

**GUS Annual Conference – findings from Year 6**  
**10 May 2012, Royal College of Physicians, Edinburgh**



## **Conference Report**

Growing Up in Scotland is the longitudinal research study tracking the lives of thousands of children and their families from birth through to the teenage years and beyond.

Almost 180 delegates from across sectors met to hear about and discuss the findings from 3 new reports published on 10 May 2012:

Early experiences of primary school

<http://www.scotland.gov.uk/Publications/2012/05/7940>

Overweight, obesity and activity

<http://www.scotland.gov.uk/Publications/2012/05/5385>

The involvement of grandparents in children's lives

<http://www.scotland.gov.uk/Publications/2012/05/4455>

The conference was chaired by Shirley Laing, Depute Director for Early Years and Social Services at the Scottish Government. Paul Bradshaw, Research Director for GUS at ScotCen Social Research provided some background to the study and presented some key findings from each of the 3 reports. He also described the next stages of the project. The conference was joined by Aileen Campbell MSP, Minister for Children and Young People, who provided her perspective and an update on current policy development in relation to children, the early years and parenting.

Delegates split into 3 groups to discuss the reports in more detail. The authors of the reports (Paul Bradshaw, Alison Parkes and Lynn Jamieson) presented the new findings in detail. Three representatives from the Scottish Government (Maria Gray, Fergus Millan and Hilary Third) provided short presentations to place the new findings in a policy context. This was followed by questions and discussion amongst the groups as a whole and also in smaller groups (see notes below).

Following the coffee break, delegates re-convened to hear some feedback from each of the breakout sessions. The conference concluded with an address from Tam Baillie, Scotland's Commissioner for Children and Young People, who spoke on behalf of the Early Years Taskforce (see notes below).

To download the presentations from the event or to listen to a recording of the main presentations, please see:

<http://www.crfr.ac.uk/gus/events.html>

## Questions during main plenary session

(Questions and comments from delegates in bold. Responses from normal font)

**Through the GUS study, do you ask ‘what it would take’ for parents to take children swimming or to take part in exercise? Do you ask what would motivate parents to do certain things with their children?** We didn’t ask that but we do ask people why they don’t use certain services, but not in the context of increasing physical activity. We have asked parents for their views about local services and facilities, and their attitudes towards their local neighbourhood.

**In relation to overweight and obesity, do you use epidemiological or clinical cut-off points?** We have used the UK cut-offs (1990 growth charts). 85<sup>th</sup> percentile for overweight, 95<sup>th</sup> for obese.

**Do you ask about grandparents who have a full time role in caring for children (i.e. kinship carers)?** We have very detailed information about who the children live with, and we know if a grandparent is the main carer for the child. Around 2-3% of children have a grandparent as a main carer, but more will live with a parent and a grandparent, so there will more children for whom grandparents are providing a considerable amount of care.

**Do you have enough data to do some analysis on ‘step-grandparents’?** We can identify step-grandparents in the data, but there are not enough to look at this group in detail.

**How do you account for attrition in the longitudinal reporting?** All of the data in our reports is weighted for non-response. Longitudinal analysis (for example in the Overweight, obesity and physical activity report) is based only on those families who took place at every sweep. By Sweep 6 we have lost one quarter of the families who took part at Sweep 1, but it remains a very robust data set.

## Notes from Breakout Sessions

### *Session 1 - Early experiences of primary school*

(Questions and comments from delegates in bold. Responses from panel in normal font)

**Have you looked at data on the Strength and Difficulties Questionnaire (SDQ) in relation to deferrals? Were there any systematic differences?** That would be good to look at but not done it as part of this report. The data is there so would be interesting to look into.

**SDQ is used by some practitioners during the transition to Primary School but it is not something that happens everywhere. Some schools indicate that this could be used as part of the readiness measure.**

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**The data highlights no differences by socioeconomic class for deferral. Who makes the deferral decision?**

Mainly parental choice but nurseries can advise. Age is the most common reason for deferral but international research shows that those that have low readiness scores still do not do as well even if they enter later.

GUS data shows that parents who had concerns about their child's readiness for pre-school also had concerns about their readiness for primary school. This might suggest that not enough has been done to address the issue at pre-school but, it could also just be that parents' perception of the child.

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**Do you have data for refused deferrals? Children with learning difficulties are seeing increased refusal rates for deferred entry.**

No but this is something to keep in mind with the new birth cohort.

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**Concerns were expressed over using the SDQ, which features 10 positive statements and 20 negative statements. Is it possible to develop a new standardised instrument that could be used in GUS?**

Yes, definitely a possibility, we would be open to this on GUS. However, additional funds from elsewhere would need to be found to do this.

