

CHILDREN IN SOLE PARENT HOUSEHOLDS

Introduction

Almost 30% of children in New Zealand live in sole parent families [43] and it is estimated that around one third of children experience some period of time living with only one parent [44]. Contrary to popular stereotypes, most children in sole parent families were not born to women living without partners and most sole parents are not teenagers. In 2006, the average age of sole parents was thirty-eight [45]. The “Growing Up in New Zealand” study found that 89% of their cohort of approximately 7,000 children from the greater Auckland and Waikato regions were, at two years of age, living with two parents, either in single or extended family households [46].

It is well-recognised that parental relationship breakdown has harmful effects on children, but there is debate about whether these effects stem from the breakdown itself or the multiple associated adversities, particularly poverty [47]. A 2009 literature review found consistent evidence for an association between parental relationship breakdown and socio-economic disadvantage, and also children’s psychological ill-health, physical ill-health, lower educational achievement, substance misuse and other health-damaging behaviours, and behavioural problems including conduct disorder, anti-social behaviour and crime. It noted that not all children experience these consequences and most adjust to their new situation after a period of instability, however, multiple relationship transitions are particularly detrimental for children [47].

Sole parent families are at high risk of poverty and poverty is both a consequence and a predictor of parental relationship breakdown [47]. The 2012–13 New Zealand Household Economic Survey found that 56% sole parent households with children were in poverty, compared to 14% of two parent households and 14% of other family households with children [5]. A study based on the 2006/07 New Zealand Health Survey investigated the relationship between sole parenting and children’s mental and physical health [48]. It found little or no association between being a child of a sole parent and physical health, but a stronger association with child mental health. However, after adjusting for both socio-economic factors (deprivation and housing) and maternal health, the odds ratio for having a low psychosocial health summary score was not statistically significant. The authors state that their findings support having policies to improve access to community mental health services for sole parents and their children and, especially, for having policies to ameliorate the disadvantaged economic circumstances of sole parent families.

The following section uses data from the 2001, 2006, and 2013 Censuses to review the proportion of children living in sole parent households.

Data Source and Methods

Definition

Proportion of children aged 0–14 years living in sole parent households

Data Source

Numerator: NZ Census: Number of children aged 0–14 years living in sole parent households, where the child was home on Census night.

Denominator: NZ Census: Total number of children aged 0–14 years who were home on Census night

Notes on Interpretation

The breakdown into “Couple with Children” and “One Parent with Children” is made without regard to the relationship between the child and caregiver (e.g. a couple with children may refer to a de-facto couple, a married couple, grandparents caring for a dependent grandchild, a mother living with a partner who is not the child’s biological parent) and thus may underestimate the proportion of children who have experienced parental separation, as well as the proportion living in blended family settings.



New Zealand Distribution and Trends

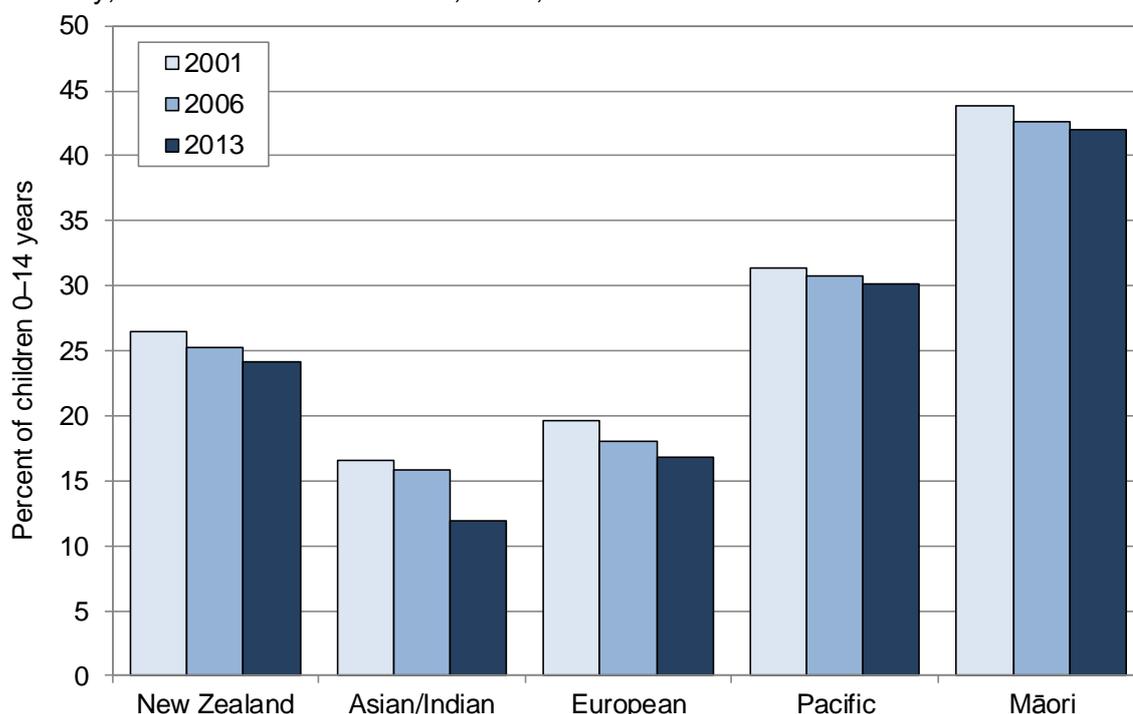
New Zealand Trends

In New Zealand, the proportion of children living in sole parent households declined from 26.4% in 2001 to 24.1% in 2013 (Figure 1).

