8 Children’s wellbeing

The 2006 family law reforms were designed to protect and promote the wellbeing of families at all stages, through strengthening couple relationships and, in the event of separation, encouraging both parents to remain involved in their children’s lives, unless this is unsafe for the children. The reforms aim to help parents to agree on what is best for their children. While the first two waves of LSSF suggested that most parents provided favourable assessments of their child’s wellbeing, children exposed to negative family dynamics fared less well than others (Kaspiew et al., 2009; Qu & Weston, 2011). These dynamics were reflected in parents’ reports of inter-parental relationships marked by conflict or fear, a history of family violence/abuse, the existence of mental health and/or alcohol/drug addiction issues in the relationship prior to separation, and safety concerns relating to ongoing contact with the other parent.

As already explained, the first two survey waves took place when the parents had been separated for an average of 15 months, then 28 months, while the third occurred five years after separation. The present chapter examines parents’ evaluations of how their child was faring during these three periods.

The chapter is divided into four main sections. The first section outlines the nature of the specific wellbeing measures used. The second section outlines the results in relation to each aspect of child wellbeing measured. This section first focuses on the views of all fathers and mothers who participated in any survey wave and compares trends for each of the three survey waves. The extent and nature of any differences between the wellbeing of children in Wave 1 and Wave 3 are also examined, where their father or mother participated in these two waves (regardless of whether they participated in Wave 2). The third section is based on Wave 3 data and compares child wellbeing according to their care-time arrangements. As for the above issues, trends based on the reports of fathers and mothers are examined separately. The fourth section examines the relationship between stability/change in child wellbeing (Wave 3 compared with Wave 1) and stability/change in various circumstances—as assessed by fathers and mothers taken separately. This section also includes an analysis of the relationship between stability/change in child wellbeing (Wave 3 compared with Wave 1) and stability/change in care-time arrangements.

The analyses in this chapter focus on all children in the study (aged 4–22 years by Wave 3). Some of analyses—children’s wellbeing in relation to care-time arrangements—focused on children aged under 18 years.

8.1 Specific measures of child wellbeing

Children aged 4+ years

It is important to note that some measures varied according to the age of the child. For children aged 4 or more years in each wave, the composite wellbeing score was based on parents’ ratings of their child’s:

- overall health (assessed for children of all ages); and
- progress, compared with other children of the same age, regarding:
  - learning or school work;
  - getting along with other children of the same age; and
  - in most areas of his or her life.

Additional questions relating to the child’s socio-emotional wellbeing were introduced in Waves 2 and 3. Parents’ were asked to indicate how often their child: (a) is a happy
child/person; (b) is a confident child/person; (c) tends to get anxious or worried about things; (d) behaves in a mature or sensible manner; and (e) loses his/her temper. Parents were asked to choose one of five response options: “all of the time”, “most of the time”, “sometimes”, “rarely” or “never”.

In addition, a composite wellbeing measure was developed as an indicator of overall wellbeing using the first four items, which were available for all three waves. This measure is particularly useful in assessing change in overall child wellbeing between Waves 1 and 3. In order to develop this composite measure, all four ratings for each child were re-scaled to 0–10, with higher ratings indicating higher wellbeing. These ratings were then summed and each child’s average score for the four items derived.\(^1\) Children were then classified as having:

- **relatively low overall wellbeing**—scores of 0–5.9;
- **relatively moderate overall wellbeing**—scores of 6.0–7.9; or
- **relatively high overall wellbeing**—scores of 8.0–10.0.\(^2\)

For succinctness, we refer to these groups as having high, moderate or low overall wellbeing, though it is important to keep in mind that the classification system is relative and based purely on quantitative rather than qualitative criteria. Furthermore, the cut-offs used to distinguish between these groups may differ from those that might seem appropriate were the analyses based on a representative sample of Australian parents with children aged 4–22 years. In other words, children in the present sample may receive different classifications if relevant Australian norms were available.

The difference between each child’s composite score for Waves 1 and 3 was also derived in order to assess whether any substantive change had occurred. Once again, the children were classified into three groups based on this analysis:

- **no change**—where the difference in composite score between the two time points was within 2 points (i.e., 0–2);
- **improved wellbeing**—where the child’s Wave 3 score was higher than his/her Wave 1 score by more than 2 points;
- **worsened wellbeing**—where the child’s Wave 3 score was lower than his/her Wave 1 score by more than 2 points.

The three categories concerning overall wellbeing and the three regarding change in overall wellbeing were then used to classify children into the following five groups:

- **consistently high overall wellbeing**;
- **consistently moderate overall wellbeing**;
- **consistently low overall wellbeing**;
- **improved overall wellbeing**; and
- **worsened overall wellbeing**.

Again, it needs to be kept in mind that these classifications are based on quantitative rather than qualitative distinctions such that high wellbeing, for example, simply means that the children appeared to be progressing well relative to other children *in the present sample.*

\(^1\) The separate four ratings inter-correlated quite well with each other, suggesting that the composite measure (here called “wellbeing”) achieved acceptable internal consistency, and therefore had reasonable reliability (Chronbach’s coefficients ranged from .68 to .71 across the survey waves).

\(^2\) The cut-offs used here were based on the distribution of the composite measure scores which was skewed towards high scores.
Children aged 1–3 years

For children aged 1–3 years in Wave 1, wellbeing other than general health was measured by the Brief Infant-Toddler Social Emotional Assessment (BITSEA) (Briggs-Gowan, Carter, Irwin, Wachtel, & Cicchetti, 2004). As the name implies, the measure is designed to identify children who display behaviours reflecting socio-emotional problems (e.g., seems nervous, tense, fearful; bites or kicks you or other parent; does not make eye contact; for further details, see Kaspiew et al., 2009, p. 258). These children’s scores were also re-scaled to 0–10, with higher scores reflecting fewer problematic behaviours (i.e., higher wellbeing or at least absence of low wellbeing). The child’s score on this measure and the re-scaled rating of general health were used as his/her composite indicator of wellbeing. The overall scores were quite high (mean: 8.6), with few children having a score of less than 3 (less than 2% in each of three waves).

The children were then classified into three groups:

- low overall wellbeing—score of 0–7.9;
- moderate overall wellbeing—scores of 8.0–9.4’ and
- high overall wellbeing—scores of 9.5–10.0.

The cut-offs were intended to divide children into three groups with similar distribution, representing relative position in terms of their wellbeing. It should be noted, however, that the BITSEA measure is designed to identify very young children with clear indicators of socio-emotional problems. Absence of such problems does not necessarily suggest that the child is progressing particularly well.

The BITSEA measure is only suitable for very young children. The overall wellbeing measure derived for these children for Wave 3 was the same as that derived for all children aged 4 or more years (i.e., based on parents’ assessments of their child’s health and progress in three areas relative to other children of the same age).

Given that the measure of overall wellbeing used in Wave 1 and Wave 3 differed, stability or change in wellbeing over this period was defined as follows:

- consistently high overall wellbeing—where the child’s composite scores for Waves 1 and 3 lie within the highest wellbeing range in these waves;
- consistently moderate overall wellbeing—where the child’s scores lie within the medium wellbeing range in these waves;
- consistently low overall wellbeing—where the child’s scores lie within the low wellbeing range in these waves;
- improved overall wellbeing—where the child’s score lies within a lower range in Wave 1 than in Wave 3; and
- worsened overall wellbeing—where the child’s score lies within a higher range in Wave 1 than in Wave 3.

8.2 Parents’ assessment of child wellbeing

Table 8.1 (on page 138) summarises parents’ assessments of their child’s health and, if their child was 4 or more years old, how their child was doing compared with other same-age children in the three areas—learning or school work, getting along with other children, and overall. Each of these measures were included in all three waves. Table 8.2 (on page 139), on the other hand, summarises parents’ reports on the aspects of their child’s social and emotional development that were introduced in Waves 2 and 3 only. The reports provided by fathers and mothers are presented separately in each of these tables.
<table>
<thead>
<tr>
<th></th>
<th>Wave 1 (%)</th>
<th>Wave 2 (%)</th>
<th>Wave 3 (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Fathers</td>
<td>Mothers</td>
<td>All</td>
</tr>
<tr>
<td><strong>General health</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Excellent</td>
<td>50.4</td>
<td>59.3 **</td>
<td>54.9</td>
</tr>
<tr>
<td>Very good</td>
<td>26.9</td>
<td>24.6</td>
<td>25.8</td>
</tr>
<tr>
<td>Good</td>
<td>16.9</td>
<td>11.7</td>
<td>14.2</td>
</tr>
<tr>
<td>Fair</td>
<td>4.5</td>
<td>3.6</td>
<td>4.0</td>
</tr>
<tr>
<td>Poor</td>
<td>1.3</td>
<td>0.9</td>
<td>1.1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
</tr>
<tr>
<td><strong>No. of participants</strong></td>
<td>4,782</td>
<td>4,990</td>
<td>9,772</td>
</tr>
<tr>
<td><strong>Learning compared with other same-age children (4+ years)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Much/somewhat better</td>
<td>44.8</td>
<td>42.7</td>
<td>43.7</td>
</tr>
<tr>
<td>About the same</td>
<td>44.9</td>
<td>46.1</td>
<td>45.5</td>
</tr>
<tr>
<td>Much/somewhat worse</td>
<td>10.4</td>
<td>11.2</td>
<td>10.8</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
</tr>
<tr>
<td><strong>No. of participants</strong></td>
<td>2,832</td>
<td>2,660</td>
<td>5,492</td>
</tr>
<tr>
<td><strong>Getting along with other same-age children (4+ years)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Much/somewhat better</td>
<td>37.9</td>
<td>36.1</td>
<td>37.0</td>
</tr>
<tr>
<td>About the same</td>
<td>55.6</td>
<td>55.7</td>
<td>55.7</td>
</tr>
<tr>
<td>Much/somewhat worse</td>
<td>6.5</td>
<td>8.2</td>
<td>7.3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
</tr>
<tr>
<td><strong>No. of participants</strong></td>
<td>2,851</td>
<td>2,689</td>
<td>5,540</td>
</tr>
</tbody>
</table>
Table 8.1: Participating parents’ reports of children’s wellbeing, by parent gender and wave

<table>
<thead>
<tr>
<th></th>
<th>Wave 1 (%)</th>
<th></th>
<th>Wave 2 (%)</th>
<th></th>
<th>Wave 3 (%)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Fathers</td>
<td>Mothers</td>
<td>All</td>
<td>Fathers</td>
<td>Mothers</td>
<td>All</td>
</tr>
<tr>
<td>How they are doing in most areas of life compared with other same-age children (4+ years)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Much/somewhat better</td>
<td>32.9</td>
<td>31.9</td>
<td>32.4</td>
<td>39.8</td>
<td>40.7 *</td>
<td>40.3</td>
</tr>
<tr>
<td>About the same</td>
<td>58.2</td>
<td>57.7</td>
<td>58.0</td>
<td>55.4</td>
<td>52.3</td>
<td>53.8</td>
</tr>
<tr>
<td>Much/somewhat worse</td>
<td>8.9</td>
<td>10.4</td>
<td>9.7</td>
<td>4.8</td>
<td>7.0</td>
<td>6.0</td>
</tr>
<tr>
<td>Total</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
</tr>
<tr>
<td>No. of participants</td>
<td>2,819</td>
<td>2,657</td>
<td>5,476</td>
<td>2,039</td>
<td>2,243</td>
<td>4,282</td>
</tr>
</tbody>
</table>

Notes: Data have been weighted. Percentages may not total 100.0% due to rounding. * p < .05, ** p < .01; relationship between response categories and gender is statistically significant.
The patterns of results were consistent across all the measures, and the reports of fathers and mothers were, for the most part, very similar.

