

Parents and Children: Interplays and Pathways to Early Development

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This paper uses data from the UK Millennium Cohort Study (MCS) to explore the ways in which characteristics and behaviours of one or both parents and of the child interplay in the pathways to early development. The MCS has collected a rich array of information on these characteristics and behaviours when the cohort members were aged 9 months, three and five years. The key developmental indicators cover the cohort members' cognition, behaviour and health measures at ages 3 and 5 and, for those in England at age 5, the teachers' assessments for the Foundation Stage Profile.

The focus of this paper will be on the series of measures that try to capture parenting or parental behaviours and parent-child interactions. There are a wide range of such measures, some of which are hard to classify or lack conceptual clarity, and there are several issues of overlap and possible duplication.

The earliest measures that relate to parenting cover mother's behaviours during and immediately after pregnancy, including whether the pregnancy was planned, timing of antenatal care, drinking and smoking, attitudes to pregnancy and child development, and breastfeeding. In addition partnership context at the time of the birth provides an indication of the nature of joint inputs to the child. Early characteristics of the child include birth weight and gender and a series of measures related to the parents, including birth order or family size and ethnicity. At age 9 months there are measures of child temperament or mood, modified from the Carey scales, including contentedness, shyness or wariness, tendencies to cry or make a fuss, and regularity of behaviours; and of the main carer's (usually the mother) stimulation activities, hostile feelings towards the child and reactions on leaving the child. There are also some indicators of early physical development.

At age 3, a wide range of measures were collected about parenting and parent-child interplays, both from the main carer and about their partner if any. These include the Pianta scales of warmth and conflict, results from a home observation by the interviewers during the cognitive tests and a series of questions concerning regular mealtimes and bedtimes, smacking and shouting, and activities such as reading, painting etc. In addition, where relevant, both partners were asked about the quality of their relationship and also specifically whether they disagree about issues over the child. The main carer reported on the child's behaviour using the well established Strengths and Difficulties Questionnaire (SDQ), which can be viewed either as a behavioural outcome or, at least in part, as an indicator of parent child interaction. The extent of home organization or chaos was assessed and a series of questions asked about disciplinary behaviours and enforcement of rules; there were also questions about self-assessed parental competence. In addition the cohort member's cognitive performance was assessed using the BAS naming vocabulary and the Bracken school readiness tests and their health from parental reports of long-standing illness and whether it was limiting, as well as a measure of BMI.

These earlier measures can be related to outcomes at age 5, with three separate cognitive tests, covering picture similarity, non-verbal, and pattern construction; the

SDQ measures were again collected and an overall assessment of the cohort member's general health was collected. Moreover, in England the scores given by teachers on the Foundation Stage Profile are available as further measures of developmental levels.

A range of key background measures are also available in the MCS, covering the mental and general health of the parents and many indicators of socioeconomic status, including poverty, income, housing tenure, social class etc. These will be used as controls in the analyses.

One problematic issue concerns the inclusion of parental inputs from partners and ex-partners and whether they are a parent of the cohort member or not. This makes issues of changing family structure difficult to disentangle from parenting inputs. The first round of analysis will look only at the mother's inputs and interplays with the child's development (among the main carers). A second part of the analysis will look at partners as well and may have to be restricted to intact partnerships, with possibly separate analyses for other groups where some further information (e.g. on absent fathers) is available.

The goals of the analysis are to disentangle which measures succeed in capturing significant pathways through parenting or parent-child interactions to developmental outcomes and the findings will be placed within the relevant literature.