# Growing Up in Ireland
**National Longitudinal Study of Children**

## CHILD COHORT

Review of the Literature Pertaining to the First Wave of
Data Collection with the Child Cohort at 9 Years

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### REVIEW OF THE LITERATURE PERTAINING TO THE FIRST WAVE OF DATA COLLECTION WITH THE CHILD COHORT AT 9 YEARS

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## About this Review

This document covers literature from the social and medical sciences that is of relevance to the first wave of data collection with the nine-year cohort of *Growing Up in Ireland – the National Longitudinal Study of Children in Ireland*.

The first chapter introduces *Growing Up in Ireland* (*GUI*) and describes the approach adopted in the study, including the conceptual framework that guides the data collection. It outlines the objectives of the study, with a particular focus on the first wave of data collection with nine-year-olds, and sets out some of the issues it is designed to address.

The next chapter summarises some of what we know about children at nine years of age, drawing on data from other similar nations but also highlighting what we currently know about the experience of children aged nine years in Ireland. The subsequent chapters review the current literature on child development in middle childhood under each of the three main categories of child outcome that the *GUI* study will be examining: physical health and development; social, emotional and behavioural wellbeing; and educational achievement and intellectual capacity. Within each chapter, the discussion is organised according to the major research questions considered by the Study Team to be of particular significance. These are the questions that the empirical *GUI* study aims to address.

This document is one of a series of related publications describing all facets of this major longitudinal study. Extended coverage of the background and conceptual framework of *Growing Up in Ireland* can be found in a separate document (GUI Research Paper No. 1). There are also separate reviews of the literature relevant to the nine-month cohort, the qualitative nested studies, and documents that outline the design of the survey and the instrumentation employed in the project. In addition there are a number of summary findings or fact sheets on a range of different topics from each Cohort. These are referred to as 'Key Findings'.

# Chapter 1

## INTRODUCTION
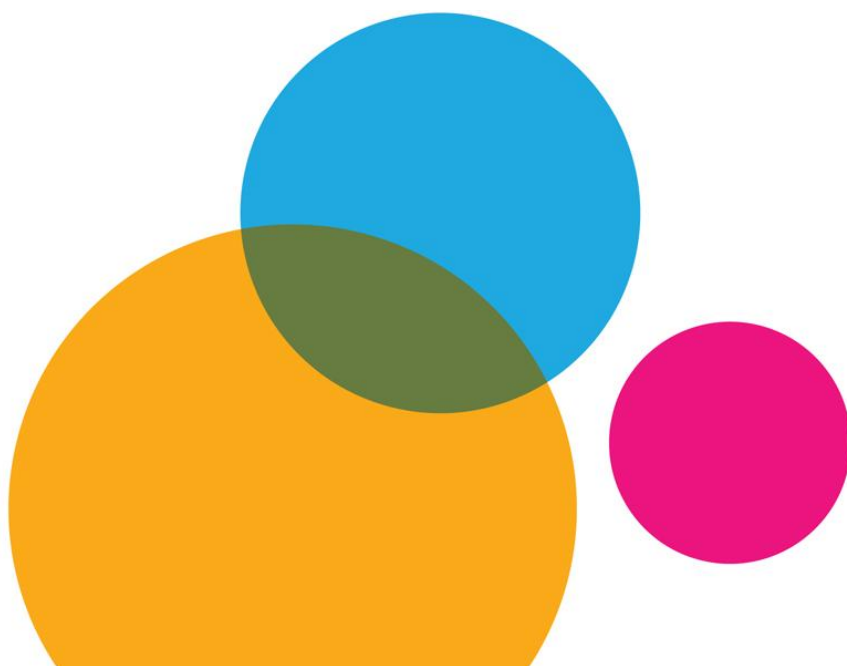
# CHAPTER 1: INTRODUCTION

## 1.1 Background and objectives of *Growing Up in Ireland*

### 1.1.1 Introduction

***Growing Up in Ireland – the National Longitudinal Study of Children 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, 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*** is to describe the lives of Irish children, and 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 a number of key child outcome dimensions. 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 (age three), in the case of the infant cohort, and from nine 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 setting of responsive policies and the design of services for children and their families.

The study will focus on two cohorts of children: a nine-month cohort of 11,000 infants and a nine-year cohort of 8,500 children. 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 both cohorts. The nine-year cohort, which is the focus of this review, was selected through the primary-school network. A random sample of schools was drawn and, subject to the school's participation, age-eligible children in that school and their families were invited to participate in the study. A wide range of perspectives has been included in the study, with information being recorded from parents, teachers, principals and carers, and most importantly of all, the Study Child him 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 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.

***Growing Up in Ireland*** has nine stated objectives, as follows:

1. To describe the lives of children in Ireland, and 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 cohort will focus on the lives of nine-year-old children in Ireland 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.

### 1.1.2    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, socio-demography, culture, society, value systems, etc has taken place (Whelan & Layte, 2006). Over recent years Ireland has experienced high economic growth and has become increasingly secular and multicultural. It has gone 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. In some parts of the country, commuting times to and from work have increased substantially – often causing pressures and tensions in terms of work-life balance, and time available for family and children. Significant changes in family structures have occurred, 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 the fact that approximately 30% of families with primary school children under the age of 12 use some form of non-parental childcare arrangements (Central Statistics Office, 2007).

In 2008 there are indications that this economic growth is slowing down, with a number of, as yet, unpredictable consequences. Already it is clear that levels of unemployment are rising and house prices are falling (Barrett, Kearney & O'Brien, 2008). The timing of the longitudinal study will permit the examination of the impact of the recession on the children and their families. It is likely that some of the major social changes associated with the increase in affluence over the 1990s and the early years of this century and that are relevant to children's lives will persist, but the challenges brought about by a sudden, major economic downturn will undoubtedly influence the lives of children and their parents, some more than others.

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.

### 1.1.3    Why a longitudinal study?

**Growing Up in Ireland** is clearly the most important and substantial research initiative ever undertaken with children in Ireland. Nothing of its nature, scale or complexity has ever been previously attempted in this country. However, the concept of **Growing Up in Ireland** follows a relatively long-established

tradition set by a number of longitudinal studies of child development conducted in other jurisdictions. Similar studies are running in the UK, Australia, Canada and the USA – some of them for a long time. The UK's Perinatal Mortality Survey, for example, has been running since 1946.

*Growing Up in Ireland* is, by definition, longitudinal in nature. In the case of the nine-year-old cohort, this longitudinal design involves interviewing a nationally representative sample of nine-year-olds and their parents in the first wave of data collection and subsequently returning to the same set of children and their families for a second interview at 13 years of age.

The longitudinal approach greatly enhances the analytical potential of the project. It has at least three main advantages over cross-sectional approaches, where developmental change is examined by comparing groups of children of different ages at the same point in time. Thus a cross-sectional study examining the differences between nine and 13 years of age would study two groups of children aged nine and 13 years and draw conclusions about how and why they are different from each other. In fact, any conclusions drawn are likely to be poorly founded since the two groups of children may have been subject to entirely different events, and their genetic, constitutional and historical differences cannot be accounted for. On the other hand, a prospective longitudinal study allows the examination of change in the same children across time. Most analysis will be conducted on the whole sample or on sub-groups of children, but analysis is possible also at the micro-level of the individual Study Child and his/her family. Consideration of the factors influencing the children's developmental and other outcomes is based on the study of actual changes over time in the same individual/s, not on inferences based on the differences between children of nine years and children of 13 years. Secondly, the longitudinal design allows the control in analysis for unobserved characteristics of the child and his/her family and environment which do not change over time. Thirdly, it can examine the antecedents of key outcomes at a group level and test theories about the causes of different developmental pathways and outcomes. At this point in time, the intention is to interview the children and families in the nine-year cohort on two occasions. It should be noted that the explanatory power of any longitudinal study is greatly strengthened when there are three or more data waves.

A longitudinal focus on the nine-year-old cohort will allow the analysis and interpretation of changes taking place at this particularly important developmental phase in the lives of the Study Children. This is a time when they make the transition to early adolescence with all the associated physical, emotional, psychological and institutional changes (a key institutional transition for Irish children being the move from primary to second-level education) typically involved in that particular period of their lives. Outcomes at age 13, such as successful transition to second level, can be traced back to the child's characteristics and life circumstances at age nine.

*Growing Up in Ireland* will allow children's views to be elicited through questions amenable to quantitative analysis but also, importantly, through a selection of open-ended questions that give expression to children's voices and allow children to give their views and record details on their own experiences. In the *GUI* study the data, both quantitative and qualitative, contributed by the children themselves allow full expression of the children's views and can also be compared to those derived from parents and teachers. To capture the richness of children's experience of their worlds, the study incorporates an additional qualitative component with a particular focus on the use of methods that can elicit children's experience, perspectives and voice. A group of 120 families drawn from the main quantitative cohort will also take part in the qualitative component. This combination will allow the identification in both quantitative and qualitative terms of what a sub-set of the nine-year-old children think are the important issues in their lives, and permit an in-depth examination of their experience of family life and of the key institutions that impinge on their daily lives, such as family, schools and neighbourhood. As in the main survey, parents will also be interviewed in the qualitative component.

### 1.1.4    Outcomes, risk and protective factors, and resilience

A longitudinal approach is the preferred way of examining the impact of risk and protective factors on child outcomes, and particularly how one might offset the other.  It also permits the examination of the effect on child outcomes when more than one risk factor is present. *Growing Up in Ireland* focuses on

three primary dimensions of child outcomes: physical health and development;
social/emotional/behavioural wellbeing; and educational achievement and intellectual capacity.

A risk factor is a variable that increases the likelihood that a child will have a poor outcome in one or
more of these dimensions. Often it is the co-occurrence or interaction of risk factors that is particularly
powerful and of interest to developmental researchers and policy-makers. Cumulative risk is seen by
most researchers as particularly important and most likely to lead to poor outcomes (Layte & Whelan,
2002). For example, Rutter (1979) argues that psychiatric problems are most likely where a child is
exposed to a number of risk factors, not just one.

Risk research is problematic and has been the subject recently of a number of critical reviews (Case,
2007; France, 2007). For example, in risk research children and young people are often treated as
though they were a homogeneous group with respect to the impact of risk factors. This leads to
assumptions that entire groups of children, e.g. the children of single mothers, are 'at risk' when only a
percentage of them may be. Likewise, risk factors can be very context-specific. An authoritarian or strict
parenting style is widely associated with poorer child outcomes but not when the children are growing up
in an inner city with high levels of street violence (Luthar & Zelazo, 2003). In the youth justice area, Case
(2006) claims that risk research has led to "risk-based targeting" of young people living in areas with
relatively high levels of 'established' risk factors in a way that is stigmatising and often functions as a
self-fulfilling prophecy. Furthermore, the blunderbuss application of risk models leads to many false
positives and false negatives in relation to the actual prediction of outcomes and can result in under/over
targeting of policies, with little positive effect on developmental results. It also ignores hard-to-assess
'internal' factors such as hopelessness and resentment, and/or focuses narrowly on characteristics of the
child, his or her parents or the local environment as key determinants of poor outcomes, ignoring more
global influences such as social inequality. Many of these criticisms are aimed at the misapplication of
the findings in risk research but they do highlight the need for a fine-grained analysis of risk factors and
the manner in which they operate. Risk factors should not, of course, be confused with outcomes.

 The potential effect of a given risk factor may be offset by the presence of a protective factor; sometimes
this may be the opposite end of a risk continuum (e.g. poverty vs. wealth), but in some cases the
opposite end of the continuum to a well-established risk factor is not protective. For example, maternal
age is widely seen as a risk factor when very low but does not seem to be protective if very high. Also, a
protective factor may become significant only if a risk factor is present (e.g. the risk of early
abandonment being offset by adoption by a loving family).

It is possible that what may protect a child in one context may not operate protectively for another child in
a different context. For example, a supportive teacher may not make a lot of difference to a child whose
parents are very supportive and who provide an educationally stimulating environment whereas, in the
absence of such support at home, a supportive teacher may make a critical difference to a child's
attitudes and expectations. Nonetheless, attempts have been made to list protective factors, which
appear to surface repeatedly in a wide range of studies. For example, Lösel and Bliesener (1990)
compiled a list of protective factors: active coping; intellectual competence; feelings of self-efficacy;
positive temperament; stable relationship with at least one parent or similar figure; positive model of
coping behaviour; and external social supports. To complicate the picture, some of these factors,  in
certain contexts, can also be seen as outcomes. Many researchers would counsel against using lists of
risk or protective factors that claim universal applicability to all contexts and all children.

A principal aim of a study such as **Growing Up in Ireland** is to identify protective factors and processes
that influence the development of this cohort of children in Ireland, and which may feed into policies that
introduce protective factors where they might otherwise have been missing or that bolster existing
protective factors. The study will also be able to identify protective factors operating selectively in the
lives of some children, but not in others.

In recent years, researchers have become interested in the concept of *resilience*, typically defined as
normal, or near-normal development, in spite of adversity (Garmezy, 1983). Early studies emphasised
resilience as a property of the child but more recent work adopts a more systemic perspective,
recognising that resilience results from both child and contextual processes (Luthar, 2006). In line with

the dynamic systems perspective, which dominates current thinking in developmental science and provides the conceptual framework for the *GUI* study, resilience can usefully be conceptualised as the outcome of the ongoing bidirectional person-context system (Lerner, 2006). In this study, it will be possible to identify children who are doing well despite difficult circumstances that are associated – either in the research literature or in *Growing Up in Ireland* – in aggregate with poor outcomes. Longitudinal studies have been crucial in showing that, even with very extreme conditions of environmental adversity, there can be a substantial degree of recovery (Rutter, 1994). As Rutter (2006) points out, "resilience starts with a recognition of the huge individual variation in people's responses to the same experiences and considers outcomes with the assumption that an understanding of the mechanisms underlying that variation will cast light on the causal processes" (p. 3). Examining resilience entails a focus on individual variation in the response to risky conditions and adversity.

The analysis of risk/protective factors and resilience processes in *Growing Up in Ireland* will have direct implications for preventive and therapeutic intervention strategies. It is important for Ireland that such interventions are based on an understanding of how risk operates in an Irish context, since risk research conducted elsewhere may have limited relevance. Contemporary researchers agree that risk must be seen as context-specific (Luthar & Zelazo, 2003). Equally, it is important to appreciate that risk models cannot account for all the variance in what determines an individual child's outcomes and cannot predict the future for any individual with accuracy. The allied positive emphasis on protection and resilience will also give insights into how children in Ireland are protected from adversity and how they cope with adversity, and provide pointers on how best to support them in doing well. The range of outcomes for children is determined by the balance between risk factors, stressful life events and protective factors, and the manner in which they interact. This balance is in turn determined by the frequency, duration and severity of these risks and protective factors as well as the developmental stage at which they occur (Fergusson & Woodward, 1999). Finally, it is hoped that *Growing Up in Ireland* will contribute to the international debate on the complex operation of risk and protective factors and processes in children's lives and in the shaping of child outcomes.

## 1.2    Conceptual framework

### 1.2.1. Introduction

The conceptual framework for *Growing Up in Ireland* is discussed in more detail in *Growing Up in Ireland – Background and Conceptual Framework*, but is summarised here.

A broad spectrum of cross-disciplinary research has identified a range of influences on children's developmental outcomes. These include individual and family characteristics and the economic, social and physical environments in which children are raised. Deriving an understanding of how this multitude of factors is interconnected and how they contribute to wellbeing requires an integrated conceptual framework that is informed by the insights of a variety of disciplines. There are, in fact, remarkable parallels in conceptual development across a range of disciplines that allow a holistic conceptual framework to be developed within which the factors influencing children's development can be understood. The first of these 'parallel insights' is the understanding that individual outcomes can only be understood within a larger 'ecological' context. From this perspective, a child's growth and development is intimately tied up with both the proximate and distal context in which they live. Immediate family and friends are seen to be important, but so too are the child's local community and the wider socio-cultural environment.

The second insight could be referred to as 'dynamic connectedness', whereby processes in the different layers of this ecological context may well affect changes in other levels. Layers are interconnected such that the developmental path that any one individual will take is determined by the interaction of factors at a number of levels. This perspective also assumes that the individual is an active agent influencing their own outcomes through their interaction with their environment.

The third insight is that of 'probabilism' (Lerner, Dowling & Chaudhuri, 2005): that because of the evolving reciprocal nature of systems of change, relations among variables may change over time and to

a certain extent, cannot be repeated. The implication of this perspective is that we should not look for static, universal laws, but instead attempt to understand the 'trajectory' or 'developmental pathway' along which the person has travelled. This perspective also suggests that causation is multi-factorial and, although cross-sectional research using correlations between predictors often points to 'vicious circle' processes where poor outcomes are predetermined, longitudinal research shows that multiple and cumulative disadvantage is a good deal less common than some research suggests (Layte & Whelan, 2002). Problems or dysfunctionality are only some of the possible outcomes from a wide range of potential outcomes in any interaction between individual characteristics and the environment in which they develop (Lerner, 2006). The principle of equifinality emphasises that there can be heterogeneous pathways to the same outcomes (Cicchetti & Rogosch, 1996). The existence of turning-points and the role of chance events in deflecting children from either positive or negative pathways emphasises the unpredictable nature of developmental pathways (Rutter, 1989). The implication of this perspective is that relationships between variables can only be understood probabilistically and that understanding possible developmental pathways and crucial points of transition is more important than understanding the correlation between dependent and independent variables.

The fourth insight is derived from the third and is related to the 'period' of events. The developmental pathways along which people travel occur in a specific historical time and this leads to differential outcomes and specific 'period' effects. This means that almost identical processes occurring in different historical time periods can have very different outcomes.

The fifth insight is the role of *agency* and, in particular, the active role of the child in the developmental process. Across a number of disciplines there has been a move towards seeing individual agency and predisposition as important, and this has emerged in research on the active role of the child in shaping outcomes. The child is an active player in the moulding and development of his or her environment. He or she is not a passive recipient of influences, but is an active and interactive component of all the environments in which he or she operates.

These five insights can be found across a range of disciplines, from developmental psychology, education sociology, to public health and epidemiology, and form the conceptual backbone of what has come to be known as 'developmental science' (Lerner *et al*, 2005). They underlie the conceptual framework for **Growing Up in Ireland** and clearly circumscribe its development and design. Developmental science has also seen an increasing acknowledgement of the value of integrating perspectives from a number of disciplines, such as psychology, sociology and biology, in order to arrive at a more holistic view of child development.

### 1.2.2    Overview of Bronfenbrenner's bioecological model

In **Growing Up in Ireland** – *Background and Conceptual Framework*, Bronfenbrenner's bioecological model of development was described as a good example of the multi-layered, interactive view of child development in context. It is a model which has evolved over time, having been first outlined by Bronfenbrenner in 1979. Its most recent complete refinement and re-statement was in 2006, by Bronfenbrenner and Morris.

Bronfenbrenner's work offered a reconceptualisation 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 inception and today acknowledges the role of biology in the overall development of the person; hence the model is now referred to as the *bioecological* model (Bronfenbrenner & Morris, 2006).

A brief overview of the model will be restated here. There are four defining properties of the bioecological model: *Process*, *Person*, *Context* and *Time*. Human development is hypothesised to take place primarily through *proximal processes*: interactions between the developing person and his/her environment, including other people in that environment. These interactions become increasingly complex and, to be influential, must occur on a reasonably regular basis over extended periods of time.  The form, power,

content and direction of the proximal processes are influenced by the characteristics of the individual person and the environment in which they are taking place.

The model identifies three characteristics of the *person* that impact on proximal processes: *Dispositions*, *Resources* and *Demands*. *Dispositions* or *Forces* influence what processes are put in motion and how they are sustained. *Resources* are the biopsychological characteristics that affect a person's ability to make the most of proximal processes. *Demands* are the characteristics of a person that can invite or discourage reactions from others that can in turn promote or disrupt development. Characteristics of *age*, *gender*, and *ethnicity* are highly influential, as these often determine an individual's status and role in a particular environment.

The property of *Context* acknowledges that the developing person is influenced by their interactions with objects and places as well as people; and that the environmental context can influence proximal processes.

The influence of *Time* has been accorded increasing weight as the bioecological model has evolved (Bronfenbrenner & Morris, 2006). *Time* affects development in a number of ways: it is important as an historical context for a person's development, the timing of key events in a person's life can affect their impact, and more generally the duration and frequency of critical interactions must be taken into account.

Within the bioecological approach, the relationship between parent and child is part of a larger set of interactive systems that compose 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 present) are the most influential part of the ecology in early child development, and have the most direct contact with the child; hence they are represented in the circle or layer immediately surrounding the individual (the *microsystem*).

Other relationships within the household matter aside from the child's relationship with one or both parents, but parents and children also have relationships outside the household, in school for example, 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 links between the different actors in the microsystem, that is, the relationship between parents, between home and school or between close family and extended kin.

**Bronfenbrenner's Ecological Perspective on Child Development**
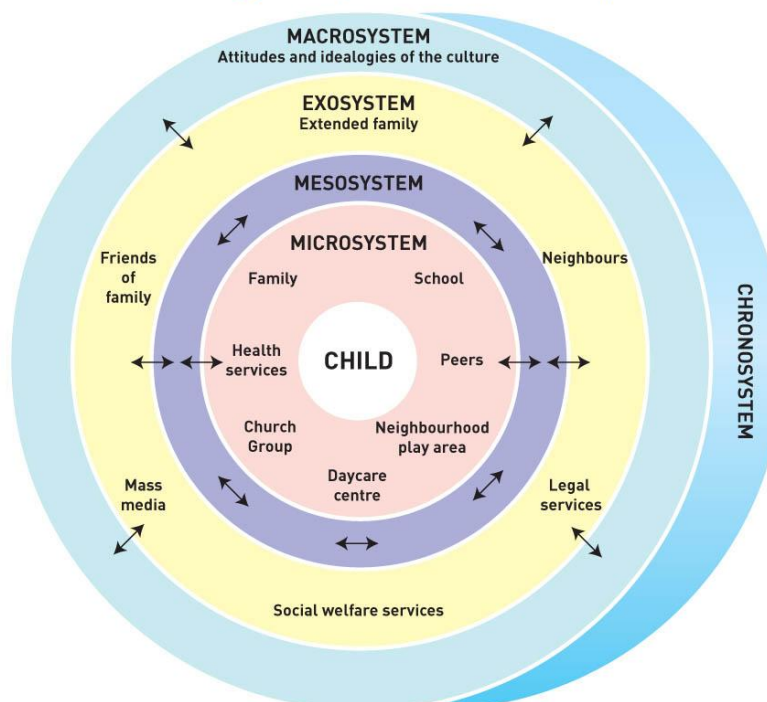


Source: Adapted from Bronfenbrenner (1979) and Garbarino (1982)

**Figure 1.1: Bronfenbrenner's Ecological Perspective on Child Development**

Outside the *mesosystem* in Bronfenbrenner's model sits the *exosystem*. This comprises the structures, institutions and settings which, while not in direct contact with the child, exert an important influence on their quality of life and outcomes. Examples of influential elements within the exosystem would be departments of state, which, although not directly in contact with the child, will still 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. Together these three 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 represented in the three-dimensional aspect of *Figure 1.1*.

## 1.3    Summary

The conceptual framework adopted by **Growing Up in Ireland** 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. This model was the basis for instrument development and it will be used to derive research questions and in subsequent analysis. 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 bidirectional 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.

# Chapter 2

## BEING 9 YEARS OLD
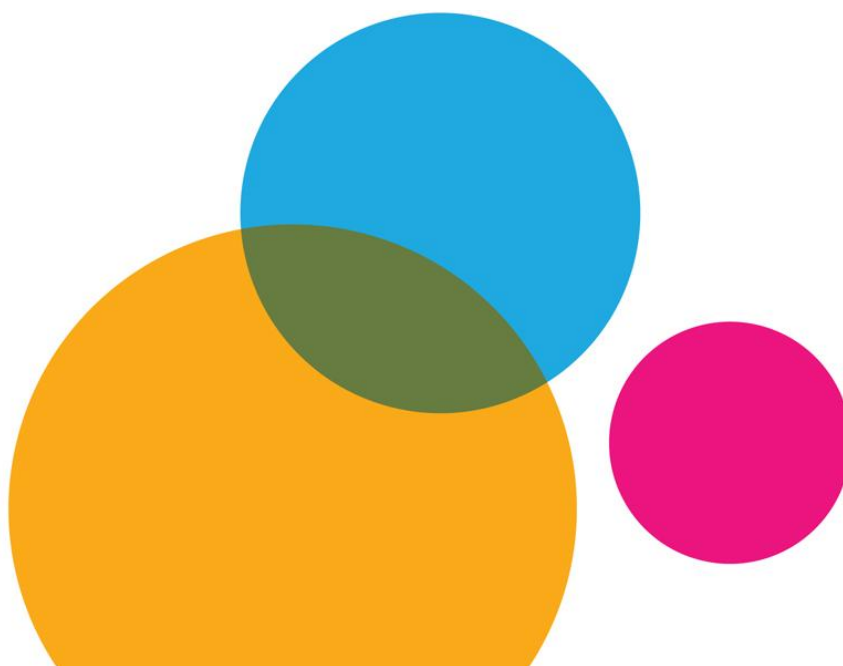
## CHAPTER 2: BEING 9 YEARS OLD

### 2.1    Middle childhood

Nine-year olds are in the *middle childhood* stage of development, which is generally accepted as spanning 6–12 years of age (Panel to Review the Status of Basic Research on School-Age Children, 1984; Huston & Ripke, 2006) To some extent, middle childhood has been neglected in research terms, perhaps because it is perceived as a relatively settled period compared to the rapid pace of development in early childhood and the very evident changes associated with puberty and adolescence. This neglect is unmerited, however, as middle childhood is an important time in child development.

### 2.2    Nine-year-olds in Ireland in 2008

According to the most recent Central Statistics Office Census data available, there were 56,436 children aged nine years living in Ireland at the time of the census in 2006 (Central Statistics Office, 2007a). There were 57,117 children aged eight years, who reached their 9th birthday in 2007. Of these, 29,320 were boys and 27,797 were girls.

There are numerous sources of diversity in the Irish population and in the characteristics and experience of children living in Ireland. Important sources of difference include class and income levels of parents, ethnic origins, religion, and whether or not the child lives in an urban or a rural setting. In relation to most of these demographic characteristics, we do not know how many nine-year-olds fall into these categories, since data are typically adult-centred and are not analysed taking into account the age of children (Fitzgerald, 2004). Where the age of children is recorded, it is often done so under broad age categories.

One of the main reasons for conducting *Growing Up in Ireland* is that we lack information about the status and developmental progression of Irish children, including nine-year-olds. The first objective of this study is descriptive: **To describe the lives of children in Ireland, to establish what is typical and normal as well as what is atypical and problematic.** Through this description of nine-year olds in the older cohort, we will for the first time be able to talk about what is typical of Irish nine-year-olds at this time. Until the data are collected we must largely rely on norms and outcome data collected elsewhere to give us an idea of what we might expect. However, we do have some Irish studies that can give us an idea about some aspects of the development of Irish children of this age and they will be summarised later in the chapter.

### 2.3    What to expect of a healthy, well-functioning 9-year-old in the developed world

Children's wellbeing can usefully be considered in terms of a number of different developmental domains. Several lists of key domains are available; the Foundation for Child Development has seven (Bernstein & Fungard, 2005); the National Children's Strategy for Ireland, published in 2000, has nine (Department of Health & Children, 2000). In relation to child outcomes, the focus is on the child him or herself, not on measures that might relate in some way to wellbeing (e.g. amount spent by a state on child benefit) so lists tend to be shorter. The Longitudinal Study of Australian Children (Sanson *et al*, 2005) specifies three categories of child outcomes: Physical, Social-Emotional and Learning. The three overarching dimensions that frame the Office of the Minister for Children's set of child outcomes are: Education, Health and Social (Office for the Minister of Children, 2006). The categories of outcome for *Growing Up in Ireland* are similar and are as follows:

- Physical health and development

- Social, emotional and behavioural wellbeing

- Educational achievement and intellectual capacity

The following sections outlining what might be expected in relation to the developmental status of a nine-year-old child are based on norms and outcome data derived from appropriate international data and research findings. It is important to bear in mind that considerable diversity exists among children who are still functioning normally. One of the major goals of *Growing Up in Ireland* is to depict the extent of diversity in the child population and to understand the root causes of diversity, in both its positive and negative manifestations.

### 2.3.1    Physical health and development

For the most part, middle to late childhood is a period of excellent health; disease and death are less prevalent in this period than in early childhood or early adolescence.  During the middle childhood years, children in the developed world gain an average of 2.5 inches (6.4 cm) in height a year and 7 lb (3.17 kg) in weight per year. The weight increase is due mostly to increases in the size of the skeletal and muscular systems, and this facilitates a doubling of strength capacity during these years. By the age of nine most children will have attained approximately 75% of their fully mature adult height. UK data indicate that the average nine-year-old stands about 1.33 metres tall and weighs approximately 31.3 kilograms (Department of Health, 2004).

n middle childhood, children's motor skills become more co-ordinated and refined.  At age 8–10 years, children can use their hands with more ease and precision. This dexterity allows children to write in joined writing rather than print words, and their handwriting becomes smaller and more even. Gross motor skills and co-ordination also improve, and the average, healthy nine-year-old will be capable of participating in a range of sports (Cratty, 1986). Boys and girls are equally strong and agile, which means that they can participate in physical activity on an even basis (Kromholz, 1997). However, boys may spend more time in team sports and thus are more likely than girls to develop certain sporting skills, such as running and kicking a ball.

In the latter years of middle childhood, the percentage of body fat increases in preparation for the spurt that accompanies the onset of puberty. Boys have more lean body mass per inch of height than girls, and these differences in body composition will become more significant during adolescence. The trend in the Western world has been for a steady decrease in the age of menarche, and it is likely that a small minority of girls will experience their first period by the age of nine years.

