

### **Inequality begins early**

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The theme of this short presentation is that inequality begins early, in relation to gender, family structure and socio-economic position. I will draw on GUS, a representative longitudinal early years survey funded by the Scottish Government and involving two birth cohorts. These are a birth cohort of 5,217 children born in 2004-05, and aged 10 months at sweep 1, and a child cohort of 2,859 children born in 2002/03, aged 34 months when the first wave of fieldwork began in April 2005, and carried out annually since<sup>1</sup>. The results of sweep 3 will be launched in March – today I shall focus on two key areas from the first two sweeps: health inequalities and work life balance.

In both sweeps 1 and 2 of GUS, the *health* of children was generally reported to be good. However, health gaps between socio-economic and gender groups, which were visible at sweep 1, continued and, in some cases, widened. Differences in the health of children from different subgroups are there from the start and appear to widen as the children get older. For example, at sweep 2, in the child cohort, 57% of lone parents said their child's health was very good compared with 69% of parents in couple families – a difference of 12%, up from a gap of 9% in sweep 1. In both sweeps, respondents from low income households were more likely to report their child had a disability or long-standing illness (15% of birth cohort; 20% child) than those from higher income households (10% of birth cohort; 14% child). (14% of lone mothers, compared to 10% of partnered mothers said the cohort child had a long standing illness or disability.) In both cohorts, long-standing illness was also more commonly reported in sweep 2 for boys than girls. Early gender differences are evident in child development too: In both cohorts, boys performed less well than girls on child development scales, particularly speech development. Stark differences were also evident between boys and girls in reported levels of communication skills and problematic behaviour--these were also more likely for children in lower income households and with less educated mothers (There was overall concern for 16% of children whose mothers had no education qualification, compared to 7% whose mothers had at least Highers qualifications). Indeed these findings led us to conclude that the 'educational level of the respondent is very important, and . . .this is emerging as a crucial site for intervention if adverse outcomes for parents and children are to be avoided or ameliorated (p. 107 Sweep 2 report).

*Work life balance* is an issue from the start. Mothers, particularly partnered mothers, of young children are likely to return to work early, and mothers labour market participation increased between the two sweeps, mainly in part time work. Just over half worked at least 16 hrs pw. As other research has shown, lone mothers were far less likely to be employed than partnered mothers: 38%, compared to 64% of partnered mothers. Indeed, in only 5% of couple households was there no working adult. (in sweep 2) Most mothers also described themselves as 'looking after home and family'—showing the salience for them of work-life balance. Mothers in managerial and professional occupations are more likely than others to say they worked in family friendly workplaces that allowed flexible working hours and time off when a child was ill.

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<sup>1</sup> GUS respondents were identified from child benefit records. 98% of respondents were the child's mothers. At sweep 2, where applicable, interviews were also conducted with the child's resident father.

What difference can we see in social provision? Childcare is a good example.

Most parents used childcare—itsself something of a revolution in family life: in sweep 2 over 2/3 of the birth cohort and 99% of the child cohort used some form of childcare (the latter showing high takeup of free statutory preschool education), its use increasing over time. Now children can expect to spend a large part of their early childhood cared for by people other than their parents. Patterns of use vary by household income, maternal education and employment and geographic location. Higher income households were heavier users of childcare than low income households, and this is closely associated with mothers' employment. Also increasing over time was the time spent in childcare and the use of multiple providers, especially for the child cohort 60% of whom had multiple arrangements in place. For all groups, grandparents, especially maternal grandmothers, were the leading providers of childcare. However, the regulated, formal childcare system has expanded substantially over the last decade. It is now well-established that the use of good quality formal childcare is beneficial for child development and for educational attainment later when children are at school. As children got older, there was increasing use of formal childcare: 53% of parents using childcare at sweep 2, up from 40% at sweep 1. Lone mothers were less likely to use formal childcare than partnered mothers. The same applies to low income, compared to high income, households. Geographic differences are also evident: Children living in remote rural areas were less likely to use formal childcare than those in large urban areas, e.g. in the birth cohort in sweep 2: 27% compared to 45% used a nursery or creche (p.173).

Parents think that choice and flexibility in childcare is crucial. Most childcare users felt they had not very much or no choice in their decision about their main childcare provider. In this context, users of informal care (and parents on low incomes) were even more likely to say they had not much or no choice in childcare than those using formal care. They were also more likely to be dissatisfied with their childcare arrangements than those who used formal care, and more likely to state a preference for an alternative provider, often for formal care.

Parents of boys and those who had only used informal childcare at sweep 1 were more likely to express concerns about their child's readiness for preschool, as were parents who were not working compared with those working full time. And it is the less advantaged groups that are least likely to access formal childcare.

I have only been able to touch briefly on the wealth of information in the Growing up in Scotland survey about the nature and extent of inequality in the early years. So if we are serious about an equality policy agenda and giving *all* children the best possible start, I hope I have illustrated that there is work to do on maternal education, lone parents employment, expanding the supply, affordability and accessibility of formal childcare, particularly for lone parents, families on low incomes and those living in remote rural areas.

### **Links to key Growing up in Scotland documents**

Growing up in Scotland website with links to all GUS publications:

[www.growingupinScotland.org.uk](http://www.growingupinScotland.org.uk)

Growing up in Scotland Sweep 2 Report:

<http://www.scotland.gov.uk/Resource/Doc/212225/0056476.pdf>

Growing Up in Scotland: Exploring the Experience and Outcomes for Advantaged and Disadvantaged Families, <http://www.scotland.gov.uk/Publications/2008/03/12101843/0>.

Growing up in Scotland: Use of childcare by parents of young children:

[www.scotland.gov.uk/Publications/2007/01/08145458/1](http://www.scotland.gov.uk/Publications/2007/01/08145458/1) .