

11 Children's wellbeing

Parental separation is typically distressing for children and requires adjustments on many fronts. Although most children of separated parents do not exhibit long-term adjustment problems, there is ample evidence that children of separated or divorced parents have an increased risk of experiencing a broad range of adjustment problems, including high anxiety, social withdrawal, low self-esteem, delinquency in adolescence, and poor school achievement (Amato, 2005).¹

While in many cases parental separation itself would be highly disruptive for children, individuals differ markedly in the way in which they respond to such events. Their responses will also depend on the context. Some children's wellbeing may improve following parental separation if the pre-separation parental relationship entailed high levels of acrimonious conflict or family violence (Amato, Loomis & Booth, 1995; Jekielek, 1998). How parents manage separation and the resulting conflict can make a big difference as to how children adjust following parental separation. Children are likely to have poorer outcomes when conflict between separated parents is "poorly resolved" and children are "caught in the middle" (Rodgers & Pryor, 2001).

As discussed in Chapter 1, the changes to the family law system have been designed to encourage the involvement of both parents in their child's life while protecting children from harm. Where this is in the best interests of the child, such involvement includes the sharing of decision-making responsibilities on matters affecting the child in the longer term, and enabling both parents to spend equal or substantial time in caring for the child.

The move to encourage each parent to spend equal or substantial time with their child is based, at least in part, upon the view that there is a benefit to many children from having a meaningful relationship with both of their parents and that substantial time with both parents can assist in this being achieved (see Chapter 1).

While there is evidence that children benefit from having a quality relationship with both parents (e.g., Lamb, 2007), research into the links between the amount of time children spend with each parent post-separation and children's wellbeing has produced mixed results. Smyth (2009), in a review of post-separation shared care research, concluded that:²

So while equal time or substantially shared time feature prominently in the Act as a consideration, and while post-separation arrangements generally should try to maximize "positive and meaningful" father involvement as opposed to minimal father-child contact (Lamb, 2007), the research evidence for equal time parenting is not strong. Put another way: the idea that a clear linear relationship exists between parenting time and children's outcomes (such as ever-increasing amounts of time necessarily leads to better outcomes for children) appears to lack an empirical basis—although an emotionally close and warm relationship naturally requires some time to sustain it. (p. 43)

Exposure to inter-parental relationships characterised by conflict, fear, safety concerns or physical harm clearly jeopardises the wellbeing of children, with children in shared care-time arrangements, as well as others who spend considerable time with each parent, being particularly vulnerable in these circumstances (Buehler et. al., 1997).

1 There is also evidence that, as adults, these children are more likely than those who grew up living with both biological parents to divorce and become single parents themselves (see Amato 2000; Teachman 2008)).

2 Amato and Gilbreth (1999), in a meta-analysis, concluded that, in general, the frequency of contact with the non-resident father was not directly related to children's wellbeing. Other studies include Bauserman (2002), Lamb (2007) and Whiteside and Becker (2000).

Concerns have been raised about whether shared care-time arrangements are detrimental to the developmental needs of very young children and whether such arrangements can exacerbate any negative impacts of parental separation on children's wellbeing if their parents are locked in a high level of conflict or have a history of violence. McIntosh and Chisholm (2008)³ and McIntosh, Long and Wells (2009) concluded that shared care time may not be in the best interests of children when their parents have high levels of conflict. Smyth (2009) neatly summarised the results of McIntosh and Chisholm's (2008) research: "Where children were caught in the middle of radiating parental conflict, shared care was found to compound the risks of poor outcomes for children" (p. 49). These concerns have been particularly pronounced for young children in shared care-time arrangements.

There is very little Australian research into the impact of different post-separation care-time arrangements on children's wellbeing (for a review, see Smyth, 2009). While the studies referred to in the previous paragraph are important, they were based on small, unrepresentative samples of children whose parents had separated. The extent to which the results of this study apply more generally to separated families is a key question that needs to be answered.

This chapter relates to policy objective 2 of the 2007 Evaluation Framework (Appendix B), which has the aim to encourage greater involvement of both parents in children's lives following separation, provided that the children are protected from family violence or child abuse. The discussion looks at the impact of the following aspects of children's post-separation experiences on their wellbeing:

- care-time arrangements;
- quality of the inter-parental relationship post-separation;
- safety concerns post-separation; and
- the existence of violence pre-separation.

The analysis is primarily based on data from the Longitudinal Study of Separated Families Wave 1 collected in 2008 (LSSF W1 2008). The analysis is supplemented by data from the first three waves of the Longitudinal Study of Australian Children (LSAC). Both of these studies have advantages and disadvantages for understanding the impact of post-separation experiences on children's wellbeing. The greater the consistency in the general findings based on these two datasets, the greater our confidence in the conclusions we are able to draw.

The LSSF W1 2008 provides information on care-time arrangements and child wellbeing for a large sample of children and their families in which the parents separated after July 2006. While the LSSF has the advantage of providing a large sample of children and their families, its main limitation is that information on child wellbeing is entirely based on parents' reports. The LSAC survey is used because, although it provides data on a much smaller number of children whose parents have separated, high-quality information on child wellbeing is derived from parents, teachers and the children themselves.⁴

11.1 Methodological issues

Understanding the relationship between care time and children's wellbeing post-separation is difficult. One challenge that needs to be overcome is that we don't know how a child would have progressed had they had a different care-time arrangement. As shown in previous chapters, there are significant differences in the socio-economic characteristics of parents and inter-parental relationship dynamics for children with different care-time arrangements (Chapter 7) and shared decision-making (Chapter 8). For example, children in shared care-time arrangements tend to have parents who are better educated, more likely to be employed and have a better quality relationship (lower conflict) than children who spend 100% of nights with one parent.

Regression modelling is used to estimate the impact of different care-time arrangements on the wellbeing of children while taking into account (i.e., holding constant) the impact of other variables likely to affect children's wellbeing (e.g., parental educational attainment, labour force status, country of birth).

3 McIntosh and Chisholm (2008) drew upon two studies. The first is based on an intervention in a community mediation setting (McIntosh & Long, 2006; McIntosh, Wells, Smyth, & Long, 2008) and the second an intervention in a registry of the Family Court of Australia (McIntosh, Bryant & Murray, 2008; McIntosh & Long, 2007).

4 An overview of LSAC is provided by Gray and Smart (2009).

The regression modelling framework is also used to estimate whether the impact of different care-time arrangements depends upon: (a) the quality of the parental relationship post-separation; (b) whether there is a history of violence; and (c) the age of the children.

11.2 Care-time arrangements and children's wellbeing

11.2.1 Measures of wellbeing: LSSF W1 2008

This section examines the measurement of children's wellbeing using data from the LSSF W1 2008. A summary of the overall wellbeing of the children is provided (see text box on page 258). The measures used are of:

- overall health (all ages);
- behavioural problems (children 1–3 years);
- learning (children aged 4+ years);
- peer relationships (children aged 4+ years);
- overall progress in most areas of life (children aged 4+ years);
- conduct problems (children aged 4+ years); and
- emotional symptoms (children aged 4+ years).

11.2.2 Children's wellbeing: Reports of fathers and mothers

In terms of general health, over half the parents said that their child had "excellent health" (55%) and a quarter described their health as "very good" (26%). Just 5% of parents provided ratings of "fair or poor" (Table 11.1, see page 259).

For focus children aged 4 years and older, the majority of parents reported that their child was doing as well as, or better than, other same-age children in terms of learning (89%), peer relationships (93%), and overall progress (90%). Only a small minority of parents reported that their child was not doing as well as other children of the same age in each of these areas (7–11%). Fathers' and mothers' views on these issues were similar.

Mean scores for the three measures of social-emotional wellbeing (BITSEA behavioural problem scale for children aged 1–3 years and the Conduct Problems Scale and Emotional Symptom Scale for children aged 4 years and older) were very low, suggesting that parents believed that their child was doing well overall in this dimension.

One of the advantages of the LSSF W1 2008 is that both parents of around 1,800 children had participated in the survey (here called the "former couples sample"). There was a relatively high level of consistency in report between parents about their child's wellbeing. For example, 84% of parents were generally consistent in their assessment of their child's general health. This level of consistency provides confidence that there are not systematic biases between the reports of mothers and fathers.⁵

11.2.3 Children's high and low wellbeing and care-time arrangements

This section examines the relationship between care-time arrangements and child wellbeing. The care-time categories are the same as those used in Chapters 6, 7 and 8 and are:

- 100% of nights with the mother, and the father never sees the child
- 100% of nights with the mother, and the father has daytime contact with the child;
- 1–34% of nights with the father and 66–99% of nights with the mother;
- 35–47% of nights with the father and 53–65% of nights with the mother;
- 48–52% of nights with each parent;
- 35–47% of nights with the mother and 53–65% of nights with the father;
- 1–34% of nights with the mother and 66–99% of nights with the father;
- 100% of nights with the father, and the mother has daytime contact with the child; and
- 100% of nights with the father, and the mother never sees the child.

