



Understanding Children's Lives:

How children and parents experience and understand social and health inequalities

Children's differing social circumstances and experiences are part of the pathways implicated in health and illness in adulthood. However, children's own perspectives tend to be absent from adult-defined data about health and illness. Little is known about social and cultural processes in childhood; even less is known about children's own agency in making sense of and recreating the health cultures in which they grow up. This research into children's lives was developed to address such gaps in research, interviewing children and parents in two contrasting localities.

Key findings

- Children and parents in the more and less affluent areas revealed starkly different lives in terms of the range of opportunities, choices and perceived safety nets routinely available to them. However, children's descriptions showed how familial and personal challenges and situations, such as bullying, divorce, and learning difficulties, cut across these structurally-based differences.
- Children were articulate about inequalities, both material- such as possessions, resources, poverty and affluence, and social- such as control over their lives, care and love, and acceptance by peers.
- Children in both more and less affluent areas tended to challenge the idea that their lives were overly affected by inequalities in income, emphasising the importance of having good parents who cared for children well, of having friends and of not being bullied.
- Children spoke about their everyday experience of these inequalities as much in terms of social relationships as material resources. They often described the experience of inequality in terms of fairness and unfairness.
- Interviews in the poorer households suggested that gifts and transactions from wider kin were softening the everyday experiences of material disadvantage for children.
- There were inequalities in access to health-supporting resources, such as sports and clubs. Children in the more affluent area reported a greater number of organised activities but they also described being driven to many activities whilst those who were less affluent reported more spontaneous outdoor sport, play and walking.
- Parents in both areas spoke of the tensions between ensuring children's safety and promoting their independence. However, those in the more affluent area described a more adult-regimented existence for their children, allowing fewer opportunities for children's independent negotiation of their out-of-school social and physical environments.
- Children often expressed their ideas about inequalities and health in terms of experience very distant from their own, for example, talking about poverty in Africa or homeless people in their city.
- Most children and adults interviewed expressed tolerance around issues of difference such as race, gender and class; descriptions of everyday experience were sometimes more varied.
- Many children speculated that bad experiences in childhood, involving illness or social or physical issues, could result in present or future ill health, particularly psychological health.
- Children in both areas spoke about health promotion messages, particularly around smoking, diet, exercise and dental health. However, most avoided linking causes and effects of ill health and health inequalities, and often stated that it was inappropriate to generalise.

The study

This qualitative study aimed to investigate children's views and experiences of social and health inequalities from their own perspectives and against the background of their descriptions of their everyday lives, interests, concerns and health relevant lifestyles.

It was funded under the ESRC Health Variations Programme, and was carried out from 1999-2001 by researchers based at the Research Unit in Health, Behaviour and Change, and Public Health Sciences, Department of Community Health Sciences and CRFR, at The University of Edinburgh.

The study was based in two socio-economically contrasting but neighbouring areas of a Scottish City. Thirty-five girls and boys aged 9-12 years were recruited, along with thirty of their parents. Although the two groups were quite distinctive, a minority of the children in the more affluent area were less well off financially than the rest, often those in lone parent families. Similarly, a minority of children in the less affluent area had two parents in reasonably well paying jobs. This reflects local context and the interrelationship between area and household experience.

The research involved introductory visits to the children in their own homes and two in-depth semi-structured interviews with each child. A range of child appropriate techniques, such as drawing, taking photographs, and vignettes about issues relevant to their lives, such as pocket money, were used. Community profiling and observational work with groups of children were conducted to provide some contextual information on the two areas and on children's wider experience of their localities.

In the first interviews the broad topics discussed were: friends and families; school activities; local and personal artefacts; pre-school memories; school issues; free time and future aspirations. These interviews engaged with children's descriptions of their own experiences; probing issues raised by the children themselves, rather than asking general or abstract questions. The second round of interviews focused more directly on health-relevant issues, drawing on aspects of inequality that the children had raised earlier. These were: relationships with peers; emotional health; area differences; families; and futures. Findings from the first round were also fed back to parents and children in a newsletter. Interviews with parents took place in order to understand more about their own perceptions and experiences of the social, economic and cultural contexts framing their children's lives and to follow up some of the issues raised by the children themselves.

Children's perspectives on inequality

Interviews with both children and parents revealed starkly different lives in terms of the range of opportunities, choices and perceived safety nets routinely available to the more and less affluent households. However, children's descriptions showed how familial and personal challenges and situations, such as bullying, divorce, learning difficulties, cut across these structurally based differences. Children located inequalities in relationships and social life as

much, if not more than, in material differences.

