Family Relationships and Family Well-Being:

A Study of the Families of Nine Year-Olds in Ireland

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Executive Summary

This study is based on the first wave of data on the child cohort (nine year-olds) in the *Growing Up in Ireland* (GUI) survey. It examines family relationships and their associations with parent and child well-being in the families of the nine year-olds and explores social inequalities in these aspects of family circumstances. The analysis is presented under five headings: the structure of families (a term which encompasses family structure both currently and over time and also includes family size), relationship quality between parents, the individual well-being of parents, relationship quality between parents and children, and the well-being of children.

Main Findings

Family Structure

Over eight out of ten children live in two-parent families, in most of which the parents are married and have been together since at least the birth of the study child. In 3% of cases, the parents are cohabiting, a family type with a less-advantaged social profile and greater risk of instability than married families. Another 3% are step-families, over half of which are the outcome of never-married lone parents forming a second union. The remaining families (17.5%) are headed by lone parents. These families arise more often from unpartnered childbearing than from marriage or partnership breakdown, an unusual pattern by international standards since marriage or partnership breakdown is the more common route into lone parenthood in most countries. It is possible that in Ireland, relationships that at the start of family formation have less potential for long-term stability are more likely than in other countries to self-select into unpartnered parenthood, rather than enter partnership and subsequently break up. Such a pattern would help account for both the somewhat high rate of unpartnered lone parenthood and the low rate of marital breakdown in Ireland.

Family Size

International research has pointed to family size and birth order as important influences on child development. These are significant issues in Ireland since, despite the fall in average family size in recent decades, moderately large families are still common. Among the families of the nine year-olds in the GUI data, fully intact married couples have three children on average and 28% have four or more children. Less stable couples have fewer children and never married lone mothers have the smallest families (1.8 children on average). Family instability thus has an inhibiting effect on family size and does so particularly among mothers at lower levels of socio-economic status (SES). This development has muted but not entirely eliminated the strong association between lower SES and larger family size found in Ireland in the past.

Differentiation by Socio-Economic Status

Although stable, two-parent married families are the dominant family type at all levels in Irish society, the size of the minorities in other family types are differentiated by SES. Better educated parents are more likely to marry, to be together since before the child was born and to avoid relationship breakdown. Early child-bearing plays a strong role in mediating this process. Women with lower educational attainment are more likely to start child-bearing at an early age – and at present up to 25 years of age

can be counted as early. Those 'early-start' mothers, in turn, are more likely to enter lone parenthood, particularly in the form of never-married lone parenthood. However, over half of mothers who start child-bearing at an early age go on to have stable relationships – and if they do, they are more likely to have relatively large families. Thus the trajectory of family formation among the less educated which initiates with an early start to child-bearing splits into two streams – it sometimes leads to lone parenthood and small families but sometimes leads to on-going stable partnership and a considerable likelihood of moderately large families.

In addition to and partly because of these long-term life-course effects, there are wide differences in current levels of socio-economic vulnerability between different types of family. In regard to poverty, deprivation and welfare dependency, two-parent married families are best off, followed by step-families, then cohabiting couples, and in the weakest position are the various kinds of lone-parent families. The advantage enjoyed by stable married families in regard to home ownership is particularly striking – 90% of this large group are home-owners, which contrasts with a home ownership rate of 20-30% among the main kinds of lone parent families.

Quality of Couple Relationships

The main differentiation in couple relationship quality is found between intact and non-intact couples and it is via this differentiation that linkages between couple relationship quality and SES arise. *Within* family types, variation in couple relationship quality is largely independent of the partners' SES and seems to depend more on personality characteristics or factors not examined in this study. Direct differentiation by SES is thus less common in regard to relationship quality between parents than it is in most other aspects of family well-being.

Among co-resident couples, partners in second unions (step-families) have the highest relationship quality and cohabiting partners have the lowest. A small minority of co-resident partners report instances of intimate partner violence but beyond that, on the basis of the limited evidence available here, there seem to be few couples who live together despite high levels of conflict. Parents who live apart judge the current state of their relationship in negative terms in slightly over half of cases, and less than one in six of the primary caregivers involved report that the child had witnessed conflict between them.

There are complex linkages between the number of children couples have and the quality of their relationship. For intact married couples, large families are associated with good relationship quality between the parents but for those who are separated or divorced, the opposite holds – the more children such partners have, the worse they get on with each other. With later waves of GUI data, it may be possible to work out the causal connections underlying these complex patterns but for the moment it is important to note that these complex patterns are there.

Well-Being of Parents

The presence of depressive symptoms and smoking among mothers is strongly linked to SES: mothers with lower secondary education are five to six times more likely to smoke and more than three times more likely to show depressive symptoms than those with postgraduate education. Fathers report much lower levels of depressive symptoms than mothers. Risk of obesity among mothers varies by SES only to a limited degree.

At first sight, even controlling for SES, it seems that married mothers have lower risk of depression than lone parents. However, closer analysis shows that conflict with the child's father is the crucial factor: lone mothers who reported low or no conflict are not significantly different from married mothers in risk of depression.

In general, mothers with larger families have a lower risk of depression, perhaps in part because non-depressed mothers are likely to have more children. However, the association between large family size and higher conflict among separated or divorced mothers, coupled with the link between higher conflict and depression, suggests that the associations between family size and parental well-being are complex and vary by family context.

Co-residence with a grandparent (usually, that is, the mother's own parent or parents) is associated with lower risk of depression and smoking among mothers. This factor is relevant mainly for unmarried lone parents, among whom 20% live with a grandparent.

Parent-Child Relationships

Two aspects of parent-child relationships are examined in the study – the parents' reports of parent-child conflict and the children's reports of the parenting style of their parents. For the most part, neither aspect is closely associated with family structure or the family's general socio-demographic character. Children are more likely to experience non-optimal parenting from non-resident than resident fathers, and mothers who are depressed or have conflict with the child's father are somewhat more likely to have conflict with the child, but neither of these linkages is very strong. Otherwise, there is little by way of systematic differences on these issues between two-parent and one-parent families, between sub-types within these categories, or between large and small families, nor are key indicators of SES (such as mother's education) an influence in these areas. The quality of parent-child relationships may thus act as an aspect of family well-being which is more dependent on personality and other individual characteristics and may serve as a protective factor for children in otherwise difficult family circumstances.

Children's Well-Being

The educational level of mothers is the strongest and most pervasive predictor of children's well-being examined in the study. On all four indicators of children's well-being which are analysed – reading and mathematics ability at age nine, social-emotional adjustment and presence or absence of chronic illness – the children of less educated mothers are at a disadvantage and this is especially true of reading and mathematics ability. The other aspects of mother's background represented by her level of deprivation at age 16 and whether or not she had a child before age 25, in addition to the current risk of household poverty, also have negative associations, though none of these do so in a consistent way across all indicators.

Once resource differences are controlled for, family type is not a strong predictor: differences in the four indicators of child well-being between two-parent married families, cohabiting families, step-families and lone parent families are slight or absent. Conflict between parents has a negative association with the child's social-emotional adjustment but not with the other three indicators of child well-being.

Family size is a complex factor in child well-being since linkages with it differ in different family contexts and vary also across different indicators of well-being. International findings on the negative effect of larger families on children's cognitive development were not robustly supported here. Birth order effects were not evident either, but in light of theories that birth order effects may emerge only in the teenage years, this may be a function of the age of the children studied here (nine year-olds). Children in larger families showed better social-emotional adjustment, with a particularly strong contrast between only children on the one hand (who were most likely to have poor social-emotional adjustment) and children in all other family sizes on the other.

Policy implications

Role of Education

The strong influence of parental education on family well-being is a key theme of the study. It is the main source of variation in patterns of family formation and persistence and in the individual well-being of parents and their children. In consequence, the single most important mechanism that public policy can use to combat family problems is to tackle educational disadvantage. Such intervention can aim to achieve immediate benefit for children at risk of low educational attainment (for example, by improving their reading ability), but the benefits have the potential to be felt throughout children's lives and to spill over into the next generation when they come to form their own families. Recent developments in early childhood care and education, as represented especially by the introduction of a universal free pre-school year in place of a more expensive cash payment to families with children, could be particularly beneficial in that regard and may offer a model which could be extended in the future even in the context of overall reductions in public expenditure.

Support for One-Parent and Two-Parent Families

Once confounding factors such as mother's education are controlled for, family intactness and stability in themselves are associated with some aspects of family well-being but not others and overall lone parenthood in itself is not a major direct influence. Its main role is to mediate the influence of parental background rather than act as a primary cause. Parents' resources, particularly as measured by how educated they are and whether they avoid poverty, matter more for child well-being than the marital or co-residential status of parents. This has implications for the present system of income supports for families with children. This system draws a major distinction between one-parent and two-parent families – the One Parent Family Payment, taken along with a range of other available payments, provides considerably higher levels of income support for welfare-dependent lone parent families than is available to welfare-dependent two-parent families (Department of Social and Family Affairs, 2006). It has been argued that while lone parent families often have a high need for income support, they are not so completely set apart from two-parent families as this structure would imply. Proposals have been made in recent year to reform this system so that targeting of income supports would be directed at families on the basis of their low incomes rather than the residential status of their parents (Department of Social and Family Affairs, 2006). The findings of the present study do not directly bear on this issue since they do not examine what would count as adequate income for families nor how it might be achieved. But they do suggest that from a child development and family well-being point of view, while some general differences can be found between one-parent and two-parent families, these are less significant than differences which cut across the one-parent versus two-parent distinction. These findings would therefore tend to support the view that that income supports which draw sharp distinctions between one-parent and two-parent families may not be justified and may need to be designed and evaluated in light of their contribution to developmental outcomes as well as household income inputs.

Large Families

Although families are now much smaller than they used to be, family size continues to be an important axis of differentiation between families and substantial minorities of children continue to live in what today would count as large families (those with four or more children). Variation in family size is complex both in its causes and effects and its overall significance for family well-being is difficult to decipher. However, one aspect of this issue highlighted in the present study is a common tendency to under-estimate the prevalence of large families. This arises from a usual focus on *dependent* children

in measuring family size, with dependency often defined in restrictive age terms (e.g. children aged less than 15 years). Such approaches understate the extent of large families and distract attention from the impact of number of siblings (irrespective of age or whether they still live in the family home) on children's and parents' well-being. One in four of the nine year-olds in the GUI sample belong to families of four or more co-resident children and data from Census 2006 suggests that among just-completed families, one-third of children belong to families of four or more children (irrespective of whether all the children still live in the family home or not). The cross-sectional nature of the data examined in the present study has made it difficult to draw conclusions on the significance of these patterns for family well-being, but they do make clear that large families are more prevalent and more worthy of attention from research and policy than they have received to date. Future waves of GUI data will throw further light on this this issue. In the meantime, it is a concern that Budget 2012 announced the abolition of higher rates of payment of Child Benefit for children in larger families. Further research on larger families is needed to assess the justification for and consequences of this decision.

Health of Mothers

One important aspect of family well-being highlighted in this study is the health of mothers, encompassing both mental and physical health. Almost one in ten mothers report substantial symptoms of depression and one in five are daily smokers. Both these factors are highly differentiated by SES. Since these factors (particularly mother's depression) also are connected to aspects of children's well-being, they are among the mechanisms by which the effects of parental social background are transmitted to children. These factors point to the importance of policy on physical and mental health and particularly on the social determinants of health as means through which family well-being can be improved.

1 | Introduction

The structure and quality of relationships between family members are fundamental elements of family functioning and a major influence on the well-being of parents and children. This study uses data from the first wave of the *Growing Up in Ireland* (GUI) survey, the national longitudinal study of children, to examine family relationships and their links with parent and child well-being among the families of nine year-olds in Ireland. In looking at the factors associated with well-being, therefore, the main focus is on family relationships. Other factors such as the educational level of parents and living standards in the household are included in the analysis not as topics of interest in their own right but as part of the context that has to be taken into account in understanding patterns of family relationships and their links with family well-being. Thus the objective of the present study is not to provide a comprehensive account of what affects family well-being – an impossibly broad objective in light of the multiplicity of factors measured in the GUI – but rather to assess how big a difference family relationships make and what aspects of family relationships are the most important.

The term 'family relationships' is interpreted broadly here in some ways. For example, in examining the relationship between fathers and mothers, the study includes not just the stability and interpersonal quality of the relationship (typical concerns in studies of this kind) but also its fertility – how many children the couple has produced. The latter is a topic that, as we will see later, attracts less attention in present-day research on family well-being than it used to, but nevertheless it remains important in many ways. In other respects, we approach family relationships narrowly, in that we focus mainly on the relationship triangle of child, mother and father, with some information on the relationship with grandparents added in. Practical limitations meant that the GUI survey could devote little attention to relationships with siblings or with other relatives outside the family home, even though these are often important for children (Aldgate, 2010). The GUI survey provides an exceptionally rich source of information on family relationships, but that is not to say that it is complete or deals with all family relationships that are significant in children's lives.

The Concept of Family Well-being

A second term we use to define the scope of this study is 'family well-being'. This is not a term with a precise meaning, not least because well-being is usually thought of as a property of individuals rather than of families (for an extended discussion of the concept of well-being and its measurement in Ireland, see NESC, 2009). We use the term here as an umbrella label to refer to the individual well-being of family members and to include also the notion that the stability and quality of relationships between family members can be thought of as an aspect of family well-being. In later chapters, we describe the dimensions of well-being and the indicators used to measure it in some detail, but here we can say in general terms that the primary measures of children's well-being used in the study relate to their cognitive development, socio-emotional adjustment and physical health at age nine. The well-being of parents is measured mainly by reference to physical and mental health, along with health risk-factors as represented by smoking. Some approaches to well-being include resources such as income, good housing or access to services as dimensions of well-being (OECD, 2009: 22-25). We take a narrower view here based on a focus on human functioning – what people manage to be or do – rather than on the

means needed for functioning – what people have – as the core of well-being (Sen 1985). We recognise the importance of resources as contributors to individual and family well-being and acknowledge also that basic human functioning is so immediately dependent on key resources such as food and shelter that distinctions between the two are often hard to make. Yet it seems meaningful here to focus on key indicators of the 'being and doing' side of human functioning rather than the 'having' side in our core concept of well-being.

A further feature of our approach is that we do not regard either individual or family well-being as a unified construct that can be measured with a single scale. Rather, we treat well-being as a multi-dimensional outcome within which different dimensions, though inter-related, can be expected to show considerable independent variation. There is an understandable attraction in the notion of well-being as an integrated construct that can be captured by means of a 'one number' index. For researchers, such an index can provide a focus for the study of factors that shape well-being and for policymakers it can help to sum up a wide array of complex information and enable it to be taken account of in decision-making. However, there is no scientific consensus on how many or which aspects of people's lives should be considered as essential to well-being, nor is there a clear theoretical basis for interpreting composite measures or indices that are constructed utilising methods such as factor analysis. As a result, index-construction contains a large element of arbitrariness and many researchers avoid it altogether (see, e.g., OECD, 2009: 22). Of those integrated indices that have been used, there are wide differences in the indicators they encompass and the weightings they attach to each indicator (see, for example, UNICEF child well-being index, which combines 42 indicators, and the 'York Index' by Bradshaw and colleagues, which combines 51 indicators – UNICEF, 2007; Bradshaw *et al.*, 2006). Furthermore, a focus on a single index narrows our perspective about how family processes and other contextual factors relating to different dimensions of well-being operate. This consideration emerges as important later on in this report since, as we will see, certain aspects of family context relate quite differently to, say, children's reading ability at age nine than they do to the children's socio-emotional adjustment at that age. These differences would be lost sight of if reading ability and socio-emotional adjustment were combined into a single index. In this report, therefore, while we acknowledge the value of the integrated index-construction as a tool for the analysis of well-being in certain contexts, its limitations and draw-backs for present purposes cause us not to go that route here. It also causes us not to use statistical methods such as structural equation modelling which are applied when individual variables are interpreted as reflections of an underlying latent construct. This study rather analyses different dimensions of well-being separately, treating them as distinct individual items while also seeking to identify major relationships between these dimensions.

Well-being and Inequality

An underlying concern of the study is to explore social inequalities in family well-being in order to inform social policy and to contribute to scholarly understanding of inequalities in family dynamics. From a policy point of view, one outcome of the study will be a refined identification of the family types at risk of low well-being and of the type of risks involved, particularly those risks that are closely linked to patterns of family relationships.

An important part of this concern is to examine how the distribution of family types and the dimensions of well-being associated with them vary by SES (socio-economic status). The primary measure of SES we use here is the educational level of the parents – mainly the educational level of the mother, since information on education level is missing for 22% of fathers in the sample. Education is now widely used as an indicator of SES in social research because it has become such a powerful influence on life-

chances in modern societies. Social class, the main alternative basis for measuring SES, is less suitable for this purpose in the present study for two reasons. One is that a classification by social class was not possible for a substantial minority of families in the data (approximately 12%) because no adult in the family had an occupation that could be used to assign the family to a place in the occupational structure (the basis on which social class is defined). A second reason is that occupation is often at least partly influenced by family circumstances, particularly in the case of mothers, and therefore does not always capture socio-economic status independently of family formation. Education, by contrast, is usually completed before family formation starts, except for the minority of cases where education is interrupted because of early child-bearing. Level of education attained can therefore be more effective than social class in capturing the SES of parents independently of the path of family formation they subsequently embarked on.

Research Topics

The topics examined in the study can be grouped under three main headings: first, the *structure* of the families of nine year-olds, viewed primarily at a single point in time (that is, when the study child is nine years old) but also with the inclusion of certain cross-time elements derived from retrospective data on family trajectories collected in the first wave of interviewing of the parents of nine year-olds; secondly, the *quality of relationships* within the family, focusing especially on those relationships that make up the mother-father-child triangle; and thirdly, the patterns of association between these factors and *the individual well-being* of family members. The analysis of these topics is organised into five sections, as follows (see also Figure 1.1)

1. The structure of families

The term 'family structure' is used here as an inclusive label for an array of inter-related features of family organisation, incorporating both current and retrospective elements. Because the GUI data contain a great deal of information on these features, they loom large in our analysis of family well-being and emerge as major dimensions along which variations in family well-being are examined.

The first of these structural features is the current intactness (or current structure) of the family as indicated by whether or not the parents live together. The basic distinction here is between one parent and two parent families, but as we shall see in Chapter 3, each of these can be sub-divided further according to the precise marital and/or residential status of the parents (for example, in the case of lone parents, between those who are unmarried versus those who are divorced or separated, or in the case of two-parent families, between those who are married versus those who are cohabiting). Breakdowns of these differences in the families of nine year-olds in the GUI data yields a classification of family types according to their current structural form. This classification, as developed in Chapter 3 below, serves as a basic analytical device throughout our study: we ask whether family type defined in current structural terms is a significant axis of variation in virtually every aspect of family functioning and family well-being we examine in the study.

Figure 1.1: Analytical Structure of Report
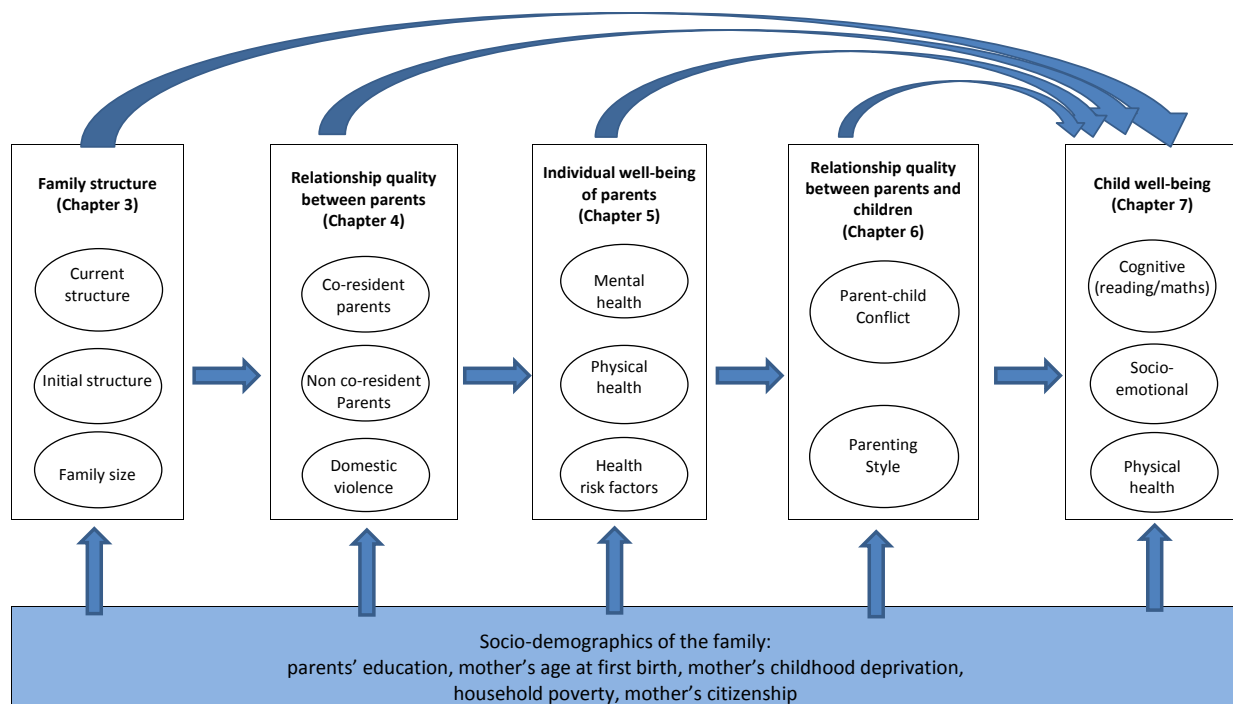
The current structural form of the family is best viewed in the light of its trajectory through time. Research using longitudinal data has identified stability over time as a crucial aspect of family well-being (Holmes and Kiernan, 2010; Kennedy and Thomson, 2010; McLanahan, 2009). The GUI survey is designed as a longitudinal study in recognition of the fundamental role of the time dimension: successive waves of data collection will make it possible to relate changes in children's lives to changes in prior conditions, thus facilitating causal inference. In the meantime, in advance of longitudinal data becoming available, the first wave of the GUI data used here provides valuable preliminary information on this dimension as it includes retrospective questions on the history of the couple relationship since its first formation, along with family-building data (dates of births of children) recorded in the household grid. This provides a quasi-longitudinal basis for examining family types based on certain aspects of their history as well as their current form and for taking account of basic transitions in family structure (if any) a child has experienced up to age nine. These data also provide information on the *timing* of transitions in the life-course of parents, particularly as between youthful versus more mature entry into family formation. Previous research in Ireland has shown that *when* certain steps in family formation are taken is strongly connected to the path of family development which subsequently follows. For example, child-bearing at what by contemporary Irish standards is an early age (namely, before age 25) is quite likely to be followed by lone parenthood, at least for a period, and is strongly associated with low educational attainment among mothers. A later start to child-bearing is more common among the better-educated and is more likely to occur as part of an ongoing couple relationship, usually within marriage (Lunn *et al.*, 2009).

From the data on these issues in the GUI sample of nine year-olds, we have identified two variables on the initial stages of family formation that often have such path-setting properties. One is whether the mother and father were living together at the outset of the study-child's life. Taken in conjunction with current relationship status, this variable serves as a useful indicator of the stability of the relationship over time. For parents who are currently married, this variable does not identify when the parents *married*. It thus does not distinguish between parents who started out as a cohabiting couple and later

married versus those who were already married when the study child was born. This distinction between couples who are cohabiting rather than married at the outset of family formation has been found to be strongly associated with the stability of relationships in some countries (e.g. McLanahan, 2009) but is one that the data on nine year-olds in the GUI do not allow us to investigate here. The second time-related variable is the mother's age when she gave birth to the oldest sibling in the household. We refer to this variable here as the mother's age at first birth, but since in some of the sample families, the mother's oldest child may have already left the family home, this designation is not entirely accurate (see further in following paragraph).

In addition to current and initial structure as just outlined, a further structural feature we highlight here is the *size* of the family, as measured by the number of children in the household. While family intactness and stability have been the subject of a flood of research on family well-being in recent decades, family size stands out as an almost-forgotten factor (see Chapter 2). This lack of interest in family size may have been prompted by the assumption that families have now standardised around the one, two or three child family and that larger family sizes have more or less disappeared. However, as we shall see later, moderately large families are still common In Ireland, and there is a small but nevertheless strong thread of international research which suggests that number of siblings is a substantial influence on child outcomes (Blake 1989, Downey 2001, Black *et al*. 2005, 2011). We therefore pay considerable attention here to large families both as outcomes of interest in their own right and as an aspect of family structure that may be linked to variations in child outcomes and other features of family dynamics. One limitation that must be mentioned is that the first wave of data collection on the child cohort in the GUI counts only those siblings who are still living in the family home and therefore does not include siblings who are old enough to have moved out. Our count of large families in the present study is thus likely to under-measure actual family size to some degree (all other things being equal, the larger the family, the shorter the period for which all children in the family will live together in the family home). This is a significant limitation in the sense that the effects of family size on children's development are usually examined by reference to the total number of children born to the parents and not just the number who are living in the family home at a particular time (see Chapter 2). The second wave of data collection on the nine year-olds currently underway has asked mothers how many children they gave birth to. This question will yield a more complete measure of family size when the data become available, but for the present, we must simply note that our count of large families is based on co-resident children only.

2. The inter-personal quality of couple relationships

The quality of the relationship between the parents in a family is an important aspect of the immediate social environment for both children and parents. It needs to be examined both among partners who live together with the child and in those cases where one parent is non-resident but nevertheless is engaged in the life of both the child and the resident parent. It is a challenge even to conceptualise relationship quality in as diverse an array of family settings as these –as between, say, a wife and husband who have lived together and jointly reared their children over a period of years as opposed to a mother and a non-resident father who have never shared a family home. The GUI copes with this diversity by using different measures of relationship quality to examine relationships between parents who do and do not live together, though since the GUI was not specifically designed to study the relationship between partners, the indicators it collected on this domain are limited. As we set out in Chapter 4, a standardised international scale, the 7-item Dyadic Adjustment Scale (Hunsley *et al*., 2001), was used to examine relationship quality in the case of co-resident partners. This measure is widely recognised as a robust indicator of relationship quality for co-resident partners (Sharpley and Rodgers, 1984). In the case of parents who were not living together, the resident parent was asked about the quality of her or his relationship with the non-resident parent, ranging from very positive to very negative. One item that could be construed as an indirect measure of relationship quality was applied to all families – a question

asked of the primary caregiver (usually the mother) as to whether the study child had witnessed conflict between his or her mother and father. On closer examination, we found that this measure was correlated with SES and maternal depression as well as the DAS and frequency of arguments, suggesting that it would be a good indicator of conflict between parents across all family types.

In addition to our general analysis of variations in relationship quality by family structure and other variables, we also briefly refer to the degree to which the data are capable of identifying the extreme form of poor relationship quality represented by the occurrence of intimate partner violence among co-resident partners. Though the GUI collected data on this question, the topics it examined are subject to considerable item non-response and other methodological problems and are being separately analysed by the third author of this report. We comment briefly on the preliminary findings on domestic violence in Chapter 4.

3. The individual well-being of parents

The GUI collects data on core aspects of individual well-being of parents, including physical and mental health and the significant health risk factor represented by smoking. The present report examines variations in these dimensions across family types and investigates their association with relationship quality. Ample evidence suggests that psychological well-being and relationship quality are intertwined with each other. Here we analyse their variation across different social groups and seek to identify in particular their links with relationship intactness and relationship quality as examined in earlier chapters. Here too a central concern is to explore social inequalities in the variables examined, thus further expanding on the theme of social inequalities in family well-being.

4. Parents' relationships with children

Relationships between parents and children complete the relational triangle at the core of the family. The quality of these relationships is examined in the GUI from both the parents' and the child's point of view. The parent perspective is measured by means of the Pianta scale, which is completed by both father (resident father's only, including step-fathers) and mother. This scale is based on 30 individual items and examines the positive and negative aspects of the parent-child relationship. It includes three subscales measuring level of conflict, level of dependence and level of closeness between the parent and their child (Pianta, 2001, adapted from the teacher-child relationship scale). The child perspective on both father (resident and non-resident) and mother is measured by means of selected items from the Parenting Style Inventory II. This measure has two subscales: the responsiveness and demandingness subscales. Based on the child responses to these two subscales, parenting style can be classified into four categories: Authoritative (high control, high responsiveness); Authoritarian (high control, low responsiveness); Indulgent or Permissive (low control, high responsiveness), and Uninvolved or Neglectful (low control, low responsiveness) (see Darling and Toyokawa, 1997). In this report, we explore both the parent and child perspectives on the parent-child relationship and examine their links with the other aspects of family structure and family well-being referred to in 1, 2 and 3 above.

5. Child well-being

The final analytical section of the study seeks to examine associations between all the factors examined in the previous sections and measures of child developmental outcomes at age nine. It focuses on three aspects of children's development –cognitive, as measured by reading and maths test scores, social and emotional adjustment (as measured by the Strengths and Difficulties score), and physical health (chronic illnesses). The study culminates with an overview of the factors associated with child well-being measured in these terms, focusing especially on the significance of those factors explored in the earlier parts of the study.

Data and Methods

The study is based on the first wave of data-collection on the child cohort in the *Growing Up in Ireland* survey, which commenced in 2007. That element of the survey was based on a national representative sample of 8,568 children who were aged 9 in 2007-08. The sample was generated from the relevant age-grades in 910 primary schools which were selected on a probability-proportional-to-size basis from the 3,200 primary schools in the country. The response rate from sampled schools was 82% and from sampled children within schools was 57%. Data were weighted to conform to population parameters (for a general report on the nine year-old cohort, see Williams *et al*. 2009; on survey design, see Murray *et al*. 2011).

Data collection on this sample was elaborate and began within schools. School principals, the children's teachers and the children themselves completed school-related questionnaires, and standardised tests in English and in mathematics were administered to the children (the Drumcondra reading and maths tests – see Chapter 7 below). Data collection then moved to the children's homes, where most of the information collected was by means of a 90-minute interview with the primary caregiver (who was the child's mother in 98% of cases). A self-completion questionnaire on sensitive topics was also completed by the primary caregiver. There were parallel but shorter questionnaires for secondary caregivers in the household where these were present (usually the child's father). The children also completed questionnaires in the home on themselves and on their relationship with their mothers and fathers. In addition, children completed a one-day time diary and interviewers measured the height and weight of the children and the parents.

Non-resident parents

In families where one parent was non-resident (that is, lone parent families), the resident parent was asked for contact details and a short self-completion questionnaire was administered by post to the non-resident parent. However, the share of resident parents willing to provide contact details and the response rate from non-resident parents for whom data were provided were both low. Just over one-third of resident parents in lone parent families (35%) provided contact information, with better-educated parents being more willing to do so (47% of lone parents with third-level education provided the information compared to 26% of those with primary or lower secondary education). These differences by education level were closely paralleled by differences in family type: divorced or separated lone parents were more likely to provide the information (44%) than never-married lone parents (26%). The most common reason given for not providing the information was an unwillingness to do so but almost a quarter of never-married lone parents and over one in ten divorced/separated lone parents reported that they themselves did not have the details. Of non-resident fathers who were sent questionnaires, less than half responded, with the result that data from these questionnaires relate to only one in seven of non-resident fathers. Because this level of response is too low and too open to biases in selection to provide representative coverage, data provided directly by non-resident fathers were not included in the final data set compiled from the first survey wave of the GUI nine year-old sample and were not available for analysis in the present study. There are other variables in the data which represent the views of resident parents or the study children on non-resident fathers. These vary in their degree of completeness and reflect an underlying difficulty in the GUI in fully capturing the circumstances of disrupted families. For example, the views of mothers on the level of contact between non-resident fathers and their children are reasonably complete (Chapter 3 below). However, the views of children on their fathers' parenting style are available for just over half of children with non-resident fathers, largely because almost half of lone parents did not give permission for the study child to complete the child's questionnaire on the father (Chapter 6 below). The overall issue here is that among families where the parents do not live together,

the characteristics of the non-resident parent and the level and quality of his engagement with the family can be important aspects of family well-being, but these are issues on which complete and reliable information is difficult to collect in large-scale sample surveys. There are thus gaps in the data on certain aspects of family relationships which the GUI sought to examine but where there were difficulties in securing responses in certain kinds of cases. We will refer to these instances of incomplete information at various points in our report.

The quantitative strand of data collection on the nine year-olds was complemented by a qualitative study based on 120 families selected from the full sample. Data from the qualitative study did not become available in time to be included in detail in the present analysis, but reference is made to the first report on those data which has recently been published (Harris *et al.*, 2011).