⁵ Appendix E provides a detailed analysis of the extent to which there is consistency in the parents' reports of child wellbeing for the sub-sample of the survey for which there is couple data.

Measures of children's wellbeing

A number of measures of children's wellbeing was collected in the LSSF W1 2008. Some of the measures are of low levels of wellbeing (sometimes termed "ill-being"), some are measures of high levels of wellbeing, and others cover dimensions ranging from positive to negative (i.e., from low to high levels of wellbeing). This text box describes the measures of children's wellbeing examined in this evaluation.

Overall health of focus child (all ages)

Parents were asked: "In general, would you say [focus child's] health is excellent, very good, good, fair or poor?" The responses to this question were used to create two variables. The first measured whether or not the parents believed that the child had fair or poor health, and the second measured whether or not they believed that the child had excellent health.⁶

Progress compared with other children (children aged 4+ years)

If the focus child was aged 4 years or older, parents were asked: "Compared with children of the same age, how would you say [child's] is:

- doing with [his/her] learning [or school work];
- getting along with other children [his/her] own age; and
- doing in most areas of [his/her] life [referred to as "overall progress"]?

The response options were: "much better", "somewhat better", "about the same", "somewhat worse" or "much worse".

The responses to these questions were used to create three variables that captured whether or not the parents believed that the child was doing worse or much worse relative to other children for each of these dimensions, and another three variables that captured whether or not the child's progress in these areas was better or much better than other children of the same age.

Socio-emotional difficulties (children aged 4+ years)

Socio-emotional difficulties for children aged 4 years or older refers to aspects of low wellbeing: externalising behaviours (e.g., acting out or disruptive behaviours); and internalising behaviours (e.g., anxiety, worrying, sadness, withdrawal). Using the Strengths and Difficulties Scale (SDQ) developed by Goodman (1997), externalising behaviours were measured using the conduct problems scale and internalising behaviour was measured using the emotional symptoms scales. Scores on both scales range from 0–10, with higher scores indicating more conduct problems or emotional symptoms (i.e., lower wellbeing).

Behavioural problems (children 1–3 years)

For children aged 1–3 years, behavioural problems were captured using the Brief Infant-Toddler Social and Emotional Assessment (BITSEA) (Briggs-Gown & Carter, 2006). Parents were asked to indicate how well 14 statements described their child during the last month. Examples of the statements include: seems nervous, tense or fearful; is restless and can't sit still; hits, bites or kicks you [or child's other parent]; and does not make eye contact. The responses to these statements were used to derive a behavioural problem scale that ranged from 0 to 28, with higher scores representing relatively problematic socio-emotional development.

⁶ Focusing on the two ends of this scale allows us to identify children who are and are not doing well. However, proportions of children who are doing well and very well are also reported in this chapter.

As noted in Chapter 6, there were too few mothers in the LSSF W1 2008 who were caring for their child for 35–47% of nights or who never saw their child to allow statistically reliable estimates to be produced for these groups. They are therefore excluded from the following analyses.

Figures 11.1 and 11.2 (on page 260) depict trends in the wellbeing of the focus children, as perceived by fathers with different care-time arrangements, with Figure 11.1 focusing on low wellbeing and Figure 11.2 focusing on high wellbeing. The extent to which the children's wellbeing varied according to their care-time arrangements, as suggested by mothers' reports, is shown in Figure 11.3 (low wellbeing) and Figure 11.4 (high wellbeing) (both on page 261). Because the BITSEA and SDQ measures focused on low wellbeing, these measures are only shown in Figures 11.1 and 11.3.

Table 11.1 Health and wellbeing of focus children by gender of parents, 2008

	Fathers	Mothers	All
General health (all children)			
Excellent (%)	50.4	59.3	54.9
Very good (%)	26.9	24.6	25.8
Good (%)	16.9	11.7	14.2
Fair/poor (%)	5.8	4.4	5.1
Number of observations	4,782	4,990	9,772
Behavioural problems^a (1–3 years old)			
Mean	2.72	2.92	2.83
Number of observations	1,555	2,023	3,578
Learning compared with other same-age children (4+ years old)			
Much better/somewhat better (%)	44.8	42.7	43.7
About the same (%)	44.9	46.1	45.5
Much worse/somewhat worse (%)	10.4	11.2	10.8
Number of observations	2,832	2,660	5,492
Getting along with other same-age children (4+ years old)			
Much better/somewhat better (%)	37.9	36.1	37.0
About the same (%)	55.6	55.7	55.7
Much worse/somewhat worse (%)	6.5	8.2	7.3
Number of observations	2,851	2,689	5,540
Overall progress in most areas compared with other same-age children (4+ years old)			
Much better/somewhat better (%)	32.9	31.9	32.4
About the same (%)	58.2	57.7	58.0
Much worse/somewhat worse (%)	8.9	10.4	9.7
Number of observations	2,819	2,657	5,476
Conduct problems^b (4+ years old)			
Mean	1.37	1.76	1.56
Standard deviation	1.68	1.76	1.73
Number of observations	2,912	2,727	5,639
Emotional symptoms^c (4+ years old)			
Mean	2.02	2.39	2.20
Standard deviation	2.13	2.36	2.26
Number of observations	2,905	2,726	5,631

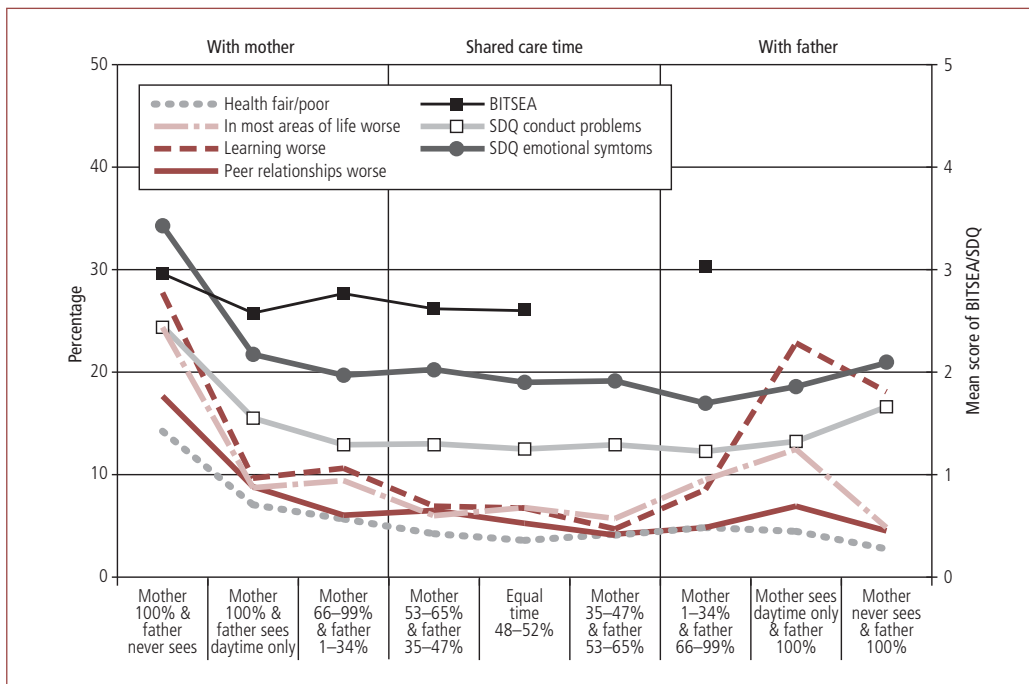
Notes: ^a 0–28, higher score = more problems. ^b 0–10, higher score = more problems, SDQ. ^c 0–10, higher score = greater difficulties, SDQ.

