GROWING UP IN SCOTLAND

A study following the lives of Scotland's children

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SCOTTISH EXECUTIVE

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GROWING UP IN SCOTLAND:
Sweep 1 Overview Report

Simon Anderson*, Paul Bradshaw*, Sarah Cunningham-Burley^, Fenella Hayes*,
Lynn Jamieson^, Andy MacGregor*, Louise Marryat* and Fran Wasoff^

*Scottish Centre for Social Research
^Centre for Research on Families and Relationships

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EXECUTIVE SUMMARY

Characteristics and circumstances of children and their families

The first chapter provides an overview of the characteristics and circumstances of children and their families. This begins to highlight the powerful inter-relationships between demographic factors, family structure and socio-economic circumstances.

Age of mother at birth of cohort child

- Around half of cohort children were born to mothers aged under 30 and half to those aged 30 or over; 8% were born to mothers under the age of 20 and 3% to those aged 40 or over.
- Age of mother at birth of the cohort child was closely related to socio-economic classification, household income and area deprivation; in summary, younger mothers were much more likely to be from less affluent areas and households.

Immediate and extended family

- Around a fifth of the sample lived in a lone parent household (20% babies, 25% toddlers), although the figures were much higher for children from less affluent households and areas and for whose mothers were aged under 20 at the time of the birth.
- Children with young mothers in couple households were also more likely to live in circumstances of low income with associated disadvantages.
- Approximately half of babies (47%) and a third (34%) of toddlers were the only child in the household, and 34% of babies and 45% of toddlers were in a two-child family. One in six households contained three children, whilst 5% of households contained four or more children.
- Two-thirds of children with a non-resident parent had some contact with that parent at the time of interview; the majority had contact at least once a week.
- Virtually all of the cohort children had at least one living grandparent and over half in both cohorts had at least four – indeed, 4% had five or more, indicating the growing significance of ‘blended families’.
- Only 7% of babies and 4% of toddlers had a grandparent actually resident in the household, though the figure was much higher for lone parent households (19%) and households where the mother was aged under 20 at the time of birth (28%).

Household employment and income

- In almost three-quarters of households, at least one parent was in full-time employment while a further one in ten had at least one parent in part-time employment; 17% had neither in employment. At the time of interview, 48% of babies' mothers and 44% of toddlers' mothers were not in any form of paid work. Most of those who were working were doing so part-time.

Ethnicity and religion

- Overall, 4% of children were from non-white ethnic groups – around a third of these were Pakistani. The data demonstrate the relative disadvantage of non-white families and their distinctiveness in a number of respects. Non-white children were more likely than white children to live in a household in the lowest income quartile, to have a stay-at-home mother and to have three or more siblings.

Pregnancy and birth

Maternal experiences of pregnancy and birth were largely positive. There were, however, important variations in circumstances and experience across different sub-groups and, in particular, among children born to younger mothers, lone parents and those from less affluent households and areas.

Whether pregnancy was planned

- Most pregnancies were actively planned (60%) – the vast majority of these by both parents. Around a quarter of mothers said that the pregnancy was 'not planned at all' but a further 17% indicated that 'it wasn't planned but I/we didn't do anything to prevent it happening'.
- Age was a key factor here: only 12% of mothers aged under 20 at time of birth indicated that the pregnancy had been planned and 61% said that it had not been planned at all; for mothers aged 30 to 39 the corresponding figures were 72% and 13%. Other key predictors of a greater likelihood of a planned pregnancy were being in a couple and being in the highest income quartile.
- Overall, seven in ten respondents said they were 'very happy' at the point that they had found out about the pregnancy and a similar proportion of those in relationships said that their partner had felt the same way. Not surprisingly perhaps, mothers whose pregnancies were planned were more likely to say that they were happy or very happy about it.

Maternal health during pregnancy

- Just over a third of mothers (37%) had experienced pregnancy-related ill-health requiring medical attention or treatment – most commonly relating to raised blood pressure, bleeding or threatened miscarriage or persistent vomiting. While there were no significant variations in actual health problems, positive self-assessments of health during pregnancy were more likely among older, financially better off and better educated mothers.

Antenatal classes

- Approximately half of all mothers and seven out of ten first-time mothers said they had attended at least some antenatal classes, but there was marked variation by socio-economic group and by maternal age at birth. Around two-thirds of those aged under 20 did not attend any classes; three-quarters of those aged 30 to 39, by contrast, went to most or all.
- The most common reason given by mothers for non-attendance was that they had attended for a previous pregnancy (48%) – but mothers aged under 20 (who were actually least likely to attend) were much more likely than other groups to say that they simply did not like classes/groups (28%) or that they did not know where there were any classes (14%).
- Whilst attendance at antenatal classes was uneven and mainly for first births, the great majority of mothers who did attend (irrespective of age, income or education) said they found them either very useful or fairly useful, and very few said they were not at all useful.

Gestation and birth weight

- Around four in ten cohort babies were born early (with a slightly greater proportion among mothers aged 40 or over). The overall rate of low birth weight (less than 2.5 kilos) was 7%, but the figure was significantly higher among lone parents (10%) and families in the lowest household income quartile (9%).

Type of delivery

- Around six out of ten cohort mothers experienced a normal delivery, while around a quarter had a Caesarean section. Age was the key predictor here, with the number of normal deliveries falling and the number of Caesareans rising with maternal age at birth of the cohort child.

Parenting young children

There is much in the evidence from the study that is positive in relation to parenting young children. Many child-related issues reported at the time of interview were considered to be minor, such as teething or sleeping, suggesting that parents are coping with these and that they are part and parcel of everyday life with very young children. However, some trends emerge that may be important in policy terms: mothers under 20 were more likely than older mothers to report something as a big problem which might reflect levels of support, knowledge and self-confidence.

Maternity leave

- In total, 70% of mothers had a job during their pregnancy with the sample child and the vast majority of this group (85%) took maternity leave from that job. The duration of maternity leave taken varied by socio-economic classification and by household income. For example, women who took more maternity leave were more likely to be in managerial and professional households.

The first three months

- The issues most likely to be seen as either a bit of a problem or a big problem in the first three months after the child was born were wind or colic (47% babies, 41% toddlers), the child's sleeping pattern (38% and 37%) and managing the relationship between the baby and his or her siblings (25% and 22%).
- When asked to identify the single problem that had caused most concern during that period, parents again were most likely to mention wind or colic or sleep patterns; relationships with siblings were less prominent in this context.
- Around four in ten parents said that managing the house and other domestic responsibilities had been a problem during the same period while smaller proportions (between 14% and 18%) said that lack of suitable transport or being able to afford baby clothes and equipment had been a problem.

The situation at the time of the interview

- Approximately half of parents in both cohorts said that their child was sleeping through the night almost every night (48% babies, 52% toddlers).
- Key child-related issues at the time of the interview varied by cohort: in relation to babies, teething and sleep patterns were most likely to be seen as a bit of or a big problem (53% and 33% respectively); for toddlers, the most commonly mentioned problems were getting the child to eat (35%) and managing the relationship with his or her siblings (33%).

- The proportion of parents saying that managing the house and other domestic responsibilities was a problem at the time of the interview was slightly lower than it had been in relation to the first three months, but the proportion finding it a problem to afford clothes and equipment was slightly higher. Other key problems at this time included balancing work and childcare (for parents in both cohorts) and, in relation to toddlers, developmental or behavioural issues (including toilet training).

Breastfeeding

- Across both cohorts, around two-thirds of mothers indicated that they had originally intended to breastfeed their child and around 90% of this group actually did so.
- Levels of intended and actual breastfeeding varied greatly across different groups. For example, older mothers, those in higher income households and those with higher levels of educational qualifications were much more likely to have intended to breastfeed, to have done so at all, and to have still been breastfeeding at six months. Only 8% of mothers aged under 20 who breastfed at all were still doing so at six months, compared with 33% of those aged 30 to 39 and 40% of those aged 40 or over.
- By the age of six months, 96% of babies were regularly eating solid foods. Babies born to lone parents and in less affluent households and areas were more likely to have been introduced to solids at an earlier point.

Parental support

Mapping parents' perceptions of the range of sources of support available to them contributes to the knowledge base available to those developing and assessing policies and services designed to support parenting.

Grandparents

- The majority of parents in both cohorts (72% of babies' parents, 69% of toddlers' parents) said they were in regular contact with *all* of the child's grandparents with most of the remainder in regular contact with at least some of them.
- Most children in both cohorts (85%) had at least one grandparent living locally (within 20-30 minutes drive of the child's home) and 14% had no grandparents in the local area. The data indicate that geographical location has some impact on children's access to grandparents, despite the fact that the majority of children in remote rural areas were as likely to have contact with all grandparents and very regular contact with some grandparents as those in urban areas.

- The majority of parents received some support for their parenting from their own parents. However, lone parents, younger mothers and first-time mothers reported a higher level of support from the child's grandparents than parents in couple families, older mothers and mothers who already had other children did.

Involvement of non-resident parents

- Approximately two-thirds of children with a non-resident biological parent (70% of babies and 68% of toddlers) had some contact with that parent at the time of the interview.
- The majority of non-resident parents of babies were reported by the respondent to be either 'very interested' (62%) or 'somewhat interested' (19%) in the child. This differed slightly from parents of toddlers, around half of whom were said to be 'very interested', with just under a quarter 'somewhat interested' in the child. Furthermore, 15% of non-resident parents in the toddler sample were said to be 'not at all interested', compared with 10% of parents within the baby sample.
- A large proportion of non-resident parents took the child on outings or day-trips at least once a week (53% of parents of babies and 48% of parents of toddlers), with a further 13% and 18%, respectively, taking the child out at least once a month. However, around a quarter of non-resident parents in both cohorts never took their child out on outings or day-trips.
- The level of interest the non-resident parent showed in the child was found to be positively related to the strength of the relationship between the child's resident and non-resident parents. In almost all cases (98%) where the relationship was considered to be very good the non-resident parent was reported to be 'very interested' in the child.

Knowledge of key government supported initiatives aimed at parents and families

- Knowledge and awareness of key Government policies varied greatly. Many parents had limited knowledge of a range of services and policies specifically aimed at supporting their parenting and their child's development. Whilst most had heard of Working Families Tax Credit, the Child Trust Fund, NHS 24 and the Children's Traffic Club services such as SureStart, Parentline Scotland and the Childcare Link website and phoneline were less well known. The better educated and more advantaged mothers were the most well informed.

Attendance at groups and classes for parents and children

- Around 40% of parents in both samples said they had attended a mother and baby or mother and toddler group in the last year. Only a very small proportion of parents in each cohort said they had attended a parenting class or group in the last year – 4% of babies' parents and 3% of toddlers' parents.

- Lone parents and young first-time mothers were less likely to know about, and have attended, mother and baby or mother and toddler groups. They were also more likely to feel shy or awkward about attending if they were aware of such groups.
- Almost all respondents who had attended a parenting class or group reported that they found it to be very or fairly useful. A little over half (52%) of parents said the class they attended was very useful and a further 41% said it had been fairly useful.

Child health and development

Children's general health and development was reported by parents as good or very good overall and this assessment was fairly uniform across the population, although there was some evidence of less advanced development by children from more disadvantaged settings and by boys than girls.

Long-standing illness

- Health problems or disabilities lasting (or expected to last) 12 months or more were reported in relation to 13% of babies and 18% of toddlers, with slightly higher rates among lone parents, those in the lowest income quartile and in relation to male babies.

Health problems requiring NHS contact

- Around eight in ten babies and seven in ten toddlers had experienced at least one health problem (excluding accidents and injuries) that required contact with the NHS. Babies were not only more likely to have had such contact but to have greater frequency of contact.
- Children of parents with lower levels of educational attainment were less likely to have had such contact, suggesting a difference either in service awareness and accessibility or an education effect in relation to perceptions of health problems.

Accidents and injuries requiring NHS contact

- A minority of parents reported that an accident or injury had necessitated NHS help (10% of baby parents and 24% of toddler parents). Boys in both cohorts were slightly more likely than girls to have experienced such accidents or injuries, and rates were also higher among children in lone parent families and among those with parents in routine and semi-routine occupations.
- By far the most common type of accident or injury, reported in 64% of such cases involving babies and 42% of those involving toddlers, was as a result of a bang on the head.
- Only 5% of babies and toddlers were admitted as inpatients as a result of their accidents, although two-thirds of babies and three-quarters of toddlers had to visit accident and emergency departments.

Hospital inpatient admissions

- Around a fifth of toddlers (22%) and 14% of babies had *ever* been admitted to hospital as an inpatient as a result of an accident or illness. In relation to the toddler sample, rates of admission were markedly higher among lone parent than couple families (29% compared with 20%) and slightly higher among boys than girls (24% compared with 20%).

Child development

- Most parents had no concerns about their children's motor and language development. However, more parents of toddlers than of babies (19% compared with 8%), and of boys than girls (23% compared with 15%), expressed concerns about their child's development, learning and behaviour.
- Higher levels of concern were also expressed by lone parent than couple families (25% compared with 17%), and there is some evidence of a greater level of concern among parents from non-white ethnic backgrounds (although the base sizes are small).
- In terms of developmental milestones among babies, there were few differences between boys and girls in relation to gross motor skills, but girls tended to be more advanced in relation to fine motor skills and communicative gestures. Among toddlers, girls were also more likely to have reached developmental milestones, especially those related to getting dressed or undressed.
- In terms of language development, parents were again more likely to express concerns in relation to male than female toddlers (19% compared with 10%). Parents from households with lower incomes and from minority ethnic groups were also more likely to express such concerns.

Parenting styles and responsibilities

While the majority of parents are unsure about the possibility of being 'taught' how to be a good parent, it is clear that suspicion of professional experts varies according to age, education and socio-economic circumstances, and is highest among young parents. Like much previous research, the data also show that the use of resources and activities by parents is structured by differences in education and socio-economic circumstances.

Attitudes towards parenting

- The majority of parents were sceptical about the possibility of somebody teaching them about parenting; around six in ten agreed with the statement, 'Nobody can teach you to be a good parent, you just have to learn for yourself'.

- Suspicion of professional intervention was much higher among younger mothers – 23% of those under 20 agreed with the statement, 'If you ask for help or advice on parenting from professionals like doctors or social workers, they start taking over', compared with just 5% of mothers in their 30s.
- Responses from younger mothers and those from less affluent households to other statements around parenting also suggested they were more likely to find it difficult to know who to ask for help and to actually ask for such help.
- Differences in attitudes to smacking were not as clearly patterned by socio-economic circumstances. Less than half those interviewed agreed that smacking was 'sometimes the only thing that will work'. Agreement with the statement was predicted more strongly by the number of children in the family than by any other variable.

Activities with the child

- The use of resources and parental activities with the child were structured by differences in education and socio-economic circumstances. For example, less affluent children had fewer books with 40% of households in the lowest income quartile having fewer than ten children's books, compared with 18% in the highest.
- Parents with higher levels of educational attainment spent the most time with children in activities generally regarded as having a high educational value. For example, 76% of baby parents in the highest income quartile looked at books or read stories with their child every day, or most days, compared with 57% of those in the lowest income group.

Television and other audio or visual media

- Around half the baby cohort (53%) and virtually all the toddler cohort (95%) had watched at least some television in the week preceding the interview.
- In the baby cohort, children with younger mothers were more likely to have watched television, and to have watched it more often, as were children from lone parent families and those from less affluent households. Children from these households, across both cohorts, were also relatively more likely to have watched television on their own rather than with other household members.

Household division of labour

- The survey found that gendered divisions of labour persisted in the majority of family households. For example, it was clear (for both cohorts) that the majority of household tasks were much more likely to be the main responsibility of the mother – even in situations where both parents were working for more than 16 hours a week. This makes 'work-life balance' a very different concern for men and women.

Childcare

Parents of three out of five babies and just over three-quarters of toddlers used some kind of childcare on a regular basis. The type of childcare used, and the mix of providers varied according to families' circumstances. The cost and availability of affordable childcare may explain at least some of these differences.

Use of childcare

- Most parents (65%) used childcare of some kind on a regular basis for their babies or toddlers and the dominant reason given for using childcare across both cohorts was so that the respondent could work. Parents of toddlers were more likely than parents of babies to be using childcare (76% compared with 60%).
- The proportion of families using childcare was higher in cases where at least one of the child's carers was employed and particularly high when the child's mother was working.

Types of childcare used

- The most common type of childcare provider was the child's grandparents, used by around two-thirds of baby families and half of toddler families. Nurseries were the next most common provider used. These were used more often by toddler families than baby families (42% of toddlers versus 27% of babies).
- Around two-thirds (69%) of families using childcare were using only one childcare arrangement, 28% were using two and 3% were using three or more. Toddler families were more likely than baby families to have multiple arrangements in place.
- Informal childcare was found to be central in almost all families' childcare arrangements but particularly so for families in more economically deprived circumstances. It was used by two-thirds of families who had a childcare arrangement in place, and was even more commonly used by babies' families and by lone parent families.
- Just over half of childcare users had some formal arrangement in place, with slightly higher use of formal providers among toddler families.

Number of hours and days per week

- Half of all families using regular childcare had arrangements lasting between 17 and 40 hours per week. Around a quarter (23%) had arrangements for eight hours or less per week, with a further one in five arrangements totalling between nine and 16 hours per week. A small proportion (8%) of families used childcare for over 40 hours per week.

Age at which child was first placed in a regular childcare arrangement

- The majority of babies (51%) first received regular childcare between the ages of six and 12 months, although a quarter (23%) did so when aged under three months. Almost nine out of ten of those families using regular childcare before the child was aged three months were using informal care.

Cost of childcare

- Just over half of families paid for the childcare they used; for almost all of the remainder, it was free. The average cost of childcare, for the sample child only, was £66 per week. This was more expensive for babies (£75 per week) than for toddlers (£58 per week). Higher income households paid much more than lower income households for childcare.
- About a quarter (27%) of parents reported that paying for childcare was either difficult or very difficult, with lone parents twice as likely to say it was very difficult than partnered parents (12% versus 6%). In addition, parents in the lowest income group were around twice as likely as those in the highest income group to find it difficult to pay for their childcare.

Degree of choice and childcare preferences

- The majority of parents did not think they had much choice regarding childcare providers. About one in five thought they had no choice at all, with higher proportions of families on low incomes or lone parents expressing this view.
- Just under one in five of those using childcare indicated that, if they could afford it and it was available, they would use a different main childcare provider to the one they were currently using. Those using informal provision were more likely to indicate a desire to change and private nurseries were by far the most popular alternative selected.

Parental health

Parental health and well-being are important in shaping the early experiences of young children, including their health and development. Overall, the indicators used in the study suggest that general levels of parental health and well-being are good. However, closer examination of differences between subgroups reinforces the established pattern of inequalities in relation to health.

Physical health

- The vast majority of parents in both cohorts (85%) reported their general health to be either good, very good or excellent. Those in more disadvantaged households, more deprived areas, lone parents and younger parents were less likely to rate their general health as very good or excellent and reported higher rates of longstanding illness.
- Around one in six parents in both cohorts (16% babies, 17% toddlers) reported having a health problem or disability that had lasted (or was expected to last) for more than a year. Of this group, around four in ten (or 7% of the whole sample) reported having a limiting illness or disability. Interestingly, though, there was not a clear relationship between these indicators and measures of self-assessed health.

Health-related quality of life

- The Medical Outcomes Study Short Form (SF-12) was used to assess health-related quality of life. Lone parents were more likely than couple parents to report that poor health or pain affected their lives, with the clearest divergence in relation to emotional measures; for example, 27% of lone parents said that they had accomplished less over the previous four weeks as a result of emotional problems, compared with just 15% of parents in couple families.

Smoking

- Around three in ten parents were current smokers, with marked differences by area deprivation, household income and socio-economic classification. In the toddler cohort, 51% of cohort children in the lowest income quartile lived in a household in which at least one person smoked, compared with just 10% of those in the highest quartile.
- Across both cohorts, about a quarter of mothers said that they smoked while pregnant with the cohort child; and, of those who did, around half said they smoked 'most days'. Four in ten mothers in areas in the most deprived quintile (42%) smoked during the pregnancy, compared with just 9% in the least deprived quintile.

Consumption of alcohol

- In terms of alcohol consumption, the overall picture was of low to moderate drinking with some evidence of more frequent drinking among older and more affluent parents but with higher amounts of alcohol consumed, less frequently, by lone parents. Around a quarter of mothers indicated that they drank any alcohol during their pregnancy.

Illicit drug use

- Around a quarter of all parents (26%) said they had ever taken illicit drugs, and the vast majority of this was accounted for by cannabis use. Around one in 20 (5%) said that they had used drugs in the previous 12 months, again predominantly cannabis. Only a very small number of respondents (less than 1%) had used drugs other than cannabis during the time period.

chapter
1
INTRODUCTION

1.1 About Growing Up in Scotland

The Growing Up in Scotland study (GUS) is an important and ambitious new longitudinal research project aimed at tracking the lives of a cohort of Scottish children from the early years, through childhood and beyond. Funded by the Scottish Executive Education Department, its principal 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 an overview of the results from the first sweep of the survey (carried out between April 2004 and March 2005). As such, its aims are relatively modest; to provide descriptive analysis relating to the characteristics, circumstances and attitudes of the families who took part in the research and to highlight the potential for more detailed analyses as additional data accrues across subsequent sweeps of the research.

1.2 Why was the study commissioned?

In 2003, the Scottish Executive commissioned a review of its need for longitudinal data. This identified two significant gaps, relating to early years and to youth transitions. Against this backdrop, the decision was taken to launch a new birth cohort study with a particular focus on children and families in the early years. Following a competitive tendering exercise, a contract to undertake the study was awarded to the Scottish Centre for Social Research (ScotCen) in collaboration with the Centre for Research on Families and Relationships (CRFR) at Edinburgh University.

The initial part of the contract involved the undertaking of a scoping exercise intended to clarify the scope and objectives of the study and to identify the most appropriate methods. The scoping phase of the study had two broad objectives: first, to ensure that the design and content of the main survey was matched as closely as possible to the needs of its core policy customers; and secondly, to embed the main study in the broader academic and policy community – both in allowing it to draw on that community for up-to-date ideas and expertise and to foster a sense of input and involvement that would help to maximise the utilisation and value of the survey in the longer term.

In order to achieve these objectives, a range of approaches were adopted, including:

- Investigative interviews with policy makers and research commissioners from both the Scottish Executive and elsewhere
- A series of consultative seminars with representatives of the academic community
- Discussions with colleagues and researchers in other institutions
- A desk-based review of lessons from previous studies and existing instruments

Information gathered through the scoping study was then used to inform the design and content of the main survey.

Although there are other birth cohort studies that include Scotland (most notably the Millennium Cohort Study), GUS is distinctive in that:

- It has a distinctively Scottish focus with a sample large enough to support subgroup analysis *within* Scotland
- It is driven by the needs of policy-making, with a particular focus on access to, and use of, services
- It has an intensive focus on the early years, with interviews being carried out with a parent or carer of the child each year until the age of six

1.3 How is the study carried out?

GUS is based on a cohort or longitudinal design – in other words, it involves the recruitment of a 'panel' of children (and their families) who will be revisited on a number of occasions over an extended period of time. Such an approach is an especially effective way of identifying factors associated with particular medium and long-term outcomes.

Members of the panel were identified in the first instance from Child Benefit records, which are administered by the Department for Work and Pensions (DWP) on behalf of the Inland Revenue, on the basis of dates of birth.[1] A letter was then sent to the Child Benefit recipient (normally the child's mother) asking whether he/she would be willing to take part in the research. Unless parents or carers registered an objection to being included in the study, their details were passed to members of ScotCen's fieldforce who then contacted the parent or carer to further establish a willingness to participate and arrange an interview.

GUS is currently based on two cohorts, both recruited at the same time. The first involves some 5,217 children born between June 2004 and May 2005 and who were aged approximately 10 months at the time of the first interview. It is envisaged that this group will form the basis of long-term follow-up. The second cohort was based on a sample of 2,859 children who were born June 2002 and May 2003 and aged approximately 34 months at the time of the first interview. This group will be followed up annually to the age of 5 and may be followed up at subsequent points.

The planned configuration of cohorts and sweeps is summarised below: BC1 refers to the younger of the two cohorts ('baby cohort') and TC1 to the slightly older cohort ('toddler cohort'). At present, the intention is to launch a new birth cohort (BC2) in 2009.

[1] Child Benefit Records were chosen because of the high levels of uptake among parents. Approximately 97% of those families eligible for Child Benefit are registered with the DWP.

Table 1.1 Proposed sample design, 2005-2011

	Age at interview					
Year	**0-1**	**1-2**	**2-3**	**3-4**	**4-5**	**5-6**
2005	BC1		TC1			
2006		BC1		TC1		
2007			BC1		TC1	
2008				BC1		TC1
2009	(BC2)				BC1	
2010		(BC2)				BC1
2011			(BC2)			

Overall, the aim of this design is to allow the study to provide three types of data:

1. *Cross-sectional time specific data* – e.g. what proportion of 2-3 year-olds are living in single parent families in 2005?
2. *Cross-sectional time series data* – e.g. is there any change in the proportion of 2-3 year-olds living in single parent families between 2005 and 2007?
3. *Longitudinal cohort data* – e.g. what proportion of children who were living in single parent households aged 2-3 are living in different family circumstances at age 4-5?

For the first year of the study, interviewers sought to contact the 'main carer' of the child named in the Child Benefit records. In virtually all cases (99%), this proved to be the child's natural mother. Consequently, the terms 'parent', 'respondent' and 'mother' are virtually synonymous in the analysis that follows. It should be noted, however, that the perspectives of other family members (resident and non-resident) will be canvassed in future sweeps of the study (see below).

All interviews were carried out in participants' own homes by specially-trained social survey interviewers using Computer Assisted Personal Interviewing (CAPI). This involves the interviewers reading questions from, and entering responses directly into, a laptop computer and offers a number of advantages over traditional pen-and-paper methods, including improved data quality and speed of turnaround.

Response to take part in the survey was overwhelmingly positive from both interviewers and families. Of those eligible to take part in the survey, interviews were achieved with 81% of families with a child aged 0-1 years and 80% of those aged 2-3 years.

1.4 Next steps

Fieldwork for the second sweep of the survey was launched in April 2006 and early indications are that a high proportion of those interviewed for the first sweep have also taken part in the second. Data from the second sweep will become available to the research team in the summer of 2007, at which point the first longitudinal analyses (albeit only covering a 12-month interval) will be possible.

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 Executive, 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. A copy of the full Sweep 1 questionnaire is also available from the site. A full technical report will be available at a later date.

1.5 A note on the interpretation and presentation of results

Only statistically significant differences (between subgroups) 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.

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.

chapter

2

CHARACTERISTICS AND CIRCUMSTANCES OF CHILDREN AND THEIR FAMILIES

2.1 Introduction

This chapter provides an overview of the circumstances and characteristics of the children and families who participated in the first sweep of the study. It explores household and family arrangements, parental demographics (such as age and employment) and household demographics (such as income and tenure) and begins to sketch out some of the inter-relationships between these variables. Where possible and appropriate, comparisons are made between the profile of the achieved sample for GUS and external sources such as Census data and the first sweep of the Millennium Cohort Study.

Having an overview of the characteristics and circumstances of the *Growing Up in Scotland* babies and toddlers is baseline evidence necessary for policies designed to support the wellbeing of children and families. This chapter begins to show, for example, the extent to which children living in particular types of household or households with different income levels also have distinctive circumstances in other respects and the extent of urban and rural variation. Children's circumstances are, of course, largely shaped by the circumstances of their parents. Previous research, including preliminary analysis of the *Millennium Cohort* data in Scotland, has shown a consistent association between age at motherhood and a range of other characteristics and circumstances that will impact on children's lives including parental education, partnership, employment, occupation, income, mental health and well-being (Joshi and Wright, 2004). As well as these types of circumstances, Growing Up in Scotland provides some preliminary documentation of the wider social connections of children's families known to be consequential for children's well-being.

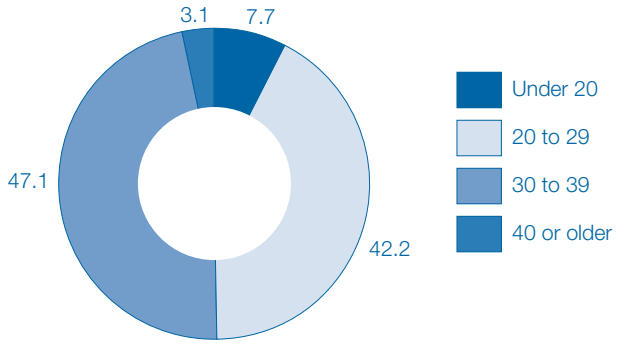
2.2 Age of mother at birth of cohort child

Almost half of the mothers in the sample were aged between 30 and 39 at the time the cohort child was born, with a further two-fifths aged between 20 and 29 (Figure 2-A). Just 8% were under 20 at the birth of the cohort child, matching ISD statistics which show a similar proportion of births to mothers aged under 20 in 2002-04. A small proportion (3%) were aged 40 or older at the time of birth.

This age profile is, of course, accompanied by great variation in socio-economic circumstances and characteristics. For example, in terms of educational attainment, the majority of mothers under 20 had achieved either no qualifications (21%), some form of vocational qualification[2] (25%) or standard grades (44%). By contrast, 38% of those aged 30 to 39 had a degree or equivalent, as did 44% of those aged 40 or over.

[2] Vocational qualifications include, among others ScotVec and BTec National and Higher National Certificates, SVQs and NVQs.

Figure 2-A Age of mother at birth of cohort child



The data in Figure 2-B reveal further stark contrasts between mothers of different ages in terms of socio-economic class and income. The graph shows that 62% of teenage mothers were in routine and semi-routine households and that four-fifths were living in households in the lowest income quartile. In comparison, 69% of mothers aged 40 or older were in managerial and professional households and 34% were in the highest income quartile.

Figure 2-B Age of mother at birth of cohort child by household NS-SEC and income quartile

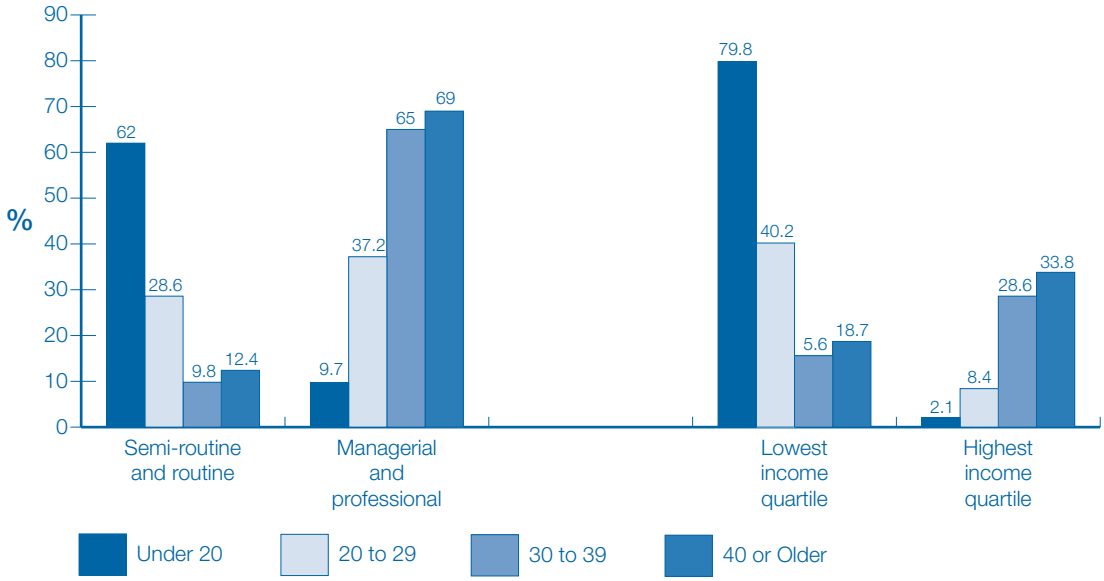
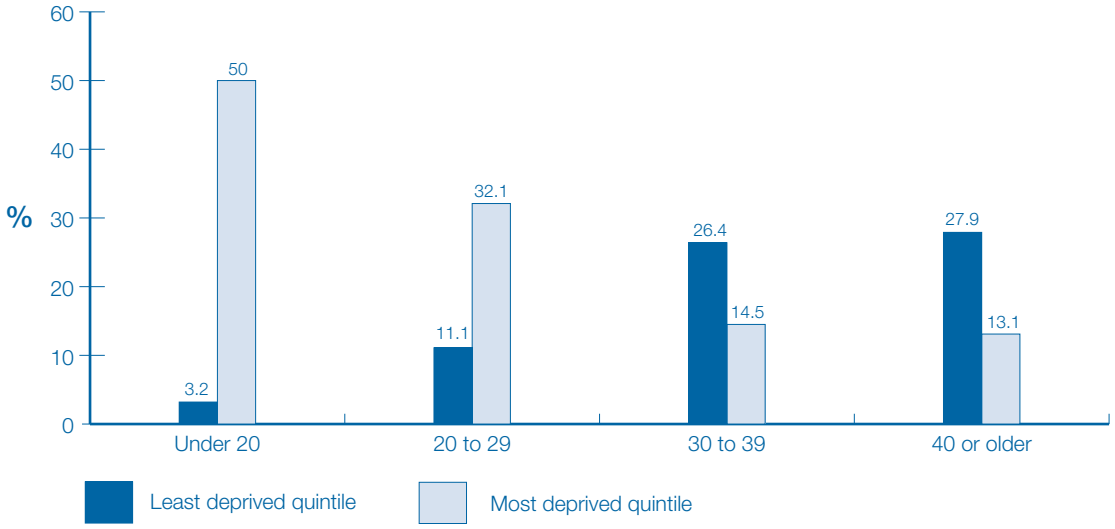


Figure 2-C also indicates a strong link between the age of the mother at birth of the cohort child and the level of deprivation of the area in which the family lives. Half of teenage mothers lived in areas in the most deprived quintile, whereas only 3% lived in areas in the least deprived quintile. Mothers who had the cohort child in their 30s or 40s, by contrast, were much more likely to live in the least deprived areas (27% and 28% respectively).

Figure 2-C Age of mother at birth of cohort child by level of area deprivation



2.3 Immediate and extended family

2.3.1 Family type

Around a fifth of cohort children were resident in one-parent households at the time of the interview. Not surprisingly, toddlers were more likely than babies to be in lone parent families (25% compared with 20%). This pattern fits with Scottish census data which indicate that for all families with dependent children under the age of 16, the proportion of lone parent families is even higher, at 26% (Figure 2-D).

The vast majority of lone parent families (99%) were headed by the child's natural mother, with just 1% headed by the child's natural father. In couple families, 99% of households contained two natural parents and less than 1% contained a step-parent or partner – an indication, perhaps, that the trend towards blended[3] families is less likely to affect children in the youngest age groups. In addition, a very small number of families had no natural parents in the household. The majority of children in these families lived with their grandparents, another relative, or adoptive or foster parents. Again, this figure is likely to rise as the cohorts age.

[3] A blended family is a couple family containing two or more children, of whom at least one is the natural child of only one member of the couple, and at least one is the natural child of only the other member of the couple. The other type of blended family is where only one member of the couple has at least one previous child and one child is also the natural child of both couple members.

Figure 2-D Family type by cohort

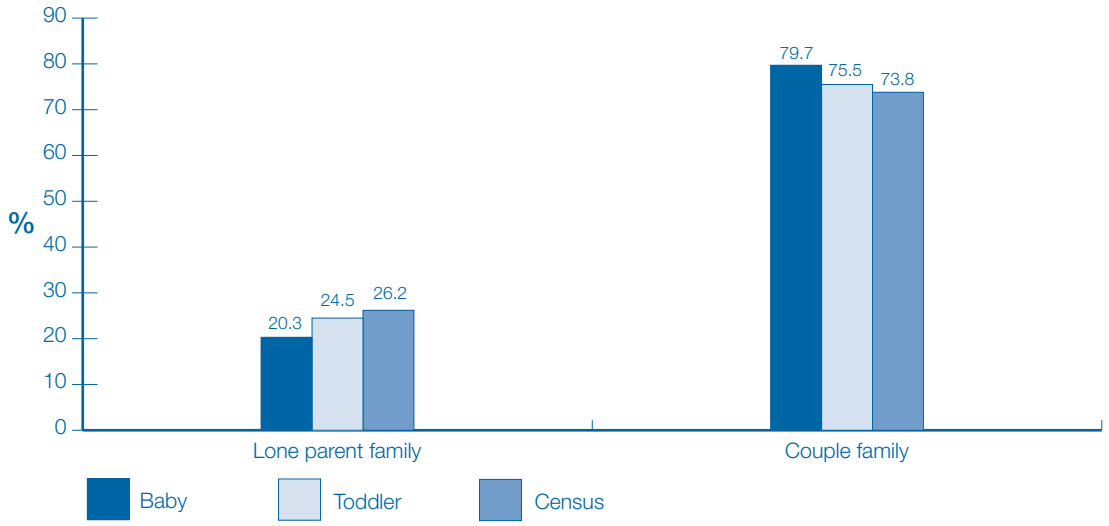
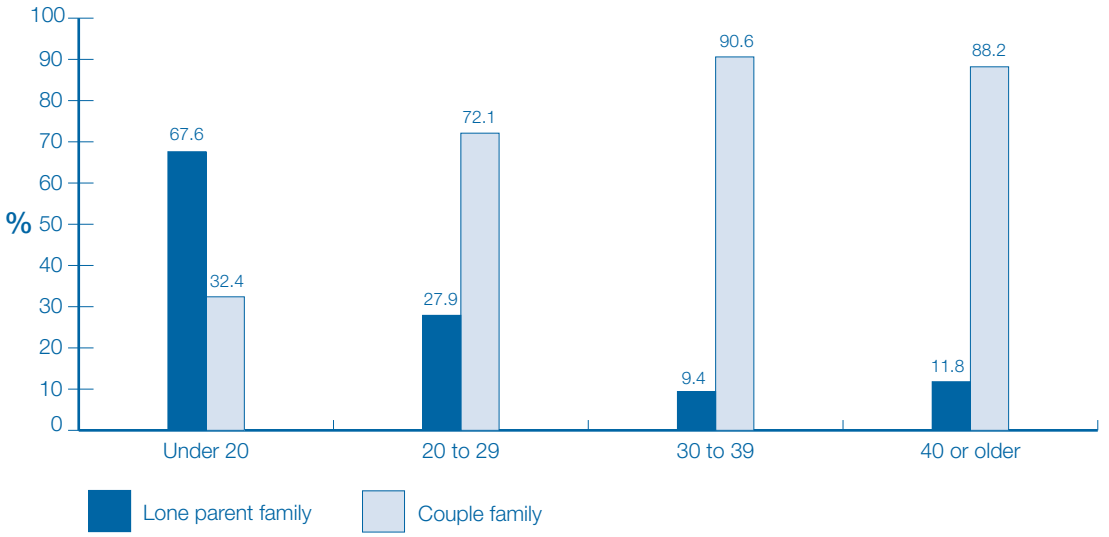


Figure 2-E shows the relationship between family type and age of the mother at the birth of the cohort child. Teenage mothers are far more likely than mothers in any other age group to be lone parents (68%). In comparison the proportion of lone parents was smaller among mothers in their 20s (28%), and mothers in their 30s (9%). However, the trend is reversed slightly for mothers in their 40s at the birth of the cohort child among whom there is a slightly higher incidence of lone parenthood compared with mothers in their 30s. This may be explained by a higher divorce and separation rate for this age group, or by conscious decisions by older women to have a child outside of a long-term relationship.

Figure 2-E Age of mother at birth of cohort child by family type



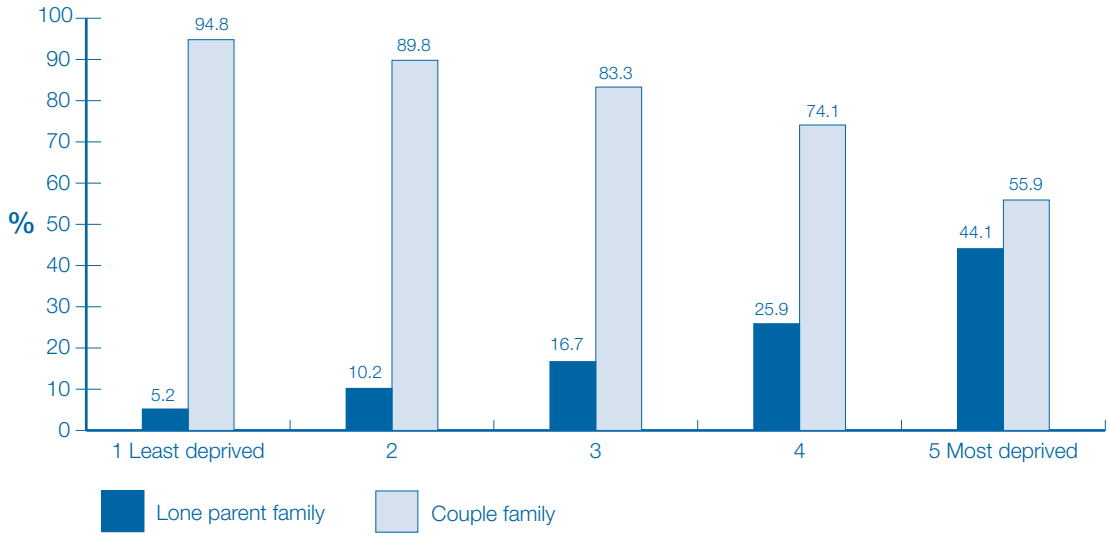
Some very clear socio-economic correlates are evident here. For example, lone parent families were more likely than couple families to be in semi-routine and routine occupations (60% compared with 12%) and to be in the lowest income quartile, earning under £15,000 per year (86% compared with 15%). In stark contrast, 59% of couple families were in managerial and professional occupations and almost a quarter (23%) were in the highest income quartile (compared with only 13% and 1% of lone parent families respectively). Almost two-thirds (65%) of lone parent families rented their home from a Local Authority or from a housing association compared with just 18% of couple families – the vast majority (exactly three-quarters) of whom owned their own homes.

Table 2.1 Family type by household NS-SEC, income and tenure

		Family type (%)		
		Lone Parent	Couple	All
NS-SEC	Managerial and professional	13.2	58.7	49.7
	Semi-routine and routine	59.9	13.8	14.1
Income Quartile	£44,000 and above	1.1	23.1	18.2
	£14,999 or lower	85.5	15.4	30.9
Tenure	Owner Occupied	17.5	74.9	62.4
	Rents- Social	64.9	17.6	27.9
	Rents- Private or rent-free	17.6	7.5	9.7
Bases				
Weighted		*1754*	*6310*	*8063*
Unweighted		*1627*	*6437*	*8064*

The relationship between area deprivation and family type is clearly illustrated by Figure 2-F below, which shows the proportion of lone parent households increasing sharply (and the proportion of couple households falling) as levels of area deprivation rise. Of all families living in areas in the *least* deprived quintile, 95% were couple families, while the same was true of only 57% of those living in the most deprived areas.

Figure 2-F Area deprivation quintiles by family type



As can be seen in Figure 2-G, the majority of lone parents were single, having never married, with the remainder largely either separated or divorced. Seventy-one percent of couple parents were married and living together, and a quarter were legally single but cohabiting. In addition, around 3% of couple parents were separated or divorced from a previous partner. However, this varied considerably by the age of the mother at the birth of the cohort child. In Table 2.2 we see that 82% of teenage mothers in couple families were unmarried, compared with 13% of mothers aged 40 or older. Overall, the majority of mothers aged 30 to 39 and 40 or older were married and living with their husband (82% and 76% respectively), although 7% of those aged 40 or older were divorced (not shown).

Figure 2-G Legal marital status by family type

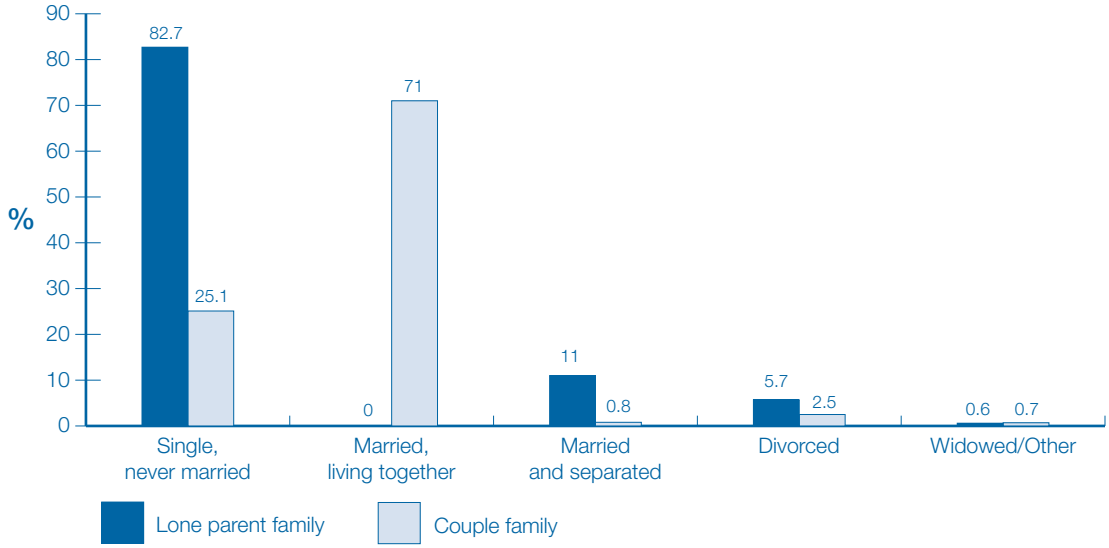


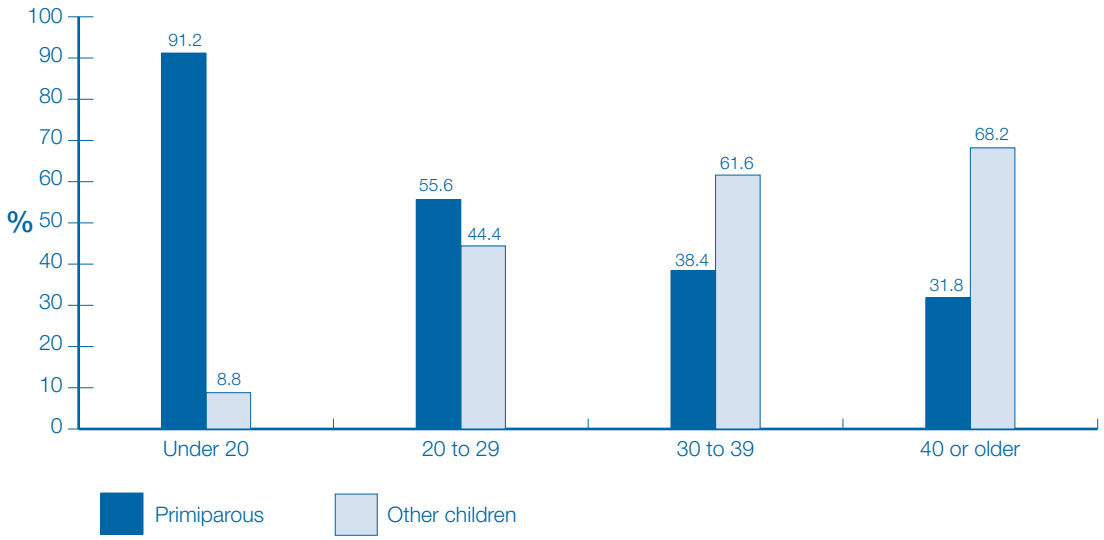
Table 2.2 Legal marital status by age of mother at birth of cohort child (couple families only)

		Age of mother at birth of cohort child				
		Under 20	20 to 29	30 to 39	40 over	All
All couple families						
Legal marital status	Single, never married	82.1	36.2	13.8	12.8	23.9
	Married and living with husband/wife	15.1	61.0	81.9	75.6	72.1
	Other	2.8	2.7	4.2	11.6	4.0
Bases						
Weighted		*179*	*2365*	*3637*	*242*	*6442*
Unweighted		*162*	*2339*	*3937*	*272*	*6730*

2.3.2 Birth order and number of children in household

For a little under half of mothers in the sample, the cohort child was their first child. This varied, of course, by mother's age, with around two-thirds of mothers aged 30 or over having other children already. Nine out of ten mothers aged under 20 were first-time mothers, as were 56% of mothers in their 20s (Figure 2-H).

Figure 2-H Parity by age of mother at birth of cohort child[4]



[4] The terms 'primaparous' and 'multiparous' are used throughout this report to distinguish between mothers for whom the sample child was their first born, and mothers who had children prior to having the sample child.

Mothers who had their first child when aged 30 or over were more likely to be in managerial or professional occupations (73% of those aged 30 to 39 and 78% of those aged 40 or over). Related to this, mothers in their 30s and 40s were more likely to be in a household in the highest income quartile – around a third of these mothers were in households with an average income of over £44,000 per year, compared with 2% of teenage mothers.

Approximately half of babies (47%) and a third (34%) of toddlers were the only child in the household, and 34% of babies and 45% of toddlers were in a two-child family. One in six households contained three children, whilst 5% of households contained four or more children.

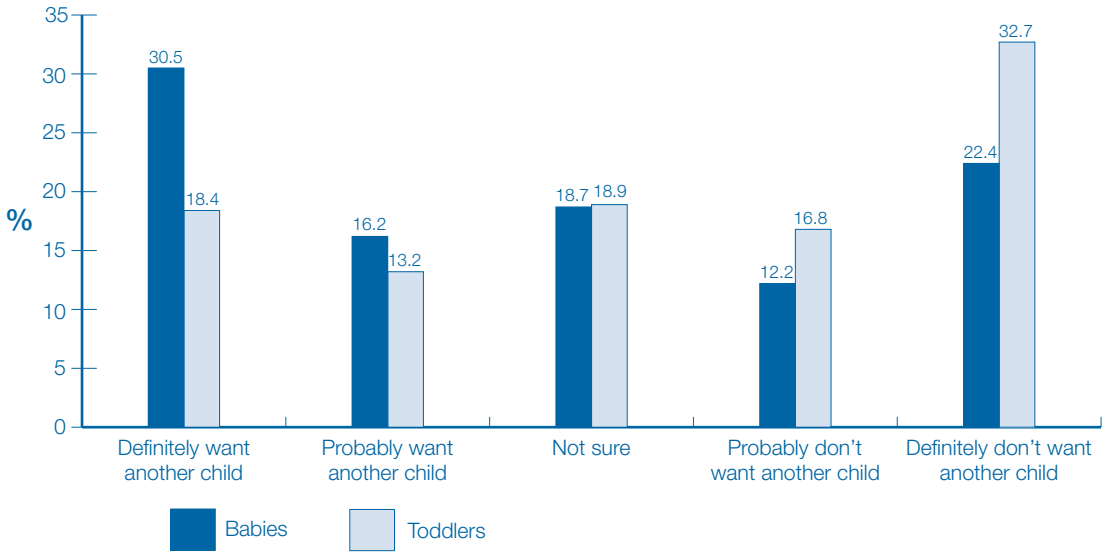
The number of children in the household varied significantly by the educational attainment of the mother. Mothers whose highest qualification gained was at Standard Grade level or who had no qualifications were much more likely than mothers who held degrees to have four or more children (18% compared with 3%).

Overall, 7% of cohort children lived with a half-sibling. The proportion with a half-brother or sister was higher among lone parent families than couple families (10% compared with 6%).

As well as collecting information about the actual number of children in the household, in cases where the respondent was the child's natural mother, we also asked about current pregnancies and any plans or hopes that they had to have more children. Overall, 47% of mothers in the baby sample and 32% in the toddler sample said that they 'probably' or 'definitely' wanted more children (see Figure 2-l).

In addition, 8% of mothers in the toddler sample and 5% in the baby sample were pregnant at the time of the interview. Whilst there were no differences between lone parents and couple families in the baby sample, in the toddler sample 9% of mothers in couple families were pregnant compared with 4% of lone mothers. Perhaps not surprisingly, first-time mothers were more likely to be pregnant than were mothers who already had other children (10% compared with 4%).

Figure 2-I Whether respondent would like another child by cohort



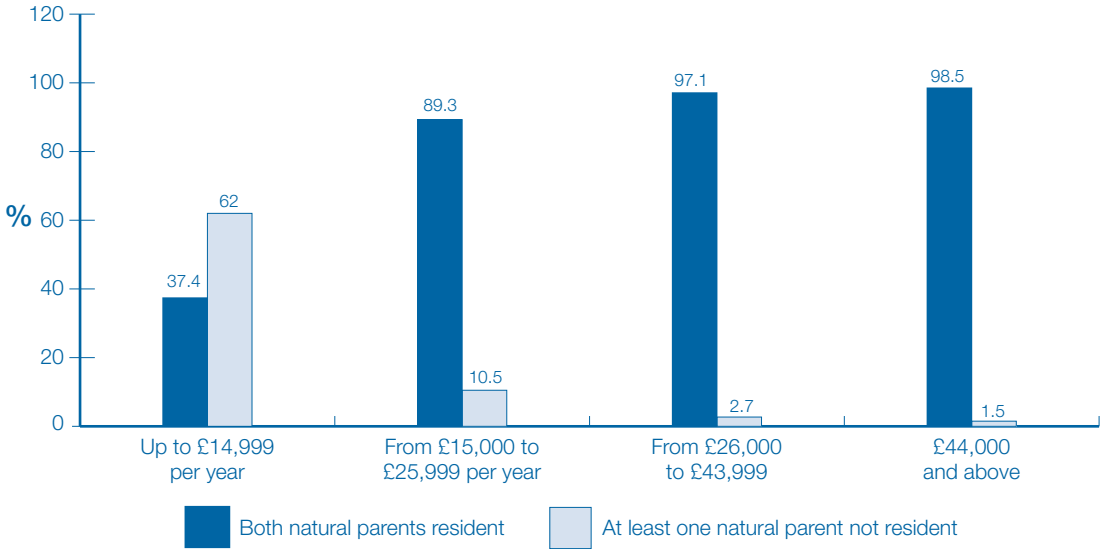
Although there appeared to be no significant differences between socio-economic classes or income quartiles, variations were seen in relation to levels of maternal educational attainment. Mothers with qualifications at Higher Grade or above were more likely to want more children (45%), either definitely or probably, than were those with Standard Grades (39%) or no qualifications (28%). This, of course, may be linked to the fact that mothers with lower levels of educational attainment were relatively more likely to already have two or more children.

