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GROWING UP IN SCOTLAND: YEAR 2

Results from the second year of a study following the lives of Scotland's children

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GROWING UP IN SCOTLAND:
Sweep 2 Overview Report

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Contents

EXECUTIVE SUMMARY

Characteristics and circumstances of children and their families

Childhood circumstances and life chances are not static. As the following data demonstrates, even in the space of a year, important changes can take place in the life of families and the children within them.

Family Type

- There had been little overall change since sweep 1 in the proportions of children living in couple or lone parent families. On an individual level, 6% of children had witnessed a change in family type, mainly through a lone parent starting to live with a partner.

Number of children in the household

- The number of cohort children who were the only child in the household fell in both cohorts from 47% in the birth cohort at sweep 1 to 41% at sweep 2, and in the child cohort, from 34% to 27%. Conversely, the proportion of two-child families grew, whilst the proportion of larger families remained the same.

Non-resident parents

- Overall, around two-thirds of children with a non-resident parent were in contact with that parent, similar to sweep 1.
- There had however been some changes between sweeps, with a fifth of those who had no contact with their non-resident parent at sweep 1 now having contact, while conversely, of those children who did have contact at sweep 1, just over one in ten were not in contact with their non-resident parent at sweep 2.
- The majority of children in both cohorts still saw their non-resident parent at least once a week.
- Non-resident parents were also slightly more likely to be making maintenance payments, either through the Child Support Agency (CSA) or through some other arrangement, than they were at sweep 1, particularly in the child cohort, where non-resident parents making no payments fell from 49% to 40%.

Employment and NS-SEC

- Households with lone parents at sweep 1 were significantly more likely than couple households to become unemployed or to remain unemployed between sweeps.
- Change in family type was often closely related to change in income or socio-economic classification for the family involved. In a large number of cases, parental separation was accompanied by a drop in income and a lower socio-economic classification. In contrast, many households in which a lone parent had partnered between sweeps experienced a simultaneous increase in household income and a higher socio-economic classification.

Housing, neighbourhood and community

This chapter considers data collected from the birth cohort on a range of issues related to housing and accommodation, facilities and services in the local area and involvement in the community.

Housing and material goods

- The majority of families owned a wide range of material goods. However, computer ownership and internet access in the home showed a clear 'digital divide' between less affluent and more affluent households, carrying implications for access to information for parents and educational opportunities for children.
- The likelihood of having access to a car was linked to key family characteristics: couple (90%), higher income (99%) and higher social class families (95%) were more likely to have access to a car. In addition, families in rural areas were more likely than those in urban areas to have access to a car (92% compared with 76%).

Moving home

- Mobility was low between sweeps, with less than one in six families in both cohorts moving.
- Lone parents and lower income families were more likely to have moved than were couple families and those with higher household income, and parents in the former groups also had different reasons for moving than those in the latter groups reflecting the different needs and situations of all of these groups.
- The most common reason overall for moving was to have a larger home (49%), although this was more common among couple families for whom having a better home or living in a better area were also important. Lone parents, on the other hand, were more likely to say they had moved because they wanted a place of their own, a reason which reflects the predominant younger age of mothers in this group.

Neighbourhood and community

- As may be expected, families living in urban areas had access to a wider range of facilities and services in their local community than those living in rural areas.
- Local facilities for young children, housing provision and crime levels were the issues most commonly cited as in need of improvement by parents in the birth cohort.

Food and eating

This was a new topic at sweep two which explored the eating habits of children in the birth cohort. On a positive note, the majority of children ate fruit and vegetables on a daily basis, however, a significant minority of children frequently consumed unhealthy foods and drinks.

Eating habits and special diet

- The majority of respondents found it very or fairly easy to feed their child (80%), with only 12% finding it very or fairly difficult.
- Only 6% of children followed a special diet of any kind. Special diets were mainly followed because of allergies or intolerences, religious reasons, or because the children were vegetarian, vegan or pescetarian.

Main and evening meals

- Virtually all children had a main evening meal, normally at a regular time. The majority of children ate with other family members, although 6% ate on their own. Meals normally took place in the kitchen, dining or living room.

Healthy foods

- It was encouraging to see that almost all children in the birth cohort ate at least one type of fruit a day, with 59% having two or three types a day and a further 25% having four or more.
- Children who ate four or more types of fruit a day were more likely to have mothers with higher educational qualifications, to live in a higher income household, and to have a parent in a managerial or professional occupation.
- Most birth cohort children also ate some vegetables (not including potatoes) on a typical day, although a quarter had only one type of vegetable and 6% had none. The characteristics of those children who ate a greater variety of vegetables were similar to those who ate a greater variety of fruit.

Unhealthy foods

- For a significant proportion of children, sugary foods and drinks are an established part of their daily intake, even at 22 months. Ninety percent of children ate sweets or chocolates once a week or more often, including 43% who ate sweets or chocolates once a day or more.
- Although four-fifths of respondents reported that their child had a soft drink which was not lo-calorie or diet less than once a month or never, more than one in ten had such a soft drink at least once a day.
- Higher consumption of sugary soft drinks was closely related to more frequent consumption of sweets and chocolates. Parents on lower incomes and with fewer educational qualifications reported giving their children more sugary foods and drinks.

Effects on what children eat

- Eleven percent of respondents said their knowledge of cooking affected what they gave their child to eat 'a lot' whereas the things the child will and won't eat had a lot of effect for 8% of parents. The cost of food was the factor which had least impact on what the child was given to eat.

Advice on healthy eating and children's diet

- Most respondents (85%) reported having received information or advice on children's diets and healthy eating. The most popular source of this information was paper literature (books, magazines and newspapers) followed by family and friends, and health professionals.

Activities

The results showed a positive picture on the whole, with children participating in a wide range of educational and leisure activities, both within and beyond the home. However, stark differences between socio-economic groups were present in the birth cohort particularly in relation to educational activities, a difference that was greatly diminished in the child cohort, undoubtedly due to the almost universal up-take of free pre-school places in this age group.

Visiting other families

- A high value was placed on children socialising with peers at home and elsewhere. Sixty-five percent of children in both cohorts were taken to visit other families with young children at least once a week.

Educational activities

- Books played an important part in many children's lives: 79% of children in both cohorts had looked at books every day, while 64% in the child cohort and 46% in the birth cohort had been to the library in the past week.
- However, children in certain households were more likely to have looked at books every day than others. For example children in couple households and those whose mothers had more educational qualifications read books more often than those in lone parent households and those whose mothers had fewer or no educational qualifications. (in the birth cohort, 82% in couple households looked at books every day compared with 68% in lone parent households).
- Educational activities were reported more among the child cohort (95% having done these in the past week), although even in the birth cohort, where the children were just under 2 years old, these activities played an important role for many, two-thirds having played at recognising shapes, letters or numbers in the previous week. Again differences between sub-groups could be seen.

Television

- Watching TV every day is the norm, even at 22 months: 81% of children in the younger cohort had watched television in the last week including 63% who watched it every day.
- In the child cohort 84% of children had watched TV every day in the last week; 3% had not watched any television.
- There were no marked variations by sub-group in the child cohort. However, in the birth cohort, children in more disadvantaged circumstances were more likely to have been reported as watching TV every day.

Outdoor activity

- More than half of children had played outdoors in the week prior to the interview.
- As may be expected, Scotland's climate had a clear effect; children were considerably more likely to have played outside in the summer months than in the winter months. For example, 85% of parents in the birth cohort who were interviewed in July reported the child had played outdoors every day in the last week, whereas just 19% of those interviewed in January said the same.
- Accessibility was also a key issue here, with 55% in the birth cohort and 58% in the child cohort, who had access to a private or shared garden, playing outdoors every day in the previous week, in contrast to 35% and 33%, respectively, who did not have access to a garden.

Places and events

- Popular places to visit for both cohorts were the swimming pool and a zoo, aquarium or farm.
- There were considerable differences in the types of places visited by younger and older children. One in five of the older cohort had been to the cinema in the past year, compared with just one in twenty in the birth cohort and 62% of children in the child cohort had also been to a live performance of some kind, compared with 25% of those in the birth cohort.

Child health and development

In similarity to sweep 1, the health of children in the cohort was generally perceived to be good. However, health gaps between socio-economic and gender groups, which were visible at sweep 1, continued and, in some cases, widened.

Parental perceptions of child's health

- The vast majority of respondents in both sweeps thought that the health of their child was good or very good. Respondents at sweep 2 were slightly less likely to rate their child's health as being 'very good' and slightly more likely to rate it as fair or very bad.
- Differences in the health of children from different sub-groups appear to be widening as the children get older. For example, at sweep 2, in the child cohort, 57% of lone parents said their child's health was very good compared with 69% of parents in couple families – a difference of 12 percentage points. The corresponding figures for sweep 1 were 66% and 75%, a difference of 9 percentage points.

Long-standing illness and disability

- Eleven percent and 16% of the birth and child cohorts respectively were reported as having a disability or long-standing illness at sweep 2, a slightly higher prevalence than at sweep 1. Less than 10% of children in the child cohort, and less than 5% in the birth cohort were reported to have a disability or long-standing illness at both sweeps.
- In similarity to sweep 1, respondents from low income households were more likely to report their child having a disability or long-standing illness than those from higher income households. In both cohorts, long-standing illness was also more common in boys than girls.

Health problems since sweep 1 interview

- Most children (95%) had experienced some form of minor health problem or illness since the sweep 1 interview. These were mainly coughs, colds or fevers.

Accidents and injuries requiring NHS contact

- Data from the two sweeps suggest that accidents amongst young children are most common between the ages of 2-3 years. At sweep 2, parents of boys continued to be more likely to report their child had had an accident than parents of girls (in the birth cohort: 21% of boys versus 16% of girls).
- The most common injury requiring a visit to A&E was a bang on the head.

Anthropometric measures, overweight and obesity

- Height and weight measures were taken for the child cohort and were used to calculated the child's Body Mass Index (BMI).
- The majority of children (77%) of both sexes were of 'normal weight' (i.e. fell below the 85% percentile). Twenty-three percent were overweight (including obese).
- Girls were more likely than boys to be overweight (19% compared with 16% of boys) and more likely to be obese (7% compared with 5% of boys), as were children from lone parent families (26% vs. 23% in couple families). There were no significant differences by other key sub-groups.

Contact with health professionals

- Nine out of ten parents in both cohorts had been in contact with a health professional in relation to their child's health at least once in the six months prior to their interview, and around two-fifths had done so on two or more occasions.

Sources of help, information and advice on children's health

- GPs continued to be parents' main source of information or advice on child health. Some key differences were observed across the sample in the extent to which this, and other, sources of information were likely to be used. For example, those in higher income households were more likely to say that they had sought help from books, leaflets, the internet (both cohorts) and their GP (birth cohort only) compared with those in lower household income groups.

Child's development

- The majority of parents in both cohorts had no concerns about their child's development. As was the case in sweep 1, parents in the child cohort were more likely to express some concern about their child's development and behaviour than were parents in the birth cohort (19% versus 12%).
- Parents of boys, lone parents and those in lower income households were more likely to express concern about their child's development.

- Data from the more detailed child development scales illustrated some stark differences in levels of communication skills and problematic behaviour by gender, household income and maternal education. Boys, children in lower income households and those whose mothers had fewer or no qualifications were reported, on average, to have poorer communication skills and more problematic behaviour.

Parenting styles and parenting responsibilities

High levels of awareness of different parenting and disciplining techniques could be seen in both samples, although the use and perceived usefulness of various techniques depended heavily on the age of the child. Parenting responsibilities appeared slightly more even at this sweep but gendered differences between types of activities could still be seen.

Parenting techniques

- Parents generally had a high awareness of a range of discipline techniques including traditional strategies such as 'ignoring bad behaviour' and strategies popularised by recent television shows (e.g. 'the naughty step').
- Use of different techniques was dependent on the age of the child: parents in the birth cohort were most likely to have ignored bad behaviour and raised their voice and shouted at their child where as parents of children in the older cohort were more likely to use removing treats or privileges (74%), the naughty step (or room/corner/area) (65%) and 'time out' (60%) in addition to ignoring bad behaviour or raising their voices.

Parent-child activities

- The vast majority of male and female carers take part in 'bonding' activities like cuddling, playing with their children and just talking and chatting to them on a daily basis.
- Gender divisions are more apparent with respect to activities like bathing children, getting them dressed and getting them ready for bed, with women doing these activities more often than their male partners.
- Men with qualifications at Higher grade or above were more likely than men with no qualifications to be involved with bath time, dressing the child, getting them ready for bed and reading to them.

Household division of labour

- At the overall level, there was relatively little change in main respondents' perceptions of the household division of labour between sweeps 1 and 2. For all the child-related and household tasks covered, the respondent (usually the child's mother) was most likely to say they did most.

- Overall, the views of main respondents and their partners on the division of child-related and household tasks are fairly similar. However, partners (mainly fathers) are somewhat more likely to believe that these tasks are shared equally, while the main respondent believes they are mainly responsible for them, especially with respect to childcare-related tasks.

Parental support

Informal social networks

- Most parents had good relationships with family and friends, were part of a wide and strong informal social network and as a result felt they received enough support from this network. Almost no-one said they didn't have any close relationships, although a fifth said they didn't get enough or any help.
- However, mothers aged over 40, those with no qualifications and those living in lower income households all appear to have weaker informal social networks and were also more likely to have support deficit.

Access to informal support

- The majority of parents in both cohorts continued to find it very or fairly easy to organise someone to look after their child at short notice either for a few hours during the day (74% birth cohort, 77% child cohort), a whole day (60% and 64%) or overnight (56% and 59%). In each case, there was a slight drop relative to the findings at sweep 1.
- In similarity to sweep 1, the most common source of support of this kind by far were grandparents, and especially maternal grandparents. Friends or neighbours of the respondent, and parents' siblings remained the next most common sources of informal support in this context.

Attendance at groups and classes for parents and children

- Attendance at parent and toddler/child groups had increased between sweeps among parents in the birth cohort (half of whom were now attending), and decreased among parents in the child cohort (a quarter attending). As in sweep 1, in both cohorts, mothers from couple families and older mothers were more likely than lone mothers and younger mothers to say they had attended such a group in the last year.
- Reasons for non-attendance varied greatly, although the most common reason in the birth cohort was a lack of time (25%), while in the child cohort 74% did not attend due to the child attending nursery.

Use of formal support and professional advice on parenting issues

- Responses to a set of attitudinal questions on formal support indicated that most parents are not wary of the impact or connotations of receiving parenting advice or support from professionals and believe that enough support of this kind is already provided. However, a significant minority believed that receipt of formal parenting support carried certain negative associations.
- Younger mothers and parents in lower income households were more wary of professional support or intervention than were older mothers and those in couple families. Yet respondents in the former groups were also more likely to suggest that professionals do not offer enough parenting advice and support suggesting a degree of misunderstanding around the implications of that support.
- For services where contact is service-led and targeted (such as health visitors or social work), contact is higher among younger mothers, lone parents and lower income families. Those services where the responsibility lies with the user – i.e. the parent - to make contact and seek advice see lower use from the same sub-groups.

Childcare and work-life balance

Both childcare provision and work-life balance are major foci of government social policy. This chapter looks at the use of both formal and informal childcare for both cohorts, and how these are related to parents' employment responsibilities and use of work-life balance policies.

Use of childcare

- A little over two-thirds of parents in the birth cohort (68%), and virtually all parents in the child cohort (99%) were utilising some form of childcare for the sample child. Use of childcare increased in both cohorts between sweeps, although clearly the rise was more dramatic in the older cohort. This was largely accounted for by the provision of free statutory pre-school education.

Types of childcare used

- Both cohorts saw an increase between sweeps in use of multiple providers and in the average time a child was likely to spend in childcare.
- There was a shift from lower use of informal care to greater use of formal care between sweeps. In the birth cohort, 53% of parents using childcare were using a formal provider at sweep 2, up from 40% at sweep 1. Notwithstanding this increase, certain groups amongst the sample continued to rely more heavily on informal provision.

- Despite almost universal formal childcare use in the child cohort, almost half of the older children were also being cared for by an informal provider. They were also considerably more likely than those in the birth cohort to have multiple arrangements in place – around 60% were using two or more childcare providers compared with 35% of babies' families.
- The child's grandparents and nursery care account for the majority of provision with childminders, playgroups and 'other informal' arrangements accounting for most of the rest. Care by grandparents and other informal providers was higher in the birth cohort whereas nursery and playgroup care were higher in the child cohort.

Number of hours and days per week

- On average, families in the birth cohort used childcare for less time than did those in the child cohort (birth cohort average of 22 hours per week, child cohort average of 26 hours per week). The average weekly duration of childcare had increased by 10 hours from the comparable figure at sweep 1 in each cohort.

Changes to arrangements, degree of choice, ease of arranging childcare and childcare preferences

- In both cohorts, the majority of families using regular childcare at both sweeps continued to use at least one provider at sweep 2 that was being used at sweep 1, although this was more likely in the younger cohort where 81% of respondents carried forward at least one arrangement compared with 72% in the child cohort.
- The vast majority of parents in both cohorts using childcare (85%) said they had found it very or fairly easy to make the necessary childcare arrangements, with only one in ten reporting it to be difficult or very difficult.
- Parents appeared more content with their childcare than at sweep 1, with 9% in the child cohort saying they would change their main childcare provider at sweep 2, compared with 18% saying so at sweep 1.

Work-life balance and family-friendly working

- Responses to a series of attitudinal statements showed that most parents who work believe that their employment is not detrimental to their enjoyment of family life nor to their ability to raise or spend time with their child(ren). Although attitudes did vary according to employment status and occupational classification.
- 80% of working parents had some form of family friendly working arrangement available to them from their employer. Two predominant policies are evident: flexible working and time off when a child is sick. Around six out of ten respondents in both cohorts could take advantage of these policies at their workplace.

- Those parents in managerial and professional occupations tended to have access to a wider range of policies than those in other occupational classifications.

Experiences of pre-school education

Uptake of the free pre-school places was almost universal in the child cohort, all of whom were eligible to attend at the time of interview. Furthermore, from what we have seen in other chapters, such as that on activities, free pre-school does appear to be having an impact on the experiences of children in the early years.

Overview of pre-school attendance

- The vast majority – 94% – of children aged just under 4 are attending a pre-school education place. Most of those who were not were due to be starting a place some time in the next year.
- Using data on pre-school attendance in combination with data about childcare, we can estimate that 85% are attending pre-school places provided via local authority nurseries, nursery classes or playgroups, compared with 15% whose pre-school places are provided via a private nursery or playgroup.
- Use of private pre-school providers was more common in large urban areas and among more affluent families, 24% of those living in the least deprived areas of Scotland compared with 11% in the most deprived used private pre-school providers.

Advice and support needs

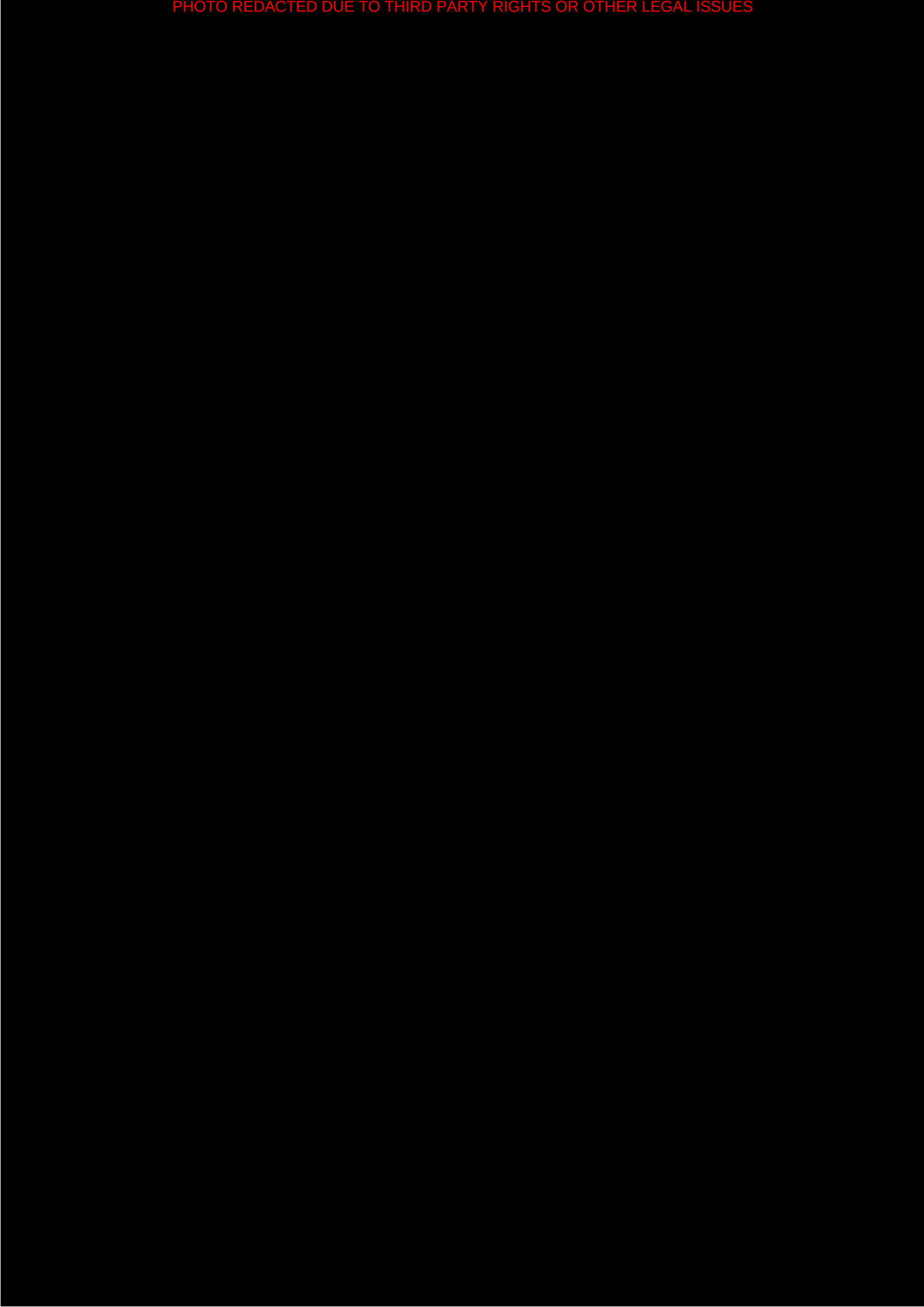
- Six in ten parents had sought some kind of advice or support before enrolling their child in pre-school, most commonly from pre-school staff themselves (32%) or friends (31%). Respondents were more likely to seek advice or support if the sample child was their first born. More highly educated respondents were also more likely than those without qualifications to have sought advice.
- Only a minority of parents (8%) felt they or their child had needed support adjusting to pre-school, and the majority of those who needed it felt they had received it (77%), again, primarily from pre-school staff themselves.

Feelings about pre-school in the first 2 months

- Attending pre-school appears to be a positive experience for most 3 year olds, with 81% saying their child said good things about it at least once a week and 81% that they looked forward to going in their first two months.
- Only a small proportion of parents report that their child regularly said things that might indicate difficulties with their pre-school place during the first two months. However, parents of boys and respondents who were only using informal childcare at sweep 1 were slightly more likely to say their child had said things which may indicate difficulties.

Parental perceptions of children's 'readiness' for pre-school

- While the majority of parents had no or few concerns about their child's readiness to start a pre-school place, a substantial minority had some concerns, particularly around whether their child would find being apart from them difficult (31% having this concern) and whether the child would be reluctant to go (34%).
- Again, parents of boys and those who had only used informal childcare at sweep 1 were more likely to have some concerns about their child's readiness for pre-school, as were parents who were not working compared with parents who were working full time.
- Partners were less likely to be concerned about the child finding separation from them difficult (19% compared with 30% of main respondents).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1.1 About the Growing Up in Scotland study

Growing Up in Scotland (GUS) is a major longitudinal study launched in 2005 with the aim of tracking a group of children and their families from the early years, through childhood and beyond. Funded by the Scottish Government,[1] its main aim is to provide information to support policy-making, but it is also intended to be a broader resource that can be drawn on by academics, voluntary sector organisations and other interested parties.

This report provides information from the second sweep of the survey, conducted between April 2006 and March 2007.

1.2 The GUS cohorts

GUS is based on two cohorts of children, originally sampled from Child Benefit Records, and both recruited at the same time. The first, larger, cohort is based on a sample of children born between June 2004 and May 2005 (referred to hereafter as the birth cohort); the second cohort is based on a sample of children born between June 2002 and March 2003 (referred to as the child cohort). Further information about how the cohorts were sampled and the overall sample design can be found in Appendix A.

1.3 Fieldwork at sweep 1

For the first year of the study, interviewers sought to contact the 'main carer' of the child named in the child benefit records who, in virtually all cases, proved to be the child's mother. These initial interviews were timed to take place when the child was aged either 10 months or 34 months old.

The first round of fieldwork for the study took place between April 2005 and May 2006 and results from this were published early in 2007. Response to the survey was overwhelmingly positive: among those eligible to take part in the first sweep, interviews were achieved with 81% of families in the birth cohort, yielding an achieved sample of 5,217, and with 80% of those in the child cohort, an achieved sample of 2,858.

1.4 Fieldwork at sweep 2

This report presents data from the second sweep of the survey, carried out between April 2006 and May 2007, when the cohort children were aged approximately 22 and 46 months old.

1 On 3 September 2007 the Scottish Executive changed its name to the Scottish Government. Hence all references throughout this report are to 'the Scottish Government'.

An attempt was made to recontact all those families who had participated at sweep 1 and interviews were successfully completed with 4,512 families from the birth cohort and 2,500 from the child cohort. Although there is inevitably a degree of attrition in the sample, this nevertheless represents a very respectable response rate of 88% for the birth cohort and 89% for the child cohort. As in sweep 1, the data have been weighted to adjust for non-response bias (more information on weighting is detailed in Appendix A).

As well as the main interview, at sweep 2, interviews were also undertaken with the resident partner of the main respondent. Given that in the vast majority of cases the main respondent was the child's natural mother, most of the partner interviews (97%) were conducted with the child's natural father. The partner's interview was shorter than, and used a selection of questions from, the main interview. A total of 2,975 partner's interviews were successfully completed in the birth cohort and 1,541 in the child cohort. These figures represent response rates of 80% and 78% respectively.

1.5 Content of the report

There are three main types of analysis presented in the report:

- Comparisons of the answers given by the main respondent at sweep 1 and sweep 2 (where the same questions were asked at both sweeps). This includes both straightforward comparisons of the proportions giving particular responses at each sweep, and analysis of whether the answers given by *individual* respondents changed between sweeps or not.
- Comparisons of the responses of main respondents with the answers given by their partners at sweep 2.[2] Again, this includes both straightforward comparisons of the proportions of main respondents and partners giving particular responses, and analysis of whether the answers given by *individual couples* vary or not.
- Analysis of the answers of main respondents and/or partners given at sweep 2 by factors that might help explain these answers (for example, the age or educational background of the respondent).

Although at this stage the opportunities for longitudinal analysis are still limited, some evidence of change is possible at the level of both the sample as a whole and the individual family. In Chapter 2, for example, we examine changes in family structure and household composition, while Chapter 8 explores use of childcare, including changes over the previous 12 months. But the survey also included a number of new topics and questions and these are also presented. For example, Chapter 4 details information collected on

2 Where such comparisons are made, the sample is based only on those households where a full partner interview took place – lone parents and main carers in households without a partner interview are not included in these tables.

the diets and eating habits of children in the younger cohort, and Chapter 10 examines data collected on the early experiences of pre-school education amongst children in the older cohort. In addition, information is presented in Chapter 7 on the attitudes and use of different parenting techniques including specific methods of behaviour control. Data collected in the partner's interview is included in this report but usually in the context of comparison between partner data and data collected in the main interview.

1.6 Next steps

Fieldwork for the third sweep of the survey was launched in April 2007 and a high proportion of families continue to participate.

Data from each sweep of the survey will be lodged with the Economic and Social Data Service (ESDS) Data Archive following initial publication of results by the Scottish Government, ScotCen and CRFR. There will be an ongoing programme of dissemination and utilisation associated with the study, details of which are available from the project website at www.growingupinscotland.org.uk.

Further details about the survey methods are included in the technical notes in Appendix A and can be found on the project website. Copies of the full sweep 1 and sweep 2 questionnaires are also available from the site.

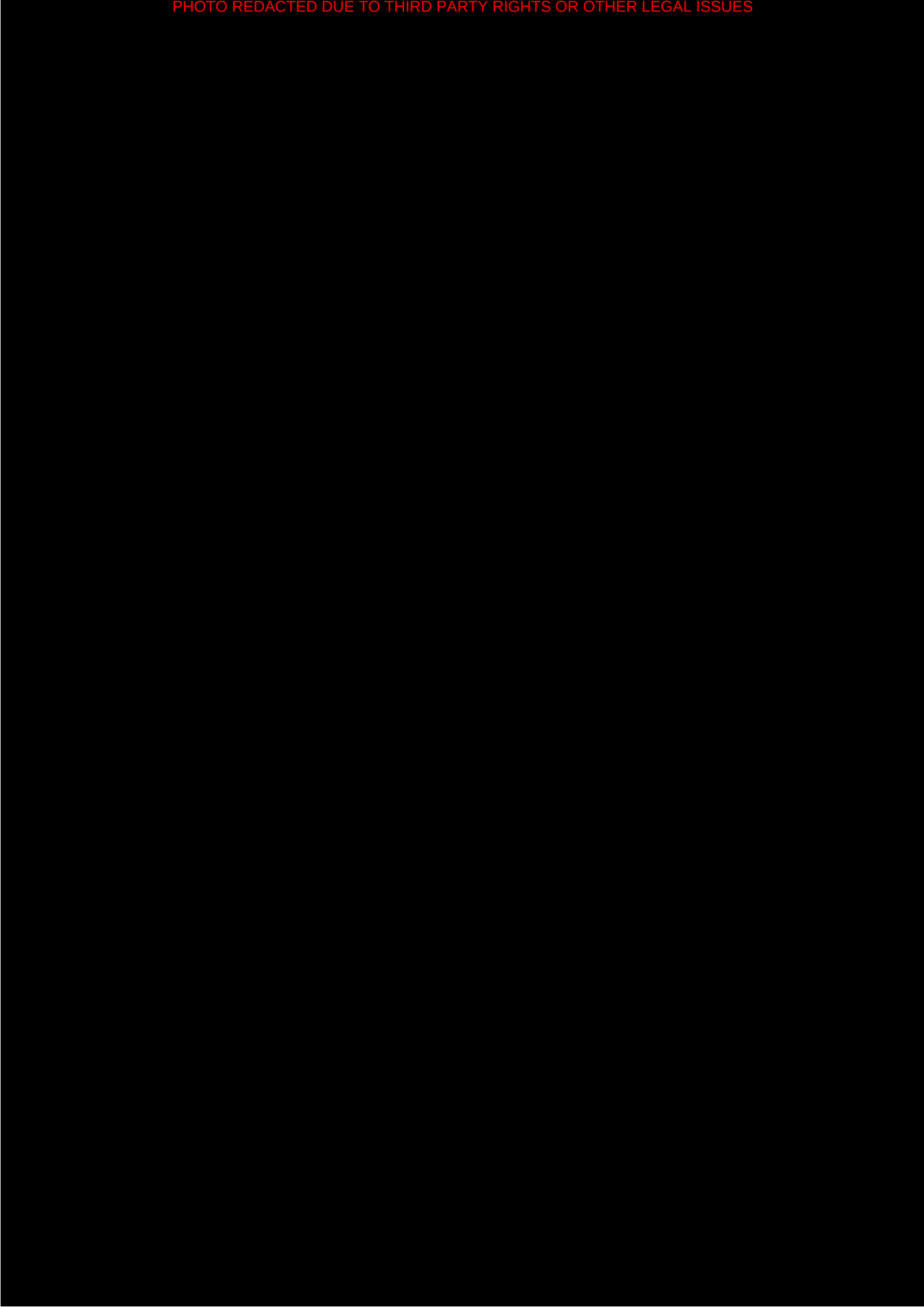
1.7 A note on the interpretation and presentation of results

Only statistically significant differences (between sub-groups) are commented on in the text. This is true at the 95% confidence limit. In other words, we can be 95% certain that the difference observed is not due to chance and there is a 95% chance that the true value across *all* children in the sub-group (as opposed to just those in the sample) falls within this margin.[3]

Within the main body of the report, most results have been rounded to whole numbers. In the tables and graphs, results have been rounded to one decimal place.

Further details on the analysis and interpretation of the results can be found in the technical notes in Appendix A.

3 If a very accurate estimate of the margin of error is required for a particular purpose, then expert help should be sought. The approximate formula shown above may need to be amended to allow for the sampling fraction and the effect of the weighting.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2.1 Introduction

Childhood circumstances and life chances are not static. Even in the space of a year, important changes can take place in the life of families and the children within them. How have the family circumstances and characteristics of the GUS children changed since the first interview? In this chapter, we look at various areas of possible change, including family structure, the number of children in the household, non-resident parents, patterns of parental employment and household income.

2.1.1 Types of analysis

This chapter presents the following main types of analysis:

- Comparison of the different answers given by respondents in both cohorts at sweep 2 including both straightforward comparisons of the proportions of main respondents giving particular responses, and analysis of the answers by factors that might help explain these answers (for example, the age or educational background of the respondent).
- Where the same questions were asked at sweeps 1 and 2, comparison of the answers given by the main respondent at both sweeps. This includes comparing the proportion of respondents who gave particular responses at each sweep, analysis of whether the answers given by individual respondents changed or not, and comparison of the characteristics of those whose answers did change and those whose did not.

2.2 Family characteristics

2.2.1 Family type

In terms of family type, there was little overall change between the first and second sweeps. At sweep 2, 20% of children in the birth cohort and 23% of children in the child cohort were living in lone parent families. Relatedly, 21% of children in the birth cohort and 26% in the child cohort had a natural parent living outside the household, the same proportions seen at sweep 1.[4] At sweep 2, the vast majority of lone parent families in both cohorts (99% birth cohort, 97% child cohort) were headed by the child's natural mother. Not surprisingly, lone parenthood remained considerably more common among younger mothers and those with lower incomes. For example, in both cohorts, a little over three-fifths of mothers in the youngest age group – those aged under 20 at the cohort child's birth – were lone parents (63% birth cohort, 62% child cohort) compared with just one-tenth (9%) of mothers in their thirties. These data therefore demonstrate limited change in family type between sweeps.

4 Note that whilst there is obviously some overlap between children in lone parent families and those who have a non-resident parent, some children who had a non-resident natural parent lived in couple families with a natural parent and their partner.

Whilst there has been little change in the overall proportions of couple and lone parent families, it is clear that some children (around 6% of the sample as a whole at sweep 2) have witnessed an individual change in family type between sweeps. The partnering of lone parents was considerably more common than couple separation and in most of these partnering cases (81% in the birth cohort, 68% child cohort) it was the child's natural parents forming the couple.

Almost all couple families at sweep 2 were both the child's natural parents; just 1% of children in the birth cohort, and 3% in the child cohort, lived with a step-parent or partner of a natural parent. Fewer than 1% of children in both cohorts had no natural parents in the household.

Table 2.1 Family type at sweep 2 by cohort and family type at sweep 1

Sweep 2 family type	Sweep 1 family type (%)	
	Lone parent	Couple
Birth		
Lone parent	83.3	3.7
Couple	16.7	96.3
Bases		
Weighted	*917*	*3594*
Unweighted	*748*	*3763*
Child		
Lone parent	85.2	3.3
Couple	14.8	96.7
Bases		
Weighted	*609*	*1890*
Unweighted	*519*	*1981*

Analysis of information on household composition is limited in that it provides the status of the household at the time of the interview. To explore changes in the child's family circumstances and care in the period between the interviews, respondents were asked whether the child had lived elsewhere in the last year,[5] and whether or not a parent or carer had been absent from the household for a period of time between the two interviews. Only 1% of children in each cohort had lived elsewhere in the past 12 months. Most of these had lived for some time with a grandparent or with a non-resident parent. Whilst the small numbers involved mean this data should be treated with caution, it is notable that of those who had lived elsewhere, the majority (75% in the birth cohort, 85% in the child cohort) had lived with more than one alternative carer suggesting a lot of movement amongst the small number of children in this group.

5 'Living elsewhere' did not include overnight or weekend stays, with grandparents or a non-resident parent for example.

Fewer than one in a hundred parents said they, or their partner, had been away from the sample child for three months or more at a time, in almost all of these cases, it was the respondent who had been away. Parental absence in most cases was due to Armed Forces deployment or other employment reasons.

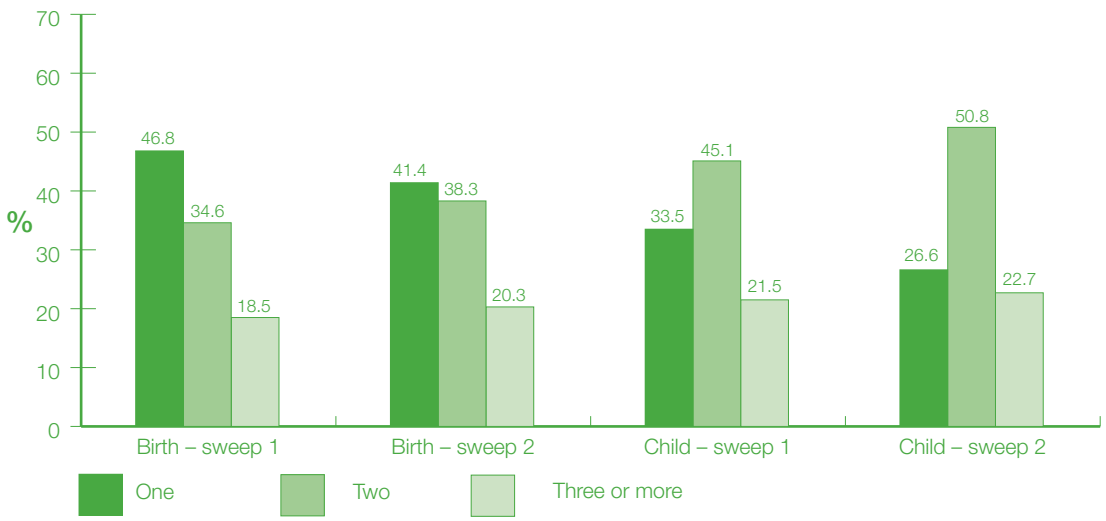
Of those parents who had been away from the child for 3 months or more, only 8% in the birth cohort and 6% in the child cohort also reported that the child had lived somewhere else in the last year. This suggests that these questions are picking up two quite different groups of children, and also that those children who did live somewhere else, did so for a period of less than 3 months.

2.2.2 Number of children in household

The arrival of a new child is, of course, a major event in the lives of children and their families more generally. Being pregnant, and/or having a young baby in the household, can impact on the household in a number of ways related to the household characteristics (such as parental employment and household income), parental physical and mental health, and parental interaction with other children.

As Figure 2-A illustrates, the number of cohort children who were the only child in the household fell in both cohorts, from 47% in the birth cohort at sweep 1 to 41% at sweep 2, and from 34% to 27% in the child cohort. Conversely, the proportions of children in two child households grew in both cohorts, from 35% to 38% in the birth cohort, and from 45% to 51% in the child cohort. There was less change in the proportion of children in households with three or more children. Overall, the figures at sweep 2 present an expected pattern where the vast majority of families (79% in the birth cohort, 78% in the child cohort) have only one or two children.

Figure 2-A Number of children in the household by sweep and cohort



2.2.3 Non-resident parents

We have already seen the extent to which children in each cohort were likely to have a non-resident natural parent at sweep 2. In similarity to sweep 1, a number of questions were also asked exploring contact arrangements between the child and his or her non-resident parent. For those children who had a non-resident parent at both sweeps, changes in contact were explored.[6]

Just under two-thirds of children had contact with their non-resident parent at the time of the sweep 2 interview (65% in the birth cohort and 63% in the child cohort), mirroring results at sweep 1. Of those children who had no contact with their non-resident parent at sweep 1, around a fifth had regained contact by sweep 2 (22% in the birth cohort and 19% in the child cohort). Conversely, of those children who did have contact at sweep 1, just over one in ten were not in contact with their non-resident parent at sweep 2. Interestingly, there was no variation in contact stopping or not being regained by age of mother at the birth of the child or socio-economic status.

Overall, 86% of children in the birth cohort and 81% of children on the child cohort with an involved non-resident parent saw that parent at least once a week, including 29% and 19% who saw him every day. There were some changes between sweeps, particularly in the birth cohort where 29% of children who had been seeing their non-resident parent every day now saw him at least once a week. However there was also some more positive change: nearly a fifth of children who saw their non-resident parent at least once a week at sweep 1 now saw him every day, and two-thirds of children who had seen their non-resident parent at least once a month at sweep 1 now saw them at least once a week.

Around four out of five non-resident parents were reported to be very or somewhat interested in the cohort child, while the number of non-resident parents said to be 'not at all interested' in the child fell to 8% in both cohorts from 10% and 17% respectively.

6 Due to the very small number of natural mothers living outside the household, and the differences that are often seen between non-resident mothers and fathers, non-resident mothers have been excluded from this analysis.

The survey found that around half (48%) of non-resident parents were reported as paying regular maintainence (either through the CSA or through some other arrangement), with a further 8% in the birth cohort and 12% in the child cohort making irregular payments and 44% and 40% making no payments. Overall, in both cohorts, non-resident parents were slightly more likely to be making payments at sweep 2 than at sweep 1, particularly in the child cohort where, at sweep 1, 49% of families with a non-resident parent received no maintenance from that parent. As Table 2.2 illustrates, the majority of those making regular payments at sweep 1 were still making regular payments at sweep 2, although 22% in the birth cohort and 10% in the child cohort had stopped making payments altogether. On the other hand, of those parents not making any maintainence payments at sweep 1, 37% in the birth cohort and 34% in the child cohort were now making payments.

In summary, amongst children with non-resident parents, patterns of contact with that parent were similar to those observed at sweep 1. Again, a small proportion of children witnessed significant individual change however, with some losing contact with their non-resident parent, some regaining contact or the frequency of contact changing.

Table 2.2 Maintenance payments by non-resident parents at sweep 2 by cohort and maintenance payments by non-resident parents at sweep 1

Sweep 2 maintenance payments	Sweep 1 Maintenance payments (%)		
	Regular payments	Irregular payments	No payments
Birth			
Regular payments	70	38	30
Irregular payments	8	12	7
No payments	2	50	63
Bases			
Weighted	*239*	*57*	*242*
Unweighted	*198*	*49*	*193*
Child			
Regular payments	79	50	24
Irregular payments	11	9	10
No payments	10	42	66
Bases			
Weighted	*159*	*44*	*171*
Unweighted	*141*	*38*	*144*

2.3 Employment and NS-SEC

Information collected at sweep 1 about parental employment was checked and updated where necessary at sweep 2. Data on household income was also collected again. Analysis was undertaken to explore both household and individual level change between sweeps.

2.3.1 Household employment

Around one in six (17%) children in each cohort lived in a household where no parent was employed, although the majority (72% birth cohort, 70% child cohort) were in a household where at least one parent was employed full-time and just 10% in a household where at least one parent was employed part-time. Whereas around 60% of lone parents were unemployed, in contrast, only 5% of couple households had no parent in employment.

The only notable change in overall household level employment status between sweeps was a slight decrease in the proportion of households with no parent in employment (in both cohorts, from 19% at sweep 1 to 17% at sweep 2). Again, change in employment status was more discernible at the individual level, as shown in Table 2.3. In the majority of cases, household employment status had not changed between sweeps. However, in the birth cohort, 29% of households with a parent only working part-time at sweep 1 were full-time households at sweep 2 (slightly less in the child cohort at 25%), and around one quarter (24%) of unemployed households at sweep 1 had a parent in employment at sweep 2 (23% in the child cohort) suggesting a shift towards more employment and longer hours between sweeps.

Table 2.3 Household employment status at sweep 2 by cohort and household employment status at sweep 1

Sweep 2 employment status	Sweep 1 employment status (%)		
	At least one parent employed full-time	At least one parent employed part-time	No parents employed
Birth			
At least one parent employed full-time	93.6	29.3	11.6
At least one-parent employed part-time	4.1	60.6	12.2
No parents employed	2.3	10.1	76.2
Bases			
Weighted	*3200*	*445*	*834*
Unweighted	*3395*	*411*	*679*
Child			
At least one parent employed full-time	93.6	24.9	10.4
At least one parent employed part-time	4.5	61.9	12.5
No parents employed	1.9	13.2	77.1
Bases			
Weighted	*1722*	*293*	*468*
Unweighted	*1824*	*268*	*393*

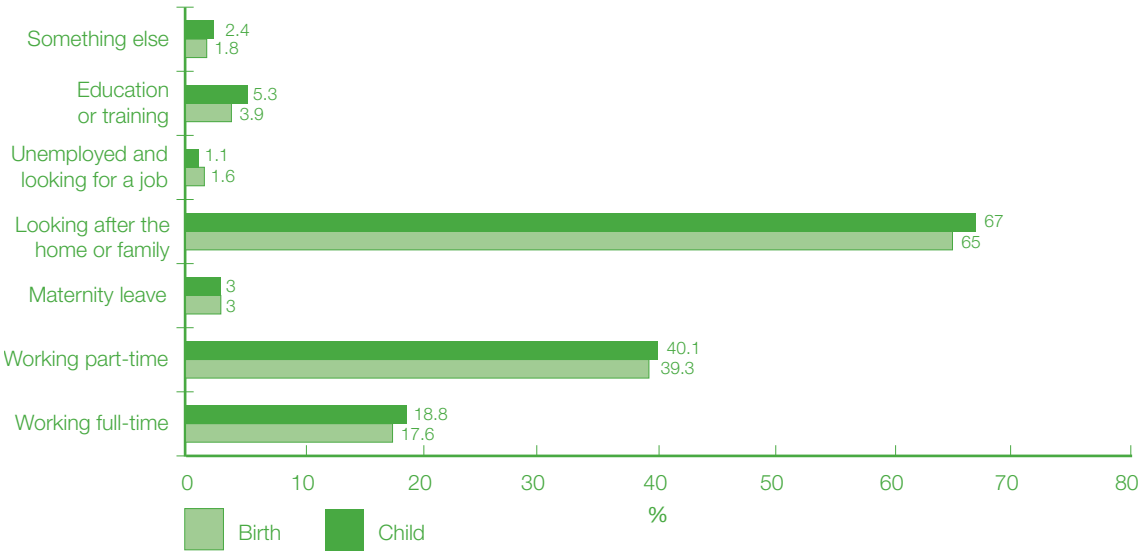
Households with lone parents at sweep 1 were significantly more likely than couple households to become unemployed or to remain unemployed between sweeps. For example, in the birth cohort, 11% of lone parent full-time households at sweep 1 were unemployed at sweep 2, compared with 2% of full-time couple households. Furthermore, 80% of unemployed lone parent households at sweep 1 remained unemployed at sweep 2 compared with 68% of unemployed couple households. In general therefore, whilst the employment status of households had not changed significantly between sweeps and most children had a parent in employment, some children experienced a significant change from having parents employed to unemployed, a change which is likely to have impacted significantly on the child and household, and in many cases is accompanied by other changes such as a drop in income and the departure of a parent from the household.

2.3.2 Maternal employment

A little over half of all mothers in both cohorts were working more than 16 hours per week (52%), 9% were working less than 16 hours and around 40% (40% birth cohort, 38% child cohort) were not working at all. Only 15% of the mothers in the study were working 35 hours or more per week. In both cohorts, mothers in couple families were significantly more likely to be in employment than lone mothers. In the birth cohort, for example, two-thirds (66%) of mothers in couple families were employed compared with a little over one-third (38%) of lone mothers. Furthermore, in around two-thirds of couple households in both cohorts (63% birth cohort, 65% child cohort), both parents were employed.

When asked to describe their activities in the last 7 days, as well as indicating their employment status, a significant proportion of mothers also reported that they were 'looking after the home or family' (Figure 2-B). For around one-third of mothers in both cohorts, a similar proportion to sweep 1, this was an exclusive activity within the list provided.

Figure 2-B Employment status of mothers by sample type



Note: Respondents could choose more than one activity. Thus numbers do not add up to 100%

There was no significant overall change in maternal employment figures between sweeps with very similar proportions not working, working full-time and working part-time at each sweep. However, some small individual-level change was evident (Table 2.4). For example, in the birth cohort, 25% of mothers who worked 16 hours or less at sweep 1 had increased their hours at sweep 2 and 15% had stopped working. Furthermore, a little under 1 in 5 of those mothers who were not working at sweep 1 were in employment at sweep 2.

Table 2.4 Maternal employment status at sweep 2 by cohort and maternal employment status at sweep 1

Sweep 2 employment status	Sweep 1 employment status (%)		
	Employed 16 hrs or more per week	Employed less than 16 hrs per week	Unemployed
Birth			
Employed 16 hrs or more per week	88.6	25.0	11.9
Employed less than 16 hrs per week	2.9	59.5	5.7
Unemployed	8.4	15.4	82.4
Bases			
Weighted	*2251*	*372*	*1864*
Unweighted	*2364*	*394*	*1731*
Child			
Employed 16 hrs or more per week	89.3	19.1	11.3
Employed less than 16 hrs per week	3.0	66.6	5.4
Unemployed	7.7	14.3	83.3
Bases			
Weighted	*1271*	*223*	*972*
Unweighted	*1319*	*241*	*908*

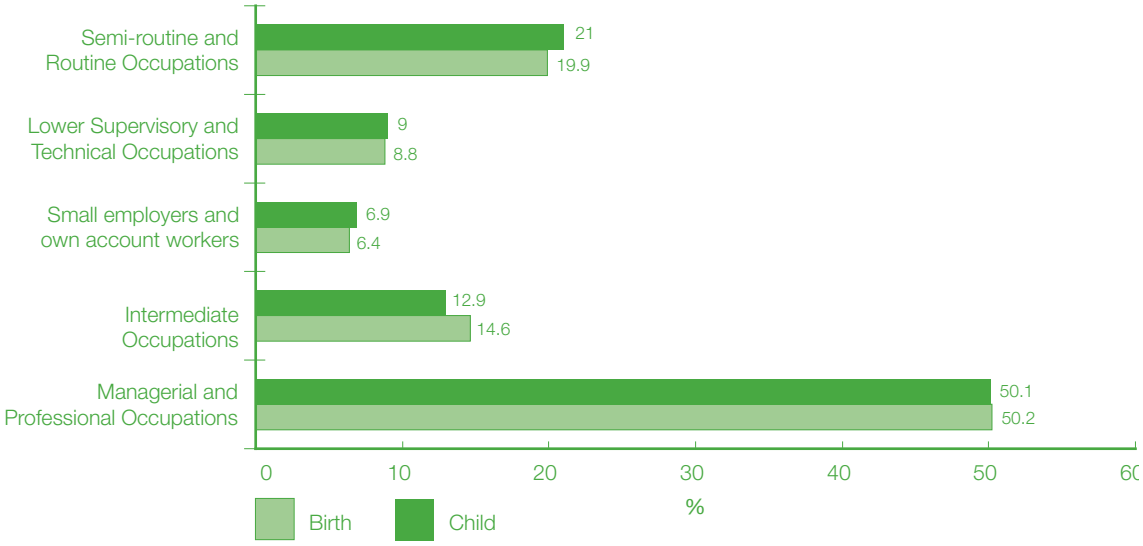
2.3.3 Socio-economic classification (NS-SEC)

Figure 2-C illustrates the spread of National Statistics Socio-Economic Classification (NS-SEC) by household[7] and cohort. This variable uses the highest classification in the household whether that is the respondent's or, if relevant, their partner's classification. Around half of all children in both cohorts were in a managerial and professional household, with a further fifth living in a semi-routine or routine household.

There was no change between sweep 1 and 2 in the overall proportions of households in each socio-economic classification nor in overall respondent NS-SEC figures. There was however, a small amount of individual change between sweeps. In all, household level socio-economic classification had changed for around 13% of households in both cohorts. Half of these moves were from a lower to higher position, and half from a higher to lower position. Change in NS-SEC between sweeps was often accompanied by change in family type (Table 2.5).

7 The most commonly used classification of socio-economic status used on Government surveys is the National Statistics Socio-Economic Classification (NS-SEC). For more details see the technical notes in appendix A.

Figure 2-C Household Socio-Economic Classification (NS-SEC) by cohort



Households classed as managerial or professional at sweep 1 were those least likely to have changed classification between sweeps. Whereas households classed as lower supervisory or technical at sweep 1 were most likely to have changed classification. Change at household level was more notable than individual change in NS-SEC; there were few differences in the extent to which certain groups changed classification between sweeps on the respondent-level measures.

Thus, whilst for the majority of children there has been no identifiable change in socio-economic classification between sweeps, again, as with changes in employment status, for a small proportion there has been some significant positive or negative developments. It will be interesting to track what impact this has on the child and the family more generally over the long term.

Table 2.5 Change in household NS-SEC by cohort and change in family type

Change in household NS-SEC	Change in family type (%)			
	Remained couple family	Remained lone parent family	Lone parent to couple	Couple to lone parent
Birth				
No change	87.2	92.6	72.0	54.7
Higher NS-SEC at sweep 2	6.8	4.4	26.4	7.4
Lower NS-SEC at sweep 2	6.0	3.0	1.6	37.8
Bases				
Weighted	*3449*	*660*	*138*	*117*
Unweighted	*3628*	*546*	*114*	*112*
Child				
No change	87.7	91.9	67.2	56.8
Higher NS-SEC at sweep 2	7.2	3.1	29.6	5.8
Lower NS-SEC at sweep 2	5.1	5.0	3.1	37.3
Bases				
Weighted	*1816*	*462*	*88*	*58*
Unweighted	*1910*	*397*	*75*	*56*

2.4 Income

2.4.1 Household income

At sweep 1, each case was separated into one of four income categories based on annual household income[8] – those with up to £14,999, those with between £15,000 and £25,999, those with between £26,000 and £43,999, and those with £44,000 or over.

This trend is supported by examination of the more detailed income scale which shows that for the majority of families in both cohorts (75% birth cohort, 71% child cohort) household income changed between sweeps with income increasing, in the birth cohort, in around 44% of cases, decreasing in 31% of cases and remaining the same in 25% of cases.

As may be expected, and in similarity to findings on changes in employment and NS-SEC seen above, change in income was closely related to change in family type; in the birth cohort, almost three-quarters (73%) of lone parents who had partnered between sweeps reported a higher household income at sweep 2 than at sweep 1. In contrast, three-quarters (74%) of lone parents who had separated between sweeps reported a lower household income at sweep 2 than at sweep 1.

8 'Household income' is a measure of income from all sources before tax including, for example, benefits, wages, and interest from savings.

Figure 2-D displays the proportion of families in both cohorts who fell into each category at each sweep. As the graph shows, at sweep 2, around 28% of families in both cohorts were in the lowest income group, and around 21% were in the highest income group. There was little notable change in the overall proportions between sweeps, although in both cohorts there is a slight decrease in the proportion of families in the two lower income groups, and a slight increase in the proportion of families in the two higher income groups suggesting a general trend towards increasing household income overall.

This trend is supported by examination of the more detailed income scale which shows that for the majority of families in both cohorts (75% birth cohort, 71% child cohort) household income changed between sweeps with income increasing, in the birth cohort, in around 44% of cases, decreasing in 31% of cases and remaining the same in 25% of cases.

As may be expected, and in similarity to findings on changes in employment and NS-SEC seen above, change in income was closely related to change in family type; in the birth cohort, almost three-quarters (73%) of lone parents who had partnered between sweeps reported a higher household income at sweep 2 than at sweep 1. In contrast, three-quarters (74%) of lone parents who had separated between sweeps reported a lower household income at sweep 2 than at sweep 1.

Figure 2-D Household income by cohort and sweep

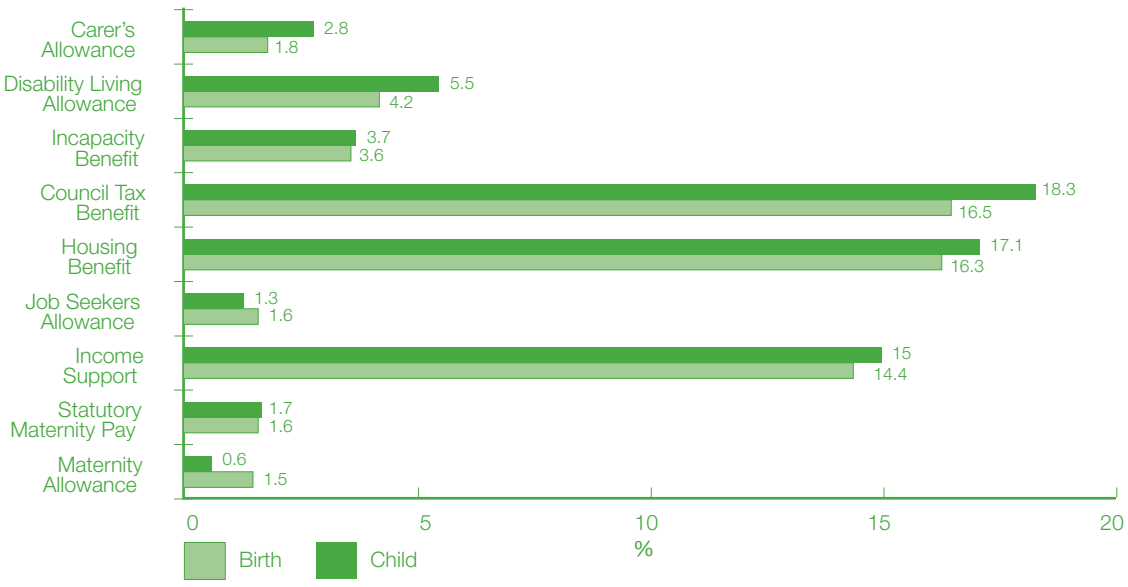
2.4.2 Benefits and tax credits

At sweep 2, around one-quarter of families in both cohorts (25% birth cohort, 24% child cohort) were in receipt of working tax credit. Receipt of child tax credit was more common with 73% of families in the birth cohort and 68% in the child cohort receiving this credit. There was a slight increase in uptake of child tax credit between sweeps (up from 69% in the birth cohort, and 64% in the child cohort) whereas for working tax credit there was no change in uptake.

To examine individual change in receipt of benefits, analysis was limited to the three most common benefits – Council Tax benefit, Housing benefit and Income Support. For each benefit, in both cohorts, around three-quarters of those respondents who received that benefit at sweep 1, continued to receive it at sweep 2.

