Growing up in Scotland: Family and school influences on children’s social and emotional well-being

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Defining social and emotional well-being

National Institute for Health and Clinical Excellence, 2013

• happy and confident
• autonomous
• problem-solve
• manage emotions
• experience empathy
• resilient
• attentive
• good relationships with others
• not anxious or depressed
• no behavioural problems such as being disruptive, violent or a bully
Background - policy

SG Policy focus on overall child well-being

- *Getting it Right for Every Child* indicators of overall well-being: safe, healthy, achieving, nurtured, active, respected, responsible and included
- Children and Young People (Scotland) Act 2014
- Early Years Framework and Equally Well

SG policies specifically targeted at child social and emotional well-being

- Child and adolescent mental health “key change area”, Mental Health Strategy for Scotland
- Curriculum for Excellence
Background – Scottish indicators of social and emotional well-being (1)

- **Subjective well-being**
  - Life satisfaction (Cantril ladder, WEMWBS)
  - Mainly secondary school age (some P7 data)

- **Behavioural/emotional problems**
  - Strengths and Difficulties Questionnaire (SDQ)
  - Primary and secondary school age
Background – Scottish indicators of social and emotional well-being (2)

- Overall – stability/small improvements in recent years
- Inequalities
  - Gender and age differences
  - Socio-economic differences

**SDQ – abnormal/borderline total difficulties**

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<tr>
<th>Area deprivation</th>
<th>4-12 year olds</th>
<th>S2 pupils</th>
<th>S4 pupils</th>
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<td>1 - most deprived</td>
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<td>5 - least deprived</td>
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MRC/CSO Social and Public Health Sciences Unit, University of Glasgow.
Background – previous GUS research on behavioural and emotional problems

- Problems associated with:
  - **Child characteristics** – poorer health, language difficulties
  - **Family disadvantage** – poverty, poor maternal mental health
  - **Parenting** - smacking, low warmth, high conflict

- Importance of early life factors
- Importance of persistent disadvantage
Background – subjective well-being

- Research emphasis on mental health problems
- More difficult to research happiness?
  - Feelings transitory
  - May not reflect circumstances

- Research on secondary school age children
  - Importance of family relationships
  - Mixed/inconclusive for economic factors
  - Few comprehensive models
Research gaps

- Few “comprehensive” models of child subjective well-being
- Little known about subjective well-being in young children (<10 years)
- Little known about similarities/differences between factors affecting mental health problems AND subjective well-being
Current study – research aims

- What influences young children’s social and emotional well-being?
- Do influences on mental health problems also affect subjective well-being (and vice-versa)?
Study sample and design

• Growing up in Scotland Birth Cohort 1 - around 5,000 children born 2004/5

• Families interviewed in 2012/13 (N≈3200)
  • information from child AND natural mother
  • weights to compensate for loss of families over time

• Cross-sectional design – all information measured at same time point
Measuring social and emotional well-being: two outcomes

- **Behavioural and emotional difficulties** – reported by mothers using Strengths and Difficulties Questionnaire (SDQ)
  - “total difficulties” score includes
    - emotional symptoms
    - conduct problems
    - hyperactivity/inattention
    - peer relationship problems

- **Life satisfaction**– reported by children using abbreviated Huebner’s Student Life Satisfaction Scale: Do you...
  - feel that your life is going well?
  - wish your life was different?
  - feel that your life is just right?
  - feel you have what you want in life?
  - feel you have a good life?
Prevalence of low social and emotional well-being

- **Total difficulties score** – recommended cut-off for abnormal/borderline (“high”) difficulties
  - 11% of GUS 7 year-olds had high difficulties score
- **Life satisfaction** – no standard cut-off point
  - Bottom 25% of scores defined as “low life satisfaction”
Modelling social and emotional well-being

• Possible influences considered
  • Child characteristics
  • Maternal characteristics
  • Household characteristics
  • Life events
  • Parenting
  • School
  • Leisure activities
  • Friendships
  • Materialistic attitudes

• Source of information varied – most from mothers, some from mother AND child, some ONLY from child

• Two stages to models
  • Univariate associations
  • Multivariable models
(1) Factors associated with low life satisfaction AND behavioural/emotional problems

- **Parenting**
  - high mother-child conflict
  - low parental knowledge

- **School**
  - disliking school
  - difficulty with school work
  - concern over reading/writing ability

- **Friends**
  - poor friendship quality
(2) Factors associated with low life satisfaction

- Death, illness or accident in family
- Parenting
  - less “positive parenting” (positive reinforcement of good behaviour, involvement with child)
(3) Factors associated with behavioural/emotional problems

- **Child characteristics**
  - poorer general health
  - broken sleep
  - developmental concerns

- **Maternal and family characteristics**
  - poorer maternal general health
  - low maternal education
  - family mental health/substance use problems

- **Parenting**
  - low mother-child warmth

- **Materialism**
  - prefer children with expensive things
Study limitations and strengths

- Cross-sectional design – causation unknown
  - omitted factors – eg genetic, early life
  - bidirectional effects/reverse causation possible
- Source of information varies, and may affect strength of association (“shared method variance”)
- No information directly from fathers
- Not all aspects of social and emotional well-being covered
- Large sample from national cohort
- Rare data on young children’s subjective well-being
- Comprehensive model - many possible influences
- Measures from mother AND child – similar findings
Conclusions (1)

• **Relationships (family, school, friends)** important for both aspects of social and emotional well-being in GUS 7 year-olds

• Some factors not important
  • Child gender
  • Economic factors – income, material deprivation
  • Family structure, parental relationships
  • Leisure activities – informal play, screen time, organised activities
Conclusions (2)

- Behavioural and emotional problems linked to family stressors associated with deprivation
  - Poorer health (child, mother, family)
  - Lower cognitive ability (child)
  - Low education (mother)
  - Low mother-child attachment

- Low life satisfaction linked to experiencing negative affect, or lack of positive affect
  - Death/illness/accident in family
  - Less positive parenting
Policy Implications

- **Holistic approach to social and emotional well-being** – different components of well-being may be influenced by overlapping, but also distinct, sets of factors
- **Family and school settings** for interventions
- **Family** – parenting programmes, advice and support
  - Barriers to participation among targeted groups
  - Need to address wider issues eg parental mental health
- **School** – whole school and targeted approaches
  - Adjustment to social and learning environment
    - Teacher training, resources for additional support
    - Involve parents, access specialist help
  - SEED (Social and Emotional Education and Development) randomised control trial of Scottish primary schools
  - Social environment – involve family and community too