Growing Up in Ireland
National Longitudinal Study of Children

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THE LIVES OF 9-YEAR-OLDS

CHILD COHORT

REPORT 1

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We are deeply indebted to all the principals, teachers and administrative staff in the schools which participated in the study. We appreciate that ***Growing Up in Ireland*** added considerably to their already very heavy workload.

The 84 children who sit on the Children's Advisory Forum (CAF) provided very important help in developing and testing themes, issues and questionnaires for the study.

The final (and biggest) word of thanks goes, of course, to the 8,570 nine-year-olds and their families who participated in the study, initially in their schools and subsequently in their homes. ***Growing Up in Ireland*** would not have been possible without the time and assistance which they so readily and generously provided to us.

James Williams, ESRI **Sheila Greene, TCD**

MINISTER'S FOREWORD

As Minister for Children and Youth Affairs, it gives me great pleasure to publish *The Lives of Nine Year Olds.* This represents the first formal publication from ***Growing Up in Ireland***, the landmark National Longitudinal Study of Children. This Study was initiated and is funded by the Office of the Minister for Children and Youth Affairs as part of the National Children's Strategy.

Growing Up in Ireland is one of the largest and most complex studies of this nature that has ever been undertaken in Ireland. By tracking the development of two cohorts of young children for at least seven years (approximately 11,000 infants and 8,500 nine-year old children), ***Growing Up in Ireland*** aims to *'examine the factors which contribute to or undermine the wellbeing of children in contemporary Irish families, and, through this, contribute to the setting of effective and responsive policies relating to children and to the design of services for children and their families'.*

I am confident that this first publication from the cohort of nine-year-old children will prove to be of enormous benefit to both policy makers and practitioners and will play an important role in the ongoing quest to improve children's lives in Ireland.

I would like to thank Professor James Williams of the Economic and Social Research Institute and Professor Sheila Greene of the Children's Research Centre at Trinity College Dublin, their research team and their team of fieldworkers who carried out this Study. Most importantly, I would like to thank the 8,570 children, their families and schools who have generously given up their valuable time to participate.

Barry Andrews, T.D.
Minister for Children and Youth Affairs

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INTRODUCTION AND BACKGROUND

1.1. INTRODUCTION

This report presents the first descriptive analysis of the findings from the first wave of data collection with the 8,570 nine-year-old children, their families and teachers who have participated in ***Growing Up in Ireland – the National Longitudinal Study of Children.*** The data were collected between September 2007 and June 2008. This report is one of a series describing the background literature, the design, instrumentation and the findings of the ***Growing Up in Ireland*** project.

Growing Up in Ireland tracks the development of two cohorts of children, one aged nine years and one aged nine months. This report addresses the first objective of ***Growing Up in Ireland:*** 'to describe the lives of children in Ireland'. It will provide a comprehensive picture of how the nine-year-old children are faring across the main domains of their development and their daily life experience. The findings will be presented for all children and will also be presented by the sex of the child. Where interesting differences occur in relation to the children's social class and family type, these data will be reported. This report is straightforwardly descriptive. The next report on the findings of the nine-year-old survey will be analytic, that is, it will examine more closely relationships between the child's wellbeing and developmental status and a wide range of factors that may impact on the child's development.

Although both scheduled reports will aim to be as comprehensive as possible it should be borne in mind that the amount of data collected in ***Growing Up in Ireland*** is considerable and it is amenable to much more analysis. All the data will be lodged in a national archive, the Irish Social Science Data Archive (ISSDA), for other researchers to access, analyse and publish. The data will also be used again from a different perspective when the next wave of the longitudinal study is conducted. At that point, in the case of this cohort, it will be possible to relate the child's status and development at age 9 to their outcomes at age 13.

1.2 BACKGROUND TO AND OBJECTIVES OF GROWING UP IN IRELAND

1.2.1 INTRODUCTION

Growing Up in Ireland was commissioned in April 2006. It is funded by the Department of Health and Children through the Office of the Minister for Children and Youth Affairs, in association with the Department of Social and Family Affairs and the Central Statistics Office. The Study is being carried out by a

consortium of researchers led by the Economic and Social Research Institute (ESRI) and Trinity College Dublin (TCD).

The principal objective of ***Growing Up in Ireland – the National Longitudinal Study of Children*** is to describe the lives of Irish children, to establish what is typical and normal as well as what is atypical and problematic. The Study will focus on a broad range of child outcomes with a view to documenting how well children in Ireland are doing in relation to a number of key child outcomes. In so doing, it will facilitate comparison with findings from similar international studies of children, as well as establishing norms for Ireland. Being longitudinal in nature the Study will also address developmental trajectories over time and will explore the factors which most impact on those trajectories and on the life chances of children as they grow from nine months to early childhood, in the case of the infant cohort, and from 9 years to 13 years, in the case of the child cohort. By providing an evidence base of research and insights into children and childhood, the Study will inform and contribute to the development of responsive policies and the design of services for children and their families.

The first phase of the project will extend over seven years and will involve two longitudinal sweeps of data collection from a nationally representative sample of children in two age categories – a nine-month-old cohort of 11,000 infants and a nine-year-old cohort of 8,570 children. The nine-year-old cohort, which is the focus of this report, was selected through the primary school network. A random sample of schools was drawn and, subject to the school's participation, age-eligible children and their families in that school were invited to participate in the Study. A wide range of perspectives have been included in the Study with information being recorded from parents, teachers, principals and carers, and most importantly of all, the Study Child himself or herself.

Growing Up in Ireland can be set within the National Children's Strategy (Department of Health & Children, 2000), the primary objective of which is to '…enhance the status and further improve the quality of life of Ireland's children' (p.4). It affirms Ireland's commitment to respecting children as fully participating members of society in their own right. The three main goals of the National Children's Strategy are to give children an appropriate voice in matters which affect them, to improve children's lives through increased understanding, and to promote children's development through the provision of quality supports and services.

The principles espoused by the National Children's Strategy are an integral part of ***Growing Up in Ireland*** and very much ensure that in its conception and planning it is a Study of children, with children, and for children. The Study encompasses all children in Ireland – in all their multifaceted variation and diversity. The design of the Study has benefitted greatly from the input of the Children's Advisory Forum. Eighty-four children from all round Ireland have met periodically with members of the Study Team to advise on such issues as the Study logo, the wording of questions in the child questionnaire, the design of the web site, and how the Study findings should be communicated to children.

Growing Up in Ireland has nine stated objectives as follows:

1. to describe the lives of children in Ireland, in order to establish what is typical and normal as well as what is atypical and problematic

2. to chart the development of children over time, to examine the progress and wellbeing of children at critical periods from birth to adulthood

3. to identify the key factors that, independently of others, most help or hinder children's development

4. to establish the effects of early childhood experiences on later life

5. to map dimensions of variation in children's lives

6. to identify the persistent adverse effects that lead to social disadvantage and exclusion, educational difficulties, ill health and deprivation

7. to obtain children's views and opinions on their lives

8. to provide a bank of data on the whole child

9. to provide evidence for the creation of effective and responsive policies and services for children and families.

Given these objectives, the first data wave with the nine-year-old cohort focused on their lives with a view to furthering our understanding of the broad spectrum of experiences and circumstances of nine-year-olds in Ireland today and the factors which are associated with differences in outcomes.

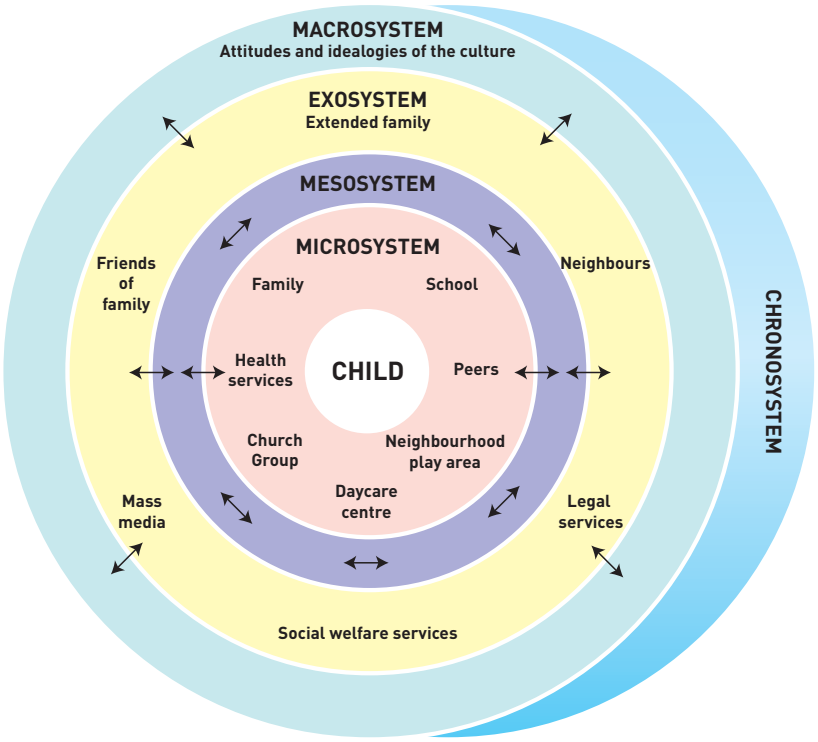
1.2.2 CONCEPTUAL FRAMEWORK

The conceptual framework adopted by ***Growing Up in Ireland*** is described in full in Greene et al., (2009). It emphasises children's connectedness to the world within which they live. It also highlights the importance of considering the multifaceted nature of the influences on development over the life-course. The conceptual model incorporates a model of the child's relationship to the world outlined by Bronfenbrenner in 1979 and further developed in later years. Bronfenbrenner's work offered a re-conceptualisation of the child's ecology as a multilayered set of nested and interconnecting environmental systems all of which influence the developing child, but with varying degrees of directness. The perspective has evolved since its early inception and today acknowledges the role of the child's own characteristics, including biological factors in the overall development of the person, hence the model is now referred to as the *bioecological* model (Bronfenbrenner & Morris, 2006).

Within the bioecological model, the child is located at the centre of a set of concentric rings that represent the ecology of human life (Bronfenbrenner 1979; 2001). These systems are layered in terms of their influence on child development. In Figure 1.1 these systems or layers are represented as concentric circles, extending outwards from the individual child and his or her personal characteristics. Parents (and family members such as siblings and grandparents, if they are present) are the most influential part of the ecology in early child development as are, for example, school and childcare arrangements. As these have the most direct contact with the child, they are represented in the circle or layer immediately surrounding the individual (the *microsystem*).

Other relationships within the household, aside from the child's relationship with one or both parents, matter but parents and children also have relationships outside the household, for example in school and in the workplace, that connect the household to the wider community. To Bronfenbrenner this illustrates the intimate relationship between the *microsystem*, the face-to-face interactions which the child experiences, and the *mesosystem*, which encompasses the interactions amongst contexts in the *microsystem* – how families interact with schools, how parents' worklife impacts on their parenting, how close family interacts with extended kin.

Figure 1.1: Bronfenbrenner's Ecological Perspective on Child Development



Source: Adapted from Bronfenbrenner (1979) and Garbarino (1982)

Outside the *mesosystem* in Bronfenbrenner's model sits the exosystem. This comprises the structures, institutions and settings which, whilst not in direct contact with children, exert an important influence upon their quality of life and outcomes. Examples of influential elements within the exosystem would be the Departments of State, which will have an important impact on their wellbeing through the systems they control, such as welfare services. The last ring of Bronfenbrenner's schema is the macrosystem. This consists of the culture-specific ideologies, attitudes and beliefs that shape the society's structures and practices as well as economic and political systems. Together these four levels (and the linking mesosystem) provide a comprehensive description of the wide range of factors that may influence the experiences and wellbeing of a child as he/she develops from birth to adulthood. The passing of time during this development, and time as a context for development, is important in Bronfenbrenner's model. This has two aspects. The first is the individual's lifetime. The second is the historical time or period effects associated with any particular point in history. Period effects will create a set of unique circumstances for the members of a given cohort. These period effects include the particular sociocultural context at any time, for example in moving from a period of economic boom to recession.

In the course of conducting ***Growing Up in Ireland*** it will be possible to use this model as a way of understanding the specific and distinctive processes that shape the development of Irish children. By adopting a whole child perspective and by locating the child in his or her complex and multilayered ecology and taking account of the multiple interacting and bi-directional influences on child outcomes, ***Growing Up in Ireland*** aims to determine the factors that promote or undermine the wellbeing of children in contemporary Ireland and, through this, to contribute to the development of effective and responsive policies and services for children and their families. The adoption of this comprehensive, ecological framework underpins the decision to seek information on the children from multiple informants. Thus, information on the nine-year-olds is derived from the children themselves, their parents, their teachers and school principals and carers (when the carer has a major role in the child's life).

1.2.3. TIMELINESS OF GROWING UP IN IRELAND

It is particularly appropriate that ***Growing Up in Ireland*** in its present form and scale should have been initiated at this time. Since the early 1990s unprecedented change in Ireland's economy, sociodemography, culture, society and value systems has taken place (Whelan & Layte, 2006). From the early 1990s to 2007 Ireland experienced high levels of economic growth and has become increasingly secular and multicultural. It went from a position of high unemployment in the early 1990s to almost full employment, accompanied by increased female labour market participation and labour shortages in some sectors of the economy as recently as 2008. This has been associated in recent years with substantial increases in the prevalence of out-of-home and non-parental care for children of all ages. In some parts of the country commuting times to and from work increased substantially, often causing pressures and tensions in terms of working life balance and time available for family and children. Significant changes in family structures have occurred in this time period, with a substantial increase in non-marital births and lone parenting. Approximately 31% of births in Ireland today are outside marriage (Bonham, 2005). These trends in society, labour market and fertility are reflected in a situation in which approximately 22% of families with primary school children use some form of non-parental childcare arrangements[1] (Central Statistics Office, 2006).

In common with the international economy, throughout 2009 Ireland has witnessed major reversals in the buoyant economic climate which had prevailed over the previous decade. Levels of unemployment have risen sharply and house prices have fallen substantially (Barrett, Kearney, and O'Brien, 2008). A significant proportion of families have experienced a drop in their standard of living and more parents are now struggling to provide the best start in life for their children than has been the case for many years. Notwithstanding the major economic changes experienced in 2008 and 2009, it is clear that the substantial social changes that have occurred in the last two decades and that influence children's lives are likely to persist, such as, for example, the increasing numbers of children living in single-parent families.

All of the changes noted since the early 1990s have had an impact on the structure of society and have replaced previous traditional certainties with new and often unaccustomed structures and processes, whose impact on children and childhood can only be guessed at in the absence of relevant research. ***Growing Up in Ireland*** will provide important new and comprehensive information on the current position of children in Ireland and on how it changes over time.

1.3 DATA AND METHODOLOGY

1.3.1 DESIGN, RESPONSE RATES AND REWEIGHTING THE DATA

The sample of 8,570 nine-year-old children and their families was generated through the primary school system. A representative sample of 910 schools participated in the study – from the national total of 3,200 Primary schools. The sample of children and their families was then randomly generated from within those schools.

As is clear from the design of the study, response rates are relevant at two levels - the school and pupil levels. At the school level a rate of 82% was achieved. At the level of the household (i.e. eligible child selected within the school) a total of 57% of children and their families consented to participate in the study.

All figures presented in this report are based on statistically grossed or reweighted data. This means that the information has been statistically adjusted to ensure that it is representative of all nine-year-olds in Ireland.[2]

The figures discussed throughout the report in the body of the text are those that are statistically significant at the 95% level. This means that, where the text notes that two figures are different, one can be sure 95 times in 100 that the differences in question are real differences and are not a function of the sample or sample design.

[1] The pre-school and current child care arrangements in the families in this cohort will be covered in a later report.
[2] The actual weighting system used is based on a minimum information loss algorithm which fits population marginals in a regression framework and adjusts the sample estimates to ensure that they produce estimates which match the population parameters. (See, for example, Gomulka, J. (1994) and (1992))

1.3.2 THE QUESTIONNAIRES

The sample design was chosen so as to facilitate data collection in the schools from principals, teachers and the children themselves. The following questionnaires were completed in the school:

1. **Principal's questionnaire**
   – recording details on the school, its resources, its management and its ethos

2. **Teacher-on-self questionnaire**
   – recording demographic details on the teacher himself/herself

3. **Teacher-on-child questionnaire**
   – recording details on each Study Child and his/her performance in school

4. **Drumcondra English and Maths tests**
   – academic performance tests sat by all children participating in the study

5. **Piers-Harris 2, self-concept questionnaire**
   – a self-completion instrument recording information on the child's self-concept across a number of domains.

On completion of the school-based phase of the project interviewers visited the families of the nine-year-olds in their homes and administered the following core questionnaires to the Study Child and his/her caregivers:

1. **Primary Caregiver – core questionnaire**

2. **Primary Caregiver – sensitive self-completion module**

3. **Spouse/partner of Primary Caregiver – core questionnaire**

4. **Spouse/partner of Primary Caregiver – sensitive self-completion module**

5. **Child core questionnaire**

6. **Child sensitive modules**

7. **A one-day time-use diary for the Study Child.**

In addition to the above, the family was also asked to provide contact information for non-resident parents and other caregivers who delivered at least eight hours of care to the nine-year-old Study Child on a regular basis. This regular caregiving could be delivered in either a domestic or institutional setting (the latter including, for example, an after-school facility). This contact information was used by the Study Team to administer (on a postal basis) short self-completion questionnaires to non-resident parents and/or carers who provided either home-based or centre-based care on a regular basis. In the course of the household interview the interviewer also recorded the height and weight of the Study Child and the Primary and Secondary caregivers (the latter where relevant).[3]

[3] A copy of all questionnaires administered to the nine-year-old cohort can be found at http://www.growingup.ie/index.php?id=62

1.4 THE CONTENT AND ORGANISATION OF THIS REPORT

In keeping with the conceptual framework described in the previous section the nine-year-old children are at the centre of this report. The second chapter introduces the children, where they are living and with whom. It outlines some of the key features of their living situations, such as the income available to their families and the educational and employment status of their parents.

The third chapter focuses on the children's experience of family life with particular attention given to how the children are parented. Parents are one of the major influences on the children's quality of life and on their behaviour. They are located in the microsystem according to Bronfenbrenner's model.

In each following chapter the child's characteristics and circumstances are described first, and the key influences on the child are described later in the chapter. Thus, Chapter Four describes the children's health, including parental ratings of their child's current health status and whether the child has a chronic illness, and also presents data on the children's physical measurements, activity levels and eating habits. Data are described which illustrate the connection between a child's weight and that of their parents.

Chapter Five considers health care utilisation by the Study Child and examines, among other issues, how often s/he has been admitted to hospital or has seen a GP. Health services are located in an outer ring of Bronfenbrenner's model (in the exosystem) and play a crucial role in determining the health outcomes of Irish children.

Chapter Six examines the Study Child's emotional health and wellbeing. Issues relating to the child's self-concept, emotional strengths and difficulties and temperament are all considered. One aspect of the child's ecology – their exposure to life events and stresses – illustrates the impact the wider environment has on the child's emotional equilibrium.

Chapter Seven deals with the education of nine-year-olds starting with their educational achievement level and then examining some of the contextual variables that are likely to influence their performance, for example the characteristics of the school and those of the home.

Chapter Eight presents a consideration of the children's peer relationships and focuses on some of the findings concerning bullying and victimisation among children. Again, features of the children's context are examined in order to pinpoint the influence of important factors such as parental education and class on bullying behaviour.

Chapter Nine considers the activities in which the child is involved. These include structured and unstructured activities outside school.

Chapter Ten examines another aspect of the child's exosystem, aspects of the neighbourhood and community settings within which nine-year-olds live and develop.

Finally, Chapter Eleven presents a brief summary of the main findings and outlines some policy implications.

Chapter 2

CHARACTERISTICS OF NINE-YEAR-OLDS AND THEIR FAMILIES

2.1. INTRODUCTION

Growing Up in Ireland is a pioneering study which enables policy formation aimed at targeting children on the basis of their developmental outcomes. The child's characteristics, experiences and development are at the heart of the study. Understanding what children experience and their interaction with their world requires that we first know something about the environment in which they live. One of the most important aspects of this environment is, of course, the child's family. The characteristics of the family, in terms of whether the child lives with both biological parents, other siblings or other extended kin, and the characteristics of these people, will structure the child's daily life, shape what opportunities are open to them and what disadvantages they may face, and in so doing will have a major influence on the course of their future development.

This chapter describes some of the characteristics and circumstances of the nine-year-olds and their families. The chapter begins by looking at whom the child lives with; whether the child lives with one or both parents and the number of other children aged under 18 in the household; the number of siblings resident in the household, their ages and the age order of the Study Child in relation to those siblings; and the relationships of caregivers in the household to the Study Child. It then looks at the characteristics of parents, including their age, level of education, employment status, and citizenship. It goes on to describe the religious denomination and citizenship of the Study Child. The next section of the chapter provides a breakdown of the main classificatory variables used throughout the report. Finally, the chapter looks at the ways in which different family characteristics are related such as, for example, the income and social class groups of households led by a single parent or two parents together.

2.2 HOW MANY NINE-YEAR-OLDS AND IN WHAT KINDS OF FAMILIES DO NINE-YEAR-OLDS LIVE?

There are just over 56,400 nine-year-olds in Ireland, 51% of whom are male. Figure 2.1 summarises details on the family types in which these nine-year-olds lived. This shows that a substantial majority (82%) of nine-year-olds lived in two-parent families – 35% in two-parent families with 1 or 2 children under 18 years and 47% in two-parent families with 3 or more children under 18 years. Historically, Ireland had larger family sizes than other European nations and this still pertains, with the effect that almost half of nine-year-olds lived in households with two or more other children. In Britain less than one-fifth of families have three or more children. Almost one-fifth of nine-year-olds in Ireland lived in single-parent families (18%) with 11% living in single-parent families with one other child, and 7% in single-parent families with two or more other children.

Figure 2.1: Family type and size of households in which nine-year-olds live

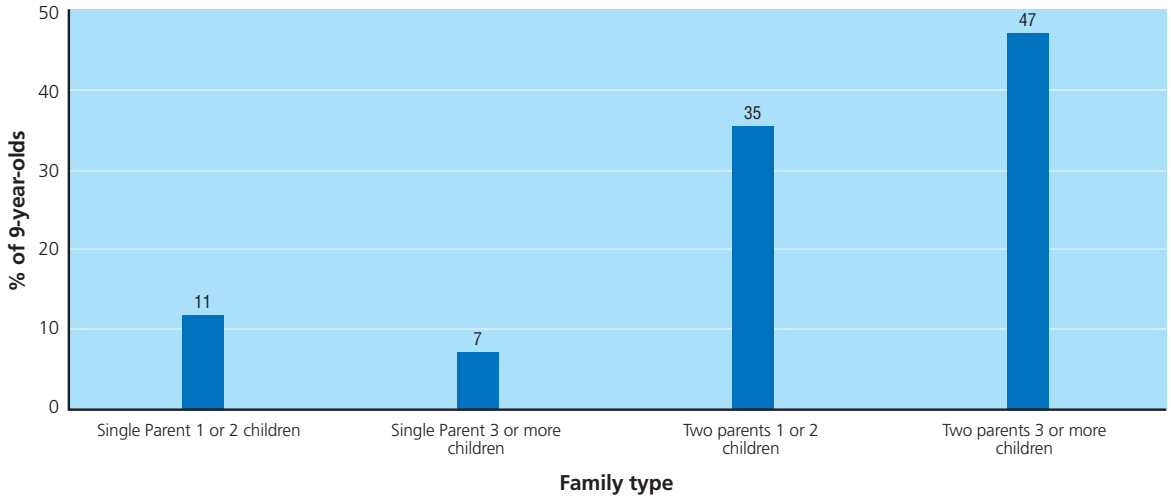
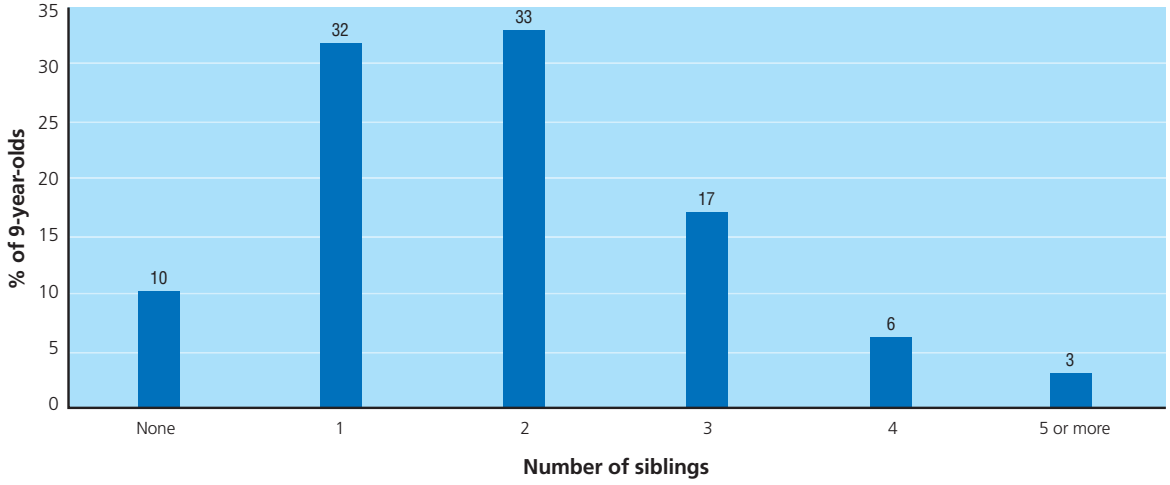


Figure 2.2 looks at the number of siblings living in the households in which nine-year-olds lived. It includes all full, half-, step-, adoptive and foster-siblings of the Study Child and siblings aged under and over 18 living in the household[1].

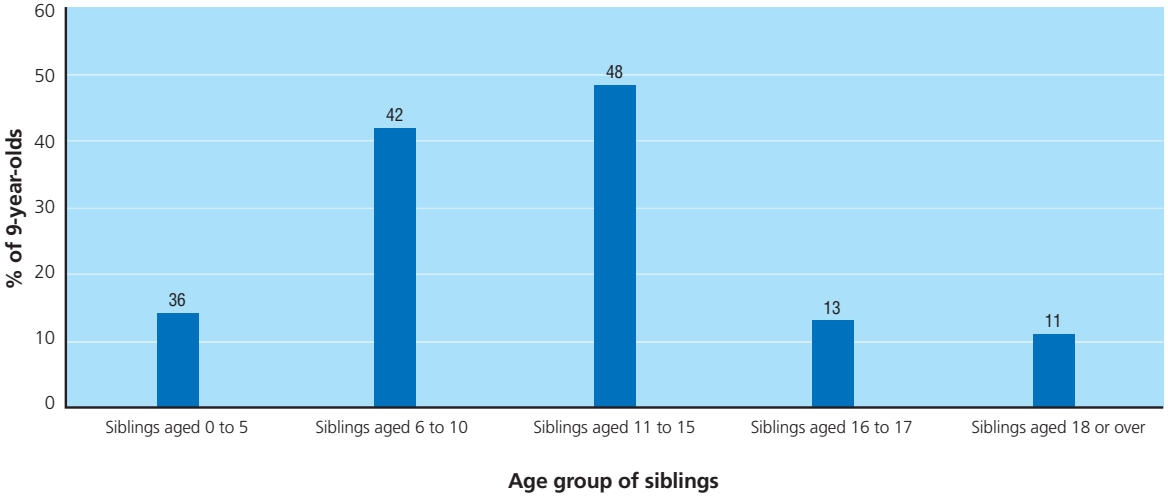
Figure 2.2: Number of siblings living in the household



One can see that 10% of nine-year-olds had no siblings resident in the household. Most nine-year-olds had one or two resident siblings (32% and 33% respectively).

Figure 2.3 shows the percentages of nine-year-olds with siblings in the age groups 0 to 5 years, 6 to 10 years, 11 to 15 years, 16 to 17 years, and 18 years or over. Almost half (48%) of nine-year-olds had siblings in the 11 to 15 year age group, followed by 42% in the 6 to 10 year age group and 36% in the youngest age group.

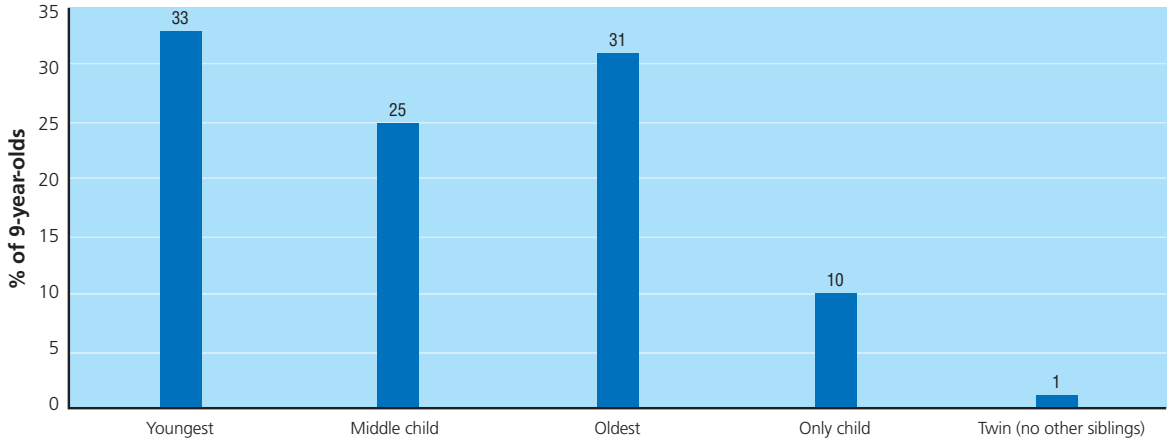
Figure 2.3: Age groups of siblings living in household[2]



[1] For this reason the figures do not exactly match those in Figure 2.1, which looks only at children aged under 18 years in the household, regardless of their relationship to the Study Child.
[2] Note that these figures do not add to 100% as nine-year-olds can have siblings in more than one age category.

Figure 2.4 shows the age order of the nine-year-olds in relation to other siblings who were living in the household.[3] It shows us that one third (33%) of nine-year-olds were the youngest sibling in the household, almost one third (31%) were the oldest, and one quarter (25%) had both older and younger siblings.

Figure 2.4: Age order of nine-year-olds in relation to other siblings living in household



Age order of nine-year-olds in relation to siblings living in the household

The administration of the ***Growing Up in Ireland*** survey required that one adult in the household provided the majority of the information. To facilitate this, one adult, preferably a parent, was asked to self-identify as the 'Primary Caregiver' to the Study Child. The Primary Caregiver was defined as the person who provided most care to the child on a day-to-day basis and who knew most about him/her. If there was a resident partner or spouse of the Primary Caregiver they were then automatically nominated as the 'Secondary Caregiver'.

Table 2.1: Basic characteristics of Primary and Secondary Caregivers of nine-year-olds.

	Primary Caregiver	Secondary Caregiver
	(%)	
Male	2.2	99.1
Female	97.8	0.9
	(Years)	
Average Age (years)	39.4	42.0
	(%)	
Biological Parent	97.5	95.1
Adoptive Parent	0.7	0.9
Foster-parent	0.7	0.6
Step-parent/Partner of Primary Carer	0.1	2.9
Grandparent	0.8	0.3
Other relative	0.2	0.1
Unrelated guardian	0.0	0.0
Total	**100.0**	**100.0**

[3] Because one is considering only resident siblings this is age order within the household not birth order per se.

Table 2.1 shows that the person nominated as the Primary Caregiver was generally the biological mother of the Study Child (98% of cases) with adoptive, foster-parents and grandparents being the next most frequent groups (each accounting for 0.7-0.8% of children). Just as the Primary Caregiver was most likely to be the biological mother, the Secondary Caregiver was most likely to be the biological father (95%). A greater proportion of Secondary Caregivers were likely to be step-parents or partners to the Primary Caregiver (2.9%). This largely reflects the fact that children are much more likely to live with their mother following partner separation and divorce in Ireland (and elsewhere). Overall, therefore, the figures indicate that the Primary Caregiver was almost (though not entirely) synonymous with the nine-year-old's mother and the Secondary Caregiver with child's biological father. For ease of presentation in the remainder of this report we refer to Primary and Secondary Caregivers as mother and father respectively.

2.3 THE CHARACTERISTICS OF MOTHERS AND FATHERS

Figure 2.5 outlines the proportion of mothers in different age groups. The average age of mothers of nine-year-olds in the study was just over 39 years. Figure 2.5 shows that 30% of mothers in the study were aged 35 to 39 with just over 31% aged 40 to 44 years. Only 3% of mothers were aged 50 or over and these individuals were often grandparents and step-parents rather than the child's biological parent.

The average age of fathers was slightly older than mothers, at 42 years. Most fathers were aged 40 to 44 years (36%), 22% were aged 45 to 49 years and 10% were aged 50 or over. Only 2% of fathers were aged less than 30 years.

Figure 2.5: Proportion of mothers and fathers in different age groups

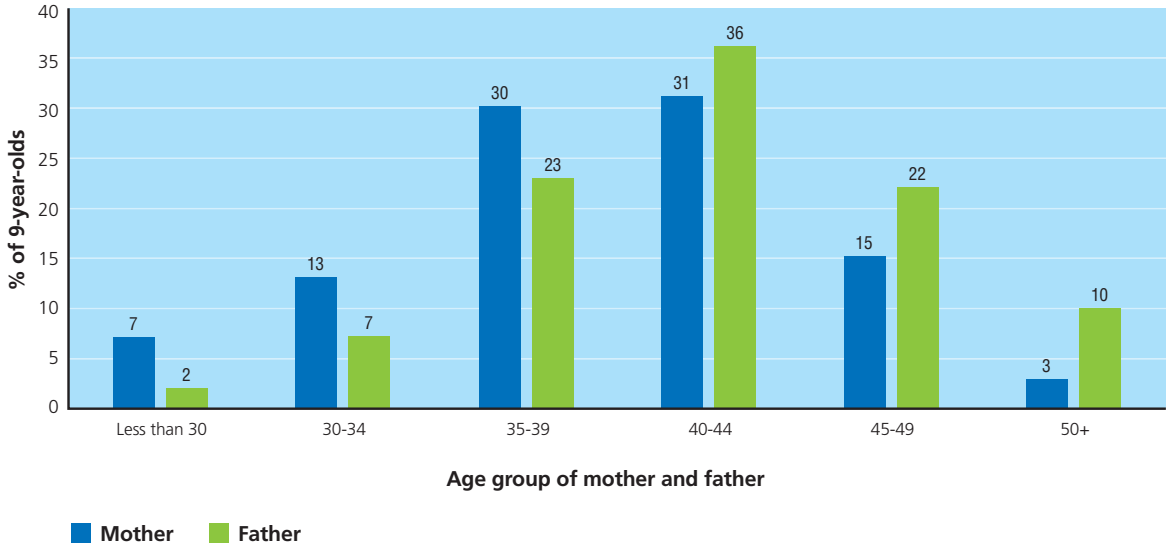
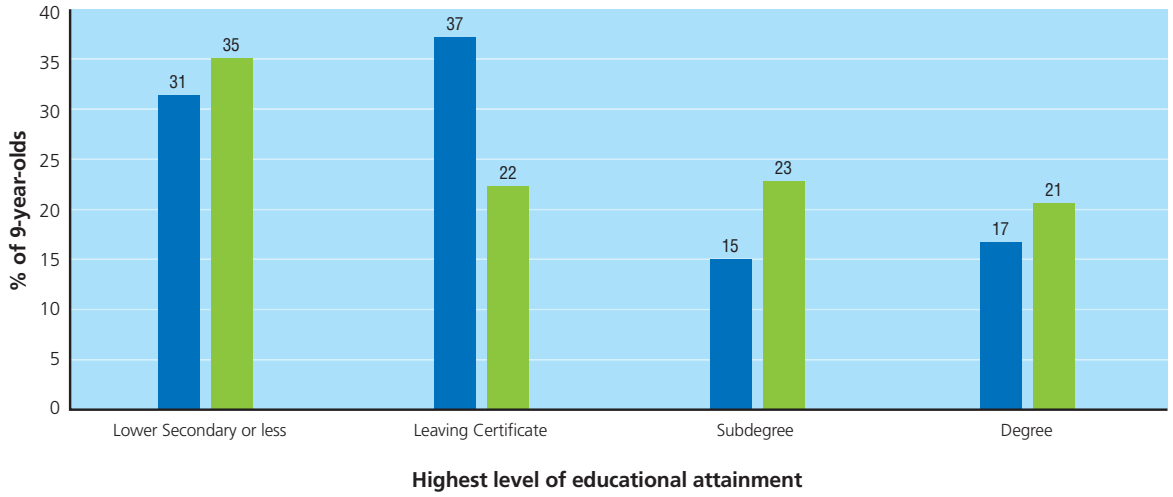


Figure 2.6 shows the highest educational qualification achieved by the mothers and fathers of the Study Children. Around one-third of children lived with mothers who had lower secondary education or less (that is, finished education with a Junior Certificate or less), a third with mothers with a Leaving Certificate and the same proportion with mothers who had obtained a subdegree or Third Level qualification. The educational profile of fathers was somewhat different, with a substantially lower proportion (22%) with higher secondary level qualifications but a higher proportion with a subdegree (23%) or degree level qualification (21%).

Figure 2.6: Highest level of educational attainment of mothers and fathers of nine-year-olds



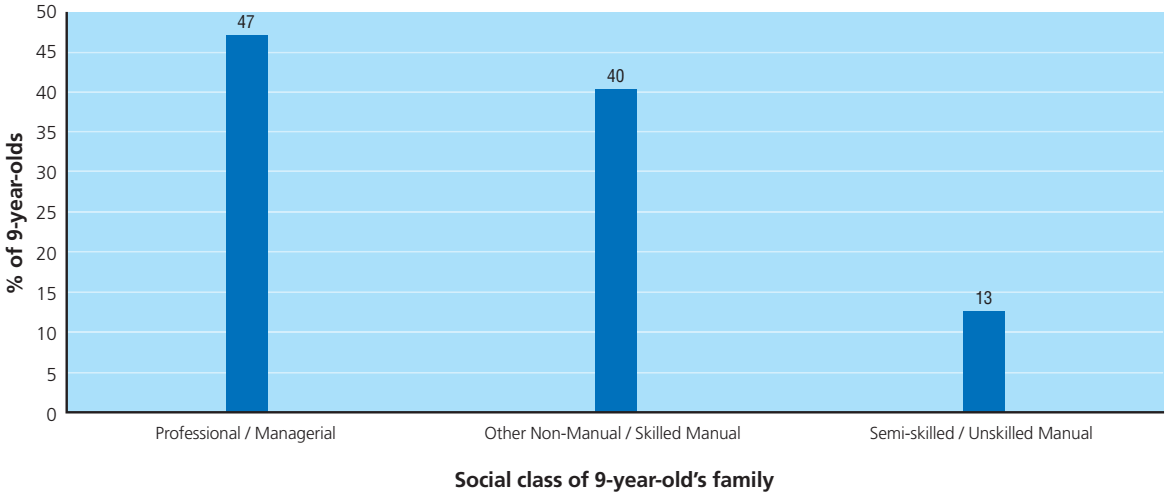
The employment status of parents will be an important influence upon the daily interaction of the child with his/her parents as well as, potentially, the resources available to the child's family. Participation in paid employment among Irish mothers increased strongly over the period of the recent economic boom in Ireland. More women working meant fewer full-time carers in the home but substantially larger average family incomes. The figures in Table 2.2 show that just under 54% of mothers and 91% of fathers were employed outside the home. Almost 39% of mothers defined themselves as being in 'home duties', i.e. a full-time carer. This was true of only 1.6% of fathers.

Table 2.2: Principal economic status of mothers and fathers and average number of hours worked among those who work outside the home.

	Mothers (per cent)	Fathers (per cent)
Employee	46.8	59.6
Self-employed	6.4	26.8
Farmer	0.3	4.3
Full-time student	4.3	0.1
Unemployed/State Training Scheme, etc.	2.9	4.8
Home duties	38.7	1.6
Other	0.5	2.9
Total	**100.0**	**100.0**

The kind of job in which parents work will be an important influence on the experiences of the child. Parents with higher levels of education are more likely to have non-manual and professional jobs, and these occupations bring with them higher levels of reward in the form of salaries. A large amount of research from a number of countries has shown that higher occupational positions among parents can substantially influence the educational attainment and job obtained by children, even controlling for the parents education. Social class is a useful measure of occupation. In the ***Growing Up in Ireland*** study the highest class position among the parents is taken as the household's class position and used in analysis. Figure 2.7 presents the proportion of children in households from each social class grouping. This shows that 47% of the nine-year-old children in the study lived in households where at least one parent was in a Professional/Managerial social class group. Approximately 40% were in the Non-Manual or Skilled-Manual category and the remaining 13% were in the Semi-skilled or Unskilled Manual class group.

Figure 2.7: Social class of nine-year-old's family



The religious denomination of mothers is given in Table 2.3. Mothers were presented with six choices of denomination and an open-ended 'other' category. Table 2.3 shows that the overwhelming majority of the mothers of nine-year-olds in Ireland were Roman Catholic (85%) with 9% recorded as having no denominational affiliation.

Table 2.3: Religious denomination of mothers

Denomination	Mothers (per cent)
None	8.6
Non-denominational Christian	1.9
Roman Catholic	84.8
Anglican/CoI/Episcopalian	2.3
Other – Protestant	1.3
Other	1.0
Total	**100.0**

Table 2.4 shows the proportion of mothers and fathers who were citizens of Ireland at the time of interview, whether or not they were born in Ireland, and (for those not born here) the length of time since first coming to live here. Just over 93% of mothers were Irish citizens and a substantial majority were born in Ireland (84%). Of the 16% of mothers who were not born in Ireland just over two-fifths came to Ireland more than 20 years prior to interview, with a further one-quarter arriving more than a decade ago. Patterns among fathers were similar overall, although a slightly higher proportion of those who were not born in Ireland had arrived more than two decades ago compared to patterns among mothers.

Table 2.4: Nine-year-olds' mothers and fathers classified by whether or not they are (a) a citizen of Ireland, (b) they were born in Ireland and (c) length of time since first coming to live here.

	Mothers (per cent)	Fathers (per cent)
Citizen of Ireland	93.1	93.3
Born in Ireland	84.1	85.2
Length of time since first coming to Ireland:		
Within last year	1.6	1.3
1 – 5 years	16.0	16.0
6 – 10 years	23.5	23.5
11 – 20 years	16.7	13.2
More than 20 years	42.2	46.0

2.4 THE NINE-YEAR-OLD CHILD'S RELIGIOUS DENOMINATION AND CITIZENSHIP

The last section showed that 85% of mothers were Roman Catholic by religious denomination but it is quite possible that the Study Child had a different denomination. Actually, Table 2.5 shows that a higher proportion of nine-year-olds in the Study (87%) were christened Roman Catholic. The proportion classified as having no denomination (7%) is slightly lower than among mothers.

Table 2.5: Religious denomination of nine-year-olds

Denomination	9-year-old (per cent)
None	7.4
Non-denominational Christian	1.8
Roman Catholic	87.0
Anglican/CoI/Episcopalian	1.9
Other – Protestant	0.9
Other	1.0
Total	**100.0**

Table 2.6 presents information on whether or not the Study Child was a citizen of Ireland, whether or not he/she was born in Ireland and, for those not born here, length of time since first coming to live here. Almost 95% of children were Irish citizens and almost 9 out of every 10 (89%) were born here. A majority of those nine-year-olds not born in Ireland came to live here between 6 and 9 years ago (56%) and only 4% came to live here within the 6 years preceding the interview.

Table 2.6: Nine-year-olds classified by whether or not they are (a) a citizen of Ireland, (b) they were born in Ireland and (c) length of time since first coming to live here.

	9-year-old (per cent)
Citizen of Ireland	94.8
Born in Ireland	89.2
Length of time since first coming to Ireland:	
Within last year	4.4
1 – 5 years	39.7
6 – 10 years	55.9

2.5 CLASSIFICATORY VARIABLES USED IN REPORT

Throughout the report, in order to examine how children's lives vary in different sociodemographic contexts, data are principally examined in relation to family social class, family income, family type, and mother's highest level of educational attainment. These sociodemographic variables are briefly outlined below.

2.5.1 FAMILY SOCIAL CLASS

A social class classification was assigned to both mother and father (where the latter was resident) based on their respective occupations. In line with standard procedures, in two-parent families in which both partners were economically active outside the home the family's social class group was assigned on the basis of the higher of the two[4]. A three-fold classification of family social class is used throughout this report: Professional/Managerial, Other Non-Manual/Skilled-Manual and Semi-skilled/Unskilled Manual.

2.5.2 FAMILY INCOME GROUP

In order to make meaningful comparisons across families in terms of their total disposable income it is necessary to take household size and composition (number of adults and children) into account to create what is known as the 'equivalised' family income[5]. The nine-year-old's family is then assigned to one of five income groups from lowest to highest. Each group (quintile) contains 20% of families. Thus, throughout the report the lowest family income group refers to the 20 per cent of families at the bottom of the income distribution (based on 'equivalised' family income or income adjusted to account for the size and composition of the family). The second lowest income group includes the families in the next 20% of the income distribution, and so on.

2.5.3 FAMILY TYPE

A four-fold classification of family type is used:

- Single-parent,1 or 2 children under 18 years
- Single-parent, 3 or more children under 18 years
- Two-parent, 1 or 2 children under 18 years
- Two-parent, 3 or more children under 18 years.

As used throughout the report, single- and two-parent families refer only to the number of resident caregivers/guardians. The terms do not refer to the relationship of the caregiver to the Study Child. Biological parents and others are included in the definition of single- or two-parent families although, as we saw in discussion of Table 2.1 above, mothers and fathers are overwhelmingly the caregivers of the children. The term 'children' in the four-fold classification above refers to all children aged under 18 years living in the household. It does not necessarily refer to siblings of the Study Child. There may also be siblings of the Study Child living in the household who are aged over 18 years but who are not included as children in the household.

[4] This is based on a so-called dominance criterion.
[5] To do this the number of 'equivalised' adult members resident in the household is calculated. This is done by assigning a weight of '1' to the first adult; '0.66' to all subsequent adults, and '0.33' to each child (14 years or less). The total number of adult equivalents is then divided into the household's total disposable income to give the household's equivalised income. It is this measure of equivalised income which is used throughout the report.

2.5.4 HIGHEST LEVEL OF MATERNAL EDUCATIONAL ATTAINMENT

Much of the international literature on child development points to the importance of the mother's educational attainment; in the literature this is identified as being relatively more important than father's education. Throughout the report a four-fold classification of the educational attainment of the nine-year-old's mother is used. This is based on the classification used in the Census of Population. The groups are:

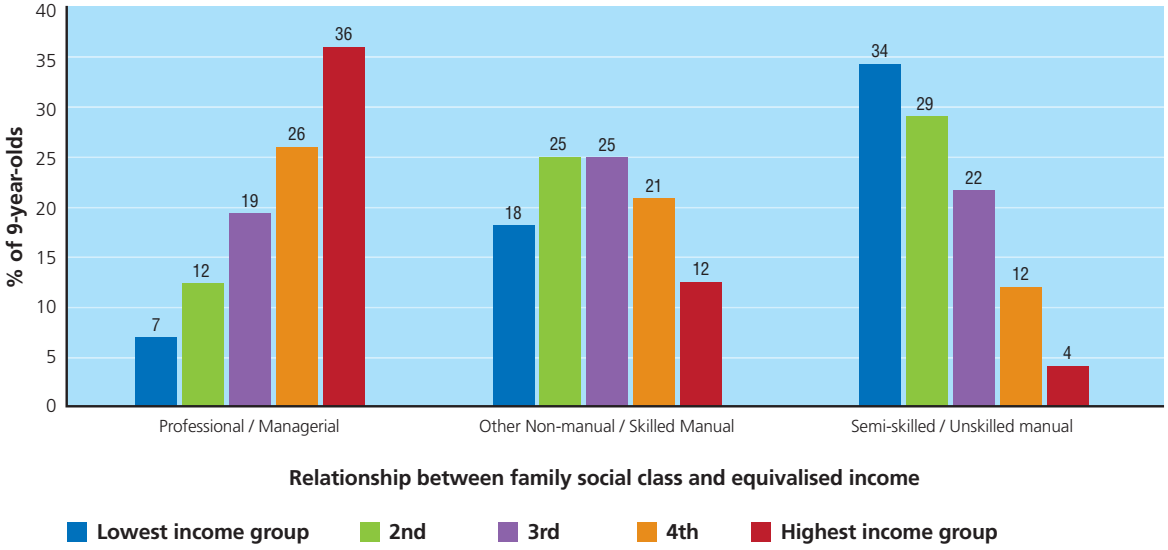
- Lower Secondary or less (in the Irish system Junior Certificate or no formal education).
- Leaving Certificate.
- Subdegree – not full degree status but 2½ level qualification (many of which qualifications will have been completed in a third level institution).
- Degree or Third Level.

2.6 INTERRELATIONSHIPS BETWEEN DIFFERENT CHARACTERISTICS

So far this chapter has shown a number of different characteristics of the Study Children and their parents. It is important to understand how these characteristics combine. For example, lower levels of education among parents may have very different implications for the experiences and development of the child if the mother or father is assigned to a higher social class group.

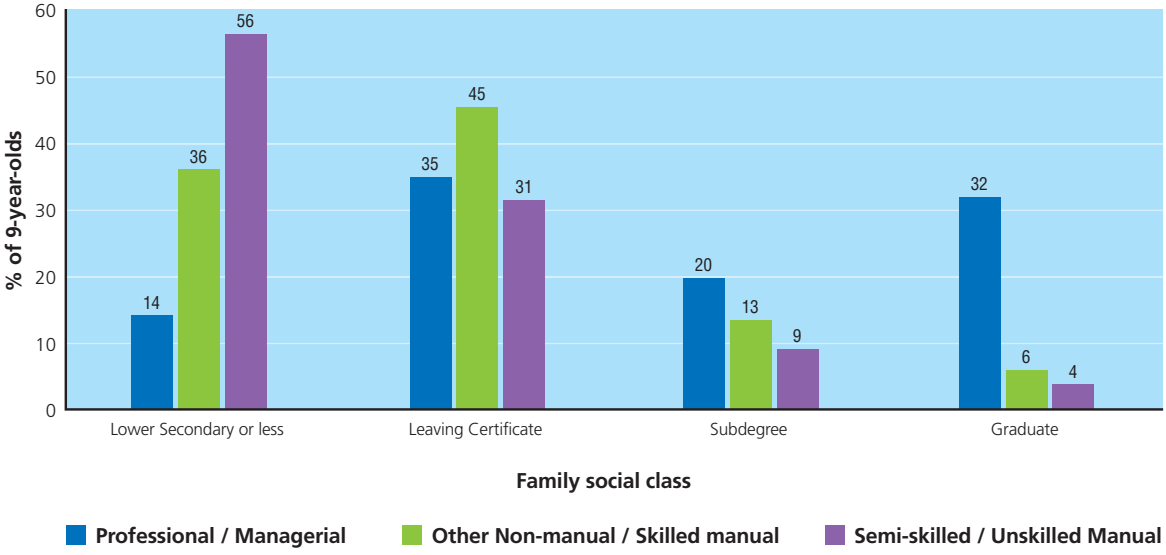
As one would expect there was a strong relationship between family social class, family income, and the highest level of mother's educational attainment. Figure 2.8 illustrates the relationship between family social class and income group. As social class increases so too does the proportion of households in the higher income group. For example, 36% of nine-year-olds and their families who were in the Professional/Managerial category were in the top income group. In contrast, only 4% of children whose parents were in the Semi-skilled or Unskilled Manual category were in the top income group.

Figure 2.8: Relationship between family social class and family income



Similarly, Figure 2.9 outlines the relationship between family social class and highest level of educational attainment completed to date by the nine-year-old's mother. This shows that as social class increases so too does level of maternal education. The mother of a nine-year-old from a Professional/Managerial family was eight times more likely to be a Third Level graduate than her/his counterpart from a Semi-skilled/Unskilled Manual family (32% and 4% respectively).

Figure 2.9: Relationship between the family social class and highest level of education completed to date by nine-year-old's mother.



2.7 SUMMARY

- A total of 89% of nine-year-olds were born in Ireland (as recorded by their mother).
- A total of 82% of nine-year-olds lived in two-parent families.
- The Primary Caregiver of the vast majority of nine-year-olds was female – mostly, though not exclusively, the child's biological mother. Equally, Secondary Caregivers (where resident) were principally males – largely the father of the child. Approximately 2.5% of nine-year-olds lived with Primary Caregivers who were not their biological mother.
- Approximately 54% of mothers were employed outside the home, with 39% self-classifying as being on home duties or looking after the home. In contrast, 91% of fathers were employed outside the home.
- Family income and highest level of maternal education both increased with family social class.
- Two-parent families are more likely than single-parent families to be in the higher social class categories and in the higher family income groups.

