



QUALITATIVE RESEARCH REPORT

NUMBER 2

# Growing Up in Ireland

National Longitudinal Study of Children

## INFANT COHORT

Report on the Qualitative Study of Infants and their Parents at  
Wave 1 (Nine Months)





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## REPORT ON THE QUALITATIVE STUDY OF INFANTS AND THEIR PARENTS AT WAVE 1 (NINE MONTHS)

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# Chapter 1

## INTRODUCTION





## 1.1 INTRODUCTION

**Growing Up in Ireland** – the National Longitudinal Study of Children tracks the development of two groups of children, an Infant Cohort from nine months and a Child Cohort from nine years. The current report describes the qualitative interviews carried out with a subsample of parents from the Infant Cohort. A total of 122 families, selected from the 11,100 infants in the cohort, participated in the in-depth qualitative interviews.

The report describes the main themes that emerged from the interviews with parents, in areas from their transition to parenthood to parent-child relationships and sources of support. It is intended to complement the reports on the quantitative survey for the full sample by exploring further some of the same topics while also allowing parents to raise other issues in the lives of infants and their families. Parents' narratives are used to describe their experiences in the context of literature on child development and family well-being and of the results of the quantitative survey.

The interviews on which this report is based were lengthy and detailed, and covered a broader range of points than can be included here. The dataset, including interviewer field notes and other material, will be made available to other researchers in the Irish Qualitative Data Archive. Archived data are strictly anonymised but provide a wealth of insight and information on the children and their families.

## 1.2 BACKGROUND AND OBJECTIVES

**Growing Up in Ireland** is the national longitudinal study of children in Ireland, launched in 2006. The study is funded by the Department of Children and Youth Affairs in association with the Department of Social Protection and the Central Statistics Office. The study team is a multi-disciplinary consortium of researchers at the Economic and Social Research Institute (ESRI) and Trinity College Dublin (TCD). The main aim of the study is to describe the status of two representative samples of children in Ireland and how they are developing in the contemporary social, economic and cultural environment. This information will be used to assist in policy formation and in the provision of services to ensure that all children have the best possible start in life. The study incorporates a mixed-methods approach, combining both quantitative and qualitative methods, to gain a holistic understanding of children's lives in Ireland.

**Growing Up in Ireland** has nine stated objectives:

1. Describe the lives of children in Ireland, to establish what is typical and normal as well as what is atypical and problematic
2. Chart the development of children over time, to examine the progress and well-being of children at critical periods from birth to adulthood
3. Identify the key factors that, independently of others, most help or hinder children's development
4. Establish the effects of early childhood experiences on later life
5. Map dimensions of variation in children's lives
6. Identify the persistent adverse affects that lead to social disadvantage and exclusion, educational difficulties, ill-health, and deprivation
7. Obtain children's views and opinions on their lives to inform policy-making
8. Provide a bank of data on the whole child
9. Provide evidence for the creation of effective and responsive policies and services for children and families





The conceptual framework adopted by *Growing Up in Ireland* emphasises children's connectedness to the world in which they live. Within this bioecological model, the infant is located at the centre of a set of concentric rings that represent the ecology of human life (Bronfenbrenner 1979; 2001). These systems are layered in terms of their influence on the infant. The systems or layers are represented as concentric circles extending outwards from the individual infant with his or her personal characteristics. This conceptual framework is described in full in the first *Growing Up in Ireland* report, 'The Lives of 9-Year-Olds' (Williams et al., 2009) and in Greene et al. (2010).

The study embraces a dynamic systems perspective founded on five insights from different disciplines: ecology, dynamic connectedness, probabilism, period effects, and the active role or agency of the child in the developmental process. The bioecological model proposed by Urie Bronfenbrenner is a key tool in operationalising this perspective. This model highlights the importance of considering the multi-faceted and multi-layered nature of the influences on development over the life course (Bronfenbrenner, 1979, 1990; Bronfenbrenner & Morris, 2006). *Growing Up in Ireland* also embraces the whole-child perspective that is central to the National Children's Strategy (2000). Accordingly, in approaching the design and conduct of the study, an attempt is made to see each child as a person, not just as an aggregate of variables and outcomes.

Reflecting this conceptualisation of children, the qualitative interviews yield a more rounded picture of the children as individuals to get a stronger insight into the complexity and diversity of each child's experience of the world. The whole study is child-centred in that child issues and child outcomes are the primary focus.

### 1.3 DATA AND METHODOLOGY

During the administration of the quantitative survey, the families were invited to sign a consent form to have their name put forward for selection into the qualitative sample. A total of 72 per cent ( $n = 8,043$ ) of the families forming the Infant Cohort ( $N = 11,100$ ) gave their consent to be put forward for selection; 216 were selected as representative of the main infant sample and invited to participate in the qualitative part of the study. A total of 122 families from the nine-month cohort participated in the qualitative interviews. These families match the demographic characteristics of the quantitative survey sample. Further details on the sample profile are available in Doyle et al. (2013).

The qualitative interviews with parents of nine-month-old infants complement the findings of the quantitative study by exploring the same domains in further depth. The interviews with the parents covered the following topics:

1. Perception of the Study Child
2. Study Child's routine and habits
3. Parent-child relationships
4. Service use
5. Transition to parenthood
6. Perception of being a parent
7. Decision-making and social support
8. Community and neighbourhood
9. Work-life balance
10. Childcare
11. Current and future concerns and aspirations for the Study Child

A semi-structured interview schedule was developed to interview the parents. The qualitative interviews with parents lasted for an average of 40 minutes. In the case of two-parent families, both parents were invited to be interviewed together. Both parents were interviewed simultaneously in 66 cases (54.1 per cent) while the Study Child's mother *only* was interviewed in 35 cases (28.7 per cent); the Study Child's mother was interviewed in person and the father by telephone in 21 cases (17.2 per cent). The qualitative interviews were conducted by four fieldworkers between January and April 2009.



## 1.4 DATA ANALYSIS

The qualitative interviews principally aimed to: complement the findings emerging from the larger quantitative survey; document complexity and diversity in the lives of children and their families; address policy-relevant questions that cannot easily be addressed within the larger survey. To achieve these aims, the qualitative part of the study adopts a *complementary strengths* stance on mixed methods whereby the studies address different aspects of the same questions.

The data-management programme NVivo (Version 8.0.332.0; QSR, 2009) was used for the coding and analysis of interviews. A combination of inductive and deductive coding was used. The coding structures were based on the topics covered by the interview schedules which map onto the domains of the study. The questions asked of the participants were framed by the ecological perspective on child development and the hypotheses derived from the literature about what influences children's lives and the course of their development. Each interview was analysed by topic; thematic analysis entailed the examination of data to identify patterns in respondents' responses, which were coded as emerging themes. The analysis of the qualitative interviews was informed by the literature review of the study domains, by the results of the quantitative study, and by emerging themes in the dataset.

## 1.5 CONTENT AND ORGANISATION OF THE REPORT

The conceptual framework of *Growing Up in Ireland* has the child and family at its centre, surrounded by extended family, community and society. The framework is reflected in the structure of the report, which begins before the birth of the Study Child. This report is based on an analysis of the interviews conducted with parents of nine-month-old infants. Quantitative findings from the survey are included where appropriate to present the broader statistical picture in which the qualitative findings are located.

**Chapter Two** describes the transition to parenthood. The arrival of a child generally brings about significant change in a family. It may, for example, precipitate transitions in relationships, support from extended family and childcare. This chapter explores the extent to which parents felt prepared for this transition, and the changes in their lifestyle and their self-concept.

**Chapter Three** examines parents' experiences of the use of health services for the birth of the Study Child. A number of factors that determined the quality of the experience were identified by parents. Attitudes to and experiences of breastfeeding are also discussed.

**Chapter Four** explores the Study Child's eating and sleeping routines as well as their socio-emotional and communication development.

**Chapter Five** focuses on the developing relationships between the Study Child and their parents. It deals with positive and negative aspects of family relationships as well as parents' understanding of their role.

**Chapter Six** addresses the issue of childcare, whether provided by parents themselves or other carers. It explores parents' expectations for out-of-home childcare and their perspectives on its effects on family relationships and the Study Child's development. The final section looks at parents' work-life balance and motivations with respect to work and family life.

**Chapter Seven** describes the range of possible supports available to parents for infants, including immediate and extended family support as well as peer and community support.

**Chapter Eight** includes four case studies, which represent a range of the family types and experiences revealed in the qualitative interviews.

**Chapter Nine** considers some of the over-arching themes arising from the findings documented in the previous seven chapters.



## 1.6 INTRODUCING THE FAMILIES

The parents of 127 nine to 11-month-old infants (including five sets of twins) were recruited. The qualitative sample was purposive and stratified with reference to the characteristics of the larger quantitative sample. It was stratified according to socio-economic status (i.e. high income, medium income and low income), urban/rural location and family type (i.e. one or two resident parents). The largest category of children (21 per cent) in the sample were classified as coming from a rural two-parent family with high income.

Over a third of participants were first-time parents (34 per cent); 13 per cent of those interviewed were single parents with either one (9 per cent) or two (4 per cent) children. The majority of infants lived in a two-parent household with one or more siblings (61 per cent).

Sixty-two infants (49 per cent) were girls and 65 (51 per cent) were boys. These proportions are similar to the gender breakdown in the population. The mean age of the Primary Caregiver, which in most cases was the mother, was 32 years, and the mean age of the Secondary Caregiver was 36 years.

Parents' education levels have often been cited as indirectly affecting children's academic outcomes through parental beliefs and behaviours (Baker & Stevenson, 1986; Davis-Kean, 2005). Among the mothers participating in the qualitative interviews, the majority were educated to degree level or higher (44 per cent). A further 16 per cent had a third-level non-degree qualification; 28 per cent had completed the Leaving Certificate or a technical qualification; 5 per cent had completed primary school only and 6 per cent had finished their schooling at lower secondary level.



# Chapter 2

## TRANSITION TO PARENTHOOD





## 2.1 INTRODUCTION

The literature on the transition to parenthood suggests that both mothers and fathers find the experience of being a parent in the first year of the child's life as 'overwhelming' (Nyström & Öhrling, 2004). The feeling that there is too much to cope with is combined with a fear of not knowing how to care for the child (Cowan & Cowan, 2000). The additional pressure and responsibility placed on new parents can lead to a reduction in marital satisfaction (Cowan & Cowan, 2000) or, particularly for younger parents, relationship breakdown (Bunting & McAuley, 2004). The question arises as to how well prepared parents are for the transition to parenthood and the steps they take to inform themselves during pregnancy of the changes they can expect. The quantitative survey found that most mothers knew within six weeks of conception that they were pregnant. Only 59 per cent of mothers intended to become pregnant with the Study Child at that time while 10 per cent had no intention of ever becoming pregnant; the remainder intended to become pregnant but at an earlier or later time. The rate of unintentional pregnancy reported here is slightly lower than international figures. Data from the US, for example, indicates that up to 49 per cent of pregnancies are unplanned (Guttmacher Institute, 2008). This includes pregnancies inside marriage (or committed relationships) and to single women. European estimates suggest that the percentage of unintended pregnancies is between 39 per cent and 48 per cent depending on the region (Singh, Sedgh & Hussain, 2010).

The extent to which parents felt prepared for the challenges of parenting was explored in the qualitative interviews. When discussing this transition, parents typically described changes in their priorities, lifestyles, self-concept, and their relationships with their partners. Both first-time parents and those who already had children reported similar experiences, although they differed in the extent to which they emphasised the impact, with greater change evident in the lives of first-time parents.

## 2.2 PREPAREDNESS FOR THE TRANSITION

There was some variation in how prepared parents felt about the birth of their baby and about the changes that would follow. Parents who already had children (79 mothers; 65.3 per cent) or whose pregnancy was planned (72 mothers; 60.5 per cent) were generally better prepared for the birth. For these families, the transition was relatively smooth and many appeared to be reconciled with the kinds of changes that are outlined in greater detail later in the chapter.

*"We were ready for it. I was 35 having [Study Child] so we were well ready for it." (Mother)*

*"If you had asked me about [Study Child's sister] I probably would have given a different response. I had quite a difficult time with [Study Child's sister] and I didn't bond with her properly and it was a very different experience with [Study Child]. That may be because she is my second baby and I am an awful lot more relaxed." (Mother)*

Thirty-four per cent of interviewees were first-time parents. It was often these mothers who described the greatest difficulties in knowing what to expect, despite their efforts to prepare. Some had under-estimated the challenges because they had not thought through some of the practicalities of having a new baby.

*"I don't think you are prepared. I had a romanticised view of what it was about. You don't think of the late nights." (Mother)*

*"The thing is you see others, you know, looking after their kids and stuff, you will see it from outside so {...} you don't think about the hardships" (Mother)*

Others had been told what to expect by family members and friends but they had not fully appreciated this advice. Indeed, it appears that it is quite difficult for parents to gain a clear picture of what to expect before they go through the experience themselves.

*"You have absolutely no comprehension of [it]. Other people tell you constantly that your life will change completely {...} and your focus {...} and your priorities, and you just listen to that and you*



*move on. You don't really take much, pay much attention. It's only when you're lucky enough to have your own that you do realise that it does put a different perspective on things." (Father)*

*"People always say to you beforehand, 'It is just a changing experience,' but you don't really realise until you actually have [the baby]." (Mother)*

Likewise, parents who said they had consulted widely with family members and friends and had read parenting books also reported that it had taken some time to adapt to the arrival of a new baby, suggesting a period of transition rather than an immediate change.

*"All my friends have kids and I didn't know how to handle a kid because the lads used to mention even if you buy a mobile phone it comes with a manual, but not a baby, so we read a lot of books. When he was born the first two weeks was very difficult for us because we really didn't know how to adapt but I was on holidays so we had time to adapt and then things changed and then we got a routine and now it is our life." (Father)*

Prenatal classes were another source of information on having a new baby, albeit mentioned less frequently by parents during the qualitative interviews. When parents did talk about prenatal classes, a number drew attention to issues that these classes did not address, and some emphasised their lack of preparedness for the experience of delivery in this context.

*"With a birth, you don't know what the hell is going on. Anything can happen and it's tough going and I think in some ways that the father should be informed along the way to be ready for some of it. I do find fault with the prenatal classes, stuff that we should have been doing, we should have been taught sooner." (Father)*

*"The antenatal classes, the nurse that was giving them, it wasn't very informative of what you need. They told you certain things but not others, stupid things like your waters break, you think you'll have a flood and that is it. They never tell you you could be passing water for 24, 36 hours. It is minor things that are important." (Mother)*

In the context of a range of sources of information, sources of support and sometimes conflicting advice, parents were uncertain about decision-making and found it difficult to anticipate the challenges of parenthood. This meant that some parents who were trying to prepare themselves as well as possible for the birth still had no clear idea of what to expect.

*"We would have looked for advice but the reality is that every child is unique and, you know, the advice only goes so far." (Father)*

While parents had some awareness of the changes that were likely to take place, most first-time parents appeared relatively unprepared and, consequently, the transition to parenthood was frequently depicted as challenging. There were surprises and unexpected changes for practically all parents. A planned pregnancy, reading about parenting, and consulting with family and friends were factors that appeared to help parents to prepare for the arrival of a new baby. However, parents did not single out one authoritative source of information that helped to prepare them for parenthood.

### 2.3 CHANGING PRIORITIES

The most significant change noted by parents in the transition to parenthood, particularly first-time parents, was the shift in the focus of their attention from their own to their child's interests, from being "selfish" to everything being "all about the child". In general, parents saw this as a positive development and as part of their responsibility as parents.

*"There's absolutely no off switch, and that whether you're having a good day or a bad day is not relevant to the child. {...} Your life is no longer surrounded about your interests. {...} It's now about somebody else's primarily. I think probably I possibly went into parenting thinking it would be a 50-50,*



*and in fact it's not. {...} It's not a case of you sharing your life with your child. Your child takes over your life and then you work to that agenda." (Father)*

The notion that *children come first* emerged strongly in most interviews, suggesting that parents were more than willing to disregard their own needs and preferences for the sake of their children. Parents described their new priorities in general terms but gave some specific examples of what had changed for them personally.

*"Like, your priorities totally change when you have a child. Like if I was out shopping or whatever and seen something I liked and seen something for her, I'd go get it for her rather than going getting something for me. {...} It's a new outfit for her, yeah, no problem. I'll do without for another while." (Mother)*

*Interviewer (I): "So you had to change your lifestyle."*

*Father (F): "Usually, sometimes missing my evening walk or anything like that because she might, when you are playing with her."*

*"It's the practicalities of making dinner, taking phone calls, doing household chores. There's a certain amount of balancing involved." (Mother)*

Beyond the day-to-day interaction, parents' new priorities were manifest in a strong sense of responsibility for the protection of their children. Parents were constantly aware of their children's safety.

*"Like, before you have kids you didn't want to have them but you'd lose your life if anything happened them." (Father)*

*F: "Even though they sleep through the night you are always conscious of the monitor there and will you hear."*

*Mother (M): "It is like you have one ear open all the time."*

The shift in priorities described by parents was one of the major changes they associated with the birth of a new baby. It had practical consequences for their lives but it also changed the way parents thought about themselves. As children became the top priority for these mothers and fathers there was a change in identity as they began to think of themselves as 'parents'.

