

Literature Review to 'Family and its Protective Effect: Part 1 of the Independent Family Review'

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Introduction

In July 2020, the Prime Minister requested that the Cabinet Office's Race Disparities Unit establish a 'Commission on Race and Ethnic Disparities' to '*review inequality in the UK, focusing on areas including poverty, education, employment, health and the criminal justice system.*¹ As part of Inclusive Britain – the Government's response to the Commission on Race and Ethnic Disparities report – the Children's Commissioner for England was asked to review family policy in the UK.² The purpose was to '*improve the way public services understands the needs of children and families, so every child has the best start in life and the opportunity to reach their full potential.*³

The Children's Commissioner therefore undertook a wide-ranging review of family life (the Family Review, referred to as the Review throughout), with the aim of better understanding what family life looks like today, the protective effect families provide to their members, and what help and support families want. The Review examines the differences in families from different ethnic, religious, and other demographic groups, and explores the difficulty of making any simple comparisons between groups.

To inform the Review, the Children's Commissioner has undertaken a range of qualitative and quantitative research, including focus groups, surveys, and analysis of existing datasets, as well as this review of existing literature. The full evidence is available alongside the main report [here](#).

This literature review was conducted to examine available evidence on contemporary family life over the past 5 to 10 years. It explores the structure of contemporary families in England, child outcomes in relation to family life, as well as focus on children and families experiencing specific difficulties. Where possible it looks at outcomes related to family functioning, but as there is more limited research on family outcomes we largely focus on children's outcomes.

The Children's Commissioner received 70 submissions to its call for evidence from think tanks, charities, parents, and researchers, which has helped to inform this literature review.

The breadth and depth of research into contemporary families is testament to the importance of the topic and the dedication of professional and voluntary organisations to improve the lives of children and families. Owing to the sheer volume of this field of evidence, this literature review is not an exhaustive review, nor does inclusion indicate priority over other evidence. Rather, this literature review aims to provide an overview of relevant evidence.

This literature review outlines the most common family structures in place today and demonstrates that many children will not be living in what are sometimes referred to as 'traditional' families, with two parents at home. It also shows that data recording and collection has not kept pace with the

reality of family life, often making it challenging to research the vitally important relationships children may have with non-resident family, or non-related household members. It also shows key changes in family life in the past twenty years, most notably in terms of maternal employment.

It goes on to demonstrate that family can have a protective effect on children. It also shows that loving and healthy relationships between all family members is crucial to ensuring that children go on to do well on a range of measures including their educational attainment, health, safety and social development.

The literature review also explores the relationship between various stress factors, such as poverty, parental conflict and ill-health and parenting, identifying that the strength and quality of relationships can help families overcome significant difficulties. It also considers circumstances where families are unable to be suitably protective to children and can negatively affect a child's outcomes – sometimes to the extent that they need to be removed from their family due to a risk of harm.

Finally, it provides an overview of services available to families, and demonstrates that there is a range of evidence to demonstrate that the 'protective effect' families provide to children can be improved through support services.

1. What does contemporary family life look like?

In this section we provide an overview of the current research and evidence on the composition, living and caring arrangements of families across the UK. Whilst children's development is influenced by a plethora of factors, such as health, housing, and socio-economic circumstances, it is argued that parenting acts as an enabling and protective factor in many children's lives.⁴ This will be explored further in section 2 below.

Firstly, to understand contemporary family life, and what support families need, we need to understand what families look like, and how they function, as well as the context in which families are living.

1.1. Family structure

The 'nuclear' family – married mother and father co-residing with their children - is often referred to as the 'traditional family' in discussions of family life in Western nations. However, in recent decades, growing number of children in the UK live in so called 'non-traditional' families, raised by cohabiting parents, stepparents, separated parents, single parents and in intergenerational families. There has also been an increase in so called 'new family forms', such as those headed by same sex parents or single mothers/fathers 'by choice' as well as increases in children conceived through reproductive technologies or surrogacy. Children can also be living in care, either in foster care (including with kinship care) or in a residential setting (these arrangements will be explored further in section 3 below).

Latest estimates using the Labour Force Survey for the UK suggest that there were around 8.2 million family households with dependent children in 2021.⁵ Of these family households:

- There were **5.1 million married couple family households**, around 63% of all households with dependent children (and around 25,000 civil partnership couple family households with dependent children).
- There were **1.2 million cohabiting families**, around 14% of all family households with dependent children (including an approximate 6,000 same sex cohabiting couple family households).
- There were **1.9 million lone parent family households**, 23% of all family households with dependent children. 9 in 10 (89%) of these were headed by a female, around 1.7 million households. Approximately 200,000 households with dependent children were headed by a lone father.

Shown in the table below, there has been little change in the composition of family households in the last 20 years, with only a slight shift toward cohabiting couples and fewer married couples. In 2011, 60% of family households with dependent children were married couple families, 14% were cohabiting families and 26% were lone parents. In 2001, 65% were married couple families, 11% were cohabiting families and 24% were lone parents.

Table 1. Family households, 2001, 2011 and 2021

Family household type	Year		
	2001	2011	2021
Married or civil partnership couple, dependent children	65%	60%	63%
Cohabiting couple, dependent children	11%	14%	14%
Lone family, dependent children	24%	26%	23%
All family households with dependent children (number)	7,386,000	7,747,000	8,154,000

In 2020, 51% of registered births were within marriage, 33% to couples living at the same address not married, and 16% to mothers who either registered the birth alone or didn't live with the other registered parent. Comparing to 2000, children born to cohabiting parents has increased, with the rates 61%, 25% and 15% respectively.⁶ In 2019, there were 219,850 marriages in total in England and Wales (213,122 marriages between opposite-sex couples and 6,728 marriages between same-sex couples). Marriage rates for opposite-sex couples have fallen to their lowest on record since 1862; in 2019, for men, there were 18.6 marriages per 1,000 unmarried men; for women, there were 17.2 marriages per 1,000 unmarried women.⁷ It is broadly understood that the decline in marriage over recent decades is due to people either delaying marriage, or couples choosing to cohabit rather than

marry, either as a precursor to marriage or as an alternative. In addition, in 2020, there were 785 civil partnerships formed between same-sex couples and 7,566 opposite-sex civil partnerships formed in England and Wales.

There were 103,592 divorces in England and Wales in 2020. There has been a downward trend in divorce rates since a peak of 153,065 in 2003.⁸ Since 2000, the number of marriages fell by 21%, similar to the fall in divorces (23%).⁹

Since 1991, there have been around 1.3 million in vitro fertilisation (IVF) cycles and over 260,000 donor insemination (DI) cycles, resulting in around 390,000 babies born. Whilst most IVF treatments involve the use of patient eggs and partner sperm (86% of IVF cycles in 2019), the use of donor eggs and sperm has increased. Although treatment with a male partner is the main family form of those undertaking IVF treatment (94% in 2019), there have been an increasing number of cycles involving patients in female same-sex relationships or with no partner.¹⁰

When looking at all families in the UK, in terms of family size, equal proportions of families with children have one or two children (42% each) and 15% have three or more children. Cohabiting couple families and lone parent families tend to be smaller than married couple families. Around half of lone parents (52%) and cohabiting parents (50%) have one dependent child, compared to (37%) of married couples. There is little change since 2001, when 43% of families had one child, 41% has two children and 17% had three or more children. In 2020, the total fertility rate in England and Wales was 1.58 children per woman, the lowest since records began in 1938, and following a downward trend in the last decade.¹¹ The average age of mothers having their first birth was 29.1 years in 2020, up from 26.5 years two decades before¹². In 2020, 3% of births were to mothers aged under 20, 40% were to mothers aged 20 to 29, 53% were aged 30 to 39, and 5% were aged 40 or over.

The 15% of family households that have three or more children equates to around 1.2 million households. Larger families, by nature of more people being in their family, tend to have greater needs, and are more likely to need support when things go wrong, such as job loss, ill health or parental separation.¹³ Nuffield Foundation suggest that the increase seen in child poverty since 2012/13 is largely driven by an increase in poverty in large families. Analysis of fertility rates before and after the 'two-child limit' to certain benefits has not had a significant impact on fertility rates amongst low-income families.¹⁴ Limiting financial support for families based upon benefit caps means that many children face a risk of growing up in poverty simply because of size of their family.