### 2.3.2    Social, emotional and behavioural wellbeing

Much of the research that has been done regarding the socio-emotional development and wellbeing of children and young people explores the atypical emotional difficulties and behavioural problems that children can experience. Myers and Diener (1995) found the number of psychological journal articles on negative states exceeds those on positive states by 17:1. Research on dysfunctional states is extremely valuable in the understanding of risk and protective factors and the development of interventions to improve the socio-emotional wellbeing of children. However, it means that less research has been conducted looking specifically at the typical and normal socio-emotional development of children, or at problems that are mild but still potentially troubling.

In middle childhood children are developing more strategies for coping with different emotional situations and for emotional self-regulation. They are typically more emotionally stable than they were when they were younger since they are better able to exert control over their own emotional reactions (Salovey & Sluyter, 1997). There is generally a decrease in the time parents and children spend together and fewer overt, physical displays of affection between them (Collins & Madsen, 2003).

By nine years of age, children's concept of self is typically becoming more advanced and, when asked to describe themselves, they focus on their personality traits and preferences, not just on facts about their family or their appearance (Harter, 1999). They are more self-critical and self-conscious than they were when younger. They begin to compare themselves with their peers across educational, physical and social dimensions. By the age of nine, self-evaluation intensifies as exposure to more varied personal

and social contexts stimulates comparisons between self and others and provides feedback to the child about their own characteristics, skills, and abilities (Eccles, 1999). At this age children may become more self-absorbed and introspective. Embarrassment is a frequently experienced emotion. They can stubbornly resist compliance with their parents' wishes and instructions and exhibit, usually brief, outbursts of anger and resentment. At the same time they have a robust sense of humour and are typically good humoured. Their social skills are more sophisticated and nine-year-olds are quite capable of telling jokes and 'putting on an act'.

During the middle childhood years, children are developing a strong sense of who they are and are becoming more independent of their parents. Given the focus on identity, this stage is key to the establishment of a positive self-concept (Child & Family Canada, 2000). Children of this age are usually capable of forming their own views about matters of importance to them in their daily lives, and may form views counter to or in conflict with those of their parents. They are becoming more adept at looking after themselves, getting around their local environment and spending more time on their own or with their peers. In short, during middle childhood children typically become more aware of the world around them and their place in it, and take a more active role in engaging with that world.

Ball (1998) suggests that, although the nine-year-old may be ready for more independence, some children will be denied this autonomy due to parental fear and protectiveness. Fear of traffic and child abduction has been associated with parents' preventing children from walking to school (Hillman, Adams & Whitelegg, 1990). This stage can also be an active period in terms of extra-curricular activities, perhaps with organised sporting competitions and lessons in music or horse-riding, depending on the capacity and inclination of parents to pay for such extra-curricular activities and the child's talents and preferences.

At this stage, children are typically seen as sensible enough to take on more responsibility both for themselves and within the family – perhaps helping with younger siblings or running errands (e.g. Panel to Review the Status of Basic Research on School-Age Children, 1984). Where opportunities exist, nine-year-olds may well have been taking on helping and caring roles for some time; for example, helping to look after younger siblings.

Although the nine-year-old child's world is expanding and he or she is gaining increasing independence, the family remains at the core of their world. Development is influenced by the cognitive and emotional supports within the family, and children are learning more and more about relationships through their interactions with their parents and other family members (Huston & Ripke, 2006). At this age children may become more acutely aware of parental difficulties or inadequacies (Child & Family Canada, 2000). Nine-year-olds normally play an active part in family life, asserting their own beliefs and preferences but becoming more capable of compromise and negotiation than when younger.

As children become more independent from their parents and are permitted more independence, friends become increasingly important. Children develop interests outside their family and, for example, as they stray further from home to spend time with friends, monitoring at a distance becomes an issue for parents (Collins, 2002). Typical nine-year-old children have groups of friends, and issues of acceptance, popularity and group solidarity are becoming very important (Cosaro, 1997). They value their friendships and usually want to be just like their peers, in talk, dress and life-style. Children also become more aware of differences such as skin colour or body size or shape, and some of these differences may be the stimulus for teasing or bullying (Borchers, 2001). For the nine-year-old child, social interaction with peers may take many different forms, from active games to just sitting and chatting. Same-sex groups may be strongly preferred, especially at or around school, and gender differences in how peers interrelate have been identified. Nine-year-old boys typically mix in larger groups than do girls and their play is more competitive and aggressive, often organised around sports (Lever, 1978; Adler, Kless & Adler, 1992). Girls are more concerned with maintaining personal relationships and they strive to avoid conflict and negotiate problems indirectly for fear of looking uncooperative (Gilligan, 1982). Girls are also more likely to have best friends than are boys (Markovits, Benensen & Dolensky, 2001)

### 2.3.3    Educational achievement and intellectual capacity

From a Piagetian perspective, nine-year-old children are in the concrete operational stage of cognitive development. They can take more than one aspect of a problem into account at a time and can reverse and manipulate objects mentally. These capacities give them greater understanding of how the world works, as does their growing understanding of causation. Their reasoning is still 'concrete', so abstract reasoning or hypothetical reasoning would be unusual (Piaget, 1953). However, children at this stage can be logical about concrete information and can make plans and follow them through. They have a strong sense of right and wrong, and a concern about what is fair. Non-Piagetian research has shown that children of this age have better strategies for organising information and remembering it. For example, the memory for digits (digit span) improves from four digits at age seven years to seven digits at age 11 years (Kail & Park, 1994). Cognitive changes permit a new level of self-control and self-regulation. Planning ahead and thinking about the consequences of actions are part of attaining mature self-regulatory capacities. For most children, impulsive behaviour declines steadily from early childhood into middle childhood (Maccoby, 1984). Teachers and parents can expect nine-year-olds to behave well even when not under immediate surveillance. Their ability to attend for longer periods and not to be easily distracted supports their learning in the classroom and elsewhere. At school, children are typically becoming more active and independent learners (Markus & Nurius, 1984; Dweck, 1999).

In relation to academic skills, reading should be well established. Children of nine years can usually read simple stories fluently and can read by themselves to acquire new knowledge and for pleasure. Basic mathematical skills such as addition, subtraction, multiplication and division are mastered by most children of this age in affluent societies. Children who perform well in school also tend to perform well in tests of general intelligence, although the correlation is far from perfect, ranging from 0.5 to 0.6. Most IQ tests emphasise information-processing skills, though influential theories of intelligence such as that of Sternberg (2003) and Gardner (2000) also argue that intelligence should be seen more broadly. From the perspective of Gardner, for example, nine-year-olds would be expected to have very different patterns of intelligence, some excelling at interpersonal intelligence, some at musical intelligence, some at linguistic, and so forth.

## 2.4    The contexts in which 9-year-olds in Ireland are growing up

There are some distinctive and typical features of the experience of nine-year-olds in Ireland that could be expected to influence the course and quality of their development. There are also distinctive disparities in context, specific to some sub-sections of the population of nine-year olds, that we might expect to differentially shape these children's immediate experience and longer-term outcomes.

While the above review of what we might expect from a nine-year-old draws on international and Irish studies, it is very important that we see the nine-year-olds in *Growing Up in Ireland* in their specific context. The study will be able to point out both the general characteristics and experiences associated with growing up in Ireland at this time and also how diverse children's contexts can be within Ireland. Even before embarking on the study, we do know that nine-year-olds in Ireland are exposed to an environment which is distinctive and predictable in a number of its features. The following review describes some of the key contexts that impinge on nine-year-old children. It will reflect the contexts in the Bronfenbrenner model that impact directly on the child.

### 2.4.1    Family

The traditional family unit headed by a husband and wife is still the most common structure for children living in Ireland today. In 2006, there were 516,413 family units consisting of husband, wife and child(ren). The next most common family unit (with children) was a lone mother with child(ren) (162,496). There were 43,977 cohabiting couples with child(ren) and 26,717 lone fathers with child(ren) (Central Statistics Office, 2007a).  In Census 2002, 14% of children in the 5–9 age group were living with a lone parent (Office of the Minister for Children, 2006). There were, however, regional trends evident; 18% of children were living with a lone parent in Dublin compared to just 8.5% in, for example, County Cavan.

Recent years have seen a decrease in the overall marriage rate although there are indications that people may be postponing marriage rather than choosing not to marry at all, and may be using cohabitation as a precursor to marriage (Kennedy, 2004; Central Statistics Office 2004b).

The fertility rate in Ireland, which links the number of births to the number of women of childbearing age, has remained relatively stable during the 1990s and 2000s (at approximately 1.9 births per woman). Although fertility levels have stabilised at a relatively low level by Irish historical standards, they are reasonably high by European standards. Ireland continues to have among the highest fertility rates in Europe, although below those of the USA and New Zealand (Fahey & Russell, 2002). The average number of children per family was 1.4 in 2006 (2.2 in 1986). The completed family size per woman (aged 40–44) is currently 2.2. This implies that Irish children are living in much smaller families than they were in the last century but are more likely than many other children in Europe to have one or two siblings.

Divorce only became possible in Ireland in 1997 but since its introduction the numbers availing of it have grown steadily. In 2002, 35,100 divorces were granted in comparison with 59,500 in 2006 (an increase of 69.8%). The number of legal separations has also increased, but at a much lower rate. Clearly, both separation and divorce have major implications for Irish children (Hogan, Halpenny & Greene, 2002). Given the late introduction of divorce, remarriage was not an Irish phenomenon on any scale until recently, although some children would certainly have been living in informally constituted, blended families. The last census collected data on the number of children in households including step-parents, but these data are not yet available. The experience of children living in such households is an important area for further exploration.

The parenting role is seen as more challenging in the 21$^{st}$ century due to the rapid pace of change and the unpredictability of the future. Parenting practices will be a major focus of **Growing Up in Ireland**, building on a small pool of existing studies (Hennessy & Hogan, 2000). In a survey of 1,000 Irish parents on behalf of the Department of Social, Community and Family Affairs (Riordan, 2001), the most frequently expressed concern parents had for the physical care of their child was *being able to keep their child safe* (69%). Concerns regarding the *provision of accommodation* and *having enough food* were expressed by 20% and 14% of parents respectively. In terms of general parental concerns, the most frequently identified concern was the *exposure of children to drug use* (76%), followed by *media influence on children* (60%) and parents' *ability to maintain a positive relationship with their children* (45%). The *ability to be a good enough parent* was a worry for 31% of parents and the *ability to control their children* was a concern for 36%.

Contact with grandparents seems to be relatively high in Ireland (Hogan *et al*, 2002; Lundström, 2001), perhaps because of the small size of the country and low levels of mobility but perhaps also because of the value placed on the extended family. The role of grandparents in children's lives is another area which needs further research.

### 2.4.2    Parental income and employment

The material resources available to children are in large part, though not entirely, a function of household income. Figures for 2007 from UNICEF in relation to Ireland report that 22% of children aged less than 15 years were living in relative income poverty (set at 60% of median income per adult equivalent). This was one of the highest rates in the EU.  Figures for 2005 from the Central Statistics Office EU-SILC survey (European Union Survey on Income and Living Conditions in Ireland)  indicate that one in nine children under 14 was living in consistent poverty (Central Statistics Office, 2006).

There is a relationship between family type and poverty. A recent survey of parents and children in Ireland (McKeown, Pratschke & Haase, 2003) found higher rates of cohabitation and lone parenthood among lower socio-economic groups. Economic insecurity is one of the variables associated with a higher probability of relationship breakdown, which often contributes to higher levels of lone-parenthood (usually of the mother) among working-class groups (McKeown *et al*, 2003). Less resources in working-class households are also likely to lead to financial strain and increased family stress among these

households, while separation itself often results in a sharp drop in the living standards of both parties, and hence the children also.

The unprecedented economic boom in Ireland over the last decade brought high employment and new prosperity but there is still evidence of relatively high levels of income inequality and some resilient pockets of poverty, not least among households with families. This period of economic boom has been accompanied by increasing participation of women in the workforce, including mothers of young children (Collins & Wickham, 2001). In 2008 the country started to move into an economic recession. *Growing Up in Ireland* will be able to track the effects of this sudden and dramatic downturn on child poverty rates and on the experience of children and families living in poverty for the first time or coping with an intensification of their problems.

Children who grow up in poverty are less likely to be healthy and to achieve in school than their more advantaged peers. Poverty is associated with multiple risks and a higher level of negative outcomes for children in their current functioning and in the longer term (Evans, 2004). Some children do well despite living in poverty and it is important to understand what determines this kind of resilience; it is similarly important to understand why some children with every economic advantage do poorly. A recent Irish study confirms that the amount of time spent in poverty is a critical factor in predicting poor long-term outcomes and that children in large families and with unemployed parents are most at risk for persistent poverty (Nolan, Layte, Whelan & Maitre, 2006). In Ireland, ending child poverty has been identified as a national policy priority in the National Action Plan against Poverty and Social Exclusion, 2003–2005 (Office for Social Inclusion, 2003) and in other major governmental policy papers and strategies. It is recognised that the most effective way to assist children in poverty is through a mixture of income supports and the provision of quality services and enhanced opportunities. However, as the economy deteriorates such actions may be severely compromised and attenuated.

Parental employment or unemployment impinges directly on the quality of children's lives. Most nine-year-olds in Ireland have mothers who are in paid employment, either full-time or part-time. The 2007 participation rate for married women in the key childbearing 25–34 year age group was 78.6%, and 68% in the next age category, 35–44 (Central Statistics Office, 2008). Children whose mothers work at home and children whose mothers work outside the home are likely to have a different experience of home life. For example, those whose mothers work full-time may spend time in out-of-school care. A national survey in 2002, found that about 125,000 (approx. 25%) of primary school children were availing of non-parental childcare. Of these, 46% were in the care of unpaid relatives, 32% were with paid carers, 6% used crèches and 3% used other childcare facilities (Central Statistics Office, 2003). There is a perceived need for more high-quality, centre-based out-of-school care (Childcare Directorate, 2005). Where children have two working parents there may be benefits such as increased material resources but also some stresses due to neither parent being home-based for most of the day. In dual-earner couples, women do more unpaid work in the home, particularly when the household includes young children (McGinnity & Russell, 2008). The implication is that working mothers spend more time with their children or in childcare activities than working fathers. Issues of work-life balance and imbalance have been a focus for debate in recent years, as has the need to make work-life more family-friendly. While flexi-time and job-sharing are well established in the public service, such arrangements are more rare and *ad hoc* in the private sector (Humphreys, Fleming & O'Donnell, 2000). Research is needed on the effects on children of all these issues. *Growing Up In Ireland* will collect data on childcare for both cohorts, thus contributing valuable information on this critical aspect of many children's experience.

### 2.4.3    Neighbourhood

According to the 2006 census data, 163,881 children (57%) in the 5–9 year age group were living in urban areas and 124,444 (43%) in rural areas. Dublin city and county was home to 71,451 (25%) of the children in this age group.  Growing up in a town or city is likely to be very different to growing up in a small village or in open country. While this issue has not been extensively researched in Ireland, there are some indications of interesting differences between the life-styles of urban and rural children. For example, McGrath and Nic Gabhainn (2007) found that rural children were much less likely to spend time with peers outside school. This was particularly true of children growing up on farms. The Nutrition and

Health Foundation Health and Lifestyles Report in 2005 indicated that rural children were much more likely to eat the same evening meal as their parents.

In relation to safety, findings from the Health Behaviour of School Children survey in 2002 (cited in *State of the Nation's Children*, Office for the Minister of Children, 2006) indicated that 87% of children aged 10–11 reported feeling safe in the area where they lived. Again, there were some regional variations: those in the North-West were most likely to feel safe (92%) and those in the East least likely (84%). However, those in the East were most likely to report (51%) that they had good places to play most often (51%) compared to only 37% of children in the North-West and North-East.

Opportunities for outdoor play, sport and other organised leisure activities are very variable, depending on the family's resources and where they live. Among older primary school students, soccer, Gaelic football and basketball are the most common sports played. Approximately 60% of children this age are also involved in once-weekly extra-curricular classes that instruct in individual or team pursuits such as dance, swimming, hurling/camogie or soccer (Fahey, Delaney & Gannon, 2005).

### 2.4.4    School

Socially structured events play a major role in determining the experience of children. In the West, these are very often age-graded. For example, in Ireland, the entire educational system is structured around age; children are admitted to formal schooling at age 4–5, transfer to secondary school at age 12–13, and leave school at age 17–18. The majority (82% in 2006) will stay in secondary school until they are 18 years old.

All children are entitled to free schooling but a small minority of parents of primary school children opt for private fee-paying schools. Classes are organised primarily by age. Age is taken as the primary and most efficient marker of competence but it also structures that competence by ensuring that children are not introduced to certain knowledge and skills until they are considered to be 'old enough'. Ireland is similar to other developed countries in this regard.

At nine years most Irish children are attending national schools. The vast majority of these schools are state-funded and adopt the nationally prescribed 'primary curriculum'. The majority of nine-year-olds are in Third or Fourth Class in an eight-class school. In some small schools, several classes will be taught together in one room. A total of 84.7% of primary school teachers are women. Children in Third and Fourth Classes will be instructed in a number of subjects. These include the traditional subjects of English, Irish, Maths, History and Geography. In recent years, Science has been added to the national-school curriculum along with arts subjects such as Music, Drama and Art. Children will also participate in Physical Education classes and a module called Social, Personal and Health Education, which includes topics such as self-identity, nutrition, family and friends, and citizenship.

The national-school curriculum is structured by strand units in each subject. Each strand unit aims to enable the child to extend their capabilities. For example, in Third and Fourth Classes in English, the curriculum aims to enable the child to use his or her reading skills to read for pleasure, to write for a specific purpose or audience, such as writing a letter, to give a simple oral presentation to their classmates and to use a simple dictionary, and so on. In Maths, children will be working with simple division and multiplication. They will have encountered fractions and decimals, simple geometry and graphs. They will be expected to analyse a problem and plan a solution, and to be able to extract mathematical equations from word problems. For children in English-speaking schools, the focus of skill development in Irish is on communication in Irish: handling social interactions, stating and seeking opinions, sharing information and turn-taking in conversation. The themes covered are: myself, my home, school, food, television, pastimes, shopping, clothes, the weather and special occasions. A total of 10% of children attend Irish-medium schools (gaelscoileanna) (CSO, 2006).

Nine-year-old children are in a relatively non-eventful period at school, neither newly adjusting to primary school, nor anticipating the move to secondary school. They are not faced with examinations but probably face occasional tests. They will usually have homework. Their day at school typically lasts five

hours and 40 minutes, starting around 9am and finishing around 3pm. In most schools, there are 30 minutes of religious instruction per day. The number of days per annum that nine-year-olds attend school is 183. Most have the security of having a one-class teacher who teaches most subjects, unlike in secondary school where the different subjects are taught by different teachers.

Children with special needs can be educated in mainstream classes in national schools, in special classes in national schools, or in special schools. Depending on their educational requirements, children in a mainstream class may receive additional support from learning support or resource teachers or from a special-needs assistant (SNA). Children rarely repeat classes; the goal is to keep them with their age peers if possible.

Under the DEIS (Delivering Equality of Opportunity in Schools) programme, 310 primary schools from the national total of 3,160 are designated as disadvantaged (Department of Education & Science, 2006). They are therefore eligible for extra support such as an additional teachers or more capitation funding. The number of pupils in the scheme is 64,700. The individual pupils at the school are not necessarily from a home characterised by disadvantage. A 2005 report surveyed the reading skills of pupils in 94 randomly selected designated disadvantaged schools (Eivers, Shiel & Short, 2005). In Third Class, 29.5% of the pupils fell below the tenth percentile in reading skills, in contrast to 9.8% in the general population, implying 'serious reading difficulties' in a significant minority of these children.

Most primary schools in Ireland are owned by religious denominations, primarily the Roman Catholic Church, although their day-to-day running is paid for by the State. A small number of schools operate under the patronage of non-religious bodies, the body catering for most children (around 10,000) being Educate Together. There are currently 56 Educate Together schools. These are multi-denominational schools run by a democratically elected board. Also, a small number of families choose not to send their children to school. The official number is 300 but it is probable that the actual figure is higher than this (www.homeschool-ireland.com). Home-schooling is legal once parents have satisfied the requirements of the National Welfare Education Board.

### 2.4.5   Religion

The majority of children are born to Roman Catholic parents and are christened in that faith. According to the 2006 Census data, 87% of the total population identify themselves as Roman Catholic. A minority of the population identify themselves as belonging to other religions, the most common being Church of Ireland at 3%. The number declaring 'no religion' is just over 4%, in addition to smaller numbers identifying as Agnostic or Atheist. Other religions, including Islam, Orthodox Church and Hinduism, while still accounting for less than 1% of the population each, are increasingly represented in the Irish population; the number of Muslims increased by 70% between 2002 and 2006, to 32,539; the number identifying as Orthodox is up 99% to 20,798 and Hindus are up 96% to 6,082 (Central Statistics Office, 2007).

Most Roman Catholic children, even those who do not attend religious services regularly, will have presented themselves for first communion at age 7–8, when in Second Class. Religious instruction is typically given in school rather than in classes associated with the church. In Ireland 'Sunday schools' are connected with the minority faiths. Other religions have changes in practice and/or status around this time: Hindu boys undergo *Upanayana* or the Ceremony of the Sacred Thread between the ages of six and 12 years; Islam does not have a formal rite of passage, but once a child is familiar with the entire Qur'an, often around the age of 10, he or she may start attending the mosque with his/her parents.

Figures from the European Social Survey 2003 suggest that 64% of people in the Republic attend religious services regularly (at least monthly), which is very high by European standards (Fahey, Hayes & Sinnott, 2005). There are no available figures on children's attendance at religious ceremonies, but it is reasonable to assume that if parents are attending a ceremony they will bring their children with them. Weekly church attendance rates for the 31–45 age group, which is likely to be the age group of most parents of nine-year-olds, stand at 56%, suggesting that religious ceremony attendance is relatively high

among nine-year-old children. However, this assumption must be empirically assessed and a question on the child's attendance at religious services will be included in the **Growing Up in Ireland** survey.

### 2.4.6    Informal and formal supports

Most of the informal support for children will be provided by their families. The family in Ireland is given a special position in the Constitution, as having particularly strong rights in relation to how it conducts its affairs. Article 41.1 reads:

> *The State recognises the Family as the natural primary and fundamental unit group of Society,*
>
> *and as a moral institution possessing inalienable and imprescriptible rights, antecedent and*
>
> *superior to all positive law.*

It has been argued that "the very high emphasis on the rights of the family in the Constitution may consciously or unconsciously be interpreted as giving a higher value to the rights of parents than to the rights of children" (Kilkenny Incest Investigation, 1993). It has also been argued that responsibility for childrearing has been seen as belonging to the family and not to the State, and that the primacy granted to the family has hampered the development of effective child and family support services. The State's investment in children's services and supports is relatively low in comparison to other wealthy countries (UNICEF, 2007).

All children in Ireland are eligible for *Child Benefit*, which is paid to the child's parent/s or guardian.[1] The current rate of Child Benefit is €166 per month for the first and second child and €332 for the third child, with more for multiple births. The benefit is paid until children are 16 years old, or 19 years old if they stay in full-time education. All children under age five and a half are eligible for the *Early Childcare Supplement* of €1,100 per annum, which is intended to help with the cost of childcare and early education.

Other income supplements are means-based and are therefore targeted at families who have limited resources. They include: the *Family Income Supplement* for families where there is an employed parent on low pay; the *One Parent Family Payment* and the *Deserted Wife's Benefit* and various grants for widows, which take into account the presence of children. *Unemployment benefit* also takes the presence of children into account. There is a *Back to School and Clothing Allowance* for the schoolgoing children of parents in receipt of a social welfare payment or availing of approved employment or training schemes.

Children's access to services is a major area of concern since there is little doubt that access is easier for some sections of the community than for others. For example, 50% of the adult population has private health insurance. Without private health insurance the waiting times for hospital admission and to see specialist medical practitioners can be very long. In the area of mental health, there is a severe shortage of child psychiatry posts (50% of the number needed); 59% of 328 child admissions in 2007 were to adult psychiatric hospitals or units because of the shortage of residential units for children and adolescents (Mental Health Commission, 2007).

A statutory Family Support Agency, established in 2003, has a strong brief in relation to the development of locally based family resource centres, and the funding of marriage counselling, family mediation services and child bereavement counselling. It also commissions research and advises the Minister for

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[1] Child Benefit was introduced in 1986, replacing the Children's Allowance, which was introduced in 1944. The allowance was initially payable in respect of third and subsequent children but was extended in 1952 to cover a second child and in 1963 to cover a first child – and thus all children.

Social and Family Affairs on family policy issues. However, a recent review of child and family services (Health Service Executive, 2008) highlighted major shortcomings in child protection services in particular, with long waiting lists for child abuse and neglect referrals.

There is a strong history of voluntary service provision in Ireland, particularly in relation to those who are living with disadvantage. The State provides grants for child services provided by many of the long-established agencies and charities such as Barnardos and the Irish Society for the Prevention of Cruelty to Children (ISPCC), but these bodies must also rely on fund-raising.

Depending on the family and the needs of the children, many formal supports may be accessed or very few. Accessing formal supports does not necessarily relate precisely to the family's level of resources. An affluent family with a child with a disability may need a lot of formal supports, including the support of special-interest groups, such as the Irish Society for Autism or Down Syndrome Ireland.

## 2.5    Other sources of difference and diversity in children's experience

### 2.5.1    Children in care of the State

Children who are not receiving acceptable levels of care and cannot remain in their own homes are accommodated through the range of child protection and social-work services provided by the Health Service Executive (HSE). In 2006, there were 1,845 children admitted into care. By the year end there were a total of 5,247 children in foster or residential care, 315 of whom were aged nine years. Overall, 'neglect' and 'Parents unable to cope/family difficulty re housing/finance' were the most common reasons cited (Health Service Executive, 2006). The vast majority of the children (88%) were in foster care, with a further 8% in residential care. Most of this latter group were in community-based residential centres / sibling group care but also included are those in high support and special care units (Health Service Executive, 2006).

At the end of 2007 the figures for children (0–18 years) in the care of the State had increased to 5,322, of which 4,758 were in foster care placements (Health Service Executive, 2007). Children in the care of the State represent a particularly vulnerable subset of the child population; their numbers have risen year on year. Such variances in rates are influenced by a range of socio-economic, demographic, and service delivery factors.

### 2.5.2    Children who belong to ethnic minorities

A small percentage of Irish nine-year-olds belong to minority ethnic groups. For example, 3,061 children in the 5–9 year age group were identified as Irish Travellers in the 2006 Census (Central Statistics Office, 2007). There are 7,300 Traveller children in primary schools, representing almost 1% of the population, but there are problems with non-attendance and serious levels of under-achievement (Department of Education & Science, 2006). Traveller children are less healthy than settled children and suffer from discrimination and stigmatisation. Family sizes are bigger (average family size is 3.5 children) and 42% of Travellers are aged under 15 years.

In the 2007 report on the census, there were 12,126 'other White background' children in the 5–9 age group; 5,255 in the 'African' or 'other Black background', and 3,034 in the 'Chinese' or 'other Asian background' categories. For children aged 0–14 years, the most populous nationalities other than Irish were British, Polish, Nigerian, American and Lithuanian, in descending order, accounting for 30,905 children between them. Approximately half of these were British. Little is known about the experience of children growing up as members of ethnic minorities in Ireland although some research in this area is now in train (Central Statistics Office, 2007). In 2008 there are signs that some foreign nationals are responding to the economic downturn and related threat to employment by returning to their countries of origin.

### 2.5.3    Children with disabilities

In 2005 the number of children registered on the National Physical and Sensory Disability Database was 7,039, 77.9% of whom had a physical disability (Doyle, Galligan, Barron & Mulvany, 2006). The rates for psychiatric conditions are less well-established. According to the National Psychiatric In-Patient Reporting System, in 2005 333 children were admitted to hospitals for psychiatric care (Daly & Walsh, 2006). A study conducted in 2004 found that, among 720 children aged 12–15 years, 20% were at risk of psychiatric disorder (Lynch, Mills, Daly & Fitzpatrick, 2004).

## 2.6    Child wellbeing in Ireland

In recent years a number of attempts have been made to describe the wellbeing of Irish children. Two sources of information are particularly important: (1) the development of child wellbeing indicators by the Office of the Minister for Children and Youth Affairs (OMCYA) and the publication, the *State of the Nation's Children*, based on those indicators (Hanafin & Brooks, 2005a, 2005b; Hanafin *et al* 2008), and (2) the international comparisons conducted periodically by UNICEF (United Nations International Children's Emergency Fund) using their own child wellbeing barometer (UNICEF, 2007). Some of the same data from surveys such as PISA (Programme for International Student Assessment, www.erc.ie) and HBSC (Health Behaviour of School-Aged Children, www.nuigalway.ie/hbsc), feed into both. Many of the statistics used in these compilations of child wellbeing indicators have been drawn upon in this review.

To highlight some of what we currently know about the wellbeing of Irish children, the UNICEF report card (2007)  will be summarised.

The report card uses six dimensions of child wellbeing and serves to place the Irish data in the context of other comparable nations. The UNICEF system is framed by the United Nations Convention on the Rights of the Child. It has some clear limitations in that it has to rely on data that are available across all the OECD countries (and in some additional countries for some measures). As a result, some countries (Australia, Iceland, Japan, Luxembourg, Mexico, New Zealand, the Slovak Republic, South Korea and Turkey) do not figure in all the tables. Also, some of the data are based on small datasets or data derived from only some age groups. This means that, in some cases, the data will relate only to older children (as in the HBSC) and, for the purposes of the current review, might not have encompassed data precisely relevant to children aged nine years.