Source: LSSF W1 2008

Fathers' reports suggest a general lack of relationship between children's wellbeing and their care-time arrangements. This is generally the case for indicators of both low wellbeing (Figure 11.1) and high wellbeing (Figure 11.2). There are two main exceptions. Firstly, fathers who never saw the focus child were more likely than other fathers to have negative views about their children's wellbeing. However, given that these fathers never saw their child, their reports are likely to be considerably less well informed than those of fathers who spent time with their child. Their reports may well be coloured by their general dissatisfaction with their post-separation care-time arrangements (see Chapter 7). Secondly, according to fathers' reports, children with a shared care-time arrangement (involving their spending 35–65% of nights with each parent) had slightly higher levels of wellbeing than children with other care-time arrangements. However, differences were generally not statistically significant for care arrangements where the child mainly or entirely lived with the father, while the differences were statistically significant for two or three measures in arrangements where the focus child saw the father in the daytime only or mostly lived with the mother (66–90%).⁷

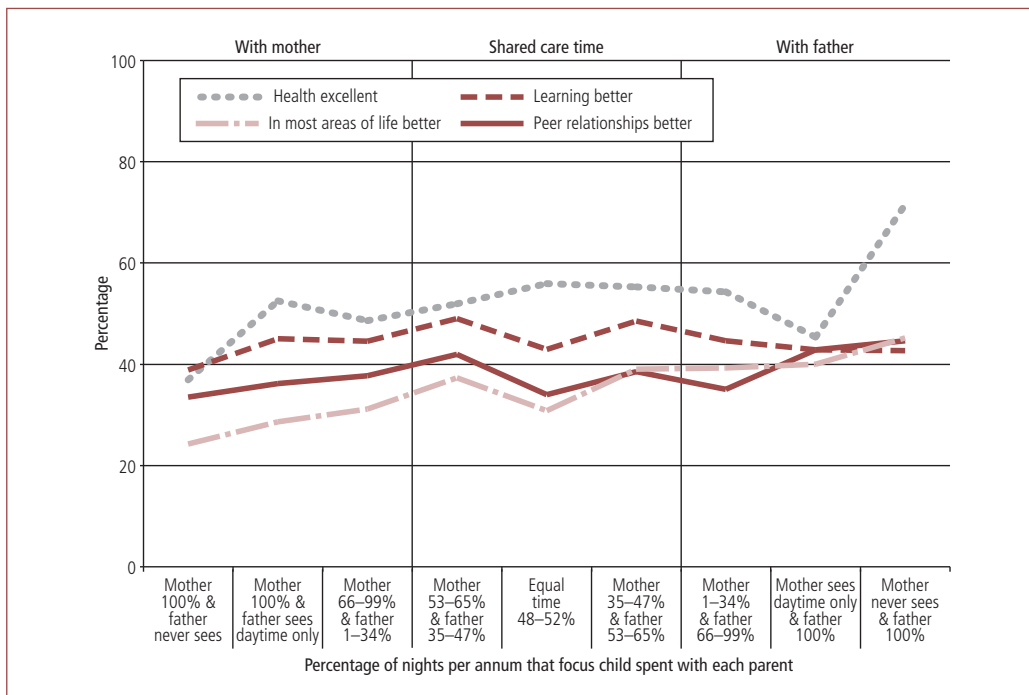
⁷ Fathers whose child never saw their mother were more likely than other fathers to indicate that their child had excellent health. Trends for this aspect of wellbeing differ from those of other aspects of wellbeing for this particular group.

Mothers' reports also suggested that there was no clear, consistent relationship between children's wellbeing and their care-time arrangements (Figures 11.3 and 11.4).



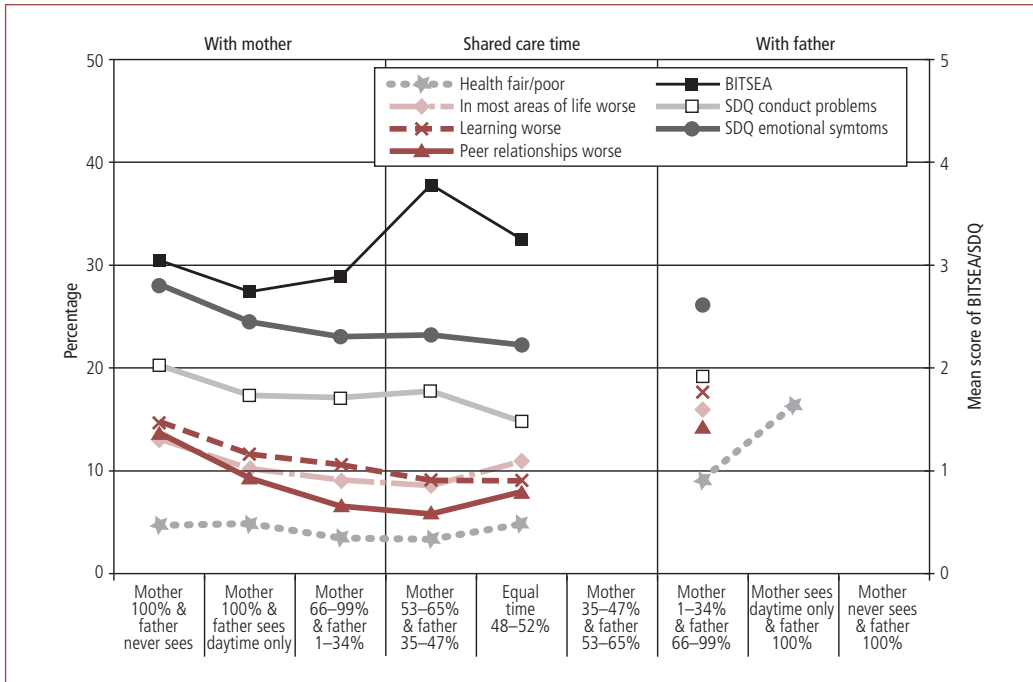
Source: LSSF W1 2008

Figure 11.1 Negative measures of child wellbeing, by care-time arrangements, fathers' reports, 2008



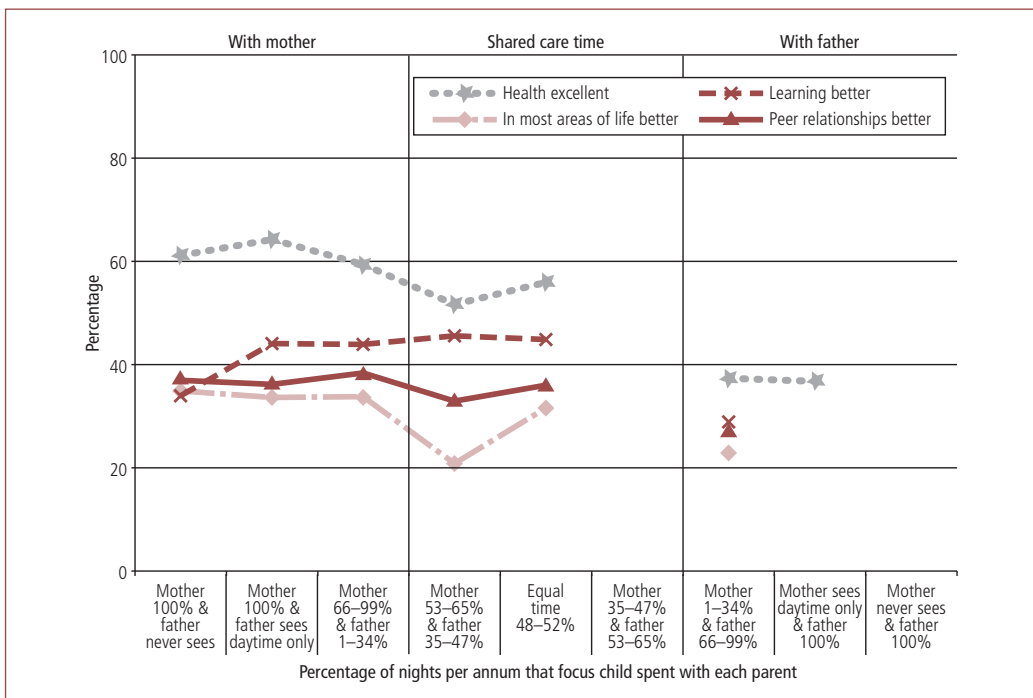
Source: LSSF W1 2008

Figure 11.2 Positive measures of child wellbeing, by care-time arrangements, fathers' reports, 2008



Source: LSSF W1 2008

Figure 11.3 Negative measures of child wellbeing, by care-time arrangements, mothers' reports, 2008



