

My Life in Scotland

A measure of subjective wellbeing for children and young people aged 8 to 18

Helping Community Planning Partnerships to understand and improve the wellbeing of children and young people in their areas

Thanks

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Contents

| | |
|---|----|
| Children's Parliament | 1 |
| The purpose of the My Life in Scotland tool | 2 |
| Development of the My Life in Scotland tool | 4 |
| The My Life in Scotland tool now | 9 |
| Appendix 1: My Life in Scotland and other survey tools | 11 |
| Appendix 2: More detail on analysis, validity and reliability | 15 |
| Appendix 3: More about Children's Parliament | 18 |
| Bibliography | 20 |

Children's Parliament

Children's Parliament is Scotland's Centre for Excellence for Children's Rights¹ and Participation. Our interest is improving outcomes for children and young people through a rights-based approach. We work directly with children and deliver parallel work with parents/carers and professionals. We seek to increase awareness, knowledge and understanding of the protective and participative rights embedded in Scottish and international human rights policy and legislation. By enabling the development of mutually respectful relationships between children and adults and encouraging greater understanding and empathy between generations, the voice of the child can be heard and can influence and improve policy and practice.

www.childrensparliament.org.uk

¹ Children's rights are those rights outlined in the *United Nations Convention on the Rights of the Child* (1989).

The Purpose of the My Life in Scotland tool

The purpose of the survey tool is to bring the voice of children and young people to our understanding of their wellbeing. The theme of wellbeing has taken on significance in Scotland through the development of the policy framework **Getting It Right for Every Child (GIRFEC)**, elements of which are now incorporated into law in the **Children and Young People (Scotland) Act (2014)**. In section 96(2) of the Act, wellbeing is defined by reference to eight indicators representing the key areas essential to help all children flourish: safe, healthy, achieving, nurtured, active, respected, responsible and included (known as the SHANARRI indicators).

Moving beyond defining wellbeing, Section 95 of the new Act also introduces a provision to the Children (Scotland) Act 1995 that places a *requirement* on Local Authorities *to consider children's wellbeing in exercising functions*. Furthermore, section 13 of the Act sets out a *requirement to report on outcomes for children and young people in terms of their wellbeing*. In considering the requirements of the Children and Young People (Scotland) Act (2014) it became clear to Children's Parliament that there is a need to ensure a fully holistic view of wellbeing and to make certain that children and young people's lived experience is at the heart of considerations and actions to improve outcomes. However, no tool currently exists to support local authorities and their partners in Community Planning Partnerships to fully gather *children and young people's views* on their wellbeing at the community level; this work and our tool is a much needed response.

Our initiative, as described in this report, has drawn on work from academics and from colleagues who are involved in developing our understanding of children and young people's wellbeing and delivering a number of other quantitative survey tools. While these tools have elements which give some measure of subjective wellbeing, they have their limitations (for more see appendix 1). Some of which include:

- A focus on general wellbeing or on specific aspects of wellbeing (e.g. substance misuse or mental health),
- Defining children and young people's lives through an adult lens,
- Understanding wellbeing as a litany of deficits and problems,
- They are not validated for children below the age of 10 years,
- An emphasis is placed on objective measures (what can be counted), and
- The use of proxy measures about parental/carer behaviours.

In reaction to this, many authors have called for a louder voice for children and young people in the study of their own wellbeing (e.g. Morrow & Mayall, 2009; Coppock, 2010). In this context, Children's Parliament has worked on developing a tool which captures children and young people's current lived experiences in the context of their home, school and community environments, providing Community Planning Partnerships with the ability to measure wellbeing locally and to subsequently inform planning and to monitor changes in reported wellbeing over time.

Development of the My Life in Scotland tool

Survey development has been over two main phases. The first centred on exploring what the term wellbeing means, especially from the perspective of children and young people themselves, and identifying domains and items that adequately represent subjective wellbeing, as well as discussing the understanding and relevance of these items with children and young people. The second phase involved conducting a pilot of the 'My Life in Scotland' survey tool in two local authorities: Aberdeen City and Midlothian. Our commitment throughout has been to meaningfully involve children and young people in all stages of the development of the tool.

