



FAMILY WELLBEING

Can government measure family wellbeing?

A literature review

RESEARCH & POLICY FOR THE REAL WORLD

**Ivonne Wollny, Joanna Apps
and Clem Henricson**



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Executive summary

This review, based on a wide-ranging examination of international research and other literature, considers the concept of family wellbeing and various tools that can be used to measure and understand it. Interest in wellbeing issues in the UK has tended to focus on the welfare of children rather than families. But growing policy interest in children's welfare has led to efforts to improve the ways that wellbeing is measured more holistically, within the family as a unit. There is also a growing recognition of the importance of relationships across the generations and an understanding that these involve a range of interests and support needs. It is therefore necessary to have the tools to measure the effectiveness of government policies in promoting the totality of family wellbeing.

Quality of life and wellbeing

Wellbeing is easier to recognise as a concept than to define. Dictionaries speak in general terms of 'health', 'happiness', 'comfort', 'contentment' and 'prosperity'. The research literature describing theoretical concepts of 'human wellbeing' and the closely related term 'quality of life' is, not surprisingly, extensive.

'Quality of life' (QOL) is used as a concept in many different contexts, but its definition and application are inconsistent. The range of interpretations and lack of consensus has led some writers to conclude that it cannot be uniformly defined because its conceptualisation is bound to vary according to specific contexts. It is also notable that many 'quality of life' studies do not explicitly define the concept. They rely instead on the chosen measurements to provide an implied definition. This can sometimes enable useful research to proceed regardless of whether precise definitions are possible.

Wellbeing is a concept that has been developed mainly by economists, but like quality of life it lacks any universally accepted definition. Varied approaches have tended to result from individual disciplines studying wellbeing on their own terms. Some researchers have attempted to specify the dimensions of wellbeing by compiling lists of potential common factors such as 'necessary resources', 'universal needs' or 'central capabilities'. This has resulted in debates about whether a universal set of wellbeing domains can ever exist given that lists are bound to diverge with context.

The major conceptual differences in the study of quality of life or wellbeing can be considered under five sub-headings:

- *Unidimensional versus multidimensional*: although one widely adopted quality of life measurement is a single scale item – 'How do you feel about your life as a whole?' (Andrews and Withey, 1976) – researchers tend to agree that wellbeing is multidimensional.
- *Objective versus subjective*: there is emerging consensus that the ideal approach to conceptualising and measuring wellbeing is a combination of subjective and objective dimensions. Individual wellbeing factors or indicators can be viewed as combining both aspects.
- *Self-assessment versus external assessment*: although its validity has been questioned in some circumstances, self-assessment is widely viewed as an essential method, particularly where perceptions of wellbeing are being researched.
- *Aspirations and values*: viewed as an important mechanism mediating between objective and subjective dimensions.
- *Culture*: there is debate over how far definitions of quality of life are constructs representing cultural norms. This relates to the specification of standards or benchmarks, which is one of the most contentious measurement issues.

Since notions vary concerning related concepts such as 'quality of life', 'life satisfaction', 'welfare', 'standard of living', 'liveability', 'social quality' and 'wellbeing', a strategy of treating them as interchangeable has often been pursued by those more concerned with practical applications than semantics. There may be limits to the level of conceptual clarity that can ultimately be achieved.

Conceptions of family wellbeing

The term 'family wellbeing' is widely used in public policy. The need to develop a conceptual framework is seen as increasingly important to justify measurement and help build a consistent evidence base. At present, however, the term is conceptualised in a variety of ways drawing on different theories according to the context and purpose of research.

Much of the family wellbeing literature does not attempt to specify the nature of the concept. Nevertheless, a number of studies and reports have sought to define family wellbeing in explicit terms. These definitions indicate the main ways of thinking about family wellbeing. For example:

- family wellbeing is overwhelmingly thought of as a multidimensional concept encompassing different domains, and as an amalgamation of different types of wellbeing: physical, social, economic and psychological
- there are implied criteria for families being 'well' or 'unwell' that are subjective and related to culture
- like individual wellbeing, family wellbeing can be conceptualised in terms of functions, and needs and their fulfilment.

Theoretical models

In a few cases the research literature takes the understanding and measurement of family wellbeing towards a specific theoretical base. These models are based on:

- *Ecological systems theory*: arguing that family wellbeing and environments are linked through interdependent relationships. An ecological approach appears especially well suited to the study of family wellbeing at the level of national statistics and trend monitoring. However, analyses of interactions between families and their environments over time require more comprehensive, longitudinal data than is currently available.
- *Resource theory*: this provides researchers with a way of conceptualising the interpersonal 'resource exchanges' in family relationships. It uses six classes of resource – love, services, goods, money, information and status – to define family wellbeing as a multidimensional concept. It links the concept of 'personal needs' being met through resources that in turn produce life satisfactions.

- **Family systems-based theories:** family systems theory, widely applied in psychology, emphasises the interdependence of personal relationships and interactions within families. Whether a family is 'well' or not is determined by elements of its internal functioning. The frameworks that have been described include internal functioning (such as the conflict resolution style between family members) and psychological constructs (such as social support processes).

Other approaches

'Family functioning' also appears in conceptualisations of wellbeing outside the context of psychological research. The Australian Bureau of Statistics (ABS), for example, refers to "*interactions between family members, often involving combining and sharing resources*" (Linacre, 2007). The National Survey of America's Families (Macomber and Moore, 1999) measures parent mental health and parenting aggravation as family functioning constructs. In another study, economic wellbeing and family physical and mental health are treated as separate domains, while family functioning refers to various aspects of family organisation, such as childcare arrangements, routines or the quality of time spent with other family members (Sing et al., 2001).

Domain-based frameworks

Most research on family wellbeing has been underpinned by multidimensional models. They prescribe relevant dimensions or domains and use a number of different indicators to measure them. Concepts of family needs and resources are often implicit in these studies. But they appear less likely to be driven by theory and more by the findings of previous research, policy interests, or what is possible in terms of data collection. The choice of domains, benchmarks and indicators is, in the absence of guiding theory, more likely to be determined by the subjective judgements and preferences of the researchers, funders or policymakers.

Data-derived and inductive models

In contrast to the theory-based approaches such as the ecological model described above, a data-derived model of family wellbeing is based entirely on the findings of data analysis. Researchers often favour these models because their strength has been demonstrated and they lend themselves to further replication. The most obvious limitation is that these models will only ever contain constructs that have been singled out by the researchers, therefore there is a risk of significant factors being excluded because the chosen methodology was not robust enough to confirm their importance.

Special focus frameworks

Another group of conceptual models considers family wellbeing from a specific perspective, or a focus on particular outcomes. A prominent example is the model developed by the Child Trends research centre in the United States, which conceptualises family wellbeing in terms of 'healthy marriage' and 'family strengths'.

Risk and protective factors

Evidence from longitudinal research demonstrates how wellbeing is related to the way that risk and protective factors in different life domains (individual, relationships, family, community and society) interact. There is, however, a need for better measures to capture these interactions. More generally, the breadth of issues that have been researched in relation to family wellbeing suggests the need for sophisticated, multidimensional and dynamic models to do the subject justice.

The challenges of developing such models have, however, raised doubts as to how achievable this is. Rather than attempting to aggregate all the various aspects into a single, overall framework, it has been suggested that a more achievable goal would be a suite of linked frameworks. Researchers would familiarise themselves with different types of theory, according to the models that were most appropriate for the investigation in hand.

Measuring family wellbeing

Amid a wide variety of approaches to conceptualising family wellbeing, there is no well-established consensus about the best way to measure it. Generally assessments have used:

- measures of individual wellbeing
- measures of pre-specified family resources, functions or needs
- assessments of the quality of relationships
- measures of the social and political and cultural context of families.

In the first approach the unit of observation and analysis is the individual family member. But if family wellbeing is to be viewed as more than aggregated individual data, it becomes appropriate to observe the individual, the relationships between individuals, and the family as a whole. Measurable elements may include the distribution or structure of 'wellbeings' across the

family unit – for example, a family's overall style of resolving conflict, as opposed to the combined communication skills of its individual members.

Validity

A key issue in family wellbeing research is whether chosen indicators and instruments are appropriate, consistent and sufficiently discerning. A lack of validity or reliability has serious implications for the quality of research and the resulting evidence base. Yet one investigation of the extent to which statistical reliability and validity data has been reported in published studies found that only 12 per cent of articles did so (Strauss and Ross, 1995). Speculation as to the reasons for this highlighted different approaches to test development in different research disciplines. The funding for studies may also, in many cases, not include the resources needed for testing.

The number of standardised measurement instruments used in family wellbeing research has been increasing. Yet it also appears that the complexity of the constructs being investigated is often not reflected in the items being used to measure them.

Other issues

There are a number of measurement issues relating to family research in general that those interested in wellbeing are bound to consider:

- *Defining 'the family'*: while many definitions are in use, practical and financial constraints have often meant in practice that family research has been based on household definitions of 'family', i.e. those living within the same household are considered as a family unit. There are, however, many factors that impact on family wellbeing that fall outside the parameters of conventional household-based measurements.
- *Differences within families*: differences between family members pose theoretical and measurement problems. The most obvious example of intra-family differences is a relationship that is happy for one partner but unhappy for the other. Researchers have also encountered difficulties determining valid ways of 'weighting' data obtained from individuals when scoring an overall family index of wellbeing; that is, deciding which individual family member's wellbeing is most important to overall family wellbeing when there are differences in individual wellbeing in a family.

- *Negative indicators:* there has been a tendency to employ ‘negative’ indicators, i.e. that focus on what families lack or undesirable factors and experiences. This can result in family wellbeing being placed conceptually in a ‘deficit model’. The use of deficit indicators has been blamed for a disproportionate focus on the negative in family research.

Lack of UK data

The review was unable to find any nationally representative family wellbeing studies conducted in the UK. However, there are large national datasets that provide a wealth of relevant data, collected in an objective and multidimensional manner. There are also national household surveys in which families – especially those with dependent children – form an important subset. Currently missing, however, are longitudinal and other repeated surveys whose specific aim is to measure the wellbeing of families comprehensively.

Conclusions

Given rapid social change, diversified family structures and the increasingly complex demands placed on families, there is a growing case for family wellbeing data that is representative, comprehensive and consistent. This is needed to support policymakers in understanding the impact of social policy measures on family functioning. Ideally, the data collected would represent the objective as well as subjective dimensions of wellbeing. It would be collected in all the domains that influence family functioning, and on relevant ecological levels, such as individual, relationships, family, the community and wider society. Risk and protective factors would be measured to facilitate analysis of their interplay and the salience of their contributions to good, bad or indifferent outcomes. There would be particular value in obtaining longitudinal data to enable better understanding of these processes.

Family wellbeing data would enable the study of links between family functioning and child outcomes across different populations in ways that are currently not possible. This would not only assist in monitoring family wellbeing, but also the projection of future outcome trends and patterns, creating greater potential for preventive policies. Consistent family wellbeing data would also allow analysis of the impact of external factors on families, such as social services, schools and labour markets. This, in turn, would support more effective service planning and channelling of resources.

Measurement challenges, both conceptual and practical, need to be met through further work, including:

- more reliability and validity testing of different measures
- research to explore the relative strengths of different family wellbeing constructs that may be substitutes or proxies for each other
- cross-cultural and comparative studies of family wellbeing
- more sophisticated data and analysis (such as experimental and longitudinal research designs, structural equation modelling and hierarchical analyses)
- more studies to discover how families themselves conceptualise family wellbeing.

1. Introduction

This review is about the wellbeing of families and the various tools that can be used to measure and understand it. Its focus is on the family as a social unit interacting internally with its individual members on the one hand, and externally with the community and wider society on the other. The purpose is to contribute to the development of a measurement framework for assessing family wellbeing in the UK and to raise awareness among policymakers about relevant conceptual and practical issues.

The study begins with an exploration of the concepts 'wellbeing' and 'quality of life'. Families are then brought into focus, and there is an examination of a range of different disciplinary approaches to the assessment of their wellbeing, from studies in psychology through to social policy population surveys. A selective interdisciplinary perspective is adopted intended to support the construction of a practical tool to measure family wellbeing for the purpose of informing the development of effective family policy.

Child or family wellbeing?

Interest in the concept of wellbeing in the UK has, until now, concentrated on the welfare of children, rather than whole families. Particular attention has been paid in the literature to international comparisons in child wellbeing. For example, the widely publicised Innocenti Research Centre report published by UNICEF in 2007 ranked the UK bottom among developed countries on various indices of child wellbeing (UNICEF, 2007). Negative trends in mental health, offending and drug and alcohol misuse were specifically highlighted. Comparisons have also been made between child wellbeing and trend data on life chances and movement between social

classes. Social mobility rates in the UK have been in decline since the 1950s. This has reinforced arguments that a policy emphasis on children's overall wellbeing is needed to help them reach their potential irrespective of family background (Blanden et al., 2005). In addition, negative social trends such as increasing mental health problems among children and youth offending are major concerns which have drawn attention to how children develop in our society (Laurance, 2006).

The growing policy focus on children's welfare has been accompanied by international efforts in the past decade to improve the ways that child wellbeing is measured in the general population (Andrews et al., 2002; Ben-Arieh and Goerge, 2001; Hanafin et al., 2007; Moore, 1999; Pollard and Lee, 2003; Lippman, 2007; Land et al., 2007). This has served to highlight criticisms of the evidence base that are equally relevant to any discussion of the scope for family wellbeing measurements. For example that:

- child wellbeing is inconsistently defined and measured
- the indicators used are far from comprehensive (there is limited or no data on some important aspects of child wellbeing such as mental health)
- selected data and analyses are often inappropriate, measuring multidimensional concepts with one-dimensional measures and with limited ability to pick up cumulative risk factors in the lives of children
- data showing correlations between risk factors do not necessarily support the investigation of causal pathways
- existing indicators create a 'deficit model' of childhood because they mostly measure negative factors
- the available data is often unsuitable for international comparisons.

These problems concerning definitions, data collection and measurement need to be addressed. But it is also self-evident that efforts to improve the lives of children cannot be sensibly considered in isolation from the social and environmental context in which they are growing up. Thus, to make a real difference to their wellbeing, the focus of research and policy should be wide enough to acknowledge the family unit as the most direct and influential context in which children develop. This is not to deny a continuing need for child-focused research and policy development, but simply to recognise that efforts to enhance the wellbeing of children in the real world require that questions also be asked about the wellbeing of families.

