



# Families, life events and family service delivery

## A literature review

Lawrie Moloney, Ruth Weston, Lixia Qu and Alan Hayes



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May 2012



**Australian Government**

**Australian Institute of Family Studies**

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# Executive summary

The Australian Institute of Family Studies (the Institute; AIFS) has completed this literature review on life events at the request of the Portfolio Department of Human Services (the Department; DHS).

Life events or transitions are understood to be circumstances that have an unsettling element for individuals (and from a systemic perspective, for family members also). Life events or transitions, even when pursued and ultimately beneficial, usually require adjustment on one or more fronts and relinquishment of at least some areas of familiarity. Examples of life events include: births, establishing a new relationship, moving house, entering the education system, starting a new job, experiencing a physical or mental illness, deaths, and so on.

The review broadly covers four topics:

- life events experienced by families and ways in which families prepare for and/or deal with them;
- causal factors or triggers that lead families to navigate through life events successfully or unsuccessfully;
- the ways in which life events affect those families who have been functioning well and those who were already struggling prior to experiencing the event; and
- an assessment of service delivery models to support those negotiating a range of life events.

The content and structure of the review has been shaped by the available literature. The following ideas underpin the review:

- life events can have both positive and negative effects that can be fleeting or span the rest of life and even across generations;
- some life events are expected while others are quite unpredictable and, whether expected or not, they have the potential to change lives substantially;
- life events tend to involve loss of some kind, including those that are ultimately beneficial;
- the capabilities of individuals to manage the events that occur in life vary;
- some events occur at the individual level, while other events are shared and therefore typically have wider effects, especially in times of natural disaster;
- managing the effects of life events is not just a matter of personal vulnerability or resilience, but is also affected by the supports available in one's family, friendship group, neighbourhood, community and the wider society;
- understanding the origins, effects and longer term influences of life events is of fundamental relevance to the framing of policies and the development of programs to provide the supports that can be deployed to assist people to negotiate them and to enhance the chances of positive, as opposed to negative, outcomes in the short-, medium- and/or longer term; and
- the potential strength of the life events concept lies in focusing attention on "What is happening?" rather than exclusively on personal problems, pathology or other characteristics, thereby shifting the focus from "What is wrong?" to "What does this family, faced with this particular event, need in order to effect a positive transition at this particular stage of its development?"



Organised in five chapters, the review begins with an overview of contemporary Australian families, and considers the changing patterns of partnership formation, parenting, separation and divorce. The social context of family functioning is highlighted, as are some of the barriers to partnering, including when:

- opportunities to form relationships are limited, such as in early adulthood (as young people may be pre-occupied with education and/or establishing a career);
- the emotional toll of a previous relationship breakdown limits the capacity to embark on another;
- responsibility for children impedes re-partnering; and
- social, emotional and/or behavioural characteristics make establishing and sustaining a relationship difficult.

The chapter also explores factors that lead to the fragility of relationships, including young age, pregnancy, low income, non-traditional family values, and mental illness. The chapter ends with a brief consideration of traditional and emerging family forms. As such, the discussion sets the scene for consideration of the family contexts within which life events occur and have their consequences, for good or ill.

The next chapter focuses on the concept of life events and the life transitions that give rise to circumstances that may be unsettling for individuals. The effects of life events may flow to their family, neighbourhood and wider community. Whether expected or unexpected, or positive or negative, the subjective experiences will be unique. In addition, how an event or transition is experienced and understood will have a considerable effect on one's sense of wellbeing.

The various models of understanding that have grown out of the life events research literature share a focus on "stress". Constructions of health and illness are also linked to the idea of successful life transitions—especially the idea that health is more than a mere absence of illness. These constructions include a focus on positive psychological health and one's overall sense of wellbeing and life satisfaction, purpose and meaning, along with a capacity for growth, mastery, competence, positive interpersonal relationships, and a sense of belonging to the community. Stressful life events are also more likely to be encountered by some people than others. Social address markedly influences the load of risk factors, and those from disadvantaged households generally have both a much higher average number of risks and an increased likelihood of experiencing negative life events. In turn, negative life events can lead to social exclusion and limit opportunity.

The third chapter focuses on developmental and family influences on life events. As the backdrop for exploring individual responses to loss, it focuses first on individual identity development and a range of available responses that individuals can have to life events. The influence of families is framed in terms of the ways in which changes in social norms related to marriage, childbearing, educational attainment, and women's employment have reshaped families. These make residential family membership much less continuous over the life course, which in turn affects the continuity of available supports. The increasing complexity of family living arrangements makes a life course perspective essential for understanding families and their responses to life events.

The fourth chapter opens with a consideration of life event scales and observes that the majority of events—especially those that attract high "life change units" (LCUs)—involve the experience of loss. For events such as the death of a spouse or loved one, divorce, or foreclosure on a mortgage, the nature of the loss is instantly recognisable. Other categories of events may not be constructed in the first instance as a loss; for example, the consequences of a major illness or injury to a close family member might not be automatically seen in these terms. While most categories in life event scales have largely negative aspects to them, some (such as reconciliation or changing residency) are far less likely to be in this category. Events in both categories, however, represent significant changes in the life of an individual and his or her family, and are therefore likely to be associated with varying periods of vulnerability.

The factors that distinguish successful from unsuccessful navigation of these events include the availability of external resources (such as income and adequate services) and internal resources (such as robust and committed family relationships and a realistically optimistic outlook). Of course, these factors interact. A family with a realistically optimistic outlook is likely to seek

appropriate support and services in anticipation of an event (such as the birth of a baby) or in response to an unanticipated event (such as being involved in a car accident). A family that is already stressed by financial issues or by interpersonal conflict is less likely to have planned adequately for the arrival of a baby and more likely to have difficulties responding effectively to a major unexpected event such as a car accident.

The factors that maximise the chances that a family will successfully navigate adverse events are essentially those related to family resilience; that is, their belief systems, organisational patterns, and communication/problem-solving capacities, among others. Strong families are able to adapt to changing circumstances and have a positive attitude towards the challenges of family life. They deal with these challenges by communicating effectively (talking things through with each other and supporting each other in times of need), seeking outside support (when it is beyond the family's capability to deal with the situation), and "pulling together" (to form a united front and find solutions). On the reverse side, the areas that sap the strength of families and contribute to difficulties in negotiating life events continue to be those such as family violence, child abuse, mental health issues and substance misuse.

The chapter ends with consideration of two life events that affect the vast majority of families: the transition to parenthood and the transition to school. The examples show that, once an event is teased out, a considerable number of issues arise that are capable of enhancing or challenging the ways in which a family copes.

The fifth chapter provides a brief overview of issues for service delivery, observing at the outset that most "family" services, whether offered face-to-face or via an increasingly sophisticated range of information systems, are delivered to individuals. That said, the effect of life events on individuals can also have a profound influence on family dynamics. In other words, effects are always reciprocal—whether these concern, for example, a couple during the transition to parenthood, or an entire family and its support networks when one member becomes seriously ill. Dealing with more than one individual—such as a couple, family or extended family—presents a broad range of logistical and training challenges. Service systems are increasingly adopting a "no wrong door" approach, whereby clients are not the ones to shoulder the burden of having to match their need with the "correct" service. Such a shift requires intensive and ongoing practitioner training, as well as paying close attention to the risk of worker "burnout" in the face of the greater complexity that such a system brings. Information systems have the potential to provide access to significantly increased resources for both service providers and their clients.

The final chapter presents concluding remarks.

## Review findings

The review points to the following findings:

- Forms of families have diversified over the decades, though it is more useful to focus on family functioning and family processes than on family structure.
- Life events present challenges that are more likely to be ameliorated in already well-functioning families and exacerbated in those that are less well-functioning at the outset.
- Events related to family formation, dissolution or re-formation present particular challenges that may result in positive and/or negative outcomes for individuals and their families, depending on the resources and supports that are available.
- Individual, family, community and societal factors can either smooth the negotiation of life events or make the path more difficult to traverse.
- The effects of life events, whether expected or unexpected, can vary greatly as a result of the levels of stress they engender.
- The literature on life event scales classifies the extent of potential perturbation that can flow from life events and the way in which persons are affected by their contexts. It also looks at the sources of influence and support that surround the individual and the family that might ameliorate or exacerbate their responses.
- A sense of loss is a key dimension of many life events, and may have enduring effects.

- Another key dimension of life events is the degree of stress that they engender, and the associated and possibly cumulative effects on the health and wellbeing of those who experience them.
- Success in coping with stress is influenced by the extent of vulnerability or resilience that the person and the family exhibit at that time. Importantly, vulnerability and resilience are states, not traits, which will show variation between persons and variability across a lifetime.
- Factors related to the extent of social inclusion or exclusion are increasingly recognised as mediating and moderating the effects of life events.
- Service responses need to be framed to recognise both variations in life events and the different susceptibility of individuals to their negative effects, depending on their backgrounds, including their history of other stressful events, their vulnerabilities and the extent of available supports.
- A life events focus on service delivery requires significant shifts in approach from service providers around assessing needs from client descriptions of events and around service facilitation.
- In addition to direct service provision, easily accessible life events information portals are likely to significantly enhance the capacity of individuals and families to deal with stressful life events.

## 1.1 Defining family

One of the most potentially oppressive prerogatives is the ability to define others, to establish the nature of reality, to characterise identities, and to identify desirable statuses, which include some and exclude others. (Hartman, 2003, p. 637)

Lodge, Moloney, and Robinson (2011) have suggested that, in simple terms, “family” is probably most commonly thought of in terms of a sense of belonging—usually, though not always, linked by biological and/or marital relationships. Consistent with this idea, McGoldrick and Carter (2003) argued that “families comprise persons who have a shared history and a shared future” (p. 376).

For statistical purposes, the Australian Bureau of Statistics (ABS, 2011b) considers “family” a little more narrowly:

- couples with or without resident children of any age;
- lone parents with resident children of any age; or
- other families of related adults, such as brothers or sisters living together, where no couple or parent–child relationship exists. (Summary of Findings, Families section, para. 2)

Although the ABS view of family is probably broad enough to deal with a large majority of those in need of family-related services, it does not include individuals (such as long-term carers), who may have no biological or marital relationship to any member of the household, but who may legitimately regard themselves as a family member.

Considered from a service delivery perspective, it is important for a workable definition of family to include those individuals who, in the words of the Child Support Agency’s (2011) *The Guide*, are “fulfilling the function of family” (section 6.10.1). In this respect, the concept of a “domestic relationship”, as defined in the NSW *Crimes (Domestic and Personal Violence) Act 2007* s5 (see Box 1 on page 2), has much to offer from a service delivery perspective.<sup>1</sup>

Details of the many ways in which Australian families form, define and dissolve themselves are considered in Section 1.3. Before addressing this, it is useful to reflect briefly on notions of family “normality”.

## 1.2 Families and “normality”

Reflecting on “changing families in a changing world”, Walsh (2003a) cited the oft-quoted observation from Tolstoy that while “all happy families are alike, every unhappy family is unhappy in its own way” (p. 3). Walsh interpreted this statement to mean that for Tolstoy, family happiness and the successful raising of children was achieved at the cost of social conformity.

<sup>1</sup> The NSW Department of Family and Community Services (FACS, 2011) adopted this definition in an overview of its Domestic and Family Violence Services Program.

## Box 1 Domestic relationships

A person has a “domestic relationship” with another person if the person:

- (a) is or has been married to the other person, or
- (b) has or has had a de facto relationship, within the meaning of the *Property (Relationships) Act 1984*, with the other person, or
- (c) has or has had an intimate personal relationship with the other person, whether or not the intimate relationship involves or has involved a relationship of a sexual nature, or
- (d) is living or has lived in the same household as the other person, or
- (e) is living or has lived as a long-term resident in the same residential facility as the other person and at the same time as the other person (not being a facility that is a correctional centre within the meaning of the *Crimes (Administration of Sentences) Act 1999* or a detention centre within the meaning of the *Children (Detention Centres) Act 1987*), or
- (f) has or has had a relationship involving his or her dependence on the ongoing paid or unpaid care of the other person, or
- (g) is or has been a relative of the other person, or
- (h) in the case of an Aboriginal person or a Torres Strait Islander, is or has been part of the extended family or kin of the other person according to the Indigenous kinship system of the person’s culture.

Source: *Crimes (Domestic and Personal Violence) Act 2007* (NSW) s5

Walsh (2003a) also cited a less well-known observation of Nabokov that appears to turn Tolstoy’s reflection on its head. According to Nabokov, “all happy families are more or less dissimilar; all unhappy families are more or less alike” (p. 3). Reflecting on 21 years of research into “normal” family processes, Walsh suggested that over this period, families have become increasingly complex. She noted that, “despite the dire predictions of family demise by single model advocates, it appears that Nabokov got it right” (p. 3).

Consistent with this observation, Epstein, Ryan, Bishop, Miller, and Keitner (2003) suggested that:

to attempt to arrive at a definition of a healthy or normal family may seem to be—or may actually be—a fool’s errand [because] when we attempt to describe a normal family, the variables to consider multiply by quantum leaps. (p. 581)

This may be why a systematic search for definitions of the normal family by Epstein and his colleagues (2003) revealed a pattern not of inclusive statements but of exclusionary criteria. In other words, Epstein et al. found that “normal” families were those that were “not reconstituted”, “not alcoholic” etc. In similar vein, Walsh (2003a) examined the assumptions behind definitions of “normal” families and the limitations that these assumptions imply. She suggested that normal families are variously seen as: asymptomatic, typical, average, ideal, or having pre-defined and agreed-upon “healthy” transactions and processes.

According to Walsh (2003a, 2003b), each of these categories of normality reflects a particular tradition that has been grafted on to analyses of family functioning. Thus, the idea that a normal family is one that is “asymptomatic” has its origins in the medical/psychiatric sphere.<sup>2</sup> But the literature would suggest that only a minority of families fall into this category. Kleinman (1988), for example, found that at any given time, 75% of individuals are experiencing at least some symptoms of physical or psychological distress; while pioneering family therapist Minuchin (1974) suggested that no family is problem-free. Walsh’s key point here was that are obvious dangers in equating family normality merely with an absence of problems or symptoms (Walsh, 2003b).

2 This clinically based construction of normality tends to be loaded in the direction of pathology. Consider in this context the experience of Fischer (1985), who described how the psychological assessment manuals she was required to use when working as a young psychologist, contained no references to positive psychological functioning.

Walsh (2003b) also suggested that the concepts of a “typical” or “average” family derive mainly from (and perhaps serve the needs of) social science researchers and statisticians. In this model, families deviating significantly from the mid-range of a normal distribution are, of course, *statistically* aberrant. Walsh suggested, however, that it is not uncommon for this “deviance” to take on a more personalised meaning and to become conflated with the pathologising of difference.

One mechanism for the pathologising of difference can be the conflation between “typical/average” and “ideal” families. Walsh (2003a) was especially concerned with what she saw as a tendency to derive healthy (idealised) standards in families “from clinical theory based on inference from disturbed cases” (p. 6).

If, as Walsh (2003a) proposed, Nabokov was correct in suggesting that all happy families are more or less *dissimilar*, is it nonetheless possible to identify what is “normal”? There is considerable consensus in the literature that a good indicator of healthy families is their capacity to negotiate transitions and that a good framework for understanding how families negotiate their transitions across life events is a systemic one.

Carr (2006) defined a “system” as:

a complex rule-governed organisation of interacting parts, the properties of which transcend the sum of the properties of the parts, and which is surrounded by a boundary that regulates the flow of information and energy in and out of the system. *Family* systems are complex rule-governed organisations of family members and their interrelationships. *The properties of a family cannot be predicted from information about each of the family members only* [emphasis added]. Family relationships are central to the overall functioning of a family. (p. 73)

A systemic approach to understanding family functioning was first articulated by professionals (psychiatrists, psychologists, social workers and counsellors, among others) who, in the 1950s, were struggling both to make sense of and have a positive impact on deviant behaviour in children. The virtually unchallenged view prior to the 1950s was that behavioural problems were essentially manifestations of individual disorders and therefore required individual therapeutic intervention. The core insight that shifted professionals towards the framing of problems in family systemic terms was recognition that at the heart of many family problems were interpersonal rather than intrapersonal difficulties. This insight had its origins in pioneering work by therapists such as John Bell in the United States and John Bowlby (better known for his work on attachment theory) in the United Kingdom. Carr (2006) described John Bell’s original description of a boy expelled from school as follows:

In the face of strong resistance from established practice and the parents of the boy, who saw the difficulties as intrinsic to the child, Bell conducted a series of family sessions. From these he found that the boy, an adopted child, had developed behaviour problems as his parents’ relationship had gradually deteriorated. The deterioration occurred when the father developed an alcohol problem and this in turn because of the father’s disappointment in the difficulty his wife had in caring for the child. She was perfectionist and harboured strong feelings of hostility towards the boy because of his failure to meet her perfectionist standards. Bell’s therapy focused on ameliorating the family’s relationship problems, not in interpreting the boy’s intra-psychoic fantasies, the standard approach that would have been taken in the late 1950s. (p. 49)

Several mainstream models of family therapy have emerged since that time, but the interpersonal emphasis has largely remained. Rather than assume that the primary cause of behaviour lies within an individual, systemic family therapists focus on interactions and “feedback loops” between family members and between families and the “outside world”. Importantly from a systemic perspective, the significance of family structure lies not in the structure itself, but in the impacts the structure may be having on intra-familial relationships and on how well or how poorly the structure permits engagement with the outside world.

Thus, the fact that there are two children of comparable age in a blended family is not of special interest in itself. But it becomes of interest if, for example, it contributes to strained relations or confusion between the children themselves or their siblings or the parents. In addition,

different family types present themselves to, and are perceived by, external systems such as other families, schools or services in different ways. In sending an invitation to a concert to “mothers and fathers”, for example, a school might inadvertently exclude a child who is being parented by grandparents or by lesbian mothers. Or a service might not be available to a family because their child’s non-biological parent is not listed on their birth certificate.

This brings us back to the definition of “family” and the determination of what is “normal”. It is important for professionals and for others who interact with families to appreciate the structural aspects of how families form, sustain, dissolve and re-form themselves and hand over to the next generation. The significance of this understanding lies not in the fact that one structure is inherently superior to or more “normal” than another. Rather, some family structures, such as blended families and separated families, have the potential to offer significant support to their members over the life course; but they may be more vulnerable in other areas such as financial survival, which may in turn exacerbate any interpersonal difficulties.

The way in which different family structures interact with one another and with institutions such as schools, government and services will open up or diminish opportunities; again, this may affect internal family relationships.

Family type is an important barometer of social and technological change; it both signals and influences changing social mores; and it both responds to and frequently demands more of developing technologies, such as advances in in-vitro fertilisation.

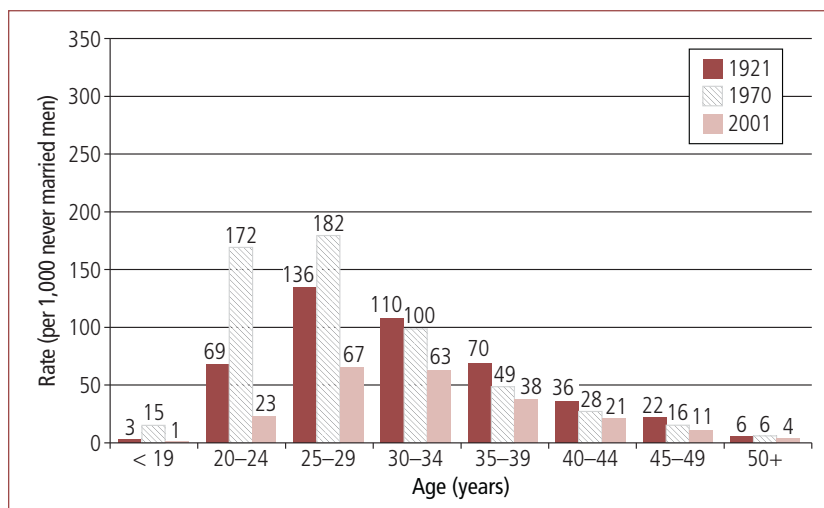
The next section examines how partnerships and families are formed, dissolved and re-formed in Australia. These data form an important backdrop for understanding how contemporary families negotiate life events.

### 1.3 Family formation, dissolution and re-formation in Australia

Marked changes have occurred in rates of first-time marriages for different age groups (i.e., the number of people who marry for the first time per 1,000 never-married people of the same age). Marriage rates increased gradually in the first 70 years of the 20th century, while age at first marriage fell, except during the Great Depression of the 1930s when marriage was often postponed (ABS, 2000b, 2002b, 2005). The steepest decline in age at marriage occurred from World War II to the 1970s. These trends are evident in Figures 1a and 1b, which depict first marriage rates per 1,000 never-married men and women in different age groups in 1921, 1970 and 2001.<sup>3</sup>

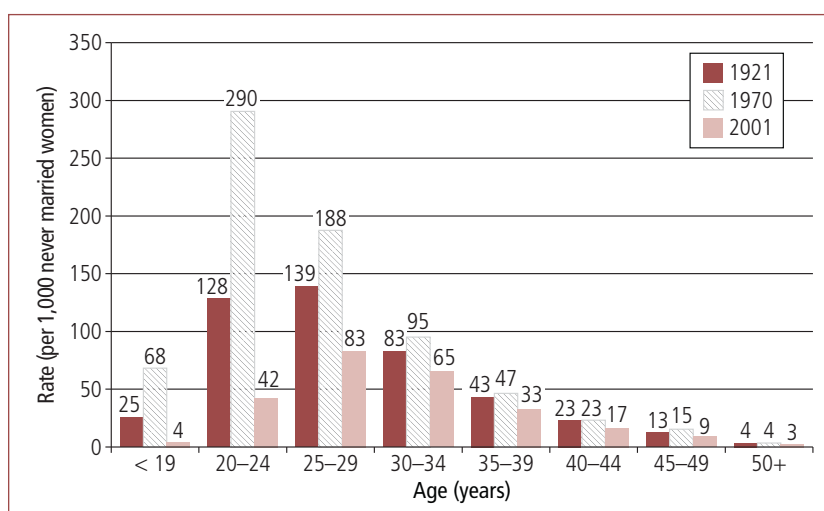
In 1921, women were most likely to marry for the first time when in their early and late twenties (applying to 128 and 139 women per 1,000 never-married women in these respective age groups), and men were most likely to marry when in their late twenties and early thirties (applying to 136 and 110 per 1,000 never-married men in these respective age groups). By 1970, the proportion of men and women marrying when in their early twenties had increased substantially, with women being considerably more likely to marry at this age than when in their late twenties (290 and 188 per 1,000 respectively), and with the first marriage rate for men in their early twenties being almost as high as that for men in their late twenties (172 and 182 per 1,000 respectively). By 2001, men and women were most commonly first getting married when in their late twenties or early thirties, with similar proportions of men marrying during these two ages (67 and 63 per 1,000 respectively), but with women being more likely to enter marriage when in their late twenties than early thirties (83 and 65 per 1,000 respectively).