## 2.4 CHANGING SELF-CONCEPT

The accounts of a large number of parents suggest that two aspects of their identity had changed as a result of becoming parents. First, first-time parents adopted a parent identity, leading some to question the extent and value of their worker identity. Secondly, parents' identity increasingly centred on *being a parent*, with the erosion of their individual sense of self. On balance, they valued their new role as parents and were affirmed in it by their relationships with their children.

*"Sometimes when you just look at them and see them and feel that they belong to you like. I just love being a parent. I love when she does call me now and say 'Mama' or whatever. I just like the thoughts of the whole thing, being 'Mammy'." (Mother)*

Parents were making sacrifices but were happy to do so, consistent with their changed self-concept and with putting their children first.

*"I don't think you do think about yourself anymore. And I don't mean that now in a 'poor me' way. It is just they come first, and once they are happy, you know." (Mother)*

*"You are a complete slave. You are a slave to your family, which is a good thing." (Father)*

In the period immediately following the birth, the new baby occupied a considerable amount of parents' attention, which many parents contrasted with their outlook before the birth.



*“You no longer think about yourself. You think about your son or daughter. Before you rest you think about him. Before you do anything you think about him.” (Father)*

There were also indications in the accounts of parents with older children that the attention paid to children appears to continue and even increase as they get older. This could possibly result in the diminution of parents’ individual self-concept.

*I: “Has it changed how you think about yourself?”*

*M: “I don’t know. I can’t remember what I was like before I had {Study Child’s eight-year-old brother}. It was years ago. I think it makes you more content and focus on what is really important and definitely makes you happy.” (Mother)*

Some parents contrasted their new parent identity with the way they had previously lived and their past priorities.

*“It is so long since I wasn’t a parent. Your perspective on life changes. The things I used to worry about before I had children I think now are so trivial. You realise what is important and what is not and I regret not having them sooner. When I think I spent my twenties doing – what? – drinking, going out, and on holidays. It is sad when I think back. It was so empty compared to how fulfilling life is, so I wish I knew then what I know now.” (Mother)*

The realisation of the responsibility of parenthood and the consequent shift in priorities created conditions for parents to reflect on their lives and priorities, particularly with respect to work. While this was sometimes a source of tension between some parents and their employers, the principle that children come first applied once again.

*“I would have been a workaholic, and that now is going to change, be a dramatic change when I go back to work. That I will be literally not at my work’s beck and call. There’s somebody else now that’s more important. That’s a big focus. So yea, he’ll be our first priority, for both of us ‘cause both of us would’ve been guilty of being workaholics.” (Mother)*

The social role of parent occupied an increasing proportion of parents’ time and also of their identity, and was one that the vast majority found fulfilling and rewarding. While this is understandable given the responsibility assumed by parents, there are risks in a narrow role-identity in terms of well-being and sense of identity. Nordenmark (2004), for example, illustrates that in having multiple roles as employee and carer, both men and women have opportunities for personal development and contribution to family and society. The balance between the role of parent and other social roles is considered further in Chapter Six on work-life balance.

## 2.5 CHANGE IN PARTNER RELATIONSHIPS

The role transition associated with parenthood can change the relationship between parents, and has been identified as a cause of relationships breakdown, at least among younger parents (Bunting & McAuley, 2004). By contrast, however, three-quarters of parents (74 per cent of mothers and 78.3 per cent of fathers) who participated in the quantitative interviews reported that it had brought them closer (rather than *less close* or *made no difference*). Parents were also asked to rate *the degree of happiness of their relationship, all things considered*. Both mothers and fathers generally reported high levels of happiness.

The main themes identified in the qualitative interviews with parents on how the transition affected relationships with partners were broadly consistent with the trends in the quantitative findings. They included reduced time together as a couple and increased emotional closeness.

*“I guess we used to always maybe sit and chat just the two of us every evening, whereas that doesn’t really happen. If we go out it happens but we tend to be so tired by the time everyone’s gone to bed, sitting down for a chat, we tend to sit down and watch television or go to bed early.” (Mother)*

*“We probably actually realise ourselves how more united we are.” (Mother)*





*“I’d say it is the best thing that has ever happened to both of us and our whole lives have changed. Our whole lives are now centred obviously around him. I think it has made our communication skills between us much better because we have to. And we have to interact in a completely different way. We lived very independent of each other as well, you know. Now obviously that has all changed, and our lifestyles have changed but I love it.” (Mother)*

The birth of a new baby also brought greater potential for stress and for arguments. However, parents were generally circumspect about such difficulties and disagreements, clearly associating them with a changed home environment rather than a deterioration in their relationship. They tended to acknowledge that daily life could present stresses that they had previously expected but they generally did not perceive a significant deterioration in their relationship.

There may be another effect here of the shift of parents’ priorities away from their own interest. The adoption of a *parent* role appears to involve a reassessment of their role in the relationship with their partner too; the reported improvements in communication and resilience are evidence of this change. The overall effect of parenthood appears to be a change in constructions of the self, which are more accommodating to others, both children and partners.

## 2.6 CHANGING LIFESTYLE

Parents’ stated reason for lifestyle changes most often focused on the need to prioritise the needs of their child, which in turn had consequences for both their day-to-day routines and their social lives. As detailed further in Chapter Four, families’ routines tended to become more structured in order to accommodate the needs of the new baby. Parents’ lifestyles changed at a number of levels following the birth of a new baby, with many highlighting the introduction of a new “routine” which was more structured than previously.

*“Everything changed when she was born. When she came along we just had to get back into kind of being more routine and being structured. {...} The days that I am in work, {...} that is like a military operation in the morning.” (Mother)*

Parents sometimes contrasted their current strict routine with their previous one, which was more relaxed and allowed them more personal time.

*I: Since having children, has this changed your relationship together? {...}*  
*F: “Before we had kids we had long holidays and great craic.”*  
*M: “Lies-in in the morning. We cooked breakfast and read the Sunday papers.”*

*“Obviously you can’t be as spontaneous anymore.” (Father)*

Socialising with friends was something that most parents had enjoyed but this had become less of a priority for two related reasons. First, parents were less likely to be invited out by their single friends and, secondly, they were less likely to go out anyway because they were tired from looking after their children.

*“You don’t even get invited to it because the fact of the matter is, it is ten, nine o’clock at night when you are sitting down and you don’t want to go to the pub or go anywhere.” (Mother)*

Following a period of months, most parents were reconciled with these lifestyle changes and, on balance, found that the responsibility and rewards of parenting outweighed the challenges. There remained an awareness, nonetheless, that not all of the changes were positive, indicating that this transition period was on-going. In the following quote one mother explained that, for her, not going out was a choice for her rather than something to feel “resentful” about.

*“We would like to go out more, I think, but it is a choice, I think, so once it is a personal choice. I could see how people could become resentful if they didn’t really plan it but when you make a personal choice you have to suck it up. I can’t go out tonight, but so what?” (Mother)*



There was a mixture, then, of wistful reminiscence on the part of parents for an earlier lifestyle and a simultaneous appreciation of the responsibility and rewards of their new role. For all the parents, their lifestyles were going through considerable change and their lives were set to be closely focused on their new child for many years.

## 2.7 SUMMARY

For most parents, the arrival of a new baby brought about major shifts in the way they thought about themselves, their relationships with partners, and the way they planned and organised their lives. Because of the range of experiences with respect to parents' age, number of children, lifestyle, and other social roles, the course and pace of transition varied from family to family. In general, the transition was a positive experience for the parents interviewed, who seemed to embrace their new roles despite the hardships. Indeed, parents did not appear overwhelmed but rather were coping well with being parents and felt strengthened in their relationships.

Irrespective of how well prepared parents were, or thought they were, the contrast between life before and after their child was born was only fully appreciated after they had experienced the transition. For first-time parents in particular, there was a gap between their expectations, based on talking to friends and family members or reading books, and their experience of having a new baby. Parents themselves acknowledged that they had not fully appreciated the changes involved until the baby was born; they believed that more could be done in pre-natal courses or parenting courses to prepare parents and to narrow the expectation-experience gap. This in turn was related to how supported they felt, a theme that is explored in more detail in Chapter Seven.

This chapter has identified the areas of parents' lives that were most affected by the birth of a new baby and has documented ways in which parents could be better prepared for the transition. The next chapter has a specific focus on the point of transition: the birth of the child and experiences of the health care system.



# Chapter 3

## BIRTH AND EXPERIENCE OF HEALTH SERVICES





### 3.1 INTRODUCTION

The 20<sup>th</sup> century saw childbirth move from the community into the hospital to address high infant and maternal mortality rates (Kennell, 2002). One effect of this was to medicalise the experience of childbirth, so that parents who are otherwise healthy are isolated from their usual support structures and admitted to a hospital. Some of the consequences of the experience for parents were explored in the qualitative interviews, particularly the central role played by hospital staff in supporting new mothers. The main area in which this support was required was with the initiation of breastfeeding, which is an area of considerable policy interest. Factors affecting mothers' choices around breastfeeding are examined in detail later in this chapter.

### 3.2 EXPERIENCE OF DELIVERY

In the survey study, almost 99 per cent of the 11,100 infants were born in hospital, with 58 per cent of mothers having a normal delivery. The remaining 42 per cent either had an elective caesarean (13 per cent), an emergency caesarean (14 per cent), or other medical assistance (14 per cent). There was a significant difference in the use of medical assistance between the income groups; those in higher groups were more likely to use medical assistance. Aside from the medical treatment mothers received, three other factors influenced mothers' experience of the birth: whether they attended a public or private service, whether it was their first child, and their relationships with medical staff.

#### 3.2.1 PRIVATE VS PUBLIC HEALTH SERVICES

While the vast majority of mothers gave birth in hospital, there was considerable variation in their experience of the service. One possible source of variation explored in the qualitative interviews was whether parents used a public or private hospital service. Among the 11,100 families in the main study, 56 per cent had private medical insurance. Respondents in the qualitative interviews were asked why they had chosen private care. One mother who had health concerns felt she would receive a better level of care.

*"The time it took to get pregnant and how much older I was, we opted to go private in case there were any complications." (Mother)*

Others, on the other hand, judged that there was no apparent difference between public and private hospital care since the circumstances in the hospital on the day of delivery largely determined the level of care.

*"I was going to go private because I had the insurance to go private, and then I was thinking semi-private, but I ended up going public. I was basically told that there's going to be no difference really. You might get a private room but on the day you might not." (Mother)*

*I: "Did you go, was it public service or ...?"*

*M: "No, public, public, public. Well, I work in the hospital so I know the story. There's no difference. {Laughs}. There's no difference."*

There was some uncertainty as to the relative merits of public and private services. According to many of the parents interviewed, differences in their experience of delivery were not related simply to how the service was paid for but also to how the medical staff treated them.

The standard healthcare practices were supplemented and complemented by some parents.

*"We did a hypno-birthing class before. {...} [It's] a gentle birth thing, that birth is kind of a natural thing and it shouldn't be all about fear and pain. {...} You learn really deep relaxation techniques and that you use them to help you through the labour. {...} I just thought there had to be another way other than the screaming, fearful things that you see on TV." (Mother)*



Increasingly common are community-based services such as *Domino*, a midwife-led service which enables women who are deemed at 'low risk of complications' to see members of a dedicated midwives' team for their antenatal visits and to have a member of this team deliver their baby, either in hospital (*Domino* scheme) or at home. Antenatal visits are made either to the Community Midwives' Clinic or to a local health centre. Additional visits are made to the woman's home. The continuity of care on offer through these services was the most positive aspect mentioned by those who availed of them.

*M: "It is a public service but there is four midwives and they help you throughout your pregnancy with the doctor and one of them delivers your child."*

*F: "You are sent home the same day and then they come."*

*M: "For a few days afterwards." (Parents)*

These services, available in certain parts of the country only, may have appealed to those parents who wanted to exercise more control over their experience of pregnancy and birth.

### 3.2.2 RELATIONSHIPS WITH MEDICAL STAFF

Relationships between professionals and patients in hospital have been the subject of scrutiny since the 1960s, based on an awareness of the importance of mutual respect and clear communication for the efficient running of health services (Pilnick & Dingwall, 2011). The major themes of the research programme are the power imbalance between patients and practitioners and the potential positive effect of interventions (Charlton, Dearing, Berry & Johnson, 2008; Pilnick & Dingwall, 2011).

The findings of the qualitative interviews indicate that, in general, and consistent with the broadly positive experience of birth already described, parents praised the nurses and midwives with whom they interacted.

*"I've nothing but praise for that service and for the nurses in the hospital afterwards as well. The nurses were excellent. I know hospitals sometimes are given bad press and a hard time but, you know, I'd just give a hundred percent to [named hospital] for the five days I was in there" (Mother)*

*"The nurses down here are fantastic, second to none." (Father)*

In cases where negative experiences were reported, however, the bulk of criticism also fell on doctors, nurses and midwives. The attitudes of medical staff contributed greatly to parents' engagement with the service and their experience of the birth.

*"I had a list of questions I brought in. {...} He just cut me dead and said, 'We know what we're doing. We don't need all these questions.' Just, 'My job is to get you and the baby out fine and just turn up on the day and that'll be it.' So, I felt quite a passive participant in the whole thing which really upset me" (Mother)*

*Mother: "[The mid-wife] was actually horrible. She left me on my own at one stage."*

*Father: "She was just quite cold, like I just found the whole experience, like, just the most amazing thing ever happening to us and she just, it's fair enough. It is like a factory probably. She does this every day."*

Based on these negative experiences, a number of the mothers interviewed offered suggestions on professional-patient communication.

*"A little bit of education for the staff as well. Just around their communication because it's fine and I understand that they don't have the time and that they're very busy but there are ways of seeming like you have time even when you don't have time. {...} I just think something like that, maybe just look, that they'd realise that they are dealing with very vulnerable people and that every mother is an individual and not to kind of, just not to be so abrupt." (Mother)*



The experience of the mothers interviewed was largely contingent on their interactions with medical staff. Where positive relationships existed, parents generally reported less stress and more positive experiences of delivery. Those who reported negative experiences most often highlighted what they perceived as behaviour on the part of medical staff that served to isolate rather than engage, support or involve them.

### 3.2.3 FIRST-TIME MOTHERS

A difference in the level of care and support provided to first-time mothers and other mothers was identified. Hospital staff members were frequently reported to give more attention to first-time mothers and, while other mothers understood that first-time mothers might have specific needs and anxieties, there was some resentment.

*“I think on your first pregnancy they do sort of monitor you more, obviously.” (Mother of four)*

*“The after-care when I was there, because this was number three, it was, I thought it was fairly lax and it was {...} because of first-time mothers, that the priority really was with them.” (Mother of three)*

First-time mothers themselves were grateful for the extra support and attention that they received.

*“When you are a first-time mum you are not sure what to expect because it is a whole new experience, so they were very helpful there.” (First-time Mother)*

*I think especially for first-time mothers, when it’s all new to them. Like, for the second time I’ll be fine, for the third or whatever. For when you do have your first child you do need that extra care.” (First-time mother)*

It was unclear whether there was a policy of offering greater supervision and support for first-time mothers or if it was a matter of nurses’ and midwives’ experience and judgement. In general, however, the responses of the mothers interviewed suggest that first-time mothers were felt to need and appreciate extra attention.

### 3.3 FIRST IMPRESSIONS

The reaction of almost all parents to the birth was overwhelmingly positive, and they described their “joy”, “delight” and happiness as well as a dawning “sense of responsibility”. Parents frequently articulated a sense of relief that the pregnancy had gone well and that the newborn infant was healthy.

*“It seemed like a long wait so it was great to count the fingers and toes.” (Father)*

Some mothers bonded immediately with their child and were excited to start breastfeeding.

*“You can just take your baby straight away and breastfeed it. And it’s just like you’re giving life to something new altogether.” (Mother)*

*“You get this wow and you do feel an instant bond with them.” (Mother)*

Parents’ accounts of their reactions to the birth were often focused on the gender of the baby and this was sometimes linked to whether they knew the child’s gender before birth (38 per cent of parents in the main survey had asked about the gender of their child). Those who did not know the gender of their baby before the birth often talked about expectations based on custom or folk-belief – “A lot of people were telling us it was going to be a boy. {...} It’s the shape of your bump”; in this case, it was a girl. In some cases, parents’ expectations appeared to affect immediate responses to the birth.

*“Then I kept thinking, because he was a boy, ‘Are you sure he is mine?’ because I thought he was going to be a girl. I’ll be honest, it took me longer to bond with him than the others, just a day or two. I think just the shock because he was a boy.” (Mother)*



Based on their family's existing structure, other parents also hoped for a girl or a boy to complete their 'ideal' family.

