



Growing Up in Scotland study

GUS Dissemination Programme

**Lunchtime seminars 2010
Summary report**

Prepared by the GUS Research Team

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Summary

In addition to the annual event at which new Growing Up in Scotland findings are launched, four seminars were held during May and June 2010: one on each of the reporting topics. The results of the reports were presented by the authors and a representative from the Scottish Government provided their views on the findings from a policy perspective. The delegates discussed the findings and their implications for policy and practice. This paper provides a summary of the presentations and discussions.

1. Background

Growing Up in Scotland (GUS) is the longitudinal research study following the lives of 8,000 children and their families from birth through to the teenage years. The information generated by GUS is used at the national and local levels to inform the development of policies and services for young children and their families.

GUS is funded by the Scottish Government and is carried out by the Scottish Centre for Social Research in collaboration with the Centre for Research on Families and Relationships and the MRC Social and Public Health Sciences Unit in Glasgow.

For further information about GUS and to download all research findings and presentations, please visit the GUS website www.growingupinscotland.org.uk

1.1 Growing Up in Scotland Sweep 4 results

In April 2010, four new reports were published using data collected over the first four years of the study. The topics for the reports were:

- Children's social, emotional and behavioural characteristics at entry to primary school
- The circumstances of persistently poor children
- Maternal mental health and its impact on child behaviour and development
- Health inequalities in the early years

A half day Annual Conference was held on the day of publication (29 April 2010) to launch the new findings. 170 delegates from a wide range of organisations across the statutory, academic and voluntary sectors attended the event. They listened to an overview of the new findings and brief responses from the Minister for Children and Early Years and representatives from the Early Years Education and Public Health sectors. Presentations from the annual event can be found on the GUS website.

The previous GUS Annual Conference held in 2009 followed a whole day format, with afternoon workshops to discuss the findings in greater detail. However, comments relating to the effectiveness of those workshops were mixed. As a result the decision was taken to organise 4 separate 'lunchtime' seminars in 2010, with an invited audience of around 20 people to each seminar. The aim of the seminars was to discuss the findings of each of the 4 reports in greater depth and consider the implications for policy and practice within the current context.

1.2 Seminar set up

The seminars were held during May and June in Edinburgh and in Glasgow. A total of 79 people, including speakers and organisers attended the series of seminars. Delegates represented Scottish Government policy makers and researchers, academics, practitioners, campaigning organisations and the Growing Up in Scotland research team.

Presentations were given by the main authors of the reports and by Scottish Government policy partners from the Support for Learning team, Tackling Poverty team, Mental Health Division and Health Improvement Strategy team.

This report provides brief summaries of the presentations given and a flavour of the discussions that followed. For full copies of the presentation slides, please visit the Growing Up in Scotland website (events button).

1.3 Seminar evaluation

After each seminar, we asked delegates to fill in an evaluation form. A total of 28 evaluation forms were returned, representing 35% of the participants.

Overall the evaluation of the seminars was positive, with over 85% rating the seminars useful or very useful and over 80% indicating that they felt better informed about the study and its findings. The discussion sessions were rated neutral by 29%, positive by 50 % and very positive by 21% of the participants.

2. Lunchtime seminars

2.1 Children's social, emotional and behavioural development at entry to primary school

2.1.1 Research presentation

The results were presented by Paul Bradshaw, Research Director at ScotCen.

At entry to primary school most children do not present with any social, emotional or behavioural difficulties. However, between 10% and 27% of children are reported to have moderately or severely difficult behaviour, with many exhibiting such difficulties across a range of domains. Socio-economic factors, child health and development, and parenting were all found to be associated with behavioural development at school entry.

Earlier measures of behavioural development were also important. Whilst difficult behaviour tended to reduce during the pre-school period, for many children those difficulties reported early in their pre-school period remained at entry to primary school, particularly in relation to conduct and hyperactivity. In contrast, those with emotional difficulties at entry to primary school were more likely to have developed them during the pre-school period.

The report suggested that, because of the long term nature of the difficulties, there may be a benefit to early screening. Support to manage difficulties could be given to children and their parents to help the transition into primary school and to prevent the persistence or increase of behavioural difficulties.

2.1.2 Scottish Government presentation

Susan Bolt from the Support for Learning team within the Learning Directorate gave her view on the GUS report.

The presentation started with a discussion of the policy background, taking the perspective from the Early Years Framework, Equally Well and the Curriculum of Excellence and more information about the Additional Support for Learning act and GIRFEC was given.

