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Abstract	Perceptions of current family social-class at birth and social age 50. Subjective report of fa (FAD) with socio-economic in Results indicated significant r men but not for women in this the lifecourse were associated required to understand the gen	functioning in relation to current household income level, educational status, mobility over the lifecourse were investigated in a group of 483 individuals at mily functioning was assessed using the McMaster Family Assessment Device nformation obtained from a self-report Health and Lifestyle Questionnaire. elationships between household income, social mobility and FAD scores for s sample. For men, lower current income and downward social mobility over with a more negative perception of family functioning. Further research is nder differences observed and delineate cause versus effect mechanisms.
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# The Impact of Socio-economic Status and Mobility on Perceived Family Functioning

Paul A. Tiffin · Mark Pearce · Carole Kaplan · Trian Fundudis · Louise Parker

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9 Abstract Perceptions of current family functioning in relation to current household 10 income level, educational status, social-class at birth and social mobility over the lifecourse were investigated in a group of 483 individuals at age 50. Subjective report of family 11 12 functioning was assessed using the McMaster Family Assessment Device (FAD) with 13 socio-economic information obtained from a self-report Health and Lifestyle Question-14 naire. Results indicated significant relationships between household income, social 15 mobility and FAD scores for men but not for women in this sample. For men, lower current 16 income and downward social mobility over the lifecourse were associated with a more 17 negative perception of family functioning. Further research is required to understand the gender differences observed and delineate cause versus effect mechanisms. 18

# Keywords Family functioning · Gender · Social mobility · Socio-economic status 20

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Understanding the ways in which the economic environment may influence views on one's family life is important when attempting to support a family system facing financial adversity. According to ecological theory, a family's socio-economic environment is a key component of the *macrosystem* in which the family is embedded, coloring and setting the tone for individual perceptions of both relationships and overall family (Bronfenbrenner 1979). Therefore it could be hypothesized that individuals from less economically advantaged backgrounds may perceive their family as functioning poorer than those who are more advantaged. In this postulated situation there would be opportunities for both *social drift* (Wender et al. 1973) and *social causation* (Hollinshead and Redlich 1958) mechanisms to act. Indeed, in terms of individual psychological adjustment and socio-economic status (SES) there is evidence that both processes are at work (Costello et al. 2003; Miech et al. 1999). It therefore would be expected that an association between poorer family functioning and low SES would also be observed.

34 Relatively little previous empirical work exists that has reported the potential influence 35 of SES on perceived family functioning. Moreover, findings regarding the influence of 36 socio-economic environment on family functioning have not been consistent but have 37 varied according to the population studied, the evaluation instruments employed and the 38 indices of SES utilized (Baer 1999; Maziade et al. 1987; Roelofse and Middleton 1985). 39 However, some attempts have been made to develop and explore specific measures of 40 family functioning for the purposes of economic research, recognizing the importance of 41 this construct (Owen et al. 1992).

42 A number of studies have reported significant associations between lower SES and 43 perceptions of poorer family functioning: One Canadian survey of 1,869 randomly selected 44 families participating in the Ontario Child Health Study and used the General Functioning 45 subscale of the McMaster Family Assessment Device (FAD) to assess overall family 46 functioning (Byles et al. 1988). The authors reported a very small, but statistically sig-47 nificant, inverse correlation between the General Functioning subscale score of the FAD 48 and family income. Likewise, a survey of family functioning in 143 inner city families in 49 Newcastle-upon-Tyne was performed using the FAD (Clark et al. 2000). The scores on all 50 seven subscales of the FAD were analyzed to assess their respective correlation with six 51 different measures of disadvantage. Dependency on social welfare (DSW) and Educational 52 Disadvantage (ED, defined as neither parent in the family having achieved an educational 53 or vocational qualification) were two measures that relate directly to accepted measures of 54 SES such as educational attainment and family income. All seven subscales of the FAD 55 were significantly correlated with the presence of DSW. Only two of the FAD sub-scales 56 correlated significantly with ED-Communication and Roles.

