

## Summary

Tracking down and updating basic information on children in the age group 0-12 years – for example to establish how many children there are in the Netherlands and what their origins and background are – is well provided for in the Netherlands. The same applies for information on the physical health of Dutch children and information on their school careers and achievements. However, when it comes to information on other aspects of their lives, the trail often dries up. For example, there are currently no (up-to-date) figures available on the psychosocial development, well-being, living conditions and use of provisions of Dutch 0-12 year-olds. This lack of information is particularly regrettable in the light of the extensive attention devoted to children in this age group in Dutch youth policy, which has the ambition of identifying developmental problems at the earliest possible stage in order to prevent dropout later in life.

In order to meet this need for information the Social and Cultural Planning Office of the Netherlands (SCP) and TNO Quality of Life jointly set up a survey of 0-12 year-olds. The purpose of the study was to provide a broad and integrated picture of children in the Netherlands, in particular as regards their family situation and upbringing, their experience of school, their leisure time use and their psychosocial and physical development. The study also looked at the relationship between these aspects and at the extent to which problems in the various areas occur together. To obtain as complete a picture as possible, interviews were conducted not only with parents, but also with their children, at least those aged between 8 and 12 years, as well as with staff at health centres for children aged 0-4 years and school doctors for 5-12 year-olds (collectively known as youth healthcare workers) who were in contact with these families at the time of the survey.

### *Problems relating to upbringing*

Judging from the opinions of both parents and youth healthcare workers, most parents would appear to be adequately equipped for bringing up their children. Nonetheless, 15% of parents have (often minor) problems with parenting, which suggests that around 390,000 children create problems for their parents. Some groups of parents have an increased risk of these problems. These are largely parents from families with a weaker social position, such as parents from non-Western ethnic minorities, parents of families living below the poverty line, parents with a low education level and single parents. Naturally, there is some overlap between these groups. All these families have more problems with parenting than other families, but the risk of these problems occurring increases as the number of these characteristics coinciding within one and the same family rises (e.g. a single-parent family with a poorly educated mother and an income below the poverty line).

Most of these groups receive some attention in the youth policy in the context of parenting support, though some groups (e.g. ethnic minorities) sometimes receive more attention than others (poorly educated parents). Our study of 0-12 year-olds suggests that in reality they all require explicit attention, particularly where there is an accumulation of risk factors. It is also worth mentioning that it is uncertain whether the instruments currently used to help parents (support with upbringing, parenting courses) are actually effective and meet the needs of all these parents.

The study also suggests that information from the parents themselves on how they perceive the upbringing of their children can be an important signal in identifying parenting problems. Parents reporting that they have a negative perception of parenting – which means that they are dissatisfied with their parenting, find bringing up their children taxing and burdensome, worry about it a good deal and are often not entirely sure of themselves – more often face parenting difficulties according to youth healthcare workers than parents with a more positive perception of parenting.

#### *Single-earner and double-earner families*

Many of today's fathers and mothers combine work and care tasks, but the debate about the possible negative consequences of this for their children is by no means over. Little high-quality research has so far been carried out into this. The study of 0-12 year-olds reveals few differences between families with one and two working parents. For example, there are no differences in terms of the degree of satisfaction of the parents with the upbringing of their children, the degree to which they worry about this or how sure of themselves they feel in various parenting situations. The views of the children regarding their home situation also show few differences. Moreover, no differences were found in the well-being of the children or in the extent to which they suffer psychosocial problems. Strikingly enough, youth healthcare workers in fact observe fewer parenting problems in double-earner families than in families where only one parent works.