### Table 8.2: Additional aspects of child’s social emotional development wellbeing assessed in Waves 2 and 3 only, by parent gender and wave

<table>
<thead>
<tr>
<th>Study child is a happy child/person</th>
<th>Wave 2 (%)</th>
<th>Wave 3 (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>All/most of the time</td>
<td>Fathers</td>
<td>Mothers</td>
</tr>
<tr>
<td>90.6</td>
<td>89.1</td>
<td>89.8</td>
</tr>
<tr>
<td>8.9</td>
<td>9.9</td>
<td>9.4</td>
</tr>
<tr>
<td>0.5</td>
<td>1.0</td>
<td>0.8</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100.0</strong></td>
<td><strong>100.0</strong></td>
</tr>
<tr>
<td><strong>No. of participants</strong></td>
<td><strong>2,082</strong></td>
<td><strong>2,277</strong></td>
</tr>
</tbody>
</table>

### Study child is a confident child/person

| All/most of the time               | Fathers    | Mothers    | All parents | Fathers    | Mothers    | All parents |
| 78.2                               | 76.9       | 77.5       |             | 75.3       | 78.1       | 76.7        |
| 19.3                               | 20.0       | 19.7       |             | 21.5       | 18.9       | 20.2        |
| 2.5                                | 3.1        | 2.8        |             | 3.2        | 3.0        | 3.1         |
| **Total**                          | **100.0**  | **100.0**  | **100.0**   | **100.0**  | **100.0**  | **100.0**   |
| **No. of participants**            | **2,086**  | **2,270**  | **4,356**   | **4,247**  | **4,230**  | **8,477**   |

### Study child tends to worry or get anxious

| All/most of the time               | Fathers    | Mothers    | All parents | Fathers    | Mothers    | All parents |
| 7.7                                | 10.8 *     | 9.4        |             | 9.8        | 11.2       | 10.5        |
| 52.3                               | 52.0       | 52.2       |             | 49.6       | 48.5       | 49.0        |
| 40.0                               | 37.2       | 38.5       |             | 40.6       | 40.3       | 40.5        |
| **Total**                          | **100.0**  | **100.0**  | **100.0**   | **100.0**  | **100.0**  | **100.0**   |
| **No. of participants**            | **2,066**  | **2,276**  | **4,342**   | **4,203**  | **4,221**  | **8,424**   |

### Study child behaves in a mature/sensible manner

| All/most of the time               | Fathers    | Mothers    | All parents | Fathers    | Mothers    | All parents |
| 75.0                               | 72.9       | 73.9       |             | 76.3       | 73.5       | 74.9        |
| 21.9                               | 23.1       | 22.6       |             | 20.7       | 22.3       | 21.5        |
| 3.1                                | 3.9        | 3.6        |             | 3.0        | 4.2        | 3.6         |
| **Total**                          | **100.0**  | **100.0**  | **100.0**   | **100.0**  | **100.0**  | **100.0**   |
| **No. of participants**            | **2,073**  | **2,265**  | **4,338**   | **4,224**  | **4,214**  | **8,438**   |

### Study child loses his/her temper

| All/most of the time               | Fathers    | Mothers    | All parents | Fathers    | Mothers    | All parents |
| 4.5                                | 7.0 **     | 5.8        |             | 4.4        | 6.8 **     | 5.6         |
| 41.7                               | 49.2       | 45.6       |             | 35.8       | 44.4       | 40.2        |
| 53.7                               | 43.9       | 48.6       |             | 59.8       | 48.8       | 54.2        |
| **Total**                          | **100.0**  | **100.0**  | **100.0**   | **100.0**  | **100.0**  | **100.0**   |
| **No. of participants**            | **2,082**  | **2,273**  | **4,355**   | **4,216**  | **4,230**  | **8,446**   |

Notes: Data have been weighted. Percentages may not total 100.0% due to rounding. Statistically significant relationship between response categories and gender is noted (*p < .05; **p < .01).
and 2, 85% in Wave 3). Mothers, however, were more likely than fathers to consider their child’s health to be excellent (mothers: around 60%; fathers: around 50%).

The proportion of parents who described their child’s health as “good” across three waves ranged from 11% (mothers in Wave 3) to 17% (fathers in Wave 1). Only a small proportion considered their child’s health to be “fair” or “poor”, varying from 3% (mothers in Wave 2) to 6% (fathers in Wave 3).

**Progress compared with other children of the same age**

For each aspect of developmental progress examined, the children tended to be seen as either progressing as well as, or better than, other children of the same age. Furthermore, the children **appeared** to be doing a little better as the duration of separation increased. However, it needs to be kept in mind that these data are cross-sectional and include the reports of parents who participated in Wave 3 alone.

**Additional measures of socio-emotional development assessed in Waves 2 and 3**

Around 90% of fathers and mothers believed that their child was happy all or most of the time. Close to three in four believed that their child was a confident person and about the same proportion believed that he or she behaved in a mature manner.

However, around one in ten believed their child tended to worry or get anxious all or most of the time. Close to half maintained that their child felt this way sometimes and around two in five believed that their child rarely or never had such experiences. Up to 7% of parents across the two later waves said that their child lost his or her temper all or most of the time, with fathers being a little more likely to indicate that their child rarely or never displayed such behaviour while mothers were a little more likely to say that their child lost his or her temper sometimes, rather than rarely or never.

The analysis of the composite measure of children’s overall wellbeing is shown in Table 8.3. In this table, the proportions of children are shown who were classified as having low, moderate or high overall wellbeing. The results are necessarily presented separately for children aged 4 or more years (upper panel) and those aged 1–3 years (lower panel). The percentage distributions derived from fathers’ and mothers’ assessments of their child’s wellbeing are presented separately, while the combined results based on all participating parents are also shown. The upper panel shows the proportions of these older children who were classified as having low, moderate or high wellbeing in each survey wave, while the lower panel shows the proportions of younger children with low, moderate or high wellbeing in Wave 1.
Table 8.3: Children's overall wellbeing, by parent gender and wave

<table>
<thead>
<tr>
<th>Level of overall wellbeing</th>
<th>Wave 1 (%)</th>
<th>Wave 2 (%)</th>
<th>Wave 3 (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Fathers</td>
<td>Mothers</td>
<td>All</td>
</tr>
<tr>
<td>Children aged 4+ years</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High (8–10)</td>
<td>22.5</td>
<td>22.5</td>
<td>22.5</td>
</tr>
<tr>
<td>Moderate (6.0–7.9)</td>
<td>46.1</td>
<td>47.7</td>
<td>46.9</td>
</tr>
<tr>
<td>Low (0–5.9)</td>
<td>31.4</td>
<td>29.8</td>
<td>30.6</td>
</tr>
<tr>
<td>Total</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
</tr>
<tr>
<td>Mean score</td>
<td>6.66</td>
<td>6.65</td>
<td>6.65</td>
</tr>
<tr>
<td>No. of participants</td>
<td>2,652</td>
<td>2,572</td>
<td>5,224</td>
</tr>
</tbody>
</table>

Children aged 1–3 years

|                           | Fathers    | Mothers    | All        | Fathers    | Mothers    | All        | Fathers    | Mothers    | All        |
| High (9.5–10)             | 35.5       | 40.4       | 38.2       |            |            |            |            |            |            |
| Moderate (7.5–9.4)        | 42.8       | 42.7       | 42.8       |            |            |            |            |            |            |
| Low (0–7.4)               | 21.7       | 16.9       | 19.1       |            |            |            |            |            |            |
| Total                     | 100.0      | 100.0      | 100.0      |            |            |            |            |            |            |
| Mean score                | 8.50       | 8.72       | 8.62       |            |            |            |            |            |            |
| No. of participants       | 1,535      | 2,023      | 3,558      |            |            |            |            |            |            |

Notes: Data have been weighted. Statistically significant relationship between overall wellbeing and gender is noted (* p < .05; *** p < .001).

The overall wellbeing of children appeared to improve across three waves according to both fathers’ and mothers’ assessments, though it should be kept in mind that these are not based on a continuing sample (i.e., some parents participated in one wave only).

For the older children (represented in the upper panel), the patterns of results based on assessments of fathers and mothers were fairly similar in Waves 1 and 2, but in Wave 3, children whose wellbeing was assessed by their father were slightly more likely than those assessed by their mother to be classified as having low overall wellbeing (27% vs 21%; mean score: 7.02 vs 7.14).

This gendered trend was also apparent in relation to the overall wellbeing of the younger children in Wave 1 (represented in the lower panel): those assessed by their father were slightly more likely than those assessed by their mother to have low overall wellbeing (22% vs 17%).

Although these gender differences were statistically significant, they are nonetheless very small and may not have much meaning in everyday life.

The rest of this section focuses on changes in parents’ assessment of their child’s wellbeing. To simplify the results, the analyses focusing on stability or change are based on Waves 1 and 3 only. Table 8.4 shows whether parents in the continuing sample (or parents who participated in both Waves 1 and 3) provided the same estimates of their child’s health and developmental progress (compared with other children of the same age) in both Waves 1 and 3.
Table 8.4: Extent and nature of change in study child’s wellbeing between Waves 1 and 3, by parent gender, continuing sample

