

Health inequalities in the early years⁸

A new report, published in 2010 using data from the first four years of GUS, set out to examine patterns of health inequalities in the early years and to find out which factors help children growing up in disadvantaged circumstances to avoid negative early health outcomes.

The 'risk factors' for poor health vary by area deprivation level and household income. Children living in households in areas of high deprivation and/or in low income households were more likely to have: a mother who smoked, including during pregnancy; never been breastfed; a mother with a long-term health problem or disability; poor diet and low levels of physical activity at age 3.

'Child health outcomes' measured by GUS include birth weight, general health, experience of long-term health problems, accidents, reported

behaviour difficulties and problems with cognitive or language development. Variations in child health outcomes were less evident than the variations in risk factors, though negative outcomes may become more apparent in later life. However, within the outcomes explored, behavioural and communication difficulties showed much starker inequalities than physical problems such as poor general health.

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.

Maternal mental health and early child outcomes⁹

This report looked at the relationship between mothers' mental health and child behaviour and development. Key findings are:

- Almost one-third of mothers had experienced poor mental health at some point during the first four years of their child's life.
- Around one in seven mothers reported poor mental health on at least two out of the four time points measured.
- Mothers who experienced poor mental health when their babies were 10 months old were more likely than those who were emotionally well to have prolonged or further bouts of mental ill-health.
- Mothers with poor mental health were more likely to be living in poverty and/or in areas of deprivation. In addition, mothers experiencing repeated mental health problems were more likely than others to report relationship difficulties

and more likely to have poor social support from friends, family or within the local community.

- Taking into account factors such as socio-economic and family circumstances, children whose mothers were consistently emotionally well had better social, behavioural and emotional development than those whose mothers experienced brief mental health problems. In turn, children whose mothers had short spells of emotional ill-health had better development than those whose mothers had repeated mental health problems over some time. However, there was no significant relationship between mothers' mental health and child cognitive development.

These findings suggest that identifying and supporting mothers with mental health problems beyond the post-natal period may have a direct impact on young children's development and well-being and could enhance children's early school experiences.

What parents say about children's health and professional support

findings from Growing Up in Scotland



Health Visitors and other professionals play a key role in supporting parents of young children.

This briefing outlines what parents in Scotland say about this support. It also highlights some of the health inequalities affecting children from the very start of their lives.

This briefing aims to help you, as a Health Visitor or other health professional, to reflect on your own experiences and how they compare with the GUS findings. It also aims to provide information you can use to consider how you deliver or target particular services and support.

About the study

Growing Up in Scotland (GUS) is a major longitudinal research study following the lives of 8,000 children across Scotland from infancy through to the teenage years. Launched in 2005, the study provides a wealth of information to support policy making and the planning of services. Families taking part in the survey are being interviewed annually until their child is nearly 6 to capture crucial data about the early experiences and circumstances of children in Scotland today. A new 'cohort' of around 6,000 babies will be recruited to take part in GUS during 2011. The new information collected will enable us to make comparisons with children born 8 and 6 years earlier, which will help us find out whether lives are improving.

Findings from the first four years of the study have been published and are available to download from the GUS website www.growingupinScotland.org.uk

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 at the University of Edinburgh and the MRC Social and Public Health Sciences Unit in Glasgow.

Other topics covered by GUS include:

- | | |
|--|--|
| <i>Family circumstances and change</i> | <i>Food and eating</i> |
| <i>Childcare</i> | <i>Play, including outdoor play</i> |
| <i>Maternal health and well-being</i> | <i>Access to local services and facilities</i> |

All of the information provided is self-reported by parents. However, with parents' consent, the GUS team plans to link survey responses to health records data held by the NHS (including maternity records, child immunisations and hospital admissions).

For more information or to read the detailed research findings please visit our website:

www.growingupinScotland.org.uk



1 GUS Sweep 1 (children born June 02-May 03 & June 04-May 05 interviewed at age 10 months and 34 months).
2 Skafida, V. (2008) "Breastfeeding in Scotland: The impact of advice for mothers", Centre for Research on Families and Relationships, Briefing 36, February 2008
3 GUS sweeps 1-3 (data collected 2005 - 2008). Reports available from GUS website.
4 GUS Sweeps 1-2 (Data collected 2005-2007). Reports available from GUS website.
5 Normal weight defined as BMI falling below the 85% percentile
6 As measured by the CSBS Infant Toddler Checklist expressive speech/ language composite.
7 As measured by SDQ - Strengths and Difficulties Questionnaire, Goodman 1997
8 'Health Inequalities in the Early Years' Sweep 4 report by Catherine Bromley, Scottish Centre for Social Research
9 'Maternal mental health and its impact on child behaviour and development' Sweep 4 report by Louise Marryat and Claudia Martin, Scottish Centre for Social Research

Parenting¹

- The vast majority of couples felt that they had coped well with their child's arrival. First-time mothers were less likely than those with other children to feel that they had coped 'very well'.
- The most common problems faced by new parents during the first three months of their child's life were the baby having wind or colic (47%) and the baby's sleep patterns (37%).
- Just under half of babies aged 10 months were sleeping through the night most nights while one fifth of babies this age had never slept through the night.
- Around one in 10 mothers reported that depression and/or other mental health problems had been a problem during the first three months.
- Around one in 20 mothers reported that when caring for their child they felt very or fairly incompetent and lacking in confidence.