57 The Family Functioning in Adolescence Questionnaire (FFAQ) was developed in order 58 to evaluate the perceptions of family functioning in 12-18-year-old. In the sample of 413 59 Australian students used to validate the questionnaire it was observed that those from 60 Professional families with high incomes (this was not further defined) reported their 61 families as more healthy across all the six domains assessed (Roelofse and Middleton 62 1985). A study of 204 families reported that elements of SES (parental occupation, edu-63 cation and household income) were significantly correlated with two of the seven subscales 64 of the Family Environment Scale (FES), designed to report the social and emotional 65 functioning of the family (Moos 1974). These two scales were Active Recreational Ori-66 entation and Intellectual-Cultural Orientation, designed to report the level of family 67 involvement in stimulating leisure activities. Subscales; such as, Expressiveness reporting 68 constructs more related to emotional issues, were not significantly associated with SES.

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69 Not all studies investigating perceptions of family functioning and SES have reported 70 significant associations: In a study of 118 randomly selected Canadian families with children, a semi-structured interview was employed to evaluate the participants with 71 72 respect to two of the six dimensions of the McMaster Model of Family Functioning (Epstein et al. 1978). The authors reported that SES (based on parental occupation) was not 73 74 significantly correlated with either the Behavior Control or the Communication ratings, the 75 two dimensions evaluated (Maziade et al. 1987). Also, a survey of over 5,000 adolescents, 76 using the conflict subscale of the FES (Moos and Moos 1986), observed that family SES, as 77 indexed by parental occupation and education level, made little contribution to the variance 78 in the level of family conflict reported (Baer 1999). Moreover, a survey of 197 mothers 79 (including a subgroup who had been identified by healthcare professionals as neglectful) reported that educational level and family income were not predictive of self or caseworker 80 ratings of family functioning-measured by the Beavers Self-Report Family Inventory 81 82 (SFI) and Family Evaluation Measure (FEM), respectively (Meyers et al. 2002). A survey of couples in India reported that those families living in poverty were more likely to 83 84 experience physical or verbal aggression in their family life than those in less economically 85 disadvantaged conditions. However, overall there was no significant difference between 86 poor and non-poor couples in the level of satisfaction with family life reported (Abbott 87 et al. 2004). Taken together, the reports from the above studies suggested that some components of SES may be associated with certain patterns of perceived family func-88 89 tioning in a variety of population samples. However, a close association between these two 90 constructs has been far from a universal finding.

There is also some evidence from previous research that men and women may react 91 92 differently to financial or other stressors when appraising the quality of their interpersonal 93 relationships. One study of North American farm business-owning couples reported that for wives, but not husbands, business tensions were negatively related to subjective sat-94 95 isfaction with the spousal relationship (Amarapurkar and Danes 2005). In addition, a study 96 of gender differences in overall health perceptions in 238 mildly hypertensive patients in 97 Israel reported that women rated both their physical health and family functioning as 98 significantly poorer than male participants did, with these differences partly being 99 explained by SES (Beiser et al. 1998). A longitudinal study of household income and marital happiness was conducted during the 1980s. This reported that overall increases in 100 101 family income had no significant effect on men's marital satisfaction. However, both 102 increases in absolute family income and the proportion provided by the wife were asso-103 ciated with increased marital happiness for the woman. Conversely, a decrease in male 104 marital satisfaction and well-being was associated with an increase in the proportion of 105 household income provided by the wife (Wells et al. 1985). The findings from a Dutch 106 study of middle-aged couples suggested that such economic influences on marital satis-107 faction may be mediated by cultural factors. However, economic factors appear to be more 108 powerful than cultural factors in predicting changes in marital satisfaction over time (Van 109 den Troost et al. 2006). Indeed, there is evidence that, to some extent, the influence of SES 110 on marriage and family stability is generalizable to non-western cultures (Takyi and 111 Broughton 2006).

