

## Resilience

A report using data from the first four years of GUS has contributed to the discussion around 'resilience' by looking at the factors associated with the avoidance of negative health outcomes among disadvantaged children. 'Child health outcomes' measured by GUS include birth weight, general health, experience of long-term health problems, accidents, reported behaviour difficulties and problems with language or cognitive development.

The analysis identified factors significantly associated with 'resilience' at the individual, household and neighbourhood levels. Those factors associated with the avoidance of negative child health outcomes among disadvantaged groups were: having an older mother (aged 25 or older at the birth of the child), having a mother with no long-term health problems, having parents with positive attitudes towards seeking support and advice, an enriching 'home learning environment', living in a household with at least one adult in full-time work and, and parental satisfaction with local services.

These findings reinforce the argument that reducing health inequalities requires action from across sectors. They also suggest that a focus on the health of mothers with young children, as well as a focus on their access to support services, will promote better health and development for children.

*(Sweep 4 Report 'Health inequalities in the early years')*

## More evidence to come

Two forthcoming reports from GUS will focus on issues identified by the responding practitioners:

### Impact of changes in family structure on outcomes for children

(Sweep 5 Report 'Change in early childhood and the impact of significant events')

### Social support networks for families

(Sweep 5 Report 'Parental service use and informal networks in the early years')

## GUS can tell us more

The data from GUS is available to download from the UK Data Archive. The data has the potential to provide further information relevant to the topics raised by practitioners in the SCCPN report as well as many other issues and trends. Potential topics for analysis include:

Parental substance (alcohol and drugs) misuse (self-reported). A limited amount of information was reported at Sweeps 1, 3 and 5 but has not been analysed in relation to child outcomes.

The impact of nutrition and diet on behaviour and educational attainment. (Findings using data from the ALSPAC study 'Children of the 90s' in Bristol have recently been published in the Journal of Epidemiology and Community Health: 'Junk foods in early childhood may influence IQ' <http://www.bristol.ac.uk/alspac/documents/pr-junk-food-and-iq-jan-11.pdf>)

GUS can also tell us more about the impact of children's behaviour on learning and attainment and interaction between parental working patterns and family difficulties.

For further information about accessing GUS data and supporting documentation please visit our Using GUS Data page: <http://www.cfr.ac.uk/gus/using%20data.html>

To find out more about how Local Authorities and other local agencies can use the findings from GUS please see our Working Paper 'Using findings from the Growing Up in Scotland study – a guide for Local Authorities': <http://www.cfr.ac.uk/gus/guideforLAs.pdf>



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# What can research do for you?

## Findings from the Growing Up in Scotland study



The Scottish Child Care and Protection Network (SCCPN) aims to increase access to and use of research evidence in practice. During 2008/09 the SCCPN carried out a consultation exercise with staff working with children and families to find out about their key research and information needs. Responses were received from 386 individuals employed by a wide range of organisations. The majority of respondents (87%) worked directly with children and families and 40% of respondents were social workers. (For more information please see the SCCPN report\*)

Growing Up in Scotland (GUS) can contribute to the evidence base for many of the issues raised by the

practitioners who responded to the consultation. A key theme for practitioners was understanding the prevalence, nature and effect of issues in the Scottish population – for example, in relation to poverty and health inequalities. It also included topics relating to the family and community contexts within which children grow up. GUS is unique in its ability to provide current, Scottish data on these topics. This briefing aims to highlight relevant findings from the study and to signpost to more detailed information. The headings overleaf refer to topics or issues identified by responding practitioners.

\*<http://www.sccpn.stir.ac.uk/documents/Mitchell2010WhatCanResearchDoForYou.pdf>

### About the study

Growing Up in Scotland (GUS) is a major longitudinal research study following the lives of over 10,000 children across Scotland from infancy through to the teenage years. Launched in 2005, the study provides a wealth of information to support policy making and the planning of services. It also provides a useful evidence base for practitioners and a resource for academics and students. Families taking part in the study are being interviewed regularly to capture crucial data about the early experiences of children in Scotland today.

### Topics covered by GUS include:

- Child health and development
- Parental health and well-being
- Parenting styles and attitudes
- Family circumstances and change
- Work, employment and income
- Support for parents and social networks
- Access to and use of services

Findings from the first four years of the study have been published and are available to download from the GUS website [www.growingupinScotland.org.uk](http://www.growingupinScotland.org.uk). Findings from the fifth year will be published during 2011. To find out more about how GUS is carried out please visit the website or see Appendix A of the GUS Year 2 Report: <http://www.scotland.gov.uk/Publications/2008/02/12135003/0>

GUS is funded by the Scottish Government and is carried out by the Scottish Centre for Social Research in collaboration with the Centre for Research on Families and Relationships at the University of Edinburgh and the MRC Social and Public Health Sciences Unit in Glasgow.



For more information or to read the detailed research findings please visit our website:



[www.growingupinScotland.org.uk](http://www.growingupinScotland.org.uk)

## The impact of poverty on children's outcomes/ impact of poverty on children, parenting and families

The less favourable outcomes associated with growing up in disadvantaged circumstances are a recurring theme throughout the study findings so far. Factors such as household income, mother's education and area deprivation level have been shown to have an impact on children's experiences and outcomes.

