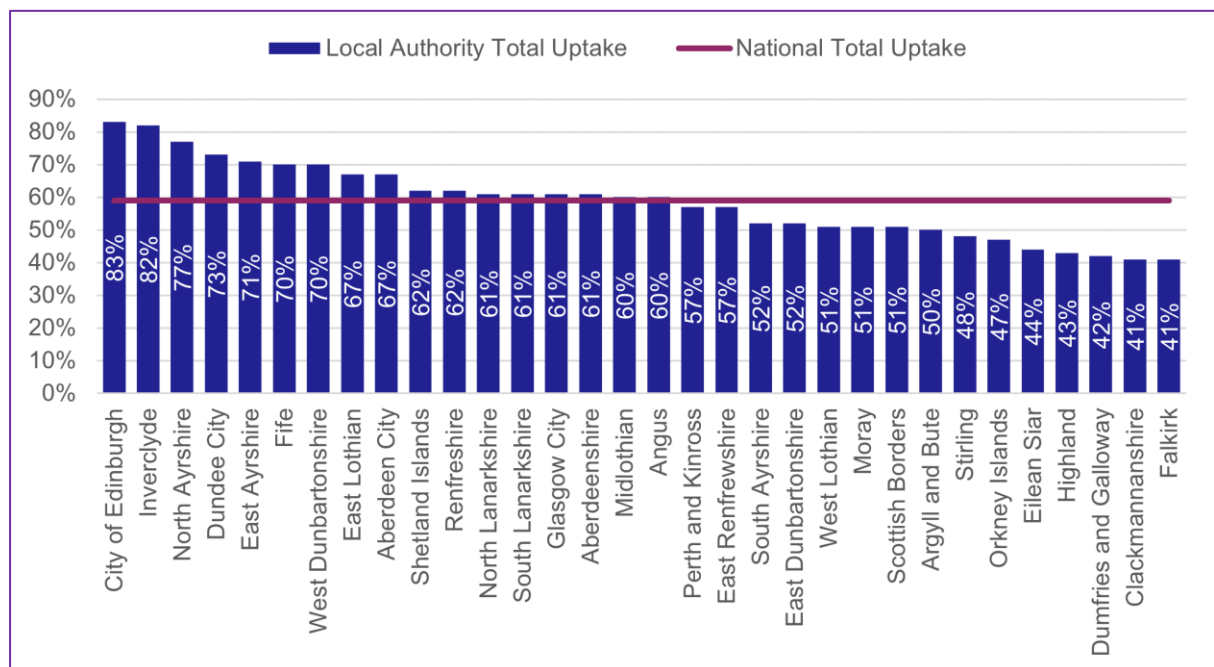*Source: Scottish Household Survey 2022*

Figure 56 - Uptake of the Young Persons' Free Bus Travel Scheme by Local Authority, 2023
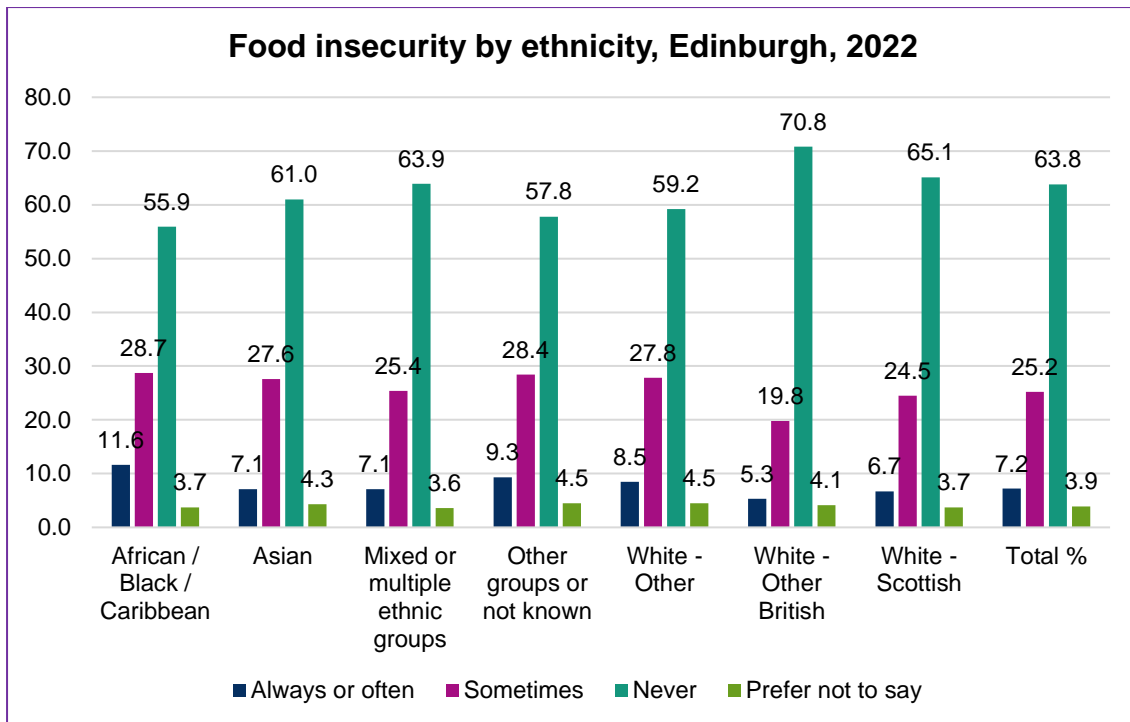*Source: Young Persons' Free Bus Travel Scheme - Year 1 Evaluation: NECPO Uptake Data*

Figure 57
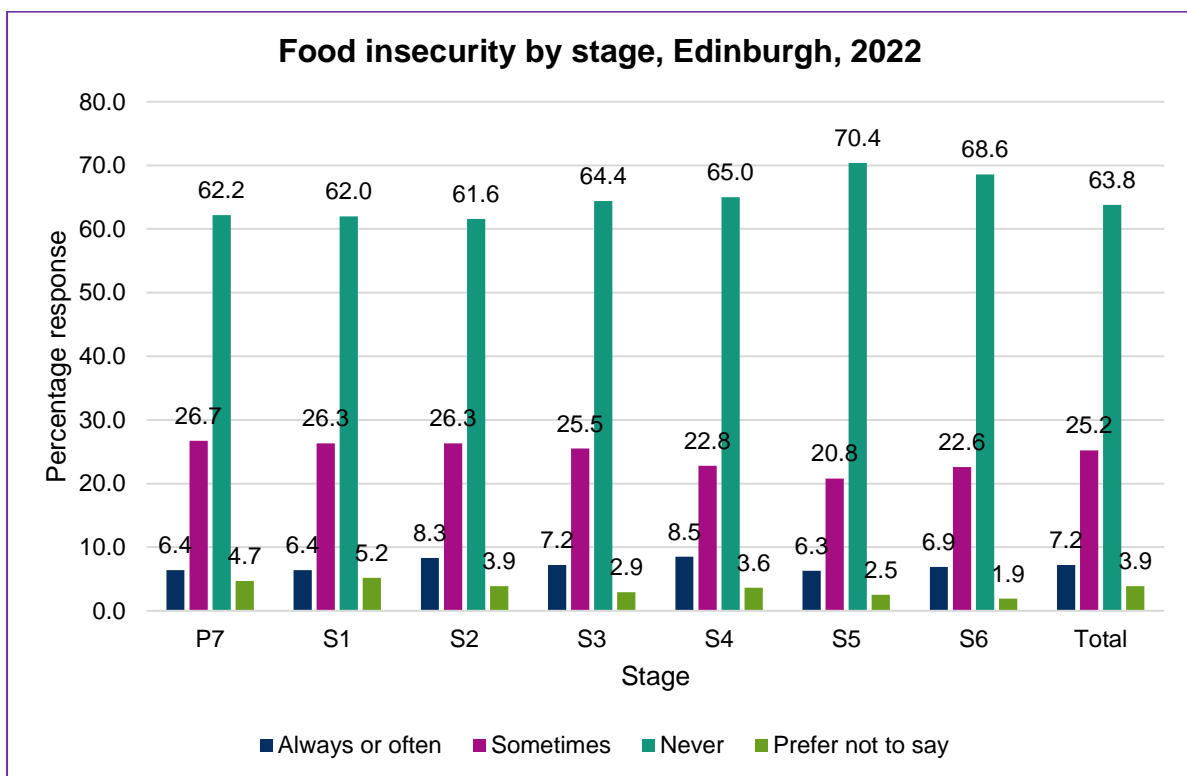*Source: Health and Wellbeing Census 2021-22*

Figure 58
Source: Health and Wellbeing Census 2021-22

Figure 59

Figure 60

Edinburgh Pupil Survey responses to "I usually have breakfast (more than a glass of milk / fruit juice)" by sex

