

Is Shared Care Indicated or Contraindicated Following Parental Separation?

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I declare that this is my own original work and that the contributions of others have been duly
acknowledged.

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Abstract

There is currently a multitude of research relating to shared care and its effect on a child's psychosocial wellbeing following parental separation. However, there is no clear consensus in the literature about what custody arrangement is best for the child following parental separation, especially when there is inter-parental conflict. This systematic literature review aimed to provide a synthesis of the current literature surrounding shared care following separation. The review aimed to ascertain when shared care is indicated or contraindicated in families with children under the age of 12, across both conflict and no conflict families. The Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA; Moher, Liberati, Tetzlaff, & Altman, 2009) guidelines were implemented for this systematic literature review, with data being extracted from a total of 24 included studies. Of these studies, 18 indicated that shared care was no worse for children's wellbeing than sole custody arrangements. Furthermore, it appears that it is not the care arrangement itself that affects child wellbeing, but a number of other positive and negative factors. These factors have been discussed at length with recommendations being provided for practitioners working in psychology, family therapy and family law.

Introduction

In 2013, there were 22,590 divorces granted in Australia that involved children under the age of 18 (Australian Bureau of Statistics, 2013). This represented almost half (47.4%) of all divorces granted in 2013 with a total of 41, 747 children being involved (Australian Bureau of Statistics, 2013). In today's society, where divorce can be classified as a common family experience, it is crucial to understand the effect of divorce on children. Many studies have identified that divorce and post-divorce inter-parental conflict results in poorer childhood adjustment, more behavioural problems, poorer mental health and children feeling 'caught in the middle' (McIntosh & Chisholm, 2008; McIntosh, Smyth, Kelaher, Wells & Long, 2011). However, it is important to not generalise and state that divorce-related conflict is the problem, when inter-parental conflict can be just as problematic for the child's wellbeing within still married couples (Mooney, Oliver & Smith, 2009). Nonetheless, divorce results in additional conflict and stressors such as legal and physical custody issues, which if not appropriately handled and settled, can have a significant effect on the child's wellbeing (Deutsch & Pruett, 2009).

These legal and physical custody issues are often a complex matter, as there are a variety of custody conditions that can be granted. For example, within custody, there is sole legal custody, joint legal custody, sole physical custody and joint physical custody. Sole legal custody refers to one parent being entirely responsible for the child's welfare, including the child's education and medical care. Joint legal custody means that both parents are jointly responsible for the child's welfare. Sole physical custody refers to one parent being the 'custodial parent', whereby the child lives with that parent and perhaps has visitation rights with the 'non custodial' parent. Joint physical care means that both parents are custodial parents and the child may live between two houses. While joint physical care usually refers to 50/50 care, this is often not the case; with the term joint physical custody still being used

regardless of whether equal time is spent between residences (Pruett & Barker, 2009). As there are a number of different care and custody conditions that can arise post-divorce, it is important to know their effects on children's wellbeing.

There is a multitude of research relating to shared care and its effect on a child's psychosocial wellbeing following parental separation. However, there is no clear consensus in the literature about what custody arrangement is best for the child following parental separation. Some psychologists acknowledge the importance of both parents having an ongoing relationship with their child; whereas others differ on opinions about when shared care is beneficial or detrimental for the child. For example, Gunnoe and Braver (2001) identified that children in joint legal custody appeared to have better adjustment than children in sole legal custody. This effect was apparent even when controlling for a number of variables such as pre-divorce conflict (Gunnoe and Braver, 2001). This was also supported by a report for the Australian Government by Cashmore et al. (2010), who found that children in shared care reported positive benefits from shared care such as a greater relationship with both parents. Although, their findings also suggested that when interparental conflict, demographics of family and socioeconomic status were taken into account, there were no differences in a child's wellbeing regardless of the type of care arrangement the family have (shared care or otherwise). Nonetheless, researchers such as Kelly (2007) have suggested that in general, literature seems to demonstrate that children with access to both parents on a weekly basis for a combination of overnight stays, leisure time and school related activities, tend to have better psychological and behavioural adjustment, as well as higher academic achievement.

In contrast, research conducted by McIntosh and Long (2006) found that when parental-conflict occurs during shared care arrangements, children are at a higher risk of suffering from emotional distress, especially if other variables such as low father education

level and poor mother-child relationship are also apparent. Additionally, in a position statement for the Australian Psychological Society, McIntosh, Burke, Dour and Gridley (2009), highlighted dire consequences for children's wellbeing when high levels of conflict are apparent in shared care arrangements. These dire consequences included anxiety, depression and disruptive behaviours in children exposed to conflict (McIntosh, Burke, Dour & Gridley, 2009). Consequently, sole custody arrangements were recommended in these instances (McIntosh, Burke, Dour & Gridley). While this is the Australian Psychological Society's current stance on divorce and custody arrangements, there is no clear consensus among the wider psychology and law community. Researchers have stressed that not all parental conflict results in poorer child wellbeing, with some children from families with conflict experiencing no differences in wellbeing in comparison to no-conflict families (Buchanan, Maccoby & Dornbusch, 1991). Kelly (2007) suggested that this usually occurs when parents encapsulate their conflict from their child through the use of neutral transitions (swapping child custody days at school or childcare) rather than exposing the child to face-to-face parental conflict at the parents' homes.

When evaluating Australian research that looks at the effect of conflict on children's wellbeing, what is defined as conflict varies significantly across studies, even between studies by the same author. Smyth (2009) also highlights that what is currently known about the effect of shared care on children in Australia revolves around research involving 123 mothers, 135 fathers, and 85 children from 250 families. Additionally, this research within Australia tends to be dominated by a small number of researchers, with papers being produced on similar if not the same research samples (see McIntosh, Smyth & Kelaher, 2013; Kaspiew, Gray, Weston, Moloney, Hand & Qu, 2009; Kline, Tschann, Johnston & Wallerstein, 1989; Johnston, Kline & Tschann, 1989). Similarly, a number of studies tend to use one-parent informants for children's wellbeing, which may significantly compromise the

validity of the results. Due to this current state of Australian research, Smyth emphasises that international studies on shared care can be a reliable and rich source of information that can quite readily and effectively be applied to Australian custody issues. Thus, it is important to not just consider research from Australia, but also internationally conducted research when determining what effects children's wellbeing.

As there is no clear consensus within the psychology and law communities, there is a significant need for a comprehensive systematic literature review to objectively evaluate current literature on child wellbeing in different care arrangements. The aforementioned research and opinions provides a small insight into the struggle to make sense of what is right for the child. As it is the Family Law Court's responsibility to make a sound decision that is in the child's 'best interest', this current conflict in opinions makes concluding 'what is right' for the child extremely challenging. Consequently, this research aims to determine (through a systematic approach) what care arrangement is best for children's wellbeing following parental separation.

Research Aim

This systematic literature review aims to provide a synthesis of the current literature surrounding shared care following separation. This review aims to ascertain when shared care is indicated or contraindicated in families with children under the age of 12, across both conflict and no conflict families. The review will include both national and international research in order to obtain a clear picture. This literature review also serves to provide broad recommendations from the findings in order to provide some insight for psychologists and lawyers who work within the family law system.

Method

Design

The Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA; Moher, Liberati, Tetzlaff, & Altman, 2009) guidelines was implemented for this systematic literature review. PRISMA was chosen as it outlines a thorough set of standards for gathering and screening literature. A narrative approach was used to synthesise extracted data. This was utilised as the articles being examined are beyond the scope of randomized clinical trials, and are therefore not appropriate for meta-analysis. In particular, Guidance on the Conduct of Narrative Synthesis in Systematic Reviews was used to extract, analyse and evaluate quality of data. This review was ethics exempt by the Human Research Ethics Committee, due to not including participants or human material.

Inclusion and Exclusion Criteria

Based on the purpose of the current literature review, the following inclusion and exclusion criteria were adopted:

1. The purpose of the article is to explore the wellbeing of the child following separation.
2. The article discusses whether shared care promotes or inhibits the child's wellbeing.
3. Articles that are published in English.
4. Peer reviewed studies and relevant government reports.
5. Empirical studies and secondary data analysis.
6. Age inclusion: Families with children 12 years or younger.

Inclusion and Exclusion criterion 1 and 2 were adopted in order to address the research aim. Criterion 4 and 5 was utilised in order to allow studies to be screened somewhat for quality. Criterion 6 was used in order to narrow the search towards children who have less of a 'voice' in the court system. While there is no steadfast rule around at what age a child's

wishes will be taken into consideration in court, section 60CC(3)(a) of the Family Law Act 1975 (*Cth*) states that the court will consider a child's views, provided the child is old enough and mature enough to have a reasonable level of understanding of those views. Courts may differ on what constitutes a reasonable level of 'maturity', but broadly the older the child, the more weight given towards the child's wishes. Consequently, it is the current study's objective to provide insight into what appears, based on current research, to be the best care arrangement for these children; considering that they themselves may not have as much choice into their own care arrangements.