<table>
<thead>
<tr>
<th></th>
<th>Fathers (%)</th>
<th>Mothers (%)</th>
<th>All (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>General health *</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Superior both waves (excellent or very good)</td>
<td>42.1</td>
<td>51.0 ***</td>
<td>46.9</td>
</tr>
<tr>
<td>Improved</td>
<td>26.8</td>
<td>23.5</td>
<td>25.0</td>
</tr>
<tr>
<td>Worsened</td>
<td>26.6</td>
<td>22.2</td>
<td>24.2</td>
</tr>
<tr>
<td>Inferior both waves (good, fair or poor)</td>
<td>4.5</td>
<td>3.4</td>
<td>3.9</td>
</tr>
<tr>
<td>Total</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
</tr>
<tr>
<td>No. of participants</td>
<td>2,498</td>
<td>2,816</td>
<td>5,314</td>
</tr>
<tr>
<td>Learning compared with other same-age children (4+ years in Wave 1)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Superior both waves (better than other children)</td>
<td>29.9</td>
<td>28.7</td>
<td>29.3</td>
</tr>
<tr>
<td>Improved</td>
<td>23.2</td>
<td>21.0</td>
<td>22.0</td>
</tr>
<tr>
<td>Equivalent both waves (same as other children)</td>
<td>24.9</td>
<td>26.0</td>
<td>25.4</td>
</tr>
<tr>
<td>Worsened</td>
<td>17.9</td>
<td>20.2</td>
<td>19.1</td>
</tr>
<tr>
<td>Inferior both waves (worse than other children)</td>
<td>4.2</td>
<td>4.1</td>
<td>4.2</td>
</tr>
<tr>
<td>Total</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
</tr>
<tr>
<td>No. of participants</td>
<td>1,579</td>
<td>1,613</td>
<td>3,192</td>
</tr>
<tr>
<td>Getting along with other same-age children (4+ years in Wave 1)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Superior both waves (better than other children)</td>
<td>22.2</td>
<td>18.4</td>
<td>20.3</td>
</tr>
<tr>
<td>Improved</td>
<td>25.4</td>
<td>27.8</td>
<td>26.7</td>
</tr>
<tr>
<td>Equivalent both waves (same as other children)</td>
<td>31.0</td>
<td>31.2</td>
<td>31.1</td>
</tr>
<tr>
<td>Worsened</td>
<td>19.9</td>
<td>20.2</td>
<td>20.0</td>
</tr>
<tr>
<td>Inferior both waves (worse than other children)</td>
<td>1.5</td>
<td>2.4</td>
<td>2.0</td>
</tr>
<tr>
<td>Total</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
</tr>
<tr>
<td>No. of participants</td>
<td>1,625</td>
<td>1,638</td>
<td>3,263</td>
</tr>
<tr>
<td>How they are doing in most areas of life compared with other same-age children (4+ years in Wave 1)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Superior both waves (better than other children)</td>
<td>21.5</td>
<td>18.1</td>
<td>19.7</td>
</tr>
<tr>
<td>Improved</td>
<td>29.5</td>
<td>30.4</td>
<td>30.0</td>
</tr>
<tr>
<td>Equivalent both waves (same as other children)</td>
<td>30.3</td>
<td>30.0</td>
<td>30.1</td>
</tr>
<tr>
<td>Worsened</td>
<td>16.9</td>
<td>17.9</td>
<td>17.4</td>
</tr>
<tr>
<td>Inferior both waves (worse than other children)</td>
<td>1.8</td>
<td>3.6</td>
<td>2.7</td>
</tr>
<tr>
<td>Total</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
</tr>
<tr>
<td>No. of participants</td>
<td>1,605</td>
<td>1,618</td>
<td>3,223</td>
</tr>
</tbody>
</table>

Notes: Data have been weighted. * Same rating refers to, in both waves, the same rating of excellent, the same rating of very good, and so on. Statistically significant relationship between study child’s general health and parent gender is noted (*** p < .001).

The overall assessments of fathers and mothers were quite similar.

**General health**

Parents most commonly indicated in both Waves 1 and 3 that their child’s health was either excellent or very good (42% of fathers and 51% of mothers). Most of the others were fairly equally divided as to whether their child’s health had improved or worsened. Few indicated that their child’s health was fair or poor on both occasions. A marginally higher proportion of mothers than fathers indicated that their child’s health was excellent.
or very good on both occasions (51% vs 42%) and a marginally lower proportion of mothers than fathers indicated their child’s health had worsened (22% vs 27%).

Progress compared with other children of the same age

On any of the three issues examined, only 2–4% of fathers and mothers indicated that their child’s progress (relative to same-aged children) was inferior in both Waves 1 and 3. Parents most commonly indicated on both occasions that their child was superior in terms of learning or school work and that their child was on par with others in terms of getting along with other children. In relation to progress in most areas of life, parents were just as likely to report on both occasions that their child was on a par with other children or to indicate that their child had been improving in this area, relative to other children.

Regarding learning/school work, around 30% indicated in both waves that their child was doing better than other children. Others were slightly more likely to state that their child’s progress relative to other children had improved rather than worsened. Overall, more than half of the parents indicated that the child’s progress was superior in both occasions or had improved; around one in four said on both occasions that their child’s learning/school work was on par with other children of the same age, and just under one in four said that the child was consistently below par or had worsened relative to these other children.

Regarding getting along with peers, parents most commonly reported on both occasions that their child was progressing as well as other children of the same age (31%). Parents were more likely to indicate that their child had improved in this area than to say that they were doing better than most children in this area (mothers: 28% vs 18%; fathers: 25% vs 22%). Just under half either said on both occasions that their child was better able than others to get along with other children or to indicate that their child had improved in this regard; 31% indicated that their child was on par with other children in this area; and 21% of fathers and 23% of mothers either indicated on both occasions that their child’s progress in their area was inferior or had deteriorated.

Regarding the children’s progress in most areas of life, parents were evenly divided between seeing their child on both occasions as being on par with others and indicating that their child’s progress relative to other children had improved (with fathers and mothers both reporting the same). Eighteen per cent of mothers indicated on both occasions that their child’s progress was superior to that of other children, and the same proportion suggested that their child’s progress had worsened relative to other children, while 22% of fathers indicated superior progress and 17% a worsened state.

Overall, around half of all parents indicated that their child had remained superior or had improved, 30% believed that their child remained on par with other children of the same age, and around one in five either indicated on both occasions that their child was not progressing as well as other children of the same age, or that their child’s progress had deteriorated relative to these other children.

Table 8.5 (on page 143) shows changes in the overall wellbeing based on the composite measure as outlined in section 8.1. The table describes the patterns of similarity or differences between the Wave 1 and Wave 3 scores based on fathers’ and mothers’ assessments. The results for the older children appear in the upper panel, and those for the younger children are presented in the lower panel.

The results based on fathers’ and mothers’ assessments were almost identical. Most of the older children were assessed as having consistent levels of wellbeing, with moderate wellbeing being the most common assessment (applying to around two in five children), followed by low wellbeing, then high wellbeing. Improved wellbeing was more commonly reported by parents than worsened wellbeing.
It seems very likely that both the differences in the children’s ages and the measures used to assess change in wellbeing would have contributed to the lower consistency in the scores apparent for the younger than older children. Firstly, the observable development of the younger children tended to progress at a faster pace than that for older children. Some aspects of progress became clearer as children enter their primary school years. Secondly, given that the Waves 1 and 3 composite measures for the younger group were based on different subscales, their wellbeing scores in the two waves would be less likely to be consistent than those derived for the older group. Furthermore, substantive change, defined as a difference of three or more points on the wellbeing scale could be used for the older group, while any difference in wellbeing classification was used as an indicator of change for the younger group. Most of the younger children (58%) were classified as having improved or worsened wellbeing, and most of the other children were equally likely to be classified as having consistently moderate or consistently high wellbeing. Fewer than one in ten appeared to have consistently low wellbeing.

<table>
<thead>
<tr>
<th>Table 8.5: Change in children’s overall wellbeing between Waves 1 and 3, by parent gender, continuing sample</th>
<th>Fathers (%)</th>
<th>Mothers (%)</th>
<th>All (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Children aged 4+ years in Wave 1</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consistently high</td>
<td>17.6</td>
<td>17.2</td>
<td>17.6</td>
</tr>
<tr>
<td>Improved</td>
<td>13.5</td>
<td>13.4</td>
<td>13.5</td>
</tr>
<tr>
<td>Consistently moderate</td>
<td>39.7</td>
<td>40.9</td>
<td>39.7</td>
</tr>
<tr>
<td>Worsened</td>
<td>8.3</td>
<td>7.9</td>
<td>8.3</td>
</tr>
<tr>
<td>Consistently low</td>
<td>20.9</td>
<td>20.6</td>
<td>20.9</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
</tr>
<tr>
<td><strong>No. of participants</strong></td>
<td>1,461</td>
<td>1,542</td>
<td>3,003</td>
</tr>
<tr>
<td><strong>Children aged 1–3 years in Wave 1</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consistently high</td>
<td>15.9</td>
<td>17.7</td>
<td>15.9</td>
</tr>
<tr>
<td>Improved</td>
<td>28.2</td>
<td>27.9</td>
<td>28.2</td>
</tr>
<tr>
<td>Consistently moderate</td>
<td>17.4</td>
<td>18.6</td>
<td>17.4</td>
</tr>
<tr>
<td>Worsened</td>
<td>29.9</td>
<td>30.5</td>
<td>29.9</td>
</tr>
<tr>
<td>Consistently low</td>
<td>8.7</td>
<td>5.3</td>
<td>8.7</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
</tr>
<tr>
<td><strong>No. of participants</strong></td>
<td>619</td>
<td>999</td>
<td>1,618</td>
</tr>
</tbody>
</table>

Notes: Data have been weighted.

8.3 Care-time arrangements and parents’ assessment of child wellbeing

Data from the first wave suggested that there was no clear link between care-time arrangement and parents’ assessments of their child’s wellbeing, although fathers who had no face-to-face care-time were more likely than other fathers to indicate that their child fared less well. Similar trends emerged in the Wave 2. The analysis of the first two waves showed that where care-time arrangements had not changed, there was no clear link between these arrangements and parents’ reports of their child’s wellbeing. Nevertheless, mothers with a minority of care time were less likely to provide favourable views in both waves compared with those who had either had a majority or shared care time. This
section examines whether parents’ assessments of child’s wellbeing were linked with care-time arrangements. The analysis focuses on children aged under 18 years, based on parents’ reports in Wave 3. For simplicity, attention is directed to the composite measure of children’s overall wellbeing. (The results relating to other wellbeing measures are presented in Appendix F.)

Table 8.6 and Table 8.7 (on page 144) show parents’ overall assessments of their child’s wellbeing (classified as low, moderate or high) according to their care-time arrangements in Wave 3. This overall wellbeing measure was not derived for the majority of fathers who had no face-to-face time with their child (71%), given that they did not answer to one or more of the relevant wellbeing questions.³ The results, based on those fathers who had no care-time at all but did provide their assessments of their child’s wellbeing, are therefore likely to be unreliable and thus are not presented in the table (though they are mentioned in passing below). Given the small number of mothers represented in each of the specific arrangements where the child was in their care for 0–47% of nights, the assessments provided by mothers with these specific arrangements were combined.

### Table 8.6: Fathers’ ratings of overall wellbeing of children < 18 years, by care-time arrangements, Wave 3

<table>
<thead>
<tr>
<th>Overall wellbeing score</th>
<th>Father sees child in daytime only</th>
<th>66–99% with mother (1–34% with father)</th>
<th>53–65% with mother (35–47% with father)</th>
<th>48–52% with each parent (equal time)</th>
<th>35–47% with mother (53–65% with father)</th>
<th>1–34% with mother (66–99% with father)</th>
<th>Mother sees child in daytime only</th>
<th>Mother never sees child</th>
</tr>
</thead>
<tbody>
<tr>
<td>High</td>
<td>33.5</td>
<td>30.1</td>
<td>36.2</td>
<td>34.2</td>
<td>31.6</td>
<td>38.4</td>
<td>38.6</td>
<td>37.1**</td>
</tr>
<tr>
<td>Moderate</td>
<td>32.1</td>
<td>40.7</td>
<td>42.8</td>
<td>45.5</td>
<td>46.7</td>
<td>45.6</td>
<td>40.2</td>
<td>41.4</td>
</tr>
<tr>
<td>Low</td>
<td>34.4</td>
<td>29.2</td>
<td>21.0</td>
<td>20.4</td>
<td>21.7</td>
<td>16.0</td>
<td>31.2</td>
<td>21.5</td>
</tr>
<tr>
<td>Total</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
</tr>
<tr>
<td>Mean score</td>
<td>6.91</td>
<td>6.90</td>
<td>7.18</td>
<td>7.23</td>
<td>7.00</td>
<td>7.43</td>
<td>6.83</td>
<td>7.21</td>
</tr>
<tr>
<td>No. of participants</td>
<td>192</td>
<td>1,644</td>
<td>471</td>
<td>582</td>
<td>91</td>
<td>251</td>
<td>70</td>
<td>120</td>
</tr>
</tbody>
</table>

Notes: Data have been weighted. Statistically significant relationship between wellbeing classification and care time is noted (** p < .01).