<sup>3</sup> Age-specific first marriage rates for men and women are not available for the years since 2001. Crude marriage has exhibited a slight upward trend in the last decade, from 5.3 marriages per 1,000 resident population in 2001 to 5.4 marriages in 2010. Nevertheless, age at first marriage for men and women has continued to rise, with the median age at first marriage increasing from 28.7 years in 2001 to 29.6 years in 2010 for men and from 26.9 years to 27.9 years for women (ABS, 2002a, 2011b).



Source: ABS (2000b, 2002b, 2005)

**Figure 1a** Age at first marriage, men, 1921, 1970 and 2001



Source: ABS (2000b, 2002b, 2005)

**Figure 1b** Age at first marriage, women, 1921, 1970 and 2001

Thus, marrying before the age of 25 is now fairly uncommon for both men and women. Furthermore, the timing of marriage is now more diverse than in the earlier periods, as reflected in the relatively “flat” pattern of age-related marriage rates for 2001, apparent in Figures 1a and 1b.

Finally, it can be seen that the first-time marriage rates across all ages are lower for 2001 than for the other periods shown. The fall in first marriage was the most striking for men and women aged 20–24 years, followed by those aged 25–29 years. While Figures 1a and 1b show a snapshot of first marriage rates at different times, the overall decline in the marriage rate has been persistent over the three decades to 2001. In other words, the proportion of people of all ages who had never been married in 2001 was higher than it was not only during the “marriage boom” period, but also in 1921.

The relatively early and high rate of marriage in the mid-20th century has been attributed to the booming post-World War II economy, along with increasing social pressure for marriage. Such pressure was fed by the marriage boom itself, which strengthened norms to not only get married but also to marry young. This was coupled with a continuing disapproval of extramarital sex and unmarried mothers (Gilding, 2001; McDonald, 1984, 1995). In addition, the introduction of the contraceptive pill in 1961, and its subsequent cost-reducing inclusion on the Pharmaceutical Benefits List in 1972, initially supported early marriages, because almost totally



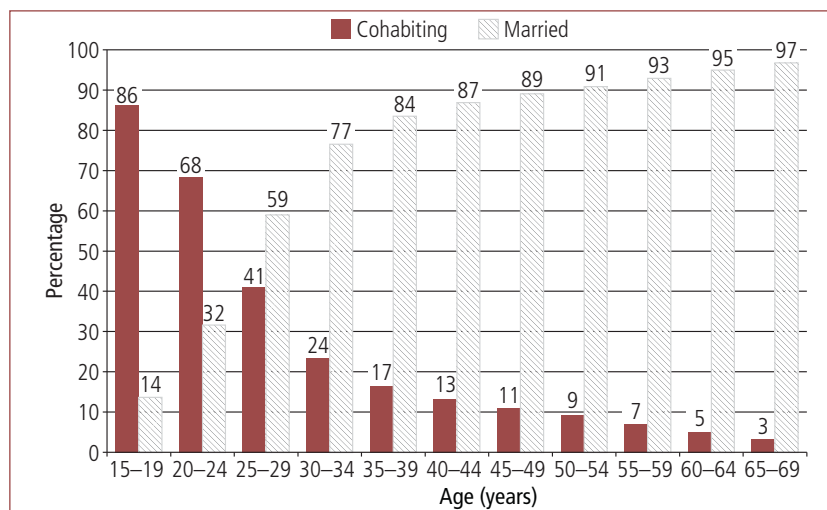
reliable contraception gave couples much greater opportunities than in the past to disconnect the decision to marry (and thus be sexually active without censure) from the decision to have children. Women could therefore continue working after marriage—as long as their employer accepted married women. As Carmichael (1984) explained: “the pill rendered marriage more a licence for cohabitation and less a declaration of intent to become parents” (p. 127).

### 1.3.1 The rise in cohabitation

A logical extension of Carmichael’s (1984) observation is that the contraceptive pill also provided couples with opportunities to live together without marrying. As increasing numbers of couples followed this pathway, the strong social condemnation about premarital sexual relationships gradually weakened (de Vaus, 1997), thereby encouraging the more conventional to follow suit.<sup>4</sup>

Despite this, even today, the vast majority of couples who live together are married to each other. Of all heterosexual couples living together, the proportion who cohabit appear to have increased from less than 1% in 1971 to nearly 6% in 1986, and 15% in 2006 (ABS, 1995a, 2007a; Carmichael, 1995; Santow & Bracher, 1994). Therefore, although marriage has been losing its accuracy as an indicator of the prevalence of partnerships, nearly nine in ten couples are nevertheless married to each other.

At the same time, as Figure 2 demonstrates, the prevalence of marriage is not a useful indicator of the prevalence of partnerships among those in younger age groups. While the vast majority of men and women under 25 years old do not have partners, those who do are more likely to be cohabiting than married (82% vs 18% of partnered individuals under 20 years old, and 61% vs 39% of those aged 20–24 years). As age increases beyond 25 years, marriage increasingly dominates.



Note: Based on place of usual residence.

Source: ABS (2007a)

**Figure 2** Persons living with a partner, cohabiting or married, by age, 2006

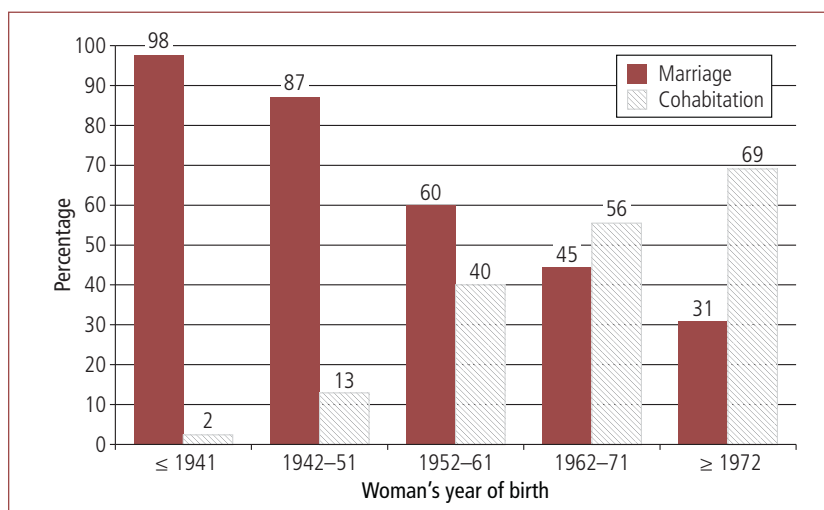
### 1.3.2 Changing patterns of partnership formation

Figure 3, which focuses on trends for women, shows that first unions have increasingly commenced with cohabitation rather than marriage. Almost all of the women who were born before 1942 married at the outset, and for those born in 1952–61, marriage was still the more common mode of commencing a union (applying to 60%). However, cohabitation was the more common gateway to union formation for women who were born in 1962–1971 (56%), while for

<sup>4</sup> It should be noted that cohabitation is by no means a new phenomenon in Australia; it was also particularly prevalent among the working classes during the convict era (Carmichael, 1995).

the most recent cohort (born from 1972 onwards), unions commencing with cohabitation were more than twice as likely as unions commencing with marriage (69% vs 31%).

In addition, cohabitation is now the most common pathway to marriage, applying to 79% of people who married in 2010, compared with only 16% in 1975 (ABS, 1995b, 2011c). Consistent with this trend, a national Australian survey conducted in the late 1980s suggested that around half the population recommended that couples should live together before they married, but few recommended cohabitation in the absence of any intention to marry (McDonald, 1995).



Source: Household, Income and Labour Dynamics in Australia (HILDA), Negotiating the Life Course (ANU), Australian Life Course Survey (AIFS)<sup>5</sup>

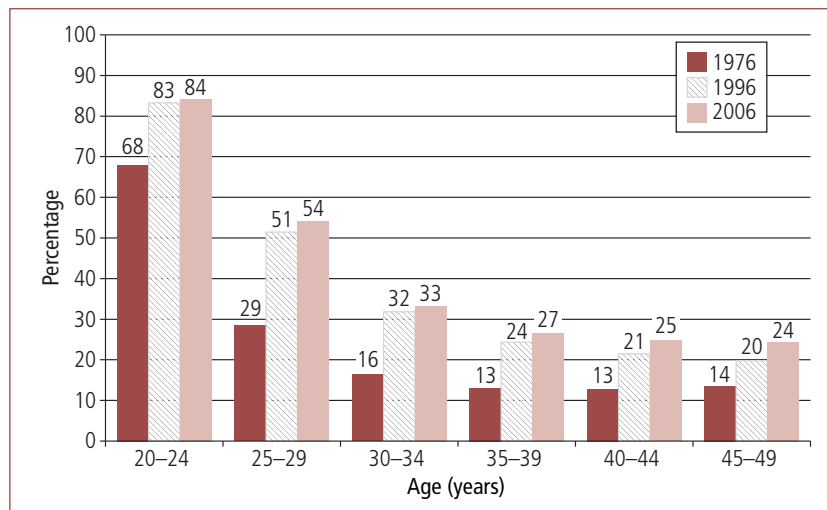
**Figure 3** First couple relationships, women, commenced with marriage or cohabitation, by year of birth

### 1.3.3 Barriers to partnering

Figures 4a and 4b (on page 8) suggest that, across all five-year age groups between 20 and 49 years, the proportion of unpartnered people increased between 1976 and 2006. That is, the increase in the rate of cohabitation has not been large enough to compensate for the decrease in the marriage rate. (While the increase in the unpartnered rates between 1976 and 1996 appears to be greater than the increase that occurred between 1996 and 2006, note that the first period spans twenty years while the second period spans ten years.)

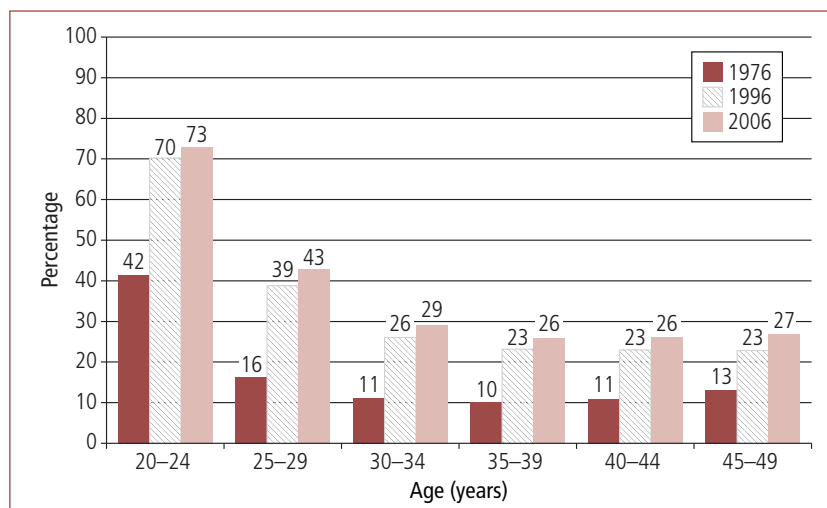
These trends appear to be closely linked with changes in the labour market and economy. In the 1980s and 1990s, the demands for a skilled workforce increased. Low-skilled yet relatively highly paid and secure jobs available to early school leavers virtually disappeared and were replaced by jobs entailing fixed-term contracts and part-time or casual hours, thereby providing limited economic security (McDonald, 2000; Saunders, 2001). McDonald (2001) argued that this era of job insecurity was accompanied by a strong economic cycle of “booms and busts” and rising or fluctuating house prices, which combined to encourage young people to invest in education. Such trends result in delays in partnership formation.

<sup>5</sup> Data from these three surveys were combined. The HILDA survey is a large-scale, national household panel survey that commenced in 2001. It was initiated and is funded by the Australian Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) and is managed by the Melbourne Institute of Applied Economic and Social Research. The findings and views in this report, however, are those of the authors and should not be attributed to either FaHCSIA or the Melbourne Institute. The HILDA survey involves face-to-face interviews and self-complete questionnaires. Data from Wave 1 (2001) were used in this analysis. The Negotiating the Life Course survey is a longitudinal survey undertaken by the Australian National University and University of Queensland. Data from Wave 1 (1996) were used in this analysis. The Australian Life Course Survey was a one-off survey conducted in 2006 by the Australian Institute of Family Studies..



Sources: 1976, 1996 and 2006 Census

**Figure 4a** Proportion of men living without a partner, by age, 1976, 1996 and 2006



Sources: 1976, 1996 and 2006 Census

**Figure 4b** Proportion of women living without a partner, by age, 1976, 1996 and 2006

Birrell et al. (2004) concluded that these forces created a growing divide between the “haves” and the “have-nots”. Their analysis suggests that much of the decline in overall partnering has occurred among those with no post-school qualifications, as such people have poor job prospects.

In addition, women’s increased participation in tertiary education has increased their chances of achieving financial self-sufficiency and self-fulfillment outside any partnership. Although young people may prefer to be partnered, they may be more cautious about taking this step, wishing to explore other options before committing to a partnership, and/or they may prefer to have no relationship rather than one that fails to meet their emotional needs (see, for example, Qu & Soriano, 2004).

Qu and Soriano (2004) identified several barriers to partnership formation. Consistent with arguments in the literature suggesting an increased emphasis on the quality of relationships (Clulow, 1995; Giddens, 1992; McDonald, 1984), the explanations provided by young adults often highlighted the difficulty of finding a partner who could meet their emotional needs. The widespread fragility of relationships also led them to exercise caution, while time pressures linked with study and/or work, including career development, were also commonly mentioned reasons behind limited opportunities to find a partner. Other problems highlighted were the

scarcity of suitable places for meeting people, particularly for those living in rural areas, and, for lone mothers, the difficulties of having children on their own, which meant that their parenting responsibilities limited their opportunities to meet people and some of them worried about the impact of partnering on their children.

As discussed in section 1.3.4, most lone mothers have, at some stage, lived with the father of their child. This highlights the fact that the prevalence of unpartnered people in any single year (shown in Figures 4a and 4b) only represents a snapshot that does not take account of any past transitions in and out of relationships.

### 1.3.4 Separation and divorce

The increase in the divorce rate over the last 40 years represents one of the most spectacular family-related trends of the 20th century. Radical changes in divorce legislation and other social changes played important roles in this development (see Carmichael & McDonald, 1987; Nicholson & Harrison, 2000; Parker, Parkinson & Behrens, 1999).

Before the *Matrimonial Causes Act 1959* (Cth) came into operation in 1961, divorce legislation was the responsibility of the state and territory governments. The grounds for divorce were almost exclusively “fault-based”, but varied across the states and territories, with offences being added over the years. Desertion was the most frequently used ground for divorce, followed by adultery (Coughlan, 1957).

With the establishment of uniform legislation in 1961, it was still necessary to prove fault in order to obtain a divorce, or to prove a separation of at least five years. As before, desertion remained the most commonly used ground for divorce, followed by adultery. Separation became the third most commonly used ground, suggesting that most unhappily married people who wished to divorce opted for a process that required them to prove fault, rather than wait for five years.

However, the federal government came under increasing social pressure to introduce divorce legislation that was not fault-based. This pressure led to the introduction of the *Family Law Act 1975* (Cth), which came into force in 1976. The Act allowed divorce to be based on just one ground—“irretrievable breakdown”—as measured by at least 12 months’ separation.

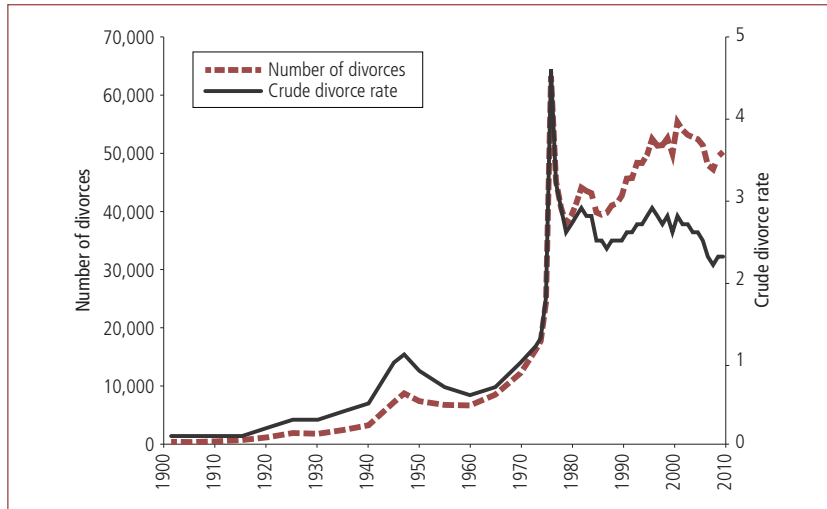
In addition, the Child Support Scheme, phased in over 1988 and 1989, substantially increased the amount, regularity and predictability of financial support from non-resident parents (typically fathers) to the children. These factors, along with real increases in social security payments and allowances (Harding & Szukalska, 2000) and a rise in the workforce participation of mothers, have led to higher living standards for lone mothers and their children, providing greater scope for many more mothers who were unhappy with their marriages to proceed with divorce.

The impact of these legislative and other changes on divorce (and thus remarriage) has been dramatic, as shown in Figure 5 (on page 10). The crude divorce rate (that is, the number of divorces per 1,000 resident population) was very low for most of the 20th century. There was a slight rise after World War II, partly reflecting the instability of hasty wartime marriages and the disruptive effects of the war on marriage (Carmichael & McDonald, 1987; Coughlan, 1957). The divorce rate then fell for several years and began rising again in the late 1960s.

A spectacular rise in the divorce rate occurred in 1976, as the backlog of long-term separations was formalised and some divorces were brought forward. Not surprisingly, the rate then subsided, but has remained much higher than it was before the Act came into operation. Between 2007 and 2010, the crude divorce rate has remained at 2.2 to 2.3—the lowest rate since the Act came into operation, having fluctuated at a higher rate (2.5 to 2.9) between 1978 and 2006.

The crude divorce rate is based on the entire population, including those who are too young to marry. Another measure of the divorce rate is the number of divorces per 1,000 married women. Since 1976, rates were lower in the late 1980s (between 10.6 and 10.9), but then climbed fairly steadily from 11.8 in 1991 to 13.2 in 1996. Between 1997 and 2006, they fluctuated between 12.0 and 13.5 (ABS, 2007b).<sup>6</sup>

<sup>6</sup> The divorce rates for the married population since 2006 are not yet available.

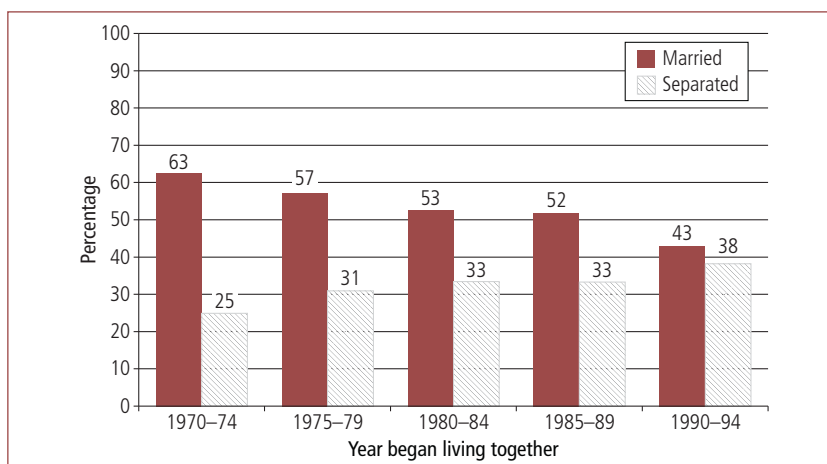


Sources: ABS. (various years). *Marriages and divorces* (Cat. No. 3310.0)

**Figure 5 Crude divorce rate and number of divorces, 1901–2010**

What proportion of marriages seem likely to end in divorce? The answer to this question depends on the estimation method adopted. Based on current levels of marriage, divorce, remarriage, widowing and mortality, the ABS estimates that one-third of marriages are likely to end in divorce (ABS, 2001b). However, as noted above, the divorce rate by definition fails to capture outcomes of cohabitation. Cohabitation tends to be short-term; for example, only 9% of those whose cohabitation commenced in the early 1990s were still cohabiting with the same partner by 2001 (7–11 years later) (de Vaus, 2004). This raises an important question: To what extent is the short duration of cohabitation explained by the above-noted change in the pathway to marriage? That is, what proportion of cohabitations end in marriage rather than separation?