Using the Family Resources Survey, it is estimated that in 2020-21, there were 2.3 million separated families in Great Britain¹⁵ and 3.6 million children in those families.¹⁶ This can include families where one or both parents have re-partnered or remarried (meaning children have stepparents), and it does not give any information about ongoing relationship that children have with their non-resident parent. To

better understand the number of non-resident fathers in the UK, analysis of Understanding Society by Modern Fatherhood¹⁷ in 2013 suggested that there were 980,000 non-resident fathers, approximately 17% of all fathers. Around 70% of these fathers did not live with any other dependent children. This research suggests that 63% of non-resident fathers are in touch at least once a week, and only 13% have no contact at all. The work found that fathers who lived within half an hour of their child(ren), provided financially for their non-resident children, had multiple bedrooms in their home, and were not married or living with dependent children were more likely to be in contact with their children.

Department for Work and Pensions (DWP) estimates of contact between non-parents and children suggest that in 2019 to 2020, 52% of children in separated families saw their non-resident parent regularly (at least fortnightly). Responses were collected before and during the Covid-19 pandemic, and analysis suggests that there is a difference in the frequency of contact reported at these two time periods: in families interviewed before the start of the pandemic, 55% of children in separated families saw their non-resident parent regularly, compared to 45% in families interviewed from April 2020 onwards.¹⁸

1.2. What statistics about families do not show

There is only a partial picture of families that do not fall into the 'traditional model', and the data on separated families, non-resident parents, adoptive parents and stepfamilies is limited and often contradictory.¹⁹ However, increasing diversity of family life means that in contemporary society, the terms 'family' and 'family life' refer to a variety of family forms.

It is well recognised that surveys and administrative data collected on families are often not designed to recognise that children can live across two or more households or the multiple roles that parents and carers play between households. Statistics on family often construct families as 'households', positioning individuals in one-dimensional terms. Many surveys and datasets do not differentiate if adults in households with dependent children are birth parents, adoptive parents, foster parents, stepparents, or a partner of a parent. The Fatherhood Institute argue that this is more likely to affect fathers and father figures, because men are less likely to be full-time co-resident with their dependent birth child.²⁰ Moreover, in surveys where contact between children and separated parents is recorded, there can be misreporting of contact depending on who is reporting: resident parents often underestimate and non-resident parents over-estimate the level of contact.²¹

Families change over time, as parents have additional children, as children grow older and leave their family home(s), if family members migrate, if a family member dies, and if parents separate, re-partner and have additional children in those relationships. Analysis of Understanding Society longitudinal data showed that whilst at any one time, around 20% to 25% of family households with children are headed by a lone parent, when looking over a 6-year period, one in three families with children had

been a single parent family.²² Data is not regularly collected on the number of blended families but in 2011, 11% (544,000) of couple families with dependent children were stepfamilies.²³

Grandparents, siblings, other family members and close friends may play a key role in caring for, and raising, a child - however, much data and associated policy is narrowly focussed on parents.

A further consideration with data collection methods on families is that they often focus on 'dependent children'.²⁴ However, this is arguably an artificial cut-off as it does not reflect the living situations for many young adults. Data on young people who are living with their parents tells two stories. The first is that increasing numbers of young people are living with their parent(s), suggesting that parental roles for young people remain significant. In 2021, 85% of 18- and 19-year-olds reported that they were living with their parents. A further 3.6 million people aged 20 to 34 years were living at home with their parents. This equates to 28% of people in this age group, an increase from 24% a decade ago.²⁵ So, for large proportions of young adults, parental roles are likely to remain significant. However, the second story, is that approximately 5% of 16- and 17-year-olds did not live with their parents, representing around 70,000 young people. The data does not show whether these young people are living independently, with their own family or at a school or university. However, as their main residence is not at their parental home, it can be suggested that these young people may not have the same parental support as others the same age.

Policy devised on the back of partial information on contemporary family life, particularly when the families are considered as vulnerable (for example low income, care experienced, disabled or suffering from physical or mental ill-health) may fail to address key issues, and to meet children and their parents' and carers needs.

1.3. Employment, work, and family life

Employment and family life are intrinsically connected, and parents and carers working patterns profoundly influence family life. As shown in the table below, in 2021, most fathers (92%) and three quarters of mothers (76%) were employed.²⁶²⁷ Comparing to two decades before, the rates of employed fathers is similar (89% in 2000), but there has been an increase in employment amongst mothers (66% in 2000). When comparing to adults aged 16 to 64 without dependent children, parents are more likely to be employed: 92% of fathers are employed, compared to 73% of men without dependent children. The difference also exists, although on a smaller scale, for women; 76% of mothers are employed, compared to 70% of women without dependent children.

However, mothers are much more likely to be employed part-time than fathers: 37% of mothers are employed part-time, compared to just 5% of fathers. Moreover, 15% of mothers report that they are 'economically inactive: looking after the family home' compared to 2% of fathers. Almost all (96%) of

fathers worked at least 30 hours a week, with almost 1 in 5 fathers (19%) reporting to usually work 45 hours or more.

Table 2: Employment (percentage), for men and women, by age of youngest child, 2021

	Men with dependent children						Men without dependent children
	All children	0 to 2	3 to 4	5 to 10	11 to 15	16 to 18	
Employed	92	93	95	93	90	88	72
Full time	84	85	88	83	81	81	58
Part time	6	5	5	6	7	5	9
Economically inactive: looking after family home	2	2	2	2	2	2	1
	Women with dependent children						Women without dependent children
	All children	0 to 2	3 to 4	5 to 10	11 to 15	16 to 18	
Employed	76	72	71	76	80	77	69
Full time	39	37	32	36	45	48	46
Part time	35	34	38	38	33	31	20
Economically inactive: looking after family home	15	21	21	14	10	8	3

Children's age – whether a child is in early years, primary or secondary school – is a key factor in maternal employment, with employment rates being lowest when children are aged 3 or 4¹, and increasing as children enter primary school, and again when children enter secondary school. Part-time working of mothers decreases as children age, and full-time work increases. 'Looking after the home' also decreases as children grow. Life-stage is a key factor in work progression, with children's progression through school stages linked to increasing work opportunities for their parents.

¹ The Labour Force Survey classes maternity leave as in employment, so employment rates for mothers of children aged 0-2 will include those who are employed but on maternity leave.

Whilst the challenges of combining work and caring are experienced in all families, these can be more acutely felt by lone parents, who may need to balance work and care alone. Availability of part-time and flexible working hours is thought to be particularly beneficial to lone parents.²⁸ 77% of mothers in a couple, and 92% of fathers in a couple are employed, compared to 68% of lone mothers, and 74% of lone fathers. Around half of lone mothers of a child aged 0 to 4 are employed, rising to three quarters when children are aged 5 to 16.²⁹

The number of children in a household also changes parental employment patterns. In couple families, as the number of dependent children in a household increase, full-time employment of both parents decreases, and 'father full-time and mother part-time' pattern increases. In lone parent families, as the number of dependent children in a household increases full-time employment decreases and part-time work increases.

It is widely discussed that whilst childrearing has traditionally been seen as a mothers' duty, in recent decades there has been a cultural shift towards involved fatherhood and a more equal sharing of paid employment and caregiving.³⁰ Involved fathering can improve children's development, enhance men's wellbeing and emotional regulation, reduce parental stress, and contribute to gender equality in earning and caring at the family level.³¹ Research into family life also shows that there has been an increasing expectation and focus upon parents and how they raise their children, with 'parenting' being used as 'a verb that carries expectations of how parents should raise their children'.³² There has also been a rapid rise in the provision of books, media, and online advice and for parents to get and share parenting advice.³³

However, as employment rates show, paid employment is not shared equally between mothers and fathers. There is also unequal sharing of unpaid work: for example, a survey of parents in 2019 found that on average, men spend 16 hours a week doing unpaid care work – including childcare, laundry and cleaning – while women spend 26 hours a week on these activities³⁴. A study by the ONS found fathers' childcare share increased during the Spring 2020 lockdown from one-third of women's time before, to two-thirds during April 2020.³⁵

Time-use survey data from 2000-2001 and 2014-2015 shows that the average amount of time families were in the same location and doing something together decreased from 252 minutes in 2000-2001 to 243 minutes in 2014-2015, while the average amount of time families were in the same location but doing things alone increased from 95 minutes to 136 minutes.³⁶

