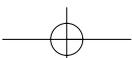


Part 1

Health in Childhood

- Module 1** Understanding Families
- Module 2** The Growing Child
- Module 3** Promoting Child Health



Module 1

Understanding Families

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Learning Outcomes

The material contained within this module and the further reading/references should enable you to:

- explore the nature of the family with special reference to the changes that have occurred in its structure
- analyse the nature of relationships and roles within families and the factors that influence family life
- consider critically the role of the family in the development of children
- analyse different child-rearing patterns

Introduction

'For most people the family is by far the most significant institution in terms of the impact it has on the quality of their daily life and experience' (White and Woollett, 1992).

Many different types of family structure exist in the UK today, influenced by cultural and social factors. Children are born into and grow up in these units and, as such, develop within the context of the family and have an impact on the family themselves. Debates about the state of the family have been numerous in recent years as changing social constructs have led to changes in family structures and the social 'norm'. Thus children's worlds change as they adapt to cope with, for example, divorce, parents who work, reconstituted families and lone-parent families. It is vital that children's nurses have an understanding of the nature of the family and its role in the development and lives of children, so that they can provide real family-centred care.

This module will begin by examining the nature of the family, the changes in structure that have occurred and the effect of family break-up on children. Families consist of individual members, each with a variety of roles. The way in which these roles and the relationships associated with them interact and influence family members will be explored. One of the main functions of the family is the socialisation of children. It is within the family that most infants develop the first basic social relationships and learn primary social skills. This function and the contribution that the family makes to child development will be discussed. Finally, the module will consider different styles of child rearing. Throughout the module you will be urged to consider the implications of issues for your practice.

Chapter 1

The Family

Introduction

‘The family’ is considered by many people to be the smallest and most personal of all social institutions and one that is a universal phenomenon, varying from culture to culture. The structure of the family in the UK has changed since the mid-1950s and continues to do so. It is not a static concept, but one that alters and adapts to the needs of a changing society. Before exploring the ways in which the nature of the family has changed it is worth considering some definitions of the family.

According to various authors the family is:

- a group of people tied by relationships of blood, marriage or adoption (Jorgensen, 1995)
- a group of people living with or near each other, who are closely related by marriage or blood (Moore, 2001)
- two or more persons who share resources and responsibilities for decisions, values and goals, and have a commitment to each other over time (Davidson and Moore, 1996)
- a married or cohabiting couple with or without children or a lone parent with children (CSO, 1995)
- a social group, characterised by common residence, economic cooperation and reproduction; it includes adults of both sexes, at least two of whom maintain a socially approved sexual relationship, and one or more children, own or adopted, of the sexually cohabiting adult (Murdock, 1949)
- two generations of people: at least one dependent child and at least one adult who is responsible for the child (Barnes *et al.*, 2005)

Study activity

Consider and analyse each of the definitions above. What does each really say? Do they reflect the concept of the family as you perceive it? Using the definitions try to write one that you feel reflects society today.

The concept of what constitutes a conventional family seems to have changed, so any definition of the family must allow for all possibilities. Narrow definitions based on the conventional family may increase the social pressures on individuals to conform. When caring for children and their families it is important to recognise the value of all forms of family unit and acknowledge the importance placed on individuality. What is considered to be the conventional family? According to White and Woollett (1992), conventional families:

- are headed by a married heterosexual couple
- consist of two to three children genetically and biologically linked with their parents
- consist of children born to mothers between the ages of 20 and 35
- live together in a nuclear household unit
- have fathers who are breadwinners and mothers who are full-time housewives

Study activity

To what extent do you believe that this type of family exists today? Draw up a plan of your family. Is it conventional? If not, how does it differ from the ideas above? If possible share your ideas with a colleague.

Family Structures

You may have identified many ways in which your family differs from the idea of the 'norm' or the 'conventional family'. In this section we will examine the various ways in which the structure of the family has changed over recent years in relation to the characteristics of the conventional family.