Phase 1: Initial development

The primary aim of this phase was to identify dimensions and domains of wellbeing that are (intuitively) understood by children and young people, as well as to identify gaps in existing tools and research in order to make use of and build upon academic advancements in the topic area. Extensive desk-based research was conducted that adopted both an inductive and a deductive approach, initially defining concepts and developing a theoretical base. A literature review was also conducted with an active focus on work that asked children and young people what wellbeing meant to them. Other researchers in the field were contacted for advice and many were generous, giving time and sharing perspectives from their own work. In addition to a review of current Scottish policy initiatives and current research on wellbeing, we were able to draw heavily on Children's Parliament's own work around wellbeing and children's rights to be healthy, happy and safe.

Once this research had been conducted, a list of possible items (a series of statements) and a potential framework (a set of domains) were developed, which would be used in the testing phase. Each item/statement was then presented with a 5 point Likert scale², so that respondents answered on a range from *Strongly Disagree* to *Strongly Agree*, with a midpoint of *Neither Agree nor Disagree*.

At this point, children and young people were involved through focus groups and individual discussions. Consent forms and information letters were issued to the parents/carers of all children involved in this process. The child-led nature of the

² The Likert scale is a widely used approach to scaling responses in survey research that enables researchers to capture the intensity of the respondent's feelings for a particular item. We opted to use a Likert scale because it is easily understood by children and young people and allowed us to use the same scale throughout the entirety of the survey. This ensures that the survey is easy to fill out and lessens the chance of ambiguous responses due to changing scales.

process meant that the issues dealt with and areas covered were raised by the children themselves, thus precluding any ethical concerns over introducing unfamiliar and potentially harmful concepts to children.

The first task for children and young people was to review the preliminary list of items and domains. Where they saw gaps, they worked with Children's Parliament facilitators to develop new items. An important part of this initial development was to work with children and young people of all ages, but with a particular focus on 8 and 9 year olds to ensure that all items were understood. This process of extensive cognitive testing means that this survey tool can be used to a younger age than many other quantitative tools. For older children, the items also had to make sense and not to be perceived of as 'childish' or feel irrelevant to their lives.

Once the survey tool was developed into a multi-domain, multi-item measure, it was tested with a demographically representative sample of 91³ children and young people across the two partner local authorities. The testing process involved completion of the survey, followed by in-depth group and one-to-one discussions. The feedback from each group of children and young people was used to make changes to the survey tool before it was re-tested with another group.

What emerged from this process was a series of 113 items set across nine domains, with each domain and the items within it co-designed and ordered in a way that makes sense to children and young people. The domains included in the pilot were:

- My life
- How I see myself
- My family
- My friends
- Where I live
- My time
- School and learning
- Freedom to be me
- My health

³ The target number of children involved in this testing stage was 100, however due to absentees and exams schedules, the final number involved was 91.

Phase 2: Survey pilot and analysis

Survey Pilot

The principal aim of the pilot was to examine whether or not the underlying structure of the survey was related to subjective wellbeing. Additionally, throughout this process various forms of validity and reliability have been tested: face validity, concurrent validity, factor validity and test-retest reliability. Entering the pilot, the survey consisted of nine domains and 113 items.

The piloting of the survey involved 816⁴ children and young people from the participating local authorities of Aberdeen City and Midlothian. The sample was demographically representative of the two local authorities, stratified for age, gender, additional support needs and socio-economic status.

Within this sample, 77⁵ children and young people were selected to take the survey twice with a two-week interval between the sessions in order to analyse test-retest reliability. Additionally, 195⁶ children and young people from the sample completed another pre-validated measure of subjective wellbeing in order to test concurrent validity. These processes are described in more detail later in this report.

Survey Delivery

In delivering the survey, it was important to ensure that all participating children and young people were given the same introduction and instructions, hence a script was used to preclude any variation in the way children and young people understood and responded to the survey questions. In primary schools, the instructions given were more detailed than those required in secondary schools, and facilitator notes (part of the My Life in Scotland Guidance Pack which will accompany the survey tool) have been written to reflect this.

Delivering the survey to children with additional support needs (ASN) and to 16 – 18 year olds not in education

Going into mainstream schools and delivering the survey to a representative sample group included survey completion by children with a variety of disabilities (learning/physical). It was important for us to find out in this development stage what

⁴ The target number of children and young people involved in the pilot stage was 1000, across ten schools in two local authorities. Due to normal absentees and with one school in Aberdeen City unable to participate, the final number involved was 816.

⁵ The target number of children to be involved in the test-retest process was 100, however due to absentees and examinations occurring at the time of the survey piloting, the final number was 77.