Distribution by Ethnicity

At the 2013 Census, 42.0% of Māori and 30.1% of Pacific children lived in sole parent households compared to 16.8% of European and 11.9% of Asian/Indian children. The proportion of Māori and Pacific children living in sole parent households was *significantly higher* than for European children. In contrast, rates for Asian/Indian children were *significantly lower* (Figure 1, Figure 3, Table 1). However, the proportion of children living in sole parent households declined slightly for all ethnic groups, from 2001 to 2013.

Figure 1. Percentage of children aged 0–14 years living in sole parent households by ethnicity, New Zealand at the 2001, 2006, and 2013 Censuses



Source: Statistics New Zealand; Note: Ethnicity is level 1 prioritised

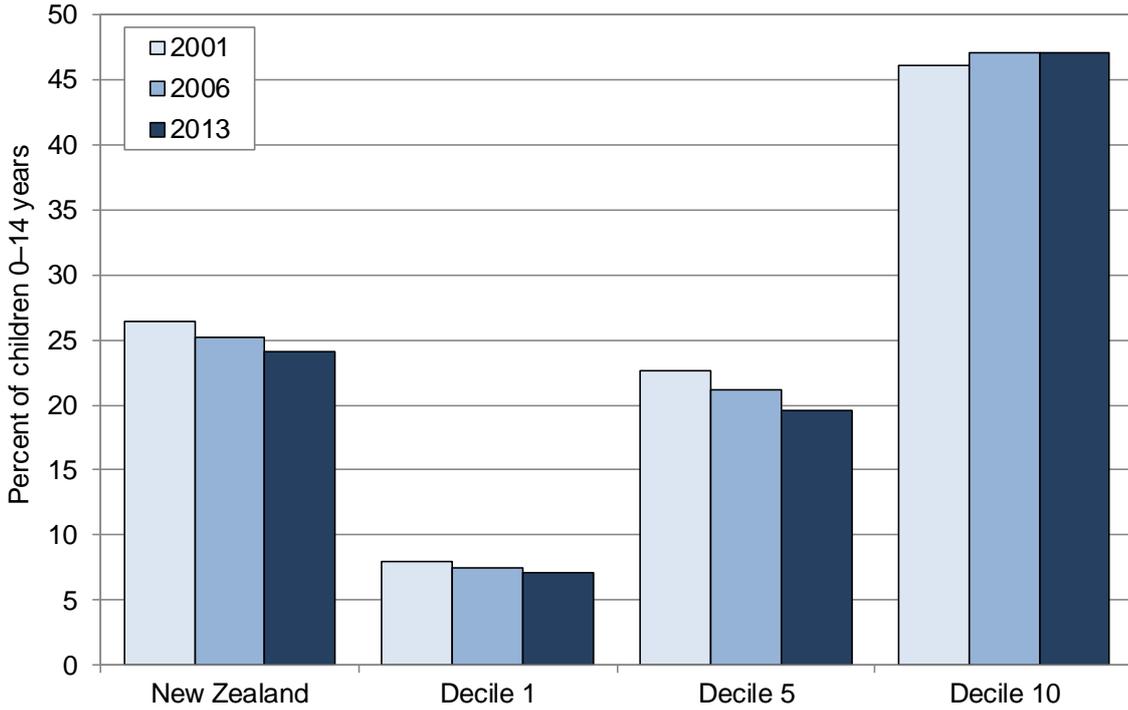
Distribution by NZ Deprivation Index Decile

At the 2013 Census, the proportion of children living in sole parent households ranged from 7.0% for those in the least deprived areas (NZDep decile 1), to 47.1% for those in the most deprived areas (NZDep decile 10). The rate for children in the most deprived areas was more than six times higher than the rate for children in the least deprived areas (Figure 2, Figure 3, Table 1).