The conventional family is headed by married, heterosexual couples

Statistics show that, in 1991, 71% of children lived in married-couple families with both parents. However, there has been a decrease in the proportion of households comprising the traditional family unit – couple families with dependent children – from just over half in 1997 to just over one-fifth in 2004 (ONS, 2005a). It may be argued that the family is in decline but the majority of children still experience this type of family at some stage of their lives.

Marriage rates (see Table 1.1) have declined overall, with a drop of 24% between 1979 and 1991 to 340 000, a slight rise in 1992 to 347 000 but then a fall to 306 000 in 2003 (ONS, 2005a). However, marriage is still the most common form of partnership. In 2003, half the UK's population was married. In 2003 there were just over 123 000 remarriages, accounting for two-fifths of all marriages.

Table 1.1 Marriage rates: 1981, 1992 and 2001 EC Comparison (rates per 1000 population) (adapted from OPCS, 1992; ONS, 2005a)

Country	1981	1992	2001
UK	7.10	5.40	5.10
Belgium	6.50	5.80	4.20
Denmark	5.00	6.20	6.60
France	5.80	4.70	5.10
Greece	7.30	4.70	5.40
Irish Republic	6.00	4.50	5.10
Italy	5.60	5.30	4.90
Luxembourg	5.50	6.40	4.50
Netherlands	6.00	6.20	5.10
Portugal	7.70	7.10	5.70
Spain	5.40	5.50	5.20

Study activity

Using the material in Table 1.1, compare marriage rates in the various EU countries. What factors might be responsible for the differences?

It is interesting to note that the age at which people marry is increasing. In 1971 the average age was 25 for men and 23 for women. By 2003 this had risen to 31 for men and 29 for women. This might be explained partly by the increase in cohabitation. The increase can be deduced partly by the number of births registered outside marriage, which has risen steeply from 12% in 1980 to 31% in 1992 and to 41% in 2003 (ONS, 2005a). Nearly 80% of all jointly registered births outside marriage in 1998 were to parents living at the same address. This might indicate that more cohabiting couples are providing a stable environment for children. In 1991, 7% of children aged 0–4 were living with their natural cohabiting parents. Cohabitation is increasingly favoured by couples where one or both partners is separated or divorced with children (Utting, 1995). Although cohabitation is more popular for a variety of possible reasons, it has been suggested that cohabiting relationships are less stable than marriages. Buck *et al.* (1994) suggest that cohabiting couples are four times as likely to separate as married couples. About 65% of cohabiting unions into which a child is born dissolve, compared with 40% of childless unions. In other words, only 35% of children born into a cohabiting union will live with both parents throughout their childhood (to their sixteenth birthday), compared with 70% of children born within marriage (Ermisch, 2001).

Alongside the fall in marriage rates there continues to be a large number of divorces (Table 1.2). The UK had one of the highest divorce rates in the EC in 1992 with 173 000 decrees registered. In 2000 this figure had fallen to 155 000 but by 2003 it was back up again to 167 000. In 2004 149 275 children aged 0–16 experienced the divorce of their parents (ONS, 2005b).

Factors leading to rise in cohabitation

- Changes in social attitudes
- Less importance placed on the institution of marriage
- Economic factors – cost of weddings
- Declining influence of religion
- Rising divorce rates

Table 1.2 Divorce – worldwide comparison (per 1000) (source: Jorgensen, 1995; www.divorceform.org)

Country	1995	2002
Australia	2.50	2.60
Austria	2.00	2.40
Belgium	2.00	2.60
Canada	2.40	2.28
Denmark	2.80	2.70
Finland	2.00	2.70
France	2.00	2.00
Germany	2.10	2.30
Greece	0.90	0.90
Iceland	2.20	1.90
Ireland	—	—
Italy	0.50	0.60
Japan	1.30	1.92
Luxembourg	2.00	2.30
Netherlands	1.90	2.10
New Zealand	2.50	2.65
Norway	1.90	2.20
Portugal	0.90	1.90
Spain	0.50	0.90
Sweden	2.30	2.40
Switzerland	1.80	2.80
Turkey	0.40	0.50
UK	2.90	2.60
USA	4.80	4.10

Several factors contribute to the large number of divorces:

- changed attitudes – there is less stigma attached to divorce
- changes in legislation – changes in the law have made it easier for couples to divorce
- changing roles of women – more than 75% of petitions for divorce are made by women
- changing expectations of marriage – today the emphasis appears to be on equality and partnership between husbands and wives, perhaps putting more stress on relationships
- family experience of divorce – it is suggested that individuals are more likely to divorce if they have experienced the divorce of their parents

Study activity

Consider each of these possible factors. Using your life experiences and reference to literature, how does each reflect the reality of life?

