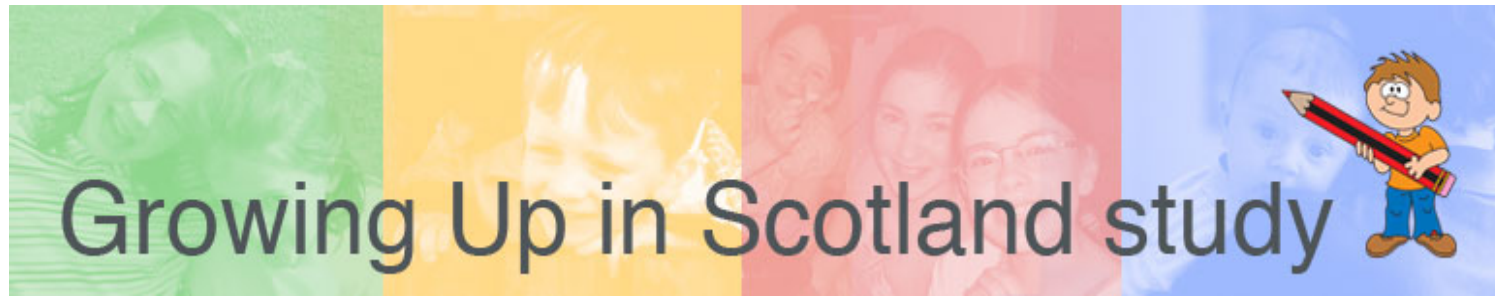


Growing Up in Scotland (GUS)
Presentation to West Lothian Sure Start
conference

11th November 2009

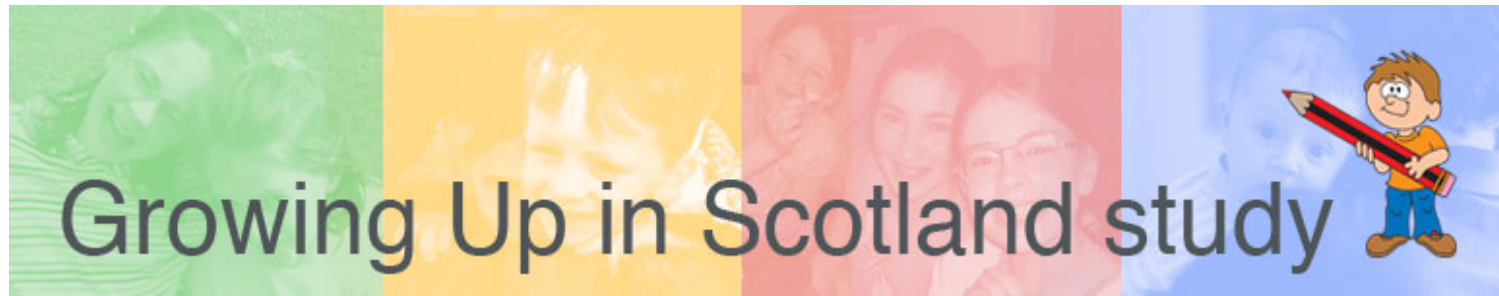
Lesley Kelly, GUS Dissemination Officer
CRFR, University of Edinburgh

www.growingupinScotland.org.uk



Today's presentation

- What is GUS?
- How do we do it?
- What does GUS tell us?
- What next?



What is GUS?

Aim of GUS : “To describe the characteristics, circumstances and experiences of children in the early years in Scotland and to improve our understanding of how experiences and conditions in early childhood might affect people’s chances later in life”

Growing Up in Scotland study



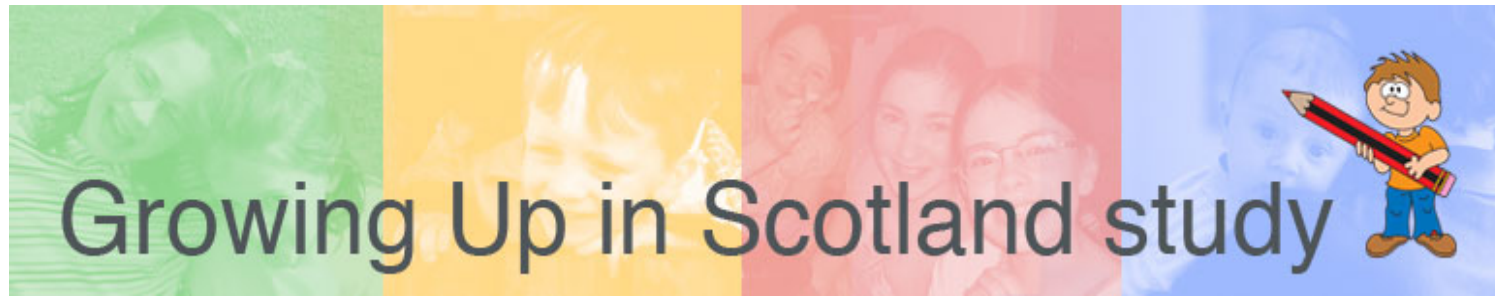
How do we do it?