Distribution by Ethnicity and NZ Deprivation Index Decile

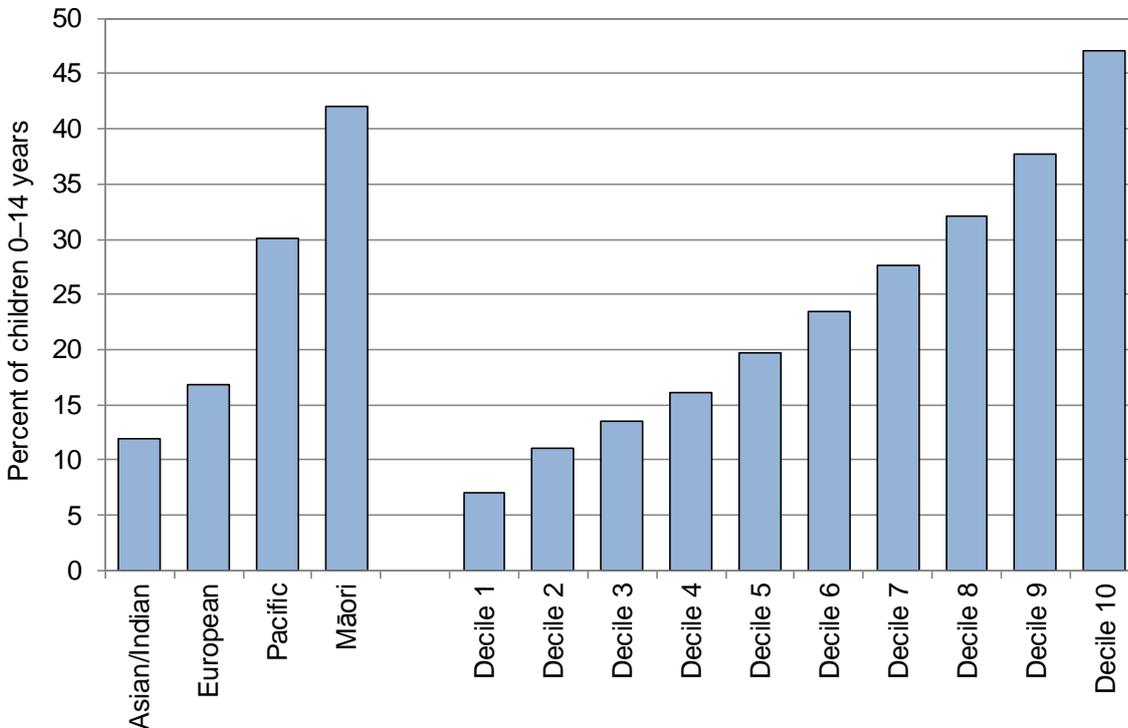
At the 2013 Census, the proportion of children living in sole parent households increased with increasing NZDep deprivation for each of New Zealand's largest ethnic groups. At each level of NZDep deprivation a higher proportion of Māori than European or Asian/Indian children lived in sole parent households. For Pacific children, rates in the least deprived areas (NZDep decile 1–2) were similar to those of Māori children. However in more deprived areas (NZDep decile 8–10), rates for Pacific children were more similar to those of European children (Figure 4).

Figure 2. Percentage of children aged 0–14 years living in sole parent households by NZ Deprivation Index decile, New Zealand at the 2001, 2006, and 2013 Censuses



Source: Statistics New Zealand; Note: Decile is NZDep13

Figure 3. Percentage of children aged 0–14 years living in sole parent households by ethnicity and by NZ Deprivation Index decile, New Zealand at the 2013 Census



Source: Statistics New Zealand; Note: Ethnicity is level 1 prioritised; Decile is NZDep13

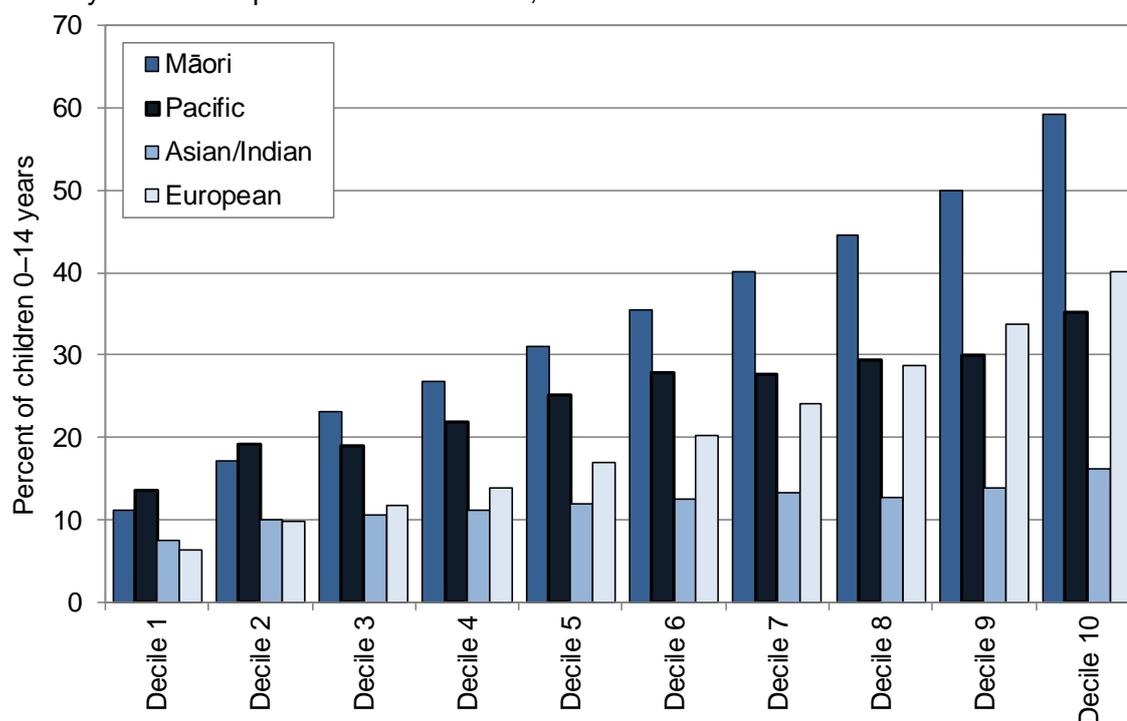


Table 1. Children aged 0–14 years living in sole parent households by ethnicity and by NZ Deprivation Index decile, New Zealand at the 2013 Census

