

Does family structure  
impact physical and mental  
health in children?



## FAMILY FORMATIONS AND HEALTH: HOW AND WHY FAMILY STRUCTURE AFFECTS CHILDREN'S HEALTH



- Data analysis examined the health of children in different family structures: families with both natural parents, lone parent families and step-families
- Physical health was worse in children who lived with a lone parent or in step-families, but these small differences were accounted for by the fact that lone parents and step families tend to be poorer
- Children's mental well-being was worse in step-families, and in other families where there had been family disruption, even after taking account of their increased risk of disadvantage

# Around one quarter of UK children live in lone parent families, and there are over half a million step-families. So, any impact that family structure might have on a child's well-being would have far-reaching consequences on a country-wide scale.

Under the healthy child theme, the CPRU set out to explore the health impacts of family structure, in order to inform the development of welfare policy that best supports equal life opportunities for all UK children.

The healthy child theme is essential to the function of the CPRU. As Professor Catherine Law, Professor of Public Health and Epidemiology and Co-Director of the CPRU noted: "A child health policy research unit needs to consider how to promote children's health and prevent them getting ill. The early years lay the foundations for health and well-being across the life course. A healthy childhood is important not just for good health in adult life, but also to optimise life chances in education, employment and socially."

"Many of the reasons that children are well or ill are not to do with health services; they're related to the circumstances of their lives and the resources that their parents or carers are able to access to support their upbringing – resources such as time, money, housing and environment.

"Our research tries to unpick the inter-relationships and pathways between the circumstances of children's lives as they grow up, and how they develop the capacity to be healthy now and in the future."

## **The shape of the family**

A recent project set out to explore whether early family formation may determine future well-being.

Catherine explained the purpose of the study: "Compared to previous

generations, more children now are growing up in households headed by a lone parent or in reconstituted families: that is, living with step-parents and step/half-siblings. When family structure changes, all sorts of things can change: relationships of course but also housing, income, neighbourhood, school. These changes may in turn affect children's health.

"The first part of this project examined whether the risk of poor health in children differed according to family structure. Then, we explored why any differences might occur. Because we know that lone parents are more likely to live in disadvantaged circumstances than couple families, and because policies on welfare benefits for lone parents are sometimes different to those for parents who are a couple, we focused on the influence of poverty on health in different family structures."

The group were keen to investigate whether any differences in well-being between children in different family formations could be explained by poverty alone, or whether there may be other influences associated with non-traditional family structures (traditional, in this study, being defined as children living with both natural parents).

## **Accessing excellent data**

Like many of the projects within this theme, researchers used data

collected as part of the Millennium Cohort Study, a multi-disciplinary research resource following the lives of around 19,000 children born in the UK in 2000-02. This ongoing study routinely surveys a group of children on a diverse range of topics, from the children's health, education and cognitive development to parents' employment and income.

Catherine outlined why this data is so useful: "Analysing data from the Millennium Cohort Study, you can be confident that it reflects the breadth of circumstances of UK children of that age.

"The Millennium Cohort is an excellent resource as it provides rich data about children's lives. Also, it has been sampled so that there are many children from disadvantaged groups in the survey, so we have numbers large enough to work on even when looking at minority groups."

For this project, researchers used data collected at several points between the child's birth and their seventh birthday.

The team analysed indicators of physical health – including general health, long-standing conditions (such as cerebral palsy), unintentional injury, overweight, asthma, fits – and mental health – including hyperactivity, conduct disorders, peer interactions and emotional problems, according to family structure (families with both



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natural parents; lone parent families; and reconstituted families – one natural parent and one step-parent).

#### Poverty plays a part

Catherine explained the findings: “First, we found that throughout childhood to 7 years of age, children who lived in step-families or with a lone parent were more likely to have poorer physical and mental health than children living with both natural parents. But these differences were not large.

“We also found, as expected, that step-families and lone parent families were more likely to be poor.”

In fact, financial status was crucial: “Once poverty was taken into account, the differences in children’s physical health between different types of families disappeared.”

“Compared to children who lived with both natural parents, children whose family structure changed had higher risks of poor mental health,...that were not explained by experience of poverty.”

This finding suggests that differences in physical health are primarily due to material resources rather than factors related to family relationships.

#### But poverty is not the whole answer

There was, however, an exception. Even when poverty was taken into account, children in step-families had poorer mental well-being. Catherine noted: “There were still differences in children’s mental health [in reconstituted families]. We looked at this more closely by studying the whole period from birth to 7 years and tried to understand how this might have developed.

“What we found was that, compared to children who lived for the first 7 years with both natural parents, children who experienced a change in family structure had considerably higher risks of poor mental health. There was a significant risk associated with family disruption that was not explained by experience of poverty.”



## An important addition to understanding

There are two important implications from this study. First, steps to reduce poverty will benefit all children who live in disadvantaged circumstances and could put the health of today's lone parent children on an equal footing with those living with two natural parents.

Second, the research suggests that additional support may be needed by some step-families. Support, suggested Catherine, should ideally be multi-faceted: "It's not just about health visiting and parenting classes, although those can help, but also support to ensure decent housing and standards of living and an environment that promotes children's health."

### More information

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Our aim is to provide evidence for policy and practice for the health and well-being of children, young people and families.

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