The speaker indicated the main points she took from the research and how these might be translated into future policy development. For example, as children with conduct difficulties might find it difficult to adapt to primary school, targeted support for these children and their parents may be developed to help their transition to primary school. The question was raised whether early screening (during the pre-school period) would be necessary or desirable.

The presentation concluded by giving some examples of Government initiatives that already exist in this area such as expanding nursery entitlement and the 'Go Play' programme, as well as examples of current good practice such as the

Longforgan Primary School Integrated Primary Early Years project and the East Lothian Equally Well test site.

2.1.3 Discussion

GUS findings were perceived as useful and complementary to findings of other studies. Knowing more about the background of children that display difficult behaviour helps to identify groups that may be targeted for interventions. Nevertheless, we need to be aware that not all children with background characteristics that are associated with negative outcomes will actually experience these outcomes. More research would be useful to get a deeper understanding of why certain outcomes emerge. Qualitative research with particular groups may be especially useful in this respect. In the future, GUS will be able to look more effectively at causal factors by making use of its longitudinal aspect. It will also be possible to look at other important transition points in education, such as the change from primary to secondary school.

Delegates agreed that parents do not always take advantage of help that is available to them. For example, parenting classes are not attended by those who might benefit from them most. This raises an issue over whether parenting interventions should be targeted or universal. Universal services are popular but might not always make a significant difference for disadvantaged, vulnerable families. In the long term, universal services may make a difference to outcomes but targeted approaches may still be needed. The current delivery of Triple P in Glasgow was given as a positive example of how providing a universal programme may work.

Part of the discussions focused on the need for early screening. It was argued that early screening may not be that useful because children vary considerably in their development at the early stages. Childcare workers have a constant assessment of the child, should identify any existing issue and refer the child to specialised services when needed. Screening was also seen as something more in line with a health rather than an education approach. Perhaps we should focus less on the negative and more on the positive. We need to look at what works.

A lot could still be done in terms of information sharing. There is a commitment, but information is not always shared in practice. The variation in practice between Local Authorities was also highlighted. Well-performing Local Authorities could be used as good practice examples. The quality of services very much depends on the person providing the service, therefore training is key. Staff need to be confident in dealing with problematic behaviour and building good relationships with parents is important.

Changes in schools, such as the Curriculum for Excellence and the Active Schools programme, may help to reduce some problems at the child level. For example, for some children having to sit at a desk could aggravate conduct and hyperactivity problems, but could more physical activity, and more flexibility to move around a classroom help to solve some of these problems? A flexible approach seems to be desirable, and the question was raised whether legislation, for example in terms of class sizes, might be too restrictive and work against a flexible approach.

2.2 Persistent poverty

2.2.1 Research presentation

Matt Barnes, Research Director at NatCen, presented the results.

The likelihood of a child being persistently poor varied according to their background circumstances. Children most at risk of persistent poverty were those whose parents were regularly without work, those living in lone-parent or large families, those living in social-rented housing or multiply-deprived areas, and those whose parents had no or low education.

The longer a child lived in poverty the more likely they were to experience other negative child outcomes, such as language development concerns, and social, emotional and behavioural difficulties. However, other factors, such as the child's gender and their mother's health and education, may have been driving these outcomes - although many of these factors are inherently associated with families living in poverty.

The research shows that poverty is a complex and dynamic phenomenon. As poverty goes together with other factors such as maternal poor health, low education and family composition and change, interventions targeted at mothers and families with specific circumstances may be appropriate.

2.2.2. Scottish Government presentation

Sam Coope from the Employability and Tackling Poverty team responded to the latest GUS findings on persistent poverty.

Poverty is a key issue of interest within the various Scottish social policy frameworks such as the Early Years Framework, Achieving our Potential and the Child Poverty Act and Strategy. The fact that GUS looked at persistent poverty was welcomed because poverty is not a static concept, but very much a dynamic one.

Policy development and delivery will have to focus on those most at risk of poverty. As unemployment is clearly related to poverty, attention therefore needs to be given to employment that is sufficiently paid as well as barriers to work. However employment and income should not be considered in isolation but alongside different types of disadvantage that co-occur. Further research could look at the impact of persistent material deprivation on children and families.

2.2.3 Discussion

The findings were somewhat surprising because they did not show a direct link between persistent poverty and the outcome measures. It might be that effects

of living in persistent poverty will only be seen later on when the children are older. Also, other factors that are related to poverty are also related to poor outcomes (e.g. mental health). More research would be needed to find out what is driving the outcomes and how the various factors interact. The relationships between variables are difficult to unpick. For example it is not always clear whether factors, such as poor mental health, are causes or consequences of poverty. Therefore, care needs to be taken when interpreting results and reaching conclusions in terms of cause-effect relationships.