*"I was convinced I was having another boy, but like that, I wouldn't have minded but it was great that it was a girl. {...} You feel like you're missing out if you don't have one of each." (Mother)*

*"I was thrilled to bits. Finally a girl after the three boys." (Father)*

*"Sure I was delighted because it was a boy, not that it would have made any great difference but it was nice when a boy came along after the girls to balance up the house a bit." (Father)*

*"And secretly we both hoped for a girl. We hadn't told anybody but we had kind of, we hadn't even said it to each other but we really wanted a girl." (Mother)*

There is ongoing debate as to when gender roles originate and the effect of the child's gender on parenting style. These findings suggest that a factor in parents' view of their child was their expectations about the child's gender, usually either excitement or disappointment. While the consequences of such differences in pre-natal experience are unclear, parents' feelings about whether they were having a boy or a girl could be a barrier to the development of their relationship.

### 3.4 BREASTFEEDING

According to the quantitative report, 49 per cent of infants were being breastfed when they left hospital. There was a significant difference in rates of breastfeeding between mothers born in Ireland, of whom 48 per cent breastfed at some time, and mothers born outside Ireland, 83 per cent of whom did so. The promotion of breastfeeding has been a focus of Irish health policy since the mid-1990s (National Committee to Promote Breastfeeding, 1994) but the rate of breastfeeding among Irish mothers remains low. One aim of the qualitative interviews was to examine the reasons why Irish mothers did and did not breastfeed, as well as to identify differences between Irish and non-Irish-born mothers.

The focus of this section of the qualitative interviews was on the support to breastfeeding mothers provided while in hospital, rather than any of the other possible influences on breastfeeding. Among these mothers, 79 per cent were breastfeeding their infants when they brought them home from hospital and over a quarter were still breastfeeding at the time of the interview. For many of the mothers interviewed, their experiences while in hospital had a strong influence on their decisions about breastfeeding. Consistent with policy on breastfeeding, most hospitals provided facilities and support.

*"Now they were very good. They had lessons and techniques and they had everything, and they had a breastfeeding room, and they had, you know, everything you could possibly need to start breastfeeding" (Mother)*

*"If you wanted to breastfeed, they'd sit with you the whole day" (Mother)*

*"There was one nurse. {...} On the first day she was absolutely brilliant and I took off from there. Yes, I got great support from the hospital and that's all I needed" (Mother)*

Following discharge from hospital, support was offered by a public health nurse. As indicated by these mothers, the attitude of staff in the hospital helped them to make use of the facilities available. The opposite was also the case: ambivalent or disinterested staff meant that some mothers did not initiate breastfeeding.

*"I would have loved to have the real encouragement, you know. Nobody was putting too much pressure on me at all. I don't know if that was a good thing or a bad thing to be honest. There was no pressure or encouragement so I didn't bother" (Mother who breastfed her son for one day)*

*"[The ward sister] was just really irritated, she was 'We're very busy,' and all that, and it was just, I said, 'I don't really care about your busy-ness.' I said 'You know what, I've had no sleep and I have a crying baby and I'm trying to express and I'm trying to breastfeed as is, as everybody wants you to, as*



*they're all saying, they make you feel guilty if you don't.' They're very little support in the hospital"*  
(Mother)

In some cases the implementation of the policy to encourage breastfeeding was viewed by mothers as a value-judgement on their own position. Some mothers who did not wish to, or could not, breastfeed commented that they were made feel uncomfortable or inadequate as a result.

*"I'd say that there seems to be a lot of pressure at the moment, and if you didn't, there's becoming a little bit of pressure like, oh, you know, then you're not quite as good a mother because you didn't, you're not breastfeeding."* (Mother)

Mothers from outside Ireland, on the other hand, were surprised that breastfeeding was such a big issue.

*"In the hospital I was breastfeeding. I don't know why here, every person, everybody, everyone who comes, 'Are you breastfeeding?' I say, 'Yes.' 'Oh my God! Are you serious?' I don't like, because I'm not [doing] something very, very good. I'm just breastfeeding. It's normal."* (Mother)

The range of experiences of hospital practices related to breastfeeding described by these mothers, from the wholly positive to the negative and even off-putting, is suggestive of a gap between policy and its implementation. In the case of breastfeeding policy, the task of implementation falls to midwives and other staff of maternity wards. Given the widely-acknowledged value of breastfeeding, this places considerable responsibility on hospital staff not only to understand the thrust of the policy but also to approach new mothers sensitively and to support them fully. Often hospital demands and practices may make it difficult for hospital staff to offer support in the way they might wish to. It is worth repeating that the interviews focused on support for breastfeeding and that attitudes to breastfeeding are not formed only in the period after birth or in the maternity hospital; they have a longer gestation. Clearly some women have a negative attitude to breastfeeding prior to their child's arrival and more needs to be done to understand the roots of this negative attitude.

### 3.5 POST-NATAL CARE

Post-natal care was available to all mothers through their public health nurse, health centre or GP, each of which had different advantages. For example, relationships with GPs tended to be long-standing so not much effort was need to establish rapport. In general, the Public Health Nurse (PHN) system was highly praised and appears to work well.

*"The public health nurse came when he was first born. I had a bit of post-natal depression when he was born and she was very good and rang me a few times and said to come down if I wanted a chat. {...} She was very nice."* (Mother)

*"I think that [public health nurses] are essential. You can give them a ring and pop down and they're willing to answer any questions. If there is any chance you wanted to go down there they're always available."* (Mother)

The visits by the public health nurse usually involved checking the child's weight, heel-prick tests, and vaccinations. While these were routine procedures, mothers appreciated the reassurance of the visits and the constant availability of support.

*"She was very nice and made you feel that you can talk to her. You weren't afraid to ask her anything, well that's what I felt anyway. I wouldn't have felt embarrassed asking her anything. Even if it was the most stupid thing in the world I wouldn't have been afraid."* (Mother)

*"You could just sit and chat to her like yourself."* (Mother)

The main criticism of the health centres was the waiting time, particularly for mothers with other children. Overall, however, the standard of care was reported as high in general and parents felt well supported in the first year of their child's life.





### 3.6 SUMMARY

The main issue in parents' experience of health services around the time of the birth was the variability of service provision, which is primarily determined by the decision to use private or public services, relationships with medical staff, and whether it is the mother's first child. The service is not standardised in its delivery, and the variability in staff numbers and training had an impact on parents' reported experience. A prime example of the variation is breastfeeding, where there is a policy-implementation gap and where many mothers have a negative view of breastfeeding before their child's birth. The qualitative interviews were able to identify, then, some of the main issues with initiation of breastfeeding that may explain the comparatively low rates among Irish-born mothers. Obviously the perspectives of midwives themselves are required for a complete picture of the process but it is clearly an important issue. The public health nursing postnatal service, which is arguably more important for child development, is more consistent and very valuable to new parents. It is a point of access in service provision on which other services could be based. .



# Chapter 4

## INFANTS' ROUTINES AND DEVELOPMENTAL STATUS





## 4.1 INTRODUCTION

The report on infants and their families based on the study's quantitative data (Williams et al., 2010) provided information on children's sleeping and eating habits and the ages at which they reached certain milestones. In this chapter, parents reflect on the value of eating and sleeping routines for their family as well as on the factors influencing their food choices. Early communication between parents and their child was also discussed, as were early interactions between parents and child.

## 4.2 ROUTINE

Anecdotal reports of the value of infant routines for child development are common in the parenting literature. However, research which directly links routine in infancy with child outcomes is lacking. Indeed, bedtime routine has been found to be less important than maternal emotional availability in aiding the infant's quality of sleep (Teti, Kim, Mayer & Countermine, 2010). The findings presented here strongly suggest that having a routine, whether flexible or inflexible, is perceived as important by parents of Irish infants.

Parents were divided among those who talked about having a settled versus a flexible routine. Those who described a flexible routine frequently cited a number of reasons why things had developed in this way, including flexible working hours and a desire that the Study Child's needs should not take precedence over others in the family. In general, parents expressed a perception that routine was important, as well as some concern about the lack of a stricter routine at times.

*"We're not very good with routine actually. I know babies are meant to thrive on routine but I wouldn't be the best with routine." (Mother)*

*"She's easy, and it's me actually. I've been a bit slack that way about not just sticking to every day the same thing. See we're always in different places, we're away a lot." (Mother)*

For a small number of families, this flexibility was depicted in a positive light, and contrasted with the pressure of work and school routines.

*"We get up any time between half seven and eight. [Study Child's sister] gets up at the same time and would have her breakfast. The fact that I am not working, I am taking a leave of absence and there is no rushing in the morning and they love seeing each other in the morning." (Mother)*

Parents often favoured a flexible routine because they wanted the Study Child to fit in with the rest of the family. This was particularly the case where the Study Child had older siblings.

*"I suppose it's based, during the week anyway it's based around the others at school because I've various school runs ... then the afternoons are more, he tends to sort of be around here with the others, so it's more easy-going, and then he might have another nap." (Mother)*

For other families, shifting work patterns and the unpredictability of childcare were the main considerations in the lack of a strict routine or the development of a flexible family routine.

*"I have night duties and so she won't have any routine." (Mother)*

*I: "What time does she go to the crèche at?"*

*M: "It depends. She might do a full day sometimes, or she might just go for a few hours."*

*I: "Okay, so it just depends on the day."*

*M: "On working, the hours I'd be working."*



Mothers also talked about discrepancies between the routines established at home and the timetables of crèches, which sometimes resulted in inconsistent mealtimes and sleeping patterns. The final reason for parents describing changes in routine came down to points of transition in infants' lives, namely teething and weaning. Teething usually starts between the ages of four and 10 months and continues up to 30 months (Wake, Hesketh & Allen, 1999). For parents, teething invariably led to disruption of sleeping patterns.

Returning to those families who talked about a settled routine, these parents usually gave an hour-by-hour account of their infant's day.

*F: "Her typical day would be she would wake up at, I suppose, half seven."*

*M: "Half seven, yeah, she would get up then and have her milk and then she would have her breakfast at half nine, ten o'clock and more milk from around half one, two. She would have her dinner at half two and then her supper at half five, six and then her bottle before she goes to bed at seven. She would be very into her routine."*

A settled routine also had the effect of ensuring that parents had time for themselves when their children were asleep at night. This was also valued by single parents.

*"I've always been big into routine since I had the baby ... I had to because I'm a single parent, and I like that time on my own in the evenings as well just to switch off." (Mother)*

The influence of the form of childcare was also clear in that children in part-time childcare required flexible routines while those in full-time care had more settled routines. These routines were typically maintained at the weekend.

*F: "She's stable every day, routine-wise, yeah."*

*M: "The both of us are working and there has to be a routine."*

*F: "Everything has to be fairly strict, like"*

*M: "We're up at the same time, she goes to the crèche at the same time, she sleeps in the crèche every day at the same time, and when she comes home, she gets her tea at the same time, and goes to bed generally at the same time."*

Finally, the experience of having other children also taught parents valuable lessons about establishing a routine for the Study Child.

*"I had them all [in a routine]. I didn't have any bad habits with any – I did for the first one. She went to bed with me, did everything with me, but never again." (Mother)*

Included in descriptions of daily routines were the times at which children went to bed and woke up. This raised the question of sleep location, which was also addressed by Williams et al. (2010). This report showed that 11 per cent of families had co-sleeping arrangements, which were more common among both mothers born outside Ireland and lower-income families. The qualitative interviews explored parents' reasons for favouring this arrangement and the opportunities it afforded. The main advantage reported was that it facilitated breastfeeding during the night, which they believed was beneficial both for mother and baby:

*"If she needs to be nursed I'm there, and because I'm there, if she wakes up, my sleep isn't disturbed." (Mother)*

In discussions of infants' routines with parents, there was general consensus that a settled routine was important, although only about half of the parents went on to describe a settled family routine. This was primarily related to a tension between the interests of the child, the parents (both with respect to work and to time for themselves) and other family members. The main difference in routine appeared to be between infants whose Primary Caregivers were working full-time and those who worked part-time as this affected the type of routine that could be established and whether centre-based routines clashed with feeding and sleeping routines established at home.



### 4.3 FOOD

Infants have unique nutritional needs, requiring more energy, protein, calcium and iron than adults, and food that is easily digested and metabolised (HSE, 2007). Inadequate nutrition may affect growth and development and increase the likelihood of having particular diseases later in life (Barker, 1992). Unhealthy food patterns similar to those observed in older children have also been observed in infants, including low fruit and vegetable consumption and daily consumption of desserts or sweetened drinks (Fox, Pac, Devaney & Jankowski, 2004). Parents are recommended to offer a variety of vegetables and fruit to infants at age nine months, nutritious snacks such as cheese, yoghurt and cereal, and unsweetened drinks such as water, milk or natural fruit juice. Family food choices influence what foods are offered to children and the family plays an important role in the development of the infant's healthy eating habits (Fox et al., 2004).

The children of the parents interviewed were at a point in their development of transitioning from being fed by their parents to feeding themselves and many were also being weaned. Weaning refers to the process of expanding the diet "to include food and drinks in addition to breast milk or infant formula" (HSE, 2007) or the "introduction of complementary foods" (FSAI, 1999). It is during this transitional phase that the infant may be more integrated into the family (HSE, 2007). Parents typically reported important social and integration aspects of weaning at this time: weaning made a difference to night-time routines and meant that fathers could take more responsibility for feeding at night.

Parents also emphasised the advantage of their children's eating habits fitting in with the rest of the family – "*He would eat whatever we are eating*" (Father). The motivation for this was that children would be introduced to a wide range of food at an early age.

*"I think you are better off to let them taste everything when they are younger so when they get to two or three they are not saying 'Yucky'."* (Mother)

There was some tension among parents who were vegetarians over whether or not to cook meat for their children. The majority of those who raised the issue talked about the need to put their children's nutritional interests above their own choices.

*"I don't mind the rest of the stuff. That's the one thing when I'm cooking that's an issue for, the smell and everything of it. But the butcher I know is very good now. He chops it all up for me so I literally just have to open the bag and put it into the pot and it's done, you know."* (Mother)

Likewise, parents talked about leaving decisions around vegetarianism for their children to make when they are older.

Parents also commented on changes in children's behaviour when feeding, changes which were consistent with infant motor development.

*"If I try and put something to his mouth that he doesn't want he will turn his head. If I give him a spoon he enjoys trying to feed himself [and] starting to get a bit more in now."* (Mother)

In general, parents were attentive to changes in behaviour and to the need for children to develop the capacity to feed themselves. They tried to facilitate development by first providing their infants with bowls and spoons to play with during feeding, and then encouraging them to feed themselves. They were also patient with the challenges of the transition.

*"He likes to feed himself but it usually goes all over the place."* (Father)

A pattern of eating that involved more finger food emerged as children moved to solid foods. This raised some new challenges for parents. First, introducing meat was proving difficult for parents whose children were used to eating it "*when it's mashed up*" (Mother). There was also some anxiety as to the timing of the transition to solid food in relation to choking.



Only a small minority of parents indicated that their food choices were influenced by concerns about weight. Instead, they were far more likely to talk about food they perceived as *'healthy'*. Reflecting a positive construction of food choices, some parents indicated a preference for organic food, sometimes exclusively, for their children. As with vegetarian parents prioritising their child's health, parents were prepared to spend more on organic food because of perceived health benefits.

*"We try to buy organic food wherever we can ... Our agreement is that we're giving her fish or meat, then it's not factory-reared and it's, you know, free-range and organic or whatever, which is fine but it can be quite expensive." (Mother)*

The importance of home-cooked food was emphasised by some parents, and contrasted strongly with processed food. There was a clear lack of trust in tins and jars, and pride in preparing food to suit their own family's needs. Home-cooked food was prioritised, even after many of the Primary Caregivers had returned to full-time work.

*"Well, I would tend to cook like all her food myself ... I don't really like the idea of giving her a jar or tinned." (Mother)*

What parents frequently referred to as *"rubbish"* was also contrasted with home-cooked food. The list of foods parents preferred to avoid included those rich in sugar – chocolate, biscuits, ice-cream and sweetened fruit drinks – and in salt – crisps and fast food. Parents often expressed the view that these kinds of foods ought to be avoided. Those who tried to enforce this 'rule' were also realistic about their decreasing level of control over time.

*"They never get sweet things ... The way I look at it is, as a two- and a one-year-old they don't know what chocolate is so I am not going to give it to them yet." (Mother)*

Some parents expressed ambivalent attitudes towards 'unhealthy' foods and switched, even mid-sentence, between saying certain foods were allowed and not allowed for their children.

*"Well we try, well we did not, we wouldn't let [Study Child] have, we don't let him eat crisps, only at birthday parties, but we do let him eat treats maybe, probably after his dinner he might get something, but we try not to give him sweets." (Mother)*

The number of exceptions cited and the use of phrases like *"we try not to give him sweets"* and *"I don't like her eating too many chocolate buttons or sweets"* created an impression of parents who were trying to prevent their children from eating certain kinds of unhealthy foods. Justification for not adhering to this was sometimes offered in the argument that other people, including grandparents, routinely give their children sweets and chocolate. Some parents rationalised their choices by denying the unhealthy contents of some of the food they gave to their children.

*"I've only just started to give her a little bit of jam, a tiny bit of jam, but, you know, that wouldn't have a high sugar content." (Mother)*

*"Even if we were giving him a Milky Way [chocolate bar] I would give him the milky part, not the chocolate." (Mother)*

In some cases, mothers and fathers interviewed together had differing views on the kinds of food children should be eating.