The authors of the present study utilized data from a cohort in Northeast England of the United Kingdom to obtain findings that add to the current scant body of research in this area. Both deficits in income and educational status are linked to a variety of adverse psychological and physical health outcomes (Rutter 1989; Vescio et al. 2003; Wilhelm et al. 2000). Both of these aspects of SES are interlinked. Indeed, educational status may be more predictive of financial status in middle age in *Early Boomers* (born between 1946 and

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# 120 Methods

121 In order to explore the relationship between SES and perceived family functioning the 122 three explanatory variables we utilized were (a) household income (b) educational status 123 and (c) occupational social class (UK Registrar General's Classification). Traditionally, in 124 the United Kingdom, the Registrar General's Occupational Social Class system has been 125 used as a measure of SES. This attributes a social class according to the occupation of an 126 individual with more skilled jobs being allocated to higher social classes (i.e., I and II) and 127 the less skilled workers being placed in lower categories (e.g., IV and V). Thus, occupa-128 tional social class represents something of a composite between educational level (i.e., 129 more skilled jobs require a more intensive education) and income (i.e., in general those in 130 more skilled jobs tend to receive higher wages).

131 In terms of our outcome variable (perceived family functioning) we utilized the FAD. In 132 terms of self-reporting family functioning this is one of the most widely researched tools 133 available (Ridenour et al. 1999) comprised of a 60-item self-report questionnaire intended 134 to assess subject's views of own family functioning (Epstein et al. 1978, 1983). Subjects 135 respond to each probe item by selecting a response from a four-point Likert scale (strongly 136 agree/agree/disagree/strongly disagree). The questionnaire is divided into seven sub-137 scales: (a) problem solving, (b) communication, (c) roles, (d) affective Responsiveness, (e) 138 affective involvement, (f) behavior control and (g) general functioning (see Table 1 for 139 meanings). The FAD takes about 15-20 min to complete, requiring a reading age of 140 around 10 years. Scores for each scale are averaged rather than totaled, ranging from 1.0 141 (healthy) to 4.0 (unhealthy). The FAD has been validated in a number of ways (Epstein 142 et al. 1983; Miller et al. 1985; Olson et al. 1982, 1985; Sawyer and Sarris 1988).

The study was predominantly cross-sectional in nature, utilizing data collected from a
 UK population (recruited at birth as part of a wider study) at age 50 years. However,
 prospectively collected information on social class at birth was also available which

Subscale	Meaning
Problem solving	The ability of a family to solve problems that threaten the integrity and function of the family unit
Communication	The ability of members to exchange information in a direct and clear way
Roles	This measures whether members have well defined roles which contribute to different areas of family functioning
Affective responsiveness	The ability of family members to experience appropriate feelings in response to situations
Affective involvement	The degree to which members are emotionally concerned and interested in each other
Behavior control	The ability of a family to maintain standards of behavior
General functioning	Reflects overall health or pathology of a family

Table 1	The meaning	of the seven	subscales of	the Family	Assessment	Device	(FAD)
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Note: From Epstein et al. (1978)

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- 146 allowed a longitudinal component to the analysis. Thus, we were able to explore the 147 relationship between SES and perceived family functioning, testing three hypotheses:
- Perceptions of family functioning in all areas assessed by the FAD would be positively
   related to the level of household income reported, in both men and women.
  - 2. Perceptions of family functioning in all areas assessed by the FAD would be positively related to the educational status of an individual in both men and women.
  - 3. Perceptions of family functioning would be related to change in Social Class over the lifecourse (0–50 years) in both men and women.

## 155 Study Sample and Data Collection

156 The "Newcastle Thousand Families Study" began as a prospective study of all 1,142 157 children born in May and June 1947 to mothers resident in the city of Newcastle-upon-158 Tyne (Miller et al. 1960). Two thirds of these children were followed up until the age of 159 15 years, with detailed information collected prospectively on their health, growth and 160 socio-economic and familial circumstances (Lamont et al. 1998). Participants in this 161 investigation were members of the cohort who were either traced through the National 162 Health Service Central Register, or who contacted the study team in response to media 163 publicity. Between October 1996 and December 1998, self-completion questionnaires on 164 health and lifestyle were sent out. Of the original cohort, 832 (86% of the surviving 967 165 children whose families remained in Newcastle for at least the first year of the study) were 166 traced at age 50 and sent questionnaires by mail.