Variable	Number of children	Percent of children	Rate ratio	95% CI
Ethnicity				
Māori	82,476	42.0	2.50	2.48–2.52
Pacific	22,506	30.1	1.79	1.77–1.81
Asian/Indian	10,437	11.9	0.71	0.70–0.72
European	72,297	16.8	1.00	
NZ Deprivation Index Decile				
Decile 1	6,045	7.0	1.00	
Decile 2	9,156	11.1	1.57	1.53–1.62
Decile 3	10,710	13.6	1.93	1.87–1.99
Decile 4	12,474	16.2	2.29	2.23–2.36
Decile 5	14,973	19.6	2.79	2.71–2.87
Decile 6	17,622	23.4	3.32	3.23–3.41
Decile 7	20,529	27.6	3.91	3.81–4.02
Decile 8	24,702	32.1	4.56	4.44–4.68
Decile 9	31,971	37.7	5.36	5.22–5.50
Decile 10	47,955	47.1	6.68	6.52–6.85

Source: Statistics New Zealand; Note: Ethnicity is level 1 prioritised; Decile is NZDep13

Figure 4. Percentage of children aged 0–14 years living in sole parent households by ethnicity and NZ Deprivation Index decile, New Zealand at the 2013 Census



Source: Statistics New Zealand; Note: Ethnicity is level 1 prioritised; Decile is NZDep13

South Island DHBs Distribution and Trends

South Island DHBs Distribution

In the South Island at the 2013 Census, the proportion of children who lived in sole parent households ranged from 19.0% in South Canterbury and in Canterbury to 21.9% in Nelson Marlborough, with rates in all of the South Island DHBs being *significantly lower* than the New Zealand rate (**Table 2**).

Table 2. Children aged 0–14 years living in sole parent households, South Island DHBs vs. New Zealand at the 2013 Census

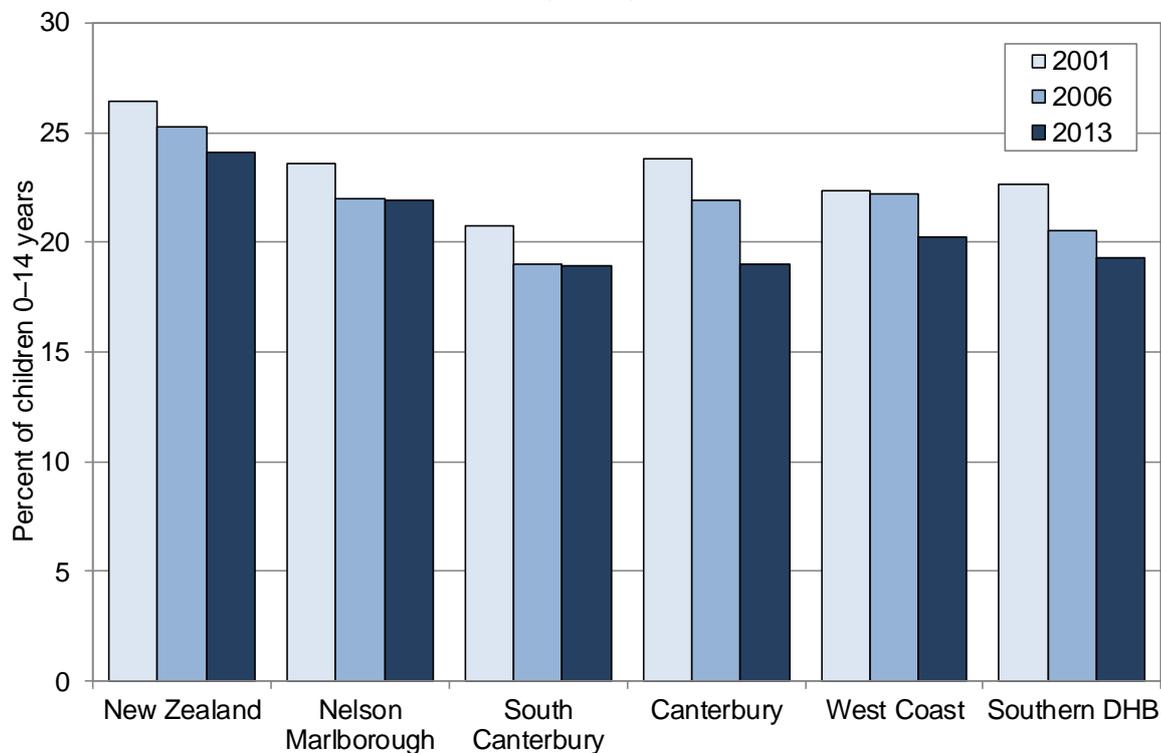
DHB/Area	Number of children	Percent of children	Rate ratio	95% CI
Children 0–14 years living in sole parent households				
Nelson Marlborough	5,430	21.9	0.91	0.89–0.93
South Canterbury	1,809	19.0	0.79	0.75–0.82
Canterbury	16,116	19.0	0.79	0.78–0.80
West Coast	1,092	20.2	0.84	0.80–0.88
Southern	9,876	19.3	0.80	0.79–0.82
New Zealand	196,185	24.1	1.00	

Source: Statistics New Zealand

South Island DHBs Trends

In all five South Island DHBs, the proportion of children living in sole parent households was lower in 2013 than in 2001 (**Figure 5**).