Throughout the report we present descriptive breakdowns of child outcomes and characteristics according to family social class, family income group, highest level of maternal education and family type. In interpreting all the tables and figures in this report it is important to remember that the patterns seen may not necessarily 'explain' outcomes for the child. As noted in the last section, different characteristics can combine to produce different outcomes and it is important to remember that the simple analyses presented in this report do not necessarily take account of these complex relationships. The more complex analyses required to uncover these patterns will be carried out in later reports. Our objective in this report is to provide a broad descriptive overview of the circumstances of nine-year-olds on the basis of the main classificatory variables discussed above. The discussion presented throughout this report should be seen as an attempt to identify interesting trends in the data rather than providing a full analysis.

Chapter 3

FAMILY AND PARENTING

3.1 INTRODUCTION

The family is often regarded as the primary and most fundamental 'social system' influencing a child's development and learning and, within the family, parents typically have a central role in influencing the nature and the quality of their children's lives. Although parents are inevitably greatly affected by events and institutions outside the family (Parke and Buriel, 2006), they mediate many of these external factors for their children by, for example, selecting one school over another or deciding to live in a particular neighbourhood (Rutter, 2002).

Parents directly influence their children's behaviour by encouraging certain kinds of behaviour and discouraging others and they also influence their children through acting as role models (Bandura and Walters, 1963). However, processes within the family system are multidirectional. Whereas traditional theoretical approaches have represented the socialisation process as unidirectional (i.e. parents influence and mould their child), it is now widely recognised that the process is (at least) bidirectional and that children are active participants in this process. For example, children can influence their parents' behaviour and attitudes by the challenges they represent to parents' habitual ways of thinking and acting and even quite young children 'look after' their parents by showing support and affection and offering to help (Kuczynski, 2003; Crouter and Booth, 2003).

Parents form many different kinds of families, and there is strong interest in the child development literature in whether the family structure influences how parents parent and how children develop. There is widespread scientific and policy interest in whether or not some family types are more beneficial for children than others. Although some of the research in this area does focus solely on family structure it is important to remember that family structure is in many ways a proxy for family processes that are more or less likely to be found within specific family structures. Family structure can also serve as a proxy for the level of resources available to a family (Sanson and Lewis, 2001). Thus, for example, when family structure and child outcomes are related it may seem as though children of single parents are likely to do less well on average than children being raised by two parents. Reasons for this difference are multiple and may include the lower income available to the family or the higher stress levels among lone parents, which have an

effect on parenting. However, not all single parents have low income levels or experience stress. Many children of single parents do well, so we cannot conclude that having a single parent is in itself disadvantageous to children. The observed difference between child outcomes for children in single- as compared with two-parent families serves to draw our attention to family characteristics which may be more likely to be present or processes that may be more likely to be activated when children are raised by a lone parent.

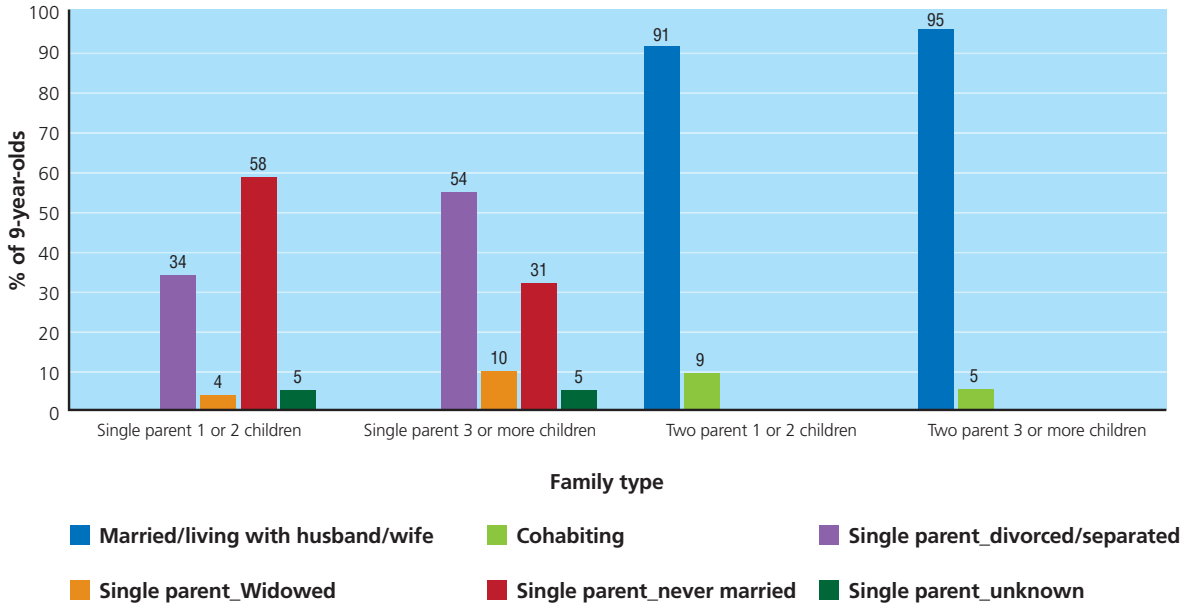
In this chapter we will explore some of the key information on family and parenting that is likely to have a major influence on the lives of the nine-year-old children in ***Growing Up in Ireland***. This chapter examines some aspects of the different family structures, aspects of the child-parent relationship and relationship with siblings, and parenting styles and discipline practices. Finally, links with non-resident parents will be discussed.

3.2 WHAT DO THE FAMILIES OF THE NINE-YEAR-OLDS LOOK LIKE?

As noted above, research has consistently shown that different family structures are associated with different outcomes for children. The proportion of children who are not living with both biological parents continues to rise in Ireland, and these changes in family structure are potentially important. They may have repercussions for the amount of financial, human and social capital available to children from their parents (Kerr and Beaujot, 2002) and they may also impact on the quality of parenting the adults can provide. We saw in Chapter Two that 18% of all nine-year-olds lived in single-parent families – 11% in families with one or two children and 7% in single-parent families with three or more children. The remaining 82% of nine-year-olds lived in two parent families – 35% with one or two children in the family and 47% with three or more children.

Figure 3.1 shows that in lone parent households with three or more children, parents were more likely to have divorced or separated (54%), compared to those parents with one or two children who were less likely to ever have been married (58%). In the case of the latter, there was also a higher likelihood that there would only be one child in the household. Although the majority of couples were married, 9% of those with one or two children and 5% with three or more children were cohabiting with a partner.

Figure 3.1: Family type and current marital status



From Figure 3.2 it can be seen how different household types compare in terms of household employment status. For example, couples with one or two children were most likely to be dual earners (54%), whereas couple households with three or more children were equally likely to be dual earners or have only the child's father working (42% each). Roughly 16% of couples in ***Growing Up in Ireland*** were not working outside the home, a figure which is likely to be higher now in light of the recent recession. In single-parent households with one or two children, 58% of the nine-year-old's mother was working, while those with three or more children were most likely not to be economically active outside the home (64%).

Figure 3.2: Family type and employment status

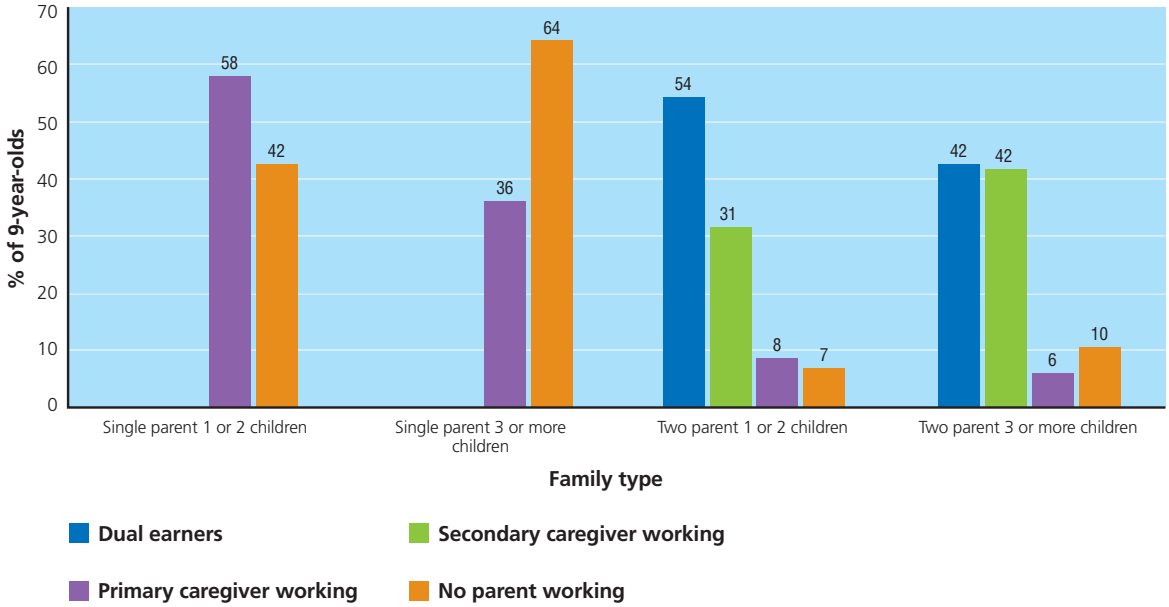


Figure 3.3 summarises the relationship between family type and family social class and shows that there was a substantially higher proportion of two-parent families in the Professional/Managerial group (49-50%) than single-parent families (28-31%). In contrast, 21-27% of children in single-parent families were in the Semi-skilled/Unskilled Manual group compared with 10-13% of their counterparts in two-parent families.

Figure 3.3: Relationship between the family social class and family type.

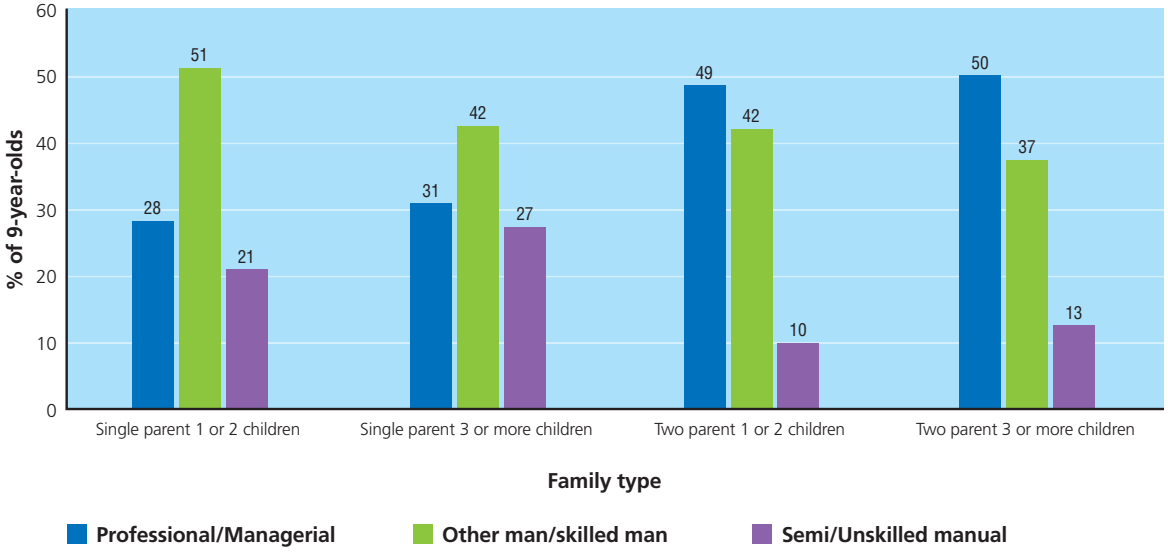
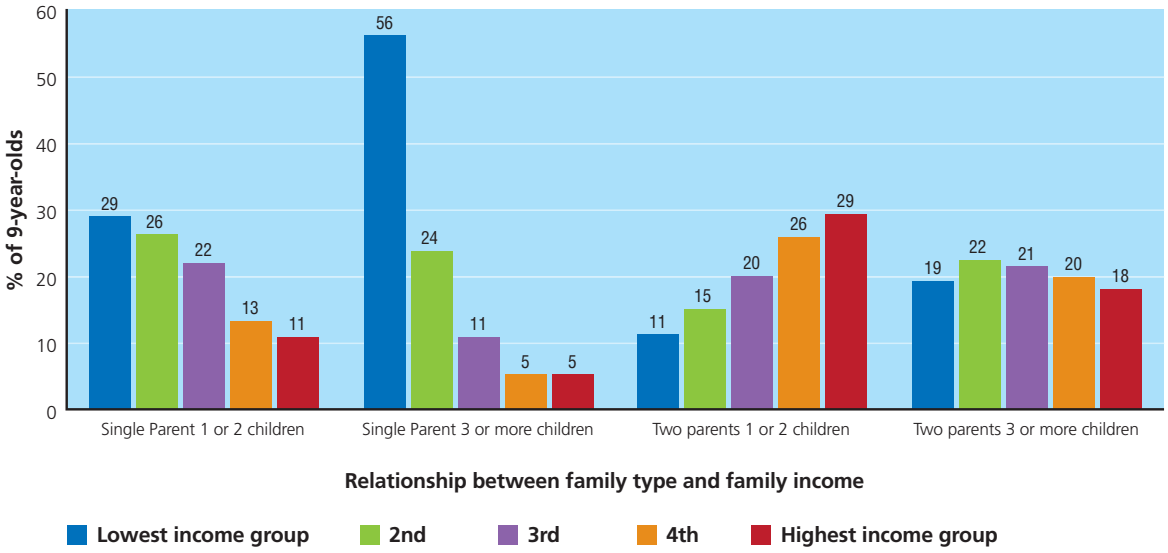


Figure 3.4 outlines the relationship between family type and income group. It shows that larger two-parent families were reasonably evenly distributed across the income groups – approximately 20% in each of the five income groups. Somewhat higher proportions of smaller two-parent families are in the higher income groups. Most notable from Figure 3.4, however, is the higher proportion of nine-year-olds in single parent families who are in the lower income groups. This is particularly so among larger single-parent families, 56% of whom are in the lowest 20% of families in terms of their family income.

Figure 3.4: Relationship between the family type and family income group.



It can be seen, therefore, that nine-year-old children are living in a range of family types and that the families vary in the resources typically available to them. Although there are, even at this level, some indicative findings about how family type might be related to differences in the children's life experiences and life chances, much more detailed analysis is needed before precise links are drawn between family circumstances and the children's development.

3.3 THE IMPORTANCE OF FAMILY RELATIONSHIPS

Relationships between family members have a major influence on the quality of life of both adults and children. In particular children are very dependent on their parents to provide the kind of loving and supportive relationship that is most associated with good developmental outcomes. It is well established, for example, that young children who have sensitive, warm care from their mothers are more likely to be confident and emotionally secure (Arend, et al., 1979).

The quality of the child-parent relationship continues to be important throughout childhood and has been found to be an important predictor of child adjustment and adjustment in adulthood. It is within this pivotal relationship that the child begins to develop expectations and assumptions about interactions and relationships with other people (Rubin and Burgess, 2002).

3.3.1 WHAT DO PARENTS SAY ABOUT THEIR RELATIONSHIPS WITH THEIR CHILDREN?

To date much of the focus has been on the mother-child rather than father-child relationship, but there is some evidence that mothers and fathers interact differently with sons and daughters. It is also interesting to consider whether children reared by both mothers and fathers fare better than those reared by one parent. To enable researchers to explore some of the possible differences between mothers and fathers in attitudes and behaviours, ***Growing Up in Ireland*** asked for both parents' assessments of their relationship with their child.

Both parents were asked to complete the Pianta Child-Parent Relationship Scale (Pianta, 1992) during the course of the household interviews. This scale taps into both positive and negative aspects of the child-parent relationship. It has 30 statements, which together form three subscales including *Positive Aspects* (10 items) and *Conflicts* (12 items)[1]. The relevant items are broken down as follows:

- The *Positive Aspects* subscale includes items on how the parent gets on with the Study Child and their feelings of effectiveness as a parent such as *'I share an affectionate, warm relationship with my child.'* and *'My interactions with my child make me feel effective and confident as a parent.'*

- The *Conflicts subscale* includes items on the parent's perception of difficulties in the relationship with the Study Child. For example, *'When my child is in a bad mood, I know we're in for a long and difficult day.'* and *'Dealing with my child drains my energy.'*

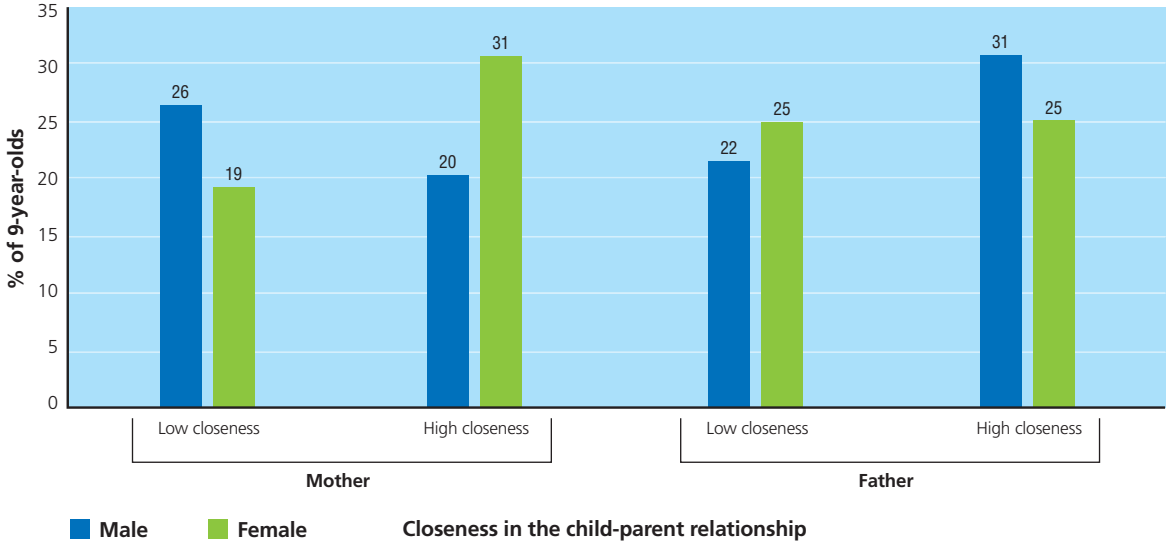
For the purposes of this report, scores on both the Positive Aspects and Conflicts subscales which fell above the 75th percentile were regarded as high and those falling below the 25th percentile as low. High and low are relative terms in this context as there are currently no norms available for nine-year-olds on this particular scale.

3.3.1.1 What do parents say about being close to their children?

A (healthy) closeness in the child-parent relationship is important for providing a secure base from which the child can experience the world with competence. Figure 3.5 shows that there was a differential pattern of findings for mothers and fathers in relation to closeness with their sons and daughters. In fact 31% of mothers reported high levels of closeness with their daughters compared to 20% with their sons. In contrast, fathers were more likely to indicate high levels of closeness with sons (31%) as opposed to daughters (25%).

At the other end of the scale (i.e. those experiencing low levels of closeness with their child), 26% of mothers had low levels of closeness with their sons as opposed to 19% with daughters. There was no significant difference for fathers in this respect as they rated their relationship with sons and daughters fairly similarly (22% and 25%).

Figure 3.5: Closeness in the child-parent relationships classified by child's sex



Key: Low closeness <25th percentile; High closeness >75th percentile

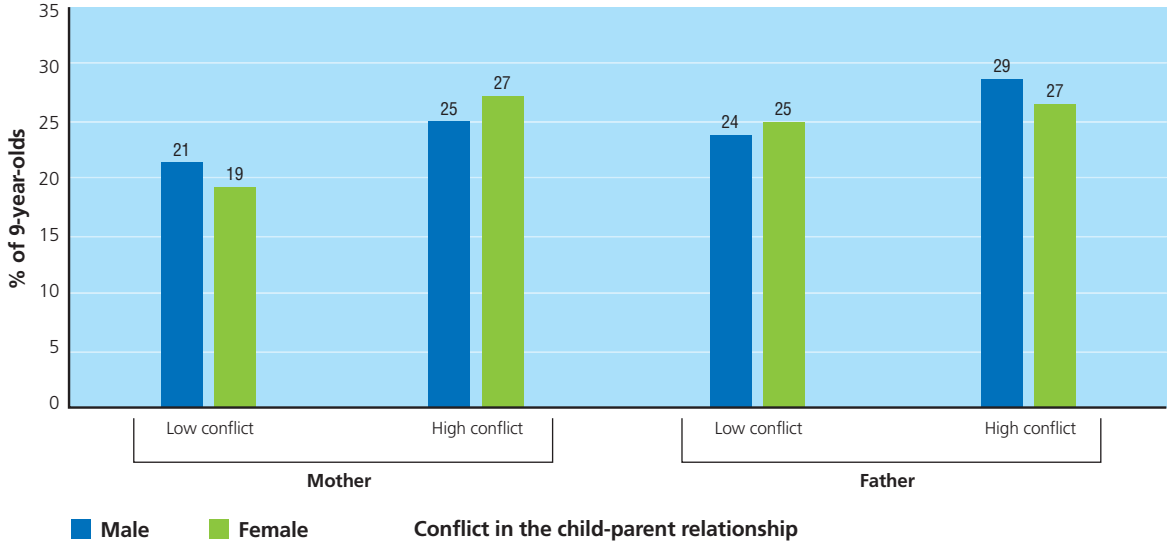
[1] The 30-item version of the Pianta used in this phase of the ***Growing Up in Ireland*** also contained a dependency subscale which is not discussed here.

3.3.1.2 What do parents say about conflict with their children?

Conflict is almost always seen as negative and unwelcome. In the Pianta Scale high levels of conflict are assumed to be indicative of a difficult relationship. The presence of conflict, however, does not necessarily indicate the absence of closeness in the relationship, or the possibility that any associated distress may not be outweighed by strong emotional bonds.

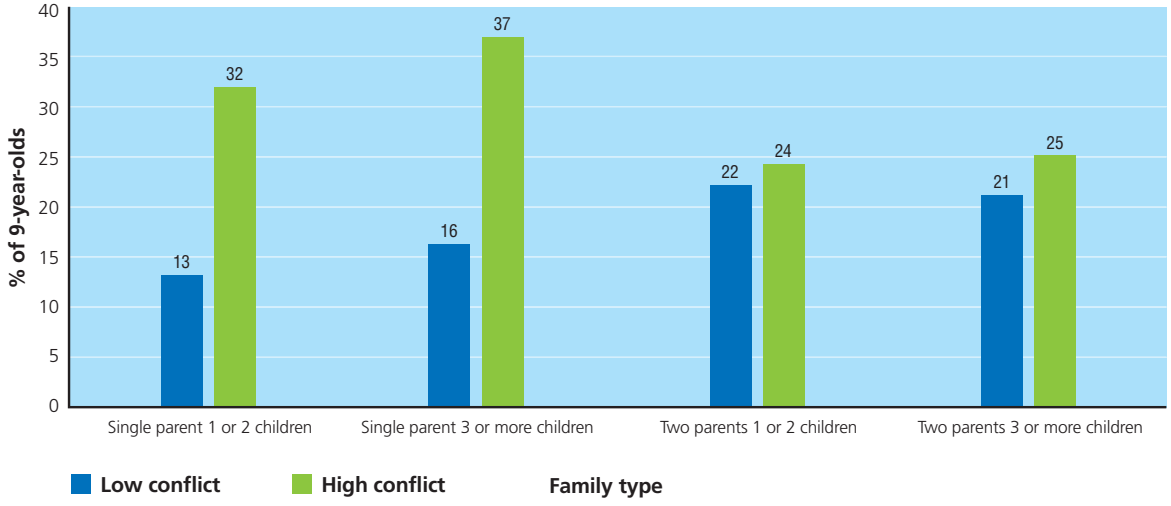
In ***Growing Up in Ireland***, fathers were more likely to have higher levels of conflict with their sons (29%) than mothers (25%), while both were more likely to report high levels of conflict (as opposed to low) with their child regardless of the child's sex, although this difference was more pronounced for mothers (27% v 19%) than fathers (29% v 24%).

Figure 3.6: Conflict in the child-parent relationships classified by child's sex



Taking consideration of the different family types in which nine-year-olds are raised, it is interesting to note that children in single parent families are more likely to be in a high conflict relationship with their mother (34%) than those living with two parents (24%), and this is most likely in single-parent families with three or more children (Figure 3.7). However, the reasons behind these differences are likely to be complicated (e.g., possible increased stress incurred by lower financial resources or less human resources to mitigate the effects of conflict with one parent) and will be the subject of more in-depth analysis at a later stage.

Figure 3.7: Family type and conflict in the mother-child relationship



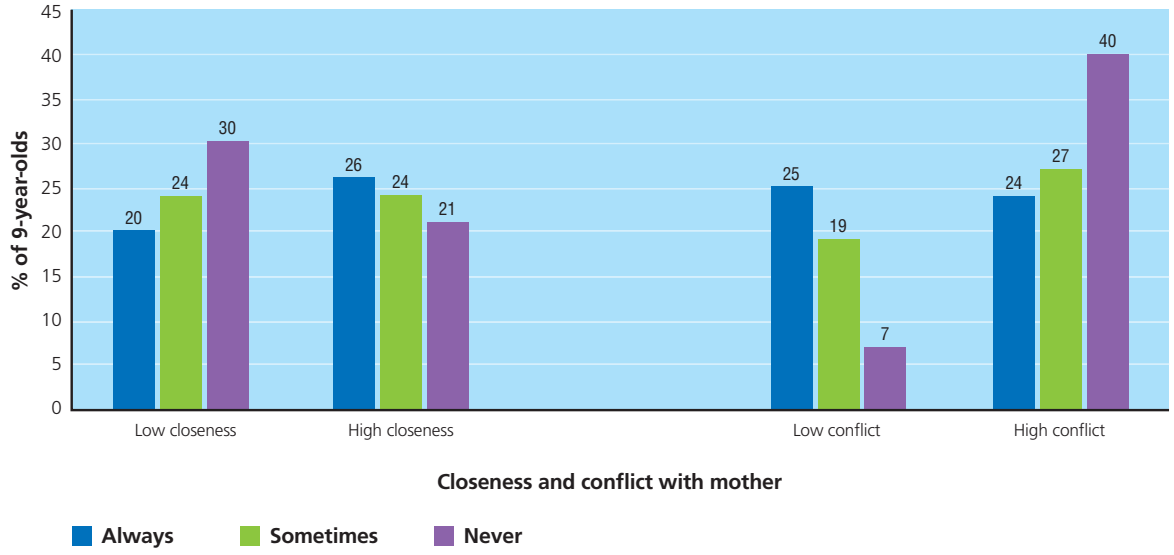
3.4 WHAT DO THE CHILDREN SAY ABOUT THEIR RELATIONSHIPS WITH PARENTS AND SIBLINGS?

Siblings of the nine-year-olds were not interviewed as part of ***Growing Up in Ireland***, but the nine-year-olds themselves were asked to comment on their family relationships. If they had siblings they were asked whether they got on with them *Always, Sometimes* or *Never*. Furthermore, in order to get the child's view of their relationships with their parents they were asked whether they got on with their parent[2] *Very well, Fairly well*, or *Do not get on.*

The vast majority of children in ***Growing Up in Ireland*** said that they got on *Very well* with their parents. A total of 86% per cent said this about their mum and 83% about their dad. Only a tiny percentage (less than 1%) said that they *Did not get on* with their mum and this was the same for dads. However, there were 14% who only got on *Fairly well* with their mum, and 16% with their dad, and this was more likely if there was a high level of conflict in the relationship or if the relationship was not a close one (according to the caregiver report). There were, however, 9% of children who reported that they only got on *Fairly well* or *Did not get on* with their mother even though she had reported that the relationship was very close. This figure rose to 12% for fathers. The discrepancy between child and parent reports will be the subject of more in-depth and multivariate analysis in subsequent reports.

Figure 3.8 below shows that low closeness in the child-mother relationship was associated with the child reporting that they *Never* got on with their sibling(s) (30%). Conversely, those in very close child-parent relationships were more likely to *Always* get on with their sibling(s) (26%). There was also a very clear association between levels of child-mother conflict and the likelihood of the child having a negative view of their sibling relationships. This meant that children in a high conflict relationship (with their mother) were considerably more likely to say that they *Never* got on with their siblings (40%) as opposed to those in a low conflict relationship who were more likely to say that they *Always* got on with their sibling(s) (25%). This pattern was similar in relation to both mothers and fathers although figures given here refer only to mothers.

Figure 3.8 Closeness and conflict in the child-Mother relationship and relationship with siblings



[2] These questions were asked specifically about 'mum', 'dad', 'mum's partner' and 'dad's partner' where appropriate.

3.5 THE IMPORTANCE OF PARENTING STYLE

Parenting serves several different functions: it involves both supporting and caring for children, managing their behaviour and shaping their behaviour in ways that are likely to be socially acceptable or advantageous. Parents approach their parenting role in very different ways. Two key dimensions on which parents differ are the extent to which they exert control over their children and the extent to which they are responsive to their children's needs for warmth and support. Research has categorised styles of parenting adopted by parents into different types, the most widely accepted being a four-fold classification (Baumrind, 1966,1991; Maccoby and Martin, 1983), as follows:

- **Authoritative:** High control; high responsiveness
- **Authoritarian:** High control; low responsiveness
- **Indulgent (Permissive):** Low control; high responsiveness
- **Uninvolved (Neglectful):** Low control; low responsiveness

Parents with an authoritative style combine reasoned control with support. Those with an authoritarian style put emphasis on observing rules and obedience but are less warm and responsive in their interactions with their child than average. The indulgent or permissive style describes parents who are responsive but lenient and tend to leave children to self-regulate rather than exercising control over their behaviour and uninvolved or neglectful parenting is characterised by low levels of control and low levels of support.

An authoritative parenting style combining parental control with warmth and responsiveness is generally considered to be preferable. Children whose parents use an authoritative parenting style tend to display more favourable developmental outcomes, at least in Western cultures (e.g. Steinberg, Elmen and Mounts, 1989; Avenevoli, Sessa and Steinberg, 1999). A link has also been found between authoritative parenting and secure attachment in children aged 9–11 years (Karavasilis, Doyle and Markiewicz, 2003). While the mechanisms by which an authoritative parenting style may affect these positive outcomes have not been fully explored, it is possible that the combination of setting reasonable boundaries while responding to a child's needs promotes both security and independence.

The nine-year-olds completed a set of questions[3] about the parenting styles they experienced from their mothers and fathers as part of their self-complete sensitive questionnaires[4], as appropriate to their individual family structure[5]. Based on the answers to these questions the parenting style experienced by the child was classified into one of the four groups outlined above.

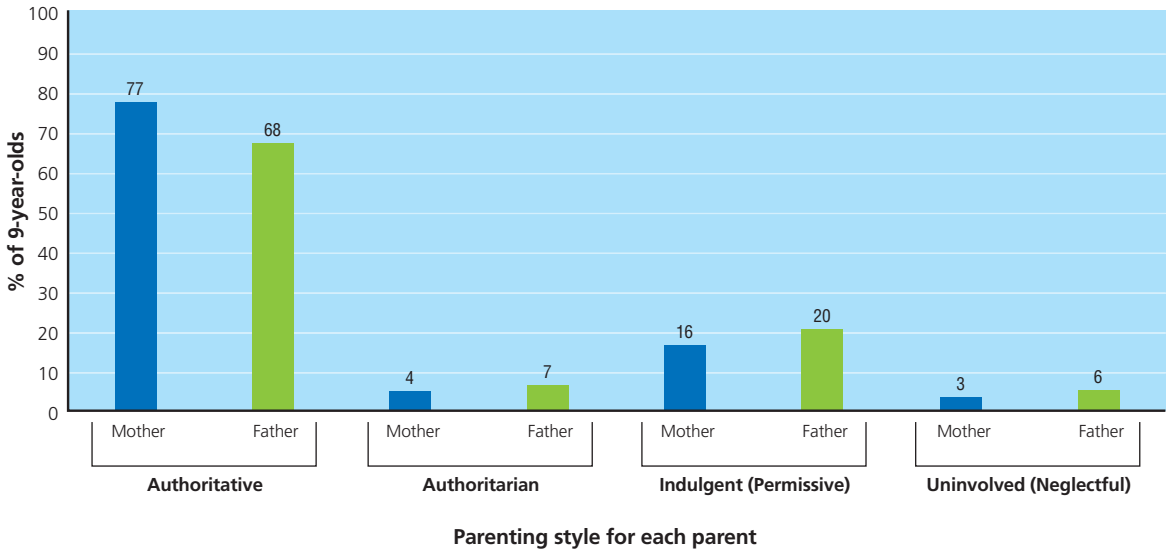
As noted, parenting style reflected the parent's behavioural control[6] and responsiveness. The control scale included items such as, *'Does your mum punish you if you do not behave yourself?'* and reflects the extent to which a parent exercised control over the child's behaviour and enforced rules. The responsiveness scale reflected the parent's warmth towards, and engagement with, the child and included items such as, *'Does your mum spend time just talking to you?'.*

3.5.1 DO FATHERS AND MOTHERS DIFFER IN THEIR PARENTING STYLES?

Figure 3.9 summarises the number of mothers and fathers categorised into each parenting style. A majority of both mothers (77%) and fathers (68%) displayed an authoritative parenting style, which is considered the optimal style, but mothers used this style more often than fathers. The next most commonly used style for both parents was an indulgent (permissive) style.

[3] These questions were adapted from the Parenting Style Inventory II (Darling & Toyokowa, 1997)
[4] Some children completed the questionnaire in respect of a non-resident parent. Preliminary investigation does not suggest any systematic differences.
[5] Separate subscales were filled out with regard to 'mum's partner' and 'dad's partner', but these will not be discussed here.
[6] The authors of the scale use the term 'demandingness'

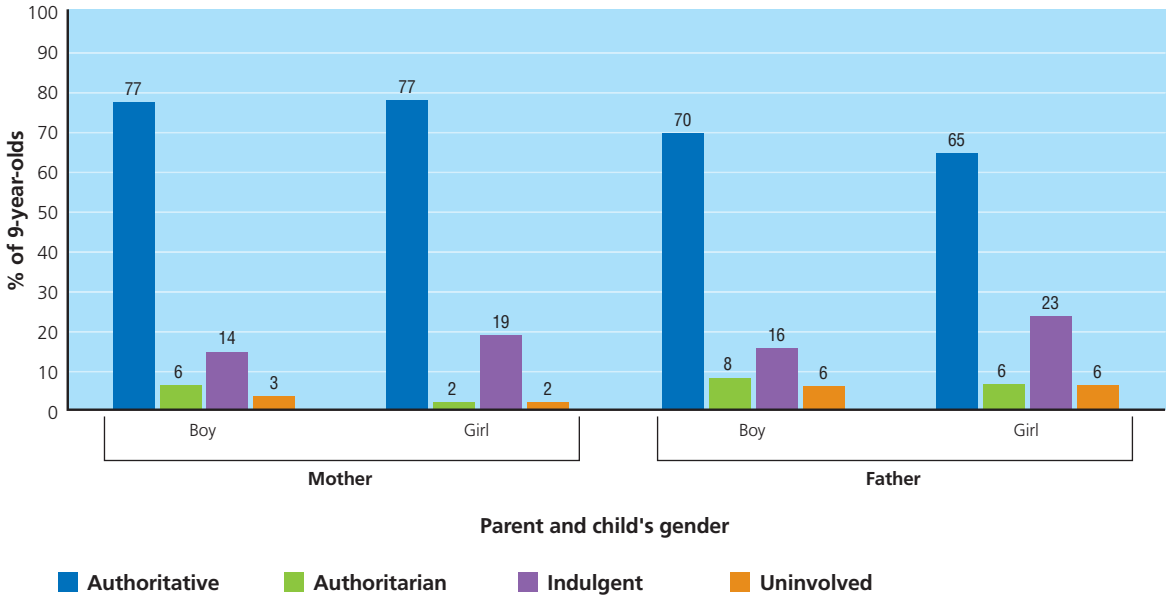
Figure 3.9: Percentage of parents in each parenting style category



3.5.2. DO PARENTS ADOPT DIFFERENT PARENTING STYLES WITH BOYS AND GIRLS?

Figure 3.10 illustrates how the parenting style of both mothers and fathers varies according to the sex of the child. Child's gender did not appear to affect a mother's use of an authoritative parenting style, but fathers were more likely to use that style with their sons (70%) more often than with their daughters (65%). Figure 3.10 also shows that girls were more likely to experience an indulgent or permissive parenting style from either parent, whereas both mothers and fathers used an authoritarian style more often with boys.

Figure 3.10: Percentage of mothers and fathers using each parenting style with boys and girls



3.6 DIFFERENT APPROACHES TO DISCIPLINE

A wide range of discipline strategies are used by parents to control a child's behaviour. Discipline techniques include a variety of different approaches – both punitive and non- punitive. Non-punitive strategies that involve explaining why a particular behaviour is wrong and how it impacts on others are sometimes referred to as forms of 'inductive' discipline, and may be more effective at encouraging the internalisation of moral rules than punitive strategies (Kerr, Lopez, Olson and Sameroff, 2004). Positive disciplinary strategies also include rewarding good behaviour. Results from a longitudinal study in Canada suggest that more punitive parenting (including verbal as well as physical punishment) is associated with higher levels of aggressive behaviour and anxiety, and lower levels of pro-social behaviour in children (Statistics Canada, 2005). A meta-analysis by Gershoff (2002) found that parental corporal punishment (including, but not restricted to, smacking) was associated with a range of negative outcomes including increases in aggression, delinquency, and anti-social behaviour as well as with decreases in the quality of the parent-child relationship.

3.6.1 MOTHERS' REPORTS ON THEIR DISCIPLINARY STRATEGIES

Mothers were asked to describe the frequency with which they used a range of discipline strategies. The overall frequencies for each strategy are reported in Table 3.1. The most frequently used strategy was 'discussing/explaining why the behaviour was wrong'. A total of 60% of mothers said that they *always* used this strategy; however 10% said they only used this strategy *now and again*. The least frequently used strategy was 'bribing' with 71% of mothers saying they *never* did this.

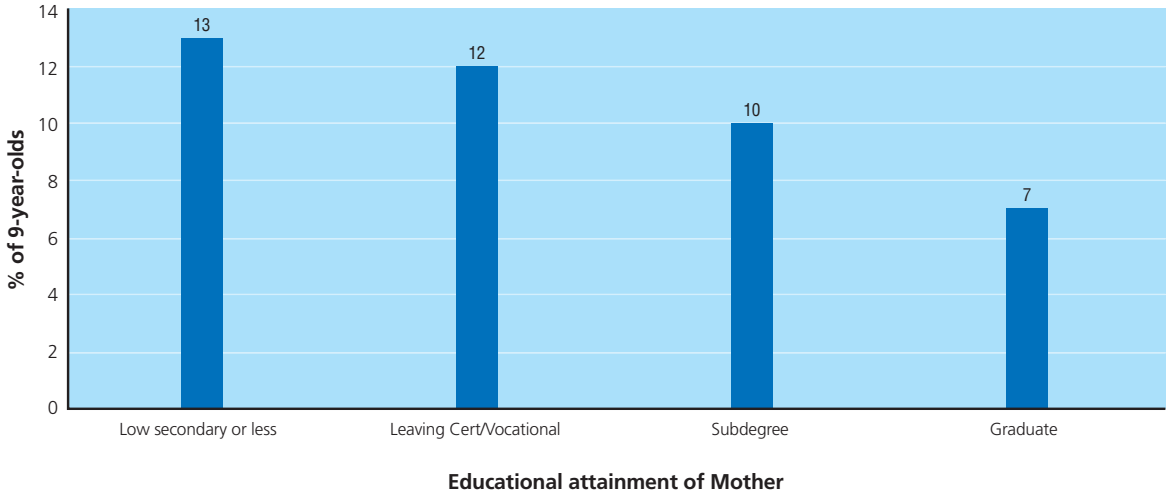
Table 3.1 Mother's self-reported use of discipline strategies (percentages)

Discipline Strategy	Never	Rarely	Now and again	Regularly	Always	Total
	(Per cent)					
Discuss/explain why behaviour was wrong	1	2	10	28	60	100
Ignore child	58	19	20	3	0	100
Smack child	57	32	11	0	0	100
Shout or yell at child	7	21	52	17	3	100
Send child out of the room or to bedroom	19	23	40	14	4	100
Take away treats/ pocket money	32	20	32	12	4	100
Tell child off	5	9	41	30	15	100
Bribe child	71	14	12	2	0	100
Ground child	43	20	26	8	3	100

3.6.2 MOTHERS' SELF-REPORTED USE OF SMACKING

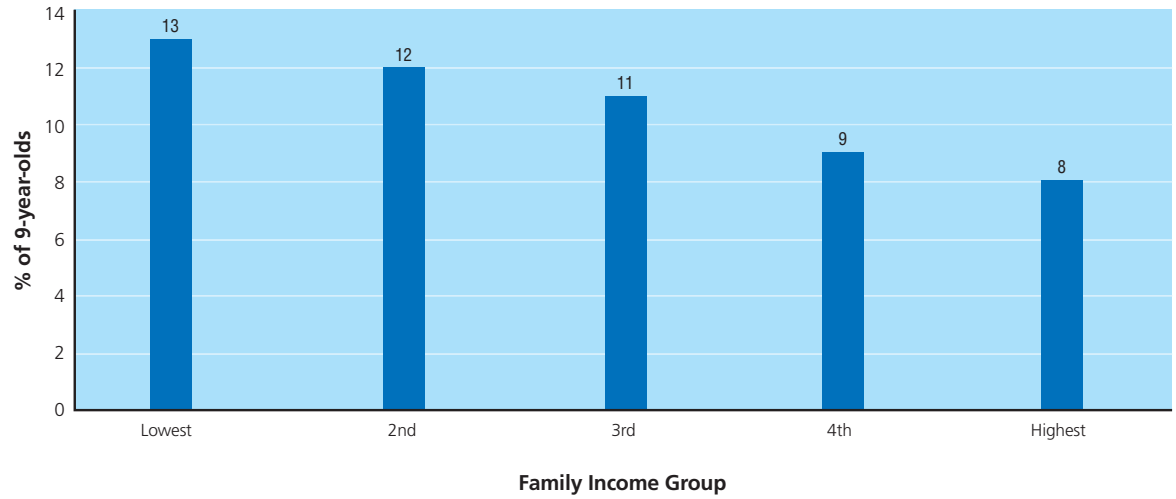
Over half of mothers (58%) reported that they *Never* used smacking as a discipline strategy and almost no-one reported that they *always* used it (Table 3.1). Approximately 11% of mothers said they used smacking *now and again*. Mothers with a graduate level of education were less likely to report using smacking *now and again* (7%) than mothers with lower levels of educational attainment as illustrated in Figure 3.11.

Figure 3.11: Percentage of mothers who use smacking 'now and again' according to their highest level of educational attainment



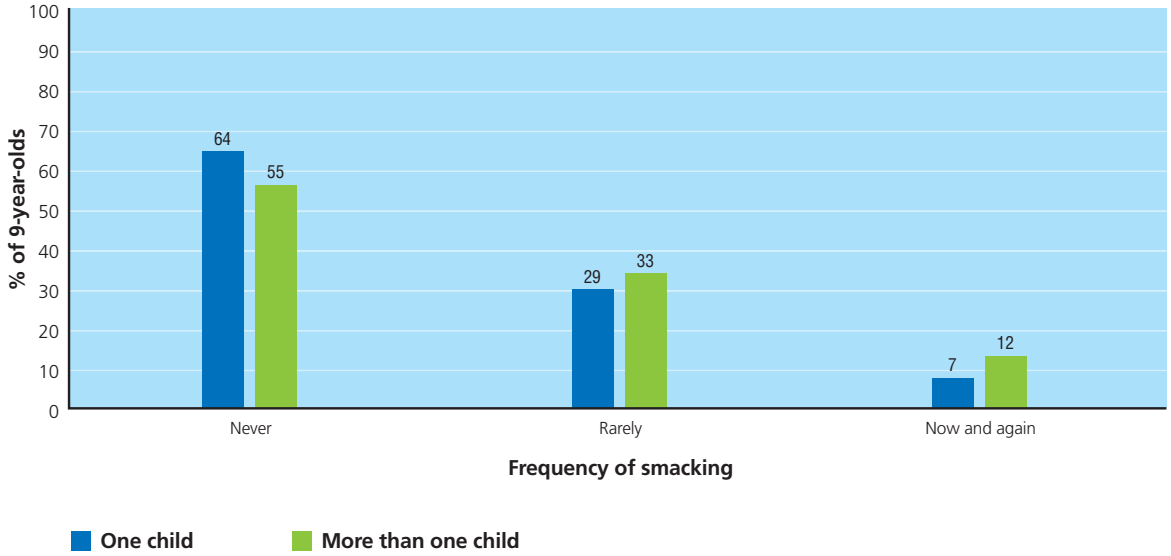
The use of smacking *now and again* was also more common in low income households. Mothers in the lowest income households reported this level of smacking more often (13%) than those in the two highest income groups (9% and 8%) as shown in Figure 3.12.

Figure 3.12: Percentage of mothers who use smacking 'now and again' according to family income group



Finally, the responsibility of caring for multiple children may result in mothers being more likely to resort to using smacking as a discipline strategy. As illustrated in Figure 3.13, mothers in households where there was only one child under 14 years were more likely to say that they *never* used smacking (64%) than mothers in households where there were more children (55%). This is a good example of how the interaction between child and parent can be affected by other pressures on parenting resources.

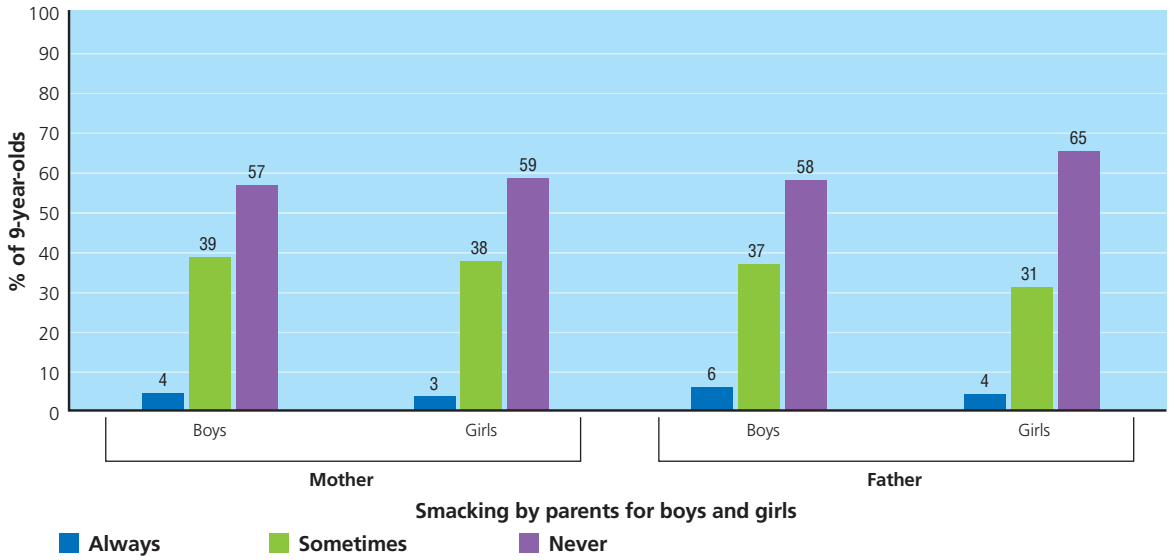
Figure 3.13: Frequency of smacking classified according to whether one or more than one child in family



3.6.3 DO MOTHERS AND FATHERS DIFFER IN THEIR USE OF SMACKING?

The Study Child's report of being disciplined can be used to compare differences in mothers' and fathers' use of smacking. As shown in Figure 3.14, girls and boys did not differ in their reports of being smacked by their mother: for example 57% of boys and 59% of girls were *never* smacked by her. There is, however, some evidence that fathers behaved differently with sons and daughters when it came to smacking. Boys were more likely to report being smacked *always* (6%) or *sometimes* (37%) by their fathers, whereas girls were more likely to report *never* being smacked by him (65%).

Figure 3.14: Children's reports of parental smacking by child's sex and parent



The use of corporal punishment with children is a potentially contentious area and one where national policy can come into play. Currently, 24 states in the USA have banned corporal punishment in the home and the final report of the UN Study on Violence against Children (2006) recommended that all states should prohibit all forms of violence, including corporal punishment, by the end of 2009.

3.7 INFORMATION ON THE NON-RESIDENT PARENTS

The results in this section relate to lone parent families in which the child's biological mother was resident but his/her father was described as 'living elsewhere' (17% of all households). The reasons why the father was living elsewhere are various and will be examined more closely at a later stage. For example, from a child's perspective, the experience of a having a father with whom they have grown up and who is now living elsewhere because of a recent separation or divorce is very different from the experience of a child who has never developed a relationship with their biological father. All information reported here was provided by the child's mother.

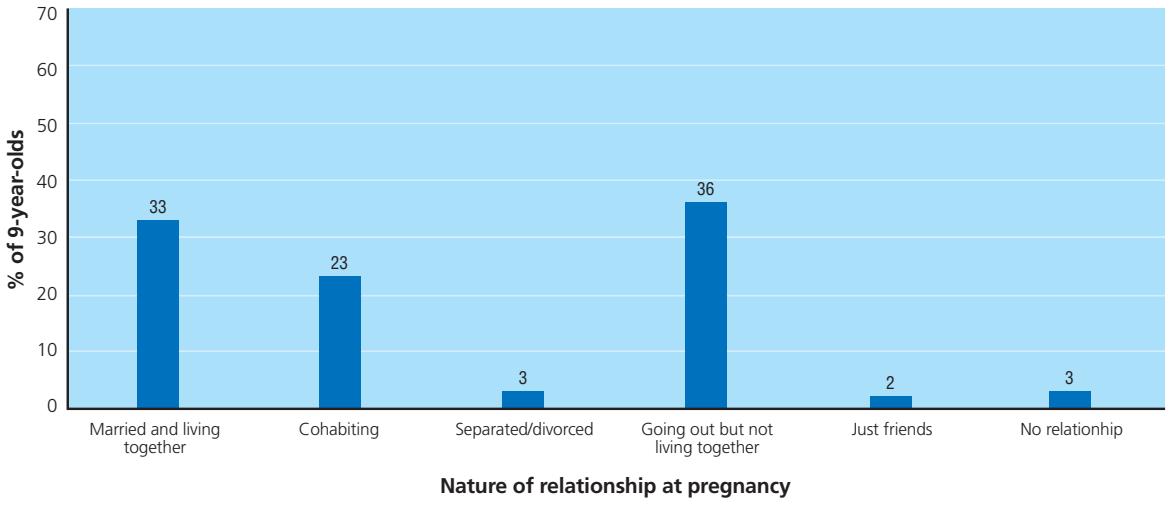
A number of international studies have investigated the factors that influence whether a non-resident father will maintain contact with his children. Most research suggests that fathers are more likely to keep in contact if they have previously lived with the mother, particularly if they have been married (e.g. Clarke, Cooksey and Verropoulou, 1998). Other factors that may influence contact are the quality of the current relationship with the child's mother (Pryor and Rodgers, 2001) and the physical distance between father's home and child's home (Cooksey and Craig, 1998).

3.7.1 RELATIONSHIP BETWEEN MOTHER AND NON-RESIDENT FATHER

Past relationship

A majority of mothers had either been married to (37%) or lived with (34%) the child's father at some stage. As illustrated in Figure 3.15, most mothers were in some type of relationship with the father at the time they became pregnant with the Study Child: only 5% were 'just friends' or had 'no relationship' with him.

Figure 3.15: Mother's relationship to child's father when she became pregnant with the Study Child.