Most of the information used for the present report is taken from the questionnaires completed by the primary care-givers, along with selected items drawn from other segments of the data-set, such as the children's reports on the quality of their relationship with their parents.

Analytical Objectives

The ultimate concern of the GUI study as a whole is to establish causal pathways between children's well-being and the contexts they grow up in. It seeks to quantify and track children's development and identify the factors in the family and social environment that explain why some children fare better or worse than others. As children's development occurs over time, measurement over time is needed to achieve this goal and thus the GUI is designed as a longitudinal study. The analytical goals of the study can thus be achieved only as longitudinal data become available from later waves of the GUI.

The present study is limited to the largely point-in-time data which are available from the first wave and thus it has more limited analytical objectives. Point-in-time data enable descriptive accounts to be given of various aspects of children's lives and their family, school and neighbourhood environments. They also enable statistical correlations between variables to be identified, suitably controlled for confounding factors. Temporal sequencing and a combination of theory or previous research may sometimes enable causal direction to be inferred from observed correlations (e.g. completion of formal education usually precedes family formation and so can be seen as a cause rather than an effect of family formation). In general, however, causal inferences from analysis of cross-sectional data must often remain tentative and a common tendency to over-interpret correlations as indicating cause-effect relationships must be avoided (Ní Bhrolcháin, 2001). Thus the potential of data of this kind for *explaining* the patterns it identifies is limited, at least until developments through time are tracked by means of later waves of the survey. The focus must shift instead to identifying complexes of concurrent features that amount to 'thick description' of family patterns. As far as family patterns and family well-being are concerned, such description provides detailed answers to questions of 'who', 'how many' and 'in what contexts' but usually stops short of addressing the question of 'why' patterns occur. In the present instance we seek to reveal how many children and which children have different kinds and levels of developmental outcome and what kinds of family relationships are most often associated with these outcomes. Such analysis is valuable for policy purposes, as it highlights issues that should be a concern of policy. It identifies how many people and what people are affected by these issues and in what contexts they occur, all of which is valuable as aid to designing appropriate policy responses.

In framing our analytical objectives, we have also sought to provide a comprehensive picture encompassing all family types rather than in-depth analyses of particular sub-sets of the sample. An important consequence of this preference is a focus on issues for which data are available for the whole sample, or at least large proportions of it. This has caused us to devote less attention to topics which may be important in themselves but which are relevant only to particular family types or are adequately reported in the data only for segments of the sample. The most frequent examples occur in connection with fathers, particularly non-resident fathers, for whom data are often missing. We have already mentioned the instance of father's education. Although father's education is likely to rank alongside mother's education as dominating influences on family well-being (Lunn and Fahey 2011), we have paid limited attention to it here simply because relevant information is unavailable for 22% of the fathers in the sample. This arises mainly because, as already mentioned, no data on fathers' education or other socio-demographic characteristics are available for non-resident fathers (who make up over one in five of all fathers in the GUI nine year-old sample). At certain points in the chapters which follow, we focus on two-parent families where the joint significance of fathers' and mothers' education can be taken into account but otherwise, in analyses of all families together, the absence of data on father's education for non-resident fathers introduces so many biases that that variable must be omitted. The paucity of data on non-resident fathers is a recognised shortcoming in the GUI but also, in light of ethical and practical difficulties involved in securing their participation, is also one that is difficult to rectify within the usual constraints of large-scale survey research.

Structure of Report

Following this introductory chapter, Chapter 2 sets the context for the study by examining a number of features of family patterns in Ireland and the insights offered by international research on the bearing these features might have on family well-being. This is followed by the analytical chapters (Chapters 3 to 7) which follow the structure set out earlier (see Figure 1.1 above). Chapter 8 then summarises the detailed findings of the study, identifies a number of central themes arising from the findings and draws out the implications for policy.

2 | Family Context

Introduction

This chapter identifies a number of features of family life in Ireland which provide important contexts for family well-being. It also reviews what we can learn from international research about the likely significance of these features. The purpose of the chapter is to highlight aspects of the family context in Ireland which may be distinctive in various ways or may warrant particular attention as we seek to analyse family well-being in subsequent chapters in this report.

The Changing Vulnerable Family

One of the first empirical studies in sociology conducted in Ireland was an analysis of early school leaving among 14-16 year olds living in a local authority estate in Limerick city in 1965-66. The study, published under the title *Social Dynamite*, was authored by Liam Ryan, then a lecturer in sociology in University College Cork (Ryan, 1966). One striking feature of the lives of the young people reported in the study was how large their families were: just over half lived in families with seven or more children, and almost a third lived in families with nine or more children (Ryan 1966: 21). There was no mention in the study of lone parent families, the presumption being that aside from families where one of the spouses had died, families with children had both parents present. A pattern of large family sizes in general and particularly of large families among both the urban and rural poor was the norm in Ireland as a whole at that time (Walsh, 1968).

Forty years later, another study returned to the question of family patterns in social housing in Limerick as part of an analysis of the overall social profile of the tenant population in the city's social housing estates (McCafferty and Canny, 2005). It revealed a sharply different picture of what by then had become the dominant family type among tenant households: 62 per cent of the families with children living in social housing at the time were lone-parent families, a pattern that was echoed to varying degrees in social housing in other cities in Ireland (Housing Unit, 2001). The data on these families did not reveal how many children they had, but from other sources we know that lone parent families today are smaller than two parent families and among unmarried lone mothers most often have only one child (Lunn *et al*. 2009).

The families covered by Ryan's study in the mid-1960s and by McCafferty and Canny in the mid-2000s are unrepresentative of the national picture since both sets of families were selected into social housing because they had low incomes and high needs. However, they do approximately represent major segments of the population who were economically vulnerable, at least in urban areas, since in both the 1960s and the 2000s, social housing was the main source of accommodation for economically insecure low-income families. The contrast in family circumstances between the two populations thus illustrates a sharp transformation that had occurred within forty years in what was thought of as the typical family at risk of poverty – *the large two-parent family was replaced by the small one-parent family as the characteristic high poverty family type* (for a more general perspective on large families as a poverty risk in the 1960s, see Walsh 1968; on poverty and family type in the 2000s, see Russell *et al*. 2010). This

transformation is all the more striking because it occurred across two generations or so of what in many cases were the same families, possibly even living in the same dwellings. The housing estate in which Ryan's study was carried out in 1965-66 was included in the 2005 profile by McCafferty and Canny and it is likely that at least some of the lone mothers with one or two children in the 2005 profile were the grandchildren, or perhaps the great-children, of the mothers with seven or more children in Ryan's study.

This transition from the large two-parent family to the small lone-parent family is not confined to Ireland, nor indeed to low-income families. Decline in the fertility of families and growth in their instability have been widely recognised as central features of family change in the western world in the twentieth century (for a general outline, see Therborn, 2004). For the most part, Ireland's distinctiveness in that evolution was merely a matter of timing: the decline in fertility which occurred between the 1960s and 1980s in Ireland was much further advanced in most countries by the 1960s and left Ireland at that time with an incidence of large families that was more characteristic of the late nineteenth century in the rest of western world (Fahey, 2001; Walsh, 1968). Ireland thus compressed both its most intense phase of fertility decline and its rise in family instability into the years between the late 1960s to the early 1990s. Most western countries separated those two developments and spread them over a longer period – extensive fertility decline by the 1960s (though with some further decline in many countries after that point), followed by a rise in family instability in more recent decades. Demographers have highlighted the two-stage nature of this evolution in the western world generally by labelling the fertility-decline phase (which was coupled with mortality decline) as the 'first demographic transition' and the later rise in family instability as the 'second demographic transition' (van de Kaa 1987; Lesthaeghe and Surkyn, 2006). The distinctiveness of the Irish case, therefore, is that much of the first and second demographic transitions occurred together rather than in sequence and did so recently. Thus both these aspects of family change are part of the context shaping the family life of the nine year-olds we study here.

The Moderately Large Family

Fertility decline now causes policy makers in some countries to be worried that women have too few rather than too many children (OECD, 2011). Yet it is important to note that, at least in countries such as Ireland that are at the higher end of the fertility range, the decline in the number of children per family has not been as uniform or as complete in the population as a whole as is often assumed. In Ireland, the very large family of the past (with seven children or more) has indeed become rare, but the moderately large family (with four or five children, often taken as the definition of the 'large' family today) is still surprisingly common, and Ireland is not alone in this regard.

Part of the complexity of this issue arises from how easy it is to overlook the persistence of large families which in turn is linked to the methods used to measure family size. Standard methods of analysing of family structure generally find that families with four or more children have dwindled to a small share of the total. In Ireland, for example, data from Census 2006 on the living circumstances of children aged less than 15 years suggest that families of this size amounted to 5.6% of households with children and these accounted for 13% of children of that age (Fahey and Field, 2008: 33-4). Of children for whom Child Benefit payments are made in 2010, 15% were in families with four or more children. Similarly, in the UK, a study of large families based on data for the early 2000s found that 4.6% of families with dependent children had four or more dependent children and these accounted for 11% of all dependent children in the UK (Iacovu and Berthoud 2006: 16; see also Bradshaw *et al*. 2006). While these proportions are not negligible, they would seem too small to suggest that substantial numbers of children would be widely found in large families today.

However, the methods on which these analyses of family size are based have two features which tend to understate the extent of large families: they focus on *co-resident dependent children* as the children to be taken into account in measuring family size and they use period rather than cohort data (that is, they look across families in a single year rather than across the life course of families over time). In the case of the Irish Census data just mentioned, for example, the focus is on children aged less than 15 years, while the Child Benefit data relate to children aged up to 15 years or up to 17 years if in full-time education. When it comes to the distribution of children by family size, therefore, what is measured in the census data just quoted is *the proportion of children aged less than 15 years who live in households where four or more children in that age-band were living in the household in the year 2006*. This is a restrictive definition, since the more children there are in the family the greater the likelihood that their age-spread will exceed the 0-15 year span that are reported in published data. Thus, for example, a five-child family where two of the children are aged, say, 16 and 18 years, and all the others are aged less than 15 years would be counted as a three-child rather than a five-child family in this approach. In the case of the UK data just mentioned, a similar though somewhat less restrictive definition of children holds: children in the household are included as dependent if they are aged less than 16 years or if they are aged 16 to 18 and in full-time education (Iacovou and Berthoud, 2006: 25). Thus an unemployed 18 year-old or a 19 year-old university student who may be wholly supported by their parents are not counted as dependents and are not included in the measure of family size.

We obtain quite a different picture of the prevalence of large families if we switch to cohort data, take account of all children in the family, not just co-resident dependent children, and look at family size distributions from the children's point of view. This is done in Table 2.1 using data for Ireland and for England and Wales on children born alive to women with completed or near-completed fertility (the data relate to women aged 40-44 in Ireland and women aged 45 in England and Wales).

Table 2.1. *Family size and large families among women with completed fertility in Ireland and in England & Wales.*

	Family size		Large families: 4+ children (5+ children)	
	Mean no. of children per woman	Mean no. of children per woman, excluding childless	% of women with large families, excluding childless	% of children in large families
Ireland	2.16	2.7	21 (7.5)	35 (15.5)
England & Wales	1.9	2.4	13	24

Data for Ireland are for women aged 40-44 in 2006 and are calculated from Table 42, Vol 3, Census 2006. Data for England and Wales are for women aged 45 in 2009 and are calculated from Office for National Statistics (2009), Table B. The calculation for England and Wales makes the assumption that women who are reported as having 'four or more' children had on average 4.5 children each.

In Ireland, the mean family size in this age-cohort of women is 2.16 children, which would seem too small to result in many children living in large families. However, this average is based on all women, including those who are childless. If we omit these and re-calculate the average only among women who had at least one child, the average family size rises to 2.7 children. If we then look at large families, we see that 21 per cent of these mothers have four or more children and 7.5 per cent have five or more children. This raises the profile of large families considerably but it does yet reveal the full significance of large families from the children's point of view. The next step is to switch to the children's perspective and take into account that the distribution of *children* by family size is quite different from the distribution of *families* by family size (for instance, if we take two families, one with four children and the other with one child, the distribution of *families* between these two types is 50:50 but the distribution

of *children* between them is 80:20). Focusing on the distribution of children in Table 2.1, then, we see that 35% of the children born to women aged 40-44 in Ireland belong to families which have at least four children. Thus we have the unexpected outcome that although mean cohort fertility among women in this age-group is only a little over two children, *over one-third of their children belong to families with four or more children*. (We say 'belong to' rather than 'live with' advisedly since we do not want to limit the count of siblings only to those living together. As we will see below, research on the effects of number of siblings on child development suggests that those effects extend beyond the period when all siblings live together.)

A similar pattern is evident in England and Wales, though at a somewhat lower level: although completed cohort fertility in England and Wales is only 1.9, the share of children belonging to large families is almost one in four (in the data for England and Wales, the proportion of women aged 45 who are childless is 20% – Office for National Statistics 2009: 4).

One notable contrast between the situation in Ireland versus England and Wales is that the large family is heavily concentrated among ethnic minorities in England and Wales (especially Bangladeshis and Pakistanis – Iacovou and Berthoud 2006). But in Ireland, the immigrant population, much of which originates in low-fertility countries in eastern Europe, tends to have small families and the large family is found primarily among the native population (apart from a small population of immigrants from West Africa who have somewhat larger families than the native Irish). This leaves Ireland in the unusual situation in international terms where large family size is, with some minor exceptions, more associated with the native population than with immigrants or ethnic minorities (Lunn et al. 2009: 73).

These data suggest, then, that the large family continues to be the context for far more children's lives than is often realised. The issue this raises for our concerns here is the role of family size in family vulnerability and how it relates to family instability and lone parenthood. The small lone-parent family may have replaced the large two-parent family as the characteristic family type in local authority housing, as outlined earlier, and thus as the family type we think of as at greatest risk of poverty. On the other hand, the persistence of relatively large families means that family size has not disappeared as a source of variation in children's circumstances. In contrast to the situation in Ireland of half a century ago, however, the large family is no longer closely associated with the poorest segments of society, since its place has been taken to a large extent by the small lone parent family. Where, then, is the large family found in the social landscape today, how does it interact with family instability and what is its relationship with economic vulnerability and family well-being? These are questions of some interest which we will return in our analysis of GUI data in later chapters. First, however, it is first useful to look at what international research has to say about family instability and family size as influences on child development.

Family Instability, Family Size and Child Outcomes: International Research

International research on the impact of family context on children's outcomes has been dominated by concern for one of the trends just outlined: the growth of family instability as reflected in the large increase in the share of children living in lone-parent families or experiencing unstable cohabitation. A meta-analysis of research in the United States on the impact of family disruption on children's well-being identified 67 studies in the 1990s on that topic in the US alone (Amato 2000). More recently, Chapple's (2009) meta-analysis found 122 non-American English-language studies on the same topic in the 1990s and the 2000s. If American studies in the 2000s were added to those listed by Amato and

Chapple, it is likely that studies in the English language on the effects of family instability on children's well-being in the past two decades would number well in excess of 200. These meta-analyses find that the effects of family instability on child well-being, net of confounding factors, are generally modest and are smallest in well-designed studies with good controls for confounding effects (Chapple 2009: 29-30). The more cautious scholars hesitate to claim that *any* causal effect has been firmly established since complete controls for confounding effects have not yet been achieved (Chapple 2009: 56). Quantitative studies taken together suggest an average size of the effect of growing up in a one-parent family on child outcomes measures of a quarter of a standard deviation, which is by no means negligible, but the concern is that these effect sizes are over-estimates and that the true effects are much smaller (Chapple 2009: 57).

In comparison to the flood of research on the impact of family instability on child well-being, the impact of family size has attracted limited attention, and it is now common for overviews of factors affecting the well-being of families and children in rich countries to overlook family size (see, for example, the OECD's otherwise comprehensive studies, *Doing Better for Families* and *Doing Better for Children*, in neither of which family size features as an issue – OECD, 2009; 2011). This topic was prominent among social reformers and social researchers in the first half of the twentieth century, mainly in Protestant countries where eugenic concerns about the social effects of what was seen as 'excessive breeding' among the lower social orders were widespread (for a classic review of early research on this issue, see Anastasi 1956; on the prevalence of eugenics in population research in the early twentieth century, see Dikötter 1998, Black 2008). In recent decades, however, the volume of research on this topic has dwindled, in part because of the overall decline in family size. Difficulties with data have also limited the methodological adequacy of some of the studies that have been carried out (Downey, 2001).

Nevertheless, a certain amount of valuable research exists on this topic (for overviews see Downey, 2001; Zajonc 2001). It generally shows that family size continues to be an important influence on child development, though studies differ on whether it is family size itself or the child's birth order in the family that is the operative factor. Recent studies based on unusually rich Norwegian data provide the strongest evidence yet in favour of birth order rather than family size as the significant influence (Black *et al.*, 2005, 2011; Bjerkedal *et al.* 2007). These studies made use of IQ tests administered to all 19 year old Norwegian males as part of screening for military service and found that, over and above the effects of confounding factors, IQ scores were substantially lower at each successive birth order (the effect size between first and second borns was of the order of one-fifth of a standard deviation as estimated by Black et al. 2011). A significant feature of these results is that they relate to a rich, low fertility society in which child poverty is low and welfare supports for the family are strong – and yet birth order emerges as a significant source of differentiation between children (in the data in question, only 2.5% of the young men studied were fourth or higher birth order – Black *et al.*, 2011). An earlier study examined the entire adult Norwegian population for the period 1984-2000 and found that higher birth order led to substantially lower educational attainment and fed through into negative effects on adult employment, earnings and teenage childbearing (Black *et al.*, 2005).

The main attempt to explain the effect of birth order on child development is Zajonc's 'confluence model' which suggests that siblings benefit in cognitive development from interaction with each other but that older siblings gain a particular benefit from 'tutoring' their younger siblings (Zajonc 2001, Zajonc and Sulloway 2007). This model also holds that the benefits are related to age and the process of family formation. The confluence model is so named because 'the mental maturities of children growing up in the same families flow together over time in their influence on each other, changing constantly over time and changing most profoundly when new offspring join the sibship or some family members leave' (Zajonc 2001: 491). Thus, according to this approach, first-borns begin to reap the benefit of their position only as younger siblings arrive, and that benefit becomes clear-cut only from around age 11

upwards as their tutoring role in relation to younger siblings comes fully into play. Second-born children, by contrast, always have a sibling, which gives them an initial relative advantage, but that initial advantage wanes with age as the first-born child gets the developmental boost that comes from tutoring his or her younger siblings. This thesis of the age-related nature of birth-order effects is important for us here since our sample consists entirely of nine year-olds, an age at which, according to the confluence model, birth-order effects have not yet exerted their influence and so would be expected to be more or less zero, in advance of the positive effects for higher-order child that would emerge at later ages (Zajonc 2001: 492). Thus an absence of a birth-order effect among nine year-olds (which is what we find in the present study) does not necessarily mean that birth-order is unimportant but rather that its effects may only become evident as the GUI survey tracks the sampled children through their teenage years and into adulthood.

An earlier landmark study by American demographer Judith Blake (1989) has provided the most widely-cited evidence in favour of family size as the significant influence (see also Downey 2001). She pointed to a range of social advantages enjoyed by children from small families in the United States, even after controlling for confounding factors. She concluded, for example, that among white children looked at on their own, the educational advantage enjoyed by children from small families compared to those from large families was of a similar order to that arising among white children as a whole compared to black children (Blake, 1989: 297-8). She proposed a 'resource dilution' hypothesis to explain these effects: the addition of more children to the family dilutes the resources available for each child and slows down the development of all children in the family (there are obvious parallels between this hypothesis and the quantity-quality trade-off represented by family size formulated economist Gary Becker – see Becker and Lewis 1973). Blake also suggested that the 'sibsize revolution' then underway as a result of fertility decline was yielding benefits to children that counter-balanced the negative effects of rising family instability and had the potential to lead to an overall improvement in child well-being (Blake, 1989: 285). At the same time, she cautioned against over-stating the decline in family size. She pointed out that when data measuring family size are looked at from the children's perspective (along lines similar to what we outlined for Ireland and England and Wales earlier), it emerges that the proportion of the population in the United States that came from large families remained quite high at least up to the 1980s (Blake, 1989: 7-10; 273-280).

A study based on adults included in the British Household Panel Survey provides an instance where family size and birth order are both found to be strong influences on child outcomes: having more siblings and being a younger sibling both led to lower educational attainment (Booth and Kee, 2009). There have been occasional dissenting voices which have questioned the methodological bases on which family size or birth order effects have been found (e.g. Rodgers *et al.*, 2000, Rodgers, 2001). Yet the weight of empirical evidence seems to point in the other direction: family size effects on child outcomes are generally found and are often strong, even though debates on whether family size or birth order is the important factor gives rise to considerable uncertainty as to what the underlying processes are (Downey, 2001).

Findings on the effects of large families and birth order on child development are extensive enough to suggest that these topics should be investigated further. At the same time, international research on these two topics is limited in various ways. For one thing, it has occurred in too few countries to take account of the possible effects of social and cultural context. Blake's work in the United States suggested that the effects of family size differed across ethnic groups. She found, for example, that social and cultural supports for large families in Catholic Irish-American communities mitigated the negative effect of large families on children which she found in the US population as a whole (Blake, 1989: 298-99). Otherwise, however, there has been little investigation whether the effects of family size or birth order are absolute

or are conditioned by the level of social acceptance and social support accorded to families of varying sizes. This is an important consideration for research in Ireland, a country where until recently the small family was unusual and the large family was a cultural norm.

A second limitation in research in this field is the narrow range of child outcomes that have been examined to assess the effects of family size. These outcomes lie almost exclusively in the domain of cognitive development, as measured either by intelligence tests or various indicators of educational participation or attainment. There has been little analysis of other possible effects. A current of opinion in the United States in the 1960s and 1970s held that children from one-child families tended to have poor social skills and be at risk of social isolation. However, Blake's investigations found support for the opposite view. Her results suggested that only children might be more socially integrated than children from large families (Blake *et al.* 1991), but there has been little follow-up on this question since. The topic has resurfaced in recent findings from the Millenium Cohort Study in the UK. Hobcraft and Kiernan (2010) report that five-year old children from larger families scored lower on tests of cognitive development than children from smaller families but scored better on tests for behavioural adjustment. This then raises the possibility that family size may have positive effects on some aspects of children's development even though it hampers them in other ways. As we shall see later, the GUI data enable us to explore this possibility since they include indicators for a number of dimensions of child development.

The Timing of Family Formation

Both family size and family instability are linked to a third aspect of family formation which also itself has independent effects on child and family well-being, namely, the age at which childbearing begins. Much of the international interest in this issue arises in connection with teenage motherhood, which is associated with a range of negative outcomes for both mothers and children. A UNICEF review of this issue found that the teenage mother is 'more likely to drop out of school, to have no or low qualifications, to be unemployed or low-paid, to live in poor housing conditions, to suffer from depression, and to live on welfare', while the child of the teenage mother is 'more likely to live in poverty, to grow up without a father, to become a victim of neglect or abuse, to do less well at school, to become involved in crime, to abuse drugs and alcohol, and eventually to become a teenage parent and begin the cycle all over again' (UNICEF, 2001: 3). However, the effects of age of child-bearing are more graded than the distinction between teenage and non-teenage child-bearing would suggest: differences can arise also between those who become mothers in their early 20s versus those who do so in the late 20s. Generally speaking, more mature mothers are better resourced and more able for parenthood than younger mothers and some researchers take age of child-bearing as a proxy measure for quality of parenting (McLanahan, 2004, 2009).

Part of the mechanism linking early motherhood to problems for mothers and children is its association with a greater risk of un-partnered child-bearing and relationship instability (UNICEF, 2001). Historically also, age of child-bearing tended to be associated with eventual completed family sizes. In the classic Malthusian perspective, those who married young tended to have large families while delaying the start of child-bearing by marrying later was the standard means of limiting family size (for a classic analysis of this process in operation in Europe before the onset of modern fertility decline, see Coale and Watkins 1986). Today, the advent of overall low fertility means that, as mentioned earlier, there is less concern with large families and thus less interest in possible links between an early start to child-bearing and eventual family size. However, as we will see later, these linkages continue to be an issue in Ireland, though in a somewhat different way than previously.

In Ireland, teenage child-bearing is not particularly common by international standards and has declined over time (Fahey and Field, 2008). However, in a context where the average age of child-bearing is now over 30, child-bearing before age 25 can now be thought of as early in relative terms. It also has a distinct and relatively disadvantaged social profile, in that in Ireland women who have children before the age of 25 are likely to be less educated and more likely to be solo parents than those who delay child-bearing to a later age. In 2006, one quarter of women with lower second-level qualifications were never-married lone mothers by their mid-20s, compared to 3% of graduates (Lunn *et al.*, 2009: 81). On the other hand, the association between unmarried lone parenthood and small family size referred to earlier means that women who become un-partnered mothers at a relatively early age are likely to have a smaller family than average. This reverses the traditional link between an early start to motherhood and large completed family size found in many countries in the past and also mitigates the traditional link between low SES and large family size. Lack of detailed data have made it difficult to tease out how these factors interact with each other, but it is clear that timing of child-bearing, particularly as between those who have their first child before their mid-20s versus those who start later, is an important part of family dynamics and therefore is worth investigating in the present study.

Conclusion

This chapter has pointed to features of Irish family patterns in recent decades which form important parts of the context shaping family well-being today. One is the transition from the very large two-parent family to the small lone parent family as the characteristic vulnerable family type, at least as far as risk of poverty is concerned. The unmarried lone parent of today, who most often has one or, less commonly, two children, is as a type (and perhaps also as a fact in many individual cases), the descendent of a grandmother who was married and had five, six, seven or even more children. Social research has not yet established whether it was more challenging for children in the past to grow up as one of six or seven siblings in a poor two-parent family than it is for children today to grow as an only child (or as one of two children) in a poor lone parent family. But it is clear that both of these family types are vulnerable in their own way and the transition from one to the other over time represents a change in form of risk rather than the absolute increase in risk that most accounts of the rise of lone parenthood seem to imply.

While the very large family of two generations ago has now become rare in Ireland, the moderately large family of four plus children is still surprisingly common: in 2006, over one-third of children whose mothers had recently completed their families belonged to families with four or more children. Family size variations even within the modest range found today in western countries have been found to have an impact on child development though it remains unclear whether number of siblings or birth order of children is the important influence. It may also be that case that, as one theory in this field holds, effects may not emerge until children enter their teenage years. They would therefore need to be tracked beyond the age-limits of the sample in the present study if they are to be properly assessed – a goal that will be possible to achieve in later rounds of the GUI survey. There is also a question of interacting effects with family structure, since in Ireland lone parents tend to have fewer children than co-resident partners and thus the effect of lone parenthood on children can become confounded with the effect of small family size. This background suggests that family structure and family size both need to kept in mind as parts of the context of family well-being even if their precise significance is difficult to anticipate in advance.

3 | Family Structure and Family Types

Introduction

As outlined in Chapter One, we use the term 'family structure' here to refer to a number of inter-related features of family organisation. The first is the current intactness (or *current structure*) of the family as indicated by the nature of the relationship between the parents at time of data collection – whether they live together or not, if they do, whether they are married or cohabiting, or whether there is a step-parent in the family. In the case of families where the child's biological parents live apart, we also count as an aspect of current structure whether a continuing relationship exists with the non-resident parent. The second main structural feature is the intactness of the family through time, with reference especially to the situation prevailing when the study child was born, a feature we also refer to as its *initial structure*. The third feature is the *size of the family*, as measured by the number of children living in the household. Additional features we take brief note of in this chapter are whether one or more grandparents is resident in the household and the age of the mother at first birth, both of which we highlight in later chapters as having significant associations with certain aspects of family well-being.

Drawing of the detailed information on these features available in the GUI data on nine year-olds, this chapter has two objectives. The first is to develop a typology of families which will provide a framework for the remainder of the report. The typology is based primarily on classifications by current structure but adds sub-classifications based on initial structure and, in the case of families where the child's biological parents live apart, on whether or not a relationship with the non-resident parent exists. We also examine differences in the other structural features of the family – family size, presence of grandparents and age of mother – across the family types identified in this way. The distinctions identified in this typology are fundamental to our report as we return to them repeatedly in our analysis of links between family structure and various dimensions of family well-being in later chapters.

The second aim of the chapter is to examine differences in the distribution of family types by socio-economic status and to outline also how they vary in other broad socio-economic characteristics. The educational level of the main caregiver (that is, the mother in 98% of cases) is used here as a proxy measure of socio-economic status and other socio-economic features examined are the risk of income poverty, deprivation, welfare dependence, joblessness, home ownership and country of birth of the main caregiver.

Current Structure

Figure 3.1 shows a basic classification of families according to their current structure. Almost eight out of ten nine year-olds live with both of their biological parents. A small proportion of these parents (accounting for 3.1% of nine year-olds) are cohabiting rather than married. A further small proportion of the children (3.3%) are in step-families, among whom well over half of the parents are cohabiting. Lone parent families make up the balance of the sample (18%), with never-married lone mother families accounting for half of these.

In general, this distribution of children by family type is similar to that derived from census data for 2006 by Lunn and Fahey (2011). The main difference arises in connection with step-children who are fewer in the census, at 1.7% of nine year-olds, than they are in the present data, at 3.3% (though both share in common that they reflect a low incidence of step-children in Ireland compared to most other western countries – Lunn and Fahey, 2011: 54). The census data also portray cohabiting step-families as being less common than married step-families, which is the reverse of what is shown in Figure 3.1. The smaller incidence of step-families in the census may be due to an undercount arising from poor understanding among some householders filling in the census forms as to what the term 'step-child' means (Lunn and Fahey, 2011: 55). Another possibility arises from what seems to be a particular undercount of *cohabiting* step-families in the census: some cohabiting couples may be uncertain whether the new partner in the family is engaged enough with the child to count as a real step-parent. This possibility reminds us that cohabitation is sometimes not a clear-cut either-or status but can include intermittent or visiting living arrangements which even for the partners involved can be difficult to classify in straightforward terms as cohabitation or not.

Figure 3.1: *Family Types by Current Structure (n=8186)*
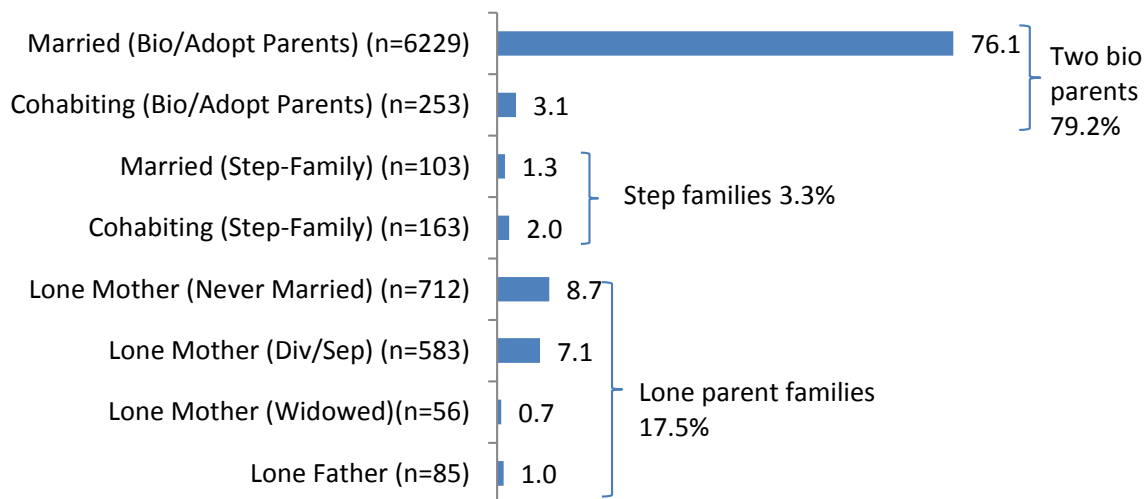
Note: children in the care of grandparents, foster parents or other relatives are excluded (n=164). The marital status of the primary caregiver is missing for 218 cases and these are excluded. Base sample for report: 8186. Weighted data used throughout report.

Initial Structure

Our next step is to add a time dimension by examining how family structure has evolved during the life-time of the child. As mentioned earlier, this step relies on questions which asked parents to recall when they first started to live together and, if they split up, when the split occurred. This information makes it possible to draw a rough picture of family structure at the time of the child's birth ('initial' structure) and to identify major transitions in family circumstances in the course of the child's life. In light of the fallibility of human memory, recall data of this kind are limited in their reliability and in how detailed they can be, but nevertheless, in the present instance, they inject a valuable quasi-longitudinal element into what otherwise would be a static point-in-time picture of the families of nine year-olds. The precise information on relationship history collected in the GUI differed according to current relationship status of respondents and was more detailed for step families and lone parent families than for two-parent biological families. For that reason, we first present the available details on relationship history for

three main types of current family situation in turn – two parent families, step-families and lone parent families – and then integrate this information into an overall picture of family types.

