
4. Children’s Lives in Ireland – Insights from the Growing up in Ireland Study.

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The position of children on the research agenda in Ireland

Until about the mid-1990s the landscape of research into children’s lives in Ireland was relatively barren. Although Irish scholars from across different disciplines have written about children as a topic of interest since the 1960s (Greene, 2016) it is only relatively recently that home-grown scholarship and research on children has proliferated. The dearth of research on children’s lives in Ireland is problematic. For too long we have been reliant upon data generated elsewhere (most notably within the UK, which has a rich and long history of conducting longitudinal research on children and families). However, there are important demographic and cultural differences which challenge the generalisation of research findings from the UK to the Irish context.

One of three overarching goals of the National Children’s Strategy published in 2000 - the first government policy document where the sole focus was on children - was that children’s lives will be better understood. One realisation of this goal was the initiation of the National Longitudinal Study of Children in Ireland, in 2006. This study is still ongoing today, thanks to significant investment on the part of the Irish Government, as well as contributions from philanthropy. In this paper, I will discuss some of what we have learned about the development of children and children’s lives in Ireland from the Growing up in Ireland (GUI) Study.

An overview of growing up in Ireland

Growing up in Ireland is a cross-sequential cohort study, whereby two cohorts of children in Ireland, and their families are being tracked and interviewed repeatedly over time. The overarching aim of the study is firstly to describe the lives of children in Ireland, thereby establishing what is 'typical' as well as problematic, and secondly to understand the contribution of an array of factors (from individual to family, school and neighbourhood level characteristics) to children's development and well-being.

The first cohort of children comprises 8,568 nine-year-old children, and their families. These children were recruited through primary schools in Ireland. These children were born in 1998 and 1999 and were interviewed between September 2007 and April 2008. The sample represents one in six nine-year olds at the time. These children and their families have been followed up subsequently at ages 13 (N = 7400), 17 (N = 6216) and at age 20 years (N = 5191). The infant cohort of children comprises 11,100 9-month old babies and their families. These families were recruited through the Child Benefit Register, and were born between December 2007 and May 2008, and were first interviewed between September 2008 and April 2009. This sample represents about 15% of babies at that age. These children and their families have been subsequently followed at ages 3 (N = 9,793), 5 (N = 9,001) and age 9 (N = 7563). There was also inter-wave contact via postal survey for this cohort at age 7 years.

Within the study, the child as a developing individual is conceptualised as being nested within a set of environmental systems, all of which influence the child to varying degrees, depending upon how proximal or close the system is to the child. As an example, the family setting, where children live and where first significant relationships with parents and siblings develop, has special significance for the child especially in the early years before they enter formal child care and education settings, which then later become important. The role of the child's own characteristics, such as features of their biology and personality are also considered to be important influences on development. Reflecting that the study is informed by this framework, data are collected from key informants in the lives of children, including their mothers, fathers, teachers, school principals, and child care providers.

Children are also positioned as key informants on their own lives, especially as they grow older.

The study has been ongoing for 13 years now, and it is as more waves of data are collected that the true value of a study like GUI can be truly realised. For example, data are currently being collected on our infant ('08) cohort at age 9 years. These data, when analysed alongside the data collected from our child ('98) cohort at age 9 means that we can directly compare two cohorts of nine-year old children in Ireland, born ten years apart. This enables us to tease out how variations in the context may impact upon child development. For example, government policies around access to free GP care, as well as free hours of preschool school were available to families of the infant cohort but not the child cohort. When these data on the infant cohort at 9-years are available, it will be possible to assess the impact of these policy changes on children's health and later performance at school.

The second value of the GUI data lies in the ability to track individuals' developmental pathways, rather than just focusing upon group averages. Any data other than longitudinal data represent a snap-shot in time. If these snapshots are taken at different points in time (such as occurs with a population census for example), we can track trends and patterns but that often obscures considerable degrees of individual variability. As an example, data from the '98 cohort indicated that 18% of all nine-year olds lived in single-parent headed households (Williams et al, 2009). Data at age 13 years revealed that now 19% were living in single-parent headed households, but it was not simply the case that an additional 1% transitioned from two-parent to one-parent households. Indeed, about 10% of the children experienced change in family structure, with children transitioning from two-parent to one-parent and from one-parent to two-parent households. The longitudinal data allow us to identify children and families who have undergone these transitions so that we can learn more about the antecedents and consequences of family transitions.

