



Family Support Agency

Family Wellbeing on a Limited Income:

A Study of Families Living at Risk of Poverty in Ireland



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Disclaimer

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Executive Summary

STUDY OVERVIEW

The patterns of economic and structural change affecting family life in recent years mean that there is much to be learned about the wellbeing of families in Ireland today. To this end, *Growing Up in Ireland*, the National Longitudinal Study of Children, has made an important contribution to Irish and international research by providing a rich source of data relevant to the study of the wellbeing of parents, children, and the relationships they share.

The present study is concerned with quantitative data collected during the first phase of *Growing Up in Ireland* between September 2007 and June 2008 with 8,568 nine-year-olds and their families. The specific sample focused on in this report are families drawn from this dataset whose household income categorises them as being *at risk of poverty*. Households are considered to be at risk of poverty when their equivalised disposable income is below a particular threshold. In Ireland, and indeed the European Union, this threshold has been set at 60% of the median income. Evidence from the Irish and international research literature suggests that such economic hardship can cast large shadows across many aspects of family members' lives and have a negative impact upon family wellbeing (e.g. Daly & Leonard, 2002; McKeown, Pratschke, & Haase, 2003; Sell, Zlotnik, Noonan, & Rubin, 2010).

Family wellbeing is conceptualised here as comprising the dimensions of parent wellbeing, child wellbeing and positive family relationships. The influences on the wellbeing of the individuals within the family and the relationships they share can be numerous, interrelated and reciprocal. The purpose of this report is to mine data from *Growing Up in Ireland* in order to describe the wellbeing of Irish families living on limited incomes and to shed light on the factors associated with the various aspects of their wellbeing. Specifically, this study seeks to answer the following two research questions:

Research Question One: How are families identified as living on very limited incomes faring in comparison with families with higher incomes across a range of indicators of family wellbeing?

Research Question Two: Among families living on limited incomes, what are the key factors associated with their wellbeing?

From an evidence base of research and insights into the factors that most contribute to the wellbeing of children, their parents, and family relationships, priorities for limited resources can be identified so that families needing assistance can most benefit from responsive policies and service provision.

KEY STUDY FINDINGS

Characteristics of Families Living at Risk of Poverty.

Examination of the characteristics of families living at risk of poverty indicated that:

- Over a third of families were headed by single-parents and the vast majority of these lone parents were mothers. Almost two thirds of families had three or more children.
- The majority of mothers and fathers had not continued education past lower secondary school level. For both parents, the odds of being at risk of poverty decreased as their level of educational attainment increased.
- The socio-economic status of one third of families could not be classified as no parent in the household had ever been in employment. For the remaining families, the majority were represented in the manual labour categories and the minority in the managerial, technical or professional categories.
- Almost forty per cent of families reported that they did not receive any Social Welfare payments in addition to Child Benefit. One third of families relied on various Social Welfare payments for all of their households' income and, at the other end of the scale, almost one quarter received payments that amounted to less than 5% of their household's total income.
- Over a quarter of families at risk of poverty did not have any medical card.

How are families identified as living on very limited incomes faring in comparison with families with higher incomes across a range of indicators of family wellbeing?

In order to answer this question data collected from the at risk of poverty sample and the other participating families from *Growing Up in Ireland* who were not experiencing relative poverty were analysed using *t*-tests and Pearson's chi-square (χ^2) tests. Results revealed that families living in relative poverty have poorer outcomes across a range of wellbeing indicators:

- With regard to parents' wellbeing, mothers and fathers living at risk of poverty were significantly less likely to report that their health was excellent or very good and significantly more likely to report that their health was fair or poor.
- Parents at risk of poverty were also significantly more likely to report having an on-going chronic illness or disability than parents who were not at risk.
- Levels of depressive symptoms among parents were generally low but mothers at risk of poverty had significantly higher average depression scores than mothers who were not at risk.
- The majority of children living at risk of poverty were reported by their mothers to be 'very healthy, with no problems', yet this percentage was significantly lower than the percentage of children reported as having very good health from families not living at risk of poverty.

- Children living at risk of poverty also reported significantly poorer psychological wellbeing with regard to lower perceived happiness and popularity, poorer appraisal of their physical appearance and academic performance, and higher ratings of anxiety and behavioural difficulties, when compared with peers not living with relative poverty.
- The average parent-child relationship was characterised by high levels of responsiveness (e.g. warmth, sensitivity and support) and low levels of conflict. Yet, some relationships also varied by families' poverty status with children living at risk of poverty rating their mothers as being less responsive and mothers living at risk of poverty reporting more conflict with their sons and daughters.
- Parents' relationship satisfaction scores indicated that the majority of at risk co-habiting mothers and fathers enjoy positive interactions. Although average satisfaction scores are lower for parents living at risk of poverty in comparison with parents who are not, the difference was not found to be statistically significant.

Among families living on limited incomes, what are the key factors associated with their wellbeing?

Structural equation modeling revealed how a number of variables were found to be significantly associated with key aspects of wellbeing for families living on limited incomes:

- The variable most strongly associated with the psychological wellbeing of mothers and fathers was conflict with their children. This was a negative relationship, so that greater conflict was related to reduced wellbeing.
- For mothers, psychological wellbeing was also associated with children's difficult temperament, the experience of stressful life events, household deprivation and being a single parent; all factors that had a negative impact on wellbeing.
- For fathers, being employed and relationship satisfaction with their partners enhanced their psychological wellbeing.
- With regard to factors associated with children's psychological wellbeing, children's own emotional and behavioural difficulties were found to have the strongest impact, in that greater difficulties were related to reduced levels of wellbeing. Receiving parenting from both mothers and fathers characterised as warm, supportive and responsive was related to more positive psychological outcomes, as was having a favourable perception of the community where the family live.
- For children who share a home with their fathers, their fathers' engagement in paid employment was significantly associated with greater wellbeing.

- Following examination of the factors associated with parent-child relationships, children's emotional and behavioural difficulties were found to be most strongly related to conflict in parent-child interactions, in that greater difficulties were associated with greater conflict. Children's difficult temperament also had the same relationship with conflict, while children's pro-social behaviour was associated with less conflict.
- As stated previously, conflict had a negative association with parents' wellbeing but also had a negative association with children's ratings of their mothers' responsiveness to them. Mothers' wellbeing was positively associated with responsive parenting, yet for fathers, neither their wellbeing nor conflict with their children was related to how responsive they were rated as parents.
- With regard to parents' relationship quality, the strongest associations with levels of satisfaction were found with regard to how many arguments the couple perceived having, reports of partners' use of aggression during arguments, and/or refusal to resolve issues afterwards. Each of these factors had a negative impact upon satisfaction.
- Mothers' relationship satisfaction was positively associated with their perception that household tasks were shared fairly, while fathers' satisfaction was linked with their partners' ability to compromise after a disagreement.
- Experiencing depression reduced parents' relationship quality and close relationships with children were found to enhance it.

CONCLUSIONS

Living in relative poverty has been determined to reduce many aspects of family wellbeing. Yet, while family income is undoubtedly important, by itself it does not offer sufficient insight into how some families appear to cope well with their circumstances and others continue to struggle. This study has identified a range of other risk and protective factors that predict the wellbeing of children and parents, and support or hinder family relationships. These influences range from intra-individual to inter-personal to contextual. From the perspective of policy and service provision, eliminating a single risk factor or promoting just one that is protective may not go far enough to improve the circumstances of families who struggle to cope with several separate and compounding difficulties. However, by identifying the variables most strongly associated with fundamental aspects of family wellbeing this research has provided an evidence base of research from which limited resources can be best utilised. Key recommendations include:

Education & Employment: Two notable characteristics of families living at risk of poverty were the high percentage where parents had low levels of educational attainment and who were unemployed or in work roles linked with low socio-economic status. These parents could be supported through greater awareness of, and access to, local Family Resource Centres and education/training centres where they can source advice on new or improved employment options or avail of opportunities to further their education or add to their skill set. Participation in education or employment can be assisted by the provision of accessible and affordable childcare.

Reducing Parent-Child Conflict: Findings here indicate that parent-child relationships characterised by higher levels of conflict had the strongest association with reduced parent wellbeing. Conflict was also related to children's views of their mothers' parenting responsiveness, so that greater conflict was associated with less warm and supportive parenting. Thus, local support services that provide or facilitate access to counselling, behaviour management, and training in conflict resolution strategies for both parents and their children would represent a worthy avenue for intervention.

Reducing Arguments & Aggression in Mother-Father Relationships: Frequent disputes between parents, particularly those that escalate to the use of verbal or physical aggression or result in one partner walking out on the other, had the strongest, negative, associations with relationship quality, so that more arguing, aggression and avoidance was associated with less satisfaction. Relationship support and local counselling services should continue to make spouses and partners aware of how

their patterns and styles of arguing impact upon the happiness and closeness they feel in their relationships. Training and guided practice in maintaining non-violent and open communication pathways is essential.

Managing Children's Emotional & Behavioural Difficulties: Children's emotional and behavioural difficulties (e.g. hyperactivity or conduct problems) were found to be key to reductions in their own wellbeing and, along with having a difficult temperament (e.g. easily angered, irritable), were the greatest contributors to conflict in child-parent relationships. This accentuates the role that local child-focused support services can play in helping to identify and intervene with children whose temperament or behavioural difficulties leave them and their families at increased risk for poorer outcomes. Programmes where these children get to learn and practice skills in social competence, behavioural and emotional regulation, and dealing effectively with stress are recommended.

Particular Stresses on Mothers: A notable finding from the present study was how the wellbeing of mothers was significantly and negatively associated with family and household circumstances that did not significantly impact on fathers or children. For example, household deprivation and stressful or distressing life events were found to be related to lower psychological wellbeing for mothers. Local family support services need to be aware of the particular pressures that mothers may face in these situations and provide support accordingly.

The data upon which this report is based was collected from families in Ireland just before the contraction of economic growth and recession of recent years. Although many families experienced financial hardship when the economy was good, many more are now struggling to deal with changes to their standard of living. Findings here show that almost forty per cent of all families living at risk of poverty receive no financial support from Social Welfare beyond Child Benefit payments. Although communities throughout the country provide many of the services suggested above, families who are new to dealing with financial stress may not be familiar with them and thus require help accessing them. Therefore, the continuing role of Family Resource Centres and similar organisations in providing existing supports and services and assisting families to navigate them at a local level is of paramount importance.

CHAPTER ONE: *Introduction*

In recent years Ireland has suffered its most serious economic contraction in generations. More and more families across the country are dealing with financial uncertainty and struggling to juggle the competing demands of anticipated and unanticipated expenses. National figures indicate that one in five Irish households with children are presently living 'at risk of poverty' (Central Statistics Office, 2011). Evidence suggests that this threat may have a range of harmful repercussions across many aspects of family life and, consequently, impact negatively upon family wellbeing (e.g. Daly & Leonard, 2002; Hooper, Gorin, Cabral & Dyson, 2007; Sell, Zlotnik, Noonan, & Rubin, 2010).

The significance of family wellbeing is not something that can be considered lightly. A growing body of national and international research now documents the importance of the family's specific contribution to the fundamental wellbeing of its members, the community, and society as a whole (e.g. Daly, 2004; McKeown & Sweeney, 2001). Using data collected as part of *Growing Up in Ireland*, the National Longitudinal Study of Children (Williams et al., 2009), this report aims to describe the wellbeing of Irish families living on limited incomes and to shed light on the factors associated with their wellbeing. Specifically, this study seeks to (i) ascertain how families identified as being *at risk of poverty* are faring in comparison with families not living at risk of poverty across a range of wellbeing indicators and (ii) investigate the range of factors associated with the wellbeing of these *at risk of poverty* families.

The next sections of this chapter will discuss the many ways in which family wellbeing can be conceptualised and review research on the variables that have been noted to shape family wellbeing, with particular attention to the role played by family income and family structure. Theoretical frameworks within which family wellbeing can be studied will then be described before the present study is presented in greater detail.

1.1. CONCEPTUALISING FAMILY WELLBEING

Family wellbeing is a multidimensional, dynamic and highly complex concept (Wollny, Apps & Henricson, 2010). For the purposes of this report it will be conceptualised in line with McKeown, Pratschke, and Haase (2003) as comprising child wellbeing, parent wellbeing, and intra-familial processes and relationships (see Figure 1.1). Each of these aspects of family wellbeing is involved and multifaceted by itself and any attempt to look at how they interact compounds the complexity. Yet, the interdependence of family members and their influence on each other's wellbeing is substantial. This is particularly the case with regard to children's wellbeing, which is so closely entwined with that of their parents and family processes.

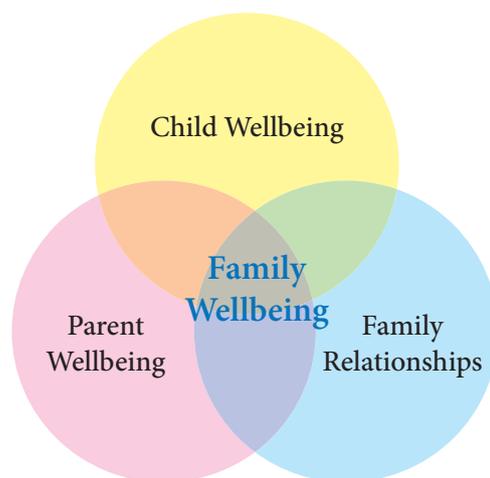


Figure 1.1: Family wellbeing conceptualised as comprising child wellbeing, parent wellbeing and family relationships

1.1.1 THE WELLBEING OF CHILDREN

The evolution of the concept of child wellbeing can be traced from an early focus on survival and the avoidance of negative outcomes to a more positive construction that considers the quality of children's lives (Ben-Arieh, 2010). The UNICEF implied definition of child wellbeing is now widely accepted and refers to children's, "...health and safety, their material security, their education and socialisation, and their sense of being loved, valued, and included in the families and societies into which they are born" (UNICEF, 2007, p.4). There has also been an alignment between wellbeing and quality of life (Ben-Arieh & Frønes, 2007) and between wellbeing and resilience, or normal development in spite of difficult conditions (Aldgate, 2010).

Child wellbeing is increasingly studied with a view to developing children's policies, rather than for its abstract, intrinsic value (Ben-Arieh, 2008). Reflecting changing policy demands, Bennett (2005) describes the growing emphasis on quality of life, health outcomes, cognitive development and educational attainment, and housing security. Child wellbeing policy could equally focus on outcomes, with wellbeing indicators including "successful learner", "confident individuals", and "responsible citizens" (Aldgate, 2010).

For these reasons, every realisation of child wellbeing can have a number of different components (Brooks, Hanafin & Langford, 2010). Due to the shift towards recognising that children are well informed about their lives and have the right and the capacity to make significant, insightful contributions to issues that concern them (Greene, 2006), the ways in which these components are assessed has also come to value children's perspectives, where adult proxy responses were previously used.

1.1.2 THE WELLBEING OF PARENTS

In contrast with the literature on child wellbeing, there is a dearth of information pertaining to definitions or discussion of parent wellbeing. Yet evidence suggests that children's wellbeing is inextricably linked with the wellbeing of their parents, in that, the wellbeing of mothers and fathers is key to their ability to parent effectively (e.g. Bacon, Brophy & Roberts, 2009), and effective parenting is central to children's development (e.g. Zaslow & Eldred, 1998). In addition to associations with child wellbeing, parents' wellbeing is also important to support mothers' and fathers' needs and development as adults in their own right.

Aside from the national dimensions of adult wellbeing like economic performance and social progress, individual wellbeing can be conceptualised as the combination of physical and mental health. Parenting has an impact on both because of economic and emotional pressure (Cunningham & Knoester, 2010). The effects of these pressures on mothers and fathers may differ depending on which parent has more responsibility for earning or for childcare; pressure from all sources is greater for single parents (Cunningham & Knoester, 2010).

With regard to the physical health aspect of adult wellbeing, measures have included self-reported general health, occurrence of accidents and injuries, use of services, and chronic illness (Land, Lamb, & Mustillo, 2001; Mooney, Oliver, & Smith, 2009; Lucas, McIntosh, Petticrew, Roberts, & Shiell 2008; Pecora & Harrison-Jackson, 2010). The measurement of mental health has both positive dimensions, like self-esteem, and negative dimensions, like depression and anxiety (Acock & Demo, 1994; Lucas et al., 2008). Life stress is also an issue insofar as it affects these other dimensions (Acock & Demo, 1994).

1.1.3 FAMILY PROCESSES & RELATIONSHIPS

Typically, what constitutes 'family' is variously defined in terms of legal relationships, biological connectedness or shared households. Yet, families in Ireland today are neither homogenous nor static (Daly, 2004; Lunn & Fahey, 2011; McKeown & Sweeney, 2001). While a considerable majority of children live in households with two resident 'parents', the majority of which are biological or adoptive parents but also includes step-parents or partners of biological parents (Williams et al., 2009), the traditional model of the family as comprising a married couple and their children does not apply to one in every four families (Lunn & Daly, 2011). Considerable progress has thus been made in family research to account for changing family forms and living arrangements that arise due to migration, breakups (e.g. separation or divorce) or extensions (e.g. new parental relationships and blended families) that challenge the definition of family as parents and their children all living in the same home. Children and young people have been noted to be less concerned with legal, biological or cohabitation criteria and instead frequently define family in affective terms, referring to shared love, caring and support (Anyan & Pryor, 2002; Rigg & Pryor, 2007).

Whichever way family is defined, it appears that family processes and relationships play an important part in the wellbeing of both children and parents. For example, Rees, Bradshaw, Goswami, and Keung (2010) identified the family getting on well together as the most important factor predicting child wellbeing. Galvin, Bylund, and Brommel (2012) state that family communication is essential to family

wellbeing. In their review of research on family decision-making, conflict, and stress, better communication was shown to lead to better wellbeing outcomes.

Acock and Demo (1994) highlight a number of important family process variables implicated in family wellbeing. On the positive side are happiness, stability, equity, and closeness in parent-child relationships. Negative aspects include poor parenting quality and conflict between parents and between parents and their children (Acock & Demo, 1994; Buchanan, Maccoby & Dornbush, 1991; Mooney et al., 2009). Thus, family wellbeing can also be conceived of in terms of the functioning of a number of mutually-reliant family processes or relationships (McKeown & Sweeney, 2001; McKeown, Lehane, Rock, Haase & Pratschke, 2002). Two such processes or relationships will now be considered in greater detail, with particular emphasis on factors associated with positive or negative outcomes. These are parenting and the parent-child relationship, and satisfaction in mother-father relationships.

1.1.3.1 Parenting & The Parent-Child Relationship

Parenting is a complex process shaped by a variety of intra-personal, inter-personal and contextual forces that can act as risk or protective factors for positive parent-child experiences and outcomes. Across childhood and adolescence, parenting that is seen as responsive, warm and supportive is deemed to be most conducive to child wellbeing (Belsky, 2005).

Belsky's (1984) process model of the determinants of parenting highlights the influences of parent attributes, child attributes and the broader socio-cultural setting in which the family is embedded. Parent attributes can include the psychological characteristics of mothers and fathers, such as their depressive symptomology (Belsky & Barends, 2002). For example, negative emotional states impact upon parents' own psychological wellbeing and can cause interactions with their children to be more harsh or intrusive and less sensitive or stimulating, and consequently, less conducive to providing warmth, respect, or appropriate discipline. Attributes of children that can adversely impact upon parenting and the parent-child relationship include a difficult temperament (e.g. easily irritated or angered) and difficult behaviours (e.g. demanding, inattentive or issues with conduct), while children's pro-social qualities exert a positive influence on parenting (e.g. McBride, Schoppe & Rane, 2002). Thus, both parent and child attributes contribute to variation in parenting.

The social contexts in which parenting occurs is also important to consider. For example, research has shown that single-parent families have been associated with lower levels of parents' psychological wellbeing, lower levels of parental involvement in children's lives and inconsistent

discipline practices (Acock & Demo, 1994; Cunningham & Knoester, 2010; McLanahan & Sandefur, 1994). Research also suggests that there are several advantages for children who live with both of their parents. For example, Acock and Demo (1994) noted how children in these types of families enjoy more positive parent-child interactions and fewer parent-child disagreements. McLanahan and Sandefur (1994) propose that two-parent families create a system where each parent can monitor the other, for example with regard to discipline or time spent together, to ensure the best outcome for the child. However, it is important to note that the mere physical availability of parents does not automatically translate into emotional availability and high-quality time with children (Acock & Demo, 1994).

Mothers and fathers in two-parent families have been found to have higher levels of psychological wellbeing than those in other family structures (Acock & Demo, 1994). Yet, parents may also experience conflict with each other and low levels of relationship satisfaction. Research suggests that parents in unhappy marriages have lower levels of wellbeing than parents who are divorced, widowed or single (e.g. Gove, Hughes & Style, 1983; Williams, 1988). In addition, the satisfaction, or lack thereof, that parents experience in their relationships with partners or spouses can overspill into their relationships with their children (e.g. Margolin, Oliver, & Medina, 2001). However, this process is not straightforward, with some research suggesting that troubled adult relationships can negatively influence parents' emotional wellbeing which in turn hampers their parenting skills, while other studies propose that parents may invest in more supportive and involved interactions with their children to compensate for, and protect them from, marital conflict (Belsky, 2005).

The broader contexts of the household (e.g. experience of material deprivation), community (e.g. involvement, integration or safety) and socio-cultural and economic environment (e.g. employment or access to social services) can also influence parenting. As an example, living with poverty and economic insecurity can impact unfavourably on parents' mental health, which, in turn, takes its toll on their ability to manage and relate well to their children (McLoyd, 1990; Zahn-Waxler, Duggal, & Gruber, 2002).