Search Term

The search term was derived from terminology currently used throughout shared care literature. The search term was then finalised through a number of practice searches, which allowed for the researcher to refine the search term through examination of practice search results. The final search term was:

“Shared care OR shared care AND child* wellbeing OR shared care AND divorce OR shared care AND separation OR shared care AND conflict AND child* wellbeing OR shared care AND child* functioning OR shared care AND child* adjustment OR custody AND high conflict OR custody AND conflict OR joint custody AND high conflict”.

Databases Searched

The following databases were searched systematically:

1. PsycINFO (1002 returns)
2. PsycARTICLES (190 returns)
3. Web of Science (1549 returns)
4. PubMed (23 returns)
5. Lexis Nexis (17 returns)
6. Scopus (609 returns)

7. AGIS (107 returns)

These databases were chosen in order to comprehensively capture all relevant literature. A number of psychology-related and law-related databases were included in order to ascertain that all relevant psychology and law research articles were identified.

Data Aggregation

All databases were searched between June and September 2014 (3497 returns). From here, all titles and abstracts were downloaded into EndNote. Once duplicates were removed ($n = 416$), titles and abstracts were screened using the exclusion and inclusion criteria. Any irrelevant articles were discarded ($n = 3050$). Reference lists of relevant articles and books were also scanned in order to locate other important articles to include during screening ($n = 15$). Once this was completed, full texts were attained for all remaining texts ($n = 46$), and further returns were removed based on the exclusion and inclusion criteria ($n = 22$), resulting in 24 articles being included in the systematic literature review. To assess for inter-rater reliability around exclusion and inclusion of articles, a second rater was recruited to examine included and excluded articles. Both the primary researcher and the second rater were in 100% agreement on the inclusion and exclusion of articles.

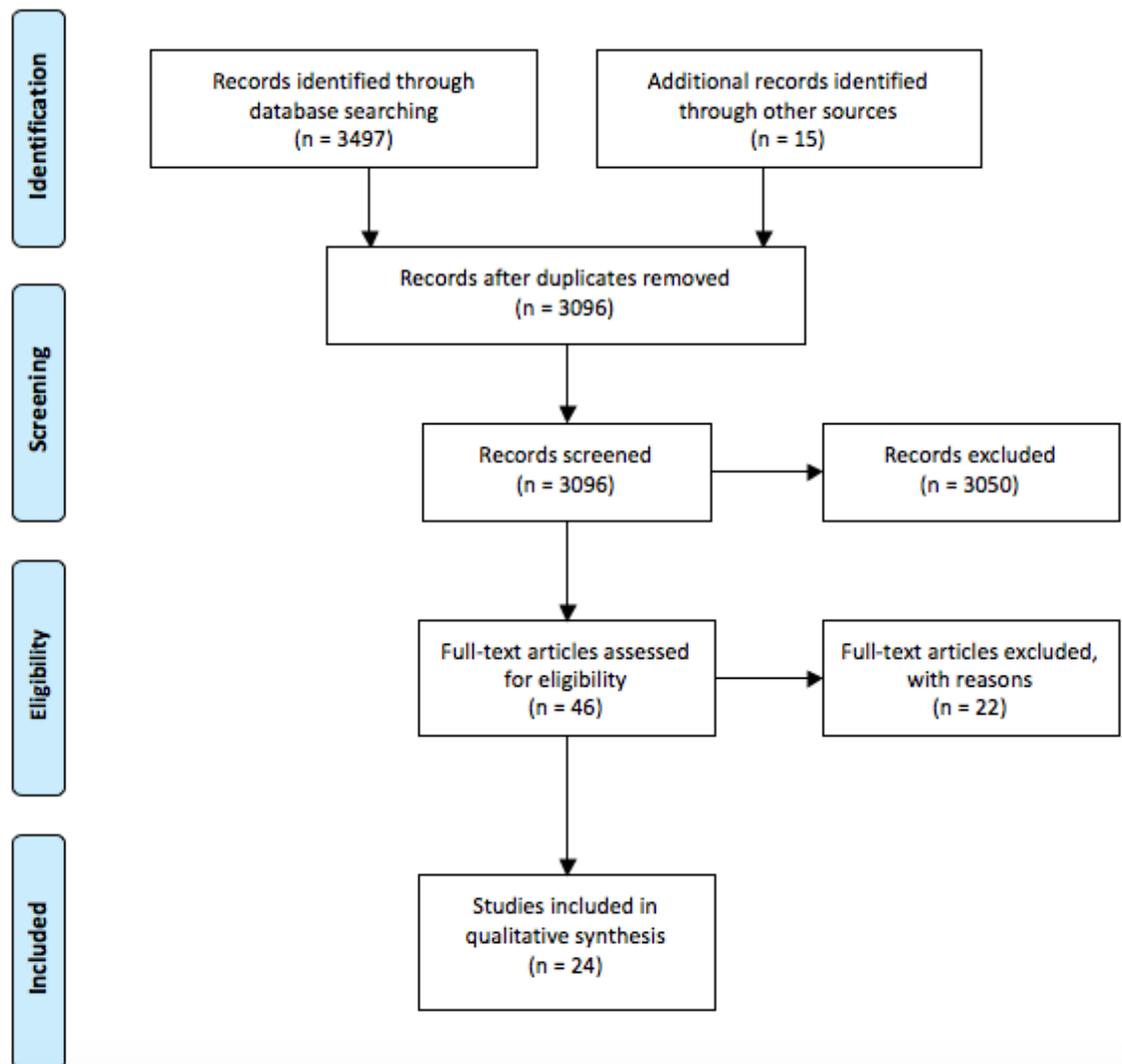


Figure 1. PRISMA Flow Diagram. Adapted from “Preferred reporting items for systematic reviews and meta-analyses: The PRISMA statement,” by D. Moher, A. Liberati, J. Tetzlaff, D.G. Altman & The PRISMA Group, 2009, *Annals of Internal Medicine*, 151, 264-269. Copyright 2009. Adapted with permission from Author.

From here, data was extracted and synthesized into an extraction spread sheet. Please see Figure 1 for a visualisation of the data aggregation process based on the PRISMA flow diagram. Additionally, please see Table 1 for number of articles excluded for each exclusion criteria.

Table 1

Number of Articles Excluded Based on Exclusion Criteria

| | Not About Children's Wellbeing in Shared Care/After Divorce | Not in English | Not Peer Reviewed | Not Empirical | Children Not Under the Age of 12 |
|-----------------------------|---|----------------|-------------------|---------------|----------------------------------|
| Number of Articles Excluded | 2982 | 43 | 0* | 35 | 12 |

* = Exclusion criteria applied first were 1, 2, 3 & 5, resulting in only peer reviewed articles and relevant government reports being left for application of exclusion criteria 4 & 6.

Results and Discussion

Table 2 (see Appendix) displays the extraction spread sheet, which was used to extract data from all included studies. The table includes information such as name of authors, year of publication, sample size, type of experimental design/methods used, summary of results, indication of whether the study supports shared care, and study quality appraisals. Of the included studies, publication dates ranged from 1979 to 2013, with a mean of 1998.04. Studies included were primarily from Australia, the United States and the United Kingdom. Studies included used qualitative and quantitative methods such as interviews and behaviour assessments. Common assessments included the Child Behaviour Checklist and the Strengths and Difficulties Questionnaire. While all studies were empirical or involved secondary data analysis, they tended to vary in design. Many were longitudinal, independent sample designs, case study designs. All studies included discussed different care arrangements, however, what each study classified as shared care varied significantly across studies. The majority tended to use some variation of the 35% of a fortnight in each household. However, in one study, the children actually spent more regular time with the parents who were classified within the 'no over night' care condition, than the parents classified in the 'overnight' care condition. This is concerning, as the results of that particular study highlighted insecure attachment for the children in the overnight condition, which may in fact be a result of spending considerably less regular time with that parent, than the care condition itself.

Studies that found no significant difference in wellbeing across care conditions were coded as supporting shared care, due to the research question essentially looking at whether shared care is worse for children than sole custody arrangements. This allowed for a direct comparison between studies that found no difference in wellbeing/support shared care and studies that suggested poorer child wellbeing in shared care arrangements. Of the included

studies, 18 studies suggested that shared care is no worse for children's wellbeing than other care arrangements, while 6 studies showed that shared care had worse outcomes. In fact, a number of studies found that shared care has a number of benefits for children's wellbeing. For example, studies found that children in shared care have better self concept and self esteem, less behavioural and emotional problems, more positive father-child relationships, better attitudes towards their mothers, and are more positively adjusted than children in sole custody arrangements post divorce (Glover & Steele, 1989; Gunnoe & Braver, 2001; Healy, Malley & Stewart, 1990; Kaspiw, Gray, Weston, Moloney, Hand & Qu, 2009; Lee, 2002; Neoh & Mellor, 2010; Pruett, Ebling & Insabella, 2004; Shiller, 1986; Wolchik, Braver & Sandler, 1985). Of those studies that found poorer wellbeing in shared care, concerns were raised around increased behavioural problems, higher levels of depression and anxiety, and insecure attachment in comparison to children in sole custody arrangements (see Tornello, Emery, Rowden, Potterm Ocker & Xu, 2013; Solomon & George, 1999; McIntosh, Smyth & Kelaher, 2013; McIntosh & Chrisholm, 2008; McIntosh, Smyth, Kelaher, Wells & Long, 2011).

