

Barnardo's Scotland

Index of Wellbeing for Children in Scotland

July 2007

The work was commissioned by Barnardo's Scotland and produced by John McLaren, Economic Consultant



The Index of Wellbeing for Children in Scotland 2007 was commissioned by Barnardo's Scotland and produced by John McLaren, Economic Consultant and Honorary Research Fellow in the Department of Urban Studies at the University of Glasgow. He has worked as an economic advisor for both the HM Treasury and the Scottish Office, and as a Special Adviser on financial and economic matters to First Ministers Donald Dewar and Henry McLeish.

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INTRODUCTION

This is the first edition of Index of Wellbeing for Children in Scotland (IWCS). Its purpose is to attempt to put the position of Scotland's children into an international perspective. The component parts of the Index consist of estimates representing five different domains:

1. Child Poverty – as measured by the share of children 17 and under living in households with income less than 50% of the median¹
2. Economic Participation – as measured by the proportion of 15-19 yr olds not in education, employment or training (NEET)
3. Education – as measured by the Programme for International Student Assessment (PISA) 2003 survey scores, for literacy (in science, reading and maths) at age 15
4. Risk Behaviour – as measured by a mix of: the suicide rate for 5-24 yr olds; teenage pregnancy as the number of live births to mothers aged 15-19
5. Physical Health – as measured by a mix of: low birth-weight rates; and dental health.

In order to gauge Scotland's position relative to other nations the Index makes comparison with as many of the basic 30 member nations of the Organisation for Economic Co-operation and Development (OECD) as data compatibility allows for. The above variables were chosen on the basis that:

- they covered a range of key variables which highlighted, in outcome terms, the condition of children in different countries
- they were generally available across a wide spread of countries, relatively up-to-date and collected on a reasonably consistent basis
- the data needed to be available for Scotland, or at least be able to be reliably proxied.

Equal weighting is given to each of the five domains considered, based on the view that there is no strong evidence why any one domain should be given priority over any other.

The data itself mainly relates to the 2000-2002 period, the latest available, and some changes will have occurred since then, both general and country specific. In addition, while the same year is used for each variable, there are occasions when the data for some countries refers to an earlier or later year, although usually by no more than one year.

A commentary is provided on the most relevant legislation and policy initiatives in Scotland relating to each of the measures used. The purpose of this is to illustrate where there is Scottish legislation and policies that could impact on the measures taken. In the measures for child poverty and economic participation, reference is

¹ The usual measure adopted for OECD comparisons is 50%, although in the UK, 60% is the measure used.

made to relevant UK legislation and policy. This mixture of UK and Scottish legislation and policy reflects the nature of devolved government responsibilities with the Scottish Parliament having significant legislative and policy making powers since 1999.

The Index makes no claims to being comprehensive in its coverage, rather it gives an insight into outcomes for children across the more developed countries of the world.

The overall conclusion is that a considerable challenge faces the new Scottish Executive in addressing the position of Scotland in terms of its world ranking. The evidence shows Scotland in a very poor light and next to bottom out of the 24 countries in the Index. However, it is too early in the life of the Scottish Parliament to know whether this has significantly changed through the wide-ranging programme of legislative and policy initiatives since 1999.

DATA AND METHODOLOGY

The raw scores for all 31 countries for each of the seven indicators are given in Appendix 1. There was missing information in at least one data field for the following countries: Canada, Iceland, Korea, New Zealand, Mexico, Slovak Republic and Turkey. While the data is shown for all countries, those countries where full information is not available are omitted from the final calculations and rankings. As a result the final rankings shown are for 23 OECD countries, plus Scotland.

Detail on how the scores were calculated is given at Appendix 2.

The precise sources and definitions of each of the indicators are:

- Child Poverty – as measured by the share of children 17 and under living in households with equivalised disposable income less than 50% of median income (Data Year 2000. Source: OECD Social Indicators and UNICEF Report Card 6, both 2005)
- Economic Participation – as measured by the proportion of 15-19 yr olds not in education, employment or training (NEET) (Data Year 2002. Source: OECD Social Indicators 2005)
- Education – as measured by the PISA 2003 survey scores, for literacy (in science, reading and maths) at age 15, and based around a mean OECD score of 500 (Data Year 2003. Source: PISA 2003 results, OECD 2004)
- Risk Behaviour – as measured by a combination of: the suicide rate for 5-24 yr olds per 100,000 persons (Data Year 2000. Source: OECD Social Indicators 2005); teenage pregnancy through the number of live births to mothers aged 15-19 per 1,000 women of that age (Data Year 2002. Source: OECD Health Data 2005 and UK Health Statistics 2006, ON)

- Physical Health – as measured by a combination of: low birth-weight rates as measured by percentage of births under 2,500 grams; and dental health as measured by average number of decayed, missing or filled teeth at age 12. (Data Years, 2004, 2000 respectively. Source: OECD Health Data 2005 and UK Health Statistics 2006, ONS).

Clearly the data for each indicator is of a different scale in its original state. However, the United Nations Human Development Index methodology used allows for the standardisation of all these indicators regardless of their different magnitudes.

Scottish data was available on a comparable basis from Scottish Executive sources for economic participation, education, teenage pregnancy and each of the two physical health measures. However, for child poverty and suicide rates it had to be estimated by using Scottish versus UK/GB comparisons for similar measures and then applying similar differentials to the OECD UK data to get to a Scottish figure.

PRINCIPAL FINDINGS

Summary of Scotland's performance on variables

Scotland's performance is, variable by variable, similar to, or worse than, that of the UK. Overall it has a lower ranking, next to last out of 24, compared to the UK's 16th.

In terms of the individual indicators, Scotland's performance ranks as:

- good, in terms of education (8th of 31 and 4% above the mean average)
- poor, in terms of suicide rates (equal 19th of 30 and 14% above the mean average) low birth-weight (equal 24th of 31 and 15% above the mean average) and dental health (19th of 28 but only just above the mean average)
- very poor, in terms of in terms of child poverty (equal 23rd of 28 and 35% above the mean average), NEET (24th of 28 and 37% above the mean average) and teenage pregnancy (28th out of 31 and 70% above the mean average).

Overall Ranking

Table 1, below, shows the overall Index scores and the individual country rankings, respectively.