1.1.3.2 Parents' Relationship Satisfaction

As touched on in the previous section, the quality of parents' relationships has the capacity to shape individual and family wellbeing. So while happiness and satisfaction are positively related to the subjective wellbeing of individual partners (Kamp Dush & Amatom, 2005; Proulx, Helms, & Buehler, 2007), relationship dissatisfaction shows links with depression (Whisman, 2001) and conflict has

been related to poorer family outcomes with regard to parenting and parent-child relationships (Fincham & Beach, 1999).

Research in Ireland by McKeown and colleagues (2003) has highlighted a number of correlates of parents' relationship satisfaction. Partners' inability to resolve arguments and fathers' physical and psychological aggression towards their partners were related to reports of lower relationship quality among couples. Mothers' positive emotional states (e.g. enthusiasm, interest, determination) had a positive association with relationship quality, while their perception that household tasks were not fairly shared by their partners had the opposite effect. International research has also noted similar findings. For example, aggression in a couple's interactions with each other has been shown to have negative consequences for the wellbeing of each partner and the quality of their relationship (e.g. Lloyd & Emery, 2000; Testa & Leonard, 2001), and perceptions of unfairness in the distribution of domestic tasks has also been found to lower relationship satisfaction (e.g. Grote & Clark, 2001).

1.2. THE IMPACT OF FAMILY INCOME ON FAMILY WELLBEING

The possible influences on the key components of family wellbeing identified above are many and varied. Yet, there are some factors that can affect each component and so can be considered as high-level contributors to family wellbeing. One such factor is family income.

Family wellbeing is directly affected by family income (McKeown et al., 2003). Families living on very limited incomes face difficulties relating to food, energy, and housing security (March et al., 2011). Children in these families are at risk of under-nutrition, developmental delay, physical ill health, and poorer emotional, cognitive and behavioural outcomes (Crowley & Vulliamy, 2007; March et al., 2011; McClelland et al. 1998; Ridge, 2002 & 2011; Sell et al., 2010). Living with the threat of poverty or deprivation also correlates strongly with negative physical and mental health for parents, particularly for single mothers (Cunningham & Knoester, 2010; March et al., 2011). McClelland (2000) has also highlighted the social impact of reduced income on a family, where members experience isolation and exclusion from activities that others take for granted. This social relations dimension is as much about inequality as poverty, and inequality has an independent impact on wellbeing (Wilkinson, 2005).

Through their interviews with parents and children from low-income families, Daly and Leonard (2002) illustrated the many ways in which the threat of poverty or material deprivation pervaded aspects of family members' lives. The daily struggle faced by parents in trying to make ends meet

while caring for their children induced feelings of powerlessness, anxiety and apathy. Some parents linked their financial circumstances with depression and thoughts of suicide. Many children interviewed as part of these low-income families viewed their world as impoverished and their future in it as limited in opportunities. Family relationships were also affected, as stated by one father, “It always comes back to finances. That determines what kind of lifestyle you have. It can even determine whether your marriage stays or goes” (Daly & Leonard, 2002, p. 59).

The most widely cited theoretical model for understanding the impact of low family income on family relationships is the Family Stress Model (Conger, Conger, Elder, Lorenz & Simons, 1994). This model describes economic stress as a compounding process where the strain experienced by parents spills over into spousal relationships and child-parent relationships. Empirical evidence also suggests that low income is connected to child outcomes in that spousal conflict over resources and parents’ depressed mood impact negatively upon parenting quality (Conger, et al., 1994; Cui & Conger, 2008).

Related to income, parental employment status has a complex impact on families. Unemployment impacts directly upon family income (Theodossiou, 1998), while having direct and indirect negative effects on many aspects of both parent and child wellbeing (McMahon, Delaney & Lynch, 2001; Taylor, Edwards & Grey, 2009; Theodossiou, 1998). Theodossiou (1998), for example, found that unemployment was linked to parents’ anxiety, depression, reduced confidence, reduced self-esteem and reduced happiness. Notably, the effect was independent of income, leading the author to conclude that having a job was important, rather than just having money.

However, for some parents who are employed there is evidence that the spill-over of work-related stress into family life can also have a negative impact on family wellbeing (Akhtar, Kashif, Arif & Khan, 2012; Kinnunen, Feldt, Guerts, & Pulkkinen, 2006). For example, intervention in childcare provision has been promoted based on an understanding of the importance of maternal employment for family wellbeing, that is, with direct effects on maternal wellbeing and indirect effects on children through increased income (Mammen, Lass & Seiling, 2009; Vandell & Ramanan, 1992). Yet, there is evidence to suggest that the impact of maternal employment varies by mothers’ full-time or part-time work status. A recent study by Buehler and O’Brien (2011) noted that mothers who were employed part-time showed consistent advantages in lower depressive symptoms and better general health than those unemployed, and less work-family conflict and more involvement in their children’s education than mothers who were employed full-time. Other studies have noted that

part-time employment can be seen as a protective factor for children's emotional and behavioural wellbeing, while full-time employment shows mixed effects (Cusworth, 2009).

Considering the impact of family income on family wellbeing, interventions involving the provision of financial assistance to families in need might seem a viable solution. Perhaps the most definitive work in this area with regard to child wellbeing is the Cochrane review by Lucas and colleagues (2008). It reaffirms previous evidence that low income is associated with poor child outcomes, and that this can have a lasting impact. However, addressing families' needs through direct financial support was not found to effect children's physical health, mental health, oral health, psychomotor or cognitive development, or educational attainment (Lucas et al., 2008). It is possible that observed outcomes are the result of long-term deprivation and poverty before the comparatively shorter-term interventions were implemented or, as noted by the authors, the result of the low monetary value of some of the assistance provided and the temporary nature of its provision. However, it should also be noted that the distribution of income within families is complex and child wellbeing may be only distally affected by household income, in that, parents may act as intermediaries between household resources and their children's experiences of poverty (Swords, Greene, Boyd & Kerrins, 2011).

1.3. THEORETICAL FRAMEWORKS

In addition to looking at influences on wellbeing derived from empirical research, some approaches to the study of families, their members and their interactions with each other, their community or with society adopt specific theoretical frameworks or elements from a number of frameworks. Attachment theory was the original model for the study of child wellbeing and has contributed to the development of family systems theory (Aldgate, 2010; Walton, 2001). Structural-functional theory (Thibaut & Kelley, 1959; Homans, 1961; Blau, 1964) is a version of family systems theory which places the emphasis on fixed roles or structures such as 'mother' and 'father' which are associated with particular functions or tasks; this theory gives us the mother-as-home-maker and father-as-provider archetypes (Acock & Demo, 1994; Walton, 2001). Given the changes in family structures, with increasing numbers of single parents and dual-earner families, structural-functional theory now appears somewhat out-dated.

Family systems theory itself recognises the interdependence of individual family members, the wholeness of the family, and the complex interactions between family members (Galvin et al., 2012).

The wellbeing of each family member is related to and dependent on the others. Interactions between parents and children often centre on discipline while relationships between parents have to do with sharing of responsibilities; in all cases, family systems theory provides a framework for understanding the impact of different feedback processes and causal chains in these interactions. Social exchange theories (e.g. Parsons & Bales, 1955) suggests that family relationships involve reciprocal benefits whereby members help each other when required in the expectation that the favour will be returned later. Resource theory (Foa, 1973) has been used by several authors in their approach to the study of family relationships and wellbeing, and enables researchers to consider interpersonal 'resource exchanges' in familial interactions (Wollny et al., 2010; Rettig & Leichtentritt, 1998). These resources include love, services, goods, money, information and status (Foa, 1973). All six of these resources impact on quality of life, such that it is reduced when any one drops below a minimum level (Wollny et al, 2010; Rettig, Leichtentritt & Stanton, 1999).

Growing Up in Ireland uses Urie Bronfenbrenner's bio-ecological systems theory (Bronfenbrenner, 1979; Bronfenbrenner & Morris, 2006) as a framework for its research. The bio-ecological model of child development (see Figure 1.2 below) builds on a social constructivist understanding of development. It is considered holistic in that it accommodates the influences of children themselves, their family, the community, wider society, and even the historical period in which the child lives (Walton, 2001).

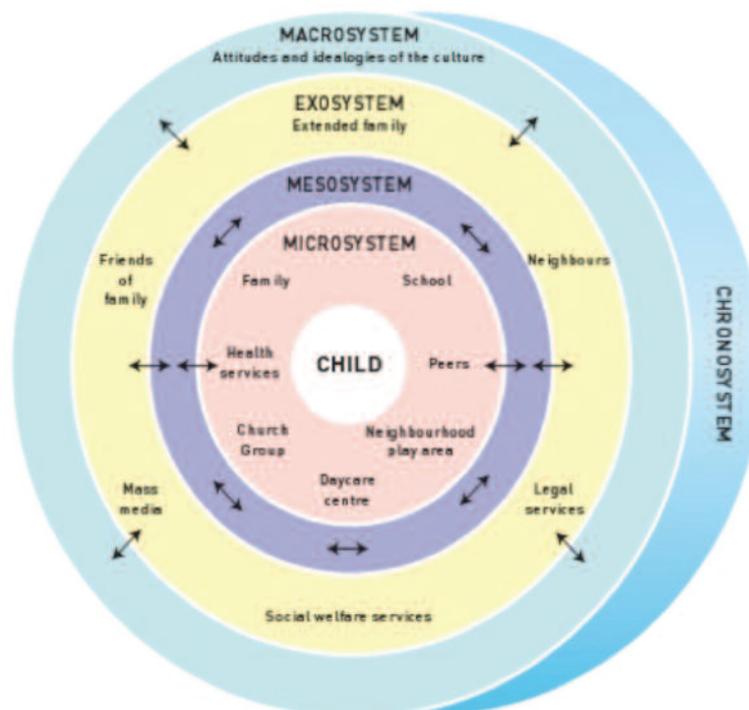


Figure 1.2: Bronfenbrenner's bio-ecological model of child development (from Williams et al., 2009)

Central to the model is the family and family relationships which provide the earliest constructions of meaning for a child (Bronfenbrenner & Morris, 2006). However, other players in this *microsystem* such as schools, peers and various community groups and settings frequently influence the family through their *mesosystem* interactions. The next layer is the *exosystem*, the social and institutional context in which the interactions at the *mesosystem* level take place. The exosystem includes both formal structures, like state services, and informal settings, like the neighbourhood. Finally, the *macrosystem* is the more elusive customs, norms, and politics under which the other systems operate. It includes culture, folk belief and tradition, and political ideology. Encompassing all of these contexts is the *chronosystem*, or the particular time period in which the children and their families at the heart of the model are living.

1.4 THE PRESENT STUDY

Guided by ecological perspectives about families, the present study proposes to mine data collected as part of *Growing Up in Ireland* to first investigate how families living on limited incomes are faring across a range of family wellbeing indicators in comparison with families not experiencing such financial constraints. Family wellbeing is conceptualised as comprising child wellbeing, parent wellbeing, and positive family processes and relationships, and so the physical and psychological dimensions of parent and child wellbeing will be examined and the specific processes or relationships of interest are responsive parenting, conflict in parent-child relationships and satisfaction in mother-father relationships.

A second aim of the present study is to examine factors associated with key aspects of family wellbeing. A broad spectrum of cross-disciplinary research has identified a multitude of direct and indirect influences on family wellbeing including those relating to individuals in the family, family dynamics, the community and the wider socio-cultural and economic environments in which families live. Thus, the multi-layered, nested and interconnecting environmental systems in which families operate will be examined so that their contribution to family wellbeing can be examined.

The families that are central to the present study are deemed to be *at risk of poverty*, in that their household has an equivalised disposable income below the threshold of 60% of the national median equivalised household income. Whether families in this at risk group actually experience poverty depends on how much below the threshold their income is, how long they have been living on this income, and what assets they own (e.g. their home). Thus, this indicator does not measure wealth or poverty, but instead low income relative to other families in the country¹. It is important to note that the experience of poverty can reflect absolute as well as relative dimensions and people can subscribe to both concurrently (Lister, 2004). Accordingly, some families who fall below an income-determined poverty threshold also experience deprivation of basic necessities (e.g. two pairs of strong shoes, heating in the home when needed) and can be classified as living with *consistent poverty* (Maitre, Nolan & Whelan, 2006; Whelan, Nolan, & Maitre, 2006). Consequently, although all families in the present study classified as being at risk of poverty are experiencing relative income deprivation, it is possible that their actual experiences of poverty and deprivation vary. Regardless of this variability, relative poverty reduces quality of life and life opportunities for those who experience it in many ways. Although many families in high-income countries who live with relative income poverty are not necessarily deprived of essential resources like food or shelter, they are still at increased risk of a range of negative physical, psychological and social outcomes (e.g. Hooper et al., 2007; Sell et al., 2010).

* * *

The high levels of economic growth that prevailed in Ireland for most of the last decade have sharply contracted in recent years. Although there were still many families experiencing financial hardship when the economy was good, rising unemployment and falling house prices, among other impacts of the recession, mean that many more who once benefited from the years of economic boom are now struggling with changes to their standard of living. Understanding more about the wellbeing of families living on limited incomes and having an evidence base of research to provide insights into the factors that are associated with wellbeing, or the lack thereof, will go a long way towards informing and contributing to the development of responsive policies and services for children and their families.

1 http://epp.eurostat.ec.europa.eu/statistics_explained/index.php/Glossary:At-risk-of-poverty_rate

CHAPTER TWO: *Methodological & Analytical Approach*

2.1 INTRODUCTION

This chapter describes the methodological and analytical approach taken in the present study to research the wellbeing of families living on limited incomes. It begins with a brief overview of the source of our data, the *Growing Up in Ireland* study, and continues on to describe the families selected for inclusion. The measures used in analyses are detailed in Section 2.4 before an explanation of the analyses techniques is provided in Section 2.5.

2.2 THE DATA SOURCE

2.2.1 IRELAND'S NATIONAL LONGITUDINAL STUDY OF CHILDREN

Growing Up in Ireland, the National Longitudinal Study of Children, was commissioned in April 2006 and is funded by the Department of Health and Children through the Department of Children and Youth Affairs, in association with the Department of Social and Family Affairs and the Central Statistics Office. In order to meet its principal objective of describing the lives of children in Ireland, the study has collected data from multiple informants, including children, parents, teachers and carers, on a comprehensive range of topics relevant to the study of family wellbeing; these include household structure and income, the physical and psychological health of children and parents, family relationships and activities, community involvement and significant life events. This wide and diverse range of information reflects the importance accredited to the proximal and comparatively more distal contexts in which the family is embedded (Greene et al., 2010). To date, *Growing Up in Ireland* has quantitatively and qualitatively recorded the development of two nationally representative cohorts of children and their families at two time points each: the infant cohort at nine-months and three years of age, and the child cohort at nine years and thirteen years of age. Interested researchers can access deposited data from two national archives, the Irish Social Science Data Archive (ISSDA) and the Irish Qualitative Data Archive (IQDA) for quantitative and qualitative data, respectively.

2.2.2 FAMILIES SELECTED FOR THE PRESENT STUDY

The present study is concerned with quantitative data² collected during the first phase of the project between September 2007 and June 2008 with 8,568 nine-year-olds and their families³. Throughout this report the main focus is on a sub-sample of families drawn from this dataset whose household income categorises them as being at risk of poverty. Households are considered to be at risk of

2 Data used in all analyses came from the *Growing Up in Ireland* Researcher Microdata File (RMF). Access to this file is subject to appointment as an Officer of Statistics by the Central Statistics Office and researchers are bound by the Statistics Act (1993).

3 Participants were recruited through the primary school system. From all eligible primary schools in Ireland a nationally representative sample of 1,105 schools was selected. Eighty two per cent (910 schools) of these were willing to take part in the study. Within these schools 57% of children in the desired age-range and their families agreed to participate in the study. More information on the sampling procedure is available from the Technical Report 1: *Growing Up in Ireland* - Design, Instrumentation and Procedures for the Child Cohort available at http://www.growingup.ie/fileadmin/user_upload/documents/Technical_Reports/GUI_-_DIPR_09.02.2011.pdf

poverty when their equivalised disposable income is below a particular threshold. In Ireland, and indeed the European Union, this threshold has been set at 60% of the national median income.

Just under twenty per cent of all families involved in *Growing Up in Ireland* were found to be living at risk of poverty (18.7%). This is in line with national figures from the Central Statistics Office (CSO) Survey on Income and Living Conditions (SILC) surveys (2008, 2009) which show that, at the time *Growing Up in Ireland* data was being collected, between 14.4% (2008 figures) and 16.5% (2007 figures) of the population were at risk of poverty, but the at risk rate for families with children was between 18% (2008 figures) and 19.9% (2007 figures).

For comparison purposes, analyses in the next section of this chapter and in Chapter Three evaluate these families who are at risk of poverty alongside the other participating families from *Growing Up in Ireland* who are not experiencing relative poverty. Analyses in Chapter Four centre solely on the sample at risk of poverty and the factors associated with aspects of their wellbeing.

Growing Up in Ireland required that one adult in each household self-identify as the 'Primary Caregiver', the person who provides most care to the child and who knows him or her best. Primary Caregivers answered questions about themselves (e.g. their health, education, and work status) but were also the chief informant on the child (e.g. health in infancy, diet, and temperament) and the household (e.g. income, religion, languages spoken). If the Primary Caregiver had a spouse or partner living in the household, this person was assigned to be the 'Secondary Caregiver'.

As is the case with the entire *Growing Up in Ireland* sample, among families at risk of poverty the vast majority of Primary Caregivers were the children's biological or adoptive mothers (97.3% of cases) and the vast majority of Secondary Caregivers were the child's biological or adoptive fathers (93.1% of cases). Thus, whilst acknowledging the small proportion of Primary and Secondary Caregivers who were step-parents or partners of biological parents, from this point forward the present study will refer to Primary Caregivers as 'mothers' and secondary caregivers as 'fathers'. In addition it should be noted that, although information was gathered by postal survey from parents who lived separately from their child, this data is not presently available for analysis. Accordingly, the authors of the present study, although cognisant of the varied forms that the family can take in Ireland today, are presenting findings pertaining to single-parent families headed by a mother and two-parent families headed by a mother and a father, all of whom share the same household as their children.

2.3 CHARACTERISTICS OF FAMILIES LIVING AT RISK OF POVERTY

This section provides a descriptive overview of how families living on limited incomes are faring on a range of socio-economic and demographic measures. For comparison purposes, the figures that follow will present families who are at risk of poverty (ARP) alongside the other participating families from *Growing Up in Ireland* who are not experiencing relative poverty (Not ARP)⁴.

2.3.1 FAMILY STRUCTURE

As can be seen in Figure 2.1, over sixty per cent of families living at risk of poverty had two resident parents (64%). Almost 88% of these parents were married couples and 12% were cohabiting partners. Over a third of families at risk of poverty were single-parent families (36%); in the vast majority of cases (97.9%), this parent was the mother. The majority (64.4%) of families at risk of poverty had three or more children. Pearson’s chi-square analysis revealed that single-parent families were significantly more likely to be represented among families living at risk of poverty, while two-parent families with only one or two children were significantly less likely to experience relative poverty.

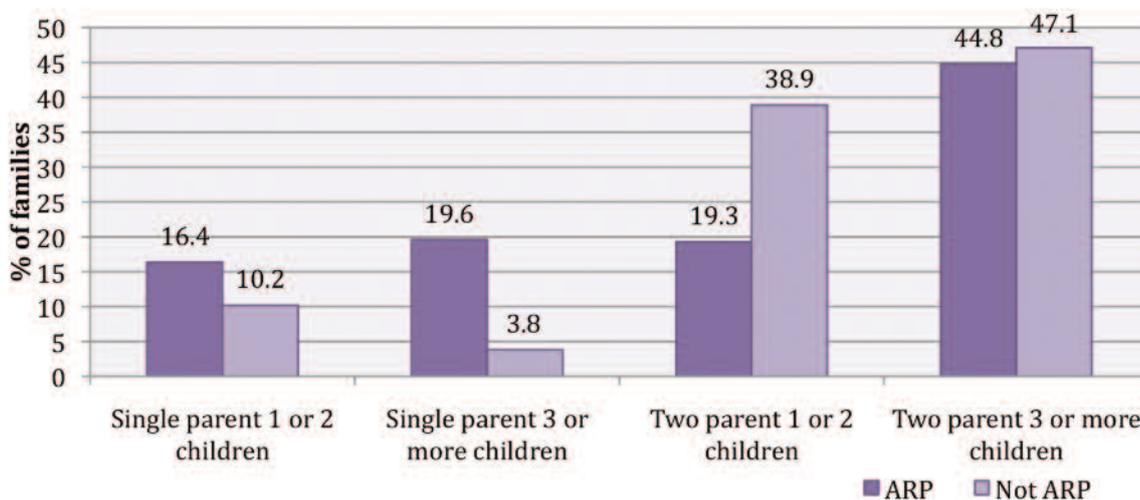


Figure 2.1: Percentage of families classified by family type (single-parent or two-parent) and size

ARP $n = 1605$; Not ARP $n = 6402$

⁴ The data used in these analyses were 'weighted' or statistically adjusted in line with the sample design so that the information is representative of families in Ireland.

