

Cross-cohort comparisons of socioemotional well-being: Ireland, Scotland and New Zealand

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Project: Growing Up Healthy in Families Across the Globe

Growing Up Healthy in Families Across the Globe¹:

- 1. Compare and harmonise data and analysis across 5 child cohort studies
- 2. To bring together collaborators from longitudinal studies
- 3. Knowledge transfer

The five Studies:

Sociand:
Scotland:
Growing Up in New Zealand;
Growing Up in Scotland;
Growing Up in Ireland.

(¹Project P.I. – Prof. Chris Cunningham, Massey University, Wellington, NZ)













Common themes across different countries and their studies.

Comparable domains in all 5 studies

- Child's health
- Child's cognitive development / education
- Child's social-emotional and behavioural well-being and development
- Individual, family and other background variables available for analysis
- Population size and cultures broadly similar but different minority groups. New Zealand has a large minority pop of Maori and Pacific Island people



Proposed parallel waves for harmonised analysis (with ages of children)





Descriptive Statistics from the five <u>Growing</u> <u>Up Healthy</u> studies

	Te hoe nuku roa	Pacific Islands Family Study	Growing up in New Zealand	Growing up in Scotland	Growing up in Ireland
Baseline ¹	N = 274	N = 1,376	N=6,846	N = 5,217	N = 8,643
Gender					
Boys	53.2 (146)	51.5 (708)	51.5 (5,326)	51.5 (2,689)	51.1 (5,679)
Maternal relationship					
Not living with a partner	60.9 (123)	19.7 (271)	11.5 (788)	20.3 (1,059)	14.2 (1.230)
Maternal education					
Lower secondary or less	59.9 (121)	38.9 (535)	29.9 (2,047)	44.1 (2,292)	17.7 (1,528)
Smoking in pregnancy					
Yes	-	24.6 (339)	19.4 (1,328)	25.1 (1,282)	18.0 (1,556)
Maternal self-reported health					
Fair	11.4 (23)	15.3 (187)	8.1 (554)	12.1 (628)	5.8 (501)
Poor	4.5 (9)	1.2 (15)	2.2 (151)	2.5 (132)	0.8 (69)
Maternal long-standing illness					
Yes	27.2 (55)	18.0 (248)	14.1 (965)	16.3 (843)	12.3 (1,063)

¹ Baseline for PIFS 6wks, GUiNZ, GUS 10mths, GUI 9mths



Example comparing child's socio-emotional well-being – GUiNZ's vulnerability framework

Growing Up in New Zealand Vulnerability Report 2: Transitions in exposure

to vulnerability Report 2: Transitions in exposure to vulnerability in the first 1000 days of life 2015





Growing Up

12 'risk factors' related to aspects of vulnerability

Proximal family characteristics:

- Maternal health
- Maternal depression
- Maternal smoking in pregnancy
- Maternal age (teenage pregnancy)

Distal family characteristics:

- Family structure one- or two-parent family
- Maternal education
- Financial stress

Home environment:

- Deprivation status
- Unemployment status
- Household tenure
- Receipt of income tested benefit
- Bedroom density



Comparing socio-emotional well-being – GUiNZ's vulnerability framework

- Socio-emotional well-being at 5 years, according to selection of GUINZ vulnerability parameters
- 1. Family structure one- or two-parent
- 2. Mother's education
- 3. Maternal physical health status
- 4. Maternal longstanding/chronic illness
- 5. Maternal smoking in pregnancy

plus:

- 6. Child's gender
- 7. Child's health
- 8. Child's longstanding/chronic illness
- Socio-emotional outcome variable Strengths and Difficulties Questionnaire (SDQ)



Child's socio-emotional well-being – Strengths and Difficulties Questionnaire (SDQ)

- SDQ (Goodman et al. 1997) child's/young person's socio-emotional well-being
- Four 'deficit' subscales considered to yield 'Total Difficulties Score'
 - emotional problems
 - conduct problems
 - hyperactivity/inattention
 - peer relationship problems
- Questionnaire completed by Primary Caregiver (usually the child's mother)
- SDQ identifies 'At Risk' group in terms of emotional problems (top 10 per cent or 'decile' of cases) for each of 4 subscales and Total Difficulties Scale. Continuous scores also available from the scale



'At risk' among 5-year-olds, by family status and child's gender

Using Total Difficulties Score, 13% of all 5-year-olds in Scotland and 12% of 5-year-olds in Ireland are in the 'At Risk' category





'At risk' among 5-year-olds, by child's health status and chronic illness

Health Status

Chronic illness





'At risk' among 5-year-olds, by mother's education and whether smoked in pregnancy

Mother's education

Mother smoke in pregnancy?





'At risk' among 5-year-olds, by mother's health and disability status

Mother's Health

Mother's Disability Status





'At risk' among 5-year-olds, by number of core vulnerability factors

Percentage of 5-year-olds in Total Difficulties 'At Risk' range by number of vulnerability factors at earlier age



'Dose' effects of vulnerability factors have substantial (and similar) effects in all 3 countries



Odds of being in the 'At Risk' category in Ireland and Scotland at 5 years of age

	Growing Up in Ireland	Growing Up in Scotland
Characteristic	(601)	(803)
	Odds Ratio	Odds Ratio
One-parent family	2.6*	1.8*
PCG lower secondary education or less	1.3*	2.3*
PCG health Fair/Poor	2.0*	1.8*
PCG longstanding illness/disability	1.6*	1.2
Mother smoked in pregnancy	1.3*	1.0
Study child is a boy	1.6*	2.0*
Study Child fair/poor health	4.1*	2.1*
Study Child has longstanding illness/	1.2	1.0
disability p value<0.05		



- Preliminary results from some analysis from Growing up healthy in families across the globe – principally looking at post hoc data harmonisation
- Results presented emotional outcomes in Scotland, Ireland and (to lesser extent) New Zealand
- Ex post harmonisation works very well. Allows comparison of outcomes under different policy and other regimes
- Much more work on definitions necessary and ex-ante harmonisation preferable but value of ex-post illustrated
- International comparative research hugely important in understanding child development – major policy implications



- On the substantive issue of children's emotional well-being we demonstrated higher risk of emotional problems in Ireland and Scotland among:
 - One-parent families in both Ireland and Scotland
 - Children with lower levels of parental education
 - Children whose Main Caregiver (mostly mother) has physical health issues
 - Boys
 - Children who have poorer health

In Ireland:

Main caregiver's longstanding illness/disability and whether mother smoked in pregnancy also significantly related to being in 'At Risk' category – but not Scotland



- Multiple vulnerabilities clearly matters in Ireland, Scotland and New Zealand substantially higher chance of being in the 'At Risk' category in all 3 countries with more risks
- Extend work to more sophisticated analysis including interaction effects. e.g. is education more protective across some family types in one country rather than another?





Thank you

Questions?