Table 1: Overall Index scores and rankings

Country	Score	Rank
Aus'lia	1.8	9
Austria	2.2	14
Belgium	1.7	7
Canada	--	
Czech	2.0	12
Denmark	1.0	2
Finland	1.7	7
France	1.5	5
Germany	1.9	11
Greece	2.6	19
Hungary	2.8	21
Iceland	--	
Ireland	2.1	13
Italy	2.6	19
Japan	2.5	18
Korea	--	

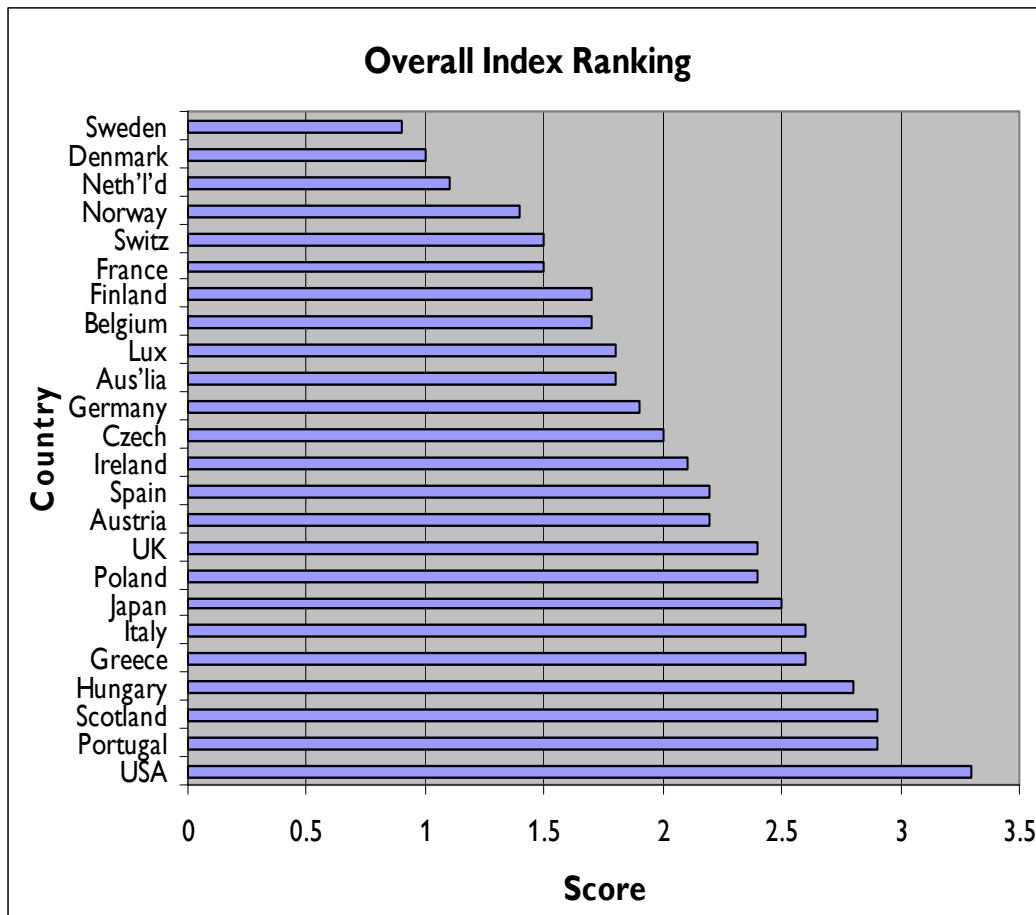
Country	Score	Rank
Lux	1.8	9
Mexico	--	
Neth'I'd	1.1	3
New Zea	--	
Norway	1.4	4
Poland	2.4	16
Portugal	2.9	22
Scotland	2.9	22
Slovak	--	
Spain	2.2	14
Sweden	0.9	1
Switz	1.5	5
Turkey	--	
UK	2.4	16
USA	3.3	24

Care should be taken when comparing the rankings shown here as small differences in country scores are unlikely to lead to significantly different outcomes for two or more countries. Also, while the OECD and others strive for consistency across countries when compiling the data, some differences in reliability and in measurement methodology will be inevitable when comparing so many countries from around the world. Nevertheless the Index is capable of exhibiting where

significant differences do lie between countries, as well as illustrating Scotland's relative international position.

It should be noted that the exclusion of countries without a full data set has a particular impact amongst the worst performers. For example, Turkey and Mexico perform very poorly across most variables for which we have measurements but in neither case are included in the final table due to their lacking full datasets.

Chart 1



The top performers are clearly the Scandinavian countries, occupying 3 of the top 4 spots, with Sweden and Denmark ranking highest.

The worst performers are a mixture of those who might be expected to do badly, such as the poorer countries like Hungary, Greece and Portugal, along with some of the most developed and rich, like Japan and the USA. Scotland also performs poorly, at joint 22nd, alongside Portugal, out of 24. Only 4 countries scored higher (worse) than 2.6 and 4 scored lower (better) than 1.5.

In general, there is little in the way of correlation across all indicators. For example, while Finland is placed first or second in terms of child poverty, education and birth-weight, it is in the bottom 5 in terms of NEET ratios and suicides.

Further Supporting Evidence

The findings of the Index constructed here are largely consistent with the evidence collected in other, similar, studies.

The Scottish Executives 'Futures Project', which is intended to compare Scotland's performance in an international setting, looks at 9 domains and over 50 internationally comparable variables. For children and young people the results, education apart, were generally poor and sometimes very poor. For example, in most health measures Scotland was in the bottom quartile.

The Social Policy Research Unit (SPRU) at the University of York's report 'An Index of Child Well-Being in the European Union' looks at over 50 indicators across 8 domains, each of which contributes to children's well being. While Scotland is not included in the study the UK is and as the data for the present Index shows, while not exactly the same, the Scottish scores tend to be similar or worse than the UK scores. Thus, the UK's scoring can be taken as an optimistic proxy for Scotland in this instance. In fact, overall, the UK does poorly, at 21st out of 25 countries, with only the Slovak Republic, Latvia, Estonia and Lithuania below it.

Similarly, the latest UNICEF Report on child well-being in rich countries had the UK ranked last out of 21 nations.