Figure 5. Percentage of children aged 0–14 years living in sole parent households, South Island DHBs vs. New Zealand at the 2001, 2006, and 2013 Censuses



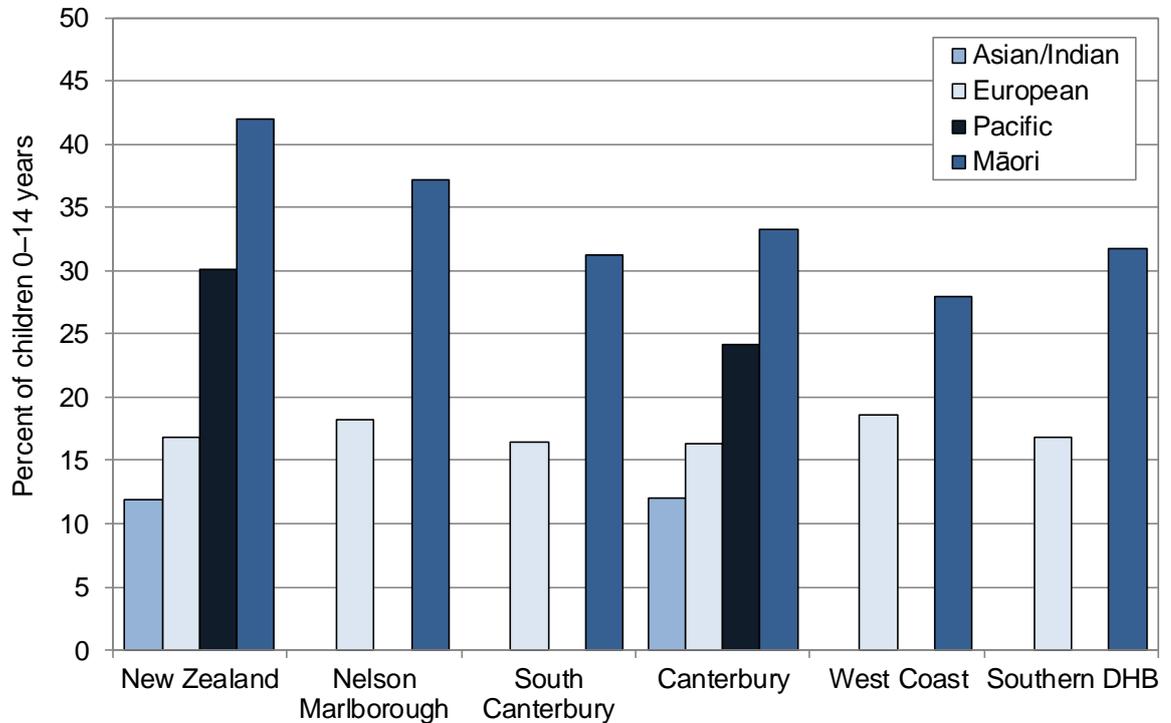
Source: Statistics New Zealand



Distribution by Ethnicity

In Canterbury, a higher proportion of Māori > Pacific > European > Asian/Indian children lived in sole parent households at the 2013 Census, while in the remaining South Island DHBs a higher proportion of Māori than European children lived in sole parent households (Figure 6).

Figure 6. Percentage of children aged 0–14 years living in sole parent households by ethnicity, South Island DHBs vs. New Zealand at the 2013 Census



Source: Statistics New Zealand; Note: Ethnicity is level 1 prioritised



Local Policy documents, reviews and research relevant to the composition, formation, and dissolution of New Zealand families

There is little guidance for health professionals in New Zealand on dealing with children undergoing changes in family composition. **Table 3** (below) provides an overview of recent Ministry of Social Development and Families Commission publications relating to family composition and resilience in separated, solo parent and step-parent families, and some relevant recent research publications.