2.3.3 Non-resident parents

In households where only one of the child's natural parents was resident, the respondent was asked a number of questions about the non-resident parent's contact with the child and the quality and types of relationships between the respondent and the non-resident parent, and between the child and their non-resident parent. These data are reported in detail later in the report (section 5.4). This chapter is restricted to some comments about the numbers and patterning of non-resident parents.

Around a fifth (21%) of children in the baby sample and a quarter (26%) of children in the toddler sample had a non-resident natural parent. Six out of ten children in the lowest household income quartile had a non-resident parent (Figure 2-J). By contrast, virtually all of those in the highest income quartile lived with both parents.

Figure 2-J Household income by natural parents outwith household



Among children with a non-resident parent, around two-thirds (70% of babies and 67% of toddlers) had some contact with that parent at the time of the interview. Most of those children who did have contact with their non-resident parent saw that parent at least once a week. Babies had more frequent contact than toddlers. A third (34%) of babies saw their non-resident parent every, or almost every day, compared with 21% of toddlers.

Respondents were asked to describe the nature of their partnership with the non-resident parent. The vast majority described themselves as either 'just friends' or 'not in any relationship'. More parents of babies than of toddlers described themselves as being 'in a relationship but not living together' (29%, compared with 15% of parents of toddlers), however there were a higher number of parents of toddlers who were separated or divorced (13%, in contrast to 6% of babies' parents), perhaps not surprisingly, given the age differences of the two cohorts. There were also differences between age groups, with older mothers being more likely to be divorced or separated and younger mothers being more likely to classify the partnership as 'just friends'. A larger proportion of both the oldest and youngest mothers than those in their twenties and thirties were not in any relationship with the child's other parent (Table 2.3).

Table 2.3 Type of relationship between respondent and non-resident parent by age of mother at birth of cohort child

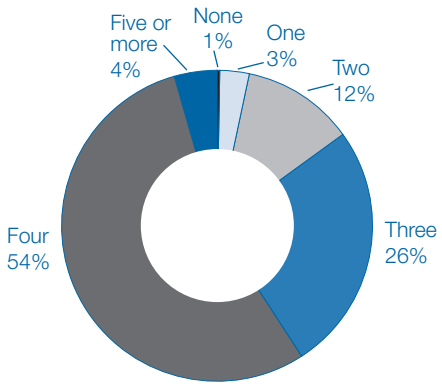
Relationship status	Age of mother			
	Under 20	20 to 29	30 to 39	40 or older
Married but separated	1.0	8.0	19.5	8.5
Divorced	–	0.3	1.6	7.5
In a relationship but not living together	21.9	24.6	22.5	20.1
Just friends	27.4	26.3	17.3	14.7
Not in any relationship	49.6	40.7	38.9	49.2
Other parent no longer alive	–	0.2	0.3	–
Bases				
Weighted	*435*	*959*	*357*	*30*
Unweighted	*369*	*883*	*365*	*33*

Of those natural parents who were not currently living together and had never been married to each other, two-fifths of natural parents in the babies' cohort, and three-fifths of natural parents in the toddlers' cohort had lived together at some point. In the babies cohort, the majority of these parents stopped living together before the baby was one month old (55%), and a further 21% stopped living together when the baby was one to four months old. In the toddler cohort, fewer parents left before the child was one month old (21%), although a further 28% left between one and four months after the birth.

2.3.4 Grandparents

Virtually all of the children in both samples had at least one grandparent who was still alive. Indeed, as Figure 2-K shows, over half of children across both cohorts had four or more grandparents alive. The fact that 4% of children had *five* or more grandparents alive at the time of interview gives some indication of the complexity of family structures in Scotland today and the increase in 'blended families'.

Figure 2-K Number of grandparents alive



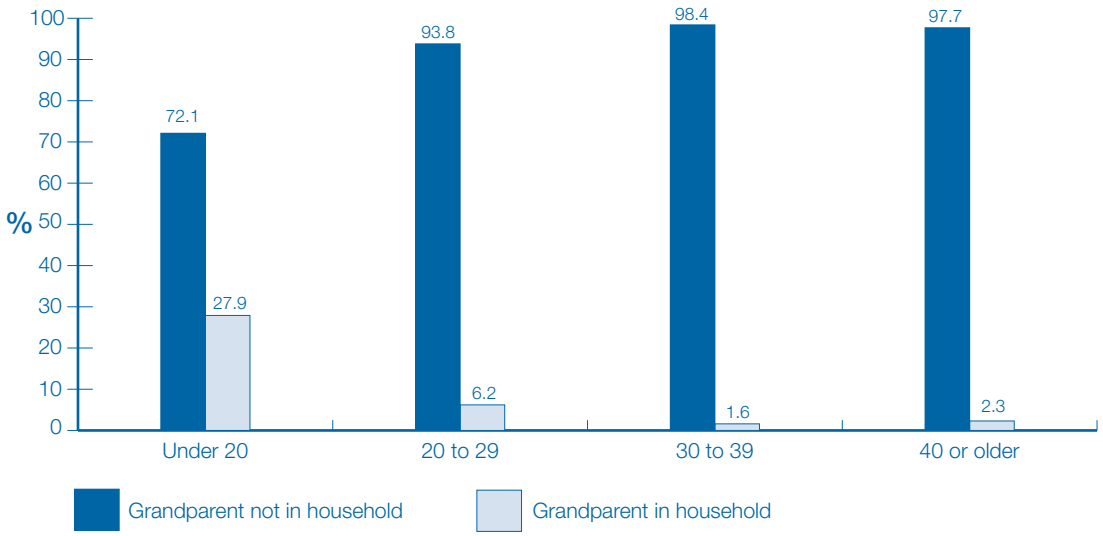
Not surprisingly, the number of grandparents alive varies by age of mother, with 4% of children whose mothers were aged 40 or more at the time of their birth having no grandparents alive, and 13% having only one grandparent alive (Table 2.4). In contrast, almost two-thirds of children born to mothers aged under 20 had four grandparents alive, and this group were also most likely to be in more complex families with five or more grandparents (7%). Interestingly, there was little variation in the proportions of children in complex or blended families by socio-economic group.

Table 2.4 Number of grandparents alive by age of mother at birth of cohort child

Number of grandparents	Age of mother			
	Under 20	20 to 29	30 to 39	40 or older
None	0.3	0.1	0.7	4.1
One	2.0	1.4	4.0	12.9
Two	9.0	9.4	12.9	25.0
Three	16.8	21.8	30.5	35.4
Four	65.2	61.5	49.1	21.9
Five or more	6.6	5.7	2.8	0.7
Bases				
Weighted	*617*	*3392*	*3784*	*251*
Unweighted	*532*	*3238*	*3999*	*275*

Overall, 7% of babies and 4% of toddlers had a grandparent living in the household. The experience of lone parent families was very different in this respect, with 19% having a resident grandparent compared with just 2% of couple families. As might be expected, younger mothers were more likely to be living with the child's grandparent(s). As Figure 2-L indicates, a little over a quarter of mothers aged under 20 had a grandparent in the household compared with 2% of mothers aged 30 to 39 and 2% of mothers aged 40 or older.

Figure 2-L Whether a grandparent is living in the household by age of mother at birth of cohort child



In addition, first-time mothers were more likely than mothers who had previous children to have a grandparent living in the household (10% compared with 2%). Parents living in households in the lowest income quartile and in the lowest socio-economic classification were more likely than those in the highest income quartile (10% compared with 2%) and those in households classed in the highest socio-economic classification (13% compared with 2%) to have a grandparent living with them. These associations are, of course, not surprising, since all are also strongly correlated with lone parenthood.

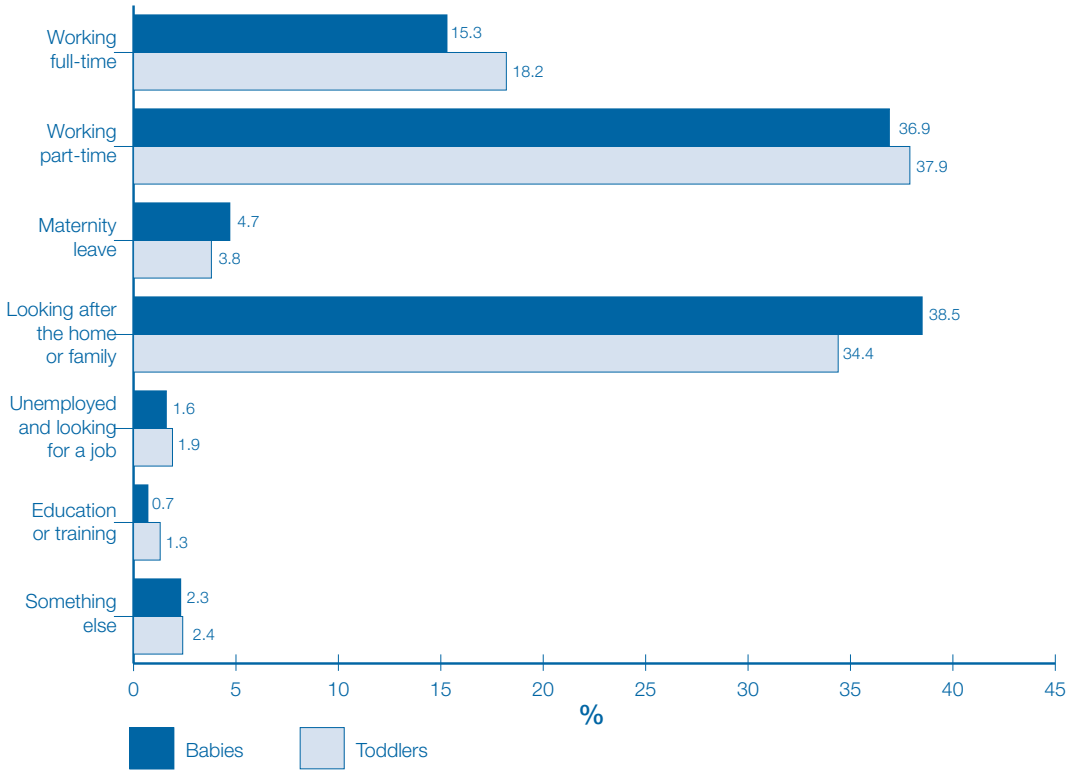
Non-white families were three times more likely than white families to have a grandparent resident in the household – 17% having a resident grandparent compared with 5% of white households. There were no significant differences between families in the baby cohort and those in the toddler cohort.

2.4 Household employment and income

2.4.1 Employment status of mothers

At the time of interview, 52% of babies' mothers and 56% of toddlers' mothers were in some form of paid employment (including those on maternity leave). Most were in part-time employment, although 15% of babies' mothers and 18% of toddlers' mothers were in full-time employment. A sizeable proportion of mothers indicated they were 'looking after the home or family' as an *exclusive* activity in the week prior to interview.

Figure 2-M Employment status of mothers by sample type

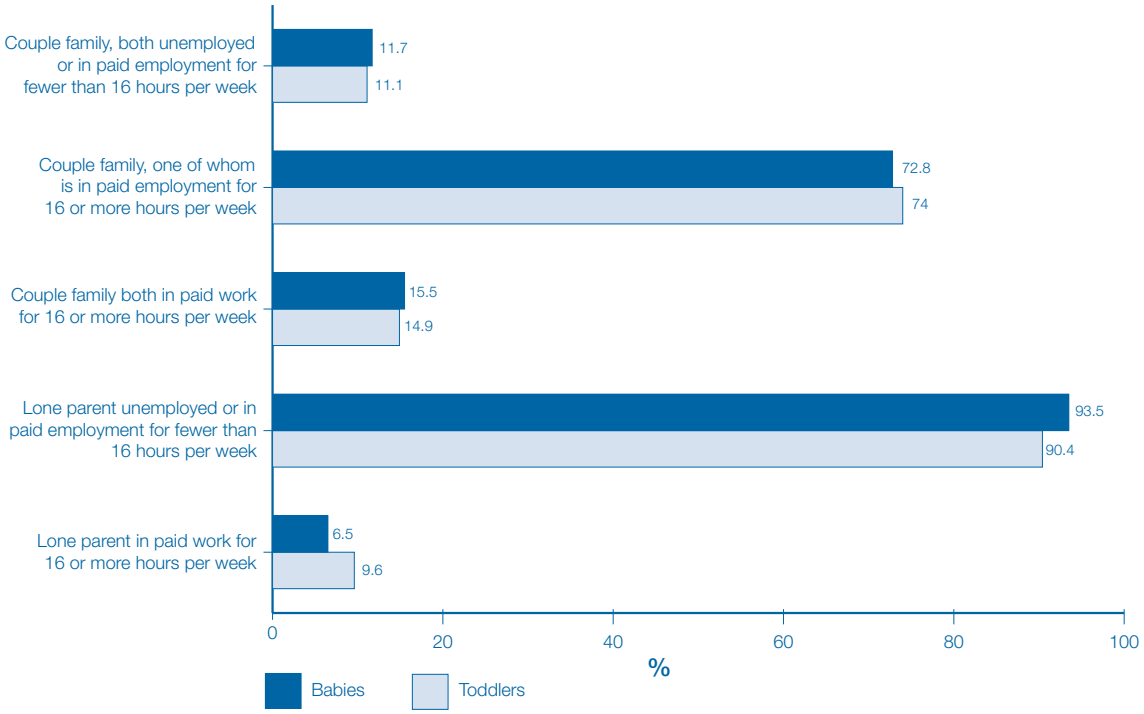


2.4.2 Employment status of households

In nearly three-quarters of households, at least one parent was in full-time employment, while a further one in ten households had at least one parent in part-time employment. Overall, 17% of families in both cohorts had *neither* parent in employment.

There were clear differences between lone parent and couple families, with lone parents far more likely to be unemployed or in part-time work (Figure 2-N). But there were also some differences by cohort here: specifically, lone parents of toddlers were more likely than lone parents of babies to be in employment for 16 or more hours per week (10% compared with 7%). This suggests a move back into employment as the child ages. The same pattern was not evident for couple families, for whom the proportions in employment were very similar across the two cohorts.

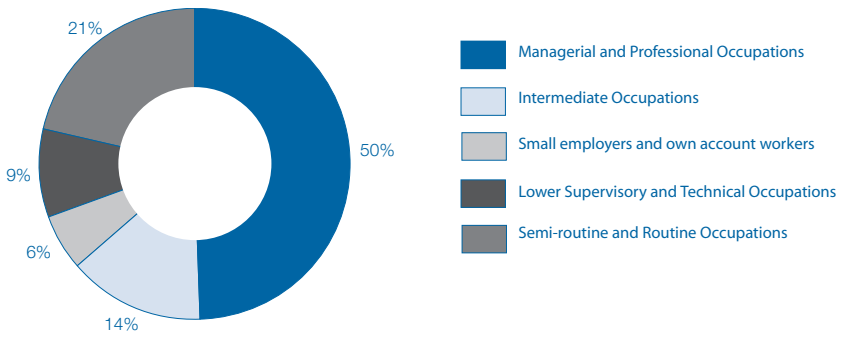
Figure 2-N Household employment status by sample type



2.5 Socio-economic classification (NS-SEC)

Figure 2-O illustrates the spread of National Statistics Socio-economic Classification (NS-SEC) by household.[5] This variable uses the highest classification in the household whether that is the respondent's or, if relevant, their partner's classification.[6] The graph shows that around half of all children in the sample were in a managerial and professional household, with a further fifth living in a semi-routine or routine household.

Figure 2-O Household Socio-economic Classification (NS-SEC)



[5] 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.

[6] It should be noted that although this household measure of NS-SEC appears higher than both census results and MCS (Scotland) results, when broken down to individual 'mother' and 'father' classifications the data are very similar.

2.6 Ethnicity and religion

2.6.1 Ethnic group

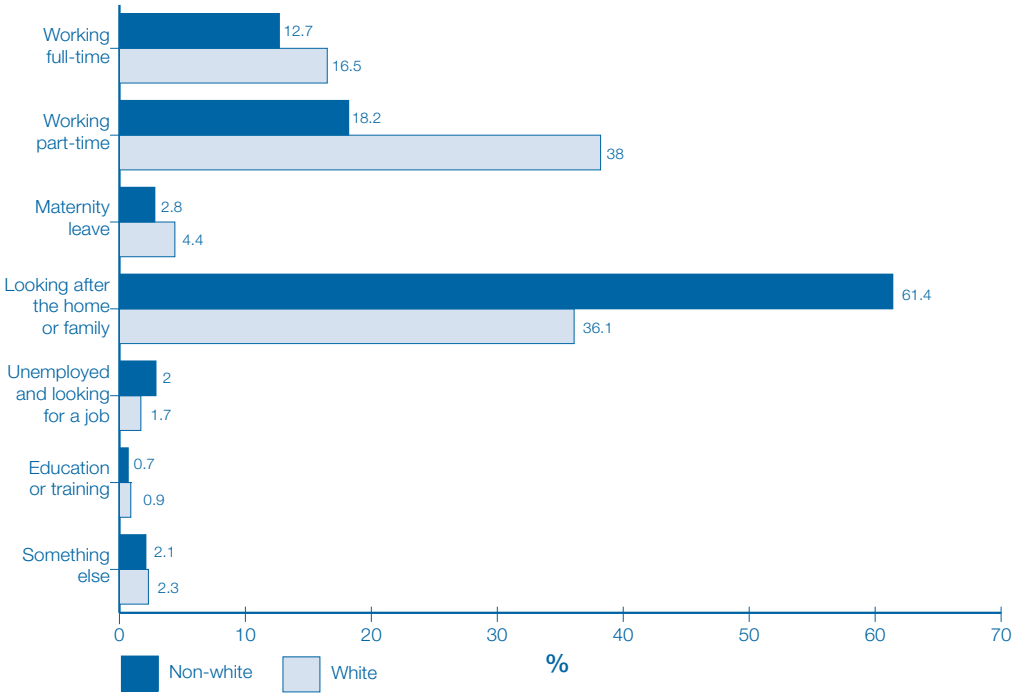
Overall, 4% of children across both cohorts were from a non-white ethnic group (as classified by the respondent). The largest proportion of non-white children were from Asian backgrounds, around a third of these were from Pakistani backgrounds, which mirrors data from the Scottish census. A further large proportion were from mixed Asian and White backgrounds. Very few children in the sample were of Black or Chinese origin.

Although the number of children from non-white ethnic groups is too small to allow detailed analysis, some comparison is possible between the circumstances and characteristics of the white and non-white populations.

2.6.2 White and non-white children

Children in non-white ethnic groups were more likely to live in a household in the lowest income quartile (45% compared with 31% of white children). Non-white children were also more likely to live in households in the most deprived areas of Scotland, with half (53%) of non-white children living in areas which fall into the two most deprived quintiles. In addition, as Figure 2-P details, two-thirds of non-white children (69%) had a mother who was not in paid employment at the time of the interview, compared with two-fifths of white children (45%). Indeed, the majority (61%) of non-white mothers were 'looking after the home or family' and undertook no other economic or educational activity.

Figure 2-P Employment status of mother by ethnicity of child



In terms of socio-economic classification, the main difference was that non-white children were more likely than white children to live in households with a parent classed as a small employer or as self-employed (19% compared with 5% of white children households).

There were some other important differences between white and non-white children in terms of family circumstances. For example, around one in ten non-white children lived in a household with four or more children in it, compared with one in 20 white children. There were also differences between the ages at which mothers gave birth to the cohort child. Mothers in non-white households were less likely to give birth in their teens (3% versus 5% of white mothers), but more likely to give birth in their twenties (55% versus 42%).

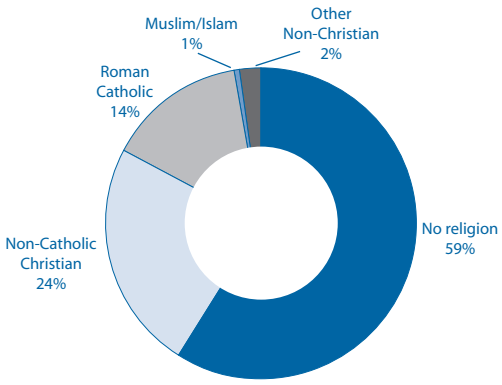
2.6.3 Languages spoken at home

All respondents were asked which languages were spoken at home. The vast majority of households spoke English only (94%), although 5% of households in both cohorts spoke both English and another language and around 1% spoke another language only. Of those families who spoke a language other than English, around a quarter spoke Punjabi and a further 15% spoke Urdu, indeed many of these families used both languages. Of the European languages spoken, French was used by 11% of those speaking other languages and a further 7% spoke Spanish at home. In addition, 6% spoke Gaelic and a small number of families used sign language. In all, 65 languages other than English were spoken in 360 sample households.

2.6.4 Religion

Over half (59%) of the children in the sample were described by the respondent as having no religion. A little under a quarter (24%) were described as being non-Catholic Christians, a further 14% were said to be Catholic, and around 2% of children were being brought up as Muslims (see Figure 2-Q). There was little variation between the two cohorts.

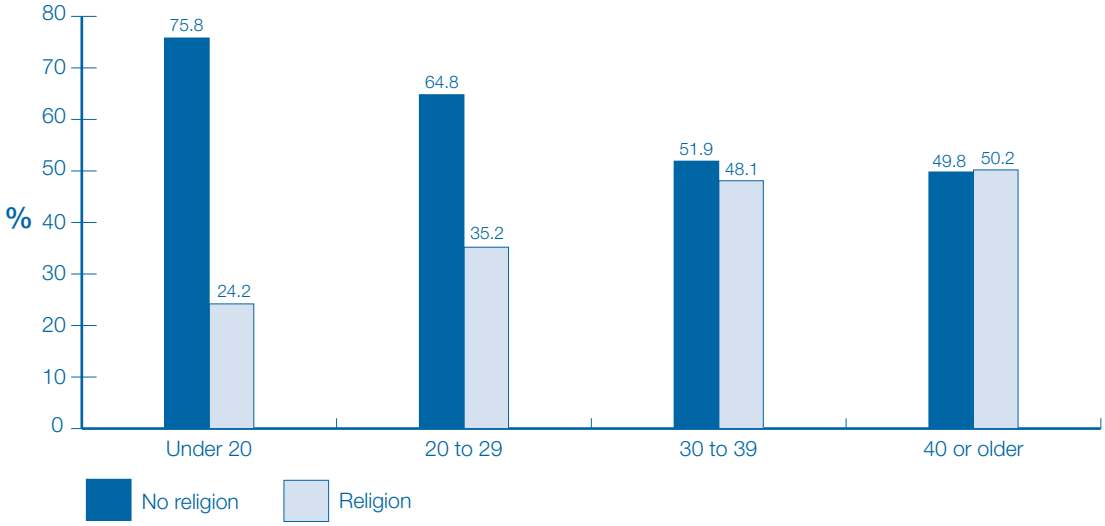
Figure 2-Q Religion of child



Children in lone parent families were less likely than those in couple families to have a religious affiliation (29% compared with 44%).[7] Children whose parents were married and living together were twice as likely as those whose parents were single to have a religious affiliation (51% compared with 26%).

Around three-quarters of those born to mothers under 20 were being brought up without a religious affiliation, compared with around half of those born to mothers aged 30 or over – a finding clearly linked to the fact that younger mothers were less likely than older mothers to describe themselves as having a particular religious affiliation.

Figure 2-R Age of mother at birth of cohort child by religion



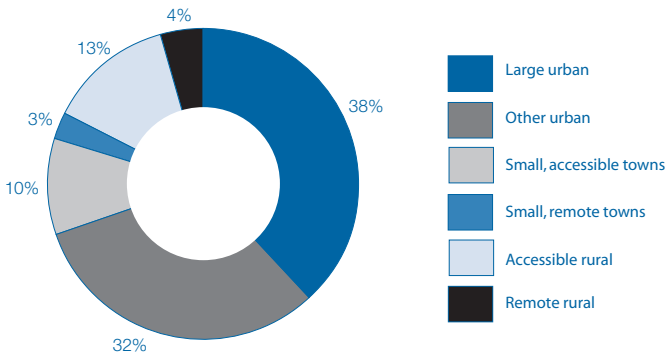
Children living in households in the lowest income quartile were more likely than those living in households in the highest income quartile to have no religious affiliation (70% compared with 48%). Absence of religious affiliation was also higher among children whose mother's highest educational qualifications were at Standard Grade level or lower (68%, compared with 55% of those whose mother's highest educational qualifications was Higher Grade or above).

[7] Note that the designation of 'couple' for two adults living together does not assume any legal marital bond between those two adults.

2.7 Area urban/rural classification

Using household address information, each cohort family was assigned an urban/rural status according to the Scottish Executive 6-fold Urban/Rural Classification.[8]

Figure 2-S Household Urban/Rural Classification



The vast majority (70%) of families were living in urban areas with 17% living in rural areas. These results closely mirror official national statistics published by the Scottish Executive[9] which, in 2005-06, placed 69% of the Scottish population as a whole in urban areas and 18% in rural areas. Of the remainder, 9% were resident in accessible small towns and 4% in remote small towns.

2.8 Accommodation and transport

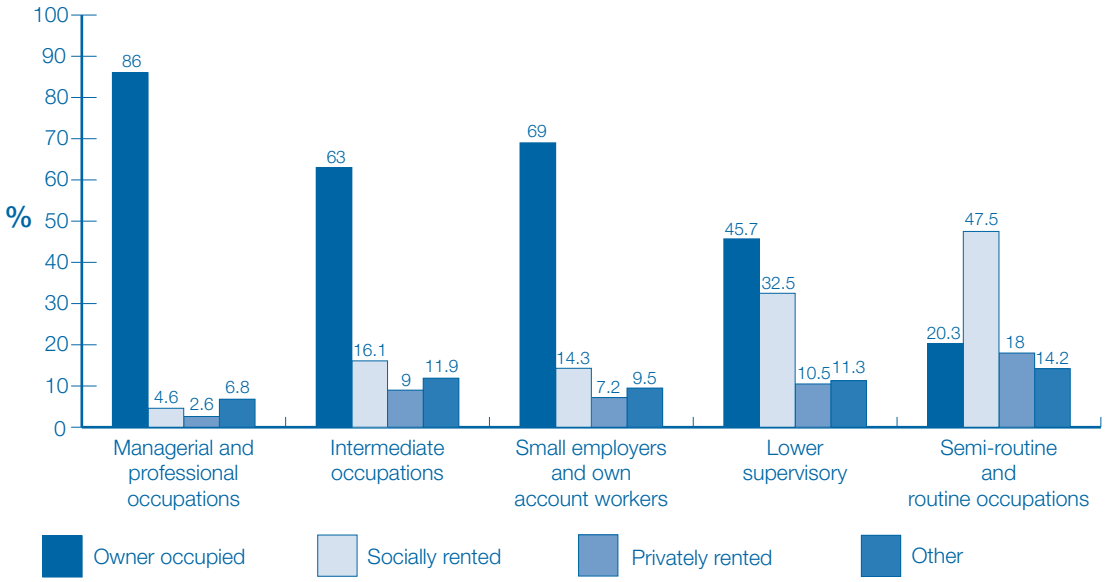
2.8.1 Tenure

Just under two-thirds of families were in owner-occupied properties, a further quarter in social rented accommodation and 8% in private rented accommodation. However, there was considerable variation by family type; around half of lone parents rented from a local authority or housing association in contrast to three-quarters of couple families who were owner occupiers. As might be expected, tenure also varied by both socio-economic classification and household income. Figure 2-T indicates that the majority of managerial and professional households owned their own house, either outright or with a mortgage (86%), in comparison to only a fifth of routine and semi-routine households, around half of whom were social renters. Only a fifth of households in the lowest income bracket were owner occupiers in contrast to 97% of those earning £44,000 or more.

[8] A description of this classification can be found in the technical notes in Appendix A.

[9] See Scottish Executive (2006) *Scottish Executive Urban/Rural Classification 2005-2006.*

Figure 2-T Household NS-SEC by tenure



2.8.2 Type of accommodation

Overall, 69% of babies and 74% of toddlers lived in a house or bungalow, split evenly between semi-detached, detached and terraced houses. A further 31% of babies and 25% of toddlers lived in a flat or maisonette.

Around two-thirds of cohort children had their own rooms (babies 63%; toddlers 67%). Of those who did not have their own room, two-thirds of babies slept in with their parent(s), with a third sleeping in the same room as their sibling(s). In the toddler cohort though, four-fifths of those without their own room slept with their sibling(s), with one-fifth sleeping in their parents' room.

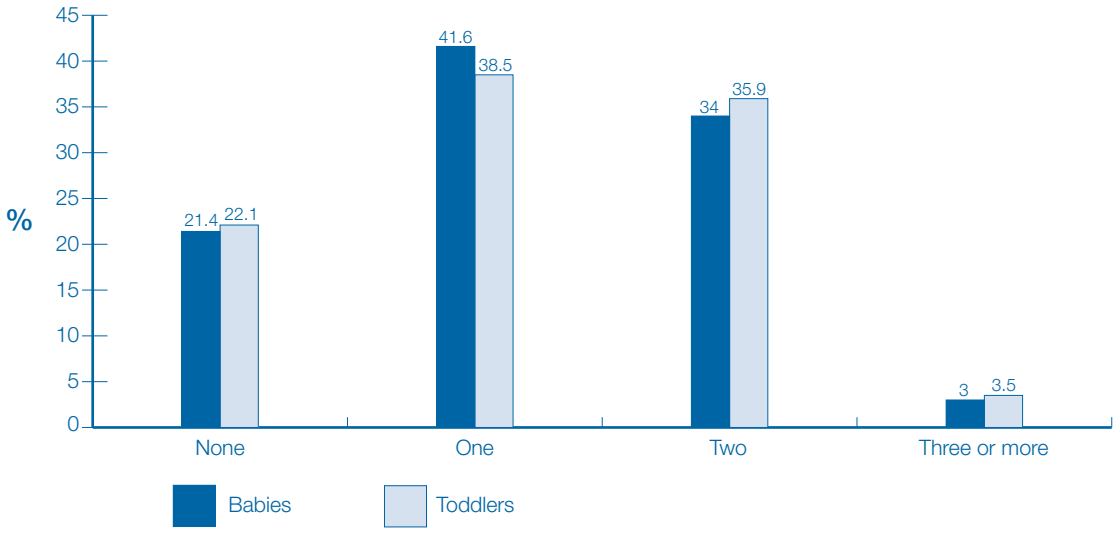
2.8.3 Gardens and playparks

Nine out of ten families had access to a garden, the majority of these having sole access, although 13% in the baby cohort and 11% in the toddler cohort had shared access. A further nine out of ten had access to a park or playpark within ten minutes' walk of their house.

2.8.4 Car status

Four-fifths of all families owned, or had continuous use of, a motor vehicle though, as might be expected, this figure was higher in urban areas. Of those families with a car, most had access to one or two vehicles (Figure 2-U), with a small number having access to three or more. There was some slight variation between the cohorts, with toddler families more likely than baby families to have access to two or more vehicles. Families in semi-routine and routine households were most likely to have continuous access to only one car (82%) whereas almost three-fifths (58%) of managerial and professional households had access to two or more cars.

Figure 2-U Number of vehicles in household by cohort



2.9 Key points

- There was a strong relationship between age of mother at birth of the cohort child and socio-economic classification, household income and area deprivation; in summary, younger mothers were much more likely to be from less affluent areas and households.
- Around a fifth of the sample lived in a lone parent household (20% babies, 25% toddlers), although the figures were much higher for children from less affluent households and areas and whose mothers were aged under 20 at the time of the birth.
- Virtually all of the cohort children had at least one living grandparent and over half in both cohorts had at least four – indeed, 4% had *five* or more, indicating the growing significance of 'blended families'. Only 7% of babies and 4% of toddlers had a grandparent actually resident in the household, though the figure was much higher for lone parent households (19%) and households where the mother was aged under 20 at the time of birth (28%).

- In almost three-quarters of households, at least one parent was in full-time employment while a further one in ten had at least one parent in only part-time employment; 17% had neither in employment.
- Overall, 4% of children were from non-white ethnic groups; around a third of these were Pakistani. Non-white children were more likely than white children to live in a household in the lowest income quartile, to have a stay-at-home mother and to have three or more siblings.

2.10 Conclusion

This chapter has provided a baseline picture of the characteristics and circumstances of children and their families which is drawn on, and developed in, the rest of the report. In particular, it has highlighted the powerful inter-relationships between demographic factors, family structure and socio-economic circumstances.

For example, the association between being born to a younger mother, low income households, and lone parent households is striking. The 20% of babies born into lone mother households typically have mothers who are much younger than average at the time of birth and, who not only have low incomes and live in social housing, but are also more likely to live in the most deprived areas of Scotland. Children with young mothers in couple households are also more likely to live in circumstances of low income with associated disadvantages. It cannot, then, be assumed that young motherhood in itself causes disadvantage but simply that those in more disadvantaged circumstances are more likely to become young mothers. Because many more children live in couple households, the relatively small proportion in couple households with low income compared with lone parent households with low incomes, nevertheless, represent a large number of children. A larger proportion of children living in Scotland's most deprived areas live in couple families than in lone parent families. The data also demonstrate the relative disadvantage of non-white families and their distinctiveness in a number of respects. For example, a little under half of children in non-white ethnic groups lived in a household in the lowest income quartile compared with just under a third of white children.

chapter

3 PREGNANCY AND BIRTH

3.1 Introduction

Parents' expectations and experiences of pregnancy and birth form an important backdrop for understanding the context into which a child is born, including whether the pregnancy was planned, welcomed, and supported by health and other services, and whether the pregnancy and delivery were associated with good or troubled health. It is also important for health services planners and other policy makers to have good evidence of how expectations and experiences of pregnancy and birth vary across the population. A Framework for Maternity Services in Scotland published in 2001 (Scottish Executive) sets out a philosophy of care, recognising that 'Childbirth and early infancy have an unparalleled impact on the lives of parents'. The Framework also states that maternity services should support the 'best possible start to family life' and offer a holistic package of care.

This chapter provides an overview of the period from conception to birth and focuses, in particular, on issues such as whether or not the pregnancy was planned, attendance at antenatal classes and use of other support, type of delivery and experience of the birth itself. As these questions were asked of parents of both babies and toddlers, no distinction is made between the two cohorts in the analysis that follows. It should be noted, however, that these data are therefore representative of a population constructed from two discrete groups; parents of children aged 0-1 and parents of children aged 2-3. Although it is highly unlikely that a sample based on a 'continuous' age profile would show markedly different results, the 'artificial' character of the sample should be borne in mind.

3.2 Whether the pregnancy was planned

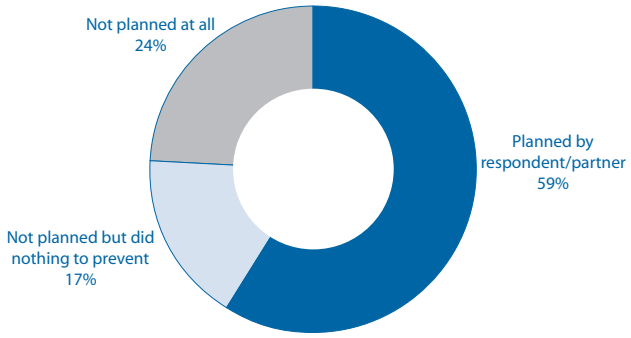
Typically, pregnancies tend to be thought of as being either planned or unplanned. During cognitive testing of the questionnaire, however, it became clear that a slightly more nuanced approach was required in asking about this issue. As a result, respondents were given four response options, shown below along with the question wording as it was set out in the interview:

Some pregnancies are planned and others are a surprise. Which of these best describes your pregnancy?

- *It was planned by me and my partner/child's father*
- *It was planned by me, but not really by my partner/child's father*
- *It wasn't planned but I/we didn't do anything to prevent it happening*
- *It wasn't planned at all*

Overall, the survey suggests that the majority of cohort pregnancies (59%) were planned and that, of these, the vast majority were planned jointly by both parents. This figure is in line with estimates from other studies – e.g. the MCS (Scottish sub-sample) which indicated that 57% of pregnancies were planned. It would be wrong, however, to characterise the remainder as entirely accidental or unplanned. While just under a quarter of respondents (24%) said that their pregnancy was 'not planned at all', one in six (17%) said that while it was not planned they 'didn't do anything to prevent it happening/didn't mind'. First-time mothers were slightly more likely than those with other children to say that the pregnancy had not been planned at all (27% compared with 22%).

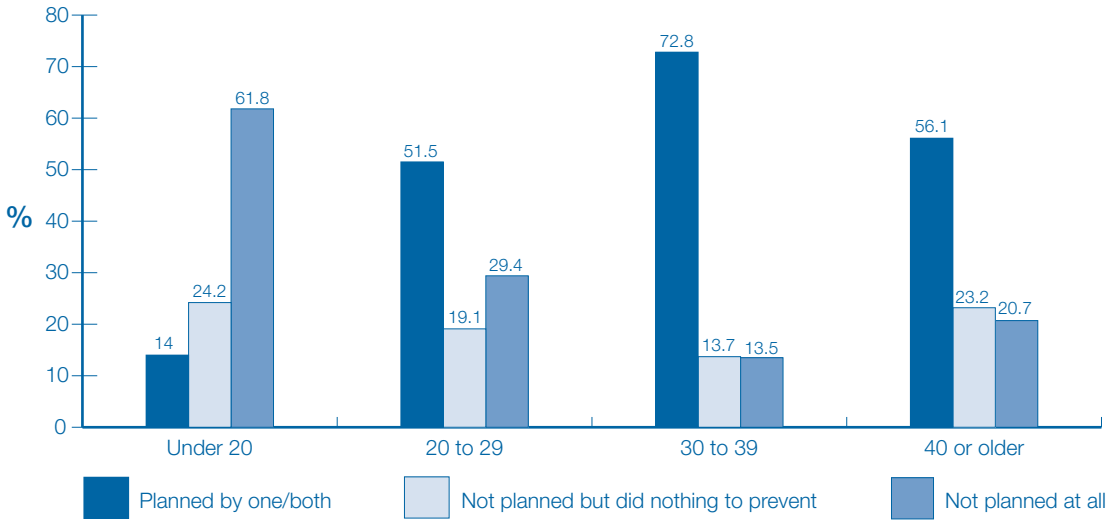
Figure 3-A Whether pregnancy was planned



There are very striking variations in the patterns of responses by age (Figure 3-B). For example, among respondents aged under 20 at the time of the child's birth, 62% indicated that the pregnancy was not planned at all, and a further 24% indicated that they had done nothing to prevent it happening; among those aged 30 to 39, on the other hand, the comparable figures were 14% and 14% and over seven in ten pregnancies were actively planned. Among those aged over 40 at the time of the birth, the pattern changes again, with the proportions of 'not planned at all' and 'did nothing to prevent it' responses rising again (to 21% and 23%).

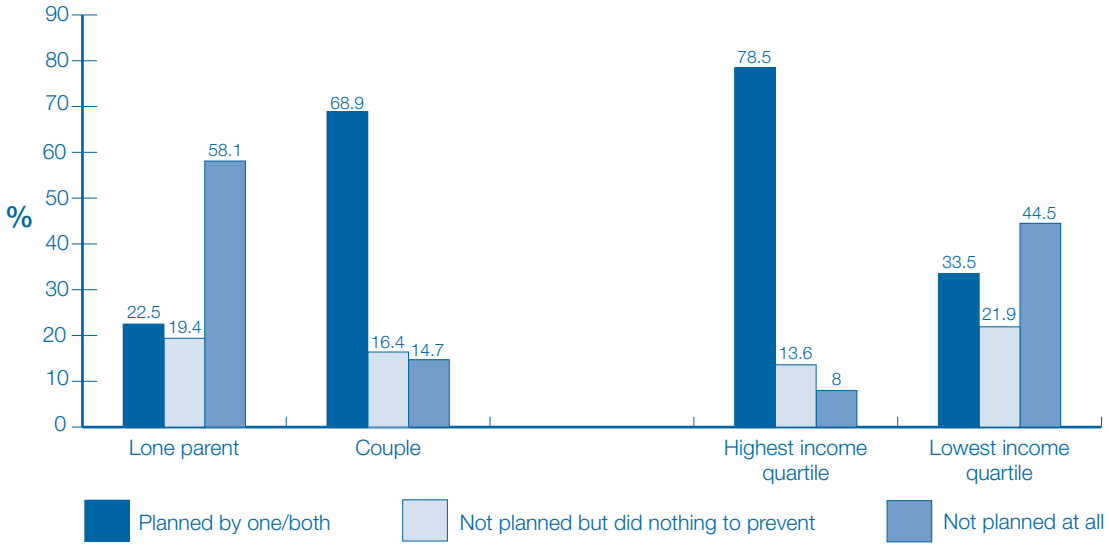
This gives an interesting picture of changes in the extent to which pregnancies are actively planned across the lifecourse. The distinction between those whose pregnancies were 'not planned at all' and those who 'did nothing to prevent it/didn't mind' is an important one, especially perhaps in relation to the youngest age group and initiatives aimed at reducing teenage pregnancies. The relative importance of the 'didn't mind' group among mothers aged 40 and over is also worth noting, as it suggests that the increase in numbers of births to older women may not be entirely due to conscious decision-making nor to entirely 'surprise pregnancies'.

Figure 3-B Whether pregnancy was planned by age of mother at birth of cohort child



Not surprisingly, lone parenthood was also a key predictor of whether or not the pregnancy was planned (Figure 3-C). Over half (58%) of those who were lone parents at the time of interview indicated that the pregnancy was not planned at all, compared with just 15% of those in couple households. A similar pattern was evident across income groups: the vast majority of pregnancies in the highest income quartile (79%) were planned, compared with 34% of those in the lowest income quartile.

Figure 3-C Whether pregnancy was planned by family type and household income quartile

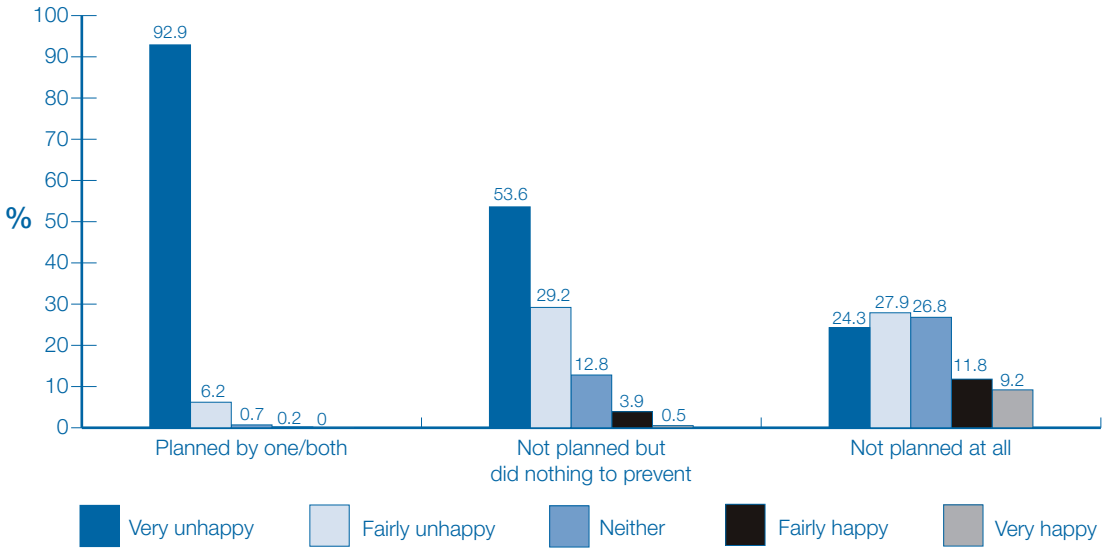


3.3 How parents felt about the pregnancy

We have already seen that 'unplanned' cannot be equated with 'unwanted', in that a quarter of respondents indicated that while the pregnancy was not planned they 'did nothing to prevent it/didn't mind'. This conclusion is reinforced by responses to subsequent questions about how respondents felt (and how they thought their partners had felt) when they found out about the pregnancy. The vast majority of all mothers interviewed said that they were either very happy (70%) or fairly happy (15%) about the pregnancy and only a small proportion were either fairly or very unhappy (4% and 2% respectively). Perceptions of partners' reactions were very similar – for example, 71% said that their partner was very happy about the prospect of having the baby and only 3% that they were very unhappy.

Not surprisingly, those whose pregnancy was 'not planned at all' were much more likely to indicate that they had been unhappy at the prospect of having the baby when they had first found out about the pregnancy – 12% saying they were fairly unhappy about it and 9% that they were very unhappy (Figure 3-D). The responses of those whose pregnancy was 'not planned' but who had 'done nothing to prevent it' were much closer to those of mothers whose pregnancy was planned. Over half of this group indicated that they were 'very happy' about the pregnancy, which suggests that conscious decision-making by no means accounts for all 'wanted' pregnancies.

Figure 3-D How mothers felt about the pregnancy by whether pregnancy was planned



Other key dimensions of variation in parental reactions to the pregnancy included age of the mother, income, social class and whether or not it was a lone parent or couple household. It needs to be borne in mind, however, that these were all also strongly correlated with the extent to which the pregnancy was planned.

3.4 Maternal health during pregnancy

The survey included two main measures of maternal health during pregnancy. First, respondents were asked whether they had any illnesses or other problems during the pregnancy that required medical attention or treatment. Secondly, they were asked how well they had kept during the pregnancy as a whole.

Overall, 36% of mothers had experienced illness or other problems requiring attention or treatment during their pregnancy with the cohort child. There were no marked variations in responses to this question by socio-economic variables such as income or social class and variation by age of mother at time of birth was also slight, at least across the three youngest age groupings. Interestingly, and perhaps contrary to expectation given ongoing concern about the health risks of delayed pregnancy, mothers who gave birth aged 40 or over were the *least* likely to report any illnesses or problems (31% doing so, compared with 36%-38% of the remaining three age groups).

A very wide range of specific medical problems were mentioned by respondents, the most common of which related to:

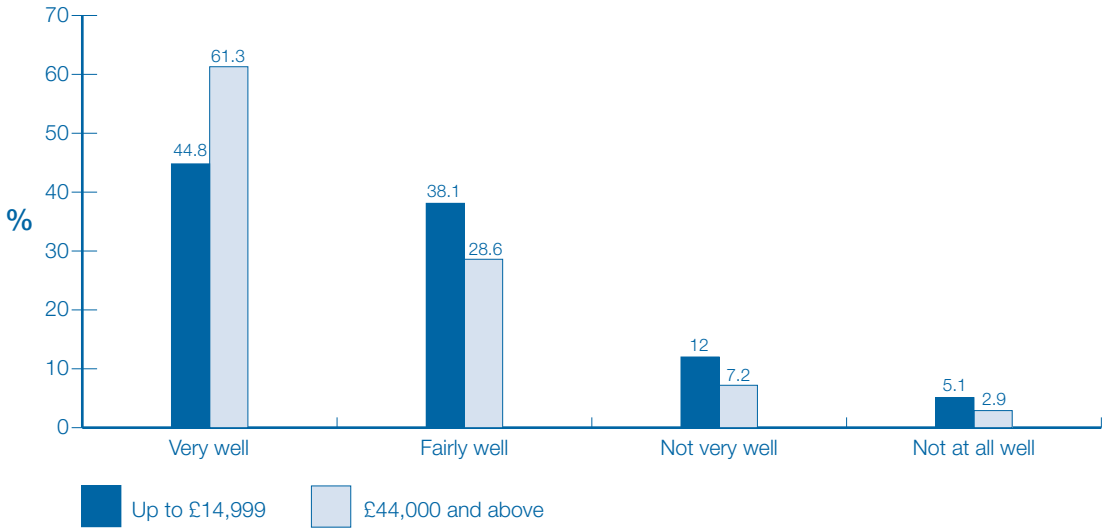
- Raised blood pressure, eclampsia/pre-eclampsia (15% of responses, 19% of all those experiencing problems)
- Bleeding or threatened miscarriage (8% and 11%)
- Persistent vomiting (8% and 11%)
- Anaemia (7% and 9%)
- Urinary infection (4% and 5%)

Although there was little difference in the rate of reported illnesses or other medical problems across different social groups, greater variation was evident in relation to respondents' overall assessments of how well they kept during the course of the pregnancy. Around half of all respondents (51%) indicated that they kept 'very well' during the pregnancy while a further third (35%) said that they kept 'fairly well'; 10% said they kept 'not very well' and 4% 'not at all well'. Again, there was an age effect, with older mothers significantly more likely to say that they had kept 'very well' (see Table 3.1). There was also a slight but consistent pattern of better self-reported health by those from more affluent households (Figure 3-E) and among mothers in couple households by comparison with single parents.

Table 3.1 Mothers' perceptions of how well they kept during the pregnancy by family type and age of mother at birth of cohort child

	All sample	Family type %		Age of mother at birth of cohort child (%)			
		Lone parent	Couple family	Under 20 years	20 – 29 years	30 – 39 years	40 or older
Very well	51.4	46.1	52.9	48.2	48.5	54.0	60.0
Fairly well	35.2	36.1	34.9	34.7	36.9	34.0	31.4
Not very well	9.9	12.8	9.1	14.3	10.6	8.8	5.8
Not at all well	3.5	4.9	3.1	2.8	4.0	3.2	2.8
Bases							
Weighted	*7936*	*1733*	*6204*	*615*	*3347*	*3733*	*238*
Unweighted	*7935*	*1607*	*6328*	*530*	*3197*	*3945*	*261*

Figure 3-E Mothers' perceptions of how well they kept during the pregnancy by household income

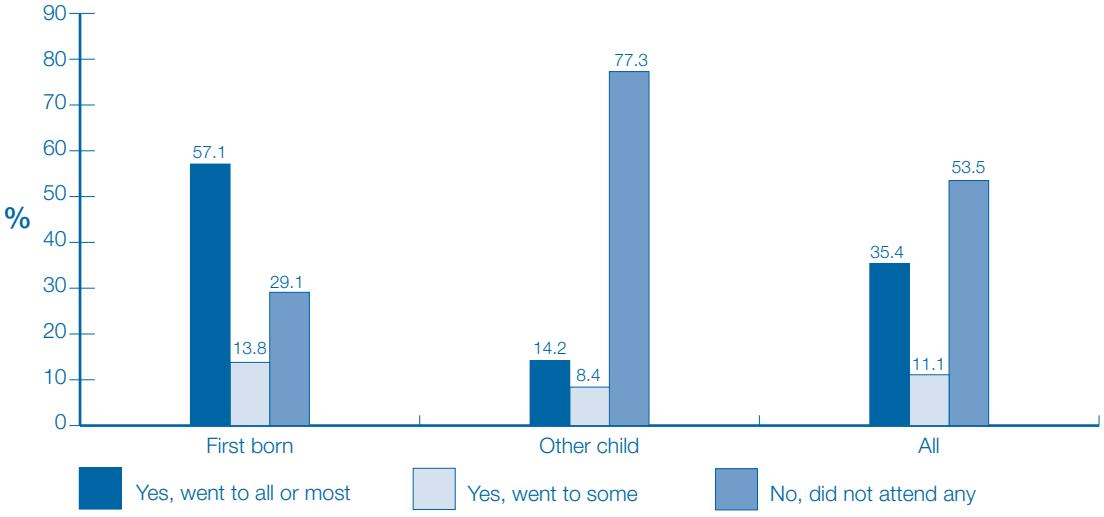


3.5 Attendance at antenatal classes

3.5.1 Attendance rates

Antenatal classes are clearly a cornerstone of current service provision for expectant parents. But the survey suggests that take-up varies greatly. Overall, around a third of all mothers-to-be (35%) attended all or most classes, and a further 11% went to at least some.[10] Around half, then, did not attend any. Whether or not it was a first child was a key consideration here; among primaparous mothers, around six in ten (57%) attended most or all classes, compared with only 14% of those who already had children. Even among first-time mothers, however, around three in ten did not attend any classes.

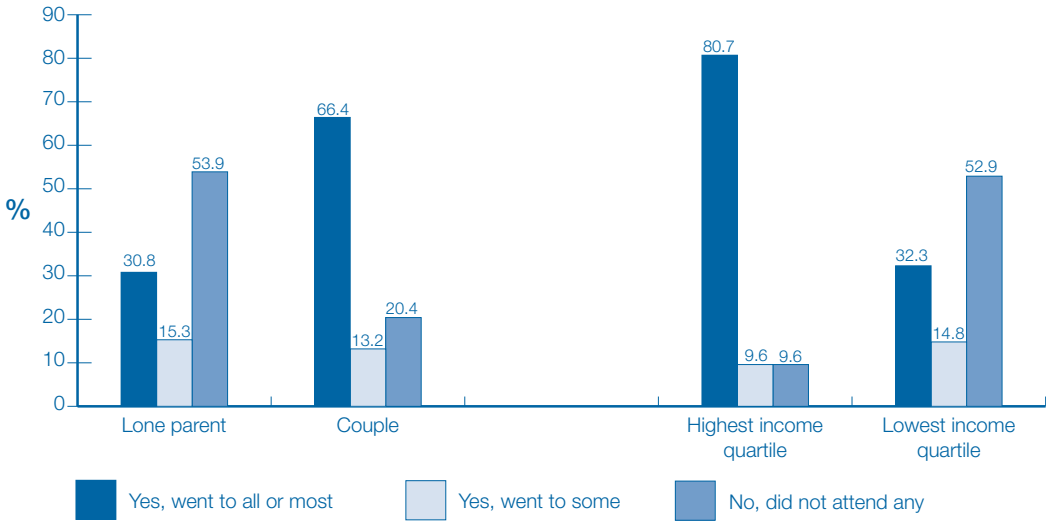
Figure 3-F Maternal attendance at antenatal classes by parity



Looking only at the experience of first-time mothers, as might be expected, some clear differences are apparent by family structure, income and age. For example, lone mothers are considerably more likely than mothers from couple families not to have attended any classes (54% compared with 20%). In addition, mothers from highest income households are far more likely to have attended at least some classes, indeed 91% had, than are mothers from low income households, of whom a little under half reported attendance.

