Move for Brain Health: Active Healthy Kids Scotland Report Card 2026

Supplementary Tables

Active Healthy Kids Scotland

ACTIVE HEALTHY KIDS GLOBAL ALLIANCE

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Acknowledgments

The Active Healthy Kids Scotland Report Card is a 'state of the nation' report on the physical activity and health of Scottish children and adolescents. It synthesises data from national surveys and assigns grades to a range of indicators related to physical activity and health.

The 2026 report card was produced by the University of Strathclyde (Dr Farid Bardid; Prof John Reilly; Mia Carballo), University of Stirling (Dr Simone Tomaz), University of Aberdeen (Dr Leone Craig), Robert Gordon University (Jenni Robertson), University of Glasgow (Dr Joanna Inchley) and University of the West of Scotland (Cameron Stewart). Initial data searches were completed by students Aoife Murray and Nicole Elliot from the University of Strathclyde. The draft grades were reviewed by stakeholders from a range of sectors within Scotland and the Active Healthy Kids Global Alliance. The report card was designed by Alzheimer Scotland.

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Background

The aim of the Active Healthy Kids Scotland Report Card is to is to examine physical activity and health indicators, related to physical activity and health (Overall Physical Activity, Organised Sport and Physical Activity, Sedentary Behaviour, Active Play, Active Travel, Diet, Sleep, Obesity, Physical Fitness, Family and Peers, Community and Environment, School, and Government and Policy). This report card also examines inequalities (i.e., socioeconomic status, gender, and disabilities).

The theme of the 2026 Report Card is brain health. Brain health is shaped by multiple, interacting factors across childhood and adolescence, which carry through into adulthood and later life. The Report Card captures many behaviours, environments and inequalities that are relevant to the foundations of lifelong brain health. This emphasises that monitoring and supporting children's physical activity, diet, sleep and environments should be viewed as an investment in both current child health and lifelong brain health.

This document provides details regarding the data sources utilised in grading the indicators for the 2026 Active Healthy Kids Report Card. It covers both the data sources used for grading the indicators, and the sources considered but not used, along with reasons for their exclusion. Links to all sources are provided, and gaps in Scottish data are highlighted.

- To be used for grading, data needed to be nationally representative and minimally biased, ensuring that measurement methods did not greatly overestimate or underestimate prevalence.
- Prevalence data have been reported for children and adolescents aged 2 to 18 years, and by gender, socio-economic status and disability where relevant. Data sources not conforming to benchmark criteria were re-analysed accordingly, where possible.
- The grades below were determined by the % of children and adolescents meeting an evidence-based benchmark using the Active Healthy Kids Global Alliance grading rubric below:

Grade	Benchmark
A+	94%- 100%
A	We are succeeding with a large majority of children (87%-93%)
A-	80-86%
B+	74%-79%
B	We are succeeding with well over half of children (67%-73%)
B-	60%-66%
C+	54%-59%
C	We are succeeding with well over half of children (47%-53%)
C-	40%-46%
D+	34%-39%
D	We are succeeding with less than half of children (27%-33%)
D-	20-26%
F	We are succeeding with very few of children (<20%)
INC	Incomplete grade, where Scottish data were not available or were insufficient / inadequate to assign a grade

Further information on Active Healthy Kids Scotland—including the 2026 Report Card, previous report cards, and related publications—is available at https://www.activehealthykidsscotland.co.uk/.

Indicators

Sedentary Behaviour

AHKGA Benchmark: % of children and youth who meet the Canadian Sedentary Behaviour Guidelines (5–17-year-olds: no more than two hours of recreational screen time per day; 2–4-year-olds: no more than one hour of sedentary screen time per day. Note: The Guidelines currently provide a time limit recommendation for screen-related pursuits, but not for non-screen-related pursuits.

Summary of methods of measurement: Data sources used self/parent report of recreational screen time (i.e., TV viewing, gaming and other recreational screen time).

Grade: Based on the available evidence, the Sedentary behaviour indicator was graded **F (<20%)**.

The Scottish Health Survey (SHeS) 2024 and Health-Behaviour in School-aged Children (HBSC) Scotland 2022 surveys were identified as the most suitable data sources. Unfortunately, SHeS 2024 could not be used as recreational screen time and other non-screen related sedentary time were reported together rather than separately, indicating the average amount of time children aged 2 to 15 spent on sedentary activities per day on weekdays and weekends.

Data from HBSC Scotland 2022 were used although it should be noted that this only covers adolescents aged 11-15 years. According to HBSC 2022, very few adolescents (5%) are meeting the guideline for total recreational screen time per day. Considering types of recreational screen time, 41% of adolescents aged 11–15 reported spending less than two hours per day watching TV, DVDs, or videos whilst 33% spent less than two hours per day playing computer or video games. Moreover, 37% spent less than two hours daily on social media. Based on the total amount of screen time, an F grade for adolescents was assigned.

Gaps in Evidence: Gaps in the measurement of sedentary behaviours persist in Scottish data. The data from SHeS (Scottish Health Survey) 2022 indicates the lowest possible measurement of up to 2.25 hours of weekday sedentary leisure time, and up to 3 hours of weekend sedentary leisure time, which does not align with international benchmark of 2 hours specifically for recreational screen time. Furthermore, none of the sources account for the possibility of multiple screen use, or screen stacking.

Survey name, year data collected, name of the report and year report published and links (s) to the document / survey	Details of participants	Method of measurement (Including the questions asked in the survey to measure the indicator)	Main findings	Findings on inequalities
Health Behaviour in School-Aged Children (HBSC) 2022 Published June 2023 Health Behaviour in School-aged Children (HBSC) Scotland Study	A nationally representative sample of 4,388 pupils aged 11, 13 and 15 (P7, S2 and S4) participated in the 2022 Scottish HBSC survey. Post-stratification weighting of the sample was applied to make the sample representative of Scottish P7, S2 and S4 school pupils with respect to several school and individual level characteristics: proportion of pupils in each local authority; school-funding; school Scottish Government 6-point urban-rural classification. The methodology for post stratification adjustments was the use of raking weights. Data was collected in School as normal. Covid-19 absences impacted response rates – some schools declined to participate due to the pandemic. This was anticipated so more schools were approached initially.	A self-completion questionnaire administered by teachers in class. Pupils were asked for the first time to estimate how many hours a day in their free time they spend on a computer / console / tablet / phone playing games, on social media, watching TV / DVDS / videos or for other purposes such as homework, email, messaging, surfing the internet.	Data from HBSC Scotland 2022 were used although it should be noted that this only covers adolescents aged 11-15 years. According to HBSC 2022, very few adolescents (5%) are meeting the guideline for total recreational screen time per day. Considering types of recreational screen time, 41% of adolescents aged 11–15 reported spending less than two hours per day watching TV, DVDs, or videos whilst 33% spent less than two hours per day playing computer or video games. Moreover, 37% spent less than two hours daily on social media.	**Socioeconomic status:** HBSC Scotland 2022 showed that fewer adolescents from low-affluent families (4%) are meeting the guideline for total recreational screen time per day compared to those from medium- (5%) and high-affluent families (7%). Considering types of screen time, 33% of adolescents from low-affluent families spent less than 2 hr per day watching TV compared to 39% and 50% of those from medium- and high-affluent families, respectively. Additionally, 27% of adolescents from low-affluent families spent less than 2 hr per day gaming compared to 33% and 39% of those from medium- and high-affluent families. For social media, this was 35%, 37%, and 39% of adolescents from low-, medium-, and high-affluent families, respectively. **Gender:** HBSC Scotland 2022 showed that fewer boys (4%) than girls (7%) are meeting the guideline for total recreational screen time per day. There

				were differences based on type of screen time. 41% of boys and 40% of girls spent less than 2 hr per day watching TV. However, only 21% of boys spent less than 2 hr per day gaming compared to 47% of girls. In contrast, 43% of boys spent less than 2 hr per day on social media compared to 32% of girls. **Disability:** HBSC Scotland 2022 showed that 4% of adolescent with long-term illness or disability are meeting the guideline for total recreational screen time per day compared to 6% of those without long-term illness or disability. Considering types of screen time, fewer adolescents with long-term illness or disability (36%) spent less than 2 hr per day watching TV compared to those without long-term illness or disability (41%). Moreover, 28% adolescents with long-term illness or disability spent less than 2 hr per day gaming compared to 35% of those without long-term illness or disability. For social media, this was 33% and 38% of adolescents with and without long-term illness or disability.

Scottish Health Survey (SHeS) 2022 Published December 2023 The Scottish Health Survey 2022 – volume 1: main report	A nationally representative sample of 1,764 children total (aged 0-15).	Data collection was face-to-face. Method: Self-report measure for children age 13-15 years and parent proxy-reported measure for children age 2-12 years. Thinking first of weekdays, that is Monday to Friday, how much time on an average day do/ does/ (you/child's name) spend sitting watching TV or another type of screen such as a computer, tablet, phone, games console or handheld gaming device? Please do not include any time spent in front of a screen while at nursey or school. Recorded in hours and minutes. Same question asked for weekend days.	The average amount of time children (2-15 years) spent on sedentary activities, excluding time at school or nursery, was 3.6 hours on weekdays and 4.5 hours at weekends. The percentage of total child sedentary time of ≤2.25 hours on weekdays was 30%. The percentage of total sedentary time of ≤3 hours at weekends was 27%. Data is not in line with the benchmark. Due to this, this source could not be used for grading.	**Socioeconomic status:** The percentage of total child sedentary time of ≤2.25 hours on weekdays was 26%, 27%, 31%, 29%, and 34% for SIMD 1-5, respectively. The percentage of total sedentary time of ≤3 hours at weekends was 23%, 27%, 35%, 22%, and 28% for SIMD 1-5, respectively. **Gender:** The percentage of total child sedentary time of ≤2.25 hours on weekdays was 31% for boys and 29% for girls. The percentage of total sedentary time of ≤3 hours at weekends was 29% for boys and 24% for girls. **Disability:** The percentage of total child sedentary time of ≤2.25 hours on weekdays was 25% and 28% for children with limiting and non-limiting long-term conditions and 31% for children without long-term condition. The percentage of total sedentary time of ≤3 hours at weekends was 20% and 24% for children with limiting and non-limiting long-term conditions and 28% for children without long-term condition. Data is not in line with the benchmark. Due to this, this source could not be used for grading.

Scottish Health Survey (SHeS) 2023 Published November 2024 The Scottish Health Survey 2023 - volume 1: main report	A nationally representative sample of 2,184 children total (aged 0-15).	Data collection was face-to-face. Method: Self-report measure for children age 13-15 years and parent proxy-reported measure for children age 2-12 years. Thinking first of weekdays, that is Monday to Friday, how much time on an average day do/ does/ (you/child's name) spend sitting watching TV or another type of screen such as a computer, tablet, phone, games console or handheld gaming device? Please do not include any time spent in front of a screen while at nursey or school. Recorded in hours and minutes. Same question asked for weekend days.	The average amount of time children (2-15 years) spent on sedentary activities, excluding time at school or nursery, was 3.7 hours on weekdays and 5.1 hours at weekends. The amount of time spent on sedentary activities among children increased as they got older. The percentage of total child sedentary time of ≤2.5 hours on weekdays was 28%. The percentage of total sedentary time of ≤3.5 hours at weekends was 28%. Data is not in line with the benchmark. Additionally, a more recent version of this source had been published.	**Gender:** The percentage of total child sedentary time of ≤2.5 hours on weekdays was 25% for boys and 31% for girls. The percentage of total sedentary time of ≤3.5 hours at weekends was 26% for boys and 31% for girls. Data is not in line with the benchmark. Due to this, this source could not be used for grading.
Scottish Health Survey (SHeS) 2024 Published October 2025 The Scottish Health Survey 2024 - volume 1: main report - gov.scot	A nationally representative sample of 1,986 children in total (aged 0-15y).	Data collection was face-to-face. Method: Self-report measure for children age 13-15 years and parent proxy-reported measure for children age 2-12 years. Thinking first of weekdays, that is Monday to Friday, how much time on an average day do/ does/ (you/child's name) spend sitting watching TV or another type of screen such as a computer, tablet, phone, games console or handheld gaming device? Please do not include any time spent in front of a screen while at nursey or school.	Data is not in line with the benchmark. Due to this, this source could not be used for grading.	Data is not in line with the benchmark. Due to this, this source could not be used for grading.

		Recorded in hours and minutes. Same question asked for weekend days.		