There was some further discussion about whether income was the best measure of poverty and whether it would be better to look at disposable income or material deprivation instead. There are also issues with the way income is measured in studies such as GUS and that this may lead to over- or underreporting for some groups of participants.

There was some discussion about what could help children escape the negative effects of poverty. Effective parenting was one factor mentioned that may have a positive effect. Getting people into work may not always be an option. There are many problems associated with lower paid jobs, such as non-standard working patterns and job insecurity, which will influence the choice parents have in terms of childcare and have an effect on work-life balance. These issues may be more relevant to some families than others, for example lone parents and larger families. Also, in the current climate many are struggling to find work. Participants felt that (lone) parents should not be pushed into work before they are ready for it.

Because income poverty is not the only influence on outcomes, policies should not just focus on this. Funding at the local level should be focussed on areas where a real difference can be made rather than being spent on interventions or policies that will lead to minimal changes in outcomes. Resources need to be shifted to prevention and early years.

Further research could look at changes into and out of poverty. It would be interesting to look more closely at families that have managed to get out of poverty. How did they do it? And how can we support this further? This would help to target limited resources. Finally, we need to be aware of the impact of future public spending cuts on children in poor and vulnerable households.

2.3 Maternal mental health

2.3.1. Research presentation

The results were presented by Louise Marryat, Senior Researcher at ScotCen and Claudia Martin, Research Director at ScotCen.

One in three mothers interviewed had experienced stress, anxiety or depression at some point in the first four years of the cohort child's life. For just over half of these mothers, poor mental health was only recorded at one year of the study, but for the remainder (1 in 7), poor mental health was reported at two or more contacts.

Women who lived in difficult circumstances were more likely to have poor mental health. These families tended to have lower incomes and to live in areas of higher deprivation. Mothers who experienced repeated poor mental health additionally reported relationship difficulties with their partner (where applicable) and poor social support from friends, family, and within the local community.

By age four, children living with mothers who had experienced repeated poor mental health were particularly likely to have poor behavioural, emotional and social outcomes. This remained the case even after the research took into account socio-economic factors. However, cognitive development at 34 months was not associated with mothers' mental health once factors such as income and maternal education were taken into account.

The research concludes that in order to improve children's development and well-being support needs to be provided to mothers with mental health problems beyond the first year of the child's life.

2.3.2 Scottish Government presentation

Geoff Huggins from the Mental Health division interpreted the results from a mental health angle.

The GUS findings link to two key government objectives: having people lead healthier lives, and having better outcomes for children and young people. The number of mothers in GUS that reported mental health problems is in line with the number found in the general population and further confirms that mental health is associated with economic and social disadvantage. However, the negative impact may be greater because the mental health of mothers was shown to have an impact on children's outcomes.

The health sector has improved in terms of knowledge about mental health issues and strategies for tackling post-natal depression are in place. It is also positive that the stigma around mental health problems, such as depression seems to be reducing, something that Scottish Government social marketing campaigns, such as 'See Me', has contributed to.

2.3.3 Discussion

Participants discussed whether screening of maternal mental health problems should continue beyond the immediate post-natal period. There was support for the idea that the removal of the 8 month health visitor check may mean that some problems are not identified early enough. It was remarked that health visitors and other health professionals (e.g. GPs) are generally doing a good job but are reluctant to ask about substance misuse and mental health problems. The reason for this might be that they lack the resources, skills and confidence to deal with this. It may not always be clear who to refer a mother with mental health issues to. A multi-agency approach is needed. The general consensus was that more could be done in the ante-natal and post-natal period in terms of screening, especially because early mental health problems are predictive of mental health problems later on.

In addition, it was felt that mothers themselves are reluctant to report problems and seek help because of a fear of the possible consequences. More should be done to assure mothers that support is available and also to help them to look after themselves.

Several ideas were put forward for how mothers experiencing mental health difficulties, and their partners, could be best supported. Health visitors need 'tangible' tips to offer to mothers experiencing difficulties. Ante-natal education could include information on relationship difficulties that may be expected in the first few years after birth. Community groups were mentioned as another possible source of support, although the question was raised whether all parents, especially young mothers, would attend. Finally, schools could do more in terms of educating youngsters about relationships and parenthood. The Curriculum of Excellence will further promote the physical and emotional well-being.