Support for parents³

Informal support can be defined as advice, information and support that is sought from and provided by family members, including grandparents, friends and other parents. Formal support is provided by professionals, such as health visitors.

- Around three-quarters of parents feel that they receive enough support from family and friends. However, one-fifth of parents feel that they do not get enough help, or none at all.
- Older mothers and mothers in couple families are more likely to attend parent and baby/toddler groups than younger mothers and lone mothers.
- Parents with weaker informal social networks score lower in terms of emotional well-being than other parents.
- Parents with stronger social networks engage in more activities with their children (such as reading stories and singing nursery rhymes) and are also more open to seeking and using help and support when they need it.

Service use and attitudes towards support and advice from professionals²

- Most parents saw professionals as a source of help. GPs are the most commonly used formal service. 87% of children aged 1-2 had been taken to see a GP in the last year, while 62% had seen a Health Visitor. For children aged 3-4, 78% had seen a GP while 36% had seen a Health Visitor.
- Younger mothers were significantly more likely than older mothers to be wary of interference from professionals and of being judged by others. However, younger mothers were more likely than older mothers to say that they wanted more support from professionals like Health Visitors.
- Lower income families were less likely to use books, leaflets and the internet than higher income families for advice about child health.

Breastfeeding and weaning¹

- Around two-thirds of mothers had planned to breastfeed their baby, and the vast majority of this group actually did so. Around 60% of children were ever breastfed.
- Babies in the most affluent areas were more likely to be breastfed than babies in the most deprived areas (78% compared with 40%).
- Most first time mums received help or advice about breastfeeding at the time of their child's birth from a midwife. Just over 30% had received advice from a Health Visitor.
- Mothers who attended all or most antenatal classes were much more likely to breastfeed than those who did not attend any classes and those who attended only some².
- Mothers who had received help or advice from more than one source were more likely to have planned to breastfeed, actually breastfed and breastfed their baby for longer.
- By the age of 6 months, the vast majority of babies were regularly eating solid foods. Babies born to lone parents and those living in less affluent households and areas were more likely to have been introduced to solids at a younger age.

Sources of advice and information during pregnancy¹

- The main source of information and advice during pregnancy for mothers was health professionals. Many also consulted family and friends (69%), books (48%) and the Ready Steady Baby book (43%).
- Most first time mothers said they had attended at least some antenatal classes but only one third of mums aged under 20 attended classes. Younger mums were much more likely to say that they didn't like classes or groups.

Child health and development⁴

General health

- Most parents rate their child's health as 'good' or 'very good'.
- Parents of girls, those in higher income households and those who were part of couple families were more likely than others to rate the health of their children highly.
- Around 11% of children aged 2 and 16% of children aged 4 had a longstanding illness or disability. Children living in lower income households were more likely to experience a long-standing illness or disability.

Accidents

- Accidents are most common between the ages of 2-3 years, with around a quarter of parents reporting that their child had experienced at least one accident requiring NHS contact.
- Boys were more likely than girls to have an accident requiring NHS attention.
- The most common injury reported was a bang to the head, followed by cuts or grazes.

Smoking

- Around one in four mothers had smoked during pregnancy. Of those who smoked during pregnancy, half said they smoked 'most days' and half said that they smoked 'occasionally'.
- Mothers living in the most deprived areas were more likely to say they had smoked during pregnancy (42% compared with 9% of mothers in the least deprived areas).
- Just over one quarter of mothers of 10 month old babies smoked. 45% of mothers living in the most deprived areas smoked, compared with 10% in the least deprived areas.
- Around one in three children under 4 live in a household where at least one person smokes in the house. In the most deprived areas, 51% of toddlers live in a house where at least one person smokes, compared with 10% in the least deprived areas.

Drinking alcohol during pregnancy

- 74% of mothers said they had not drunk any alcohol while pregnant.
- 18% said they drank less often than once a month, while 8% drank more often.
- Mothers living in deprived areas were less likely to say they drank during pregnancy than those living in more affluent areas.

Weight

- The majority of children aged just under 4 were of normal weight⁵. 23% of children this age were overweight or obese. Between 1% and 2% of children were underweight (below the 5% percentile).
- Girls were more likely than boys to be overweight (19% compared with 16%) and obese (7% compared with 5% of boys).
- Children living in lone parent families were more likely to be overweight or obese than those living in couple families. This was especially true for girls living in lone parent families.
- There were no significant differences in the prevalence of obese or overweight children by socio-economic group, income or household employment status.

Language and behavioural development

- Parents of boys were more likely to express concerns about their child's speech and language development. 20% of boys aged nearly 2 were classed as 'of concern' compared to 12% of girls of the same age⁶.
- Boys and children living in lower income households were more likely to exhibit problematic behaviour.⁷

Dental health

- 84% of children aged just under 4 and 72% of children aged just under 2 had their teeth brushed at least twice a day. Very few parents reported brushing their child's teeth less frequently than once a day.
- Young children in lower income households and in lone parent families were more likely to brush their own teeth.