*I: "And would you have any views about what she should and shouldn't be eating?"*

*M: "We don't like chocolate or sweet things or biscuits."*

*F: "But we eat them ourselves and she will probably end up eating it when she is older but at the moment she is a bit sensitive. We are trying to make sure she has her nutritional requirements and if she gets a biscuit it wouldn't be the end of the world."*

*M: "We wouldn't give it to her."*

*F: "[Mother] gave her chips from [fast-food restaurant]."*



I: “He’s dobbing you in now!”

M: “I went to [fast-food restaurant] and took a picture of her in the hat and sent him the picture but I didn’t give her chips.”

“I don’t like seeing her eating ice-cream and chocolate bars but she [Mother] would give them to her”  
(Father)

Figures from the quantitative survey show that the average weight for boys was 9.2kgs and 8.4kgs for girls. However, infants whose mothers were not born in Ireland weighed significantly less at nine months than those born to mothers born in Ireland. In the qualitative interview, the main difference between parents who had ambivalent attitudes to sugary or salty foods and those who preferred to avoid them was in their understanding of when these kinds of foods were appropriate. For those who abstained, a *treat* was clearly conceptualised as something only for a special occasion; even then, some of the treats mentioned were “*Liga*”, “*dried apricots or figs*” and “*yoghurt*”. For those with ambivalent attitudes, there was less monitoring of the frequency and less certainty exhibited in expressions such as “*probably after his dinner he might get something*”, “*occasionally*” and “*an odd sweet here and there*”.

An over-arching theme arising from parents’ discussions of food related to their construction of health. For a large number of parents, early exposure to a range of food types and to home-cooked food was considered healthy. For a far smaller number, healthy food was a concern because of weight problems in their family. In general it was considered unhealthy to eat processed, sugary or salty foods. However, at times there was notable ambivalence in parents’ attitudes to unhealthy food, with some pointing out that they could not always control the eating habits of their children.

#### 4.4 COMMUNICATION

Communication begins early in development, well before the child begins to speak. Communicative behaviours in infancy elicit social interaction from those around the infant and, by nine months, he or she is engaged in back-and-forth interaction with parents and caregivers, including making eye contact and smiling and laughing in response to others (Paul, 2008). At nine months, most infants are able to engage in joint attention behaviours with others. These behaviours involve sharing an interest in objects or people in the immediate surroundings and are necessary pre-requisite behaviours for healthy social communicative development. Imperative pointing (pointing to get a desired object) and simple imitation are also important markers of joint attention development and typically emerge at nine months also (Kaplan & Hafner, 2006). The development of intentional communication means that parents usually begin to demand more complex and intentional communicative efforts from the infant and, in doing so, begin to shape more sophisticated communicative and language behaviour (Paul, 2008).

In the qualitative interviews parents distinguished between three categories of behaviours by which infants communicated their needs and emotions: *early verbalisation*, *pre-verbal communication*, and *crying*. Parents’ sensitivity to their children’s needs and routines also emerged in discussions about communication.

By nine months most infants can produce sounds in response to other people. Parents reported early verbalisations such as “*mama*” and “*baba*” with indications of consistent use of appropriate sounds, as in “*ba ba ba*” for ‘bottle’. Parents also commented on non-verbal communication and behaviours which indicated joint attention and deliberate communication attempts; infants were described as capable of pointing to desired objects and of gaining parents’ attention by physical contact. Both of these means were facilitated by motor development: fine motor in the case of pointing and gross motor in the case of moving towards parents to make contact. Some more advanced examples of locomotion involved the Study Child leading parents to a desired object or location:

“She’ll basically bring you towards the kitchen and show you, like, ‘Well, I want something to eat now.’” (Mother).



Parents could clearly distinguish real crying from “fake crying” which was considered “whinging or crying for things”. Finally, parents showed sensitivity to their children’s emotional states and could usually respond appropriately:

*“I would know if he had a pain or something. I would know by his cry.” (Mother)*

Most parents could predict the needs of their children based on experience and routine.

*“That is when the routine comes into play. You look at the clock. We know what they need better than they know themselves. If she is getting edgy at all it is time for her bottle, and invariably that is what it is. The routine cuts out all that confusion of why they are crying.” (Mother)*

Though verbal communication was not yet well developed in the nine-month-olds, the majority of parents appeared to be closely attuned to infants’ non-verbal communication. They were generally responsive to their children and interested in the new sounds they were learning and using. A small number of parents had also started reading to their children, which may also encourage development of communication.

#### 4.5 SUMMARY

Habits established in early life, in the areas of daily routine, diet and communication, have consequences for later learning and development, and early childhood is a critical period in development. Parents’ priorities were implicit in how they described their decisions and choices with respect to the child’s routines, particularly in their constructions of health and communication. On the whole, parents appeared to have given some thought to the choices they made. They demonstrated commitment to doing what was best for their child and to giving them the best possible start in life.





# Chapter 5

## PARENT-CHILD RELATIONSHIPS





## 5.1 INTRODUCTION

Infants' relationships with their mother and father can be a model for later development of relationships and are an important part of their socialisation. In developmental psychology, attachment refers to the close emotional bond between a child and their parent, and the strength of attachment is considered important for behavioural, social and emotional well-being (Bowlby, 1951; 1969). The attachment bond develops from birth and, by nine months, infants typically display a preferential attachment to their Primary Caregiver (Boris, Aoki & Zeanah, 1999).

On the basis that attachment relationships are a model for later social interactions, as argued by Bowlby, parent-child relationships were explored in *Growing Up in Ireland*. The quantitative survey included the Quality of Attachment subscale of an attachment scale (Maternal Post-natal Attachment Scale; Condon & Corkindale, 1998) and showed very high levels of attachment. The qualitative interviews also addressed parent-child relationships; the interviews of those with lower scores on parent-child attachment were investigated further with a view to understanding the factors affecting the development of the parent-child relationship. In the qualitative interviews, parents talked about their perception of their new baby and made reference to indications of attachment and to differences between the child's relationships with the Primary and Secondary Caregivers. Parents also described their parental roles and relationship with the Study Child.

## 5.2 POSITIVE ASPECTS OF RELATIONSHIPS

The interviews gave parents an opportunity to reflect on their positive experiences of parenting. They typically stated that they were encouraged by positive responses from their children that indicated secure attachment. There were two main aspects of parent-child relationships which emerged in the interviews: enjoying their child's progress and positive interaction with their child. Both of these contributed to the affirmation of parents in their role.

Parents found that observing milestones and small new achievements by their children was a major reward of parenting.

*"I love [Study Child] at this stage because she is beginning to be more interactive. I love watching them. {...} She is noticing all little things and she laughs hilariously over something, and her interacting with [sister] – they hug and kiss each other. {...} It is fascinating looking at them. They just give you such joy." (Mother)*

In general, parents took satisfaction in their children's positive mood, usually displayed by smiling and laughing.

*"Seeing them enjoy themselves is the main thing" (Father)*

Parents' loving response to their infant was frequently reinforced by children's reactions to their parents. At age nine months, infants' ability to communicate is also developing quickly. They use non-verbal communication such as facial expressions and physical contact to show affection.

*"It is nice they go off and play with everybody ... when they come back they will inundate you with their hugs and kisses. I do love that, like" (Mother)*

*"I love coming home from work and they're here, and they're always running to me {...} I get smothered in hugs and kisses and I love that" (Father)*

There was an implication that the parents' mood was directly related to their children's mood. Some parents talked about the direct impact of interaction with their children on their mood.

*"What do I do, what do I enjoy. Eh, I guess, you know, the company and the joy of the kids and I guess the relaxation and everything, you know, when you come home from work. I guess I feel tired"*



*as well and stressed out and I think the kids sometimes, well sometimes they make it worse but more often they kind of dissolve it, you know. I think their child's play and laughter and everything. So I think they help me relax as well" (Father)*

Affirmation also came through parents' ability to cope with the challenges of parenting; meeting the challenges provided reassurance of their identity.

*"You do get the odd night that's a bit rough but the next day you'll see her doing something or saying something. Just overcoming an obstacle and getting over it and you're going, 'Oh my God, isn't this just amazing?' Every day I say, 'We women are amazing!'" (Mother)*

*"Probably when people say, 'Oh, you've two beautiful kids,' and you're delighted ... It's just those little things that get to you, the little things that make you feel kind of that I am doing a good job. I am" (Mother)*

*"Unconditional love. They come over to you and it is just like ... somebody, people to take care of, and it is the best feeling ever" (Mother)*

In infancy, the nature of the relationship is one of total dependence as infants are unable to tend to their own needs. Parents were affirmed in their role, and their relationship with their child was perceived to strengthen through their ability to cope and to respond to the changing needs of their child. Children used affection and proximity to demonstrate the strength of their bond.

*"The line I use, there's another purpose in life. {...} It's something that's dependent on you, more so than you being dependent" (Father)*

*"He's this little man depending on me and looking up to me. I'm this great person to him. I'll look after him and I'll fix things" (Mother)*

*"I enjoy being a good father because they make me happy when I see them. Every time they come home and they hug me it gives me a lot of joy so sometimes when they demand things I am able to give it to them and it makes me happy" (Father)*

Finally, some commented on shared experience with their children, whether playing at home or feeding the ducks in the park. As one father reflects, time passes quickly and it is important to step back and appreciate time shared together.

*"You are so busy it is only when you sit down after you go, 'God, this is brilliant'. We look at the photographs we have of them and look how you appreciate them. But when you have them during the day, you just, time passes and, you know, it is hard to sit back and sort of step back and think." (Father)*

Both the quantitative survey and the qualitative interviews indicate that the vast majority of infants had strong attachment to both their parents. Relationships were built and sustained through positive reactions and interactions, and through parents' pride in their child's progress.

### 5.3 TEMPERAMENT

Children who are irritable as infants are more likely to be perceived as having difficult temperaments (van der Boom, 1989). These views have been shown to influence parents' later perceptions regardless of whether they were still irritable at six months (van der Boom). Furthermore, difficult temperament can be a barrier to the development of secure parental attachment (Putnam et al., 2002). The qualitative interview explored the ways in which this type of temperament manifested itself in the children's behaviour.



Difficult temperament was associated with being *determined* and *curious*. Some parents stated that infants were “cross” and “frustrated” if “something didn’t go his way”. For some parents, this pattern was felt to occur because children were “spoilt”.

*“When he was first born he was easy but he is getting more difficult because I have spoilt him and he wants me all the time {...} He can’t self-soothe and that is getting to be a bit of a problem.” (Mother)*

Notably, in the qualitative interviews with parents, difficult temperament was also associated with early ill-health. The behaviour of parents in consistently responding to infants’ cries when they were ill may have established a pattern of attention-seeking behaviour in the infants.

*“He is contrary, you know. He whinges. As soon as he hears his father’s voice he starts whinging because he wants to be picked up.” (Mother)*

*“Once you pick him up he would stop crying. That is the problem now. He cries to be picked up.” (Mother)*

On further analysis of the survey responses, children described by their parents as *difficult* were significantly more likely to have been in the Neonatal Intensive Care Unit, to have been *almost always unwell* in the first two weeks, and to be *almost always unwell* at the time of the interview.

Overall, the experience of those parents interviewed who described their child as having a ‘difficult’ temperament was that their child was “tiring” and “challenging” and “time-consuming”. However, the reason for parents’ perception of their children as difficult may also reflect illness rather than a particular innate characteristic.

Temperament is defined as a biologically based difference in behaviour tendencies. However, it is possible that the basis of the behaviour tendency identified here is illness. There are two possible mechanisms that might explain the pattern of results. First, children who are ill cry more in distress, and need and receive more attention from parents. Due to their illness, it is difficult to soothe these children. Secondly, parents respond to crying by lifting the child and giving them attention, which is a reasonable response as they are worried about the child’s ill-health. In combination, these two processes create a pattern of behaviour in which children expect to receive attention when they cry and parents continue to give attention even if it is not directly related to immediate distress.

#### 5.4 DIFFERENCES BETWEEN PRIMARY AND SECONDARY CAREGIVERS

Parents were asked about what they saw as their role as mother or father. In a majority of families it was possible to identify two distinct phases of the child’s relationship with each parent during early infancy. The first phase was characterised by a closer attachment with the mother and by less involvement on the part of fathers. The second phase saw the role of fathers increase as children were able to interact more. Thus, relationships with mothers and fathers typically became more equal with the passing of time, though they were still specialised.

*“He’d look for more sort of comfort with [mother] and that kind of thing, whereas I think he more or less sees me as kind of more the rough-and-tumble aspect.” (Father)*

Infants’ early reactions to their Primary and Secondary Caregivers indicated differences in their relationships. In general, infants had greater opportunity to develop strong attachment to their mother through feeding and prolonged physical contact. Parents often pointed out that breastfeeding placed more responsibility on mothers in the early months, but also placed them in a privileged position to build a relationship with the Study Child. This close relationship, associated with “comfort” and “nurturing”, continued even after mothers were no longer breastfeeding. At this stage, fathers could have closer relationships with older children in the family.



*"I might take the other two off to town on, for a few hours on a Saturday and leave ... you know, I like [Study Child] and I enjoy her. I kind of feel [Study Child]'s harder to manage, more because I probably just don't have as much direct contact with her." (Father)*

The second phase began after weaning, which often led to changes in parent-child relationships. At this juncture, for example, mothers often began to return to work; 79 per cent of mothers who took part in the qualitative interviews had breastfed and over one-quarter were still breastfeeding at the time of the interview.

In the quantitative survey, 56.9 per cent of mothers and 90.6 per cent of fathers were working outside the home either full- or part-time when the child was nine months old (comparable figures in the qualitative sample were 55.0 per cent and 88.6 per cent respectively). According to the parents interviewed, work status has a considerable impact on parent-child relationships. Relationships between the child and parents also changed when some mothers returned to work. Because their mothers were no longer as available to infants, the children's relationships with their fathers strengthened. While evidence regarding the direct impact on children of their parents' employment status is mixed, any effect is likely to be mediated by parents' own understanding of their role. Families that described their lives as more "traditional" followed the pattern of a bread-winner father who was involved in work and social activities outside the home while the mother filled the role of constant Primary Caregiver – "I'd always be around whatever the kids are doing". For many families, their routines fell into similar patterns where evenings involved fathers playing with the Study Child.

*"He probably thinks I'm the evening time entertainment" (Father)*

*"We're conscious because Daddy's in work all day long, and not getting a chance to play with him. In the evening time from about seven to half seven, that's play time for Dad. Now I can go up and join in but it's mainly Dad's play, you know, so I don't spoil it on him" (Mother)*

A small number of these fathers showed an awareness of their role as Secondary Caregiver and the importance of their support.

*I: "And what do you see as your role as [Study Child]'s father?"  
F: "Support [Study Child] and [mother] whatever way I can. If she can't get something done I do whatever I can to get it done."*

The emerging trend in the interviews with these parents was of shared responsibility. Mothers and fathers were both comfortable with feeding, bathing and changing. There was still some division of labour and families had worked out routines that suited their needs, though parents emphasised the importance of equal contributions based on mutual respect.

*"I'm the working parent. I enjoy the work I do but I love having the days off. I try my best to give [Mother] the morning off and I'd go off with the kids. I like that they can relate to me on an equal par with [Mother]" (Father)*

In general, parents shared responsibility for some tasks, although mothers typically undertook most of the household duties. While the breadwinner-homemaker arrangement was common in this group, 59 per cent of mothers had already returned to work and more than half of those who had previously been employed also intended to do so. This is likely to lead to further changes in the routine and responsibilities described by parents in the future.

## 5.5 PARENTS' SENSE OF RESPONSIBILITY

The strongest theme to emerge from parents' descriptions of their role centred on the perceived responsibility to provide for the basic needs of their children; for food, shelter, safety and warmth. Mothers and fathers sometimes held different perspectives on where their respective responsibilities lay; mothers placed strong emphasis on the child's immediate needs, and fathers, to a greater extent, on providing guidance and security. These findings contrast with those of the quantitative survey which found that



*Showing my child love and affection* was reported as the most important element among 69 per cent of fathers, with 22 per cent saying *Making sure my child is safe and protected* was most important.

*“Provide! Provide food and play and {...} routine I suppose; getting through the day with their little needs and things like that” (Mother)*

*“Personally I feel more pressure on myself that you have to make sure he is a good guy in life and stays away from all the drugs and everything” (Father)*

The provider role of fathers was also illustrated by the concerns articulated by a number of parents about the future, particularly in relation to job security.

*“Let’s say the economy goes bad and I am not able to provide for him” (Father)*

*“My key job is to work. I work to keep this place, keep them fed” (Father)*

There were a small number of specific references to keeping their children healthy but the discussion was most often at the general level of protection and provision. Looking at personal development more broadly, parents talked about the development of identity and self-esteem.

*Father: “[To make sure he] develops into a young farmer”*

*Mother: “To give him plenty of love and hugs and give him a secure environment that later on he would be able to talk to us and about what is going on with him, and also to bring him places and do stuff with him that will develop him as a person.”*

The perspectives of parents in talking about their roles most often focused on short-term or immediate needs. They were concerned with the immediate needs of their children, but also with spending time with them. These priorities also relate to changing lifestyle, as noted in Chapter 2.