³ In Wave 2, most parents who never saw the study child were not asked of questions on the child’s development.
Post-separation parenting, property and relationship dynamics after five years

Table 8.7: Mothers' ratings of overall wellbeing of children < 18 years, by care-time arrangements, Wave 3

<table>
<thead>
<tr>
<th>Overall wellbeing score</th>
<th>Father never sees child</th>
<th>Father sees child in daytime only</th>
<th>66–99% with mother (1–34% with father)</th>
<th>53–65% with mother (35–47% with father)</th>
<th>48–52% with each parent (equal time)</th>
<th>0–47% with mother (53–100% with father)</th>
</tr>
</thead>
<tbody>
<tr>
<td>High</td>
<td>38.3</td>
<td>35.4</td>
<td>35.9</td>
<td>36.8</td>
<td>29.9</td>
<td>38.4**</td>
</tr>
<tr>
<td>Moderate</td>
<td>40.2</td>
<td>44.2</td>
<td>44.1</td>
<td>45.4</td>
<td>48.9</td>
<td>45.6</td>
</tr>
<tr>
<td>Low</td>
<td>21.5</td>
<td>20.4</td>
<td>20.0</td>
<td>17.8</td>
<td>21.3</td>
<td>16.0</td>
</tr>
<tr>
<td>Total</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
</tr>
<tr>
<td>Mean score</td>
<td>7.22</td>
<td>7.19</td>
<td>7.16</td>
<td>7.30</td>
<td>7.01</td>
<td>7.43</td>
</tr>
<tr>
<td>No. of participants</td>
<td>633</td>
<td>432</td>
<td>1,739</td>
<td>345</td>
<td>375</td>
<td>183</td>
</tr>
</tbody>
</table>

Notes: Data have been weighted. Statistically significant relationship between wellbeing classification and care time is noted (** p < .01).

Fathers and mothers across the care-time groups provided favourable assessments in Wave 3, with mean scores on the composite wellbeing measure being 6.83–7.43 for fathers and 7.01–7.43 for mothers on the scale of 0–10.

Fathers in three care-time groups provided less favourable assessments of their child’s overall wellbeing than fathers in other care-time groups. The three care-time groups were: fathers who cared for their child during the daytime only, those who looked after their child for 1–34% of nights, and the small number whose child was in the care of the mother during the daytime only. As implied above, just under 30% of fathers who never saw the child provided assessments of their child’s wellbeing, and thus results based on their assessments may well be unreliable and are not shown in the table. Of all care-time groups, these fathers provided the least favourable assessments (mean score 6.4). This “trend” is mentioned here because it was also apparent in Wave 1.

Overall, regardless of care-time arrangements, parents in general provided favourable assessments. Fathers who had minority care time and those whose child saw the mother in the daytime only appeared to assess their child’s wellbeing less favourably than other fathers, though the differences were small. Of all the mothers, the most and least favourable assessments were provided by those with minority care time and those with equal care time respectively, but again, differences in patterns of assessments across these care-time groups were small.

8.4 Children's overall wellbeing and change in care-time arrangements

This section focuses on children with the most common care-time arrangements: those who were in the care of their mother for most or all of the time or in the care of each parent for roughly half the time. Consistent with the approach adopted in Chapter 5 and in earlier LSSF-related publications (Kaspiew et al., 2009; Qu & Weston, 2010), these most common arrangements covered six categories:

- 48–52% of nights with each parent;
- 53–65% of nights with their mother (and 35–47% with their father);
- 66–86% of nights with the mother (and 14–34% of nights with their father);
87–99% of nights with the mother (and 1–13% of nights with their father);
100% of nights with the mother and daytime-only care with their father; and
100% of nights with the mother, while never seeing their father.

The first set of analyses outlined below focuses on the relationship between children’s wellbeing classifications and stability or change in care time. Children who had the same category of care time in Waves 1 and 3 are treated as having “stable” arrangements, and those whose care time had shifted to a different category by Wave 3 are treated as having increased time with either the father or with the mother. That is, arrangements in place in Wave 2 are not taken into account. The same applies to children’s wellbeing: classifications of consistency or change in wellbeing are based on comparisons of parents’ assessments in Waves 1 and 3, with no account being taken of their Wave 2 assessments.

It is important to point out that opportunities for experiencing increased time with the father were greater than those for experiencing increased time with the mother, given that the children represented in this analysis were already spending 48–100% of nights with their mother. Secondly, the measure of stability or change is quite blunt, given that some categories of care time are broader than others, with the breadth of category influencing whether there has been a change in care time.4

The analysis focuses on the wellbeing of children who were at least four years old in Wave 1, given that the Wave 1 measures of wellbeing for these children were replicated in subsequent waves. Parents’ assessments of their child’s wellbeing in Wave 2 are not taken into account.

Based on the above-mentioned definitions, Figure 8.1 (on page 146) shows the wellbeing profiles of children who were identified as experiencing increased time with their father or with their mother, or as not experiencing change (based on data for Waves 1 and 3 only).

While the wellbeing profiles of the three groups of children whose fathers participated in the study were quite similar, those whose mothers participated in the study were even more similar. It is not surprising then, that the relationship between child wellbeing profiles and care-time stability/change was statistically significant when based on fathers’ assessments but not when based on mothers’ assessments.

Regardless of care-time arrangements, children most commonly appeared to have consistently moderate wellbeing.

Based on fathers’ assessments, improvements in wellbeing seemed most likely where children spent increased time with their father (18%) and least likely where there had been no change in care time (10%); while a worsening of wellbeing seemed most likely where children spent increased time with their mother, and least likely where no change in care time occurred (14% vs 5%). More broadly, 35% of children who had increased time with their father were classified as having high or improved wellbeing (cf. 28% in the other two groups), and 33% of children who had increased time with their mother were classified as having low or worsened wellbeing (cf. 28% or less in the other two groups).

Based on mothers’ perspectives, up to one-third of the children in all three groups had consistently high or improved wellbeing, and slightly lower proportions in the three groups had consistently low or worsened wellbeing.

4 For instance, if some children spend an extra day per week with their father in Wave 3 than in Wave 1 (i.e., an additional 14% of nights per year), they would be recorded as having increased time with their father if they had already been spending 50% of nights with him, because their category of care time would have changed, but not if they had been spending 15% of nights with him. In the latter case, their paternal care time would have fallen within the same category in both surveys (14–34% of nights).
Post-separation parenting, property and relationship dynamics after five years

Notes: Data have been weighted. Sample sizes: fathers, \( n = 1,415 \); mothers, \( n = 1,484 \). Excludes a small number of parents who did not know or refused to answer. Percentages may not total 100% due to rounding. Relationship between change in care time and change in parents’ ratings of children's overall wellbeing is statistically significant for both fathers and mothers \((p < .05)\).

Figure 8.1: Change in care-time arrangements and children’s overall wellbeing, by parent gender, continuing sample, Waves 1 and 3

In summary, there was no apparent link between change in children’s overall wellbeing and change in care-time arrangement according to mothers’ reports, but fathers’ reports suggest a somewhat different picture. Other the three groups of fathers, those with increased care time were the most likely to indicate that their child's overall wellbeing had improved or remained consistently high, while fathers with reduced care time were the most likely to indicate that their child had consistently low or worsened overall wellbeing. Although statistically significant, these differences were small.

8.5 Children's overall wellbeing and change in family dynamics

This section also focuses exclusively on children who were at least 4 years old in Wave 1, and whose measures of wellbeing in Wave 1 were therefore replicated in Wave 3. Three aspects of family dynamics, as experienced by fathers and mothers (taken separately) are examined: (a) violence/abuse before or during separation and/or in the 12-months prior to Wave 3; (b) presence or absence of safety concerns in these waves; and (c) quality of the inter-parental relationship.

For simplicity, we once again restrict attention to circumstances recorded in Waves 1 and 3 only; that is, the analysis does not include experiences reported in Wave 2. For example, we refer to violence/abuse experiences reported in Wave 1 alone, in Wave 3 alone, or in both periods. Although experiences of the various aspects of family dynamics examined here may have varied greatly between the two periods examined, where the Wave 1 and Wave 3 experiences reported by a parent are the same, we describe them as being “consistent”.

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The relationships between the children’s classifications of wellbeing and each of the three family dynamics variables were statistically significant. However, the associations that emerged between child wellbeing classifications and parents’ safety concerns (especially when based on mothers’ perspectives) were not as strong as those between child wellbeing on the one hand, and parents’ experiences of violence/abuse and their perceptions of the inter-parental relationship on the other.

**Fathers’ and mothers’ reports of violence/abuse experiences**

Figure 8.2 shows the extent to which children’s wellbeing classifications varied according to the experiences of violence/abuse reported by their participating parent. Eight groups of children are represented in this figure. In order to compare the results emerging from fathers’ and mothers’ perspectives, we have paired the patterns of results based on these two perspectives for each violence/abuse condition; that is, where such experiences were: (a) not reported in either wave; (b) in Wave 1 alone; (b) in Wave 3 alone; and (c) in both periods. It needs to be kept in mind that Wave 1 reports focused on experiences of violence/abuse occurring in the separation or pre-separation period, and that Wave 3 reports focused on the 12 months prior to this survey wave.

Overall, the pattern of results based on the perspectives of mothers and fathers was quite similar. Regardless of whether their responding parent reported experiencing violence/abuse in either or both waves, children were most commonly classified as having consistently moderate wellbeing.

There was one result that seemed relatively counter-intuitive. This concerned the wellbeing of children whose mothers reported experiencing violence/abuse in Wave 3 alone. Based on these mothers’ perspectives, their children were among the least likely to report that
their child had either consistently low or worsened wellbeing (21%). Most were classified as having moderate wellbeing (56%).

Where no violence/abuse was reported in either wave

Overall, these children appeared to be progressing well relative to all others apart from the above anomalous group: over two-thirds appeared to have consistently high or improved wellbeing, and most of the other children in this group were classified as having moderate wellbeing. Nevertheless, a substantial minority appeared to have consistently low or worsened wellbeing (around one in five).

Where parents reported violence/abuse in Wave 1 alone

These children appeared to be progressing less well than the above-mentioned group, but a little better than those whose fathers reported violence/abuse in Wave 3 alone, and those whose fathers or mothers reported violence/abuse in both waves. For example, according to mothers’ reports, 28% of children appeared to have either low or worsened wellbeing, compared with 21% where no violence/abuse was reported and 36% where violence/abuse was reported in both waves, and 31% appeared to have either consistently high or improved wellbeing, compared with 36% where no violence/abuse was reported, and 28% where violence/abuse was reported in both waves.

Where the father reported violence/abuse in Wave 3 alone

The wellbeing profile for these children was among the most negative and least positive. They were the most likely to be classified as having worsened wellbeing (18%) and in total, 35% appeared to have either worsened or consistently low wellbeing (a rate similar to that for children whose parents reported experiencing violence/abuse on both occasions: 38%). Nevertheless, around one-quarter had either consistently high or improved wellbeing.