Sleep

AHKGA Benchmark: % meeting sleep guidelines based on the National Sleep Foundation and the Canadian 24-hour Movement Behaviour Guidelines. Recommended sleep durations are 9-11 hours for school-aged children (5-13), and 8-10 hours for teenagers (14-17). For children under 5 years of age, recommended sleep durations are 11-14 hours (1-2) and 10-13 hours (3-4).

Grade: Based on the available evidence, the Sleep indicator was graded **C (47%-53%)**.

The Growing Up in Scotland (GUS) Sweep 11, and HSBC Scotland 2022 surveys were identified as the most reliable resources. The GUS Sweep 11 could not be used as data on adolescents aged 17-18 was collected as early as November 2021, making it outdated for the current report card. Data from HSBC Scotland 2022 shows 46% of adolescents are meeting the recommended sleep duration on weekdays whilst 59% are meeting the recommended sleep time on weekend/holidays. Overall, 48% of adolescents are meeting the recommended sleep time per day across 7 days. Therefore, a C grade for adolescents was assigned.

Gaps in evidence: There is limited data on sleep duration, only the HSBC provided data for adolescents aged 13-15 which is limited in terms of the age range. No nationally representative data was available for younger children.

Survey name, year data collected, name of the report and year report published and links (s) to the document / survey	Details of participants	Method of measurement (Including the questions asked in the survey to measure the indicator)	Main findings	Findings on inequalities
Health Behaviour in School-Aged Children (HBSC) 2022 Published June 2023 Health Behaviour in School-aged Childrn (HBSC) Scotland Study	A nationally representative sample of 4,388 pupils aged 13 and 15 (P7, S2 and S4) participated in the 2022 Scottish HBSC survey. Post-stratification weighting of the sample was applied to make the sample representative of Scottish P7, S2 and S4 school pupils with respect to several school and individual level characteristics: proportion of pupils in each local authority; school-funding; school Scottish Government 6-point urban-rural classification. The methodology for post stratification adjustments was the use of raking weights. Data was collected in School as normal. Covid-19 absences impacted response rates – some schools declined to participate due to the pandemic. This was anticipated so more schools were approached initially.	**Question:** Thinking about when you have School, college or work the next day, how may hours of sleep do you usually get? Now, thinking about when you do not have School, college or work the next day, how may hours of sleep do you usually get?	Overall, 44.4% of adolescents are meeting the recommended sleep duration on weekdays whilst 59.2% are meeting the recommended sleep time on weekend / holidays.	**Socioeconomic status:** 40.3%, 44.7%, and 47% of adolescents from low-, middle-, and high-affluence families, respectively, met the recommended sleep time on weekdays. For weekend/holidays, this was 55.9%, 58.4%, and 63% of adolescents from low-, middle-, and high-affluent families, respectively. **Gender**: 48.7% of boys met the recommended sleep time on weekdays compared to 41.3% of girls. On weekend/holidays, this is 59.6% and 58.4% for boys and girls, respectively. gender difference at age 13 only, with boys reporting sleeping longer on weekdays than girls (8.3 and 7.9 hours, respectively). **Disability:** 42.8% and 44.9% of adolescents with and without long-term illnesses or disabilities met the recommended sleep time on weekdays. For weekend/holidays, this was 54.8% and 59.8% of adolescents with and without long-term illnesses or disabilities, respectively.

Health & Wellbeing Census 2022 Published February 2023 Health and Wellbeing Census Scotland 2021-2022: technical report - gov.scot	In total 134,044 responses (P5-S6 pupils) were included in the analysis dataset. Number of for each stage as follows: P5 (19,565 – 70.6%) P6 (19,316 – 69.3%) P7 (20,081 – 72.3%) S1 (17,672 – 65.5%) S2 (16,688 – 61%) S3 (15,315 – 56.4%) S4 (11,738 – 45.3%) S5 (8,729 – 38.5%) S6 (4,940 – 30%) The HWB Census is a local authority administered collection, implemented for the first time in the 2021-22 school year. responses and response rates.	Q. Mean hours of sleep on a school night. Possible responses: more than 8 hours / less than 6 hours.	Total percentage of pupils sleeping more than 8 hours was 56.0% and total percentage of pupils sleeping less than 6 hours was 8.7%. Percentage of pupils sleeping (1) more than 8 hours and (2) less than 6 hours by pupil stage: P5: (1) 84.1%, (2) 1.5% P6: (1) 83.3%, (2) 1.2% P7: (1) 75.7%, (2) 1.1% S1: (1) 55.4%, (2) 9.6% S2: (1) 41.4%, (2)14.4% S3: (1) 32.3%, (2) 16.2% S4: (1) 26.6%, (2)16.4% S5: (1) 23.7%, (2) 16.5% S6: (1) 23.2%, (2) 15.4% Data is not nationally representative. Due to this, this source could not be used for grading.	**Socioeconomic status:** SIMD1: (1) 52.9%, (2) 10.9% SIMD2: (1) 53.4%, (2) 9.8% SIMD3: (1) 55.9%, (2) 8.6% SIMD4: (1) 56.6%, (2) 8.2% SIMD5: (1) 60.5%, (2) 6.0% Not known: (1) 60.8%, (2) 7.2% **Gender**: Girls: (1) 84%, (2) 9.6% Boys: (1) 87.1%, (2) 7.7% Not known: (1) 95.5%, (2) 7% Data is not nationally representative. Due to this, this source could not be used for grading.
Growing Up in Scotland (GUS) Sweep 11 2025 Published October 2025 Growing Up in Scotland | Data documentation	At sweep 11, a total of 2381 interviews were achieved with the original sample through either face-to face, web and/or telephone data collection with either a cohort member or their parent.	Taking place between 2021 and 2023, this sweep used a combination of approaches as a result of COVID-19 restrictions on in-home data collection. Young people were invited to complete a web questionnaire and participate in a telephone or face-to-face interview. Where the interview was in-home, they also had their height and weight measured and completed cognitive assessments. Parents/carers were asked to complete a web questionnaire which could also be	First sweep of data was collected in 2021, which makes it outdated for the report card. Due to this, this source could not be used for grading.	First sweep of data was collected in 2021, which makes it outdated for the report card. Due to this, this source could not be used for grading.

		conducted as a telephone interview. Questions: Thinking about when you have school, college or work the next day. How many hours of sleep do you usually get? Please only include time when you are asleep – don't include any time you might spend lying in bed before falling asleep. Now thinking about when you do not have school, college or work the next day. How many hours of sleep do you usually get? Again, please only include time when you are asleep – don't include any time you might spend lying in bed before falling asleep.		

Overall Physical Activity

AHKGA Benchmark: % of children and adolescents who meet the Global Recommendations (WHO, 2020) on Physical Activity for Health, which recommend that children and adolescents (5-17 years) accumulate an average of at least 60 minutes of moderate- to vigorous-intensity physical activity (MVPA) per day. Children under 5 years of age who are capable of walking unaided should be physically active daily at any intensity for at least 180 minutes, spread throughout the day, and this should include 60 minutes of MVPA for children aged 3-4 years (WHO, 2019; UK Chief Medical Officers, 2019; Canadian Society for Exercise Physiology, 2017). When an average cannot be estimated, % of children and adolescents meeting the guidelines on at least 4 days per week is considered.

Summary of methods of measurement: Data sources used self/parent report of physical activity or MVPA.

SHeS 2024 and HBSC Scotland 2022 were identified as the most suitable data sources. However, SHeS 2024 provided data on physical activity levels, but no information on intensity of physical activity was collected. The data could therefore not be used to grade against the benchmark. Data from HBSC Scotland 2022 were used although it should be noted that this only covers adolescents aged 11-15 years. Overall, 71% of adolescents participated for at least 60 min in MVPA per day on at least 4 days per week, therefore a B grade for adolescents was assigned.

Grade: Based on available evidence, the Overall Physical Activity indicator was graded **B (67%-73%)**.

This grade is based on the new AHKGA benchmark. The grade would have been a **D- (20%-26%)** for adolescents if using the old benchmark of daily ≥60 min MVPA as used in previous report cards. According to HBSC Scotland 2022, only 23% of adolescents engaged in MVPA for at least 60 min every day.

Gaps in Evidence: The SHeS survey continues to lack a comprehensive measurement of MVPA, as highlighted in previous Active Healthy Kids Scotland report cards.

Survey name, year data collected, name of the report and year report published and links (s) to the document / survey	Details of participants	Method of measurement (Including the questions asked in the survey to measure the indicator)	Main findings	Findings on inequalities
Health Behaviour in School-Aged Children (HBSC) 2022 Published June 2023 Health Behaviour in School-aged Children (HBSC) Scotland Study	A nationally representative sample of 4,388 pupils aged 11, 13 and 15 (P7, S2 and S4) participated in the 2022 Scottish HBSC survey. Post-stratification weighting of the sample was applied to make the sample representative of Scottish P7, S2 and S4 school pupils with respect to several school and individual level characteristics: proportion of pupils in each local authority; school-funding; school Scottish Government 6-point urban-rural classification. The methodology for post stratification adjustments was the use of raking weights. Data was collected in School as normal. Covid-19 absences impacted response rates – some schools declined to participate due to the pandemic. This was anticipated so more schools were approached initially.	Method: A self-completion questionnaire administered by teachers in class. Questions: Physical Activity is any activity that increases your heart rate and makes you get out of breath some of the time. Physical activity can be done in sports, school activities, playing with friends, or walking to school. Some examples of physical activity are running, walking quickly, cycling, dancing, skateboarding, swimming, football and gymnastics. Over the past 7 days, on how many days were you physically active for a total of at least 60 minutes per day? (Please add up all the time you spend in physical activity each day) (0 days / 1 day / 2 days / 3 days / 4 days / 5 days / 6 days / 7 days)	In 2022, 23% of adolescents (28% boys, 19% girls) engaged in moderate to vigorous physical activity (MVPA) for at least 60 minutes every day. Daily MVPA was more common amongst 11-year-olds and decreased with age. Furthermore, 61% of young people took part in leisure time vigorous exercise (outside of school hours) at least three times a week.	**Socioeconomic status:** 57.8%, 71.5%, and 80.8% of adolescents from low-, middle-, and high-affluence families, respectively, participated in at least 60 min of MVPA for 4 days or more per week. (17.5%, 22.8%, and 32.5% of adolescents from low-, middle-, and high-affluence families, respectively, participated in daily 60 min of MVPA.) **Gender:** 76.9% of boys and 65.2% of girls participated in at least 60 min of MVPA for 4 days or more per week. (28.1% of boys and 20.0% of girls participated in daily 60 min of MVPA.) **Disability:** 71.0% and 70.9% of adolescents with and without long-term illnesses or disabilities participated in at least 60 min of MVPA for 4 days or more per week. (29.1% and 23.5% of adolescents with and without long-term illnesses or disabilities participated in daily 60 min of MVPA.
Health & Wellbeing Census 2022 Published February 2023	In total 134,044 responses (P5-S6 pupils) were included in the analysis dataset. Number of for each stage as follows:	Question: How often do you usually do any physical activity in your free time (outside school hours) so much	(1) Percentage of pupils doing any PA in their free time outside of schools so much that you get out of breath or	Those from the most deprived areas are less likely to undertake 2 hours or more physical activity in their free

Health and Wellbeing Census Scotland 2021-2022: technical report - gov.scot	P5 (19,565 – 70.6%) P6 (19,316 – 69.3%) P7 (20,081 – 72.3%) S1 (17,672 – 65.5%) S2 (16,688 – 61%) S3 (15,315 – 56.4%) S4 (11,738 – 45.3%) S5 (8,729 – 38.5%) S6 (4,940 – 30%) The HWB Census is a local authority administered collection, implemented for the first time in the 2021-22 school year. responses and response rates.	that you get out of breath or sweat? (At least once a week)	sweat? At least once a week. (2) Percentage of pupils doing 2 hours or more Physical activity the previous day P5: (1) 85.5% (2)27.5% P6: (1) 87.8% (2) 32.0% P7: (1) 88.6% (2) 34.6% S1: (1) 87.1% (2) 33.5% S2: (1) 85.8% (2) 33% S3: (1) 86% (2)32.6% S4: (1) 82.3% (2)28% S5: (1) 81.2% (2)23.8% S6: (1) 82% (2)21.1% Total: (1) 85.9% (2)30.8% Data is not nationally representative. Due to this, this source could not be used for grading.	time (and more likely to have done no or less than one hour of physical activity yesterday); Those from most deprived areas are less likely to do any physical activity in their free time every day or at least once a week. Data is not nationally representative. Due to this, this source could not be used for grading.
Scottish Health Survey (SHeS) 2022 Published December 2023 9 Physical Activity - The Scottish Health Survey 2022 – volume 1: main report - gov.scot	A nationally representative sample of 1,764 children total (aged 0-15).	Questions: No information on intensity is collected. Access to 2022 questionnaire currently unavailable for retrieval of exact questions. The questions on child physical activity are slightly less detailed than those for adults. No information on intensity is collected (with the exception of asking those aged 13-15 about their walking pace). The questions cover: The questions on child physical activity are slightly less detailed than those for adults. No information on intensity is collected (with the exception of asking those aged	The Scottish Health Survey did not measure PA intensity. Due to this, this source could not be used for grading.	The Scottish Health Survey did not measure PA intensity. Due to this, this source could not be used for grading.