Married/cohabiting parents

For co-resident couples, the only information collected on the history of the relationship between the partners was the month and year they started to live together, which makes it possible to establish whether or not they were living together when the child was born. Married couples were not asked when they married so in their case it is not possible to say whether they began to live together as a married or cohabiting couple nor, in the case of those who started out as cohabiting couples, when they made the transition to marriage.

Figure 3.2 shows that among currently married parents the vast majority (97%) were living together at the birth of the child. For currently cohabiting parents, this was true in three out of four cases, considerably less than was the case for married parents but still a large majority. These patterns reinforce the view that, in most cases, two biological parents who are together when the child reaches age nine have had an intact relationship throughout the child's life. In particular, it strengthens the view of marriage as a stable context for children's lives. Where discontinuity in co-residence in the past occurs among parents who currently live together, it is more likely to be found among cohabiting couples, among whom one in four were not living together when the child was born.

Figure 3.2: *Two-Parent Families: Whether parents were living together at birth of study child*
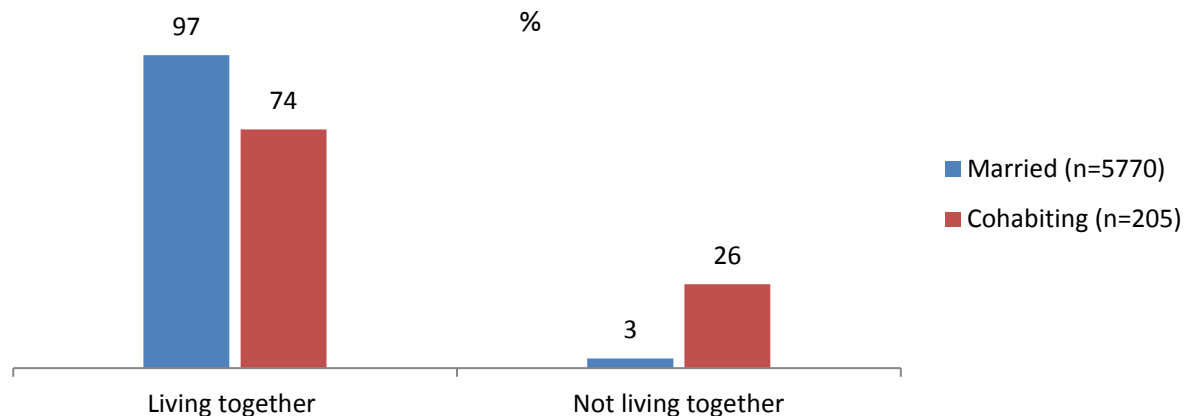
Note: This information was missing for 7.8% of currently intact families (married and cohabitating).

Step-families

In the case of step-families, the GUI collected information on the relationship between the original biological parents at the start of the pregnancy with the study child, on the year that relationship came to an end, and on the year the current partners in the step-family started to live together. The sample size for this category is limited so that only broad breakdowns of the responses are possible. Taking step-children in both married and cohabiting step-families together, Figure 3.3 shows that the original biological parents were living together at the start of the pregnancy for over half the cases, made up of a quarter who were married and just over a quarter who were cohabiting. The most common situation, which accounted for 40% of step-children, was for the biological parents to have been involved with each other in some way at the start of the pregnancy but without ever having lived together.

Figure 3.3: *Step children: Relationship between biological parents at start of pregnancy (n= 212, missing =54)*

%

Married	25
Cohabitating/living as married	28
Going out but not living together	40
Just friends/No Relationship	6
Separated/Divorced	3
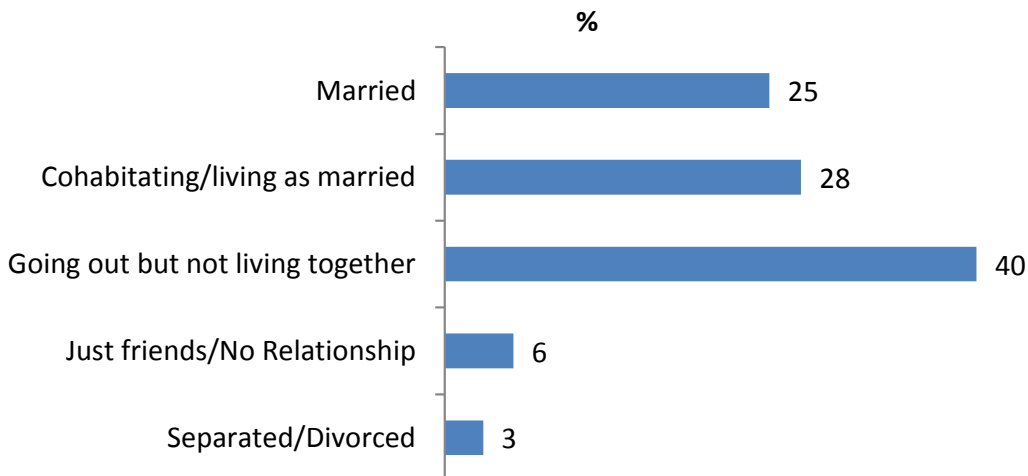
These patterns are notable not only because, as mentioned earlier, the overall incidence of step-children is low but also because within that overall low total, the one-in-four share of step-children who originated in married couple families is small. We should recall here that, as birth registration data for the late 1990s show, over 70 per cent of the nine year-old birth cohort were born within marriage, which means that their one-in-four share among step-children (which amounts to less than one per cent of all children in the birth cohort) is far smaller than their share of the birth cohort would warrant. The implication here is that parents who start their first family within marriage only rarely go on to form a second family and have a second set of children. There is a higher incidence of second family formation among those who cohabited in their first family and an even higher incidence still among those who started a first family as unmarried lone parents. In other words, second family formation is most likely to occur in cases where the first family never attained the degree of commitment and stability represented by entry into marriage. Yet, even in these cases, as mentioned earlier, the formation of second families is not particularly common, a point which will be further clarified later on when we look at all the variants of family histories together.

As might be expected, the step-families in which nine year-olds are found are generally of recent origin since they had to have been formed after the original family had broken up. Figure 3.4 confirms that this is the case: a small number of the partners in these families had begun to live together either eight or nine years before the survey date (that is, quite soon after the birth of the study child), but these second unions began to become more common six or seven years before the study date (that is, when the study child was about three or four years old) and accumulated at a steady rate thereafter.

Figure 3.4: *Step-families: Length of time current partners have been together (n=226, missing= 40)*

%

Less than 2 yrs	17
2 or 3 yrs	25
4 or 5 yrs	24
6 or 7 yrs	22
8 yrs	7
9 yrs	2
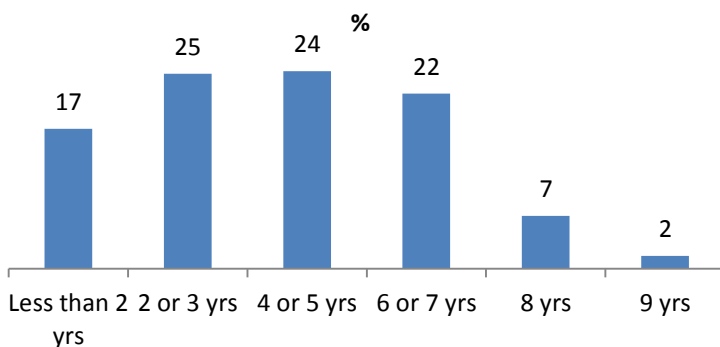
Lone Parents

The number of lone parent families in the GUI sample is reasonably large so it is possible in their case to provide more detail on relationship history than was possible for step-families. The number of lone *father* families in the sample is too small (unweighted n=85) to examine separately so we include them under a general 'lone parent' heading. The number of widowed lone mothers is also small (unweighted n=56). Partly because of their small sample size and partly because their relationship history reflects the quite distinctive dynamics associated with the premature death of one of the spouses, we omit them from this stage of the analysis.

Figure 3.5 shows the relationship status of lone parents at the start of the pregnancy with the study child. For divorced or separated lone parents, most were either married (77%) or cohabiting (10%). However a small number were either going out and not living together or had a casual relationship (10%). This indicates that in these few cases, the couples went through at least two transitions since the birth of the child, from unmarried and living apart to married and then to divorced or separated. Turning to never-married lone parents, the majority were either going out but not living together (56%) or cohabitating (32%) at the start of the pregnancy. Just over 9% of unmarried lone parents had a causal relationship or no relationship at the start of the pregnancy with the study child.

Figure 3.5: *Lone Parent Families: Relationship Status at Start of Pregnancy (n= 1201)*
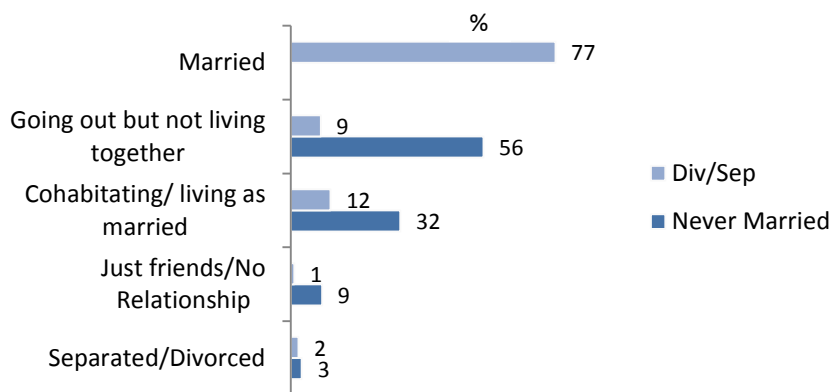
To see these patterns from a slightly different angle, we can take all forms of lone parenthood together (divorced, separated and never-married) and classify the relationship status of the parents at the start of the pregnancy into three broad categories – married, cohabiting and solo. This is done in Figure 3.6, which shows that the solo category was the largest at 42%, followed by the married at 36%, with cohabitees making up the balance at 22%. The significance of these patterns lies in the large size of the solo category since the standard international pattern is for lone parenthood to arise mainly from the break-up of marriages rather than from what originates as solo motherhood (Trifiletti, 2007; Heuveline *et al.*, 2003). The large share of lone parenthood accounted for by solo mothers is a unique feature of family life in Ireland that has been highlighted in other research (Lunn and Fahey, 2011: 66-70). We will return to it later below.

Figure 3.6: *Lone Parent Families: Relationship Status between Parents at Start of Pregnancy*
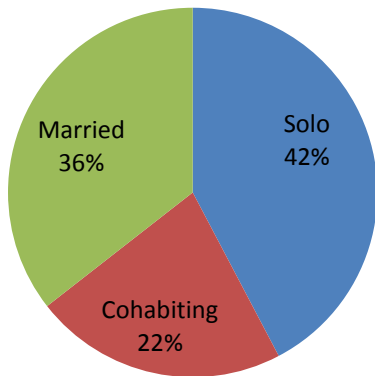
We now turn to the timing of relationship breakdown among those lone parents who were in a relationship (either married or cohabiting) when the child was born (married = 510, cohabiting = 314). Figure 3.7 shows that breakdown was likely to occur somewhat more quickly among cohabitees than among those who were married: survival of the relationship to within four years of the survey date occurred for only 36% of cohabitees compared to 53% of the married. At the other extreme, almost one in ten (9.9%) of the cohabiting relationships which broke down did so between the start of the pregnancy and the birth of the child, compared to 3% of marriages. These patterns reinforce the view that cohabitation is more unstable than marriage and that instability can become evident quite early in the relationship. On the other hand, the greater durability of marriages means that breakdown, when it occurs, is more likely to be delayed until the child is old enough to be aware that it is happening. In light of arguments that the experience of disruption can be as harmful to children as ongoing lone parenthood, this feature could prove to be significant when we later examine links between family intactness and various aspects of well-being.

Figure 3.7: *Lone Parent Families: Length of Time Since Separation (n=844)*
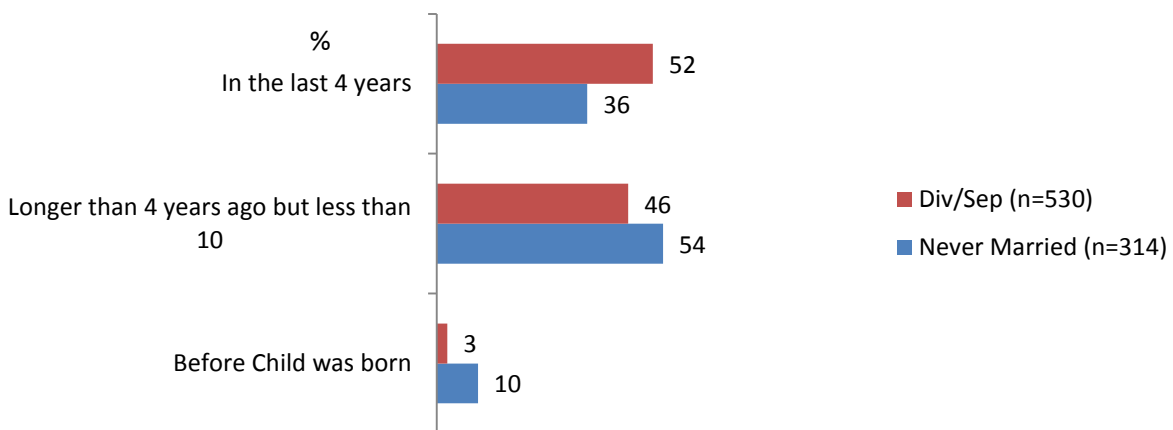
Shared Parenting in Lone Parent and Step Families

An additional dimension of intactness we examine concerns only lone parent and step families and relates to the extent to which the non-resident parent takes part in the life of the family. Our present concern is to distinguish broadly between families where an active relationship with the non-resident parent could be said to exist versus those where it could not, particularly in relation to engagement with the child. Two questions deal with this issue in the GUI, both of them answered by the resident parent. (Questions on this issue were also asked of non-resident fathers, but because of high rates of non-contact and non-response with these fathers, as outlined earlier, the resulting data were not usable.) The first of these questions asks simply whether the resident parent 'has shared parenting with the [non-resident parent] on a regular basis', without indicating what 'shared parenting' means. The response categories were 'yes' or 'no', followed by a request to those who answer 'yes' to describe the nature of the shared parenting. Figure 3.8 shows the proportions of resident parents in step and lone parent families who answer 'yes' to this question. Shared parenting in this sense is most common in cases of divorced or separated lone parents (39%), is slightly less common in step-families (30%) and least common in never-married lone parent families (26%). For all three family types, it is notable that shared parenting as measured in this way is far from a majority practice, though since the meaning of shared parenting is undefined, the significance of this pattern is unclear. Parents were asked to explain the nature of the shared parenting, with most describing it as pre-arranged access or contact at least once a week (64.4%). Just 8.7% described it as "parenting is equally shared between both parents".

Figure 3.8: *Shared Parenting with Non-Resident Parent—View of Resident Parent (n= 1382)*
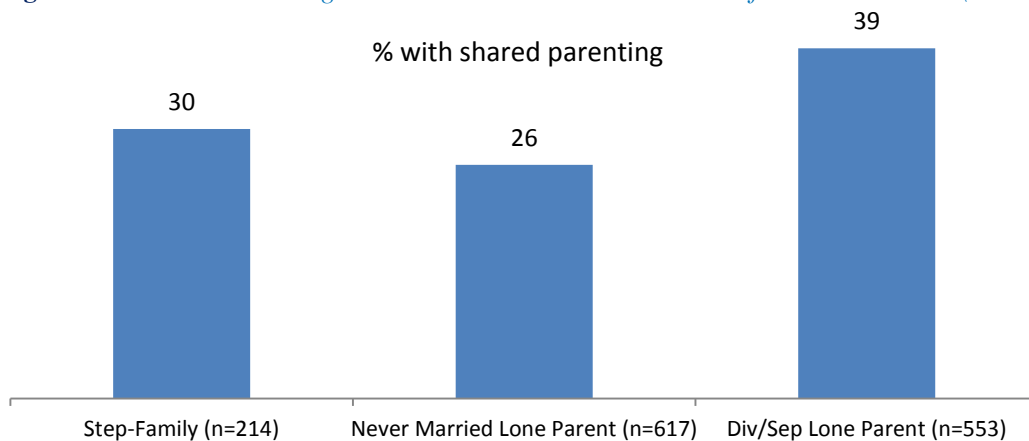
The second item assessing the presence of shared parenting is more concrete and concerns the frequency of contact between the non-resident parent and the child, again as reported by the resident parent (Fig. 3.9). In this question, contact is defined to include 'talking on the phone, texting, emailing, etc.' While the accuracy of the answers provided by respondents may be uncertain, the relative clarity of what they refer to is an attraction and for that reason we will use this item as the preferred basis for identifying the presence of shared parenting. The data show that non-resident parents in divorced or separated lone parent families have the most frequent contact with their children, followed by those in step-families and lowest with those in never-married lone parent families. These differences are evident, for example, in the proportions where the non-resident parent has no contact whatever, which is almost three times more common in never-married lone parent families (at 29%) than in divorced or separated lone parent families (10%). However, even in never-married lone parent families, daily to weekly contact with the non-resident parent is found in half of the cases, and this proportion rises to 72% in divorced or separated lone-parent families. Since it would over-complicate matters in framing our typology of families to include all the degrees of contact represented in these data, we simplify matters by dividing

the range in two and define shared parenting as regular if contact occurs weekly or more often and as irregular if it occurs less often than once a week.

Figure 3.9: *Frequency of Child Contact with Non-Resident Parent*
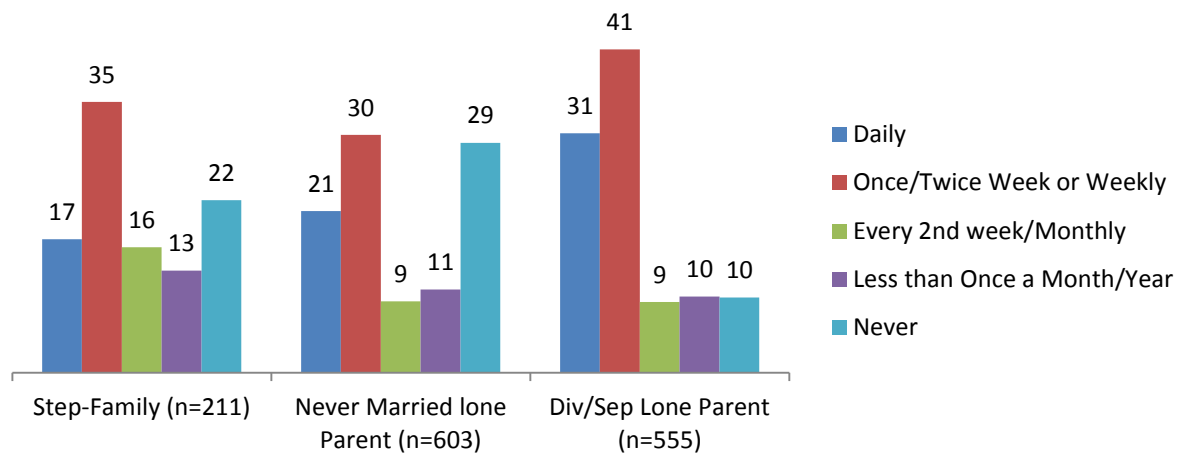
Types of Families

The information presented so far can now be brought together to set out an overall typology of families. This done in Table 3.1, which also includes information on other structural characteristics referred to later. The typology is based first on a classification of families according to their current structure and then on a sub-classification according to initial structure. Because of sample size limitations, it is not possible to apply both levels of classifications in the typology to all family types. Widowed lone parents (n=78) are identified in the classification based on current structure but are too few to sub-classify further. Step-families (n=266) are classified as married or cohabiting under current structure but are amalgamated into a single group for classification by initial structure. Lone parent families are not categorised by the gender of the lone parent because of the small number of lone father families in the sample.

Here we note some features of family patterns that have not been mentioned already. The first concerns the level of stabilisation which occurred in families as parents made the transition into partnership after the birth of the child. Of the families where the child as a nine year-old was living with both biological parents (which is the case in eight out of ten families, counting both married and cohabiting parents), the parents were living together at the birth of the child in most cases. However, there was a small minority of these parents, accounting for some 3% of all nine-year olds, who were not living together when the child was born (these are made up of 2.2% whose parents are currently married and 0.8% whose parents are currently cohabiting). This, then, represents the level of transition among parents from living apart to living together during the childhood of this cohort of nine year-olds. It represents as a degree of stabilisation or settling down in the family in the early years of the child's life.

The proportion of families which went in the opposite direction – from living together to living apart – is considerably larger. These break-ups arose mainly among married couples who are now divorced or separated (these account for 6.6% of families in the sample), but there is also a smaller group (2.7% of the sample) who moved from cohabitation to lone parenthood plus an even smaller group (1.5%) who started out living together, split up and now the resident parent is in a second union, thus forming a step-family. Taken together, these families account for 11% of families in the sample. It is also notable

that over a third of the couples who split up were cohabiting rather than married. This represents a considerable over-representation of cohabiting couples among the break-ups and reflects again the higher level of instability among cohabiting than among married couples.

Looking at the same figures from a different angle, we can get a rough estimate of what happens to mothers who start out as lone parents. These are estimated at 11% of all families of nine year-olds (bottom row, Table 3.1). For these 11% of mothers, the most common outcome by the time the child is nine years old is that they remain a never-married lone parent (5%). The next most common outcome is that they live with the father of the child, either as a married (2.2%) or cohabiting (0.8%) couple. A less common outcome is cohabitation with a new partner (1.4%), while marriage with the father followed by break-up occurs to about 1%. These patterns indicate that serial family formation among mothers whose have a child as a solo parent is quite small. It re-affirms the point made earlier that parents who fail to stay together in their first family set-up are slow to enter into a second union.

Table 3.1 *Family types*

Classification levels						Other structural characteristics			
I. Current structure	N (weighted)	%	II. Initial structure	N	%	Mean number of children	% with 4+ children	% NOT co- residing with grandparents	Mean age of main caregiver
Two married parents	6229	76.1	Living together at birth	5609	75.1	3	28	97	40
			Not living together at birth	163	2.2	2.9	21	95	34
Two cohabiting parents	253	3.1	Living together at birth	147	2.0	2.5	20	98	37
			Not living together at birth	58	0.8	2.6		98	30
Step-family, married	103	1.2	Living with bio parent at birth	109	1.5	2.7	18	95	34
Step-family, cohabiting	163	2.0	Not living with bio parent at birth	102	1.4	2.1		96	31
Div/separated lone parent[1]	632	7.7	Living together at start of pregnancy	490	6.6	2.8	28	98 96	40
			Not living together at start of pregnancy	78	1.0	3.0	36	97 98	39
Never-married lone parent[1]	726	8.9	Living together at start of pregnancy	203	2.7	2.3	18	98 92	34
			Not living together at start of pregnancy	430	5.8	1.8	6	81 78	32
Widowed lone parent	78	1		78	1	3.1	26	94	44
Total valid (N)	(8186)	100		(7470)	100	(7470)	(7468)	(7470)	(7470)
Missing cases	382[2]			1048		1098	1100	1098	1098
All	8568			8568		2.9	25	96	39
Memo item: Total not living together at birth/start of pregnancy (% of known)				836	11				

[1] Lone fathers (reported separately in Figure 3.1 above) are distributed here between div/separated and never-married lone parents.

[2] This categorisation is based on a combination of variables from the household grid (Primary and secondary caregivers relationship to the study child) and the marital status of the primary caregiver (missing n= 218). For the purpose of this analysis we have also excluded children in the care of their grandparents, foster parents of other relatives (n=164). Adoptive parents are included with the biological parent's category.

Family Size, Age of Mother and Co-residence with Grandparents

Along with the classification of families, Table 3.1 also provides summary information on family size, which is the third of the major structural characteristics we are concerned with here. In addition, it includes summary data on co-residence with grandparents and age of primary caregiver across various family types. The data show that married parents who have been living together since birth have three co-resident children on average and 28 per cent have four or more children. These patterns are consistent with the persistence of relatively large families in Ireland outlined in Chapter 2 above. The average age of the main caregiver in these families is 40, meaning that they had the study child at age 31 or so. Very few (3%) live with grandparents. Never-married lone parents who were not living with the child's father at the birth of the child lie at the other extreme: they have 1.8 children on average, the smallest family size of any family type. The most common family size among them is one child but 7% have four or more children (the breakdowns are: one child – 54%, two children – 26%, three children – 12%, four or more – 7%). One in five of these lone mothers lives with grandparents, and as we will see in later chapters, these three-generational households are generally positive contexts for mothers' well-being. The mothers in question are aged 32 years on average, meaning that they had the study child at around age 23 years, some eight years younger than the married mothers just looked at.

Other family types range between these outer limits, with parents in each type who were living together at the birth of the child tending to be older and have larger families than those were not living together. Thus, never-married lone mothers who were living with the child's father at the start of the pregnancy have 2.3 children on average and 18% have four or more children. These family size patterns mean that they have more children than lone mothers who were not living with the child's father but fewer than married mothers. Divorced or separated lone parents, on the other hand, have almost the same family size and age profiles as married parents. This suggests that where marital break-ups occur, they generally do so after an extended period of family formation rather than in the years immediately after marriage. Mothers who are cohabiting tend to be slightly younger and to have fewer children than those who are married, but this could be a selection effect in that over time cohabiting partners may either marry or break up, thus 'removing' older couples from that sub-population.

Distribution of Family Types by Socioeconomic Status

We now turn to the second aim of this chapter which is to examine differences in the distribution of family types by the educational level of the main caregiver, which we use here as a measure of SES. We also outline how family types vary in other broad socio-economic characteristics. Education is particularly useful as an SES indicator in this context as it is usually completed before family formation begins and remains unchanged thereafter (see also p. 15 above). It thus captures the family's SES status when the child is born as well as when he or she is nine years old, in contrast with other SES indicators such as occupation or income which are likely to change as family building proceeds.

Here, for broad descriptive purposes, we use a three-fold classification of education levels, with low education defined as incomplete secondary, medium as complete secondary and high as tertiary education. The distribution of family types across these levels is shown in Table 3.2. The intact two-parent family is the prevalent family type across all educational levels, but it is more dominant the higher up the educational scale we go: 84% of the highly educated are married compared to 68% of the least educated. This gap narrows somewhat if we add in cohabiting two-parent families and arrive at the total of all currently intact biological family units: these sum to 85% among the highly educated compared to 74% among the least educated. The main factor accounting for the lower incidence of intact biological

families among the least educated is their higher incidence of never-married lone parents, who total 12% among the least educated compared to just over 5% of the highly educated.   We can also see this distinction by initial family structure, where 6% of the highly educated were not living together at the birth/pregnancy compared to 16% among the least educated.

Table 3.2: *Distribution of family types by educational level of main caregiver*

	Low education	Medium education	High education	All
	%	%	%	%
Married	68	79	84	77
Cohabiting	6	2	1	3
Intact two-parent families	74	81	85	80
Step Family	4	3	2	3
Divorced/Separated Lone Parent	10	7	7	8
Never Married Lone Parent	12	8	6	9
Total	100	100	100	100
Status at Birth/Pregnancy of Study Child				
Living Together	84	90	94	89
Not Living together	16	10	6	11
Total	100	100	100	100
All: row %	29	53	17	100

We can arrive at a clearer picture of SES differences in family stability if we look at the educational differences in various kinds of instability alongside each other. This is done in Table 3.3 which presents six indicators of family stability by educational level. For all these indicators, there is an educational gradient which favours the children of better educated parents but the steepness of the gradient varies across indicators. The shallowest gradient is for parental separation which is 1.6 times higher among children of less educated than of highly educated parents (indicator 1). The steepest gradients are for indicators 3 and 5: children with a lone parent at birth are almost three times more common among the less educated (16% versus 6%) and those who have never lived with both their parents are also three times more common among the less educated (9% versus 3%).

Table 3.3. *Indicators of family stability among 9 year-olds by education level of main care-giver*

	Low education	Medium education	High education	All
1. % experienced separation[1] by age 9	13	7	7	8
2. % with both bio parents from birth	74	81	85	80
3. % with lone parent at birth	16	10	6	11
4. % whose parents formed couple after birth & still together at age 9	4	3	2	3
5. % never with both bio parents	9	5	3	6
6. % with lone parent at age 9	21	15	13	17

[1] Partnership break-up among both married and cohabiting couples

To appreciate the significance of these differences, we need to place them in the context of points made earlier about the large role played by un-partnered child-bearing as an entry route to lone parenthood in Ireland. Viewed in this context, the distinctive profile of family instability in Ireland can be summarised as a two-sided pattern. On the one hand, partnership breakup among parents who at some point had formed a couple is low by international standards and, as indicator 1 in Table 3.3 shows, is only moderately differentiated by SES. On the other hand, un-partnered child-bearing is somewhat high and is more strongly differentiated by SES (indicator 3 in Table 3.3). Thus, while SES differences can be found in many aspects of family behaviour, entry into partnership is the point at which those differences are most marked. A large majority of higher SES couples make the transition into partnership, typically through marriage rather than cohabitation, and once they do, the chances that the partnership will last are reasonably high. A majority of lower SES couples also make that transition, and do so with slightly lower but still good prospects that the relationship will endure. But this leaves a minority of mothers in the lower SES categories – of the order of one in ten – whose child-bearing starts outside a stable partnership. While some of them either marry or cohabit with the father some time after the child is born, the most common outcome is that they remain as lone parents. It is the relatively high incidence of *ab initio* solo parenthood of this kind which gives Ireland a higher rate of lone parenthood than one would expect from its relatively low rate of marital breakdown (for a further discussion of this pattern, see Lunn and Fahey 2011: 66-70).

It is likely – though difficult to establish – that the somewhat high incidence of un-partnered child-bearing and the low incidence of partnership breakdown just outlined are inter-connected. The relationships that do not develop into an ongoing partnership but route instead into never-married lone parenthood may have had relatively weak long-term potential. Some may have been on the borderline of forming a couple, others may have been more remote from that option, but if a greater proportion made the transition into partnership, they would still be close to the borderline of viability as a couple and be at greater risk of eventual breakdown. Thus, were the parents involved to increase their rate of partnership, the incidence of un-partnered child-bearing would reduce but the incidence of eventual partnership breakdown could rise and levels of lone parenthood might differ little from what they are at present. The impact thus would lie in the *route* to lone parenthood rather than level of lone parenthood that would eventually materialise.

The role of early child-bearing

We can get a better sense of the mechanisms through which SES differences are linked to family type by looking at the links between mothers' education and socio-demographic background on the one hand and risk of lone parenthood on the other. An analysis of these links which distinguishes between never-married lone parenthood and separated/divorced lone parenthood is shown in Table 3.4. The notable feature of the results is the dominant role played by early child-bearing as a risk factor for never-married lone parenthood: the likelihood of being a never-married lone parent is almost ten times higher for women who had their first birth by age 20 than for those who had their first birth at age 29 or later and is 5.3 times higher for those who had their first birth between the ages of 21 and 24. Controlling for age at first birth, the association between lower education and never -married lone parenthood noted earlier disappears, which indicates that the effects of educational level on the incidence of this family type is strongly mediated through early child-bearing: lower education increases the risk of lone parenthood not directly but indirectly through the higher likelihood that women with lower education will have a first child before they reach their mid-twenties. We should note also, however, while the *relative* risk of lone parenthood is much higher among those who have their first child at a young age, the *absolute* risk is more limited: even among those who had their first birth by age 20, over half (55%) are currently either

married to or cohabiting with the father of the child . Among those who had their first birth between ages 21 and 24 the percentage currently married or cohabiting is 69 per cent.

Early child-bearing is not connected with risk of marital breakdown – the coefficients for age at first birth in Model 2 are not statistically significant. Table 3.4 also shows the links with mothers' ethnicity: those of 'African/black' ethnicity are no different from the rest of the sample in risk of never-married lone parenthood but they have a much higher risk of being separated or divorced.

