

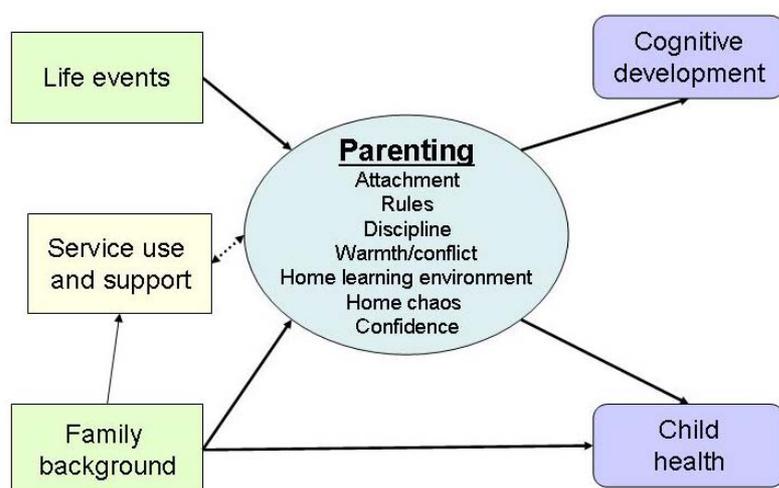
## GROWING UP IN SCOTLAND – PARENTING

This briefing, based on the Growing Up in Scotland Year 5 reports, sets out some key and notable findings relating to **parenting**. It discusses implications for policy and practice.

The GUS reports covered parenting and children’s health, cognitive development in the pre-school years, change and the impact of significant events and parental service use and the role of informal support.

### The role of parenting

The Scottish Government Early Years Framework recognises the importance of parenting for child outcomes and emphasises the importance of building parents’ confidence and capacity to



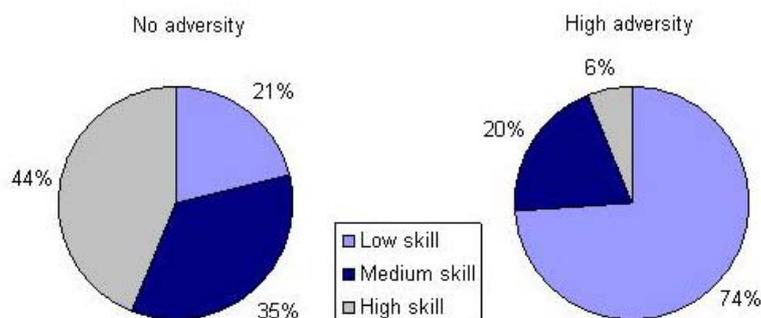
be the most positive influence they can be for their children. GUS looks at day-to-day parenting, such as parent-child relationships and activities.

This briefing discusses both factors that impact on parenting practices as well as the impact of parenting on child outcomes in terms of health and cognitive development (see Figure). These are factors that policies and interventions could usefully target.

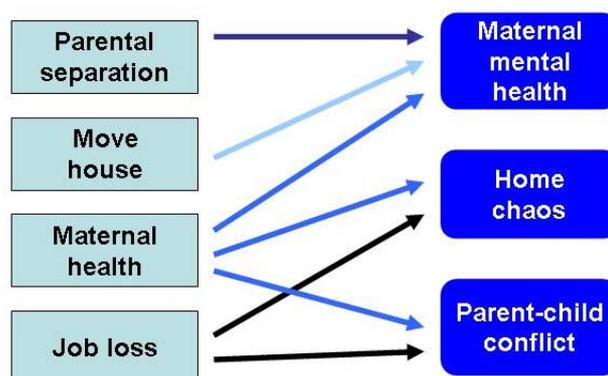
### Influences on parenting

Parenting skills (as measured as an index from eight parenting measures covering connection, control and negativity) varied by levels of family adversity (e.g. low income). With higher levels of family adversity, parents were more likely to show low and less likely to show high parenting skills. Higher skilled parents tended to have more connection (warmth and activities), less negative parent-child relationships and more control (higher supervision and rules and less home chaos). For example, higher educated mothers are more likely to undertake activities like reading and singing (indicating a positive ‘home learning environment’) with their children.