*“We spend every waking minute with them. Nothing gets done until they go to bed because we don’t want to miss out. {...} I don’t work on Monday and Tuesday and it is not to do housework: it is to be with them” (Mother)*

Reflecting inter-generational transmission of parenting style, one mother recognised the long-term effects of early childhood experience:

*“The role I am most interested in is the nurturer and creating childhood memories that they will rely on. It is giving them {...} experiences so they will be well-rounded.” (Mother)*

For most parents, then, the immediate needs of their children were paramount and busy lifestyles left little time for more abstract consideration of their roles. The qualitative interview gave parents an opportunity to reflect on their roles, and in the main they talked about striving to create the conditions for a happy childhood.

## 5.6 SUMMARY

Relationships between infants and their parents are in an early stage of development at nine months but these are the foundation relationships for children. The interviews indicated that, for the vast majority of families, relationships for both mothers and fathers were positive. Paternal involvement was increasingly a feature of these relationships at nine months and was more balanced between mothers and fathers than during early infancy when the mother’s role was more prominent in the everyday care of the child. Parents’ descriptions of their relationship typically emphasised the practical aspects of their roles but also strongly referred to positive interactions and emotions.



# Chapter 6

## CHILDCARE





## 6.1 INTRODUCTION

The involvement of women in the labour force has been increasing in recent years, from 48 per cent in 1998 to 57.9 per cent in 2009 (CSO, 2011), and has led to an increase in demand for childcare. The combination of increased demand and reduced capacity for high-quality childcare has been dubbed Ireland's "childcare crisis" (Expert Group on Gender and Employment Issues, 2009).

In the literature, reports on the impact of childcare on a range of developmental measures show a mixed pattern of outcomes. For example, the quality of childcare was associated with cognitive achievement, with higher quality predicting higher achievement at age 12 (Belsky et al., 2007) and at age 15 (Vandell et al., 2010), though more hours in non-parental care predicted higher externalising behaviours, risk-taking, and impulsivity at the same ages. Interactions between child characteristics and care setting can also vary: children from disadvantaged backgrounds benefit from centre-based care more consistently than children from advantaged backgrounds (Lamb & Ahnert, 2006). Considerable attention has been paid to the effect of childcare on parental attachment, based on a concern that it may lead to insecure attachment, which has negative consequences for later social and emotional development. Factors such as quality, not just quantity, of child-parent interaction and child's temperament, and cultural practices are also considered (Lamb & Ahnert, 2006). Maternal employment has also been shown to have positive effects on child development, based on greater financial resources, extended social support and personal development opportunities for parents (Barnett, 2004). However, the number of hours worked and the stability of employment are mediating factors in any positive effect on the child. Ultimately, it is difficult to separate the effects of parental employment from childcare which is then often a necessity.

The quantitative survey found that the parents of 38 per cent of nine-month-olds were using non-parental childcare. The majority of these children, 27 per cent, were in some form of home-based care and 11 per cent were in centre-based childcare. Parents expected that at three years of age 69 per cent of children would be in non-parental childcare. The qualitative interview with parents sought to explore the range of considerations that influenced parents' decisions to return to work and their choice of childcare. While non-parental care was currently used by less than half of the families, the topic of childcare prompted considerable discussion in the interviews. The first section of this chapter deals with parents' criteria for evaluating childcare. The chapter then describes parents' perceptions of how children can benefit from childcare, of how it affects parent-child relationships, and of work-life balance in general.

## 6.2 EXPECTATIONS

For parents, passing the responsibility for childcare to someone else was a big decision. Most families had weighed up their options and could clearly articulate their expectations for the childcare setting they chose; in the quantitative survey, *the quality of care provided* was the most common reason given for the choice of childcare (66 per cent). The qualitative interview further explored how parents determine or assess the quality of childcare provided. According to the parents interviewed, recommendations from friends and family members were the main source of information on childcare settings. Five criteria could be identified by which the quality of care was evaluated by parents: *staff, facilities, flexibility, regulation* and *cost*.

With regard to the attitude of childcare providers to their role, parents expected a level of care as close as possible to that provided by the parents themselves.

*"Basically she just gets the attention she needs, you know, and I don't think it's that I'm being precious. I don't want her spoiled; I just want her cuddled when she's upset." (Mother)*

*"[The childminders] are an older couple. She would be in her sixties, they both would, and they have been doing it for years. Honest to God they couldn't treat them any better than if they were their own grandkids." (Mother)*





When deciding on the best childcare setting, parents typically considered the size of the childcare facility and the number of staff on site; they generally preferred smaller operations with higher child-staff ratios, which were perceived as more like extended families than schools.

*“He is in a smaller crèche there are probably 30 kids, I think. Imagine more kids, you would wonder, like they are all very well run, but you just wonder how much interaction, if something really went wrong, how it would actually be looked after.” (Mother)*

The facilities offered by each childcare option were also important for parents. They most often referred to the range of activities available, the quality of the food provided, and the cleanliness of the childcare centre or childminder’s home. Parents also wanted their children to be stimulated just as they would be at home.

*“She has mountains of books. ‘Cause no matter what time, if I collect them early, later or whatever time, there’s never, hardly ever a television on, and she would be sitting in the middle of the floor either doing jigsaws or colouring with them or reading books.” (Mother)*

Flexibility was an important consideration, perhaps reflecting the wide variation in the hours worked by mothers when they returned to work; almost half of the mothers who were working had part-time jobs. For many of these mothers, centre-based care, which tends to have strict arrival and collection times, did not suit as well as home-based care, which offered greater flexibility.

*“I know some girls who had them in a crèche and it can be very regimental. I know one of the girls was half an hour late – her mother was in hospital – and they were giving out.” (Mother)*

*“I didn’t like the set-up. The chief person was just so strict and so into routine. It was like school. Everything was, 11 o’clock their lunch or their tea, their nap at 12 o’clock. If they wanted it or not, they still had to go in to the room.” (Mother)*

In the childcare sector, policy and regulation is the responsibility of the Department of Children and Youth Affairs while the Health Service Executive is responsible for inspection. For parents using centre-based childcare, the level of regulation and supervision was an important assurance for some parents. It was seen to guarantee a certain standard of care and to remove some of the risk involved in informal arrangements.

*“[Childcare centres] are more regulated and it’s a safety thing at the end of the day there, you know. {...} And they’re inspected and they have to adhere to rules and whatnot.” (Father)*

Formal, state-regulated childcare was also valued by parents who did not have informal childcare available or who had reservations about asking family members to provide childcare. For some families, centre-based care has advantages over informal care by family members.

*“We have great confidence in the fact that we can drop them [to the crèche] in the morning and we know there is no nerves. No offence, it sounds terrible but when it’s like, I drop them up to your Mom and Dad and it is just because they are, like they are well into their 70s and it is a case that everything in their house is breakable.” (Mother)*

Notwithstanding some parents’ faith in the system of regulation of childcare, some parents had mixed experiences of centre-based care.

*“I put her in for half a morning and I felt she was money-orientated and a few strange things happened like they were feeding the babies on the floor with a spoon with no support. {...} My gut feeling, I took it on board and I went to a different crèche and I love the crèche now and the girls are lovely. {...} The other crèche I thought was just, they wanted your money rather than your baby and this one is the opposite. It is all about the children.” (Mother)*

For parents whose children were in full-time childcare, the cost of provision was “nearly as much as your mortgage” (Mother). Indeed, 35 per cent in the quantitative survey reported that their childcare choices were influenced by financial considerations and constraints at least to some degree. The fee arrangements of childcare companies were also a source of frustration for parents. Parents also had to pay fixed costs for a



place in childcare, rather than per day, which made childcare more expensive. For a number, the combined effect of the cost and inflexibility of childcare meant it became a barrier to returning to work.

*“If I was putting them into the crèche it would cost me €180 for [Study Child] and costing €120 for [Study Child’s older brother] regardless if you put them in two days or five days.” (Mother)*

*“We just can’t afford the childcare so that’s it. I have to stay here.” (Mother)*

*I: “And would you go back to work?”*

*M: “Oh, I would the minute I could find something that would pay for a childminder and to be at work.”*

Reflecting the emphasis placed by parents on the importance of their children’s early development, childcare was an issue of very significant concern. They consulted widely with family, friends and public health nurses when choosing what they considered to be the best form of childcare for their child. The interviews provided valuable elaboration on the concept of ‘quality of childcare’ which, for parents, typically included consideration of staff-infant ratios, the nature and quality of the facilities available, management and regulation, and cost. Cost emerged as an important influence on childcare choices and also clearly constrained the choices of some parents, even to the point that a number felt they were not in a position to return to work because of childcare costs.

### 6.3 PERCEIVED BENEFITS OF CHILDCARE

Parents articulated a number of levels at which the benefits of childcare can be considered. According to parents, there are benefits for children both in the short and the long term, which include greater opportunities for socialisation, greater access to developmental resources, and early childhood education. Parents also believed that using childcare can facilitate their own personal development, whether social or professional; some parents suggested that their personal development has indirect benefits for the child too. Returning to work was also believed to have positive financial consequences for the whole family.

For the parents interviewed, socialisation was the most frequently mentioned benefit of childcare.

*“Yes, I think it changed them completely. They can interact with other children and they’re learning more from other children than they are possibly at home.” (Mother)*

*“I just think it’s just for social skills and that. A friend of mine says it’s really good, it teaches them to share and {...} I just think it’s just really good for him, I mean for both of us.” (Mother)*

The kind of interaction with other children and adults that was available through childcare was seen by parents as something that would not otherwise be available to their child. These benefits were frequently mentioned by single-child families.

*“The crèche is fabulous, em, and they’re just really nice with him and they sit down and play all day with him, literally they’re lying down on the ground playing with him playing all day long, I mean, he doesn’t get that at home with me. Em, I just think it’s just for social skills and that.” (Mother)*

Childcare facilities also offered parents opportunities for socialising and other forms of personal development. This was important for all parents but was noted especially by parents who had moved to a new area.

*“Then I came to [a town in the West] and it was kind of hard as well but I got crèche then, put him in for four hours a day and that settled him and settled me. We’re different people after it! {...} When I put him in just for the four hours every day I was able to go to aerobics then and, you’ve all the weight-gain issues and all that so you feel better in yourself then.” (Mother)*

Parents often assessed the benefits of childcare by comparing their own children to others with different arrangements.



M: *"I like that he is with other children and as a result he is more sociable I think."*  
F: *"Yeah, my cousin's wife is at home full-time and her kids wouldn't be near as outgoing as he is now."*  
M: *"He is very free."*  
F: *"Whereas they would be quiet."*  
M: *"He doesn't get startled by new situations."*  
F: *"They would be stand-offish with other kids straight away whereas he wouldn't."*

It is understandable that parents who had chosen to use childcare may often emphasise the benefits for them and for their child; those who were caring for their children at home were equally positive about their decision. It is also possible that those who had negative experiences might have discontinued their use of childcare.

#### 6.4 IMPACT ON RELATIONSHIP WITH CHILDREN

Both fathers and mothers have been reported to experience separation anxiety upon returning to work, though this is mediated by their willingness to resume work (Hsu, 2004; Wille, 1998). In the qualitative interviews, parents talked about their own experience of separation anxiety, about attachment, and about their fears of missing out on aspects of their child's development. For families where both parents worked and where children were in childcare, the strict routine placed some strain on both parent-child relationships and relationships between parents.

*"We don't have time with her. The only time we have with her is on the weekends because when we come in at six she's on my arm and we're trying to get the dinner ready, and she goes to bed at seven o'clock and if we don't put her to bed she's crying {...} 'cause she's tired; she's up so early in the morning." (Mother)*

Some very negative sentiments emerged when parents talked about the change in their relationship with the Study Child when they returned to work.

M: *"Sometimes I feel I'm missing out, definitely like yeah."*  
I: *"Missing out on?"*  
M: *"Little, eh little milestones, you know, and just missing out on time like, I just, I don't want to talk about that too much or I'll get upset."*  
*"I have to say that I feel em, heartstrings every time I drop [Study Child] to the crèche every day." (Father)*

For other parents, the primary response to placing their child in childcare was guilt, which may result from the separation anxiety already referred to.

*"I did feel quite guilty that I was going to be leaving her with someone and leaving her for the full day, and I had a friend who had huge problems with her child. He was always very upset and she'd be, you know, half an hour in the morning trying to extract herself from the situation. {...} I think that was more upsetting for me than her but she does get on really well." (Mother)*

While there was no formal assessment of attachment in the qualitative interviews, parents' judgements of their children's reactions to childcare illustrate some of the potential issues raised by using childcare, though any long-term impact cannot be assumed. While some parents looked for indications of attachment in the child's reaction when they were collected, others were trying to accept the change in the relationship.

*"She does miss me, 'cause the minute she goes into the childminder she has her hands up." (Mother)*  
*"It's no longer you. It's, you know, you're no longer the centre of his universe, you know, and that's kind of hard." (Mother)*

Children in childcare often developed close relationships with their carers.



*“She is like a second mother. Mammy One and Mammy Two.” (Mother)*

This was especially apparent in the experience of families who used home-based rather than centre-based care.

*“That is the only thing that she is more used to other people and she was only used to me before. I am jealous.” (Mother)*

The roles of mothers and fathers changed to some extent with the use of childcare – a point when people other than the parents, whether service staff, childminders or extended family members, assumed responsibility for the care of children for extended periods. For some parents this resulted in negative emotions such as guilt and anxiety, though the long-term effects of this period of transition have yet to be established for these families. Much of the longitudinal data on the impact of childcare has focused on cognitive outcomes, an issue that can be explored further in subsequent waves of **Growing Up in Ireland**.

## 6.5 WORK-LIFE BALANCE

A central decision for mothers of nine-month-olds is whether to return to work or not. In the qualitative sample, there were both mothers who were full-time carers in the home and mothers who had returned to work, including some who were the sole earner in the household. The decision to work or not has consequences for mothers' careers and for their relationship with the Study Child. Three major themes emerged in the interviews: the extent to which mothers felt they had a choice; parents missing out on things at work and at home; and the attitudes of employers to mothers with children.

Among those mothers who were caring for their children at home, there were some for whom it had been a personal choice and others who were prevented from returning to work for a range of reasons, primarily the cost of childcare (as noted earlier). The following account is an example of a mother who was satisfied with her decision to stay at home:

*“Especially with the situation that’s going on with the economy and everything. I’m very happy to be a stay-at-home mum. {...} My time is going to be up with the kids and then I will be going back to work so the time that I have got now I may as well enjoy it because it’s going by so fast.” (Mother)*

For parents who had chosen to return to work, adult company and adverse financial circumstances were the two main motives.

One mother explained that both her children and her partner were financially dependent on her:

*“I think now kind of with two kids depending on me now, and [my partner] and the house and all, it’s kind of like, I know I have to stay working, do you know what I mean. {...} It’s the food in their mouths and the clothes on their backs.” (Mother)*

Other mothers spoke about the benefits of working outside the home for their own mental health:

*“It does keep you sane. You can’t constantly be with kids and other mummies. It is nice to even chat to the lads about anything that isn’t to do with mummies and babies. It is nice to have a bit of escapism.” (Mother)*

*“I like my work, I enjoy my work, and I enjoy the mental stimulation so I am not cut out to be a {...} full-time mum.” (Mother)*

Despite the general trend towards more equal participation of men and women both in the workforce and in home duties, the persistence of more traditional attitudes to social roles was observed. A small number of mothers interviewed stated that they were expected by their husbands or partners to take the role of Primary Carer even if he was not working.



*“He wouldn’t go out to work so I was back at work when she was ten weeks old, and then {...} he’d be ringing me, ‘Come home. It’s your work here. It’s your job or your daughter. Make your choice.’”  
(Mother)*

Whether mothers chose to return to work or not had financial consequences for families. Just as mothers returning to work saw positive financial changes for the family, mothers who worked at home noted the material sacrifices they made.

*“We didn’t have the holidays that maybe people would have with two incomes, and I wouldn’t have had the clothes maybe. {...} It would bother me from time to time.” (Mother)*

The study’s quantitative data indicates that 37 per cent of mothers and 42 per cent of fathers reported that they had missed out on home or family activities because of work. The qualitative interviews allowed parents to describe and elaborate on those experiences. Some talked about missing out on developmental milestones, as noted earlier. Others pointed out that they had missed out on entire days with their child.

*I: “And are there difficult things about being back at work?”  
M: “I suppose tiredness would be one of them because of the shifts I do and not seeing [Study Child] for a day or two. If I am working late or early I won’t see her. The only time will be giving her a kiss in her cot and I am gone and that slightly affects me and I make it up. I do feel guilty. There is a lot to be said for women not working but it has to be done now.” (Mother)*

Parents were also asked in the quantitative survey about the impact of family life on their careers; the findings indicated that 25 per cent of mothers and 17 per cent of fathers had had to turn down work activities or opportunities because of family commitments. Many of the parents interviewed talked about stresses arising from childcare arrangements, including tensions between work-related demands, including the expectations of their employers, and the need to care for their children.