Source: internal Edinburgh Pupil Survey 2024-25 data

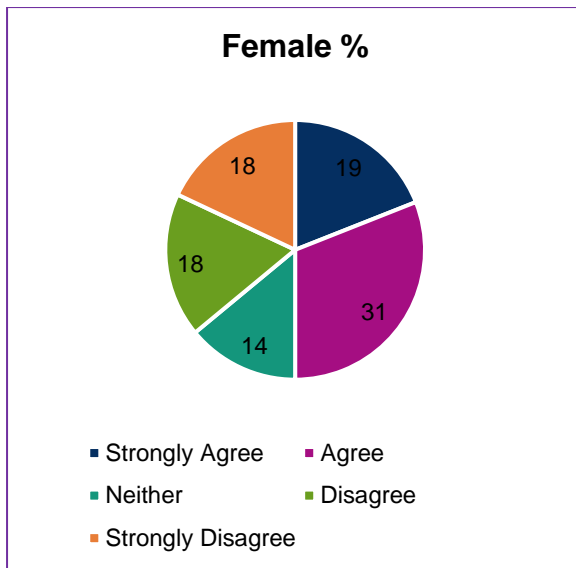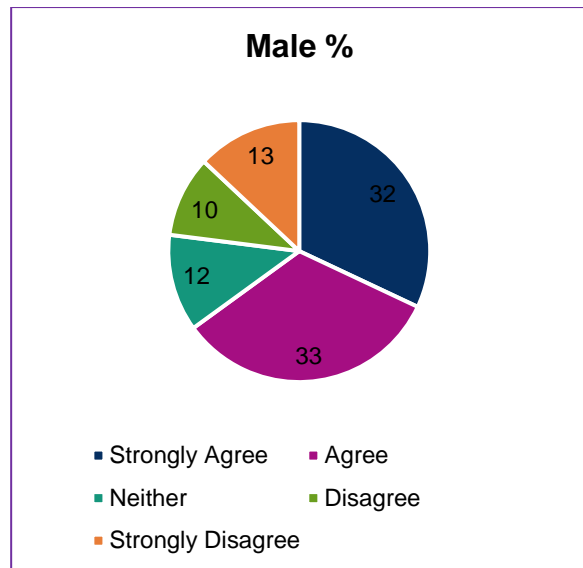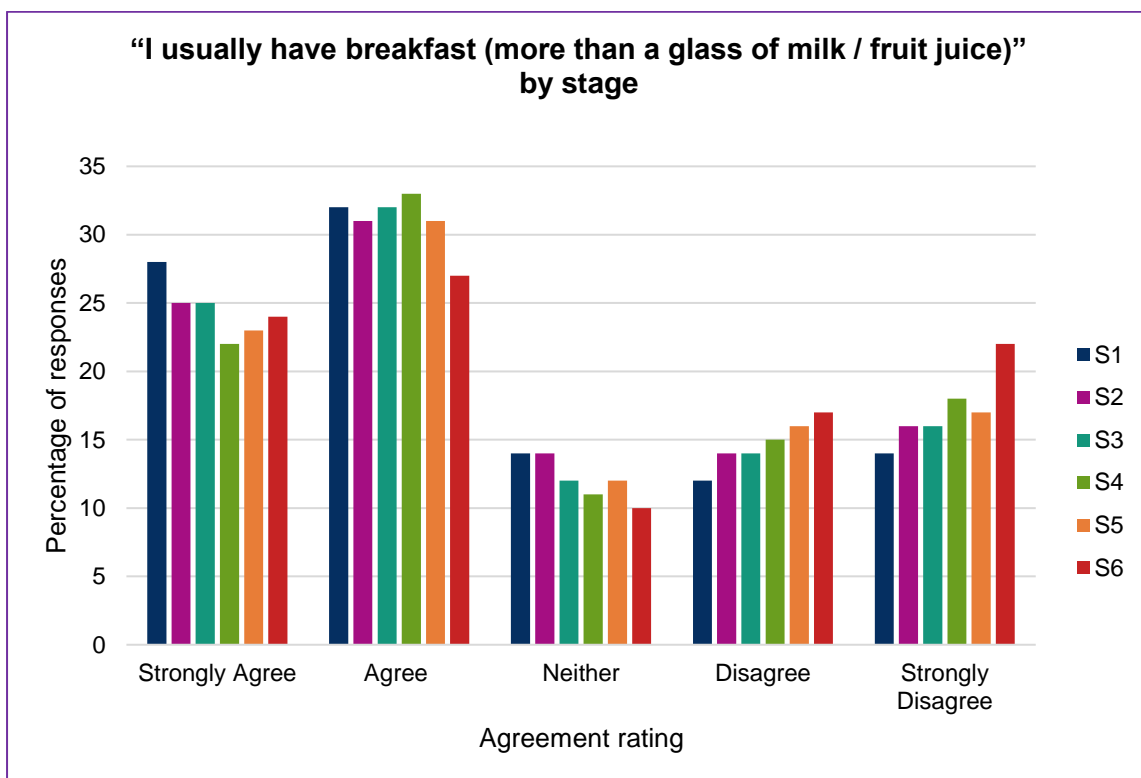*Figure 61 - Edinburgh Pupil Survey responses to "I usually have breakfast (more than a glass of milk / fruit juice)" by stage*

Source: internal Edinburgh Pupil Survey 2024-25 data

Free school meal uptake
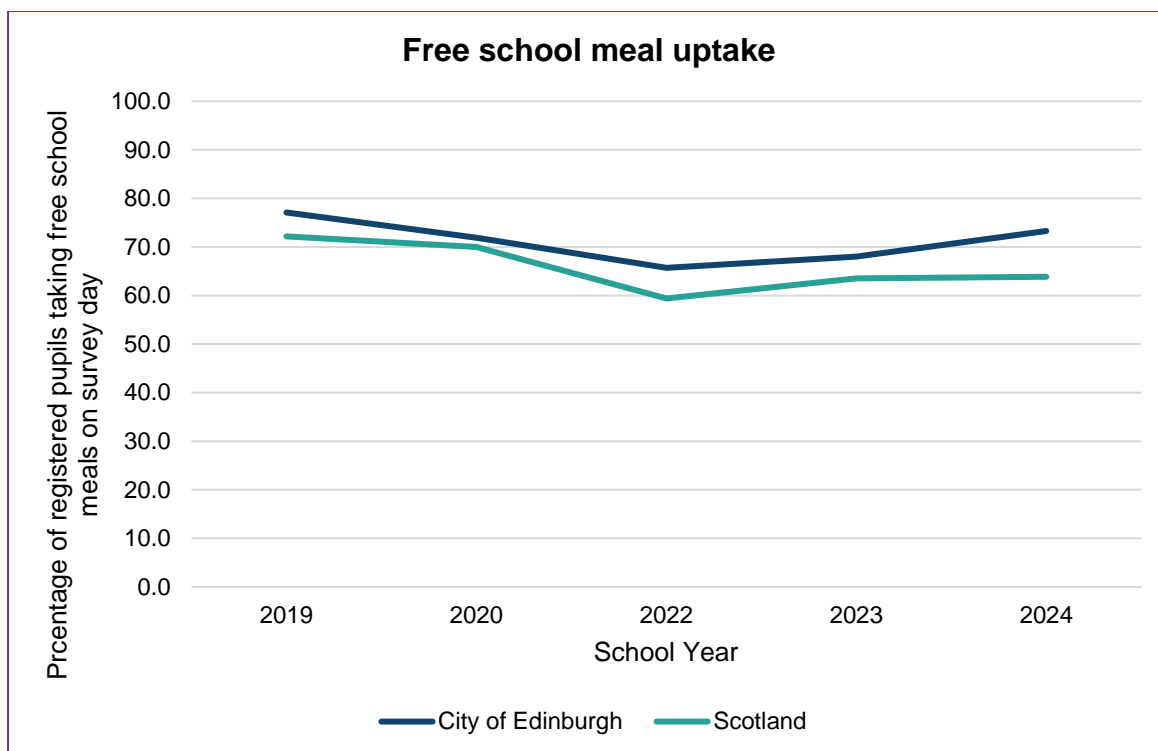
Figure 62 (2021 data unavailable due to COVID19 restrictions)
Source: Healthy Living Survey