Source: LSSF W1 2008

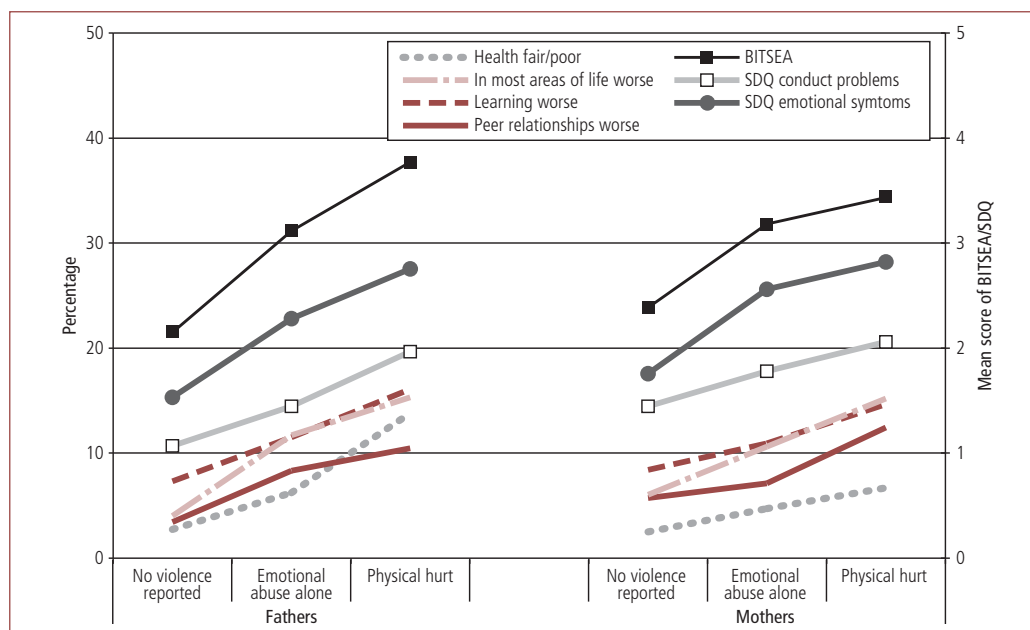
Figure 11.4 Positive measures of child wellbeing, by care-time arrangements, mothers' reports, 2008

11.3 Family violence, safety issues and the nature of inter-parental relationships

This section examines the relationship between children's wellbeing and their exposure to violence (before or during separation), parents' safety concerns, and parental views about the quality of their relationship with their child's other parent.

11.3.1 Family violence and child wellbeing post-separation

There was a clear and strong link between parental experience of family violence and child low wellbeing. Across all measures, children whose mother reported having experienced family violence (emotional abuse or physical hurt) appeared to have a higher rate of low wellbeing based on mothers' reports than those whose mothers did not report having experienced family violence (Figure 11.5). A similar relationship emerged between fathers' reports of having experienced family violence and their assessments of their child's wellbeing.

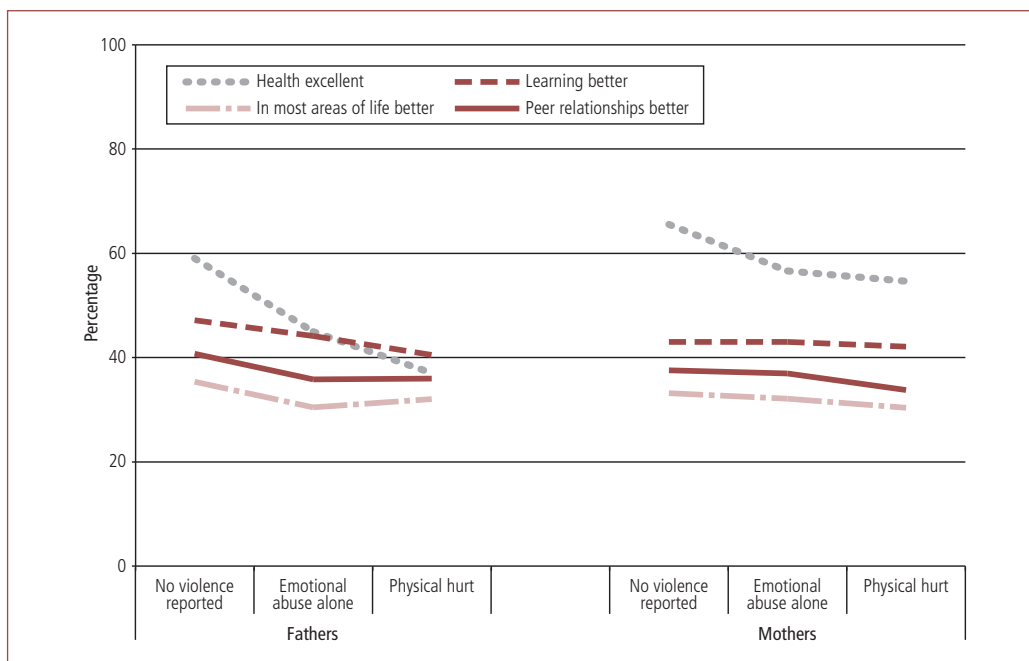


Source: LSSF W1 2008

Figure 11.5 Negative measures of child wellbeing, by reports of experience of family violence, fathers' and mothers' reports, 2008

For example, the following proportions of mothers indicated that their child had fair or poor health: 3% who reported that they had not been physically or emotionally abused by the father before or during the separation, 5% who said that the father had abused them emotionally but had not physically hurt them, and 7% who said that the father had physically hurt them. According to fathers' reports, fair or poor health was experienced by 3% of children whose mothers had not physically or emotionally abused their father, by 6% of those whose mothers had emotionally abused but not physically hurt their father, and by 14% of those whose mother had physically hurt their father.

In relation to positive wellbeing, the children appeared to fare better when there had been no history of physical or emotional abuse than when either emotional abuse alone or physical violence had taken place—particularly the latter (Figure 11.6). This relationship between child wellbeing and family violence emerged from the reports of fathers and mothers, although it is important to recognise that mothers were more likely to report having experienced family violence than were fathers (see Chapter 2).



Source: LSSFW1 2008

Figure 11.6 Positive measures of child wellbeing, by reports of experience of family violence, fathers' and mothers' reports, 2008

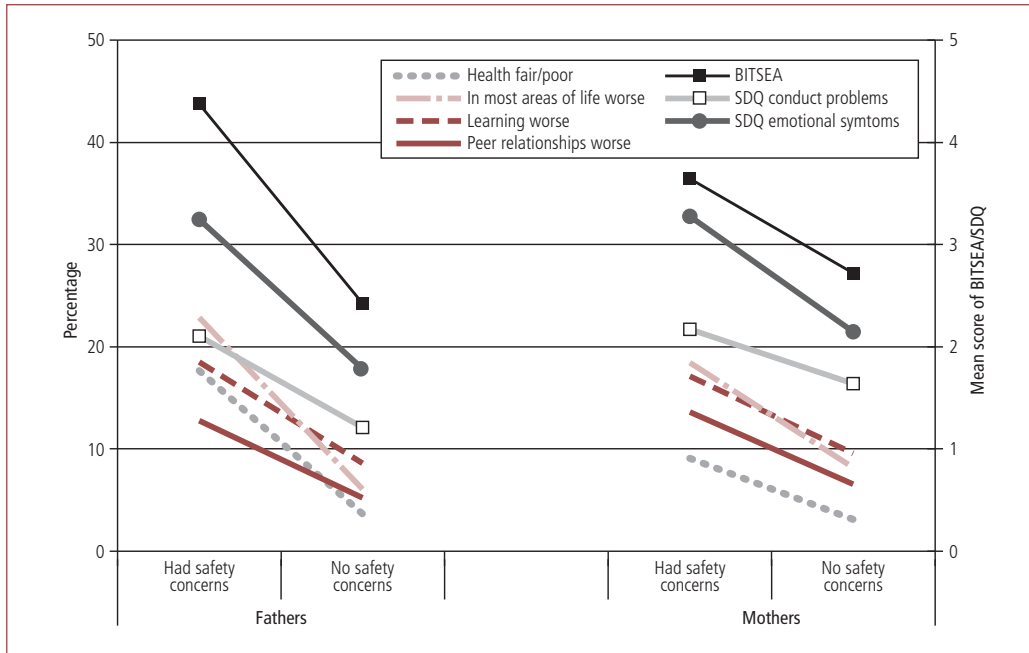
11.3.2 Current safety concerns and child wellbeing post-separation

Figures 11.7 and 11.8 show the relationship between fathers' and mothers' reports of their child's wellbeing and their safety concerns (in relation to themselves and/or their child) as a result of ongoing contact with their child's other parent, with Figure 11.7 focusing on low wellbeing and Figure 11.8 focusing on high wellbeing.⁸ Regardless of gender, parents who expressed such concerns described their child's wellbeing less favourably than parents who did not indicate any safety concerns.