In a survey conducted before the pandemic, parents felt that workplaces were becoming more open to flexible working, and over half felt confident discussing family-related issues with their employer. More than half (51%) felt flexible working was a genuine option for women and 46% feel it is a genuine option for men.³⁷ Changes in working arrangements forced by the pandemic and longer-term shifts to 'flexible' working (including working from home) are helping some parents balance their caring

responsibilities and employment in more favourable ways. Flexible work can reduce childcare costs and reduce stress from the ability to fit work around the children. However, these benefits are not equally distributed, as parents in the low wage economy are less able to access flexible hours and home working.³⁸

One type of family that is particularly impacted by parental working patterns are military families (in which one parent is a serving military personnel). In 2020, there were approximately 100,000 service personnel with children in the Armed Forces. This equates to an estimated 180,000 children of with a parent in the Armed Forces. Military life can put a strain on family life and couple-relationships: the demands of service life, frequent house moves, deployment for long periods of time, and lack of flexibility in working hours and/or deployment, can cause relationship stress. The frequent mobility of military families can lead to educational and healthcare gaps for children, particularly for children with physical, developmental, or mental health difficulties.³⁹ Children of military personnel often have their education frequently disrupted because of moves, and it is estimated that each year, as many as 70% of primary-age children in service families move schools.⁴⁰

1.4. Childcare and early years education

Childcare in the early years gives children opportunities for physical and social development and can improve school readiness. Affordable childcare also allows parents to go back to work taking pressures off other areas of family life. Unsurprisingly, with high rates of parental employment amongst families with young children, most young children access some form of early years childcare. In 2019, around three quarters (76%) of children in England aged 0 to 4 had used some form of childcare during their most recent term-time week.⁴¹ Around two-thirds (64%) of all children aged 0 to 4 were cared for by a formal provider, and a third (33%) of children were cared for by an informal provider. Twenty-nine percent of children aged 0 to 4 were cared for by grandparents, and another 5% by another relative.

When parents and carers were asked about the reason for using childcare, around 69% of children received childcare (formal or informal) to enable their parents to work (or look for work, or to study) and 59% received childcare for the child's educational or social development (or because the child likes attending). The survey also looked at reasons that parents did not use childcare. The reasons tended to be parental choice, rather than due to constraints; 69% of parents who were not using childcare said they would rather look after their children themselves, compared 16% who said they could not afford childcare.

Whilst Covid-19 initially closed many forms of childcare, this does not appear to have had a significant long-term impact on overall levels of childcare use, although evidence below suggests it has impacted take-up by some groups. In a survey of parents of young children in November 2021, the majority (92%) of parents of children aged 0 to 4 whose child used formal childcare before Covid-19 reported that their child was using formal childcare. However, more than half of parents whose child used formal

childcare before Covid-19 felt that the overall disruption to schools and childcare settings since March 2020 had harmed their child's educational and social development.⁴²

Other research looking into the consequences of childcare closures during the pandemic found that children with additional needs, from single parent families, disadvantaged areas, from low-income households and with disabled parents were most likely to miss out on early education and childcare during the pandemic.⁴³ Moreover, this research suggests that disruption to family support services, such as children's centres and parent and toddler groups may have limited key routes for communicating the advantages of early education and childcare to parents. Ofsted reported in Spring 2022 that throughout the pandemic, fewer parents sent their children to childcare settings, that funded places for 2-year-olds are not being used as much as before the pandemic, and that many of the children missing this early education are from disadvantaged families.⁴⁴

Nearly a third of five-year-olds are not reaching a good level of development, and disadvantaged children are, on average, 4.6 months behind their peers by the end of the reception year.⁴⁵ There is a real risk that unequal disruption in early years services will further widen the achievement gap between disadvantaged children and their peers.

Research with parents and schools, and examination of Early Years Foundation Stage (EYFS) data suggests that that school starters in 2020 had poorer outcomes than previous cohorts.⁴⁶ Parents and schools felt that children socio-emotional wellbeing, language and numeracy skills were disadvantaged when entering reception due to the pandemic and associated lockdowns. The EYFS attainment levels in these core areas were below what could have been expected based on the reception year cohort of 2018-19. By the end of the school year, schools were also concerned about children's Personal Social and Emotional Development (PSED) and communication and language. The proportion of children in the sample who achieved a 'good level of development' was 13%, smaller than the proportion in the national data from 2018-19. Children eligible for FSM did not appear more adversely affected, but the proportion of children learning English as an additional language (EAL) achieving a 'good level of development' was 16 percentage points smaller than the proportion in the 2018-19 cohort. There was also some evidence that children that were eligible to attend during lockdowns had better learning and development outcomes than children who could not attend.

2. Happy and healthy family relationships can have a protective effect on children

The relationships between family members, whether that be the parent and child, or between adults in the family, has been a focus for researchers and academics seeking to understand the impact of family functioning on children's outcomes. This section will consider different family forms, the quality of the parental relationship, the relationship between parents and children and the role of

fathers in children's lives. In each instance the impact of these relationships on children will be examined.

2.1. Understanding the impact of different family forms on children's outcomes

Firstly, it is important to consider the relationship between family form and household income. Among the highest income families (the top quintile) 84% are married and 11% cohabit, while among the lowest-income families (bottom quintile), 45% are married and 21% cohabit. In terms of parental separation, married parents are twice as likely to stay together as cohabiting ones. By the time they turn five, 53% of children of cohabiting parents will have experienced their parents' separation; among five-year-olds with married parents, this is 15%⁴⁷.

As such, when exploring the relationship between family form (if parents are married, cohabiting, or separated), it is often assumed that because children with married parents tend to live in higher income households and have better outcomes than children with cohabiting or single parent households, marriage is beneficial to children. However, in a House of Commons Library review entitled 'Marriage and Government Policy' the authors summarised that:

*'Research into the effect of marriage on relationship stability and child outcomes is controversial because observed differences between married and unmarried couples often disappear when the research controls for differences in the characteristics of people who marry and those who don't. Put simply, people in more stable relationships are more likely to get married, and when this is taken into account the effect of marriage on relationship stability and child outcomes is not found to be very large, if it exists at all'*⁴⁸

The research studies looking at the impact of family form are usually based upon longitudinal and cohort surveys. Analysis of the Millennium Cohort study by the IFS suggested that the types of couples that choose to get married and have children may be in relationships that have greater prospects of lasting than those in cohabiting relationships that have children.⁴⁹ This was highlighted in relation to their findings that cohabiting parents are more likely to separate than married parents, yet the authors note that there is little evidence of a casual effect of marriage on relationship stability.⁵⁰

Analysis of a different longitudinal survey (Avon Longitudinal Study of Parents and Children) found that that gaps in children's cognitive and social and emotional skills are largely explained by differences in the socio-economic status of parents who chose to get married rather than marriage itself.⁵¹ Work examining the differences in outcomes for children living in lone parent families compared to two-parent households, suggests that differences in the cognitive skills of young children in lone mother and two-parent families are largely driven by differences in their economic circumstances rather than parenting practices⁵². Other research finds no differences in the outcomes of children in different families. Analysis of Understanding Society data found that when examining

children's life satisfaction, quality of peer relationships and positivity of family life, there was no difference between children living in single parent households, children who had previously lived in a single parent household and children who has always lived in a couple households⁵³.

As these studies suggest that parents' economic circumstances may play a role in determining children's outcomes, it is important to understand how parents' income related stressors impact children. The impact of family income will be explored in section 3 below.

Public attitudes to family form are changing, and noticeable generational differences can be seen. Findings from the British Social Attitudes survey suggests that in 2018/19 only 8% of people disapprove of cohabitation, and 12% disapprove of having children while cohabitating, compared to 14% and 21% in 2006/07 respectively. The research also suggest that younger generations are less likely to disapprove of cohabitation than older generations⁵⁴. Polling from the Centre for Social Justice⁵⁵ exploring attitudes to parental separation found that: 72% adults in Britain think that family breakdown 'is a serious problem and that more should be done to prevent families from breaking up'. Generational differences were also found in this polling, with 45% of 18–24-year-olds agreeing that 'family breakdown is a serious problem for society' compared to 74% of adults aged 65 or over. Similarly, 51% of younger adults (18-24) think it is important for children to 'grow up with both parents' compared to 86% of older adults (over 65).

In conclusion while there is not clear consensus on whether family forms determine children's outcomes, there are noticeable associations between family forms and family resources. Moreover, in the next section the importance of the quality of parental relationships will be considered given the research suggesting its importance impact on children's outcomes.