2.3.2 SOCIAL CLASS

The socio-economic class of each family was based on the occupational status of the parent(s), either in their current or most recent employment. In two-parent households where mothers and fathers had different classifications, the highest status of the two was used. In families where parents were not presently, and had never been, in employment, social class was noted as “unclassified”.

There were notable differences in the socioeconomic classifications of families at risk and not at risk of poverty, as depicted in Figure 2.2 below. The largest single grouping of families at risk of poverty (33.1%) was of unclassified social class. The second largest classification group (19.5%) was that where parents were engaged in either semi-skilled or unskilled manual work. At risk of poverty families were significantly less represented in managerial/technical (12.2%) or professional (2.4%) categories. Conversely, families not at risk of poverty were significantly less represented in the unclassified social class (4.9%) category and most represented in the managerial/technical class category (39.3%).

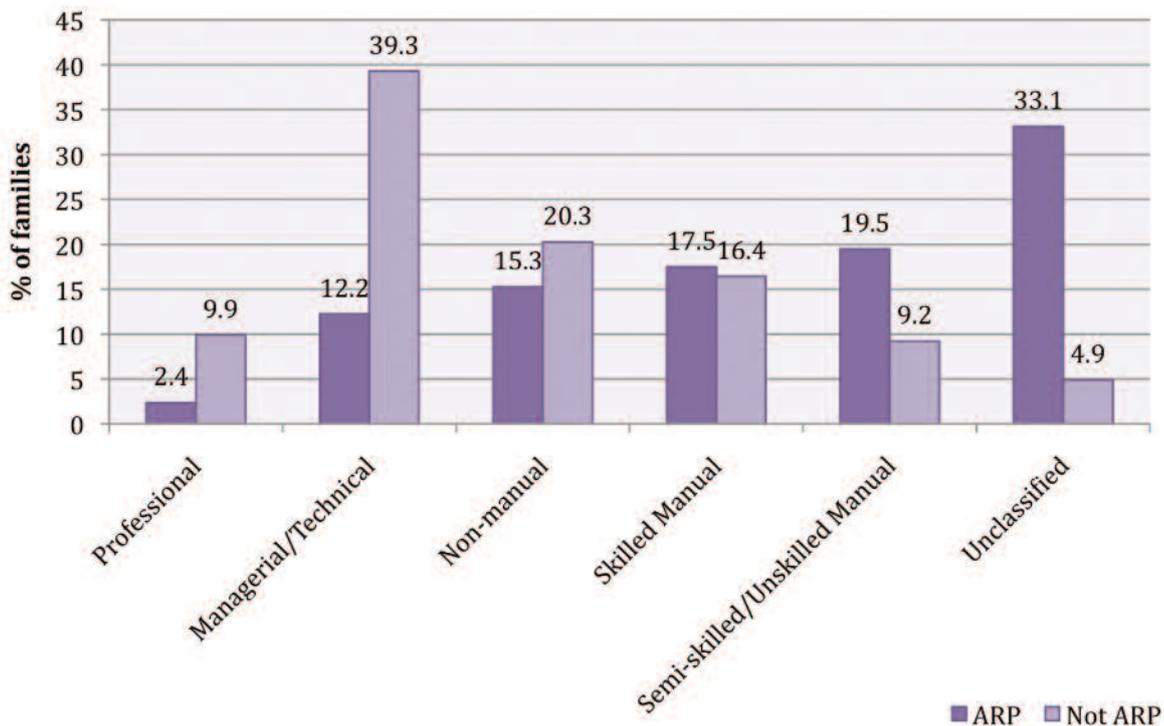


Figure 2.2: Percentage of families within each of five social classes
ARP $n = 1605$; Not ARP $n = 6402$

2.3.3 PARENTS' EDUCATION

Figure 2.3 shows that the majority of mothers at risk of poverty (55.5%) had not continued education past lower secondary school level. Just over a quarter of mothers (27%) had completed their Leaving Certificate while 17.5% had attained a post-Leaving Certificate qualification, such as a certificate, diploma or degree. In comparison, less than a quarter (23.9%) of mothers not at risk of poverty had left school before completing the Leaving Certificate, almost forty per cent (38.9%) had completed the Leaving Certificate and the remaining 37.2% of mothers had completed post Leaving Certificate education.

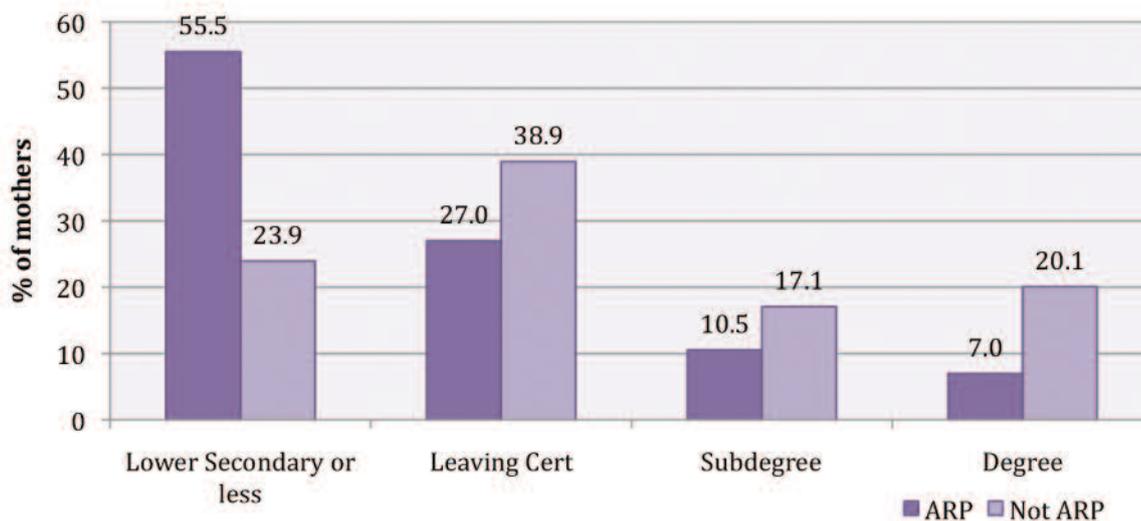


Figure 2.3: Percentage of mothers who completed each level of education category
ARP $n = 1604$; Not ARP $n = 6404$

For mothers, the odds of being at risk of poverty decreased as their level of educational attainment increased, as is shown in Figure 2.4 below.

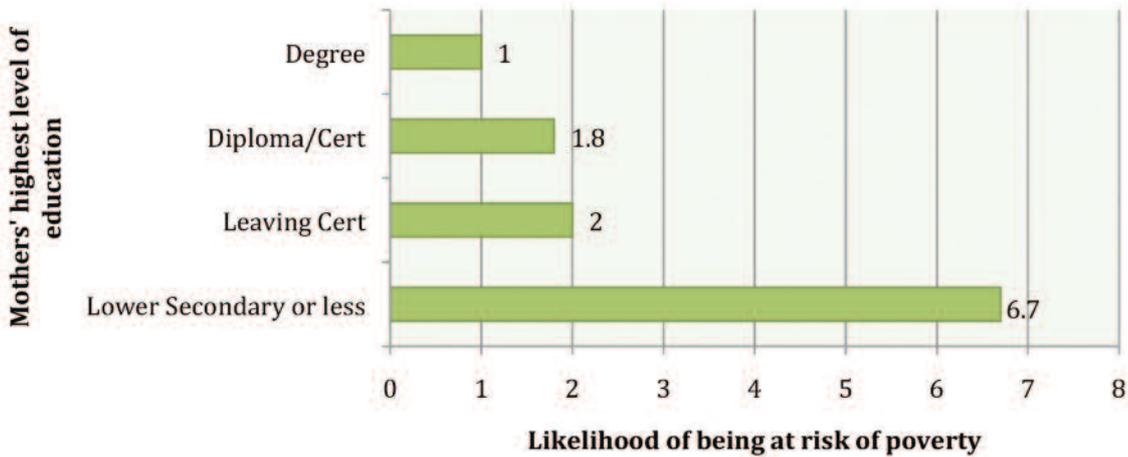


Figure 2.4: Likelihood of being at risk of poverty according to mothers' highest level of education

Over half of fathers at risk of poverty (57.3%) had left school without a Leaving Certificate qualification, in comparison to 30.5% of fathers not at risk of poverty, as seen in Figure 2.5. On the opposite end of the spectrum, just 7.3% of fathers at risk of poverty had continued on in education to earn a third level degree, compared with almost a quarter (23.9%) of fathers not at risk.

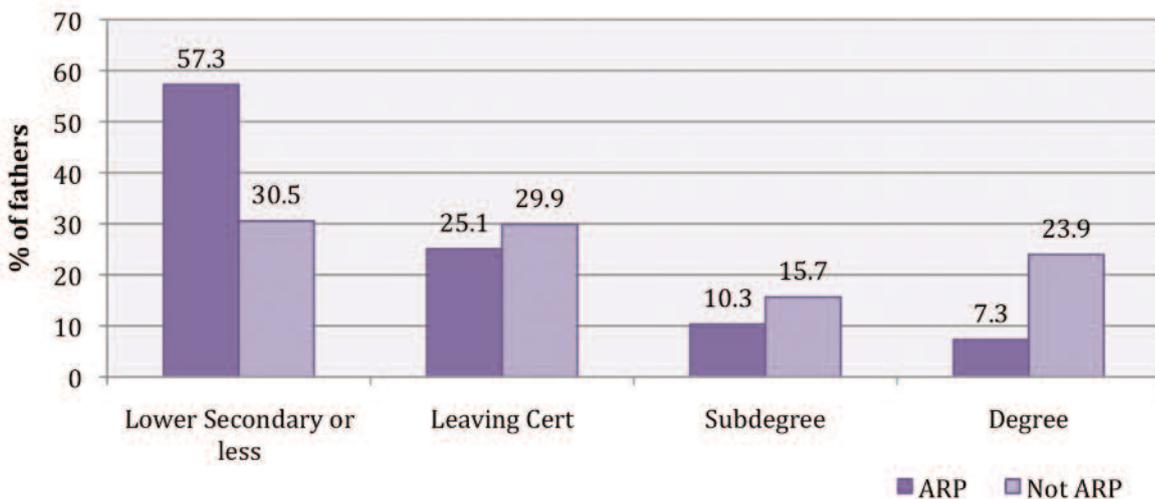


Figure 2.5: Percentage of fathers who completed each level of education category
ARP $n = 892$; Not ARP $n = 5209$

Figure 2.6 shows that the trend observed with regard to mothers' highest level of education and the risk of poverty was echoed throughout the fathers' data, though to greater effect, with the likelihood of being at risk of poverty greatly increasing in line with lower educational achievements. National CSO SILC figures for the same period corroborates this finding that the at risk of poverty rate decreases as the education level of the head of household increases (Central Statistics Office, 2008, 2009).

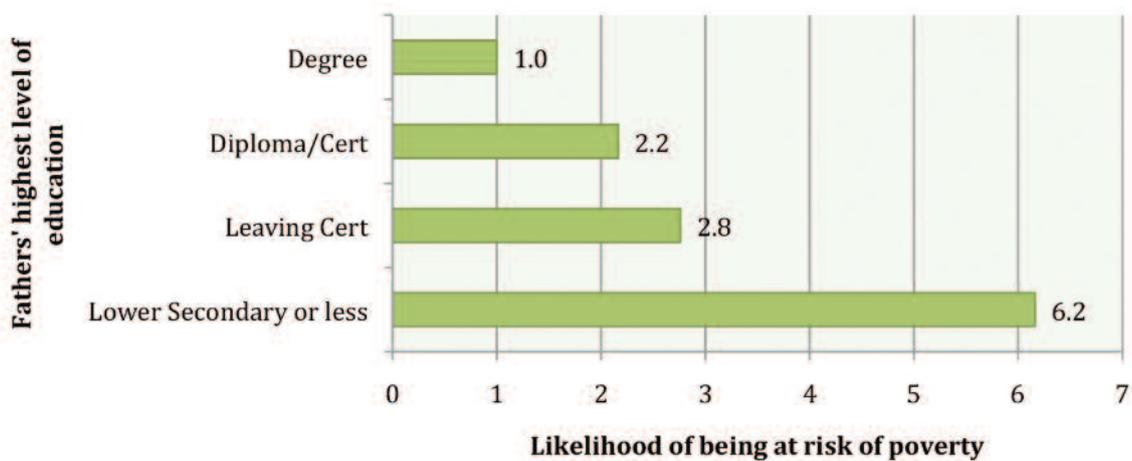


Figure 2.6: Likelihood of being at risk of poverty according to fathers' education

2.3.4 EMPLOYMENT

As depicted in Figure 2.7 below, the majority of mothers classified as at risk of poverty (58.3%) were engaged in 'home duties', defined as the full-time care of children. A quarter of mothers (24.7%) were employees, while 2.6% described themselves as self-employed. Almost thirteen per cent of mothers (12.8%) were engaged in further education or training. Just 1.6% categorised themselves as unemployed, retired or unable to work due to a long-term sickness or disability. For mothers not at risk of poverty, the majority (61.3%) were either employees or self-employed, just under one third (32.6%) were taking care of their children and the home, 5.6% described themselves as a student or involved in state training, and 0.6% were unemployed, retired or unable to work due to a long-term sickness or disability. Pearson's chi-square analysis revealed that, when compared with mothers not at risk of poverty, those mothers who are were significantly more likely to be unemployed, engaged in study, State training or home duties and less likely to be employed.

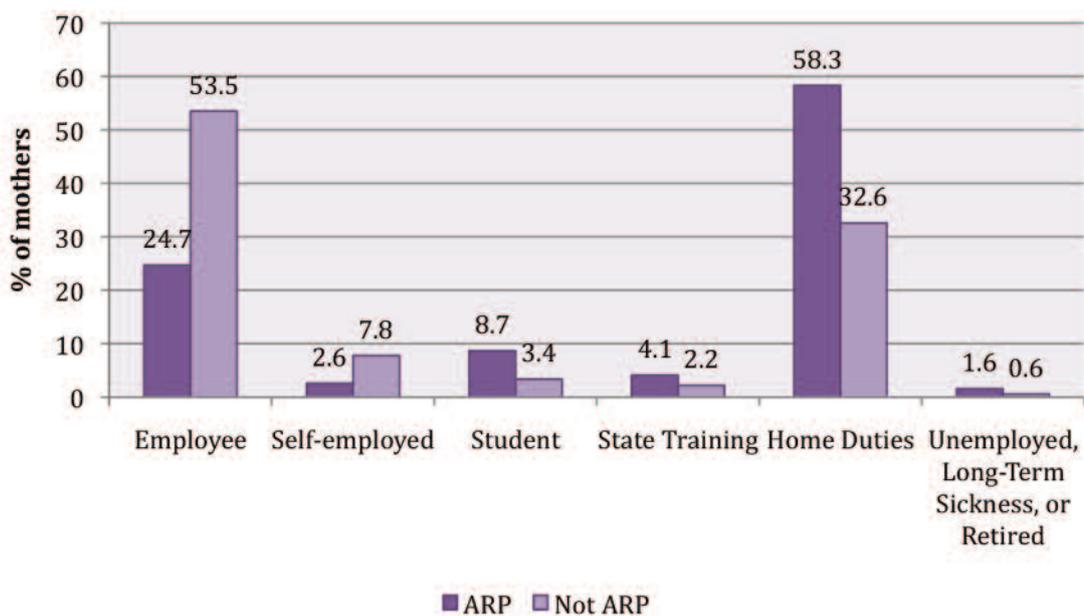


Figure 2.7: Employment status of mothers
ARP $n = 1605$; Not ARP $n = 6402$

Across both at risk and not at risk families, a greater percentage of fathers than mothers were in employment. However, as depicted in Figure 2.8, 61.6% of fathers at risk of poverty were either employees or self-employed, in comparison with over ninety five per cent (95.4%) of fathers not at risk of poverty. One third (33.5%) of at risk fathers were unemployed (21.9%), retired (1.6%) or unable to work due to a long-term sickness or disability (10%), compared with 1.6% of fathers not at risk.

Consequently, statistical analysis revealed that, when compared with fathers not at risk of poverty, fathers who are were significantly more likely to be unemployed and less likely to be an employee or self-employed. A significantly greater proportion of at risk fathers than not at risk fathers were engaged in home duties (2.9%). Less than one per cent of all fathers were engaged in further education or state training.

Clearly, for some families, employment is not a guarantee against relative poverty. Yet unemployment has strong links with lower incomes and, consequently, a greater risk for relative poverty (Central Statistics Office, 2009).

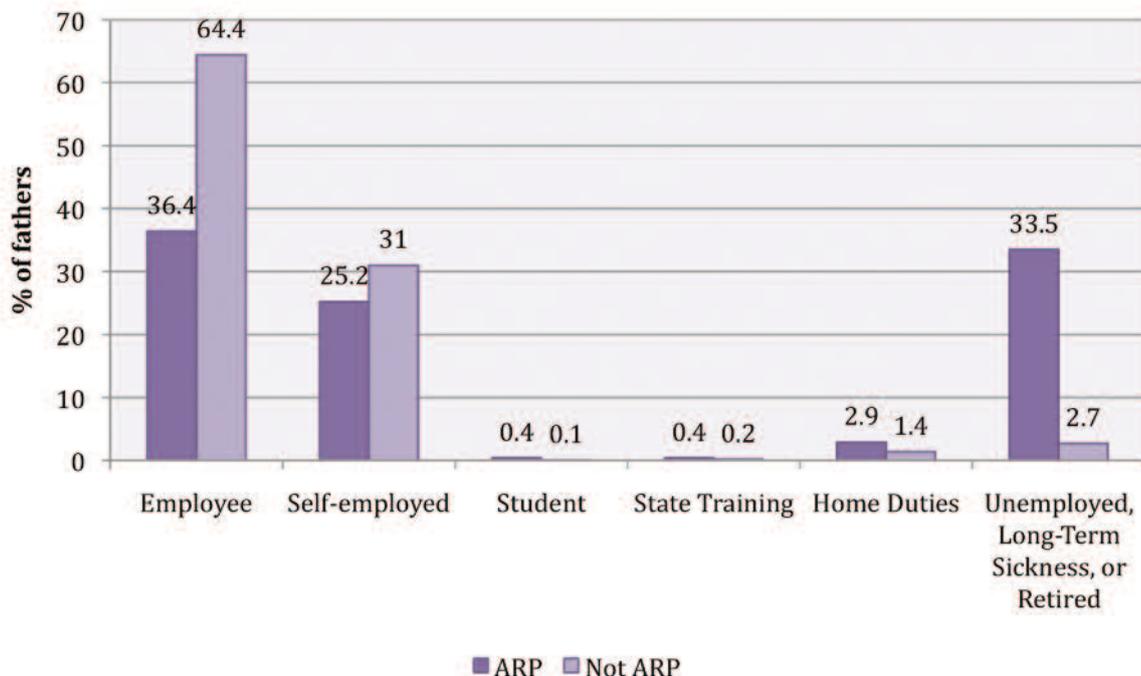


Figure 2.8: Employment status of fathers
ARP n = 891; Not ARP n = 5204

2.3.5 RECEIPT OF SOCIAL WELFARE & ACCESS TO MEDICAL CARD

The primary caregiver in each family was asked to report the sources of income that the household received. Almost all families living at risk of poverty (98.5%) reported that they claimed their Child Benefit allowance. However, close to forty per cent of these families (38.7%) reported that they did not receive any other Social Welfare payments (e.g. unemployment payments or supports, one-parent family payments, disability or caring payments).

Figure 2.9 below shows total Social Welfare payments received by all household members as a percentage of household total income. Almost one third (29.1%) relied on these payments for 100% of their households' income, while, at the opposite end of the scale, close to one quarter (23.7%) received payments that contributed less than 5% of their households' income.

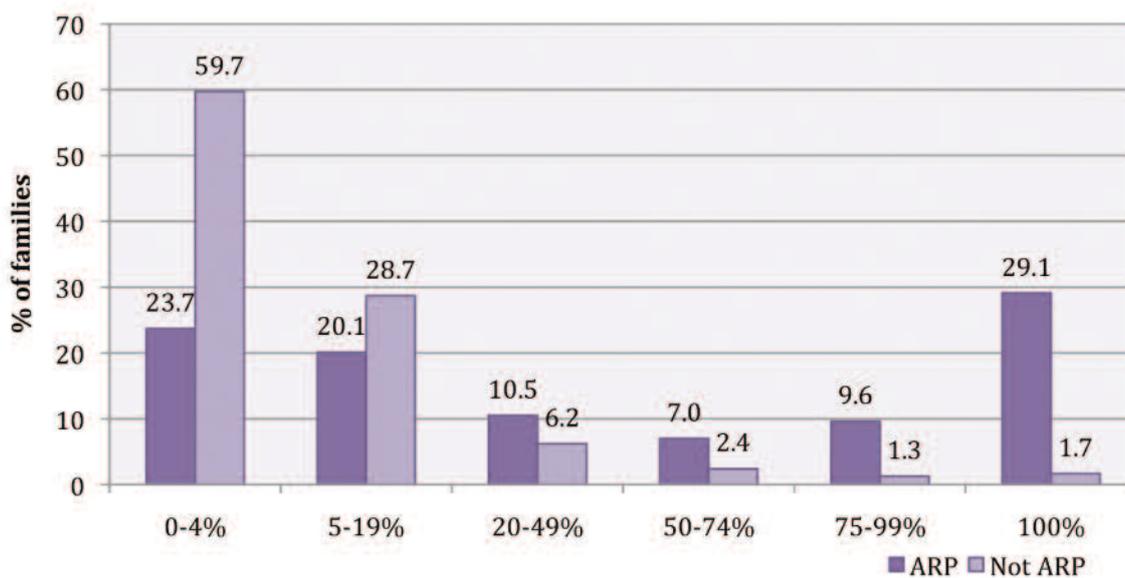


Figure 2.9: Social Welfare receipts as a percentage of household income
ARP $n = 1605$; Not ARP $n = 6402$

As shown in Figure 2.10, almost seventy per cent (69.8%) of families at risk of poverty had a full medical card. Over a quarter (25.7%) of these households did not have any medical card, and 4.5% had a GP-only medical card. While fifteen per cent (14.8%) of families at risk of poverty had purchased full private medical insurance and a further 5% had partial medical insurance, a considerable majority of these families (80.2%) had no private medical insurance.