⁶ The target number of children to complete the concurrent validity measure was 200 (100 primary and 100 secondary) however due to absentees, the number was 195.

kind of adult support was required to assist completion, or how we might adapt the survey (or delivery of the survey) to enable and enhance completion by learners with additional support needs while retaining the survey tool's validity and the child/young person's confidentiality.

The most effective way of administering this survey to children *who require additional support*, is for each question in the survey to be read out loud to the child, allowing the child time to select and record their own response. It is preferable that adults do not assist the child's interpretation of the question through simplification of language or providing their own explanation or examples in this regard. In such cases where sustained adult support is required, privacy and confidentiality concerns remain. During the pilot delivery process, when Children's Parliament staff were occupied and could not provide this assistance to children, the class teacher stepped in to do so. Even with the best intentions of school staff, in the development phase children reported that they found it less intrusive to be supported by a Children's Parliament member of staff (or other adult they do not know) rather than their own class teacher. This change to the delivery method was relatively simple to implement but inevitably required a much greater investment of adult time, with time to completion (on occasion) being almost double the normal completion time of their peers. Additionally, children may complete the survey in parts, having a break between sections.

Another possible modification suggested by the literature (Scott, Wishart & Currie, 2011) would be to shorten the overall length of questionnaires by removing those questions which are factual in nature (i.e. demographics section) and could equally well be answered on the child's behalf by a parent or teacher. All other questions in this survey address the child's view of their wellbeing and thus can only come from the child/young person themselves.

These issues will be reflected on further and issues addressed in detailed guidance for the delivery of the 'My Life in Scotland' survey tool.

One of the recognised short-falls of the survey development process is that it was researched and developed in cooperation with children and young people in education, and thus one of the domains, 'School and Learning', does not capture the views/concerns of those young people who have left education early and may be in work or unemployed. In this regard, we will conduct further research into this group and find a way of adapting this one domain of survey tool to enable it to gather the views of *all* young people up to the age of 18, in *and out* of education. We have ensured that all other domains and items in the survey are appropriate and have begun the process of adapting the 'School and Learning' domain as required.

Analysis

The analysis phase was used to establish if the survey tool, in addition to being an informative quantitative instrument, was also an adequate measure of subjective wellbeing. In order to test whether the tool was a valid and reliable measure of subjective wellbeing Children's Parliament performed a series of statistical analysis using the statistical software packages of SPSS and R. During the pilot the survey was administered on paper, as such the first step involved manually inputting all responses with the help of volunteers. Before conducting detailed analysis to find evidence that the tool could be used as a measure of subjective wellbeing for children and young people aged 8 to 18, data cleaning was conducted and missing value frequencies examined.

As part of the data cleaning process, missing value frequencies were analysed and all cases with greater than 10% of missing values were removed. Additionally, any missing values that remained in the data after this process were dealt with using mean imputation. There was an expectation that the missing values may be quite high due to the age of participants, as well as the length of the survey. From analysis of the cases with greater than 10% of missing values, it was clear that a few children had lost concentration about half way through the survey, as the second half of the survey was either partially complete, or incomplete. (This suggests that younger children may benefit from taking the survey in two parts, with a short break between). After these cases had been removed, and outliers and response sets analysed, the final sample number used for analysis was 796.

For more detail on analysis, reliability and validity of the tool please go to appendix 2

The My Life in Scotland tool now

After this process of development, piloting and analysis the My Life in Scotland tool has now been developed into a 92 item, eight domain tool. The domains and the broad purpose of each are as follows:

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| My Life | This domain includes two pre-validated scales for measuring overall quality of life through the broad questions of 'how happy/satisfied you are with your life as a whole'. This domain gives an overall score of life satisfaction and compares particular domains against overall quality of life. However, the generality of this domain means that it does not provide us with any <i>specific information</i> about particular aspects of wellbeing. This is provided by the subsequent domains. |
| How I see myself | This domain consists of items designed to ask the child how they feel about themselves. It incorporates elements of mental wellbeing, confidence levels, and views of self, as well as physical appearance, personal characteristics and capabilities. These areas have been shown to affect wellbeing, and future psychological functioning. |
| My family | This domain measures the child's feelings about their family life. Family relationships are one of the most determining factors of a child's wellbeing. Issues of personal safety and levels of emotional support are addressed with particular importance given to the child's voice within the home. |
| My friends | This domain measures the quality of children's friendships. Relationships with friends have a significant impact on children's happiness and thus, their subjective wellbeing. Items here seek to establish how safe, supported, free, and fun children's friendships are. |
| Where I live | This domain measures aspects of the child's environment such as the quality of the area in which they live, the level of choice, freedom, safety and enjoyment it provides them, and opportunities for leisure, learning or play. |
| My time | This domain measures how children spend their time and how much choice they have in that respect. Autonomy, access and safety are also of particular importance here in relation to how time spent affects children's wellbeing. |
| School and Learning | This domain measures how children feel about learning and education. It includes questions about learning in and out of the school environment, focusing on important relationships conducive to learning and factors that might serve to inhibit it, such as bullying. |
| My health | Wellbeing is determined by mental, physical and emotional elements to different degrees. This domain gathers children's feelings about their own health and access to healthcare. These views serve to complement the objective data gathered about children's health by other survey tools. |

Use of the survey serves two purposes:

- **A wellbeing measure**

Through this tool, we are able to provide a holistic subjective wellbeing score for populations of children and young people at local authority, community or school/learning community level, and to do this for children and young people aged 8 to 18. The original tool with which we entered the pilot included 113 items. However, once analysis had been conducted it was shown that only 62 of these items were contributing to a measure of subjective wellbeing. It is this smaller sample of items that will be used to calculate a score of wellbeing. Additionally, a global measure of life satisfaction has been chosen to compliment the 62 item measure of wellbeing. This will allow for a comparison between overall life satisfaction and the various domains of wellbeing included in the survey tool.

- **Reporting on the GIRFEC/SHANARRI wellbeing indicators**

Through this tool, we are able to provide the basis of a narrative on children and young people's wellbeing that is connected specifically to each of the eight SHANARRI indicators. To do this, the survey uses the 62 item wellbeing measure with a further 30 items which have been validated and are understood by children and young people as contributing toward an understanding of their wellbeing. When it comes to reporting by indicator, items can be found in more than one domain as they reflect an aspect of, *for example*, both *safe* and *nurtured*. In this sense the tool will provide the missing element in our understanding of children and young people's wellbeing – it can be used to reflect on and address successes and gaps in terms of specific SHANARRI indicators and helps fulfil the reporting requirements of the new Act, whilst also respecting Article 12 of the UNCRC, allowing children and young people to have their views heard on all matters affecting them.

In conclusion, through the 'My Life in Scotland' tool we provide a holistic subjective wellbeing measure for populations of children and young people at local authority, community or school/learning community level. The tool is validated for children and young people aged 8 to 18 years old. The tool provides the basis of a narrative on children and young people's wellbeing that is connected specifically to each of the eight SHANARRI indicators. In this sense the tool will provide the missing element in our understanding of children and young people's wellbeing. Finally, the self-reported nature of the survey as a data collection tool specifically acknowledges and respects Article 12 of the UNCRC, which requires all public bodies to respect that children and young people should have their views heard on all matters affecting them.

Appendix 1: My Life in Scotland and other survey tools

This appendix describes a number of other survey tools which gather data on children and young people's health and wellbeing. Comparisons are drawn with the My Life tool and the unique and added aspects of the 'My Life' tool are identified.

1. Health Behaviour in School-aged Children (HBSC)

HBSC is a World Health Organisation cross-national study of young people's wellbeing, health behaviours and social context. It is facilitated every four years in 43 countries across Europe and North America and gathers data on 11, 13 and 15 year old boys and girls. HBSC focuses on young people's health in the context of family, school and where they live and is interested in understanding how these factors, individually and together, influence young people's health. Member countries use national and international data to monitor young people's health, understand the social determinants of health, and determine effective health improvement interventions at a population level.

While HBSC provides in depth objective data around health at a national level, there are some limitations to this study. Many of the topics covered in the study are based on indicators important at a specific time (e.g. smoking behaviours) or on trend issues. As the focus of the study has been on issues determined by contemporary policies and agendas, HBSC was not created using children and young people's understanding of, and perspectives on, health and wellbeing. Thus HBSC has, to some extent, grown into a monitoring survey that meets the interest of policy-makers across the member countries but does not accurately reflect the individual, social and cultural experiences of children and young people (Roberts et al., 2009). Additional limitations are the focus on objective data around health and wellbeing – the majority (approximately 70%) of the questions on the 2010 Scottish survey measured objective indicators – and the age range of the survey is limited to 11, 13 and 15 year olds.