Within both the SPRU and the UNICEF domains it is noticeable that the UK, and by inference Scotland, performs particularly poorly in terms of 'behaviours and risk' (encompassing: bad health habits and experience of violence) and 'children's relationships' (encompassing: family structure, and relationships with both parents and peers).

Both the SPRU index and the UNICEF Report Card confirm the basic rankings found in this report. So, for countries that are covered by all 3 Indices, the top performers remain Sweden, Denmark and the Netherlands.

This tends to confirm the view that Scotland's relative international performance is very poor.

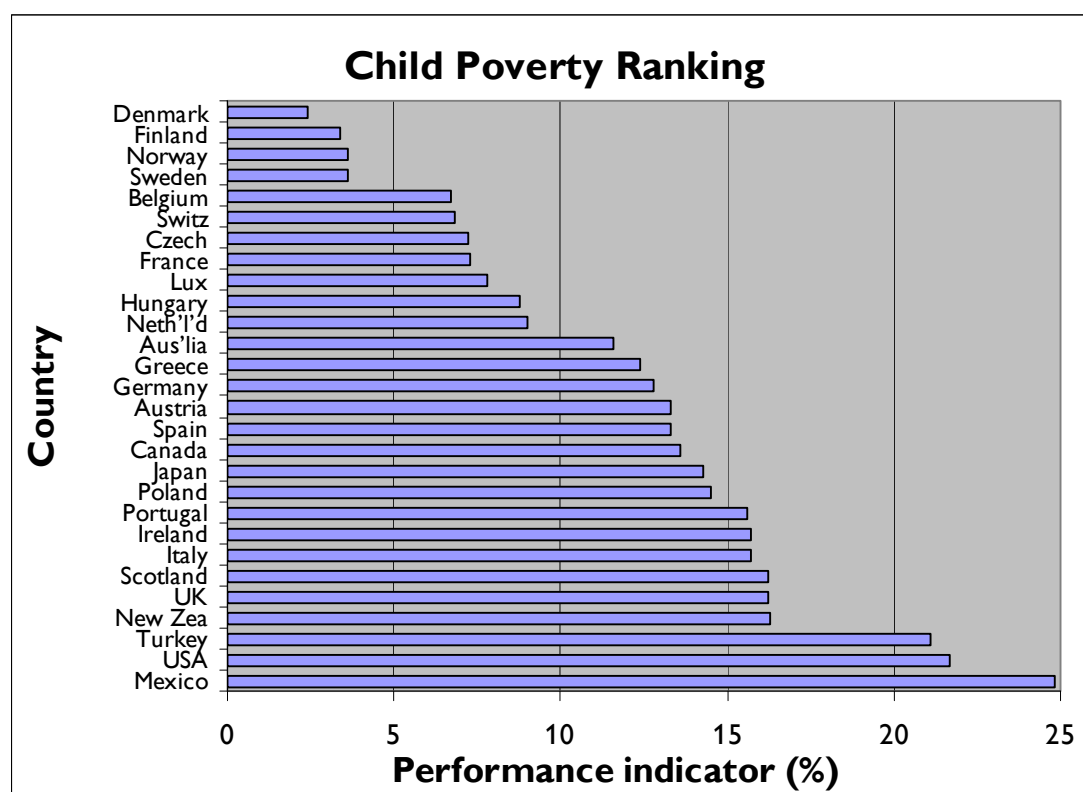
VARIABLE BY VARIABLE ANALYSIS

The following brief analysis looks at the best and worst performers by each indicator in turn. It includes all 31 countries i.e. it includes outliers even if there is not full enough information for them to be included in the final Index rankings.

CHILD POVERTY

The best performers are clearly the Scandinavian countries, occupying the top four positions. The worst performers are a mixture of rich (USA, UK and Scotland) and poor (Mexico and Turkey) countries, with the common linking factor between them being the high degree of income inequality. Some caution is merited in relation to the child poverty figures for countries of different relative wealth. While Mexico and the USA both come out badly, Mexico is clearly much poorer than the US and so those residing in the USA will have a relatively higher standard of living than those residing in Mexico.

Chart 2



* as measured by the share of children 17 and under living in households with equalised disposable income less than 50% of median income

Child Poverty - Relevant Legislation and Policy

It is worth noting that there has been a steady improvement in the UK and Scotland child poverty figures and that this will not have been fully picked up in the 2000 data. For instance, the most recent figures show the proportion of children in relative low income in Scotland is down from 27% in 2000/01 to 21% in 2005/06, using the UK 60% below median figure, before housing costs (Scottish Executive, 2007)

The following are the main legislative and policy initiatives.

UK

- The UK government set a target of the halving of child poverty by 2010 and its elimination of child poverty by 2020.
- UK Parliament policies on minimum wage, working tax credits and benefits have all contributed to the downward trend of child poverty figures.