More evidence is needed about the impact of maternal mental health problems on children. For example, it would be interesting to study further how the negative effects of a mother's mental health problems on her children may be counteracted by partners and grandparents.

2.4 Health inequalities in the early years

2.4.1 Research presentation

Catherine Bromley, Deputy Director at ScotCen, presented the results.

Significant inequalities exist amongst families with young children, with those in the most deprived areas, the lowest income households or routine and semi-routine households found to have worse health outcomes, and higher exposure to risks for poor outcomes, than their more advantaged counterparts. The more disadvantaged households face a double burden in their experience of health inequalities as both the children and adults within them are at greater risk of negative outcomes.

The factors associated with 'resilience' or avoiding negative child health outcomes were: having an older mother (even among disadvantaged groups), a mother with no long-term health problems, positive parental attitudes towards seeking support and advice, an enriching 'home learning environment', living in a household with at least one adult in full-time work, and satisfaction with local services and neighbourhood.

Implications of the research for policy are that health inequalities clearly need to be tackled from a wide range of angles, not just health alone. Also both child and adult factors will need to be addressed.

2.4.2 Scottish Government presentation

Andy Bruce from the Health Improvement Strategy team reflected on the health inequalities report.

The presentation started with an overview of the three Scottish policy frameworks: Equally Well, the Early Years framework and Achieving our Potential. The commonalities in terms of the approach of the three frameworks were demonstrated. The speaker emphasised that we should start looking at clients as active participants in services rather than passive recipients. Also a holistic approach should be taken, looking at issues on different levels and involving different agencies. It was explained that later health outcomes are linked to early life experiences, such as attachment and that therefore it is important to influence the circumstances babies and young children grow up in.

After giving some examples of how the policies are currently put into practice (e.g. the Family Nurse Partnership), the speaker set some challenges: How do we ensure the evidence is translated into action (e.g. early years interventions) and especially how to do this within the constraints of the current economic climate?

2.4.3 Discussion

The research confirmed the need for working across sectors to address health inequalities. Health policies cannot influence all factors that impact on health. For example, in order to address health inequalities, inequalities in employment also need to be addressed. It was acknowledged that the Government was making progress in cross-sector working but more can be done.

The need for a cross-sector approach also raised the question of funding. If early years experiences influence the number children ending up in the justice system later on, does that mean the justice sector needs to fund early years interventions? Some participants felt that, although the evidence points to the importance of the early years, resources seem to be taken away from the early years. An example given is the stopping of the 2-year check in Hall 4 (Health for all children 4). In addition, more information is needed about the long term savings that can be expected as the result of investing in the early years.

There was further discussion about the need for universal and targeted services. The identification of certain risk factors could help to find out who might have problems accessing universal services or is in need of targeted services. Services may have to be redesigned in order to reach the people for whom interventions are most important.

Some further discussion focused on the balance between short term fixes and long term outcomes. The longitudinal character of GUS was seen as key. GUS will be able point to areas, for example in terms of resilience factors, where prevention is needed. Prevention was seen as key, not only in terms of problems of individual children, but population wide. Parenting was given as an example of an area that is important. Attention needs to be given to parental health and parents need to be aware of the significance of the first few months and years for their children's development.

3. Conclusions

The four seminars discussing the latest Growing Up in Scotland findings were well received. Participants welcomed the possibility to interact with government policy makers and most felt the discussions about the policy and practice implications of the research findings were stimulating.

The policy presentations shared the emphasis on the three integrated frameworks, the Early Years Framework, Equally Well and Achieving our Potential. This confirms that, as the Growing Up in Scotland findings show, the early years are complex and issues can not be looked at in isolation. The impact that parents (e.g. health) and the wider family and community have on children's development is clearly acknowledged.

There were some recurring themes over the four seminars. There was consensus on the need to focus on early years and prevention. A combination of universal and targeted services is likely to be the best way forward. Because of the complexity of issues there is a clear need for cross-sector working. There is a lot of progress in this area but more can be done in terms of communication.

The issue of (early) screening and monitoring of children and their parents needs careful thought. It will be important to establish whether early screening is necessary and when it should take place. Early years practitioners need to be supported in their roles. These issues will need to be addressed in the current context of reduced funding.

Parenting was raised as an important topic. Parents need to be supported to be confident in their roles. Parents should be able to access the help available to them. It is hoped that the Curriculum for Excellence will help to give children and young people the skills and confidence to become good parents in the future.

Annex – Seminar evaluations