The intergenerational dimension

A further significant feature of family wellbeing concerns the intergenerational relationship between children, parents and grandparents. Each generation has an expectation of wellbeing in the context of the family as a caring unit. There are supports, but also tensions, implied by the financial and caring 'contract' across the generations. Some of these tensions are internal to the family, while others relate to the distribution by the state of differing financial supports and caring services between the generations. While there have been a number of studies examining the wellbeing of the elderly, these have not been undertaken in the context of the whole family experience.

The crux of the need to measure family wellbeing is that the family is an interdependent caring unit that impacts on the wellbeing of its members across the age range, from cradle to grave. It is the fundamental biological and social unit within society. As such its wellbeing pertains to both the individuals that comprise it and the unit itself, with its network of caring and dependent relationships. The family is the focus of a range of government supports and controls and which require measures of efficacy.

Policy developments and the role of research

The importance of the family unit as a focal point for policy and research is reflected in recent policy developments, both nationally and internationally. For example, there has been the creation in the UK of a Department for Children, Schools and Families and, a few years earlier, a Family and Parenting Institute. In Ireland, the Department of Social Welfare was re-designated the Department of Social and Family Affairs in 2002. New Zealand established a Families Commission in 2004. A number of government policies relating to the family have been published in the UK in recent years (*Supporting families*, 1998; *Every Child Matters*, 2003; *Every Child Matters: next steps*, 2004; *Support for parents: the best start for children*, 2005; *Every parent matters*, 2007). Initiatives like these acknowledge that the family is a cornerstone of society, fulfilling major functions such as the provision of care to the most vulnerable members of society and the transmission of values and norms to the next generation.

The research community has a part to play in fostering an understanding of family wellbeing so that policies are based on sound evidence and are

consequently more likely to prove effective. Yet, as with efforts to promote child wellbeing, there are obvious gaps in the conceptual understanding of family wellbeing, and in knowledge about the indicators and instruments that can best be used to measure it.

The review

The purpose of this review is to examine the literature on current concepts of family wellbeing and to consider options for improving the way that its various dimensions are recognised and assessed.

After a description in Chapter 2 of the methodology for the review, Chapter 3 considers wellbeing as a general concept alongside other commonly used terms including 'quality of life' and 'happiness'. From a conclusion that most definitions are culturally determined, it moves on in Chapter 4 to examine a range of different conceptual approaches to family wellbeing from studies in psychology through to the non-theorised approaches of many social policy population surveys.

Chapter 5 explores the need for different conceptual frameworks and measurement models appropriate to the subject matter being explored, but linking the areas that are relevant to the study of family wellbeing to social, economic and health research. This interdisciplinary relevance emerges as especially important in discussion of the scope for developing bespoke national surveys or instruments for the assessment of family wellbeing. The chapter considers what measurement tools are currently available. It also examines methodological, ethical and other issues that need to be taken into account when developing comprehensive family wellbeing studies.

Conclusions are set out in Chapter 6, including a recommendation for the development of sophisticated tools and surveys to measure family wellbeing in the UK. As will be seen, wellbeing measurement is a highly complex and challenging task. Further progress is, nevertheless, essential if national policy is to be grounded in a full understanding of contemporary family life.

2. Methods

Search strategy

Three main databases were searched for relevant research literature. Two of them – Swetswise and IBSS – included specialist social science material as well as a wide range of related fields; for example, economics and health-allied disciplines. The third, Ingenta, indexes a wide range of academic and professional research articles.

The databases were searched with the key terms “*Family Wellbeing*” or “*Family Quality of Life*”. Only relatively recent material was included (1990–2007).¹

Table 1: Number of search items by database

Database	Search term	No. of records
Swetswise	In article name	11
IBSS	In article name	102
Ingenta	In article name	26
	In abstract and as keywords	92 (12 of which new material)

¹ The same time frame was not applied to Ingenta to increase the low number of records.

After checking the records for duplicates and non-relevant records (e.g. book reviews) a total of 96 academic records were initially identified. More than half these documents came from health-related publications and, in particular, published research on intellectual disabilities. Forty-seven records originated from this field with another seven documents originating from various others such as mental health or maternity health care. However, it was subsequently decided to exclude a large part of this health-related material (37 records) from the final review. This was largely done because the focus of many articles was considered to be too narrow to be of general relevance². The remaining 17 articles appeared to offer a good understanding of the conceptualisation and measurement of family quality of life in the health field, including in relation to intellectual disabilities.

It was, nevertheless, apparent that the academic literature on family quality of life or family wellbeing was very limited compared to that concerned with general wellbeing and quality of life. This could also indicate that these are quite 'new' concepts in academic research and that their increasing use is, for the time being, largely driven by the social policy field.

Whatever the reason, it was, therefore, considered important to conduct an additional search of policy documents, conference proceedings and other so-called 'grey' material. This was done via Google using the key terms *Family Wellbeing*, *Family Quality of Life* and *Family Measurement*. A total of 73 records were examined in detail. These largely consisted of family wellbeing surveys, and discussion and policy documents. The vast majority originated from the United States, Australia and New Zealand. A certain amount of general wellbeing literature was also retrieved via the Google search for material on wellbeing, especially material which synthesised and provided an overview of current thinking and the state of knowledge on human wellbeing. As a whole this material contributed substantially to the review.

² Examples of excluded articles included topics such as 'Parents' perceptions of advocacy activities and their impact on family quality of life' and 'Family quality of life and day care centers for patients suffering from dementia'.

3. General conceptions of wellbeing

The theoretical and empirical research literature describing concepts of human wellbeing and quality of life is extensive. For the study of family wellbeing this large body of literature provides a wealth of conceptual information to clarify the theoretical underpinnings of the generic concept of wellbeing. Psychological research contributes many of the health-related insights; other fields include nursing, medicine, health promotion, disability and mental health. Quality of life has, over half a century, acquired the infrastructure of a discipline in its own right with dedicated peer-reviewed journals and academic bodies. 'Happiness studies' have emerged more recently as a field of study concerned with subjective, individual wellbeing. Among its major resources is the World Database of Happiness (<http://worlddatabaseofhappiness.eur.nl>), which serves as a repository for scientific research in this area, and provides an exhaustive bibliography. Different academic disciplines have contributed to theory and research in work on quality of life and happiness, but it is fair to say that quality of life is more associated with health, and happiness studies with economics.

Historical background

In their early days, studies of the wellbeing of individuals and nations relied heavily on economic definitions and measurement using economic indicators, such as income and shares of national output. The theoretical shortcomings of this approach became evident once it had been demonstrated that the sense of wellbeing among people living in developed nations had not increased in line with improvements in their economic circumstances (Easterlin, 2003).

Quality of life and standard of living were evidently not synonymous. Quality of life thereafter became the focus of a 'social indicators' movement originating mainly from Scandinavia and the United States (see Bell et al., 2006 for a comprehensive history, also Berger-Schmitt and Noll, 2000). This approach was (and remains) based on an assumption that wellbeing is determined by a range of individual and social factors as well as economic ones; for example, health, social relations and the environment. This has been a fast-growing field whose influence has been felt in discussions ranging from the collection of national social monitoring data (population statistics) to development studies. The quality of life of populations (with the individual as the unit of analysis) and of societies is the focus for this area of research (e.g. Berger-Schmitt and Noll, 2000).

More recently the quality of life concept has contributed significantly to debates about the focus and targeting of mainstream health, education and social care services, including the scope for multi-agency working in the public sector (Bell et al., 2006, p.9). Its reach has also extended to such topics as urban design (Chapman and Larkham, 1999).

Definitions and difficulties

Quality of life

Quality of life is used as a concept in many different contexts, but its definition and application are inconsistent. There has been no shortage of attempts to clarify its meaning, but the range of interpretations and lack of consensus has led some writers to conclude that this task is well nigh impossible. In their view, quality of life cannot be generally or uniformly defined because its conceptualisation is bound to vary according to specific research purposes and contexts. For example, it may relate to the quality of life of cities, nations or regions, or else it may be telling us about different social or psychological factors that affect the quality of life of individuals, or groups of individuals who share common characteristics (see Bell et al., 2006).

A number of attempts have, even so, been made to summarise existing definitions. For example, one typology suggested three major categories (Farquhar, 1995, p.503, cited in Bell et al., 2006, p.11):

- general and global definitions
- definitions that break the concept down into a series of component parts or dimensions (e.g. economic domain, intimate relationships domain etc.)
- definitions that focus on only one or two component parts or dimensions.

It is, however, important to note that quality of life studies most often provide no explicit definition of the concept. They rely instead on the measurements they have chosen to use to provide an implied definition specific to the particular piece of research. While this may generally be considered a weakness, there is an argument that it is done less to avoid defining the indefinable than to carry out research that can be usefully applied regardless of whether an exact definition is possible.

Where attempts have been made to define quality of life it has most often been in terms of multidimensional domains. For example, the New Zealand Government has specified four overlapping and interrelated domains of wellbeing: economic, social, environmental and cultural. Each domain has been further defined. Cultural wellbeing, for instance, is specified as people's

“participation in recreation, creative and cultural activities; and freedom to retain, interpret and express their arts, history, heritage and traditions”. (New Zealand Ministry for Culture and Heritage, 2005, p.3, as cited in Bell et al., 2006, p.31)

Local government in New Zealand has been advised to take account of all four domains of wellbeing in its policy planning and practice.

It has also been widely noted that quality of life can have objective and subjective features. The social indicators movement referred to above developed the ‘Scandinavian level of living’ approach, which focuses on objective measures of individual living conditions to determine overall quality of life, most often measured in terms of available resources; whereas in the American Quality of Life approach the emphasis is on measuring ‘subjective quality of life’, based on self-evaluations by individuals in a number of domains. These are most often expressed in terms of their levels of satisfaction with different areas of their lives (Berger-Schmitt and Noll, 2000).

Wellbeing

Wellbeing is a concept that has in many cases been developed and studied by economists (Bell et al., 2006, p.30). Like quality of life it:

“... lacks a universally acceptable definition and has numerous, and often competing, interpretations”. (McGillivray and Clarke, 2006, p.3)

It has also been described as:

“... a complex, multi-faceted construct that has continued to elude researchers' attempts to define and measure it”. (Pollard and Lee, 2003, cited in Bell et al., 2006, p.30)

The sheer range of (theoretical and non-theoretical) interpretations is illustrated by the following, non-exhaustive list of examples. In those, wellbeing is based on:

- the fulfilment of *human needs*; for example, based on the psychological theory of human motivation by Maslow (1970) a hierarchical set of human needs can be categorised into 'basic, safety, belonging, self-esteem and self-actualisation' (Clarke, 2005)
- the achievement of human *capabilities*; these are 'real opportunities/ freedoms' (for example, 'bodily health' and 'integrity, 'emotions', 'affiliation' and 'control over one's environment' (see Jasek-Rysdahl, 2001, for an example of an application of the approach in research; Clark, 2005; Sen, 1992, for details of the approach)
- the availability of *resources*; the Resource Profiles Framework approach, for example, includes as resources 'relationships' and 'cultural status' (McGregor and Kebede, 2003)
- the realisation of *social and political values and goals*, (identified through analysis of the social and political goals inherent in such related concepts as welfare, quality of life, sustainability and social quality and as expressed in contemporary politics (Berger-Schmitt and Noll, 2000)

- *research evidence*; research into factors that facilitate psychological growth and wellbeing led to the formulation of the psychological self-determination theory that the satisfaction of three intrinsic needs – competence, autonomy, relatedness – fosters wellbeing (Ryan and Deci, 2000)
- *quality of life approaches*; these identify a number of 'domains', in addition to economic/material wellbeing – for example, health, education, employment, housing, the environment, basic human rights (Clark and McGillivray, 2007); as noted above, there may be subjective or objective dimensions of these domains, or both (Berger-Schmitt and Noll, 2000).

These different approaches – and others based on more specific theoretical frameworks (McGillivray and Clarke, 2006, p.2) – tend to have resulted from individual disciplines studying wellbeing on their own terms, rather than from attempting to take a multidisciplinary perspective. Consequently different conceptualisations can be found that relate to different facets of wellbeing, all of which could be considered important in their own right (Clark and McGillivray, 2007).

Researchers have also attempted to identify the domains of wellbeing by compiling exhaustive lists of potential common factors such as necessary resources, universal needs and central capabilities. Pollard and Lee (2003), for example, established five separate domains of wellbeing and a range of positive and negative indicators in each through a systematic review of the child wellbeing literature. Another example of the 'quality of life approach' to wellbeing definition comes in a study of European regional wellbeing and exclusion. Wellbeing is not explicitly defined but is implied by the description of five dimensions – material wellbeing, health, education, literacy and participation in the productive and social spheres (Stewart, 2002, cited in Bell et al., 2006).

This has resulted in debates about whether a set of universal or fundamental wellbeing domains can ever really exist, with some arguing that such frameworks are bound to diverge with the context. As with quality of life (above), wellbeing has most often been researched without a definition apart from that implied by the particular choice of measurements (Bell et al., 2006).

It follows that those who seek a general and consensual definition of either 'quality of life' or 'wellbeing' are liable to experience disappointment. They may also experience some understandable confusion, given the way that notions concerning such related concepts as quality of life, life satisfaction, welfare, standard of living, liveability, social quality and wellbeing tend to vary. Some writers have made specific distinctions between the different concepts and urged others to follow their lead for consistency (Haas, 1999), while others insist on different distinctions or treat the terms as synonymous – a strategy that holds considerable appeal for those more concerned with practical applications than semantics.

Indeed, for the purposes of this review it is intended from now on to treat quality of life and wellbeing as practically interchangeable. This is because a discussion structured around differences in terminology would risk losing sight of the many conceptual advances that have been made in recent years. It is, therefore, proposed to focus the remainder of the discussion on the main points of distinction between different interpretations, regardless of the specific terms that researchers have used. The important distinctions are whether the concept used is defined as objective or subjective and, within objective approaches, whether emphasis is on the means for achieving wellbeing/quality of life or on actual outcomes of different levels of wellbeing. With subjective approaches the key distinction is whether the focus is on affective (emotional) or cognitive (reasoning) dimensions (Berger-Schmitt and Noll, 2000).

Differences and debates

The major conceptual differences and principal debates in the study of quality of life or wellbeing (Bell et al., 2006) can be considered under five sub-headings:

- a unidimensional or multidimensional concept
- objective versus subjective
- self-assessment versus external assessment
- aspirations and values
- culture.