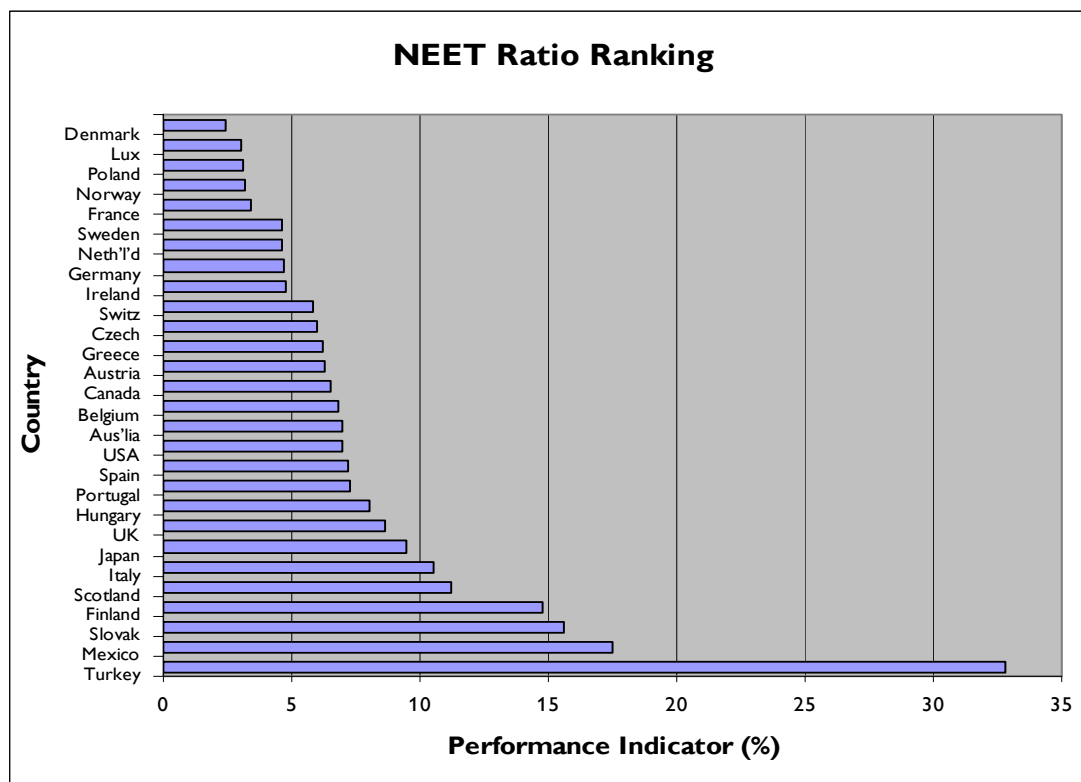
Scottish

- Social Justice, a Scotland Where Everyone Matters (Scottish Executive, 1999). It contained 29 milestones, including a pledge to reduce the proportion of children living in poverty.
- Closing the Opportunity Gap (Scottish Executive, 2002i). The previous milestones are reduced to 6 main objectives including improving the confidence and skills of the most disadvantaged children and young people and increase employment opportunities of the most vulnerable people and families.
- Childcare strategies that seek to provide affordable, accessible, quality childcare for children aged 0-14 in all neighbourhoods. Sure-Start initiatives targeting support for families with very young children in areas of greatest need. Working for Families fund to target child care initiatives in areas with the highest concentrations of children and workless households.
- Support to lone parents into further and higher education.

ECONOMIC PARTICIPATION

The best performers were a mixture of European countries, although no discernible pattern could be detected. The worst performers were generally the poorer countries (Mexico, Turkey and Slovak Republic). However, significant anomalies existed, for example Finland 4th worst and Poland 3rd best. Scotland performed very poorly, coming 24th of the 28 countries measured, with the UK also coming a poor 21st in the ranking.

Chart 3



* as measured by the proportion of 15-19 yr olds not in education, employment or training (NEET)

Economic Participation - Relevant Legislation and Policy.

The following are the main legislative and policy initiatives.

UK

- UK policies relating to New Deal and increasing access to employment have a direct relevance for employment opportunities for young people.

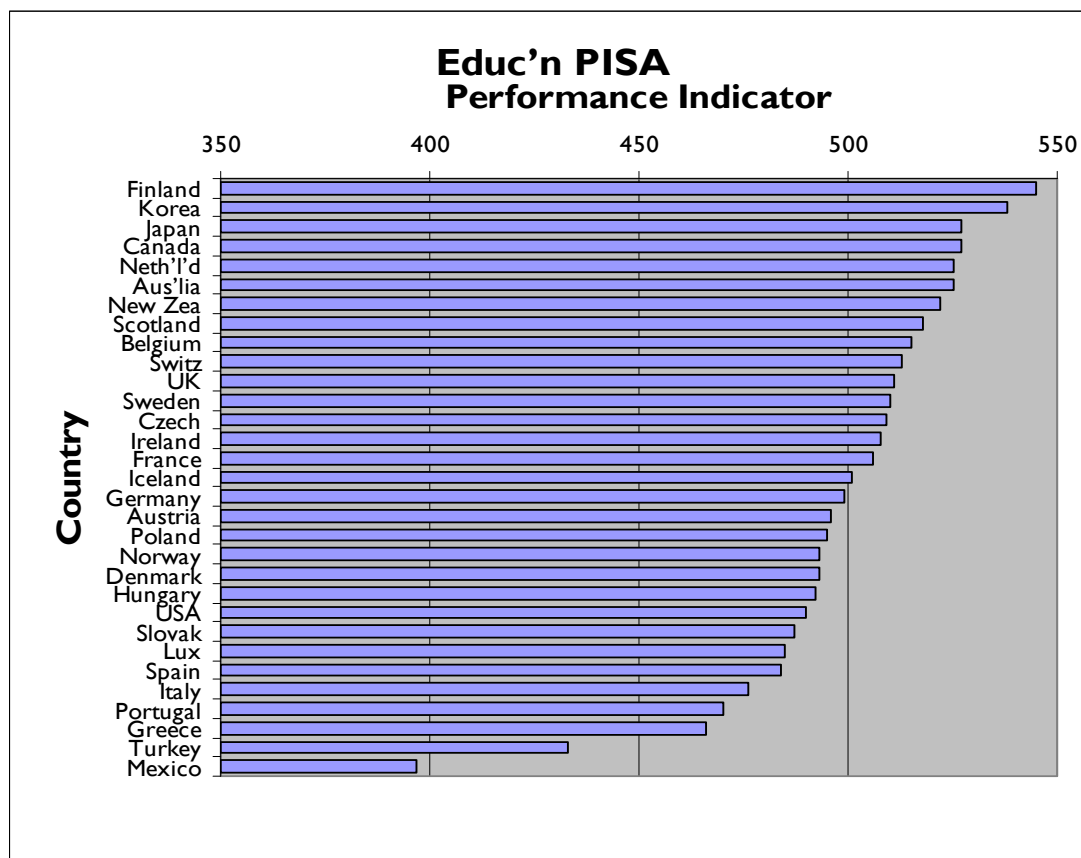
Scottish

- Smart, Successful Scotland: an Enterprise Strategy for Scotland, (Scottish Executive 2004i). This is aimed at tackling poverty and disadvantage through social inclusion and strategies for enterprise and lifelong learning.
- More Choices, More Chances, (Scottish Executive, 2006i). A specific initiative aimed at reducing the proportion of 15-19 year olds not in education, employment or training.

EDUCATION

The best performers tended to be among the richer countries but not the very richest, so that Finland, Canada and Japan were in the top 4 (along with the relatively poorer Korea), while the USA and Luxembourg are in the bottom quartile, along with Turkey, Mexico and the poorer Mediterranean nations (Italy, Portugal and Greece). Scotland performs well in the PISA measures coming 8th in the 31 countries measured whilst the UK ranks 11th.