In the United Kingdom, there has been an increase in the proportion of dependent children living in lone-parent families, with 23% of dependent children living in a lone-parent family in 2001 compared with 18% in 1991. The number of dependent children living in one-parent families

Factors leading to rise in lone-parent families

- Rapid rise in divorce
- Demands placed on partners in marriage make single parent-hood preferred option
- Women less dependent on men
- Rise in unmarried mothers with increasing sexual activity among the young
- Greater unpredictability during the lives of many people
- Effects of media increasing the acceptability of lone parent-hood

rose from 1 million in 1971 to 2.3 million in 1991 and to over 3 million in 2004 (ONS, 2005c). Children in lone-parent families are more likely to live with their mother than with their father. In 2004 nearly 9 out of 10 lone parents were lone mothers. Lone-parent families can occur as a result of divorce, separation (from marriage or cohabitation), death, through choice (the woman who deliberately chooses to have a child outside of a stable relationship) or through unplanned pregnancy. Lone-parent families are more frequent among black communities than among other ethnic groups, and are least likely to be found among the Asian and Chinese community. The circumstances in which lone-parent families live can vary tremendously and it is impossible to generalise. However, statistics show that the majority of lone-parent families experience significantly more hardship than families consisting of couples. In 1990, 53% of lone-parent families had a weekly income of £100 or less, compared with 4% of married or cohabiting families (OPCS, 1993). In 2002/3 lone-parent families were twice as likely as the population as a whole to be living in low-income households (ONS, 2005a).

Study activity

Consider the implications of lone-parent families for your practice.

Further reading on gay and lesbian families

Patterson, C. J. Gay and lesbian parenting – research findings.
<http://www.apa.org/pi/parent.html>

American Psychiatric Association – Gay and Lesbian Issue.
<http://healthyminds.org/glbissues.cfm>

Not all families are headed by a heterosexual couple. Although figures are not available, more families may be headed by gay or lesbian couples. A developing freedom allowing gay couples to live openly together has resulted in the controversial issue of children in gay families. Gay families usually occur through one partner having been divorced and being given custody of the children from a heterosexual relationship. Recently, increasing numbers of gay parents have conceived children and raised them from birth either as single parents or in committed relationships. This is often done through alternative insemination or through foster parenting. There has never been a law preventing lesbian, gay or bisexual individuals from adopting children. The Adoption and Children Act 2002 now allows same-sex couples to apply for adoption jointly in England and Wales. This change in behaviour requires us to reconsider our views on relationships and the raising of children. Many assumptions about children in gay relationships are based on the maxim that gay parents equal gay children. However, children do not simply follow in their parents' footsteps – many other factors influence the way in which they grow and develop. According to Wainright *et al.* (2004), teenagers raised by a same-sex couple develop as well as teens raised by opposite-sex parents. These researchers drew from a large US sample of 12–18-year-olds, looking at measures of psychosocial well-being, romantic relationships and behaviour in school. There were no significant differences between the two groups of teens in terms of depression, anxiety, sexual activity, self-esteem and school grades. Previous research compared children of homosexual and heterosexual couples and found no significant difference in their well-being or sexual orientation (Allen and Burrell, 1996). Many gay couples are as committed to a permanent relationship as married couples.

Study activity

Consider your own views on the gay family issue and discuss with colleagues the implications for practice.

The conventional family consists of two or three children genetically and biologically linked with their parents

This may be true for the majority of children but increasing numbers are being raised in families where the genetic links between child and parents have been partially or completely broken.