Figure 6 shows the proportions of first relationships that began with cohabitation and ended in marriage or separation for those who began cohabiting during different years. Of those whose first unions commenced in the early 1970s, 63% had married within five years and 25% had separated. But in more recent times, the probability of cohabitation converting to marriage has fallen progressively, and the probability of the relationship ending in separation has increased. Of those who commenced cohabiting in the early 1990s, the probabilities of separation or marriage occurring within five years were almost equal. These statistics highlight the fact that, just as the marriage rate is no longer a reasonable proxy for the rate of unions (most particularly for the union rate among young adults), divorce statistics have become progressively less useful as a reflection of relationship breakdown trends.



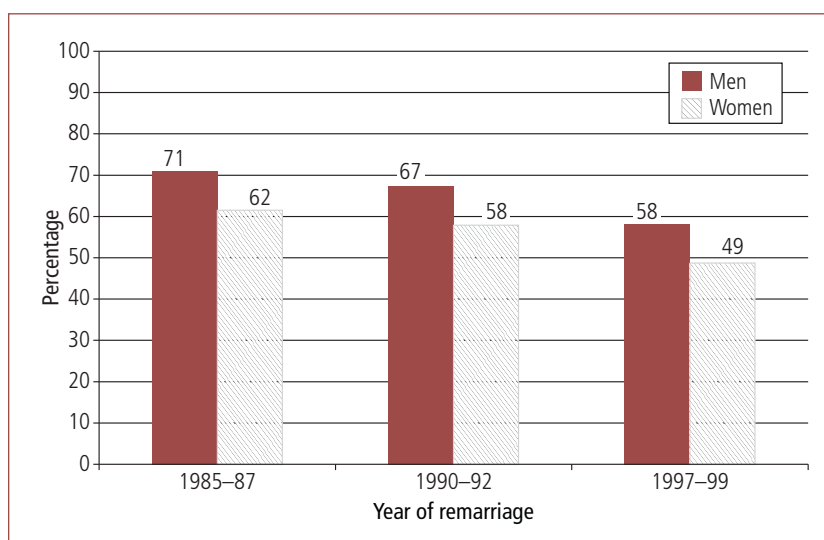
Note: Cohabitation as a first union for one or both partners.  
 Source: Weston, Qu, & de Vaus (2008), based on HILDA Survey, Wave 1

**Figure 6 Outcomes of cohabitation after five years, by year first began cohabiting**

### 1.3.5 Re-partnering

For the first half of the 20th century, re-partnering almost exclusively involved remarriage following widowhood and were fairly uncommon. For instance, in 1911 and 1920, only 10–11% of marriages represented a remarriage for one or both parties—a trend that increased to only 17% in the mid-1950s. By 1980, on the other hand, 32% of marriages represented a remarriage for the bride and/or groom, with the majority of one or both parties being divorcees. This is not surprising given that the size of the divorced population had increased with the introduction of the *Family Law Act 1975* (Cth) (as discussed above). The proportion of marriages where at least one party was previously married has declined slightly since 1980 (29% in 2002, compared with 32% in 1980).

Consistent with recent trends for first-marriage rates, remarriage rates following divorce have fallen for both men and women (Figure 7). Based on the remarriage rates, the proportion of divorced men who would remarry fell from 71% in the late 1980s to 58% in the late 1990s. For women, the proportion fell from 62% to 49% over the same period (ABS, 2001b).

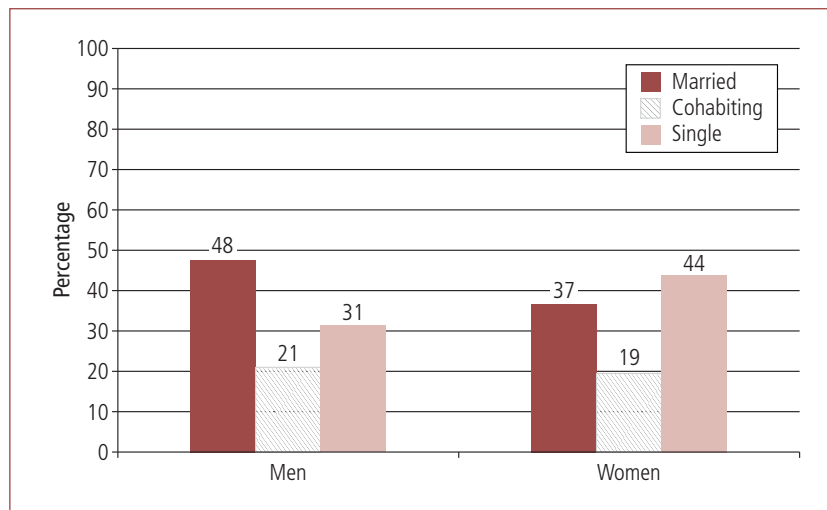


Source: ABS (2001b)

**Figure 7** Proportion of divorcees remarrying, by gender

The remarriage rate fails to capture the complete picture of post-divorce union formation, for substantial numbers of divorced men and women go on to cohabit instead. Figure 8 (on page 12) suggests that about one in five divorced men and women less than 55 years old were cohabiting in 2009.

Taken together, the above sets of trends suggest that marriage rates can no longer be relied upon to gauge partnership rates, especially among younger Australians and the divorced population, due to the significant increase in cohabitation among these groups. Not only have marriage rates fallen in recent decades, but there is also greater variation in the timing of first marriages today than in the past, and the average age of first marriage is now higher than it was throughout the twentieth century. Finally, rates of cohabitation have now overtaken marriage rates among those under the age of 25 years.



Source: HILDA, Wave 9 (2009)

**Figure 8** Current relationship status of divorced men and women aged under 55 years, 2009

### 1.3.6 Relationship fragility

A number of interacting factors have contributed to the apparent increase in the fragility of relationships. Some of these relate to the weakening of constraints on separation, including the introduction of 12 months' separation as the only grounds needed for divorce, and improvements in the living standards of lone mothers (noted above), along with the diminished stigma attached to divorce and lone parenting (see, for example, de Vaus, 1997).

Several authors have also argued that in societies that provide opportunities for pursuing productive, enjoyable lives outside of marriage, the continuation of a marriage is largely contingent on the strength of the emotional bond between the spouses. According to this view, individuals tend to expect their relationships to provide them with considerable intimacy, mutuality, happiness and self-fulfillment (see Wolcott & Hughes, 1999). As Wolcott and Hughes pointed out, the achievement of such expectations can be difficult to maintain as the reality of everyday life unfolds (with wives being more likely to initiate separation than husbands). As these authors explain, other structural factors, including intensified work pressures and increased employment insecurity, may also contribute to marriage breakdown.

A number of other factors appear to increase the chance of divorce, including young age at marriage, premarital pregnancy, premarital cohabitation,<sup>7</sup> low income, non-traditional family values, and mental illness (see Wolcott & Hughes, 1999). Some of these are closely connected (e.g., early marriage and low income). Not surprisingly, however, Wolcott and Hughes found that the most common reasons people give for their marriage breakdown relate to the quality of the relationship itself or emotional/personality factors that affect the relationship (e.g., communication difficulties, loss of love, "drifting apart" and growing incompatibility, conflict, infidelity, and emotional/personality problems or mental illness).

Researchers have paid far less attention to factors linked with the increased fragility of cohabiting relationships. One possibility for this is that couples have started living together at an earlier stage in their relationship than in the past. Allied with this issue is that "cohabitation" can have a variety of meanings, including: a trial marriage, a period before an intended marriage, an arrangement that may continue indefinitely but would convert to marriage if and when each partner wanted a child, a "no-strings-attached" relationship, or a relationship with no clear plans (where the parties are just "taking it one day at a time"). Partners may differ in their interpretation of the relationship, and their interpretation may well change. To the extent that

<sup>7</sup> However, most studies that compare differences in the stability of direct marriages and marriages preceded by cohabitation focus only on the length of the marriage rather than the length of the period of living together (see de Vaus, Qu & Weston, 2003).

cohabitation is treated as a trial marriage, the partners may consider subsequent separation (or marriage) as a reflection that their cohabiting experience had achieved its purposes.

However, it has also been argued that some couples who perceive problems in the cohabiting relationship may decide to marry to “save” their relationship (e.g., Schoen, 1992; Weston, Qu & de Vaus 2005a). In other words, the cohabiting experience may systematically lead to self-selection into marriage of some unsuitable matches (although the extent to which this response to problematic relationships occurs is unknown). But why would people decide to “save” an unhappy relationship? Possible reasons include the already long-term investment in the cohabiting relationship and difficulty of leaving, a desire to attain the status of marriage or to have children in marriage, and age-related concerns about fertility loss and the narrowing marriage market.

In Australia, Weston, Qu and de Vaus (2005b) examined the pathways of cohabiting couples over a two-year period,<sup>8</sup> involving three waves of survey data. Consistent with previous research on factors contributing to divorce, this analysis suggested that cohabiting couples had an increased chance of separation if they had a low combined income and if the woman or both partners was not entirely satisfied with the relationship. In addition, the risk of separation increased if one partner wanted to have a child and the other did not—especially if it was the male partner who wanted the child. The probability of marriage, on the other hand, increased where the male partner alone had a university degree, where both partners expressed high satisfaction with the relationship, or where a pregnancy or birth had taken place during the previous two years.

These trends need to be considered tentative, for no single study is definitive. A large-scale longitudinal study of relationships that includes couples who are cohabiting is needed to throw light on the meaning of cohabitation for each partner, the ways in which these meanings may change, and the various factors (including couple dynamics) that interact to influence outcomes of cohabitation.

Various models have been developed to explain the processes linked with relationship breakdown. For example, Karney and Bradbury (1995) argued that the personal vulnerabilities and resources, including personality traits, of each partner interact with stressful events and “adaptive processes” (modes of handling conflict, communication styles, level of supportiveness, etc.). According to this model, adaptive processes in turn influence the way in which the relationship is evaluated, which then helps shape “the next step”. Although Karney and Bradbury focused on divorce, their model is relevant to cohabitation, where “the next step” may be marriage, separation, or continuation of the cohabitation.

Finally, a framework for understanding relationship breakdown can be found in social exchange theory, which considers the stability of the relationship to be strongly influenced by a monitoring process involving the weighing up of the costs and benefits of the relationship, barriers to leaving, and the presence of any attractive alternatives (see, for example, Levinger, 1979).

### 1.3.7 Partnership trends and fertility

Trends in partnership formation and dissolution have implications for other aspects of family life. For example, the total fertility rate<sup>9</sup> was lower in 2004 than it was during the Great Depression of the 1930s (1.77 in 2004, compared with 2.11 in 1934), with the lowest rate recorded being in 2001 (1.73).<sup>10</sup> Although partnership trends were not the only reasons behind this decline, they were clearly important contributors.

While the proportion of babies born outside marriage has increased, particularly in the last three decades (from 12% in 1980 to 34% in 2008–10), babies born outside marriage are more

<sup>8</sup> This analysis was based on Waves 1 to 3 of the HILDA survey.

<sup>9</sup> Here, the “total fertility rate” refers to the number of babies a woman can expect to have in her lifetime, given the age-specific birth rates prevailing at the time.

<sup>10</sup> The recent increase in the total fertility rate since 2001 is due to increases in rates for those aged 30 or more years. The rate in 2008 was 1.96 (the highest for 30 years), which then subsided (1.90 in 2009 and 1.89 in 2010) (ABS, 2011a).



likely to be born to women who are living *with* the baby's father rather than apart (ABS, 1982, 2011a).<sup>11</sup> The importance of partnership status for fertility is reflected in the fact that the “baby boom”, which began after World War II, was really a “marriage boom”, as fertility rates within marriage changed little (Ruzicka & Caldwell, 1982). By 1961, the total fertility rate was the highest for the 20th century (3.55), but 15 years later, it had for the first time fallen below replacement level (currently 2.06).

While the fall in fertility in the 1920s and early 1930s applied to virtually all age groups of women, the fall in recent decades has been restricted to those under the age of 30 years, with the most spectacular rise, then fall, occurring for women in their early 20s. The proportion of women in their 30s giving birth to a child has increased in recent decades, although women in their late 30s are still less likely to have had a child compared with women of this age in the 1920s (ABS, 2011a).<sup>12</sup>

However, women who currently give birth when at least 30 years old are increasingly likely to be new mothers (42% in 2008, compared with 28% in 1993) (Laws, Li, & Sullivan, 2010; ABS, 2001a). In other words, as Jain and McDonald (1997) noted, women's total childbearing period has shortened.

Instability of relationships not only contributes to delays in childbearing and increases the risk of childlessness but may also cut short the time women with partners have for bearing children. The relationship between partnership status and stability and fertility intentions is suggested in a study spanning 10 years, conducted by the Australian Institute of Family Studies (Qu, Weston, & Kilmartin, 2000).<sup>13</sup> Fifty-seven per cent of those who reported in Wave 1 of the study that they intended to have children had become parents within the following 10 years, compared with 35–36% of those who did not intend to have children or who expressed uncertainty about this issue. Those who had separated from their partner between waves were the most likely to have changed their mind and to no longer intend having children, followed by those who had been continuously single. Nevertheless, such reversals of intention for the continuously single was more likely for the older than younger sample members. Intentions not to have children were more likely to be reversed by single respondents who subsequently re-partnered than by respondents who remained with the same partner over the decade. Thus, the evidence suggests that an overall increase in partnership break-ups is likely to increase the rate of childlessness. Therefore, it is likely that intervention strategies that successfully enhance the quality of relationships, and thereby decrease separation rates of both married and cohabiting couples, may have the added advantage of helping couples who want a child or more children to achieve their aims.

Although not so closely linked with partnership patterns, it is worth noting that in the Australian Temperament Project, 77% of 17–18 year olds indicated that they wanted to have children, while 18% indicated that they had not thought about this matter. Only 5% reported no desire to become a parent (Smart, 2002). Overall, however, the likelihood of childlessness has increased. For example, the ABS (2002a) projected that 24% of women who were in their childbearing years in 2002 would never have children.<sup>14</sup>

11 de Vaus (2004) cited figures from the Australian Institute of Health and Welfare (AIHW) suggesting that 12% of babies born in 2000 were to women not living with the father, while 16% were born to cohabiting couples. Note that ABS and AIHW use different data sources and the proportion of ex-nuptial births published by the two organisations may not be consistent.

12 For instance, in 1921, 102 babies for every 1,000 women were born to women aged in their late 30s, compared with only 70 per 1,000 in 2010. Although much media attention is currently given to women in their 40s having babies, the number of babies born per 1,000 women in their early 40s was three times higher in 1921 than in 2010 (44 versus 15).

13 This study was based on a national sample of men and women who were initially randomly selected for interview in 1981 (when aged 18–34 years). Ten years later, 58% of the 2,500 respondents were traced and agreed to participate in a second wave.

14 This proportion is lower than that for women in the early part of the 20th century, with Census data showing that lifetime childlessness was at its highest level for women born between 1901 and 1905 (31%), due to the Great Depression (ABS, 2002b).

## 1.4 Mainstream and emerging family structures

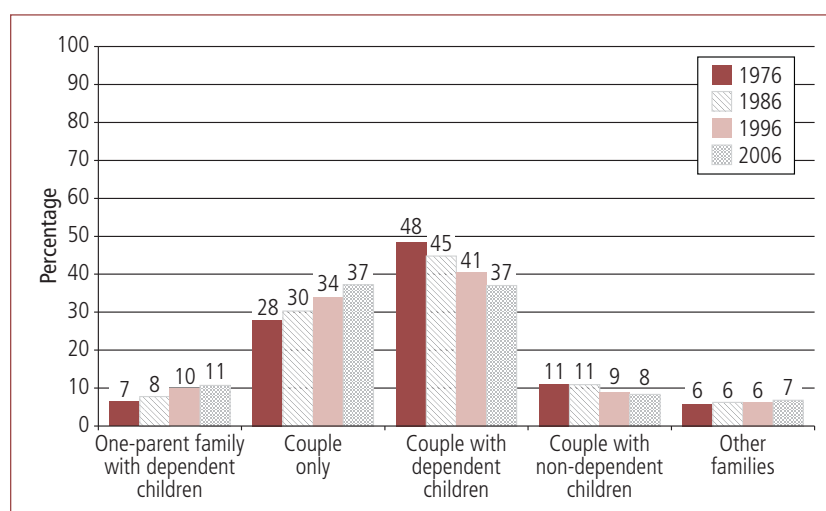
### 1.4.1 Overview

Trends in partnership formation and stability, along with associated trends in the fertility rate, have contributed to the changing profile of Australian households and families. Although families may clearly extend across households, for the purposes of monitoring family types, the ABS (2010) defines families as “two or more persons, one of whom is at least 15 years of age, who are related by blood, marriage (registered or de facto), adoption, step or fostering, and who are usually resident in the same household”. As Hugo (2001) pointed out, trends in family types can only be captured for recent decades, when Census data were collated on the basis of the family unit.

Figure 9 shows that couples with dependent children have lost their dominance. In 1976, almost half the households were couple families with dependent children (48%) and only 28% were couples living with no children (dependent or otherwise), but in 2006, these two types of families were represented in equal proportions (37%). In addition, the proportion of one-parent families with dependent children had increased from 7% to 11%, while the proportion of couples living with non-dependent children had decreased from 11% to 8%.

According to ABS (2004) projections, couple families living without children will become more prevalent than those with children, with the former accounting for 41–49% of all families in 2026, and couples with children representing 30–42%. Such trends can be explained in terms of the large group of “baby boomers” who will no longer be living with their children and the increase in the number of couples who remain childless.

In addition, it should be noted that the traditional approach to studying household families does not capture the fact that some households contain more than two generations and/or siblings, aunts or uncles of the parents, or cousins of one of the generations. For instance, a grandparent may live with an adult child, or in a “granny flat” on the property of their adult child, while in other cases a lone-parent family may move to live with the children’s grandparents.<sup>15</sup> In each of three surveys conducted by the ABS in 1997, 2003 and 2006–07, multi-family households—including extended households—accounted for 3–4% of all family households (ABS, 2008). Cultures also can define families in very different ways, as Morphy (2006) has shown in considering Indigenous Australians’ family relationship systems.



Note: “Other families” includes one-parent families with non-dependent children, and non-classifiable families, such as brothers and sisters.

Source: ABS (2001c, 2007a)

**Figure 9** Distribution of family types, 1976–2006

<sup>15</sup> These arrangements differ from the category known as “grandparent families” noted in section 1.4.2.

## 1.4.2 Grandparent families

The term “grandparent families” refers to families in which grandparents are the guardians or main carers of their grandchildren aged less than 18 years who are living with them. Such families represented only 0.2% of all families in 2006–07, with the number during this period being lower than in 2003 (14,000 vs 23,000) (ABS, 2008). However, the often tragic circumstances that led to such situations (e.g., mental health problems or substance abuse by the children’s parents) and the multi-faceted difficulties that are often experienced within these families, has resulted in increased attention being paid to the needs of these families (e.g., Dunne & Kettler, 2008; Fitzpatrick & Reeve, 2003; Ochiltree, 2006).

## 1.4.3 Step- and blended families

Among families with children aged under 18 years old in 2006–07, 4% were step-families and 3% were blended families. Here, a step-family is formed when a parent re-partners and there is at least one child who is a step-child to one of the partners and there are no children born of, or adopted by, the couple. Blended families, on the other hand, include at least one step-child and at least one child born of, or adopted by, the couple. The representation of such families appears to have changed little since at least 1997 (ABS, 2008).

It is beyond the scope of this document to explore the issue of step-parenting in any depth. However, there is ample evidence that the introduction of step-parents creates many challenges that vary according to such factors as: the duration of separation; the amount of time a partner had been single; the timing of separation and re-partnering in the child’s life; and, the gender “match” of the child and step-parent. Remarriages tend to be more fragile than first marriages, and some overseas studies suggest that: (a) this can largely be explained by the existence of step-children (see Coleman, Ganong & Fine, 2000); and (b) the more changes in their resident parents’ relationship status, the greater is the chance of negative outcomes for the children, in terms of psychosocial adjustment, academic achievement and relationship stability in adulthood (Cherlin, 2008; Crowder & Teachman, 2004).

## 1.4.4 Families with children born through surrogacy or donated sperm/eggs

Advances in reproductive technologies have assisted in the creation of family arrangements that would have been far less usual and in some cases impossible in the past. Gilding (2001) argued that such technological developments will continue, as in the past, to help shape the scale and scope of family change. Reproductive technologies have opened up considerably more options for a range of individuals, such as aspiring same-sex parents (see below) and parents with fertility problems. But it is difficult to predict what impact arrangements that result from reproductive technology will have on the maturational and transitional tasks of family members and on the identity formation of the children in particular. Perhaps the quality of the relationships and the services and systems that support this will remain the key issue. In that sense, families formed as a result of reproductive technologies may be of less relevance as a family “type” than, say, separated families, or families with a “fly in–fly out” work arrangement, in which relationships are inevitably put under time and other constraints.

On the other hand, and somewhat paradoxically, as medical technology advances in other areas, it may be increasingly important to have access to our own genetic history, something not precluded by reproductive technology, but something not always given priority in the past.

## 1.4.5 Same-sex couples

Little is known about the prevalence of same-sex relationships and individuals with a homosexual orientation in Australia. In the 2006 Census, fewer than 1% of couples (0.6%) were identified as being in a same-sex relationship (ABS, 2007a). However, this may represent a considerable underestimate of the prevalence of same-sex couples, given that such couples may be reluctant to disclose the nature of their relationship. The 2001 Census showed slightly

more same-sex male than female couples (de Vaus, 2004), and this trend is also reflected in the 2006 Census data.

Compared with those in heterosexual relationships, individuals in same-sex relationships appear to be younger and better educated, seem more likely to hold professional occupations and to have no religious affiliation (de Vaus, 2004). However, it is possible that such apparent differences may result at least partly from a greater willingness of those who share such characteristics to disclose their relationship, compared with others in same-sex relationships. As a number of researchers have noted (e.g., McNair, Dempsey, Wise, & Perlesz, 2002; Perlesz et al., 2006), the meagre research so far conducted tends to be based on small, unrepresentative samples, but highlights the diversity of processes within these families and the greater importance of family process than form on the wellbeing of family members.