Parenting skill by family adversity



The findings further indicate that events which happen in children’s early years can impact on parenting. Parental job loss and the onset of maternal health problems were related to higher levels of parent-child conflict and ‘home chaos’. Also, parental separation, moving house and maternal health problems were all related to poorer maternal mental health, which is known to be a factor affecting the quality of parenting. Previous GUS analysis showed that poor maternal mental health is linked to poorer child outcomes in the areas of cognitive development and emotional well-being (see GUS 2010 *maternal mental health* report).



The findings imply that parenting should be looked at, not in isolation, but as interconnected with the particular family background as well as changes in the families’ circumstances. Parents from certain backgrounds as well as parents experiencing certain events, like separation or the loss of employment should be supported in their parenting role.

### Effects of parenting

Parenting was related to child health outcomes and child health behaviours, even after controlling for differences in family background characteristics (see Table 1).

**Table 1. Relationship between parenting skill and health outcomes and health behaviours**

|   | Low parenting skill |
|---|---------------------|
| <b>Child health outcomes</b>                                  |                     |
| General health fair, bad, or very bad                         | √                   |
| Limiting longstanding illness                                 | √                   |
| Mild or severe social, behavioural and emotional difficulties | √                   |
| Dental decay  | √                   |
| Health problems in the last 3 months                          |                     |
| Accidents/injuries between age 1 and age 5                    |                     |
| <b>Child health behaviours</b>                                |                     |
| Low physical activity   | √                   |
| High screen time (tv and computer)                            | √                   |
| Low fruit and vegetable consumption                           | √                   |
| High sweets/crisps consumption                                | √                   |

Regardless of their family background, children with highly skilled parents had more positive health outcomes and were reported to have fewer negative health behaviours than children from lower parenting skills families. Furthermore, dimensions of parenting such as activities and attachment influenced cognitive development and relative improvement in cognitive ability between ages 3 and 5.

The association between parenting and social, behavioural and emotional difficulties was particularly strong. Note however that we can not conclude with

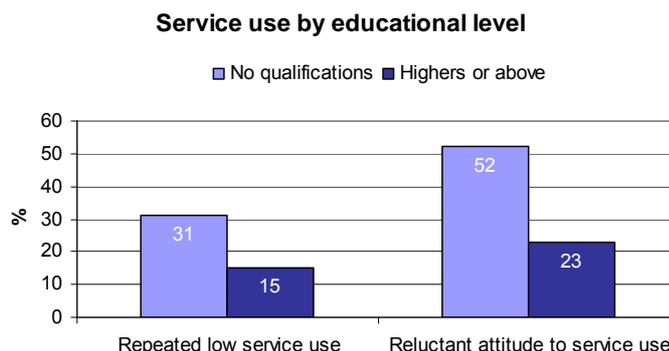
certainty the causal direction of the relationship between the variables. It is possible that difficulties with the child’s behaviour influence the parent-child relationship and parenting in general, rather than parenting influencing the child’s behaviour. Nevertheless, the results show that supporting parenting is likely to have a positive effect on child health.

### Parenting and family disadvantage

The findings showed that differences in parenting between families from different backgrounds can explain some, but not all, inequalities in health and between children with different family characteristics. Health benefits from better parenting are likely to be greater for families with the highest levels of adversity. Parenting factors such as a high level of parent child activities had a positive influence on the improvement of cognitive ability in the pre-school years (especially for children from lower educated backgrounds). Previous GUS findings showed the important positive influence of the home learning environment on the cognitive ability of more disadvantaged children at age 3. (see GUS 2010 *Health inequalities* report).

## Support for parents

In addition to lower maternal educational qualifications, low income and unemployment, lower confidence in one's own abilities as a parent was associated with reluctant attitudes to the use of services. Reluctant attitudes were also associated with low actual service use, but the direction of the relationship could be two ways, i.e. reluctant attitudes may influence use of service, or the experience with the use of service may influence attitudes towards them.