Most of the children in the study were aware of differences in resources between families as well as across areas. However, many in the less affluent area challenged the notions that their lives were seriously affected by material inequality and those in the more affluent area tended to play down what they had. Children were also aware of some stereotyping of well off and less well off households, and drew on these stereotypes themselves from time to time – for example, describing those at private schools as thinking they were better than everyone else. However, they frequently challenged such stereotyping and often sought to mix structural and individual explanations for the way things were. For example, in response to the question 'How is it that some people have money and some people don't?' Iain replied:

'maybe because they haven't been privileged enough to get a good job, or they haven't, they didn't understand as much as other people do so they grow up to think oh, no, I'm not clever at all and they just keep telling themselves that, think like negative and they wouldn't go and try and get a job because they grow up to think they couldn't get one' (affluent area)

Most of the children's accounts of inequality drew directly on their own experience and social circle. They made comparisons with people they knew, and reflected on why things were different, for example by describing the effects of divorce on the opportunity to take holidays; commenting on the material resources of another household; or denigrating a particular street or area. However, the children downplayed inequality with most seeming to openly embrace a sense of 'no difference', while also citing examples of difference. This seems to reflect wider cultural processes that support a meritocracy, hierarchy and some inequality, while also not accepting widescale poverty and promoting aspects of egalitarianism particularly in personal and social relationships. In these respects, the views and explanations of the children from both of these areas were often echoed in those of their parents.

For example, children described the interrelationship between material advantage, social status and an individual's attitude or intent. Many children suggested it would only matter if you let it, if the person used difference to personal advantage, or if other non-material factors such as personality and popularity, clear markers of social status, were not assured. The children thus seemed to differentiate between 'being' unequal, in terms of not having access to material and other resources, and experiencing or 'doing' inequality during social interactions with other children as well as adults.

The children in the less affluent households also told of how the effects of material disadvantage were mitigated by their parents and wider kin. Here David explained:

'If I really wanted to do the trip and they thought that I really wanted to go then they'd try as hard as they can. Like camp, I'm going to that at the end of April and it's £180 and it was a bit, and we only got the letter a few months ago and I don't think they've

got the money to pay that straight away, but my mum says to me that if I really want to go then she'll get the money' (less affluent area).

Transactions from wider kin seemed to soften the effects of disadvantage; in the more affluent households, these were described as providing extras rather than ensuring that trips or activities could be paid for. Some children also spoke of moderating their demands according to their perceptions of available household resources.

Friendships were central in the children's descriptions of their daily lives but many of them also put forward poor relationships with adults and with peers, such as bullying, whether directly experienced or simply observed, as examples of unfairness and inequality. Relationships with peers were extremely important in terms of children making sense of inequality based on difference. For these children, then, experiences and perceptions of inequalities were as much about processes of interaction, choice, trust, acceptance, autonomy and interdependence as they were about material possessions.

Children, health and inequalities

The children in this study rarely discussed health issues spontaneously in the interviews and 'adult concerns' about health behaviours were virtually absent. It was also difficult to tap into children's direct knowledge of ill health in their friends or families, or how they made sense of this to develop wider views about health and illness. Many examples of family illness given by parents were not reported by their children, although a few did speak of their own personal experiences of illness. The children were uncomfortable both with abstract questions and with attempts to make generalised statements so that, when asked directly about health and inequality, they often drew on experience distant from their own or made guesses. They talked about poverty in Africa, for example, or homeless people, or those living in the poorest parts of the city.

When asked general questions about health and illness, all of the children tended to rehearse traditional health education messages about smoking, exercise, diet and dental health. However, they often made sense of health damaging behaviours in quite sympathetic ways, as Eleanor said:

'sometimes if they don't have much money, sometimes maybe parents feel better smoking or drugs and alcohol' (affluent area).

They also challenged the notion that children today were unfit, an example given to them during the interview as a popular media message. Most reported being physically active, whether or not they were involved in organised sport or exercise, as Deirdra explained:

'When I go out to play we get a game eh like stuff outside. And that's like running and stuff, you know like. You would, you'd get more chance because you can, there's loads of space and you can run about' (less affluent area).

The children were much more comfortable talking about their own everyday concerns, grounded in social and family relationships, and emotional upsets. Whilst these children

rarely discussed physical health or illness, they did talk about adult stress. They seemed to both embrace a sense that parents and children had some responsibility for their own and each other's health as well as not blaming individuals, particularly those they knew, for their own health damaging behaviours.