P1 Attainment by SIMD, Edinburgh 2022/23
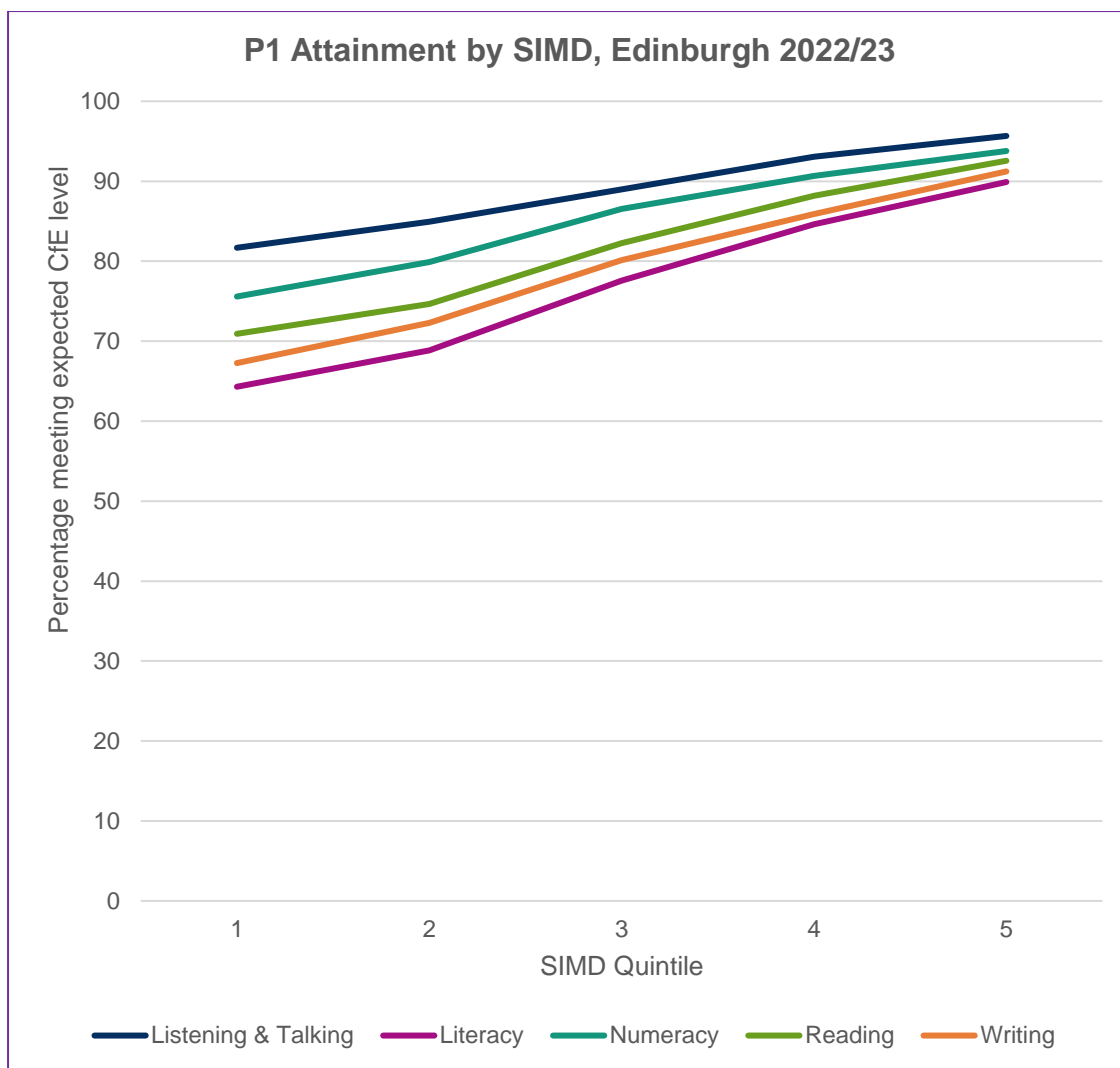
Figure 63
Source: National Improvement Framework (NIF) - Schools - gov.scot, NIFIER Dashboard