What do we know about children's lives in Ireland today?

Before I address the question of what we have learned about children's lives in Ireland from the GUI study, it is worth reflecting upon the dramatic changes in children's lives in Ireland over the past number of decades. There

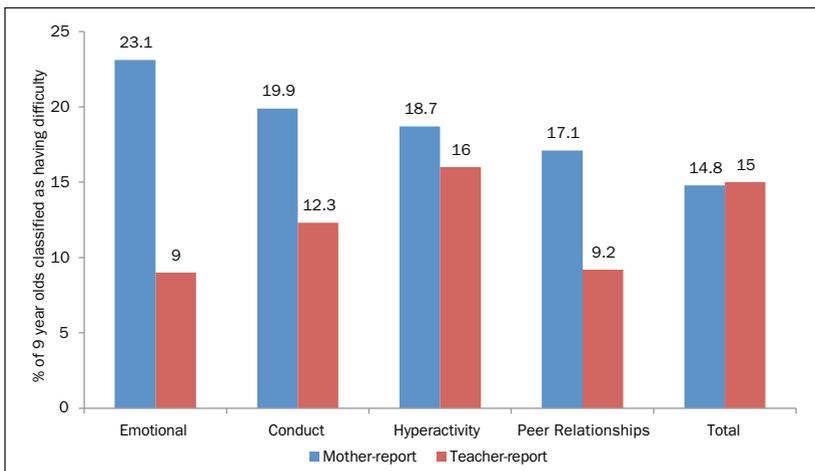
is little doubt that the lives of children in Ireland has improved substantially over the last century, particularly in terms of their survival, health, access to resources such as housing, schooling. Furthermore, as noted by Sheila Greene (2016), “Children of 2016 have less to fear from the adults around them in terms of intentional or unintentional neglect, exploitation or cruelty than had their counterparts in 1916” (p. 30). On the other hand, we might argue that there may be some ways in which childhood was better – children had much more freedom to roam, they were more likely to provide their own entertainment, without the presence of televisions, computers. They were simpler times.

Today however, there are new dangers to be faced: there are challenges of climate change, the ‘always on’ generation, an obesity epidemic, the perception that there are elevated levels of anxiety, stress, mental health difficulties, bullying, children living in direct provision, in emergency accommodation, in increasingly complex household and family structures. So is childhood today a more difficult experience? Have rates of childhood anxiety and depression increased substantially or did generations of children just suffer in silence? Are parents more stressed? Are we looking back at the past through rose-tinted glasses? The reality is that we cannot address this question in a systematic or scientific way, because we do not have reliable data from the past on children’s outcomes or lives – a comparison of parenting and childhood between then and now is interpreted through the lens of the perceiver. In one study, we surveyed 1,353 parents of children younger than 18 years in Ireland (Halpenny, Nixon, & Watson, 2010). We found that 73% of parents perceived that they had less control than parents 20 years ago, while 84% perceived that parenting was more stressful now than it was 20 years ago. However, 20 years ago, these parents were not parents, so perceptions of stress, responsibility and control 20 years ago are not based upon an ‘insider’ perspective, they were looking at it from the outside. Thus, in the absence of reliable data it is really difficult to know whether or how parenting or children’s lives are better or worse than in previous decades. Maybe it is just different.

How are the children faring in terms of their development?

One of the key messages to emerge from the GUI data is that children in Ireland are generally doing very well in terms of their development. Notwithstanding this, a substantial minority of children are displaying difficulties across one or more developmental domains. For the purpose of this discussion, I am going to focus upon my area of research, which is children’s psychological development. The data presented here are based on mother and teacher report on the Strengths and Difficulties Questionnaire, a well standardised and widely-used measure of children’s social, emotional and behavioural difficulties.

Figure 1: Percentage of children classified as having difficulty across the SDQ sub-scales, based on mother and teacher report.