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**When the term "children doing better" is used, what does that mean? Does it relate to their start point? I.e. is it comparing relative progression? Does the gap widen?**

The sweep 5 report on cognitive ability changes is the best place to look for more information on this as this looked at cognitive development at ages 3 and 5. In summary, those that are doing well at aged 3 and still doing better at aged 5. The factors associated with doing better in relation to starting point are almost identical to absolute achievement, i.e. mainly influenced by the socio-economic status of the family but also the home learning environment.

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**Will you use the data to look at other outcomes, not just achievement? These include outcomes such as truancy, ending up in a young offenders unit? I.e. if we can see something is wrong at aged 4 ½, then will you track them all the way through?**

That analysis is/will be possible. We do hope to follow them through to at least 16 and hopefully into adulthood.

**Point was made that there might be something wrong with the idea of the age of the child equating to the child's readiness to go to school. Thinks there may be something wrong with sending children to primary school at age 4.5 years old and that some children might have better outcomes if they went to school later, say at 5.5 years old.**

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**The EPPE study found that the home learning environment was more important than the mother's educational level. Have these findings been shown in the GUS data?**

Yes the home learning environment has an effect over and above any socioeconomic factors.

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**These findings are fascinating and useful. How can we use them to influence policy? How can we identify the failure now to prevent any trouble in the future? It may be wrong to send those children who are not emotionally and physically ready to primary school.**

General discussion followed around whether it was appropriate to have a blanket age across all children when they should go to school or whether using school readiness/health measures would be more appropriate for deciding when a child should start school.

It was suggested that early years practitioners could help assess whether a child is ready to go to primary school. A child is not just ready in age but also in development, measured by SDQ for example.

Research commissioned in 2005 by the Scottish Government found out that there was no optimum age for starting school. But there is flexibility in the current Scottish system.

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**Given what we know about early learning being so important, why does the CfE start at age 3 when we know already some children have fallen behind?**

There is guidance available from the CfE for the earlier years. The 'Play, talk, read' campaign is also targeting parents of children in this age group.

**What is the concept of school readiness about? Is it something we have just created? We have a concept of readiness but not of well-being. It is important for us to look at countries where things are done well and learn from them. Countries that offer universal services from birth that support parents that do well.**

Widely accepted that readiness is a complex notion and it is hard to capture it. We do welcome using other measures.

**It is important not to use the word 'predict' when talking about people's life outcomes. Probability is not causality and statistics don't determine who ends up in the young offenders unit. We should err on the side of caution and give the support to everyone.**

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**5-8% of parents are not involved in their children's education. It is likely they have lower aspirations or had a bad experience of school when they were younger. It can take a generation to work through for parents to understand that school has changed. Or is that parents can be more involved with their first child but less so with younger siblings. Have these factors been investigated?**

5% is a small group so it is hard to do analysis on them but whether the study child has older or younger siblings is also taken into account. More detailed questions on parental experiences at school and aspirations for their children are being asked at sweep 7 with this cohort.

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**Will you be able to go further with the analysis with BC2? Could you include questions to be able to see if factors associated with pregnancy and birth affect school readiness/development? Low birth weight is thought to be associated with development as well children that are born pre-term.**

**It is important to remember that babies born pre-term may be different to those born full term but they are often grouped together under heading of 'low birth weight'.**

Yes, most development analyses already do include low birth weight as a considered factor. However, it often drops out because of other things being more important. In GUS we ask detailed questions about the circumstances surrounding birth, including whether the child was early or late, so the data is there for people to investigate this further.

### **Key points from facilitator's feedback**

Dr Christine Stephen from Stirling University commented on the 'buzz' of conversation that the new findings had generated. She also commented on the value of the breadth of data offered by GUS, which allows us to get close to family practice – what happens at home. The findings highlight that trajectories are complex – there are a multitude of factors affecting outcomes for children. She noted that it was good to see findings relating to individual learning experiences for children at school and preferences for learning. There was lots of interest around the concept of 'readiness' - is it the children who need to be ready for school or schools who should be ready for children? There is a lot more discussion to be had around this issue.

### ***Session 2 - Overweight, obesity and activity***

There was some discussion about methodology and issues with the quality of variables collected in GUS.

- One attendee mentioned that the benefits of breastfeeding are dose-dependent and this cannot be captured when using data on complementary feeding.
- The above attendee also questioned that quality of data on children's physical activity, since it is difficult for parents to know when children are active or not.
- questions on whether children's PA time in nursery or child care was taken into account in the PA measurements

One delegate mentioned that the findings discuss how many children did not meet the 60min activity/day target, but highlighted that the target for toddlers under the age of 5 is for 180min activity/day.

A PE teacher mentioned that children from P1-P6 really enjoy PE classes in school, and more could perhaps be done inside schools to get children to do more activity.