*“Like if [Study Child] got sick during the night now, I couldn’t go to work the next morning. I’d ring them the next morning and it would be kinda like, ‘Oh we can’t,’ like, ‘We need notice, notification’. And I’m like, ‘I can’t notify you two days before that the baby’s not going to be well’, do you know what I mean? Then I’ll feel it then when I go into work the next day, they’d be kinda like, they’d be looking at me like, ‘Oh, now you have to pull your socks up’, you know that way.” (Mother)*

Parents accounts’ suggest that there was considerable variation in the provisions made by employers for parents returning to work. As already indicated, some mothers were unable to continue working because of inflexibility in working hours. Despite clear policies on working time and parental leave, in practice mothers’ ability to take time to look after their families in situations where an emergency arose was determined by the attitude of their employer. Most mothers who worked also remained the Primary Caregiver of their children. This meant that they had to attend to any problems in the family, which had consequences for their professional life. There was a perception among some mothers of a prevailing culture in their workplaces that made it difficult for them to progress with their careers.

*“I mean with work, it’s very male-dominated, {...} it certainly is and I certainly wouldn’t have any, any, you know, aspirations to go any higher in the job that I’m doing because it would mean more time away from him [Study Child] and that’s not even an option. He’s always going to be the, you know, it would never be between the two of them, no. He would always win.” (Mother)*

However, the culture was not restricted to male-dominated fields; the pressure to cope with work and family life was frequently expressed by the women interviewed.

*“I think it’s sometimes a bit difficult with women, ‘cause I work in a female-dominated profession and I think that women can be quite tough on each other and always trying to em, just, you have to appear to be, to be seen to have everything under control. {...} It’s very difficult, you know, but you don’t want to ever let that vulnerable side show in work, ‘cause [it can make a difference] sometimes putting yourself forward for things.” (Mother)*



There were also examples of employers who were portrayed as supportive of parents and as providing a family-friendly work environment. As with the discussion of breastfeeding in Chapter Three, this again illustrates a policy-practice gap and how the implementation of policies such as those on employment rights depends heavily on the individuals in positions of responsibility.

*“My boss is probably the best person ever in the world that I could work for. He’s brilliant and I’m very lucky. He’s a family man himself so I think he understands the way things are.” (Mother)*

Those who returned to work were somewhat conflicted in their feelings and described having to make a choice to a greater extent than finding a balance between responsibilities at work and at home. Reflecting the tensions apparent in parents’ discussions of work-life balance, their intentions with regard to work and childcare were bound by practical and professional constraints. Some parents anticipated that they would ultimately have to choose between work and caring for their children because they were unable to balance both. For the parents in the qualitative interviews, then, it was less a question of work-life balance than of a choice between looking after their family or pursuing a career.

## 6.6 SUMMARY

The issues of childcare and parents’ worker identities are inextricably linked and make for one of the major decisions of children’s early lives. The parents interviewed were trying to balance their child’s peer socialisation with parent-child relationships, their own responsibility to provide for their children with looking after them at home, and their ambitions or responsibilities as parents with careers. For many, the result was tension rather than balance and parents expressed mixed feelings about some of the decisions they had made. Attempts to achieve a balance were not always supported, and were sometimes thwarted, by employers. Despite policies on parental leave and employment rights, attitudes to families were not always perceived as accommodating.

The cost of childcare and the revenue models used by providers created further problems for parents. They were either discouraged from entering the labour force by the cost of care or found the schedules of the providers were not very accommodating for those parents who did work. The role of economic forces in parents’ decisions to use childcare is somewhat paradoxical, however. Economic necessity was a reason frequently given for parents re-entering the labour force. However, childcare was described as expensive and, for some families, was too expensive for their work to generate a worthwhile income.

On the positive side, parents rated the socialisation opportunities for their children as the greatest benefit of childcare, though this was different from the cognitive and academic advantages which other studies have identified. Essentially, parents wanted childcare to be as much like the family home and the parents’ care as possible, while adding the social dimension. The extent to which early experience of childcare settings affects later social skills, as well as other aspects of development, is an interesting question which can only be addressed in subsequent waves of the longitudinal study.



# Chapter 7

## SOURCES OF SUPPORT





## 7.1 INTRODUCTION

Social capital has to do with individuals' ability to gain benefits by virtue of social relationships and membership of social networks (Portes, 1998) and is built up through the reciprocation of small favours (Winkworth, McArthur, Layton & Thompson, 2010). Woolcock and Narayan (2000) distinguished three types of social ties for parents, which closely parallel Bronfenbrenner's bioecological model. At the first level is the close bond between parents and their family and friends. These relationships act as a bridge to the second level, social networks, which give greater opportunities for social participation. Thirdly, these social networks can link parents to institutional and statutory supports. Social support and social capital have been identified as protective factors during pregnancy (Chomitz, Cheung & Lieberman, 1995) and in the post-natal period (Brown, Harris & Hepworth, 1994), though they remain important over the life-course.

The quantitative survey showed that 71 per cent of mothers reported that they got *enough support*, 10 per cent *not enough*, and 5 per cent *none*; the remaining 6 per cent reported that they did not need any support while 8 per cent said their family lived abroad. The question in the quantitative survey referred only to support from sources outside the household; in the qualitative interviews mothers talked about the Study Child's father as a primary source of support. The interviews with parents also looked in more detail at emotional support and the advice provided by the Study Child's grandparents, as well as by parents' siblings, peers and the community. The themes of *influence*, *advice* and *practical help* were identified by parents as significant in relation to all sources of support.

## 7.2 SUPPORT TO MOTHER BY STUDY CHILD'S FATHER

As noted in Chapter Two, most mothers reported being happy in their relationships. For a majority of mothers, their partners were the main source of support. Psychological research has indicated that fathers' involvement in their children's lives is of great importance not only for the children's development but also for the wellbeing of the mother (Pleck, 1997). Emotional support from the father is associated with lower levels of maternal stress, which can enable the mother to be a better parent (Cowan & Cowan, 1992).

The quantitative survey reported that most parents had low levels of parental stress, although higher rates were reported among lone parents. Consistent with these findings, some parents in the qualitative interviews reported that they did not experience high levels of stress primarily because of the support they received from their partners.

*"We don't let things get to us. We talk about it so we don't get stressed." (Father)*

Practical support took the forms of tending to the needs of the Study Child, providing transport, and financial support – *"His bank card is in my wallet!"*. Fathers contributed to most aspects of looking after the Study Child, though there was some reluctance around nappy changing, according to a small number of interviewees. For some mothers, support was manifest in allowing them time to pursue their own interests.

*"I go to a yoga class once a week. I do something which I did before I had her, which is climbing. I started back to {...} rock climbing, and I play music as well, so I suppose I try to encourage [Father] a bit to make time to do things that he wants to do." (Mother)*

Non-resident parents were reported to provide varying levels of support for children and resident parents. Relationships ranged from *"he's seen her twice and he doesn't seem to want to be involved"* to *"fairly useless"* to *"he would take them at the drop of a hat"*. The negative impact of lack of support from some non-resident parents was lessened when other sources of support were available such as that from grandparents, extended family members and peers.





### 7.3 SUPPORT BY STUDY CHILD'S GRANDPARENTS

In both the quantitative and qualitative surveys, 89 per cent of parents said they had regular contact with the Study Child's grandparents. Grandparents were reported to offer a range of practical supports, from baby-sitting to buying toys and clothes. In the qualitative interviews, parents had an opportunity to consider other ways in which grandparents played a role in the Study Child's life, primarily with day-to-day advice but also as a general guide on parenting style based on parent's memories of their own childhoods. There was some variation in parents' openness to grandparents' input, as detailed below.

Parents often talked about the Study Child's grandparents acting as a role model in relation to parenting. While there are two possible ways for parents to react – either to repeat what was good about their own early experiences or to avoid what they thought was not so good – almost all the parents saw their own parents as a positive influence.

*"The way I was brought up, I think I copy a lot from there." (Mother)*

*"She was my inspiration." (Mother)*

*"I even hear myself saying things to the children, and I'm going 'Oh my God, Mummy said that to us', you know, really turning into my Mum." (Mother)*

*"Even though it is years since she had kids she would, you would just automatically ring your mum." (Mother)*

The influence of their own childhood experiences on parents' practices and choices was highlighted both in a general sense and as an influence in more specific areas.

*"I would make a point of not getting organic food. I just, I was never brought up on it and neither was he [Father]." (Mother)*

*"Sometimes I should maybe just leave him and if he doesn't want to eat, he doesn't want it, you know, but I don't know if it's just the way my Mum would've brought us up, as in, you eat your dinner, you're healthy and you're well." (Mother)*

*"His parents are alright but not my parents. No way. The main influence on me would be the opposite of what my parents did. {...} [My mother] was an alcoholic. {...} I would just never do that to my kids." (Mother)*

There were mixed views on the appropriateness of advice from grandparents in some cases. Parents were open to advice but direct input, often labelled as "interfering", was also common, though less acceptable to parents.

*"They've never been interfering in that they'd say 'You should do this.' {...} They've left us to our own devices, which is what we've wanted really." (Mother)*

*"They would be very supportive maybe in a knowing word or {...} they would reassure you everything is okay." (Father)*

The view taken by many parents was that they listen openly to advice before evaluating whether it is best for them and their family.

*"I mean like, I would be straight forward enough with them. 'Well, look, that is what you done with me but this is what I am doing with him', but, I mean, there would be other times when you say, 'Oh, I never thought of that'." (Mother)*

Practical supports like baby-sitting and bringing children to childcare were also provided by grandparents, which often coincided with providing a social outlet for children. Grandparents' visits centred on "entertaining" and "playing".



*“They even have a great bond with your [Father’s] Mum. She makes them laugh all the time like [...] and the children] always give kisses and hugs before they go.” (Mother)*

In the quantitative survey, 64 per cent of parents (compared with 62 per cent in the qualitative survey) reported that they had family members living in the vicinity. This physical proximity was valued by parents, particularly where grandparents live “up the road” or “round the corner” which meant they were more likely to pay daily visits. A further distinction was drawn between seeking help “if I was stuck” and more routine, planned support. Grandparents were contacted immediately for a high temperature, a cough, or a rash, for example, while babysitting had to be booked “two, three weeks in advance”.

There were also some interviews where parents talked about the impact of grandparents not being available as a source of support. The reasons for this varied widely, ranging from family disagreements to emigration to the differences in relationships between parents and their own siblings. If parents perceived their own parents as already catering for the childcare need of a sibling, this often discouraged them from seeking support.

*“They don’t babysit ... for the reason that his [Father’s] sister has also got children like us and the parents would do everything for those two kids but sometimes in the family it’s turned the wrong way and I’d often hear [grandmother] say ‘I did this and this and this and this for these kids’ {...} like it’s more of a trouble.” (Mother)*

When a lack of support from grandparents was reported, parents tended to rely to a greater extent on some of the other potential sources of support, including those available from extended family members and peers.

The grandparents of many of the children in the qualitative interviews are a prominent presence, with their influence extending from a subliminal effect on parenting style to support through regular contact. In most families, the relationship between parents and grandparents was one of trust and parents readily accepted their support. While grandparents themselves were not interviewed for **Growing Up in Ireland**, the value of their contribution to children’s lives was clearly articulated by parents.

#### 7.4 SUPPORT BY PARENTS’ EXTENDED FAMILY

Extended family members – that is, siblings, aunts, uncles and cousins – supported parents in similar ways to peers, as detailed in the next section. Family relationships emerged as more intimate in quality compared to peer relationships so are dealt with separately here. The main reason for seeking advice and support from family members other than grandparents was the recency of their parenting experience; that is, parents felt that their siblings and cousins were facing the same or similar challenges.

*“[Grandmother] only had the two boys and they are well grown up. Like, there has been nobody young since that. I am kind of thinking, well, it has been 25, 27 years since you have had a baby. I know that it is probably terrible but I have others that have had more recent [experience].” (Mother)*

*“[My sister’s] kids are well brought up and, do you know, they’re, again, well-mannered and I would respect her to a certain extent, you know, what she’s done with her children.” (Mother)*

The opportunity for children to socialise with their cousins was another reason for seeking support from extended family members. Socialisation in general was noted as a benefit of childcare but, in the case of cousins, parents were more interested in bonding and more sustained friendship.

*“All the grandchildren are together playing and it’s great. {...} I think they’ll develop great memories of all their cousins when they’re growing up and the great stories they’ll tell each other when they’re older.” (Mother)*



The nature of the support falls into themes similar to those of grandparents: advice and practical support. Advice was again contrasted with interfering, as well as with “*comparing*” which is described in more detail in the next section.

## 7.5 SUPPORT BY PEERS

Parents frequently talked about the impact of having a child on their relationships with friends who were also expecting a child. They also spoke about new friends they had made since the birth of their child, most often through parent-and-baby groups, and about the internet emerging as a source of support. The biggest difference between these and other sources of support was that they were more mutual, and parents were happy both to give and to receive advice. In this regard, comparison with other children’s development was valuable for parents. New social groups were also an asset for children in their social development and as a social outlet for parents, though they were criticised by some parents for being somewhat exclusive.

Changes in patterns of socialising with friends were frequently described by parents and the reasons often hinged on whether their friends also had children. Parents were less likely to see friends who were not parents “*cause you’re doing different things*”. When parents’ friends did have children, the children tended to become the focus of their socialising.

*“We might have gone out at night before for a few drinks but now they bring their kids over here or we’ll go over to them, or go to the playground together. I suppose your life changes from that point of view” (Mother)*

Nonetheless, long-standing friendships were important and coping by talking about problems to friends was a consistent theme.

*“She [a friend] kind of keeps me sane, if you know what I mean. She comes up in the evening and the two of us would sit there and give out over things and that helps I think. Not even giving out but thinking of the funny side. She helps me laugh about things.” (Mother)*

New relationships developed from more formal social interaction in community-based resources, such as breastfeeding and mother-and-toddler groups, that later developed into supportive social networks. In both existing peer groups and new ones, support took the form of comparison and reassurance rather than advice and instruction, as was more common with grandparents. Similarly, practical support was mutual, as in visiting and socialising, rather than one-way, as in transport and baby-sitting provided by grandparents.

*“Then [Father] was commuting {...} so I remember being quite lonely down there and eventually I decided to join this mother-and-toddler group, and it was great actually. I did and I met my good friend through that.” (Mother)*

*“[Breastfeeding group] was brilliant because you could, you know, when something comes to you, you think it’s only happening to you and why is it and things like that. When you go to such groups you hear other mothers speaking about issues and you think, ‘Oh, you’re not alone.’” (Mother)*

Reinforcing the mutuality of these peer relationships, parents played the simultaneous roles of giving and receiving advice, depending on the relative ages of their and their peers’ children. Experiencing both the anxiety of being new parents and the authority of experience made for a more balanced perspective on parenting.

*“I do ask other friends, like that friend in particular who has a baby who’s four months ahead, I would ask her, ‘When did you do this? When did you do that?’ {...} And there’s [mother’s friend] who’s just, her little fella’s six months behind. She’s doing the same thing to me, you know, asking me the same kind of questions.” (Mother)*

Over time, the social networks that developed from mother-and-baby groups became less formal and moved towards being groups of friends.



*“You [Mother] brought him to baby massage {...} and you stay in touch now as well {...}. I mean, you might get a call and it might be like lunch or whatever. I think it’s really cool, you know, to see how they’re getting on.” (Father)*

However, groups like these tended to consist mostly of younger mothers. It is perhaps noteworthy that in some cases the experiences of fathers and older parents was not always as positive.

*“The children were just playing around. There wasn’t as much communication, I thought, between the parents. I felt like an outsider, really.” (Father).*

*“To be honest with you, and I’m not being bad, I’ve seen some of them going down to it and they’re 17- and 18-year-old young ones that are going and I can’t relate to people like that so I don’t go down, that age thing and everything else, you know what I mean? And I don’t think I would get on with them.” (Mother, aged 36)*

Two routes to the development of parents’ peer relationships were identified: when existing friends had children and when parents met through community-based groups. The advantages applied equally to both; parents talked about the value of comparing their children’s development as well as the importance of the social outlet for them and their infants. It is worth noting, however, that not all parents felt they could avail of these kinds of supports.

## 7.6 COMMUNITY SUPPORT

Moving beyond peer networks, this section deals with the influence of the community on the development of the children, an important component of Bronfenbrenner’s exosystem. A prominent source of community support was the media, including the internet; parents in the qualitative study frequently talked about how they gathered and evaluated information on parenting.

In both the quantitative and qualitative surveys, 90 per cent of respondents said they felt settled in and part of the community where they lived, and 87 per cent of families intended to remain living in that area. In the qualitative interviews, parents described their community activities in some detail. In combination with extended family relationships, these community connections build the social capital which some authors have argued is an important factor in child development (Putnam, 2000). The quantitative survey also sought to identify the ways in which connections to the wider community were made by parents.

Consistent with research on attendance at religious services, which shows that large numbers of Irish people go to Mass regularly (Fahey, Hayes & Sinnott, 2005), the church was identified as a site of connection to the community. However, some parents appeared to be part of a different trend, whereby immigrant communities meet people from similar ethnic backgrounds through their place of worship but these meetings take place separately from existing parish activities.

