

# Executive Summary

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“Extraordinary things emerge from following thousands of ordinary lives” – adapted from Helen Pearson (The Life Project)

The *Now We Are Eight* Report continues the series of “Now We Are” reports, adding child-centred descriptive information about the cohort children’s wellbeing and development in middle childhood, in the context of their families, whānau and wider environments.

For the first time in this study, the analyses presented in this report include the voices and views of the cohort children themselves. At the eight year Data Collection Wave, the children had the opportunity to answer their own questionnaires and contribute direct information about their own sense of who they were, how they connected with their world and what was important to them in terms of their futures.

The report highlights that children regularly experience change and flux in their own wellbeing status, as well as instability in the environments around them. The patterns of change over time are variable across population groups and the timing of exposure, as well as duration, often matters for shaping wellbeing in middle childhood.

The collection of information from the children and their families continues to enable us to better understand

why we see differential wellbeing for children growing up in diverse families, with diverse identities, cultures and backgrounds. We can use this information to explore how to better support all children and families in Aotearoa New Zealand and ensure that strategies are context relevant and meet the needs of all children.

Some highlights from the report are:

- 81% of the eligible cohort participated in the eight year DCW (despite challenges in completing this wave in the field and a prolonged data collection period).
- Almost four out of five cohort children (78%) have data available from almost every DCW since their birth.

## Culture and identity

Connectivity to culture and a strong identity are key to wellbeing. At age eight, the children were able to report their ethnic identity for the first time to the *Growing Up in New Zealand* study team (rather than their ethnicity defined by parental report):

- Almost two in three (62%) children identified with only one ethnicity.
- One in seven (14%) children “did not think about” their ethnicity at age eight – these children were most likely



to have been identified previously by their mothers as European but not always.

- Nine out of ten mothers reported that they regularly discuss ethnicity and culture with their child (although this is the case for only four out of five children who identify as European).

Language is important for social connectivity and provides a link to cultural identity for many:

- 98% of the cohort can hold a conversation in English, however 47 other languages are also regularly spoken in the cohort children's homes.
- After English, Māori is the second most common language spoken by the children (5%), followed by Mandarin (2%).
- One in six cohort children (16%) speak more than one language – most are bilingual, with 1% being multilingual.
- More than half (55%) of all children who identify as Asian speak two or more languages.
- Almost one in five (18%) children who identified as Samoan could hold a conversation in Samoan.
- Almost one in three (30%) of children who identified as Tongan could hold a conversation in Tongan.
- Almost one in five children (17%) who identified as Māori were reported by their mothers as being able to hold a conversation in Te Reo Māori – this was confirmed in the bespoke Te Reo Māori test administered to all cohort children.

In response to a set of specific questions, the children reported their gender identity for the first time at eight years:

- Most children (98%) identified with the gender they were assigned at birth, and 2% did not.
- One in seven (14%) of the cohort identified themselves as being somewhere in between male and female and 3% said they were unsure about their gender identity at this age.

The children are developing their autonomy in middle childhood – although this is still largely dependent on parental control:

- Over one in three (37%) of children living in rural areas were often allowed to walk alone in their neighbourhoods, compared with just over one in four (27%) children living in urban areas.
- Children living in urban areas were slightly more likely to be allowed to cross the street alone than those in rural areas (41% compared with 39%).

## Family and Whānau

Children are dependent on their parents and families to support their development and wellbeing, and so

understanding the family and whānau context remained very important at this age:

- 70% of children were living in two-parent households in middle childhood; 16% were living with extended families; 10% were living in a single-parent household; and 4% were living in a household with non-kin.
- Household structure for the cohort children had changed since the pre-school period – more children were living with a sole parent and fewer were living with extended families than in their pre-school years.
- Parenting alone was most common for parents of children who identified as Māori (12%), followed by Pasifika (10%) and European (9%) children.
- Living with extended families was most common for Pasifika children (33%), followed by Asian (27%) and then Māori (21%).
- Family environmental confusion (characterised by noisy and crowded homes, as well as a lack of routine) was more commonly experienced by children living in higher deprivation areas and where household income was relatively low.