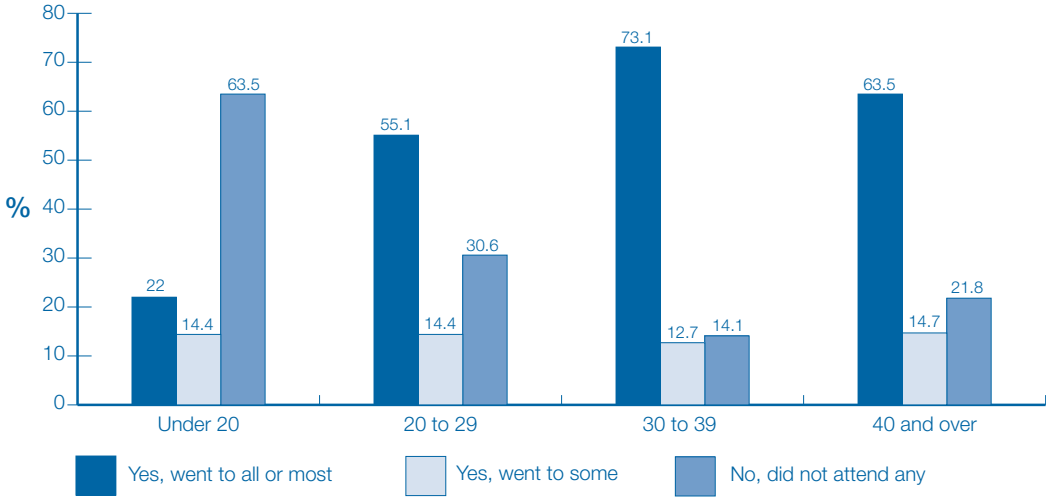
[10] These figures match those obtained by the MCS in Scotland (47% attendance). In this context, it is worth noting that attendance rates recorded by the MCS were significantly higher in Scotland than in England (37%), Wales (34%) or Northern Ireland (35%).

Figure 3-G Maternal attendance at antenatal classes by family type and household income quartile (first-time mothers only)



In terms of age, it is clear that antenatal classes are failing to reach very significant numbers of younger mothers, and especially those in the youngest age group. Around two-thirds of those under 20 did not attend any classes. Approximately three-quarters of those aged 30 to 39 and two-thirds of those aged over 40, by contrast, went to most or all.

Figure 3-H Maternal attendance at antenatal classes by age of mother at birth of cohort child (first-time mothers only)



It is also worth noting that women from minority ethnic groups were more likely to have *not* attended any classes (41% compared with 21% of women from white ethnic groups); and that those with no educational qualifications were six times as likely as those with degrees to have attended no classes (66% compared with 11%).

We return to the question of maternal non-attendance at antenatal classes (and the reasons for it) below. First, however, we look at paternal attendance at classes, which – as might be expected – shows similar patterns of variation. Overall, around a third (31%) of all fathers and a half (53%) of fathers whose partner was primaparous attended at least one class or group. Income was a key predictor here: three-quarters of fathers from households in the highest income quartile attended at least one class or group, compared with a quarter (25%) of those in the lowest quartile. Age, level of educational attainment and social class were again significant predictors here.

3.5.2 Reasons for non-attendance

Why do expectant mothers, especially those expecting their first child, not attend antenatal classes? Is it a question of service availability or access, or are other factors at work? Among all those who did not attend antenatal classes, not surprisingly, the most common reason (mentioned by about half of all mothers interviewed) was that they had already had a previous pregnancy and had attended classes then. The next most common reason was that there was nothing more they needed or wanted to know. As the table below shows, however, the reasons given by mothers aged under 20, the group actually least likely to attend classes, are very different. By far the most common reason (mentioned by over a quarter of mothers in this age group) was that they simply do not like classes or groups, while a further 14% indicated that they did not know where there were any classes. It appears, then, that the form of antenatal provision is a key issue in relation to this important target group, as is simple awareness-raising. Issues of service availability and access figure less prominently here.

Table 3.2 Reasons for not attending any antenatal classes by age of mother at birth of cohort child

Reason	All (%)	Age of mother at birth of cohort child (%)			
		Under 20	20 – 29 years	30 – 39 years	40 and over
Attended for previous pregnancy	47.7	4.0	38.1	64.4	67.5
Nothing more needed/wanted to know	29.3	16.4	29.4	31.5	35.1
Other reason	14.7	21.1	16.4	11.9	14.5
Do not like classes/groups	11	27.6	12.0	6.9	5.4
Didn't know where there were any classes	4.3	13.7	4.5	2.3	4.6
Travel problems	2.9	5.0	3.7	1.7	1.8
Could not get childcare while at class	3.9	1.7	4.4	3.9	1.8
No classes available	2.3	1.7	2.4	2.4	2.8
Cost problems	–	0.6	–	–	0.6
Bases					
Weighted	*4248*	*404*	*1789*	*1914*	*141*
Unweighted	*4217*	*347*	*1695*	*2021*	*153*

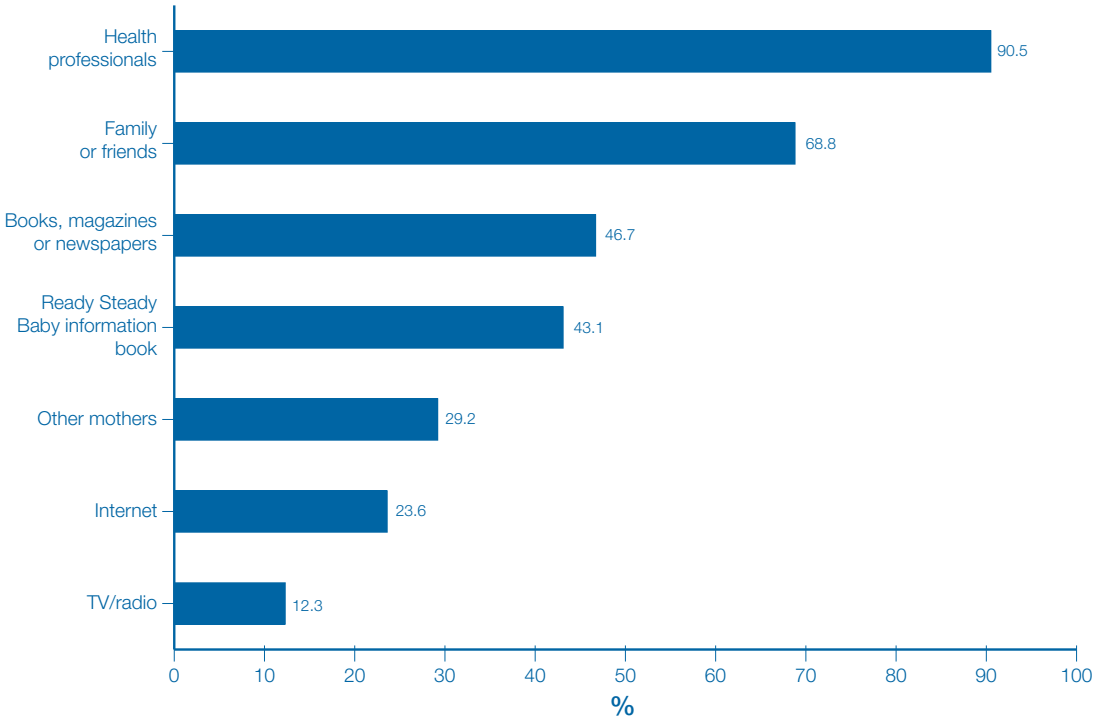
3.5.3 Perceptions of usefulness

Mothers who had attended antenatal classes were generally positive when asked how useful they had found them. Around a third said they had found the classes to be 'very useful' (35%) and a further half (51%) 'fairly useful'; just 2% said that they had found the classes 'not at all useful'. And interestingly, there was little variation across subgroups – in other words, despite the fact that older, more affluent and better educated mothers are much more likely to attend classes in the first place, among those who did attend, they were no more likely than younger, less affluent and educated mothers to say that they had found the classes useful.

3.6 Other sources of help and information during the pregnancy

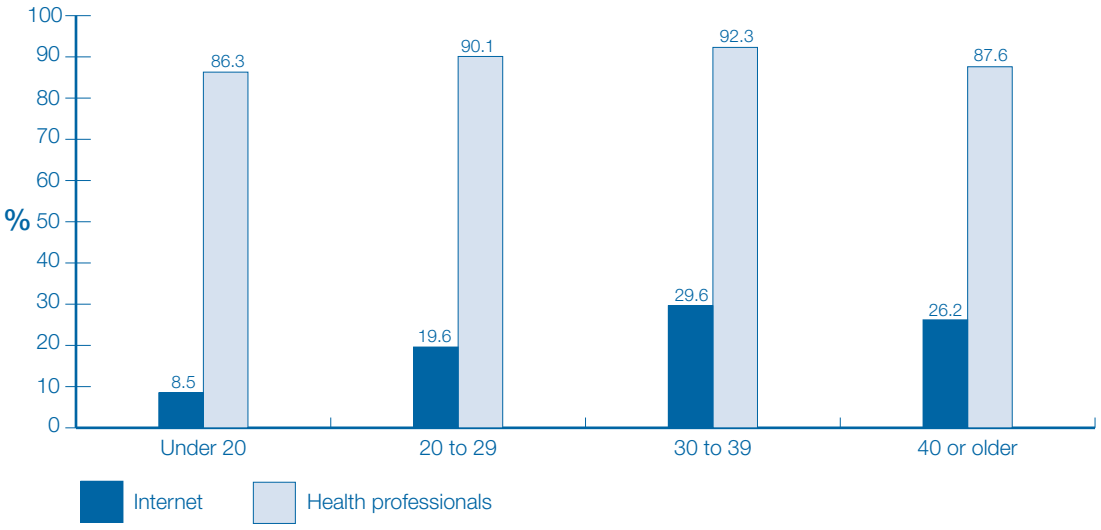
Apart from antenatal classes, parents were asked about any other sources of help, information or advice they had used during the pregnancy. Such help was most often sought via personal contact, either with health professionals, such as GPs or health visitors, or family and friends. Written information – whether produced by the NHS (as in the case of the Ready Steady Baby book) or other forms of published material – was also widely drawn on by expectant mothers. It is notable that a quarter also made use of the Internet as a resource in relation to the pregnancy.

Figure 3-I Main sources of help, information or advice during pregnancy



Use of the Internet was strongly related to maternal age at the child's birth. While it might be expected that younger people are more computer-literate and so would be more comfortable using such a resource, in fact, Internet use was higher among those in the older age groups – reflecting, perhaps, greater access among more affluent, professional households. Use of health professionals as a resource during the pregnancy was more evenly spread across age groups though, here too, the figures were lower for mothers aged under 20 than for those aged between 20 and 39.

Figure 3-J Use of the Internet and health professionals as sources of help, information and advice during pregnancy by age of mother at birth of cohort child

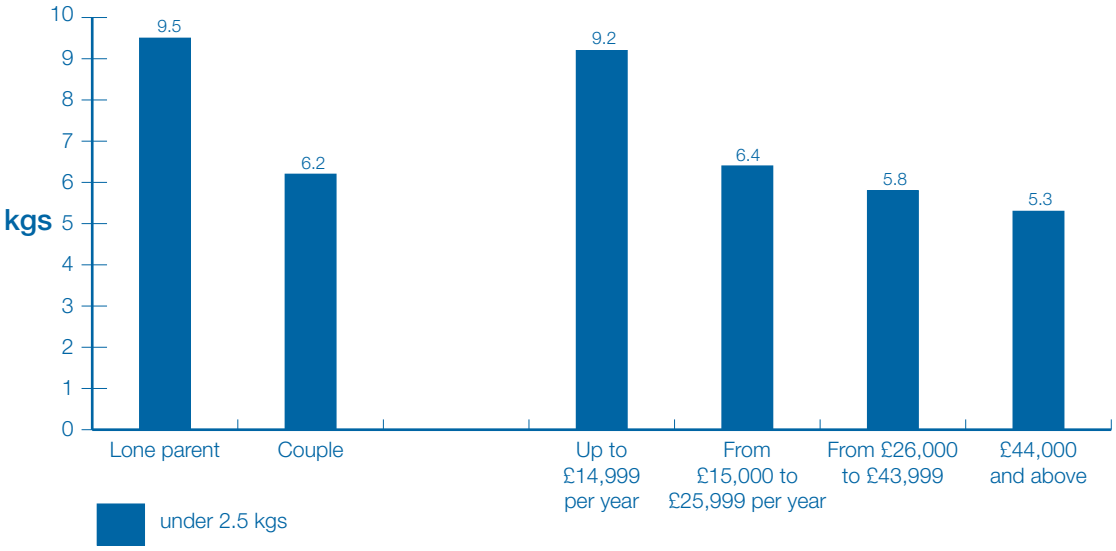


3.7 Gestation and birth weight

Overall, 41% of cohort babies were born before their due date and 45% after; 14% were born on time. Of those born early, the vast majority (83%) were less than five weeks early, 13% were born between five and eight weeks early, and the remainder (5%) were nine weeks or more early.

The overall rate of low birth weight (defined as less than 2.5 kilos) was 6.9%. This is slightly higher than suggested by NHSScotland records, but is very close to the estimate produced by the MCS in Scotland. Low birth weight babies were more common in lone parent and low income households.

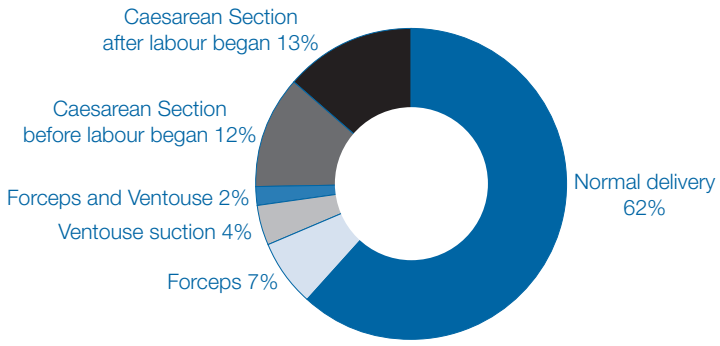
Figure 3-K Low birth weight babies by family type and household income quartiles



3.8 Type of delivery

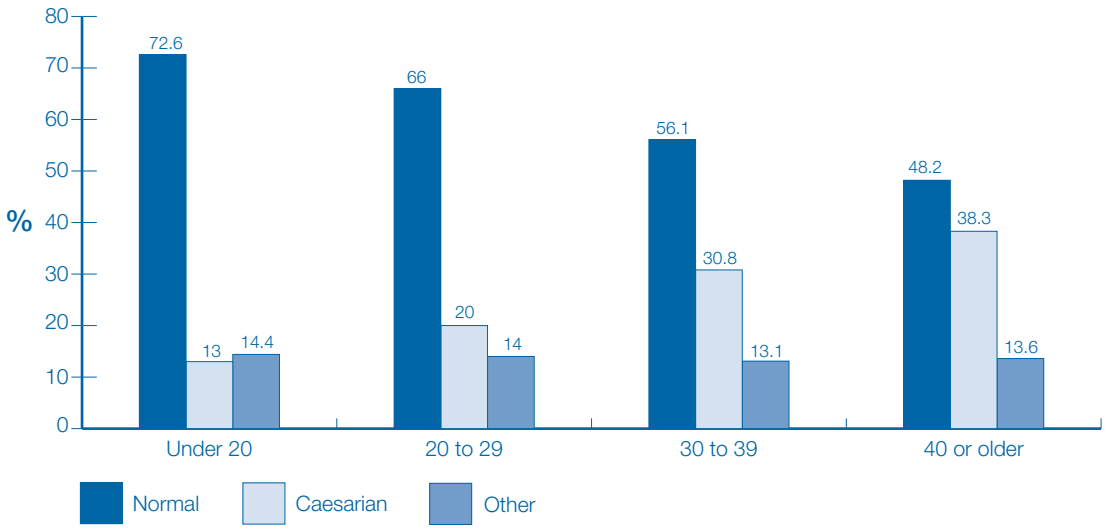
Figure 3-L below shows the type of delivery experienced by mothers of cohort children. These figures, which are in line with estimates from within the NHS and elsewhere, suggest that around six in ten experienced a normal vaginal delivery and that around a quarter had a Caesarean Section (12% before the labour began and 13% after).

Figure 3-L Type of delivery



Not surprisingly, type of delivery varies greatly by age of mother at birth, with the proportion of normal births falling and Caesareans rising with age. Among mothers aged 40 or over at time of birth, 38% had a Caesarean (21% before and 17% after labour began), compared with just 13% of those aged under 20 (5% before and 8% after labour began). This does appear to be primarily a medical rather than a social issue, insofar as the same patterns by age are largely reproduced *within* particular socio-demographic groupings. In other words, age remains a very powerful predictor of delivery type even if income and social class is controlled for.

Figure 3-M Type of delivery by age of mother at birth of cohort child



3.9 Key points

- The majority of pregnancies (59%) were actively planned – the vast majority of these by both parents. Around a quarter of mothers said that the pregnancy was 'not planned at all' but a further 17% indicated that 'it wasn't planned but I/we didn't do anything to prevent it happening'.
- Age was a key factor here: only 13% of mothers aged under 20 at time of birth indicated that the pregnancy had been planned and 62% said that it had not been planned at all; for mothers aged 30 to 39 the corresponding figures were 72% and 14%. Other key predictors of a greater likelihood of a planned pregnancy were being in a couple and being in the highest income quartile.
- Seven in ten respondents said they were 'very happy' at the point that they had found out about the pregnancy and a similar proportion of those in relationships said that their partner had felt the same way. Those whose pregnancy had been not planned at all were more likely to say they felt fairly or very unhappy about it (12% and 9%, respectively); but the reactions of those whose pregnancy had not been planned but who had done nothing to prevent it were closer to those of mothers whose pregnancy was planned.
- Overall, 36% of mothers experienced illness or other problems during the pregnancy that required medical attention or treatment – most commonly relating to raised blood pressure, bleeding or threatened miscarriage or persistent vomiting.

- Although there was little difference in the rate of reported illness or other medical problems across sub-groups, there was greater variation in relation to respondents' own assessments of how well they had kept during the pregnancy. Mothers in couples, living in households with higher incomes and who were older at the time of birth were all more likely to report feeling 'very well' during their pregnancy.
- About half of all mothers and seven out of ten first-time mothers said they had attended at least some antenatal classes, but there was marked variation by socio-economic group and by maternal age at birth. Around two-thirds of those aged under 20 did not attend any classes; three-quarters of those aged 30 to 39, by contrast, went to most or all.
- Overall, the most common reason given by mothers for non-attendance was that they had attended for a previous pregnancy (48%) – but mothers aged under 20 (who were actually least likely to attend) were much more likely than other groups to say that they simply did not like classes/groups (28%) or that they did not know where there were any classes (14%).
- Most of those who did attend antenatal classes indicated that they had found them either very or fairly useful, with little variation in responses across key sub-groups.
- Around four in ten cohort babies were born early (with a slightly greater proportion among mothers aged 40 or over). The overall rate of low birth weight (less than 2.5 kilos) was 7%, but the figure was significantly higher among lone parents (10%) and families in the lowest household income quartile (9%).
- Around six out of ten cohort mothers experienced a normal delivery, while around a quarter had a Caesarean section. Age was a key predictor here, with the number of normal deliveries falling and the number of Caesareans rising with maternal age at birth of the cohort child.

3.10 Conclusion

These data show that for most mothers, pregnancy and birth were planned, happy and healthy. Nonetheless, there are significant variations in that experience across the population and in relation to social divisions of income, age, partnership context and educational level. Most pregnancies were actively planned by both parents, a finding similar to that of the Millennium Cohort Study for the UK, where 58% of mothers reported planned pregnancies (Dex and Joshi 2004, p.76). However, for a large minority, pregnancy was an unplanned, though largely welcome, event, and this was disproportionately so for young mothers and for low income parents. Not surprisingly perhaps, mothers whose pregnancies were planned were virtually all happy or very happy about them, compared with those who reported their pregnancies were not planned at all. Nonetheless, it would be inappropriate to assume that unplanned pregnancies are all unwanted. There may also be reporting

issues with younger women perhaps feeling that they have to say this was unplanned rather than they did not mind. However, the implications of unplanned or 'didn't do anything to prevent' pregnancies for the provision of pre-conceptual and early pregnancy care need to be taken into account when planning and delivering services in a local context.

Just over a third of mothers had experienced pregnancy-related ill health requiring medical attention or treatment, a similar rate as that reported for the UK by the Millennium Cohort Survey (ibid, p.77). While there were no significant variations across the population, mothers' positive perceptions of their health during pregnancy were more likely for older, financially better off and better educated mothers.

In terms of service use and satisfaction of antenatal classes a positive picture is evident for most, but important variations by different social divisions also emerge. In particular, the variation in service use by mother's age is striking; two-thirds of young mothers under 20 never attended, compared with about three-quarters of thirtysomething mothers who went to most or all antenatal classes. Income was another key factor affecting patterns of service use; the vast majority of mothers from the highest income households compared with under half of mothers from the lowest income households reported any attendance at classes. However, while take up of antenatal classes is uneven and mainly for first births, they were positively assessed by all groups of service users. The great majority of mothers, irrespective of age, income or education, who attended antenatal classes found them either very useful or fairly useful, and very few said they were not at all useful. Of those who did not attend, the most common explanations were that they had previously attended, there was nothing more they needed or wanted to know or they didn't like the mode of service delivery in classes or groups. This latter point suggests that classes, or an alternative, need to be flexible to meet the needs of these particular mothers to be. Apart from antenatal classes, the great majority of mothers reported seeking help, advice or information from health professionals, and about a quarter of mothers, particularly older mothers, had used the Internet as a source of information and help.

Combining these data, we can see a largely positive, though complex, picture of pregnancy and birth overall in which there are social divisions in those particular life experiences. These social divisions put those babies who are born into less advantageous contexts, and their mothers, at a relative disadvantage at birth.

chapter

PARENTING YOUNG CHILDREN

4

4.1 Introduction

Ensuring children have a good start in life is the cornerstone of much cross-cutting government policy. *Health for All Children (Guidance on Implementation in Scotland)* (Scottish Executive, 2004a) states that 'the rights and responsibilities to provide for their children's health and welfare rest with parents'. This guidance also outlines an approach to child health surveillance, screening and health promotion that effectively targets vulnerable children and families while maintaining universal provision through a staged intervention approach. The need for an integrated approach to support children and families is also the hallmark of other policy initiatives such as Sure Start Scotland which supports vulnerable young children and their families with the aim of improving children's social and emotional development, their health, ability to learn and to strengthen families and communities. The Starting Well National Health Demonstration project aimed specifically to support families with young children living in deprived circumstances and as part of its intensive support scheme piloted a specific parenting education programme (Triple P). Breastfeeding remains a priority with specific targets and recommendations. More broadly, the Scottish Executive's aim to close the opportunity gap between the most advantaged and most deprived requires that children and families receive the help and support that they need and in an appropriate way.

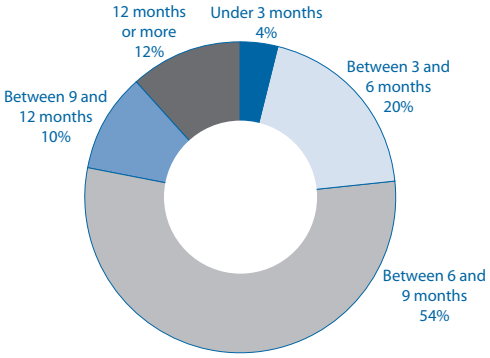
Meeting the needs of parents of young children effectively requires understanding the issues that they confront. This chapter examines parents' experiences of parenting very young children in the period immediately after birth and at the time of the interview. It explores issues including maternity leave, breastfeeding, different problems experienced such as the child's sleeping pattern or health issues, and problems associated with getting on with life whilst coping with the demands of a small child. The two samples are compared throughout the presentation of these results.

4.2 Maternity leave

Mothers who were employed during their pregnancy with the sample child were asked whether they took maternity leave from their job or whether the job finished. Those who took maternity leave were asked a further question about the duration of that leave.

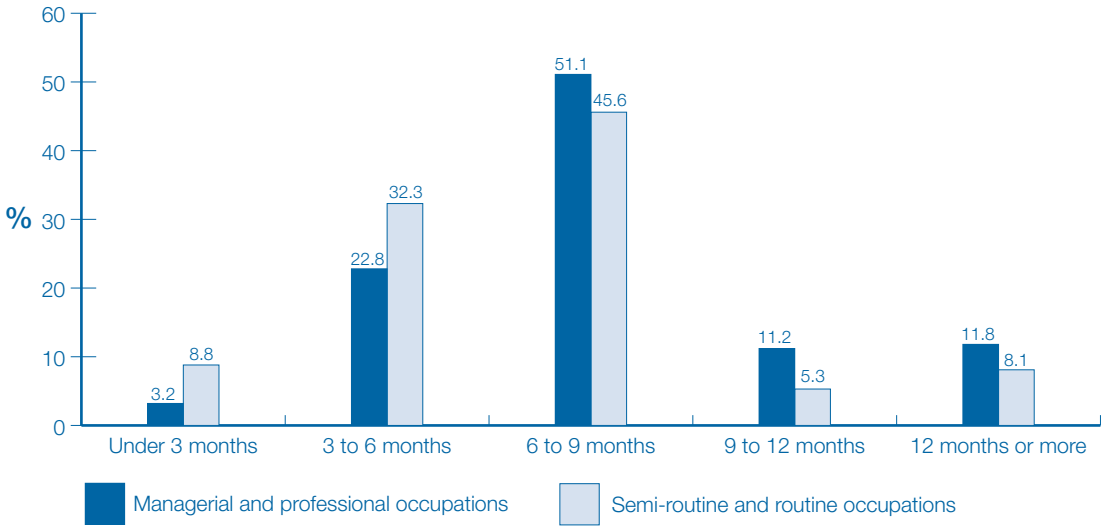
In total, 74% of mothers had a job during their pregnancy with the sample child and the vast majority of this group (85%) took maternity leave from that job (the remainder ended the job completely). The duration of maternity leave taken varied widely across the sample. As Figure 4-A indicates, the majority of mothers in the baby cohort went back to work between six and nine months after the birth, including around half who returned after six or seven months, corresponding with the end of the statutory maternity leave period at that time. Notably, a quarter of mothers returned to work when their baby was less than six months old, including 4% who returned when the sample child was less than 3 months old.

Figure 4-A Number of months of maternity leave (baby cohort only)



The length of maternity leave varied considerably by the socio-economic classification of the household and by household income. Not surprisingly, women in managerial and professional households tended to take more maternity leave – 11% taking between nine and 12 months maternity leave compared with 5% of women in households classed as routine or semi-routine (Figure 4-B). By contrast, 9% of women in households classed as routine and semi-routine went back to work when their baby was less than three months, compared with 3% of those in managerial and professional households. Household income was also a powerful predictor of length of maternity leave: two-fifths of mothers in the lowest household income bracket returned to work before their baby was six months old, compared with a quarter in the highest household income bracket.

Figure 4-B Number of months of maternity leave taken by household NS-SEC



4.3 The first three months

4.3.1 Coping as a couple in the first six weeks

Respondents were asked how well they felt that they and their partner had dealt with the cohort child's arrival in the six weeks after the birth.[11] Across both cohorts, over nine in ten felt they coped very or fairly well with the child's arrival (94% babies, 92% toddlers). But as might be expected, again across both cohorts, first-time mothers were less likely than those with other children to feel that they had coped 'very well'.

4.3.2 Child-related problems in the first three months

Table 4.1 shows responses to a series of questions about a range of issues that parents may have faced with their child in the first three months after the birth. The most common problems, across both cohorts, were wind or colic. Just under half of the parents of babies (47%) and 41% of toddlers' parents indicated that these ailments had been either 'a bit of a problem' or 'a big problem'. The child's sleeping pattern was the next most common issue considered to be problematic, again across both cohorts. Allergies and asthma were least likely to have caused problems for parents in the first three months of the child's life. There were no significant differences between the two cohorts.

Table 4.1 Extent of problems experienced in the first three months after the cohort child was born by sample type

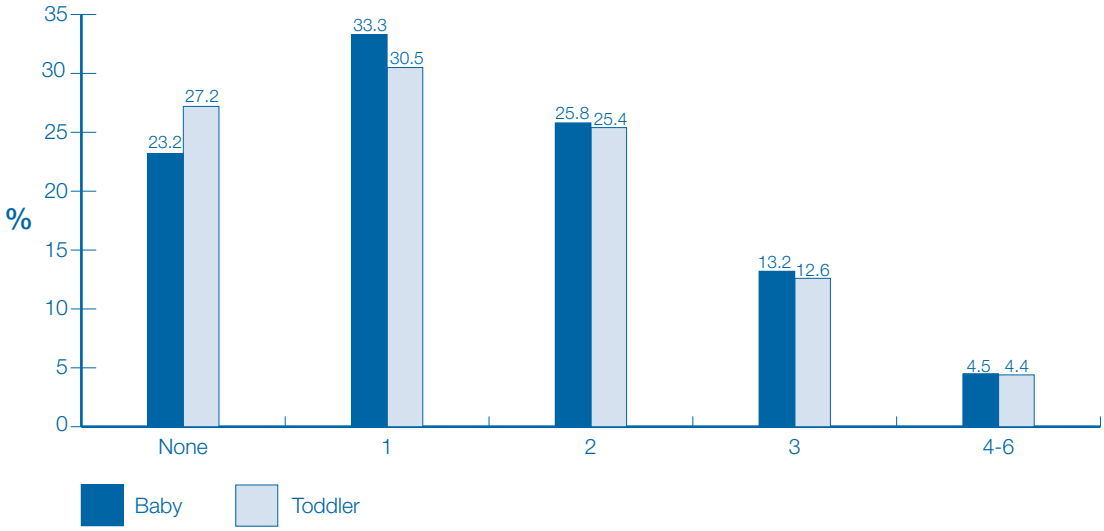
Problem description	Sample type (%)	
% reporting as a 'big problem' or a 'bit of a problem'	Babies	Toddlers
Managing the relationship between the child and his siblings	25.0	21.7
The child suffering from wind or colic	47.0	41.2
The child's sleep pattern	37.7	37.4
Getting the child to feed	17.1	20.0
The child's teething	17.1	13.1
The child suffering from allergies or asthma	7.2	11.2
The child suffering from other health problems	17.4	15.6
Bases		
Weighted	*5217*	*2858*
Unweighted	*5217*	*2858*

[11] This question ('Thinking about the first six weeks or so after ^ChildName was born, how well do you think that you and ^ChildName's mother/father, as a couple, dealt with ^ChildName's arrival?') was asked only in those cases where the respondent was the child's natural mother or father, and where the child's natural parents were together at the time of birth (either married, cohabiting or in a relationship), but not necessarily at the time of interview.

Approximately three-quarters of parents in each cohort reported that at least one of these issues had been a problem in the first three months of the child's life (77% babies, 73% toddlers – see Figure 4-C); but the vast majority in both cohorts identified only one or two issues as problematic and were more likely to report these as minor rather than major issues. Indeed, of all those identifying any problems, fewer than half reported any 'big' problems (55% babies, 54% toddlers).

There were no differences between younger and older mothers in terms of their propensity to report any problems, although the former were more likely to report at least one 'big' problem. Mothers educated to degree level were more likely than those with no qualifications to report issues as problematic (in the toddler sample, 80% compared with 63%).

Figure 4-C Number of child-related issues reported to be a bit of or a big problem in first three months[12]

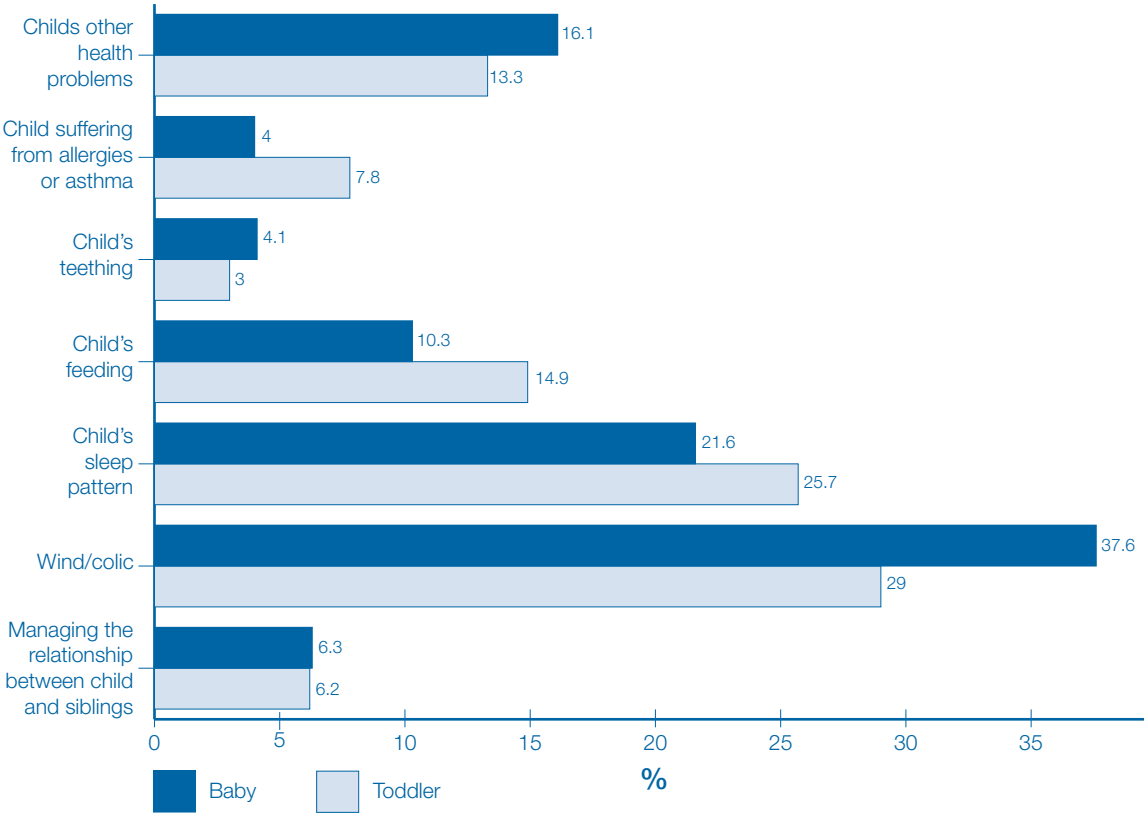


Parents of male children were slightly more likely than parents of female children to report at least one concern in the first three months (77% vs 73%) and to report a greater number of concerns. Parents of male babies were also more likely to report problems with allergies or asthma (this pattern was not evident in the toddler sample) and, furthermore, within both cohorts, male children were significantly more likely to be reported as having had a problematic sleeping pattern in the first three months.

[12] 'Managing the relationship between the child and his/her siblings' was excluded from this analysis to allow an entire cross sample comparison.

Figure 4-D details which issues caused parents the *most* concern in the first three months. Not surprisingly, problems associated with wind/colic and the child's sleep pattern emerged as key here.

Figure 4-D Problem causing most concern in first three months (where more than one problem was reported) by sample type



4.3.3 Other problems in the first three months

As well as questions about problems specifically related to the child, respondents were asked to what extent other issues – being able to afford the necessary baby clothes and equipment, managing the house and other domestic responsibilities, and lack of suitable transport – had been a problem for them in the three months following the cohort child's birth (Figure 4-E). Managing the house and other domestic responsibilities emerged as the most important issue in both samples, although most considered this to be a minor, rather than a major problem.

Figure 4-E Issues considered to be a 'bit of' or a 'big problem' in the first three months after cohort child's birth by sample type

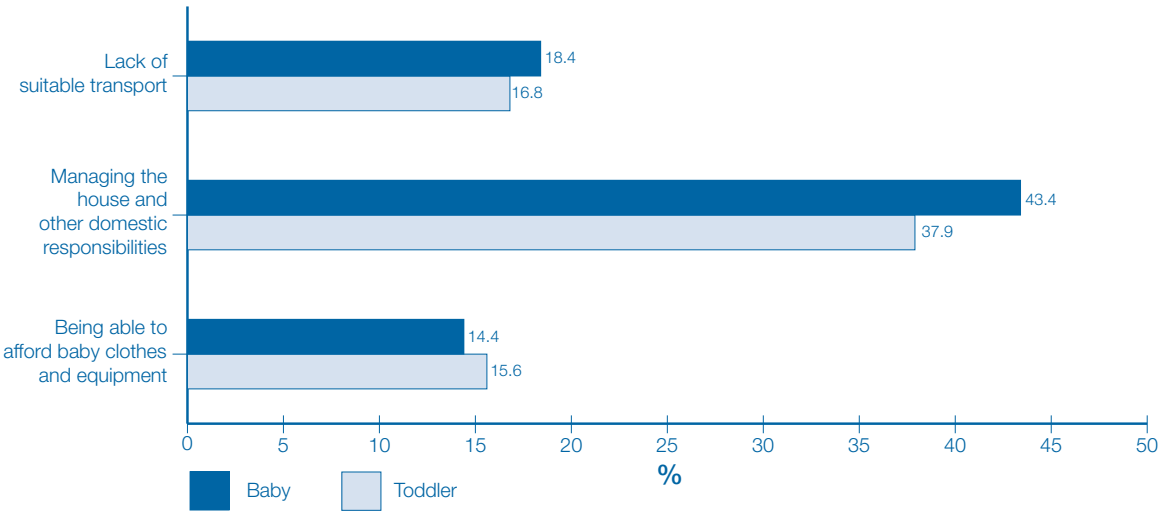


Table 4.2 shows the ten most common problems cited by parents in response to an open question about anything else they found difficult in the three months following the cohort child's birth. Around one in five respondents reported at least one further problem, with lack of sleep being the most frequently cited.

Table 4.2 Ten most common other problems experienced in the first three months after the cohort child was born by sample type

Problem description	Sample type (% of those who reported other problems)	
	Babies	Toddlers
Lack of sleep	17.4	14.4
Respondent or partner's health	9.2	8.6
Getting used to having a baby around	8.6	7.1
Child's health	7.4	8.5
Coping with the demands of more than one child	7.0	6.7
Depression and/or other mental health problems	7.2	11.2
Demands of and/or trying to cope with a baby	6.1	3.2
Accommodation or housing problems	5.9	5.1
Problems related to breastfeeding	5.6	6.2
Respondent lost control of own life and/or own time and space	5.5	3.8
Bases		
Weighted	*1123*	*640*
Unweighted	*1129*	*641*

Among those citing 'other problems', almost one in ten indicated that their own or their partner's physical health was an issue in the first three months. Mental health issues were also mentioned, particularly by parents in the toddler sample; almost one in ten (who reported other problems) indicated that depression and/or other mental health difficulties were of concern. This represents 3% of all the toddler parents as a whole.

4.4 The current situation

4.4.1 Sleeping

At the time of interview, similar proportions of parents in each cohort said their child slept through the night every night – just under half of babies (48%) and just over half of toddlers (52%). However, parents of babies were significantly more likely than parents of toddlers to report that their child *never* slept through the night (20% compared with 13%). Among babies, there were some significant differences between the sleeping habits of boys and girls. Boys had generally less settled sleeping patterns than girls and were more likely to wake during the night. Around a quarter (23%) never slept through the night, compared with 17% of female babies. By the time they reached the toddler stage this distinction had evened out and there were no significant differences between sexes.

On average, babies slept for longer than toddlers in a typical 24-hour period. Only 17% of babies slept for less than 12 hours per day, including sleeps or naps during the day, compared with 41% of toddlers. The majority of children in each cohort (70% for babies, 58% for toddlers) slept for between 12 and 14 hours. There were no significant gender differences in either cohort.

Parents were also asked how many hours sleep at night *they* were currently getting. A little over three-quarters in each cohort said they were getting between 6 and 8 hours of sleep per night. Only a small proportion (8%) were getting less than 6 hours sleep per night.

4.4.2 Child-related problems at the time of interview

Respondents were again asked to what extent a range of issues, reflecting the current age of the cohort children, were problematic in the three months immediately preceding the interview (see Table 4.3).

The most common problem for the parents of babies at this stage was teething, cited as a problem by just over half of those interviewed. The child's sleep pattern was also a concern for parents of babies, with a third considering this to be a problem. Toddlers' parents, on the other hand, were most likely to report problems with the child's eating habits, closely followed by problems with managing the child's relationship with his/her siblings. Sleeping habits were also a key problem for toddlers' parents, although to a slightly lesser extent than for the parents of babies.

Table 4.3 Extent of problems experienced in the three months prior to interview by sample type

Problem description	Sample type (%)	
% reporting 'a bit of' or 'a big' problem to do with	Babies	Toddlers
Managing the relationship between the child and his siblings	17.3	32.5
The child's sleep pattern	33.1	28.9
Getting the child to feed	13.6	35.1
The child's teething	52.8	3.2
The child suffering from allergies or asthma	10.1	15.7
The child suffering from other health problems	15.9	12.9
The child's behaviour towards other children	*N/A*	16.4
The child's behaviour generally	*N/A*	23.9
Bases		
Weighted	*5217*	*2858*
Unweighted	*5217*	*2858*

Three-quarters of respondents in each cohort (74% babies, 75% toddlers) reported *at least one* of the selected issues as having been a problem in the three months prior to interview, marking no significant change from the situation in the three months immediately after the child's birth. Again, the vast majority of parents reported only one or two of the issues to have been a problem (with relatively small differences between cohorts, despite toddler parents being questioned about two additional issues) and, as before, parents in both cohorts were more likely to identify issues as minor than major problems.

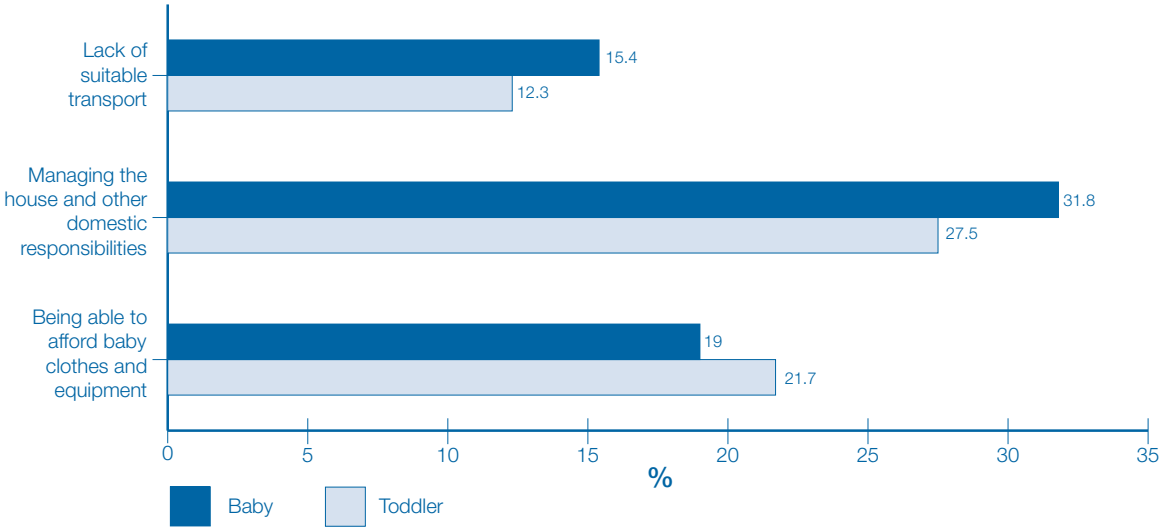
In both cohorts, mothers with a degree or equivalent were again more likely than mothers with lower or no academic qualifications to report at least one of the issues to be problematic. Mothers with higher educational qualifications were also more likely than other mothers to report any and a greater number of problems.

Younger mothers (those aged under 20 at the time of the child's birth) were least likely to report problems with their child's sleep pattern (26% doing so, compared with 39% in the oldest group). Parents of boys continued to report more concerns about their child. Parents of male toddlers were significantly more likely to report problems with the child's behaviour than parents of female toddlers, but this was the only significant gender distinction for the toddler sample across all the issues covered.

4.4.3 Other problems at the time of interview

Figure 4-F shows the proportions of parents within each cohort who considered non-child-related issues to have been problematic in the three-month period before the interview. Again, managing the house and other domestic responsibilities emerged as the key issue for parents in both samples although, again, most did not regard this to be a major problem. Lack of suitable transport and managing the house were less problematic than they were in the period immediately after the birth. However, being able to afford baby clothes and equipment appears to be more problematic at the later stage than earlier. Fifteen percent of baby parents reported a problem with being able to afford baby clothes and equipment in the first three months compared with almost 22% at the time of the interview.

Figure 4-F Extent of non child-related problems in the first three months after cohort child's birth by sample type



Parents were again asked an open question about anything else they had found difficult in the three months leading up to the interview. Slightly fewer respondents indicated further problems for this period – around 15% (15% babies, 17% toddlers) overall compared with around 20% for the period immediately after birth. The detail of the ten most common other problems reported is displayed in Table 4.4.

Table 4.4 Ten most common other problems experienced in the three months prior to interview by sample type

Problem description	Sample type (% of those who reported further problems)	
	Babies	Toddlers
Balancing work and caring for child	14.1	9.4
Childcare (including cost and availability)	13.2	17.4
Accommodation/housing problems	9.1	4.9
Child's behaviour and/or development (including potty/toilet training)	8.9	24.2
Problems related to respondent/partner going back to work	8.8	4.8
Money/finances	7.9	9.4
Relationship difficulties between child's carers	5.7	4.1
Demands of and trying to cope with a child	5.2	4.9
Respondents' lack of sleep/sleep pattern/tiredness	4.9	1.8
Demands of caring for more than one child	4.6	2.9
Bases		
Weighted	*778*	*478*
Unweighted	*775*	*479*

Four issues remain from the earlier list of other problems – lack of sleep, coping with the demands of a child or more than one child, and accommodation and housing. In general, the types of problems reported by parents in each cohort were similar. However, as the data in the table show, the balance of individual problems at the two points in time was quite different: for parents of babies the most significant other issues at the time of interview were related to maintaining a suitable work/life balance, and (the related) problems with arranging suitable childcare. Childcare was also a significant problem for a number of toddlers' parents, although more problematic for this group were issues related to the child's behaviour and their current stage of development. A quarter of toddlers' parents who reported a further problem mentioned this issue. Potty/toilet training in particular was a common response by toddlers' parents on this theme.

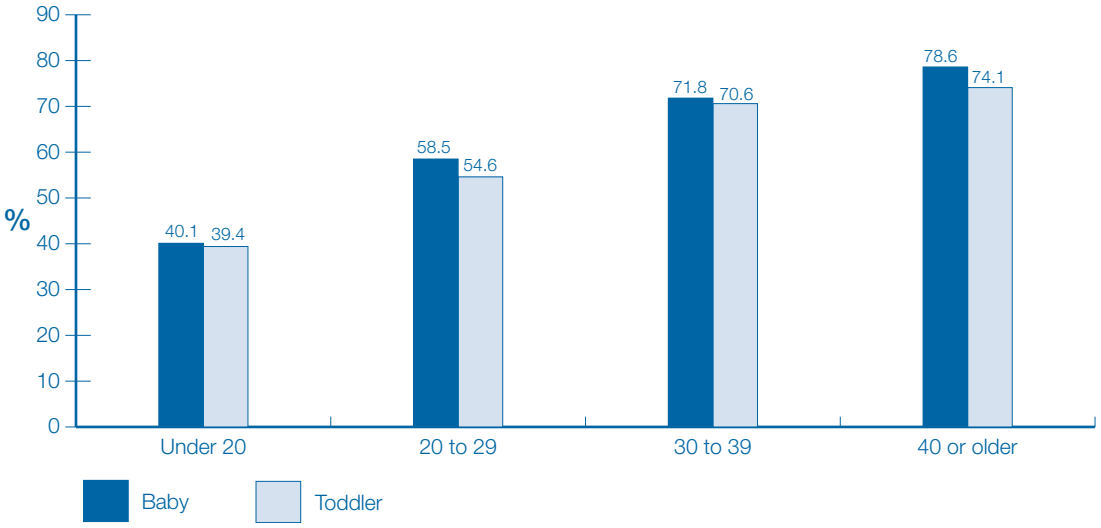
4.5 Breastfeeding

4.5.1 Intended and actual breastfeeding

Respondents were first asked how they had intended to feed the child when he or she was born. Across both cohorts, a little under two-thirds (63%) indicated that they had planned to breastfeed. The majority of the remainder indicated that they planned to bottle feed, with only a small proportion having no strong preference at that time.

The intention to breastfeed varied significantly across key-subgroups and particularly in relation to age of mother at the time of birth. As Figure 4-G very clearly demonstrates, younger mothers were much less likely than older mothers to have planned to breastfeed: indeed, mothers aged 40 or over were almost twice as likely as those under 20 to say that they had intended to do so.

Figure 4-G Intention to breastfeed by sample type and age of mother at birth of cohort child



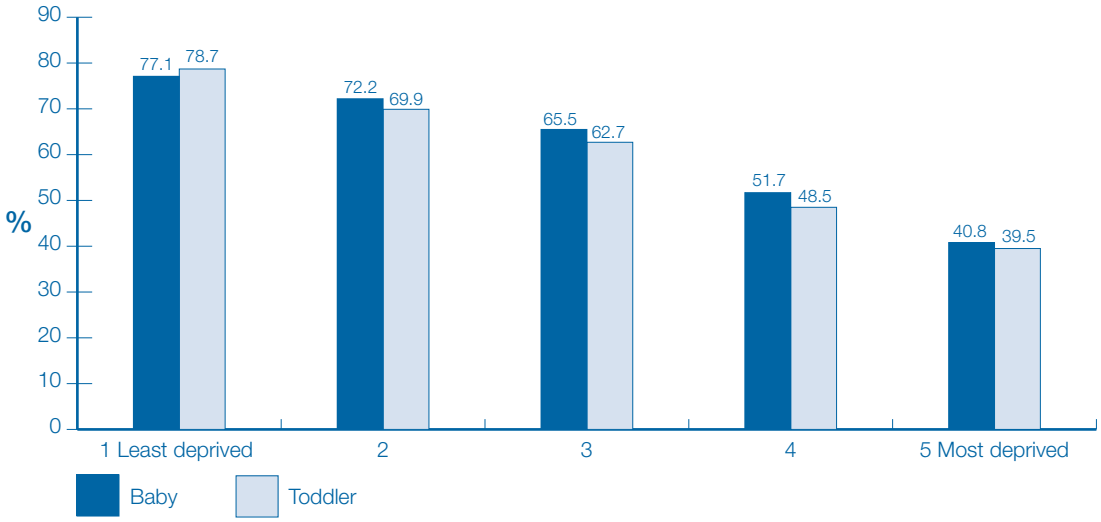
Higher intention rates were also reported by mothers from couple families, first-time mothers, and among mothers with a degree-level qualification and those in full-time employment. For example, within the baby sample, 86% of mothers with a degree or equivalent reported that they intended to breastfeed compared with 48% of those with standard grades or equivalent, and 35% of those with no qualifications. Relatedly, intention to breastfeed was also more common in higher income households and among respondents in more affluent areas. Among the toddler cohort, four out of five (80%) mothers in the least deprived areas indicated an intention to breastfeed compared with just over two in five mothers (43%) in the most deprived areas.

Around 60% of children in both cohorts were ever actually breastfed, including colostrum in the first few days (60% babies, 59% toddlers). The patterns relating to intention to breastfeed at all, as might be expected, are repeated in these data. GUS data on breastfeeding is slightly lower than that collected by the Millennium Cohort Study. For the whole of the UK, MCS reports that 67% of babies were ever breastfed, with a comparable figure of 65% for the Scottish sample.

Figure 4-H shows the prevalence of breastfeeding by area deprivation. For both cohorts, the proportion of children actually breastfed in the areas of lowest deprivation was almost twice as high as that in areas of highest deprivation.

Almost nine in ten mothers who indicated an intention to breastfeed actually did so (88% babies and toddlers). Older mothers who indicated an intention to breastfeed were more likely to actually do so: three-quarters of mothers aged under 20 at the time of the child's birth who intended to breastfeed actually did so compared, with 90% of mothers in their thirties.

Figure 4-H Cohort children actually breastfed by sample type and area deprivation quintiles



In the baby sample, around one in five (18%) children who were ever breastfed were still being breastfed at the time of the interview (i.e. aged approximately 10.5 months). Of the remainder, 35% of mothers stopped breastfeeding in the first month (including 20% who stopped in the first week), 25% between the first and third months, 14% between three and five months, and 27% at or after six months but before the interview (which took place when the child was aged between 10 and 12 months).

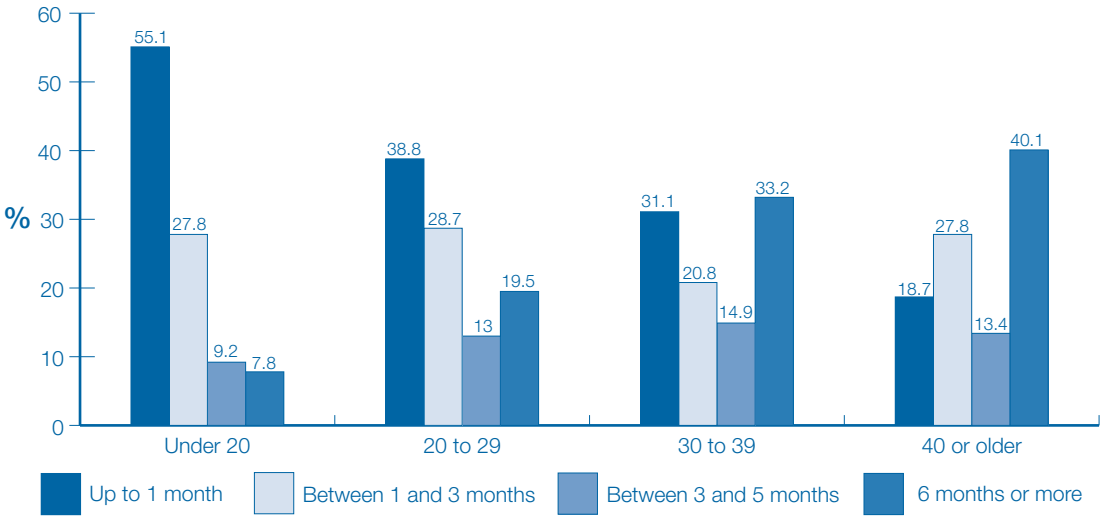
In Scotland, data on national breastfeeding rates are collected by the National Health Service as part of the Child Health Surveillance Programme: Pre-School system.[13] These data show that for babies born in 2005, 38% of mothers were breastfeeding their babies at 6-8 weeks. Directly comparable data is not available for GUS. However, GUS data do indicate that 43% of mothers in the baby cohort were breastfeeding their babies at 1-2 months.