In 1991 it was suggested that nearly 500 000 *step-families* (reconstituted families) existed in Great Britain, including about 800 000 step-children (most from women's previous relationships) (Haskey, 1994). By 2001 there were 700 000 step-families. Of these 400 000 were married-couple step-families and 300 000 were cohabiting-couple step-families (ONS, 2005c). The data suggest that 30% of children will experience living in step-families during their childhood. Step-families come in many different forms, with children from one (or both) partner's previous relationships. At the same time new partners may have children of their own, which adds to the difficulties that many of these families experience.

A relatively small proportion of families occur through *adoption*. This is a common form of family building for those who are unable to conceive and have children naturally. However, the numbers of children adopted are small. In 1988 approximately 1000 babies and 4000 children were adopted out of the 780 000 children born (Humphrey and Humphrey, 1988). In 2003 the figures remained about the same, with 4800 adoptions in England and Wales and 47% of adopted children between 1 and 4 years old (ONS, 2005a). In these cases there is normally no genetic link between the child and adopted parents.

An even smaller number of children are born with the aid of *reproductive technology*. Approximately 1 in 7 couples have difficulty conceiving naturally; help is now at hand for some with new fertility treatments. One such treatment is artificial insemination by donor (AID). This method helps to overcome infertility in men by inseminating their partners with either fresh or frozen donated sperm. The annual figures for the UK in 2005 show that 8544 children were born by *in vitro* fertilisation (IVF) and a further 818 by donor insemination (Human Fertilisation and Embryology Authority, 2005). Another method leading to disrupted genetic links is *surrogacy*. This increasingly controversial method exists in different forms but usually involves a surrogate mother being artificially inseminated with the father's sperm. In this case the child will have a genetic link with the father but not with the mother. According to COTS (http://www.surrogacy.org.uk/About_Surrogacy.htm, accessed 5 April 2006), there were 500 surrogate births up until 2004.

There are moral and ethical issues involved with alternative forms of family building. The methods tend to be tightly controlled and limited to those couples considered suitable, as being:

step-family

'A step-family is created when two adults form a new household in which one, or both, brings a child/children from a previous relationship'.

(De'Ath, 1996)

For a debate on fertility treatment, see [http://www.politics.co.uk/issues/fertility-treatment/\\$2413554.htm](http://www.politics.co.uk/issues/fertility-treatment/$2413554.htm) (accessed 30 January 2006).

Surrogacy

Four pieces of legislation relate to issues of surrogacy:

- the Warnock Report (1984)
- the Surrogacy Arrangements Act (1985)
- the Human Fertilisation and Embryology Act (1990)
- the Parental Orders (HF&E) Regulations (1994)

- not too old
- heterosexual
- married
- in long-term, stable relationships

Recent controversy has surrounded applications from gay couples and there is a tendency for single-parent adoption to be shunned. Issues concerned with reproductive technology tend to be centred around the idea that it is wrong to interfere with nature. There are a number of psychological issues that are common to both adoption and reproductive technology, which are worth considering:

- With genetic links partially or completely broken, it is suggested that this can interfere with the sense of continuity and commitment to the future that conventional parents may have.
- In the case of adoption, the mother misses out on the experience of birth, which some say is important in the development of relationships between mother and child (White and Woollett, 1992). The later the adoption occurs, the more the early experience is missed. The same is true for many step-parents who have to accept that the children have had experiences of which they were not a part. It can be quite difficult to adjust to caring for a child who may have been brought up with a different set of ideals.
- With AID, step-parenting, in gay and lesbian families and some forms of surrogacy, the child is clearly genetically linked to only one parent. This may lead to possible conflict within the relationship, especially during stressful times. The child may become 'mine' or 'yours', leading to accusations of blame.
- Parents who have children by alternative methods may choose to keep quiet about their children's origins. For some, the differences are obvious – for example, parents who adopt older children or suddenly bring home a baby with no previous signs of pregnancy. For others, it may be possible to pass the birth off as entirely natural. While there is no right or wrong, keeping secrets has its disadvantages. Issues related to the rights of children to know their origins are central to the debate. Parents have no legal duty to tell children of their origins. Adopted children have the right to obtain information about their birth parents but only if they have been told of the adoption. In January 2004 the government changed the rules for egg and sperm donation, ruling that children conceived through fertility treatment would have the right to know who their biological parents were. Egg and sperm donors would have no obligation to meet with their biological children or to provide them with financial support. The new rules came into effect in April 2005 and are not retroactive, so children conceived before this date would not be able to access details about egg and sperm donors.