### 2.6.1    Material wellbeing

This index consists of data on relative income poverty, the number of households without jobs, and reported deprivation. It is clearly a proxy measure of children's experience of poverty and the factors associated with it. Ireland is ranked 19th among the 21 countries which were assessed on this index, indicating relatively high levels of material deprivation relative to the other countries in the list.

### 2.6.2    Health and safety

This index consists of data on children's health at age one, the percentage of children aged 12–13 immunised against measles, DPT and polio, and deaths from accident across childhood. On this index Ireland is ranked 22nd out of the 25 countries listed. Although these rankings are useful, the measures of health status are quite limited. Children aged nine years in Ireland are generally in good health. For example, in 2006, 22 deaths were registered that happened to children aged between five and nine (Central Statistics Office, 2006). In 2004 there were 28,295 hospital admissions for children aged between five and nine (Hospital In-Patient Inquiry), considerably lower than the rate for younger children. The most frequent reason for admission was diseases of the digestive system, followed by diseases of the respiratory system. External causes of injury and poisoning were next in frequency, and accidental falls were the most frequent sub-category for the 5–9 age group (and for all ages up to age 14 years).

There are concerns that are not reflected in the UNICEF index, such as the rise in child obesity. In 2005 the report of the National Taskforce on Obesity included an estimate that 300,000 Irish children could be considered overweight or obese and that this number was rising at a rate of over 10,000 cases per annum. In the 2006 Irish Census it was found that only 14% of primary-school children walk to school and 0.6% cycle, both levels being lower than in previous Census years.

Irish children today are less physically active than in the past (Broderick & Shiel, 2000). Nonetheless, relative to their same-age peers elsewhere, they are among the most active in the WHO European Region and North America. At the same time, only a little over half of Irish pre-teens meet recommended guidelines for exercise (Kelleher *et al*, 2003).

### 2.6.3    Educational wellbeing

This index is based on three dimensions: school achievement at age five, percentage of 15- to 19-year-olds remaining in education, and the numbers of young people who have low employment prospects and skills. On this index Ireland is ranked 8th out of 24 countries. Clearly, these indices do not relate precisely to nine-year-olds but they do summarise important data on their likely prospects in relation to both educational achievement and employment. High literacy and numeracy levels in Ireland and high-school completion rates all serve to place Ireland at a higher rank than on the two previous indices.

### 2.6.4    Relationships

The relationships index is based on data on family structure, specifically the number of children aged 11–15 living in single-parent and step-family households, the amount of time children spend eating with and chatting with parents, and the number of 11–15-year-olds reporting positive peer relationships. Out of the 21 countries assessed in this area, Ireland is ranked 7th. The data here are useful but limited. This is an area of great importance to the quality of children's lives and their development and it will be more fully explored in *Growing Up in Ireland.*

### 2.6.5    Behaviours and risks

The data under this heading relate to health behaviours, risk behaviours and children's experience of violence and bullying. Ireland is ranked 4th out of the 21 countries tabled. Despite the concerns expressed about children's eating patterns and physical activity levels, Irish children are ranked third in this sub-set of the data. However, this does not necessarily give ground for complacency since in this area it is important to have absolute, not relative, standards for good health. It may be that the health behaviours of all children in affluent countries are deteriorating.

Risk-taking behaviours encompass smoking, drug and alcohol use, risky sexual activity and teen pregnancy. There is a lot of discussion in Ireland about all these risky behaviours, mostly focused on the behaviour of teenagers. While the levels of some of these behaviours may not be as high as elsewhere, they are, by definition, negative behaviours. Most have been the target of public health campaigns, spear-headed by government-funded agencies such as the Crisis Pregnancy Agency and the Office of Tobacco Control.

Given the sensitive nature of some of these behaviours and the fact that they are typically associated with older children, *Growing Up in Ireland* will not focus on this area at this stage, but it will emerge as a critical area of attention at the next data wave, when the children in the study are 12 or 13 years old. It will be possible to identify the precursors of some of these risky behaviours in the nine-year data.

Ireland falls in the middle of the table on fighting but appears to have a lower level of bullying than the majority of states listed – 26% compared to an average of 31%. These data are based on the reports of 11–15-year-olds and may underestimate the amount of violence to which Irish children are exposed. For instance, 32% of the 3,064 Irish primary-school children surveyed by O'Moore, Kirkham and Smith (1997) reported being bullied.

The UNICEF report does not take into account domestic violence, a major source of stress for some children (Buckley, Whelan & Holt, 2006). It also does not address anti-social behaviour. Criminal activity on the part of nine-year-olds is infrequent although, in some areas, nine-year-olds are implicated in anti-social behaviours, causing public nuisance. The age of criminal responsibility in Ireland has been raised from seven to 12 years, meaning that children under 12 years cannot be prosecuted for criminal offences. However, the law still allows for children aged 10 and upwards to be prosecuted for certain categories of serious crime such as murder, manslaughter and rape.

### 2.6.6    Subjective wellbeing

Ireland is ranked 5th (out of the 21 countries) on 'subjective well-being'. This index is a composite of three different sets of self-report data – on health status, enjoyment of school, and personal wellbeing and life-satisfaction. For example, based on the HBSC survey of 2002, 90.3% of children aged 11–15 reported having three or more friends of the same gender, the highest rate in all 35 countries surveyed. In the same survey 93.3% of boys and 96% of girls aged 10–11 reported that they were happy with their lives at present. Irish data on nine-year-old children's emotional and social development and behaviour patterns are limited. Children's subjective wellbeing is a topic that became a focus of research comparatively recently (Diener & Lucas, 2008) but it is clearly important to take account of both objective and subjective indicators of wellbeing. Children are capable of reporting on their own wellbeing from a young age and there is growing recognition that they should be considered as full persons who have the right to comment on their current circumstances. Such views on children's rights have been promoted by the UN Convention on the Rights of the Child (1989) and enshrined in Ireland in the National Children's Strategy (2000). Getting an insight into children's thoughts and experiences adds useful information to that gathered by objective methods.

*Growing Up in Ireland* will also provide data on the development and general happiness of Irish children. Children may be happier in some situations and contexts than in others. For example, a recent study carried out in the UK indicated that children were happier at home than at school (Madge & Franklin, 2003). However, recent data on Irish children are encouraging. The *State of the Nation's Children* report (Office of the Minister for Children, 2006) cites the results of the pilot for a new survey called Kidscreen in which over 80% of 8- to 11-year-olds reported that they always or very often felt happy with the way they are. The data reinforce the positive findings from the HBSC survey on children's self-reported happiness.

Overall, the UNICEF study (UNICEF, 2007) ranks Ireland 10th out of the 21 OECD countries in terms of child wellbeing and critical indicators of development.

## 2.7    Conclusion

Positive aspects of childhood remain to be clearly defined by the *Growing Up in Ireland* study but existing data suggest that most children benefit from close family ties, both to their parents and to their extended family. Geographic proximity to family members and relative geographic stability mean that children typically see relatives frequently and develop strong bonds with them (Greene, 1994). In comparison to other European countries, most adults seem to appreciate their quality of life, a positive attitude which in all probability percolates through to their family life and to their children (Böhnke, 2005). Although it is often said that Ireland is a good place to bring up children, recent societal changes may have dented this confidence (Greene & Moane, 2000). It is important to track children's development at a time of rapid social change and to understand the factors that contribute to wellbeing, in all its facets, and that undermine it. The report on indicators of child wellbeing in Ireland mentioned above (Office of the

Minister for Children, 2006, 2008) will be repeated bi-annually, providing an invaluable tracking of critical development indicators. The UNICEF study will also be repeated to give important indications on how Irish children are faring in comparison to children in comparable jurisdictions.

Complementing these cross-sectional sources of information on young lives in Ireland, *Growing Up in Ireland* will provide longitudinal data, with all the strengths that such data represent. They permit an understanding of the causal relationships influencing development over time and, by collecting a wide range of data on and from each child on more than one occasion, will also offer more in-depth understanding of children and their contexts.

*Growing Up in Ireland* will give us a picture, for the first time, of the diversity and richness of the lives of nine-year-olds living in Ireland, providing the starting point for the follow-up of these young citizens as they negotiate their daily lives and continue their journey to adolescence and adulthood.  It will highlight the distinctive features of Irish childhood, permitting comparison between the experiences and outcomes for Irish nine-year-olds and those of their peers in other jurisdictions. Most importantly, it will address key questions about the factors that lead to good or poor outcomes as children develop.

In the following chapters, the international and national literature that attempts to understand what determines the course of child development and the quality of child outcomes will be reviewed, and some of the key research questions to be examined in the *GUI* study will be outlined. It is important to remember that despite the need, for the sake of analytic clarity, to divide children's functioning into different domains, all these domains intersect. Thus, a child who is happy and good at relating to other children is more likely to thrive in the school setting and to achieve their potential. A child who has a long history of illness is more likely to have problems achieving at his or her expected level at school. At some point it becomes important to 'put the child back together', as it were, and to see their development holistically. With this in mind a number of questions that link the three domains will be explored. At this stage only some of the many issues that *Growing Up in Ireland* can potentially inform will be outlined. The richness of the data and the unfolding nature of the study and of the Irish context mean that the number of possible research questions is vast and impossible to pinpoint definitively at this early stage.

# Chapter 3

## FACTORS INFLUENCING SOCIAL, EMOTIONAL AND BEHAVIOURAL WELLBEING
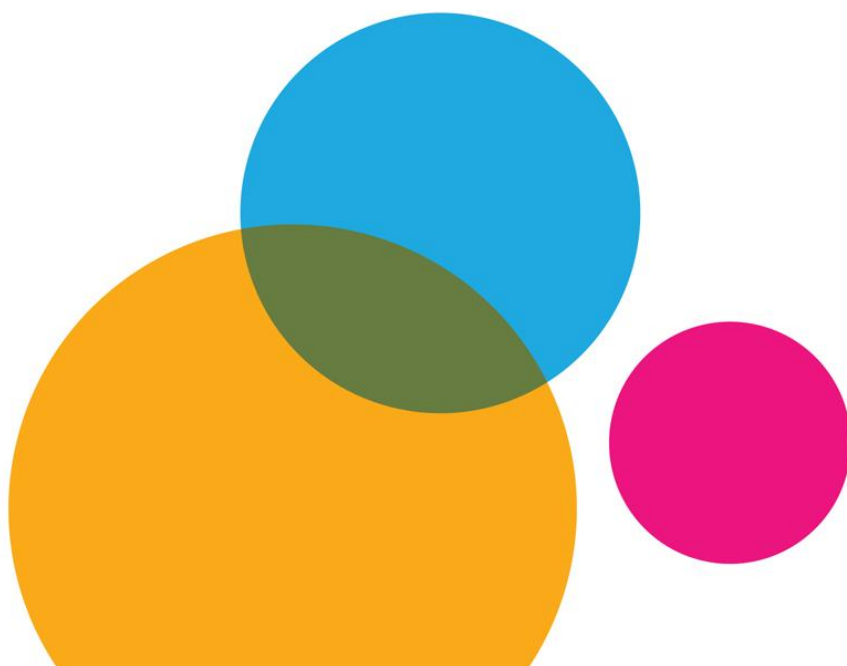
# CHAPTER 3: FACTORS INFLUENCING SOCIAL, EMOTIONAL
# AND BEHAVIOURAL WELLBEING

## 3.1    Introduction

It is common in current literature on children to lump together social development, emotional development and behavioural adjustment and wellbeing, and the acronym SEBD (Social Emotional and Behavioural Disorders/Difficulties) is widely used in relation to childhood psychological disorders (e.g. Haworth, 2004). However, the term encompasses several differentiable strands of development. Thus emotional development can be tracked from birth into adolescence and beyond; similarly, social behaviour and behavioural regulation have their own characteristics and developmental pathways. They are often connected in professional discourse since good fun . ctioning in one area tends to be accompanied by good functioning in the others.

Accordingly, it would be relatively unusual for a child who is aggressive and hard to manage to be happy and sociable, but it is possible.

By the time the child is nine years old, they have a significant life history which will have already shaped their adjustment to the world around them. Children come into the world with a disposition determined by their genes and uterine environment. In terms of their emotional orientation to the world and the people in it, this disposition is usually described as the child's temperament. However, the temperament evident in the early stages of infancy is often modified by the child's experiences over time.

## 3.2    Relationship(s) with primary carer(s)

Children's first relationships play a critical role in determining whether they are happy and sociable or troubled and difficult. Parental practices are seen by developmental psychologists as very important, but parenting is no longer seen as a one-way process that parents impose on children, but rather as a two-way process. Kuczynski (2003) outlines some features of new research on parenting processes. Along with bidirectionality, there is a focus on underlying transformation and change in parent-child relationships; an expanded interest in the agency of both parents and child; an interest in and re-examination of power in parent-child relations; and an interest in the wider context, rather than a narrow focus on the mother-child dyad. Kuczynski's approach, which reflects a new orientation in the literature, is closely aligned with the dynamic systems framework adopted by *Growing Up in Ireland.*

Some determinants of parenting, and the interactions between them, are summarised in *Figure 3.1*. This figure indicates the inter-connected nature of parenting. For example, parent characteristics affect both their style of parenting and the child's characteristics, but parenting can also be influenced by the child's individual characteristics.

**Figure 3.1: Determinants of Parenting**

*(Adapted from Chase-Lansdale and Pittman (2002)*
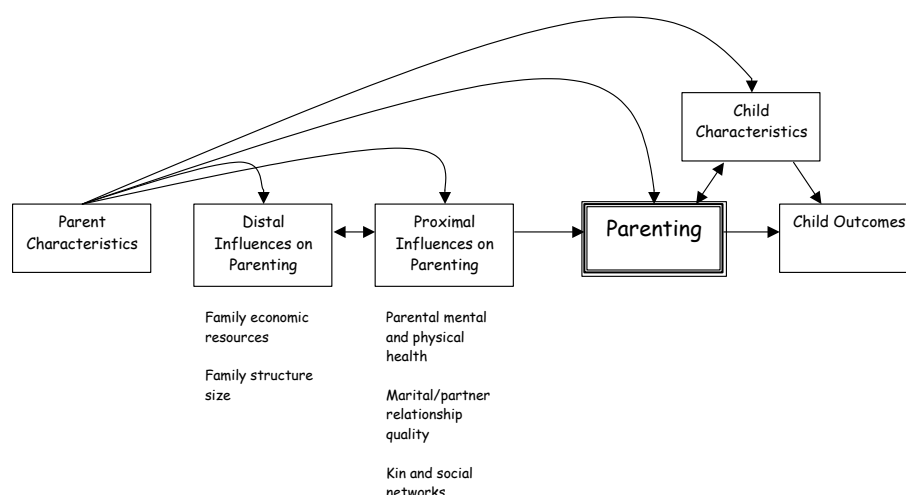


Questions relating to the effect of family relationships on children's emotional and social wellbeing outcomes will be examined in the study. They include:

### 3.2.1   What parenting styles do Irish parents use and what is their effect on child outcomes?

Parenting is situated within a specific time and place, and the activities and objectives of parenting can vary with the social context. Most studies of parenting in the literature come from North America, which may influence current classifications and descriptions of typical parenting behaviour. While there is no single definitive and comprehensive theory of parenting, specific aspects of parenting have been linked to children's wellbeing and positive development. Perhaps the most widely used approach is based on Baumrind's two major dimensions of parenting behaviour: parental acceptance and parental control, which combine to form four distinct styles of parenting (Maccoby & Martin, 1983). The *authoritarian* style involves rigidly reinforced rules within the context of low support and acceptance; the *authoritative* style, on the other hand, combines reasoned control with support and concern. The *permissive* style, or *indulgent* parenting, is associated with low levels of control combined with acceptance of children's behaviours; and *neglectful* parenting is characterised by low levels of control and low levels of acceptance. Children whose parents exhibit an authoritative parenting style have been found to display the most favourable developmental outcomes (Steinberg, Elmen & Mounts, 1989; Avenevoli, Sessa & Steinberg, 1999), and neglectful parenting style is most consistently associated with negative outcomes (Bee & Boyd, 2007). Karavasilis, Doyle and Markiewicz (2003) report a positive association between authoritative parenting and secure attachment in children aged 9–11. In a small (65 mothers and 42 fathers) longitudinal study, Roberts, Block and Block (1984) observed high levels of consistency in parenting style experienced by children aged three through to 12 years, and reported that any changes reflected adaptation to the child's development.

However, recent work has also indicated that the benefits of specific parenting styles may depend on the context within which the parent and child live. Thus, the authoritative parenting style may not be the most effective within specific contexts,(such as high-stress, low-income contexts (Brody & Flor, 1998) – reflecting the importance of the notion of connectedness between layers in the bioecological framework. In Ireland, little research has been carried out into parenting styles and discipline practices. Greene (1994) reported high levels of 'smacking', often associated with an authoritarian parenting style, among the sample of mothers who participated in the Dublin Child Development Study (although some studies

suggest that the use of physical discipline is more common with younger children; e.g. Jackson *et al*, 1999). A total of 93% of the 18-month-olds in the sample had been smacked at least once. High levels of corporal punishment were, however, accompanied by high levels of secure attachment in this sample of mainly working-class mothers and infants (Greene, Nugent & Wieczorek-Deering, 1995).

Families may also be classified according to emotional tone: specifically, warmth and responsiveness. A wealth of positive outcomes for children has been associated with 'warm' families both in childhood and adolescence, including secure attachment, better school performance, fewer delinquency and mental health problems (reviewed in Bee & Boyd, 2007). Supportive parenting may also act as a buffer against poor outcomes in difficult environments such as those in which poverty prevails (Pettit, Bates & Dodge, 1997).

The results from the first wave of Growing Up in Australia suggest that children who experience more hostility and less consistency in primary parenting during early childhood are worse off on an overall outcome index (Zubrick, Smith, Nicholson, Sanson & Jackiewicz, 2006). In the Canadian NLSCY, children under 12 who were subjected to more maternal hostility than their siblings displayed more physical aggression and less pro-social behaviour (Romano, Tremblay & Swisher, 2005).

***Growing Up in Ireland*** aims to classify parenting styles as authoritative, authoritarian, permissive or neglectful through the child's report on scales measuring warmth and control. This indicator of parenting style will be useful in describing the style favoured by Irish parents and in assessing the potential contribution to a child's development, as well as in controlling for parenting style when examining the effect of other independent variables on child outcomes.

### 3.2.2 What are the implications for child development and behaviour of the discipline styles used by Irish parents?

The strategies adopted by parents to discipline their child are a key aspect of parental style and behaviour. Bee and Boyd (2007) define discipline as the process of "controlling the child's behaviour and training the child to follow basic rules" (p. 366). Discipline does not necessarily equate to punishment. Non-punitive strategies, which include explaining why a particular behaviour was wrong and its impact on others, are sometimes referred to as 'inductive' discipline, and may be more effective in encouraging the internalisation of moral rules than punishment (Kerr, Lopez, Olson & Sameroff, 2004). Nevertheless, when people think of discipline, they often think specifically of punishment. Punishment forms include verbal (e.g. shouting, cursing), corporal/physical (e.g. spanking), physically abusive (e.g. punching) and non-abusive strategies (e.g. removal of privileges) (Jackson *et al*, 1999). Despite recent debate, corporal punishment remains a popular means of discipline. Straus and Stewart (1999) report that 94% of American parents smack their children by the time they are aged three or four, and a survey of Northern Irish parents reports that 91% used physical punishment at least occasionally (Murphy-Cowan & Stringer, 1999). However, it may not be the dominant punishment strategy.

Parents may adapt their disciplinary strategies to the developmental stage of the child (Jackson *et al*, 1999) and use less physical punishment on the older child. Straus and Stewart (1999) found that use of physical punishment declined rapidly after the age of five, but that over half of parents still used physical punishment on children aged 12. Moreover, children who were still receiving physical punishment in middle childhood experienced the most severe punishment compared to other developmental stages.

Results from the NLSCY 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 aged 10 to 13 (Statistics Canada, 2005). The survey assessed parental punishment practices when each child was aged 2–5 and again eight years later. The negative associations with punishment were found both when parents had changed from non-punitive to punitive practices in the intervening period, and when they had been consistently punitive. Likewise, the positive profile of children whose parents had been consistently non-punitive was also seen for children whose parents had changed from punitive to non-punitive practices at follow-up. Inductive discipline techniques,

such as encouraging the child to see his/her actions from the victim's perspective, may foster pro-social behaviours through the development of the child's capacity for empathy (Krevans & Gibbs, 1996).

Gershoff (2002) conducted a meta-analysis of studies examining associations between corporal punishment and child outcomes. She found that parental corporal punishment was associated with a range of negative outcomes: increases in child and adult aggression; child delinquency and adult criminality; child and adult anti-social behaviour; increased risk of being a victim of physical abuse and of abusing one's own child or spouse; and decreases in quality of the parent-child relationship, in moral internalisation, and in child and adult mental health. There was only one positive association for corporal punishment – immediate compliance – but this finding was not consistent across all the studies. Bee and Boyd (2007) summarise the immediate negative effects of parental spanking on child development as: the bad example of using physical force to achieve a goal; the pairing of parental presence with pain; and the communication of an underlying message of dislike and rejection. Corporal punishment may also be the first step on a slippery slope leading to levels of physical aggression which qualify as abusive. The use of corporal punishment may teach the child to make a better effort not to get caught, rather than motivate him or her to curtail the behaviour (Kerr *et al*, 2004).

Jackson and collaborators (1999) surveyed 1,000 American parents in order to identify those who might be at risk of physically abusing their children through harsh physical discipline. They found that parents tended to use a range of strategies, rather than just one, depending on the situation. Parental characteristics associated with greater use of physical discipline included positive attitudes towards physical discipline, difficulties with anger management, a history of witnessing partner violence, and a lower level of education.

Jackson *et al* (1999) also summarise the findings in relation to other moderators of 'abuse proneness'. Social isolation and lower socio-economic status are associated with an increased risk; gender may also play a role as men tend to dole out harsher physical punishment and boys tend to receive more physical punishment. Gershoff (2002) found that the link between corporal punishment and later aggression was weaker for girls than for boys. Culture/ethnicity may also moderate the impact of physical punishment. Bee and Boyd (2007) caution that most studies showing a link between physical punishment and negative outcomes have been conducted with Caucasian-American children, and that some studies with African-American children had failed to show the same negative effects, except in severe cases (for example, Deater-Deckard, Dodge, Bates and Pettit, 1996). These examples illustrate the importance of considering parenting practices in the context in which they occur, from the immediate family (microsystem) outwards.

Parents may use a range of disciplinary strategies, as found in the study by Jackson et al. (1999) covered in the preceding paragraphs.  The choice of discipline strategy can depend on the type of principle that has been violated (moral or conventional), whether the transgression was seen to be accidental or purposeful, and what mood the parent was in at the time (Critchley & Sanson, 2006).  Dix, Ruble and Zambarno (1989) also found that parents considered the child's competence to understand why the misbehaviour was wrong and his/her responsibility when deciding on a discipline strategy.

In **Growing Up in Ireland**, both children and parents will be asked what discipline strategies are used when the child misbehaves.  Response options will include inductive discipline, as well as a variety of punishments. A measure of frequency of usage will also be taken. These questions will allow us to supplement the description of Irish parenting style, to assess the impact of different techniques with different children in different situations, and to relate different disciplinary practices to different outcomes.

### 3.2.3    How does the quality of the parent-child relationship contribute to positive outcomes for the child?

In a meta-analysis of 68 studies, Erel and Burman (1995) found a link between more negative parent-child relationships and more negative marital relationships, while more positive parent-child relationships were generally found in families with better marital relationships. McKeown *et al* (2003) found the parent-child relationship to be one of the key bidirectional family processes associated with the physical and

psychological wellbeing of parents (particularly in one-parent families) and the couple relationship (in two-parent families), while the number and frequency of shared activities between parents and their children was also shown to influence child development.

It has been reported that children who have a positive, healthy relationship with their mothers are more likely to develop insights into the feelings of others (National Scientific Council on the Developing Child, 2004). A HBSC survey of 10- to 11-year-olds in Ireland (Walsh, Clerkin & Nic Gabhainn, 2004a) found that 84% of girls and 85% of boys reported that they found it easy to talk to their mothers, and this ability was associated with a higher rate of health and happiness. Findings from the survey also showed that parent-child relationships were associated with cognitive outcomes in young children, and social competence and work skills later in school, thus illustrating the connection between socio-emotional development and intellectual growth. The broader quality of the home environment (including activities and interactions within the family setting) was also found to relate strongly to early cognitive and language development, and to later achievement in school (Gottfried & Gottfried, 1984; Pianta, Nimetz & Bennett, 1997).

While research has traditionally focused on the mother's role in the family, or on the impact of the father's presence or absence (e.g. Marsiglio, Amato, Day & Lamb, 2000), the last ten years have witnessed an increase in interest in the active parenting role of the father. This will be discussed in the next section. However, there are interesting contrasts between children's relationship with mothers and their relationship with fathers. McHale and Rasmussen (1998) point out that mothers and fathers not only operate as a parenting team but also as individual parents. These authors indicate that it is important to examine the child's relationship with both parents where possible. The *Growing Up in Ireland* study will be able to do this. Few researchers have examined the father's role in the context of the mother's – that is, examined the additive, differential, or moderating impact of the father. However, the emerging research shows that fathers have a profound influence on the social, emotional and intellectual development of the child. According to the aforementioned HBSC report (Walsh, Clerkin & Nic Gabhainn, 2004b), 62% of Irish girls and 76% of Irish boys aged 10–11 reported that they found it easy to talk to their fathers, which is somewhat lower than rates for mothers. As with mother relationships, children who reported finding it easier to talk to their fathers were also more likely to report excellent health and happiness in their lives.

The relationship that parents have with their child is often mediated by family structure. Single parenthood is linked to less parental involvement with the child and less emotional and cognitive stimulation (Carlson & Corcoran, 2001). Dunn *et al* (1998) and O'Connor, Dunn, Jenkins, Pickering and Rasbash (2001) found that a child's relationship with their single parents was likely to be more conflicted than if they were living with two biological parents. Some authors have, however, suggested that there may be differences in the mother-child relationship depending on whether the mother is parenting alone since the pregnancy or following a relationship breakdown. MacCallum and Golombok (2004) report positive interactions between mothers and children in families who have always been fatherless; a trend echoed by research undertaken in the Irish context (Nixon, 2007). While positive and supportive interactions between parents and children encourage appropriate social behaviour, and have been shown to raise school grades and decrease externalising behaviours (O'Connor, Hetherington & Clingempeel, 1997; Mosely & Thompson, 1995), it is possible that, if the ability to parent is impaired (through lack of social support, poverty, etc), the outcomes for the child are likely to be negative.

### 3.2.4 What is the role of the father in families of nine-year-olds and how is father involvement related to children's wellbeing?

As noted in the previous section, the role of the father has been somewhat neglected in research. Any such research has tended to focus on his involvement at the stages of infancy and adolescence. However, recent waves of international longitudinal studies of children have included specific interviews/questionnaires with fathers, as does *Growing Up in Ireland*, which should greatly enhance our understanding of the father's contribution to child development. Early data from the Early Childhood Longitudinal Study in the USA included resident fathers' perceptions of the fatherhood role and of themselves as fathers (Avenilla, Rosenthal, Tice & Park, 2006). A total of 79% of the study children (who

were nine months old at the time) had resident fathers who said they were *a better than average father* or a *very good father*. When asked what was the most important thing a father could do for his child, 64% selected *showing my child love and affection* and 23% selected *making sure my child is safe and protected*.

Lamb, Pleck and Levine (1985) distinguish between different dimensions of father involvement: the *accessibility* of the father to the child, the father's direct contact or *engagement* with the child, and his undertaking of *responsibility* for the child's daily life such as getting involved with his or her education, taking the child to the doctor, etc. Recent research suggests that, while the amount of time spent by fathers with their children relative to that spent by mothers is increasing, father levels have not yet reached mother levels. Yeung, Sandberg, Davis-Kean and Hofferth (2001) estimate that children up to age 12 spent 35% less time with their fathers than with their mothers on weekdays and 13% less time at weekends. Fathers are also more inclined to spend time with their sons than their daughters.

Much research concerning the role of the father has concentrated on the negative effects of an absent father rather than why the father's presence has a positive impact. However, Amato and Gilbreth (1999) found that the exercise of an authoritative parenting style (setting of limits combined with support) was the best predictor of positive child outcomes for those with a non-resident father, and note similar findings in research with resident fathers. Carlson (2006) summarises the increased risk of adverse outcomes for children who do not live with their biological fathers as including suspension from school, delinquency, depression and anxiety. Cabrera, Tamis-LeMonda, Bradley, Hofferth and Lamb (2000) identify five ways in which a father's absence may negatively affect child outcomes: lack of a co-parent, economic deterioration, emotional distress resulting from social stigma, psychological distress caused by abandonment, and effect of parental conflict. However, as outlined in the conceptual framework, most outcomes are multi-factorial; thus, while having an absent father may be a risk factor for a child, this status does not pre-determine them to the negative outcomes described in the literature.

There has been limited research on fathers and fathering in Ireland. A useful review and discussion of issues in relation to fatherhood was published in 1998 (McKeown, Fergusson & Rooney, 1998). Among other things, the authors pointed out the evidence of a shift from the distant authoritarian Irish father to the engaged and emotionally available father of contemporary times.

Both fathers (or father-figures) and mothers will be interviewed in the ***Growing Up in Ireland*** study. The information collected will help us to better understand the role of the Irish father within the household and how important his involvement is for the child's development and outcomes.

### 3.2.5 What is the impact on children of having a non-resident father and how do Irish non-resident fathers exercise their parenting role?