[13] Data from the Child Health Surveillance Programme: Pre-school (CHSP-PS) system, which is collected by ISD Scotland, cover approximately 84% of Scotland's pre-school population. Further information on breastfeeding rates using this data is available at http://www.isdscotland.org/isd/1761.html.

The length of time that mothers breastfed matched the patterns identified in relation to intentions to and actual breastfeeding: namely, older mothers, those with a degree-education, those in couple families, those living in less deprived areas and those in higher income households were likely to breastfeed for longer (see Figure 4-I). Over half (55%) of mothers aged under 20 did not breastfeed beyond the first month and only 8% were still breastfeeding at six months. In comparison, although 31% of mothers in their thirties did not breastfeed beyond the first month, a third (33%) were still breastfeeding at six months.

Overall, then, we have a situation in which experiences of breastfeeding are highly socially-patterned. Not only are certain sub-groups less likely to plan to breastfeed at the outset, they are less likely to actually do so and less likely to do so for an extended period of time.

Figure 4-I Period for which child was breastfed by age of mother at birth of cohort child



4.5.2 Information and support about breastfeeding

Three-quarters of all respondents, whether they breastfed or not, indicated that they had received help or advice about breastfeeding at the time of the child's birth, with first-time mothers significantly more likely to have received help or advice – 83% of primaparous mothers received help or advice compared with 65% of multiparous mothers. As might be expected, mothers who indicated that they had planned to breastfeed were more likely to have received help or advice than mothers who planned to bottle-feed. Nevertheless, 58% of those who planned to bottle-feed reported that they received some help or advice about breastfeeding.

Midwives were by far the most common source of help or advice about breastfeeding: in each cohort, nine out of ten mothers who received advice about breastfeeding did so from a midwife, with about a third receiving help or advice about breastfeeding from their health visitor, and one in ten from another health professional such as a nurse or doctor or as part of a breastfeeding clinic set up in the hospital (see Table 4.5). The 'Getting off to a good start leaflet' was more commonly mentioned by the mothers of babies than toddlers, although only small proportions of each mentioned it at all and virtually no use was made of other paper literature on the topic. A small number of mothers received advice from the National Childbirth Trust or another voluntary organisation and an even smaller proportion received informal support from family or friends.

The majority (60%) of those who reported receiving help or advice did so from only one source. Around a third received help from two sources and 10% from three or more sources. Not surprisingly, those who had planned to breastfeed, actually breastfed, or breastfed for longer periods of time were more likely to have received help or advice from a larger number of sources.

Table 4.5 Sources of help and advice on breastfeeding by sample type

Problem description	Sample type (% of those who received advice about breastfeeding)	
	Babies	Toddlers
Midwife	92.4	90.3
Health visitor	31.8	35.2
Other health professional	12.7	11.2
Getting off to a good start leaflet	8.8	4.3
National Childbirth Trust	2.0	1.1
Other voluntary group or organisation	2.8	2.6
Books, magazines or other leaflet	0.4	0.4
Friend(s)	0.8	1.3
Family members	1.5	1.8
Other specific	0.8	0.4
Bases		
Weighted	*3808*	*2070*
Unweighted	*3825*	*2068*

4.5.3 Weaning and solids

Current guidance from NHS professionals is that most babies can start to have solid food at around six months of age and that solids should not be introduced before four months. Almost all parents (99%) in the baby cohort reported that their child was regularly eating solids at the time of the interview. The vast majority of parents (84%) did not introduce solids until the child was aged at least four months. Two-fifths of babies' parents (44%) started their child on solids at four months, a further fifth (21%) at five months. By six months, 96% of children in the baby cohort were regularly eating solid foods. Comparing results from GUS with trends evidenced in the report of the 2000 Infant Feeding Survey (Hamlyn *et al,* 2002) suggest that parents' introduction of solids to their childrens' diets has become later in the five years between the surveys, reflecting a progressive trend already identified in that data. Results from the feeding survey indicated that, in 2000, 28% of Scottish parents had introduced solids before their child was aged four months and 55% of parents started their child on solid foods at four months (compared with 16% and 44% for GUS parents respectively).

The point at which solids were introduced varied across sub-groups with lone parents, younger mother and bottle-feeding mothers introducing solids earlier than older mothers, those in a couple family and those breastfeeding. One in four mothers aged under 20 introduced solids before four months, compared with one in ten mothers in their 30s. Among those babies who were breastfed, those breastfed for shorter periods of time were more likely to be introduced to solids at an earlier point: 17% of babies breastfed for up to one month were eating solids before four months compared with only 4% of babies breastfed for six months or longer.

4.6 Parent-child attachment

Parents were asked a range of questions about the type of feelings they have when they are caring for their child.[14] Table 4.6 shows that most parents felt close to their child, although attachment appeared to be slightly stronger between parents and children in the baby cohort than in the toddler cohort. Only a very small proportion of parents felt irritation, resentment or a lack of confidence when they were with their child.

[14] A selection of six items of the Condon Maternal Attachment Questionnaire (Condon & Corkindale, 1998) as utilised by Millennium Cohort Study was used to assess parent-to-infant attachment from the original 19-item self-report questionnaire.

Table 4.6 Assessment of parent-child attachment by sample child

	Sample type (%)	
	Babies	Toddlers
When I am caring for my child I get feelings of annoyance or irritation *(Almost all the time, Very frequently)*	2.0	5.1
When I am not with my child I find myself thinking about him/her *(Almost all the time, Very frequently)*	70.9	63.8
When I have to leave my child I often/always feel rather sad	49.9	39.7
When I am caring for my child I feel very/fairly incompetent and lacking in confidence	4.3	5.7
Usually when I am with my child I am very/fairly impatient	7.4	10.9
Thinking about the things I had to give up because of my child I find that I resent or mind it a lot/a fair amount	2.1	2.3
Bases		
Weighted	*5187*	*2841*
Unweighted	*5188*	*2843*

4.7 Key points

- The vast majority of couples felt that they had coped well with the child's arrival.
- In the first three months after the birth, problems with wind or colic and the baby's sleeping patterns were the most often cited child-related difficulties. Managing the house and domestic responsibilities was cited as the most common non-child-related problem at this time. By the time of the interview, financial problems associated with purchasing clothes and equipment were a greater concern for parents.
- Key child-related issues at the time of the interview varied by cohort: in relation to babies, teething and sleep patterns were most likely to be seen as a bit of or a big problem whereas for toddlers, the most commonly mentioned problems related to the child's eating habits and managing the relationship with his or her siblings.
- Across both cohorts, around two-thirds of mothers indicated that they had originally intended to breastfeed their child. Sixty percent of children in the study were actually breastfed.
- Feeding practice varied by maternal age and social position with older mothers, those in higher income households and those with higher levels of educational qualifications much more likely to have intended to breastfeed, to have done so at all, and to have still been breastfeeding at 6 months.
- By the age of 6 months, 96% of babies were regularly eating solid foods. Babies born to lone parents and in less affluent households and areas were more likely to have been introduced to solids at an earlier point.

4.8 Conclusion

There is much in the evidence presented in this chapter that is positive in relation to parenting young children. Most importantly, parents (in a relationship with each other) seem to feel that they have coped reasonably well with their child's arrival, although this is more the case for those with a child already. Many child related issues reported at the time of interview were considered to be minor, such as teething or sleeping, suggesting that parents are coping with these and that they are part and parcel of everyday life with very young children. Nonetheless, parents do feel that aspects of their children's health and behaviour can be a problem. Interestingly, older mothers and those from more affluent areas were more likely to report the child's sleeping pattern to be a problem as were mothers with higher educational qualifications.

Breastfeeding rates are highly socially patterned in the samples. Although the majority intended to breastfeed, actually breastfeeding was more common among older mothers, those in higher income households and those with higher educational levels. Early weaning was more common among lone parents and those in less affluent households or areas. Policy and practice challenges clearly remain in terms of promoting and supporting breastfeeding among the more deprived groups in Scotland.

chapter
PARENTAL SUPPORT
5

5.1 Introduction

This chapter looks at sources of support that parents draw on in relation to parenting and childcare or for information and advice about child-related issues. Particular attention is given to sources of informal support and, especially, to the issue of grandparenting. Research has repeatedly shown that grandparents are a key source of childcare for many parents and that grandparents often step into parenting roles when parents are unable to care for their children for whatever reason. The *Millennium Cohort Study* has also confirmed parents' use of their own parents as sources of support for parenting (Owen *et al.* 2004).

Much of the remainder of the chapter concerns parents' knowledge and use of formal services. Both UK and Scottish government initiatives have the explicit aim of supporting parenting. These include UK policies to boost parents' and children's financial situation (e.g. Working Families Tax Credit, Child Trust Fund) and to assist work-life balance (e.g. statutory provisions on parental leave and flexible work). They also include a raft of Scottish policies and initiatives which aim to promote and develop a range of childcare, educational, health and advice services supporting child development and parenting (e.g. Sure Start Scotland, the Childcare Strategy for Scotland, Improving Health in Scotland – the Challenge, the National Programme for Mental Health and Wellbeing Action Plan). However, it has to be noted that at the local level, services are provided by voluntary as well as statutory bodies, and parents may be unaware of the relationship of many specific services to government funding or policy. The chapter examines knowledge and awareness of key initiatives aimed at helping parents and families. Data are also presented on attendance at mother and toddler/baby groups and parenting classes.

5.2 Grandparents

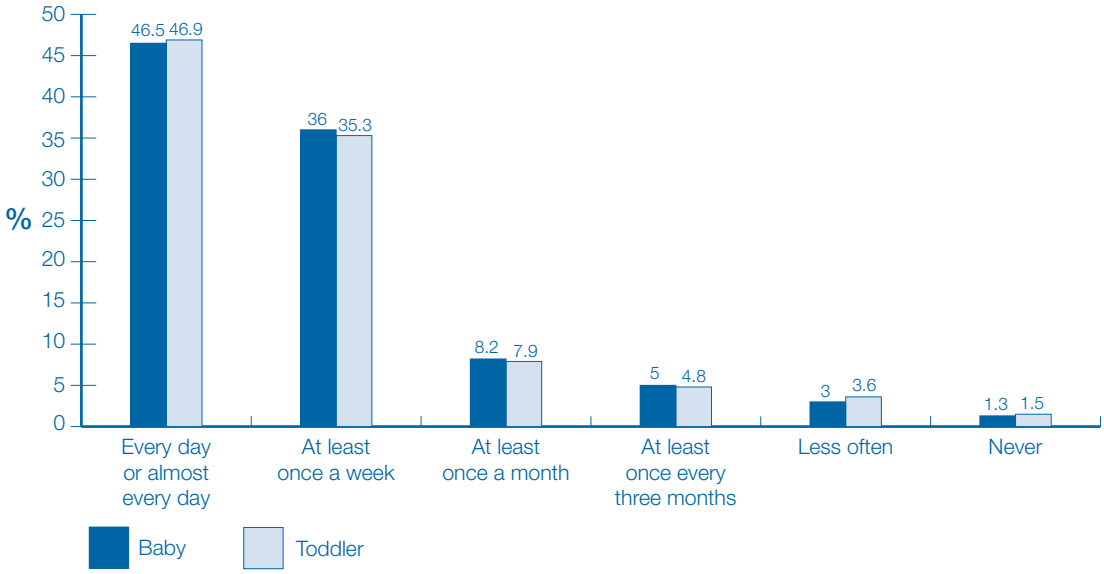
Grandparents are widely acknowledged as a key source of informal support for parents, especially for parents of young children. Analysis in section 1.3 showed that virtually all (99%) of the children in both samples had at least one grandparent alive at the time of the interview and over half had four grandparents alive, with a small proportion having more than four. This section examines more closely the relationship between cohort children and their grandparents and the extent to which grandparents provide help and support to parents.

5.2.1 Contact with grandparents

Most parents in both cohorts (72% of babies' parents, 69% of toddlers' parents) said they were in contact with *all* of the child's grandparents (either face-to-face, by phone or by letter or e-mail) with most of the rest in regular contact with at least some of them. Less than 2% of parents did not have regular contact with any of the child's grandparents. As might be expected, families where the children had fewer grandparents were more likely to be in regular contact with all of those grandparents than families where the child had more grandparents. In the baby cohort, 80% of families where the child had one or two grandparents were in regular contact with all of them compared with 71% with three or four grandparents and 60% with four or more grandparents.

Around half the children in each cohort had all of their grandparents living locally, that is within 20-30 minutes' drive of the child's home; 37% had some of their grandparents living locally and 14% had no grandparents in the local area. In around 80% of cases where the family were in regular contact with each of the child's grandparents, all of those grandparents lived in the local area. Where fewer grandparents lived in the local area, families were less likely to have regular contact with all of them – though the data do not show whether it is actually those grandparents who live furthest away with whom contact is less.

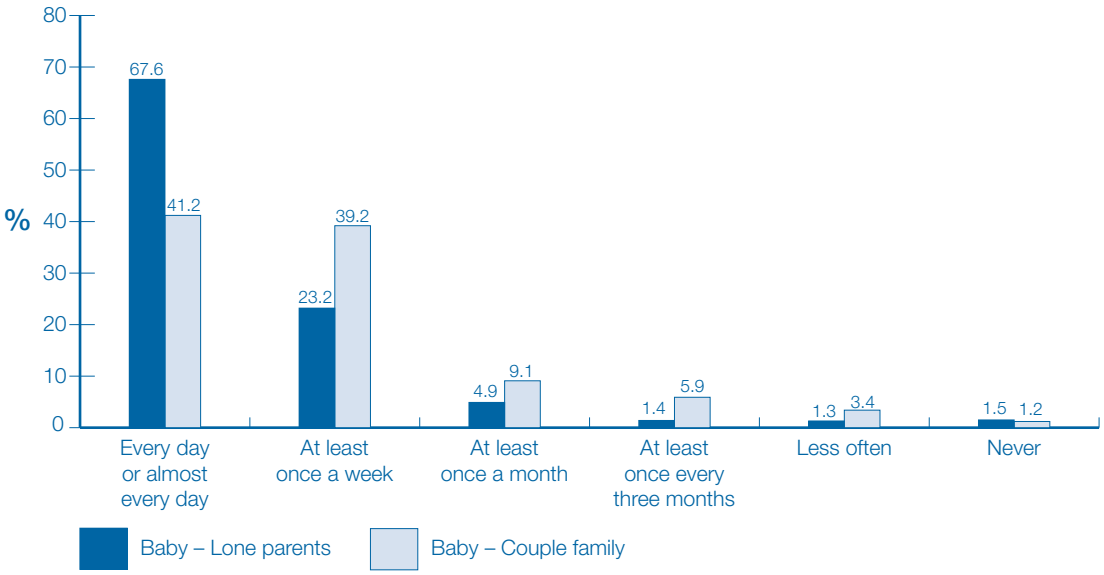
Figure 5-A Reported frequency with which children saw their grandparents by sample type



Almost half of children in both samples saw their grandparents daily or almost daily, with four out of five seeing them at least once a week or more often.

Children in lone parent families were less likely to have regular contact with all of the child's grandparents (49% compared with 77% in couple families) but more likely to have grandparents who lived locally. Only 5% of babies in lone parent families did not have a grandparent who lived locally compared with 17% in couple families. Frequency of contact was also higher in lone parent families (Figure 5-B): two-thirds (67%) of babies with lone parents saw their grandparents on a daily or almost daily basis compared with around two-fifths of babies in couple families.

Figure 5-B Reported frequency with which children saw their grandparents by family type (baby cohort only)



Younger mothers were less likely than older mothers to maintain regular contact with *all* of the child's grandparents. For example, in the toddler cohort, 79% of mothers aged 40 or over at the time of the child's birth said they kept in touch with all of the child's grandparents compared with 47% of mothers aged under 20. The greater likelihood that younger mothers will be lone parents may explain some of this difference.

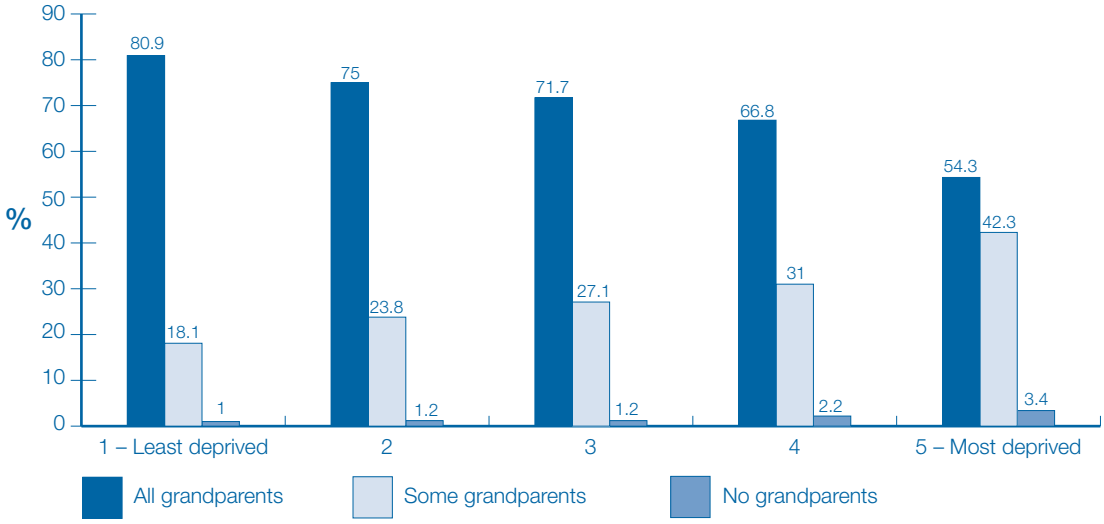
But children with mothers in the oldest age group had, on average, fewer living grandparents and were also significantly less likely to have all of their grandparents living locally – in the baby cohort, around a third (32%) of children whose mothers were aged 40 or older had all their grandparents living in the local area compared with around half of those with mothers in all younger age groups.

Although less likely to have contact with *all* of their grandparents, children with younger mothers (especially aged 20 or under) had more *frequent* contact with those grandparents they were in touch with – though this is, of course, partly explained by the fact that (as noted in section 2.3.4) a quarter of children with mothers aged under 20 at the time of birth actually lived with the child's grandparents. Nonetheless, even excluding this group, the data show that as maternal age increases, the frequency of contact between children and their grandparents decreases – a quarter of babies with mothers aged 40 or older saw their grandparents on a daily or almost daily basis compared with 54% of babies whose mothers were in their twenties.

Though more likely to have all of their grandparents living locally, children living in more deprived areas were less likely than children living in less deprived areas to be in regular contact with *all* of their grandparents. In the toddler cohort, just over half (54%) of parents in the most deprived quintile reported that they were in contact with all of the child's grandparents, compared with 81% of those in the least deprived quintile (Figure 5-C).

Frequency of contact was also directly correlated with area deprivation levels so that babies and toddlers in more deprived areas had more frequent contact with at least some of their grandparents than children in areas with lower deprivation levels. A higher reliance on sources of informal support by parents in more deprived areas may explain why contact between children and their grandparents is more frequent in these areas.

Figure 5-C Proportion of child's grandparents with whom parent was in regular contact by sample type and area deprivation quintiles



Respondents living in areas classified as remote rural were more likely than those elsewhere to report some form of regular contact with all of the child's grandparents. In the baby cohort, for example, 82% of families living in remote rural areas were in regular contact with all of the child's grandparents compared with 70% of those living in large urban areas and 74% of those living in small accessible towns. Despite children in remote rural areas being the least likely to have any grandparents living locally, these children saw their grandparents just as frequently as children living in most other urban/rural area types (Table 5.1). However, it is notable that the proportion of children who have relatively little contact with their grandparents (less than once a month) is significantly higher in remote rural areas than it is in urban areas (22% of toddlers in remote rural areas compared with 10% in large urban areas).

Table 5.1 Reported frequency with which children saw their grandparents by sample type and area urban/rural classification

Sample type and frequency of contact	Urban/Rural Classification					
	Large urban	Other urban	Small accessible town	Small remote town	Accessible rural	Remote rural
Babies						
Every day or almost every day	45.3	51.3	46.2	45.3	39.8	43.4
At least once a week	35.5	35.3	40.0	35.6	38.9	28.3
At least once a month	9.1	6.2	7.8	7.8	10.5	9.8
At least once every three months	5.2	4.0	3.0	6.0	6.2	10.9
Less often than that	3.3	2.3	1.7	4.1	3.9	5.1
Never	1.6	0.9	1.3	1.2	0.7	2.5
Bases						
Weighted	*2048*	*1653*	*493*	*147*	*661*	*215*
Unweighted	*1973*	*1627*	*501*	*156*	*718*	*242*
Toddlers						
Every day or almost every day	46.7	47.7	52.2	54.2	40.6	43.9
At least once a week	35.5	37.2	33.1	32.9	36.5	23.9
At least once a month	8.3	6.0	8.3	4.4	11.0	10.4
At least once every three months	3.6	4.1	2.7	6.3	8.6	12.3
Less often than that	3.9	3.5	2.5	2.3	2.9	7.3
Never	2.0	1.5	1.2	0.4	2.2	
Bases						
Weighted	*1047*	*900*	*307*	*83*	*394*	*126*
Unweighted	*991*	*885*	*316*	*90*	*431*	*145*

5.2.2 Support received from grandparents

To gauge the extent and type of support offered by the child's grandparents, we asked parents a series of questions about how often the child's grandparents babysat, had the child to stay overnight, took the child out, bought toys or clothes for the child, helped out around the house and helped out financially. The results are displayed in Table 5.2.

Table 5.2 Nature and frequency of help and support from grandparents by sample type

Nature and frequency of support	Sample type (%)	
	Baby	Toddler
Look after the child for an hour or more during the day		
Every day or almost every day	20.1	19.5
At least once a week	37.1	38.5
At least once a month	14.0	12.1
At least once every three months	5.4	5.6
Less often	4.5	4.7
Never	18.9	19.7
Babysit for the child during the evening		
Every day or almost every day	2.7	2.8
At least once a week	15.7	16.2
At least once a month	28.6	27.1
At least once every three months	14.3	16.0
Less often	8.9	10.3
Never	29.8	27.6
Have the child to stay overnight		
Every day or almost every day	3.5	2.5
At least once a week	9.3	11.0
At least once a month	16.1	18.9
At least once every three months	10.8	13.6
Less often	9.8	14.1
Never	50.5	40.0
Take the child on outings or day trips		
Every day or almost every day	2.9	2.1
At least once a week	19.0	20.3
At least once a month	18.0	22.8
At least once every three months	7.6	13.2
Less often	6.3	9.6
Never	46.1	32.0

Table 5.2 *(continued)*

Nature and frequency of support	Sample type (%)	
	Baby	Toddler
Buy toys, clothes or equipment for the child apart from on special occasions like birthdays		
Every day or almost every day	2.5	2.2
At least once a week	20.9	19.3
At least once a month	40.7	36.8
At least once every three months	19.2	19.9
Less often	7.3	8.7
Never	9.4	13.1
Help out around the house – for example by cooking, cleaning or doing DIY		
Every day or almost every day	7.4	5.7
At least once a week	10.3	10.0
At least once a month	11.3	8.2
At least once every three months	7.9	8.4
Less often	7.3	9.2
Never	55.7	58.5
Help out financially in some other way		
Every day or almost every day	1.8	1.0
At least once a week	4.8	4.7
At least once a month	9.9	9.2
At least once every three months	10.3	9.0
Less often	14.3	16.2
Never	58.9	59.9
Bases		
Weighted	*5217*	*2858*
Unweighted	*5217*	*2858*

As the table shows, grandparents helped out in a variety of ways though certain forms of support were considerably more common than others. Providing childcare during the day and buying toys, clothes or equipment for the child were the two *most common* activities reported by respondents. In all, around 90% of babies' parents and 87% of toddlers' parents said that the child's grandparents bought things for the child with around a quarter, for babies, and a fifth, for toddlers, doing so on at least a weekly basis. Looking after the child was the *most frequent* activity reported. Around four out of five (80%) parents in both cohorts said that the child's grandparents looked after the child for an hour or more during the day at least occasionally, including one-fifth where this was a daily or almost daily occurrence.

Babysitting the child in the evening and having the child to stay overnight were less common activities. Approximately 70% of parents in both cohorts said that the child's grandparents babysat on occasion although this was predominantly on a monthly or less often basis. Although on the whole there were few significant differences between the baby and toddler samples in terms of grandparental support, toddlers were more likely than babies to spend the night with their grandparents – 60% of the toddler cohort stayed with their grandparents at least sometimes, compared with 51% of the baby cohort. Helping out around the house and providing financial help were the two items grandparents were least likely to do. Less than half the parents in both cohorts said that grandparents helped out in this way.

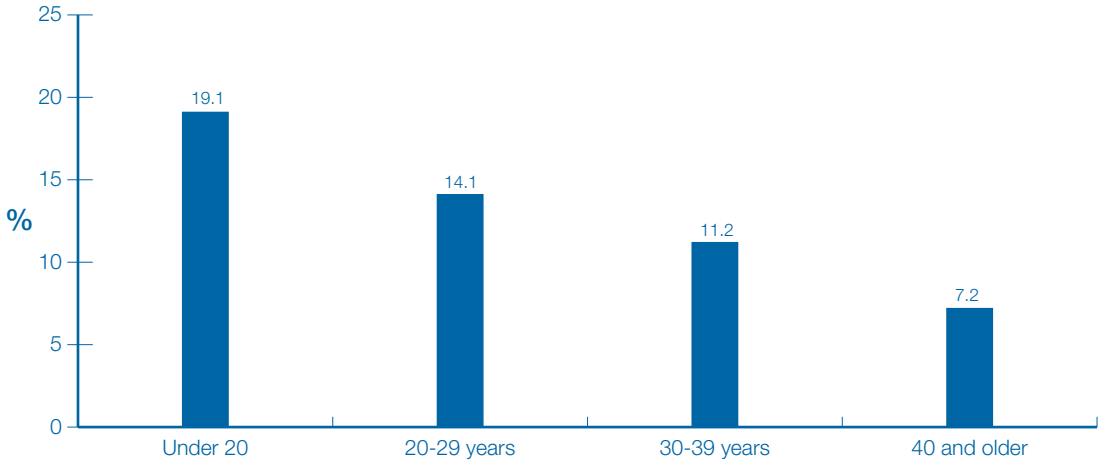
To allow a broader examination of how the level of support from grandparents varied across the sample, as well as considering responses on individual questions, each item was converted into a scale[15] and all items added together to give an overall index of 'grandparental support'. A higher score on the index indicated a higher level of support from grandparents. Scores on the index ranged from a potential minimum of zero to a potential maximum of 35. Given the similarities between the two cohorts on each item, they were considered together for this analysis.

Overall, the analysis indicates that grandparents were involved more in the lives of children from lone parent families than those from couple families. Lone parents scored an average of 16 on the index compared with an average score of 12 for couple families. Although there were statistically significant differences between the groups on all individual items some key differences were evident in grandparents contributions via childcare, helping out around the house and helping out financially. Whilst both couple families and lone parents were just as likely to use grandparents for childcare during the day, lone parents did so on a more frequent basis than couple families. Twenty-nine percent of lone parents said that the child's grandparents looked after the child during the day on a daily or almost daily basis compared with 17% of couple families. Overnight stays with grandparents were also a more regular feature for children in lone parent families: around two-thirds (65%) of lone parents said that the child stayed overnight with their grandparents on occasion compared with half of parents in couple families. Fifty-seven percent of lone parents received some financial support from the child's grandparents, with a third (35%) doing so on a monthly or more frequent basis compared with 36% and 11% respectively for couple families.

[15] Every day or almost every day = 5, At least once a week = 4, At least once a month = 3, At least once every three months = 2, Less often than once every three months = 1, Never = 0.

Families where the child was the first born had a greater level of support from the child's grandparents than families who already had other children. Primaparous mothers scored an average of 14.5 on the grandparents' support scale compared with a mean score of 11.2 for multiparous mothers. Although this trend was evident on all individual items, those concerning help around the house and financial assistance showed the most similarity between the two groups and overnight stays demonstrated the largest distinction – children of primaparous mothers were more likely than children with older siblings to stay overnight with their grandparents and to do so more often.

Figure 5-D Mean score on the index of grandparental support by age of mother at birth of cohort child

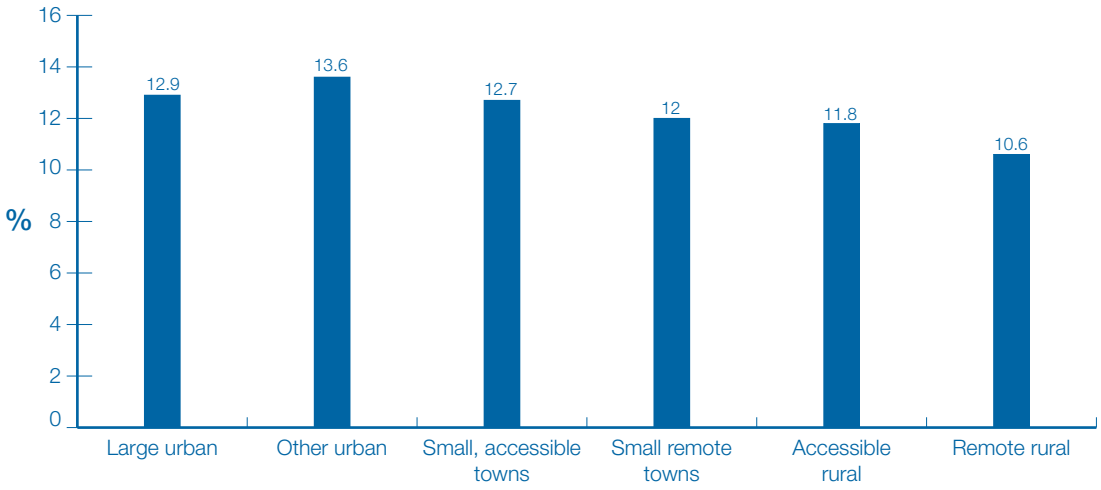


Grandparental involvement varied greatly by the age of the mother at birth (Figure 5-D). Mothers who were aged under 20 years scored an average of 19.1 on the index, almost twice as high as mothers in their thirties and three times as high as mothers aged 40 or older. The two starkest differences occurred in the extent to which grandparents had the child to stay overnight and took the child on outings or day trips. Four out of five children with a mother aged under 20 stayed with their grandparents at least sometimes compared with one in five children with a mother aged 40 or older. It is worth bearing in mind that a significant proportion of mothers in the youngest age group were living with the child's grandparents at the time of the interview thus skewing results on this particular item. However, even excluding those cases, younger mothers still scored significantly higher on the support index than older mothers.

There was some variation in the extent of grandparental support between families in urban and rural areas (Figure 5-E). Families living in areas classed as 'other urban' received more support from grandparents than families elsewhere, while those in remote rural areas scored lowest on the scale.

Looking at the individual items, it appears that whilst living in a remote or rural area did not necessarily prevent grandparents from being involved in providing support, in many cases it meant support was provided on a less frequent basis. For example, grandparents of children living in areas classed as large or other urban or small, accessible towns were twice as likely to babysit or have the child stay overnight on a weekly or more frequent basis as grandparents of children living in remote or rural areas.

Figure 5-E Mean score on the grandparental support scale by area urban/rural classification



5.3 Wider sources of informal support

To explore further the extent and nature of sources of informal support available to parents, respondents were asked a range of questions about the ease with which they could arrange for someone to look after the sample child at short notice.

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

Over three-quarters of respondents in both cohorts said they would find it very or fairly easy to find someone to look after their child for a few hours during the day. There were no statistically significant differences between babies and toddlers.

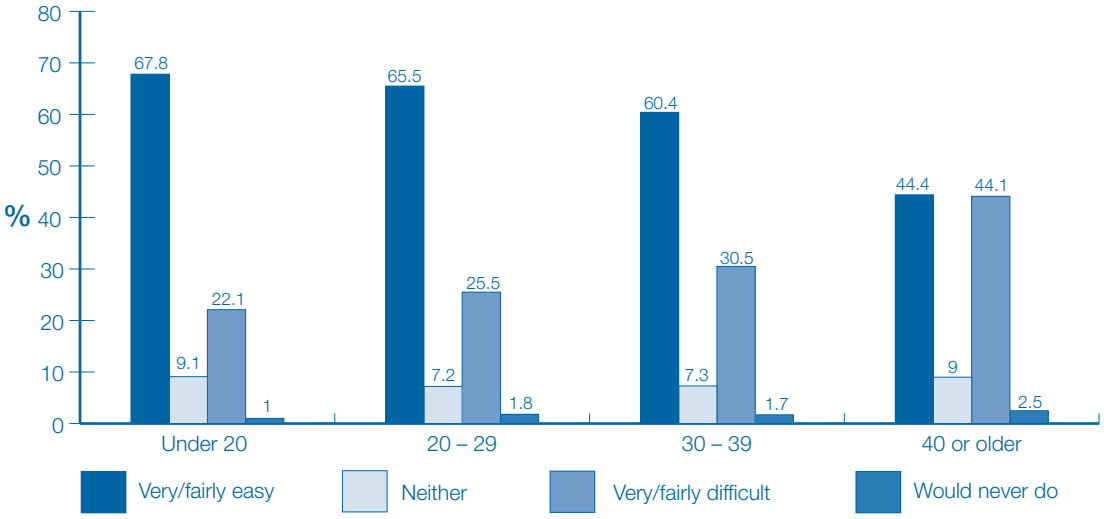
Younger mothers were more likely to say they would find it easy to organise someone to look after the child for a few hours during the day. Four out of five of those who were aged under 20 at the time of the child's birth (83%) said they would find it very or fairly easy to arrange this at short notice, compared with around three out of five of those aged 40 or older. Some differences were also apparent in terms of ethnicity: 78% of white respondents said this would be easy for them to organise compared with 69% of non-white respondents.

5.3.2 Leaving the child with someone for a whole day

The majority of parents (60% in both cohorts) found it fairly or very easy to arrange for someone to look after their child for a whole day although, as might be expected, this was not considered to be as easy as the previous arrangement.

No statistically significant differences were evident between lone parents and couple families. However, first-time mothers and younger mothers on the whole said they would find this easier to do than mothers with other children and older mothers. Sixty-seven percent of primaparous mothers said this would be fairly or very easy to arrange compared with 59% of multiparous mothers. Almost twice as many mothers aged 40 or older said they would find it difficult to arrange for someone to look after the child for a whole day compared with mothers aged under twenty (44% compared with 22% respectively).

Figure 5-F Ease with which respondent could arrange at short notice to leave child with someone for a whole day by age of mother at birth of cohort child



There were some small but significant differences by different area and household characteristics. Families living in areas classed as 'large urban' were most likely to have trouble arranging this type of supervision at short notice whilst respondents living in areas of higher deprivation were more likely to find making this arrangement easier than those living in areas with lower deprivation. Sixty percent of parents living in the least deprived quintile said they would find making this arrangement very or fairly easy and for 31% in the same group it would be very or fairly difficult. This compares to 65% and 27% respectively for those parents living in the most deprived quintile.

Differences by ethnicity, although following the same trend as above, were a little more pronounced for this arrangement. In the baby cohort, just under two-thirds (63%) of white respondents said this arrangement would be easy to organise compared with a little under half (48%) of non-white respondents who said the same.

5.3.3 Leaving the child with someone overnight

Arranging at short notice to leave the child with someone overnight was slightly more difficult again for parents, although the majority in both cohorts (58%) continued to say that they would find this very or fairly easy. There were no statistically significant differences between cohorts.

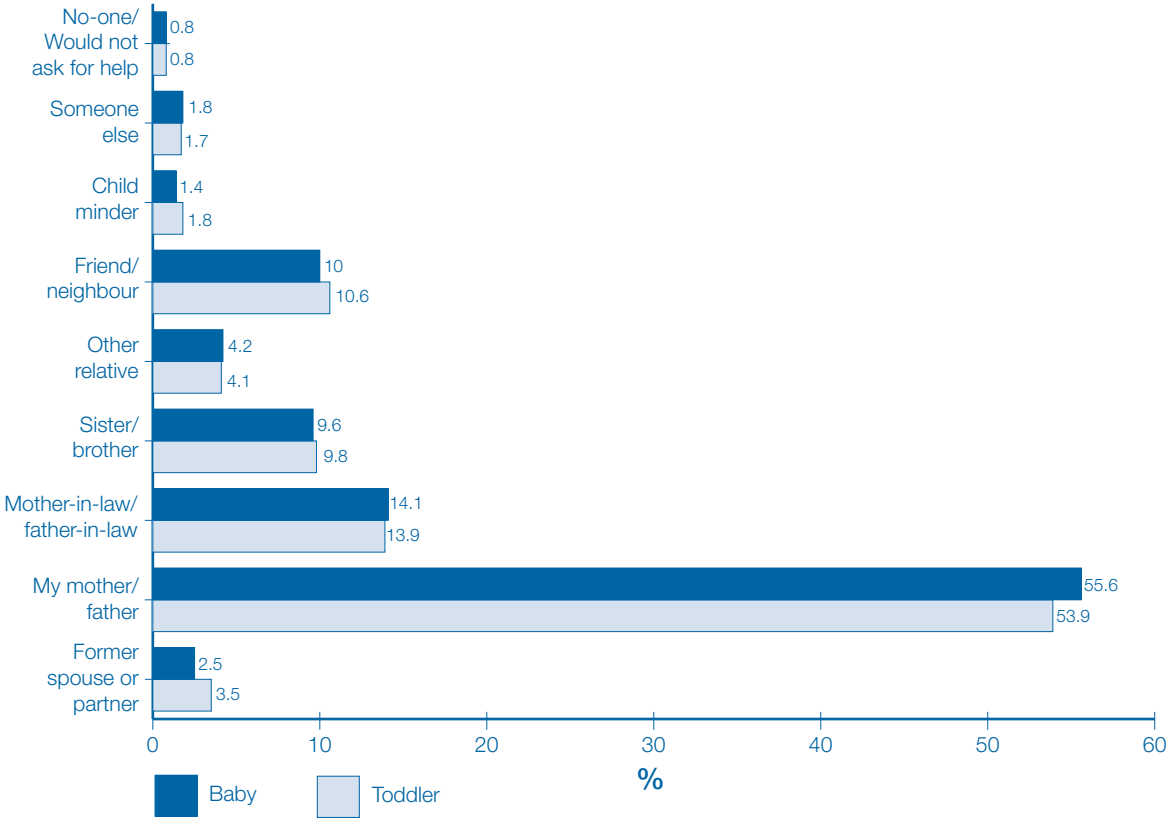
Differences between first-time mothers and mothers with other children were rather more stark on this item. Around two-thirds (65%) of primaparous mothers said overnight care would be very or fairly easy to arrange compared with just over half (51%) of multiparous mothers. The differences between mothers of different ages persisted; those aged 40 or older were twice as likely as those under 20 to say they would find it very or fairly difficult to arrange overnight care for their child.

Sixty percent of respondents living in the most deprived quintile said it would be very or fairly easy to make these arrangements compared with 55% of those living in the least deprived quintile. The patterns by ethnic group identified above were present again in this data. Notably however, around one-fifth of non-white parents (19%) said that they would not arrange for their child to stay overnight without them, compared with around one in 20 white parents (6%).

5.3.4 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 sample type are shown in Figure 5-G. By far the most common source of support of this kind were grandparents, and especially maternal grandparents. Friends or neighbours of the respondent, and parents' siblings were the next most common sources of informal support in this context.

Figure 5-G Person(s) who respondent would call on in the first instance for help with looking after the sample child by sample type



As might be expected, older mothers were less likely to name the child's grandparents as their main source of support – only around a quarter (27%) of those over 30 did so, compared with two-thirds of mothers (65%) aged under 20 and 59% of mothers in their twenties. In contrast, one in four mothers aged 40 or older named a friend or neighbour as their main source of informal support compared with 4% and 7% of mothers in the two youngest age groups respectively.

Although grandparents continued to be the dominant source of support for respondents living in areas with different urban/rural classifications, respondents living in rural areas were significantly more likely to name friends or neighbours as the person they would be most likely to call on than respondents in other areas. Parents living in areas of lower deprivation were also more likely to say they would call on a friend or neighbour in the first instance than parents in more deprived areas did. In contrast, parents in more deprived areas were more likely to draw on a sibling or other relative for help.

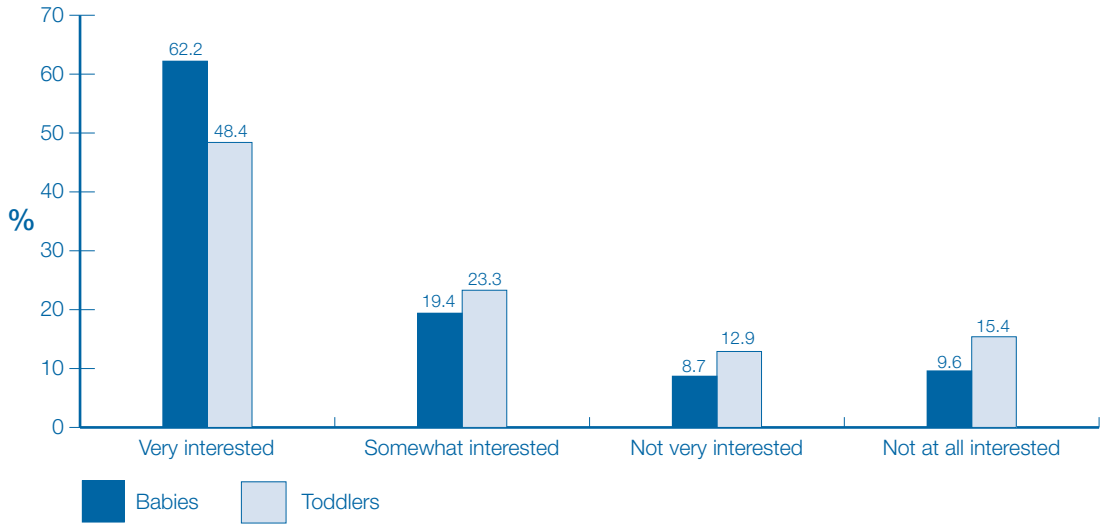
Some key variations by ethnicity are evident in these data. Whilst the three main sources – grandparents, siblings and friends/neighbours – are the same, the balance is different. For example, non-white respondents were just as likely to use maternal as paternal grandparents (25% maternal, 23% paternal) for care whilst white respondents tended to use maternal grandparents considerably more than paternal grandparents (56% maternal, 14% paternal). Non-white parents were also around twice as likely as white parents to use friends or neighbours (18% compared with 10%).

5.4 Involvement of non-resident parents

In Chapter 2, it was shown that around a fifth (18%) of children in the baby sample and a quarter (24%) of children in the toddler sample had a non-resident natural parent. Approximately two-thirds (70% of babies and 68% of toddlers) had some contact with that parent at the time of the interview or were 'involved'. These cases were explored further using questions which asked about the nature of the relationship and contact between the sample child and the non-resident parent.

The majority of non-resident parents of babies were reported by the respondent to be either 'very interested' (62%) or 'somewhat interested' (19%) in the child (Figure 5-H). This differed slightly from parents of toddlers, around half of whom were said to be 'very interested', with just under a quarter 'somewhat interested' in the child. Furthermore, 15% of non-resident parents in the toddler sample were said to be 'not at all interested', compared with 10% of parents within the baby sample.

Figure 5-H Non-resident parent's interest in child by sample type



5.4.1 Types of contact with non-resident parents

Respondents were asked about the type and frequency of contact between the non-resident parent and the sample child (Table 5.3). Non-resident parents of toddlers were slightly more likely to have the child to stay at least once a month (47% compared with 40% of non-resident parents of babies). However, a large proportion of non-resident parents (53% in the baby cohort and 43% in the toddler cohort) never had the child to stay overnight.

Many non-resident parents took the child on outings or day trips at least once a week (55% of parents of babies and 48% of parents of toddlers), with a further 12% and 18%, respectively, taking the child out at least once a month. Around a quarter of non-resident parents in both cohorts never took their child out on outings or day trips.

Table 5.3 Types and frequency of contact with non-resident parent by sample type

	Sample type (% of involved non-resident parents)		
	Baby	Toddler	All
Child stays overnight…			
Every day or almost every day	2.2	2.2	2.2
At least once a week	30.5	34.6	32.1
At least once a month	9.1	12.4	10.4
At least once every three months	2.8	2.1	2.5
Less often than once every three months	2.4	5.9	3.8
Never	53.1	42.8	49.0
Takes child on trips/outings…			
Every day or almost every day	8.3	3.1	6.3
At least once a week	46.9	44.7	46.0
At least once a month	12.4	17.7	14.5
At least once every three months	1.8	6.0	3.4
Less often than once every three months	3.9	4.8	4.2
Never	26.6	23.7	25.5
Bases			
Weighted	*746*	*491*	*1237*
Unweighted	*685*	*462*	*1147*

5.4.2 Non-resident parent's financial contribution to the cohort child's maintenance

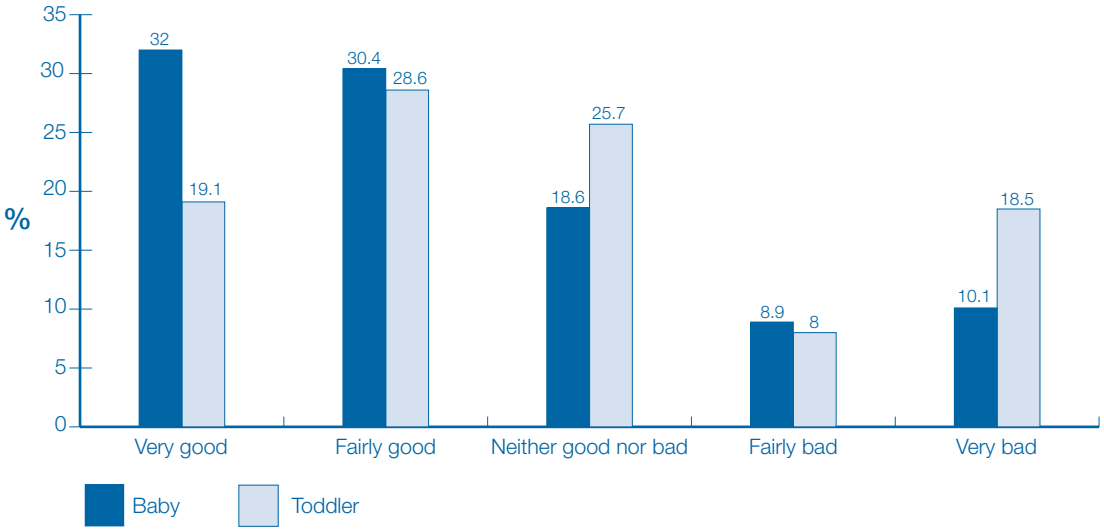
The main respondent was asked about any financial contribution made by the non-resident parent. Non-resident parents of babies were slightly more likely to make contributions to the child's maintenance (41% making regular contributions and 13% making irregular contributions, compared with 39% and 11% among non-resident parents of toddlers). But, overall, around half of non-resident parents in both groups paid nothing towards their child's maintenance. There appeared to be a relationship between non-resident parent's contributions to maintenance and the socio-economic class and income of the household in which the child is resident – though without demographic information about the non-resident parent it is difficult to establish the direction of the relationship. However, the data does show that non-resident parents of children in managerial and professional households were most likely to make contributions towards the child's maintenance (59% compared with 49% of those in semi-routine and routine occupations).

Respondents were also asked how often the non-resident parent bought clothes, toys or equipment for the child, apart from on special occasions such as birthdays. The majority of non-resident parents bought these items at least once a month (64% of babies' parents and 50% of toddlers' parents), with a large proportion doing so at least once a week (31% and 22% respectively). Only a fifth of non-resident parents of babies never bought these items, in contrast to nearly a third of non-resident parents of toddlers.

5.4.3 Respondent's relationship with non-resident parent

The research also explored the relationship between the child's main carer and the non-resident parent, highlighting some interesting differences by cohort. The relationship was described by parents in the baby cohort as 'very good' or 'fairly good' in 32% and 30% of cases, respectively. As Figure 5-I indicates, this contrasts with the toddler sample, where only 19% of main carers said they had a 'very good' relationship with the child's other parent, although 29% had a 'fairly good' relationship. Furthermore, nearly one in five parents of toddlers felt that they had a 'very bad' relationship with the non-resident parent, compared with one in ten parents of babies. This suggests that relationships between resident and non-resident parents may deteriorate as the child gets older.

Figure 5-I Strength of relationship between resident and non-resident parent by sample type



The level of interest the non-resident parent showed in the child, as discussed above (see Figure 5-H), was positively related to the strength of the relationship between the child's resident and non-resident parents. In almost all cases (98%) where the relationship was considered to be very good the non-resident parent was reported to be 'very interested' in the child. Only 6% of respondents who reported that their relationship with the child's non-resident parent was very bad also reported that the non-resident parent was very interested in the child. In these cases, the non-resident parent was significantly more likely to be not very (25%) or not at all interested (54%) in the child.

5.5 Knowledge of key government supported initiatives aimed at parents and families

Parents were asked a number of questions about various government supported initiatives that are aimed at helping parents and families. For each scheme the respondent was asked whether they had heard of it, and if they had, how much they felt they knew about the scheme and how it operates.

5.5.1 Working Families' Tax Credit

Working Tax Credit tops up the earnings of working people (employed or self-employed) on low incomes, including those who do not have children. For those who do have children, extra amounts are payable to help towards the costs of qualifying childcare.

Overall awareness of Working Families' Tax Credit was very high, with nine out of ten respondents in both samples saying they had definitely heard of it or thought they had heard of it. Actual knowledge of how the scheme operates was notably lower however. Over half of parents who had heard of it said they didn't know much about it including a small proportion who knew nothing about how it operated.

Table 5.4 Knowledge and awareness of Working Families' Tax Credit by sample type

Level of knowledge and awareness	Sample type (%)	
	Baby	Toddler
Can you tell me if you have heard of Working Families' Tax Credit before now?		
I've definitely heard of it	81.8	82.4
I think I've heard of it	10.6	9.8
I don't think I've heard of it	2.3	2.4
I definitely haven't heard of it	5.3	5.4
Bases		
Weighted	*5217*	*2858*
Unweighted	*5217*	*2858*
How much would you say you know about Working Families' Tax Credit and how it operates?		
I know a great deal about it	9.7	10.5
I know quite a lot about it	32.1	33.9
I don't know very much about it	50.1	49.2
I know nothing at all about it	8.1	6.4
Bases		
Weighted	*4816*	*2635*
Unweighted	*4828*	*2640*

Given the high level of awareness of the scheme, it is unsurprising that there were few significant differences in level of awareness across the sample. However, level of maternal education did have some affect – those with no qualifications were significantly less likely to say they had heard of the scheme. The most stark distinction in awareness of this policy was between families with at least one parent employed and those where no parents were employed (87% compared with 71%).

There was little variation across the sample in the level of knowledge among those who had heard of the scheme.

5.5.2 Child Trust Fund

Child Trust Fund (CTF) is a savings and investment account for children. Children born on or after 1 September 2002 receive a £250 voucher from the Government to start their trust fund. The account belongs to the child and cannot be touched until they turn 18. Children in low income families receiving Child Tax Credit receive an extra payment. All children receive a further payment around their 7th birthday.

Responses on levels of knowledge and awareness of Child Trust Funds are illustrated in Table 5.5. Awareness of Child Trust Funds was almost universal across the entire sample – 99% of babies' parents and 96% of toddlers' parents having heard of the scheme. Level of knowledge of the scheme and how it works was also generally high and again differed slightly by sample. Of those who had heard of the scheme, 69% of babies' parents and 62% of toddlers' parents knew quite a lot or a great deal about CTFs and how they work.

Table 5.5 Knowledge and awareness of Child Trust Funds by sample type

Level of knowledge and awareness	Sample type (%)	
	Baby	Toddler
Can you tell me if you have heard of the Child Trust Fund before now?		
I've definitely heard of it	95.1	89.9
I think I've heard of it	3.5	6.4
I don't think I've heard of it	0.4	1.0
I definitely haven't heard of it	1.0	2.8
Bases		
Weighted	*5217*	*2858*
Unweighted	*5217*	*2858*
How much would you say you know about the Child Trust Fund and how it operates?		
I know a great deal about it	19.2	17.8
I know quite a lot about it	49.6	43.8
I don't know very much about it	28.9	33.8
I know nothing at all about it	2.3	4.6
Bases		
Weighted	*5142*	*2752*
Unweighted	*5147*	*2749*

As awareness of the scheme was extremely high across the sample as a whole, there were few variations of note by subgroup. Some more revealing distinctions are evident, however, in extent of knowledge about the scheme and how it operates. Parents in couple families, older mothers and those with higher educational qualifications reported greater knowledge of the Child Trust Fund than lone parents, younger mothers and those with no educational qualifications. For example, around half (48%) of respondents with no formal qualifications said they had little or no knowledge compared 23% of degree-educated mothers and 27% of those with Higher grades.

5.5.3 SureStart Scotland

SureStart Scotland aims to support families with very young vulnerable children to ensure they have the best possible start in life, helping them to get the most from subsequent opportunities such as pre-school education. The SureStart Scotland programme is targeted at vulnerable children and families and is delivered through a range of intensive, group and resource-based services, in each local authority area. Intensive provision might involve home based support; group provision might provide training and crèche facilities; and resource provision might involve a toy library or books. Many services are provided via a SureStart Centre and some are not explicitly operated under the SureStart banner.

Table 5.6 Knowledge and awareness of SureStart by sample type

Level of knowledge and awareness	Sample type (%)	
	Baby	Toddler
Can you tell me if you have heard of the SureStart programme before now?		
I've definitely heard of it	16.0	15.1
I think I've heard of it	16.4	15.1
I don't think I've heard of it	12.1	11.7
I definitely haven't heard of it	55.5	58.1
Bases		
Weighted	*5217*	*2858*
Unweighted	*5217*	*2858*
How much would you say you know about the SureStart programme and how it operates?		
I know a great deal about it	6.6	6.8
I know quite a lot about it	17.4	18.3
I don't know very much about it	50.9	47.2
I know nothing at all about it	25.1	27.7
Bases		
Weighted	*1689*	*863*
Unweighted	*1689*	*863*

As the data in Table 5.6 show, awareness of the SureStart Scotland programme was generally low in both cohorts although this is perhaps unsurprising given its targeted rather than universal nature. Over half of the parents in each sample said they had definitely not heard of it. Among those who had heard of SureStart, the level of knowledge about the programme was also very low. Most respondents admitted that they did not know very much about it and around a quarter in each cohort said they knew nothing about it at all.