The 'My Life in Scotland' tool we have developed is a general measure of wellbeing for children and young people aged 8 to 18, which looks at the idea of wellbeing holistically. 'My Life in Scotland' will produce data specific to participating communities, rather than look to the value of international comparisons, data will be available at local authority, geographic community and learning community/school cluster levels, giving policy-makers and practitioners meaningful insight into how Scottish children and young people in their Community Planning Partnership or local area feel about their wellbeing at the present moment. A key aspect is the reporting against GIRFEC/SHANARRI indicators.

2. Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS)

SALSUS is a continuation of a long-established series of national surveys on smoking, drinking and drug use. This survey measures progress towards Scottish Government targets for smoking and drug use and is used to inform the Scottish Government priority for addressing harmful drinking amongst young people. This survey is administered every two years with S2 and S4 pupils (mainly 13 and 15 year olds). Data is available at local authority level and is used by national government, local government, education authorities, and alcohol and drug partnerships. SALSUS includes questions around mental health by using the Warwick-Edinburgh Mental Wellbeing scale (WEMWBS).

SALSUS continues to build on data from the past 30 years around young people's attitudes towards and use of tobacco, alcohol and drugs. While additional questions can be added to the survey the main focus is on these substances and the objective indicators used to measure them. SALSUS does not look holistically at health and wellbeing and does not directly measure wellbeing. Additionally, the survey is limited to young people aged 13 and above.

The 'My Life in Scotland' is a general measure for children and young people aged eight to 18 and looks at the idea of wellbeing broadly, rather than focusing on the particular topic of substance misuse. This broad understanding of wellbeing will help us understand the current state of children and young people lives in relation to their family, friends, and school and community environments.

3. Growing up in Scotland (GUS)

GUS studies three cohorts with a total of 14,000 children born between 2002 and 2011. Families from every local authority in Scotland are taking part and are representative of all families in Scotland with young children. GUS aims to generate robust data that is specific to Scotland around outcomes throughout childhood and into adulthood. The key domains are: cognitive, social, emotional and behavioural development; physical and mental health and wellbeing; childcare, education and employment; home, family, community and social networks; and involvement in offending and risky behaviour.

While GUS generates a large amount of detailed data for the children involved in the study, much of the data is collected by proxy by way of questionnaires to the main care giver and through medical records. Additionally, children in each cohort are only tracked through Primary 7, missing out data from the transition from childhood to young adulthood. GUS incorporates Huebner's five-item scale of overall life satisfaction, which lets children take account of whatever aspects of their lives are most salient for them.

The 'My Life in Scotland' tool is based on the premise that children and young people should be asked directly about their lives; like the GUS study, this tool also incorporates the Huebner scale to get a baseline understanding of life satisfaction but also provides more robust data by exploring children and young people's views of their lives through a series of domains. This detailed look at subjective wellbeing will complement and supplement the data gathered from objective surveys, by proxy measures and other data sources. The 'My Life in Scotland' tool will add to this longitudinal GUS study by surveying children as they move through childhood and young adulthood. Once again, the My Life in Scotland tool provides local data for Community Planning Partners.

4. Scottish Health Survey (SHeS)

SHeS provides a detailed picture of the health of the Scottish population through in-depth interviews and questionnaires with private households. This study is being undertaken annually between 2008 and 2015. It is a comprehensive look at health and aims to:

- Estimate the prevalence of particular health conditions in Scotland;
- Estimate the prevalence of certain risk factors associated with these health conditions and to document the pattern of related health behaviours;
- Look at differences between regions and between subgroups of the population;
- Monitor trends in the population's health over time;
- Make a major contribution to monitoring progress towards health targets.

SHeS uses objective data collected through the interviews and questionnaires with individuals and families and there is an emphasis on physical health, such as obesity, dental health, alcohol consumption and smoking. While data for adults aged 16 and over is reported for each of the domains, data for children and young people under 16 is only available for a limited number of domains. For the 2012 report, children's data was available for the following four domains: fruit and vegetable consumption, physical activity, obesity and respiratory health. For young people aged 13 – 16, the questionnaire asks about smoking and drinking, along with a limited number of questions that address mental health and wellbeing, but this is narrowly defined over the period of the last few weeks and is not included in questionnaires for younger children. Additionally, data from the SHeS study is collected at the health board level and there is only a limited capacity to breakdown data to local authority or community level.