Table 3.4: *Predictors of Lone Parenthood (Logistic Regression)*

	Model 1. Never Married Lone Parent=1		Model 2. Separated/Divorced Lone Parent=1	
	B	Odds Ratio	B	Odds Ratio
Mother's Education				
Primary/Lower Sec (ref)	--	--	--	--
Completed Sec	-.071	n/s	.398*	1.48
Non Degree/Degree or Higher	-.056	n/s	.111	n/s
Mother's Ethnicity				
White (Ref)	--	--	--	
Asian/Mixed Race/Other	-.24	n/s	-.67	n/s
African/Other Black Background	.18	n/s	1.7**	5.22
Age at first birth				
20 or younger	2.29**	9.9	.23	n/s
21-24	1.65**	5.3	.15	n/s
25-28	.50**	1.65	-.26	n/s
29+ (ref)	--	--	--	--
Difficulties at age 16 (Difficult=1)	-.010	n/s	-.11	n/s
N	7760		7760	
Nagelkerke's R^2	.136		.021	

The role of early child-bearing as a mediating factor between educational level and family type becomes more evident when we look directly at background factors which are linked to early child-bearing. The analysis in Table 3.5 examines this issue for all families (Model 1), among whom the parental education variable is available only for mothers (data is lacking on education among non-resident fathers) and for two-parent families (Model 2) where the education variable can be included for both fathers and mothers. The results show that for both models educational level is indeed strongly predictive of mothers having a first birth before age 25. In Model 1, women with second level education are less than half as likely to have a first birth by age 25 than those with primary or incomplete second level education, while university graduates are less than a fifth as likely to do so. Model 2 shows that when father's education is added to the picture (causing the focus to narrow down to two-parent families only), it too becomes strongly predictive. This indicates that, among currently co-resident parents, the likelihood that the mother had her first birth before age 25 is highest when both the mother and the father have low educational levels. Coming from a deprived background also increases the likelihood of having an early first birth: mothers who report that they lived in financially difficult circumstances at age sixteen are almost one-and-a-half times more likely to have an early first birth. In addition, non-white mothers are more likely to have an early first birth, particularly among those who are currently married. This reflects the peculiarly western (and even more the peculiarly Irish) character of the pattern of delayed marriage and a late start to child-bearing found among white respondents in the GUI data.

Table 3.5: *Predictors of Age at First Birth (logistic regression)*

	Model 1: All families		Model 2: Two-parent families	
	B	Odds ratio	B	Odds ratio
Mother's Education				
Primary/Lower Sec (ref)	--	--	--	--
Completed Sec	-.864[**]	0.42	-.680[**]	0.51
Non Degree/Degree or Higher	-1.69[**]	0.18	-1.151[**]	0.32
Mother's Ethnicity				
White (Ref)				
Asian/Mixed Race/Other	.534[*]	1.70	.842[**]	2.32
African/Other Black Background	.906[**]	2.47	1.62[**]	5.07
Mother disadvantaged at age 16	.374[**]	1.45	.290[**]	1.34
Father's education				
Primary/Lower Sec (ref)			--	--
Completed Sec			-.567[**]	0.57
Non Degree/Degree or Higher			-1.23[**]	0.29
N	7760		6544	
Nagelkerke's R²	.107		.141	

A further indication of the important mediating role of early child-bearing in family dynamics emerges when we look at the factors associated with the likelihood that women will have large families (as measured by the presence of four or more own children in the household). As before, the analysis in Table 3.6 examines this issue separately for all families (Model 1) and for two-parent families (Model 2) on the basis that father's education can be included with mother's education as a predictor variable in Model 2. The results for Model 1, which compare family size outcomes across all family types, confirm that, as indicated earlier from bi-variate statistics, married couples and those who are separated or divorced are most likely to have large families. Cohabiting couples, step-families and never-married lone parents are considerably less likely to do so, thus supporting the view suggested earlier that the relative lack of stability in these family types tends to reduce their fertility.

Here again, however, in both models, the most notable result is the quite strong influence of an early start to child-bearing: controlling for mothers' current age and other factors, those mothers who have their first birth by age 20 are five to six times more likely to have a large family than those who start at or after age 29, while those with a first birth between ages 21 and 24 are almost five times more likely to have a large family. Neither mother's education alone (Model 1) nor mother's and father's education together (Model 2) are strongly predictive, though in Model 1 mothers with second-level education are slightly less likely than other mothers to have a large family while in Model 2, fathers with third level education are slightly *more* likely to have a large family than other fathers. While these direct effects of parental education on family size are notable, they are modest compared to the indirect effect which operates through the association between parental education and the early start to child-bearing already revealed in Table 3.4.

Table 3.6: *Predictors of Large Families (four or more co-resident children) (Logistic Regression)*

	Model 1: All families		Model 2:Two-parent families	
	B	Odds ratio	B	Odds ratio
Mother's Education				
Primary/Lower Sec (ref)	--	--	--	--
Completed Sec	-.272**	0.76	-.025	n/s
Non Degree/Degree or Higher	-.052	--	.259**	1.29
Mother's Ethnicity				
White (Ref)	--	--	--	--
Asian/Mixed Race/Other	-.373	--	-.203	n/s
African/Other Black Background	.891**	2.43	1.00**	2.74
Age at first birth (Under 25=1)				
Under 20	1.74	5.70	1.67**	5.32
21-24	1.59	4.92	1.57**	4.81
25-28	1.02	2.77	1.00	2.72
29 or older (ref)	--	--	--	--
Mother's Current Age (40+=1)	.844**	2.32	.840**	2.74
Financial difficulties at age 16 (Yes=1)	.197*	1.21	.129	n/s
Family type				
Married (ref)	--	--	--	--
Cohabiting	-.803**	0.46	-.960**	0.38
Step	-.917**	0.39	-.614*	0.54
Sep/div lone parent	-.116	--	n/a	n/a
Never married lone parent	-1.13**	0.31	n/a	n/a
Couple Status at Birth (Not living together=1)	-.660**	0.52	-.999**	0.36
Father's Education				
Primary/Lower Sec (ref)	n/a	n/a	--	--
Completed Sec	n/a	n/a	-.240*	0.78
Non Degree/Degree or Higher	n/a	n/a	.099	n/s
N	7149		6069	
Nagelkerke's R^2	.122		.104	

In one sense, the strong effect of an early start to child-bearing on family size is not surprising, since historically in Ireland the age at which women started child-bearing was the dominant influence on eventual completed family size (Walsh 1968). In another sense, however, it adds a layer of complexity as it cuts across the indirect effect of early child-bearing in *reducing* family size outlined earlier: women who have an early first birth are more likely than those who start later to do so as never-married lone mothers and for that reason tend to have fewer children than those who start later. Thus, while a direct effect of early child-bearing tends to increase family size, it has an indirect effect in the opposite direction – it greatly increases the risk of never-married lone parenthood which in turn tends to reduce family size.

This contradictory pattern of effects points to a double trajectory of family formation among women who have their first child at an early age: a large minority do so as un-partnered lone mothers and have few children and the balance do so within an ongoing couple relationship and tend to have many children. Both these trajectories tend to originate among lower SES mothers, since early child-bearing is strongly predicted by low educational attainment and deprivation among mothers while in their teenage years. The implication, therefore, is that while a higher risk of lone parenthood can be counted as a new manifestation of the distinctiveness of family patterns among lower SES families, the old manifestation represented by larger numbers of children in lower SES families has not at all disappeared.

It is important not to overstate these contrasts, since there is a large group of lower SES mothers who are not lone parents and do not have large families – the two-parent family with three children or less is the dominant family type in all SES categories. Yet if we take the dual minorities represented by lone parents with few children and two parents with many children, we find that both are more common among lower than among higher SES categories. In other words, both family stability and family size are dimensions along which SES inequalities in family patterns can be seen but they do not combine in straightforward ways. The population of lower SES families tends to be split between those that have large families and those that have unstable partnerships, with little overlap between the two. The implication here is that family size is a feature of family dynamics that interacts in more complex ways with socio-economic context than is the case for other aspects of family organisation. This complexity in the significance of family size re-surfaces in later chapters when we come to examine its linkages with various dimensions of family well-being.

Other socio-economic characteristics

We now look briefly at variation in a range of other socio-economic characteristics by family type. These reveal wide differences in socio-economic vulnerability between different types of family. There are broad contrasts between the lone-parent and two-parent categories but there is also some variation within those categories. In regard to poverty, deprivation and welfare dependency, two-parent married families are best off, followed by step-families, then cohabiting couples, and in the weakest position are the various kinds of lone-parent families. Similar patterns can be seen with joblessness and home ownership. In the case of home ownership, the advantage enjoyed by married families where the partners have been together throughout the child's life is particularly striking – 90% of this large group are home-owners. Never married lone parents are at the other end of the spectrum in this regard, of whom 29% are home owners.

Table 3.7. *Family types: other socio-economic characteristics*

	% income poor[1]	% mother's financial situation difficult at age 16	% welfare dependent[2]	% mothers non Irish	% mothers under age 25 at 1st birth	% jobless households[3]	% home owners
Family Type							
Married	17	23	6	6	30	6	89
Cohabiting	36	37	24	7	65	17	48
Step Family	24	38	18	9	80	9	50
Divorced/Separated LP	46	25	48	13	44	42	50
Never Married LP	47	29	55	4	76	48	29
Status at birth/pregnancy of Study Child							
Living Together	20	24	10	7	32	9	84
Not Living together	37	29	32	3	76	28	40
All	23	25	14	7	38	11	78

1 Below 60% of median equivalised household income.

2 Main income source consists of welfare payment; may also have income from employment or other sources.

3 For two parent families, refers to families where neither parent is at work (6% of all two parent families). For lone parent families, denotes whether the lone parent is in work (45% not working overall). In 8% of lone parent cases another member of the household was working

Conclusion

Almost eight out of ten nine year-olds (79%) live with both their natural parents, the vast majority of whom are married to each other and have been living together since at least the time the child was born. These fully intact families are by far the dominant family type in the sample. The second main family type is the lone parent family, which accounts for 17.5% of nine year-olds. About half of these parents have never been married to each other, slightly less than half are divorced or separated and the remainder consists of widowed lone parents. Almost one in ten nine year-olds has never lived with both parents. A distinctive feature of patterns of lone parenthood in Ireland is the relatively large proportion of lone parents accounted for by those who have never been in a partnership, as opposed to that arising from partnership breakdown (the usual European pattern is for marital breakdown to account for the majority of lone parents). There is a small group of nine year-olds (3.2%) who are in step-families, and for over half of these the mother was not married to the previous partner. This indicates that second family formation among mothers who have already had a child in a first relationship is relatively rare in Ireland, particularly in the case of mothers who were married to the father in the first relationship.

Fully intact married-couple families have the largest families: they have three children on average and 28% have four or more children. Lone parent families divide into two main groups in this regard: lone parents who are separated or divorced have almost as many children as currently married families, while those who have never been married have fewer children, with one child as the most common outcome. One feature of the contrast between married parents and never-married lone parents is that although married parents typically start child-bearing at a later age (generally around 30) they go on to have more children, while solo parents start at an earlier age (generally before age 25) but have fewer children. At the same time, currently married women who start child-bearing at an early age have the most children of all. The key issue here is the role of intact partnership in encouraging women to have children – or to put it the other way, the inhibiting effect of instability on having children. On the other hand, marital breakdown often occurs among couples who have had at least two and often three or more children, so that even intact relationships which encourage couples to have children can eventually run into difficulty. About one in five never-married lone parents live with at least one grandparent, something that emerges in later chapters as a generally positive feature of their living arrangements.

Virtually all these features of family patterns are differentiated by socio-economic status: better educated mothers are more likely to marry, to be together since before the child was born and to avoid relationship breakdown. Early child-bearing plays a strong role in mediating the effect of educational level on family outcomes: women with lower educational attainment are much more likely to start child-bearing before age 25 and this effect is intensified if their partners also have low educational attainment. 'Early-start' mothers, in turn, are much more likely than 'later-start' mothers to enter lone parenthood, particularly in the form of never-married lone parenthood. However, these linkages are not entirely straightforward since even mothers who start child-bearing at an early age, a small majority go on to have stable relationships – and if they do, they are more likely to have relatively large families. Thus the trajectory of family development which initiates with low educational attainment and proceeds through an early start to child-bearing is by no means deterministic – it sometimes leads to lone parenthood but sometimes not, and it sometimes leads to small families but sometimes not. The strong association between lower SES and larger family size found in Ireland in the past has thus been muted (but not entirely eliminated) by the new role played by family instability in reducing family size among lower SES mothers.

4 | Relationship Quality between Parents

Introduction

The quality of the relationship between parents has been highlighted as an important aspect of family well-being and parental conflict is widely identified as a negative influence on many aspects of child development (McKeown *et al.,* 2003; Smith and Jenkins, 1991; Rodgers and Prior, 1998). However, the majority of research on patterns of relationship quality and the factors associated with it is from the US (Ward *et al.,* 2009). Little is known about the quality of couple relationships in Ireland, where there has been just one study which examined this issue in detail. This is the study of family well-being by McKeown *et al.* (2003) which was based on a national sample of 1,500 adults. Using two measures of relationship quality (a needs fulfilment scale and an intimacy scale) this study found no significant differences between married and cohabiting couples. It found that the strongest influence on parent's relationship satisfaction was their ability to resolve argument positively, the distribution of household tasks, men's psychological and physical aggression towards their partner and personality traits. While they find no direct links between socio-economic status and relationship quality, they did find an indirect association with education and the support networks of the mother; father's social class also had an indirect effect on relationship quality.

In countries such as Ireland where marital breakdown rates are relatively low, one general question which arises is whether many of the marriages that last do so in spite of the poor quality of couple relationship rather than because the relationship is good. The GUI presents new opportunities in this field, as it sought to examine the quality of couple relationships both between co-resident and non-co-resident parents. For the most part, as outlined earlier, the nature of relationships between parents who continue to live together compared to those who have split up or who never lived together at all is so diverse that it is difficult to conceptualise their quality in common terms, much less measure them on a consistent basis. As a result the usual practice is to deal with co-resident and non-co-resident relationships separately. The GUI generally follows this approach, though with the important exception of one indirect measure which, as we note below, can be taken as an indicator of relationship quality among all parents, whether living together or not.

In the case of co-resident parents, the GUI has a number of measures of relationship quality. One is the 7-item Dyadic Adjustment Scale (DAS) (Spanier and Thompson, 1982, Sharpley and Rodgers, 1984, Hunsley *et al.*, 2001). In addition, the GUI includes a set of questions on couple conflict. These ask how often couples argue, how they resolve arguments, and whether violent behaviours occur such as "hit or slap each other". For parents who are not living together, the GUI used one primary measure of relationship quality: a rating by the resident parent as to how positive or negative her (or in rare cases, his) relationship with the non-resident parent is. A final item, though not directly a measure of relationship quality, is important as an indirect measure because it was applied to both co-resident and non-co-resident partners. This is a question asked of the primary care-giver as to whether the study child had witnessed conflict between the parents, and may be interpreted partly as a measure of how well parents have shielded their child from the experience of conflict rather of the presence of conflict. Yet, despite its somewhat ambiguous nature, it is important for us here because it is the sole indicator of relationship quality which spans co-resident and non-co-resident couples.

The present chapter uses these indicators to provide an overall account of relationship quality between parents, examine variations in relationship quality across the family types identified in Chapter 3 above, and assess the association of relationship quality with other social factors, of which education is of particular interest given its role as an indicator of socio-economic status. We first present descriptive data on individual items and then turn to multivariate modelling in order to explore patterns of difference in a more systematic way.

Parent Relationships and Family Type

Two parent families

In the 7-item Dyadic Adjustment Scale (DAS), three items ask partners how often they agree or disagree on 1) their philosophy of life, 2) their aims, goals and things they believe important, and 3) the amount of time they spent together (responses ranged from 'always agree' to 'always disagree'). Three further items ask how often they 1) have a stimulating exchange of ideas, 2) calmly discuss something together, and 3) work together on a project (responses ranged from 'never' to 'more than once a week'). The final item asks them to indicate the degree of happiness within their relationship, ranging from 'extremely unhappy' to 'perfect'. In the present sample, the DAS had good internal consistency for the primary caregiver (α= .75) and the secondary caregiver (α= .74). For some of the breakdowns we look at here, we take a score above the median on the DAS as indicating good relationship quality (this scoring approach is most appropriate when the breakdowns are applied to small subsets of the sample where numbers of cases are too few to allow for finer classification). In other contexts, we identify those who have low relationship quality, which we define as a DAS score below 20 (on a scale of 0-36), which accounts for 23% of the parents in the sample. There is no agreement in the literature on the selection of critical thresholds in DAS scoring and the 'below 20' threshold for a low score chosen here does not imply that those below it are in need of therapeutic intervention or counselling.

As mentioned earlier, McKeown et al. (2003: 44) found no differences in the quality of relationships between married and cohabiting couples. Here, however, as Figure 4.1 shows, the DAS scores based on the responses of both mothers and fathers showed substantial differences, particularly in regard to distinctively poorer relationship quality among cohabiting couples and a high relationship quality among re-partnered couples. For both mothers' and fathers' responses, re-partnered couples (that is, those in step-families) were most likely to have good relationship quality (58% as reported by mothers' responses), married couples were slightly less so (51%) and cohabiting couples were much less so (32%). A similar pattern was evident with another indicator shown in Figure 4.1, the frequency of argument with the other parent as reported by the primary caregiver. Frequent argument occurred among one-third of cohabiting couples compared to only one in five married couples and one in eight re-partnered couples. These indications of poorer relationship quality among cohabiting couples are in keeping with evidence noted earlier that in general cohabiting partnerships are less stable than married partnerships.

Figure 4.1: *Indicators of Couple Relationship Quality (Co-resident partners only)*
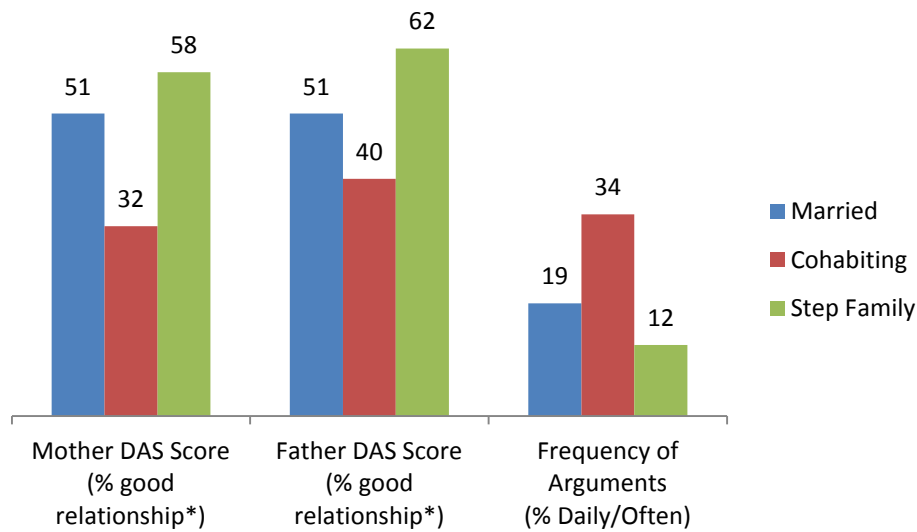
* Above median DAS score

However, the positive picture of good relationship quality among re-partnered couples which emerges from Figure 4.1 is worth some attention here as it represents a contrast with other aspects of family relationships in step-families. The complicating factor in step-families is that, by definition, at least one parent (usually the mother, who typically is the biological parent of the child in the step-family) has had a disrupted relationship history: she has exited from a first partnership and is likely to have experienced some stress on that account and may have a continuing strained relationship with the first partner (the first partnership may have been fleeting but nevertheless had to have sufficient existence to result in a pregnancy leading to the birth of the study child). The child in these cases is likely to have been caught up in at least some of the stresses arising from the ending of the first partnership (or failure to get it off the ground in the first place), the entry into the second partnership, and, in those cases where there is ongoing contact with the biological father, the tensions that may arise as a result.

Thus, the significance of the generally good quality of the second relationship in step-families reported by both the mothers and the new partners involved (i.e. the step-fathers) is that it arises in the context of stresses and strains likely to emerge from other key relationships typical of step-families. We flag up this issue here so that in later chapters, when we come to assess the association between family type and the well-being of both parents and children, we can ask whether the good couple relationship quality reported here for step-families is enough to counter-balance the disruption arising from the break-up of the child's original family. It is worth noting here that, as research from the UK has found, the 'expected benefits of a transition to a step-family (financial advantage and more parental guidance/ supervision) can be outweighed by social and emotional distress for children experiencing this family transition' (Elliot & Vaitilongam, 2008).

A further aspect of relationship quality among co-resident partners concerns the difficult question of intimate partner violence. The GUI includes a 3-item scale assessing the prevalence of violent conflict between co-resident partners: *When you and your partner argue, how often do you 1) Shout or yell at each other, 2) Throw something at each other, 3) Push, hit or slap each other.* Primary and secondary caretakers gave their answers on the scale ranging from *1-almost never/never to 5-almost always/always).* This is a methodologically challenging scale and requires careful evaluation in regard to reliability and validity, partly because of high levels of item non-response and partly because of

differences in response patterns between partners. As a sufficiently detailed analysis would exceed the scope of this report, a separate analysis is being conducted on these items and we do not deal with them in detail here. Using item 2 and 3 of this scale, an integrated indicator of violent conflict reported by primary and secondary caregiver was developed by recoding answers into a binary variable, after imputation of the missing data. To summarise the findings briefly, of couples living together (married, cohabitating, re-partnered), 86% reported no violent behaviours during arguments, 6% of primary caregivers reported violent arguments, 7% of secondary caregivers did so and in the case of 1.3% couples (less than 100), both partners reported violent arguments. It might be somewhat surprising that violent behaviours during arguments are so often reported by one partner and not the other. Yet, these results are in line with earlier studies suggesting that domestic violence reported by one partner only is more common than violence reported by both partners (Hanley and O'Neill, 1997). Interestingly, in the current study, slightly more men (n=614) than women (n=558) reported violence. It has to be noted here that the GUI measures of violence do not include the assessment to what degree respondents feel that they are a victim or a perpetrator of violence. The focus is rather on the occurrence of violent behaviours during arguments.

Parents Living Apart

We now turn our attention to the quality of the relationship between parents who are living apart. As mentioned earlier, the primary measure of this issue in the GUI consists of a question which asked the resident parent whether her relationship with the non-resident parent was 'very positive', 'positive', 'neither positive nor negative', 'somewhat negative', or 'very negative'. This is a more limited and less tested measure than those used for co-resident parents. While parental separation may reduce children's exposure to parental conflict, post-separation conflict between resident and non-resident parents can have an impact on both children and parents. Co-operative, low conflict and supportive post-separation relationships between parents can act as a buffer against the negative effects of family break-up (Amato, 2005). Persistent and unresolved parental conflict is also likely to have an impact on the mental health of parents.

Figure 4.2 shows that just over half of resident parents rated their relationship with the non-resident parent as negative. Differences between family types on this item were limited, though negative ratings were somewhat more common among never-married lone parents. Further analysis not shown here suggested that negative ratings were associated with infrequent contact and may suggest that 'negative' in this context may partly mean 'non-existent' (and 'positive' partly means the opposite – only 11% of those who had daily contact with the non-resident parent rated the relationship as negative). While this could arise in part because regular contact might tend to improve the relationship, causality in the other direction is likely to be more common – contact would tend to be more frequent the better the parents get on with each other.

Figure 4.2: *Quality of Relationship between Resident and Non-Resident Parents*

% Negative Relationship
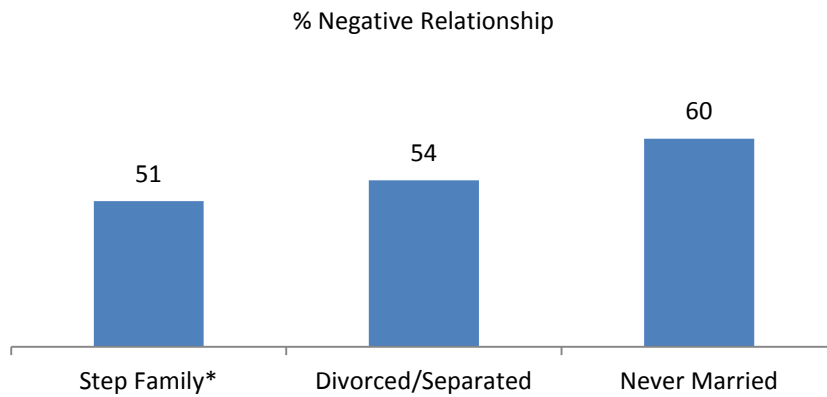
* Refers to relationship between resident parent and non-resident biological parent

All parents

We now come to the item on relationship quality which, as outlined earlier, was applied to all parents, both co-resident and non-co-resident. This item asked primary caregivers whether the child had witnessed conflict between them and the other parent. Among other things, it enables us to compare the incidence of conflict among intact co-resident couples with that among parents who have split up or never lived together.

Figure 4.3 shows that this measure varies strongly by family type, more or less in the direction one might expect. By far the highest incidence of children witnessing conflict, at 52%, occurred among divorced or separated parents (the implication here that almost a half of children in such families did *not* witness conflict might also be considered notable). A quarter of children in never-married lone parent families and in step-families witnessed conflict. Further analysis not shown here suggests that, among lone parents, the likelihood that the child witnessed conflict was higher among partners who had lived together at the outset of the child's life (49%) than among those who had not (30%). Thus, relationships that broke up during the child's life gave rise to more opportunities for the child to witness conflict. Here again, however, the data suggest that even in such disrupted relationships, parents seemed to protect the child from direct witnessing of conflict in more or less half of cases. This is a notable result, though it is unclear to what extent it reflects accurate reporting among parents as to how much conflict between the parents the child is aware of.

It is notable also that only one in twenty primary caregivers who were currently married to the other parent reported that the child witnessed conflict. This evidence, taken with high levels of relationship quality among married parents (Figure 4.1), suggests that there is no large reservoir of conflict among married couples nor that they are widely sticking with bad relationships for the sake of keeping the family together. In other words, it suggests that these marriages persist because they have low conflict, not because they are willing to put up with high levels of conflict.

Figure 4.3. *Child's Witnessing of Conflict between Parents*

% Child Witnessed Conflict
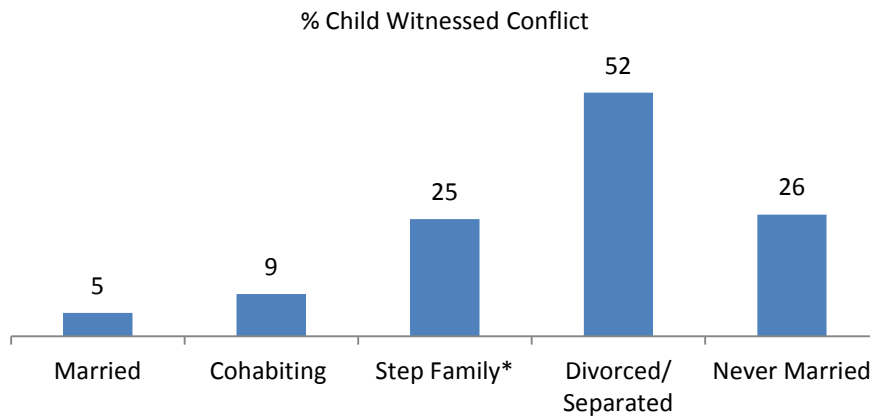
* Refers to relationship between resident parent and non-resident biological parent (not clear in all cases)

Parent Relationships and Family Size

Alongside family type, the other major aspect of family structure we are interested in is family size. We therefore take the indicators of parents' relationship quality and analyse their variation by family size. In general, the relationship is slight though not entirely absent (Figure 4.4). Fathers' DAS score, frequency of arguments between parents in two parent families and the rating of the quality of the relationship with non-resident parents in one parent families show no significant variation by family size. There was some relationship between family size on the one hand and mothers' DAS score and likelihood of child witnessing conflict on the other: one-child families were slightly more likely than those with two, three or more children to show up poorly on both measures. However, this is an issue that is best looked at through multivariate analysis, and to this we now turn.

Figure 4.4: *Indicators of Parent's Relationship Quality by Family Size*
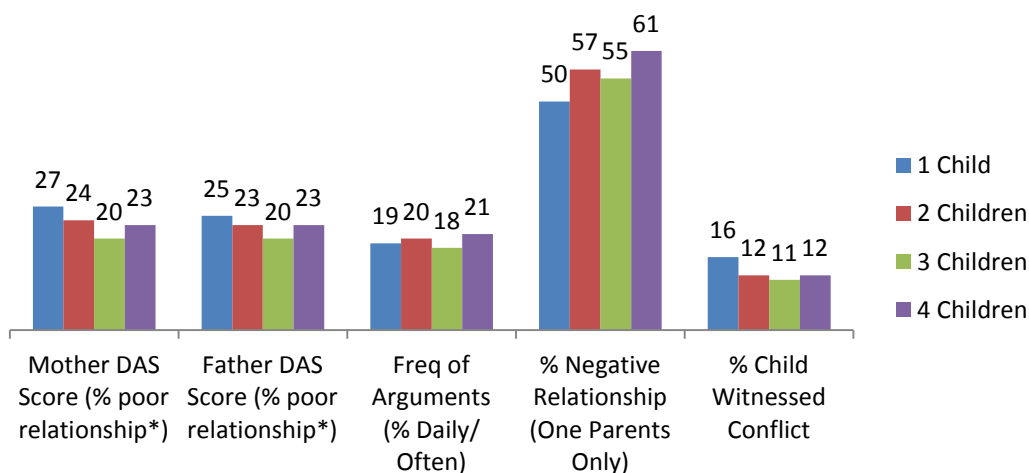
* score below 20 on DAS scale (scale range 1-36)

Parents' Relationship Quality: Multivariate Analysis

Another focus on the relationship between parents is the socio-economic variation in terms of marital conflict, stability and breakdown. Socio-economic disadvantage (as a result of marital breakdown) is more strongly associated with child outcomes (Elliot and Vaitilongam, 2008). However, it may also be a cause as Becker (1977) argues that wealthier couples are less likely to divorce as the gains from marriage are substantially higher than they are for people in low income groups. More recent research highlighted the increased association between socioeconomic disadvantage and marital instability (Martin, 2006). Esping-Andersen's (2009) thesis suggests that when people with high levels of education marry each other, they have a higher income, little risk of unemployment and greater marital stability. Couples with lower levels of education have lower earning potential and are more likely to experience periods of unemployment and marital instability.

Previous research has identified a wide range of factors that are associated with the quality of couple relationships. Some of these have to do with personal skills such as the ability to communicate and to resolve disputes in a positive way, and these in turn can be directly related to education (McKeown et al. 2003). As we saw in previous chapters, the age of the parents can also be important, in that more mature parents are likely to have more resources and be more experienced in dealing with relationship issues. Here too education can play an indirect role, since as shown in Chapter 3, a lower level of education is the single most important predictor of an early start to family formation (as indicated by having a first child before the age of 25). Poverty has also been shown to be related to family breakdown (Holman,2007), while migrant status and acculturation stress has been seen as risk factors for social isolation and spouse abuse.

Table 4.1: *Indicators of Couple Quality by Socio-Economic Status*

	Maternal DAS (poor relationship[1])	Paternal DAS (poor relationship[1])	Frequency of Arguments (Often/ Daily)[2]	Child witnessed conflict[3]	Negative relationship with non-resident father[4]
	%	%	%	%	%
Mother's Education					
Low Education	28	--	20	13	57
Medium/High Education	21**	--	19	11	55
Poverty					
60% Not Poor	22	21	19	17**	54
60% Poor	28**	24	22*	10	59
Mother's Citizenship					
Irish	23	--	20	11	58
Non Irish	19*	--	20	20**	39**
Mother's Age at First Birth					
Over 25	22	--	19	9	56
Under 25	25*	--	20	16**	56
Couple Status at Birth of Study Child					
Living Together at Birth/Pregnancy	21	21	19	10	55
Not Living Together at Birth/ Pregnancy	29*	24	20	23**	58
N	6050	5531	6625	8168	928
All	25	25	20	12	56

** p≤.001 * p≤.05 of χ² test

[1] DAS Score < 20, co-resident parents only (accounts for 22.8% of co-resident mothers, 21.7 per cent of resident fathers).[2]Co-resident parents [3] All parents [4] Lone parents only

Table 4.1 presents descriptive statistics on variations in a number of indicators of relationship quality by a number of control variables (fathers' DAS score is omitted where the cross-classification variable has too many missing cases to allow for reliable estimates). For two indicators–father's DAS score and frequency of arguments – there is surprisingly little variation across these variables. In other instances, variations were present but were not large. Mothers' DAS score varied somewhat by poverty, education and relationship status at the birth of the child – the non-poor, the better educated and those who were living with their partners at the birth of the child were less likely to report poor relationships. Here too, however, the variations were not particularly wide.