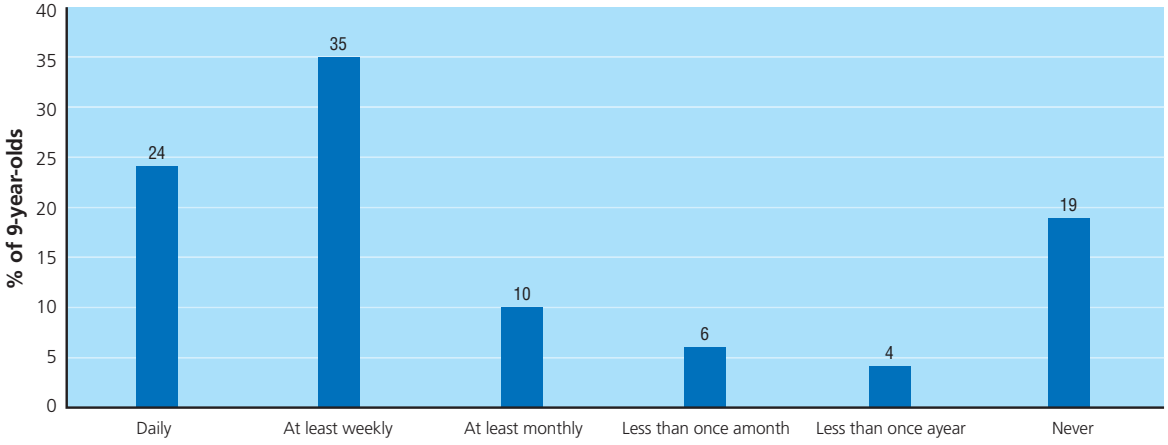
Current relationship

There was considerable variation in response to the question, 'How well do you get on with the Study Child's father?' Nearly a quarter of mothers said their relationship was *very negative* (24%). However, 21% described it as *positive* and 9% said they had a *very positive* relationship with the child's father. In terms of talking to the child's father about the Study Child, nearly one-third of mothers (32%) *never* spoke to him. At the other end of the spectrum, 8% spoke to the child's father about the child *every day* and a further 13% spoke to him *several times* per week.

3.7.2 HOW MUCH CONTACT DO THE CHILDREN HAVE WITH THEIR NON-RESIDENT FATHERS?

Figure 3.16 shows the frequency with which the nine-year-olds had contact with their non-resident fathers. Nearly one-quarter (24%) of children were reported by their mother to have contact with their father on a *daily* basis and a further 35% had contact with him *at least once a week.* However, nearly one-fifth of the children *never* had contact with their non-resident father (19%).

Figure 3.16: Children's contact with their non-resident fathers



The non-resident father lived within 30 minutes' drive for 45% of children, but a substantial minority (19%), had a father who lived outside Ireland. The likelihood of a child having had contact with his/her non-resident father on a *daily basis* appears to be associated with the physical distance he lived from the child. Of children who had contact with their non-resident father on a *daily basis* 70% were living within a 30 minute drive. In contrast, 45% of the children who *never* had contact with their father had a father who was living in another country, although it is also interesting to note that 20% of the children who never had contact with them had fathers living within a 30-minute drive. It is unclear at this stage whether being closer to the child makes it easier for the non-resident father to maintain contact or whether fathers who desire frequent contact seek to live closer to their non-resident children. Either way, it suggests that children who live further away from their non-resident fathers are at greater risk of little or no contact with him (assuming that contact is desired).

3.8 KEY FINDINGS

- The majority of children in the ***Growing Up in Ireland*** study lived in two-parent families with three or more children. A total of 93% of couples were married, a further 7% were cohabiting and 18% of children lived in single-parent households.

- There was a clear relationship by family type and employment status in the household. Couples with one or two children were most likely to be dual earners, while single parents with three or more children were more likely not to be working outside the home.

- In terms of family relationships, mothers were more likely to report high levels of closeness to their daughters while fathers were more likely to report high levels of closeness to their sons.

- The relationship between child and parents was associated with the child's view of their relationship with their sibling(s). Close relationships were linked to child reports of *Always* getting on with their sibling(s) while high levels of conflict were linked to them saying they *Never* got on with their siblings.

- While the vast majority of children in the ***Growing Up in Ireland*** study were likely to say they got on *Very well* with their mother, those who only got on *Fairly well* with their mother were more likely to do so if they were in a high conflict relationship with them or if the relationship was not a close one.

- A majority of children experienced parenting characterised by both high levels of support and high levels of control from both their mothers (77%) and their fathers (68%).

- Boys are parented differently to girls, particularly by fathers. Boys are more likely to receive an authoritarian parenting style from either parent and also to be smacked by their fathers. Girls are more likely to receive an indulgent or permissive style from either parent and are less often smacked by fathers.

- Very few children with non-resident fathers (5%) were conceived outside the context of a relationship between their parents. Over a third (37%) had parents who had been married to each other.

- Children were more likely to have had contact with their non-resident father on a daily basis if he lived close to them (within 30 minutes' drive of their home).

3.9 SUMMARY

This chapter provided preliminary data on some of the basic characteristics, functioning and parenting practices of families in ***Growing Up in Ireland***. The children lived in a range of family types that varied widely in terms of the resources available to them. Given the cross-sectional nature of the data it is not possible to make causal inferences at this stage, however, some links are already evident.

While aspects of the child-parent relationship were shown to be associated with the gender of the child or the parent, associations between the child-parent relationship and the child-sibling relationship also indicated that higher conflict with parents was linked to a more negative view (from the child's perspective) of the sibling relationship.

The type of household in which the child lived was also shown to be salient, with children in single-parent households more likely to incur a shortage of both human and financial capital. Single parent families (especially those with three or more children) are much more likely to have only one income and be in lower income groups. Children in these families are also considerably more likely to be in a highly conflicted relationship with their mother than if they lived in a two parent family.

The emerging picture of Irish parenting practices is a positive one with high usage levels of both the optimal parenting style (authoritative) and the optimal discipline strategy (explaining why a behaviour is wrong). However, it also suggests that there is a small percentage of parents who may benefit from parenting support or guidelines – particularly those parents who are adopting an authoritarian, uninvolved or permissive parenting style.

Chapter 4

CHILDREN'S HEALTH AND DEVELOPMENT

4.1 INTRODUCTION

The foundations of health are established in early life, and are shaped by biological, psychological, environmental and social processes (Kuh and Ben Shlomo, 1997). As discussed in Chapter 1, the bioecological model (Bronfenbrenner, 1979) helps explain how factors in the womb, child characteristics and the relationship of the child and the environment interact to influence health outcomes. This chapter presents details on children's health outcomes based on information collected from the child's mother. The chapter will begin by examining the general health status of Irish children before moving on to consider the prevalence of long-standing illness and related disabilities. The latter part of the chapter will explore aspects of children's health behaviours including oral healthcare, diet and exercise.

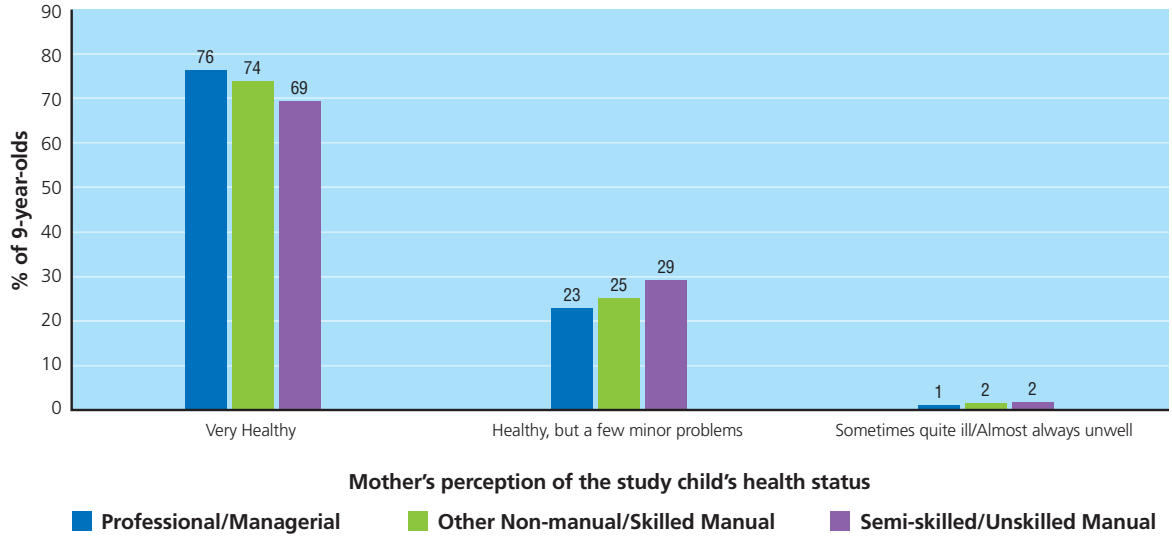
4.2 GENERAL HEALTH OF CHILDREN IS GOOD

Childhood health is important for children's wellbeing and development and is a good predictor of adult health. It is widely accepted that the experience of poor childhood health may contribute to differences in health between socioeconomic groups later in life (e.g. Palloni, Milesi, White, et al., 2009). Children from higher social class backgrounds have better health and this effect becomes more pronounced as children get older (Case and Paxson, 2009). In the context of ***Growing Up in Ireland***, the mother was asked to rate the child's health in the past year with responses ranging from *Very Healthy* to *Almost always unwell*. Many national health surveys use a simple rating scale such as the one used here, as they are quick to administer and have been found to be valid and reliable indicators of health status (Bowling, 2005).

The vast majority of mothers (98%) reported that their child was in good health with 73% rating their child as *Very Healthy* and a further 25% as *Healthy, but a few minor problems.* Although there was no difference in the percentage of children rated as *Very healthy* by gender (73% for both boys and girls), analysis by family social class revealed a significant difference between socioeconomic groups, with 76% of children from Professional/Managerial groups being rated as *Very Healthy* compared with 69% of children from Semi-skilled/Unskilled Manual backgrounds (Figure 4.1).

This finding is consistent with the international literature on this topic and shows that differences in health are apparent even at this early age. Socioeconomic Status (SES) is a good marker for processes such as compromised environment in the womb, low breast-feeding rates and fewer social supports, all of which are associated with poorer health outcomes. In the longer-term, the ***Growing Up in Ireland*** study will make a contribution towards disentangling these complex interactions between family income and children's health.

Figure 4.1: Mother's perception of the Study Child's health status by family social class



4.3 CHRONIC ILLNESS AND DISABILITY

Childhood chronic illness can have a big impact on the child's quality of life and that of their families (Eiser, 1997). Children with a chronic illness face the same range of developmental issues as children free of illness, but their ability to master tasks and deal with the typical stresses of childhood can be compromised by the nature and severity of their illness (Midence, 1994). The degree to which illness or disability impacts on a child's life may be influenced by a large number of factors. These include severity of the disability, the individual child's temperament, the ability of the family system to adapt to the needs of the child, the socio-economic status of the family, the characteristics of the community and the quality of the supports available.

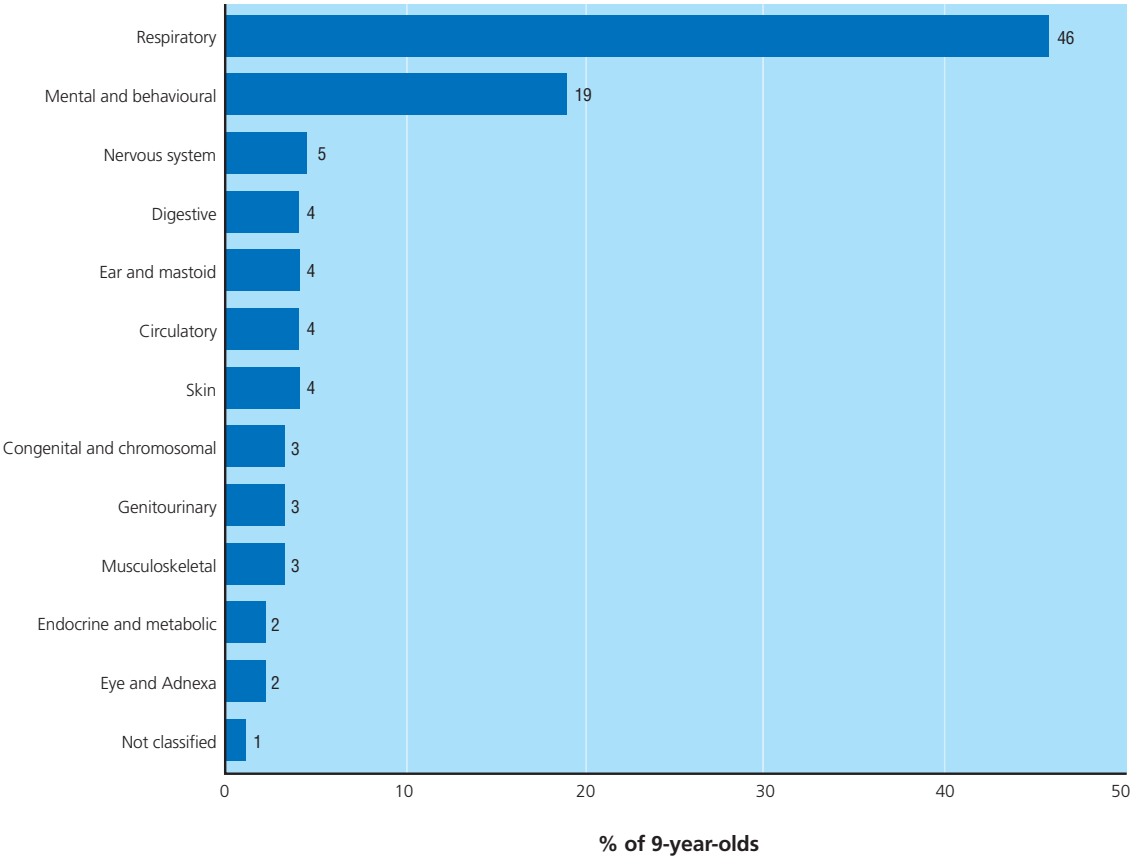
The mother was asked whether her child suffered from any on-going chronic physical or mental health problem, illness or disability. The overall prevalence of chronic illness reported by the mother among the nine-year-old cohort was 11%. Boys were significantly more likely than girls to be reported as having a chronic illness or disability (13% compared with 10%). Chronic illness was fairly well spread throughout the socioeconomic groups with, for example 12% of children from Semi-Skilled/Unskilled Manual backgrounds reported as having a chronic illness compared with 10% of those from Professional/Managerial and Other Non-manual/Skilled Manual backgrounds.

Parents who reported that their child had a chronic illness or disability were asked to describe its nature. Responses to this item were subsequently coded, with medical advice, into the International Classification of Diseases (ICD-10) classification. Figure 4.2 summarises the prevalence of chronic illness among the nine-year-old cohort by the main illness types. Respiratory illnesses accounted for almost half (46%) of all chronic illness among the nine-year-old cohort, while mental and behavioural conditions accounted for a further 19%.

Boys were significantly more likely than girls to be reported as having a mental or behavioural condition (24% compared to 12%). This is a striking difference and includes hyperactivity, attention deficit disorder, autism spectrum disorders, and learning difficulties. Gender differences are well recognised in this area and the ***Growing Up in Ireland*** data quantify the difference and prevalence of these conditions in Ireland in this age group for the first time and put us in a good position to follow the mental health of nine-year-olds into the next phase when the children are 13 years of age. To assess the impact of chronic illness on the child's quality of life, mothers were asked the extent to which the Study Child's illness or disability hampered them in their daily lives. Of these mothers, 57% reported that their child was *not hampered in any way* by their illness or disability, 37% said that their child was *hampered to some extent* and 7% (which equates to around 0.7%[1] of the entire population of nine-year-olds) indicated that their child was *severely hampered*. The proportion reported as being *severely hampered* in their daily activities did not differ significantly by gender (6% for males and 7% for females respectively) or by family social class.

[1] i.e. 7% of the 11% of nine-year-olds who were reported as having a chronic illness were further reported by their mother as being severely hampered by it.

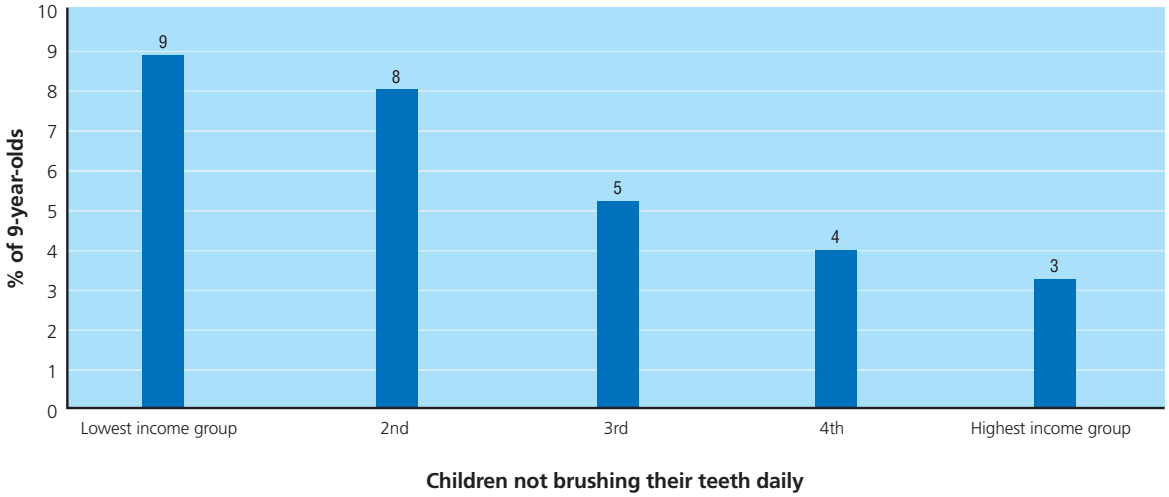
Figure 4.2: Percentage of children within each chronic illness type



4.4 CHILDREN'S ORAL HEALTH PRACTICES

Dental diseases are generally preventable and research has shown that oral healthcare routines established in early life tend to persist (Kuusela, Honkala and Rimpela, 1996) and that childhood oral health predicts adult oral health (Thomson, et al., 2004). Tooth-brushing is considered a positive behaviour that helps promote oral health by maintaining healthy gums and preventing plaque formation and associated tooth decay (HBSC, 2006). Indeed, children's oral-health- related quality of life is positively related to tooth-brushing and frequency of preventative dental visits (Edelstein, 2002). In the context of ***Growing Up in Ireland*** the mother was asked if the Study Child brushed his/her teeth at least once daily. Overall, prevalence of daily teeth brushing was high – reported by 94% of mothers. Girls were significantly more likely than boys to brush their teeth daily (95% and 93% for girls and boys respectively). Not brushing teeth was significantly higher among children from the lowest income band (9%) compared to those in the top income band (3%), as shown in Figure 4.3.

Figure 4.3: Percentage of children not brushing their teeth at least once per day by household income group



4.5 MEASURING HEIGHT AND WEIGHT

Height and weight measurements were obtained from the Study Child and both the mother and father as part of the household interview by trained interviewers using scientific weighing scales and height sticks. Height and weight are considered important markers of childhood development and a longitudinal cohort study such as ***Growing Up in Ireland*** provides the opportunity to follow growth and development among current nine-year-olds in Ireland over time. The measurements will also allow for comparisons of average height and weight against that of other countries. Valid height and weight measurements were obtained for 94.5% of the sample of children. On average, boys were about one centimetre taller than girls, at 137.2 centimetres. In terms of weight girls were on average 0.3 kilograms heavier than boys at 34 kilograms.

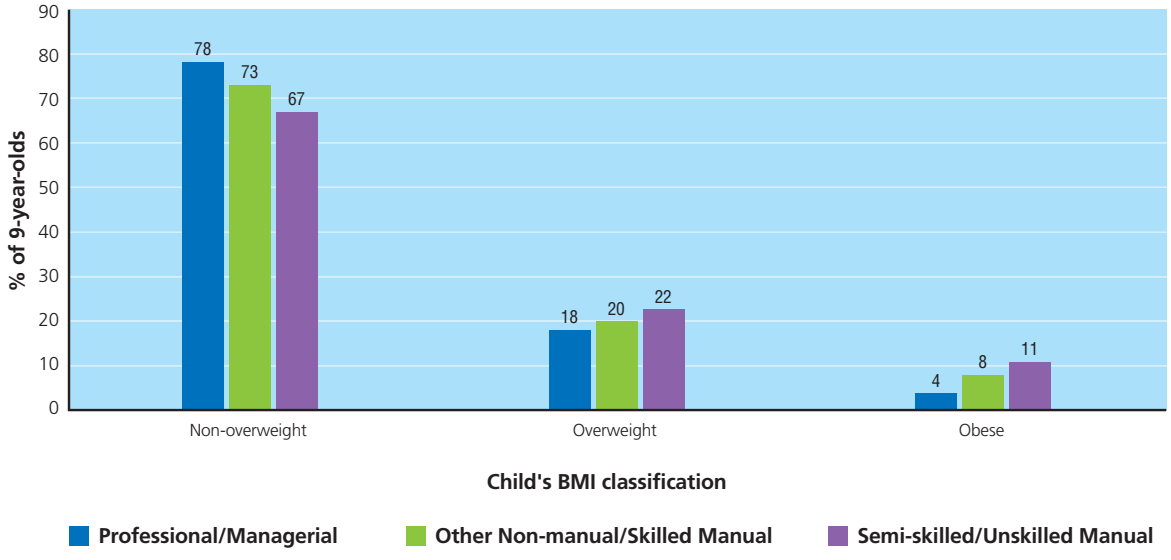
4.6 OVERWEIGHT AND OBESITY

The increase in childhood overweight and obesity is now recognised as a public health problem (National Taskforce on Obesity, 2005). Prospective studies typically show that obese children will become obese adults (Dietz, 1998), and it is well established that obesity is associated with a range of adverse health outcomes both in childhood and in later life (Regan and Betts, 2006). The influences on obesity are many and complex, reflecting the interaction of genes (e.g. predisposition) and child characteristics (e.g. activity levels) with the micro (e.g. parental feeding practices) and the wider macro environment (e.g. availability of supermarkets) (Spurrier, Magarey, Golley, et al., 2008).

Body Mass Index (BMI) is the most widely used method for measuring the degree of body fat in children and it is calculated by dividing weight in kilograms by height in metres squared. It has been shown to correlate strongly with measures of body fat obtained using direct physiological assessment (Lindsay, Hanson, Roumain, et al., 2001). Measurement in children is complicated by changes in body composition that accompany growing up. These changes mean that BMI cut-offs have to be standardised for age and sex of the child.

This report uses the age and sex specific cut-off measurements provided by the International Obesity Task Force (IOTF) (Cole, Bellizzi, Flegal, et al., 2000). As children could be interviewed at any stage between their ninth and tenth year of age, the IOTF cut-offs (Cole, et al., 2000) for children aged 9.5 years were used in the present analysis. Overall, 75% of nine-year-old children had a BMI which would be considered within normal range,[2] 19% were overweight and 7% were obese. This means that one in every four nine-year-old children in Ireland had a raised BMI. Girls were significantly more likely than boys to be classified as overweight (22% compared to 16%) and obese (8% compared to 6%). Weight status was related to social class with 22% of children from Semi-skilled/Unskilled Manual backgrounds being classified as overweight compared with 18% of children from Professional/Managerial backgrounds. The corresponding figure for obesity prevalence was 11% and 4% among those from Semi-skilled/Unskilled Manual and Professional/Managerial occupations respectively. Moreover, this broad pattern of results was observed across all measures of SES. The proportion of children falling into each weight status category by household social class is shown in Figure 4.4.

Figure 4.4: Percentage of children within each BMI category by family social class



[2] The reader should note that the International Obesity Taskforce (IOTF) does not provide BMI cut-offs for defining underweight in children. Three categories are considered: non-overweight, overweight and obese.

Studies have shown that obesity is amenable to intervention (Livingstone, 2001), so childhood would seem like a critical time to intervene to reduce the burden on children, parents and health services. Identifying factors that increase the obesity risk among these groups is already an important component of Government policy (e.g. Report of the National Taskforce on Obesity) and the wide range of variables examined in the present study will provide additional information on childhood obesity. The finding that girls in general and children from lower social class backgrounds were more likely to be overweight or obese identifies an area for targeting policy initiatives aimed at reducing childhood obesity.

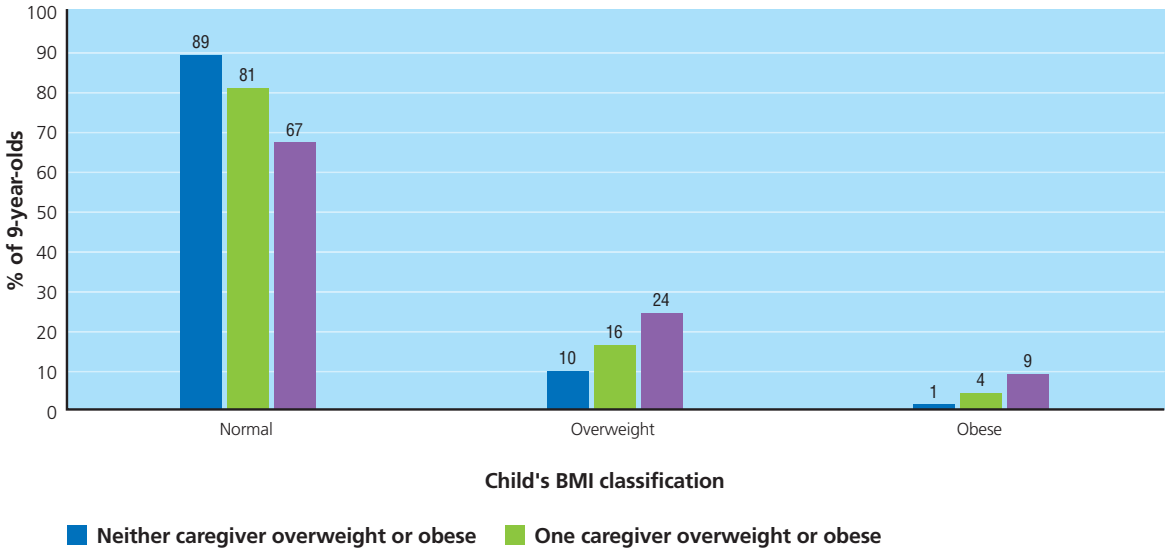
4.7 PARENTAL INFLUENCE ON CHILD WEIGHT

The ecological model recognises that parents play an important role in children's lives and that they influence the development of children's health-related behaviours (Tinsley, 1997). A number of prospective studies have shown that parental overweight is one of the strongest predictors of childhood overweight, which in turn increases the risk of obesity extending into adulthood (Magarey, Daniels, Boulton, et al., 2003; Williams, 2001).

Although this relationship is likely to reflect the contribution of shared genes and shared environment, the rate of increase in obesity has led some to argue that environmental factors seem to outweigh genetic factors in accounting for the obesity pandemic. Parents directly influence the types and varieties of foodstuffs to which children are exposed and research shows that mothers with higher BMI are more likely to give their children snacks of lower nutritional value and that their children consume more fat as a proportion of food intake (see Davison and Birch, 2001). There are helpful ways in which parents can influence children's weight and reduction in snacking is one of them.

Growing Up in Ireland examined the relationship between parent and child BMI by grouping children into three categories: both parents overweight or obese, one parent overweight or obese, or neither parent overweight or obese[3]. A clear relationship between parents' weight status and rates of childhood overweight and obesity was evident. In households where both parents were overweight or obese, 24% of children were overweight and 9% were obese. In households where one parent was obese or overweight, 16% of children were overweight and 4% were obese. Finally, in households where neither parent was overweight or obese, 10% of children were overweight and only 1% were obese (see Figure 4.5).

Figure 4.5: Percentage of children within each weight class category by weight status of caregivers



[3] Lone parent households or those in which BMI was obtained only in respect of one parent were excluded from this analysis.

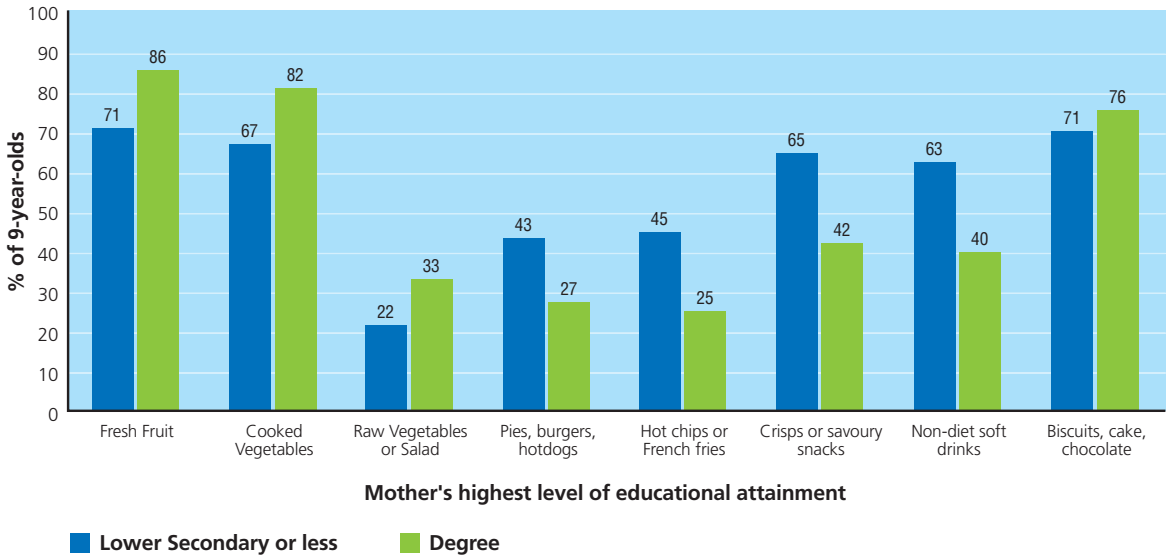
4.8 CHILDREN AND FOOD

There has been an increasing interest in the quality and composition of children's diets. A number of factors influence children's dietary intake. Personal preferences, peer groups, availability in the home and school environment, access to supermarkets, parental education and income are amongst the more frequently cited (Birch, Savage and Ventura, 2007). In the context of ***Growing Up in Ireland***, children's dietary intake was assessed via parental recall of the Study Child's eating habits in the preceding 24-hour period using a 20-item semi-quantitative food frequency questionnaire. The inventory does not provide detailed nutrient and calorific intake; it none the less provides an insight into the dietary patterns of nine-year-old children living in Ireland. The analysis that follows focuses selectively on just two aspects of children's dietary intake: their level of fruit and vegetable consumption and their exposure to unhealthy, energy dense (i.e. high in calories and low in micronutrients) snack foods.

In the previous 24 hours, 78% of children had eaten at least one portion of fruit, 73% had consumed at least one portion of cooked vegetables, 55% of children had eaten at least one portion of crisps, 74% had consumed at least one portion of biscuits/cakes/chocolate and 53% had at least one non-diet soft drink. More than one-third of respondents indicated that their child had at least one serving of chips/french fries (35%) and pies/burgers/hotdogs (35%) in the 24 hours preceding the interview. This indicates a combination of healthy and unhealthy eating.

Studies of household food purchases generally report a positive association between household SES and the quality and variety of purchased foods (Darmon and Drewnowski, 2008). Analysis of mother's responses to the ***Growing Up in Ireland*** dietary inventory revealed that higher levels of parental education were associated with higher intake of fruit and vegetables and lower consumption of energy dense foods such as crisps, chips, hamburgers/hotdogs, and non-diet soft drinks. For instance, where the mother had a Third Level education, 86% of children ate at least one portion of fruit in the previous 24 hours compared with 71% of children where the mother had a Lower Secondary education or less. This pattern was essentially reversed in respect of the more unhealthy foods. For example, 65% of children whose mother had a Lower Secondary education ate at least one portion of crisps in the preceding 24-hour period compared with 42% of children where the mother had a Third Level education. Figure 4.6 shows how children's consumption of different food types varies by the mother's education level.

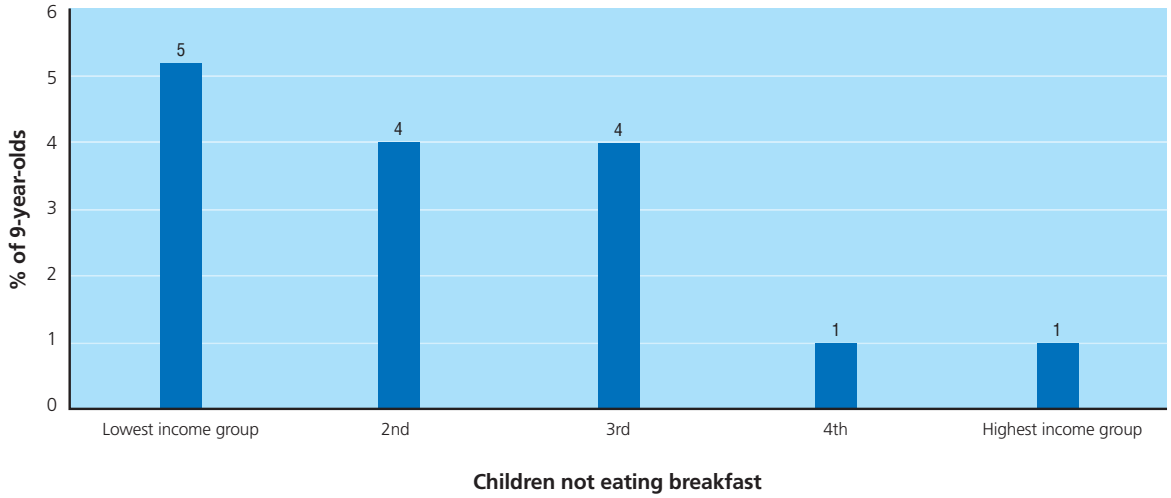
Figure 4.6: Percentage of children consuming at least one portion of various foods by mother's highest level of educational attainment



4.9 CHILDREN AND BREAKFAST

Eating a breakfast makes a significant contribution to a child's daily food intake (Nicklas, Bao, Webber, et al., 1993) and children who eat breakfast regularly tend to have better nutritional profiles than those who do not (Rampersaud, Pereira, Girard, et al., 2005). In total, 97% of mothers reported that their child usually had something to eat before going to school. Girls were significantly more likely than boys to skip breakfast (4% of girls compared with 2% of boys). There was also a notable difference between children at different ends of the income distribution, with 5% of those in the lowest family income group not eating breakfast regularly compared with only 1% of those in the highest income group (see Figure 4.7).

Figure 4.7: Percentage of children not eating breakfast by income quintiles



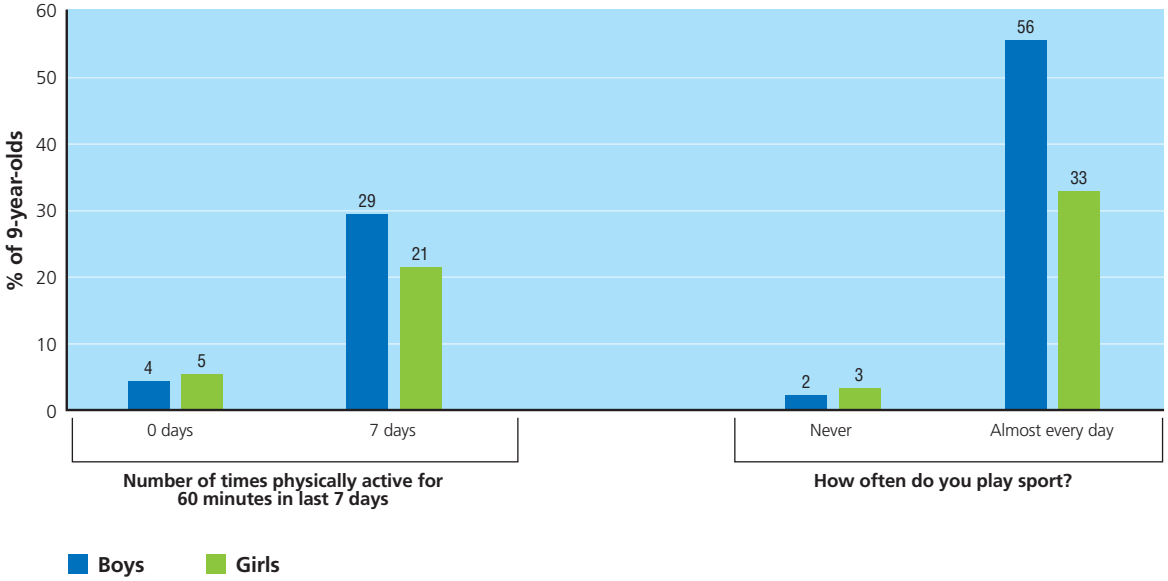
4.10 PHYSICAL ACTIVITY AND EXERCISE

It is widely believed that exercise habits established in early childhood continue into adulthood (e.g. Rimal, 2003). Regular physical activity promotes physical health and development by increasing cardiovascular fitness, reducing blood pressure, encouraging muscle development and increasing bone density (Strong Malina, Bumkie, et al., 2005). In addition to contributing to weight control, physical activity has a positive impact on mental health and wellbeing (Saxena, Van Ommeren, Tang, et al., 2005). Sallis, Prochaska, Taylor, et al., (2000) has identified a number of factors that are associated with children's participation in physical activity. These include age and gender, psychological factors such as perceived competence and enjoyment, parental example, the availability of parks and playgrounds and the safety of the surrounding neighbourhood.

It is recommended that school-age children engage in 60 minutes of Moderate to Vigorous Physical Activity (MVPA) every day to encourage healthy development (WHO, 2009). The Study Children were asked to report the number of times in the last 7 days that they were physically active for at least 60 minutes. Physical activity was defined as any activity which increased heart rate and caused them to get out of breath at least some of the time. One in four children (25%) reported that they engaged in 60 minutes of MVPA for each of the last 7 days, while 4% of children did not meet this criterion on any of the last 7 days. Although there was no evidence of any socioeconomic differences in exercise participation, analysis by sex showed that boys were significantly more likely than girls to be meeting the WHO recommendation (29% compared to 21% – see Figure 4.8).

This pattern of more frequent exercise participation among boys was also evident in relation to children's self-reported frequency of participation in sports. Although the overwhelming majority (97%) of children reported playing sport at least once per week, boys were much more likely than girls to report playing sport almost every day (56% compared to 33%). Given the well established link between physical inactivity and weight control, these results suggest that increasing exercise rates among girls may be one way of reducing the current gender imbalance in overweight and obesity.

Figure 4.8: Children's self-reported frequency of exercise and sports participation by gender

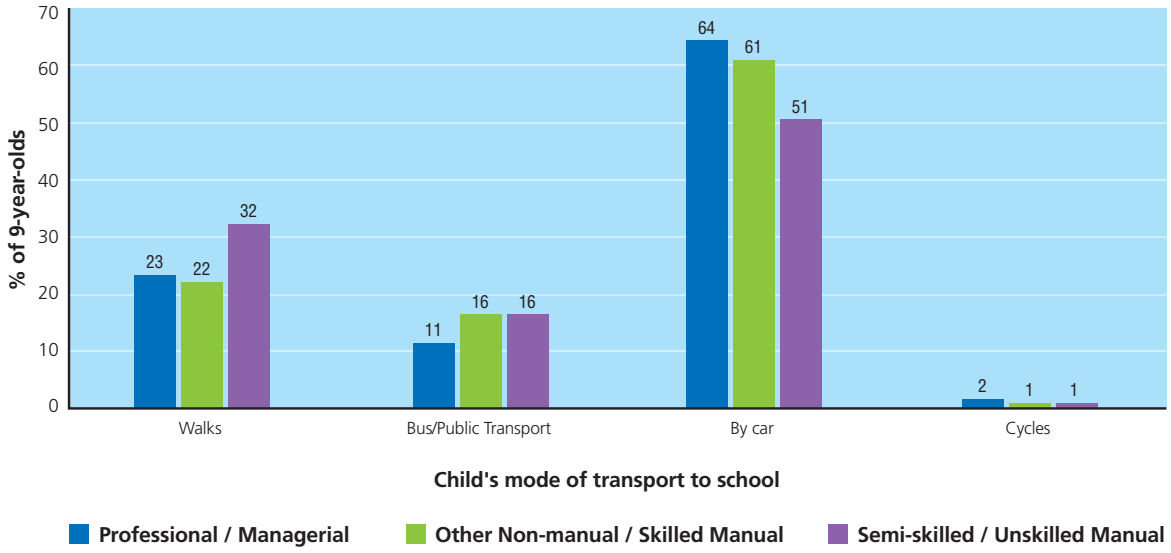


The 3% of children who indicated that they never played sport cited dislike of team games as their primary reason for non-participation in sports (31% and 28% for boys and girls respectively). It was noteworthy that 24% of girls who did not participate in sports reported that *no opportunities to play* was their primary reason for non-participation compared with only 3% of boys.

4.11 GETTING TO SCHOOL

Children's opportunities to get physical exercise have diminished over time because of increasing reliance on motorised transport as the primary method of getting to and from school (Cooper, Weddercomp, Wang, et al., 2006). This is important because walking to school increases children's physical activity levels without the need for planned sports or activities (Heelan, Jacobsen, Donnelly, et al., 2005). Indeed, one study found that walking to school was associated with 24 additional minutes of moderate to vigorous physical activity per day in 10–11 year old elementary school children (Sirard, Riner, McIver, et al., 2005). Overall, 60% of nine-year-olds travelled to school by car, while a further 14% travelled by bus or other form of public transport. One in four children (25%) walked to school and a further 1% cycled to school. Analyses revealed that 39% of children who lived within half a mile of the school, and 70% of children who lived within one and one-half miles of the school travelled by car. Mode of transport to school was found to vary by family social class, with 64% of children from Professional/Managerial backgrounds travelling to school by car compared to only 51% of those from Semi-skilled/Unskilled Manual occupations. Conversely, 32% of children from Semi-skilled/Unskilled Manual backgrounds walked to school each day compared to 23% of those from the Professional/Managerial category (Figure 4.9). The fact that such high percentages of children are driven to school has substantial implications, especially for their health and exercise. It is also an area which would be amenable to policy intervention.

Figure 4.9: Mode of transportation to school by family social class



4.12 KEY FINDINGS

- Almost all mothers (98%) reported that their children were in good health, with 73% rating their child as *Very Healthy* and 25% rating them as *Healthy, but a few minor problems.* Children from Professional/Managerial backgrounds were significantly more likely to be rated as healthy (76%) compared with those from Semi-skilled/Unskilled Manual backgrounds (69%).

- The overall prevalence of mother-reported chronic illness or disability among the nine-year-old cohort was 11%. Of those children with a chronic illness or disability, 7% were reported as being severely hampered in their daily activities.

- Of those 11% of children with chronic illness, 19% had mental health or behaviour problems, which were twice as common in boys as girls.

- The overwhelming majority of children (97%) brushed their teeth at least once daily. Of children from the lowest income band 9% did not brush regularly compared with 3% of those in the top income band.

- A total of 74% of children were normal weight, 19% were overweight, and 7% were obese according to the International Obesity Taskforce definitions. Higher rates of overweight and obesity were observed among girls and children from lower socioeconomic backgrounds.

- There was a strong relationship between mother's BMI and rates of overweight and obesity among children. In families where both parents were overweight or obese, 24% of children were overweight and 9% were obese. This compares with 10% of children overweight and 1% obese in families where neither parent was overweight or obese.

- The higher the educational level of the mother the greater was the child's consumption of fruit and vegetables and the lower was the child's consumption of energy dense snack foods.

- Boys were much more likely than girls to meet the World Health Organisation recommendation of 60 minutes of physical activity everyday (29% compared with 21%). They were also significantly more likely to play sport everyday (61% compared with 52%).

4.13 SUMMARY

The value of the ***Growing Up in Ireland*** study lies in its ability to consider how child outcomes are influenced by factors across multiple levels embracing individual and family risk factors as well as characteristics of the community and wider government policies. The information in this chapter (especially when analysed in a multivariate framework) should inform all involved in the healthcare of children, including parents, schools, communities and Government in developing evidence-based initiatives that influence child health outcomes. The results summarised in this chapter paint an encouraging picture of Irish children's health and development at nine years of age, showing that the large majority of Study Children are faring well across a broad range of health outcomes. Nevertheless, there are some trends in the data which are of concern because they point to the existence of the effects of socioeconomic inequalities, even at this early stage of children's development. Fewer children from lower SES backgrounds were likely to be rated as *Very Healthy*: they had poorer oral healthcare, were at increased risk for overweight and obesity, and had poorer diets. There were also some noteworthy gender differentials. Parents of boys were twice as likely to report a mental or behavioural condition than parents of girls, while rates of overweight and obesity were found to be more heavily concentrated in girls. The public health challenge, especially in the current economic climate, is how best to marshal limited resources to improve child health outcomes. Even at this early stage in the study it is possible to discern areas where policy initiatives aimed at improving the general health of children can be usefully targeted. For example, improving children's nutritional profiles and increasing rates of exercise participation are achievable public health objectives that will result in improved child health outcomes.

Chapter 5

CHILDREN'S USE OF HEALTHCARE

5.1 INTRODUCTION

The National Children's Strategy (2000) recognised that children have health needs that differ from adults and that they need an integrated set of services for their physical, mental and emotional wellbeing. The Strategy identified the health of deprived groups, waiting lists and long travel times as major concerns for children. Most childhood illness is managed appropriately at home but the extent to which parents seek medical advice and treatment for their children varies across different social groups. ***Growing Up in Ireland*** provides some of the first information ever on children's use of healthcare and the factors that shape it. This chapter examines children's use of healthcare, such as their number of visits to the GP, Accident and Emergency (A&E) and nights in hospital. The chapter also provides information on why some children did not use medical and dental care services.

5.2 VISITING THE GENERAL PRACTITIONER

General practitioners (GPs) are usually the first point of contact that children and their families will have with medical services. The frequency of use of GPs is influenced by a large number of factors. In Ireland, Nolan (2008) has shown that General Medical Service (medical card) eligibility influences the frequency of GP visits among adults. The influence of the medical card on consulting the GP is not known for children. ***Growing Up in Ireland*** asked the mother how many times in the last 12 months they had seen or talked on the telephone with a general practitioner about their child's physical, emotional or mental health.

Figure 5.1: Average number of GP consultations in the last year by sex of child and income group

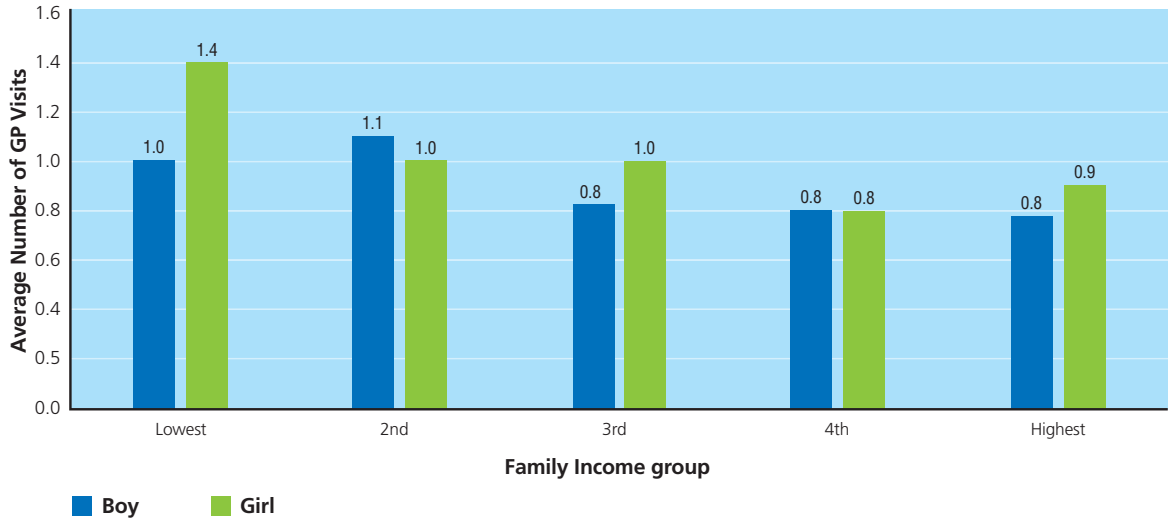
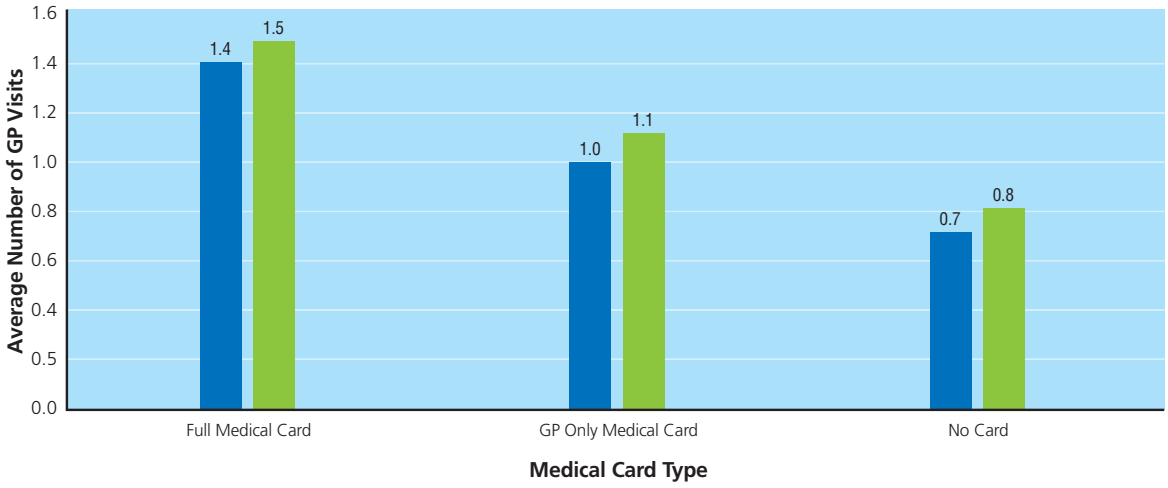


Figure 5.1 shows that girls have a higher number of GP consultations on average than boys, at 1.04 compared to 0.90 per year. It goes on to show that the average number of consultations is closely related to the family income, particularly among girls. Children from the lowest family income group have the highest average number of consultations and this number falls across groups reaching its lowest point for boys in the 5th and highest income group. This is the same pattern as found among adults (Nolan, 2008). Figure 5.2 shows that children in families with a full medical card had the highest number of GP consultations in the last year followed by children from families with a GP only medical card (i.e. a card which pays for the visit but not any prescriptions received). Children from families without a medical card had the lowest number of consultations in the last year. The majority of this difference in GP visit rates by medical card holders can be accounted for by differences in the health of the children. However, even controlling for health status, children from families with a medical card still tend to visit their GP more often than those without one.

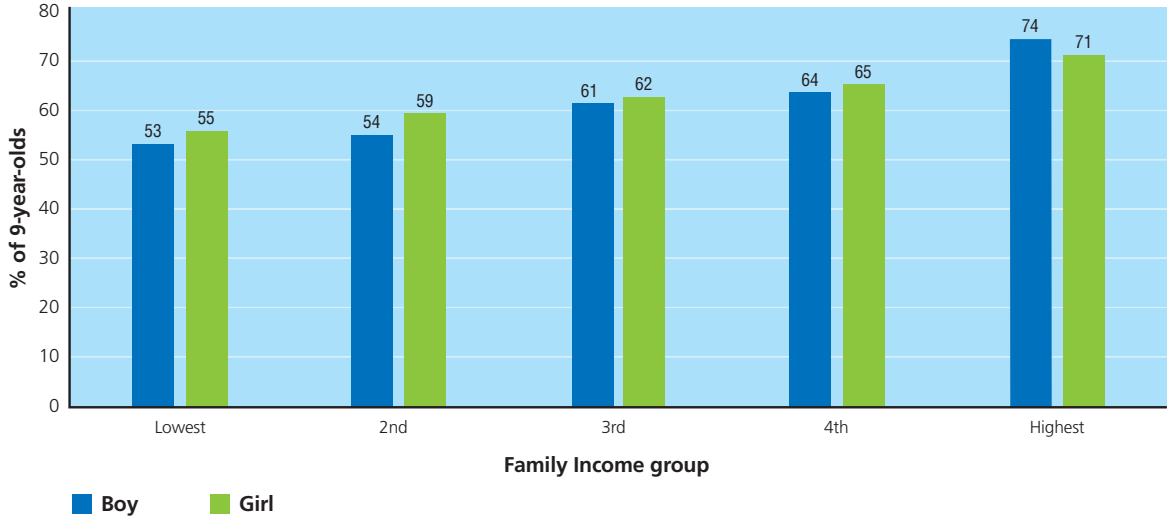
Figure 5.2: Average number of GP consultations in the last year by sex of child and medical card status



5.3 VISITING THE DENTIST

Regular dental check-ups and advice can prevent problems, can identify them early and treatment can help to avoid major problems later on in the child's life. In Ireland, dental care is available free at the point of use to all medical card holders, and for preschool and school children attending state primary schools referred from child health service or school health service examinations. ***Growing Up in Ireland*** asked the mother to indicate how often the Study Child visited the dentist with response options ranging from *at least once a year* to *only when there is a problem.* Overall, 62% of children visited the dentist *at least once a year*, 21% attended *at least once every two years.* More than one in ten children (12%) visited the dentist *only when there was a problem* and one in fifty mothers (2%) reported that their child *rarely* or *never* visits. Figure 5.3 confirms that lower income is associated with a lower use of dental services, with lower income families less likely to visit at least once a year. This relationship has policy implications as Irish research suggests that the clinical need for dental care increases with lower income (O'Mullane 1999). Given this, it is likely that those children having least attention from a dentist have the greatest need for their services.