A unidimensional or multidimensional concept?

Quality of life has been defined as both a uni- and multidimensional concept. One of the most widely adopted quality of life measurements is the single Likert scale item 'How do you feel about your life as a whole?' (Andrews and Withey, 1976). Nevertheless, unidimensional measures are in a minority. When quality of life is conceptualised as multidimensional, similar measures are commonly repeated across a number of different domains, such as satisfaction with work, relationships or neighbourhood. While scholars may nowadays tend to agree that wellbeing is multidimensional, the identification of an exhaustive list of dimensions has proved difficult – even more so the task of achieving consensus on what the dimensions should be and their relative importance (McGillivray and Clarke, 2006, p.3).

Objective versus subjective

Whether wellbeing is related to the objective circumstances of individuals or their subjective perceptions of those conditions continues to be a topic of major debate. It arose from data showing that these two dimensions do not necessarily correlate. This led to a re-orientation of research towards subjective measures on the grounds that economic and other objective indicators could not demonstrate how people 'feel' about their lives (Bell et al., 2006, p.19). For example, high levels of unhappiness could still be found in individuals whose objectively measured wellbeing, such as their 'standard of living', was high. Some writers even argued that quality of life is a subjective concept by its nature (Raphael, 1996), which fits with the postmodernist view that all reality is constructed and therefore subjective.

Also, as previously noted, it is often the research context that determines how quality of life is conceptualised. In the context of medical interventions, for instance, improvement in the quality of life for patients is often a desired outcome, but improvement in the objective living conditions of patients may be more than a particular treatment can achieve. A subjective definition of quality of life will be better suited to the scope of what the intervention can actually hope to achieve.

However, the counter-argument for objective approaches is that subjective judgements about quality of life are influenced (and limited) by individuals' frames of reference. In other words, they reflect aspirations rather than actual quality of life. The value of objective approaches to quality of life has also been argued in the context of ethical responsibility towards vulnerable groups (Cummins, 2000; Felce and Perry, 1995). To quote Bell and colleagues:

“If a person with poor mental health lives alone in squalid conditions and rarely leaves the house, self assesses as having a good QOL, is this a reason for leaving them to get on with it?” (Bell et al, 2006, p.21)

A further clarification made by Veenhoven (2004, p.3) concerns the difference between studying a subject matter that is itself subjective and applying subjective assessment methods. Likewise between the use of objective assessment methods and studying an objective subject. Figure 1 describes, in a health context, what implications these distinctions might carry in practice.

Figure 1: Objects of assessment and assessment methods

Subject matter	Assessment		
	Objective	Mixed	Subjective
Objective	1	2	3
Mixed	4	5	6
Subjective	7	8	9

Type 1: Illness revealed by symptoms such as weight loss or biochemical tests

Type 2: Illness diagnosed by doctor on the basis of a patient's complaints

Type 3: Perception of being ill by one-self (possibly without feeling sick)

Type 4: Being and feeling ill as apparent in sickness behaviours such as absenteeism and doctor visits

Type 5: Being and feeling ill measured by a health questionnaire that involves both perceptions of functional health and health complaints

Type 6: Being and feeling ill as reported directly by a person

Type 7: Feeling ill as apparent in consumption of relief drugs, such as painkillers or tranquilizers

Type 8: Feeling ill measured by a sickness complaint inventory

Type 9: Feeling ill measured by response to a single question on how fit or sick one feels

Source: Veenhoven, 2004

Debate continues, but it is fair to say that there is now a consensus that the ideal approach to conceptualising and measuring wellbeing is a combination of subjective and objective dimensions (e.g. Diener and Suh, 1997; Delhey et al., 2002; Hagerty et al., 2001). This is based on recognition of the strengths and weaknesses inherent in each approach and on the relationship between objective and subjective aspects of quality of life. For example, an individual might give a lower rating on job satisfaction in circumstances where friends and peers happen to have jobs for which they are particularly well motivated. This does not mean the individual necessarily believes her/his job is a bad one, but gives it a low rating because he/she mixes with friends who are even more enthusiastic about their work. Moreover, the subjective dimension may have an impact on the person's objective circumstances, where feelings of dissatisfaction at work may have a negative impact on the chances of progressing and promotion.

Cummins (2000) proposes that subjective and objective quality of life are independent of each other but only to the point where the objective quality of life falls below a certain threshold from which it then drives down subjective quality of life. Perhaps the dynamic nature of lived experience also means that continuous interactions are likely to operate, not only between wellbeing processes and outcomes, but also between objective and subjective wellbeing dimensions. From this flows an argument that instead of treating the dimensions as separate, it is more appropriate to regard each wellbeing factor as having objective and subjective dimensions or for different indicators' potential to be assessed both from an objective and subjective point of view (Schallock, 1996).

It should be noted that conceptual frameworks already exist that represent more comprehensive approaches to operationalising quality of life than the contrasting 'availability of resources' and 'subjective wellbeing' perspectives. For example, the Basic Needs Approach (Allardt, 1993) identifies three basic human needs – having, loving and being – and specifies subjective as well as objective dimensions within each category.

A simultaneous focus on subjective and objective dimensions, in terms of four possible groupings of these dimensions, is also central to the conceptualisation of quality of life in the German Quality of Life Approach (Zapf, 1984, cited in Noll, 2002):

Figure 2: German Quality of Life Approach

Objective living conditions	Subjective well-being	
	<i>Good</i>	<i>Bad</i>
<i>Good</i>	Well-being	Dissonance
<i>Bad</i>	Adaptation	Deprivation

Self-assessment versus external assessment

Studies in the health field have explored the issue of how far self-assessment can be relied upon as a source of wellbeing data. They have, for example, compared scores on life satisfaction assessed by patients themselves and as assessed by their carers. Studies of this type have shown mixed results in terms of a match between the two different sets of responses (Eiser and Morse, 2001; Frost et al., 2002; Janse et al., 2004). However, a more fundamental challenge to self-assessment can be mounted by those who argue that its validity is inherently threatened; for example, by social desirability – where a person gives an evaluation not based on true feelings, but based on what ‘the norm’ is: which answer appears to the individual as the socially acceptable or the most desirable answer. Even so, self-assessment is widely viewed as an essential component in many assessments of quality of life, particularly where perception of wellbeing is the subject being researched. Moreover,

“personal appraisals of wellbeing have a validity for which there is no substitute if one person’s values are not to be imposed on another”.
 (Felce and Perry, 1995)

Aspirations and values

Some writers have emphasised the importance of aspirations and values to the quality of life concept. The sort of life someone aspires to or the value they place on a particular aspect of life will have a bearing on how they respond to questions

about their wellbeing. Identifying aspirations and values can consequently provide significant insight into the relationship between the objective and subjective dimensions of the quality of life of individuals. Attempts to incorporate individuals' values into quality of life scores should be made by weighting the different domains' scores (satisfaction with work, relationships etc.) according to the value individuals assign to them (Felce and Perry, 1995) within the same study (e.g. the importance of work to an individual). In other work quality of life scores have been weighted according to the differential structures of 'domains importance' to different demographic groups. These hierarchy structures represent commonalities in views about what is important in life for different age groups or social groups, and had been specified through research prior to being used as mediators of quality of life scores (Felce and Perry, 1996; Schalock, 2000).

Culture

Another much debated subject is the extent to which definitions of quality of life are cultural constructs representing norms and values. This relates directly to one of the most contentious measurement issues in quality of life research: the selection of life domains and indicators, and the specification of standards or benchmarks.

Researchers have been advised to reflect on the cultural presumptions, including underlying values, norms and beliefs, which might have biased a conceptualisation of quality of life. This is because how quality of life (QOL) is defined can have profound implications, as Bell and colleagues observe:

"QOL has a high public profile at times, for example concerning legal decisions over medical intervention to save very premature babies who will almost certainly be profoundly disabled, or to prolong the lives of people in a persistent vegetative state. In a quite different policy context, a psychological concept of QOL that regards aspects of an individual's personality or temperament as the determining factor may result in fewer resources being invested in improving the material circumstances of vulnerable individuals." (Bell et al., 2006, p.9)

The selection of domains by researchers or the funders of research is inevitably based on subjective choices as to what seems important in wellbeing and what the benchmarks for being 'well' should be. So, too, is the selection of indicators, which is

often driven by pragmatic rather than theoretical factors, such as the availability of data. Any development of family wellbeing assessment would surely need to include reflection on the underlying value base of the measurements being proposed.

Concepts and confusion

In the quest for conceptual clarity writers have tried to separate the different tangible elements of wellbeing or quality of life; for instance, by distinguishing what quality of life is, what determines it, what processes are involved in attaining it, and what its outcomes are (Hagerty et al., 2001).

One widely quoted typology (Veenhoven, 2000) distinguishes between the means and the ends of the 'good life' and argues that in the measurement of quality of life

“one cannot meaningfully add chances and outcomes. A happy and productive life is not better when lived in a perfect environment by a well-endowed person than when realised in difficult circumstances by someone handicapped.” (Veenhoven, 2000, p.25)

Figure 3 below combines this differentiation while making a further distinction between 'inner' and 'outer' dimensions and illustrates the meaning of the resulting categories.

Figure 3: Four kinds of being 'well'

	<i>Outer qualities</i>	<i>Inner qualities</i>
<i>Life-chances</i>	Living in a good environment	Being able to cope with life
<i>Life-results</i>	Being of worth for the world	Enjoying life

Source: Veenhoven, 2000

This typology has been usefully applied to replace or clarify other conceptions and classifications and to assist in exploring the substantive meanings inherent in diverse measures. It also represents a necessary step along the way to establishing whether the concept of wellbeing can be measured comprehensively (McGillivray and Clarke, 2006, p.8).

However, it should be noted that seemingly unambiguous and mutually exclusive categories can start to lose their clarity at the point of practical application. 'Being of worth for the world' (otherwise known as 'self-esteem') could, for instance, be conceptualised as both a determinant and a desirable outcome of a good quality of life. As a result, 'self-esteem' defies easy assignment to categories like 'life-chances' and 'life-results'. So when it comes to distinguishing the means of achieving wellbeing from its ends some confusion may still be apt to prevail (Hagerty et al., 2001).

It has also been argued that a distinction between wellbeing processes and outcomes is, in any case, artificial because

"wellbeing cannot be thought of only as an outcome, but as a state of being that arises from the dynamic interplay of outcomes and processes". (McGregor, 2006, p.3)

In the case of self-esteem, it could be viewed as a significant contributor to processes related to wellbeing; for example, in learning for educational achievement, or in coping with rejection letters from employers. But self-esteem could also be a highly relevant wellbeing outcome at the end of both processes.

Thus, while theoretical clarity is often a prerequisite for sound analysis, particularly for studying causal aspects of quality of life, it is necessary to acknowledge the potential for a conceptual framework for wellbeing to work brilliantly in one context, but poorly in another. There may, indeed, be limits to the level of conceptual clarity that can ever be achieved. Identifying theoretical advances that can be generalised is liable to be a long, laborious process.

4. Conceptions of family wellbeing

The term 'family wellbeing' is now widely used in public policy and a growing volume of international research has sought to provide answers to the questions of what family wellbeing is, what contributes to or enhances it, how 'well' families are today, and what the future trends impacting on the wellbeing of families might be (e.g. Families Australia and the Australian National University, 2007; Linacre, 2007; Colorado Foundation for Families and Children, 2003; Statistics New Zealand, 2006; Moore, 2007; Munford and Sanders, 1998). There is, however, a common perception, articulated by the New Zealand Families Commission at the National Family Wellbeing Symposium in 2007, that the term's *"conceptual underpinnings, and measurement, are lagging behind"* (Fletcher, 2007, p.24).

Given the difficulties identified in the previous chapter in defining, generalising and theorising wellbeing this is scarcely surprising, and there is added complexity where families are concerned because:

- a family unit is an aggregate of individuals
- family units exist in a wide variety of forms
- individual wellbeing is contained within family wellbeing and these two dimensions are consequently interdependent (e.g. Linacre, 2007)
- 'family wellbeing' is an ambiguous term that can refer to the quality of life of a particular family unit, or else to the wellbeing of 'the family' in society as a whole. In either case it is taken to mean something more than the sum total of individual wellbeing (Families Australia, 2006).

As with child wellbeing, the need to develop a comprehensive, widely accepted conceptual framework for family wellbeing has become more pressing in recent years. It is seen as increasingly desirable in order to guide policy and research, justify measurement and help to build a consistent evidence base (e.g. Statistics New Zealand, 2007b; Behnke and MacDermid, 2004; Families Australia, 2007).

A strong theoretical framework would have the potential to enhance understanding of family wellbeing and guide its measurement by, for instance, defining relevant elements and the linkages between them. But at present it is conceptualised in a variety of ways and different theories are drawn on, depending on the research context and purpose. This can depend especially on whether wellbeing is being studied at the level of an individual family (e.g. family research in clinical psychology), at the level of families who share certain characteristics (e.g. ethnic minority families) or families in relation to certain aspects (e.g. how families manage their finances), or as a societal characteristic (e.g. sociological family research).

Definitions

A wide variety of disciplines and research fields are concerned with the study of the family. The literature retrieved for this review originated from:

- clinical psychology
- sociology
- health-related disciplines
- social care/work
- child psychology
- national statistics/trend monitoring (social indicators)
- family research (various disciplines)
- economics
- evaluative research.

As in the case of individual quality of life research, most of this literature does not define the concept. As one review conducted in the US discovered:

“most documents did not specifically define family wellbeing, but it was characterized based on outcomes, indicators, values and ideals”.
(Colorado Foundation for Families and Children, 2003, p.6)

While research is often described as an investigation into family wellbeing, it is apparent from the measures used in these studies that they represent only one, or a few, limited aspects of the concept.

There are, nevertheless, a number of studies and other reports that have sought to define family wellbeing in more explicit terms. For example:

“The emotional, social and economic wellbeing of children, parents and families.” (Sing et al., 2001, p.1)

“... both physical and psychological wellbeing [of family members] as well as the quality of relationships between parents and the quality of parent-child relationships”. (McKeown et al., 2003, p.5)

“... the health, happiness and prosperity of the family unit as a whole as well as its individual members”. (Families Australia, 2006, p.4)

“The ability to perform functions and practices for the benefits of the group and individuals.” (Pryor, 2007, p.23)

“The degree to which one person’s needs were met in the family setting was assumed to be an indicator of family wellbeing. The combination of wellbeing scores from more than one family member was assumed to be an indicator of family life quality.” (Rettig and Leichtentritt, 1999, p.315)

These definitions, although varied, indicate the main ways of thinking about family wellbeing. Thus:

- family wellbeing is overwhelmingly thought of as a multidimensional concept: it encompasses different domains and is an amalgamation of different types of wellbeing – physical, social, economic and psychological
- there are implied criteria for families being ‘well’ or ‘unwell’ that are subjective and culture-related
- like individual wellbeing, family wellbeing can be conceptualised in terms of ‘functions’, and in terms of ‘needs’ and their fulfilment. This makes it necessary to specify what the core family functions or basic needs might be.