Where parents reported experiencing violence/abuse on both occasions

Of all groups, these children were the most likely to be classified as having consistently low wellbeing (26–27%), with 36–38% being classified as having either consistently low or worsened wellbeing (almost two in five). Like other groups, however, diversity in apparent wellbeing prevailed: a considerable proportion (28%) appeared to have consistently high or improved wellbeing.

Summary

Three clear trends were apparent:

- Children whose participating parents had not experienced violence/abuse appeared to be the most likely to have consistently high or improved wellbeing, and along with the anomalous group noted above (i.e., children whose mothers reported violence/abuse in Wave 3 only), these children seemed the least likely to have consistently low or worsened wellbeing.

- A substantial proportion of children appeared to be doing well despite their parent having experienced violence/abuse—a trend that is not surprising, given the resilience of many children and likely variations in the intensity of any violence/abuse their parent experienced (De Maio et al., 2013).

- Some children were nonetheless not progressing well according to these data, and those most likely to be in this position had a parent who had experienced violence/abuse both before/during separation and in the 12 months prior to Wave 3, and from fathers’ perspectives, children whose father had experienced violence/abuse during the latter period alone.
It should be noted that the reports of child wellbeing underlying this analysis were based on the view of one parent only and no information was derived about the experiences of violence/abuse of the other parent.\(^5\) We would therefore not necessarily expect to find a strong relationship between parental experiences of violence/abuse and child wellbeing. Nevertheless, the trends based on fathers’ and mothers’ perspectives were mostly very consistent.

**Parents’ safety concerns**

Figure 8.3 shows the nature and strength of any link between children’s change in wellbeing and parents’ concerns about their own or their child’s safety relating to ongoing contact with the other parent.

![Figure 8.3: Change in parents' ratings of children's overall wellbeing, by parents' safety concerns, by parent gender, continuing sample (Waves 1 and 3)](image)

Notes: Data have been weighted. Percentages may not total 100.0% due to rounding. Relationship between safety concerns and change in parents’ ratings of children's overall wellbeing is statistically significant for both fathers (\(p < .01\)) and mothers (\(p < .05\)).

It is important to emphasise that safety concerns held by fathers almost always related to their child, whereas those held by mothers either related exclusively to their child or to both the mother and child. Furthermore, as noted in Chapter 4, while most parents who expressed safety concerns indicated that some or all of their concerns related to their child’s other parent, mothers were considerably more likely than fathers to indicate this in Waves 1 and 3 (Wave 1: 92% vs 68%; Wave 3: 92% vs 72%). Fathers, on the other hand, were more likely than mothers to express concerns about the other parent’s new partner and/or another adult (Wave 1: 46% vs 19%; Wave 3: 48% vs 30%).

Children in all except one group were either most commonly classified as having consistently moderate wellbeing or were fairly evenly split in terms of these two classifications. Children whose fathers expressed safety concerns in both survey waves

\(^5\) Asking parents whether they had inflicted violence/abuse would be unlikely to yield useful results.
formed the exception: these children appeared more likely to have consistently low wellbeing (33%) than moderate wellbeing (23%).

**Where safety concerns were not expressed in either wave**

The overall wellbeing profiles based on fathers’ and mothers’ perspectives were very similar for these children. They appeared to be doing relatively well, in the sense that they were the least likely of all groups to be classified as having consistently low or worsened wellbeing (fathers: 26% vs 39–48%; mothers: 25% vs 37–38%).

These children formed the only group who seemed more likely to have consistently high or improved wellbeing than consistently low or worsened wellbeing (fathers: 31% vs 26%; mothers: 32% vs 25%).

**All other groups of children**

Children whose parents indicated safety concerns in one or both waves appeared more likely to have consistently low or worsened wellbeing than consistently high or improved wellbeing. This difference was greatest for fathers who expressed safety concerns in Wave 3 alone (41% vs 20%) or in both survey waves (48% vs 29%). Of all groups, children whose fathers expressed safety concerns in both survey waves seemed the most likely to have consistently low or worsened wellbeing.

**Summary**

These results suggest that children whose participating parent expressed no safety concerns in either wave were faring better than all other groups in the sense that they seemed less likely to have consistently low wellbeing or worsened wellbeing, and were as likely or more likely to have consistently high or improved wellbeing. They were also the only group who were more likely to be classified as having consistently high or improved wellbeing than having consistently low or worsened wellbeing.

The profiles for the other groups were more similar, according to the perspectives of the parents involved, though of all groups, the children of fathers who expressed safety concerns in both waves appeared to be the most likely to have consistently low or worsened wellbeing.

**Inter-parental relationships**

Figure 8.4 presents the proportion of children with the different wellbeing classifications according to the reports of their participating parent regarding the quality of their inter-parental relationship in Waves 1 and 3.
Notes: Data have been weighted. Percentages may not total 100.0% due to rounding. Relationship between change in inter-parental relationship quality and change in parents’ ratings of children’s overall wellbeing is statistically significant for both fathers (p < .001) and mothers (p < .01).

The results based on fathers’ and mothers’ perspectives were very similar. Three groups stood out as being the most different in terms of apparent wellbeing. These are described below.

Where parents reported a positive inter-parental relationship in both waves

These children were the least likely of all groups to have consistently low wellbeing and the most likely to be classified as having consistently high wellbeing. In total, 23–24% in this group were classified as having consistently low or worsened wellbeing (vs 28–49% in other groups) and 33% were classified as having consistently high or improved wellbeing (vs 23–35% in other groups).

Where parents reported a negative inter-parental relationship in both waves

These children were the most likely of all groups to have consistently low wellbeing and the least likely to have consistently high wellbeing. In addition, an apparent worsening of wellbeing applied to 16% of the children focused upon by fathers, and 11% focused upon by the mothers. Nevertheless, as in all other cases, this group showed a diverse range of wellbeing scores. These children were considerably more likely to be classified as having consistently low or worsened wellbeing, rather than consistently high or improved wellbeing (fathers: 49% vs 23%; mothers: 42% vs 24%).

Where parents indicated that their inter-parental relationship had deteriorated

These children were also more likely to have either consistently low or worsened wellbeing than either consistently high or improved wellbeing (fathers 37% vs 28%; mothers: 36% vs
28%), though the differences were not as great as for those children whose parents reported a negative relationship in both waves.

All other groups of children were at least as likely, or more likely, to have consistently high or improved wellbeing than to have consistently low or worsened wellbeing.

**Summary**

The greatest apparent differences in children’s wellbeing profiles emerged where parents provided positive assessments of their inter-parental relationship in both waves and where they provided negative assessments in both waves.

Not surprisingly, the children of the former group (where inter-parental relationships were viewed positively in both waves) appeared to be faring considerably better than the children in the latter group (where inter-parental relationships were viewed negatively in both waves). In fact, the former group of children appeared more likely to have consistently high or improved wellbeing than consistently low or worsened wellbeing, while the opposite applied to children in the latter group.

The other group of children that seemed to be faring less well than most were those whose parents indicated that the inter-parental relationship had deteriorated.

**8.6 Summary**

Across all three survey waves, parents in general provided favourable assessments of their child’s wellbeing across all areas examined. These covered general health, learning, peer relationships, and a global assessment of general developmental progress (i.e., how well their child was doing in most areas of his or her life), as well as additional measures of socio-emotional development in the two later waves.

The analysis of the extent to which parents’ assessments of their child wellbeing had changed (and the directions of the changes) between Waves 1 and 3 revealed that few parents provided unfavourable assessments in both occasions, which were four years apart. This trend was apparent in all measures examined. Where parents’ assessments had changed between Waves 1 and 3, the change was more likely to suggest that wellbeing improved rather than declined.

The analysis in this chapter suggests no strong link between care-time arrangements and children’s wellbeing. Parents in all care-time arrangements tended to provide favourable assessments, although views of parents who had minority care time appeared to be less favourable, and the differences were relatively small. In addition, there was no apparent link between change in children’s overall wellbeing and change in care-time arrangement according to mothers’ reports. Fathers’ reports suggest a weak link between their assessments of their child’s wellbeing and changes in care-time arrangements, with consistently high or improved wellbeing being associated with fathers’ increased time with children in their care, and consistently low or worsened wellbeing being associated with decreases in care time.

Changes in children’s wellbeing between Waves 1 and 3 were associated with changes in family dynamics regarding the experience of violence/abuse, any safety concerns and the quality of inter-parental relationships. Parents who in either wave had not experienced violence/abuse or held safety concerns, or consistently reported positive inter-parental relationship were more likely to report consistently high or improved child wellbeing. On the other hand, consistently low or worsened child wellbeing was more likely to be reported by parents who reported experiencing violence/abuse, holding safety concerns, or having negative inter-parental relationship in both waves compared with reports of other parents.
On the whole, the findings reported in this chapter provide a positive picture of how well most children in the LSSF are faring. This is heartening, given longstanding concerns about the effects of parental separation on children. Expanding further on the themes emerging from other chapters, however, the findings also highlight the implications of some of the negative patterns evidenced in this longitudinal study. Children who live in families affected by violence/abuse and/or where safety concerns are relevant and/or when inter-parental relationships are negative have poorer developmental outcomes, particularly when these conditions are sustained over time.
9 Conclusion

The establishment and maintenance of good or at least functional post-separation relationships is central to the management of workable post-separation parenting arrangements. Although legislation can promote appropriate messages—such as links between cooperative post-separation parenting and children’s wellbeing—legislation cannot of itself create good relationships. In addition, as the 1995 reforms demonstrated, appropriate legislative intent is likely to have a very limited effect unless backed by services focused on promoting good or “good-enough” relationships when it is safe to do so.

This report has continued the LSSF’s examination of the evolution of post-separation family life. It presents empirical evidence drawn from three waves of data from parents who separated soon after the 2006 reforms. The report provides empirically based insights, not previously available, into how inter-parental relationships develop over time; continuing patterns of relationship-focused service use, as well as the use of legal and court interventions; the stability and changeability of care-time arrangements; adherence to and attitudes towards child support; and outcomes of, as well as attitudes towards, property settlements. The insights gained permit better understanding of the challenges faced in designing policy and practice responses for all separating families, but particularly for families continuing to function at the problematic end of the spectrum.

9.1 Relationship dynamics

The encouraging news is that whether they participated in one, two or all three waves, most fathers and mothers described their inter-parental relationship after separation as either friendly or cooperative. Less positive relationships were more commonly perceived to be “distant” rather than highly conflicted or fearful. Fearful relationships were the least common, but were the only category of relationships significantly more likely to be experienced by mothers. Among the continuing sample of separated parents, close to half held the same views in each survey wave. Importantly, favourable views were the most likely to be repeated across the survey waves. At the same time, revised assessments among the continuing sample were equally likely to suggest that relationships had improved or deteriorated.

The data suggest that as time goes on, most parents communicate about their children with decreasing frequency. No doubt these findings reflect the realities of post-separation family life, with each parent inevitably establishing a life beyond the relationship they had with each other. From the child's point of view, there is unlikely to be any ideal formula with respect to how frequently his or her parents should communicate. In any case, from the perspective of the child’s wellbeing, the quality of the interactions is likely to be considerably more important than their frequency.