Two parent families

We first apply multivariate analysis to the indicators of relationship quality used in the case of co-resident parents. Here, because data on father's education as well as mother's education is available for two-parent families, we can include both factors in the analysis. The results, as presented in Table 4.2, generally show that socio-demographic factors are sometimes linked to relationship quality and sometimes not. Both mother's and father's education are linked to the mother's DAS score (the better educated are less likely to have poor relationships) but neither is linked to the father's DAS score. Puzzlingly, mother's education is positively, though slightly linked to frequency of arguments, which reverses the general pattern whereby relationship quality is better among the higher educated. The associations of relationship quality with family type are stronger and more consistent, particularly in that on all the indicators in Table 4.2, cohabiting partners are much more likely to have poor relationships than couples in intact first marriages. In addition, as already seen in the bi-variate analysis, partners in step-families are *less* likely to have poor relationships as measured by low DAS scores.

A further notable result is the pattern of association between family size and mother's DAS score. The univariate analysis presented earlier pointed to a modest difference between the one-child family and the rest – mothers with more than one child were somewhat less likely to have poor relationship quality. When these associations are examined with controls for socio-demographics and family type in Table 4.2, the large-family advantage intensifies somewhat in some respects, though mainly in the form of a contrast between the one-child family on the one hand versus the three or four-or-more child family on the other (the effect for the two-child family is not significant). Mothers with three children or more are only two-thirds as likely to report poor relationship quality as mothers with one child. The data also show, however, that this advantage in relationship quality is *not* present in regard to frequency of arguments, and in regard to whether or not the child witnessed conflict, the family with four or more children is worse off than the one-child family. Thus the large-family advantage in relationship quality cannot be counted as consistent across indicators. Yet it is significant that it should be present for any measure of relationship quality, since larger families might have been expected to increase the stress on couples. Here again the question of causal direction arises: all other things being equal, couples with good relationships might be more willing have larger families, so that good relationship quality may lead to larger families rather than *vice versa*.

Table 4.2: *Models of Poor Relationship Quality between Co-resident Parents: Logistic Regressions*

	Mother's DAS (Total Score: Bottom Quintile=1[1])		Father's DAS (Total Score: Bottom Quintile=1[1])		Frequency of Arguments (Often/Always=1)		Child witnessed conflict between parents (Yes=1)	
	B	Odds Ratio	B	Odds Ratio	B	Odd Ratios	B	Odds Ratio
Socio Demographic								
Mother's Education (Continuous)	-.113**	0.89	-.030	n/s	.085*	1.08	.045	n/s
Father's Education (Continuous)	-.098*	0.90	-.058	n/s	-.042	n/s	-.030	n/s
Poor at 60% line (On or Below =1)	.151	n/s	.071	n/s	.075	n/s	-.257	n/s
Citizenship (Non-Irish =1)	-.149	n/s	-.472*	0.62	-.084	n/s	.874**	2.39
Mother Disadvantaged at age 16	.251*	1.28	.147	n/s	.163*	1.17	.370*	1.44
Mother's Age at 1st Birth (Under 25=1)	-.155	n/s	.147	n/s	.100	n/s	.150	n/s
Family type								
Married (Ref)								
Cohabiting	.554*	1.74	.728**	2.07	.905**	2.47	.808*	2.43
Step-family	-.698*	0.49	-.755*	0.47	-.382	n/s	n/a	n/a
Living Together at Birth/Pregnancy (No=1)	.411*	1.50	.140	n/s	.160	n/s	.065	n/s
Family Size								
1 child (Ref)								
2 children	-.254	n/s	-.139	n/s	.099	n/s	-.007	n/s
3 Children	-.405*	0.66	-.357*	0.69	.016	n/s	.152	n/s
4 plus children	-.363*	0.69	-.137	n/s	.224	n/s	.285**	1.44
Grandparents in household (Yes=1)	-.174	n/s	.361	n/s	-.213	n/s	-.646	n/s
Nagelkerke R^2	.033		.021		.016		.023	
Observations	5284		5065		5619		5571	

[1] DAS score < 20.

Parents Living Apart

In looking at parents who live apart, we apply multivariate analysis in the first instance to the rating of the relationship with the non-resident parent provided by the resident parent (Table 4.3). Step-families are included in this analysis, but with reference to the mother's relationship with her first partner (the non-resident parent), not to her current second partner. The results broadly confirm the univariate patterns reported earlier, in that never-married lone parents are most likely to report a negative relationship with the non-resident parent. As suggested earlier, 'negative relationships' in this sense are more likely to be reported by mothers who have little or no contact with the non-resident parent, from which we can conclude that this measure in part is picking up the extent to which the relationship exists at all. In terms of a child witnessing conflict, this is more common among divorced or separated lone parent families. Again this is likely to be related to the higher proportion of children in this family type having previously lived with both their parents.

Table 4.3: *Models of Relationship Quality between Resident and Non-Resident Parents (One-parent & stepfamilies only)*

	Negative Relationship		Child witnessed conflict	
	B	Odds Ratio	B	Odds Ratio
Socio-Demographic				
Mother's Education (Continuous)	-.004	--	.064	--
Citizenship (Non Irish=1)	-.652*	0.52	.269	--
Poor at 60% Poverty Line (yes=1)	.107	--	-.491**	0.61
Mothers' Disadvantaged at age 16 (Difficult =1)	.187	--	.168	--
Mother's Age at First Birth (Under 25=1)	-.286	--	-.217	--
Family type				
Step Family (reference category)	--	--	--	--
Div/Sep Lone Parent	.092	--	.551*	1.73
Never Married Lone Parent	.502*	1.65	.923**	2.51
Living Together at Birth/Pregnancy (No=1)	.158	--	-.569**	0.56
Family size	--	--		
1 Child (reference category)	--	--		
2 Children	.215	--	.788**	2.20
3 Children	.211	--	1.09**	2.97
4 or more Children	.577*	1.78	1.34**	3.84
Grandparents in Household (Yes=1)	-.396	--	-.031	--
NagelkerkeR^2		.046		.108
Observations		612		917

We also include in Table 4.3 a model predicting whether or not the child witnessed conflict between non-co-resident parents (this measure was applied also to co-resident parents and we will return to it below in a whole-sample analysis of relationship quality). This indicator requires that some level of contact exists between the parents for a poor rating to have any meaning (there can be no conflict without contact) and thus it differs from the rating of how negative or positive the relationship is which we have just looked at. The univariate analysis suggested that the children of divorced or separated lone parents were the most likely to have witnessed conflict. However, in the multivariate results for parents living apart family size turns out to be the strongest predictor and the impact of being a divorced or separated lone parent reduces. (Note that this measure of relationship quality refers to witnessing of conflict by the study child, not by other children in the household, and so it is not affected by the degree to which the presence of additional children increases the likelihood that one or other of them may witness conflict). As an illustration of the strength of this association, parents who have four children are almost four times more likely to report that the study-child witnessed conflict than parents with one child. It also emerges that the especially high incidence of the child witnessing conflict between divorced or separated lone parents is largely a function of the family size among such parents. As we saw in Chapter 3, they have more children than never-married lone parents or parents in step-families, and when this family-size difference is controlled for, the prominence of the separated or divorced on this measure, as shown in Table 4.3, diminishes to below the level of never-married lone parents. Here, then, we have an indication of the complex role of family size in family well-being. Our earlier analysis of two-parent families found that large family size had either positive or neutral links with relationship quality between parents (depending on which indicator of relationship quality we looked at). Here, for parents living apart and using a different indicator, we found the opposite – parents of larger families have distinctively poorer relationships with each other. Thus it would appear that family size is not a one-dimensional feature of family structure but has different significance in different family contexts.

All Families

We now look at conflict in all families using mothers' report of whether the child witnessed conflict between the parents as the outcome variable. As outlined earlier, this measure of the quality of family relationships, though indirect, is important because it is the only indicator that is applied across the board to both two parent and lone parent families. Model 1 below shows the associations with family type, controlling for the effect of a range of socio-demographic factors, while Model 2 adds family size and living with grandparents to the analysis.

Table 4.4 *Models of Conflict between Parents for All Families (child witnessed conflict=1)*

	Model 1		Model 2	
	B	Odds Ratio	B	Odds Ratio
Socio-Demographic				
Mother's Education (6 categories)	.022	--	.041	--
Mother's Citizenship (Non-Irish=1)	.609**	1.80	.626**	1.87
Poor at 60% Poverty Line (yes=1)	-.209*	0.82	-.380**	0.68
Mother disadvantaged at age 16	.297*	1.34	.283*	1.32
Mother's age at 1st birth(< 25 yrs=1)	.047	--	-.017	--
Family Type				
Married (reference category)	--	--	--	--
Cohabiting	.763*	2.14	.872**	2.39
Step-Family	2.23**	9.32	2.41**	11.1
Divorced/Separated Lone Parent	2.95**	19.1	3.07**	21.6
Never Married Lone Parent	2.92**	18.5	3.27**	26.4
Living Together at Birth/Pregnancy (No=1)	-.626**	0.52	-.508**	0.60
Family size				
1 Child (Ref)			--	--
2 Children			.624**	1.86
3 Children			.800**	2.22
4 Plus Children			.976**	2.65
Grandparents in Household (yes=1)			-.165	--
Nagelkerke R²	.276		.286	
N	6640		6641	

The socio-demographic factors themselves are only weakly related to this indicator – and, notably, mothers' education is not related at all. Non-Irish mothers, those who are now income poor and those who had an early first birth are one-and-a-half to two times more likely to report conflict, and there is also a slight effect from mother's deprivation at age 16. However, the really strong associations are with family type, particularly in that lone parents are 18 to 19 times more likely to report conflict than currently married parents. Cohabiting parents and those in step-families are also more likely to report conflict, though not as much as lone parents. This then would confirm the point made earlier that current family structure reflects major differences in the quality of relationships between parents. Those who preserve their relationship intact (especially if they do so through marriage rather than cohabitation) are less prone to conflict than those that have split up and seem to include few cases who put up with conflict for the sake of holding the family together. The indicator of conflict at issue here is limited and indirect, in that it refers to the child's witnessing of conflict rather than the direct incidence of conflict. Nevertheless, it provides some support for the view that the relatively high durability of marriage in Ireland, as indicated by the low rate of marital breakdown, is *not* due to a greater willingness among Irish married couples to endure high-conflict relationships.

In Model 2 in Table 4.4, larger families are associated with a higher risk that the study child will have witnessed conflict between the parents. The presence of this pattern seems to be the outcome of combining two-parent and lone parent families in the analysis. Earlier we saw that family size has only a weak association with the child witnessing conflict in two-parent families but has quite a strong association in lone parent families, with the pattern in Table 4.4 representing the combination of the two.

Conclusion

This chapter has analysed variation in the quality of the relationship between parents across family type, family size and socio-demographic factors. The most robust measures of relationship quality in the data are those available for co-resident couples but there are also some measures of this issue for non-co-resident couples and one indirect indicator which spans all parents – those who live together and those who live apart. The results show that for intact families, looking across a number of indicators, re-partnered couples (that is, partners in step-families) have the highest level of relationship quality and parents in cohabiting families have the lowest. These distinctions remain even when we control for socio-demographic factors such as maternal education and poverty of the household. These socio-demographic factors themselves are related to some indicators of couple relationship quality but not others. Among couples who formed a partnership and stayed together, there is some SES differentiation in relationship quality but the patterns involved are mixed (SES variation is more evident in differences in partnership formation and dissolution than in variations in partnership quality among intact couples). It is also notable that family size either has no association, a positive association or a slight negative association with relationship quality between parents who live together, depending on the indicator examined. Thus there was no consistent indication that, among intact couples, having a larger family increased the strain on the parents' relationship. The data could be interpreted to mean that parents who get on well together are likely to have more children, but the cross-sectional nature of the data make it impossible to sort out the question of causal direction raised by this view.

The main differentiation in couple relationship quality is found between intact and non-intact couples – and of course non-intactness is in itself a fundamental indicator of relationship failure and thus ultimately of poor relationship quality. From the additional indicators available in the GUI, parents who live apart judge the current state of their relationship in negative terms in slightly over half of cases – and this implies that almost half judge these relationships in neutral or reasonably positive terms. Less than one in six of primary caregivers who live apart from the other parent report that the child has witnessed conflict between them. While this in part arises because of non-contact with the non-resident parent, it may also reflect an effort on the part of parents to shield their children from the experience of conflict. Though data on relationship quality spanning all family types is limited, such data of this kind as are available suggests that couple intactness occurs because of low levels of conflict rather than because high conflict couples are willing to endure poor relationships with their partners – it is unusual for high conflict couples to continue to live together. There is a low incidence of intimate partner violence among co-resident partners but the methodological complexity of the data on this issue in the GUI is such that it warrants separate analysis. Among parents who live apart, family size has a quite strong negative association with relationship quality: the more children such parents have, the worse they get on with each other. This is in contrast with the pattern among intact couples, among whom, as just outlined, family size has either a more mixed (usually positive or neutral association) with relationship quality. This suggests that the links between family size and couple relationship quality is not a straightforward matter but varies according to family context.

5 | The Individual Well-Being of Parents

Introduction

This chapter is concerned with the individual well-being of parents. The main focus is on primary caregivers (that is, in 98% of cases, the mothers). There are some data on the well-being of secondary caregivers (mainly fathers) but these data are confined to families where both parents are living together and are included here on that basis. The lack of information on well-being among non-resident fathers is a consequence of the difficulty in contacting and securing responses from such fathers noted earlier and, as already acknowledged, is a significant gap in the GUI data.

Parents' physical and mental well-being has often been reported to be a significant predictor of children's outcomes (McKeown et al., 2003; Smith *et al.*, 2000; Kiernan and Mensah, 2009; Kiernan and Huerta, 2008). In addition, parents' well-being is an important concern in its own right. One of the most robust findings in research on the well-being of adults is the close association between, on the one hand, the stability and quality of their intimate family relationships (especially the relationship between partners) and, on the other hand, both their physical and mental health (McKeown et al., 2003). There is, however, some uncertainty on the causality underpinning these linkages. On the one hand, those who are physically and mentally unwell may select into poorer family relationships or be less capable of sustaining intimate family ties, processes which would point to health as an influence on family relationships. On the other hand, the stress of family conflict and the decline in social and material support which results from relationship breakup can have bad effects on physical and mental well-being. As such, poor mental health can be both a risk factor for relationship breakdown (Bifulco and Moran, 1998) and a consequence of it (Meadows et al. 2008). This perspective points to family processes as an influence on health. Our concern here is not to sort out these questions of causality, since the cross-sectional data at our disposal do not provide the basis for doing so. Rather, our concern is to provide an assessment of the levels and distribution of well-being among parents of nine year-olds by examining how well-being varies across the family types and levels of relationship quality identified in Chapters 3 and 4, taking account of background social factors which are likely to act as confounding influences.

The GUI collects data on a range of aspects of individual well-being of parents. To measure physical health, it includes single-item measures of chronic illness and self-rated health. An 8-item measure of depression developed by the Center for Epidemiological Studies – the CES Depression Scale (CES-D) – is the primary measure of mental health. Smoking, alcohol consumption and Body Mass Index scores are included as measures of health risk factors. In this chapter we focus on four indicators drawn from these data – mother's depression, father's depression, mother's smoking and mother's obesity (BMI above 30). Preliminary analysis of physical health indicators (chronic illness and self-related health) revealed little variation by family type and size, therefore physical health indicators were omitted from the present analysis. We also by-passed the data on alcohol consumption as preliminary findings suggested that this topic warrants in-depth exploration taking into account detailed information on the quantity, frequency, the type of alcohol consumed, age, gender and medical condition. Such a detailed analysis is beyond the scope of this report, which focuses on general indicators of well-being. The four selected indicators are sufficiently diverse and sufficiently varied in their patterns of association with family type and size to serve as the basis for the general picture we are aiming to achieve here.

In examining these selected indicators, we first outline on a bi-variate basis how they link with family structure, family size and related socio-economic factors. We then apply multivariate analysis in order to assess the simultaneous pattern of association between these factors and individual well-being, while also controlling for the influence of a range of other family characteristics and socio-economic factors. The inclusion of measures of socio-economic status in this analysis also throws light on social inequalities in the variables under study, thus further expanding on the theme of social inequalities in family well-being.

Parents' Well-being by Family Type and Family Size

Figure 5.1 shows the variance across family type on the four indicators of parents' well-being. One notable pattern is the large variance in maternal depression by family type (though in a context where a large majority of mothers in all family types did not report any depression). Mothers who were divorced or separated had a rate of depression (22%) that was three time higher than of married mothers (7%). Mothers in other situations – never-married lone parents, those who were cohabiting and those who were in step-families – occupied positions between these extremes. These results are similar to those of other studies exploring variations in maternal mental health across family types (Kiernan and Mensah, 2009; McKeown et al. 2003). Among co-resident fathers, the level of depression is generally below that of mothers, again with those who were currently married having the lowest level (4%). For mothers, the advantage of lower risk of depression associated with being married is also evident in regard to smoking: married mothers have the lowest level of smoking (19%). However, variations in levels of smoking across mothers in other family types differ from those found in regard to depression: a very high incidence of smoking is found among never-married lone mothers (53%) and is nearly as high (43%) among mothers who are cohabiting. Divorced or separated lone mothers come next (41%), which contrasts with their top rating in risk of depression. Depression and smoking would thus appear to be linked to each other but since far more mothers smoke than are depressed the pattern of linkage is by no means straightforward. The least variance by family type on these indicators is found in regard to obesity: mothers in most family types have obesity rates in the range 18-19%, with cohabiting mothers being the only category who have a somewhat higher rate (27%).

Overall, these patterns indicate that married mothers are more likely to avoid depression and smoking. There is a varying pattern of relative disadvantage on these dimensions among mothers who are cohabiting, in a second union (step-family), divorced/separated or never married.

Figure 5.1: *Indicators of Parents' Well-Being by Family Type*
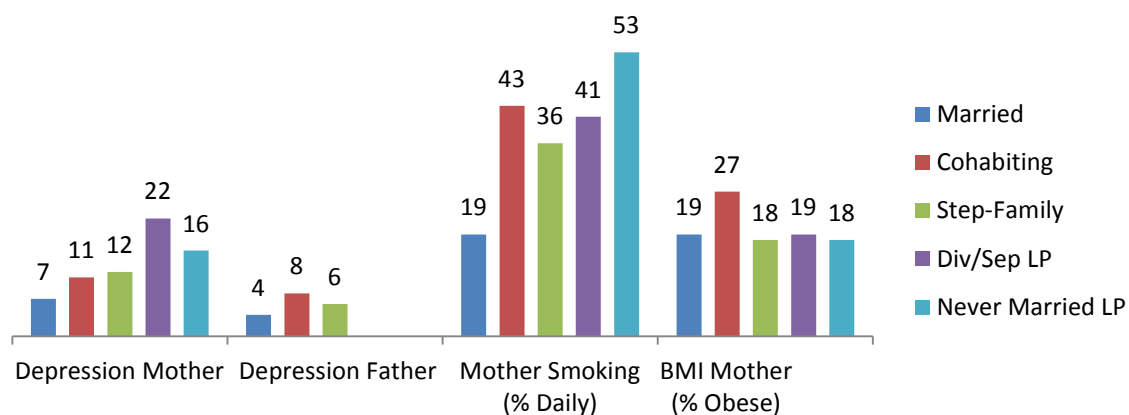
Note: Data for non-resident fathers are not available

We now look at variation in the indicators of parents' well-being by family size (Figure 5.2). This variation occurs mainly in regard to one-child families versus the rest: mothers of only children are more likely to be depressed and more likely to smoke than mothers with two or more children, though parents with four or more children also had higher depression and smoking. However, these patterns are confounded with family type: lone-parent families in general have fewer children than married two-parent families, and never-married lone mothers in particular are most likely to have only one child (see Chapter 3 above). Thus the higher risk of depression among mothers with only one child is likely to be accounted for in part by the association between lone parenthood and unmarried lone parenthood. In addition, there may be a causal effect from depression to family size: mothers with poorer mental health may be less likely to have a second or third child. There is no easy way of testing this possibility with the data we have here, but some further light will be thrown on the patterns involved when we turn to the multivariate models presented later in this chapter. A further point worth noting here from Figure 5.2 is that family size does not seem to be consistently related to fathers' depression, but in a context where the data on fathers' depression is unavailable for many fathers.

Figure 5.2: *Indicators of Parents' Well-Being by Family Size*
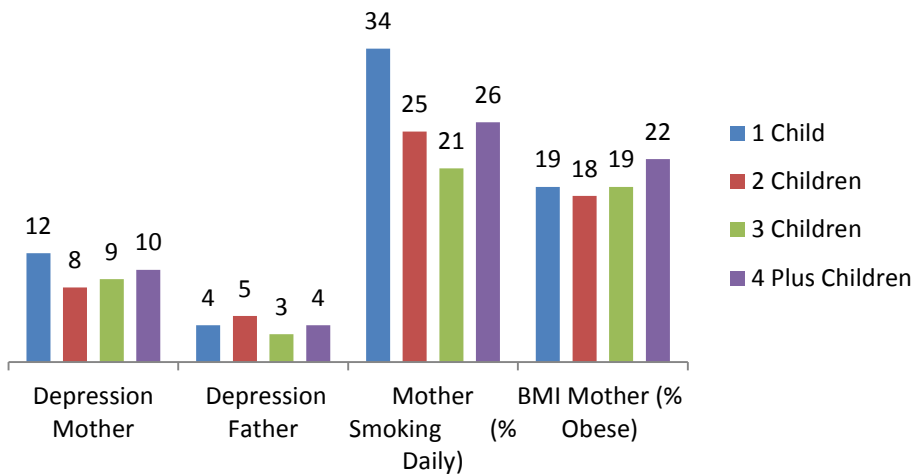
Table 5.1 shows the variation in parental well-being across different socio-demographic categories. Here we can see the strong relationship between poverty and all measures of parents' well-being. A mother or father living in a poor household is almost twice as likely to be depressed and to smoke as those in non-poor households and also to have a higher risk of obesity. For mothers, similar gaps arise between the poorly educated and the better educated and between those who started their families before age 25 versus those who started after that age: on all the indicators the less educated and the early starters have lower levels of well-being. These results echo those of other studies, for example, in that poverty has consistently been found to be strongly related to maternal depression (Kiernan and Mensah, 2009; Kiernan and Huerta, 2008), while higher education has consistently been found to be a predictor of mental and physical health (Babones, 2010). The pattern is not entirely as uniform for those who were not living with a partner at the birth of the study child: they fare worse on depression and smoking than those who were living with their partner at that time, but there is no difference in rates of obesity. The pattern of variation is most mixed in regard to Irish versus non-Irish mothers: Irish mothers were less likely to be depressed than non-Irish mothers (9% and 12% respectively) but more likely to smoke and to be obese. However, since all of these socio-demographic factors are inter-connected with each other to varying degrees, we now need to turn to multivariate models to explore the underlying patterns of association more fully.

Table 5.1: *Indicators of Parents' Well-Being by Socio-Demographics*

	Mother's Depression	Father's Depression	Mother's Smoking	Mother's BMI (obese)
Mother's Education	%	%	%	%
Low Education	14*		41*	27*
Medium/High Education	7		19	17
Poverty (at 60% relative poverty line)				
Not Poor	8	8	21	18
Poor	15*	15*	39*	27*
Mother's Citizenship				
Irish Mother	9		26*	27*
Non Irish Mother	12*		19	20
Mother's Age at First Birth				
Mother's Age at 1st Birth (Over 25)	7		16	17
Mother's Age at 1st Birth (Under 25)	13*		40*	24*
Couple Status at Birth of Study Child				
Living Together at Birth/Pregnancy (Yes)	8	4	21	19
Living Together at Birth/Pregnancy (No)	14*	6	48*	19.7
N	7420	5626	8048	7348

*p≤.001 of χ² test

Modelling Mothers' Well-Being

To examine these relationships more closely, we select two of the indicators for detailed analysis – mother's depression and mother's smoking. Table 5.2 presents the results of logistic regression for mothers' depression, starting first with a simple model which includes only socio-demographic factors and then progressively including aspects of the mothers' family circumstances. In Model 1, which shows socio-demographic influences only, all the factors included are related to maternal depression: those who disadvantaged both now and at age 16, those with low education, non-Irish mothers and those who had a first birth before age 25 were more likely to show symptoms of depression. The impact of education is especially worth noting and exists across all the models. It is included in the analysis as a six-category continuous variable, ranging from primary only to postgraduate. The odds ratio of 0.78 for this variable in Model 6 indicates an average reduction in 0.22 in risk of depression across each of the educational categories. This amounts to a very large risk differential between the top and the bottom of the educational scale and we will return to it below as we take a closer look at on differentiation by educational across all of the indicators of well-being.

Table 5.2: *Model of Maternal Depression (Logistic Regression) Depressed =1*

Socio-Demographic	Model 1		Model 2		Model 3		Model 4	
	B	Odds Ratio	B	Odds Ratio	B	Odds Ratio	B	Odds Ratio
Mother's Education (Continuous)	-.282**	0.75	-.288**	0.75	-.288**	0.75	.301**	0.78
Mother's Citizenship (Non-Irish=1)	.331*	1.39	.385*	1.47	.381*	1.46	.297	
60% Poverty Line (On or Below=1)	.346**	1.41	.185	-	.223		.263*	1.30
Mother's financial difficulties at age 16	.518**	1.67	.621	1.86	.625**	1.86	.603**	1.82
Mother's Age At First Birth (Under 25=1)	.372**	1.45	.266	1.30	.289**	1.33	.301*	1.35
Family Type								
Married (Reference Category)			--	--	--	--	--	--
Cohabiting			.223	--	.198	--	.142	--
Step-Family			.381	--	.333	--	.011	--
Divorced/Separated Lone Parent			1.17**	3.25	1.16**	3.21	.723**	2.06
Never Married Lone Parent			.806**	2.24	.733**	2.16	.284	--
Living Together at Birth/ Pregnancy (No=1)			-.083	--	-.101	--	-.003	--
Family size								
1 child (ref)					--	--	--	--
2 Children					-.307		-.421*	0.65
3 Children					-.177		.314	--
4 or More Children					-.318		-.475*	0.62
Grandparents in Household (Yes=1)					-.612*	0.54	-.615*	0.54
Couple Relationship Quality								
Child Witnessed Conflict (Yes=1)							.910**	2.48
Nagelkerke R²	.063		.098		.101		.119	
N	6741		6264		6264		6263	

Looking across the changes in patterns of association which occur as we introduce further family variables in the models in Table 5.2, a number of notable findings emerge. The first is the positive effect of living with a grandparent which emerges in Model 3 and remains in Model 4 – all other things being equal, mothers who live with their child's grandparent are only half as likely to be depressed as those who do not. As we saw in Chapter 3, this factor is particularly relevant for never-married lone parents, among whom 20 per cent live with one or both of their child's grandparents (for further analysis of the role of grandparents in lone parent families, see Hannan et al. forthcoming). Living with a grandparent might be a source of social or economic support, as well as help in child care. Thus is likely to act as a protective factor against depression among mothers in that situation. This is reflected in the coefficient for never married lone mothers in Table 5.2, which is somewhat lower in Model 3, where living with a grandparent is controlled for, than in Model 2.

The second notable pattern revealed in the sequence of models is the impact that emerges in Model 4 when the family conflict variable is introduced. This variable measures whether, in the view of the primary care-giver, the study child has witnessed conflict between the parents. As outlined in Chapter 4, this variable can be interpreted as an indirect measure of the quality of the parents' relationship but is also one that is particularly revealing because it is applied to all parents in the sample (other more direct measures of the quality of the couple relationship, such as the Dyadic Adjustment Scale, were applied only to co-resident parents and therefore cannot be used in full-sample analyses of parental or child outcomes). Here, when introduced in Model 4, it takes over as the factor which, along with education, has the strongest association with mothers' depression: all other things being equal, mothers who reported such conflict were 2.5 times more likely to be depressed than mothers who did not. Importantly also, the conflict variable causes the association between family type and risk of depression to weaken a great deal. The link with never married lone parenthood, which in Models 2 and 3 is quite strong, ceases to be significant in Model 4, while the link with divorced/separated lone parenthood remains significant but reduces considerably. These patterns suggest that family disruption in itself is less associated with the mother's risk of depression than is the level of conflict between the parents, a finding which echoes previous research in this area (McKeown et al., 2003; Amato and Booth, 1997). In the case of never-married lone mothers in particular, the data here suggest that it is not the absence of the father from the family home that matters for the mother's risk of depression as much as whether or not she is in conflict with him. We would need more refined measures of the nature of that conflict to explore this issue further – for example, as to whether it is the exposure of the child to the conflict as much as the conflict itself which is associated with the mother's depression.

The introduction of the conflict variable in Model 4 is also notable for its effect on the link with another aspect of family structure, namely, family size. As we suggested in connection with bi-variate breakdowns earlier, the apparently higher risk of depression among mothers with one child compared to those with two or more children is likely to be confounded with family type: lone parents have fewer children than married parents and the one-child family is particularly common among never-married lone mothers. This makes it likely that it is not the one-child family in itself but the experience of disruption and the pattern of smaller family size associated with unmarried lone parenthood that are associated with a higher risk of depression. Such an interpretation is supported in Table 5.2, where family size, when included along with family type in Model 3, has no association with risk of depression and lone parenthood emerges as the significant risk factor. However, in Model 4, when the conflict variable is introduced, the link with family type weakens (as already noted) but the link between the one-child family and mother's depression returns, though not consistently: mothers of two children and of four or more children – but not of three children – have lower risk of depression than mothers of one child. This pattern is difficult to interpret, not least because of the complex relationship between family size and family conflict noted in Chapter 4. That analysis showed that among intact couples, family size had no effect on conflict but in lone parent families, larger family size was strongly associated with a higher risk of conflict. These complex interactions between the effects of family type and family size on conflict and depression are likely to feed through to risk of depression in ways which are not fully captured in Table 5.2. This gives further indication of the possible diversity of patterns associated with large families. Some show a combination of many children, elevated conflict between parents and through that an elevated risk of depression among mothers. In others, the association with elevated conflict is absent and the larger number of children seems to bring the lower risk of depression among mothers. Looking at both sets of patterns, the conclusion we arrive at is that family size plays an important role in family dynamics but perhaps not in any single direction or to any overall common effect across all larger families. Thus these patterns justify us in paying close attention to family size as a factor in family well-being but without clear expectations in advance as to how that factor operates.

Table 5.3 echoes the analysis in Table 5.2 but with mothers' smoking as the outcome variable. The successive models here show that mothers' education has a consistent effect throughout: as expected, the less educated are more likely to smoke, and as with risk of depression, we will refer to this effect further below. A further striking finding is the strong impact of family history and family type on risk of smoking. Model 2 shows that, even after controlling for educational level and poverty risk, mothers whose first birth occurs before the age of 25 are more than twice as likely to smoke as those who started their families after that age, and mothers who cohabit, are in a step-family or are lone mothers are also more likely to smoke than married mothers. The lone mother effect is particularly strong in that both never married and divorced or separated lone mothers are about two-and-a-half times more likely to smoke than married mothers. Here again, however, as with depression, the inclusion of the family conflict variable in the analysis (Model 4) dampens the effect of family type: it causes the higher smoking risk associated with being in a step-family to lose significance and it considerably reduces the effect of both never married and divorced or separated lone motherhood. The degree of dampening of the family type effect which the inclusion of family conflict gives rise to in connection with smoking is not as great as it is with depression and family conflict does not dominate as an effect in the way it does with risk of depression. The overall implication is that while the dominant effect of family context on risk of mother's depression is mediated through family conflict, it also operates through family type in regard to smoking to a greater degree than with depression.

The strong effect of living with grandparents on risk of smoking can also be seen in Table 5.3 (Model 3): all other things being equal, mothers who do so are only half as likely to smoke as those who do not. This adds further to earlier evidence that this kind of living arrangement is beneficial for the mothers involved, thought the precise mechanisms which give rise to these benefits would need further detailed analysis to tease out properly.

A final pattern to note in Table 5.3 is the quite weak association between family size and smoking. It is only in Model 4 that any significant association emerges and even then it is limited to a slightly lower risk of smoking among mothers of three children compared to mothers of one child. The contrast with the role of family size as a risk factor for depression is thus notable: family size is just as strongly associated with mother's depression as is family type, but it is much less associated with risk of smoking than family type. This contrast adds to the sense that family size is an important factor in family functioning but that the role it plays is mixed and difficult to disentangle.

The impact of mother's education

Mother's education is such a strong influence on the two aspects of mother's well-being examined in the multivariate analysis just dealt with that the relationship is worth setting out in further detail. In the models in Tables 5.2 and 5.3, for the sake of parsimony, education was included as a six-category equal interval scale where the scoring ranged from 1 for those with primary education and to 6 for those with postgraduate education. Here we repeat the final models in these tables (Model 4 in each case) but with education scored categorically and with postgraduate education taken as the reference category. This enables us to identify more precisely the relationship of each of the six educational levels with risk of depression and smoking.