A number of studies highlighted that it is not the care arrangement alone that affects child wellbeing, but other contributing negative factors, such as poor parental warmth, violence, high parental conflict and parent-child relationship (see Kaspiw, Gray, Weston, Moloney, Hand & Qu, 2009; Kline, Tschann, Johnston & Wallerstein, 1989; Kline, Johnston & Tschann, 1991; Lee, 2002; McIntosh & Chisholm, 2008; McIntosh, Smyth & Kelaher, 2013; McKinnon & Wallerstein, 1987; Pruett, Ebling & Insabella, 2004; Tornello, Emery, Rowden, Potterm Ocker & Xu, 2013; Trinder, Kellet & Swift, 2008). Additionally there were a number of factors that were identified as 'positive factors' for children's wellbeing across the studies. These were mentioned across studies both for and against shared care. Please see Table 3 below for a complete list of contributing factors.

Table 3

Number of Studies Supporting Shared Care/Sole Custody Arrangements and Positive and Negative Factors

| | |
|---|-----------|
| Studies supporting shared care | 18 |
| Studies supporting sole custody | 6 |
| Studies highlighting the effect of parental warmth on wellbeing | 3 |
| Studies highlighting the effect of inter-parental conflict on wellbeing | 10 |
| Studies highlighting the effect of violence on wellbeing | 2 |
| Studies highlighting the effect of legal/custody conflict on wellbeing | 1 |
| Studies highlighting the effect of child-parent relationship on wellbeing | 7 |
| Studies highlighting effect of parental mental health on children's wellbeing | 3 |
| Studies highlighting the importance of parental cooperation on wellbeing | 6 |
| Studies highlighting the importance of the child's living arrangement preference on wellbeing | 2 |
| Studies highlighting the effect of the children feeling caught/confused/overburdened on wellbeing | 2 |
| Studies highlighting the effect of consistent parenting schedules on wellbeing | 2 |
| Studies highlighting the effect of rigid living arrangements on wellbeing | 1 |
| Studies highlighting the effect of poor parenting/concerns around parenting on wellbeing | 6 |
| Studies highlighting the effect of a higher number of switches between households on wellbeing | 1 |

Clearly, there are a number of factors that need to be taken into consideration when determining a care arrangement, including the ones listed above in Table 3. The more commonly identified factors that were suggested to effect the child's wellbeing were the parent and child's relationship, inter-parental conflict, the parents ability to cooperate with each other, and poor parenting or parenting concerns.

Conflict and Shared Care

Particularly concerning to this study was whether shared care is indicated or contraindicated across families with and without conflict. From the included studies, 10 studies discussed the effect of conflict on children's wellbeing, with all suggesting a negative effect on children's wellbeing. Eight studies highlighted poorer outcomes for children when inter-parental conflict was apparent in shared care arrangements. However, this review found

it difficult to ascertain from the included studies whether children in sole custody arrangements, rather than shared care arrangements, fared better when there is inter-parental conflict. One study found that the positive benefits of a shared care arrangement are reduced, but that children's wellbeing isn't any worse than in sole care arrangements (Lee, 2002). This was supported by earlier research by Kline, Tschann, Johnston and Wallerstein (1989) and McKinnon and Wallerstein (1987), who found that children had poorer wellbeing outcomes when there was inter-parental conflict, regardless of their care arrangement. More recent research has also suggested that there are poorer child outcomes when there is inter-parental conflict regardless of care arrangement (Weston, et al., 2011). Consequently, the focus needs to be taken off the effect of inter-parental conflict and shared care on wellbeing, and instead focus needs to be placed purely on inter-parental conflict, which appears to have an effect on children's wellbeing regardless of care arrangement. By placing focus here, individuals can instead focus on addressing the conflict therapeutically, or through clear court orders to eliminate or reduce the effect of conflict in shared care.

Younger Children and Shared Care

Another key aim of this review was to determine what is best in terms of care arrangements for younger children. Six studies specifically looked at the wellbeing of children under 6 years of age in shared care arrangements. Two longitudinal studies highlighted that children under 3 years of age who were in shared care arrangements tended to display more developmental issues and behavioural problems (crying, kicking, hitting and biting) than children in sole care arrangements (McIntosh, Smyth, Kelaher, Wells & Long, 2011; McIntosh, Smyth & Kelaher, 2013). There are concerns, however, about these results as McIntosh, Smyth and Kelaher (2013) only analysed data from one parent who was deemed as "knowing the child best". This means that results regarding poor developmental outcomes for children less than three years of age may be biased by parent reports. Interestingly,

developmental and behavioural issues were not observed when assessed later at 4-5 years, suggesting that there were no long term negative developmental and behavioural effects of shared care on children (McIntosh, Smyth, Kelaher, Wells & Long, 2011; McIntosh, Smyth & Kelaher, 2013).

Other studies, such as Solomon and George (1999), found negative consequences for young children in shared care. Their study found poorer child attachment in the overnight condition than the no overnight condition. However, these results are dubious as non-custodial parents in the no-overnight condition actually had more regular contact with their child than fathers with children in the overnight condition. Nonetheless, Solomon and George's research was supported by Tornello, Emery, Rowden, Potterm Ocker and Xu's (2013) longitudinal study, who found that more frequent overnights were associated with greater attachment insecurity among infants. Similar to Tornello and colleagues, McIntosh, Smyth, Kelaher, Wells and Long (2011) and McIntosh, Smyth and Kelaher (2013) found that there were no problems with attachment and adjustment when reassessed at 3 and 5 years. In fact, their findings indicated that children who had more frequent overnights at age 3 tended to display more positive behaviours at age 5. This suggests no negative long-term effects of shared care on wellbeing, and indicates that perhaps there are some positive benefits of shared care for younger children. Consequently, while there may be negative effects of shared care on wellbeing for children under 3 years, these effects are not long-term and appear not to predict future wellbeing.

As differences in wellbeing appear to not be a result of shared care, researchers have examined other factors that may influence young children's wellbeing following separation. For example, McKinnon and Wallerstein (1987) highlighted that any differences in wellbeing in their study tended to be from inter-parental conflict or violence, rather than the care arrangement itself. This was also supported by Pruett, Ebling and Insabella (2004), who

indicated that behavioural problems for young children in shared care was related to poor parent-child relationship (Pruett, Ebling & Insabella, 2004). These findings are consistent with results found more broadly in the included studies, suggesting that children's wellbeing may have little to do with shared care itself, but rather other positive and negative factors that influence the child (as identified in Table 3 above).

Study Quality and Limitations

In terms of study quality, a number of studies failed to outline data collection methods, participant sample demographics, and assessment measures used. A number of the peer reviewed studies included in the review tended to refer the reader to government reports instead of outlining their methodology, making it difficult to assess the quality of the findings for some included studies. Some studies used extremely small sample sizes, which affected the reliability and generalisability of the results. Additionally, some studies conducted particular analyses with inadequate sample sizes (as suggested by guidelines for adequate sample size). Regarding assessment measures, some studies used measures derived by the researchers, with little or no reliability or validity data to support the use of them.

A number of other factors were also raised throughout the review. In particular, a number of Australian studies used similar national survey data to draw conclusions about the effectiveness of shared care arrangements. This raises concerns around the generalisability of these results, as a number of these studies were conducted on the same, or similar, data samples. Additionally, another issue raised in the review was the heavy use of only one-parent reporting. There was only a small number of studies that gathered reports from multiple informants, with a large number of studies only having mother reports of wellbeing. Furthermore, only a small number of studies attained reports directly from the children. This indicates that a number of studies are drawing conclusions about the child's wellbeing from one informant, whom in most instances isn't even the child in question. This is alarming, as

of the studies that included both parents' reports, there was significant discrepancy between reports of wellbeing. Moreover, in one study that did attain reports from the children, they found that both parents' reports of their children's wellbeing was significantly different to the child's own report of wellbeing (Neoh & Mellor, 2010). This suggests that for future research, it is important to try to obtain information from as many different informants as possible, in an attempt to get an accurate depiction of the child's wellbeing.

Conclusion

This systematic literature review has explored whether shared care is indicated or contraindicated following divorce. The majority of the included studies suggest that shared care is indicated. This was apparent across most included studies for children aged 3-12 (18 out of the 24 included studies). For children aged below 3, longitudinal studies highlighted concerns around insecure attachment, behavioural problems and developmental issues. However, these concerns were not found when re-assessed later at age 5, suggesting that there are no long-term negative effects of shared care for younger children (Tornello, Emery, Rowden, Potterm Ocker & Xu's, 2013; McIntosh, Smyth, Kelaher, Wells & Long, 2011; McIntosh, Smyth & Kelaher, 2013).