Mothers with lower education levels, lower income and lower socio-economic status were more likely to be low service users (in terms of the number of services they use at 10 months and age 4). Levels of informal support were quite similar for low and high service users, showing that informal support does not compensate for the lack of formal support in the form of service use. Mothers who were both low services users and lacked informal support were more likely to have lower educational qualifications, to be in a workless household and live in an urban area. For some services (e.g. ante-natal classes and parent-baby/toddler groups) reasons for not accessing them were related to not liking the group format and not knowing classes were available. These findings help to identify groups and geographical areas where interventions could usefully apply additional focus to make sure that all parents receive appropriate support.

## Conclusions

These findings are important if we want to support parents to be the best they can be. The findings suggest that providing parenting support is likely to have a positive effect on child outcomes through improving parenting skills. Parenting programmes and classes could focus on parents in adverse circumstances and those going through change, and should address a wide range of parenting skills. However, the findings also show that there are challenges in engaging with parents in need of support, with those most in need being the most reluctant to engage.

Different types of support and ways of support delivery are likely to be useful for different groups of people. For some, universal services will be appropriate, for others, traditional services may work less well and a more informal personalised approach would work better. For example, support could be offered by using community mothers or by providing space for parents at primary schools where they can interact and engage in peer learning. For the most vulnerable families, targeted, individual interventions may work best. The stigma associated with asking for help with parenting – “if you ask for help, people think you are a bad parent” – and the related confidence in oneself as a parent, should be addressed.

In addition, the content of support may well have to be tailored to the needs of different people. The cognitive report showed that, in order to improve child cognitive ability, support for families with lower educational qualifications should focus on improving maternal-child attachment and the home learning environment, whereas for higher educated families early language ability and area deprivation were related to changes in cognitive ability. A mixed (centre and home-based) and two generation (child and parent) approach is likely to be the best approach for improving school readiness amongst those children most in need.

Finally, adult services need to consider impacts on children and the wider family of the person accessing the service. These holistic services could usefully be a point for referring parents to other services and sources of support, in order to ensure that all parents receive the support they need and to facilitate prevention of further problems.

**For further information on Growing Up in Scotland and to download the publications:**  
[www.growingupinScotland.org.uk](http://www.growingupinScotland.org.uk)

#### *Sweep 5 reports*

Bradshaw, P. (2011) *Growing Up in Scotland: Changes in child cognitive ability in the pre-school years*, Edinburgh: Scottish Government.

Chanfreau, J., Barnes, M., Tomaszewski, W., Philo, D., Hall, J. and Tipping, S. (2011) *Growing Up in Scotland: Change in early childhood and the impact of significant events*, Edinburgh: Scottish Government.

Mabelis, J. and Marryat, L. (2011) *Growing Up in Scotland: Parental service use and informal networks in the early years*, Edinburgh: Scottish Government.

Parkes, A. and Wight, D. (2011) *Growing Up in Scotland: Parenting and children's health*, Edinburgh: Scottish Government.

#### *Other GUS reports*

Bromley, C. and Cunningham-Burley, S. (2010). *Growing Up in Scotland: Health inequalities in the early years*. Edinburgh: Scottish Government.

Marryat, L. and Martin, C. (2010). *Growing Up in Scotland: Maternal mental health and its impact on child behaviour and development*. Edinburgh: Scottish Government.

Bradshaw, P., Jamieson, L., and Wasoff, F. (2009). *Growing Up in Scotland: Use of informal support by families with young children*. Edinburgh: Scottish Government.

#### *Other recent reports and documents of interest*

The Scottish Government (2008). Early Years Framework.  
<http://www.scotland.gov.uk/Publications/2009/01/13095148/1>

The Scottish Government (2011). Early Years Framework: Progress so far.  
<http://www.scotland.gov.uk/Publications/2011/01/13114328/14>

Deacon, S. (2011). Joining the dots: A better start for Scotland's children.  
<http://www.scotland.gov.uk/Resource/Doc/343337/0114216.pdf>

C4EO (2011). Improving children's outcomes by supporting parental and carer-couple relationships and reducing conflict within families, including domestic violence.  
<http://bit.ly/lZRQhP>

C4EO (2011). The impact of parenting and family support strategies on children and young people's outcomes. <http://bit.ly/ji33dW>

The Scottish Government (2008). Perspectives on Early Years Services: Qualitative Research with Service Users. <http://www.scotland.gov.uk/Resource/Doc/237941/0065338.pdf>