Chart 4



* as measured by the PISA 2003 survey scores, for literacy (in science, reading and maths) at age 15, and based around a mean OECD score of 500 (Scottish Executive 2004ii)

Education - Relevant Legislation and Policy.

The following are the main legislative and policy initiatives.

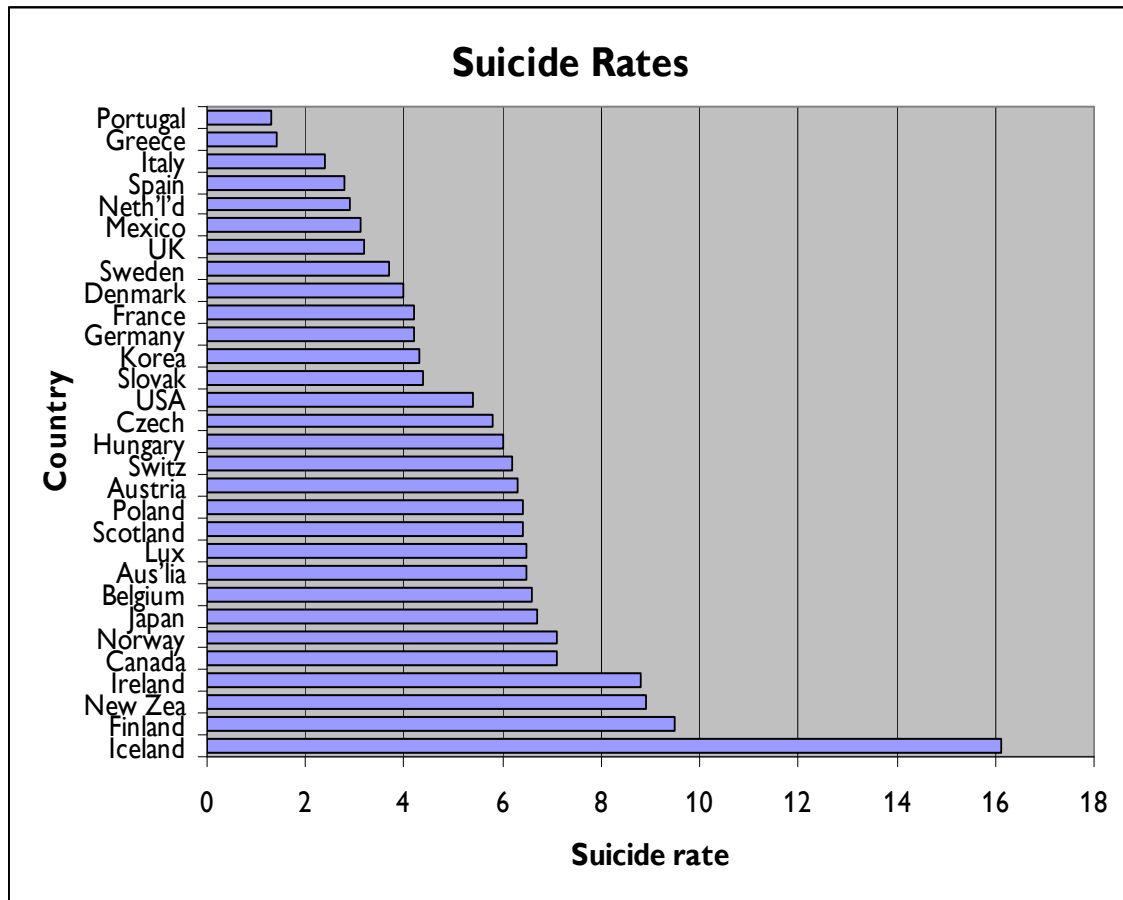
- The Standards in Scotland's School Act 2000, provides that education should develop the personality, talents and mental and physical abilities of children to their fullest potential. It also places a duty on Ministers and local authorities to improve the quality of school education.
- The Education (Additional Support for Learning)(Scotland) Act 2004 strengthens the rights of children with additional support needs and parents to have their needs identified and addressed effectively.

- Ambitious, Excellent Schools (AES), (Scottish Executive, 2004iii), is an action plan to improve the quality of learning and teaching and the quality of leadership, to raise ambition and improve achievement in children.
- A Curriculum for Excellence (ACfE) (Scottish Executive, 2004iv) is central to the AES agenda. It redefines the purpose of learning and gives clear priorities for what young people should learn, with a key aspiration to enable all young people to develop as successful learners, confident individuals, effective contributors and responsible citizens.

RISK BEHAVIOURS - Suicide

The best performers were Mediterranean countries (Portugal, Greece, Italy and Spain), while the worst tended to be from far Northern climes (Iceland, Finland, Norway, Canada). However, surmising an inverse correlation between sunshine and suicide is not that straightforward as Sweden has a relatively low suicide rate for youths (Oslo, Stockholm and Helsinki are all on or about the 60th degree of latitude North). Scotland is equal 19th with Poland out of the 30 countries measured and significantly behind the UK ranking of 7th.

Chart 5



* as measured by the suicide rate for 5-24 yr olds per 100,000 persons

Risk Behaviours – Suicide - Relevant Policy and Legislation

The following are the main legislative and policy initiatives.