Table 5.3: *Model of Mother's Smoking (Logistic Regression) Smokes Daily=1*

Socio-Demographic	Model 1 B	Model 1 Odds	Model 2 B	Model 2 Odds	Model 3 B	Model 3 Odds	Model 4 B	Model 4 Odds
Mother's Education (Continuous)	-.337**	0.71	-.346**	0.70	-.349**	0.70	-.352**	0.70
Mother's Citizenship (Non-Irish=1)	-.386*	0.68	-.312*	0.73	-.324*	0.72	-.357	--
60% Poverty Line (On or Below=1)	.366	1.44	.178*	1.19	.216*	1.24	.232*	1.26
Mother's financial difficulties at age 16	.439	1.55	.424**	1.52	.425**	1.52	.415**	1.51
Mother's First Birth (Under 25=1)	.990	2.69	.792**	2.20	.818**	2.26	.821**	2.27
Family Type			--	--	--	--	--	--
Married (Ref. Category)			--	--	--	--	--	--
Cohabiting (Both Bio)			.482*	1.61	.423*	1.52	.392*	1.48
Step-Family			.452*	1.57	.405*	1.50	.293	--
Divorced Separated Lone Parent			.885**	2.42	.867**	2.38	.627**	2.00
Never Married Lone Parent			.976**	2.65	.960**	2.61	.791**	2.20
Not Living Together at Birth/ Pregnancy			.185	--	.193		.227*	1.25
Family size					--	--	--	--
1 child (ref)					--	--	--	--
2 Children					-.050		-.086	--
3 Children					-.204		-.245*	0.75
4 or More Children					-.202		-.253	--
Grandparents in Household (Yes=1)					-.711**	0.49	-.701**	0.46
Couple Relationship Quality								
Child Witnessed Conflict (Yes=1)							.382**	1.46
Nagelkerke R^2	.167		.195		.200		.203	
N	7204		6640		6640		6640	

Figure 5.3 shows the results of this exercise. The effect of education on smoking emerges as particularly strong: those with lower secondary and primary education are five to six times more likely to smoke than those with postgraduate education, and relative to those with completed secondary education, their risk of smoking is more than twice as high. Differences are evident even among those with third level education: those with a primary degree are twice as likely to smoke as those with postgraduate qualifications. Differences in risk of depression are not as large nor are they as finely differentiated across educational levels. Those with lowest levels of education are more than three times more likely to be depressed than those with tertiary education of any level (there are no significant differences by level *within* the broad tertiary level). Though the differentiating effect of education on risk of depression is not as strong as it is in the case of smoking, it nevertheless is still a powerful influence.

Figure 5.3. *The association between mother's educational level and mother's risk of depression and smoking (odds ratios)**
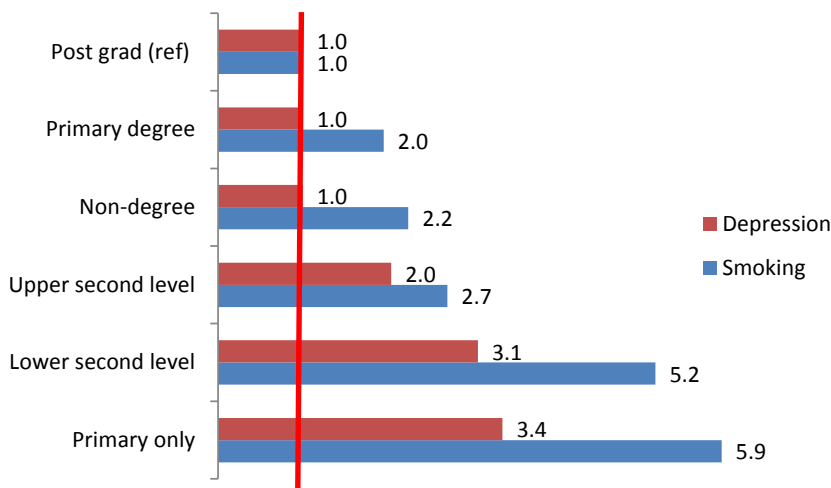
* Controlling for the effect of all other variables included in Model 4 in Tables 5.2 and 5.3

Father's education

As outlined previously, the absence of data on the characteristics of non-resident fathers means that analysis of the role of fathers in family well-being has to be limited to families where the father is co-resident. While this limitation reduces the interest of such analysis for the present study, some worthwhile results nevertheless emerge. Multivariate models of both father's risk of depression and mother's risk of depression not shown here revealed that father's education was not a significant predictor of depression for either fathers or mothers (we must keep in mind here that risk of depression for both fathers and mothers is low among two-parent families, the category of families for which data on father's education is available). The picture is different for smoking. We have already seen that less educated mothers are much more likely to smoke than better educated mothers. From Figure 5.4 we can see that, in families for which we have data on father's education, less educated fathers are not only more likely to smoke themselves but that, even after controlling for the educational level of their partners, father's education is also associated with a higher risk of smoking among their partners. In other words, the highest risk of smoking is among couples where both partners have low educational attainment.

Figure 5.4. *The association between father's educational level and father's and mother's risk of smoking (odds ratios, two-parent families only)**
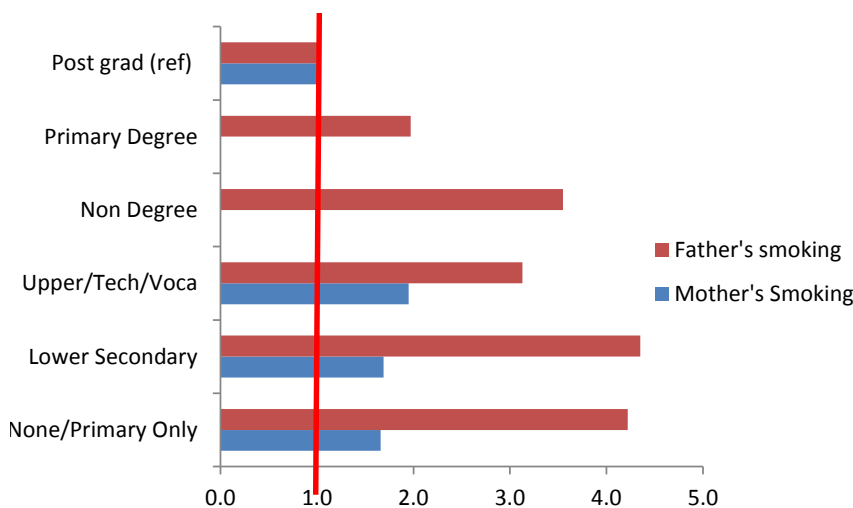
* Controlling for the effect of mother's education, poverty, mother's citizenship, age at first birth, disadvantage at 16, family type, family size, grandparents, child witnessing conflict

Conclusions

This chapter has explored patterns of association between family relationships and the individual well-being of parents, while controlling for the influence of certain socio-demographic characteristics. This analysis also examined social inequalities in the individual well-being of parents. Three aspects of mother's well-being were examined – depression, smoking and obesity. More limited information on father's depression was also included.

The results showed strong patterns of association between socio-economic status and low well-being, particularly in that less educated mothers were at greater risk of being daily smokers and of depression. In multivariate analysis, it also emerged that starting a family at a young age (that is, before age 25) had a consistently negative association with mother's well-being. Since early child-bearing has been widely shown to be strongly connected to lower education, one can also conclude that in addition to the direct effect of educational inequalities on parental well-being, there are also indirect effects that are mediated through the *timing* of family formation in the life-course.

Controlling for these background associations, other family circumstances also played a major role, though that role was not entirely consistent across outcome indicators nor across different aspects of family situation. The weakest associations arose in the case of obesity: mothers across all family types had similar risks of obesity. Risk of depression, however, was strongly linked to family circumstances. At first sight, it seemed that family type was the most important conditioning circumstance in that controlling for other demographic characteristics, married mothers had a much lower risk of depression than mothers in cohabiting, step-family or lone parent arrangements, while separated or divorced lone mothers had the greatest risk. However, closer analysis suggested that family conflict was the core underlying influence: when this factor was controlled for, the association of mother's depression with family type weakened a great deal. Thus it would seem that co-residence with the child's father or the lack of it is not the primary factor that is associated with depression but the level of conflict with the father.

There was also a complex inter-relationship between family size, family type and risk of depression: controlling for family type, larger families had emerged in Chapter 4 as having more conflict but here, controlling for both family type and family conflict, they emerged as having a lower association with maternal depression. Thus it appeared that family size is an important but complex factor which operates in different ways in different family contexts – patterns that are not easy to disentangle.

In regard to risk of maternal smoking, family type retained a stronger role independently of family conflict. Here, the non-residence of the father seemed to have an association with the mother's smoking that was not largely tied up with family conflict but was in addition to it. Family size did not seem to be a significant influence on this outcome.

One consistently positive factor in mother's well-being is co-residence with a grandparent (usually, that is, the mother's one parent or parents). Mothers in that family situation are only half as likely as other mothers to suffer from depression or to smoke daily. This factor, possibly associated with both direct personal for the mother and practical assistance with child care and the cost of child-rearing, , is relevant mainly for never-married lone mothers, among whom 20% live with their own parents. This type of family arrangement thus seems to be quite a positive element in the lives of mothers who adopt it.

6 | Parent-Child Relationships

Introduction

Relationships between parents and children complete the relational triangle at the core of the family. According to O'Connor et al. (2006), the parent-child relationship has been associated with a wide variety of child outcomes including aggression and delinquency, depression, anxiety and internalising problems, social competence and peer relationship, self-esteem, identity and general health and development. However these relationships are usually mediated by other factors such as genetic behavioural factors and the wider social environment (O'Connor et al. 2006).

The quality of the parent-child relationship is measured in the GUI from both the parents' and the child's point of view. The parent perspective is drawn from the Pianta questionnaire, which is completed by co-resident fathers and mothers. It consists of a 30-item battery of questions adapted from the teacher-child relationship measure. It is made up of three subscales: level of conflict, level of dependence and level of closeness between the parent and child (Pianta, 2001). In the present study we focus only on the level of conflict, as our preliminary analysis showed that this subscale is more related to child well-being than subscales measuring dependence and closeness.

The child perspective on both father and mother is measured by means of selected items from the Parenting Style Inventory II. This measure gives the child's view on non-resident as well as resident parents and so, in principle, is more encompassing than the focus of the Pianta scale on resident parents only. In practice, however, the child's views on the father's parenting style falls short of full coverage of the sample as data on this item are missing for almost half of non-resident fathers (a key issue here is that the primary caregiver's permission was required for the child to complete this element of the data collection and this permission was often not forthcoming in the case of non-resident fathers). The Parenting Style inventory uses separate scales to measure two dimensions of parental behaviour towards children – responsiveness and demandingness/control. Based on the child responses to these two scales, parenting style can be classified into four types: authoritative (high demandingness, high responsiveness), authoritarian (high demandingness, low responsiveness), permissive/indulgent (low demandingess, high responsiveness), neglectful/ uninvolved (low demandingness/ low responsiveness). Authoritative parents are both controlling and responsive; they engage in open communication with their child and establish clear standards of behaviour while also respecting the child's need for autonomy and independence (Maccoby and Martin, 1983). In contrast, authoritarian parents expect orders to be obeyed without the need for explanation, restrict their child's autonomy and independent expression, and employ high levels of psychological control (e.g., guilt) to manipulate the child's behaviour (Barber, 2002). Indulgent parents are responsive but not demanding; they respond to their child's needs but avoid confrontation and typically let the child determine their own behavioural standards. Finally, neglectful parents are neither demanding nor responsive; they lack control, are unsupportive, and are generally uninvolved in their children's lives (Lamborn et al., 1991). Following a consensus in the literature that authoritative parenting is optimal for children while the other three are sub-optimal (e.g. Maccoby & Martin, 1983), we adopt a binary classification which distinguishes between authoritative versus non-authoritative parenting styles, the latter of which includes the authoritarian, permissive and neglectful styles.

In this chapter we explore the quality of the relationship between both the mother and the father on the one hand and the study child on the other. We examine differences in these measures of the parent-child relationship across family types and explore through multivariate analysis the role of contextual variables (socio-demographic factors, structural characteristics of a family, conflict between parents, and mother's well-being).

Parent-Child Relationship by Family Type and Family Size

Figure 6.1 presents two of indicators of the quality of the parent-child relationship by family type – the presence of conflict between parent and child, which is based on the parents' perspective, and the extent of non-authoritative (i.e. sub-optimal) parenting, which is based on the child's perspective. Because the measure of parent-child conflict is available only for co-resident parents, non-resident fathers are not included in this indicator. The scoring for parent-child conflict displayed is the proportion of families that were in the top 20% on the scale, that is, those with the highest conflict.

Figure 6.1: *Indicators of Parent-Child Relationship By Family Type*
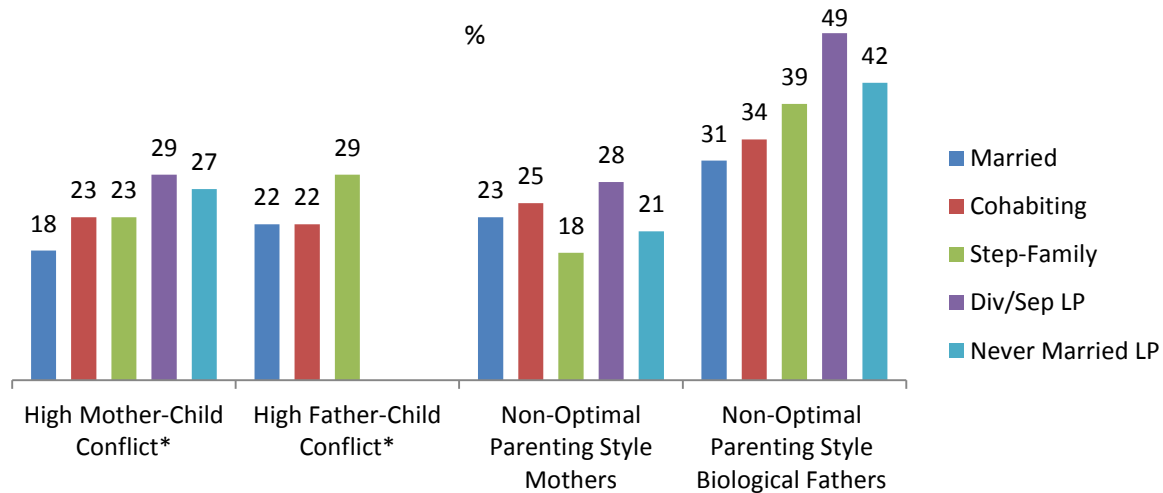
* Top quintile on conflict dimension of Pianta scale

In regard to mothers and their children, the results show that those in lone parent families have higher levels of conflict, particularly divorced or separated lone parent families. However, the differences are not extreme – the over-representation of divorced or separated families in the top quintile of scores was 29% as opposed to the whole-sample value of 20%. In regard to conflict between the study child and the resident father, the data show a slightly higher level of conflict in step families compared to married and cohabitating families (this measure is available only for families in which a co-resident father is present). Again, however, as with mothers, the contrast between fathers in different family types is not great.

Figure 6.1 also shows the variation in non-authoritative parenting style by family type. Mothers in general are less likely to practise this kind of sub-optimal parenting than fathers and also show less variation by family type than fathers. For mothers, the lowest incidence of sub-optimal parenting is found among those in second unions (step-families), which contrasts with the somewhat higher incidence of mother-child conflict found in step-families noted above. Mothers who are separated or divorced are most likely to practise non-authoritative parenting and this is in line with their similar top ranking on the mother-child conflict indicator. However, in view of the modest variation in both these indicators by family type, the uniformity across family types and between indicators as far as mothers are concerned is as notable as the differences.

This is not the case with fathers, among whom non-authoritative parenting is both more common overall and more variable across family types than is the case with mothers. Co-resident married fathers show the lowest incidence of non-authoritative parenting (at 31%) but this level is higher than for mothers in any family type. Almost a half (49%) of fathers in divorced/separated families practised non-optimal parenting style.

We now examine variations in the quality of the parent-child relationship by family size. The notable feature here is how limited these variations were. There were no significant differences by family size in mother-child conflict or in conflict between resident father and child. However, parenting style did vary somewhat by family size, particularly for fathers: fathers with one child and with four or more children were slightly more likely to practise non-authoritative parenting than fathers with two or three children. Further analysis not presented here indicates that these patterns are linked to variations in non-residence of fathers by family size. One-child families have a high proportion (48%) of fathers who were non-resident, which compares to 17% non-resident fathers in two-child families, 11% in three-child families, and 12% in four-child families. (Recall that the parenting style indicator is based on children's reports on how their fathers behave with them. It applies to both resident and non-resident parents but excludes resident step-parents). Mothers with more than 3 children were more likely to have non-authoritative parenting style than mothers with one or two children, but the differences were slight.

Figure 6.2: *Indicators of Parent-Child Relationship by Family Size*
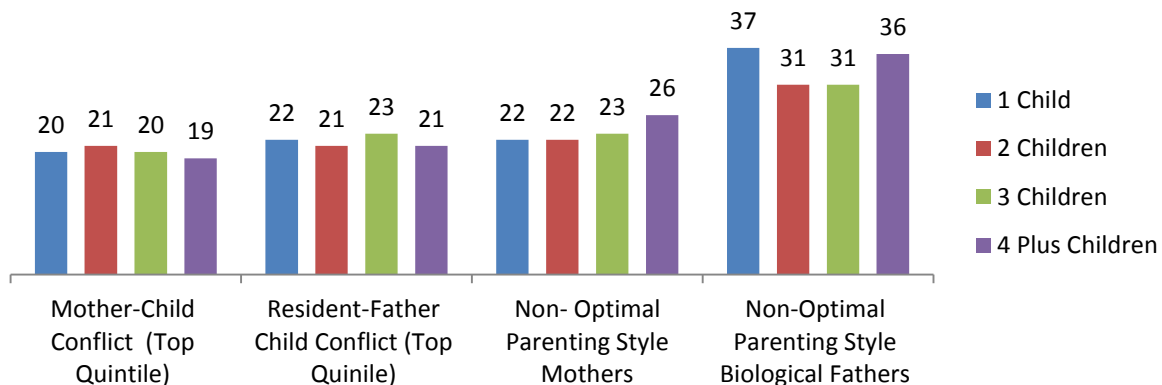
Social Inequalities in Parent-Child Relationships

Table 6.1 shows differences in the quality of the parent-child relationship across different socio-economic categories. In contrast with the pattern for indicators looked at in previous chapters, these differences are not strong. They exist only to the degree that mothers with low education are slightly more likely to have high conflict with the study child and to have a non-authoritative parenting style. Father-child conflict and parenting style were not related to mothers' education nor the poverty of the household (the high level of missing data on fathers' education ruled out an analysis of variation in these indicators by father's education). These patterns are of considerable interest since they suggest that SES differences in these dimensions of parent-child relationships are scarcely present, at least when looked at in simple bi-variate terms. We shall see later whether a more complex multivariate analysis confirms this picture. Some differences are evident in relation to the parents' citizenship. Fathers who were living with a non-Irish mother were more likely to have conflict with their child. Parents in families where

the mothers had a first birth before age 25 were also marginally more likely to have poorer relationship quality, and this was also the case for couples who were not together at the birth of the child. Again, however, in all these instances there was no evidence of strong and consistent patterns of differentiation, which suggests that the dimensions of parents' relationships with their children looked at here are not closely and directly dependent on socio-demographic context.

Table 6.1: *Indicators of the Parent-Child Relationship by Socio-Demographics*

	High level of Mother-Child Conflict	High level of Father-Child Conflict[1]	Mothers with non-optimal parenting style	Fathers with non-optimal parenting style[2]
Mother's Education	%	%	%	%
Low Education	23*	22	25*	35
Medium/High Education	19	22	22	32
Poverty				
60% Not Poor	20	22	23	32
60% Poor	23*	23	26*	38
Mother's Citizenship				
Irish Mother	20	22	23	33
Non Irish Mother	23	26*	20*	33
Mother's Age at First Birth				
Mother's Age at 1st Birth (Over 25=1)	19	22	22	31
Mother's Age at 1st Birth (Under 25=1)	22*	22	25*	36*
Couple Status at Birth of Study Child				
Living Together at Birth/Pregnancy (Yes)	19	21	23	32
Living Together at Birth/Pregnancy (No)	28*	32*	19*	34
N	8021	6279	7535	7003

**p ≤.001, * p ≤.05 of χ² test

[1] Co-resident fathers only, including step-fathers

[2] All biological fathers (co-resident and non-resident)

Modelling the Mother-Child Relationship

Mother-child conflict

For purposes of multi-variate modelling, we look first at mother-child conflict as the outcome variable (this indicator is based on the mother's responses to the Pianta scale). The results are shown in Table 6.2. The successive regression models reported here enable us to examine how the relative importance of the variables included in the analysis changes as successive variables are added to the model.

The only socio-demographic variable which shows a link with mother-child conflict across all the models in the analysis is mother's deprivation experienced at age 16. Mother's education, our core indicator of socio-economic status, is significant in Model 1, which includes socio-demographic factors only. However, the inclusion of family type in Model 2 causes the association with mother's education to become insignificant. This is consistent with the bi-variate analysis just looked at which found only weak and inconsistent links between socio-economic status and the quality of parent-child relationships. It thus confirms the pattern noted earlier that *direct* SES differentiation in levels of mother-child conflict is slight.

Table 6.2: *Model of High Mother-Child Conflict (High level of conflict – top quintile = 1)*

	Model 1		Model 2		Model 3		Model 4		Model 5	
Socio-Demographic	B	Odds	B	Odds	B	Odds	B	Odds	B	Odds
Mother's Education (Continuous)	-.058*	0.94	-.048	--	-.047	--	-.050	--	.007	--
Mother's Citizenship (Non-Irish=1)	.199	--	.281*	1.32	.276*	1.31	.221	--	.243	--
60% Poverty Line (On or Below=1)	.023	--	-.084	--	-.080	--	-.053	--	-.137	--
Mother's financial difficulties at age 16 (Difficult=1)	.404**	1.49	.378**	1.45	.383**	1.46	.363**	1.43	.260**	1.29
Mother's Age at 1st Birth (Under 25=1)	.080	--	.024	--	.033	--	.033	--	.027	--
Family Type			--	--	--	--	--	--	--	--
Married (Both Bio) Reference Category			--	--	--	--	--	--	--	--
Cohabiting (Both Bio)			.238	--	.236		.170	--	.186	--
Step-Family			.070	--	.101		-.166	--	-.143	--
Divorced Separated Lone Parent			.466**	1.59	.485**	1.62	.096	--	.042	--
Never Married Lone Parent			.448**	1.54	.539**	1.75	.151	--	.138	--
Living Together at Birth/Pregnancy (No=1)			.112	--	.138		.218	--	.104	--
Family Size					--	--	--	--	--	--
1 Child					--	--	--	--	--	--
2 Children					.307*	1.36	.235		.230	--
3 Children					.328*	1.38	.247		.253	--
4 plus Children					.172		.074		.093	--
Grandparents in Household (Yes=1)					-.274		-.250		-.373	--
Couple Relationship Quality					--	--	--	--	--	--
Child Witnessed Conflict (Yes=1))							.810**	2.24	.669**	1.95
Mother's Well-Being									--	--
Depression (Depressed =1)									.896**	2.44
Smoking (Daily =1)									.287**	1.32
Nagelkerke R²	.013		.020		.024		.040		.062	
N	7181		6618		6618		6618		6243	

When we turn to the two main family structure variables examined in Table 6.2, family type and family size, both are linked to mother-child conflict in the absence of further controls. The strongest association is with never-married lone parents, who are 1.75 times more likely to have high conflict with the child than married parents. However, in Model 4, when we add an indicator of couple conflict, that variable takes over as the strongest predictor. It also causes the associations with both family type and family size to become insignificant. The pattern is that families where the child witnesses conflict between the parents are more than twice as likely to have conflict between the mother and the child. It is thus the presence of conflict between the parents, rather than either parental separation or family size, which is the significant predictor.

This picture is added to in Model 5 when we include two measures of the mother's well-being in the analysis – whether or not she shows symptoms of depression and whether she smokes or not. Both of these factors are also quite strongly linked to mother-child conflict, and these factors act largely in addition to the association with couple conflict. Thus the final analysis contained in Model 5 suggests that couple conflict and mother's personal well-being, along with mother's deprivation at age 16, are the only factors among those examined here that have a *direct* relationship with mother-child conflict. This further confirms that there is no *direct* differentiation by either SES or any aspect of family structure in the incidence of mother-child conflict. We should recall, however, the finding from previous chapters that SES differences and certain aspects of family formation – particularly having a first child before age 25 – come strongly into play as predictors of depression and smoking among mothers and also that

couple conflict is itself a significant predictor of mother's depression (see Chapter 5 above). In addition, as shown in Chapter 4, both family structure and, through that, SES background, are strongly associated with couple conflict itself. Thus though these background factors may have no direct association with the level of mother-child conflict, they do have strong *indirect* links. These indirect links work through the association of these background factors with differences in levels of conflict among parents and poor personal well-being among mothers – both which do directly relate to mother-child conflict – rather than as directly connected influences.

Though these complex patterns of association are clearly present, it is worth re-emphasising that we cannot draw inferences about causal pathways from them. For example, depression among mothers might increase the likelihood of conflict with children, but the reverse might also be true: a difficult relationship with a child might have depressive effects on a mother. Likewise, conflict between the parents might heighten the risk of conflict with the child and might itself be influenced by conflict with the child. In these instances, some degree of circular causation is likely, but we cannot explore this issue further in light of the cross-sectional nature of the data at hand.

Mother's parenting style

Table 6.3 provides a summary version of the same analysis but with mother's parenting style as the outcome variable (only the equivalent of Model 5 in Table 6.1 is shown). The results confirm the finding from the bi-variate analysis that mothers in second unions (step-families) have a substantially lower risk of practising poor parenting than mothers in original intact families. The data also suggest that mothers who were not living with the father at time of birth are less likely to do so – a puzzling finding. Otherwise, however, the links between parenting style and the factors examined are limited. Mothers who had a first child before age 25 and those who are income poor are more likely to practise poor parenting, but the differences are not large.

Table 6.3 *Mother's Parenting Style (non optimal =1)*

	B	Odds ratio
Socio-Demographic		
Mother's Education (Continuous)	-.129	--
Mother's Citizenship (Non-Irish=1)	-.081*	0.92
60% Poverty Line (On or Below=1)	.175*	1.19
Mother's financial difficulties at age 16 (Difficult=1)	-.095	
Mother's Age at 1st Birth (Under 25=1)	.199*	1.22
Family Type		
Married (Both Bio) Reference Category	--	
Cohabiting (Both Bio)	.027	
Step-Family	-.514*	0.59
Divorced Separated Lone Parent	.062	
Never Married Lone Parent	-.290	
Living Together at Birth/Pregnancy (No=1)	-.363*	0.69
Family Size		
1 Child	--	
2 Children	-.198	
3 Children	-.159	
4 plus Children	.277	
Grandparents in Household (Yes=1)	.001	
Couple Relationship Quality		
Child Witnessed Conflict (No/Yes)	.136	
Mother's Well-Being		
Depression (Depressed =1)	-.177	
Smoking (Daily =1)	.168*	1.18*
Nagelkerke R^2		.016
N		5894

Modelling the Father-Child Relationship

To conduct a similar analysis with regard to fathers, we take non-authoritative (i.e. sub-optimal) parenting as the outcome variable (Table 6.3). This analysis, however, is more limited than was the case with mothers in the previous section since some of the variables that were connected to mother-child conflict were measured only for mothers and not for fathers or are subject to high non-response problems in the case of fathers. For example, as mentioned earlier, the parenting style indicator relating to biological fathers was not completed by 49% of children in one parent families. In addition, missing values on father's education causes us not to use that variable here, while data on deprivation at age 16 and depressive symptoms are available only for mothers. We use the data on mothers as proxies for the missing indicators on fathers while acknowledging that this is a far from satisfactory solution.

None of the socio-demographic variables show a strong link with father's parenting style even when included on their own, and in the final model (Model 6) even the relationships that were there in the earlier models have lost significance. The only variable with a substantial link to father's parenting style is family type, which in effect captures non-residence on the father's part. Controlling for family size and structure (Model 3), couple conflict (Model 4), mothers' well-being and mother-child conflict (Model 5), non-resident fathers in divorced/separated lone parent families were 2.15 times more likely to have non-optimal parenting style compared to fathers of married families, while the corresponding ratio for non-resident fathers in never-married lone parent families was 1.58 higher. From children's perspective,

therefore, it would appear that absence of the father from the family home is what contributes most to the child's perception of his parenting style as non-authoritative. As they do not live with their children, non-resident fathers might have fewer opportunities for a day-to-day contact with them and therefore might have less opportunity than resident fathers to show responsiveness or control. These factors may also reflect the dynamics of the relationship between the parents, which in itself may affect the the involvement of non-resident fathers in child upbringing. It is possible that if we had the father's personality characteristics and education included in the model, these would also be significant, but, as already explained, this information is not available.

Table 6.4 *Biological Father Parenting Style (non optimal=1)*

	Model 1		Model 2		Model 3		Model 4		Model 5	
	B	Odds	B	Odds	B	Odds	B	Odds	B	Odds
Socio-Demographic										
Mother's Education (Continuous)	-.038		-.048		-.051*	0.95	-.051*	0.95	-.043	--
Mother's Citizenship (Irish/Non-Irish)	.051		-.049		-.034	--	-.046	--	.001	--
60% Poverty Line (Above/On or Below)	.146*	1.15	.073		.028		.030	--	.082	--
Mother's financial difficulties at age 16 (Continuous)	.135*	1.14	.131*	1.14	.125		.122	--	.118	--
Mother's Age at First Birth (Under 25=1)	.165*	1.17	.126		.100		.100	--	.077	--
Family Type	--	--	--	--	--	--	--	--	--	--
Married (Both Bio) Reference Category	--	--	--	--	--	--	--	--	--	--
Cohabiting (Both Bio)			-.013		.010	1.01	.000	--	.024	--
Step-Family			.501*	1.65	.514*	1.67	.472*	1.60	.349	--
Divorced Separated Lone Parent			.738**	2.09	.745**	2.10	.671**	1.95	.765**	2.15
Never Married Lone Parent			.586**	1.79	.592**	1.80	.512*	1.66	.459*	1.59
Living Together at Birth/Pregnancy (No=1)			-.321*	0.75	-.305	0.73	-.295*	0.74	-.253	--
Family Size			--	--	--	--	--	--	--	--
1 Child			--	--	--	--	--	--	--	--
2 Children					-.119		-.123	--	-.178	--
3 Children					-.119		-.125	--	-.188	--
4 plus Children					.089		.081	--	-.005	--
Grandparents in Household (Yes=1)					.045		.049	--	-.079	--
Couple Relationship Quality					--	--	--	--	--	--
Child Witnessed Conflict (Yes=1)							.167	--	.126	--
Mother's Well-Being										
Depression (Depressed =1)									.040	--
Mother's Smoking (Yes=1)									.096	--
Nagelkerke R^2	.007		.020		.023		.023		.026	
N	6396		5968		5968		5968		5615	

Conclusions

The central conclusion of this chapter is that the aspects of parent-child relationships examined here – the parents' reports of parent-child conflict and the children's report of the parenting style of their parents – are less directly associated with family structure and the family's general socio-demographic character than the other aspects of family circumstances examined in this report. This is not to say either that direct linkages with factors included in our analysis are completely absent or that indirect associations through factors such as parental well-being are unimportant. As far as *direct* linkages are concerned, variations by family type and family size occur in a modest way on some dimensions of parent-child relationships. The children of fathers who are not resident in the family home are somewhat more likely to report a sub-optimal style of parenting on their fathers' part, probably to some degree because those fathers are not resident. Mothers in second unions (whose children live with step-fathers) are somewhat more likely than other mothers to practise a good parenting style, though, paradoxically, they are also slightly more likely to have conflict with their child. Mothers who have conflict with the child's father are also more likely to have conflict with the child and, even more so, if they themselves have symptoms of depression. The latter factor points also points to personality traits as key issues.

In addition, some *indirect* linkages with socio-demographic background can be identified. This is so particularly in regard to conflict between parents and mother's depression: both of these factors tend to reduce the quality of parent-child relationships and, as we saw in the previous chapter, both are conditioned by socio-demographic factors, particularly mother's education.

Otherwise, there is little by way of consistent differences on these issues between two-parent and one-parent families, between sub-types within these categories, or between large and small families. In addition, some direct connections between mother's education and other areas of family well-being is not evident in regard to the parent-child relationships, and even an indirect effect which might occur through having a first child before age 25 is absent.