The survey of 0-12 year-olds does reveal a difference between parents from single-earner and double-earner families when it comes to the degree to which they find bringing up the children taxing and burdensome. Surprisingly, the study suggests that parents from single-parent families more often find bringing up their children taxing than parents from double-earner families. The former report more often than parents from double-earner families that they have the feeling of having to cope with bringing up the children alone and that they find parenthood tiring and the responsibility of bringing up the children a heavy burden. They also more often feel that they have too little time for other things and that it is difficult to combine caring for their children with other activities. This may have to do partly with the fact that this group contains more families with three or more children. Beyond this, there is no obvious explanation for this somewhat unexpected finding. It may be that there is an inherent difference in coping capacity between the different groups of parents

and that those with a lower coping capacity opt for a gender-specific division of tasks in which the man goes out to work and the woman looks after the household and children. Even so, they evidently more frequently find this a relatively heavy burden to bear. Further research into this finding is desirable, with attention also being devoted to the specific needs these parents may have for support.

#### *School achievements*

Youth policy has always devoted a good deal of attention to the school achievements of children, and their progress through the education system has therefore been the subject of extensive study. Moreover, there is a large body of policy directed towards combating disadvantage at school. To supplement the many studies of the school achievements of children, the survey of 0-12 year-olds explored how aware parents really are of the school achievements of their children. The findings were somewhat surprising. Only 5% of parents have the impression that their child's performance is below average. This is a very low figure and creates the impression that a proportion of parents in reality do not have a clear picture of the level of their child's school achievement and tend to overestimate it. We do not know the reasons for this nor its consequences, but it is definitely something that deserves research. What is however clear is that parents who have too rosy a picture of their child's achievements at the end of their primary school career can face an unpleasant surprise when the results of the national tests set by the National Institute for Educational Measurement (Cito) reveal that their child's actual achievements are worse than they had assumed.

#### *Bullying*

In addition to the attention for children's school achievements, the way in which pupils interact at school has consistently been high on the policy agenda in recent years. The social interaction has been the subject of debate as part of the 'Safe School' (*veilige school*) campaign, and particular attention has been devoted to bullying. In the survey of 0-12 year-olds we asked children in the highest primary school classes about their feelings towards the school, their classmates and their teachers. At first sight the responses appear positive; the majority of children enjoy school, feel accepted by their classmates and have very few conflicts with teachers. It is striking that the boys have a slightly less positive view across the board than girls.

On closer questioning, however, it transpires that a third of children have been subject to bullying in recent months. 28% of these children suffer from 'structural bullying', i.e. are bullied on two or more occasions per month or weekly. This is almost one in ten schoolchildren. This finding underlines yet again the importance of this issue and the need for (continued) policy attention. Bullying can be a stubborn phenomenon, and one which often has negative consequences for the social and emotional development of the children affected.

### *Free time*

The way in which children aged under 12 spend their free time has frequently been the subject of discussion in recent years. There are for example concerns about the lack of outdoor play areas and lack of exercise, and more and more people are asking whether the lives of today's children are not too full. Our survey of 0-12 year-olds suggests that the situation is rather more complex regarding some of these concerns and suppositions. For example, the presumption that children who are members of a leisure club and who spend a fair amount of time there have little or no time left for spontaneous activities such as playing outdoors and indoors, proves not to be tenable. The survey of 0-12 year-olds in fact suggests that children are able to combine certain organised and spontaneous activities; there is even a positive correlation between playing outdoors and membership of sports clubs. Moreover, children who are members of a club feel bored less often than children who are not.

As regards the concerns that children today spend (too) little time playing outdoors, this study confirms that this is indeed the case for a limited number of children: 2% of children aged three years and over never play outside. Children from non-Western ethnic minorities, children living below the poverty line and children from families where the mother has a lower education level, generally play outside less often than other children. This cannot be seen in isolation from the fact that there are often fewer (safe) opportunities to play outside in the neighbourhoods where these children live. Clearly, the availability of outdoor play areas for these children deserves additional policy attention. It is important here to take account of the wishes of parents with regard to safety and hygiene, and to involve parents in the creation of play areas for their children. The survey of 0-12 year-olds shows clearly that children of parents who are not satisfied with the play facilities in their neighbourhood play outside less often than children of satisfied parents.