Theoretical models

In a few cases the available literature takes the understanding and measurement of family wellbeing beyond definition by using a specific theoretical base. Existing family wellbeing models with a theoretical framework are based on:

- ecological systems theory
- resource theory
- family theories.

Ecological systems theory

Ecology in the natural sciences is the study of the representation of living organisms, the interactions among and between organisms and their environments. In human ecological systems theory the wellbeing of humans is embedded within the wellbeing of their biological, physical and social environments, in other words:

“the wellbeing of individuals and families cannot be considered apart from the wellbeing of the whole ecosystem”. (Rettig and Leichtentritt, 1999, p.309)

Research findings support the utility of ecological theory for the study of the family. For instance:

- they have demonstrated how the work domain and family domain influence each other and how the connections run in both directions and that 'community' also needs to play a part in the analysis (Voydanoff, 2007)
- the analysis of longitudinal family wellbeing data has shown that in the determination of wellbeing over time economical, psychological, psychosocial and sociological factors interact (Hayes et al., 2007)
- research has shown that political cultures have an impact on family wellbeing (Zimmerman, 2003).

Applied to families, it is argued that their wellbeing and environments are linked through interactions and interdependent relationships. For example, an ecological perspective is now standard in the context of family interventions and programmes (Barnes et al., 2005). 'Community' has been found to be an influential factor in the success of an intervention, even for interventions purely on the family level, such as parenting classes. These community influences are thought to come about via:

- institutional resources (the quality, quantity and diversity of the learning, recreational, social, educational and health resources of a community)
- relationships and community ties
- norms and collective efficacy.

Voydanoff's (2007) application of ecological theory illustrates several ways in which it can help to guide the understanding and measurement of family wellbeing. Her conceptualisation describes how aspects of three domains – family, work and community ties – can be placed in a hierarchy of different ecological levels:

- *microsystem*, describing patterns of activities, roles and interpersonal relations that occur face to face
- *mesosystem*, referring to the various interlinked microsystems in which a person participates
- *exosystems*, meaning external environments in which a person does not participate, but which indirectly influence them

- *macrosystems*, defining the institutional patterns and broad belief systems that provide the context for human development in which the other systems are nested.

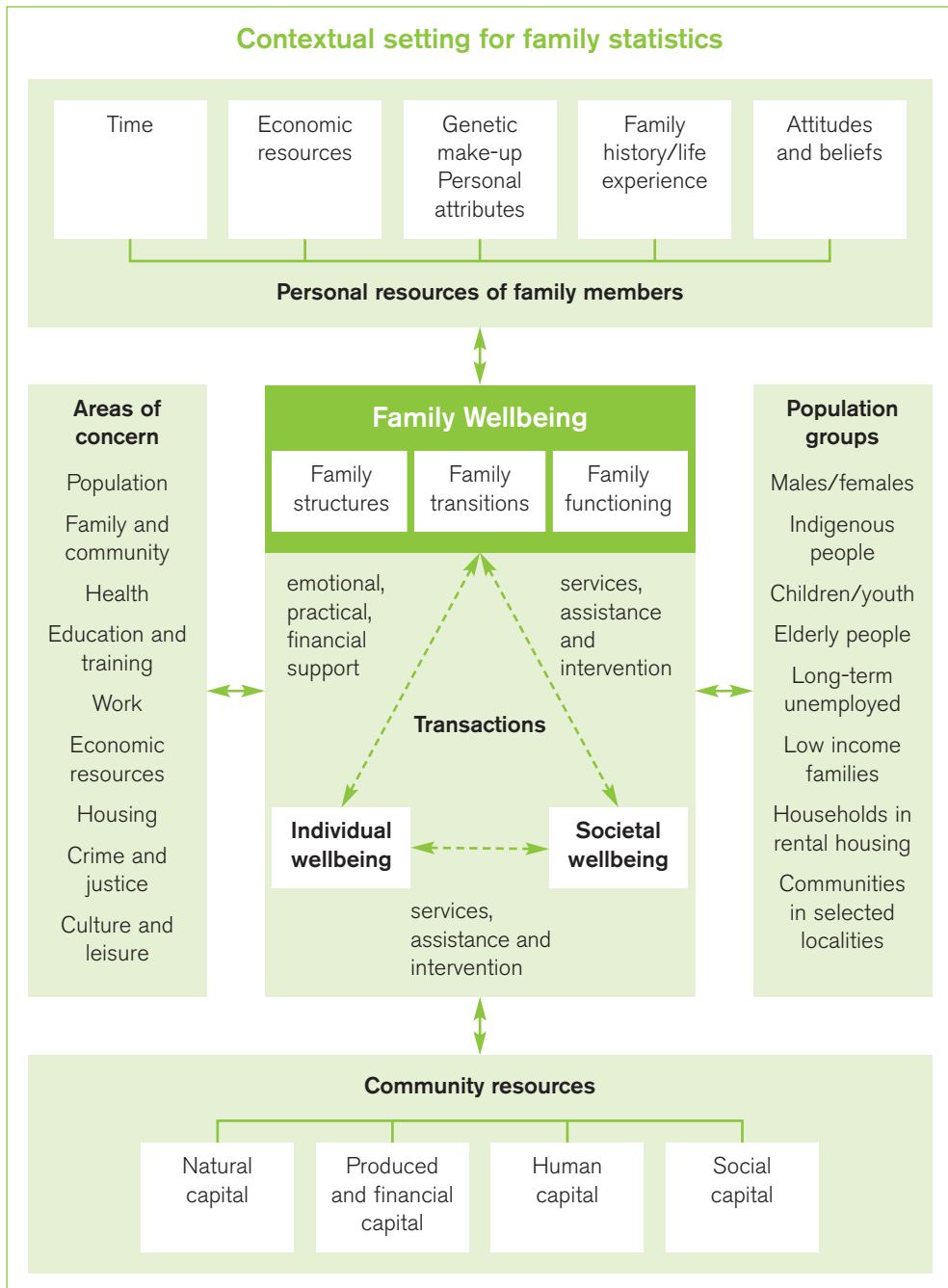
Voydanoff also identifies six categories of family, work and community characteristics, derived from an analysis of dimensions in empirical research:

- structure
- social organisation
- norms and collective efficacy
- support (the provision or receipt of instrumental or emotional social support)
- orientations (the salience, commitment, involvement, aspirations)
- quality (subjective evaluation of multidimensional domains).

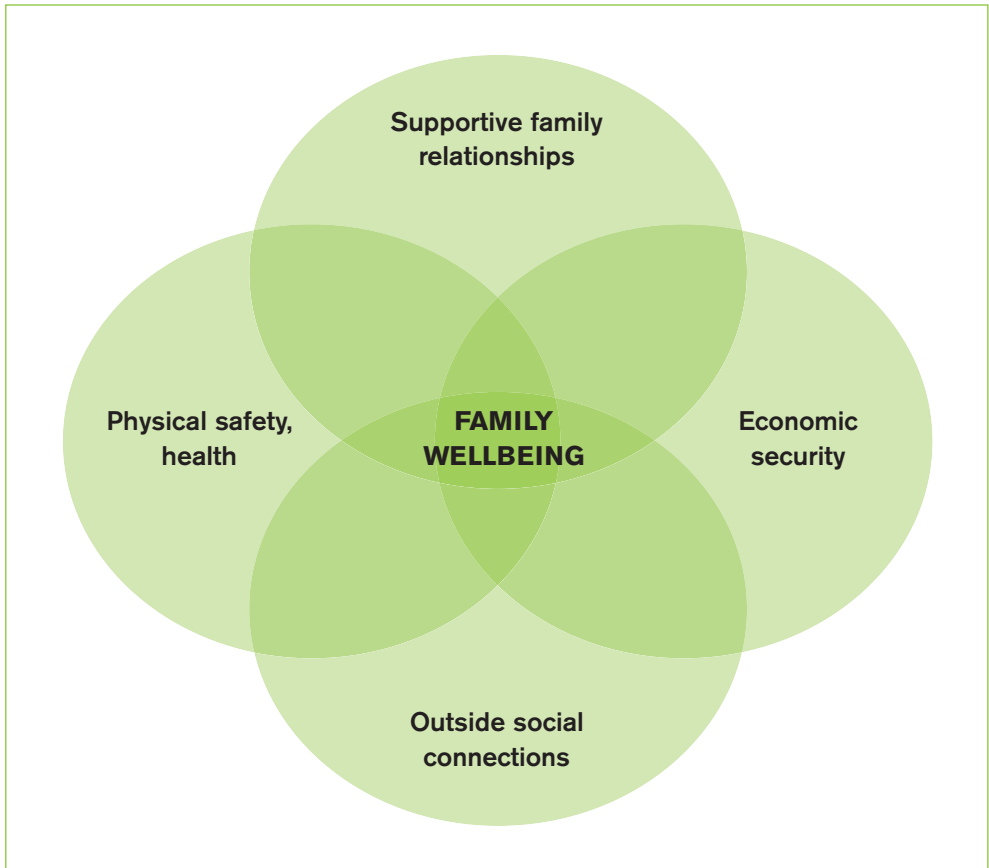
Together, the ecological levels and categories serve as a framework for examining links between family, work and community.

Amid renewed interest in social indicators (Berger-Schmitt and Noll, 2000; Cobb and Rixford, 1998; Clark and McGillivray, 2007) and international recognition of the need for better representative data on families (Statistics New Zealand, 2006; Colorado Foundation for Families and Children, 2003; Moore, 2007; McKeown et al., 2003; Sanson et al., 2002), there has been increased activity linked to the development of an agreed family wellbeing framework. The Australian Bureau of Statistics, Families Australia (an independent non-profit organisation that promotes the needs and interests of families) and the New Zealand Families Commission have all adopted an ecological approach to the development of a measurement framework for family wellbeing (Linacre, 2007; Families Australia, 2006; Fletcher, 2007). The Australian Bureau of Statistics (ABS) contextual model for family statistics is shown in Figure 4 and the Families Australia model in Figure 5.

Figure 4: Australian Bureau of Statistics family wellbeing model



Source: Linacre, 2007

Figure 5: Families Australia family wellbeing model

Source: Families Australia, 2006

The ABS model in particular takes clear account of the different system levels (individuals, families, and population groups; social, human, economic and natural capital) and interactions between these as important factors in family wellbeing.

From these models, an ecological approach appears best suited to the study of family wellbeing at the level of national statistics and trend monitoring, because this level of research collects data sufficiently comprehensive to enable such analysis; for instance, analysis of whether and how changes in systems – for example, communities, the job market or the family services system – impact on families. The data is unlikely to come from one source but there is scope within national household surveys and other surveys to link various data sources; for

example, crime surveys, social capital studies, environmental data, economic output data and labour market statistics. Analysis of family–environment interactions which possibly take place via indirect mechanisms and over time with many variables involved requires such comprehensive and longitudinal data.

Resource theory

Rettig and Leichtentritt (1999) have described a family wellbeing framework at individual family level which combines ecological theory and resource theory. This sees the family as the next-level system in which individuals are embedded and with which they interact (Figure 6).

Resource theory provides the researchers with a way of conceptualising the interpersonal ‘resource exchanges’ in family relationships. To do this it identifies six interdependent classes of resource:

- love
- services
- goods
- money
- information
- status.

Resource theory thus defines family wellbeing as a multidimensional concept. It uses the six classes of resource to guide the definition of the content of family life, from which follows the development of measures and interpretation of findings. It also links together the concept of ‘personal needs’ being met through ‘resources’ that in turn produce ‘life satisfactions’. Further arguments for the theory’s relevance to family wellbeing research are its recognition of the importance of both economic and social-psychological human needs and that it explicitly acknowledges the interaction between these domains.

Family wellbeing in this model (Figure 6) is the property of an individual, and the combined wellbeing of individuals constitutes the family’s overall life quality (Figure 7). But the conceptualisation is still based on the ecological assumption that humans depend on their surrounding environments for ‘resource exchanges’. Ecology and resource theory are understood to complement each other.