- Sample drawn from Child Benefit records
- 2 groups or ‘cohorts’ taking part
- National sample – representative of Scotland as a whole – can look at sub-groups
- Face-to-face interviews of parents annually until child reaches five (almost six) years of age then at selected stages of interest.
- Info recorded on lap top computers and includes self-complete element.
- Response rates 80% initially, around 90% year-on-year

Growing Up in Scotland study



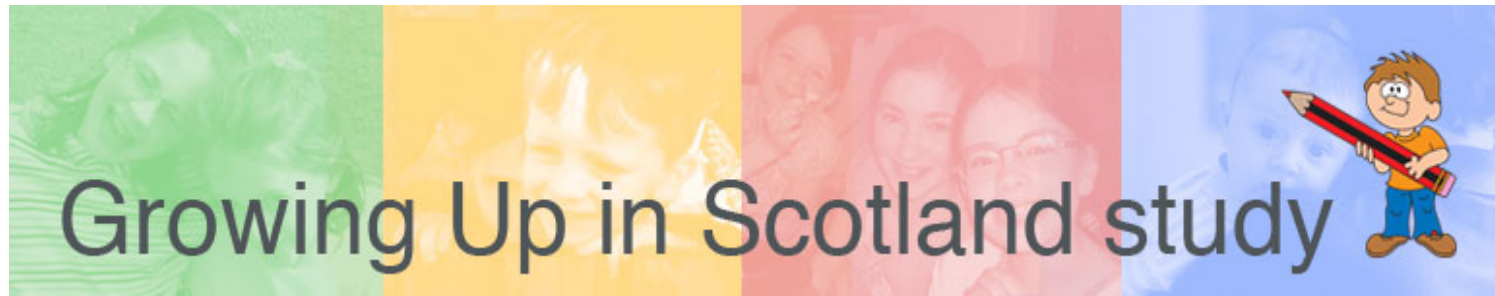
GUS1 (2005/6)	GUS2 (2006/7)	GUS3 (2007/8)	GUS4 (2008/9)	GUS5 (2009/10) <i>Birth Cohort only</i>
Main carer	Main carer	Main carer	Main carer	Main carer
	Partner			
	Child height & weight		Child height & weight	
		Cognitive assessments		Cognitive assessments
Health records	Health records	Health records	Health records	Health records



Core topics (every year)



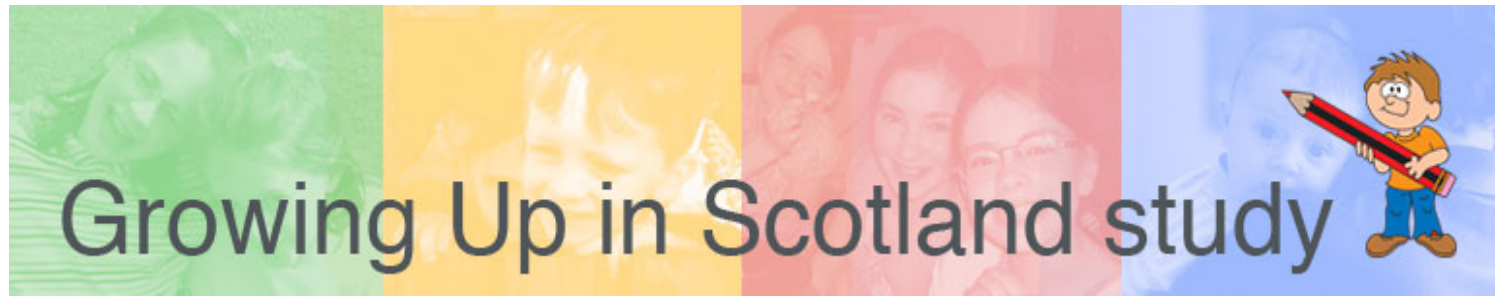
- ❖ Household composition
- ❖ Non-resident parents
- ❖ Parental support
- ❖ Parenting styles
- ❖ Childcare
- ❖ Child health and development
- ❖ Activities with others
- ❖ Work, employment and income
- ❖ Accommodation and transport



Other topics (every 2 years or as appropriate)



- ❖ Parental health and well-being
- ❖ Early experiences of pre-school
- ❖ Early experiences of school
- ❖ Pregnancy and birth
- ❖ Material deprivation
- ❖ Food and eating
- ❖ Housing and neighbourhood
- ❖ Social networks