Figure 2-E illustrates the uptake of selected benefits at sweep 2. Those benefits where receipt was reported by less than 1% of families in each cohort are not included in the graph. Child benefit, for which uptake was almost universal, has also been excluded. After child benefit, benefits for council tax and housing were the two most common which families were in receipt of – both reported by around one in six respondents in each cohort. Income support had a similar, only slightly smaller, prevalence. There were no notable changes in overall benefit receipt between sweeps.

Figure 2-E Receipt of selected benefits by cohort



2.5 Key points

- There was little overall change in family type between the first and second sweeps. The majority of children lived in couple families and lone parenthood remained considerably more common among younger mothers and those with lower incomes.
- Lone parents were more likely to have partnered between sweeps than couple parents were to have separated.
- Overall numbers of children in cohort households generally increased between sweeps. The proportion of singleton cohort children dropped from 47% in the birth cohort at sweep 1 to 41% at sweep 2, and from 33% to 27% in the child cohort.
- For many children with non-resident parents at sweep 1, family circumstances had changed. A small number of non-resident parents had started living with the child between sweeps and many others had initiated or regained contact or saw the cohort child more frequently than at sweep 1.
- Change in family type was often closely related to change in income or socio-economic classification for the family involved. In a large number of cases, parental separation was accompanied by a drop in income and a lower socio-economic classification. In contrast, many households in which a lone parent had partnered between sweeps experienced a simultaneous increase in household income and a higher socio-economic classification.

2.6 Conclusion

It has become a truism to observe the greater fluidity of modern family life and that household transitions are more frequent in children's lives now than in the past (Wasoff and Dey, 2000; Clarke, 1996). Much research has documented and analysed how many children will experience household and family transitions that can encompass a wide range of events, such as parental separation, partnering and repartnering, the arrival of a new sibling, changing parental employment patterns and fluctuations in family income. In sweep 2 of Growing Up in Scotland, we can begin to look at family dynamics at both the individual and aggregate cohort levels, and the extent to which the study children's lives are characterised by continuity and change, even over the fairly short time scale of one year.

The great majority of children in both cohorts (over three-quarters) live in couple households consisting of both their natural parents. Only 1% of the baby cohort and 3% of the child cohort lived in couple families with a step-parent or the partner of their natural parent. The proportion of lone parent families was 20% for the birth cohort and 23% for the child cohort overall, about 98% of which were headed by the child's mother. The likelihood of living in a lone parent family was strongly associated with the mother's age at the child's birth; just under two-thirds of mothers aged under 20 at the child's birth, compared to just under 10% of mothers aged 30 or more at the child's birth, were lone parents. The likelihood of lone parenthood is also higher for mothers on lower incomes.

Household transitions were found to be relatively infrequent over the one year interval measured by changes between sweeps 1 and 2. While the overall proportions of lone parent families and couple families in which the study children live remained about the same as in sweep 1, there were some areas of change in parents' partner status at the individual level. A small proportion of children, 6%, experienced some change in family structure between sweeps 1 and 2. There was a higher likelihood of moving from a lone parent family to a couple family (about 15% of lone parent families) than moving from a couple family to a lone parent family (less than 4% of couple families). The likelihood of separation for married couples was even lower: 2%, perhaps indicating marriage as a marker (if not the cause) of family stability.

It is widely recognised that social class is one of the most significant social determinants of children's life chances. The social class profile, as measured by standard occupational classification, of both cohorts remained unchanged across the two sweeps, with about half of both cohorts living in households classified as belonging to the highest group – managerial and professional occupations. However, there was also some degree of transition at the individual level, in 13% of cases, with about half of those experiencing transition moving up the socio-economic ladder and half moving down. These transitions are mainly associated with a partnership status transition described above; separation typically results in a decline in socio-economic classification and partnering or repartnering an increase. Such transitions are least common amongst those in managerial or professional occupations, as are partnership status transitions.

The Children (Scotland) Act 1995 gives all mothers, and fathers who are married to a child's mother, parental responsibilities and rights. The Family Law (Scotland) Act 2006 extended those responsibilities and rights to unmarried fathers who are registered at birth as the child's father. They include the responsibility (and associated right) of a non-resident parent to maintain contact with their child, if that would be in the child's best interests. Thus, if a child does not live with both of its natural parents, it is important to have an understanding of the child's relationship with its non-resident parent, and the extent to which non-resident parents carry out their parental responsibilities. Sweep 2 collected information from the main carer about aspects of non-resident parents and children's relationships. In parallel with rates of lone parenthood and stepfamilies and similarly to sweep 1, it was found that 21% of the baby cohort and 26% of the child cohort had a non-resident natural parent. Similar to sweep 1, about two-thirds of children had contact with their non-resident parent, the great majority of whom (86% of the baby cohort; 81% of the child cohort) had contact at least once a week. Thus one-third of the study children had no contact with their non-resident parent, a finding similar to that for the Scottish sample of the Millennium Cohort Study second sweep. A sizeable minority of non-resident parents who had contact with their child (29% in the baby cohort; 19% in the child cohort) saw that child daily. This is also comparable to MCS findings – that about 25% of non-resident parents with contact had frequent contact of 3 times a week or more. Patterns of contact remain similar for most children, although they had changed for some – in both directions. For example, it was more likely that contact would be regained than lost. About one fifth of children who did not have any contact at sweep 1 were reported to have re-established contact at sweep 2. In contrast, 10% who had contact in sweep 1 were not in contact in sweep 2. These points illustrate the dynamic nature of contact patterns for some children, even over the fairly short interval of one year, and that the dynamics move in all directions. Furthermore the great majority of non-resident parents were reported to be interested in the child, with very few (8%) reported as 'not at all' interested. These data also illustrate that for most, being a non-resident parent does not mean being a non-involved parent.

As far as child support is concerned, about half of non-resident parents were reported by the main carer as paying regular maintenance and around a further one in ten, irregular payments. This payment rate is comparable to that found for the boosted Scottish sample in the report of the second sweep of the Millenium Cohort Study (about 45% making regular payments and a further 10% making irregular payments). The great majority of non-resident parents making regular payments at sweep 1 continued to do so (70% of the birth cohort and 79% of the child cohort). A similar continuity was true of those making no payments (63% of the birth cohort; 66% of the child cohort), but there was also some change in pattern between regular, irregular and no payment of child support, underlining that child support, like contact, shows a mainly stable pattern but is dynamic (in both directions) for some children.

Although the absolute numbers making transitions into and out of non-resident parenthood were about the same for both cohorts, since the number of non-resident parents is lower than that of co-resident parents, the proportion of non resident parents in sweep 1 making the transition to co-resident in sweep 2 was higher (13% of non-resident parents of babies; 9% of child cohort) than the proportion of co-resident parents becoming non-resident (4% of baby cohort; 3% of child cohort).

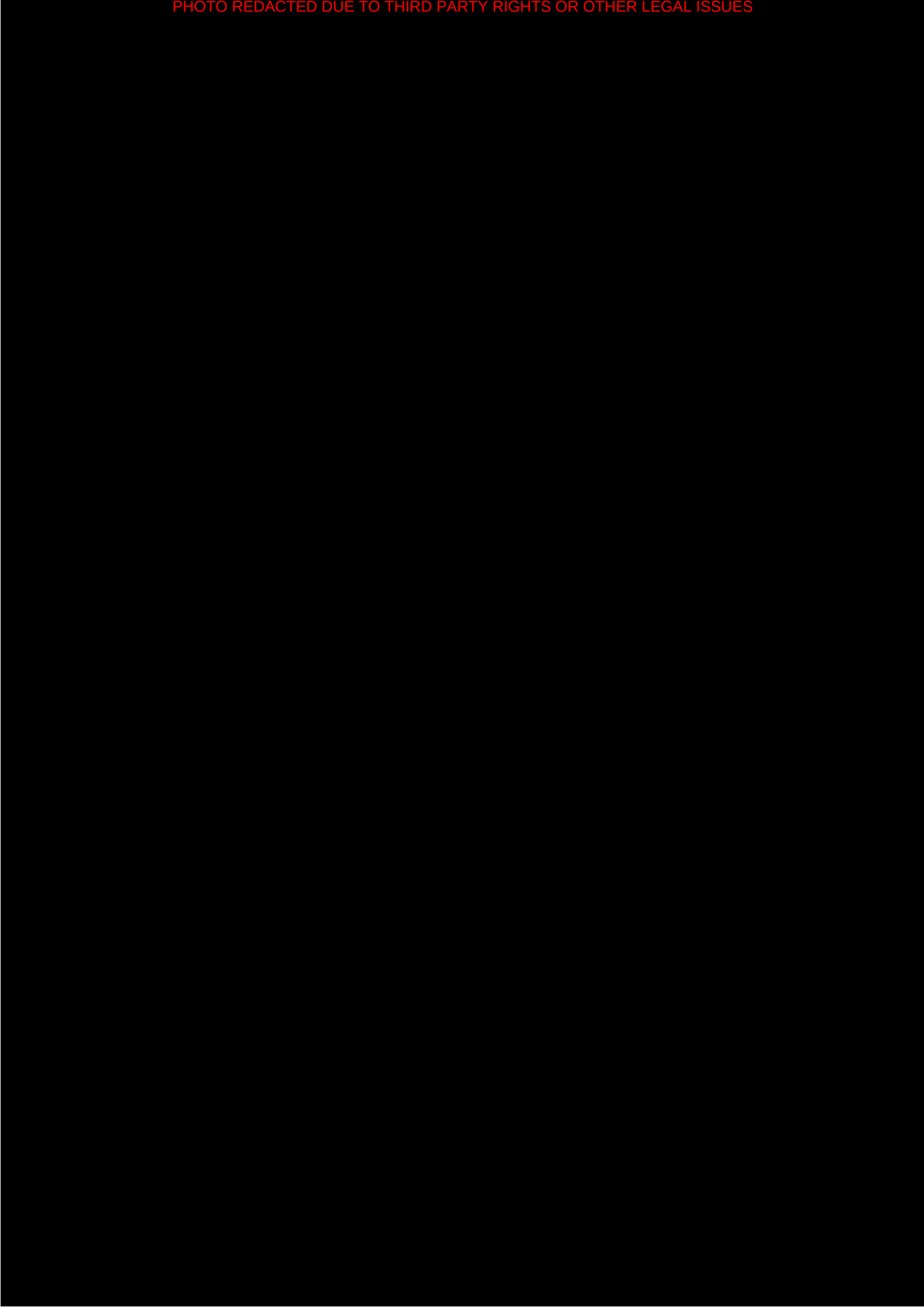
A commonplace, though major change in the lives of young children is the arrival of a new sibling. Families have become smaller than they were in the past in Scotland and women's fertility has declined in recent years. The total fertility rate in Scotland, a standard demographic measure of population fertility, declined from its recent peak of 3.09 in 1964 to a trough of 1.48 in 2002, rising to 1.67 in 2006 (Registrar General's Annual Review of Demographic Trends 2006 (2007)). Living in small families was typical for both cohorts. Most of the study children in sweep 2 lived in families in which they were either the only child (41% of the baby cohort, and 27% of the child cohort), or with one other child (38% of the baby cohort, and 51% of the child cohort), with only about one in five of the study children in households with 3 or more children. The likelihood of the child's main carer being pregnant either in the year before the sweep 2 interview or at the time of the interview was much higher if the study child was the only child in the household – where a pregnancy was reported for 18% of the baby cohort and 21% of the child cohort – than if there were other children in the household – 8% of the baby cohort and 6% of the child cohort, suggesting that the trend towards smaller families of one or two children seems to apply to both cohorts.

Children's economic circumstances are heavily influenced by their parents' paid employment, income levels and receipt of benefits. Just under three-quarters of children lived in families where at least one parent worked full-time, one in ten where at least one parent worked part-time, and about 17% in families where no parent worked. However this pattern was heavily influenced by whether the child lived in a couple household or a lone parent household. For example, 60% of lone parents were unemployed, compared to 5% of couple households in which no parent was employed. Lone parents were much more likely to become unemployed or remain unemployed. Parents employment status remained largely stable across both sweeps; around nine out of ten of those who worked full time at sweep 1 still worked full-time, and about three-quarters of those who were unemployed at sweep 1 were still unemployed at sweep 2.

One of the most significant recent changes in the labour market has been the increase in the number of mothers in paid work, particularly mothers of young children. In a similar pattern reported for sweep 1, there were high levels of labour market participation by mothers in both cohorts, over half of whom were in paid work of 16 hours per week or more. In contrast, 40% of mothers in the baby cohort and 38% of mothers in the child cohort were not working. However, the typical working pattern for mothers was for less than full-time work; only 15% of mothers worked for 35 hours per week or more. Working patterns remained fairly stable across the two sweeps, with 89% of mothers who worked in sweep 1 for at least 16 hours a week also did so in sweep 2. However there was some movement at the individual level, with 20% of those in full-time work in sweep 1 moving to part-time work in sweep 2, and about 25% of those unemployed in sweep 1 moving into employment by sweep 2. Despite quite high levels of labour market activity, it was striking that about two-thirds of mothers also described themselves as 'looking after home and family', suggesting that combining work and family responsibility is likely to be a big issue for mothers in both cohorts.

Considerable levels of income fluctuation was found; 75% of the birth cohort and 71% of the child cohort reported changes in household income. Where household income changed, it was more likely to have gone up than down. However, it seems that these movements were relatively modest, since changes in income levels in relation to four broad categories occurred for only about one third of families, mainly those in the middle income groups.

Recent government policies have introduced two tax credits to give financial help to families with children on low or moderate incomes, namely the Working Tax Credit and the Child Tax Credit. Working Tax Credit is available to couples with children whose household incomes are £14,495 or less and to lone parents whose incomes are £14,090 or less. Comparing these figures to the proportion of families in the baby and child cohorts with household incomes of £14,999 or less, most of whom would be eligible for the Working Tax Credit suggests that take-up of this benefit by all eligible families is very high. However, take-up of Child Tax Credit by eligible families may be more problematic. While HM Revenue and Customs estimate that 90% of families with children should qualify for this benefit, only 73% of the baby cohort and 68% of the child cohort reported that they received this benefit, although take-up rates in sweep 2 were higher than in sweep 1.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3.1 Introduction

In this chapter, we look at how the circumstances of children in the early years vary in terms of the households, neighbourhoods and communities they live in. These circumstances matter because they have the potential to help or hinder child development, either directly (e.g. through the impact of poor housing on health) or indirectly via the extent to which the child's parents are socially integrated and otherwise secure. They also matter because they affect the availability of and access to local services. A good deal of social policy is area-based and targeted at deprived neighbourhoods or disadvantaged communities. Housing mobility can be either positive or negative. It can lead to improvements in family circumstances but can also lead to a loss of social and community networks, with less social capital and greater risks of social exclusion. The report of the second sweep of the Millennium Cohort Study found that housing mobility was more common in Scotland than in the rest of the United Kingdom.

We consider data collected on a range of issues related to housing and accommodation, facilities and services in the local area and involvement in the community. All text, figures and tables presented in this chapter are based on the birth cohort for two reasons. First, some questions were asked of the birth cohort only. Second, unless otherwise stated, trends found in the birth cohort were also apparent in the child cohort.

3.1.1 Types of analysis

This chapter presents the following main types of analysis:

- Comparison of the different answers given by respondents in the birth cohort at sweep 2. This includes both straightforward comparisons of the proportions of main respondents giving particular responses, and analysis of the answers by factors that might help explain these answers (for example, the age or educational background of the respondent).
- Where the same questions were asked at sweeps 1 and 2, comparison of the answers given by the main respondent at both sweeps. This includes comparing the proportion of respondents who gave particular responses at each sweep, analysis of whether the answers given by individual respondents changed or not, and comparison of the characteristics of those whose answers did change and those whose did not.
- Examination of the answers given by the partners of main respondents.

3.2 Housing and material goods

3.2.1 Ownership of cars and selected consumer goods

There are a number of main points worth noting around this data. Firstly, overall levels of consumer good ownership are high, and vary little across different types of household. Secondly, it is clear that households with lower incomes are significantly more likely not to have a landline telephone and to rely more on mobile phones. Thirdly, the widest differences relate to computer ownership and internet access. As shown in Table 3.1, 52% of households with an income of less than £15,000 had a home computer, and 39% had internet access compared with 94% and 89% respectively in households in the highest income group. This 'digital divide' suggests there are important gaps in access to information and services (a finding further supported in section 6.8 in relation to information on child health) and also to educational opportunities for older children. However, section 6.7 also showed that lower income famillies were less likely to use written material so it is not clear whether providing access will increase uptake of information.

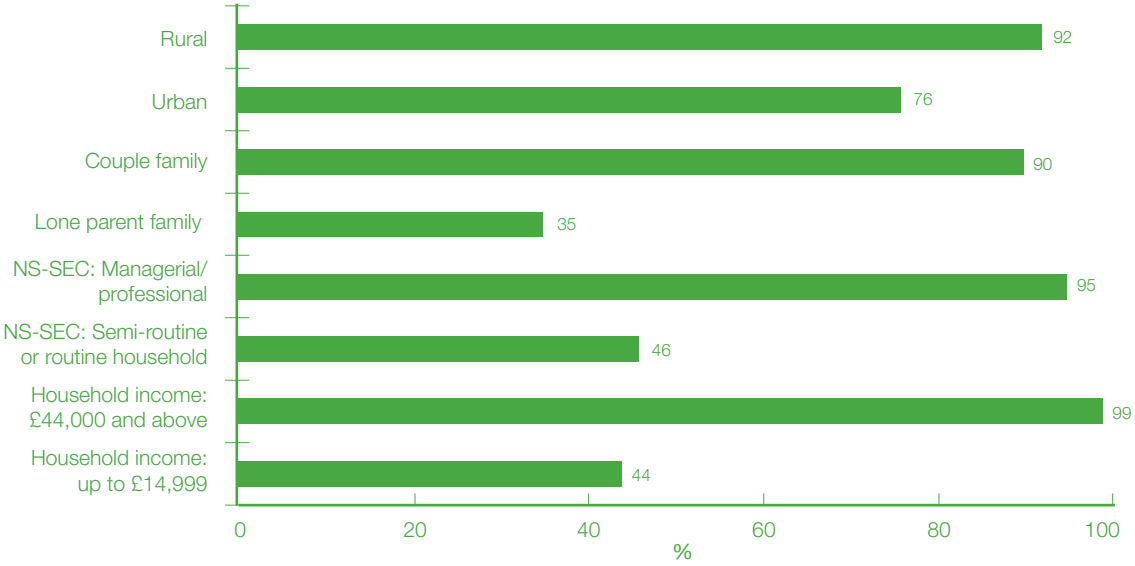
Table 3.1 Items in the household by income – birth cohort only

Household item	Annual household income (%)				Overall Total
	Less than £15,000	£15,000 to £25,999	£26,000 to £43,999	£44,000 or more	
Telephone	69	93	98	99	89
Mobile phone	89	94	96	99	94
Home computer	52	79	90	94	77
Access to internet at home	39	68	84	89	69
Video or DVD player	96	99	99	99	98
CD player	89	95	96	97	94
Satellite, cable or digital TV (incl. Freeview)	83	88	90	88	87
Bases					
Unweighted	*1185*	*976*	*1196*	*892*	*4261*
Weighted	*1020*	*967*	*1278*	*996*	*4261*

Although some families may actively choose not to have a car, for most car ownership is desirable because of the opportunities it presents in allowing greater access to services, facilities and employment opportunities within, and beyond, the local area.

The likelihood of having access to a car was again linked to family type, social class and income, with couple (90%), higher income (99%) and higher social class families (95%) more likely to have access to car. Respondents living in rural areas were more likely than those in urban areas to have access to a car (92% compared with 76%) no doubt a reflection of a greater dependency on a car because of the often remoteness of where they live. Overall, 79% of the birth and child cohort had access to a car. The majority had access to one (50%) or two cars (46%) and small minority had access to three or more.

Figure 3-A Percentage of families who have access to a car by selected independent variables (birth cohort)



3.2.2 Moving home

Mobility was not particularly high between sweeps, with only 16% of birth cohort and 13% of child cohort moving home since their last interview. Respondents in the birth cohort were asked why they had moved, more than one reason could be given. Overall, the most common reason reported was to have a larger home (49%). However, this varied by family type; 59% of couple families and just 25% of lone parent families moved to get a larger home. Couple families were more likely to move because they wanted a better home (21%) or to move to a better area (20%), whereas lone parent families were significantly more likely to say they wanted a place of their own (35%), no doubt a reflection of the number of young lone parents who were living with parents at sweep 1. Notably, 19% of lone parents who had moved between sweeps had done so because of a relationship breakdown.

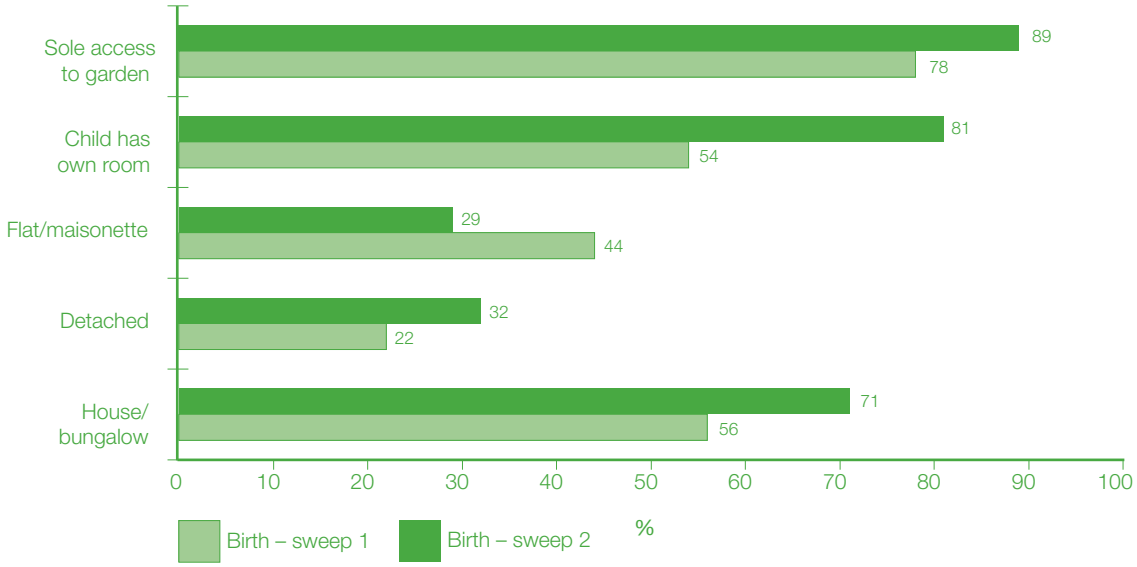
Analysis of the type of accommodation at sweep 1 compared with sweep 2 further suggests that most of those who have moved have done so to improve their living accommodation (Figure 3-B). More respondents in sweep 2 were living in a detached home (22% in sweep 1 compared with 32% in sweep 2), a house/bungalow (56% in sweep 1 compared with 71% in sweep 2) and less were living in a flat/maisonette (44% compared with 29%). As the child gets older, many parents appear to be moving to give their child their own room and a garden which they have sole access to.

Table 3.2 Reason for moving home by family type (birth cohort)

Reason for moving	Family type (%)		Total
	Lone parent	Couple	
Wanted to buy	2	10	8
Wanted larger home	25	59	49
Wanted better home	10	21	18
Job change/nearer work	1	6	4
Spouse or partner job change	0	3	2
To be nearer relative(s)	5	11	9
Could no longer afford it	2	1	2
Evicted/repossessed	2	1	1
Relationship breakdown	19	0	6
New relationship	1	1	1
Wanted to move to better area	10	20	17
For children's education	0	8	6
Just wanted a change	1	3	2
Wanted place of my own	35	6	15
Problem with neighbours	4	6	5
School catchment area	0	5	4
Moving away from crime	2	4	3
Other reason	17	16	16
Bases			
Weighted base	*217*	*511*	*728*
Unweighted base	*179*	*517*	*696*

Note: Respondents were able to select more than 1 answer and therefore percentages do not add up to 100.

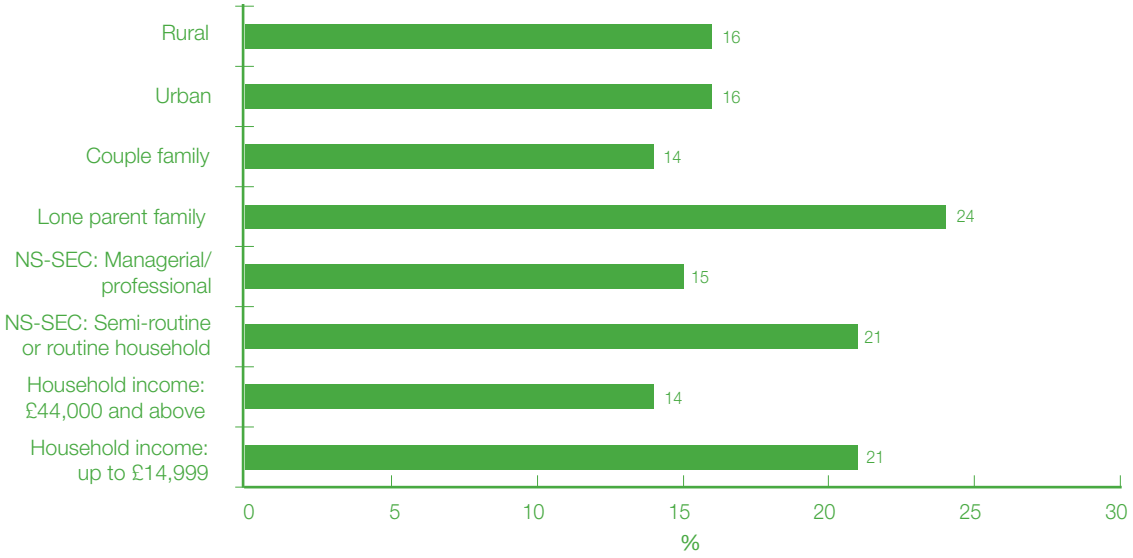
Figure 3-B Key housing characteristics by sweep (birth cohort)



*Base: 728 respondents who have moved between sweep 1 and sweep 2.

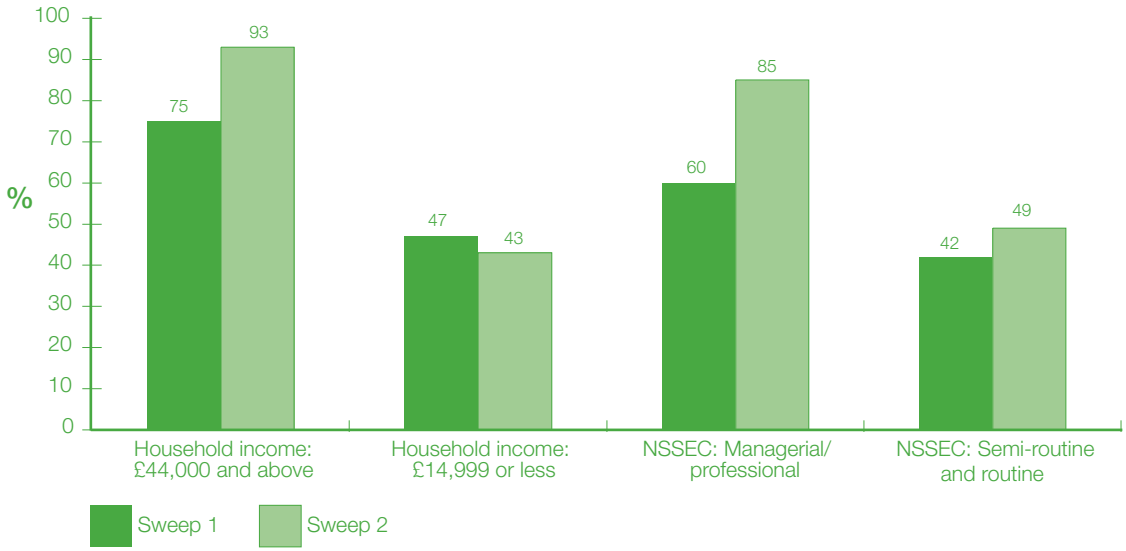
Data above, on reasons for moving house, demonstrate the way in which housing choices are shaped by family characteristics and circumstances. This finding is further borne out by analysis of those groups most likely to have moved between sweeps. Lone parents, those on lower incomes and those in routine or semi-routine occupations were more likely than parents in couple families, those on higher incomes and those in managerial or professional occupations to have moved house (Figure 3-C).

Figure 3-C Percentage of families who moved house between sweeps 1 and 2 by selected independent variables (birth cohort)



Closer exploration of the type of accommodation respondents have moved to reveal some further interesting differences. Figure 3-D displays the proportion of respondents living in a house or bungalow at sweep 1 and sweep 2 by household income and socio-economic classification. The graph suggests that respondents with higher household incomes and those in managerial/professional households were more likely than those with lower incomes and those in routine or semi-routine households to have moved into a house or bungalow between sweeps. For the majority of those in the more affluent groups therefore, these data represent the desire for 'bigger and better' property which has already been suggested above. In contrast, for those less affluent families, many of whom are lone parents, the move represents their first step on the property ladder. Data at sweep 1 indicated that many younger mothers and lone parents still lived with their own parents, that is, the child's grandparents. As such, many of these families may have moved from their parent's house to their own flat reflecting the wish for 'a place of their own' seen above.

Figure 3-D Percentage of families living in a house or bungalow by selected independent variables (birth cohort)



There was no significant change in ownership status between the sweeps, with 48% of the sweep 2 sample owning their home with a mortgage and 48% renting their accommodation. Similar proportions were found in sweep 1 (49% and 48%) and similar trends were found for the child cohort.

3.3 Neighbourhood and community

Elsewhere in the report we look at the kind of informal support available to parents and the strength and nature of their informal social network (see section 8.2). Here we turn our attention to both the availability and use of formal services (e.g. relating to childcare, health and leisure) in the respondent's local area and their involvement in local groups. These questions were asked only of parents in the birth cohort, with some questions asked of partners as well.

3.3.1 Facilities used in the local area

Parents were asked whether or not certain services and facilities were available in their local area. If they were available, they could indicate to what extent they did or did not use the service.

In general people living in rural areas were less likely to have access to facilities than those living in urban areas. Twenty-four percent of respondents living in rural areas had no playgroup, 48% had no public swimming pool, 94% had no credit union and 68% had no advice centre. In contrast comparable figures for those living in an urban area were: 14% no playgroup; 28% no swimming pool; 70% no credit union; and 52% no advice centre. Facilities that were used sometimes or often were GP (family doctor), play ground or park area and community health services, with little variation by urban/rural area.

Table 3.3 Local availability and use of facilities by area urban rural classification

	Availability, use and urban-rural classification (%)						Bases	
	None in area		In area but not used		In area used sometimes/often			
	Urban	Rural	Urban	Rural	Urban	Rural	*Weighted*	*Unweighted*
Parent & toddler group	10	9	56	41	34	50	*4210*	*4224*
Registered childminder	15	13	75	74	10	13	*3505*	*3565*
Playgroup	14	24	73	61	13	15	*4038*	*4056*
Nursery	5	14	70	64	26	22	*4454*	*4458*
GP (family doctor)	9	17	10	5	81	78	*4496*	*4497*
Community health services	10	18	22	16	68	67	*4438*	*4442*
Library	12	12	34	37	54	51	*4462*	*4464*
Public swimming pool/leisure centre	28	48	16	10	56	42	*4485*	*4488*
Playground or park area	7	7	12	8	81	85	*4494*	*4497*
Food co-op	88	93	6	3	6	4	*3960*	*3967*
Credit Union	70	94	25	5	5	-	*3661*	*3664*
Advice centre	52	68	40	28	8	4	*4120*	*4116*

Note: base size will vary because 'don't know' answers have been removed.

3.3.2 Facilities in most need of improvement

Respondents were presented with a separate list of community-related services and issues and asked to select which service or issue they felt was most in need of improvement in their area.

Facilities for young children were seen as being most in need of improvement by one-fifth of respondents from the birth cohort (21%). This option was more commonly, but not exclusively, selected by parents who had previously reported that such facilities (including parent and toddler groups, playgroups and playground or park areas) were not available in their area. For example, in the birth cohort, 40% of parents who said there was no playground or park in their area indicated that facilities for young children would be their first choice for improvement compared with 15% of parents who said there was a park and they used it often. Around one in ten (12%) wanted improvements to, and provision of, good quality and affordable housing; this did not vary by urban/rural area. Not surprisingly, people living in urban areas were more concerned about the level of crime than those in rural areas with (10% compared with 2%). Whereas those living in rural areas were more likely to want improvements to public transport than those in urban areas (9% compared with 4%). Similar results were found from partner interviews.

There was little variation to results when analysed by family type, apart from one; lone parent families were more likely to want to see an improvement to the level of crime than couple families (14% compared with 7%).

Table 3.4 Services and issues in most need of Improvement in local area by area urban rural classification: birth cohort only

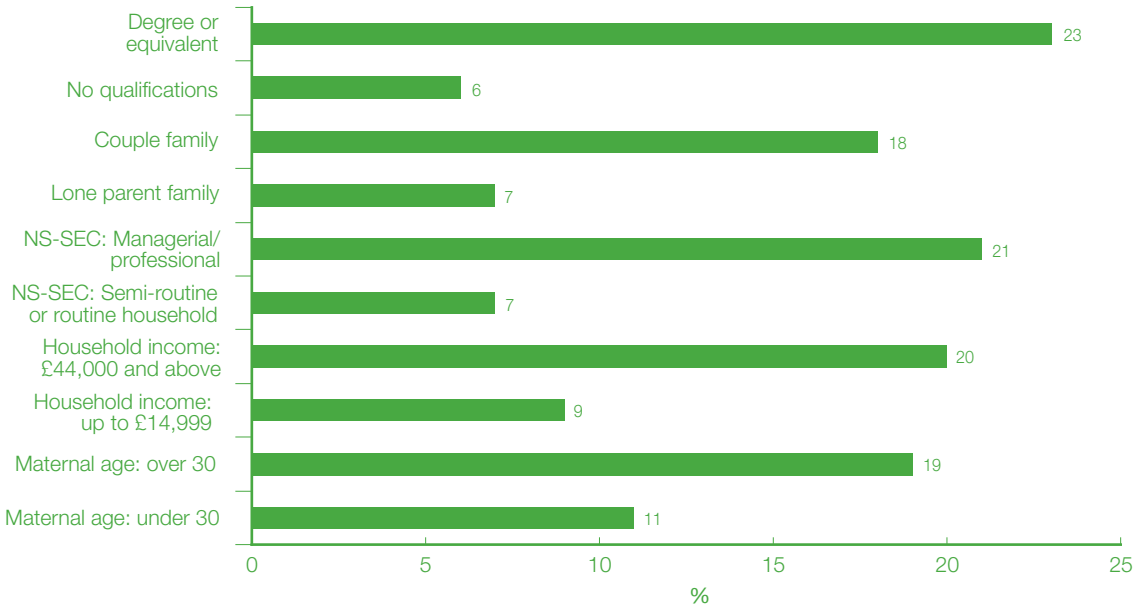
Service or issue	Area Urban Rural Classification (%)		All
	Urban	Rural	
Access to GPs and local health services	4	6	4
Good quality affordable housing	12	13	12
Good shopping facilities nearby	8	10	8
Access to good public transport	4	9	5
Quality of schools	5	5	5
Level of crime	10	2	9
Quality of jobs	2	2	2
Facilities for young children	21	20	21
Sense of community spirit	2	2	2
Cleanliness of local environment	4	2	4
Condition of public spaces	7	6	7
Family and friends close by	4	4	4
Facilities for older children	4	5	4
Access to good quality affordable childcare	2	2	3
Amount of traffic/dangerous drivers	7	6	7
Other answer	1	1	1
Improve nothing	4	4	4
Bases			
Unweighted	*3548*	*924*	*4486*
Weighted	*3435*	*1040*	*4490*

3.3.3 Involvement in local groups for children or parents

Sixteen percent of parents in the birth cohort were active members of a local group set up for children or parents. Group membership was highly gendered and also strongly associated with higher levels of income and education (see Figure 3-E). Fewer respondents from the partner interviews (4%), the vast majority of whom were male, had an involvement. Involvement in a parent and toddler or parent and baby group was that most commonly cited, accounting for more than two-thirds (70%).

There is some suggestion of greater formal community involvement among those with higher levels of education and in more affluent households. The lower involvement in such groups evident amongst lone parents, those with poorer educational attainment and in less affluent households fits well with the analysis of social network and informal support data in section 8.2 and in other reporting on GUS data (Bradshaw, forthcoming). This analysis suggests that many parents in these groups have more limited and weaker social networks and further, draw more heavily than other parents on support directly from family and friends rather than that received via other mothers in unfamiliar settings such as parent and toddler groups.

Figure 3-E Involvement in local groups for parents and children by selected independent variables



3.3.4 Involvement in other local groups

One in ten respondents were involved in other groups or organisations. These included church or charity groups, community/residents groups and hobby and interest groups. Interestingly, membership of these groups almost doubled to 19% for respondent's partners demonstrating again a clear gender dimension. Women were much more likely to report involvement in groups related to children whereas men, and fathers, were more likely to be involved in some other type of community group.

3.4 Key points

- Levels of ownership of consumer goods were generally high with only small variations across the sample. However, data on computer ownership and internet access demonstrated a clear 'digital divide' between less affluent and more affluent households carrying implications for access to information for parents and education opportunities for children.
- Less than one in six families in both cohorts had moved between sweeps. Lone parents and lower income families were more likely to have moved, to have different reasons for moving, and to have moved from and to different types of accommodation than couple families and those with higher household incomes reflecting the different needs and situations of these groups.
- As may be expected, families living in urban areas had access to a wider range of facilities and services in their local community than those living in rural areas.
- Local facilities for young children, housing provision and crime levels were the issues most commonly cited as in need of improvement by parents in the birth cohort. However, parents in rural areas were less concerned with crime than their urban peers, being more likely instead to cite access to good public transport as a key issue for improvement.
- Sixteen percent of parents in the birth cohort were active members of a local parent/child group and 10% were involved in another type of group or organisation. Group involvement was highly gendered with women significantly more likely than men to be involved in child-related groups, and men significantly more likely than women to be involved in non-child-related groups.

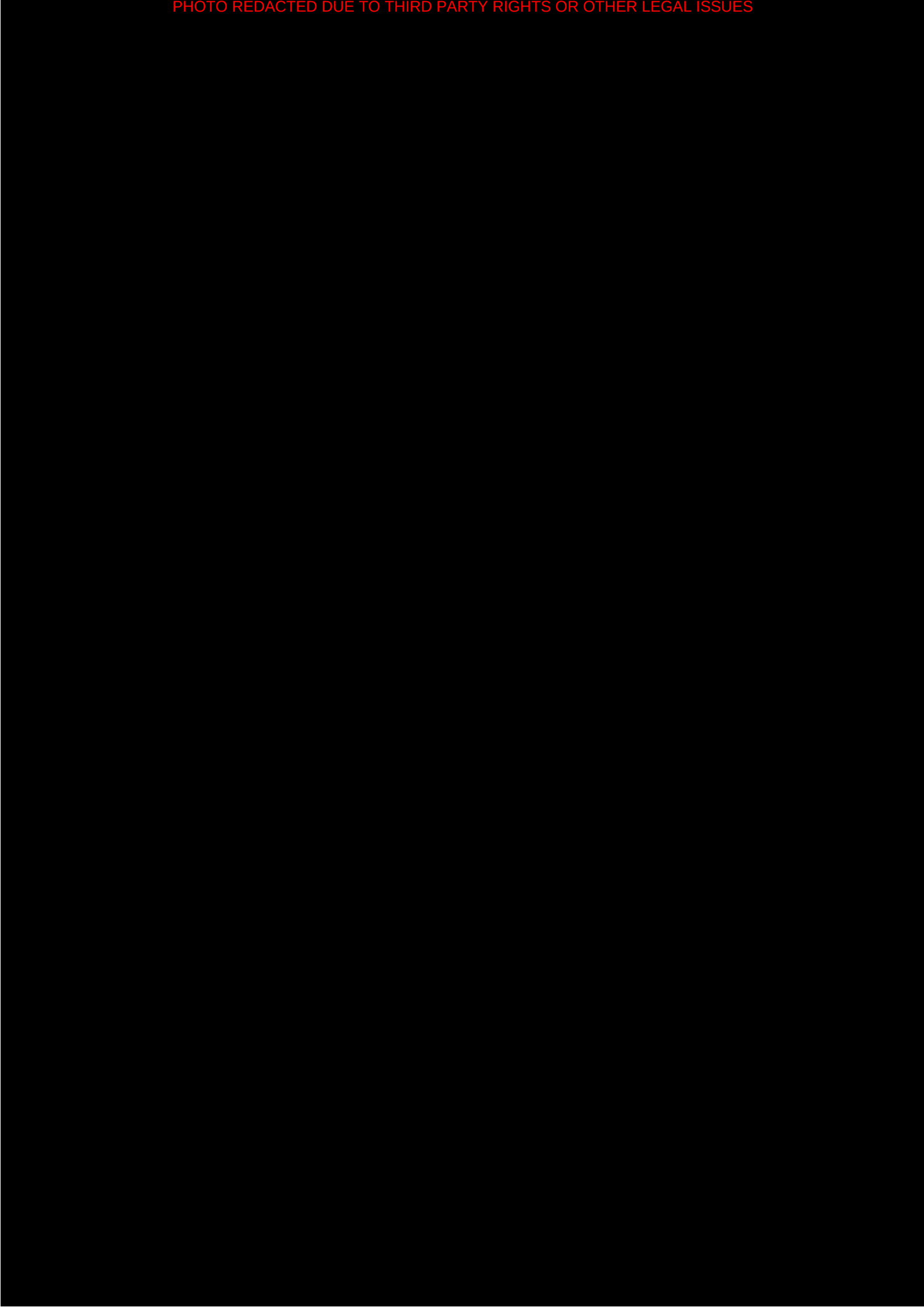
3.5 Conclusion

Children's housing and community settings and mobility have been shown to vary considerably by family structure, social class, mothers' ages, household income and whether they live in urban or rural areas. High levels of ownership of electronic goods and resources within the home were found across the whole income range, including such items as mobile phones, video and DVD players, CD players, and digital TV. However, low income households with annual incomes under £15,000 were much less likely than other families to have landline telephones, a home computer, or internet access. This clear digital divide and higher rate IT exclusion could have potentially adverse effects for parental access to information about health and services, their capacity to engage with and benefit from the very substantial developments in 'e-government' at both national and local levels, and for children's later use of the internet as an educational and leisure resource.

Other ownership rates show a social class and household income gradient, such as car ownership rates which are high across the whole income range, but more likely to be lacking if household income is low, for lone parent families and for those in lower social classes.

Housing mobility rates over the interval of one year was low: about 16% of the birth cohort and 13% of the child cohort, although it was higher for lone parents, families in lower social class groups or with lower incomes. For couple families, a house move was most often a move to a larger home (for around three-fifths), but for some, also to a better home or a better area. Lone parents' reasons for a move were most often to have a place of their own, but also for some, to have a larger home or because of a relationship breakdown. It was more common for families on higher incomes and in managerial or professional households than for others to move to a house or bungalow. This suggests that for these families, a house move was to a bigger or better house, a finding similar to the reasons for moving found in the Millennium Cohort Study. For young mothers or lone parents, moving house was often associated with establishing their own household independent of their own parents. The housing mobility rates found here are considerably less than that found for the boosted Scottish sample in the Millennium Cohort Study, 41% of whom moved between sweeps 1 and 2 although this may be expected given the longer period between subsequent sweeps. The MCS also found that housing mobility rates were higher for lower income groups.

Local public services are likely to be important to families and the services used most often by all families, whether living in urban or rural areas, were GP and community health services and playgrounds and parks. Libraries and swimming pools were also used by just over half of respondents. There is an urban/rural divide in the availability of certain services, as shown by the lower availability in rural areas compared to urban areas of playgroups, swimming pools, credit unions and advice centres. Just over one-fifth of respondents thought that local services for young children were most in need of improvement in their areas, more than those who thought improvements were needed in other local services such as good quality, affordable housing, dealing with crime or public transport. Only a fairly small minority of parents (16%) were themselves involved in local groups for children and parents, mainly parent and toddler groups, and these were more likely to be more affluent, older and highly educated parents, more often mothers than fathers and more often from couple families than lone parent families. Involvement in other local groups was even less common (reported by 10% of respondents); and fathers were more involved than mothers in community groups not related to children. This is just the start of the story; families' use of services is a subject that will recur in subsequent chapters.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4.1 Introduction

This chapter reports on findings from the birth cohort only and focuses on their food and eating. This suite of questions was introduced at the second sweep for this cohort and provides a good opportunity to explore issues relating to key health related behaviours – the provision and consumption of food. However, food and eating also form part of day-to-day family life and touch on issues of children's preferences and parental control as well as family practices relating to meal times and snacking. All of the following analysis, therefore, relates to children aged approximately 22 months at the time of interview. Since food and eating was a new topic at sweep 2, there are no comparative data from the first sweep.

The chapter focuses on parental views and challenges in relation to their children's eating. This is an important area as there is growing concern about levels of obesity, even in young children, and the imbalance between calorie intake and expenditure. Understanding the factors that influence what food parents provide for their children and what their children eat is essential if interventions to support healthy eating are to be effective. There is also concern about the erosion of family life, family meals and family time and this chapter provides relevant empirical evidence about who young children eat with in their homes. This chapter is able to explore both what these young children are reported to eat and also something about their eating habits, both at meal times and through snacking. It is also able to consider how respondents feel about their control over what their children eat and what factors they think influence food and eating.

The tables in this chapter present the following main type of analysis:

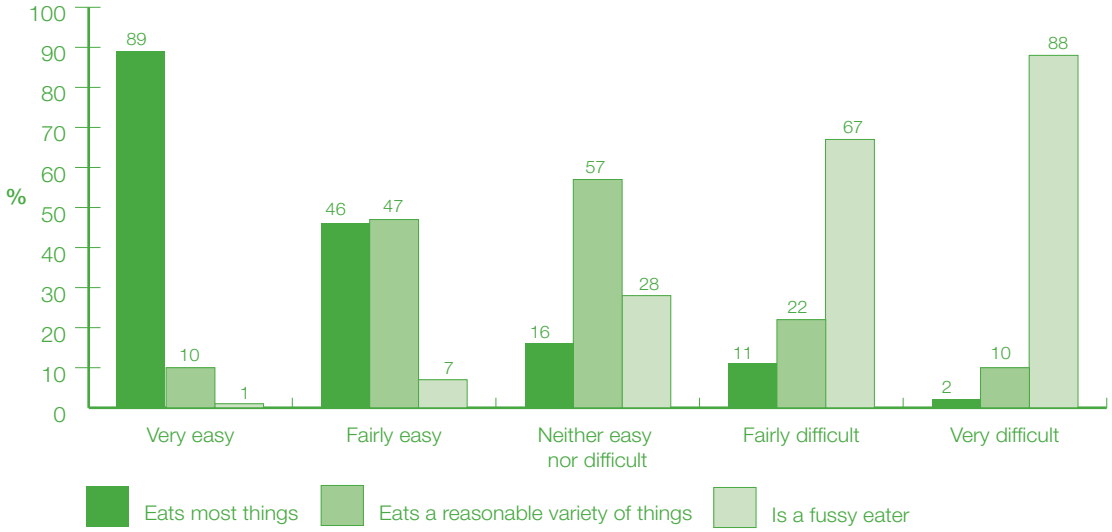
- Analysis of the answers of main respondents in the birth cohort at sweep 2 by factors that might help explain these answers (for example, the age or educational background of the respondent).

4.2 Eating habits and special diets

The majority of respondents were finding it very easy or fairly easy to feed their child (80%). However, more than 9% of respondents found it fairly difficult to feed their child, with a further 3% finding it very difficult.

Respondent's finding it very difficult to feed their child were far more likely to report that their child was a fussy eater (88%) than those parents who found it very or fairly easy to feed their child (1%). In contrast 89% of parents who found their child very easy to feed, also reported their child as eating 'most things': only 2% of the respondents who found it very difficult to feed their child reported this.

Figure 4-A Ease of feeding child by variety of foods eaten



Relatively few children (6% in the birth cohort) followed a special diet of any kind. Of those children who did follow a special diet, 38% did so due to food allergies or intolerances, 19% due to religious reasons, 16% were vegetarian, vegan or pescetarian[9] and the remainder for a range of 'other' reasons. Interestingly, respondents whose children had special diets were actually less likely to be experiencing difficulties in feeding their child than those who did not mention the child having a special diet with only 11% saying that feeding their child was very or fairly difficult, compared with 19% of parents of children without a special diet.

4.3 Main and evening meals

There has been considerable debate in recent years about the importance, and perceived erosion, of family mealtimes. What can the survey tell us about how structured children's eating patterns actually are? Most children normally ate (presumably at a table) in either the kitchen or dining room (61%). Most of the remainder ate in the living room (34%). The majority of children ate with at least one parent (84%), leaving 16% eating with just their siblings or alone. More specifically, 83% ate with their mother, 53% with their father, 50% with siblings and 6% of children ate alone.[10] Children in larger households (with four or more children) were more likely to eat without an adult, one in five eating on their own or with siblings only, compared with one in ten only children. Perhaps surprisingly, children who did not eat with their parents were more likely to be in households classed as managerial or professional, those with a higher income, and an older mother. There does not however, appear to be a link between education level and whether parents ate with their children.

9 Pescetarian is used to describe those who abstain from eating all meat and animal flesh with the exception of fish.

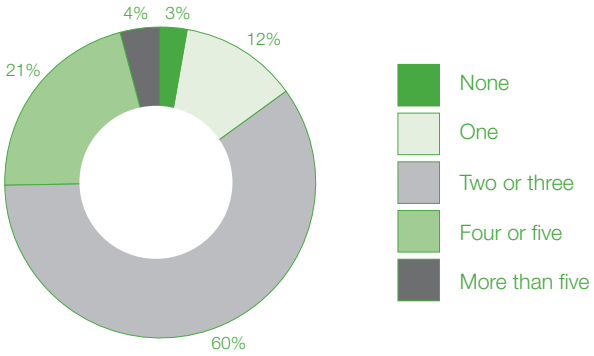
10 Respondents were able to select more than one person that the child usually ate with and therefore percentages do not add up to 100%.

4.4 Types of food eaten

4.4.1 Fruit

Although much more limited in scope than dedicated diet and nutrition studies, GUS is nevertheless able to provide some useful information on the range of food types – both healthy and unhealthy – eaten by children on a typical day. Looking firstly at healthy foods, it was encouraging to see that almost all toddlers ate at least one type of fruit a day, with 59% having two or three types a day and a further 25% having four or more (Figure 4-B).

Figure 4-B Number of different types of fruit eaten on a typical day



It was clear that children from certain types of households ate more fruit than others. Factors which appeared to be particularly influential were:

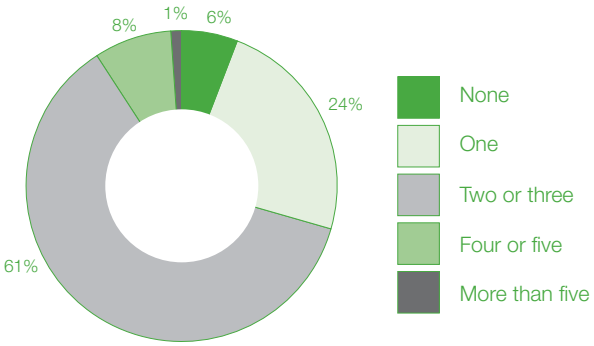
- Family structure; 27% of those in a couple family ate four or more different types of fruit on a typical day, compared with 21% of those in a lone parent family. Given that lone parents were more likely to be on lower incomes, this may be more related to differences in income than family type (see bullet below);
- Mothers' education; 29% of children whose mother had Higher grades or above ate four or more varieties of fruit per day in contrast to only 16% of those whose mother's had no qualifications;
- Maternal age; 29% of children whose mother was aged over 40 at the child's birth ate four or more types of fruit a day, in contrast to only 11% of children born to a teenage mother;
- Family income; 34% of children in households in the highest income group ate four or more types of fruit a day in contrast to 18% of children who lived in households in the lowest income group. It is worth noting that despite this pattern, respondents who said that the cost of food had a lot of effect on what they gave their children to eat were just as likely to report giving their child the same variety of fruit on a typical day as those who said the cost of food had no effect at all;

- Knowledge of healthy eating; those who knew 'a great deal' about healthy eating were far more likely to say that their child ate four or more types of fruit a day (33%), compared with respondents who knew 'nothing at all' about healthy eating (9%).

4.4.2 Vegetables

Most toddlers ate some vegetables (not including potatoes) on a typical day. However, 24% were only having one type of vegetable and 6% had none (Figure 4-C).

Figure 4-C Number of different types of vegetables eaten on a typical day



As might be expected, patterns of vegetable consumption across sub-groups mirrored those for fruit. In other words, the variety of vegetables consumed was lower among children from lone parent households and low income households, and among those whose mothers were younger, had poorer educational qualifications and knew less about healthy eating.

4.4.3 'Unhealthy' foods

So far we have focused on healthy eating. What does the survey tell us about the consumption of less healthy foods and drinks? What is immediately apparent is that there is a significant proportion of children for whom such foods are, at the age of 22 months, already an established part of their daily intake. 90% of children ate sweets or chocolates once a week or more often, including 43% who ate sweets or chocolates once a day or more. Again, nine out of ten children had crisps or savoury snacks once a week or more, with almost half having these once a day or more. It is worth noting that 69% of children who were having sweets or chocolates once a day or more were also having crisps or savoury snacks once a day or more.

Although eight out of ten of respondents reported that their child had a soft drink which was not lo-calorie or diet less often than once a month or never, more than one in ten had such a soft drink at least once a day. Four-fifths of those who drank these soft drinks once a day or more also had sweets or chocolate and crisps or savoury snacks once a day or more.

Table 4.1 Frequency of consumption of selected food types

Frequency of consumption	Food/Drink (%)		
	Sweets/ chocolates	Crisps/savoury snacks	Soft drinks
Once a day or more	43.2	45.6	12.0
5 or 6 times a week	4.9	7.9	<1
2 to 4 times a week	30.2	27.1	2.4
Once a week	11.9	10.0	3.3
1 to 3 times per month	4.3	3.5	3.1
Less often or never	5.5	5.9	78.9
Bases			
Weighted	*4506*	*4508*	*4506*
Unweighted	*4507*	*4509*	*4507*

The patterns here by sub-group are essentially the inverse of those for consumption of fruit and vegetables. Lone parents reported giving the cohort child sweets and chocolates, and crisps and savoury snacks more often than respondents in couple families. Furthermore, lone parents were twice as likely as those in couple families to report giving their child soft drinks which were not diet or lo-calorie once a day or more often. Two-thirds (66%) of children whose mothers had no qualifications ate sweets and chocolates once a day or more often, in contrast to just over a third (37%) of children whose mothers had Higher grades or above. Similar trends are evident in daily consumption of crisps and savoury snacks, and in sugary soft drinks (Figure 4-D). Thus, whilst consumption of sweets and chocolate, and crisps or savoury snacks is fairly common across the whole sample (sugary drinks being less common generally), frequent consumption of these foods is more prevalent amongst the more socially disadvantaged groups.

Figure 4-D Daily consumption of selected foods and drinks by family type and mother's qualifications

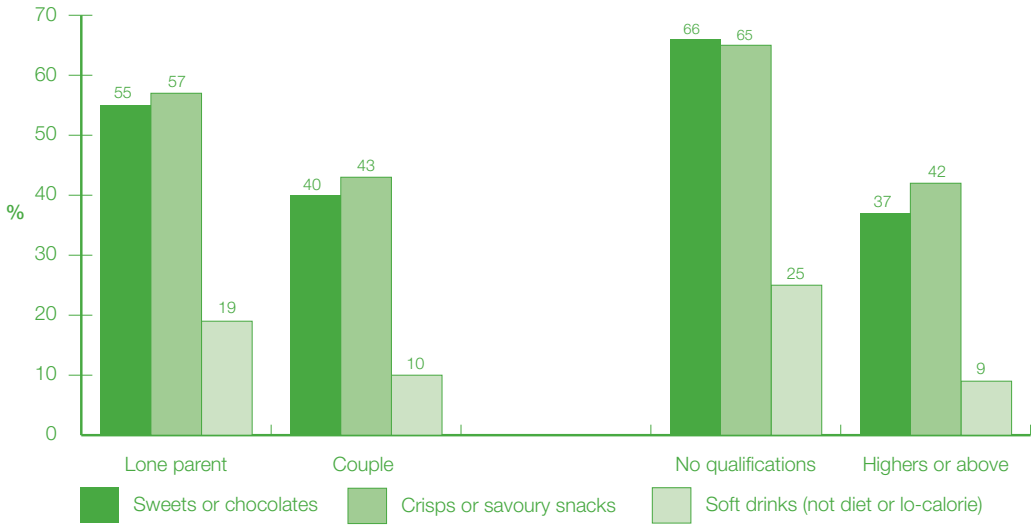


Figure 4-E illustrates the dramatic differences in consumption of these items by household socio-economic classification and income. Around double the number of children in households in semi-routine and routine occupations, and in the lowest income group respectively, had sweets or chocolates once a day or more, compared with households in managerial and professional households and those in the highest income group. Similar patterns can be seen in daily consumption of crisps or savoury snacks and sugary drinks, indeed, almost a fifth of children in the lowest income group and a similar proportion in semi-routine and routine households, had a soft drink which was not diet or lo-calorie at least once a day.