As the figures would suggest, chi-square analysis revealed that families at risk of poverty were significantly more likely than families not at risk to have access to a medical card. Conversely, they were significantly less likely to have purchased private medical insurance.

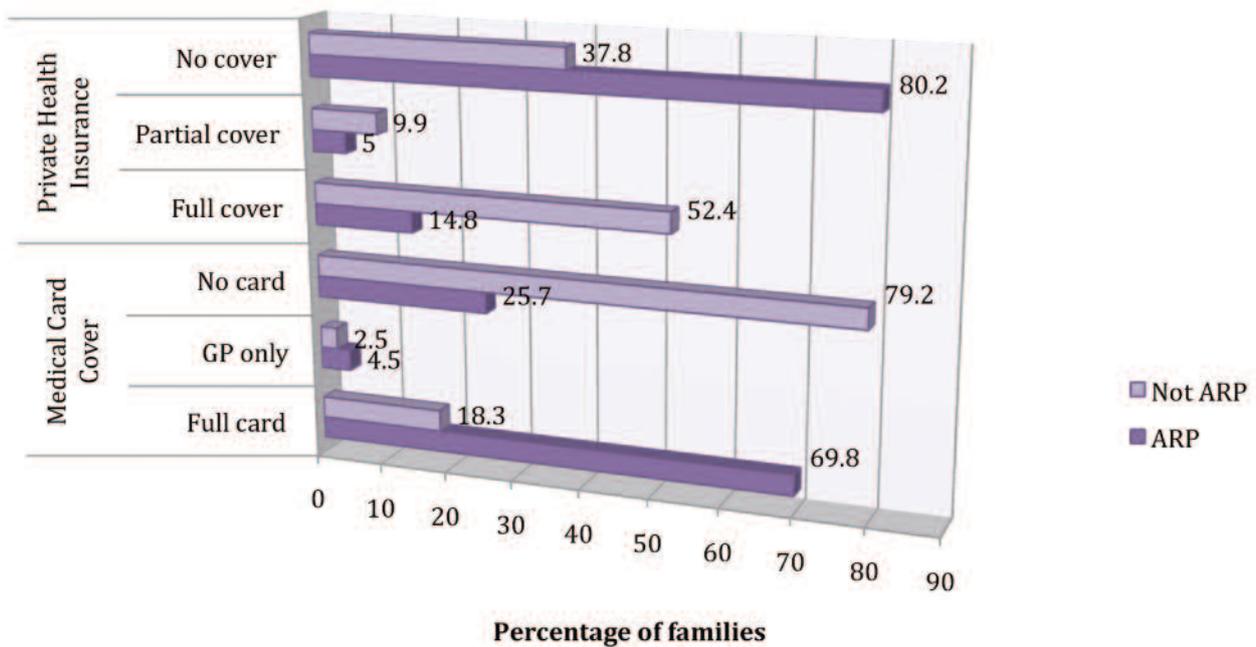


Figure 2.10: Percentage of families with medical card or private insurance health cover
ARP $n = 1605$; Not ARP $n = 6402$

2.4 MEASURES

2.4.1 DEFINING FAMILY WELLBEING

As discussed in Chapter One, family wellbeing is a complex concept with the potential for multiple components and multiple dimensions to those components. Much of the family wellbeing literature avoids specifying a definition of the concept and, indeed, a universally accepted definition proves elusive. However, there is some consensus that family wellbeing is multidimensional in nature and is best gauged using a combination of subjective and objective measures (Wollny et al., 2010).

For the purposes of this report family wellbeing is conceptualised in line with McKeown et al. (2003) as comprising child wellbeing, parent wellbeing, and intra-familial processes and relationships. The dimensions of each of these components that are examined are presented in Table 2.1 below. More detail on the items, scales and subscales used to assess these dimensions is available in the next chapter.

Table 2.1: Dimensions of parent wellbeing, child wellbeing and family processes and relationships that are examined in the present study

Parent Wellbeing	Child Wellbeing	Family Processes & Relationships
<ul style="list-style-type: none"> • Psychological Wellbeing Absence or presence of symptoms of depression • Physical Health Current health and presence of chronic illness 	<ul style="list-style-type: none"> • Psychological Wellbeing Positive self-concept across various domains of child development • Physical Health Current health 	<ul style="list-style-type: none"> • Parenting Responsive parenting • Parent-Child Relationship Conflict • Parent-Parent Relationship Relationship satisfaction

2.4.2 FACTORS ASSOCIATED WITH FAMILY WELLBEING

Many factors warrant inclusion in any analysis of contributors to the components of family wellbeing. An integrated, holistic, conceptual framework is thus required to help understand the ways in which these influences interrelate to impact upon family wellbeing. While family systems theory appreciates the interdependence of the individual family members, Bronfenbrenner’s bio-ecological model (Bronfenbrenner, 1979; Bronfenbrenner & Morris, 2006) offers a structure by which child and family wellbeing can be conceived. The family is nested within multi-layered and intersecting environmental systems, and influences on the wellbeing of the individuals within the family and the relationships they share are numerous, interrelated and reciprocal. This model reflects cross-disciplinary theory and research that highlights the importance of interactions within the family and beyond. The concept of nested environmental systems provide a means of cataloguing influencing factors as they relate to individual family members, family processes and the broader social, physical and political environment. Some examples of these influencing factors are depicted in Figure 2.11. The items, scales and subscales used to assess these factors will be described in more detail in the next two chapters where they form part of the analyses.

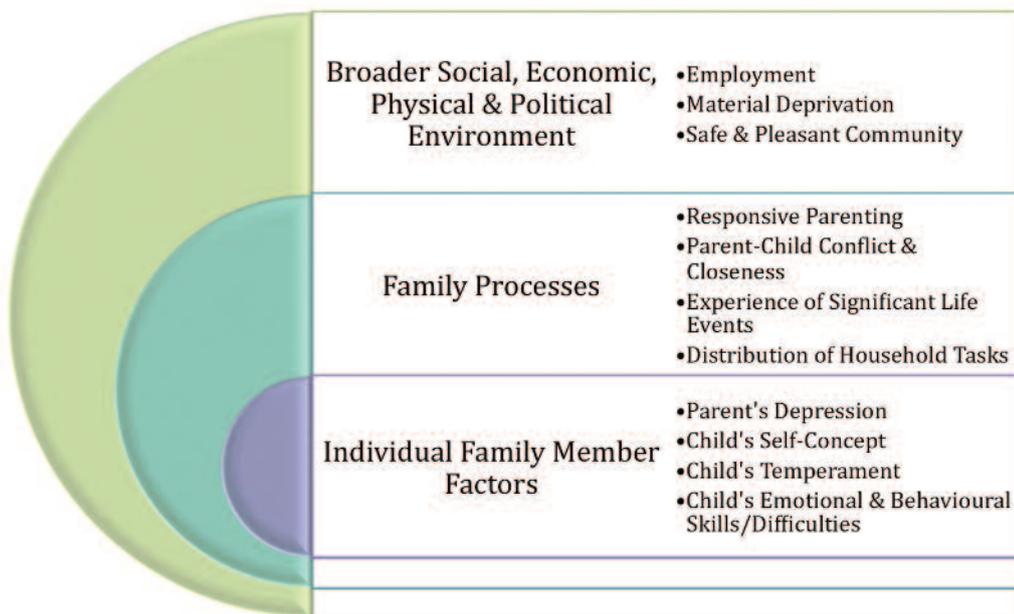


Figure 2.11: Example of individual, family process and social/economic/physical/political factors that influence family wellbeing

It is important to note that some of these influencing factors are protective, in that they promote positive outcomes, whereas others increase the risk of poorer outcomes. Particularly relevant to the present study with families living at risk of poverty is the way in which the bio-ecological model hypothesises that risk and protective factors may have more or less impact in some family settings than in others. For example, maternal employment and its associated income could be more necessary for families with no other employed adults than families where a second parent has a high-income, stable job. Similarly, living in a disadvantaged community could be more of a risk for children who do not have a safe and caring home to return to after school. The impact of protective and risk factors can be cumulative, in that multiple protective factors working together can increase positive outcomes and multiple risk factors working together can amplify negative outcomes. So, while child wellbeing could be impacted upon just by having a parent with depression, this influence could be compounded if the child also experiences, for example, material deprivation and ill-health. It is also important to note that even when risk factors are present, variability in individual family circumstances and the presence of protective factors can dictate if they impact upon wellbeing. For example, in Daly and Leonard (2002) some family members commented that, even though they were financially troubled, other aspects of their lives, such as family relationships, were strong and compensated for the lack of money.

2.5 ANALYSES

As stated previously, the present study has selected data collected as part of *Growing Up in Ireland* in order to:

- (i) investigate how families living at risk of poverty are faring across a range of family wellbeing indicators. These families are compared with families who are not at risk of poverty across key dimensions of wellbeing pertaining to the child, his or her parents, and family processes and relationships.
- (ii) develop empirically- and theoretically- driven models that illustrate and examine key factors associated with the psychological wellbeing and family processes and relationships of those living at risk of poverty.

To address the first aim, analyses comparing families living at risk of poverty with families not living at risk of poverty in Chapter Three involve *t* test and Pearson's chi-square (χ^2) calculations⁵. To address the second aim, analyses in Chapter Four looking at the factors associated with the various components of family wellbeing of interest are performed using a type of advanced statistical analyses called Structural Equation Modeling (SEM)⁶.

5 *t* test and chi-square (χ^2) calculations were conducted using IBM SPSS Statistics 19 computer software. The data used in these analyses were 'weighted' or statistically adjusted in line with the sample design so that the information is representative of families in Ireland.

6 SEM analyses were conducted using IBM SPSS Amos 19 computer software.

SEM is a collection of statistical techniques used for specifying, estimating, evaluating and, perhaps, modifying models of directional and non-directional linear relationships among measured variables (e.g. height and weight) or latent variables, where measured variables are used as indicators of underlying latent constructs (e.g. items on a depression inventory can represent degrees of ‘psychological wellbeing’). Different theories about the relationships between variables can be tested against the data and their success measured via statistics of goodness of fit (Tabachnik & Fidell, 2007). In order to evaluate the models presented in Chapter Four, Table 2.2 below presents some information to help interpret the strength of relationships between variables and how well the models fit the data (based on Bollen & Long, 1993, and Hoe, 2008)⁷.

Table 2.2: Guidelines for interpreting relationships and model-fit in SEM

<p><i>Chi-Square</i> (χ^2)</p>	<ul style="list-style-type: none"> • A non-significant χ^2 result generally indicates a model that fits the data. However, the χ^2 test alone cannot be considered sound criterion for evaluating the acceptability of a model as it is sensitive to the distribution of variables and sample size. • Researchers now consider an alternative approach where the χ^2 is deemed to be acceptable if the ratio of the χ^2 to the degrees of freedom is between two and five.
<p>Fit Indices</p>	<ul style="list-style-type: none"> • Fit indices include the Incremental Fit Index (IFI) and the Comparative Fit Index (CFI). • Values greater than .90 are indicative of acceptable model fit. • The Root Mean Square Error of Approximation (RMSEA) value is also reported. • A small value, generally .08 or less, is acceptable.
<p>Standardised Regression Co-efficient (β)</p>	<ul style="list-style-type: none"> • The strength of the relationships depicted in the models (i.e. represented by arrows) is measured by β. • Relationships can be positive, where high values on one variable are associated with high values on another, or negative (with a minus sign), where high values on one variable are associated with low values on another. • Each β value measures the impact of a given variable while controlling for all others in the model.

⁷ These statistical indices should be considered only as guidelines here. All models specified in this report were developed in light of theory and research in the field of study. However, in some respects the models are also data-driven, in that, some variables that were considered to be theoretically relevant but did not perform well in the model were omitted in order to present a picture of key influences on family wellbeing that was more concise and robust.

CHAPTER THREE: *The Wellbeing of Families Living on Limited Incomes*

3.1 INTRODUCTION

How children and their parents think and feel about themselves has important implications for their capacity to enjoy life and their ability to engage with each other in a way that is conducive to positive outcomes. Two family processes that seem especially important for the wellbeing of both children and their parents are the quality of parent-child relationships and the quality of parent-parent relationships. This chapter aims to answer the first research question of how families on limited incomes are faring across a range of wellbeing indicators by detailing the wellbeing of families living at risk of poverty in terms of the physical and psychological health of parents and children, responsive parenting, levels of conflict in mother-child and father-child interactions, and relationship satisfaction between parents. It first describe the measures used to represent these dimensions of wellbeing and then reports scores on these measures for the at risk of poverty sample in comparison with *Growing Up in Ireland* families not at risk of poverty. The chapter concludes with a summary of key findings.

3.2 THE STATE OF PARENTS' PHYSICAL & PSYCHOLOGICAL WELLBEING

3.2.1 MEASURING PARENTS' WELLBEING

This section details the scales and items from the *Growing Up in Ireland* questionnaire that are used in the present study to represent parents'⁸ physical and psychological wellbeing.

3.2.1.1 Physical Wellbeing

Parents' physical wellbeing was assessed by asking about current health ("In general, how would you say your current health is?") and chronic illness and disability ("Do you have any on-going chronic physical or mental health problem, illness or disability?"). Response options for the current health question were on a five-point scale ranging from 'poor' to 'excellent', while 'yes' or 'no' were the response options for the chronic condition question.

In addition to this, mothers were asked about health conditions that have made it difficult for them to care for their child ("Do you currently or have you in the past suffered from any chronic illness or disability which made it difficult for you to look after the Study Child?"). Response options were 'in the past', 'currently' or 'no'.

⁸ As noted and explained in Chapter Two, data presented in this and the next chapter pertaining to fathers refers only to fathers who live in the same household as their children. *Growing Up in Ireland* did not collect data from non-resident fathers for some variables of interest to the present report (e.g. depression symptoms) and so they are not represented here.

3.2.1.2 Psychological Wellbeing

Parents' psychological wellbeing was assessed using a shortened, eight-item version of the Centre for Epidemiological Studies Depression Scale (CES-D; Radloff, 1977). Respondents are asked to consider how they have been feeling over the past week and rate items such as 'My sleep was restless' and 'I felt sad' on a four-point scale ranging from 'rarely or none of the time' (score of 0) to 'most or all of the time' (score of 3).

The range of possible scores is from 0 to 24, with higher scores indicative of more depressive symptoms. Reliability analyses⁹ of the CES-D with the sample of families at risk of poverty were acceptable, with internal consistency values at .89 for mothers and .79 for fathers.

3.2.2 OVERALL PHYSICAL & PSYCHOLOGICAL WELLBEING

Parents' responses to questions about their current health revealed that 60.7% of mothers and 60.7% of fathers living at risk of poverty reported 'very good' or 'excellent' health. Approximately a quarter of mothers (27.9%) and fathers (24.5%) described their health as 'good', while just over ten per cent of mothers (11.4%) and fathers (14.8%) described their health as 'fair' or 'poor'.

Similar percentages of mothers (18.7%) and fathers (17.7%) reported living with on-going chronic physical or mental health problems, illnesses or disabilities. Mothers were further asked if these chronic conditions hampered their ability to look after their children and the vast majority (88.7%) reported that it did not, with 7.4% stating that it did in the past and 3.9% stating that it currently affects them.

Mothers in the sample had total scores on the psychological wellbeing measure (the CES-D) ranging from 0 (no depressive symptoms) to 24 (the maximum level of depressive symptoms). Their average or mean score was 2.95 ($SD = 4.22$). Fathers in the sample did not score at the extreme high end of the scale, with scores ranging from 0 to 19. Their average score was 1.49 ($SD = 2.56$). These findings indicate that levels of depressive symptoms among the parents in the sample were low. Parents could also be classified as being depressed if their total score on the CES-D was six or higher. By applying this tenet, 15.3% of mothers and 4.3% of fathers were found to be depressed.

⁹ Cronbach's alpha (Cronbach, 1951) determines the internal consistency (or average correlation) of items in a scale to gauge its reliability. Values of .7 or above are acceptable.

3.2.3 VARIATIONS BY POVERTY STATUS

Physical and psychological wellbeing indicators were compared for parents living at risk of poverty (ARP) and parents who were not (Not ARP). With regard to their current health, both mothers and fathers at risk of poverty were significantly less likely to report that their health was excellent or very good ($p < .001$) and significantly more likely to report that their health was fair or poor ($p < .001$). See Figure 3.1 for mothers' reported current health and Figure 3.2 for fathers' reported current health.

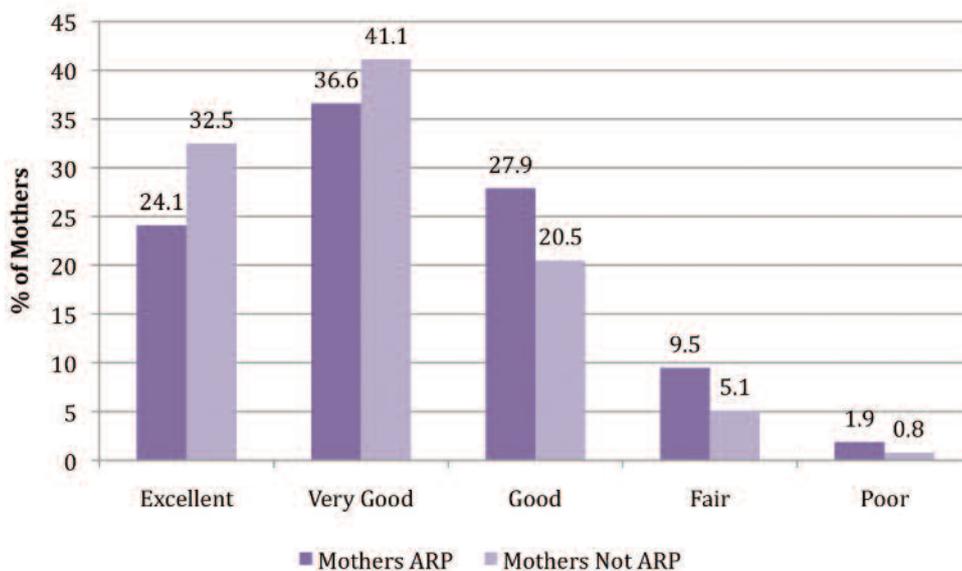


Figure 3.1: Mothers' self-reported health by ARP status
ARP $n = 1604$; Not ARP $n = 6403$

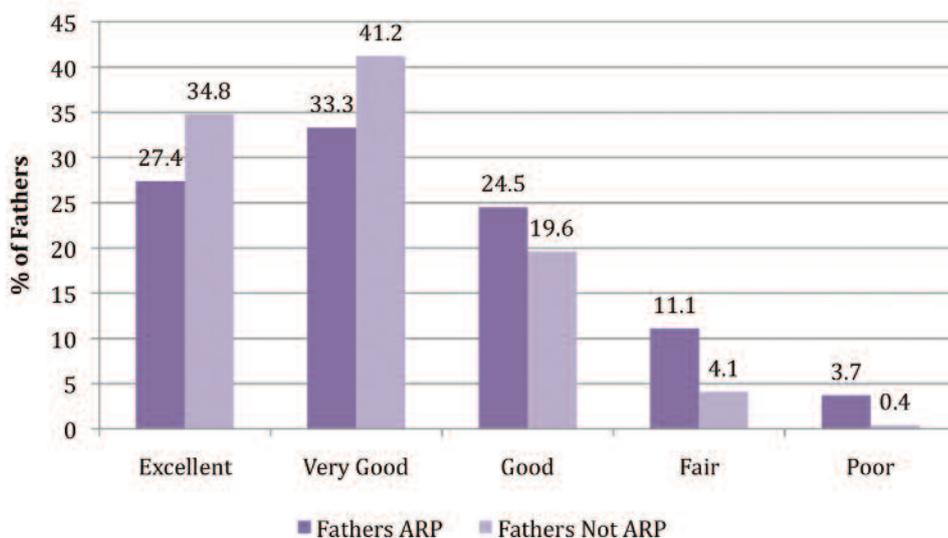


Figure 3.2: Fathers' self-reported health by ARP status
ARP $n = 893$; Not ARP $n = 5205$

Figure 3.3 shows mothers' and fathers' self-reports of having an on-going chronic physical or mental health problem, illness or disability. Parents at risk of poverty were significantly more likely to report such a condition than parents who were not at risk ($p < .001$).