There were no significant differences in awareness of SureStart according to level of area deprivation, but awareness was higher among respondents who lived in areas classed as remote or rural than among those who lived in urban areas or small accessible towns. Half of parents (48%) living in remote rural areas said they had heard of SureStart – almost twice the proportion in large urban areas (28%).

Actual knowledge of the programme among those who had heard of it was slightly higher among lone parents and younger mothers. Twenty-nine percent of lone parents and 28% of mothers aged under 20 knew quite a lot or a great deal about SureStart compared with 23% of parents in couple families and 23% of mothers in their thirties. Despite a greater awareness of the scheme, parents living in areas classed as remote or rural were not significantly more likely to know any more about how SureStart operated than parents living in other areas.

5.5.4 ParentLine Scotland

General awareness of ParentLine Scotland, a telephone helpline offering advice and information for parents, was relatively low although more parents were aware of this scheme than were aware of SureStart. About half of the respondents in both cohorts (53% babies' parents, 50% toddlers' parents) said they definitely hadn't heard of ParentLine Scotland and around one in five parents said that they definitely had. Knowledge of the scheme among those who had heard of it was limited. In each cohort, less than 10% of parents who had heard of the scheme said they knew a great deal or quite a lot about it. The majority admitted that they did not know very much about ParentLine Scotland.

Table 5.7 Knowledge and awareness of ParentLine Scotland by sample type

Level of knowledge and awareness	Sample type (%)	
	Baby	Toddler
Can you tell me if you have heard of ParentLine Scotland before now?		
I've definitely heard of it	18.1	20.6
I think I've heard of it	20.1	21.0
I don't think I've heard of it	8.8	8.6
I definitely haven't heard of it	52.9	49.8
Bases		
Weighted	*5217*	*2858*
Unweighted	*5217*	*2858*
How much would you say you know about ParentLine Scotland and how it operates?		
I know a great deal about it	1.5	1.1
I know quite a lot about it	7.3	7.8
I don't know very much about it	56.2	58.0
I know nothing at all about it	35.0	33.2
Bases		
Weighted	*1994*	*1188*
Unweighted	*2018*	*1204*

First-time mothers were less likely than those who already had other children to say they had heard of Parentline Scotland (57% compared with 47). Maternal age at the time of birth was also related to level of awareness. Older mothers were significantly more likely than younger mothers to have heard of the scheme. A quarter of mothers aged 40 or over at the time of the child's birth said they had definitely heard of ParentLine Scotland – twice as many as among the youngest age group (13%). Awareness of Parentline also varied by area deprivation levels – parents living in less deprived areas were more likely to say they had heard of this service than parents living in more deprived areas.

There were no notable statistically significant variations across the sample in level of knowledge about Parentline Scotland among those who had heard of it.

5.5.5 Childcare Link website and phone line[16]

The ChildcareLink helpline and website were launched in December 1999 as part of the National Childcare Strategy. This strategy aims to help people back into the workplace by removing the childcare barrier. The ChildcareLink national website provides childcare and early years information collected from Scottish local authorities. This information is designed to allow parents to make informed choices about care for their child.

The Childcare Link website and phone line was the least known scheme of all those asked about. A little over three-quarters of parents in both cohorts said they definitely hadn't heard of the scheme and only 6% were confident that they had. Knowledge of the scheme among those who had heard of it was a little less limited although still quite low. Around a third of parents who had heard of Childcare Link said they knew quite a lot or a great deal about it, although 52% knew 'not very much' and 15% 'nothing at all'.

Table 5.8 Knowledge and awareness of Childcare Link by sample type

Level of knowledge and awareness	Sample type (%)	
	Baby	Toddler
Can you tell me if you have heard of the Childcare Link website and phone line before now?		
I've definitely heard of it	6.0	6.2
I think I've heard of it	5.3	4.8
I don't think I've heard of it	10.7	11.3
I definitely haven't heard of it	78.0	77.7
Bases		
Weighted	*5217*	*2858*
Unweighted	*5217*	*2858*
How much would you say you know about the Childcare Link website and phone line and how it operates?		
I know a great deal about it	8.6	8.4
I know quite a lot about it	24.9	25.6
I don't know very much about it	51.9	51.7
I know nothing at all about it	14.7	14.4
Bases		
Weighted	*589*	*314*
Unweighted	*607*	*318*

[16] Since the time of the data collection, the Childcare link service has been re-named. The new website is www.scottishchildcare.gov.uk

Not surprisingly, levels of awareness of Childcare Link were generally low across the whole sample. However, awareness of the scheme was higher among respondents in couple families, older mothers and those in employment than among lone parents, younger mothers and those unemployed. Seventeen percent of mothers who were employed full-time said they had definitely or thought they had heard of the scheme compared with 13% of mothers who worked part-time and 8% of mothers who were unemployed.

Among mothers who had heard of the scheme some of these patterns are reversed. For example, almost half (47%) of mothers aged under 20 said they knew quite a lot or a great deal about Childcare Link compared with 21% of mothers aged 40 or older. However, mothers who were employed full-time had a higher level of knowledge about it than those employed part-time and those who were unemployed.

Given that one of the aims of Childcare Link is to provide local information about childcare provision, analysis was undertaken to examine whether those respondents currently using childcare were more aware of the scheme than those who were not using childcare. The results showed that parents using childcare were slightly more likely to have heard of the scheme than parents who were not using childcare (12% compared with 9%). Levels of knowledge of the scheme among those who had heard of it was also slightly higher among parents who were using childcare than among those who were not.

5.5.6 NHS 24

NHS 24 is a confidential telephone service providing health advice and information for people in Scotland.

Overall awareness of NHS 24 was very high (at around 90%) – indeed, only Child Trust Funds had been heard of by more parents. The majority of parents who had heard of NHS 24 were also well versed in what the scheme was and how it operated. Around three-quarters of parents in both cohorts said they knew a great deal or quite a lot about the service, the highest knowledge figures for all the schemes considered.

Table 5.9 Knowledge and awareness of NHS 24 by sample type

Level of knowledge and awareness	Sample type (%)	
	Baby	Toddler
Can you tell me if you have heard of the NHS 24 phone line before now?		
I've definitely heard of it	91.3	89.8
I think I've heard of it	2.8	3.5
I don't think I've heard of it	0.8	0.9
I definitely haven't heard of it	5.1	5.7
Bases		
Weighted	*5217*	*2858*
Unweighted	*5217*	*2858*
How much would you say you know about the NHS 24 phone line and how it operates?		
I know a great deal about it	26.6	29.2
I know quite a lot about it	47.7	45.7
I don't know very much about it	23.3	23.3
I know nothing at all about it	2.4	1.8
Bases		
Weighted	*4910*	*2665*
Unweighted	*4918*	*2671*

Despite the overall high proportion of respondents who had heard of NHS 24, there were some variations in levels of awareness following patterns already well established in these data. Lone parents, mothers in the youngest age group and those who had no qualifications were less likely to have heard of the service than other mothers as were those living in more deprived areas.

Knowledge of the scheme and how it operated were higher in households where the child's mother was employed full-time compared with those where she was employed part-time or unemployed. There was also some variation in knowledge of the scheme by household socio-economic classification. Parents in households classed as managerial and professional reported a higher level of knowledge about NHS 24 than those in household classed as routine or semi-routine.

5.5.7 The Children's Traffic Club

The Children's Traffic Club provides a structured way for parents and carers to teach their three to four-year-old children basic road safety skills through a series of free books that are delivered to the child's home. The scheme operates throughout the UK in partnership with Local and Health Authorities. Given the age restrictions which apply to the Children's Traffic Club, questions about the scheme were asked only of parents of children in the toddler cohort.

Bearing in mind that children in the toddler cohort were not quite three years old at the time of the interview, awareness of the Children's Traffic Club was reasonably high. Half of the parents in the toddler sample said they had heard of the scheme including 41% who had definitely heard of it. Most parents who had heard of the scheme had a reasonable amount of knowledge about it. Fifty-eight percent said they knew quite a lot or a great deal about it and only 6% admitted knowing nothing at all.

Table 5.10 Knowledge and awareness of the Children's Traffic Club by sample type

Level of knowledge and awareness	Sample type (%)
	Toddler
Can you tell me if you have heard of the Children's Traffic Club before now?	
I've definitely heard of it	40.6
I think I've heard of it	10.3
I don't think I've heard of it	4.8
I definitely haven't heard of it	44.4
Bases	
Weighted	*2858*
Unweighted	*2858*
How much would you say you know about the Children's Traffic Club and how it operates?	
I know a great deal about it	17.6
I know quite a lot about it	40.7
I don't know very much about it	35.2
I know nothing at all about it	6.4
Bases	
Weighted	*1452*
Unweighted	*1475*

The relevance of the child's age to the scheme no doubt explains the fact that awareness of the Traffic Club was much lower among first-time mothers than among those with other children, since mothers in the latter group may have previously received information about the traffic club in relation to another, older child. Some other significant differences are perhaps less obviously explained. For example, there was some slight variation in reported awareness by parents living in different urban and rural areas. Respondents from areas classed as accessible rural were most likely to say they had heard of the scheme (59% had heard of it) whereas respondents who lived in areas classed as large urban or small, remote towns were least likely to have heard of it (47% and 48% respectively).

Greater variation was evident in levels of knowledge among those parents who had heard of the scheme. Sixty-two percent of parents in couple families said they knew quite a lot or a great deal about the traffic club compared with 47% of lone parents. Eighteen percent of mothers who were aged under 20 at the time of the child's birth said they didn't know anything about the scheme – a figure twice that for mothers in their twenties and almost six times higher than for mothers in their thirties. Some variation in knowledge existed across parents living in areas with different deprivation levels with knowledge levels lower among parents who lived in the two most deprived quintiles than those living in other areas.

5.6 Attendance at groups and classes for parents and children

Parents were asked whether they had attended any mother and baby or mother and toddler groups in the last year. In cases where the respondent had not attended any such groups, they were asked why not. They were also asked about attendance at parenting classes or groups 'where parents have the chance to improve their parenting skills and knowledge' in the last year, the usefulness of these classes or groups and who attended (either parent or both).

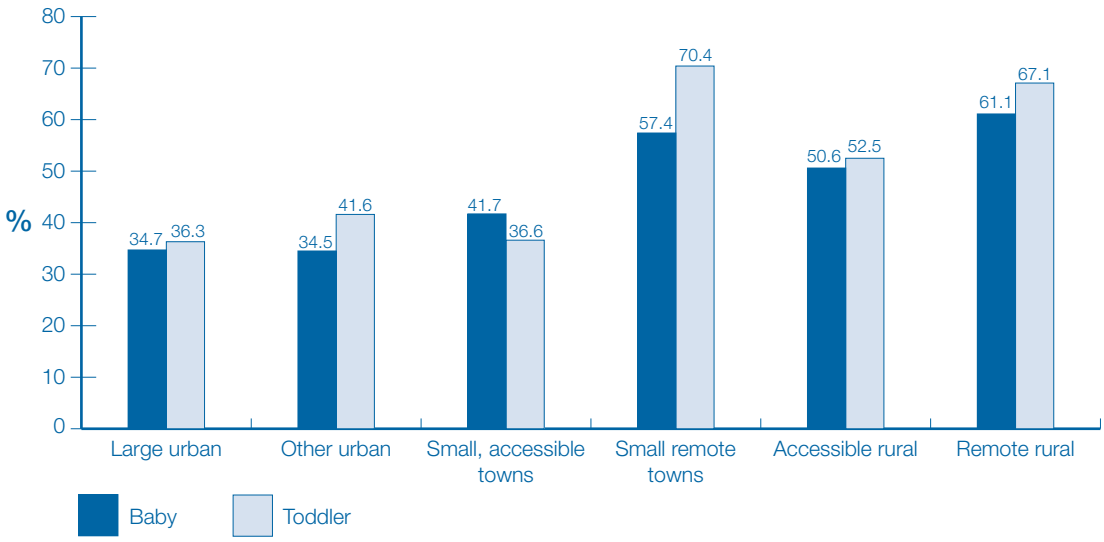
5.6.1 Parent and baby/toddler groups

Around 40% of parents in both samples said they had attended a parent and baby or parent and toddler group in the last year. Attendance was slightly higher in the toddler cohort (43% compared with 39%).

In both cohorts, mothers from couple families and older mothers were more likely to say they had attended a group in the last year than lone mothers and younger mothers. In the toddler cohort for example, 47% of mothers in couple families said they had attended a group compared with 29% of lone mothers and 47% of mothers in their thirties had attended a group compared with 28% of mothers aged under 20. Mothers with only one child in the household were also significantly more likely than mothers with other children to have attended a group in the last year.

Interestingly, parents in remote towns and remote rural areas were almost twice as likely as those in urban areas to have attended baby and toddler groups (Figure 5-J). Although attendance rates were similar across the three least deprived area quintiles, they dropped significantly among parents in areas which fell into the two most deprived quintiles.

Figure 5-J Attendance at mother and baby/toddler groups by area urban/rural classification

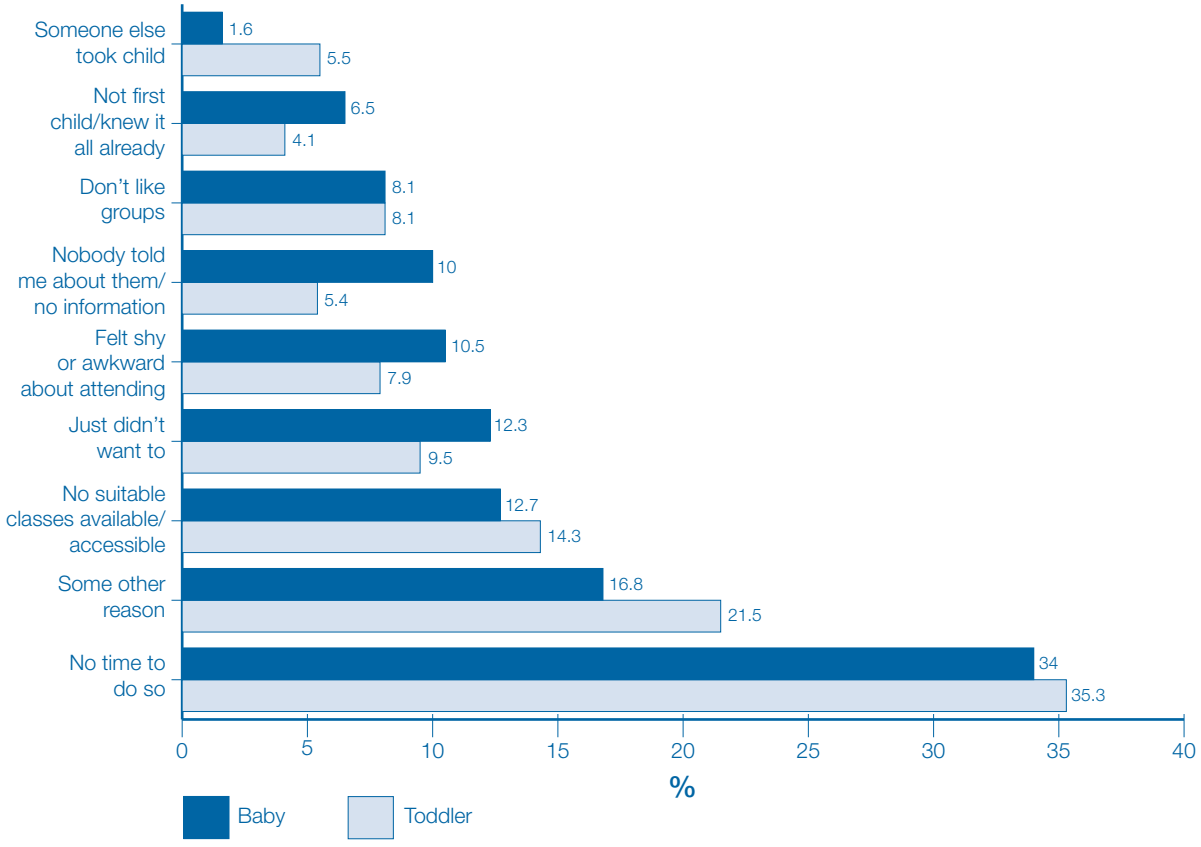


Attendance was also lower among parents in households where no adults were employed: in the baby cohort, for example, a fifth (22%) of parents in unemployed households said they had attended a group, around half as many as in households where at least one parent was employed full or part-time. Parents living in households classed as managerial or professional were the most likely of those in all socio-economic classifications to have attended a group in the last year. In the baby cohort, half the respondents in this classification said they had attended such a group compared with a third of those in households classed as lower supervisory and technical and a quarter of those living in households classed as routine or semi-routine.

The reasons given for non-attendance are displayed in Figure 5-K below. The most common reason given by parents in both cohorts was lack of time – mentioned by around a third of those who had not attended classes. Over one in ten said it was because there were no classes available or accessible to them. Many parents simply didn't want to attend and a significant proportion either felt shy or awkward about attending or said they didn't like groups. Parents of children in the baby cohort who did not attend groups were more likely than those in the toddler cohort to say it was because of lack of knowledge or information about such classes.

The pattern of reasons given for not attending varied by respondent, family and household characteristics. Lone parents, younger mothers and first-time mothers, for example, were more likely to mention feeling awkward and shy about attending a group, along with a dislike of groups in general, as reasons for non-attendance. Lone parents were also less likely to give a lack of time as reason, as were younger mothers and first-time mothers. In addition, mothers in the two youngest age groups were significantly more likely to say that nobody had told them or they had no information about any such groups.

Figure 5-K Reasons given for not attending mother and baby or mother and toddlers groups by sample type



5.6.2 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.

Only a very small proportion of parents in each cohort said they had attended a parenting class or group in the last year – 4% of babies' parents and 3% of toddlers' parents. There were no statistically significant variations in attendance by any key respondent, family or household characteristics. In a little under two-thirds of cases the child's mother attended the classes on her own. For the remainder the child's mother and father attended.

Almost all who had attended a parenting class or group reported that they found it to be very useful (52%) or fairly useful (41%). Given the small numbers involved and the strong favourable pattern in response, there is little statistically significant variation in appraisals of the usefulness of parenting classes across the sample.

5.7 Key points

- Most children had some contact with *all* of their grandparents and contact with grandparents was a generally frequent occurrence for the majority of children. Children in couple families, those with older mothers, those living in less deprived areas and those in remote rural areas were more likely to have some contact with *all* of their grandparents. However, children in lone parent families, those with younger mothers and those living in more deprived areas saw their grandparents more often.
- Grandparents helped out in a variety of ways. Providing childcare and buying things for the child were the two most common forms of support provided. Respondents from lone parent families, primaporous mothers and younger mothers reported higher levels of support from the child's grandparents.
- Arranging last-minute childcare was easy for most parents. However, it was significantly easier for younger mothers, first-time mothers and those living in areas of higher deprivation to arrange. The child's grandparents were the most commonly reported source of this type of care.
- Knowledge and awareness among parents of key blanket schemes for children and families such as Child Trust Funds, NHS24 and Working Families' Tax Credit was particularly high, as might be expected. However, the awareness of other nationally accessible but more focused schemes such as Childcare link and Parentline Scotland was extremely low.
- Around two-fifths of respondents had attended a mother and child group in the last year. Likelihood of attendance was lower among young mothers and lone parents who cited awkwardness and shyness as key inhibitors.
- While only a small proportion (less than 5%) of respondents had attended a parenting class in the last year, virtually all of those who did so found it to be useful.

5.8 Conclusion

The high proportion of parents who are in contact with four of the children's grandparents and the frequency of contact between children and one or more grandparent demonstrates the potential importance of grandparents in children's lives. The data confirm that the majority of parents receive some support for their parenting from their own parents. The construction of an index of grandparents' support makes it possible to show that young lone mothers receive the highest levels of support. This suggests that children in families with young lone mothers where there is no involved grandparent experience a particularly serious deficit. The data indicate that some structural factors reduce children's access to their grandparents (and parents' access to support from their child's grandparents). Although children born to young lone mothers typically have frequent contact with at least one grandparent, they are also less likely to have contact with all four grandparents. This is not surprising given that their mothers were not typically in an established partnership prior to their birth. The data also indicate that geographical location has some impact on children's access to grandparents, not withstanding the fact that the majority of children in remote rural areas are as likely to have contact with all grandparents and very regular contact with some grandparents as those in urban areas. The small proportion who have relatively little contact with their grandparents (less than once a month) in remote rural areas is significantly higher than it is in urban areas (just over a fifth of toddlers in remote rural areas compared with one out of ten in large urban areas). Furthermore, it is likely that due to the constraints of geographical distances, parents in remote rural areas receive lower levels of support from grandparents than those in other areas.

Many parents have limited knowledge of a range of services and policies specifically aimed at supporting their parenting and their child's development. Unlike with informal support, there is no obvious match between need of support and the likelihood of receiving it. It is not surprising that the SureStart programme is not well known to parents as the range of services funded by SureStart are not only targeted at a particular group of vulnerable children but are also delivered locally in many shapes and forms that are not necessarily identified as Sure Start. However, it seems that the web-based and phone line services that seek to be accessible (Parentline Scotland and Childcare Link) need a much higher profile if they are be part of the repertoire of resources available to the majority of parents, including parents in more disadvantaged circumstances. As research on service use has demonstrated, knowledge of services, often a prerequisite to accessing their support, varies with levels of education and socio-economic status. The better educated and more advantaged mothers are the most informed. As well as typically lacking the advantages of high levels of education and income, lone parents, by definition, are without a co-resident partner to act as another pair of ears. Lone parents and young first-time mothers are less likely to have information about services and to know about and attend mother and baby or mother and toddler groups. They were also more likely to feel shy or awkward about attending if they were aware of such groups.

chapter

6 CHILD HEALTH AND DEVELOPMENT

6.1 Introduction

Children and young people are our investment in Scotland's future, and their health is a vital part of that investment.' (Scottish Executive, *Delivering a Healthy Future 2006* p. 7)

One of the Government's key priorities is to improve health for all and reduce health inequalities. In recent years, there have been a number of consultation and guidance documents on child health. The Scottish Executive's 2004 child health consultation document, *Health for all children* ('Hall 4') includes a central concern with health and development in the early years, which is seen as part of a wider strategy 'to promote effective and integrated provision of universal and targeted services for children and families' (p. 2). This document suggests various universal and targeted services for early years, noting (p. 23) that the most disadvantaged children are least likely to take up routine health checks. Child health continues to be a policy priority. In April 2006, a further consultation document was published by the government, *Delivering a Healthy Future: An Action Framework for Children and Young People's Health In Scotland,* setting out an action framework developed by the Children and Young People's Health Support Group. Central to developing effective universal and targeted services to improve infant health is a solid evidence base about babies and toddlers' health and development. This chapter examines the health of babies and toddlers, any longer-term illnesses and disabilities they may have, illnesses and accidents which have resulted in contact with NHS services as well as presenting information on a limited number of child development milestones and parents' concerns about these.

6.2 General health of children

6.2.1 Parents' perceptions of health of children

Table 6.1 shows that the vast majority of respondents (94%) thought that the health of their baby or toddler was at least good. There was little variation between the responses of those in different household socio-economic categories and in those responding from areas of differing levels of relative deprivation.

Table 6.1 Perceptions of general health of child by sample type

Child health	Sample type (%)	
	Baby	Toddler
Good/Very good	94.1	94.2
Fair to very bad	5.9	5.8
Bases		
Weighted	*5217*	*2858*
Unweighted	*5217*	*2858*

6.2.2 Health problems or disabilities

Respondents were asked whether their child had any health problems or disabilities that had lasted, or were expected to last in the case of babies, for one year or longer. In total, 13% of babies and 18% toddlers were reported as having such a health problem (see Table 6.2). These longer-term health problems were more common in lone parent than couple families (20% and 17% respectively in the toddler cohort), in male compared with female babies (15% and 11%) and in those responding from households where four or more children were living.

Table 6.2 Child with health problem or disability by sample type and other factors

	% with health problem							
		Family type		Sex of child		Number of children in household		
	All sample	Lone parent	Couple	Boy	Girl	One	Two	Three
Baby	13.2	15.5	12.7	15.2	11.2	11.6	14.6	15.8
Toddler	17.5	19.9	16.7	17.5	17.5	17.2	17.0	24.5
Bases								
Weighted								
Babies	*5217*	*1059*	*4158*	*2689*	*2528*	*2471*	*2510*	*236*
Toddlers	*2858*	*701*	*2157*	*1468*	*1390*	*971*	*1742*	*145*
Unweighted								
Babies	*5217*	*978*	*4239*	*2683*	*2534*	*2445*	*2550*	*222*
Toddlers	*2858*	*655*	*223*	*1467*	*1391*	*942*	*1763*	*153*

The relationship between health problems or disabilities and the birth age of the mother and the family household income can be seen in Figure 6-B and Figure 6-C. Lower proportions of both babies and toddlers with mothers aged 40 or over were reported as having longer-term health problems, although the base numbers were relatively low in the under 20 and over 40 categories. Respondents from households with lower levels of income were more likely to state that their babies or toddlers had experienced or were expected to experience a health problem or disability lasting for at least one year.

Figure 6-A Child having health problem or disability for one year by age of mother at birth of cohort child

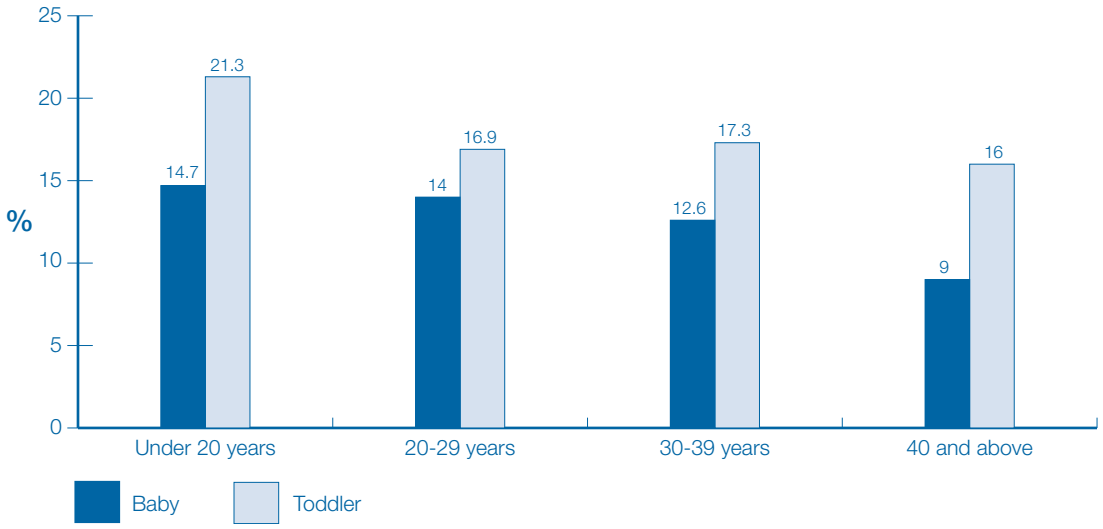
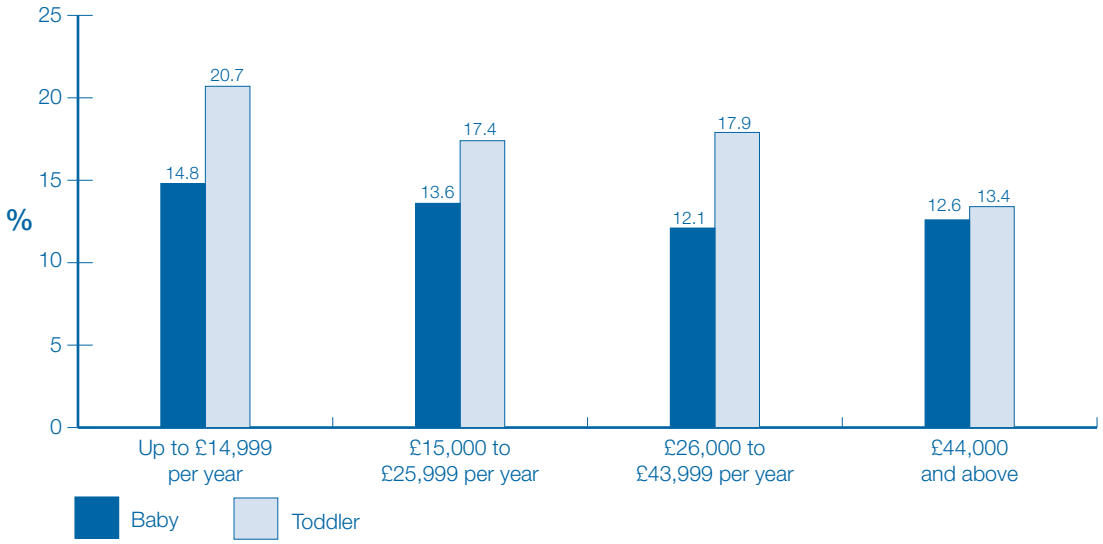


Figure 6-B Child having health problem or disability for one year by household income quartiles



Eleven percent of babies and 16% of toddlers were said to have or to have had a longer-term health problem or disability that had a major effect on the child's ability to carry out day-to-day activities.

6.3 Health problems requiring NHS contact

6.3.1 Number and type of health problems

Respondents were asked how many times their child had experienced a health problem, excluding accidents and injuries, which had required contact with the NHS, including visits to the GP, accident and emergency or making a call to NHS 24. Table 6.3 demonstrates that babies' parents tended to have more dealings with the NHS than toddlers' parents did. Twenty-eight percent of babies had three or more problems resulting in NHS contact compared with 20% of toddlers, and only 18% of babies had no such episodes requiring NHS contact. In addition, respondents with more children in the household were much more likely to report that their child had not had any health problems requiring NHS assistance; this was true for both babies and toddlers (see Table 6.3), although the numbers of respondents with four or more children living with them was comparatively low. This may suggest that those with more children are more likely to have the experience and confidence to deal with health problems themselves or, possibly, that they do not have the time to seek help and assurance if the problem is perceived to be minor. In addition, babies or toddlers of mothers with no educational qualifications were more likely to have not required NHS contact for a health problem (Figure 6-C). This may reflect lack of access to services among this group, or an 'education effect' which leads better educated parents to seek professional help for relatively minor ailments.

Table 6.3 Number of health problems requiring NHS contact by cohort and number of children in household

Number of health problems requiring NHS contact: BABIES	% with health problem requiring NHS contract			
	Sample type	Number of children in household		
	Baby	One	Two or three	Four or more
None	18.3	15.9	19.8	26.8
One	30.1	29.1	31.1	29.5
Two	23.7	24.7	22.9	22.5
Three	12.9	14.3	11.9	8.5
Four or more	15.0	16.1	14.2	12.7

Table 6.3 *(continued)*

Number of health problems requiring NHS contact: TODDLERS	% with health problem requiring NHS contract			
	Sample type	Number of children in household		
	Toddler	One	Two or three	Four or more
None	28.2	20.1	31.8	39.1
One	29.9	31.6	28.6	32.4
Two	21.4	23.4	21.0	13.0
Three	9.5	11.8	8.3	9.1
Four or more	10.9	13.0	10.1	6.3
Weighted				
Baby	*5217*	*2471*	*2510*	*236*
Toddler	*2858*	*971*	*1742*	*145*
Unweighted				
Baby	*5217*	*2445*	*2550*	*222*
Toddler	*2858*	*942*	*1763*	*153*

Figure 6-C Child having no health problem requiring NHS contact by highest maternal educational qualification

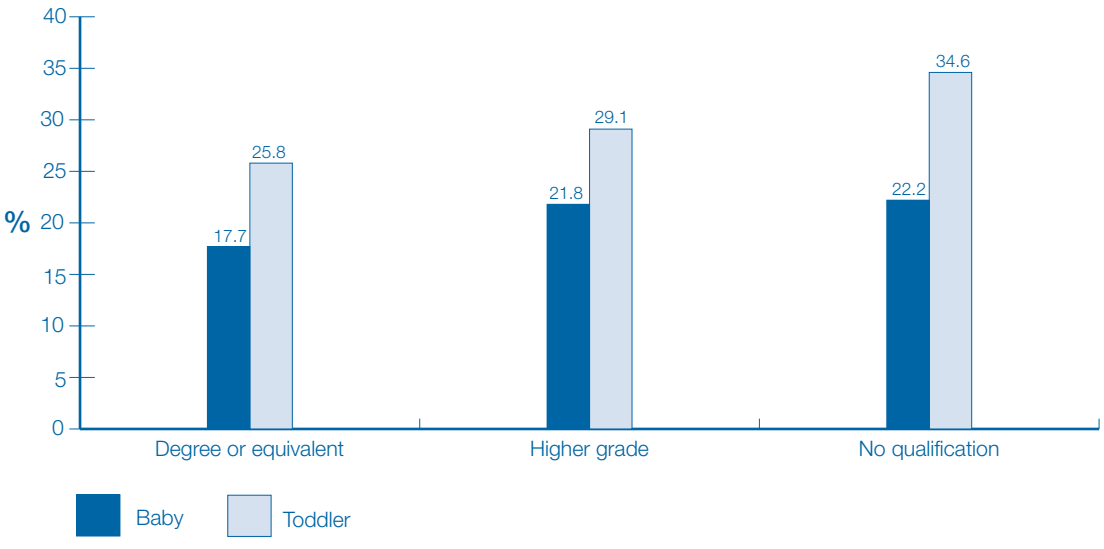


Table 6.4 shows that the most common illness/problem that resulted in the respondent seeking NHS contact was the child having a cough, cold or fever, with half of the respondents who had sought NHS help stating that this was the underlying cause. Skin problems were the next most common problem and this was more likely to be the case in babies than in toddlers (29% versus 23%).

Table 6.4 Health problem requiring NHS contact by sample type

Nature of health problem	% of Sample type	
	Baby	Toddler
Coughs, colds or fevers	49.9	49.5
Skin problems	28.9	23.1
Chest infections	21.4	19.3
Ear infections	13.5	19.6
Persistent or severe vomiting	11.4	8.0
Sight or eye problems	11.5	6.8
Persistent or severe diarrhoea	10.8	7.5
Wheezing or asthma	7.2	9.9
Weighted and Unweighted	*4260*	*2050*

6.4 Accidents and injuries requiring NHS contact

In addition to health problems which resulted in the respondent seeking NHS help, respondents were asked if the child had experienced an accident or injury which had required NHS contact. As would be expected, toddlers were much more likely to require NHS treatment or advice as a result of accidents (24%, compared with 10% of babies). A slightly higher percentage of boys than girls had experienced such accidents or injuries (in toddlers 6% versus 23%; see Figure 6-D).

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

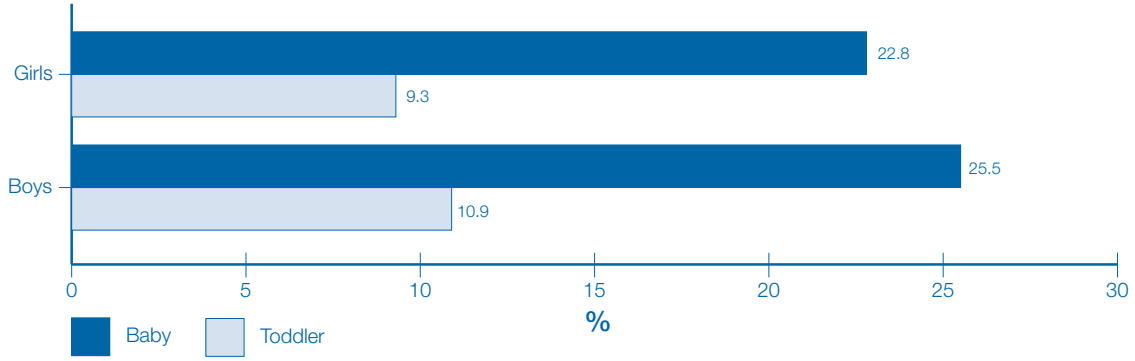
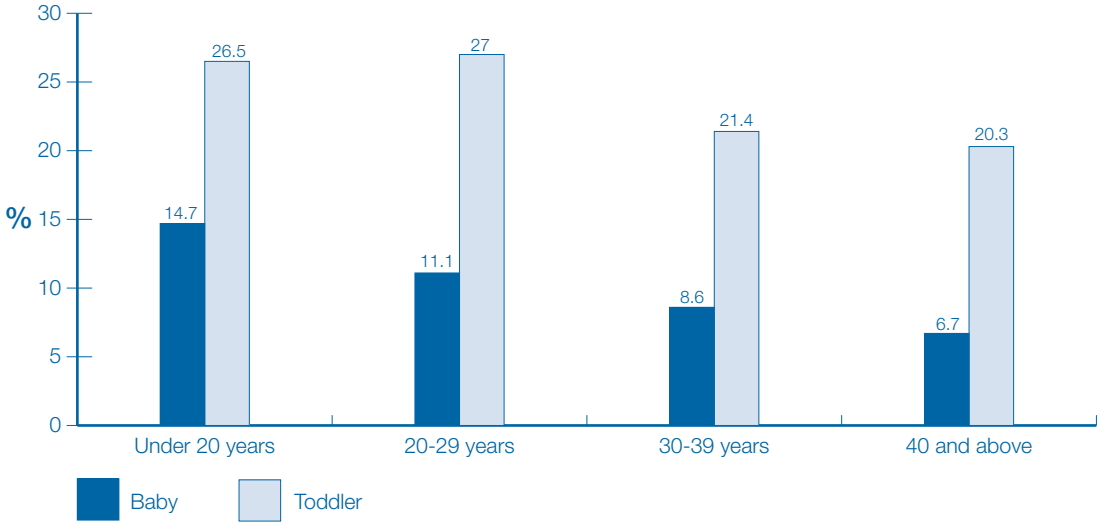


Table 6.5 shows that babies and toddlers of lone parent families were more likely to have had at least one accident requiring a visit to the GP or hospital than those living as part of couple families (e.g. toddlers 29% versus 23%, babies 14% versus 9%). Parents of both babies and toddlers were also more likely to say their children had been taken to the doctors or hospital after suffering an accident or injury if they lived in a household of lower socio-economic classification, the main carer was white and the mother of the child was in the lower birth age categories (see Figure 6-E). However, the base numbers for the other ethnic groups and the birth age of mother categories are relatively low and these figures should be treated with some caution.

Table 6.5 Child having accidents requiring NHS contact by sample type and other factors

	% having 1 accident or more						
		Family type		Household NS-SEC		Ethnicity of main carer	
	All sample	Lone parent	Couple	1	5	White	Other
Baby	10.1	13.6	9.2	8.7	12.6	10.3	6.2
Toddler	24.2	28.7	22.7	22.1	27.5	24.5	15.4
Bases							
Weighted							
Babies	*5217*	*1059*	*4158*	*2517*	*1043*	*5004*	*209*
Toddlers	*2858*	*701*	*2157*	*1372*	*620*	*2747*	*108*
Unweighted							
Babies	*5217*	*978*	*4239*	*2612*	*975*	*5014*	*199*
Toddlers	*2858*	*655*	*2203*	*1423*	*581*	*2754*	*101*

Figure 6-E Child having accidents requiring NHS contact by age of mother at birth of cohort child



6.4.1 Type of accident or injury and consequence

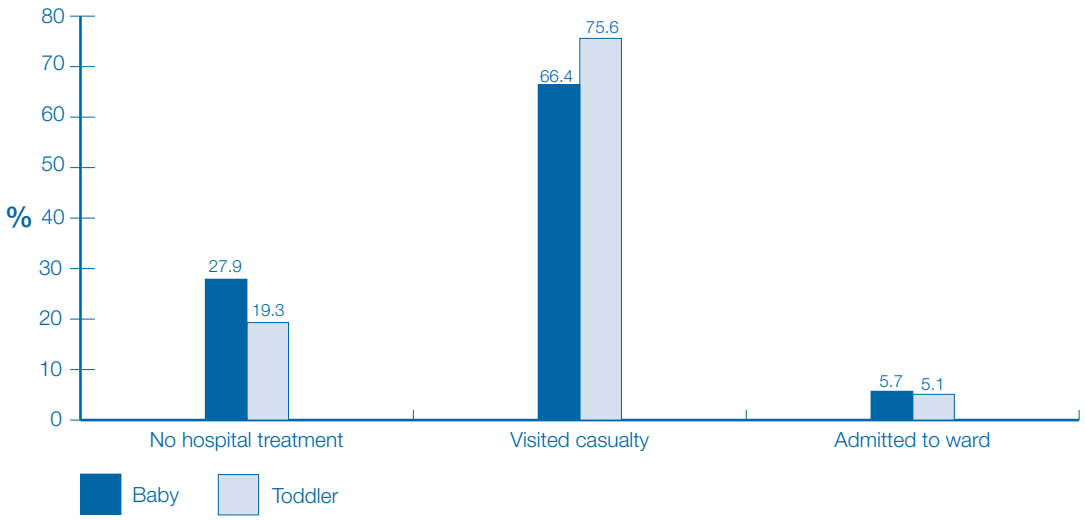
For both babies and toddlers, the most common type of accident or injury requiring NHS contact involved a bang on the head; a majority of all accidents occurring in babies were of this type (see Table 6.6). There were clear differences between the nature of accidents and injuries reported for babies and toddlers. Babies were much less likely to require treatment for more serious injuries such as broken bones and cuts requiring stitches. Figure 6-F demonstrates that only about 5% of babies and toddlers were admitted as in-patients as a result of their accidents, and two-thirds of babies and three-quarters of toddlers had to visit accident and emergency departments.

Table 6.6 Nature of accidents requiring NHS contact by sample type

Nature of accident	% of Cases	
	Baby	Toddler
Nature of accident	Baby	Toddler
Bang on head	64.3	42.0
Cut or graze	8.3	13.9
Cut needing stitches	0.5	12.5
Burn or scald	9.9	7.5
Broken bone	1.5	11.2
Knock/fall (non-penetrating accident)	6.5	8.1
Ingestion of household cleaner/poison/pills	2.3	5.7
Weighted and Unweighted base	*527*	*690*

Respondents reported on up to four types of accident per child

Figure 6-F % of children requiring hospital treatment as a result of accident by sample type



6.5 Hospital inpatient admissions

The respondents were asked if their child had ever been admitted as an inpatient to hospital as a result of an illness or health problem. This was more likely to have happened to toddlers than babies (see Figure 6-G and Table 6.7; 22% versus 14%). Figure 6-G also shows that boys were more likely to have had at least one hospital admission and higher percentages of toddlers in lone parent families had been hospital inpatients. Higher percentages of respondents in the lowest household income quartile stated that their babies or toddlers had been admitted to hospital and mothers who had given birth at a younger age were much more likely to say that their child had been an inpatient (see Table 6.7).

Figure 6-G % of children having one or more hospital admissions by sex and family type

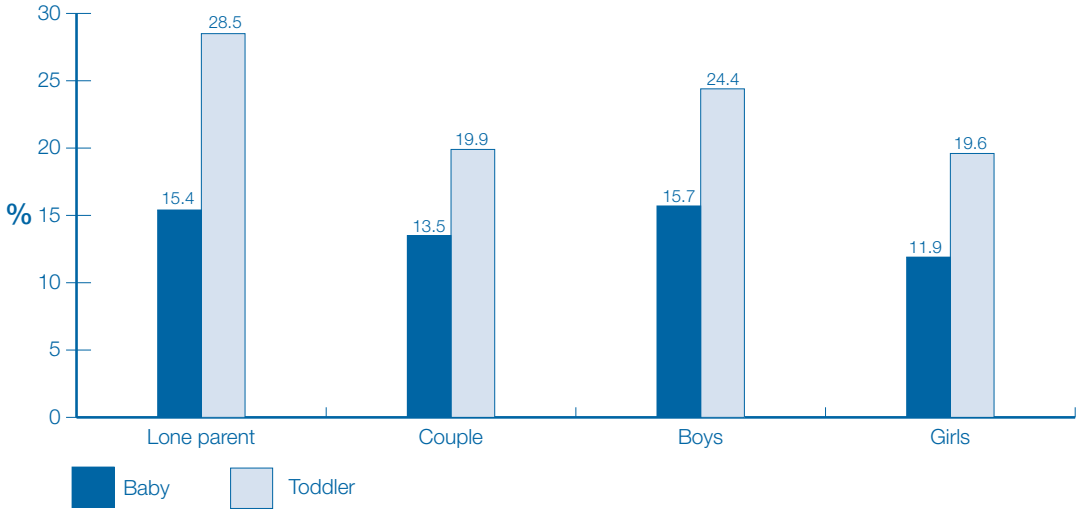


Table 6.7 Child having one or more hospital admission by age of mother at birth of cohort child

Reason	% with one or more admission				
		Age of mother at birth of cohort child			
	All sample	Under 20	20 – 29 years	30 – 39 years	40 or older
Baby	13.9	17.7	14.8	12.8	7.9
Toddler	22.0	26.9	21.7	21.9	16.6
Bases					
Weighted					
Babies	*5217*	*404*	*2186*	*2440*	*176*
Toddlers	*2858*	*213*	*1206*	*1346*	*75*
Unweighted					
Babies	*5217*	*350*	*2094*	*2573*	*189*
Toddlers	*2858*	*182*	*1144*	*1428*	*86*

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

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. Parents in the toddler cohort were also asked about the sources of information or advice they had used when they had concerns about their child's behaviour. The list of sources presented to respondents included formal services such as family doctors, telephone helplines 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.

6.6.1 Sources of help, information and advice about the child's health

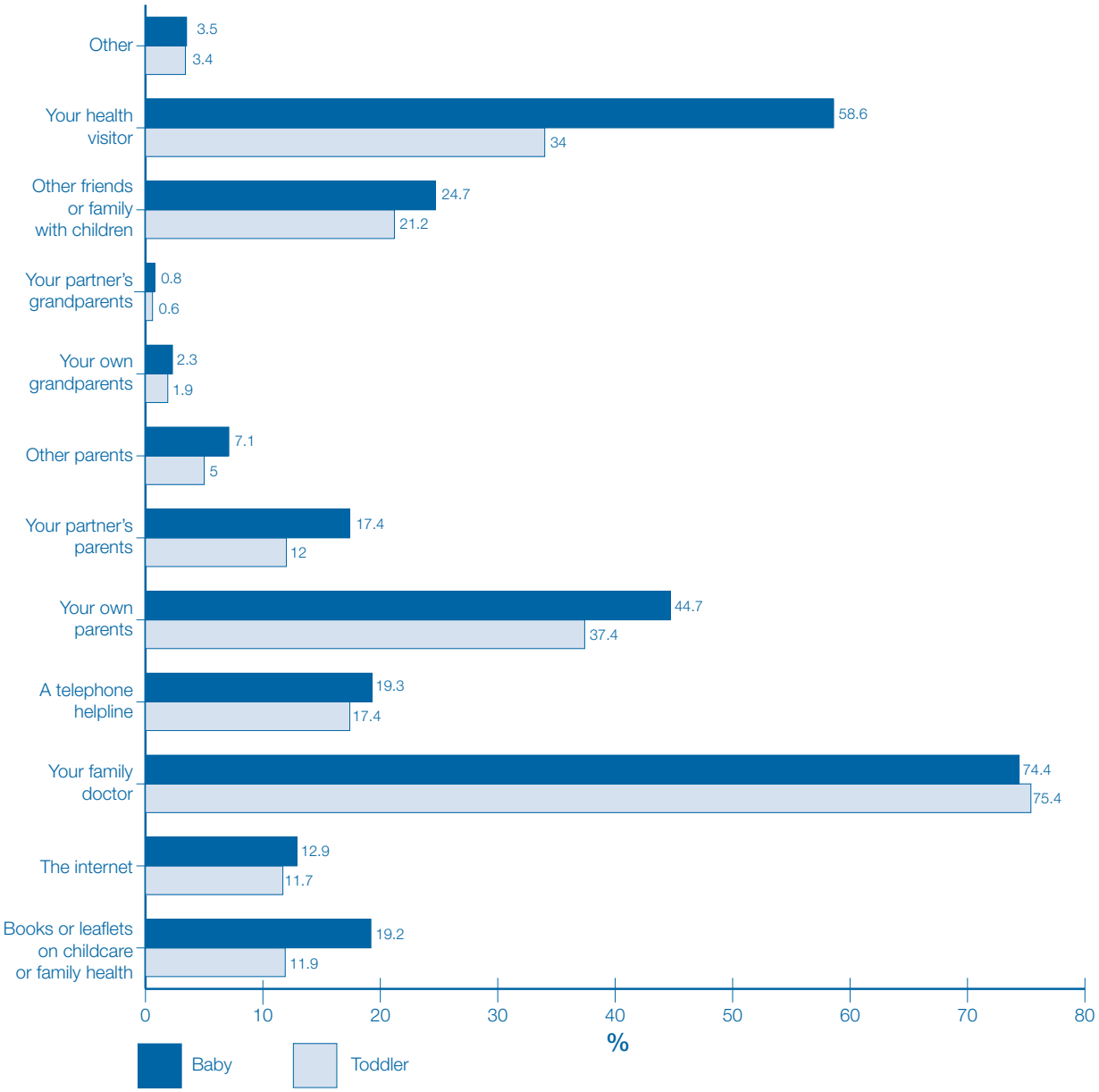
Almost all parents in both samples (89% overall) said they had consulted at least one person or service for information or advice on the cohort child's health. Parents in the baby cohort were slightly more likely to have had sought health advice about their child and to have used more sources of health advice than parents in the toddler cohort.

Parents in couple families were only slightly more likely than lone parents to have sought help, information or advice about the sample child's health (in the baby cohort, 91% compared with 89%). However, parents in couple families on average had consulted a larger number of different sources than lone parents had; in the baby cohort 20% of parents in couple families had consulted five or more sources of advice compared with 9% of lone parents. A similar pattern exists among mothers of different ages. Whilst mothers in different age groups were all just as likely to have sought help or advice, those in their thirties were more likely than younger mothers and those aged 40 or older to have used a larger number of sources. As might be expected, first-time mothers were both more likely to have sought help or advice and more likely to have done so from a greater number of sources than were mothers who already had children.

Responses varied with levels of area deprivation and household income. Parents in the least deprived quintile and those in higher income households were more likely to have sought information and to have sought it from a greater number of sources. For example, 88% of parents in the highest income quartile had looked for information or advice about the sample child's health in the last year and 17% had used five or more sources compared with 84% and 5% respectively for respondents in the lowest income quartile.

The proportions of parents using each type of source is detailed in Figure 6-H overleaf. Local doctors were by far the most popular source of information and advice about the sample child's health. Around three-quarters of respondents from both samples said they had contacted their doctor with a concern over the child's health in the last year. Health visitors were also popular sources of advice particularly, as might be expected, for parents in the baby cohort. The respondent's own parents (the child's grandparents) and their other family or friends with children were the two most common informal sources of advice on child health with the respondent's own parents being a more common option than friends and family.

Figure 6-H % of parents using each source for help, information or advice on sample child's health by sample type



Key differences existed in the range of sources used by different sets of parents. For example, lone parents were less likely than parents in couple families to have used books or leaflets, the Internet, health visitors (particularly in the baby cohort) and telephone helplines. Instead, lone parents were more likely to draw on their own parents for advice, as were younger mothers in general. Family doctors were the only source of advice that was used relatively evenly across the sample.

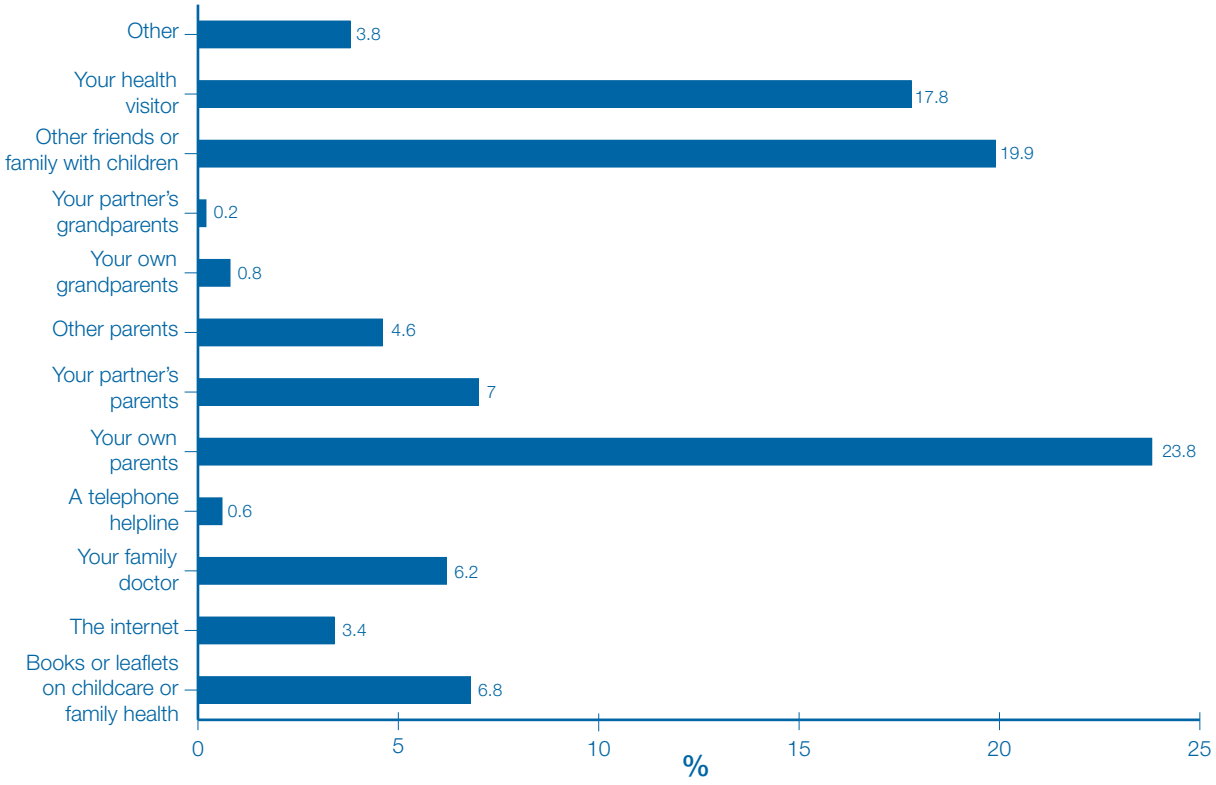
6.6.2 Sources of help, information and advice about the child's behaviour

In general, toddlers' parents were much less likely to have had a concern about their child's behaviour than their child's health. Half of parents in the toddler sample reported that they had had no concerns about their child's behaviour in the last year. Most of those who had had a concern used only one or two sources of information or advice. Only 1% of toddlers' parents sought information or advice about their child's behaviour from five or more sources in the last year.