Figure 4-E Daily consumption of selected food types by NS-SEC and income

Table 4.2 Frequency of consumption of soft drinks (not diet or lo-calorie) by maternal education

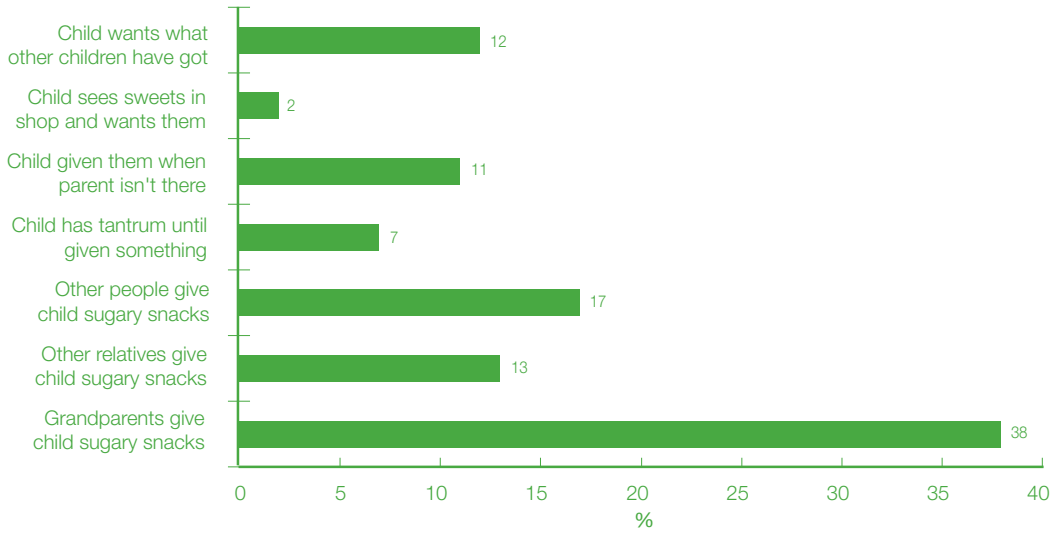
Frequency of consumption	Mother's educational qualifications (%)		
	Higher or above	Standard Grades or 'other'	No qualifications
Once a day or more	9.0	16.5	25.4
1 to 6 times per week	5.6	5.9	8.9
1 to 3 times per month	2.9	4.0	3.3
Less frequently than once a month or never	82.5	73.6	62.4
Bases			
Weighted	*3220*	*846*	*427*
Unweighted	*3384*	*764*	*349*

Perhaps unsurprisingly, the educational attainment of respondents was also a key predictor of the frequency of consumption of soft drinks (not lo-calorie or diet). Just 9% of respondents with higher grade qualifications or above reported their child having such a drink at least once a day, in contrast to 25% of respondents with no qualifications. This raises questions about just how well 'healthy eating' messages are getting through to particular groups and whether more focused campaigns on sugary drinks need to be utilised.

4.4.4 Difficulty in controlling the amount of sugary snacks/drinks children have

To what extent do parents feel able to control their child's intake of less healthy foods and drinks? With their children aged just 22 months, it is perhaps not surprising that most said that they still found it very or fairly easy to control the amount of sweets or sugary snacks or drinks that their child had. However, more than one in ten found it very or fairly difficult. There was a higher instance of reported difficulty among younger mothers; 16% of mothers who were in their teens at the birth of the cohort child reported finding this difficult, in contrast to 5% in their forties.

Figure 4-F Parents' reasons for difficulties in controlling the amount of sweets and sugary snacks that children have



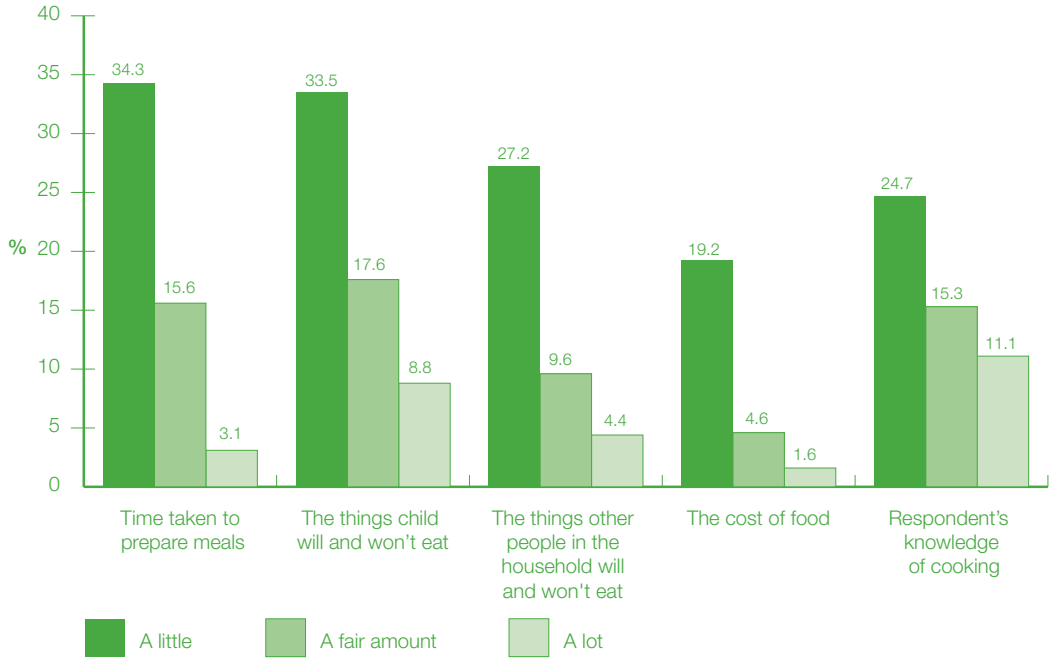
Grandparents appear to have a particularly important role here (almost two-fifths of parents who mentioned difficulties gave this reason) no doubt as the result of the high levels of involvement they tend to have, though perhaps also because of generational differences in attitudes to healthy eating. Grandparents were not the only other parties involved, 17% of respondents said that other non-relatives gave the child sweets, while 13% cited other relatives (other than grandparents) giving the child sweets. The findings suggest that grandparents may offer a useful focus for social education interventions in this area.

4.4.5 Effects on what children have to eat

Respondents were given a list of possible influences on what they give their child to eat and asked to say how much of an effect, if any, each one had.

Respondents' knowledge of cooking had a notable impact, with 11% of respondents reporting this affected what they gave their child 'a lot' whilst the things the child will and won't eat had a lot of effect for 8% of parents (Figure 4-F). Other effects included the things others in the household will and won't eat, and the time taken to prepare meals. Although the cost of food only had 'a lot' of effect for 2% of respondents (4% in the lowest income group), the cost of food had some effect for 35% in the lowest income group in comparison to 14% in the highest income group.

Figure 4-G Factors and level of influence on what children eat: birth cohort



4.5 Snacks

Respondents were asked to describe the extent to which their child snacked during the day. Most reported that their child 'snacks during the day but also has meals' (76%), with 22% saying that their child 'doesn't snack much, just has meals'. Only 2% of parents said that their child 'snacks all day and doesn't have meals'.

Parents were asked about the type of snacks their child would be likely to have. A large number of different types of snacks were reported and parents could report more than one type of snack. Fruit was the most popular snack, reported by over three-quarters of parents. Forty percent of parents said their child had savoury snacks and 40% would have bread, toast or something similar. Thirty-six percent of children had crisps. Again, variations could be seen in the types of snacks given by different sub-groups.

Figure 4-H Selected foodstuffs given as snacks by household income: birth cohort

As Figure 4-H illustrates, children in households with a higher income were far more likely to have reported giving their child fruit as a snack than children in households with lower incomes (84% in households earning over £44,000 compared with 61% in households earning under £14,999). Lower income households on the other hand, were far more likely to report their child having crisps (47% in the lowest income group compared with 24% in the highest income groups) or sweets/chocolates (29% compared with 18%) as a snack.

The cost of fruit did appear to have an impact on the extent to which it was used as a snack for the child, 61% of parents who said that the cost of food affected what they gave their child to eat a lot, gave their child fruit as a snack compared with 75% of parents who said the cost of food had no effect gave their child fruit. This is particularly interesting as earlier, we found that the cost of food had no effect on the variety of fruit eaten on an average day, suggesting that although parents in lower income families are equally likely to give their child the same range of fruit over the day as higher income families, this is more likely to be given at meal-times rather than as a snack. However, it is worth bearing in mind that the cost of food question referred to food generally and not specific food types such as fruit.

A similar pattern can be seen across NS-SEC groups, with far more managerial and professional households reporting their child having fruit as a snack than semi-routine or routine households. In addition, children in couple households, those with parents with higher grade qualifications or above, and those with an older mother were more likely to have fruit as a snack compared with children in lone parent families, those whose parents had qualifications lower than Higher grade and those with younger mothers respectively.

Parents who claimed a great deal of knowledge about healthy eating and children's diet were more likely to give their child fruit, and less likely to give their child crisps or sweets/chocolate as a snack than those who knew nothing or not very much about healthy eating. For example, 80% of parents in the former group gave their child fruit as a snack compared with 50% in the latter group.

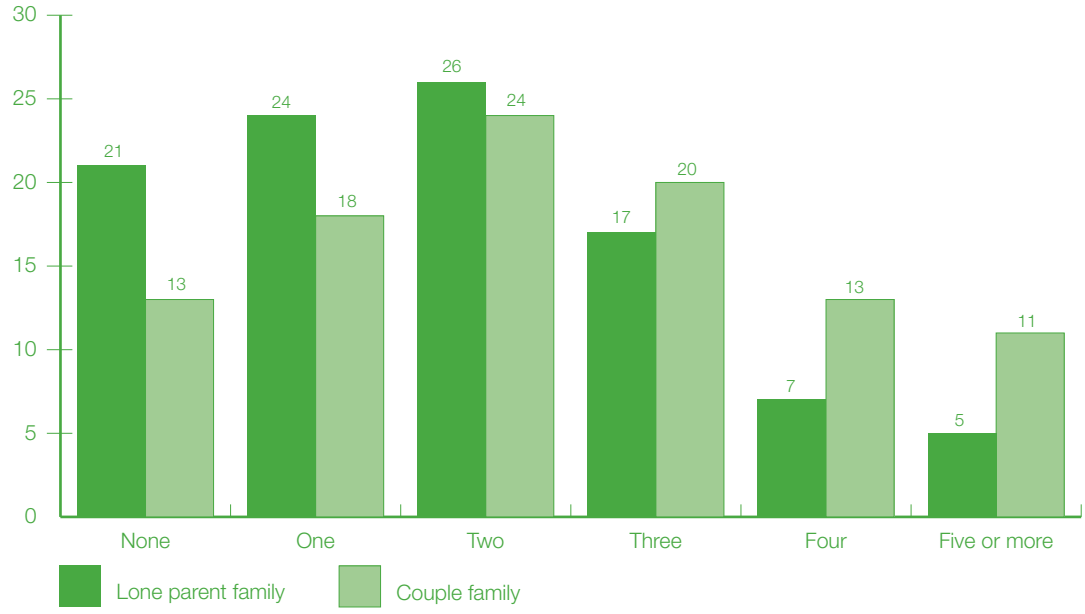
Table 4.3 Types of snacks eaten by parental knowledge of healthy eating

Food Type	Knowledge of healthy eating (%)		
	A great deal	Quite a lot	Not very much or nothing at all
Fruit	78.8	75.2	49.1
Crisps	29.9	37.1	53.7
Sweets/chocolates	19.7	23.4	38.0
Bases			
Weighted bases	*1289*	*2907*	*310*
Unweighted bases	*1344*	*2897*	*268*

4.6 Sources of help/advice on children's diets, eating habits or healthy eating

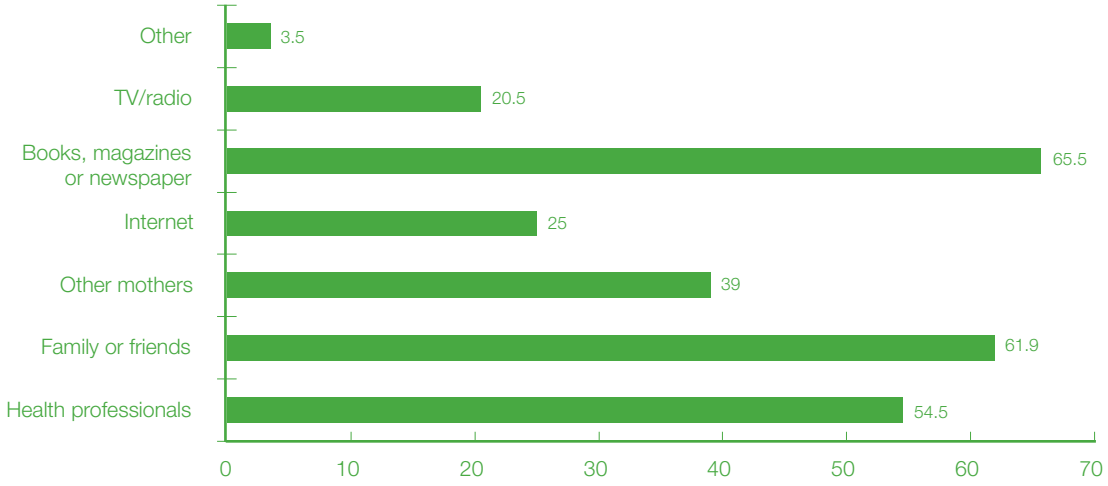
Respondents were asked which sources they had used for help or advice on children's diets, eating habits and healthy eating. Overall, seeking this sort of information was quite common with 85% of parents reporting use of at least one source for help or advice. However, accessing help or advice varied by family type (Figure 4-I). Twenty-one percent of lone parents said they had not accessed any information or advice on healthy eating, compared with 13% of parents in couple families. Considering lone parents' increased likelihood of giving their child fewer healthy foods and more unhealthy foods, as we have just seen, this is a further point of possible intervention. Likelihood of seeking information also differed by maternal education – mothers educated to Higher grade or above were both more likely to have sought information of this nature, and to have used more sources were those with Standard grades or no qualifications.

Figure 4-I Number of sources consulted on healthy eating by family type



The most popular source of information about healthy eating was paper literature such as books, magazines or newspapers (66%), with family and friends coming a close second (62%). A little over half (55%) of respondents had consulted health professionals, while two-fifths had spoken to other mothers. Lone parents and mothers with no qualifications were considerably less likely than those in couple families and with any qualifications to have consulted paper literature for information or advice (Figure 4-J). In contrast, lone parents and mothers with no qualifications were most likely to have spoken to a health professional about healthy eating (64% of lone parents compared with 53% of parents in couple families, and 63% of respondents with no qualifications compared with 53% of respondents with Highers or above). Younger mothers were more likely to report getting information from family and friends, 67% of teenage mothers at the birth of the cohort child used this source of help in contrast to 47% of mothers aged 40 or older at the birth of the cohort child.

Figure 4-J Sources consulted about children's diets and healthy eating



4.7 Key points

- Six percent of children followed a special diet, mainly due to food allergies/intolerances or for religious reasons.
- Virtually all children normally had a main evening meal each day, nearly all had this always or usually at regular times.
- Eighty-five percent of children had at least two types of fruit a day, including a quarter who had four or more.
- The majority of children had at least one type of vegetable on a typical day, although only two-fifths had two types of vegetables or more.
- Unhealthy foods were part of many children's daily intake: 43% of children had sweets or chocolates every day and 46% had crisps every day. In addition more than 12% had a soft drink (not diet or lo-calorie) every day, although this rose to 25% of those children whose mothers had no educational qualifications.
- Grandparents offering children sweets or sugary snacks were often a problem for those parents who had difficulty with trying to limit their child's sugar intake.
- The majority of respondents reported having received information or advice on children's diets and healthy eating from at least one source, the most popular of these being books, magazines or newspapers, family and friends, and health professionals.

4.8 Conclusion

This chapter provides much that is positive about the food that the birth cohort, now aged 22 months, eat. It would seem that the health promotion messages about fruit, and to a lesser extent vegetables, are being taken seriously by the majority of parents as manifest in their reports about the provision of fruit and vegetables to their young children and their children's consumption of these foods. There are also positive messages about how children eat – it seems most sit at a table and eat with others, usually a parent and/or sibling. These findings challenge the myth about the erosion of family meal times.

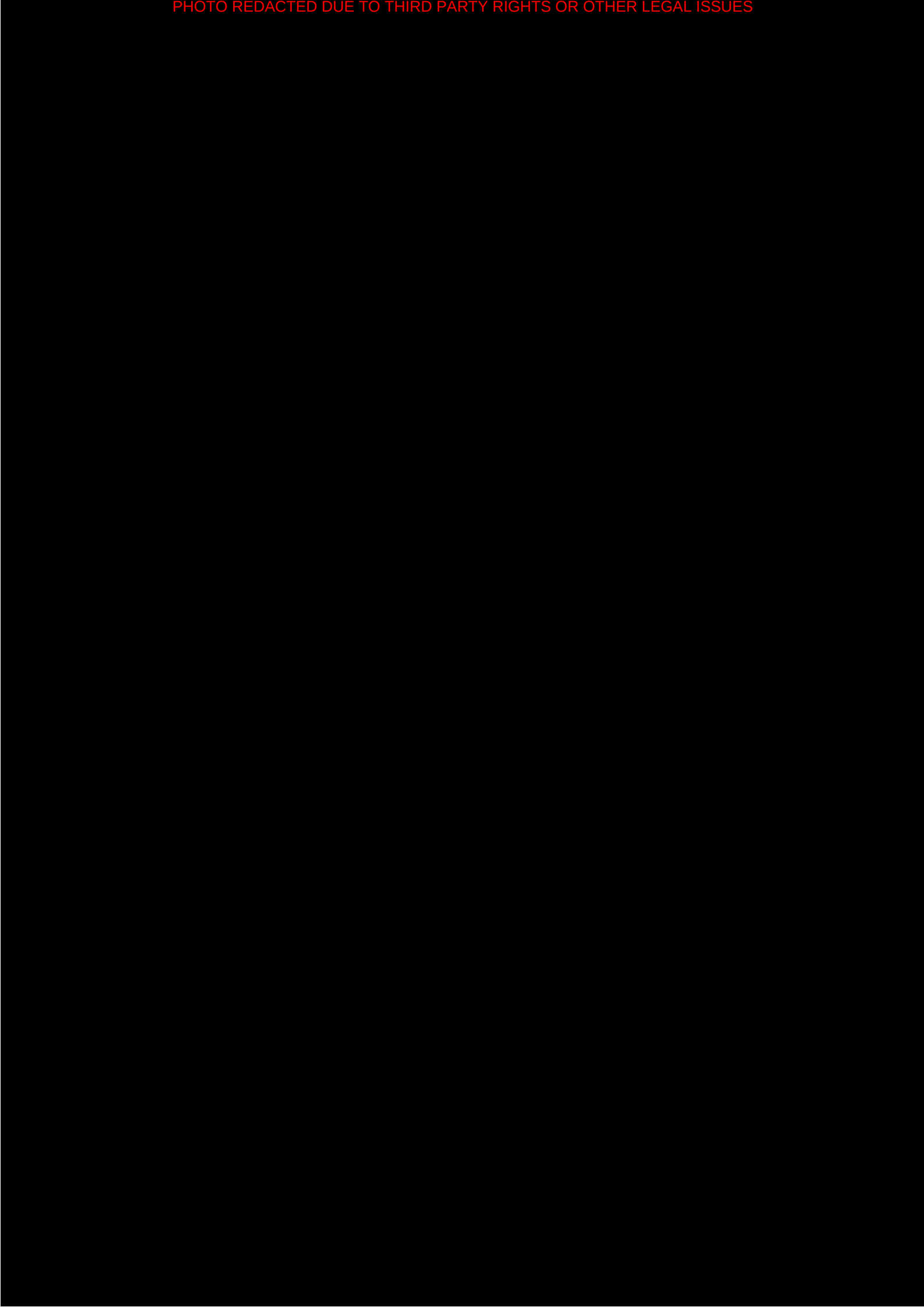
However, there are also causes for concern, especially in relation to children's exposure to sugary snacks and drinks and savoury snacks/crisps. Almost all parents said that their child had meals every day but most also had snacks. Although fruit was reported as being the most popular snack, almost half reported that their child had sweets/chocolates and a savoury snack/crisps at least once a day. A worrying 12% reported that their child had a sugary soft drink every day.

Most parents said that they did not have difficulty controlling the amount of sugary snacks/drinks that their child had, although one in ten did report that it was very or fairly difficult. We might expect this proportion to rise as the child gets older with more external influences, although it is interesting to note that even with this young age group, some respondents were beginning to find it difficult to control what their child ate. The most frequently cited reason for having such difficulties was that grandparents gave their child sugary snacks. Further qualitative work would be required to investigate the social dynamics of these relationships and their overall influence on what young children are given to eat.

The findings also show how material circumstances and other indicators of advantage and disadvantage are associated with healthy or less healthy eating. Socio-economic position, maternal age, family type and level of education are all important and of course interrelated. Unsurprisingly, then, lone parents, mothers with less educational qualifications, younger mothers, and those on lower household incomes were least likely to report that their child ate two or more fruits a day and most likely to report that they ate sugary and savoury snacks and sugary soft drinks. Disadvantage can be seen to have an early effect on the lives of young children through their developing eating habits and the type of food available to them.

However, when mothers were asked what influenced what they gave their child, issues of cost did not seem to be the most important, suggesting that the relationship between disadvantage and food and eating behaviour is complex. One in ten reported knowledge of cooking as being an important influence. The data also suggest that knowledge of healthy eating was directly related to the eating of healthy foods by the child, suggesting that a direct approach in terms of health education aimed at improving knowledge would improve eating behaviour. However, the relationship between knowledge and behaviour is notoriously complex and many mediating factors influence outcomes.

It is clear that the wider socio-economic circumstances in which the family live also impacts both directly and indirectly on the child's eating behaviour – directly in terms of the affordability of healthy food and indirectly through the associated poorer educational attainment of the mother. Although this chapter is able to report many positive findings about healthy eating amongst young children, there are also emergent concerns particularly amongst the most disadvantaged whose young children are more likely to eat sugary snacks and drinks and less likely to eat fruit and vegetables. The broader context of the lives of these families needs to be taken into account when considering how best to promote healthy eating.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5.1 Introduction

The home environment is important in supporting social development and early education and therefore influences the life chances of children. While further longitudinal data and analyses will need to be collected and conducted to assess how influential the home environment is in the medium and longer term, this chapter is able to document what is going on in the homes of young children in terms of social and educational activities. Data are collected on a range of activities, including social visits and contacts, reading and educational activities, art activities, singing and outdoor activities. We are also able to see how computers and TVs are being used in households with young children. Respondent satisfaction with the range of activities is also reported.

This chapter explores this topic, using sweep 2 data only. The majority of questions in this section were new to the questionnaire at sweep 2 and thus there are no comparative data from sweep 1. The activities section was asked of both cohorts.

5.1.1 Types of analysis

The tables in this chapter present the following main types of analysis:

- Comparisons of the answers given by the main respondent at sweep 2 in both the birth and child cohorts. This includes mainly straightforward comparisons of the proportions giving particular responses in each cohort.
- Analysis of the answers of main respondents by factors that might help explain these answers (for example, the age or educational background of the respondent).
- Examination of the answers given by the partners of main respondents.

5.2 Visiting/Being visited by other people

Almost all parents placed high value on their child socialising outside of their immediate family (97% saying this was very or fairly important for their child) and, for the most part, this is reflected in levels of actual contact. Sixty-five percent of children in both cohorts were taken to visit other people with young children at least once a week, including 18% who went every day or most days. Lone parents appeared to follow a different pattern, falling into two main groups; some children in lone parent families seem to be quite isolated, 10% never visiting other people with young children, while other lone parents appear to have very active social networks, 27% visiting other families almost every day, in contrast to 17% (birth cohort) and 14% (toddler cohort) of respondents in couple families. Children of younger mothers were also likely to socialise more frequently (see

Table 5.1), although this may be related to maternal employment – younger mothers, who were less likely to be working, and working full-time, than were older mothers, would have more time available for socialising in this manner. Indeed, the data shows that unemployed mothers were more likely to socialise in this manner more often than those who were employed.

Table 5.1 Frequency of visiting other people with young children by cohort and age of mother at birth of cohort child

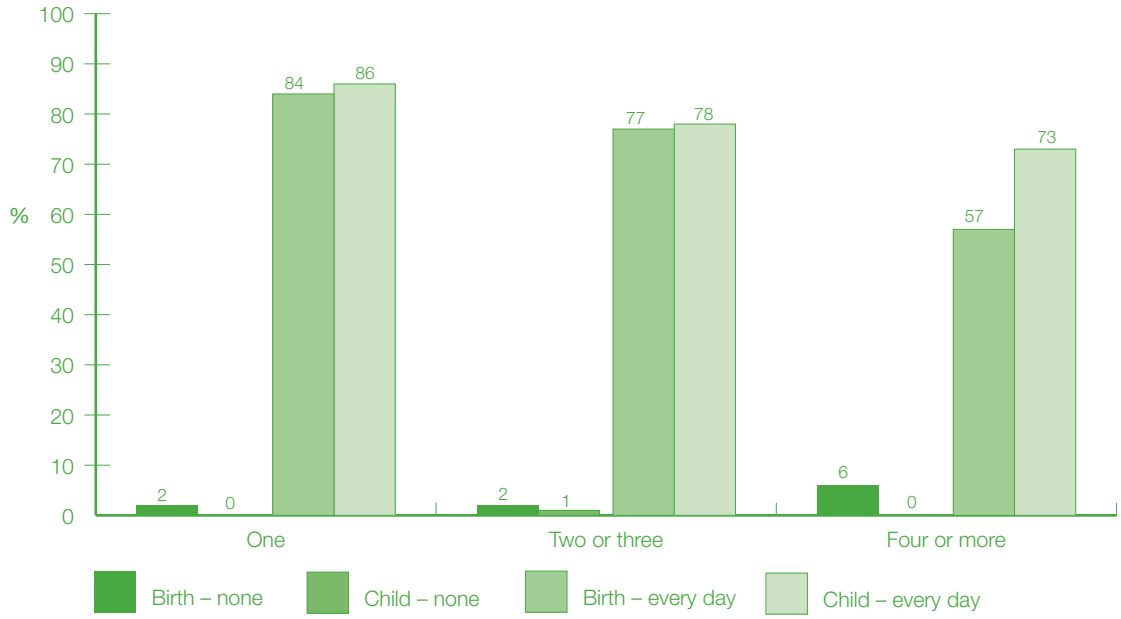
Cohort/response		Age of mother at birth of cohort child (%)			
Frequency of visiting other people who have young children		Under 20	20 to 29	30 to 39	40 or older
Birth cohort	Every day/most days	32.6	25.4	12.7	5.0
	Once or twice a week	45.2	45.5	48.0	45.3
	Once a fortnight	8.0	10.3	15.2	18.9
	Less than once a fortnight	5.2	10.1	15.5	16.4
	Varies	2.4	2.5	2.2	3.2
	Never	6.7	6.3	6.4	11.1
	Bases				
	Weighted	*337*	*1839*	*2126*	*148*
	Unweighted	*262*	*1723*	*2304*	*162*
Child cohort	Every day/most days	34.0	19.7	11.7	2.8
	Once or twice a week	40.5	48.7	49.5	45.9
	Once a fortnight	9.3	12.9	17.2	17.2
	Less than once a fortnight	8.9	10.2	15.2	19.5
	Varies	2.3	3.3	2.3	4.0
	Never	5.0	5.2	4.1	10.5
	Bases				
	Weighted bases	*175*	*1022*	*1175*	*63*
	Unweighted bases	*136*	*954*	*1276*	*74*

5.3 Activities

5.3.1 Literacy

Books and stories appear to play an important part in the lives of almost all the children studied: 79% of children in both cohorts had looked at books or read stories every day. But there were still some interesting differences by sub-group within both cohorts. Although children who were living in a lone parent household were only slightly less likely to have looked at books at all in the past week, they were much less likely to have looked at books every day (for example, in the birth cohort: 82% in couple households looked at books every day compared with 68% in lone parent households). The age of the child's mother also appeared to have an effect: children with older mothers tended to look at books more often: 86% of birth cohort children with mothers aged 40 or older at birth looked at books every day, in contrast to 67% of children born to teenage mothers. In the child cohort this difference was 91% in contrast to 72%. However, whether this is due to age, education or employment status of mothers is unclear but this finding does mirror that in section 7.3.1 where older mothers were more likely than younger mothers to report that they read to their child at least once a day.

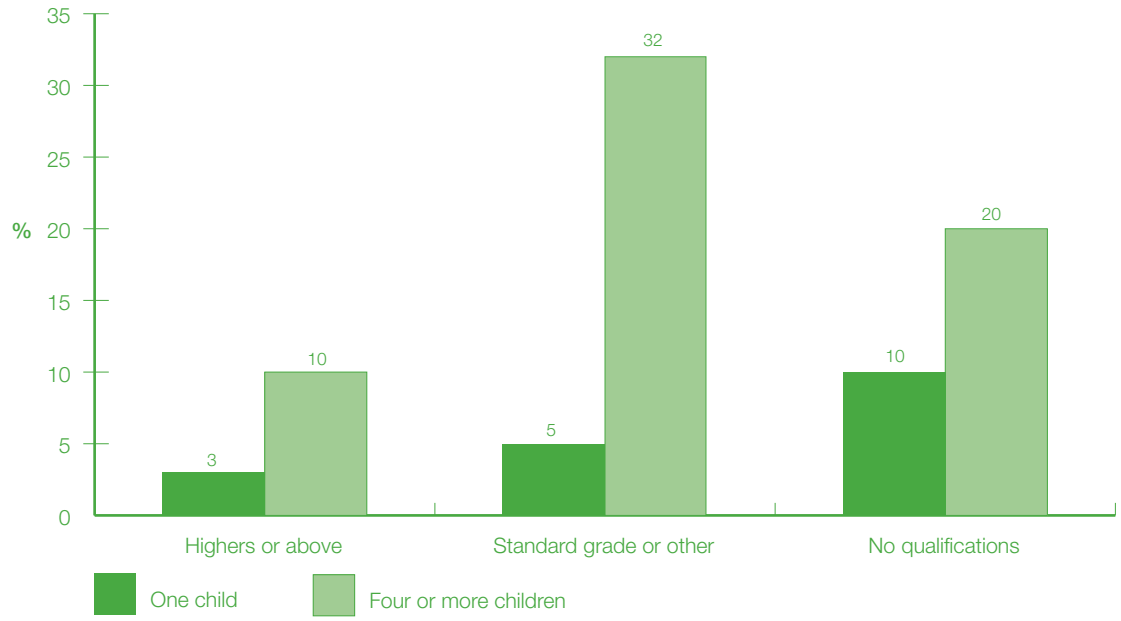
Figure 5-A Number of days child looked at books in last week by number of children in household and cohort



Only children get read to more than children with siblings, particularly when compared to those in households of four or more children (84% of only children looked at books everyday compared with 57% of those in a household with three or more other children – see Figure 5-A). Indeed, 6% of birth cohort children in the largest households had not looked at books at all in the last week. The effect of living in a larger household was more limited in the child cohort, although some variation can still be seen. This may be explained by the 63% of children in the child cohort who had looked at books with a member of childcare staff in the last week, in contrast to just 26% in the birth cohort, reflecting the different formal-informal childcare arrangements for these two groups.

Perhaps not surprisingly, given prevalent childcare arrangements, almost all children read with their mother. The proportion of mothers who read with their child in the last week was also strongly linked to the education level of the mother. Almost one in five mothers in the child cohort who had no qualifications had not read with their child in the past week, compared with one in twenty mothers with Highers or above. For children in larger households with four or more children this was even more pronounced (Table 5.2): in the birth cohort, 20% of mothers with no qualifications in these households had not read to their child, nor had 32% of those with just Standard Grades. There also appeared to be a link between adult literacy and children's reading habits: 85% of respondents who had read a book for pleasure themselves in the previous week, had a child who had looked at books everyday in the past week, compared with 72% of respondents who had not read themselves. Although the latter figure is significantly lower, it is interesting that three-quarters of mothers who had not read themselves had still read every day to their child, suggesting an awareness of the benefits of reading to children.

Figure 5-B Percentage of children in the birth cohort who didn't look at books in the last week with their mother by mother's education level and number of children in the household



Of those children in couple families, around three-quarters had read with their father in the last week, leaving a quarter of fathers not reading to their children on a regular basis, despite this often being seen as a 'bedtime activity', which many fathers have the potential to be involved with. This gender division can also be seen between grandparents, with grandmothers being more likely to read to a child than grandfathers (44% vs. 21% in the birth cohort). These latter figures again signal the very active role that grandparents (or, more specifically, grandmothers) play in the lives of very young children in Scotland. Again, reflecting the different childcare provision for the two cohorts, children in the birth cohort were more likely to have looked at books with a grandmother or grandfather than those in the child cohort (36% and 15%), whereas children in the child cohort were more likely to have looked at books with a member of childcare staff (63% vs. 26%).

The importance placed on reading can also be observed in the proportion of children who visited the library, as we will explore in section 5.4.

5.3.2 Educational activities

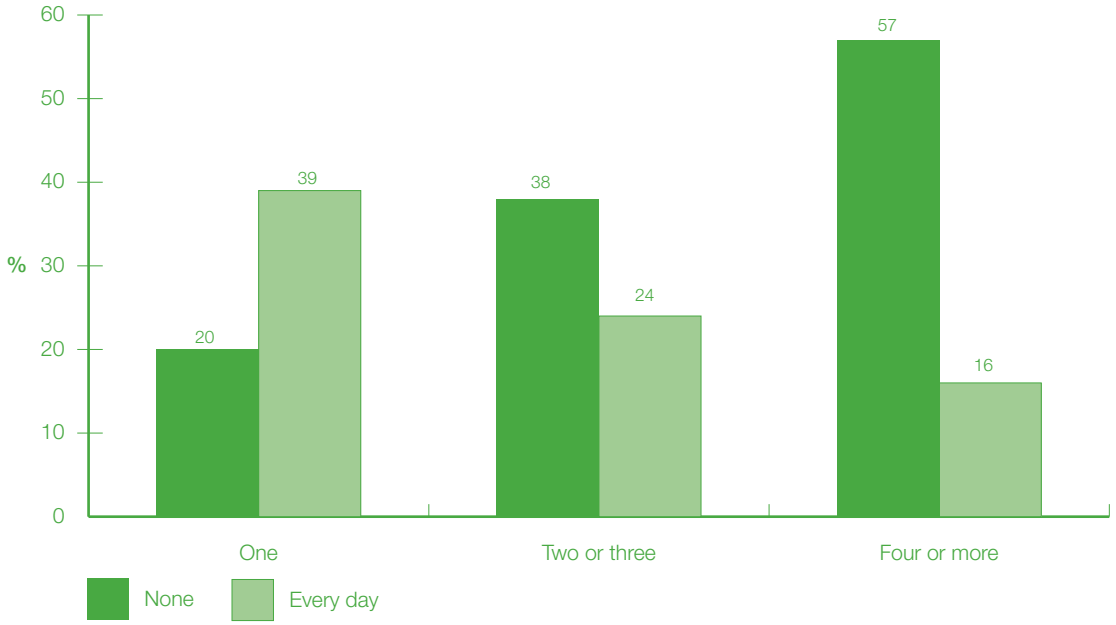
Educational activities appeared to loom large in most families studied. Even in the birth cohort, where children were not even 2 years old, more than two-thirds had played at recognising letters, words, numbers or shapes in the previous week (Table 5.2). The higher proportions of children in the child cohort undertaking educational activities may reflect on the majority of these children attending a pre-school place (64% mentioned playing at recognising letters, words, numbers or shapes with a member of childcare staff).

Table 5.2 Frequency of educational activities by cohort

Number of days in the last week child played at recognising letters, words, numbers or shapes	Cohort (%)	
	Birth	Child
0	31.5	5.3
1	4.4	3.7
2	11.1	9.2
3	9.8	12.2
4	6.2	10.2
5	5.8	16.9
6	1.4	2.5
7	29.8	40.2
Bases		
Weighted	*4492*	*2484*
Unweighted	*4494*	*2485*

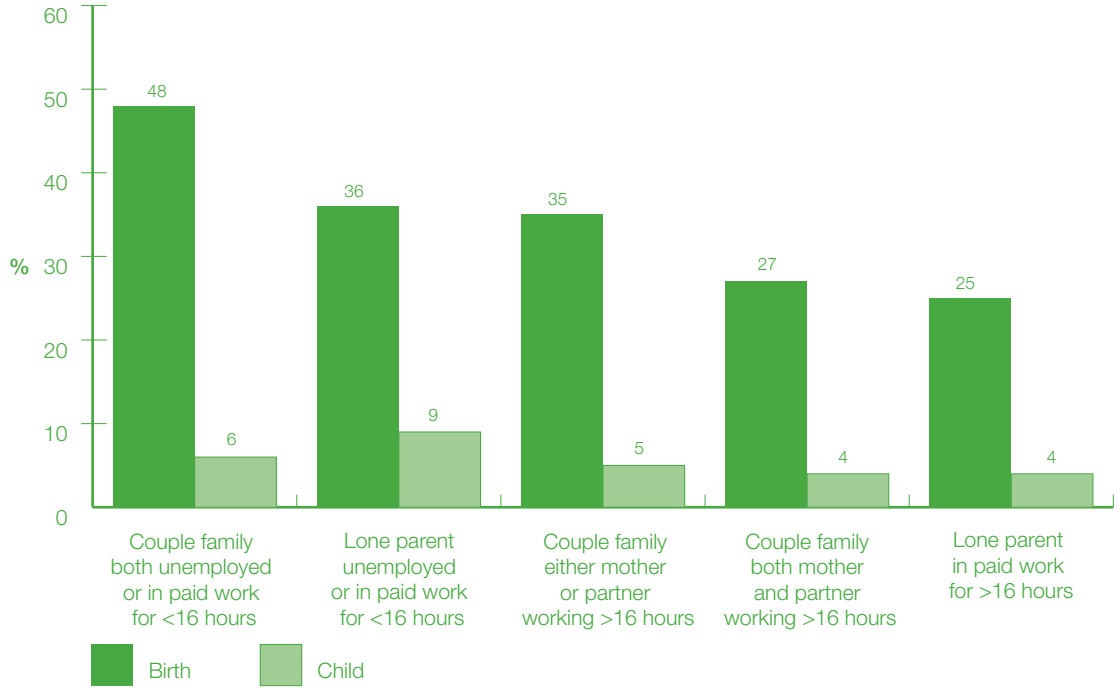
Once more we see the impact of living in a larger household. Around three in five children from the largest households had not undertaken these educational activities in the past week in contrast to 1 in 5 in one-child households in the birth cohort (Figure 5-C). At this stage it is too early to say how this may impact on the longer-term development of children in these larger households, and the extent to which lower participation in educational activities with significant adults is compensated by frequent interaction with siblings. However, this will be an interesting area to track in future sweeps.

Figure 5-C Frequency of educational activities by number of children in household: birth cohort



Again, investment in education was also more common in households with certain characteristics. For those children who had not participated in educational activities in the previous week, there were stark differences between subgroups, particularly within the birth cohort: 45% of children with mothers with no qualifications had not played at recognising letters, words, shapes or numbers in the past seven days, compared with 29% of children whose mothers had Higher grades or above. Children in lower income families had done these activities less (35% in households with an income of less than £14,999, in comparison with 28% in households earning over £44,000) and 35% of children in routine and semi-routine households fell into this group, in contrast to 29% of children in managerial and professional households. Previous analysis has already shown that these variables are interlinked, and further analysis would be required in order to establish which is the most important influence on whether a child participates in educational activities in the home.

Figure 5-D Children who had not played at recognising letters, words, shapes or numbers in the past seven days by cohort, family type and household employment status



With increasing pressure on working parents to split their time between work and family, it is often feared that children with working parents miss out on certain developmental activities. However, what we see in GUS is that a lack of time does not appear to be limiting these children's activities, in fact, the opposite appears to be true. Almost double the proportion of children in couple families where both parents were unemployed or in paid work for less than 16 hours a week had not participated in these activities in comparison with children in either lone parent or couple households where all parents in the household worked more than 16 hours a week (Figure 5-D). In the child cohort, children in lone parent families where the parent was not working or in paid work for less than 16 hours per week fared the worst, nearly 9% having not done this activity in the past week in contrast to 4% of children in couple or lone parent households where parents were working over 16 hours per week. This suggests that factors other than lack of time, such as parental education, are affecting whether children are engaging in educational activities, particularly in the pre-school age group.

5.3.3 Painting and drawing

Activities for children of this age were, for the most part, not gender-specific. However, one exception to this was drawing and painting, 35% of girls in the birth cohort were drawing or painting everyday compared with 20% of boys (46% and 26% respectively in the child cohort). Again, the effects of formal childcare appears to narrow the gap between boys and girls in the child cohort who had not done any art activities (4% of boys and 1% of girls), 70% of whom had done some drawing or painting with a member of childcare staff in the previous week (29% in the birth cohort).

Table 5.3 Frequency of painting and drawing by cohort

Number of days in the last week child had done activities involving painting or drawing	Cohort (%)	
	Birth	Child
0	10.2	2.4
1	8.0	3.6
2	17.6	8.9
3	15.9	13.9
4	10.7	11.3
5	8.1	21.2
6	2.0	2.9
7	27.5	35.9
Bases		
Weighted	*4498*	*2495*
Unweighted	*4501*	*2496*

5.3.4 Singing

The majority of children had recited nursery rhymes or sung songs on at least one day in the week prior to the interview: 87% in the birth cohort and 98% in the child cohort. Again, it seems that only children have a far more direct focus on them, just one in ten in the birth cohort having not sung songs in the week prior to the interview, compared with one in five children in households with four or more children. In the birth cohort, singing was also more common among children with a mother with higher qualifications, with an older mother, and where the household was in a higher income group. Once more we saw the pre-school effect in the child cohort, with little variation in the amount of time spent singing between social and economic groups.

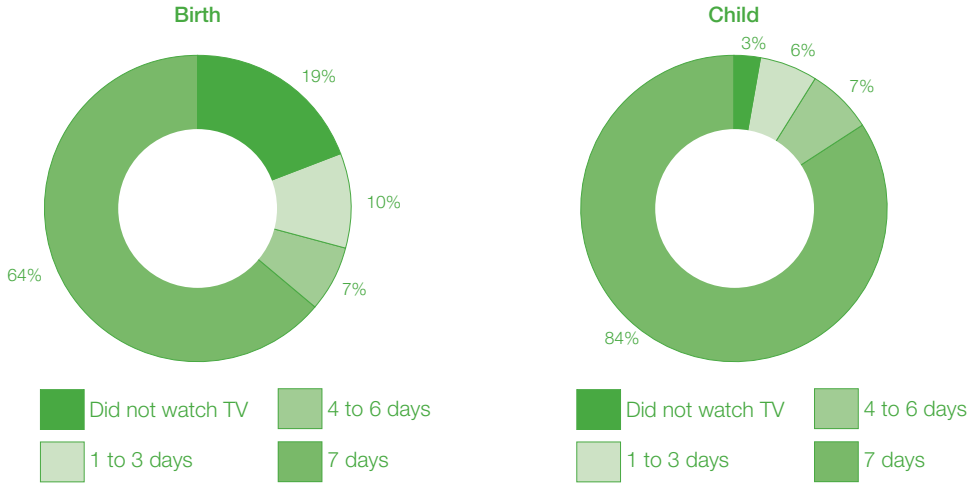
5.3.5 Using a computer

Most children at this stage had not used a computer – 84% of children in the birth cohort had not done this in the last week, nor had a third of children in the child cohort, although 15% in this cohort had used a computer or games console everyday. In the child cohort, 31% of children had done this activity with their father and 39% with their mother, while 43% had used a computer with a member of childcare staff. In future sweeps it will be interesting to track when children start using a computer and frequency of use.

5.3.6 Television

Watching TV every day is the norm, even at 22 months, although 19% in this younger age group had not watched any television in the previous week. In the child cohort 84% of children had watched TV every day, with just 3% not having watched any television.

Figure 5-E Frequency of children watching television in the previous week by cohort

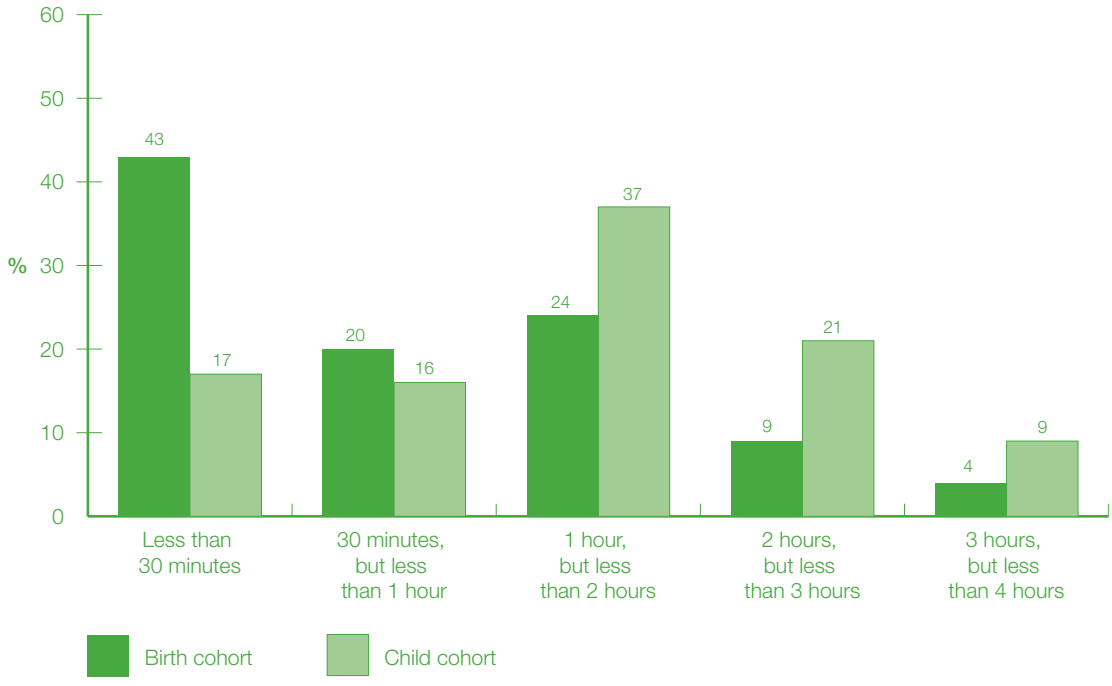


Interestingly, there were no marked variations by sub-group in response to this question in the child cohort. In the birth cohort, children who had a mother with no qualifications, who had a teenage mother at birth, or who were living in a semi-routine and routine household or in a household in the lowest income quartile were more likely to have been reported as watching TV every day. Only children were also more likely to have watched TV every day (65% vs. 56% in larger households), and were far less likely to have not watched TV at all – 17% in comparison with 29% in households with four or more children. Since we have already seen that in other respects, only children get more attention from adults, this suggests perhaps that in larger households, children are simply more likely to play with each other.

Respondents were asked at what time of day the child watched TV and who they watched it with. Children in the birth cohort tended to watch TV early in the morning (68%, compared with 61% in the child cohort), while children in the child cohort were more likely to also watch TV in the late afternoon or early evening (62% compared with 48% in the birth cohort). Just 21% of the child cohort and 25% of the birth cohort watched TV during the main part of the day.

Children in the birth cohort were not only more likely to not watch TV at all, but they also watched much less. The majority of children in the birth cohort watched less than an hour of TV on the average weekday (63%), with a further 24% watching between one and two hours. This contrasted with the child cohort, only 33% of whom watched less than an hour of TV on the average weekday, compared with 37% who watched between one and two hours and 30% who watched two or more hours a day. In a time where childhood obesity appears to be on the increase, the amount of television these young children are watching on a daily basis is likely to be a concern. However, the extent to which this appears to be having an impact on time spent on physical activity appears to be limited, as we shall explore in Section 5.3.7 below.

Figure 5-F Amount of TV watched on an average weekday by cohort



Of those children who watched television, 56% of children in the child cohort watched TV on their own (45% in the birth cohort), with 51% watching with other children (42% in the birth cohort).[11] This is not altogether surprising when the reasons parents gave for letting their child watch TV are explored. The three most popular reasons cited were 'it keeps him/her entertained' (84% and 82% respectively), 'it allows me to get on with other things' (55% and 51%) and 'it keeps him/her quiet' (26% and 28%). A further 21% in the birth cohort and 26% in the child cohort felt that watching TV raised the child's awareness of the world around them.

5.3.7 Outdoor activity

In recent years there has been widespread concern about children's lack of physical exercise and its link to child health and obesity. So what can the study tell us about children's physical activity? Despite these concerns, more than half of children played outside every day in the week prior to the interview, but there were seasonal effects here (Figure 5-G). For example, 85% of the birth cohort and 89% of the child cohort who were interviewed in July had played outdoors every day. Among those interviewed in January, by contrast, figures were 19% and 21% respectively.

Parents were asked how important it was for them that their child got to run around and play outside. The overwhelming majority of respondents (84% in the birth cohort and 89% in the child cohort) felt that it was very important that their child got to run around and play outside, with a further 14% and 12% saying that this was fairly important. Partners placed even more importance on outdoor activity with 89% in the birth cohort and 91% in the child cohort, saying that this opportunity was very important. However, in an age where parents are nervous about their children playing outside the confines of the home, accessibility was a key issue. Of those children with access to a shared or private garden, 55% in the birth cohort and 58% in the child cohort had played outdoors every day in the previous week, in contrast to 35% and 33%, respectively, who did not have access to a garden.

11 More than one option could be selected here.

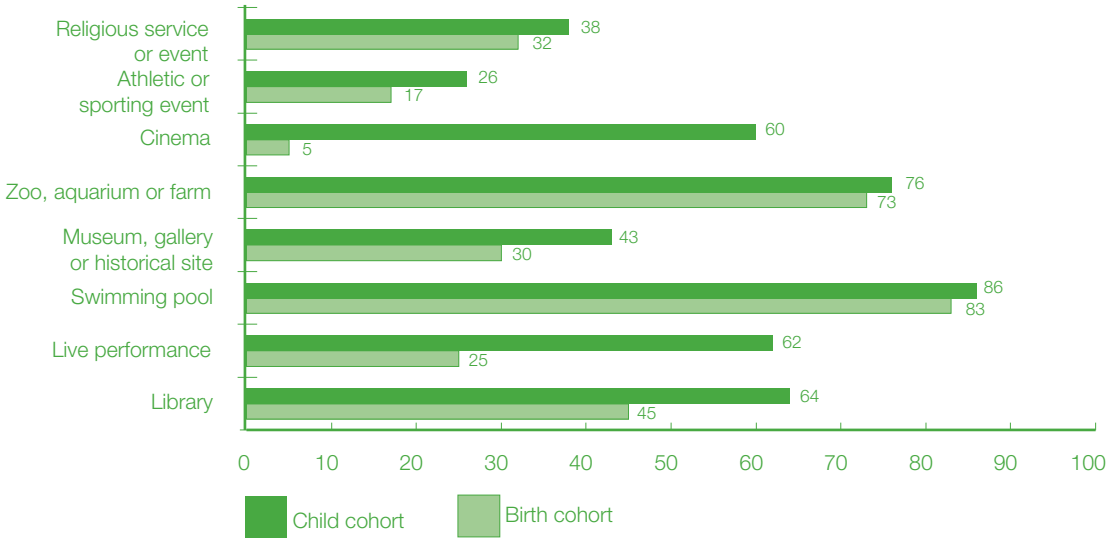
Figure 5-G Number of days in last week child played outside by month of interview and cohort

Children with older mothers tended to play outside on a more regular basis, as did those in households in the highest income groups, no doubt because they are more likely to live in homes with gardens. In the child cohort, 62% of children in the highest earning households played outside everyday compared with 53% in the lowest earning households.

5.4 Places and events

So far we have been looking at activities in the home and family. But what patterns can we see in the data for activities undertaken outside the home? There were considerable differences between the younger and older children, especially in relation to cultural activities. One in five of the older cohort had been to the cinema in the past year, in comparison with just one in twenty in the birth cohort, 62% of children in the child cohort had also been to a live performance of some kind, compared with 25% of those in the birth cohort.

Figure 5-H Visits to selected places by cohort (%)



Again, certain family types visited these places and participated in these activities more than others (Table 5.4). Couple families were more likely to report their child visiting each of the places listed than lone parent families, with lone parent families being more likely to have reported their child visiting none of these places. But is this due to accessibility, cost, time or other factors such as parent's education?

Table 5.4 Places visited by family type (child cohort)

Place/event visited	Family type (%)	
	Lone parent	Couple
Library	56.3	65.7
Live performance	50.6	65.3
Swimming pool	78.2	88.2
Art gallery, museum or historical site	29.6	46.5
Zoo, aquarium or farm	68.7	78.7
Cinema	52.8	61.6
Athletic or sporting event	21.8	27.1
Religious service or event	23.5	42.7
None of these	2.8	0.8
Bases		
Weighted	*582*	*1917*
Unweighted	*502*	*1998*

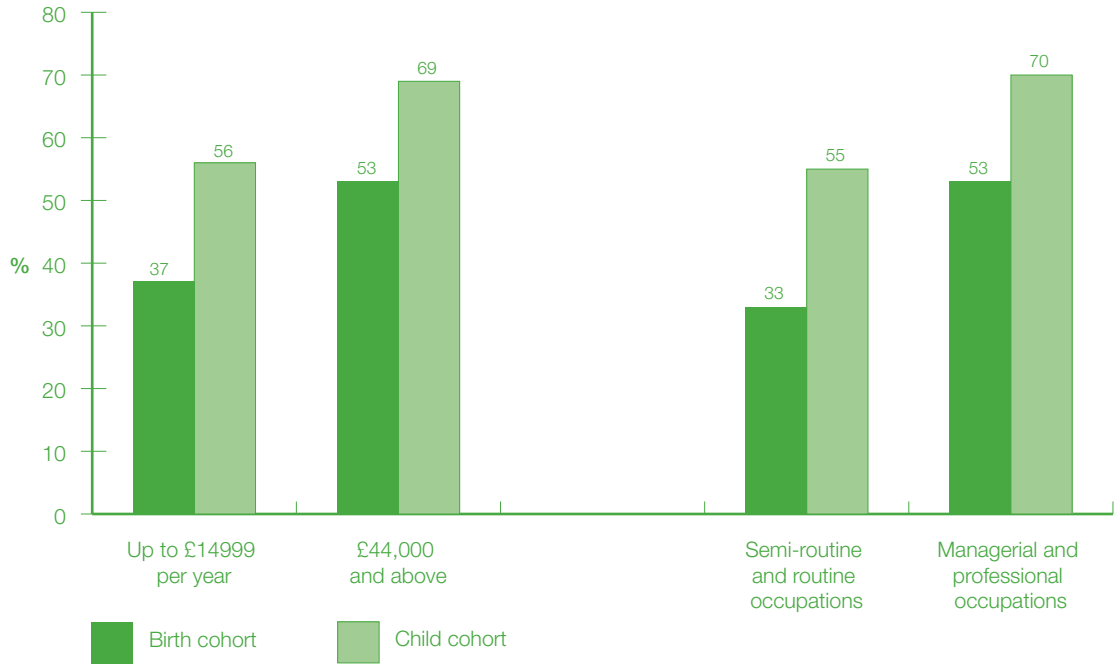
Sixty-four percent of lone parents did not own a car (in contrast to just 9% of couple households). Car ownership did indeed appear to be linked to children's access to places and experiences (Table 5.5), although it should be noted that this is also closely connected to income and socio-economic classification. In particular, car owners were around twice as likely to report their child having visited an art gallery, museum or historical site in the last year, and to have reported their child attending a religious service or event. Furthermore, one in twenty children in families with no car had not visited any of the places mentioned, in comparison with no children whose parents owned a car.

Table 5.5 Places visited by car ownership (child cohort)

Place/event visited	Access to car (%)	
	Has access	No access
Library	65.4	56.2
Live performance	67.1	42.0
Swimming pool	89.5	72.0
Art gallery, museum or historical site	46.8	25.9
Zoo, aquarium or farm	80.3	61.3
Cinema	64.0	42.5
Athletic or sporting event	28.0	17.9
Religious service or event	42.7	21.2
None of these	0.5	4.4
Bases		
Weighted	*1983*	*513*
Unweighted	*2067*	*430*

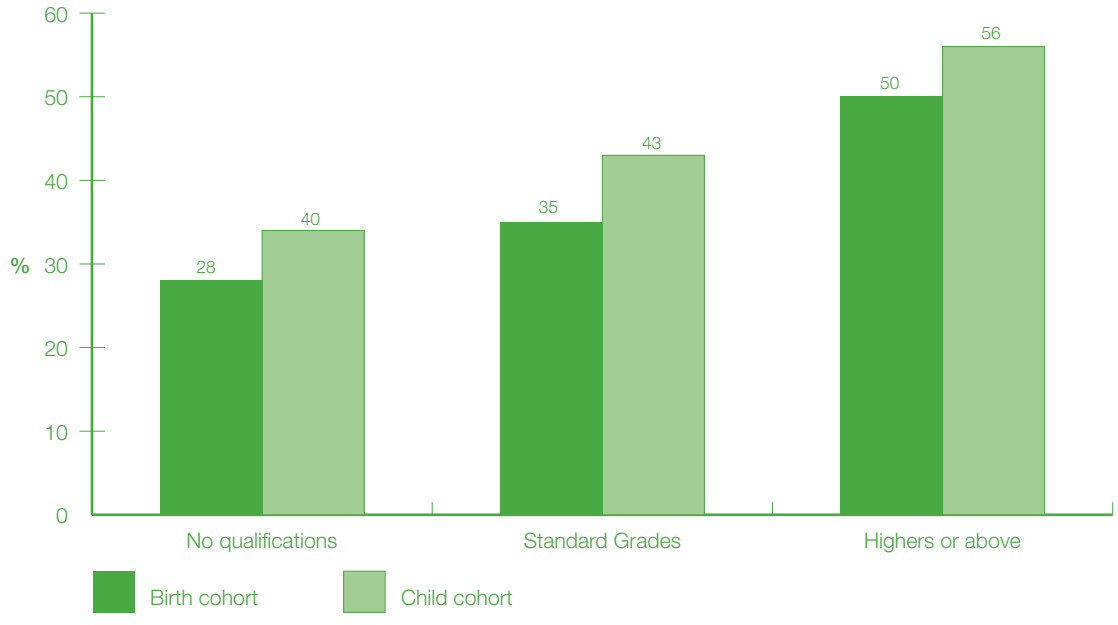
Closely related to this are striking variations in the patterns of responses by socio-economic classification and income (Figure 5-I). Children in both cohorts living in households in the highest income quartile and in managerial and professional households were more likely to have visited the library than those in the lowest income quartile or in routine or semi-routine households. As visiting the library is free and, in the vast majority of cases, locally accessible, cost and transport factors are minimised, which would seemingly make accessing such resources easier for families in more socially disadvantaged situations. However, clearly there is further work to be done which more clearly identifies the barriers to accessing these resources for these families.

Figure 5-I Percentage of children visiting the library by cohort and income/NS-SEC



The answer is again likely to be related to the education level of the child's mother. In the birth cohort, almost twice the number of parents with Higher Grades or above took their child to the library and the difference was equally marked in the child cohort (see Figure 5-J).