Good or “good-enough” interactions link to a broad range of variables. At a minimum, however, the conditions that underpin such interactions are those in which there is an absence of violence/abuse and a capacity to deal with any problems arising out of addictive tendencies or mental health problems.

By Wave 3, it was found that though the proportion of parents reporting the experience of emotional abuse had fallen considerably, it remained worryingly high. In total, nearly two in five fathers and slightly more than two in five mothers in Wave 3 indicated that they were recipients of some form of emotional abuse. Humiliating insults easily accounted for...
most of the emotional abuse experienced. The circulation of defamatory comments and
monitoring the whereabouts of the other parent were the next most common behaviours
(though these behaviours were measured in Waves 1 and 2). In addition, even in those
cases in which particular forms of emotional abuse were experienced by a small minority of
parents, a substantial proportion indicated that the abuse was by no means a rare
occurrence. Frequent interaction between former couples with such issues is likely to have
an especially debilitating effect on parents and children alike.

The data also suggest that these interactions may not be particularly observable to an
outsider. This is because the experiences of physical hurt before separation, which were
relatively prevalent at Wave 1, had dropped to about 2% by Wave 3. Compared to
emotional abuse, physical hurt or its results are more likely to be observed by others,
especially if the person is willing to speak of it. But although anxiety and stress associated
with behaviours such as insults, defamatory comments or monitoring of a former partner’s
whereabouts may be more difficult to detect, it is likely to have a significant effect on those
who experience it, as well as on other family members and children who observe it.
Anxiety and stress may also, of course, be manifested in expressions of safety concerns for
the person herself/himself or for the child.

About one-quarter of the continuing sample of fathers and more than one-third of the
mothers expressed safety concerns in one or more waves. However, most did so in one
survey wave alone. Some expressed safety concerns in two waves, but only about 5%
reported this concern in all three waves. Underpinning concerns about safety is a complex
set of dynamics. Some parents had practical concerns, such as the child’s safety while in
the other parent’s vehicle. Other concerns were linked to more overtly dangerous
behaviours, with a considerable proportion of parents relating their concerns to addiction
and/or mental health issues. Some feared their children could be at risk of sexual abuse.

As was the case with respect to Waves 1 and 2, there were strong links between the
holding of safety concerns in Wave 3 and concurrent perceptions of the quality of the
inter-parental relationship, experiences of violence/abuse in the preceding 12 months, and
reports in Wave 1 that mental health or alcohol/substance abuse were issues in the pre-
separation relationship. Tellingly, the greater the number of survey waves in which safety
concerns were held, the more likely it was that the parents in the continuing sample said in
Wave 1 that mental health or addiction problems were issues in the relationship prior to
separation. Indeed, such issues were reported in Wave 1 by eight in every ten fathers and
nine in every ten mothers who expressed safety concerns in all three waves.

These data of course are based on parental perceptions. Though not “objective” data,
evidence from previous studies of difficult areas such as allegations of sexual abuse in the
context of separation (Bala, 2008) suggests that parental concerns are considerably more
likely to be substantially correct than either deliberately or unintentionally false. This in
turn raises the question of the extent to which such concerns continue to be given
sufficient weight by decision-makers, advisors and relationship practitioners when they are
raised in the context of post-separation parenting disputes.

A significant difficulty in determining what is “best” for children following the separation
of their parents is one of informed and appropriate discrimination. The data reveal that at
three points in time over a roughly four-year period (beginning some 15 months after
separation), the majority of former couples report positive post-separation relationships, a
situation likely to prove beneficial to their children. For a substantial minority, however,
post-separation relationships fall short of this goal. While at each point in time, an
increasing proportion of parents report distant relationships, more than one in ten parents
continue to describe their relationship as having “lots of conflict”. In addition, about 3%
of fathers and more than 5% of mothers continue to report a relationship characterised by
fear.
The data demonstrate that poor-quality relationships were strongly associated with reports of violence/abuse, safety concerns, mental health problems and addiction issues. At the same time, some fluctuation in the quality of relationships between waves suggests that post-separation adjustment issues also have both positive and negative effects that may not necessarily be connected to an early pattern of dysfunctional relationships. Delivering effective, timely interventions to separated families experiencing normal adjustment problems, as well as to separated families whose dysfunctional dynamics were the cause of the separation in the first place, remains an ongoing challenge. It is important on the one hand to acknowledge the resilience of most separated families revealed in the data and to avoid the temptation to “over-service”. But it is equally important to identify the minority of separated families who appear to be in serious trouble at the time they separate, and/or for whom separation and its subsequent consequences become yet other triggers for ongoing difficulties.

9.2 Interaction with services

The Wave 3 data reveal that during their third and fourth year of separation (i.e., up to two years prior to the Wave 3 interviews), about a third of separated parents made use of at least one of the following services: counselling, mediation and dispute resolution services; a lawyer; courts; legal services; and domestic violence services. Mothers and fathers made use of services to about the same extent, though mothers were more likely than fathers to use legal and domestic violence services. More than one service was used by 14% of both mothers and fathers.

For most mothers and fathers, easily the most common reason for using a service was to get help with sorting out parenting arrangements. The next most common reason for using a service was to deal with issues of family violence/abuse, followed by resolving property arrangements and child support issues. Around a quarter of fathers and mothers nominated more than one issue, the most common two combinations being parenting arrangements and family violence/abuse, and parenting arrangements and child support.

In terms of underlying needs, parents typically indicated that they went to services for information, advice or dispute resolution. Considerably lower proportions indicated that their needs were linked to court-related matters. There appeared to be a gender difference in the ways in which mothers and fathers framed their needs, with somewhat more mothers than fathers seeking information, and considerably more fathers than mothers identifying a need for a dispute resolution service. This possibly reflected the reality that in many families (and perhaps in society at large), mothers continue to be seen as gatekeepers with respect to the organisation of child care arrangements.

Recognising and responding appropriately to how needs are perceived is of course a core skill for service providers. Many parents of both genders held positive views about the services they received to help settle their issues after separation. This is an encouraging finding, given the practical and emotional challenges that frequently accompany parental separation. At the same time, about one-fifth of both fathers and mothers reported that the services they used were not at all helpful to them.

Looking to the future, it is important to understand more clearly the nature of the disappointment for this minority of service users, as well as why some service types are more likely than others to attract this assessment. The present study did not seek reasons as to why clients found services and other interventions to be helpful or not. What follows is therefore inevitably speculative, but may guide the framing of questions in future surveys.

With regard to the roughly one in five assessments in the “not at all helpful” category, there may be benefit in exploring the following issues:
Mismatching client needs and the intervention delivered—for example, having too great a focus on achieving an outcome in a parenting dispute (whether via facilitated processes, negotiation or a judicial decision) may distract from the more pressing need to address an underlying problem, such as fear of a former partner or a significant mental health or addiction issue.

Mistiming of service or intervention—for example, a parent or child may not be willing to engage with the service offered at the time it is offered; there is a tension between “timely” service delivery and client readiness.

Inadequate coordination between service providers—for example, a court may make orders that require the cooperation of a service or services that are not available at the time; or the intentions of a court may not be adequately communicated to the service provider(s).

Poor quality of service—for example, because of lack of experience or inadequate training or support, a practitioner may fail to engage adequately with a client or with a family.7

Unrealistic client expectations—for example, a client may remain “locked in” to the view that his or her solution to the problem is the only acceptable solution.

The services and interventions most often rated as “not at all helpful” were FRCs and the courts, while lawyers and unspecified legal services were least often placed in this category. Again the reasons for the differences can only be speculated upon. For example, they may to some extent be a reflection of the relatively well-defined role of lawyers who, while guided by the best interests of the child, act as advocates for the parent. Courts, on the other hand, are required to balance competing claims—often, as the data reveal, between members of a family in which at least one person is exhibiting dysfunctional behaviours. Decisions reached directly by courts or negotiated in the shadow of court processes may therefore not necessarily satisfy each, or even, either parent. Or in the event of a significant adverse finding against one parent, that parent may feel especially dissatisfied.

As noted in Chapter 4, as the first “port of call” for many parents in dispute over their children, FRCs have a complex educative and triage task to perform, which may involve consideration of referral to other services or interventions and may include an assessment that FDR is not a viable option. These are delicate processes, made more potentially complex by the fact that attendance at FRCs is voluntary. The assessment component of FRC interventions mean that in at least some cases, family members may need to assess or reassess the consequences of their past behaviours. They may learn, for example, that the conflict and sometimes the violence/abuse that preceded and/or continued past their separation is likely be having a detrimental effect on their children. Some parents may need to confront the fact that while separation might resolve a number of problems, as Parkinson (2013) has pointed out, it raises a range of others.

9.3 Evolving parenting arrangements

The data exploring how parents sort out their arrangements point to the ongoing nature of decision-making about children following parental separation. A first level of analysis shows that a little under three-quarters of parents reported they had sorted out their parenting arrangements in Wave 1 and a little over three-quarters had done so in Wave 2. By Wave 3, however, this had dropped to a little over two parents in three.

“Sorting out” parenting arrangements is a more dynamic process than the cross-sectional figures might at first suggest. For example, three-quarters of those parents who said they had sorted out parenting arrangements in Wave 1 were still in this category in Wave 3.

7 The AIFS evaluation of the 2006 reforms (Kaspiew et al., 2009) included a client survey providing both positive and negative experiences of FDR that appeared to relate to the capacity of the FDR practitioner to engage with family members (pp. 102 & 105).
Overall, about one-half of parents reported having sorted out parenting arrangements in all three waves.

On the other hand, of those who were in the process of sorting out matters and for those for whom nothing was sorted in Wave 1, a small majority reported having sorted out matters by Wave 3. About 8% of all parents reported at all three waves that nothing had been sorted out. But only about half of this group indicated that there had never been agreements about parenting at any time after separating.

The changeability of arrangements demonstrated by these data points to the importance of understanding the pathways used to develop and continue to develop parenting arrangements after separation. In each wave, discussions between parents themselves or feeling that “it just happened” were easily the two most common main pathways for parents who had sorted out or were in the process of sorting out arrangements. The next most common main pathway was counselling, mediation or dispute resolution, followed by lawyers and then courts. Nomination of lawyers as the main pathway increased marginally with each wave. Nomination of counselling, mediation or dispute resolution and of courts was lowest at Wave 1 and highest at Wave 2 and in between at Wave 3.

The data suggest that the longer time it took for parents to first sort out arrangements, the more likely they were to report the use of a professional intervention as their main pathway. Discussions remained the most common main pathway. But between Waves 1 and 3, use of courts accounted for the steepest increase in reported main pathways—though this came off an initial low base. Use of a lawyer as the main pathway more than doubled, while use of counselling, mediation or dispute resolution and “it just happened” increased by a little less than this. Parents who took a longer time to reach parenting agreements were also more likely to have ongoing family violence/abuse and safety concerns.

Among the challenges embedded in these data are those of the timing and coordination of services and professional interventions. Two key questions in this regard are: To what extent would earlier and/or more intensive interventions have assisted those parents who continued to struggle to resolve matters at Wave 3? And to what extent would these families have been assisted by a more coordinated approach between the different forms of intervention?