2.2. The importance of happy and healthy parental relationships

Parental relationships play a crucial role in children's lives. As will be explored further in the next section, parents support their children to learn how to emotionally regulate and develop a foundation for how to form relationships with others. Underpinning parents' ability to support their children is the quality of the parental relationship. Much of the literature around parental relationship is rightly focused on the negative impact that parental conflict can have on children. However, the result is that the counter, the impact of an absence of conflict and presence of happy and healthy parental relationships on children's outcomes has had less focus. However, there is an increasing recognition that the quality of the parental relationship, particularly how parents communicate with each other has an important influence on parenting practices and children's outcomes, including children's long-term mental health and future life chances⁵⁶. The conflict management skills between parents is also recognised as important for children's mental health.

While it is important to acknowledge the beneficial impact of parental relationship satisfaction, it is also essential to consider the negative effect of parental conflict on children's outcomes.

The evidence suggests that conflict between parents, particularly ‘frequent, intense and poorly unresolved’ parental conflict negatively impacts children. Parental conflict can affect children of all ages, and negative outcomes can extend into their adult years.⁵⁷ Exposure to conflict between parents or carers in the early years, and mothers experiencing conflict during pregnancy, can affect the mental health of babies, and can have long-term cognitive, emotional, and physical development.⁵⁸

The parental conflict indicator⁵⁹ statistics produced by DWP use data from Understanding Society and comprises of two measures:

- the proportion of children in couple-parent families living with parents who report relationship distress
- the proportion of children in separated families who see their non-resident parents regularly

In 2019-20, 12% of children in couple-parent families were living with at least one parent reporting relationship distress. Parental conflict was also demonstrated to be twice as likely in workless couple-parent families compared to couples where both parents are working.⁶⁰

The processes through which inter-parental conflict can lead to negative effects on children occurs in two ways. Firstly, disruptions in the parent–child relationship, with evidence that parents in hostile relationships are less sensitive and responsive to their children’s needs and more aggressive to their children. Secondly, the negative emotions, thoughts and understandings of their family relationships generated by children because of exposure to conflict between parents/ carers. So, it is noted that children’s exposure to frequent, intense, or poorly resolved conflict, but also their perceptions as to why the conflict is occurring, impact the extent to which parental conflict affects children.⁶¹

Some studies have suggested that children who experience parental conflict are at an elevated risk of externalising problems (behavioural difficulties, such as aggression), internalising problems (such as withdrawal, self-esteem issues, anxiety), academic problems, physical health problems, and social and interpersonal problems. These problems may also individually or cumulatively affect a child’s life chances, and lead to intergenerational transmission of negative outcomes.⁶²

In order to prevent parental conflict from impacting on children is it important to understand what causes it. Arguments about finances and domestic responsibilities are among the biggest sources of family conflict and can increase likelihood of parental separation. ⁶³ The Family Stress Model theorises that when economic pressure is high in a family, parents’ emotional stress increases, in turn leading to parental conflict. This can lead to harsh or inconsistent parenting practices, in turn resulting in negative outcomes for children.

There is limited data available on the number of minority ethnic parents that experience parental conflict in the UK. However, official data does show that, when compared with white families, some

minority ethnic families are more likely to experience factors that are associated with a higher risk of impaired parental relationships, such as unemployment, economic pressure, and poor mental health.⁶⁴ It is important to note the significant heterogeneity amongst different ethnic minority groups, and whilst some minority ethnic groups more likely to experience risk factors for parental conflict, some are less likely.

Research also shows that low-income families, ethnic minority families, men, young parents, LGBTQ+ parents, and individuals with mental health problems, tend to be less likely to engage in interventions to address parental conflict. This is tied to feeling that services are not tailored to their more specific needs and being wary of services after prior negatives experiences or discrimination. Moreover, for some families, other, more pressing challenges such as financial, housing or immigration issues are prioritised.⁶⁵

Moreover, the literature highlights that the period of parental separation which may stem from prolonged parental conflict can be challenging for children, causing stress and uncertainty. As there is insufficient data on separated families and the relationships between children and non-resident parents it is very hard to draw conclusions about the impact on children of re-partnering, non-resident parents and living in blended families. Instead, it is possible to examine the available evidence for the impact of parental separation of children's outcomes.

A review of research into children's and young people's experiences of parental separation shows that children are actively, not passively, involved in their parents' separation. Parental separation can be highly stressful for children and can have short and long-term impact on their lives. Research suggests that the way separation is managed by families can affect children's experiences of it. For example, adults, including parents and professionals, often withhold information about parental separation from children, which can cause significant stress for children.⁶⁶ However, offering children opportunities to share their feelings and providing support can make a difference for children experiencing parental separation.⁶⁷ However, research exploring the experiences of family dispute resolution services shows that whilst dispute resolution practitioners endeavour to be child-focused, the processes of dispute resolution tended to be dominated by adult agendas and children's voices can be marginalised.⁶⁸

It has been highlighted that the lack of early intervention programmes to support parental relationships creates a reliance on resource intensive legal processes for inter-parental conflict mediation. The Early Intervention Foundation highlight how conflict between parents can range across a continuum of severity, from destructive to constructive conflict. Destructive conflict, which includes aggression and non-verbal conflict, can put children's mental health and long-term life chances at risk. Constructive conflict – situations where there continues to be respect and emotional control, and where the conflict is either resolved or explained – is linked to lower risks of child distress.⁶⁹

There is a significant difference between parental conflict, which can be safely resolved, and domestic abuse; domestic abuse is considered in section 3.

2.3. Healthy and loving parent child relationships are important for children's outcomes

There is a range of research that suggests the quality of relationships within families, particularly between parents and children, can have important effects on children's outcomes. Recent research from the Department for Education (DfE) shows that higher levels of 'warmth' in child parent relationships were associated with better outcomes on a child's Early Years Foundation Stage Profile Score⁷⁰. Evidence from the Millennium Cohort Study suggests that good parent-child relationships resulted in children being less likely to develop behavioural problems⁷¹. There is evidence that the quality of these relationships can help to develop a child's resilience when confronted with adversity and even affect their long-term physical health.⁷²

Data from the Longitudinal Study of Young People in England (LSYPE) shows that children with good relationships with their parents at the age of 13-14 had about a third higher odds of passing at least 5 GCSEs, compared to children with poor relationships with their parents and controlling for gender, parental social class, and ethnicity.⁷³

While a loving relationship between caregiver and child is vital, there are also other elements of parenting behaviour that can also impact a child's outcomes.

There is evidence to suggest that positive proactive parenting which is often characterised by the use of praise, encouragement and affection has been found to be associated with high child self-esteem and social and academic competence.⁷⁴ Studies have also shown that the absence of positive parental involvement with the child, and harsh, rigid or inconsistent discipline practices can increase the risk children developing major emotional and behavioural issues including substance misuse and antisocial behaviour.⁷⁵

There have been comprehensive studies examining the effectiveness of interventions aimed at improving parent-child interactions. For example, the Early Intervention Foundation (EIF) has conducted a review into early intervention programmes aimed at improving parent-child interactions for children in the early years (0-5 years old). There are a range of programmes aimed at improving attachment and parental sensitivity, social and emotional development, and language and communication. Some programmes, such as Triple P Positive Parenting Program which was highlighted in EIF review and through an evidence submission to the Review, aim to improve parents' capacity for self-regulation which supports them to modify their own behaviour.⁷⁶

The quality of the home learning environment has been posited as a measure of early parenting. In some studies, the home learning environment, which includes frequency at which parents read and

play with their child and how available activities and books has been shown to be more strongly associated with children's later wellbeing and attainment than either their family income, parental education or the school environment.⁷⁷

Moreover, a major study on longitudinal data found that the quality of the home learning environment had a stronger association with children's intellectual and social development than parental education or occupation.⁷⁸ Importantly the Education Endowment Foundation (EEF) highlight the important positive impact that parental engagement in their child's education can have on children's academic progress. The effects of parental engagement are highest for younger children but are consistently positive across children in early years settings, primary schools, and secondary schools.⁷⁹ However, the availability of parent's resources to provide an engaging home learning environment varies greatly depending on parents' income status.