School Leavers in Positive Destinations at 9 month follow-up
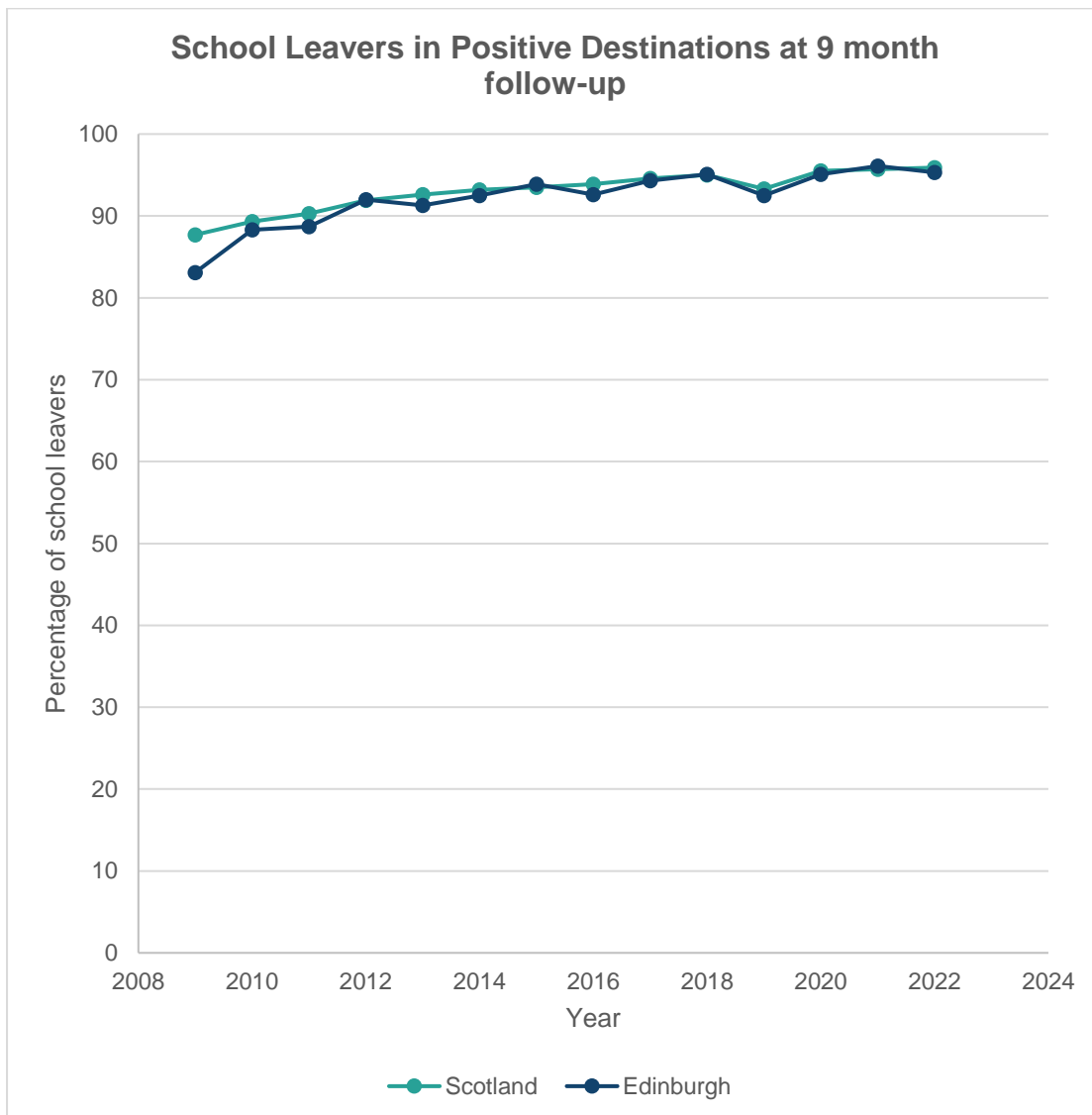
Figure 64
Source: ScotPho
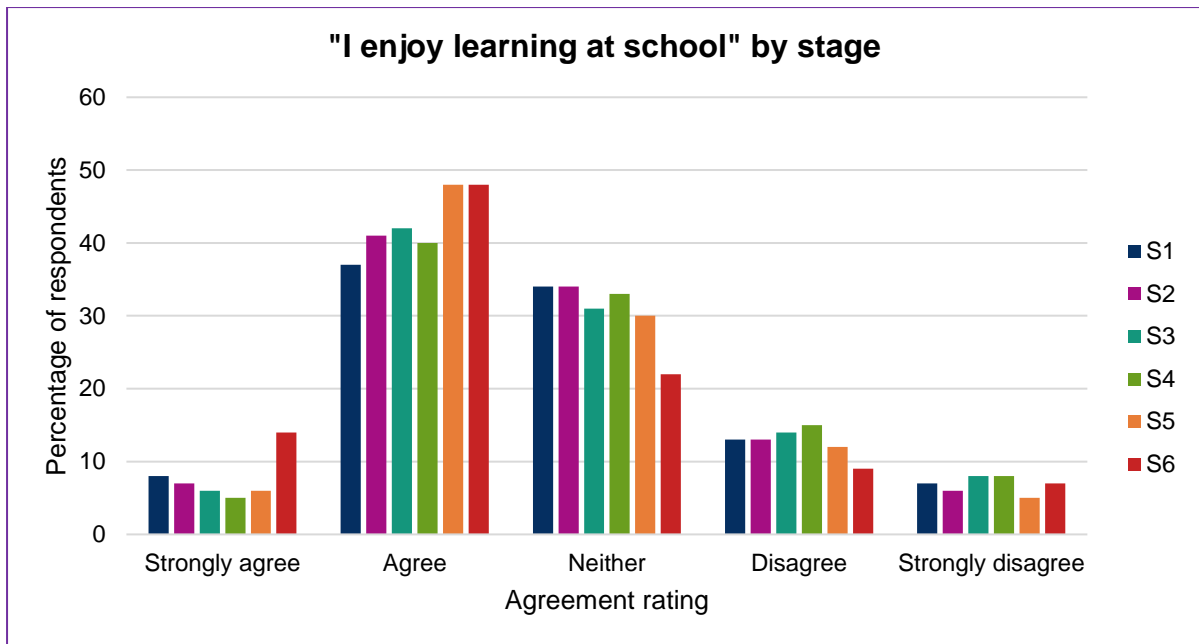
Figure 65 - Edinburgh Pupil Survey responses to "I enjoy learning at school" by stage
Source: internal Edinburgh Pupil Survey 2024-25 data
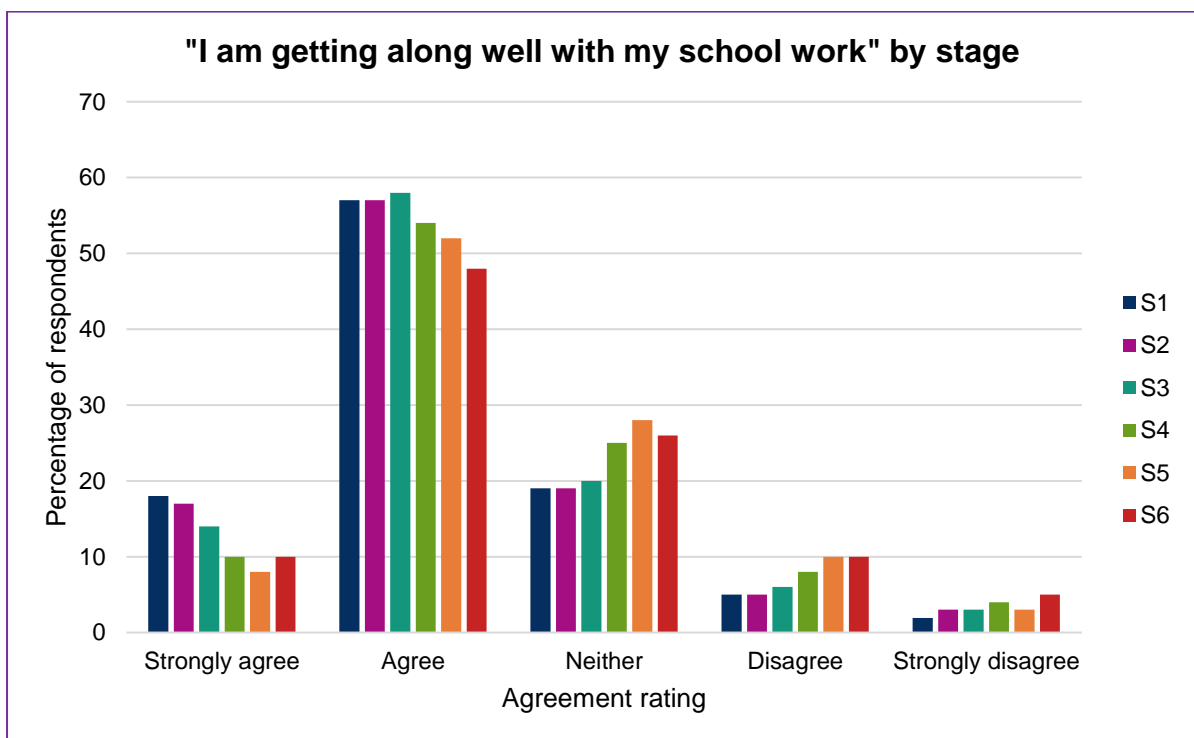
Figure 66 - Edinburgh Pupil Survey responses to "I am getting along well with my school work" by stage
Source: internal Edinburgh Pupil Survey 2024-25 data
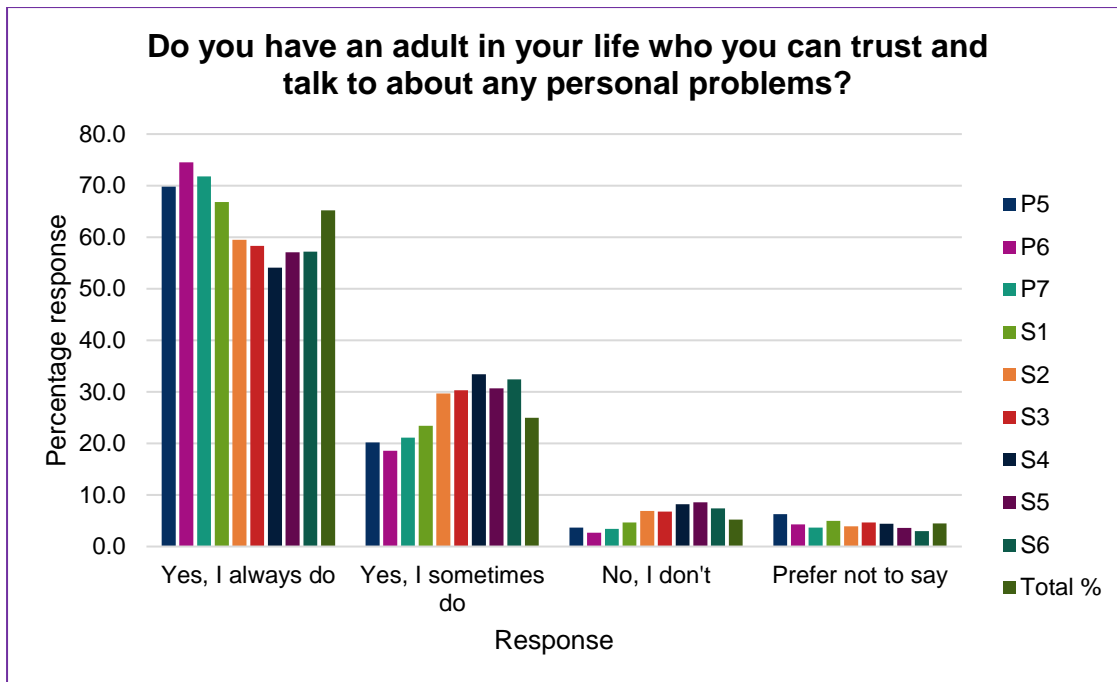
Figure 67 - Edinburgh Pupil Survey responses to "Do you have an adult in your life who you can trust and talk to about any personal problems?" by stage
Source: Health and Wellbeing Census 2021-22
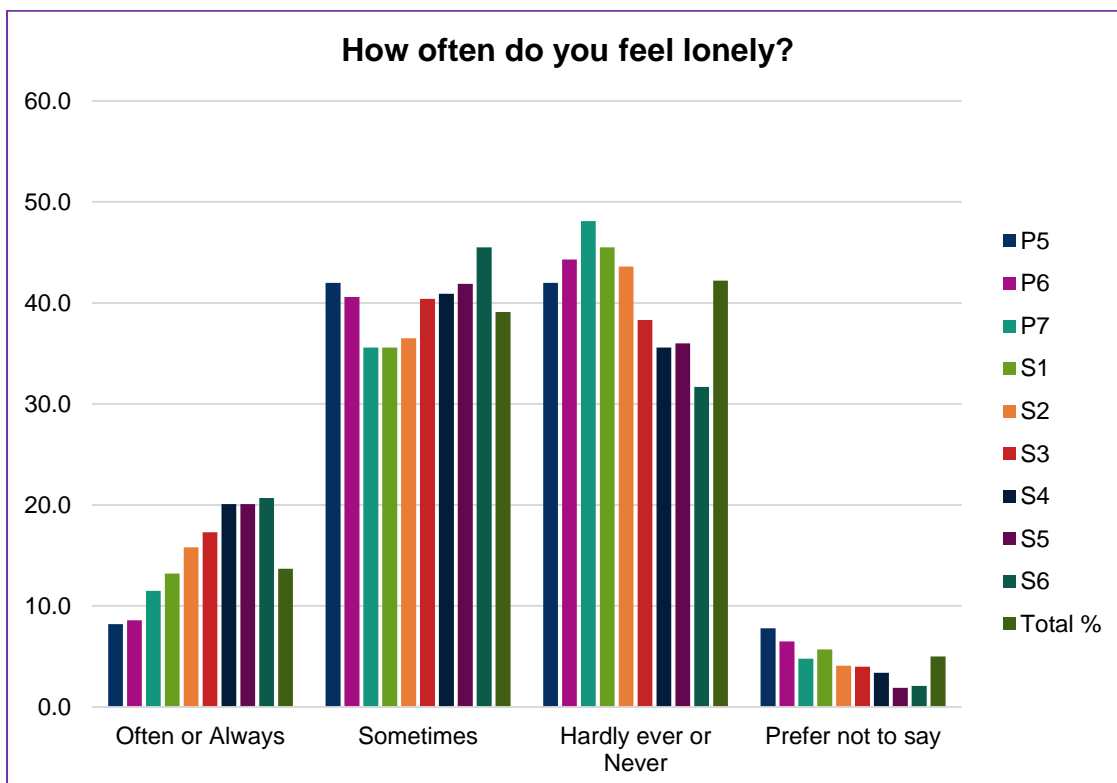
Figure 68 - Edinburgh Pupil Survey responses to "How often do you feel lonely?" by stage
Source: Health and Wellbeing Census 2021-22