*“We have been in a choir. {...} It is a Filipino choir ‘cause there is a service in the church at [parish] and it is like every Saturday of the month, so there is a Filipino choir singing there.” (Mother)*

Parents also met their peers and neighbours at childcare centres and, for families with children older than the Study Child, at school. As mentioned earlier in the discussion on peer support, sharing experience of and comparing developmental milestones with peers was considered valuable, and the school gate was a common location for such conversations. Relationships with peers were positive for parents and for their children; they reduced the risk of social isolation for parents who worked in the home, and benefited the social development of their children.

*“Having children in the school in particular, you stay connected to people. It is quite easy that way. You meet a lot of mummies that you wouldn’t have known before, so you do feel a big part of it, yeah.” (Mother)*



Social outlets such as pubs and book clubs, sport and exercise, and community activities like involvement in school management were frequently discussed as ways of coping with stress. Some activities explicitly associated with stress relief, such as yoga, were also quite popular. The more conventional sites of socialising, in pubs or through sports clubs, were valued by some families.

*“You’re fierce connected with the Gaelic Athletic Association (GAA). [Father] would know absolutely everybody and anybody like around, you know.” (Mother)*

It was possible to identify a number of factors associated with families’ level of involvement in their communities. A major barrier to involvement was long working hours and long commutes, as detailed in the previous chapter on work-life balance. For people who moved into an established area it was also sometimes difficult to integrate into the community.

*“You feel like a bit of an outsider coming into their gang.” (Mother)*

*“When I was here, the first year, I felt people were always starting in the middle of a story or the middle of a sentence and I missed something. But being a so-called blow-in – and being told by my sister-in-law who is from twenty miles down the road that she will never fit in, and I am from three thousand miles away – how will I ever fit in?! I definitely feel included [now]. I never feel excluded in that sense.” (Mother)*

Likewise, new housing developments had not yet developed an identity and it was difficult for residents to make connections. Even the small minority of families (10 per cent) who reported that they were not settled in and part of the community implied that, while it would take time and effort to get more involved, they saw the value of making connections.

*“It is a new estate, and a new community really, so it takes a while.” (Father)*

*I: “And [are you] involved in anything in the community?”*

*M: “Not yet. It takes time to settle in.”*

There was no reported difference in feelings of community connectedness for families living in urban or rural areas. However, there were a considerable number of reports of challenges in making connections with neighbours in their communities.

*M: “There is a lady at the bottom of the road and she organised {...} a night out for all the ladies on that night and there were 33 houses and only six showed up.*

*I: “Okay, gosh; and you went?”*

*M: “Oh, I went, yeah. I wanted to try and get to know people but I suppose everyone has their own personal lives.” (Mother)*

*“There’s a park down there [but] everybody kind of sticks to themselves, do you know what I mean?” (Mother)*

The degree to which families could become involved with, and benefit from, their community was promoted or restricted by one consistent factor identified by the families who took part in the qualitative interviews: the facilities and amenities available. Even for those families who were not closely involved at the time of the interview, the possibility of future participation was seen as a positive thing and the potential value of community facilities was recognised. However, for those families that were not happy with where they were living and whose communities were not well resourced, there was a generally negative impact on their lives in terms of the quality of the local environment and their feelings of safety (Williams et al., 2010).

Regardless of geographic location, almost all parents had access to information on parenting from a range of sources. For example, in respect of healthy eating, families were influenced by dieticians, public health nurses and national public health campaigns – *“all the five-a-day and all that”* (Father).



*“She’s a public health nurse and {...} she advised me to buy this [book ...]. It’s been fantastic, and an education even to teach you how, well, you know, what’s in each type of food and how to feed them and what to give them when {...} which is, like, you know, when you have your first baby, you’re kind of going, ‘Oh God!’” (Mother)*

For some parents, new sources of information were being added to the trusted group of health specialists, including television programmes that combine entertainment with information and advice.

*“You know, you do watch these silly programmes, ‘Nanny 911’, ‘Supernanny’ and those things, and in fairness, there’s a lot of things that they do are actually quite good in a way, you know, discipline things, you know, the naughty step and, you know, just ignore bad behaviour sometimes and put them out of the room, {...} those type of things, or rewards charts.” (Mother)*

A new form of community support had emerged for some parents: online discussion groups. Parents could share any difficulties they were having and the online community responded with their experiences and recommendations. For the exchange of basic information, the online community was valuable. However, the use of these kinds of unverified resources sometimes turned out to be cause of further stress for parents, especially in more serious cases.

*F: “The hospital done a whole battery of tests and we came back and doctors would have hinted at things just to give us enough information to worry us and we would come back and look it up and, say was it breastfeeding, jaundice or the more serious brain damage, and we were thinking, ‘Is this what it is?’ so it was like a little bit of information is dangerous because we would actually go about finding out.”*

*M: “Once we got the word brain damage and death on the internet we stopped looking on the internet, so we were in the dark.” (Parents)*

Parents sometimes received conflicting advice and a number drew attention to the question of how to evaluate the information available. For example, some parents had read self-help books, parenting books and parenting websites, and found contradictory or ambiguous advice from so-called experts. Others pointed out inconsistencies and the tendency for recommendations to change over time.

*“Every week there is a new survey and a new way to do it. When we were born we slept on our bellies and now they sleep on their backs, and it was on the side. You just go with it.” (Mother)*

*“Milk, bananas, and yoghurt, I’ve heard that {...} those few things are where you’ll get the greatest health benefits. {...} That’s what I’ve heard anyhow. I’ve kind of read it second-hand from an article.” (Mother)*

Parents may be faced with a bewildering number of possible answers to questions or concerns. Leaving aside the quality of the information, the challenge for parents was in evaluating the credibility of the source. Parents also frequently depended on and valued information given to them by family members and friends. Especially for new parents, good information on milestones, recommended foods, behaviour and so on was seen as valuable. For many parents, then, the community can be defined broadly as including geographically bound groups as well as virtual ones. The proliferation of information sources, however, was not always wholly positive for parents and there was evidence of inconsistent messages and advice, which some parents found unhelpful.

## 7.7 NOT ENOUGH SUPPORT

In the quantitative survey, 28 per cent reported not receiving enough support; for 6 per cent this was because they said they did not need any and for 8 per cent it was because their family lived abroad. Comparable figures in the qualitative sample were 25 per cent, 2 per cent and 6 per cent respectively. On closer examination of these issues in the qualitative interviews, a complex pattern of reasons underlying parents’ perceived lack of support was revealed.



Families with several children found it hard to find babysitters. On the one hand they reported that the interest and enthusiasm of family members waned when children were no longer babies. On the other hand, they were conscious of the “*imposition*” on others. Just as having a network of support from other parents was good for children’s social development, families who did not have much support noted the possible effects on their children.

*“Even our kids sometimes do, will say things, ‘Oh, such-and-such has all her cousins coming over,’ so we’re sort of insular in that sense, you know, but as I said to them, we don’t have them.” (Mother)*

Some parents chose not to ask for support and appeared to place a high value on their self-reliance. This independence was typically a response to the experience of receiving conflicting or unhelpful advice, which manifested itself as a determination to make their own decisions and learn from their mistakes.

*I: “How supported do you feel in bringing up your children?”*

*M: “We don’t really ask anyone. It’s just us two.”*

*I: “Okay, and does that work well?”*

*M: “It does, yes. I think we prefer it that way too ... I think it’s just the two of us really.”*

*“Whatever I do, it might not be the perfect thing, but I don’t think it’s going to be bad either. I’m not going to do something stupid. I’m educated, I’m sensible and whatever. {...} I’ve learned that everyone will give you different advice.” (Mother)*

Contrasting with this sense of self-reliance, some parents talked about feelings of isolation. Isolation was often described with reference to the social isolation of not maintaining relationships with friends who were not parents.

*“When you meet up with friends that wouldn’t have children, say at weekends, you know, you are kind of on a different wavelength altogether, and you don’t want to be constantly talking about children, you know. They ask you, you politely answer but it is nice to mix and hear what their life is like. You wouldn’t be up-to-date on all the music stars, more like Postman Pat and everything.” (Mother)*

Some parents whose families were abroad or whose parents had died reported that this type of support was not available, although they may have had support from other sources.

*“All of [Father]’s family are in London, I’ve only one brother and then my Mum is not there anymore and Dad has gone, so I don’t feel I’ve any [...] network, no, no.” (Mother)*

However, there were some parents whose families lived abroad who did report having enough support, so the matter was not so simple. There were two distinct ways in which having family members abroad affected parents. For parents who were born in Ireland, it was most often the case that their siblings had emigrated and were not available in the way in which other siblings provided support, as already described. For those who were not born in Ireland, most of their social and familial links were in their home country, but visits from relatives were common. These were intense periods of support and help, and were often timed to coincide with the birth of the Study Child. For some parents, however, this intense but intermittent support could not replace more regular contact.

*“If your relatives, your family and friends are far away and you can’t come to them, your mind can get sick.” (Father, originally from a North African country)*

Finally, several parents talked about family members abroad being available in emergencies “*to come to my rescue*”. On the more positive side of family living abroad, some parents pointed out that their children had the opportunity to learn about the cultural background of their family.

The question of whether parents feel they have enough support is a complex one. In these interviews, parents’ judgements on whether they had adequate support were often based on their perceptions of their families’ circumstances as well as their expectations in relation to support. Parents generally had realistic



expectations about the amount of support they could expect from friends and family. The most striking point was the extent to which parents' needs and the availability of support changed over time.

## 7.8 SUPPORT IN FLUX

The interview data uncovered a number of factors that over time could affect the amount of support available. For example, the level of stress experienced by parents changed according to the changing needs of their children, particularly during the period of rapid development in infancy. In general, periods of transition were identified as most stressful.

*"It's not the pressure brought by the baby, just the fact that you're not getting as much sleep. Although again now, you know, that he's in his routine and quite well settled that, you know, those times are less frequent. {...} But then [Study Child's mother] is going back to work in three weeks' time. {...} The first week or two she's back will be quite stressful I think." (Father)*

Other changes identified in the interviews occurred as children got older and received less attention from extended family members. Examples of these changes included the birth of new babies, increasing difficulty in finding baby-sitters, changes in career or employment status, and families relocating. Likewise, parents were aware of the limits of support that grandparents could provide owing to their advancing age. The death of a grandparent who had a close relationship with the family could also have a dramatic impact.

*I: "Tell me how supported you feel in bringing up [Study Child]."*  
*M: "{...} Probably not as much as when I had just had [Study Child]. But then circumstances were different. My Dad was alive, so I had big back-up there, you know. My Mam was free to take them for an hour if there was anything you had to do. There was never any question. But since my Dad died, my Mam had to take over the business so she is generally working during the week and whatever, so I don't have that." (Mother)*

Significant life events also had some positive effects on family relationships, illustrating the unpredictable nature of changing support needs.

*"We [mother and her brother] were estranged for a while and then, since Dad died, we're grand again now, so {...} we spent a lot of time together now since the funeral." (Mother)*

Both support needs and support availability, then, can be seen as dynamic. Parents identified periods when they needed more help and others when they felt less was required. The nature of informal social support meant that it was not constantly, nor always consistently, available. This often led to a gap between the possible level of support for parents, based on the proximity and availability of sources of support, and the actual level of support received because of these limits.

## 7.9 SUMMARY

Support was available to mothers from the Study Child's father at the closest level, from their own parents and extended family members, and from peers and community. The perceived need for different levels of support was mediated by its availability to the parents. For example, if parents had a high level of support from immediate family members, they tended to rely less on the extended family. Likewise, those with existing informal social networks relied less on the structured networks offered by community groups:

*I: "Would you be involved in any groups like parents-and-toddlers?"*  
*M: "No, {...} we have so many friends, when I was on maternity leave they were up here and I was visiting them so I might as well have been in a parent-and-toddler group."*

In identifying families in need of support, then, the first task is to determine their existing sources of support. However, the availability of informal support can also change quickly; for example, if the Study Child's grandparents are ill or a previously supportive aunt starts her own family. Support services need to be responsive to changes in circumstances rather than making assumptions based on records of family structure or out-of-date information. Social support networks build on family connections and community participation, and these in turn rely on community facilities and amenities.





To return to Bronfenbrenner's ecological model, elements of the microsystem, mesosystem and exosystem were identified as important supports for parents of infants. Parents sought support first in the microsystem, moving to the outer layers only if the inner layers could not provide adequate support. An over-arching theme in how parents described the support they received was *trust*. The patterns of support from grandparents, extended family, peers and community reflect the level of trust in relationships and parallel the levels of the ecological model.



# Chapter 8

## CASE STUDIES





## 8.1 INTRODUCTION

Case studies allow us to examine the interactions among a number of factors that affect the lives of children and their parents. Four families were selected from those who took part in the qualitative interviews for closer analysis of their stories and circumstances on the basis that their experiences encompass many of the challenges and family types represented in the Infant Cohort. In the presentation of these case studies, all possible identifiers have been changed, including names, place names, professions and other details.

- The first family came to Ireland from Eastern Europe shortly before the Study Child was born, and they have an older child who was born in their home country. They are among the 25 per cent of parents interviewed who were not born in Ireland.
- The second family has four young children and a busy household where the father works full-time and the mother part-time. More than half the families in the qualitative interviews consist of two parents and two or more children, so this case study is the most typical of the cohort.
- The third family comprises a single mother who works full-time but has support from friends so is coping well with both her family and work responsibilities. Single parents are in a minority in Ireland but family structures are likely to change as the children grow older so the support system around this family is a valuable illustration.
- Finally, the fourth family consists of a young Irish-born couple with one child, both of whom work full-time. One-third of families have this structure, and 38 per cent of children are in childcare, which poses significant work-life balance challenges for the family.

## 8.2 CASE STUDY 1 – FAMILY ABROAD

Tomas was born in Ireland to Maria and Filip who are originally from Eastern Europe and have lived in Ireland for three years. Tomas is not a citizen of Ireland but only of the country of his parents. Like most of the children in the qualitative study, Tomas is developing normally, eating well and sleeping through the night but sometimes waking to feed. His parents describe Tomas as “active”, “funny”, and “easy to entertain”.

When Tomas was born, his older brother Pavel was “jealous” and looked for attention and to be breastfed. Maria explained to him that she had fed him when he was a baby and now he was too old, which resolved the situation. Now that Tomas is getting bigger, Pavel is able to play with him and Tomas reacts and interacts well. Now that he is starting to walk, Tomas’s “main target is Pavel’s room” which is full of toys. Maria and Filip talk about how they had more time with Pavel when they lived at home, especially as Maria was not working for the first year of his life.

Tomas goes to a crèche during the week as both Maria and Filip work full-time. They drop him there before eight in the morning and collect him after six in the evening. Tomas is quite settled in the crèche; he says goodbye when they leave him and “knows that we are returning”, and is always happy to see his parents again. However, Maria has mixed feelings about working, acknowledging that she has to work but also that she misses spending time with her sons. She would prefer to work part-time, only in the mornings, and then to collect her children from the crèche. Filip would also prefer to spend time with the family in the afternoon; he thought the Eastern European working hours of 7am to 3pm were better than starting and finishing later, as in Ireland. Maria said the crèche was very expensive, though her main reason for returning to work was financial.

Maria was happy with the service provided both by the GP and the public-service maternity hospital, though there were some long waiting times for appointments. Because it was her second child, Maria “knew how to mind a baby and how to breastfeed”. Tomas was breastfed exclusively for the first two months and still is breastfed at nine months. Pavel, Tomas’s older brother, was born in their home country but Maria did not make any direct comparisons between the two healthcare systems. Maria’s mother came to Ireland around



the time Maria was returning to work, when Tomas was six months old. Because his grandmother was minding Tomas, Maria was not too stressed about leaving him and returning to work.

When Pavel was born, they got support from their families whereas in Ireland *“the problem was we are alone”*. In their home country their mothers were available to help to care for the children, and were happy to have that time with their grandchild. Filip’s sister used to live in Ireland but she had two small children of her own so was not in a position to offer much help. Maria’s father is working in Ireland also but *“it would be very hard to leave him with two children”* because he is *“old-school”*. Though they are in a different country, Maria and Filip said they can still ask their mothers for advice.

Because they did not have much support, Maria and Filip said they did not often have time for themselves but occasionally went to the cinema or out for dinner. They were envious of their friends who did not yet have children and were able to travel, though they were consoled by the prospect that when they were in their forties *“and the kids are grown up, we might go out somewhere”*.

The family maintains a strong connection to their home country and they speak their native language in the home. They sometimes visit there and recently made the trip by car to see members of their extended family. They are thinking about sending Pavel to a school established by the Eastern European community so that he can learn through their native language. They also stated that they preferred their system of playschool at age four and formal education starting at age six or seven.

They are currently living in a small house and would like to move to a larger one. They would like to stay in the same area, though, because it is close to Pavel’s school which they are very satisfied with.

The experience of Tomas’s family is similar to that of other immigrant families who try to maintain connections in their home countries. On the spectrum of integration with new communities to retention of national identity, they seek to remain more Eastern European than Irish. Their focus is on their native language and culture and on family connections, and they talk favourably about the culture and social systems of their native country.