2.4. It is important that we support fathers to develop strong relationships

The period around pregnancy and birth is justifiably focused on supporting the mother, however this can often be at the detriment of supporting and engaging fathers throughout this time. It has been noted that engagement of fathers the first weeks of their child's life is a good indicator of their involvement later in their life.⁸⁰

Polling data suggests that 69% of new fathers did not feel included in the overall pregnancy period, 60% had had no conversation with midwife, and 44% received little or no advice from health visitor.⁸¹ More than four in ten (41 per cent) of fathers who have a nearby Children's Centre have never been invited to, or attended, any Children's Centre activity at all, despite requirement for children's centres to engage with fathers as a 'hard to reach group'.

Research with fathers of young children in spring 2020⁸², found that whilst fathers wished to attend local support services, and wanted to be treated as active (and equal) parents to their child's mother, they faced a number of obstacles. Many felt that services, while inclusive of fathers, they were primarily designed for mothers; professionals tended to engage more with mothers than fathers; services often ran during weekday hours when fathers were at work; and it was difficult to find information on local services for families, with fathers often relying on their partner for this information. The research also found that fathers are most in need of support in the period around the birth of their child, and that whilst there is a need to ensure service prioritise the needs of babies and mothers, father's needs, including mental health needs, should not be overlooked.

Work by the Fatherhood Institute⁸³ explored how the 'shock' of the pandemic, and the associated changes to working life, has changed the balance of work and care for fathers. A survey of fathers undertaken during June 2020 found that most of the partnered fathers in the study grew more confident and competent in their fathering, and almost two-thirds said the Spring 2020 lockdown helped them understand their children better and feel closer to them. The picture was less positive for

own household fathers (non-resident): whilst 40% had more in-person time with their children during lockdown, 46% reported spending less time, compared to before lockdown.

Taken together, it is evident from the available literature that there is a need to support fathers to engage with their child in the earliest days and weeks of their lives.

3. There are many variations in what families look like and the challenges they face

For most children, family is a positive influence in their life with research illustrating that the majority of children indicate that they are happy with their family and home. In response to the Big Ask survey conducted by the Children's Commissioner's office (CCo) the majority of children, 80% of 9–17-year-olds said that they were happy with their family life overall.⁸⁴ In addition, the Good Childhood Index data illustrates that in 2021 children were most happy with their family and home compared to other aspects of their life such as their friends and school.⁸⁵

However, it is important to note that many families also face unique challenges that can impact their family functioning and children's outcomes. This section will explore some of the unique challenges that families face, the impact of these challenges on children and the instances in which there is a need for children to live in other family arrangements as a result of some of these challenges.

3.1. Some families are in unique or unstable circumstances that pose challenges

There are many families that find themselves in uniquely challenging situations. Some challenges, as will be presented in this section, put stress and pressure on families and can impact the entire family unit. Yet we also know that these challenges can build families' strength and resilience as a unit. Through the available literature and evidence submissions from expert charities and organisations working to support families, some of the challenges that families face daily and periodically are considered.

Throughout this section it is important to note that these challenges do not define the individual or the family and through the right support networks families can thrive in spite of the challenging circumstances they find themselves in. As we hear through our call for evidence, families are incredibly resilient.

Some of the uniquely challenging situations that we present in this section are of particular concern to CCo and are examined across the office's work outside of the Review. The topics discussed in this section are not intended to provide a comprehensive overview of all of the challenges that families can face but cover the most significant issues affecting children's outcomes.

3.1.1. The impact of unique challenges posed by disability, mental illness, and bereavement on children's outcomes

Children with disabilities

In 2020-2021, approximately 9% of children in the UK had a disability.⁸⁶ At a family level, 12% of couples with dependent children had at least one child with a disability and 23% of lone parent families had at least one child with a disability.⁸⁷

There is also evidence to suggest that children from low-income families are more likely to suffer chronic illness during childhood or to have a disability, and over the course of a lifetime, with poor physical health has an impact on life expectancy. These children are also more likely to suffer from mental health and social emotional problems, and behavioural difficulties.⁸⁸

Respondents to the call for evidence noted that parents and siblings of disabled children can often lack support. Caring Together on behalf of the young Carers Alliance note that from their experience parents of disabled children often lack Parent Carer Needs Assessment. Under section 17ZD Children Act 1989, parents of disabled children have the right to request a Parent Carer Needs Assessment and that these assessments are an important tool for ensuring that parents wellbeing is taken into account when determining the care needs of their child.⁸⁹ Caring Together conducted a small-scale survey of some of the carers they work with in Norfolk and of the 110 respondents, they found that only 12% reported having had a Parent Carer Needs Assessment.⁹⁰

The charity Sibs note that children growing up with a disabled brother or sister often get less attention from their parents and can take on role of emotionally supporting their parents or caring responsibilities for their sibling.⁹¹

The pandemic appears to have exacerbated some of the challenges that children with special educational needs and disabilities (SEND) and their families experience. Data collected via a survey between April to June 2020 highlights the challenges that children with SEND and their families faced during the first national lockdown. The added pressures of closed schools, limited health and social care provisions, work from home, and changed routines exacerbated stress felt by children and their families. The authors conclude that:

*The pandemic's impact on mental health is rooted in issues parent-carers are long used to – social isolation, overwhelming caring responsibilities, pre-existing behavioural and mental health issues, paucity of external support and so on. But these have been exacerbated by the sudden loss of the support that some did have; the lack of a break from caring when children would have been in school; the pressures of home schooling; and worries about their families' health.'*⁹²

Further, the Covid-19 Bill suspended the requirement of local authorities to meet the provision detailed in Education, Health and Care Plans (EHCP), something around a third of parents surveyed felt led to

their child not attending school. However, the research also showed that for some children and families, lockdown and restrictions on regular daily life led to improved wellbeing, highlighting how for some children 'normal life' isn't suited to their needs.⁹³

The change in established routine as a result of the lockdowns imposed by the COVID-19 pandemic was reported to be disruptive for children with SEND.⁹⁴ In particular children with Autism Spectrum Conditions (ASCs) who are often reliant on carefully established routines and relationships could experience anxiety as a result of the change in routine.

Parental Mental Ill-health

Data from Understanding Society shows that a third of children have a parent or carer experiencing symptoms of anxiety or depression.⁹⁵ Moreover, perinatal mental illness affects up to 20% of new and expectant mothers and is more likely to in areas of high deprivation.⁹⁶ There is also evidence to suggest that proportion of children with an experience of their mother having a mental illness has increased in the recent years.⁹⁷ Women from minority ethnic groups in the UK are more likely than white women to experience a common mental health disorder, like anxiety, depression, or OCD.⁹⁸

Research has suggested that the drivers of maternal mental health difficulties are two-fold: some are the same reasons as the general population, which could be exacerbated by having a baby, and others are specifically related to pregnancy and motherhood. Maternal health is considered a crucial determinant in children's mental health, and whole family mental health is crucial for improving children's mental health.⁹⁹

However, it should also be noted that fathers can be affected by mental health difficulties in the perinatal period too. Approximately 10% of new fathers having a common mental health problem during this period.¹⁰⁰

There is a causal relationship between household income and maternal mental health.¹⁰¹ Research shows that moving into debt, material deprivation and not managing well financially are associated with a worsening maternal mental health. Yet this relationship is shown to be malleable, meaning that as financial pressures eases, maternal mental health can improve.¹⁰²

When it comes to children's outcomes, the evidence suggests that there is a relationship between parental mental health, child mental health, and family function. In 2020 30.2% of children whose parent experienced psychological distress had a probable mental disorder, this is compared to 9.3% of children whose parent was not experiencing psychological distress.¹⁰³ Findings from the NHS Digital survey of young people in 2021 illustrate the interaction between family functioning and the prevalence of parental psychological distress and probable mental disorders in children aged 11–16-year-olds. Children whose parent appeared to experience psychological distress were more likely to be living in families with family functioning problems compared to families where there was little or

no evidence of parental distress. Moreover, children with probable mental disorders were twice as likely to report problems with family functioning.¹⁰⁴

In addition, the children of parents with mental ill-health may have to provide care for their parent. The Children's Society estimate that there are at least 800,000 young carers aged between 5-17 in England. The Children and Families Act 2014 Section 96 defines a young carer as 'a person under 18 (5-17) who provides or intends to provide care for another person (of any age, except where that care is provided for payment, pursuant to a contract or as voluntary work)'. While the Children's Society define a young carer as 'someone under the age of 18 who looks after a family member or friend who has a physical or mental health condition, or misuses drugs or alcohol'.¹⁰⁵

Being a young carer can have a substantial impact on children's lives. The Children's Society report that 27% of young carers aged 11-15 either miss or have educational difficulties at school due to their caring responsibilities. This increases for children that are caring for a relative with a drug or alcohol problem. The Children's Society also reports that 39% of young carers said that their school was not aware of their caring responsibilities.¹⁰⁶ In terms of the impact on children's outcomes, there is evidence to suggest that young carers have lower educational attainment at GCSE level and are more likely to be not in education, employment.¹⁰⁷

The responsibility that young carers take on can also impact on their mental health. As noted in a submission to the Review, young carers and young adult carers reported that their mental health had worsened since the pandemic and that they felt more stressed.¹⁰⁸ They also report wanting greater access to mental health support and emotional support more broadly.