The link between child wellbeing and safety concerns derived from fathers' perspectives was stronger than that derived from mothers' perspectives. For example, based on mothers' reports, the children's average score on the SDQ measure of conduct problems was 2.17 where the mother held safety concerns and 1.64 where the mother did not hold such concerns. Based on fathers' reports, the children's average score on this measure was 2.10 where the father held safety concerns and 1.21 where he did not hold such concerns. As another example, the child was described as having fair or poor health by 9% of mothers who held such concerns and 3% who did not hold these concerns, and by 18% of fathers who held such concerns and 4% who did not hold these concerns.

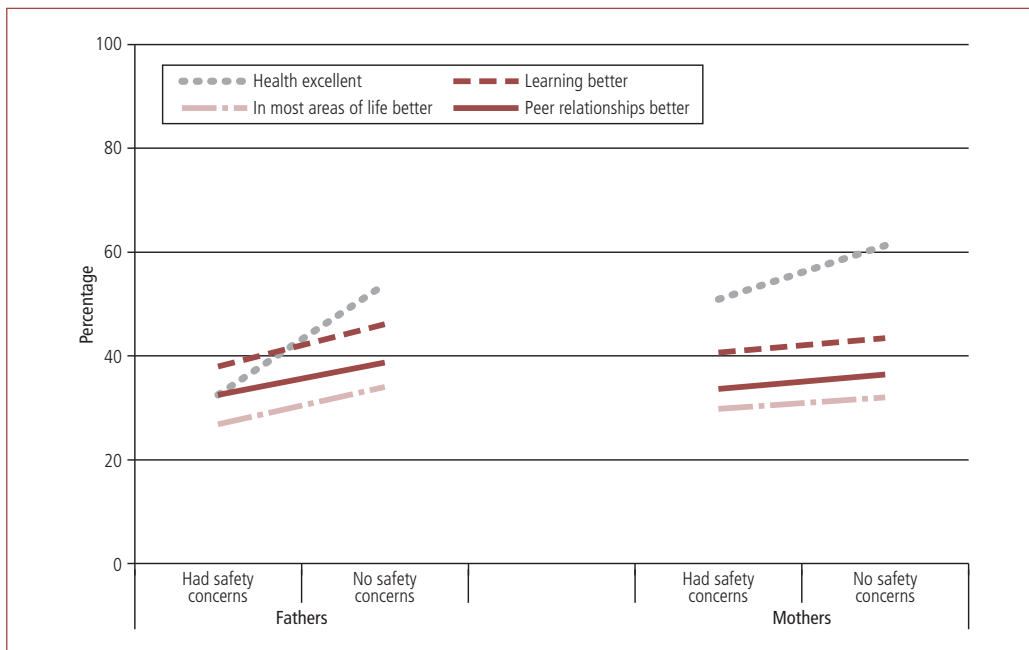
From the perspectives of both mothers and fathers, children appeared to do better if their parents' post-separation relationship was friendly rather than distant, conflictual or fearful (Figures 11.9 and 11.10 (on page 265)). Specifically, children whose parents' relationship was highly conflictual or fearful had lower levels of wellbeing than those whose parents' relationship was friendly or cooperative. Children whose parents had a distant relationship with each other appeared to be doing less well than those whose parents had a friendly or cooperative relationship, but better than those whose parents had a highly conflictual or fearful relationship.

⁸ Chapter 2 provides a detailed discussion of violence before or during separation and safety concerns. The concerns of mothers and fathers mostly related to the child's other parent rather than to a partner or some other person. This was especially the case for mothers.



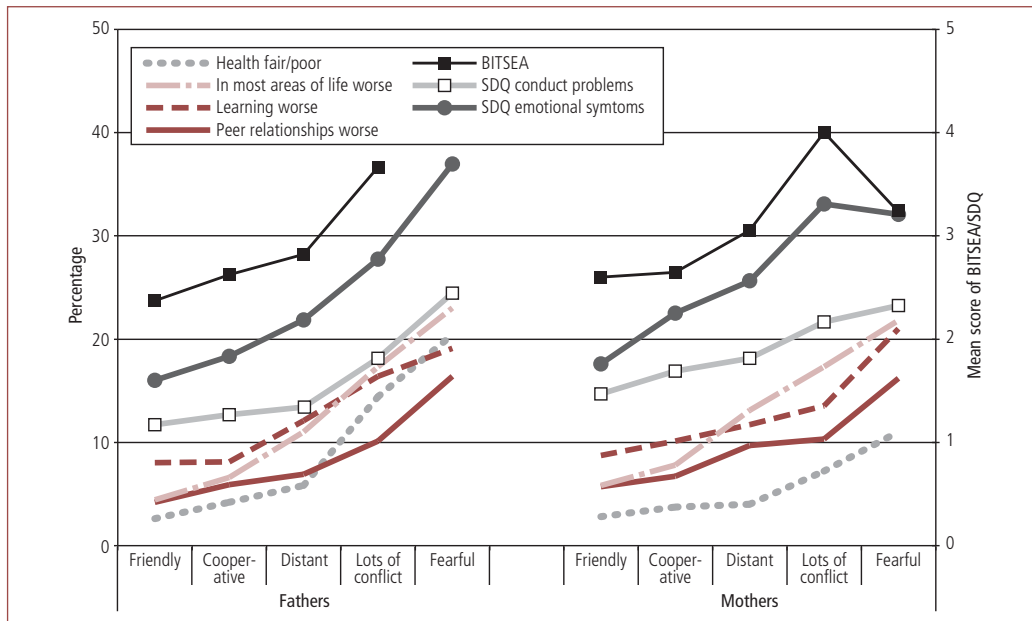
Source: LSSF W1 2008

Figure 11.7 Negative measures of child wellbeing, by whether parents had any safety concerns for self and/or focus child, fathers' and mothers' reports, 2008



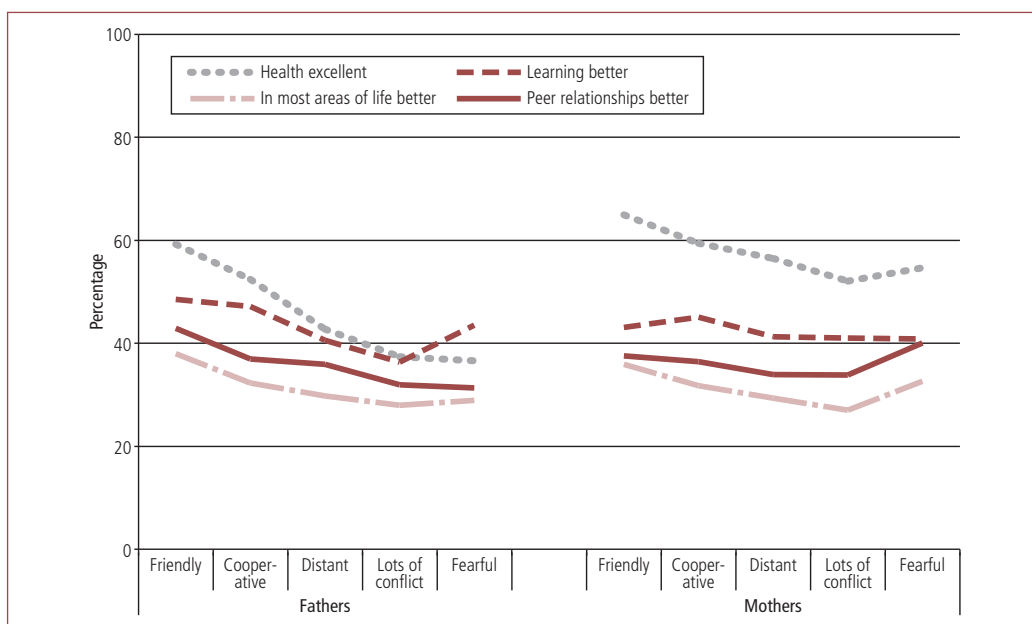
Source: LSSF W1 2008

Figure 11.8 Positive measures of child wellbeing, by whether parents had any safety concerns for self and/or focus child, fathers' and mothers' reports, 2008



Source: LSSF W1 2008

Figure 11.9 Negative measures of child wellbeing, by nature of inter-parental relationships, fathers' and mothers' reports, 2008



Source: LSSF W1 2008

Figure 11.10 Positive measures of child wellbeing, by nature of inter-parental relationships, fathers' and mothers' reports, 2008

11.3.3 Impact of care-time arrangements, inter-parental relationship quality and violence and safety issues on child wellbeing

This section provides a summary of the results of regression modelling of the impact of violence, safety concerns and poor inter-parental relationships on child wellbeing (see Section 11.1 for a discussion of the methodological issues involved in estimating the impact of these factors on child wellbeing). The text box provides a detailed summary of the statistical techniques used and empirical specifications.⁹

⁹ The regression results (coefficients and *t*-statistics) and the summary statistics for the models are provided in Appendix E.