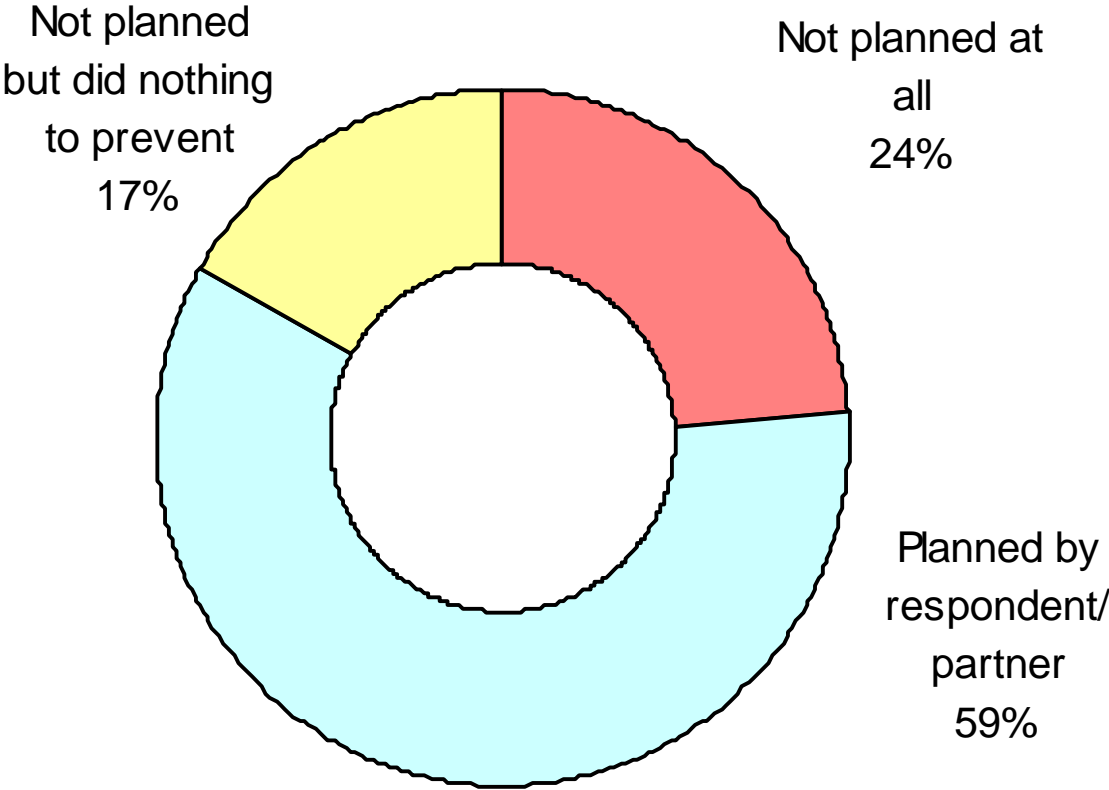


What does GUS tell us? Some findings:

- Pregnancy
- The first few months
- Support for parents
- Child health and development
- Parental health