Study activity

Consider the implications of alternative methods of family building for your practice.

The conventional family consists of children born to mothers between the ages of 20 and 35

Statistics show that women are choosing to give birth to their first child later in life. In 1971, the mean age at first birth was 24; by 1992 it was approaching 28 (OPCS, 1994). More women are delaying childbirth until their thirties and this applies more to women who have further education qualifications than those who do not (OPCS, 1993). At the same time, growing numbers of women are choosing to remain childless. Projections suggest that this will continue to increase so that about 23% of women born in 1973 will be childless when they reach the age of 45 (ONS, 2000).

The conventional family lives together in a nuclear household unit

Statistics seem to support the idea that the nuclear family is dominant. However, it does depend on how the statistics are interpreted. Table 1.3 shows us that in 2004 more than a quarter of all households consist of people living alone; one-third are households of adults only (about 40% of whom have grown-up children); 30% of households contain dependent children but one-fifth of these are lone-parent families. The figures have not changed much since 1990/91. If one considers the data as presented, then it would appear that married couples with children are relatively rare occurrences. However, if one takes into account those families who have yet to have children and those with non-dependent children, nearly two-thirds of households conform to the stereotype nuclear family. Most of us are likely to experience life in a nuclear family at some stage (Muncie *et al.*, 1995).

The concept of the extended family offers an alternative family structure, which is perhaps more commonly found in its true form among ethnic minorities. Evidence suggests that, although immigrants adapt to their new environments, the fundamental basis of their beliefs about family life remain intact. For example, Asian households are more likely than white British ones to contain extended family members. Although

‘One of the main features of recent British fertility behaviour is the postponement of parenthood’.
(Utting, 1995)

nuclear family

- *Conventional* – husband, wife and their children living in same residence
- *Non-conventional* – two adults and children living in the same residence

Table 1.3 Households by type in 1990–91 and 2004, Great Britain (adapted from OPCS, 1992; ONS, 2005a)

Household	Percentage 1990/91	Percentage 2004
Single person:		
pensionable age	15	15
under pensionable age	11	14
Two or more unrelated adults	3	3
Married couple:		
No children	28	29
Dependent children	24	22
Non-dependent children	8	6
Lone parent:		
Dependent children	6	7
Non-dependent children	4	3
Two or more families	1	1

extended family

- *Conventional* – more than two generations living in the same household
- *Modified* – extended family members living in close proximity or maintaining contact though living far apart

British housing makes the formation of three-generation households difficult, the extended family remains an important source of mutual support in Asian life. On the other hand, British Afro-Caribbean households rarely contain an extended family (Ballard and Kalra, 1994). Although very few three-generation households exist in the UK – estimated in 2001 as 1% (ONS, 2002) – there is evidence that the extended family continues to be important in Britain. Willmott (1988) identified the ‘dispersed extended family’ as being members of a family giving support to each other even though they lived some distance apart. Members of the extended family also play a vital role in child care, thus allowing mothers to work. The results from a national survey in 2001 (ONS, 2001) show that the majority of grandparents looked after grandchildren under the age of 15 years in the daytime (60%) or babysat (54%). They were also likely to give grandchildren money (64%) or have children to stay overnight (52%).

Study activity

To what extent does the existence of an extended family affect your practice?

The conventional family has fathers who are breadwinners and mothers who are full-time housewives

This is no longer necessarily the case. The working pattern of families can be very complex. One or either partner may work part time or full time, from home or outside the home. More mothers are working than ever before and many men are no longer the main or only breadwinners. Employed parents now work at ‘atypical times’ of day (outside 9 to 5) more than other workers; 53% of mothers, 54% of lone mothers and 79% of fathers frequently work atypical hours (La Valle *et al.*, 2002). Some parents (29% of partnered mothers) have adopted ‘shift parenting’, where each parent works at times of day that do not overlap with the other, in order to share child care (La Valle *et al.*, 2002). The dominant pattern for UK families at the beginning of the 21st century is to have 1.5 earners, most often a full-time employed father and a part-time employed mother (Dex, 2003).