### 1.4.6 Living apart together

Another form of couple relationship, called “living apart together” (LAT), has been observed by social scientists in recent decades. Definitional variations suggest that LAT is a “fuzzy” and difficult to identify family form. For example, definitions vary in terms of whether the couple may be married, with Strohm, Seltzer, Cochran, and Mays (2009) defining these relationships as:

Intimate relationships between unmarried partners who live in separate households but identify themselves as part of a couple. These relationships are sometimes referred to as “non-residential partnerships”. (p. 178)

Levin and Trost (1999), on the other hand, treated *married* couples living in two households as being in LAT relationships. In addition, each partner may have different ideas about whether they are living in the same home as the other partner, in two homes, or in the home in which the other partner does not live.

Such different ideas may stem from having different reasons for living apart together in the first place. For example, some couples in an intimate relationship may not yet feel ready emotionally or financially to move in together, and some couples may live in separate households to pursue employment in different locations or to maintain greater autonomy than would otherwise be possible. One partner may move to a new location in order to gain employment, with the other partner following if and when the leaver has become established and is certain that the decision to move is appropriate. The reasons tend to vary according to the age of the partners (e.g., young people who are still living in the parental home, compared with older widowed or divorced individuals who have already established their separate dwellings) (Strohm et al., 2009).

Wave 5 of the HILDA survey suggests that, in 2005, 1% of married people under 65 years and 19% of unmarried people of this age who were in an intimate, ongoing relationship spent less than half the time living with their spouse or partner.

### 1.4.7 Living alone

Finally, although the focus in this review is on trends that are obviously “family-related”, it is important to recognise that the transition to and from living alone is a common family-related transition—an issue that is well demonstrated by Australian research conducted by de Vaus and Qu (2011). Their research, which investigated reasons for living alone, appears to be unique from an international perspective. They showed that, except for elderly people who are widowed, living alone tends to be a short-term arrangement and that across all age groups, living alone does not usually mean “being alone”. The evidence is that family is an important factor in the world of most people who live alone.

De Vaus and Qu’s (2011) research highlighted the fact that families exist across household boundaries—an issue that is also reflected in research on: (a) the nature and direction of support that occurs between older people and their adult children (e.g., Hayes, Qu, Weston & Baxter, 2011); and (b) families in which the parents have separated (e.g., Qu & Weston, 2010).



# 2

## Life events and related literature

### 2.1 Life events as a field of study

Life events or transitions are understood to be circumstances that have an unsettling element for individuals and, from a systemic perspective, for family members also. Life events or transitions, even when they are pursued and ultimately beneficial, usually require adjustment on one or more fronts and relinquishment of at least some areas of familiarity.

It is generally accepted that the same externally defined transition (such as leaving home) will be experienced as a unique event by those involved. That is, although the transition might be both common and predictable, the *experiences* associated with that transition will be unique. In addition, *how* an event or transition is experienced and understood will have considerable impact on our sense of wellbeing.

The various models of understanding that have grown out of the life events research literature all have a degree of focus on “stress”. Connected to life events research is also a large and quite disparate body of literature on needs and desires, some of which tends to be translated into more practical constructs, such as goals, commitments and priorities. Constructions of health and illness are also linked to the idea of success in managing life transitions—especially the idea that health is more than a mere absence of illness. An overview of the literature on “stress science”, on human needs and desires, and on constructions of illness and health can be found in sections 2.2 and 2.3 below.

It is important to appreciate that the development of the life events approach was strongly influenced by models of physiological stress, especially reflected in the work of endocrinologist Selye (e.g., 1956, 1974, 1976). Selye maintained that stress is part of the everyday human experience, with the continuous presence of stressors leading to the incessant expenditure of “adaptation energy”.<sup>16</sup> Although Selye accepted that stress could have beneficial effects on health under certain conditions, he argued that repeated or chronic demands for adaptation accumulate and that this causes “wear and tear” on the organism. Such processes were considered to contribute to illness and ageing.<sup>17</sup>

<sup>16</sup> The physiological approach can be traced further back to the work of Bernard (1859), then to Cannon (e.g., 1932, 1936) who, in describing physiological processes, borrowed the physics and engineering concepts of stress and strain (where “stress” is defined as a physical force applied to a body, which thereby produces “strain”, a deformation of the body). Stresses were therefore considered to include both physical and emotional stimuli that, at critical levels, cause strain in homeostatic mechanisms. To Cannon, homeostasis included not only automatic regulation of internal systems such as body temperature and blood sugar level, but also hunger, thirst and “emergency” reactions associated with fear or rage, which prepare an organism for “flight or fight” (including the discharge of epinephrine [adrenalin]). Cannon suggested that there was a critical level beyond which the “steady state” of the internal environment is altered.

<sup>17</sup> Selye’s views changed to some extent over the years. In his 1974 and 1976 works, he argued that joy was a potential stressor in the sense that it created a demand for physiological adjustment. He used the concept “eustress” to refer to pleasant experiences that he believed might have curative effects, and “distress” which, in his view, was both unpleasant and disease-producing (Selye, 1980, p.128). However, he accepted the restriction of the term “stress” to the negative type (distress) for the purposes of brevity, since this is the form of stress that causes concern to people (Selye, 1980).

The early authors of life events research assumed that the amount of stress a person experienced could be gauged by identification of the stressful events alone, since the latter would create demands upon the body's adaptive functions in the way that Selye proposed. In an attempt to quantify the adjustment demanded by life events within a given time period, Hawkins, Davies, and Holmes (1957) developed the Schedule of Recent Experience (SRE) scale to cover events occurring in the social, occupational, family and personal domains of life. The list included both positive and negative life changes, on the grounds that both require adjustment and had been earlier found to precede illness.<sup>18</sup> That is, instead of identifying demands for adjustment independently of any observed relationship with illness, these authors selected for their scale those events found to hold a positive relationship with illness, ignoring other events that, a priori, may have been considered as demands for adjustment.

Holmes and Rahe (1967) modified this scale, with the new version called the Social Readjustment Rating Scale (SRRS). Each life change in the list—whether apparently positive or negative—was assigned an a priori weight for the amount of readjustment it required.<sup>19</sup> The list of SRRS items has been used widely, with a modified version having been used in the HILDA survey since Wave 2, conducted in 2002. The HILDA measure comprises 21 events (see Wilkins, Warren, Hahn, & Houg, 2011). In this survey, respondents, all of whom are at least 15 years old, are asked to indicate whether they had experienced the event in the previous 12 months and, if so, the number of months ago that this event took place (4 categories).

Rahe (1974) argued that the greater the number of life changes, both positive and negative, the greater the likelihood of multiple illnesses. This contention is consistent with Selye's earlier notion (1956) of the “wear and tear” on the organism by positive and negative stimuli. But it does not take account of many of the qualifications outlined by Selye, which allowed for individual differences in responses to environmental circumstances. These qualifications included an emphasis on constitutional differences between people that were considered to promote vulnerability or resistance to the negative impact of stress, and the notion of an optimal level of stress that varies across individuals. For some people, the accumulation of few life events may exceed their optimal level of stress, while others may be able to avoid distress or achieve “eustress” despite experiencing a larger number of events (Selye, 1976).

In the SRRS, the weighting of events was designed to measure the “objective” demands for readjustment required of the individual, and no account was made of the impact of individual differences in perceived salience or severity of each event. In fact, Holmes and Rahe (1967) specifically stated that the weights for life events in the SRRS referred to changes in the life pattern of the individual rather than to the psychological meaning of events or to emotions. This approach represented quite a contrast to models of “psychological stress” that were current at the time and that attempted to explain individual differences in reactions to stressful experiences (e.g., Appley & Trumbull, 1967; Lazarus, 1966).

A number of criticisms were leveled at this life events approach (e.g., by Monroe & Roberts, 1990; Moos & Swindle, 1990; Thoits, 1983). One problem was that the predictive power of the event scores for illness tended to be low. This led to a consideration of the personal and social factors that might modify the health impact of the experience of life changes. Paykel (1978), for instance, argued that the significant factor is not simply the event, but also “the soil on which it falls” (p. 251). He suggested that factors such as social support and personality should be examined, along with the attributes of the events. These recommendations exemplified subsequent approaches adopted by researchers in this field (e.g., Hoffman, 2010; Mallinckrodt & Fretz, 1988; Roth, Wiebe, Fillingim & Shay, 1989), reflecting a narrowing of the gap between the theoretical bases of life events and psychological approaches to the study of stress. The modified approach was also consistent with changes in views expressed by Selye. For example,

18 Items in the scale were developed through an analysis of over 5,000 “life charts” of patients that had been created by Adolph Meyer in the early 20th century. Meyer had documented the dates at which important events had occurred in the lives of his patients, alongside the dates at which illness symptoms became apparent. The items in the SRE represented events that had commonly preceded illness in these patients (Chatterjee & Arora, 2005).

19 Rahe and his colleagues have since produced other versions (see <[www.drrahe.com](http://www.drrahe.com)>).

he eventually argued that circumstances become demands or stressors only when they are appreciated as such (Selye, 1980).<sup>20</sup>

Many other life events scales have since been developed, with some focusing on different sub-groups, such as adolescents and immigrants (see Dohrenwend, 2006). A number of the more recent versions focus exclusively on adverse events and some ask respondents to rate the stressfulness or demands for adjustment required by the event. For example, a life events measure is used in *Growing Up in Australia: The Longitudinal Study of Australian Children (LSAC)*,<sup>21</sup> and different sets of life events have been developed for the three cohorts in *Women's Health Australia (WHA): The Australian Longitudinal Study on Women's Health* (Byles et al., 2010).<sup>22</sup>

We conclude this section on the “life events” literature by noting that many studies that do not formally use the “life events lens” nonetheless highlight the fact that life events can have cascading effects. That is, major life events tend to generate other internal or external events as suggested by the notion of “turning points”. One obvious example is the impact of job loss or gain on a family's financial circumstances. In such a situation, fortunes can change substantially and the family's access to a range of goods and services can alter rapidly, as can the quality of relationships in the family, and the psychosocial wellbeing of family members (Gray, Edwards, Hayes, & Baxter, 2010; Kalil, 2009; Whiteford, 2009).

Adopting a formal life events approach is supported by the growing evidence that events that are either adverse in themselves or are perceived to be adverse, increase the risk of both physical and psychosocial disorders. Considerable research has been conducted into the processes that mediate such outcomes, in what has come to be known as “stress science” (Contrada & Baum, 2011). The following section briefly summarises key research into human stress and resilience.

## 2.2 Stress and resilience

### 2.2.1 Stress

Stress has been defined by Cohen, Kessler, and Gordon (1997) as:

a process in which environmental demands tax or exceed the adaptive capacity of the organism, resulting in psychological and biological changes that may place persons at risk for disease. (p. 3)

This definition is favoured by Contrada (2011), co-editor of a recent handbook on research into human stress (see below). According to Contrada, the definition addresses four key elements. First, it includes environmental, psychological and biological phenomena, each of which can be traced back through the history of stress research. Second, it focuses on process, a more useful concept than more static constructs such as stimulus and response. Third, the definition contains the notion that stress represents a departure from a state of homeostasis, in which there are active compensatory psychological and biological activities. And finally, it links stress with the possible development and control of health problems.

<sup>20</sup> Some of these insights seem fairly obvious in retrospect, reflecting common idioms such as “one man's meat is another man's poison”. The context in which this literature developed, however, was one in which the aim was for measurable constructs. There are strengths in this approach. But there are also limitations often associated with the number of variables that can be realistically measured at any given time.

<sup>21</sup> LSAC is conducted in a partnership between FaHCSIA, AIFS and the ABS. The findings and views reported in this report are those of the authors only and should not be attributed to FaHCSIA or the ABS.

<sup>22</sup> The scale used by LSAC, is a modified version of that developed by Brugha, Bebbington, Tennant, and Hurry (1985). It lists 12 categories of adverse events that were considered to entail considerable threat (e.g., personal experience of serious illness, injury or an assault; death of a parent, child or spouse; separation due to marital difficulty; becoming unemployed or seeking work unsuccessfully for more than one month). For the youngest cohort in Wave 1 (aged 18–23 years), the WHA Life Events Checklist for Young Women (comprising 35 items derived from several other life events measures) was created, along with a Perceived Stress Questionnaire for Young Women. This latter scale is designed to measure overall perceived stress as well as the perceived sources of stress for young women in Australia. The various items in the scale related to family of origin, relationships with others, personal health, work/money, and study. Some appear to represent ongoing difficulties (e.g., general health status and management on income), and others discrete events (e.g., commencement or of a close personal relationship (two items)) (see Bell & Lee, 2002).



The research literature on human stress is much too extensive to summarise in a document such as this. Contranda and Baum's (2011) review of the subject has divided the research into four broad areas, each of which has a number of areas of further specialisation. These are:

- biology, including:
  - brain networks (e.g., Dallman & Hellhammer, 2011);
  - cardiovascular system (e.g., Burg & Pickering, 2011);<sup>23</sup>
  - immune system (e.g., Ader, 2006);
  - genetics (e.g., Caspi, McClay et al., 2002; Caspi, Sugden et al., 2003);
  - molecular biology (e.g., Baum, Lorduy, & Jenkins, 2011);
- the social context, including:
  - “tend and befriend” (e.g., Taylor, 2002);
  - support processes (e.g., Uchino, 2004);
  - social networks (e.g., Berkman & Syme, 1979);<sup>24</sup>
  - the workplace (e.g., Karasek & Theorell, 1990);
  - organisations (e.g., Di Renzo, 1998);
- psychology, including:
  - appraisal and emotion (e.g., Smith & Kirby, 2011);
  - coping (e.g., Carver & Connor-Smith, 2010);
  - personality (e.g., Williams, Smith, Gunn, & Uchino, 2011);
  - gender (e.g., Davis, Bursleson, & Kruszewski, 2011);
  - adult development (e.g., Skinner & Edge, 2002);
  - perceptions of “the other,” including racism (e.g., Brondolo, Brady, Pencille, Beatty, & Contrada, 2009);
  - status (e.g., Marmot, Shipley, & Rose, 1984); and
- physical and mental health, including:
  - eating behaviours (e.g., O'Connor & Conner, 2011);
  - drug use (e.g., Grunberg, Berger, & Hamilton, 2011);
  - exercise (e.g., Salmon, 2001);
  - pregnancy (e.g., Schetter & Glynn, 2011);
  - depression (e.g., Heim, Bremner, & Nemeroff, 2006);
  - mental health in childhood and adolescence (e.g., Hankin & Abela, 2004);
  - trauma (e.g., Dougall & Swanson, 2011);
  - heart disease (e.g., Dimsdale, 2008);
  - cancer (e.g., Baum, Trevino, & Dougall, 2011);
  - infections (e.g., Pedersen, Bovbjerg, & Zachariae, 2011);
  - HIV/AIDS (e.g., Cohen, Janicki-Diverts, & Miller, 2007); and
  - pain (e.g., Gatchel, Howard, & Haggard, 2011).

## 2.2.2 Resilience

Resilience has been described as the ability to “bounce back” from stressful experiences (Carver, 1998) and has been linked to positive emotionality through a variety of pathways, including openness to experiences and coping mechanisms.

A central question in the measurement of resilience (and of emotion generally) is whether to treat the construct as a transient state reflective of direct environmental input or as a stable trait that predisposes individuals to make consistently similar appraisals of emotional stimuli.

Finan, Zautra, and Wershba (2011) considered the impact of negative and positive emotions on physiological processes and health. They linked positive emotions with resilience, while finding

<sup>23</sup> According to Rosamond et al. (2008), pathology in the cardiovascular system is responsible for the largest health care burden in the Western industrialised world.

<sup>24</sup> Health risks associated with having few social ties have been recognised since at least the time of Durkheim (1897/1951).

that negative emotions or moods, such as depression, increased the risk of various illnesses. These authors cited evidence suggesting the benefits of undertaking therapy directed towards enhancing positive emotions for people who were confronting stressful experiences or were locked into depression or other negative emotions.

In similar fashion, Zautra, Hall, and Murray (2008) broadened the definition of “resilience” to include the study of the sustainability of positive engagements in the face of adversity. They suggested that the capacity to endure stressful conditions is likely to be influenced by cognitive, emotional and social processes that go beyond those typically identified when examining the recovery of homeostasis following distressing events.<sup>25</sup>

Antonovsky (1979, 1987) referred to a “sense of coherence” as a key means by which people cope more resiliently and more effectively with stressful circumstances. “Coherence” in this regard refers to a generalised sense of stability and continuity; a view that one’s “internal” and “external” environments are predictable, manageable and that, despite any failures or frustrations, circumstances will turn out reasonably well. Life is seen as meaningful, and stimuli confronting the individual are seen as comprehensible (i.e., consistent, clear, ordered, structured etc.).

In attempting to assess a similar dimension, Kobasa (1979, 1982) used the term “hardiness”, which refers to personality factors considered to buffer the negative impact on health of stressful events, or to decrease the “strain”, reflected in psychosomatic symptoms, produced by these events.

For Milsom (1984), resilience is linked with health in the following way:

If our concept of health is to be meaningful, then its definition must emphasize the need for resilience, the ability to recover from insults and stressors and to adapt to change, whether imposed or self-chosen, rather than simply the effectiveness of our current performance. (pp. 2–3)

Milsom (1984) also suggested that health is like a reservoir that is able to provide water at its normal flow and pressure for some time after the replenishment of water has ceased. Pursuing this analogy further, pressure will eventually fall and the flow will dry up if the reservoir receives no further supplies of water. In this sense, health is best represented by the level of reserves available rather than the force of the present supply. Indeed, physical health is sometimes measured in terms of such a resilience model (e.g., use of treadmill tasks for identification of cardiovascular disease, and glucose tolerance tests for diabetes).

A similar model has sometimes informed evaluations of emotional or psychological resilience, where it has frequently been assumed that healthy adjustment is indicated by minimal signs of distress in the face of adverse experiences (e.g., Hanson & Spanier, 1983; Raschke, 1977). Such an assumption, however, has been questioned (e.g., Haan, 1977). Resilience in children, for example, has been thought by developmental psychologists (e.g., Kelly & Emery, 2003; McIntosh, 2003) to be less an independent property of the child, and more a product of the interaction of protective factors with sources of risk. Thus, Emery (2006) found that the resilience of children from divorced families was linked to a parent’s genuine and accurate understanding of the child’s perspectives and the parent’s ability to honestly act in the child’s best interests.

### 2.2.3 Relationship between resilience and stress

Resilience has been frequently considered to be on the antecedent side of stress and coping processes, while health has tended to be placed on the outcome side (e.g., Holahan & Moos, 1985, 1987, 1990; Kobasa, 1979). But while resilience and health are associated with each other, the metaphor of resilience as a reservoir that supplies “healthy” emotional and psychological responses is a potentially confusing one. Of greater utility are the more dynamic models proposed by systems theorists such as Bronfenbrenner (1979, 2001, 2005), whose approach is considered in more detail in section 5.1. Stress and resilience are also linked to the relationship

<sup>25</sup> Zautra et al. (2008) referred to a variety of factors that promote resilience, such as a sense of personal agency, hope, optimism, purpose in life, agency, close social ties, and secure kin relationships and community.

that these events have to do with the things individuals hold as being important—their needs, values, commitments, motives or goals (e.g., Lazarus & Folkman, 1984; Park, 2011).

## 2.3 Health and illness

Perhaps not surprisingly, there are numerous overlapping concepts between the stress and resilience or vulnerability literature and the literature on health and illness. Selye's (1976) discussion of “diseases of adaptation” made reference to a range of physical disorders, as well as disorders that he termed “neuropsychiatric diseases”. For Selye, such diseases fell within the realm of the psychological (or “mental”) health arena, and included chronic anxiety, schizophrenia, depression and anorexia nervosa, as well as a range of psychosomatic disorders. He came to accept that outcomes are strongly influenced by the way in which events confronted by individuals are interpreted (Selye, 1980).

The links between life events and significant mental health problems are now well established. Life events in an individual's first 15 years and a history of low social support are predictors of higher susceptibility to mental health problems, with events in the previous six months being the proximal triggers for first suicide attempts and the probability of repeated attempts (Pompili et al., 2011). Similarly, there is a link between life events and bipolar disorder, though the precise nature of the events that are likely to trigger this mental health outcome are not well understood (Johnson & Roberts, 1995). There is also some evidence of an association between life events and schizophrenia from the clinical literature, especially for patients who show a pattern of more frequent relapse (Rabkin, 1980). Stressful life events are known to elevate the risk of depression (Boerner, Wang & Cimarolli, 2006), though the availability of social supports again may mediate and moderate the effects (Paykel, 1994). The aetiology of all of these disorders is, however, complex. The capacity of life events to elevate stress levels is likely to be the common factor, though biological, genetic and environmental factors will also make key causal contributions.

Some authors (e.g., Antonovsky, 1979; Gochman, 1988; Milsum, 1984) have added “social health” to these two traditionally identified broad realms of health (physical and mental), with the World Health Organization's (WHO; 1948) definition being frequently mentioned:

Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity. (p. 1)

However, the WHO definition of health has sparked considerable controversy. Antonovsky (1979), for instance, agreed with the emphasis on the positive aspects of health, but argued that the extension of the concept of health to all realms of “wellbeing” (a term not further explained by WHO) renders the concept meaningless and impossible to study. Further, he maintained that such a broad definition brings the social dimension into the realm of medicine, to be treated in whatever way might be seen fit by the powerful.