From the findings, there were a number of benefits from shared care arrangements. These benefits included better self-concept and self esteem, fewer behavioural and emotional problems, more positive father-child relationships, and better attitudes towards their mothers (Glover & Steele, 1989; Gunnoe & Braver, 2001; Healy, Malley & Stewart, 1990; Kaspiw, Gray, Weston, Moloney, Hand & Qu, 2009; Lee (2002); Neoh & Mellor, 2010; Pruett, Ebling & Insabella, 2004; Shiller, 1986; Wolchik, Braver & Sandler, 1985). Of the studies that found poorer child outcomes in shared care, it was generally a result of a number of other factors also being at play. Consequently, it would seem that it is not the care arrangement itself that

effects children's wellbeing, but a number of other positive and negative factors. One particular factor, inter-parental conflict, was indicated as having a strong negative relationship with children's wellbeing. However, it is important to note that conflict appeared to foster poorer child wellbeing regardless of care arrangement. This was supported by a number of included studies, suggesting that children fare no better or worse when exposed to conflict in shared care than in sole care arrangements (Lee, 2002; Kline, Tschann, Johnston & Wallerstein, 1989; McKinnon & Wallerstein, 1987; Weston, et al., 2011). Of the positive factors identified, the following were most influential for child wellbeing:

1. Stable shared care arrangements (but not inflexible),
2. Inter-parental support and cooperation,
3. Children being happy with the care arrangement,
4. Paternal warmth,
5. Parent-child relationship, and
6. Good parent psychological wellbeing.

Of the negative factors identified, the following were most detrimental for child wellbeing:

1. Inter-parental conflict (regardless of whether sole physical custody or shared physical custody),
2. Violence,
3. Poor parental cooperation,
4. Poor parent-child relationship,
5. Poor parental warmth,
6. Poor parenting ability or parenting concerns (concerns around child safety or parenting ability),

7. Poor parent psychological wellbeing, and
8. Children feeling caught between parents.

These positive and negative factors will present in unique combinations within families, resulting in the need for legal practitioners and the Court to be thorough when exploring the presence of these positive and negative factors within each family. This will help to determine what is in the best interest for the child, as this review indicates that it is these factors that influence a child's wellbeing within care arrangements.

Recommendations

1. As it is not the arrangement itself, but other variables (for example, conflict, parental warmth and parent-child relationship) that influence a child's wellbeing, these factors should be examined by family law courts before making any decision around care arrangements.
 - a. As each family will have its own unique set of positive and negative factors (e.g. conflict, poor parental cooperation and strong parent-child relationship), it is important to consider each family separately in order to make a custody decision based on the presence and absence of factors.
2. Shared care should not be ruled out if conflict is apparent, as research suggests that children fare poorly when conflict exists regardless of the care arrangement.
3. If feasible, parents should undergo intervention programs to resolve inter-parental conflict and improve parenting cooperation.
 - a. Intervention programs should revolve around providing parents with education around what interferes with child wellbeing, as well as aiming to help

strengthen parental communication skills and provide specific ways for both parents to limit child exposure to conflict.

4. Effort should be made to avoid loss of relationship with one parent and parental alienation.
5. Children's preference for care arrangements should be taken into consideration during court and mediation decisions, as this plays a role in their post-divorce wellbeing. However, this should be considered in the context of the relationship between both parents and the child, as children's preferences can be influenced by parental alienation tactics, especially in moderate to severe alienation cases (Kelly & Johnston, 2001).
6. Younger children (below age 3) and infants should not be denied shared care due to fears of poor adjustment. It seems that children adapt and do not suffer long term consequences from experiencing shared care and overnight stays at a young age.
7. Clear court orders that stipulate the need to limit child exposure to conflict (for example, through changeovers at school, rather than home drop-offs).

Future Research

Future research should investigate how these positive and negative factors interact together to influence child wellbeing. Further research could also examine whether particular positive and negative factors are more influential on children's wellbeing than others. This would have implications for legal practitioners and the Court, as it would provide them with clearer recommendations around what factors are particularly indicated or contraindicated for children's wellbeing.

Further research should also aim to include multiple informants, use measures with good psychometric properties for assessing child wellbeing, and aim to attain larger sample sizes. These factors will aim to increase the reliability and validity of future research results.

References

- Abarbanel, A. (1979). Shared parenting after separation and divorce: A study of joint custody. *American Journal of Orthopsychiatry*, *49*, 320-329. doi: <http://dx.doi.org/10.1111/j.1939-0025.1979.tb02613.x>
- Australian Bureau of Statistics. (2014). *Marriages and divorces, 2014*. Canberra: Commonwealth of Australia. Retrieved from <http://www.abs.gov.au/ausstats/abs@.nsf/PrimaryMainFeatures/3310.0?OpenDocument>.
- Buchanan, C., Maccoby, E., & Dornbusch, S. (1991). Caught between parents: Adolescents' experience in divorced homes. *Child Development*, *62*, 1008–1029.
- Cashmore, J., Parkinson, P., Weston, R., Patulny, R., Redmond, G., Qu, L., Baxter, J., Rajkovic, M., Sitek, T., & Katz, I. (2010). *Shared-care parenting arrangements since the 2006 family law reforms*. Report to the Australian Government Attorney-General's Department. Sydney: Social Policy Research Centre, University of New South Wales.
- Clarke-Stewart, A., & Hayward, C. (1996). Advantages of father custody and contact for the psychological well-being of school-age children. *Journal of Applied Developmental Psychology*, *17*, 239-270.
- Deutsch, R. & Pruett, M. K (2009). Child adjustment and high conflict divorce. In R. M. Galatzer-Levy and L. Kraus (Eds.), *The scientific basis of custody decisions* (2nd ed., pp. 353-374). New York: Wiley.
- Family Law Act 1975*. Commonwealth of Australia.

- Glover, R. J., & Steele, C. (1989). Comparing the effects on the child of post-divorce parenting arrangements. *Journal of Divorce, 12*, 185-201. doi: 10.1300/J279v12n02_10
- Gunnoe, M., & Braver, S. (2001). The effects of joint legal custody on mothers, fathers, and children controlling for factors that predispose a sole maternal versus joint legal award. *Law and Human Behavior, 25*, 25-43. doi: <http://dx.doi.org/10.1023/A:1005687825155>
- Healy, J. M., Malley, J. E., & Stewart, A. J. (1990). Children and their fathers after parental separation. *American Journal of Orthopsychiatry, 60*, 45-61.
- Johnston, J. R., Kline, M., & Tschann, J. M. (1989). Ongoing postdivorce conflict: Effects on Children. *American Journal of Orthopsychiatry, 59*, 576-592. doi: <http://dx.doi.org/10.1111/j.1939-0025.1989.tb02748.x>
- Kaltenborn, K. F. (2001). Children's and young people's experiences in various residential arrangements: A longitudinal study to evaluate criteria for custody and residence decision making. *British Journal of Social Work, 31*, 81-117. doi: 10.1093/bjsw/31.1.81
- Kaspiew, R., Gray, M., Weston, R., Moloney, L., Hand, K., Qu, L., & the Family Law Evaluation Team. (2009). *Evaluation of the 2006 family law reforms*. Melbourne: Australian Institute of Family Studies.
- Kelly, J. B. (2007). Children's living arrangements following separation and divorce: Insights from empirical and clinical research. *Family Process, 46*, 35-52.
- Kelly, J. B., & Johnston, J. R. (2001). The alienated child: A reformulation of parental alienation syndrome. *Family Court Review, 39*, 249-266.

- Kline, M., Johnston J. R., & Tschann, J. M. (1991). The long shadow of marital conflict: A model of children's postdivorce adjustment. *Journal of Marriage and the Family Law*, 53, 297-309. doi: 10.2307/352900
- Kline, M., Tschann, J. M., Johnston, J. R., & Wallerstein, J. S. (1989). Children's adjustment in joint and sole physical custody families. *Developmental Psychology*, 25, 430-438. doi: <http://dx.doi.org/10.1037/0012-1649.25.3.430>
- Lee, M. Y. (2002). A model of children's postdivorce behavioral adjustment in maternal and dual-residence arrangements. *Journal of Family Issues*, 23, 672-697. doi: 10.1177/0192513x02023005005
- McIntosh, J., Burke, S., Dour, N., & Gridley, H. (2009). *Parenting after separation*. Melbourne: Australian Psychological Society. Retrieved from https://www.psychology.org.au/Assets/Files/Parenting_separation_PP.pdf
- McIntosh, J. E., & Chisholm, R. (2008). Cautionary notes on the shared care of children in conflicted parental separation. *Journal of Family Studies*, 14, 37-52. doi: <http://dx.doi.org/10.5172/jfs.327.14.1.37>
- McIntosh, J. E., & Long, C. M. (2006). *Children Beyond Dispute, A prospective study of outcomes from child focused and child inclusive post-separation family dispute resolution*. Final Report. Australian Government Attorney-General's Department. Canberra.
- McIntosh, J. E., Smyth, B., Kelaher, M., Wells, Y., & Long, C. (2011). Post-separation parenting arrangements: Patterns and developmental outcomes: Studies of two risk groups. *Family Matters*, 86, 41-48.