The 'My Life in Scotland' tool will provide subjective data for children and young people to complement the objective data collected from SHeS and other surveys. Because the data collected will be able to be used at a

Community Planning Partnership/local authority level, it is more flexible and can be used to identify specific issues within these areas.

5. Scottish Household Survey (SHS)

SHS was commissioned by Scottish Government to ensure that there was accurate, detailed data that focused on Scotland. This survey collects data about the composition, characteristics, attitudes and behaviours of households and individuals at a national and sub-national level. This information is used by Scottish Government, particularly in terms of Housing, Social Justice and Transport, to develop and evaluate policy. The main aims of SHS are:

- Provide information not currently available for Scotland through other surveys;
- Permit disaggregation of such information both geographically and in terms of population sub-groups (e.g. families with children and the elderly);
- Allow relationships of social variables within households to be examined;
- Allow early detection of national trends;
- Allow detailed follow-up surveys of sub-samples from the main sample, if required.

Data around children focuses on physical safety in and around the home, travel to school, secondary smoke, children with disabilities, children who are young carers, access to play and proportion of children in school beyond statutory leaving age. The survey is administered through face-to-face, computer-assisted personal interviews with an adult member of the household.

Limitations of SHS include a broad focus across the household as a whole with a limited focus around children's experiences, health and wellbeing; information gathered through adult representative of the household and therefore children and young people do not have the opportunity to have their own say. While data is provided through SHS Local Authority Tables and Scottish Neighbourhood Statistics, not all data is available every year for all indicators so there may be slight gaps in reporting.

The 'My Life in Scotland' tool complements this picture of Scottish households by generating data on children and young people's lived experiences of growing up in Scotland from their perspective. Thus, objective data around housing, transportation etc. will be supported by subjective data around how children and young people view these aspects of their lives, meaning that policy decisions can more accurately reflect the perspectives of our youngest community members.

Appendix 2: More detail on analysis, validity and reliability

This appendix provides more technical detail on the analysis of the final sample of 796 responses.

The distributional properties of all items were analysed by the Shapiro-Wilk test of normality (Shapiro & Wilk, 1964), as well as further analysis of the skewness and kurtosis of each item. The Shapiro-Wilk test of normality indicated that all items were significantly different from normal ($p < .001$). From the distributional analysis it was clear that the items were not normally distributed, and therefore it would not be appropriate to use normal estimation theory on this data (Nunnally & Bernstein, 1994).

Additionally, the corrected item-total correlations were analysed using the criterion of .35 as an acceptable level. From this analysis, 21 items fell below the desired level and were removed from subsequent analysis.

Exploratory Factor Analysis (EFA)

Factorial validity is a form of construct validity that uses the statistical method of Factor Analysis to determine the interrelationships of a set of items. In order to determine the underlying factor structure within the 'My Life in Scotland' survey an Exploratory Factor Analysis was undertaken.

Due to the non-normality of the items it was decided that normal estimation procedures would not be suitable for this data. Therefore, the use of a Pearson correlation matrix to conduct a factor analysis was no longer a viable option, as it may produce factors that are based solely on item distribution similarity (Basto & Pereira, 2012).

In response, a polychoric correlation matrix was used to carry out the factor analysis as it is based upon an estimation of the correlations between the unobserved variables, and therefore removed the problems associated with using a Pearson correlation matrix on non-normal data. A parallel analysis was then conducted on the polychoric correlation matrix, as well as a Scree Plot, in order to obtain an indication of how many underlying factors were present in the data. The parallel analysis indicated the number of factors to be nine, and the Scree Plot indicated the number of factors to be seven.

Various EFA's were run in order to determine how many factors should be retained in order to achieve the clearest model. Therefore, EFA's were run with nine factors,

eight factors and seven factors. This suggested retaining eight factors, however after further analysis it was clear that the eighth factor was a junk factor, which subsequently left seven clearly defined factors. The model was found using the principal axis method and was rotated using the oblique rotation method of oblimin. The final factor structure was the most parsimonious and clearly defined structure of the various analysed and included seven factors, with a total of 62 items.