By contrast, Milsum (1984) not only accepted the three components of health suggested by the WHO, but added another—“spiritual health”. Although Milsum argued that full health cannot be achieved if any of the four dimensions is beneath a “minimally satisfactory level” (p. 6), he was nonetheless concerned that the concept of social health may lead to an over-emphasis on social conditions as the cause of an inadequate health status, and an under-emphasis on taking personal responsibility for the maintenance of health.

Broadly speaking, Lazarus and his colleagues (e.g., Lazarus & Folkman, 1984, 1987; Lazarus & Launier, 1978) also accepted the three-faceted view of health proposed by the WHO. They outlined three long-term “adaptational outcomes” of stress and coping—“somatic”, “morale” and “social functioning”—which they also called somatic, psychological and social health respectively (Lazarus & Folkman, 1984). Lazarus and Folkman also used the term “morale” to denote long-term outcome concerns regarding “how people feel about themselves and their conditions of life” (1984, p. 194). “Morale” covers satisfaction with life and a general happiness or sense of positive wellbeing, as well as general unhappiness and depression. It also covers the concept of self-esteem, or “how people feel about themselves” (1984, p. 194). Low self-esteem has been linked in the literature with depression (e.g., Beck, 1967; Cameron, 1963;

Pietromonaco & Markus, 1985), and high self-esteem has been associated with global happiness or satisfaction with life (e.g., Campbell, 1981; Campbell, Converse & Rodgers, 1976).

The concept of social functioning highlights the importance of a person's interaction with the social system as an attribute of health, adjustment and wellbeing. Lazarus and Folkman (1984) defined social functioning as "the ways the individual fulfills his or her various roles, as satisfaction with interpersonal relationships, or in terms of the skills necessary for maintaining roles and relationships" (p. 223). The quality of communication and social relationships, as well as functioning at work and in other social roles, were included as aspects of social functioning.

Coping issues are not necessarily restricted to stressful interpersonal encounters. They include, for example, the ability to appreciate and manage physical dangers, to apply logic, to navigate, to manage financial affairs and so on. If social functioning is regarded as an extension of coping effectiveness in stressful transactions, then "competence" in handling personal affairs would seem a more comprehensive label (see White, 1974). Healthy social functioning here concerns several matters discussed earlier as needs, along with the ability to develop positive interpersonal relationships. With such a complex, multidimensional and uncertain construct, it is not surprising that Lazarus and Folkman (1987) reported that they had not found an adequate measure of social functioning.

In work that was to foreshadow Seligman's (2006) formulation of positive psychology, Rosenhan and Seligman, (1984) distinguished between Jahoda's (1958) concept of "positive mental health" and mere "normality". Rosenhan and Seligman considered normality as nothing more than the absence of abnormality and argued that, as such, normality implies neither happiness nor a positive lifestyle. Normality was, in their view, associated with minimal levels of: suffering, maladaptiveness (or dysfunctional behaviour), irrationality or incomprehensibility, unpredictability and loss of control, unconventionality and "vividness" (i.e., behaviour that stands out as most unusual), violation of moral standards, and behaviour that causes discomfort in observers. Happiness and a positive lifestyle, on the other hand, were associated with "optimal living", which involves a realistic and positive self-concept, a capacity for growth and development, autonomy, an accurate view of reality, competence in dealing with life's tasks, and positive interpersonal relationships.<sup>26</sup>

A sense of purpose and meaning in life is also a commonly mentioned attribute of psychological health (e.g., Jahoda, 1958; Maxwell, Flett, & Colhoun, 1989; Ryff, 1989a, 1989b). Other attributes include sound reality-testing (e.g., Haan, 1977; Jahoda, 1958; Rosenhan & Seligman, 1984), an openness to experience (e.g., Coan, 1974; Rogers, 1959; Ryff, 1989a, 1989b), and a sense of community and intrinsic interest in external affairs, regardless of their implications for personal wellbeing (e.g., Adler, 1939; Coan, 1974; Jahoda, 1958; Ryff, 1989a, 1989b).

In summary, the attributes of positive psychological health commonly mentioned by researchers include an overall sense of wellbeing or satisfaction; a sense of purpose and meaning in life; a capacity for growth or personal development; sound reality-testing and openness to experience; a positive and realistic self-concept; a sense of mastery; competence in handling personal affairs, whether social or otherwise, including autonomy or self-determination and the ability to develop positive interpersonal relationships; a sense of community; and, allied to the latter, interests extending beyond the self, including concern for other people, for humankind, and for other external matters, regardless of their relevance to personal wellbeing.

Finally, the interactive effects of environments and genes is increasingly recognised as underpinning responses to stressful life events. Increasingly, it has been recognised that neither environmental risk nor DNA are destiny. Rather, there is an interplay between environmental factors and genetic pre-dispositions that is much more complex than nature versus nurture. Some of these interactions are epigenetic (literally, "above the genome"). A groundbreaking new field, epigenetics, highlights the importance of environmental influences on the expression

<sup>26</sup> Seligman (2006) argued, for instance, that optimism and pessimism depend on the ways in which individuals explain events, with pessimists tending to treat beneficial events as being temporary and externally induced, and adverse events as being pervasive, personally generated and long-term. In his view, optimists tend to take some credit for the beneficial events they experience (sometimes unrealistically so) and consider adverse events as being externally induced and fleeting. Pessimists are also more inclined than optimists to persevere in the face of set-backs. Seligman also maintained that parents and teachers have major influences on the developing child's explanatory style, but individuals can learn to become more optimistic.

of genes, some of which can span generations. The marks of the experience of previous generations are written on the genome and act to influence the expression of genes. Research has shown, for example, how famine in one generation, followed by an abundance of food for another, can influence the risk of obesity and heart disease across generations (Pembrey et al., 2006). To this extent, you are what your grandparents and parents ate, but for each individual, life events throw the switch. How the process plays out, however, very much depends on the individual, the social supports available to them, and the balance of physiological and psychological risk and protective factors that surround them at the time of the event.

## 2.4 Human need and desire

To what extent are the experiences of stress, resilience, health and illness linked to the satisfactory or unsatisfactory fulfillment of human needs and desire? Maslow (1968), who famously suggested a hierarchy of human needs (see below), linked fulfillment of these needs to quality of functioning. Allardt (1976) and Veenhoven (1984) held not dissimilar views. A key research question in this regard relates to the universality or otherwise of these needs and the extent to which they can be empirically verified.

Since at least the time of Freud (1933/1961), who proposed the existence of an innate life instinct and an opposing death instinct, various classification systems have been suggested for organising universal needs. Maslow (1954, 1968) proposed that physiological needs (e.g., homeostatic needs, sex, activity) were the most basic, followed by safety needs, then needs for belonging and love, esteem needs (including achievement, adequacy, mastery, competence, confidence, independence and freedom) and, finally, self-actualisation, which includes the desire to attain one's potential and which can take on various forms, such as seeking proficiency in work, parenting or athletics. A fairly similar classification system of needs was proposed by Efraty and Sirgy (1990) in their research into the quality of work life.

Self-actualisation needs have also been referred to as “moral needs” (Lutz & Lux, 1988), for Maslow also included here concerns about truth, service, justice, aesthetics, meaningfulness, an interest in nature for its own sake, an appreciation of the intrinsic worth and value of other people regardless of their utility in serving personal needs, and the giving of love. Such interests are directed outward—beyond personal wellbeing—though they may also link closely to a sense of wellbeing for particular individuals.

Allardt (1976) distinguished between three sets of needs on the basis of the way in which their satisfaction is assessed—“having”, “loving” and “being”—a distinction that was adopted by Campbell (1981) in his discussion of matters affecting subjective wellbeing.

According to Allardt (1976), “having needs” are satisfied through the possession and mastery of material resources, but here he included not only income, housing and employment, but also “health” (measured by self-reports of chronic illnesses, psychosomatic illness, medication use, and anxiety). “Loving needs” concern “love, companionship and solidarity” (p. 230), which are defined in terms of the ways in which people relate to each other. Campbell (1981) called these “relating needs”. Proposed components measured by Allardt were: community cohesion, family cohesion and friendship patterns.

For Allardt (1976), needs related to “being” concerned “what the individual is and what he does in relation to society” (p. 231). Allardt argued that these needs denote self-actualisation, represent the opposite of alienation, and relate to the ability to control one's fate, to become involved socially and politically, and to find interesting things to do. For Campbell (1981), self-esteem, a sense of controlling one's fate, self-confidence and self-fulfillment represent central aspects of “being”. “Being needs” thus pertain to Maslow's (1954, 1968) “esteem” and “self-actualisation” needs. Both “being” and “loving” (or “relating”) needs concern psychological matters, which overlap considerably.

Based on a series of qualitative studies, Australian social researcher Mackay (2010) suggested that human beings are driven by ten basic needs or desires, these being the desire to: be taken seriously; have a sense of place; believe in something; connect; be useful; belong; have more; have control; have things happen; and love and be loved. Interestingly, Mackay formally linked stress to the absence of only one of these desires—that of having control. Although it could be

argued that a reduction in, or an absence of, any of the above needs is likely to diminish human quality of life, the need for control is possibly the need most closely linked to that of safety and survival. To return to the definition of Cohen, Kessler, and Gordon (1997), it is possibly the thwarting of such a need that is most likely to “tax or exceed the adaptive capacity of the organism” (p. 3).

This idea would be consistent with a key hypothesis developed as a result of the “Whitehall Studies” of civil servants (see Kuper & Marmot, 2003). The finding of a linear relationship between status in the organisation and a range of health-related outcomes led Marmot and his colleagues to think about the connection between being low in the chain of command and experiencing low levels of control over one’s life. It was hypothesised that more adverse heart rate, stress hormone and blood pressure data were likely to be linked with an absence of control over what one did in the workplace and, perhaps somewhat counter-intuitively, that a lower heart rate, stress hormones and blood pressure resulted from not having to take orders on how to perform a task, or when to do it.

Consistent with this idea, the final section in this chapter on life events and related literature considers the impact of social disadvantage and social exclusion.

## 2.5 Stressful life events, social address and social exclusion

Stressful life events, while often unexpected, are more likely to be encountered by some people than others. The impacts of negative life events are often felt from the very beginning of life, through pregnancy, at birth and beyond. For example, analyses of an Australian birth cohort study found that low birth weight was related to the frequency of maternal stressful life events, which in turn were associated with mothers’ social health characteristics, such as: being younger than 25 years; being single, divorced or widowed; being of lower than average equivalised income; having not completed year 12; smoking during pregnancy; having a body mass index (BMI) of less than 18.5 (i.e., underweight); being at risk of higher obstetric complications; and being Aboriginal and/or Torres Strait Islander ethnic background (Brown, Yelland, Sutherland, Baghurst, & Robinson, 2011). Social address (or socio-economic status [SES]) can make a fundamental difference to children’s life chances. Its effects on a range of developmental outcomes are evident early in life (Edwards, 2005; Edwards & Bromfield, 2010). They amplify across children’s development and influence their readiness to enter school (Gong, McNamara & Cassells, 2011; Smart, Sanson, Baxter, Edwards & Hayes, 2008).

Life events such as joblessness can have profound impacts on the wellbeing of families and their children. When compared with other countries in the OECD, Australia has a low level of joblessness but a relatively high level of jobless families with children (Whiteford, 2009). Family joblessness is the most salient cause of child poverty in Australia (Whiteford, 2010) and has been shown to be associated with a range of adverse developmental outcomes for children in such disadvantaged households (Baxter & Gray, 2010).

Social address markedly influences the load of risk factors that are present in children’s lives, with those from disadvantaged households having a much higher average number of risks (Smart et al., 2009). In turn, there is a relationship between the number of risk factors possessed by a family, the family’s background and the likelihood of experiencing a higher load of negative life events (Rydell, 2010). Rydell found that less-than-optimal life circumstances lead to a greater risk of experiencing negative life events. Single parenthood, non-European ethnicity and low maternal education were significantly correlated with higher rates of negative life events in her Swedish study. Data from the Millennium Cohort Study, in the UK, also demonstrate the links between social circumstances, adverse life events and children’s socio-emotional development and likelihood of manifesting psychopathology (Flouri, Mavroveli & Tzavidis, 2010). Among homeless mothers, the load of past negative life events has been found to predict a much higher level of current traumatic stress that adversely influences their capacity to address their problems in ways that enable them to move to more secure housing (Williams & Hall, 2009).

Negative life events can also lead to social exclusion. The term “social exclusion” was first coined in France to encompass those who were excluded from the system of social insurance (Hayes,

Gray & Edwards, 2008). Typically, *les exclus*, or the socially excluded, were lone parents, the unemployed, those with disabilities, recently arrived immigrants or the socially detached and disaffected, often living in the ghettos around French cities (Hayes et al., 2008). Policy-makers in a range of countries have adopted the concept of social exclusion to move the discourse from a narrow focus on poverty and disadvantage to encompass a wider range of circumstances that are seen as potentially excluding. Among many definitions, the following definition from the UK Social Exclusion Unit (1997) has been widely influential:

[Social exclusion is] a shorthand label for what can happen when individuals or areas suffer from a combination of linked problems such as unemployment, poor skills, low incomes, poor housing, high crime environments, bad health and family breakdown. (p. 1)

In Australia, as the term implies, the social inclusion policy approach has focused on the factors and forces that limit opportunities to: secure a job; access services; connect with others through engagement with families, friends, work, personal interests and involvement in the local community; deal with personal crises that may result from ill health, bereavement or loss of a job; and have one's voice heard (Gillard, 2008).

Often, life events change the extent of exclusion. The death of a spouse, the onset of ageing and its advancing functional limitations, disability, chronic illness, unemployment or family breakdown can isolate and exclude. Again, the impacts of such events depend on both the personal resources, capacities and resilience of individuals, and the extent of services and supports around the person. Those who are living in disadvantaged circumstances or are isolated by location or personal limitations can be particularly vulnerable to events that others may take in their stride. Much of the work of the Australian Social Inclusion Board (2011) has focused on addressing the barriers that life events can present to accessing opportunities, participating in the life of the community and, ultimately, feeling included.

# 3

## Developmental and family templates as influences on life events

The first section of this chapter is concerned with individual identity development. The assumption behind this section is that the range of available responses of individuals to life events is influenced by their own psychosocial development. The second section is concerned with responses to loss. It will be argued in Chapter 4 that, while some life events and the transitions they induce represent an element of potential gain, they also entail an element of loss. Sometimes the loss is profound; sometimes it is barely in focus. However, understanding the dynamic of human loss is also an important factor in understanding our capacity to respond to life events. The third section summarises the normal tasks of successful family functioning.

### 3.1 Individual psychosocial development

Erikson (1959) has provided the most widely used model of individual identity development. Erikson's model attempted to pinpoint personal dilemmas that must be resolved at various stages of development. Resolution of these dilemmas affects an individual's capacity to make effective transitions at both a personal level and within the family. The model is summarised in modified form (see Newman & Newman, 2003) in Table 1.

Stage (years)	Dilemma (main process)	Virtue (positive self-description)	Pathology (negative self-description)
Infancy (0–2)	Trust vs mistrust (mutuality with caregiver)	Hope (I can attain my wishes)	Detachment (I will not trust others)
Early childhood (2–4)	Autonomy vs shame & doubt (limitation)	Will (I can control events)	Compulsion (I will repeat this act to undo the mess that I have made and I doubt that I can control events, and I am ashamed of this)
Middle childhood (4–6)	Initiative vs guilt (identification)	Purpose (I can plan and achieve goals)	Inhibition (I can't plan or achieve goals, so I don't act)
Late childhood (7–11)	Industry vs inferiority (education)	Competence (I can use skills to achieve goals)	Inertia (I have no skills, so I won't try)
Early adolescence (12–18)	Group identity vs alienation (peer pressure) *	Affiliation (I can be loyal to the group)	Isolation (I cannot be accepted into a group)
Adolescence (19–22)	Identity vs role confusion (role experimentation)	Fidelity (I can be true to my values)	Confusion (I don't know what my role is or what my values are)
Young adulthood (23–34)	Intimacy vs isolation (mutuality with peers)	Love (I can be intimate with another)	Exclusivity (I have no time for others, so I will shut them out)
Middle age (34–60)	Productivity vs stagnation (person–environment fit and creativity)	Care (I am committed to making the world a better place)	Rejectivity (I do not care about the future of others, only my own future)
Old age (60–75)	Integrity vs despair (introspection)	Wisdom (I am committed to life but I know I will die soon)	Despair (I am disgusted at my frailty and my failures)
Very old age (75–death)	Immortality vs extinction (social support) *	Confidence (I know that my life has meaning)	Diffidence (I can find no meaning in my life, so I doubt that I can act)

Note: \* Additions to Erikson's original model suggested by Newman & Newman (2003).

Source: Adapted from Erikson (1959) and Newman & Newman (2003)



## 3.2 The human experience of loss

The well-researched process of responding to unambiguous loss has been summarised by Carr (2006) (see Table 2). These reactions to bereavement and terminal illness—probably the most extreme forms of loss—have parallels in the reactions to many social readjustments. The processes are clearly evident, for example, in responses to separation and divorce (Power, 1996). Frequently, however, they have echoes in other standard transitions, such as retirement or a child leaving home. Even “happy events”, such as the birth of a child, can precipitate grief-like reactions linked to such issues as the loss of independence and loss of income.

Grief process	Bereavement		Terminal illness	
	Underlying theme	Adjustment problems	Underlying theme	Adjustment problems
Shock	I am stunned by the loss of this person.	Complete lack of affect and difficulty engaging emotionally with others; poor concentration	I am stunned by my prognosis and loss of health.	Complete lack of affect and difficulty engaging emotionally with others; poor concentration
Denial	The person is not dead.	Reporting seeing or hearing the deceased; carrying on conversations with the deceased	I am not terminally ill.	Non-compliance with medication regime
Yearning and searching	I must find the deceased.	Wandering or running away; phoning relatives	I will find a miracle cure.	Experimentation with alternative medicine
Sadness	I am sad, hopeless and lonely because I have lost someone on whom I depended.	Persistent low mood, tearfulness, low energy and lack of activity; appetite and sleep disruption; poor concentration and poor work	I am sad and hopeless because I know I will die.	Giving up the fight against illness; persistent low mood, tearfulness, low energy and lack of activity; appetite and sleep disruption; poor concentration and poor work
Anger	I am angry because the person I needed has abandoned me.	Aggression; conflict with family members and others; drug or alcohol abuse; poor concentration	I am angry because it's not fair. I should be allowed to live.	Non-compliance with medication regime; aggression; conflict with medical staff, family members and peers; drug or alcohol abuse; poor concentration
Anxiety	I am frightened that the deceased will punish me for causing their death or being angry with them. I am afraid that I too may die of an illness or fatal accident.	Separation anxiety; agoraphobia and panic; somatic complaints and hypochondriasis; poor concentration.	I am frightened that death will be painful or terrifying.	Separation anxiety and regressed behaviour; agoraphobia and panic
Guilt and bargaining	It is my fault that the person died so I should die.	Suicidal behaviour	I will be good if I am allowed to live.	Over-compliance with medication regime

Source: Carr (2006, p. 24)

As key researchers, such as Stroebe, Hansson, Stroebe, and Schut (2001), have continually pointed out, reactions to the experience of loss rarely follow the sequence outlined in Table 2.

Thus, for some, shock can quickly express itself as anger; for others, the shock can (at least for a time) be cushioned by denial. The relevance of this body of research to the life events literature is that human transitions are mediated by psychological processes of adjustment that are frequently linked to a sense of loss, and that these processes take time (Carr, 2006; Power, 1996; Stroebe et al., 2001). The grief process linked to bereavement, for example, may take years. But the grief associated with, say, a redundancy, may also take a considerable amount of time to resolve itself. This may be one reason why an accumulation of events, especially in a relatively short space of time, increases the chances that an individual or a family may be overwhelmed. It also reinforces the observation, noted in Chapter 5, that clients seeking assistance from government departments are frequently in quite a vulnerable state.

### 3.3 The normal tasks of family

Patterns of family formation, dissolution and re-formation outlined in Chapter 1 highlight an increased diversity in life courses, with the sequencing of events such as marriage and having children varying, and with the likelihood of either of these events taking place diminishing. This increased diversity has, in turn, contributed to an emphasis on family-related research that adopts a life course perspective. To quote Bures (2009):

Changes in social norms related to marriage, childbearing, educational attainment, and women's employment have reshaped families, making residential family membership much less continuous over the life course. The increasing complexity of family living arrangements makes a life course perspective essential for understanding families. (p. 579)

Bures (2009) suggested that because of changing social norms, family researchers have also increasingly needed to differentiate between life events in general and the timing of those events over the life course. She observed, for example, that marital status transitions have become more common throughout the adult life course and less concentrated at the beginning and end of adulthood. As noted in Chapter 1, changes in patterns of family formation and in family structures can have profound consequences, such as shortening the period “available” to have children.

Carr (2006) pointed to the paradox that although almost all family researchers and family theorists acknowledge the limitations of assuming a traditional model of family structure, “the most useful available models of the family lifecycle are based on the norm of the traditional nuclear family, with other family forms being conceptualised as deviations from this norm”. (p. 5).

Probably the best known articulation of the family lifecycle approach is that of Carter and McGoldrick (1999). Their model, summarised by Carr (2006), is reproduced in Tables 3 and 4 (on page 32).

A tension clearly exists between proposing a normative sequence of family lifecycle events and transitions, and acknowledging the increasingly wide range of family structures, the wide range of ways in which human lives are lived and the wide range of “explanatory styles” (see Seligman, 2006) that individuals adopt to make sense of what happens. There is an obvious need to adapt sequences such as the above to reflect the lifecycle experienced by groups of individuals whose arrangements are unconventional but who would nonetheless see themselves as “family”. The danger in placing too much emphasis on a widely recognised family lifecycle is that, as Walsh (2003a, 2003b) observed (see Chapter 1), the statistically aberrant can become confused with the pathological.