Although these are important questions, it should be recognised that family law services and interventions “work” for a solid majority of their clients. Thus, at least four out of five mothers and fathers who had sorted out arrangements agreed or strongly agreed at each wave that the process they had used worked for themselves, their child and the other parent; the result was as expected; they and their former partner had had an opportunity to put their side of the dispute forward; and their child’s needs had been adequately considered.

9.4 Service use: Complex families and protracted processes

In each wave, about four in every ten parents who attempted FDR reached agreement as a direct result of the FDR process itself. Tellingly, however, s 60I certificates were issued to a little over two in ten parents in Wave 1, a little over three in ten parents in Wave 2 and a little over four in ten parents in Wave 3. Thus, the FDR data add support to an emerging hypothesis of increasing case complexity over time.

Not unexpectedly, over the three waves, the proportion of parents who attempted FDR reduced—from a little under a third in Wave 1 to less than one in seven in Wave 3. The proportion using FRCs for the purpose of FDR increased over the three waves from about
two in every three to about three in every four parents, suggesting that over time, FRCs are
taking on an increasingly challenging caseload.

The dynamic nature of post-separation parenting can also be seen in the FDR data. For
example, of those parents who had reached agreement in Wave 1, just over half reported
that parenting arrangements had remained sorted out at all three waves, while a little more
than a quarter said things had been sorted out in two waves and a little over one in eight
reported that things were sorted out in one wave only. Relatively few (7%) who had
reached agreement in Wave 1 said that nothing had been sorted out at all three waves.
Importantly, the pattern of “sorting thing out” for those who did not reach agreement but
who were not issued with a certificate was fairly similar to that reported by those who had
reached agreement. Those issued with a certificate, however, were considerably less likely
to have sorted things out and twice as likely to have sorted out nothing in all three waves.

These data suggest that rather than being seen as a “one-off” intervention aimed at
reaching agreement, FDR might often be more appropriately viewed as a catalyst for the
shaping of present and future arrangements.8 The data also suggest that the certificate
system is broadly succeeding in discriminating between cases capable of being resolved
through mediation and/or further discussion, and cases that need more structured or more
intensive input. However, the prevalence of not-sorted arrangements among those issued
with a certificate suggests that the next steps for those parents may not be readily
identifiable, accessible or available.

That said, it is also clear that family violence/abuse is “core business” for family
relationship services, lawyers and courts attempting to assist couples who are in dispute
about their children. Of those who reached agreement at FDR, fewer than one in six
reported no experience of violence/abuse at any of the three interviews. Of those who
were not issued with a certificate (despite not reaching agreement), only about one in ten
reported no experience of violence/abuse at any of the three interviews, while of those
who were issued with a certificate only 2% gave this same report.

The data about parents’ safety concerns is perhaps even more telling. Of those who
reached agreement at FDR, a majority expressed no safety concerns at any of the three
interviews. Of those not issued with a certificate (despite not reaching agreement), a similar
majority expressed no safety concerns at any of the three interviews. Of those parents who
were issued with a certificate, however, only a minority expressed no safety concerns at any
of the three interviews.

After some five years of separation, the “big picture” regarding the resolution of disputes
over children is that more than two-thirds of parents reported that parenting issues had
been sorted out and about one in five said that they were in the process of sorting things
out. At the same time, only about half of all parents reported at all three interviews that
things had been sorted out. Significantly too, among those parents who reported at Wave 3
that things had been sorted out, there is evidence that a large minority had changed their
arrangements between waves. The importance of this finding is that from the point of
view of the welfare of their children, many former couples need to have the capacity to
continue to negotiate parenting arrangements in a positive or at least non-destructive
manner.

It is clear, however, that some separated couples are unable to achieve this objective.
Analysis of the service use data in general and FDR data in particular reinforces the point
that there remains a sub-group of families with multiple indicators of complexity
(conflicted and fearful relationships, safety concerns, family violence/abuse, etc.), who

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8 This suggestion fits with the evidence from Emery (2012), who has conducted one of the few longitudinal
controlled studies of the effects of family mediation.
continue to experience difficulties well into the post-separation period covered by this research.

Taken as a whole, these findings stand in some contrast to the “clean break principle” that has sometimes been encouraged with respect to the resolution of post-separation financial issues (see critique by Harrison, 1988), and in contrast to suggestions that “final agreements” or “final orders” regarding parenting should be the aim in most cases. Rather, analysis of the three waves of data confirms that for a significant percentage of separated parents, the parenting “ties that bind” (see Parkinson, 2013), are reflected in the frequent need to reassess and readjust arrangements regarding the children.

Perhaps this finding is unremarkable when considered against the many adjustments commonly negotiated between parents in “intact” families. It is unclear from the data, however, how much of the changeability simply reflects the need for parents to negotiate new arrangements as circumstances change and as children develop; or how much is driven mainly by more deep-seated conflict or a chronic inability to settle on a workable parenting arrangement. Either way, the data make it clear that by far the most common reason for seeking help during the third and fourth years of separation was to sort out parenting arrangements; and the most common service used to attempt to achieve this was a Family Relationship Centre.

Ultimately, just as in “intact” families, child-responsive parenting requires ongoing adjustments, and ongoing adjustments require negotiation. That being the case, the aim of family law interventions in parenting disputes should include not only resolving the problem at hand, but also assisting those parents not disqualified as a result of dangerous or unacceptable behaviours, to find ways of working cooperatively into the future. This can be a challenging task for families with complex dynamics, at least some of whom are likely to need help from ongoing services and interventions. The question of which services and interventions are most likely to minimise ongoing disputes and best serve both the children and parents in these families is best answered by ongoing examination of longitudinal data.

That said, it is becoming increasingly clear that as time passes, effective management of the more problematic parenting issues is likely to require sophisticated interventions able to respond to the ways in which difficult and dysfunctional relationships continue to affect externally driven developments such as re-partnering and changes in financial circumstances. Psycho-educational input, FDR and other forms of “mediation”, a range of therapeutic responses (see Smyth & Moloney, 2003), responsible advocacy, and assistance from legal and judicial sources will continue to be needed for these families, who are relatively small in number but are resource-intensive.

In addition, initiatives such as the Better Partnerships Program (Moloney, Kaspiew, De Maio, & Deblaquiere, 2013), the Coordinated Family Dispute Resolution pilot (Kaspiew et al., 2012), collaborative law, less adversarial trials and less adversarial legal processes, all contain acknowledgements that a key challenge with respect to dealing with families at this end of the spectrum is one of coordination. For these parents and their children, it is increasingly clear that no single discipline and no single pathway can be said to hold the key.

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9 The term “final orders” continues to be employed as a descriptor for a category of financial and children’s cases heard by the Family Court of Australia and the Federal Magistrates (now Federal Circuit) Court (see the most recent annual reports of both courts). Though the use of this terminology reflects certain legal realities, there is a risk that in children’s cases it may create an impression that the arrangements ordered will continue to be in their best interests.
9.5 Care-time arrangements

Some of the key social forces driving these changes and prompting such a legislative response, have been considered by Moloney, Weston, and Hayes (2013). The LSSF data provide evidence of the extent of any changes to parenting arrangements over the five-year period since the parents in this cohort separated.

It was found that most children have remained in the care of their mother for the majority of nights or all nights per year in each wave. Such “traditional” care-time arrangements appear to have declined slightly. Around three-quarters of the focus children were in such an arrangement in Wave 3, whereas the proportion of children in shared care time or in paternal care for most and all of the time increased slightly. Care time entailing children seeing their father during the daytime only appeared to change the most—over one in five children appeared to see their father during the daytime only in Wave 1; but this applied to only one in ten in Wave 3.

Consistent with reports based on the first two waves, care-time arrangements varied according to children’s age at Wave 3. Shared care time was more prevalent for children of primary and early secondary school age than younger and older children. It was not common for children across all age groups to be in the care of their father for most or all of the time. Nevertheless, this arrangement was more prevalent for older children than younger children.

The longitudinal nature of the study allows analysis of the extent and direction of changes of care-time arrangements. Analysis of the arrangements for those children who were still under 18 at Wave 3 revealed a modest shift towards more time in paternal care. Again, however, the longitudinal nature of the study pointed to the dynamic nature of post-separation processes. For example, one in ten children both increased and decreased time spent in the care of their fathers during this period.

Not surprisingly, in view of findings noted earlier in this chapter, change in care-time arrangements was influenced by the dynamics of inter-parental relationships and the experience of violence/abuse and safety concerns. Parents with improved relationships were more likely than other parents to report increases in paternal care time. This pattern was consistent in both fathers’ and mothers’ reports. Positive relationships in all three waves appeared to encourage increased paternal care time rather than increased maternal time. Care time was also more stable for this group. In turn, care-time arrangements were more likely to be subject to change if parents indicated experiencing violence/abuse before or during separation and after separation or reported ongoing safety concerns.

The findings suggest that fluidity of care-time arrangements is a normal experience for a considerable number of separated families. As noted above, while some of this fluidity will no doubt be accounted for by normal changed circumstances and children’s ongoing developmental needs, there is also a link between altered care-time arrangements and a history of difficult or dysfunctional family dynamics and concerns about safety.

Thus, as time passes, we can expect families with these more challenging characteristics to be the most common ongoing users of family relationship services, lawyers and courts—the most common reason for accessing such professional assistance being that of negotiating or re-negotiating parenting arrangements. For children, therefore, the key stressor is unlikely to be that of changed arrangements per se. Indeed the evidence is that many of the care-time changes are relatively modest. Rather, the key stressor is more likely to be linked to the motivation to make such changes. Children are likely to suffer when the pressure to change care arrangements is primarily driven not by a focus on their needs, but by problem-saturated parental relationships.
9.6 Property division

For the first time in more than a decade, Wave 3 provided the opportunity to examine post-separation property arrangements on a systematic quantitative basis. A spread of wealth levels is evident within the sample, with one-fifth of parents reporting having nothing to divide, nearly one-fifth reporting a low level of assets (under $40,000) and one in ten parents reporting a high level of assets ($500,000 or more). Parents who separated from marriage had greater wealth levels than those who separated from cohabitation.

Resolution of property arrangements was the norm for most parents (where there was property to divide) by Wave 3. Nearly a quarter said these matters were resolved on separation and a fifth said the division had been concluded in less than 12 months. For smaller proportions of the sample, these issues took longer to resolve, with about a quarter indicating resolution occurred within two years, 17% taking two to three years and 13% taking more than three years. Longer resolution timeframes were associated with higher asset levels, debts outweighing assets and the use of formal pathways, including lawyers and courts.

As with other areas examined in this study, difficult relationship dynamics, including a history of family violence/abuse, impinge on the resolution of property matters. A reported history of emotional abuse or physical hurt is associated with a lower share of property division and a greater likelihood of experiencing a sense of unfairness.

As with parenting arrangements, a substantial number of parents indicated that they had worked out their property division through discussions (two in five) or without using any specific mechanism (one-fifth). These proportions were lower for property settlements than for parenting arrangements and some significant differences were evident in the use of other sources of assistance for property compared with parenting. The use of courts is not dissimilar for parenting and property, but lawyers are used much more, and mediation much less for the resolution of property issues. Findings concerning the connection between relative shares of property and parenting arrangements confirm the connection between property and financial issues, but it is also clear that for many parents, arrangements for these issues are worked out using processes that have little or no formal connection with each other. Using such seemingly disconnected processes raises the question about how well-informed parents are about the implications of the decisions they are making in relation to each kind of post-separation arrangement.