		13-15 about their walking pace). The questions cover: • sports and exercise • active play including housework and gardening • Walking • Where appropriate, data are collected and reported for physical activity undertaken at and outside of school.		
Scottish Health Survey (SHeS) 2023 Published November 2024 The Scottish Health Survey 2023 - volume 1: main report	A nationally representative sample of 2,184 children total (aged 0-15).	Questions: No information on intensity is collected. Access to 2023 questionnaire currently unavailable for retrieval of exact questions. The questions on child physical activity are slightly less detailed than those for adults. No information on intensity is collected (with the exception of asking those aged 13-15 about their walking pace). The questions cover: • sports and exercise • active play including housework and gardening • walking Where appropriate, data are collected and reported for physical activity undertaken at and outside of school.	The Scottish Health Survey did not measure PA intensity. Due to this, this source could not be used for grading.	The Scottish Health survey did not measure PA intensity. Due to this, this source could not be used for grading.
Scottish Health Survey (SHeS) 2024 Published October 2025	A nationally representative sample of 1,986 children in total (aged 0-15y).	Questions: No information on intensity is collected. The questions on child physical activity are slightly	The Scottish Health Survey did not measure PA intensity. Due to this, this source could not be used for grading.	The Scottish Health survey did not measure PA intensity. Due to this, this source could not be used for grading.

		less detailed than those for adults. No information on intensity is collected (with the exception of asking those aged 13-15 about their walking pace). The questions cover: • sports and exercise • active play including housework and gardening • walking Where appropriate, data are collected and reported for physical activity undertaken at and outside of school.		

Organised Sport and Physical Activity

AHKGA Benchmark: % of children and youth who participate in organized sport and/or physical activity programmes. The benchmark includes sport AND exercise/physical activities, so this indicator is not solely sport, and the key word is 'organised' (i.e. the indicator is organised sport and physical activity). There is no recommendation for the frequency/duration of organised sport and physical activity participation.

Summary of methods of measurement: Data sources used online, self/parent report and survey methods.

Grade: Based on available evidence, the Organised Sport and Physical Activity indicator was graded **B (67%-73%)**.

The SHeS 2024 and HBSC 2022 surveys have been identified as suitable data sources. SHeS 2024 reported that 66% of children and adolescents aged 2-15 years participated in organised sport. Similarly, according to HBSC Scotland 2022, 70% of adolescents aged 11-15 years participated in sports at least once or twice a month. Therefore, a B grade was assigned.

Gaps in Evidence: Adolescent data not available (from age 16 years) because SHS (2023) treats adolescents at this age as adults and combines adolescent data 9 from age 16 years with adult data making it difficult to identify older adolescent data.

Survey name, year data collected, name of the report and year report published and links (s) to the document / survey.	Details of participants	Method of measurement (Including the questions asked in the survey to measure the indicator)	Main findings	Findings on inequalities
Health Behaviour in School-Aged Children (HBSC) 2022 Published June 2023 Health Behaviour in School-aged Children (HBSC) Scotland Study	A nationally representative sample of 4,388 pupils aged 11, 13 and 15 (P7, S2 and S4) participated in the 2022 Scottish HBSC survey. Post-stratification weighting of the sample was applied to make the sample representative of Scottish P7, S2 and S4 school pupils with respect to several school and individual level characteristics: proportion of pupils in each local authority; school-funding; school Scottish Government 6-point urban-rural classification. The methodology for post stratification adjustments was the use of raking weights. Data was collected in School as normal. Covid-19 absences impacted response rates – some schools declined to participate due to the pandemic. This was anticipated so more schools were approached initially.	Method: A self-completion questionnaire administered by teachers in class. Questions: Participation in organised leisure activities. Leisure time should be understood as time you have for yourself when you do not have to do any homework or housework; you can, for example, do your hobbies (sport, drawing, reading, and many others) In your leisure time, how often do you do any of the following organised activities? Organised activities should be understood as activities carried out under the leadership of a coach, teacher, instructor or leader. The response scale was "I don't do this type of activity", "About once or twice a month", "Once a week", and “Twice a week or more".	Overall, 71% of adolescents participated in sports at least once or twice a month.	**Socio economic status:** 55% of adolescents from low-affluent families participated in sports at least once or twice a month compared to 71% and 82% of those from medium- and high-affluent families. **Gender:** 76% of boys versus 66% of girls participated in sports at least once or twice a month. **Disability:** 66% of adolescents with long-term illness or disability participated in sports at least once or twice a month compared to 71% of those without long-term illness or disability.
Scottish Household Survey (SHS) 2023 Published November 2024	The final number of social survey interviews achieved was 10,543. This is above the target of 10,450 interviews and	/	Data could not be found for any sport or organised PA data for children or adolescents (only adults) in their report which provides	Data could not be found for any sport or organised PA data for children or adolescents (only adults) in their report which provides

Scottish Household Survey results - gov.scot	represents an overall response rate of 46%. There was a target of at least 80 completed physical surveys for each local authority along with a target of 3,004 surveys for Scotland. The 3,151 surveys achieved for Scotland in 2023 exceeded the target of 3,004, but there were fewer than 80 physical survey responses for 10 local authorities.		2023 SHS data. Could not find any using their searchable online data explorer (only adult data; noting that adults considered as from age 16 y in SHS and SHeS). Due to this, this source could not be used for grading.	2023 SHS data. Could not find any using their searchable online data explorer (only adult data; noting that adults considered as from age 16 y in SHS and SHeS). Due to this, this source could not be used for grading.
Scottish Health Survey (SHeS) 2023 Published November 2024 The Scottish Health Survey 2023 - volume 1: main report - gov.scot Organised sport information can be found in this supplementary data section. Scottish Health Survey	A nationally representative sample of 2,184 children total (aged 0-15).	SHeS data on organised sport participation in 'children' in previous week (2-15y olds).	Participation in sport was 68% overall. A more recent version of this source had been published. Due to this, this source was not used for grading.	**Socioeconomic status:** SHeS 2023 reported that 60% of children and adolescents from most deprived areas participated in sport compared to 81% of those from least deprived areas. **Gender:** SHeS 2023 reported that 69% of boys and 67% of girls participated in sport. **Disability;** Fewer children and adolescents with limiting (56%) and non-limiting (78%) long term conditions respectively, participated in sport compared to those with no long-term conditions (70%) (SHeS 2023). A more recent version of this source had been published. Due to this, this source was not used for grading.
Scottish Health Survey (SHeS) 2024	A nationally representative sample of 1,986 children in total (aged 0-15y).	SHeS data on organised sport participation in 'children' in previous week (2-15y olds).	Participation in sport was 66% overall.	**Socioeconomic status:** SHeS 2024 reported sport participation rates of 55% and

Published October 2025 The Scottish Health Survey 2024 - volume 1: main report - gov.scot				78% for those from most and least deprived areas, respectively. **Gender:** SHeS 2024 reported both 66% of boys and girls participated in sports. **Disability:** 50% and 71% of children and adolescents with limiting and non- limiting long-term conditions, respectively, participated in sport compared to 69% of those with no long-term conditions.
Sport Scotland - 'Sport for Life' Annual review 2024 Published 2024 Sport For Life 2024 - Annual review - sportscotland the national agency for sport in Scotland	Data is from routine, internal monitoring across our programmes and national centres. EDI data from Active Schools is collected through our programme monitoring, data in this report is based on responses from 31 of the 32 local authorities.		No data on their website. Their Annual Report 'Sport for Life' doesn't seem to provide organised sport/PA data and data not available from their website. They provide an infographic on participation in Active Schools- the basis of this isn't clear and no details (e.g. ages) but says 38%; they also have an infographic stating that 50% of junior or youth take part in sport Scotland programmes, again no details or sources or methods given. It seems that they have limited data collected in very different ways by individual sport governing bodies but no other data. Due to this, this source could not be used for grading.	No data on their website. Their Annual Report 'Sport for Life' doesn't seem to provide organised sport/PA data and data not available from their website. This source could not be used for grading.

Active Play

AHKGA Benchmark: % of children and adolescents who engage in unstructured/unorganized active play at any intensity for more than 2 hours per day; or % of children and youth who report being outdoors for more than 2 hours per day.

Summary of methods of measurement: Data sources used online, and face-to-face self/ parent report interviews and survey methods.

Grade: An **INC (incomplete)** grade, as in previous report cards, was assigned to Active Play due to a lack of available evidence.

There is limited evidence on active play in Scotland, and the data available cannot be used for grading. HBSC (2022) did not report on active play. The SHeS (2023) also did not report on time spent in active play in their main report. We considered British Play surveys by Dodd et al. (2021, 2024), which asked parents to report on children's play. However, these were deemed ungradable as the sample sizes were too small, it was unclear when data was collected or data was collected pre-COVID-19, and any potential biases were unclear. This resulted in assigning an INC grade.

Gaps in Evidence: There is limited evidence on active play in Scotland, and the data available cannot be used for grading.

Survey name, year data collected, name of the report and year report published and links (s) to the document / survey	Details of participants	Method of measurement (Including the questions asked in the survey to measure the indicator)	Main findings	Findings on inequalities
Health Behaviour in School-Aged Children (HBSC) 2022 Published June 2023 Health Behaviour in School-aged Children (HBSC) Scotland Study	A nationally representative sample of 4,388 pupils aged 11, 13 and 15 (P7, S2 and S4) participated in the 2022 Scottish HBSC survey. Post-stratification weighting of the sample was applied to make the sample representative of Scottish P7, S2 and S4 school pupils with respect to several school and individual level characteristics: proportion of pupils in each local authority; school-funding; school Scottish Government 6-point urban-rural classification. The methodology for post stratification adjustments was the use of raking weights. Data was collected in School as normal. Covid-19 absences impacted response rates – some schools declined to participate due to the pandemic. This was anticipated so more schools were approached initially.	No information on active play is collected.	There was no mention of play data. Due to this, this source could not be used for grading.	There was no mention of play data. Due to this, this source could not be used for grading.
Scottish Health Survey (SHeS) 2023 Published November 2024	A nationally representative sample of 2,184 children total (aged 0-15).	No information on active play is collected.	Active play data was not available through the UK Data service. Number of days and time spent in active play not reported in main report or supplementary tables. Due to	Active play data was not available through the UK Data service. Number of days and time spent in active play not reported in main report or supplementary tables. Due to

The Scottish Health Survey 2023 - volume 1: main report - gov.scot			this, this source could not be used for grading.	this, this source could not be used for grading.
Scottish Health Survey (SHeS) 2024 Published October 2025 The Scottish Health Survey 2024 - volume 1: main report - gov.scot	A nationally representative sample of 1,986 children in total (aged 0-15y).	No information on Active play is collected.	Active play data was not available through the UK Data service. Number of days and time spent in active play not reported in main report or supplementary tables. Due to this, this source could not be used for grading.	Active play data was not available through the UK Data service. Number of days and time spent in active play not reported in main report or supplementary tables. Due to this, this source could not be used for grading.
British Preschool Children's Play Survey 2024 Published Oct 2024 The British Preschool Children's Play Survey: When, Where, and How Adventurously Do British Preschool-Aged Children Play? in: Journal of Physical Activity and Health Volume 21 Issue 11 (2024)	Participants were recruited via YouGov, which is a public opinion research company with over 1 million adult panelists in the United Kingdom. They were commissioned by the authors to collect data from a sample who were approximately national representative. YouGov panelists are recruited from a range of sources to ensure that there is diversity on the panel. For the present study, they drew on a subsample of the national panel that is representative of British adults and used active sampling, inviting specific panelists (ie, those with children in the target age range) to complete the survey. Participants gave informed consent (Cambridge University Ethics HSSREC.22·312), completed the survey online, and were given YouGov reward points in compensation for their time. Once data collection was	Participants were initially asked to indicate whether they were parents of children aged 2–4 years. Those who indicated they had children within this age range were then presented with the full survey and asked to answer for their oldest child within the age range.	Total hours spent playing (mean = 1467, SD = 736) was correlated with time spent playing outside (mean = 641, SD = 409), $r = .71$, $P < .001$, and hours playing adventurously (mean = 1165, SD = 812), $r = .67$, $P < .001$; hours spent playing outside correlated with hours spent playing adventurously, $r = .64$, $P < .001$. Outside of formal childcare, on average, preschool-aged children were reported to spend around 4 hours a day playing. Of this, around 1 hour 45 minutes per day was reported to happen outside. Data was collected in 2020, meaning the results are outdated for the current report card. Furthermore, sample of participants from Scotland was too small, and potential biases were unclear. Due to this, this source could not be used for grading.	Ethnicity and location were significant predictors of total time spent playing, after controlling for their respective confounding variables. Children living in rural areas were reported to spend more time playing overall than children living in urban areas. Children who were described as belonging to a minority ethnic group spent less time playing overall than children who were identified as being white. For total time spent playing outdoors, child sex and ethnicity were significant predictors after controlling for their respective confounding variables. Girls spent less time playing outdoors than boys. Children who belonged to a minority ethnic group spent less time playing outside than children who were identified as being white.

	complete, the final data set was weighted to the national profile of all adults aged 18+, including those without internet access. YouGov weighted the data based on age, gender, social class, region, and level of education. Analyses are conducted in a manner that takes these survey weights into account.			None of the exposures explored were significantly associated with time spent playing adventurously ($P > .05$). Data was collected in 2020, meaning the results are outdated for the current report card. Furthermore, sample of participants from Scotland were too small, and potential biases were unclear. Due to this, this source could not be used for grading.