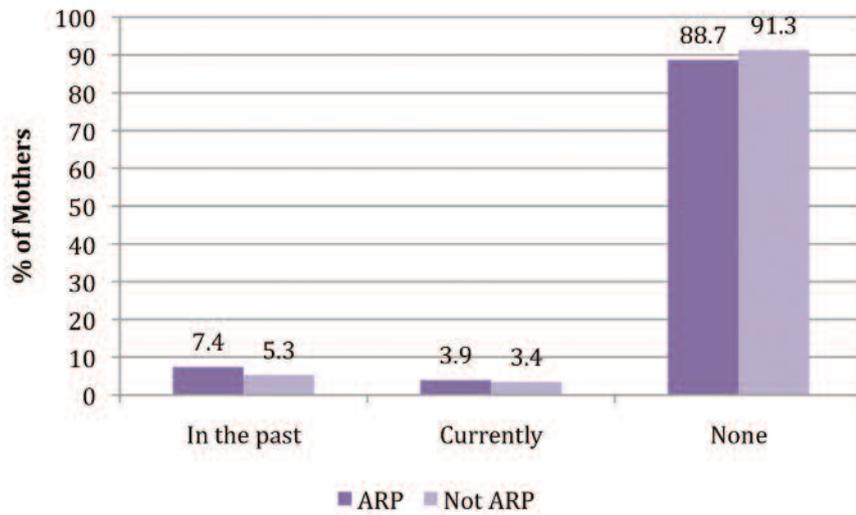


Figure 3.3: Parents reporting current chronic condition by ARP status
Mothers: ARP $n = 1605$; Not ARP $n = 6403$
Fathers: ARP $n = 892$; Not ARP $n = 5206$

Mothers were asked if they had experience of any chronic illness or disability which made it difficult for them to look after their child. Mothers living at risk of poverty were significantly more likely to report that a condition had hampered their ability to care for their child in the past ($p < .001$), as depicted in Figure 3.4.

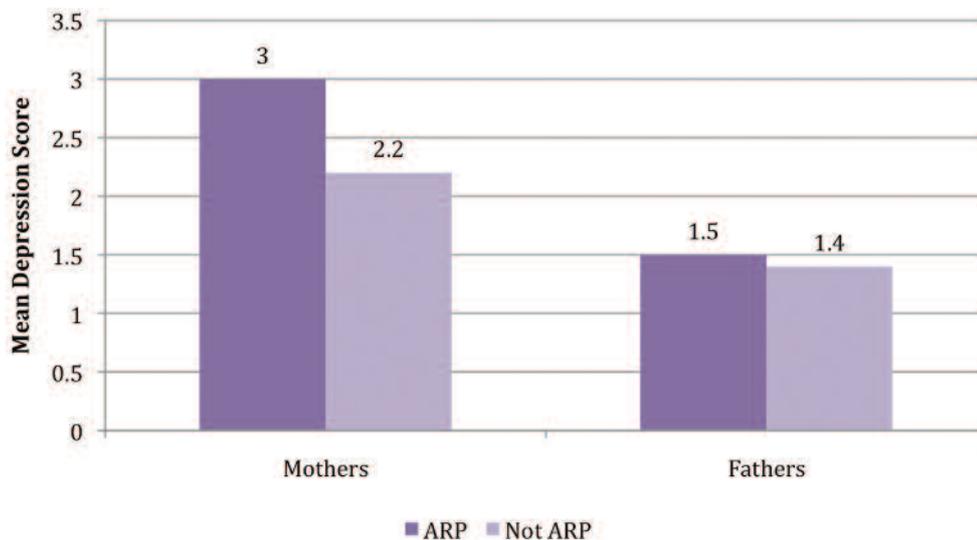


Figure 3.4: Mothers' health affecting ability to look after child by ARP status
ARP $n = 1605$; Not ARP $n = 6403$

Mothers at risk of poverty were found to have significantly higher mean depression scores than mothers who were not at risk ($p < .001$), although the effect sizes were small ($d = 0.3$)¹⁰. No significant difference was noted in this respect for fathers. Figure 3.5 charts these mean scores.

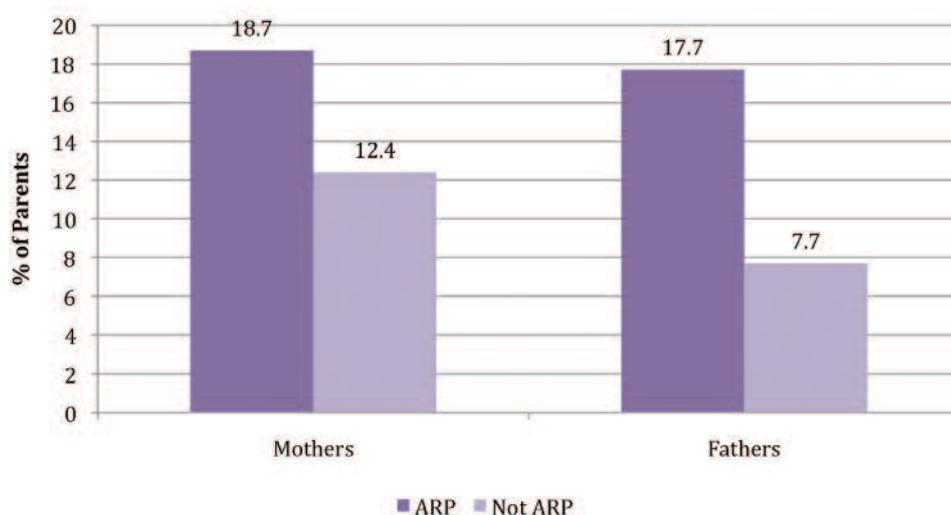


Figure 3.5: Mean depression scores by ARP status
Mothers: ARP $n = 1297$; Not ARP $n = 5916$
Fathers: ARP $n = 712$; Not ARP $n = 4712$

¹⁰A Cohen's d value of 0.2 can be considered a 'small' effect size, 0.5 represents a 'medium' effect size and 0.8 a 'large' effect size. This means that if two groups' means differ by less than 0.2 standard deviations, the difference is marginal, even if it is statistically significant.

3.3 THE STATE OF CHILDREN'S PHYSICAL & PSYCHOLOGICAL WELLBEING

3.3.1 MEASURING CHILDREN'S WELLBEING

This section details the scales and items from the *Growing Up in Ireland* questionnaire that are used in the present study to represent children's physical and psychological wellbeing.

3.3.1.1 Physical Wellbeing

Children participating in *Growing Up in Ireland* did not self-report on their physical health. Accordingly, the present study uses a question from the Primary Caregiver questionnaire as a proxy: "In general, how would you describe the Study Child's health in the past year?". The possible responses were 'very healthy, no problems', 'healthy, but a few minor problems', 'sometimes quite ill', and 'almost always unwell'. A question on children's chronic illness was considered, as in the conceptualisation of parent physical wellbeing, but the prevalence of chronic conditions was low and so this question was unsuitable for inclusion.

3.3.1.2 Psychological Wellbeing

The 60-item Piers-Harris Children's Self-Concept Scale (Piers-Harris 2; Piers, Harris, & Herzberg, 2002) was used as a proxy for children's psychological wellbeing. It gathered information on how children perceive themselves across the domains of Behavioural Adjustment (e.g. 'I am well behaved in school' or 'I do many bad things'), Intellect (e.g. 'I am smart' or 'In school I am a dreamer'), Physical Appearance & Attributes (e.g. 'I have nice hair'), Anxiety/Freedom from Anxiety (e.g. 'I am often afraid'), Popularity (e.g. 'I am popular with boys/girls'), and Happiness/Satisfaction (e.g. 'I am a happy person'). In the analyses, total subscale scores were used, with higher scores on each indicating higher self-esteem and more positive self-regard. Reliability analyses of the Piers-Harris with the sample of families at risk of poverty was acceptable with internal consistency values for the subscales ranging from .76 to .84.

3.3.2 OVERALL PHYSICAL & PSYCHOLOGICAL WELLBEING

Mothers' responses to the question about their child's health revealed that 68.8% of children were deemed to be 'very healthy, with no problems'. Almost a third of children (29.2%) were described as 'healthy, but with a few minor problems'. Less than two per cent of children were 'sometimes quite ill' and only 0.1% were described as 'almost always unwell'.

With regard to children’s self-concept, mean scores across all six subscales ranged from 7.34 to 11.85 (see Table 3.1 below). A total scale score can be computed by summing the six subscale scores. This can range from 0 to 80 but in the sample of children at risk of poverty the maximum score reached was 60. Children’s average total scale score was 44.03, just under the expected average range of scores established by the scale developers for this age-group (45-55). The total scale score can also be used to categorize children’s self-concept: Forty four per cent of children had a self-concept categorised as ‘average’ (44.2%), 38.8% scored in the ‘very low to low-average’ range, leaving just 17% of children to be categorized as having a ‘average-high’ to ‘very high’ self-concept.

Table 3.1: Average scores for children living at risk of poverty for each Piers-Harris subscale

SUBSCALE	RANGE OF SCORES IN SAMPLE	AVERAGE SCORE (SD)
Behavioural Adjustment	0 - 14	11.01 (2.84)
Intellect & School Status	1 - 16	11.85 (3.00)
Physical Appearance & Attributes	0 - 11	7.34 (2.36)
Freedom from Anxiety	1 - 14	10.14 (3.08)
Popularity	0 - 12	8.02 (2.59)
Happiness/Satisfaction	1 - 10	8.30 (1.92)
Total Self-Concept Score	5 - 60	44.03 (9.49)

3.3.3 VARIATIONS BY POVERTY STATUS

Children’s physical health was compared between the families living at risk of poverty and the rest of the *Growing Up in Ireland* sample, as depicted in Figure 3.6. Significant differences were noted between the groups with those at risk of poverty less likely to be ‘very healthy’ and more likely to have ‘a few minor problems’ or to be ‘sometimes quite ill’ ($p < .001$).

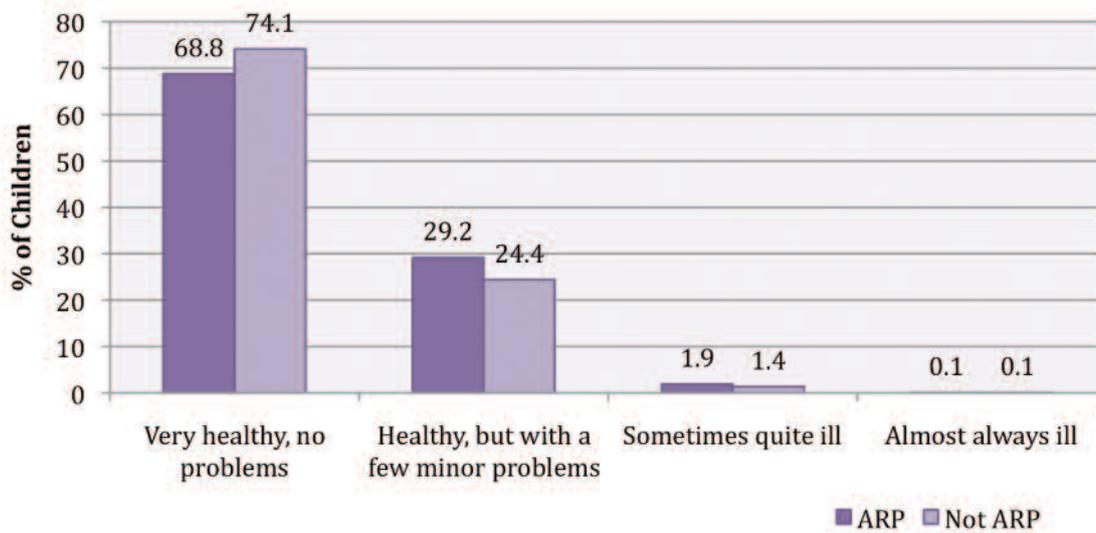


Figure 3.6: Mothers’ reports of children’s general health
ARP $n = 1601$; Not ARP $n = 6402$

There were significant differences between the at risk of poverty group and those not at risk with regard to their total self-concept score and all six self-concept subscales. Results suggest that those at risk of poverty have significantly poorer self-concept scores across all domains ($p < .001$), although effect sizes were small ranging from $d = 0.2$ to $d = 0.3$. See Figure 3.7 for average scores on the total scale and each subscale for each group of children.

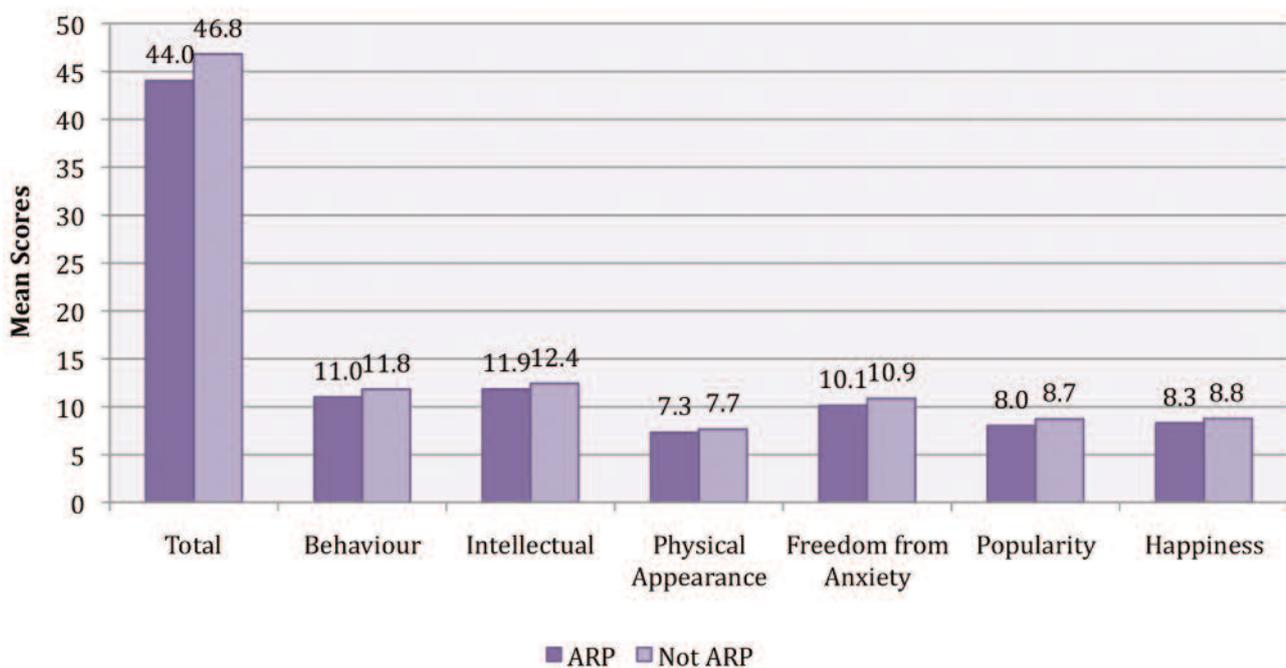


Figure 3.7: Scores on the Piers-Harris 2 total scale and subscales
ARP $n = 1498$; Not ARP $n = 6090$

3.4 THE STATE OF MOTHERS' & FATHERS' PARENTING

3.4.1 MEASURING RESPONSIVE PARENTING

Responsive parenting refers to the use of warmth and acceptance in responding to children's needs (Landry et al., 2012). *Growing Up in Ireland* tapped into this construct by asking the nine-year-old participants to complete the 5-item Responsiveness subscale of The Parenting Style Inventory II (Darling & Toyokawa, 1997) with reference to their mothers and fathers, as applicable. Sample items on the subscale include "I can count on my mother/father to help me out if I have a problem" and "My mother/father praises me for doing well". All items are scored from one (never) to three (always), with higher scores reflecting more child-rated responsive parenting. Reliability analyses of the Responsiveness subscale with the sample at risk of poverty used in the present study indicated that the reliability of the scale was acceptable with values of .67 for mothers and .73 for fathers.

3.4.2 OVERALL RESPONSIVE PARENTING

Based on subscale completion by children living at risk of poverty, responsive parenting scores for mothers and fathers ranged from 5 to 15, with an average score for mothers of 13.05 ($SD = 1.67$) and an average score for fathers of 12.59 ($SD = 1.96$). These findings suggest that scores on this subscale are positively skewed in that many children report that interactions with their parents are warm, supportive and accepting.

3.4.3 VARIATIONS BY POVERTY STATUS

Responsive parenting scores for mothers and fathers in the sample at risk of poverty were compared with the rest of the *Growing Up in Ireland* sample not at risk of poverty. Figure 3.8 displays mean responsive parenting scores for mothers and fathers across the two samples. The only significant difference to emerge was with regard to mothers' responsive parenting where mothers living at risk of poverty were found to be less responsive to their sons and daughters ($p < .05$), though it should be noted that the effect size of this difference was very small ($d = 0.1$).

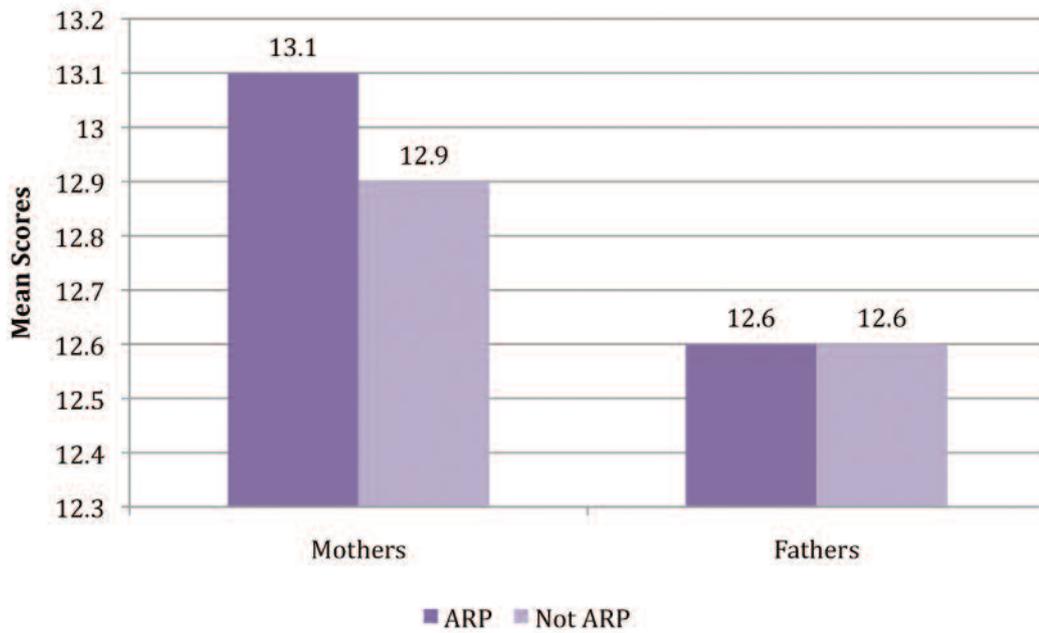


Figure 3.8: Mean scores for mothers and fathers on responsive parenting
Mothers: ARP $n = 1502$; Not ARP $n = 6030$
Fathers: ARP $n = 1234$; Not ARP $n = 5715$

3.5 THE STATE OF PARENT-CHILD CONFLICT

3.5.1 MEASURING CONFLICT

In *Growing Up in Ireland* the 30-item Pianta Child-Parent Relationship Scale (Pianta, 1992) was completed by mothers and resident fathers to examine their perceptions of the relationships that they share with their sons and daughters. For analyses here the 'Conflicts' subscale (8 items) will be examined and is calculated based on the shortened, 15-item, version of the scale (Pianta, 1998).

The Conflicts subscale taps into parent's perception of difficulties with their child, for example, 'When my child is in a bad mood, I know we're in for a long and difficult day' and 'Dealing with my child drains my energy'. All items are scored from one (definitely does not apply) to five (definitely applies). Scores for can range from 8 (low levels of conflict) to 40 (high levels of conflict). Reliability analyses of the Conflicts subscale with the at risk of poverty sample used in the present study indicated that it was reliable with values of .81 for mothers and .72 for fathers.

3.5.2 OVERALL CONFLICT

Based on subscale completion by parents living at risk of poverty, conflict scores for mothers ranged from 8 to 39, with an average score of 14.86 ($SD = 6.42$) and for fathers from 8 to 37, with an average score of 14.34 ($SD = 5.49$). These findings suggest that the average parent-child relationship is characterised by relatively low levels of conflict.

3.5.3 VARIATIONS BY POVERTY STATUS

Scores on the Conflicts subscale were compared for mothers and fathers in the sample at risk of poverty with the rest of the *Growing Up in Ireland* sample not at risk of poverty. Figure 3.9 displays mean scores for parents across the two samples. Fathers' conflict scores were not found to vary significantly by poverty status. However, mothers at risk of poverty reported significantly more conflict with their sons and daughters than parents not living at risk of poverty ($p < .001$), though the effect size of this difference was small ($d = 0.2$).