- McIntosh, J.E., Smyth, B. M., & Kelaher, M. (2013). Overnight care patterns following parental separation: Associations with emotion regulation in infants and young children. *Journal of Family Studies, 19*, 224-239. doi: <http://dx.doi.org/10.5172/jfs.2013.19.3.224>
- McKinnon, R., & Wallerstein, J. S. (1986). Joint custody and the preschool child. *Behavioural Sciences and the Law, 4*, 169-183. doi: <http://dx.doi.org/10.1111/j.174-1617.1987.tb00171.x>
- Moher, D., Liberati, A., Tetzlaff, J., & Altman, D.G. (2009). Preferred Reporting Items for Systematic Reviews and Meta-Analyses: The PRISMA Statement. *PLoS Medicine* 6(6), e1000097. doi:10.1371/journal.pmed1000097.
- Neoh, J., & Mellor, D. (2010). Shared parenting: Adding children's voices and their measures of adjustment to the evaluation. *Journal of Child Custody, 7*, 155-175. doi: [10.1080/15379418.2010.512230](http://dx.doi.org/10.1080/15379418.2010.512230)
- Pruett, M. K., & Barker, C. (2009). Joint custody: A judicious choice for families- But how, when and why? In R. M. Galatzer-Levy and L. Kraus (Eds.), *The scientific basis of custody decisions* (2nd ed., pp. 417-462). New York: Wiley.
- Pruett, M. K., Ebling, R., & Insabella, G. (2004). Critical aspects of parenting plans for young children: Injecting data into the debate about overnights. *Family Court Review, 42*, 39-59. doi: <http://dx.doi.org/10.1177/1531244504421004>
- Shiller, V. M. (1986). Joint versus maternal custody for families with latency age boys: Parent characteristics and child adjustment. *American Journal Of Orthopsychiatry, 53*, 486-489. doi: <http://dx.doi.org/10.1111/j.1939-0025.1986.tb03481.x>

- Smyth, B. (2009). A 5-year retrospective of post-separation shared care research in Australia. *Journal of Family Studies, 15*, 36-59.
- Solomon, J., & George, C. (1999). The development of attachment in separated and divorced families. *Attachment and Human Development, 1*, 2-33. doi: 10.1080/14616739900134011
- Steinman, S. (1981). The experience of children in a joint-custody arrangement: A report of a study. *American Journal of Orthopsychiatry, 51*, 403-414. doi: <http://dx.doi.org/10.1111/j.1939-0025.1981.tb01389.x>
- Tornello, S. L., Emery, R., Rowen, J., Potter, D., Ocker, B., & Xu, B. O. (2013). Overnight custody arrangements, attachment, and adjustment among very young children. *Journal of Marriage and Family, 75*, 871-885. doi: 10.1111/jomf.12045
- Trinder, L., Kellet, J., & Swift, L. (2008). The relationship between contact and child adjustment in high conflict cases after divorce or separation. *Child and Adolescent Mental Health, 13*, 181-187. doi: 10.1111/j.1475-3588.2008.00484.x
- Weston, R., Qu, L., Gray, M., Kaspiw, R., Moloney, L., & Hand, K. (2011). Care-time arrangements after the 2006 reforms: Implications for children and their parents. *Family Matters, 86*, 19-32.
- Wolchik, S. A., Braver, S. L. & Sandler, I. N. (1985). Maternal versus joint custody: Children's postseparation experiences and adjustment. *Journal of Clinical Child Psychology, 14*, 5-10.

Appendix

Table 2

Extraction Spreadsheet

| Study (year of publication) | Study Design | Sample Size and Population Type (used in analysis) | Age of Children | % of Time Spent Between Each Household | Method/ Measures Used* | Results | Is Shared Care Worse Than Sole Custody | Study Quality Appraisal |
|------------------------------------|---------------------|---|------------------------|---|--|--|---|---|
| Alarbanel (1979) | Case studies | 4 current joint custody families (low conflict) | 4.5-12.5 years | 33%-67% | Parent and children interviewed separately, followed by observation of dinner at each household and interviews with children's teachers. | Children adjusted well when there was cooperation between parents and predictability around routines. Four factors contributed to the success of shared care: commitment to shared care, support for the other parent, flexible sharing of responsibility and agreement on the implicit rules. | No | Research findings were based purely on interviews to determine children's adjustment in joint custody living situations. Only 4 families examined. |

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| Clarke-Stewart & Hayward (1996). | Experimental design. | 187 children. | 5-13 years. | Sole custody children who saw non-residential parent once a week. | Children and each parent were interviewed. Measures of adjustment to divorce, self-esteem, positive mood, depression, anxiety and problem behaviours were used. | The type of contact (spending holidays with them/other social activities) not the frequency of contact with non-residential parent (once a week) was related to child-wellbeing. This finding was only apparent when children spent holidays with non-residential fathers. Additionally, this effect was mediated by the child's relationship with that parent. | No. | Correlational study. Conflict was not measured. |
| Glover & Steele (1989). | Experimental study. | 24 children (8 families). | 6-15 years. | All types of arrangements. | Matched pairs twins from sole custody, joint custody families and intact families. The Nowicki-Strickland Locus of Control Scale | ANOVA's showed no significant difference between care conditions on all measures. However, the children from the intact families scored higher than the other conditions on measures of internality (locus of control), self-concept and relationship with father. Children in joint custody (in | No. | Small sample size. Middle-upper class population was used, limiting generalizability. |

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| | | | | | for Children, the Piers-Harris Self-Concept Scale, the Anthony-Bene Family Relations Test, and the Structured Divorce Questionnaire were administered to the children. | comparison to sole custody arrangements) had better self-concept, more positive father relationships and a better attitudes towards their mothers. | | |
| Gunnoe & Braver (2001). | Experimental study. | 78 families, 78 children. | 14 years or under. | Joint Legal Custody and Sole Maternal Custody. | Parents interviewed. Assessment of child wellbeing focused on total behaviour problems, antisocial behaviour, impulsive | Children of joint legal custody experience fewer impulsive behaviours than those of sole maternal custody (as reported by their mothers). | No. | Time in the care of each parent not reported. |

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| | | | | | behaviour and depressive behaviour. | | | |
| Healy, Malley & Stewart (1990). | Longitudinal study. | 121 children from mother-custody families only. | 6-12 years. | Most saw father once a week or every second week. | Interviews with custodial parent, children and where available fathers. Child Behaviour Checklist/Perceived Competence Scale were used to assess child wellbeing. | Boys and younger children displayed higher self-esteem when contact with father was regular and frequent. Girls had lower self-esteem but fewer behavioural problems when contact with father was regular and frequent. These effects were moderated by father-child closeness and inter-parental conflict. | No. | Contact with father was measured in terms of overnight stays rather than shared care. Most reports were provided by mothers only. |
| Johnston, Kline & Tschann (1989). | Longitudinal study. | 100 children (50 boys, 50 girls). | 1-12 years. | Not clear. | Assessed both parents and children at baseline and then again at the follow up | Children in joint custody arrangements displayed more behaviour problems than those in sole custody arrangements. When multiple regression was conducted, custody | Yes. | Some couples were still going through mediation and negotiations for custody. Thus, results are based |

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| | | | | | with standardised measures including the Child Behaviour Checklist, parent questionnaires, observations and clinical ratings. A measure of conflict was also used at baseline and follow-up to measure level of conflict between parents. | explained 18%-32% of the variance in girls behaviour scores. Additionally, children with more visitations and making more switches between homes were more likely to be clinically disturbed. | | on when there is ongoing divorce disputes. Only 100 children, therefore the stability of the regression analyses is of concern. Variance explained by shared custody accounts for only 18-32% of explained variance. Additionally, these differences in scores on the Child Behaviour Checklist are small between each experimental group. |
| Kaltenborn (2001). | Longitudinal; Data | 81 children. | <18; predominantly under | All arrangements. | Interviews with parents and children. | Results suggest that when the care arrangement is consistent with what the | No. | Relied on self-reports. No valid and reliable |

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| | from custody reports (60 reports) | | 12 years. | No measures listed (or cited). | child wants, there are typically better outcomes. If a child is in an arrangement that is not consistent with what they want, then either they adjust, suffer or continue to try to promote change in their current arrangement. | | measures of well-being were used. | |
| Kaspiew, Gray, Weston, Moloney, Hand, Qu & the Family Law Evaluation Reforms (2009). | Data analysis from two surveys (Longitudinal Study of Separated Families and the Longitudinal Study of Australian Families) | 10,000 families from the Longitudinal Study of Separated Families and unclear for the Longitudinal Study of Australian Children survey. | <18 years; Predominantly under age 9. | Examined all care-time arrangements. | Longitudinal Study of Separated Families data was gathered through interviews with both mothers and fathers. Along with interview data, the Strengths and Difficulties Questionnaire and Brief Infant Toddler | Mothers' and fathers' reports indicated no consistent relationship between care arrangement and child wellbeing. There was a clear and strong link between family violence and poor child wellbeing. This link was found in both the mothers' and fathers' reports. From the reports of both parents, children tend to do better if their parents' post-separation relationship was friendly-rather than distant or conflictual. Regression modelling of | No. | Uses the same data as other studies. Relies heavily on mother reports only for Longitudinal Study of Australian Children data. |