In contrast to the dearth of literature on resident fathers, there is a substantial amount of research on the impact of having a non-resident father, suggesting that, although the role of the father in intact families is somewhat neglected, there is still concern about the implications of his absence. This research is, however, limited in focus, tending to examine the effect on the child of differing amounts of contact with their non-resident father and not paying much attention to what they do with their father or how they feel about the relationship. In Ireland, as in other countries, the majority of non-resident parents are fathers. According to Census 2002, of lone parents who were *not* widowed, 88% were women and 12% were men (Central Statistics Office, 2004b). These figures indicate that there are at least 77,491 women who have children by absent fathers, and by default a similar number of absent fathers. Of these mothers, 38,895 were never married. These figures do not include families where mothers are living with a new partner who is not the father of her child(ren), multiple births to the same mother or where a lone mother is living in a household with her own parents. Cultural and legislative changes in recent years have seen increases in the number of children who are born to single mothers or whose parents separate or divorce.

A number of international studies, again largely from North America, have investigated the characteristics of non-resident fathers that are likely to affect their maintenance of contact with absent

children. Across the board, studies have found that an absent father is more likely to continue contact if he has lived with the mother (Argys *et al*, 2003; Cooksey & Craig, 1998; Clarke, Cooksey & Verropoulou, 1998; Marcil-Gratton, 1998; Skevik, 2006). Most also find that the children of marital unions are more likely to see their absent father than those of co-habitating unions (Argys *et al*, 2003; Clarke *et al*, 1998; Marcil-Gratton, 1998). The research on the impact of a new partner/family for the non-resident father has produced mixed results; some have indicated that any new partnership with or without children reduces contact (e.g. Parkinson & Smyth, 2003) but Cooksey and Craig (1998) found that only a new relationship that resulted in new biological children for the father diminished his contact with existing children.

Fathers who have a low socio-economic status are at a greater risk of infrequent or no contact with their absent children (Skevik, 2006), and are less likely to have their children stay overnight (Parkinson & Smyth, 2003). The latter authors identify overnight stays as important in facilitating co-parenting, as opposed to companionship, for non-resident fathers. Fathers of lesser means may be less able to afford the cost of either maintaining accommodation suitable for keeping a child overnight or travelling some distance to visit their children. A number of studies identify the obstacle to frequent contact of living elsewhere, especially at considerable distance (Cooksey & Craig, 1998; Skevik, 2006; Kielty, 2006; Pryor & Rodgers, 2001). The socio-economic status of the father also has implications for the payment of child support, which is in itself associated with better outcomes for children (Amato & Gilbreth, 1999).

Quality, rather than frequency, of contact may be more influential on child outcomes. The meta-analysis of Amato and Gilbreth (1999) mentioned authoritative parenting as the most important predictor of good child outcomes. However, the structure of short, daytime, recreation-based visits does not facilitate an active parenting role. Most studies have focused on face-to-face contact and neglected other forms of contact, such as phone contact. Research that has included questions on non-physical contact indicates an important role for such contact. For fathers who live some distance from their child, phone calls may be used as a substitute for frequent personal visits (Cooksey & Craig, 1998; Skevik, 2006). Argys *et al* (2003) found that, where detailed questions were asked, around 10% of adolescents interacted with their father exclusively through card, letter or phone. With increasing types of, and access to, communications media such as email, non-personal contact is likely to increase in importance.

**Special issues for non-resident mothers**

Although the vast majority of non-resident parents are fathers, there is a growing number of non-resident mothers, both in absolute numbers and proportions.  According to Census 2002, there were over 10,215 lone fathers in Ireland who were not widowed and, presumably, a corresponding number of non-resident mothers.  Kielty (2006) reviews the literature specifically on non-resident mothers. As with non-resident fathers, non-resident mothers are 'Disneyland' parents and face obstacles associated with living elsewhere and living at a distance. Non-resident mothers face an additional psychosocial burden of being viewed as an 'unfit' parent or someone who puts herself above her children. Kielty's review also suggests that such mothers are more likely to view their non-resident status as a temporary rather than a permanent arrangement. In the US at least, non-resident mothers are twice as likely as fathers to stay in contact and more likely to want to take an active role in their child's care (Pryor & Rodgers, 2001).

The current study offers a unique opportunity to explore the ways in which Irish non-resident fathers and mothers engage with their children, in terms of their relationship with them and involvement in their lives, such as time spent on leisure activities and schoolwork, etc. Given the sometimes negative impact of family separation or lone parenthood, as outlined in the previous chapter, the relationship with the non-resident parent may have an important influence on the child's resilience in the face of potential adversity.

Notwithstanding problems related to contact and response rates for non-resident parents, ***Growing Up in Ireland*** will be able to provide unprecedented information on the role and impact of fathers, resident and non-resident, in Irish families. It will enable an examination of children's experience of having a non-resident parent. These data will facilitate policy-makers in directing resources to support those who are vulnerable and to facilitate active joint parenting by both parents, where appropriate.

### 3.2.6. In what way is parental mental health linked to outcomes for the child?

Much of the research in this area has focused on the effects on children of having parents, particularly mothers, with mental health problems, rather than the effect on children of having parents whose mental heath is robust or particularly strong. The mental health problems experienced by parents can take many different forms, from depression or anxiety to psychosis or addiction. Maternal depression has been extensively researched (e.g. Field, 2000; Campbell, Brownell, Hungerford, Spieker, Mohan & Blessing, 2004).

When parental depression occurs in the context of other life stressors such as poverty, it is more likely to have an effect on children's development. It has been noted that one-third of children born to parents with a mental illness are likely to suffer persistent emotional and behavioural disturbance (Rutter & Quinton, 1984). Other studies have noted much higher rates of child psychiatric diagnosis among offspring of a parent with mental illness compared to those in the general population (Oyserman, Mowbray, Meares & Firminger, 2000), although heritability may also be an issue here.

Functional interactions within families are profoundly affected by maternal depression. When a parent is depressed, symptoms such as sad or irritable mood, lack of interest in activities and relationships, lethargy, and feelings of low self-worth and helplessness can interfere with accomplishing even the most basic tasks of family life. There may be a general sense of disconnection among family members, and/or children may be required to take on responsibilities for which they are developmentally ill-equipped.

Maternal depression has been identified as a risk factor for children's socio-emotional and cognitive development (Beardslee *et al*, 1996; Cummings & Davies, 1994), the child's attachment relationships (Murray, 1992), and expressive language development and behaviour (Cox, Puckering, Pound & Mills, 1987). However, while the research is unequivocal in concluding that parental mental health is linked to poorer child outcomes, it often interacts with or is associated with other variables or processes that can either increase risk or generate resilience in children (Goodman & Gotlib, 1999).

Using data from the National Longitudinal Survey of Youth (NLSY), Eamon and Zuehl (2001) looked at the effects of maternal depression and poverty on socio-emotional outcomes for four- to nine-year-old children in single-mother families. Maternal depression was mediated by household poverty and the use of physical punishment. Thus, they found that maternal depression influences socio-emotional outcomes for the child both directly and indirectly through physical punishment

Parental depression has also been associated with marital hostility, while marital conflict may be one of the primary mediators in the transmission of difficulties from depressed mothers to children. Co-occurrence of depression and marital discord is a better predictor of child psychopathology than either of these factors on their own (Rutter & Quinton, 1984; Emery, Weintraub & Neale, 1982), because parental depression is seen as affecting children by influencing marital functioning (e.g., more conflict and less marital satisfaction), and marital functioning may in turn affect parent-child interaction (Cummings & Davies,1994). This indicates the complexity of interactions between people and networks, and their repercussions in a child's bioecological context. Parental depression has also been one of the most commonly reported forms of psychopathology co-occurring with, or following, the onset of marital problems (Dehle & Weiss, 1998).

Despite the risks outlined above, most children of parents with mental illness are resilient to significant problems (Beardslee & Podorefsky, 1988). For example, when maternal depression occurs in a family that functions well (such as those with low rates of stress and high perceived support), children seem to do better (Dickstein, 2006). The diminished capacities of a parent with mental illness may be compensated for in the context of a healthy functioning family. This compensation may occur through shifting roles and responsibilities to other family members where practical; assisting the individual's access to appropriate mental health services; and/or bringing additional support into the family where possible (e.g., a grandmother or an aunt) to help out (Dickstein, 2006).

### 3.2.7    In what way is parental conflict/conflict resolution style linked to child outcomes?

The manner in which parents interact with each other is crucial for child outcomes. For example, marital satisfaction has been highlighted as not only impacting on the child's outcomes, but also those of the parents, as it is seen as a component of adult life satisfaction (Bradbury, Fincham & Beach, 2000). One major aspect of this relationship is the level of family conflict and the methods used by parents to resolve it. In a survey of 1,500 households in Ireland, McKeown *et al* (2003) found that physical and psychological outcomes for both parents and children tend to be shaped by family processes, including the ability to resolve conflicts and arguments. Coercive and conflictual relationships are also associated with the development of problems in children (e.g., Cummings, Goeke-Morey & Dukewich, 2001), while data from the British Avon Study highlighted that family tensions are much more important than family type in accounting for children's psychopathology ( O'Connor *et al*, 2001).

In a review of the marital conflict literature, Cummings and Davies (2002) made the critical distinction between destructive and constructive marital conflict. Destructive conflict comprised parental interactions characterised by aggression, violence, non-verbal conflict, withdrawal, threats to leave, hostility, and damage to objects. Constructive conflict included interactions where the conflict was successfully resolved, where specific conflict resolution strategies were used, including changing the topic, or where the parents explained to the child how the conflict had been resolved. Disagreements may be resolved effectively through compromise or ineffectively through withdrawal (Katz & Gottman, 1994; Reese-Weber & Bartle-Haring, 1998). Displays of support or affection during conflict may also reassure children that, although there is a disagreement, the marital relationship is not under threat. Studies on the development of conflict resolution skills in children indicate that resolution techniques used by children with their friends are predicted by the conflict resolution strategies employed by their mothers (Dunn & Herrera, 1997). Seminal work by Emery and O'Leary (1982) proposed that children learn problem-solving skills and relationship styles by observing their parents, and by default learn rules and behaviours in dealing with disagreements.

Exposure to parental conflict which is violent, frequent and poorly resolved has been shown to put children at increased risk for adjustment problems such as conduct problems, poor peer interaction, poor health and attachment insecurity (Cummings *et al*, 1994; Cummings *et al*, 2002; Margolin & Gordis, 2000). Effective conflict resolution, on the other hand, is generally linked to better adjustment (Tucker, McHale & Crouter, 2003) and more positive family relations (Cummings, Goeke-Morey & Papp, 2003). While one in 12 children aged 4–7 were identified in a Canadian study as having witnessed violence at home, those who had seen violent behaviour were more likely than those who had not to be overtly aggressive. Levels of physical aggression remained high two and four years later for both sexes, and anxiety was higher two years later for boys (Moss, 2003).

Belsky (1984) highlights the spousal relationship as being the most important source of support for competent parenting. Marital conflict can cause an affective change in the quality of the parent-child relationship, or the parent may become less emotionally involved with the child, indirectly affecting the child's outcomes. Parke (2002) found this association to be stronger for men than women, indicating that successful fathering rests more on the parental relationship than it does for the mother.

It is increasingly possible to challenge the belief that separation/divorce alone has a negative impact on the child. For example, in one study, after controlling for other factors, children whose highly conflictual parents separated did better as adults than those whose parents remained married (Amato, Loomis & Booth, 1995). Morrison and Coiro (1999), using data from the NLSCY, also explored the benefits to children when their highly conflictual parents separated. Although they found that children showed an increase in behaviour problems following parental separation, a far greater increase in behavioural problems was shown by children whose parents remained married despite frequent conflict.  Results such as these give some indication that children in intact high-conflict families can have lower levels of functioning than those in divorced families.  Qualitative work on children's experiences of parental separation in the Irish context suggested that, while many children regretted their parents' separation, they realised that their home lives were generally happier in the absence of conflict (Hogan *et al*, 2002).

 In *Growing Up in Ireland* it will be possible to select and further examine data from families where parental separation has occurred and, at following waves, to examine the consequences of parental

separation for the children. Measures of the quality of the parents' relationship will also be administered and related to children's outcomes.

### 3.2.8 What is the impact of parental employment patterns and work situation on child wellbeing and development?

While the previous sections have focused on family type and process, this section draws attention to a broader family issue, and one that is especially pertinent for families in Ireland today. As well as the rise in single-parent households in Ireland, one of the most significant changes in family life over the past decade has been the marked increase in the number of women in paid employment and in the proportion of households where both partners work. While the rates of single women's participation in the labour force have been stable over the last 30 years, married women's participation has increased substantially, from 7.5% in 1971 to 46.4% in 2001 (Central Statistics Office, 2002a). Moreover, the participation rate for married women is markedly higher in the key childbearing 25 to 34-year age group, at 64.7%.

This change is important given the relationship between family employment patterns and the development of children, and it raises important questions. Some people have too much work (either paid or unpaid) and this can lead to conflicts between the demands of work and family. Other families are work-poor (e.g. where both parents are unemployed) and this can give rise to different kinds of problems. Australian research has shown that the general environment in which parents enter on the task of childrearing can be profoundly shaped by their work (Edgar, 2001). Employment is the main determinant of the living standards of a household and influences their wider time use. Increasing education across all socio-economic levels and women's economic independence have also shifted attitudes about intimate relationships and appropriate family roles and responsibilities (e.g. Gottfried, Gottfried & Bathurst, 1995).

Other research over the last forty years has shown that mother's employment status is not in itself very predictive of child outcomes. Relationships need to be examined with attention to other variables that moderate or mediate effects, such as social class, marital status, whether the employment is full- or part-time, parents' attitudes towards work, work-life stress, and the child's gender (effects are different in the middle class from those in the working class, and different for boys compared to girls) (Hoffman, 1998).

There is much less debate on the impact of the father's participation in paid work on children's wellbeing. This is an important issue; a recent ESRI survey has shown that fathers of young children have the longest working hours, a finding which is echoed in other countries (O'Brien & Shemilt, 2003).

The traditional view of work and family, whereby fathers had the role of family breadwinner, is altering; there is increasing diversity among families, including families with two earners as well as those with just one or even none. In the case of dual-earner families, many argue that children enjoy less time, attention and commitment from their parents, although this has been disputed by some of the empirical evidence (e.g. Galinsky, 1999). Cultural ideologies have, however, been generally slow to respond to the rise in dual-earner families (Barnett & Rivers, 1996) and, in many workplaces, although flexible working is becoming increasingly common, norms continue to be structured around an assumption that paid employees have a full-time adult at home who takes care of all unpaid labour. Another issue for many couples is the conflict they experience in attempting to balance family and work. Work-life conflicts are associated with decreased personal effectiveness, problematic marital and child-parent relationships, and even child development (Gornick & Mayers, 2003), although these issues are not exclusive to dual-earner families (Galinsky, Bond & Friedman, 1996), nor are they inevitable.

At the other end of the spectrum, parental unemployment and household joblessness have a significant impact on household resources and child welfare (Russell, Layte, Maître, O'Connell & Whelan, 2004). While it has an obvious knock-on effect in terms of the level of income in the household and the corresponding poverty status of the family, parental unemployment is also associated with an increased risk of marital breakdown (e.g. Burchell, 1994; Lampard, 1994). Others suggest that there are longer-term consequences for children's future labour-market success in terms of the lack of role models in employment and a lack of social capital. The 2002 Annual School Leavers Survey Report (Gorby, McCoy

& Williams, 2003) shows that the highest proportion (21.5%) of school-leavers who left school without any qualifications came from families where the father was unemployed, compared to 0.4% from professional backgrounds. While this does not prove the 'modelling' hypothesis, it nonetheless provides a good basis for exploring this issue further.

### 3.2.9 What is the influence of family context, such as personal networks, community/neighbourhood and culture, on parenting?

Parenting does not take place in a social or geographical vacuum. The quality of the parenting a child receives is influenced by the stress, support and attitudes experienced by the child's parent.

**Personal social networks**
Personal social networks, of both family and non-family members, can be an important support for parents. 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. Cochran (1993) summarises a number of studies that all report more positive mother-child interactions for those mothers enjoying strong social support. Belle (1982) reported on the particular benefit of low-income mothers with young children having people to call on for child-minding. 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. Parents' social network of friends and extended family is included in the *exosystem* level of Bronfenbrenner's bioecological model of development, and the interaction between parents and those networks is represented at the *mesosystem* level.

*Growing Up in Ireland* will capture information about the number and relationships of people living in the household, including the child, whether or not the parent works outside the home (the workplace being a potentially important personal social network), and the parents' involvement in community groups. We will also ascertain whether the parents avail of unpaid childcare for the study child, and who provides the care.

**Community and neighbourhood**
Among the distinguishing characteristics that define neighbourhoods are household income, socio-economic status, racial and/or ethnic diversity, and residential instability (Leventhal & Brooks-Gunn, 2000). Neighbourhoods can affect family and individual outcomes through access to institutional resources such as medical facilities and parks, the influence of peer groups and socialisation norms. A community with pro-social values may have a positive influence on children's development even in the absence of such values in the home.
On the other hand, living in a deprived or violent community is a source of stress to the parent and reduces his or her coping resources (Garbarino & Kostelny, 1993).  Limited access to resources has a negative impact on child development through poor nutrition and reduced health service use. Disadvantaged areas also often have a high crime rate, which can have a negative impact over and above the economic disadvantage. Living in an environment where the child is at increased risk of assault or injury may lead to a parent restricting the child's opportunities for growth and development – for example. playing and exploring outside – in the interests of keeping the child safe, even though a parent may be responding to a perceived risk that is greater than the actual risk. Parents may adapt their parenting style to include increased use of physical discipline in an attempt to keep their child from falling under undesirable influences (Garbarino & Kostelny, 1993).

*Growing Up in Ireland* will gather information on the mother's perception of the neighbourhood in which the family lives, and the availability of health and other facilities in the community. Participation in community groups will also be recorded and children will be asked about their views of their neighbourhood.

**Cultural background**

A culture is a system of ideals, values and assumptions that guide people's behaviours (Brislin, 1993). A number of cultures may exist within a single country. In Ireland, the Travelling community has often been regarded as a 'sub-culture', while recent immigrants have increased the diversity of cultural backgrounds. Cultural diversity may reflect differences not just in race, but also in class. Cross-cultural research on an international level often focuses on the individualistic versus collectivist dichotomy, which often reflects an East-West divide. To over-simplify, individualistic cultures tend to focus on the individual and value achievement and independence whereas collectivist cultures are group-focused and value the maintenance of good relationships within the group (Bee & Boyd, 2007). It can be argued that Ireland is moving from a collectivist culture to an individualistic one, as the result of recent economic and social changes (Greene & Moane, 2000).

Cultural beliefs influence the family and parenting. Every parent and every child will have attitudes and behaviours which reflect their immersion in culture. The Bronfenbrenner model of children's ecologies reflects this notion very strongly and provides a useful way of conceptualising cultural influences, which operate at different levels and can be direct or indirect in their impact (Greene, 1994b).

The ecological model adopted by the *GUI* study will enable examination of the multi-layered influences on parents and carers as they bring up their child. Warm and nurturing relationships do not occur in a vacuum and it is important to understand what factors in the Irish social context help or hinder parents in developing good, sustaining relationships with their children.

## 3.3    Relationships with peers

By age nine, children are typically spending more time with peers at school and outside school. The importance of peers in children's social and emotional development and in influencing children's attitudes and behaviour (see for example Harris, 1998) means that these relationships are an important focus for *Growing Up in Ireland.* The extent to which children make use of technology for contact with their friends will also be examined.

### 3.3.1    What is the nature of peer relationships among Irish children, and how influential are they for positive social development and wellbeing?

According to Timmer, Eccles and O'Brien (1985), playing with friends and watching TV took up virtually all the free time of children aged 7–10 years at the time of the study. TV viewing is now supplemented by Internet use, texting, etc. Peer groups are focused around shared play activities (O'Brien & Bierman, 1988). At age nine, children tend to have same-sex friends, and having a reciprocal 'best friend' becomes more common and more important (Schraf & Hertz-Lazarowitz, 2003). There are also gender differences in the characteristics of friendship networks: boys have larger, less intimate groups than girls and have higher levels of competition (Bee & Boyd, 2007).

Social support from peers is important for maintaining self-esteem (Franco & Levitt, 1998). On the other hand, standards set by peers in relation to appearance may contribute to feelings of inadequacy among children who are different or feel they do not meet the standard (Bee & Boyd, 2007). Children who are overly withdrawn or aggressive may end up being rejected by their peers. Both rejection and indifference on the part of peers may lead to actual or perceived social isolation. The combination of aggression and peer rejection at school has been consistently linked to later delinquency (Coie, Terry, Lenox, Lochman & Hyman, 1995). The structure of peer networks will differ according to the personalities and requirements of individual children; the agency of the child is a key factor. According to the bioecological and dynamic connectedness models, the nature of interactions between peers will also be affected by

the context of the school, neighbourhood and so on. Interacting with anti-social peers is associated with delinquent activity in teenagers. Children who have not shown signs of anti-social behaviour or aggression in early childhood may demonstrate troublesome behaviour as result of mixing with anti-social peers. Young teenagers may perceive 'tough kids' as 'cool' (Rodkin, Farmer, Pearl & Van Acker, 2006).

In the *GUI* study, children will be asked about friendships, peers, self-esteem and popularity. Data will also be collected from the parent on their child's social behaviour and peer relationships. The role of electronic media such as mobile phones and computer-based social networks will be explored. The qualitative component of *GUI* will supplement the questions on peer-related activities and perceptions of relationships with peers contained in the main quantitative study.

### 3.3.2    What is Irish children's experience of bullying in school and outside school and what is the impact on the child's psychological wellbeing?

Middle childhood is a time when peer relationships are important, but these can be a source of stress and difficulty as well as support. It is also a time when expressed aggression becomes more focused on individuals. Although boys are generally more physically aggressive than girls, levels of verbal and relational aggression (e.g. spreading rumours) are approximately equal in the two genders. Recent research has refuted the notion of a bully as a weak individual putting on a tough exterior (Olweus, 1995); instead, it seems that bullies have low levels of anxiety and insecurity. Olweus (summarised by Bee & Boyd, 2007) proposes four factors that contribute to the development of a bully: experience of indifference and lack of warmth in the early years; parental failure to set clear limits on aggressive behaviour; parents' use of physical punishment; and a difficult, impulsive temperament in the child.

Bullying can take many forms: verbal (e.g. name-calling); physical gestures (to intimidate or frighten); relational/exclusion (e.g. 'sending to Coventry'); extortion (demands for money/property), and more recently e-bullying through text messages and the Internet. Bullying in Irish schools takes place most often in the playground (O'Moore *et al*, 1997) but also in the classroom, toilets, changing-rooms and on the journey to and from school. A total of 32% of the 3,064 Irish primary-school children surveyed by Moore *et al* (1997) reported having been bullied. Of these, 4% claimed they were frequently bullied (once a week or more often), while 26% of children said they had taken part in bullying other children at school during the term covered by the survey. In the 2006 data from the Health Behaviour of School-Aged Children study, 41% of nine-year-olds surveyed reported having been bullied between 'once or twice in the past couple of months' to 'several times a week'. By age 11–12 the rate appeared to have diminished, with 30.2% of boys reporting having been bullied and 27.9% of girls (Nic Gabhainn *et al*, 2007).

Effects of victimisation include loneliness, school avoidance, reduced performance, low self-esteem, panic attacks, digestive disorders, and significant depression both at the time and in later life (Bee & Boyd, 2007; Anti-Bullying Centre, 2002). Research has also identified some characteristics of victims that seem to increase their risk of being bullied. Habitual victims are more likely to be anxious, passive and sensitive, with fewer friends, and lacking in self-esteem, self-confidence and humour (Bee & Boyd, 2007). Children who are 'different' or vulnerable, such as those with learning difficulties, may be at particular risk.

The Department of Education has issued guidelines on countering bullying in schools (1993). Suggested strategies for schools include raising awareness of bullying within the school, drafting a school policy on bullying to make it easier to report and deal with bullying incidents, and introducing preventative strategies such as helping children resolve conflict at an early stage (Anti-Bullying Centre, 2006).

*Growing Up in Ireland* approaches the issue of bullying from a number of angles.  Principals will be asked about anti-bullying policies, and the extent of bullying, in the school as a whole. Parents and children will be asked about bullying in relation to the individual child, both as victim and perpetrator.

### 3.3.3 How is children's wellbeing affected by the presence or absence of siblings and by their birth order in the family?

Considering the diversity in *sibling constellations* (relative position of siblings in terms of age, power, etc) and the quality of the relationship between individuals in a constellation, it is not feasible to state whether an individual will be helped or hindered by the presence of siblings *per se*. Certainly, however, we can expect the child to be affected in a number of ways by the presence of siblings. Interactions between siblings are important in the development of early social skills (Furman & Buhrmester, 1985). Franco and Levitt (1998) report modest positive correlations between sibling support and conflict resolution skills in middle childhood.

There are other studies that report the potential for positive effects of siblings for individuals. Data from the Philadelphia Family Management Study suggested that receiving support from an older sibling had positive effects on the adjustment of socially disadvantaged children aged 10–14 years if the child also had a positive image of that older sibling (Widmer & Weiss, 2000). The longitudinal Cambridge Sibling Study found that siblings became closer and more supportive in the wake of negative life events (Dunn, 1996).

However, there is also an extensive literature detailing the negative consequences of having siblings. Data from the National Longitudinal Survey of Children and Youth found that children aged 8–10 were at an increased risk of developing conduct disorder if they had siblings, and that this risk increased with the number of siblings: "when the effect of other factors was controlled for, children with two or more siblings were 2.6 times more likely to display conduct disorder than those who had no brothers or sisters" (Stevenson, 1999 p. 6). Sibling deviance is a better predictor of substance use in middle childhood than is peer deviance (Stormshak, Comeau & Shepard, 2004); older siblings may initiate substance use in their younger siblings (e.g. Duncan, Duncan & Hops, 1996).

As mentioned in Chapter 3, the presence of siblings also has implications for the share of resources available to an individual child. Some studies point to a substantial negative relationship between family size and future economic and educational achievements (see Blake, 1989; Hanushek, 1992). For instance, the likelihood of a Canadian only child attending college is about one-third as compared to only one-fifth for a first-born in a family of four children (Sweetman & Rama, 2001). It appears that parents choose between many children or high-achieving children, an effect that is often termed a 'quality/quantity trade-off'. The same authors also found a clear and substantial impact of family size, and to a lesser extent birth order, in that moving from a large family (six or more siblings) to being an only child increased school attainment, while employment probabilities differed by as much as 6–7% across sibling sizes for men, and slightly more for women. Others, however, found living in a very large family to be a protective factor against behavioural problems among boys, though not among girls (Taanila, Ebeling, Kotimaa & Moilanen, 2004).

A substantial body of research suggests a number of advantages of being an only child. With decreasing family size, a growing number of Irish children may find themselves with this status (over 243,000 only children in 2002, compared with just 155,500 in 1981 according to the Census; Central Statistics Office, 2003). A meta-review of 141 studies by Polit and Falbo (1987) concluded that only children exceeded their peers with siblings on measures of academic achievement and personal adjustment. A 1993 study assessing the impact on children of China's 'one child' policy found few differences between only children and their peers on personality tests, but only children outscored others in academic tests (Falbo & Poston, 1993). A 1981 article in the American journal *Demography* concluded that "only children do not suffer from a lack of siblings" (Blake, 1981, p. 421).

Related to the discussion on only children is that on the implications of birth order, and this is relevant to the discussion of time as an important property in the consideration of an individual's development. Different studies have indicated some advantage to being a first-born or only child. According to Bee and Boyd's summary of the research (2007), such children tend to reach developmental milestones earlier than later-borns, have slightly higher IQs as adolescents and adults, are more likely to go on to college, are more achievement-oriented, and are more likely to reach some degree of eminence. Sulloway (1996) suggests that the different developmental patterns of first-born and later-born relate to the individual's need to find a niche within the family, with first-borns more likely to take up the family mantle while later-

borns may be more inclined to rebellion as they struggle to find their place within the family. Whereas some researchers, such as Jerome Kagan (e.g. 1976), continue to see birth order as a significant factor when looking at determinants of child outcomes, most of the research reports very small effects sizes.

The quality and nature of sibling relationships are not a major focus of *Growing Up in Ireland* at present, given the difficulty of exploring each relationship in depth in the time allotted. We will, however, be able to establish from the household composition matrix whether the study child has siblings in the home, and the age and gender of those siblings. The child will also be asked how well they get on with their siblings. It will be possible to assess how well they get on with half- and step-siblings where these family forms are found. The issue of sibling relationships will be explored in more detail within the nested qualitative study.

## 3.4     Anti-social behaviour

One subset of the broad range of behaviours encompassed in the term 'social, emotional and behavioural outcomes' is anti-social behaviour. How children develop anti-social and aggressive behaviour has been a major focus of research internationally. Interest in this issue is in part fuelled by the possibility that, if the roots of anti-social behaviour are understood, some of the long-term negative consequences could be prevented.

### 3.4.1     What are the factors associated with the development of anti-social behaviour?

Public concern with crime and violence is reflected in the large body of literature on the causes of later delinquency and anti-social behaviour. A number of studies have identified a link between conduct problems in early and middle childhood, and adult anti-social behaviour and criminality. For example, in the Dunedin study, Henry and collaborators found that 'lack of control' at three and five years, along with the number of changes of parental figures up to the age of 13, is a strong predictor of convictions for violent offences at 18 years (Henry, Caspi, Moffit & Silva, 1996). Bartusch and associates found that anti-social behaviour at five years was significantly associated with convictions for violence at 18 years (Bartusch, Lynam & Moffit, 1997). According to Scott (1998), conduct disorder in younger children manifests itself in "temper tantrums, hitting and kicking people, destruction of property, disobeying rules, lying, stealing and spitefulness" (Scott, 1998, p. 202).  More serious behaviours such as arson and cruelty to animals are more likely to be seen in adolescence than in late childhood. Boys diagnosed with conduct disorders outnumber girls three-to-one (Kazdin, 1998; Lochman & Szezepanski, 1999), and 40% of seven- and eight-year-olds with conduct problems will become delinquent teenagers (Scott, 1998).