The children made links between relationships and health or wellbeing both in the present and future. For instance, when asked about the short and long term effects of bullying, most children described the immediate emotional and physical consequences, like not wanting to go out to play. Also, parents' care was viewed as protective (and occasionally overprotective), and the lack of good care as detrimental to health. Many children spoke about how they came to terms with or developed resilience to unfairness and inequalities in relationships. Many children speculated that bad experiences in childhood, involving illness or social or physical issues, could, especially through psychological effects, result in present or future ill health.

Parents' views on boundaries, growing up and socialisation in the context of inequality

The parents' interviews provided insight into some of the personal and cultural values embedded in the children's daily lives; these were often reflected in what the children themselves said, especially when discussing material inequalities. For example, the more affluent parents often told us about moderating their children's access to money, in order that they would learn that 'it's not just handed to you on a plate' (Scott's mum). Most of the less affluent parents, however, said that they gave pocket money whenever there was money to spare.

Like their children, the more affluent parents also spent a considerable amount of time talking about the organised activities that their children were involved in, and of the range of benefits these brought. This included: ensuring purposeful activity; keeping them safe and off the streets; fostering self-esteem; socialising with others; and laying the foundations for future socially meritorious opportunities. The more affluent parents talked specifically about the value of their children mixing with those from other areas or schools, even though the very shape of their lives as they grew up made that social mixing less likely. The less affluent parents often commented on the lack of school or area based extra curricula activities and on how they found ways to fund some additional activities. They seemed to draw on the same values in stressing the importance of such activities for their children, although generally had fewer resources to enable their uptake. Children were also less likely to be transported to different activities in different locations, and, appeared to have greater freedom to make their own way around their locality. It was evident from both parents' and children's interviews that only a minority of children actively experienced both wealthier and poorer areas and a wide range of poverty and wealth.

Although all families described a range of personal challenges that children had to face, such as bullying, divorce or health problems, differences also emerged in the way in which different parents created choices and safety nets for their children. Many of the more affluent parents described

how, through choosing private education or moving home to ensure access to a 'good' state school, they had achieved what they perceived as better choices for their children, sometimes to protect them against personal difficulties. Although many more affluent parents were concerned that their children shouldn't become snobbish, some describing themselves as having had working class backgrounds, they acknowledged that their children were protected by material and social advantage. For example, one respondent pointed out that her son would never feel he had to face adversity and 'fight for things' and another commented that:

'I don't think Robin or I would recognise poverty if it hit us in the face. We sometimes overspend on our disposable income, but that's not the same as being skint. That's poverty' (Robin's mum).

Parents from both areas who had experienced or had direct contact with poverty had no doubts about its effects on health. A mother from the less affluent area discussed being on Family Credit, saying: 'I think it affects your health, definitely mental health, good grief yeah' (Natasha's mum). Another from the more affluent area spoke graphically of her own experiences of going to school in one of the poorer areas of the city explaining that: 'two of my flatmates (neighbours) died while I was at school. Partly, you know, just simply because of where they were living and the social conditions' (George's mum).

Parents from both areas often stated that it was not money

per se that made a difference to health and wellbeing but how people chose to spend it, which was a matter of values and attitudes. For some wealth was not seen as necessarily health protective, and this was elaborated by citing personal examples of poor health and wellbeing amongst the better-off.

Policy implications

- Our findings suggest that definitions of inequality should reflect the different ways in which children experience it.
- Children's understanding of difference reflects the interrelationship between structure, culture and personal agency in the production of health inequalities. This will provide a useful basis from which to develop child-relevant practice in health education; health promotion and other community based services.
- Our study suggests that emphasis should not only be placed on addressing structural deprivation (e.g. lack of access to money and facilities) but also challenging the cultural processes that reproduce experiences of inequality (e.g. power relationships between adults and children and between a child and his/her peer group).
- Children's comments on inequality and unfairness reinforce calls for children's voices to be included in policy making; not just with an eye to their future health, but also because of potential consequences for their sense of self and wellbeing in their present time lives.

We thank all the children and parents who participated in this study. All names have been changed in this and other publications.

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A final report of this study has been submitted to the ESRC and several papers are being considered for publication. Further details about the findings are in a recent conference paper available from CRFR.

Backett-Milburn K, Davis J, Cunningham-Burley S (2001) Understanding children's perceptions of health inequalities. *British Sociological Association, Medical Sociology Group Conference*, University of York.

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