Once the final model had been defined, the internal consistency of the individual subscales was analysed. Internal consistency was used in the analysis as it evidences how much the individual items or domains included in the measure, correlate with each other. As an example, if an individual responds similarly to the questions 'I feel loved and cared for' and 'I have a good life' this would suggest good internal consistency, as the item scores would be closely correlated. In the wellbeing tool, as the subscales were measuring the same construct – subjective wellbeing – they were expected to correlate with each other.

The internal consistency measure of Cronbach's alpha provided estimates for the seven subscales of the subjective wellbeing measure as follows: Family = .92, Friends = .88, School and Learning = .87, Health = .85, Freedom, Access and Rights = .84, Self = .85, Life Satisfaction = .85. Each domain therefore has a value above the acceptable level of .70.

Reliability

To ensure that the survey was reliable over time, the test-retest method was employed. *Test-retest* is a statistical method used to examine how stable or reliable the results of a test are over a period of time. We administered the survey to 77 children/young people, on two different occasions, with a two-week interval period. Analysis of the scores between Time one and Time two revealed a significant correlation, greater than .8, which is generally deemed to be a level of good reliability.

Validity

Face validity is an estimate of whether a test appears to measure a certain underlying factor based on what the questions or statements look like and how the scale behaves. For example, if the questions look like they are measuring self-esteem or peer relationships, then they have good face validity. From feedback gathered from teachers and adults in schools, as well as from a reference group discussing the survey, we have established that the survey does indeed have good face validity. Ensuring the survey had adequate face validity was also achieved in the survey development process by checking the children and young people understood the meaning of the questions, and that they felt the questions were relevant to their lives.

Concurrent validity is demonstrated where a measurement scale correlates well with an existing measure that has already been validated. The two measures may be for the same construct, or for a different but presumably related construct. To test this, we had 195 children/young people fill out our survey, as well as the pre-validated Personal Wellbeing Index – School Children survey (PWI-SC) (Cummins & Lau, 2005). The PWI-SC was chosen for this purpose as it is a very brief, validated measure of subjective well-being which includes a similar scale to the one used in the current measure, therefore keeping the process as simple as possible for participants.

Through statistical analysis it was found that the participant scores for the 'My Life in Scotland' survey and their scores for the PWI-SC significantly correlated at a moderate level, which suggested that concurrent validity had been achieved.

Appendix 3: More about Children's Parliament

Children's Parliament is Scotland's Centre for Excellence in children's human rights and children's participation. Children's Parliament works with children and young people in the contexts of home, school and community. Children's Parliament is part of a wider network of organisations providing for the fulfilment of children's human rights in order to achieve our shared goal of improving outcomes for Scotland's children. Through our creative projects, consultations and community programmes, children learn the knowledge, skills, behaviours and values the need for positive relationships and participation in civic life Children's Parliament give children a voice.

The idea for Children's Parliament came from children attending a European environmental education project. Children spent a week together discussing, planning and building a model of their vision of an environmentally-friendly city, within which they placed a Children's Parliament. For the children, the word *parliament* meant a place to talk and to listen. Meeting in the environment of a parliament signified the importance of what children had to say. The children's vision became our goal.

Consideration of children's human rights necessarily makes us think about the kind of families, communities and society in which we want our children to grow up. At Children's Parliament, we recognise the importance of engaging children as they become increasingly aware of the world around them and they have an openness to learning new skills, values and behaviours that will establish participation as habit throughout their lives. However, childhood is also a time when there are concerns about vulnerability and as a result, children may need extra care, support and protection.

We develop open and honest relationships with children, valuing their worth and their views. We create opportunities for children to feel safe, challenged and trusted. Children's Parliament helps children to learn and practice these values:

- **Honesty:** We are truthful and open to the views and experiences of others.
- **Respect:** Respect for ourselves and for the views of others, and a belief that no one should ever feel small or stupid.
- **Diversity:** We are all different and we are all equal.
- **Empathy:** We can understand others by putting ourselves in their shoes.
- **Participation:** It is everyone's right to have their say and to take part.
- **Social Justice:** We must do what we can to make the world a better place for ourselves and for others.
- **Action:** If something is wrong, we should try to change it.

Children are excited to explore the world and learn about what is possible for themselves and their communities. They learn best through the kind of creative, active and participatory approaches which define the work of Children's Parliament. This methodology creates the space for children to share their thoughts, feelings and ideas within a safe environment. It is then essential to bring adults together with children so that adults can hear directly from children about what is impacting upon their lives. We aim to ensure that children's voices are included in our social and political landscape of Scotland.

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