Active Transportation

AHKGA Benchmark: % of children and youth who use active transportation to get to and from places (e.g., school, park, mall, friend's house).

Summary of methods of measurement: Data sources used online, face-to face self/parent report interview and survey methods.

Grade: Based on the existing evidence, the grade assigned was **C+ (54%-59%).**

The National Travel Survey, which presents Transport and Travel in Scotland results from the Scottish Household Survey (SHS) 2023, identified 46% of journeys under two miles were on foot in 2022 and 2% of journeys under five miles were by bicycle. According to Children's Walking and Cycling Index (CWCI) Scotland, 59% of all trips made by children were by active transportation (46% by walking, wheeling, scooting; 13% by cycling). Moreover, two thirds (66%) of children walk, wheel, or scoot more than five days a week. Additionally, Hands Up Scotland Survey 2024 identified that 47% of pupils are actively travelling to school. Therefore, a grade of C+ was assigned.

Gaps in Evidence: Most existing active travel data seems to have a focus on Commute to and from nursery/ school, there is a lack of nationally representative data describing active commuting to and from other places.

Survey name, year data collected, name of the report and year report published and links (s) to the document / survey	Details of participants	Method of measurement (Including the questions asked in the survey to measure the indicator)	Main findings	Findings on inequalities
National Travel Survey 2023 (presents transport and travel findings from the 2023 Scottish Household Survey) Published November 2024 Transport and Travel in Scotland 2023 | Transport Scotland	1,640 school children in total	Interview led survey, covers a number of topics related to travel and transport. Q1. How does (child) usually travel to school during term time? Walking, driver, car/van, passenger car/ van, motorcycle/ moped, bicycle, School bus, works, bus, ordinary (service) bus, Taxi/ minicab, rail, underground, ferry, aeroplane, Horse-riding, tram, other?	Over half of children (53%) walked to school, around a quarter (24%) travelled by car and under a fifth (18%) used a bus. 2% of all school children travelled to school by bicycle. Thus, 55% of all school children travelled to school actively. There was variation in mode of travel by age. In the 4 to 11 age group, 59% reported walking to school, compared to 46% in the 12 to 18 age group.	**Socioeconomic status:** higher number of state school pupils actively travelling to school vs independent schools.
Travel to School in Scotland Hands Up Scotland 2023: National summary report Published May 2024 Hands Up Scotland Survey 2023: National Summary Report	443,271 school pupils from nursery, primary and secondary. 39,889 nursery pupils. Responses were received from 483,160 pupils from all school types.	Annual survey of school pupils and nursery children in Scotland. The survey can be conducted on a class-by-class or whole school basis. All pupils of primary and secondary school age are asked to respond to the Hands Up Scotland Survey themselves. Assistance may be provided to nursery children or SEN pupils. Since 2016, an online survey platform has been made available to schools, in addition to the provision of paper survey forms to local authority officers for manual data entry. The majority of	The percentage of school pupils travelling actively to school is 49.3%.	**Socioeconomic status:** higher number of state school pupils actively travelling to school vs independent schools: 49.8% of state school pupils either walking, cycling, scootering or skating, vs. 21.0% of independent school pupils.

		local authorities opted to use the online survey platform. The question asked is 'How do you normally travel to school?' with the following 8 response options: • Walk • Cycle • Scooter/skate • Bus • Park & stride • Driven (car) • Taxi • Other		
Children's walking and cycling index Scotland 2024 Published February 2025 Children's Walking and Cycling Index Scotland 2024	The data in this report comes from an independent survey of 1,092 children aged 6 to 15. It is representative of all children aged 6–15 years old Scotland, not just those who walk, wheel or cycle.	The online behaviour and attitudinal survey was conducted from 16–22 May 2024 by international online research group YouGov.	66% of children walk, wheel or scoot more than five days a week. 46% of total trips made by children were done by walking, wheeling, and scooting and 13% through cycling, totalling 59%.	**Socioeconomic status:** CWCI 2024 reported a higher number of children/adolescents from lower socioeconomic backgrounds who walked, wheeled or used a scooter at least five times in the week prior to the survey. Specifically, 63% of children from higher socioeconomic group ABC1 and 73% of children from lower socioeconomic group C2DE. This suggests that children from lower socioeconomic backgrounds (C2DE) are more likely to engage in active travel (walking, wheeling, or using a scooter) than those from higher socioeconomic backgrounds (ABC1). **Gender:** CWCI 2024 reports that a greater proportion of girls walked, wheeled or scooted to school compared to boys (54% and 48%, respectively), although cycling to school rates are similar (12% of boys, 10% of girls). For secondary school pupils, the pattern was similar: 6% of girls

				cycled to schools vs 8% of boys; 46% of girls walked, wheeled or scooted vs 40% of boys. The CWCI (2024) reported 67% of girls and 65% of boys walked, wheeled or used a scooter at least five times in the week prior to the survey, and 16% of girls and 22% of boys cycled at least five times in the week prior to the survey. **Disability:** The Children's Walking and Cycling Index Scotland (2024) reported 52% of disabled children and 68% of non-disabled children walked, wheeled or used a scooter at least five times in the week prior to the survey, and 16% of disabled children and 20% of non-disabled children cycled at least five times in the week prior to the survey. Importantly, this active travel is non-specific as there was no data to show school trip details for children with disabilities.
Growing Up Scotland (GUS) - Sweep 11 2025 Published October 2025 Growing Up in Scotland | Data documentation	A total of 2649 cohort members or their parents/ carers participated at Sweep 11 with data provided by 2484 young people and 1979 parents/carers.	Now thinking about getting to the place you study or work. How do you usually travel?	The questions did not meet the benchmark. Due to this, this source could not be used for grading.	The questions did not meet the benchmark. Due to this, this source could not be used for grading.

Physical Fitness

AHKGA Benchmark: Characteristics that permit a good performance of a given physical task in a specified physical, social, and psychological environment. Data on physical fitness indicators (e.g., cardiorespiratory fitness, grip strength, balance) should be interpreted using sex-specific and age-specific European normative values published by Tomkinson et al. (2018).

Summary of methods of measurement: Not available

Grade: An **INC (incomplete)** grade has been assigned due to the absence of nationally representative data on physical fitness among children and young people in Scotland. The grading for the current report card remains consistent with the previous report card due to a continued lack of suitable evidence.

Gaps in Evidence: There is a lack of nationally representative data on physical fitness among children and adolescents in Scotland. These gaps in evidence for physical fitness indicators persist as highlighted in previous Active Healthy Kids report cards.

Diet

AHKGA Benchmark: % of children and adolescents meeting the Scottish Dietary Goals (SDGs) (Scottish Government, 2016), which include: (1) energy density of the diet to be ≤125 kcal/100g, (2) total fat intake to be ≤35% of food energy, (3) saturated fat intake to be ≤11% of food energy, (4) trans fat intake to be <1% of food energy, (5) free sugars intake to be ≤5% of food energy, (6) total carbohydrate intake to be ~50% of total energy, (7) fibre intake to be ≥ 15 g/day for 2-4y ≥20 g/day for 5-10y ≥25 g/day for 11-15y, (8) salt intake to be <6g/day (in adults), (9) fruit and vegetables consumption to be >400 g/day (in adults) (five or more portions per day), (10) red and red processed meat consumption to be ≤70 g/day (in adults), (11) a portion of oily fish (140g in adults) consumed at least once per week

Grade: Based on the available evidence only 4 out of the 11 Scottish Dietary Goals are being met by the majority of children, the Diet indicator was graded **D- (we are succeeding with 20%-26% of children).**

The Dietary Intake in Scotland's Children (DISH) 2024 study found that diets across all demographic groups were too energy dense, with only 15% of children and adolescents meeting the energy density goal. Adolescents aged 11–15 years had significantly more energy-dense diets than younger children. Saturated fat intake also exceeded recommendations across all groups, with just 13% meeting the goal, while average free sugar intake was above the recommended level overall and across all demographic groups with only 8% meeting the goal; adolescents were significantly less likely than younger children to meet this goal. Most children and adolescents achieved the Scottish Dietary Goals (SDGs) for total fat (61%), trans fat (99%), and total carbohydrates (68%), with average intakes meeting population targets. However, fibre intake remained low, with only 16% of children and adolescents aged 2–15 years meeting the goal, including just 7% of those aged 11–15 years, and average intakes below age-specific recommendations across all demographic groups. The DISH survey did not report the proportion meeting fruit and vegetable guidelines but did report that children and adolescents did not meet the goal overall and similarly failed to meet the goals for salt and oily fish intakes but did meet the goal for red and processed meat intakes. Conclusions for these four goals however are limited by the fact there are not specific goals for children.

SHeS 2024 did not collect data on children's diets. However, SHeS 2023 reported that fewer than one in five (18%) children aged 2–15 years consumed five or more portions of fruit and vegetables per day. It did not report on other SDGs. Overall, 4 of the 11 Scottish Dietary Goals were met, although several demographic groups remained far from achieving a number of the remaining targets. Therefore, a grade of D- was assigned.

Gaps in Evidence: Data is lacking for older adolescents aged 16-18 years. Additional sources like the Food Standards Scotland Cost of Living Survey provide useful context (e.g., how affordability affects diet) but cannot be graded as they do not directly measure children's dietary intake against benchmarks.