A practitioner mentioned that from their experience, even though broad messages such as the 5-a day campaign are assumed to be common knowledge, they claimed that face to face interaction with parents revealed that many parents are still not fully aware of these messages, and that talking to parents helps.

There was a discussion regarding the need to a change in culture, in order for health behaviours to change – which is bound to take a long time.

- there was some talk about how Scotland is not as child friendly as it wants to be

In response to the issue that changing culture takes a long time – an attendee mentioned that sometimes change can happen quite quickly. An example regarding children’s dental health and brushing teeth was used, where significant improvements have been made in the last 5 years.

Someone stated that health visitors find results from GUS really important, in terms of just knowing what the situation is.

### **Key points from facilitator’s feedback**

Ruth Campbell, Consultant Public Health Dietician for NHS Ayrshire and Arran provided feedback from the presentation and discussion. She noted that the publication of the new report is very timely as it links in with the recently published data from ISD for children in Primary 1. It provides a way of assessing progress against the Government’s Child Healthy Weight targets and feeds into the debate around whether children should be weighed as part of a 20-24 month assessment. The findings that there appears to be no association between physical activity and overweight/ obesity are surprising. The findings would suggest that some parents are not aware of the basic messages for child healthy weight. We need to develop simple messages for parents and children. Face-to-face support is important. There needs to be a culture change, to change attitudes and this can take time. It is important that support in relation to child weight is provided as part of a broader approach to health. We need cross-sector action to promote and support healthy living. Child weight should not be treated separately from issues such as physical activity and oral health. The group noted that perhaps Scotland is not as child friendly as we think we are. Finally, the new findings on child weight and activity should be considered within the broader context of the other new findings being published today – grandparents can have an important influence on what children are eating and how active they are, while schools of course also have their part to play. Education is a key partner in this work.

### ***Session 3 - Involvement of grandparents***

The following notes for the 'Involvement of grandparents' capture some of the main points of the session.

*Response from SG from Hilary Third* – Hilary had 6 points that she wanted to share. Below are some notes from each of these points:

1. We need to value the role of grandparents and recognise the significance of their role in providing emotional and practical support (including stability) for children and parents. The GUS report tells us about the diversity of grandparents and how the role of grandparents is changing in the context of today's society. Policies and services need to understand these changes.
2. GUS findings and recommendations fit very well with the current direction of Scottish Government, including the developing National Parenting Strategy. For those grandparents who are providing a parenting role we need to ensure that they receive appropriate support to fulfil their caring role.
3. The National Parenting Strategy is built on the views of parents and carers – informal consultation has been carried out with 130 discussion groups and 1500 individuals, including grandparents.
4. Grandparents have a diverse range of roles and experiences and this needs to be reflected in support services.
5. There is a specific need to support men, including both fathers and grandfathers. Traditional gender roles have changed (e.g. in the workplace) but have our attitudes changed? We need to encourage more active involvement of men and teach future generations about the role of fathers and grandfathers.
6. Policies and services need to consider how they become more inclusive.
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#### *Discussion groups*

##### Group 1

- Childcare – currently insufficient and unaffordable provision meaning that many grandparents are providing childcare for families. However, people are now expected to be employed until they are older so this presents a contradiction.
- Welfare reform agenda: incomes are being affected, lone parents are now going to have to return to work when their youngest child is 5 but they still need childcare.
- GUS findings demonstrate a gender breakdown in care provision and more women are involved in caring for a child.
- Role of employers – even if men are entitled to take paternity leave to care for their children, will this be recognised by their employers?
- What support is available for grandparents who are caring for grandchildren, especially those grandparents who have struggled in their own parenting role? This touches on the complexities of kinship care.

## Group 2

- Education of grandparents – grandparents have a huge influence on new parents but what have they been taught and how does it relate to current parenting messages, particularly relating to health.
- Grandparents are a cheaper option for childcare and they also provide a more flexible source of support.
- There is an expectation on grandparents to provide care and this is a different role of the ‘traditional’ grandmother who would nurture and provide cakes/sweets/treats.
- We need to remember that a grandparent’s relationship with their grandchildren is mediated by their relationship with the parent – intergenerational aspects of relationships.

## Group 3

- Education/childcare/role of grandparents – what are the effects of grandparents providing childcare and what do they inadvertently teach children.
- Is it possible to breakdown the research further and analyse more from the perspective of kinship carers i.e. have they been able to continue working or have they had to give up work; what childcare support do they have?
- What questions are being asked of grandparents in the next GUS cohort? Research in England shows that grandparents have an impact on the cognitive development of children so we should consider this in Scotland – reference was made to an earlier discussion within the group.
- We need to know more about the role of grandparents for children in Scotland, especially for those under 3 years old.
- When children reach school age there appears to be more need for childcare support from grandparents. Out of school childcare is hard to find and grandparents are in a position to be able to provide this flexible ‘wrap-around’ care.