Figure 6: Conceptual framework for family wellbeing based on resource theory – individual as the unit of observation

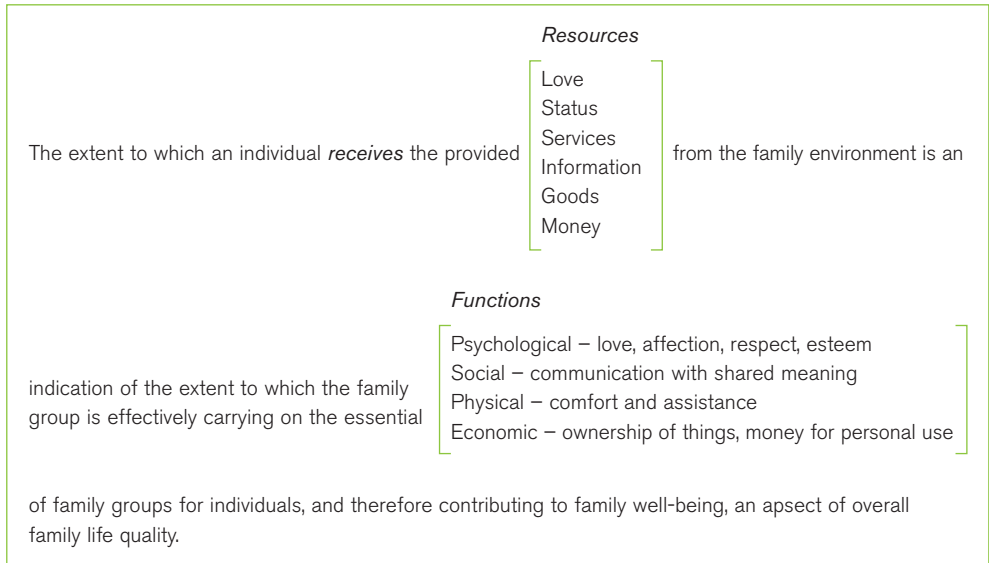
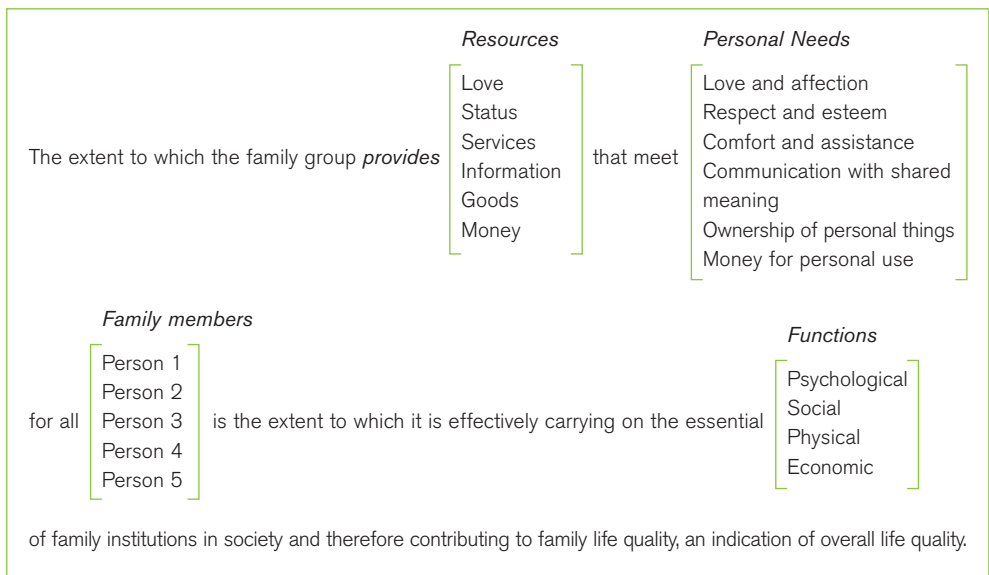


Figure 7: Conceptual framework for family life quality based on resource theory – family group as the unit of observation



Source: Rettig and Leichtentritt, 1999

Family systems theories

By the end of the twentieth century family systems theories had become some of the major theoretical perspectives in the study of families, from which therapeutic treatment of families was developed. Family systems theories view a family as an organised hierarchy of subsystems, including individuals, subsets of individuals and the overall combination of family members (Bonomi et al., 2005, p.1128). Psychological or psycho-social family systems theory approaches to understanding the wellbeing of whole families emphasise the organisational complexity of families, their interdependent relationships, interactive patterns and dynamics.

In these approaches, whether a family system is 'well' or not is determined by the elements of its internal functioning.

The psychological literature on family functioning is extensive. The approaches can be broadly divided according to their focus:

- on the family as an entity; its adjustment and preservation
- on child development, viewing the family in terms of its contributions to child welfare
- on the family as a system with internal dynamics that produce developmental and welfare outcomes for its members.

(Babatunde et al,1995)

The functioning frameworks that have been described by researchers include elements that are internal to the family (such as the conflict resolution style between family members) and family functioning elements which play out externally (such as the social support processes a family is involved in). Clinical family research has led to the development of various family functioning models. Two well-established and frequently referenced examples are:

- the *Circumplex Model of Marital and Family Systems* (Russell and Sprenkle, 1984; Olson, 1999); and
- the *McMaster Model of Family Functioning (MMFF)* (Epstein et al., 1984 and 1993).

The *Circumplex Model* theorises that a family is well when balanced in certain dimensions, namely:

- *marital and family cohesion (separateness versus togetherness)* including the dimensions of: emotional bonding; boundaries; coalitions; time; space; friends; decision-making; interests; recreation
- *marital and family flexibility (stability versus change)* including the dimensions of: leadership (discipline, control); negotiation styles; role relationships; relationship rules: stability versus change
- *marital and family communication* (this category facilitates the other dimensions), including: listening skills; speaking skills; self-disclosure; clarity; continuity tracking; respect and regard; empathy and attention.

The *McMaster Model of Family Functioning* defines a healthy or effective family according to its functioning in six main dimensions:

- *Problem solving*: a family's well-functioning is defined by its ability to progress through defined stages of the problem-solving process (instrumental or affective problems).
- *Communication*: characterised as clear and direct; clear and indirect; masked and direct and masked and indirect. Clear and direct is seen as the most effective form of communication in a family system and masked and indirect the least effective.
- *Roles*: effective functioning when the responsibilities for all necessary family functions (such as the provision of resources, nurture and support, life skills development) are clearly allocated to capable individuals who are also accountable for their fulfilment; poor functioning when the functions are not fulfilled or the responsibilities are not clearly or continuously allocated.
- *Affective responsiveness*: assessed by the range of responses (amount and quality) to different stimuli. Family functioning is considered poor when the range is very narrow and the quantity or quality is distorted in a given context.
- *Affective involvement*: a range of different styles of involvement is specified: absence of involvement, involvement devoid of feelings, narcissistic involvement, empathic involvement, over-involvement and symbiotic involvement. Empathic involvement is viewed as the most effective form; symbiotic involvement and absence of involvement as the least.

- *Behaviour control*: four styles are identified as rigid, flexible, laissez-faire, and chaotic. A family is theorised to function best with flexible behaviour control, where chaotic is, unsurprisingly, least effective.

Non-theoretical approaches

Family functioning in non-clinical family research

'Family functioning' also appears as a term in many of the wellbeing conceptualisations that have been described outside the context of psychological research. For instance, it is one domain in the ecological model of the Australian Bureau of Statistics; family functioning is also measured in a national longitudinal child and family wellbeing study in Australia (Nicholson, 2007) and in a national family wellbeing survey in the U.S. (Macomber and Moore, 1999) and has been named as one important focus for the analysis of the impact of public policy on families (True, 2005). Often, however, family functioning elements are not explicitly specified as part of the understanding of family wellbeing and instead this is implied by the measurements that are taken in studies (e.g. BBC/ICM family poll, 2007). Thus, non-psychological studies like family wellbeing surveys typically assess family functioning as one dimension in the multidimensional family wellbeing construct, or else conceptualise it as a mediator of family wellbeing (e.g. Armstrong et al., 2005). In this way, the term appears similar to concepts such as 'family resilience' or 'family social capital', which have become topical terms in recent years (e.g. Kalil, 2003; Greeff and Van Der Merwe, 2004; Wright et al., 2001).

However, as might be anticipated, there is immense variety in the way that family functioning is defined across studies. The Australian Bureau of Statistics (ABS), for instance, defines family functioning within the ecological model as "*interactions between family members, often involving combining and sharing resources*" (Linacre, 2007, p.23). These interactions are about personal resources such as time, education and own family experience; material resources such as money and housing; and social resources such as networks of friends. They are also about the negotiation of family roles and the fulfilment of certain functions or family processes, namely:

- love and emotional support
- parenting and child development

- caring for elderly, sick and disabled family members
- communication and shared activities
- instilling social norms.

The family functioning that is being measured here embraces factors at individual level (such as the educational status of individual family members), at family level (such as their caring and support roles) and also includes a number of economic variables. The specification of certain family functions like the instilling of social norms means that elements of family sociology are contained within this interpretation of family functioning. Among 'good' family functioning indicators are good outcomes for children, 'happy and stable' families, family resilience in crisis and a good parental relationship.

Taking a different approach, the National Survey of America's Families (Macomber and Moore, 1999) measures two constructs in the family functioning domain – parent mental health and parenting aggravation. In contrast to the ABS model, it treats child wellbeing as separate, so it is not assessed as an indicator of family functioning. In another study (Sing et al., 2001) economic wellbeing and family physical and mental health are treated as separate wellbeing domains. Family functioning refers mainly to various aspects of family organisation, such as childcare arrangements, family routines or the quality and quantity of time spent with other family members and certain family processes such as communication and parenting. In the Longitudinal Study of Australia's Children, a comprehensive survey of child and family wellbeing, family functioning is measured in terms of parenting (cognitions and practices) and the quality of family relationships, as well as the social support that families can draw upon. Neither 'family organisation' nor the mental health of family members is conceptualised as family functioning (Millward, 2003).

In yet another description of family functioning (True, 2005), it is defined as:

- family safety in terms of abuse, neglect and violence
- parenting (skills, obligations, commitment)
- work–life balance
- care functions
- rights of individual family members and power distributions.

Viewed overall, it is easy to see how the lack of any specific theoretical framework is reflected in these differing concepts of family functioning. The researchers for each of these surveys or studies have made their own decisions concerning the dimensions of family functioning and what measures should be taken to assess it.

Domain-based frameworks

As with the general literature on wellbeing described in Chapter 3, the vast majority of research on family wellbeing has been underpinned by multidimensional models that prescribe a number of relevant domains and use a number of different indicators to measure each of them (e.g. Colorado Foundation for Families and Children, 2003; Sing et al., 2001; Bendheim-Thoman Center for Research on Child Wellbeing, 2006; United States Department of Health and Human Services, 2006).

As an example, for the purpose of assessing family progress in the context of family support services, a framework for the collection of data on families has been devised which covers the following 10 domains (Richardson et al., 2003):

- employment
- education
- community involvement
- self-sufficiency
- household management
- food/nutrition
- health
- housing
- emergency/crisis
- household linkages.

The concepts 'family needs' and 'resources' are often implicitly present in these studies. But although family wellbeing is often interpreted along these lines, this is less likely to be driven by theory than by the findings of previous research, political and policy interests, and what is possible in terms of data collection.

There may, therefore, be an under-acknowledged need to reflect more carefully on the values and norms implicit in many studies when interpreting their findings. This is because the choice of domains, benchmarks and indicators is, in the absence of any guiding theory, more likely to be determined by the subjective judgements and preferences of the researchers, funders or policymakers.

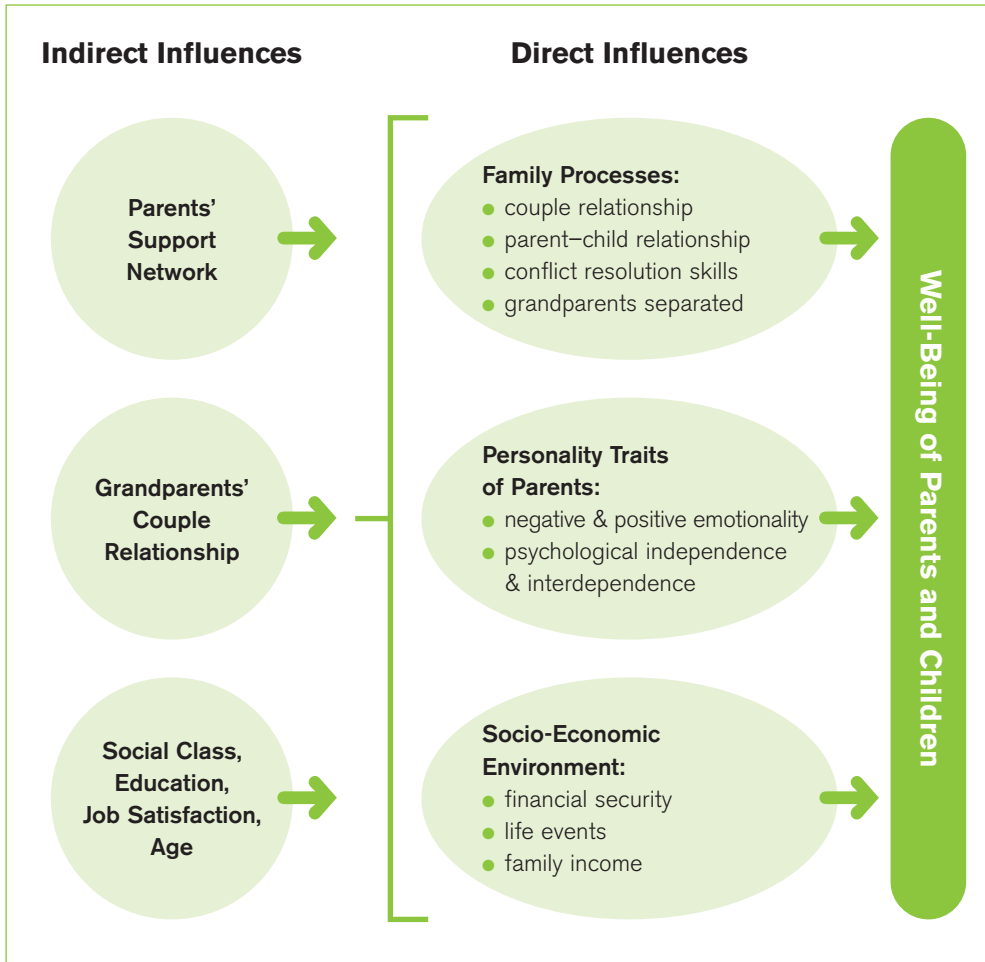
For example, if a family wellbeing survey measures mainly psychological variables, to what extent is there an underlying assumption that they matter more in terms of family wellbeing than structural disadvantages and deprivations? If a family wellbeing survey chooses to measure 'religiosity', does it imply a presumption that religion is important for family wellbeing? Another example of a potentially skewed approach would be if a survey assessed parents' behaviour and their ability to control children's behaviour, but ignored relevant characteristics of the communities where the parenting was taking place. Greater account could also be taken of the perennial possibility that approaches may be biased by a desire to circumvent theoretical uncertainties, data collection problems, or potential difficulties in analysing certain types of data.

Data-derived models

Another set of family wellbeing conceptualisations can be categorised as 'data-derived' or 'inductive' models. In contrast to the theory-driven ecological approach described above, a data-derived model of family wellbeing is based entirely on the findings of data analysis. There are limitations to such inductive approaches. The most obvious is that the resulting model will only ever contain constructs that have been (more or less subjectively) singled out for measurement by the researchers. There is also the risk of significant factors being excluded from the model simply because the chosen methodology was not robust enough to confirm their importance.

In favour of models developed in this way, however, is the fact that researchers include constructs in their investigations that are based on their strength demonstrated by previous research. Such models also lend themselves to replication in further research, with scope for refining the model by eliminating insignificant elements, confirming associations in the data and adding new concepts. Figure 8 shows an example of a model constructed according to the results of sophisticated data analysis. This used the advanced statistical technique known as structural equation modelling to define the final model in terms of direct and indirect influences on family wellbeing (McKeown et al., 2003).