Concerns Raised at Planning Meetings 20234-24, Edinburgh

Number of times raised during planning meetings where child was registered
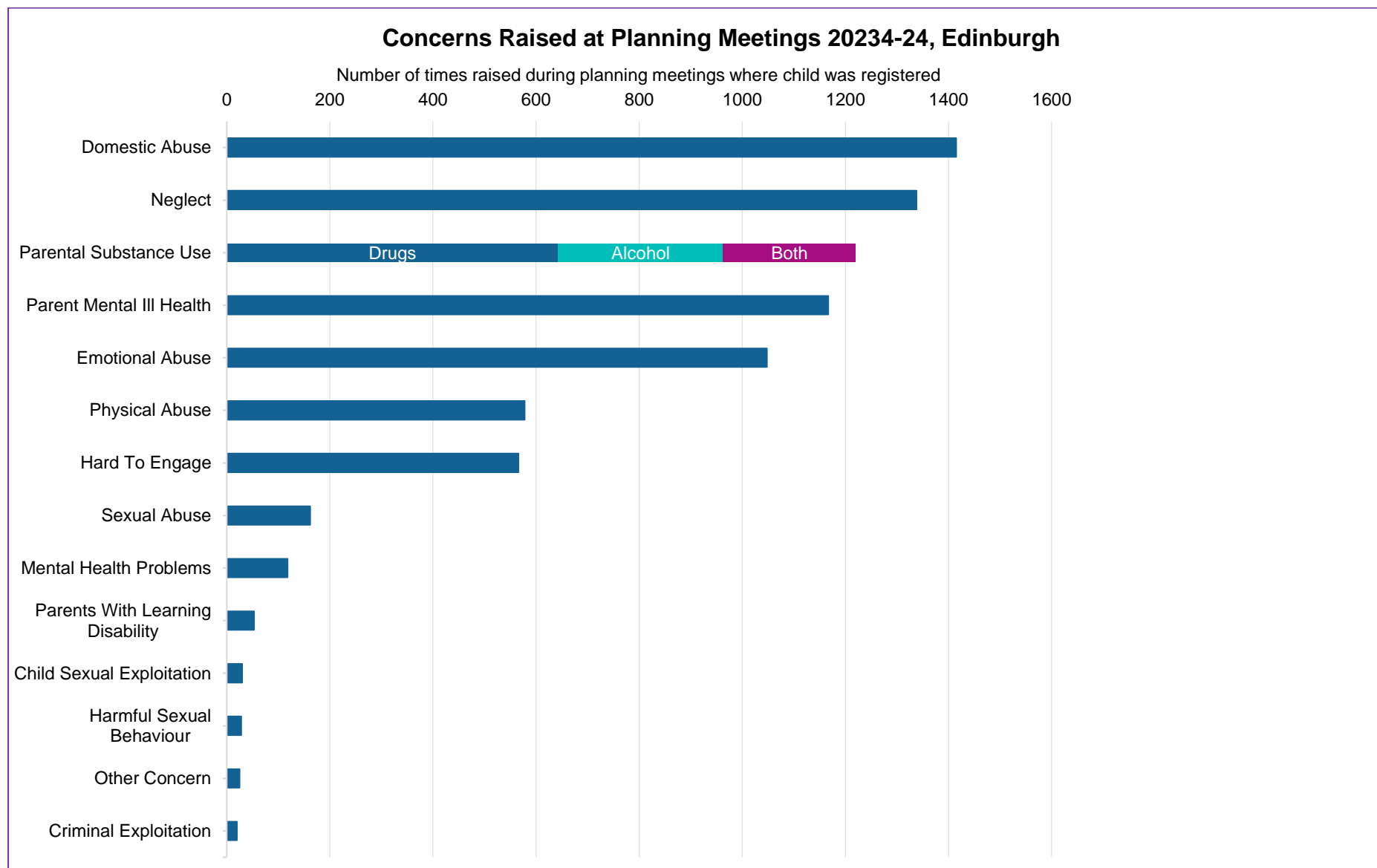
Figure 69

Source: Children's Social Work Statistics: Child Protection 2023-24

Initial and Pre-birth Child Protection Planning Meetings

Figure 70
Source: Children's Social Work Statistics: Child Protection

Appendix 4 – SHANARRI, UNCRC and Building Blocks

Annex C Topics of Wellbeing linked to Wellbeing Outcomes, UNCRC Articles, and the My World Triangle

WELLBEING = SAFE HEALTHY ACHIEVING NURTURED ACTIVE RESPECTED RESPONSIBLE INCLUDED

Appendix 5 - Maternal and Early Years Complex Needs Working Group Service Overview

Executive Summary

- The City of Edinburgh prioritises poverty reduction, and a comprehensive support guide published in Summer 2024 should be shared with all staff working with families. Any ongoing gaps in support should be reported.
- Limited survey responses from minority ethnic family support organisations make it difficult to assess service gaps. Monitoring and documenting these gaps is recommended.
- No specialist domestic abuse services responded to the survey, though many holistic family services address domestic abuse. An early 2025 meeting with the Health Visiting team will evaluate whether awareness of available supports has improved access to support.
- Several father-specific services exist but lack full funding for the next three years, suggesting an unmet need.
- Access to Early Years placements remains challenging. The Family Hub Collaborative, which is part of the Whole Family Wellbeing project and includes Edinburgh Council Early Years as a partner, aims to show how holistic family support can ease these concerns.
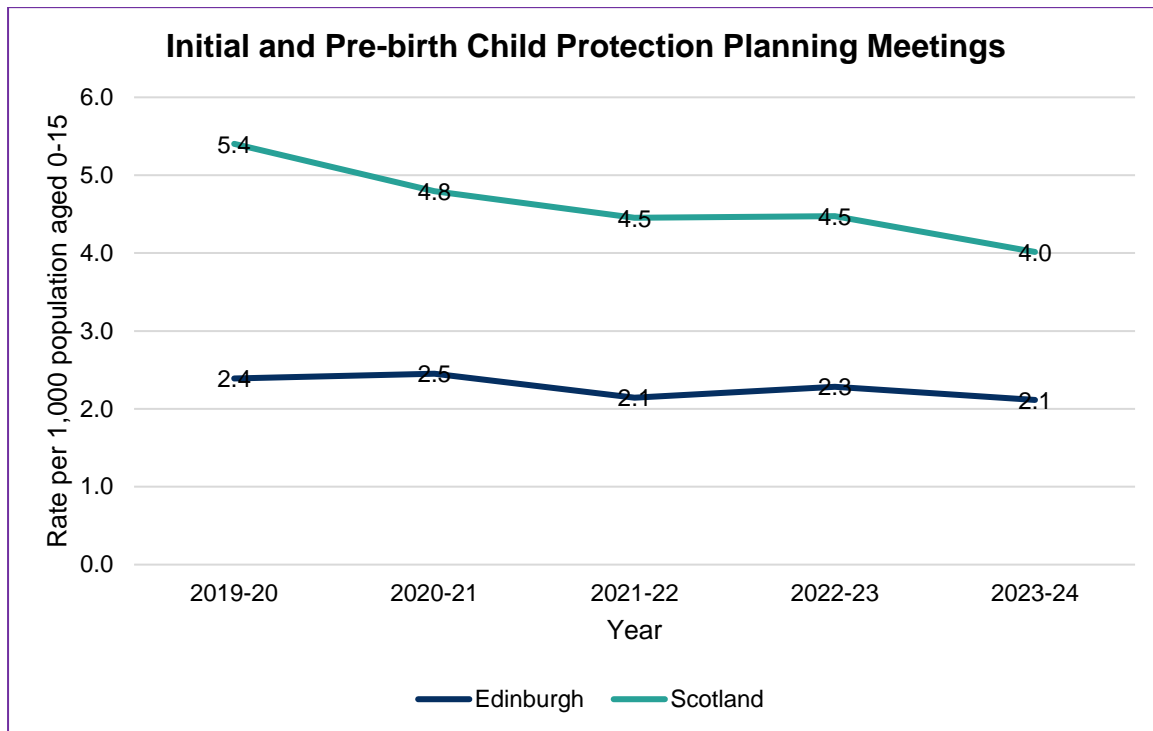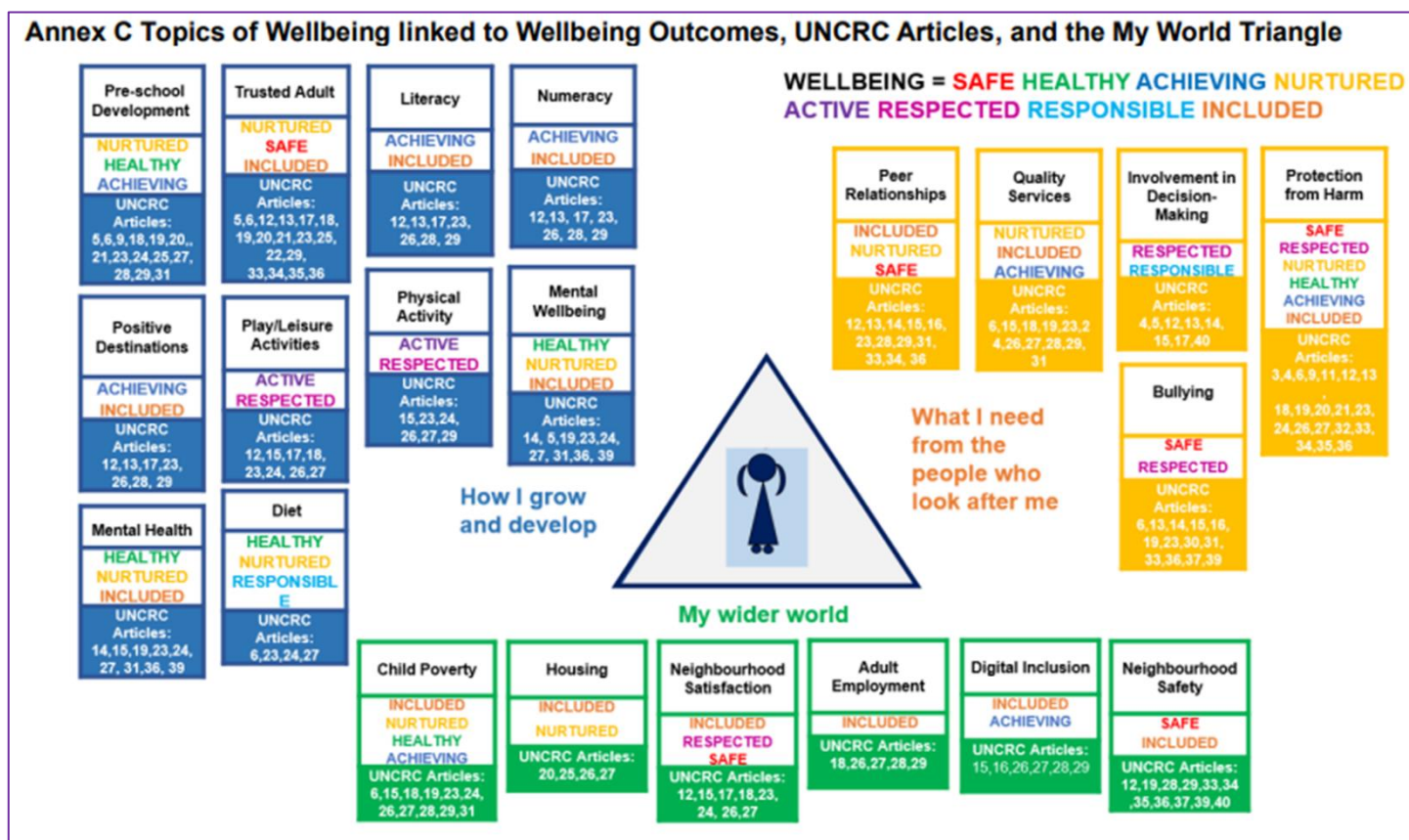- For parents dealing with addiction who have children in their early years there is a risk in gaps in services emerging across the city as current commissioned services funding is secure to end of March 2025.
- Services for pregnant families facing homelessness are limited. Since this issue is not tracked in official statistics, local data collection could help inform future planning. The Whole Family Wellbeing funded Parent Infant Partnership will work with pregnant families experiencing homelessness. Data gathered will provide a more rounded view of this vulnerability.
- Improving access to support while awaiting neurodivergence assessments is a Children's Partnership priority. The Whole Family Wellbeing funded Edinburgh Disability and Neurodiversity (EDAN) project aims to pioneer a new approach to support families, including those without formal diagnoses.
- The Whole Family Wellbeing team will meet with Health Visitors in early 2025 to review whether current supports have reduced service pressures.
- A system for reporting persistent gaps in support, managed by either the working group or the Whole Family Wellbeing team, is recommended to improve service mapping for the next Children's Partnership Services Plan.