Figure 5-J Percentage of children visiting the library by cohort and mother's education



5.5 Satisfaction with range of activities

Overall, around three-fifths of respondents were very or fairly happy with the range of activities that their child had access to, including a fifth who were very satisfied. Two-fifths however would like their child to have access to a wider range of activities. There was little variation between respondents and partners.

As Table 5.6 demonstrates, there are stark contrasts in satisfaction with access to activities by income. Low income families appear to be less satisfied with access to these services than higher income families. In the birth cohort, only 11% in the lowest income group were very satisfied with the range of activities that their child has access to, in contrast to 31% of those in the highest income group, whilst 26% in the lowest income group would like their child to have access to a far wider range of activities, compared with just 7% in the highest income group. However, whether this increased dissatisfaction among lower income families is due to access in terms of locality or simply affordability remains unclear.

Table 5.6 Satisfaction with access to activities by household income

		Household income (%)			
		Up to £14,999	£15,000 to £25,999	£26,000 to £43,999	£44,000 and over
Birth cohort	I am very satisfied with the range of activities that my child has access to	11.2	13.9	21.9	30.7
	I am quite happy with the range of activities that my child has access to	30.8	36.8	41.1	42.1
	I would like my child to have access to a slightly wider range of activities	32.2	32.1	26.3	20.0
	I would like my child to have access to a far wider range of activities	25.8	17.2	10.6	7.1
	Bases				
	Weighted	*1173*	*960*	*1189*	*879*
	Unweighted	*1101*	*952*	*1271*	*983*

Table 5.6 *(continued)*

		Household income (%)			
		Up to £14,999	£15,000 to £25,999	£26,000 to £43,999	£44,000 and over
Birth cohort	I am very satisfied with the range of activities that my child has access to	12.9	16.4	24.3	35.7
	I am quite happy with the range of activities that my child has access to	25.6	36.4	39.1	38.1
	I would like my child to have access to a slightly wider range of activities	33.5	28.5	24.6	21.0
	I would like my child to have access to a far wider range of activities	28.0	18.7	11.9	5.2
	Bases				
	Weighted	*654*	*497*	*652*	*509*
	Unweighted	*570*	*494*	*692*	*564*

5.6 Key points

- Virtually all children had looked at books or read stories in the week prior to the interview.
- Scotland's climate had a large effect on outdoor activity: over half of children had played outside every day in the previous week, rising to over four-fifths in the summer months, but only one-fifth in January.
- The majority of children enjoyed a range of activities, from singing, drawing and looking at books, to playing at recognising shapes, letters and numbers.
- However, differences persist between economic and socio-economic groups, and between children living in lone parent and couple households.
- These differences are reduced somewhat in the child cohort, perhaps due to the almost universal uptake of free pre-school places for this age group.
- Popular places to visit for both cohorts were the swimming pool and a zoo, aquarium or farm.
- Almost all children in the child cohort had watched some television in the previous week, including over four-fifths who watched every day.

- A fifth of children in the birth cohort had not watched any TV in the past week, although around three-fifths had watched every day.

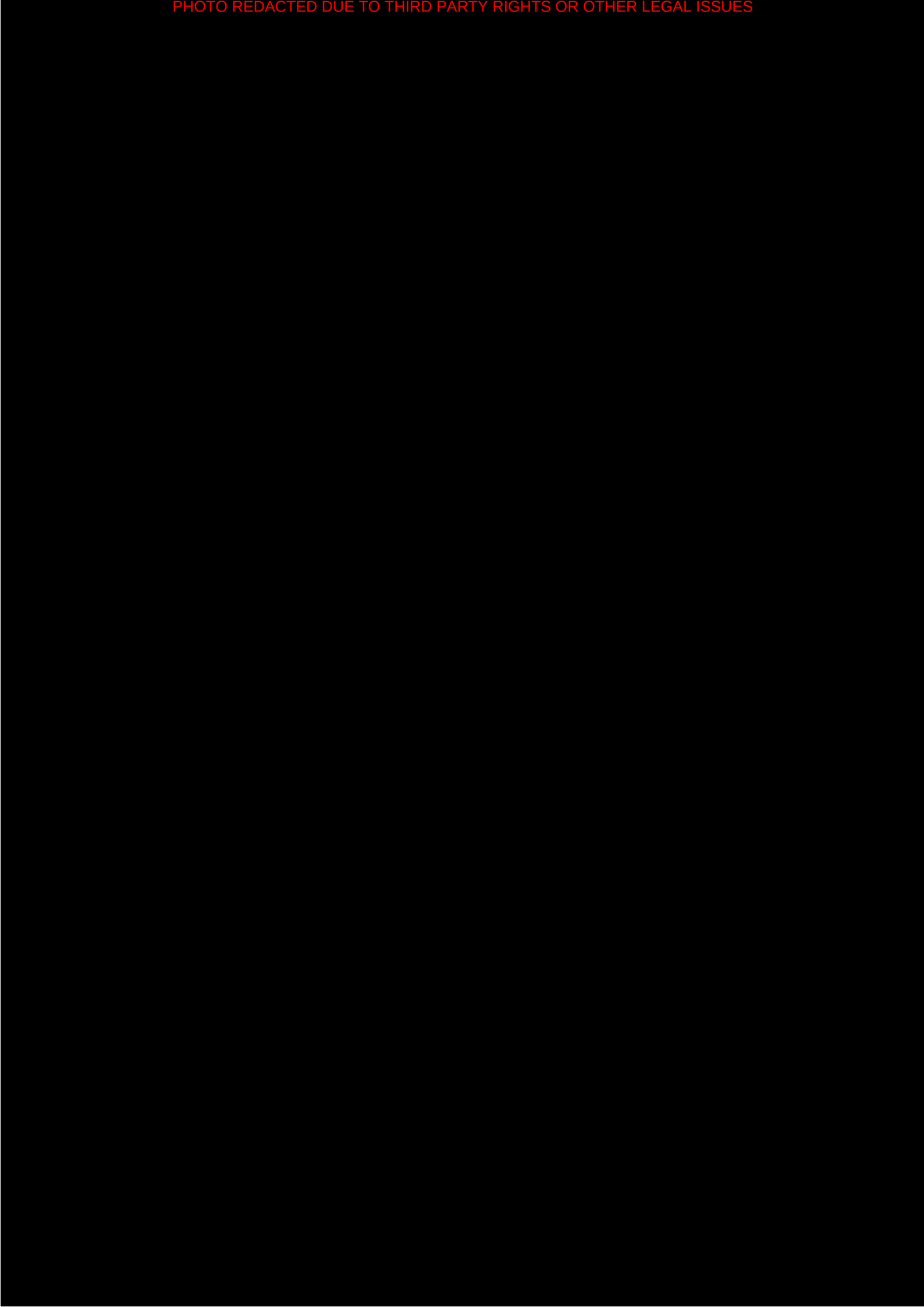
5.7 Conclusion

In this chapter we can see that most parents are ensuring that their children grow up in stimulating environments that should promote overall social and educational development. There is much positive to report: parents placed high value on their child socialising outside their immediate family and visits to other people with young children were frequent. Reading to children in both the birth and child cohorts is also well established, with most mothers looking at books with their children frequently and often every day. This embedding of books into children's lives at an early age is something that schemes such as 'Book Start' have supported. Although looking at books with children is commonplace, there were also significant differences between social groups, with mothers with no educational qualifications being much less likely to read to their child. The data also suggest that looking at books with a young child was less likely to occur in larger families. This may be an issue of available time for such one on one attention; it suggests that encouraging older children to read to younger children might be one way to support early awareness of books and reading in the latter.

Reading with a child is only one educational activity and the questionnaire also asked about other activities such as recognising letters, words, numbers or shapes. As with looking at books, these activities seemed embedded in most families' routines even with the birth cohort children. This was even more the case with the child cohort where pre-school provided more opportunities for such educational activities. Nonetheless there were worrying differences between different social groups: mothers with no educational qualifications were much less likely to report that their children engaged in these educational activities. Since level of education is also closely associated with material circumstances such as income, the same pattern emerges for families on lower compared to higher incomes. Although much sociological literature suggests that working families experience time squeeze, the results presented in this chapter suggest otherwise – the children of parents who work more than 16 hours a week were more likely to be involved in educational activities. The overriding factor is likely to be level of parental education although further analyses need to be conducted here. This would suggest that any policy that can support the continued education of those who leave school without qualifications will impact directly on their children by securing early educational opportunities within the home.

Unsurprising, watching television was a commonplace activity across both cohorts. Only a very small percentage of child cohort children watch no TV. TV was reported as keeping children entertained and also as allowing the mother to get on with other things. As such, it is likely to continue to play a role in children's lives from an early age. Although very few of the birth cohort has used a computer in the last week, a surprising 16% had done so, and two thirds of the child cohort had done so. The data also suggested that weather and daylight hours permitting, children do play outside. Moreover, other barriers to such play were reported, including access to outdoor space, particularly gardens. Almost all parents thought that it was important for children to run around and play outside. This clearly suggests that providing more opportunities for safe outside play would further increase the amount of outdoor play for young children, whether near their homes or also through preschool opportunities.

Considerable involvement in other activities such as visiting museums, swimming pools and cinemas were also reported although there was some social patterning. However, parents seem to have very similar aspirations regarding these types of activities and visits, as those in the lowest income groups were less likely to report satisfaction with the range of activities available to their children. Although preschool and school activities may go a little way to alleviate that deficit, the provision of more accessible and affordable activities that parents know about and feel comfortable using would also contribute and help meet parental expectations.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6.1 Introduction

This chapter focuses on parental perceptions of their child's health and compares sweep 1 and 2 results as well as data from the two cohorts. An overall measure of parental perceived general health is used as well as a measure of long standing illness or disability and its functional effects. Additionally, respondents were asked about health problems and about accidents and injuries requiring NHS contact. Service use was measured relating to visits to Accident and Emergency departments and contact with health professionals. Toothbrushing information was sought as was data on what sources of advice or help the respondent used. Lastly, respondent perceptions of their child's development were collected and two developmental scales, one for each cohort, were administered.

This chapter focuses on similar issues to the ones covered in the child health chapter in the GUS sweep 1 report. However, in sweep 2 new questions were added or existing questions were modified in order to increase our understanding of particular issues, such as in the child development section.

6.1.1 Types of analysis

The tables and figures in this chapter present the following main types of analysis:

- Comparisons of the answers given by the main respondent at sweep 1 and sweep 2 (where the same questions were asked at both sweeps). This includes both straightforward comparisons of the proportions giving particular responses at each sweep, and analysis of whether the answers given by individual respondents changed between sweeps or not.
- In instances where the question was new or was a modified version of a sweep 1 question, analyses tend to be reported for sweep 2 only by cohort or sex of child.
- Analysis of the answers of respondents by factors that might help explain these results (for example, household income groups or educational background of the respondent).

6.2 General health of children

6.2.1 Parental perceptions of health of children

Table 6.1 shows that although the vast majority of respondents in both sweeps thought that the health of their child was at least good, respondents in sweep 1 were more likely to rate their child's health as being 'very good' in particular. There was also a slight increase in the percentage of respondents stating that the children in both cohorts had fair to very bad health in sweep 2. In sweep 2, respondents with female offspring, higher levels of household income or who were part of couple families tended to rate the general health of their children more highly, as was the case in sweep 1. However, there would appear to be a trend towards a widening gap in the reported general health of children when comparisons are made between those in lone or couple families or from different ends of the household income scale in both sweeps. For example, at sweep 2, in the child cohort only 57% of lone parents compared with 69% of couple family parents perceived that their child's health was very good – in sweep 1, 66% of lone parents compared with 75% of couple parents said that this was the case.

Table 6.1 Perceptions of general health of child by cohort

Child health	Cohort (%)			
	Birth cohort		Child cohort	
	Sweep 1	Sweep 2	Sweep 1	Sweep 2
Very good	74.6	66.9	72.9	66.4
Good	19.6	25.6	21.6	26.1
Fair to very bad	5.8	7.5	5.5	7.5
Bases				
Weighted	*4511*	*4510*	*2500*	*2499*
Unweighted	*4511*	*4510*	*2500*	*2499*

6.2.2 Long-standing illness and disabilities

The respondents were asked whether their child had any long-standing illness (lsi) or disability – the definition of these illnesses or disabilities being any ailment that had troubled or was likely to affect the child over a period of time. In total, 11% and 16% of the birth and child cohorts respectively were reported as having such a health problem in sweep 2 (see Table 6.2), a slightly higher percentage of children were reported as having these problems in sweep 1, although the question asked was slightly different, asking specifically about health problems which had lasted or were expected to last for at least 1 year. It was also the case that lsi and disabilities were more commonly reported in lone parent compared with couple families, with some evidence that the gap between these two groups might be increasing when the two sweeps are compared. In addition, in sweep 2, boys in both cohorts were more likely than girls to be reported as having more lsi and disabilities. In sweep 1 this increased reporting of health problems in boys compared with girls was only observed in the birth cohort.

Table 6.2 Child with long-standing illness or disability by cohort and other factors

	Percentage with long-standing illness or disability					
	All sample Sweep 2	All sample Sweep 1	Family Type (at Sweep 2)		Sex of child	
			Lone parent	Couple	Boy	Girl
Birth cohort	10.9	13.1	14.2	10.1	12.9	8.8
Bases						
Weighted	*4507*	*4506*	*894*	*3613*	*2334*	*2173*
Unweighted	*4507*	*4506*	*746*	*3761*	*2324*	*2183*
Child cohort	15.6	16.9	19.8	14.3	16.5	14.6
Bases						
Weighted	*2499*	*2497*	*701*	*2157*	*1287*	*1212*
Unweighted	*2499*	*2497*	*502*	*1997*	*1284*	*1215*

The relationship between the presence of lsi or disability and the family household income can be seen in Figure 6-A. Respondents from households with lower levels of income were more likely to report that their children had experienced an lsi or disability at both sweeps 1 and 2 compared with those living in households with higher levels of income. It can also be seen that the proportion reporting such health problems changed very little in the lowest income category when the two sweeps of data collection are compared, whereas in the birth cohort, incidence decreased between sweeps amongst children in the highest household income category.

Figure 6-A Child having long-standing illness/disability by cohort and annual household income

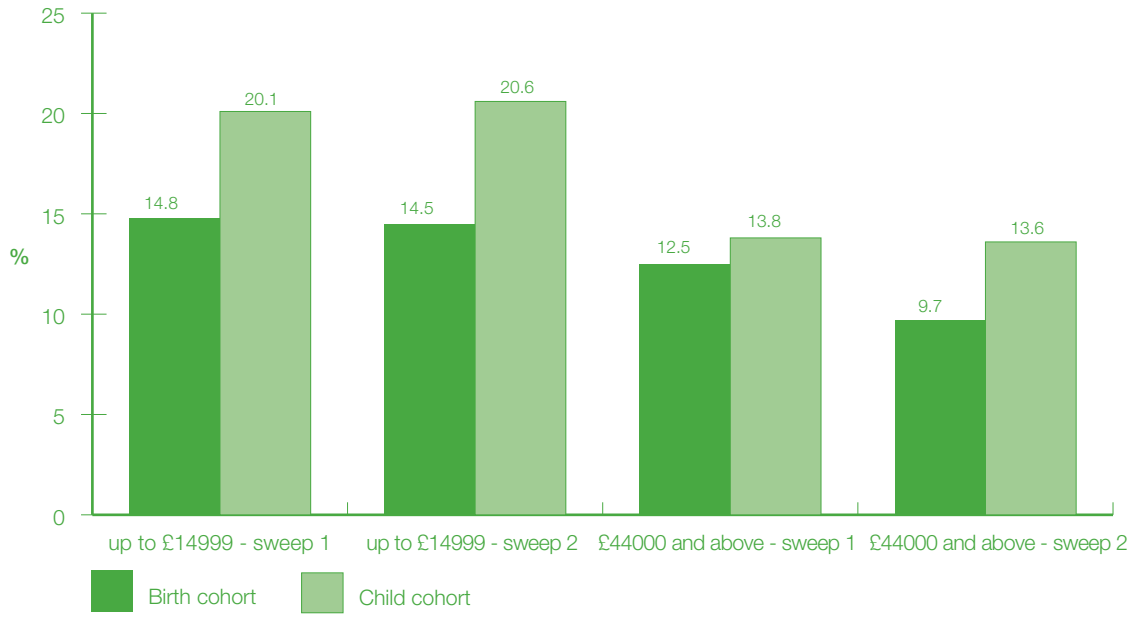
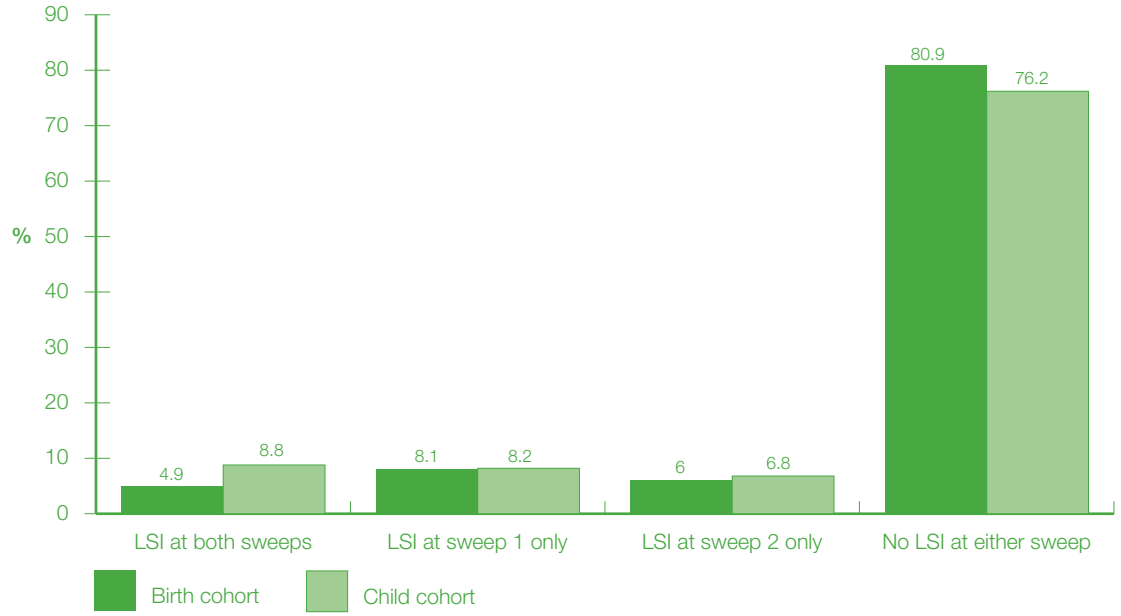


Figure 6-B demonstrates that over three-quarters of respondents reported that their child had not experienced a long-standing illness in either sweep. As might be expected given their greater age, the child cohort was about twice as likely to be reported as having such an illness in both sweeps when compared with the birth cohort. Also, as the results in Table 6.2 would suggest, it was more likely that children of couple families were said to have experienced no long-standing illness at either sweep. Females in the birth cohort were more commonly reported as not experiencing a long-standing illness during both sweeps, but this difference was no longer observed in the child cohort. This relates to findings from sweep 1, where there were no significant differences in the extent to which parents of male and female children in the child cohort reported long-standing illness or disability, suggesting that differences in long-standing illness by gender narrow as children age.

Figure 6-B Change in long-standing illness (LSI) by cohort



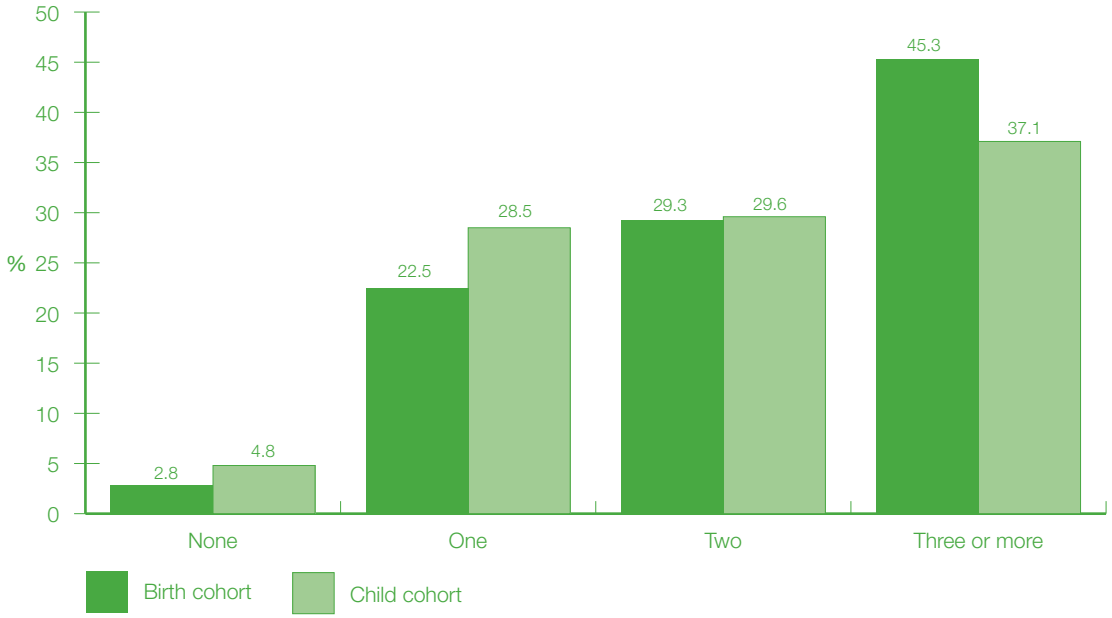
Respondents were asked for details of up to three long-standing illnesses or disabilities per cohort child in sweep 2, and asked if these limited their offspring's ability to carry out day-to-day activities. Only a few respondents mentioned more than one such ailment per child. However, of those who were reported as having at least one such longstanding illness, 18% and 19% of the birth and child cohorts respectively were said to be limited in their activity as a result (about 2% of all children in the birth cohort and 3% of all children in the child cohort). This finding is very similar to that reported by wave 2 of the Millennium Cohort Study; at age 3, researchers found that around 20% of children with a long-standing illness (3% of all children) were limited in some way by that illness (Hansen and Joshi, 2007).

6.3 Health problems since sweep 1 interview

Respondents were asked if their child had experienced any health problems or illnesses since their previous interview, excluding the long-standing illnesses covered above. It should be noted that in sweep 1 this question was slightly different – it asked for problems which had required contact with the NHS, including visits to the GP, accident and emergency or making a call to NHS 24. This requirement was not included at sweep 2. This resulted in the reporting of a large number of low-level illnesses not considered serious enough for medical attention and thus an increase in the incidence of such problems between sweeps.

Figure 6-C shows that fewer than 5% of respondents said that their child had experienced no health problems or illnesses since the sweep 1 interview. A majority of respondents reported at least two such health problems for their offspring, and 45% of birth cohort compared with 37% of child cohort children were said to have had at least three illnesses. Although there was little difference noted between lone and couple families in terms of children experiencing no health problems, the children of lone families appeared to have had more of these types of illness on four or more occasions (e.g child cohort: 24% 'lone parent' versus 17% 'couples' had experienced four or more illnesses). Male children from the birth cohort were also said to have had four or more illnesses more commonly than their female counterparts, but this difference was no longer observed in the child cohort, again suggesting a narrowing of gender-related health differences as children age already seen in relation to long-standing illness above.

Figure 6-C Number of short-term health problems by cohort



It can be seen in Table 6.3 that by far the most common illness or health problem in children that was reported by respondents was in the 'coughs, colds or fever' category. The next most commonly reported ailments in the whole sample were as a result of skin problems. Table 6.3 also shows that the main reported problems were more common in the birth cohort, with the exception of chickenpox.

Table 6.3 Nature of short-term health problems by cohort

Nature of health problem	Cohort (%)	
	Birth	Child
Coughs, colds or fevers	89.1	85.1
Skin problems	23.5	19.1
Ear infections	22.6	19.7
Chest infections	20.3	14.6
Chickenpox	14.7	20.0
Sleeping problems	15.7	10.6
Infection of nose or throat, croup, flu, etc.	11.9	11.7
Constipation	11.1	9.3
Bases		
Weighted	*4511*	*2500*
Unweighted	*4511*	*2500*

6.4 Accidents and injuries requiring NHS contact

In addition to health problems, respondents were also asked if the child had experienced one or more accidents or injuries which had required NHS contact since the sweep 1 interview. During the sweep 1 survey, accidents were more commonly reported in the child cohort. Figure 6-D shows that this trend has now reversed with those in the birth cohort experiencing more accidents when compared with those in the child cohort. This reflects the particular developmental stages of the children in each cohort at each sweep and suggests that accidents peak between the ages of 2 and 3. Boys in both cohorts were more likely to require NHS attention as a result of having an accident when compared with their female counterparts (in the birth cohort: 21% versus 16%), a trend also evidenced in sweep 1 data.

Figure 6-D One or more accidents requiring NHS visit by cohort and sex of child

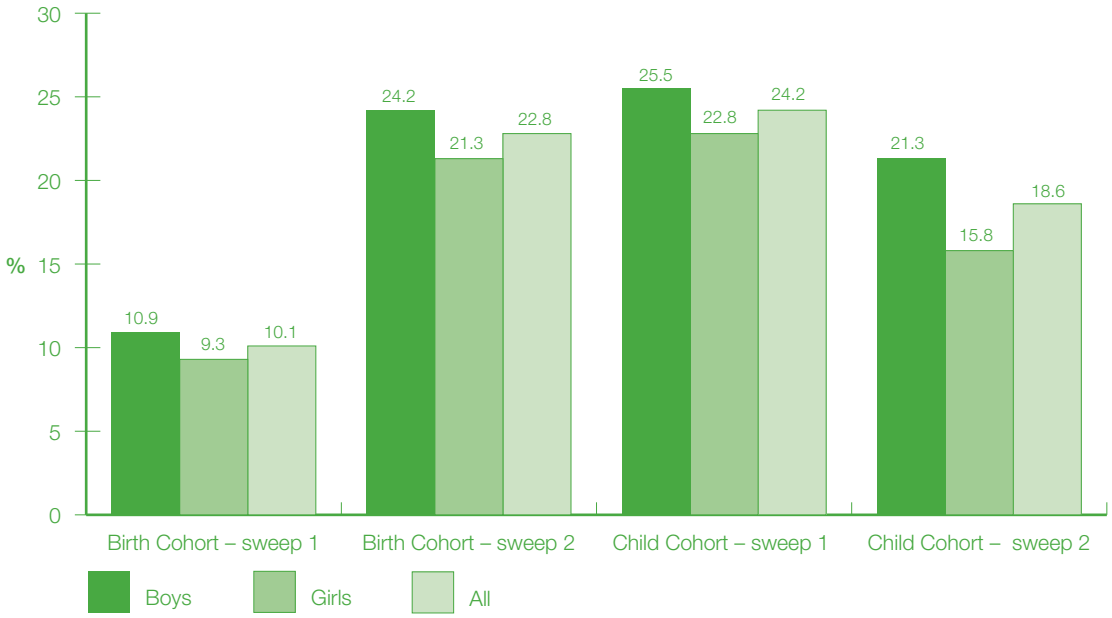


Table 6.4 shows that increased percentages of birth cohort children with lone parents, from households of lower socio-economic status and lower income households were reported as having accidents requiring a visit to NHS facilities or professionals. However, these factors did not appear to have the same influence on accidents requiring NHS attention in the child cohort. In sweep 1, accidents necessitating contact with the NHS were more commonly reported in lone parent and lower socio-economic status households for both the birth and child cohorts.

Table 6.4 Child having accidents requiring NHS contact by cohort and other factors

	Percentage having 1 accident or more in the last year						
	All sample	Family Type		Household NS-SEC		Household Income	
		Lone parent	Couple	Category 1	Category 5	Up to £14999	£44000 and above
Birth cohort	22.8	30.7	20.9	19.7	26.9	28.5	19.1
Bases							
Weighted	*4511*	*895*	*3616*	*2204*	*872*	*1184*	*891*
Unweighted	*4511*	*747*	*3764*	*2376*	*749*	*1020*	*996*
Child cohort	18.6	19.5	18.4	18.3	19.5	20.4	19.2
Bases							
Weighted	*2497*	*581*	*1916*	*1220*	*512*	*660*	*512*
Unweighted	*2497*	*501*	*1996*	*1306*	*454*	*575*	*566*

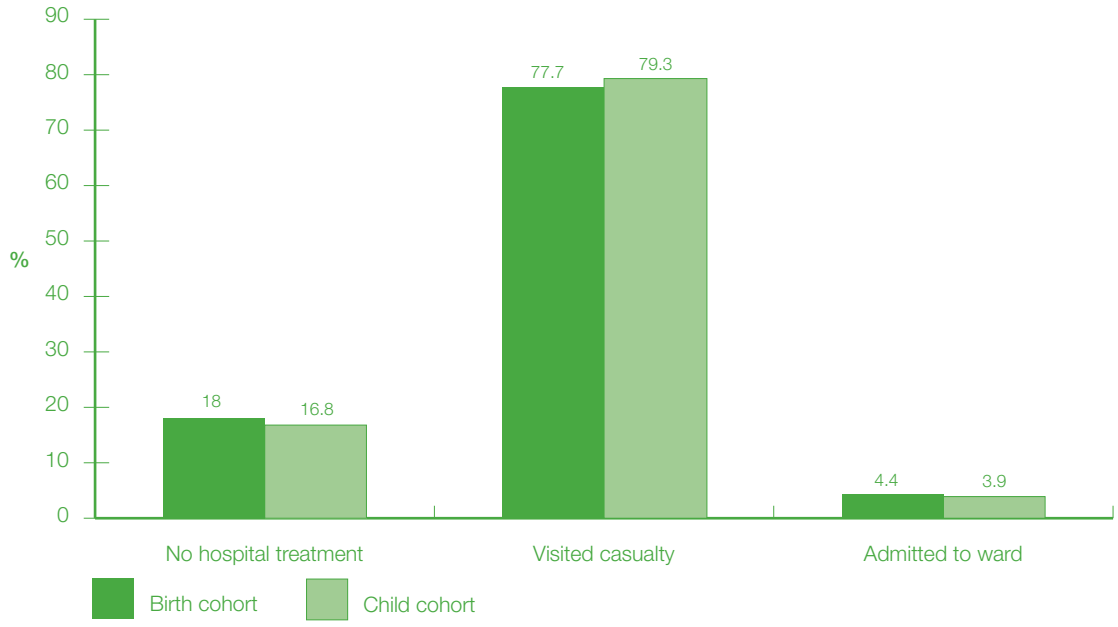
Respondents were asked about the nature of the injury or accident which had required NHS contact – respondents were able to give more than one example but the most serious injuries were to be coded first. Table 1.6 shows that the most common type of the most serious accident experienced by both cohorts was due to a bang on the head. This was also the case in sweep 1 – indeed the nature of the accident and the order of frequency in which these were reported changed little between sweeps. However, the proportions reporting these injuries did change between sweeps. For example, injuries due to a bang on the head were more frequently reported in sweep 1 for both cohorts whereas cuts or broken bones were more prevalent in sweep 2 in the birth cohort only (there was actually a slight decrease observed in the child cohort), as would be expected given the greater mobility of the birth cohort in sweep 2. It can be seen in Table 6.5 that about three-quarters of both cohorts visited casualty as a result of the most serious accident, and that fewer than 5% of respondents' children were reported as requiring in-patient admission. It should be noted that there was little difference observed between the two cohorts in relation to percentages requiring hospital treatment as a result of the most serious accident.

Table 6.5 Nature of first/most serious accident requiring NHS contact by cohort

Nature of accident	Cohort (%)	
	Birth	Child
Bang on head	43.8	29.8
Cut or graze	12.6	10.5
Cut needing stitches	7.9	13.7
Broken bone	5.8	10.1
Knock/fall (non-penetrating accident)	6.1	7.1
Burn or scald	7.7	4.5
Injury to mouth/face (e.g. nosebleed)	3.8	6.8
Bases		
Weighted	*1005*	*465*
Unweighted	*1005*	*465*

Note: percentages do not add up to 100% as respondents were able to report on more than one accident

Figure 6-E Percentage of children requiring hospital treatment as a result of most serious accident by cohort



6.4.1 Use of Accident and Emergency departments

Those respondents who reported that their child had visited a casualty department in the previous 6 months were asked to state both what health problem was responsible for the visit (or most recent problem if the child had more than one visit) and why they had visited A&E for medical advice.

Table 6.6 lists the most recent causes of accident and emergency department visits. By far the most frequent reason was because the cohort child had suffered a bang on the head, as would be expected given the results in Table 6.5 above.

Table 6.6 Health problem resulting in most recent visit to Accident and Emergency by cohort

Child's health problem resulting in A&E visit	Cohort (%)	
	Birth	Child
Bang on the head	23.9	22.5
Cut or graze	7.5	9.2
Coughs, colds or fevers	6.9	4.8
Broken bone	5.5	8.2
Cut needing stitches	5.1	8.8
Persistent or severe vomiting	5.7	3.4
Wheezing or asthma	4.2	6.4
Bases		
Weighted	*905*	*360*
Unweighted	*891*	*358*

Note: percentages do not add up to 100% as respondents were able to report on more than one option, most popular responses listed only

Table 6.7 shows that the most commonly-cited reason for visiting A&E for medical advice was that the treatment or service needed for the child's health problem was only available at such a facility. About one-quarter of those who had recently visited a casualty department had been advised to do so by NHS 24. It is also worth noting that about 10% of those who answered this question said that the opening hours in A&E were more convenient. Other (less frequent) reasons for visits to casualty not listed in the table included the perception that the GP would not be able to assist with the problem and the wait to see the GP was too long.

Table 6.7 Reason for most recent visit to Accident and Emergency by cohort

Main reason for A&E visit	Cohort (%)	
	Birth	Child
Treatment/service only available at A&E (e.g. X-Ray)	27.8	32.0
Advised to go by NHS 24	26.6	23.1
Thought the child would receive better care/treatment	14.7	12.3
Advised to go by GP	12.7	10.5
Opening hours were more convenient	10.2	8.5
I couldn't get hold of the GP	6.7	10.6
Bases		
Weighted	*913*	*365*
Unweighted	*899*	*363*

Note: percentages do not add up to 100% as respondents were able to report on more than one option, most popular responses listed only

6.5 Anthropometric measurements, overweight and obesity

Overweight and obesity are terms that refer to an excess of body fat and they usually relate to an increased weight-for-height ratio. The two terms, however, denote different degrees of excess adiposity, and overweight can be thought of as a stage where an individual is at risk of developing obesity (Barlow and Dietz, 1998). The adverse health consequences associated with obesity are related to an increased adiposity rather than an increased weight *per se* (Taylor *et al*. 2002) and it is therefore important that any indicator of obesity reflects this increased adiposity. Body mass index (BMI) takes into account weight and height: it is calculated as weight (kg) divided by squared height (m^2) and it is the key overweight and obesity measure in this chapter.

The main child overweight and obesity prevalence estimates in this section have been produced using the International Obesity Taskforce cut-offs. These cut-offs are based on BMI reference data from six different countries around the world (over 190,000 subjects in total aged 0-25 from UK, Brazil, Hong Kong, the Netherlands, Singapore, and the United States). In summary, the BMI percentile curves that pass through the values of 25 and 30 kg/m^2 (standard adult cut-off points for overweight and obesity, respectively) at age 18 were smoothed for each national dataset and then averaged. The averaged curves were then used to provide age and sex-specific BMI cut-off points for children and adolescents aged 2-18. By averaging the distribution curves from each reference country, the international cut-offs for children purport to be representative of the countries but independent of the overweight or obesity level in each country. One of the benefits of using these international standards is the possibility of making international comparisons. However, the international classification is not without problems: international reference data differ from those for the UK population, and this is reflected in the sex-specific overweight and obesity estimates produced by the International classification.

In light of this lack of consensus on its use, key results have also been produced using the 85th (overweight cut-off)/95th (obesity cut-off) BMI percentiles of the UK reference curves (referred to as the National BMI percentiles classification). The National BMI percentiles classification has been used in the past to describe childhood overweight and obesity prevalence trends in the UK. However, the National BMI percentiles classification were not selected as the primary measure in this report as they are based on the arbitrary assumption that the prevalence of overweight and obesity at the point when the reference data were compiled was 15% and 5%, respectively. Furthermore, there seems to be no indication that these cut-off points relate directly or indirectly to any physiological outcomes or health or disease risks. It is worth noting that the UK component of the International classification used the same sample as that used to construct the UK reference BMI data.

Height and weight measurements were taken of the child cohort only and therefore the analysis in this section is based on the results of measurements for children aged 3-4.

6.5.1 Response to anthropometric measures

The majority of respondents in the child cohort who completed an interview at sweep 2 also gave permission for their child's height and weight to be measured. Overall, 89% of children provided valid measurements and from these the children's Body Mass Index (BMI) was calculated.

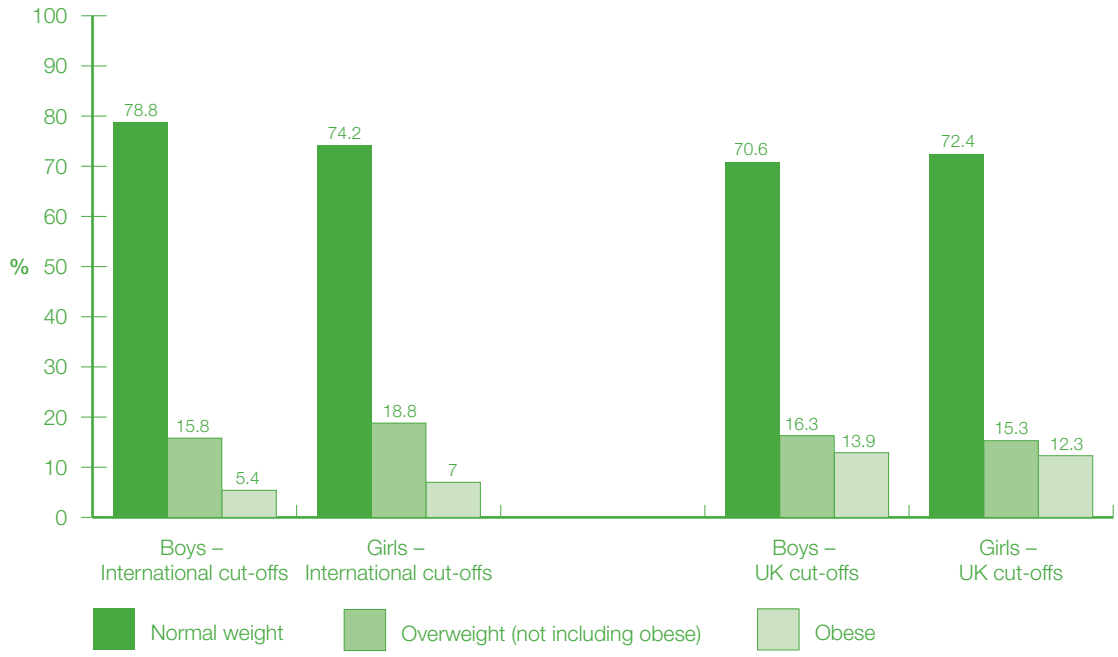
As would be expected for this age, mean heights and weight for boys and girls were almost identical. The mean height for boys was 102 cm and for girls, 101 cm. The mean weights were 17.5 kg for boys and 17.0 kg for girls.

The majority of children of both sexes were of 'normal weight' (i.e. fell below the 85% percentile). By the International standards this meant that 23% of children in GUS were overweight (including obese). These results are similar to those reported by researchers on sweep 2 of the Millenium Cohort Study for 3 year olds covering the whole of the UK.

6.5.2 Variations in BMI, and in overweight and obesity prevalence, by demographic and socio-economic chracteristics

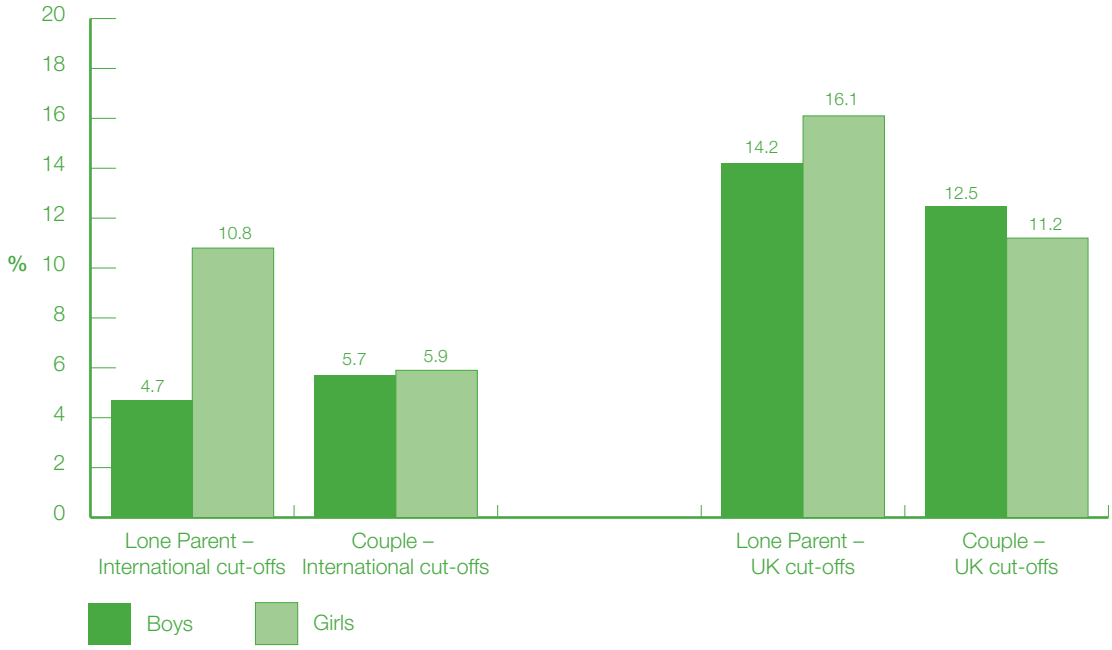
Girls were more likely than boys to be overweight (19% compared with 16% of boys) and more likely to be obese (7% compared with 5% of boys). Overall, 79% of boys and 74% of girls in the GUS sample were of normal weight, as Figure 6-F demonstrates.

Figure 6-F BMI categories by sex



Children living in lone parent families were more likely to be overweight or obese than were children in couple families: Twenty-six percent of children in lone parent households were overweight or obese compared with 23% in couple households. However, when girls in both types of households are examined, we see that almost double the proportion of girls in lone parents households are obese (Figure 1-B). Evidence from the birth cohort at sweep 2 suggests that children in lone parent families are more likely to be eating unhealthy foods and drinks on a daily basis (see section 4.4 for further information). Although this data is not yet available for the child cohort, this does suggest that the higher proportion of overweight children amongst lone parent families may be, in part, due to the higher consumption of these foodstuffs by this group of children.

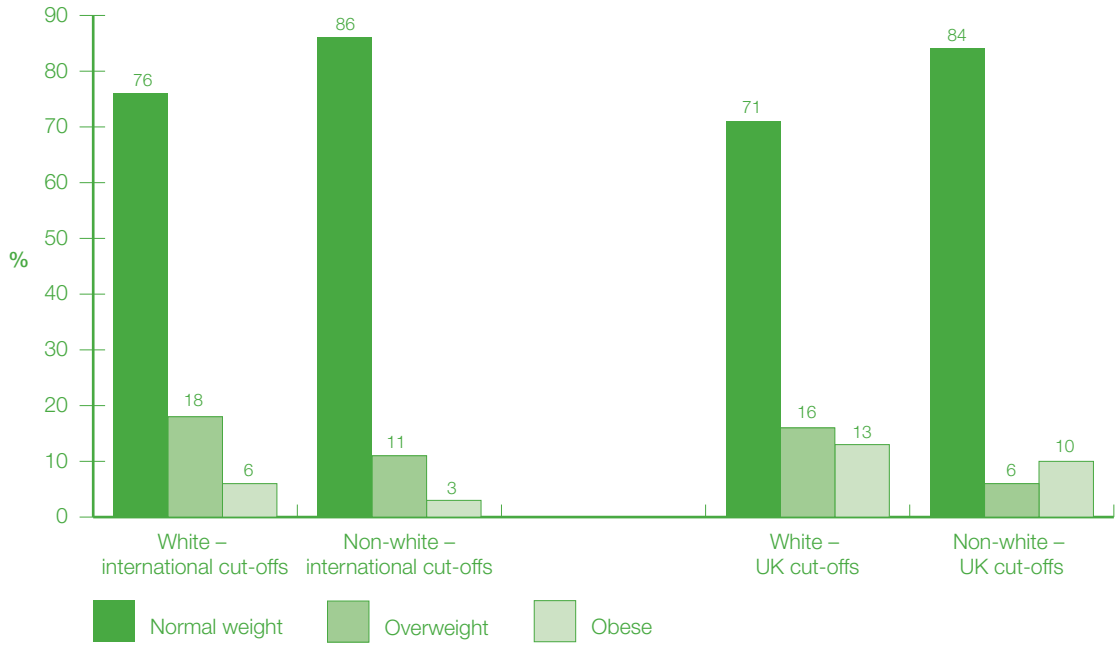
Figure 6-G Obesity prevalence by sex and family type



Interestingly, there were no significant differences in the prevalence of obese or overweight children by socio-economic group, income or household employment status.

Children who were classified as white, were more likely to be overweight or obese than their non-white peers; 24% of white children were overweight or obese in contrast to just 14% of non-white children.

Figure 6-H BMI categories by ethnic group



Concerns about childhood obesity stem primarily from worries about the health effects of obesity in adulthood and the resulting pressure on the NHS. It is thought that at least 70% of obese children will become obese adults (Reilly, 2007) and so limiting the childhood obesity epidemic has become a major priority for policy-makers. But what can GUS tell us about the current effects on children's health?

As maybe expected at this stage, parents of overweight and normal weight children were both likely to report their child's health as being good or very good (94% and 92% respectively). However, children who were obese were slightly more likely to have a long-standing illness than overweight (not including obese) or normal weight children (18% of obese children compared with 15% of non-obese children). Despite this, obese children were less likely to have seen a doctor in the last six months than non-obese children – 57% of obese children had visited their doctor in the last six months in contrast to 64% of non-obese children. It will be interesting to track both the prevalence of obesity in these children in future sweeps, as well as exploring the possible health effects of obesity in childhood.

6.6 Contact with health professionals

The interviewees were asked if their child's health had resulted in the respondent or a member of their household contacting or visiting a range of health professionals and services (from the GP or health visitor to NHS 24 or a casualty department) in the last six months.

Figure 6-I shows that 10% of respondents in both cohorts said that they had not contacted any of the designated professionals or hospital services on behalf of their child in the six months prior to the sweep 2 interview. However, 46% of birth cohort parents compared with 38% of child cohort parents reported that they had contacted or visited health professionals or services at least twice due to a concern related to their child's health.

Figure 6-I Percentage of children having one or more contact with health professional or health service by cohort

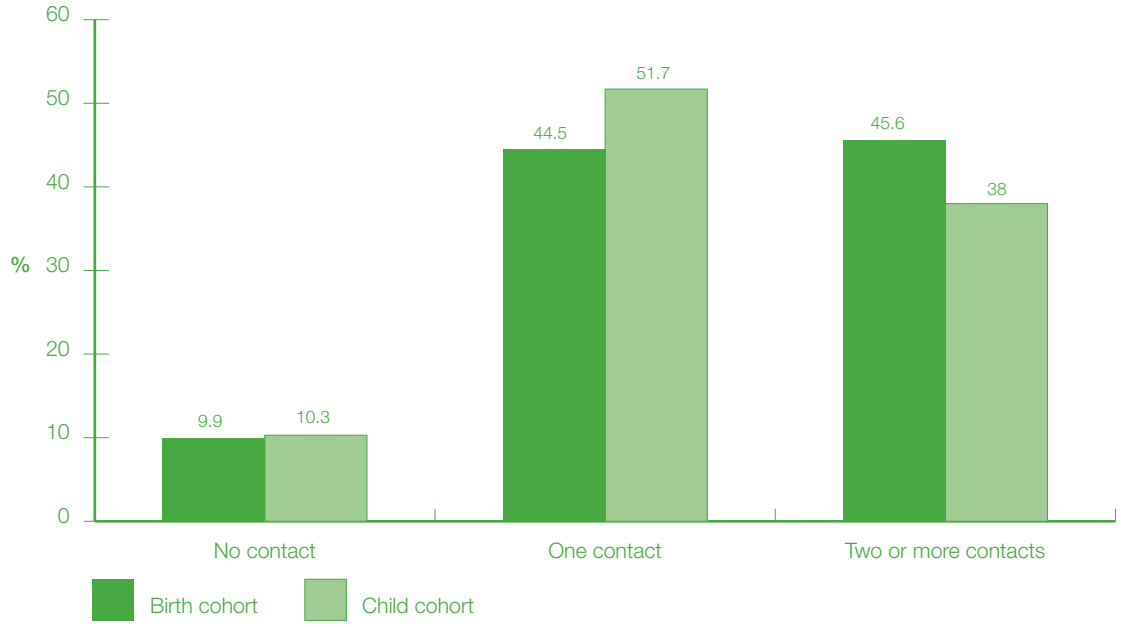


Table 6.8 shows that, in both cohorts, a GP had been contacted by over 60% of respondents or household members on at least one occasion in relation to the cohort child, this was more common in the birth cohort. Indeed, most of the named professionals or services had been contacted more frequently in the birth cohort as a result of a health problem in the birth cohort child. The major exception to this, as would be expected, was that 66% of child cohort compared with 43% of birth cohort respondents reported that their child had been in contact with a dentist, presumably for a dental check-up as well as dental health problems experienced by the relevant child. The 'other' category included, for example, unspecified consultants or specialists, paediatricians and opticians.

There was no notable variation in the number of different services used by different sets of parents. For example, mothers in the youngest age group and those in the lowest income group were almost just as likely to have accessed the same number of health services in relation to the cohort child's health as older mothers and those on higher incomes.

Table 6.8 Professional or service contacted on at least one occasion due to child health problem by cohort

Professional or service contacted on at least one occasion	Cohort (%)	
	Birth	Child
GP or family doctor	69.1	60.3
Dentist	43.0	66.0
NHS 24	34.5	23.8
Health visitor	35.9	19.3
Hospital Accident and Emergency Dept	20.2	14.6
Practice Nurse	14.4	8.5
Other	8.5	11.5
Bases		
Weighted	*4507*	*2495*
Unweighted	*4507*	*2495*

Note: percentages do not add up to 100% - respondents were able to report on more than one option

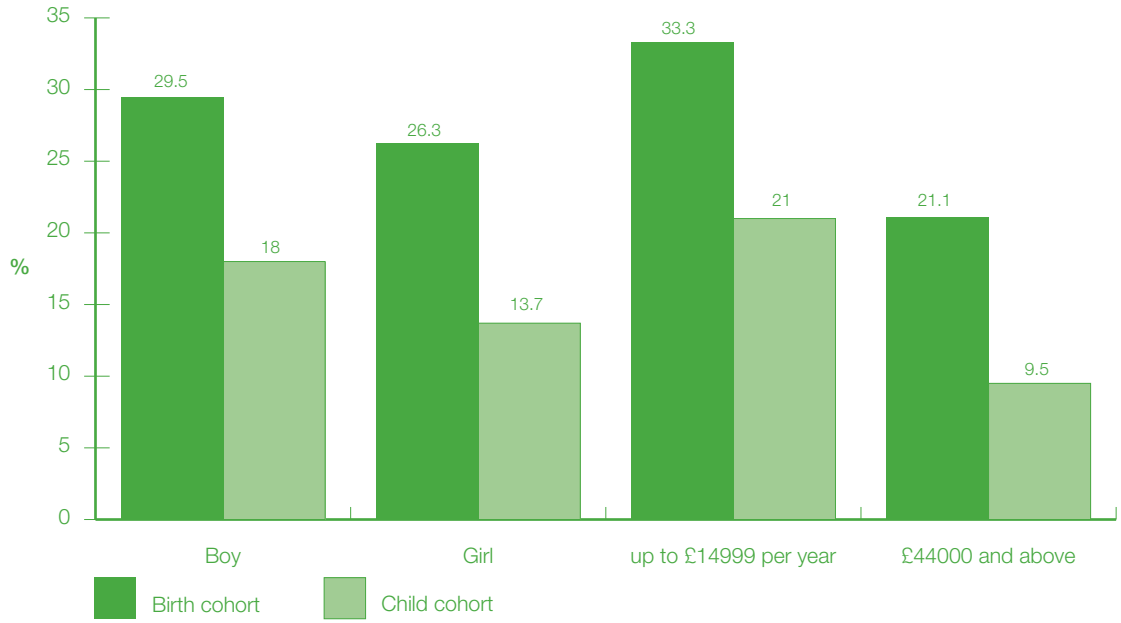
6.7 Dental health

More frequent toothbrushing was reported in the child cohort, with 84% in this sample having their teeth brushed at least two times per day compared with 72% in the birth cohort (see Table 6.9). Relatively few respondents stated their child was brushing his or her teeth less frequently than daily. It is possible that a greater percentage in the birth cohort had not developed a full set of milk teeth and thus were not having their teeth brushed as often as those in the child cohort. More frequent toothbrushing was reported as being more common among girls in both cohorts and in higher income households, for example, child cohort respondents from the lowest income households were twice as likely to report lower frequency of brushing compared with their counterparts in the highest income category (see Figure 6-J). However, over 99% of respondents who said that their child did have their teeth brushed at least some of the time said that they used toothpaste. About 90% of interviewees also stated that they had first used toothpaste when brushing their child's teeth by the time the child was 1 year old.

Table 6.9 Frequency of toothbrushing by cohort

Frequency of toothbrushing	Cohort (%)	
	Birth	Child
Twice a day or more	72.0	84.1
Once a day	24.1	14.7
Less than once a day/rarely/not at all	3.8	1.2
Bases		
Weighted	*4511*	*2499*
Unweighted	*4511*	*2499*

Figure 6-J Percentage of children brushing less frequently than twice per day by cohort, sex and household income



As would be expected, respondents of birth cohort children were more likely to be involved in actively brushing their child's teeth than the respondents of the child cohort sample (Table 6.10). There was also some evidence to suggest that children in lower income households or of lone parent families were more likely to be involved in brushing their own teeth. For example, when the results of the child cohort are looked at, 9% of those in the lowest income households said that their child brushed his/her own teeth compared with 1% of the children in the highest income sub-group.

Table 6.10 Supervision and conduct of toothbrushing by cohort

Organisation of toothbrushing	Cohort (%)	
	Birth	Child
Respondent cleans teeth	33.8	16.7
Respondent supervises and does most brushing	42.5	42.4
Respondent supervises but child does most of brushing	17.9	30.7
Respondent supervises but child does all brushing	3.6	5.8
Child brushes by him/herself	2.3	4.4
Bases		
Weighted	*4476*	*2494*
Unweighted	*4481*	*2494*

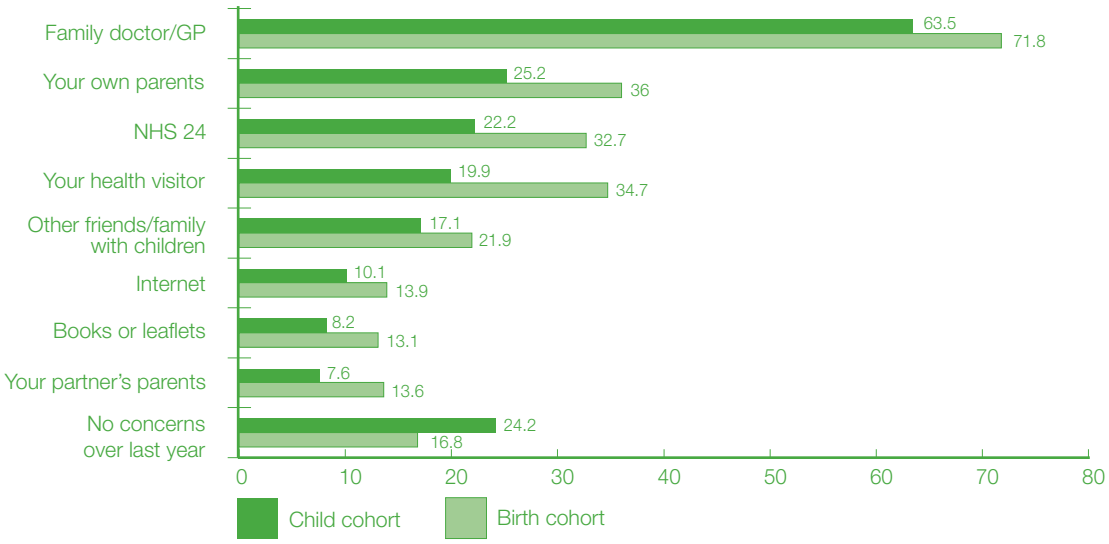
6.8 Sources of help, information and advice on child's health

All parents were asked about the sources of help, information and advice they had used in the last year when they had concerns over the sample child's health. The list of sources presented to respondents included formal services such as family doctors, telephone helplines (such as NHS 24) and health visitors, and informal resources such as the child's grandparents, other family members or the respondent's friends. Parents could list as many sources of help as they wished. They could also indicate that they had had no concerns over the child's health and behaviour in the last year and had therefore not drawn on any person or service for help or advice on these matters.

Nineteen percent of respondents reported that they had no concerns about their child's health during the previous year for which they needed to seek help, information or advice (17% for birth cohort and 24% for child cohort children.) The proportions of respondents in both cohorts using the main types of reported information and advice sources are detailed in Figure 6-K below. A majority of respondents had sought advice and information from at least one source, with the family doctor or GP being the most popular source of help. The respondent's parents, NHS 24, health visitors and other family members or friends with children were also popular sources of advice. As may be expected, the particular sources used for information or advice on child health are quite different to those used for help and advice on children's diets, eating habits and healthy eating (see section 4.6). Whereas in relation to children's diets paper sources are preferred, parents are much more likely to seek the advice of a person, particularly a GP, about their child health concerns. Notably however, informal sources, such as family and friends, feature prominently in both situations.