One could interpret these findings positively as an indication that the possibility for parents and children to have good relationships, while sometimes constrained by poor parental well-being, in other ways often transcends the usual constraints imposed by social and family context. Thus it is possible that good parent-child relationships (particularly those between mother and child) can act as protective factors in children's lives even in circumstances that otherwise are not very favourable. In other words, mother's care and love is not easily constrained by family and social environment, even though it may not be absolutely independent of them either. This conclusion is consistent with previous research on the topic of parent-child relationships conducted in Ireland (McKeown et al., 2003), which suggests that personality traits of parents and their children may play a larger role in parent-child relationships than social-structural variables. Perhaps the inclusion of personality measures in future waves of the GUI study would make it possible to explore this topic further.

7 | **Children's Well-Being**

Introduction

In this chapter we turn to the final analytical task in the study, which is to examine the direct linkages between the family relationships and circumstances of nine year-olds on the one hand and their well-being on the other. As outlined in Chapter 1, well-being in this context is defined by reference to children's cognitive, social-emotional and physical health outcomes at age nine. In examining family relationships and circumstances, the focus is on those features that have been examined so far in this report – family structure (itself made up of a number of features), the quality of the relationship between parents, the individual well-being of parents, and the quality of relationships between parents and children. All these factors have been examined as outcomes of interest in their own right in previous chapters, in the course of which it became clear that they are inter-linked with each other in various ways and are also connected to varying degrees with background factors which are reported on or can be derived from the GUI data. These include the educational level of the mother, the household's risk of poverty, the deprivation circumstances of the mother when she was aged 16, and the age at which she had her first child. A full picture of the linkages between family circumstances and child well-being would need to take account of the full complex of inter-relationships with family circumstances and background characteristics revealed in the study. That is a task we take up when summarising the overall results in the concluding chapter. Here, using the same mix of descriptive presentation and multivariate regression used in previous chapters, our concern is to isolate those aspects of family circumstances which have a *direct* relationship with child well-being. This will also enable to identify those features which when included in multi-variate models cease to be significant predictors even though in bi-variate or simpler multi-variate analysis they may show significant correlations.

Measures of Well-being

The three dimensions of child well-being we focus on here – cognitive development, social-emotional adjustment and physical health – are measured by means of four indicators, two on cognitive development and one each on the other two dimensions. The two cognitive development indicators are the Drumcondra Reading and Mathematics test scores. These tests have been developed by the Educational Research Centre in St Patrick's College, Drumcondra, Dublin, for use in conjunction with the English and Mathematics strands in the Irish primary school curriculum (Growing Up in Ireland Study Team, 2010). They are designed on a graded basis for classes 1 to 6 in primary schools (that is, from approximately ages 6 to 12). The tests are extensive: the mathematics test takes two hours to complete and the reading test 95 minutes. These tests were applied as part of the school-based data collection in the GUI survey and were completed by the sampled children at levels 2, 3 or 4, depending on the class they were in. The scores were later standardised to take account the different levels at which they were taken. In the present analysis, we dichotomise scores on both these tests so that those who scored in the bottom 20% are defined as having poor reading or maths ability. The rest are treated as of undifferentiated normal ability. In looking at the cognitive development of children, then, our focus is on the factors that predict poor levels of reading and mathematics ability at nine years of age.

The Strengths and Difficulties Questionnaire (SDQ) is a 25-item validated measure of social and emotional development among children. It consists of five scales: emotional symptoms (5 items), conduct problems (5 items), hyperactivity/inattention (5 items), peer relationship problems (5 items), and pro-social behaviour (5 items) (Goodman, 1997). In this chapter we use the total score for four of the scales (that is, excluding the pro-social score) and adopt predefined cut-off points that indicate whether a child has a normal, borderline or abnormal total score (Australian Mental Health Outcomes Classification Network, 2005). The abnormal category refers mainly to a clinical spectrum of emotional and behavioural problems; in our sample, children with an abnormal score (533 cases) amounted to 6.2% within our sample (note that). In order to obtain a broader picture, which would include children with milder emotional and behavioural problems as well as those with serious difficulties, we collapsed borderline and abnormal score into one category and thereby created a binary variable which distinguished between those with a normal SDQ score (indicating good emotional and behavioural adjustment) from those with borderline & abnormal SDQ score. This binary variable is the outcome measure we used to analyse factors associated with children's social and emotional adjustment at age nine.

Physical health is recognised as complex and difficult to measure, and there is a large and contentious literature on the accuracy of self-reported indicators in this area (for a review, see Baker et al. 2004). Of the self-reported indicators, that which focuses on the presence of chronic illnesses is often represented as being relatively 'objective' and as having reasonably strong predictive power in regard to clinically diagnosed illness and mortality (Baker et al. 2004). The children's version of this indicator, which is collected by the GUI, relies on the reports of the primary caregiver as to whether the child had a chronic illness and is scored as a simple 'yes' or 'no'. This is the measure we use here.

The four indicators of child outcomes just outlined correlate with each other only to a limited degree or scarcely at all and thus tap into reasonably distinct aspects of child development. Reading and maths ability, which both reflect cognitive development, are the most closely correlated, but even here, with a correlation coefficient of 0.63, their association with each other is far from complete. The two cognitive tests and chronic illness correlate slightly with SDQ score (correlation coefficients of -0.24, -0.26 and 0.21), and chronic illness has almost no association with the reading and maths tests (correlations of -0.06 in both cases).

Child Well-being by Family Type and Family Size

We first present a broad descriptive picture of variations in children's developmental outcomes by family type and family size, two of the key factors of concern in this study. Figure 7.1 shows variations on all four of our outcome indicators by family type. Here we can see that children in intact married families have an advantage on all outcomes – they are less likely to have poor social and emotional adjustment, low reading ability, low maths ability or chronic illness than children from other family types. The advantage among these children is smallest in regard to chronic illness and is more substantial for the social-emotional and cognitive outcomes. The key contrast here is not between one-parent and two-parent families, since children in married two-parent families have a consistent advantage over those in cohabiting and step-families, both of which also constitute two-parent families. Thus the main contrast is between the traditional family of father and mother who are married to each other versus the rest.

Figure 7.1: *Indicators of Child Well-Being by Family Type*
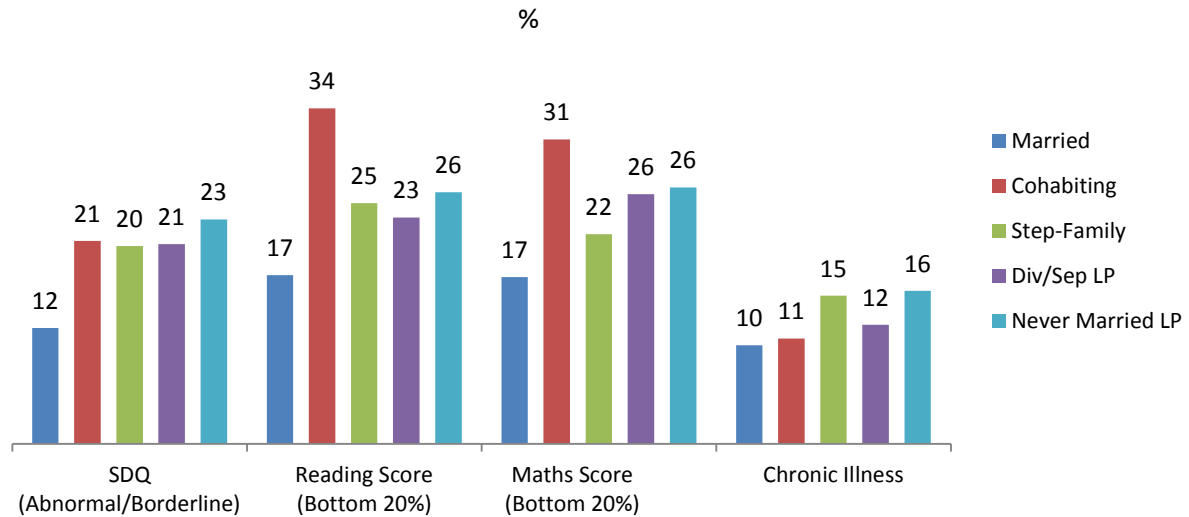
No consistent pattern emerges in regard to variation across 'the rest', the family types other than those based on intact married couples. The children of cohabiting parents have the worst outcomes on the reading and mathematics scores but not on SDQ or chronic illness. Children of never-married lone parents are almost twice as likely as children in intact married families to have poor SDQ scores but their level of disadvantage on the other indicators is narrower – 23% of this category has a poor SDQ score which is similar to 21% of children in divorced/separated lone parent households with the same outcome. The 16% of children in never- married lone parent families who have an ongoing chronic illness is similar to that among children in step-families (15%).

Figure 7.2 displays the variation in the same outcome indicators across family size, which ranges from one child families to those with four or more children. The pattern of association between family size and children's well-being differs across indicators. On social and emotional development (SDQ), only children were significantly more likely to have a poor score. This could be due to the concentration of only children in never-married lone parent families, a question we will return to in the multi-variate analysis below. Only children also had a higher incidence of chronic illness. Variation in cognitive development by family size differed between the reading and maths test scores. In regard to reading, only children did best. Though their advantage was only slight compared to two and three child families, it nevertheless reverses their distinctively poor showing on SDQ and chronic illness. Children in families of four or more children had lower reading scores than those in all smaller family sizes. With regard to maths, only children and those in families of four or more children had lower scores than those in two and three child families. This too is an issue we return to below.

Figure 7.2: *Indicators of Child Well-Being by Number of Children in Household*
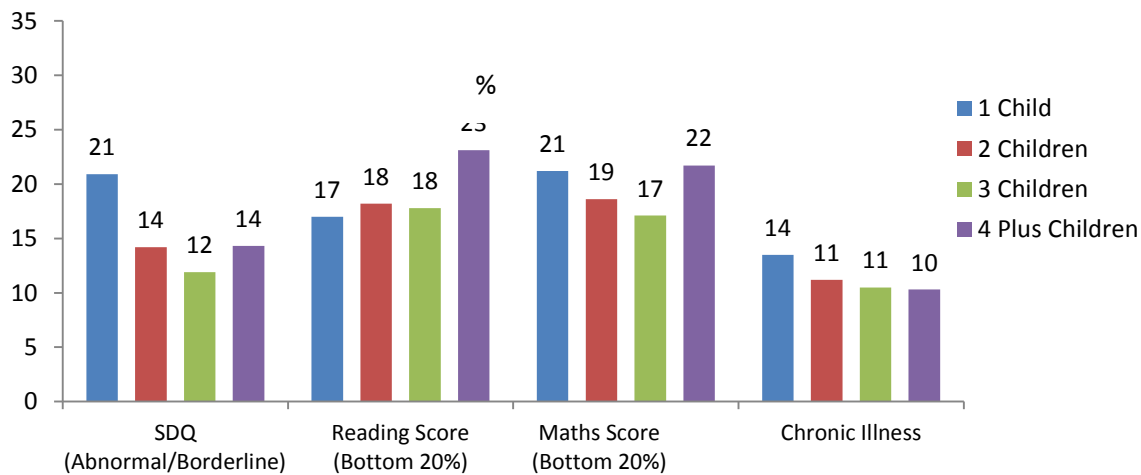
Social Inequalities in Child Well-Being

We now examine variation in children's well-being along a range of socio-economic indicators and other aspects of family context. Table 7.1 shows that SES differentiation in child outcomes is strong, particularly in regard to SDQ, reading and maths: children of mothers with low education perform substantially less well than those of mothers with medium or high education. The proportion of mothers with low education whose children had a low reading score (30%) was double that of mothers with medium or high education (15%). The gap was similar for SDQ and maths scores. Poverty also was associated with strong differentiation, with children living in poor households faring worse than those in better off households. Differentiation by mother's citizenship was not as strong, with no variation in behavioural and emotional well-being and a weak association with chronic illnesses of the child. However, there were significant differences by citizenship for reading and maths scores (as we will see later, this is at least partly due to a poorer command of English among some non-citizens). Other contextual factors such as the mother's age at the birth of her first child and the parent's relationship status showed variation across all indicators of children's well-being. Children born to mothers who had their first child at a younger age had lower well-being as did those whose parents were not together at the birth of the child.

Table 7.1: *Indicators of Child Well-Being by Family Type, Couple Status at Birth and Socio-Demographic Factors*

	SDQ Abnormal/ borderline	Reading Score (bottom 20%)	Maths Score (bottom 20%)	Chronic Illness
	%	%	%	%
Mother's Education				
Mother Low Education	21**	30**	30**	14**
Mother Medium/High Education	11	15	15	10
Poverty				
60% Not Poor	13**	16**	16**	10*
60% Poor	20	31	29	13
Mother's Citizenship				
Irish Mother	14	19*	20*	11*
Non Irish Mother	13	24	15	8
Mother's Age At First Birth				
Over 25	11**	14**	16**	10**
Under 25=1	19	28	25	13
Parent's Relationship Status At Birth/Pregnancy				
Living Together at Birth/Pregnancy	13**	18**	18**	10**
Not Living Together at Birth/Pregnancy	24	27	27	15
N	7495	7851	7926	8048

** $p \leq .001$, * $p \leq .05$ of the χ^2 test

Modelling Cognitive Development

We now turn to the multivariate analysis of children's developmental outcomes at age nine. We must first note a methodological problem which arises in this analysis as a result of the high numbers of cases that are missing on measures of fathers' parental style, a measure of the quality of parent-child relationships dealt with in Chapter 6 (the extent and pattern of missing data on this item are also dealt with in Chapter 6). While it is important for the logic of our study that we include this variable in the analysis of child well-being, the price of doing so is a reduction in the number of cases to which the analysis applies. We have run a number of robustness checks to establish the impact of differing sample sizes on different versions of the analysis and in general found that the impact is not large. It is beyond the scope of the present study to include a full account of these checks, but we refer to a particular instance in the section below on children's mathematics ability.

Reading ability

Table 7.2 present the results of logistic regression predicting a low reading score among nine year-olds. In general, the socio-demographic factors have strong effects. This is particularly so with regard to mother's education. Across all the models in the table, each level in the six-category scale used to measure mother's education is associated with an average reduction of 0.27 to 0.30 in risk of poor reading ability among children. We will return to this effect later in the chapter when we provide an overview of the influence of mother's education on child development. Household poverty and living in a household where English is not the main language also have robust effects.

Earlier, when we looked at the links between family type and child development on a bi-variate basis, we found that children in 'traditional' families (married parents who had been together throughout the child's life) had a consistent advantage. Here, when confounding variables are controlled for, this

advantage disappears. In Model 2, where family type is first introduced and where socio-demographic factors are controlled for, only the children of cohabiting couples perform significantly worse on reading ability than children of married parents but even this loses significance in later models. In the final model, in fact, children of divorced and separated lone parents do *better* than children of married parents, which must be regarded as an anomalous finding arising from the interplay of family type with the other variables in the model. The overall lesson from Table 7.2 is that the apparent developmental advantage found among children of married parents is largely due to the stronger resource profiles of their parents, as indicated here by the mother's educational level.

Family size has a negative effect when introduced in Model 3 and it continues to do so when a family conflict variable is introduced in Model 4. This is in keeping with the research outlined in Chapter 2 which finds that larger family sizes tend to impair children's cognitive development. However, this variable loses significance when mother's depression and smoking are included in Model 5 even though the latter variables are not themselves statistically significant. In separate analysis not shown here, versions of models 4, 5 and 6 were applied to married couple families alone (that segment of the sample most likely to have large families). These showed no significant effect of family size on children's reading ability at age 9, thus confirming the results in Table 7.2 but conflicting with the findings of much international research. These results would warrant further investigation as they raise questions about the role family size now plays in child well-being. The technical complexity of what such analysis would require is such as to place it beyond the bounds of a general study of the kind we are conducting here and therefore we leave it to another day to pursue this issue further.

Finally, we may note that in Model 6 in Table 7.2, when two indicators of parent-child relationship quality are added (mother-child conflict and father's parenting style) both show modest relationships with child's reading ability and cause mother's depression and smoking to lose significance.

Overall, the results in Table 7.2 suggest that, when socio-demographic factors are controlled for, mother-child conflict and father's parental style are more important for children's reading ability at age nine than family type, family size or mother's well-being. Two aspects of initial family formation – whether the mother had her first child before the age of 25 and whether the parents lived together at the time of the child's birth – also play a role. Children who have a grandparent living in the family home have a higher risk of poor reading ability than those who do not. This is a notable pattern as it is the opposite of what was found in Chapter 5 in regard to the well-being of mothers: in their case, living with a grandparent had beneficial effects in the form of a lower risk of depression and of smoking. The negative association between co-residence with a grandparent and children's reading ability is contrary to that pattern. Yet it is in keeping with the general finding from Table 7.2 that what is good for the parent's personal well-being is not necessarily *directly* good for the child's cognitive development, though it may have indirect links through the effects on parent-child conflict. In the background, however, is the dominating effect of family resources. These include in particular the cultural resources represented by mother's education but extend also to income resources (that is, not being poor) and to the mother's personal maturity represented by a deferral of first birth beyond the age of 25.

Table 7.2: *Children's Cognitive Outcomes – Low Reading Score (Bottom Quintile)*

	Model 1		Model 2		Model 3		Model 4		Model 5		Model 6	
	B	Odds	B	Odds	B	Odds	B	Odds	B	Odds	B	Odds
Socio-Demographic												
Mother's Education (Continuous)	-.353**	0.70	-.340**	0.72	-.338**	0.71	-.339**	0.71	-.321**	0.72	-.316**	0.73
Mother's Citizenship (Non-Irish=1)	.351*	1.42	.511**	1.75	.516**	1.65	.505**	1.65	.383*	1.47	.262	--
English (Not spoken at home =1)	.605*	1.83	.422		.472		.446	--	.751*	2.12	.950*	2.58
60% Poverty Line (On or Below=1)	.513**	1.67	.521**	1.68	.479**	1.61	.479**	1.61	.496**	1.64	.570**	1.76
Mother's financial difficulties at age 16 (yes=1)	-.023	--	-.066		-.055		-.071		-.044		-.020	--
Mother's Age at 1st Birth (Under 25=1)	.597**	1.81	.579**	1.78	.557**	1.73	.557**	1.74	.497**	1.64	.513	1.67
Family Type												
Married (Both Bio)												
Cohabiting (Both Bio)			.382*	1.46	.422*	1.51	.415*	1.51	.380*	1.46	.336	--
Step-Family			.083		.151		.1115	--	.133		-.291	--
Divorced Separated Lone Parent			-.226		-.201		-.248		-.376*	0.68	-.429*	0.65
Never Married Lone Parent			-.093		.003		-.053		-.297		-.224	--
Living Together at Birth/ Pregnancy (No=1)			.137		.171		.181		.293*	1.35	.287*	1.33
Family Size												
1 Child												
2 Children					.324*	1,38	.315*	1.37	.195	--	.067	--
3 Children					.323*	1.38	.312*	1.36	.096	--	-.045	--
4 Plus Children					.401*	1.49	.388*	1.47	.234	--	.106	--
Grandparents in Household					.168	--	.172	--	.211	--	.425*	1.53
Couple Quality												
Child Witnessed Conflict (Yes=1)							.115	--	.110	--	.093	--
Mother's Well-Being												
CES Depressed (Yes=1)									.219	--	.133	--
Smoking (Daily=1)									.161	--	.065	--
Parent-Child Relationship												
Mother-Child Conflict (PIATNA, High=1)											.231*	1.28
Father's Parenting Style (Non-Optimal =1)											.283**	1.33
R²	.109		.107		.109		.109		.105		.102	
N	7032		6471		6471		6471		6105		5477	

Mathematics ability

Table 7.3 presents the results of a similar analysis in the case of maths scores. In the version of the analysis set out in this table, we have presented results which make adjustments for a methodological problem mentioned earlier – the high number of missing cases on the variable measuring father's parenting style. Where previously we have treated this as a binary variable (optimal versus sub-optimal parenting style), here we add a third category for missing cases (Model 6 in Table 7.3). As a result of this adjustment, the sample size on which Model 6 in Table 7.3 is based is 830 cases larger than it would otherwise have been (compare the N for Model 6 in Table 7.3 with that in Table 7.2, where no similar adjustment is made). In practice, however, the adjustment had no substantial impact on the results: while the precise values of the coefficients reported in Table 7.3 were affected by the adjustment, neither the sign nor the significance of any of the variables in the model changed. This would suggest that the characteristics of the missing cases were either closely correlated with variables already included in the model or were otherwise uncorrelated with the outcome variable under analysis.

Turning now to the detailed results in Table 7.3, we can see that mother's education is again the strongest predictor across all models in the analysis, with poverty and mothers' young age at first birth also playing robust roles. As with reading scores, neither family type nor family size is a major influence. When parental conflict and maternal depression are introduced in Models 4 and 5, they have a negative effect on scores in mathematics. However, these effects disappear when we add mother-child conflict and father non-optimal parenting (Model 6). In the final model (Model 6, Table 7.3), the three variables with the strongest links to mathematics ability are mother's education, income poverty of the household and mother-child conflict. The parents' relationship status at the birth, early child-bearing on the mother's part and non-optimal parenting by the father also show significant associations.

Social-Emotional Well-Being

We now turn to the factors which are associated with poor social-emotional adjustment among children in the sample. Here again, we find a consistent pattern of association across all the models in the analysis between maternal characteristics (mother's education, experience of poverty at age 16 and mothers' age at first birth) and children's social-behavioural adjustment (Models 1-6, Table 7.4). Here too, the importance of mother's education is such that we refer to it in more detail later in the chapter. When family type is included in Model 2, it shows significant effects: children of cohabiting parents, divorced or separated lone parents and never married lone parents are more likely to show behavioural and emotional problems.

One striking result in Table 7.3 confirms a pattern already noted in the bi-variate analysis: children in larger families show a *lower* risk of poor social-emotional adjustment than children in one-child families. It was suggested earlier that this effect could be confounded with an effect of family type, in that lone parent families tend to have fewer children and never-married lone parents are particularly likely to have only one child. It is thus possible that the apparently better social-emotional adjustment of children from larger families could in fact derive from an advantage of being in a two-parent family. Here, however, we see that even when family type is controlled for the protective effect of larger family size persists. To check this issue further, we ran the models in Table 7.3 on married-couple families only. Figure 7.3 presents the results from this exercise in the form of odds ratios for family size in the case of all families and married-couple families. It shows that even among married couple families, the beneficial effect of family size for social-emotional adjustment remains statistically significant and moderately large and is only slightly smaller than when all family types are included in the analysis. The results also confirm that the main difference arises between one-child families and all the rest, though there are smaller

differences between families with two, three and four or more children. In our earlier analysis of factors associated with children's reading ability, larger family size seemed to have either a negative effect or no effect, depending on the specification of the models in the analysis. Here we have evidence that, across a number of different model specifications, it has positive implications for social-emotional adjustment.

Table 7.3: *Children's Cognitive Outcomes- Low Maths Score (bottom quintile)*

	Model 1		Model 2		Model 3		Model 4		Model 5		Model 6	
	B	Odds	B	Odds	B	Odds	B	Odds	B	Odds	B	Odds
Socio-Demographic												
Mother's Education (Continuous)	-.352**	0.70	-.347**	0.70	-.358**	0.70	-.350**	0.70	-.336**	0.71	-.336**	0.72
Mother's Citizenship (Non-Irish=1)	-.240	--	-.098	--	-.090	--	-.111	--	-.172	--	-.181	--
English (Not spoken at home =1)	.212	--	.128	--	.111	--	.133	--	.260	--	.211	--
60% Poverty Line (On or Below=1)	.441**	1.55	.409**	1.50	.385**	1.47	.393**	1.48	.412**	1.53	.42**	1.52
Mother's financial difficulties at age 16 (yes =1)	.027	--	.013	--	.007		.000		-.016		-.029	--
Mother's Age at 1st Birth (Under 25=1)	.336**	1.40	.273**	1.37	.260**	1.29	.260**	1.29	.242*	1.27	.246*	1.28
Family Type												
Married (Both Bio)			--	--	--	--	--	--	--	--	--	--
Cohabiting (Both Bio)			.245	--	.246	--	.229		.327		.286	--
Step-Family			-.083	--	-.066	--	-.135		-.083		-.101	--
Divorced Separated Lone Parent			.170	--	.173	--	.076		-.074		-.100	--
Never Married Lone Parent			-.032	--	-.012	--	-.091		-.204		-.214	--
Living Together at Birth/ Pregnancy (No=1)			.297*	1.34	.321*	1.37	.342*	1.40	.302*	1.35	.321*	1.37
Number of Children in Household												
1 Child					--	--	--	--	--	--	--	--
2 Children					.061	--	.041		-.092		-.093	--
3 Children					.047	--	-.069		-.269		-.280*	0.75
4 Plus Children					.123	--	.098		.016		-.001	--
Grandparents in Household					-.338	--	-.330		-.374		-.349	--
Couple Quality												
Child Witnessed Conflict (Yes=1)							.227*	1.25	.263*	1.30	.199	--
Mother's Well-Being												--
CES Depressed (Yes=1)									.249*	1.28	.188	--
Smoking (Daily=1)									.022		-.012	--
Parent-Child Relationship												--
Mother-Child Conflict (PIATNA, High=1)											.389**	1.47
Father parenting style (optimal=ref category)												
Father parenting style (Non optimal)											.185*	1.2
Father parenting style (Missing)											.141	--
R²	.080		.080		.082		.083		.083		.089	
N	7209		6641		6641		6641		6264		6244	

Figure 7.3. *The association between family size and poor social-emotional adjustment (odds ratios, reference category=one child family)**
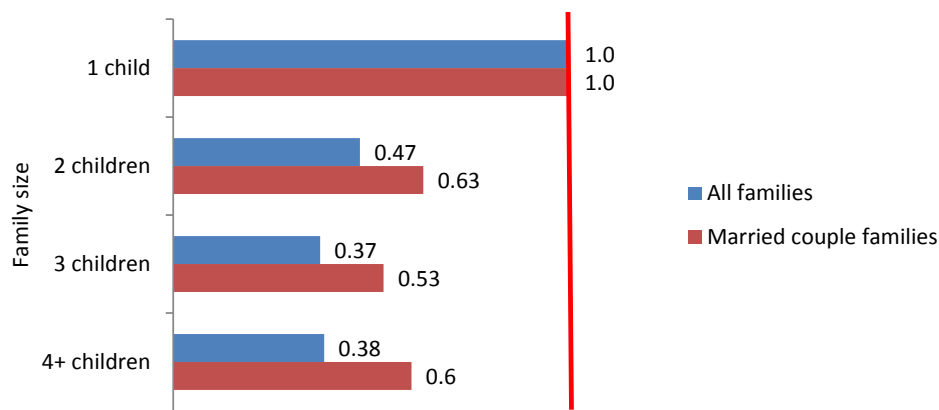
* Controlling for the effect of all other variables contained in Model 6, Table 7.3

The final feature to note from Table 7.4 is the very strong effect of mother-child conflict on children's social-emotional adjustment: where there is high mother-child conflict, the child is more than nine times more likely to show a poor social-emotional adjustment. In part, this could be considered a measurement effect, since both mother-child conflict and the child's SDQ score are based on the mother's perceptions: having conflict with the child and seeing the child as difficult could be interpreted as two sides of the same underlying perception of the child on the mother's part. However, when teachers' ratings of the child's social emotional adjustment are substituted as the outcome variable in these analyses, mother-child conflict retains a significant association, though not to the same degree as when the mother's rating are used as the outcome variable. Thus mothers are more likely to have high conflict with children that *teachers* see as difficult and not just with those that they themselves see as difficult. The causal connections underpinning these patterns are difficult to sort out: conflict with the parent (or indeed with a teacher or other adult) could be a contributor to the child's poor social-emotional development, but equally difficult or temperamental behaviour on the child's part could lead to greater conflict with adults.

Physical Well-Being

Finally we compute a logistic regression for children's chronic illness with the same set of predictors as before (Table 7.4). Mother's education is again a robust predictor, though its effect is not as strong as it is for the other child outcomes already examined in this chapter (see also next section). Non-Irish citizenship is also a surprisingly strong protective factor. Early child-bearing on the mother's part is significant in Model 1 but its role is not robust – it loses significance in other specifications of the model. In Model 2, when family type is included in the analysis, children of never married lone parents emerge as having a 1.6 times higher risk of chronic illness than children of married parents, but this effect loses significance when mother's well-being is included in Model 5 even though mother's well-being is not itself significant. The inclusion of family size brings further complexity: when included on its own in Model 3, it is not significant, but when family conflict and mother's well-being are added in Models 4 and 5, larger families turn out to have a protective effect on child health. These results show a complex relation between maternal well-being, family size and children's health: growing up in a larger family is positive for a child health but only under the condition that the mother has reasonable levels of well-being (that is, is not depressed and does not smoke). In the final model (Model 6), high levels of mother-child conflict is associated with a considerable increase in risk of the child having a chronic illness.

Table 7.4: *Children's Social-Emotional Adjustment (SDQ, borderline/abnormal=1)*

	Model 1		Model 2		Model 3		Model 4		Model 5		Model 6	
	B	Odds	B	Odds	B	Odds	B	Odds	B	Odds	B	Odds
Socio-Demographic												
Mother's Education (Continuous)	-.243**	0.77	-.226**	0.79	-.232**	0.79	-.240**	0.79	-.154**	0.85	-.188**	0.82
Mother's Citizenship (Non-Irish=1)	.065	--	-.011	--	-.025	--	-.095	--	-.002	--	-.162	--
60% Poverty Line (On or Below=1)	.141	--	.023	--	.103	--	.120	--	.066	--	.174	--
Mother's financial difficulties at age 16 (yes =1)	.557**	1.74	.540**	1.72	.541**	1.71	.522**	1.70	.473**	1.60	.494**	1.63
Mother's Age at 1st Birth (Under 25=1)	.399**	1.49	.261**	1.30	.301**	1.35	.309**	1.36	.264**	1.30	.337**	1.40
Family Type												
Married (Both Bio)			--	--	--	--	--	--	--	--	--	--
Cohabiting (Both Bio)			.489*	1.63	.401*	1.49	.340	--	.337	--	.350	--
Step-Family			.133	--	.002	--	-.264	--	-.330	--	-.153	--
Divorced Separated Lone Parent			.307*	1.36	.249	--	-.133	--	-.179	--	-.195	--
Never Married Lone Parent			.437*	1.54	.275	--	-.107	--	-.391*	0.67	-.778*	0.46
Living Together at Birth/ Pregnancy (No=1)			.288	--	.183	--	.257*	1.30	.308*	1.36	.221	--
Number of Children in Household												
1 Child					--	--	--	--	--	--	--	--
2 Children					-.529**	0.58	-.605*	0.54	-.650**	0.52	-.748**	0.47
3 Children					-.681**	0.50	-.767**	0.46	-.817**	0.44	-1.00**	0.37
4 Plus Children					-.633**	0.53	-.732**	0.48	-.812**	0.44	-.944**	0.38
Grandparents in Household					-.694*	0.50	-.673*	0.51	-.489*	0.61	-.163	--
Couple Quality												
Child Witnessed Conflict (Yes=1)							.818**	2.27	.649**	1.92	.446*	1.56
Mother's Well-Being							--	--	--	--	--	--
CES Depressed (Yes=1)									.834**	2.28	.483**	1.63
Smoking (Daily=1)									.362**	1.37	.386**	1.47
Parent-Child Relationship												
Mother-Child Conflict (PIANTA, High=1)											2.227**	9.27
Father Responsiveness (Non optimal=1)											.012	--
R²	.060		.066		.073		.087		.098		.283	
N	7170		6603		6603		6602		6234		5582	

The Role of Mother's Education

In our analysis of mother's well-being in Chapter 5 above, mother's education emerged as a major influence and was singled out for more detailed attention because of its pervasive role. In this chapter we have seen a somewhat similar result for children's well-being: on some indicators at least, the widest gaps in child development are found between those with mothers on the top versus those at the bottom of the educational scale. As with the analysis provided in Chapter 5, we now seek to bring out these gaps more clearly by treating education as a six-category nominal scale rather than a single continuous scale and estimating its association with child development on that basis.

This is done in Figure 7.4, panels (a) and (b), for the four indicators of child development analysed in this chapter. Panel (a) shows the strong relationship between mother's education and children's cognitive outcomes at age nine. Children of mothers with primary education are almost five times more likely to have low reading and maths score than children of mothers with postgraduate education. This risk decreased and mother's education increased, for example children of those with upper secondary were approximately two times more likely to have a low reading and maths score. Once a mother's education reached above leaving certificate or equivalent these differences disappeared.