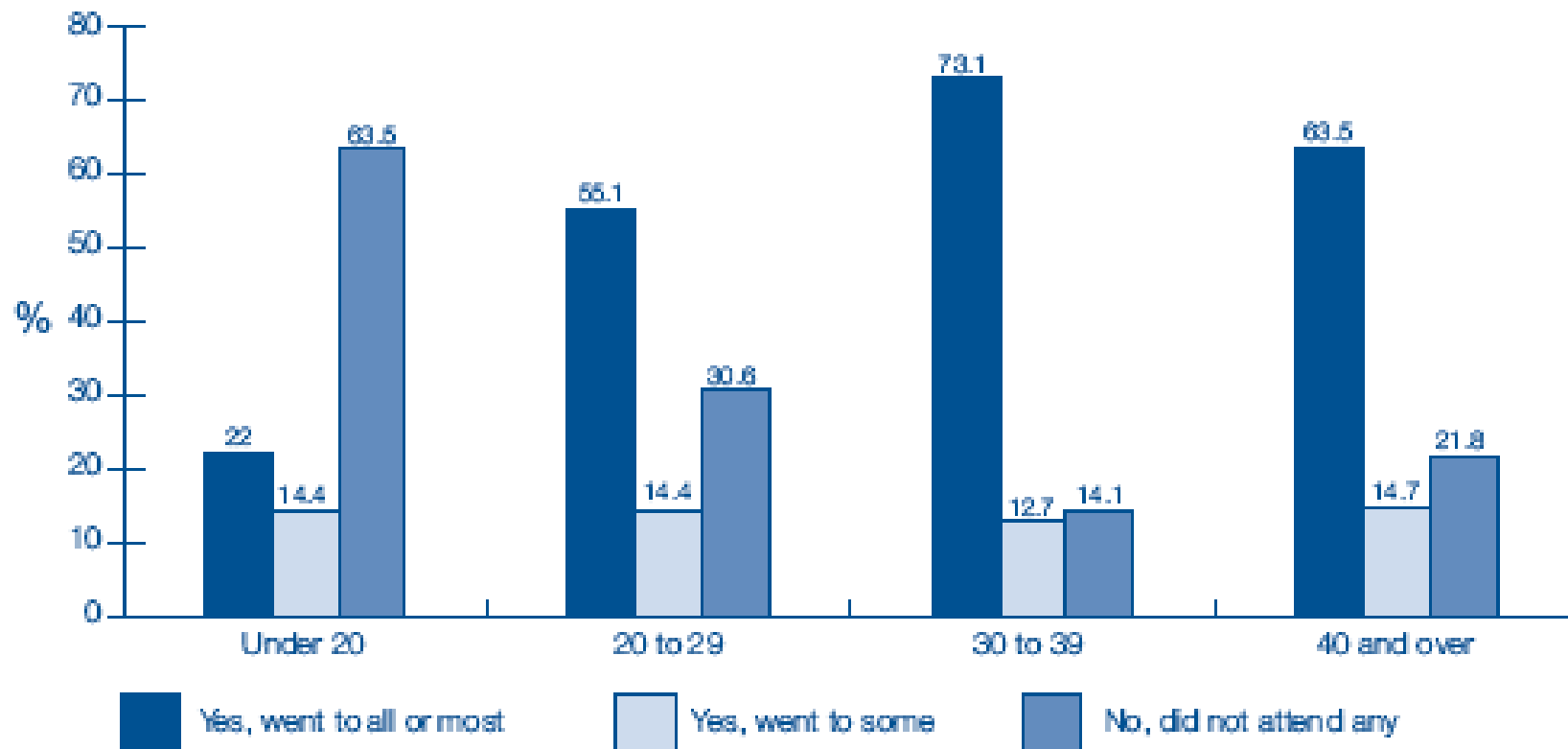


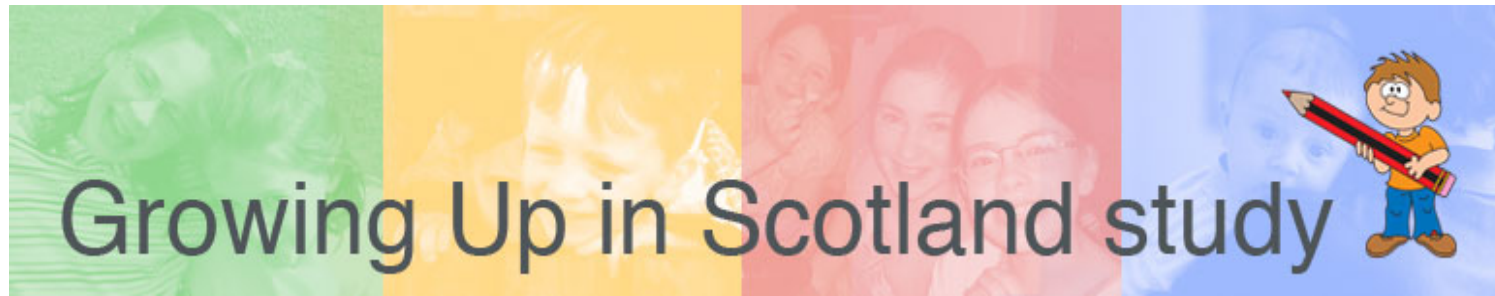
Whether pregnancy was planned



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



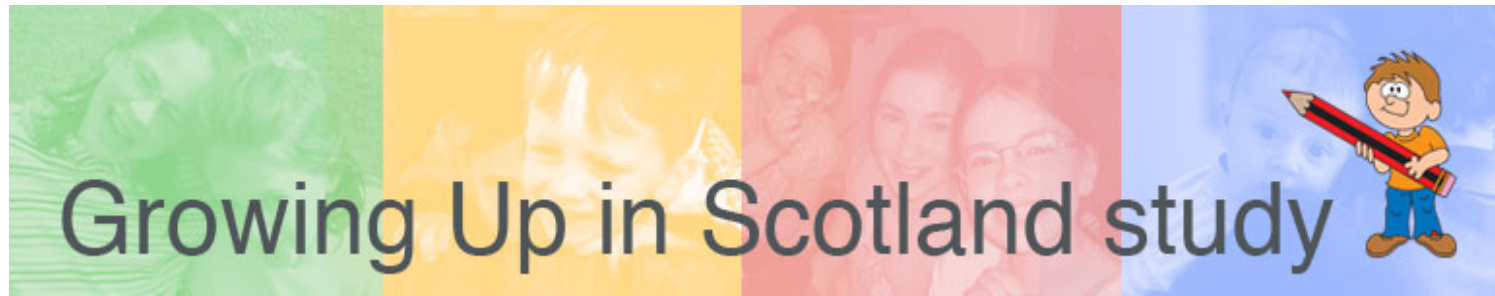


Child related problems in the first three months

- Wind or colic (47%)
- Child's sleeping patterns (38%)

Other problems in the first three months

- Managing the house and other domestic responsibilities (43%)
- Lack of sleep (17%)
- Depression and/or other mental health problems (7% baby cohort, 11% child cohort)



Support for parents

Formal and informal support – availability and use.

Attitudes towards parenting advice/support given by professionals

Measured through agreement or disagreement with the following statements:

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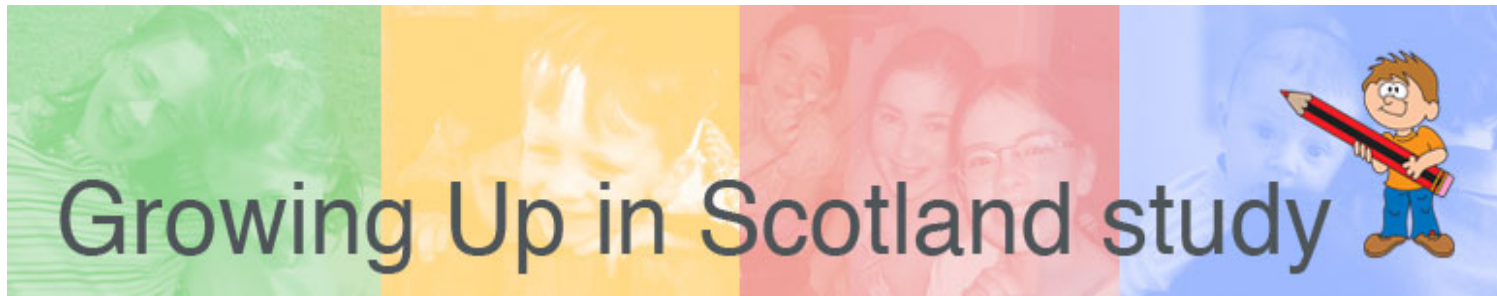
'If you ask for help or advice on parenting from professionals like doctors or social workers, they start interfering or trying to take over'