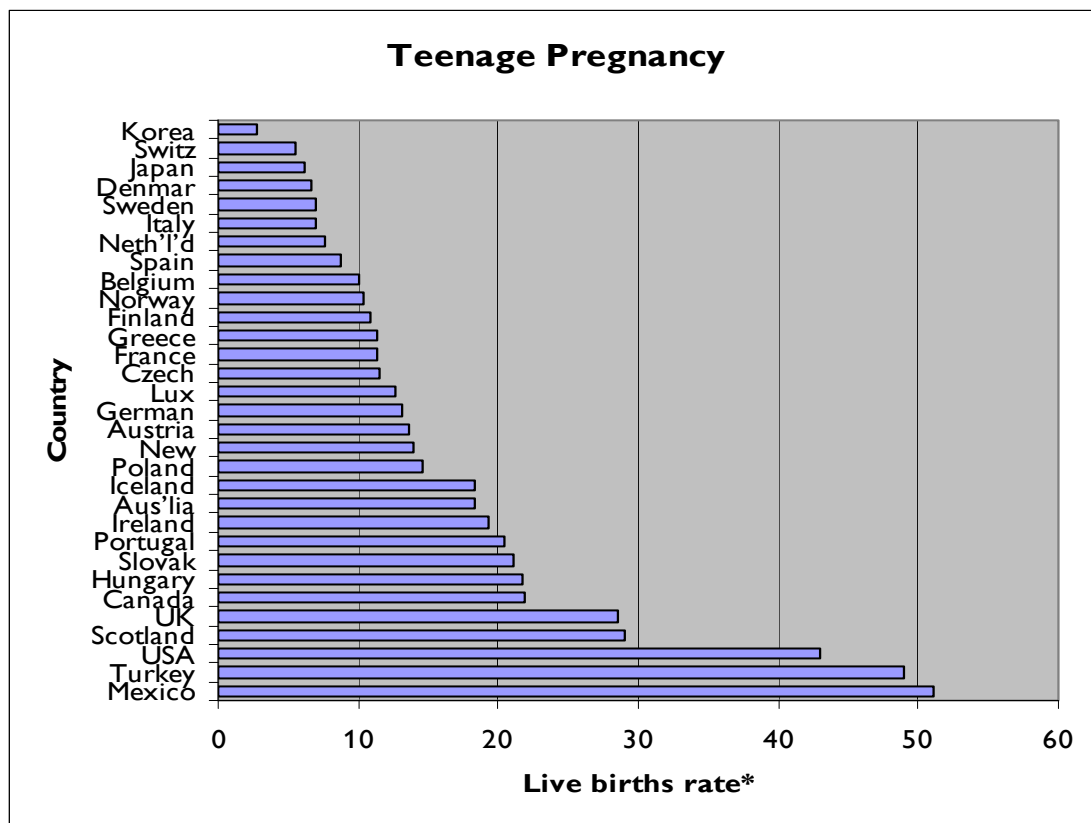
- Our National Health, (Scottish Executive, 2000) emphasised youth involvement and youth health service development.
- Improving Scotland's Health – The Challenge (Scottish Executive, 2003i) and included teenage transitions as one of four main themes with 5 risk factors of tobacco, alcohol, low fruit and vegetable uptake, physical activity levels and obesity.

- The National Programme for the Improvement of Mental Health and Well-being in Scotland was launched in 2001 and updated for 2003-2006 (Scottish Executive, 2003ii). It works nationally and locally to support action in mental health improvement and public mental health. The following initiatives are either part of or linked to the national programme.
 - HeadsUp Scotland, launched in 2004 (Heads up Scotland, 2007), is the national support project established to contribute to and support activities already underway to improve young people's mental health and well-being.
 - Choose Life, (Scottish Executive, 2002ii). It is a national strategy and action plan to prevent suicides in Scotland. Children and young people are a priority group Overall targets are to reduce suicide incidence by 20% by 2013.
 - 'see me...' (Scottish Executive, 2002iii) is the national campaign to eliminate stigma and discrimination which can be associated with mental illness.

RISK BEHAVIOURS - Teenage Pregnancy

The best performers were a mixture of Scandinavian countries (Denmark and Sweden, who were also 1st and 4th best in terms of child poverty) along with Asian countries (Japan and Korea). Scotland comes a very poor 28th out of 31 with the UK fairing little better at 27th. The most interesting aspect of the teenage live birth figures was how closely they correlated to the child poverty (and hence income inequality) data, especially at the bottom end. Of the 5 clearly poorest performers (in order: Mexico, Turkey, USA, followed by UK and Scotland) all of them also occupied the bottom 5 positions in terms of child poverty.

Chart 6



* as measured by the number of LIVE births to mothers aged 15-19 year olds per 1,000 women of that age

Risk Behaviours - Relevant Policy and Legislation

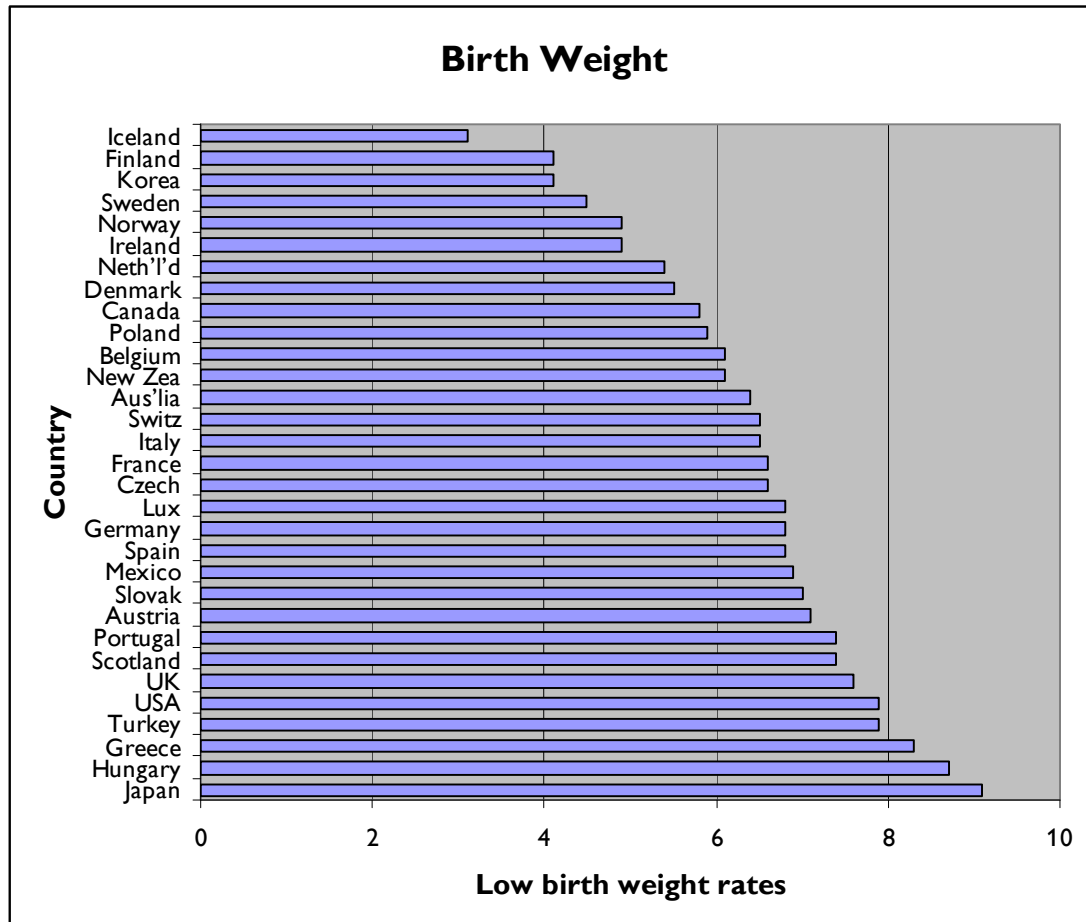
The following are the main legislative and policy initiatives.