Figure 5.3: Proportion visiting their dentist at least yearly by sex of child and family income group

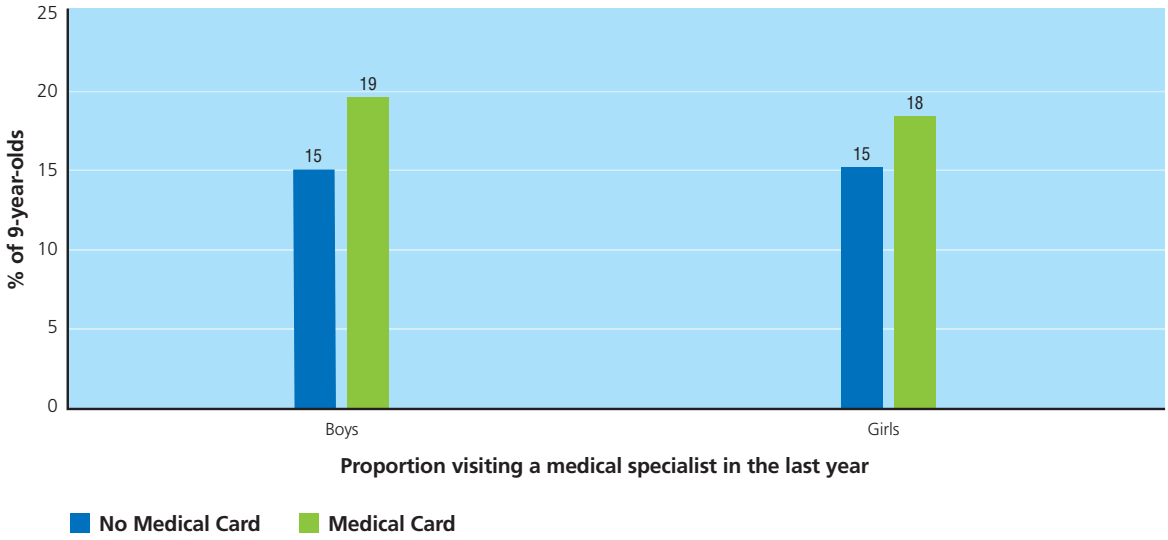


5.4 VISITING MEDICAL SPECIALISTS

As well as asking about use of GP and Accident & Emergency services, mothers also reported on the number of times their child visited another medical doctor in a hospital in the last year. The majority of both public and private out-patient paediatric care is provided within public hospitals, but a small proportion of private, secondary, specialist care is also provided outside of the public hospital sector in private hospitals and clinics.

Just under 16% of children in the study had visited a medical specialist in the last year. Figure 5.4 shows that children from families with a medical card were more likely to have visited a specialist in the last year. The greater use of medical specialists by children from families with a medical card is explained by their poorer health status.

Figure 5.4: Proportion visiting a medical specialist in the last year by sex of child and medical card status

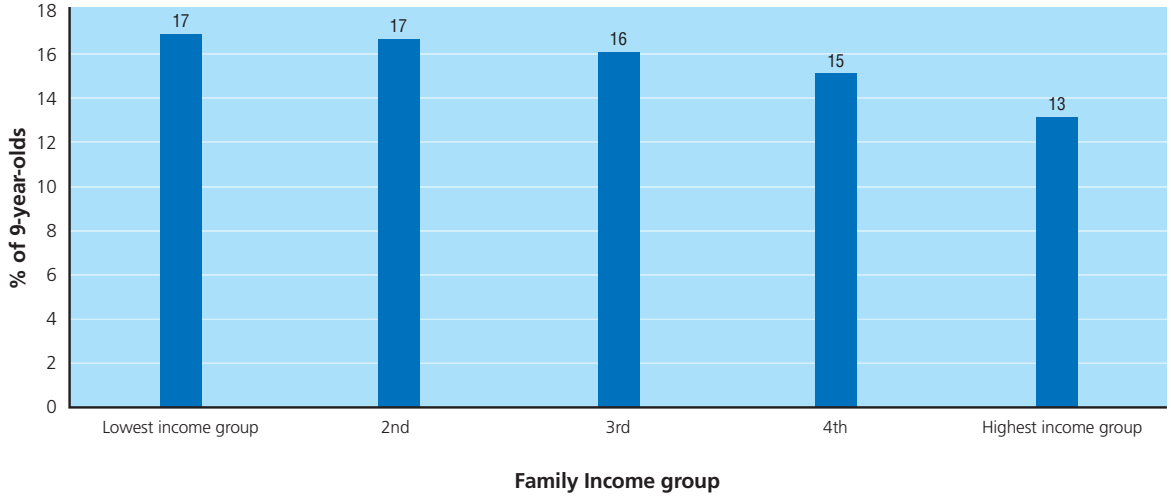


5.5 VISITING ACCIDENT AND EMERGENCY

Growing Up in Ireland asked about the number of visits the Study Child made to an Accident & Emergency (A&E) department in the last 12 months. Research among adults in Ireland shows that men and lower income groups are more likely to use A&E services but there has been no national data on children's use until now. Overall 14% of nine-year-olds in the study had attended an A&E department in the year preceding the survey. This number was, on average, higher for boys than for girls (15% compared to 14%). Boys from less affluent households tended to have more accidents and research has shown that poorer households also tend to be heavier users of A&E services. It is not surprising that ***Growing Up in Ireland*** also finds higher levels of A&E attendance among boys from lower income groups (17%) as shown in Figure 5.5. Attendance is lowest in the highest income group (13%) which suggests a relationship with income. Among girls the pattern is more complex, although the highest proportion is found in the lowest income group (15%).

The vast majority of nine-year-olds who had visited an A&E department in the last year had visited only once, with 3% visiting two or more times. Poorer overall health was found to be closely associated with attendance at A&E, with the parent's self-assessment of the child's health particularly important. Analyses showed that those children living in more rural areas are less likely to attend A&E than those in the cities, and Dublin in particular.

Figure 5.5: Proportion visiting an Accident and Emergency Department in the last year among boys by income group

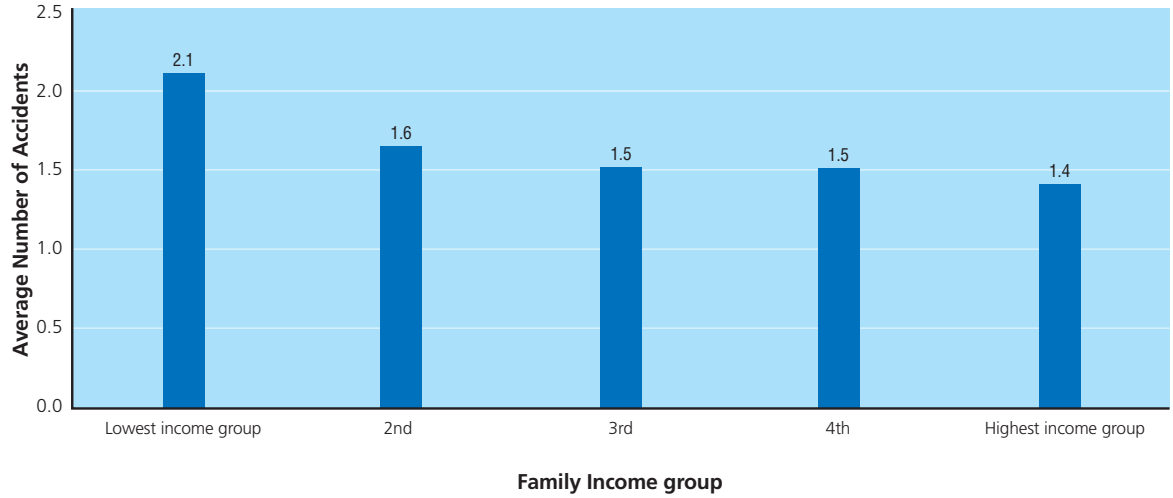


5.6 ACCIDENTS AND INJURIES

Accidents and injuries are the leading cause of death, ill health and disability among children (Kemp and Sibert, 1997) in Ireland and internationally. In order to measure the size of the problem, ***Growing Up in Ireland*** asked whether the Study Child ever had an accident or injury that required hospital treatment or admission. If the answer was yes, this question was followed up with another asking for the number of separate accidents or injuries. In general, boys had a higher risk of accidents or injuries requiring hospital treatment or admission with 37% of mothers of boys reporting that they had ever had an accident compared to 32% of girls. Among those children who ever had an accident or injury, boys had more than girls (1.6 compared to 1.5).

Research in other countries has shown that children of manual working class families are more likely to have accidents, and to die from them (Avery and Jackson, 1993), but this pattern did not emerge from the ***Growing Up in Ireland*** data where the overall risk of an accident requiring treatment was the same across all income groups. However, among those boys whose mothers reported an accident, those in the lowest income group had a higher number of accidents (2.1) than those in the top income group (1.4) – Figure 5.6.

Figure 5.6: Average number of accidents for those boys who have experienced an accident or injury which required hospital treatment or admission by income group



5.7 NIGHTS IN HOSPITAL

In the course of the household interview the Study Child's mother was asked about the number of nights which the nine-year-old had spent in hospital as an in-patient over his/her lifetime, excluding neonatal care. A total of 43% of the sample of nine-year-old children had experienced at least one night in hospital over their lifetime with 9% having one night, 20% two to five nights and 14% six or more nights. Boys were more likely than girls to have experienced a night in hospital (46% for boys as opposed to 40% for girls), which is a common finding internationally (Dezateaux, et al., 2007).

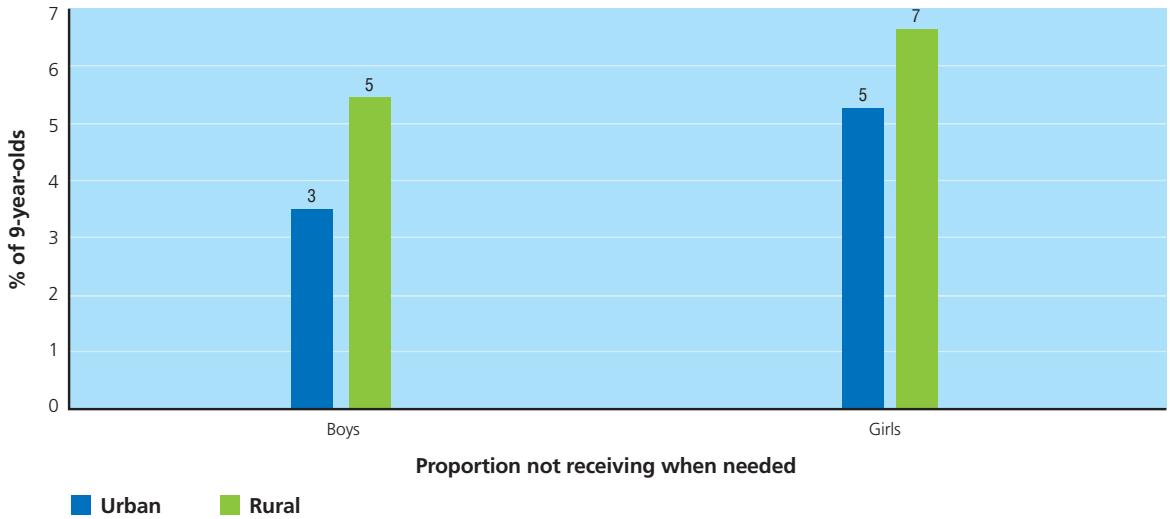
At a national level the Hospital In-patient Enquiry system for Ireland (HIPE) for 2006 shows that almost 41% of hospital admissions for children were for acute problems, 20% were due to acute respiratory infections, 12% due to other infections such as gastroenteritis and tonsillitis, and 9% due to external injury and poisoning[1].

5.8 CHILDREN WHO DO NOT USE MEDICAL SERVICES

Research shows that use of medical services, and GP services in particular, in Ireland is associated with level of income, eligibility for a medical card and whether the individual and family have medical insurance. The mother of the child was asked whether there was any time in the 12 months preceding the interview when, in her opinion, her child needed medical care or treatment for a health problem which he/she did not receive. The same question was asked about dental treatment. Overall 2% of mothers reported that their child had not received medical treatment when required in the previous 12 months whilst 5% reported that the child did not receive dental treatment when required. The actual numbers of nine-year-olds represented by these figures is relatively small. The 2% of children not receiving medical treatment represents approximately 1,200 children; the 5% reported as not receiving dental care represents approximately 3,000 children. The mothers of girls were more likely to report non-receipt of required medical and dental treatment than mothers of boys although the difference was only statistically significant for dental treatment, where 6% of girls lacked treatment compared to 5% of boys.

Research has shown that distance from medical services can also impact on level of utilisation. Figure 5.7 shows that the parents of children living in rural locations (defined here as a location with less than 5,000 inhabitants) were more likely to report that their child did not receive dental care in the last year than those parents in urban locations. There was no difference in the proportion not receiving medical care by location, which may suggest that parents were more likely to travel for such care.

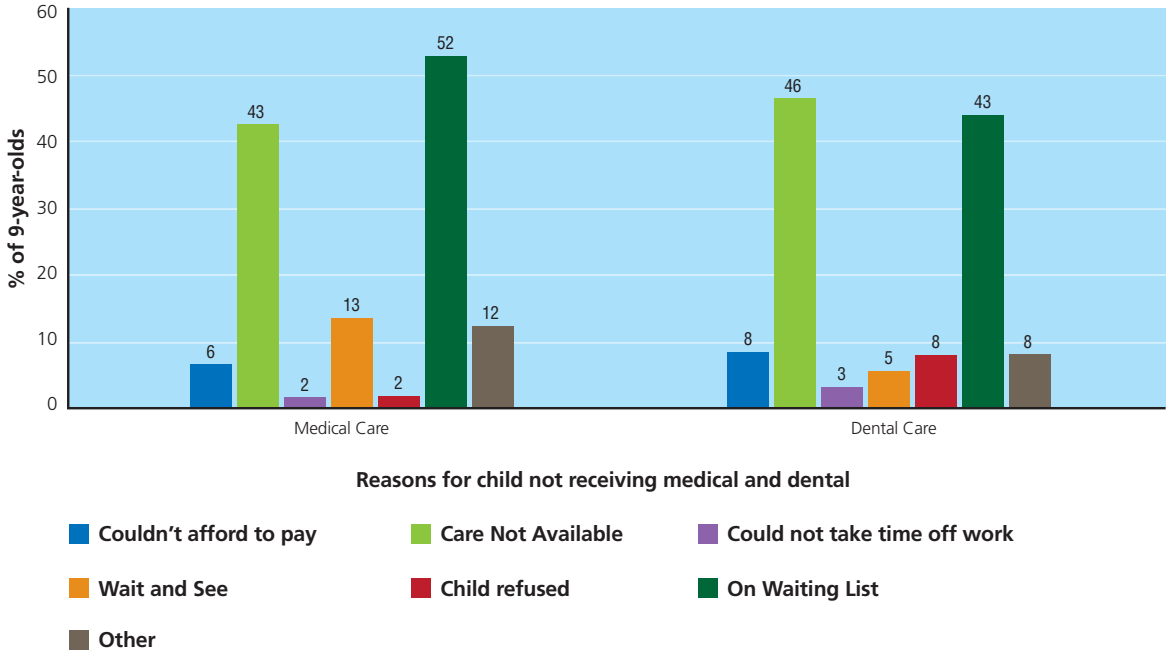
Figure 5.7: Proportion reporting that their child required dental care in the last year but did not receive it by sex of child and location



[1] These are based on national level figures from the HIPE system, not GUI survey data.

If the mother indicated that her child had not received medical or dental care in the last year when required she was offered a menu of explanations, including *not being able to afford to pay for treatment* and *care not being available*. She could choose more than one explanation if applicable. Figure 5.8 shows that, of the 2% who reported that their nine-year-old did not receive medical care when needed, over half said that this had occurred because their child was on a waiting list. Under half (43%) stated that the necessary medical care was not available.

Figure 5.8: Reasons given for child not receiving medical and dental care when required



Six per cent of those who reported that medical care had not been received when needed stated that this was because they could not afford to pay whilst 14% reported that they were waiting to see whether the condition improved by itself. The 6% of those who reported that they had not received medical care because they could not afford to pay for it represented approximately 80 children. Of the 5% not receiving dental care when needed 43% reported that this was because the child was on a waiting list and 46% because care was not available. A total of 8% reported that care had not been received because they could not afford treatment – representing approximately 220 nine-year-olds.

5.9 KEY FINDINGS

- Rates of GP visits are highest amongst girls and amongst those with full medical card coverage.
- A total of 62% of nine-year-old children were reported to visit the dentist *at least once a year.* Dental care varies by family income level, with 53% of boys and 55% of girls from the lowest income quintile visiting *once per year* compared to 74% of boys and 71% of girls from the highest income quintile.
- Only 2% of parents reported that their child had not received medical treatment when required in the last 12 months and 5% reported that the child did not receive dental treatment when required. The main reasons cited for non-use of medical and dental services when required were that the child was on a waiting list or the required care was not available.
- A total of 37% of mothers of nine-year-old boys and 32% of mothers of girls reported that their child had had an accident or injury which required hospital treatment or admission.
- Mothers from lower income groups who also reported that their son had had at least one accident that required hospital treatment were more likely to report a higher average number of accidents.
- A total of 14% of nine-year-olds in the study attended an Accident & Emergency (A&E) department in the last year. Boys were more likely to attend at A&E than girls
- A total of 43% of nine-year-olds experienced at least one night in hospital over their lifetime. Boys, (46% of boys compared to 40% of girls) and children in the three lowest income groups are the most likely to have spent at least one night in hospital.

5.10 SUMMARY

This chapter has looked at the extent to which nine-year-old children in Ireland use health care services and the way in which this varies. The chapter demonstrates the influence of the child's sex and family income on service usage. Some differences are explicable: boys are more likely to have accidents that require hospitalisation than girls because they engage in more risky activities. Greater usage of GPs and A&E services by more deprived children is partly explained by their poorer health and access to such services. The use of the doctor only medical card fills an important gap for children who are not eligible for full General Medical Services but who would have to pay the doctor otherwise. It was evident that very few children did not receive medical care because their parents could not afford it.

Chapter 6

THE SOCIAL, EMOTIONAL AND BEHAVIOURAL WELLBEING OF NINE-YEAR-OLDS

6.1 INTRODUCTION

Social, emotional and behavioural wellbeing contributes significantly to the quality of children's lives. Children who generally feel good about themselves exhibit an enthusiasm for life and welcome opportunities to develop and learn. However, experiencing social, emotional or behavioural difficulties can be associated with depression (e.g. Meagher, Arnold, Doctoroff, Dobbs and Fisher, 2009), educational underachievement (e.g. McClelland, Morrison and Holmes, 2000), poor peer relations in childhood (e.g. Newcomb, Bukowski and Pattee, 1993) and physical illness, mental health difficulties and impaired relationships with partners and family in adulthood (e.g. Buchanan, 1999). Thus, understanding the factors that help or hinder children's social, emotional and behavioural development and functioning at home, at school and in the wider community is of consequence to policy and practice and can contribute to the National Children's Strategy 2000–2010 vision of an Ireland '… where children are respected as young citizens with a valued contribution to make and a voice of their own; where all children are cherished and supported by family and the wider society; where they enjoy a fulfilling childhood and realise their potential' (p. 92, 2000).

This chapter provides an overview of how nine-year-olds in Ireland are performing on a range of social, emotional and behavioural wellbeing indicators. It draws upon data collected from the nine-year-olds themselves as well as from their mothers and teachers. The chapter begins by considering children's emotional and behavioural strengths and difficulties. It then examines findings pertaining to their temperament, their self-concept, their experience of stressful life events, and whom they would talk to about problems.

6.2 CHILDREN'S EMOTIONAL AND BEHAVIOURAL STRENGTHS AND DIFFICULTIES

Mothers completed a set of 30 questions which make up the widely used and well validated Strengths and Difficulties Questionnaire (SDQ; Goodman, 1997). This provided information on the behaviour, emotions and relationships of the nine-year-old. Five dimensions or subscales were generated from this set of questions. These cover:

- Emotional Symptoms (e.g. *'Child has many fears, is easily scared.'*)
- Hyperactivity/Inattention (e.g. *'Child is constantly fidgeting or squirming.'*)
- Conduct Problems (e.g. *'Child often fights with other children or bullies them.'*)
- Peer Relationship Problems (e.g. *'Child is rather solitary, tends to play alone.'*)
- Pro-social (positive) Behaviour (e.g. *'Child is considerate of other people's feelings.'*).

Scores on each subscale can range from 0 to 10. Higher scores on the pro-social behaviour subscale reflect strengths and higher scores on the other four subscales reflect difficulties. Table 6.1 shows the average scores for boys and girls with regard to each subscale based on the information provided by the child's mother and also his/her teacher. Both of these informants rated boys as having more difficulties with conduct and hyperactivity and girls as displaying more emotional symptoms but also more pro-social behaviours. Teachers also rated boys as having more peer relationship difficulties than girls.

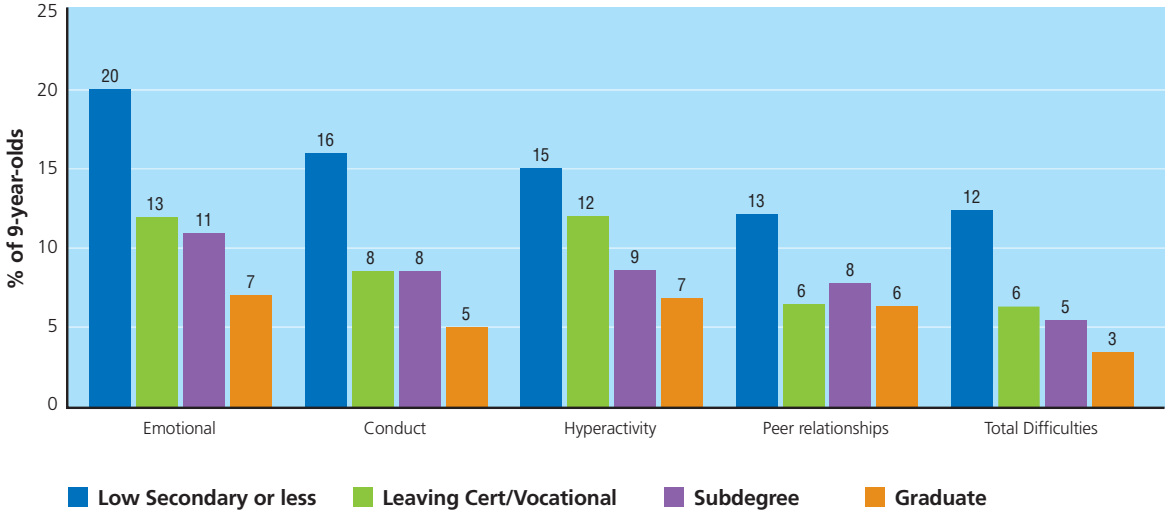
Table 6.1 Mean scores for boys and girls on each of the SDQ Subscales based on Mother and Teacher Reports

	Mother's Report		Teacher's Report	
	Boys	Girls	Boys	Girls
Emotional Symptoms	2.0	2.3	1.4	1.5
Conduct Problems	1.4	1.3	1.0	0.6
Hyperactivity/Inattention	3.5	2.9	3.2	2.0
Peer Relationship Problems	1.3	1.3	1.1	0.9
Pro-social Behaviour	8.7	9.1	7.8	8.7

By summing the four scales of problematic behaviours (the first four in the table) a *Total Difficulties* score was generated. From this children can be classified as *normal, borderline* or *abnormal* with regard to their behaviour, emotional and relationship functioning, based on community sample scores provided by the scale developers. From mothers' ratings, 85% of nine-year-olds in Ireland fell into the *normal* category, with 8% identified as *borderline* and 7% as *abnormal*. Teacher ratings resulted in a higher percentage (90%) of children in the *normal* classification (4% were identified as borderline and 7% as abnormal). Previous research has noted similar differences in mother and teacher ratings on the SDQ, where parents report more problematic symptoms than teachers (e.g. Mathai, Anderson and Bourne, 2002; Papageorgiou, Kalyva, Dafoulis and Vostanis, 2008).

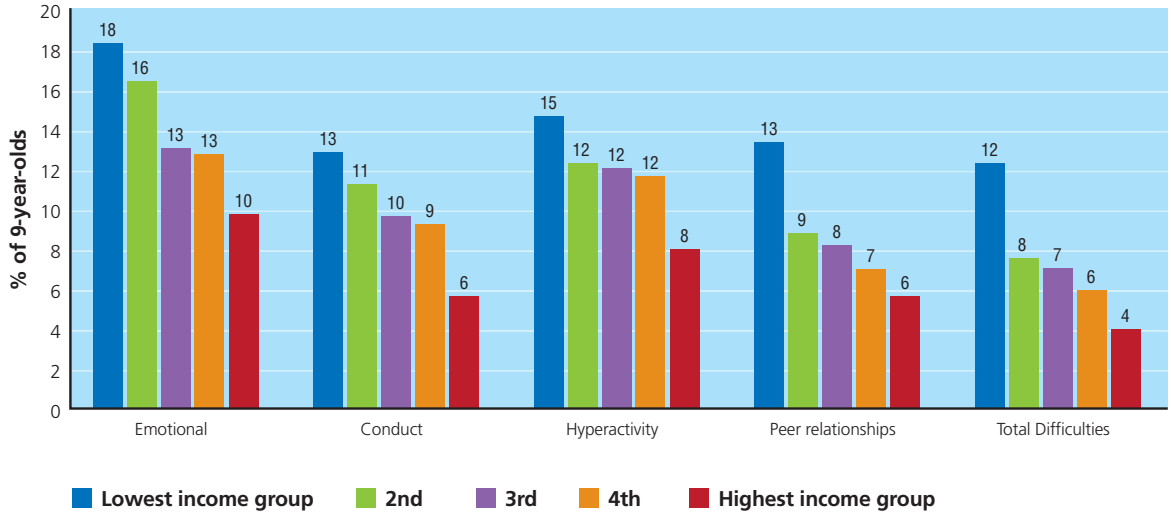
Figure 6.1 summarises the percentage of nine-year-olds in each maternal education category who were classified as being in the *abnormal range* of each of the four problem subscales of the SDQ as well as the Total Difficulties scale. It shows that there were significant associations between mother's education and prevalence of problems across all measures. For example, 5% of nine-year-olds whose mother was a graduate were in the *abnormal range* for conduct problems. The comparable figure among children whose mothers were in the lowest educational category was 16%. In terms of hyperactivity/inattentiveness, 7% of nine-year-olds of graduate mothers were classified as *abnormal* compared with 15% of those with mothers in the lowest educational category.

Figure 6.1: Percentage of nine-year-olds in each category of maternal education who were classified in the abnormal (high) category of (a) emotional symptoms, (b) conduct problems, (c) hyperactivity/inattention, (d) peer relationship problems and (e) Total Difficulties



Similar significant associations were evident between the percentages of children classified in the *abnormal* categories of the subscales and family income. Figure 6.2 shows, for example, that 8% of nine-year-olds in the highest income group were in the *abnormal* category in respect of hyperactivity compared with 15% of their counterparts in the lowest family income group. In terms of Total Difficulties, 4% of children in the highest income group were in the *abnormal* range compared with 12% of those in the lowest income families.

Figure 6.2: Percentage of nine-year-olds in each category of family income who were classified in the abnormal (high) category of (a) emotional symptoms, (b) conduct problems, (c) hyperactivity/ inattention and (d) peer relationship problems



6.3 CHILDREN'S TEMPERAMENT

A child's temperament refers to his or her consistent and stable style of interacting with, or reacting to, people, places and things. For the purposes of ***Growing Up in Ireland*** mothers completed a set of 25 questions known as the EAS Temperament Questionnaire (Buss & Plomin, 1984). This provides details on four aspects of the child's temperament:

- Emotionality (e.g. *'Child reacts intensely when upset.'* and *'Child often fusses and cries.')*
- Activity level (e.g. *'Child is very energetic.'* and *'When child moves about, he/she moves slowly.'*)
- Shyness (e.g. *'Child tends to be shy.'* and *'Child makes friends easily.'*)
- Sociability (e.g. *'Child likes to be with people.'* and *'Child is very friendly with strangers'*)

Scores on each of these aspects of the child's temperament (or subscale) can range from 1 to 5. Higher scores indicate that the aspect of temperament is very characteristic or typical of the child.

6.3.1 VARIATIONS IN CHILDREN'S TEMPERAMENT

Table 6.2 shows the average scores for boys and girls on the four temperament subscales. These indicate that nine-year-olds were not particularly shy or emotional but were quite active and moderately sociable. Mothers rated boys as displaying more activity than girls and girls as displaying more shyness, emotionality and sociability than boys.

Table 6.2: Average scores for boys and girls on the four EAS subscales of shyness, emotionality, activity, and sociability

	Boys	Girls
Shyness	2.2	2.3
Emotionality	2.1	2.2
Activity	4.1	4.0
Sociability	3.6	3.7

Scores on each subscale of the EAS were divided into quartiles to facilitate comparison between groups. Table 6.3 shows the percentile scores for each subscale. Overall scores tended to be higher for activity and sociability than shyness and emotionality.

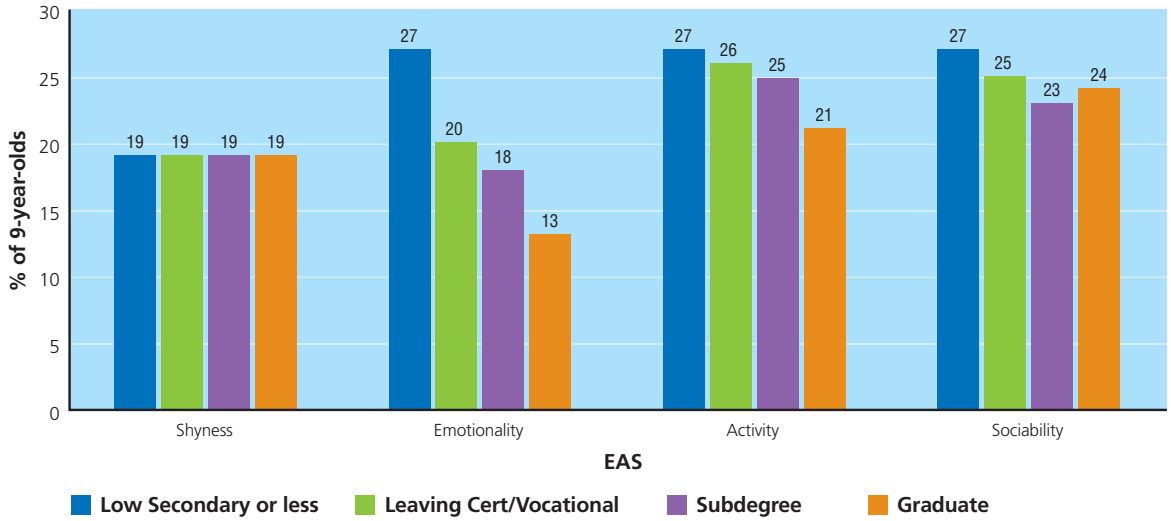
Table 6.3: 25th, 50th and 75th percentile scores for each EAS subscale

Percentile cut-off points	Shyness	Emotionality	Activity	Sociability
25th	1.8	1.4	3.6	3.2
50th	2.2	2.0	4.2	3.6
75th	2.8	2.8	4.6	4.0

The percentage of children in the top quartile of each subscale was compared according to their mother's highest educational attainment. As illustrated in Figure 6.3, while children in the top quartile did not differ on their shyness or sociability according to mother's education, there were noticeable differences on the dimensions of emotionality and activity. Children of mothers with the lowest level of education featured more often in the top quartile of the emotionality scores than children in any of the other maternal education categories (27%). Furthermore, children of mothers with the highest education had high emotionality scores less often (13%) than children in the other categories.

Children whose mothers had the highest education were also less likely to feature in the highest activity scores (21%) than children with less educated mothers. Overall, this pattern of scores suggests that mothers with the highest education rated their children's temperament as easier (i.e. less emotional and less active) than other groups.

Figure 6.3: Percentage of children in the top quartile of each EAS subscale according to mother's education



6.3.2 SERIOUS PROBLEM BEHAVIOURS AND TEMPERAMENT

Mothers were given a list of serious problem behaviours such as 'often started fights or bullies, threatens or intimidates others' and asked to indicate if the Study Child had acted in any of these ways in the last year. Table 6.4 shows that such relatively serious misbehaviours were generally rare – but also that some were more common than others. The most common problem behaviour for a nine-year-old to have engaged in was 'often lied to obtain goods or favours' (6%).

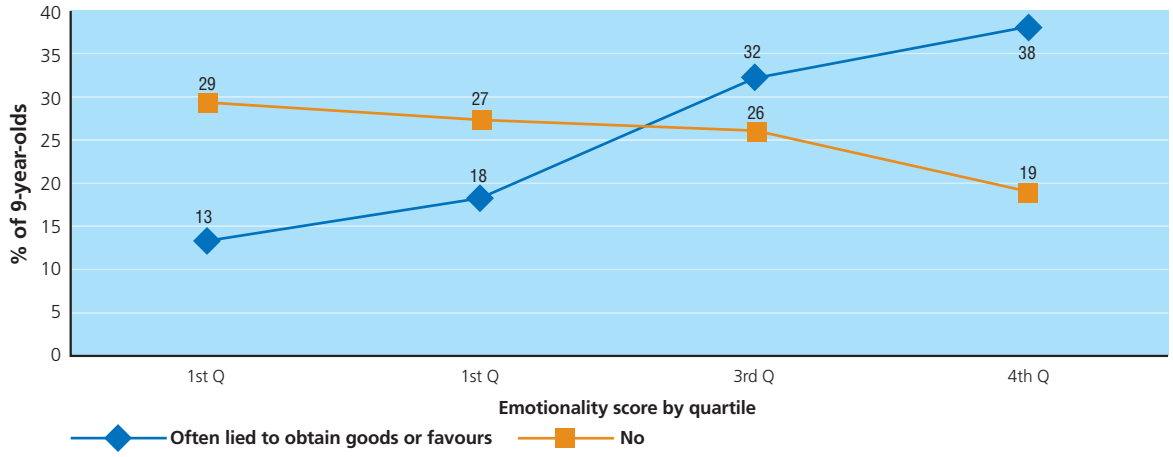
Table 6.4: Percentage of children who engaged in each serious problem behaviour in the past year

	Percentage committing[2]
Often lied to obtain goods or favours	5.9
Often started fights or bullied, threatened or intimidated others	4.7
Deliberately destroyed or damaged property	1.7
Has been physically cruel to other people or animals	1.1
Has stolen items of value without confronting a victim	0.4
Has run away from home overnight at least twice while living in parental home (or once for an extended period)	0.1
Often truanted from school	0.1

The four most common serious problem behaviours according to the child's emotionality scores on the EAS temperament measure were also examined (see preceding section). As indicated in Figures 6.4a-d, children who had engaged in the problem behaviour were more likely to be in the top quartile of emotionality scores than children who did not behave in this way. For example, in Figure 6.4a, of the nearly 6% of children who had often lied to obtain goods or favours, 38% had an emotionality score in the top quartile, compared to only 19% of those who had not acted in this way.

This trend persists for often starting fights (43%, Figure 6.4b), deliberately damaging property (47%, Figure 6.4c) and being physically cruel to people or animals (47%, Figure 6.4d).

Figure 6.4a: Distribution of children across EAS emotionality quartile scores for those who had and had not often lied to obtain goods or services



[2] Percentages are expressed to one decimal place in this table due to the very small values for some categories

Figure 6.4b: Distribution of children across EAS emotionality quartile scores for those who had and had not often started fights, or bullied, threatened or intimidated others

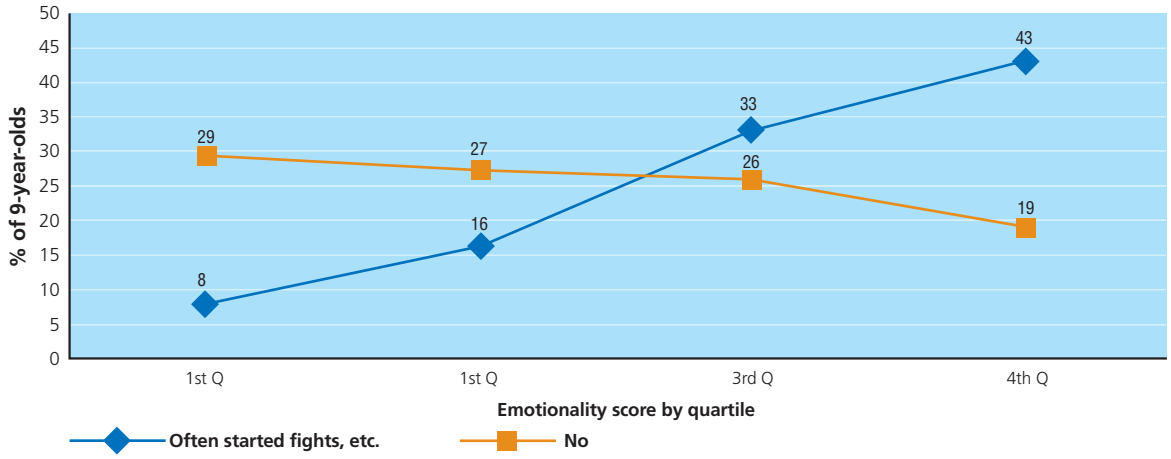


Figure 6.4c: Distribution of children across EAS emotionality quartile scores for those who had and had not been physically cruel to other people or animals

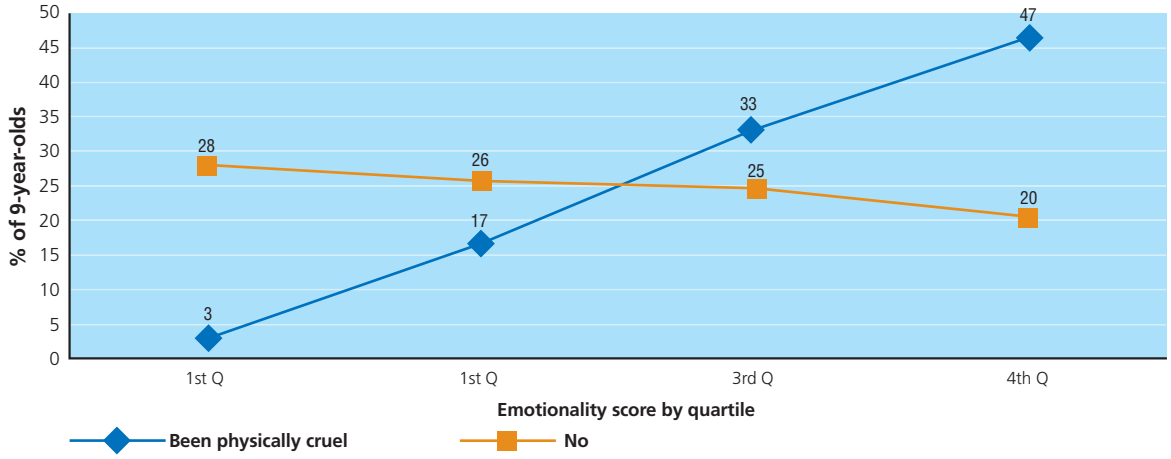
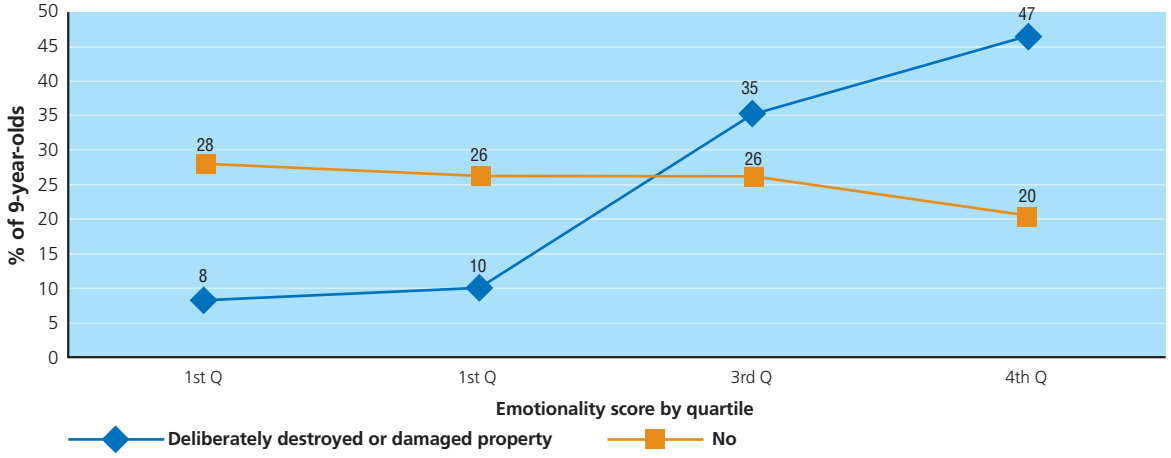


Figure 6.4d: Distribution of children across EAS emotionality quartile scores for those who had and had not deliberately damaged or destroyed property



6.4 CHILDREN'S SELF-CONCEPT

From infancy onwards children absorb information about themselves and their relationship with the social world and form beliefs about their personal features such as physical attributes, abilities, personality, values, goals and roles. These beliefs accumulate to create a 'self-concept'. While a positive self-concept is, in most cases, associated with desirable traits such as responsibility, independence and emotional security, a negative self-concept can show links with fear, apathy, anxiety, and insecurity. In adulthood, a positive self-concept has been linked with life satisfaction (e.g. Parker, Martin & Marsh, 2008), job performance (e.g. Bono & Judge, 2003) and recovery from illness (e.g. Markowitz, 2001). Developing and nurturing a positive self-concept is thus of significance to the happiness and success of children of all ages and the adults they will become in the future.

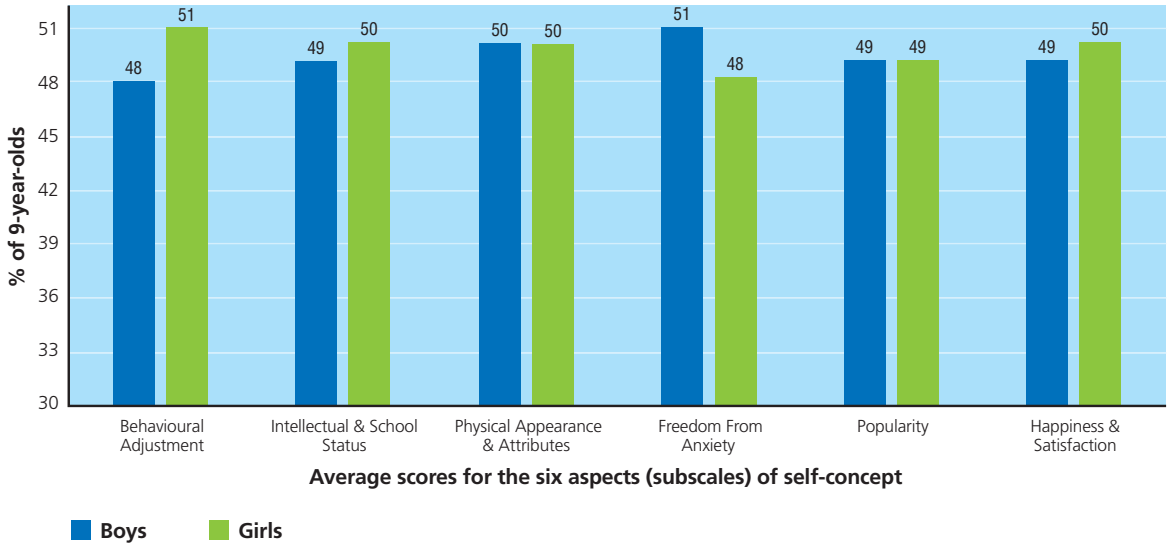
The nine-year-olds in the study were asked to complete a detailed set of 35 questions known as the Piers-Harris Self-Concept Scale (Piers, Harris & Herzberg, 2002). It is subtitled 'The Way I Feel About Myself' and gathers information about how children perceive themselves across the six domains of:

- Behavioural Adjustment (e.g. *'I am well behaved in school.'* and *'I do many bad things.'*)
- Intellectual and School Status (e.g. *'I am smart.'* and *'In school I am a dreamer.'*)
- Physical Appearance and Attributes (e.g. *'I have nice hair.'* and *'My classmates in school think that I have good ideas.'*)
- Freedom From Anxiety (e.g. *'I get worried when we have tests in school.'* and *'I am often afraid.'*)
- Popularity (e.g. *'My classmates make fun of me.'* and *'I am popular with boys/girls.'*)
- Happiness and Satisfaction (e.g. *'I am a happy person.'* and *'I am cheerful.'*).

On all scales, higher scores indicate a higher degree of self-esteem and self-regard, whereas lower scores indicate a more negative self-concept. From totalling scores in each of these subscales an overall self-concept score can be calculated. This can range from 0 to 80. The average score for nine-year-olds in ***Growing Up in Ireland*** was 49, which is very much within the average classification (45-55) as established by the scale developers.

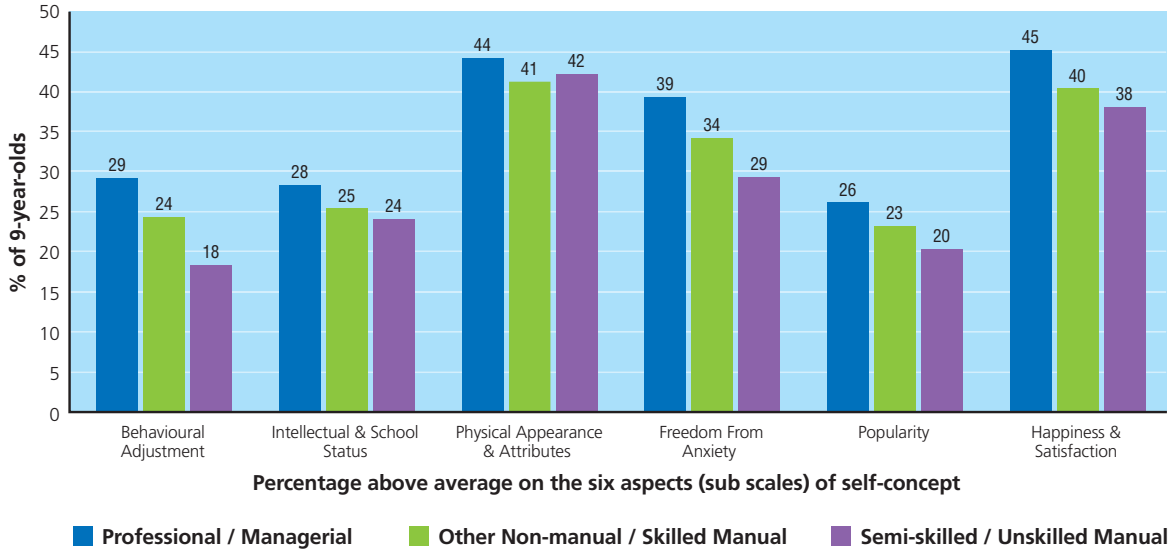
Figure 6.5 shows that girls had a higher average score (51) than boys (48) on the Behavioural Adjustment subscale, indicating that they more frequently endorsed positive statements about their behaviour. It also shows that girls had a lower average score (48) than boys (51) on the Freedom from Anxiety subscale, indicating that they more frequently reported feelings of anxiety than boys.

Figure 6.5: Average scores for boys and girls on the six Piers-Harris total subscale scores



Scores for each of the six subscales were categorised from very low to above average. Examination of Figure 6.6 reveals a social gradient across all subscales such that children from Professional/Managerial backgrounds indicated more positive self-attributions and are thus more frequently categorised as *above average* in comparison with their peers from Semi-skilled/Unskilled backgrounds. This gradient is significant with regard to the Behavioural Adjustment, Freedom from Anxiety and Happiness/Satisfaction subscales.

Figure 6.6: Percentage of children categorised as 'above average' on the six Piers-Harris subscales classified by family social class

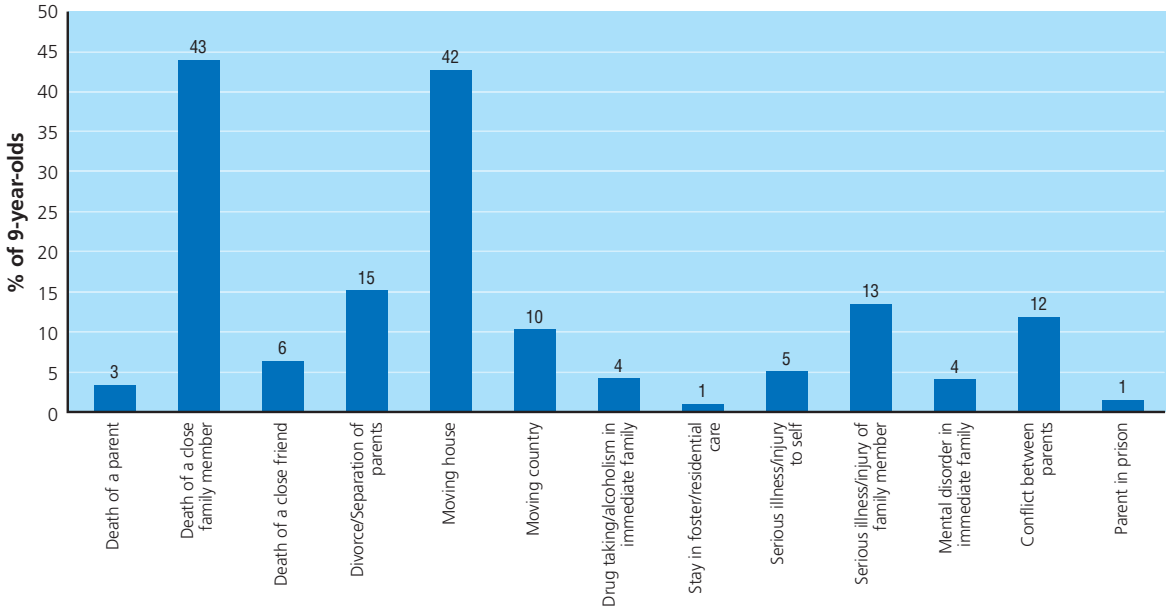


6.5 CHILDREN'S EXPERIENCE OF STRESSFUL LIFE EVENTS

Many life events involve stress and change and some of these events are likely to provoke strong emotions (Brown and Harris, 1978). The stressful events and life transitions that occur during childhood and test children's coping abilities and resilience are recognised as being part of the fabric of young lives. However, an accumulation of stressors has been linked with adverse effects on adjustment and negative physical and psychological outcomes (Evans and English, 2002; Koinis-Mitchell, 2008; Rutter, 1987; Sameroff, Seifer, Baldwin and Baldwin, 1993).

The child's mother was presented with a list of 13 potentially stressful events (see Figure 6.7) and asked to report which ones, if any, her child had experienced. Just over 78% of children had experienced some form of stressful life event. The chart shows that the most common events encountered were the death of a close family member (43%) and moving house (42%). These were followed by the divorce or separation of parents (15%), serious illness or injury of a family member (13%) and conflict between parents (12%).

Figure 6.7: Percentage of children experiencing listed life events



Percentage of children experiencing a stressful life event

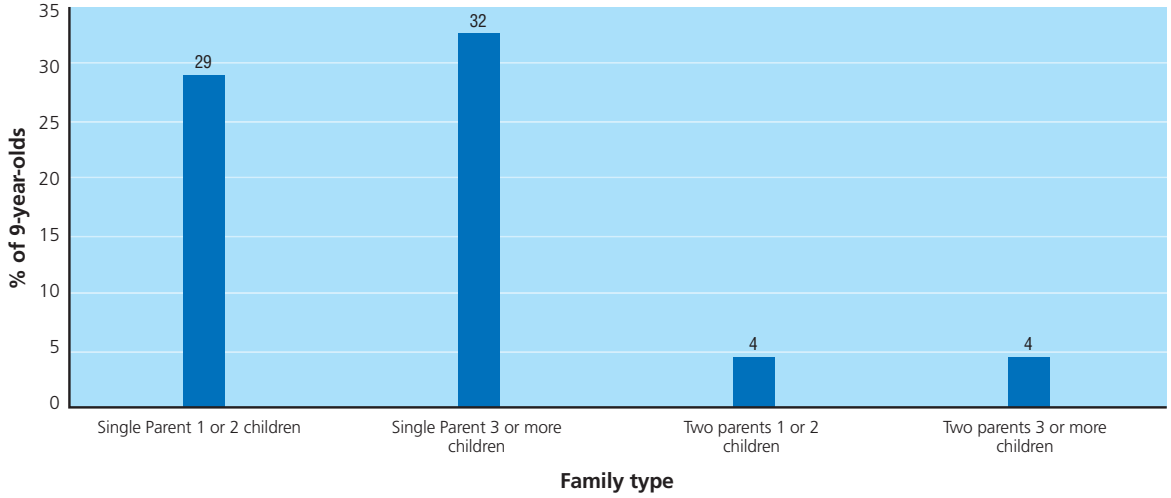
Table 6.5 shows the percentage of children experiencing the listed stressful life events classified by family type. As would be expected, in comparison with children from two-parent families, children from single-parent families were more likely to have experienced the death of a parent, conflict between parents, the divorce or separation of their parents, or moving home – all events associated with disruption or turmoil in the life of the child.