Technical description of estimation method

Ordinary least squares (OLS) is used for wellbeing measures that are continuous (i.e., the SDQ and BITSEA measures) and logistic regression is used for wellbeing measures that are binary (i.e., zero/one variable(s), which applied to all the other measures). The variable for general health is coded as 1 if the rating is fair or poor, 0 for all other responses. For learning, getting along with other children and overall progress, each variable is coded as 1 if the rating is worse or much worse, 0 for all other responses.

Care-time arrangements are captured by the following set of dummy variables (i.e., variables that take the value of one if the respondent has the particular characteristic and zero otherwise):

- mother 66–99% of nights, and father 1–34% of nights (omitted reference category);
- mother 100% of nights, and father never saw child;
- mother 100% of nights, and father saw child in the daytime only;
- mother 53–65% of nights, and father 35–47% of nights;
- equal time: 48–52% of nights each; and
- mother 0–47% of nights, and father 53–100% of nights.

It is important to note that, unlike in the other chapters, two rather than three shared care-time arrangements are examined: equal care time (48–52% of nights with each parent) and shared care time in which the child spent more nights with the mother than father (53–65% of nights with the mother). Only a small proportion of children experienced shared care time involving more nights with their father than mother (i.e., 53–65% of nights with their father). The latter group was therefore combined with those who spent most or all nights with the father.

The perceived quality of inter-parental relationships was captured by the following set of dummy variables: friendly (omitted category), cooperative, distant, lots of conflict, and fearful.

Family violence before or during separation was specified using the following set of dummy variables: no violence (omitted category), emotional abuse only, and physical hurt. A detailed discussion of the measures of inter-parental relationships, violence and safety concerns is provided in Chapter 2.

The extent to which the impact of shared care time on child wellbeing varied according to reports of pre-separation violence, ongoing safety concerns and the nature of the post-separation inter-parental relationship was tested by interacting care-time arrangement with these variables. A separate model was estimated for each set of interactions. That is, the first interaction model assesses the extent to which the wellbeing of children with shared care-time arrangements varied according to the parents' indication of whether they had experienced physical abuse, emotional abuse alone or neither; the second interaction model assesses the extent to which the wellbeing of children with shared care-time arrangements varied according to whether or not parents expressed safety concerns; and the third assesses the extent to which the wellbeing of children with shared care-time arrangements varied according to parents' descriptions of the nature of their current relationship with the child's other parent.

In addition, the extent to which wellbeing outcomes for children with shared care varied with the age of the study child is tested by interacting care-time arrangements with the age of the study child.

Characteristics of the parents included in the regression model were: age, educational attainment, employment status, relationship status at separation (married, cohabiting, not lived together since the birth of the focus child), Indigenous status, whether born overseas, whether living with a partner, and whether there had been any mental health problems or substance misuse issues prior to separation.¹⁰ Characteristics of the focus child included in the regression model were age and gender.

The models were estimated separately for mothers and fathers and for all respondents (i.e., mothers and fathers combined). The estimates of the combined model were similar to those found for the separate models for mothers and fathers.

¹⁰ Parents were asked whether, before finally separating, there had ever been issues with mental health problems, alcohol or drug use, or another addiction. They were not asked to indicate which member of the family had such problems in order to increase the chance that such matters would be acknowledged.

Relationship between child wellbeing and care-time arrangements

Table 11.2 provides a summary of the regression modelling results regarding the relationship between care-time arrangements and children's wellbeing. The top panel refers to the estimated impact of care-time arrangements on child wellbeing as reported by fathers and the bottom panel summarises the estimates as reported by mothers. The reference group comprises children who were spending 66–99% of nights with their mother and 1–34% of nights with the father (the most common group). That is, the wellbeing of children with all other care-time arrangements were compared with that of children in this reference group.

Table 11.2 Relationship between child wellbeing and care-time arrangements, statistically significant estimates, 2008

	Health	Learning	Peer relationships	Overall progress	Conduct problems (SDQ)	Emotional symptoms (SDQ)	Behavioural problems (BITSEA)
Fathers							
Mother 66–99% & father 1–34% (reference category)							
Mother 100% & father never sees		Worse			Worse	Worse	
Mother 100% & father sees daytime only							
Mother 53–65% & father 35–47%		Better		Better			
Equal time 48–52%	Better	Better		Better			
Mother 0–47% & father 53–100%	Better					Better	
Mothers							
Mother 66–99% & father 1–34% (reference category)							
Mother 100% & father never sees			Worse				
Mother 100% & father sees daytime only							
Mother 53–65% & father 35–47%							
Equal time 48–52%							
Mother 0–47% & father 53–100%	Worse		Worse	Worse	Worse		

Notes: The direction of the estimated effect is only shown when the regression coefficient is statistically significant at the 5% or better confidence level. Estimates of the underlying regression models provided in Appendix E.

Source: LSSF W1 2008

The results of the regression modelling were generally consistent with the bivariate relationships discussed in Section 11.2.3. For example, the lower level of child wellbeing reported by fathers who never saw the child was apparent in the regression modelling. No significant relationship between child wellbeing and care-time arrangements emerged for mothers' reports, with the exception of children who mainly lived with the father (0–47% nights with mother and 53–100% with father), who were worse off in four measures compared with those children who mainly lived with the mother and had some nights with the father (66–99% nights with mother and 1–34% with father).

The results suggest that children with shared care-time arrangements (equal care time 48–52%, mother 53–65% and father 35–47%) were doing as well as, or better than, children who were with their father for 1–34% of nights. According to fathers' reports, children with shared care-time arrangements had higher wellbeing compared with children who were with their father for a minority of nights, and according to mothers' reports, the wellbeing of children in these two groups did not differ significantly. The reports of fathers and mothers were therefore consistent in suggesting that children in shared care-time arrangements were not doing worse than those who were spending a minority of nights with their father.

According to the reports of both fathers and mothers, the wellbeing of children with daytime-only contact did not differ significantly from that of children who were with their father for 1–34% of nights.

According to the reports of mothers, children who stayed with their mother for less than 48% of nights had lower levels of wellbeing for the health measure, peer relationships, overall progress and were more likely to have conduct problems.

Relationship between child wellbeing and experience of family violence, safety concerns and the inter-parental relationships

Table 11.3 provides a summary of the multivariate analyses of children’s wellbeing and three indicators of family dynamics—current quality of inter-parental relationship, reports of the experience of pre-separation family violence, and parents’ expressions of safety concerns for themselves and/or their child.

Table 11.3 Relationship between child wellbeing and family violence, safety concerns and inter-parental relationships, summary of regression modelling, 2008

	Health	Learning	Peer relationships	Overall progress	Conduct problems (SDQ)	Emotional symptoms (SDQ)	Behavioural problems (BITSEA)
Fathers							
Reports of experience of family violence before separation							
Violence not reported (reference category)							
Emotional abuse only			Worse	Worse		Worse	Worse
Physical hurt	Worse		Worse	Worse	Worse	Worse	Worse
Safety concerns							
Safety concerns	Worse	Worse	Worse	Worse	Worse	Worse	Worse
Perceived quality of inter-parental relationship							
Friendly (reference category)							
Cooperative							
Distant						Worse	
Lots of conflict	Worse	Worse		Worse		Worse	
Fearful	Worse					Worse	
Mothers							
Reports of experience of family violence before separation							
Neither (reference category)							
Emotional abuse only							Worse
Physical hurt							
Safety concerns							
Safety concerns	Worse	Worse		Worse		Worse	Worse
Perceived quality of inter-parental relationship							
Friendly (reference category)							
Cooperative							
Distant				Worse		Worse	Better
Lots of conflict				Worse	Worse	Worse	Worse
Fearful				Worse	Worse		

Notes: The direction of the estimated effect shown when the regression coefficient is statistically significant at the 5% or better confidence level. Estimates of the underlying regression models provided in Appendix E.