Twin and adoption studies indicate an interaction between a genetic predisposition and environmental influence in childhood conduct disorder and adult criminality.  Scott identifies these environmental influences as parental rearing style (e.g. harsh discipline), parent-child interaction pattern (e.g. unresponsiveness), parental influence on children's emotions and attitudes (e.g. insecure attachment), and difficulties with friends and at school. In particular, Patterson and associates found that parental rearing style for boys at age 10 years explained 30% of the variance in aggression at age 12 (Patterson, Reid & Dishion, 1992). Among predisposing characteristics of the child, Scott (1998) highlights hyperactivity, low IQ and poor social skills.

O'Mahony (2005) summarises some of the better-established risk factors of juvenile delinquency. They include self-regulatory problems in attention and emotion; low IQ; large family size; low birth-weight; prematurity; maternal alcohol, tobacco and drug use; poor diet; lax supervision; parental anti-social example, and parental disharmony. School failure is also a key variable in this area because it is often a sign of (a) underlying emotional and behavioural difficulties in the child; (b) failures in the socialisation of the child by family and others; and (c) low intelligence, especially in the verbal domain. All of these factors have a broad negative impact on behaviour beyond academic achievement, but school failure is also important because it is in itself an independent source of new criminogenic pressures.

However, longitudinal studies from the English-speaking world and Scandinavia have alerted us to some important distinctions. One essential distinction is between 'early onset' and 'adolescence limited' delinquency. It is possible to identify at an early age (as young as three) a small group of children who demonstrate considerable continuity in difficult behaviour/offending, extending from infancy into adulthood (Henry *et al*, 1996). (This finding, from the Dunedin Multidisciplinary Health and Development Study, is a good example of the power of longitudinal data.) The 'early onset' group accumulates the majority of convictions handed down to their cohort and frequently go on to establish serious criminal careers. However, while it is now well established that anti-social and aggressive behaviour patterns emerging at an early age are the best predictor of chronic delinquency and adult criminality and violence, it is important to remember, as Loeber and LeBlanc (1990) argue, that approximately half of at-risk children do not reach the serious outcomes of offender, sociopath or drug user. A longitudinal study such as *Growing Up in Ireland* allows greater exploration of the factors that distinguish between at-risk children who have such serious and negative outcomes, and those children whose life-courses are diverted from the expected negative outcome.

Collins, Madsen and Susman-Stillman (2002) highlight middle childhood as an important transition point in the control of aggressive behaviour; although there is less aggression overall than in early childhood, it becomes more focused on individuals at this stage in development (Hartup, 1974). Middle childhood also sees an increase in television viewing and hence increased 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 & Richardson, 1993; Villani, 2001). Villani (2001) reviews a decade of research findings and concludes that exposure to media violence is associated with increased violent and aggressive behaviour, increased high-risk behaviours, including tobacco and drug use, and accelerated onset of sexual activity.

The questions in *Growing Up in Ireland* will help us to identify children who may be at risk of developing anti-social behaviour problems in adolescence and adulthood. We will ask about specific behaviours such as damaging property but also general difficulties with aggression as reported by both parents and teachers. The benefit of adopting a framework incorporating the bioecological context is that we will be able to look at the bigger picture of the child's world, examine how risk and protective factors interact, and provide an evidence-base for policies that seek to divert children from an adolescence characterised by troublesome anti-social behaviour directed at family and peers, and by more public acts of delinquency.

## 3.5    Effect of physical disability on child's quality of life and psychological development

The following section looks at the effect on children's development of having a diagnosable physical illness or other kind of physical disability

### 3.5.1    What is the impact of physical, sensory and visual disabilities on a child's development?

The presence of childhood disability can have a huge impact on a child's quality of life, specifically with regard to their socio-emotional development and educational attainment. There are over 7,000 children and young people registered on the National Physical and Sensory Disability Database (NPSDD), 40% of whom are aged 5–9 (Doyle *et al*, 2006). The majority of these children have physical disabilities.

The degree to which disability impacts on the nine-year-old child's life may be influenced by a number of factors, including the level and severity of the disability; the individual child's temperament; the ability of the family system to adapt and adjust to the needs of the child with a disability; the socio-economic status of the family; the characteristics of the community, and the quality of available supports. The effect of each of these factors should not be examined in isolation; rather the inter-connective relationships that exist must be considered to gain an in-depth understanding of the impact disability can have on child outcomes.

Personal factors can play a crucial role in determining the ability to manage and adapt to childhood disability. The reactions and abilities of an individual family member can affect the family system. When a family member struggles to cope, they can find it difficult to support other family members. According to the Australian Institute of Health and Welfare (AIHW, 2004a, 2004b), this struggle can have a number of effects, creating family tension as well as possibly setting the tone for the whole family's response to the needs of the child with a disability. In the context of Bronfenbrenner's *mesosystem*, it has been argued that parents' contact with services is especially important for their ability to cope (Atkin & Ahmad, 2000). Appropriate professional support can help reduce stress and facilitate coping by offering information, financial help and emotional support. For example, Pain (1999) found that information could assist the process of parents' emotional adjustment to their child's disabilities, and enable parents to access service and benefits and to improve their management of their child's behaviour.

There is a reciprocal interaction between the impact of impairments and the broader implications for a child's development. For example, restricted communication and language skills can cause problems in a child's social interactions which can in turn lead to emotional and behavioural difficulties for these children (Ripley, Barrett & Fleming, 2001). Nine-year-old children with speech and language difficulties may respond emotionally to difficult social interactions by becoming withdrawn, angry or frustrated, and develop a poor self-image and low self-esteem. Often adults will focus on the behaviour of the child rather than look at the underlying causes. The behaviours of children experiencing speech and language difficulties, such as reluctant school attendance and avoiding homework, may be confused with low motivation and school disaffection. In such cases, interventions may not explore the underlying cause of the behaviour. Stevenson, Richman and Graham (1985) identified a clear link between delayed or disordered language development and behaviour problems, and suggested that, if the language problems are resolved by eight years of age, the risk of behavioural problems can be halved. Identifying these critical periods can give useful pointers to enhance the specificity of interventionist measures.

Peer relationships play an important role in the behavioural, socio-emotional and educational development of the child. Fujiki, Brinton and Todd (1996) found that children with speech and language impairments had poorer social skills and fewer peer relationships, and were less satisfied with the peer relationships in which they participated when compared with their age-matched classmates. Sweeting and West (2001) found that characteristics of appearance, disability or ability can increase the likelihood that a child will experience bullying; while negative peer relationships may place the child at risk of developing low self-esteem and mental health issues (Ripley *et al*, 2001). Reciprocally, a child's relationships, social interactions and school performance will affect their perception of self and may lead to reduced motivation and further impaired performance (Chapman, 1988; Lindsay & Dockrell, 2000). Further discussion on peer relationships and bullying is provided in Chapter 5.

Significant biological, intellectual, emotional and social changes take place between the ages of nine and 13 years, such as puberty, the change from primary to secondary school, cognitive growth and development, and increased independence from parents. The longitudinal nature of ***Growing Up in Ireland*** will allow us to explore how disability affects the child's ability to adapt to these transitions and may be informative in relation to the timing of interventions. It will also allow us to study the impact of any reported developmental delays that may be predictive of later difficulties or that may be overcome in the course of time. The extent to which the home and wider environment provide support for the child with minor or more significant problems is a major factor in shaping longer-term adjustment and the degree to which the child is handicapped in daily living.

## 3.6 Effect of life events on children's social, emotional and behavioural development

Children's lives are not static. As their lives unfold, they will be exposed to both normative and non-normative life events (Baltes, 1987). How they cope with these events is critically important in determining the shape of their life-course. Some events may cause little perturbation to some children but represent a major challenge for others. This fact draws our attention to children's coping resources and to the supports available to them. As stated earlier, much interest has been shown, in the developmental sciences in recent years, in the construct of resilience and in how children differ in their response to adversity and challenge. Temperament is another central construct in explaining children's

differing responses to similar circumstances. Many life events will challenge children's coping resources in a way that prompts positive growth but there is always a concern that some events will be too challenging for some children, causing them considerable stress and possibly causing a lasting maladaptive orientation, both to themselves and to the world around them.

### 3.6.1    What is the impact of key life events and major transitions on child health and wellbeing?

Brown and Harris (1978) defined life events as positive or negative, predictable or unpredictable, involving stress and change, and likely to provoke strong emotions. They argued that it is not just the event but its meaning, its expected duration and the degree of social support received by the person experiencing it, that shape its impact. Life events have also been a focus in theories of family functioning and development through the family life-cycle. For example, Carter and McGoldrick (1989) argued that both normative, timely events (courtship, marriage, childbearing, etc) and non-normative or untimely events (divorce, serious illness, etc) involve change and, as a result, stress in family routines and relationships.

Some of the children in the *GUI* study will have experienced, or currently be experiencing, situations or events that cause them considerable anxiety and place severe demands on their capacity to cope. While some children can cope effectively and overcome such adversities, others cope less well and could be at risk for long-term psychological problems (e.g. Hammen, 1988; Garber & Hilsman, 1992; Yule, 1998). These problems may manifest themselves in a range of domains, including happiness, self-esteem, behavioural adjustment and academic performance. Child-protection research on parenting in adversity also identifies life events as stressors and focuses on parental coping strategies, including use of available supports. The shift towards refocusing on strengths and resources highlights the importance of meaning and agency for understanding how life events actually affect people. Such a focus suggests the need for a qualitative method of enquiry as well as a quantitative one, so the issues of personal meaning will be explored in more depth during the proposed nested qualitative studies.

Thus, the *GUI* study, with its longitudinal design, will describe the social context of each child and their family through key life events, transitions and turning points; and the impact for the child and their reactions to these situations can be tracked and monitored. It will examine the level of life events and stressors experienced by the children and attempt to delineate their effects. Some of the children will, unfortunately, experience major life stressors such as the death of a parent or a serious accident or illness. The effect of such events on the children will vary. Given the emphasis in the *GUI* study on collecting data from multiple sources, it will be possible to examine what factors mitigate or accentuate the impact of these untoward life events. Through the qualitative framework, it will also allow us to document the everyday happenings that cause stress among children in Ireland. Such daily 'hassles' have been described as "irritating, frustrating, distressing demands" (Kanner *et al*, 1981, p. 3) that do not generally require major adjustment from the person experiencing them, but their frequent, chronic nature is believed to have a negative impact all the same. *Growing Up in Ireland* is not drawing on a clinical sample and should not presuppose 'problems', but it is reasonable to anticipate that many children and families will experience life events or ongoing life hassles which cause ripple effects through their personal networks. The cohort study will allow us to track some of these impacts longitudinally to assess their impact on the children's development in the early teenage period.

# Chapter 4

## FACTORS INFLUENCING CHILDREN'S HEALTH
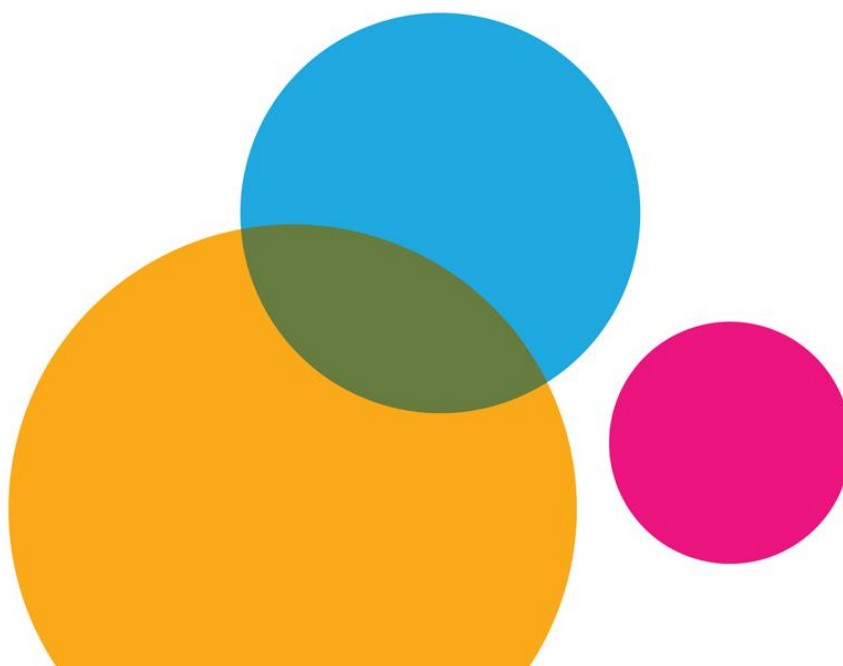
## CHAPTER 4: FACTORS INFLUENCING CHILDREN'S HEALTH

### 4.1    Introduction

Within the holistic child framework adopted in the **GUI** study, *health* refers not merely to a static descriptor of physiological function, but rather a dynamic factor that shapes how a child experiences, relates to and interacts with his or her environment.  It is recognised that genetic, personal, environmental and social influences on health are synergistic and transactional in nature, and reflect the effects of child and context interacting over time (Masten & Gewirtz, 2006). Thus, a child whose poor health or chronic illness results in many missed school days may not be able to realise their full academic potential. Similarly, a child who suffers from speech difficulties may find that it is an impediment to the development of peer relationships, and this may have later repercussions for psychosocial functioning.

There is growing consensus that the foundations of health are established in early life, and are shaped by the complex interplay of biological, psychological, social and environmental processes (Kuh, Power, Blane & Bartley, 2004). This is illustrative of the ecological model that is firmly embedded within the conceptual framework of the present study and recognises that a child's health is shaped by genetic composition, as well as the proximate and distal context in which they live (see *Figure 4.1*).

Genetic make-up influences physical development and shapes resistance to diseases and other chronic conditions. However, the expression of certain genetic characteristics may be dependent on the environment in which they occur. For example, recent research has pointed to the role of gene-environment interactions in influencing different physiological pathways and adaptations (see Deater-Deckard & Cahill, 2006). The Dunedin Multidisciplinary Health and Development study found that abused male children with a genotype leading to high levels of a neuro-chemical called monoamine oxidase (MAO), which is central to the control of emotion and behaviour, were less likely to engage in adult anti-social behaviour than those with inadequate levels of MAO (Caspi *et al*, 2002). The identification of genes that confer proneness to adverse or beneficial responses following environmental exposures is only really beginning in earnest (Institute of Medicine, 2004). Future genetic research will highlight the importance of gene-environment interactions in our understanding of the occurrence of disease and particular behaviours.
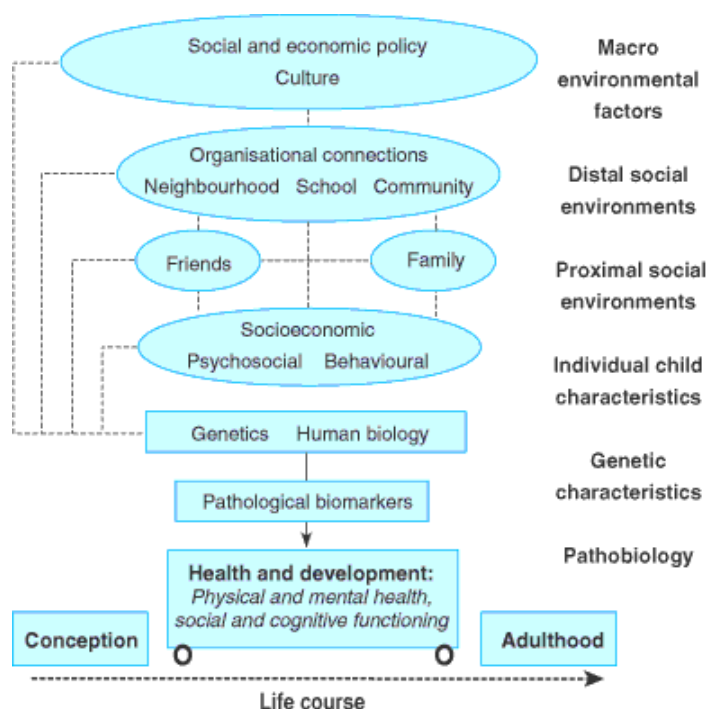
**Figure 4.1: Ecological model of health across the life-course (from Nicholson & Sanson, 2003)**

Recent years have also witnessed growing interest in the role of early life exposures in moderating disease risk across the life-course. Barker (1998), for example, has invoked the concept of biological programming to explain how under-nutrition of the developing foetus during critical stages of development can lead to fundamental physiological adaptations that modify disease risk in later life. However, this cannot be divorced from the wider socio-economic and environmental context in which development takes place. Studies have consistently shown that children from disadvantaged backgrounds are at elevated risk for most forms of childhood morbidity, including injuries, illness and a range of chronic health conditions (Boyce & Keating, 2004). Furthermore, there is growing recognition that health problems during childhood may act as a catalyst for developmental problems in later life extending across physical, emotional, behavioural and educational domains (Dearing, Berry & Zaslow, 2006).

Nevertheless, it is possible to be vulnerable to a disorder or problem and never manifest any difficulties in development because the provoking agent or environmental hazard never occurs (Masten & Gewirtz, 2006). Similarly, in relation to child mental health and general wellbeing, strong parent-child relationships, a nurturing environment or an individual's coping strategies may offset adverse circumstances and allow a child to proceed along a healthy developmental pathway. Unfortunately, our current understanding of protective factors lags well behind our knowledge of risk factors, which possibly reflects the pre-eminence of the epidemiological model in child-focused health research.

One stated aim of the present study is description. ***Growing Up in Ireland*** offers us the platform to document how Irish children are faring across a broad range of physical and mental health domains. It will encompass an array of physical health indicators such as height, weight, general health, and diet and exercise, in addition to measures of mental health including behavioural adjustment and psychosocial functioning. It will elicit information on the physical health status of the child and on the existence of any specific health problems or conditions, such as asthma, diabetes, juvenile arthritis, etc. It will allow us to chart the normal ranges of growth and development among Irish children, how this varies over time and by gender and other characteristics of the child, and how it is affected by parenting behaviour, family structure, and socio-economic and environmental characteristics. Relationships between these variables and how they interact to influence child health outcomes will also be examined. At the population level, the study will also allow us to compare Irish children's health status with that in other countries that have recently commissioned longitudinal studies, where comparable measures have been used.

We recognise that most children are fortunate enough to lead a healthy life, and to live in families that nurture and encourage healthy development. These healthy children attain the anticipated developmental milestones, enjoy a good quality of life and function effectively in a variety of social contexts. However, the normative data will also assist in identifying populations of children who are at risk of poor health outcomes, and as such, will be used to inform evidence-based policy initiatives or interventions. For example, although the increased economic prosperity that Ireland has witnessed in recent years has improved the physical health of the population, the area of mental health has yet to see such improvements. According to the Department of Health and Children (2003), "Approaches to the promotion and development of sound mental health for children, and the identification and treatment of psychological and psychiatric disorders, have been patchy, uncoordinated and under-resourced" (p. 88).

No nationwide study of prevalence rates for children and adolescents with mental health difficulties has been conducted to date. However, various studies have estimated that between 11% of 6–12-year-olds (O'Connor, Ruddle & O'Gallagher, 1988 – study conducted in Co. Clare) and 17% of 9–12-year-olds (Jeffers & Fitzgerald, 1991 – study conducted in Dublin) experience various psychological disorders. Similar rates have been noted in the United States, where it is estimated that 11% of 9–17-year-olds have mental or addictive disorders causing significant impairment (Shaffer *et al*, 1996), and Great Britain, where a national study of psychiatric morbidity in children aged from five to 15 revealed that just over 10% had some type of mental disorder (Meltzer, Gatward, Goodman & Ford, 1999). Some researchers have suggested that children aged around nine may have more symptoms and diagnoses of psychopathology than children or adolescents of other ages (Costello, Mustillo, Erkanli, Keeler & Angold, 2003). This, however, is not supported by the data reported in a recent Irish survey (Martin, Carr, Burke, Carroll & Byrne, 2006) where children at primary school had lower levels of psychiatric problems than pre-schoolers or teenagers.

The estimates detailed above translate into a sizable proportion of children experiencing diagnosable psychological difficulties. **Growing Up in Ireland** presents an opportunity to prospectively study the antecedents and consequences of these problems for child health. In the previous chapter, the determinants of emotional and behavioural adjustment were discussed. There is clearly a possibility of strong overlap between emotional and behavioural maladjustment and psychiatric disorders. The difference is not always clear-cut, but is primarily a matter of the severity of the problems in terms of intensity, duration and quality. For example, shyness can be problematic for children but it does not qualify as a psychiatric condition, in contrast to the social withdrawal – and a host of other problems – found in the child with a diagnosis of autism.

It is recognised that many factors contribute to physical and mental health functioning and that there are numerous pathways by which an individual can arrive at any particular outcome (Ayoub & Fischer, 2006). One of the objectives of the *GUI* study is to decompose these multiple non-independent influences on outcome and to determine the factors that promote healthy child development, as well as those that lead to unfavourable outcomes. In addition to exploring how personal, social, family and environmental factors shape child health outcomes, *GUI* will allow us to address specific research questions with a policy-oriented focus. Identifying a range of risk and prognostic factors can assist the early detection of children experiencing difficulties, and along with greater knowledge about protective factors, can inform intervention services aimed at promoting healthy development.

## 4.2 Research questions

### 4.2.1 What role do childhood environment and the wider socio-cultural fabric play in shaping children's health behaviours and outcomes?

**Parents and peers**

At the level of the *individual*, the lifestyle choices and health behaviours of children can have a direct impact on their health and wellbeing, both in childhood and in later life. These choices are, however, influenced by the people with whom the child interacts or whom the child observes within the *microsystem* and perhaps beyond. It is important, therefore, to give consideration to factors in the proximal and distal environment that foster the emergence of health behaviours, particularly with respect

to the influence of parents and peers. Social learning theory (Bandura, 1971) contends that children develop their behavioural repertoire to reflect the behavioural example of significant others. Indeed, the importance of parents and peers as socialising agents of health-related behaviour has long been recognised in the literature. According to this model, observing role models who engage in health-promoting or health-compromising behaviour may encourage similar healthy behaviours in the child by promoting imitation or by shaping attitudes and outcome expectations (White, Johnson & Buyske, 2000). For example, it has been shown that children with two physically active parents are 5.8 times more likely to be active than children with two inactive parents (Moore *et al*, 2007).

Aspects of the wider family environment may also exert an influence on the development of health-related behaviour. Thus, parents who are oriented towards healthier lifestyles may create an environment conducive to healthy choices.  Consistent with such an interpretation is the work of Sallis *et al* (1992) who found that parents who play with their children regularly and provide transport to activities have more active children. Similarly, Contento *et al* (1993) found a relationship between mother's health motivation and the quality of children's diet.

Studies on smoking and alcohol initiation have shown that children may be particularly responsive to interpersonal influences on these aspects of health-behaviour also. Flay and colleagues have documented the results of a number of studies which found that parental and peer smoking predicted onset of adolescent smoking (Flay *et al*, 1994), while Simons-Morton, Haynie, Crump, Eitel, and Saylor (2001) in their study of 4,263 teenagers observed that direct peer pressure and associating with problem-behaving friends was related to a variety of health-damaging behaviours, including drinking and smoking. However, it should be acknowledged that this association could also be explained by a selection effect whereby adolescents choose peers who engage in similar kinds of behaviour (Prinstein, Boergers & Spirito, 2001). Less researched, but still important, is the literature which shows that associating with pro-social peers may serve a protective function, and is predictive of abstinence from alcohol (Spoth, Redmond, Hockaday & Yoo, 1996).

Research in Ireland indicates that smoking and drinking among children and adolescents continues to be a major public health concern. HBSC Ireland found that, among children aged nine, 3.6% of boys and 0.4% of girls reported having smoked tobacco, with 0.3% of boys claiming to smoke every day. At 10–11 years, 3.2% of boys and 1.7% of girls said they smoked, while the corresponding figure for 15- to 17-year-olds was 22.8% and 27.7% for boys and girls respectively (Nic Gabhainn *et al*, 2007). Moreover, early age of onset is associated with increased frequency of smoking behaviour in later adolescence. In relation to alcohol, 6.7% of boys and 1.6% of girls aged 10–11 reported that they had drunk so much alcohol that they had been 'really drunk', but this increased to almost 60% of the sample for children between the ages of 15 and 17. Nine-year olds were not asked about drinking (Nic Gabhainn *et al,* 2007).

The short-term effects of smoking among young people include reduced respiratory function, reduced physical fitness and greater susceptibility to respiratory infection (Godeau, Rahav & Hublet, 2004). Moreover, earlier age of onset is associated with increased frequency of smoking behaviour in later adolescence (Godeau *et al,* 2004).  Alcohol consumption is related to difficulties in a range of domains including unintentional injury, unplanned and unprotected sexual activity, problems with personal relationships, and trouble with the police (Schmid & Nic Gabhainn, 2004).  The longitudinal design of ***Growing Up in Ireland*** provides a framework for studying these age-related changes in behaviour, and will allow us to examine a broad range of correlates and predictors, in addition to tracking the consequences of these behaviours for health outcomes.

In the wider ecological context of the family, socio-economic status (SES) emerges as an important predictor of adult health behaviours. Low SES is associated with higher rates of smoking, poorer dietary habits, and lower levels of physical activity; and these are, in turn, related to poorer health outcomes (Lynch, Kaplan & Salonen, 1997). Lower SES may affect child health by limiting access to a balanced diet, or through restricting children's recreational activities in a socially deprived neighbourhood (Chen, 2004). These are just some of a wide range of factors that mediate low SS and health outcomes for children.

**Personal factors**

Little is known about the psychological factors that influence children's health-risky and health-promoting behaviour (Klein-Hessling, Lohaus & Ball, 2005). However, models of health behaviour have given increasing prominence to the role of self-efficacy in shaping behavioural intentions (Kohl & Hobbs, 1998). A growing body of literature suggests that a high level of self-efficacy may contribute to the development and sustenance of health-promoting practices among children (Lohaus, Klein-Hessling, Ball & Wild, 2004). Self-efficacy has been defined as an individual's perceived ability to exert personal control over specific behaviours (Bandura, 1986). A high level of self-efficacy is assumed to reduce the likelihood of reliance on the perceived competency of others, and may therefore reduce the negative modelling influences of the peer group. In addition to being a correlate of physical activity participation, self-efficacy has been shown to predict weekly physical activity participation among adolescents up to four months after baseline measurement (Reynolds *et al,* 1990). A longitudinal study examining the effects of stress, self-efficacy and coping mechanisms on health-related behaviour among a cohort of 345 10-year-old children found that self-efficacy was the most important predictor of positive health behaviour (Klein-Hessling *et al,* 2005). The same study found that a large number of experienced problems and inappropriate coping strategies were associated with negative health behaviours.

It is widely held that health behaviours developed in early childhood can track into adulthood (Currie, 1998; Rimal, 2003), and that they result from the interplay of many personal, social, cultural and economic factors. Example of the complex determinants of health behaviours and associated health outcomes will be discussed later in this chapter. ***Growing Up in Ireland*** will allow us to prospectively study the antecedents, predictors and consequences of health-related behaviour for child health outcomes. It is hoped that this will lead, not only to a better understanding of the risk factors and mechanisms associated with the development of health-compromising behaviours, but also provide insights into ways in which health-promoting behaviours can be encouraged and enhanced.

### 4.2.2    How does socio-economic status contribute over time to child health outcomes?

Socio-economic context clearly influences health outcomes. There is accumulating evidence from both prospective and retrospective studies that childhood socio-economic circumstances influence disease risk and affect long-term adult health functioning (Kuh *et al,* 2004). The socio-economic health gradient extends into a wide array of health areas including increased risk for chronic illness, injury and obesity, and a range of mental health problems. Based on their analysis of the (British) Office for National Statistics (ONS) Longitudinal Study data (1971-1991) for example, Bartley and Plewis (in Bradshaw, Kemp, Baldwin & Rowe, 2004) found that the experience of disadvantaged social class or unemployment at any time contributed independently to an increased risk of a limiting illness up to 20 years later. The SES literature offers a variety of mechanisms by which SES influences the child's physical and mental health, operating at the economic, social and psychosocial level. SES affects exposure to a number of causal agents during pregnancy, infancy and childhood, which are part of long-term biological chains of risk that may predispose to disease risk in later life (Kuh *et al,* 2004). For example, young children whose mothers smoke are more likely to develop wheezing and have diminished lung function which may predispose to asthma and chronic bronchitis (Case & Paxson, 2002). In 2003, the highest percentage of low birth-weight babies was born to mothers in the unemployed socio-economic group (Office of the Minister for Children, 2006, citing National Perinatal Reporting System, ESRI). In the life-course perspective espoused by Kuh *et al* (2004), the cumulative health disadvantage experienced by poor children as a result of childhood SES can in turn constrain adult SES through its effects on school achievement, education, etc.

Case and Paxson (2002) have presented evidence to support the proposition that social gradients in health emerge at an early age and persist across the life-course. The results of the US National Health Interview Survey (n=231,131) revealed marked differences between social groups; 90% of parents in the wealthiest quintile (top 20%) reported that their children (age 0–9) were in excellent or very good health compared to 66% of respondents in the lowest quintile. Moreover, their analysis of the data at the second sweep (age 10–17) revealed a widening of the social gulf; only 63% of children in the lowest band were in very good health compared to 90% in the highest band.

These investigators have identified a number of mechanisms by which income can exert a direct influence on child health outcomes. Higher income can lead to better nutrition. Mortorell (1980) has noted the importance of dietary intake as a key determinant of physical health. In his model, inadequate dietary intake results in defective nutrient absorption and use, and reduced resiliency against infection. Income can also directly influence access to health care, though research has shown that, even in countries where universal healthcare coverage exists, SES differentials in health persist (Adler & Newman, 2002), perhaps because services are not accessible or appropriate for disadvantaged groups. Finally, income is correlated with education and this may be reflected in better or more informed parental health practices, such as abstaining from harmful substances during pregnancy. Alternatively, it could be that education provides knowledge and life skills that promote health. The complexity of the effects of socio-economic resources illustrates the importance of considering the wider bioecological context when researching child health.