## **Key points from facilitator’s feedback**

Dr Alison Koslowski, Senior Lecturer at the University of Edinburgh responded on behalf of the group. She reported that there had been some really interesting discussion about the role of grandparents in children’s lives. There was focus on the nature of involvement. It was highlighted that there is a need for inter-generational work. Grandparents are also parents, and while most grandparents want to help their own children, there was some sense of exploitation – that the use of grandparents to provide childcare was not always the preferred option – that it is happening because of the lack of affordable alternatives, and sometimes this is damaging family relationships. We should look at the types of relationships between grandparents and adult children and how this can affect children. It was noted that services need to welcome not just mothers but also fathers and grandparents. Transport issues can affect the level of involvement from even local grandparents – there is a need for good bus links. Great grandparents were considered – perhaps ‘great-grandparents’ are the new ‘grandparents’? Finally, a plea – can we ask children about their relationships with grandparents?

## **Closing speech from Tam Baillie, Scotland's Commissioner for Children and Young People**

### **Key points from Tam's speech:**

Tam's role is to make sure that we are improving the lives of children and young people in Scotland. GUS helps to do this because it measures distance travelled over time.

To put things in context, there are 3 over-arching issues at the current time:

1. We need to make sure that the cut-backs, in this time of austerity, do not negatively affect our children and young people.
2. We need to pay attention to the messages from children living in poverty, to hear about the corrosive impact of poverty on their lives.
3. We need to pursue the Early Years agenda – driven by the Early Years Taskforce, but delivered locally.

The Early Years Taskforce has 3 priorities:

1. Using the strength of our universal services and making sure that we capitalise on this strength, taking account of socio-economic and demographic variations across the country and of course taking account of the evidence base, where GUS has a real contribution to make.
2. Helping families and communities to secure better outcomes for themselves. The development and implementation of a national Parenting Strategy is part of this. The Grandparents report from GUS is very welcome in the wider context of families and communities.
3. Promoting a coherent approach –collaboration across disciplined and professional boundaries. Time and time again, when you look at the recommendations coming from GUS it is clear that we need to target resources at the family level, not just on the individual child, for example, the findings on obesity suggest a whole-family approach to promote healthy living.

Overall, the new findings fit with the direction of travel in Early Years policy. The richness of the research is extremely valuable. There are some surprises – for example – the number of grandparents that children have at the age of 3 varies from 0 to 10. This shows what complicated lives our children are leading. If we are to develop a better understanding of the support that grandparents provide then we can find out 'what counts', what makes a difference, and use this to influence policies – even housing allocation policies – to promote and support grandparent involvement because we know it counts for so much.

In relation to the involvement of parents in school, the GUS findings link to a recent report from the Joseph Rowntree Foundation which recommends more parental involvement as a means of achieving better outcomes for children. GUS gives a better understanding about how we can influence parents' involvement with schools and with their child's learning.

The findings from the obesity report will help support the work of a sub group of the Early Years Taskforce, which is considering how we might achieve cultural change.

Tam concluded with the question – do we value children and young people in Scotland to the extent that we should? We need better implementation of the UN Convention of the Rights of the Child, until we don't have to fight for children to be a priority. Until then we can't make some of the claims we want to about Scotland being a good, or even the best place in the world to bring up children. We have a long way to go, but this information from GUS and from other research makes us a much better informed group of professionals who have the same passion and desire to improve the lives of children and young people in Scotland. GUS helps to feed this passion.

### **Conference Evaluation**

Delegates were asked to complete an evaluation form. Over half of delegates (57%) completed a form. Over half of those responding said that they found the event very interesting and very relevant to their work with children and their families. Interestingly, over half of those responding had not attended a GUS annual event before, suggesting that the audience for the research findings is growing each year as the children in the study get older and more topics are covered. We asked delegates to tell us how they have been using, or intend to use the findings from GUS. The responses were rich and varied. Some examples:

*'Will help inform our work to deliver the child healthy weight target and parenting support more generally'*

*'I have discussed findings with staff, colleagues and parents within my nursery. I have directed staff to the website for their personal development and used it for my own resource.'*

*'I use the findings to inform my teaching of early years practitioners. I encourage students to use the research in their work, particularly in the HNC graded unit.'*

*'I use frequently in briefings, papers and consultation responses'*

*'I intend to use the findings to 'back up' the work I do in nursery-primary transitions'*

Overall, the comments received were very positive, though many people wanted more time to discuss the implications of the findings.

*'I can't believe this is the first year that I have attended such a conference. Very informative, real HARD EVIDENCE! Very pleased to have access to such well researched and thought provoking material. Thank you very much.'*

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