Source: LSSF W1 2008

According to fathers’ reports, a history of family violence was associated with a lower level of child wellbeing. Across all except one measure (learning for children aged 4 or more years), children whose father had been physically hurt by the mother prior to separation had statistically lower wellbeing than those whose father did not report physical violence. In addition, children whose father had experienced emotional abuse alone had statistically significant lower wellbeing on four of the seven measures compared with children whose father reported not having experienced violence.

The bivariate analysis (Section 11.3.1) suggests that children whose mothers reported experience of family violence had a lower level of wellbeing (as reported by the mother) than children whose mothers did not report violence. However, when differences in their socio-demographic characteristics and family dynamics were controlled, the relationship between a history of family violence and child wellbeing was no longer statistically significant. This suggests that the negative effect of pre-separation experience of family violence on children's wellbeing, based on mothers' reports, is captured by other factors, such as the mother's safety concerns and the nature of the post-separation inter-parental relationship. Of course, as discussed in Chapter 2, safety concerns are strongly related to having experienced physical violence.

Safety concerns have a negative impact upon children's wellbeing, as assessed by both mothers and fathers. Across most measures of wellbeing, children whose parents held safety concerns had a significantly lower level of wellbeing compared with those whose parents did not have such concerns.

In relation to perceived quality of inter-parental relationship, children whose fathers described the inter-parental relationship as highly conflictual had a statistically significant lower level of wellbeing on four of the measures compared with fathers who described the relationship with the other parent as friendly. Fathers who reported a fearful relationship also provided significantly less favourable assessments for two measures of their child's wellbeing, compared with fathers with a friendly relationship with the mother. These patterns were also apparent as reported by mothers; that is, highly conflictual or fearful relationships between the parents were associated with less favourable assessments of children's wellbeing on some of the measures.

Interactions between care-time arrangements and violence, safety concerns and inter-parental relationships

As outlined earlier, an important issue that needs to be addressed when evaluating the changes to the family law system (which have encouraged substantial involvement of each parent in the child's life in some circumstances) is whether some family dynamics, such as inter-parental conflict and safety concerns, are more damaging to children with some care-time arrangements than to children with other care-time arrangements.

This section examines whether shared care-time arrangements increase the negative effects on child wellbeing of family violence (measured for the pre-separation period or the period covering the separation process), safety concerns and a highly conflictual or fearful inter-parental relationship.¹¹ There have also been concerns raised about the developmental appropriateness of having shared care time for young children (McIntosh & Chisholm, 2008), which is also examined in this section.

As discussed above, the extent to which shared care-time arrangements may be problematic in the context of family violence, high-conflict inter-parental relationships or safety concerns is estimated within a regression model framework by interacting care time with: (a) the child's age, (b) the nature of the inter-parental relationship, (c) a history of family violence, and (d) safety concerns.¹²

There is no evidence of any differential effect of care-time arrangements on children's wellbeing for children of different ages. The same results emerged in relation to: (a) the impact of care-time arrangements for children with parents whose relationship with each other varied in quality, (b) the impact of care-time arrangements for children whose parents reported a history of experience of family violence, and (c) the impact of care-time arrangements for children whose parents' relationship with each other differed in quality. For each of these sets of analyses, few interaction terms were statistically significant and there was no clear pattern to those interaction terms that were statistically significant.

Therefore, while previous experience of family violence and current conflictual or fearful relationships between the parents were associated with poor outcomes for children, analysis of

11 Family violence only captured reports by respondents that the child's other parent had abused them emotionally before or during separation or had physically hurt them before separation. Violence inflicted by respondents was not assessed.

12 Estimating the interactions between care-time arrangements and the measures of the inter-parental relationship involves estimating 7 regression models (a separate model for mothers and fathers for each set of interactions for each of the 7 measures of child wellbeing—a total of 49 regression models). The coefficient estimates and standard errors for each of the underlying regression models are provided in Appendix E.

parents who participated in the LSSF W1 2008 suggests that, one to two years after separation, such negative dynamics were not more or less damaging for children in some care-time arrangements than for children in other arrangements.

The estimates for the interaction between care time and current safety concerns produced a quite different picture. Children in shared care-time arrangements where fathers reported safety concerns did not appear (according to fathers' reports) to have a lower level of wellbeing than when the father did not have safety concerns. However, children in shared care-time arrangements where mothers reported safety concerns did seem (according to mothers' reports) to have lower wellbeing than when the mother did not have safety concerns, and this effect was statistically significant for all measures except the measures on learning (4+ years) and the behavioural problems scale (1–3 years).

Figures 11.11 and 11.12 show the predicted wellbeing of children according to their care-time arrangements and mothers' reports about whether they held safety concerns.¹³ The figures show how child wellbeing varies according to whether the mother held safety concerns for children who lived mostly with the mother (66–99% of nights or had who had daytime-only care with their father) and children with shared care-time arrangements (35–65% of nights). The predicted wellbeing was calculated while holding constant all the explanatory variables apart from care-time arrangement and safety concerns at the sample mean.

The following trends are apparent in these figures:

- Children whose mothers expressed safety concerns had lower wellbeing (according to mothers' reports) than children whose mothers said that they did not hold any safety concerns. This is true irrespective of the care-time arrangement.
- Among children whose mothers held safety concerns, those who were in shared care-time arrangements fared worse in terms of wellbeing than those who were living mostly with their mother.
- Shared care time worsens the negative impacts associated with mothers' safety concerns on child wellbeing.

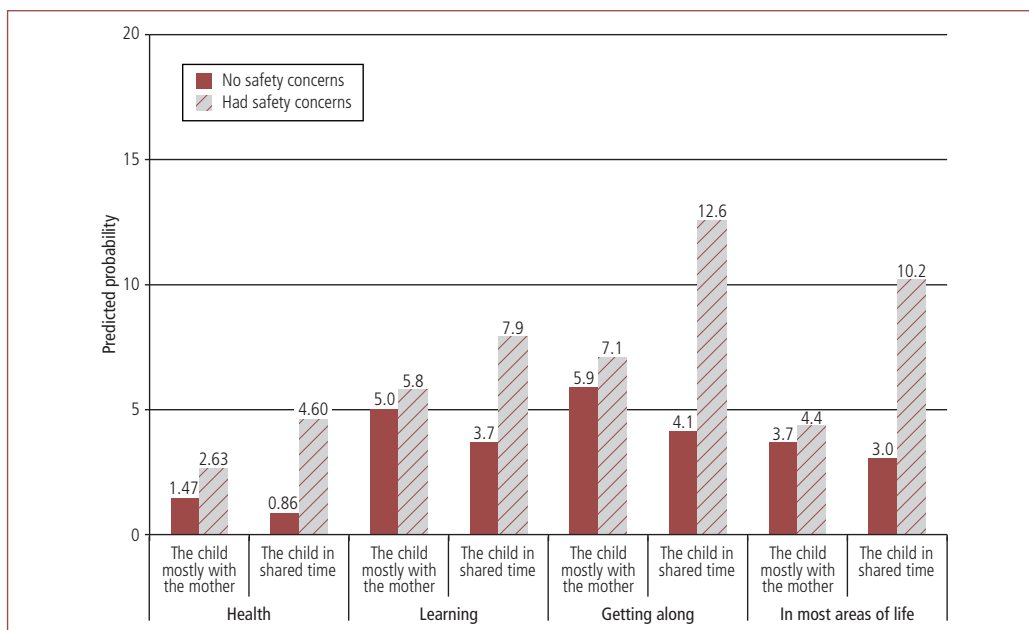
For example, where the child lived mostly with a mother who held no safety concerns, the predicted proportion with fair or poor health was only 2%. This increased to 3% where the mother expressed safety concerns. Among children in a shared care-time arrangement, the predicted proportion with fair or poor health was 1% where there were no safety concerns and 5% where there were safety concerns.

The effects of safety concerns for children in shared care-time arrangements is particularly marked in relation to how well the child (aged at least 4 years old) was faring relative to his or her peers (regarding learning, peer relationships and overall progress). To take the most extreme of these three sets of results—where the child lived mostly with a mother who held no safety concerns—the predicted proportion with poor peer relationships was only 6%. This increased to 7% where the mother expressed safety concerns. Among children in a shared care-time arrangement, the predicted proportion with such poor peer relationships was 4% where there were no safety concerns and 13% where there were safety concerns.