'Professionals like health visitors and social workers do not offer parents enough advice and support'

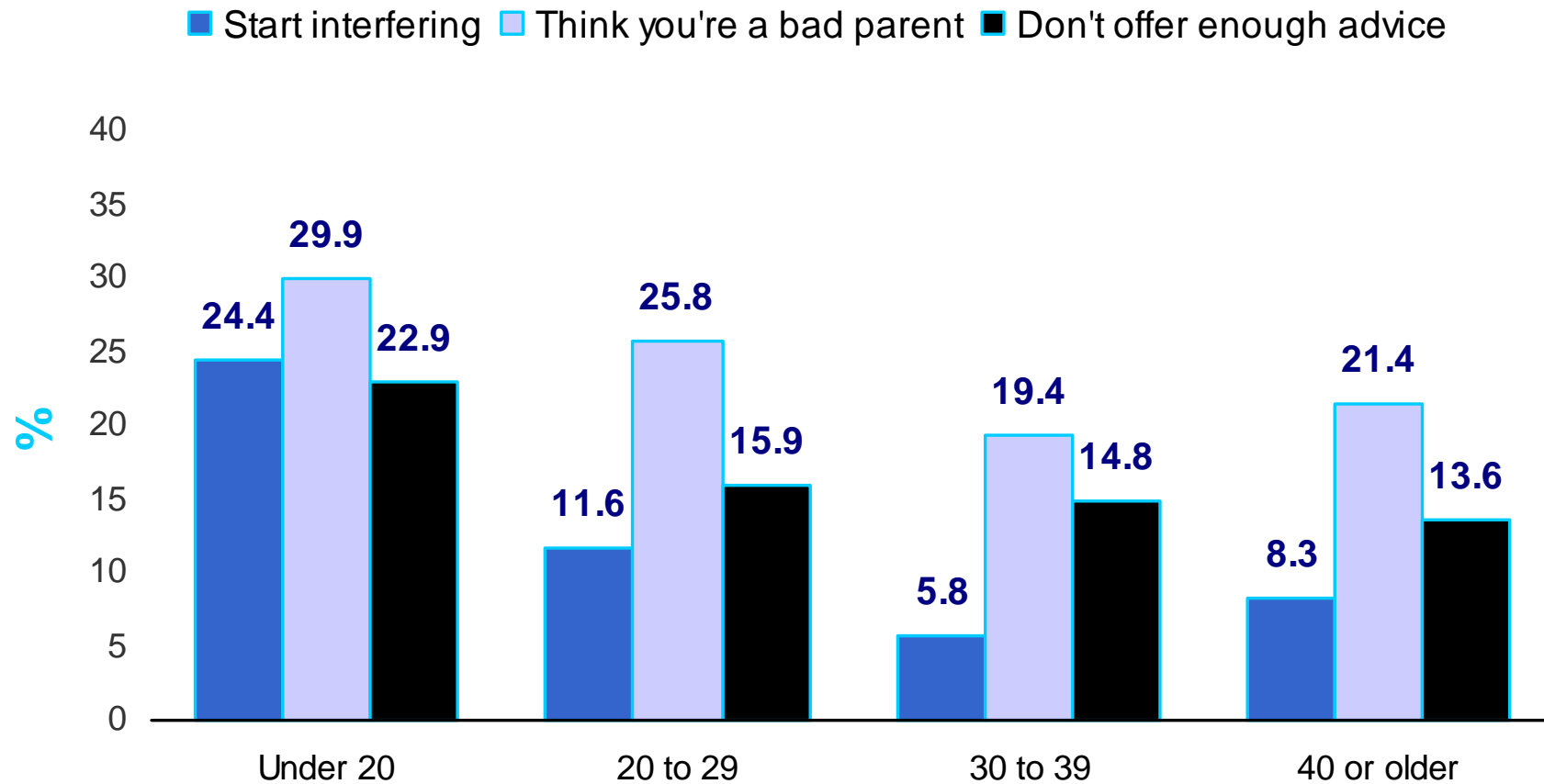
'If other people knew you were getting professional advice or support with parenting they would probably think you were a bad parent'

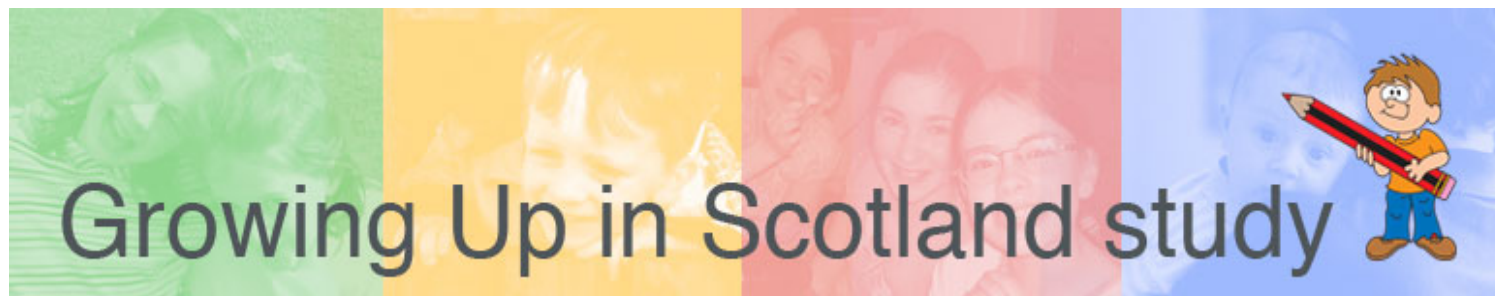
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GUS Sweep 2 (birth cohort - children aged just under 2)	Agree strongly/ agree (%)	Neither agree nor disagree (%)	Disagree strongly/ disagree (%)
If you ask for help or advice on parenting from professionals...they start interfering or trying to take over	9.8	24.7	65.6
If other people knew you were getting professional advice or support...they would think you were a bad parent	22.9	17.9	59.2
Professionals...do not offer parents enough advice and support with bringing up children	15.8	28.7	55.5