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| <p>Children).)</p> | <p>Social Emotional Assessment were completed by parents.</p> <p>Longitudinal Study of Australian Children survey data was gathered, with reports from parents (almost exclusively mothers), teachers and the children. The Strengths and Difficulties Questionnaire was completed by parents and teachers. Children</p> | <p>both parents' reports indicated that children in shared care arrangements were doing as well, if not better than children who stayed with their father less.</p> <p>According to the mothers reports, children who stayed with their fathers more than them (above what is considered shared care), tended to have lower wellbeing (on health, peer relationships, overall progress and conduct problems). Longitudinal Study of Australian Children data showed no consistent relationship between care arrangement and wellbeing for most indicators. However, reports from children showed that those in shared care fared better than other care arrangements.</p> |
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| | | | | | completed the Peabody Picture Vocabulary Test. | | | |
| Kline, Tschann, Johnston & Wallerstein (1989). | Longitudinal study (over 2 years). | 93 children. | 3-15 years. | Not clear. | Assessed both parents and children at baseline and then again at the follow up with standardised measures (Child Behaviour Checklist, Beck Depression Inventory). Parent questionnaire included Parent History Questionnaire, Child | No significant relationships were found between custody arrangements and children's emotional/behavioural/social adjustment. Child's behavioural/social/emotional adjustment is explained however, by a combination of age of child, gender, parental emotional functioning (at time of filing for divorce) and parental conflict at 1 year post-divorce. | No. | Same sample as their other studies. Poor sample size for Principal components analysis, as based on Comfrey and Lee's (1992) guidelines for adequate sample size for principal components analysis. Emotional adjustment was measured by clinicians' ratings, not via use of a standardised |

History
Questionnaire,
Taylor
Manifest
Anxiety
Scale,
Quality of
Coparental
Communication
Scale, and
Hostility
Conflict
Checklist.
Observation,
and clinician
ratings were
also gathered.
A measure of
conflict was
also used at
baseline and
follow-up to
measure level
of conflict
between
parents.
Principal
components
analysis was

measure.

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| | | | | | conducted. | | | |
| Kline, Johnston & Tschann (1991). | Longitudinal study. | 154 children. | 2-16 years. | Not clear. | Interview data, clinician ratings and clinical measures were used. Child emotional adjustment was assessed through clinician ratings, while behaviour problems were assessed using the Child Behaviour Checklist. These were completed at baseline and again at 1 and 2 years. | Conflict had a direct and indirect impact on childhood adjustment two years after divorce. Contact with non-resident parent did not have an impact on child's emotional adjustment. However, post-separation parental conflict contributed to children's behaviour problems at the two-year follow-up. Additionally, mother's from disputing couples displayed less warmth and lower expectations for child's ego control, which resulted in child behaviour problems. Moreover, one of the strongest predictors of child behaviour problems was a negative mother-child relationship. Less time with the non-resident parent has no effect on behavioural | No. | Study focused on effect on children's wellbeing from seeing less-seen parent, rather than the effect of shared care on the children's wellbeing. Only clinician ratings were used and the Child Behaviour Checklist. |

problems.

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| Lee (2002). | Experimental design. | 59 children and their mothers. | 6-12 years. | Dual residence was defined as 4 or more days spent in each household on a biweekly schedule. | Interview data was collected from mothers. Differential Emotions Scale II was used to assess children's emotional experiences during post divorce situations. Children's emotional regulation strategies (active intervention) was assessed through clinical interview with the child. The Child Behaviour | Dual residence arrangements reduced children's behavioural problems (child displayed less behavioural problems) when all other variables were controlled (interparental aggression, mother-child relationship, child sadness and active intervention). However, when other variables were not controlled for, dual residence had an indirect positive effect on children's behavioural problems through interparental aggression, child sadness, and active intervention. | No. | Sample size was relatively small (path analysis was conducted only on a sample of 59 participants), which may weaken the parameter estimates. Consequently smaller effects found in this study may be underestimated due to the lack of power. No data from fathers, only mothers. Compares conflict between still intact families and divorced families. Does |
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| | | | | | Checklist was used to assess for behavioural adjustment following divorce. The children's mothers completed this measure. Path-analysis was conducted. | | | not explore sole and shared custody arrangement with conflict. |
| McIntosh & Chrisholm (2008). | First study= part of longitudinal studies 1 st year findings. Second study= pre-post design | First study = 181 children Second Study= 111 children and 77 parents | 4 years and over. | 35% in each household within a year. | Study 1= Strengths and Difficulties Questionnaire was used to assess children's mental health. Study 2= Conflict, parental cooperation, relationships | Study 1: there were direct relationships between children's mental health outcomes (1 year after mediation) and low father education level and high interparental conflict. Number of shared overnight stays, mother-child relationship, high acrimony between parents, and being a child under ten years also added significantly to poor child | Yes. | Article does not provide data statistics or analysis information (significance levels, etc). How any of the variables other than child wellbeing were assessed was not mentioned |

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| <p>custody settle- ment.</p> | <p>and child wellbeing were assessed using the Strengths and Difficulties Questionnaire and interviews.</p> | <p>mental health. Children benefitted most from shared care arrangements when there was low acrimony and good parental cooperation. Moreover, older children (>10 years) who were not exposed to high conflict had greater coping capacity and no evidence of poor mental health. Study 2: Three variables (child being unhappy with current living/care arrangements, poor parent- child relationship and child lives substantially in shared care) independently predicted poorer child mental health outcomes. Two variables (one parent held concerns regarding child's safety with other parent and interparental conflict) predicted poorer child mental health outcomes when they co- occurred with any of the</p> | <p>throughout the article. Only the Strengths and Difficulties Questionnaire was mentioned as being used.</p> <p>How conflict is defined is not discussed. Study compares stress of divorced children in the sample and non- divorced children in the normal population.</p> |
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| | | | | | | other factors. | | |
| McIntosh, Smyth, Kelaher, Wells & Long (2011). | Two studies (secondary data analysis). | 169 families for the first study; second study included 2050 children. | Study 1: 6-19 years. Study 2: <5 years. | Shared care was described as 35% or more at each household for study 1. For study 2, shared care was categorised differently across age brackets. For under 2 year olds shared care was one or over night stays per week, while for over 2 year olds shared care was 5 nights per | Study 1: Interview data at 4 time points, over a 4 year period for 133 families (144 children). Study 2: draws on data from the Longitudinal Study of Australian Children. Focuses on results of children aged between three brackets: infants under 2 years, infants aged between 2-3, and 4-5 year olds. | Results for study 1: caring patterns changed over the four years, with arrangements decided during mediation often changing. Most commonly sole custody became more evident over the four years. Parents who reported maintaining share care over the four years, tended to have a number of characteristics, including proximity, higher education, lower levels of conflict, higher parental alliance, etc. Additionally, those families that maintain shared custody displayed higher positive regard towards the other parent. In comparison, families who moved from shared care to sole custody were characterised by low father education, higher | Yes. | This article is included as it is a peer reviewed article that summarises two important studies on shared care and wellbeing. The government report of these studies were sourced as well, as they provided further information in regards to methodology and results. Data used was from a longitudinal study that has been reported in other works by McIntosh and |

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| <p>fortnight or more.</p> | <p>Longitudinal Study of Australian Children global health measure was used to assess children's psycho-somatic development across all age groups. The Parents Evaluation of Developmental status was used to assess the below 2 age group as well as settled/unsettled behaviour being assessed by the four item Irritability Scale. Items from the</p> | <p>acrimony, poor father emotional availability towards their children, and the children tended to be older at start of study (>11). Children in shared-care arrangements noted higher levels of conflict between their parents than other arrangements. In regards to wellbeing, children in shared care arrangements were more likely to feel caught in the middle of their parents' conflict. Although this did not vary based on their overnight care pattern (time spent overnight in both households). Additionally, living arrangement or pattern of care across the four years did not predict child wellbeing, as assessed by scores on the Strengths and Difficulties Questionnaire. The study also found that children in</p> | <p>colleagues.</p> <p>Significance of findings was not reported in terms of probability statistics or effect sizes for study 1. Consequently, importance of findings could not be determined from this article.</p> <p>Additionally, there was quite a small sample of children in overnight care, so findings should be interpreted with caution.</p> <p>Conflict scale was created by</p> |
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| <p>Communication and Symbolic Behaviour Scales assessed child's visual monitoring. The Brief Infant Toddler Social Emotional Assessment (problems scale) was used to assess emotion regulation in children aged 2-3 years. The Emotional functioning Scale was used to assess frequency of these problems.</p> | <p>shared care over the four years tended to have greater difficulties in attention, concentration and task completion by the end of the study. Moreover, boys in rigidly sustained shared care were the most likely to have clinical/borderline hyperactivity/inattention scores than other arrangements. It is unclear from this report how they found the last two results. No assessment measures were mentioned for the last two findings. Results from study 2: Infants <2 years: in comparison to children in sole custody care arrangements (overnight stays less than once a week), children in shared care (one or more overnight stays per week) had more issues with irritability (non significant</p> | <p>McIntosh and Long (2003), with no report of validity and reliability.</p> |
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| <p>The persistence scale was used to assess persistence of these behaviours (used in age groups 2-3 and 4-5). The Strengths and Difficulties Questionnaire was also used for the 4-5 age group.</p> <p>Data was analysed using linear or logistic regression.</p> | <p>finding). Additionally, they also displayed more vigilant visual monitoring and maintenance of proximity with the primary parent than those children who only had rare overnight stays (no statistics provided). However, this effect was significantly lower when there was high paternal warmth ($p = .006$). Children in shared care also displayed higher rates of wheezing than infants in primary care, but this finding was not statistically significant ($p = .08$). There were also no differences between groups in global health, developmental concerns or response to interviewer during the interview process. For children aged 2-3 years, children in shared care (35% or more overnight stays per year)</p> |
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had more problems with persistence (ability to play continuously, practice new skills, return to activities after interruption and stay with routine tasks) than children in primary care arrangements. There were also more distress behaviours such as crying/hanging on to primary parent when they try to leave, worrying, not reacting when hurt, becoming very upset, gagging/choking on food, hitting, biting or kicking. In children aged 4-5, there were no differences in care arrangements on childhood wellbeing. Instead, problems in behaviour seemed to be accounted for by inter-parental conflict and lack of warmth in parenting and its effect on children's ability to self-regulate their emotions.