The female workforce has been on the increase for some years and rose by 3 million between 1971 and 1990. In 2005, 52% of mothers with children under 5 years and 80% with children over 11 years were in work (Equal Opportunities Commission, 2005). Many of these women are in part-time work. Even in dual-earner families, or those where only the mother is in paid work, it is rare for fathers to identify themselves as the main carers. However, it is common for couples to say they take an equal share of being with and looking after their children (Lewis, 2000).

Some fathers remain at home either from choice or through unemployment. In some cases fathers take on role reversal: they stay at home to care for the children while the partner goes out to work. This usually occurs where the woman’s earning potential is more than the man’s. Whatever the reason, the father is no longer the ‘breadwinner’. This

may have psychological effects as many men still see it as their role to provide for their families.

Study activity

Reflect on children you have cared for whose parents had diverse employment patterns. What effect did this have on family-centred care?

So the debate is: is the conventional family still the norm? Much of the data examined would seem to support the idea that the conventional family does indeed still exist. Most people in the UK marry and have children; most children are brought up by both birth parents and the nuclear family predominates. It is noticeable that some modifications have occurred in recent years, leading to what some would describe as the 'neoconventional' family. The diverse nature of the family must be taken into account, especially when care for sick children and their families is being planned. Each family will have different needs and will need different kinds of support. At the same time, it is important to recognise that families are not static units: they change and evolve. The conventional family goes through stages (Figure 1.1) beginning with possible cohabitation, then marriage without children, followed by the birth of the first and subsequent children. When the children leave home, the family changes yet again, only to be transformed with the birth of grandchildren. The final stage is one of bereavement, as one or other partner dies. At the same time as one family is changing, others are evolving as children marry.

When one considers the non-conventional family, these stages may well overlap. Some families may reshape themselves several times over within the lifetime of their members.

Study activity

John and Jenny Smythe have recently married. John has two children from his former partner who died. Jenny has one child as a result of an unplanned pregnancy and one child from her previous marriage. John and Jenny have one child of their own. Taking each member of the family, map the various forms of family they may have experienced.

Family Break-up and its Effects on Children

The above discussion has shown that many children will experience family break-up at some time. If one acknowledges the significant role that the family plays in the life of a child, then it is safe to assume that any disruption will have some effect on that child. Family break-up results in:

- new routines and patterns
- financial changes with a tendency towards lower family income
- loss of family identity
- possible environmental changes, such as a new home or new school

Research findings

For research on this issue go to www.jrf.org.uk where you will find a wealth of different projects about families and family life.

Children's views

In 2001 Dunn and Deater-Deckard carried out research to find out how children view their experiences within different kinds of families, including step-father, step-mother and single-parent families. They found that:

- A quarter of the children whose parents had separated said no one talked to them about the separation when it happened. Only 5% said they were given full explanations and the chance to ask questions.
- Most reported that they were confused and distressed by the separation.
- The children rarely confided in fathers and siblings, choosing to talk to grandparents and friends in the weeks following separation.
- Children who felt they had poor relationships with their parents and were more involved in conflict between parents and step-parents tended to have more adjustment problems.
- Children who felt close to their maternal grandparents had fewer adjustment problems.
- More than half the children who lived in two households because of separated parents were positive about their 'divided' lives.
- Those who participated in decisions about living arrangements and those who said they were able to talk to parents about their problems concerning their 'divided' lives were more likely to have positive feelings about moving between households.
- The views of children as young as 5 were similar to the verbal accounts given by older children.