Parents in the birth cohort were more likely to have used each source of information than their counterparts in the child cohort. Also, it is evident that many respondents had used more than one source of help. Some differences in use of particular sources were noted. For example, those in the lowest household income group were less likely to say that they had sought help from books, leaflets and the internet compared with those in the highest income quartile. Also, in the birth cohort 79% in the highest income group compared with 67% in the lowest income group reported seeking help from a GP, but this difference was not observed in the child cohort. This reflects not only fewer health problems observed in the older cohort (as illustrated in Figure 6-C above) but also perhaps a growing confidence among parents in their ability to diagnose and treat common and trivial illnesses in their children without the need to seek help or advice from others. In similarity to findings around advice seeking around children's diets in section 4.6, differences were also noted by level of maternal education. Again, compared to those with no qualifications, mothers educated to Standard grade, Higher grade or beyond were more likely to have sought advice and to have consulted more sources.

Figure 6-K Percentage of parents using each source for help, information or advice on sample child's health by cohort



6.9 Child development

6.9.1 Concerns about child's development and behaviour

Figure 6-L demonstrates that, as was the case in sweep 1, respondents were more likely to express concern about the development and behaviour of child cohort children than of birth cohort children (19% versus 12%). This is to be expected given the increased capacity of children in the older cohort to demonstrate developmental milestones and express themselves behaviourally. As a result, if both sweeps are compared, the level of concern expressed is similar for the child cohort (19% at both sweeps) but has increased in the birth cohort (from 8% to 12%), as the younger age group are now able to meet more developmental milestones. Figure 6-L also shows that parents were more likely to express concerns about the development and behaviour of male than female children in both cohorts – in sweep 1 this trend was only detected in the child cohort. Concerns about the development of children in both cohorts was more commonly expressed by lone parent families compared with couple family respondents, as well as in lower income households.

Figure 6-L Concern about child's development, learning and behaviour by cohort, sex and family type

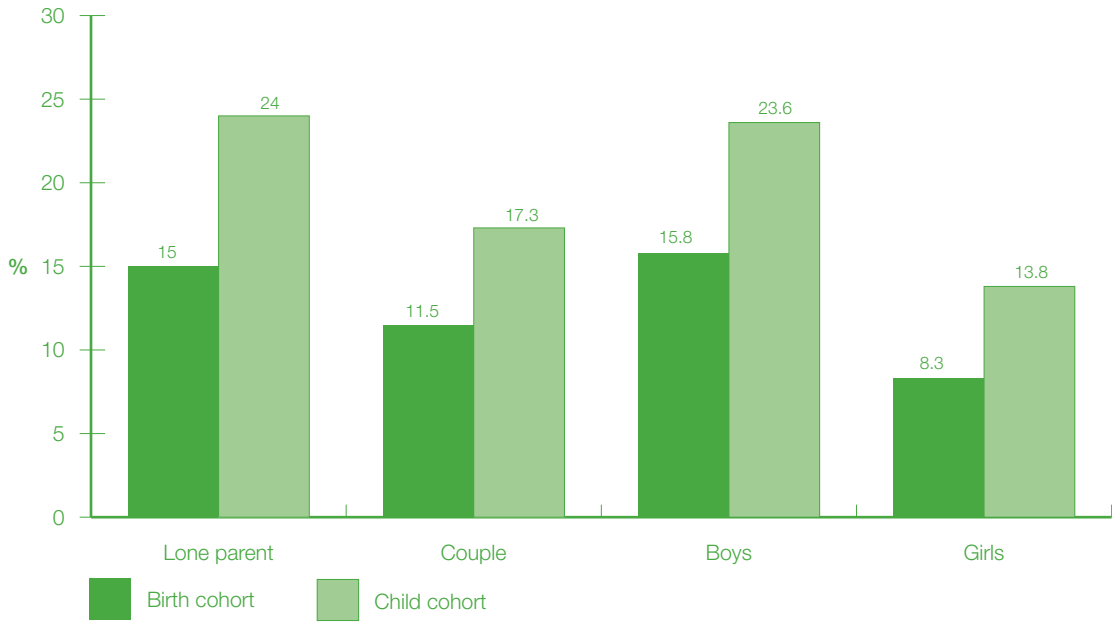


Figure 6-M Concern about child's development, learning and behaviour by sex and sweep: child cohort

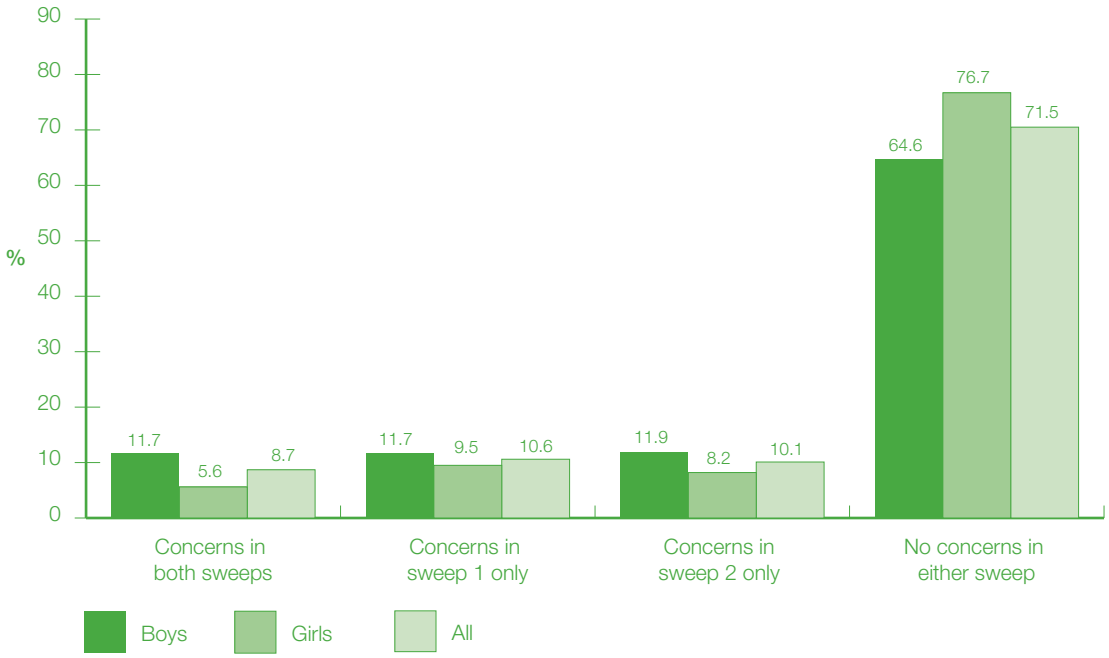


Figure 6-M shows that 12% of male children in the child cohort were reported as causing some developmental and behavioural concern in both sweeps compared with only 6% of girls. It should also be noted that in the birth cohort 13% of boys compared with only 6% of girls were said to be the source of general developmental concern in sweep 2 only. In addition, those in lower income households or in lone parent households were more likely to report concerns in both sweeps (in both cohorts) than their counterparts in higher income or couple households (e.g. child cohort: 'any concerns in either sweep': lowest income group = 39%, highest income group = 21%).

6.9.2 Speech and language development

Figure 6-N shows that the great majority of interviewees said that their offspring in the child cohort could make themselves understood by the respondents, by other friends or family members and by strangers. As would be expected, given the age of those in the birth cohort, lower percentages were reported as being able to make themselves understood by the same groups, although this ranged from 84% of respondents compared with only 36% of strangers mostly understanding what children in this cohort were saying. There was evidence to suggest that girls, and children in couple family and higher income households were more likely to be able to make themselves understood by respondents, family members and strangers. It should be noted that only the child cohort respondents were asked these questions during sweep 1.

Figure 6-N Children mostly able to make themselves understood by respondents, friends/family and strangers by cohort

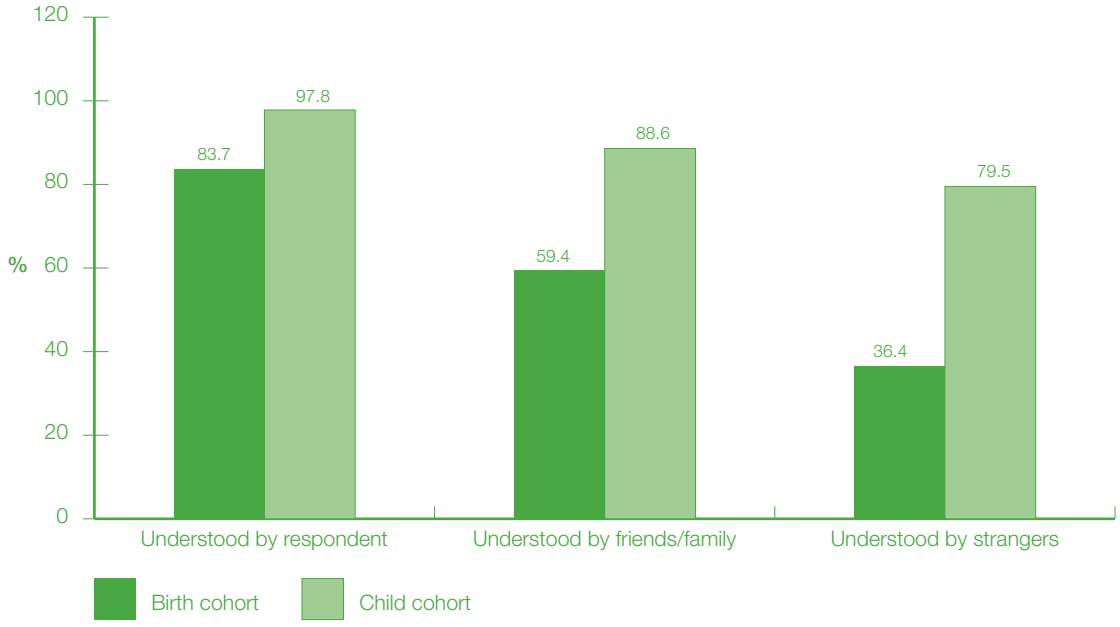


Table 6.11 shows that there was an increase in respondents stating that their child in the older cohort could make him/herself mostly understood by respondents, but particularly by friends and family and strangers, as relatively low percentages of these groups were said mostly to comprehend the child in sweep 1. For example, 63% of boys in sweep 1 were said to be mostly understood by strangers compared with 75% of the boys in the sweep 2 survey. The table also demonstrates that girls were more able to make themselves understood than were boys in both survey sweeps – this was also true amongst the birth cohort at sweep 2.

Table 6.11 Percentage of children able to make themselves understood by respondents, friends/family and strangers by sex and sweep (child cohort)

Children able to make themselves understood by:	Child's sex and sweep (%)			
	Boys sweep 1	Boys sweep 2	Girls sweep 1	Girls sweep 2
Respondents	94.9	96.9	97.7	98.8
Friends and family	78.5	84.7	87.5	92.7
Strangers	62.9	74.9	73.7	84.3
Bases				
Weighted base	*1285*	*1287*	*1212*	*1212*
Unweighted base	*1283*	*1284*	*1215*	*1215*

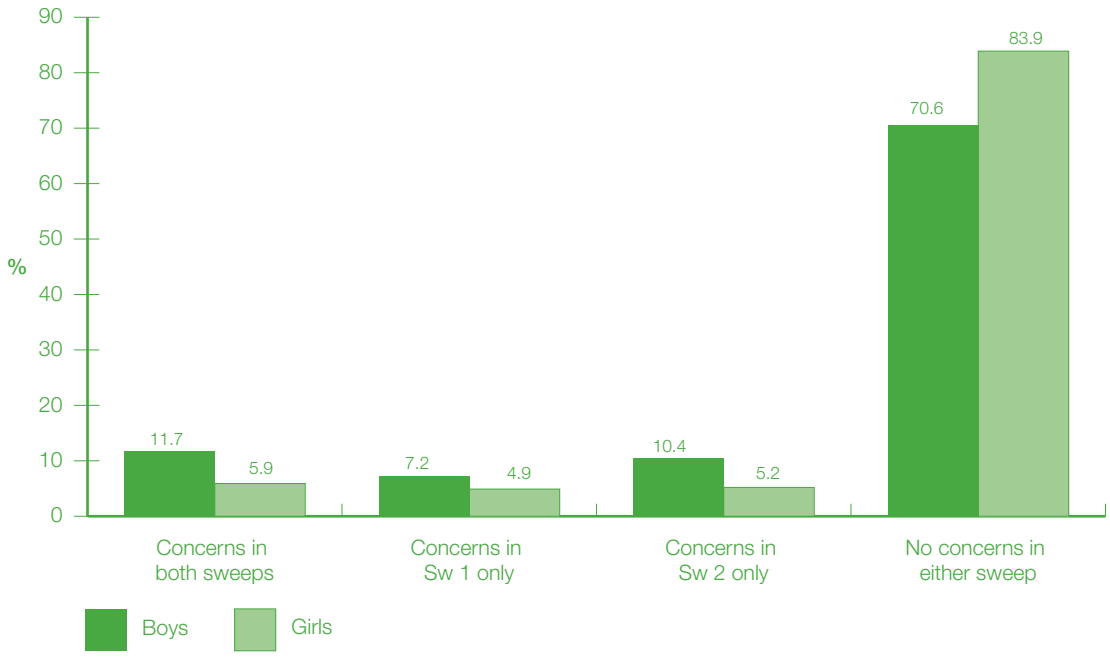
It can be seen in Table 6.12 that the vast majority of respondents in both cohorts expressed no concerns about their child's speech and language. In the child cohort however, there was a slight increase in concern between sweeps. For example, 9% of respondents thought that their child was pronouncing words poorly in sweep 2 compared with 6% reporting this at sweep 1.

Table 6.12 Concern about cohort child's speech and language by cohort

Type of concern	Cohort (%)		
	Birth cohort – Sweep 1	Child cohort Sweep 1	Child cohort Sweep 2
No concerns	85.0	85.0	83.2
Language is developing slowly	12.7	7.9	6.3
Child pronounces words poorly	2.1	5.6	8.7
Hard for others to understand child	3.3	4.4	4.9
Child stutters	0.04	1.0	1.3
Child doesn't hear well	0.2	0.7	0.8
Child doesn't seem to understand others	0.3	0.3	0.5
Other	1.1	0.9	2.3
Bases			
Weighted	*4484*	*2483*	*2483*
Unweighted	*4512*	*2499*	*2499*

Girls in the child cohort were less likely than boys to cause their parents concern in relation to the development of their speech and language (Figure 6-O). Around 84% of parents of girls in the older cohort reported no concerns in this regard in both survey sweeps. In addition, parents in lower income households or lone parent families were more likely to report this type of concern than those in higher income or couple family households were; 72% of parents in the lowest income group had no concerns at either sweep compared with 82% in the highest income group. This pattern is similar to the one observed in relation to general developmental and behavioural concerns in section 6.9.1 above.

Figure 6-O Concern about child's speech and language by sex and sweep



6.9.3 Development scales

In sweep 2, within the self-completion section of the interview, respondents had to complete questions which assessed their child's communication, emotional development, understanding and interaction with peers. Questions for parents in the birth cohort form the Infant/Toddler checklist of the Communication and Symbolic Behaviour Scales (CSBS) (Wetherby and Prizant, 2001), whereas parents in the child cohort completed the Strengths and Difficulties Questionnaire (SDQ) (Goodman, 1997).

The CSBS Infant/Toddler checklist is designed for use with children aged between 6 and 24 months and can help identify children at risk of developmental delay. Results from the checklist are used to produce three composite scores each assessing different aspects of the child's development – social communication, expressive speech/language and symbolic functioning.[12] A total score can also be calculated by summing the three composite scores. Those children who score below a certain level on the scale are considered to be 'of concern' in relation to their development.

Table 6.13 shows the percentage of children who returned a score which placed them in the 'concern' category for the different and total composite scores. It is evident that boys were more likely than girls to fall into the developmental concern category, particularly in relation to speech development. For example, 20% of boys in the birth cohort were classed as 'of concern' in the speech composite compared with 12% of girls. This is similar to the finding in section 6.9.2 above where parents of male children were more likely to be concerned about their child's speech and language development than were parents of female children. Indeed, children whose parents noted concern about their speech and language produced a lower mean average score on both the speech composite (9.0 compared with 11.6) and the overall CSBS scale (45.2 compared with 49.8) than children whose parents had no concerns. However, parental notions of concern did not always match up with results from the CSBS scale. For example, only 39% of children whose parents were concerned about their speech and language actually fell into the concern category of the speech composite.

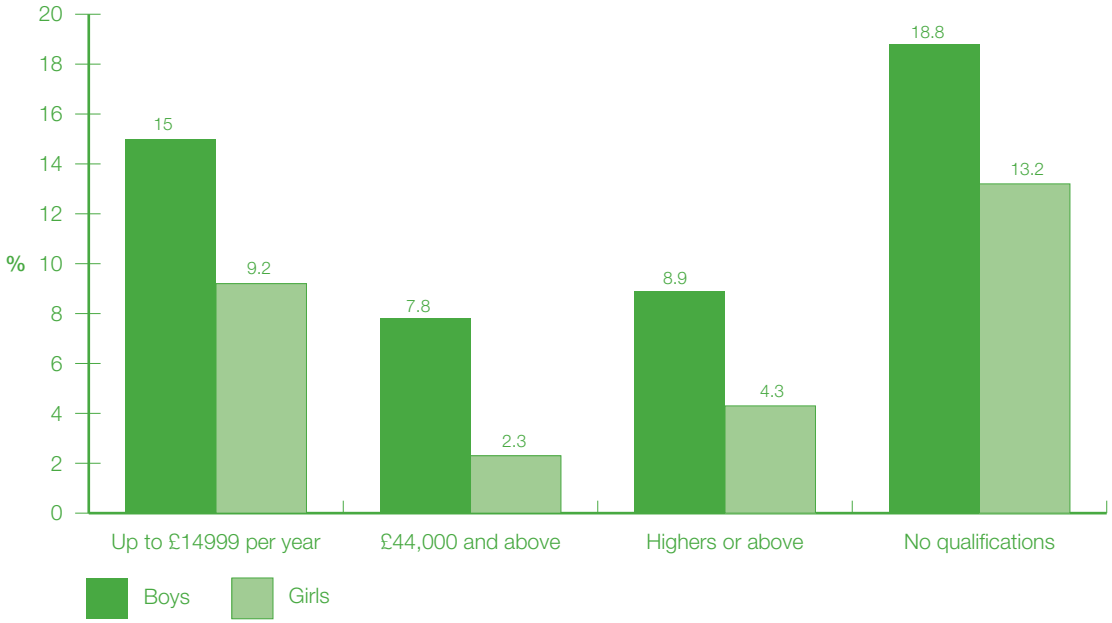
Table 6.13 Percentage of children in CSBS 'concern' category by sex (birth cohort)

	Child's sex (%)	
Birth cohort: % in concern category:	Boys	Girls
Social composite	8.0	6.0
Speech composite	19.5	11.7
Symbolic composite	10.3	4.7
Total composite	11.2	5.5
Bases (for total composite)		
Weighted	*2138*	*1997*
Unweighted	*2137*	*2011*

12 Symbolic functioning is the extent to which a child understands instructions, and interaction with and appropriate use of objects and toys.

Lower scores on the total scale were returned by parents in lower income households and by those who had no educational qualifications. For example, 16% of children of respondents with no educational qualifications were rated as being in the overall concern range compared with 7% of children of respondents with at least Higher grade qualifications (see Figure 6-P). This matches general patterns in the parental concern data seen above. This trend by household income and maternal education was also discernible in the individual composite scores, and it is worth noting that 28% of children of respondents with no qualifications were in the concern range in terms of the speech composite rating.

Figure 6-P CSBS Infant/Toddler Checklist: Percentage of children in 'concern' group for total composite by annual household income, highest educational qualification of respondent and sex (birth cohort)



Parents in the child cohort completed the Strengths and Difficulties Questionnaire (SDQ). The SDQ is a brief behavioural screening questionnaire designed for use with 3-16 year olds. The scale includes 25 questions which are used to measure five aspects of the child's development – emotional symptoms, conduct problems, hyperactivity/inattention, peer relationship problems and pro-social behaviour. A score is calculated for each aspect, as well as an overall 'difficulties' score which is generated by summing the scores from all the scales except pro-social. For all scales, except pro-social where the reverse is true, a higher score indicates greater evidence of difficulties. To simplify analysis and provide a general overview, a mean score was generated for the whole cohort on each of the five scales and the overall difficulties scale. The analysis below focuses on those groups who were more or less likely to score below or above the mean.

Table 6.14 demonstrates that male children, and children of respondents in lower income households or with no educational qualifications had, on average, higher mean SDQ scores, indicating that they were more likely to exhibit difficult behaviour, than female children and those living in higher income households or whose parents had educational qualifications.

Table 6.14 Mean SDQ total difficulties scale score by sex, household income and educational qualifications (child cohort)

Sample characteristics	Mean difficulties score	*Bases*	
		Weighted	*Unweighted*
All children in child cohort	8.2	*2464*	*2465*
Sex			
Boys	8.7	*1267*	*1197*
Girls	7.7	*1264*	*1201*
Household income			
Up to £14,999	9.8	*647*	*562*
From £15,000 to £25,999	8.1	*492*	*489*
From £26,000 to £43,999	7.8	*649*	*688*
£44,000 and above	6.8	*511*	*565*
Respondent educational qualifications			
No qualifications	10.8	*249*	*221*
Standard grade or other	8.9	*440*	*413*
Highers or above	7.7	*1771*	*1827*

6.10 Key points

- The vast majority of respondents said their child's health was at least good, although between sweeps 1 and 2 there was some decrease in the proportion of parents using 'very good' and some increase in the proportion using 'fair', 'bad' or 'very bad', to describe their child's health.
- In total, 11% and 16% of the birth and child cohorts respectively were reported as having a long-standing health illness or disability. In both cohorts, long-standing illness was more common in boys than girls. Less than 10% of children in the child cohort, and less than 5% in the birth cohort were reported to have a long-standing illness at both sweeps.
- Data from the two sweeps suggest that accidents amongst young children are most common between the ages of 2-3 years. At sweep 2, parents of boys continued to be more likely to report their child had had an accident than parents of girls.
- Nine out of ten parents in both cohorts had been in contact with a health professional in relation to their child's health at least once in the six months prior to their interview, and around two-fifths had done so on two or more occasions.
- GPs continued to be the main source of information or advice on child health. However, some key differences were identified across the sample in the extent to which this, and other, sources of information were likely to be used. For example, those in higher household income groups were more likely to say that they had sought help from books, leaflets, the internet (both cohorts) and the GP (birth cohort only) compared with those in lower household income groups.
- In both cohorts, boys were shown to perform less well than girls on the child development scales. Some stark differences in levels of communication skills and problematic behaviour were also evident by household income and maternal education.

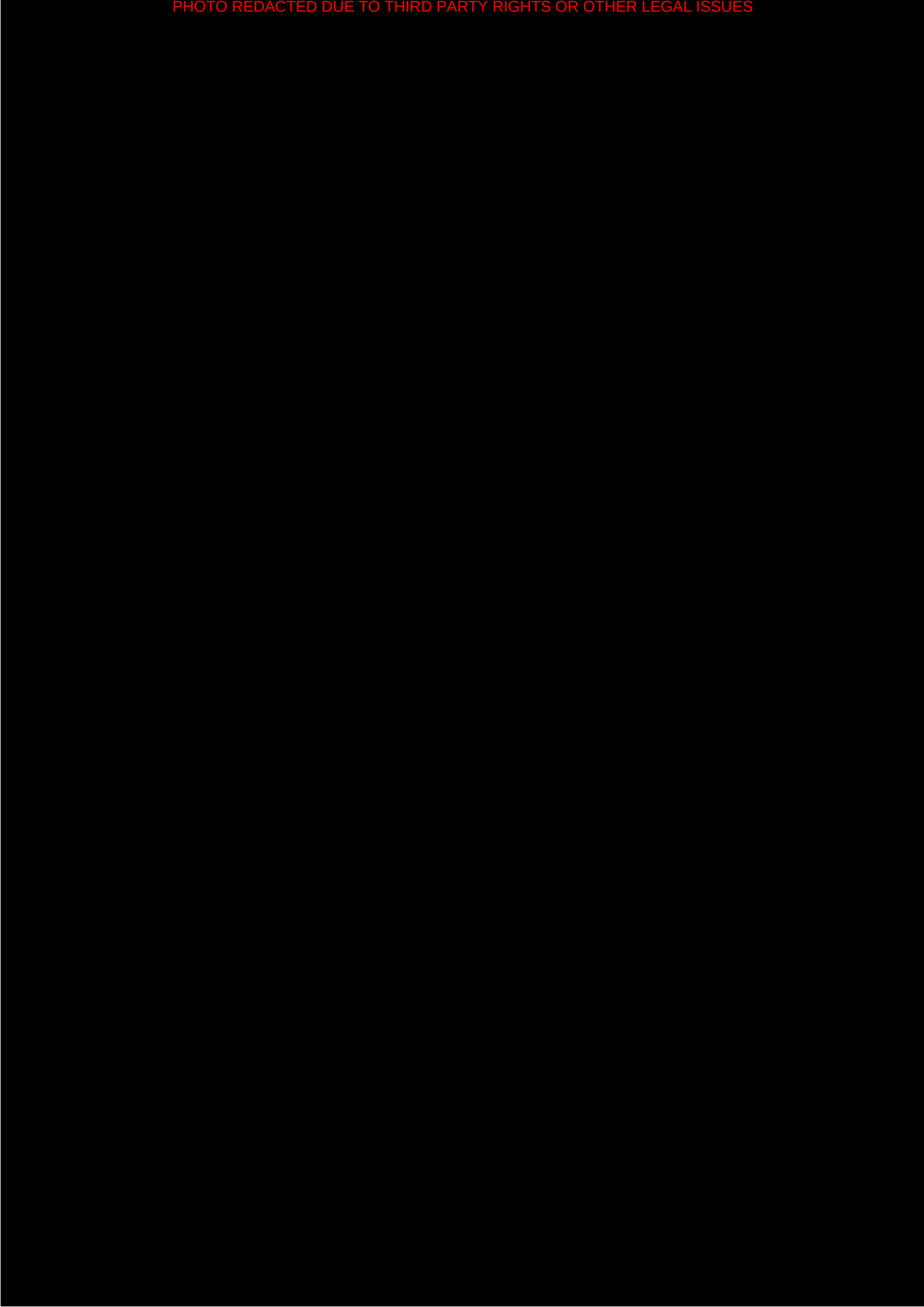
6.11 Conclusion

Overall, children of this age are reported as being healthy, with only a small percentage reporting their children's health to be fair to very bad. However, there was a slight increase in this proportion in both cohorts across the two sweeps. There was also a slight increase in the percentage of children reported as having a long-standing illness or disability, and evidence of a income gradient – those in higher income households were less likely to report a child with long standing illness or disability. Differences were also apparent between lone parent and couple families; however, this association will be confounded by socio-economic status. We are thus likely to see the gradual emergence of a gradient for these health related measures according to socio-economic status; further analytical work will be able to unpack the importance of different measures of disadvantage.

As would be expected, respondents reported a large number of minor illnesses, which they dealt with themselves, with lone parents reporting more of such health problems. Only 10% of respondents in both cohorts had not contacted a health professional in relation to their child's health in the preceeding six months with the most common contact being a GP. GPs were also the most frequently cited source of advice about a child's health. This suggests that primary care remains a very important resource for parents and their children.

The prevalence of accidents is related to a child's age, and these findings show that the number of children having accidents that required an NHS visit increased in the birth cohort and decreased slightly for the child cohort in the second sweep. Gender differences persisted, with boys being more likely to have accidents than girls. A higher proportion of children in more disadvantaged circumstances experienced accidents and injuries.

In relation to child development, we can see quite clear differences by measures of advantage and disadvantage and family type. Also, parents were more likely to express concerns about the development and behaviour of boys than girls. With the child cohort nearly one-fifth expressed concern about their child's development, learning or behaviour. The results of the CSBS for the birth cohort showed that lower scores (therefore in the 'concern' range) on the total scale were returned by parents in lower income households and by those with no educational qualifications. The SDQ for the child cohort also identified some differences in the mean scores by household income and level of education – namely that higher scores (suggesting more difficulties) were evident in lower income households and among children whose mothers had no qualifications. These results suggest that educational level of the respondent is very important, and as reported in other chapters, this is emerging as a crucial site for intervention if adverse outcomes for parents and children are to be avoided or ameliorated.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7.1 Introduction

The influence and impact of different parenting styles on children has long been a subject of debate among developmental psychologists and other social scientists. Darling (1999) identifies two important elements to parenting style – parental responsiveness and parental demandingness. According to Baumrind (1991), parental responsiveness (or parental warmth or supportiveness) refers to the 'extent to which parents intentionally foster individuality, self-regulation and self-assertion by being attuned to children's special needs and demands'. Parental demandingness (or behaviour control) on the other hand refers to 'the claims parents make on children to become integrated into the family whole, by their maturity demands, supervision, disciplinary efforts and willingness to confront the child who disobeys' (Baumrind, 1991).

Of course, as noted in the sweep 1 report, there is much disagreement over the importance and impact of many aspects of parenting. Differences in parenting practices and styles cannot be simplistically reduced to 'good' and 'bad' parenting. However, in terms of understanding the needs and experiences of families in Scotland today, it is important to understand how parents interact with their young children. Further, by measuring various aspects of parenting now, GUS will enable us to examine the impact of different parenting practices and styles on our cohort children in the future.

The GUS sweep 1 overview report explored attitudes towards various aspects of parenting among parents of babies (aged 10.5 months) and toddlers (aged 36.5 months), including:

- Attitudes towards parenting – covering ease and comfort asking for advice about being a parent and views about smacking, which can be viewed as one aspect of 'parental behaviour control'.
- Activities the parent does with the child – including play and educational activities, which may be associated with notions of 'parental responsiveness' to children's individual needs.
- Household division of labour, which may interact with the parenting styles of men and women in couple households.

This chapter revisits these broad themes, using sweep 2 data. In many cases, new questions were asked at sweep 2 in order to enhance our understanding of attitudes to parenting – for example, sweep 2 included a new series of questions on attitudes to different parenting techniques (including specific methods of 'behaviour control') and asked about different parent-child activities from sweep 1. Moreover, sweep 2 also included an interview with the partner of the child's main carer. Given that 99% of main respondents were female while 99% of partner respondents were male, this allows us to explore gender differences in attitudes to discipline and perceptions of household division of labour, as well as differences in the extent to which male and female carers undertake different activities with their children.

7.1.1 Types of analysis

The tables in this chapter present the following main types of analysis:

- Comparisons of the answers given by the main respondent at sweep 1 and sweep 2 (where the same questions were asked at both sweeps). This includes both straightforward comparisons of the proportions giving particular responses at each sweep, and analysis of whether the answers given by individual respondents changed between sweeps or not.
- Comparisons of the responses of main respondents with the answers given by their partners at sweep 2.[13] Again, this includes both straightforward comparisons of the proportions of main respondents and partners giving particular responses, and analysis of whether the answers given by individual couples vary or not.
- Analysis of the answers of main respondents and/or partners by factors that might help explain these answers (for example, the age or educational background of the respondent).

7.2 Parenting techniques

The relative merits of different parenting and discipline techniques are a recurring theme in media and popular debate. The success of recent television programmes like 'Supernanny' and 'The House of Tiny Tearaways' and the controversy sparked by criticism of author Gina Ford's advice on bringing up babies on the 'Mumsnet' internet site reflect high levels of public and media interest in this area. The second sweep of GUS interviews explored parents' awareness, use of and views on a range of approaches to parenting and discipline.

13 Where such comparisons are made, the sample is based only on those households with a resident partner – lone parent households are not included in these tables. Partner interviews were achieved in 79% of participating baby cohort households and 77% of toddler cohort households. The partner data are weighted to take account of differences between households where the partner did and did not respond. The aim of these weights is thus to make the partner data as representative as possible of all partners in households who participated in GUS.

7.2.1 Awareness of different techniques

Table 7.1 indicates very high levels of parental awareness of a range of discipline techniques, including traditional strategies such as 'ignoring bad behaviour' and strategies popularised by recent television shows (e.g. 'the naughty step'). Over nine out of ten main carers of children in couple households in both the birth and child cohort had 'definitely heard' of each of the techniques we asked them about. Levels of awareness were also very high among their partners, although they were somewhat lower than among main carers. For example, while 92% of main carers in the birth cohort had definitely heard of the 'time out' technique (where a child is put into a room and ignored for a brief period of time), only 82% of their partners were sure they had heard of this.

Table 7.1 Respondent and partner's awareness of discipline techniques by cohort (couple households only)

	Birth cohort (22.5 months) (%)		Child cohort (46.5 months) (%)	
	Respondent	Partner	Respondent	Partner
Time out				
I've definitely heard of it	91.9	82.4	94.2	88.1
I think I've heard of it	3.4	7.3	1.9	4.5
I don't think I've heard of it	1.1	3.5	1.4	2.4
I definitely haven't heard of it	3.6	6.7	2.5	4.9
Reward system/sticker chart				
I've definitely heard of it	94.7	86.5	96.2	91.7
I think I've heard of it	2.3	6.4	1.7	4.6
I don't think I've heard of it	0.8	2.6	0.4	1.7
I definitely haven't heard of it	2.1	4.4	1.6	1.9
Ignoring bad behaviour				
I've definitely heard of it	91.5	81.1	92.4	82.1
I think I've heard of it	3.7	7.4	2.9	7.4
I don't think I've heard of it	2.1	5.4	2.2	5.1
I definitely haven't heard of it	2.6	6.1	2.4	5.2
Naughty step/room/corner/area				
I've definitely heard of it	96.5	90.7	97.2	93.3
I think I've heard of it	1.5	4.0	1.1	2.8
I don't think I've heard of it	0.5	1.2	0.6	1.5
I definitely haven't heard of it	1.5	4.0	1.1	2.3
Removing treats or privileges				
I've definitely heard of it	96.2	93.0	94.4	88.6
I think I've heard of it	2.2	4.8	1.9	4.5
I don't think I've heard of it	0.7	0.7	1.4	2.2
I definitely haven't heard of it	0.8	1.5	2.3	4.6
Bases (all households with resident partner at sweep 2)[14]				
Weighted	*3616*	*2978*	*1918*	*1543*
Unweighted	*3765*	*2978*	*1998*	*1543*

14 Partner figures are based only on those households where a partner interview was achieved (79% of the baby cohort and 77% of the toddler cohort). However, as described in the footnote above, the partner data is weighted to with the aim of making the partner data as representative as possible of all partners in participating households.

7.2.2 Use of different techniques

While most parents in both cohorts had heard of a wide range of parenting/discipline techniques, there were differences in the extent to which they used various techniques with the sample child (Table 7.2). Parents in the birth cohort (whose child was aged 22.5 months) were most likely to have ignored bad behaviour and raised their voice and shouted at their child (67% and 63% respectively of main respondents in couple households had done each of these with the sample child). Parents of children in the older cohort (whose child was aged 46.5 months) were more likely to use removing treats or privileges (74% of main respondents), the naughty step (or room/corner/area) (65% of main respondents) and 'time out' (60% of main respondents) in addition to ignoring bad behaviour or raising their voices. This may reflect perceptions of the increased effectiveness of such techniques in controlling children's behaviour as they develop greater understanding of consequences.

There was relatively little difference in reported use of most of these techniques between main carers and their partners, suggesting a fairly high level of consistency in approaches to discipline between parents (Table 7.2). One exception is that partners were somewhat less likely than main carers to say they ever 'ignored bad behaviour' – for example, 69% of main carers compared with just 59% of partners in our child cohort said they sometimes did this. Given the division of responsibility for child-related tasks (discussed later in this chapter), this may reflect the fact that mothers generally spend the most time looking after the child generally, and are therefore likely to have more opportunities to ignore bad behaviour for a period of time. Partners in the birth cohort were also slightly more likely than main carers to say that they used removing treats and privileges with the sample child (40%, compared with 29%).

Table 7.2 Discipline approaches respondents and partners ever used with cohort child by cohort (couple households only)

	Birth cohort (22.5 months) (%)		Child cohort (46.5 months) (%)	
	Respondent	Partners	Respondent	Partners
Time out	29.7	28.3	59.7	51.8
Reward system/sticker chart	8.0	13.5	55.7	53.9
Ignoring bad behaviour	67.1	56.8	68.5	58.6
Smacking	15.9	16.3	33.8	37.1
Naughty step/room/corner	34.1	34.4	65.4	66.0
Raising your voice or shouting	63.4	65.5	75.6	79.6
Removing treats or privileges	29.1	40.1	73.8	75.9
None of these	7.5	8.6	0.9	1.0
Bases (all households with resident partner at sweep 2)				
Weighted	*3614*	*2974*	*1916*	*1542*
Unweighted	*3765*	*2978*	*1998*	*1543*

7.2.3 Smacking

There is long-standing debate about the use of smacking as a discipline technique. Around one in eight main respondents and partners in couple households said they had ever smacked the sample child in the birth cohort, rising to over a third for the child cohort (Table 7.2). Parents were less likely to say they used smacking than most of the other discipline techniques the survey asked about. However, given the moral nature of the debate about smacking there may be more issues around parents giving 'socially acceptable' responses to questions about smacking.

Respondents in both cohorts who had more than one child were slightly more likely to say they had ever smacked *another* child in the household than that they had smacked the sample child (Table 7.3). For example, 37% of main carers in the birth cohort said they had smacked another child in the household, compared with 16% who said they had ever smacked the sample child. This is unsurprising, given that parents were more likely to say they had smacked children in the older cohort and that the siblings of children in the birth cohort are likely to be older. An earlier survey on disciplining children found that the use of physical chastisement did vary significantly by the age of the child (Anderson, Brownlie and Murray, 2002). In that survey, 38% of parents of children under 2 reporting having smacked them on the bottom, rising to 68% of parents of children aged 3 to 5 and 49% of those aged 6 to 10, before falling to just 14% of parents of children aged 11 or older.

Table 7.3 Discipline approaches respondents and partners ever used with any other child in household by cohort (couple households only)

	Birth cohort (22.5 months) (%)		Child cohort (46.5 months) (%)	
	Respondent	Partners	Respondent	Partners
Time out	62.8	52.1	58.6	54.3
Reward system/sticker chart	59.2	52.5	57.0	55.1
Ignoring bad behaviour	66.7	58.4	61.6	57.6
Smacking	36.8	36.0	36.5	42.8
Naughty step/room/corner	58.7	55.5	56.6	58.9
Raising your voice or shouting	78.1	79.4	78.0	80.5
Removing treats or privileges	76.3	74.8	75.8	77.3
None of these	2.3	4.7	3.4	3.1
Bases (all with partner in household at sweep 2 and 2+ children aged 2-16 in household)				
Weighted	*1936*	*1588*	*1146*	*917*
Unweighted	*2034*	*1556*	*1215*	*913*

In spite of the fact that around one in eight parents in the birth cohort and a third in the child cohort report smacking the sample child, the vast majority of parents in both cohorts believe that smacking is either 'not very' or 'not at all useful' as an approach for dealing with children of that age (Table 7.4). In fact, although main carers of children aged 46.5 months were more than twice as likely as those of toddlers aged 22.5 months to report having smacked them (34% compared with 16%), they were equally likely to say they thought smacking was *not* a useful approach (84% and 87% respectively). This suggests that the higher use of smacking with the older cohort is *not* primarily driven by a belief in its increased efficacy as a discipline technique as the child gets older. While partners in the birth cohort were almost as unlikely as main respondents to think smacking a useful technique, partners in the child cohort were slightly more likely than main respondents to think smacking could be 'very' or 'fairly useful' with children of the sample child's age (19% compared with 13%).

7.2.4 Usefulness of other techniques

While smacking was the approach least likely to be rated useful across both cohorts, there was more variation by the age of the child in the other techniques perceived as useful (Table 7.4 again). For example, removing treats or privileges was seen as 'very' or 'fairly useful' by 82% of main respondents and 84% of partners in couple households for children aged 46.5 months. In contrast, just 42% of main respondents and 51% of partners thought it would be useful for children aged 22.5 months. Again, this probably reflects perceptions of the appropriateness of different techniques for children at different stages of cognitive development.

In line with the fact that fewer partners than main respondents reported 'ignoring bad behaviour' by the sample child, partners were also less likely to think that ignoring bad behaviour was a useful approach (63% of partners in the birth cohort, compared with 73% of main respondents thought ignoring bad behaviour was 'very' or 'fairly useful' for a child aged 22.5 months). In contrast, partners in both cohorts were relatively *more* likely than main respondents to think that raising your voice or shouting is useful (45% of partners compared with 33% of main respondents in the child cohort), while partners in the birth cohort were more likely than main respondents to believe that removing treats or privileges is a useful approach to use with children aged 22.5 months (51% compared with 42%).

Table 7.4 Respondent and partner's views on usefulness of discipline techniques by cohort (all who have heard of techniques, couple households only)[15]

	Birth cohort (22.5 months) (%)		Child cohort (46.5 months) (%)	
	Respondent	Partners	Respondent	Partners
Time out				
Very/fairly useful	38.9	42.1	74.9	73.2
Not very/not at all useful	58.4	54.3	22.0	23.1
Weighted base	*3447*	*2671*	*1842*	*1429*
Unweighted base	*3606*	*2691*	*1925*	*1437*
Reward system/sticker chart				
Very/fairly useful	25.6	34.8	78.2	77.5
Not very/not at all useful	70.8	61.3	17.7	18.4
Weighted base	*3508*	*2768*	*1878*	*1486*
Unweighted base	*3671*	*2784*	*1962*	*1492*
Ignoring bad behaviour				
Very/fairly useful	73.3	63.4	64.4	57.3
Not very/not at all useful	25.1	34.5	34.2	40.8
Weighted base	*3444*	*2634*	*1829*	*1382*
Unweighted base	*3593*	*2642*	*1913*	*1387*
Smacking				
Very/fairly useful	10.5	13.0	13.3	18.5
Not very/not at all useful	87.2	84.0	84.0	78.7
Weighted base	*3616*	*2978*	*1918*	*1543*
Unweighted base	*3764*	*2978*	*1998*	*1543*
Naughty step/room/corner				
Very/fairly useful	43.3	49.8	75.1	78.1
Not very/not at all useful	53.7	47.4	21.7	19.5
Weighted base	*3543*	*2820*	*1885*	*1483*
Unweighted base	*3702*	*2837*	*1968*	*1487*
Raising your voice or shouting				
Very/fairly useful	38.8	46.5	32.6	44.9
Not very/not at all useful	60.4	52.6	67.1	54.2
Weighted base	*3616*	*2978*	*1918*	*1543*
Unweighted base	*3764*	*2978*	*1998*	*1543*
Removing treats or privileges				
Very/fairly useful	42.5	51.0	82.4	84.5
Not very/not at all useful	55.3	46.9	15.8	14.2
Weighted base	*3559*	*2912*	*1899*	*1522*
Unweighted base	*3715*	*2925*	*1981*	*1526*

15 NB the small proportions of respondents who gave 'don't know' or 'it depends' answers are not shown in this table. Hence in some cases the totals may sum to slightly under 100%.

7.3 Parent-child activities

The sweep 1 overview report summarised how often parents did various social, educational and play activities with their child, including: going to the park or playground; visiting friends with small children; playing indoor or outdoor games; going to the library; painting and drawing; reciting nursery rhymes and singing; playing at recognising letters, words, numbers or shapes and using a computer. Sweep 2 of GUS asked parents about a different range of parent-child activities, focusing less on education and more on 'everyday' activities associated with both care-giving (such as bathing the child) and emotional bonding (such as cuddling, or just talking or chatting with them).

Although main respondents were more likely than their partners to play with their children, cuddle them or just chat or talk to them more than once a day, the vast majority of both main carers and their partners do all these things with their child at least once a day (Table 7.5). For example, in the child cohort, almost 100% of main respondents and 94% of partners said they chatted with or talked to the child at least once a day (96%/ 83% more than once a day). Although partners in households with children aged 46.5 months were slightly less likely than partners in households with younger children to play with the child at least once a day (74% compared with 87%), the majority still played with the child on a daily basis.

Gender divisions between parents were more apparent with respect to activities like bathing the child, dressing him/her, and getting them ready for bed. In both the child and birth cohort, the main respondent did these activities more often than their partner. For example, 60% of main respondents in couple households are involved in getting their child ready for bed once a day or more often, compared with just 21% of their partners (child cohort). Although these activities also involve spending time with the child, they may be viewed as part of childcare, rather than being seen as specific parent-child 'bonding' activities like talking, playing or cuddling. Thus these gender divisions may reflect the fact that the main respondent is also (usually) the main carer for the sample child.

Table 7.5 Frequency of activities with the child - respondent and partners answers by cohort (couple households only)

	Birth cohort (22.5 months) (%)		Child cohort (46.5 months) (%)	
	Respondent	Partners	Respondent	Partners
Bath him/her[16]				
Once or twice a week or less	13.3	43.5	15.5	51.2
A few times a week	38.8	39.3	46.3	37.4
Once a day	45.0	16.4	37.1	11.0
More than once a day	2.7	0.5	0.9	0.1
Dress him/her				
Once or twice a week or less	1.8	36.4	11.0	43.5
A few times a week	8.3	38.6	14.7	37.0
Once a day	43.5	18.1	48.0	15.8
More than once a day	46.4	6.5	25.9	3.4
Get him/her ready for or put to bed				
Once or twice a week or less	6.4	26.9	8.0	25.4
A few times a week	27.4	48.7	32.2	53.7
Once a day	55.9	22.1	57.0	19.6
More than once a day	10.3	2.1	2.6	1.2
Read to him/her				
Once or twice a week or less	15.0	39.2	15.5	42.2
A few times a week	20.8	30.4	26.0	33.2
Once a day	32.8	21.6	37.9	20.6
More than once a day	31.2	8.6	20.5	3.9
Play with him/her				
Once or twice a week or less	0.5	2.0	2.3	4.4
A few times a week	3.0	11.4	10.3	21.3
Once a day	14.3	29.2	24.1	31.0
More than once a day	82.2	57.3	63.3	43.2
Cuddle him/her				
Once or twice a week or less	0.1	0.8	0.2	1.8
A few times a week	0.3	3.5	0.5	5.1
Once a day	3.0	11.3	5.5	16.0
More than once a day	96.6	84.2	93.8	77.0
Just talk or chat to him/her				
Once or twice a week or less	0.1	0.6	0.0	1.3
A few times a week	0.3	3.2	0.4	4.4
Once a day	2.4	9.3	3.9	11.4
More than once a day	97.1	86.8	95.6	82.9
Bases (all households with resident partner at sweep 2)				
Weighted	*3616*	*2978*	*1918*	*1543*
Unweighted	*3764*	*2978*	*1998*	*154*

16 It is worth noting that findings about bathing will reflect frequency of bathing as well as who is involved in doing this. However, this will not affect the comparison between the frequency with which respondents and partners bath their child – if this task were shared completely equally, we would expect exactly the same pattern of responses for respondents and their partners, regardless of how often the child actually has a bath.

7.3.1 Variations in parental activities with children

In this section, we explore variations in the frequency with which parents undertake different activities with their children by socio-demographic and other factors. We focus particularly on partners given that, as seen above, there is greater variation in the frequency with which partners take part in these activities.

The sweep 1 overview report found variations in the frequency with which parents looked at books or read stories with their children by the age of the mother, with mothers aged under 20 less likely than mothers aged 40 or over to do this very frequently. Similar variations can be seen with respect to the frequency with which both main respondents and their partners read to their children at sweep 2. For example, among the birth cohort 67% of mothers aged 40 or over read to their child at least once a day, compared with just 48% of mothers who were aged 20 or under at the time the cohort child was born. However, by the time children are 46.5 months these differences by the age of the mother when the child was born are much less pronounced – 51% of mothers aged under 20 when the child was born read to their child at least once a day, compared with 58% of mothers aged 40 or older.

Younger partners (aged 24 or under[17]) are also less likely than partners aged 30 or older to read with the child on a daily basis (19% compared with 32% for the birth cohort). These differences by the partner's age are still apparent by the time the child is 46.5 months – 25% of partners aged 30 or over read to their child at least once a day, compared with 15% of partners aged 24 or under.

Parents of both sexes who are highly educated are more likely than parents without qualifications to read to their children. For example, 66% of partners qualified to at least Higher level read to their (birth cohort) child a few times a week or more often, compared with 37% of those with no qualifications.

Partners who are more highly educated are also more likely than those without qualifications to bath the child, dress them and get them ready for bed more often (Table 7.6). However, there is no significant difference by education in the proportion of partners who play with their child, cuddle them or just chat to them more than once a day (Table 7.7). This suggests that education has a greater effect on the extent to which men are involved in childcare-related and educational tasks (such as reading to the child) than on the frequency of other bonding activities between men and their children.

17 A slightly different banding was used for analysis by age of partner, due to the very low numbers of partners aged 20 or under.

Table 7.6 Percentage of partners who do various activities with child a few times a week or more by sample type and highest educational qualification

		Highest educational qualification (%)	
		Higher or above	None
Bath him/her a few times a week or more	Birth cohort Child cohort	58.8 50.2	37.7 36.1
Dress him/her a few times a week or more	Birth cohort Child cohort	64.6 57.8	52.6 50.9
Get him/her ready for bed a few times a week or more	Birth cohort Child cohort	75.6 77.2	54.3 64.1
Read to him/her a few times a week or more	Birth cohort Child cohort	65.8 62.1	37.1 43.0
Weighted bases	*Birth cohort* *Child cohort*	*2152* *1143*	*265* *132*
Unweighted bases	*Birth cohort* *Child cohort*	*2228* *1159*	*235* *124*

Table 7.7 Percentage of partners who do various activities with child more than once a day by sample type and highest educational qualification

		Highest educational qualification (%)	
		Higher or above	None
Play with him/her more than once a day	Birth cohort Child cohort	55.8 41.7	61.5 45.7
Cuddle him/her more than once a day	Birth cohort Child cohort	84.4 76.9	84.9 79.1
Just talk or chat with him/her more than once a day	Birth cohort Child cohort	86.9 83.5	87.2 80.6
Weighted bases	*Birth cohort* *Child cohort*	*2152* *1143*	*265* *132*
Unweighted bases	*Birth cohort* *Child cohort*	*2228* *1159*	*235* *124*

Another factor that might influence the frequency with which partners take part in various activities with their child is time. Perhaps those who work (particularly full time) have less time available. However, Table 7.8 suggests that the relationship between working and taking part in different activities with children is not as straightforward as this. While partners who work full time are *less* likely than those who work part-time or not at all to dress the child on at least a few occasions a week, they are *more* likely to bath them a few times a week and (among the birth cohort) to read to them a few times a week or more. This may in part reflect differences by education, noted above (since partners who work full time are more likely than those who do not work to have higher educational qualifications, a factor also strongly associated with reading to the child more often). It is also possible that the division of different care-taking activities in couple-households varies depending on working patterns – for example, where the father works full-time, perhaps they are less likely to be available in the morning to get the child dressed but more likely to be involved in bath times when they get home from work.

Table 7.8 Percentage of partners who do various activities with child a few times a week or more by sample type and partner's employment status

		Partner's working status (%)		
		Full-time	Part-time	Not working
Bath him/her a few times a week or more	Birth cohort Child cohort	58.0 49.7	46.9 44.1	44.4 38.1
Dress him/her a few times a week or more	Birth cohort Child cohort	61.9 53.5	70.4 71.0	71.0 75.6
Get him/her ready for bed a few times a week or more	Birth cohort Child cohort	73.8 75.3	63.9 67.2	69.4 72.1
Read to him/her a few times a week or more	Birth cohort Child cohort	62.7 58.8	54.4 62.6	45.1 39.7
Weighted bases	*Birth cohort* *Child cohort*	*2537* *1316*	*192* *108*	*239* *112*
Unweighted bases	*Birth cohort* *Child cohort*	*2571* *1323*	*174* *105*	*224* *107*

There is some evidence that those partners who feel they have 'plenty of time' to spend with the sample child are more involved than those who feel they have 'nowhere near enough time' in at least some of the activities we asked about. For example, 71% of those who feel they have plenty of time to spend with the child help get the child dressed a few times a week or more often (baby cohort), compared with just 54% of those who feel they have 'nowhere near enough time' (Table 7.9). Similarly, 71% of partners in the birth cohort who say they have 'plenty of time' with their child play with them more than once a day, compared with just 49% of those who say they have 'nowhere near enough time' (Table 7.10). However, those who feel they have plenty of time with their child are no more likely than those who feel they do not have enough to read to the child a few times a week or more, and are only slightly more likely to bath them or get them ready for bed a few times a week or more often (Table 7.9). Thus while perceived time constraints may affect how engaged fathers are in some care-taking and emotional bonding activities with their children, it is clearly not the only factor. Age and, in particular, education appear to be relatively more important in explaining differences in involvement in childcare-related tasks.

Table 7.9 Percentage of partners who do various activities with child a few times a week or more by sample type and feelings about amount of time they have to spend with the child

		Feeling about amount of time have to spend with child (%)	
		Plenty of time	Nowhere near enough time
Bath him/her a few times a week or more	Birth cohort Child cohort	56.3 51.0	49.9 43.4
Dress him/her a few times a week or more	Birth cohort Child cohort	70.7 65.6	54.1 47.6
Get him/her ready for bed a few times a week or more	Birth cohort Child cohort	72.5 72.9	65.9 68.1
Read to him/her a few times a week or more	Birth cohort Child cohort	55.6 56.3	55.5 54.9
Weighted bases	*Birth cohort* *Child cohort*	*611* *291*	*549* *260*
Unweighted bases	*Birth cohort* *Child cohort*	*597* *291*	*562* *262*

Table 7.10 Percentage of partners who do various activities with child more than once a day by sample type and feelings about amount of time they have to spend with the child

		Feeling about amount of time have to spend with child (%)	
		Plenty of time	Nowhere near enough time
Play with him/her more than once a day	Birth cohort Child cohort	71.4 61.3	49.0 31.7
Cuddle him/her more than once a day	Birth cohort Child cohort	87.6 85.1	83.3 74.9
Just talk or chat with him/her more than once a day	Birth cohort Child cohort	91.5 89.5	82.7 79.1
Read to him/her a few times a week or more	Birth cohort Child cohort	55.6 56.3	55.5 54.9
Weighted bases	*Birth cohort* *Child cohort*	*611* *291*	*549* *260*
Unweighted bases	*Birth cohort* *Child cohort*	*597* *291*	*549* *262*

7.4 Household division of labour

Respondents were asked how they divided tasks relating to the sample child and household chores more generally. These questions were included in both sweeps 1 and 2 of GUS. In sweep 2, they were also asked of partners in couple households. As discussed in the introduction, 99% of main respondents were female (almost always the child's mother),[18] while 99% of partner respondents were male. Thus comparison of main and partner respondents' answers allows us to explore differences in perceptions of the household division of labour by gender.

18 Given that in almost all cases the main respondent is the mother, the terms 'main respondent' and 'mother' are used interchangably in this section.

7.4.1 Main respondents' views – sweep 1 and sweep 2

Table 7.11 shows relatively little change between sweeps in main respondents' perceptions of who is responsible for child-related tasks, such as feeding the child, changing nappies, and generally looking after the child. The majority of child-related tasks continue to be undertaken by the mother while children are aged under 4. As at sweep 1, this pattern is most pronounced in respect of feeding the child and generally being with or looking after them. That said, there was a small increase between sweeps in the proportion of respondents in the child cohort who say they share both feeding the child (from 19% at sweep 1 to 23% at sweep 2) and generally being with and looking after them (from 26% to 32%) with their partners. There was also a small decrease in the birth cohort in respondents saying they are mostly responsible for getting up in the night if the child needs to be comforted (from 58% to 51%) – perhaps reflecting greater sharing of this task with partners once women return to work after a period of maternity leave.

Table 7.11 Responsibility for child-related tasks by cohort and sweep (perspective of main respondent)

	Birth cohort (22.5 months) (%)		Child cohort (46.5 months) (%)	
	Sweep 1	Sweep 2	Sweep 1	Sweep 2
Feeding him/her				
I do most of it	79.3	75.8	76.1	71.2
My husband/wife/partner does most of it	1.7	2.6	3.3	4.7
We share more or less equally	18.2	20.2	19.1	22.7
Someone else does it	0.8	1.4	1.4	1.4
Changing his/her nappies[19]				
I do most of it	66.1	61.7	–	–
My husband/wife/partner does most of it	1.9	2.6	–	–
We share more or less equally	31.3	33.4	–	–
Someone else does it	0.7	0.9	–	–
Getting up in the night if he/she cries or needs to be comforted				
I do most of it	57.9	50.5	52.3	53.3
My husband/wife/partner does most of it	7.7	11.7	10.7	11.0
We share more or less equally	34.1	37.1	36.8	35.4
Someone else does it	0.1	0.3	0.1	0.1
Looking after the child when he/she is ill				
I do most of it	63.0	63.5	66.5	64.5
My husband/wife/partner does most of it	1.5	1.3	1.8	2.0
We share more or less equally	34.9	34.9	31.4	33.2
Someone else does it	0.2	0.3	0.2	0.3
Generally being with and looking after the child				
I do most of it	70.6	67.2	69.3	64.9
My husband/wife/partner does most of it	1.4	1.5	2.0	2.4
We share more or less equally	27.5	30.4	27.5	31.7
Someone else does it	0.5	0.8	1.2	1.0
Bases (all main respondents with partner at both sweeps 1 and 2)				
Weighted	*3463*	*3463*	*1828*	*1828*
Unweighted	*3639*	*3639*	*1921*	*1921*

19 This question was only asked of the birth cohort at Sweep 2.

Table 7.12 shows that, overall, mothers' perceptions of the division of household tasks also remained fairly similar between sweeps 1 and 2. The majority still say they do the most cooking, cleaning and laundry when their children are 22.5 and 46.5 months. There has even been a small increase (from 67% to 72%) in the proportion of main respondents' in the birth cohort who say they do most of the cooking.