Integrating findings from the two studies: Rigid living arrangements were associated with higher levels of depressive and anxiety symptoms in school age children. However, it is not clear what rigid living arrangements these effects were apparent in (eg, shared care or primary care or both). It appears that it is not shared care resulting in family problems, but the parents cooperation, parenting style and other factors such as parental warmth. Researchers suggest that care should not be recommended for children under age 4 due to their research suggesting that shared care is associated with developmental issues in these age groups. However, these developmental issues were

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| | | | | | | only seen at the 2-3 year age group, and did not appear later in the 4-5 year age group, suggesting that there are no long term developmental or behaviour effects from shared care arrangements. | | |
| McIntosh, Smyth & Kelaher (2013). | Longitudinal study data from Longitudinal Study of Australian Children (secondary data analysis). | 2050 children. | <5 years. | For under 2 year olds shared care was one or more overnight stays per week, while for over 2 year olds shared care was 35-65% with each parent per year. | Data was analysed using linear or logistic regression. Measures included: Brief Infant Toddler Social Emotional Assessment, persistence scale, emotional functioning scale and Strengths and Difficulties Questionnaire | <1 year old findings: infants with less overnight stays had lower ratings of irritability, however, this was non-significant. This finding became significant when parenting and parent-child relationship were added to the model (suggesting that it's not overnight stays itself). When there was strong parental warmth, there was less visual monitoring by the infant in the shared care (substantial overnights) condition. Differences in overall health were accounted for by socio-economic status | Yes. | Results appear to be exactly the same to the above study. |

e.

and parenting factors.

Higher parental warmth was significantly related to better health scores. Lower parental warmth was related to more developmental concerns and low income.

2-3 year old findings:

Children in the shared care condition had significantly lower persistence scores (for example, lower ability to stay on task) than children in the two other conditions (daytime only and some nights). This was significant even when adding parental warmth/hostility, co-parenting relationship and socio-economic status to the model. Children in the shared care condition also had significantly more problematic scores (as reported by the Brief Infant Toddler Social Emotional Assessment)

than children in the some overnights condition. These behaviours tended to be things such as crying when a parent left, worrying, not reacting when hurt, often upset, refuses to eat and kicks, bites or hits. This result was more apparent when there are poor parenting relationships, low parental education levels and high parenting hostility. The only predictors of poor emotional adjustment were parenting hostility and low warmth. Differences in overall health were accounted for by socio-economic status and parenting factors, with higher health scores predicted by high parental warmth. Lower health scores were predicted by low parenting warmth and low income.

4-5 year old findings: In

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| McKinnon & Wallerstein (1987). | Longitudinal study. | 25 Families. | 14 months- 5 years. | Variations on 50:50 care (most common being 3:4 days per week with each parent). | Results based on play interviews and parents/teachers reports. | <p>children aged 4-5, there were no differences in care arrangements on childhood wellbeing. Instead, problems in behaviour seemed to be accounted for by inter-parental conflict and lack of warmth in parenting and its effect on children's ability to self-regulate their emotions.</p> <p>1-3 years: There was no correlation found between custody arrangements and young children's adjustment. Children who did well in this age group were characterised by parents that were highly motivated to maintain their parental commitment, and were able to isolate their children from their marital conflicts. Contentment seemed to be related to having two loving parents with good cooperation.</p> | No. | Small sample. Articles findings were based on interviews with parents/teachers and observations of children's play. |
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| | | | | | | <p>Poor adjustment was associated with interparental conflict and parenting deficiencies. 3-5 years: Adjustment in this age group was not associated with care arrangements. Those who appeared to do badly, suffered as a result of family conflict (including violence) and poor cooperation between parents.</p> <p>Study concludes by stating that while there is no evidence that these children would have been better served in single parent arrangements, there appears to be no protection of joint custody for shielding the children against the stress of divorce.</p> | | |
| Neoh & Mellor (2010). | Experimental design. | 68 families (88 children). | 8-15 years. | 40% in each household. | Strengths and Difficulties Questionnaire, Children's | The results found that children reported having more emotional problems than their mothers and | No. | Assessing intact families put child's adjustment into |

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| <p>Beliefs about Parental Separation Scale, and a satisfaction questionnaire that was created by the researchers, was used to assess adjustment in different family arrangements . These measures were used to assess differences between intact families, sole custody and shared care families. Both parents</p> | <p>fathers reported (significant finding). This finding was consistent across all family arrangements (intact, sole and shared). All reporters (mothers, fathers and children) were more likely to report more hyperactivity behaviours in sole custody arrangements than in shared care or intact family arrangements. However, there were no differences between Strengths and Difficulties Questionnaire scores on hyperactivity measures across the family arrangements. Additionally, there were no significant effects found across the other subscales on the Strengths and Difficulties Questionnaire. The results also found that parents and children (in</p> | <p>perspective across the other conditions.</p> <p>Only 88 children.</p> <p>Paternal warmth and parental-child relationship was not assessed.</p> |
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and children completed measures. Multivariate analysis of variance (MANOVA) was used to assess differences between groups and also over time.

the shared and sole custody arrangements) reported different reactions to their parents' separations on the Children's Beliefs about Parental Separation Scale. Children reported feeling more ridiculed by their peers over their parents divorce than their parents reported. Additionally, parents in both shared and sole custody arrangements reported their children being more open with their friends around their parents divorce than their children themselves reported. Children also blamed both their parents (mothers and fathers) more than their parents reported. In both separated family conditions, parents reported believing their children wanted them and held hope around them reuniting, although

children tended to hold significantly less hope around any reunification. Shared parenting fathers reported feeling significantly less stress than the mothers and their children. Additionally, fathers in shared parenting arrangements also reported less stress than mothers and fathers in sole arrangement families and also less stress than mothers, fathers and children in intact families. Intact families were significantly more satisfied with their life than sole or shared arrangement families. Parents in shared care arrangements rated significantly higher levels of arrangement satisfaction than parents in sole custody arrangements. Moreover, these parents also rated more satisfaction with the living

arrangements than their children (who reported similar level of satisfaction to children in sole custody arrangements).

In conclusion: appears to be no dramatic difference in adjustment between different living arrangements. Although there was lower levels of hyperactivity reported in shared care arrangements. The only other differences between conditions appear to be on satisfaction of living arrangements as well as a significant discrepancy in reporting between parents and their children on children's rating of emotional coping, openness to discussing issues with peers and wanting their parents to reconcile. Lastly, fathers in shared care arrangements reported less stress than sole custody

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| | | | | | | arrangements, however, this view was not held by mothers or children in these arrangements. | | |
| Pruett, Ebling & Insabella (2004). | Longitudinal study. | 132 families. | 0-6 years. | Not clear. | The 10-item, 5-point Likert scale measure of parent-child relationship was used to assess for negative changes in relationship. The Content of Conflict Checklist was used to assess interparental conflict. The Child Behaviour Checklist was used to assess for children's problem behaviours. | Poor parent-child relationships resulted in more behavioural problems. Children who were overnighting had lower levels of social, attentional and thought problems. Children with more caregivers had fewer social and attentional problems but more sleep problems. Additionally, a larger number of caregivers was associated with greater anxious/depressed behaviour. Consistent and stable caregiving arrangements resulted in fewer social problems and less anxious/depressive behaviour. Fathers also | No. | Correlational research. No teacher or third party reports. Does not specify how many overnights. |

Analysis consisted of correlations and hierarchical regression.