In addition, the timing, nature and extent of economic deprivation may be important in determining health outcomes. Dearing and collaborators report the results of a US study (n=17,000) which found that poor children under the age of five were more likely to have asthma compared to their non-poor peers, but this relationship did not hold for the 6–11 or 12–17 year cohorts (Dearing *et al*, 2006). Curtis and Phipps (2000), using data from the second wave of the Canadian National Longitudinal Study of Children and Youth (NLSCY), observed that the effects of economic resources may only appear with a lag, such that the previous year's income may exert a more powerful effect on development than current income. Understanding the reasons for these time-related differences necessitates measurement at multiple time points to identify the critical periods during which the effects of SES on health may be particularly potent.

However, socio-economic disadvantage is clearly not a sufficient explanation for poor health, as evidenced by the large proportion of children who continue to thrive despite material disadvantage. Hence we need to understand how the various components that comprise SES interact with other aspects of the child's bioecological context to modify developmental outcomes (Bradley & Corwyn, 2002).

Socio-economic disadvantage can also affect the child indirectly via the effect on the parents (*mesosystem*). Some investigators have given more prominence to the role of stressful life events in attempting to explain the disparities in health between high and low SES groups (Gottman, Katz & Hooven, 1996; Repetti, Taylor & Seeman, 2002). Bradley *et al* (2002) summarise evidence showing that low SES families are more likely to experience destabilising life events such as family dissolution or unemployment, encounter more threatening and uncontrollable life events, and are disproportionately exposed to environmental hazards. For parents, these stressors can lead to negative emotional states such as anxiety, anger or depression, which are part of social chains of risk that may affect child wellbeing. McLoyd (1990) found that distress among poor parents can lead to punitive parenting strategies and less warmth and responsiveness; and longitudinal studies have tied a lack of support during childhood to higher rates of illness and physical complaints several years later (Gottman *et al,* 1996). For the child, the experience of prolonged stress may lead to chronic activation of the Hypothalmic-Pituitary-Axis (HPA), a mechanism that allows the body to respond to short-term stressful circumstances by releasing cortisol. Persistent activation of the HPA system is associated with immune deficiencies, inhibited growth, and increased risk of psychological disorders such as depression (Repetti *et al,* 2002).

These deficiencies in neuroendocrine function may in turn come to affect the type of interactions that children elicit from parents, and this may exacerbate existing difficulties (Dearing *et al,* 2006).

Conversely, a large number of positive social relationships and well-articulated support networks may serve to buffer children against the adverse effects of SES-related stress. There is evidence to suggest that these psychosocial resources are inter-related; thus a research strategy that examines their coherence as a psychosocial profile that promotes resilience warrants further investigation (Taylor & Seeman, 1999). A better understanding of the mediators of the relationship between SES, genetic make-up, and physical and mental health is essential for more efficacious clinical and policy formation. *Growing Up in Ireland* can contribute to this aim by identifying the pathways by which SES interacts with other individual, family and environmental factors to modify physical, emotional and mental health

outcomes.  The longitudinal design of the study also provides a platform for understanding the critical chronological and developmental points in the life-course when the relationship between SES and health might be particularly salient.

### 4.2.3    How are levels of exercise and diet in children, and the wider family and socio-economic context related to the development of childhood obesity?

Obesity is considered to have reached epidemic proportions in both adult and child populations (World Health Organisation, 2001). Rapid changes in diet and lifestyle have been cited as major contributory factors. While an accumulating literature points to increased prevalence of adiposity in European and North American child populations (Sabin, Crowne & Shield, 2004), there are no authoritative data for the Irish context. The limited evidence that does exist, however, points to an alarming increase in the prevalence of excess weight and obesity in Irish child and adolescent populations. The National Children's Food Survey (2005) of 600 children aged 5–12 from primary schools throughout Ireland revealed that the prevalence of obesity was 9% in boys and 13% in girls, while the incidence of being overweight was 11% and 12% respectively (McCarthy, O'Neill & O'Brien, 2005). Griffin and colleagues reported that the proportion of overweight children in Ireland aged 12–15 trebled from 1.9% in 1990 to 6% in 2000 (Griffin, Younger & Flynn, 2004); while the report of the National Task Force on Obesity estimated that 327,000 children on the island of Ireland were overweight or obese and that this total was rising at a rate of 10,750 children per year (National Task Force on Obesity, 2005).

Obesity in adults is associated with increased risk of non-insulin-dependent diabetes mellitus (NIDDM), coronary heart disease (CHD), osteoporosis (Ebbeling, Pawlak & Ludwig, 2002), respiratory disorders (Dietz, 1998; Poulain et al, 2006) and a wide spectrum of other chronic diseases (Sabin et al, 2004). Furthermore, research has indicated that obesity may be associated with poorer psychological function. For example, some studies have shown that obese children have lower self-esteem (Pierce & Wardle, 1997; Strauss, 2000) and higher depression scores (Erermis et al, 2004) than non-obese or normal weight controls. Obese children are more likely than their normal weight peers to become obese adolescents (Serdula et al, 1993; Lake, Power & Cole, 1997). If current trends are sustained, these figures point to enormous pressure on the Irish health care system in future years. The direct public health cost of treating obesity in Ireland was estimated at €70 million in 2002. When indirect costs associated with lost workdays, illness and premature death are factored in, the total cost to the economy is about €400 million (National Task Force on Obesity, 2005). The cost to the individual in terms of their physical, emotional and psychological health functioning is not so easily measured.

Factors contributing to increased obesity among children are multitudinous and complex. Genetic factors are almost certainly implicated; an extensive literature suggests that the relative risk is enhanced if one or both parents are obese (Whitaker, Wright, Pepe, Seidel & Dietz, 1997). A review paper based on data from 25,000 twin pairs and 50,000 biological and adoptive family members provides convincing evidence on the genetic contribution to variance in body mass index (BMI). The weighted mean correlation of BMI was 0.74 for monozygotic (MZ) twins, 0.32 for dizygotic (DZ) twins, 0.25 for siblings, 0.19 for parent-offspring pairs and 0.06 for adoptive relatives (Maes, Neale & Eaves, 1997). Furthermore, it has been claimed that genetic factors have greater explanatory power than environmental factors in explaining BMI differences in twins reared apart. A study by Stunkard, Harris, Pedersen & McLearn (1990) found that the intra-pair correlation co-efficient of BMI for monozygotic (MZ) twins reared apart was 0.70 and 0.60 for men and women, respectively, which is comparable to that for MZ twins reared together. By contrast, the intra-pair correlation for dizygotic twins reared apart was 0.15 and 0.25 for men and women, respectively. Of the potential environmental influences, only those unique to the individual contributed to the similarity of BMI in later life, prompting these authors to conclude that shared childhood environment exerts little or no effect.

Notwithstanding the genetic contribution to obesity, the rapid escalation in rates of obesity in children suggests that other factors are important. The mismatch between energy intake (EI) and energy expenditure (EE) has been proffered as a major explanatory variable. However, at present it is not clear whether obesity develops because of an excessive EI relative to EE, a reduced EE relative to EI, or a combination of both (Livingstone, 2001). This imbalance may result from the increased consumption of

high-fat, energy-dense foods that promote passive over-consumption of energy. Research in the Irish context indicates that children are consuming large amounts of energy-dense foods both inside and outside the home.

The 2002 Health Behaviour in School-Aged Children (HBSC) survey, for example, found that, at least once daily, 51% of Irish children consumed sweets, 37% drank fizzy drinks, 27% consumed crisps, 12% ate chips, and 7% ate burgers (Nolan & Nolan, 2004). A separate study by the Irish Universities Nutrition Association (National Children's Food Survey, 2005) estimated that children were receiving as much as 18% of their calorific intake and 21% of their total fat intake from cakes, biscuits and confectionery. Carbonated and sugar-sweetened drinks have also been implicated (Gill, Rangan & Webb, 2006). Research has shown that total energy intake was about 10% greater in school-aged children who consumed soft drinks relative to those who did not (Harnack, Stang & Story, 1999), and each additional can of soft drink consumed daily is estimated to increase chances of obesity by 60% (Mattes, 1996). The low satiating properties of energy-rich fluids compared with solids has been proposed as a possible reason for the close association between energy from soft drinks and weight status (Gill *et al*, 2006). Furthermore, it has been observed that many Irish children have inadequate intakes of calcium, iron, vitamins and folate, which may be detrimental to their health in the short-term, as well as increasing risk for a number of chronic diseases (Higgins, McArdle, McEvoy & Tully, 2005).

Changing activity and lifestyle patterns have exacerbated the problems associated with worsening dietary habits (Livingstone, 2001). Obesity has been linked to a number of sedentary leisure pursuits such as television viewing and computer game use (Gortmaker *et al*, 1996; Robinson, 1999). The Dunedin Multidisciplinary Health and Development Study (Hancox, Milne & Poulton, 2004) found that average weeknight viewing between ages five and 15 years was significantly associated with higher body mass indices at age 26, even after controlling for a number of confounds such as BMI at age five and SES. The precise factors moderating the relationship are not known but possibilities include reduced energy expenditure during viewing, and increased dietary intake when viewing (Janssen, Katzmarzyk, Boyce, King & Pickett, 2004). An associated decline in the amount of physical exercise means that children have fewer opportunities to expend energy.

Hussey and collaborators reported that among seven- to nine-year-old Dublin children, 14% of boys and 24% of girls were doing less than the optimal amount of exercise required to benefit the cardiovascular system (Hussey, Gormley & Bell, 2001). Furthermore, physical activity levels decrease with age and there is normally a significant change after adolescence, especially among girls (Clerkin, Walsh & Nic Gabhainn, 2004a). This change is important because the effects of exercise are known to extend beyond the immediate physiological benefits and are associated with increased self-confidence and social connectedness (Strauss, Rodzilsky, Burack & Colin, 2001). Understanding the reasons for these age-related changes in participation rates may allow for effective targeted age-specific interventions. Opportunities for physical activity are further diminished when we allow for the 73% of Irish primary-school children who use motorised transport to get to and from school (Fahey *et al*, 2005).

A number of familial, social and environmental factors have also been linked to obesity. Longer working hours and the associated pressures on time-poor parents has led to a situation whereby an increasing number of meals are being prepared and consumed outside of the home (Ma *et al*, 2003). Anderson, Butcher, and Levine, (2003) used the (American) National Longitudinal Survey of Youth 1997 (NLSY79) data to explore links between maternal employment and child obesity and found that the probability of obesity increased with maternal work hours, possibly as a consequence of reduced dietary monitoring and supervision of calorific intake. Other studies have reported that children living in urban areas are more likely to be obese (Mamalakis, Kafatos, Manios, Anagnostopoulou & Apostolaki, 2000; Martorell, Khan, Hughes & Grummer-Strawn, 1998).

Given the relative intransigence of adult obesity, childhood seems an appropriate time to challenge and change these behaviours (Livingstone, 2001). However appropriate intervention is predicated on an adequate understanding of the confluence of factors that contribute to childhood obesity. The rapid escalation in the numbers of obese children within a relatively stable population, for example, suggests that genetic factors are not the primary reason for change. This trend reinforces the need for a

longitudinal programme of research that explores the aetiological risk factors, and can take account of the changes in diet, exercise and lifestyle that are believed to contribute to childhood obesity.

A large strength of the *GUI* study is the ability to examine a wide range of potential contributing factors so as to better isolate major ones, and the interactions between them. *GUI* can assist in this regard by contributing to the scientific evidence base and pointing to potential areas for intervention. In addition to collecting information that will allow us to derive body mass measurements for parent and child, information will be obtained concerning the child's diet, and this will be supplemented by information on the child's physical activity participation and other lifestyle measures (e.g. hours spent watching television, playing computer games, etc).

### 4.2.4    What are the psychological and socio-cultural influences on the development of eating disorders in children?

 Although it can be expected that the incidence of eating disorders such as anorexia nervosa or bulimia will be low in our nine-year cohort, their prevalence will increase as children approach the teenage years. Indeed, one US study found that 6.9% of children in grades three through six (ages nine to 12 approx.) scored in the anorexic range on a children's inventory of eating concerns, while another indicated that 13.3% of children in grades five through eight (ages 13 to 17 approx.) met the criteria for an eating disorder (Vander Wal & Thelen, 2000). It is estimated that as many as 10% of females between the ages of 15 and 29 will suffer an eating disorder (Polivy & Herman, 2002) and that females are 10 times more likely to be affected than males, possibly because the idealisation of the slim stereotype in Western cultures is much more heavily reinforced for females than for males (Striegel-Moore, 1997). Eating disorders are an example of how the *exosystem* and *macrosystem* can influence child outcomes; however, the development of eating disorders is also associated with family and personal factors (Polivy & Herman, 2002).

Familial factors may contribute in a number of ways to the development of eating disorders. For example, parents may model excessive concerns about weight, shape and diet which girls may attempt to imitate (Vander Wal & Thelen, 2000); and mothers of children with eating disorders are themselves more likely to be eating-disordered (Hill & Franklin, 1998). Furthermore, research has shown that mothers of children with eating disorders think their daughters are heavier and less attractive than a comparison group (Hill & Franklin, 1998); and mothers' critical comments have been shown to prospectively predict eating disorder outcome in females (Vanfurth *et al,* 1996).

Among the inter-personal factors that have been shown to influence the development of eating disorders is the experience of being teased about appearance or body shape.  The current socio-cultural climate means that the thin stereotype is selectively reinforced. Studies have shown that weight stereotypes influence social interaction and behavioural intentions among the peer group; adolescents indicate greater willingness to engage in social, academic and recreational activities with thin as opposed to fat peers (Bell & Morgan, 2000; Greenleaf, Chambliss, Rhea, Martin & Morrow, 2006). Low self-esteem and body dissatisfaction may be particularly dangerous in terms of cultivating eating disorders (Polivy & Herman, 2002).  Prospective studies have shown that girls with low self-esteem are more likely to develop disordered eating in future years (Button, Sonuga-Barke, Davies & Thompson, 1996), while studies of elementary-aged schoolgirls show that children with higher body mass tend to have greater body dissatisfaction than their normal-weight peers  (Mendelson, White & Mendelson, 1996).

The Health Behaviour in School-Aged Children survey found that the prevalence of dieting among Irish schoolgirls showed a linear increase with age, from 7.8% for 10- to 11-year-olds, through 16.4% for 12- to 14-year-olds, to 24.2% for 15- to 17-year-olds (Clerkin, Walsh & Nic Gabhainn, 2004b). This is worrying because longitudinal studies suggest progression from less to more severe disturbances (Polivy & Herman, 2002) and the HBSC found that dieting was associated with poor self-rated health and less happiness. Furthermore, the dietary regimes associated with weight loss can be pathological and include meal-skipping, excessive dietary restrictions, self-induced vomiting, and smoking: and these patterns have been observed in 15-year-old Irish schoolgirls (Ryan, Gibney & Flynn, 1998). As the goal of dieting is often to become underweight, rather than normal-weight, this in itself may contribute to health

problems. There is reason to suspect that the incidence of dieting as a means of weight control will increase given the widespread concern about rates of obesity in young people (Patton, Selzer, Coffey & Wolfe, 1999).

Early intervention is clearly important in preventing pathological dieting. ***Growing Up in Ireland*** will give us the opportunity to study this issue prospectively to determine the factors associated with body-image dissatisfaction and diet initiation, as well as those that serve to promote a healthy body image. The Piers-Harris questionnaire will provide a measure of child self-concept across a number of dimensions and allow us to discern whether there are antecedents of dieting behaviour rooted in self-image dissatisfaction. Information will also be obtained from parent and child concerning their perception of the child's weight, and questions have been added to determine whether parents' own dieting patterns and weight concerns are predictors of child dieting behaviour.

### 4.2.5   Is there evidence of socio-economic and socio-demographic disparities in healthcare utilisation among children in Ireland, and what is the effect for child health outcomes?

In evaluating issues of healthcare access, it should be acknowledged that the Irish system is very different to those with universal healthcare access. For example, although those with a medical card (around 35% of the population) receive free dental, aural, optician and GP care, the rest of the population must pay at the point of delivery. Similarly, although public hospital care is available to the whole population (subject to an A&E fee of approximately €50 for those without medical cards), almost half of the population now have medical insurance which can be used in both private and public hospitals. The importance of private care and the extent of fee-paying in Irish healthcare have led many to argue that the system is not available to all on the basis of need alone, but instead that personal circumstances may determine the availability, extent and speed of treatment. Children are particularly vulnerable because they rely on parents to initiate medical consultations on their behalf. It is also an important policy issue because healthcare usage patterns are established early in life and may persist longitudinally (Janicke & Finney, 2000); hence those who require medical treatment but are unable to avail of it for various economic or demographic reasons may have reduced healthcare utilisation across the life-span.

Children are some of the heaviest users of both primary and hospital healthcare services. UK data have shown that more than 25% of a GP's workload arises from consultations with children (Saxena, Majeed & Jones, 1999). A tentative explanation for variations in children's healthcare usage would be that a child's health status and level of need determines their use of medical care services (Janicke & Finney, 2000).  However, the extent of fee-paying in the Irish system means that many children who require medical attention may not receive this, or may do so much later than they would have done had their parents not had to pay directly. Those on low incomes without medical card cover may be particularly vulnerable as GP visitation is likely to consume a large proportion of available income.

The behaviour of the health service providers may also affect access to healthcare among children, especially if there is a greater financial incentive to treat private patients (Layte & Nolan, 2004). International studies have shown that the poorer the family, the more likely it is that children will attend a place of care rather than a regular doctor (Starfield & Budetti, 1985), although the General Medical System choice of doctor for the most deprived third of our population makes this less applicable in Ireland. International research also indicates that poorer families are also less likely to be in receipt of specialist care (Dunlop, Coyte & Isaac, 2000), but it is not yet clear whether there is a similar trend in Ireland. Family background may also be important as parents with higher levels of education may be more informed about how to access various healthcare services, or better able to act as advocates on their children's behalf (Starfield & Budetti, 1985). Hence, while healthcare services are placed in the *exosystem* of Bronfenbrenner's bioecological model, the child's access is also determined by their parents' engagement with the service.

A number of socio-demographic factors have been found to affect healthcare utilisation among children. Studies have shown that smaller family size is associated with a greater frequency of paediatric visits, possibly because these parents have greater time or income resources to allocate to their offspring

(Janicke & Finney, 2000). Gender is also likely to be important but the literature is inconsistent in this regard; some studies showing higher utilisation among boys (Starfield *et al,* 1985) while others claim that girls are heavier users (Kelleher & Starfield, 1990). The utilisation of healthcare services may also be influenced by the physical proximity of these services relative to users. Among adults in Ireland, analyses of utilisation at the individual level (Nolan & Nolan, 2004; Nolan, 1991) have revealed that living in a rural location negatively influences utilisation, but research on children is negligible. Research has also shown that parental stress and lower psychological wellbeing among mothers is related to higher levels of healthcare utilisation among children (Janicke & Finney, 2000) but the reasons for this are not clear.

Determining variations in childhood access to medical care is clearly a major policy issue, especially since there is reason to suspect that a delay in seeking medical care is associated with more complications from and sequelae to illness (Starfield & Budetti, 1985). **Growing Up in Ireland** provides a vehicle for investigating whether there are socio-economic and socio-demographic disparities in healthcare access and utilisation among children in Ireland and how this affects child health outcomes.

### 4.2.6 What factors and mechanisms are associated with mental dysfunction and mental health in childhood?

Mental health and wellbeing are not simply the absence of mental illness, but refer to a variety of positive attributes such as high life satisfaction, a sense of purpose and control in life, and strong feelings of belonging (Holmes, 2004). The factors that contribute to happiness and wellbeing, and protect against mental illness, involve inherited and environmental components. These factors tend to be less well represented in the research literature than the factors that contribute to mental illness and are, accordingly, less well understood. However, they are thought to be related to the child (e.g. social competence, resilience), the family (e.g. supportive parenting, warmth communicated among family members) and the wider community (e.g. positive schooling experiences, living in a safe neighbourhood, supportive government policies). As reported earlier in this review, the majority of Irish children involved in the Health Behaviour in School-Aged Children survey (Kelleher *et al,* 2003) reported feeling happy with their lives. Research by Nic Gabhainn and Sixsmith (2005) indicated the importance of family and friends in children's perceptions of the contributors to wellbeing. These interpersonal relationships, and the activities engaged in within those relationships, elicited "… a sense of belonging, being safe, loved, valued and being cared for" (p. 64).

McKeown *et al* (2003) studied Irish children's psychological wellbeing and noted how it was positively affected by their mothers' wellbeing. The degree to which mothers were perceived to be supportive was also important and was measured by the encouragement (e.g. "she encourages me to do my best in whatever I do") and assistance ("she helps me with my school work if there is something I don't understand") received and reported by children. The degree to which fathers were perceived to be supportive was also important, especially as a buffer against the development of psychological disorders.

The factors that contribute to children's sense of wellbeing can also promote their resilience when faced with adversity. Linquanti (1992) describes resilience as "that quality in children who, although exposed to significant stress and adversity in their lives, do not succumb to the school failure, substance abuse, mental health and juvenile delinquency problems they are at greater risk of experiencing" (p. 2). Thus, not all children faced with risk factors for psychopathology go on to develop mental health difficulties (Goodyear, 1990; Loeber & LeBlanc, 1990) due to the presence in their lives of individual or environmental protective factors (Smokowski, 1998). Commonly reported characteristics of the resilient child include social competence, self-confidence and autonomy (e.g. Masten, Best & Garmezy, 1990), quality care from parents, family cohesion, caring school teachers (Werner & Smith, 1989), and strong social support networks in the community (Pence, 1988). Further discussion on the subject of resilience can be found in Chapter 1 of *Growing Up in Ireland – Background and Conceptual Framework.*

In the same way that the effects of risk factors can be cumulative, so too can the effects of protective factors. Rutter (1987; 1990) states that factors can be deemed to be 'protective' if they moderate a risk factor. Such factors can accomplish this by reducing risk impact or exposure to risk, reducing the

negative reactions that follow adverse events, and increasing self-efficacy, self-esteem, and exposure to positive relationships. Given that small regional Irish studies estimate that between 11-17% of nine-year-old children experience psychological difficulties (O'Connor *et al*, 1988; Jeffers & Fitzgerald, 1991), a programme of research which aims to inform parents, practitioners and policy-makers about how protective factors or resilience in children might be enhanced will prove valuable.

Most research in the published literature has been aimed at identifying factors associated with the development and persistence of mental health difficulties in childhood. Researchers have pointed to the role of family functioning (e.g. McCloskey & Walker, 2000; Reid & Crisafulli, 1990), parenting practices (e.g. Barber, 1996; Chorpita & Barlow, 1998), parental mental illness (e.g. Leverton, 2003; Pearce, 1993), peer-group relationships (DiFilippo & Overholser, 2000; Kistner, Balthazor, Risi & Burton, 1999) and social disadvantage or poverty (McKeown *et al*, 2003; McLeod & Shanahan, 1996), among other factors. These factors may interact with each other and their effects on a child's mental health state are cumulative; thus increased exposure is linked with increased risk of psychological difficulty (Zubrick, Silburn, Burton & Blair, 2000). For example, families characterised by recurrent episodes of overt anger, aggression and violence show damaging outcomes for their children's mental health that can continue into adulthood. Such hostile behaviour, be it inter-parental or child-directed, is associated with a variety of psychological problems such as conduct disorder and anti-social behaviour, depression, anxiety and suicide (e.g. McCloskey & Walker, 2000; Reid & Crisafulli, 1990; Wagner, 1997). Both internalising and externalising disorders have also been associated with parenting that is cold, authoritarian, unsupportive, unresponsive, neglectful or rejecting, and lacks emotional nurturing (e.g. Barber, 1996; Chorpita & Barber, 1998; Rothbaum & Weisz, 1994).

Through the *Growing Up in Ireland* study, it is hoped that a better description of the behavioural and mental health status of children in Ireland will be achieved.  Information will be requested from parents on whether or not their child has been diagnosed with a mental health disorder and whether they have received treatment for their condition. Our indicators of child mental health and wellbeing include sub-scales from the Piers-Harris and SDQ (Strengths and Difficulties Questionnaire) that measure happiness and child self-concept as well as emotional and conduct problems.  Identifying a range of risk and prognostic factors can assist the early detection of children experiencing psychological difficulty. This knowledge can inform treatment practices and, along with greater knowledge about protective factors, inform intervention services aimed at promoting mental health and intercepting the development of mental illness.

## 4.3    Summary

There is growing recognition that childhood health sets the foundation for adult health. Genetic predisposition, adaptive capacities and child characteristics interact with family, socio-economic and socio-cultural factors to determine health trajectories. Thus a programme of research that is able to take account of these multiple, non-independent influences on outcome is not only timely, but essential. It is important to recognise that children's physiology and behaviour differ in ways that require a view of their health that is sensitive to rapid developmental change, so measurement at two time points will give us the opportunity to go some way towards reflecting this dynamism. *Growing Up in Ireland* presents an opportunity to study the antecedents and determinants of child health and to study those aspects of children's development that affect their quality of life. Measurement and appropriate use of data on factors influencing children's health will not only provide a rich evidence base to inform policy, but will also increase awareness and understanding of the issues facing children and their families in Ireland at this time.

# Chapter 5

## EDUCATIONAL ACHIEVEMENT AND COGNITIVE FUNCTIONING
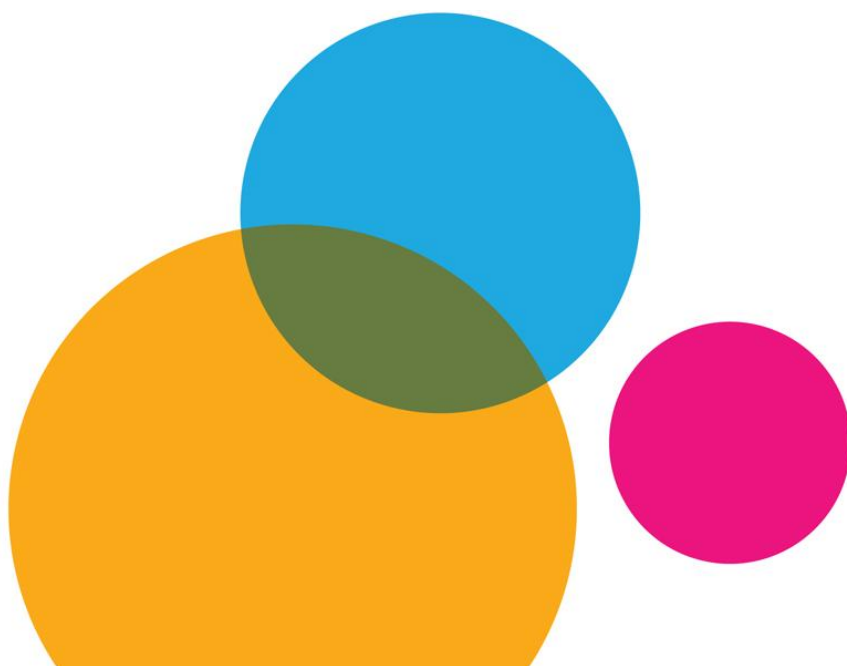
## CHAPTER 5: EDUCATIONAL ACHIEVEMENT AND COGNITIVE FUNCTIONING

### 5.1    Introduction

Children's experience of school and education affects their development directly. For example, supportive school experiences have been highlighted as a source of resilience for children in adversity (Gilligan, 1998). However, the schooldays of a minority of children are not positive experiences because of problems in coping with school-work or school-based bullying. Challenges and difficulties at home may also have an impact on children's functioning and academic progress at school. In the educational context, these challenges may include difficult relationships with parents, lack of support in relation to school-work, or family and neighbourhood disadvantage.  School factors such as class size, school atmosphere and student-teacher relationships will also have a direct effect on children's educational outcomes. It is important to find out what factors enhance children's educational outcomes, as well as those which place them at risk.

In the past, education and schooling have been considered primarily from an adult's or service provider's perspective. Recently, however, researchers have attempted to allow children's voices to be heard. For example, children in the (Irish/UK) Encouraging Voices Project commented on the unequal power relationships inherent in schools between children and adults (Shevlin & Rose, 2003). While 68.8% of Irish children aged 10 to 17 report that they like school (HBSC Ireland, 2002), Lynch has observed that children have been noticeably absent from the educational decision-making process (Lynch & Lodge, 2002). Research with primary-school children has shown that, although children recognise that what they learn in school is necessary for their future adult lives, they are critical of how this learning is organised (Devine, 2004). Children also indicated their dissatisfaction with the learning experience and an absence of recognition of their priorities. Listening to children and prioritising their perspectives present challenges to government, teachers and children themselves.  *Growing Up in Ireland* will obtain children's views and opinions on their schooling during middle childhood.

In recognition of the key role of education and the school environment, the *GUI* study considers a number of research questions in this area, including the impact of the pre-school/childcare experience. Among the other research questions are the role of the child and the parents in educational outcomes, factors relating to truancy and school-leaving, and the transition to secondary level. As part of the school context we also look at bullying and peer relationships. The extent of use of out-of-school or after-school services will also be assessed.

*Growing Up in Ireland* aims to find out what it is like to be a nine-year-old 'growing up in Ireland'. While children's views on many areas of their lives will be one focus of the study, data from parents, as well as those of teachers and principals on school life, will help to form a holistic view of the nine-year-old's life. Direct assessment of their competencies in Reading and Maths will provide information on how Irish children are faring academically across the nation. Family context, parental aspirations and health and disability issues all have an impact on children's learning, as do socio-economic and environmental factors. These will be investigated along with assessments of the child's self-esteem and agency in order to build a picture of the factors contributing to the quality of children's educational outcomes.