### 8.3 CASE STUDY 2 – TWO PARENTS, FOUR CHILDREN

Luke is the youngest of four boys, all aged under eight. He is *“a very good baby”* and has had no problems until recently when he developed a skin irritation. Mother Niamh talks about how Luke may be benefiting from having older brothers:

*“I think having brothers, he’s just watching and learning and he’s well up for his age.”*

*“If the boys were playing outside, he just loves to stare out the window, you know. He won’t play with toys; he’ll watch them.” (Niamh)*

Niamh and her family had mixed reactions to the birth of a fourth boy. They were *“convinced”* that Gerard, their second son, would be a girl so avoided stating expectations this time. However, Niamh had said in advance to her mother, *“Now, Mummy, when I ring you from [hospital] and tell you I’ve had my fourth boy you’re not to get upset, right?”* She also joked with her husband, *“We’ll have to go again”*.

Having already had three babies, Niamh felt she knew what to expect during pregnancy and birth. At the six-week check-up, Niamh felt that her GP was not very attentive and mostly concerned about her future plans for contraception. The transition from three to four children was not as difficult as from two to three, the parents said. With two children, Niamh and Tony could look after one each but, with a third, one was always a little left out, most often the middle child. Because of the small age gap between Cian, the third eldest, and Luke, they were *“still in the feeding and the nappy stages”*, according to Tony, so the impact on lifestyle was small.



Friends and family, and even Niamh herself, were concerned about Luke's older brothers' reactions to his arrival. Cian, in particular, was at a stage where *"he just needed lots of attention"* but he took to Luke very well and there were no problems with jealousy or resentment. Gerard, the second eldest, proved an enthusiastic helper – *"I'll get it, Mammy. I'll get it for you!"* – and there were arguments with Kevin, the eldest, over who got to push Luke's pram. Only Kevin showed any signs of upset, as reported to Niamh by his teacher though Niamh herself thought it had not affected him at all.

Luke already sleeps in his own room and Niamh believes that this has helped him get into a good night-time routine. He sleeps through the night, apart from recent weeks when he had awoken with teething pain, until Niamh gets him up when she has to bring his brothers to school. Niamh enjoys the company of her children and watching and listening to their interactions. Luke plays with his brothers and also with his brothers' friends' younger siblings.

The routine of a family with four children demands a good deal of organisation. The older children have after-school and weekend activities that dictate mealtimes and bedtimes for the rest of the family. The children also determine the pace and the mood of the house. Discipline is not a high priority in the case of Luke because he is still so young, and Niamh places the emphasis on teaching him *"right from wrong"*. The older boys, however, play roughly at times, and the risk of Luke getting hurt has become a concern for Niamh. She thinks that Tony has more authority than her because she is at home more and *"they don't take me as seriously"*. Both Niamh and Tony talked about the difference in their roles. Niamh is the constant presence in the children's lives while Tony is *"the person they want to be at the side of the pitch when they're playing a match"*.

While Niamh and Tony are financially quite secure, Niamh did point out that the cost of Montessori is high compared to other jurisdictions where it is entirely state-funded. She also thought that healthcare for families with several children was very expensive and that medical cards would benefit children more than older people. Other costs related to having a large family were practical ones, such as the need for a seven-seater car. Tony is already concerned about paying for college and for a pension, so they have adopted a more *"frugal"* approach to spending since Luke was born. Niamh works part-time two days a week, and a babysitter comes to their home to mind Luke for those times. It means that the other boys can come home after school rather than going to an after-school facility; Niamh thinks they are *"happier at home"*. With regard to Niamh's career, she foresees a time when her job will be taken over by someone who is in a position to travel more, as is required by her employer. She is reconciled with not progressing any further because she is not prepared to spend more time working and away from her family.

The family are quite settled where they live and, while they do not know their immediate neighbours well, they are close to the school, to sports amenities, and to a beach where they sometimes go at weekends. Tony's parents live nearby and are available to help *"if I was stuck"*. Arranging time away for Niamh and Tony together requires asking both sets of grandparents to take two of the boys each. Niamh's family gathers at her mother's house every Easter so the boys get to play with their cousins then.

Luke and his family lead active but enjoyable lives. They are in a comfortable position and appear to have a secure future. The problems they face are relatively minor and they are coping well. For the future, they have options with regard to employment and are planning for the children's education.

#### 8.4 CASE STUDY 3 – WORKING SINGLE MOTHER

Mark is the only child of Brigid, a single mother in her forties. Brigid thinks that her age might *"colour"* her attitude to parenting and describes an *"intense"* relationship with Mark because *"there's just the two of us"*. Motherhood has worked out better than expected for Brigid. She and Mark have gone abroad on holiday and her social life continues as before, thanks to the support system surrounding the family.

Brigid's experience of pre-natal care was excellent, and likewise that with the public health nurse and local clinic, but she had some issues with the standard of care in the maternity hospital, particularly the lack of



support with breastfeeding. At one point she was told that the nurses were all “very busy” and were not able to help her. The pressures of the staff appeared to be transferred to new mothers.

*“I appreciate when you’re busy but even when they’re in with you, please don’t say that you’ve been really busy and you’re under pressure. You don’t need to hear that. Just for that window that you’re in there, for those two minutes, please be nice to me.” (Brigid)*

Mark is in childcare at a crèche near where they live. Brigid is able to walk there with him before travelling for work. It is a community-based crèche run by local women and Brigid values the social aspect of attending a crèche. A neighbour collects Mark from the crèche at 5.30pm and looks after him until Brigid gets back from work. By that time, Mark has had his tea; they had tried to hold off giving Mark his tea until Brigid arrived “to at least be some part of his day” but “it just wasn’t fair because he was tired and hungry by the time I came home”. So when Brigid gets home they begin the bath and bed routine. Brigid values the time in the evening after David is asleep to “switch off”. At the weekend they go swimming together and Brigid can do some household chores.

Brigid is glad to be back at work – “I’d say to people that we were starting to bore each other”. Furthermore, Brigid mentions the need to have her own identity, as well as the more practical need for an income, as other motivations to go out to work. At the same time, she feels somewhat conflicted and is concerned about whether she is giving Mark enough time, though in both the quantitative survey and in the interview she describes a strong attachment relationship with Mark. As a result of being in the crèche, Mark “puts his two hands out for other people now as well”, which was a difficult transition for Brigid:

*“It’s no longer you. {...} You’re no longer the centre of his universe, you know, and that’s hard.” (Brigid)*

For Brigid, there was a “trade-off” between being able to provide for a better lifestyle or spending more time with Mark. Endeavouring to progress in her career would mean less time with Mark “and that’s not even an option” so Brigid described herself as having a “moderate” career ambition. It is worth noting that her income is still in the highest decile.

Brigid and Mark have lots of people in their lives, including friends and neighbours. As well as the crèche, Mark has a childminder who collects him, and another girl who is his babysitter; Mark has developed close relationships with all of them. Through the pregnancy, Brigid used both consultant and GP care because “I have a wonderful GP and I wanted to keep her in touch with my progress”. Brigid still makes time to meet her friends for lunch and the like and always takes Mark with her.

Mark’s father lives abroad but has no contact with him and there is no formal shared custody arrangement. Brigid’s family do not live nearby, which makes the relationships with the childminder and babysitter all the more important. They sometimes travel to see Mark’s grandmother and cousins who live in another part of the country. Brigid’s relationships with friends are important to her and are closer now that she, like her peers, has a child: “I’m kind of like one of the gang again”. She has also enjoyed the opportunity to observe how her friends have behaved as parents and to emulate or avoid their parenting style.

Brigid frequently mentions her deliberate decision to have a baby and to inform and equip herself to do the best job she can. She has thought about where to send Mark to Montessori and to primary school and has identified sports clubs in the area that he might join in years to come. Brigid’s pro-active choices appear to be the distinguishing feature in helping her cope with being a single mother.

## 8.5 CASE STUDY 4 – YOUNG PARENTS WORKING, CHILD IN CHILDCARE

Gráinne is Paula and Cormac’s first baby. They were still at college when Paula became pregnant so have experienced a significant transition since that time. They moved to a new area, both started working for the first time, and they are adapting to life as a family. Gráinne is “just a bundle of joy, and she’s just very cheerful, she always wakes up with a smile on her face”. She has just started to crawl and is beginning to enjoy interaction and turn-taking games like peek-a-boo.



Gráinne's grandparents helped them to pay for private healthcare for the delivery. Paula valued seeing the same consultant at each appointment and building up a relationship; it made her more relaxed when in the delivery suite: "Once I saw him I was like, 'Okay, I'm going to be looked after here'". Paula and Cormac commented that they thought the maternity wards were understaffed and that the nurses were "frazzled". Despite that impression, Paula had a very positive experience of the nurse who came to show her how to bathe Gráinne:

*"She was lovely, really calm, really gentle, and even though everything is manic, was manic around, not enough staff, when it came to her showing me how to give Gráinne the bath, she was one hundred per cent involved in the whole [thing], so that made it a really lovely experience." (Paula)*

Both Cormac and Paula work full-time and Gráinne is with a childminder Monday to Friday. They divide the evening routine between them so they each have some time playing with or bathing Gráinne while the other tends to chores. Because of their busy routines, the importance of the time they spend with Gráinne is amplified; Paula makes a lot of the time she spends reading to Gráinne, often before Cormac comes home from work. Overall, though, Paula felt she might be missing out on "little milestones". On the quality of attachment measure in the quantitative survey, Paula scored slightly below average.

*"We give her her bottle and even though she's big enough to do it herself, we both like to feed her in the morning 'cause it's time [with her]." (Paula)*

One of the major changes associated with becoming parents was the need to be more organised, both because it was not as easy to be "spontaneous" and because of the routine of work. Paula and Cormac said they see more of each other now that they have a child but spend less "quality time" together, having to make more of an effort to do things as a couple.

The childminder lives nearby and has a baby six months older than Gráinne. They had used the crèche in the apartment complex where they live for several weeks after Paula returned to work, so were able to contrast the two settings. According to Paula, the crèche was a very busy environment with not enough carers for all the babies enrolled. She thought the staff were very committed and attentive but that there were problems at the management level which were affecting the day-to-day running of the crèche. On a number of occasions, Gráinne was crying when Paula arrived to collect her; she was concerned that "there was never enough people there to comfort [the children] when they're upset". Gráinne was also very ill for two weeks shortly after starting in the crèche; Paula and Cormac acknowledged that this was quite normal for babies with developing immune systems, but they decided not to send her back there. Paula credited her own and Cormac's mothers with the advice that helped them look at alternatives and find a more suitable arrangement with a childminder. Their experience of trying to find a childminder was not easy, however, and Paula spoke to "every organisation in the book" as well as the public health nurse to try to make contact with a childminder.

*"Then eventually I saw an ad and got chatting to this girl that Gráinne's now with, who used to work in a crèche and left because she had her own baby and had decided that she was never going to put her baby in a crèche and that she was going to do childminding from home." (Paula)*

Paula and Cormac did not have extraordinary expectations and were no different from other parents looking for suitable childcare.

*"Basically she just gets the attention she needs, you know, and I don't think it's that I'm being precious. I don't want her spoiled. I just want her cuddled when she's upset." (Paula)*

Childcare was also the main source of stress in looking after Gráinne:

*"The whole childcare thing was a nightmare but once we got that sorted it was a bit easier. Once we found the childminder it was a lot easier leaving her off, knowing that she was happy to go there." (Paula)*



Paula would prefer to reduce to a four-day work but feels restricted financially. She also talked about the conflict of wanting “*to give her emotionally what she needs versus the reality of, you know, money*”. Being a working mother, Paula sometimes felt “*overwhelmed*”. Gráinne was born shortly after Paula had completed her studies and started her first job; she described starting out in her career being a mother as “*a real challenge*”. Paula and Cormac are quite financially secure, though they had both had pay cuts shortly before the interview and had revised their budget. One of the major expenses was childcare, which costs up to €800 per month. Cormac suggested that either tax relief on the cost of childcare or “*proper state-funded childcare*” would help. Neither Paula nor Cormac was especially professionally ambitious and family had become the first priority since Gráinne’s birth. They were both keen to leave work on time to get home and spend the evening together. In the quantitative survey, Paula and Cormac both agreed that they had missed out on home or family activities and that time spent working is less enjoyable and more pressured.

Paula felt somewhat isolated because none of her circle of friends yet had a baby, though her sister-in-law had a six-month-old when Gráinne was born and became an important source of support. Yoga and reading parenting books also helped Paula cope with the pregnancy. Paula and Cormac moved to a suburb when she was pregnant and they are beginning to make connections with families of other children in the area. However, perhaps typically of apartment developments, “*We’ve never actually seen our next door neighbours*” (Cormac).

Paula and Cormac are typical of many young working parents in suburban commuter belts trying to provide for their family. Reflecting on their busy routines, they have begun to think first of the family’s best interests and to place considerable value on time spent together. There are challenges in balancing responsibilities at work and at home but they are rewarded by a strong relationship with Gráinne.

## 8.7 SUMMARY

The case studies cannot summarise the diverse experiences of 122 families but they do highlight some of the common issues faced by families of nine-month-olds, and illustrate how these families are coping. A major challenge for several of these families was identifying adequate sources of support. Traditional support from extended family is no longer as available as it used to be; a range of formal and informal arrangements helped these families to deal with day-to-day routines and unexpected events.





# Chapter 9

## SUMMARY AND CONCLUSION





## 9.1 TRANSITION

In general, parents talked about feeling unprepared for the challenges of being a parent. They also maintained that understanding the magnitude of the change was only possible after the child had been born. The same argument applies, however, to the assumption of any new responsibility, particularly professional responsibilities where extensive training is usually provided in advance. From a policy point of view, it is unsatisfactory that parents feel so unprepared. Further analysis of parents' responses suggests that there are possibilities for providing information on parenting.

First, new parents have the opportunity to attend pre-natal classes. At present, these classes focus primarily on the pregnancy, birth and immediate post-natal period, and less information on parenting skills for when children are older is available. Pre-natal courses usually run for eight weeks, with fathers entitled to leave from work to attend just two sessions. The scope of these classes could be expanded and the opportunities to attend increased, especially for expectant fathers.

Secondly, the sources of information on parenting identified in the interviews were family and friends, and parenting books. If particular books were endorsed and recommended by healthcare professionals, parents would at least have the option to find out more and the official approval would reduce the uncertainty expressed by parents over the credibility of information sources.

Thirdly, although the interaction and exchange of information between family and friends is little affected by policy, for expectant parents who do not have well-developed support networks community-based information programmes may be useful. There is a wealth of folk knowledge of parenting that can be shared in informal settings or facilitated by health centres and clinics.

## 9.2 BREASTFEEDING AND POLICY-PRACTICE GAP

The low rate of breastfeeding among Irish-born mothers was one of the notable results of the quantitative survey. In the qualitative interviews, it emerged that mothers placed great store on the attitudes of healthcare professionals: where nurses were supportive and encouraging mothers were more likely to begin breastfeeding and to persevere if there were problems, while mothers were discouraged by unhelpful staff who did not have time to work with them. These mothers' responses appear to indicate a policy-practice gap whereby national breastfeeding policy is well known but the implementation by midwives and other professionals is inconsistent. It is important to recognise that these findings are based on interviews with mothers only and not with other stakeholders in breastfeeding policy. The clear suggestion is that the target of policy should be healthcare professionals.

On the other hand, the attitudes of new mothers to breastfeeding also affect their decisions, and these may be long-held attitudes beyond the influence of healthcare professionals immediately after the birth. The source of these attitudes is not well understood and is worthy of investigation. Notwithstanding other policy recommendations, further research on the specific question of barriers to breastfeeding among Irish-born mothers is merited. Thus, the value of highlighting issues arising from the qualitative interviews is to more precisely identify questions for future research.

## 9.3 FLUCTUATING SUPPORT

One of the areas of parents' lives which is most affected by having a child is their own social network, which has consequences for the well-being of parents, and by extension the well-being of children. Parents frequently talked about having less time to spend with their friends, but also about the change in priorities to become more family-oriented. At the same time, new groups of friends emerged from community-based groups (as reported earlier). Most parents interviewed had good support networks but a number of situations were identified where support might not be readily available.



First, not all parents benefited from a network of support and some became isolated. Being isolated meant that parents did not benefit from day-to-day interaction and were more vulnerable at times of crisis. This was a particular concern for new parents who did not have family members living in the area. Since this potential risk has been identified, the challenge for policy is to put in place systems to support parents who do not have supportive informal social networks.

Secondly, there were indications that the level of support available was relatively unstable and unpredictable. Several families talked about how the support available to them had fluctuated because of events outside the immediate family. For example, illness affecting a grandparent who previously had been very supportive of the family can have a detrimental effect on all members of the family; in combination, they have to deal with both the illness itself and the absence of that support. Likewise, the birth of other children puts extra demands on grandparents. It is worth noting that the reverse is also true in some cases, such as grandparents retiring and then having more time for their families.

The result of these fluctuations is that parents who appeared at the time of the interview to be well supported may experience changes in their circumstances that make them vulnerable to stressful life events. A situation where the amount of informal support available to a family can change suddenly suggests that formal support services, such as family support, could be made more responsive to short-term needs. It is likely that these interventions would be short-term because of the fluctuation of support, and could possibly assist by working to develop informal networks, in the way that mother-and-toddler groups have been seen to develop them.



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