Table 6.5: Percentage of children experiencing listed life events classified by family type

	Single-parent 1 or 2 children	Single-parent 3 or more children	Two-parent 1 or 2 children	Two-parent 3 or more children
Death of a parent	8.4	13.4	1.4	0.5
Death of a close family member	43.6	40.5	44.9	40.9
Death of close friend	9.1	8.7	5.6	5.5
Divorce/Separation of parents	59.0	72.8	4.1	3.5
Moving house	61.4	50.4	39.4	38.5
Moving country	12.0	15.3	11.0	8.8
Stay in foster/residential care	3.0	3.3	1.3	7
Serious illness/injury to self	6.6	5.3	4.4	4.6
Serious illness/injury of family member	16.6	16.0	14.1	11.8
Drug taking/alcoholism in immediate family	10.0	10.7	2.0	2.0
Mental disorder in immediate family	8.8	7.9	2.3	2.6
Conflict between parents	36.1	45.8	5.9	6.6
Parent in prison	2.7	3.9	0.5	0.4

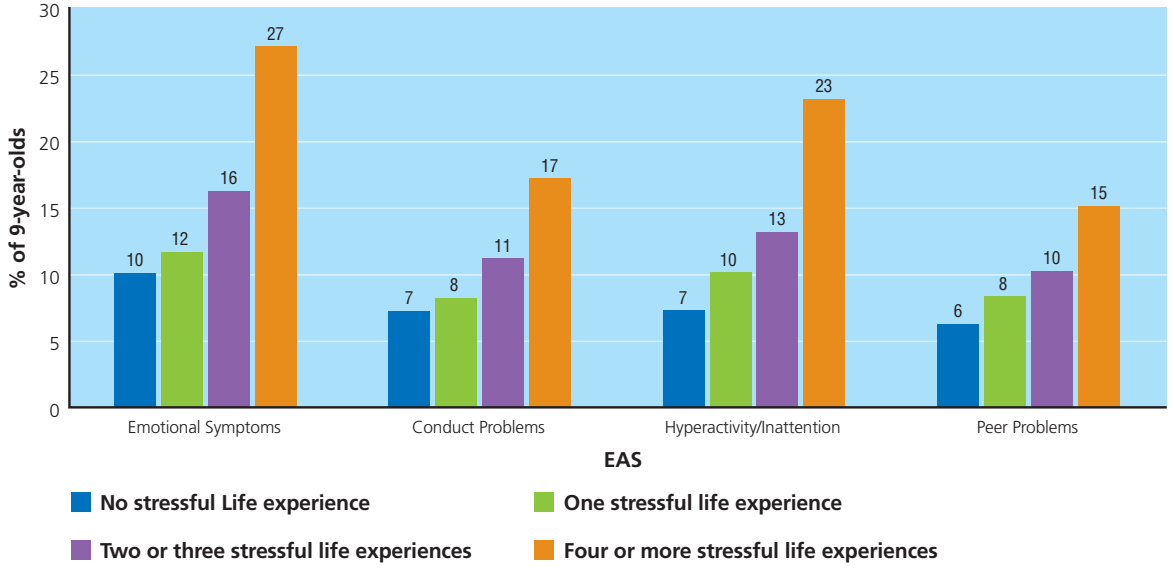
In terms of the number of life events encountered by the children in the Study, 34% had experienced just one event, 36% had experienced two or three events and 9% had experienced four or more events. Figure 6.8 below shows the differences in household composition for children in this latter category. Children from single-parent families were more likely to experience four or more stressful life events than children from families with two parents.

Figure 6.8: Percentage of children experiencing four or more of the listed life events classified by family type



Theory and research suggests that it is the cumulative effects of experiencing multiple stressors that most adversely affect a child's development, as opposed to the presence or absence of specific stressors per se (e.g. Appleyard, Egeland, vanDulmen and Sroufe, 2005; Call and Mortimer, 2001; Morales and Guerra, 2006). Figure 6.9 below shows how a significantly higher percentage of children (27%) who have experienced four or more stressful life events had high scores on the emotional symptoms subscale of the Strengths and Difficulties Questionnaire when compared with other children. They also had higher scores on hyperactivity and inattention (23%) when compared with children who had no stressful life experiences (7%) or children who had experienced just one stressful life event (10%). Thus, children who are reported to have experienced several life events are of particular concern to researchers, educators and clinicians (Figure 6.9).

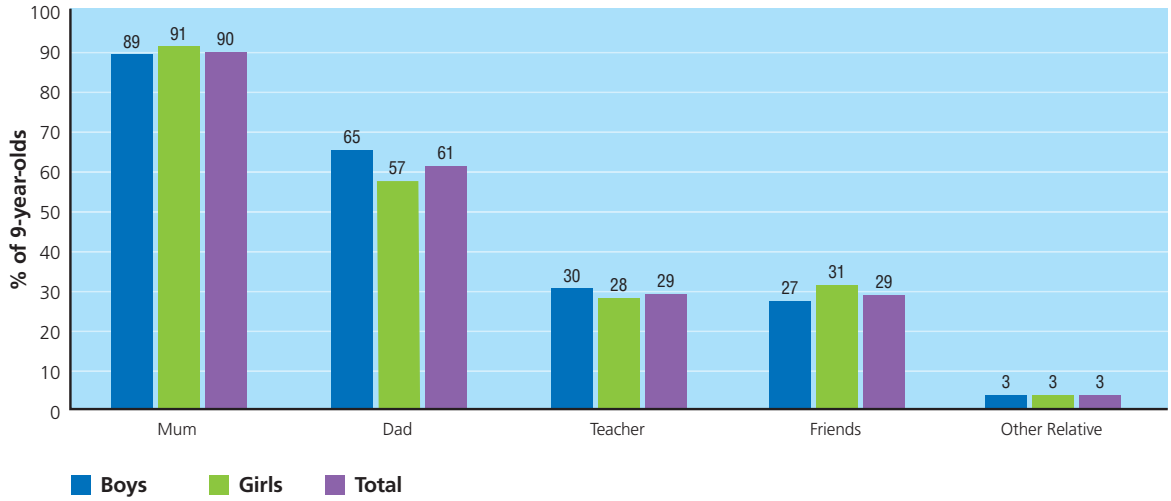
Figure 6.9: The percentage of children with varying experience of stressful life events with high scores on the four problem subscales of the Strengths and Difficulties Questionnaire



6.6 PEOPLE WHOM CHILDREN CHOOSE TO TALK TO ABOUT PROBLEMS

Children were asked whom they would talk to if they had a problem. They were presented with a list of answer options that included their mother, father, teacher, friends and 'some other relative' and asked to indicate all the people that apply. Figure 6.10 shows that the person most boys and girls would talk to if they had a problem was their mother (90%). Just over 60% of children reported that they would talk to their father (61%) while an equal percentage stated that they would talk to their teacher or their friends (both 29%). More girls than boys reported talking with their mothers about problems while more boys than girls reported talking with their fathers about problems.

Figure 6.10: People whom nine-year-olds would talk to about a problem



6.7 KEY FINDINGS

- The majority of nine-year-olds in ***Growing Up in Ireland*** were classified as having *normal* behavioural, emotional and relationship functioning. On a measure of *Total Difficulties* (incorporating scores on emotional symptoms, hyperactivity/inattention, conduct problems and peer relationship problems) boys were significantly more likely than girls to be classified in the *abnormal* category. Children whose mothers were less well educated and who lived in lower income households were also more likely to be classified in the *abnormal* category.

- Mothers in the highest category of education reported that their children had 'easier' temperament characteristics (i.e. less emotional and less active). Children who engaged in problem behaviours (e.g. lying to obtain goods or favours, often starting fights, being physically cruel to people or animals) were more likely to have a temperament reflecting high emotionality than children who did not behave in this way.

- On the measure of self-concept, nine-year-old girls more frequently endorsed positive statements about their behaviour than did boys, although they also more frequently reported feelings of anxiety. Children from Professional/Managerial family backgrounds more frequently endorsed positive statements about their behaviour, freedom from anxiety, and happiness and satisfaction than did peers from Semi-skilled/Unskilled family backgrounds.

- Just over three-quarters of nine-year-olds had experienced some form of stressful life event. The most common events encountered were the death of a close family member and moving house. Children who had experienced four or more stressful life events received higher ratings on scales tapping emotional difficulties and problems with hyperactivity or inattention.

- The person whom most nine-year-olds reported talking to about a problem was their mother.

6.8 SUMMARY

Within the 'whole child' perspective of children's lives conceptualised in the National Children's Strategy (2000), social, emotional and behavioural wellbeing are recognised as important dimensions of development. This chapter reported on the social, emotional and behavioural wellbeing of nine-year-olds in Ireland. Overall, children in the Study were found to be functioning well across a broad range of indicators, although some groups of children were identified as performing less well than others, for example children in more disadvantaged families and children who had experienced multiple stressful life events.

Many factors influence and determine social, emotional and behavioural wellbeing at both an individual and population level. In turn, social, emotional and behavioural wellbeing has an important role to play in the key child outcome dimensions at the centre of ***Growing Up in Ireland***. The means by which these factors operate will be investigated further in future publications of results.

Chapter 7

CHILDREN'S EDUCATION

7.1 INTRODUCTION

This chapter explores aspects of the education of nine-year-olds. In keeping with the emphasis on a holistic view of children's lives, educational development is seen as reflecting a child's experiences both at school and in the home. The first section looks at the children's own experiences of education, assessing their attitudes to school and their teachers, along with their engagement in school, including their performance in the academic tests in Maths and Reading which were administered in the course of the interview. A child's negative attitude towards or lack of engagement with school has previously been found to have the knock-on effect of increased rates of absenteeism (McCluskey, *et al.*, 2004), which in turn affects their academic success (Kearney, 2003; Truby, 2001) and is associated with early school leaving (McCoy et al., 2007). We then move on to consider variations in the factors which may impact on their engagement and performance. In the second section we discuss the formal context within which nine-year-old children in Ireland are taught, including the profile of their teachers and classroom management. The third section shifts from an examination of the child's school environment to their learning within the home/family environment, including the extent to which children receive educational resources and support at home. Parents' own education levels, their involvement in their child's education and their expectations for their child's educational attainment can have an impact on the child's academic achievement (Feinstein, 1999; Majoribanks, 1988) as well as on their participation in higher education (Sorenson & Morgan, 2000).

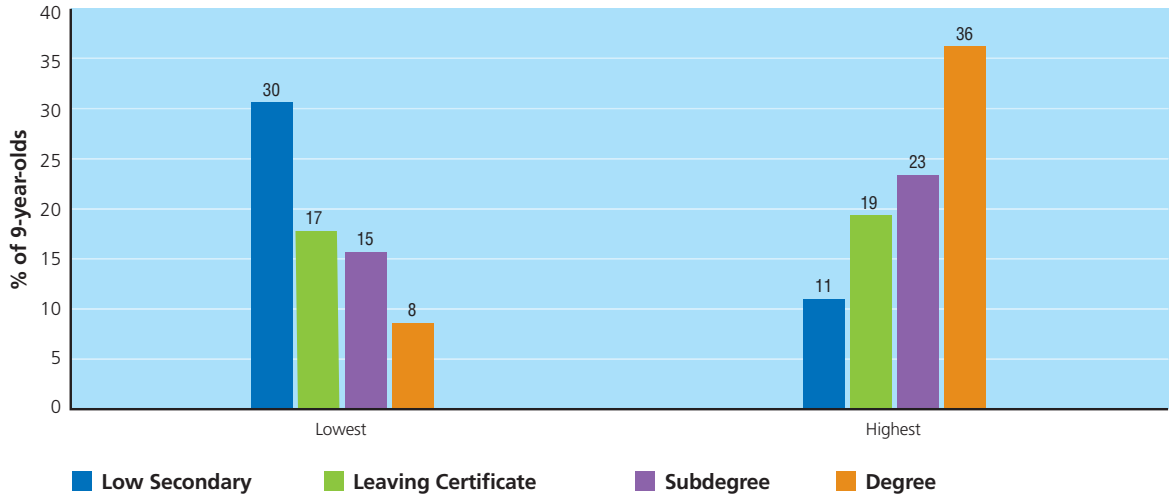
7.2 ACADEMIC PERFORMANCE

In order to examine the achievement levels of nine-year-olds, Drumcondra Reading and Mathematics tests were administered in the schools as part of ***Growing Up in Ireland***. These tests have been developed for Irish school children and are linked to the national curriculum. The revised versions of the standard test (administered for the first time in 2007) were used in the Study.[1] Prior to analysis, scores were adjusted according to class level and child's age at administration so that they were comparable across the different levels. For presentation purposes below, we group children into five groups from lowest to highest on the basis of the test scores of the children in the sample. Each group (quintile) contains 20% of children. When, for example, we refer to the lowest quintile, we are referring to the 20% of children with the lowest test scores.

Boys were somewhat more likely to be in the lowest Reading quintile than girls (21% compared with 19%). Even at the age of nine, reading test scores were clearly differentiated by social background characteristics. Figure 7.1 shows the proportion of children in the lowest and highest Reading quintiles by level of maternal education. There was a clear relationship – children whose mother was less well educated were more likely to be in the lowest quintile than children of graduate mothers (30% compared with 8%). Furthermore, they were much less likely to be in the highest Reading quintile than the children of graduates (11% compared with 36%). The pattern for other aspects of social background was consistent with that for maternal education. Reading performance levels were higher among children from Professional/Managerial families and those from the highest family income groups. In terms of family type, reading levels were somewhat lower among children from larger single-parent families than for other groups.

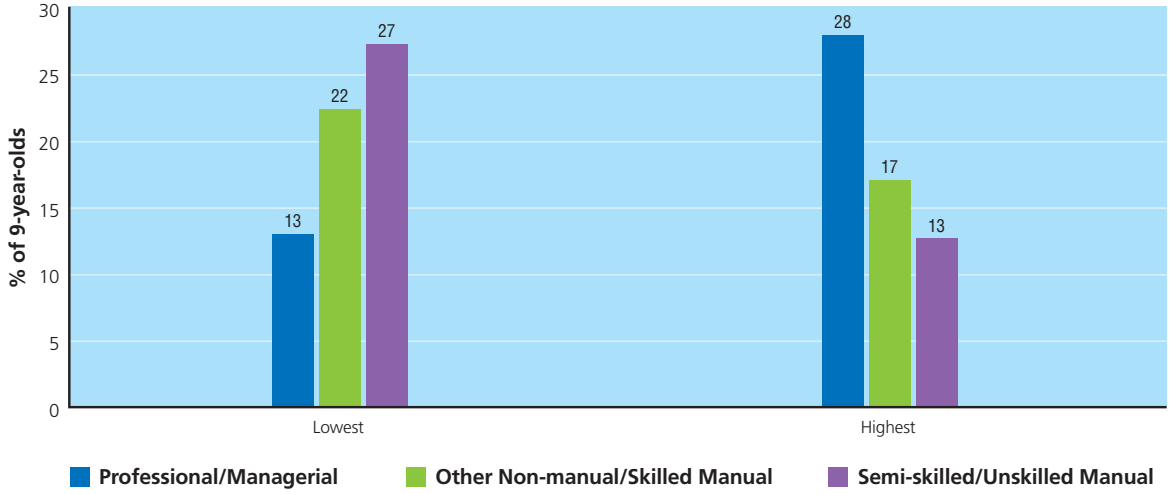
[1] Following the advice of the test developers only one part of each test was used in order to reduce the burden on schools participating in the Study. The Maths test used Part A of Form A, and the reading test used only the Vocabulary part of the test (not the Comprehension part) and this should be kept in mind when comparing our results with results from other studies. The tests are grade-specific and are strongly linked to the syllabus for each year. Nine-year-old children are distributed across three year groups in the national school system (2nd, 3rd and 4th Classes). Accordingly, Levels 2, 3 and 4 of the Drumcondra Maths and Reading tests had to be administered in the schools. The majority of children were in 3rd class and so completed Level 3 tests in Maths and Reading.

Figure 7.1: Proportion in lowest and highest reading quintiles by mother's educational level



The patterns of children's performance in Maths were similar in some respects to those for Reading. Maths scores were higher among children from high income families, those with higher levels of maternal education and those from Professional/Managerial households. Figure 7.2 shows that children from Professional/Managerial backgrounds were much more likely than those from Semi-/Unskilled Manual backgrounds to be in the top Maths quintile and much less likely to be in the lowest Maths quintile (13% compared with 28%).

Figure 7.2: Proportion in lowest and highest Maths quintiles family by social class



Achievement levels by family type had a slightly different pattern for Maths than for Reading. The main distinction for Maths achievement was between two-parent and single-parent families, with higher Maths levels found in two-parent households. Gender patterns were also different, with significantly higher Maths performance levels found among boys than girls; 23% of boys were in the top Maths quintile compared with 17% of girls.

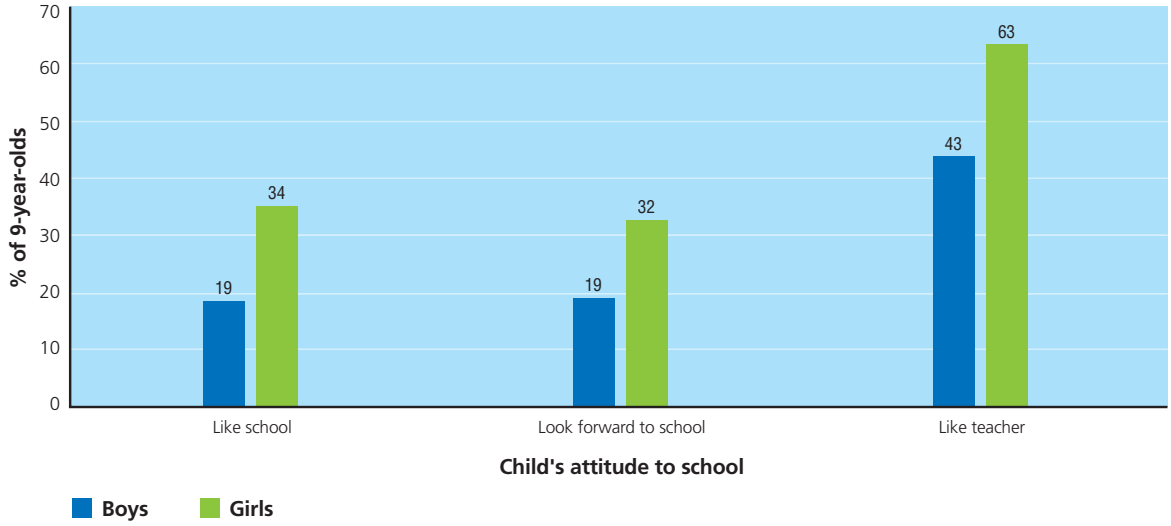
7.3 CHILDREN'S ATTITUDES TO AND ENGAGEMENT WITH SCHOOL

This section examines children's attitudes to school, whether or not they liked their school, their teacher and the subjects they took. It then considers their engagement with schooling as measured by levels of absenteeism and homework completion.

7.3.1. ATTITUDES TO SCHOOL

Only a very small proportion of nine-year-olds reported that they *never* liked school (7%). Over a quarter of children (27%) *always* liked it, while the majority (67%) were more ambivalent about it and reported that they *sometimes* liked it. Similar results were reported in respect of looking forward to school. Only 11% *never* looked forward to it, 25% *always* looked forward to it and the majority (64%) *sometimes* looked forward to it. Nine-year-olds were more positive in their attitudes towards their teacher – 53% *always* liked their teacher while 41% *sometimes* liked them. Only 6% said they *never* liked their teacher.

Figure 7.3: Attitudes to school (percentage saying 'always') by sex of child

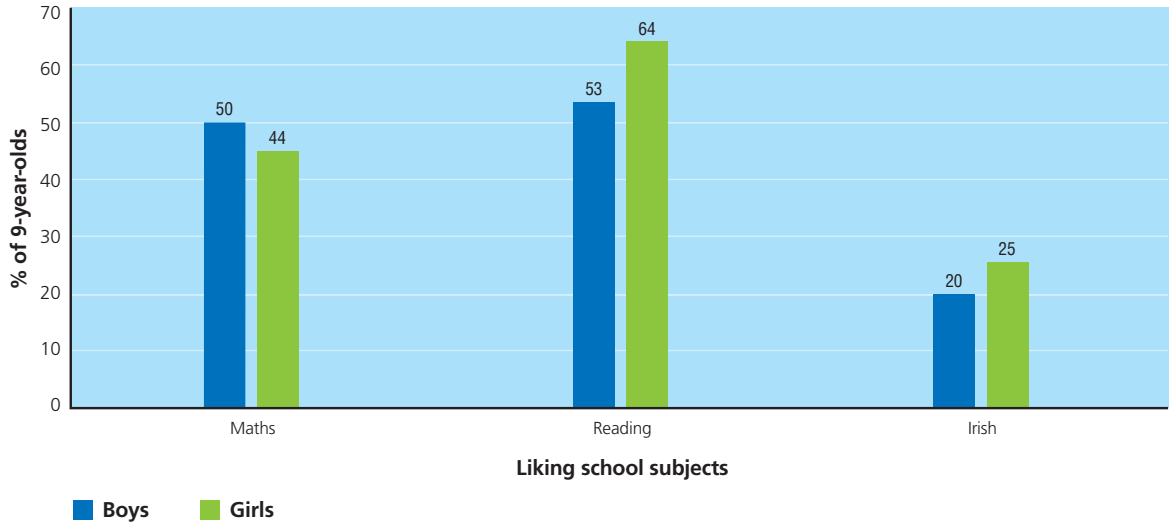


Encouragingly, positive attitudes to school and teachers were evident across children from very different types of households in terms of social class, maternal education, family type and family income. The main differences in attitudes arose on the basis of gender, with girls being more positive about their school experiences than boys (see Figure 7.3).

As well as being asked about their schoolwork, children were also asked about their attitudes to Reading, Irish and Maths. The most popular of these was Reading, with only 5% reporting that they *never* liked it and 58% reporting that they *always* liked it. Maths was the next most popular subject, with only 10% *never* liking it and 47% *always* liking it. Irish was the least popular. Over a quarter of children (29%) said that they *never* liked Irish and only 22% said that they *always* liked it.

Figure 7.4 shows that boys were more positive about Maths than girls (50% *always* liked it compared with 44% of girls). Girls were more positive about Irish and, more substantially, about Reading than boys: 64% of girls *always* liked Reading and 25% *always* liked Irish, compared with 53% and 20% of boys respectively. Attitudes to Reading and Maths were broadly positive across children from different kinds of families. However, attitudes to Irish were somewhat more influenced by social background; 31% of children whose mothers had Lower Secondary education *never* liked Irish compared with 24% of the children of graduate mothers.

Figure 7.4: Proportion 'always' liking school subjects by sex of child



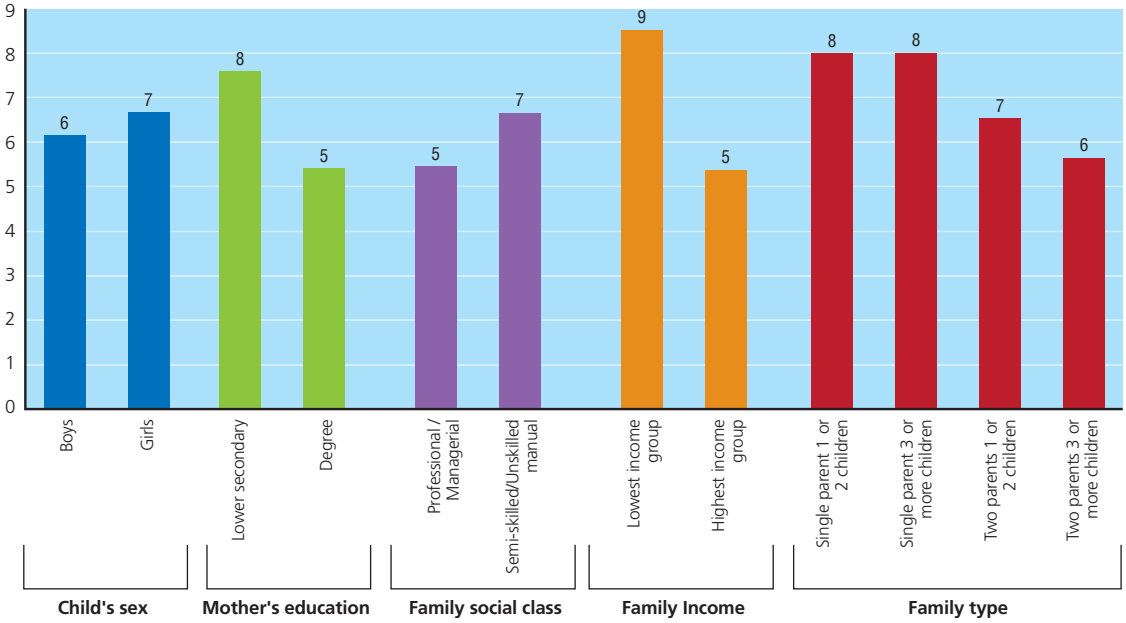
7.3.2. ENGAGEMENT WITH SCHOOL

Children's engagement with school was measured through absenteeism and homework completion.

7.3.2.1 Absenteeism

Research has indicated a significant relationship between school absenteeism and academic outcomes; as might be expected, children who attend school more regularly have increased academic success while children who are frequently absent receive lower marks and decreased gains in learning (Kearney, 2003; Lamdin, 1996; Truby, 2001). Teachers were asked to record the number of days each child had missed school 'since the beginning of the current school year'. Teachers recorded an average absence of 6.4 days across the group of nine-year-olds. Slightly more absence was recorded for girls than boys – 6.6 compared with 6.1 days. Significant differences were evident by background characteristics (see Figure 7.5). Children whose mother had lower levels of education were more frequently absent from school than those whose mothers were Third Level graduates (7.6 compared with 5.4 days). Children from low income families were more frequently absent from school (8.5 days for the lowest income group compared with 5.3 for the highest group). Furthermore, children from Professional/Managerial families were less often absent than those from Semi-skilled/Unskilled Manual families (5.4 compared with 6.6 days). Children from single-parent families were more often absent from school than those from two-parent families – by two days.

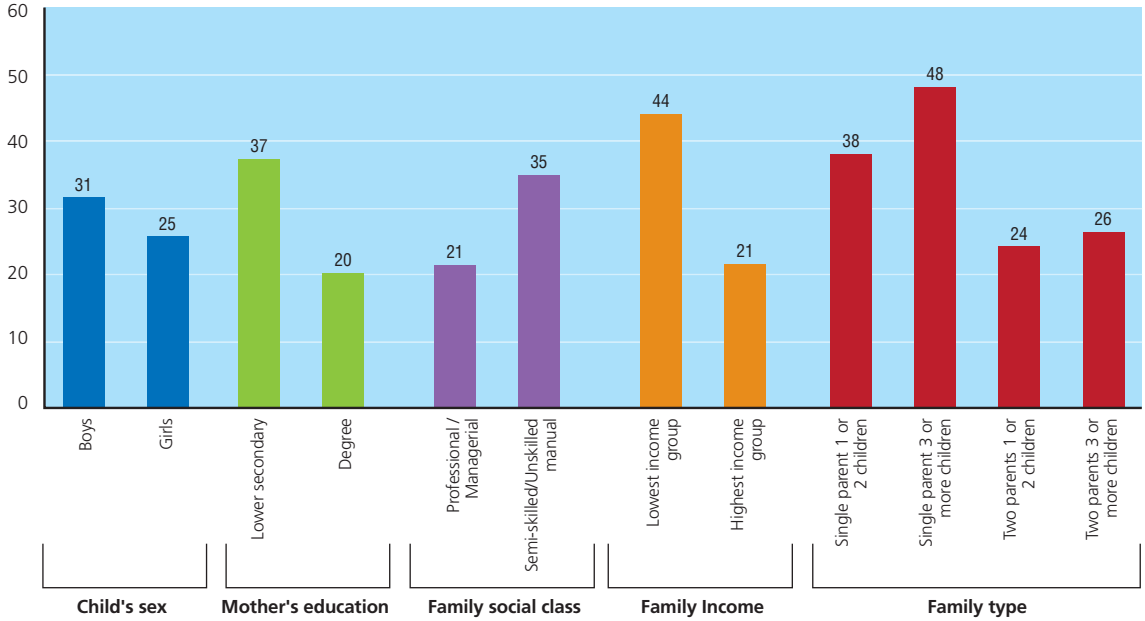
Figure 7.5: Average number of days absent from school by background characteristics



7.3.2.2 HOMEWORK COMPLETION

Teachers were asked to provide information on whether or not the Study Child came to school with his/her homework completed. Most children (72%) *always* or *almost always* had their homework completed according to their teachers. However, 23% *occasionally* did not complete their homework while this was a *regular* occurrence among only 5% of nine-year-olds. Coming to school without having homework completed was clearly related to social background and family type characteristics (Figure 7.6). Not completing homework was more common in single-parent families, especially those with three or more children (48%). This compares, for example, with 24-26% among two-parent families. Similarly, children from lower social class categories as well as less educated families were less likely to complete their homework than their peers from more advantaged households. Finally, boys were less likely to complete their homework than girls – 31% of boys came to school at least *occasionally* without having their homework completed compared with 25% of girls.

Figure 7.6: Proportion 'occasionally' or 'regularly' not completing homework (based on teacher report) by background characteristics



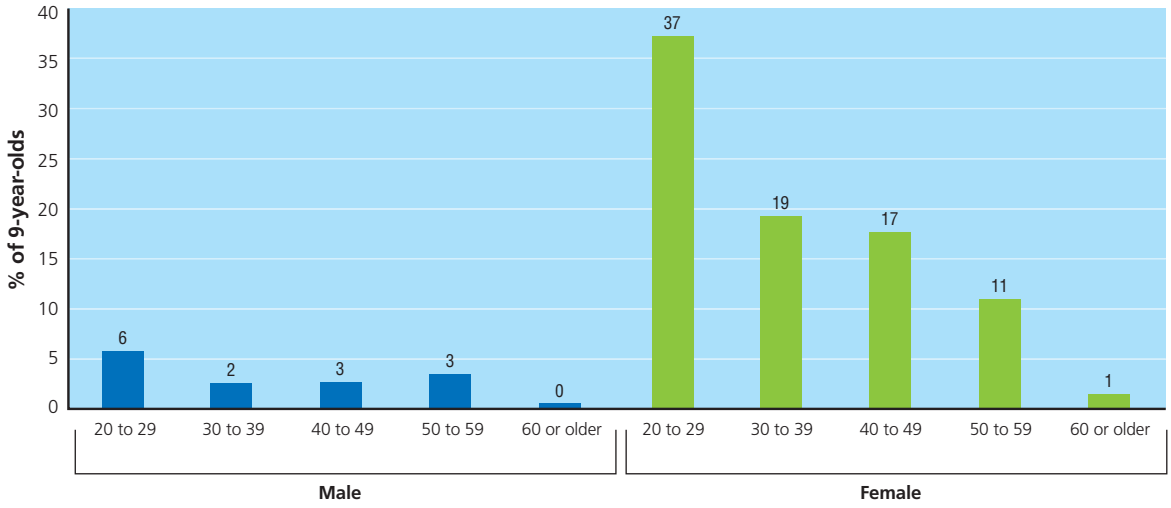
7.4. THE SCHOOL SETTING

Growing Up in Ireland collected rich information not only on children and their parents and other caregivers but on their schools and classroom teachers. The nine-year-old children included in the survey attended 910 primary schools across the country. In this section we examine variations in the characteristics of the schools attended by nine-year-olds in Ireland. Specifically we consider some characteristics of their teachers, teacher-pupil ratios, discipline policy and classroom management.

7.4.1. TEACHER CHARACTERISTICS

In line with international trends towards the feminisation of primary teaching (see Drew, 2006), it was found that the majority (85%) of nine-year-olds in Ireland were taught by female teachers. In contrast, only 47% of nine-year-olds had a female principal. As shown in Figure 7.7, over one-third (37%) of children are being taught by female teachers aged 20 to 29 years. In total, only 15% of children are being taught by teachers aged 50 or over (12% female, 3% male).

Figure 7.7: Nine-year-olds classified by the age and gender profile of their teachers



7.4.2 PUPIL-TEACHER RATIO

International research indicates that school resources, including the number of teachers available to the student cohort, are associated with positive educational outcomes for children (Card and Krueger, 1996; Hedges and Stock, 1983). One measure of such resources is the pupil-teacher ratio, measured by dividing the number of children enrolled by the total number of teachers in the school. Table 7.1 summaries the average pupil-teacher ratio of nine-year-olds according to family social class, maternal education, family income and family type. From this one can see that the overall pupil-teacher ratio in the schools attended by the nine-year-olds was 17.5. The ratio was lower among more socially disadvantaged children, falling, for example, from 18.1 children per teacher among children in the Professional/Managerial category to 16.5 per teacher among those in the Semi-skilled/Unskilled Manual group. In general, differences were small and probably reflect the targeting over the last decade of additional resources on schools serving disadvantaged communities.

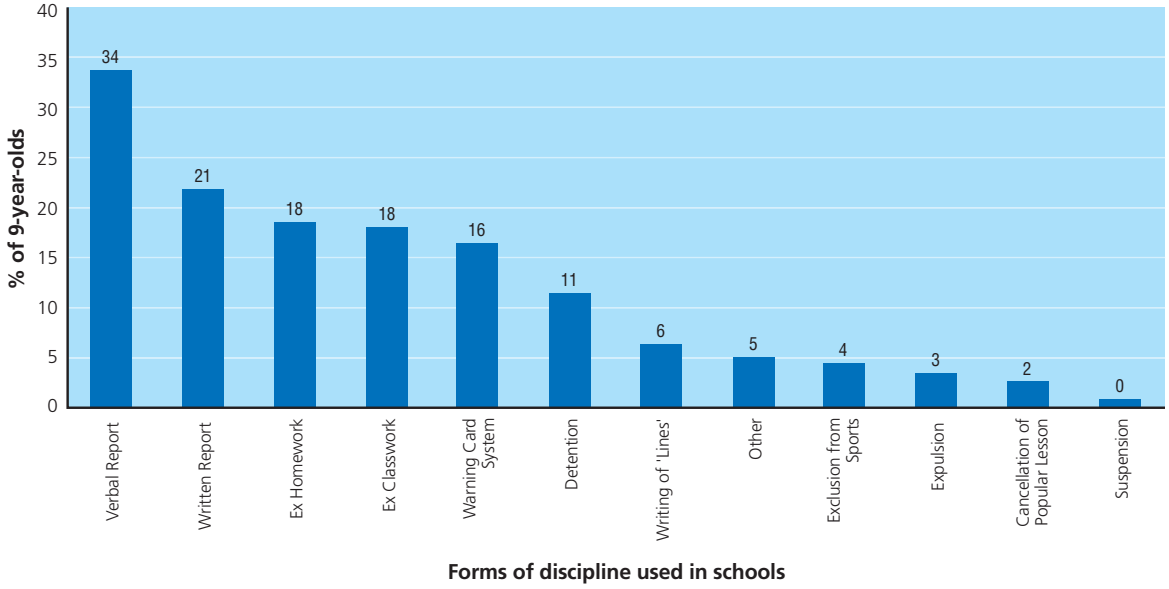
Table 7.1: Average pupil/teacher ratio in schools attended by nine-year-olds classified by family social class, income group, family type and mother's education.

Family Social Class	Pupil/ Teacher ratio	Family type	Pupil/ Teacher ratio
Professional/Managerial	18.1	Single parent, 1-2 children	17.1
Other Non Manual/Skilled Manual	17.3	Single parent, 3 or more children	16.1
Semi-Skilled/Unskilled Manual	16.5	Two parents, 1-2 children	17.6
Total	17.5	Two parents, 3 or more children	17.6
Family income group		**Mother's education**	
Lowest income group	16.5	Lower Secondary or less	16.5
Second	16.9	Leaving Certificate	17.6
Third	17.4	Subdegree	17.9
Fourth	17.9	Degree	18.3
Highest income group	18.5		

7.4.3. DISCIPLINE POLICY

Effective discipline policy and practices are one of the school factors associated with enhanced academic and personal/social development (Smyth, 1999). To explore this issue in relation to the primary schools attended by nine-year olds, principals were asked to what extent 12 different forms of discipline were used in their schools, using a four-point scale ranging from *often, occasionally*, *rarely* to *never*. In most schools a combination of methods was reported (Figure 7.8). The vast majority of nine-year-olds were in schools where the principal reported that suspension was *rarely* or *never* used. Similarly, expulsion was reported in schools which accounted for only 3% of nine-year-olds. Verbal reports either by phone or in person (mentioned by the principal in schools covering 89% of nine-year-olds) and written reports (mentioned in schools covering 76% of nine-year-olds) were the most common forms of discipline cited by principals. In addition, 5% of children were in schools in which the principals stated that other forms of discipline were *often* used though these were not always specified. A reprimand by the teacher or principal was the most common 'other' form of discipline reported in the course of the survey.

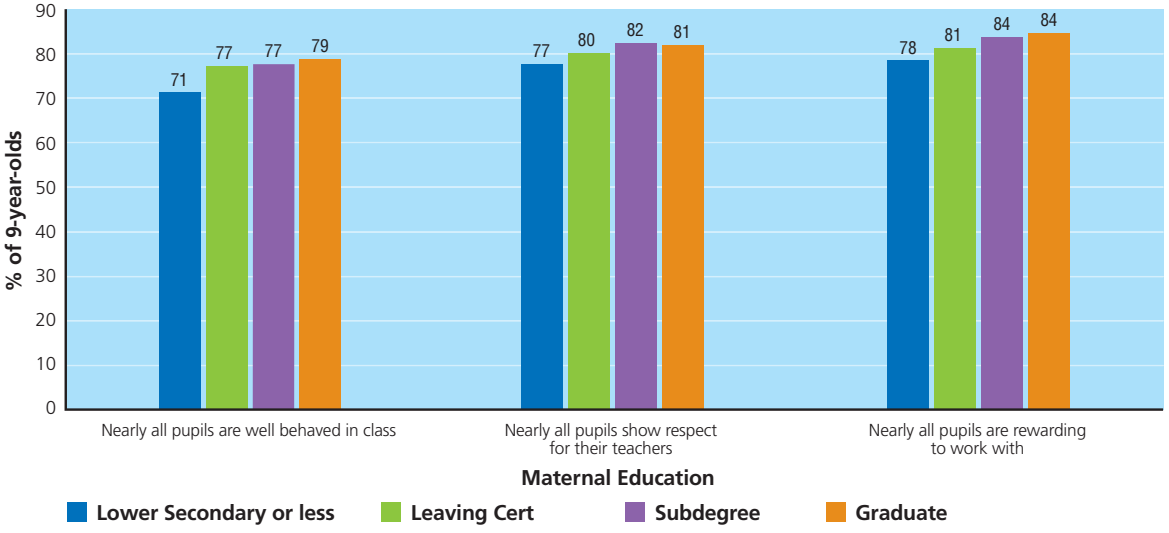
Figure 7.8: Forms of discipline reported by principal to be most often used in schools



7.4.4. CLASSROOM MANAGEMENT

For the most part nine-year-old pupils were regarded as well-behaved, respectful and rewarding to work with by their teachers. Some differences emerged across social groups, with teachers of more middle-class pupils, for example, more likely to indicate positive behaviour. Similarly, teachers of pupils with higher levels of maternal education were more likely to indicate that pupils in their school were well behaved, respectful and rewarding to work with (Figure 7.9).

Figure 7.9: Percentage of nine-year-olds described by teachers as being well behaved, respectful and rewarding to work with classified by mother's educational level



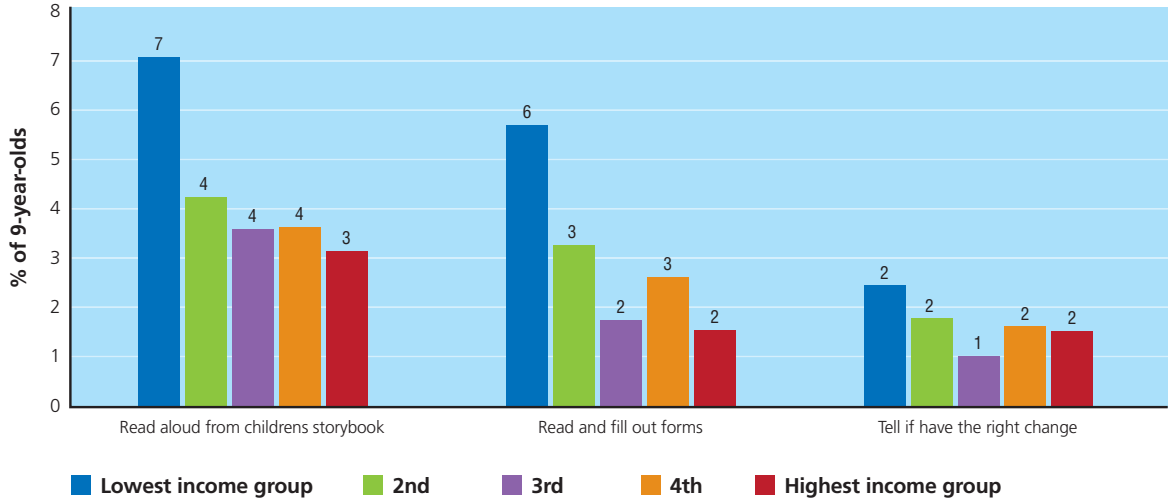
7.5. SUPPORT FOR LEARNING AT HOME

Educational outcomes are not determined solely by the resources available in the formal school environment. Equally important are the informal cultural and other resources which support the child's education and learning in the home and family environments. Four different aspects of such resources are considered: the mother's educational resources, general supports which are the provided in the home for the child's education, parental encouragement and expectations of the child's education, and reading-related resources available in the home.

7.5.1. MOTHER'S EDUCATIONAL RESOURCES

In addition to details on her highest level of educational attainment the Study Child's mother was also asked to provide details on her functional literacy (being able to read aloud from a child's storybook and being able to fill in forms) and numeracy (being able to tell if she had the correct change from a €5 or €10 note). In general, literacy and numeracy levels among the mothers of nine-year-olds were high; 96%[2] reported that they could read aloud from a children's storybook in English, 97%[3] reported that they could read and fill out forms in English and 98% reported that they can tell they have the right change when they buy something with a €5 or €10 note.

Figure 7.10: Mothers lacking literacy and numeracy skills by household equivalised income quintile



Amongst those who said they were lacking any of the three literacy and numeracy skills, we see from Figure 7.10 above that there was a link with family income. The mothers of 7% of nine-year-olds from the lowest family income group could not read aloud from a children's storybook in English compared to 3% among children in the highest income group. The comparable figures for children whose mother reported not being able to read and fill out forms were 6% in the lowest income group compared with 2% in the highest income category. There was, however, no significant difference between the lowest and highest family income groups in relation to being able to tell if they have the right change.

7.5.2. MOTHER'S SUPPORT OF THE CHILD'S EDUCATION

International studies have shown that parental involvement in their child's education has significant effects on achievement into adolescence (Feinstein, 1999). Parental attendance at parent-teacher meetings is one factor which shows a parent's interest in, and support of, their child's education. The child's mother was asked if she herself or her spouse/partner had attended a formal meeting with their child's teacher in the last academic year. The vast majority (98%) of the children's mothers said that they had. As the rate of non-

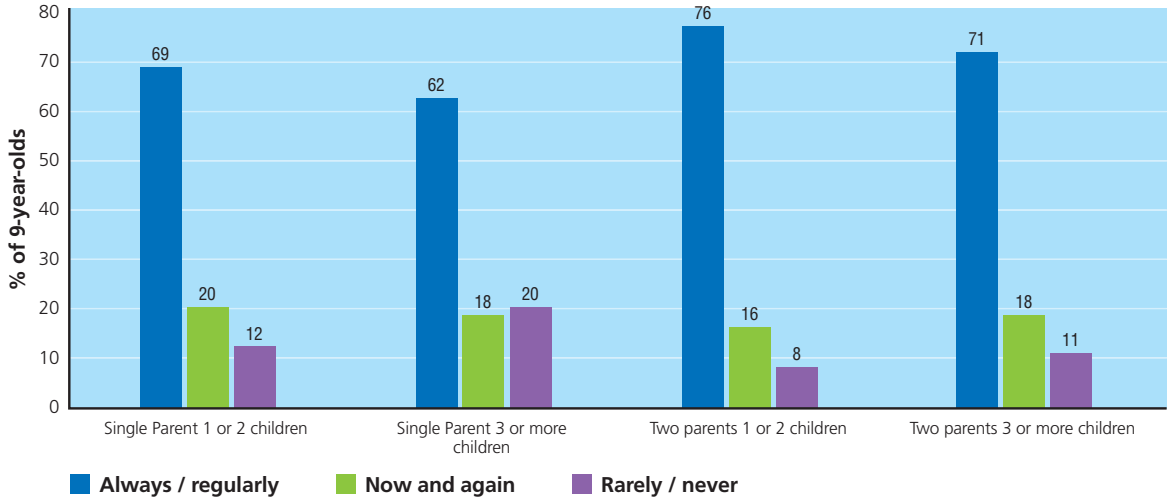
[2] Of the 4% who that answered no, 13% did not have English as a native language, and of these 70% can read from a children's storybook in their own language.
[2] Of the 3% who that answered no, 15% do not have English as a native language, and of these 88% can read and fill out forms in their own language.

attendance was so low, it is difficult to say much about differential rates of attendance between any groups, but those with the lowest level of educational attainment were more likely than those with graduate education not to attend (4% compared to 1%). This result is supported by research by Lareau (1989), who found that parents with higher levels of education are more likely to act on their beliefs about the importance of home-school connections and are more comfortable dealing with teachers and school-related matters. In addition, families in the lowest income group were more likely not to attend than those in the highest income category (4% compared to 1%). There was no significant difference in attending parent-teacher meetings between social classes.

The child's teacher was asked a similar question on parental attendance at parent-teacher meetings and again teachers answered that the majority of parents did attend (97%). Similar trends were evident in relation to maternal education (5% non-attendance among graduate mothers compared to 2% among those in the lowest education category) and family income group (6% non-attendance compared to 1% for lowest and highest income groups respectively). Also, those from Semi-skilled/Unskilled Manual families were more likely than those from Professional/Managerial households not to attend parent-teacher meetings (4% compared to 2%).

Another element of parental support of their child's education is how often they help with their child's homework. Overall, 72% of the children's mothers reported that they or their spouse/partner *always* or *regularly* helped their child with their homework, 18% reported that they helped *now and again* and 10% reported that they *rarely* or *never* helped. There was a slight gender effect, with 74% of boys' mothers saying that they *always* or *regularly* helped compared to 70% of girl's.

Figure 7.11: Provides help with homework by family type



In two-parent households the child's mother was more likely to *always* or *regularly* help her child with homework than those in single-parent households. A total of 76% of mothers in two-parent households with 1 or 2 children compared to 69% of those in single-parent households with 1 or 2 children reported that they *always* or *regularly* helped their children. For larger households (3 or more children), two-parent households were more likely to *always* or *regularly* help with homework compared to single-parent households (71% compared to 62%).

For both two-parent and single-parent households, the chances of *rarely* or *never* helping with homework increased with the number of children in the household. For single-parent households, the figures rise from

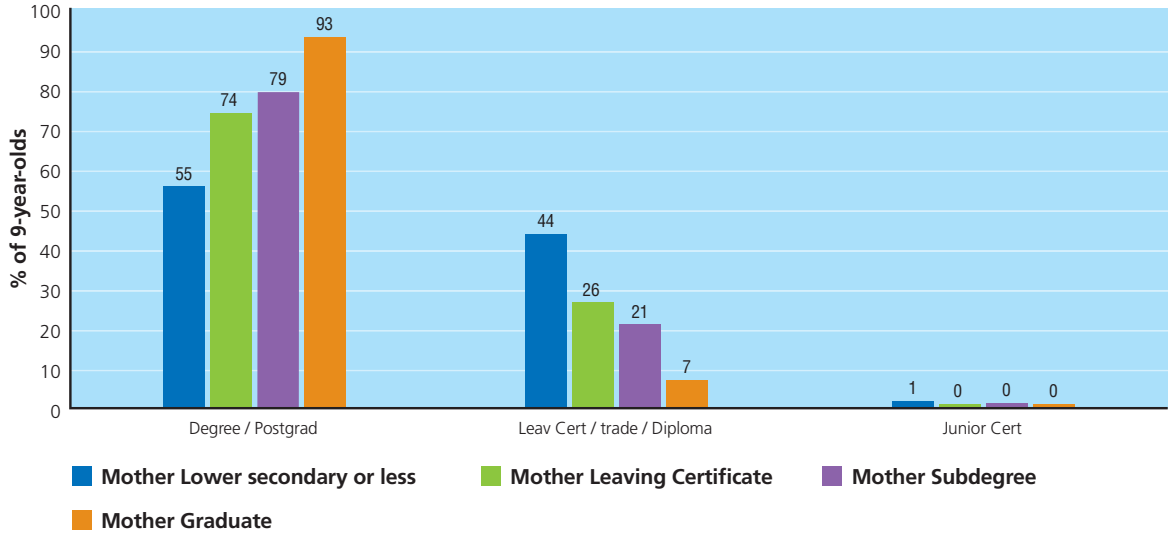
12% (1 or 2 children) to 20% (3 or more children) and, for two-parent households, the figures rise from 8% (1 or 2 children) to 11% (3 or more children). This probably reflects the increased demands on a parent's time related to larger family size.

Finally in this section we consider the child's report of whether or not they had read something together with their parents in the last week. Studies have indicated that parents' reading with children and interacting with them verbally are positively related to the children's reading performance (Majoribanks, 1988). Just under half (47%) of children reported that they had read something together with their parents in the week preceding their interview. No significant differences were evident in terms of child's gender or other sociodemographic characteristics such as family type, maternal education, family social class or income.

7.5.3. MOTHERS' EXPECTATIONS OF CHILD'S EDUCATION

The child's mother was also asked how far she expected her child to go in their education (Junior Certificate; Leaving Certificate, Apprenticeship/Trade, Diploma/Certificate, Degree or Postgraduate degree). In a review of the available literature, the New Zealand Families Commission (2005) found that high educational aspirations among parents for their children were common across different populations. This finding was reflected in ***Growing Up in Ireland*** where, in general, parental expectations of their child's education were high: less than 1% expected them to achieve only their Junior Certificate, 11% their Leaving Certificate, 7% an apprenticeship or trade, 11% a diploma or certificate, 49% a degree and 22% a postgraduate or higher degree (Figure 7.12). There were some gender differences with girls being slightly more likely to be expected to complete a degree (51% compared to 47%) and postgraduate degree (24% compared to 20%). Boys, on the other hand, were more likely expected to complete an apprenticeship or trade than girls (11% compared to 2%). It is interesting to note that this compares closely to actual differences in entry to higher education and apprenticeships among males and females (Byrne et al., 2009).