Figure 8: Data-derived family wellbeing model



Source: McKeown et al., 2003

Special focus frameworks

The last grouping of conceptual models observed by this review considers family wellbeing from a specific perspective, or with a focus on particular outcomes. One example is Child Trends, an independent research centre in the United States, whose model conceptualises family wellbeing in terms of 'healthy marriage' and 'family strengths'. These are seen as leading to positive outcomes for the individual family members via the fulfilment of necessary family functions (Moore, 2007, pp.48, 49, 53; Figures 9, 10 and 11).

Figure 9: Family strengths

Researchers have identified a number of strengths:

- Appreciation
- Communication
- Time together
- Encouragement of individuals
- Adaptability
- Clear roles
- Commitment to family
- Religiosity/spirituality
- Social connectedness

Figure 10: Linkages between family strengths, characteristics and outcomes

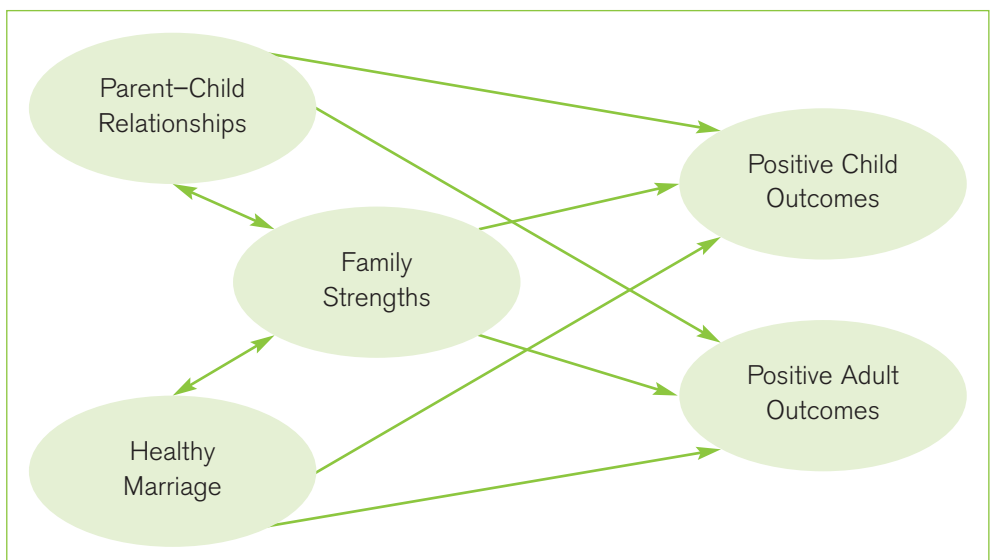
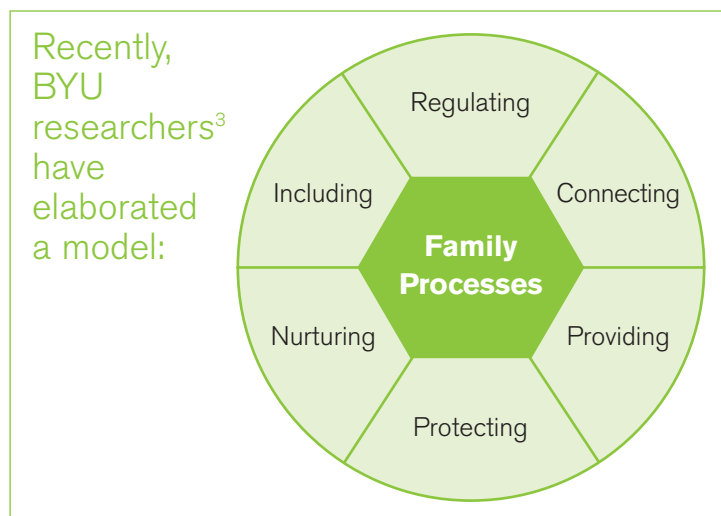


Figure 11: Family processes



This is essentially a family functioning approach which emphasises the internal family dynamics and the quality of family relationships as the factors which determine family wellbeing, with the focus on developing a model for families being 'well'.

Another example can be found in a study that looked at the effects of low-wage employment on family wellbeing (Menaghan and Parcel, 1997). This took the familiar domains-based approach to conceptualising family wellbeing. However, the choice of domains and the constructs measured within them was guided by child development research, including known associations between work and family variables and long-term outcomes for children. In this model, family wellbeing was conceptualised as outcomes in the domains of:

- financial wellbeing
- job characteristics
- home environment
- parenting values
- parent–child relationship.

³ BYU researchers are academics at Brigham Young University in the United States.

The same child-centred approach has since been proposed in a discussion document by the Department of Family and Community Services in Australia for measuring family and social functioning (Silburn et al., 2000).

Some conclusions

As noted in Chapter 3, the general literature suggests that wellbeing is a state of being that is borne out of complex and dynamic interactions between interdependent factors in a person's life, and that these interactions are:

“... located in society and shaped by social, economic, political, cultural and psychological processes”. (McGregor, 2006, p.4)

Evidence from longitudinal research demonstrates how wellbeing is related to the way that numerous risk and protective factors in different life domains (individual, relationships, family, community and society) are in constant interaction (Sanson et al., 2002). There is, however, a need for measures to better capture these interactions: for example, how the wellbeing of individuals affects the family, the community and the wider social context; and how individual wellbeing is, in turn, affected by these domains. There is also a need for better conceptual models that are explicitly interactive (Hayes et al., 2007).

This applies equally to the theory and measurement of family wellbeing. For example, low socio-economic status is a known risk factor for poorer child outcomes and wellbeing; but we also know that factors like poor nutrition or a lack of cognitive stimulation are likely to be the direct, mediating mechanisms that produce the negative outcomes (Moore et al., 2006; Gore and Eckenrode, 1996; Rutter, 1996). Efforts to better capture this type of complexity in research could significantly advance public understanding of wellbeing in general, not least by unravelling causal mechanisms and pathways. Better knowledge concerning family interactions between the psychological, economical, social and functioning domains is, likewise, essential for understanding family wellbeing and developing more effective support services. For instance, research has shown that parenting interventions are less effective if families' accompanying housing problems (and associated emotional stress) are not addressed at the same time. Thus, interventions, even when tailored to a specific family problem,

may be ineffective if the wider ecological context is ignored (Munford et al., 1996 and 1998; Munford and Sanders, 1999; Bratt, 2002).

There are many ways in which family wellbeing can be seen to depend on both internal and external factors. Individual attitudes and prevailing social norms concerning the family both have an impact. So do both the work–life balance within families and external employment patterns and trends. Communication skills of individual family members matter alongside the communication processes that can be observed as a characteristic of family dynamics.

There is also evidence that this ‘expert’ interpretation of family wellbeing is in accord with what families themselves believe. For example, American families, in qualitative research, described their wellbeing as a product of the wellbeing of individual family members, the dynamics of family relationships and outside economic and community influences (Colorado Foundation for Families and Children, 2002).

The sheer breadth of matters that have been researched in relation to family wellbeing⁴ suggests that it is a multidimensional, dynamic and highly complex concept. This, in turn, suggests the need for models of similar sophistication to do it justice and to be universally accepted. The challenges of developing a model have, however, raised doubts as to whether this is achievable. It would need to be:

- suited to capturing not only the collective wellbeing of individual family members, but also the wellbeing of the family entity itself
- able to recognise families’ collective goals and aspirations
- able to deal with change over time.

If family functioning was to be included in the model, account would need to be taken of the fact that:

- connections between family functioning and child functioning are complex, dynamic and bi-directional
- adjustment and roles of parents interact to influence children’s outcomes

⁴ See the Appendix to this report for a structured overview of domains and constructs within domains that have been studied in relation to family wellbeing.

- social resources interact with personal resources such as self-efficacy, self-reliance, empathy, altruism or self-understanding
- there are multiple levels of social resources for different family members (Sanson et al., 2002).

The multiple external influences on families would also require recognition. For example, one report into the connections between work and family wellbeing identified a minimum of six work–family domains that needed to be taken into account (Bowman and Russel, 2000). Other studies have highlighted multiple dimensions of the social contexts in which families are placed that can impact on their wellbeing (Child Trends, 2004; Bratt, 2002).

Rather than aiming to aggregate all of these aspects into a single, overall framework, it has been suggested that a more achievable goal would be the development of a “*suite of linked frameworks*” for the conceptualisation and study of different aspects of family life (Families Australia and the Australian National University, 2007, p.2). The findings from this review also suggest that a number of different theoretical frameworks are more appropriate for the conceptualisation and study of family wellbeing. There is already huge variety in the scope and purpose of the available studies of family wellbeing. Family wellbeing is the subject of investigation at national level, and at an individual, therapeutic level. It is also studied at different stages of life; for example, in relation to child development and to ageing. An ecological family wellbeing model would not fit comfortably to a study like the investigation by Galbraith and Schvaneveldt (2005) into the effects of leadership style on family wellbeing. However, group dynamics or family functioning theory could be a suitable framework.

The evidence reviewed in this chapter suggests that if there is ever to be an overall family wellbeing framework, it should observe an ecological model. However, in-depth research into specific aspects of family wellbeing supports the case for linked theoretical family wellbeing frameworks, rather than one overall model. Even when family wellbeing is being studied from an ecological perspective, it may still be valuable to draw on family systems and other theories to determine some measurements and in the interpretation of relevant findings. Thus, instead of trying to develop a general, universally accepted framework for family wellbeing, researchers might do better to familiarise themselves with different types of theory, according to whichever framework or model is most useful and appropriate for the investigation and analysis at hand.

5. Measuring family wellbeing

Given the wide variety of approaches to conceptualising family wellbeing it is not surprising that there is no well-established consensus about the 'ideal' way to measure it (Behnke and MacDermid, 2004). Research designs and methods vary with the background disciplines of the researchers and the particular topics under study. One obvious shared characteristic is, however, a prevalence of quantitative over qualitative methodologies.

Generally speaking, family wellbeing has been assessed using:

- measures of individual wellbeing
- measures of pre-specified family resources, functions or needs
- assessments of the quality of relationships
- measures of the social, political and cultural context of families.

The family as a unit of observation and analysis is an aggregate of varying numbers of individuals. This raises the theoretical question of what family wellbeing is over and above the wellbeings of its individual members.

In the literature this question gives rise to two different approaches. One understands family wellbeing as the sum of the wellbeings among family members. The other postulates that there is a part of wellbeing that is the wellbeing of the *"entity itself"* (Fletcher, 2007, p.16) or that a *"family unit has wellbeing in its own right"* (Linacre, 2007, p.14).

In the first approach the unit of observation and analysis is the individual family member. But where family wellbeing is viewed as something more than aggregate

data, it becomes appropriate to observe the individual, the relationships between individuals, and the family as a whole (Behnke and MacDermid, 2004; Linacre, 2007). Measurable elements at the latter level may include the distribution or structure of wellbeings across the family unit – for example, a family's overall style of resolving conflict, as opposed to the combined communication skills of its individual members. It is, however, still rare for wellbeing to be measured in this way. Presumably this is largely due to practical constraints or challenges linked to the collection of data from multiple family members, including children.

Measurement quality

Validity

The statistical reliability and, more particularly, the validity of measurements is a key issue in family wellbeing research literature. Are the chosen indicators and instruments appropriate, consistent, and do they measure the aspect of wellbeing they are intended to investigate? A lack of validity would have implications for the quality and consistency of research and the resulting evidence base.

Yet an examination of the extent to which data on the validity of measurement instruments has been reported in published family research (Strauss and Ross, 1995) found that only 12 per cent of articles did so. It also pointed to differences between academic disciplines, suggesting that reliability and validity issues tended to be given less consideration in sociological studies of families than in psychological studies. Speculation as to the reasons for this highlighted different approaches to test development and different discipline traditions.

The extent of validity testing and reporting was also said to vary with the type of study. Much family wellbeing research has consisted of population surveys where the quantity of data that can be gathered is limited by the amount of time that survey respondents are willing to spare for an interview. Clinical research is not affected by these limitations to the same extent and can use longer and potentially more sophisticated measurement instruments. The funding for studies may, in many cases, not include the resources needed for instrument testing. Researchers may also be more focused on the subject matter of interest than on the potentially awkward task of validity assessment. Strauss and Ross (1995, p.489) noted that a contributing factor to the problem was that *“the typical measure developed for use in a family study is never used in another study”*. They perceived the possibility of a

self-perpetuating problem as long as researchers and publishers continued to omit the relevant information about reliability and validity. Nevertheless, on the positive side, they also noted that the number of standardised measurement instruments used in family research has been increasing.

Research into family wellbeing, for reasons explored in Chapters 3 and 4, requires the measurement of complex constructs. These will usually have multiple dimensions and subjective as well as objective components. For example:

- The quality of a relationship may be high in some aspects and not in others; it may be perceived differently by different family members and there might be interactions between different aspects of relationship quality.
- The concept of 'parenting' may include such diverse elements as parenting self-efficacy (belief in being a competent parent), skills and resources, style and actual practices and the level of agreement between two parents. These, in turn, may vary in relation to different children.
- Work–life balance, though highly relevant to family wellbeing, is another complex, multidimensional construct.

From the literature, it would appear that the complexity of the constructs being investigated is often not reflected in the items being used to measure them. Take, for example, the item below, from a BBC family life poll that was intended to measure family conflict:

"How often does your family argue?" (BBC/ICM family poll, 2007)

Even at face value this could be seen as a poor indicator of the wellbeing or well-functioning of a family in this domain. What is crucial is less likely to be the *frequency* of arguments than *who* does the arguing and *if* and *how* conflicts are resolved – for example, listening skills, conflict resolution, and 'overt' or 'covert' communication. It could even be argued that the chosen item taps into family expressiveness more than family conflict.

It has also been quite common for constructs such as 'family relations' and 'parenting' to be measured using single-item, self-report measures. Respondents have been asked to rate the quality of their family relationships on a scale, or to

rate themselves as parents from 'very good' to 'not very good' (Sing et al., 2001). Given the complexity of the constructs being measured, the quality of data yielded by such questions will always be debatable in the absence of validity testing.