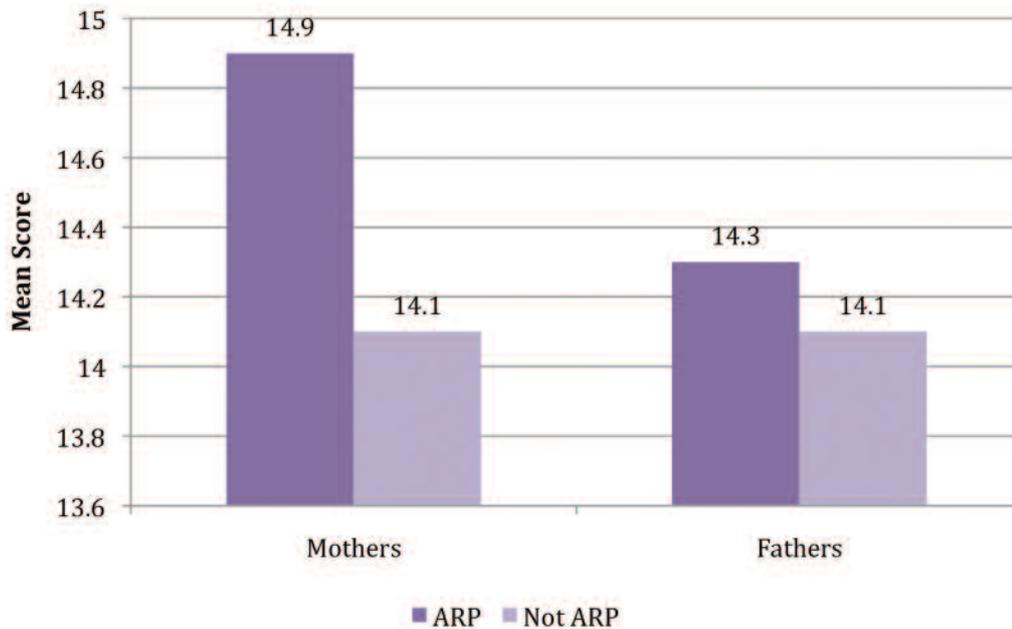


Figure 3.9: Mean scores for parent-child conflict reported by mothers and fathers
Mothers: ARP $n = 1597$; Not ARP $n = 6394$
Fathers: ARP $n = 888$; Not ARP $n = 5194$

3.6 THE STATE OF CO-HABITING PARENTS' RELATIONSHIPS

3.6.1 MEASURING PARENT RELATIONSHIP QUALITY

In *Growing Up in Ireland* the seven-item version of the Dyadic Adjustment Scale (DAS: Sharpley & Rogers, 1984) was used to assess the quality of parents' relationships. Questions tap into respondents' cohesion (e.g. regularly working together on a project), agreement (e.g. with regard to aims, goals and things believed important) and happiness ("describe the degree of happiness in your relationship") in their relationship with their partner. All items are scored on a scale from 0 to 6 and scores can range from a low satisfaction score of 0 to a high satisfaction score of 36. Reliability analyses of the Dyadic Adjustment Scale with the sample at risk of poverty used in the present study indicated that the scale was reliable with values of .73 for mothers and .71 for fathers.

3.6.2 OVERALL RELATIONSHIP SATISFACTION

Relationship satisfaction scores for mothers ranged from 2 to 36, with an average score of 24.16 ($SD = 5.88$). Fathers' scores ranged from 1 to 36, with an average score of 24.59 ($SD = 5.62$). These findings suggest that scores on this scale are positively skewed in that, generally, parents' relationships are on the higher end of this scale, indicative of greater happiness and satisfaction.

3.6.3 VARIATIONS BY POVERTY STATUS

Relationship satisfaction scores for parents living at risk of poverty were compared with parents from the rest of the sample. Figure 3.10 below charts mean scores from mothers and fathers for both samples. Although mothers and fathers at risk of poverty reported lower satisfaction scores than mothers and fathers who were not, the differences in average scores was not found to be statistically significant ($p > .05$).

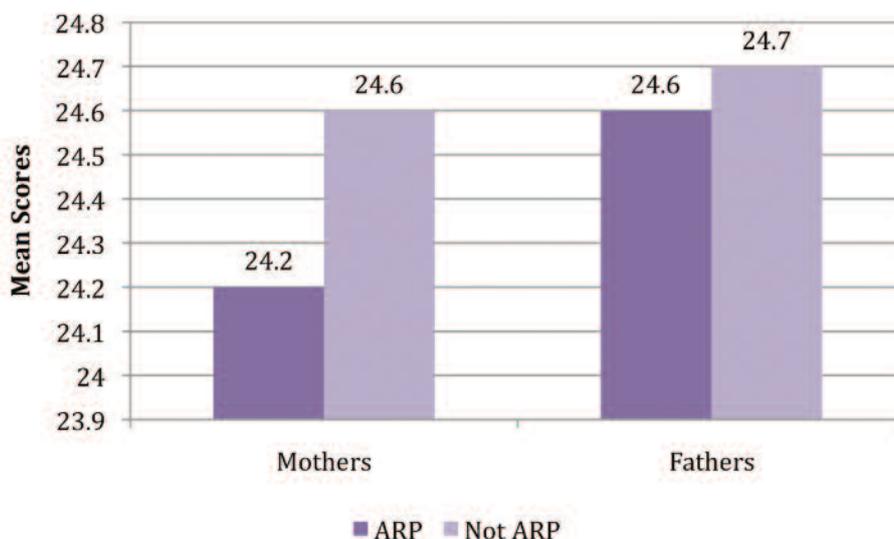


Figure 3.10: Mean scores from mothers and fathers on relationship satisfaction
Mothers: ARP $n = 757$; Not ARP $n = 4973$
Fathers: ARP $n = 677$; Not ARP $n = 4618$

3.7 CHAPTER SUMMARY

This chapter provided a description of the physical and psychological wellbeing of mothers, fathers and children living at risk of poverty and the relationships that they share. Key findings include:

- Just over sixty per cent of mothers and fathers at risk of poverty report having 'very good' or 'excellent' health. Just over a quarter described their health as 'good', while approximately ten per cent of parents described their health as 'fair' or 'poor'. Just under one fifth of mothers and fathers reported living with on-going chronic physical or mental health problems, illnesses or disabilities.
- Mothers' and fathers' physical health was found to vary significantly by poverty status with parents living at risk of poverty significantly less likely to report that their health was excellent or very good and significantly more likely to report that their health was fair or poor. Parents at risk of poverty were also significantly more likely to report having an on-going chronic condition than parents who were not at risk.
- Levels of depressive symptoms among parents were generally low but mothers at risk of poverty had significantly higher mean depression scores than mothers who were not at risk. •
The majority of children living at risk of poverty were reported by their mothers to be 'very healthy, with no problems', yet this percentage was significantly lower than the percentage of children reported as having very good health from families not living at risk of poverty.
- Children living at risk of poverty also reported significantly poorer psychological wellbeing with regard to lower perceived happiness and popularity, poorer appraisal of their physical appearance and academic performance, and higher ratings of anxiety and behavioural difficulties, when compared with peers not living with relative poverty.
- The average parenting interaction with mothers and fathers was rated by children as being high in responsiveness. Living at risk of poverty was not found to significantly impact upon fathers' responsiveness, but significantly lower levels of responsiveness were noted for mothers when compared with counterparts not at risk of poverty. However, the effect size of this difference was noted to be very small.
- The average parent-child relationship is characterised by low levels of conflict. Yet, mothers living at risk of poverty reported more conflict with their sons and daughters than mothers not living at risk of poverty.
- Parents' relationship satisfaction scores indicated that the majority of co-habiting mothers and fathers living at risk of poverty enjoy positive interactions. No significant differences were noted when couples living in relative poverty were compared with couples who are not.

These key findings will be discussed in greater detail in Chapter Five. Chapter Four which follows aims to build upon the analyses presented here and examines, among families living at risk of poverty, the key influences, direct and indirect, associated with their wellbeing.

CHAPTER FOUR:

Factors Associated with the Wellbeing of Families Living on Limited Incomes

4.1 INTRODUCTION

Though parents' and children's wellbeing and the quality of their interactions and relationships may vary in accordance with their families' poverty status, poverty status is unlikely to be the only factor to impact upon family wellbeing. This chapter aims to examine some other factors that are directly and indirectly associated with the wellbeing of families living at risk of poverty. The first section, Section 4.2, examines the wellbeing of children and their parents and the quality of their interactions together, while the following section, Section 4.3, focuses on the relationship satisfaction of co-habiting parents.

4.2 PARENTS, CHILDREN & THEIR INTERACTIONS

The analyses in this section are guided by Belsky's (1984) model of the socio-contextual determinants of parent-child interactions and the bio-ecological structure offered by Bronfenbrenner (1979). Factors examined relate to individual family members (e.g. child's temperament), family processes (e.g. parent-child conflict), and the wider economic and socio-cultural environments in which families live (e.g. parents' employment or perceptions of the local community).

4.2.1 LATENT AND MEASURED VARIABLES

In addition to examining relationships between measured variables in their own right, measured variables can also be used as indicators of underlying 'latent' constructs. In the two models that follow, children's and parents' wellbeing, responsive parenting and parent-child conflict are conceptualised as latent variables¹¹:

- **Children's Wellbeing** is represented by children's self-concept scores on the Piers-Harris Children's Self-Concept Scale (Piers et al., 2002). The latent variable is composed of total scores on each of the six subscales (Behavioural Adjustment, Intellect/School Status, Physical Appearance/Attributes, Freedom from Anxiety, Popularity, and Happiness/Satisfaction). Higher scores are reflective of greater wellbeing.
- **Mothers' and Fathers' Wellbeing** is composed of the eight items that make up the CES Depression Scale (Radloff, 1977). Scores were reverse coded so that higher values indicate less depressive symptoms and greater psychological wellbeing.
- **Responsive Parenting** refers to children's reports of their mothers' and fathers' warm and supportive parenting and is represented by the items that comprise the Responsiveness subscale of The Parenting Style Inventory II (Darling & Toyokawa, 1997). Higher scores indicate more responsiveness.

11 All item or subscale factor loadings on their respective latent variables are positive and statistically significant ($p < .001$).

- **Conflict** refers to parents' reports of troubled parent-child interactions and is composed of the eight items that make up the Conflicts subscale from the Pianta Child-Parent Relationship Scale (Pianta, 1998). Higher scores reflect greater conflict.

Psychological wellbeing was deemed to be the most fitting dimension of child and parent wellbeing to examine in these models. Physical wellbeing was considered but, as children's and parents' health was measured by a single question with limited response options, preliminary analyses revealed it to be unsuitable for inclusion as a dependent, or outcome, variable. In addition, self-report measures were sought as preferred representations of individual family members' wellbeing. As children's physical health is reported by their parents, this variable was deemed less suitable than their self-concept which they reported on themselves.

In addition to the latent variables listed above, the measured variables used in the analyses that follow are:

INDIVIDUAL FAMILY MEMBER FACTORS

Children's Emotional & Behavioural Difficulties: This variable comprises children's total difficulties score from the Strengths and Difficulties Questionnaire (SDQ; Goodman, 1997). Items tap into emotional symptoms (e.g. 'Child has many fears, is easily scared'), hyperactivity and inattention (e.g. 'Child is constantly fidgeting or squirming'), conduct problems (e.g. 'Child often fights with other children or bullies them') and peer relationship problems (e.g. 'Child is rather solitary, tends to play alone'). Scores range from 0 to 33 ($M = 9.24$; $SD = 5.80$). Higher scores reflect greater difficulties.

Children's Difficult Temperament: Refers specifically to children's 'emotionality' or tendency to be irritable and easily angered. This is measured by the Emotionality subscale of the Emotionality, Activity and Sociability (EAS) Temperament Questionnaire (Buss & Plomin, 1984). A sample item is, 'Child reacts intensely when upset'. Scores range from 1 to 5 ($M = 2.32$; $SD = 1.01$). Higher scores indicate that this aspect of temperament is very characteristic of the child.

Children's Pro-Social Skills: Represents children's scores on the SDQ subscale of Prosocial Behaviour (e.g. 'Child is considerate of others' feelings'). Scores range from 1 to 10 ($M = 8.94$; $SD = 1.50$). Higher scores reflect more positive prosocial behaviour.

Relationship Satisfaction with Partner: Is a measured variable only relevant to the model addressing the wellbeing of fathers and their children¹². It represents parents' total score from the Dyadic Adjustment Scale that taps into relationship happiness, agreement and cohesion. Scores range from 1 to 36 ($M = 24.6$; $SD = 5.62$). Higher scores reflect greater satisfaction.

Single Parent: Refers to mothers' parenting status and is a measured variable only relevant to the model addressing the wellbeing of mothers and their children (as all fathers in the analyses are from two-parent households). Thirty six per cent of mothers in the sample ($n = 577$) are single parents. **Deprivation:** Refers to the household's experience of enforced deprivation. The 11-item EU-SILC Basic Deprivation Index (e.g. Maitre, et al., 2006; Whelan et al., 2006) assesses household deprivation of material or social resources (e.g. two pairs of strong shoes, a warm waterproof overcoat, family or friends visiting for a drink or meal once a month). Families who lack two or more of these resources because they cannot afford them are categorised as experiencing enforced deprivation. Fourteen and a half per cent of households in the sample ($n = 232$) are experiencing enforced deprivation.

Life Events: Refers to families' experiences of significant life events, many of which are negative and all of which require adaptation and change (e.g. death of a close family member, moving house, serious illness or injury). Scores range from 0 to 14 ($M = 1.83$; $SD = 1.56$). Higher scores reflect more experience of such events.

Employment: Refers to the mothers and fathers engagement in paid employment and is scored (1) unemployed (2) working part-time, and (3) working full-time. Just over 73% (73.1%) of mothers were unemployed, 16.2% were employed part-time, and 10.6% were employed full-time. For fathers, 46.6% were unemployed, with 3.2% employed part-time, and 50.1% employed full-time

Parents' Perception of the Community: Refers to parents' views of the community in which their family lives. The 17-item Community Index¹³ includes questions about involvement in local groups and activities, having family live nearby, the safety of the area, and services and amenities. Scores range from -13 to 17 ($M = 7.53$; $SD = 5.15$). Higher scores reflect more positive perceptions of the local area.

¹² This measure is only applicable to the model for fathers and their children, as the model for mothers and their children includes mothers from single-parent households who do not have scores on this measure.

¹³ This index is completed by the Primary Caregiver in the family

Children's Perception of the Community: Refers to children's views of the community in which they live. The index contains 15 items that ask children about access to safe places to play, how they are treated by adults, traffic and pollution and other aspects of their neighbourhood and community. Scores range from -11 to 15 ($M = 7.91$; $SD = 4.50$). Higher scores reflect more positive perceptions of the local area.

To aid interpretation of the two models that follow it is useful to note that latent variables are represented by circular shapes and measured variables are represented by rectangles. The arrows represent relationships between variables and the strength of these relationships are indicated by standardised regression coefficients (non-significant relationships are denoted by dashed arrows). Relationships can be positive, where high values on one variable are associated with high values on another, or negative (with a minus sign), where high values on one variable are associated with low values on another. Each coefficient measures the relationship between two variables, while controlling for all other variables in the model.

4.2.2 THE WELLBEING OF MOTHERS AND THEIR CHILDREN

Results of the wellbeing analysis for mothers and their children are presented in Figure 4.1. This model explains 30% of the variance in mother and child wellbeing. The fit of the model is acceptable [$\chi^2 = 1630.55$, $df = 548$; IFI = .90, CFI = .90; RMSEA = .043, 90% CI .041 - .046].

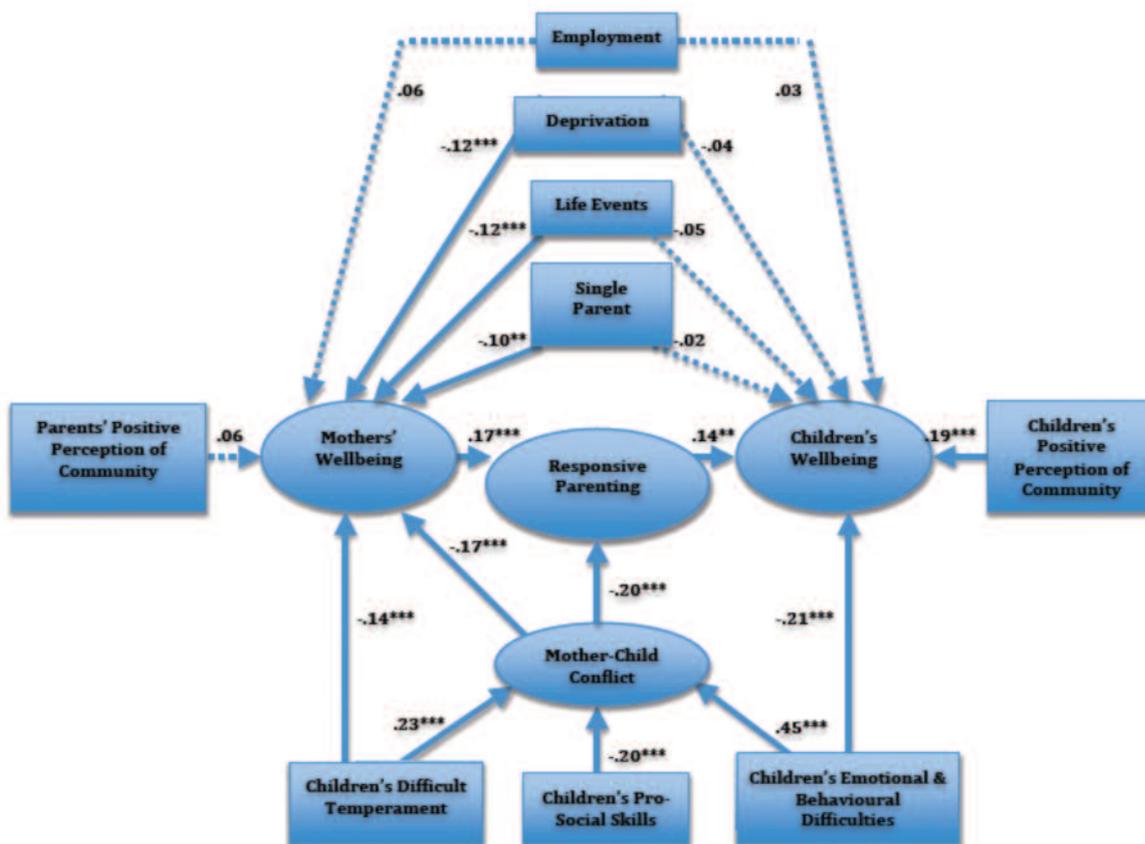


Figure 4.1: Model of factors associated with the wellbeing of mothers and their children
* $p < .05$, ** $p < .01$, *** $p < .001$

Note: All covariances between independent, or explanatory, variables omitted from figure.

Looking first at factors associated with conflict between mothers and their children, it can be seen that children's emotional and behavioural issues had the strongest relationship, in that more issues resulted in more conflict. Children's difficult temperament was also associated with more conflict, while children's pro-social skills were associated with less conflict.

Conflict in the mother-child relationship was found to have the strongest association with mothers' psychological wellbeing. This relationship was negative so that more conflict resulted in less wellbeing. Other factors found to have significant negative associations with mothers' wellbeing, in descending order of strength, were having a child with a difficult temperament, the family's experience of stressful life events, the family's experience of household deprivation, and being a single parent. Positive perceptions of the community in which the family live and being employed were associated with greater wellbeing, but these relationships were not statistically significant. Mothers' wellbeing was positively associated with their ability to provide responsive parenting to their children. Conflict in the mother-child relationship was the factor most strongly associated with responsive parenting, and this relationship was negative so that more conflict was related to less responsiveness.

Children's emotional and behavioural difficulties had the strongest association with their psychological wellbeing and this association was negative, so that greater difficulties resulted in less wellbeing. Factors found to have a significant positive association with children's wellbeing were their positive perceptions of the community and their mothers' responsive parenting. Associations between children's wellbeing and household deprivation, negative life events, mothers' employment and living in a single-parent household were not statistically significant.

4.2.3 THE WELLBEING OF FATHERS AND THEIR CHILDREN

An adapted version of the model developed to illustrate the factors associated with the wellbeing of mothers and their children was next applied to fathers in our sample at risk of poverty¹⁴. The results of this analysis are presented in Figure 4.2. This model explains 31% of the variance in father and child wellbeing. The fit of the model is acceptable [$\chi^2 = 1077.26$, $df = 498$, $IFI = .90$, $CFI = .90$; $RMSEA = .039$, 90% CI .036 - .042].

¹⁴Some adaptations to the model were necessary: First, as all fathers in our sample are from two-parent households, the variable comparing single parents with parents living with a partner was removed and replaced with a variable that taps into relationship satisfaction. Second, the variables of the family's experience of household deprivation and significant life events were not found to be significantly associated with either father or child wellbeing and they did not contribute to the model fit, and so were removed.



Figure 4.2: Model of factors associated with the wellbeing of fathers and their children
* $p < .05$, ** $p < .01$, *** $p < .001$
Note: All covariances between independent, or explanatory, variables omitted from figure.

As with the model for mother and child wellbeing, father-child conflict had the strongest association with fathers' psychological wellbeing, so that more conflict was related to less wellbeing. Yet, fathers' rating of conflict with their sons and daughters was not significantly associated with their ability to provide responsive parenting, as rated by their children. Again, as with the previous model, factors positively associated with conflict were children's difficult temperament and greater emotional and behavioural difficulties, while children's pro-social skills had a negative association.

Employment and relationship satisfaction with partners were factors associated with more positive wellbeing for fathers. Fathers' employment was also significantly associated with children's wellbeing, so that children reported more wellbeing when their fathers were employed. Positive perceptions of the community in which the family live were not significantly associated with fathers' wellbeing but were positively related to children's wellbeing.

Similar to the previous model, children's psychological wellbeing was positively associated with their fathers' responsive parenting and negatively associated with their own emotional and behavioural difficulties. Observation of the standardised beta values indicates that this latter factor had the strongest impact upon wellbeing.

4.3 PARENTS' RELATIONSHIP SATISFACTION

This section presents the results of analyses that examine the factors associated with the relationship satisfaction of mothers and fathers in two-parent households. Factors included relate mostly to individual family members (e.g. partners' depression) and family processes (e.g. parent-child closeness or conflict), but also to family characteristics such as the families' experiences of household deprivation and the number of children in the household.