Figure 7.12: Mother's expectation of child's education by mother's own education level

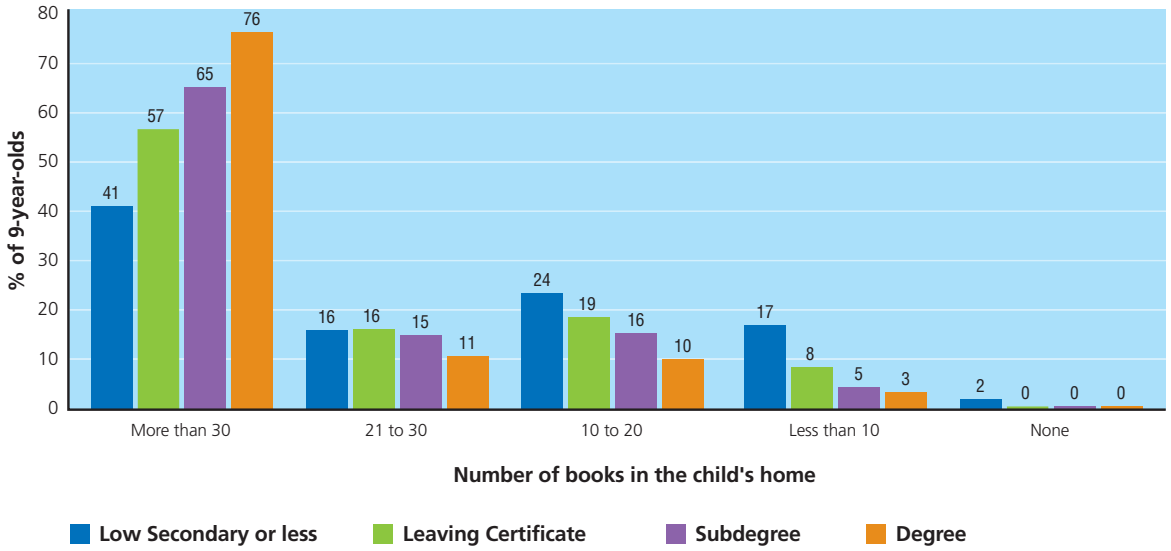


There was a very clear relationship between maternal education level and mothers' expectations for their children's education. A total of 55% of mothers who themselves completed Lower Secondary education or less expected that their child would complete their education to degree or postgraduate level rising to a high of 93% of mothers who had a graduate education. Similarly, the percentages expecting their child to complete their education to Leaving Certificate/Trade/Diploma level decreased as maternal education level increased.

7.5.4. READING-RELATED RESOURCES IN THE HOME

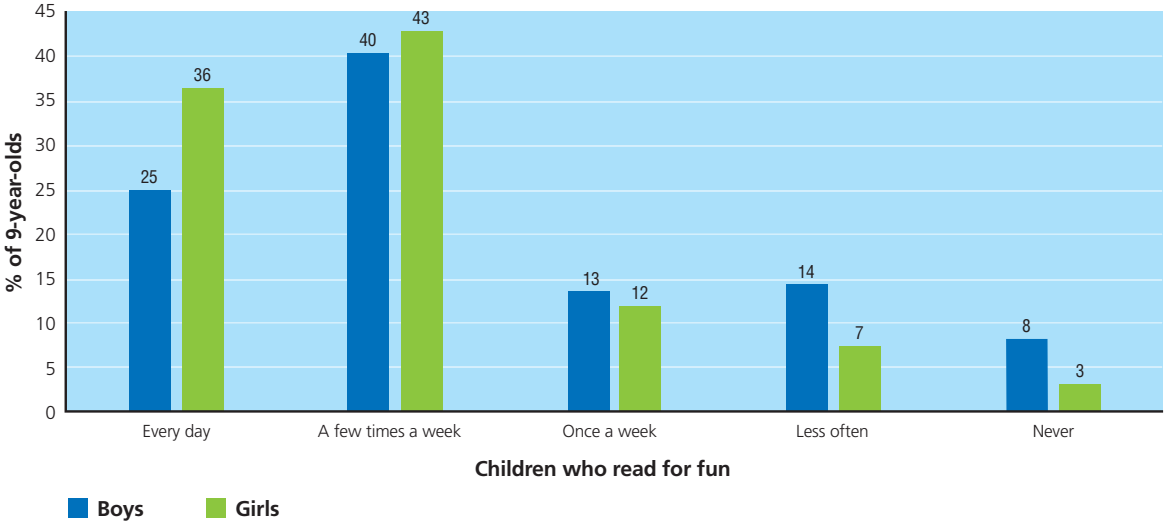
Information was recorded on how many children's books the child had access to in the home. Overall, the level was quite high with less than 1% reporting that they did not have access to any books and 56% reporting that they had access to more than 30 books in the home. Again, one can see a clear relationship between number of books in the home and level of maternal education. As mother's education level increased so too did the number of books in the home (Figure 7.13). A total of 76% of children whose mothers were Third Level graduates had more than 30 children's books in their home compared to 41% of nine-year-olds whose mothers had Lower Secondary education or less. Similar trends were also seen with family social class and income, with more books found in the homes of children from middle-class and/or higher income families.

Figure 7.13: Number of children's books in the home by maternal education



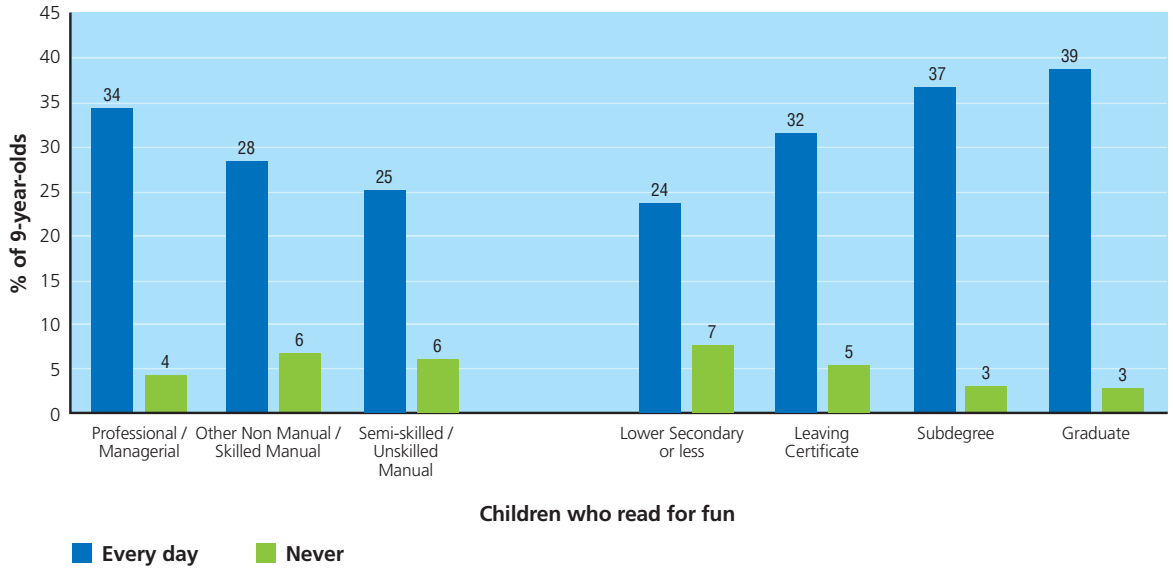
In addition to information on the presence of books in the home, the child was also asked to record how often s/he reads for fun (not for school). S/he was presented with six potential outcome categories: *every day, a few times a week, once a week, a few times a month, less than once a month, never.* In Figure 7.14 one can see that boys self-reported a lower incidence of reading for fun than girls – 25% of boys self-reporting that they read for fun every day compared with 36% of girls. The corollary is, of course, the much higher rates of self-reporting among boys of *never* reading for fun (8% for boys and 3% for girls).

Figure 7.14: Child's self-report on how often s/he reads for fun (not for school) classified by gender



The relationship between social class and maternal educational attainment in the incidence of child's reading for fun is illustrated in Figure 7.15. This charts the percentage of children self-reporting that they read for fun *every day* and *never* – the two extremes in the distribution. The positive relationship between incidence of reading with both social class and maternal educational attainment is clear. For example, 24% of children whose mother was in the lowest category of educational attainment reported that s/he reads every day. The comparable figure for children of graduate mothers was 39% – indicating that the latter had a 62% higher chance of reading for fun *every day* than their counterpart whose mother was in the lowest educational group.

Figure 7.15: Child's self report on how often s/he reads for fun (not for school) classified by social class and highest-level of mother's educational attainment – restricted to categories of *Every Day* and *Never*



7.6 KEY FINDINGS

- The child's academic performance, as measured by the Drumcondra Reading and Mathematics tests, varied by social class, income and maternal education, with those from the higher class, higher income and higher educated groups achieving higher scores on the tests.
- Generally, children were found to be positive about their schooling, with girls being more likely than boys to say that they liked school, looked forward to school and liked their teacher.
- Levels of absenteeism and uncompleted homework were higher for children from less advantaged groups, though the absolute differences were relatively small.
- Girls were more likely than boys to report that they liked Reading and Irish, but Mathematics was more popular with boys.
- Most nine-year-old children were being taught by female teachers, aged in their twenties.
- The majority of nine-year-old children were being in taught in schools with a pupil-teacher ratio of 17.5:1. The ratio among nine-year-olds who were in more disadvantaged schools was lower, reflecting the targeting of resources towards these schools over the last decade.
- In relation to discipline, verbal or written reports to parents were the most common forms of discipline with exclusion or expulsion rarely or never used.
- Mothers were found to support their child's education (by helping them with homework and attending school meetings), possess high levels of literacy and numeracy, and hold high expectations of how far their child will go in their education, with less than 1% expecting them to only achieve their Junior Certificate.
- In general, mothers had high educational aspirations for their children. Maternal expectations for their nine-year-olds were strongly related to their own education level, with those who had a graduate education themselves being most likely to expect their child to also achieve a graduate education.
- The education of the child's mother was also positively related to how many children's books were in the home, while reading for fun also showed important differences across social class groups and educational attainment groups. Girls were also more likely to read for fun than boys.

7.7 SUMMARY

This chapter has provided valuable insights into the educational experiences of nine-year-old children in Ireland. The findings reflect important processes in both the school and home environments of children and the relationship between these settings and their educational development. From the school setting the analysis provides a unique window on the formal context within which nine-year-old children are taught. We have seen that nine-year-olds were typically taught by female teachers, aged in their twenties – relatively few primary children were taught by male teachers and older more experienced teachers were also less prevalent. In operating schools and meeting the needs of pupils, teachers were largely positive about the behaviour of nine-year-olds and cited verbal reports as being the main discipline mechanism used, where necessary.

In relation to the home environment of nine-year-olds, high levels of functional literacy and numeracy are evident as are high educational expectations for their children. While some educational resources, such as the number of books in the home, are somewhat patterned across social class groups, it is positive to note that many of the results in relation to parental support and encouragement are not strongly related to social class background. However, results in relation to more tangible aspects of educational development, such as school attendance, homework completion and performance in Reading and Maths tests, show clearer differences across social groups, which are likely to have important implications for the continuing educational progress of these different groups of children, which will be the subject of future waves of the study.

The story told throughout the chapter underlines the link between the different domains of the child. It considered the amount of time the child spent reading for pleasure and the importance of family characteristics such as support and encouragement in their educational endeavours. The role of the school itself, the characteristics of the teachers and other resources within the school setting were discussed. The current report does not allow a full investigation of the interrelations between these various domains. It is clear, however, that they interact with each other and with the broad policy institutions (Bronfenbrenner's exosystem). This was evident above, for example, in the lower pupil/teacher ratios found among nine-year-olds in disadvantaged schools, reflecting a historic targeting of resources. All these factors interact to determine the child's educational outcomes. The precise form of that interaction will be the subject of subsequent reports.

The real strength of ***Growing Up in Ireland*** is, of course, the extent to which it will facilitate an analysis of the impact of the many influences and characteristics of the child's early life on her/his longer-term educational outcomes in teenage and adult years.

Chapter 8

PEER RELATIONSHIPS

8.1 INTRODUCTION

Children's experiences with their age-mates or peers become increasingly important as they grow up, providing support, companionship and entertainment (Hartup, 1983). During middle childhood, children spend more of their time with peers, both inside and outside the school setting. Interactions with peers provide them with opportunities to develop and refine particular social skills that are distinct from experiences available in the family system. It has been suggested that peer relations serve as a training ground for future interpersonal relationships (Bierman, 2004). In line with this, substantial research has documented that children who have poor peer relationships early in life are at risk of having problems in adolescence and into adulthood (Ladd, 2005). One particular aspect of negative peer experiences that has received attention in the literature is that of peer victimisation and bullying. Indeed, the issue of bullying and victimisation among children is a topic of considerable public concern and policy relevance. Being victimised by peers gives rise to a range of social and psychological problems, which can persist long after victimisation subsides (Ladd, 2005).

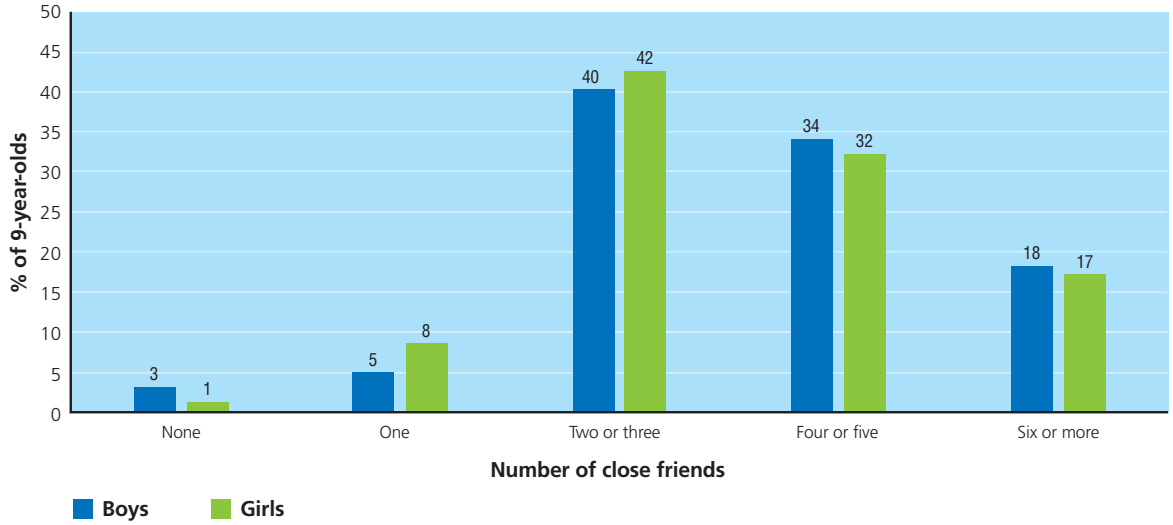
This chapter examines the peer relationships of the nine-year-old in ***Growing Up in Ireland***. Firstly, drawing upon information provided by the child's mother, we examine the extent of the child's friendship networks and amount of time spent with friends each week. Understanding these patterns of interaction are important, as children who have few friends or who spend little time interacting with friends may be deprived of important developmental experiences. The chapter then moves to examine the phenomenon of bullying and victimisation among nine-year-olds drawing primarily upon data obtained from children, but also on details collected from the child's mother. Questions relating to bullying focused upon the child's involvement in bullying in the past year, both as a victim and as a perpetrator. While bullying has traditionally been conceptualised as direct physical or verbal attacks, the scope has now broadened to include indirect or relational aggression to damage social status or peer relationships (Underwood, 2002; Crick & Grotpeter, 1995) and more recently, bullying through electronic means (Smith et al., 2008). Throughout the chapter, distinctions are made between these different forms of bullying.

A key variable in the analysis presented in the chapter is the sex of the child, as there has been considerable debate in the literature about whether boys and girls have different patterns of peer relationships, are overrepresented among bullies or victims, or engage in or are victims of distinct forms of bullying behaviour (Ladd, 2005; Rigby, 1998). Furthermore, as some research has implicated family factors involved in bullying, patterns of bullying and victimisation are explored in relation to family type and indicators of socioeconomic status (Whitney and Smith, 1993; Rigby, 2002).

8.2 FRIENDSHIP NETWORKS

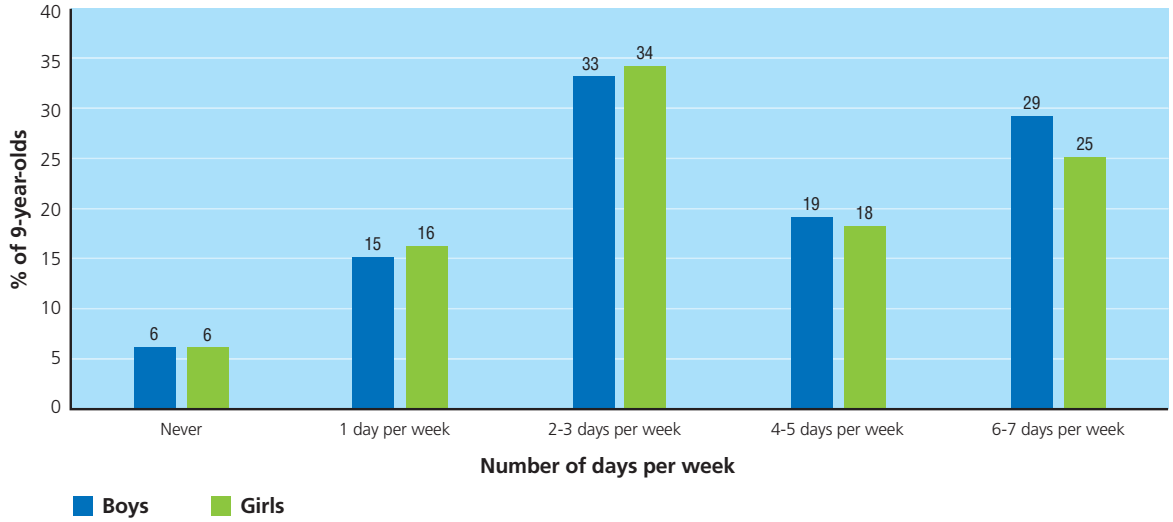
An important starting point for understanding children's experiences in the peer domain is the extent of the child's friendship network. The child's mother was asked to record the number of close friends her child had. Only 2% indicated that their child had no close friends and a further 6% indicated that their child had one close friend. A total of 41% of children had two or three close friends, while 51% of children had at least four close friends. Thus the majority of nine-year-olds appear to have at least two close friends. Analysis of number of friends according to sex of the child was conducted. No significant differences emerged and, as illustrated in Figure 8.1, the size of children's social networks was similar for boys and girls.

Figure 8.1: Number of close friends by sex of child



Time spent with friends was also investigated. This was indicated by the number of days per week that a child spent time with friends out of school hours. 6% of mothers reported that their child never spent time with friends out of school, while a further 16% stated that their child spent time with friends out of school only one day a week. In contrast, over one-third of mothers reported that their child engaged in activities with friends two to three days per week, and over one-quarter spent time with friends almost every day of the week. Taken together, these findings suggest that the majority of nine-year-olds spent time with friends out of school on at least two days a week. Sex differences were investigated, but revealed no distinct patterns for boys and girls, as illustrated in Figure 8.2.

Figure 8.2: Number of days per week that children spent with friends by sex of child



Further analysis revealed no systematic variation in either the size of children's friendship networks or the frequency with which they spent time with friends outside school, according to family type, social class, maternal education or income level.

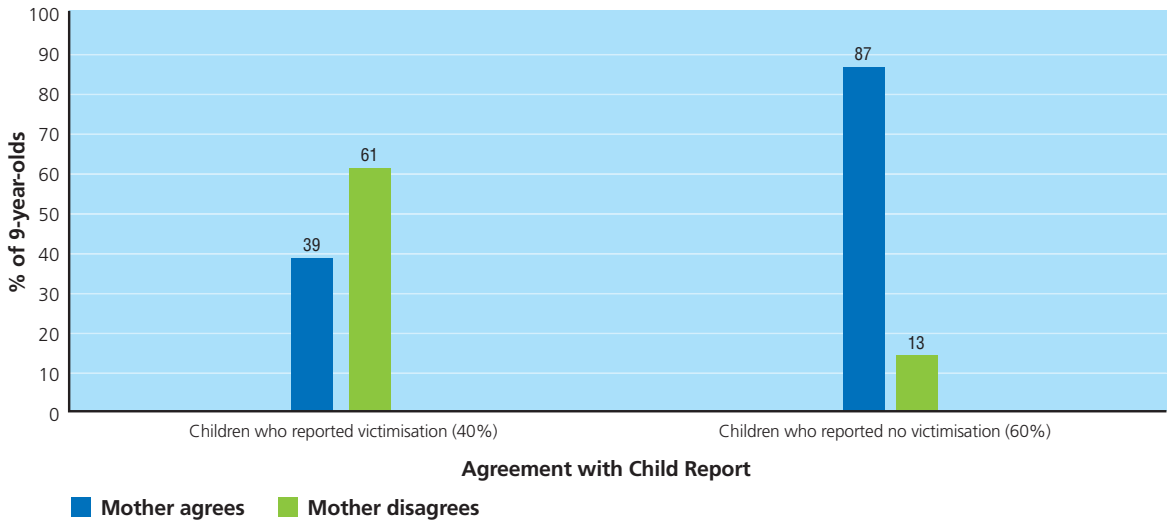
8.3 PREVALENCE OF BULLYING: VICTIMISATION

As indicated previously, bullying and victimisation represent a worrying aspect of a substantial proportion of children's experiences with their peers. Research suggests that bullying is quite pervasive in Irish schools and is likely to occur to a greater extent than parents and teachers realise. Based on a seminal national study of bullying behaviour in Irish schools, O'Moore, Kirkham and Smith (1997) reported that 31% of primary school children had been the victim of bullying, while 27% had admitted to bullying another in school. Being the victim of bullying has been associated with many different types of adjustment problems during childhood, adolescence and adulthood (Ladd, 2005; Hawker and Boulton, 2000). Victims of bullying report feeling lonelier and unhappier at school than their classmates and peer victimisation is a strong predictor of children's school avoidance (Ladd, Kochenderfer and Coleman, 1997). Children in ***Growing Up in Ireland*** were asked to respond to a series of questions about whether they had been bullied or 'picked on' in the previous year by either a child or an adult. A total of 40% of children reported that they had been the victim of bullying in the past year. Prevalence rates were the same for boys and girls.

Prevalence of peer victimisation was also investigated based on the information provided by the child's mother. Mothers were asked to respond to a series of questions about whether their child had been bullied in the previous year. Previous research has suggested that parents may not be privy to contexts where victimisation is likely to occur, and so parents may not be the best informants on children's bullying experiences (Ladd and Kochenderfer-Ladd, 2002). One of the many strengths of ***Growing Up in Ireland*** is the extent to which it provides an opportunity of testing whether or not this is the case. It is clearly very important from policy and other perspectives to assess the extent to which parental reports are consistent with those of their children. Based on responses from their mothers, 24% of children had been victims of bullying in the past year. This represents a significantly lower proportion than that reported by children, suggesting either that many parents are unaware that their child has experienced bullying in the previous year, or that they may have different perspectives about what constitutes bullying. Similar proportions of boys and girls had experienced bullying, according to their mothers.

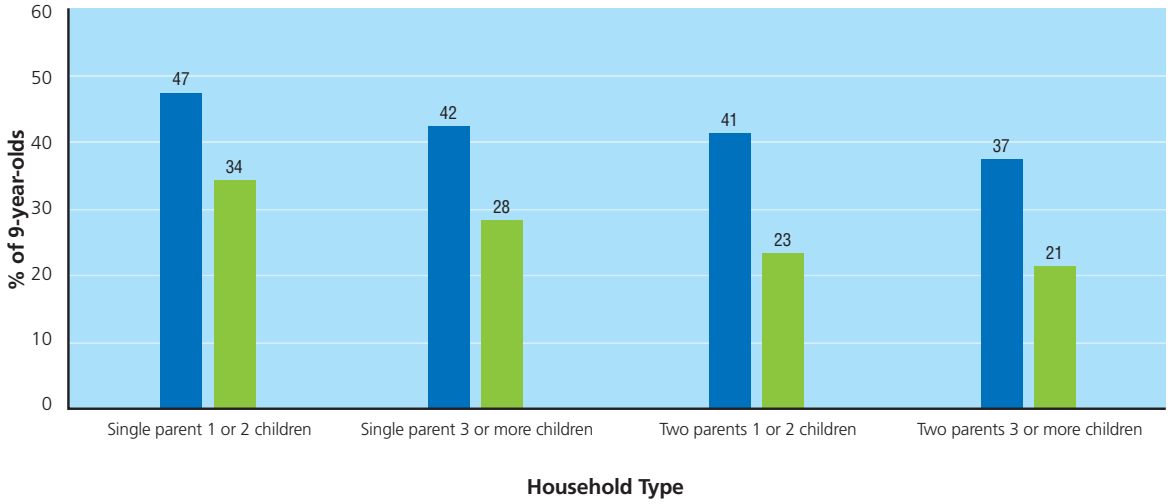
Further analysis considered the extent of agreement between mothers and children on whether the child had experienced victimisation in the past year. For the 40% of children who had been victimised in the past year, only 39% of parents were aware of it. For the 60% of children who had not been victimised in the past year, 87% of their mothers agreed that their child had not been a victim of bullying, while 13% of them believed that their child had been bullied. Figure 8.3 highlights the extent of agreement between individual mother/child dyads in reports of child victimisation.

Figure 8.3: Agreement between mother/child dyads in reports of child victimisation



Prevalence of victimisation was investigated in relation to family type. A significantly higher proportion of children from single-parent families with one or two children (47%) reported having been bullied than children from two-parent families with three or more children (37%). The trends that emerged based on the information recorded from their mothers were broadly similar to those based on children's reports. Overall, those parenting as a couple (regardless of the number of children) were significantly less likely to report that their child had been victimised, compared with children from single-parent families with one or two children. These patterns are illustrated in Figure 8.4.

Figure 8.4: Prevalence of victimisation experiences by family type and by respondent

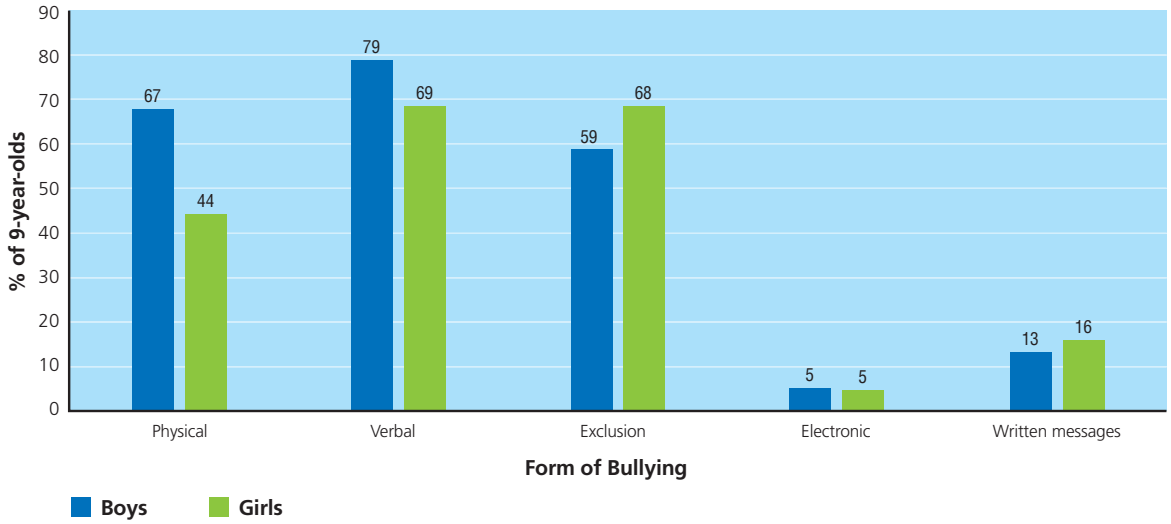


No clear patterns in terms of victimisation emerged relating to social class, based on both mother and child reports. In terms of family income, there were no significant differences in rates of victimisation based on children's responses.

8.4 NATURE OF VICTIMISATION

Children who reported that they had been bullied were then questioned about the nature of the bullying. Specifically, they were asked whether the bullying had taken a physical form (by shoving, hitting or pushing), verbal form (by name calling, 'slagging'), or had occurred via electronic means (by text messaging, emails, Bebo), written messages, or through exclusion (being left out of games, chats). Most commonly, children reported that they had been verbally bullied (74%), followed by exclusion (63%) and physical bullying (54%). Bullying via written messages (14%) and electronic means (5%) was less prominent. Together these figures suggest that children who were victimised experienced multiple forms of bullying. Figure 8.5 illustrates the different forms of victimisation reported by children who were bullied and highlights the nature of bullying experiences according to the sex of the child.

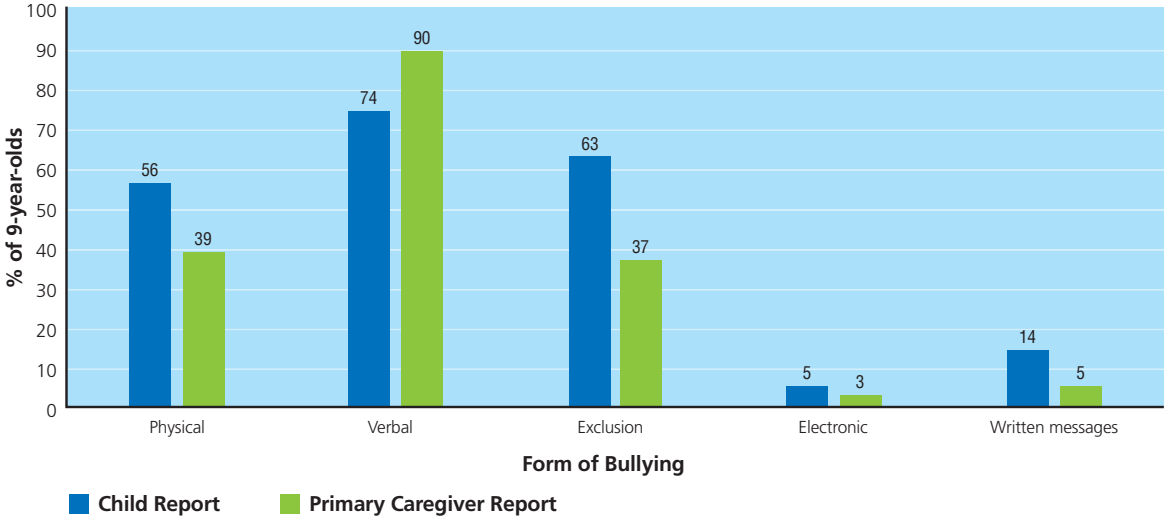
Figure 8.5: Nature of victimisation experiences by sex of the child



Analysis of the form of bullying according to the sex of the child yielded three significant differences between boys and girls. Boys who were bullied tended to experience physical bullying (67%) more than girls (44%). Boys tended to experience more verbal bullying than girls (79% for boys and 69% for girls), while the reverse pattern was observed for exclusion, where 68% of girls who were bullied experienced exclusion, compared with 59% for boys. Notwithstanding these gender differences, however, it is clear that both boys and girls had experienced a range of bullying behaviours. As illustrated in Figure 8.5, there was little difference in the proportion of boys and girls who were bullied via written messages and electronic means.

The majority (96%) of mothers who reported that their child had been bullied in the past year reported verbal bullying (90%), followed by physical bullying (39%) and exclusion (37%). A total of 5% of mothers reported bullying via written messages and 3% reported that their child had been bullied via electronic messages. As illustrated in Figure 8.6, these patterns resonate to some extent with those reported by children, in that verbal bullying emerged as the most commonly reported type based on both parent and child reports. However, the mothers of the children reported that all forms of bullying occurred less frequently than reported by their children. Furthermore, it should again be noted that parents reported lower levels of victimisation overall.

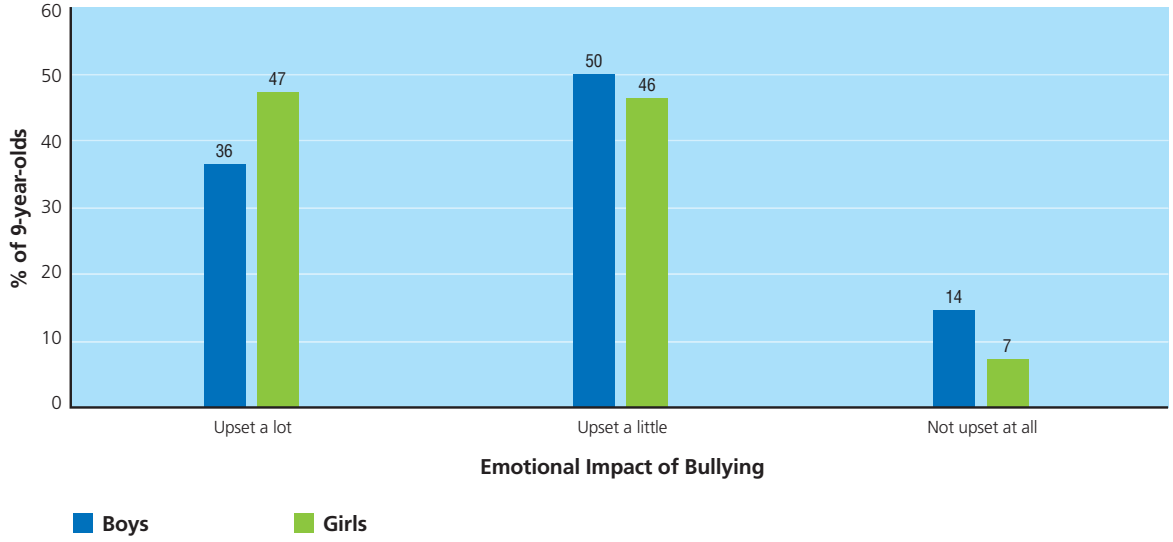
Figure 8.6: Nature of victimisation experiences by respondent



The mothers of the children were asked to reflect upon the reason that their child had been bullied. The most common reason, cited by almost one-third of respondents, was that their child was bullied because of their physical appearance (31%). Following this, class performance was cited by 12% as the reason underpinning the bullying. Other reasons mentioned included: physical/learning disability (7%), family background (7%), ethnicity (6%), being a teacher's pet (5%), inappropriate gender role (4%) and religion (1%). Children were not asked to indicate the reasons that they had been bullied.

The perceived impact of the bullying experience was also investigated and again boys and girls were compared. Children who were bullied were asked to consider the extent to which the bullying incident(s) had caused them to feel upset. Almost 90% of children reported that they had felt upset as a result of the bullying. A higher proportion of boys (14%) than girls (7%) reported *not being upset at all* by the bullying, though this difference was not significant. However, a significantly higher proportion of girls (47%) than boys (36%) reported feeling *a lot of upset* as a result of being bullied. Figure 8.7 outlines the proportion of boys and girls who reported feeling upset as a result of peer victimisation.

Figure 8.7: Emotional impact of victimisation by sex of the child



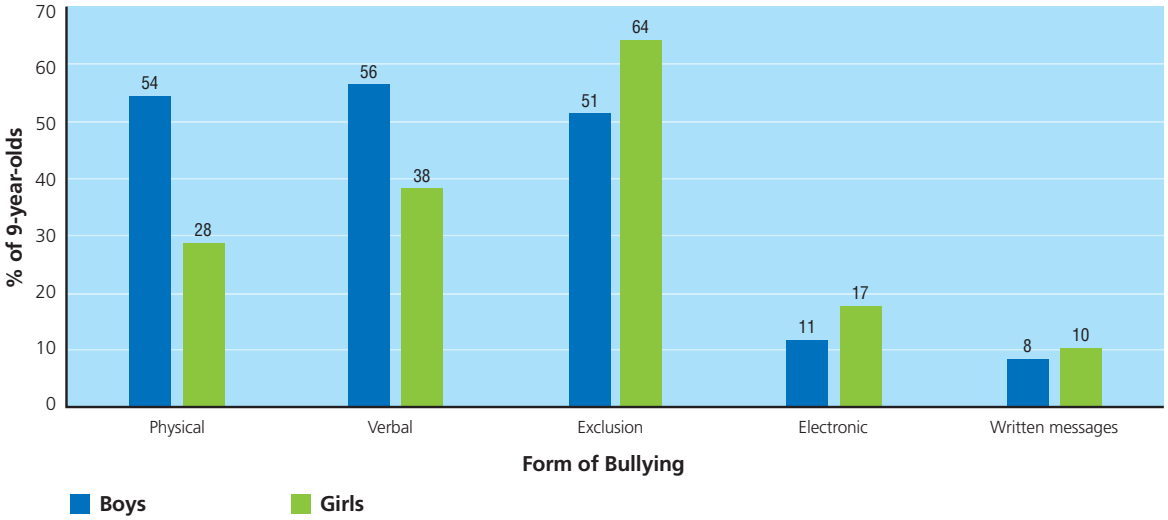
8.5 PREVALENCE OF BULLYING: BULLYING OTHERS

Previous research suggests that children who bully others demonstrate poorer psychosocial functioning than their classmates, exhibiting higher rates of aggression and impulsivity (Olweus, 1999). Furthermore, involvement in bullying as a perpetrator may be a precursor to persistent conduct problems and delinquency in later life (Wolke, Woods, Bloomfield and Karstadt, 2000; Loeber and Dishion, 1983). Children in ***Growing Up in Ireland*** were asked to report whether or not they had picked on somebody (either a child or an adult) in the past year. Thirteen per cent of children (15% of boys and 11% of girls) reported that they had picked on a child or an adult in the past year.

In line with children's reports of victimisation, children who had perpetrated bullying in the past year most commonly reported engaging in bullying through exclusion (56%), followed by verbal bullying (48%) and physical bullying (43%). Children who had bullied another reported using written messages (13%) and electronic means (8%) less frequently than other forms of bullying. Parents were not asked about their child's perpetration of bullying.

Previous research suggests that boys are slightly more likely to engage in physical bullying, while the difference is less pronounced for verbal bullying and exclusion (Smith, 2004). Sex differences were investigated with regard to types of bullying behaviours and significant patterns emerged, as illustrated in Figure 8.8. Boys were more likely to engage in physical and verbal bullying, while girls were more likely to engage in bullying through exclusion. There were few differences between boys' and girls' engagement in bullying via written messages and electronic means. These noticeable sex differences in perpetration are consistent with sex differences in victimisation experiences of boys and girls, as reported previously.

Figure 8.8: Nature of perpetration by sex of the child



Perpetration of bullying was also analysed in relation to family type, social class, family income level and maternal education level. Rates of perpetration did not differ according to any of these characteristics of the child.

8.6 PREVALENCE OF BULLYING: BULLY/VICTIMS

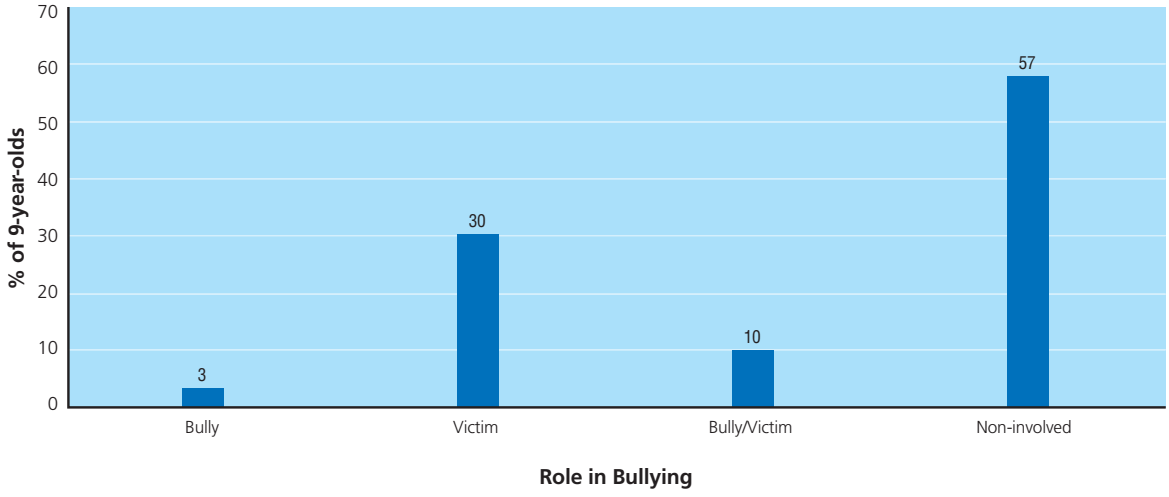
Thus far, children have been classified as either bullies or victims. However, bullies and victims are not mutually exclusive categories, and previous research has indicated that this dichotomy is an oversimplification (O'Moore, 1997, Smith, 2004). In broad terms children can be classified into four groups as follows, depending on their bully/victim status:

- bully only
- victim only
- bully/victim – both a bully and a victim
- non-involved – neither a bully nor a victim

The children classified as bully/victims are a distinct group who may exhibit a higher risk of behavioural problems and psychosocial difficulties than bully only or victim only groups (Wolke, et al., 2000).

Figure 8.9 provides a summary breakdown of nine-year-olds into the four groups in question. It is clear that a small proportion of children are classified as bully/victims – 10% of the children overall (representing approximately 5,600 children). Only 3% of the children (approximately 1,700) can be classified in the bully only category – children who had bullied another but had not been victimised themselves. A total of 30% of children (almost 17,000) are victims only – children who had been bullied themselves but had not bullied another. Finally, 57% of nine-year-olds (approximately 32,000 children) were neither victims nor bullies.

Figure 8.9: Classification of children's involvement in bullying



Finally, analysis indicates that children's involvement in bullying (both as a victim and as a perpetrator) was not related to the extent of their friendship network or the frequency with which they spent time with friends outside school. While it was beyond the scope of this report to investigate this further, the lack of association between involvement in bullying and extent of the friendship network may suggest that those who bully others are not necessarily friendless individuals who lack social skills. Furthermore, those children who are victimised by peers may not necessarily be socially withdrawn individuals, unable to form friendships.

8.7 KEY FINDINGS

- The majority of nine-year-olds had at least two close friends and spent time with their friends out of school on at least two days of the week. Half of the children had a larger friendship network, with at least four close friends and one-quarter of the children spent time with their friends almost every day of the week.

- A total of 40% of nine-year-olds reported being victims of bullying in the past year, and boys and girls experienced similar rates of victimisation. Prevalence rates based on information provided by the child's mother were substantially lower than rates based on children's reports, with 23% of the mothers of nine-year-olds reporting that their child had been victimised in the previous year.

- Many mothers were unaware of their children's experiences of bullying. For the children who did report victimisation in the previous year, only 39% of their mothers appeared to have been aware that their child had been the victim of bullying.

- Verbal bullying emerged as the most common form, followed by exclusion and physical bullying. Boys were more likely to have experienced physical and verbal bullying, while girls were more likely to have experienced exclusion. There was little difference in the proportion of boys and girls who were bullied through written messages and electronic means and these forms of bullying occurred much less frequently than the other forms.

- Experiences of victimisation were upsetting to the majority of children. Almost 90% of children reported that the bullying had caused them upset. Girls were more likely than boys to report feeling *very upset* as a result of the bullying.

- Mothers who were in single-parent families with one or two children were more likely to report that their child was a victim of bullying than those who were parenting as a couple.

- 13% of children reported having bullied another in the previous year. Similar proportions of boys and girls reported bullying another. Children who had bullied most commonly engaged in bullying through exclusion, followed by verbal bullying and physical bullying. Boys were more likely to engage in physical and verbal bullying, while girls were more likely to engage in bullying through exclusion. These patterns also clearly reflect what children reported in terms of victimisation.

- A substantial proportion of children are involved in bullying in one form or another. A total of 40% of children had been victimised and 13% had bullied another. There was a clear overlap between children who had bullied another and children who had been victimised – these children are classified as bully-victims and constituted 10% of nine-year-olds.

8.8 SUMMARY

The findings presented in this chapter provide a broad overview of the role of peers in the lives of the children. Given that the majority of children are members of a friendship network and spend a substantial proportion of their time with friends each week, the significance of these experiences for children's wellbeing and development merits further attention. While it is beyond the scope of this report to tease out these issues, important questions remain regarding the potentially protective role of these relationships and the deleterious effects of being without a peer network. Furthermore, investigation of child and family factors associated with friendlessness is also important as a means of identifying children at risk of isolation or rejection from their peer group.

The experience of bullying appears to be common for nine-year-olds in ***Growing Up in Ireland***. In line with much international literature, the prominent sex differences in forms of bullying indicate that policy and intervention aimed at addressing the issue of bullying needs to account for the covert as well as the more direct forms. Furthermore, the prevalence of electronic forms of bullying, while relatively low for children at this age, also deserves further investigation, as the use of internet, mobile phones, and social networking sites becomes increasingly popular. Important questions remain regarding the impact of victimisation experiences on children's social and academic functioning, self-esteem, and general physical and emotional health.

Many parents appeared to be unaware of their children's experiences of victimisation at the hands of their peers. It is not yet known whether this discordance between children's and parents' reports is related to parenting style within the home, quality of the parent-child relationship, employment status of parents, family structure, or, indeed, differences between child and parent in the definition and understanding of what constitutes bullying. Understanding the factors associated with non-disclosure of bullying experiences could be useful in terms of developing effective anti-bullying strategies and identifying children who are being bullied. One interesting finding to emerge is that there were few clear distinctions in prevalence of perpetration or victimisation in terms of the child's sex, maternal education, income levels and social class. This suggests that all children are potentially vulnerable to the effects of bullying regardless of sociodemographic factors. One notable exception is the reports of higher levels of victimisation among children from smaller single-parent families (with one or two children) when compared with families headed by a couple. The factors underpinning this association clearly deserve further consideration. In particular, as longitudinal data become available in subsequent waves of the Study, it will be particularly important to investigate the persistence of bullying over time, as well as its impact on the child's development. The implications for the child, for policy and for intervention are clear. This particular aspect of peer relationships is possibly one of the more policy amenable aspects of a child's early life.

Chapter 9

CHILDREN'S ACTIVITIES

9.1 INTRODUCTION

This chapter explores a range of structured and unstructured activities in which nine-year-olds were engaged. How children spend their free time and the activities in which they participate can have an important impact on their wellbeing in terms of physical and mental health, cognitive and socioemotional development and peer relationships (National Children's Office, 2004). The physical, cognitive and motivational demands of children's daily activities can provide important developmental opportunities (Larsen and Verma, 1999; Silbereisen, Noack and Eyferth, 1986). Studies have shown that some activities can build resilience in children, giving them solace and reasons to feel proud (Werner, 1993). Coalter and Taylor (2001) suggest that children's involvement in structured activities can also have benefits for wider society, such as fostering social inclusion and tackling anti-social behaviour. McHale, Crouter and Tucker (2001) have identified links between the nature of free time activities and children's later adjustment to adolescence. In this chapter we consider a range of activities undertaken by the children and examine how participation varies according to their own characteristics and those of their families.

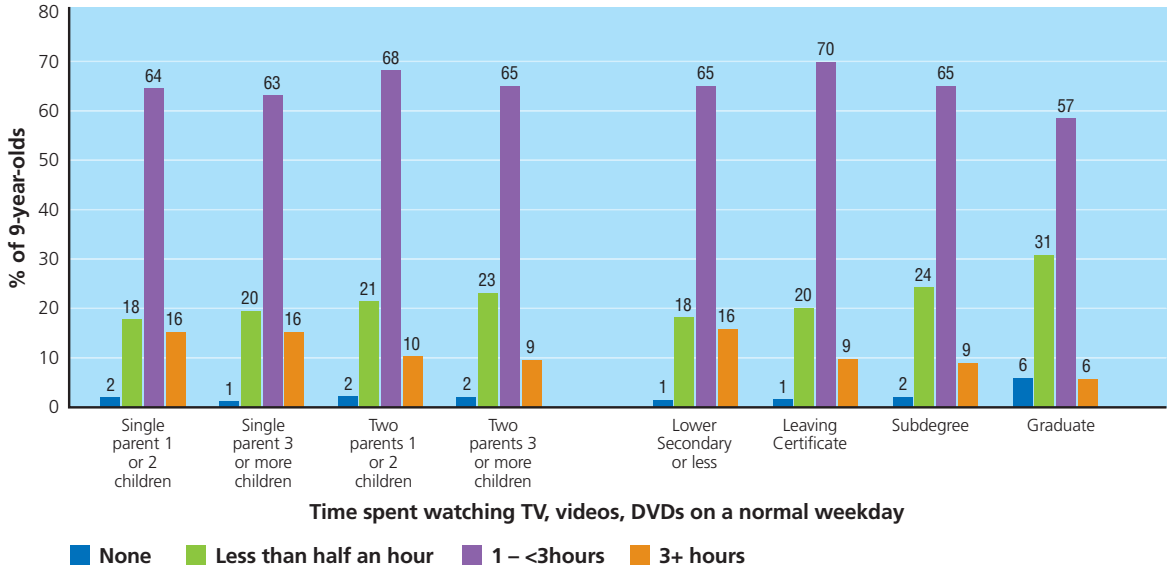
9.2 WATCHING TV, VIDEOS AND DVDS

Middle childhood sees an increase in television viewing. Although this may have potentially beneficial impacts in terms of educational development and relaxation for the child, views on its overall impact are more mixed. Participation in this type of sedentary activity can have a particularly important impact on a child's health outcomes. Many studies have linked obesity to a number of sedentary leisure pursuits such as watching television, and computer game use (Gortmaker, et al.,1996; Robinson, 1999). The Dunedin Multidisciplinary Health and Development Study (Hancox, Milne and Poulton, 2004) found that average weeknight viewing between ages 5 years and 15 years was significantly associated with higher body mass indices at age 26 years, even after controlling for a number of factors such as BMI at age 5 and socioeconomic status. The precise factors driving this relationship are not known but possibilities include reduced energy expenditure and increased dietary intake during viewing (Janssen, Katzmarzyk, Boyce, King and Pickett, 2004). As the findings in Chapter 4 of the current report demonstrate, one in every four nine-year-old children in Ireland had a BMI which would be defined as problematic in relation to disease risk. We also saw that in terms of physical exercise, although boys were more likely than girls to be meeting the WHO recommendation of 60 minutes of moderate to vigorous physical daily activity, children of both genders were generally below the international recommendations for daily physical activity levels. The child's lifestyle, behaviour and participation in a range of activities clearly have an important bearing on these worrying trends in their development.

The increase in television viewing at this time in the child's life can impact not only on his/her physical health but can also impact on socioemotional development through, for example, increased risk of exposure to media violence and aggression. Although the causal link between TV violence and aggression has long been debated, research continues to support the connection (Ledingham, Ledingham and Richardson, 1993; Villani, 2001). Villani (2001) reviews a decade of research findings and concludes that exposure to media violence is associated with an increase in violent and aggressive behaviour, increased high risk behaviours (including tobacco and drug use), and accelerated onset of sexual activity. As noted by Huston et al., (1990) and Wright et al., (2001) TV viewing by children is often blamed for a multitude of social and developmental problems without due regard to the nature and content of the programs being watched. The lack of information on the content of programs forces much of the research in this area to focus only on the amount of time spent viewing. Notwithstanding the gap in information on the nature of programs being viewed, it is important in assessing the role of TV viewing on development in later life to at least identify which groups have the highest viewing times at this important formative stage in their lives. Clearly, as longitudinal data emerge from the study it will be possible to examine the impact of viewing times on subsequent behavioural and other outcomes.

Based on the information provided by their mothers, almost all nine-year-olds watched television, videos and DVDs. Only 2% were recorded as watching no TV on an average weekday during term time. Two-thirds were reported by their mothers to view one to three hours of TV with 10% having been recorded as viewing three or more hours. There was no difference in viewing times for boys and girls. Substantially significant differences in viewing times were evident, however, in terms of family structure and level of maternal education. Figure 9.1, for example, shows that 16% of children from single-parent families viewed TV, etc. for three or more hours daily compared to 9% of children from two-parent families.

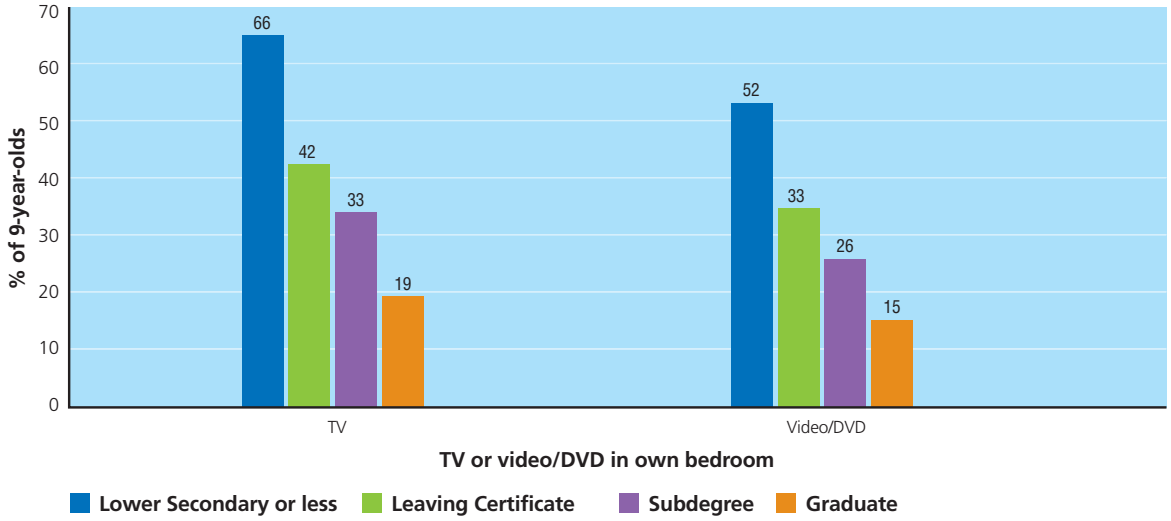
Figure 9.1: Maternal report on time spent by nine-year-olds watching TV, videos or DVDs on a normal weekday during term time, classified according to (a) family type and (b) mother's highest level of educational attainment



Similarly, 16% of children whose mothers had left school on completion of the Junior Certificate or less watched TV, etc. for three or more hours daily. The comparable figure for the children of graduate mothers was 6%.