The data tell us that overall about 15% of 9-year olds are displaying significant difficulty, but the rates vary depending upon the difficulty under consideration, as well as who is reporting upon the behaviour. There are some discrepancies between teacher and parent reports on certain domains – these trends are broadly commensurate with what is reported in the international literature. Parents tend to be more aware of emotional difficulties, these can be sometimes difficult for teachers to notice at school; teachers on the other hand have a good sense of what might be typical

or expected of a child at a particular age. Comparable figures using the SDQ scale from the UK indicate that 20% or one in five children exhibit significant levels of difficulty, where Irish figures stand at approximately 15%. Indeed, comparison of mean scores of the children in Ireland, in comparison with children in UK, Australia and the United States tell us that children in Ireland are rated as having lower levels of difficulty.

When we look at similar data from these same children at age 13 years, we find that an even lower proportion of 13-year olds scored above the cut-offs: almost 88% of the 13-year olds scored within the 'normal' range indicating no significant level of difficulty. Comparative data from the Millennium Cohort Study in the UK indicated that at age 11 years, 15% of the sample had scores above the clinical cut-off (Hope et al., 2018). Comparatively children in Ireland are faring well.

At age 13 years, young people themselves reported upon aspects of their own mental health (using the Short Moods and Feelings Questionnaire). The average score for the children in Ireland was 3.86; among 14-year olds in the Millennium Cohort Study in the UK, the average score was significantly higher at 5.4. Using a cut-off score of 8, 15.9% of our early adolescents thus are classified as showing symptoms of 'depression' (note, this is a screening measure and is not a formal diagnosis of depression), comparative rates of 26% were found using the same measure among young people in the Longitudinal Study of Australian children. This is a substantially higher proportion than the 16% reported within the Irish sample.

In terms of patterns of change, combination of SDQ data from wave 1 and wave 2 revealed not surprisingly that there was a strong relationship between difficulties at 9-years and having difficulties at 13-years. Eighty percent of the children exhibited no risk of difficulty at either wave; while 7% of the children were classified as displaying difficulty at both waves. About 8% of the children who were classified as being at risk at age 9 were no longer categorised as being at risk at age 13, while about 5% of the children who were classified as having no difficulty at wave 1 were now classified as having difficulty at age 13. The question then for us is what is about those children who exhibit the elevated risk of difficulty at both waves that differentiates them from the children who were at risk at age 9, but not at risk at age 13. What has happened in the intervening period that has either offset the risk present at 9 years, or else contributed to or exacerbated existing risk?

In order to address questions such as these, research tends to look to structural inequalities in the lives of children. It is very well established that poverty and economic disadvantage have a range of negative effects on children, including on their physical and mental health, and their educational achievement. For example, we have demonstrated using GUI data that children from the lowest income quintile were significantly more likely to display difficulties on the SDQ (Williams et al., 2009). Aside from income and parents' education level, family structure is also associated with risk of poorer SDQ outcomes. It is this issue of family structure that I will now address.

Family structure as a source of inequality in children's lives

As noted previously, at wave one of data collection, approximately 82.5% of nine-year-old children in Ireland were living in couple-headed households, with 17.5% in single parent households. It is recognised that single-parent households are not a homogeneous group and there are several routes into lone parenthood and diversity in terms of parents' marital status. Among the 17.5% of single parent households, 8.1% of the mothers had previously been married and had separated, while 9.4% of the mothers had never married (Hannan & Halpin, 2014).

Children living in households headed by single parents have significantly higher SDQ scores than children living in households headed by two parents (Nixon, 2012). Later analyses (Nixon & Swords, 2016) revealed similar patterns among the 13-year olds: at both waves of data collection the proportion of children categorised as having difficulty was one-third to almost twice in the single-parent households in comparison with the two-parent households. We can conclude from these data that household structure represents a risk factor in the lives of these children. These patterns also hold when other outcomes are considered, including rates for depressive symptomatology at age 13, as well as children's self-concept, and achievement scores.

Overall the differences between children in one-parent and two-parent headed households tend to be small; for example, children in single parent households scored no less than one unit below children from their two-parent household counterparts. In relation to literacy and numeracy

abilities, the differences were somewhat larger, between 6 and 8 percentage points lower. While these differences are small, they are not insignificant and small occurrences of disadvantage across multiple domains of functioning may cumulatively accrue to reflect higher overall levels of disadvantage. Furthermore, when modest differences affect substantial proportions of the population can they be of huge importance at population level, when the implications for services and the financial and societal costs of poor outcomes are taken into account (Nixon & Swords, 2016).