### *Psychosocial and physical health*

The attention for the development of children has long been focused on finding ways of identifying problems at the earliest possible stage so as to prevent these children ultimately dropping out of the system. The survey of 0-12 year-olds investigated the situation with regard to the development of children aged below 12 years. The various problems that can arise during childhood were also related to each other and the extent to which accumulation of problems occurs was explored.

In order to gain a better insight into the psychosocial health of 0-12 year-olds, a number of internationally accepted and validated questionnaires were used (ITSEA, CBCL). The results of these questionnaires, which were completed by parents, can generally be described as favourable: a minority of between 4% and 8% of children have psychosocial problems. Boys have an increased risk, as do children from families with a weak social position (non-Western ethnic minorities, poorly educated mother, living below the poverty line, single-parent family). The risk of psychosocial problems

increases substantially for children from families where several of these characteristics occur together.

The physical health of children was given only a modest place in our study, because a relatively large body of research already exists on this topic. Our survey did show that the number of children suffering from long-term physical disorders is considerable (13%), especially among children of primary school age. Moreover, there is a correlation in this age group between long-term physical disorders and psychosocial problems. The parents of these children also more often find parenting a difficult task.

#### *Early identification*

How can children suffering from (a combination of) these problems best be identified? In principle, virtually all children are seen by the young people's health service and (from the fourth year) by their school. These bodies therefore play a key role in the early identification of problems in children aged up to 12. Youth healthcare workers manage this well in children with an accumulation of problems, but are less successful where children have just one serious problem.

The survey of 0-12 year-olds also considered what role other organisations could play in the early identification of problems. As a considerable proportion of young children today attend a playschool or use childcare facilities, these could also be useful in the early identification of problems. However, there is presently too little expertise in these facilities for this and the contact time with each child and with the parents is often too short for adequate identification of problems. Strengthening the role of these institutions would require extra investments. Options might include developing short questionnaires to help in the identification of children (and parents) with problems, training staff to detect problems or deploying (more) professionals with specific expertise in parenting and developmental psychology, and increasing the contact time per child and parent.

#### *Research on children in the Netherlands: what next?*

The primary aim of the survey of 0-12 year-olds was to close the gap in the supply of information on children in the Netherlands. This report gives a first account of the findings, but the material offers any number of opportunities for further research.

One key question concerns the desirability of repeating this research in the future. At present, however, another relevant initiative is under way, involving the development of the Young Person's Health Monitor by the Dutch municipal health services (GGD Nederland), the National Homecare Association (LVT), the Netherlands Organisation for Applied Scientific Research (TNO) and the National Institute for Public Health and the Environment (RIVM). The design and content of the Monitor will be established by mid-2005. In view of the autonomy of the youth healthcare institutions,

however, it is uncertain when the system will produce nationally representative information on the various indicators incorporated in the model. Repetition of the survey of 0-12 year-olds could be an option if that information proves to be too long in coming.

What is already clear is that these two studies complement rather than replace each other. The strength of the Young Person's Health Monitor is that it enables highly comparable information to be collected at regular intervals on a relatively large number of indicators for health and behaviour for a large group of children in the Netherlands. It will also be possible to compare the local situation with the national picture and to compare different municipalities and regions. However, the system is not suitable for researching certain topics in more depth; that is the strength of the survey of 0-12 year-olds. This survey also offers more scope for deeper analysis. Moreover, in the survey of 0-12 year-olds it was decided to gather data from different respondents, which by definition leads to a more complete insight into the living situation and development of children.

Finally, it is important to note that longitudinal research is needed in order to be able to analyse causal links adequately. Worth mentioning in this respect are two cohort studies of children and young people: *Generation R* and *TRAILS*. In the first study, the psychosocial development of children in Rotterdam is monitored for more than ten years from their birth. The second study also monitors the development of children for more than ten years, this time in the north of the country, but begins when the children are ten years old. These studies make it possible among other things to examine the effects of certain interventions.