[Download the full report here](#)

Appendix 6 – Pen Portraits

Public Health Scotland Pen Portraits

The Public Health Scotland (PHS) Pen Portraits feature both family units and individual children and young people. There are 5 family pen portraits, based on data and evidence and these can be downloaded via the Public Health Scotland website. The 6 pen portraits featuring individuals were developed in collaboration with children and young people who shared their personal stories. Table 1 below details the characteristics of each pen portrait and the topics covered.

Name	Characteristics	Topics covered
Ava		Money worries Single parent household Peer pressure re: alcohol and drugs Controlling boyfriend Bullying & gender divides Lack of things to do
Jack		Bullying School attendance Fighting with parents Alcohol use
Marnie		Anxiety Mobile phone / social media use Perceived unsafe neighbourhood
Riley		English as additional language Religious and cultural beliefs Food insecurity Bullying and isolation Anxiety about local and global issues
Ryan		Long-term chronic health condition School absences Childcare and employment
Timmy		Bereavement Money worries Peer pressure and petty crime Stress and anxiety
Clare and Jake	22 y/o mother of one	Young single parent Housing Work quality Food insecurity Employability, training and childcare Mental health

Abbas family	Family with three children	Race discrimination Child disability Money worries
Abara Family	Couple expecting a baby	Asylum seekers with NRPF Pregnancy Food insecurity
Unwir Family	Couple with one child	Immigrants with NRPF Food insecurity Employability and training Money worries Transport poverty
Tanya and Adam	37 y/o mother of one	Single parent Health and employability Young carer

Table 1

Ava

Ava is a 14-year-old girl living in Burdiehouse. She's lived there her whole life, though doesn't really like living there. She doesn't feel safe being on the streets where she lives and thinks it's run-down and dirty.

Ava lives with her mum, and her brother and sister. Her brother is 12 and goes to Gracemount High School too, while her sister is 17 and goes to college now. Her and her siblings argue a lot, and she is always falling out with her mum too. Luckily, Ava's Granny lives close by, and she gets on with her really well. Ava likes her Dad, though he lives in Glasgow. She sometimes sees him on weekends, but she doesn't get on with his new family. Although Ava's mum works part-time, the family don't have much money. Ava and her mum often argue about not having enough money for going out with friends, or to buy food and snacks at school.

Ava has a boyfriend who can be loving and affectionate, but he does treat her poorly at times and has a bad temper, which makes her scared to leave him. She has a couple of close friends, but they can be a bad influence, as they like drinking and taking drugs. Her mum doesn't like her boyfriend, or her friends, so that's another thing for them to argue about. In general, Ava is outgoing and loud, though doesn't feel confident a lot of the time, depending on who she's with. She does feel happy around her Granny and Grandad though and feels she can be herself around them. She often stays with them when she falls out with her mum. Her boyfriend can be really nice sometimes, but more often is in a bad mood, which can make him mean and controlling. She can feel worried and unsafe around him at times, but she doesn't want to leave him. When she's home she feels safe and calm in her room but doesn't really feel comfortable or welcome in the rest of the house. If she needs help she feels safe in speaking to her grandparents and her dad if she can. She also feels like she can speak to her English teacher and friends, but more often than not, prefers to keep her thoughts to herself and doesn't speak about her feelings.

In her spare time, she goes shopping in town, or to get food with her sister at the Bridge café. She also likes getting her nails done, and using social media, usually TikTok or Snapchat. She's sporty and likes to dance, she goes to classes at the leisure centre. Occasionally, she'll go to the Valley Park Community Centre for a youth club - but not often. Generally, Ava doesn't feel like there's much to do for people her age - especially if you're a girl - boys dominate Gracemount and it doesn't feel like girls have much of a place here. If she's looking for something to do with friends, they usually do a bus run, riding the bus to the end of the line and back, or they like to take walks at night, but only if it's quiet, as they often don't feel safe. Ava is bullied by the boys at school, and she feels worried about the boys in her area because they're loud and cause trouble.

One of Ava's dreams is to get out of Burdiehouse. She wants to have money and be independent. She'd also really like to go to uni, far away from Gracemount. Money is important to Ava, she'd want to work part-time while studying so she could afford to travel, as she also dreams about travelling the world. Although she argues often with her mum, she also dreams of no longer arguing with her family, and would one day like to earn enough to help her mum and family.

Prompts to aid discussion

What else might you want to know about Ava and her family?

What services or groups do you think Ava would benefit from just now? Are these available locally, and accessible to Ava?

What might Ava and her family need in future to help her thrive?

Jack

Jack is 13 years old. He lives in a 3-bedroom house in Gracemount with his mum, dad and 15-year-old sister. He has lived in Gracemount all his life and his grandparents, who he's close to, live nearby.

Over the past year Jack has been getting bullied at school, so much so that his attendance has fallen, and his parents have been getting really worried. He used to say he wasn't well, but his parents stopped letting him stay home, so now he pretends he's going to school. They're mad when they find out, but sometimes he just can't face going in. He feels much safer outside school.

Jack did try to talk to a teacher, which took lots of courage, but it's not been dealt with at all – if anything he feels it got worse. He feels it is his own fault – he used to pick on others in primary school, now the tables have turned, and he doesn't know what to do. His mum has been in touch with the school, but Jack thinks she doesn't really understand, and it hasn't helped. It's causing them to fall out at home, and his parents have almost started giving up on getting him to go to school. They say they don't know what to do and they are out of options – they never had to deal with anything like this with his sister and he knows they are really disappointed in him, but he responds by getting angry with them rather than talking to them about it.