Survey name, year data collected, name of the report and year report published and links (s) to the document / survey	Details of participants	Method of measurement (Including the questions asked in the survey to measure the indicator)	Main findings	Findings on inequalities
Health Behaviour in School-Aged Children (HBSC) 2022 Published June 2023 Health Behaviour in School-aged Children (HBSC) Scotland Study	A nationally representative sample of 4,388 pupils aged 11, 13 and 15 (P7, S2 and S4) participated in the 2022 Scottish HBSC survey. Post-stratification weighting of the sample was applied to make the sample representative of Scottish P7, S2 and S4 school pupils with respect to several school and individual level characteristics: proportion of pupils in each local authority; school-funding; school Scottish Government 6-point urban-rural classification. The methodology for post stratification adjustments was the use of raking weights. Data was collected in School as normal. Covid-19 absences impacted response rates – some schools declined to participate due to the pandemic. This was anticipated so more schools were approached initially.	Method: A self-completion questionnaire administered by teachers in class.	Data does not meet the benchmarks. Due to this, this source could not be used for grading.	Data does not meet the benchmarks. Due to this, this source could not be used for grading.
Health & Wellbeing Census (2022) Published February 2023 Health and Wellbeing Census Scotland 2021-2022: technical report - gov.scot	In total 134,044 responses (P5-S6 pupils) were included in the analysis dataset. Number of for each stage as follows: P5 (19,565 – 70.6%) P6 (19,316 – 69.3%) P7 (20,081 – 72.3%) S1 (17,672 – 65.5%)	How often do you usually eat fruit? How often do you usually eat vegetables?	(1) Total percentage of pupils eating fruit at least once a day, (2) total percentage of pupils eating vegetables at least once a day Percentage of pupils sleeping (1) more than 8 hours and (2)	Children and young people from most deprived areas are less likely to eat fruit and vegetables at least once a day. Data is not nationally representative. Due to this, this

	S2 (16,688 – 61%) S3 (15,315 – 56.4%) S4 (11,738 – 45.3%) S5 (8,729 – 38.5%) S6 (4,940 – 30%) The HWB Census is a local authority administered collection, implemented for the first time in the 2021-22 school year. responses and response rates.		less than 6 hours by pupil stage: P5: (1) 40.2% (2) 28.8% P6: (1) 40.7%, (2) 30% P7: (1) 40.8%, (2) 31.5% S1: (1) 34.5% (2) 32.4% S2: (1)33.1% (2)32.4% S3: (1) 30.4% (2) 31.7% S4: (1) (2) S5: (1) 29.6% (2) 33.9% S6: (1) 30.6% (2) 37.5% Data is not nationally representative. Due to this, this source could not be used for grading.	source could not be used for grading.
Food standards Scotland Cost of Living Survey 2023 Published April 2023 https://www.foodstandards.gov.scot/downloads/Cost_of_Living_Omnibus_Research_October_2022.pdf	The target sample was 1,500 adults aged 16 years or older, representative of the demographic composition of adults in Scotland. Quotas were set on age, gender, region and ethnicity to help return a representative sample. A boost sample of 250 parents with children aged under 16 years was also targeted, in order to ensure a sufficiently large sample for analysis, of parents across sociodemographic groups. A final sample size of 1,764 respondents was achieved: • 1,514 nationally representative sample of adults aged 16 years or older • 250 boost sample of parents of children aged under 16 years.	A quantitative online survey to assess consumer attitudes towards the diet and food environment in Scotland was carried out by JRS, an independent research consortium. 15 questions conducted 22nd-28th September.	A recent survey by Food Standards Scotland (FSS) found that nearly two out of three Scottish adults are concerned about their household finances, which has affected what they can eat and their shopping habits. Respondents reported taking some concerning actions to ease the impact of the cost-of-living crisis, with around half going without (or considered going without) essential food items or skipping meals. Just over one fifth said they were buying less fresh fruit and vegetables, which rose to just under a third in areas most affected by poverty. Around a third said their diet was less healthy because of the cost-of-living crisis, with healthy	Data does not meet the benchmarks. Due to this, this source could not be used for grading.

			eating being considered less of a priority. Data does not meet the benchmarks. Due to this, this source could not be used for grading. However, it provided insight into the cost of living regarding food.	
Scottish Health Survey (SHeS) 2023 Published November 2024 The Scottish Health Survey 2023 - volume 1: main report - gov.scot	A nationally representative sample of 2,184 children total (aged 0-15).	Data on fruit and vegetable consumption among children was measured using the same survey questions utilised in previous years, based on a 24hr recall.	Just under a fifth (18%) of children aged 2-15 consumed five or more portions of fruit and vegetables per day, a proportion similar to 2021 (20%) and 2022 (21%) and remaining higher than in earlier years (13% in 2008). Fruit and vegetable consumption was higher among children aged 2-7 (mean of 3.4 portions per day) compared with children aged 8-15 (mean of 2.8 portions per day).	**Socio-economic status:** Not available in 2023. 2022 showed little variation by area deprivation in those consuming 5 or more portions of fruit and vegetables a day, but the most deprived were more likely to consume none than the least deprived (12% versus 7%). **Gender:** The SHeS (2023) reported little difference in intake between boys versus girls with 18% of boys versus 19% of girls consuming five or more portions of fruit and vegetables per day with a mean intake of 3 portions/day in boys versus 3.1 in girls. Disability: SHeS 2023 did report that fewer children and adolescents with limiting and non-limiting long-term conditions (14% and 13%, respectively) were meeting the recommended fruit and vegetable consumption compared to those with no

				long-term conditions (19%). Children and adolescents with limiting long term conditions were also more likely to report consuming no fruit and vegetables (15%) compared with those with non-limiting conditions (4%) and those with no long-term conditions (6%).
Scottish Health Survey (SHeS) 2024 Published October 2025 The Scottish Health Survey 2024 - volume 1: main report - gov.scot	A nationally representative sample of 1,986 children in total (aged 0-15y).	The SHeS 2024 did not collect data on children's diets.	SHeS 2024 did not collect data on children's diets. Due to this, this source could not be used for grading.	SHeS 2024 did not collect data on children's diets. Due to this, this source could not be used for grading.
Dietary intake in Scotland's Children, DISH (2024) Published January 2025 Dietary Intake in Scotland's CHildren (DISH) research report | Food Standards Scotland	This report provides up to date information on the dietary intakes of 1,700 children and young people aged 2 to 15 years living in Scotland, during 2024.	Diet data were collected in DISH using an online platform called Intake24. Up to four 24-hour dietary recalls were collected from each child. Diets were reported by parents/guardians for children in pre-school or primary school. Children in secondary school had the opportunity to report their own diets. A majority (61%) of secondary school children completed the survey themselves, including additional questions on purchasing food and drink off school grounds during their lunch break, using food delivery apps and consumption of energy drinks. Parents/guardians also answered questions on food insecurity. Frequency of oily fish consumption was	Most children and young people achieved the Scottish Dietary Goals for total fat, trans fat and total carbohydrate (see Executive Summary Table 1). However, overall and across all demographic groups, diets were too energy dense. 15% of children and young people met the energy density goal. Young people aged 11 to 15 years had significantly more energy-dense 15 diets than younger children: 181 kcal/100g versus 146 kcal/100g in children aged 2 to 4 years, both exceeding the goal of ≤125 kcal/100g. Intake of saturated fat was also higher than recommended, overall and across all demographic groups. 13% of children and	**Socioeconomic status:** DISH 2024 reported few differences in adherence to the Scottish Dietary Goals according to socioeconomic status. The two exceptions were fibre and fruit and vegetables. Children and adolescents living in the least deprived areas were more than twice as likely to meet the fibre goal than those living in the most deprived areas (25% vs 11%). Those living in the least deprived areas also had significantly higher fruit and vegetable consumption compared to those living in the most deprived areas. According to SHeS 2023, fewer children and adolescents (ages 2-15) from most deprived areas are meeting the recommended fruit and

		assessed using a survey question instead of Intake24. The final sample was 1,700 children and young people. Most (84%) participants completed two or more recalls; 32% completed four recalls.	young people met the saturated fat goal. Intake of free sugars was 11% of energy overall, twice the recommended goal of ≤5%. On the other hand, fibre intake was too low. Overall, 8% of children and young people met the free sugars goal and 16% met the fibre goal. Consistent with observations for energy density, young people aged 11 to 15 years had significantly higher free sugars intake (12% of energy versus 9% of energy in children aged 2 to 4 years) and lower fibre intake relative to the age specific recommendation (7% met the age-specific recommendation versus 32% of children aged 2 to 4 years).	vegetable consumption compared to those from least deprived areas (15% vs 21%). **Gender:** DISH 2024 reported few differences between boys and girls in adherence to the Scottish Dietary Goals. Boys were more likely than girls to meet the goal for free sugars (10% versus 7%), fibre (21% vs 12%), and consume more fruit and vegetables. However, SHeS 2023 reported small differences in fruit and vegetable consumption with 17% of boys versus 19% of girls consuming five or more portions of fruit and vegetables per day. **Disability:** No information on disability was provided.
Growing Up Scotland (GUS) Sweep 11 - 2025 Published October 2025 Growing Up in Scotland | Data documentation	A total of 2649 cohort members or their parents/ carers participated at Sweep 11 with data provided by 2484 young people and 1979 parents/carers.	Conducted between 2021 and 2023, sweep 11 used a combination of approaches, as a results of COVID-19. Young people were invited to complete a web questionnaire and participate in a telephone or face-to-face interview. Parents/carers were asked to complete a web questionnaire, either by telephone or through self-completion on the interview's laptop.	Data does not report on the benchmarks. Due to this, this source could not be used for grading.	Data does not report on the benchmarks. Due to this, this source could not be used for grading.

Obesity

AHKGA Benchmark: % (prevalence) of obesity in children and adolescents. Obesity is an excess of body fatness (a level of body fatness which increases risk of disease) and so, ideally, the prevalence of obesity should be estimated based on body fatness measures from national surveys. In Scotland, as in most other countries, body fatness is not measured and a simpler proxy for body fatness, the Body Mass Index (BMI) for age, is used to estimate prevalence of obesity. Systematic reviews and SIGN guidelines have shown that BMI-for-age has low-moderate sensitivity for detection of children and adolescents with high body fatness (a moderately high false negative rate) and so is conservative.

Grade: As in previous Active Healthy Kids Scotland Report Cards, we identified two relevant data sources on obesity prevalence in Scotland (Public Health Scotland Primary 1 BMI Statistics 2023/24 and SHeS 2024) are limited and based on BMI-for-age. The Primary 1 BMI Statistics 2023/24, which only covers Primary 1 children (age 5), indicated an obesity prevalence rate of 11%. According to SHeS 2024, the obesity prevalence rate was 18% among 2–15-year-olds although incorrect reference data was used for under-5s. Furthermore, older adolescents (16–17-year-olds) were treated as adults and included in the adult SHeS data with incorrect use of adult BMI. Given the surveillance limitations, an **INC (incomplete)** grade was assigned.

Gaps in evidence: As in the previous Active Healthy Kids Scotland Report Cards, we note that data sources on obesity prevalence are limited in Scotland. Public Health Scotland provides data annually on a high percentage of children in primary 1, based on routinely collected data. SHeS provides data on 2–15-year-olds but not on older adolescents—16–17-year-olds are treated as adults and included in the adult SHeS data with incorrect use of adult BMI definitions of overweight and obesity. SHeS data are aggregated across the wide age range 2-15 years and cannot be disaggregated usefully (e.g., by age, sex, socioeconomic status) because the sample sizes in any subgroup are small.

Survey name, year data collected, name of the report and year report published and links (s) to the document / survey	Details of participants	Method of measurement (Including the questions asked in the survey to measure the indicator)	Main findings	Findings on inequalities
Health Behaviour in School-Aged Children (HSBC) 2022 Published June 2023 Health Behaviour in School-aged Children (HBSC) Scotland Study	A nationally representative sample of 4,388 pupils aged 11, 13 and 15 (P7, S2 and S4) participated in the 2022 Scottish HBSC survey. Post-stratification weighting of the sample was applied to make the sample representative of Scottish P7, S2 and S4 school pupils with respect to several school and individual level characteristics: proportion of pupils in each local authority; school-funding; school Scottish Government 6-point urban-rural classification. The methodology for post stratification adjustments was the use of raking weights. Data was collected in School as normal. Covid-19 absences impacted response rates – some schools declined to participate due to the pandemic. This was anticipated so more schools were approached initially.	The phrase 'too fat' was changed to 'overweight' and the phrase 'too thin' was changed to 'underweight' PERCEPTION OF BODY WEIGHT Q - Do you think your body is.....? (Very underweight / A bit underweight / Neither underweight nor overweight / A bit overweight / Very overweight).	Over half (56%) of young people thought their body was neither under- or overweight, and this did not vary significantly by age or gender. One quarter (25%) of young people thought they were overweight. Data does not meet the benchmarks. Due to this, this source could not be used for grading.	Data does not meet the benchmarks. Due to this, this source could not be used for grading.
Public Health Scotland (2023) - BMI of Primary 1 Children in Scotland Published December 2023	This annual release from Public Health Scotland (PHS) provides statistics on high, low and healthy body mass index (BMI) for Primary 1 school children (those aged around 5	Height and weight measured, and BMI assessed under UK 1990 reference standards. Epidemiological thresholds used: Overweight (BMI greater than or equal to 85th centile and less than 95th	In school year 2022/23, 76.8% of Primary 1 children measured had a healthy weight, 21.9% were at risk of overweight or obesity and 1.3% were at risk of underweight.	**Socio-economic status:** In 2022/23, children in more deprived areas were less likely to have a healthy weight, compared to 81.9% in the least deprived areas. The disparity was most noticeable in the risk