Despite the challenges that young carers face, they appear to show resilience and determination. The Carers Trust survey reports on some of the coping strategies and activities that young carers have adopted. Among the coping mechanism and activities were listening to music and talking to friends and families. The survey found that 19% of young carers and 21% of young adult carers report that time away from the person they care for was an important coping mechanism during lockdown. Young carers also reported on the important role of education in their lives, with 24% of young carers and 23% of young adult carers saying that studying is a coping mechanism for them.¹⁰⁹

Bereavement

When a parent or sibling is dying or has died, each family member grieves the loss both individually and as part of the family. Roles shift, relationships and identities change, and the family may face secondary losses such as a drop in income or moving house. The Child Bereavement Network (CBN) estimates that around 24,000 parents of 41,000 children die each year.¹¹⁰

The impact of bereavement on children's outcomes can be substantial, with evidence showing that bereaved children are at increased risk of depressive symptoms and anxiety, physical health

symptoms, accidents and serious illnesses, risky health behaviours and early mortality. Children also have lower average GCSE scores and are less likely to be employed at age 30.¹¹¹

3.1.2. The impact of financial pressure on family functioning and children's outcomes

The availability of financial resources to parents can have direct and indirect impacts on parents and family life: directly, if parents do not have enough money to provide essentials like food, clothing, and utilities, and indirectly, through parental stress, and conflict between parents, which may affect the care parents provide¹¹².

There is a plethora of evidence which suggests that children from low-income households tend to do less well than their appears across key developmental outcomes.¹¹³ Studies have shown that they do less well in education, have lower self-esteem as adolescents, and are more likely to become involved in crime or delinquent behaviour.¹¹⁴ Using school attainment data for England, in 2019, 55% of children aged 5 who were eligible for free school meals achieved at least the expected standard in early learning goals compared to 73% of their peers¹¹⁵. By age 16, 23% of pupils eligible for free school meals achieved a grade 5 or above in GCSE English and Maths, compared to 47% of other pupils.¹¹⁶

Moreover, housing tenure and conditions have been connected to inequalities in young children's cognitive development. Features of low-quality housing, such as overcrowding, damp, or non-decent housing may significantly affect parents' and children's lives and therefore their outcomes.¹¹⁷ In 2020-21, there were 1.3 million households with dependent children living in the private rented sector. Privately rented housing is less secure, has the highest rates of non-decent housing and has high rates of overcrowding.¹¹⁸

Coupled with immigration status issues, refugee and migrant families in particular can experience financial and housing challenges soon after they arrive in the country. The instability associated with financial insecurity and poor housing can be extremely challenging for these families. In their submission to the call for evidence, Reunite Families UK outline how the Minimum Income Requirement of spousal visa sponsorship can restrict families from living together, which can lead to mental and emotional problems within families affected.¹¹⁹

Is it important to consider the impact that financial pressure can have on family functioning and children's outcomes. Longitudinal evidence shows that economic pressure can impact on parents' mental health and the likelihood of relationship conflict which in turn can impact on parenting and children's outcomes.¹²⁰ Parenting difficulties that can be induced by economic pressure include reduce parental sensitivity and harsher parenting practices which are linked to difficulties for children and adolescents.¹²¹

The Institute for Fiscal Studies (IFS) examine the interaction between family poverty status and the parenting index which is grouped into high, medium, and low levels of positive parenting. The report

notes that among the poorest families where there was a high level of positive parenting 58% of children had 'a good level of achievement' in the first year of school. This is compared to 19% of children in the poorest families who received low quality parenting. These findings suggest that parenting can play an important role in mitigating the impact of poverty.¹²² In addition to this, the IFS highlight a systemic review which found that positive home learning activities and warm and supportive parenting play a role in mediating the effects of poverty on children's cognitive and behavioural development.¹²³

The IFS also note that both poverty and poor parental mental health impact on children's cognitive, emotional, and behavioural development, with poverty impacting specifically on cognitive development and poor parental mental health impacting on emotional and behavioural well-being of children. It is noted that a contributing factor stems from parents diminished capacity to be nurturing and engaged as a result of having less emotional and economic resources.¹²⁴

3.2. Some issues families face have such negative impacts on children that intervention from the child protection system is required

In section 3.1 above, the impact of uniquely challenging situation on families and children's outcomes was considered. While the challenges presented pose difficulties for the families and children involved, they will not always pose a risk to the child. Yet there are some issues that families experience that have such a negative impact on the children in the family that intervention from the child protection system is more likely to be required to keep children safe. The CCo is committed to examining the impacts of complex issues on children's lives and so in this section the impact of parental substance misuse, domestic violence, and parental involvement in the criminal justice system on the family and children's outcomes is explored.

Parental substance misuse

Definitions of parental substance misuse differ between evidence sources. This can range from alcohol levels above low risk and any non-medicinal use of illegal drugs (sometimes called non-dependent substance misuse), through to parents being dependent on alcohol or drugs, consuming harmful amounts of alcohol or using drugs regularly or excessively.

The CCo estimates that there were approximately 478,000 children living with a parent with alcohol or drug use dependency in 2019 to 2020, a rate of 40 per 1,000.¹²⁵ In a Public Health England commissioned review it was estimated that 2-4% of parents in the UK were harmful drinkers and between 12-29% were hazardous drinkers. While less is known about the prevalence of parental drug misuse, it is estimated that 8% of children may live with a parent who has used an illicit substance in the past year (2% with a class A drug user).¹²⁶

Reviewing a plethora of survey and administrative data sets, academics at UCL found that there is a considerable difference in rates of parental alcohol misuse between administrative and survey data.¹²⁷ In survey data, they estimate that between 14% and 26% of children between the ages 9-months and 14-years lived with a father affected by increased risk drinking, and between 5% and 18% of children lived with a mother affected by increased risk drinking.

However, rates in administrative data such as health and children's social care data were much lower. The authors hypothesise that this under-recording is due to a failure to record parental status for presenting adults, failure to consider parental alcohol misuse when children have emotional and behavioural problems, or due to different thresholds or classifications of recording alcohol misuse. Whatever the reason, the authors conclude that there could be significant numbers of children affected by parental alcohol misuse that are not identified by services.¹²⁸

It is estimated that parents make up around half of people starting alcohol and drug treatment each year. However, alcohol and drug treatment data shows that an estimated 80% of alcohol dependent parents are not receiving treatment, and 60% of parents who are dependent on heroin are not receiving treatment.¹²⁹

Importantly in a review of serious case reviews published by the DfE it was noted that the voices of children can be overlooked when parents with substance misuse problems are being investigated.¹³⁰ The review found that children living in households where adults have substance misuse problems can be hard to identify; fear of social work involvement or children being removed can prevent parents from accessing support, or from disclosing that they are a parent when accessing treatment. Other barriers to accessing support identified include difficulty accessing services due to location, cost, and timing, as well as the need for childcare whilst accessing support.¹³¹

These findings are troubling given the research suggesting that children with a parent or carer with substance misuse problems can experience negative outcomes.¹³² Substance misuse often coexists with other family stressors, such as housing or financial instability, parental physical and mental health difficulties, and crime. For example, there is a recognised link between substance misuse and parental conflict, and when they coexist, the risk of poor outcomes for the child is greater than when either is experienced in isolation.¹³³ There is strong evidence that the harm to children comes from the compounding impact of parental conflict and substance misuse on parenting practices and family functioning.¹³⁴ Whilst most longitudinal studies support the view that substance misuse increases the prevalence of parental conflict, there are other studies that suggest this relationship is the opposite; parental conflict can lead to substance misuse.