### Parenting and involvement:

- Just over half (51%) of mothers wanted to be more involved in their children's lives than they currently are.
- Almost one in ten mothers reported that their child regularly witnessed psychological conflict between themselves and their partner, while 2% witnessed physical conflict.
- The proportion of children regularly witnessing psychological and verbal conflict had increased from the pre-school years, but was similar for witnessing physical conflict.

### Support for parenting from outside the household is also important:

- More than seven in ten (72%) mothers reported feeling adequately or generally well supported in parenting their cohort child.
- One in nine (11%) felt they rarely or never had enough support for their parenting role – with this being most commonly reported by those parenting alone.
- One in six (16%) mothers reported engaging with formal support agencies over the past 12 months; 6% related to their child's learning and behaviour and 4% related to their child's disability.

### Maternal health remains an important determinant of wellbeing for children (as well as for the wider family and whānau):

- When the cohort children were eight, 8% of mothers were experiencing depressive symptoms (rated moderate to severe).

- The proportion of mothers experiencing depressive symptoms was approximately the same as at four years, but less than during pregnancy or in the first two years of their child's life (the first 1000 days).
- Over the period from antenatal to eight years, approximately one in four mothers had experienced depressive symptoms during at least one period (between antenatal, nine months, two, four, six and eight years) – with three in four never experiencing depressive symptoms.
- Māori and Pasifika mothers were almost two times as likely to have experienced depressive symptoms during their child's first eight years than European mothers.

#### Maternal work:

- Mothers of four out of every five (81%) children were in paid employment when their cohort child was eight years of age, although around one in five mothers were in workplaces where they were unable to work flexible hours.

#### Media use and screen time:

This generation of children continues to be more digitally connected than any before them. However, while access to devices is increasing, there remain groups of children who have less access to devices than their peers. Screen time offers both opportunities and challenges for children and their parents:

- 95% of the cohort had access to at least one device for their use at home (computer, laptop, tablet or smartphone) – but fewer children living in areas of high deprivation had this access (91%).
- Time spent watching screens in middle childhood was greater than in the pre-school years – median active screen time was one hour a day, and passive screen time was two hours (in addition to any screen time at school).
- Guidelines related to the content and time of exposure to screen time are emerging and almost half of all mothers stated that they followed these almost all the time.
- However, more than one in four mothers (28%) had been concerned by an online media experience their child had had – most commonly that concern was in relation to inappropriate content that their child had seen.
- Most children (67%) reported that their parents had spoken to them about online safety.
- One in eight children (12%) reported that they often felt worried about their safety while using the internet.

### Household Capitals

The capacity to support a child's wellbeing is dependent on multiple capitals, including physical, social, financial and human. These capitals are created not only by the parents,

but also through supports in the wider community and society if they are provided in an acceptable, accessible, and appropriate way for each family. In middle childhood, financial capitals to support the cohort children were not distributed equally.

#### Material wellbeing and hardship:

Area level deprivation provides insights into neighbourhood resources, but material wellbeing information provides more detailed family-specific information about the capacity of a household to meet everyday living costs (expected and unexpected).

- Material hardship (going without six or more common household necessities) was experienced by one in ten children and was more common among Māori (19%) and Pacific (23%) children and those living in high deprivation areas (33% of children living in NZDep decile 10), but not exclusively so.
- Some mothers reported that food ran out “sometimes” (15%) or often (3%) due to a lack of money, and this was more common in areas of high deprivation and among children of Pacific and Māori ethnicity.
- The mothers of nearly 40% of children living in areas of high deprivation reported that they could only “sometimes” or “never” afford to eat properly.
- As well as a lack of money, a lack of time was also reported by some mothers as the reason for not being able to provide their children with healthy school lunches.

#### Household income:

- On average, total household income has increased over time for the children in the cohort, but 7% of the cohort children at eight years of age lived in a household that received \$30,000 or less over the last 12 months. Equivalised household income (adjusting total household income for the number of people in the household) differed according to area level deprivation and ethnicity of the child. Children living in the highest deprivation areas and those who identified as Pacific lived in households with the lowest equivalised incomes.
- More than one in three Pacific children (37%) lived in households with an equivalised income of \$20,000 per annum or less.