Transferability

Given the range of disciplines and fields concerned with the wellbeing of families, it is worth considering validity issues in relation to the use and transferability of measurement instruments that were originally developed in different contexts. In particular, there are many psychometric tests devised by clinical psychologists to measure family functioning (documented in compendia, e.g. Touliatos et al., 2001; Wampler and Halverson, 1993) that researchers have sought to adapt for non-clinical studies. Clinical measurement instruments are frequently long and, consequently, inappropriate for larger-scale surveys, or for the purposes of social monitoring. Efforts have, therefore, been made to develop a shorter subset or adapted versions of the scales (e.g. McKeown et al., 2003; Macomber and Moore, 1999; Australian Institute of Family Studies, 2007; Bendheim-Thoman Center for Research on Child Wellbeing, 2006). For example, items derived from the *McMasters Model of Family Functioning* (see Chapter 4) have been frequently used in non-psychological or non-clinical family studies. But this has often been done without reference to their validity. Perhaps encouragingly, in the few cases where the validity of such family functioning measurements has been investigated outside a clinical context, the adapted scales have been judged appropriate (Macomber and Moore, 1999; Moore and Hair, 2005). It is, however, not possible to take a general view in the absence of more reliability and validity testing.

Some observers have argued that as more psychologists enter the field of non-clinical family research there will be greater emphasis on ensuring the validity of measurements. Also, self-report instruments do exist which are considered to have robust psychometrics and are used repeatedly in research; for instance, the 'Family Assessment Device' and the 'Family Functioning Scale' (Macgregor and Sheerin, 2006, p.217; Geismar and Camasso, 1993). But it remains important that the validity of measurements is properly tested when they are applied in research contexts that differ from those for which they were developed. A situation in which a family is assessed at length in clinical psychology research is likely to be very different from that of family members asked questions over the telephone for a family wellbeing survey that uses a representative national sample.

Transferability issues also arise with regard to family quality of life measurements that have been derived from other health fields, in particular research into intellectual disabilities (e.g. Brown et al., 2003; Hoffman et al., 2006). These typically involve the use of 'satisfaction' (and sometimes, also, 'importance') based scales that assess family quality of life from respondents' ratings in a number of domains; for example:

- family interaction
- parenting
- emotional wellbeing
- physical/material wellbeing
- disability related support.

(Hoffman et al., 2006)

At first glance these types of instrument offer compellingly simple, short and psychometrically robust tools for measuring the overall quality of life in families. A closer look at the measures, however, highlights issues that merit further reflection.

In the example above (Hoffman et al., 2006), the psychometric properties of the scale were evaluated for reliability and validity. However, the sample on which this analysis was conducted consisted of parents of disabled children, who were recruited at national and state meetings of parents. Thus, if a similar measurement approach were applied to families, then the question would arise as to how far advocacy-active parents of disabled children who volunteered their services could be said to be representative of all parents. A measure can work very differently with different populations (Bronte-Tinkew et al., 2003) and its applicability needs to be given due consideration.

Measures also need re-evaluating before they are applied in another research context or for a different research purpose. As an example, one item in Hoffman et al.'s (2006) parenting domain is "*Adults in my family teach the children to make good decisions*". Any score on this item can only be a highly subjective assessment. It would be interesting to know how these measurements would relate to other clinical family process measurements, such as the family decision-making or conflict-resolution style. The broader question this raises is about the extent to which 'satisfaction with parenting' is a proxy for the quality of parenting and more generally whether or not parenting or family quality of life overall should

be conceptualised as it is here, as a purely subjective construct. This is not to make the point that the measure falls short of validity contrary to what was reported, but to highlight that a measure needs re-evaluating for application in different contexts. Subjective family quality of life conceptualisation is, for example, absolutely suited to a context in which a desired outcome of an intervention is improved parental satisfaction with the family's quality of life. However, it might not work as well as a measure for assessing family functioning at a national level for trend monitoring purposes, especially if it was correlated with child development outcomes.

Measurement challenges

There are a number of measurement issues relating to family research in general that those focusing on wellbeing are bound to consider – especially at population level.

Defining 'the family'

The question 'What is a family?' has been extensively debated. Different definitions have arisen in different contexts. For example:

- legal relationships
- biological connections
- emotional bonds
- households
- self-definition ('families of meaning')
- economic units
- health insurance units
- units defined by the function of caring for children.

A study conducted among adolescents found that 80 per cent referred to family in affective terms of love and support, and only just over 40 per cent to cohabitational, biological or legal criteria. Amid increasing diversity in family structures and relationships, it has also been argued that family membership is now negotiated, rather than defined by any universally agreed criteria (Anyan and Pryor, 2002).

But just as it seems certain that there can never be a single satisfactory definition, so it is equally evident that those who plan to assess family wellbeing must set parameters on the units or types of family whose wellbeing they intend to measure. Whatever definition of the family is adopted will then have important implications for the research and its contribution to expanding knowledge. While many definitions of the family are in use, practical and financial constraints on sampling and data collection have often meant in practice that family research has been based on household definitions of family. In other words, it has tended to study individuals who live at the same address and share either a living room, or at least one meal a day. These have, in turn, been classified into different types of family using biological or legal connections.

While this definition may not concur with the ways that individuals themselves define their families, it has proved difficult for researchers to make use of wider non-household based definitions like those listed above. The use of such definitions would pose a number of challenges including:

- the potential for interviewing the same family more than once because members are resident in different households
- difficulties analysing potentially large and complex quantities of data from each family unit
- problems setting necessary boundaries for who is consistently counted within each family when different data is collected.

Notwithstanding these practical barriers and the relative ease and practicality of household-based family studies, such research is apt to miss or underestimate some aspects of family wellbeing. There are, for example, many factors that have a direct impact on family wellbeing but that fall outside the parameters of conventional household measurements. For example:

- the quality of the relationship between separated parents
- the existence of elderly or disabled family members who are dependent on care from household members, but are not part of the household themselves
- the role of grandparents.

There is also a lack of congruence between defining what the family is and the factors that influence its wellbeing in reality and in terms of measurement. The

concept of the extended family exists in reality but may not be properly recognised in national family statistics. For instance, two married couples, both in close contact with the grandparents of their children, could be classified in different ways depending on whether the grandparents are part of the household or live in the next street. Yet their wellbeing as an extended family might exhibit very similar characteristics.

This potential for household-based population data to present a less than accurate picture of family life has led to calls for a more inclusive concept of the family in research (e.g. McKeown et al., 2003, p.12). In the field of national statistics there is continuing effort to find solutions to the challenges this presents, with the need to move beyond household units in order to capture more of the factors that contribute to family wellbeing (Statistics New Zealand, 2006, p.10 and 2007b, p.9).

A policy orientated definition of family to work from in this endeavour might be:

“A social unit where there is a legal or customary expectation by the state of unremunerated family support and caring, specifically:

- *a legally recognised parent child relationship (whether biological or social) and/or*
- *a legally recognised adult couple relationship.”*

Differences within families

The differences found among family members pose theoretical problems and a further threat to the validity of family wellbeing measurement. The basic questions of the debate about intra-family differences are:

- whether measuring family wellbeing inevitably means collecting data from all members of the family, and if so
- how divergent perceptions should be accommodated.

These questions can be said to apply to every discipline and research field concerned with family wellbeing at population level – but especially when the subject matter or type of assessment is subjective.

The most obvious example of intra-family differences is a relationship that is happy for one partner but unhappy for the other. Other examples would include:

- a father who judges the family's parenting as excellent, living with a mother who considers his parenting to be too authoritarian
- data on how safe families feel in their neighbourhood collected from parents does not reflect the true extent to which their teenage children feel unsafe due to bullying.

This type of problem occurs where measurement does not allow for, or is unable to detect, intra-family differences when in fact these are important. Likewise, where there is no protocol or theoretical rationale for how to treat these differences across family members as they emerge. Researchers have, for instance, experienced difficulties in determining ways of 'weighting' data obtained from different family members for the purpose of creating an overall wellbeing index (Bonomi et al., 2005, p.1130). If data, for example, show that one family member's personal health is very good and another's extremely poor, do they somehow cancel each other out in terms of overall family wellbeing? Another issue might be to decide if the data should be weighted according to precisely which family member is ill – with the possibility of attaching greater weight to a breadwinner becoming sick or disabled.

In much more general terms, gender has been identified as a necessary dimension and part of any wellbeing consideration and analysis in the human development literature (McGillivray and Clarke, 2006). This suggests that any family wellbeing measurement might also do well to include gender analysis – for example, by measuring work–life balance of men and women in families separately.

Negative indicators

There has been a prevailing tendency to employ negative indicators in family wellbeing measurement. This can result in family wellbeing being based conceptually on a 'deficit model'. The use of deficit indicators has been blamed for a disproportionate focus on the negative in family research and in public perceptions of families (Moore, 2007).

There is a widely recognised need for positive indicators in order to better understand the mechanisms by which positive factors are related to positive outcomes, and to investigate how risk and protective factors interact with each other. It would be misleading to interpret the absence of a negative indicator in one domain (for example, a child who has not been excluded from school) as

evidence concerning the influence of positive factors (for example, a supportive school environment). The extent and influence of positive, protective factors has to be properly measured, not simply the absence of negative problems or risk.

Ethics

Ethical considerations are inevitably important in family research because it involves studying many of the most influential and potentially sensitive aspects of people's lives. The drive for data needs to be balanced with consideration for the people asked to participate in the research. For example, when data is collected on adolescents' relationships with their non-resident parents this might result in the revival of difficult memories; questioning could leave the young person concerned feeling sad or distressed.

The policy or practice motivation for interviewing families in adverse circumstances is often powerful and well intentioned. The argument for exposing vulnerable young people to detailed questioning about their family lives and backgrounds is that the data will help future generations through better understanding of what contributes to family wellbeing, leading to better policy responses. Even so, there is a strong responsibility on researchers and those who assess the ethical implications of specific research proposals to consider the impact of surveys and other measurement instruments on the intended participants. This also includes the length of questionnaires and the 'response burden' on those being interviewed or asked to complete surveys. The National Survey of Families and Households (conducted 1987–2003), for instance, consisted of a 1.5 hour interview on average plus self-administered parts (Sweet et al., 1988). While this might be acceptable for a specific survey that collects data over a limited period of time, it would be less obviously appropriate for gathering national statistics on a routinely repeated basis.

It has further been argued that an element of intrusiveness means that some family functioning variables should not be measured in routine official statistics; for example, those concerned with parenting style and family conflict (e.g. Statistics New Zealand, 2007a, p.16), the argument being that these are private issues. Even so, such variables are collected regularly at present, especially in the United States. In Australia, Silburn and colleagues (2000, p.29) have reported that the measurement of parenting variables such as 'responsiveness to the child's needs' is generally accepted by families.

What is or is not deemed to be ethical in family wellbeing investigations will depend on the specific research and cultural context. What families find acceptable in the US, for example, families might find unacceptable in the UK context. There is also an associated issue concerning the differing ways that cultural and other groups within a particular neighbourhood or society might respond to questionnaires and the use of family wellbeing data.

In addition, family functioning measured by negative indicators in the absence or under-representation of positive indicators could, arguably, contribute to a 'culture of blame' in which families are seen as responsible for their inadequate/poor functioning. By underplaying or ignoring family strengths and areas of resilience such an approach would also inevitably fail to capture the true diversity of families and family life.

A lack of UK data?

This review was unable to find any nationally representative family wellbeing studies conducted in the UK. However, to say there has been no specific family wellbeing research does not mean there are no data about the wellbeing of British families. On the contrary, there are several large national datasets that provide a wealth of family wellbeing data that have been collected in an objective and multidimensional manner. The list of government surveys that contain relevant family wellbeing data includes:

- Millennium Study of Poverty and Social Exclusion
- Family Resources Survey
- British Household Panel Survey
- Labour Force Survey
- General Household Survey
- National Omnibus Survey
- Families and Children Survey
- National Child Development Study
- English Longitudinal Study of Ageing.

In these national household surveys certain types of families – including those with dependent children – form important subsets. These subsets contain a great deal of family wellbeing information, particularly concerning education, socio-economic circumstances and other relevant domains.

Currently missing in the UK are longitudinal and other repeated surveys whose aim is to measure the wellbeing of families comprehensively, covering as many domains and constructs as feasible within one dataset. More specifically, what is lacking is data on the subjective dimensions of family wellbeing and on psychological and psycho-social family functioning factors that may be especially influential. It has been suggested that child wellbeing information can be treated as one of many possible indicators of family functioning or wider family wellbeing, but not as a complete and adequate proxy (Families Australia and the Australian National University, 2007, p.3).

The Families and Children Survey (FACS) conducted for the Department for Work and Pensions (Hoxhallari et al., 2005) already covers many family wellbeing domains and relevant constructs. It collects comprehensive information from families with dependent children in the material domain – income, debt, work and housing – as well as information on health, lifestyle, social capital, schooling, childcare and outcomes for children in a number of other domains. Even so, important elements are missing that would be necessary if the study was specifically designed to measure family wellbeing. These include family functioning elements, for example data on family relationships (such as levels of parental satisfaction), processes (such as levels of emotional support) or dynamics (such as the degree of family cohesion). Although it takes measures in the relevant domains, for instance the work domain, FACS does not adopt the specific constructs that research identifies as significant for family wellbeing, such as job control, job stability or job flexibility. This is because it is not a family wellbeing framework which underlies the research, but that, political and policy interests, particularly in low-income families, are one of the survey's main drivers.

Internationally, there has been much recent research activity to identify possible indicators of family and social functioning for inclusion in official statistics. The measurement challenges here include difficulties in:

- selecting which factors to measure
- identifying the value base underpinning such measurement

- determining the feasibility of collecting such information
- assessing the reliability and validity of such measures
- establishing the stability of measures over time
- describing the theoretical basis for linking indicators to particular wellbeing outcomes.

(Silburn et al., 2000, p.7)

The UK could expect to face similar challenges if a decision were to be taken to collect high quality national data to monitor trends in family wellbeing.

6. Conclusions and recommendations

The policy and practice benefits that flow when countries construct a detailed 'national picture' of the wellbeing of families have been strongly articulated in recent years. The movement towards measuring and promoting family wellbeing has not only been connected to an appreciation of the ever increasing diversity of the family and also to growing interest in understanding the way families function and "*what counts in family life*" (Colorado Foundation for Families and Children, 2003, p.2). Yet it is clear from this review of relevant literature that in many countries, including the UK, such data about the family is not routinely or consistently collected. Our contention is that it should be, not only to enhance theoretical knowledge, but also significantly to support policymakers in understanding the impact of social policy measures on family functioning over time.

Family wellbeing, as discussed in this report, is a multidimensional, dynamic and complex concept. Although existing national surveys inform us about many aspects of family wellbeing – in particular the socio-economic circumstances of families as households – the data is not comprehensive enough to fully represent the concept. The UK, as noted in Chapter 5, has no nationally representative or continuous family wellbeing survey.