Other negative outcomes identified in studies include cognitive and language development delays in children whose parents are dependent upon alcohol and drugs. Children whose parent's misused substances were also more likely to sustain an accidental injury. Adolescent children whose parents

were high risk alcohol misusers had lower school performance and more frequent school behaviour problems, particularly in 15- and 16-year-olds.¹³⁵

Domestic Abuse

The CCo estimates that there are 831,000 children and young people in households in England that report domestic abuse.¹³⁶ Domestic abuse can both directly affect children, due to the harm they face from experiencing it and have more indirect effects on parent-child relationships. For example, there is evidence to suggest that one strategy employed by abusive partners can be to attempt to undermine the relationship between the child and the non-abusive parent.¹³⁷ Despite this, evidence shows mothers who have experienced domestic abuse are still able to maintain warm and supportive relationships with their children.¹³⁸

There is evidence that shows children who experience domestic abuse between their parents or carers can develop post-traumatic stress disorder, have nightmares, flashbacks, and physical pains, and they can also become depressed and battle suicidal tendencies.¹³⁹ Moreover, experiencing domestic abuse can also destabilise a child's life, as they may need to move home multiple times to stay safe, thus disrupting their schooling and friendships.

Analysis of the Millennium Cohort Study (MCS) shows that young people who lived through domestic violence between their parents at aged three reported 30% higher than average antisocial behaviours at age 14. The parents of these children also reported 13% higher than average conduct problems for their children at the same age.¹⁴⁰ Evidence suggests that children who experience domestic abuse in their home may be more likely to exhibit harmful behaviours in their own intimate relationships.¹⁴¹

The evidence suggests that access to support services can help children who have experienced domestic abuse.¹⁴² However, Action for Children's research into support services for children experiencing domestic violence suggests that children faced barriers to accessing support, with two thirds of surveyed LAs lacking in this support. Services to support these children were often based upon time-limited funding, meaning services provision was precarious¹⁴³ The research also highlighted that coercive and controlling dynamics were not considered enough in work with children, despite these forms of abuse having significant effect on children.

Parental Imprisonment

Current estimates suggest there are around 312,000 children in England and Wales are impacted by parental imprisonment each year.¹⁴⁴ Moreover, an estimated 17,000 children are separated from their mother due to imprisonment each year with only 9% of these children being cared for by their fathers during their mother's imprisonment.¹⁴⁵

However, as highlighted in evidence submitted to the review by the charity Children Heard and Seen, there is currently no nationally recorded data on the number of children affected by parental imprisonment and therefore no statutory mechanism for identifying these children.¹⁴⁶

Parental imprisonment has also been associated with an increased risk of poor mental health and negative behavioural outcomes including antisocial behaviour.^{147/148} There is also research indicating that children experience social exclusion in school and other activities as a consequence of parental imprisonment.¹⁴⁹

3.3. Due to the challenges that some families face, there is sometimes a need for children to live with different families

As mentioned in section 3.2 above, in some instances intervention from the child protection system is needed to ensure that children are kept safe at home. In some instances, the harm children face will be so high that they are unable to live with their birth parents and so live in different family arrangements. In this section we will consider the prevalence of different living arrangements such as foster care, kinship care and adoption and the impact of some of these arrangements on children's outcomes and families' experiences.

In England in 2021, there were 80,850 children looked after (CLA), around 67 out of every 10,000 children.¹⁵⁰ The majority (71%) of these children are in a foster placement. Children in foster placements can be living with a relative or friend, or another carer. In recent years the number of children living in foster placements with a relative or friend has increased very slightly up to 15%, while the proportion of children in placements with a carer who is not a relative or friend has decreased slightly to 56%.

Outside of these foster placements, the remaining CLA are placed in a range of other settings including but not limited to, secure units, children's homes, or semi-independent living accommodation (14%) or have been adopted (3%).

It is also important to note that in March 2021, there were 4,070 children who were Unaccompanied Asylum-Seeking Children (USAC), this group represented about 5% of all CLA in 2021.¹⁵¹

Given the diversity of placements that CLA can be in, it is important to understand the impact of these different living and family arrangements on children and young people's experience of 'family'. Research by the Nuffield Foundation with care experienced young people exploring family and relationships highlighted that many children and young people who experience living in care continue to have a relationship with their birth family and other familial networks they have built before and during their care experience. The work stresses that *'young people must be supported to understand and address what 'family' means for them and given time and space to ensure those relationships are maintained.'*¹⁵²

Looked after children have unique family circumstances, which can extend across multiple households, and change over time. Good quality contact with birth parents, siblings, grandparents, previous foster parents, and wider family members and recognition of children's membership of multiple families, can help children develop a sense of identity, make sense of their past and help manage issues of loss and separation.¹⁵³

It is evident from the literature that different living arrangements that children in care are placed in can have different impacts on their lives. While this section will not consider all living arrangement that CLA are placed in, two arrangements namely kinship care and adoption will be considered.

Kinship care is when a child lives with a relative or friend who isn't their parent. There are different types of kinship care, including: living in an informal arrangement; being on a Child Arrangements Order or Special Guardianship Order and being 'looked after' by the local authority and placed with kinship foster carers.

As highlighted in a submission to the Review from the charity Kinship, is very difficult to estimate the number of children in kinship care as many arrangements are organised informally. Estimates suggest that there are around 152,910 children living in kinship care in England, however, this figure is likely to be out of date as it is based on the 2011 census.¹⁵⁴ The What Works Centre for Children's Social Care highlight that there is an underrepresentation of children from minority ethnic group (Black children in particular) living in kinship care and kinship special guardianship. There are findings that suggest that these children are overrepresented in informal kinship care arrangements.¹⁵⁵

Evidence suggests that children growing up in kinship care arrangements experience better adult outcomes, including health and socioeconomic outcomes, than children living in other living arrangements such as foster or residential care.¹⁵⁶ However, it is important to note that there may be inherent differences between families where kinship care is used and where it is not, which cannot be controlled for in the research. There is clearer evidence to suggest that children in kinship care are likely to have greater placement stability.¹⁵⁷

As mentioned above, a small proportion of CLA are adopted – 2,870 children in 2021 or 3% of the CLA population. Importantly, in recent years the number of adopted children has decreased which has been attributed to delays in court proceedings as a consequence of the pandemic.¹⁵⁸

As with many CLA, adopted children have experienced significant trauma in their lives, with lasting effects on that can impact them throughout their lives. Research estimates that adopted children are up to 20 times more likely to be excluded from school than their peers and are more likely to not be education, employment, or training.¹⁵⁹ Research also suggests that adopted children have a greater need for mental health support than their peers.¹⁶⁰

Yet research suggests that adoptive parents face issues accessing the right support to support their child.¹⁶¹ The recent Adoption Barometer report published by Adoption UK which includes findings from around 2,500 adoptive parents and prospective adopters. The report highlights that families with adopted teenagers and young adults were more likely to report challenges than families with younger adopted children.¹⁶² The report illustrates that high levels of support are needed for to support families with adopted young people between the ages of 16-25.

In submission to the Review, the All-Party Parliamentary Group (APPG) for Adoption and Permanence notes that many families who have adopted a child have struggled to access the right support their child. Findings from a three-month inquiry that heard from adopted adults, children and adoptive parents conducted by the APPG found that 61% of adopted adults said that their adoptive family was not able to access the right support at the right time while they were growing up and 93% of adoptive children and young people said that more must be done to ensure that every adopted child feels loved, safe and secure.¹⁶³

4. Support services available to families

This section gives an overview of the support services available to families. Given the number and extent of support services available, it is not within the scope of this literature review to provide a full analysis of each service, but a brief summary of some of the most significant services is provided below. This does not include children’s social care services, which have been the subject of a separate recent independent review.¹⁶⁴

Table 3: An overview of government funded services and entitlements available to families¹⁶⁵

	Universal services or entitlements	Targeted services or entitlements
Financial support for families with children	N/A	Child Benefit (HMRC) Maternity and Other Parental Pay Benefits (BEIS) Married Couples Allowance (HMRC) Parental Bereavement Leave (DWP) Child Tax Credit (HMRC) Child Maintenance (DWP) Universal Credit Child Element (DWP) Adoption Support fund (DfE) Foster Care Allowance (DWP)
Children with SEND and parents with disabilities	Education, Health and Care Plan (DfE) SEN Inclusion Fund (DfE) The Local SEND Offer (DfE) Special Educational Provision (DfE)	Young Carer's Assessment (DHSC) Disability Access Fund (DfE) Short Break Services (DfE) Disability Living Allowance (DWP)
Childcare	15-hours childcare for 3- and 4-year-olds (DfE)	15-hours childcare for 2-year-olds (DfE) & 30-hours childcare (DfE) Childcare Grant (DWP) Flexible Support Fund (DWP)