There were no significant differences between lone parents and couple families in the likelihood to have sought advice and the number of sources used. Analysis did reveal however, that mothers aged 40 or older were less likely to have sought advice on this matter. There were no statistically significant differences between the other age groups. Nor were there any notable differences by area urban-rural category or neighbourhood deprivation.

The types of sources used by parents for advice about their child's behaviour are displayed in Figure 6-I. Informal sources of support featured more prominently in this instance. The respondent's own parents were the most commonly cited source of help for this matter, used by around a quarter of parents in the toddler cohort. Other friends or family with children were also a commonly mentioned source of information, used slightly more than health visitors. Local doctors, mentioned frequently in relation to concerns about child health, are not consulted as often in relation to behavioural problems. The same pattern is also true for books and leaflets. Overall, there was little notable variation in the sources used by respondents with different characteristics.

Figure 6-I Toddlers' parents using each source for help, information or advice on sample child's behaviour



6.7 Child development

6.7.1 Concerns about child's development and behaviour

Figure 6-J and Table 6.8 show that respondents were more likely to express concern about the development and behaviour of toddlers than of babies (19% versus 8%). This is not surprising given toddlers' increased capacity to demonstrate developmental milestones and express themselves behaviourally. In general, parents were more likely to have concerns about the development and behaviour of male than female toddlers (23% versus 15%). Concerns about the development of toddlers in particular also seemed to be more common among lone parent families and among respondents in households in lower income quartiles. Higher levels of concern about child development were also reported by those from non-white ethnic groups, although the small sample size means that these results need to be treated with some caution.

Figure 6-J Percentage of respondents with some concerns about child's development, learning and behaviour by sex and family type

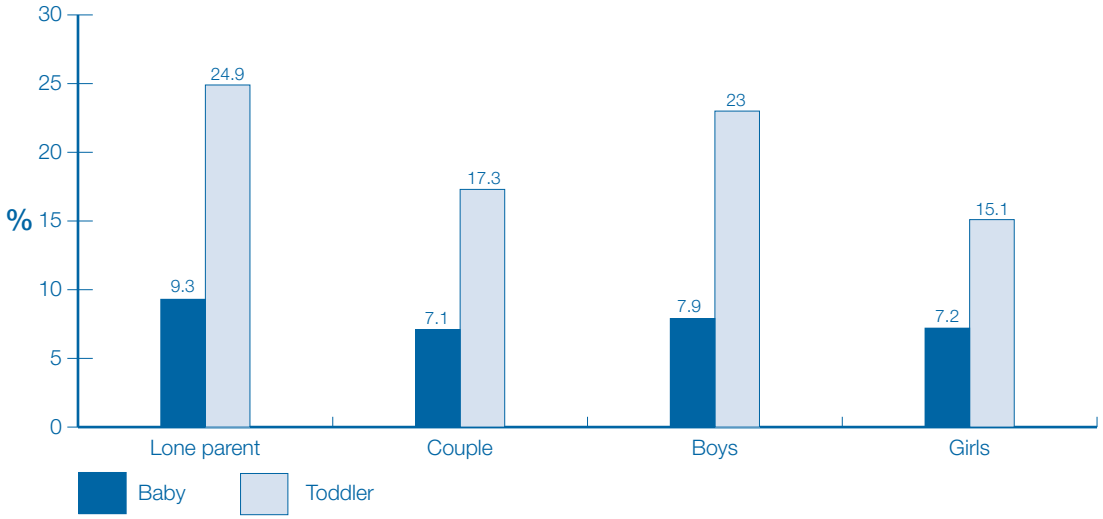


Table 6.8 Percentage of respondents with some concerns about child's development by sample type and other factors

	% with at least some concerns						
		Household income quartile		Ethnicity of main carer		Mother's highest education qualification	
	All sample	Up to £14,999	£44,000 and above	White	Other	Degree or equivalent	No qualifications
Babies	7.5	8.9	6.4	7.4	11.8	7.7	9.1
Toddlers	19.2	25.8	13.4	18.8	28.4	13.6	25.0
Bases							
Weighted							
Babies	*5217*	*1439*	*805*	*5004*	*209*	*1392*	*501*
Toddlers	*2858*	*798*	*510*	*2747*	*108*	*751*	*308*
Unweighted							
Babies	*5217*	*1352*	*853*	*5014*	*199*	*1456*	*471*
Toddlers	*2858*	*750*	*538*	*2754*	*101*	*789*	*292*

6.7.2 Child weight

Table 6.9 demonstrates that the GUS sample (10.5 months) had the same median weight as the WHO figures for 11-month olds, but also tended to have lower figures for the 3rd percentile and higher figures for the 97th percentile.

Table 6.9 Comparison of weights: WHO and GUS Figures

	Weight of babies				
	Weight of 10 and 11 month GIRLS in kg (percentiles)				
	3rd	15th	Median	85th	97th
WHO: 10 months	6.8	7.5	8.5	9.6	10.7
WHO: 11 months	7.0	7.7	8.7	9.9	11.0
GUS	6.5	7.5	8.7	10.0	11.2
	Weight of 10 and 11 month BOYS in kg (percentiles)				
WHO: 10 months	7.5	8.2	9.2	10.3	11.2
WHO: 11 months	7.7	8.4	9.4	10.5	11.5
GUS	6.6	8.1	9.4	10.7	12.1

6.7.3 Developmental milestones of babies

Table 6.10 shows the percentage of male and female babies able to achieve particular developmental tasks. When gross motor skills are considered there is little difference between the sexes, although slightly higher percentages of boys were reported as being able to stand with the aid of support and take a few steps on their own. Female babies tended to be more advanced in relation to specific fine motor co-ordination tasks, such as putting their hands together, as well as their ability to make gestures. For example, female babies were much more likely to wave goodbye spontaneously to someone leaving than male babies were (88% versus 76%). Overall, higher percentages of babies have achieved the developmental milestones outlined in Table 6.10 than was the case in the MCS, which is likely to reflect the slightly older age group of interest studied by GUS. However, the pattern of female babies demonstrating greater levels of communicative gestures and, to a lesser extent, more advanced fine motor skills, is a feature of both studies.

Table 6.10 Developmental milestones of babies by sex

	Boys (%)	Girls (%)
Gross Motor Coordination		
S/he can sit up without being supported	98.7	99.8
If put down on floor s/he can move from one place to another	94.3	93.9
S/he can stand up while holding onto something like furniture	89.2	86.5
S/he can walk a few steps on his/her own	24.3	22.4
Fine Motor Coordination		
S/he grabs objects using his/her whole hand	99.8	99.8
S/he passes a toy back and forth from one hand to another	98.6	98.8
S/he can pick up a small object using forefinger and thumb only	96.7	97.0
S/he puts his/her hands together	95.6	97.6
Fine Motor Coordination – Gestures		
S/he smiles when you smile at him/her	99.9	100.0
S/he extends arms to show/he wants to be picked up	96.4	96.8
S/he reaches out and gives you a toy or some other object that s/he is holding	92.6	94.8
S/he waves bye-bye on his/her own when someone leaves	76.4	87.8
S/he nods his/her head for 'yes'	18.7	21.3
BASES: Weighted	*2689*	*2528*
Unweighted	*2683*	*2534*

The MCS also suggested that communicative gestures tended to be more advanced among those living in areas with high levels of minority ethnic populations and in areas of lower socio-economic status. As has been noted previously, the sample size for minority ethnic groups in GUS is relatively small, and the results for communicative gestures are not consistent when ethnicity is considered in any case. However, there was some evidence to support the MCS finding that those brought up in areas of greater relative deprivation might have more advanced communicative gestures with, for example, 71% of female babies from the most deprived areas reported as being able to wave goodbye often compared with 63% of female babies from other areas. In addition, babies of younger mothers tended to have more advanced abilities in relation to gestures (e.g. 56% of male babies born to under 20s were able to wave goodbye often compared with 40% of those born to mothers above the age of 40).

6.7.4 Developmental milestones of toddlers

Female toddlers tended to have attained more of the developmental milestones outlined in Table 6.11 than male toddlers. This was especially true for tasks which involved getting dressed or undressed, although arguably this might in part reflect different patterns of play or girls and boys being treated differently by their parents and carers. However, higher percentages of girls than boys also had the capacity to carry out more complicated fine motor tasks such as copying squares and circles (circles = 90% versus 80%).

Table 6.11 Developmental milestones of toddlers by sex

	Boys (%)	Girls (%)
S/he can throw a ball	99.9	99.6
S/he can grasp and handle small objects such as a pencil and scissors	99.9	99.7
S/he can hold a pencil and scribble	99.5	99.3
S/he can walk on the level without difficulties	99.5	99.1
S/he can drink from a cup	98.8	99.0
S/he can brush his/her teeth without help at least some of the time	94.7	95.3
S/he can walk up steps like an adult, one foot on each step	97.4	97.3
S/he can draw a circle	80.3	90.0
S/he can balance on one foot for at least 4 seconds	79.9	84.0
S/he can hop at least twice on one foot	72.7	76.6
S/he can undo big buttons	68.6	84.1
S/he can put on a t-shirt by his/herself	68.2	85.5
S/he can copy a square	33.2	39.6
S/he can get dressed without any help	29.1	56.0
BASES: Weighted	*1468*	*1390*
Unweighted	*1467*	*1391*

6.7.5 Speech and language development

Figure 6-K shows that female toddlers were more likely than male toddlers to be perceived as able to make themselves understood by the respondents, by other friends or family members and by strangers. For example, 73% of girls compared with 63% of boys were reported as having the ability to make themselves understood by strangers.

Figure 6-K Toddlers mostly able to make themselves understood by respondents, friends/family and strangers by sex

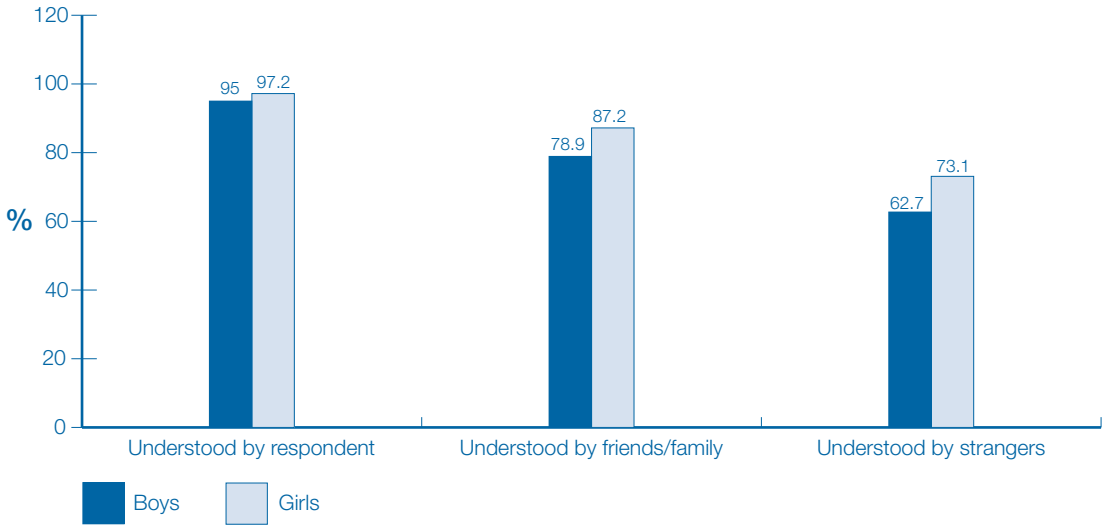


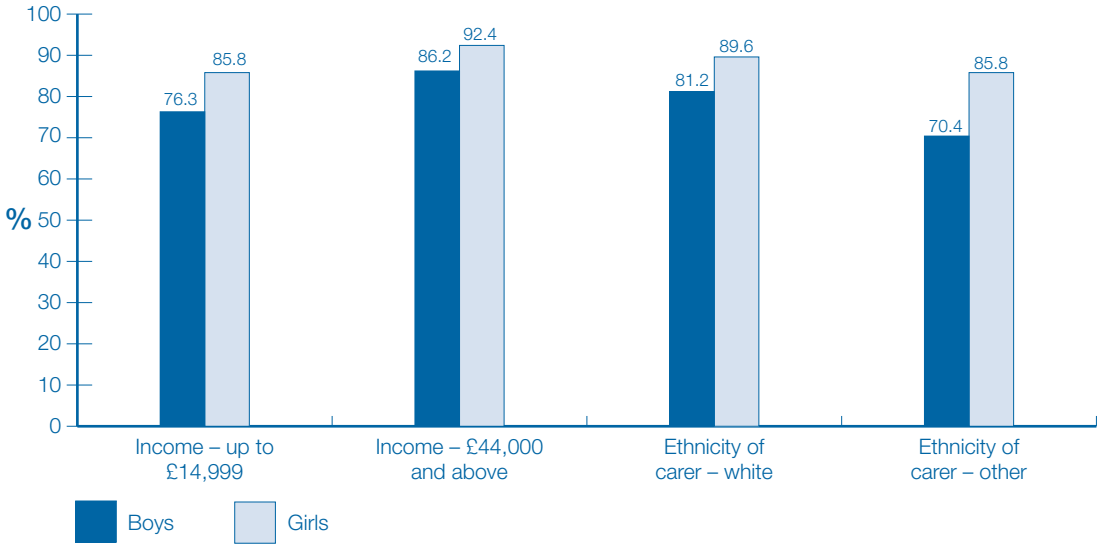
Table 6.12 demonstrates that respondents were less likely to have concerns about speech and language development with female than male toddlers (90% reporting no concerns versus 81%). The major concern expressed by respondents was in relation to the pace of language development.

Table 6.12 Concerns about toddlers' speech and language by sex

	Boys (%)	Girls (%)
No concerns	80.9	89.5
Language is developing slowly	11.2	4.9
Child pronounces words poorly	6.6	3.7
Hard for others to understand child	6.3	2.2
Child stutters	1.2	0.6
Child doesn't hear well	0.8	0.7
Child doesn't seem to understand others	0.5	–
Other	3.2	2.2
BASES: Weighted	*1468*	*1389*
Unweighted	*1467*	*1391*

Figure 6-L shows that those in higher income groups and of a white ethnic background had lower levels of concern about toddlers' speech and language than those in lower income groups and of an other ethnic background. However, lower numbers means that this result does have to be treated with some caution.

Figure 6-L No concerns about toddlers' speech and language by household income quartiles, ethnic group and sex



6.8 Key points

- The vast majority of parents perceived the general health of their baby/toddler to be good or very good. In total 13% of babies and 18% of toddlers were reported as having a long-standing illness, with slightly higher rates among lone parents, those in the lowest income quartile and with male babies.
- In terms of health problems requiring NHS contact around eight in ten babies and seven in ten toddlers had experienced at least one health problem that required contact with the NHS (excluding accidents and injuries). The most common problems that resulted in the respondent seeking medical or nursing help on behalf of their baby or toddler were respiratory tract and skin infections.
- Toddlers were much more likely than babies to require NHS treatment/advice as a result of accidents (24% versus 10%). The most common type of accident or injury for both cohorts was a bang on the head (64% baby cases, 42% toddler cases). Only about 5% of babies and toddlers were admitted as in-patients as result of their accidents.
- Most parents has sought some form of help or information on their child's health in the last year. GPs and health visitors were the most common sources used. Lone parents and young mothers were less likely to have used other formal resources such as books or telephone helplines being more likely instead to seek advice from informal sources particularly their own parents.
- In regards to child development the parents were more likely to express concern about the development and behaviour of toddlers than babies (19% versus 15%) and were more likely to have concerns about male than female toddlers (23% versus 15%).

- There were few differences between the sexes in relation to gross motor skills. More pronounced differences were evident between the sexes in relation to fine motor skills and communicative gestures with girls tending to be more advanced. Respondents were more likely to express concerns about language development in relation to male than female toddlers.

6.9 Conclusion

Children's general health and development was reported by parents as good or very good overall and this assessment was fairly uniform across the population, although there was some evidence of less advanced development by children from more disadvantaged settings and by boys than girls. Against this positive backdrop of babies and toddlers good health were episodes of routine ill-health on occasion that necessitated contact with health services. The great majority of babies and toddlers were reported to have had some contact with the NHS, with more babies using services and using them more often than toddlers. Lone parents, parents of boys and parents from low income households were slightly more likely to report health problems that involved NHS contact. Of those children with longer term health problems, parents reported a major impact on their ability to carry out day-to-day activities for around a tenth of babies and around a sixth of toddlers.

A minority of parents reported that an accident or injury necessitated NHS help, more commonly involving a toddler than a baby, and slightly more often involving boys than girls and children from lone parent and lower income families. The rate of in-patient hospital admission for GUS babies is slightly lower, at 6%, than that reported by the MCS of 15% (Dex and Joshi, 2005:15). The most common type of injury involving NHS contact by far was a bang on the head, accounting for nearly two-thirds of babies' injuries and just over two-fifths of toddlers' injuries. Very few children with injuries were admitted to hospital as in-patients, the majority being treated in accident and emergency departments.

Most parents reported they had no concerns about their children's motor and linguistic development. However, more parents of toddlers than of babies, and of boys than girls, expressed concerns about their child's development, learning and behaviour. Higher levels of concern were also expressed by lone parents, by parents in lower income households and by parents from minority ethnic groups. Appropriate developmental milestones of gross and fine motor coordination and linguistic and other communication skills were achieved by the great majority of babies and toddlers, with a slightly higher proportion to that found in the MCS and with a slightly higher proportion of female than male toddlers attaining the relevant developmental milestones to that found in the MCS.

chapter

7

PARENTING STYLES AND PARENTING RESPONSIBILITIES

7.1 Introduction

Social scientists have long debated the cause and consequences of different parenting styles for children. This chapter reports attitudes to a number of aspects of parenting including the value of expert knowledge. While expert knowledge indicating good and bad ways of parenting has entered popular culture and informs a number of parenting programmes, it may be helpful to know more about how widely the interviewed parent, predominantly mothers, accept the idea of learning from experts. Questions asked of parents included an item on their attitude to smacking which has been a matter of particular public and policy debate. Data on parenting styles are also reported. Parenting styles were explored through questions about the activities and resources parents use in interaction with their children. Variations in parenting styles are not, of course, reducible to good and bad parenting, and agreement is lacking, even among experts, about many aspects of parenting. Some researchers have suggested that dominant understandings of 'good parenting' typically gloss over the impact of socio-economic circumstances on differences in the amounts of time, energy and material resources mothers have for 'sensitive' or 'attentive' mothering and shape the lessons that they communicate to children (Gillies, 2005, Walkerdine and Lucey, 1989). Walkerdine and Lucey (1989, 115), have argued, for example, that if a working-class mother is more likely than a middle-class mother to simply say no to a child demanding their attention, this reflects the class-specificity of learning 'you cannot always have what you want when you want it' rather than a lack of understanding of good parenting techniques.

The chapter then ends with discussion of gendered divisions of labour. Couple households offer the possibility of a division of labour around child care and household chores, and gendered divisions of labour may in turn interact with styles of parenting.

7.2 Attitudes towards parenting

Parents were asked a variety of attitudinal questions about family life and being a parent, different parenting techniques, and asking for help or advice about parenting. Respondents were asked whether they agreed or disagreed with each statement using a five-point scale (from 'agree strongly' to 'disagree strongly'). Summarised responses by sample type are detailed in Table 7.1.

Table 7.1 Attitudes towards parenting by sample type

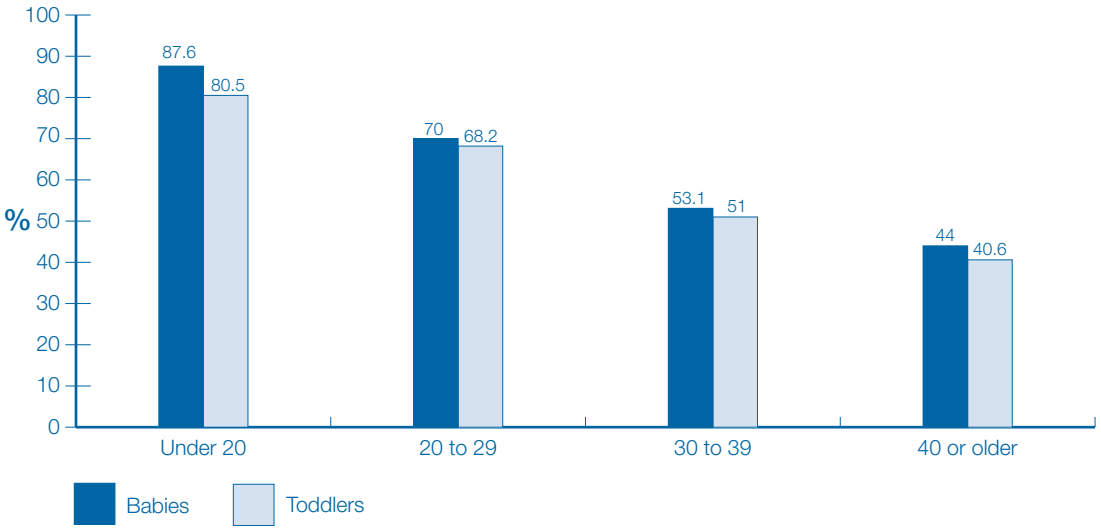
Attitude/Response	Sample type	
	Baby	Toddler
Nobody can teach you how to be a good parent, you just have to learn for yourself		
Agree strongly/agree	62.6	60.4
Neither agree nor disagree	15.4	14.9
Disagree strongly/disagree	22.0	24.7
It's more important to go with what the child wants or needs than to stick to a firm routine for feeding or sleeping		
Agree strongly/agree	35.2	24.4
Neither agree nor disagree	18.8	17.2
Disagree strongly/disagree	45.8	58.4
It's better for children to have two parents than one		
Agree strongly/agree	59.3	56.4
Neither agree nor disagree	20.6	21.3
Disagree strongly/disagree	19.9	22.1
If you ask for help or advice on parenting from professionals like doctors or social workers, they start taking over		
Agree strongly/agree	9.4	10.1
Neither agree nor disagree	24.2	24.1
Disagree strongly/disagree	66.3	63.8
It's difficult to ask people for help or advice unless you know them really well		
Agree strongly/agree	25.2	26.9
Neither agree nor disagree	12.1	13.5
Disagree strongly/disagree	62.6	59.5
It's hard to know who to ask for help or advice about being a parent		
Agree strongly/agree	22.2	24.4
Neither agree nor disagree	14.2	15.6
Disagree strongly/disagree	63.6	59.6
It may not be a good thing to smack, but sometimes it is the only thing that will work		
Agree strongly/agree	30.0	41.7
Neither agree nor disagree	20.9	18.8
Disagree strongly/disagree	49.1	39.6
Bases		
Weighted	*5217*	*2858*
Unweighted	*5217*	*2858*

Attitude 1: Nobody can teach you how to be a good parent, you just have to learn for yourself

Overall, there was a high level of agreement with this statement across both the baby and toddler cohorts with around 60% of parents agreeing or strongly agreeing.

Lone parents were considerably more likely than parents in couple families to agree with the statement (78% compared with 59%) as were younger mothers compared with older mothers (Figure 7-A). In the baby cohort, almost nine in ten (88%) mothers under the age of 20 agreed with the statement compared with less than half of mothers aged 40 or older (44%).

Figure 7-A Percentage strongly agree/agree with statement: 'Nobody can teach you how to be a good parent, you just have to learn for yourself' by age of mother at birth of cohort child

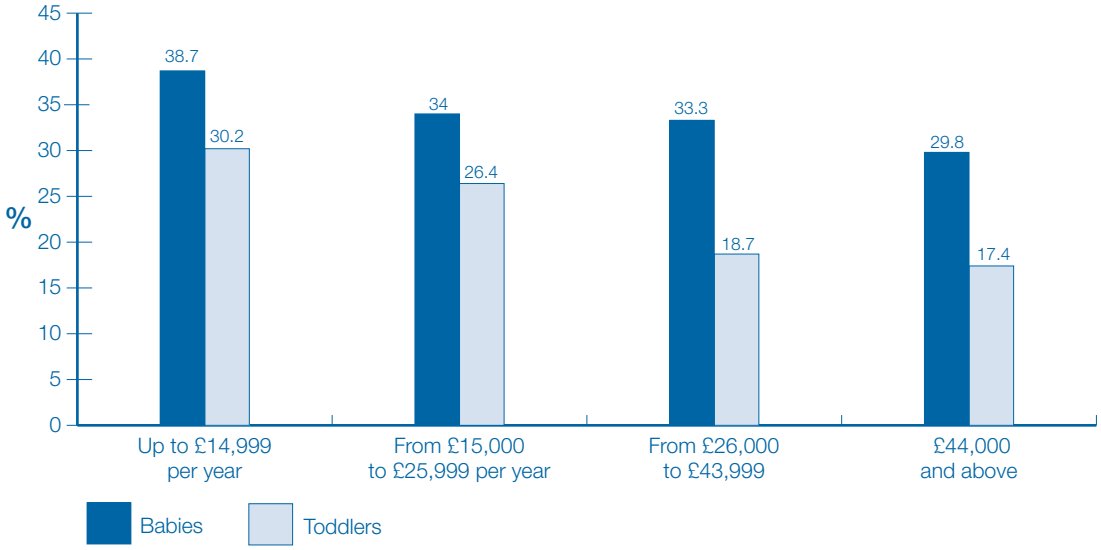


Attitude 2: It's more important to go with what the child wants or needs than to stick to a firm routine for feeding or sleeping

Overall, both baby and toddler parents tended to disagree with this statement indicating they were more in favour of following a routine with their children than being entirely child-led. Toddler parents were more strongly in favour of following a routine than were parents of babies (46% and 58% respectively disagreed).

There was a direct relationship between income and propensity to agree with the statement, with those in lowest income quartile in both cohorts more likely to agree than parents in the higher income quartiles (Figure 7-B).

Figure 7-B Percentage strongly agreeing/agreeing with statement: 'It's more important to go with what the child wants or needs than to stick to a firm routine for feeding or sleeping' by household income quartile



Attitude 3: It's better for children to have two parents than one

In general, most parents agreed with this statement. Not surprisingly, however, lone parents were far more likely than those in couple households to disagree (41% versus 15% respectively). Interestingly though, two-fifths of lone parents still felt it was better for children to have two parents.

There were also some clear differences in response to this question by ethnicity. Respondents from non-white backgrounds were considerably more likely than those from white backgrounds to agree with this statement (83% versus 58% respectively).

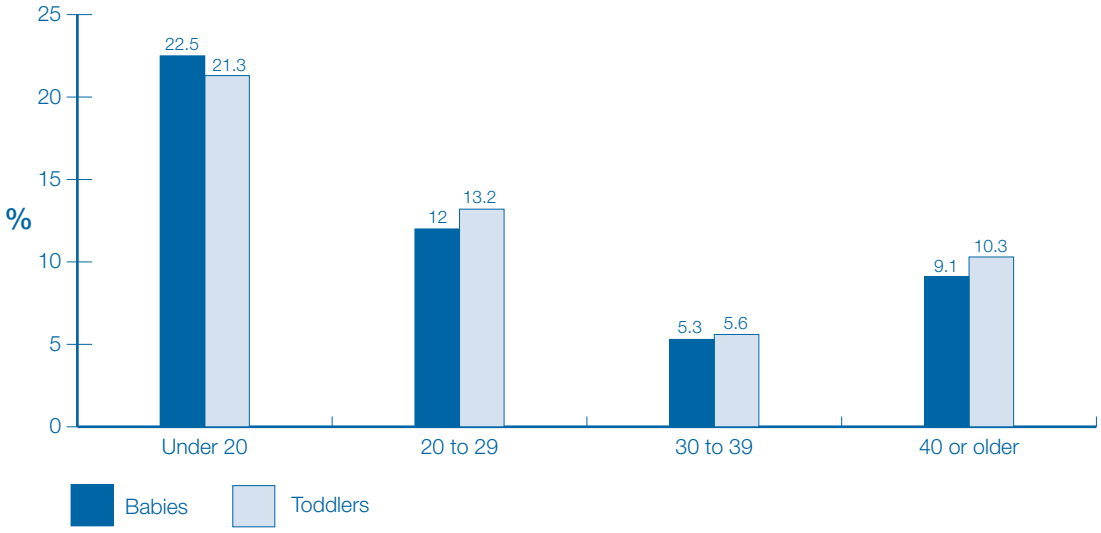
Table 7.2 Percentage agreeing or disagreeing with statement 'It's better for children to have two parents than one' by sample and family type

Activity type/Response	Sample and Family Type			
	Baby		Toddler	
	Lone parent	Couple family	Lone parent	Couple family
Agree strongly	9.6	25.9	7.5	24.5
Agree	30.8	38.3	29.8	38.3
Neither agree nor disagree	18.6	21.2	18.7	22.2
Disagree	33.2	13.2	35.6	13.6
Disagree strongly	7.8	1.4	8.5	1.5
Bases				
Weighted	*1054*	*4156*	*699*	*2154*
Unweighted	*973*	*4237*	*653*	*2200*

Attitude 4: If you ask for help or advice on parenting from professionals like doctors or social workers, they start taking over

The majority of parents, around two-thirds for each sample, disagreed with this statement. However, younger parents, particularly those under the age of 20, were more likely to agree reflecting a possible wariness of professional intervention among this group. Around one-fifth of the youngest mothers agreed with the statement compared with just 5% of mothers in their thirties (Figure 7-C). Parents from non-white backgrounds were also slightly more likely to agree and less likely to disagree with the statement than were those from white backgrounds. In the baby cohort, 14% of parents from non-white backgrounds agreed with the statement compared with 9% of parents from white backgrounds.

Figure 7-C Percentage strongly agreeing/agreeing with statement: 'If you ask for help or advice on parenting from professionals like doctors or social workers, they start taking over' by age of mother at birth of cohort child

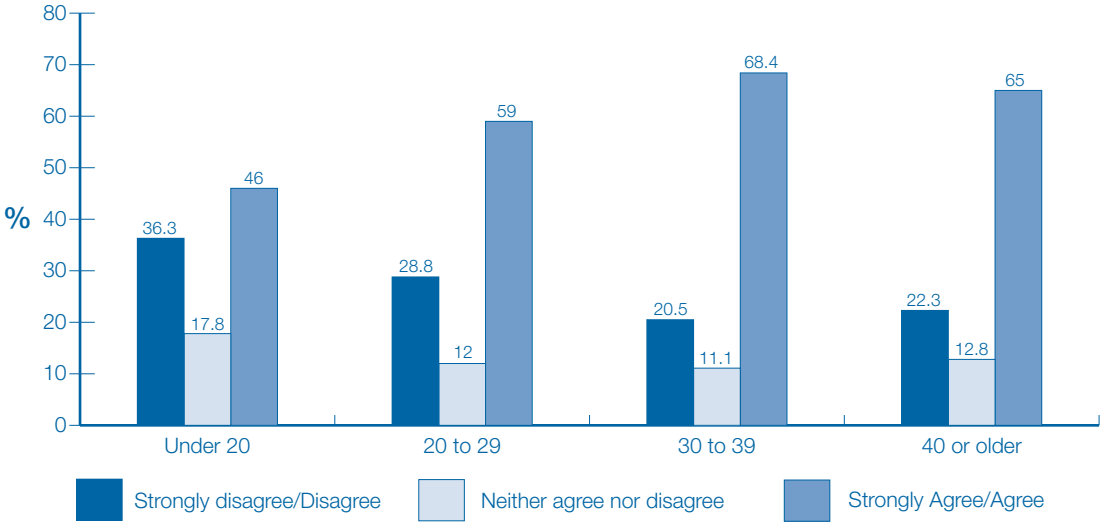


Attitude 5: It's difficult to ask people for help or advice unless you know them really well

Broadly speaking, parents in both sample groups disagreed with this statement. Again, some key distinctions by age are evident in the responses suggesting that younger mothers found it more difficult to ask for advice from people they did not know well than did older mothers (Figure 7-D).

Agreement with the statement was also directly correlated with household income. Parents in the highest income quartile (14%) were substantially less likely than those in the lowest income quartile (38%) to agree. There was also a clear pattern by ethnicity – 44% of non-white mothers agreed with the statement compared with 24% of white mothers.

Figure 7-D Percentage strongly agreeing/agreeing with statement: 'It's difficult to ask people for help or advice unless you know them really well' by age of mother at birth of cohort child (baby sample only)



Attitude 6 It's hard to know who to ask for help or advice about being a parent

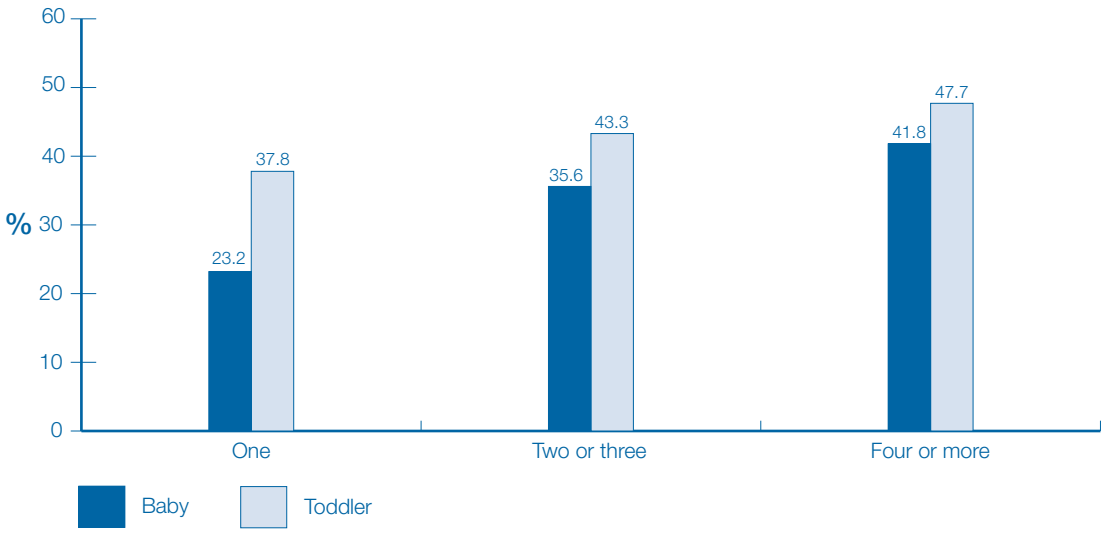
The pattern of response to this statement was very similar for answers to the previous statement in that most parents tended to disagree and there were matching patterns evident across the various sub-groups. Interestingly, however, the level of disagreement was a little less pronounced suggesting that parents find the process of identifying an appropriate person to seek help or advice from easier than actually asking someone for help or advice.

Attitude 7: It may not be a good thing to smack, but sometimes it is the only thing that will work

A minority of parents in both cohorts agreed with this statement, though there was some difference between the two samples – 30% of respondents in the baby cohort agreed compared with 42% of toddler parents. There was a direct relationship, in both samples, between the age of the mother and agreement with the statement – older mothers were more likely to agree than younger mothers. For example, in the baby sample 18% of mothers aged under 20 at the time of the child's birth agreed with the statement compared with 31% of mothers aged 40 or older at the time of the child's birth.

Level of agreement also increased with the number of children in the family. As the data in Figure 7-E indicates, for the baby cohort, respondents in households with four or more children were twice as likely as those in single child households to say they agreed.

Figure 7-E Percentage strongly agreeing/agreeing with statement: 'It may not be a good thing to smack, but sometimes it is the only thing that will work' by number of children in the household



7.3 Activities with the child

Respondents were asked about the type of activities their child participated in and how regularly they did so. We were interested in the opportunities available for cohort children to engage in family activities, educational play with their parents and the range of educational stimuli around them. Children in the toddler cohort were asked about a wider range of activities than those in the baby cohort. Indication is made in the text where the sample has been restricted in this manner.

7.3.1 Family activities

Parents were asked about a range of activities which were family-oriented and which in many cases would involve the participation of siblings or other family members. The results for these activities are detailed in Table 7.3. Note only one of these activities – indoor and outdoor games – was asked of the baby cohort as well as the toddler cohort.

How often does childname eat with you and other family members?

The overwhelming majority (96%) of families ate together everyday or most days and almost all of the remainder did so at least once or twice a week. There was no discernible difference in the characteristics of those families who ate together every or most days and those who did not.

How often do you or your partner take childname to the park or playground?

There was a high level of use of parks and playgrounds with 90% of the toddler sample visiting once a fortnight or more often and the majority (60%) going once or twice a week. As might be expected, parents of only children reported going to the park more frequently. Interestingly, there was little difference in frequency of visits to the park between parents living in urban and rural areas.

Table 7.3 Frequency of family activities by sample type

Activity type/Response	Sample type	
	Baby	Toddler
How often does childname eat with you and other family members?		
Everyday/most days	–	95.9
Once or twice a week	–	3.0
Once a fortnight	–	0.4
Less often than once a fortnight	–	0.7
How often do you or your partner take childname to the park or playground?		
Everyday/most days	–	17.8
Once or twice a week	–	59.9
Once a fortnight	–	12.5
Less often than once a fortnight	–	9.8
How often do you or your partner take childname to visit friends who have small children?		
Everyday/most days	–	15.6
Once or twice a week	–	47.0
Once a fortnight	–	15.6
Less often than once a fortnight	–	21.8
How often do you or your partner play indoor or outdoor games with childname?		
Everyday/most days	94.2	89.2
Once or twice a week	4.5	9.0
Once a fortnight	0.3	.6
Less often than once a fortnight	1.0	1.2
Did you do anything special for childname on his/her last birthday?		
Yes	–	98.2
No	–	1.8
Bases		
Weighted	*5217*	*2858*
Unweighted	*5217*	*2858*

How often do you or your partner take childname to visit friends who have small children?
Although most parents took their child visiting on a fairly regular basis – around four out of five did so fortnightly or more often – lone parents made visits more often than parents in couple families. Parents in lower income households were less likely to make any visits than those in higher income households were (11% 'never' compared with 2% of those in higher income households) but those who did were more likely to do so frequently (Everyday/most days: 23% in lowest income quartile versus 7% in highest income quartile). More regular visits were also directly related to the age of mother with the youngest mothers making the most frequent visits to other homes with young children.

How often do you or your partner play indoor or outdoor games with childname?
Given the broad range of possible activities covered by this question it is not surprising that around nine in ten parents from each sample said they did this with their child everyday or most days (94% babies, 89% toddlers). The remaining parents did so around once or twice a week. There were no notable differences in this activity across sub-groups.

7.3.2 Educational activities

In addition to questions about family-oriented activities, parents were also asked how often they undertook a range of home educational activities with their child and about the number of children's books in their home.

Table 7.4 Number of books in household and frequency of looking at books or reading stories to child by sample type

Activity type/Response	Sample type	
	Baby	Toddler
About how many children's books do you have in your home at the moment, including library books, that are aimed at children under 5?		
More than 30	32.5	57.7
21 to 30	14.3	18.4
11 to 20	24.3	14.7
10 or less	28.8	9.1
How often do you or your partner look at books with childname or read stories with him/her?		
Everyday/most days	65.9	84.2
Once or twice a week	20.9	12.1
Once a fortnight	3.4	1.3
Less often than once a fortnight	9.8	2.4
Bases		
Weighted	*5217*	*2858*
Unweighted	*5217*	*2858*

Respondents in higher income households and those with higher educational attainment had access to more of this type of resource than those in lower income households and with lower educational attainment. Forty percent of households in the lowest income quartile had less than ten children's books compared with 18% in the highest income quartile. Around two-fifths of (44%) households where the mother had no qualifications had less than ten children's books compared with 17% of households where the mother held a university degree.

Looking at books and reading stories with children was a frequent activity in both cohorts – 84% of toddler parents looked at books or read stories with their child everyday or most days compared with 66% of baby parents. Although, for the most part, all parents undertook this activity reasonably regularly, some variations were evident between groups, particularly within the baby sample. For example, in the baby cohort, 80% of mothers aged under 20 looked at books or stories with their child at least once or twice a week or more often, compared with 88% of mothers aged 40 or over. Three-quarters (76%) of baby parents in the highest income group reported reading to their child everyday or most days compared with 57% of parents in the lowest income group. Parents from non-white backgrounds read stories or looked at books less frequently than parents from white backgrounds, though base sizes are small here. In the toddler sample, 85% of white parents read stories with their child most days compared with 62% of non-white parents.

Toddlers' parents were asked how often their child looked at picture books outside of nursery. Only a very small proportion of parents (3%) reported that this never happened (see Figure 7-F). Seven out of ten parents of toddlers (69%) reported that their child looked at picture books everyday, 15% three to six times a week and 13% once or twice a week. There were, however, some clear differences across subgroups. For example, four out of five (81%) mothers who held a degree level qualification said their child looked at books outside of nursery everyday compared with 60% of children with mothers who held standard grade level qualifications and 50% of children whose mothers had no qualifications.

Figure 7-F Frequency with which child looked at picture books outside of nursery by highest maternal educational qualification

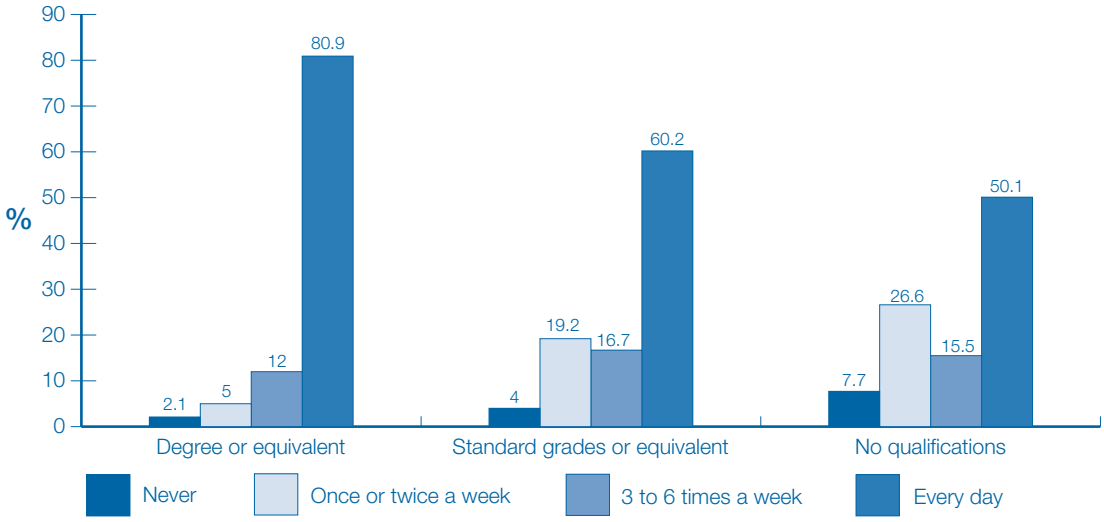


Table 7.5 Frequency of visiting the library by sample type

Activity type/Response	Sample type	
	Baby	Toddler
How often do you or your partner take childname to the library?		
Everyday/most days	0.3	0.3
Once or twice a week	4.0	6.1
Once a fortnight	5.3	11.8
Less often than once a fortnight	15.1	26.7
Never	75.3	55.1
Bases		
Weighted	*5217*	*2858*
Unweighted	*5217*	*2858*

Given the age of the children in the sample, it is not surprising that visiting the library was not a regular activity for children in either cohort. Three-quarters of baby parents and over half (55%) of toddler parents said they never took the cohort child to the library. Lone parent families were even less likely to use the library than couple families. Among the toddler sample, 66% of lone parents reported that they never used the library compared with 52% of parents in couple families. Library visiting was also related to the age of the child's mother with younger mothers being less likely to visit the library than older mothers. There was also a strong relationship between visiting the library and mothers' level of education. Mothers with degrees were significantly more likely to take their child to the library than mothers with lower qualifications.

Table 7.6 Frequency of painting and drawing with child by sample type

Activity type/Response	Sample type	
	Baby	Toddler
How often do you or your partner paint or draw together with childname		
Everyday/most days	–	43.7
Once or twice a week	–	40.3
Once a fortnight	–	8.5
Less often than once a fortnight	–	3.9
Never	–	3.6
Bases		
Weighted	–	*2858*
Unweighted	–	*2858*

Only a very small proportion of toddlers' parents said they never painted or drew together with their child (4%) and the vast majority (84%) said they did so at least once or twice a week. Mothers with no qualifications were significantly more likely to report that they never painted with their child: 12% of mothers with no qualifications never did this compared with only 3% of mothers with Higher grades or equivalent.

Table 7.7 Frequency of reciting nursery rhymes and singing songs with child by sample type

Activity type/Response	Sample type	
	Baby	Toddler
How often do you or your partner recite nursery rhymes or sing songs with childname?		
Everyday/most days	89.9	84.1
Once or twice a week	7.4	11.8
Once a fortnight	0.7	1.6
Less often than once a fortnight	0.6	1.3
Never	1.4	1.2
Bases		
Weighted	*5217*	*2858*
Unweighted	*5217*	*2858*

The vast majority of parents said that they recited rhymes or sang songs with their child at least once or twice a week and a very large proportion did so every day or most days (90% of baby cohort and 84% of toddler cohort). There was a slight difference by age of mother at birth – 80% of mothers aged under 20 said they recited nursery rhymes with/to their child every day or most days compared with 90% of mothers in all other age groups.

Table 7.8 Frequency of letter, number and shape recognition activities with child by sample type

Activity type/Response	Sample type	
	Baby	Toddler
How often do you or your partner ever play at recognising letters, words, numbers or shapes with childname?		
Everyday/most days	–	63.3
Once or twice a week	–	26.9
Once a fortnight	–	3.9
Less often than once a fortnight	–	2.1
Never	–	3.8
Bases		
Weighted	–	*2858*
Unweighted	–	*2858*

Toddlers' parents were asked how often they played at recognising letters, numbers and shapes with the cohort child. Again, this was a common activity, only 4% said they never did this and almost two-thirds were doing it everyday or most days.

Table 7.9 Frequency of using a computer with child by sample type

Activity type/Response	Sample type	
	Baby	Toddler
How often do you or your partner use a computer with childname for example to play games, draw, or look for information?		
Everyday/most days	–	8.5
Once or twice a week	–	22.0
Once a fortnight	–	10.6
Less often than once a fortnight	–	13.8
Never	–	45.1
Bases		
Weighted	–	*2858*
Unweighted	–	*2858*

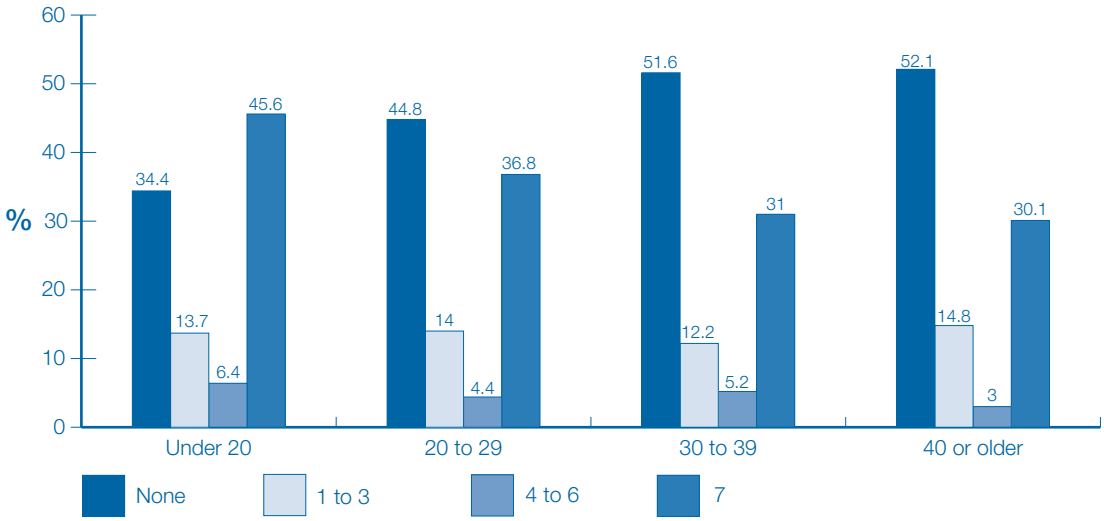
Computer use was found to be the least common parent-child activity. Almost half (45%) of toddlers' parents said they never did this with their child and those who did, did so on a fairly infrequent basis. Lone parents were significantly less likely than parents in couple families to ever use a computer with their child – 60% of single parents said they never did this compared with 40% of parents in couple families. Computer-related activities with the child were more common in high-income households than lower-income households. Around two-thirds of parents (67%) in the highest income quartile said they did this at least sometimes compared with 43% of parents in the lowest income quartile. Differences by mother's education level were perhaps even starker – 70% of mothers without qualifications never used a computer with their child compared with 33% of mothers who were degree educated.

7.4 Television and other audio or visual media

Watching television was a far more common activity for toddlers than for babies. Almost half (47%) of the baby cohort had watched no television in the week preceding the survey compared with just 5% of children in the toddler cohort. In those households in which the child had watched television, four out of five toddler (81%) parents said their child had watched television for more than 10 minutes or more on each of the seven days in the past week (see Figure 7-G).

There were some key differences by subgroup within the baby sample. For example, watching television in the baby cohort was directly related to the age of the mother. Children with younger mothers were more likely than children with older mothers to watch television and to watch it more often. Thirty-four percent of mothers aged under 20 said their child had not watched television in the last week while 46% said their child had watched everyday in the last week. The corresponding figures for mothers aged 40 or over were 52% and 30%. Babies in lone parent families were also more likely to have watched television in the last week and to have watched it more often than babies in couple families. Forty-four percent of babies in lone parent families had watched television on seven days in the last week compared with 32% of babies in couple families. A little over two-fifths of babies (44%) from households in the lowest income quartile watched television everyday in the week before the interview compared with a quarter of babies in families in the highest income group.

Figure 7-G Number of days in the last week on which child had watched television for 10 or more minutes at a time by age of mother at birth of cohort child (baby cohort only)



Parents who said their children watched television were asked who their child usually watched television with – a parent or other adult, another child or on their own. Sixteen percent of children in the baby cohort and 20% of toddlers only ever watched television on their own. Seventy percent of parents in the baby sample and 60% in the toddler sample said that a parent or other adult watched television with the cohort child at least some of the time. Toddlers, given their greater likelihood to be in multiple child households, were twice as likely as babies to watch television with other children.

Across both cohorts, children in lone parent families, lower income households and those with mothers aged under 30 were more likely to only ever watch television on their own. A fifth of (21%) babies in lone parent families only watched television on their own compared with 14% of babies in couple families.

Table 7.10 Number of children's audio and audio-visual recordings in household by sample type

Activity type/Response	Sample type	
	Baby	Toddler
About how many children's records, audio tapes or CDs do you have in your home at the moment, including any from the library, that are aimed at children under 5?		
More than 30	3.7	6.7
21 to 30	3.2	5.9
11 to 20	11.8	18.8
1 to 10	60.6	58.9
None	20.7	9.7
About how many children's videos or DVDs do you have in your home at the moment, including any from the library, that are aimed at children under 5?		
More than 30	18.2	31.9
21 to 30	9.8	18.3
11 to 20	16.2	26.5
1 to 10	39.0	22.4
None	16.8	0.9
Bases		
Weighted	*5217*	*2858*
Unweighted	*5217*	*2858*

Ownership of children's books in baby households was much higher than ownership of either children's tapes or CDs, children's videos or DVDs whereas children in toddler households were just as likely to have access to videos or DVDs as they were to books. Less than 1% of toddler households had no children's videos or DVDs, a similar proportion had no children's books.

Having no children's videos or DVDs in the home was directly related to the mother's level of education. Around one-fifth (21%) of mothers with degrees had no children's videos or DVDs in the house compared with 14% mothers with no qualifications. Ownership of tapes and CDs however, followed the opposite pattern. Children whose mothers were degree educated were *more* likely to have access to tapes and CDs than those whose mothers had no qualifications (89% for degree education compared with 63% for no qualifications).

7.5 Household division of labour

Respondents living with a partner were asked how they divided tasks related to the cohort child and also household chores more generally. The child-related responsibilities asked about included generally looking after and feeding the child, changing nappies, looking after the child when he or she was ill and getting up to comfort the child at night. The household chores examined were cleaning, laundry and the preparation of meals. Results for the child-related tasks are detailed in Table 7.11, while those for the household tasks are in Table 7.12.

7.5.1 Child-related responsibilities

Table 7.11 Responsibility for child-related task by sample type

Task/Response	Sample type	
	Baby	Toddler
Feeding him/her		
I do most of it	79.5	76.1
My husband/wife/partner does most of it	1.9	3.5
We share more or less equally	17.8	18.9
Someone else does it	<1	1.5
Changing his/her nappies		
I do most of it	66.7	65.4
My husband/wife/partner does most of it	2.2	2.6
We share more or less equally	30.4	28.9
Someone else does it	<1	1.0
Getting up in the night if he/she cries or needs to be comforted		
I do most of it	58.2	53.0
My husband/wife/partner does most of it	7.7	10.6
We share more or less equally	34.0	36.1
Someone else does it	<1	<1
Looking after the child when he/she is ill		
I do most of it	62.8	66.2
My husband/wife/partner does most of it	1.6	1.8
We share more or less equally	35.5	31.7
Someone else does it	<1	<1
Generally being with and looking after the child		
I do most of it	70.1	69.5
My husband/wife/partner does most of it	1.5	2.0
We share more or less equally	27.8	27.4
Someone else does it	<1	1.1

Given that, in the vast majority (99%) of cases, the respondent was the child's mother, the data indicate that most child-related work was undertaken by the mother. This pattern was clearest in relation to 'feeding the child' and 'generally being with the child'. This situation applied regardless of whether the mother was working full or part-time although tasks were more likely to be shared between partners in households where the mother was working. For example, in 47% of couple households in the baby cohort where the mother was employed full-time, respondents reported that they shared 'generally being with the child' more or less equally compared with 29% in households where the mother worked part-time and 17% in households where the mother did not work. However, 47% of mothers working full-time still reported that they did most of this task themselves.