reported less child internalising behaviour. Girls showed less withdrawn behaviour when in overnight shared care. Parents also reported fewer internalising problems for girls in overnight care in comparison to boys, who showed more internalising behaviour. Girls also displayed fewer thought problems when number of caretakers increased (2 caretakers). Boys tended to display fewer externalising problems when care arrangements were consistent and stable. Older children (>3) who experienced overnights with the second parent had less behavioural problems as measured on the Child Behaviour Checklist (based on father report). This effect was non-significant for younger

children (<3).
Mothers report resulted in younger children (<3) experiencing greater internalising behaviour as the number of caregivers increased. Further analysis noted interactions between child's age (older children) and number of caretakers (more caregivers) being associated with less anxious/depressed behaviour, withdrawn behaviour, somatic complaints, aggressive behaviour, attentional problems and destructive behaviour. These findings were non-significant for the younger age group. Although mothers did report that younger children experience higher anxiety/depression when more caregivers. Mothers reports also found that older children with more consistent care

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| | | | | | | schedules had fewer thought problems. Additionally, fathers reported that younger children displayed fewer externalising symptoms when there were more caregivers. | | |
| Shiller (1986). | Repeated measures design. | 20 families. | 6-11 years. | 2 full days with each parent per week. | Child Behaviour Checklist was used to assess number and severity of emotional problems. A semi-structured, recorded interview with parents assessed interparental conflict and parental interaction. Tennessee Self Concept | Mothers' reports of their children's emotional and behavioural problems on the Child Behaviour Checklist were lower in joint custody than in sole custody. Across the sample, both groups of boys (joint and sole) had less behavioural problems in than in the normative sample of the Child Behaviour Checklist. For the teacher reports that were returned completed (only 50% return rate), teachers tended (although non-significantly) to rate boys' adjustment in joint custody arrangements as | No. | Only mother's ratings of child adjustment and conflict were used in the analyses. |

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| | | | | | Scale and Ahrons' My Feelings Test were also used. Teachers completed the Classroom Adjustment Rating Scale. | superior to sole custody arrangements. Joint custody mothers rated their ex partners as more understanding and supportive than mothers with sole custody. Mothers with joint custody had significantly more respect for their ex-partners parenting skills than sole custody parents. | | |
| Solomon & George (1999). | Experimental study. | 145 infants. | 12 months to 20 months. | Overnight group classified as one or more overnight stays per month. | Interviews were conducted and questionnaires were sent out to all parents. Laboratory observations included observing parent-child separations | Attachment was significantly different between the overnight care condition and the intact family condition. It appeared that the overnight condition had significantly fewer children with a secure attachment style and more children with disorganised attachment styles than the intact family condition. There were no differences | Yes. | Looks purely at attachment of the child, not other types of wellbeing. |

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| <p>and reunions (The Strange Situation) and the administration of the Caregiving Interview. Attachment style was assessed through independent classification of The Strange Situation. The Straus Conflict Tactics Scale was used to assess couple conflict. The Ahrons Communication Scale was used to assess couple communication</p> | <p>between the no overnight condition and the intact family condition. There was significant differences between the overnight and no overnight in terms of total visiting time with father. There was a significant association between visiting time and continuity of visits, with children in the no overnight condition being more likely to have weekly access to their fathers than infants in the overnight condition. There was no significant effect between number of overnights and attachment within the overnight condition. Fathers with overnights had about twice as much time with the child as fathers without overnights. However, it is unclear how much of this time is 'quality time'.</p> |
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| | | | | | on. The Brief Symptoms Inventory was used to assess parents' psychological adjustment. Loglinear analysis and MANOVA were used to analyse the data. | Conflict was significantly related to attachment in the overnight condition, with mothers with children that had secure attachment reporting less conflict than mothers with other types of attachment. | | |
| Steinman (1981). | Experimental study. | 24 families (32 children). | 4.5-15 years. | At least 67/33 in each household to qualify as shared care. | Interviews with each parent and child (semi-structured clinical interviews). Child interviews also included play time and family drawings. Children were | Parents were generally satisfied with their shared care arrangements. Most children approved of joint custody as it gave them access to both parents. They did feel inconvenienced by having to go back and forth between houses though. The fact that both parents wanted to spend time with them increased their self-esteem. A number of the children | No. | Small sample. No standardised measures for wellbeing. Study was qualitative. Does not provide a comparison group. |

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| | | | | | administered the Coopersmith Self-Esteem Inventory. Interviews were also conducted with teachers. | experienced confusion and felt overburdened. It is unclear whether shared care is responsible for these feelings. | | |
| Tornello, Emery, Rowden, Potterm Ocker & Xu (2013). | Longitudinal study. | 2570 children. | 5 years or under. | Joint custody was classified as 'frequent overnights' (35% or more with each parent). | Attachment was measured by the Toddler Attachment Q-sort. Overnight arrangements were assessed via interviews with parents. Arrangements were classified as day contact only, rare overnights, some | Younger age group: children with frequent overnights had significantly higher attachment insecurity than the other conditions. Older age group: children with frequent overnights had significantly higher attachment insecurity than the other conditions. Additionally, children at age 3 that had more overnights, displayed more positive behaviour when assessed at age 5 in comparison to the other overnight conditions. | Yes. | Used adapted measures, and maternal reports only. |

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| <p>overnights and frequent overnights. Child adjustment was assessed with the Child Behaviour Checklist, while maternal adjustment was measured with questions derived from the Composite International Diagnostic Interview Short Form, as well as interviews. Mothers rating of conflict,</p> | <p>Fathers who saw their children more frequently at the younger age were rated as being better fathers and having a better relationship with the mother. Children with secure attachment were rated across age conditions as having less externalising behaviour. Contact at age 1 (frequent overnights vs some/day only) was only significantly related to attachment security. Maternal depression was also significantly correlated with measures of child adjustment at age 3. For example, depression was correlated with more externalising behaviours at age 3 and age 5. Additionally, mothers' ratings of fathers parenting ability (at age 3) was</p> |
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| | | | | | father quality of parenting and relationship with father was also measured through interviews. Regression and correlations were performed with the data. | associated with their ratings of child adjustment at age 1, 3, and 5. For example, mothers' ratings of fathering ability was associated with ratings of externalising behaviours. | | |
| Trinder, Kellet & Swift (2008). | Longitudinal study. | 250 families (at baseline). | >4 years. | Not clear. | Strengths and Difficulties Questionnaire was used to measure children's adjustment. This was assessed across three different time periods (Time 1, | Contact with non-resident parent was not significantly related to child wellbeing. Factors such as gender (boys more likely than girls to exhibit greater behavioural problems), parent wellbeing (depression) and parents beliefs around the others parents caring abilities | No. | High sample attrition. Conflict wasn't measured. |

Time 2, and
Time 3).
Adult
adjustment
was
measured
with the
General
Health
Questionnaire.
Parent's
descriptions
were used to
assess child's
contact with
non-resident
parent.
Parents
concern over
other parents
caring
abilities was
assessed with
three
questions
created by
the
researchers.
Three items

were associated with the
child's wellbeing.

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| | | | | | created by the researchers assessed co-parenting decision-making. Study specifically looked at high-conflict custody cases. Multiple regression was used to explore the results. | | | |
| Weston et al. (2011). | Secondary data analyses of the Longitudinal Study of Separated | 10,002 parents. | 0-18 years. | 35% or more with each household. | Parent interviews/survey- parents reported how they thought their children were doing on a number of aspects of wellbeing. | Child's wellbeing did not vary significantly across care time arrangements or age. Although there were three exceptions: fathers who did not see their child rated aspects of child's wellbeing lower, fathers in shared care arrangements rated aspects of their | No. | No standardised measures of wellbeing, conflict, etc reported in this study All results are based upon parents |

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| Familie s . | | | | | | child's wellbeing higher, and mothers who spent little time with their child rated aspects of their child's wellbeing as lower. Across care-time arrangements, ratings of children's wellbeing were lower when there was a history of family violence, safety concerns or high conflict between parents. However, children in shared-care arrangements appear no better or worse off than other care arrangements when there is violence or conflict present. Mothers did report that when there were safety concerns, children had poorer wellbeing in shared care than those who lived most with their mother. | | subjective impressions around how the arrangements are working for themselves, the other parent and the child. |
| Wolchik, Braver & Sandler | Experiential study. | 133 children. | 8-15 years. | Not clear. | Interviews with children and parents | Children in joint custody reported significantly more idiographic positive | No. | Families chose which conditions they |

(1985).

were conducted. Children completed measures such as the Divorce Experiences Schedule for Children, the Children's Depression Inventory, the Revised Children's Manifest Anxiety Scale, the Braver Aggression Device and the subscale on the Perceived Competence Scale for Children. Parents completed

behaviours than children in sole custody. Additionally, children in joint custody reported more nomothetic positive experiences than children in sole custody. There were no significant effects of custody arrangement on parent reports of adjustment. For child-reported adjustment, there was a significant effect of custody arrangement and sex, with girls experiencing more anxiety than boys. Children in joint custody reported higher self-esteem than children in sole custody.

were in.

the Child
Behaviour
Checklist.
Results were
analysed
using a 2x2
design, and
MANOVA's.

* Measures specific to assessing children's wellbeing and shared care arrangements.