- Our National Health, (Scottish Executive, 2000) and Improving Scotland's Health – The Challenge (Scottish Executive, 2003i).
- Respect and Responsibility: a Sexual Health Strategy (Scottish Executive, 2005i). This was after a long consultation period and the strategy was introduced against a background of poor teenage pregnancy rates and rising incidence of sexually transmitted infections.

PHYSICAL HEALTH - Birth-weight

Scandinavian countries again perform well taking 3 of the top 5 spots (Finland, Sweden and Norway), along with Iceland and Korea. The poorest performers are a mix of richer (USA and Japan) and poorer (Hungary, Greece and Turkey) countries. Scotland performed poorly, ranking equal 24th along with Portugal, and the UK has an even poorer ranking of 26th out of the 31 countries measured.

Chart 7



* as measured by percentage of births under 2,500 grams

Physical Health – Birth-weight

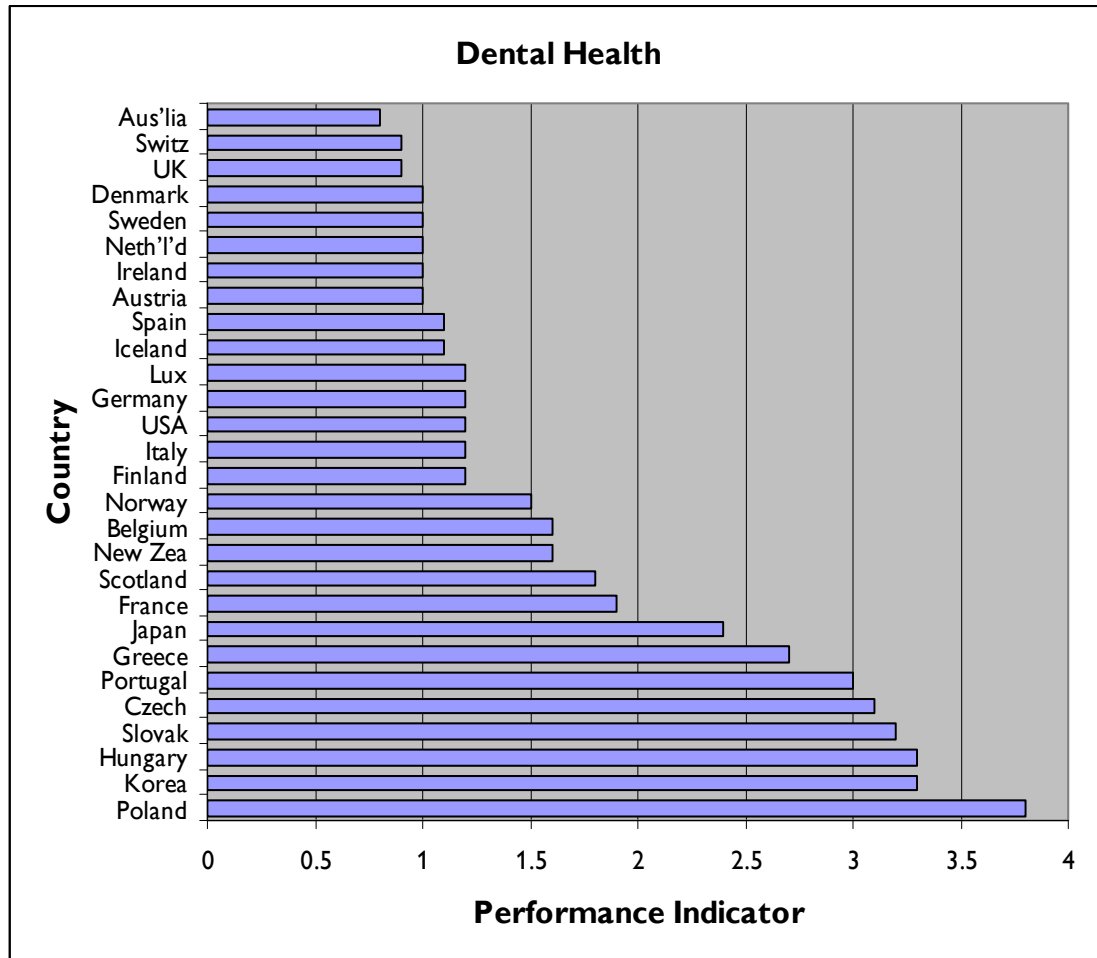
The following are the main legislative and policy initiatives.

- Our National Health, (Scottish Executive, 2000) and Improving Scotland's Health – The Challenge (Scottish Executive, 2003i).
- There is no specific policy initiative linked to low birth weight as it is recognised that it is affected by several factors including: premature births; poor foetal nutrition; and exposure to toxins (such as nicotine/alcohol) in pregnancy.

PHYSICAL HEALTH - Dental Health

There is a rough correlation between rich and poor countries, with western European countries generally outperforming eastern European countries. Australia also performed well and Portugal and Korea badly. Scotland ranked poorly at 19th out of 28th, significantly behind the good UK ranking of 3rd.

Chart 8



- as measured by average number of decayed, missing or filled teeth at age 12.

Physical Health – Dental Health

The following are the main legislative and policy initiatives.

- Our National Health, (Scottish Executive 2000) and Improving Scotland's Health – The Challenge (Scottish Executive 2003i).
- An Action Plan for Improving Oral Health and Modernising NHS Dental Services (Scottish Executive, 2005ii). It contains targets to improve oral health including two relating to children aged 5 and 11/12 years with a 60% target for no sign of dental disease.

CONCLUSIONS

The Index of Wellbeing for Children for Scotland intends to give an insight into how Scotland compares with other countries, using a series of significant and widely available data sets. The Index does not seek to be comprehensive in its coverage, rather it provides a first attempt at judging the conditions facing Scotland's children in an international context.