Table 7.12 Responsibility for household tasks by cohort and sweep (perspective of main respondent)

	Birth cohort (22.5 months) (%)		Child cohort (46.5 months) (%)	
	Sweep 1 (10.5 months)	Sweep 2 (22.5 months)	Sweep 1 (34.5 months)	Sweep 2 (46.5 months)
Preparing and cooking the main meal				
I do most of it	66.6	71.7	70.8	69.8
My husband/wife/partner does most of it	12.8	10.4	10.6	11.1
We share more or less equally	19.8	16.8	17.7	18.5
Someone else does it	0.8	1.0	0.9	0.6
Cleaning the home				
I do most of it	70.0	72.2	74.3	72.1
My husband/wife/partner does most of it	3.2	2.8	2.4	2.5
We share more or less equally	24.0	21.7	20.4	22.4
Someone else does it	2.8	3.3	3.0	2.9
Laundry and ironing				
I do most of it	75.9	77.0	79.5	77.8
My husband/wife/partner does most of it	3.6	3.5	2.9	3.5
We share more or less equally	18.4	17.3	15.6	16.9
Someone else does it	2.1	2.1	2.0	1.8
Bases (all with partner at both sweeps 1 and 2)				
Weighted	*3463*	*3463*	*1828*	*1828*
Unweighted	*3639*	*3639*	*1921*	*1921*

However, although *overall* mothers' perceptions of the division of child-related and household tasks appear to have changed relatively little between sweeps of GUS, it is possible that this picture masks greater changes in perceptions of the division of responsibilities within *individual* households. Table 7.13 and Table 7.14 show that while most respondents gave the same answer at each sweep, there are also some interesting shifts in responses among a minority of respondents. The most common shift in respect of child-related tasks is from the main respondent saying they do most, to saying they share these tasks equally with their partner. For example, in the birth cohort 10% of respondents said they fed the child most often at sweep 1 (when the child was just under 1), but now say they share this equally with their partner. However, there are also some households where respondents indicate a shift in the opposite direction – for example, 13% of respondents in the birth cohort said they shared looking after the child when they were ill equally at sweep 1, but now say they do most.

In respect of household tasks, again most respondents gave the same responses at each sweep. However, a minority of respondents in each case give responses that indicate either a shift towards or away from sharing these tasks more equally with their partner (Table 7.14). For example, in the birth cohort 10% of respondents said they shared cooking equally at sweep 1 but now say that they do most, while 6% said they did most of the cooking at sweep 1 and now think they share it equally.

Table 7.13 Change in main respondents' perceptions of responsibility for child-related tasks between sweeps 1 and 2, by cohort

	Birth cohort (22.5 months) (%)	Child cohort (46.5 months) (%)
Feeding him/her		
No change	76.9	76.0
Change from respondent does most to sharing equally	10.3	11.1
Change from respondent does most to partner does most	1.1	1.3
Change from sharing equally to resp does most	7.7	6.8
Some other change between sweeps 1 and 2[20]	4.0	4.7
Changing his/her nappies[21]		
No change	71.1	-
Change from respondent does most to sharing equally	13.0	-
Change from respondent does most to partner does most	0.5	-
Change from sharing equally to resp does most	9.8	-
Some other change between sweeps 1 and 2	5.5	-
Getting up in the night if he/she cries or needs to be comforted		
No change	65.5	69.5
Change from respondent does most to sharing equally	14.2	9.4
Change from respondent does most to partner does most	2.6	1.7
Change from sharing equally to resp does most	8.5	10.5
Some other change between sweeps 1 and 2	8.8	8.5
Looking after the child when he/she is ill		
No change	70.9	71.1
Change from respondent does most to sharing equally	12.7	13.6
Change from respondent does most to partner does most	0.4	0.6
Change from sharing equally to resp does most	13.2	11.9
Some other change between sweeps 1 and 2	2.3	2.9
Generally being with and looking after the child		
No change	74.2	74.2
Change from respondent does most to sharing equally	12.8	12.4
Change from respondent does most to partner does most	0.6	1.1
Change from sharing equally to resp does most	9.7	8.5
Some other change between sweeps 1 and 2	2.7	3.8
Bases (all with partner at both sweeps 1 and 2)		
Weighted	*3463*	*1828*
Unweighted	*3639*	*1921*

20 'Some other change' includes changes either from someone else being mostly responsible for this task to the respondent or partner being (jointly or singly) responsible, or from the repsondent or partner being responsible to someone else being responsible, or from the partner doing most to the respondent doing most.

21 This question was only asked of the birth cohort at sweep 2.

Table 7.14 Change in main respondents' perceptions of responsibility for household tasks between sweeps 1 and 2, by cohort

	Birth cohort (22.5 months) (%)	Child cohort (46.5 months) (%)
Preparing and cooking the main meal		
No change	73.9	75.7
Change from respondent does most to sharing equally	5.9	7.3
Change from respondent does most to partner does most	1.5	2.2
Change from sharing equally to resp does most	10.0	6.3
Some other change between sweeps 1 and 2	8.7	8.4
Cleaning the home		
No change	76.0	77.8
Change from respondent does most to sharing equally	7.6	9.2
Change from respondent does most to partner does most	0.5	0.6
Change from sharing equally to resp does most	9.8	6.9
Some other change between sweeps 1 and 2	6.1	5.4
Laundry and ironing		
No change	80.5	81.3
Change from respondent does most to sharing equally	6.2	7.0
Change from respondent does most to partner does most	0.8	0.9
Change from sharing equally to resp does most	7.1	5.4
Some other change between sweeps 1 and 2	5.4	5.4
Bases (all with partner at both sweeps 1 and 2)		
Weighted	*3463*	*1828*
Unweighted	*3639*	*1921*

7.4.2 Comparison of main respondents' and partners' views

Table 7.15 and Table 7.16 compare the perceptions of main and partner respondents on the division of child-related and household tasks. Overall the proportion of partners who say 'my husband/wife/partner does most' with respect to child-related tasks is fairly similar to the proportion of main respondents who say they do most, suggesting that there are not very large disparities in how men and women view the division of such tasks. That said, the proportion of partners who believe that they share child-related tasks 'equally' tends to exceed the proportion of main respondents who think this with respect to feeding the child, changing nappies, looking after the child when they are ill and generally being with or looking after the child. For example, among the birth cohort, 31% of main respondents say they share 'generally being with and looking after the child' equally with their partner, compared with 42% of partners who say the same.

Table 7.15 Perceptions of responsibility for child-related tasks - respondent and partners answers by cohort (couple households only)

	Birth cohort (22.5 months) (%)		Child cohort (46.5 months) (%)	
	Respondent	Partners	Respondent	Partners
Feeding him/her				
I do most of it	75.6	3.7	71.5	6.0
My husband/wife/partner does most of it	2.6	65.2	4.6	62.2
We share more or less equally	20.2	30.0	22.5	30.2
Someone else does it	1.5	1.1	1.4	1.3
Changing his/her nappies[22]				
I do most of it	61.7	3.5	–	–
My husband/wife/partner does most of it	2.6	49.8	–	–
We share more or less equally	33.4	44.5	–	–
Someone else does it	1.0	0.8	–	–
Getting up in the night if he/she cries or needs to be comforted				
I do most of it	50.4	15.9	53.7	16.3
My husband/wife/partner does most of it	11.8	45.5	11.0	45.1
We share more or less equally	37.2	37.8	34.9	38.2
Someone else does it	0.3	0.4	0.1	0.3
Looking after the child when he/she is ill				
I do most of it	63.4	2.8	64.2	3.7
My husband/wife/partner does most of it	1.3	49.2	2.1	50.0
We share more or less equally	35.0	47.4	33.4	45.6
Someone else does it	0.2	0.5	0.3	0.5
Generally being with and looking after the child				
I do most of it	67.1	3.4	64.8	3.6
My husband/wife/partner does most of it	1.4	53.7	2.3	53.2
We share more or less equally	30.6	42.3	31.9	42.4
Someone else does it	0.9	0.6	1.0	0.7
Bases (all households with resident partner at sweep 2)				
Weighted	*3616*	*2978*	*1918*	*1543*
Unweighted	*3764*	*2978*	*1998*	*1543*

22 This question was only asked of the birth cohort at Sweep 2

Differences in the proportion of main respondents and partners who say they share household tasks 'more or less equally' are somewhat less pronounced overall – for example, among the child cohort, 17% of main respondents say they share laundry and ironing, compared with 23% of partners. That said, there is still a 10 point gap between the percentage of main respondents and partners who say cleaning the home is shared equally – in the birth cohort, 22% of main respondents said this compared with 32% of partner respondents.

Table 7.16 Perceptions of responsibility for household tasks – respondents and partners answers by cohort (couple households only)

	Birth cohort (22.5 months) (%)		Child cohort (46.5 months) (%)	
	Respondent	Partners	Respondent	Partners
Preparing and cooking the main meal				
I do most of it	71.6	15.7	69.6	14.8
My husband/wife/partner does most of it	10.5	61.6	11.2	60.5
We share more or less equally	16.9	21.7	18.5	24.4
Someone else does it	1.1	0.9	0.6	0.2
Cleaning the home				
I do most of it	71.8	5.8	72.2	5.4
My husband/wife/partner does most of it	2.9	60.0	2.6	60.7
We share more or less equally	22.1	31.7	22.4	31.4
Someone else does it	3.2	2.5	2.8	2.4
Laundry and ironing				
I do most of it	77.1	5.4	78.2	5.3
My husband/wife/partner does most of it	3.5	69.8	3.5	70.0
We share more or less equally	17.4	23.0	16.6	23.1
Someone else does it	2.0	1.8	1.8	1.6
Bases (all households with resident partner at sweep 2)				
Weighted	*3616*	*2978*	*1918*	*1543*
Unweighted	*3764*	*2978*	*1998*	*1543*

Although these over-arching tables suggest there are some differences in the way men and women view the division of child-related and household tasks, the exact nature of these differences is not completely clear. Table 7.17 and Table 7.18 show differences in views within *individual* households. This indicates that for child-related tasks, the most common difference of opinion between main respondents and their partners involves the respondent saying they do most, while the partner believes the task is shared equally. This was most pronounced with respect to looking after the child when he or she is ill – in 20% of households in the birth cohort the main respondent believed they were mainly responsible for this, while their partner thought they shared it equally.

Table 7.17 Differences in respondents' and partners' perceptions of responsibility for child-related tasks by cohort (couple households only)

	Birth cohort (22.5 months) (%)	Child cohort (46.5 months) (%)
Feeding him/her		
No difference	76.4	75.9
R says share, P says R does most	5.5	6.1
R says they do most, P says share	13.2	12.0
R says share, P says they do most	1.4	1.4
Some other difference[23]	3.4	4.4
Changing his/her nappies[24]		
No difference	72.0	–
R says share, P says R does most	6.9	–
R says they do most, P says share	15.1	–
R says share, P says they do most	1.1	–
Some other difference	3.2	–
Getting up in the night if he/she cries or needs to be comforted		
No difference	70.4	70.8
R says share, P says R does most	7.5	6.4
R says they do most, P says share	10.1	11.3
R says share, P says they do most	5.5	5.1
Some other difference	6.0	6.2
Looking after the child when he/she is ill		
No difference	66.9	67.7
R says share, P says R does most	9.1	8.1
R says they do most, P says share	20.1	18.7
R says share, P says they do most	1.3	1.2
Some other difference	2.3	4.0
Generally being with and looking after the child		
No difference	70.7	69.9
R says share, P says R does most	7.6	8.6
R says they do most, P says share	17.3	16.9
R says share, P says they do most	1.1	1.2
Some other difference	3.3	3.3
Bases (all with complete partner interview)		
Weighted	*2827*	*1477*
Unweighted	*2978*	*1543*

23 'Some other difference' include cases where the respondent or partner says someone else (other than the couple) is mainly responsible for a partiuclar task and cases where the respondent says the partner does most but the partner says they share this task equally with the respondent.

24 This question was only asked of the birth cohort at sweep 2.

With respect to household tasks, again the most common difference of opinion occurs when (female) main respondents say they do most and their partners think the task is shared equally. This is most pronounced with respect to cleaning – in 14% of households in the child cohort, the main respondent believes they are mainly responsible for cleaning while their partner sees this as a shared task.

Table 7.18 Differences in respondents' and partners' perceptions of responsibility for household tasks by cohort (couple households only)

	Birth cohort (22.5 months) (%)	Child cohort (46.5 months) (%)
Preparing and cooking the main meal		
No difference	77.3	77.5
R says share, P says R does most	3.7	3.6
R says they do most, P says share	9.6	9.4
R says share, P says they do most	3.5	3.0
Some other difference	5.9	6.4
Cleaning the home		
No difference	74.3	74.2
R says share, P says R does most	4.9	5.2
R says they do most, P says share	14.3	14.1
R says share, P says they do most	2.2	1.8
Some other difference	4.3	4.6
Laundry and ironing		
No difference	80.6	81.7
R says share, P says R does most	4.2	3.4
R says they do most, P says share	9.1	8.1
R says share, P says they do most	1.5	1.1
Some other difference	4.5	5.6
Bases (all with complete partner interview)		
Weighted	*2827*	*1477*
Unweighted	*2978*	*1543*

7.5 Key points

- Most parents have heard of a wide range of discipline techniques, including techniques such as the naughty step and 'time out' made popular by recent television programmes about bringing up young children.
- Parents of the older cohort (aged just under 4) in particular are making use of a wide range of different techniques for disciplining and controlling their children's behaviour.
- Parents were less likely to admit to smacking the cohort child than to using any of the other discipline techniques we asked about. Parents of the older cohort were more than twice as likely as parents of the birth cohort to say they had smacked the sample child (34% compared with 16%).
- Smacking was not seen as a particularly useful discipline technique by parents. Most think it is 'not very' or 'not at all' useful.
- The perceived usefulness of other techniques varied depending on the age of the child, with ideas like the naughty step, time out and reward systems or sticker charts seen as more useful for the older cohort (aged just under 4).
- The vast majority of male and female carers take part in 'bonding' activities like cuddling, playing with their children and just talking and chatting to them on a daily basis.
- Gender divisions are more apparent with respect to activities like bathing children, getting them dressed and getting them ready for bed, with women doing these activities more often than their male partners.
- While there were no significant differences by education in the proportion of male partners who play with their child, cuddle them or chat to them more than once a day, men with at least Higher level qualifications are more likely than men with no qualifications to be involved with bath time, dressing the child, getting them ready for bed and reading to them.
- There is also some evidence that time is a factor, with male partners who feel they have 'plenty of time' to spend with their child more likely than those who feel they have 'nowhere near enough' to help get the child dressed and play with them more often. However, male partners who work full time are more likely than those who work part-time or not at all to bath the child and read to them more often, suggesting that time is not the only factor affecting male involvement in day-to-day activities with their child.
- At the overall level, there was relatively little change in main respondents' perceptions of the household division of labour between sweeps 1 and 2. For all the child-related and household tasks covered, the respondent was most likely to say they did most.

- However, at the level of individual households there were some shifts, most commonly from respondents believing they did most at sweep 1 to feeling they shared particular tasks more equally with their partners at sweep 2.
- Overall, the views of main respondents and their partners on the division of child-related and household tasks are fairly similar. However, partners are somewhat more likely to believe that these tasks are shared equally, while the main respondent believes they are mainly responsible for them, especially with respect to childcare-related tasks.

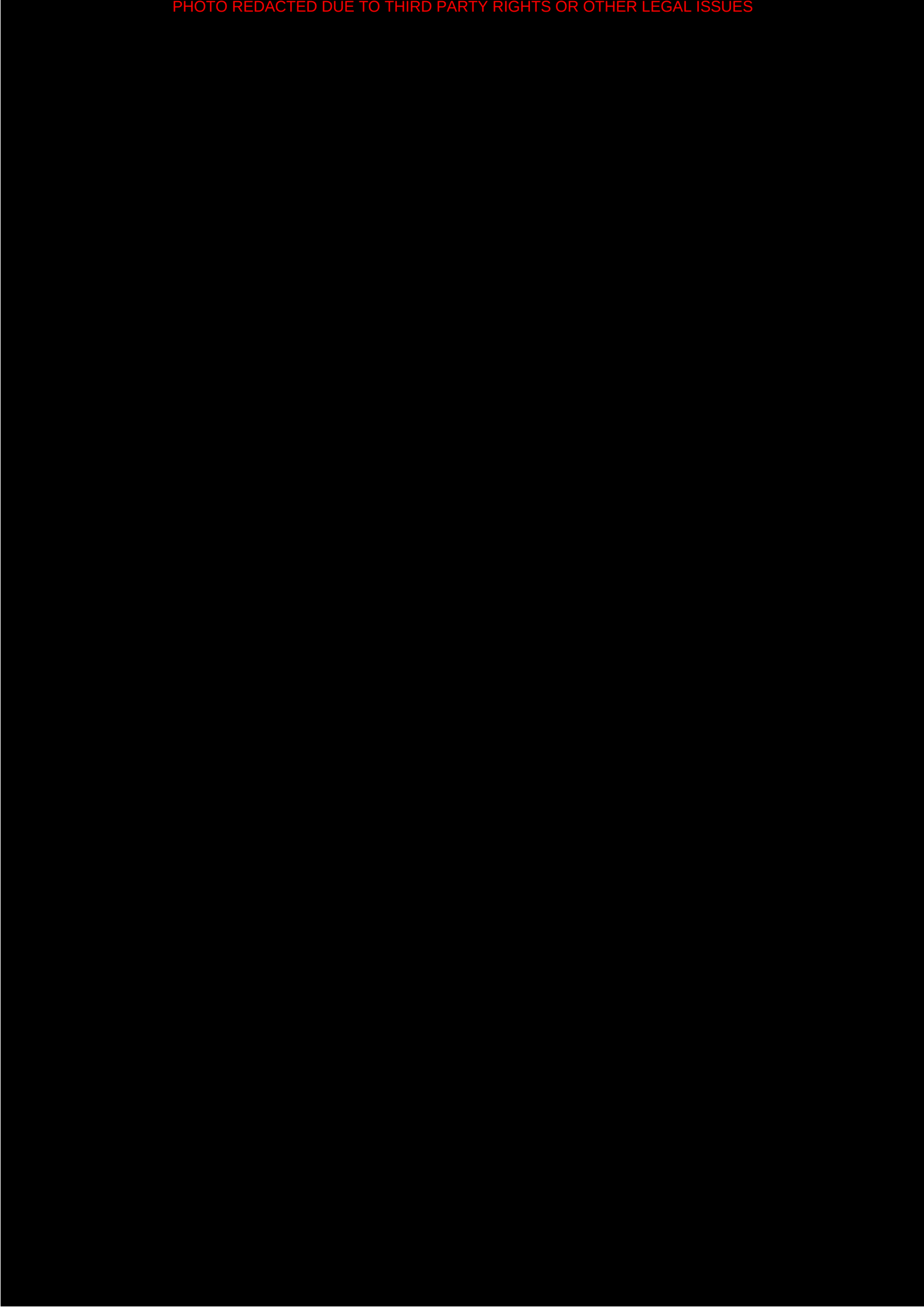
7.6 Conclusion

Interviewing partners at this sweep has allowed interesting analyses of the extent of shared parenting and the contours of the domestic division of labour. The overwhelming evidence is of a highly gendered domestic division of labour, with women reporting greater involvement in and responsibility for the range of household tasks. There is some evidence to support sociological work (Jamieson 1998) that suggests a discourse of equality exists that exceeds actual day to day behaviour. Partners are slightly more likely to believe that tasks are shared equally than the main respondent. Nonetheless, it is clear that partners are involved in a range of child and household related activities. The factors that influence partner involvement do not only relate to time. Although those who report that they feel that they have plenty of time to spend with their children are also more likely to report that they do so, the evidence suggests that male partners who work full time are more likely than the rest to bathe or read to their child. Education may be an overriding factor here, alongside couple expectations and working patterns of the mother.

The results demonstrate that parents are aware of different parenting techniques especially relating to discipline and utilise a range of options themselves. This would suggest that popular TV programmes about parenting, wider media coverage of the role of parents and maybe the existence of parenting programmes such as Triple P, are having some influence on parenting behaviour. Certainly, smacking is not the most popular form of discipline. Although over a third of parents of the child cohort do report ever having smacked their child, they also report that they don't think that smacking is a particularly useful technique. It seems, then, that parents reflect on parenting techniques and use a range in order to discipline their children.

Just as Chapter 5 reported high levels of involvement in a range of social and educational activities, this chapter finds the vast majority of respondents and their partners interact with their child – by cuddling, playing or talking once a day or more. Partners are less often involved in activities more associated with physical care, such as bathing, dressing, getting ready for bed. This appears to be mediated by working patterns, education and use of formal and informal childcare. As in Chapter 5, the analysis presented here suggests that education has an effect on the likelihood of parents of both sexes reading to their children. Partners who were more highly educated were also more likely to report being involved in child care related activities.

Overall, these findings suggest that respondents and their partners think about parenting and parenting styles. This might imply that interventions, such as parenting programmes, might be well received by both mothers and fathers, if they are sensitively delivered in a way that takes into account current good practice and parental expertise. Data in Chapter 8 (section 8.4.2) shows that virtually all parents who had attended a parenting class in the last year found it to be very or fairly useful. Such classes may help parents to deal with emerging concerns about discipline and their children's behaviour. The findings also suggest that the relationship between work outside the home and work inside the home are interrelated in a complex way: it is not always those fathers, or indeed mothers, who work full time who spend least time involved in caring and interactive activities with their children.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8.1 Introduction

Although parents have the main responsibility for their children, they depend on both informal and formal sources of support, ranging from information and advice to help with childcare and help from health and other professionals. The quality and quantity of informal sources of support will in turn depend crucially on parents' family and social networks in which that support is embedded. Parents' use of formal sources of support, whether from statutory or voluntary agencies, should also be seen in the context of informal support, and the extent to which these are complementary to each other.

The key support that grandparents provide was examined in some depth in the report of the first sweep of Growing up in Scotland. In this chapter, we look at parents' wider informal social networks of family and friends, how these networks are related to parents' access and use of informal support for help with childcare, and parents' assessment of how well that support meets their needs. We then turn to more formal sources of support, such as parenting classes, professionals in health and welfare services, how service access and use varies, and parents' views about the formal support they use.

Many of these topics were explored at sweep 1 including emergency childcare and attendance at groups and classes for parents and children, but several new questions were asked at sweep 2 in order to broaden our understanding of parental support – for example, sweep 2 included a new series of questions on informal social networks and asked about use of specific formal support services.

8.1.1 Types of analysis

The tables in this chapter present the following main types of analysis:

- Comparison of the different answers given by respondents at sweep 2. This includes both straightforward comparisons of the proportions of main respondents giving particular responses, and analysis of the answers by factors that might help explain these answers (for example, the age or educational background of the respondent).
- Where the same questions were asked at sweeps 1 and 2, comparison of the answers given by the main respondent at both sweeps. This includes comparing the proportion of respondents who gave particular responses at each sweep, analysis of whether the answers given by individual respondents changed or not, and comparison of the characteristics of those whose answers did change and those whose did not.

8.2 Informal social networks

Four questions, contained within the self-completion section of the interview, were used to explore aspects of respondents' informal social networks, including their perceived relationships with friends and family members and the amount of support received from informal sources. These questions were not included at sweep 1.

8.2.1 Number of close relationships

In the first question, respondents were asked with how many people they had a close relationship, not including people they lived with. The spread of responses by cohort are shown in Table 8.1. The vast majority of parents reported close relationships with 'some' or 'lots' of people, although a significant minority (around a fifth in both cohorts) said they had close relationships with just one or two people. Almost no-one said they didn't have any close relationships.

Table 8.1 Number of close relationships by cohort

	Cohort (%)	
	Birth	Child
I have close relationships with lots of people	32.1	32.2
I have close relationships with some people	46.4	43.8
I have close relationships with one or two people	19.7	22.3
I don't have any close relationships	1.9	1.7
Bases		
Weighted	*4474*	*2487*
Unweighted	*4480*	*2487*

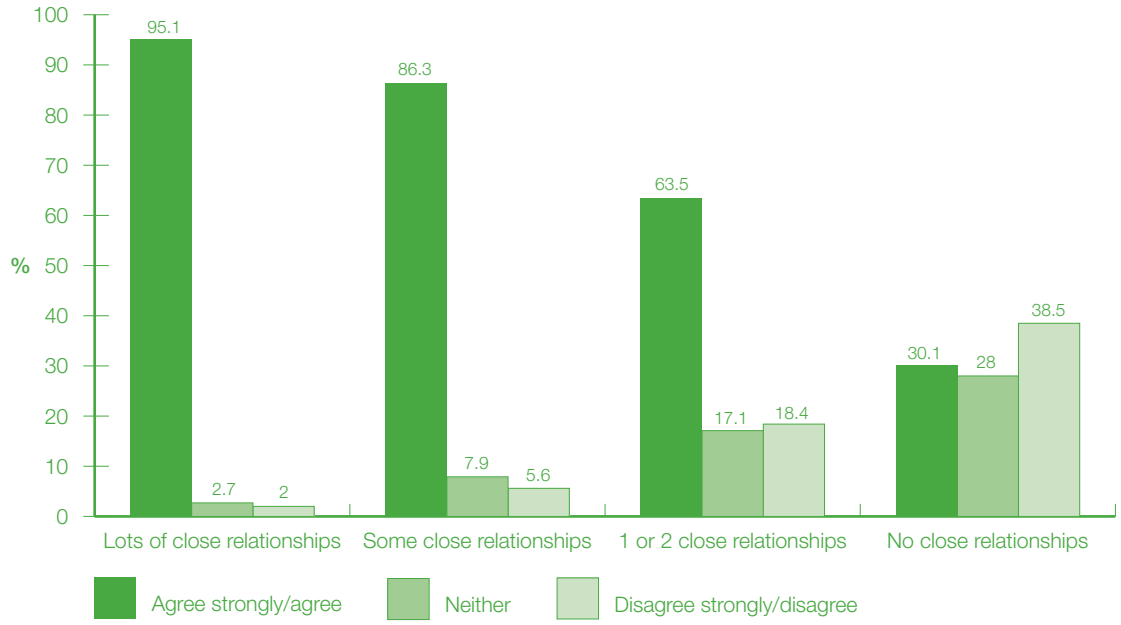
Maternal age at the birth of the cohort child was a key factor here, with younger mothers significantly more likely than older mothers to report they had *lots* of close relationships. In the birth cohort, 44% of mothers aged under 20 at the cohort child's birth said they had lots of close relationships compared with 22% of those aged 40 or older. In contrast, 53% of mothers in the oldest age group said they had some close relationships compared with 37% in the youngest age group. There were also small, but significant, variations by level of maternal education and household income; mothers living in higher income households and those with any qualifications reported slightly more close relationships than mothers in lower income households and those with no qualifications. This seemingly contradictory trend may be explained by the small proportion of younger mothers who have higher incomes and qualifications.

8.2.2 Closeness to family

The second question examined respondents' familial relationships by asking how much they agreed or disagreed with the statement "I feel close to my family" when thinking about their immediate family. The vast majority (83%) of respondents in both cohorts agreed with the statement including around two-fifths who agreed strongly. Less than one in ten (8%) disagreed with the statement.

Although the majority of parents across the sample agreed with the statement, there was some slight variation by maternal age and household income. For example, mothers aged 40 or older at the cohort child's birth were less likely to agree with the statement, and more likely to disagree, than mothers in any other age group (although the majority did still agree). Differences by income were smaller, but still significant, with agreement higher among parents in higher income households than among those in lower income households.

Figure 8-A Agree/disagree with the statement "I feel close to my family" by number of close relationships: birth cohort



As expected, the number of close relationships reported by respondents was closely related to their perceived closeness to their family (Figure 8-A). Almost all (95%) those who reported lots of close relationships agreed that they were close to their family. As the number of reported close relationships decreased so too did perceived familial closeness.

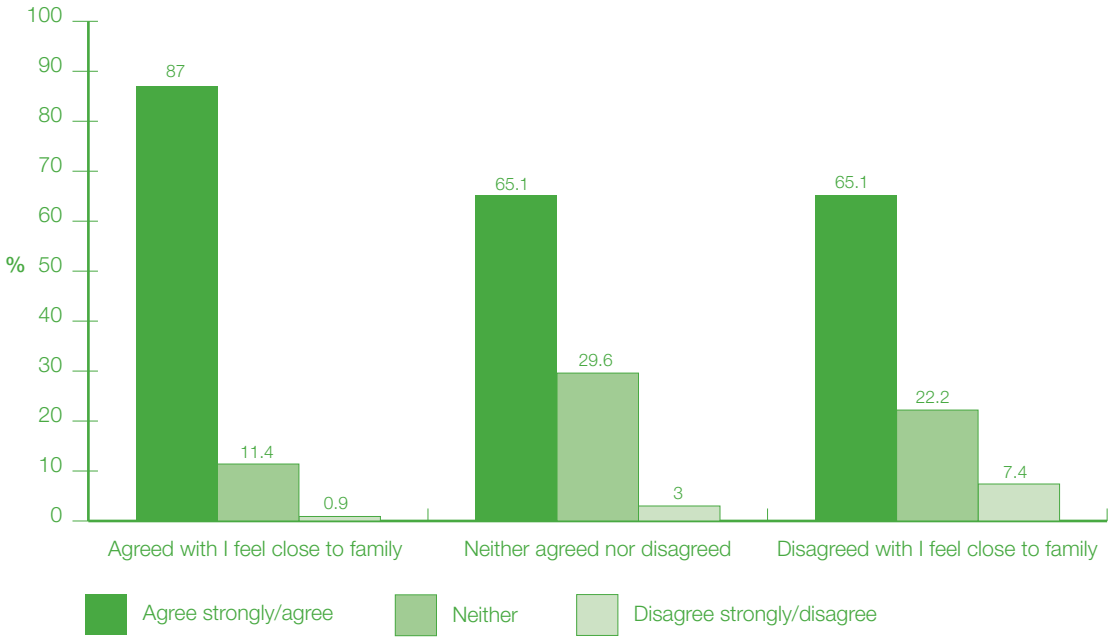
8.2.3 Closeness to friends

Respondents were asked to what extent they agreed with a further statement, this time exploring their relationships with friends – "My friends take notice of my opinions". Agreement with the statement was considered to suggest stronger friendship bonds. More than four in five parents in both cohorts agreed with the statement (83% birth cohort, 87% child cohort) although they were more likely to agree than strongly agree.

Although overall agreement with the statement varied little by maternal age, younger mothers were more likely than older mothers to 'strongly agree'. In the child cohort, 28% of mothers aged under 20 agreed strongly, compared with 14% of those aged 40 or older. Mothers with qualifications at Higher grade or above were more likely to agree with the statement than those with Standard grades or no qualifications. Respondents living in higher income households also more readily agreed with the statement than did those in lower income households.

Again, responses on this item were closely related to responses on the previous two questions. Parents who reported more close relationships generally, and those who had closer relationships with their family, were more likely to agree that their friends took notice of their opinions than those with fewer close relationships and those who were less close to their family (Figure 8-B). This suggests that a significant minority of parents in both cohorts have a limited and weak informal social network where relationships with both friends and family are often absent, or, when they are present, are distant.

Figure 8-B Agree/disagree with the statement "My friends take notice of my opinions" by closeness to family: birth cohort



To explore variations in informal social networks further, and to allow analysis of the relationship between informal social networks and other variables of interest, the three above items were converted into a single scale indicating the strength of the respondent's social network. A high score on the scale, which ranges from 0 to 11, indicates strong and numerous relationships with family and friends. Mean scores on the scale by cohort and by a range of key independent variables are shown in Table 8.2.

The data in the table confirm the small, but significant, differences seen in the individual items - that older mothers, those with no qualifications and those living in lower income households all appear to have weaker informal social networks. Note however, that only mothers aged 40 or older, and those with no qualifications record a mean score lower than the overall average in each cohort.

Table 8.2 Mean scores on the strength of informal social networks scale by cohort and key independent variables

Independent variable	Mean score *(range 0 to 11)*	
	Birth	Child
All	8.3	8.4
Age of mother at birth of cohort child		
Under 20	8.5	8.6
20 - 29	8.4	8.4
30 - 39	8.3	8.4
40 or older	7.8	7.9
Maternal education		
Higher grade or above	8.4	8.5
Standard grade	8.3	8.4
No qualifications	8.0	7.8
Annual household income		
Up to £14,999	8.2	8.3
£15,000 - £25,999	8.1	8.4
£26,000 - £43,999	8.4	8.4
£44,000 and over	8.7	8.6
Bases		
Weighted	*4474*	*2487*
Unweighted	*4480*	*2487*

8.2.4 Perceived level of support from family and friends

The final question asked respondents whether they felt they received enough help or support from family or friends living elsewhere. Parents could indicate that they got enough help, didn't get enough help, didn't get any help or didn't need help. Responses by cohort are displayed in Table 8.3.

Table 8.3 Perceived level of help and support from family and friends by cohort

	Cohort (%)	
	Birth	Child
I get enough help	74.3	75.1
I don't get enough help	15.6	15.7
I don't get any help	5.9	5.4
I don't need any help	4.2	3.8
Bases		
Weighted	*4469*	*2486*
Unweighted	*4476*	*2485*

Three-quarters (75%) of parents in both cohorts said they got enough help from family and friends. Of the remainder, most felt they didn't get enough help, but a small amount said they didn't get *any* or didn't *need* any help.

As expected, those groups who reported weaker informal social ties were less likely to feel they received enough help from family and friends. For example, in the birth cohort 53% of mothers aged 40 or older said they got enough help, compared with 81% of mothers aged under 20 and 77% of those in their twenties. Although less stark, differences were also evident by maternal education: mothers with no qualifications were more likely than those with at least Standard grade or Higher grade qualifications to report not getting any or not needing any help.

To explore this relationship further mean scores on the strength of informal network scale were compared across the four categories of perceived support. The results are shown in Table 8.4. Unsurprisingly, those respondents who said they received no help had the weakest informal social network according to the scale, and all groups, with the exception of those who said they got enough help, produced an average score lower than that for the respective cohort as a whole. In other words, those with stronger social networks were more likely to feel that they received adequate informal support than were those with weaker social networks.

Table 8.4 Mean scores on strength of informal social networks scale by cohort and perceived level of informal support

Perceived level of help	Mean score *(range 0 to 11)*	
	Birth	Child
I get enough help	8.7	8.8
I don't get enough help	7.4	7.5
I don't get any help	6.4	6.4
I don't need any help	7.3	7.2
Bases		
Weighted	*4469*	*2486*
Unweighted	*4476*	*2485*

8.2.5 The relationship between informal support and emotional wellbeing

Research has shown that access to and use of informal support can be related to individual wellbeing. For example, Wenger and Tucker (2002) demonstrated that older people who have strong social networks are happier and more likely to perceive themselves as healthy. A brief consideration of this in relation to parents in the GUS cohort was undertaken by examining information on respondents' informal social networks in relation to their responses to six items from the Depression, Anxiety and Stress (DASS) scale (Lovibond & Lovibond, 1995). These six items were used to create a measure of negative emotional symptoms ranging from –1 to 4. A higher score indicated an increased level of negative emotional symptoms.

While scores on the scale are generally low, the data do indicate that, on average, those respondents who have a weaker informal social network demonstrate a higher level of negative emotional symptoms than those who have a strong social network, and than parents generally. Furthermore, parents who believe they get enough help from friends and family scored lower on the DASS scale than those who don't get enough help, don't get any help or don't need any help.

Whilst this analysis is far from conclusive, there is nevertheless some indication that a stronger social network promotes positive emotional wellbeing among parents or at least inhibits negative emotional symptoms. As might be expected, emotional wellbeing is also related to other respondent socio-demographic characteristics. For example, parents in lower income households score higher on the DASS scale than do those in higher income households. Mothers with no qualifications also score higher on the scale than those with Standard grades, Higher grades or above. As such, further analysis is necessary to determine the *independent* effect of informal social networks on parental wellbeing.

Table 8.5 Mean scores on the reduced DASS scale by cohort and key independent variables

Independent variable	Mean score *(range -1 to 4)*	
	Birth	Child
All	0.02	0.02
Strength of informal social network		
Weak	0.81	0.81
Moderate	0.26	0.23
Strong	-0.14	-0.13
Perceived level of informal support received		
I get enough help	-0.13	-0.12
I don't get enough help	0.59	0.48
I don't get any help	0.51	0.68
I don't need any help	0.02	-0.03
Bases		
Weighted	*4465*	*2483*
Unweighted	*4470*	*2483*

8.3 Access to informal support

To explore further parents access to and use of informal support, the questionnaire included three practical measures of the extent to which respondents could draw on informal sources for help with short notice childcare – for a few hours during the day, for a whole day and overnight. These items were also included at sweep 1, thus some comparison is made with the sweep 1 data.

8.3.1 Leaving the child with someone for a couple of hours during the day

The majority of parents in both cohorts (74% birth cohort, 77% child cohort) continued to find it very or fairly easy to organise someone to look after their child for a few hours during the day, although there was a slight drop relative to the findings at sweep 1. There were no statistically significant differences between cohorts. For around half of all parents in both cohorts there had been no change between sweeps in the ease or difficulty of organsing this type of arrangement. Among those for whom the status had changed, around half reported it as more difficult to organise and half easier to organise. In the birth cohort, 52% of parents gave the same response at both sweeps, 24% indicated increased difficulty with the arrangement and 24% indicated increased ease with the arrangement. There were no notable differences in the characteristics of those whose circumstances had or had not changed.

Patterns observed at sweep 1 in ease or difficulty of arranging this care across the sample remained at sweep 2. For example, younger mothers continued to be more likely to say they would find it easy to organise someone to look after the child for a few hours during the day than older mothers were.

8.3.2 Leaving the child with someone for a whole day

The majority of parents (60% birth cohort, 64% child cohort) also continued to find it fairly or very easy to arrange for someone to look after their child for a whole day with the data again indicating, as might be expected and in similarity to patterns observed at sweep 1, that this was not considered to be quite as easy as the previous arrangement of leaving the child for a few hours.

A change between sweeps in the ease or difficulty of organising this arrangement was slightly more likely than with the previous arrangement. Just under half of parents in both cohorts provided the same response as at sweep 1 (46% birth, 48% child). Amongst those whose response had changed between sweeps (birth cohort: n = 2457, child cohort: n = 1299), the direction of change was again split quite evenly with around half of those parents reporting it to be easier and half reporting it to be more difficult. Younger mothers were slightly more likely than older mothers to report a change, and to say a whole day's care was easier to arrange at sweep 2 than at sweep 1. Furthermore, as with the previous arrangement, younger mothers in both cohorts continued to report making this arrangement to be easier than did older mothers.

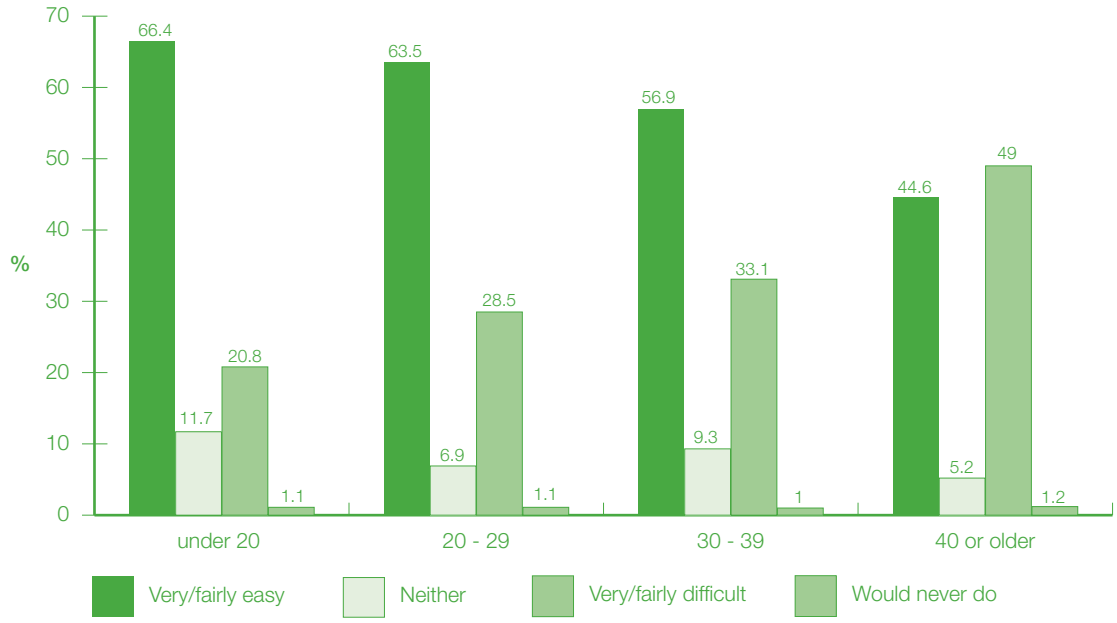
8.3.3 Leaving the child with someone overnight

Organising to leave the child with someone overnight at short notice again proved to be the most difficult arrangement for parents to make, although the majority of parents in both cohorts (56% birth cohort, 59% child cohort) continued to say that they would find this very or fairly easy.

This arrangement saw slightly more change between sweeps with only around two-fifths of parents in both cohorts (43%) giving the same response at both sweeps. As in relation to the previous arrangements however, around half of those who had changed response between sweeps (respondents who changed response between sweeps – birth cohort: n = 2531, child cohort: n = 1412) reported the arrangement easier to organise than at sweep 1, and half reported it to be more difficult.

The stark differences observed at sweep 1 between mothers of different ages in ease of organising this arrangement remained at sweep 2. In both cohorts, mothers aged 40 or older were more than twice as likely as those under 20 to say they would find it very or fairly difficult to arrange overnight care for their child (Figure 8-C). This reflects, to some extent, the weaker informal social networks identified among mothers in the oldest age group as seen above, and data from sweep 1 which illustrates key differences in the availability of the child's grandparents as a key resource in this circumstance; that is, at sweep 1, that younger mothers were more likely to report the availability of the child's grandparents as a resource than older mothers were.

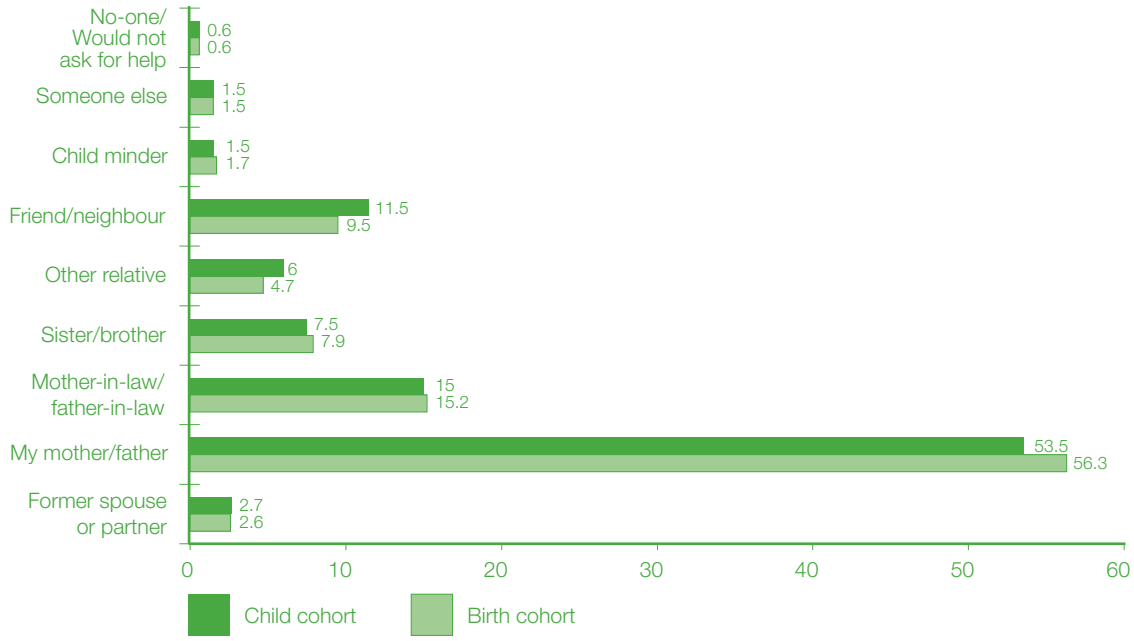
Figure 8-C Ease with which respondent could arrange at short notice to leave child with someone overnight by age of mother at birth of cohort child: birth cohort



8.3.4 Main source of informal support/short-notice childcare

Parents were asked who they would be most likely to call on for help with looking after the cohort child. The responses by cohort are shown in Figure 8-D. In similarity to sweep 1, the most common source of support of this kind by far was grandparents, and especially maternal grandparents. Friends or neigbours of the respondent, and parents' siblings remained the next most common sources of informal support in this context.

Figure 8-D Person(s) who respondent would call on in the first instance for help with looking after the cohort child by sample type



Around a third (30% birth cohort, 31% child cohort) of parents in each cohort changed their main source of short-notice childcare between sweeps. Those using the child's grandparents were least likely to change – almost nine out of ten parents who said the child's grandparents were the main source of childcare at sweep 1 had also done so at sweep 2. Most parents who used other family members or friends or neighbours had also remained with the same main source between sweeps. For example, in the birth cohort, 60% of those who chose other family members as their response at sweep 1 had also done so at sweep 2. Parents who used a former spouse or a non-family member other than a friend or neighbour were most likely to have changed between sweeps.

As with sweep 1, older mothers were less likely to name the child's grandparents as their main source of support – less than two-fifths (38%) of those aged 40 or older did so, compared with a little over three-quarters of mothers (77%) aged under 20 and 59% of mothers in their twenties. In contrast, and again as in sweep 1, older mothers, particularly those aged 40 or older, were significantly more likely than younger mothers to name a friend or neighbour as their main source of informal support. Differences observed by area urban-rural classification at sweep 1, where parents in rural areas were more likely to draw on friends and neighbours for this type of support, remain.

8.4 Attendance at groups and classes for parents and children

We again asked respondents whether they had attended any parent and child groups in the last year. In cases where the respondent had not attended any such groups, they were asked why not. Questions on attendance at parenting classes or groups in the last year were also repeated from sweep 1.

8.4.1 Parent and child/toddler groups

Half of parents in the birth cohort (50%) and just a quarter in the child cohort (26%) said they had attended a parent and toddler or parent and child group in the last year. In the birth cohort, this represents an increase from 40% at sweep 1. On the other hand, the figure for the older cohort represents a decrease in attendance, down from 40% at sweep 1, suggesting that the peak age for attendance at such groups is somewhere around 2.

Around 42% of all parents in the birth cohort, and 51% of those in the child cohort did not report attendance at a parent and child group at either sweep. Among those who did report attendance at sweep 2, the majority had also reported attendance at sweep 1. In the birth cohort, around 61% of those who reported attendance at sweep 2 were also using the groups at sweep 1. The proportion was higher in the child cohort where 76% of users at sweep 2 had also reported use at sweep 1.

As in sweep 1, in both cohorts, mothers from couple families and older mothers were more likely than lone mothers and younger mothers to say they had attended a group in the last year. In the birth cohort for example, 54% of mothers in couple families said they had attended a group compared with 36% of lone mothers. Differences by urban rural classification also remained: parents in remote areas were significantly more likely than those in accessible areas to have attended parent and child groups in the previous 12 months (Figure 8-E). Even in the older cohort, where overall attendance dropped at sweep 2, parents in remote areas were almost twice as likely as those in accessible areas to report having attended a group.

Figure 8-E Attendance at parent and toddler/child groups by cohort and area accessible/remote classification

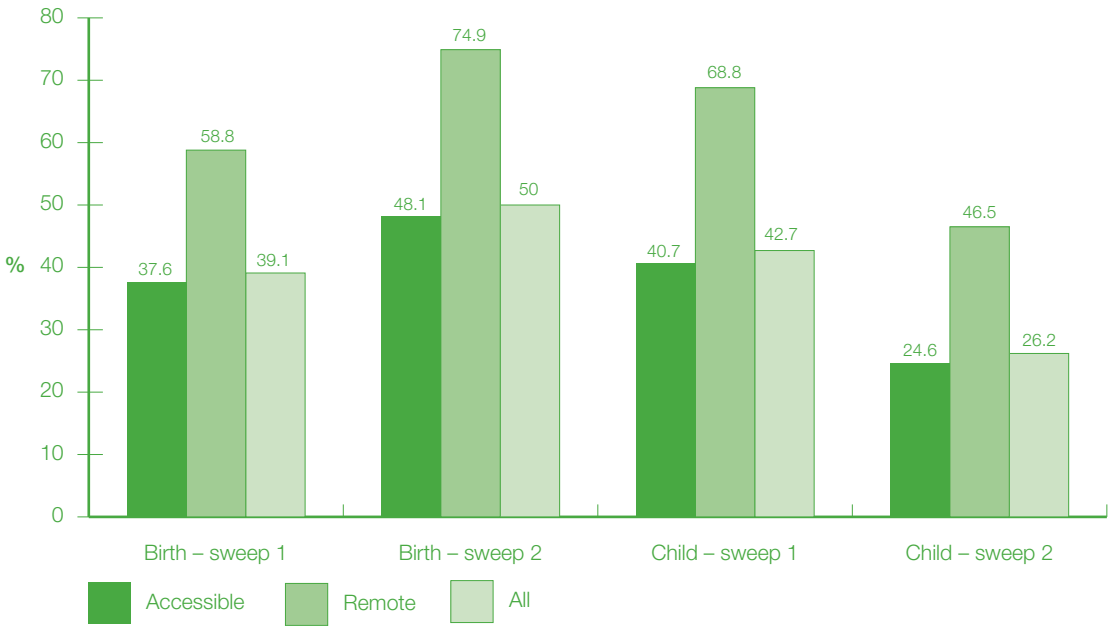
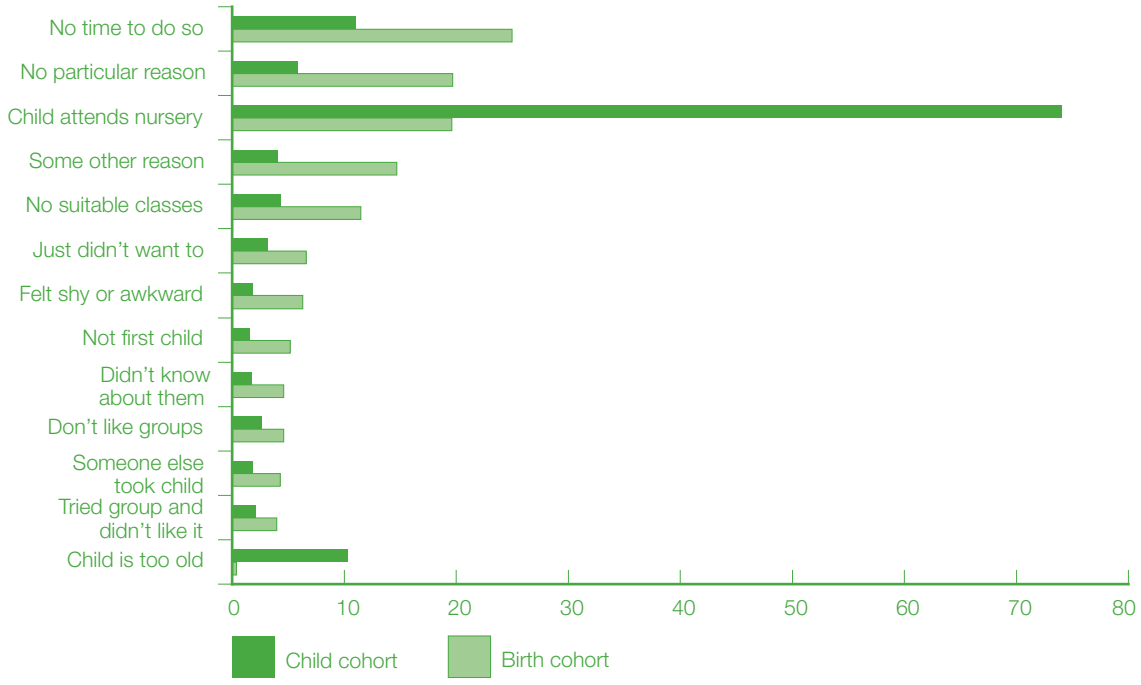


Figure 8-F Reasons given for not attending mother and baby or mother and toddlers groups by cohort



The pattern of reasons given for non-attendance varied considerably by cohort (Figure 8-F). In the birth cohort, the most common reason given by parents was lack of time – mentioned by around a quarter of those who had not attended groups. In the child cohort, as might be expected, the most common reason, given by three-quarters of parents who did not use parent and child groups, was that the child attended nursery. In general, parents in the birth cohort were more likely than those in the child cohort to give any reason other than 'child attends nursery' or 'child is too old'.

As in sweep 1, maternal age and family type affected the types of reasons given. Younger mothers and lone parents were again more likely than older mothers and those in couple families to mention feeling shy or awkward about attending a group. Older mothers and those in couple families, on the other hand, were significantly more likely to say they didn't have time to attend such groups. Notably however, the 'dislike of groups' evident amongst younger mothers at sweep 1 is less obvious at sweep 2.

In the birth cohort, the predominant reasons given by those parents who had attended at sweep 1 but were not using these groups at sweep 2 (n = 401) were that the child was now attending nursery (30%) and that they did not have time to go to such groups (26%). In the child cohort (n = 568), the main reason remained the child's nursery attendance (74%).

8.4.2 Parenting classes

Respondents were also asked whether they had attended any parenting classes or groups "where parents have the chance to improve their parenting skills and knowledge". Those who had, were asked how useful they found the classes.

An even smaller proportion of parents than in sweep 1 said they had attended a parenting class or group in the last year – just 2% in the birth cohort and 3% in the child cohort. Of those parents who reported attendance at sweep 2, 28% in the birth cohort and 33% in the child cohort had also reported attendance at sweep 1. It is likely that for some of these parents the timetable for the class they were attending spanned some of the reference period of both interviews and as such they were referring to the same class at each time.

Small but significant variations in attendance were evident. For example, parents in lower income households and mothers with no qualifications were slightly more likely than those in higher income households or with any qualifications to say that they had attended a class in the last year. Only 1% of parents in the highest income group (annual income of £44,000 and above) reported attendance compared with 3% in the lowest income group (annual income of less than £15,000). However, the small numbers involved mean these findings should be treated with caution. In the vast majority of cases in couple households, in both cohorts, the child's mother attended classes on her own (79% birth cohort, 69% child cohort). For most of the remainder the child's mother and father attended. The child's father attended on his own in a very small number of cases.

As in sweep 1, virtually all parents who had attended a parenting class or group reported that they found it to be very useful (63% both cohorts) or fairly useful (27% both cohorts). With such small numbers and a strong response pattern, there is little statistically significant variation in appraisals of the usefulness of parenting classes across the sample.

8.5 Use of formal support and professional advice on parenting issues

Parents were asked a number of questions exploring their attitudes to parenting support from professionals and formal services and their use of certain key health, education and social support services for help and advice either in relation to the cohort child, the respondent themself or someone else in the household. Some examination of parents' contact with health professionals has already been made in section 6.5, the questions included here differ in that they do not specify which type of help, information or advice the parent was seeking, they cover a broader range of support services beyond those which fall under the 'health-related' banner and they ask about contact both in relation to the child and for other reasons.

8.5.1 Attitudes towards parenting advice/support given by professionals

To tap attitudes towards and perceptions of parenting advice offered by formal support services, respondents were asked to what extent they agreed or disagreed with the following statements.

- If you ask for help or advice on parenting from professionals like doctors or social workers, they start interfering or trying to take over.
- If other people knew you were getting professional advice or support with parenting they would probably think you were a bad parent.
- Professionals and health visitors and social workers do not offer parents enough advice and support with bringing up their children.

Agreement with the first two statements would suggest certain wariness towards professional support, whereas agreement with the third statement would indicate a desire for increased levels of formal support. The results for both cohorts as a whole are summarised in Table 8.6.

Table 8.6 Attitudes towards parenting advice

	If you ask for help or advice on parenting from professionals like doctors or social workers, they start interfering or trying to take over (%)	If other people knew you were getting professional advice or support with parenting they would probably think you were a bad parent (%)	Professionals like health visitors and social workers do not offer parents enough advice and support with bringing up their children (%)
Birth			
Agree strongly/agree	9.8	22.9	15.8
Neither agree nor disagree	24.7	17.9	28.7
Disagree strongly/disagree	65.6	59.2	55.5
Bases			
Weighted	*4365*	*4473*	*4397*
Unweighted	*4367*	*4476*	*4399*
Child			
Agree strongly/agree	10.3	28.5	16.5
Neither agree nor disagree	29.0	18.6	31.0
Disagree strongly/disagree	60.7	52.9	52.5
Bases			
Weighted	*2419*	*2483*	*2430*
Unweighted	*2420*	*2483*	*2433*

Overall, the results suggest that most people are not wary of the impact or connotations of receiving parenting advice or support from professionals and believe that enough support of this kind is already provided. Whilst there is a certain amount of 'indecision', demonstrated by the relatively high proportions who neither agreed nor disagreed with each statement, it is notable that a significant minority of one-fifth in the birth cohort, and over one quarter in the child cohort, agreed that receipt of formal parenting support carried certain negative associations.

There are also some variations of note across the different sub-groups. On all three measures, younger mothers were significantly more likely to agree than older mothers with agreement decreasing gradually as age increases. This presents a complicated picture. Higher agreement with the first two statements by younger mothers would suggest a greater degree of wariness towards professional support or intervention amongst these groups, yet respondents in these groups were also more likely to suggest that professionals do not offer enough parenting advice and support. This may indicate that whilst younger mothers wish for a greater level of support from formal agencies, they are less sure of the implications of that support.

8.5.2 Use of formal support services

To get a measure of the extent to which families in the cohort are using different formal support services, we asked parents if the cohort child had been seen by any of a range of professionals or formal support services in the last 12 months, and if the respondent had been in contact with any of the same services for any other reason. Details of the services and the proportions who had accessed them are diplayed in Table 8.7.

Table 8.7 Use of formal support services by cohort

	In reference to cohort child		For some other reason	
	Birth (%)	Child (%)	Birth (%)	Child (%)
Local doctor/GP	86.6	77.7	79.1	78.7
Health visitor	61.9	35.8	20.2	19.3
Practice nurse	16.3	7.2	16.9	17.2
Social worker	2.2	2.6	2.3	2.8
Psychologist (including Educational psychologist)	0.5	1.8	2.4	2.3
Other health professional	47.5	62.7	51.3	54.5
Other education or support service	1.3	1.9	1.4	
Not seen any professionals in the last year	2.0	5.1	11.7	1.3 11.5
Bases				
Weighted	*4511*	*2500*	*4511*	*2500*
Unweighted	*4511*	*2500*	*4511*	*2500*

As might be expected, health-related services were those most commonly accessed both for the cohort child and more generally,[25] with respondents from both cohorts most likely to have contacted their local doctor/GP. Some differences were evident between the cohorts in reference to contact with the sample child (although there were no significant differences between cohorts in patterns of contact for 'other reasons'). Children in the birth cohort were more likely than those in the child cohort to have been seen by any service but particularly by a doctor, health visitor or practice nurse. Older children, on the other hand, were more likely than the younger cohort to have been seen by another type of health professional.