In seeking to understand why these differences occur, the obvious response is that children from single-parent households are at higher risk of poorer outcomes because of access to resources – to put it simply, two parents in a household have more resources, in terms of time, energy and money, to invest in their children than has one parent and this is borne out in the GUI data: almost 40% of single parent households were in the lowest income quintile at wave 1, and 27% at wave 2; the corresponding figures were 16% and 20% for the two-parent households. At Wave 1, one fifth of single parent households received all of their household income through social welfare (20% at wave 2). This compares with 4% and 7% of two-parent households that were wholly reliant upon social welfare at Waves 1 and 2 respectively.

Moving beyond family structure - what happens in families really matter

According to another perspective – the family process perspective - variations in child adjustment according to family structure have been attributed to variations in parenting practices and parental well-being. This view suggests that what goes on within the family (i.e. processes) are more significant drivers of child well-being than what a family looks like (i.e. structure) (Acock & Demo, 1994). In accordance with this perspective, economic characteristics are not the only reasons why children in particular family structures may be at risk of poorer developmental outcomes.

One of the key pathways by which family structure may affect child outcomes is through its effect on parenting and parental well-being. Data based on mothers' reports of their depressive symptoms indicates an elevated risk of depression among mothers in single parent versus couple households; we found that 19.3% of single mothers and 7.3% of

two parent family mothers were at risk for depression at Wave 1; with corresponding percentages at Wave 2 of 21.2% of single mothers and 9.4% of two parent family mothers. Over twice as many single mothers exhibit significantly higher levels of depressive symptoms than mothers in two parent households. This is indeed a cause for concern. Parenting is also different in these households: within GUI we have measures of conflict and closeness in the parent-child relationship, as well as monitoring (children's views on parents' knowledge of their activities and whereabouts – an aspect of parenting that is particularly important during the adolescent period). Parent-child relationships in single parent households were characterised by higher levels of conflict (but not lower levels of closeness) and lower levels of monitoring when compared with two-parent households. Although these were significant differences, they were small in magnitude.

We have tested models to examine the relative contribution of family processes (i.e. what goes on in families), and family structure (i.e. what the family 'looks like') on children's outcomes. The findings indicate that conflict in the parent-child relationship is a stronger predictor of outcomes than either family structure or income, and maternal depression is as powerful a predictor of outcomes as either family structure or income (Nixon & Swords, 2016). In predicting 13-year olds' emotional and behavioural outcomes, family structure did remain as a significant predictor – the explanatory power was similar to that of income; thus, effects of family structure cannot be explained away merely by lack of economic resources. Indeed, family processes emerged as more significant predictors of children's outcomes - it is through the day-to-day interactions that children experience in their everyday lives that the effects of structural disadvantage can manifest.

Another series of studies conducted using GUI data have addressed how the economic recession has impacted upon developmental outcomes. Focusing on the infant ('08) cohort, children were first studied at 9 months, and by the time we went back to the families when the children were aged 3 years, the economic recession has set in. The data illustrated the myriad of ways in which families in Ireland were affected by the recession – unemployment rose – 6.1% of fathers were unemployed at Wave 1, this figure was 13.8% by Wave 2, and men in the lowest income quintile were 8.5 times more likely to have become unemployed than fathers in the highest income quintile. In terms of employment patterns at the household level, 74% of

dual earner households remained as such between waves, while one-quarter of households went from being dual-earner to one-earner households, while one-fifth of households went from one-earner to dual-earner. Sixty-five percent of families reported a decrease in household income as a result of the recession; indebtedness was high with 14% of families reporting that they were in arrears on utility bills; 9% were behind with their rent or mortgage. Just over three-fifth of mothers (61%) reported at least some difficulty in making ends meet, an increase from 44% at wave 1 (Nixon, Layte & Thornton, 2019).