### For example:

- Young children in lower income households and those whose mothers had fewer or no qualifications were reported by their parents to have, on average, poorer communication skills and more problematic behaviour.  
*(Growing Up in Scotland Year 2 Report Chapter 6/ GUS Year 2 Summary Findings)*
- Young children living in low income households and/or in areas of deprivation are much more likely to experience the risk factors for poor health than children living in more affluent areas.  
*(Sweep 4 Report 'Health Inequalities in the early years')*
- By the age of three, there were marked variations in cognitive development with children from less advantaged families scoring consistently lower than those growing up in higher income households. Cognitive development is measured by asking the children to carry out two exercises to test their vocabulary and problem solving abilities.  
*(Sweep 3 Report 'The impact of children's early activities on cognitive development')*
- In terms of the social, emotional and behavioural characteristics of children starting primary school, level of household income was the socio-economic factor most consistently related to behavioural difficulties. Children in lower income households were at higher risk of difficulties with conduct, emotional development and hyperactivity than those in higher income households.  
*(Sweep 4 Report 'Children's social, emotional and behavioural characteristics at entry to primary school')*

## Social support networks

GUS has found that social support networks are very important in the lives of families with young children. Most families reported strong social networks with family and with friends but younger mothers (under 20) and older mothers (over 40) were more likely than others to report limited social support. Mothers with fewer qualifications and those living in lower income households were also more likely to report limited support networks.

*(Sweep 1 Report 'The use of informal support by families with young children')*

GUS has uncovered the considerable amount of support that grandparents in Scotland provide to their families. During the early years, almost all families in Scotland receive some form of support from the child's grandparents, with many grandparents providing a full range of support, including childcare. Of the two-thirds of families in Scotland with a child aged just under 2 who used childcare, 60% of these families used grandparents for all or part of this care. Not surprisingly, given the high cost of childcare, younger mothers and those living in low-income households were more likely than older mothers and those in higher-income households to be using informal childcare provided by the child's grandparents. Furthermore, almost one in five grandparents were babysitting during the evening at least once a week while nearly two-thirds were buying toys, clothes or equipment for their grandchild at least once a month.

*(Growing Up in Scotland : Year 2 Report Chapters 8 and 9).*

Mothers reporting strong social support networks were less likely than others to experience mental health difficulties over the first four years of their child's life. Parents who felt more supported were also more likely to seek help and advice when required and to do more 'home-learning' activities with their child which in turn has a positive impact on cognitive development.

*(Sweep 4 Report 'Maternal mental health and its impact on child behaviour and development')*

*Sweep 3 Report 'Parenting in the neighbourhood context'*

*Sweep 3 Report 'The impact of children's early activities on cognitive development')*

## Parental mental health and its impact on child behaviour and development

One-third of mothers in Scotland experience mental ill health at some point during the first four years of their child's life. Mothers with poor mental health were more likely to be living in poverty and/or in areas of deprivation. In addition, mothers experiencing repeated mental health problems were more likely than others to report relationship difficulties and more likely to have poor social support from friends, family or within the local community.

Mental health was found to have an impact on some aspects of child development. In general, children whose mothers were consistently emotionally well had better social, behavioural and emotional development than those whose mothers experienced brief mental health problems. In turn, children whose mothers had short spells of emotional ill-health had better development than those whose mothers had repeated mental health problems over some time. These relationships remained even after taking account of family characteristics and socio-economic factors.

These findings suggest that the relationship between maternal mental health and child outcomes may be causal; that is the mother's mental health problems can be a causal factor in the child's poorer outcomes. This may be due to the negative impact that poor mental health can have on parent-child attachment which in turn affects a child's development. The findings highlight the importance of supporting mothers beyond the post-natal period.

*(Sweep 4 Report 'Maternal mental health and its impact on child behaviour and development')*



## The impact of parenting attitudes, styles and approaches on child development and outcomes

GUS has shown that early parenting approaches and experiences have an impact on social, emotional and behavioural development at age 5. There was an association between parents using harsh discipline techniques – that is smacking and shouting – and children having difficulties in relation to conduct and hyperactivity.

The frequency of visits to other households with children was more strongly associated with social, emotional and behavioural development. Children who had this sort of social interaction less often than fortnightly, or never, were more likely to experience behavioural difficulties than those with more 'child-rich' social lives. However, the direction of relationships is not clear here, increased use of harsh discipline and reduced visits to other households with children may be responses to already difficult behaviour rather than causes of it.

*(Sweep 4 Report 'Children's social, emotional and behavioural characteristics at entry to primary school')*

Children living in deprived areas, those living in low income households and those with mothers with no qualifications were less likely than other children to have been read to every day. They were also less likely to be doing a range of daily 'home-learning' activities such as drawing and singing and to have been taken to places such as museums or farms. Further analysis of these findings shows that these activities do have an influence on children's cognitive development and that they can moderate the effects of socio-demographic disadvantage.

*(Sweep 3 Report 'The impact of children's early activities on cognitive development')*