Table 3. Local policy documents, reviews and research relevant to the composition, formation, and dissolution of New Zealand families

New Zealand policy documents and literature reviews
<p>Social Policy Evaluation and Research Unit. 2014. Families and whānau status report 2014. Wellington: Families Commission. http://www.familiescommission.org.nz/publications/research-reports/families-and-wh%C4%81nau-status-report-2014</p> <p>The main purpose of this report is to set out the proposed Family and Whānau Wellbeing Frameworks and discuss how these will be used to measure and monitor family and whānau wellbeing. The Families Commission has developed two frameworks that reflect the different cultural conceptualisations of family and whānau in non-Māori and Māori communities, and also the different conceptualisations of 'wellbeing'. Chapter 3 draws on selected questions from the General Social Survey (2008, 2010, 2012) to comment on changing aspects of wellbeing by family type. One parent families were found to be much less satisfied with their lives as a whole and particularly with their physical health and safety and economic well-being, than couples with or without children. In 2012, 70% of two-parent families had an income of >\$70,000, but only 24% of one-parent families did. Chapter 4 outlines the proposed Whānau Wellbeing Framework and uses existing Census, GSS and administrative data, to undertake a preliminary examination of trends in whānau wellbeing during 1981–2012. Māori one-parent families showed improvements in education and employment but, in 2012, only 20.7% of one-parent families assessed their incomes as “enough” or “more than enough” to meet their everyday needs, compared to 44.5% of couples with children. (Māori children living with a non-Māori parent were excluded from the analyses presented in this part of the report.) Chapter 6 uses the longitudinal Survey of Family, Income and Employment to examine how the living arrangements of a cohort of adults and children changed over the eight years of the survey (2003–10). Over the eight years, about one third of dependent children lived with one parent only at some stage. Fifty percent of Māori children experienced living with only one parent. Chapter 7 discusses issues of wellbeing in Pacific Island families, drawing on the Pacific Islands Families Study—a longitudinal study following an initial cohort of 1,376 Pacific mothers and 1,398 infants born at Middlemore Hospital between 15 March and 19 December 2000. In 2011, 85% of Pacific people lived in a household of five or more people and 31% lived in a household of eight or more. The final chapter sets out the Commissions plans for future work on the Family and Whānau Wellbeing Frameworks. This report was published before the full data from the 2013 census was available.</p>
<p>Morton S M B, Atatoa Carr P E, Grant C C, et al. 2014. Growing Up in New Zealand: A longitudinal study of New Zealand children and their families. Now we are Two: Describing our first 1000 days. Auckland Growing Up in New Zealand. http://www.growingup.co.nz/pdf/reports/report03.pdf</p> <p>This is the third report from the Growing up in New Zealand Study, a longitudinal study following 7,000 children and their families in the greater Auckland and Waikato regions. The report highlights the diversity of families and environments that New Zealand children are growing up in. It shows that at least one third of families moved at least once during the period and a significant number of mothers either formed a new relationship or became newly alone after the end of a relationship. At two years old, 69% of the cohort lived with two parents alone, 20% with two parents and extended family, 5% with a lone parent and 6% with one or both parents plus other non-kin adults. The number who lived in extended family households varied with ethnicity: 43% of Pacific, 27% of Asian, 27% of Māori and 14% of European children.</p>
<p>Robertson J. 2014. Addressing the challenges of stepfamily life. Wellington: Families Commission. http://www.familiescommission.org.nz/sites/default/files/downloads/Addressing-Challenges-Stepfamily-Life.pdf</p> <p>In New Zealand round one in ten families with children is a stepfamily and around a third of all children spend some of their childhood as part of a stepfamily. This study aimed to identify the major challenges of stepfamily life and the strategies that families use to deal with these challenges. It involved using a questionnaire to interview members of 44 stepfamilies who had been together for at least five years and had at least one child over the age of eight years. Families were selected to provide equal numbers of blended and non-blended families, some Māori and Pacific families, and families of varying socio-economic status. Four issues were identified by at least two-thirds of parents or step parents: how to discipline the children and who would be responsible for doing it, getting agreement on household rules and routines, dealing with the “external influence” of non-resident parents, and having enough time to develop the couple relationship. Parents and step-parents used a range of strategies to address these issues. They stressed the importance of good communication, being flexible and adaptable, and having a strong couple relationship.</p>

Centre for Social Research and Evaluation. 2010. **Sole parenting in New Zealand: An update on key trends and what helps reduce disadvantage.** Wellington: Ministry of Social Development. <http://www.msdc.govt.nz/about-msdc-and-our-work/publications-resources/research/sole-parenting/index.html>

This report draws together the findings from a cross-agency research programme which aimed to improve the knowledge base for public policy by increasing understanding of the vulnerability to disadvantage among some sole-parent families, identifying sources of resilience and identifying policies and interventions that are effective in reducing vulnerability and building resilience. Findings included: significantly higher poverty rates among sole parents and their children than two-parent families; higher levels of mental health problems among sole parents, associated with both socioeconomic position and not have a co-resident adult; significant associations between time spent receiving benefits in young adulthood and a range of disadvantages in childhood and adolescence. The report includes a literature review addressing approaches and interventions, focusing on measures to promote better mental health, measures to reduce disadvantage early in the life course, and measures to improve support for vulnerable young parents.