Primary 1 Body Mass Index (BMI) statistics Scotland - School year 2022 to 2023 - Primary 1 Body Mass Index (BMI) statistics Scotland - Publications - Public Health Scotland.	years old), and includes data for school years. In school year 2022/23, a total of 48,995 children had a Primary 1 review including valid height and weight information recorded on the CHSP-S system. This equates to 89.3% of the estimated population of 5 year olds living in Scotland in mid-2022*. Coverage was high in all NHS Board areas with data recorded for between 69% to 96% of the estimated population of 5-year olds.	centile. Obesity (BMI greater than or equal to 95th centile). Clinical thresholds are also available.	Due to surveillance limitations (use of BMI-for-age and focus on Primary 1), this source could not be used for grading.	of obesity, with children in deprived areas being twice as likely to be at risk (13.9%) compared to those in less deprived areas (6.8%). Additionally, children in deprived areas were more likely to be at risk of overweight (12.9% vs 10% in less deprived areas). **Gender:** In 2022/23, a slightly smaller proportion of boys in Primary 1 had a healthy weight than girls (76.4% boys; 77.2% girls). The proportion of children at risk of overweight or obesity was similar for boys and girls (21.9% boys; 22.0% girls). A higher proportion of boys were at risk of being underweight (1.8%) compared to girls (0.8%). Due to surveillance limitations, this source could not be used for grading.
Public Health Scotland – BMI of Primary 1 Children in Scotland 2024 Published November 2024 Primary 1 Body Mass Index (BMI) statistics Scotland - School year 2023 to 2024 - Primary 1 Body Mass Index (BMI) statistics Scotland - Publications - Public Health Scotland.	In school year 2023/24, a total of 46,889 children had a Primary 1 review including valid height and weight information recorded on the CHSP-S system. This equates to 88.6% of the estimated population of 5 year olds living in Scotland in mid-2023. Coverage was high in all NHS Board areas with data recorded for between 69% to 99% of the estimated population of 5-year olds.	In school year 2023/24, a total of 46,889 children had a Primary 1 review including valid height and weight information recorded on the CHSP-S system. This equates to 88.6% of the estimated population of 5 year olds living in Scotland in mid-2023. Coverage was high in all NHS Board areas with data recorded for between 69% to 99% of the estimated population of 5-year olds.	In school year 2023/24, 76.5% of Primary 1 children measured had a healthy weight, 22.3% were at risk of overweight or obesity and 1.2% were at risk of underweight. Due to surveillance limitations (use of BMI-for-age and focus on Primary 1), this source could not be used for grading.	**Socioeconomic status:** In 2023/24, children living in more deprived areas were less likely to have a healthy weight. Among children living in the most deprived fifth of areas 72.0% had a healthy weight, compared to 82.0% in the least deprived areas. Inequalities are most pronounced in the risk of obesity. Children living in more deprived areas were more than twice as likely to be at risk of obesity (14.0%) than children living in the least

				deprived areas (6.4%), and were also more likely to be at risk of overweight (12.7% in the most deprived areas, compared to 10.5% in the least deprived areas). The proportion of children at risk of underweight is similar for children in all deprivation categories. PHS 2024 reports that higher obesity rates among Primary 1 children from most deprived areas compared to those from least deprived areas (14% vs 6%). Similarly, according to SHeS 2024, obesity prevalence among children and adolescents (ages 2-15) from most deprived areas was higher compared to those from least deprived areas (20% vs 12%). **Gender:** In 2023/24, a slightly smaller proportion of boys in Primary 1 had a healthy weight than girls (76.1% boys; 77.0% girls). The proportion of children at risk of overweight or obesity was similar for boys and girls (22.3% boys; 22.2% girls). A higher proportion of boys were at risk of being underweight (1.6%) compared to girls (0.8%). There were only small differences in obesity prevalence between boys and girls according to PHS 2024 (11% vs 10%) and SHeS 2024 (19% vs 17%).

				Disability: SHeS 2024 reports that obesity rates among children and adolescents with non-limiting long-term conditions were higher compared to those with no long-term conditions (22% vs 18%). Obesity prevalence among those with limiting long-term conditions was 19%. Due to surveillance limitations, this source could not be used for grading.
Scottish Health Survey (SHeS) 2023 Published 2024 The Scottish Health Survey 2023 - volume 1: main report	In 2023, interviews were held in 4,089 households with 2,184 children (aged 0-15). 1,366 had valid measurements which were reported.	In 2023, standardised height and weight measurements were largely administered by an interviewer in-home. For the small proportion of interviews conducted by telephone, participants provided estimated measurements. Children were divided into healthy range and out with, at risk of obesity and at risk of overweight.	Almost seven in ten children were within a health weight range (68%) based on their BMI, this was within the range of 64%-72% recorded since 1998. Just under a fifth of children (17%) were what SHeS refers to as risk of obesity', a proportion that 'has remained in the range 13%-18% since 1998. Due to surveillance limitations (use of BMI-for-age, incorrect reference data for under-5s, and adult BMI for 16-17-year-olds), this source could not be used for grading.	**Socioeconomic status:** This was not available in the 2023 survey. However, SHeS 2022 reported children living in most deprived areas were more likely to be at risk of obesity (23%) than children living in the least deprived areas (15%). **Gender:** In 2023, a slightly higher proportion of boys were at risk of obesity (19%) compared to girls (15%). Due to surveillance limitations, this source could not be used for grading.
Scottish Health Survey (SHeS) 2024 Published October 2025 The Scottish Health Survey 2024 - volume 1: main report - gov.scot	A nationally representative sample of 1,986 children in total (aged 0-15y).	In 2024, standardised height and weight measurements were largely administered by an interviewer in-home. For the small proportion of interviews conducted by telephone, participants provided estimated measurements. Children were	According to SHeS 2024, the obesity prevalence rate was 18% among 2–15-year-olds although incorrect reference data was used for under-5s. Furthermore, older adolescents (16–17-year-olds) were treated as adults and included in the	**Socioeconomic status:** This was not available in the 2024 survey. However, SHeS 2022 reported children living in most deprived areas were more likely to be at risk of obesity (23%) than children living in the least deprived areas (15%).

		divided into healthy range and out with, at risk of obesity and at risk of overweight.	adult SHeS data with incorrect use of adult BMI. Due to surveillance limitations (use of BMI-for-age, incorrect reference data for under-5s, and adult BMI for 16-17-year-olds), this source could not be used for grading.	**Gender:** This was not available in the 2024 survey. **Disability:** Disability: SHeS 2024 reported that obesity rates among children and adolescents with non-limiting long-term conditions were higher compared to those with no long-term conditions (22% vs 18%). Obesity prevalence among those with limiting long-term conditions was 19%. Due to surveillance limitations, this source could not be used for grading.
Growing Up Scotland (GUS) Sweep 11 - 2025 Published October 2025 Growing Up in Scotland | Data documentation	At sweep 11, a total of 2381 interviews were achieved with the original sample through either face-to face, web and/or telephone data collection with either a cohort member or their parent.	Taking place between 2021 and 2023, this sweep used a combination of approaches as a result of Covid-19 restrictions on in-home data collection. Young people were invited to complete a web questionnaire and participate in a telephone or face-to-face interview. Where the interview was in-home, they also had their height and weight measured and completed cognitive assessments. Parents/carers were asked to complete a web questionnaire which could also be conducted as a telephone interview. In addition, young people were invited to take part in a follow-up exercise which involved wearing an activity monitor and GPS device	The first sweep of data was collected in 2021, which makes it outdated for report card 6. Due to this, this source could not be used for grading.	The first sweep of data was collected in 2021, which makes it outdated for report card 6. Due to this, this source could not be used for grading.

Family and Peers

AHKGA Benchmark: % of family members (e.g., parents, guardians) who facilitate physical activity (PA) and sport opportunities for their children (e.g., volunteering, coaching, driving, paying for membership fees and equipment); Or % of parents who meet the Global Recommendations on Physical Activity for Health, which recommend that adults accumulate at least 150 min of moderate-intensity aerobic physical activity throughout the week or do at least 75 min of vigorous-intensity aerobic physical activity throughout the week or an equivalent combination of moderate- and vigorous-intensity physical activity; Or % of family members (e.g., parents, guardians) who are physically active with their kids; Or % of children and youth with friends and peers who encourage and support them to be physically active; Or % of children and youth who encourage and support their friends and peers to be physically active. Since child and adolescent diet and obesity are indicators in the Scottish report card, we have extended the benchmarks for the Active Healthy Kids Global Alliance Global Matrix 3.0 to also ○include estimates of parental diet and overweight/obesity. Adult data are used as a proxy for parental influence and the nature of the socio-ecological environment at the family level. This included: % of adults who met the adult physical activity guidelines, % of adults with overweight and obesity, % of adults who met the 5- a-day fruit and veg recommendation; % of adults reporting frequent participation in sport and physical activity and reporting volunteering in sport and physical activity.

Grade: Due to a lack of available evidence, the Family and Peers indicator was graded **INC (Incomplete)**.

As noted in previous Active Healthy Kids Scotland Report Cards, data specific to family and peer influence has been absent, so adult data and child/adolescent data on the indicators (e.g., diet, obesity, screen time, physical activity), where available, have been used as proxies for family and peer influence in the past. Adult volunteering in sport and physical activity has also been considered in the past and used when data have been available. While the available data for the Family and Peers Indicator are very limited, the review of available data confirms that children and adolescents grow up in an environment of high adult overweight and obesity prevalence, low prevalence of meeting combined PA guidelines, high screen time among peers, so the environment (e.g., norms) are not very conducive to high report card grades among children and adolescents.

SHeS 2023 included no adult diet data in the main report or on its website. 29% of adults met both the moderate-to-vigorous physical activity (MVPA) and muscle/bone-strengthening guidelines (32% men, 26% women). Adults spent an average of 6 hours per day in sedentary leisure activities, though no screen time data were reported. The combined prevalence of overweight and obesity in adults was 66%, with obesity alone at 32%—the highest level recorded to date. Data were not disaggregated by age, gender, or other demographic factors. SHS did not include any usable data on volunteering data in main report or website, none of the volunteering options reported refer to sport/coaching/PA specifically. As a result, an INC grade was assigned.

Gaps in evidence: There is a lack of parent specific data available which makes it difficult to grade existing sources with adult data.

Survey name, year data collected, name of the report and year report published and links (s) to the document / survey	Details of participants	Method of measurement (Including the questions asked in the survey to measure the indicator)	Main findings	Changes on inequalities
Health Behaviour in School-Aged Children (HBSC) 2022 Published June 2023 Health Behaviour in School-aged Children (HBSC) Scotland Study	A nationally representative sample of 4,388 pupils aged 11, 13 and 15 (P7, S2 and S4) participated in the 2022 Scottish HBSC survey. Post-stratification weighting of the sample was applied to make the sample representative of Scottish P7, S2 and S4 school pupils with respect to several school and individual level characteristics: proportion of pupils in each local authority; school-funding; school Scottish Government 6-point urban-rural classification. The methodology for post stratification adjustments was the use of raking weights. Data was collected in School as normal. Covid-19 absences impacted response rates – some schools declined to participate due to the pandemic. This was anticipated so more schools were approached initially.	/	No information was collected regarding the benchmarks. Due to this, this source could not be used for grading.	No information was collected regarding the benchmarks. Due to this, this source could not be used for grading.

Scottish Health Survey (SHeS) 2023 Published November 2024 The Scottish Health Survey 2023 - volume 1: main report	A nationally representative sample of 2,184 children total (aged 0-15).	MVPA, adult leisure screen time, adult BMI, adult diet, adult participation in sport.	No diet data for adults in main report or website. Pa data for adults meeting mvpa guidance only 605 only higher in males than females (68 vs 59%). Meeting both mvpa guideline and bone/muscle strengthening guidelines 29% overall in adults (32% in men and 26% in women). Mean time spent on 'sedentary leisure activities' 6 hours/d, **no screen time data** adult overweight and obesity combined prevalence 66%, 32% obesity only. Not disaggregated but highest prevalence of obesity since records began. Data was not suitable. Due to this, this source could not be used for grading.	The SHeS (2022) found the proportions of adults in the healthy weight category decreased as area deprivation increased, from 39% in the least deprived areas to 28% in the most deprived areas. Mean adult BMI varied significantly by area deprivation in 2022, increasing from 26.7kgm-2 in the least deprived areas to 29.0 kgm-2 in the most deprived area. Adult data from the SHeS (2023) are very limited and the disaggregated data by inequality are even more limited so can't be addressed here. Data was not suitable. Due to this, this source could not be used for grading.
Scottish Household Survey (2023) Published Nov 2024 Scottish Household Survey results - gov.scot	The final number of social survey interviews achieved was 10,543. This is above the target of 10,450 interviews and represents an overall response rate of 46%. There was a target of at least 80 completed physical surveys for each local authority along with a target of 3,004 surveys for Scotland. The 3,151 surveys achieved for Scotland in 2023 exceeded the target of 3,004, but there were fewer than 80	/	No data in main report or website on volunteering-none of the volunteering options reported refer to sport/coaching/PA specifically so are unusable. Some neighbourhood safety data -81% of adults report that their neighbourhoods are safe to be out at in night. No information was collected regarding the benchmarks. Due to this, this source could not be used for grading.	No information was collected regarding the benchmarks. Due to this, this source could not be used for grading.

	physical survey responses for 10 local authorities.			