### 5.2    Research questions

#### 5.2.1    How do pre-school education and current school experience influence children's educational outcomes?

**Childcare and pre-school education**
Research suggests that pre-school services have a potentially important role to play in addressing educational disadvantage (Coolahan, 1998). A recent OECD publication reported that Ireland still had a long way to go in providing good early childhood education and care (OECD, 2006). Over the last decade there has been a steady rise in demand for early childhood care and educational services. Figures from 1998 published by the ESRI (Williams & Collins, 1998) indicate that, at that time, 38% of all parents with children aged four and below relied on paid childcare arrangements. More recent data

based on the Quarterly National Household Survey (CSO, 2007) show that between 2002 and 2007 the proportion of households using non-parental care for pre-school children increased from 42% to 48%. Only some of these arrangements will have an explicit focus on the education of the child; in others, typically those care arrangements for babies and infants, the main focus will be on care. The main type of non-parental childcare used by children aged 12 and under in the QNHS data collected in 2007 was 'unpaid relatives'; 19% of the children were in crèches, Montessori schools or play schools, all of which are, to a greater or lesser extent, more likely to focus formally on early learning. However, relatively little is known about the kinds of children who access early childhood education, the quality of such provision and its effects on their development. ***Growing Up in Ireland*** will document what kind of early educational experience the primary-school children in the study have had and how it is related to their current educational outcomes.

**School experiences**

Children spend almost as much time in school as at home. Schools advance both academic knowledge and knowledge of cultural norms and values. They provide essential supports for learning literacy and numeracy skills, which greatly extend cognitive capacities in many different areas. Experiences in school also affect children's views of their own abilities to learn and their actual achievement and adjustment (Eccles, Wigfield & Schiefele, 1998).

In a consultation with young people on education (Harper, 2004), children aged 7–18 made detailed recommendations on school environment, supports, community, etc. When asked what they would do if they had a 'magic wand', suggestions included making teachers happier, mutual respect among all those involved in the school, and making learning fun. Children recommended that schools should create and foster a positive academic climate, supported by positive relationships between staff and young people and within the staff itself. ***Growing Up in Ireland*** will ask questions about school atmosphere, ethos and policy; about attendance, behaviour, language and disability issues, and the supports available to the children. It also aims to identify factors that contribute to a positive school experience. This goal is particularly important given the influence that school and education have on the life-course trajectory of individual children.

### 5.2.2 What kind of after-school care do Irish children experience and how does it affect their educational achievement?

Most primary-school children are cared for by parents or relatives when the school day is over (Central Statistics Office, 2006), but formal after-school care services are available, and include full day-care services, custom-built after-school care services, school-based after-school care, and community-based after-school care and homework clubs (Pugh, 2000). Much of the literature has focused on the impact of care arrangements on younger rather than school-age children. However, the potential impacts of after-school care have been explored. Costello, Walsh and Abery (2000) demonstrated an improvement in the level of school attendance for those children involved in a range of in-school provisions as well as after-school activities. Teachers in studies in Dublin and Monaghan (cited by Hennessy & Donnelly, 2005) reported benefits to pupils who participated in after-school clubs (Murphy, 2001; Richie, 1999).

In the US, the provision of suitable after-school care has been the focus of numerous research projects given that the US Department of Justice reported the hours of 3pm to 7pm on schooldays to be the peak time for juvenile crime (Cosden, Morrison, Gutierrez & Brown, 2004). Riggs and Greenberg (2004a) summarise the findings in relation to unsupervised time after school, claiming that it is associated with increased levels of "violence, delinquency, sexual intercourse, smoking, and alcohol and drug abuse" (p. 177).

However, the results of the numerous studies have been mixed. For example, Pettit, Laird, Bates & Dodge (1997) report that high amounts of self-care were associated with poorer adjustment independently of socio-economic status, while Vandell and Corsaniti (1988) found that middle-class 'latchkey' children were functioning better than their peers who attended after-school programmes.

Despite the variation in results, some trends are evident. In particular it appears that disadvantaged children benefit from proper adult supervision in the after-school period where opportunities for getting

into trouble are reduced and there is a more supportive environment, including language support for non-English-speaking children (Pettit *et al*, 1997; Vandell & Ramanan, 1991; Riggs & Greenberg, 2004b).

In a small study of Irish children from disadvantaged areas participating in after-school clubs, Hennessey & Donnelly (2005) comment that, although participating children were no better in school than matched comparisons, the fact that they were equivalent may in itself be an achievement. In addition, both children and families reported other benefits such as support and opportunities for improving social and other skills.

Not all after-school programs are academically focused. Positive effects have also been observed in relation to sports or activity-oriented participation (Pettit *et al*, 1997), although this may be a curvilinear relationship. Cosden *et al*, (2004) suggest that the benefits of activity-oriented participation may come about through increased self-esteem and engagement with the school environment/ethos in a more positive way (if the activity is school-organised). *GUI* will collect data on the children's current experience of non-parental care, and their out-of-school activities.

### 5.2.3 How do parental aspirations for, and parental involvement in, children's education vary with family and school characteristics, and how do parental attitudes and behaviours affect children's educational outcomes?

**Parental aspirations**

Parents' education levels and expectations for their children's education are significant predictors of students' college attendance and other post-secondary education (Sorenson & Morgan, 2000). A number of international studies have linked parents' educational aspirations to a young person's actual educational achievement. For example, Wentzel (1998) found that parents' aspirations for their children in this regard were influenced by their own beliefs in the child's abilities, their ability to teach the child, and achievement-related parenting values. Jodl, Michael, Malanchuk, Eccles and Sameroff (2001) found that parents' values influenced adolescents' values in relation to both academic achievement and sport, but that father behaviour was also an important predictor of sporting values. Elsewhere, parental characteristics linked to both short-term and long-term academic motivation include providing a cognitively stimulating home environment regardless of the socio-economic level (Gottfried, Fleming & Gottfried, 1998), values favouring the development of autonomy rather than conformity, and emphasizing goals associated with learning, rather than goals associated with performance and evaluation (Okagaki & Sternberg, 1993).

In a review of the available literature, the New Zealand Families Commission (2005) found that parents having high educational aspirations for their children was common across different populations, being especially high in migrant communities. Educational attainment was frequently seen as crucial to future job success and the key to breaking a cycle of poverty. Little is known, however, about the extent or effect of parental aspirations specifically within the Irish context, or the mechanisms through which parental aspirations affect educational outcomes.

**Parental involvement in education at school and at home**

In compiling research on the impact of parental involvement on children's education, the Department of Education and Skills in the UK (Williams, Williams & Ullman, 2002) assessed childhood and parental factors and linked them to a wide range of outcomes in adulthood. Fathers' lack of interest in school was a particularly powerful and progressive predictor of lack of qualifications. A study conducted in 1999 in the UK found that parental involvement has significant effects on achievement into adolescence (Feinstein, 1999). Focusing on attainment in Reading and Maths, it discovered that parental involvement in a child's schooling was a more powerful force than other family background indicators such as social class, family size and level of parental education.

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 (Laurea, 1989). Parents' involvement at school level, however, is also influenced by the actions of the schools involved. Schools that welcome parents and guide them in various activities help most or all parents to become involved, including single parents, working parents, and parents with less formal

education or less income (Sanders, Epstein & Connors-Tadros, 1999). When comparing children's development in three communities in the USA, it was found that one of the major differences in children's intellectual development stemmed from the involvement of parents in the intellectual upbringing of their children, before and after their children started school (Heath, 1983). The children of parents who did not involve themselves after the children started school fared worse than the children of parents who remained involved.

Little information is available on the level of parental involvement in the schooling of nine-year-olds in Ireland and little is known about the extent to which schools encourage parental participation. Economic improvements in Ireland have not been accompanied by a gain in reading standards or improved performance in Maths among disadvantaged children (Eivers, Sheil, Perkins & Cosgrove, 2005; Surgenor, Sheil, Close & Millar, 2006). Factors such as a parent's standard of education or interest in and engagement with the school, which encourage or fail to support children's learning at home, can be investigated.

There is long-standing consensus internationally about the importance of family involvement in student literacy learning (Epstein & Sanders, 2002). It is reported that the 'curriculum of the home' predicts school success twice as well as socio-economic status. The curriculum includes "informed parent-child conversations about everyday events, encouragement and discussion of leisure reading, and expressions of affection and interest in children's academic and personal growth" (Walberg, 1984, p. 400). Studies have also indicated that parents' reading with children and interacting with them verbally are positively related to the children's reading performance (Majoribanks, 1988). Other studies found significant effects on children's reading skills of close parent-child relationships, reading with and listening to children read, and exploring books (Snow & Tabors, 1996). The *GUI* study will ask parents about their involvement in their children's schooling, and the extent to which they model and encourage reading, language skills and other skills and activities which may promote learning and school achievement. Research indicates that parental provision of a high-quality home learning environment may outweigh the influence of SES and other background factors (Sylva *et al*, 2004). *GUI*, thus, will also examine the extent to which the factors listed above influence children's educational outcomes.

### 5.2.4    What are the risk factors and reasons for truancy and how does school absenteeism affect school achievement?

As might be expected, children who attend school more often have increased academic success while children who are regularly absent receive lower marks and decreased gains in learning (Kearney, 2003; Lamdin, 1996; Truby, 2001). Absenteeism is one of the strongest factors associated with early school-leaving (National Educational Welfare Board, 2005). Non-attendance is reported to be greater among children from disadvantaged schools (O'Briain, 2006). In the 2004–2005 school year, 10% of primary-school pupils were absent for more than 20 days. However, the rate for the most disadvantaged schools was 24% (O'Briain, 2006). The statistics suggest a clear link between attendance and socio-economic status. However, international research has shown that other effects such as personal, family, school and community factors may influence levels of school disaffection at second level (Kinder, Harland, Wilkin & Wakefield, 1995; Meece, Anderman & Anderman, 2006; Edward & Malcolm, 2002; Dalziel & Henthorne, 2005).

Poor attendance can often be an early indicator that a child may be experiencing difficulties. Frustration with schoolwork contributes to primary-school absenteeism and can lead to early school-leaving in adolescence (McCluskey, Bynum & Patchin, 2004). 'School refusal' is a term used where a child fears going to school and does not attend school due to emotional distress. Factors which may cause school refusal include stressful events at home or school, fear provoked by the school environment, problems with classmates and/or teachers, separation anxiety and attention-seeking behaviours (Fremont, 2003). Low self-confidence, a lack of social skills, poor peer relations, lack of academic ability, special needs, and lack of concentration/self-management skills may affect a child's engagement or disaffection in school. A child's health and wellbeing will also influence his or her level of school attendance.

Family circumstances including family structure, sibling density, parenting values and attitudes can influence the child's engagement with school (Ginther & Pollax, 2003; Carlson & Vorcoran, 2001; Powell & Steelman, 1985). Little research has been done in Ireland specifically around the predictors of truancy among primary-school children. Scottish research found that when pupils truanted it was usually because their parents kept them away from school (Malcolm, Thorpe & Lowden, 1996). Parenting styles that contribute to low levels of delinquency and non-attendance combine strong supervision with low conflict, and a high level of trust and autonomy (Smith, Perou & Lesesne, 2002).

Finally, consideration must also be given to how school characteristics and the child's school experiences affect attendance. Teacher quality and children's positive experience of teachers can influence attendance levels. Research suggests that, where students think well of their teachers, this will have a positive impact on attendance (Mora, 1997; Denny, 2004). Classroom environments have also been shown to have varying influences on a child's level of motivation in school and their attendance (Meece *et al*, 2006; Kaplan, Gheen & Midgley, 2002; Roeser & Eccles, 1998).

***Growing Up in Ireland*** will explore the personal, family and school factors associated with truancy – and conversely, good attendance and commitment to the entire school cycle.

### 5.2.5    What effect do school and neighbourhood characteristics have on children's educational outcomes?

External protective factors, such as caring relationships, high expectations and meaningful participation, are mediated to the child through the family, school and community environments (which also indirectly affect the other protective factors of the family and the school within their respective domains). The main internal factor is the child's own personality attributes; three internal resilience traits are identified as social competence; autonomy and sense of self, and a sense of meaning and purpose (Benard, 1991). The internal resilience traits are viewed as outcomes – not causes – of the developmental process of meeting basic human needs. Some writers on resilience theory see it as an inner force, "a self-righting tendency" (Werner & Smith, 1992, p.202), but most would see it as a complex outcome of child, family and wider contextual factors.

**Protective factors in the home**
Children who are currently nine years old will be adolescents in four years' time.  Research shows that adolescents who feel 'connected' to their parents are less likely to be involved in risky behaviours (Resnick *et al*, 1997). Families foster resilience by continuing to provide consistent and warm care during the middle childhood years (Werner & Smith, 1992). Families that participate in a daily routine, communicate well, provide discipline and participate in joint activities promote resilience in their children. Family unity and a good home environment relate strongly to competence and resilience in children in their middle childhood.

**Teacher and peer support**
Among the most frequently encountered positive role models for a child is a favourite teacher (Werner, 1990). The benefits of a strong relationship with a caring and positive teacher are also documented (Gilligan, 1998). Children also place much emphasis on peer support. Particularly for children without a caring, loving family environment, the care-giving resources available from their school serve as a protective shield (Dryden, Johnson, McGuire & Howard, 1998). Schools that provide experience of firm discipline and orderliness (Luthar & Zigler, 1991) as well as assistance with developing social and problem-solving skills (Zimmerman & Arunkumar, 1994) can foster resilience in children.

**School effectiveness**
School can act as a potential ally for children, a guarantor of basic protection, a capacity-builder, a secure base from which to explore the self and the world. It also acts as a conduit for integration into the community and culture, a gateway to adult opportunities and a resource for parents (Gilligan, 1998). There has been no large-scale study of primary-school effects and effectiveness in the Irish context and relatively little is known about the impact of school characteristics on pupils at primary level. A large-scale national study of school effectiveness at second level, carried out by the ESRI (Smyth, 1999),

illustrates important school factors (size, gender composition and social composition of students, school ethos, disciplinary climate, etc) that are associated with enhanced academic and personal/social development among students at the later stage of their education. Sampling children on the basis of the school they attend allows similar analysis to be undertaken at primary level. ***Growing Up in Ireland*** will explore the influence of school factors such as class size and school environment on pupil attitudes, behaviour, and social and cognitive development, controlling for parental background and socio-economic circumstances.

This information could be used as a basis for developing models of good practice for all primary schools and would provide valuable baseline information for exploring children's trajectories through primary education and into second-level education. Such analysis will require the collection of school organisational and structural information from the school principal.

**Community protective factors**

The obvious manifestation of care and support at the community level is the availability of the resources of healthcare, childcare, housing, education, job training, employment and recreation. These protective factors affect the child indirectly through the mother, in so far as they support the family. Furthermore, research has shown that the existence of community-based social support networks have a positive effect on the individuals involved and on rates of crime, delinquency and child abuse, etc (Sears *et al*, 2002; Peat, Allen, Oddy & Webb, 2003).

As with the family environment, high expectations of the child are important in determining their later scholastic outcomes. Schools with an ethos of high expectations for all children have high rates of academic success (Raisler, Alexander & O'Campo, 1999). In communities and societies that view young people as potential problems to society rather than as active participants in that society, children may view themselves as a burden within the society rather than as contributors to the community. Both the quantitative and qualitative parts of the ***GUI*** study will ask children how they are perceived and treated by adults, whether they are listened to, and if they feel valued by their community and society.

**Neighbourhood characteristics**

In recent years there has been much discussion within social policy circles in Ireland of the possible impact of 'local area effects' on an individual's risk of unemployment, poverty and social exclusion. Available Irish research finds no support for any direct causal impact of spatial location on disadvantage (Nolan, Whelan & Williams, 1998). Similarly, little evidence has emerged for the role of neighbourhood in promoting vicious-circle processes of an 'underclass' or culture of poverty. To understand the consequences of growing up in particular types of neighbourhood, it is important to identify intervening processes such as collective socialisation, peer-group influence and institutional capacity (Jencks & Mayer, 1990). 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. Neighbourhood effects included local daycare arrangements, quality of parks, playgrounds, the parenting practices of others observed outside the home, and conditions of mutual trust and shared expectations among residents (Brooks-Gunn, Duncan, Klebanov & Sealand, 1993).

### 5.2.6 What is the role of information technology/computers in the educational experience and level of achievement of Irish schoolchildren?

One of the main differences between the schooldays of contemporary schoolchildren and those of their parents is the availability and use of personal computers (PCs) and information technology in general. Figures from the CSO indicate that, in 2002, 43% of private homes had a PC and 34% had Internet access (Central Statistics Office, 2002a).

The Government has a dedicated unit to develop information technology in education, the National Centre for Technology in Education (NCTE). In a 2005 Census on ICT Infrastructure in Schools commissioned by the NCTE (Shiel & O'Flaherty, 2006), the pupil-computer ratio in primary schools that returned valid census forms was 9.1 and the ratio was actually better in disadvantaged than in non-disadvantaged schools. The average number of computers per primary-school classroom was 1.3, and

8.5% of classrooms had no computer. A total of 44% of primary-school computers were in general classrooms and 27% were in special computer rooms. Internet access was available on 46% of primary-school computers.

Increasingly, computers are being used as educational tools. Teacher-training courses now include modules on information technology. In the NCTE census of 2005 mentioned above, 32% of primary schools reported facilitating ICT professional development for staff in the preceding two years. In contrast to traditional teaching methods, computers can offer greater motivation for engaging with learning. They offer more scope for learning through puzzles and other interactive environments which may be more appealing to children (Lepper, 1985).

The Internet has the potential to facilitate self-directed learning. Children now have access to a much greater range of learning material and knowledge than could possibly be provided in a traditional classroom or home library. Access to such a broad range of up-to-date information makes school projects much more feasible and potentially more informative and more enjoyable. On the downside, information posted on the Internet may be inaccurate and not subject to the same controls and checks exercised on traditional published sources.

Some research suggests that computer-assisted instruction is particularly helpful for younger children and children of lower ability (Lepper & Gurtner, 1989). Becta (the UK body that advises government on e-strategy) highlights a number of ways in which ICT can promote inclusion in education: the use of assistive technologies to facilitate the participation of children with severe disabilities, and special software to improve the accessibility of materials for those with visual impairments; the ability of multimedia to provide visual and auditory prompts that support learning; word-processing aids such as a spell-checker that can support developing writers, and the adaptability of materials to suit individual learning needs (Becta, 2007). In Ireland, the pupil-computer ratio for special schools is 3.1 and 40% of these schools have Internet access, according to the NCTE census of 2005.

Not all commentary on the use of computers in education has been positive, however. There are concerns that over-reliance on computers 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). There are also concerns that a computer-dominated class will reduce the socialisation function of school and the classroom. Some commentators have suggested that inequalities may be increased rather than reduced through the increased importance of computers in school; children who come from homes that cannot afford a computer may be at a disadvantage compared to classmates who can practise their computer skills at home, and use the Internet as a resource for school projects (Malcolm, 1988; cited by Santrock, 1998). The other side of this argument is that the classroom may provide a much-needed opportunity to access a computer for those children whose families cannot afford one at home.

*Growing Up in Ireland* will help to answer many of the questions teachers, researchers and parents alike have about the use of computers in the education of Irish schoolchildren. Questions on access to and the use of computers are asked of parents, teachers, principals and the children themselves. The different ways children use computers – i.e. for entertainment, for information or for social networking – will be explored. The data collected will, for the first time, give a detailed picture of the role of computers in children's lives in Ireland and how children may be advantaged or disadvantaged by their presence.

## 5.3    Summary

By adapting the 'whole child' perspective, *Growing Up in Ireland* offers the unique opportunity to capture a wealth of longitudinal data to provide a picture of the child's educational performance and experience from teacher, parent and child perspectives. Factors that promote or undermine positive educational outcomes will be investigated.  Data will be gathered on the children's own attitudes to learning, their class and school characteristics, and those of the wider community in which they live. Information on truancy, parental involvement in schooling, factors that affect resilience, and children's
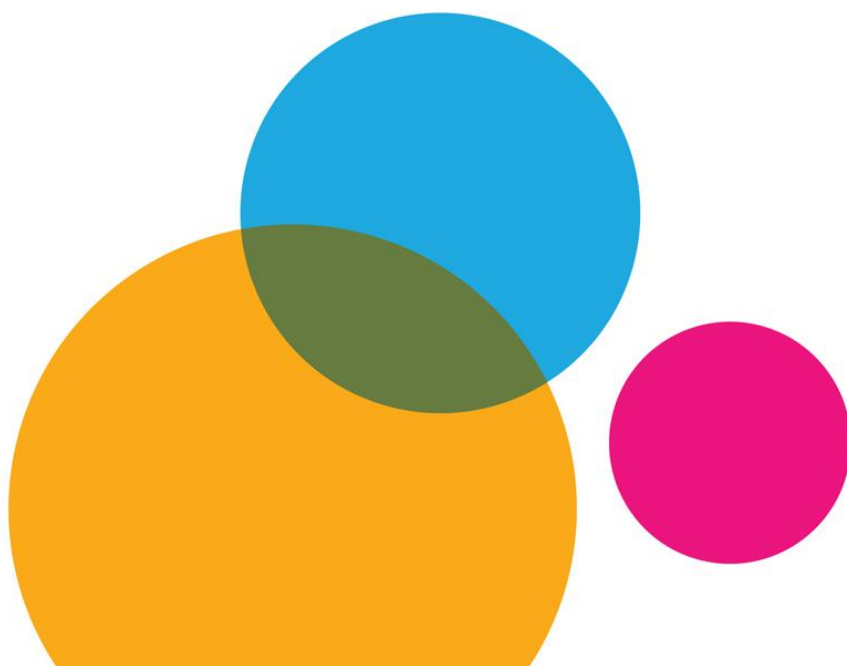
belief in their ability will all contribute to a comprehensive picture of the factors that shape diverse
educational outcomes and experiences.

# Chapter 6

## CHILD CHARACTERISTICS INFLUENCING CHILD OUTCOMES

## CHAPTER 6: CHILD CHARACTERISTICS INFLUENCING CHILD OUTCOMES

As has been emphasised in the description of the conceptual framework underpinning the *GUI* study, children are not the passive recipients of external influences; they in turn influence the people around them and, ultimately, by a constant reciprocal exchange of influences and transactions, play a part in shaping their own outcomes and developmental course.

### 6.1 How do the characteristics of the child – for example, temperament – influence parenting and family dynamics?

Children's influence on family dynamics and relationships has all too frequently been neglected (Crouter & Booth, 2003). From infancy onwards, children are active agents in their own development. Their individual characteristics influence their interactions with people and systems, and moderate and mediate the impact of events that happen to them. As discussed in Chapter 1, and in GUI Research Paper No. 1, according to the bioecological model the child brings personal characteristics that Bronfenbrenner terms *dispositions*, *resources* and *demands* to the processes that foster development.

Temperament refers to an individual's behavioural style and characteristic way of responding to situations, and differences in temperament are perceptible from infancy (Santrock, 2007). It is likely that the inheritance of parental characteristics contributes to the composition of the child's temperament, although it is often difficult to differentiate between genetics, environment and the interaction between them. In a longitudinal study of child twins in Norway, the authors found evidence of a genetic influence on the link between emotionality and problems with attention and aggressive behaviour (Gjone & Stevenson, 1997). In addition, they concluded, "emotionality was the strongest temperamental predictor of behaviour problems" (p. 1,448). In a Swedish study examining the influence of pre-school temperament and environmental factors on personality in middle childhood, Bohlin and Hagekull (1998) report that the dimension of extraversion seemed to be more related to temperament but neuroticism had a stronger link with the environment.

Numerous methods of classifying temperament have been put forward. Thomas and Chess (1977) suggested categories of easy (40%), difficult (10%) and slow-to-warm-up (15%) temperaments in children. Easy children are generally in a positive mood, have regular routines and respond positively to new experiences. Difficult children are more often in a negative or irritable mood, have irregular routines and react negatively to new experiences. Slow-to-warm-up children are inclined to be negative and have low levels of activity and mood intensity. Children with more difficult temperaments may be more challenging to care for and this in turn may affect the quality of care they receive (Collins, Maccoby, Steinberg, Hetherington & Bornstein, 2000). It may also affect the way in which a teacher deals with a difficult child, as well as educational outcomes and school experience.

An important concept in relation to temperament is the "goodness of fit" between the child's temperament and the demands of his or her environment (Matheny & Phillips, 2001), including the fit with the parents' own temperaments and expectations. Some temperaments are more difficult for parents to cope with than others (Sanson & Rothbart, 1995). Infants with an easy temperament are more likely to develop secure attachments with their parents (Goldsmith & Alansky, 1987), and a secure attachment has important developmental consequences that continue through the life-span; for example, one Israeli study reported that children in the nine- to 11- year age group who were securely attached showed much better adjustment to school than those who were not (Granot & Mayseless, 2001). Goodness of fit is culturally determined to some extent; parents may react differently to a 'problematic' temperamental trait if it is culturally desirable – for example, shyness/inhibition in Chinese children (Chen *et al*, 1998). This illustrates the fact that what is defined as 'problematic' depends on what is valued in a particular culture. Parents may also respond differentially to certain temperament traits in daughters and sons (Gordon, 1983). Temperament traits, as characteristic response styles, fit most closely with Bronfenbrenner's concept of *dispositions*.

In examining the relationship between temperament and parenting, it is difficult to pinpoint how one influences the other. According to Sanson, Hemphill and Smart (2004), the general trend is for difficult temperament traits such as irritability to be related to higher levels of parental punishment, and less positive and responsive parenting. In contrast, traits such as positive mood and high self-regulation are associated with higher parental responsiveness and social interaction. The relationship between parenting and temperament may well be reciprocal; parents may interact more positively with an easy child, which in turn promotes happiness and wellbeing in the child.

Interactions between a particular temperamental trait and parenting style may be more predictive than either dimension alone. Maziade *et al* (1990) found that difficult temperament in a child aged seven was predictive only of later psychiatric disorder when parenting was dysfunctional. Smart and Sanson (2001) found that children who were both highly reactive and were a poor 'fit' to their parents' expectations had worse social skills than children who had one difficulty but not the other. Furthermore, a child with a difficult temperament may elicit certain parental responses, which in turn lead to negative outcomes (Paterson & Sanson, 1999). Pike, Coldwell, and Dunn (2006) found that children aged 4–8 with an emotionally volatile temperament experienced poorer relationships not just with their parents but also with their siblings.

A number of studies have identified links between early temperament indicators and behaviour problems in middle childhood. For example, in a prospective study of infants referred for persistent crying (colic), it was found that by age 8–10 such children were at a greater risk of externalising behaviours as compared to classroom controls (Wolke, Rizzo & Woods, 2002). They were more difficult to cope with, particularly in terms of hyperactivity and other conduct issues, which in turn had a negative impact on academic achievement. It was suggested that persistent crying in infancy is indicative of a temperament that is low on self-control, as manifested in the observed behaviour problems.

The differential effects of temperament may only become evident in stressful situations; for example, Ramos *et al* (2005) found that the association between family conflict and behavioural adjustment was only strong for children with a difficult temperament. A positive child temperament may promote resilience in stressful situations as a sociable child may elicit more concern and care from adults, which protects them from adverse outcomes (Putnam, Sanson & Rothbart, 2002).

***Growing Up in Ireland*** will measure temperament through the use of the EAS Temperament Scale (Buss & Plomin, 1984). Its authors refer to three aspects of temperament: emotionality, activity and sociability. Behaviour genetic studies have shown that these dimensions are among the most heritable traits in the personality domain (Buss & Plomin, 1984).


## 6.2    How are the child's individual characteristics linked to educational outcomes?

### Agency
The child's own characteristics will influence the benefit they derive from his/her time in the school system. Williams and Sternberg (2002) argue that the main thing preventing children from realising their potential is their set of beliefs regarding the limitations on what they can do. In general, children with negative thoughts about their ability become less motivated to learn and are less likely to master academic skills (Brown, Bransford, Ferrara & Campione, 1983). Williams and Sternberg (2002) have found that one of the best predictors of success is the student's willingness to take responsibility for herself or himself. Students who succeed are the ones who make their own opportunities and who take responsibility for their lives.


### *Gender*
One of the characteristics that have become associated with varying degrees of success in the school system is gender. Girls now outperform boys in examinations at second level. In Ireland, nearly 45% of all girls leaving second-level school progress to further study compared to only 34% of boys (ESRI, 1998). In addition, boys are much more likely than girls to report that they intend to leave school before the end of their second-level education. This group of early school-leavers is likely to become

increasingly marginalised in terms of access to paid employment and further education and training (Smyth, 1999). *Growing Up in Ireland* can explore the differences between boys' and girls' performance in school and what contributes to keeping them in the educational system.

**Literacy and Specific Learning Difficulties (SLDs)**

Children who enter primary school with low levels of pre-reading skills or who have specific reading difficulties are less likely to do well in the primary-school setting. Difficulties in reading, spelling and writing are associated with a range of factors. These include intra-individual factors, such as information processing skills and attention (specific learning difficulty/dyslexia), and environmental factors, such as socio-economic status, level of support for learning in the home, quality of teaching and quality of the learning environment at school. These factors interact in complex ways at school. In relation to specific learning difficulties, studies in other countries suggest that 6% to 8% of the population are likely to be affected by dyslexia (www.dyslexia.ie).

A specific learning difficulty or dyslexia is manifested in a continuum of specific learning difficulties related to the acquisition of basic skills in reading, spelling and/or writing, such difficulties being unexpected in relation to an individual's other abilities and educational experiences. Dyslexia can be described at the neurological, cognitive and behavioural levels. It is typically characterised by inefficient information processing, including difficulties in phonological processing, working memory, rapid naming and automaticity of basic skills. Difficulties in organisation, sequencing and motor skills may also be present (Department of Education and Science, 2001).