The results are quite clear. While other studies have found that the UK ranks lowly when it comes to the general well being of its children, this report suggests that Scotland's performance is worse again than the UK's. Only in the area of education standards can Scotland be relatively satisfied with its performance. In terms of child poverty, economic participation, risk behaviours and physical health Scotland's performance is either poor or very poor.

It is also clear that there are a plethora of policy and legislative initiatives that are targeted on children and young people. The snapshot of these provided for each of the variables makes it obvious we are not lacking in policy and legislative developments for children and young people. It is not possible to comment on the impact of the most recent Scottish Executive policies as they are not captured by the data. However, it is clear that policies relating to children and young people in Scotland prior to 2000 have not served them well when we consider the overall poor performance and low index ranking of Scotland.

The range of developments initiated by the Scottish Executive makes effective evaluation a pressing issue so that measurable outcomes can be tracked. This is particularly the case for those measures that allow Scotland to be compared with other OECD countries as it tries to improve performance on a world stage. The poor outcomes for children and young people in Scotland in this report are reflected in similar findings, across a wider range of variables, for the UK in the recent UNICEF and SPRU reports on the well-being of children.

This report does not attempt to identify either the causes or remedies for these problems, its purpose is simply to highlight the relative outcomes. It is obvious that Scotland faces big challenges as it attempts to improve outcomes for children and young people. The report shows that it will require equally big changes in children's lives to make a significant impact on our international standing and the very least that this demands is a careful consideration of policy direction for children and young people.

The report offers a real challenge to the incoming Scottish Executive to seek to implement policies that will genuinely make a difference to children and young people in Scotland.

Appendix 1

Table 2: Country data by variable and overall Index scores and rankings

Country	Child Poverty	NEET ratio	Educ'n PISA	Suicide	Live births	Birth weight	Dental Health
Data yr	2000	2002	2003	2000	2002	2004	2000
Aus'lia	11.6	7	525	6.5	18.4	6.4	0.8
Austria	13.3	6.3	496	6.3	13.7	7.1	1
Belgium	6.7	6.8	515	6.6	10	6.1	1.6
Canada	13.6	6.5	527	7.1	21.9	5.8	n/a
Czech	7.2	6	509	5.8	11.5	6.6	3.1
Denmark	2.4	2.4	493	4	6.6	5.5	1
Finland	3.4	14.8	545	9.5	10.9	4.1	1.2
France	7.3	3.4	506	4.2	11.4	6.6	1.9
Germany	12.8	4.7	499	4.2	13.2	6.8	1.2
Greece	12.4	6.2	466	1.4	11.3	8.3	2.7
Hungary	8.8	8	492	6	21.7	8.7	3.3
Iceland	n/a	n/a	501	16.1	18.3	3.1	1.1
Ireland	15.7	4.8	508	8.8	19.3	4.9	1
Italy	15.7	10.5	476	2.4	7	6.5	1.2
Japan	14.3	9.5	527	6.7	6.2	9.1	2.4
Korea	n/a	n/a	538	4.3	2.7	4.1	3.3
Lux	7.8	3	485	6.5	12.6	6.8	1.2
Mexico	24.8	17.5	397	3.1	51.1	6.9	n/a
Neth'l'd	9.0	4.6	525	2.9	7.7	5.4	1
New Zea	16.3	n/a	522	8.9	14	6.1	1.6
Norway	3.6	3.2	493	7.1	10.3	4.9	1.5
Poland	14.5	3.1	495	6.4	14.6	5.9	3.8
Portugal	15.6	7.3	470	1.3	20.4	7.4	3
Slovak	n/a	15.6	487	4.4	21	7	3.2
Spain	13.3	7.2	484	2.8	8.7	6.8	1.1
Sweden	3.6	4.6	510	3.7	6.9	4.5	1
Switz	6.8	5.8	513	6.2	5.5	6.5	0.9
Turkey	21.1	32.8	433	n/a	49	7.9	n/a
UK	16.2	8.6	511	3.2	28.6	7.6	0.9
USA	21.7	7.0	490	5.4	43	7.9	1.2
Scotland	16.2	11.2	518	6.4	29	7.4	1.8
average	12	8.2	500	5.6	17	6.4	1.75

Data exceptions for Table 2.

- Child Poverty: 1995 – Spain; 1999 – Australia, Austria, Greece, Hungary, Luxembourg; 2001 – Germany, New Zealand, Switzerland; 2002 – Mexico, Turkey.
- Suicide: 1997 – Belgium; 1999 – Denmark, France, Greece, UK, Scotland; 2001 – Australia, Czech Republic, Germany, Korea, Mexico, Norway, Poland, Slovak Republic, Sweden; 2002 – Austria, Finland, Hungary, Luxembourg; 2003 – Japan.
- Fertility: 1997 – Belgium; 1998 – Turkey; 1999 – Greece; 2000 – Italy, Spain, UK, Scotland; 2001 – France, Germany, Ireland.
- Birth weight: 2000 – Belgium; 2001 – Luxembourg; 2002 – Scotland.
- Dental Health: 1997 – Iceland, Scotland; 1998 – Belgium, France, Greece; 1999 – Japan, Netherlands, USA; 2001 – Hungary, Luxembourg, Slovak Republic; 2002 – Austria, Ireland, Italy.

Method for calculation of variable scores

The methodology used allows for each country's score to lie between a maximum of 1 and a minimum of 0 in relation to each indicator. In this case the maximum score is equivalent to the worst score and the minimum to the best score, i.e. a high score means a poor performance. So a perfect score across all five domain indicators would result in an overall score of 0 while the worst score possible would be 5. This methodology is consistent with that used by the United Nations in order to calculate their Human Development Index (HDI).

The Index scores for each variable are calculated using the following formula:

[individual country data-point *minus* minimum data-point across all countries]

divided by

[maximum data-point across all countries *minus* minimum data-point across all countries]

Thus: the highest score equals one, where the individual country data point is the same as the maximum data-point and so the numerator and denominator are the same; and the lowest score is zero, where the individual country data-point is the same as the minimum data-point and so the numerator is zero. Clearly then all other individual country scores must fall between these two outliers and so somewhere between the scores of 0 and 1.

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