Community & Environment

AHKGA Benchmark: % of local communities that report they have policies promoting PA. % of local communities that report they have infrastructure (eg sidewalks, trails, paths, bike lanes) specifically gear toward promoting PA. % of children or parents who report having facilities, programs, parks, and playgrounds available to them in their community. % of children or parents who report living in a safe neighbourhood where they can be physically active. % of children or parents who report having well-maintained facilities, parks, and playgrounds in their community that are safe to use.

Grade: Based on a lack of available evidence, community and environment has been graded **INC (incomplete)**.

No relevant data were collected in HBSC Scotland 2022. No relevant data collected in the SHeS (2023). The Children's walking and cycling index reported 89% of children and young people felt their local environment was safe. While this survey is nationally representative, this question only meets one of the benchmarks. Based on this and the absence of surveillance data, we have assigned an INC grade.

Gaps in evidence: There is limited evidence available to grade this indicator. For the first four Active Healthy Kids Report Cards data from 2010-2019 were available (from a combination of HBSC, GUS, SHeS SHS) on the proximity/accessibility of outdoor space to be physically active, and on the perceived safety of outdoor space and so this indicator could be graded. Grading was quite favourable in the past- proximity/accessibility /safety of outdoor space were typically conducive to outdoor physical activity during the daytime, though less conducive in socio-economically deprived areas compared to less socio-economically deprived areas. Since around 2019 relevant questions relating to this indicator have not been asked in those data sources and this is a gap which could be filled usefully.

Survey name, year data collected, name of the report and year report published and links (s) to the document / survey.	Details of participants	Method of measurement (Including the questions asked in the survey to measure the indicator)	Main findings	Findings on inequalities
Health Behaviour in School-Aged Children (HBSC) 2022 Published June 2023 Health Behaviour in School-aged Children (HBSC) Scotland Study	A nationally representative sample of 4,388 pupils aged 11, 13 and 15 (P7, S2 and S4) participated in the 2022 Scottish HBSC survey. Post-stratification weighting of the sample was applied to make the sample representative of Scottish P7, S2 and S4 school pupils with respect to several school and individual level characteristics: proportion of pupils in each local authority; school-funding; school Scottish Government 6-point urban-rural classification. The methodology for post stratification adjustments was the use of raking weights. Data was collected in School as normal. Covid-19 absences impacted response rates – some schools declined to participate due to the pandemic. This was anticipated so more schools were approached initially.	/	No information regarding the benchmarks was found in the main report. Due to this, this source could not be used for grading.	No information regarding the benchmarks was found in the main report. Due to this, this source could not be used for grading.
Scottish Health Survey (SHeS) 2023 Published November 2024 The Scottish Health Survey 2023 - volume 1: main report	A nationally representative sample of 2,184 children total (aged 0-15).	/	No information regarding the benchmarks was found in the main report. Due to this, this source could not be used for grading.	No information regarding the benchmarks was found in the main report. Due to this, this source could not be used for grading.

Scottish Household Survey (SHS) 2023 Published Nov 2024 Scottish Household Survey results	The final number of social survey interviews achieved was 10,543. This is above the target of 10,450 interviews and represents an overall response rate of 46%.	/	No information regarding the benchmarks was found in the main report. Due to this, this source could not be used for grading.	No information regarding the benchmarks was found in the main report. Due to this, this source could not be used for grading.
Children's Walking & Cycling Index 2024 Published March 2025. Children's Walking and Cycling Index – UK report 2024	The data in this report comes from an independent survey of 1,089 children aged 6 to 15. It is representative of all children aged 6–15 years old in the UK, not just those who walk, wheel or cycle.	The online behaviour and attitudinal survey was conducted from 16–22 May 2024 by international online research group YouGov. Question regarding % of children that felt their local environment was safe to walk, wheel or scoot.	Children's walking and cycling index, nationally representative but only meetings one benchmark. Due to this, this source could not be used for grading.	Data only meets one benchmark. Due to this, this source could not be used for grading.

School

AHKGA Benchmark: % of schools with active School policies (e.g., daily physical education (PE), daily physical activity, recess, bike racks at school, traffic calming on school property, outdoor time). % of schools where the majority (≥80%) of students are offered the mandated amount of PE (for the given state/territory/region/country). % of Schools that offer PA opportunities (excluding PE) to the majority of (≥80%) of their students. % of parents who report their children and youth have access to PA opportunities at school in addition to PE classes. % of Schools with students who have regular access to facilities and equipment that support PA (e.g., gymnasium, outdoor playgrounds, sporting fields, multipurpose space for PA, equipment in good condition).

Grade: Due to a lack of available evidence, School has been graded **INC (incomplete)**.

There was insufficient data available to adequately assess the school environment. HBSC Scotland 2022 indicated that only 34% of primary schools and 18% of secondary schools reported having written physical activity policies; however, these school-level findings should be interpreted cautiously as the response rate was 61%, and the data were not nationally representative. The School Healthy Living Survey 2023 reported that 99.5% of primary schools and 94.7% of secondary schools are meeting the expected level of PE provision (i.e., ≥120 min per week in primary and ≥100 min in secondary) (Scottish Government, 2023). Whilst Scotland has a national expectation/target for provision of PE in schools, this is not a statutory requirement, and delivery may vary across schools. Furthermore, there is limited evidence regarding consistency and quality of PE provision and no clear mechanism for monitoring the quality of provision. Scotland has a national curriculum—Curriculum for Excellence—which includes comprehensive experiences and outcomes for PE (Education Scotland, 2017). However, there is limited guidance on inclusivity of children and adolescents with long-term conditions or disabilities to support inclusive practice. Overall, as most benchmarks could not be assessed, an INC grade has been assigned.

Gaps in Evidence: There is currently very limited or no representative data on key areas such as active school policies, school bike rack provision, traffic calming measures, and time spent outdoors. While some evidence exists on school facilities, it is severely outdated and requires a comprehensive review. No data is available on parents' perspectives regarding physical activity opportunities. In addition, although Active Schools collects data on extra-curricular participation and physical activity opportunities, it is not presented as a percentage of schools, limiting its usefulness for national benchmarking.

Looking ahead, there is potential for collaboration with Active Schools across Scotland to access and organise this data. If achieved, this would significantly strengthen the evidence base and could enable the school indicator to be graded more robustly in the future, particularly at the secondary level.

Survey name, year data collected, name of the report and year report published and links (s) to the document / survey	Details of participants	Method of measurement (Including the questions asked in the survey to measure the indicator)	Main findings	Findings on inequalities
Health Behaviour in School-Aged Children (HBSC) 2022 Published June 2023 Health Behaviour in School-aged Children (HBSC) Scotland Study	A nationally representative sample of 4,388 pupils aged 11, 13 and 15 (P7, S2 and S4) participated in the 2022 Scottish HBSC survey. Post-stratification weighting of the sample was applied to make the sample representative of Scottish P7, S2 and S4 school pupils with respect to several school and individual level characteristics: proportion of pupils in each local authority; school-funding; school Scottish Government 6-point urban-rural classification. The methodology for post stratification adjustments was the use of raking weights. Data was collected in School as normal. Covid-19 absences impacted response rates – some schools declined to participate due to the pandemic. This was anticipated so more schools were approached initially.	/	Limited school-level data was provided; only 18% of secondary and 34% of primary schools reported a written PA policy. Sample had a 61% response rate and was not nationally representative. Due to this, this source could not be used for grading.	The HBSC (2022) highlighted socioeconomic disparities in the presence of written PA policies. Schools in more affluent areas were more likely to report having such policies, though the data set is not nationally representative for schools and lacks breakdowns by gender and disability. Data was limited. Due to this, this source could not be used for grading.
School Healthy Living Survey 2023 Published September 2023	The survey captures the percentage of schools meeting national PE delivery targets (2 hours in primary; 2 periods in secondary). Data are not self-	The information comes from a survey (the Healthy Living Survey) carried out in February each year of all publicly funded schools in Scotland on	All 32 councils meet the PE provision threshold for primary schools, and 29 of 32 meet it for secondary schools. With only three councils falling below	The Healthy Living survey (2023) did not disaggregate results by SES, gender, and disability.

Data and Methodology - School Healthy Living Survey: school meal uptake and PE provision statistics 2023	reported by pupils but submitted by schools, and coverage is near-universal, making the dataset comprehensive across Scottish schools, though the accuracy of the data is uncertain.	uptake of school lunch meals and Physical Education (PE) provision.	the 80% compliance mark (in secondary). The School Healthy Living Survey 2023 reported that 99.5% of primary schools and 94.7% of secondary schools are meeting the expected level of PE provision (i.e., ≥120 min per week in primary and ≥100 min in secondary) (Scottish Government, 2023).	Due to this, this source could not be used for grading.
Active Schools National Report 2023–24 Published October 2024 AS National and Local Authority Reports	278,945 participants across Scotland.	Across each academic year, the Active Schools Network of managers and coordinators gather information on the activities which they have supported in schools. This data is used to support the planning and delivery of the Active Schools programme. At the end of each academic year, this information is collated into a report, which summarises the activity across Scotland.	There is no national data in the 2023–24 Active Schools report on school-level PA opportunities, policy implementation, or facility access. Due to this, this source could not be used for grading.	
Raising the Bar (Education Scotland) Framework Published 2017 Raising the Bar in Core Physical Education	The Raising the Bar in Core Physical Education framework provides clear expectations for high-quality PE, including defined planning and delivery roles, progression from ages 3–18, inclusive and diverse learning experiences, and daily PA opportunities embedded in the school day.	/	The report does not include quantitative data on schools' implementation or coverage. Due to this, this source could not be used for grading.	The report does not include quantitative data on schools' implementation or coverage. Due to this, this source could not be used for grading.

Government and Policy - Physical Activity

AHKGA Benchmark: Consensus-based grading taking into account (1) evidence of leadership and commitment in providing physical activity opportunities for all children and youth, (2) allocated funds and resources for the implementation of physical activity promotion strategies and initiatives for all children and youth, and (3) demonstrated progress through the key stages of public policy making (i.e., policy agenda, policy formation, policy implementation, policy evaluation and decisions about the future). Additionally, the HEPA PAT v2 and scoring rubric published by Ward et al. (2021) were used. The consensus-based approach and HEPA PAT approach were performed independently by separate report card team members, with consensus reached after reviewing was complete and presented to the wider report card team.

Grade: Based on the available evidence, a **B- (60%-66%)** grade was assigned.

Findings: There is substantial evidence of leadership and commitment to creating PA opportunities for children and adolescents in Scotland. Evidence of leadership is most abundant for Active Play (or just play, e.g., Scotland's Play Vision Statement and Action Plan 2025 2030, Play Sufficiency Assessment Regulations 2023) and for Active Travel (mostly for cycling, e.g., Cycling Scotland Strategy 2023-28, Cycling Framework for Active Travel - A Plan for Everyday Cycling). There are allocated funds and resources to support children and youth PA although it is not always evident (or relevant) for all policy instruments to include this, and/or the details are occasionally lacking. However, several policy documents show promising synergy between politics, academics, and non-governmental organisations and/or charities, e.g., Physical Activity for Health Framework, Let's get Scotland Walking - The National Walking Strategy. Progress through the key stages of policy making is evident and demonstrated, although more work can be done in terms of PA surveillance (e.g., see above Active Play indicator which is graded as 'INC' but is evidently a Scottish priority), and better reporting is warranted to truly highlight impact of policy for children and youth PA opportunities. Overall, the work that has been done in the policy space indicates a concerted effort to reduce the policy implementation gap identified in previous Active Healthy Kids Scotland Report Cards. Only a few policy instruments reviewed had addressed or mentioned inequalities in a way that was through/directly linked to physical activity (e.g., Play Vision Statement and Action Plan mentions children whose rights to play are at greatest risk), and in documents not targeted to children, this point was made generally and not specifically to children's physical activity (e.g., Cycling Framework for Active Travel - A plan for Everyday Cycling).