Families Commission. 2010. **Economic wellbeing of sole-parent families.** Wellington: Families Commission. <http://www.familiescommission.org.nz/sites/default/files/downloads/Economic-Wellbeing-of-sole-parent-families.pdf>

This article provides a snapshot of the economic situations of sole-parent families, based on the 2006 census, and reports on previous research done by the Families Commission. It notes that in 2006, contrary to stereotypes, the average age of sole parents was 38, over half of sole parents were employed in paid work, and about a third were in full-time paid employment. The median income for solo parent households, from all sources was considerably less than that of two-parent families (\$27,400 vs. \$75,600). Thirty-six percent of sole parents owned their own home compared to two thirds of two-parent families. Flexible working hours made it easier for sole parents to fulfil their care responsibilities and also participate in the workforce but, for some mothers, choosing a job with flexibility meant accepting a job which did not utilise their skills and qualifications. Compared to mothers in two-parent families, sole mothers were more likely to have no educational qualifications (29% vs. 14%). Sole mothers without qualifications were more likely to be on the DPB. Sole parents used more child care than two-parent families and faced difficulties accessing suitable childcare because of cost, quality and supply. School holiday care was often a problem. In 2006, 11% of sole parent families had no motor vehicle, compared to only 1% of two-parent families. Living in a multi-family household was associated with significantly lower poverty rates, and improved health and social well-being, but could also be associated with crowding and family conflict. Māori, Pacific and Asian sole-parent families were more likely to live in multi-family households. The report's authors stated that policy makers need to be aware of the diverse economic situations of sole parent families to ensure that policy proposals have the desired effect of improving economic wellbeing of this vulnerable group.

Families Commission. 2009. **Separated Parenting - What separating parents need when making care arrangements for their children.** Wellington: Families Commission.

<http://www.familiescommission.org.nz/publications/briefs-and-statistics/issues-paper-01-separated-parenting>

This paper discusses the challenges facing separated parents when deciding on care, contact and financial arrangements for their children. It is based on Families Commission research and a literature review, and was published to inform a review of the Child Support Scheme that was due to take place. Research confirmed that parents who were able to cooperate and make arrangements by themselves (without having these arrangements imposed by the Family Court or Inland Revenue), were more satisfied with the arrangements they made for their children than those with imposed arrangements. The importance of information and support (which is often informal) is highlighted and the development of a unified information and support strategy is suggested. The report recommends a more equitable formula for calculating child support payments to reduce perceived unfairness in the scheme.

Families Commission. 2008. **The Kiwi Nest: 60 years of change in New Zealand families.** Wellington: Families Commission. <http://www.familiescommission.org.nz/sites/default/files/downloads/kiwi-nest.pdf>

This report aims to describe how families have changed over approximately 60 years, identify the pressures on families that influence their functioning and individual outcomes, and consider the implications of family change for New Zealand. The report describes current family forms (based on 2006 Census data), working patterns, incomes and housing and finds that family forms, sources of income, individual roles in families and the availability of housing have changed markedly over the past 60 years. However, the family's central function of bearing, raising and nurturing children remains constant. The report concludes that policies that are family centred and can reach families in all their diversity are essential for families to thrive and both produce and nurture future generations.

Robertson J, et al. 2006. **Review of the Empirical Literature Assessing the Impacts of Government Policies on Family Form: A report for the Families Commission.** Wellington: Families Commission. <http://www.familiescommission.org.nz/sites/default/files/downloads/empirical-lit.pdf>

This systematic review considered the effects of government policies on partnership formation, dissolution and reconstitution, fertility decision-making and family size, and family living arrangements. Research published between 1990 and 2005, and judged to be relevant to New Zealand's social, economic and political context, was included in the review. A range of caveats to attempts to draw conclusions from the research were identified, including difficulties generalising findings across contexts, countries and cultures, the limited follow up periods of many studies, and the difficulties establishing cause and effect, or causal mechanisms. For example, although there is evidence that no-fault divorce laws precede a rise in divorce rates, it is unclear whether these laws cause a rise in divorce levels, or whether more separations are formalised after the advent of no-fault divorce. There is limited and conflicting evidence regarding legislation relating to custody, child welfare and adoption. Overall, the review found that government policy is not the main driver of the recent demographic changes that have occurred in many Western countries. Instead, it is likely that the broader social and economic context, and individual values, preferences and attitudes are more important influences on family form, and these factors may interact in complex ways with legislation and policy.

Other relevant publications

Meier Richard. 2013. **Relationships: the missing link in public health: A report by the Relationships Alliance in association with the All Party Parliamentary Group for Strengthening Couple Relationships.** The Relationships Alliance. <http://knowledgebank.oneplusone.org.uk/wp-content/uploads/2014/03/Relationships-the-missing-link-in-public-health.pdf>

This report argues that the quality of people's relationships has a fundamental impact on their health and well-being throughout their lives and that if frontline health practitioners see concern for the quality of people's relationships as part and parcel of their everyday work they can make significant improvements in many areas of public health where outcomes have long been poor. These areas include child poverty, parental alcohol/substance abuse, depression and mental health, obesity and child obesity, children's mental health and cognitive development and infant attachment. The report emphasises that the quality of relationships is more important than family type or structure and that stable families and good relationships between partners result in positive outcomes for families. It states that an approach to public health which acknowledges the importance of relationships must be underpinned by a range of support services including relationship education and marriage preparation services; support for relationships through frontline staff who see this as core part of their work; relationships-focused parenting programmes; and relationship counselling and therapy for couples experiencing difficulties and distress. Although this report is not a systematic review of the evidence, the report's authors state that they did seek the most robust evidence where possible.