11.4 Care-time arrangements, violence and safety issues, inter-parental relationships and child wellbeing: Estimates using LSAC

All the above-mentioned sets of analysis have been based on the LSSF W1 2008. As already noted, all these parents had separated after 1 July 2006, and most had been separated for one to two years when they were interviewed. To test the robustness of the findings concerning the relationship between children's wellbeing and shared care-time arrangements, similar analyses based on data from LSAC was undertaken. Some of the outcome measures used differ between LSAC and the LSSF 2008 and, as noted earlier, the reports of child wellbeing were provided by parents (almost exclusively mothers), teachers and the children themselves. The LSAC survey

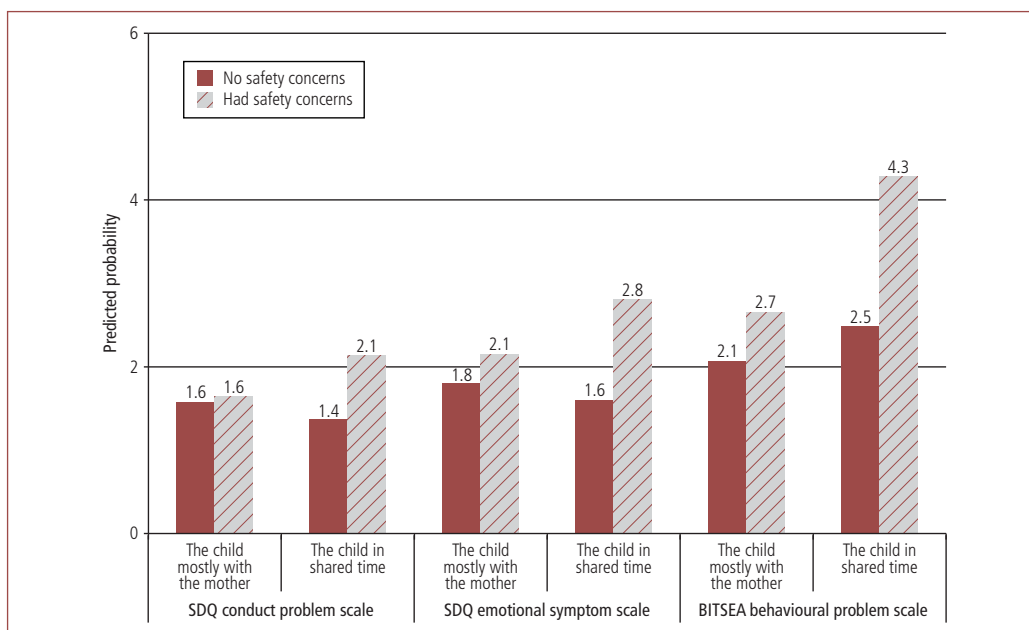
¹³ The interactions between shared care time and safety concerns were not statistically significant for the learning measure and the BITSEA Behavioural Problems Scale. These measures are included in the figures to highlight the fact that the direction of trends for these measures is consistent with those for all other measures of wellbeing.



Notes: This figure shows predicted probabilities, calculated holding constant explanatory variables at the sample means (mothers and fathers combined) for each care-time arrangement and safety concern combination. Higher scores indicate a lower level of wellbeing.

Source: LSSF W1 2008

Figure 11.11 Negative measures of child wellbeing, by care time and safety concerns (health, learning, getting along, overall progress), mothers' report, 2008



Notes: This figure shows predicted scores, calculated holding constant explanatory variables at the sample means (mothers and fathers combined) for each care-time arrangement and safety concern combination. Higher scores indicate a lower level of wellbeing.

Source: LSSF W1 2008

Figure 11.12 Negative measures of child wellbeing, by care time and safety concerns (social-emotional development), mothers' report, 2008

does not provide comparable data on violence to that collected in the LSSF W1 2008 and so it is not possible to estimate the interaction between violence and care time using LSAC. LSAC does, however, include information on the nature of the inter-parental relationship, and this variable is used to examine whether the negative impacts of parental conflict on children are worsened by shared care-time arrangements.

Table 11.4 Wellbeing of children in different care-time arrangements, multivariate analysis, teachers' report, LSAC

	Age of focus child	1–13% nights father	14–34% nights with father	35–65% nights with father (shared care)	No contact with father
SDQ total difficulties	4–5 years		Better		Worse
	6–7 years				
	8–9 years				Worse
Hyperactivity	4–5 years		Better		
	6–7 years				Worse
	8–9 years				Worse
Peer problems	4–5 years		Better		Worse
	6–7 years		Better		
	8–9 years				
Conduct problems	4–5 years				
	6–7 years				
	8–9 years				
Emotional problems	4–5 years			Worse	Worse
	6–7 years				
	8–9 years				
Pro-social	4–5 years				
	6–7 years				
	8–9 years				
Approaches to learning	4–5 years				
	6–7 years				Worse
	8–9 years				Worse

Notes: Reference group: child saw one parent during daytime and no overnight stay. The models were adjusted for financial wellbeing, parenting style, maternal characteristics (education, age and mental health), and children's age and sex.

Source: LSAC Wave 1 to Wave 3 (2004–08)

Table 11.5 Children's self-report of feelings and PPVT, multivariate analysis, LSAC

	Age of focus child	1–13% nights father	14–34% nights with father	35–65% nights with father (shared care)	No contact with father
Child reported feelings	4–5 years				
	6–7 years				
	8–9 years				
PPVT	4–5 years			Better	
	6–7 years				
	8–9 years	Better	Better	Better	

Note: The models were adjusted for financial wellbeing, parenting style, maternal characteristics (education, age and mental health), and children's age and sex.

Source: LSAC Wave 1 to Wave 3 (2004–08)

In LSAC, parents and teachers provided ratings of five different dimensions of wellbeing measured by the SDQ (hyperactivity, peer problems, conduct problems, emotional problems, and prosocial behaviour). In addition, a “total difficulties” SDQ measure was derived, based on parents' and teachers' reports (taken separately). Teachers also indicated the child's approach to learning and the children described their feelings (more sadness, anger, fear, less happy). Children also completed the Peabody Picture Vocabulary Test (PPVT). Data from the first three waves of LSAC collected in 2004, 2006 and 2008 are used to estimate the impact of care-time arrangements on child wellbeing at three ages: 4–5 years, 6–7 years and 8–9 years of age.

The wellbeing of children in five care-time arrangements was examined: those with 1–13% of nights with the father, with 14–34% of nights with the father, with 35–65% of nights with the father, with daytime only with the father, and who never saw the father.

Children with separated parents in LSAC may have separated before or after July 2006 and so the LSAC sample includes children's whose parents separated before and after the 2006 changes to the family law system.

The results of the estimates of the impact of care time on child wellbeing are briefly summarised in this section. Detailed information on the models estimated and the regression results are provided in Appendix E.

For most indicators of wellbeing, there was no significant link between the children's wellbeing and their care-time arrangements. If anything, children with shared care time (and 1–34% of nights with the father) fared better than children with other care-time arrangements. This was particularly true when wellbeing was based on the child's self-report and on the direct assessment of the child's language skills.

Virtually none of the interaction terms between care-time arrangement and the nature of the inter-parental relationship post-separation were statistically significant and there was no clear pattern in the smattering of significant interaction terms. Estimates are summarised in Tables 11.4 and 11.5.

The analysis of the LSAC data thus produces results that are very similar to those resulting from the LSSF W1 2008.

11.5 Summary

Shared care does not appear to be associated with worse outcomes for children compared with the child spending 1–34% of nights with the father or having daytime-only contact. If anything, children in a shared care-time arrangement fared marginally better.

While a history of family violence and highly conflictual relationships between the children appears to be quite damaging for children, children in shared care-time arrangements seem to fare no worse than children in other care-time arrangements where there has been a history of violence or where there is ongoing high conflict between the parents. One possible explanation for this is that for those with a history of violence, the violence was no longer so evident once the parents separated. These results also could have occurred because the measures adopted were quite broad. However, children appeared also to fare relatively poorly where their mothers expressed safety concerns associated with ongoing contact with the child's other parent. Where this situation existed, children in shared care-time arrangements fared worse, according to mothers' assessments, than those who stayed with their father for only 1–34% of nights.

While safety concerns for some mothers may have been linked with concerns about the child being allowed to engage in activities that may hurt them, Chapter 10 showed a strong link between pre-separation family violence and ongoing safety concerns. In addition, it is important to note that around half the mothers with safety concerns indicated that there had been problems in the relationship relating to mental health or substance misuse. It therefore seems likely that, for many mothers, safety concerns were often associated with such continuing problematic issues, especially violence.