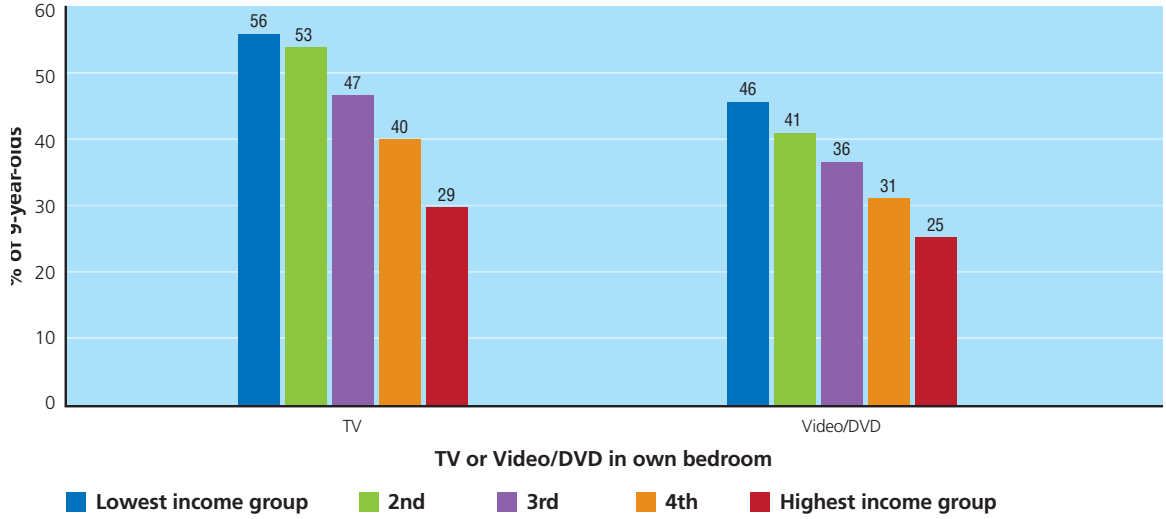
Parents further reported that 45% of their nine-year-olds had a TV and 35% a video/DVD player in their bedroom. A higher percentage of boys (46%) were reported to have a TV in their bedroom than girls (43%). The prevalence was higher among children whose mother was in the lower education categories and those in lower family income and social class groups. Figure 9.2 indicates, for example, that 66% of nine-year-olds whose mother was in the lowest category of educational attainment had a TV in their bedroom compared with 19% of children whose mother had a Third Level degree. The same patterning is apparent in respect of the children having a video/DVD in their bedroom.

Figure 9.2: Percentage of nine-year-olds who have (a) a TV and (b) a video/DVD player in their own bedroom classified by level of mother's highest level of educational attainment



It is clear from Figure 9.3 that income is not the constraining factor here; indeed quite the contrary. One can see that 56% of children from the lowest family income group were reported by their parents to have a TV in their bedroom. This level fell progressively with income to stand at 29% among children in the highest income group. The same process seems to be in operation in respect of video/DVD players in their bedrooms.

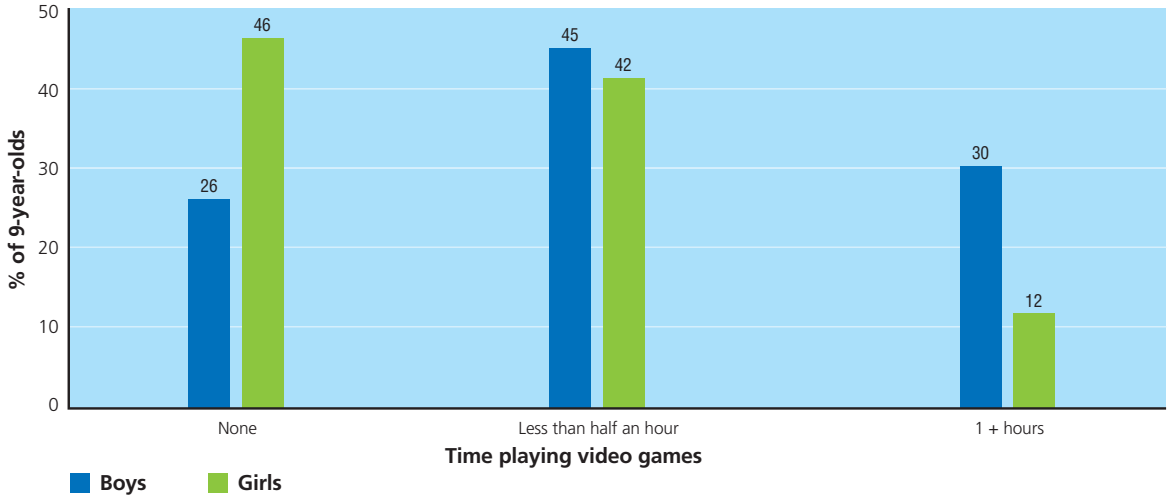
Figure 9.3: Percentage of nine-year-olds who have (a) a TV and (b) a video/DVD player in their own bedroom classified by level of family income (equivalised)



9.3 PLAYING VIDEO GAMES

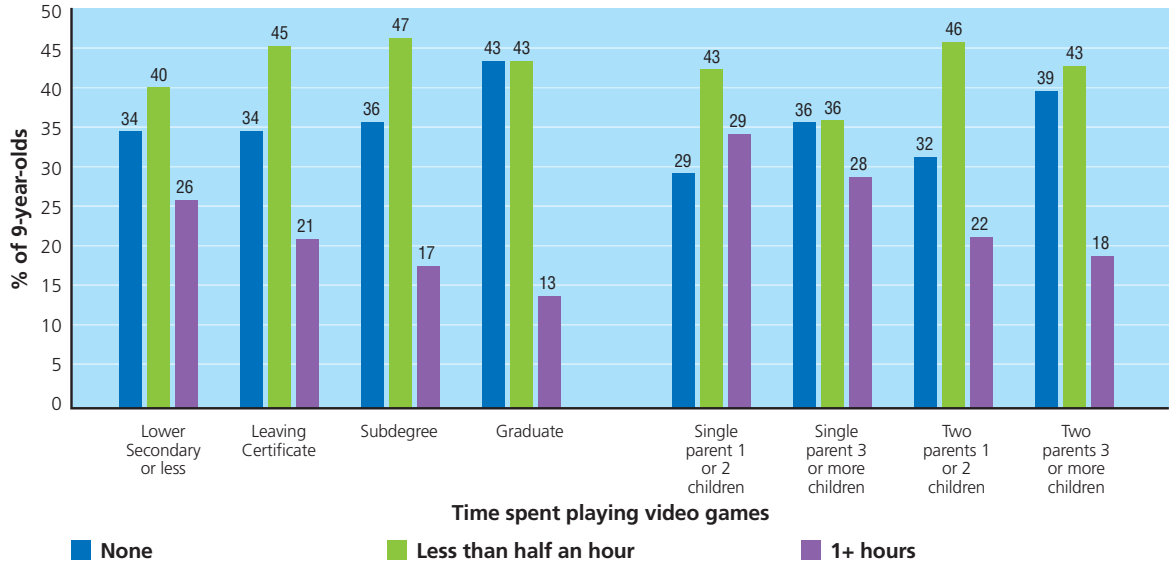
Boys were reported to be spending significantly more time playing video games, such as Playstation, Xboxes and Nintendo, than girls. Figure 9.4 shows that 46% of girls were recorded by their mother as not spending any time playing video games on an average weekday, compared with only 25% of boys. Almost 30% of boys (compared with 12% of girls) were reported as spending one or more hours daily playing these games.

Figure 9.4: Maternal report on time spent by nine-year-olds playing video games on a normal weekday during term time, classified by sex of child



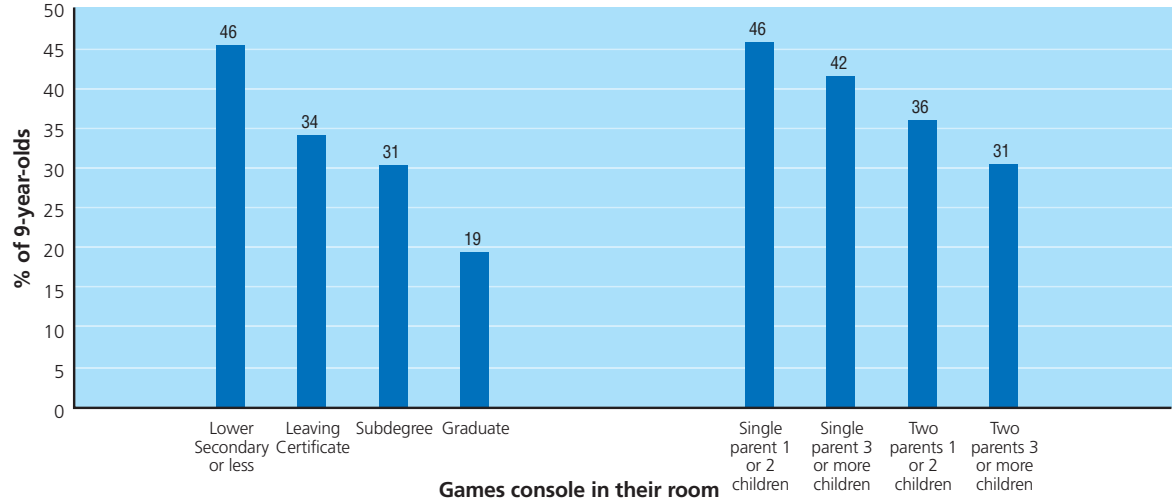
Time spent playing video games was related to level of mother's educational attainment as well as family type. One can see (Figure 9.5) that 26% of children whose mother had left school with Junior Certificate or less played video games for an hour or more each day compared to only 13% among those whose mother was a Third Level graduate. The chart also shows the significant relationship between time spent playing video games and family type, with children from single- parent families spending significantly longer than their counterparts from two-parent families.

Figure 9.5: Maternal report on time spent by nine-year-olds playing video games on a normal weekday during term time, classified by mother's highest level of educational attainment



Just over one-third of all nine-year-olds were recorded as having a video games console in their bedroom. As was the case with a TV in the child's bedroom the incidence was higher among children in lower social class, family income and maternal education categories, as well as among those in single-parent families. For example, almost half of all nine-year-olds (46%) whose mother had lower levels of educational attainment had a games console in their bedroom compared with 19% of children whose mothers were Third Level graduates (Figure 9.6). Similarly, 42-46% of nine-year-olds from single-parent families had a console in their bedroom compared with 31-36% of those in two-parent families.

Figure 9.6: Percentage of nine-year-olds with a games console in their bedroom, classified by mother's highest level of educational attainment and family type



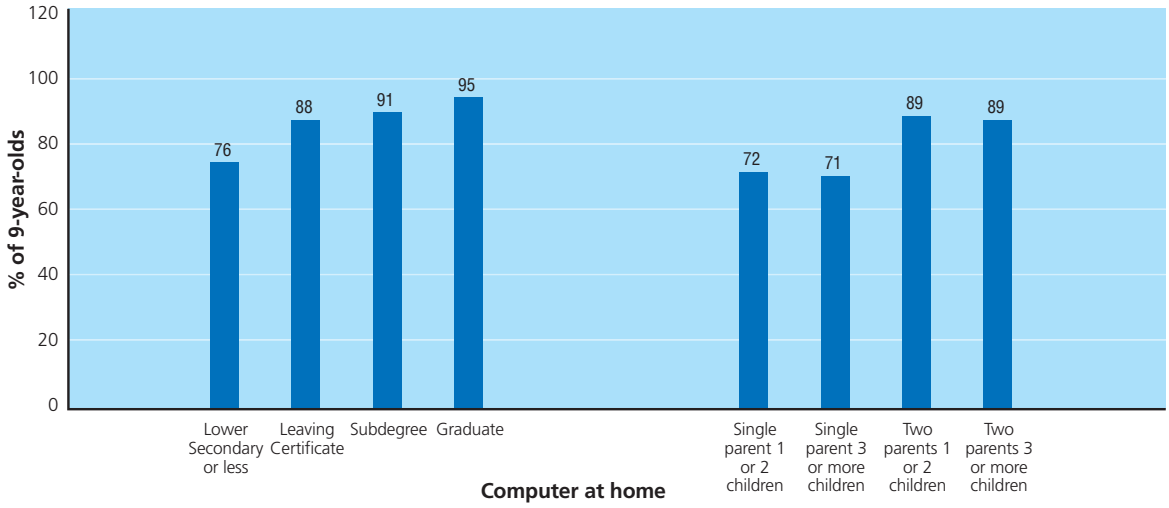
9.4 CHILDREN'S ACCESS TO AND USE OF A COMPUTER AT HOME

One area in which there are substantial differences between the schooldays of contemporary nine-year-olds and those of their parents is the availability and use of personal computers. Figures from the Central Statistics Office indicate that, in 2008, 70% of all households in Ireland had a computer, of which 87% were connected to the internet. As well as their growing use in the home, computers are being increasingly used as an educational tool in schools. Accordingly, children growing up in Ireland today have, potentially, access to a much greater range of learning material and knowledge than could possibly have been provided in the traditional classroom or home of their parents.

Not all commentary on children's use of computers has, however, been positive. There are concerns that over-reliance on them as an educational tool in the classroom will lead to an emphasis on subjects that lend themselves to this medium, such as Maths and Science, to the detriment of subjects like art and literature (Santrock, 1998). Some commentators have suggested that social and other inequalities may be exacerbated through the increased role of computers in the child's life. Children who come from homes that cannot afford a computer may be at a disadvantage compared to classmates who can practice their computer skills at home and use the internet as a resource for school projects (Malcolm, 1988; cited by Santrock, 1998).

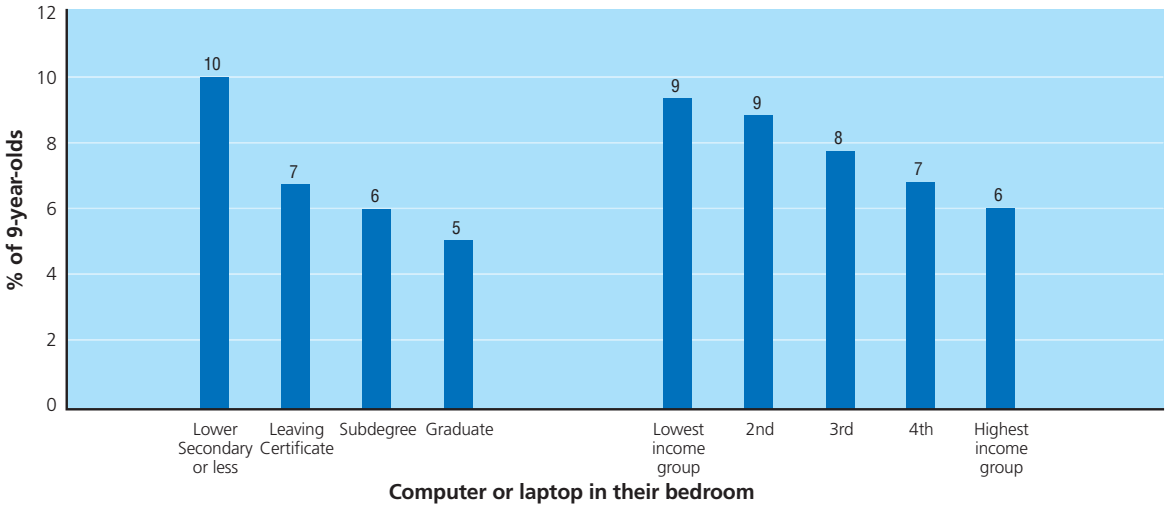
A total of 86% of all nine-year-olds recorded in the course of their own interview that they had a computer in their home. Almost all children (93%) from higher social class groups had a home computer compared with three-quarters (78%) of nine-year-olds from lower social class categories. Ownership was also strongly related to maternal education and family type. Figure 9.7 shows that 76% of nine-year-olds whose mother was in the lowest category of educational attainment had access to a home computer compared with 95% of those whose mother was a Third Level graduate. It is also clear from the chart that substantially lower percentages of children from single-parent families (71–72%) had access to computers at home than those from two-parent families (89%).

Figure 9.7: Percentage of nine-year-olds with a computer at home, classified by mother's highest level of educational attainment and family type



Only a small proportion of children (8%) were reported by their mother to have had a computer or laptop in their bedroom. As with the other electronic items discussed above (TV, video/DVD, etc.) the prevalence of a computer or laptop in the child's bedroom was significantly and negatively related to maternal education and family income (Figure 9.8). Prevalence among children whose mother was in the lowest educational category as well as those in the lowest family income group was significantly below that among other groups. There were also significant differences according to family type – being higher among single- than two-parent families.

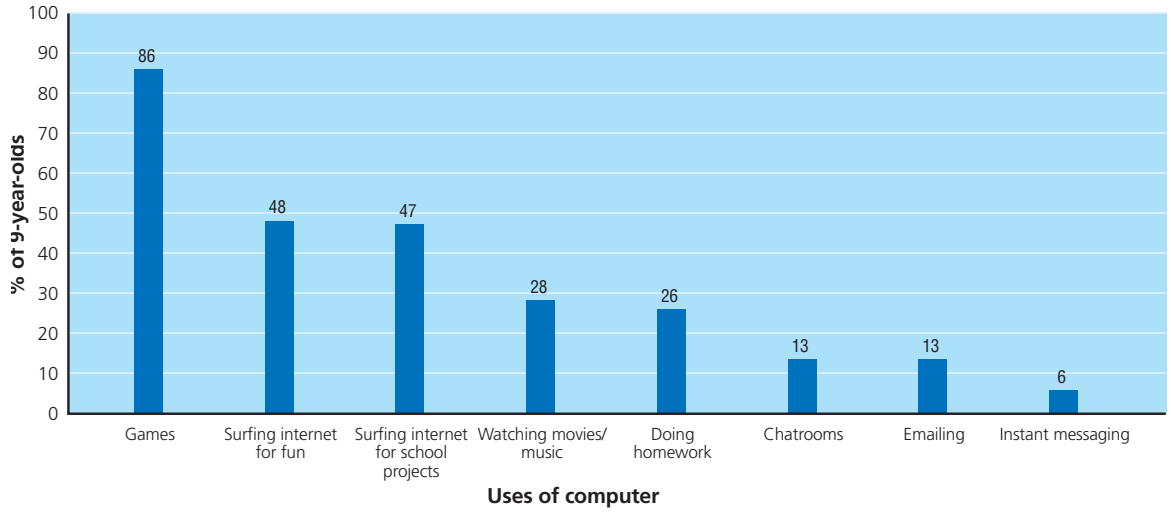
Figure 9.8: Percentage of nine-year-olds with a computer or laptop in their bedroom, classified by mother's highest level of educational attainment and family income group



The children who had a computer at home were asked to record how often they used it – *never, a little* or *a lot.* Only 9% of children said they *never* used the computer at home. Two-thirds said they used it a *little* and one-quarter said they used it a *lot*. There was no significant difference in frequency of computer usage according to the child's sex, social class, family type, level of maternal education or household income.

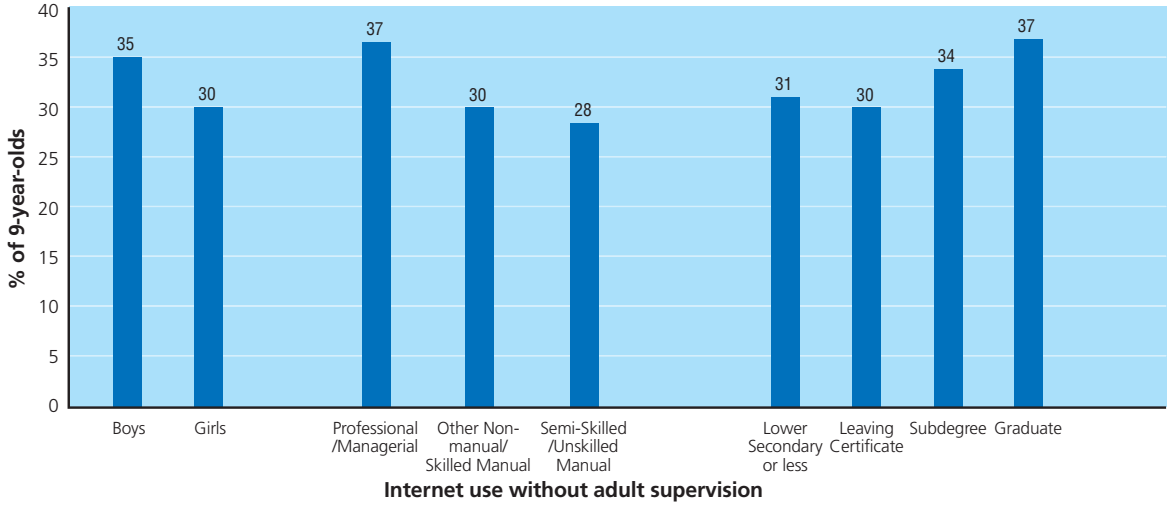
When asked what they used the computer for, the children recorded that they used it most frequently for *playing games* (cited by 86%). The next most frequently mentioned use was *surfing the internet* (for both school projects and for fun) – both recorded by just under 50% of children. *Watching movies* (29%) and *doing homework* (25%) were also important uses, with *chat rooms* (13%), *email* (13%), and *instant messaging* (6%) being mentioned by somewhat smaller proportions of children (Figure 9.9).

Figure 9.9: Uses to which children reported using the computer at home



Children's safety when accessing the internet is clearly an issue of major importance for parents and policy makers alike. One-third of all children who had a computer at home recorded that they were allowed to use the internet without adult supervision. The reported level of unsupervised access was higher among boys (35%) than girls (30%) and also increased with increases in both social class and mother's educational attainment, for example 37% of children from Professional/Managerial backgrounds compared with 28% among those from the Semi-skilled/Unskilled Manual group (Figure 9.10). One possible explanation for this trend is the installation of protective software on the home computer in families from higher social class or educational attainment categories. Information on whether or not this type of software was installed in the child's home was not available from ***Growing Up in Ireland.***

Figure 9.10: Percentage of children who recorded being allowed to use the internet without parental or other adult supervision classified by sex of child, social class and highest level of mother's educational attainment



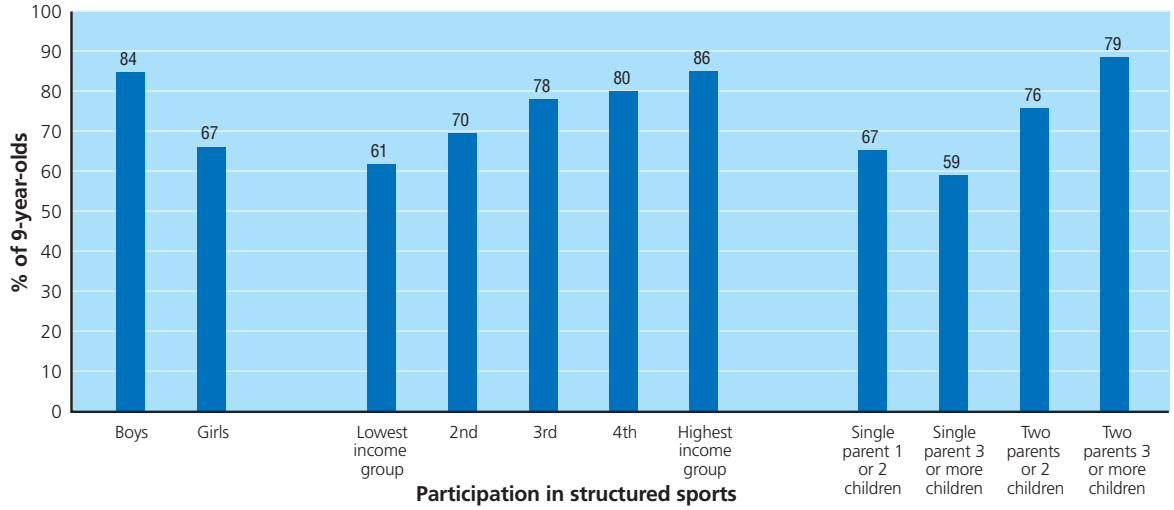
9. 5 CHILDREN'S PARTICIPATION IN STRUCTURED ACTIVITIES

Participation in structured or organized activities for children can have major beneficial impacts on their developmental outcomes. Positive effects of after-school programs have been observed in relation to sports or activity-oriented participation (Pettit *et al.,*1997). Cosden et al., (2004) suggest that the benefits of activity-oriented participation may come about through increased self-esteem and greater engagement with the school environment/ethos in a more positive way (if the activity is school-based). One of the seven long-term goals for children set out in *Towards 2016*[1] is that every child should have access to quality play, sport, recreation and cultural activities to enrich their experience of childhood. Similarly, the National Play and Recreation Policy (NCO, 2004) sets as its aim to ensure that all children had access to at least a minimum standard of play and recreation facilities. These issues were explored in ***Growing Up in Ireland*** with the children's mothers being asked to record whether or not their nine-year-old participated in any clubs or organisations outside of school hours. These included: Sports/Fitness Club (gym, GAA, soccer, hockey, etc.); Cultural activities (dance, ballet, music, drama, etc.); Youth Clubs; Scouts/Guides/Boys' Brigade/Girls' Brigade and Homework Club.

9.5.1 PARTICIPATION IN SPORTS ACTIVITIES

Figure 9.11 indicates that a large majority of the children (75%) were engaged in an organised sports activity. Participation among boys (84%) was much higher than among girls (67%). Rates increased with family income (61% among lowest income families compared with 86% among highest income families) and were also higher among children in two-parent families (especially those with 3 or more children).

Figure 9.11: Maternal report on participation in structured sports classified by sex of child, family income and family type



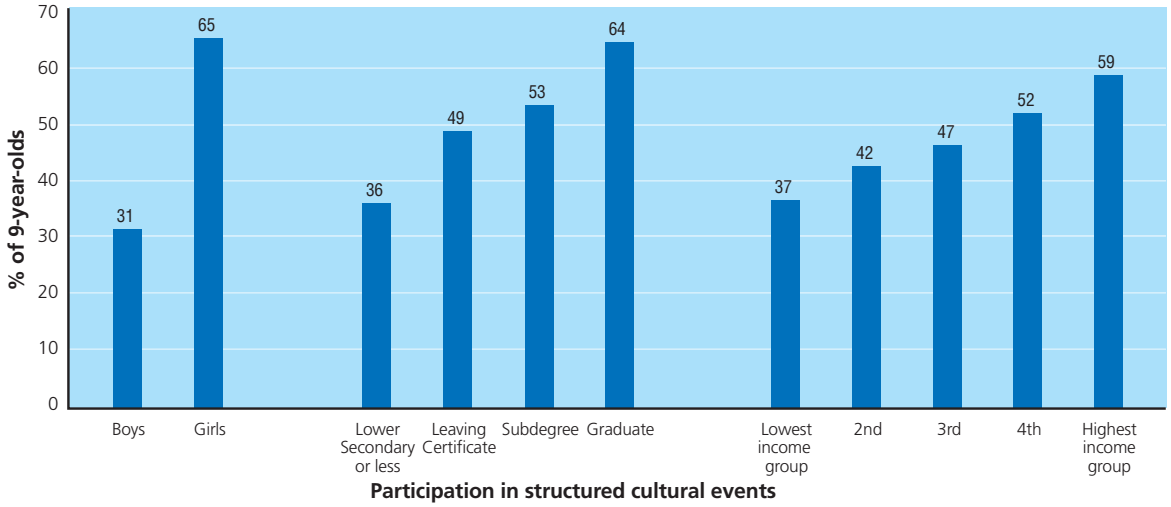
9.5.2 CHILDREN'S PARTICIPATION IN STRUCTURED CULTURAL ACTIVITIES

Just under half of the children (47%) were involved in structured cultural activities such as dance, ballet, arts, drama, etc. (Figure 9.12). More than twice the proportion of girls (65%) than boys (31%) took part in these activities. Participation rates were significantly related to maternal education, social class, family income and family type. Figure 9.12 shows that 36% of children whose mothers had left school with a Junior Certificate or less were involved in these broadly defined cultural activities. This proportion rose steadily to stand at 64% among nine-year-olds whose mother was a Third Level graduate. Similar significant and strong relationships with family income and social class were equally apparent. In terms of household type, children

[1] This sets out the agreed position of the Social Partners towards social and related aspirations regarding Irish society in the years ahead. The Social Partners are made up of Government, trade unions, employers, farming organisations and the community and voluntary sectors.

from single-parent families were relatively disadvantaged in terms of participating in structured cultural activities. There was no difference in participation levels between large and small two-parent households (49% of children from both types were recorded as participating). This, however, compares with a rate of 40% among children from single-parent families with one or two children and 33% among children from single-parent families with three or more children.

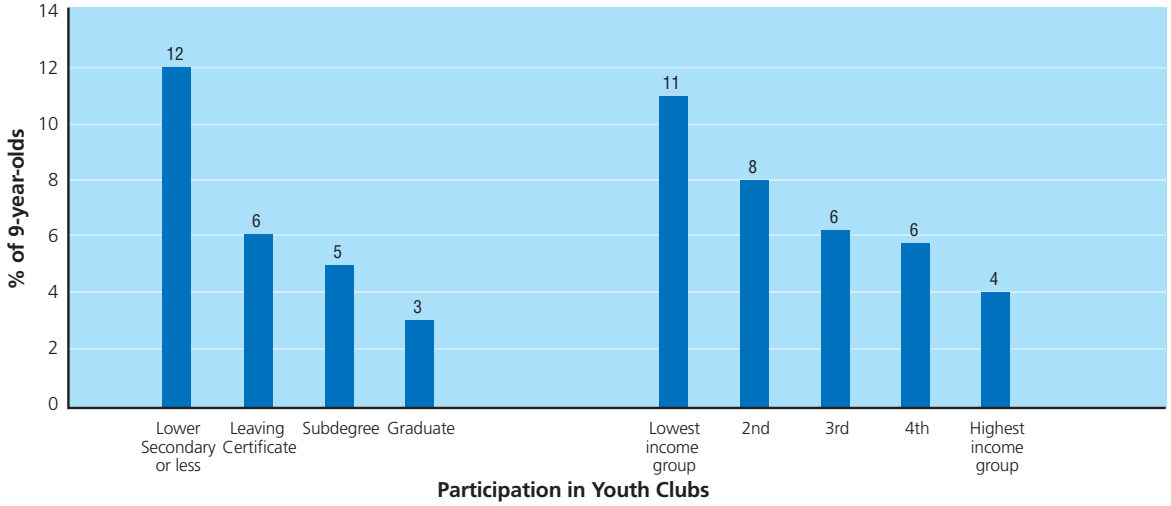
Figure 9.12: Maternal report on participation in structured cultural activities classified by sex of child, mother's highest level of educational attainment and family income



9.5.3 CHILDREN'S PARTICIPATION IN YOUTH CLUBS, SCOUTS/GUIDES/BOYS' OR GIRLS' BRIGADE

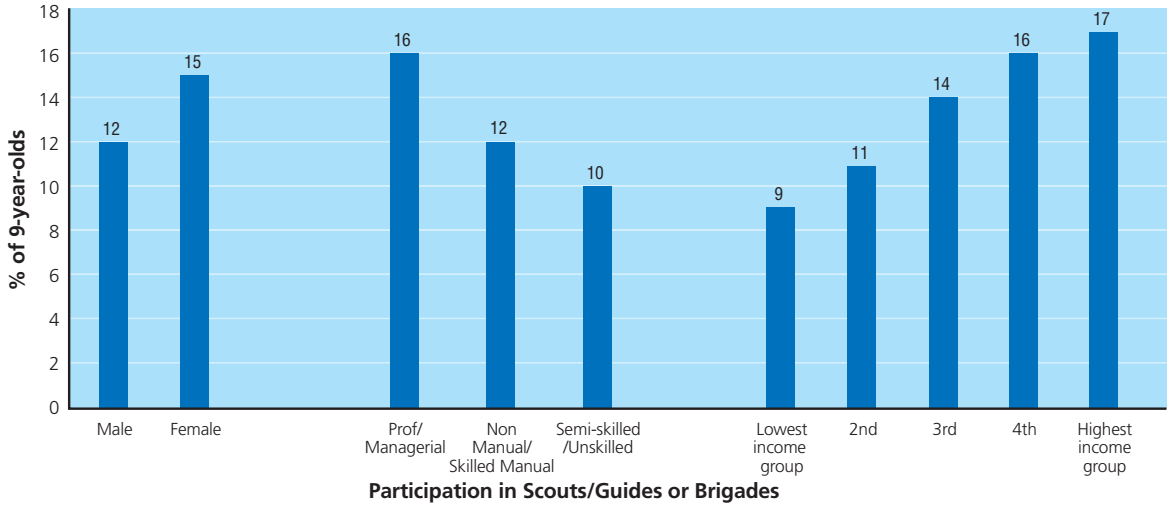
Just over 7% of nine-year-olds were involved in a youth club with no difference in participation rates between boys and girls. Participation was more common in the lowest two categories of family income (11% and 8% respectively) and also among those whose mothers were in the lowest level of educational attainment (12%) – Figure 9.13.

Figure 9.13: Mother's report on participation in Youth Clubs classified by mother's highest level of educational attainment and family income



Children's participation in Scouts, Guides, Boys' or Girls' Brigade was somewhat higher than in youth clubs with just over 13% of all nine-year-olds engaged in these activities. Participation among girls (15%) was higher than among boys (12%). Rates increased with social class, rising from 10% for the Semi-skilled/Unskilled Manual group to 16% for children from the Professional /Managerial category. Figure 9.14 shows that rates among children from the lowest two family income groups (9-11%) were significantly lower than those from other income categories (14-17%).

Figure 9.14: Parental report on participation in Scouts/Guides/Boys' or Girls' Brigade classified by child's sex, social class and family income

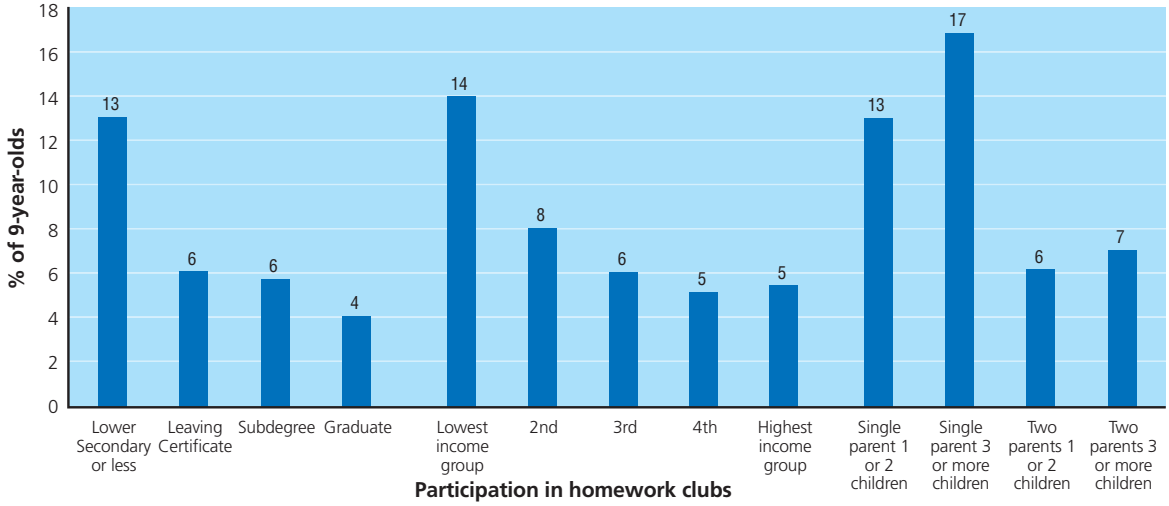


9.5.4 CHILDREN'S PARTICIPATION IN HOMEWORK CLUBS

Literature on the impact of participation in after-school clubs is relatively limited, although teachers involved in studies in Dublin and Maynooth (cited by Hennessy and Donnelly, 2005) have reported benefits to pupils who participate in them. They note that although participants did no better in school than their non-participating counterparts, the fact that they were equivalent may in itself be an achievement. In addition, the study noted that both children and families reported other benefits of participation in after-school clubs, including support and opportunities for improving social and other skills.

A small proportion of children (8%) were reported by their mothers as having participated in homework clubs, with no significant difference in participation rates between boys and girls. In broad terms children from three main groups were significantly more likely than others to participate in homework clubs – those whose mother had the lowest level of educational attainment, those in the lowest family income group and those in single-parent families (especially single-parent families with 3 or more children) – Figure 9.15.

Figure 9.15: Parental report on participation in homework clubs, classified by highest level of mother's educational attainment, family income and family type



9.6 KEY FINDINGS

- Watching television is an almost universal activity among nine-year-olds in Ireland. Only 2% were reported by their mothers as not watching any TV on a typical weeknight during term time. Two-thirds of nine-year-olds usually watched one to three hours each evening with 10% watching three or more hours.

- There was no difference between boys and girls in the amount of time they spent watching television though viewing times were significantly higher among children whose mothers had lower levels of education and those in lower social class categories.

- Substantial amounts of time were spent playing video games, especially by boys. 74% of boys and 54% of girls spent some time each day playing video games, with 30% of boys and 12% of girls spending one hour or more. As with television viewing, the amount of time spent on an average day was higher among children in lower social class categories.

- A total of 45% of children had a TV in their bedroom, 35% a video/DVD player and 35% a video games console. It was particularly notable that income was not a constraint in having these items in the child's bedroom. Children from lower income families and lower social class backgrounds were more likely than others to have one of these items in their bedroom.

- A total of 89% of children said they had a computer in their home. Ownership was strongly related to social class, maternal education and family type (higher in two-parent families).

- Only 8% of nine-year-olds were reported by their mother to have a computer or laptop in their bedroom. As was the case with the television, video/DVD player and games console the proportion of nine-year-olds with a computer in their bedroom was higher among those with lower family income and lower levels of maternal education, as well as being higher among single-parent families.

- Among children who had a computer at home there were no differences in the uses to which it was put according to the child's sex, social class or other family characteristics.

- Playing games was the most frequent use of the home computer (cited by 86% of nine-year-olds). This was followed by surfing the internet for fun and school projects (47 – 48%), movies/music (28%) and homework (26%).

- One-third of children who had a computer claimed to have access to the internet without a parent or adult knowing what they were doing. The percentage of children who claimed to have unsupervised access increased with social class and level of mother's education.

- Three-quarters of nine-year-olds were involved in some form of organised sports club or organisation, the rate being higher among boys (84%) than girls (67%). Participation in structured sports clubs increased with family income.

- A total of 47% of children were involved in structured cultural activities such as dance, ballet, arts and drama. Substantially higher proportions of girls (65%) than boys (31%) were engaged in these activities. Participation increased substantially with mother's education, social class and family income.

- 7% of children were involved in Youth Clubs, there being no difference in participation rates between boys and girls. Involvement was more common among children from lower income families.
  13% of children were involved in Scouts/Guides, etc. Higher rates were evident among girls (15%) than boys (12%). Rates increased with social class and family income.

- 8% of nine-year-olds were involved in after-school clubs. There were no differences in participation between boys and girls. Children from three groups were significantly more likely to participate: those whose mother's had lower levels of educational attainment, had lower family income and children in single-parent families (especially families with three or more children).

9.7 SUMMARY

One of the long-term goals for children identified in *Towards 2016* is that every child should have access to quality play, sport, recreation and cultural activities to enrich their experience of childhood. Social class differences were clearly evident in how children spent their free time and opportunities for outdoor play, sport and other organised leisure or cultural activities can be very variable, depending on the family's access to resources. Children from lower social class categories tended to be engaged for longer on a daily basis in sedentary pursuits such as watching TV, videos and playing video games, while children from higher social classes appear to have more opportunities to take part in organised sports and cultural activities. The information presented in the chapter indicates that there are challenges to policy makers in ensuring that children from all backgrounds and family types have equal access to structured sports and cultural activities.

Gender differences were also evident in some aspects of how the children were spending their free time. Boys were involved in more sporting activity and played more video games, while girls were spending more time in cultural pursuits. These differences may have an impact on physical health as well as later educational and socioemotional outcomes. The gender differences in sports participation, as well as social class differences in some of the more sedentary activities, should be considered when developing specific policies targeting physical activity amongst children and adolescents as a measure to reduce childhood obesity which, as was seen in Chapter 4 above, is an issue of concern among large proportions of nine-year-olds.

Social patterning in access to computers in the home is a further area which the study suggests may pose challenges to policy makers. In view of their ever increasing importance in education it is clearly imperative that steps be taken to ensure that differential home access to computers should not be allowed to exacerbate the potential disadvantage already facing children from families who cannot afford a computer at home. Equally, over-use of computers and excessive time spent using them may adversely impact on the child's socioemotional development, peer relationships and so on. Policy makers, parents and teachers must work together to establish a balance in the role they play directly in educational space as well as their spillover effects in the family, health, community and neighbourhood spaces in which the child operates. Information from ***Growing Up in Ireland*** will make it possible, for the first time, to fully explore how outcomes and background characteristics in each of these spaces act and interact with each other.

Most importantly, as longitudinal data emerge from the study they will allow us to assess the impact of participation in a range of activities in middle childhood on subsequent behavioural and other outcomes in later childhood, adolescence and adulthood.

Chapter 10

CHILDREN'S NEIGHBOURHOODS AND COMMUNITIES

10.1 INTRODUCTION

As the nine-year-olds develop they will increasingly adopt an outward looking perspective on life, gradually strengthening links with the world outside their family – in the local community and neighbourhood. This will manifest itself in middle childhood with the fostering of friendships and peer relationships. In the first instance the child's neighbourhood and community will define many of these important non-family relationships and interactions. Although findings in the literature in this area are somewhat mixed, neighbourhood and community may affect the child and family outcomes in a number of ways – both directly and indirectly. Direct impacts will operate through the physical condition of the neighbourhood, perceived safety and community support structure, the access it provides to institutional and community resources or the peer groups and socialisation norms of the area in which the child lives (e.g. Brooks-Gunn, et al.,1997, Mueller, Rivara, Shyh-Mine and Weiss, 1990). Indirect effects of the neighbourhood may also impact on family functioning and parenting style. Living in a neighbourhood perceived by parents to be dangerous may result in changes in parenting style (even to the use of physical discipline) in an attempt to keep their children from falling under undesirable influences.

The Longitudinal Study of Australian Children reported that neighbourhood effects were weak at the age of 4 to 5 years but could be expected to strengthen as the child grew older (Wake, et al., 2008). Recent research in the United States found that while neighbourhood conditions were often significant predictors of childhood development, the effects were usually smaller than those arising from family-level conditions (Brooks-Gunn et al., 1993). The sort of neighbourhood effects considered included local day-care arrangements, quality of parks, playgrounds, the parenting practices of others observed outside the home and conditions of mutual trust and shared expectations among residents.

In this chapter we explore some of the variations in the nature, quality and characteristics of the neighbourhoods and communities within which nine-year-olds are living in Ireland today. Consideration is first given to physical conditions and perceived safety of neighbourhoods before moving on to discuss reported levels of resource availability as well as families' connectedness or involvement in local communities.

10.2 QUALITY OF THE NEIGHBOURHOOD ENVIRONMENT

10.2.1 THE MOTHERS' VIEWS OF THEIR LOCAL NEIGHBOURHOOD

The mothers of nine-year-olds were asked to rate four items relating to the quality of the neighbourhood in which they lived on a four-point scale from *very common* to *not at all common.* These were:

- Rubbish and litter lying about
- Homes and gardens in bad condition
- Vandalism and deliberate damage to property
- People being drunk or taking drugs in public.

Overall, rubbish and litter lying about appeared to be the most pervasive problem, with mothers of 34% of nine-year-olds reporting this as being *very common* or *fairly common* in their local area. This was followed by people being drunk or taking drugs in public (15%), vandalism and deliberate damage to property (15%) and homes and gardens in bad condition (10%).

Figure 10.1: Percentage of mothers rating a number of physical conditions as very common or fairly common by family social class

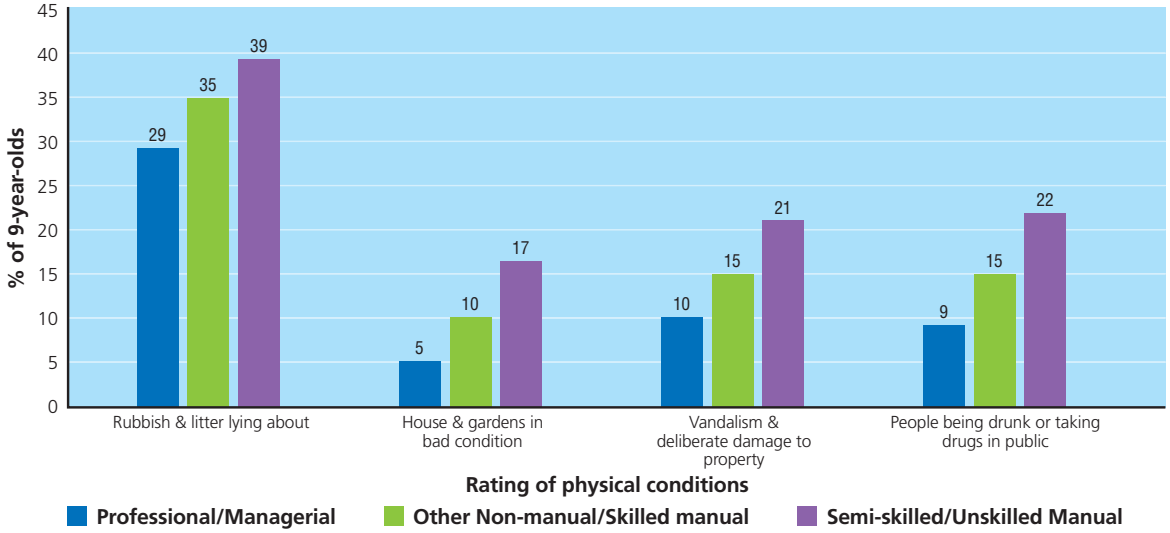
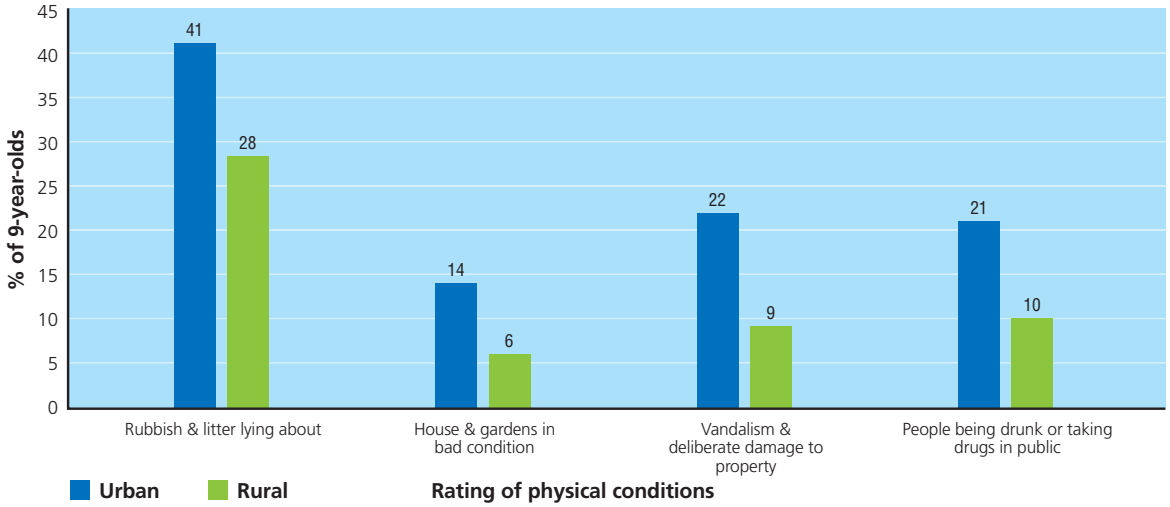


Figure 10.1 above shows that there was a strong relationship between family social class and perceived quality of the local area, with those in the lower social class categories being much more likely to report unfavourable physical conditions in their local neighbourhood. For example, those in the Semi-skilled/Unskilled Manual category were more likely than those in the Professional/Managerial group to report that rubbish and litter lying about was *very common* or *fairly common* (39% compared to 29%). Social class differences were also pronounced with regard to homes and gardens being in bad condition (17% compared to 5%), vandalism and deliberate damage to property (21% compared to 10%) and people being drunk or taking drugs in public (22% compared to 9%).

One might also expect a difference between urban and rural residents in terms of the quality of the neighbourhood environment. Perceptions are summarised in Figure 10.2.

Figure 10.2: Percentage of mothers rating a number of physical conditions as very common or fairly common by Urban/Rural classification



For all items, families from urban areas were much more likely to report that problems were *very common* or *fairly common*. For homes and gardens in bad condition, vandalism and deliberate damage to property and people being drunk or taking drugs in public respondents in urban areas were roughly twice as likely as their rural counterparts to report that they were *very* or *fairly* common. The urban-rural difference for rubbish and litter lying about, although substantial, was not of the same order of magnitude (41% for urban compared to 28% for rural).

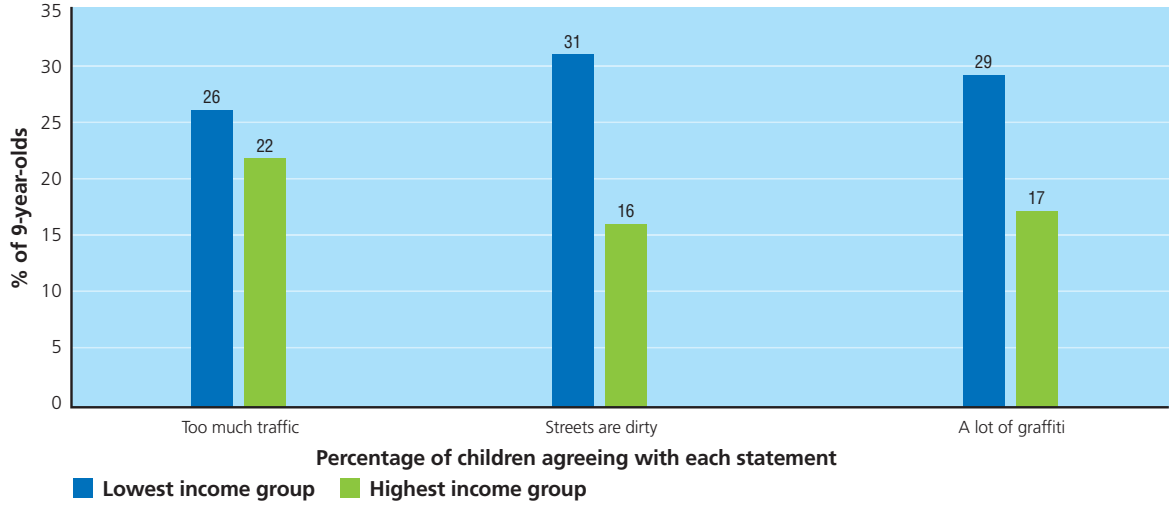
10.2.2 THE CHILDREN'S VIEW OF THE NEIGHBOURHOOD

The children themselves were also asked a number of questions regarding their opinion on the quality of their local neighbourhood:

- Do you think there is too much traffic near where you live?
- Are the streets dirty around where you live?
- Do you think there is a lot of graffiti near where you live?