(Dunn, J. and Deater-Deckard, K. (2001) Children's views of their changing families. Available at www.jrf.org.uk)

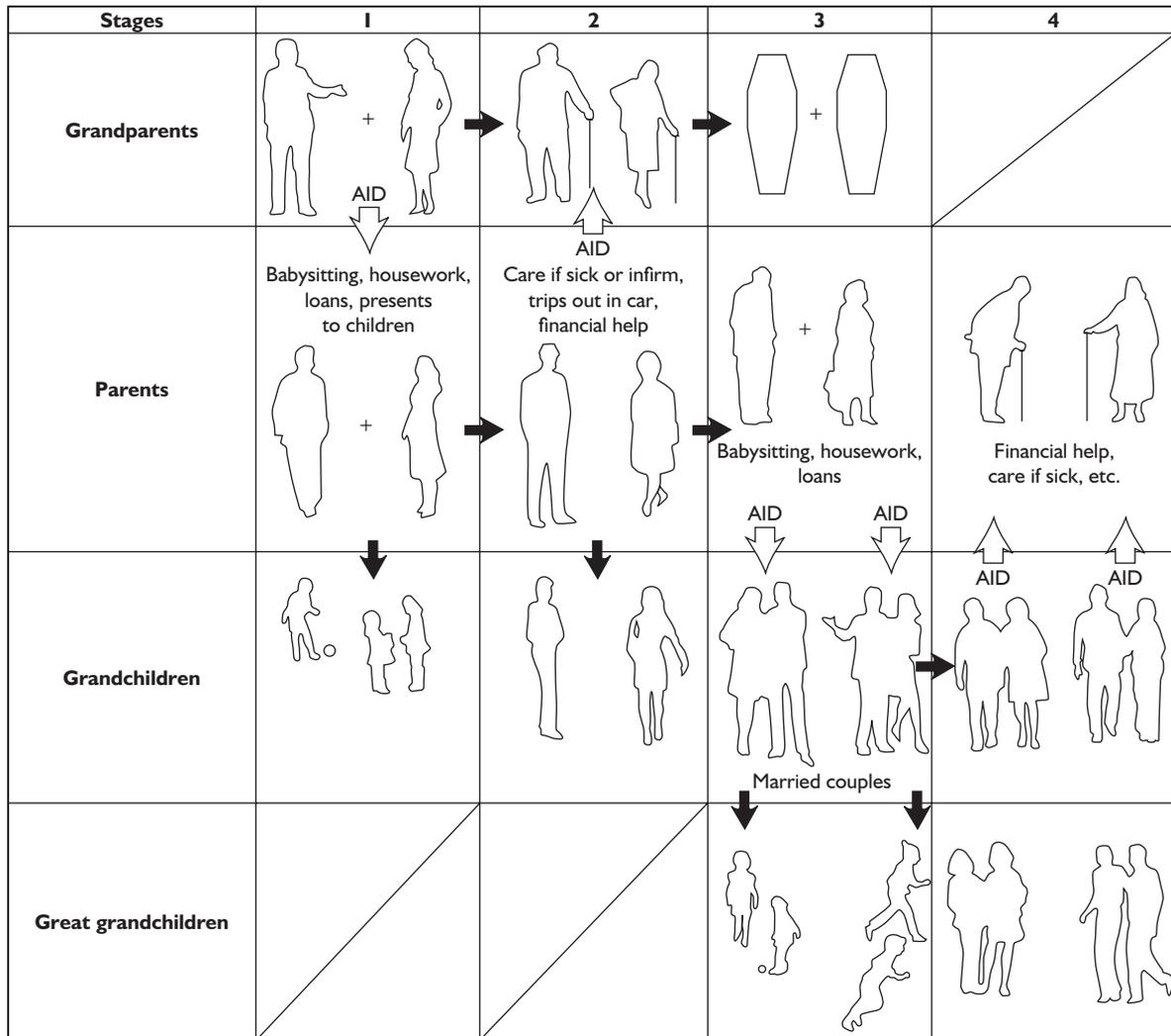


Figure 1.1 The conventional family life cycle (source: Moore, 2001).

The consequences will depend on many factors including:

- circumstances of the break-up
- the existence of family conflict before, during and after the break-up
- gender of children
- age of the child/children
- personalities of those involved
- changes to lifestyle following disruption
- reaction of parents to the break-up
- financial situation
- parental ability to recover from distress of separation
- multiple changes in family structure
- the quality of contact with the non-resident parent

Bearing this in mind, it is useful to develop an understanding of the possible effects on children (*see also* Separation p. 194).