Yet given current global challenges, rapid social change, diversified family structures and the increasingly complex demands being placed on families, there is a strengthening case for family wellbeing data that is representative, comprehensive and consistent – and that gathers policy-relevant evidence using theory-based indicators. Ideally, the data collected would represent the objective as well as subjective dimensions of wellbeing discussed in Chapters 3 and 4. It would be collected in all the domains that influence family wellbeing, and on relevant ecological levels, such as individual, relationships, family, the community and wider

society. Risk and protective factors would be measured to facilitate analysis of their interplay and the salience of their contributions to good, bad or indifferent outcomes. Since wellbeing is continuously constructed in the interactive and complex ways outlined in this review, there would also be particular value in obtaining longitudinal data to enable better understanding of these processes.

This is not to deny the evidence in Chapters 3 and 4 that theoretical development work is needed to underpin the application of the family wellbeing concept in research and policy development. Current efforts to develop a set of interlinked family wellbeing frameworks should continue (Families Australia and the Australian National University, 2007). Hard choices imposing limits on the scope of individual studies, and on the range of measurements they employ, will continue to be unavoidable. But that makes it all the more important that choices of indicators and the overall approaches taken by studies of family wellbeing are informed by theory – and that conceptual definitions are made explicit. By underpinning their studies with clearly conceptualised frameworks, researchers will be able to assert with greater confidence that what they are measuring is either overall family wellbeing, or defined aspects of it.

As this review has indicated, it is not sufficient to infer the wellbeing of families by aggregating wellbeing data gathered from individual family members. There are strong arguments for research with the family as the unit of analysis. For example, the evidence suggests links between family characteristics and child educational outcomes, highlighting a need to research family behaviour rather than individual behaviour (True, 2005, p.18). On the other hand, we also need data on the wellbeing of individual family members because of what is known about inconsistencies and trade-offs in the distribution of wellbeing within families.

The concerns noted in Chapter 5 about intrusiveness and other ethical issues that can arise when monitoring family functioning warrant further reflection. But even here there are practical as well as moral arguments as to why this type of family wellbeing data should be collected. For example, current concerns in relation to children's mental health, youth violence and the number of young people not in employment, education or training, have served to underline the connections between family functioning and young people's problems. Relevant family wellbeing data would enable the study of links between family functioning and child outcomes across different populations in ways that are currently not possible. This would not only serve the purpose of monitoring, but also assist in the projection of future child outcome trends and patterns, creating greater

potential for prevention rather than crisis-driven policy. Consistent family wellbeing data would also support analysis of the impact of external factors on families, such as social services, schools and labour markets. This, in turn, would support more effective service planning and channelling of resources.

An improved understanding of the influence of external factors is also needed to enable assessments of the likely impact of policies on family functioning as well as economic aspects of wellbeing. For example, research into welfare-to-work programmes in the United States has found that, although the economic wellbeing of families may be increased, there can be significant decreases in family functioning if the jobs that parents take as a consequence offer them low wages, low security and low control. The negative impact of the policy may be felt through deteriorations in parenting and the home environment, and in less favourable parent–child relationships (Menaghan and Parcel, 1997). This underlines the need for conceptual frameworks as well as policy impact assessments that look across domains for appropriate analysis and interpretation of family wellbeing.

We have also seen in Chapter 5 how the study of family wellbeing poses measurement challenges, both conceptual and practical. These can be met, and the study of family wellbeing advanced, through further work; for example:

- More reliability and validity testing of the measures used in family wellbeing research (including non-response analyses that would shed light on possible biases in the data resulting from particular groups of people refusing to participate in research).
- Research to explore the relative 'strengths' of different family wellbeing constructs that may be substitutes or proxies for each other in a particular domain or concept of interest. (For example, a family wellbeing survey might variously consider measuring job security, job demands and control, overall job quality, job flexibility, job satisfaction, occupational complexity, work-related stress, and the balance between effort and rewards – see Appendix – but which of these overlapping concepts would have the greatest reliability, validity and predictive power as a measurement of family wellbeing? This could be explored through the analysis of existing evidence as well as relevant theory).
- Cross-cultural and comparative studies of family wellbeing. This type of research has the potential to deepen understanding of the dynamics between different family wellbeing domains.

- More sophisticated data and analysis (such as experimental and longitudinal research designs, structural equation modelling and hierarchical analyses).
- More studies to discover what families themselves think (including qualitative research to explore the perceived meaning of terms like 'family wellbeing' and 'quality of life' as well as the acceptability of different family functioning measures in official statistics).

Specifically, the evidence collected by this review points towards the following further recommendations for research and development:

- *Theoretical development*: to apply and explore the potential that acknowledged and previously unexplored⁵ theories hold for the conceptualisation and measurement of family wellbeing.
- *Full data feasibility studies for the UK* (or separately for England, Northern Ireland, Scotland and Wales if national differences in data sources make this more appropriate).
- *More work to explore and overcome measurement challenges* (including reliability and validity issues, the acceptability of measures and the measurement of intra-family differences).
- *Exploration of new, potentially relevant factors* (for instance, the importance of the arts, sports and cultural heritage to family wellbeing).

It is important to emphasise, in conclusion, that none of this should take place in isolation from detailed discussion of the norms, values and priorities that underlie research into families and their wellbeing.

⁵ One possibility that could be considered under this heading is the potential for applying a human rights framework to the concept of family wellbeing.

Appendix

Measures of family wellbeing identified in research literature

The lists shown below are intended to give a structured overview of the wide variety of potential measures theoretically and empirically relevant to family wellbeing as identified in this review.

1 Health

Access to and quality of health care
Satisfaction with health care services
Physical health/health status
Nutrition
Parents' level of fatigue
Substance use
Disability
Healthy lifestyle
Ability to afford medical care (US)

2 Psychological/individual characteristics

Social problem-solving skills
Mental health/psychological wellbeing/positive or negative emotionality
Child temperament
Child behavioural, emotional and social adjustment
Child overall wellbeing
Child education and cognitive development
School readiness
School engagement
Child self-efficacy
Child attachment type
Child's time use
Child literacy and numeracy

Attitudes and beliefs (including religious)

Commitment to family

Parent education

Ethnic background

Religious identity

Parents' mood

Parents' stress

Parents' self-esteem

Psychological adjustment

Parental goal orientation/ aspirations

Self-reliance

Self-efficacy and social skills

Coping and life difficulties

Work-related mental health

Empathy

Self-understanding

Maternal depression

Anxiety disorder

Impulsivity

Life satisfaction

Communication skills

Relationship norms, attitudes and values (also of child)

Gender role attitudes and gender distrust

Life experience

3 Relational characteristics and processes

Parenting (each parent and each child)

- Concern for child
- Control/monitoring of child
- Use of punishment
- Parent-child interpersonal boundaries
- Child cognitive stimulation
- Aggravation in parenting/ parenting stress/parenting coping
- Discipline, structure of rules and limits
- Nurturing and supporting
- Guidance
- Motivation
- Parenting consistency/consistency in parental control
- Parental trust/autonomy
- Protection and overprotection
- Parent-child communication (frequency, type)
- Conflict-resolution style
- Literacy-related experiences and activities
- Warmth, affection
- Responsiveness to child's needs
- Hostile parenting
- Parental abuse/neglect

- Inductive reasoning
- Maternal separation anxiety
- Parents' feelings about parenting
- Parenting efficacy
- Parenting values and parenting beliefs
- Parenting roles
- Parenting satisfaction
- Parenting skills
- Parenting awareness
- Parental expectations/attitudes (education, work, cultural issues, gender roles)
- Parental role stress
- Parental competence
- Agreement/conflict between parents about parenting.

Relationship characteristics

- Child and parent conflict
- Child seeks advice in personal or vocational matter
- Non-resident parent contact, contributions/support
- Closeness/caring (parent-child and child-parent)
- Parent knowledge of youth
- Bonding and type of attachment
- Shared leisure time
- Child disclosure.

Current partner-children

Parental relationship

- Relationship skills
- Couple relationship satisfaction
- Couple conflict/inter-parent conflict (hostile co-parenting)
- Supportiveness, affection, warmth (especially fathers)
- Mutual understanding of needs
- Communication
- Psychological independence and interdependence
- Fidelity
- Intimacy/emotional support
- Couple commitment
- Duration
- Violence
- Shared time.

Parent-current partner relationship

Non-residential parent and residential current partner

- Role and contribution of non-residential parent/non-biological resident partner
- Conflict.

Sibling relationships

4 Family as a whole/ family functioning

Family structure/composition, size
(evidence: correlate not cause)

Cohesion/mutuality

Family conflict/harmony/emotional
climate

Family expressiveness

Collective Family Sense of
Coherence (FSOC)

Communication

Flexibility/adaptability

Decision-making/family negotiation

Mutual expectations

Child involvement in activities

Creation of sense of identity and
belonging

Family failure (e.g. child abuse)

Patterns of sharing paid and unpaid
work (incl. satisfaction with)

Family roles

Affective responsiveness and
affective involvement

Behavioural controls

Family belief systems

Family goals and aspirations

Commitment to children

Acceptance of differences

Resilience/family hardiness

Sense of identity and belonging

Family social capital

Reciprocity

Power distribution

Family norms and expectations

Family commitment, involvement
and attachment

Intra-family support

Distribution of resources within the
household and across households

Transmittance of culture, values and
knowledge

Family spirituality/religion

Family stress

- Stress coping/family coping strategies
- Problem-solving
- Conflict-solving.

Family strengths

- Resilience
- Successful risk engagement.

Family life

- Home environment
 - Household organisation/
household tasks
 - Home literacy and educational
resources
 - Cleanliness/orderliness
 - Location and regularity of
children's sleeping place/room
sharing
 - Family participation in learning.

- Family routines
 - Activities with children
 - Family dinners
 - Time together, quantity and quality of time spent with family members
 - Consistency in home routines
 - Television habits
 - Amount of sleep
 - Family events and holidays
 - Physical activity
 - Parental activities.
- Childcare
 - Childcare use
 - Problems with childcare
 - Type of caregiver
 - Ethos of childcare settings
 - Carer–child relationship
 - Stability/instability in childcare arrangements
 - Participation in pre-school/ kindergarten
 - Satisfaction with care
 - Cost of care/affordability
 - Reasons for use.
- Care for adults.

5 Sociological/social

Proximal social environments

- Relatives, friends, neighbours
 - Social support/help (perceived and received) (instrumental, emotional, informational, tangible aid, positive social interaction, affection, esteem)
 - Extended family contact
 - Relationship quality with family, friends and peers
 - Multiple role occupancy
 - Child's friends/peer groups.
- Acquisition and use of support networks
 - Other parents
 - Key services.

Distal social environments

- Work
 - Job security
 - Work hours
 - Job demands and control
 - Effort and reward balance
 - Occupational complexity (supervision vs self-direction; variety vs repetition)
 - Job satisfaction
 - Job concerns/stress
 - Work–family balance (at least six domains identified)
 - Job flexibility

- Overall job quality
- Work history
- Work support for caring responsibilities.
- School
 - Parents' involvement/engagement in education
 - Parents–teacher contact
 - Access to quality education
 - Expectations/beliefs held of children
 - Ethos/climate of school
 - Teachers' characteristics
 - Teacher–child relationship
 - Characteristics (size, child–staff ratio, group sizes)
 - Satisfaction with school
 - Experiences in school incl. bullying.
- Community
 - Safety
 - Community supports youth
 - Expectations of children
 - Cultural make-up
 - Access to high quality early childhood care
 - Access to high quality later childcare
- Other family (support services)
- Transportation/transportation problems
- Community activism/social justice
- Participation in civic life/volunteerism
- Trust
- Reciprocity
- Social engagement
- Age and income profile
- Involvement in non-family social structures (e.g. sports/church groups)/social participation
- Perceptions of levels of community cohesion, trust, crime and violence
- Discrimination and racism.
- Local resources and amenities
 - Sports facilities
 - Childcare
 - Library
 - Family activities
 - Child activities
 - Availability, safety and stimulation of parks, playing-fields
 - Availability, access, use and satisfaction with local services.

- Neighbourhood
 - Social cohesion
 - Prevailing parenting practices
 - Neighbourhood reciprocity.

Macro social environments

- Social policy
- Economic policy
- Cultural environment
 - Social normative beliefs about marriage and family
 - Political culture.

6 Material domain

Housing

- Home ownership status
- Overcrowding
- Type of dwelling
- Condition of dwelling
- Housing problems
- Safety and stability
- Affordability.

Employment and earnings

Family finances

- Self-sufficiency
- Self-reported standard of living
- Financial/economic/material hardship/stress
- Family income
- Income sources
- Retirement provision and inheritance
- Family resource management
- Risk management (insurance)
- Financial obligations
- Financial decision making
- Food insecurity
- Ability to pay for rent and utilities.

Mobility

7 Life course/events

Transitions

- Family separation
- Divorce
- Remarriage
- Cohabitation
- Marital/relationship history
- Family life stage.

Bereavements

Incarceration

Life stressors

- Illness
- Unemployment
- Early/late onset of target problems.

Parents' family background

- Parents' relationship with own parents as child
- Intergenerational history of family relationships.

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RESEARCH & POLICY FOR THE REAL WORLD

Interest in 'wellbeing' in the UK has tended to focus on the welfare of children, or wellbeing at an individual, adult level, rather than on family wellbeing. But with growing acknowledgement of the importance of the family to outcomes for both children and adults there is increasing interest in finding ways of developing a comprehensive, widely-accepted conceptual framework for measuring family wellbeing. Such a framework is needed in order to build a reliable evidence base of the constituents, causes and outcomes of family wellbeing, and to measure the effectiveness of government policies designed to promote it.

Based on a wide-ranging examination of international research and other literature, this review analyses current definitions, theoretical models, and measurement tools and examines quality issues such as validity and transferability, as well as the conceptual and practical measurement challenges posed by the study of family wellbeing. It considers whether existing datasets and surveys could be used for measuring family wellbeing and proposes future directions for family wellbeing research in the UK. It also includes comprehensive appendices that detail the many concepts and measures that have been identified in the literature.

This is an invaluable resource for policy makers, academics and all those in interested in this complex and contested area.

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The Family and Parenting Institute researches what matters to families and parents. We use our knowledge to influence policymakers and foster public debate. We develop ideas to improve the services families use and the environment in which children grow up.