Gaps in evidence: Appears to be many documents that serve various purposes (e.g., position statement vs guidance vs guidelines vs strategy vs action plan vs recommendation report vs frameworks vs calls to action) and although these documents are often linked (and appropriately so), there are cases of duplication of information. As demonstrated by other indicators, there are still gaps in national surveillance (that could be key for better monitoring and reporting), e.g., see above Active Play indicator which is graded as 'INC' but is evidently a Scottish priority.

Title of policy instrument	Published
Play Sufficiency Assessment Regulations 2023: planning guidance https://www.gov.scot/binaries/content/documents/govscot/publications/advice-and-guidance/2023/12/scottish-government-planning-guidance-play-sufficiency-assessment/documents/scottish-government-planning-guidance-play-sufficiency-assessment/scottish-government-planning-guidance-play-sufficiency-assessment/govscot%3Adocument/scottish-government-planning-guidance-play-sufficiency-assessment.pdf **Renewing Scotland's play parks and Information on the £60m play park renewal fund: FOI release** https://www.gov.scot/news/renewing-scotlands-play-parks-1/	December 2023 March 2023
Scotland's Play Vision Statement and Action Plan 2025-2030 https://www.gov.scot/binaries/content/documents/govscot/publications/advice-and-guidance/2025/03/scotlands-play-vision-statement-action-plan-2025-2030/documents/play-vision-statement-action-plan-2025-2030/play-vision-statement-action-plan-2025-2030/govscot%3Adocument/play-vision-statement-action-plan-2025-2030.pdf **Out to Play: Section 12: Caring for our Outdoor Spaces** https://www.gov.scot/binaries/content/documents/govscot/publications/advice-and-guidance/2023/10/out-play-caring-outdoor-spaces/documents/out-play-caring-outdoor-spaces/out-play-caring-outdoor-spaces/govscot%3Adocument/out-play-caring-outdoor-spaces.pdf	January 2025
Let's get Scotland Walking - The National Walking Strategy https://www.gov.scot/binaries/content/documents/govscot/publications/strategy-plan/2014/06/lets-scotland-walking-national-walking-strategy/documents/00452622-pdf/00452622-pdf/govscot%3Adocument/00452622.pdf	June 2014
Physical Activity for Health Framework: Scotland's National Framework https://www.gov.scot/binaries/content/documents/govscot/publications/advice-and-guidance/2024/10/physical-activity-health-framework/documents/physical-activity-health-scotlands-national-framework/physical-activity-health-scotlands-national-framework/govscot%3Adocument/physical-activity-health-scotlands-national-framework.pdf	September 2024
Sport For Life 2024 - Annual review https://sportscotland.org.uk/about-us/sport-for-life-2024	2024, May 2025 (updated)
A healthier future: Scotland's diet and healthy weight delivery plan https://www.gov.scot/binaries/content/documents/govscot/publications/strategy-plan/2018/07/healthier-future-scotlands-diet-healthy-weight-delivery-plan/documents/00537708-pdf/00537708-pdf/govscot%3Adocument/00537708.pdf	July 2018
National parenting strategy: making a positive difference to children and young people through parenting https://www.gov.scot/binaries/content/documents/govscot/publications/strategy-plan/2012/10/national-parenting-strategy-making-positive-difference-children-young-people-through/documents/00403769-pdf/00403769-pdf/govscot%3Adocument/00403769.pdf	October 2012

Cycling Framework for Active Travel - A Plan for Everyday Cycling https://www.transport.gov.scot/media/53417/cycling-framework-for-active-travel-a-plan-for-everyday-cycling.pdf	April 2023
A Scotland where everybody thrives: Public Health Scotland's three-year plan: 2022–25 https://publichealthscotland.scot/media/16485/public-health-scotland-strategic-plan-2022-2025.pdf	September 2022
Included, engaged and involved part 1: promoting and managing school attendance https://www.gov.scot/binaries/content/documents/govscot/publications/advice-and-guidance/2019/06/included-engaged-involved-part-1-positive-approach-promotion-management-attendance-scottish-schools/documents/included-engaged-involved-part-1-positive-approach-promotion-management-attendance-scottish-schools/included-engaged-involved-part-1-positive-approach-promotion-management-attendance-scottish-schools/govscot%3Adocument/included-engaged-involved-part-1-positive-approach-promotion-management-attendance-scottish-schools.pdf	June 2019
UK Chief Medical Officers' Physical Activity Guidelines https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/832868/uk-chief-medical-officers-physical-activity-guidelines.pdf	September 2019
Achieving Excellence and Equity: 2025 National Improvement Framework Improvement Plan https://www.gov.scot/binaries/content/documents/govscot/publications/strategy-plan/2025/01/2025-national-improvement-framework-improvement-plan/documents/achieving-excellence-equity-2025-national-improvement-framework-improvement-plan/achieving-excellence-equity-2025-national-improvement-framework-improvement-plan/govscot%3Adocument/achieving-excellence-equity-2025-national-improvement-framework-improvement-plan.pdf	January 2025
Realising the ambition: Being Me National practice guidance for early years in Scotland https://education.gov.scot/media/3bjpr3wa/realisingtheambition.pdf	February 2020
Recommendation report from the Scottish Government's Body Image Advisory Group on Good Body Image https://www.mentalhealth.org.uk/sites/default/files/2022-06/MHF-Scotland-Body-image-report.pdf	March 2020
Scotland and the Sustainable Development Goals: A national review to drive action https://www.gov.scot/binaries/content/documents/govscot/publications/progress-report/2020/07/scotland-sustainable-development-goals-national-review-drive-action/documents/scotland-sustainable-development-goals-national-review-drive-action/scotland-sustainable-development-goals-national-review-drive-action/govscot%3Adocument/scotland-sustainable-development-goals-national-review-drive-action.pdf	July 2020
Update to the Climate Change Plan 2018 – 2032 https://www.gov.scot/binaries/content/documents/govscot/publications/strategy-plan/2020/12/securing-green-recovery-path-net-zero-update-climate-change-plan-20182032/documents/update-climate-change-plan-2018-2032-securing-green-recovery-path-net-zero/update-climate-change-plan-2018-2032-securing-green-recovery-path-net-zero/govscot%3Adocument/update-climate-change-plan-2018-2032-securing-green-recovery-path-net-zero.pdf	December 2020

Government and Policy - Diet

AHKGA Benchmark: Consensus-based grading taking into account (1) evidence of commitment towards improving diet and tackling childhood obesity, (2) allocated funds and resources for strategies and initiatives to improve diet and tackle childhood obesity, and (3) demonstrated progress through the key stages of public policy making (i.e., policy agenda, policy formation, policy implementation, policy evaluation and decisions about the future). Additionally, the HEPA PAT v2 and scoring rubric published by Ward et al. (2021) were used. The consensus-based approach and HEPA PAT approach were performed independently by separate report card team members, with consensus reached after reviewing was complete and presented to the wider report card team.

Grade: Based on the available evidence, a **B- (60%-66%)** grade was assigned.

Findings: There was clear evidence of leadership and commitment to providing healthy diet opportunities for children and adolescents, as Scotland has several relevant policies, strategies and targets in place, with consultations on further actions also in the process. There was evidence of allocation of funds and resources for implementation of many policies, but for some this was unclear. There was evidence of progress through the key stages of public policymaking (policy agenda; policy formation; policy implementation; policy evaluation; decisions about the future) for many policies, with evidence of clear planning. More recent policies showed an improvement compared to those assessed in earlier report cards. There was better evidence of planning of monitoring and evaluation, and the fact that we are able to grade the diet indicator this time, was evidence of improved monitoring, however, the commitment to continued monitoring was not entirely clear and this was still lacking in some and as many of these are newer policies, we are unable to assess whether this planning actually came to fruition. Some planned policies had been halted but with clear justification e.g. lack of funding or concerns over impact on vulnerable groups. There was clear consideration of inequalities, with impact assessments conducted of potential impact on various population sub-groups. One final caveat however is that the policies seemed to focus more on the early years, and whilst this is a crucial phase and can establish longer term habits, the current evidence is that diets are poorest amongst adolescents, and this group is less of a focus in current policies.

Title of policy instrument	Published
Better eating, better learning: a new context for school food https://www.gov.scot/publications/better-eating-better-learning-new-context-school-food/pages/11/	March 2024
Beyond the School gate https://www.gov.scot/publications/better-eating-better-learning-new-context-school-food/pages/11/	June 2014
Free School Meals https://www.gov.scot/publications/best-start-bright-futures-tackling-child-poverty-delivery-plan-2022-26/pages/3/ https://www.gov.scot/publications/equality-impact-assessment-free-school-meals/ https://www.gov.scot/news/free-school-meals-1/	March 2022 December 2024 June 2025
The Finance Act / Soft Drinks Industry Levy https://www.gov.uk/government/publications/soft-drinks-industry-levy/soft-drinks-industry-levy	December 2016
A healthier future: Scotland's diet and healthy weight delivery plan https://www.gov.scot/publications/healthier-future-scotlands-diet-healthy-weight-delivery-plan/	July 2018
Diet and healthy weight: Out of home action plan https://www.gov.scot/publications/diet-and-healthy-weight-out-of-home-action-plan/ https://www.gov.scot/publications/calorie-labelling-out-home-sector-scotland-analysis-consultation-responses-final-report/	September 2021 May 2023
Scottish Milk and Healthy Snack Scheme https://www.gov.scot/policies/maternal-and-child-health/milk-and-healthy-snack-scheme/ https://www.legislation.gov.uk/ssi/2021/82/contents/made https://www.gov.scot/publications/scottish-milk-healthy-snack-scheme-statutory-guidance-local-authorities-participating-registered-day-care-settings/ https://www.gov.scot/publications/milk-healthy-snack-scheme-scotland-regulations-2021-equality-impact-assessment/ https://www.gov.scot/publications/milk-healthy-snack-scheme-scotland-regulations-2021-childrens-rights-wellbeing-impact-assessment/ https://www.gov.scot/publications/scottish-milk-and-healthy-snack-scheme-implementation-and-operation-group-meeting-2-paper-3-terms-of-reference/ https://www.gov.scot/publications/data-collection-scottish-milk-healthy-snack-scheme-scottish-school-milk-scheme/	February 2021 March 2022 September 2024 October 2024

Update to Nutritional Requirements for food and drink https://www.legislation.gov.uk/ssi/2020/153/made https://www.gov.scot/publications/nutritional-requirements-for-food-and-drink-in-schools-scotland-amendment-regulations-2021-guidance/ https://www.gov.scot/publications/equalities-impact-assessment-nutritional-requirements-food-drink-schools-scotland-regulations-2020/ https://www.gov.scot/publications/childrens-rights-wellbeing-impact-assessment-nutritional-requirements-food-drink-schools-scotland-regulations-2020/ https://education.gov.scot/resources/food-in-schools-across-scotland-a-self-evaluation-resource/ https://www.gov.scot/publications/healthy-eating-schools-guidance-2020/ https://www.gov.scot/publications/healthy-eating-schools-guidance-2020-supplementary-information-advice-energy-key-nutrients/	May 2020 February 2021 April 2021 November 2021
Summer holiday food https://www.gov.scot/publications/summer-holiday-food-activities-childcare-programme-guidance-local-authorities/ https://www.gov.scot/publications/summer-holiday-food-activities-childcare-programme-summer-2022/	May 2022 April 2023
Good Food Nation / Scottish Dietary Goals https://www.gov.scot/policies/food-and-drink/ https://www.legislation.gov.uk/asp/2022/5/contents https://www.gov.scot/publications/good-food-nation-programme-measures-2022-interim-update/pages/3/ https://www.gov.scot/publications/national-good-food-nation-plan/ https://www.gov.scot/publications/national-good-food-nation-plan-consultation-document/ https://www.gov.scot/publications/national-good-food-nation-plan-consultation-analysis/ https://www.gov.scot/publications/writing-good-food-nation-plan-brief-guide-relevant-authorities/	March 2022 July 2022 January 2024 September 2024 March 2025
Setting the table https://www.gov.scot/publications/setting-table-guidance/ https://www.gov.scot/publications/setting-table-guidance-business-regulatory-impact-assessment/ https://www.gov.scot/publications/setting-table-guidance-island-communities-impact-assessment/ https://www.gov.scot/publications/setting-table-guidance-fairer-scotland-duty-assessment/ https://www.gov.scot/publications/setting-table-guidance-child-rights-wellbeing-impact-assessment/ https://www.gov.scot/publications/setting-table-guidance-equality-impact-assessment/	October 2024