4.3.1 LATENT AND MEASURED VARIABLES

In the model that follows, parents' relationship satisfaction is conceptualised as a latent variable:

- **Relationship Satisfaction** comprises three parcels of items from the Dyadic Adjustment Scale (Sharpley & Rogers, 1984): relationship happiness, agreement and cohesion¹⁵. Higher scores reflect greater satisfaction.

In addition to this, the measured or observed items used in the analyses are as follows:

INDIVIDUAL FAMILY MEMBER FACTORS

Mum's/Dad's Depression: Parents' depression is represented by their total score on the eight-item version of the Centre for Epidemiological Studies Depression Scale (CES-D; Radloff, 1977). Mothers scored from 0 (no depressive symptoms) to 24 (the maximum level of depressive symptoms), mean score 2.32 ($SD = 3.61$). Fathers scored from 0 to 19, mean score 1.49 ($SD = 2.56$). Higher scores indicative of more depressive symptoms.

Mum's/ Dad's View on Arguing Frequency: Parents' answer to the question, "Many couples argue from time to time. Roughly how often would you and your spouse / partner argue?". Scores range from (1) 'never' to (5) 'most days' (Mothers $M = 3.33$, $SD = 0.96$; Fathers $M = 3.24$, $SD = 1.00$) so that higher scores reflect more arguing.

15 All parcel loadings are positive and statistically significant ($p < .001$).

Mum's/Dad's Aggression During Argument: The sum of parents answer to the question, "When you and your partner argue, how often do you...(i) shout or yell, (ii) throw something at each other, (iii) push, hit or slap each other". Response options for each were (1) 'never or almost never' to (5) 'always or almost always'. Scores range from 0 to 12 for mothers ($M = 1.06$, $SD = 1.16$) and 0 to 7 for fathers ($M = 1.22$, $SD = 1.21$), with higher scores representing more physical or aggressive arguing behaviour.

Mum's/Dad's Inability to Resolve Argument: Mothers' and fathers' respective answers to the question, "To end an argument, how often would you ignore or refuse to speak any more, walk away, leave the room or leave the house.?" Response options range from (1) 'never or almost never' to (5) 'always or almost always' (Mothers $M = 1.86$, $SD = 1.05$; Fathers $M = 1.92$, $SD = 1.07$) so that higher scores reflect more refusal to resolve the argument.

Mum's/Dad's Ability to Compromise: Mothers' and fathers' respective answers to the question, "To end an argument, how often would you compromise?". Response options range from (1) 'never or almost never' to (5) 'always or almost always' (Mothers $M = 3.49$, $SD = 1.12$; Fathers $M = 3.61$, $SD = 1.06$) so that higher scores reflect more compromise.

Parent-Child Closeness or Conflict: The mean of the sum of mothers and fathers scores on the Closeness and Conflict subscales of the Pianta Child-Parent Relationship Scale (Pianta, 1998). Scores for Closeness ranged from 25 (low) to 50 (high) with a mean score of 44.29 ($SD = 3.78$), while scores for Conflict range from 12 (low) and 50 (high) with a mean score of 22.04 ($SD = 7.54$).

Mum/Dad Believes Chores Shared Fairly: Mothers' and fathers' respective answers to the question, "How fairly or unfairly would you say the household tasks are distributed between you and your partner?" Scores range from (1) 'very unfairly' to (3) 'fairly' (Mothers $M = 2.58$, $SD = 0.69$; Fathers $M = 2.71$, $SD = 0.55$) so that higher scores reflect more fairness.

Deprivation: Refers to the household's experience of enforced deprivation, as assessed using the 11-item EU-SILC Basic Deprivation Index (e.g. Maitre, et al., 2006; Whelan et al., 2006). Almost twelve per cent (11.7%) of two-parent households ($n = 120$) are experiencing enforced deprivation.

Number of Children: Refers to the total number of children who live in the household. This number ranged from 1 to 10 ($M = 3.97$; $SD = 1.40$).

To aid interpretation of the model that follows it is useful to note that the two latent variables are represented by circular shapes and the measured variables are represented by rectangles. The arrows represent relationships between variables and the strength of these relationships are indicated by standardised regression coefficients (non-significant relationships are denoted by dashed arrows). Relationships can be positive, where high values on one variable are associated with high values on another, or negative (with a minus sign), where high values on one variable are associated with low values on another. Each coefficient measures the relationship between two variables, while controlling for all other variables in the model.

4.3.2 RELATIONSHIP SATISFACTION WITH PARTNER

The results of the analysis of parents' relationship satisfaction is presented in Figure 4.3. This model explains 52% of the variability in mothers' relationship satisfaction and 39% of the variability in fathers' relationship satisfaction. The fit of the model is acceptable ($\chi^2 = 338.80$, $df = 95$; IFI = .90, CFI = .90; RMSEA = .058, 90% CI .052 - .065).

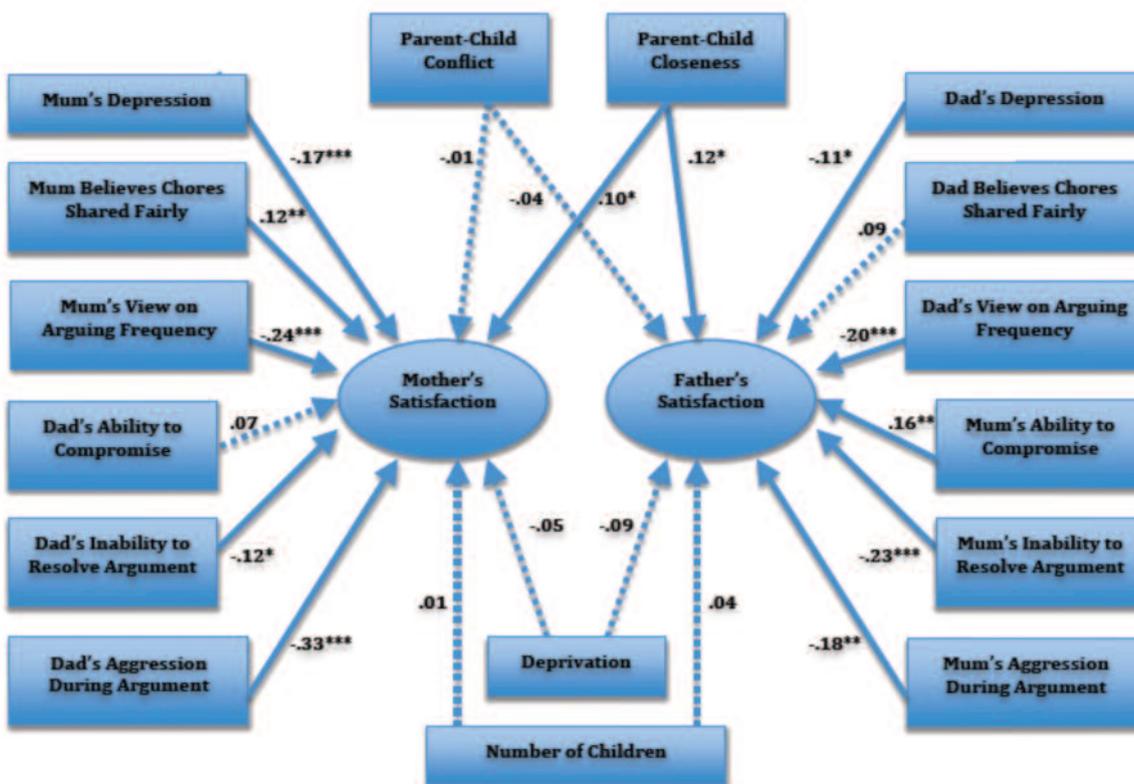


Figure 4.3: Model of factors associated with parents' relationship satisfaction
* $p < .05$, ** $p < .01$, *** $p < .001$
Note: All covariances between independent, or explanatory, variables omitted from figure.

As depicted above, parents' own levels of depression, their perception of how much they argue with their partner, their partners' use of physical or verbal aggression during an argument, and their partners' refusal or inability to resolve arguments were all factors that had a significant, negative impact on relationship satisfaction for both mothers and fathers. Partners' ability to compromise after an argument added to parents' relationship satisfaction, but only significantly so for fathers. The perception that household chores were fairly shared between both partners was associated with more satisfaction for parents, but only significantly so for mothers.

Examination of the relative strength of associations show how mothers' relationship satisfaction was most strongly, and negatively, associated with their partners' use of aggression during arguments. The next most influential factor was mothers' perceptions of how often arguments occur in the relationship, with more arguments associated with less satisfaction. For fathers, the frequency of arguments was the second strongest factor associated with their relationship dissatisfaction, the strongest factor being their partners' refusal or inability to resolve disputes and instead not speaking or walking out during an argument.

Parents' relationship satisfaction was positively associated with their closeness to their children, although no significant relationship was found with regard to parent-child conflict when all other factors were controlled for. Neither the number of children in the family or experiencing household deprivation were factors found to significantly relate to mothers' or fathers' relationship quality.

4.4 CHAPTER SUMMARY

This chapter examined the factors associated with the wellbeing and relationships of children and their parents from families living at risk of poverty. The chapter first detailed influences on the wellbeing of parents and children and their interactions with each other and uncovered how:

- Parent-child conflict was significantly associated with children who had more emotional and behavioural difficulties, a difficult temperament, and less pro-social skills.
- Parent-child conflict was the factor most strongly associated with the psychological wellbeing of mothers and fathers. This relationship was negative so that conflict with sons and daughters reduced parents' psychological wellbeing.
- Lower psychological wellbeing and parent-child conflict were associated with reduced levels of responsive, or emotionally warm and supportive, parenting for mothers, but no significant relationships between these variables were noted for fathers.
- For mothers the experience of household deprivation and distressing life events were associated with lower levels of psychological wellbeing. Yet, these factors did not significantly impact upon

the wellbeing of fathers or children, suggesting that mothers may be more aware of certain family circumstances, or perhaps shield other family members from the negative influences of such circumstances.

- Being in paid employment was noted to be positively associated with fathers' wellbeing. While children's wellbeing was also positively associated with fathers' employment, no significant association was found between children's wellbeing and mothers' employment.
- Being a single parent had a negative association with mothers' wellbeing while relationship satisfaction with partners had a positive association with fathers' wellbeing. Neither of these variables were found to significantly impact upon children's wellbeing.
- As stated above, children's wellbeing was positively associated with responsive parenting. Having a positive perception of the community as being safe and pleasant with amenities and family close by was also associated with higher levels of wellbeing. Children's emotional and behavioural difficulties had the strongest association with their wellbeing. This association was negative so that greater difficulties were associated with lower levels of wellbeing.

The chapter then progressed to investigate factors associated with the quality of mother-father relationships.

- For both parents, more frequent arguing had one of the strongest associations with poorer relationship satisfaction. Partners who walk out during an argument and/or engage in aggressive arguing styles were associated with relationship dissatisfaction for both mothers and fathers: refusal to resolve an argument and instead leave the room or leave the house was the factor with the strongest association with fathers' relationship quality and aggression exhibited by partners was the factor with the strongest association with mothers' relationship quality.
- Parents' own levels of depression also had a significant, negative impact on relationship satisfaction for both mothers and fathers.
- Mothers' ability to compromise after an argument significantly added to fathers' relationship satisfaction.
- The perception that household chores were fairly shared between both partners was associated with significantly more satisfaction for mothers.
- Parents' relationship satisfaction was positively associated with their closeness to their children. Parent-child conflict, the number of children in the family, or experiencing household deprivation were not found to significantly relate to mothers' or fathers' relationship quality, when all other factors were controlled for.

These findings and others presented in the previous chapter will be discussed in greater detail in the following chapter. Links with previous literature, methodological strengths and limitations, and recommendations for practice, policy and future research will all be considered.

CHAPTER FIVE: *Discussion of Key Findings & Recommendations for Practice, Policy & Future Research*

5.1 INTRODUCTION

The patterns of economic and structural change affecting family life in recent years mean that there is much to be learned and understood about the wellbeing of families in Ireland today. To this end, *Growing Up in Ireland* has made an important contribution by providing a rich source of data on a variety of aspects relevant to the study of the wellbeing of parents and children and the relationships they share. The present study has mined this data to examine (i) how families identified as being *at risk of poverty* are faring in comparison with families not living *at risk of poverty* across a range of wellbeing indicators and (ii) a selection of factors associated with the wellbeing of these at risk children and parents.

This research has found that families living in relative poverty have poorer outcomes across a range of wellbeing indicators, when compared with families who are not experiencing such financial difficulties. Yet, family income is not deterministic as it is not the only contributor to family wellbeing. Indeed, family members living at risk of poverty can enjoy good physical and psychological health and quality relationships with each other. Thus, this research also shows the range of other key factors associated with the wellbeing of parents, their children and the relationships that they share. These factors are predominantly based within the individuals in the family unit (e.g. parents' depression, children's temperament) and between the individuals in the family unit (e.g. parent-child conflict, parents' ability to resolve arguments). However, factors from outside the immediate family have also been noted to be influential. These include children's perceptions that their community is a safe and pleasant place to live and fathers' employment. This chapter begins by taking stock of key findings and goes on to make suggestions to inform practice and policy.

5.2 OVERVIEW & DISCUSSION OF KEY FINDINGS

Chapter Two presented detail on some characteristics of families living at risk of poverty.

Findings indicated that over a third of families at risk of poverty were headed by single-parents and the vast majority of these lone parent were mothers. Almost two thirds of families at risk of poverty had three or more children. The majority of mothers and fathers had not continued education past lower secondary school level. For both parents, the odds of being at risk of poverty decreased as their level of educational attainment increased. The socio-economic status of one third of families could not be classified as no parent in the household had ever been in employment. For the remaining families, the majority were represented in the manual labour categories and the minority in the managerial, technical or professional categories.

Reports from Ireland (e.g. Central Statistics Office, 2008, 2009), Northern Ireland (e.g. MacInnes, Aldridge, Parekh & Kenway, 2012), the UK (e.g. Department of Work & Pensions, 2012) and beyond (e.g. Cancian & Reed, 2009) have also noted how families with single-parents, a greater number of children, lower levels of parental education and lower socio-economic classification are at greater risk of experiencing poverty and/or material deprivation. For example, national figures from the CSO SILC survey (Central Statistics Office, 2008, 2009) for the same period as *Growing Up in Ireland* data were collected indicate that households where the head of family is unemployed or has lower educational attainment are more at risk of relative poverty.

Almost forty per cent of at risk families in the present study reported that they did not receive any Social Welfare payments in addition to their Child Benefit. For families who were in receipt of some form of Social Welfare, one third relied on it for all of their households' income and, at the other end of the scale, almost one quarter received payments that amounted to less than 5% of their households' total income. Over a quarter of families at risk of poverty did not have any medical card. It thus appears that a sizeable proportion of families who could benefit from State welfare assistance are not in receipt of it. Whether this is due to lack of knowledge of available supports, difficulty accessing them, issues regarding entitlement or personal choice needs further investigation.

Chapter Three revealed that families living in relative poverty have poorer outcomes across a range of wellbeing indicators, when compared with families who are not experiencing such financial difficulties. With regard to parents' wellbeing, mothers and fathers living at risk of poverty were significantly less likely to report that their health was excellent or very good and significantly more likely to report that their health was fair or poor. They also reported having significantly more on-going chronic illnesses or disabilities. Although levels of depressive symptoms were generally low, mothers at risk of poverty had significantly higher average depression scores.

The majority of children living at risk of poverty were reported by their mothers to be 'very healthy, with no problems', yet this percentage was significantly lower than the percentage of children reported as having very good health from families not living at risk of poverty. Children living at risk of poverty also reported significantly poorer psychological wellbeing with regard to lower perceived happiness and popularity, poorer appraisal of their physical appearance and academic performance, and higher ratings of anxiety and behavioural difficulties, when compared with peers not living with relative poverty.

The average parent-child relationship was characterised by high levels of responsive parenting and low levels of conflict, while the average mother-father relationship was characterised by high levels of relationship satisfaction. Yet, parent-child relationships also varied by families' poverty status in

so far as children living at risk of poverty rated their mothers as being less warm and supportive, and mothers living at risk of poverty reported more conflict with their sons and daughters. Parents' relationship satisfaction was not found to vary by their poverty status.

Findings on the negative impact of low income on family wellbeing corroborate previous qualitative and quantitative studies by Irish researchers such as Daly and Leonard (2002) and McKeown and colleagues (2003). International research has also noted how living with poverty and economic insecurity can impact unfavourably on children's physical, cognitive, emotional and behavioural outcomes (e.g. Brooks-Gunn & Duncan, 1997; Currie & Lin, 2007; Sell et al., 2010) and parents' physical and mental health and their ability to relate well to their children (McLoyd, 1990; Zahn-Waxle et al., 2002). Research in the UK with children and young people described how poverty impinged upon family relationships, causing stress and arguments between parents and between parents and their children (Crowley & Vulliamy, 2007). However, a notable finding of the present research is that, although mothers' and children's psychological wellbeing and family relationships are affected by their experiences with relative poverty, the same effect has not been noted here for fathers. Clearly, the household's financial circumstances do not impact upon each family member in the same way or to the same extent and so further investigation into the mediating and moderating processes at play that facilitate resilience or vulnerability is needed.

Chapter Four highlighted a number of variables that were significantly associated with key aspects of wellbeing for families living on limited incomes. The variable most strongly associated with the psychological wellbeing of both mothers and fathers was conflict with their children, which has a negative relationship, so that greater conflict was related to reduced wellbeing. For mothers, psychological wellbeing was also associated with children's difficult temperament, the experience of stressful life events, household deprivation and being a single parent; all factors that had a negative impact on wellbeing. Favourable perceptions of the community where the family live and employment were positively associated with mothers' wellbeing, but not significantly so when all other variables were controlled for. For fathers, being employed and relationship satisfaction with their partners were variables positively related to psychological wellbeing. Their wellbeing was not significantly influenced by community factors, household deprivation, stressful events experienced by the family, or their children's temperament.

With regard to factors associated with children's psychological wellbeing, children's own emotional and behavioural difficulties were found to have the strongest impact, in that greater difficulties were related to reduced levels of wellbeing. Receiving parenting from both mothers and fathers characterised as warm, nurturing and responsive was related to more positive psychological outcomes, as was having a favourable perception of the community where the family live. For

children who share a home with their fathers, their fathers' engagement in paid employment was a factor significantly associated with greater wellbeing. Children's wellbeing was not significantly influenced by living with a single parent or by household deprivation and stressful events experienced by the family, when all other variables in the analysis were controlled for.

Following examination of the factors associated with parent-child relationships, emotional and behavioural difficulties were found to be most strongly related to conflict in parent-child interactions, in that greater difficulties were associated with greater conflict. Children's difficult temperament also had the same relationship with conflict, while children's pro-social behaviour was associated with less conflict. As stated previously, conflict had a negative association with parents' wellbeing and also had a negative association with children's ratings of their mothers' responsiveness towards them. Mothers' wellbeing was also associated with responsive parenting, yet for fathers, neither their wellbeing nor conflict with their children was related to how responsive they were rated as parents.

Associations between the key explanatory variables and the outcome variables of interest here have also been recorded in the Irish and international research literature. For example, recent Irish research with families living at or below the poverty threshold (McKeown et al., 2008) has also found that, among other factors, mothers' wellbeing is negatively associated with financial concerns, being a single parent, and having a child with difficult behaviours or temperament, while being married or cohabiting and having a support network were protective factors for wellbeing. Child emotional or behavioural difficulties also had a negative relationship with mothers' parenting capabilities. A more positive parent-child relationship was also found to be associated with children's wellbeing, as was the sense of community in the area where they live (McKeown & Haase, 2008). Other theories and research have also noted how factors such as being a single parent may impact upon mothers' wellbeing (e.g. Cunningham & Knoester, 2010; March et al., 2011) and demonstrated the contribution to parenting quality by children's personality and behaviour (e.g. Armstrong, Birnie-Lefcovitch, Ungar, & Friesen, 2005; Crowley & Kazdin, 1998; McBride et al., 2002) and parents' emotional resources or deficits (Belsky & Barends, 2002). Relationships between parenting quality and child outcomes are also commonly reported, with more responsive parenting associated with better child outcomes (e.g. Armstrong, et al., 2005; Belsky, 2005).

However, much of the literature tends to focus on mothers' wellbeing and parenting, and there is a comparative dearth of information on fathers. The present research suggests that while some processes work similarly for both parents and their sons and daughters (e.g. the association between greater conflict with children and reduced wellbeing, or responsive parenting and child wellbeing), other factors appear to exert more or less influence depending upon the parent in question (e.g.

employment, material deprivation, stressful life events). For example, while this study found that mothers' wellbeing and children's wellbeing was not significantly related to mothers' employment, fathers' employment was found to have significant positive associations with their own and their children's wellbeing. Kalil (2009) identified how parental unemployment can impact upon children through its impact on the family finances, reduced quality of parenting or parents' relationship satisfaction due to associated psychological stress. However, it may be that effects on family finances and relationships are felt more acutely when fathers are unemployed, at least in families where both parents live together. In addition, Pedersen and Madsen (2002) concluded from their examination of the effects of parental employment on children's wellbeing that children are highly sensitive to their parents' reactions to their circumstances. Thus, if unemployment affects parents' wellbeing (as it did in our analyses with fathers but not mothers), it may impact upon children's wellbeing as well (as it did in our analyses with fathers and their children but not mothers and their children).