In the early period following family break-up, all family members have to make adjustments and changes. Children are likely, in the short term, to experience unhappiness, low self-esteem and problems with behaviour and friendships. They may become socially withdrawn and inattentive. Young children may regress, become clingy and less likely to cooperate and comply with requests. They may fear being left by the remaining parent. The reactions can be likened to those following bereavement, with an initial expression of denial and guilt. Reactions of children to the break-up will be influenced by the way in which the custodial parent deals with the situation. More than 80% of custodial parents are mothers and for most of them the first year of bringing up children alone will be emotionally and energetically demanding.

The immediate distress surrounding parental separation usually fades with time and most children settle into a pattern of normal development. After the initial period of readjustment, the well-being of all members of the family improves. Routines become re-established as individuals adapt to new circumstances. Nevertheless, studies have found that there is a greater probability of poor outcomes for children from separated families than others – and that these can be observed many years after separation, even in adulthood. Children of separated families tend to grow up in households with lower incomes, poorer housing and greater financial hardship than intact families. They are at an increased risk of developing behavioural problems, including bedwetting, withdrawn behaviour, aggression, delinquency and other antisocial behaviour. They tend to perform less well in school and are more likely to be admitted to hospital following accidents, to have more reported health problems and to visit their family doctor (Kelly, 2003). A review of research has also shown that children who experience the separation of their parents are more likely to leave school and home when young and tend to report more depressive symptoms and higher levels of smoking, drinking and other drug use during adolescence and adulthood (Rodgers and Pryor, 1998). However, the research concludes that there is no simple or direct relationship between parental separation and children's adjustment, and poor outcomes are far from inevitable.

Further reading

Hetherington, E. M. and Kelly, J. B. (2002) *For Better or For Worse: Divorce Reconsidered*. New York: Norton.

Study activity

A 4-year-old boy is admitted to the ward for planned surgery. He has one older brother and a younger sister. On assessing the family you find out that the children's father left home 6 months ago. How might this information influence the care you plan to give this family?

There can be positive results of family break-up. These include:

- reduction in/removal of conflict
- children developing a more mature and sensitive approach and benefiting from additional responsibility
- the relationships between the custodial parent and children becoming very close
- siblings becoming closer

Further reading

Jensen, A. M. and McKee, L. (2003) *Children and the Changing Family*. London: Routledge Falmer.

This book is part of The Future of Childhood Series and it explores how social and family change are impacting on the experience of childhood. It focuses on three main changes: parental employment, family composition and ideology.

Cheal, D. (2002) *Sociology of Family Life*. Basingstoke: Palgrave.

This accessible introductory text provides students who are encountering the sociology of the family for the first time with a systematic way of thinking about the subject, based on a core set of analytical questions. It blends theory with empirical examples drawn from all over the world, thus offering valuable insights into the differences and commonalities between families in quite diverse social and cultural contexts.

Study activity

Carry out some further reading on the effects of family break-up on children. You might look especially at the effects of step-parenting. How do children adjust to this new situation? Perhaps you have experienced family break-up yourself? Reflect on how it affected you and other members of your family.

Summary

This chapter has examined the nature of the family in the UK today. The concept of the 'conventional family' has been explored, examining the changes that have occurred in recent years. Material has been offered to encourage you to reach your own conclusions about the state of the family today and you have been asked to consider the implications of family changes for your practice. Try to take the time to explore some of the further reading and to analyse the current trends that affect families today.

Key Points

1. It is difficult to define the 'family' because of its complex and changing nature.
2. It is important for health professionals to recognise the value of all forms of family units and to acknowledge individuality.
3. The majority of children live in married family couples with both natural parents but an increasing number of children will experience other family forms at some stage during their lives.
4. Most men and women eventually marry but the divorce rate has risen markedly in recent years.
5. Alternative forms of family building bring with them considerable ethical and moral issues.
6. Most of us are likely to experience life in a nuclear family at some stage.