## 6.3    How does the child's gender influence broader child outcomes?

In recent years, cross-disciplinary research examining the child's gender in the context of selected family processes has highlighted that it may be associated with a wide range of child outcomes and parental behaviours. In particular, the apparent preference of fathers for their sons has been noted in a number of studies, both in terms of expressed preference (Dahl & Moretti, 2004) and actual engagement (Lamb, Pleck & Levine, 1987). The preference for male children also extends to stepfathers (Lundberg, McLanahan & Rose, 2005; Hofferth & Anderson, 2003).

These preferences could have important implications for child outcomes. There are implications for gender role socialisation and parental expectations for educational choices, for example. Child gender may be more of an issue in some cultures than in others but it seems that gender is a characteristic that will affect a child's interaction with the people and systems in the world around them – a *demand* characteristic in Bronfenbrenner's schema – for better or worse.

Boys and girls may also differ in aspects of behaviour, although the extent to which this is biologically or socially determined is difficult to specify. Boys display more physical aggression than girls (Dodge, Coie & Lynam, 2006), a trend that is evident from a young age and crosses diverse cultures (White, 2001). However, girls are just as aggressive as boys when the aggression is *verbal* or *relational* (e.g. ignoring a child or spreading rumours about him or her), perhaps even more so (Crick, 1997; Ostrov, Crick & Stauffacher, 2006). Gender differences have also been reported in terms of emotional expression and regulation; even from a young age, boys tend to hide negative 'weak' emotions whereas girls are more likely to conceal emotions that might hurt others, such as expressing disappointment (Ruble, Martin & Berenbaum, 2006). Girls seem to be better at self-regulating their emotions than boys, which can have implications for controlling one's behaviour (Eisenberg, Spinrad & Smith, 2004). Girls also engage in more pro-social behaviour than boys (Eisenberg, Fabes & Spinrad, 2006). Differences in behaviour and/or temperament may influence the child's interactions with, and experience of, family, school and community.

Although gender is obviously not something that can be manipulated directly, it is an important, enduring characteristic of the individual child and cannot be ignored. Additionally, it is important to be aware of any disadvantage accruing to either gender, which may be amenable to policy intervention. *Growing Up in Ireland* provides a timely opportunity to examine equivalence between genders in the contemporary Irish context.

## 6.4 What is the impact of child disability on parenting and the family?

International studies suggest that when a child has a disability, it can affect the parents and other family members as individuals, the family as a system, and the parental role (Berry & Hardman, 1998; Burke & Cigno, 2000). It is widely acknowledged that children with disabilities may require extra assistance or supervision with multiple areas of daily life and, in turn, the care parents give children with a disability generally exceeds that given to a child without disability (Roberts & Lawton, 2001). Recent Irish studies have found that parents of children with a disability experience significant stress due to the extra demands caring for a child with a disability can place on the family system, resulting in a restriction of time for themselves and other children (Heary, Hogan & Smyth, 2003; Harris, 2006). Studies have found parents of children with disabilities to be at an increased risk of stress and other mental health problems (Atkin & Ahmad, 2000; Hastings & Beck, 2004). Their access to positive personal coping strategies, social and emotional support, and practical help influence how the family copes with this vital caregiving role.

The child's adjustment and rehabilitative progress is affected by the family's strengths, weaknesses and emotional reactions to their unique situation (Power & Dell Orto, 1980). Research has highlighted that, although many families with children with disabilities manage their lives as effectively as other families, some will require additional supports to encourage positive child development (Ziolko, 1991; Harris & Fong, 1985). Sometimes the nature of the disability can pose practical obstacles to parenting; for example, Medwid and Weston (1995) note the difficulties parents face in explaining to their deaf children the reasons behind boundaries.

**Intellectual disability**
The parents of a child with an intellectual disability also face additional challenges in the parenting role. There are many practical implications to meeting the special needs of a child with an intellectual disability in terms of getting an assessment and diagnosis, seeking and maintaining a treatment regime, finding and travelling to an appropriate educational institution, and balancing the time commitment so as to continue to meet the needs of all family members. Paying for special requirements and reduced opportunity for employment outside the home can place financial pressures on the family. Families with an intellectually disabled child are at greater risk of economic disadvantage (Emerson, 2003), which can be a source of stress in itself. Children with an intellectual disability are also at greater risk of behavioural problems, which are an important determinant of parental stress (Baker, Blacher & Olsson, 2005). Baker and colleagues (2005) found that differences on depression and marital adjustment between sets of parents were not explained by the presence of a child with an intellectual disability *per se*, but by child behaviour problems.
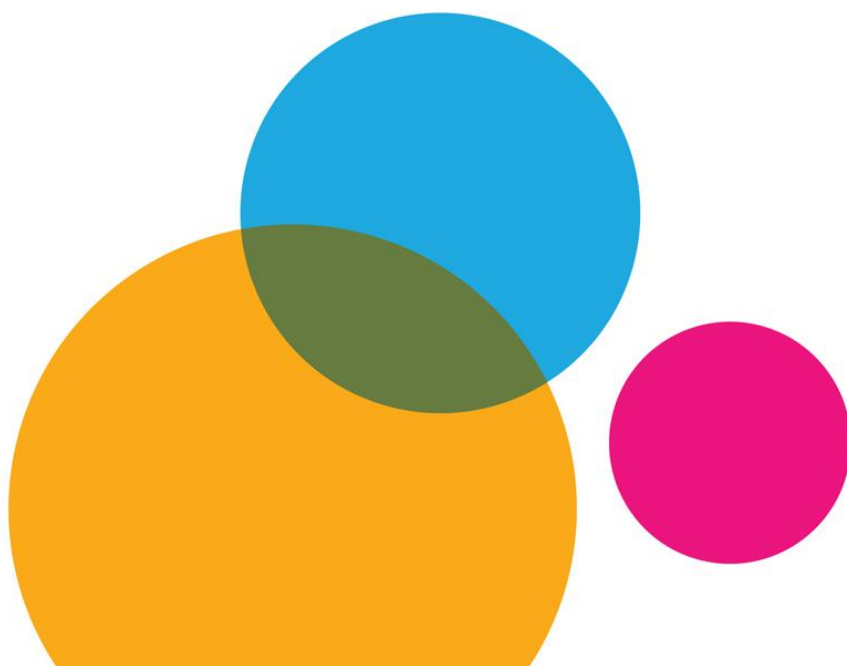On the positive side, the negative effects of intellectual disability can be mediated by, for example, family support (Hassall, Rose & McDonald, 2005). Recently, more attention has been given to the positive contributions that a child with an intellectual disability can make to family life. Hastings, Beck and Hill (2005) summarise the positive aspects emerging from the literature as "personal growth, increased family closeness, raised sensitivity to others, less of a materialistic focus, and opportunities to expand one's social and political activities and contacts" (p. 156).

*Growing Up in Ireland* is an inclusive study that aims to look at family life for a diverse range of families and children, including children with disabilities. It will collect data on the services used by these children and their families.

# Chapter 7

## THE INFLUENCE OF THE FAMILY

## CHAPTER 7: THE INFLUENCE OF THE FAMILY

### 7.1    Family structure as an example of a contextual factor with wide-ranging influence

In the previous chapters the orientation and design of *Growing Up in Ireland* has been described and we have summarised what we know to date about being nine years old in Ireland and what we might expect from a typical nine-year-old child in terms of his or her health, achievements and behaviour. We have outlined some of the main questions that the Study will aim to address, organised according to the main categories of child outcome. In the last chapter some questions were posed that illustrate the effect the child's own characteristics can have on their likely outcomes and on the behaviour of their parents and on the wider context. There remain a number of important questions that cannot be readily classified into any of the above areas. Some of these questions relate to the influence of important aspects of the child's context on his or her development. For example, it is known that living in poverty has wide-ranging effects on children's social, emotional, behavioural, educational and health outcomes. It also affects children's attitudes to themselves and their self-esteem, thus shaping the way they respond to and think about new events and experiences (Nolan, 2000; Attree, 2004 ). There is a range of questions that serves to illustrate the difficulty of dividing the child into different realms of functioning. As the National Children's Strategy (2000) asserts, we need to see children holistically. Family structure has been posited as having a defining influence on many aspects of children's development. Whether children live with both biological parents, one parent, divorced parents, same-sex parents or no parents is seen as matter of central significance for their current and future wellbeing across all domains.

### 7.2    How do different family structures relate to child outcomes?

Important changes in the structure of Irish families over recent years are likely to have repercussions in terms of children's outcomes, although it has become increasingly clear from the extant literature that belonging to a particular type of family does not sufficiently explain different outcomes for children. In fact, studies that have attempted to separate the effects of family structure from other factors suggest no simple causal relationships between family structure and child wellbeing (Wise, 2003), although family type is often seen as a proxy for exposure to psychosocial risks (O'Connor *et al*, 2001).

It is important, therefore, to explore the complex mechanisms involved in children's adjustment and coping in the context of various family structures, including those that are associated with risk. The nature of some key family variables means that they often mediate the effects of both the type of family the child belongs to and the socio-cultural context within which the family exists (Sanson & Lewis, 2001). From this perspective, family processes (such as parent-child relationships, parental relationships, including conflict, parental mental health), extra-familial factors (such as poverty and neighbourhood effects, social support, both formal and informal, access to appropriate services) and the ways in which some or all of these factors interact, may be more important than the fact that a child's parents have divorced or that they live in a one-parent family (Amato, 1993). The individual characteristics of the child are also a pertinent feature of family functioning (Crouter & Booth, 2003) and it is now recognised that this relationship is bidirectional, in keeping with the recognition of child agency.

This chapter will focus on how family type, or family structure, influences outcomes for the child. Most of the research in these areas tends to focus on those factors that determine poor outcomes, but it is important to stress that *Growing Up in Ireland* will establish a picture of the average Irish family in its many forms, and the normal patterns of family relationships. It will be able to point to examples of resilience, i.e. good outcomes despite apparent adverse family circumstances. The emphasis is on the description of family life for nine-year-old children in Ireland and the identification of the predictors of outcomes, both good and less than good. The following sections examine two of the key issues in this area.

### 7.2.1 What are the different family structures that exist in Ireland and how do these affect child outcomes?

Although marriage is the choice of most couples in Ireland, as elsewhere in Europe, children increasingly live in a variety of family forms; for example, while some children live with both biological parents, many live with only one parent; others live with adoptive parents, step-parents, foster parents, or some combination of these. Some single mothers co-reside with a parent (i.e., a child's grandparent). While the Central Statistics Office collects basic data on family structures, there is a lack of more elaborated information about the characteristics and experiences of children in Ireland experiencing these increasingly diverse living arrangements. There is also considerable debate in the academic literature and in society about the advantages and disadvantages of alternative family types (Golombok, 2005).

One of the key questions in this debate is the contribution made by family structure to outcomes for children. Despite popular opinion about the effects of parental separation, some dedicated reviews have not supported the magnitude of effect that might be expected from media commentaries. In comparing findings from a range of studies on an array of child outcomes in the context of separated compared to intact families, Pryor and Rodgers (2001) concluded that, in general, while there were differences between the two groups in all important aspects of child functioning, the size of the differences was small. They also found few differences for children from step-families versus lone-parent families, a finding that broadly concurred with that of a previous meta-analysis done by Amato and Keith (1991).

Although these findings point to relatively few differences between these different family groupings, it is important that these differences should not be dismissed, since even small disadvantages can be important when they occur across a large number of people (Burns, Dunlop & Taylor, 1997). Note should also be taken of the huge differences at the level of the individual *within* groups, a factor often ignored in research. These differences will be of importance for Irish policy-makers in terms of the implications for services for children who experience parental separation and divorce.

Elsewhere, research on the subject has cited single-parent families and step-families as correlates of psychopathology in children (Hetherington, Bridges & Insabella, 1998). The research seems to indicate that children raised in single-parent families or step-families have more behavioural problems on average than children raised in intact (two biological parents) families. This does not mean that non-traditional family forms are problematic *per se*. It may be related to the fact that they tend to co-occur with other risk factors, such as lower income or parental conflict (which often occurs around separation or divorce), that might influence child outcomes. Hence the importance of adopting a conceptual framework that allows for the possibility of multi-factorial causation and that can examine family correlates of child outcomes at the level of both structure and process.

McLanahan (1997) notes that children of never-married mothers often have the poorest outcomes even when compared to those whose parents have divorced, while other research shows that children of never-married mothers are more likely to have socio-emotional problems (Thomson, Hanson & McLanahan, 1994), as well as cognitive and behavioural problems (Carlson & Corcoran, 2001).

Lack of resources is a big issue for many single-parent families, divorced or otherwise. Some research suggests that economic instability accounts for half of the disadvantage that accompanies being raised by a single parent (McLanahan, 1999). Two models that describe how parental income might affect children's life-chances deserve mention here. The 'resource investment' model suggests that higher family income leads to greater child wellbeing through an increased parental purchasing power to invest in food, housing, health, and education. Another model examines economic deprivation and its indirect effects on child wellbeing through family stress, assuming detrimental effects to the child if the parent's ability to function in their role as caregiver is diminished (for example, impaired parent-child relationship) (Hauser, Brown & Prosser, 1997). Data from the National Survey of America's Families were used to examine the roles of economic and parental resources on behavioural and emotional problems and school engagement. Those residing with two biological *married* parents tended to have better outcomes than those residing with two biological *cohabiting* parents, although among children aged 6–11 economic and parental resources tended to alleviate these differences (Brown, 2004).

Another aspect of family structure that may be relevant to child outcomes, especially in terms of economic resources, is family size. Regardless of family type, additional children tend to place increased demands on the parents, in terms of both social and financial capital, and this is particularly disadvantageous for single parents. Data from the Canadian National Longitudinal Study of Children and Youth (NLSCY), suggest that children living in families that are large *and* non-intact may be at a particular risk for negative outcomes (Kerr & Beaujot, 2001).

### 7.2.2  How does change(s) in family structure affect the outcomes of the individual child?

Research to date has often viewed family type as a fixed construct, studied at one point in time, although many families in the 20th century will undergo change in composition (Pryor & Rodgers, 2001). The rise in the numbers of children born to single or cohabiting parents and the rise in delayed marriage, separation, divorce and remarriage in Ireland in more recent years has led to important changes in family life (Central Statistics Office, 2004a). Family transitions are often complex; for example, divorce is often followed by a period of single parenthood and/or remarriage and it is important to try to tease out the dynamics involved in this transition. Since the family and its dynamics are central to children's lives, significant changes in family life have the potential to influence all aspects of children's functioning. In *Growing Up in Ireland* the effects of some of these salient changes in family structure and functioning can be observed and the effects tracked over time. It is important, for example, to find out whether some of the distress almost inevitably caused by parental separation is short-term or long-term in its duration and consequences.

Recent research in the UK shows that more than 70% of children whose parents divorce are under 10 years of age, yet most studies to date have tended to focus on children over this age (Wade & Smart, 2002). Evidence also suggests that increasing numbers of adults and children will experience a series of marital transitions due to the fact that divorce in second marriages is higher than in first marriages (Clarke & Wilson, 1994). It is important for researchers to try to understand the complexities of this issue and also why some children can be resilient to the seemingly negative event of separation, while others experience various levels of stress. For example, international studies (e.g., Amato & Keith, 1991; Amato, 2001; Pryor & Rodgers, 2001) have generally found that children who have experienced their parents' separation have lower wellbeing and school achievement. Several studies also suggest that family reconstitution and the formation of step-families can have a negative impact on children's wellbeing (e.g., Jonsson & Gahler, 1997; Ní Bhrolchain, Chappell, Diamond & Jameson, 2000), although it should be noted from the resilience research that some children may show less obvious effects, and often escape disturbance.

Separation, however, does not happen spontaneously and is generally preceded by some level of family stress and distress (Pryor & Rodgers, 2001). In the case of divorce, there is good evidence that the major risk factor may actually be the elevated conflict (see later section) that often occurs prior to, during, and following the divorce. Parental conflict is a more important predictor of adjustment than the actual separation itself (Amato & Rogers, 1997; Cummings & Davies, 1994); this was confirmed in a review of the research on children's adjustment in conflicted marriage and divorce (Kelly, 2000). Other factors could even pre-date the current family formation, such as the number of previous relationship transitions, or parental psychopathology, for example (Capaldi & Patterson, 1991; Dunn *et al*, 1998). This indicates the importance of a life-course approach to research in this area.

While there is a relative lack of prospective, longitudinal research in this area, Lansford *et al* have attempted to assess the developmental trajectories of children before, during and after divorce by examining the effects of divorce in terms of its timing (Lansford *et al*, 2004). In a sample of children aged 3–12, they found critical differences in the impact on younger versus older children, indicating the importance of considering the timing of events in any study of development. Findings from the NLSCY, tracking children aged 4–7 living with both parents in 1994, showed that, once specific family characteristics had been taken into account, differences in the mental health of children whose parents divorced, and those who stayed married, were no longer found four years later, suggesting that damage to child mental health may not be caused specifically by divorce itself (Strohschein, 2005).

However, a study of the trajectories of separation in a sample of children aged 47 and 81 months (Cheng, Dunn, O'Connor & Golding, 2006) found that parental separation was associated with a significant but modest increase in behavioural/emotional problems, and that this was independent of marital quality, maternal depression, socio-economic circumstances, and demographic variables. These findings suggest that there is much scope for further research in this area, and highlight the need for more high-quality longitudinal research, as well as research in the Irish context.

Hetherington notes that there are "winners, losers and survivors" when family transitions occur (Hetherington, 1989). This assessment has prompted some researchers to take a risk and resilience perspective in order to assess the variation in the risk and protective factors that explain differences among individual children facing the same difficulty (e.g., family transition), rather than focus solely on the differences between different family types (Hetherington, 1999). It is also pertinent to note that, while many studies highlight separation or divorce as risk factors for various psychological problems among children, the alternative proposition is that the majority of children experiencing the separation or divorce of their parents adjust quite successfully, especially when pre-existing protective factors, such as warmth in the parent-child relationship, exist (Bernardini & Jenkins, 2002).

It is likely that a growing number of children will spend part of their childhood years in a step-family (Cherlin & Furstenburg, 1994), and Ireland will be no exception to this. Since reorganised systems are not necessarily more stable, new vulnerabilities may be created (Sameroff, 1983). Some research suggests that outcomes for children in step-families are more similar to those from single-parent backgrounds (Ginther & Pollack, 2003), despite a restoration of resources to a level comparable to that in intact families.
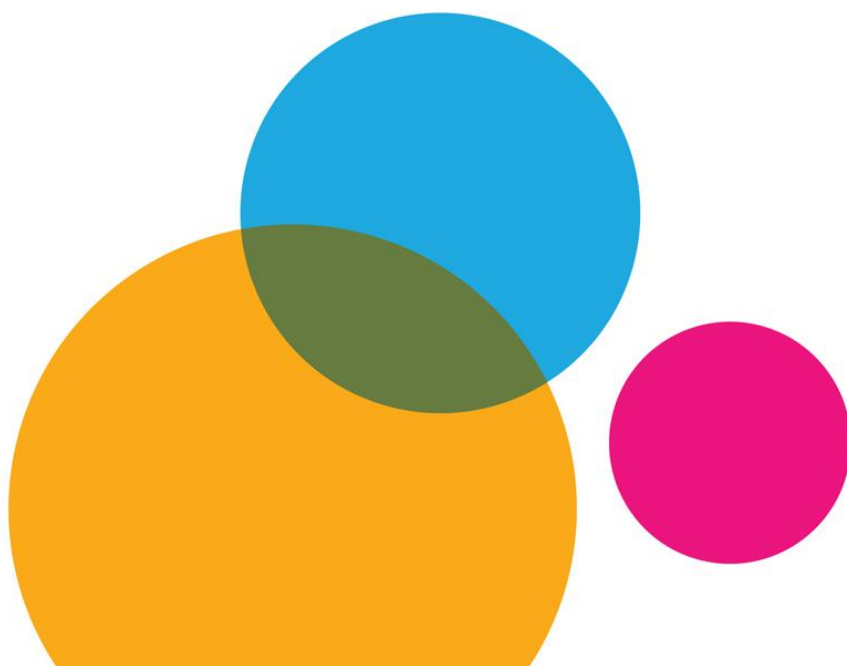
Research on parental divorce or separation should take account of relevant intra- and extra-familial processes. **Growing Up in Ireland** will gather information on parental relationship transitions as well as other processes and contextual factors, which may moderate or increase the effects of divorce on life trajectories. An advantage of a prospective study such as this is that it enables researchers to explore causes rather than correlations between various factors and child outcomes, such as distinguishing the effects of exposure to parental conflict from the effects of the actual parent separation.

Examination of the impact of family structure on the development of children serves as one example of how **Growing Up in Ireland** will explore and analyse the effect of children's context on their development. Even where an element in the child's context, such as their school, is focused explicitly on shaping educational outcomes, it will also influence other critical areas of development such as emotional and physical health. The dynamics systems model adopted by **GUI** tells us that not only are all the layers of influence on the child connected, so too are the different facets of the child's development. Although we may choose to describe children's development in terms of discrete areas of growth and functioning, all these aspects of the child's behaviour and functioning interconnect. Thus, as we look at the effects on children's development of different types of families, we see how difficult it is to say that the effects are to be found only in one circumscribed domain of the child's development.

# Chapter 8

## CONCLUSIONS

## CHAPTER 8: CONCLUSIONS

### 8.1 Understanding the dynamics of development across time

In the first reports on the findings of *Growing Up in Ireland*, the data on the 8,500 nine-year-olds in the sample will be used to answer some of these key questions, and others. Some of the findings will be descriptive; for example, it is important to know how many children are growing up in two-parent families, how many in one-parent families and how many are not with their parents at all. However, it is necessary to go beyond descriptive statistics to answer the questions posed in this review. Although the questions outlined have been organised according to domains, child outcomes are typically multiply determined. Different factors may lead to similar outcomes (the principle of *equifinality*) and apparently similar antecedent factors can lead to very different outcomes (the principle of *multifinality*) (Cicchetti & Rogosch, 1996). Thus, some children will react to hostile parenting by emotional withdrawal and some by acting out. Children will become delinquent for many different reasons; for example, some children seem disposed to aggression and anti-social behaviour from infancy and may be so disposed for genetic or constitutional reasons (Tremblay, 2004) whereas other children behaving in the same way may be doing so because they are under the influence of their anti-social peers.

A longitudinal study can track the pathways that lead to the same or different outcomes and untangle the different sets of antecedents and consequences. Longitudinal studies are also capable of describing the trajectories that different children or groups of children follow in the course of their development. To track such trajectories, *Growing Up in Ireland* should follow the two cohorts for more than two data-collection waves. As trajectories are mapped, it is possible to detect turning-points that either deflect a child onto a more positive path or turn a child on a positive path onto a negative one. For example, Quinton and Rutter (1988) use their data on the life-course of institution-reared children to demonstrate the importance of turning-points. The link between the breakdown of their parents' relationship and the breakdown of their own relationships in adulthood was very clear for most of the young women they interviewed. However, the chain of adversities leading from parental breakdown to institutional rearing to poor school achievement to mixing with the 'wrong' peer group, to hasty early marriage and the eventual breakdown of that relationship was broken for a significant number of their sample. Some of the girls moved onto a more adaptive path or trajectory because the chain of linked adversities was broken. Thus, those who had a positive school experience, for example, turned onto a different and more productive path. Those who returned to a harmonious birth family also did well.

Both Rutter (1989) and Clarke and Clarke (1989) have written about the role of chance events and turning-points in development. In the Quinton and Rutter (1988) study, it was a matter of chance whether girls encountered an encouraging teacher or not. Some turning-points, on the other hand, may be self-engineered; thus the girls who made good choices in marriage or who deferred marriage were showing a level of judgement and 'planfulness' that they had perhaps learned earlier on. A longitudinal study such as *Growing Up in Ireland* will be able to track the trajectories followed by the children; while some paths may be broadly predictable, the reality of the impact of chance events and emergent phenomena confirms the difficulty of predicting any individual life-course in advance.

### 8.2 The policy relevance of *Growing Up in Ireland*

*Growing Up in Ireland* is funded by the Government with the explicit aim of addressing policy issues and informing policy formation. A lack of basic data on Irish children has been a problem, but is now being addressed in number of ways. Thus, aside from the data that *Growing Up In Ireland* will generate, the OMCYA has embarked on a biannual collation of data related to child wellbeing indicators (Office of the Minister for Children, 2008). Overall, the amount of research on Irish children and childhood in Ireland has been steadily increasing. Such data form the foundations for effective decision-making.

Some of the matters of concern arise because of the rapid pace of societal change in Ireland. These changes have the potential to affect all children, whatever their social circumstances. For example, possible lack of contact with parents because of long working-hours and the effects of marital separation and divorce are issues that have only recently emerged on a large scale to challenge Irish families and children. These are issues that cross all social divides. *Growing Up in Ireland* will be able to provide some data on the effect of these new situations on children's development and wellbeing. There are other issues that are the focus of debate, such as whether pre-school education is an essential platform for good performance in school and later. This is the kind of question that a longitudinal study can inform (although it does not have the causal weight of an experiment where children are randomly allocated either to pre-school or no pre-school). In order to get close to a causal explanation for the difference in outcomes between children who went to pre-school and those who did not, who are likely to be different in important ways at the outset, the differences between the two groups can be controlled for in statistical analysis.

The ecological approach to data-collection, which is at the heart of the conceptual framework for the *GUI* study, will also enable us to address causal issues in a way that would not be possible in a more narrowly focused study. So, for example, many studies have found that children of lone mothers do less well than children reared by two parents on many outcome measures. It is only when data on household income are also collected that it becomes clear that many of the negative outcomes are a function of poverty and are therefore not intrinsic to being reared by a lone parent.

In the description of the lives of nine-year-old children in Ireland which forms part of Chapter 2, it is clear that, while many Irish children are faring well, many questions about their lives remain unanswered and some matters are of concern. The regular UNICEF report on children's wellbeing in rich countries (UNICEF, 2007) and the Concluding Observations of the United Nations Committee on the Rights of the Child in response to two reports on Ireland's progress in implementing the UNCRC (1998 and 2006), all serve to highlight areas where Irish children are doing less well than children in comparable jurisdictions. The Second Shadow Report from the Children's Rights Alliance (From Rhetoric to Rights, 2006) provides an excellent summary of some of the troubling issues. It contains recommendations for legal or policy changes in relation to:

- the lack of a provision for children's rights as opposed to family rights in the Irish Constitution
- the need for a properly funded and widely available guardian *ad litem* system (allowing courts to appoint a guardian to represent the interests of a person with respect to a single action in litigation)
- the need to move from an adversarial to an inquisitorial model in family-law proceedings
- the need for a ban on corporal punishment in the home and to put the reporting of child abuse on a statutory basis
- the elimination of child poverty and the provision of appropriate housing for all children
- the ending of discrimination against immigrant and asylum-seeking children
- the need for extensive family support and a 24-hour social-work service for families in crisis
- the need for better access for all children to healthcare services and for a focus on prevention and primary care
- the need for universal high-quality early childhood education and care
- the need to address educational disadvantage and the causes of early school-leaving
- the need for more and better services to support Traveller children

Some of these recommendations could be seen as controversial. For example, the current government recently made a commitment to hold a referendum on the insertion of an explicit safeguarding of children's rights into the Constitution. A Joint Oireachtas Committee was set up to consider the terms of such a referendum. Some people see such a referendum as a threat to the rights of parents and to the constitutional protection of the family based on marriage. Another policy issue that has been an almost constant feature of public debate for decades is whether services for children should be universal or targeted. Ireland has a mix of both types of service; for example, universal child benefit accompanied by special income supplements and educational supports for the most disadvantaged children. It has been argued that child benefit payments should be taken away from the well-off and given to the least well off.

If such a change were to be introduced, a longitudinal study such as *Growing Up in Ireland* would have the capacity to observe the change in child and family wellbeing before and after the policy change and also to examine the effects of the changed policy on the two different age cohorts.

The main document outlining the State's social commitments is *Towards 2016: Ten-Year Framework Social Partnership Agreement 2006–2015* (Government of Ireland, 2006). This reflects the agreed position of the social partners (government, trade unions, employers, farming organisations and the community and voluntary sectors).

The long-term goals for children are 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
- Be able to access childcare services which are appropriate to the circumstances and needs of the child
- Leave primary school both literate and numerate
- Complete a senior cycle or equivalent programme appropriate to their capacity and interests
- Have access to world-class health and personal social services, and suitable accommodation
- Have access to quality play, sport, recreation and cultural activities to enrich their experience of childhood
- Have access to appropriate participation in local and national decision-making

In many ways, *Towards 2016* echoes the commitments of the 2000 National Children's Strategy, especially the goals focused on improving children's services and ensuring that children have a voice in matters of importance to them. On research and data, there is an emphasis on data that will help in the targeting of investment and in the provision of demonstrably effective programmes and services.

*Growing Up in Ireland* will contribute data that will (a) enable the assessment over time of whether or not some of the key and worthy goals in *Towards 2016* have been reached and (b) address the issue of how children and families access services and how satisfactory they find them. *GUI* data will also be of use in pinpointing those children who are at risk of less than optimal development and poor outcomes. By identifying the early antecedents of negative outcomes, preventive strategies and measures can be put in place, where feasible, to prevent the next cohort of children from following the negative trajectory identified by the longitudinal data.

## 8.3    What will happen next?

Data-collection for the nine-year cohort was completed in May 2008. It is intended that the first report on the findings will focus on a general description of as many aspects of the children's lives as possible. The second report will be more analytic and question-driven. The data from the main quantitative survey will be linked to the findings from the qualitative study of 120 families. All data recorded on the nine-year cohort, along with supporting technical documentation, will be lodged in the Irish Social Science Data Archive to provide maximum access to researchers, policy-makers and other interested parties. In the longer term, the children from the nine-year cohort will be re-interviewed, with their parents and other relevant carers, at the age of 13.

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