#### Housing quality:

- One in three children across the cohort (31%) were living in homes with reported heating and warmth problems at eight (half of all children living in the highest deprivation areas).
- Almost four in ten of all cohort children (37%) were reported as currently living in homes with problems relating to dampness and mould (half of all children living in the highest deprivation areas).



- Cold and damp homes were also more commonly experienced by Māori and Pacific children compared with children identifying with other ethnic groups (noting Māori and Pacific children are more likely than others in the cohort to live in the highest deprivation areas).

#### Residential Mobility:

This generation of children continues to experience high rates of residential mobility during childhood:

- Four in ten children (40%) had moved house at least once since they were six years of age – the majority had moved only once, but a third of movers had experienced two or more moves in the two to three-year period.
- Since birth, one in four cohort children (23%) had remained in the same residential dwelling, the other three-quarters had moved at least once, and almost half the cohort had moved two or more times between birth and eight years of age.

#### Household tenure:

- At eight, two in three of the cohort children (66%) were living in homes that were owned by their families – an increase from 58% at four years.
- One in four children (24%) were in rental properties and 5% were in public rentals at age eight.
- Almost half the children (46%) in the cohort had

experienced a change in household tenure type at some time between birth and eight, but movement was not unidirectional, for example from rental to home ownership.

- Change in tenure over time represented a mix of experiencing advantage and disadvantage, and a mix of moving between stability and instability across the cohort.

#### School engagement and experiences of bullying

The *Now We Are Eight* Report adds further child-focused information to the mother reported experiences of children's transition to school (captured in an electronic mother questionnaire when the cohort children were 72 months old).

- 1% of children were being home schooled at eight.
- 20% of the children had moved schools between the ages of six and eight – most having moved at least twice, and usually because of residential mobility.
- Two-thirds of mothers (65%) reported satisfaction with their school's ability to meet their child's physical, cultural, social, emotional, and behavioural needs in middle childhood. Reported satisfaction was higher for mothers of Pacific children (72%) and lower for mothers of Māori children (61%).

- The children also reported on how safe and respected they felt at school (class climate) – girls tended to rate this higher than boys overall and although there was a spread of responses, there was little difference by child ethnicity.

### **Bullying:**

- More than one in three of children (35%) reported being bullied in the past year, although 15% said this happened rarely.
- The most common bullying behaviour reported was “being put down or teased” – this was reported by half the cohort (51%), although 24% described it as a weekly occurrence.
- Physical bullying (involving physical contact) at school in the past year was reported by one in eight children (12%).
- Bullying was pervasive, but most commonly reported by children who identified as Pacific (22%), Māori (18%) or Asian (16%), compared with European children (10%).

## **Child Health and Wellbeing**

Most of the report about child health and wellbeing comes from mothers, however we also asked the children to rate their own overall health and asked specific questions regarding their mental wellbeing.

- Children tended to rate their overall wellbeing lower than their mother’s – for example, mothers reported 84% of the children as being in very good or excellent health compared with 62% of the children themselves.
- A greater proportion of children living in high deprivation areas reported their own health as poor (8%) compared with 5% in medium and low deprivation areas.
- The most common acute infections in middle childhood were throat infections or tonsillitis (one in five children). This is a similar rate to the pre-school period, but ear and skin infections have reduced in prevalence.
- Chronic issues have mostly increased in middle childhood, with Autism Spectrum Disorder being reported for 3% of the cohort and 10% experiencing vision problems at eight. However, fewer children were experiencing hearing issues at eight years compared with four years (5%, down from 14% in the pre-school period)
- Learning difficulties had increased between four and eight years of age from 3% to 8% of the cohort, and behaviour concerns were slightly up from 6% to 7%.
- Around 5% of mothers continued to report that they were not able to access primary health care for their children when they felt this was needed – this tended to be more commonly reported by mothers of Māori, Asian and Pacific children (8% for each group).