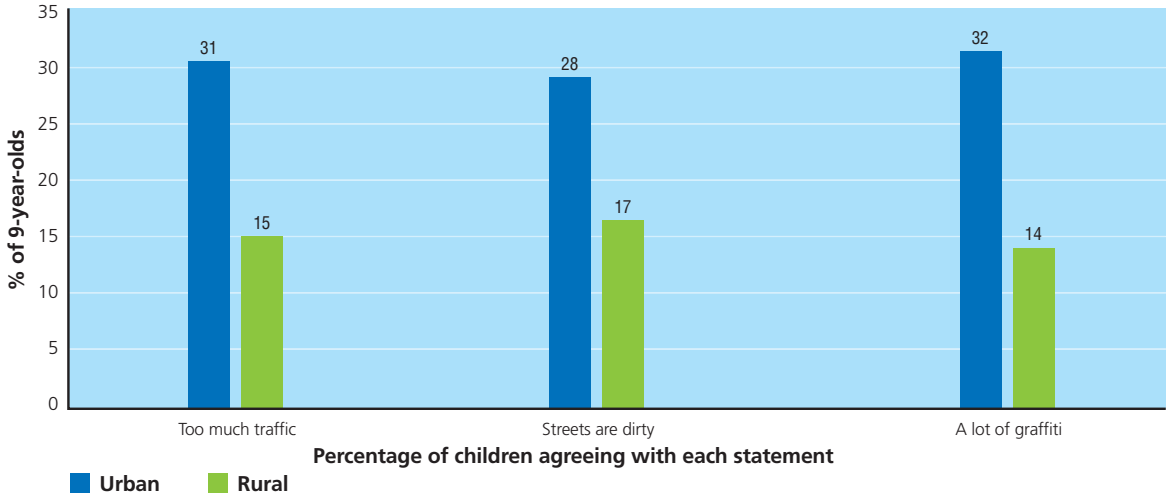
The children were asked to simply respond yes or no to each. A total of 22% of children felt that there was too much traffic near where they lived, 22% felt that the streets were dirty and 22% thought there was a lot of graffiti. It is worth noting that these levels were higher than the responses given by their mothers to comparable questions on rubbish and litter lying about (11%) and vandalism and deliberate damage to property (4%) being *very common.*

Figure 10.3: Percentage of nine-year-olds agreeing to each statement by lowest/highest family income group



There were some reasonably large differences in perceptions of the quality of the local neighbourhood between children from households in the lowest and highest income groups. The largest difference was in relation to the streets being dirty. As shown in Figure 10.3 above, 31% of children from households in the lowest income group reported that the streets around where they lived were dirty compared to only 16% in the highest income group. This trend was also apparent for opinions on graffiti. There was no significant difference evident between income groups in respect of there being too much traffic. Even starker differences were observed between urban and rural location, as shown in Figure 10.4.

Figure 10.4: Percentage of children agreeing to each statement by urban/rural classification



As one might expect, the child's perception of environmental quality in terms of traffic, cleanliness and graffiti was substantially different between rural and urban areas. Urban children were roughly twice as likely as their rural counterparts to report that there was too much traffic (31% compared to 15%) and that there was a lot of graffiti (32% compared to 14%). There was also a difference in terms of the streets being dirty, with 28% of urban children agreeing with the statement compared to 17% of rural children.

10.3 PERCEIVED SAFETY IN COMMUNITY

10.3.1 THE MOTHERS' VIEWS OF SAFETY

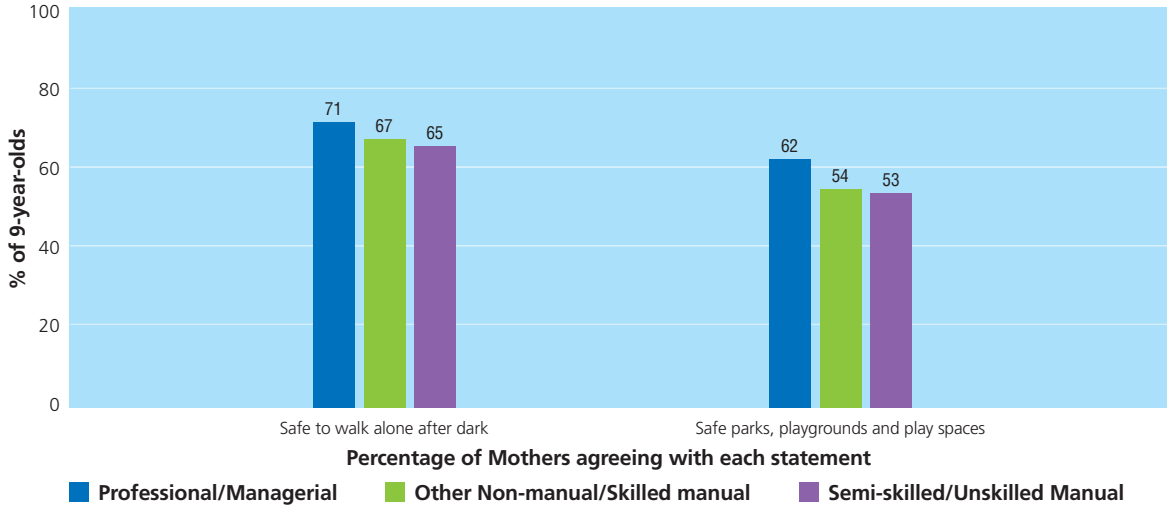
Living in a deprived or violent community has been found to be a source of stress which may reduce a parent's coping resources. Living in an environment where the child is perceived to be at an increased risk of assault or injury may also lead to a parent restricting the child's opportunities for growth and development, even in circumstances where perceived risk is artificially exaggerated in the mind of the parent. Parents may adapt their parenting styles to increased use of physical discipline in an attempt to keep their child from falling under undesirable influences (Garbarino and Kostelny, 1993). In the extent to which perception of the local neighbourhood may impact (both directly and indirectly) on parenting styles and related child outcomes it is clearly instructive to examine how such perceptions vary by characteristics of the child's mother.

Mothers of the nine-year-olds were asked three questions relating to their perception of the safety of their local area on a four-point scale running from *strongly agree* to *strongly disagree*. The items were:

- It is safe to walk alone in this area after dark.
- It is safe for children to play outside during the day in this area.
- There are safe parks, playgrounds and play spaces in this area.

Most parents agreed that it was safe for children to play outside during the day (91%). However, this dropped to 68% in respect of whether or not it felt safe to walk alone after dark and 58% regarding availability of safe parks, playgrounds and play spaces in the local area.

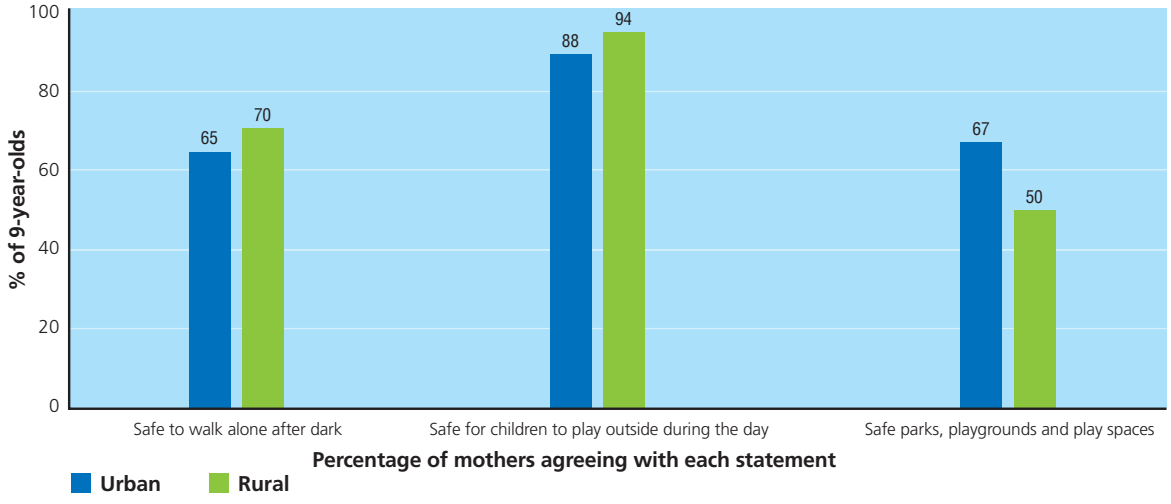
Figure 10.5: Percentage of nine-year-olds whose mothers agreed with each statement about safety of local area classifed by family social class



There was no significant relationship between perception of safety of children playing outside during the day and family social class. However, as shown in Figure 10.5, there was a modest social gradient in respect of the other two items. A total of 71% of those from the highest social class category felt it was safe to walk alone after dark compared to 65% of those from the lowest social group. The corresponding figures for safe parks, playgrounds and play spaces were 62% compared to 53%.

As shown in Figure 10.6 mothers from rural areas were more likely to agree that it was safe to walk alone after dark (70% compared to 65%) and for children to play outside during the day (94% compared to 88%). On the other hand, those from urban areas were more likely to report that there were safe parks, playgrounds and play spaces (67% compared to 50%). This probably reflects more on the lack of parks, playgrounds and play spaces in rural areas than on the safety of any that were present.

Figure 10.6: Percentage of mothers agreeing with each statement about safety of local area by urban/rural classification



10.3.2 THE CHILDREN'S VIEW OF SAFETY

Children were also asked two questions in relation to their perceptions on the safety of their local area:

- Do you feel safe living around here?
- Are there places for children to play safely near your house?

A total of 95% of children answered in the affirmative when asked if they felt safe living around here and 77% of children said that they felt that there were places for children to play safely near their house. This was a lot higher than the 58% of mothers who agreed that there were safe parks, playgrounds and play spaces, which probably reflects parents heightened sense of the potential dangers that children may be unaware of. There were no major social or other gradients in terms of children's perceptions of the safety of their local neighbourhood.

Figure 10.7: Percentage of children agreeing with each statement about safety of local area by urban/ rural classification

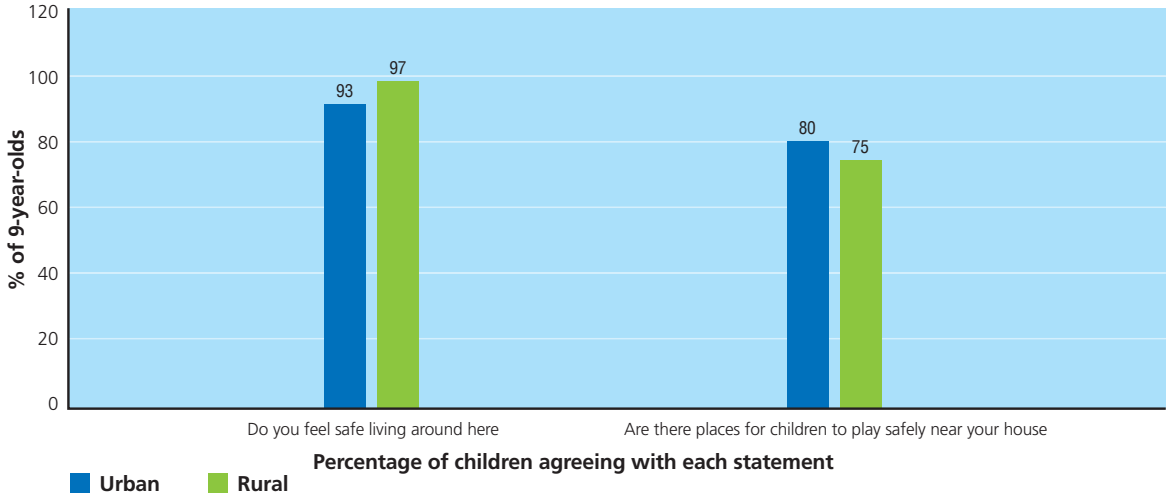


Figure 10.7 considers urban-rural variations between the two items. Although children from rural areas were more likely to feel safe living in their local area, the differences were relatively modest (97% and 93% respectively). In contrast, a higher percentage of children living in urban areas agreed that there were places for children to play safely near their home (80% compared with 75% of those from rural areas). As noted above in respect of parent reports, this may, of course, reflect the lack of dedicated or purpose-built playgrounds and play spaces in rural areas rather than the safety aspect of the play areas which do exist.

10.4 SERVICES IN THE COMMUNITY

In keeping with ***Growing Up in Ireland***'s remit to contribute to the development of effective and responsive policies and services for children and their families, information was recorded from both the children and their mothers on their respective views as to the availability of services in their local community. The concept of 'community services' was defined broadly to include social, health, financial, education, transport, retail and recreational services. Included among the State's commitments to children and families in *Towards 2016*[1] is the aspiration that every child should '*… grow up in a family with access to sufficient resources, supports and services to nurture and care for the child and foster the child's development and full and equal participation in society. '*

[1] *Towards 2016* sets out the agreed position of the Social Partners towards social and related aspirations regarding Irish society in the years to 2016. The Social Partners involve representatives from Government, trade unions, employers, farming organisations, and the community and voluntary sectors.

Research in this area has noted that parents' contact with services is especially important in relation to their ability to cope (Atkin and Ahmad (2000). The obvious manifestation of care and support at the community level is the availability of the resources of health care, child care, housing, education, job training, employment and recreation. Many of these protective factors impact on the child directly whilst others impact at least indirectly through the mother, giving the family support. Furthermore, research has shown that the existence of community-based social support networks has a positive effect on the individuals involved and on rates of crime, delinquency, child abuse, etc. (Whittaker and Garbarino, 1983, Yoshikawa, 1995).

10.4.1 THE MOTHERS' VIEWS OF SERVICES

Access to community and neighbourhood resources in terms of medical facilities, schools, parks, public transport, banking facilities, and so on can have an impact on child and family outcomes and wellbeing. Mothers were asked if eight particular services were available in or could be accessed relatively easily in their local area. They answered yes or no to the availability of the following services:

- Regular public transport
- GP or health clinic
- Schools (primary or secondary)
- Library
- Social Welfare Office
- Banking/Credit Union
- Essential grocery shopping
- Recreational facilities appropriate to a nine-year-old.

Overall most services were reported as being available by the majority of parents. Almost all (97%) reported that schools were available in the local area. Essential grocery shopping, GP or health clinics and banking/credit unions were also reported as being easily available to very large percentages of children (94%, 89% and 82% respectively). Libraries, regular public transport and Social Welfare offices were available to between two-thirds and three-quarters of nine-year-olds. Perhaps somewhat disconcertingly, the least available service was recreational facilities appropriate to a nine-year-old with only 57% of respondents reporting that they were available in their local area.

Figure 10.8: Mothers' views of availability of services in the local area by family social class

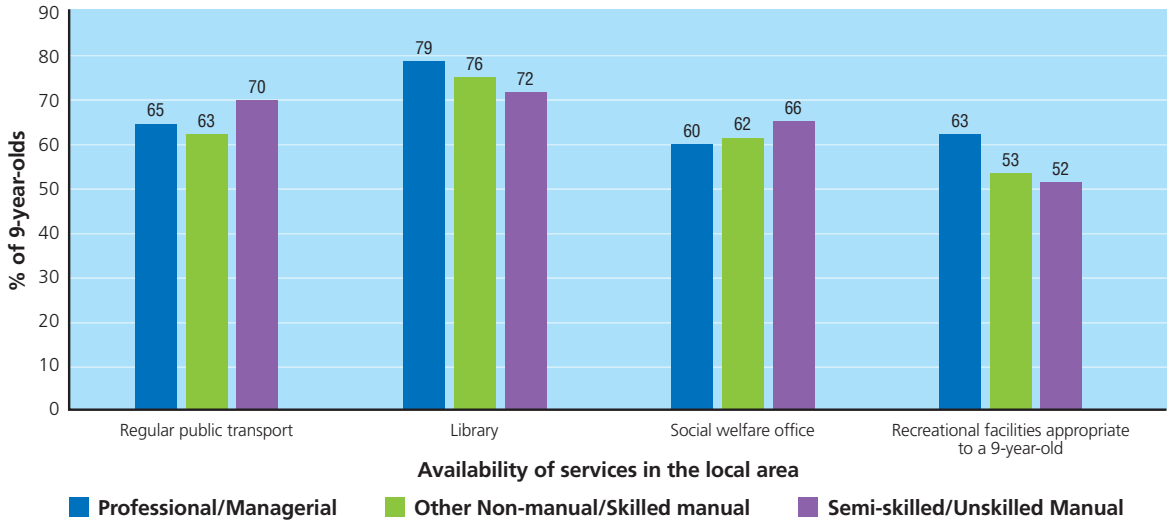


Figure 10.8 considers the class differentials in availability of services in local neighbourhoods. No social gradients were observed in terms of availability of GP or health clinics, schools, banking/credit unions, or essential grocery shopping and these are not included in the chart. Some differences in availability were evident in the presence of a library and recreational facilities appropriate to nine-year-olds. The perceived prevalence of these community resources was positively related to social class. The greatest class differential appears to be in the availability of recreational facilities appropriate to a nine-year-old – reported as being available locally by 63% of those in the Professional/Managerial category compared with 52% among the Semi-skilled/Unskilled Manual group. This trend was reversed for regular public transport where 70% of the Semi-skilled/Unskilled Manual category compared to 65% of the Professional/Managerial group reported that it was available in their local area. This difference may be related to the propensity of families to make use of, and hence to know about, such services. A similar relationship was observed between social class and the availability of Social Welfare offices, with 66% of those in the Semi-skilled/Unskilled Manual group reporting their availability in the local area compared to 60% of those in the Professional / Managerial category.

Figure 10.9: Mothers' views of availability of services in the local area by urban/rural classification

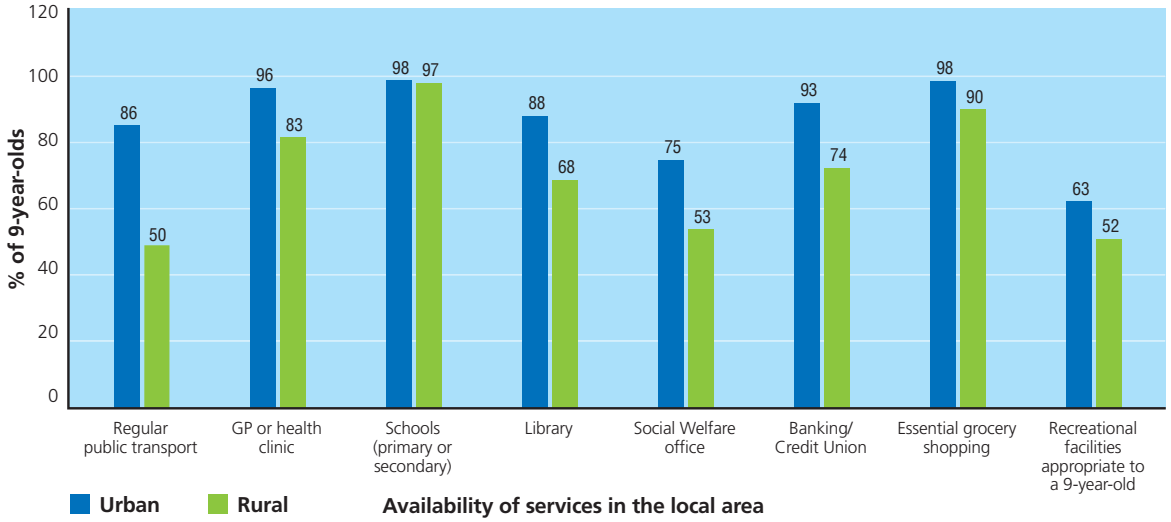


Figure 10.9 examines variations in the availability of local services between urban and rural areas. All services were significantly more likely to have been recorded as being available locally in urban areas. The largest difference was in relation to regular public transport, with 86% of urban respondents reporting that it was available compared to only 50% of their rural counterparts. Other differences worth noting are those for libraries (88% compared to 68%) and Social Welfare offices (75% compared to 53%), both of which have very direct policy relevance for child development and delivery of child services.

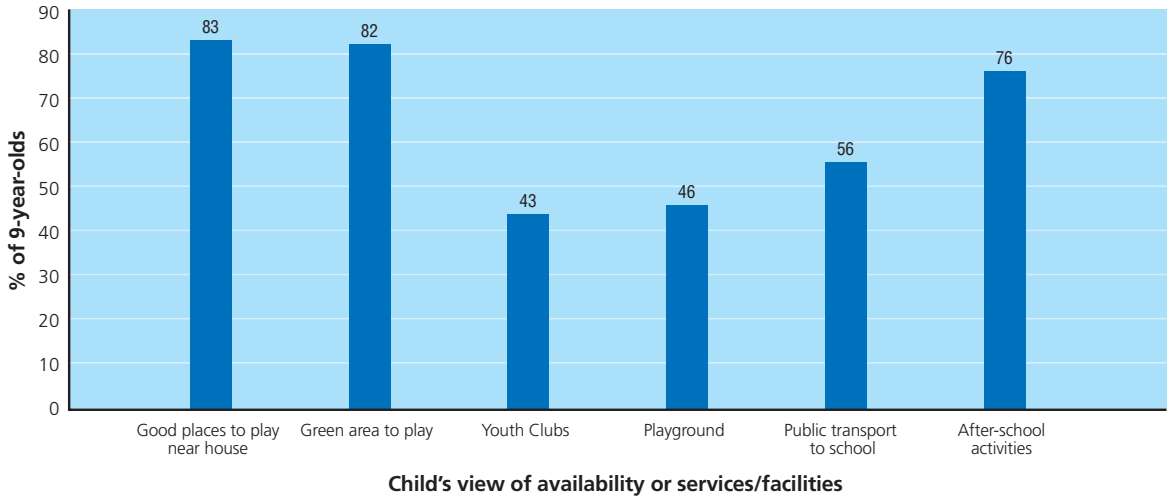
10.4.2 THE CHILDREN'S VIEW OF SERVICES

Children were also asked to record their opinions regarding child-specific services and facilities in their local neighbourhood. They were asked to record whether or not each of the following was available where they lived:

- Good places to play near your house
- A green area for you to play near where you live
- Youth clubs near where you live
- A playground near where you live
- Public transport to school (like a bus or a train)
- Activities to do after school around here.

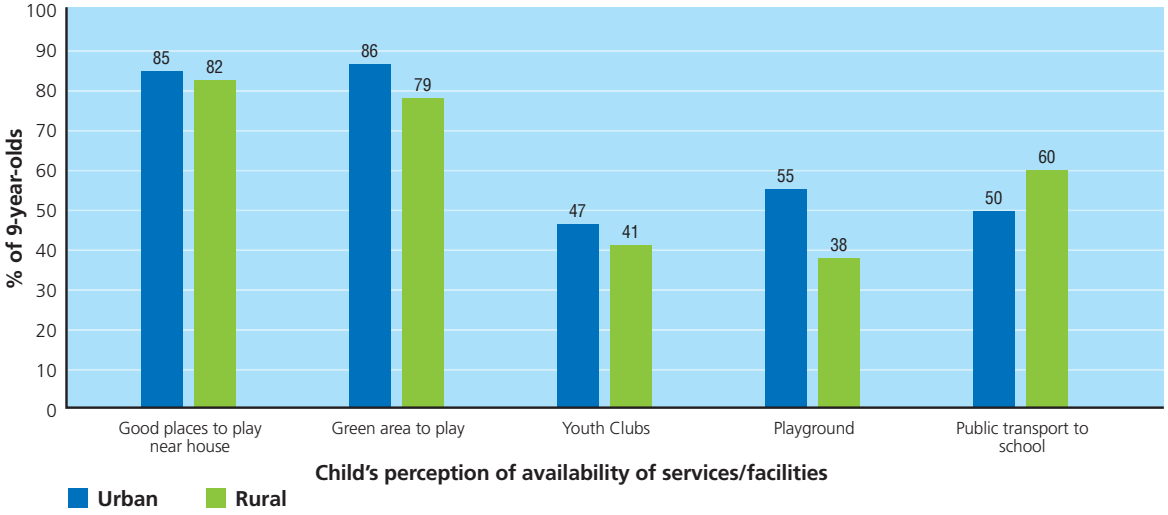
Figure 10.10 shows that the most available facility was good places to play near the child's house (cited by 83% of children). This was followed by 82% indicating the availability of a green area to play. A total of 76% of children indicated that after-school activities were available in their area. This paints a somewhat more positive picture than that painted by parents, where only 57% agreed that recreational facilities appropriate to a nine-year-old were available. The other services were endorsed by only one-half of the children, approximately: public transport to school (56%), playground (46%) and youth clubs (43%).

Figure 10.10: Children's view of availability of services/facilities



For all items (other than after-school activities) there was no relationship evident with family social class. For after-school activities there was a slight positive relationship with social class. A total of 78% of those from the Professional/Managerial group reported that after-school activities were available compared to 72% of those from the Semi-skilled/Unskilled Manual category.

Figure 10.11: Children's view of availability of services/facilities by urban/rural classification



There were some urban/rural differences evident in children's perception of the availability of services in the local area. Children from urban areas were more likely to report availability of good places to play, green areas to play, youth clubs and playgrounds. The largest difference was in respect of playgrounds (55% of children from urban areas compared to 38% of those from rural areas). On the other hand, public transport to school was perceived to be more available by children in rural areas. There was no urban/rural difference in the availability of after-school activities.

10.5 INVOLVEMENT IN THE COMMUNITY

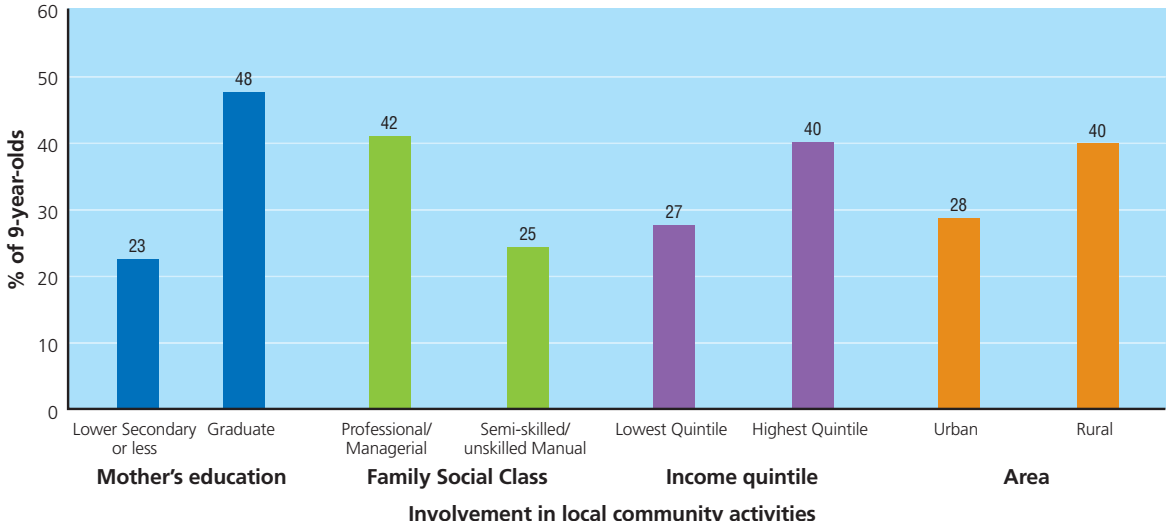
Personal social networks, of both family and non-family members, can be an important support for parents and can substantially impact on parenting skills and child-parent relationships. A personal social network can be a source of information (e.g. tips on child-rearing), practical assistance (e.g. child-minding) and emotional support. In a recent Irish study, 74% of parents identified their own family as a source of parenting influence and knowledge (Riordan, 2001). Cochran and Henderson (1990) found that unmarried women (a group at risk of having a smaller network) who had a more extensive personal social network had more positive perceptions of their children than those who did not. Belle (1982) and Cochran (1993) both note a number of studies reporting more positive mother-child interactions for those mothers enjoying strong social support. Crockenberg (1988) identifies four ways in which good parenting might be bolstered by a strong personal social network: a reduction in the number of stressful events through practical support, buffering the impact of stressful events, improving self-efficacy of the parent through praise and good advice, and acting as a positive 'working model' of nurturing relationships.

The issue of personal and community networks was addressed by a number of questions recording whether or not the child's parent(s) were involved in local voluntary organisations such as school groups, church groups, community or ethnic associations and whether or not they had any family living in the local area.

10.5.1 INVOLVEMENT WITH LOCAL VOLUNTARY GROUPS

Just over one third (35%) of the nine-year-old's mothers reported that they were involved in a local voluntary group. Variations by sociodemographic characteristics are outlined in Figure 10.12.

Figure 10.12: Percentage of mothers reporting their involvement in local voluntary groups by highest level of mother's educational attainment, family social class, family income quintile and urban/rural classification



This indicates that involvement in voluntary groups was positively related to highest level of maternal education, (23% for Lower Secondary or less compared to 48% for graduate), family social class (25% for Semi-skilled/Unskilled Manual compared to 42% for Professional/Managerial) and family income group (27% for the lowest group compared to 40% for the highest group). Involvement in the local community also appears to be much stronger in rural areas – 40% of rural families compared with 28% among their urban counterparts.

Figure 10.13: Percentage of mothers reporting their involvement in local voluntary groups by family type

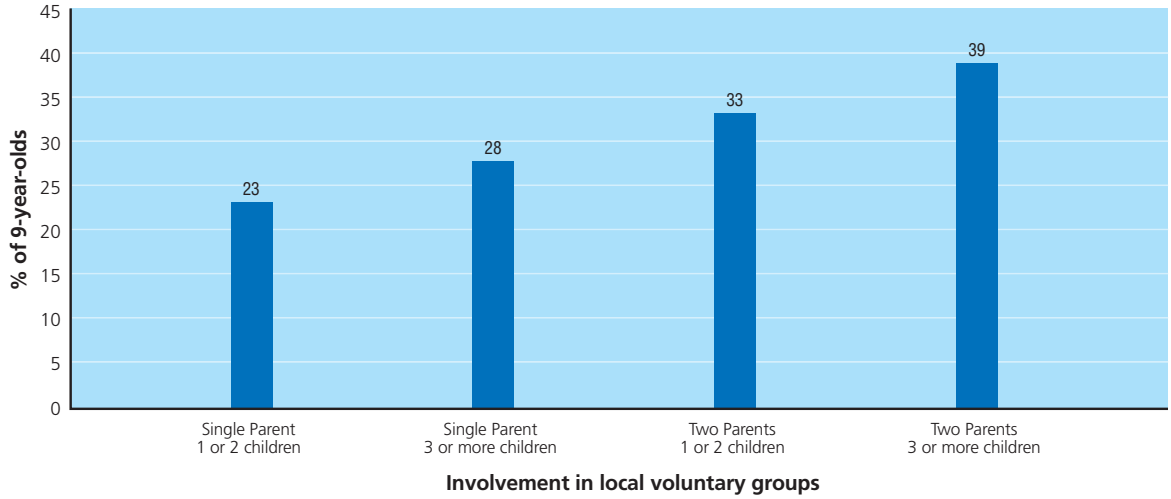


Figure 10.13 further indicates a clear relationship between involvement in local voluntary groups and family type. The mother of the average nine-year-old in two-parent families was more likely than their single-parent counterparts to be involved in voluntary groups. For smaller families of one or two children, 23% of mothers in single-parent families reported that they were involved in local voluntary groups compared to 33% of those in smaller two-parent families. The corresponding figures for larger households (three or more children) are 28% and 39% for single- and two-parent families respectively.

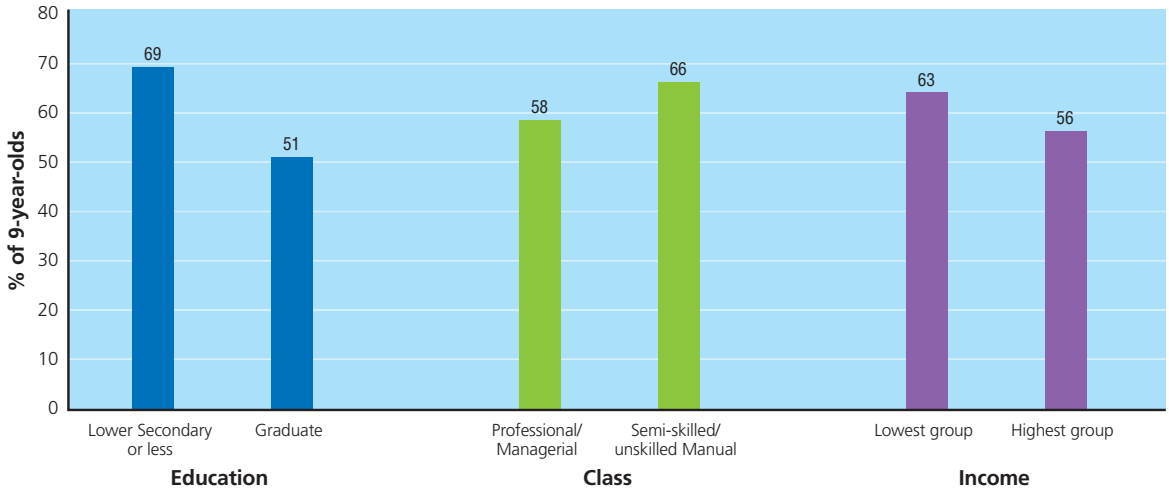
The mothers of nine-year-olds in large two-parent families were significantly more likely than those in smaller two-parent families to be involved in local voluntary groups (39% compared to 33%). However, this relationship with increased family size was not significant for single-parent families.

Overall, this implies that the mother of a nine-year-old growing up in a large two-parent family was 70% more likely to report having been involved in local voluntary groups as her counterpart in a small single-parent household (39% compared with 23% respectively). This, of course, may be due, at least in part, to the older age of parents in large two-parent families as well as the additional resources – financial, time and otherwise – at their disposal.

10.5.2 FAMILY LIVING IN THE AREA

Nearly two-thirds of respondents (62%) reported that they had family living in their local neighbourhood.

Figure 10.14: Percentage of mothers reporting having family living in local area by highest level of maternal educational attainment, family social class and family income quintile



We saw in Figure 10.12 above that involvement in voluntary groups was positively related to education, family social class and family income group. The reverse trend can be seen in Figure 10.14 with regard to having family living in the local area. One can see that this was negatively related to highest level of maternal education, family social class and family income. This was most likely to be related to higher levels of social and geographic mobility among the higher status groups. No significant difference was evident between urban and rural families.

10.6 KEY FINDINGS

- The majority of parents (91%) reported that it was safe for children to play outside during the day and the majority of children (95%) reported that they felt safe living in their neighbourhood. Here again, those in the higher social class categories were more likely than others to report a sense of feeling safe in their local neighbourhood.

- Availability of services, such as GPs, schools, banks and shopping was high across all social class and income levels, whereas services such as public transport, libraries, Social Welfare offices and recreational facilities appropriate to a nine-year-old were somewhat less prevalent, particularly to families in lower social class categories.

- The biggest perceived problem relating to the quality of the neighbourhoods in which nine-year-olds live involved rubbish and litter lying about on the streets, with those in the lower class/lower income categories more likely to report it as a problem.

- Finally, the mothers of approximately one-third of nine-year-olds were involved in local voluntary groups, with this being positively related to maternal education, family social class, income, and family type. Almost two-thirds of the mothers of nine-year-olds reported having family living in their local area. This was negatively related to their education, family income and social class.

10.7 SUMMARY

We noted in the introduction to this chapter that the quality and resources of a child's neighbourhood and community could affect child and family outcomes directly and indirectly. Direct effects relate to the physical condition of the area, perceived safety, and community support structures, as well as peer groups and socialisation norms in the area. Child development may be indirectly impacted upon by the conditions of the local area through its effects on family functioning and parenting style. We noted that living in a neighbourhood which was perceived by parents to be dangerous may result in changes in parenting style (even to the extent of increased use of physical discipline) in an attempt to keep their children from falling under undesirable influences. We saw that, in general, there was a strong relationship between family social class and perceived physical quality of local neighbourhoods. This manifested itself in reported levels of litter lying around, homes and gardens in bad condition and public drunkenness and drug taking. The views of the nine-year-olds themselves were differentiated by their social characteristics – social class and income. Neighbourhoods were also differentiated in terms of their perceived safety (especially after dark) and provision of safe parks, playgrounds and play spaces for nine-year-olds. Given the importance of neighbourhood to the development of a happy and positive childhood, equitable provision of community environments to all children and families must be seen as a clear objective for policy makers.

Equally important as living in a safe and pleasant neighbourhood is living in one which is supported with adequate social, health, financial, educational, transport, retail and recreational services and resources. Availability of such services will directly impact on parents' coping strategies which, in turn, affect the child and family. The position in regard to availability of most services is positive. Almost all parents (97%) reported having access to schools and educational services. Essential grocery shopping, GP or health clinics and banking/credit unions were also generally available – to 80-94% of the families of nine-year-olds. Libraries, public transport and Social Welfare offices were available to between two-thirds and three-quarters of the nine-year-olds and their families. Recreational services appropriate to the nine-year-old were available only to 57% of children.

Growing Up in Ireland will allow analysis of the net residual effect of neighbourhood characteristics while controlling for other personal, family and school attributes. Of even greater importance, as longitudinal data become available they will allow an analysis of the long term implications (if any) of living in a disadvantaged neighbourhood in early childhood.

Chapter 11

SUMMARY

11.1 INTRODUCTION

Given the child-centred nature of ***Growing Up in Ireland*** its focus is on child outcomes and their development over time. Outcomes have been defined by Sanson et al., (2005), who note that '...an outcome is an attribute of the child at a particular point in time' (p.5). Based on this definition, outcomes were considered in three broad domains:

- Physical health and development
- Educational achievement and intellectual capacity
- Social, emotional, and behavioural wellbeing.

This report has provided a first descriptive look at the attributes of nine-year-old children at a single point in time – a snapshot of their lives when the first round of data was collected. It has considered how the children's status and performance varied according to some of the most salient contextual variables, established in the literature as having an influence on child outcomes These include family type, income, and social class as well as some of the child's own characteristics, sex being the most obvious one. This preliminary analysis will be built upon as subsequent waves of the study are carried out and the longitudinal strength of the project begins to assert itself. As data from subsequent rounds of the study become available they will allow a full analysis of the development of child outcomes and life trajectories in the three outcome domains noted above.

The findings summarised in this report are all statistically significant but it should be noted that in a very large sample quite small differences between groups can turn out to be statistically significant, i.e. unlikely to have occurred by chance. Thus, it is the case that some of the differences reported are small, albeit significant, whereas some differences are evidently large. Also it should be noted that some of the data are based solely on information provided by the participant and could be subject to reporting bias on their part. The Study Team has done its best to avoid this source of bias by using well-established measures that control for bias and, wherever possible, collecting information from more than one informant or resorting to direct measurement. Thus, for example, mothers were asked to report their weight but it was also measured directly. As stated, the data in this report are descriptive and associations that are reported should not be interpreted as causal. For example, where children in single-parent families are doing less well it points to an association that needs further in-depth analysis to find undoubted differences within single-parent families and the factors that may in some cases be associated with less than optimal outcomes for children. Some of these as yet unexamined determinants may be found at similar rates in other family forms.

11.2 FAMILY CONTEXT

The family has the first, and usually the most important, influence on the child's physical, emotional and intellectual development. Parents are the first to mediate many of the external factors and institutions which will ultimately impact on the child, be this in formal policy areas such as health, education or welfare or in informal areas such as neighbourhood or community. Given the importance of the family on all aspects of the child's development it was considered first among the substantive issues discussed in the report.

Notwithstanding the substantial social changes which Ireland has experienced over recent decades and, in particular, the changes in family structures, the majority of children (82%) were still being brought up in two-parent families. It is encouraging to note that a majority of nine-year-olds experienced a parenting style which was characterised by both high levels of support and high levels of control. This approach to parenting (referred to as authoritative parenting) was adopted by a majority of both mothers (77%) and fathers (68%). Research has shown it to be the optimal style for most children, offering a mixture of control on the one hand and responsiveness and support on the other. Equally encouraging is the high percentage

of mothers who record that the most frequently used discipline policy in the home is '...discussing/explaining why behaviour was wrong' (68% of mothers said this was their most frequently used discipline strategy).

There were, however, some areas of concern. Not least among these was a substantial degree of social patterning in many aspects of parenting style. For example, the optimal authoritative style was used more frequently by mothers with higher levels of education. Discipline strategies were also subject to variations by socioeconomic status. Smacking was used more frequently by families with lower income and lower levels of maternal education. The variations identified in the analysis indicated the need for education campaigns and guidelines as well as support for parents on the implications of their parenting practices and discipline strategies. This is particularly so for parents adopting the authoritarian, uninvolved or indulgent parenting styles, which were discussed in Chapter Three.

In the short term these results help to inform the debates on issues such as domestic corporal punishment – at least as regards its prevalence and variation across the population. In the longer term, as longitudinal data become available, it will be possible (for the first time ever in Ireland) to assess directly the impact of early parenting style and domestic discipline practices on children's outcomes into their teenage years and beyond.

11.3 HEALTH OUTCOMES

Health outcomes are a primary concern in relation to children's development and quality of life. In this study a general health assessment by the child's mother, her report on the prevalence of chronic illness, oral health, height and weight, overweight, obesity and physical exercise were all considered. Healthcare utilisation and related issues, including visits to the GP or Accident & Emergency departments of hospitals, were examined. In discussion of these findings the importance of the broad health policy context was highlighted. For example, the data point to interesting relationships between GMS coverage and child outcomes and healthcare utilisation. Variations in health outcomes and utilisation according to the main contextual and child variables examined throughout the report were also considered.

In broad terms health status as assessed by the nine-year-old's mother was very positive – 98% reported their child to be in good health, with 73% of children rated as being *very healthy*. Prevalence of chronic illness or disability among nine-year-olds was reported at 11%. Of the latter, 7% were described by their parents as being *severely hampered in their daily activities*[1]. Dental health was also, in general, good, with 97% of children brushing their teeth at least once daily.

A public health issue identified as being of major concern among nine-year-olds, however, was overweight and obesity. Internationally developed measures and standards adopted by ***Growing Up in Ireland*** indicated that as many as 19% of nine-year-olds were overweight and a further 7% were obese. Resonant with these trends, levels of physical activity among nine-year-olds were found to fall far short of recommended thresholds set by the World Health Organisation.

Notwithstanding the generally positive picture of children's health the analysis highlighted the existence of some quite substantial socioeconomic inequalities. Children from lower social class backgrounds were less likely to be rated as Very Healthy, had poorer oral healthcare, were at increased risk of being overweight and obese and had worse diets with a higher consumption of energy dense snack foods. Gender differences in health were also highlighted with, for example, boys being twice as likely as girls to be reported as having a chronic illness or disability, while the prevalence of overweight or obesity was higher among girls.

[1] As noted in Chapter 4 this represented approximately 0.7% of all nine-year-olds reported as having a chronic illness or disability and being hampered by it.

The public health challenges presented by some of these social and other differentials are substantial. Better oral healthcare and more regular visits to the dentist could be encouraged and supported among children from lower socioeconomic groups as could improved nutritional profiles and increased rates of participation in sports and exercise. All of these interventions directly targeting children and their parents could result in improved child health outcomes. Other family risk factors such as the intergenerational transmission of obesity and overweight from parents to children (possibly through lifestyles, including dietary intake) could also be addressed through improved knowledge and information to parents. The analysis showed, for example, that in two-parent families in which both parents were overweight or obese 33% of nine-year-olds were also overweight or obese. In families in which neither parent was overweight or obese only 11% of nine-year-olds were overweight or obese.

The focus, of course, is not only on parents and families. The findings may also indicate the need for examination of the wider context in terms of advertising and other pressures on families to consume 'fast foods' and some of the environmental constraints on children's opportunities for active play and involvement in sport.

11.4 EDUCATIONAL OUTCOMES

Findings in the report indicated that nine-year-olds were generally positive about their schooling, with girls more likely than boys to like school, look forward to school and to like their teachers. Levels of absenteeism and uncompleted homework reported by teachers were relatively low. Levels were, however, differentiated by social class and related characteristics, the rates of both being higher among children from more disadvantaged groups. For example, based on the information provided by teachers, 44% of nine-year-olds in the lowest family income group did not have their homework completed on an *occasional* or *regular* basis. This compares with 21% among children from the highest income group. Similarly, children's academic performance, as summarised in the Drumcondra Maths and Reading tests was strongly related to socioeconomic characteristics, including social class, maternal education, family income and family structure.

The level of parental support and encouragement for their children's education was high overall and was not strongly related to social variations. This is a very positive finding. Availability of educational resources in the home, however, was strongly linked to socioeconomic characteristics and, in particular, to the mother's level of educational attainment. This was found consistently across a number of measures ranging from the extent to which the child reads for fun to the number of children's books in the home. For example, 41% of nine-year-olds whose mother was in the lowest category of education had more than 30 children's books at home. The comparable figure for children whose mother was in the highest educational group was 76%. One area in which disadvantaged children appeared to be faring somewhat better than their more advantaged peers was in terms of pupil-teacher ratios. The generally lower ratios in the schools attended by nine-year-olds from disadvantaged backgrounds may reflect policy decisions and historic trends in resource allocation of the last decade.

The findings on education reflect important processes and variations in school and home educational environments as well as the relationship between these two settings and the impact their interaction has on educational outcomes. The clear social (and in some cases gender) differentiation which is apparent at the relatively early age of nine years is a worry. Gender differences in terms of subject performance (girls better at Reading and boys better at Maths) are also a cause for concern and could be tackled by the concerted efforts of parents, teachers and policy makers. It will be interesting to see whether these gender differences are maintained at age thirteen.

11.5 EMOTIONAL AND BEHAVIOURAL OUTCOMES

The emotional health and well-being of the child contributes significantly to the quality of his or her life. Emotional and behavioural difficulties in childhood have been linked with physical illness, mental health difficulties and impaired relationships with partners in adulthood. Aspects of nine-year-olds' social, emotional and behavioural development were considered in several chapters, starting in Chapter Six.

Broadly, girls were rated (by both their mothers and teachers) as displaying more emotional problems than boys but were also more pro-social in their behaviour. Using an internationally validated instrument (the Strengths and Difficulties Questionnaire (SDQ)) a measure of Total Difficulties was constructed, based on scores related to emotional symptoms, hyperactivity / inattention, conduct problems and peer relationship problems. Using this scale to classify children as *normal, borderline* or *abnormal* suggests that boys were significantly more likely than girls to be in the *abnormal* category as were children whose mothers were in lower income families. These findings are in line with the international literature.

Similar social gradients were apparent in self-concept and the way the children felt about themselves. Girls more frequently had a positive view of their behaviour than did boys, although they also more frequently reported feelings of anxiety. Children from Professional/Managerial backgrounds also had a more positive view of their behaviour, had greater freedom from anxiety and had higher levels of happiness and satisfaction than did their peers from Semi-skilled/Unskilled backgrounds.

A particularly important aspect of social and emotional outcomes is the development of peer relationships. The majority of the nine-year-olds had at least two close friends and spent time with their friends out of school on a least two days of the week. Half of nine-year-olds had a larger friendship network, with at least four close friends and one-quarter of nine-year-olds spent time with their friends almost everyday of the week. Friendships are clearly an important and positive aspect of childhood. However, a particularly disturbing aspect of peer relationships is the prevalence of bullying. A total of 40% of children reported that they were a victim of bullying in the year preceding their interview. There was little variation in prevalence according to sex, social class, and family income, although children in single-parent families had a higher risk than those in two-parent families. Verbal bullying was the most common form, followed by exclusion and physical bullying. Boys were more likely to experience physical and verbal bullying while girls were more likely to experience exclusion.

Possibly one of the most worrying aspects of bullying identified in the report was the difference in prevalence recorded by children and their parents. Although 40% of children recorded that they had been the victim of bullying only 23% of mothers reported that their child was a victim. Whilst some of this difference may be attributed to differences in definitions it cannot all be explained by this. Lack of awareness of their child's experience as a victim of bullying (and consequently one must assume a lack of support or intervention by the parent) may lead to an exacerbation of the problems through an even greater sense of isolation on the part of the victim. However, we need to understand more about why children choose not to tell their parents about their experience of bullying.

The impact of bullying on the child's socio-emotional, educational and health status is clear and potentially longstanding. Given the nature of the problem it requires a concentrated effort on numerous fronts by parents, teachers and policy makers. Interventions may need to be put in place in the home, in the school and in the child's community and neighbourhood. The sex differences in the forms of bullying experienced by boys and girls indicate that policy and intervention must take account of covert forms of bullying (such as electronic bullying) as well as more overt forms such as physical bullying. With the increased use of the internet, mobile phones and social networking sites this will become all the more important. Identifying the issues associated with non-disclosure to parents will be important in addressing the problem in terms of

developing effective anti-bullying strategies. Current anti-bullying programmes in schools should be reviewed in terms of their effectiveness.

Children's activities outside school form an important part of their childhood experience and can be very positive supports in their development. Such activities can include leisure or sports activities, cultural activities, youth clubs and after-school clubs. An important goal identified in *Towards 2016* was that every child should have access to quality play, sport, recreation and cultural activities. The Study findings showed that in some areas relatively large proportions of nine-year-olds participated in organised activities such as sports (75%). Participation in cultural activities, however, was lower at 47% of all nine-year-olds. Participation rates in Youth Clubs (7%), Scouts/Guides/Boys' or Girls' Brigades (13%) and after-school homework clubs (8%) were substantially lower. Children spent substantial periods of time engaged in sedentary activities such as watching TV or videos and playing video games. Two-thirds of nine-year-olds watched TV for an average of one to three hours each evening during term-time. High levels of activity were also recorded in using a home computer – 86% of nine-year-olds recorded having a computer and 91% said they used it to some degree. Playing games was the main use (mentioned by 86% of children who used a home computer) followed by surfing the internet, either for fun (48%) or for school projects (47%). Participation levels in play, sport, recreation and cultural activities varied considerably across the sample, being highly patterned in terms of the child's sex and socioeconomic status.

Boys had much higher participation levels in sport (84% compared with 67% among girls). Girls, in contrast, participated to a greater degree in cultural activities (65% compared with 31% among boys). Having a computer at home was strongly linked to social class, mother's education and family type. Time spent on sedentary activities such as watching TV, videos and playing video games was also related to socioeconomic group. These trends in leisure-time pursuits present major challenges for policy makers in ensuring that all children can equitably access quality play, sport, recreational and cultural activities. The leisure activities engaged in typically impact on the child's socioemotional development, peer relationships and friendship networks and also feed into health and educational outcomes. Differential participation in sedentary activities will be reflected in physical health and obesity. Differential access to cultural activities and, for example, home computers may have a direct bearing on educational attainment.

The community and neighbourhood context in which children are growing up is known to influence their development. Direct effects include the physical condition of the area, perceived safety and community support structures. Indirect effects include the impact which the neighbourhood may have on family functioning and parenting style. For example, some parents may change their parenting style in an attempt to prevent their children from following what are perceived to be undesirable influences in their local community.

The most pervasive neighbourhood problems for this sample included rubbish and litter lying around – one-third of nine-year-olds were growing up in neighbourhoods where this was a *very* or *fairly* common problem. Most children (91%) lived in neighbourhoods which were felt by their parents to be safe for children to play outside and this can be seen as a very positive finding. However, this dropped to 68% of parents who felt it was safe to walk alone in their local area after dark. Only 58% of nine-year-olds lived in areas where safe parks, playgrounds and play spaces were available to them.

Towards 2016 noted the importance of access to a range of services in a local community for the development and care of children and the fostering of their development. The availability of protective support services such as health care, education and recreational facilities will positively impact on the child's development directly and also indirectly through the mother in terms of her coping skills. Overall, ***Growing Up in Ireland*** indicates that health, educational, shopping and banking/credit union services were available in the communities of large proportions of nine-year-olds. No significant social gradients were observed in

their availability. Lower levels of access to services such as public transport, libraries, Social Welfare offices and recreational facilities were observed among more disadvantaged families. The greatest class differentials appeared in the availability of age appropriate recreational facilities – reported as being available to 63% of children in the Professional / Managerial category compared with 52% among the Semi-skilled/Unskilled Manual group. The children's perceptions of their local neighbourhood was slightly better than that of their mothers with 83% feeling that there were good places to play near their home, 82% of them reporting having access to a green area to play and 76% reporting that they had access to appropriate after school activities.

11.6 THE FUTURE FOR THE NINE-YEAR-OLD COHORT

This is the first substantive report from the first data wave for the nine-year-old cohort. A set of subsequent reports, focusing on more specific aspects of the life and the developmental status of nine-year-olds, will follow. The children (and their families) will be re-interviewed when they are 13 years of age.

The data from the nine-year-old cohort (first wave) will be made available to all researchers through the Irish Social Science Data Archive. The data should benefit policymakers, academics and other researchers as well as providing an important element in capacity building for future researchers through the integration of the data into graduate research programmes in Ireland and further afield.

As more waves of data become available it will be possible to fully capitalise on the longitudinal nature of the project. When three or more rounds of data are available developmental trajectories can be observed and it will be possible to identify which factors have greatest impact (positive and negative) on the life chances of children as they grow from middle childhood through the early teenage years to adolescence and beyond.

The value of the ***Growing Up in Ireland*** study lies in its ability to consider how child outcomes are influenced over time by factors operating across multiple levels and embracing individual and family risk factors as well as characteristics of the community and wider government policies. The design of ***Growing Up in Ireland*** reflects an ecological and dynamic perspective on understanding children's lives, which allows researchers to understand the complex, multilayered influences on their development. Being longitudinal, the focus on the developmental trajectories followed by the children will be vitally important and the Study will be able to draw out the rich diversity in the lives of children in Ireland. The data will provide a strong evidence base for policies and services geared to supporting all children in reaching their full potential.

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