Stage	Tasks
1 Family of origin experiences	Maintaining relationships with parents, siblings and peers Completing school
2 Leaving home	Differentiation of self from family of origin and developing adult-to-adult relationship with parents Developing intimate peer relationships Beginning a career
3 Pre-marriage stage	Selecting partners Developing a relationship Deciding to marry
4 Childless couple stage	Developing a way to live together based on reality rather than mutual projection Realigning relationships with families of origin and peers to include spouses Adjusting marital system to make space for children
5 Family with young children	Adopting parenting roles Realigning relationships with families of origin to include parents and grandparenting roles Children developing peer relationships
6 Family with adolescents	Adjusting parent–child relationships to allow adolescents more autonomy Adjusting marital relationships to focus on midlife marital and career issues Taking on responsibility of caring for families of origin
7 Launching children	Resolving midlife issues Negotiating adult-to-adult relationships with children Adjusting to living as a couple again Adjusting to including in-laws and grandchildren within the family circle Dealing with disabilities and death in the family of origin
8 Later life	Coping with physiological decline Adjusting to the children taking a more central role in family maintenance Making room for the wisdom and experience of the elderly Dealing with loss of spouse and peers Preparation for death, life review and integration

Note: As noted in Chapter 1, roughly one-third of Australian marriages end in separation or divorce. For this group, another set of stages (see Table 4) will be interposed at some point in the progression above.

Source: Adapted from Carter and McGoldrick (1999)

Stage	Tasks
1 Decision to divorce	Accepting one's own part in marital failure
2 Planning separation	Cooperatively developing a plan for custody of the children, visitation and finances Dealing with the families of origin's response to the plan to separate
3 Separation	Mourning the loss of the intact family Adjusting to the change in parent–child and parent–parent relationships Avoiding letting marital arguments interfere with parent-to-parent cooperation Staying connected to the extended family Managing doubts about separation and becoming committed to divorce
4 Post-divorce period	Maintaining flexible arrangements about custody, access and finances without detouring conflict through the children Ensuring both parents retain strong relationships with the children Re-establishing peer relationships and a social network
5 Entering a new relationship	Completing emotional divorce from the previous relationship Developing commitment to a new marriage
6 Planning a new marriage	Planning for cooperative co-parental relationships with ex-spouses Planning to deal with children's loyalty conflicts involving natural and step-parents Adjusting to widening of extended family
7 Establishing a new family	Realigning relationships within the family to allow space for new members Sharing memories and histories to allow for integration of all new members

Source: Adapted from Carter and McGoldrick (1999)

# 4

## Life events experienced by families

### 4.1 The use of event scales

From a research and service delivery point of view, the life events concept may be particularly useful if the events themselves can be reduced to a finite number that can be recognised as being stressful for most individuals. It would also be helpful if these life events could be rated in some rational way with respect to their likely impact, although given the importance of personal attributes and the context in which life events occur in shaping the personal meanings attached to such events, the usefulness of any pre-determined scoring system remains controversial (see Chapter 2).

In Chapter 2, we provided a brief description of the development of scales that have attempted to measure the impact of life events, as well as a critique of the Social Readjustment Rating Scale (SRRS), the most common of them. Despite the limitations outlined above, this scale continues to speak to the broad range of life events experienced by a majority of individuals during their lives. It attempts to score events on a scale (from 1 to 100) of Life Change Units (LCUs). The original SRRS, with its LCU scores, is reproduced in Table 5 (on page 34).

There are a large range of scales available on the Internet to which individuals may respond for the purpose of assessing his or her “stress level” or total number of LCUs. While some are very minor modifications of the SRRS,<sup>27</sup> that which was developed by Hobson et al. (1998)—the Revised Social Readjustment Rating Scale (SRRS-R)—represents a substantial revision, entailing 51 items (Table 6 on page 35). Unlike the original scale, which was based on a convenience sample of 394 adults who estimated of the amount of social readjustment that would be required by each event listed,<sup>28</sup> the SRRS-R was administered to a nationally representative sample of 5,000 respondents in the US, who rated the amount of adjustment they thought that they would require in order to deal with each event. Hobson et al. concluded: “With only isolated exceptions, Americans tended to share similar views about major life events, regardless of gender, age, or income level” (p. 22).

### 4.2 Successful and unsuccessful navigation of life events

Two things immediately stand out from a list such as provided in Table 6. The first is that, consistent with what was noted in Chapter 3, the majority of events, but especially those that attract high LCU scores, involve the experience of loss. For some of the categories, such as

<sup>27</sup> For example, a scale may increase the value of the mortgages in items 20 and 37 or refer to a “large” and a “minor” mortgage respectively, and/or it might change the term “wife” in item 26 to “spouse” (e.g., see the MindTools website <[mindtools.com/pages/article/newTCS\\_82.htm](http://mindtools.com/pages/article/newTCS_82.htm)>).

<sup>28</sup> The instructions provided to respondents for the development of LCU scores acknowledged individual differences in responses to events. Respondents were asked to develop average ratings, based on their personal experience and learnings from others. Marriage was given the arbitrary value of 500 and respondents were asked to compare the other events with marriage, in terms of amount of readjustment required and duration of time required for readjustment.

death of a spouse or loved one, or divorce, or foreclosure on a mortgage, the nature of the loss is instantly recognisable. Other categories involve experiences that, while significant, may not be constructed in the first instance as a loss. Jail would be widely recognised, for example, as loss of liberty. But the consequences of a major illness or injury to a close family member might not be automatically seen in these terms.

<b>Life event</b>	<b>Value</b>
1 Death of spouse	100
2 Divorce	73
3 Marital separation	65
4 Jail term	63
5 Death of close family member	63
6 Personal injury or illness	53
7 Marriage	50
8 Fired at work	47
9 Marital reconciliation	45
10 Retirement	45
11 Change in health of family member	44
12 Pregnancy	40
13 Sex difficulties	39
14 Gain of new family member	39
15 Business readjustment	39
16 Change in financial state	38
17 Death of close friend	37
18 Change to a different line of work	36
19 Change in number of arguments with spouse	35
20 Mortgage over \$10,000	31
21 Foreclosure of mortgage or loan	30
22 Change in responsibilities at work	29
23 Son or daughter leaving home	29
24 Trouble with in-laws	29
25 Outstanding personal achievement	28
26 Wife begins or stops work	26
27 Begin or end school	26
28 Change in living conditions	25
29 Revision of personal habits	24
30 Trouble with boss	23
31 Change in work hours or conditions	20
32 Change in residence	20
33 Change in schools	20
34 Change in recreation	19
35 Change in church activities	19
36 Change in social activities	18
37 Mortgage or loan of less than \$10,000	17
38 Change in sleeping habits	16
39 Change in number of family get-togethers	15
40 Change in eating habits	15
41 Vacation	13
42 Christmas	12
43 Minor violations in the law	11

Source: Holmes & Rahe (1967)

<b>Life event</b>	<b>LCU value</b>	
1	Death of spouse/mate	87
2	Death of close family member	79
3	Major injury/illness to self	78
4	Detention in jail or other institution	76
5	Major injury/illness to close family member	72
6	Foreclosure on loan/mortgage	71
7	Divorce	71
8	Being a victim of crime	70
9	Being a victim of police brutality	69
10	Infidelity	69
11	Experiencing domestic violence/sexual abuse	69
12	Separation from or reconciliation with spouse/mate	66
13	Being fired/laid-off/unemployed	64
14	Experiencing financial problems/difficulties	62
15	Death of a close friend	61
16	Surviving a disaster	59
17	Becoming a single parent	59
18	Assuming responsibility for sick or elderly loved one	56
19	Loss of or major reduction in health insurance/benefits	56
20	Self/close family member being arrested for violating the law	56
21	Major disagreement over child support/custody/visitation	53
22	Experiencing/involved in auto accident	53
23	Being disciplined at work/demoted	53
24	Dealing with unwanted pregnancy	51
25	Adult child moving in with parent/parent moving in with adult child	50
26	Child develops behaviour or learning problem	49
27	Experiencing employment discrimination/sexual harassment	48
28	Attempting to modify addictive behaviour of self	47
29	Discovering/attempting to modify addictive behaviour of close family member	46
30	Employer reorganization/downsizing	45
31	Dealing with infertility/miscarriage	44
32	Getting married/remarried	43
33	Changing employers/careers	43
34	Failure to obtain/qualify for a mortgage	42
35	Pregnancy of self/spouse/mate	41
36	Experiencing discrimination/harassment outside the workplace	39
37	Release from jail	39
38	Spouse/mate begins/ceases work outside the home	38
39	Major disagreement with boss/co-worker	37
40	Change in residence	35
41	Finding appropriate child care/day care	34
42	Experiencing a large unexpected monetary gain	33
43	Changing positions (transfer, promotion)	33
44	Gaining a new family member	33
45	Changing work responsibilities	32
46	Child leaving home	30
47	Obtaining a home mortgage	30
48	Obtaining a major home loan other than home mortgage	30
49	Retirement	28
50	Beginning/ceasing formal education	26
51	Receiving a ticket for violating the law	22

Source: Hobson et al. (1998)

The other thing that is clear from this list is that although most event categories have a largely negative aspect to them, some (such as reconciliation or changing residency) are far less likely to be in this category. Events in both these categories, however, represent significant changes in the life of an individual and the life of a family. They are therefore likely to be associated with varying periods of vulnerability. In terms of a “crisis matrix” therefore (Jacobson, 1983), they can be seen in varying degrees as moments of “dangerous opportunity”. What then, are the factors that distinguish between successful and unsuccessful navigation of these events?

In broad terms, the factors can be divided into the availability or non-availability of both external resources (such as income and adequate services) and internal resources (such as robust and committed family relationships and a realistically optimistic outlook). Of course, these factors interact. For example, those with a realistically optimistic outlook are likely to seek appropriate support and services in anticipation of an event (such as the birth of a baby) or in response to an unanticipated event (such as being involved in a car accident). In contrast, those stressed by financial issues or by interpersonal conflict may be less likely to plan adequately for the arrival of a baby and more likely to be disorganised in response to a major unexpected event such as a car accident.

The factors that maximise the chances that a family will successfully navigate adverse events are essentially those that return us to the notion of family resilience. The following discussion focuses first on research by Karney, Bradbury and colleagues concerning factors that help shape the capacity of couples to handle difficult circumstances, and then on literature concerning key processes in resilient families in general.

Karney and Bradbury (1995) conducted a review of 115 longitudinal studies (representing over 45,000 marriages) that examined how the quality and stability of marriages changed. Their “vulnerability–stress–adaptation” model of marriage model can be summarised as follows:

- Adaptive processes may contribute to subsequent life events, generating a vicious cycle whereby: “(a) stressful events challenge a couple’s capacity to adapt, (b) which contributes to the perpetuation or worsening of those events, (c) which in turn further challenge and perhaps overwhelm their capacity to adapt” (p. 24).
- Adaptive processes help shape marital quality. For instance, the way in which each partner appraises the interaction can contribute to other ways they behave towards each other and to their satisfaction with the marital relationship. These authors used this notion to help explain reasons for some couples feeling fulfilled by their marriage despite experiencing highly stressful events; for example, they noted that “spouses (may) appraise negative interactions as a way to clear the air, or they make benign attributions for the behaviour” (p. 24).
- Judgements of marital quality in turn contribute to adaptive processes; that is, such judgements strengthen or diminish the capacity of the couple to: (a) engage in effective ways of handling their marital difficulties; (b) offer each other emotional support; and (c) adapt to stressful events.
- Marital quality influences marital stability.

Karney and Bradbury’s (1995) initial “take home message” was that personal vulnerabilities help shape stressful events:

The model suggests that couples with effective adaptive processes who encounter relatively few stressful events and have few enduring vulnerabilities will experience a satisfying marriage, whereas couples with ineffective adaptive processes who must cope with many stressful events and have many enduring vulnerabilities will experience declining marital quality, separation, or divorce. Couples at other points along these three dimensions are expected to fall between these two extreme outcomes. (p. 25)

In later work, Karney, Bradbury and their colleagues outlined research highlighting the positive influence of personal strengths on marital quality, and explored some of the more intricate factors affecting aspects of relationship quality (e.g., Bodenmann, Ledermann, & Bradbury, 2007; Bradbury & Karney, 2004; Lederman, Bodenmann, Rudaz, & Bradbury, 2010; Neff & Karney, 2007; Trombello, Schoebi, & Bradbury, 2011). Stressful events have been an important feature of some of these small-scale, intensive studies of relationship quality trajectories. This

research also paid more attention to the influence of issues such as financial difficulties and other external stressful events on marital quality.

Such research highlights the importance of the interaction between life events and the characteristics of each partner in shaping what we may call “couple relationship resilience”. The picture becomes even more complicated if we extend the focus to include the entire family unit, which in many cases would include children. The work of Karney, Bradbury and colleagues reminds us that the pressures that all family members are experiencing from outside the family, and their personal strengths and vulnerabilities in handling family-related and external pressures, would interact to affect family dynamics and, ultimately, family resilience or vulnerability. While much is now known about common characteristics of vulnerable families, (e.g., see Section 2.5 and later in this chapter), far less research has been undertaken into the characteristics of “strong families”, yet both sets of research represent important resources for the development or adjustment of policy and practice directed towards supporting families.

Walsh (2003c) divided the key processes in family resilience into three basic categories—belief systems shared by family members, organisational patterns, and communication/problem-solving capacities (see Box 2 on page 38).

The Family Strengths Research Project, conducted by Silberberg and her colleagues at the Family Action Centre of the University of Newcastle, was designed to identify key attributes of strong, resilient families in Australia—as reported by respondents who believed their family to be “strong”—and the language such respondents use to describe these strengths. Respondents were asked to complete an Australian Inventory of Family Strengths and/or a Family Strengths Survey or to participate in an interview. The inventory consisted of 85 strength statements and the survey consisted of 14 open-ended questions inviting the respondents to write stories and express their views on a range of issues relating to family strengths. Silberberg (2001) summarised the findings of this research as follows:

Strong families are able to adapt to changing circumstances and have a positive attitude towards the challenges of family life. They deal with these challenges by means of communication—talking things through with each other; supporting each other in times of need and/or seeking outside support when it is beyond the family’s capability to deal with the situation; and togetherness—pulling together to form a united front and to find solutions. (p. 55)

In addition, Silberberg (2001) noted that some family strengths research is based on a dichotomy between strong/functional and troubled/dysfunctional families. She suggested, however, that:

An inherent quality of all dichotomies is that this either/or proposition blinds us from possible shades of grey. We run the risk of imposing cultural assumptions on family life, and overlooking the existing skills within the family. Rather than teaching families a set of strength practices, our task is to facilitate families in the process of identifying their own strengths. This process empowers families to regain faith in their own capabilities to rebuild resilience. (p. 55)

Silberberg (2001) and her colleagues agreed with Walsh (1998) that families can be nurtured and mobilised by using approaches ranging from family therapy to social policy. They noted that being a family is a constantly evolving process that requires ongoing action and maintenance. In their view, families can lose sight of their strengths in unstable times and become immersed in their problems. When they seek assistance:

[families’] problem-saturated stories are often thickened by the conventional models of deficits and pathology. Professionals who work from a strengths perspective ... focus on what is working in the family rather than what is not. This is not to say that these professionals minimise the family’s issues, it is to say that they avoid pathologising or labeling the family into categories of deficit, disorder or illness. The focus is on the qualities that a family may already possess that can be drawn on to help them manage the problem. (p. 55)

The findings of the study were incorporated into a framework, named the Australian Family Strengths Template, one aim of which was to assist in developing community resources.



## Box 2 Key processes in family resilience

### Belief systems

1. Make meaning of adversity
  - View resilience as relationally based vs "rugged individual."
  - Normalize, contextualize adversity and distress.
  - Sense of coherence: crisis as meaningful, comprehensible, manageable challenge.
  - Causal/explanatory attributions: How could this happen? What can be done?
2. Positive outlook
  - Hope, optimistic bias; confidence in overcoming odds.
  - Courage and *en-courage*-ment; affirm strengths and focus on potential.
  - Active initiative and perseverance (can-do spirit).
  - Master the possible; accept what can't be changed.
3. Transcendence and spirituality
  - Larger values, purpose.
  - Spirituality: faith, congregational support, healing rituals.
  - Inspiration: envision new possibilities; creative expression; social action.
  - Transformation: learning, change, and growth from adversity.

### Organisational patterns

4. Flexibility
  - Open to change: rebound, reorganize, adapt to fit new challenges.
  - Stability through disruption: continuity, dependability, follow-through.
  - Strong authoritative leadership: nurturance, protection, guidance.
  - Varied family forms: cooperative parents/caregiving teams.
  - Couple/co-parent relationship: equal partners.
5. Connectedness
  - Mutual support, collaboration, and commitment.
  - Respect individual needs, differences, and boundaries.
  - Seek reconnection, reconciliation of wounded relationships.
6. Social and economic resources
  - Mobilize kin, social and community networks; seek models and mentors.
  - Build financial security; balance work/family strains.

### Communication/problem solving

7. Clarity
  - Clear, consistent messages (words and actions).
  - Clarify ambiguous information; truth seeking/truth speaking.
8. Open emotional expression
  - Share range of feelings (joy and pain; hopes and fears).
  - Mutual empathy; tolerance for differences.
  - Take responsibility for own feelings, behaviour; avoid blaming.
  - Pleasurable interactions; humor.
9. Collaborative problem solving
  - Creative brainstorming; resourcefulness.
  - Shared decision making; conflict resolution: negotiation, fairness, reciprocity.
  - Focus on goals; take concrete steps; build on success; learn from failure.
  - Proactive stance: prevent problems; avert crises; prepare for future challenges.

Source: Walsh (2003c, p. 406)

The Australian Family Strengths Template is founded on eight qualities, identified in the research as communication, togetherness, sharing activities, affection, support, acceptance, commitment and resilience (Silberberg, 2001):

- *Communication* is a strength when the family interacts with each other frequently, and predominately in an open, positive, honest (and sometimes humorous) manner.
- *Togetherness* is the “invisible glue” that bonds the family and gives members a sense of belonging.
- *Sharing activities* is when strong families like to share time and activities with each other.
- *Affection* is a strength, when family members show love, care, concern and interest for each other on a regular basis through words, hugs, kisses and thoughtfulness. Expressions of affection are often ritualised in strong families.
- *Support* is assisting, encouraging, reassuring each other and looking out for each other. Members of strong families feel equally comfortable to offer or ask for support.
- *Acceptance* means showing respect, appreciation and understanding for each other’s individuality and uniqueness.
- *Commitment* is showing dedication and loyalty toward the family as a whole. Strong families often view the wellbeing of the family as a first priority and express commitment in a variety of ways.
- *Resilience* is when the above attributes are encompassed within the concept of family resilience, defined by Walsh (1996) as “the ability to withstand and rebound from crisis and adversity” (p. 261).

On the reverse side, the areas that sap the strength of families and contribute to difficulties in negotiating life events, continue to be those identified in the AIFS Evaluation of the 2006 Family Law Reforms: family violence, child abuse, mental health problems and substance misuse (see Kaspiew et al., 2009). These issues are strongly associated with the problematic end of the separation and divorce spectrum, but as noted by Rodgers, Gray, Davidson, and Butterworth (2011), their negative effects are by no means confined to the separated and divorce cohort. These and other attributes of vulnerable families (e.g., low income, limited English skills, Indigenous status, members with a disability or chronic physical illness) tend to marginalise families and generate a host of very difficult life events.

Each of the next two sections focuses more intensively on a different single life event—the transition to parenthood and a child’s transition from home to school respectively. These events affect the vast majority of families, although a child starting school tends not to feature in life events scales. While becoming a parent is not listed in either of the life events scales outlined above, the assumption is that the term “pregnancy” contains this idea. As will be seen, once events such as these are teased out, a considerable number of issues arise that are capable of enhancing or challenging the ways in which a family copes.

### 4.3 A case example: The transition to parenthood

The transition to parenthood is one of the most significant life events that individuals and couples experience in their life course. Typically, the newborn brings joy and fulfillment that strengthen the couple’s relationship. At the same time, however, the caring requirements and intensive responsibilities can generate stress and pressures for the couple and family relationship dynamics. Research reviewed by Cowan and Cowan (2003) concluded that key changes for men and women around the birth of their first child occur in relation to: their sense of self; their relationships with their families of origin; the child, given his or her temperament and the structural change that occurs in the new family unit (from two to three members); levels of stress and social support; and the relationship between the couple themselves.

Importantly, the transition to parenthood has undergone significant changes since the mid-20th century in terms of the timing and pathways of the transitions. Understanding the nature of these changes has implications for how the transition to parenthood is perceived. These perceptions in turn affect the accuracy and quality of the information and services provided by government bodies and other agencies. This section discusses findings related to the timing

and pathways involved in the transition to parenthood, challenges that new parents face, and factors that affect adjustments to parenthood. Implications for services arising from these data are noted in Chapter 5.

### 4.3.1 Timing of the transition to parenthood

The age at which people start having a family has increased over the past 50 years. While in the 1950s and 1960s women typically became mothers when they were 20–24 years old, the most common age for women today to have their first child is in their late 20s. In fact, four in ten new mothers in 2008 were aged 30 years and older, with women being more likely to make the transition to motherhood in their early 30s than in their early 20s (Laws et al., 2010).

The timing of the transition to parenthood has implications for the wellbeing of both parents and children. Using Wave 1 data relating to the infant cohort in LSAC (born between March 2003 and February 2004), Qu and colleagues (Qu, Soriano, & Weston, 2006; Weston, Soriano, & Qu, 2006) examined some of the age-related challenges faced by new mothers. The authors found that, consistent with prior research findings, teenage mothers and mothers in their early 20s had a lower socio-economic status compared with new mothers who were in their late 20s and early 30s. The authors also found that the two youngest groups of mothers were more likely than the oldest groups to be lone mothers and have unhealthy lifestyles (e.g., having an inadequate intake of vegetables and fruits, smoking, having risky levels of alcohol consumption). While women who made the early transition to motherhood were as confident about their parenting role and as warm to their child as the other women, the former group appeared to be more likely to adopt harsh parenting.