167 Outcome, in terms of family functioning was assessed by the 60-item FAD (Epstein 168 et al. 1983). Respondents were instructed to complete the FAD for their current families. 169 Socio-economic status at birth was measured by paternal occupational social class, as 170 recorded prospectively by the Health Visitors attending to the families in 1947. Occupa-171 tional social class of the main wage earner in the household was derived from the self-172 completion questionnaire on health and lifestyle at age 50, which also included household 173 income at age 50 and academic and vocational qualifications up to that age. Regarding 174 income, the respondent indicated the range into which the household income fell, after 175 taxation and including any allowances, benefits or pensions received. Subjects were placed 176 accordingly into one of four educational categories (Table 2) and four household income 177 bands (Table 3). Social mobility was classified into three groups (upward, stable, down-178 wards) according to whether social class of origin was higher, the same or lower than that 179 reported by the participant at age 50. For purposes of this study social classes IIIm (skilled-180 manual) and IIIn (skilled non-manual) were grouped together.

# 181 Statistical Methods

182 As the distribution of FAD scores were not normally distributed non-parametric tests for 183 significance were used. How representative participants in this study were in relation to the 184 original cohort was tested using  $\chi^2$ -tests. Intercorrelations between the FAD subscale 185 scores were assessed using Spearman's rank correlation. The association between FAD 186 scores and SES was evaluated using the Kruskal–Wallis test. Multivariable analysis was 187 performed using linear regression when evaluating the association between FAD scores 188 and educational level, controlling for household income. Standardized regression

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Educational level	Male ( <i>n</i> = 211)	Female $(n = 270)$	Totals $(n = 481)$
1 <sup>a</sup>	37	92	129
2 <sup>b</sup>	107	122	229
3 <sup>c</sup>	29	29	58
4 <sup>d</sup>	38	27	65
Total	211	270	481

 Table 2
 The number of subjects by sex and educational level category at age 50 years

*Note:*  $\gamma^2$  for gender differences in educational level = 19.35, P < 0.0001

<sup>a</sup> No formal qualifications

<sup>b</sup> This category included CSE (Certificate of Secondary Education) and O-level (Ordinary Level) passes and also basic vocational qualifications such as City and Guilds Certificates, National Vocational Certificates (up to level 3) and the completion of formal Trade Apprenticeships

<sup>c</sup> This included any passes at A-level (Advanced Level), Higher National Diploma (HND) or any vocational qualifications that were approximately equivalent to Advanced Levels exams. For example, Nursing Diplomas (but not degrees) were included in this category

<sup>d</sup> Degree level qualification or higher

Table 3 Number of subjects placed in each income band according to self-reported annual household income after taxation with approximate values in US dollars (\$) given in parentheses

Income band	Income after tax in 1997 in UK pounds (\$)	Male (n = 213)	Female $(n = 270)$	Total $(N = 483)$
1	£0-£9,999 (\$0-\$16,500)	29	53	82
2	£10,000-£19,999 (\$16,000-\$33,300)	70	87	157
3	£20,000-£29,999 (\$33,300-\$50,000)	60	64	124
4	>£30,000 (>\$50,000)	50	57	107
Total		209	261	470

189 coefficients, denoting the increase in an outcome variable for a standard deviation increase 190 in the explanatory variable, are presented with corresponding 95% confidence intervals. A 191 non-parametric test for trend (Cuzick 1985) was performed to assess the significance of 192 trends across SES categories in relation to the FAD Scores. The statistical software package Stata<sup>©</sup>, version 7.0 (2002) was used for all analyses. 193

#### 194 Results

#### 195 Sample Characteristics

196 The FAD was returned completed in 491 cases (60% completion rate for eligible subjects). 197 Four twin pairs were excluded from the analysis. Of the remaining 483 subjects who 198 returned completed FADs, information on income was available on 470 subjects (97%) and 199 educational data was available in 481 cases (99.7%). The 483 subjects represented 43% of 200 the initial 1947 population surveyed. There was no statistically significant difference in the 201 social class of origin between the original birth cohort and those who completed the FAD, for either men ( $\chi^2 = 3.33$ , P = 0.5) or women ( $\chi^2 = 8.46$ , P = 0.08), although there was a 202 trend for the latter to be from a higher social class of origin. Eighty-five percent of the men 203

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(180 of 213) and 80% of the women (217 of 270) in the sample were married at the time of the survey, with no significant gender difference in marital status found ( $\chi^2 = 1.39$ , P = 0.24).