In our analyses we tested the idea that it is through parenting and parents' well-being that economic circumstances of recession come to affect the development of children in our society, and we received broad support for this idea. We tested whether parental depression could be implicated in the link between economic events and parenting and in turn children's outcomes. Firstly, we observed a direct relationship between mothers' depressive symptoms, and being in arrears on the rent/mortgage. Almost one quarter of mothers who were behind on rent/mortgage scored above the clinical cut-off for depression, this compares with approximately 10% for those not in arrears. Similar patterns were observed for fathers, although the rates were lower overall, in line with international research (10% in arrears v 4% not in arrears). Being in arrears on rent/mortgage, and on utility bills, and having to cut back on basics directly predicted mothers' depression. Other economic circumstances - being made redundant, having working hours, wages or social welfare reduced did not directly affect depression. However, where mothers experienced economic strain or reported great difficulty in making ends meet, then higher levels of depressive symptomatology did ensue. As was the case with the previous analyses reported, maternal depression had a direct relationship with children's SDQ outcomes at age 3 - mothers' depression scores at age 9 months were directly related to lower levels of warmth in interaction with their child, higher levels of hostility, and greater difficulties among children at age 3. It makes sense that the effects of what goes on in the broader context (such as an economic recession) is indirect via the effects on parents.

In further work on the effect of the economic recession on GUI children, Watson and colleagues (2016) have identified families who have moved into and out of economic vulnerability between waves of data collection. Looking at the '98 cohort (9-year-olds), at Wave 1 of data collection, 15% of

families were classified as being economically vulnerable, this had increased to 25% by the next wave of data collection which was mid-recession. Families were also classified according to those who were economically vulnerable at both waves (persistent vulnerability – 10%), those who become vulnerable at the time of the recession (recession vulnerability – 15%) and those who went from being vulnerable to not vulnerable between waves (transient vulnerability, 5%; because recession does not affect all families similarly). After controlling for several factors like gender of the child, relative to those children who did not experience economic vulnerability at any stage, children who experienced persistent vulnerability had poorer social and emotional outcomes than children in either the recession or transient vulnerability groups (where risk was similar). Thus, being in the persistently vulnerable group elevated children's risk of poorer outcomes.

I have been arguing that the effect of structural inequalities in children's lives operates at least partially through how they affect children's day-to-day interactions, and this has been further borne out in Watson et al.'s findings. The emotional well-being of the mother was the key predictor of children's outcomes – 15% of children had social and emotional difficulties, when mothers scored above the cut-off on the depression measure; this compares with 8% when mothers scored below the cut-off. This pattern holds regardless of the economic vulnerability of the family. Among families which are not economically vulnerable, 15% of those in lone parent households, 8% of those in two-parent households where there is high interparental conflict, and 6% of those in two-parent households with low interparental conflict have social and emotional difficulties. However, among the economically vulnerable families, 17% of children in couple-headed households with high interparental conflict have social and emotional difficulties; this compares with 15% in lone parent households and 12% in two-parent households with low interparental conflict. The authors concluded that economic vulnerability matters, especially when it is persistent – episodes of transient vulnerability may not confer long-term negative effects, but analyses of later waves of data (collected since the economic recovery) will shed further light on this. Some protective factors (e.g. good quality inter-parental relationship) matter more depending upon the context – in the absence of economic vulnerability, coming from a household with more or less conflict may not significantly elevate children's risk of poorer outcomes, but when interparental conflict is coupled with economic vulnerability, the risk increases substantially.

Other protective mechanisms, notably mothers' psychological health, seems to be important in all contexts (i.e. regardless of whether families are economically vulnerable or not) (Watson, et al. 2016).

Concluding Comments

GUI represents a significant investment on the part of the State, and it is as the study progresses and more waves of data are collected that its true value and contribution will be fully realised. For the moment, our findings suggest that the majority of children are doing alright, well even, when compared with their age-matched counterparts in places like the UK and Australia. The findings also suggest that children living in contexts of disadvantage are at risk of poorer developmental outcomes, although the majority of children in these contexts are still doing very well. Our analysis points to the important role that family processes play in this link between contexts of disadvantage (be it as a result of economic recession or living in a one-parent headed household) and children's outcomes and highlight important targets for intervention and prevention efforts. Striving to improve parental well-being and support good quality family relationships may buffer children from negative outcomes, regardless of family structure or socio-economic disadvantage.

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