		<p>Tax Free Childcare (HMRC)</p> <p>Universal Credit Childcare Element (DWP)</p> <p>Childcare Element of Working Tax Credit (DWP)</p>
School and training	<p>Higher Education funding (DfE)</p> <p>Further Education (DfE)</p> <p>Secondary Education (DfE)</p> <p>Primary Education (DfE)</p> <p>Early Years Foundation Stage Profile (DfE)</p> <p>Apprenticeships (DfE)</p> <p>National Careers Service (DfE)</p>	<p>Virtual School Heads (DfE)</p> <p>Pupil Premium (DfE)</p> <p>Parents Learning Allowance (DfE)</p> <p>Kickstart Scheme (DWP)</p> <p>Supported Internships (DfE)</p> <p>Traineeships (DfE)</p> <p>Period Products Scheme (DfE)</p> <p>Free School Transport (DfE)</p>
Parental Relationships	<p>Relationships and Sex Education (DfE)</p>	<p>Reducing Parental Conflict (DWP)</p> <p>Domestic Abuse Support (HO)</p> <p>Family Courts (MoJ)</p>
Parenting	<p>Family Hubs (DfE)</p> <p>Children Centres (DfE)</p>	<p>Early Help Services (DfE)</p> <p>Supporting Families (DLUHC)</p> <p>Children's Social Care (DfE)</p> <p>Children's Homes (DfE)</p> <p>Kinship Care / Special Guardianship (DfE)</p> <p>Foster Care (DfE)</p> <p>Adoption Services (DfE)</p> <p>Children and Family Courts Advisory and Support Service (MoJ)</p> <p>Family Courts (MoJ)</p>
Health	<p>Start4Life (DHSC)</p> <p>Change4Life (DHSC)</p> <p>Healthy Child Programme (DHSC)</p> <p>Midwifery (DHSC)</p> <p>Mental Health Support Teams (NHS)</p> <p>School Nursing/ School Health Team (DHSC)</p> <p>National Child Measurement Programme (DHSC)</p>	<p>Family Nurse Partnership (DHSC)</p> <p>Children and Young People's Mental Health Services (NHS)</p> <p>Perinatal Mental Health Support (DHSC)</p>
Food provision	<p>School Fruit and Vegetable Scheme (DHSC)</p> <p>Nursery Milk Scheme (DHSC)</p>	<p>Healthy Start vouchers/ Digital Cards (DHSC)</p> <p>Free School Meals (DfE)</p> <p>Holiday Activities and Food Programme (DfE)</p> <p>National School Breakfast Programme (DfE)</p>

Table 4: An overview of voluntary and community-based family services

	Universal community-based services	Targeted community-based services	Paid-for services
Financial support for families with children	Websites about budgeting and financial assistance e.g., Money Saving Expert	Charities providing grants to low-income families, e.g., Family Fund and Family Action	N/A
Children with SEND and parents with disabilities	Charities supporting families with children with disabilities e.g., Contact	Charity funded respite care e.g. The Respite Association	Private physiotherapy and other physical treatments Private child needs assessments Social, emotional and behavioural development activities
Childcare	N/A	N/A	Additional childcare Early education, including additional language learning
School and training	Community run after school activities e.g., football	Charities supporting disadvantaged children's literacy e.g., the Children's Literacy Charity Charities working to improve children's engagement in school, e.g., School Home Support	Private tutoring companies Summer camps and after enrichment activities Sports activities (for example swimming and football)
Relationships	Charity run relationship support advice lines accessible to all e.g., Support Line	Couple parenting courses – e.g., Schoolchildren and their Families, Family Foundations Relationship Counselling e.g., Relate Domestic Abuse services – e.g., Refuges	Paid for couple counselling Private family therapy for complex family needs
Parenting	Informal local networks of parent/ infant playgroups Charity run parenting support lines – e.g., NCT, La Leche Online parenting support forums	Charity home visiting services – e.g., HomeStart Charity run parenting courses	Private antenatal classes Private playgroups
Health	Community run mental health support groups (e.g., coffee mornings) Mental Health support lines, e.g., Mind	Children's counselling services e.g., Place2Be Charity run perinatal mental health support (e.g., PANDAS Foundation UK)	Ante-natal classes (eg NCT, Bump and Baby Club) Breastfeeding support groups
Food provision	Community run gardens	Food Banks Charities supporting adults with disabilities to access food delivery services	N/A

Healthy Child Programme

The Healthy Child Programme (HCP) is a framework for universal public health services delivered by health visitors and school nurses, and covers all children aged 0 to 19. Its aim is to ensure that every child gets the good start they need to lay the foundations for a healthy life. One of the core elements is the five mandated checks delivered by health visitors, which every child should receive in the first two and a half years of life.¹⁶⁶

The HCP does not consist of one single intervention, but a universal offer combined with more targeted support for those that need it. There is evidence that universal screening of all parents can be effective in picking up on difficulties, such as maternal mental health problems, which targeted interventions can help to address.¹⁶⁷ There is also evidence that advice given, such as around safe sleeping, sleep training or lactation, can be beneficial.¹⁶⁸

Children's Centres and Family Hubs

Children's Centres aim to provide a range of services to families with children aged under five, including playgroups and parenting support. There are around 2,200 centres in England, with a further 700 linked sites.¹⁶⁹ Family Hubs aim to provide family support services to families with children of any age, and to integrate services working with families. There are currently 150 Family Hubs¹⁷⁰, although 75 Local Authorities have been selected for funding to develop more hubs.¹⁷¹

While it is challenging to assess the impact of Children's Centres as, like the HCP, they offer a range of 'interventions', there is a range of evidence to suggest that Children's Centres help to improve family functioning and parenting¹⁷², as well as longer term improvements to children's health.¹⁷³

Supporting Families Programme

The Supporting Families Programme, previously Troubled Families Programme, is a form of early family support where families who meet certain criteria are assigned a keyworker to help address the challenges their families are facing. Since 2015 the programme has worked with 470,000 families.¹⁷⁴ Local Authorities track and reports the outcomes for families on the programme against six broad headings:

- **Staying safe in the community:** parents or children involved in crime or anti-social behaviour.
- **Getting a good education and skills for life:** children who have not been attending school regularly.
- **Improving children's life chances:** children who need additional support, from the earliest years to adulthood.

- **Improving living standards:** families experiencing or at risk of worklessness, homelessness or financial difficulties.
- **Staying safe in relationships:** families affected by domestic abuse.
- **Living well, improving physical and mental health and wellbeing:** parents and children with a range of health needs.

The latest statistics show that 55,421 families achieved positive outcomes in 2021/22, equivalent to 79% of all families on the programme.¹⁷⁵

Childcare and Early Years Education

The DfE funds 15 free hours of childcare a week for all three- and four-year-olds, as well as 15 hours a week for disadvantaged two-year-olds. Three- and four-year-olds in working families are entitled to a further 15 hours a week. In addition, parents are entitled to financial support through either the tax-free childcare support, or the childcare element of Universal Credit or Working Tax credit.¹⁷⁶ There is evidence to show that high quality centre-based childcare can have long term benefits for children as young as two.¹⁷⁷ The Study of Early Education and Development shows that attending higher quality early childcare is associated with better results in Key Stage 1 assessments.¹⁷⁸

Conclusion

This literature review finds that contemporary family life is not fully captured in available evidence and highlights the need for additional research to create a more complete picture of family life in the UK today. It shows that there are a range of ways that family functioning, and the quality of relationships in a family, can affect a child's long-term outcomes, underlying the need to focus on strengthening families. The Children's Commissioner's Family Review aims to fill some of the gaps in evidence about the different forms families take, the pressures families face and how it can affect them, and the way that families like to receive help and support.

Note on methodology

When searching for research include in this literature review, we prioritised empirical evidence on families in UK over the past five to ten years. For descriptive statistics on family life, we prioritised official government sources and for studies we prioritised peer-reviewed papers. We incorporated research from our call for evidence throughout.

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- ³ Office of the Children's Commissioner's Family Review: terms of reference. 2022. [Link](#)
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- ²⁴ Dependent children are typically defined as aged under 16, or aged 16-18 and in full-time education and never married.
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