Jack still takes part in things that he likes doing, if he didn't have these things, he'd feel pretty hopeless. He is a goalkeeper at Edinburgh South Football Club and has close friends Cameron and Riley - they play there too. Sometimes he goes to Goodtrees - they've got some good clubs on. Though mostly he first has to make sure that he isn't anywhere where the other boys are who bully him, so he sends his friends in first to check. Sometimes, they go up town, to go to Nandos, or to McDonalds, or sometimes just get a chippy, anywhere that he can be a bit further away from the boys who bully him.

His parents are cautious about letting him go out in the evenings and on the weekends, but when they don't he goes out anyway. He goes out on his bike with his friends cycling around, and they sometimes go to pump tracks or mountain bike tracks. He would like a place to go like a skate park, but the local one was closed down a few years. Nobody seems to know why, and he feels quite angry about it.

On Saturday nights he's started drinking down by the burn behind the school. Everyone else does it, so Jack joins in, and he's started hanging out with older kids. He tells his mum he's going out on his bike. The boys who bully him go to a different place to hang out on the weekends, and with his friends he feels safe, but whenever he walks past people in the street that he doesn't know he gets nervous. He feels he is always on edge and has to be ready to defend himself.

Jack has hopes for the future – he wants a good job – ideally a footballer, but if that doesn't work out then he doesn't really know what he wants and hasn't spoken to anybody about it. He likes seeing his Gran and Grandad, they give him sweets and money and make him feel loved and safe. Even so, he feels he can't talk to them about any worries he has but he

knows they are there for him and somewhere he can go when he's having a difficult time with his mum and dad, which is more and more often as they are always flighting about school. There is the wellbeing base at school too, but he doesn't really feel like he can go there because school just doesn't feel safe for him.

Prompts to aid discussion
What else might you want to know about Jack?
What services or groups do you think Jack would benefit from just now? Are these available locally, and accessible to Jack or his family?

Marnie

Marnie, is an 11-year-old girl living in Frogston Estate with her mum, dad, older brother Jamal and baby sister, Gucci. She moved to Frogston from Glasgow two years ago. Her brother Jamal is in first year at Gracemount High School, and she doesn't always get on well with him. Her dad works long hours as a barber during the day and at a bar in the evenings, while her mum stays home to look after Gucci. The rest of Marnie's wider family live quite far away so she doesn't see them often. As her dad works so many hours, the family don't worry too much about money, but she feels like she never really gets to spend much time with her dad.

In her spare time Marnie likes to spend time with her school friends. Although they live further away, Marnie gets on well with her extended family and loves catching up with her cousins and grandparents when she can. She also likes to spend time playing with her little sister. Marnie enjoys playing sports and plays football and basketball. She is also interested in gymnastics and skateboarding when she gets the chance but there's not much on offer near her. She spends most of her time around Gracemount, at the football pitches, or just hanging around at the high school. She likes to take the bus to Straiton every now and then to go to the shops or Starbucks and enjoys heading to the park or just walking around with friends - but not on her own, she really doesn't like being out on her own.

Aside from sports, Marnie also likes to spend time on her phone and enjoys watching videos on TikTok and chatting to her friends. She relies on her phone a lot, and often worries about it running out of battery, or being lost or stolen - she doesn't feel safe without it. Marnie enjoys school in general but doesn't like it when she sees other pupils being bullied or people being rude. She can get called names at times too, which upsets her.

Marnie can sometimes feel scared or anxious, for example, when someone seems like they might steal her phone, or when there's fighting going on (usually just shouting, but there are a lot of actual fights at her school, and she hates seeing people hurting each other). She's wary of gangs, and 'bad people' and gets worried when she sees police around. She really doesn't like fireworks night as it can feel dangerous in her neighbourhood. She always worries on the run up to November. It's these things that make her too worried to go out by herself. When she feels anxious, she usually stays at home and still finds her teddies comforting. She feels safe with her parents and is close to her mum.

Prompts to aid discussion
What else might you want to know about Marnie?
What services or groups do you think Marnie would benefit from just now? Are these available locally, and accessible to Marnie?
What might Marnie and her family need in future to help him thrive?

Riley

Riley is 8 years old. He moved to Scotland from France with his mum, dad, and five siblings. He speaks French and Arabic and is learning English. He is Muslim and lives with his family, a cat, and a fish. His Grandma and Grandpa also live nearby.

Riley is quite skinny, food can sometimes be scarce in his large family, which makes him feel tired and sad. He walks to and from school, and after school, goes to the restaurant where both his parents work. His mum is quite strict and worries about his safety, so he isn't allowed to do many activities after school. This frustrates him because there are lots of places he'd like to visit and explore.

One place his mum does let him go is the library, and he loves it there. The librarians are kind, and he trusts them. He feels safe in the library, where he can read books and learn new facts and help it's really helping with his English. This feels nicer than school, which can be difficult because he's still learning English and can get flustered in the loud class. He also sometimes gets bulled, that makes him sad, and he feels like school is a lonely place. Riley loves football and he supports France. Back in Paris, he used to watch football with his best friend, but he doesn't have many close friends in Scotland yet.

Riley is kind and thoughtful. He loves helping people, especially when he visits his Grandma in the hospital. He enjoys crocheting and often gifts his creations to teachers and family. He's very climate conscious so he picks up litter when he sees it to try and keep the places he visits clean and tidy.

He enjoys spending time with his Grandpa, and his Grandma is very important to him. He visits her in the hospital every week, and he worries a lot about her being sick. He often feels scared, whether about his Grandma, bullies at school, or things like war or climate change which he sees and hears about on the TV and the internet, but he usually talks to his dad or older siblings and they help him feel better. He also prays, which helps him feel safe.

In his free time, Riley enjoys playing drums, Roblox, and Minecraft at home. He is quite sporty. He is learning to swim and likes PE classes too. He gets on well with his swimming and PE teachers and feels he could go to them for help if he needs it. He likes visiting museums and aquariums because he enjoys learning new things. When he's outside, he often goes to the nearby park to climb on the climbing frame and jump around, and he likes feeding the ducks.

Even though Riley sometimes struggles with feeling lonely or worried, he has dreams for the future which make him happy. Right now, he's not allowed to go on holidays, as it's so expensive for his family, but he would love to travel and wants to visit to Dubai and Hawaii.

Prompts to aid discussion
What else might you want to know about Riley?
What services or groups do you think Riley would benefit from just now? Are these available locally, and accessible to Riley?
What might Riley and his family need in future to help him thrive?

Ryan

Ryan is 7 years old and lives close to his school, Gracemount Primary. He lives with his mum, dad, big brother, little sister, and pet dog. Dad works shifts at the Royal Infirmary and Mum works in a private nursery a short drive away. She only works school hours so that she can always be there to pick Ryan and his siblings up from school. Ryan has lots of friends, including some who live nearby. He is very close to his family and friends and feels well-loved and supported.

Ryan has chronic health conditions (asthma and rheumatoid arthritis), and as a result there are times when he finds it difficult to do much. Sometimes, he has to stay home when this happens; often just for a day or two, but sometimes weeks at a time. His dog Paddy keeps him company. He keeps brave when this happens, but it is frightening, and he loves school so really doesn't like missing it and not seeing his friends. His mum and dad really try not to show it, but it's hard to cope with the amount of time off school that Ryan sometimes needs, and the unpredictability of it. They don't have family close by, so it's hard to get someone to help at short notice, meaning that they both end up juggling days off work. His mum often worries about how long she'll be able to continue juggling work with Ryan's absences and appointments.

When his health allows, Ryan enjoys riding his bike in the skate park with his friends, going to the beach with his family, and being taken into the city centre to visit museums and to the zoo - he especially loves the baby monkeys but is a bit scared of the lions! He's a smart, curious boy who loves finding out new things and learning how things work. There is a small local park that he can go to with his friends who live nearby - his mum and dad let him go there by himself which makes him feel really grown up.

Beyond his friends and family, he feels comfortable talking to his teachers or the Pupil Support Assistants, but other than that he doesn't know many people in his neighbourhood and can't think of anybody that he would ask for help. He's noticed that there is a lot of bullying at school. He hasn't felt that bullies have picked on him, but he is scared about it happening one day.

Although his parents take him lots of places, there are not many clubs or activities to do locally. On rainy or cold days when he can't go out with his friends he gets very fed up.

Prompts to aid discussion
What else might you want to know about Ryan?
What services or groups do you think Ryan would benefit from just now? Are these available locally, and accessible to Ryan?

Timmy

Timmy is 9 years old, almost 10. He lives in Gilmerton with his mum and older sister Gemima, who is 12 years old and goes to Gracemount High School. The family are new to the area and just started at school this term. Timmy's dad died from cancer two years ago. The family moved to the Gilmerton area to be closer to family - he has a Granny who lives in Cameron Toll and his auntie and uncle live within walking distance. He likes spending time with his family and is close to them.