Most children in both cohorts had typically only been seen by two or three of the professionals or services listed (70% in the birth cohort, 64% in the child cohort). A little over a quarter in the child cohort (28%) and a little under a quarter in the birth cohort (22%) had been seen by just one service. Only around 5% had been seen by four or more services.

25 More detail on accessing health-related services is provided in section 6.5

There were no significant variations in the extent to which parents from different sub-groups had used *any* service for the cohort child in the last year, only small variations existed in the number of services used and these were restricted to the birth cohort. Mothers in the youngest age group, those on lower incomes, and those with no qualifications were more likely than older mothers, those with higher incomes and those with any qualifications to have used fewer services in the last 12 months. For example, 72% of mothers aged 20 or under at the cohort child's birth had accessed only one or two services compared with 63% of mothers in each of the other age groups. In contrast, 29% of mothers in each of the three older age groups had accessed three services compared with 22% of teenage mothers. This contrasts with earlier findings in section 6.5 where there was almost no variation in the number of different core health services accessed by mothers of different ages in relation to the child's health suggesting that much of the variation exists in use of services beyond core health provision.

In fact, the latter statement is supported by further analysis of the data which revealed some notable and substantial differences by sub-group in the different types of services that different children had seen. Key differences by maternal age, household income and family type were observed, in particular, in contact with health visitors, practice nurses, other health professionals and social workers (Table 8.8). For example, in both cohorts, children of younger mothers, particularly those with mothers aged under 20 at the cohort child's birth, were more likely than children with older mothers to have been seen by a health visitor or a social worker. A higher level of contact with health visitors and social workers amongst the same sub-groups who, as we saw earlier, are most wary of professional intervention appears contradictory. However, it appears that service contact is only higher among these sub-groups in services where contact is service-led and targeted; that is, where the impetus is on the service provider to maintain contact. Those services where the responsibility lies with the user – i.e. the parent – to make contact and seek advice see lower use from the same sub-groups. For example, in the birth cohort, children with older mothers were more likely than those with younger mothers to have been seen by a practice nurse, and in both cohorts, by another health professional. Differences in use of the latter services are particularly stark: whereas over half of children (54%) in the birth cohort with mothers in their thirties had been seen by another health professional, only around a quarter (28%) with mothers under 20 had done so. Yet analysis of child health indicators by maternal age (see section 6.2) does not suggest that children with younger mothers experience significantly better health than those with older mothers, suggesting again that this is a service-related rather than health-related issue. These same patterns are also observed between parents on low and high incomes and between lone parents and couple families.

Table 8.8 Selected services/individuals who had seen cohort child by cohort and age of mother at birth of cohort child

	Age of mother at birth of cohort child (%)			
	Under 20	20 – 29	30 – 39	40 or older
Birth				
Health visitor	66.4	65.8	57.9	59.8
Practice nurse	10.2	15.6	17.6	16.4
Other health professional	27.5	43.9	53.7	49.9
Social worker	8.1	2.0	1.2	2.2
Bases				
Weighted	*337*	*1839*	*2126*	*149*
Unweighted	*262*	*1723*	*2304*	*162*
Child				
Health visitor	43.8	39.7	31.4	28.3
Practice nurse	6.9	7.6	6.7	4.8
Other health professional	44.5	56.7	70.7	81.4
Social worker	5.7	2.4	1.3	2.4
Bases				
Weighted	*175*	*1023*	*1177*	*64*
Unweighted	*136*	*955*	*1277*	*74*

These patterns of service use among different sub-groups are also evident in data about contact in other circumstances not related to the cohort child. Contact with health visitors and social workers is generally higher among younger mothers, lone parents and lower income families, whereas contact with other health professionals is lower, than among older mothers, those in couple families and those with higher incomes. Differences in contact with practice nurses are not significant.

8.6 Key points

- Most parents had good relationships with family and friends, were part of a wide and strong informal social network and as a result felt they received enough support from this network.
- However, mothers aged over 40, those with no qualifications and those living in lower income households all appear to have weaker informal social networks and were also more likely to have support deficit.
- Attendance at parent and toddler/child groups had increased between sweeps among parents in the birth cohort, and decreased among parents in the child cohort. As in sweep 1, in both cohorts, mothers from couple families and older mothers were more likely than lone mothers and younger mothers to say they had attended such a group in the last year.

- Most parents are not wary of the impact or connotations of receiving parenting advice or support from professionals and believe that enough support of this kind is already provided. However, a significant minority believed that receipt of formal parenting support carried certain negative associations.
- Younger mothers and parents in lower income households were more wary of professional support or intervention than were older mothers and those in couple families. Yet respondents in the former groups were also more likely to suggest that professionals do not offer enough parenting advice and support suggesting a degree of misunderstanding around the implications of that support.
- Service contact is higher among younger mothers, lone parents, lower income families – in services where contact is service-led and targeted; that is, where the impetus is on the service provider to maintain contact. Those services where the responsibility lies with the user – i.e. the parent – to make contact and seek advice see lower use from the same sub-groups.

8.7 Conclusion

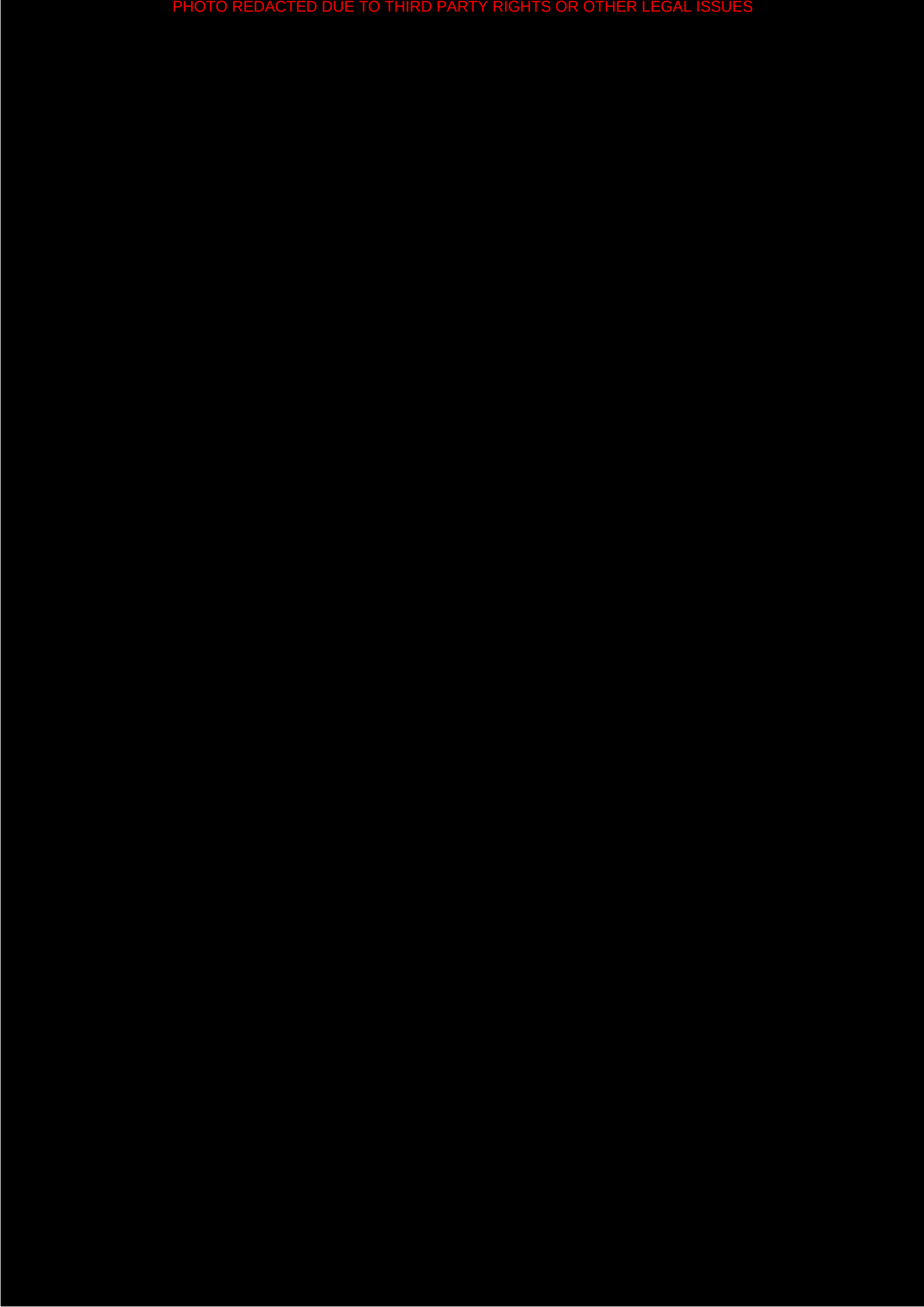
Almost all parents reported having close relationships, ranging from just under one-third 'with lots of people' to about one-fifth 'with one or two people'. Younger mothers were more likely to report close relationships with lots of people than older mothers. Family relationships are especially important; 83% of respondents felt close to their immediate families (only 8% did not). A similar proportion felt close to their friends. However, there was a (fairly small) minority whose links to both family and friends were weak or absent, and the capacity of this group to get informal support may therefore be a matter of concern. This is supported by the finding that, while about three quarters of respondents thought they got enough help from family and friends, about one in five said they didn't get enough or any help, and those with weaker social networks were disproportionately found in this group. Older mothers were less likely to say they got enough help than younger mothers in their twenties or younger. The importance of strong social networks is also shown by the finding that there is a positive association between the strength of these networks and the perceived levels of support. Strong social networks are not only important to parents for securing help but also for fostering a sense of positive wellbeing. That link is demonstrated by the positive association between weak social networks and a higher number of negative emotional symptoms, as measured by the Depression, Anxiety and Stress Scale.

Parents' access to informal sources of support was measured in three ways: by the extent to which they could access support to leave the child with someone for a few hours during the day, or for a whole day, or overnight at short notice. These measures showed decreasing levels of ease between sweeps 1 and 2, although more than one half of parents in both cohorts found all of them very or fairly easy to organise. Younger mothers found making such arrangements easier than older mothers, and this may be indicative of the greater availability of grandparents and the stronger social networks of the younger group. This is borne out by responses that grandparents, especially maternal grandparents, were by far the most likely sources of this kind of help. The source of short notice childcare support changed for about one third of respondents between sweeps, mainly those whose support came from a former partner or a non-family member.

Participation in groups and classes for parents and children was reported by about half of parents in the birth cohort, up by 40% from sweep 1, and one quarter of parents in the child cohort, down by 40% from sweep 1, suggesting that the peak age for attending these groups is when the child is aged around 2. However, about 42% of parents in the birth cohort and 51% in the child cohort had not attended such groups at either sweep. More likely to attend were partnered mothers, older mothers and mothers living in remote areas. The most common reason given for non-attendance was a lack of time or, especially for the child cohort, that the child attended nursery. A small minority of younger mothers also mentioned a dislike of groups. Attendance at parenting classes was much less common, and less common than in sweep 1, reported by 2% to 3% of parents, although it was slightly more common for mothers from lower income households or with no educational qualifications. However, almost all who attended found them very or fairly useful.

Parents' attitudes to using formal and professional services in health, education and social support are somewhat double-edged: some wariness combined with a desire for more support, a pattern more pronounced for younger mothers, lone mothers and those in low income households. All parents' actual use of health services was high, with most cohort children seen in the last year by a doctor/GP, health visitor (birth cohort) or another health professional. In contrast, the use of other professional services was very infrequent, with fewer than 3% of families having seen a social worker, psychologist or other social or educational professional, although younger mothers were more likely to report having seen a social worker. However, non-use should not be confused with a lack of need or potential to benefit from such services. As noted in the report of the first sweep of GUS, parents have only limited knowledge of the range of services that might support them and their child's development such as those that have developed through Sure Start. Only a small minority of parents (2% of the birth cohort and 5% of the child cohort) had not seen any professional over the previous year. Most typical was for children to have been seen by two or three professionals in the previous year, mainly in health-related services. There was only a slight tendency for more advantaged mothers to use health-related services more than other mothers.

The findings reported in this chapter are consistent with the broad conclusions of recent qualitative research on family support, such as Hansen's 'Not so nuclear families' (2005). As she observes about the importance of social networks and community and understanding how family operate in their social context, "Families are not nuclear in how they conducted their everyday lives." 'Nuclear' families, whatever their social class, rely on the informal support provided by their social networks of family and friends for managing their family practices. Here we have evidence of what John Gillies (1996) has termed 'the families we live with', the family life that consists of actual family practices, in contrast to nostalgic and imagined pictures of family life, the 'families we live by'.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9.1 Introduction

Two of the most significant changes in relation to being a parent of a pre-school child has been the increasing propensity of mothers of young children to be in paid work and the parallel expansion of childcare support and service provision. As reported in chapter 2, over half of mothers in both cohorts were in paid work of 16 hours per week or more, most typically in part-time work of less than 35 hours per week. Most mothers also described themselves as 'looking after home and family', pointing to the widespread importance of work-life balance.

Both childcare provision and work-life balance are major foci of government social policy. This chapter will contribute to the evidence base for government about how these policies translate to the everyday experience of families of young children by looking at the use of both formal and informal childcare for both cohorts, and how these are related to parents' employment responsibilities and use of work-life balance policies. It will look at parents' childcare mix, and how that varies by socio-economic circumstances, the cost of childcare, its ease, flexibility and dynamics across sweeps. Childcare preferences and the degree to which those preferences are achieved will also be examined. Finally, the chapter looks at the extent to which parents work in family friendly settings and their employers support satisfactory work-life balance, and how this varies by parents' socio-economic circumstances.

9.1.1 Types of analysis

Parents were asked a range of questions about their regular childcare arrangements for the cohort child. As in sweep 1, a broad definition of childcare was used, covering care provided by anyone other than the main respondent or his or her partner.

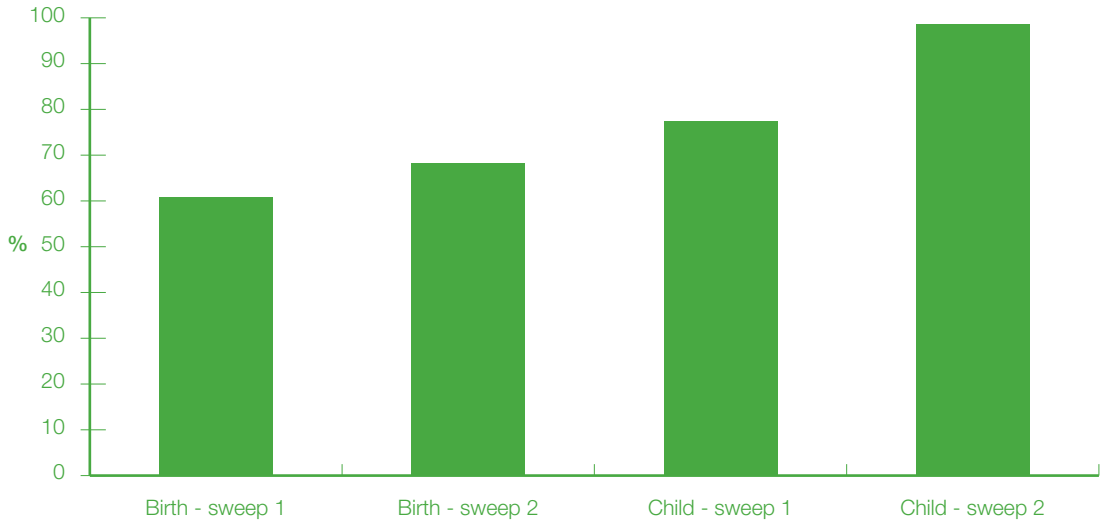
The tables in this chapter present the following main types of analysis:

- Comparison of the different answers given by respondents at sweep 2. This includes both straightforward comparisons of the proportions of main respondents giving particular responses, and analysis of the answers by factors that might help explain these answers (for example, the employment status of the respondent or the characteristics of the area they live in).
- Where the same questions were asked at sweeps 1 and 2, comparison of the answers given by the main respondent at both sweeps. This includes comparing the proportion of respondents who gave particular responses at each sweep, analysis of whether the answers given by individual respondents changed or not, and comparison of the characteristics of those whose answers did change and those whose did not.
- Comparison of the responses of parents in the birth cohort with those of parents in the child cohort.

9.2 Use of childcare

At sweep 2, two-thirds of parents in the birth cohort (68%), and virtually all parents in the child cohort (99%) were utilising some form of childcare for the sample child (Figure 9-A). The almost universal childcare use within the child cohort at sweep 2 is largely accounted for by the take-up of free statutory pre-school provision for which all sample children in this cohort became eligible between their first and second interviews.[26] Use of childcare increased in both cohorts between sweeps, although clearly the rise was more dramatic in the older cohort.

Figure 9-A Use of childcare by cohort and sweep



A little over half of families in the birth cohort (54%) and three-quarters in the child cohort had used childcare at both sweeps. Fourteen percent of parents in the younger cohort had not used any form of regular childcare until sweep 2, and 26% had not used any childcare at either sweep. A small proportion (6%) of families in the birth cohort reported childcare use at sweep 1 but not sweep 2.

As at sweep 1, in sweep 2 maternal employment was significantly related to use of childcare. In the birth cohort, almost nine out of ten (87%) families where the child's mother was employed full-time were using some form of regular childcare compared with just 4 out of 10 (42%) families where the mother was not working. There were no significant differences in the child cohort. Whilst there is a clear link between maternal employment and childcare use, change in patterns of maternal employment between sweeps did not always coincide with a change in overall use of childcare. However, for a significant minority of families this had occurred (Table 3.1).

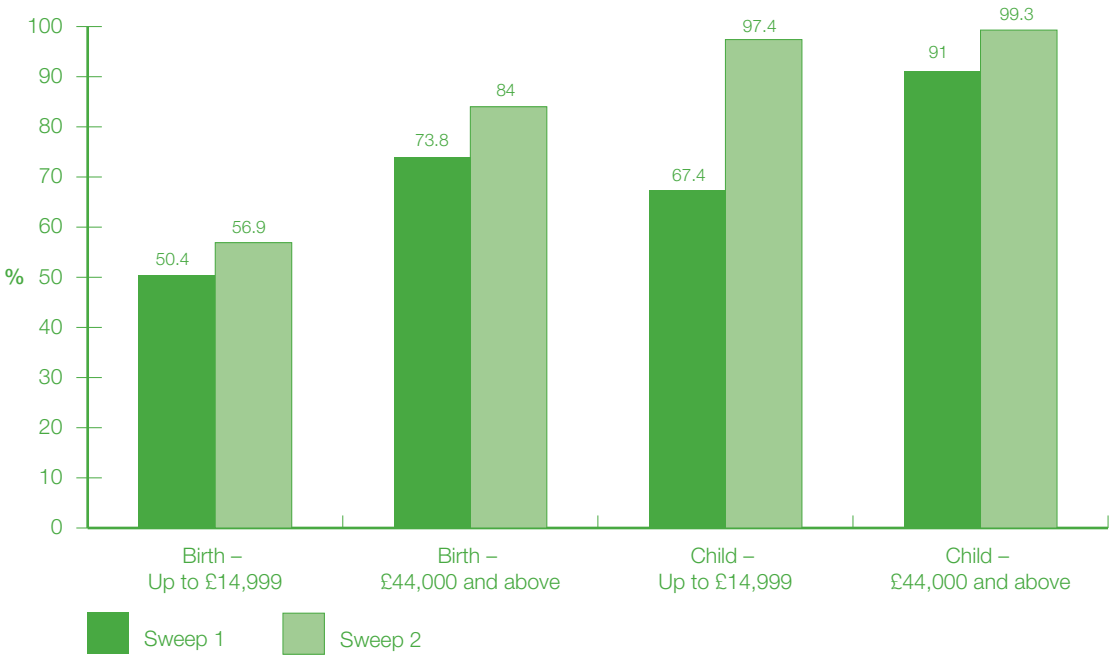
26 This form of childcare, and the specific issues associated with the child's transition to pre-school are considered in more detail in section 10.

Table 9.1 Change in use of childcare by change in maternal employment status: birth cohort

Cohort and maternal employment status	Cross-sweep childcare use (%)			
	Used childcare at both sweeps	Used childcare at sweep 1 only	Used childcare at sweep 2 only	Not used at either sweep
Birth				
Employed at both sweeps and either full-time or part-time at both	71.9	33.4	33.5	14.7
Unemployed at both sweeps	16.6	36.4	38.8	68.3
Increase in hours or started working between sweeps 1 and 2	7.0	4.5	21.9	8.7
Decrease in hours or started working between sweeps 1 and 2	4.5	25.7	5.8	8.3
Bases				
Weighted	*2216*	*1536*	*421*	*313*
Unweighted	*2345*	*1408*	*420*	*316*
Child				
Employed at both sweeps and either full-time or part-time at both	62.4	23.8	20.0	28.5
Unemployed at both sweeps	23.8	57.6	60.8	51.0
Increase in hours or started working between sweeps 1 and 2	6.7	6.8	13.3	9.0
Decrease in hours or started working between sweeps 1 and 2	7.0	11.8	5.9	11.5
Bases				
Weighted	*1283*	*810*	*205*	*168*
Unweighted	*1346*	*752*	*202*	*168*

Patterns of broader childcare use across the sample were similar at sweep 2 to those observed at sweep 1. As well as maternal employment, household income, area deprivation and area urban-rural classification were all related to childcare use. At sweep 2, higher income households continued to be more likely than lower income households to use childcare arrangements. In the birth cohort, the gap between the lowest and highest income quartiles at sweep 2 is similar to that observed at sweep 1 (around 25%). Whilst the gap in child cohort has considerably reduced, probably as a result of statutory pre-school provision, a small but significant distinction ($p<0.05$) still exists – 97% of families in lowest income quartile were using childcare compared with 99% in highest income quartile.

Figure 9-B Use of childcare by cohort, sweep and household income quartile



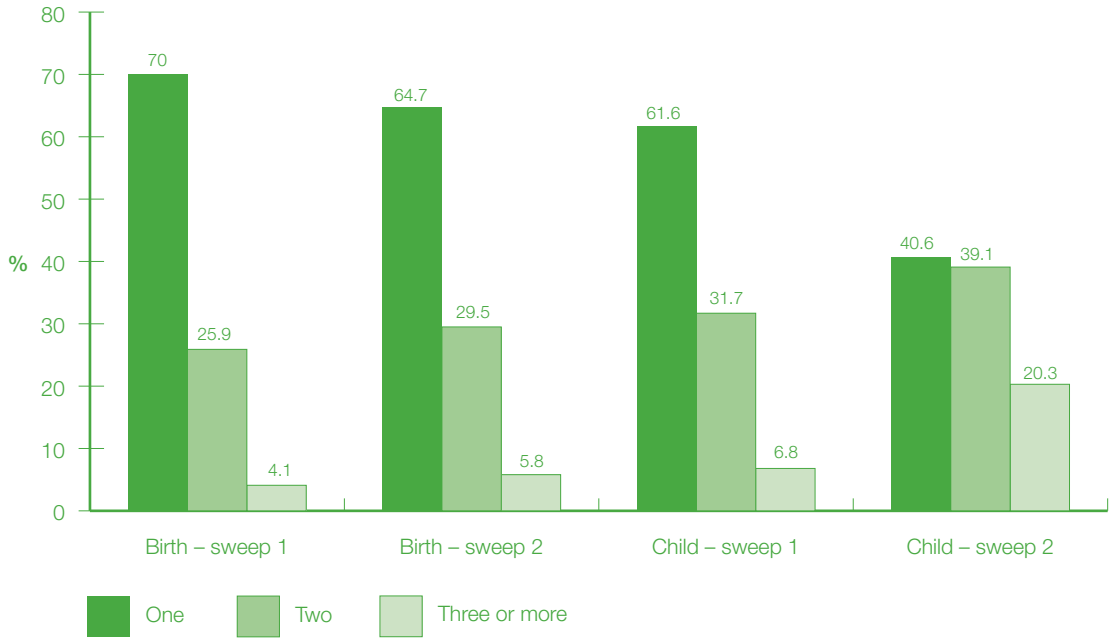
9.3 Types of childcare used

Childcare providers were chosen from a list of 18 different provider types covering both formal and informal provision. Respondents provided details of each individual childcare provider that they were using including the provider type (such as grandparents, nursery, etc.) and the number of hours and days per week each provider looked after the child.

9.3.1 Number of different providers

In the birth cohort, 65% of families using childcare used just one childcare arrangement, 30% used two and just 5% used three or more. Families in the child cohort were considerably more likely than those in the birth cohort to have multiple arrangements in place – around 60% were using two or more childcare providers compared with 35% of babies' families. In both cohorts, use of multiple providers was more common at sweep 2 than at sweep 1 (Figure 9-C). The change is particularly significant in the older cohort where the proportion of families using three or more childcare providers almost tripled from 7% to 17% between sweeps. Again, this may be accounted for by the uptake of pre-school provision. It may be that many parents in the older cohort have continued using their existing arrangements, in some form, from sweep 1 and simply 'added' their child's pre-school place onto those arrangements. Of course, it may also be that some parents have 'topped-up' their childcare – that is, they have made alternative, and additional, childcare arrangements to allow their child to attend the funded pre-school place at the particular provider and on the particular days and times which they have been allocated, often to accommodate parental employment. Researchers in the Parents' Access to and Demand for Childcare Survey (NFO Social Research, 2004) also found that parents of 3-4 year olds used a wider range of childcare providers than parents of younger children. Furthermore, this research also found that a key criticism of statutory pre-school education was the lack of flexibility surrounding the arrangements to which parents were allocated.

Figure 9-C Number of childcare providers by cohort and sweep



Maternal employment had a significant relationship with the number of providers used; amongst parents in the child cohort, around a quarter of those families where the mother was employed (27% full-time, 24% part-time) were using three or more childcare providers compared with 10% where the mother was not employed.

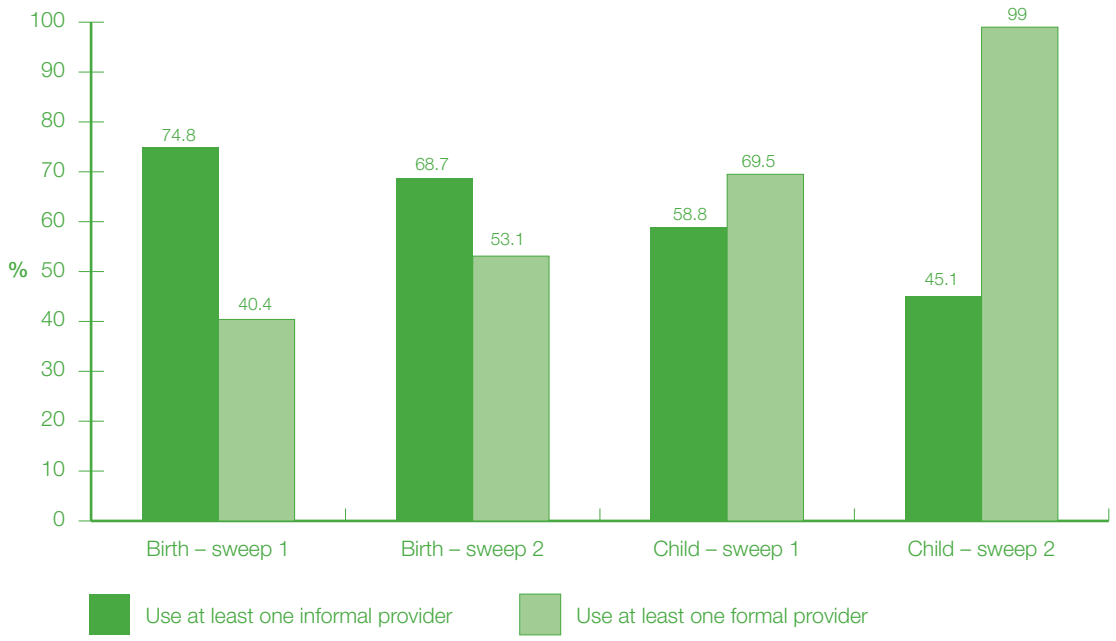
9.3.2 Formal and informal provision

The detailed childcare types were classified into 'formal' and 'informal' categories to allow an initial broad look at how types of provision differ across families.

At sweep 2, of those with regular childcare arrangements, 69% in the birth cohort and 45% in the child cohort, had a least one informal arrangement in place and 53% in the birth cohort and 99% in the child cohort had at least one formal arrangement. Between sweeps 1 and 2, within both cohorts, use of formal provision increased (particularly for the child cohort) and use of informal provision decreased (Figure 9-D). Informal provision was significantly more common, and formal provision less common, among families in the younger cohort than in the child cohort. Despite the almost blanket formal provision among the child cohort at sweep 2 however, it is notable that almost half of these children were also being cared for by an informal provider. Whilst this proportion has reduced since sweep 1, it nevertheless represents a significant minority of the child cohort. This further supports the scenarios suggested above where either parents in the older cohort have continued using existing informal arrangements, in some form, from sweep 1 and added the pre-school place or they have 'topped up' their childcare; that is, some families in the child cohort, particularly those where the mother is employed, have made additional informal childcare arrangements to allow them to make use of the statutory provision. For example, a child may be left with a grandparent who takes the child to his or her pre-school place and collects them afterwards.

At sweep 2, lone parents in both cohorts continue to rely more on informal childcare provision than do parents in couple families. In the child cohort for example, around half (53%) of lone parents using childcare use at least one informal arrangement compared with two-fifths (43%) of parents in couple families. This difference is largely accounted for by higher use among lone parents of ex-partners and other relatives for childcare. There are no significant differences in use of grandparents by family type. No notable variations were observed in informal childcare use amongst other sub-groups in the child cohort.

Figure 9-D Use of formal and informal provision by cohort and sweep



9.3.3 Detailed childcare type

To allow a more detailed examination of the type of childcare provision used by families in the study, the 18 provider types were grouped into seven summary categories: Grandparents, Other informal, Nursery, Childminder, Playgroup, Family Centre and Other Providers.

Table 9.2 Detailed childcare type by cohort

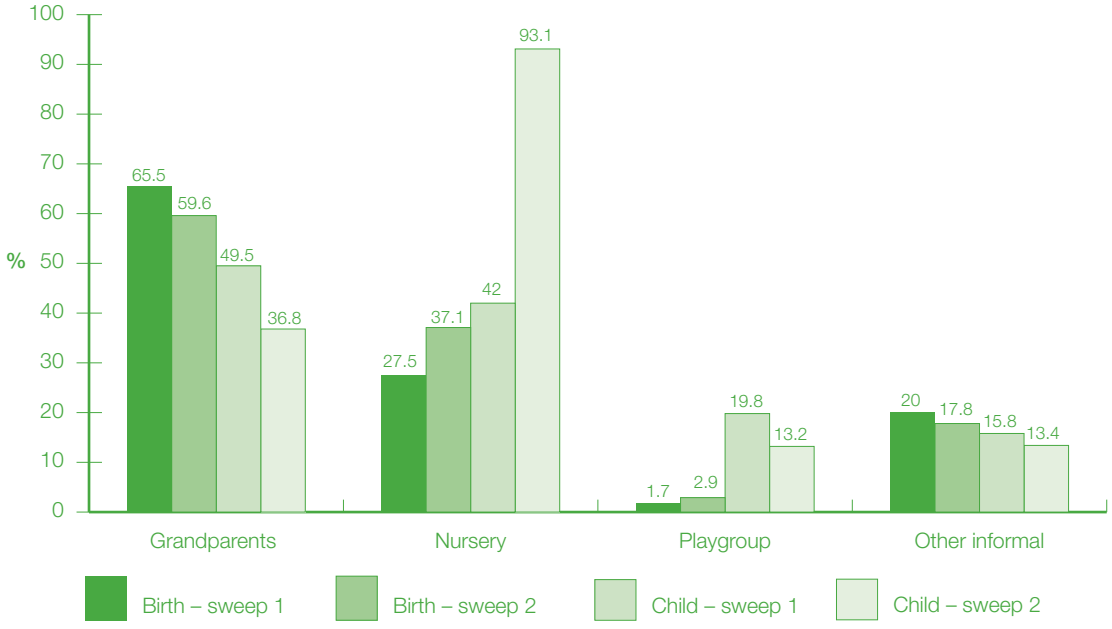
Childcare type	% of childcare users	
	Birth	Child
Grandparents	59.6	36.8
Nursery/creche	37.1	93.1
Childminder	12.4	8.1
Playgroup	2.9	13.2
Family centre	<1.0	<1.0
Other informal	17.8	13.4
Other	2.6	1.8
Bases		
Weighted	*3110*	*2164*
Unweighted	*3122*	*2177*

Note: percentages do not add up to 100% as respondents were able to offer details of more than one provider

A small number of dominant providers prevail again in both cohorts at sweep 2 as they did in sweep 1. The child's grandparents and nursery care account for the majority of provision with childminders, playgroups and 'other informal' arrangements accounting for most of the rest. There are several key differences between the cohorts reflecting the difference in the formal/informal balance identified earlier. Care by grandparents and other informal providers was higher in the birth cohort whereas nursery and playgroup care were higher in the child cohort.

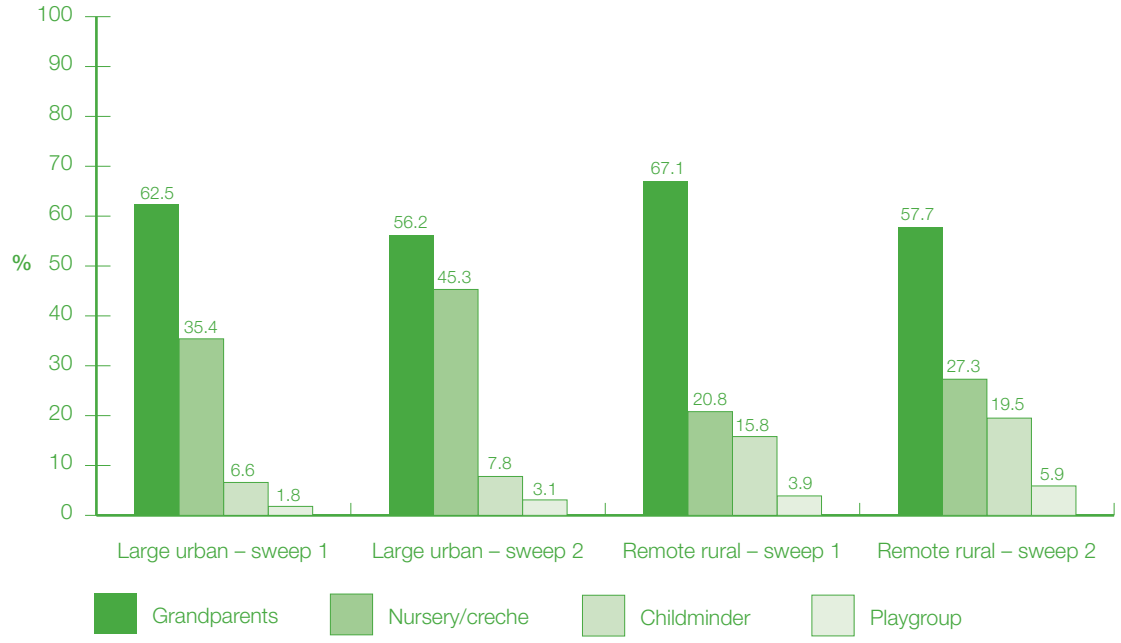
Figure 9-E shows the change between sweeps in use of the main provider types for both cohorts. The reduction in the proportion of families in both cohorts using grandparents and other informal provision, and the increase in nursery provision reflects again the general informal to formal progression seen above.

Figure 9-E Use of specific childcare provision by cohort and sweep



At sweep 1, families living in areas of different urban-rural classification were shown to have different patterns in the types of childcare provision used. Use of playgroups and childminders was significantly higher in remote areas than in other areas - particularly among the child cohort, perhaps because of a relative lack of larger formal group-based childcare. Figure 9 F compares the use of different providers at both sweeps amongst families in the birth cohort living in large urban areas with those living in remote rural areas. As the graph shows, in line with the overall trend illustrated in Figure 9-E, the transition between sweeps 1 and 2 saw a drop in the reliance on grandparents in both area types – more so in remote rural areas. This brings the proportion of families using grandparents in remote areas more in line with those in large urban areas. In contrast, the differences evident at sweep 1, which saw higher use of playgroups and childminders in remote rural areas compared with urban areas, continue at sweep 2.

Figure 9-F Use of specific childcare provision by families in large urban and remote rural areas by sweep: birth cohort



9.4 Number of hours and days per week

How many hours, on average, do the cohort children spend in the care of each childcare provider, and over how many days are those hours spread? On average, families in the birth cohort used childcare for less time than did those in the child cohort (birth cohort average of 22 hours per week, child cohort average of 26 hours per week). The average weekly duration of childcare had increased by 10 hours from the comparable figure at sweep 1 in each cohort. Unlike at sweep 1, where patterns of childcare duration were very similar in each cohort, at sweep 2 the patterns were quite different (Table 9.3) with child cohort families being considerably more likely to have arrangements of a longer duration than families in the birth cohort. For example, 32% of child cohort families using childcare had arrangements which totalled more than 30 hours of childcare per week compared with 23% of birth cohort families using childcare.

Table 9.3 Total number of hours per week child is looked after by cohort

Number of hours per week	Cohort	
	Birth	Child
8 or less	20.7	1.9
9 to 16	19.7	33.9
17 to 30	36.9	32.4
More than 30	22.8	31.8
Bases		
Weighted	*3071*	*2466*
Unweighted	*3111*	*2469*

Analysis of the number of days is slightly more complicated because more than one childcare arrangement can be used on any one day. However, examination of the maximum number of days that any single arrangement is used for gives some indication of the patterns of childcare use in an average week. The data in Table 9.4 indicates that whilst patterns were similar between cohorts at sweep 1, the situation is quite different at sweep 2 where children in the older cohort are 4 times more likely than those in the younger one to be in a childcare arrangement that is provided over five days. There is no significant change in these patterns amongst the birth cohort between sweeps, although obviously the change between sweeps for the child cohort is significant. The predominance of arrangements over 5 days is another finding that is likely to be related to the uptake of statutory pre-school provision.

Table 9.4 Maximum number of days child is looked after by any single childcare provider by cohort and sweep

Number of days per week	Cohort and sweep (%)			
	Birth		Child	
	Sweep 1	Sweep 2	Sweep 1	Sweep 2
1	16.5	15.6	8.4	0.7
2	28.6	28.2	25.4	2.8
3	23.8	24.8	28.3	8.5
4	9.2	10.0	12.9	3.7
5	17.0	17.4	20.9	81.9
6 or 7	5.0	4.0	4.2	2.6
Bases				
Weighted	*2708*	*3074*	*1894*	*2467*
Unweighted	*2745*	*3114*	*1942*	*2470*

9.5 Cost of childcare

Respondents using childcare were asked to estimate their childcare costs on a monthly or weekly basis. If they were not paying for childcare, they were asked to disclose whether childcare was free, i.e. that no-one paid for it, or whether it was paid for by someone else. All costs reported here correspond to childcare for the cohort child only.

Around half of families using childcare in both cohorts were paying something for the provision they were using. For the vast majority of the remainder, childcare was free. Only a small number of families were in a situation where someone else was paying for the care. The balance of families who paid something for childcare versus those for whom childcare was free was more similar between cohorts at sweep 2 than at sweep 1 where parents in the child cohort were significantly more likely to have been paying something towards their childcare provision. As such, between sweeps, there was a reduction in the proportion of parents in the child cohort (from 65% to 54%), and an increase in the proportion of parents in the birth cohort (from 43% to 52%), who paid something towards their child's care.

9.5.1 Average weekly cost

Of those respondents who were paying for childcare in the birth cohort, the average weekly cost of childcare for the cohort child was £67 per week. As in sweep 1, this figure was lower for the child cohort at £43 per week. Each of these figures represents a decrease in childcare costs from sweep 1, down from an average of £76 per week in the birth cohort, and from £49 in the child cohort. The weekly cost varied considerably among the sample reflecting the wide mix of providers and arrangements that have been illustrated above. The data are illustrated in Figure 9-G below. The graph shows that 42% of parents in the child cohort were paying less than £20 per week compared with 15% of parents in the birth cohort. In contrast, 42% of parents in the birth cohort were paying between £51 and £100 per week compared with 24% of parents in the child cohort. This is likely to reflect two main factors: free pre-school provision, and lower nursery fees for children over the age of 3.

Figure 9-G Average cost of childcare for cohort child per week by sample type*

*Base: All who pay for childcare

At sweep 1, the data showed that families in both cohorts living in urban areas were found to pay more on average for childcare than families in any other type of area and that parents in remote rural areas were likely to be paying the least for childcare. As can be seen from the data in Table 9.5, in the birth cohort this trend continued at sweep 2. In the child cohort however, the average weekly cost of childcare was very similar for parents in large urban and accessible rural areas, and for parents in other urban areas, small accessible towns and remote rural areas, with those living in small, remote towns likely to be paying the least.[27]

Table 9.5 Average cost of childcare per week by urban/rural classification

Cohort	Urban-rural classification (£)					
	Large urban	Other urban	Small, accessible towns	Small, remote towns	Accessible rural	Remote rural
Birth	73	63	58	57	67	50
Bases						
Weighted	*684*	*452*	*126*	*26*	*241*	*57*
Unweighted	*694*	*470*	*136*	*29*	*278*	*69*
Child	47	39	39	33	48	40
Bases						
Weighted	*446*	*320*	*101*	*30*	*172*	*47*
Unweighted	*420*	*326*	*109*	*35*	*196*	*56*

9.5.2 Coping with childcare costs

Respondents who were paying for childcare were also asked how easy or difficult they found it to pay for all the childcare they used, including that arranged for other children in the family. In the birth cohort, 43% said they found it either easy or very easy to pay for their childcare, 31% found it neither easy nor difficult and a 25% found it difficult or very difficult. Parents in the child cohort were significantly less likely to report any difficulty with their childcare costs; 60% found it easy or very easy to meet their childcare costs, a little over one-fifth said it was neither easy nor difficult and just under 1 in 5 (18%) found it difficult or very difficult. Little has changed between sweeps 1 and 2 in the birth cohort with the proportion reporting ease or difficulty very similar at both sweeps. In the child cohort, however, there was an increase of 10% between sweeps in the proportion of parents who found it easy to meet their childcare costs again perhaps reflecting the introduction of free statutory pre-school provision for this cohort.

27 Note that the small base sizes for 'small, remote towns' mean that this finding should be treated with caution.

9.6 Changes to arrangements, degree of choice, ease of arranging childcare and childcare preferences

9.6.1 Changes to arrangements between sweeps

Using information from the previous sweep, it is possible to track the extent to which parents have continued to use childcare arrangements which were in place at sweep 1 and sweep 2, and also to monitor the types of arrangements which were stopped and the reasons why.

In both cohorts, the majority of families using regular childcare at both sweeps continued to use at least one provider at sweep 2 that was being used at sweep 1. This was more likely in the younger cohort where 81% of parents carried at least one arrangement forward compared with 72% in the child cohort. Indeed, in the birth cohort, 71% of parents were still using all of the childcare arrangements they had in place at sweep 1, 10% were using some and 19% were no longer using any. In contrast, 53% of parents in the child cohort carried forward all of their childcare arrangements, 20% some, and 28% none.

The reasons given for ending arrangements were many and wide-ranging although for the most part parents simply said the care was 'no longer needed' (33% in birth cohort, 44% in child cohort). The often very specific reason for ending an arrangement is reflected in the fact that around one-third of parents in both cohorts gave some 'other reason', not covered by the pre-coded responses, for doing so.

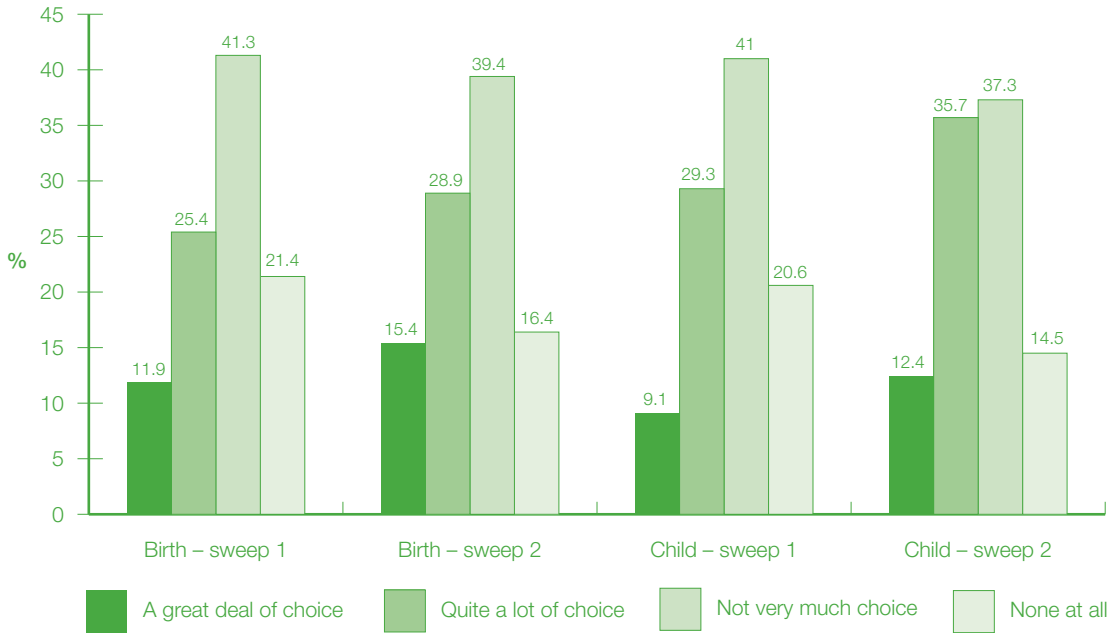
For the most part, reflecting trends identified above, informal arrangements were more likely than formal ones to be stopped. Though, in the child cohort, around a quarter of arrangements which did not continue were with private nurseries.

9.6.2 Degree of choice

Respondents were asked to think about the affordable and available options open to them at the time they were arranging childcare for the cohort child and to indicate how much choice they felt they had when they decided to use their *main* childcare provider.

In the birth cohort, around two-fifths (44%) of parents felt they had a lot or quite a lot of choice, two-fifths (39%) felt they had not very much choice and 15% said they had no choice at all. Responses were similar in the child cohort. As can be seen in Figure 9-H, not only are responses between cohorts similar, but there is also little significant within-cohort change in perceived choice between sweeps.

Figure 9-H Perceived degree of choice by cohort and sweep



9.6.3 Ease of arranging childcare

All parents using childcare were asked how easy or difficult they had found it to make suitable arrangements for the sample child in the last 12 months. Those who reported it to be fairly or very difficult were asked why.

The vast majority of parents in both cohorts using childcare (85%) said they had found it very or fairly easy to make the necessary childcare arrangements. Around one in ten reported it to be difficult or very difficult. The principal reason given for finding it difficult was a lack of childcare places available locally, reported by 60% of parents who found it difficult to arrange childcare in the birth cohort, and 45% in the child cohort. Cost of childcare was also seen to be prohibitive, with just over a third of parents who reported difficulty in making arrangements in both cohorts giving this as a reason.

Some small differences were evident across the sample. For example, parents in higher income households, and those in couple families were slightly more likely to say they found it easy to arrange childcare in the last 12 months than were those in lower income households and lone parents. Differences in area-based provision were not evident in this data as there were no significant differences by urban-rural classification or area deprivation.

9.6.4 Childcare preferences

As in sweep 1, to further gauge parents' views on the availability and choice of childcare open to them, respondents were asked whether they would use a different kind of childcare provider as their main childcare provider for the cohort child, if such a place were to be available and affordable. If the respondent answered 'yes' they were then asked what type of provider they would prefer to be using.

At sweep 2, parents appeared more content with their childcare arrangements than at sweep 1. Just under one in ten (9%) respondents in the child cohort said they would change main provider at sweep 2, compared with around one in five at sweep 1 (18%). The drop is less dramatic in the birth cohort where, at sweep 2, 16% of parents using childcare indicated they wanted to change, compared with 19% at sweep 1. As at sweep 1, parents in more economically disadvantaged circumstances were more likely than wealthier parents to express a desire for change. This trend was more evident in the birth cohort where almost a quarter (23%) of families using childcare in the lowest income group indicated a desire to change providers, compared with a tenth (9%) of families in the highest income group.

Again, as was the case at sweep 1, the type of provision currently in place for the child was also related to the responses to this question. Families using only informal provision were significantly more likely than those using only formal care or a mixture of both to indicate that they would prefer to be using a different main childcare provider. Private nurseries remained the most popular alternative, being selected by 54% of parents in the birth cohort and 38% of parents in the child cohort who wanted a change. Childminders and local authority nurseries remained the next most popular alternatives.

The nature of the preferred providers, and the characteristics of the existing provision among those most likely to want a change, continues to support the trend for a desire to shift from informal to formal types of care which was identified at sweep 1.

9.7 Work-life balance and family-friendly working

9.7.1 Attitudes towards work-life balance

Given the important link between use of childcare and household and/or mother's employment, respondents who were employed (but not self-employed) at the time of the interview were asked a series of questions about their attitudes towards working and caring for children. These consisted of a number of agree-disagree statements. Similar questions were included at sweep 1 but, unlike at that sweep, where respondents were asked mainly about their desire to work more or fewer hours in relation to looking after their children, the statements at sweep 2 explored working parents' feelings about the effect of their employment on their children, and the extent to which having to work impacts on spending time with their family and vice versa. The statements and responses from parents in the birth cohort are displayed in Table 9.6. There were no significant differences between cohorts.

Table 9.6 Attitudes towards work-life balance (birth cohort)

Statement	Response (% of employed respondents)					*Bases*	
	Strongly agree	Agree	Neither	Disagree	Strongly disagree	*Weighted*	*Unweighted*
My working has a positive effect on my child(ren)	9.7	45.1	30.5	13.4	1.3	*2484*	*2600*
Working helps me to better appreciate the time that I spend with my child(ren)	28.2	57.1	9.0	5.2	0.5	*2490*	*2605*
The fact that I work makes me a better parent	5.9	31.4	36.3	24.0	2.3	*2487*	*2602*
Because of my work responsibilities, I have missed out on home or family activities	5.0	26.5	12.5	47.6	8.4	*2491*	*2606*
Because of my work responsibilities, my family time is less enjoyable	1.9	13.4	13.5	60.1	11.1	*2490*	*2605*
Because of my family responsibilities, I have to turn down work activities or opportunities that I would prefer to take on	1.8	18.0	11.6	58.8	9.8	*2490*	*2604*
Because of my family responsibilities, the time I spend working is less enjoyable and more pressured	1.5	16.3	15.3	59.6	7.3	*2489*	*2603*

The responses suggest that, generally speaking, most parents who work believe that their employment is not detrimental to their enjoyment of family life nor to their ability to raise or spend time with their child(ren). To explore attitudes further across the sample, two scales were created from the statement responses. The first scale, which combines responses to the first five statements, measures the perceived positive or negative impact of employment on parenting and family life.[28] The second scale, using the last two statements, measures the perceived low or high impact of family responsibilities on employment.[29]

As might be expected given the responses in Table 9.6, mean scores on both scales are generally low. In the birth cohort, the average score was 7.5 on the first scale and 2.9 on the second scale; there were no significant differences between cohorts. These low scores indicate that parents believed their employment was beneficial to their family life, and that their family life made little impact on their opportunities and activities at work. Although remaining generally low across the sample, some differences were evident according to different parental employment characteristics as shown in Table 9.7.

Table 9.7 Mean scores on attitudes to work-life balance scores: birth cohort

Independent variables	Mean score		*Bases*	
	Scale 1: Impact of employment on family life	Scale 2: Impact of family life on employment	*Weighted*	*Unweighted*
All parents	7.4	2.9	*2477*	*2593*
Respondent employment				
Full-time (35 hrs or more)	8.4	3.1	*600*	*627*
Part-time (less than 35 hrs)	7.0	2.8	*1876*	*1965*
Respondent NS-SEC				
Managerial/professional	7.5	3.2	*1161*	*1274*
Intermediate occupations	7.3	2.6	*613*	*629*
Lower supervisory/technical	7.8	2.1	*121*	*119*
Semi-routine and routine	7.1	2.7	*582*	*567*

28 The scale ranged from 0 to 20. A low score indicated a perceived positive impact of employment on family life, a high score a perceived negative impact.

29 The scale ranged from 0 to 8. A low score indicated a perceived low impact of family life on employment, a high score a perceived high impact.

Those who were working full-time perceived their employment to have a slightly more negative impact than those who worked part-time. The former group were also slightly more likely than the latter to believe that their family life impacted on their activities and opportunities at work. Employment classification, whilst generating statistically significant differences on both scales, had a more notable effect on the second scale. Parents in managerial or professional occupations perceived their family commitments and responsibilities to have slightly more negative impact on their working lives than parents in other occupational classifications. Interestingly, it was respondents in lower supervisory or technical occupations who had the most negative perception of the impact of their employment on their family lives. This may reflect the lower availability of flexible working practices for employees in this occupational classification as illustrated in section 9.7.2 and Figure 9-I below.

9.7.2 Employer family-friendly policies

To further explore the dynamic between employment and childcare we asked respondents who were employed (but not self-employed) whether their employer provided any 'family-friendly' facilities or policies such as subsidised childcare, a workplace creche or nursery, flexible working arrangements, or something else.

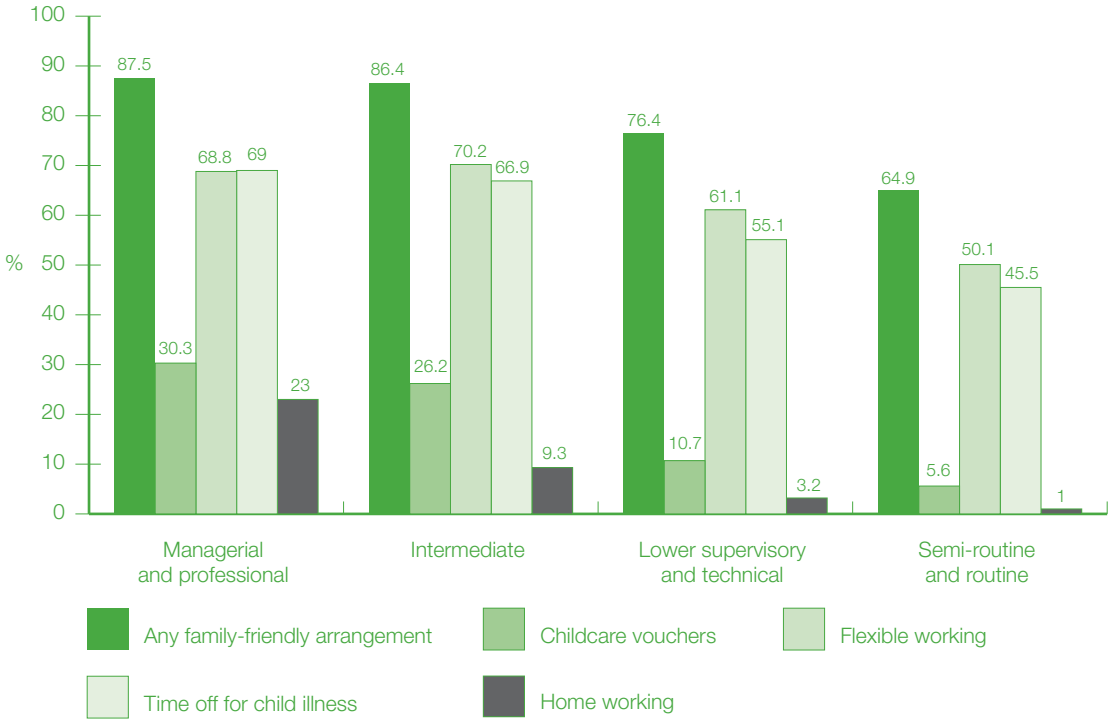
Among those respondents who were employed, four out of five in both cohorts reported that their employer offered at least one family friendly working arrangement. Two predominant policies are evident (Table 9.8) – flexible working and time off when a child is sick. Around six out of ten respondents in both cohorts could take advantage of these policies at their workplace.

Table 9.8 Availability of family-friendly policies by cohort

Policy details	Cohort %	
	Birth	Child
Subsidised childcare	3.4	3.7
Childcare vouchers	22.5	17.9
Workplace creche or nursery	6.7	6.7
Flexible working	60.6	58.1
Time off for child illness	61.6	58.8
Unpaid time off during school holidays	8.7	8.5
Home working	13.5	14.0
Something else	1.6	1.8
Bases		
Weighted	*4484*	*2483*
Unweighted	*4512*	*2500*

The availability of particular policies varied considerably according to employment classification (Figure 9-I). In general, all forms of family-friendly policy were more widely available to respondents in professional or managerial occupations than to those in other occupational classifications. However, the differences were particularly stark amongst the less common policies. For example, whilst 30% of respondents in managerial or professional occupations could receive childcare vouchers via their employer, only 6% of those in semi-routine or routine occupations could do the same.

Figure 9-I Availability of selected family-friendly facilities by respondent NS-SEC: birth cohort



In both cohorts, 80% of respondents who had at least one family-friendly policy available to use were using it and many were using several. Flexible working was the arrangement most likely to be used by respondents; in each cohort, 96% of those whose employer offered flexible working were using it. Home-working, although of more limited availability than flexible working, was also popular and was used by around 70% of parents in both cohorts for whom it was available (68% in birth cohort, 70% in child cohort). Use of childcare vouchers was less common, used only by a third of parents in both cohorts for whom they were available (36% in birth cohort, 33% in child cohort).

Despite the difference in availability of family-friendly policies by occupational classification there was less difference in the extent to which different respondents used the policies which were available to them. In the child cohort for example, 80% of parents in managerial or professional occupations whose employer offered family-friendly policies were using at least one arrangement compared with 73% of parents in semi-routine or routine occupations.

There was no significant change in respondents' general assessments of their employers' family-friendly rating. As with sweep 1, around two-thirds of parents in both cohorts rated their employer as very or fairly good in terms of allowing family friendly working, with around 15% rating their employer poor or very poor. Of those respondents who were in the same job at both sweeps, around a fifth in both cohorts (23% birth, 22% child) reported a drop in their employer's family friendly rating, a little under a third reported an improvement (30% birth, 32% child) and just under half gave the same rating (47% birth, 46% child).