### 4.3.2 Pathways to parenthood

Enabled by medical advances in contraception, having a child is now more likely to be a conscious decision for many individuals and young couples than it was in the past. The AIFS Fertility Decision Making Project,<sup>29</sup> which involved interviews in 2004 with over 3,000 Australians aged 20–39 years, suggested that key factors affecting the decisions made by men and women of this age about becoming parents or having more children included their ability to be good parents, financial capacity and security, and the stability of their relationship (Weston, Qu, Parker, & Alexander, 2004). Age-related concerns also featured strongly for women in their late 30s, while finding a suitable partner was important for those who were single. Nevertheless, unplanned births or unplanned timing of births are still common (see Sassler, Miller, & Favinger, 2009),<sup>30</sup> and this affects the adjustment of new parents to their parenting role. For example, new fathers and mothers with unplanned births appear to be more likely to experience depressive symptoms than those parents whose births were planned (Houts, Barnett-Walker, Paley, & Cox, 2008).

The pathways to parenthood and the context in which children are born, have also undergone other marked changes. As noted in Chapter 1, the proportion of babies born outside of marriage has increased dramatically, from 12% in 1979 to 35% in 2009, and it appears that the majority of these babies are born to cohabiting parents.

Based on data from the 4–5 year old cohort of LSAC, Qu and Weston (2008) suggested that cohabiting families with children have different socio-demographic characteristics to married families with children. The authors found that, compared with married mothers, cohabiting mothers tended to be younger, less well educated and were less likely to be in paid work. They also tended to have lower family incomes and to report lower quality relationships with their current partners. Consequently, children living with cohabiting parents fared less well in terms of socio-emotional development than those living with married parents. The authors also found that children with cohabiting parents were more likely to experience parental separation across

<sup>29</sup> This study was undertaken in collaboration with the Australian Government Office for Women & FaHCSIA.

<sup>30</sup> Parents in the AIFS Fertility Decision Making Project were asked a series of questions regarding each of their children, including whether the pregnancy had been planned. Their answers suggested that 57% of all the children represented in the study had been “definitely planned”, 13% had been “vaguely planned”, and 30% had been “unplanned” (unpublished results derived for the present document).

the two-year period examined than those with married parents. These findings are consistent with overseas studies (e.g., Artis, 2007; Brown, 2004), which suggest that children living with cohabiting parents tend to do less well and have access to more limited economic resources than children with married parents.<sup>31</sup>

### 4.3.3 Impact of parenthood on personal wellbeing and couple relationships

A great deal of evidence suggests that children are generally a stabilising factor in marriage (see Bradbury, Fincham, & Beach, 2000; Wagner & Weib, 2006). At the same time, many adjustments are required after the arrival of a child, especially in the first few months (see Glade, Bean, & Vira, 2005). Claxton and Perry-Jenkins (2008), for example, found that couples experienced a decline in both shared and independent leisure after the birth of their child. Although the situation started to reverse after mothers returned to work, they could not return to the level of shared and independent leisure time before having the child. Houts et al. (2008) found that the views of fathers and mothers about their marriage became more negative over the four years following the birth of their first child. Kluwer and Johnson (2007) also found that both female and male partners reported a decline in the quality of their relationship and an increased frequency of conflicts in the four years after the birth of their first child. In a longitudinal study of African and White American couples, Crohan (1996) reported similar results.

Relationships between partners and personal wellbeing are, of course, inextricably linked (e.g., see Proulx, Helms, & Buehler, 2007). Not surprisingly, there is considerable evidence suggesting that women have an increased risk of anxiety and depression before and after giving birth to a child, with postnatal depression receiving increasing attention (see Bilszta, Gu, Meyer, & Buist, 2008; Bradbury et al., 2000; Glade et al., 2005). Estimates of the prevalence of pre- and natal depression vary according to measures and threshold scores used. Bilszta et al., using the Edinburgh Postnatal Depression Scale (EPDS), observed a higher rate of prenatal depression in their sample of women from urban areas of Victoria than women from rural areas (9% vs 3%), but no significant differences between these two groups in the prevalence of postnatal depression (7–9%). In a study by Yelland, Sutherland, and Brown (2010), of women who gave birth during September–October 2007 in Victoria and South Australia, 13% reported symptoms of anxiety six months after giving birth, while 17% reported symptoms of depression (based on the Depression Anxiety Stress Scales [DASS-21]). In addition, nearly half had experienced stressful life events or health issues during that period.

Parental mental health has been found to affect parenting behaviours, parenting quality and support and cooperation between parents (see Pinquart & Teubert, 2010). Furthermore, psychological distress can reduce the level of parents' sensitivity to their children's needs and has been found to be associated with harsh and inconsistent parenting practices (e.g., Baxter & Smart, 2010).

Research on the transition to parenthood tends to pay greater attention to the experiences of women than men, probably because women continue to shoulder the bulk of caring responsibilities (e.g., Craig, Mullan, & Blaxland, 2010). But what does the transition to parenthood mean to men? The transition to fatherhood traditionally means increased financial responsibility to provide for the family. Despite the increasing numbers of women in paid work, mothers tend to work part-time, especially when their children are young (Gray, Qu, de Vaus, & Millward, 2003). In addition, the wage rates for women continue to fall behind those of men at an aggregate level (ABS, 2000a). Smyth, Baxter, Fletcher, and Moloney (in press) have observed that the role of fathers in Australia has largely remained that of the primary economic provider, and the traditional gender division of labour continues to prevail. However, the authors maintain that change is occurring, with many fathers spending time with their

<sup>31</sup> In a small qualitative study (involving 30 working class cohabiting couples) in the US, Sassler et al. (2009) found that the arrival of newborns was often the result of inadequate use or failure of contraception, and that parenthood had “disruptive” effects on couples' lives. Some couples were still dating or had not been in a relationship for long, and began living together because of the birth of the child. Some were students and had to put their study on hold, while some others were not financially in a position to raise a family. Common concerns included whether they were ready for a child, if they ever wanted to be parents, and the future of their relationship.

children in play and social activities—despite often doing so in the presence of mothers—and argue that fathers will continue to increase their involvement in their children’s daily lives.

### 4.3.4 Factors affecting adjustments to the transition to parenthood

Consistent with Bronfenbrenner’s (1979) model, research broadly suggests that the extent to which new parents can adapt well to their parenting role is affected by a range of individual and family characteristics, as well as support from extended families, friends, communities and the broader social system.

Zachariah (1996) reported that greater husband–wife attachment and higher levels of social support had positive effects on women’s psychological wellbeing during pregnancy, while stressful life events had the opposite effect. Similarly, Yelland et al. (2010) found that postpartum anxiety and symptoms of depression are linked with stressful life events during the pregnancy. It is worth noting, however, that the same life events can have different meanings to individuals in different circumstances. Thus, in the study by Zachariah, women reported quite different views about various life events they experienced, such as making a major financial purchase or major decision, getting married and changing living conditions. These findings are consistent with the outcome of recent research by Plagnol and Scott (2011), who studied perceptions of what matters for “quality of life” (QoL) in a large-scale longitudinal study conducted in Britain. The authors suggested that changes in perception of QoL are related to important life events, such as the birth of a child or retirement. “These life events constitute ‘turning points’ after which individuals often shift their priorities on what matters for their QoL” (p. 115).

Couple characteristics have also been found to affect new parents’ adjustments to parenthood. The US study by Houts et al. (2008) indicated that marital problem-solving patterns among couples affected parents’ psychological adjustments after the birth of their child. Husbands and wives with consistent destructive problem-solving styles, over five years reported more depressive symptoms at each of four interviews after the birth of their child; compared with those who used consistent constructive problem-solving styles and those whose styles shifted between constructive and destructive. The wives of the first group also became less positive than those in the other two groups.

In addition, Houts et al. (2008) found that while couples’ problem-solving styles were relatively stable, the destructive style was notably prevalent in the first few months after the birth of their child. This is likely to reflect the fact that some parents had unrealistic expectations about parenthood and, as a result, “tempers may flare and couples become less ‘cautious’ about how they deal with these difficulties, leading to an increase in the relative frequency of Destructive conflict tactics at the 3-month assessment” (p. 118). The authors argued that this could have flow-on effects with respect to parenting. There is also evidence that couples’ communication styles and emotional support between the partners are linked with mothers’ sensitivity to their children’s needs (Glade et al., 2005).

The availability of a social support network has been found to be beneficial to the adjustment to parenthood. Prior research (Cutrona & Troutman, 1986; Haslam, Pakenham, & Smith, 2006) found that social supports increased new parents’ self-efficacy, enabling them to respond their newborn’s needs and improved maternal psychological wellbeing and couple relationships. Other factors affecting parental adjustment include infant characteristics and family-of-origin experiences (see Glade et al., 2005). A Canadian study by Bouchard and Doucet (2011) reported that women from divorced families had more conflict and less support from their fathers and that women’s relationships with their mothers affected their adjustment during their first pregnancy.

While this section focuses on the transition to parenthood and difficulties that people may encounter, it should also be kept in mind that parents who have more than one child also face similar challenges. For example, Gray et al. (2003) found that parents with more than one young child were less likely to be in paid work compared with those with just one.

### 4.3.5 Some implications for services

Glade et al. (2005) argued that the transition to parenthood has been neglected in terms of intervention and early prevention programs, and recommended that childbirth education class should include a relational information or intervention component. They also suggested that such programs be in a group format, whereby both men and women can draw support and learn from the experiences of other group members.

Glade et al. (2005) maintained that emotional and practical support from members of the extended family also plays an important role in helping new parents to adjust to their parenting roles. In addition, they stressed the need to examine couples' current and postnatal expectations regarding household work, child care, parenting style, paid work, and involvement of friends and family, as well as their conflict management style (especially the husband's), intimacy and emotional regulation:

Individual characteristics of each partner should be addressed in regards to such issues as temperament, expectations, gender ideology, and personal identity. No class or program will change a person's "temperament," but it will allow couples to address how individual characteristics may affect their parenting and couple relationships. (pp. 330–331)

In this regard, Pinqart and Teubert (2010) conducted a meta-analysis of 21 interventions to examine the effect of couple interventions during the transition to parenthood. The analysis showed that couple-focused interventions had small but significant effects on couple communication, couple adjustments and parenting. Interventions during both prenatal and postnatal periods had "stronger effects on couple communication than interventions that were only delivered during or after pregnancy" (p. 227). The quality of service workers and number of sessions were also important factors in effective service delivery. The service sessions delivered by professions had a significant effect on couple adjustments and communication compared with the services from non-professionals. In addition, interventions with more than five sessions had stronger effects than those with fewer sessions. The meta-analysis suggested that quick and short intervention programs are less likely to achieve goals related to helping couple's transition to parenthood.

The study by Sassler et al. (2009) highlighted the importance of contraception education in preventing unprepared, early transition to parenthood, which has long-term ramifications for young adults and their children. Glade et al. (2005) also noted that some men did not interact effectively with their infants. They suggested that working to improve these men's parenting skills would have beneficial effects for both the couple and the children.

### 4.3.6 Possible future research

Two longitudinal datasets are important sources for conducting further research in this area—the HILDA survey and LSAC—analyses of which have already been cited. Both surveys are national and funded by FaHCSIA. The HILDA survey began in 2001, involving about 7,600 households, and interviewing nearly 14,000 individuals aged 15 years and older. The household members are followed up annually. So far, eleven waves of data collection have been completed, with nine waves of data having been released. LSAC focuses on two nationally representative samples of children, with around 5,000 in each age cohort: those born between March 2003 and February 2004 (infants) and those born between March 1999 and February 2000 (children aged 4–5 years). These children are followed up every two years and, so far, four waves of data have been collected, with four waves having been released.

Issues that could be examined using LSAC data include:

- age of transition to motherhood and its implications for child development—characteristics of mothers who made an early transition to motherhood and stayed on positive trajectories (Booth, Rustenbach, & McHale, 2008) could be further examined; and
- social support, use of services and their impacts on how families cope with the transitions in the longer term (e.g., parental wellbeing and child wellbeing, changes in family structure).

Issues that could be examined using HILDA data include:

- individual and couple characteristics and their effect on the adjustment to parenthood; and
- the quality of couple relationships and social support, and their effects on the adjustment to parenthood.

## 4.4 A case example: Children’s transition from home to school

Apart from the very small minority of parents who “home-school”, the vast majority send their children to the care of a school. It is an obligatory rite of passage in many societies. Educational transitions—including the transition to school—are important life events (Ecclestone, 2009).

The transition to school is a key milestone in the process that defines children’s identity and influences their sense of agency as they navigate pathways, structures and systems (Ecclestone, Biesta, & Hughes, 2010; Griebel & Niesel, 2002). As Entwisle and Alexander (1999) noted, a child’s entry to elementary school is marked by changes to his or her self-concept. Children need to learn to operate away from the familiarity of their home during the day and develop many new relationships with their many peers, older children and adults at school.

School is a world on a scale that is larger than previously encountered by most children. The rules, practices and culture for many, if not most, can be frankly impenetrable during the initial months, if not years. As the German saying goes, *Aller Anfang ist schwer*, which can be variously translated as “every beginning is difficult” or “the first step is the hardest”. Of course, as for any journey, the ease or difficulty of that first step, and those that follow, comes down to the effectiveness of planning and preparation, although child- and family-related factors also play key roles. Children vary greatly in their preparedness to take this crucial step to the world of school. Factors in their background, such as their parents’ education and experience of school, along with the skills and capabilities each child brings, can make a huge difference. It is all too easy to overlook or underestimate the extent of children’s developmental differences on starting school. Individual differences are the norm. They may be obvious or subtle; evident or emergent; malleable or annoyingly immutable.

### 4.4.1 The transition to school: Stress and coping

The transition to school is a potentially stressful life event for children and their families, and the stress can start well before the event. Levels of the stress hormone, cortisol, tend to be high six months before children start school and are linked to their anticipation of the event. After six months at school, these levels are likely to fall, leading to the conclusion that children have adjusted (Turner-Cobb, Rixon & Jessup, 2008).

On making the transition, children typically experience stress related to the evaluation of their behaviour and scholastic performance as well as other factors, including those related to socio-economic background and ethnicity. When coupled with other stressful life events—particularly those relating to poverty, social alienation and isolation—the transition to school can be particularly daunting for many children (Melton, Limber & Teague, 1999).

Parents of kindergarteners are relatively young adults whose work experience and incomes are more limited than parents with older children. Moreover, many are relatively new to parenting compared to parents with somewhat older children, and are learning new roles as parents within the school system. As such, the successful transition into parenthood represents an important milestone in the behavioural development of adults (Cowan, Cowan, Heming, & Miller, 1991), which is followed by a series of adjustments related to the developmental milestones experienced by their children. Even when children have had experiences in other early childhood settings, school entry can be a stressful normative change involving adjustments by the entire family, including altered schedules and changing expectations of parenting (McClelland, 1995; Wildenger, McIntyre, Fiese & Eckert, 2008).

The transition to school, then, marks a major change for children and their families. Many children start school with relative ease—most likely just experiencing some anxiety tinged

with anticipation. With appropriate information and support, many children find the start of school a time of excitement (Dockett & Perry, 2005; Peters 2003). Other children find this to be a challenging time as they change their roles and identity, and seek to understand new people, environments and expectations within the school culture (Deyell-Gingold, 2006; Dockett & Perry, 2007; Griebel & Niesel, 2002). Estimates of the numbers of children who find the transition to school challenging vary. However, it is noticeable that teacher ratings of children experiencing such challenges are highest in communities characterised by high levels of poverty and minority populations (Centre for Community Child Health & Telethon Institute for Child Health Research, 2011; Hair, Halle, Terry-Humen, Lavelle & Calkins, 2006; Rimm-Kaufman, Pianta & Cox, 2000).

Most children, however, manage the transition to school effectively. While they may feel initial anxiety, they seem to adjust to the new environment and, over time, feel comfortable about being at school.

There is consistent evidence that making a positive start at school is important for later social and educational outcomes (Alexander & Entwisle, 1998; Duncan et al., 2007; Ramey & Campbell, 1991; Reynolds & Bezruczko, 1993). The relationship between children's responses to school and subsequent social, academic and psychobiological functioning are also well documented (Davis, Donzella, Krueger, & Gunnar, 1999; Ladd & Burgess, 2001; Wildenger et al., 2008).

#### 4.4.2 Social address, child and family characteristics and the transition to school

The importance of the transition to school is highlighted by findings that revealed that differences in children's performance and school adjustment are apparent upon their entry to school, and these differences enlarge during the next several years (Entwisle & Alexander, 1999). As the analyses of data from LSAC show, children vary greatly in their preparation to make the transition to school (Smart et al., 2008). The gaps in development that open up across the first four or five years of life, as a function of social address, are well entrenched by the time children enter school. Socio-economic status makes an unfortunate difference that we should be further advanced in overcoming. Irrespective of their source, the extent of developmental age differences in an average class can be counted in years, rather than mere months. And developmental age makes a real difference to the acquisition of new concepts and the capacity to keep up with a curriculum that all too often proceeds by calendar time. When this occurs, expectations can be out of kilter with the pace that is appropriate for individual learners. While not the whole story, respecting individual differences lies at the heart of a successful transition to school.

#### 4.4.3 Impact of a negative start at school

A poor, as opposed to a good, start carries considerable scope for significant, adverse effects across life (Alexander & Entwisle, 1988; Ladd & Price, 1987; Malaspina & Rimm-Kaufmann, 2008; Margetts, 2009). The effects can occur in a range of areas of development, including language, learning and cognition; behaviour, social skills and participation; and physical and mental health. In the best and worst cases, it is "all of the above"! Children who experience academic and social difficulties in their start at school are at risk of experiencing a continuation of problems throughout their school careers, and often into adulthood (Birch & Ladd, 1997; Blair, 2001). It is notable that children described as experiencing academic and social difficulties at the time of school entry are overwhelmingly those from minority backgrounds and/or living within the context of socio-economic disadvantage (Boethel, 2004; Brooks-Gunn, Rouse, & McLanahan, 2007; Comber & Hill, 2000; Smart et al., 2008). It is also the case that a wide disparity in achievement is evident even before children start school and that this achievement gap is often linked to socio-economic and/or cultural status (Lee & Burkam, 2002; Zubrik et al., 2006).

#### 4.4.4 Support for the transition to school

While individual characteristics and family background make a difference, a range of community factors can also smooth the path or make for a rocky road in the transition to school. It is not just a matter of children's readiness for school, but rather the readiness of schools and their



educators to embrace and celebrate the diversity of the children they enrol. It is also a matter of the quality of the relationship between parents and teachers (Hamre & Pianta, 2001; Silver, Measelle, Armstrong, & Essex, 2005). Successful transition practices adopted by schools lead to enhanced transition-to-school experiences, both for children and families (Fabian & Dunlop, 2006).

A recently released position statement from the Educational Transitions and Change (ETC) Research Group (2011) on the transition to school represents a very important landmark on the path to ensuring that children are supported to make successful transitions to school. It distils the experience and insight of some of the leading researchers in the field, from Australia and abroad, and is a mix of aspiration, research, practice and policy expertise.

Smoothing the way for children from diverse backgrounds to enter and succeed in the mysterious world of the school requires a team effort. It involves effective partnerships between families, educators, other professionals and the community, as the position statement underscores (ETC Research Group, 2011). When partnerships work successfully, children can be supported to make a secure transition in an environment that respects the richness of their individuality. Each child brings diverse capabilities, and their cultural heritage, family background, personality and preferences. Success lies in making children feel a sense of belonging, being valued and being respected in their own right, thereby laying the groundwork for effective developmental progress. Understanding and aligning the expectations of children, their parents and their educators are key contributors to successful transitions.

Respecting what children and their parents bring to the endeavour is another of the keys to success outlined in the ETC Research Group's (2011) position statement. As the position statement eloquently argues, the active involvement of parents and children in the transition process is fundamental to making a successful transition. In turn, successful transition is a key element in providing a high-quality education. Education is one of our most powerful engines of opportunity. High-quality educational opportunities lay the foundations for success, satisfaction and social mobility, throughout school and in the world beyond. All children are entitled to nothing less, and a socially inclusive society cannot expect any less! The position statement succinctly and clearly outlines the rationale for making the focus on school transitions a priority. It does much more, however, than merely rehearse the arguments. It also identifies, on the basis of the accumulated research, the key contributors to successful transitions to school. Most importantly, however, it frames recommendations that provide an achievable call to action.

# 5

## Issues for service delivery

### 5.1 The client and the client's family

Most “family” services, whether experienced face-to-face or via what have become increasingly sophisticated information systems (see section 5.4), are delivered to individuals. Dealing with more than one individual, such as a couple, family or extended family, presents a broad range of logistical and training challenges. Yet the information or service delivered to one person (such as an expectant mother) can have significant ramifications for a couple or a family group, however that group is defined (see Chapter 1). This section does not attempt to deal with the many issues that arise when professionals and information providers see their tasks through a family lens. It begins with an assumption, however, that family services are ultimately about responding to family needs and that, given appropriate services and information, families are generally best placed to assist each other as individuals.<sup>32</sup> As a step towards this goal, this section briefly looks to a systems model for thinking about families.

In Bronfenbrenner's ecological model (1979, 2001, 2005), he called the individual family member's immediate environment the “microsystem” and described this system as “a pattern of activities, roles and interpersonal relations experienced by the developing person in a given setting with particular physical and material characteristics” (1979, p. 22). The microsystem for children, for example, would typically include their family home(s), their classroom and possibly the home of one or both sets of grandparents. The quality of relationships within each setting is important, with dyadic relationships (e.g., between parent and child) being the most basic.