There were few significant differences in the balance of child-related responsibilities across the sample with the mother undertaking the majority of tasks within most groups. However, data from the baby cohort demonstrate some differences by household income and mother's age. For example, tasks were more likely to be shared in higher income households than in lower income households, and mothers in the youngest age group were significantly less likely to be undertaking the tasks on their own.

7.5.2 Household responsibilities

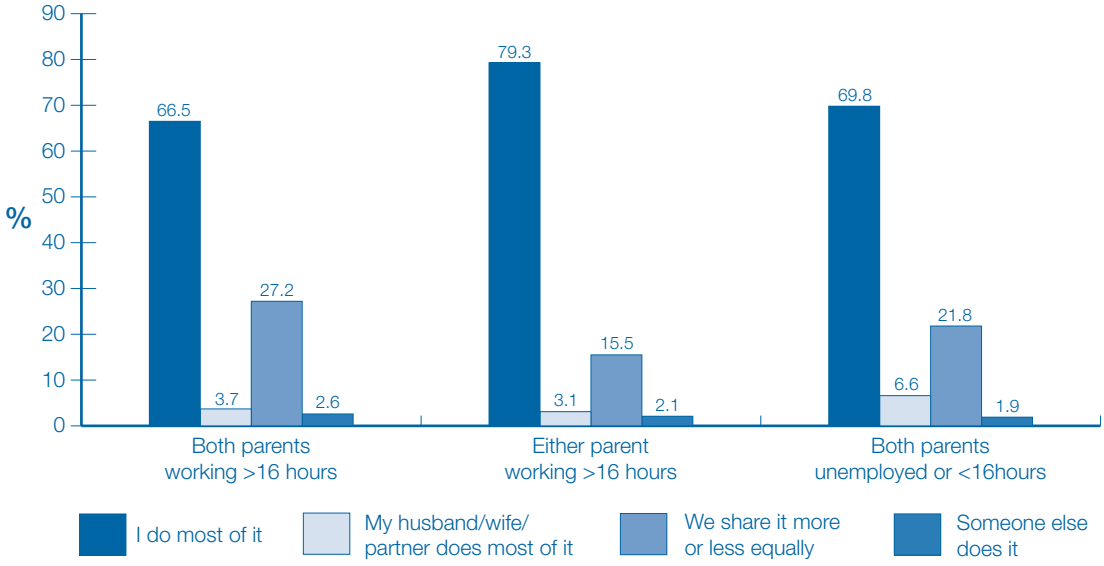
Table 7.12 Responsibility for household tasks by sample type

Task/Response	Sample type	
	Baby	Toddler
Preparing and cooking the main meal		
I do most of it	67.0	70.6
My husband/wife/partner does most of it	12.6	10.4
We share more or less equally	19.5	18.0
Someone else does it	<1	1.0
Cleaning the home		
I do most of it	70.1	74.4
My husband/wife/partner does most of it	3.4	2.4
We share more or less equally	23.8	20.3
Someone else does it	2.7	2.8
Laundry and ironing		
I do most of it	76.2	79.5
My husband/wife/partner does most of it	3.6	2.8
We share more or less equally	18.1	15.7
Someone else does it	2.1	2.0
Bases		
Weighted	*5217*	*2858*
Unweighted	*5217*	*2858*

Mothers again tended to assume most responsibility for these household tasks – especially for laundry and ironing where around three-quarters of baby respondents (76%) and four-fifths of toddler respondents (80%) reported that they did most of this themselves.

In relationships where only one parent was working full-time, the partner remaining at home, irrespective of gender, took on the majority of the household tasks. In families where both parents were working over 16 hours a week, mothers still took on the majority of household tasks although there was a greater degree of sharing tasks than in households where only one parent worked (Figure 7-H). The balance of responsibility did not vary significantly by household NS-SEC or deprivation level. However, as with the child-related responsibilities, mothers in the youngest age group were more likely to be sharing household tasks than older mothers.

Figure 7-H Responsibility for laundry and ironing by household employment – couple families (baby cohort only)



These analyses suggest a slightly more equitable division of labour in terms of child-related tasks than of broader housework. Overall, in both samples around 30% of couple families shared child care duties such as looking after the child, changing nappies, getting up in the night and looking after the child if he or she was ill. This compared with around 20% for domestic tasks such as cleaning the house, preparing meals and laundry and ironing.

7.6 Key points

- Responses to the statements on parenting issues demonstrated a distinct set of attitudes among younger mothers who were generally more wary of professional sources of parenting support and less confident in identifying and seeking help and advice about parenting than older mothers were.
- Most parents took their child to visit friends with small children on a fairly regular basis. Among those who did so, this was a more frequent activity for younger respondents and those in lower income households.
- The majority of children in both cohorts had access to children's books and reading to, or with, the child was a common activity among most families in the study. However, respondents with fewer or no educational qualifications, younger respondents and those from low income households had fewer books and read with their child less often.
- Mothers with lower level or no educational qualifications also undertook other educational-related activities with their child on a less frequent basis than those with higher qualifications.
- Children in lone parent households, those in lower income households and those with younger mothers watched television more often and more likely to be watching it on their own than children in couple families, higher income households and those with older mothers.
- A clear gender bias emerged in the household division of labour across both child-related and broader household tasks. For both sets of tasks, the child's mother was predominantly responsible for all tasks irrespective of employment status, household income and socio-economic classification. Note that this finding may reflect the particular nature of the tasks which were included.

7.7 Conclusion

While the majority of parents are sceptical about the possibility of somebody teaching them the art of being a good parent, it is clear that suspicion of professional experts varies by age, education and socio-economic circumstances, and is highest among young parents. There are a number of possible interpretations of this finding and further research would be required to fully explore the issue. It is not possible to know, for example, whether the young largely working-class parents have experience of being patronised and 'taken over' or feel stigmatised by being the target for remedial education. Whatever the explanation, it is clear that a wide roll-out of programmes directed at parents such as parenting classes might be met with particular suspicion by this group, although the very small proportion of parents who have experienced parenting classes were positive about them.

Like much previous research, the data show that the use of resources and activities by parents is structured by differences in education and socio-economic circumstances. For example, less affluent children have fewer books and watch more television and the most educated parents spend the most time with children in activities generally regarded as having a high educational value. Differences in attitudes to smacking did not emerge as being so systematically related to socioeconomic circumstances. Less than half of parents accepted smacking as 'sometimes the only thing that will work' but level of acceptance was associated with the number of children in the family more than any other variable. The data also show that gendered divisions of labour persist in the majority of family households despite coinciding with universal pursuit of gender equality as the ideal. This makes 'life work balance' a very different issue for men and women, a factor that will continue to shape both sexes orientations to policies intended to assist working parents balance their paid employment and family life.

CHAPTER 7

Parenting Styles and Parenting Responsibilities

chapter
8
CHILDCARE

8.1 Introduction

The expansion of childcare support and service provision has been an important component of several key government social policies, such as social inclusion, elimination of child poverty, welfare to work and work/life balance policies.

In Scotland, a blueprint for the government's broad childcare strategy was set out in 1998 in the Green Paper, *Meeting the Childcare Challenge: A Childcare Strategy for Scotland.* Its aim, is:

> '… to ensure good quality, affordable childcare for children aged 0-14 in each neighbourhood.This includes formal childcare, such as playgroups, out of school clubs and childminders. And it includes support for informal childcare, for example relatives of friends looking after children. We will ensure that the quality of care is improved, more families are able to afford childcare [and] there are more childcare places and better information about what is available. We will achieve this by working with others.'
>
> (Scottish Office, 1998:2)

A distributed strategy, in which childcare would expand in response to local demand, is being implemented by local authority area-based childcare partnerships of key local stakeholders. These were charged with producing *Early Education and Childcare Plans* that identified local need and developed proposals for services to meet those needs. Since 2002 these Plans have been included in *Children's Services Plans*. In the 2003 government plans for the current parliamentary session, *A Partnership for a Better Scotland* (2003c), the childcare commitment was made: 'alongside nursery school provision for 3 and 4 year olds we will aim to create flexible childcare provision accessible to all, expanding facilities, in the public, private and voluntary sectors and through co-operative arrangements.'

With government also committed to evidence based and joined-up policy making and the modernisation of public services, knowing 'what works' in policy and practice in public services is crucial. In relation to childcare, there is a need for a robust understanding of the childcare needs, uses, contexts, costs and barriers of all families with young children. The evidence base is developing with data from several ad-hoc and continuous cross-sectional surveys. In 1999, the National Centre for Social Research carried out the *Parents' Demand for Childcare Survey,* which was repeated in 2003/2004 (Scottish Executive, 2004b). Annual pre-school and childcare statistics are also published by the Scottish Executive. A childcare module was added to the Scottish Household Survey which is based on a representative cross section of the population of Scotland. A report of that module based on the 2003/2004 Scottish Household Survey (TNS System Three Social Research, 2006) examines childcare arrangements, reasons for using childcare and satisfaction with childcare, and how these vary across households.

This chapter examines the use of childcare for both the baby and toddler cohorts, and how its cost, type, mix, duration, preferences and reasons for use vary according to parents' socio-economic circumstances and attitudes towards employment and childcare.

8.2 Use of childcare

Parents were asked a range of questions about their use of childcare for the cohort child. These included the types of childcare used, including both formal and informal providers, the number of hours and days per week that childcare was used and the age at which childcare was first used for the child. Information was also collected on the cost of childcare and the main reasons why parents were using childcare. Furthermore, parents were asked about the degree of choice they felt they had when arranging childcare for the child, and what preferences they had in terms of childcare provision.

8.2.1 Sample type and family characteristics

Overall, 65% of respondents were using childcare on a regular basis at the time of the interview. Parents of children in the toddler cohort were more likely than parents of babies to be using childcare (76% versus 60%).

Childcare use was higher in households where the cohort child was the first born than in households where there were older children. Indeed, childcare use fell considerably as the number of children in the household increased. There was little difference in overall childcare use between lone parent families and couple families (see Table 8.1).

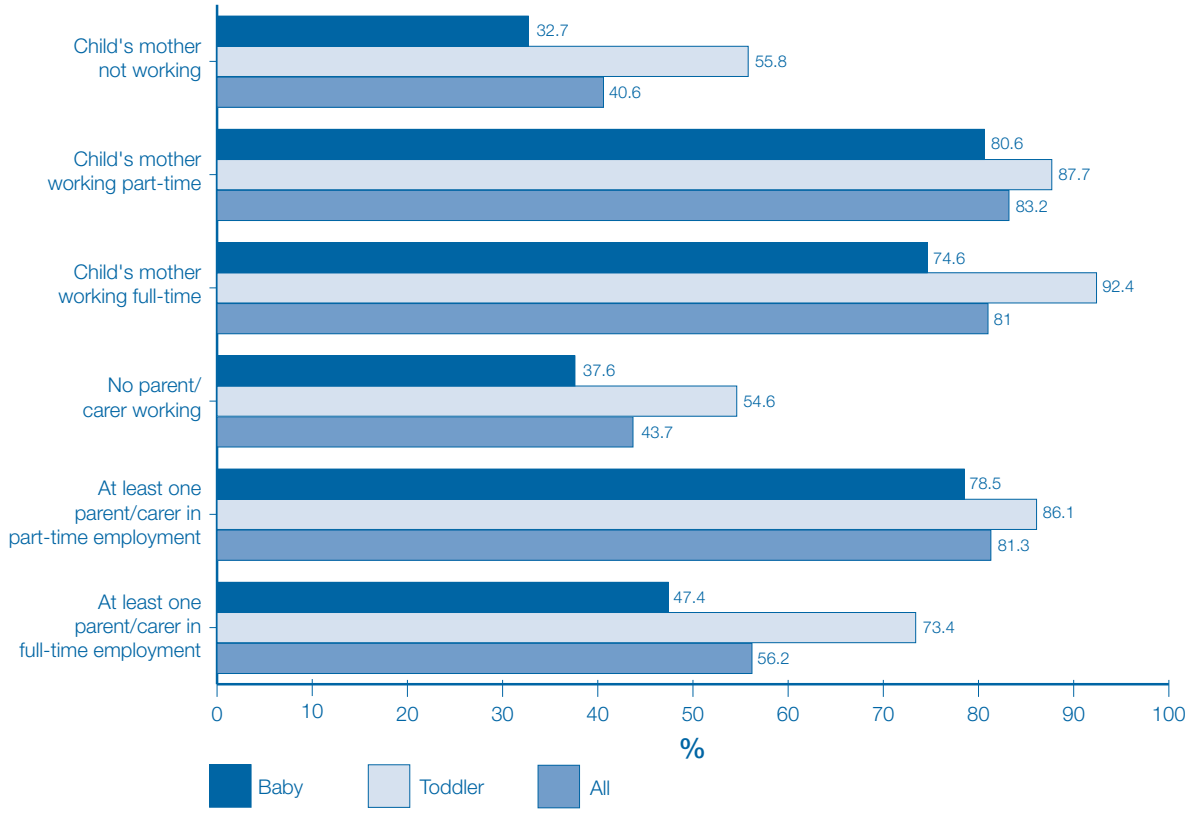
Table 8.1 Current use of childcare by sample type and family characteristics

Sample type	All	% currently using childcare			
		Lone parent	Couple family	First child	Other children
Baby	60.0	58.2	60.0	67.5	51.7
Toddler	76.2	71.9	77.0	81.0	70.7
All	65.0	63.6	65.8	72.2	58.5
Bases					
Baby – Weighted	*3301*	1059	4158	2613	2604
Baby – Unweighted	*4224*	978	4239	2558	2659
Toddler – Weighted	*3212*	701	2157	1391	1467
Toddler – Unweighted	*2289*	655	2203	1340	1518

8.2.2 Household employment

Employment status of household adults had a clear and significant impact on whether or not regular childcare arrangements were in place (Figure 8-A). As the chart shows, almost three-quarters (73%) of households in the toddler sample where at least one parent was employed full-time had some form of childcare arrangement in place compared with 55% of those where no parent was employed. The proportions are even higher when the child's mother is working – in 92% of toddler households where the mother was employed full-time, some form of childcare provision was in place at the time of the interview.

Figure 8-A Use of childcare by parental employment



8.2.3 Household income and NS-SEC

Household income also affected the likelihood of whether a family was using childcare. Households in the highest income quartile were far more likely than households in the lowest income quartile to have childcare arrangements in place (including paid and unpaid childcare). Very nearly all of the toddler families (91%) in the highest income group had a regular arrangement in place compared with around two-thirds (65%) of toddler families in the lowest income group. The pattern was similar for baby families.

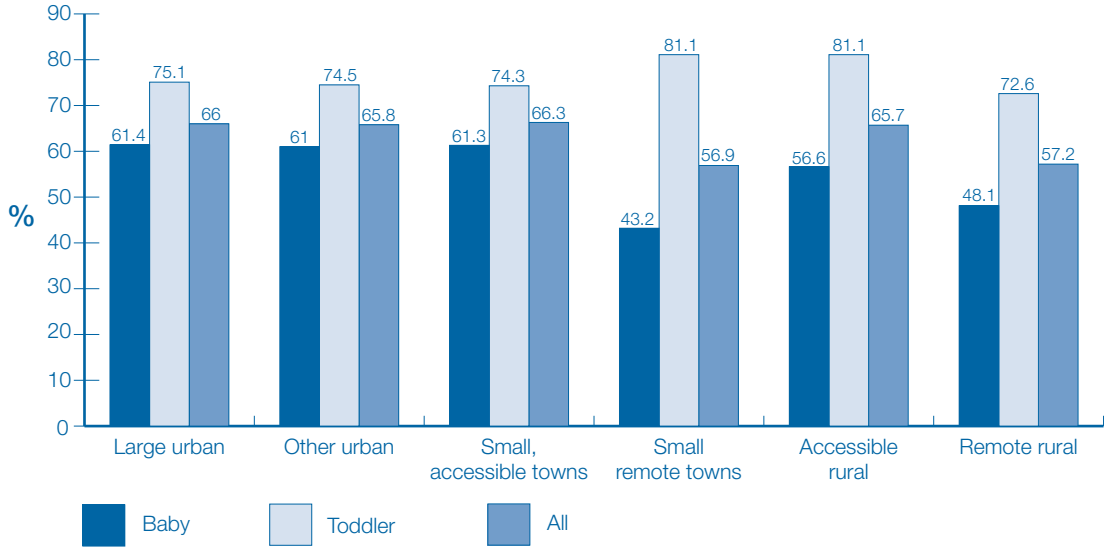
This pattern is more likely to be explained by the parental employment status of higher income households rather than the affordability of childcare *per se*. Data in previous chapters have shown that those families in the highest income bracket are more likely to have both parents in employment than lower income households resulting in a greater need for childcare in those households. However, even when parental employment is controlled for, the data indicate that use of childcare is higher in higher income households than in lower income households suggesting that the cost of childcare and the availability of *affordable* childcare is also important for a significant number of families within the sample.

Use of childcare is inversely correlated with household social class. Examining the baby cohort, managerial and professional households were most likely to be using regular childcare (68%) whereas semi-routine and routine households (47%) and small employer/ self-employed households were the least likely to be using childcare (44%).

8.2.4 Area urban/rural classification and neighbourhood deprivation

Geographic variation in the use of childcare was found across the six Scottish Executive urban-rural classifications. The main distinction in use lay between 'accessible' and 'remote' groups. The proportions of families in the baby cohort using childcare in small, remote towns and remote rural areas was lower than in all other areas (Figure 8-B). In contrast, the use of childcare by toddlers' families in small, remote towns and accessible rural areas was higher than elsewhere.

Figure 8-B Use of childcare by area urban/rural classification



The level of neighbourhood deprivation had an even stronger relationship with use of childcare. Around three-quarters (74%) of families in the least deprived areas indicated that they had a regular childcare arrangement in place, in the most deprived areas, by contrast, only 58% of families were using some form of childcare.

8.3 Types of childcare used

To examine more closely the different types of childcare being used by families, respondents were asked to indicate the category of provision for each childcare arrangement in place at the time of the interview. Choices were made from a list of 18 different provider types covering both formal and informal provision. The types of provider listed and their formal/informal allocation are detailed in Figure 8-C.

Figure 8-C Types of childcare provision

Provider type	Formal or informal
The child's grandparent(s)	Informal
Another relative	Informal
Ex-spouse or partner	Informal
The child(ren)'s older brother or sister	Informal
A friend or neighbour	Informal
Babysitter who came to our house	Informal

Provider type	Formal or informal
Private crèche or nursery	Formal
Childminder	Formal
Local authority playgroup or pre-school	Formal
Local authority crèche or nursery	Formal
Community/Voluntary playgroup or pre-school	Formal
Private playgroup or pre-school	Formal
Workplace crèche or nursery	Formal
Family Centre	Formal
Nursery class attached to primary school	Formal
Daily nanny who came to our house	Formal
Live-in nanny	Formal
Child-carer (provided via agency)	Formal

8.3.1 Number of different providers/arrangements

Around two-thirds (69%) of families using childcare used one childcare arrangement, 28% used two providers and just 3% used three or more. Toddlers' families were more likely than babies' families to have multiple arrangements in place – 36% using two or more childcare providers compared with a quarter (26%) of babies' families.

There were no significant differences between lone parent and couple families in the number of arrangements in place but household employment did impact on this measure. Households where both parents were unemployed were more likely than households where at least one adult was employed to have just one arrangement in place. There was no significant difference between households where adults worked part-time or full-time.

Table 8.2 Number of childcare providers by household income

No. of childcare providers being used	Household income quartile (%)			
	Up to £14,999	£15,000 – £25,999	£26,000 – £43,999	£44,000 and over
1	71.0	67.9	69.1	66.4
2	25.2	28.7	28.4	30.5
3 or more	3.8	3.4	2.5	3.1
Bases				
Weighted	*1221*	*1086*	*1432*	*1048*
Unweighted	*1151*	*1084*	*1474*	*1108*

Higher income households were slightly more likely than lower income households to have multiple arrangements in place. Seventy-one percent of families in the lowest income quartile had only one childcare arrangement in place compared with 66% of families in the highest income quartile – a small but statistically significant difference.

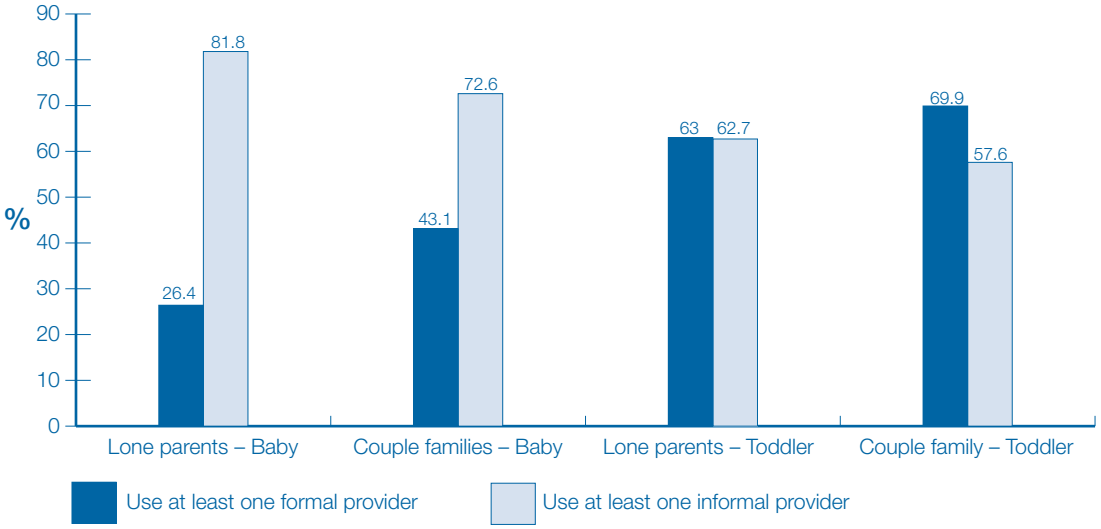
8.3.2 Formal versus informal provision

The detailed childcare types identified in Figure 8-C were classified into 'formal' and 'informal' categories to allow an initial broad look at how types of provision differ across families. Overall, two-thirds of those with regular childcare arrangements had a least one informal arrangement in place. Baby families were more likely than toddler families to be using an informal arrangement (74% versus 59%).

Use of a formal childcare provider is less common; overall around 52% of childcare users had at least one formal arrangement in place. In this instance toddler families using childcare were far more likely than baby families to have a formal arrangement in place (69% versus 41%).

Across both cohorts, lone parents were more likely than couple families to be using informal care and less likely to be using formal care. In the baby sample, 82% of lone parent families who used childcare were using at least one informal arrangement compared with 73% of couple families. In contrast, 43% of couple families were using at least one formal provider compared with 26% of lone parents. Differences in the toddler cohort were less stark but remained significant. Use of formal and informal providers also differed by household income. Parents in lower income households were less likely than those in higher income households to be using formal provision and more likely to be using informal provision.

Figure 8-D Use of formal and informal childcare providers by sample and family type



Data above (in section 8.3.1) indicated that many of those families who reported using childcare were using more than one provider. The majority of families with more than one childcare arrangement were using a mix of formal and informal provision. Three-quarters of toddler families and 56% of baby families using more than one arrangement had a mix of both types of provision. Baby families using multiple providers were considerably more likely than toddler families to only be using informal care (41% versus 13%). Only a small proportion of users of multiple providers were using only formal provision although toddler families were a little more likely than baby families to be doing so (12% versus 3%).

Lone parent families using multiple childcare providers were much more likely than couple families to use only informal arrangements. In the baby cohort, almost two-thirds (65%) of lone parents who used more than one childcare provider used only informal provision compared with a third (34%) of couple families. The pattern was also evident in the toddler cohort although the differences were less stark. Thus although similar proportions of lone parents and couple families were using childcare, this demonstrates that the types of childcare packages that they use are quite distinct.

8.3.3 Detailed childcare type

To allow a more detailed examination of the type of childcare provision used by families in the study, the 19 provider types were grouped into seven summary categories: Grandparents, Nursery/crèche, Childminder, Playgroup, Family Centre, Other informal and Other providers.

Table 8.3 Detailed childcare type by cohort

Childcare type	% of childcare users		
	Babies	Toddlers	All
Grandparents	65.6	49.8	59.1
Nursery/crèche	27.2	42.0	33.3
Childminder	10.7	10.3	10.5
Playgroup	1.7	19.4	9.0
Family Centre	0.3	1.0	0.6
Other informal	19.8	15.5	18.0
Other	2.4	2.4	2.4
Bases			
Weighted	*3110*	*2164*	*5274*
Unweighted	*3122*	*2177*	*5299*

The table shows that the most common type of childcare provider used across the sample as a whole and individually for *baby* and *toddler* families, was the child's grandparents. Around two-thirds of baby families and half of toddler families using childcare reported some arrangement with the child's grandparents. Nurseries were the second most common provider type used. These were used more often by toddler families than baby families (42% versus 27%) as were playgroups (19% versus 2%) reflecting the different developmental stages of the children in each cohort and possibly also the supply and cost of nurseries.

The detailed analysis of childcare provider type allows a closer examination of the differences identified above in use of informal and formal provision across different subgroups. There was little difference between the actual types of provision used by lone parent and couple families although there was notable variation in the 'other informal' type which was significantly higher for lone parent families in both cohorts than couple families (29% versus 17% in the baby cohort, 25% versus 13% in the toddler cohort). Families where the cohort child was first born were more likely than families with other children to be using grandparents for childcare. This reflects a pattern noted earlier in this report which indicated a greater involvement of grandparents in the lives of first children in the household.

The rate of use of grandparents for informal childcare is highest in the most deprived neighbourhoods. In contrast, there is a significantly lower use of nurseries, playgroups and childminders in these areas. Although these patterns are evident in both cohorts, the differences are more acute within the baby cohort (Table 8.4).

Table 8.4 Detailed childcare type by area deprivation quintiles (baby cohort only)

Childcare type	% of childcare users in each area using each childcare type				
	1 – Least deprived	2	3	4	5 – Most deprived
Grandparents	55.9	63.2	64.6	74.1	70.2
Nursery	39.9	27.3	25.6	23.1	20.3
Childminder	15.0	15.0	12.3	6.5	4.7
Playgroup	0.7	2.0	1.6	1.5	2.7
Family centre	0	<1	<1	<1	<1
Other informal	13.4	15.0	20.0	24.7	25.4
Other	3.2	3.4	1.4	1.8	2.1
Bases					
Weighted	*624*	*612*	*617*	*576*	*682*
Unweighted	*681*	*636*	*631*	*556*	*618*

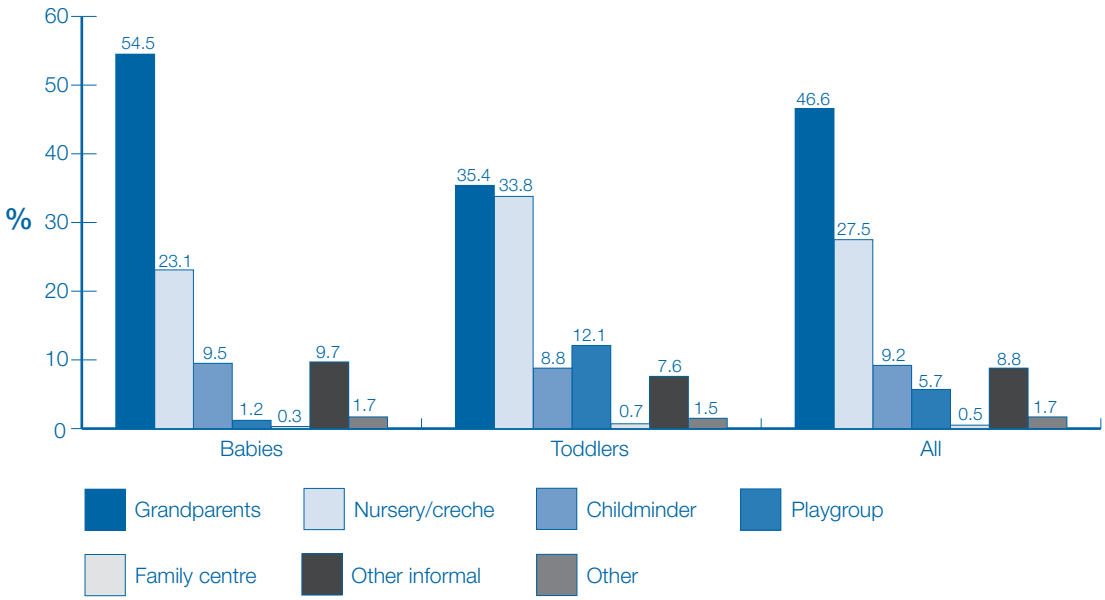
Use of playgroups and childminders is significantly higher in remote areas than in other areas – particularly among the toddler cohort in which 22% of families in small remote towns and 26% of families in remote rural areas had a childminding arrangement compared with just 6% of families in large urban areas. Furthermore, in remote rural areas, 39% of toddler families using childcare reported using playgroups compared with 12% in large urban and 19% in other urban areas. One possible explanation for this may be a lack of nursery provision in these areas due to small numbers of age-appropriate children within the surrounding locality. Playgroup and childminding provision, which can function on smaller numbers of children, may be more appropriate in these cases.

8.3.4 Main provider

To further examine a number of provider-specific issues, which will be discussed below, parents who were using more than one childcare provider were asked to select which they considered to be their 'main' provider. Combining this with the provider type information from those families using only one provider allows analysis of the main provider type among the various categories defined above. The results are detailed in Figure 8-E overleaf.

The main provider analysis mirrors the patterns in provider use illustrated previously. For around two-fifths of childcare users, the child's grandparents were the main provider. However, this figure varied significantly by cohort – baby families were considerably more likely than toddler families to have grandparents as their child's main childcare provider. In contrast, toddlers' families using childcare were more likely than baby families to have a nursery as their main provider, although the difference is less pronounced.

Figure 8-E Main childcare provider type by sample type



8.4 Number of hours and days per week of childcare

Respondents were asked to specify how many hours, on average, the cohort child was in the care of each childcare provider in one week, and over how many days those hours were spread. On average, families using childcare did so for around 14 hours per week although this varied considerably. Half of all families using regular childcare had arrangements for between 17 and 40 hours per week. Around a quarter (23%) of families using childcare had arrangements for 8 hours or less per week, and a further one in five for between nine and 16 hours per week. A small proportion (8%) of families used childcare for over 40 hours per week. There were no significant differences between baby and toddler families.

While there were no significant differences between lone parents and couple families, the employment status of adults in the household did impact significantly on the duration of any childcare arrangements. Figure 8-F shows that the weekly duration of childcare arrangements in both lone parent and couple families was longest in situations where the child's main carer or carers were employed for more than 16 hours. Almost half of lone parent families where the parent worked more than 16 hours per week used childcare for more than 40 hours compared with 10% of lone parent families where the parent worked less than 16 hours. A related pattern is evident across household income groups – 63% of families in the highest income quartile used childcare for between 17 and 40 hours per week compared with 39% in the lowest quartile.

There was little significant variation in number of hours by urban/rural classification. However, families in remote rural locations were, on average, using childcare for a few hours less per week than families in urban or accessible areas (16 hours in remote rural areas against, for example, 21 hours in accessible rural and 23 hours in large urban).

Figure 8-F Number of hours per week child is in childcare by family type and household employment

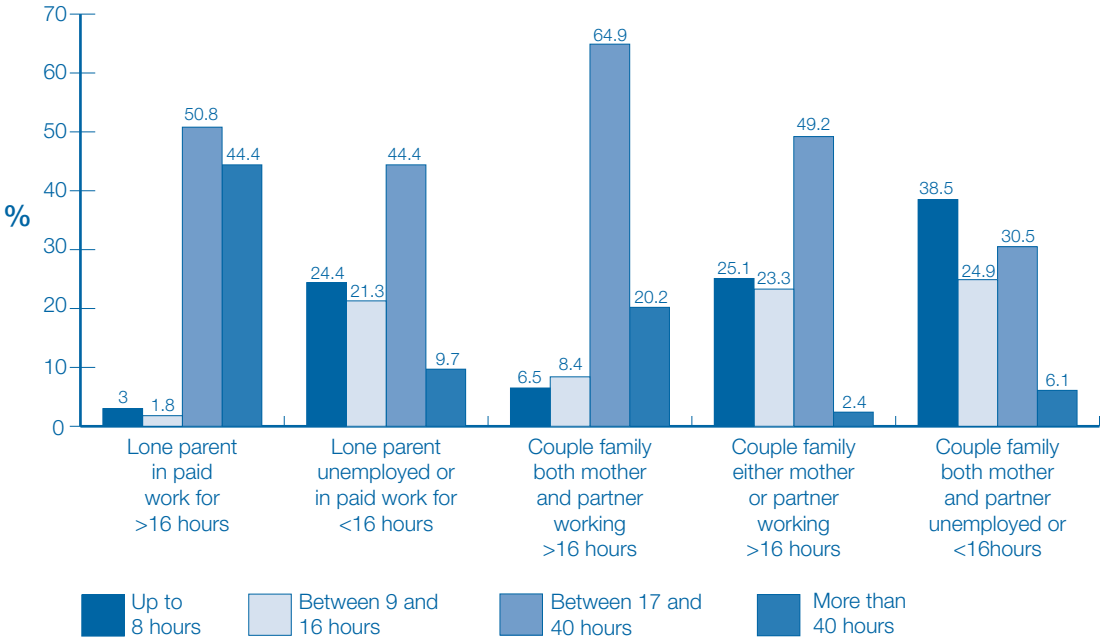


Table 8.5 Number of days and hours per week child is looked after by main childcare provider

Number of days per week	Number of hours per week			
	Less than 8	9 to 16	17 to 40	More than 40
1	43.9	5.8	2.2	0.7
2	30.2	50.3	12.9	12.6
3	14.2	20.9	36.1	6.7
4	2.9	8.0	17.0	9.1
5	4.1	10.9	29.0	57.2
6 or 7	4.7	4.0	2.8	13.7
Bases				
Weighted	*1509*	*1418*	*2283*	*204*
Unweighted	*1444*	*1374*	*2264*	*201*

By looking solely at the main childcare provider, it is possible to explore not just the number of hours' per week but also the number of days over which the arrangement extends. The majority of families (52%) using childcare had an arrangement with their main provider which extended over two or three days, although, around one in five were using their main provider over five days. Table 8.5 provides more detail on the hours and days spread of main childcare cover. Families using childcare for a greater number of hours were also more likely to be using it over a greater number of days than those using childcare for fewer hours. For example, 46% of families with arrangements of between 17 and 40 hours per week spread this care over four or five days compared with 19% of families in the nine to 16 hours group. Despite this general pattern, the table illustrates a considerable mix of arrangements demonstrating the widespread variety of childcare requirements within the families interviewed. These range from parents who require a few hours of childcare on just one or two days to those who require full-time care for eight or more hours a day several days a week.

8.5 Age that child was first placed in a regular childcare arrangement

For each childcare arrangement, parents were asked the age of the child at the time they were first cared for by the provider. This information was also collected for any previous arrangements which were no longer in place at the time of the interview. Using this information we can examine details of the age at which families in the cohort first ever used childcare for the cohort child. The broad results are detailed in Table 8.6. It is necessary to split the results for this analysis by sample type given the wider age range available to the older toddler cohort.

The data in the table show that the majority of babies first received regular childcare between the ages of 6 and 12 months – a range which, drawing on data in Chapter 4, ties in with a return to work or the end of maternity leave for a large number of mothers (see section 4.2). However, a significant proportion of babies first received childcare earlier than this, including 23% who were in a regular arrangement before they reached 3 months old.

As expected, there is a greater spread among the toddlers and many did not receive childcare until they were over a year old. However, even allowing for this, the largest proportion still entered childcare for the first time at between 6 and 12 months.

Table 8.6 Earliest age at which childcare was used for cohort child by sample type

Child's age	Sample type (%)	
	Baby	Toddler
Under 3 months	22.9	16.8
Between 3 and 6 months	26.1	17.6
Between 6 and 12 months	50.9	31.2
Between 12 months and 2 years	–	22.2
Between 2 and 3 years	–	12.1
Bases		
Weighted	*2434*	*2991*
Unweighted	*3126*	*2170*

The types of childcare provision being used differed by the age at which the child was first placed in the arrangement. For example, 87% of those families using regular childcare before the child was aged 3 months were using informal care. Indeed, two-thirds were using the child's grandparents. In contrast, where the child was not placed in regular care until they were aged between 2 and 3 years, 42% were using a playgroup and 31% a nursery.

The age at which a child was first placed in a regular childcare arrangement also varied by family type. Babies from lone parent families were considerably more likely than couple families to be getting regular care from someone other than a parent before they were 3 months old (41% versus 19%). This perhaps demonstrates a greater reliance among lone parents on other people to help them with care for their child from the very earliest stage.

Age at first use of childcare also varied significantly by income group. In the lowest income quartile, seven in ten families using childcare had started to do so before the cohort child was 6 months old compared with 36% in the highest income group. Given the dominance of lone parent families among the low income group (60% of families in this group are lone parents) it is evident that this finding and the earlier finding regarding lone parents are linked.

8.6 Reasons for using childcare

For each childcare arrangement used, respondents were asked to select up to three reasons for doing so.

Table 8.7 Reasons for using childcare by sample type

Reason	Sample type %		
	Baby	Toddler	All
So that I can work	72.5	64.7	69.3
So that my husband/wife/partner can work	23.5	20.0	22.1
So that I can look for work	1.6	1.4	1.5
So that my husband/wife/partner can look for work	0.5	0.2	0.4
So that I can study	5.0	8.5	6.4
So that my husband/wife/partner can study	0.5	0.6	0.5
So that I can look after the home/other children	10.8	11.7	11.2
So that I can socialise/attend appointment/go shopping	34.6	28.8	32.2
For my child's educational development	12.4	37.7	22.8
Because my child likes spending time there	28.4	36.5	31.7
So that my child can take part in a leisure activity	5.2	17.3	10.2
For my child's social development	0.3	0.3	0.3
To give me/my partner a break	0.9	4.4	2.3
To allow other carer/relative to spend time with the child	0.6	0.9	0.7
Bases			
Weighted	*3110*	*2164*	*5274*
Unweighted	*3122*	*2177*	*5299*

The dominant reason given for using childcare across both cohorts was so that the respondent (almost always the mother) could work. Other common reasons included allowing the respondent to socialise or attend an appointment, because the child likes spending time with, or at, the provider and so that the respondent's partner could work. Reasons given were generally similar among baby and toddler families. The key differences were largely age-related around benefits to the child's educational development and participation in a leisure activity, both of which were approximately three times more likely to be mentioned by the parents of toddlers than by parents of babies.

There are a number of significant differences between the reasons given by lone parent respondents and those from couple families. Lone parents using childcare were less likely to be doing so because of work – about half (51%) gave work as a reason compared with almost three-quarters of respondents in couple families (74%). In contrast, lone parents were more likely than couple parents to say they were using childcare so that they could socialise, attend an appointment or go shopping (47% versus 28%). Lone parents were also more likely than couple parents to be using childcare so that they could study (11% versus 5%).

8.7 Cost of childcare

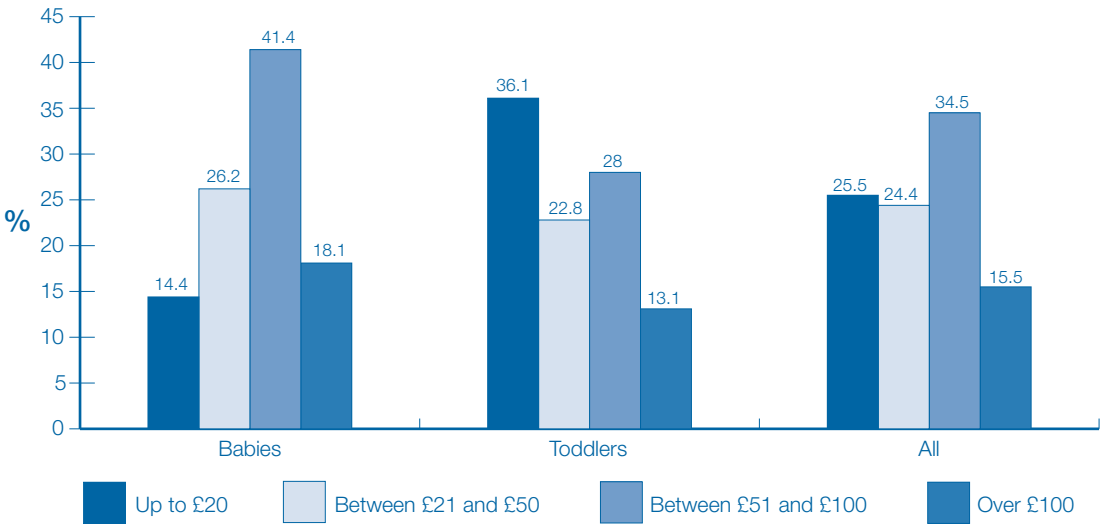
Respondents using childcare were asked to estimate their childcare costs on a monthly or weekly basis. If they were not paying for childcare, they were asked to disclose whether childcare was free, i.e. that no-one paid for it, or whether it was paid for by someone else. All costs corresponded to childcare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

In all, 52% of families were paying for the childcare that 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.

8.7.1 Average weekly cost

The average cost of childcare for the cohort child for a family using any form of childcare was £66 per week. This varied by sample type with the average cost for babies proving on the whole to be more expensive at £75 per week compared with £58 for toddlers. These amounts varied considerably among the sample reflecting the wide mix of providers and arrangements that have been illustrated above. The data are illustrated in Figure 8-G below.

Figure 8-G Average cost of childcare for cohort child per week by sample type



A third of toddler families and 14% of baby families were paying under £20 per week for the cohort child's childcare. Around one in four families in both cohorts were paying between £21 and £50 per week. Four in ten baby families had average costs of between £51 and £100 per week compared with slightly less than three in ten toddler families. A slightly higher proportion of baby families were paying over £100 per week than were paying £20 or less.

Some interesting variations in cost of childcare are apparent in areas of different urban/rural classification. Table 8.8 below details the average cost of childcare per week by area urban/rural classification and sample type. Families living in urban areas pay more on average for childcare, for both babies or toddlers, than families in any other type of area. Families living in remote areas are likely to be paying the least for childcare. One possible explanation for this may be the higher use of nursery provision in urban areas compared with a greater reliance on less expensive formal care in the form of childminders and playgroups in remote areas. However, there is some indication that the differences in provision across the different areas does not fully explain the variations in expenditure and therefore that childcare is on the whole less expensive in remote or rural areas than in urban areas.

Table 8.8 Average cost of childcare per week by urban/rural classification

Urban rural classification	Average cost of childcare per week (£)		
	Baby	Toddler	All
Large urban	86.0	84.6	85.3
Other urban	71.6	43.2	56.7
Small, accessible towns	61.6	44.1	51.5
Small, remote towns	63.7	35.7	43.7
Accessible rural	66.8	48.7	56.8
Remote rural	49.4	32.0	39.1

8.7.2 Coping with childcare costs

Respondents who were paying for childcare were also asked how easy or difficult they found it to pay for their childcare arrangement. A little over four in ten respondents (43%) said they found it either easy or very easy to pay for their childcare, 30% found it neither easy nor difficult and around a quarter (27%) found it difficult or very difficult. Responses were generally similar from baby and toddler parents, although baby parents were significantly less likely to choose the 'very easy' option (13% versus 20%).

Lone parent families, whether employed or unemployed, were more likely to report difficulty with childcare costs – 12% of lone parent families found it very difficult to cover their childcare costs compared with 6% of couple families. A more pronounced contrast exists between income groups – 39% of families in the lowest income group found it difficult to pay for childcare compared with 17% of those in the highest income group.

Overall, irrespective of the subgroups considered, the greatest variation in response occurs in the 'very difficult' and, to a lesser extent, the 'neither' categories with the least variation in the proportion of people selecting 'very easy'.

Table 8.9 illustrates the responses by neighbourhood deprivation level where patterns are perhaps as expected. Families residing in areas of higher deprivation were more likely to report some difficulty with meeting childcare costs than those residing in areas of low deprivation.

Table 8.9 Ease or difficulty of paying for childcare by area deprivation quintiles

Ease or difficulty of paying	Area deprivation quintiles				
	1 – Least deprived	2	3	4	5 – Most deprived
Very easy	15.1	17.9	17.1	15.4	16.6
Easy	26.8	25.6	26.3	28.1	23.1
Neither easy nor difficult	33.3	30.6	31.7	26.8	26.4
Difficult	20.3	19.5	18.6	21.5	22.9
Very difficult	4.4	6.3	6.3	8.3	10.7
Bases					
Weighted	*1089*	*1046*	*1073*	*911*	*1155*
Unweighted	*1175*	*1099*	*1104*	*871*	*1050*

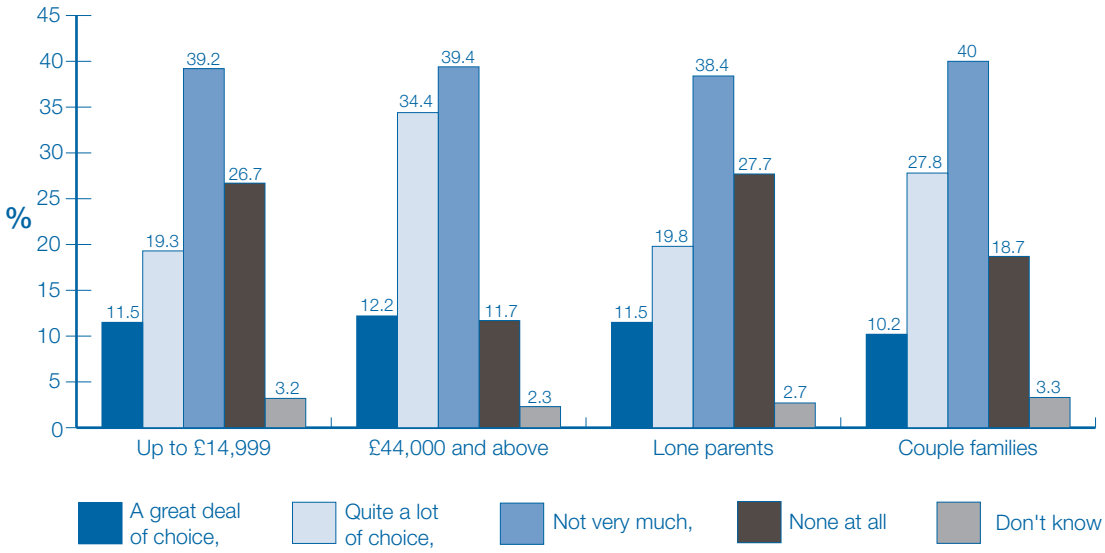
8.8 Degree of choice and childcare preferences

8.8.1 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 all, around one in ten families using childcare felt that they had a 'great deal' of choice and a further 26% reported 'quite a lot of choice'. One-fifth felt they had 'no choice at all'. The most common response chosen was 'not very much' choice (40%).

There was little significant difference between baby and toddler families. Indeed, there was only limited variation across the various analysis subgroups with the majority of any distinctions restricted to those selecting the 'quite a lot' and 'none at all' responses. For example, families in higher income households or couple households were more likely to indicate that they had quite a lot of choice than lower income or lone parent households. In direct contrast, lower income and lone parent families were more likely to indicate they had no choice at all. There were no significant differences by income in the proportions selecting 'a great deal of choice' or 'not very much choice'.

Figure 8-H Perceived degree of choice by household income and family type



Some further distinctions exist within the different area urban/rural classifications. In particular, the degree of choice for families in remote rural areas was considerably lower than for families living in other area types. Around eight in ten (82%) families in remote rural areas using childcare believed they had little or no choice of childcare provider for the cohort child. The comparable figure for all other area types was around six in ten.

8.8.2 Childcare preferences

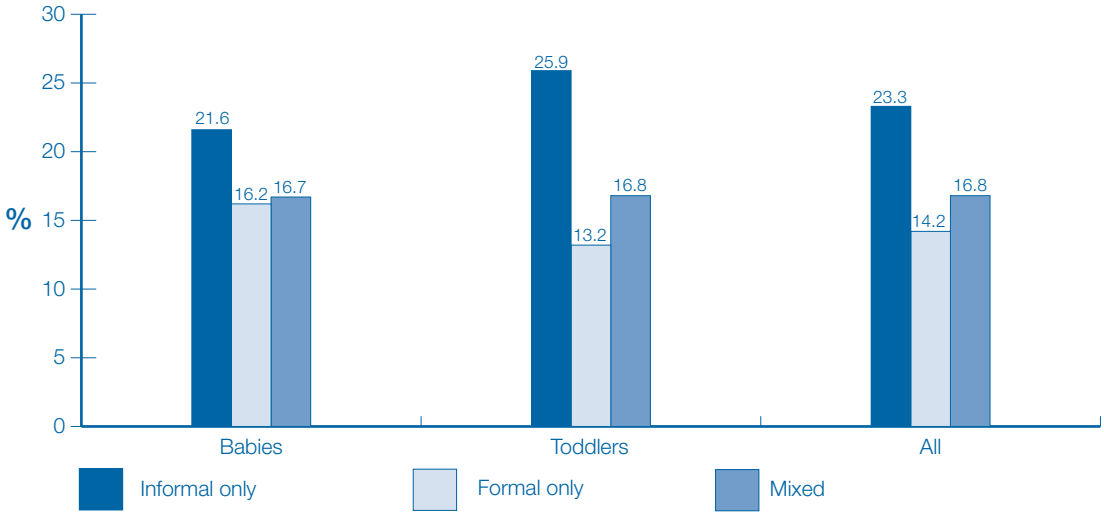
To further gauge parents' views on the availability and choice of childcare open to them, respondents were asked, whether they would use a different kind of childcare provider as their main childcare provider for the cohort child, if such a place were to be available and affordable. If the respondent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

Just under one in five respondents using childcare indicated that they would use a different main childcare provider to the one they were currently using. There were no significant differences between baby and toddler families on this question, though there were some significant variations between other groups. For example, a quarter of families using childcare in the lowest income group indicated a desire to change providers compared with just over one-tenth of families using childcare in the highest income group.

The type of provision currently in place for the child was also related to the responses to this question. Figure 8-I displays the proportion of families using childcare who indicated a wish to change provider by their type of current provision. Families using only informal provision were significantly more likely than families using only formal care or a mixture of both to indicate that they would prefer to be using a different main childcare provider. A quarter (26%) of toddler parents using only informal care indicated a desire for a different main provider compared with 13% using only formal care. Respondents using other relatives, the child's older siblings, an ex-spouse or partner, or a friend or neighbour as their main childcare provider were most likely to want a change.

Analysis of the preferred provider type showed that private nurseries were by far the most popular alternative, being selected by almost half (47%) of baby families and 35% of toddler families who wanted a change (42% overall). The next most commonly selected alternative providers were childminders (15%) and local authority nurseries (16%). Local authority playgroups were also relatively popular among toddler families, being selected by one in ten of those who indicated a desire to change providers. The nature of the preferred providers and the characteristics of the existing provision among those most likely to want a change indicates an underlying desire to shift from informal to formal types of care suggesting a possible lack of affordable and available formal childcare. In this context, it is notable that 81% of those who reported that they would like to change provider felt that they had little or no choice when choosing their main childcare provider for the cohort child.

Figure 8-I Proportion indicating preference for a different main childcare provider by type of current provision



8.9 The childcare and employment balance

8.9.1 Attitudes towards employment and childcare

Given the important link between use of childcare and household and/or mother's employment, respondents were asked a series of questions to explore their attitudes towards working and caring for children. These questions consisted of a number of attitudinal statements to which respondents could indicate the extent they agreed or disagreed.

Over half of respondents (58%) working full-time and using childcare indicated that if they could afford it they would prefer to stay at home and look after their child(ren). Around three in ten (30%) said they would not. Almost three-quarters (72%) of those working full or part-time indicated that if they could afford it they would work fewer hours. Only around one in ten (12%) respondents working full or part-time reported that they would work more hours if they could afford good quality childcare which was reliable and convenient. Over half (55%) of unemployed respondents indicated they would prefer to work or study if they could afford good quality, reliable and convenient, childcare.

Table 8.10 Attitudes towards employment and childcare

Statement	Response					*Bases*	
	Strongly agree	Agree	Neither	Disagree	Strongly disagree	*Weighted*	*Unweighted*
If I could afford to give up work (full-time), I would prefer to stay at home and look after my child/children*	30.1	27.5	12.7	26.5	3.1	*1339*	*1368*
If I could afford it, I would work fewer hours so I could spend more time looking after my child/children**	35.9	36.1	8.9	17.8	1.2	*4462*	*4551*
If I could afford good quality childcare which was reliable, convenient and affordable, I would work more hours**	2.3	10.0	7.0	55.4	25.3	*4462*	*4551*
If I could afford good quality childcare which was reliable, convenient and affordable, I would prefer to go out to work or do an education or training course***	18.0	35.9	11.6	25.3	8.9	*3610*	*3521*

*Asked only where respondent was working full-time

**Asked only where respondent was working full-time or part-time

***Asked only where respondent was not working

Attitudes towards employment and childcare varied by the respondent's socio-economic classification (NS-SEC). Respondents in intermediate or lower supervisory and technical occupations were the most likely to indicate that they would prefer to stay at home and look after their children. Around 70% from each of those groups agreed with the statement compared with 51% of those in the higher managerial and professional group and 44% of small employers and own account workers. The proportions indicating that they would work fewer hours if possible did not vary significantly across most NS-SEC groupings with the exception of small employers and own account workers who were significantly less likely to indicate that they would work fewer hours to spend more time looking after their child or children.