9.8 Key points

- A little over two-thirds of parents in the birth cohort (68%), and virtually all parents in the child cohort (99%) were utilising some form of childcare for the sample child. The almost 'universal' childcare use within the child cohort at sweep 2 is largely accounted for by the provision of free statutory pre-school education.
- Both cohorts saw an increase in childcare use, in use of multiple providers, and in the average time a child was likely to spend in childcare between sweeps. However, there was a decrease in average childcare costs for the sample child.
- There was a shift from lower use of informal care to greater use of formal care between sweeps. In the birth cohort, 53% of parents using childcare were using a formal provider at sweep 2, up from 40% at sweep 1. Notwithstanding this increase, certain groups amongst the sample continued to rely more heavily on informal provision.
- Despite almost universal formal childcare use in the child cohort, a reasonable proportion of families in the child cohort were also using informal arrangements. Almost half of the older children were also being cared for by an informal provider although this had decreased from sweep 1.
- Differences in patterns of childcare use, and types of provision by area urban-rural classification observed at sweep 1, persist in the sweep 2 data.
- Most parents who work believe that their employment is not detrimental to their enjoyment of family life nor to their ability to raise or spend time with their child(ren), although attitudes varied by employment status and occupational classification.

- 80% of working parents had some form of family friendly working arrangement available to them from their employer. Those parents in managerial and professional occupations tended to have access to a wider range of policies than those in other occupational classifications.

9.9 Conclusion

Growing Up in Scotland uses a broad definition of childcare, meaning any care by someone who is not the main respondent or their partner, and that encompasses both informal and formal care. Childcare use has become ubiquitous, particularly for the child cohort. Two-thirds of the birth cohort and almost all of the child cohort received some kind of childcare. While use of childcare was widespread in sweep 1, it had become even more so by sweep 2. Both cohorts were increasingly likely to use childcare; the baby cohort up from 61% in sweep 1 to 68% in sweep 2, and the child cohort up from 77% in sweep 1 to 99% in sweep 2. The near universal use of childcare by the child cohort is mainly due to high use of free statutory pre-school provision, a key plank of the Government's national childcare strategy.

The use of childcare in the birth cohort (but not the child cohort) is overwhelmingly associated with maternal employment, although parents have other reasons too for using childcare. Families in which the child's mother was in paid work were more than twice as likely to use childcare (about 90%), as families in which the mother was not in paid work (42%). While changing employment patterns did not necessarily result in a changing use of childcare, for many it did. For example, in the small minority of cases where childcare use decreased or stopped, this was associated with mothers' reduced employment. Conversely, cases where childcare was used in sweep 2 but not sweep 1 was associated with increased maternal employment.

Children can expect to spend a large amount of their early childhood in the care of people other than their parents. Those children who experience childcare spend a considerable length of time doing so, on average for about 22 hours per week for the birth cohort and 26 hours per week for the child cohort. The time that children spent in childcare increased between sweeps, on average by about 10 hours per week. While nearly 70% of the birth cohort receive childcare for three days or less, 85% of the child cohort receive childcare on 5 or more days.

Patterns of childcare use in this sweep were broadly similar to those found in sweep 1, and were found to vary not only according to maternal employment, but also by household income and type of geographic area. Higher income groups were more likely to use childcare than lower income groups, the gap in the birth cohort being especially pronounced (57% of the lowest income quartile compared to 84% of the highest income quartile used childcare, a slightly bigger gap than found in sweep 1). As also found in sweep 1, families living in remote areas were more likely to use playgroups and child minders than others, possibly because of a lack of availability of formal childcare.

In the birth cohort, the norm was to use a single childcare provider (in 65% of cases), most typically grandparents (60%) or a nursery or creche (37%). In contrast, a childcare mix of multiple providers was much more common for the child cohort (in about $^{2}/_{3}$ of cases), although 93% were in nursery or a creche. For both cohorts, grandparents remain an important source of informal childcare, although they provide care in fewer cases than in sweep 1 (e.g. 50% of the child cohort families used grandparents for childcare in sweep 1, compared to 37% in sweep 2). For both cohorts, the use of multiple providers had become more common than in sweep 1, and the change was particularly marked in the child cohort where the number of families using three or more providers nearly trebled between sweeps, from 7% to 17%. The use of multiple childcare providers is particularly associated with maternal employment and raises issues about how transitions between providers are managed.

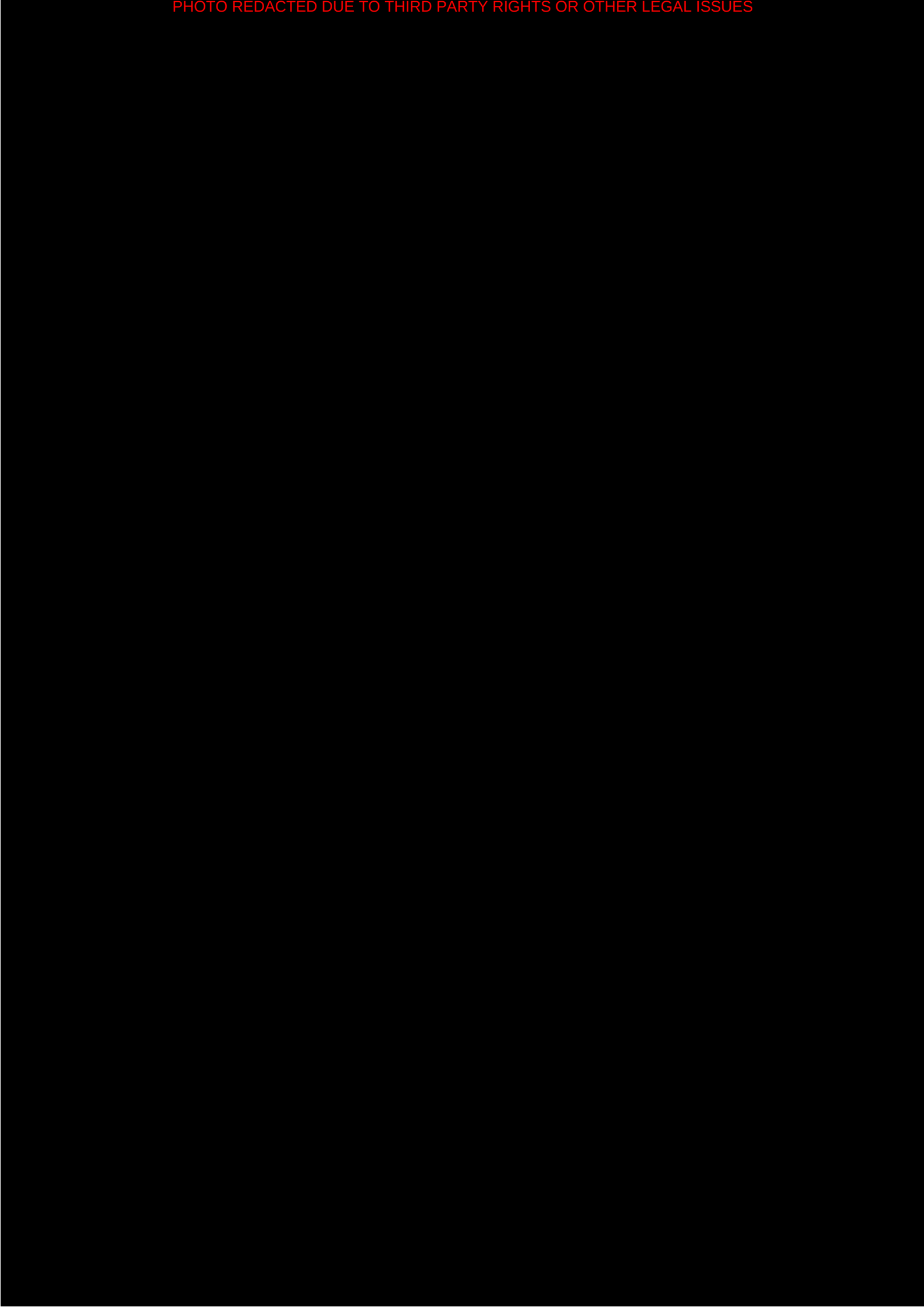
In examining the makeup of the particular childcare packages used, childcare provision was classified as being either informal or formal. Over half of those with regular childcare arrangements had at least one informal arrangement and over half had at least one formal arrangement. Formal childcare use increased between sweeps, and informal childcare use decreased, although informal childcare was still more common than formal for the birth cohort and more common in lone parent families than in couple families in both cohorts. Although almost all of the child cohort were in some formal childcare, about half of them also had some kind of informal childcare too, most typically by grandparents (37%). This underlines the importance of informal care even when formal care is used and the need to understand the interrelationship between them.

About half of families using childcare paid something towards its cost, a slightly higher proportion of the birth cohort and a slightly lower proportion of the child cohort than in sweep 1. For the great majority of the rest, childcare was free (rather than having its cost met by others). The weekly cost of childcare for the study child varied considerably, with an average cost of £67 per week for all. The cost was higher for the birth cohort (nearly 60% of whom paid over £50 p.w.) than for the child cohort (36% of whom paid over £50 p.w.). Parents living in large urban areas had higher average costs for childcare than parents living elsewhere. About one-quarter of birth cohort parents found it difficult or very difficult to pay for childcare, compared with 18% of the child cohort parents.

Choice and flexibility in childcare are seen by many parents as necessary to meet their childcare needs and enable them to respond to work opportunities. Despite the considerable expansion in the availability and use of childcare, most parents did not think they had a great deal of choice in their decision about their main childcare provider; with slightly less perceived choice than in sweep 1; 56% of parents in the birth cohort and 52% of parents in the child cohort said they had 'not very much' or 'no' choice here. Compared to the picture of limited choice, there is widespread reported ease of arranging childcare; 85% of parents said they found it very or fairly easy. Difficulties here were associated with a lack of local provision or prohibitive cost. When asked if their childcare preferences differed from the arrangements they had in place, more parents were satisfied with their own arrangements than in sweep 1 and only a small minority in both cohorts expressed a wish to change them. However, there was less satisfaction with current arrangements for the lowest income group, one quarter of whom wished to change providers if they were affordable and available. Users of informal childcare exclusively were also more likely to express a preference for a shift from informal to formal care, most often to private nurseries.

Some of the need for flexibility and choice in childcare derives from how much flexibility parents have in the workplace to balance work and family responsibility. Parents who were employees were asked about their attitudes towards work-life balance, and most considered that work had positive benefits for family life, not causing them to lose out on family activities, making them better parents and more appreciative of family time. Most also considered that their family responsibilities did not have an adverse impact on their work in terms of enjoyment, missed opportunities, or creating more work pressure. These patterns varied slightly by whether parents worked full-time or part-time, or by social class; parents in managerial and professional employment were more likely than those in semi-routine and routine employment to report working in a family-friendly workplace. About four out of five respondents who were employed reported that their employers had at least one family friendly working arrangement, mainly flexible working time and being able to take time off when a child was ill. Most respondents were able to take advantage of these policies.

For young children in Scotland, the families they live with are increasingly characterised by having a mother in paid work, most typically part-time, who satisfactorily juggles home and work with no great detriment to either, and by having their own care shared between their parents and others (Gillis, 1996). For children living in couple families, the 'breadwinner model' of the family has been increasingly replaced by the 'dual earner model' of a family (demonstrated in section 2.3.1). There is also a trend to extend childcare beyond the nuclear family to the extended family and community and the socialising of childcare also shows a movement from informal to more formal types of care as children get older, with near-universal participation of older pre-school children in childcare of some kind.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10.1 Introduction

Since 2002, the Scottish Government has provided free part-time pre-school early education places for 3- and 4-year-old children in Scotland.[30] Local Education Authorities provide pre-school places in nursery classes and schools, as well as through partner settings such as playgroups and private nurseries. They are obliged to offer each child 412.5 hours of pre-school education per year (often delivered as five 2.5 hour sessions per week). These sessions follow a national *Curriculum Framework for Children aged 3 to 5* (Learning Teaching Scotland, 1999), which focuses on activities to promote children's emotional, personal and social development, their communication and language, knowledge and understanding of the world, expressive and aesthetic development and physical development and movement.

Children in the GUS child cohort were aged 46.5 months (just under 4) at sweep 2. They were thus all eligible to attend one of these free pre-school education places. The sweep 2 questionnaire included a range of questions designed to explore children's and parents' experiences of pre-school education, covering:

- whether they have taken up or plan to take up their pre-school place
- what type of pre-school provision they attend
- when they started pre-school
- why parents decided to enrol the child in their pre-school place
- whether or not they sought any information or advice before enrolling them (and where from)
- whether they felt they, or their child, needed support adjusting to pre-school
- what type of support they received and whether this was adequate
- perceptions of their child's feelings about pre-school in the early months of attending, and
- perceptions of how 'ready' their child was to start their pre-school place.

30 This initiative was introduced under a previous Scottish Executive administration.

10.1.1 Types of analysis

The tables in this chapter present the following main types of analysis:

- Analysis of the answers of main respondents by factors that might help explain these answers (for example, by the type of area they live in or whether they work full- or part-time).
- Comparisons of the responses of main respondents with the answers given by their partners, specifically for questions which ask for parents' views of their child's 'readiness' for pre-school.[31]

10.2 Overview of pre-school attendance

The vast majority (94%) of our child cohort were attending a pre-school place at the time of their GUS sweep 2 interview. Of the 6% who were not, eight out of ten (79%) were planning on starting a pre-school place some time in the next year.

10.2.1 Type of pre-school place attended

The most commonly attended pre-school place was a nursery class or department attached to a primary school (attended by 53% of those in a pre-school place aged 46.5 months), followed by separate nursery schools (35%). Overall, just 5% attended playgroups and 7% day nurseries. However, use of playgroups was higher in small remote towns and remote rural areas (19% and 12% respectively). Use of separate nursery schools was highest in large urban areas (46%) and lowest in small remote towns (16%) and remote rural areas (15%), reflecting the different balance of early years providers in different areas of Scotland.

31 Where such comparisons are made, the sample is based only on those households with a resident partner – lone parents households are not included in these tables. Partner interviews were achieved in 79% of participating baby cohort households and 77% of toddler cohort households. The partner data is weighted to take account of differences between households where the partner did and did not respond. The aim of these weights is thus to make the partner data as representative as possible of all partners in households who participated in GUS.

Table 10.1 Type of pre-school attended by area urban-rural classification

Pre-School Type	Urban-Rural classification					
	Large urban	Other urban	Small accessible town	Small remote town	Accessible rural	Remote rural
Nursery school (not attached to a primary)	45.6	31.6	32.4	16.1	26.0	15.5
Nursery class or dept. attached to a primary school	42.7	57.0	52.8	54.3	62.6	67.7
Playgroup	2.6	5.1	7.2	18.8	7.4	11.7
Day nursery (including community nursery, children's centre and family centre)	9.0	6.4	7.5	10.8	4.0	5.1
Bases (All attending a pre-school place)						
Weighted	*842*	*739*	*261*	*66*	*328*	*112*
Unweighted	*771*	*727*	*272*	*75*	*370*	*136*

Although the Scottish Government provides funding for all children aged 3 and 4 to attend a free early-education place, local authorities have flexibility about the providers they use to deliver this. In some cases, they may use a mixture of local authority nurseries, playgroups and nursery classes attached to primary schools, and privately-run nurseries to ensure that sufficient places are available. Using data from the childcare section of the GUS questionnaire, it is possible to estimate the proportion of children whose pre-school places are provided by private and state providers. Overall, 85% of children were attending pre-school places at local authority providers, compared with 15% whose early education was provided by a private nursery or playgroup (Table 10.2).

Use of private pre-school providers was more common in large urban areas (20%, compared with 8% in remote rural areas Table 10.2). It was also more common in more affluent areas and among more affluent families – for example, 24% of those living in the least deprived areas of Scotland compared with 11% in the most deprived[32] used private pre-school providers. Similarly, 29% of children in families in the top income quartile were receiving their pre-school places through private providers, compared with just 8% of children in families in the lowest income group. This may suggest that more affluent parents whose child attends a private nursery/playgroup for childcare are perhaps more likely (where it is an option) to keep them with that provider for their free pre-school education place. This is also suggested by the fact that 83% of those whose pre-school place was provided by a private provider had been attending a private nursery or playgroup for childcare at sweep 1. However, this finding may also suggest that pre-school education via a private provider is more readily available in more affluent areas and that these parents have greater choice of where to place their child.

Table 10.2 Whether use state or private pre-school provider by area urban/rural classification

	Urban-Rural classification						
	Large urban	Other urban	Small accessible town	Small remote town	Accessible rural	Remote rural	All
State	79.7	88.1	87.3	85.8	84.4	91.8	84.7
Private	20.3	11.9	12.7	14.2	15.6	8.2	15.3
Bases (All attending a pre-school place)							
Weighted	*842*	*739*	*261*	*66*	*328*	*112*	*2361*
Unweighted	*771*	*727*	*272*	*75*	*370*	*136*	*2362*

10.2.2 Age at starting pre-school

Children in Scotland become eligible for free pre-school places when they are between 36 and 42 months old (depending on when their birthdays fall[33]). The vast majority of children in the GUS sample (89%) had started their pre-school place by the time they were 42 months old, with just 10% starting when they were 43 months or older.

32 As measured by the Scottish Index of Multiple Deprivation, in this case dividing areas across Scotland into 5 groups (quintiles) from least to most deprived.

33 Children whose 3rd birthday falls between 1st March and 31st August are eligible for a free place from the Autumn school term following their birthday (usually beginning in August). Those whose birthday falls between 1st September and 31st December are eligible from the spring term following their birthday (usually beginning in January). Those whose birthday falls between 1st January and the last day of February are eligible from the summer school term following their birthday (usually beginning in April).

Although parents were asked to think about only those places their child attended since their 3rd birthday, in many cases children may take up their free early education place at the same nursery or playgroup they were already attending for childcare. This is reflected in the fact that around a fifth (21%) say their child started their place when they were aged under 3 years. For these parents, therefore, the start of Government-funded provision may be less transparent than for those who changed provider or who were not previously using formal childcare.

10.3 Reasons for enrolling in pre-school

Parents were asked about their main reasons for enrolling their child with their pre-school provider. The most common reason given for enrolling children with their pre-school provider was so that they can socialise or make friends with other children, mentioned by 58% of parents with a child at pre-school (Table 10.3). This was followed by seeing pre-school as preparation for or continuation into primary school (30%) and as beneficial in terms of educational development (24%). Around one in ten (12%) respondents said they enrolled their child in a nursery or playgroup place to allow themselves to work or study. Respondents in managerial and professional occupations were more likely than those in routine and semi-routine occupations to mention this as a reason for enrolling their child (16% compared with 8%).

Again, although these questions were prefaced with a request for respondents to think only about those pre-school places their child has attended since their third birthday, it is worth bearing in mind that some children may have received their free place at the same nursery or playgroup they were previously attending for childcare. Thus parents may be reflecting on their reasons for initially enrolling them with that provider for childcare in addition to (or instead of) their reasons for enrolling them with that provider for early education.

Table 10.3 Main reasons for enrolling child in pre-school

	%
To socialise or make friends with other children	58.0
Continuation into/preparation for school	30.2
Educational development	23.7
General development	16.8
Social development/social skills	16.2
So parent could work/study/look for work	11.6
Child already at same nursery	9.9
Stimulation outside the home	9.1
Child needs it/it's good for him/her	7.3
Child was ready for it/at the right age	5.6
It's a natural progression/time for him/her to go	2.5
It's the right/normal thing to do	1.9
It's free	1.8
For fun	1.5
Child enjoys it	1.3
Other reason	33.0
Bases (All attending a pre-school place)	
Weighted base	*2360*
Unweighted base	*2361*

10.4 Advice and support needs

10.4.1 Advice before enrolling

Six out of ten parents sought some sort of advice or support before enrolling their child in their pre-school place, most commonly from pre-school staff (32%) or friends (31% – Table 10.4). Less commonly used formal sources of advice about pre-school included other professionals, such as GPs, health visitors or others (11%), local authority education department staff (7%), other childcarers (e.g. childminders, 5%) and social workers or community workers (1%).

Table 10.4 Sources of advice and information looked for before enrolling child in pre-school

	%
I didn't look for advice or information	39.6
Pre-school staff (e.g. nursery or playgroup staff)	32.1
Friends	31.3
Other professionals (e.g. GPs, health visitors, etc.)	10.5
Respondents'/partners' parents or grandparents	9.1
Respondents'/partners' siblings or cousins	7.5
Local authority education department staff	7.2
Other childcarers (e.g. childminders)	4.7
Internet	4.5
Books, magazines or newspapers	2.2
Social workers or community workers	1.1
Other	2.8
Bases (All attending a pre-school place)	
Weighted base	*2360*
Unweighted base	*2361*

The biggest predictor of whether or not a parent sought advice before enrolling their child in pre-school was whether or not the child was their first born – 75% of respondents for whom the sample child is their first born had sought such advice, compared with 46% of those with older children. Parents whose child was their first born were also more likely to have sought advice from formal sources[34] (54% compared with 35%).

Those who were not getting any regular help with childcare at the time of their sweep 1 GUS interview were less likely than those who were using childcare to have sought any advice about their child's pre-school place (53%, compared with 63% of those who had been getting help with childcare at sweep 1). While this may seem surprising (given that this group are likely to be less familiar with formal early education and childcare provision), it is at least in part explained by the strong relationship of both advice seeking and use of childcare with education. Those with no qualifications were less likely to have been receiving any help with childcare at sweep 1.[35] They were also less likely than those with higher level qualifications to have sought any advice before deciding to enrol their child in pre-school (just 52% of those with no qualifications had sought any such advice, compared to 65% of those qualified to degree level). Thus education appears to be a strong predictor of propensity to seek advice before enrolling children in pre-school.

34 'Formal sources' include pre-school staff, other childcarers (e.g. childminders), Local Authority Education Department staff, social workers or community workers and other professionals (e.g. GPs, health visitors, etc.).

35 61% of sweep 2 respondents with no qualifications, compared with 86% of those with degrees were using childcare at sweep 1.

10.4.2 Support with starting pre-school

Respondents were asked whether they felt they or their child had needed any support adjusting to pre-school when the child first started. Just 8% said they had needed such support. Of the very small proportion who said they had needed it, the vast majority (90%) felt they and their child had received enough support at the time.

There was relatively little variation between families with different types of characteristics in terms of their expressed support needs, although those who only used informal childcare at sweep 1 were slightly more likely than those who had used either formal provision or a combination of formal and informal to say they or their child had needed support adjusting to pre-school (10%, compared with 6% and 7% respectively).

The most common source of support for parents and children was pre-school staff themselves – 77% of those who said they needed support had received it from pre-school staff (Table 10.5).

Table 10.5 Sources of support with move to pre-school

	%
Pre-school staff (e.g. nursery or playgroup staff)	77.5
Respondents'/partners' parents or grandparents	24.1
Friends	23.4
Other professionals (e.g. GPs, Health Visitors, etc.)	8.4
Respondents'/partners' siblings	7.9
Other childcarers (e.g. childminders)	4.7
Local authority education department staff	3.0
Social workers or community workers	2.7
Books, magazines or newspapers	1.5
Other	6.0
We didn't receive any support	7.4
Bases (All those who needed support)	
Weighted base	*186*
Unweighted base	*186*

Note: Respondents could choose more than one answer and so percentages don't add up to 100.

10.5 Feelings about pre-school in the first 2 months

Respondents were asked how frequently their child expressed views that might suggest difficulties with pre-school during their first two months of attendance (again, they were asked to think only about their main pre-school place since their 3rd birthday). Attending pre-school appears to be a positive experience for most 3 year olds, with 81% of respondents saying their child said good things about it more than once a week and 81% that they looked forward to going (Table 10.6). Overall, only a relatively small group of parents reported that their child said things on a regular basis that might indicate difficulties. For example, just 17% said their child had complained about their pre-school place more than once a week, while 70% said they had not complained at all.

However, parents of boys were slightly more likely than parents of girls to mention that their child had complained about their pre-school place (32% compared with 25%) or expressed reluctance to go (37% compared with 29%) in the first 2 months (Table 10.6). Parents who were using informal childcare only at sweep 1 were also somewhat more likely than parents of children who were in formal childcare to say their child had indicated some problems. For example, 20% of respondents who used informal care only at sweep 1 said their child had complained about their pre-school place more than once a week, compared with just 12% of those who had used formal care only. This may suggest that moving to pre-school aged 3 or 4 can be more of a challenge for those children without prior experience of formal early years settings through their childcare.

Table 10.6 Frequency of adjustment problems in first 2 months of pre-school by sex of child

How often did/was child …	Sex of child		All
	Boy	Girl	
… complain about nursery/playgroup?			
More than once a week	19.4	13.9	16.7
Once a week or less	12.9	11.3	12.1
Not at all	66.3	73.7	69.9
On first day only	1.4	1.1	1.3
… reluctant to go to nursery/playgroup?			
More than once a week	18.8	16.0	17.4
Once a week or less	18.4	13.3	15.9
Not at all	60.1	68.5	64.2
On first day only	2.7	2.2	2.5
… say good things about nursery/playgroup?			
More than once a week	78.6	82.7	80.6
Once a week or less	13.1	10.8	12.0
Not at all	7.8	6.2	7.0
… look forward to going to nursery/playgroup?			
More than once a week	78.9	83.4	81.1
Once a week or less	11.0	9.5	10.3
Not at all	9.9	6.8	8.4
Bases (All attending a pre-school place)			
Weighted	*1203*	*1158*	*2361*
Unweighted	*1201*	*1161*	*2362*

10.6 Parental perceptions of children's 'readiness' for pre-school

Respondents were asked how strongly they agreed or disagreed with a range of statements related to how 'ready' they thought their child was for their main pre-school place attended since their third birthday. Again, the majority did not appear to have any significant concerns about their child's readiness across a range of measures. For example, 82% disagreed that they were worried their child was not independent enough to cope at pre-school, while 86% agreed that their child could mix well enough with other children to get along at pre-school (Table 10.7).

However, a substantial minority gave responses suggestive of some concerns about their child's readiness for pre-school on one or more measures. In particular, around three in ten (31%) appeared to have some concerns that their child would find being apart from them difficult, while around a third (34%) were concerned their child would be reluctant to go to pre-school. Moreover, main carers of boys were slightly (but significantly) more likely than main carers of girls to give responses indicative of concerns about their readiness on a number of measures (concern the child would find being apart from them too difficult, concern they would be reluctant to go, belief that they knew enough about taking turns and sharing, and belief they could go to the toilet on their own – Table 10.7).

Table 10.7 Agreement/disagreement with statements about 'readiness' for pre-school by sex of child

How often did/was child …	Sex of child		All
	Boy	Girl	
I was worried that (childname) would find being apart from me too difficult			
Strongly agree/agree	33.3	28.7	31.0
Neither agree nor disagree	6.2	7.1	6.7
Disagree/strongly disagree	60.4	64.2	62.3
I was concerned that (childname) would be reluctant to go to nursery/playgroup			
Strongly agree/agree	36.9	31.5	34.2
Neither agree nor disagree	8.2	7.0	7.6
Disagree/strongly disagree	54.9	61.6	58.2
I felt that (childname) was able to mix with other children well enough to get on at nursery/playgroup			
Strongly agree/agree	84.9	86.6	85.7
Neither agree nor disagree	8.3	7.5	7.9
Disagree/strongly disagree	6.8	5.9	6.4
I believe that (childname) understood enough about taking turns and sharing to manage at nursery/playgroup			
Strongly agree/agree	75.7	80.9	78.2
Neither agree nor disagree	10.9	10.1	10.5
Disagree/strongly disagree	13.5	9.0	11.3
(Childname) could go to the toilet on his/her own before starting his nursery/playgroup place			
Strongly agree/agree	79.8	87.2	83.4
Neither agree nor disagree	3.6	2.3	3.0
Disagree/strongly disagree	16.6	10.5	13.6
I was worried that (childname) was not independent enough to cope with his/her nursery/playgroup place			
Strongly agree/agree	11.9	10.2	11.1
Neither agree nor disagree	8.6	6.2	7.4
Disagree/strongly disagree	79.5	83.6	81.5
Bases (All attending a pre-school place)			
Weighted	*1203*	*1157*	*2360*
Unweighted	*1201*	*1160*	*2361*

Further analysis of perceptions of readiness for pre-school was undertaken by creating a scale based on responses to the six questions reported in Table 10.7. Those who gave answers which indicate concerns about readiness were given low scores and those whose responses indicate no concerns were given high scores. Thus a low score on the readiness scale indicates that the respondent has some concerns about their child's readiness for pre-school, while a high score indicates that they have no or few concerns. Boys were more likely to have low readiness scores than girls (18.3% fall into the lowest scoring group, compared with 13.3% of girls – Table 10.8).

Table 10.8 Overall 'readiness' scores by sex

	All child sample (%)	Sex of child (%)	
	Score	Boy	Girl
Low (some concerns)	15.9	18.3	13.3
Medium	36.3	38.3	34.1
High (no concerns)	47.9	43.3	52.6
Bases (all attending pre-school)			
Weighted	*2361*	*1203*	*1158*
Unweighted	*2362*	*1201*	*1161*

Respondents who are not working and respondents who were only using informal childcare for the child at sweep 1 were also more likely than those working full time and those with experience of using formal childcare to view their children as less 'ready' for pre-school on this scale (Table 10.9).

Table 10.9 Overall 'readiness' scores by respondent's employment status and use of informal/formal childcare at sweep 1

	All child sample (%)	Respondent's employment status (%)			Use of formal/informal childcare at sweep 1 (%)		
Score		Works FT	Works PT	Not working	Informal only	Formal only	Both
Low (some concerns)	15.9	10.0	14.1	20.3	22.0	12.8	11.7
Medium	36.3	34.6	34.7	39.0	36.5	31.7	33.2
High (no concerns)	47.9	55.4	51.2	40.8	41.5	55.5	55.1
Bases (All attending pre-school)							
Weighted	*2361*	*367*	*1087*	*905*	*550*	*729*	*500*
Unweighted	*2362*	*389*	*1125*	*846*	*552*	*759*	*513*

Of course, it is important to bear in mind that these questions only measure parents' perceptions of their child's readiness for pre-school. For example, it may be that mothers who are not working have greater anxieties than working mothers about their child's ability to cope apart from them simply because they have been apart from them less often to date, while in practice their child might be equally ready for their pre-school place. It is also important to note that, although significant, the differences reported above are not huge, and that the majority of parents express relatively few concerns about their child's readiness for pre-school. However, in terms of targeting support for parents of pre-school children it is still important to understand differences in parental perceptions of how ready their children are. Further, in future years of GUS it will be possible to use these findings on readiness for, and early difficulties with, pre-school in combination with information about children's transitions to primary (and secondary) school and their social, educational and emotional development to explore whether or not difficulties experienced at this very early stage of more formal education follow through into difficulties later on.

10.6.1 Partners views on children's 'readiness' for pre-school

Questions about perceived readiness for pre-school were also asked of the main respondents' partner in couple-households. Given that 99% of main respondents were female while 99% of partner respondents were male, comparing their responses allows us to compare the views of male and female carers. In fact, perceptions of their child's readiness for pre-school varied little between main respondents and their partners (Table 10.10). The main exception is concern about the child finding being apart from the respondent too difficult. Unsurprisingly, given that the main respondent is also usually the main carer for the child, they are more likely than their partners to express concerns that the child will find separation from them difficult (30% compared with 19%).

Table 10.10 Agreement/disagreement with statements about 'readiness' for pre-school – main respondents and partners

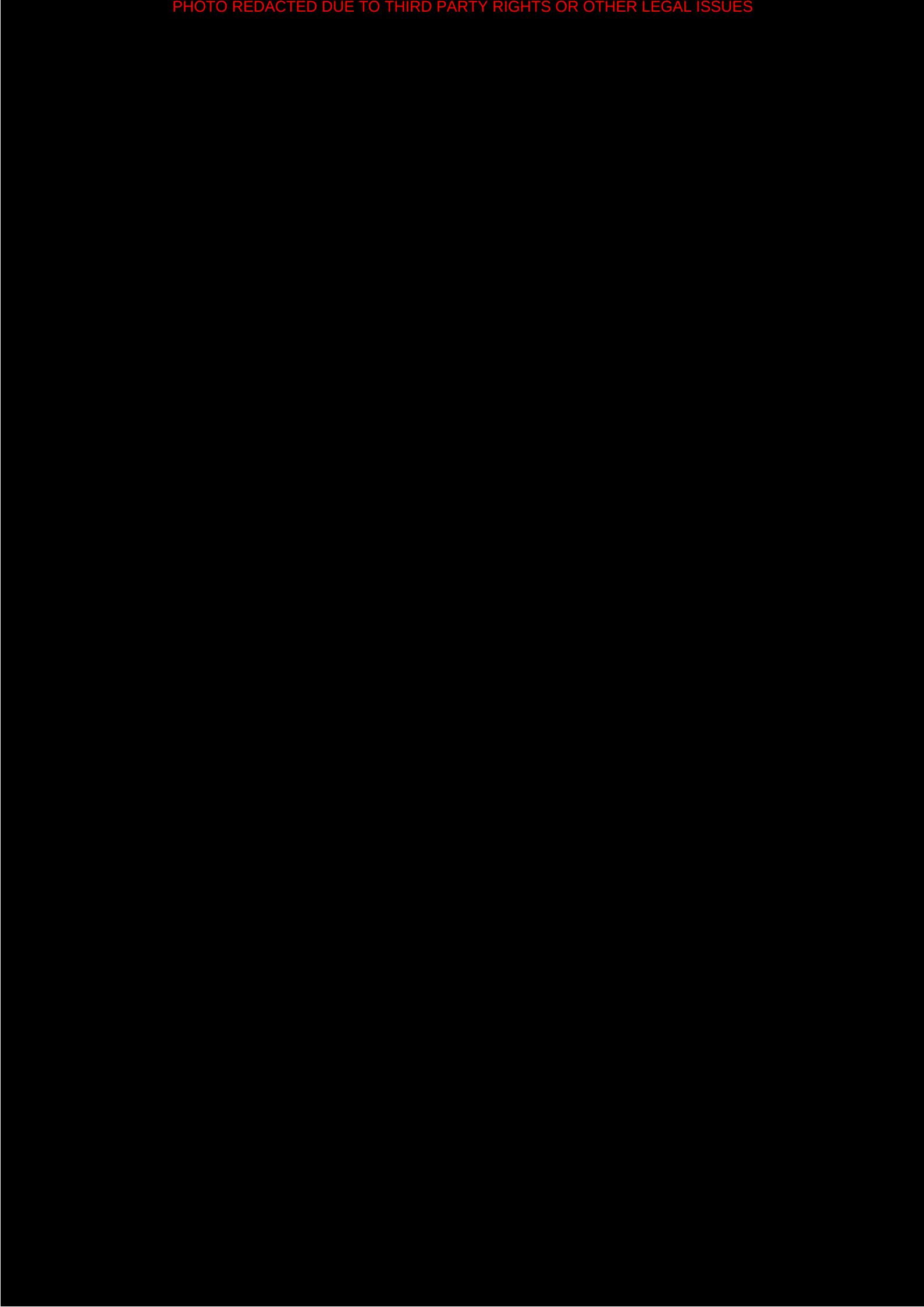
How much do you agree or disagree that …	Respondent (%)	Partner (%)
I was worried that (childname) would find being apart from me too difficult		
Strongly agree/agree	29.8	18.7
Neither agree nor disagree	6.5	9.6
Disagree/strongly disagree	63.7	71.5
I was concerned that (childname) would be reluctant to go to nursery/playgroup		
Strongly agree/agree	33.7	30.0
Neither agree nor disagree	7.2	9.2
Disagree/strongly disagree	59.0	60.6
I felt that (childname) was able to mix with other children well enough to get on at nursery/playgroup		
Strongly agree/agree	86.1	87.9
Neither agree nor disagree	7.5	6.6
Disagree/strongly disagree	6.3	5.3
I believe that (childname) understood enough about taking turns and sharing to manage at nursery/playgroup		
Strongly agree/agree	79.3	79.1
Neither agree nor disagree	10.4	11.8
Disagree/strongly disagree	10.2	8.8
(Childname) could go to the toilet on his/her own before starting his nursery/playgroup place		
Strongly agree/agree	84.0	80.4
Neither agree nor disagree	3.1	4.9
Disagree/strongly disagree	12.9	13.8
I was worried that (childname) was not independent enough to cope with his/her nursery/playgroup place		
Strongly agree/agree	10.8	10.4
Neither agree nor disagree	7.1	8.5
Disagree/strongly disagree	82.1	81.0
Bases (All attending a pre-school place)		
Weighted	*1823*	*1474*
Unweighted	*1897*	*1472*

10.7 Key points

- The vast majority – 94% – of children aged just under 4 are attending a pre-school education place.
- Using data on pre-school attendance in combination with data about childcare, we can estimate that 85% are attending pre-school places provided via local authority nurseries, nursery classes or playgroups, compared with 15% whose pre-school places are provided via a private nursery or playgroup.
- The most common reason for enrolling children with their pre-school provider is so that they can socialise or make friends with other children (58%), followed by seeing pre-school as preparation for or continuation into primary school (30%) and as beneficial in terms of educational development (24%).
- Six in ten parents had sought some kind of advice or support before enrolling their child in pre-school, most commonly from pre-school staff themselves. Respondents were more likely to seek advice or support if the sample child was their first born. More highly educated respondents were also more likely than those without qualifications to have sought advice.
- Only a minority of parents (8%) felt they or their child had needed support adjusting to pre-school, and the majority of those who needed it felt they had received it (again, primarily from pre-school staff themselves).
- Attending pre-school appears to be a positive experience for most three year-olds, with eight in ten parents saying their child said good things about it at least once a week in their first two months.
- Only a small proportion of parents report that their child regularly said things that might indicate difficulties with their pre-school place during the first two months. However, parents of boys and respondents who were only using informal childcare at sweep 1 were slightly more likely to say their child had said things which may indicate difficulties.
- While the majority of parents had no or few concerns about their child's readiness to start a pre-school place, a substantial minority had some concerns, particularly around whether their child would find being apart from them difficult and whether the child would be reluctant to go.
- Again, parents of boys and those who had only used informal childcare at sweep 1 were more likely to have some concerns about their child's readiness for pre-school, as were parents who were not working compared with parents who were working full-time.
- Data in Chapter 5 demonstrates some of the positive impact of pre-school provision on the children in the child cohort particularly in terms of the frequency in which they partake in reading and other educational activities with pre-school staff.

10.8 Conclusion

This sweep of GUS was able to obtain data on children and parents' experience of preschool for the child cohort. Almost all eligible children were attending a preschool education place, and of the 6% who were not 79% planned to start in the next year. We may want to identify reasons for this through further follow up work. Most attended local authority provided places and those who attended private nurseries or playgroups were more likely to have been using that provider at an earlier age. Overall then, the vast majority of parents take up their child's free preschool place and the evidence suggests that parents support the objectives of this universal provision. The main reasons respondents gave for enrolling their child at preschool were so they could socialise and make friends, be prepared for primary school and because this was beneficial in terms of educational development. The transition to preschool does not seem to be problematic for most parents and their children, and the minority who needed support also felt that they had received it, usually from preschool staff themselves. This suggests that this point of contact is important, as such staff are also cited as a source of advice prior to enrolment. This might provide opportunities for associated needs assessment and interventions in a targeted way for the most vulnerable families. Parents generally reported that their children's experience was positive. Further research would have to be conducted to find out what the experience were of the minority reporting concerns. It seems that some parents had concerns about their child's readiness for a preschool place, particularly in relation to being apart from them. This was more likely to be the case for respondents with boys, those who did not work and those who used informal childcare. Future analyses would have to be conducted to explore further the importance of these different factors.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Anderson, A, Brownlie, J and Murray, L (2002) *Disciplining Children: research with parents in Scotland*, Edinburgh: Scottish Executive Central Research Unit

Barlow S. and Dietz W.H. (1998) "Obesity evaluation and treatment: expert committee recommendations" *Pediatrics*, 102: E29

Baumrind (1991) "The influence of parenting style on adolescent competence and substance use", *Journal of Early Adolescence*, 11 (1)

Bradshaw, P. with Wasoff, F. and Jamieson, L. (forthcoming) *Growing Up in Scotland – Sweep 1 Results: Use of informal support by families with young children*, Edinburgh: Scottish Government

Clarke, L (1996) 'Demographic change and the family situation of children" in Brannen, J and O'Brien, M, eds., *Children in Families: Research and Policy*, London: Falmer Press

Darling, N (1999) "Parenting styles and its correlates", *ERIC Digest*, University of Illinois

General Register Office for Scotland (2007) Scotland's Population 2007 – *The Registrar General's Annual Review of Demographic Trends,* Edinburgh: General Register Office for Scotland

Gillis, John (1996) *A world of their own making: myth, ritual and the quest for family values*, Cambridge, Mass.: Harvard University Press

Goodman, R. (1997) "The Strengths and Difficulties Questionnaire: A Research Note", *Journal of Child Psychology and Psychiatry*, 38, 581-586

Hansen, Kirstine and Heather Joshi, eds. (2007) *Millennium Cohort Study Second Survey: A User's Guide to Initial Findings*, London: Centre for Longitudinal Studies, Institute of Education

Hansen, Karen V. (2005) *Not-so-nuclear families: class, gender, and networks of care,* New Brunswick, N.J.; London: Rutgers University Press

Lovibond, S.H. & Lovibond, P.F. (1995). *Manual for the Depression Anxiety Stress Scales*. (2nd. Ed.) Sydney: Psychology Foundation

Reilly, J. J., "Childhood Obesity: An Overview", *Children and Society*, Vol. 21 (2007), pp. 390-396

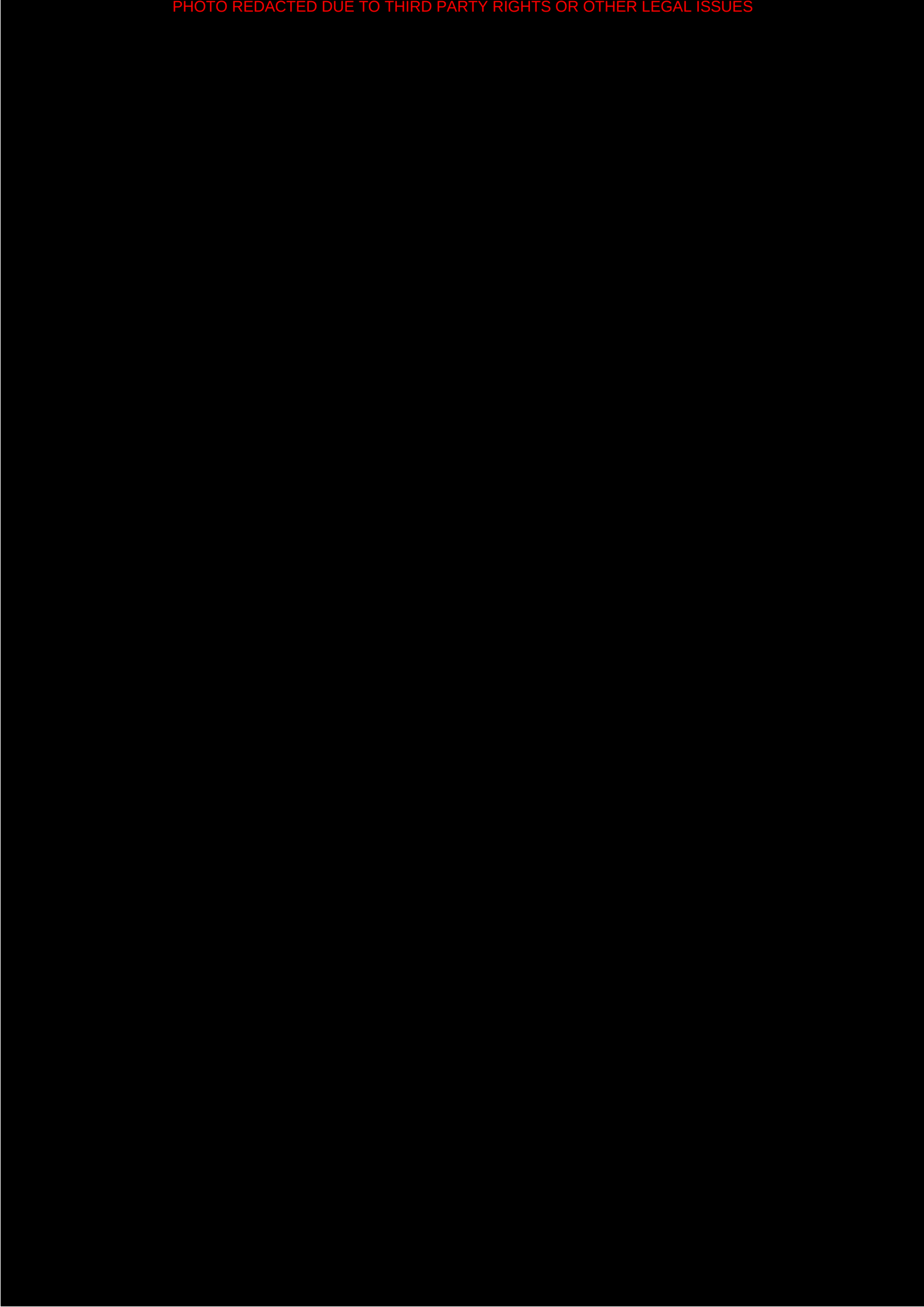
Scottish Executive (1999) *Curriculum framework for children 3 to 5*, Learning Teaching Scotland

Taylor, R.W., Jones, I.E., Williams, S.M., Goulding, A. (2002) "Body fat percentages measured by dual-energy X-ray absorptiometry corresponding to recently recommended body mass index cutoffs for overweight and obesity in children and adolescents aged 3-18 y." *American Journal of Clinical Nutrition*, 76, pp. 1416-1421

Wasoff, F and Dey, I (2000) *Family Policy*, London: Routledge

Wenger, G.C. and Tucker, I. (2002) "Using network variation in practice: identification of support network type", *Health and Social Care in the Community*, vol.10, no.1, pp. 28-35

Wetherby, A.M. and Prizant, B.M. (2001), Communication and Symbolic Behaviour Scales – Infant/Toddler Checklist, Baltimore: Paul H. Brookes Publishing Co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12.1 Sampling

12.1.1 Sample design

The survey is based on two cohorts of children: the first aged approximately 22.5 months at the time of the sweep 2 interview and the second aged approximately 46.5 months. Initially, a named sample of approximately 13,000 children was selected from the Child Benefit Records to give an achieved sample at sweep 1 of 8076 cases.

The area-level sampling frame was created by aggregating Data Zones. Data Zones are small geographical output areas created for the Scottish Government. They were used to release data from the Census 2001 and are used by Scottish Neighbourhood Statistics to release small area statistics. The Data Zone geography covers the whole of Scotland. The geography is hierarchical, with Data Zones nested within Local Authority boundaries. Each Data Zone contains between 500 and 1,000 household residents. More information can be found on the Scottish Neighbourhood Statistics website: http://www.sns.gov.uk.

The Data Zones were aggregated to give an average of 57 births per area per year (based on the average number of births in each Data Zone for the preceding 3 years). It was estimated that this number per area would provide enough issued cases to achieve a sample of 8,000 (this is reliant on the birth rate remaining roughly constant). Once the merging task was complete, the list of aggregated areas was sorted by Local Authority[36] and then by the Scottish Index of Multiple Deprivation score. One hundred and thirty areas were then selected at random. The Department of Work and Pensions (DWP) then sampled children from these 130 sample points.

Within each sample point, the Child Benefit Records were used to identify all babies and three-fifths of toddlers who met the date of birth criteria (see Table 12.1). The sampling of children was carried out on a month-by-month basis in order to ensure that the sample was as complete and accurate as possible at time of interview.

In cases where there was more than one eligible child in the selected household, one child was selected at random. If the children were twins they had an equal chance of being selected. If the eligible children within the same household were in different age cohorts the baby had a higher chance of being selected, this was to ensure the ratio of babies to children remained constant.

36 Local Authority has been used as a stratification variable during sampling, this means the distribution of the GUS sample by Local Authority will be representative of the distribution of Local Authorities in Scotland. However, the sample sizes are such that we would not recommend analysis by Local Authority. The small sample sizes would give misleading results.

After selecting the eligible children, the DWP made a number of exclusions before transferring the sample details to ScotCen. These exclusions included cases they considered 'sensitive' and children that had been sampled for research by the DWP in the last 3 years.

Table 12.1 Eligible child dates of birth for inclusion in the Growing Up in Scotland study by sample type

Sample Number	Dates if Birth required – Baby Sample	Dates of Birth required – Toddler sample
Pilot 1	01-Jan-2004 – 31-Jan-2004	01-Jan-2002 – 31-Jan-2002
Pilot 2	01-Mar-2004 – 31 Mar-2004	01-Mar-2002 – 31 Mar-2002
1	01-June-2004 – 30-Jun-2004	01-June-2002 – 30-Jun-2002
2	01-Jul-2004 – 31-Jul-2004	01-Jul-2002 – 31-Jul-2002
3	01-Aug-2004 – 31-Aug-2004	01-Aug-2002 – 31-Aug-2002
4	01-Sep-2004 – 30-Sep-2004	01-Sep-2002 – 30-Sep-2002
5	01-Oct-2004 – 31-Oct-2004	01-Oct-2002 – 31-Oct-2002
6	01-Nov-2004 – 30-Nov-2004	01-Nov-2002 – 30-Nov-2002
7	01-Dec-2004 – 31-Dec-2004	01-Dec-2002 – 31-Dec-2002
8	01-Jan-2005 – 31-Jan-2005	01-Jan-2003 – 31-Jan-2003
9	01-Feb-2005 – 28-Feb-2005	01-Feb-2003 – 28-Feb-2003
10	01-Mar-2005 – 31 Mar-2005	01-Mar-2003 – 31 Mar-2003
11	01-Apr-2005 – 30-Apr-2005	01-Apr-2003 – 30-Apr-2003
12	01-May-2005 – 31-May-2005	01-May-2003 – 31-May-2003

12.1.2 Families who moved between sweeps

Any family who moved house between sweep 1 and 2 remained eligible for inclusion in the study as long as they remained in Scotland. The number of sample points covered at sweep 2 was thus slightly larger than at sweep 1 as a small number of families moved outside areas which were initially sampled at sweep 1.

12.2 Response rates

Details of the number of cases issued and achieved and the response rates are detailed in Table 12.2.

Table 12.2 Number of issued and achieved cases and response rates

	Birth	Child	All Sample
All eligible children (No. of sweep 1 achieved interviews)	5217	2858	8075
Cases to field:			
All	5217	2858	8075
Achievable or 'in-scope'*	5158	2822	7980
Cases achieved	4512	2500	7012
Response rate			
As % of all sweep 1 cases	87%	88%	87%
As % of all 'in-scope'	88%	89%	88%

*Cases which were considered out-of-scope or unachievable were mostly ineligible addresses – usually due to the family having moved away from Scotland.

12.3 Data collection

12.3.1 Mode of data collection

Interviews were carried out in participants' homes, by trained social survey interviewers using laptop computers (otherwise known as CAPI – Computer Assisted Personal Interviewing). The interview was quantitative and consisted almost entirely of closed questions. There was a brief, self-complete section in the interview in which the respondent, using the laptop, inputed their responses directly into the questionnaire programme.

At sweep 1, primarily because of the inclusion of questions on the mother's pregnancy and birth of the sample child, interviewers were instructed as far as possible to undertake the interview with the child's mother. At sweep 2, interviewers were instructed to undertake the interview with the sweep 1 respondent. Where this was not possible or appropriate, interviews were conducted with the child's main carer. In practice, most interviews were undertaken with the sweep 1 respondent and this was usually the child's mother.

12.3.2 Length of interview

Overall, the average interview lasted around 79 minutes. The child cohort interview had a slightly longer average length at 82 minutes, than the birth cohort interview at 78 minutes. The median interview length for both cohorts was 70 minutes.

12.3.3 Timing of fieldwork

Fieldwork was undertaken over a 14-month period commencing in April 2006. The sample was issued in 12 monthly waves at the beginning of each month and each month's sample was in field for a maximum period of two-and-a-half months. For example, sample 2 was issued at the beginning of May 2006 and remained in field until mid-July 2006.

To ensure that respondents in both samples were interviewed when their children were approximately the same age, each case was assigned a 'target interview date'. For the birth cohort this was identified as the date on which the child turned 22.5 months old, and for the child cohort the date the child turned 46.5 months old. Interviewers were allotted a four-week period based on this date (two weeks either side) in which to secure the interview. In difficult cases, this period was extended up to and including the child's subsequent birthday which allowed a further four weeks.

12.4 Analysis

12.4.1 Weighting

Unlike the sweep 1 weights, a model-based weighting technique was used at sweep 2. All sweep 2 respondents had taken part in the sweep 1 interview; this information on the sweep 2 non-respondents could be used to model their behaviour. Ineligible households (deadwood) were not included in the non-response modelling.[37]

Non-response behaviour was modelled using logistic regression. This is a method of analysing the relationship between an outcome variable (in this case response to the sweep 2 interview) using a set of predictor variables. The model takes account of the relationship of the predictor variables to the outcome and the relationships of the predictor variables to each other.

37 There were 45 individuals with ineligible outcome codes; these individuals were dropped from the analysis. Ineligible outcome codes include vacant, demolished/derelict and non-residential addresses.

The model generated a predicted probability for each respondent. This is the probability the respondent would take part in the interview, given the characteristics of the respondent and the household collected at sweep 1. Respondents with characteristics associated with non-response (such as being a private tenant) are under-represented in the sample and will receive a low predicted probability. The non-response weights are then generated as the inverse of the predicted probabilities; hence respondents who had a low predicted probability get a larger weight, increasing their representation in the sample.

The final sweep 2 weight is the product of the sweep 2 non-response weight and the sweep 1 interview weight. The final weights were scaled to the responding sweep 2 sample size to give a mean weight of one. This makes the weighted sample size match the unweighted sample size.

12.4.2 Estimating the precision of estimates

Each percentage quoted in this report has an associated margin of error, due to the fact that it is based on only a sample, rather than all children. This margin can be estimated for each proportion, p (where p is the percentage divided by 100) by:

$$\pm 2 \times \sqrt{\frac{p\,(1-p)}{n}}$$

where n is the unweighted sample size (base). This margin corresponds to 95% confidence. In other words there is a 95% chance that the true value across all children in the sub-group (as opposed to just those in the sample) falls within this margin.[38]

12.4.3 Presentation of results

Percentages

The percentages shown in the report text have all been rounded to the nearest whole number. Those shown in tables and graphs have been rounded to one decimal place. Consequently, the percentages in one column of a table will not necessarily add to exactly 100.

A dash (-) indicates no respondents at all. All figures are column percentages, except where otherwise indicated.

38 If a very accurate estimate of the margin of error is required for a particular purpose, then expert help should be sought. The approximate formula shown above may need to be amended to allow for the sampling fraction and the effect of the weighting.

Bases

Each table shows the weighted and unweighted bases corresponding to each percentage. The data were weighted to compensate for differential non-response across the subgroups. The weighted bases can be used to (approximately) combine two different columns in a table. The unweighted bases can be used to calculate the precision of estimates.

12.4.4 National Statistics Socio-Economic Classification (NS-SEC)

The National Statistics Socio-economic Classification (NS-SEC) is a social classification system that attempts to classify groups on the basis of employment relations, based on characteristics such as career prospects, autonomy, mode of payment and period of notice. There are fourteen operational categories representing different groups of occupations (for example higher and lower managerial, higher and lower professional) and a further three 'residual' categories for full-time students, occupations that cannot be classified due to a lack of information or other reasons. The operational categories may be collapsed to form a nine, eight, five or three category system.

The Growing Up in Scotland study generally used the five category system in which respondents are classified as managerial and professional, intermediate, small employers and own account workers, lower supervisory and technical, and semi-routine and routine occupations. Unless otherwise stated, the analysis employs a household level measure of NS-SEC.

Further information on NS-SEC is available from the National Statistics website at: http://www.statistics.gov.uk/methods_ quality/ns_sec/cat_subcat_class.asp

12.4.5 Scottish Government Urban Rural Classification

The Scottish Government Urban Rural Classification was first released in 2000 and is consistent with the Government's core definition of rurality which defines settlements of 3,000 or less people to be rural. It also classifies areas as remote based in drive times from settlements of 10,000 or more people. The definitions of urban and rural areas underlying the classification are unchanged.

The classification has been designed to be simple and easy to understand and apply. It distinguishes between urban, rural and remote areas within Scotland and includes the following categories:

Table 12.3 Scottish Government Urban Rural Classification

Scottish Government Urban Rural Classification	Description
1. Large Urban Areas	Settlements of over 125,000 people
2. Other Urban Areas	Settlements of 10,000 to 125,000 people
3. Accessible Small Towns	Settlements of between 3,000 and 10,000 people and within 30 minutes drive of a settlement of 10,000 or more
4. Remote Small Towns	Settlements of between 3,000 and 10,000 people and with a drive time of over 30 minutes to a settlement of 10,000 or more
5. Accessible Rural	Settlements of less than 3,000 people and within 30 minutes drive of a settlement of 10,000 or more
6. Remote Rural	Settlements of less than 3,000 people and with a drive time of over 30 minutes to a settlement of 10,000 or more

For further details on the classification see Scottish Executive (2004) Scottish Executive Urban Rural Classification 2003 – 2004. This document is available online at http://www.scotland.gov.uk/Publications/2004/06/19498/38784

12.4.6 Scottish Index of Multiple Deprivation

The Scottish Index of Multiple Deprivation (SIMD) identifies small area concentrations of multiple deprivation across all of Scotland in a fair way. It allows effective targeting of policies and funding where the aim is to wholly or partly tackle or take account of area concentrations of multiple deprivation.

The first Index (SIMD 2004) was published in June 2004 and was based on 31 indicators in six individual domains. Data in this report are based on the second index which was published in 2006. The SIMD 2006 contains 37 indicators in seven domains: Current Income, Employment, Health, Education Skills and Training, Geographic Access to Services (including public transport travel times for the first time), Housing and a new Crime Domain.

The SIMD is presented at Data zone level, enabling small pockets of deprivation to be identified. The data zones, which have a median population size of 769, are ranked from most deprived (1) to least deprived (6,505) on the overall SIMD and on each of the individual domains. The result is a comprehensive picture of relative area deprivation across Scotland.

For the purposes of this report, the full index has been separated into quintiles and each case has been assigned a quintile based on the residential postcode. Quintiles are percentiles which divide a distribution into fifths, i.e., the 20th, 40th, 60th, and 80th percentiles. For example, those respondents whose postcode falls into the first quintile are said to live in one of the 20% least deprived areas in Scotland. Those whose postcode falls into the fifth quintile are said to live in one of the 20% most deprived areas in Scotland.

This document is also available on the Scottish Government website:
www.scotland.gov.uk

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