O'Brien M. 2012. **Lone parents working for welfare in New Zealand.** *Local Economy*, 27(5–6), 577–92. <http://lec.sagepub.com/content/27/5-6/577.abstract>

Once their youngest child turns five, sole parents on the DPB are expected to look for part-time work of at least 15 hours per week. This article addresses two important questions relating to paid work and sole parents. Firstly, it examines what is known about the background, circumstances and characteristics of lone parents receiving benefits in order to assess how well the skills and backgrounds of these parents fit the demands of the labour market, and, secondly, it examines what is known about the characteristics of the labour markets in which sole parents seek jobs. The author reports that research undertaken by the Centre for Research, Evaluation and Social Assessment (CRESA) has indicated that sole parents receiving main benefits are more likely than the general population to live in highly deprived areas and to have few or no qualifications. He notes that most of the growth in jobs over the five years from 2010 is expected to be in jobs requiring skills and experience. He also notes that unskilled jobs are often casual, part time, on contract or temporary and therefore "precarious" and "dead end" with no prospects for advancement of skills or pay. He concludes that a narrow and unrelenting focus on paid work will not improve the quality of life on a benefit for parents or children.

Tobias M, Kokaua J, Gerritsen S, et al. 2010. **The health of children in sole-parent families in New Zealand: results of a population-based cross-sectional survey.** *Australian and New Zealand Journal of Public Health*, 34(3), 274–80. <http://dx.doi.org/10.1111/j.1753-6405.2010.00526.x>

This study used data from the 2006/07 New Zealand Health Survey to investigate whether children in sole-parent families in New Zealand have higher risks of mental and physical ill health than children of partnered mothers. It found that there was little or no association between being a child of a sole parent and physical health after adjusting for maternal health and family socio-economic disadvantage (using logistic regression), but there was a stronger association with child mental health. Children of sole mothers were more than twice as likely as children of partnered mothers to have a low psychosocial health summary score (PsS): odds ratio 2.35, 95% CI 1.76 to 3.15, $p < 0.0001$. After adjusting for demographic variables only, they were still twice as likely to have a low PsS score. When both socio-economic (deprivation, housing) and maternal health status variables were included in the model, the odds ratio was reduced to 1.41 (95% CI 0.97 to 2.07, $p = 0.08$) which was not statistically significant. The study authors stated that their findings support policies to improve access to community mental health services for sole parents and their children and, especially, policies to ameliorate the disadvantaged economic circumstances of sole parent families.

Coleman L, Glenn F. 2009. **When couples part: Understanding the consequences for adults and children.** London: OnePlusOne. <http://www.oneplusone.org.uk/wp-content/uploads/2012/03/WHEN-COUPLES-PART-FINAL-VERSION.pdf>

This literature review presents evidence relating to the impacts of couple relationship breakdown on adults and children, and associated issues such as mechanisms behind the impacts and variations in outcomes, and the economic costs of relationship breakdowns. Chapters 5 and 6 deal with the impacts of couple relationship breakdown on children. There was extensive and consistent evidence on the association of couple relationship breakdown and poor child outcomes, including poverty and socio-economic disadvantage (especially), psychological ill-health, physical ill-health, lower educational achievement, substance misuse and other health-damaging behaviours, and behavioural problems including conduct disorder, anti-social behaviour and crime. Longitudinal cohort studies provided evidence for long-term effects in some children, including socio-economic disadvantage in later life, cohabitation or marriage at an early age, teenage pregnancy, and increased risk of their own marital breakdown. Not all children experience these adverse effects, however, and most adjust to their new situation after a period of instability. The review found that multiple relationship transitions are particularly detrimental to children. Parental conflict, particularly destructive or violent conflict, is harmful for children although, paradoxically, divorce where there has been low pre-divorce conflict (as compared to high pre-divorce conflict) has been shown to have worse effects on children's health and well-being. This may be because in a low-conflict situation children are unprepared for divorce and may blame themselves for it.

Mooney A, Oliver C, Smith M. 2009. **Impact of family breakdown on children's well-being Evidence review.**

London: Thomas Coram Research Unit, Institute of Education, University of London

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/222096/DCSF-RR113.pdf

This review was carried out for the Department for Children, Schools and Families in the UK. It found that children who have experienced parental separation have, on average worse educational achievement, mental health, self-concept, social competence and long term health than children from intact families, but the effect size is small, reflecting the wide variety of experiences in both groups of children. Stepfamilies which include the father's as well as the mother's children tend to experience more adjustment problems. Financial hardship, and the stress it causes, is both a consequence and a cause of family breakdown. Repeated transitions from two biological parent family, to lone parent, to stepfamily status, and so on, can result in moving house and changing school each time, and these multiple changes increase the risk of negative child outcomes. Children cope better when they are well-prepared and well-informed, and when they receive competent and warm parenting, their parents have good mental health, there is low parental conflict and cooperative parenting post-separation and when they have good social support from grandparents and friends. The review found some evidence suggesting that interventions designed to reduce maternal depression can be effective, that school-based support programmes are beneficial (although not all children are comfortable talking about their family situation at school), and that divorce education and custody mediation programmes can be effective (although this evidence came from the US where such programmes are often compulsory).

Note: The publications listed above were identified using the search methodology outlines in Appendix 1