Accounting for a response bias evident in this (and other previous research), the most common division reported was a share for the mother of between 40–59%. About a quarter of parents reported a higher share for the mother of between 60% and 79%. On average, it appears that property division favours mothers. The main factors associated with a less favourable property division for mothers were: separating from a cohabiting relationship; shorter relationships (less than five years); and having the children for a minority of nights or no nights in her care. For both mothers and fathers, being the initiator of the separation and/or the party who left the home was associated with a lower share.

The majority of parents considered the property division was fair, both at the time it was finalised and at the time they were interviewed at Wave 3. Significant minorities, however, considered it was unfair; for example, just over a third of parents said it was unfair taking a retrospective view. Fathers were somewhat more likely to express a view of unfairness than mothers. Parents who left the house were less likely to consider their property division unfair, as were parents whose relationship had lasted less than five years.

The analysis recognises a significantly subjective component linked to the question of fairness. Qualitative insights into factors influencing perceptions of unfairness include the relative proportions involved in the division and the way in which certain types of
contributions to the relationship were recognised or not recognised in the division. Other issues raised in connection with fairness concerned the way the system operated, including costs, time taken and the ability to address dishonesty and the circumstances surrounding the breakdown of the relationship.

9.7 Child support

A key indicator of the extent to which parents are willing and able to focus on the needs of the child is that of compliance with child support which, when there is a requirement to pay, remained overwhelmingly the responsibility of the father across the three waves. Parents typically reported that payments were most often made in full and on time. This was followed by payments being made in full but not on time and then by payments being made neither in full nor always on time. The least likely outcome was that payments were made on time but not in full.

Payees were less likely than payers to report full compliance, and unlike payers, the proportion reporting full compliance was lower in Waves 2 and 3 than in Wave 1, suggesting that over time, full compliance rates fell.

In line with findings linking family violence/abuse to a range of negative outcomes, mother and father payees who reported such experiences were less likely to report that they received child support both in full and on time. However, there was no apparent link between payment compliance and whether payers themselves had experienced violence/abuse.

With one exception, at least half of the parents in all groups said that the child support amount was very or somewhat fair. The proportions of father and mother payers who provided favourable evaluations of fairness decreased progressively across the survey waves.

Although there was substantial agreement from payers, and very high levels of agreement from the payees that payment amounts were affordable, nearly half the father payers and over one-third of mother payers thought that the amount they were paying was more than their children needed. A substantial proportion of receiving parents (mother payees and father payees) believed that the former partner held this view.

Around two in five father and mother payers agreed that there was resentment with respect to paying because they had no say in how the money was spent. Payers, to the similar extent, also agreed that there was resentment with respect to paying given the amount of time they spent with their child.

Of some concern was the finding that a little under half of father and mother payees believed their former partners would prefer not to pay in order to make their (the receiving parent’s) life difficult. Although the prevalence of this finding might have been influenced by a possible priming effect (each of the two previous questions had asked whether the parent’s former partner might resent paying child support), this and the above findings serve as a reminder that disputes about how money is spent can put considerable strain on relationships.

In framing their exploratory paper on negotiation options around child support, Moloney, Smyth, and Fraser (2010) observed that “money matters can come between otherwise caring and competent parents, with potentially serious and long lasting consequences for children” (p. 34). Other authors have suggested that the propensity for resentment and possible misreading of motivations is likely to be increased as a result of the sheer complexity of the child support formula. As Smyth and Henman (2010) observed, “child support policy is in a complex interrelationship with social security and tax policy, making
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formulation and refinement somewhat akin to the behaviour of an unsolvable Rubick’s Cube, but with potentially serious real world consequences for families” (p. 67).

Broadly speaking, the data demonstrate that child support is seen to be largely affordable, with the most common response being full compliance with the requirement. The data also suggest, however, that for a considerable number of parents, the “devil” may be in the complexity of the detail. Once again, the data reveal a clear affiliation between propensity for resentment about paying and the quality of the post-separation relationship. Arriving at a formula that is seen and understood by all to be transparent and just is likely to remain an ongoing challenge. Nevertheless, quality of adult relationships can be seen as a key variable in understanding post-separation conflict and grievances and their multiple sequelae.

**9.8 Child wellbeing**

Despite such difficulties, across all three survey waves, parents in general provided favourable assessments of their child’s wellbeing across all areas examined. These covered general health, learning, peer relationships and a global assessment of general developmental progress (i.e., how well their child was doing in most areas of his or her life), as well as additional measures of socio-emotional development in the two later waves.

Analysis of the extent to which parents’ assessments of their child’s wellbeing had changed (and the direction of the changes) in the four years between Waves 1 and 3, revealed that few parents provided unfavourable assessments on both occasions. This trend was apparent in all measures examined. Where parents’ assessments had changed between Waves 1 and 3, the change was more likely to suggest improved wellbeing rather than worsened wellbeing.

As in the past, the data suggest no strong link between care-time arrangements and children’s wellbeing. Parents in all care-time arrangements tended to provide favourable assessments. Although views of fathers who had minority care time appeared to be less favourable, the differences were relatively small. In addition, there was no apparent link between change in children’s overall wellbeing and change in care-time arrangement according to mothers’ reports. Fathers’ reports suggest a weak link between change in their assessments of their child’s wellbeing and change in care-time arrangements, with consistently high or improved wellbeing being associated with increased time with children in their father’s care.

As with other findings, changes in children’s wellbeing between Waves 1 and 3 were associated with changes in family dynamics, including experiencing violence/abuse, having any safety concerns and the quality of inter-parental relationships. Consistently high or improved child wellbeing was more likely to be reported by parents who in either wave had not experienced violence/abuse or held any safety concerns, and consistently reported positive inter-parental relationships. On the other hand, consistently low or worsened child wellbeing was more likely to be reported by parents who reported experiencing violence/abuse, holding safety concerns, or had negative inter-parental relationships in both waves, compared with reports of other parents.

On the whole, these findings paint a positive picture of how well most children in the LSSF sample are faring. Though the broader literature suggests a tendency for parents to underestimate their children’s difficulties, the findings are generally heartening. Expanding further on the themes emerging generally, however, the findings also highlight the implications of some of the negative patterns evidenced in this longitudinal research program. Children who live in families affected by violence or abuse and/or where safety concerns are relevant and/or when inter-parental relationships are negative are likely to be experiencing compromised development, particularly when these conditions are sustained over time.
9.9 Concluding thoughts

The main findings in this report, encapsulated in the observation in the preceding paragraph, are supportive of the work of existing services and intervention strategies, but also highlight ongoing challenges with respect to the delivery and management of more intensively focused and more coordinated professional interventions. Clearly some of the problems experienced by these families are associated with normal readjustment. If the problem goes beyond this (and the data suggest that when families continue to seek professional help this is increasingly likely be the case), to what extent should the interventions be facilitative, educational, therapeutic, advisory or judicial in nature? And perhaps most importantly, can these elements of the family law system find increasingly effective ways of bringing their individual perspectives and strengths to bear on these families’ presenting problems?

A focus on more collaborative and cross-disciplinary approaches to service delivery and to legal and judicial interventions raises a range of issues. In a recent presentation, Hayes, Hollonds, and Gleson (2012) posed the obvious question: How can we ask separating parents to collaborate in the interests of their children unless we are also prepared to collaborate? The presentation by Hayes and his colleagues provides a case example of lawyer/social worker cooperation within a Family Relationship Centre in which each of the professionals adhered clearly to their roles but within the context of a cooperative framework. While promoting the model, the authors noted some of the systemic stumbling blocks that must be addressed and ultimately overcome—problems such as differing perspectives on confidentiality and conflicts of interests.

Such issues, as well as a range of other inter-professional complexities, are highlighted in evaluations of the Better Partnerships Program (Moloney et al., 2011; 2013) and the Coordinated Family Dispute Resolution Pilot (Kaspiew et al., 2012) noted earlier. The latter program was squarely targeted at the families that this report identifies as being in need of intensive and sustained assistance from the family law system—those affected by complex dynamics, including a reported history of family violence/abuse and ongoing safety concerns. The evaluation of this program evidenced the value placed by clients on obtaining support from services based in the family violence sector, especially in the context of attempting to apply FDR processes where there has been a history of family violence. At the same time, the report also documented the difficulties that can arise in intensive inter-disciplinary engagement between different agencies with differing traditions and philosophies attempting to provide a holistic service for complex families.

Notwithstanding such difficulties, evidence in the present report of sustained problems experienced by some families at the expense of the wellbeing of children and parents reinforces the need for service models developed specifically to address their multiple needs. For example, there are signs of a growing interest in cross-sector initiatives in Australia in those cases in which individuals (and their families) require clear guidelines by way of court orders that are supported by intensive engagement with service-based interventions (Wilson, 2013).

The following excerpt from a United States judgment (cited in Johnston, Roseby, & Kuehnle 2009) speaks to one situation likely to be considerably enhanced by cooperative cross-sector cooperation:

Mr R, what you have done to your wife is a criminal act under the laws of this state, regardless of what you say she did or said to provoke you, and there are consequences that the Court is bound to impose. What you did is also very harmful to your children, whether they actually witnessed the event or not. Living in a violent home is bad for children. Mr R I hear you when you say that you love your wife and children, that you are sorry for what you did and that you have promised
not to do that again. The Court is going to help you keep that promise by doing three things: first, by providing your family with protection until it can be sure that you are no longer a danger, and that you can show you are no longer a danger; secondly by providing you an opportunity to manage your anger better and to resolve conflict in a non-violent way; and third, by providing you and your children a safe place to visit together, where they will not be afraid, and you will be given an opportunity to show that you have a loving relationship with your son and daughter.

(p. 27)

A judicial statement such as this sets out clear objectives for the future. The success of those objectives relies on the active engagement of services such as a family violence service and an organisation (such as a contact centre) that can provide a safe location for the children to spend time with their father. It might also require input from others, such as an individual or organisation that can support the mother while simultaneously aiming for safe and responsible parenting arrangements. Moreover, success is more likely to be achieved if these services can work cooperatively with legal representatives and if a mechanism exists for providing feedback to the court if and when that proves to be necessary.

Since the 2006 reforms, it has become increasingly clear that each of the mainstream professions in the family law system has a potentially constructive role to play in helping to untangle the predicaments characterising that group of highly troubled separated families identified in the data. A growing understanding of the needs of these families provided by successive waves of longitudinal data should provide continued incentives for family law professionals, as well as professionals in areas such as mental health, child protection and family violence, to find ways of working together more effectively.

The issues facing some of these families have been shown to be deep-seated; indeed the data demonstrate that some pre-date the decision to separate. But the encouraging news is that the services linked to the 2006 reforms have the potential to assist these parents and their children in ways that were not previously possible. Indeed, the capacity of these services to provide coordinated professional responses has become the envy of highly experienced professionals in other countries (see Kelly, 2013). Continued development of that capacity relies on an ongoing commitment to gathering good-quality data and to support services and interventions that match the needs of these families.