8.9.2 Employers' family-friendly policies

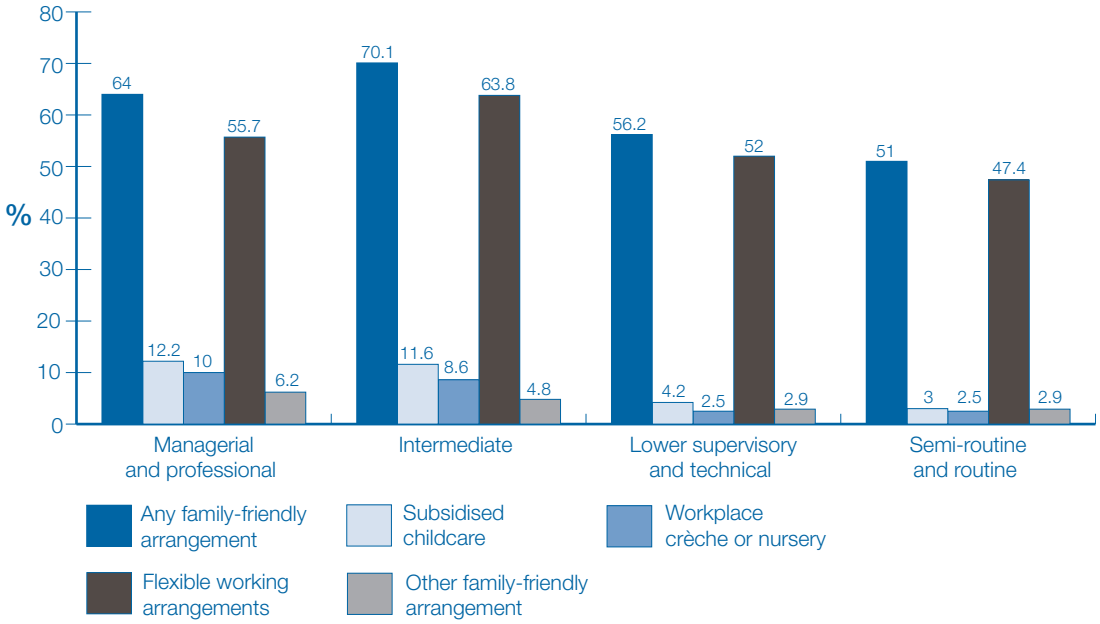
To further explore the dynamic between employment and childcare we asked respondents who were employed (but not self-employed) and using childcare whether their employer provided any 'family-friendly' facilities or policies such as subsidised childcare, a workplace crèche or nursery, flexible working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

Among those respondents who were employed, 60% reported that their employer offered at least one family-friendly working arrangement. By far the most common family-friendly facility available was flexible working. A little over half (53%) mentioned this policy. Only one in ten respondents' employers offered subsidised childcare and even fewer (7%) had a workplace crèche or nursery available. Only 5% mentioned an additional family-friendly policy.

The extent and nature of family-friendly policies was examined by respondent NS-SEC. The results are displayed in Figure 8-J. The graph shows that parents in 'intermediate occupations' were most likely to have family-friendly facilities available from their employer. Those in semi-routine and routine occupations were least likely to have access to such facilities.

Respondents were also asked to rate their employer from 'very good' to 'very poor' in terms of allowing family-friendly working. Overall, 63% of employed respondents rated their employer as 'good' or 'very good'. Employer ratings were highest among respondents in intermediate occupations – 70% rated their employer as good or very good – and lowest among respondents in semi-routine and routine occupations – 59% rated their employer as good or very good.

Figure 8-J Availability of family-friendly facilities by respondent NS-SEC



8.9.3 Time spent with child(ren)

All respondents were asked how they felt about the amount of time they had to spend with their child(ren) selecting from four categories ranging from 'plenty of time' to 'nowhere near enough time'. Almost two-thirds (64%) of parents felt they had plenty of time to spend with their child with a further 16% answering 'just enough' time. One in five felt they did not have enough time to spend with their child.

Responses were compared across employment status and NS-SEC classifications. The analysis illustrated that, as might be expected, respondents who were employed full-time were less likely to feel they had enough time available to spend with their child than those employed part-time or unemployed (36% versus 80% and 97% respectively). At around two-thirds (68%), respondents in managerial and professional occupations were the group least likely to feel they had enough time to spend with their child. Respondents in semi-routine or routine occupations (90%) and those self-employed (85%) were considerably more likely to feel they had just enough or plenty of time with their child.

Those parents who indicated that they did not have enough time to spend with their child were asked why they felt that way. By far the most common reason given was due to working long hours, mentioned by two-thirds (68%) of parents. The demands of housework were mentioned by 30% of parents. The demands of other children and parental health were also important, each mentioned by around a quarter of respondents.

8.10 Reasons for not using childcare

Parents who were not using any childcare at the time of the interview were asked to say why. The most common reason, given by two-thirds of parents not using childcare, was that they preferred to look after the child themselves. Many others did not feel that childcare was necessary because they themselves rarely needed to be away from the child.

8.11 Key points

- Overall, 65% of respondents were getting help with childcare at the time of the interview. Parents of children in the toddler cohort were more likely to be using childcare than parents of babies (76% compared with 60%).
- Use of childcare was intrinsically linked to employment status of household adults. The proportion of families using childcare was higher in cases where at least one of the child's carers was employed and particularly high when the child's mother was working. Respondents' employment was also the most common reason given for using childcare.

- Characteristics of childcare use varied by area urban/rural classifications. Families living in remote areas were less likely to be using childcare and there were key differences in the types of provision used in these areas with higher playgroup and childminder use. Childcare was also found to be less expensive in remote and rural areas.
- Overall, informal childcare provision was found to be more commonly used than formal provision, particularly among families in the baby cohort. Lone parent and lower income households were most likely to be using informal provision.
- The child's grandparents were the single most common type of childcare provider being used. Two-thirds of baby families and 50% of toddler families were using the child's grandparents for regular childcare.
- A quarter (27%) of respondents reported some difficulty in coping with the costs of childcare. Unsurprisingly, level of household income clearly affected the ease at which families coped with childcare costs so that those with lower incomes found childcare costs hardest to meet.
- Few families felt they had a 'great deal of choice' when arranging childcare provision although many reported having 'quite a lot' of choice. Only one in five respondents indicated a desire to change their childcare provider.

8.12 Conclusion

Most parents used childcare of some kind on a regular basis for their babies or toddlers: for three out of five babies and just over three-quarters of toddlers. The likelihood of using childcare was similar for lone parent and couple families but was considerably higher when the cohort child was the first born than where there were other children. Childcare use was clearly linked to mothers' labour market participation being much higher in families where mothers were in paid work. Indeed, when respondents were asked to give their main reason for using childcare, over two-thirds said that it was so that they could work.

The likelihood of childcare use also increased with household income. For example, the vast majority of toddlers in families in the highest income quartile, compared with two-thirds in the lowest income quartile, had regular childcare arrangements in place. While household income is related to parental employment status, this finding persists even when parental employment is controlled for.

Two factors that may explain at least some of this difference are the cost and availability of affordable childcare. Just over half of families paid for the childcare they used; and for almost all the remainder it was free. The average sum paid for babies' childcare was higher than for toddlers. Higher income households also paid much more than lower income households. About a quarter of parents reported that paying for childcare was either difficult or very difficult, with lone parents twice as likely to say it was very difficult than partnered parents. Parents in the lowest income group were around twice as likely to find it difficult to pay for their childcare as those in the highest income group.

The type of childcare used, and the mix of providers also varied according to families' circumstances. Informal childcare is central to almost all families' childcare arrangements but particularly so for families in more economically deprived circumstances. It is used by two-thirds of families who have a childcare arrangement in place, and is even more commonly used by babies' families and by lone-parent families. Just over half of childcare users have some formal arrangement in place, with slightly higher use of formal providers among toddler families. About two-thirds of families who use childcare report that they use one type of provision. Of those parents who use a mix of childcare providers, lower income households, families living in the most deprived areas and lone parent families were more likely than their counterparts to use only informal arrangements. Four-fifths of the highest income households and three-quarters of families in the least deprived areas use a mix of formal and informal childcare providers. Grandparents are the most common childcare providers, used by about half of toddlers' families and two-thirds of babies' families. Grandparent care is even more prevalent in the most deprived areas.

Despite the considerable expansion in the supply of formal childcare under the Scottish Childcare Strategy, most parents did not think they had much choice of childcare providers. About one in five thought they had no choice at all, with higher proportions of families on low incomes or lone parents expressing this view. Only a minority (about one-fifth) of childcare users thought they would use a different form of childcare if it were available and affordable, mainly a formal type of childcare, and of these, the most popular alternative choice by far was a private nursery. These views did not vary according to whether the cohort child was a baby or toddler and suggest that the demand for affordable and available formal childcare has not yet been met.

chapter
PARENTAL HEALTH

9

9.1 Introduction

Parental health and well-being are important in shaping the early experiences of young children, including their health and development. Evidence suggests that these early experiences have an influence in determining, at least in part, future life circumstances and health (Wadsworth and Kuh, 1997; can de Mheen *et al*. Parental health and well-being will also influence the process of parenting (Murray, 1996) and is further important in itself as Scotland aims to improve the health of all the population. *Improving Health in Scotland: The Challenge* (Scottish Executive, 2003b) sets out a framework which aims 'to narrow the opportunity gap and improve the health of our most disadvantaged communities at a faster rate, thereby narrowing the health gap'. *Delivering for Health* (Scottish Executive, 2005) emphasises a shift towards preventive medicine and more continuous care in the community. While inequalities in health, related particularly to poverty and deprivation are emphasised in government policy documents, this is balanced by a recognition of related lifestyle factors, such as drinking, diet, smoking and exercise, which are themselves socially patterned. More recently, the *Framework for Mental Health Services in Scotland* (Scottish Executive, 2001) aims to accelerate improvements in this area, highlighting the need to support the mental health needs of the Scottish population.

The GUS study, in addition to measuring the health and well-being of the children involved, also assesses, through a series of self-completion questions, the physical and mental health of their parents. This section explores the general health of parents and the prevalence of long-standing illness, parents' health-related quality of life and their smoking, drinking and drug use.

9.2 Physical health

9.2.1 General health

All respondents were asked to assess their health in general as either 'excellent', 'very good', 'good', 'fair' or 'poor'. The vast majority of parents (85%) in both cohorts said that their general health was good or better (Table 9.1) including one-fifth who reported their health to be excellent. Only a very small proportion regarded their health to be poor.

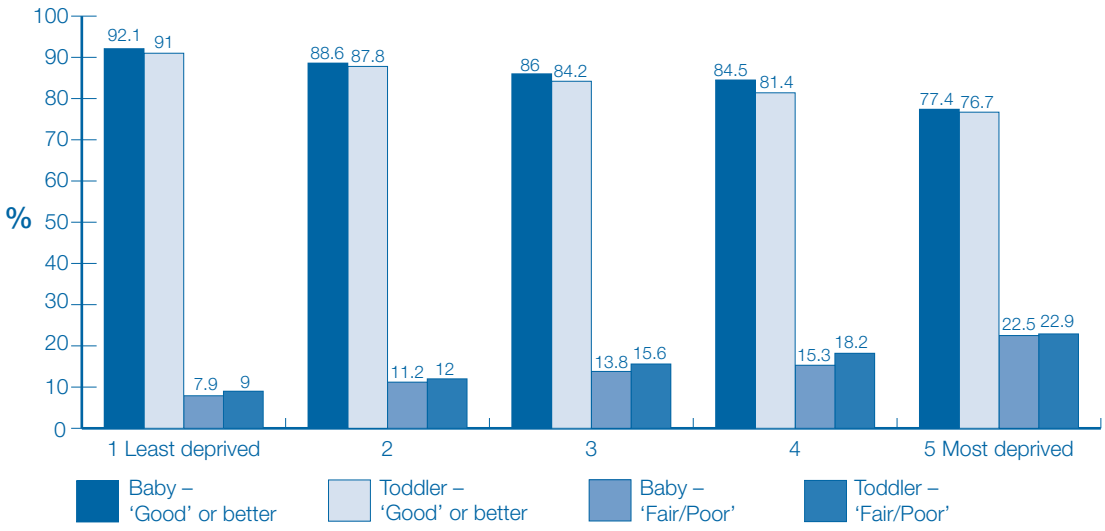
There were statistically significant differences in general health ratings across most of the sub-groups considered in the analysis. Older mothers were more likely than younger mothers to rate their health as 'good' or better. Although proportions were generally high for both groups, 82% of teenage mothers regarded their health to be 'good' or better compared with 87% of mothers in their forties. Parity had only a small effect on self-assessed health, the data suggest that perceived health rating decreases as the number of children in the household increases – 7% of mothers with four or more children rated their health as poor compared with 2% of mothers with one child. Level of deprivation, across a range of measures. was significantly related to reported general health.

For example, the data in Figure 9-A show that parents living in the most deprived areas were more than twice as likely to report fair or poor health than those who live in the least deprived areas. In the toddler cohort a little over one in five parents living in areas in the most deprived quintile rated their health as 'fair' or 'poor' compared with less than one in ten parents in the least-deprived quintile. White respondents were more likely to report better health: 57% reported their health to be very good or better compared with 45% of the non-white sample.

Table 9.1 Parental general health by sample type

Health status	Sample type (%)	
	Babies	Toddlers
Excellent	19.3	17.4
Very good	38.4	37.4
Good	27.5	29.1
Fair	12.1	13.0
Poor	2.5	2.9
Can't say	0.1	0.3
Bases		
Weighted	*5217*	*2858*
Unweighted	*5217*	*2858*

Figure 9-A Self-assessed general health by area deprivation quintiles



9.2.2 Long-standing illness

All respondents were asked whether they had any health problems or disabilities that had lasted or were expected to last for more than a year. Respondents were then asked to say whether their illness limited their ability to carry out normal day-to-day activities in any way.

The prevalence of long-standing illness was very similar for the parents of babies and toddlers. Around one in six parents in each cohort (16% babies, 17% toddlers) had a long-standing illness, of whom around two-fifths (40% babies, 46% toddlers) or 7% of the whole of each sample, reported having a limiting illness.

Lone parents were significantly more likely than parents in couple families to report a long-standing illness. Among the parents of babies, around a quarter of lone parents (23%) had a long-standing illness compared with 15% of parents in couple families. Furthermore, 10% of all lone parents with babies had a limiting long-standing illness compared with 6% of baby parents in couple families.

Prevalence of long-standing illness (both limiting and non-limiting) was strongly linked to area deprivation. Within the baby sample, parents living in the most deprived quintile were almost twice as likely to report a long-standing illness as those in the least deprived quintile (20% most deprived versus 12% least deprived).

9.2.3 Long-standing illness and general health

The relationship between reported general health and long-standing illness is not as straightforward as might be expected, as having a long-standing illness did not necessarily correspond with a poor self-assessment of general health (Table 9.2). As the data in the table show, one-fifth of toddler parents with a long-standing illness rated their general health as very good or better and a further 30% considered their health to be good. A similar pattern was evident among baby parents.

Table 9.2 Prevalence of long-standing illness by self-assessed general health – toddler sample only

Health status	Do you have any health problems or disabilities that are expected to last for more than a year (%) *(Row % in italics)*		*Row bases*	
	Yes	No	*Weighted*	*Unweighted*
Toddlers				
Excellent	3.2 *3.2*	20.3 *96.8*	*495*	*502*
Very good	17.3 *7.9*	41.4 *92.1*	*1061*	*1074*
Good	29.5 *17.2*	29.0 *82.8*	*826*	*818*
Fair	34.3 *44.8*	8.6 *55.2*	*369*	*358*
Poor	15.0 *87.6*	0.4 *12.4*	*83*	*84*
Can't say	0.6 *43.4*	0.2 *56.6*	*7*	*7*
Column bases				
Weighted	*482*	*2358*		
Unweighted	*480*	*2363*		

9.3 Health-related quality of life

9.3.1 Introduction

Health-related quality of life was measured by the Medical Outcomes Study 12-Item Short Form (SF-12). This was new to the Scottish Health Survey in 2003, but has previously been used in population surveys on many occasions (for example, the Health Survey for England and the National Survey of NHS Patients). The SF-12 is a widely used self-reported generic measure of health status, yielding both a physical component (PCS) and a mental health component (MCS) summary scale score (Ware *et al*. 2001). It is a shorter, yet valid, alternative to the SF-36 and is tailored for use in large health surveys of general populations. Higher scores on both the physical and mental health component scales are indicative of better health-related quality of life, but as with the self-assessed health results presented in Section 9.2.1, results in this section are based on informants' self-reports of their own physical and mental functioning and as such are subjective. This may lead to differential reporting between informants with equivalent status.

9.3.2 Medical Outcomes Study Short Form (SF-12) scores

Table 9.3 presents the results for the baby cohort for each of the 12 items that make up the SF-12 scale by sample and family type. There were some significant differences in responses to these questions between respondents from different family types with lone parents being consistently more likely than couple families to report that poor health or pain affected their daily lives on a variety of measures. For example, 16% of lone parents said that ill health limited their ability to perform moderate activities compared with 9% of parents in couple families.

Some of the clearest distinctions between the two groups relate to the emotional measures, with lone parents more likely to report the impact of emotional problems on their lives. For example, around a quarter (27%) of lone parent respondents said that they accomplished less as a result of emotional problems, compared with 15% of parents in couple families. There was a greater distinction between the mean mental component scores of lone parent and couple families than there was in the mean physical component scores, mirroring the distinction already identified in the individual measures.

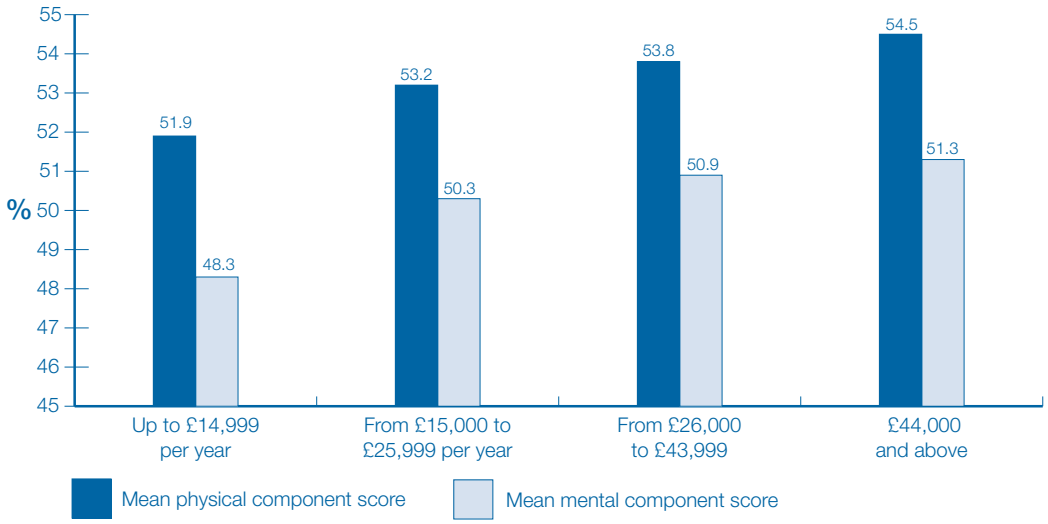
The summary scores enable comparison across a range of other groups within the sample. Figure 9-B displays the mean physical and mental component scores by household income quartile. As the data show, there was a clear income-related increase in combined SF-12 scores indicating an rise in health-related quality of life as household income increases. The mean mental component score was 48.3 for the parents of babies in the lowest income quartile compared with 51.3 in the highest income quartile, a similar increase is evident in mean physical component scores. The differences evident across the household income quartiles represent some of the most pronounced distinctions in the combined SF-12 scores within the sample. However, a number of less pronounced differences also exist. For example, the data show that mothers under the age of 20 at the time of the child's birth have the lowest scores on the scale, with those in their 30s having the highest.

Table 9.3 Health-related quality of life by family type (baby cohort only)

Health-related quality of life measures	Family type	
	Lone Parent	Couple Family
Health assessed as fair or poor	22.1	12.8
Extent to which ill-health limits ability to perform moderate activities		
A lot	4.1	1.8
A little	12.2	7.3
Not at all	83.7	90.9
Extent to which ill-health limits ability to climb several flights of stairs		
A lot	4.6	1.8
A little	16.0	9.7
Not at all	79.4	88.6
Accomplished less as a result of poor physical health	17.3	12.3
Limited in work or other daily activities as a result of poor physical health	13.7	8.6
Accomplished less as a result of emotional problems	27.1	14.9
Performed work or any other activities less carefully as a result of emotional problems	21.5	12.3
Pain interfered with normal work at least slightly	25.0	18.3
Extent to which felt calm and peaceful in past 4 weeks		
All/most of the time	45.1	42.6
Good bit/some of the time	19.7	21.8
A little/none of the time	14.1	12.2
Amount of time had a lot of energy in last 4 weeks		
All/most of the time	40.2	35.5
Good bit/some of the time	44.2	51.4
A little/none of the time	15.6	13.1
Amount of time felt down in last 4 weeks		
All/most of the time	9.5	4.0
Good bit/some of the time	29.5	22.6
A little/none of the time	61.0	73.4
Amount of time felt that physical or emotional problems interfered with social activities in last 4 weeks		
All/most of the time	8.4	3.6
Good bit/some of the time	17.6	10.4
A little/none of the time	73.8	86.0
Mean physical component score	52.1	53.5
Standard error of mean	0.25	0.10
Mean mental component score	48.0	50.6
Standard error of mean	0.37	0.14
Bases		
Weighted	*1058*	*4158*
Unweighted	*978*	*4239*

Showing a similar pattern, parents living in more deprived areas and those in routine or semi-routine households also reported lower summary physical and mental component scores than those in more affluent areas and those in intermediate or managerial/ professional occupations.

Figure 9-B Health-related quality of life by household income quartile (baby cohort only)



9.4 Smoking

Respondents were asked a number of questions about their smoking, drinking and drug use. Given the particular sensitivity of these topics, these questions were all contained within the self-completion section of the interview where responses were not seen by the interviewer.

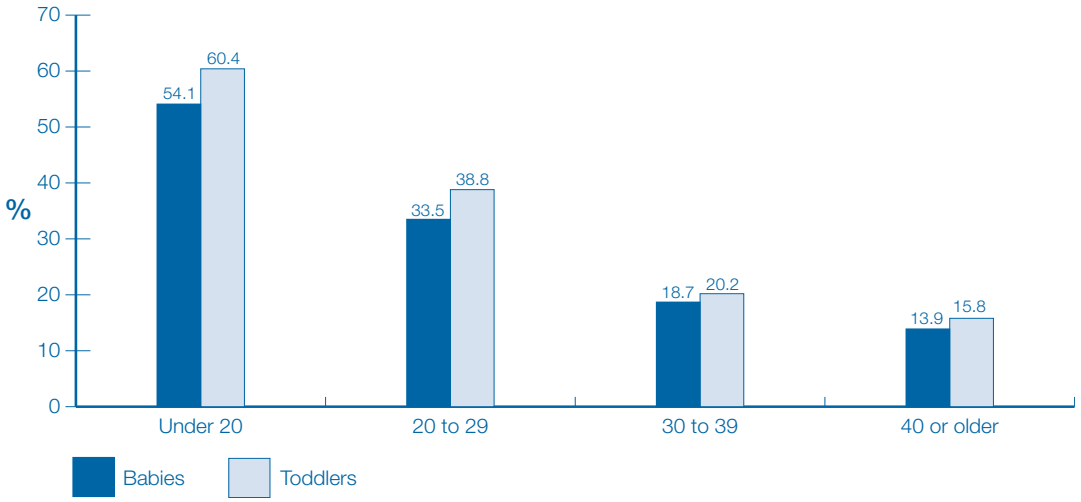
9.4.1 Current smoking behaviour

Overall, 28% of respondents in the baby cohort and 31% of respondents in the toddler cohort were current smokers at the time of the interview. (Results from the 2003 Scottish Health Survey found that 28% of all women were current smokers at that time.[17]) There were a number of marked differences in smoking prevalence by area deprivation, household income and household NS-SEC across both cohorts. The propensity to smoke increased with area deprivation levels. One in ten parents in the least deprived quintile smoked at the time of the interview compared with 45% of those in the most deprived quintile. Respondents in higher income households were less likely to smoke than those in lower income households – around half of parents in the lowest income quartile smoked at the time of the interview compared with less than 10% of parents in the highest income quartile. Smoking prevalence was lower in households where parents were in managerial and professional occupations (14% babies, 15% toddlers) than in households where parents were in routine and semi-routine occupations (53% babies, 56% toddlers).

[17] Note that the Scottish Health Survey sample represents all Scottish women aged over 16, an age range much wider than that included in the GUS sample.

Smoking rates were higher among lone parents, younger mothers and respondents with lower or no educational qualifications. Three in five lone parents (59%) in the toddler cohort smoked compared with just over one in five (22%) of parents in couple families. In the baby sample, a little over half (54%) of mothers who were in their teens at the time of the cohort child's birth smoked compared with around a third of twenty-something mothers, 19% of thirty-something mothers and 14% of mothers aged 40 or older (see Figure 9-C).

Figure 9-C Smoking at the time of the interview by age of mother at birth of cohort child



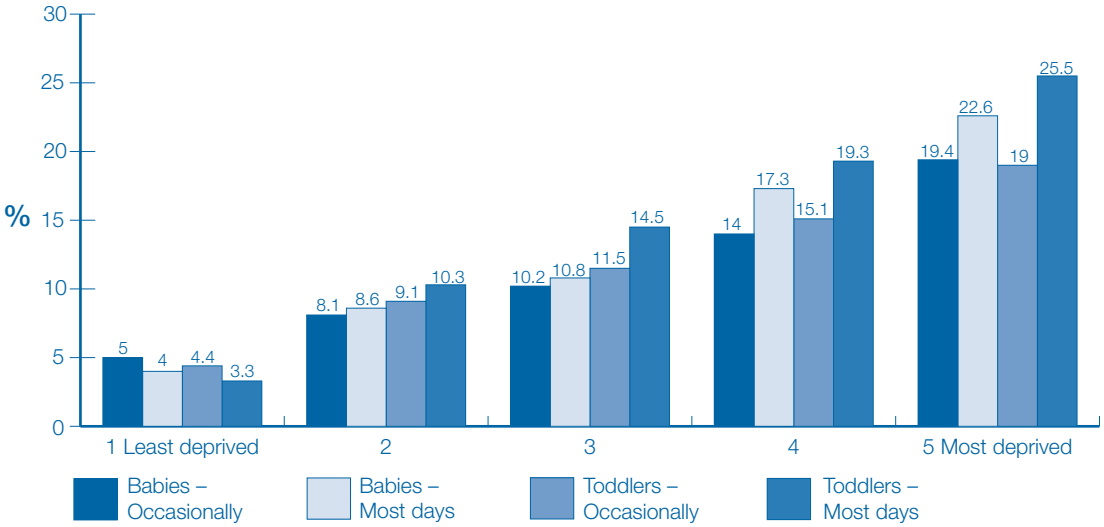
On average, respondents who smoked reported smoking around 12 cigarettes a day. The patterns evident in smoking prevalence are generally reflected in this data so that those parents who were more likely to smoke also smoked more cigarettes a day, although differences between groups were not great.

Overall, around one in three children (30% babies, 32% toddlers) in the sample were living in a household where at least one person smoked *in the house*. As might be expected, the patterns in this data mirror those in smoking prevalence – for example, in the toddler cohort 51% of respondents in the most deprived quintile said that at least one person smoked in the house compared with 10% in the least deprived quintile.

9.4.2 Smoking whilst pregnant

Across both cohorts, around one in four mothers said that they smoked during their pregnancy with the cohort child (25% babies, 27% toddlers). Of those who smoked during their pregnancy, around half said they smoked 'most days' and half smoked only 'occasionally'. Mothers living in more deprived areas were more likely to have smoked during their pregnancy; in the baby cohort, 42% in the most deprived quintile reported smoking whilst pregnant compared with 9% in the least deprived quintile (Figure 9-D). Further patterns already identified in the smoking prevalence data are repeated here.

Figure 9-D Smoking during pregnancy by sample type and area deprivation quintiles



9.5 Consumption of alcohol

9.5.1 Current alcohol consumption

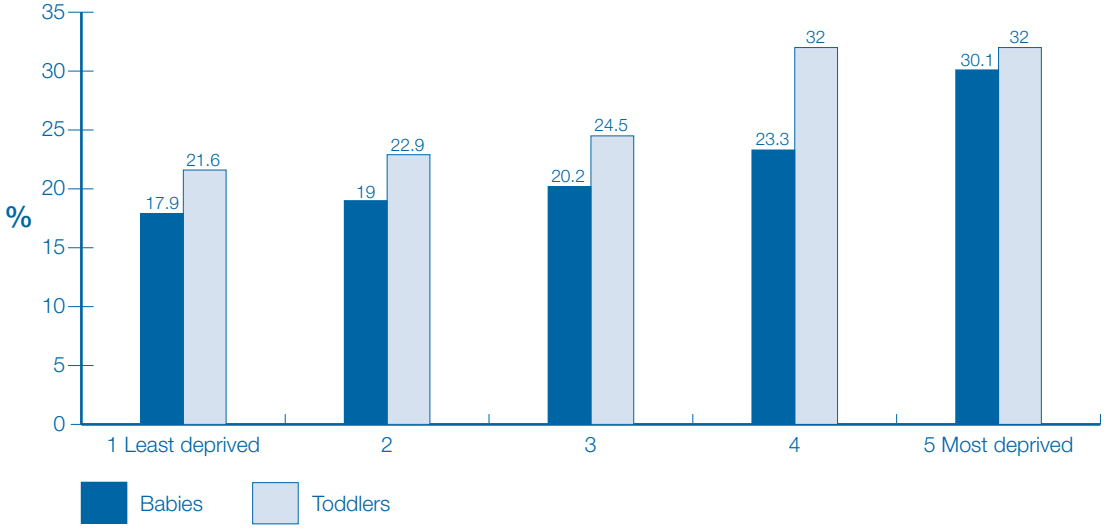
The vast majority of parents in both cohorts drank alcohol – four out of five (80%) did so at least once a month or more often, including around one in five who drank more often than once a week. On average, among those respondents who drank, parents of babies consumed 3.8 units of alcohol per week. Toddlers' parents had a slightly higher mean intake of 4.4 units per week. In both cohorts, the vast majority of parents who drank alcohol consumed less than five units per week (71% babies' parents, 66% toddlers' parents), around a quarter consumed between five and ten units per week and less than 10% consumed more than ten units per week. Only a very small proportion of respondents exceeded the recommended weekly limits of alcohol consumption.[18] However, a greater number admitted to drinking more than five units of alcohol on a single occasion.[19] Across both cohorts, a little under three-quarters (71% babies' parents, 73% toddlers' parents) reported that they did this at least intermittently including a significant minority (22% babies' parents, 27% toddlers' parents) who did so two or three times a month or more often. In comparison to other national data sources, levels of alcohol consumption levels appear to be lower than average. However, the dominance of mothers among the respondents will explain much of this variation.

[18] In terms of weekly limits, men are advised to drink no more than 21 units of alcohol per week, and women no more than 14.

[19] In terms of daily consumption, regular drinking of 4 or more units a day for men, or 3 or more units a day for women, is likely to result in increasing health risk and is not advised.

The prevalence of alcohol consumption varied considerably by area deprivation and household income. A little over one in ten (12%) mothers in the least deprived quintile said that they never drank, or hadn't done so in the last year, compared with around one in four (26%) parents in the most deprived quintile. There was little variation in the average number of units of alcohol consumed by area deprivation. However, respondents in more deprived areas were significantly more likely to say they drank five or more units on one occasion than those in less deprived areas (Figure 9-E). In the baby cohort, a little over three-quarters (77%) of respondents in the most deprived quintile did this at least occasionally including 15% who did so on a weekly basis, compared with around two-thirds (64%) of parents in the least deprived quintile who did so occasionally and 7% who did so weekly.

Figure 9-E Percentage who consume five or more units of alcohol on one occasion at least two or three times a month or more often by sample type and area deprivation quintiles



There is a similar relationship between alcohol consumption and household income. Frequency of alcohol consumption increased with household income – 8% of parents in the lowest income households drank alcohol more than once a week compared with 36% of parents in the highest income group. The propensity to consume five or more units of alcohol on one occasion increased as household income decreased; in the toddler cohort, 20% of parents in the lowest income quartile said they never did this compared with 33% of parents in the highest income quartile.

Analysis by family type highlighted some interesting distinctions across the sample. For example, although similar proportions of lone parents and parents in couple families did not drink alcohol (in the baby sample, 22% and 18% respectively) the drinking behaviour of those who did drink varied considerably (Table 9.4). Parents in couple families were significantly more likely to consume alcohol more than once a week than lone parents (in the baby sample, 6% versus 21%). However, on average lone parents drank a slightly higher number of units of alcohol in a typical week (in the baby sample, 4.2 units for lone parents versus 3.7 for couple families) and were more likely to drink five or more units of alcohol on one occasion than parents in couple families. Around a third (31%) of parents in couple families never drank five or more units on one occasion compared with just under one-fifth (18%) of lone parents. Fifteen percent of lone parents reported doing so at least once a week compared with 8% of parents in couple families.

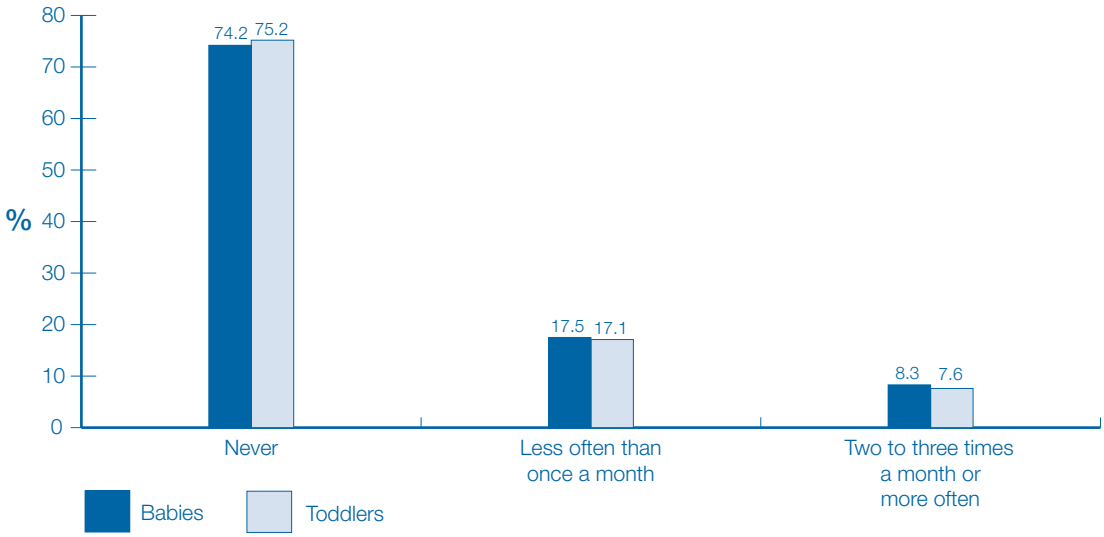
Table 9.4 Alcohol consumption by family type (baby sample only)

Consumption of alcohol variable	Family type	
	Lone parent	Couple Family
Frequency of alcohol consumption		
More often than once a week	6.2	21.0
Once a week	19.8	19.6
2 or 3 times a month	17.2	15.1
Once a month or less	34.3	26.2
Not in the last year/not at all	22.3	18.1
Bases		
Weighted	*1058*	*4158*
Unweighted	*978*	*4239*
Mean number of units of alcohol drunk in an average week	4.2	3.7
Frequency of drinking 5 or more units on one occasion		
More often than once a week	1.6	0.9
Once or twice a week	13.0	7.2
2 or 3 times a month	18.3	11.6
Less than once a month	48.7	48.9
Never	18.4	31.3
Bases		
Weighted	*807*	*3372*
Unweighted	*746*	*3462*

9.5.2 Consumption of alcohol whilst pregnant

Where the respondent was the child's natural mother, they were asked how often they drank alcohol during their pregnancy with the cohort child (Figure 9-F). For both cohorts, around three-quarters of respondents (74% babies, 75% toddlers) said that they did not drink at all and those who did largely said that they drank less often than once a month (17% both samples). Only a very small proportion drank alcohol monthly or more often whilst pregnant.

Figure 9-F Consumption of alcohol whilst pregnant by sample type



Across both cohorts, lone parents and younger mothers were less likely to say they drank whilst pregnant than parents in couple families and older mothers. For example, one-fifth (19% babies, 20% toddlers) of lone parents said they did so compared with around a quarter (27% babies, 26% toddlers) of parents in couple families.

Continuing the patterns identified earlier, mothers living in more deprived areas were less likely to say they drank whilst pregnant than those living in less deprived areas. Sixty-five percent of mothers in the least deprived quintile reported never drinking alcohol whilst pregnant compared with 82% of mothers in the most deprived quintile.

9.6 Illicit drug use

Respondents were asked a series of questions about use of certain illicit drugs – whether they had *ever* used drugs and what types of drug they had used, whether they had used any drugs in the last 12 months and whether they felt they had been dependent on a particular drug in the last year.

As with the questions on smoking and drinking, questions on drug use were contained within the self-report section of the interview. Although self-report surveys are a very useful method of monitoring drug using behaviour, there are a number of limitations associated with their use. First, more serious or 'chaotic' drug users are likely to be under-represented as they are more likely to be homeless, in prison or simply never available for interview. Secondly, given the illegal nature of much drug use, it is likely that there is an element of under-reporting within the survey, particularly with the use of harder or more heavily stigmatised substances (such as heroin and crack cocaine). Finally, it is also possible that people will forget occasional use of drugs, particularly if this was a long time ago, or if they regard themselves as 'non-users'.

9.6.1 Ever used drugs

In both cohorts, around a quarter of parents said that they had ever taken drugs (27% of babies' parents, 25% of toddlers' parents). These figures are slightly higher than those found in the 2004 Scottish Crime and Victimisation Survey (SCVS) in which 20% of women aged between 16 and 59 reported ever using drugs. However, given that a further finding from SCVS was that drug use was concentrated among younger age groups, this difference is likely due to a more restricted, and younger, age range in the GUS sample than in SCVS. The vast majority of drug use was accounted for by use of cannabis – in the baby cohort almost all of those (94%) who ever used any drugs said they had used cannabis at some time (see Table 9.5). Although much less frequently used, amphetamines and ecstasy were the next most common drugs used followed by cocaine and LSD. Use of harder drugs such as heroin, methadone or crack was extremely rare – less than 1% of each sample reported any use of these drugs.

Table 9.5 Prevalence of lifetime drug use by sample type

Type of drug	% of all sample		% of those who had ever used drugs	
	Baby	Toddler	Baby	Toddler
Any drug	26.8	24.9	100.0	100.0
Cannabis	25.0	23.0	93.5	92.2
Amphetamines	6.1	6.2	23.0	25.1
Cocaine or coke	3.5	3.2	13.2	12.7
Crack	<1	<1	1.8	1.1
Ecstasy	5.4	5.1	20.1	20.5
Heroin	1.0	<1	3.6	3.2
Methadone	<1	<1	3.0	1.6
Acid or LSD	2.8	3.1	10.6	12.4
Another illegal drug	<1	<1	1.9	1.4
Bases				
Weighted	*5217*	*2858*	*1397*	*712*
Unweighted	*5217*	*2858*	*1379*	*701*

Lone parents and younger mothers were more likely to say that they had ever taken drugs than parents in couple families and older mothers. In the baby cohort, a third of lone parents (33%) said they had taken drugs at some point compared with a quarter of parents in couple families. One in three (33%) of babies' mothers aged under 20 years old at the time of the child's birth said they had ever used drugs compared with one in four (25%) mothers in their thirties and a little over one in five (21%) mothers aged 40 or older. There were no other significant differences in drug use across the sample.

9.6.2 Drug use in the last year

If respondents indicated that they had ever used a particular type of drug, they were then asked whether or not they had used that drug in the last 12 months. Just under 5% of all respondents in either cohort reported taking drugs in the 12 months before the interview. As might be expected, these figures are slightly lower than those recorded by the 2004 Scottish Crime and Victimisation Survey which found that 7% of women aged between 16 and 59 had used drugs in the last year.

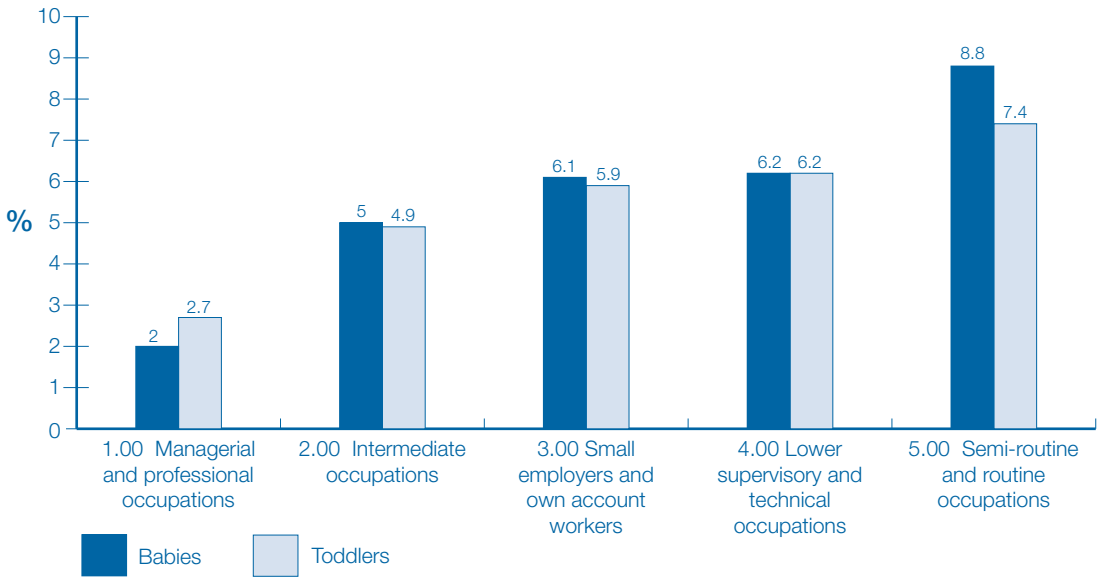
Among the GUS sample, of all those who had *ever* taken drugs, just under one-fifth had used drugs in the last 12 months (17% babies, 19% toddlers). The majority of drug use in the last year was accounted for by use of cannabis, around nine out of ten respondents who had used any drugs in the last year had used cannabis. Only a tiny proportion of the whole sample, and a very small proportion of those who had used drugs in the last 12 months, reported use of a drug other than cannabis.

In similarity to the patterns highlighted in the earlier data, across both cohorts lone parents and younger mothers were significantly more likely to say they had used drugs in the last year than parents in couple families and older mothers. For example, 11% of mothers aged under 20 in the baby sample reported drug use in the last 12 months compared with 6% of mothers in their twenties, 3% of mothers in their thirties and 2% of mothers aged 40 or older.

Use of drugs in the last year also varied by mothers' educational level. Mothers who had lower or no educational qualifications had a greater propensity to report drug use in the last year than those who had higher educational qualifications. In the toddler cohort, 7% of mothers with no educational qualifications reported using drugs in the last year compared with 2% of those with a degree.

In both samples, household income and NS-SEC were related to drug use in the last year. Looking at the baby sample, one in ten respondents in the lowest income quartile said they had used drugs in the last year compared with 2% in the highest and second highest quartiles. Nine percent of parents in routine and semi-routine households used drugs in the last year compared with 2% of those in managerial or professional households (see Figure 9-G).

Figure 9-G Any use of drugs in the last 12 months by sample type and household NS-SEC



9.6.3 Drug dependency and treatment

Respondents who indicated that they had used a particular drug in the last 12 months were then asked whether they had used that drug to the extent that they felt they needed it or were dependent on it.

Around 1% of all respondents and 5% of those who had ever used drugs, in both samples, reported that they had had some dependency on a particular drug in the last 12 months. Among those who had used drugs in the last 12 months, 32% in the baby sample and 24% in the toddler sample reported some dependency (note that the base numbers for this group are quite small). Those parents using methadone and heroin were the most likely to report dependency.

Respondents who said they had used drugs in the last 12 months were asked whether they had received any treatment for, help with or advice about their drug use. Fourteen percent of the relevant group in the baby sample and 10% in the toddler sample reported they had received treatment, help or advice in the last year because of their drug use. Methadone and heroin users were those most likely to be receiving help.

9.7 Key points

- The vast majority of parents in both cohorts (85%) reported their general health to be either good, very good or excellent. Lone parents were more likely than couple parents to rate their health as fair or poor and to have a long-standing health problem and limiting illness, as were those with lower levels of educational attainment and those living in areas of greater deprivation.
- Around one in six parents in both cohorts (16% babies, 17% toddlers) reported having a long-standing illness. Of this group, approximately 4 in 10, or 7% of the whole sample, reported having a limiting illness or disability.
- Lone parents were much more likely to report emotional health problems than couple parents.
- Approximately three in ten parents were current smokers at the time of interview, with marked differences by area deprivation, household income and socio-economic classification. Smoking rates were also higher among lone parents, younger mothers and those with lower levels of educational attainment.
- In the toddler cohort, 51% of cohort children in the lowest income quartile lived in a household in which at least one person smoked, compared with just 10% of those in the highest quartile.
- About one in four mothers said that they smoked while pregnant with the cohort child; and, of those who did, around half said they smoked 'most days'. Around a quarter of mothers indicated that they drank alcohol during their pregnancy.

- Parents in couple families were likely to consume alcohol more often, as were older parents and those in more affluent households and areas. Although lone parents were less likely to drink often, they tended to drink more when they did so.
- Around a quarter of all parents (26%) said they had ever taken illicit drugs, and about one in 20 (4.7%) said they had used drugs in the previous 12 months. The vast majority of drug use was accounted for by cannabis use.

9.8 Conclusion

Overall, the indicators of health used in this study suggest that the general level of health and well-being reported by the parents were good. This is to be expected with a relatively young sample and reflects other health-related surveys although the rates of parents reporting that their health was fair or poor was slightly lower than that found in the MCS (17.7% of mothers, Dex and Joshi, 2004). Closer examination of differences between subgroups within GUS reinforce the established pattern of inequalities in relation to health. Those in more disadvantaged households, more deprived areas, lone parents, non-white parents and younger parents, on the whole, report less favourably on their own health and report higher rates of long-standing illness than the more advantaged or those living as a couple. Subjective measures of health status do not always correlate highly with reports of long-standing illness, and the presence of the latter is not always perceived as compromising good health even though it may affect everyday life. Importantly, the emotional health component of the SF -12, showed quite marked variation between lone parents and couple families, suggesting that the former are more vulnerable and that services should be tailored to meet their needs and support them in their parenting role in particular.

The health behaviour data also follow familiar patterns with marked differences in smoking rates by age, family type and deprivation. This remains a major concern and challenge for government and parents themselves as the detrimental effects on smokers and their children are well known. The smoking rates for the Scottish cohort in the MCS were very similar. Alcohol rates were also socially patterned; the overall picture was of low to moderate drinking with some evidence of more frequent drinking among older and more affluent parents but with higher amounts of alcohol consumed, less frequently, by lone parents. Although a quarter of all parents said that they had ever taken an illegal drug, this was predominantly cannabis and only one in 20 reported that they had used drugs in the previous 12 months. The study contains a few respondents who use drugs other than cannabis.

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CONCLUSION

This report marks the end of the first year of the Growing Up in Scotland study. The second year (sweep two) of fieldwork, which commenced in April 2006, is well underway and interviewing will continue until Spring 2007 by which time fieldwork for sweep three will have launched. So far, the success of the first year has been carried over into the second stage of the study. The continued support from and enthusiasm of the study respondents is allowing the expansion of an already rich and diverse source of information on the characteristics, circumstances and experiences of young children and their parents in Scotland.

Information collected at sweep one and the analysis contained within this report will help the Scottish Executive start to realise a range of objectives associated with the initial motivation for the study. The data will:

- Support the monitoring and evaluation of early years/children's services policies in the areas of childcare, education and social work, health and social inclusion.
- Support the Scottish Executive Education Department's particular analytical requirements for both longitudinal and cross-sectional studies of children's development and well-being and the effectiveness of services provided for them.
- Contribute to the development of the early years/children's services evidence base for the Executive and for the wider research community in Scotland.

Although this report contains data from only one sweep of the study, it is evident that a number of important themes are already emerging. Many of these – and particularly those related to the distinctive situations and service use behaviour of younger mothers, lone parents and more economically deprived families – have been highlighted as warranting more detailed examination. Through the development of new questions on existing topics such as parenting and child health and development, future sweeps of the main survey will allow a great deal of this further exploration to be undertaken For example, at sweep two the inclusion of more detailed questions around use of health services, and in particular, use of Accident and Emergency departments, will allow a more detailed investigation of some of the key distinctions in service use between sub-groups in the sample that have been identified in this report.

As well as providing more detail on existing topics, by repeating important baseline measures at each sweep, significant changes in a family's or child's circumstances can be tracked year-on-year. Among other things, such changes may be related to household composition, economic circumstances, parental employment, childcare arrangements or levels of formal or informal support. The baseline data also provide a reference point for cross-sectional time-series comparison. For example, data from sweep three, when the children in the younger cohort will be the same age that those in the older cohort were at sweep one, will permit comparison of these data on 2-3 year olds in 2005 with data on 2-3 year olds in 2007.

It is also planned that forthcoming sweeps will also widen the focus of the study to incorporate other perspectives (e.g. those of fathers, grandparents and non-resident parents) and issues that develop in importance as the cohorts age. The main survey at sweep two, for example, includes new sections exploring issues around neighbourhood and community, food and nutrition and the transition to pre-school. Height and weight measurements are being recorded at this sweep. New developments for sweep three include questions on child and parent social networks and the transition to primary school.

A key part of the design and philosophy behind GUS was that the study would be the centrepiece of a wider programme of research allowing follow-up studies of key sub-groups and providing a rich resource for other researchers. A number of additional research exercises have already been undertaken or commissioned. Each of these build upon or broaden the existing main survey and overview report. They include:

- At sweep 2, a shorter face-to-face interview undertaken with the resident partner of the main survey respondent.
- An ESRC CASE Award PhD Studentship which commenced in October 2006. For this project, entitled 'The habits of a lifetime? Babies diets and family life in Scotland', data from the first two sweeps of the study will be used to describe the food consumption patterns of babies, consider how these develop in relation to wider family life and to assess the implications for child health and social policy in Scotland.
- A scoping exercise to ascertain the feasibility of a qualitative follow-up study focusing on the needs and experiences of minority ethnic households in Scotland, with very young children.
- The publication of themed analytical reports which involve more focused and detailed analyses of the existing sweep one data and will provide further insight into a number of key issues already highlighted within this report.

To establish Growing Up in Scotland as a key Scottish research and policy resource, a wide-ranging dissemination and engagement programme has been developed for the study. This programme seeks to promote the study to a broad interest group encompassing central and local government policy personnel, voluntary and public sector practitioners and academic and research communities. A dissemination and engagement strategy is in place, which includes the employment of a dissemination officer, the construction of a study website and the establishment of a study interest group. Future activities will mirror the evolution of the study as a richer and more rewarding resource as further sweeps of fieldwork add to the existing data.

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12

APPENDIX A: TECHNICAL NOTES

12.1 Sampling

12.1.1 Sample design

The survey is based on two cohorts of children: the first aged approximately 10 months at the time of first interview and the second aged approximately 34 months. A named sample of approximately 12,930 children was selected from the Child Benefit records to give an achieved sample of approximately 8,000 overall.

The area-level sampling frame was created by aggregating Data Zones. Data Zones are small geographical output areas created for the Scottish Executive. 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[20] 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.

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.

[20] 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.

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

Sample Number	Dates of 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 Response rates

Details of the number of eligible cases identified by the DWP, the number of cases issued and achieved and the response rates are detailed in Table 11.2.

Table 12.2 Number of issued and achieved cases and response rates

	Babies	Toddlers	All Sample
All eligible children	8218	4712	12930
Cases removed	966	655	1621
Cases to field:			
All	7252	4057	11309
Achievable or 'in-scope'*	6583	3605	10143
Cases achieved	5217	2858	8075
Response rate			
As % of all eligible children	63%	61%	62%
As % of all 'in-scope'	80%	79%	80%

*Cases which were considered out-of-scope or unachievable were mostly ineligible or incorrect addresses.

12.2 Data collection

12.2.1 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.

Interviews were conducted with the child's main carer. At this sweep, 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.

12.2.2 Length of interview

Overall, the average interview lasted around 65 minutes. The toddler interview had a slightly longer average length at 66 minutes, than the baby interview at 64 minutes.

12.2.3 Timing of fieldwork

Fieldwork was undertaken over a fourteen month period commencing in April 2005. The sample was issued in twelve 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 2005 and remained in field until mid-July 2005.

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 baby cohort this was identified as the date on which the child turned 10.5 months old, and for the toddler cohort the date the child turned 34.5 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 two weeks.

12.3 Analysis

12.3.1 Weighting

The final weights were generated in a number of stages. The first stage generated selection weights to correct the differential selection probabilities for some children. The second stage modelled non-response bias and generated a non-response weight. This weight corrects for the effects of non-response. The final stage adjusted the composite selection and non-response weight to create a set of calibration weights. These weights make the (weighted) sample match the population in terms of the variables used to calibrate, in this case, age, sex and month of issue. This corrects for the effects of the exclusions made by the DWP.

The selection weights are equivalent to the inverse of the selection probabilities. For samples 1 to 11 all babies and three-fifths of toddlers were included in the sample. The toddler selection weight is the inverse of the selection probabilities and is equal to 5/3 for toddlers and 1 for babies. For sample 12, where smaller numbers were initially drawn by the DWP, this weight is equal to 1.

12.3.2 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 subgroup (as opposed to just those in the sample) falls within this margin.

For example, in Table 5.2, the proportion of children in the baby sample who are looked after by their grandparents during the day on a daily or almost daily basis is estimated as 20% and the unweighted base is 5179. The margin of error around this estimate can be calculated as:

$$\pm 2 \times \sqrt{\frac{(0.2 x 0.8)}{5179}}$$

which comes to 0.01. In other words, there is a 95% chance that the true value is within the range 0.20 ± 0.01, i.e. between 0.19 and 0.21 or between 19% and 21%. In general, the larger the base, the more accurate the estimate is likely to be.[21]

12.3.3 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.

[21] 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.

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

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.

12.3.4 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.

NS-SEC was introduced in 2001 and replaced Registrar General's Social Class (which had been used in the 1995 and 1998 surveys) as the main measure of socio-economic status.

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

12.3.5 Scottish Executive Urban/Rural Classification

The Scottish Executive Urban/Rural Classification was first released in 2000 and is consistent with the Executive'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 Executive Urban/Rural Classification

Scottish Executive Urban/Rural Classification	
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

12.3.6 Scottish Index of Multiple Deprivation (SIMD)

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 indications in the six individual domains of Current Income, Employment, Housing, Health, Education, Skills and Training and Geographic Access to Services and Telecommunications.

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.

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