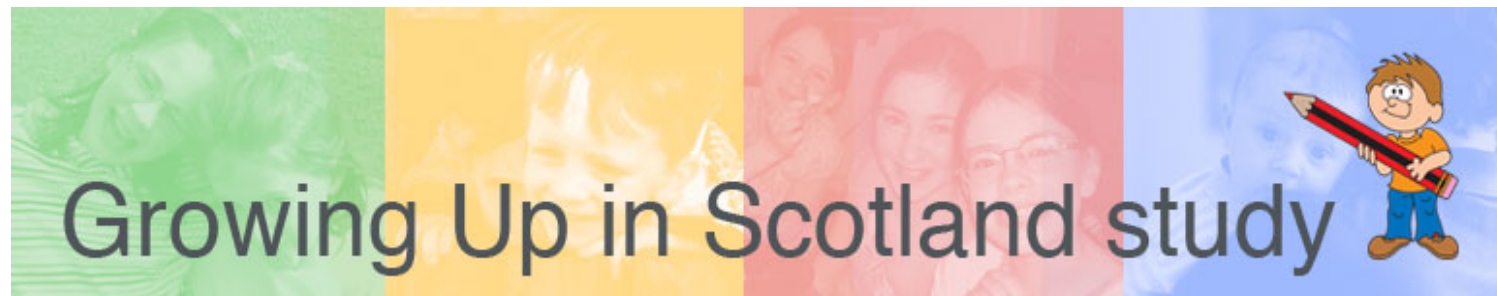


Agreement with statements by maternal age at child's birth (birth cohort)



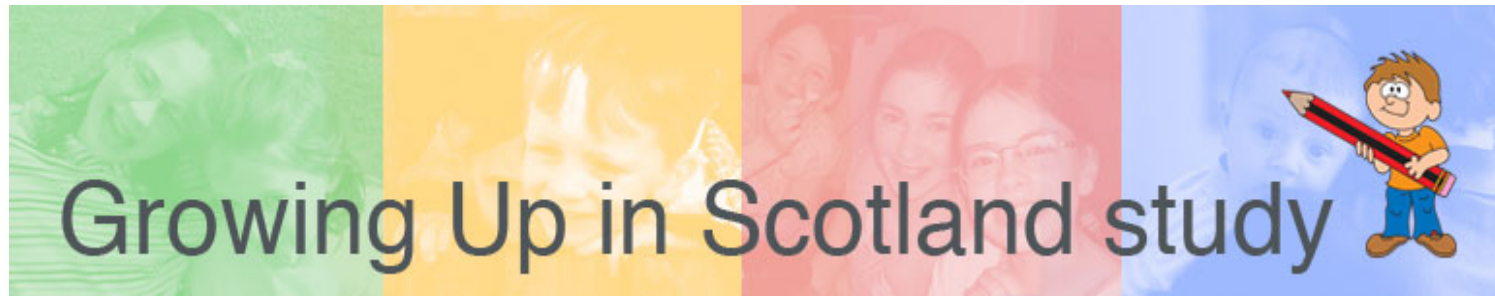


Contact with formal support services in the past 12 months (birth cohort – aged just under 2)	In reference to child (%)	For some other reason (%)
Local doctor/GP	86.6	79.1
Health visitor	61.9	20.2
Practice nurse	16.3	16.9
Social worker	2.2	2.3
Psychologist	0.5	2.4
Other health professional	47.5	51.3
Other education or support service	1.3	1.4
Not contacted anyone in last 12 months	2.0	11.7