This process could apply similarly to the finding here that household circumstances such as lone parenting, stressful life events and material deprivation, factors associated with reduced maternal wellbeing, do not significantly impact upon children. It is possible that children are unaffected or unaware of such circumstances, although existing research provides evidence contrary to this (e.g. Bradshaw, 2008; Evans & English, 2002), or that mothers shield their children from the influences of these circumstances through their practical actions or emotional reactions.

It thus appears that the wellbeing of parents and their children do not operate independently from each other. Instead the inter-dependency between parent and child wellbeing is confirmed. Furthermore, consistent with Bronfenbrenner's bio-ecological theory (Bronfenbrenner, 1979; Bronfenbrenner & Morris, 2006) the wellbeing of parents and children is associated with risk and protective factors both within the family (e.g. responsive parenting, child temperament) and the larger community (e.g. neighbourhood characteristics, employment). Accordingly, while improvements in wellbeing can be brought about by interventions directed towards individual family members, community- and wider society-based interventions also have a role to play.

With regard to parents' relationship quality in the present study, the strongest associations with levels of satisfaction were found with regard to how many arguments the couple perceived having, reports of partners' use of aggression during arguments, and/or refusal to resolve issues afterwards. Each of these factors had a negative impact upon satisfaction. Mothers' relationship satisfaction was positively associated with their perception that household tasks were shared fairly, while fathers' satisfaction was linked with their partners' ability to compromise after a disagreement. Experiencing depression reduced parents' relationship quality and close relationships with children were found to enhance it.

Research in Ireland by McKeown and colleagues (2003) has highlighted a number of correlates of parents' relationship satisfaction. Partners' inability to resolve arguments and fathers' physical and psychological aggression towards their partners were related to reports of lower relationship quality among couples. Mothers' positive emotional states (e.g. enthusiasm, interest, determination) had a positive association with relationship quality, while their perception that household tasks were not fairly shared by their partners had the opposite effect. International research has also noted similar findings. For example, aggression in a couple's interactions with each other has been shown to have negative consequences for the wellbeing of each partner and the quality of their relationship (e.g. Lloyd & Emery, 2000; Testa & Leonard, 2001), and perceptions of unfairness in the distribution of domestic tasks has also been found to lower relationship satisfaction (e.g. Grote & Clark, 2001).

5.3 METHODOLOGICAL CONSIDERATIONS

The contribution of large-scale, nationally representative studies like *Growing Up in Ireland* in gathering valuable information on many aspects of family life from multiple informants and making it available for other researchers is immense. Notwithstanding this, specifically in relation to investigating family wellbeing in the present study, it should be noted that the available data had some limitations and these will be discussed in the paragraphs that follow.

First, a range of variables that the researchers deemed to be important to family wellbeing (e.g. social support, physical and psychological health of other children in the household) were either not included or measured in such a way that made them unsuitable/less suitable for analyses. As one example, the study includes a measure of enforced household deprivation (Maitre et al., 2006; Whelan, 2006) and findings here suggest that this variable impacts upon mothers' wellbeing, but children themselves do not experience significant direct repercussions from lacking material goods or social opportunities. This could be because parents are shielding their children from the effects of consistent poverty. However, recent research (e.g. Swords et al., 2011) suggests that, although household deprivation is related to child-specific deprivation, household and child deprivation are not one and the same phenomenon. Thus, a separate deprivation index specific to children and completed by children could shed more light on how living with material or social deprivation influences children's wellbeing.

Second, some variables useful to the subject area of the present study were included in *Growing Up in Ireland* but were measured in such a way as to render them unsuitable for inclusion in the models of wellbeing. As an example, children's physical health is an important part of the study of child wellbeing but is assessed in *Growing Up in Ireland* by proxy through parents' reports, and measured using a single item ("In general, how would you describe the child's health in the past

year?”), with limited response options (“very healthy, no problems”, “healthy, but a few minor problems”, “sometimes quite ill”, and “almost always unwell”). A child-reported multi-item scale tapping multiple dimensions of physical health and wellbeing would allow for more detailed analysis of this dimension of wellbeing.

Many existing studies on family wellbeing have been criticised for focusing on negative indicators of the concept and thereby presenting a deficit model of how certain factors take away from wellbeing rather than what factors enhance it (see Wollny et al., 2011). The authors of the present study were cognisant of this and an attempt has been made to balance positive and negative predictors of the phenomenon. However, it still appears that the emphasis does lean towards aspects of the individual, the family and their relationships that take away from, or reduce, the various aspects of wellbeing. Again, this is partly due to the available data. For example, with regard to parents ‘psychological wellbeing’, there was no measure of this construct available and so the absence of depressive symptoms, as measured by the Centre for Epidemiological Studies Depression Scale (CES-D; Radloff, 1977), was deemed to be a plausible proxy.

Similarly, other proxy variables were used to represent key constructs in the present study and so should be interpreted with caution. For example, children’s self-concept, or how they think about and evaluate themselves, was used in analyses to represent children’s psychological wellbeing. How satisfactorily self-concept maps onto psychological wellbeing is open to debate. As such, the validity and generalisability of findings warrants consideration. Another option open to the researchers of the present report was to use information provided by mothers about their children’s emotional and behavioural issues, as assessed by the Strengths and Difficulties Questionnaire (Goodman, 1997), as a proxy for their psychological wellbeing. However, the researchers felt that it was important to include children’s own views on their wellbeing rather than parent reports. In addition, by using children’s self-concept scores to represent their psychological wellbeing, the influence of having emotional and behavioural difficulties on wellbeing could be assessed. Having such difficulties was found to have one of the strongest associations with child wellbeing, in that greater difficulties were related to reduced wellbeing.

Linked to the above point are questions about source bias, or the validity of using data provided by the same informant in certain analyses. As an example, in the model of mother-child wellbeing and relationships, results reveal that conflict is significantly related to lower levels of mothers’ psychological wellbeing. However, as reports of conflict are provided by mothers, it is possible that, in some instances, these reports may be coloured by mothers’ depression. This also supports the decision to use independent reports from children on their self-concept as a measure of their psychological wellbeing, instead of a proxy provided by mothers.

A final limitation linked to the available data that will be discussed here is that *Growing Up in Ireland* focuses on gathering information about one key child in each family and his or her parents. Very limited data is collected on other family members who could still have a significant impact upon family wellbeing. For example, if a family had a very ill or emotionally/behaviourally-challenged child who is not the 'study child', no information is gathered about this child (beyond basic demographics such as age and gender) and so his or her impact on family wellbeing cannot be gauged or controlled for in analyses.

When interpreting the findings presented in Chapter Four of this report it is important to note that the data are cross-sectional and analyses are based on tests of association. Although all relationships included in the models were specified based on theory and previous empirical evidence, causal links between variables should not be inferred. So, while greater parent-child conflict may be associated with reduced parent wellbeing, we cannot say that one variable necessarily causes the other. Equally so, it is plausible that variables included in the models as 'predictors' or explanatory variables could have instead been included as dependent or outcome variables. For example, parent wellbeing could also be conceptualised as predicting parent-child conflict.

Another point related to the interpretation of findings is the challenge associated with discerning if a result has both statistical and clinical substantive importance. For example, although scores on many aspects of children's self-concept are significantly lower for children living at risk of poverty when compared with children who are not, in some instances the actual difference in mean scores across both groups is modest and it is not possible to infer if statistically significant differences will have a meaningful impact on the actual lived experiences of lower-scoring children. Thus, caution needs to be exercised when interpreting findings in these respects.

A note also needs to be made with regard to the variance accounted for in the models presented in this report. Although the models explain a significant proportion of the variability in the key outcome factors, it is not claimed here that all the important factors that may be associated with the various aspects of family wellbeing examined are accounted for. For example, with regard to mothers' relationship satisfaction, influences included in our model explained just over fifty per cent of the variance. This leaves scope for other factors (not included in our model and not examined as part of *Growing Up in Ireland*) to make a contribution, such as features of mothers' personality or temperament or previous relationship experiences.

5.4 SUGGESTIONS FOR FUTURE RESEARCH

As stated previously, data used in the present study were collected during late 2007 and early 2008 when Ireland's economic downturn had just begun. Future research might consider differences in the wellbeing of families who have lived at risk of poverty for many years and those described as the 'new poor' due to recent redundancy, unemployment or other effects of the recession. An important advantage of Growing Up in Ireland, key to Bronfenbrenner's ecological model, is the capacity to examine family processes over time. Four years on from participating in the first wave of data collection, the families described in this study have recently engaged in a second round of data collection that has an equally strong focus on family economics. Mining this new database and linking it with families' responses from before will help to uncover stagnation or changing patterns in family finances and facilitate our understanding of the processes at work and their impact on many aspects of family wellbeing.

An interesting finding from this study that suggests an avenue for further research is how mothers' wellbeing is negatively affected by the family's experience of enforced deprivation and significant life events, yet the wellbeing of fathers or children are not significantly affected. Previous research (e.g. Thompson, Hanson, & McLanahan, 1994) has also noted how life stress and economic difficulty impacts more significantly on mothers than other family members. In some cases it may be that mothers are more aware than other family members of certain family circumstances and consequently these circumstances impact upon them more. In other cases it may be that mothers shield other family members from negative influences. Other possibilities may also be plausible and warrant future research and consideration.

Another observation from this report that could be examined further is how neither of the variables that were significantly associated with children's ratings of their mothers' responsive parenting made a significant contribution to children's ratings of their fathers' responsive parenting. This suggests that other variables not included in the model may have significant associations with this construct for fathers or that the construct itself could be better represented by a different measure. Either way, although we know that fathers' responsive parenting is associated with greater child wellbeing, our understanding is limited with regard to what promotes or hinders these parenting skills.

Future research might also consider how the processes detailed in this report influence wellbeing when it is conceptualised and measured as a more multidimensional construct. For example, due to constraints with the available data, the models of parent and child wellbeing define wellbeing only in terms of psychological outcomes. For parents, only the absence or presence of depressive

symptoms is considered and children's wellbeing is aligned with their self-concept. The authors are cognisant that factors such as quality of life, life satisfaction, work/school performance and peer relationships are among many that comprise an individual's sense of wellbeing.

An additional direction for future research could be to examine the wellbeing of different family types than those presented in this report. For example, when the database on non-resident parents is made available this could provide valuable information on the lives of parents and children who do not share the same home. In addition, examining the wellbeing of families with resident step-parents and step-children or where both parents are of the same sex would further the study of alternative family types in Ireland today.

5.5 RECOMMENDATIONS FOR PRACTICE & POLICY

Living in relative poverty has been determined to have an adverse effect on many aspects of family wellbeing. While family income is undoubtedly important, by itself it does not offer sufficient insight into how some families appear to cope well with their circumstances and others continue to struggle. This study has identified a range of other factors that are associated with the wellbeing of children and parents, and support or hinder their family relationships. By providing an evidence base of research from which to inform policy and contribute to service provision, it is a key objective of the present study to guide the work of organisations such as the Family Support Agency in assisting families to function well for the benefit of individual family members, the community, and wider society.

The following recommendations arise from this research:

Education & Employment

Families living at risk of poverty were found to have poorer outcomes across a range of wellbeing indicators when compared with families who are not experiencing such financial difficulties. Two notable characteristics of these at risk families were the high percentage that had parents who (i) were unemployed or in work roles linked with low socio-economic status and (ii) had low levels of educational attainment. For example, the majority of parents at risk of poverty in the present study had not continued education past lower secondary school level. The percentages of mothers and fathers in this situation was over the twice that of their counterparts who are not living at risk of poverty. In addition, the odds of being at risk of poverty decreased as parents' levels of educational attainment increased. This study also found that fathers' employment had a significant positive association with their own wellbeing and the wellbeing of their children.

An economic feature of Ireland today is unemployment across many sectors that affects even those work-seekers who are well-educated and highly-skilled. However, providing further education as a path towards increasing chances of employment, and increased opportunities for employment, could result in additional income for the benefit of the family and greater wellbeing for family members.

- Unemployed or low-paid parents could be supported through:
 - Raising awareness of, and facilitating access to, local employment agencies that can assist in sourcing new or improved employment.
 - Opportunities to learn skills that will enhance the chances of securing employment (e.g. education and training, up-skilling, preparation of a curriculum vitae, interview techniques).
 - Increasing workforce participation through the provision of accessible and affordable childcare.
 - Provision of services that scaffold vulnerable families during the transition from unemployment to employment. A return to work brings with it some additional stresses to family life, at least in the initial period where parents and children are adjusting to their changed circumstances. Supportive services can ensure that parents' entry into the labour force is as smooth as possible.
- Similarly, raising awareness of, and access to, further education opportunities, and the provision of accessible and affordable childcare could equally help parents wishing to return to education and, by doing so, improve their chances of later employment.
- Family Support Centres provide many of the services noted above including information, training courses and childcare provision for individuals undertaking such training. However, for the newly unemployed or long-term unemployed, their provision of simple practical supports (such as internet access) or emotional and personal supports (such as counseling or providing a sense connection through support groups) are also valuable and well-subscribed resources.
- Many families where members are employed, underemployed or unemployed are experiencing increased difficulties managing household finances in recent years.

The foundation of these difficulties may go beyond budgeting knowledge or choices, yet improving financial literacy among families at risk of poverty so that they can better manage their household expenses is one approach that has previously been shown to be worthwhile (e.g. Allen & Miller, 2010; Jacob, 2000). This can be achieved through providing parents with education on key aspects of family finances and skills in budgeting and money-management. In this way parents can make informed financial decisions so that they can avoid paying more than necessary for goods and services, falling into debt, or seeking financial aid from inappropriate sources. In addition, by exerting more control over family budgets, they are also modeling and teaching good money management to their children. Some families may also need to be made aware of, and facilitated in accessing, specialist financial assistance, for example with regard to negotiation with creditors.

Fostering Healthy Family Relationships

- Despite their financial troubles, families interviewed by Daly and Leonard (2002) reported that other aspects of their lives, such as family relationships, were strong and compensated for the lack of money. In the present study, average scores for at risk families on measures of responsive parenting, parent-child conflict, and parents' relationship satisfaction suggest that many enjoy positive interactions. However, results here also show that poorer relationships are associated with poorer wellbeing outcomes for the family. Accordingly, the importance of providing supports to foster healthy family relationships cannot be understated.
- The present study has noted that one of the factors most strongly, and positively, associated with the psychological wellbeing of fathers was the quality of the relationship with their partners. It was not possible to test this association in the model for mothers as this model included women who were single parents and not in a relationship, however, it is likely that similar links exist. For both mothers and fathers in relationships, frequent disputes with each other, particularly those that escalate to the use of verbal or physical aggression or result in one partner walking out, had the strongest, negative, associations with relationship satisfaction. Other research has reported how parents in unhappy relationships have lower levels of wellbeing than parents who are divorced, widowed or single (e.g. Williams, 1988). Relationship support services such as those provided by Family Resource Centres should continue to make spouses and partners aware of how their patterns and styles of arguing impact upon the happiness and closeness they feel in their relationships. Training and guided practice in maintaining non-aggressive and open communication pathways is essential. Findings in the present study also suggest that the ability to compromise in disputes had a positive influence and so this is a skill that could be promoted during relationship counselling. Supporting parents to build and maintain strong positive relationships can only impact positively on children's wellbeing.
- Findings here also indicate that parent-child relationships characterised by higher levels of conflict were significantly associated with negative consequences to parent wellbeing and, for mothers, were related to children's views on their parenting responsiveness. Other research, such as Nixon (2012), has noted direct links between parent-child conflict and poorer child outcomes. Thus, services that provide or facilitate access to counselling, behaviour management, and training in conflict resolution strategies for both parents and their children would represent a worthy avenue for intervention (Hann & Borek, 2001).

Parenting

- Findings here suggest that parenting that is responsive (i.e. warm, nurturing and sensitive) has a positive influence on children's psychological wellbeing. Yet, living with economic hardship and limited relational resources may reduce the capacity of some parents to be responsive. Access

to parenting programmes that coach mothers and fathers to build positive relationships with their children whilst coping with economic stress is important. As noted by Sleek and Staff (1998), improved parenting can only lead to better child outcomes if other deficits in family life are also addressed.

- Effective parenting skills training have also been considered as a primary mechanism for change in child behaviour problems. Further investigation into how to best encourage parental participation in such initiatives is needed. Existing research suggests that participation is encouraged by building active networks between schools, local agencies, and community groups, and addressing barriers regarding a lack of perceived need, associated costs, and fear of stigmatisation associated with involvement (Vellerman, Mistral, & Sanderling, 2000).

Managing Children's Emotional & Behavioural Difficulties

- This study found that children's difficult temperaments (e.g. easily angered, irritable) and emotional and behavioural difficulties (e.g. hyperactivity or conduct problems) were implicated in the diminution of their own and their parents' wellbeing, and the quality of family relationships. On the other hand, children's pro-social skills (e.g. being considerate of other people's feelings) were conducive to lower levels of conflict in parent-child interactions. This accentuates the role that local child-focused support services can play in helping to identify and intervene with children whose temperament or behavioural difficulties leave them and their families at increased risk for poorer outcomes. Programmes where these children get to learn and practice skills in social competence, behavioural and emotional regulation, and dealing effectively with stress are recommended.
- For too many children whose behaviour warrants formal assessment, a lack of services or too much pressure on services results in emotional or behavioural conditions going unrecognised, undiagnosed and untreated (Bradley & Hayes, 2007). This has negative repercussions for the individual child, his or her family, friends and wider community. A key focus for policy in this area is the provision of, or increase in, services that offer early identification of difficulties and early implementation of family support programmes to promote better outcomes in order to avoid severe long term problems (Pugh, De'Ath, & Smith, 1994).

Recognising & Supporting Pressures that Impact Upon Mothers

- This study reports on how the wellbeing of mothers was significantly and negatively associated with family and household circumstances that did not significantly impact on fathers or children. For example, household deprivation and stressful or distressing life events were found to be related to lower psychological wellbeing for mothers. Local family support services need to be aware of the particular pressures that mothers may face in these situations and provide support accordingly.
- Mothers' wellbeing was also negatively related to being a single parent. Financial instability and socio-economic status has previously been linked with family structure, with single-parent families more typically represented in lower end of the continuum. The stress and strain of dealing with economic hardship may blight parents' wellbeing and, in turn, their ability to cultivate a home environment that promotes positive experiences for their children. Financial pressures may rest more heavily on the shoulders of parents who have no option but to bear the weight alone. Policy-makers and service providers need to be continually cognisant of the double disadvantage that single parents may face in this regard.

Recognising & Addressing Parents' Depression

- This study reports how mothers' and fathers' depressive symptoms were associated with less satisfaction in relationships with each other. Lower levels of psychological wellbeing among mothers were also associated with lower levels of responsive parenting towards children. Thus, the need for detecting and treating depression in its early stages is critical for both parents and children. There is scope for family support services to increase families' mental health literacy by promoting awareness of the signs and symptoms of depression and facilitating help-seeking from appropriate sources. There is also evidence to suggest that intervention efforts beyond medication and therapy for the depressed parent that include their children and, where relevant, spouses or partners, (e.g. group cognitive-behavioural therapy) may be particularly beneficial (Schwartz et al., 2010).

Community Life

- Children's psychological wellbeing was found to be positively associated with their perceptions that the community that they live in is safe, pleasant and good place for children to grow up. The role of the built and natural environment in children's wellbeing is recognised by the National Children's Strategy (Department of Health and Children, 2000). Children need to be asked for their views on their local area so that community-based agencies are cognisant of what is

important to their youngest service-users. The community index that children responded to in *Growing Up in Ireland* included items on (i) places where they can play safely with their friends, (ii) freedom from the intimidation of gangs, (iii) access to youth clubs, playgrounds, shops and other amenities, and (iv) feeling that adult members of the locality respect them and are looking out for their best interests.

Importance of Positive Health Behaviours

- Family members living in relative poverty were found to have poorer health than parents and children not living at risk of poverty. Yet a quarter of families in this study did not have access to a medical card. Either families need to be made aware of what medical support services are available to them or perhaps the present means of assessing families for medical card suitability needs to be reviewed. Educating families about the dangers associated with some health behaviours (e.g. smoking, alcohol) and the benefits of others (e.g. exercise and diet) and encouraging the practice of the latter could have multiple and reciprocal benefits.

Across the Board...

Although many services are available in communities throughout the country that support families in the ways suggested above, families who are new to dealing with economic stress may not be familiar with them and thus require help accessing them. Other families may not have the resources to learn about services (e.g. internet access) or engage with them (e.g. transport to services not available locally). For example, findings here show that almost forty per cent of all families living at risk of poverty receive no financial support from Social Welfare beyond Child Benefit payments. Therefore, the role of Family Support Centres or similar organisations that aim to combat disadvantage and improve family functioning in continually highlighting existing supports and services and assisting families to navigate them at a local level is of paramount importance.

5.6 CONCLUSIONS

This study suggests that risk and protective factors for the wellbeing of children, parents, and their family relationships range from intra-individual to inter-personal to contextual. The task of promoting the wellbeing of families thus requires the consideration of an array of processes and ecological factors. From the perspective of policy and service provision, eliminating a single risk factor or promoting just one that is protective will not benefit families who face multiple disadvantages. Instead, in as much as limited resources will allow, service provision aimed at addressing the impact of economic stress on family wellbeing needs to respond early and adopt a holistic and integrated approach to tackling multiple risks while promoting numerous known protective factors.

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