Money is tight for the family, and his mum works three minimum wage jobs to be able to afford everything they need. There is some money left for activities, but not a lot and he can't join in with things other boys are doing if they cost too much - he sometimes gets picked on about this. His mum takes him to the leisure centre every Friday after school to go swimming. He loves this time with his mum, as she is often busy with work and chores so there is not much spare time for them to spend together.

Timmy used to have a group of good friends at his old school, they loved playing in the park and having sleepovers, but he had found friendships quite difficult since his dad died and then moving schools. He now spends a lot of time gaming online with his friends from his old school but gets really angry when the wifi is slow or not working - he can lose his temper and it puts him in a really bad mood that he struggles to get out of.

Timmy has always been a quiet boy and feels shy at school so making new friends is hard for him, especially as no-one in the new school really understands what he's been through with his dad. When he first moved, he tried to fit in with a group of boys from school, he's been involved in shoplifting with them because they all do it and he wanted to make them like him. It's not what he's really like at all and he's really scared that his mum will find out. He doesn't even like the boys he is hanging out with - they make fun of him because he can get upset and angry about losing his dad and because he doesn't have enough money for a new bike. He's been distancing himself from them more recently, from everyone really - he's usually on his own. His favourite thing to do is take his bike to the Mansion bike track and likes playing there by himself.

Timmy has lots on his mind. At school he fears the bullying that goes on, and he has been threatened by older boys while walking home from school (which he doesn't like, especially when it's dark). He feels like schoolwork and tests are a lot of pressure, but usually gets good marks, especially in Maths, and nobody has noticed that he finds it stressful. Beyond school, he feels anxious about things that he thinks could happen, for example, he really worries about his mum losing her job, them becoming homeless and him being taken away from his family.

Timmy does have people he can talk to - his Auntie is always there for him, and he has recently started seeing a therapist at school. This was set up to help him with his bereavement, and related anger issues - he often lashes out - but he finds himself talking about all the other worries he has too. He enjoys doing colouring, arts, and crafts with his therapist. Although when he goes to therapy he can express his feelings, he doesn't feel like anything has improved in the rest of his life.

Prompts to aid discussion

What else might you want to know about Timmy?

What services or groups do you think Timmy would benefit from just now? Are these available locally, and accessible to Timmy?

City of Edinburgh Council Pen Portraits

The City of Edinburgh Council's Pen feature 5 individual parents' stories and the stories of 2 individual children. These narratives were developed based on professional insights and observations gathered from service delivery. Table 2 below details the characteristics of each person and the topics covered.

Name	Characteristics	Topics covered
Angus McIntosh	35 y/o father of four	Large Family Child with disability Child with developmental concerns Overcrowding
Jen Crighton	40 y/o mother of three	Domestic abuse trauma Disability Unemployment Child is young carer
Tanya Stewart	21 y/o mother of two	Single parent Young parent Overcrowding Employability, training and childcare Debt
George Ababio	40 y/o father of five	Large family BME Attendance Neurodivergence
Clare	22 y/o mother of two	Young parent Overcrowding Work quality Loneliness Attainment Employability, training and childcare Mental Health

Table 2

Angus McIntosh

Name:
Angus McIntosh

Education:
High School education. Completed up to Highers in Art and Design, woodwork and sport.

Background info:
Male (35yrs): 4 children. Lives in a housing association flat. Works as a porter in the RIE.

Children from first marriage who live full time with them. Mum left when children were young: 15yrs old Josh has cerebral palsy and attends a special school; 12 year old Gemma is at High School.

Children from second marriage who he co-parents with mum. They live in the same area: 9yr old Lola and 5 yr old Jake. Both attend local primary school. Jake still struggles with going to the toilet and with his speech and language.

Interests:
Passion for Art

Volunteers for Vocal

Volunteers for another group that supports his family.

Goals:
Supporting his family to be the best they can be.

Wants children to have a good education.

Wants to do more with his artistic skills

What lies beneath the surface:
Separated from second partner. When the younger children come to stay the house is overcrowded.

Feels burdened with responsibility.

Getting harassed by neighbours who complain about noise from the children.

Jen Crighton

Name:
Jen Crighton

Education:
Former graduate, professional- Teacher (primary)

Background info:
Jen is 40 and has three children: Sally (5yrs), Olivia (11yrs) and Archie (14yrs).

Jen took time out from work to care for the children and now has MS so has struggled to find employment that accommodates her needs. She left the family home after the marriage broke down and lives in rented accommodation in an affluent area.

Her husband pays child maintenance.

Interests
Reading novels

Art and crafts

Music- she plays piano

Enjoys watching football with her children who all play in their schools teams and going to see matches.

Goals:
Wants to do further training and get back to work despite her situation.

She wants to do the best for her children.

She dreams of being a concert pianist.

What lies beneath the surface:
Anxiety and guilt re the children not having what other kids have.

Isolation- can no longer drive.

Trauma from earlier domestic abuse.

Archie supports her as a young carer and so is struggling in school. His peer group are excelling while he slips behind.

Archie is dropping off his younger siblings at primary. She is worrying about the future.

Motivations:

- Desperation
- Needs money for a new washing machine and doesn't know if this is something the landlord should replace or her
- She worries that her children might be taken from her

What will make their experience positive?

- Human contact rather than a letter
- Support from school for Archie
- Knowledge about school uniform
- Strengths based approach
- Digital information-
    - schools website
    - Google search
    - Accessing local networks
- No wrong door

Needs:

- Empathy
- Information- don't know what you don't know
- Navigating unknown systems- she needs a conversation about how they can help
- Schools to link up- whole family support

What will be pain points?

- A lack of relevant support services
- Schools not being set up to support around poverty
- Stigma and embarrassment

Tanya Stewart

Name:
Tanya Stewart

Education:
Left school when she fell pregnant with her first child aged 16. Had completed 5 Nat 5s in English, Maths, History, Geography and Art.

Background info:
Single parent (21yrs) with baby aged 12mths and a 3 year old. Lives in a social rented, upper villa flat in Pilton. Got this flat when she had her first child but it is 1 bedroom so getting crowded.

Her Mum lives nearby and gives her some support but works fulltime. She has a number of friends locally.

Interests
Meeting up with other parents/kids groups.

Going to the library with the kids (Bookbugs), liked the library when she was younger.

Heavy online presence.

Goals:
Wanting to go back to college – early years as had experience with two children. She did start to work towards this when her first child was a toddler but stopped due to difficulties with childcare then feel pregnant with her second child.

Wanting to get into work.

Wants to have a career to support her family.

What lies beneath the surface:
She has been felling quite down after having her second child.

She feels disheartened and quite isolated. Most of her school friends don't have children yet and she doesn't get out to see them. The friends she has met at toddler groups are focussed around the children.
She feels guilty about dropping her college course and also jealous of those who were on the course and who are working- she compares her life to them.

The father of the children was at school with her and lives with his Mum. When she was pregnant with the second child he stopped being involved. The family moved across town and he is not part of family life.

She has accrued credit card debt but hasn't told anyone.

George Ababio

Name:
George Ababio

Education:
Went to Leith Academy but left school at 15yrs.

Background info:
Male (40yrs): Lives in a council house with his wife and 5 children. Works as a carer. Of Ghanian heritage, he is bilingual and was born and raised in Edinburgh. His Mum and older brother's family returned to Ghana 5 years ago. His wife, Shona, is of Scottish heritage. His children are 2 year old Patience, 7 yr old twins Josh and Jaden who enjoy school but get into trouble for disrupting the class and 9 year old Hope who is bright and does well at school.

Interests
Coaches football for the primary school team that Hope plays for.
Enjoys cooking at home
Has done some online courses in Health and Social Care which his work has encouraged him to do.

Goals:
Best future for his children.
More sleep

What lies beneath the surface:
Generally positive about life.

Did experience racism and bullying at school and feels sad and angry about this.

Wants to visit his family in Ghana but cannot afford the travel. This causes him some stress and guilt.
He has applied for better paid work but has been unsuccessful so far feels he is excluded.

His wife is the main carer for the children and does not work. She experiences anxiety about returning to work.

Clare

Clare is 22 years old.

She has two children, Sophie aged 6 and Lewis aged 3.

Clare lives in a social rented, upper villa flat. She got this flat after she had her first child but it is 1 bedroom so is getting crowded.
Clare left school when she fell pregnant with her first child aged 16. She had completed 5 Nat 5s in English, Maths, History, Geography and Science.

Now Lewis is 3 years old, he's started going to nursery in the mornings, while Sophie is in school.

This has allowed Clare to start a cleaning job. She earns the minimum wage but the number of hours she gets changes every week, sometimes it is twelve hours and sometimes it's just three.

Her Mum lives nearby and gives her some support but she works fulltime.

Clare has a number of friends locally. But most of her school friends don't have children yet and she doesn't get out to see them often. The other friends she has met are at toddler groups are focussed on the children.

Recently, Lewis has been suffering badly with chest infections and his doctor has suggested he might be asthmatic. She worries about his health.

Sophie likes school and tries hard, but her teachers have noticed that her reading level is below her peers.
Clare would love to train to become a nurse, but the nearest course is too far away. She feels she would never be able to afford the travel and would not be able to study, work and look after the children anyway. Clare's mental health has not been great since having her second child.