### **Oral health:**

- More children at eight years of age (73%) were reported by their mothers to brush their teeth twice a day or more, than at four (62%) or two years (44%).
- The majority of children were enrolled with the free dental service and had been seen in the past 12 months, with one in ten attending less than once a year.

### **Sleep:**

- On average, children in the cohort slept just under 10 hours at night at eight years of age, although 13% slept less than nine hours (most common for Pacific children at 31%).
- Almost all (92%) children had a regular bedtime, but this routine was less likely for Pacific children. Asian children tended to go to bed approximately an hour later than non-Asian children in the cohort (after 9pm compared with around 8 to 8.30pm).

### **Nutrition:**

- Two out of three (63%) children did not eat the recommended three or more serves of vegetables per day and one in three (29%) children did not eat two or more serves of fruit per day.
- Children living in areas of higher deprivation were least likely to meet the recommended guidelines for fruit and vegetable intake.
- Four in five children eat takeaways weekly, with one in three having takeaways two or more times weekly.
- One in three children drank fizzy drinks weekly at least – with 3% drinking these daily.
- Around a third of children took part in meal preparation every day or most days.
- Two in three children ate meals together as a family every day, but for one in five children, this occurs much less frequently and for a small proportion (2%) never.

### **Body size:**

- Two out of every three children (65%) at eight years of age were classified in the ‘normal’ range of weight for their height and age.
- One in five were classified as overweight (20%) and one in seven were classified as having obesity (14%).
- At eight years of age, a greater proportion of children were in the overweight or obese categories (34%) compared to the pre-school period (14%).
- Children who had lived in areas of high deprivation throughout their childhood were most likely to have obesity at eight years compared with children who had not lived in highly deprived areas at either early or middle childhood, and those who experienced high

deprivation during only one of those periods. The impact of persistent deprivation remained after adjustment for child, family and household level factors that are also associated with obesity.

#### Emotional and Social Development:

Fluctuations in the proportion of children classified as having an elevated total difficulties score (based on the standard Strengths and Difficulties Questionnaire, which measures emotional symptoms, conduct problems, hyperactivity/inattention, peer relationship problems and pro-social behaviour) was seen at eight years compared with the pre-school period:

- Almost all children (98%) had developed pro-social behaviours by middle childhood.
- Fewer children overall were classified as having high or very high total difficulties scores at eight years when compared with levels at four years (7% compared with 12%, respectively), and a greater proportion were in the close-to-average category (87% compared with 76%, respectively).
- Only 6% of the cohort were classified as having high or very high total difficulties scores at each of the two, four and eight year time points.
- Greater impulsivity at eight years was associated with less self-control at four years of age.

#### Mental wellbeing:

At eight years of age, the children answered questions to assess their likely anxiety and depression in middle childhood. Validated scales were used, but it is worthwhile noting that these have rarely been used or validated for the specific population groups in New Zealand.

- Mean depression and anxiety scores were higher (meaning that depression and anxiety were more likely) among children who identified as Pacific and Māori compared with European and Asian children.
- Children who experienced high deprivation in both infancy and pre-school to middle childhood (28% of the cohort) were more likely than their peers to be experiencing depressive and anxiety symptoms at eight years of age.
- The greater the number of time periods that children experienced residential mobility over their childhood, the higher their mean depression and anxiety scores at eight years. These associations remained after adjustment for other factors known to be associated with depression and anxiety (separately).

#### Looking ahead

This report describes the breadth of multidisciplinary information collected from the cohort children and their families in middle childhood. It provides a rich picture of the “lived realities” of the cohort at this age. These “lived realities” can be used to provide policy stakeholders with context relevant information about what it is like to be a young child growing up in New Zealand today, as well as providing information to assist with developing strategies to support the wellbeing of all New Zealand children now and into their futures.

The *Growing Up* team are preparing to engage with the cohort again in 2021 when the children are approximately eleven years old. This will be an extremely important time for the children in the cohort to be heard, as they transition into adolescence and develop their own individual identities and voices.