Table 7.5: *Children's Physical Health (has an ongoing chronic illness =1)*

	Model 1		Model 2		Model 3		Model 4		Model 5		Model 6	
	B	Odds	B	Odds	B	Odds	B	Odds	B	Odds	B	Odds
Socio-Demographic												
Mother's Education (Continuous)	-.105**	0.90	-.126**	0.88	-.126*	0.88	-.126**	0.88	-.115*	0.89	-.141**	0.87
Mother's Citizenship (Non-Irish=1)	-.433*	0.64	-.460*	0.62	-.489*	0.61	-.501*	0.61	-.452*	0.64	-.754*	0.47
60% Poverty Line (On or Below=1)	.137	--	.096	--	.162	--	.166	--	.201	--	.135	--
Mother's financial difficulties at age 16 (yes=1)	.084	--	.069	--	.083	--	.079	--	.108	--	.115	--
Mother's Age at 1st Birth (Under 25=1)	.264**	1.32	.172	--	.205	1.22	.206*	1.23	.148	--	.082	--
Family Type			--	--	--	--	--	--	--	--	--	--
Married (Both Bio)			--	--	--	--	--	--	--	--	--	--
Cohabiting (Both Bio)			.053	--	.010	--	-.023	--	-.064	--	.010	--
Step-Family			.389	--	.325	--	.281	--	.374	--	.286	--
Divorced Separated Lone Parent			.167	--	.134	--	.067	--	.173	--	.123	--
Never Married Lone Parent			.484*	1.62	.374*	1.45	.304	--	.185	--	-.246	--
Living Together at Birth/ Pregnancy (No=1)			-.223	--	-.282	--	-.268	--	-.222	--	-.190	--
Number of Children in Household					--	--	--	--	--	--	--	--
1 Child					--	--	--	--	--	--	--	--
2 Children					-.068		-.081	--	-.133		-.273	
3 Children					-.225		-.240	--	-.322*	0.73	-.409*	0.67
4 Plus Children					-.312		-.331*	0.71	-.432*	0.65	-.541*	0.58
Grandparents in Household					.055		.060	--	.050	--	--	--
Couple Quality							--	--	--	--	--	--
Child Witnessed Conflict (Yes=1)							.152	--	.130		.066	
Mother's Well-Being									--	--	--	--
CES Depressed (Yes=1)									.121		-.116	--
Smoking (Daily=1)									-.050		-.060	--
Parent-Child Relationship											--	--
Mother-Child Conflict (PIANTA, High=1)											.531**	1.71
Father's Parenting Style (Non-optimal =1)											.132	
R²	.013		.017		.019		.019		.018		.027	
N	7209		6641		6641		6641		6264		5602	

When we look to panel (b) we see that mother's education is also associated with children's social-emotional adjustment and chronic illnesses, but the link is not as strong as it is with cognitive outcomes. Children of mothers who have primary education are 2.7 times more likely to have poor social-emotional adjustment and twices as likely to have a chronic illness as children whose mothers have a post-graduate education. Whereas, the risk for chronic illness among the lowest educated is almost 2 times that of the highest educated. However, these differences disappear once you move past lower secondary.
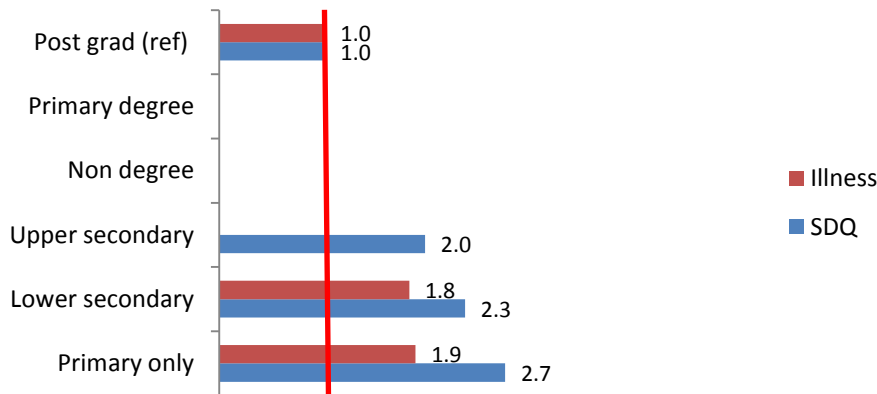
Figure 7.4. *Mother's education and children's development at age nine*

(a) Mother's education and children's poor reading and mathematics ability*
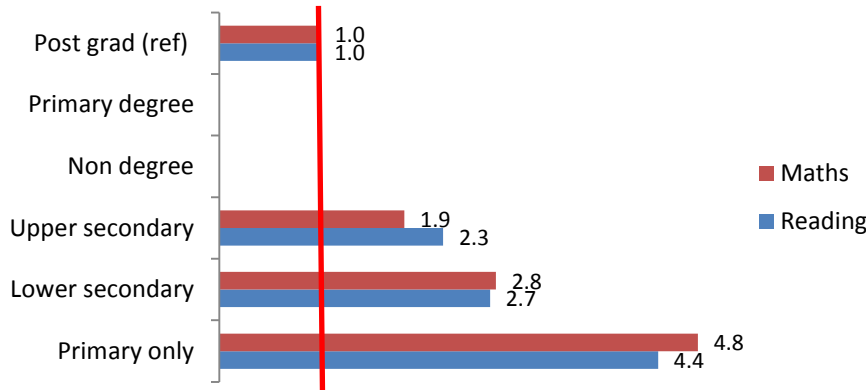
* Controlling for the effect of all other variables included in final models in Tables 7.2 to 7.4

(b) Mother's education and children's chronic illness and poor social-emotional adjustment*

* Controlling for the effect of all other variables included in final models in Tables 7.2 to 7.4

Conclusions

This chapter has pointed to parental resources, particularly as represented by the mother's level of education, as the over-riding influence on children's developmental outcomes at age nine. These influences are particularly evident in regard to children's cognitive development, as measured here by reading and mathematics competence at age nine, but they operate in a more limited way also with children's social-emotional adjustment and physical health. The key pattern here is that better educated parents have better educated children and children who also, to a more limited degree, enjoy better social-emotional adjustment and physical health.

A second key finding in the chapter is that what at first sight seems like a consistent developmental advantage enjoyed by children in 'traditional' families (that is, where the parents are married to each other and have been together since at least the birth of the child), compared to children in of cohabiting or lone parent families, is more apparent than real and is actually due to the superior personal resources of parents in such families. Better educated and better resourced parents are more likely to marry and their marriages are more likely to last. In consequence, their children are more likely to grow up in such 'traditional' family contexts. However, even where traditional family arrangements of that kind break down or fail to materialise, the benefits of superior parental resources still tend to be evident. The key lesson is that, all other things being equal, it is more important for children's well-being that they have well-educated parents than that they have parents who stay together.

The analysis in this chapter has also found that the significance of a further key aspect of family circumstances – the number of children in the family – is substantial but difficult to identify precisely. We have seen in previous chapters that family size interacts in complex ways with family stability, the quality of couple relationships and the individual well-being of parents. Its effects in these areas seem to vary across segments of the population and between different family contexts. The present chapter has added a further layer of complexity to this picture by suggesting that family size is linked in different ways to different aspects of child well-being. For children's cognitive development, larger family size *may* have a negative effect. Results on this issue vary according to how analytical models are specified and it is likely that, all other things being equal, family size has little or no substantial effect on children's reading or mathematics ability at age nine. The picture is different in regard to social-emotional adjustment, where there seems to be a reasonably robust pattern that children in larger families do *better* than only children – and the key contrast is indeed between only children and those in all other family sizes. This is an unexpected finding and its implications are difficult to interpret. In view of the technical challenges in identifying causal pathways between aspects of family building and children's outcomes, one would hesitate to draw strong conclusions from the findings on these issues presented here. As longitudinal data from the GUI build up in future years, it may become possible to improve our understanding of these pathways. In the meantime, the results here support the view that family size is an important aspect of family well-being, even if it is difficult to decipher exactly what its importance is.

8 | Conclusions and Policy Implications

This study has sought to examine family relationships and family well-being among nine year-olds and their families using the wealth of information contained in the GUI data. The core concern of the overall GUI study is to track children's development and identify the factors in their family, community and school contexts that shape their well-being at different stages in their lives. The present study falls within that broad remit but since it is confined to the first wave of data collection it is less able to talk about children's development over time and the factors that affect it than will become possible as later waves of data are accumulated. At the same time, there are retrospective elements in the data which enable some reconstruction of family histories to take place so that the time element is not entirely absent from even this phase of the study. In addition, because the data contain considerable information on mothers and fathers and the relationship between them, alongside the information on children, the present study can examine the well-being of the *family* in addition to that of the child. In practice, it concentrates on the segment of the family contained in the relationship triangle represented by the child, mother and father, with other family members such as the child's siblings and grandparents taken into account only as contexts within which that relationship triangle operates. The study focuses both on the *quality* of the relationships between the trio contained in this triangle and the well-being of each them (particularly of the mothers and children) as individuals. The focus on relationship quality inevitably leads to a concern for relationship structure, by which is meant the intactness of the couple and parent-child relationships both now and since the child was born.

In this chapter, we seek to draw together the main findings of the study and present an over-arching picture of family relationships and family well-being in the terms just outlined. We first summarise the detailed findings of the study, we then identify general patterns that emerge from the findings, and we follow that with a reflection on policy implications arising from the study.

Findings

Family type

- Almost eight out of ten nine year-olds (79%) live with both their natural parents (when step-families are included, the count of two-parent families rises to 82% of the sample). The vast majority of parents in these families are married to each other and have been living together since at least the child was born. These fully intact families are by far the dominant family type in the sample. There are many indications that the small minority of two-parent families in which the parents are cohabiting rather than married (which account for 3% of the sample) have a slightly less-advantaged social profile and are at somewhat greater risk of instability or poor relationship quality than is the case for those with married parents.

- The second main family type is the lone parent family, which accounts for 17.5% of nine year-olds. About half of these parents have never been married to each other, slightly less than half are divorced or separated and the balance consists of the small number of widowed. Almost one in ten nine year-olds has never lived with both parents. A notable feature of the pattern of lone parenthood found in Ireland is that by European standards the proportion of lone parents

accounted for by those who have never been in a partnership, as opposed to those who have emerged from the breakup of a marriage or cohabitation, is somewhat high. This may reflect a greater tendency for Irish couples with limited prospects of long-term stability to select from the start into lone parenthood rather than marry or cohabit, thus reducing the incidence of unions which come into being for a time but eventually break up.

- There is a small proportion of nine year-olds (just over 3%) who live in step-families in that one of their parents (in nearly all cases, the mother) has formed a second union, more often as a transition out of never-married lone parenthood rather than as a follow-up to the breakdown of an original marriage. Serial family formation among families with children of this age is thus exceptional in Ireland, particularly in the case of those whose first union was within marriage

Family size

- Fully intact married-couple families have the most children: they have three children on average and 28% have four or more children (25% of the whole sample have four or more children). Despite the overall smallness of families, therefore, there still is a considerable incidence of moderately large families (4+ children) in Ireland. In contrast to other countries which show a similar distribution of family size, large families in Ireland are found mainly among the native rather than the immigrant or ethnic minority populations. Lone parent families divide into two main groups in regard to family size: lone parents who are separated or divorced have almost as many children as currently married couples, while those who have never been married have fewer children (1.8 children on average) and with one child as the most common outcome among them.

- One feature of the contrast between married parents and never-married lone parents is that although married parents typically start child-bearing at a later age (generally around age 30) they go on to have more children, while solo parents start at an earlier age (generally before age 25) but have fewer children. The key issue here is the role of intact partnership in encouraging women to have children – or to put it the other way, the inhibiting effect of family instability on having children. On the other hand, marital breakdown often occurs among couples who have had at least two and often three or more children, so that even relationships which at some point were sufficiently intact to have substantial numbers of children can eventually run into difficulty.

- About one in five never-married lone parents live with at least one grandparent, a feature of their living arrangements that is positive for the well-being of the mothers involved (though not necessarily for their children).

- Virtually all these features of family patterns are differentiated by socio-economic status: better educated parents are more likely to marry, to be together since before the child was born and to avoid relationship breakdown.

- Early child-bearing plays a strong role in mediating the effect of parental education on family outcomes: women with lower education are much more likely to start child-bearing in their teens or early twenties than those with higher education. Those 'early-start' mothers, in turn, are much more likely to enter lone parenthood, particularly in the form of never-married lone parenthood. Data on fathers' education are available only for two-parent families but in these cases, it emerges that low educational level among fathers adds to the likelihood of early child-bearing among mothers.

- However, these linkages are not entirely straightforward since there are also many mothers who start child-bearing at an early age and go on to have stable relationships – and if they do, they are more likely to have relatively large families. Even among mothers who have their first child by age 20, just over half are currently in a couple with the study child's father.

- Thus the trajectory of family development which initiates with low educational attainment and proceeds through an early start to child-bearing is by no means deterministic – it sometimes leads to lone parenthood but sometimes not, and it sometimes leads to small families but sometimes not. The strong association between lower SES and larger family size found in Ireland in the past has thus been muted (but not entirely eliminated) by the new role played by family instability in reducing family size among lower SES mothers.

- There are wide differences in current levels of socio-economic vulnerability between different types of family. In regard to poverty, deprivation and welfare dependency, two-parent married families are best off, followed by step-families, then cohabiting couples, and in the weakest position are the various kinds of lone-parent families. The advantage enjoyed by stable married families in regard to home ownership is particularly striking – 90% of this large group are home-owners, which contrasts with a home ownership rate of 20-30% among the main kinds of lone parent families.

Quality of couple relationships

- The main differentiation in couple relationship quality is found between intact and non-intact couples. Non-intactness can in itself be read as a fundamental indicator of relationship failure, though many parents who live apart rate their relationship as reasonably positive. Data on relationship quality spanning all family types are limited, but such data as are available suggest that intact couples are less conflict-prone than those who have split up and that there is at most a limited incidence of couples who stay together despite high levels of conflict (though further data would be needed to confirm this). At the same time, there are indications of extreme conflict in the shape of intimate partner violence among some co-resident couples.

- Among couples who live together, re-partnered couples (that is, partners in step-families) have the highest level of relationship quality and parents in cohabiting families have the lowest.

- Among these couples, socio-demographic factors are only weakly related to couple relationship quality. In particular, the educational level of the mother, which is a strong influence in many areas of family life, is not directly associated with relationship quality.

- Family size either has no association or a positive association with relationship quality between parents who live together, depending on the indicator examined. Thus there is no indication that, among intact couples, having a larger family increased the strain on the parents' relationship. The data could be interpreted to mean that parents who get on well together are likely to have more children, but the cross-sectional nature of the data make it impossible to sort out the question of causal direction raised by this view.

- Parents who live apart judge the current state of their relationship in negative terms in slightly over half of cases – which means that almost half judge these relationships in neutral or reasonably positive terms. Less than one in six of primary caregivers who live apart from the other parent report that the child has witnessed conflict between them. While this in part arises because of non-contact with the non-resident parent, it may also reflect an effort on the part of parents to shield their children from the experience of conflict.

- Among parents who live apart, family size has a quite strong negative association with relationship quality: the more children such parents have, the worse they get on with each other. This is in contrast with the pattern among intact couples, among whom, as just outlined, the opposite holds. This suggests that the links between family size and couple relationship quality is not straightforward but varies according to family context.

Well-being of parents

- The study analysed depressive symptoms, cigarette smoking and obesity as indicators of well-being of mothers, along with some evidence on depressive symptoms among fathers.

- Social differentiation in risk of these outcomes among mothers, particularly depressive symptoms and smoking, was strong: mothers with lower secondary education or less were five to six times more likely to smoke and more than three times more likely to show depressive symptoms than were those with postgraduate education. In two-parent families, less-educated fathers were more likely to smoke and, for mothers, being partnered with a less-educated male increased their own likelihood of smoking. Fathers reported much lower levels of depressive symptoms than mothers.

- Depression among mothers was also related to family circumstances. At first sight, it seemed that family type was the key predictor, with married mothers having a much lower risk than lone mothers. Closer analysis revealed, however, that conflict between the mother and father, rather than the absence of the father from the family home, was the more important influence and accounted for much (though not all) of the association with lone parenthood. As longitudinal data from the GUI become available, it will become possible to track mothers pre- and post-separation and examine the cause-effect patterns underpinning the link between relationship break-up and depression.

- In general, mothers with larger families had a lower risk of depression, perhaps in part because non-depressed mothers are likely to have more children. However, the association between large family size and higher conflict among separated or divorced mothers, coupled with the link between higher conflict and depression, suggests that the associations between family size and parental well-being are complex and vary by family context.

- In regard to risk of maternal smoking, family type retained a stronger role independently of family conflict. Here, the non-residence of the father seemed to have an association with the mother's smoking that was not largely tied up with family conflict but was in addition to it. Family size did not seem to be a significant influence on this outcome.

- One consistently positive factor in mother's well-being is co-residence with a grandparent (usually, that is, the mother's own parent or parents). Mothers in that family situation are only half as likely as other mothers to suffer from depression or to smoke daily. This factor is relevant mainly for never-married lone mothers, among whom 20% live with their own parents.

Parent-child relationships

- Two aspects of parent-child relationships are examined in the study – parents' reports of parent-child conflict and the children's reports of the parenting style of their parents. Neither shows strong *direct* associations with family structure – when a range of other factors are controlled for, there is little by way of consistent differences in levels of parent-child conflict or parenting style between two-parent and one-parent families, between sub-types within

these categories, or between large and small families. Neither do major SES indicators such as mother's education nor current household poverty show direct links, though mother's deprivation at age 16 does show a modest association. Mother-child conflict is most strongly linked to two factors: it is more common if mothers are depressed or if the child has witnessed conflict between the parents, though the causal patterns underlying these linkages are likely to be complex and possibly circular (e.g. in that mother's depression could be both a cause and a consequence of conflict with the child).

- The limited links between SES indicators and the quality of parent-child relationships implies that personality traits of parents and their children which are not measured in the GUI data exert a more dominant influence in this aspect of family relationships they do in other aspects of family life and that social-structural factors play a correspondingly lesser role.

Well-being of children

- The study examined children's well-being by focusing on their cognitive development (as measured by reading and mathematics tests), social-emotional adjustment (assessed using the Strengths and Difficulties Questionnaire) and physical health (based on the mother's reports on whether the child had a chronic illness or not).

- Mother's educational level was a strong and pervasive influence on these outcomes: the children of less educated mothers fared less well on all four indicators and did so especially in regard to reading and mathematics ability. The other aspects of mother's background represented by her level of deprivation at age 16 and whether or not she had a child before age 25, in addition to the current risk of household poverty, also had negative effects, though none of these did so in a consistent way across all indicators. Children's outcomes are thus strongly conditioned by mother's social background, her cognitive (educational) and emotional resources (early experience of poverty/timing of family formation) as well as the current socio-economic status of the household (poverty).

- Once confounding factors were controlled for, family type was not a strong influence: differences on the four indicators of child well-being between children of two-parent married families, cohabiting families, step-families and lone parent families were slight or completely absent. Conflict between parents had a negative effect on the child's social-emotional adjustment but not on the other three indicators of child well-being. In general, the educational and material resources of parents mattered more for children's development than what type of marital or living arrangements they had with each other.

- Family size is a complex factor in child well-being since its effects differed in different family contexts and varied also across different indicators of well-being. Children in larger families tended to have poorer reading ability at age nine, though when mother's personal well-being (especially depression) was controlled for, that effect disappeared, and the effect was absent in regard to mathematics ability. However, children in larger families showed better social-emotional adjustment, with a particularly strong contrast between only children on the one hand (who were most likely to have poor social-emotional adjustment) and children in all other family sizes on the other. The causation is difficult to disentangle since, as shown earlier, family size is also connected with couple conflict and the well-being of mothers but in different ways in different family types.

- Poor well-being among mothers as measured by depressive symptoms and daily smoking was linked with poor social and emotional adjustment among children. It showed no association with outcomes on cognitive development or physical health.

Key Patterns and Policy Implications

From the detailed findings just outlined, it is possible to identify a certain key patterns of family well-being and these in turn point to a number of implications for policy. These are as follows:

Role of education

Of all the factors in the social ecology of family life which affected family well-being, those deriving from the life-courses of the parents, particularly their level of education, are the strongest and most pervasive. The data in the GUI are most complete in regard to mother's education and show that this factor is the dominating social source of variation in the well-being of mothers and their children and in the formation and stability of families. In two-parent families, where data on fathers' as well as mothers' education are available, fathers' education adds to the effect of mothers' education – couples where both partners have low education are likely to have the lowest levels of well-being.

At the same time, it is important not to overstate the extent of such variation: the majority of all families, irrespective of the educational level or social background of the parents, are stable, marital families in which parents and children relate well to each other and have reasonably good personal well-being. However, among the minorities who experience difficulties on any of these dimensions, those families with less educated parents (or particularly, as the GUI data are most reliable in revealing, less educated *mothers*) are likely to be over-represented, sometimes heavily so. Less educated mothers are much more likely than better educated mothers to have a first birth at an early age (which, by current Irish standards, can be defined as before age 25) and to enter unmarried lone parenthood. Among those who form partnerships, they are somewhat over-represented among the small minorities who cohabit rather than marry, or, if they marry, whose marriages break up, or if they exit a first union, form a second family (that is, a step-family). Their personal well-being is also strongly affected, as revealed in this study by the much higher incidence of depressive symptoms and smoking among less educated mothers. In two-parent families (for whom data on father's education are available), these effects are added to if the father also low education. The effects also carry over to children, particularly in that the children of less educated mothers (and, in two-parent families, of less-educated fathers) are likely to have lower cognitive development by age nine and thus to replicate the educational disadvantage of their parents. To a somewhat lesser extent, such children are also more likely to have poor social-emotional adjustment.

The overall pattern thus is that there is much intergenerational transmission of disadvantage, parental education is a key channel through which that transmission flows, and one of the areas where its effects on children are most evident is in their lower cognitive development at age nine, which itself is a harbinger of educational disadvantage in the next generation of young adults and parents.

Thus the principal general means by which public policy can tackle family problems is to focus on educational disadvantage and seek to reduce both its short-term effects on children's development and its long-term effects on the reproduction of family disadvantage across generation. This implies, in the first instance, that existing policy on addressing educational disadvantage (as expressed, for example, through the Delivering Equal Opportunity in Schools programme) should be viewed as having long-term implications for family dynamics, in addition to its immediate effects on children's educational

attainment, thus adding to its social significance. In addition, policy on early childhood care and education assumes greater importance because of its possible role in combatting the effects of parental educational disadvantage on children. In this context, the recent introduction of the universal free pre-school year for 3-4 year olds is a particularly significant development, as it represents a major advance in addressing Ireland's longstanding lack of publicly funded early childhood care and education (Office for the Minister for Children and Youth Affairs 2010; on Ireland's weak record in this area up to 1995, see NESF 2005). It is also significant because the free pre-school year was introduced as a replacement for the Early Childcare Supplement (ECS), a cash payment to families with children aged up to five years which was introduced in 2006 as an indirect support for childcare costs and terminated in 2009. This shift from a cash payment to direct public provision of a relevant service was the first major instance in Irish family policy where a cash payment was withdrawn and replaced by a direct service. It also entailed a reduction in annual expenditure (from €470 million to €166 million) since the ECS was available for five years of a child's life whereas the free pre-school year is available only for a single year. At the same time, it is possible that the developmental benefit of the pre-school year for disadvantaged children may match or even exceed that of the cash payment it replaced (an issue which future evaluations may clarify). The present study has not sought to analyse the benefits of this policy change but its findings on the importance of educational disadvantage for family dynamics suggest that further policy development in a similar direction should be seriously considered.

Support for one-parent and two-parent families

Once confounding factors such as mother's education are controlled for, family intactness and stability in themselves are associated with some aspects of family well-being but not others. Overall, they have some impact on family well-being but are not a major direct influence. Their main role is to mediate the influence of parental background rather than act as a primary cause. The strongest correlates of family structure are with mother's well-being, but even here the level of conflict with the child's father matters more for the mother's well-being than whether or not the mother and father live together, particularly as far as risk of depression is concerned. Links between family intactness and stability on the one hand and child well-being on the other are weaker or are non-existent. Parents' resources, as measured by how educated they are and whether they avoid poverty, thus matter more for child well-being than the marital or co-residential status of parents.

This has implications for the present system of income supports for families with children. This system draws a major distinction between one-parent and two-parent families. In 2010, taking account of both Child Benefit and the One Parent Family Payment and measuring support on a per-child rather than per-family average, this system provided four and a half times more weekly income support to lone parent families (€178 per week) than to two-parent families (€38 per week). Detailed analysis of income support for lone parent families by a government working group in 2006 found that while lone parent families often have a high need for income support, they are not so completely set apart from two-parent families as this structure would imply (Department of Social and Family Affairs, 2006). This led to a proposal for reform which would amalgamate the current differentiated mix of social assistance supports for families with children into a Parental Allowance which would abolish lone parenthood as a welfare contingency and support families on the basis of their low incomes rather than the residential status of their parents (Department of Social and Family Affairs, 2006: 98-99).

The findings of the present study do not directly address this issue since the study has not sought to determine what would count as adequate income for families nor how it might be achieved. However, the present findings do have an indirect bearing since they strongly suggest that when we focus on children's developmental outcomes and the personal well-being of family members, some general

differences can be found between one-parent and two-parent families but these are less significant than differences which cut across the one-parent versus two-parent distinction. From a child development and family well-being perspective, therefore, these findings tend to support the view that income supports which draw sharp distinctions between one-parent and two-parent families may not be justified and may need to be designed and evaluated in light of their contribution to developmental outcomes as well as household income inputs.

Activation, education and family policy

Since the late 1990s, family policy in Ireland has grappled with the question whether state support for families should be directed at encouraging maternal employment or supporting stay-at-home motherhood (Fahey and Nixon, forthcoming). The individualisation of income tax for married couples introduced in 1999 entailed a swing in one direction in this regard. It sought to support labour market activation by bringing to an end the strong tax supports for stay-at-home mothers in married families which had been in place since the 1980s. This measure caused a storm of protest from those who read it as an attempt to 'force' mothers into paid jobs though it was nevertheless pushed through (Kennedy 2001: 224). However, the level of resistance it generated had the effect discouraging politicians from introducing further measures in a similar direction since, viewed from the other side of the coin, supports for the working mother could be seen as disfavouring the stay-at-home mother (see, e.g. Byrne 2007). In consequence, as expenditure on family benefits more or less doubled in the boom years of 2000-2008, policy makers adopted a neutral position on the question whether these benefits should incentivise maternal employment or not – those benefits continued to be either unconnected with work incentives (as with universal child benefit) or tilted towards stay-at-home parenting (as with the One-Parent Family Payment). The Early Childcare Supplement already mentioned, which was provided from 2006 to 2009, was also designed to be equally supportive of the working mother with child-care costs and the stay-at-home mother who looked after children herself.

However, recent developments reflect a new determination on the part of government shift policy unambiguously in the direction of activation. The replacement of the Early Childcare Supplement with a universal free pre-school year, as outlined earlier, was one major step in that direction. Another was initiated in Budget 2012 and took the form of a phased reduction in the maximum age-limit for children in families benefiting from the One-Parent Family Payment. The existing age-limits for qualifying children under this scheme had been 18 or 21 years, depending on whether the child was in full-time education or not. Following phased reductions up to 2015, the new age-limit will be 7 years. The implication is that when children reach this age-limit, lone parents will be re-classified as job-seekers rather than lone parents and will be treated accordingly from both an activation and income support point of view (for a general account and assessment of activation policy for the unemployed, see McGuinness *et al*. 2011).

Since the present study has been concerned with family relationships rather than the significance of activation for family life, its findings tell us little about the likely effects of these recent shifts towards activation in family policy. However, one aspect of this shift is relevant to concerns raised here. This arises from the role of education and training as an element of activation, a role that is particularly important now that jobs are scarce and much of the focus of activation policy is on improving the education and skills of the unemployed in anticipation of the day when jobs become more plentiful again. This enhances the scope for policy to make direct and immediate inroads into existing patterns of educational disadvantage among parents and thus may help in tackling what we have identified here as one the main ultimate contributors to vulnerability in families. It is not clear how much difference general educational and skills improvement *during* parenthood can make, as opposed to higher

educational attainment before family formation begins. Nevertheless, the possibility that the training and education aspects of activation may improve the human capital resources of parents is an important consideration from a family as well as labour market point of view and adds further justification to recent moves to expand activation policy.

Large families

Although families today are much smaller than they used to be, family size continues to be an important axis of differentiation between families and substantial minorities of children continue to live in what today would count as large families (those with four or more children). Variation in family size is complex both in its causes and effects and its overall significance for family well-being is difficult to decipher. In regard to causes, the historical association between lower socio-economic status and larger family size is weakened today by the rise of family instability. Parents in disrupted partnerships have fewer children and are concentrated among lower SES groups. That pattern has contributed to a narrowing of family size differentials across SES categories. However, small families among lower SES mothers are accounted for mainly by never-married lone mothers, of whom over half have only one child. Lone mothers who are separated or divorced, by contrast, have nearly as many children as intact married couples. The significance of family size for such lone parents seems to differ from that for intact married couples: the more children separated or divorced lone parents have, the worse they get on with their former partners, while for intact married couples the opposite holds – couples who get on better with each other tend to have more children. Further complexities arise when we look at the association between family size and children's development. A long tradition of international research has found that children from larger families are slower learners than children from smaller families. Some strands of that research find that the negative effect on cognitive development is due to birth order rather than family size, in that younger siblings in larger families are at a disadvantage. There is some argument also that birth order effects only become evident as children enter their teens and from that point last into adulthood. Here, we have found little evidence of family size or birth order effects on children's cognitive development but this may be the consequence of the young age of the children in our sample (nine year-olds). When we look at social-emotional adjustment, a link with family size seems stronger. The puzzle in that case is that the link is *positive* – children from larger families are less likely to show social-emotional problems than only children.

While acknowledging this complexity in the significance of large families, one clear-cut issue highlighted in the present study is a common tendency to under-estimate the prevalence of large families. This arises from a usual focus on *dependent* children in measuring family size, with dependency often defined in restrictive age terms (e.g. children aged less than 15 years). Such approaches understate the extent of large families and distract attention from the impact of number of siblings (irrespective of age) on children's and parents' well-being. One in four of the nine year-olds in the GUI sample belong to families of four or more co-resident children and data from Census 2006 suggests that among just-completed families, one-third of children belong to families of four or more children (irrespective of age or co-residential status). In light of the uncertainty about the significance of large families just referred to, it is important to note that future waves of the GUI will enable further light to be thrown on this issue. In the meantime, it is a concern that Budget 2012 announced the abolition of higher rates of payment of Child Benefit for children in larger families. Further research on larger families is needed to assess the justification for and consequences of this decision.

Health of mothers

One important aspect of family well-being highlighted in this study is the health of mothers, encompassing both mental and physical health. Almost one in ten mothers report substantial symptoms of depression and one in five are daily smokers. Both these factors are highly differentiated by SES. Since these factors (particularly mother's depression) also are connected to aspects of children's well-being, they are among the mechanisms by which the effects of parental social background are transmitted to children. These factors point to the importance of policy on physical and mental health and particularly on the social determinants of health as means through which family well-being can be improved.

Family relationships

Good relationships between parents and their children are important for the individual well-being of those involved but are also significant because, to a certain degree, they are somewhat more independent of the usual disadvantages imposed by factors such as poor parental education or household poverty than are other aspects of family life. We have found here that the quality of parent-child relationships is less directly dependent on socio-demographic context than other aspects of family well-being, though there are indirect effects which operate through the mediating factors of parental depression and parental conflict. When it comes to relationships between parents, the fundamental question whether parents manage to forge and sustain a life together as a couple varies a great deal by socio-demographic context, for example in that the relative risk of both unmarried lone parenthood and marital breakdown is greater among the less educated. However, relative risk is only part of the story since in absolute terms reasonably stable and successful coupledom is the most common outcome among all social categories.

While we have to be careful not to draw excessively large conclusions from what is a limited range of indicators, nevertheless there is some suggestion from these findings that parents' capacity to relate lovingly to their children is linked with social disadvantage to some degree but that link is weaker and less direct than might be expected – the love of parents helps and protects children even otherwise difficult circumstances. Disadvantage is linked somewhat more strongly with parents capacity to love (or at least live with) each other and that has knock-on effects on children. But even for those who are less educated or less financially secure, the negative effects of disadvantage on how partners relate to each other are evident only among a minority and the majority are no different from the majority of all couples. The policy implication which follows is that family support services which seek to assist families with problems in these areas should not be excessively targeted on families which are disadvantaged in other ways but should recognise that relational difficulties within families can occur at all social levels in the population.

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