Studies concerning children's microsystems include those that focus on the effects on children of family characteristics (such as poverty and family structure), and the effects of interpersonal relationships within immediate settings (such as conflicted or supportive relationships between parents). Particular relationships appear to have stronger effects than others at particular times in the life course. Thus, the impact of the peer group and social media tend to be especially strong for adolescents.

In his writings, Bronfenbrenner emphasised the fact that each individual can also have a profound impact on dynamics within the family; that is, effects are always reciprocal. This was seen in the previous chapter (section 4.3); for example, in the impact on couples of their transition to parenthood. It can also be seen in the impact on the entire family and its support networks if one member becomes seriously ill. It is also clearly illustrated in a clinical example of an eight-year-old child who, because of a last-minute breakdown in care arrangements, accompanied his parents to a couples counselling session. In that case, after acknowledging his presence and showing him where mum and dad would be meeting for the next hour or so, the therapist provided the child with a safe waiting environment near the therapy room. Before his parents entered the room, the child reminded them: “Just remember I am on both your sides”.<sup>33</sup>

Microsystems are often inter-linked and are also nested within other networks of settings. Bronfenbrenner used the term “mesosystem” to denote linkages between settings in which the

<sup>32</sup> Walsh (2003b) refers to this as “the relational context of individual resilience” (p. 400).

<sup>33</sup> Banu Moloney, personal communication, September 2010.

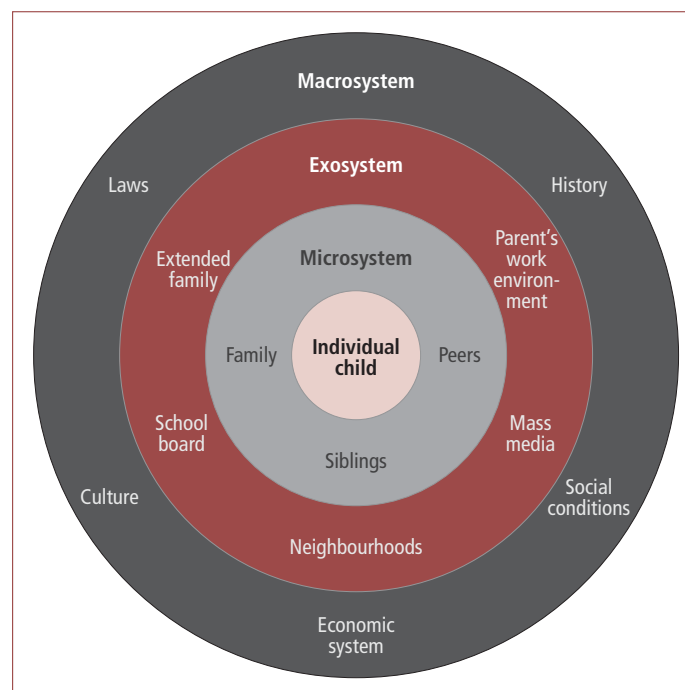
developing person participates. For the child, this includes links between home and school; for employed family members, it includes links between family and workplace. Where parents are separated and the child spends time in both homes (representing two key microsystems for the child), the mesosystem would consist of links between these two homes, with the quality of continuing interactions between the parents playing an important role with respect to family stability and the health of family members (Moloney & McIntosh, 2006).

Alongside mesosystems are “exosystems”. According to Bronfenbrenner (1979), exosystems refer to “one or more settings that do not involve the developing person as an active participant, but in which events occur that affect, or are affected by, what happens in the setting containing the developing person” (p. 25). Examples for children would be their parents’ workplaces, their friends, and any other schools attended by siblings, as well as the linkages between these settings. Thus, effective family-friendly workplace practices would arguably not only assist employees who make use of them, but also their family members for whom the workplace is an exosystem.

Bronfenbrenner also refers to “macrosystems”. By this he means those overarching patterns of cultural, economic, legal and political ideology of social institutions that are common to a particular culture or sub-culture. From this perspective, it is important to recognise that individual family members may participate in two or more settings that are nested in markedly different macrosystems. Not uncommonly, for example, some immigrant children are exposed to divergent values at school and home. The same may apply to their parents vis-à-vis their neighbourhoods and broader communities, and the attitudes these neighbourhoods and communities espouse, as well as the services they provide.

Finally, recognising that living systems are also continuously evolving and changing, Bronfenbrenner (2001, 2005) added the dimension of time to his model, referring to this as the “chronosystem”. This dimension of systems theory recognises that families, and individuals within families, must adapt to a range of inevitable biological and relationship changes, as well as adapting to or modifying other less predictable internal and external changes to better suit their needs. Of relevance here, for example, are the effects of specific life events such as partnership formation, becoming parents, children starting school, job changes or retrenchment, moving residence, or parental separation. The events themselves will have differential implications for health and wellbeing but, importantly, so will the timing of events in the life of the family.

One representation of Bronfenbrenner’s model is reproduced diagrammatically in Figure 10.



**Figure 10** Bronfenbrenner's ecological model

Bronfenbrenner's model highlights the importance of proximal interactions and other events in shaping the healthy development of each family member. The focus can also be placed on the family as a group, with the quality of functioning being strongly influenced not only by the characteristics of and relationships between family members, but also by the resources and vulnerabilities that characterise the family as a whole (e.g., socio-economic status) and the environment (e.g., informal support networks, neighbourhoods, schools and other services).

Likewise, the parental dyad can be seen as a system that is influenced by the resources, vulnerabilities and associated earlier experiences of each parent that, among other things, influence interpersonal and parenting styles. The parental dyad is also influenced by and in turn influences other intra-family system dynamics (e.g., parent–child and sibling relationships); characteristics of the family as a whole (e.g., whether the family is struggling financially); and each parent's experiences outside the world of the family (e.g., work-related stressful life events).

## 5.2 The “no wrong door” approach: Implications for staff training and collaborative service delivery

“No wrong door” is the notion that clients should not be the ones to shoulder the burden of having to match their need with the “correct” service. It is, of course, an ambitious aspiration, but services can move ever closer to this through a combination of both a significantly increased capacity to organise and store information, and the promotion of a service delivery philosophy that requires an “intellectual and emotional leap” (Vardon, 2001, p. 22).

Underpinning that leap is the idea that, as Vardon (2003) put it:

customers will only need to tell us honestly about their circumstances—it is our job to tell them what benefits and services they may be entitled to and to explain as simply as possible what obligations are expected of them in return, like telling us about changes in income and other circumstances. (p. 13)

Of course, clients will typically benefit from getting some assistance with deciding which aspects of their circumstances are likely to be most relevant for the provision of appropriate services and appropriate information. A life events inventory that deals with the range of expected transitions in the life of families would be a good starting place. But Vardon's (2001, 2003) key point is that the burden of translation from a life event to information, and a life event to an appropriate service, should lie with staff rather than with the client.

This shift in emphasis requires an ongoing training and support program for staff in at least three areas:

- What information, benefit or service attaches to this life event and how do I best ensure that the client receives this without having to start again?
- How do I protect myself on a day-to-day basis from the fact that many clients approaching organisations such as Centrelink and the Child Support Agency are at a very vulnerable stage of their lives and are likely to be emotionally labile?
- What are the obligations and constraints around sharing client information with other relevant agencies?

The first of these challenges is considerable as it entails a shift away from the staff member operating in a relatively “siloeed” environment, in which he or she has learned how to apply a relatively limited set of solutions to a relatively limited set of problems. Assisting the client to translate an event (such as separation from a violent partner) into an appropriate set of service responses is far more challenging though, it could also be argued, potentially far more satisfying.

The second challenge goes to the problem of what is popularly known as staff “burnout”. Many of the events brought to staff are not instantly solvable; some may never be fully solvable. In addition, customers of organisations such as Centrelink are more likely to be suffering from the burden of event accumulation. Their personal and other resources may be close to or sometimes beyond breaking point. The dynamic of projecting their sense of burden onto staff

members who cannot solve their problems is well known. Less well understood is how to support frontline staff in such an environment so that they remain capable of meeting Vardon's (2001) basic requirements:

Our staff need to be sensitive and understanding in these situations. They need to behave ethically and they need to respect the information and confidences our customers share with us. Being treated with respect is one of the most important issues for our customers, especially for those who are at a difficult point in their lives. People don't want to be treated like a number or a burden. They want eye contact and personalised service. Our customers expect to be treated as individuals and they don't want to have to tell their story over and over again every time they deal with us. (p. 21)

The third challenge regarding sharing client information is one that requires a relatively new and highly sophisticated way of thinking, some key elements of which are summarised in the following section.

### 5.3 Information sharing in a collaborative environment

As discussed earlier, in 1976, Australia introduced the *Family Law Act*, which was designed to permit couples to separate with greater dignity and resolve disputes that may arise (mainly about property and financial support for and care of children). Although the legislation included the introduction of Family Court counsellors who, among other things, were to assist parents in resolving parenting disputes, the processes encountered by clients remained predominantly legal ones. Ongoing systemic difficulties between the legal sector and the family relationships sector probably culminated in some of the requirements that were introduced as part of the 2006 family law reforms.<sup>34</sup> These included a requirement for legal practices to be physically distant from the then new Family Relationship Centres (FRCs) set up to, among other things, assist families in disputes over their children.

The underlying philosophy that saw legal and family relationship services working somewhat in opposition to each other changed markedly when in December 2009 when legal services organisations received funding totaling \$4.2 million for the purpose of partnering with FRCs. An evaluation of this initiative was conducted by AIFS from July to December 2010 (Moloney et al., 2011).

Overall, the conclusions to be drawn from the evaluation were very positive (Moloney et al., 2011). It was found that most partnerships were functioning well or very well. Most reported high or very high levels of collaboration and enthusiasm for the project, while recognising the need to work through issues arising out of the significant cultural differences experienced by each professional group. The legacy of being hesitant about involving lawyers was evident in some individual statements from FRC staff, but only a very small number of partnerships appeared to be functioning poorly, or to be still at the very beginning of development.

A key finding was that:

providing legal services was generally rated by legal and family relationship practitioners and clients who had participated in the program as being effective in assisting clients to progress their case. (Moloney et al., 2011, p. E1)

This important initiative represents a new and exciting direction for Australian family law that begins with the needs of the client and works from that starting point to explore ways in which very different services can work together. At the same time, the legal and practical challenges of encouraging close collaboration on behalf of the client became increasingly clear during the evaluation (Moloney et al., 2010). These challenges have contributed to renewed interest in exploring information sharing guidelines that will enhance cooperation in the service of the client, and at the same time protect clients' interests.

<sup>34</sup> These changes included the *Family Law Amendment (Shared Parental Responsibility) Act 2006* (Cth.) (*SPR Act 2006*) and changes to the family relationship service system (Kaspiew et al., 2009).

Progress in articulating information sharing principles and practice has been made by a number of bodies. The core information sharing issues noted in Box 3 (on page 52) are excerpted from the information guidelines produced by the Government of South Australian (2008).

## 5.4 International service delivery models

It is possible that the scope of fundamental human needs and desires (touched on in section 2.4) and the human experiences associated with loss, may not have altered significantly during the period of recorded history. However, the contexts in which these experiences occur have altered dramatically and continue to do so. The ever-increasing complexity of family processes and family forms outlined in Chapter 1 raise practical, moral and service delivery issues that would have scarcely been considered even 50 years ago. Our understandings of stress, resilience, health and illness have undergone profound changes; and although the “normal” tasks of family may still be recognisable, again the contexts in which these tasks take place bear little relationship to the contexts that prevailed in, say, the 1950s.

In summary, life is more complex, with more options available, but with a general perception of having less time to respond to them. It is likely to be the case that there are more opportunities available for resilient families to grow and prosper, but also more points at which vulnerable families might falter.

The challenge for family services is to connect effectively with people at times of potentially destabilising events in their lives. Effective connection at these points in time can turn crises into genuine opportunities, whether those opportunities are in education, training and employment options or in strengthening connections both within families and between families and the community.

Most of the international literature concerned with delivering the right service at the right time, speak of both growing complexity and growing expectations. At the same time, most see a key opportunity in improving access to information. That access to information can be utilised by service providers, but increasingly, service providers can assist family members to access this information themselves.

Like many others, Kohlborn, Weiss, Poepplbuss, Korthaus & Fiel (2010) focused on the increasing emphasis on online service delivery models. In a review of international models, they made a useful distinction between government portals that display a:

- one-stop shared approach;
- first-stop shared approach; and
- first-stop delegated approach.

The publicly funded one-stop shared model is aimed at providing a “real one stop experience where all public services are delivered through a one stop portal” (Kohlborn et al., 2010, p. 8). The authors claimed that there are typically three entities involved in managing this model:

- a high-level coordinating committee for deciding what service bundles should be offered to all citizens;
- a cross-departmental team responsible for each service bundle (typically the department affiliated most strongly with the main service areas will take the lead); and
- on the lowest level, different departments responsible for the accuracy of the content of the bundles.

The publicly funded first-stop shared model tends to be positioned as an entry point only. Singapore’s eCitizen portal, for example, has seven topic-based service bundles that link to other further services and a website dedicated to each bundle.

In the first-stop delegated model, a corporation acts as a mediator for services delivered on behalf of various government agencies and acts on a virtually self-funded basis.

Kohlborn and his colleagues (2010) summarised the strengths and weaknesses of these models, as shown in Table 7 (on page 53).

### Box 3 Information sharing guidelines

#### 1. Has the identity of the person seeking information been verified?

If the individual who is seeking information is not known to the provider, verification of who they are and for whom they work will be needed. Providers should use the methods for identity verification recommended in their agency or organisation ... If someone's identity needs to be verified, a record of how it is done must be kept. If a provider believes someone has deliberately misrepresented himself/herself in seeking information, the police should be contacted because the action may represent an offence.

#### 2. Is there a legitimate purpose for sharing the information?

... In deciding if the purpose is legitimate, providers should ask themselves if it will help:

- to give a more effective service;
- alert a provider to an individual's need for a service;
- avoid duplication or compromising of services;
- divert a child or young person from offending or harming themselves;
- protect groups of children and young people from potential harm;
- protect community members from potential harm;
- protect providers in situations of danger;
- protect a child or young person from being abused or neglected.

If the answer is 'yes' to any of these questions then the purpose can be seen to be legitimate.

#### 3. Is the information confidential?

... It is best to assume that clients will view most information about themselves, their families and friends as confidential unless otherwise indicated during discussion ...

##### *How to respect a client's trust regarding confidentiality*

Trust is very important to the success of all relationships, so the overriding of a person's confidentiality wishes must occur only when the client or another person, including a child or young person, is considered to be 'at risk'. Best practice is for a provider to:

- be clear at the start that some circumstances necessitate sharing confidential information with other people and, wherever it is safe, to seek a client's consent to do so;
- work hard to help clients appreciate why the provider's actions are necessary—particularly with adult clients when the concerns relate to the children and young people they care for or work/volunteer with;
- act promptly when the provider first has concerns, so that the client is more likely to feel supported by the actions;
- keep clients informed of and involved in everything the provider is trying to achieve, unless that information will place the clients or others at risk of harm ...

#### 4. Has consent been given?

... Consent can be 'explicit', meaning agreement is given verbally or in writing, or it can be 'implied', meaning information sharing is inherent to the nature of the service sought. An example of implied consent is agreeing to be hospitalised where personal health information will need to be shared with many different staff. Once providers have informed consent, they may share information with all parties to whom the consent relates.

##### *General considerations*

These guidelines promote and advocate the value of gaining informed consent for information sharing at the earliest possible point in an individual's engagement with a service and on an ongoing basis. Informed consent means that the individual understands the purpose of the request and the likely outcomes of giving consent. Ideally, this will be in written form. Respectful ways of gaining and monitoring informed consent are to:

- help clients understand why information sharing is important, whom it is designed to support and the intended outcomes;
- explain what circumstances may arise where information may be shared without the client's consent;

(continued on next page)

- be honest and explain that acting without consent is almost always to protect the client or his/her family members from harm (the more trust that exists in the relationship, the easier it will be for the client to have faith in the provider’s judgment about this);
- revisit a client’s consent if the information sharing under consideration differs from the original examples discussed or if a significant amount of time has passed since consent was first given;
- tailor the approach for clients with compromised intellectual capacity and clients from culturally and linguistically diverse backgrounds.

Source: Excerpted from Government of South Australia (2008, pp. 13–16)

<b>Table 7 Strengths and weaknesses of service delivery models</b>			
	<b>One-stop shared</b>	<b>First-stop shared</b>	<b>First-stop delegated</b>
<b>Strengths</b>	High information integration High design consistency Potential cost savings in the long run because of the low redundancy High customer satisfaction through real one-stop shopping	Lower complexity of portals Singapore: Advanced customisation, authentication and payment frameworks Potential for strong back-end integration and polices	Cost-effective Flexible Fostering innovation and efficiency Potential for quick expansion of offered services (vertically and horizontally)
<b>Weaknesses</b>	High complexity Probably high initial set-up costs Bringing all information onto one platform might become a long and complex journey Potential barrier: Departments are typically hesitant to give up their websites	No real one-stop convenience Multiple layers and designs for service delivery Potentially sinking customer satisfaction because of lower one-stop convenience	Two-entry point for public services Lower website consistency Sinking customer satisfaction because of lower one-stop convenience Potential for lock-in of clients

Source: Kohlborn et al. (2010).

Finally, the Irish Citizens Information Board provides one of the best examples of an events-based online service.<sup>35</sup> The Appendix provides a general description of the types of material included on the website and lists the major topics covered.

<sup>35</sup> See the Citizens Information Life Events web page at <[www.citizensinformation.ie/en/lifeevents](http://www.citizensinformation.ie/en/lifeevents)>.





# 6

## Concluding remarks

Any serious attempt to delve into the life events literature inevitably leads in multiple directions. Fundamental questions arise around how to place each event in an appropriate developmental and historical context, and how to maintain a balanced focus between the individual, the family and the culture and society in which the family finds itself. The literature on each of these areas is vast—each being capable of being divided into many further sub-categories. There is a constant danger of oversimplification on the one hand and fragmentation on the other.

This document reflects the Department of Human Service’s observation that “the precise contents and structure of the literature review will be shaped by the nature of the literature identified”. The document speaks to each of the four areas noted under the Department’s heading of “Key research steps”, but in a way that attempts to integrate these issues into a wider set of considerations. True integration, however, would require a much more lengthy report. This document should therefore be considered as a “first take” that has the capacity to open up discussions between AIFS and DHS with a view to considering which aspects of this vast topic warrant future investigation.

In summary, we are, at this stage, able to tentatively point to the following findings:

- “Family” can be reasonably well defined, but arguments are likely to persist.
- How family is defined is linked to access to services and resources.
- Forms of families have diversified over the decades.
- It is more useful to focus on family functioning and family processes than on family structure.
- Life events present challenges that are more likely to be ameliorated in well-functioning families and exacerbated in those that are less well-functioning.
- Events related to family formation, dissolution or reformation present particular challenges that may result in positive and/or negative outcomes for individuals and their families, depending on the resources and supports that are available.
- Individual, family, community and societal factors can either smooth the negotiation of life events or make the path more difficult to traverse.
- Life events can be classified as being expected or unexpected, and can engender widely varying degrees of stress.
- This review highlights the literature on life event scales that classify the extent of likely perturbation that can flow from them.
- There is both an objective scaling and a parallel subjective one, that reflects the variation in individual’s capacity to cope in the face of challenges.
- Supports available to the individual have the capacity to overcome the impacts of negative life events.
- Bronfenbrenner’s ecological model highlights the way in which persons are affected by their contexts, as well as the sources of influence and support that surround the individual and the family.
- Success in coping with stress, however, is influenced by the extent of vulnerability as opposed to resilience that the person and the family exhibit at that time (importantly,

vulnerability and resilience are states, not traits, which will show variation between persons and variability across a lifetime).

- The stressful impacts of life events can be seen in the health and wellbeing of those who experience them.
- Stressful events are likely to have a cumulative effect and are more likely to have this effect if they occur within short time frames.
- Again, however, factors related to the extent of social inclusion or exclusion are increasingly recognised as mediating and moderating the impacts of life events.
- A sense of loss is a key dimension of many of the life events, which may leave enduring imprints.
- Service responses need to be framed to recognise both the variation in life events and the differential susceptibility of individuals to their negative effects, depending on their background, history of other stressful events, vulnerabilities and extent of available supports.
- A life events focus in service delivery requires significant shifts for service providers around assessing needs from client descriptions of events and around service facilitation.
- Such a shift requires intensive and ongoing training as well as close attention to the risk of service worker “burnout”.
- Information systems provide the possibility of access to significantly increased resources for service providers and their clients.
- Individuals and families can be increasingly empowered to find support for stressful life events via their supported or direct use of Internet search engines.
- Investing in easily accessible life events websites is likely to significantly enhance the capacity of individuals and families to deal with stressful life events.

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# Appendix: The Ireland life events website

The Irish Citizens Information Board provides a website <[www.citizensinformation.ie/en/lifeevents](http://www.citizensinformation.ie/en/lifeevents)> that aims to assist individuals to negotiate transactions with public sector organisations as they experience different life events, such as having a baby or getting married.

Topics covered include:

- Assistance in illness
- Becoming a parent
- Before you come to Ireland
- Breakdown of a marriage or other relationship
- Caring for a child with a disability
- Employment: You and your job
- Going to college
- Illness in your retirement
- Income supports for older people
- Irish citizens coming or returning to Ireland
- Leaving prison
- Looking for work: Education and training
- Losing your job
- Moving abroad from Ireland
- Moving from home to long-term care
- Retiring from work
- Retiring to Ireland
- Setting up a business
- Somewhere to live
- Starting post-primary school
- Starting school
- When someone dies in Ireland
- Working with a disability

Readers can find more information for each event on relevant services and government benefits (e.g., eligibility, how to apply, case studies and contact details).