Formal support services

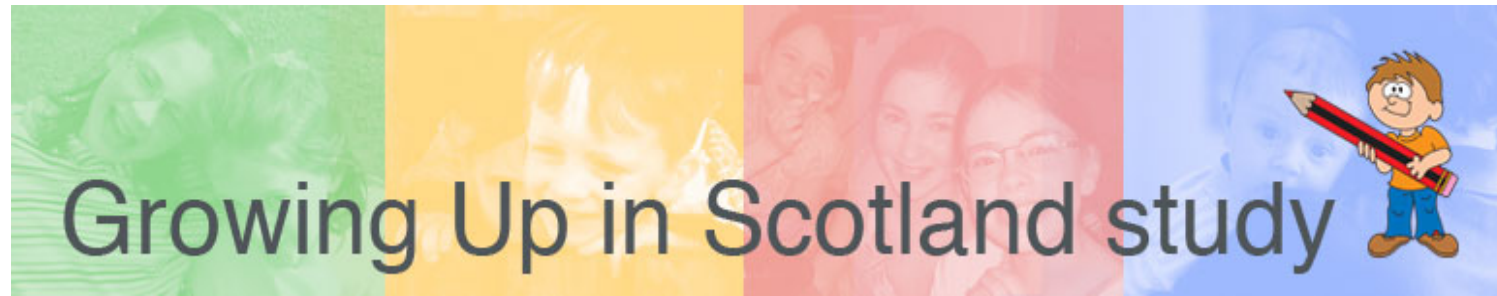
- Contact with formal services varies - higher among younger mothers, lone parents and lower income families – where the service provider has the responsibility to maintain contact.
- Services where the responsibility lies with parent to make contact and seek advice see lower use from these same sub-groups.
- Just 2% of parents had attended some sort of parenting class – the vast majority of those who did found them to be very useful or fairly useful.



Informal support

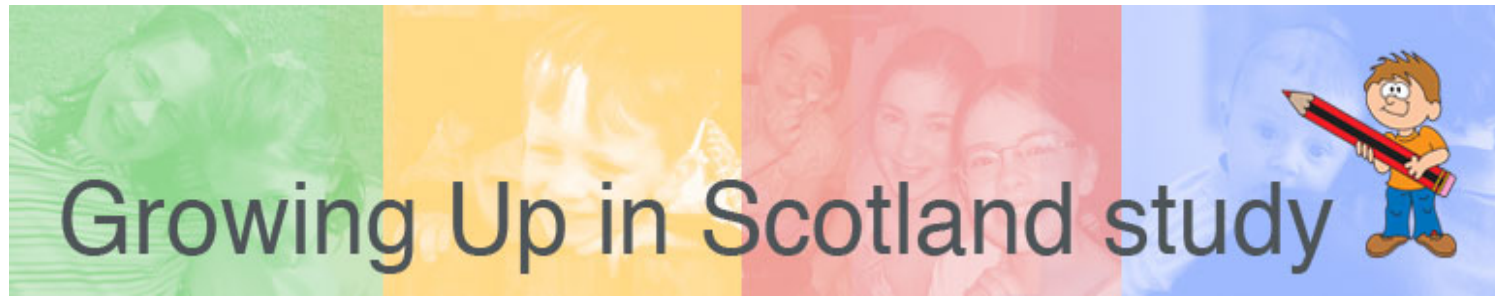
Examined by considering:

- Relationships with family and friends
- Perceived level of support from family & friends
- Ease of arranging emergency childcare at short notice
- Attendance at groups and classes, including parent/toddler and parenting classes



Child Health and Development

- Health of children under 4 – mostly ‘good’ or ‘very good’ (as reported by parents)
- Around one in 10 have a long-standing health issue or disability (more common in boys)
- Accidents most common between ages of 2 & 3
- GPs are the main source of information or advice on child health but parents with higher incomes make more use of leaflets, books and the internet.

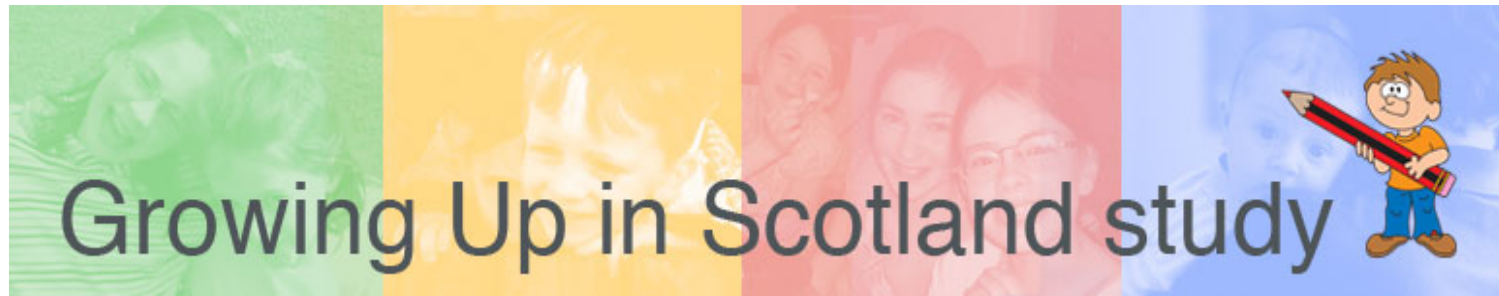


For children aged 10 months - 3 years:

- Lone parents and parents of boys more likely to express concerns about their child's development, learning and behaviour
- Parents of boys twice as likely to have concerns about their child's speech and language development (12% compared to 6%)

(Other measures of development:

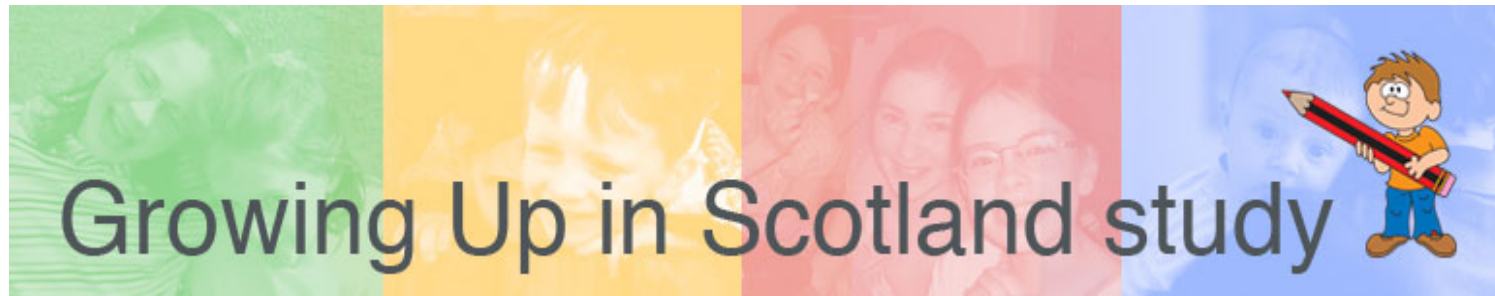
CSBS, SDQ, Cognitive Ability Tests)



Children's early activities - the effect on cognitive development ('Play Talk Read')

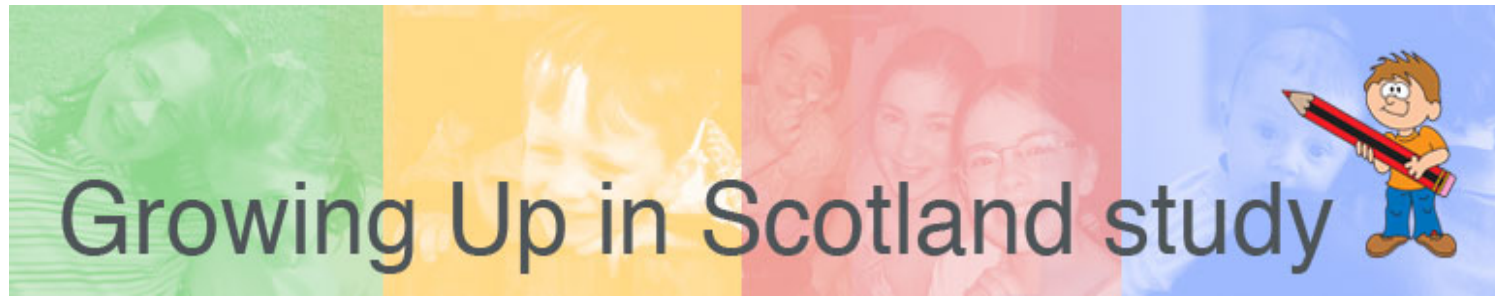


- Children who experience a wide range of activities from an early age score higher in cognitive ability tests at age 3.
- Doing lots of activities can moderate the effects of disadvantage on child development.



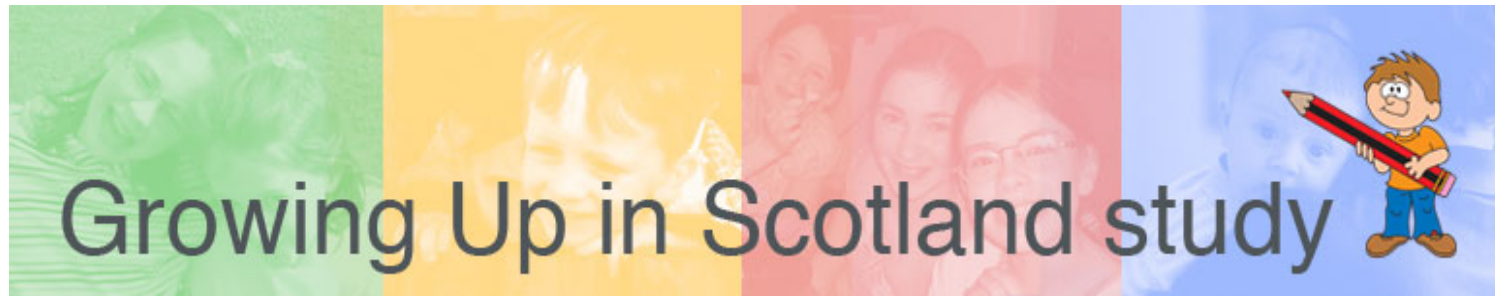
Parental health and well-being

- Self-assessed general health
- Long-standing illness
- Health-related quality of life – inc mental health
- Smoking (including during pregnancy)
- Alcohol (including during pregnancy)
- Drug use



What next for GUS?

- Findings from Sweep 4 will be published during 2010.
- Sweep 5 currently in field (birth cohort only)
- Less frequent interviewing in future.
- Children may get more involved.
- Link to educational outcomes and possibly beyond.
- New birth cohort to be recruited during 2011.
- Build a community of people using GUS to inform their research – identify topics for further analysis
- Make sure that the findings reach a wide range of audiences and that they are used to inform the planning and delivery of services.



GUS is funded by The Scottish Government and is being carried out by the Scottish Centre for Social Research (ScotCen) in collaboration with the Centre for Research on Families and Relationships (CRFR) at the University of Edinburgh and the MRC Social & Public Health Sciences Unit at the University of Glasgow.

For more information about GUS and to read more of the findings, please visit our web site:

www.growingupinScotland.org.uk

or contact Lesley Kelly on 0131 651 5004

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