In terms of household composition, the majority (67%) of households consisted of two or three members, usually a married couple, often with one other related adult over 16 years. In a married couple only the partner who was in the original study cohort in 1947 completed the survey. Significantly fewer subjects who completed the FAD lived alone, compared to those who completed the health and lifestyle questionnaire but not the FAD  $(\gamma^2 = 54.38, P < 0.001)$ . There was a significant association between gender and educational level ( $\chi^2 = 19.35$ , P < 0.0001), with men reporting higher average education levels than women (Table 2). The median household income band was £10,000-£19,999. There was no significant difference in household income between men and women (P = 0.12) (Table 3). Household income and educational level were significantly correlated in both men ( $\rho = 0.32, P < 0.0001$ ) and women ( $\rho = 0.38, P < 0.0001$ ). The mean FAD scores 218 for each subscale are reported in Table 4. There were no significant differences in the FAD 219 scores between male and female respondents for any of the seven subscales. The scores on the FAD subscales were all significantly (P < 0.0001) correlated with each other (Spearman's Rho values ranged from 0.72 [Affective Responsiveness/General Functioning] to 0.46 [Roles/Problem Solving]).

#### 223 Perceptions of Family Functioning and Household Income (Hypothesis 1)

224 In men there were significant associations between household income and all subscale 225 scores of the FAD, with the exception of *Problem Solving* (Table 5). In women, although 226 there was a significant difference between household income groups for the Roles subscale 227 score, the trend across groups did not reach statistical significance (Table 6). Two items 228 that are included in the Roles subscale were likely to be directly related to a family's 229 economic circumstances, namely items number eight and 23. Item number eight is we 230 sometimes run out of things we need. Item number 23 is we have trouble meeting our bills. 231 When the analysis was repeated, after omitting these two items, the association between 232 family income and mean Roles scores remained significant (household income/Roles 233  $\chi^2$  = 44.28, P = 0.0001). The association between FAD scores and household income 234 observed in men was reduced in magnitude once educational level was controlled for,

Subscale	Males (n	Males ( <i>n</i> = 213)		Females $(n = 270)$		Combined $(N = 483)$	
	Median	IQR	Median	IQR	Median	IQR	
Problem solving	2.00	1.83-2.16	2.00	1.67-2.17	2.00	1.67-2.17	
Communication	2.11	1.89-2.33	2.11	1.78-2.25	2.11	1.89-2.33	
Roles	2.18	2.00-2.45	2.18	2.00-2.45	2.18	2.00-2.45	
Affective responsiveness	2.00	1.67-2.33	2.00	1.67-2.33	2.00	1.67-2.33	
Affective involvement	2.00	1.71-2.14	2.00	1.57-2.14	2.00	1.71-2.14	
Behavior control	1.89	1.56-2.11	1.78	1.56-2.00	1.89	1.56-2.00	
General functioning	1.83	1.58-2.00	1.75	1.50-2.00	1.83	1.5-2.00	

Table 4 Median values for the FAD scores by sex with corresponding inter-quartile ranges (IQR)

Note: The range of possible scores obtainable on each subscale is 1-4

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although the association remained significant in all but two subscales (*Behavioral Control*and *General Functioning*).

# Perceptions of Family Functioning and Educational Status (Hypothesis 2)

There was a significant trend observed in men for decreasing educational level to be associated with increased FAD scores on only one subscale (*Behavior Control*) (P = 0.04). In women three trends of statistical significance were observed regarding FAD scores and educational level; decreasing educational level was associated with increasing FAD scores in three subscales; *Roles* (P = 0.01), *Affective Responsiveness* (P = 0.04) and *Behavior Control* (P = 0.04). However in both sexes, the associations between educational level and

**Table 5** Median Family Assessment Device (FAD) subscale score with inter-quartile ranges (IQR) for male participants (n = 209) in each income band (1–4) with corresponding p values for inter-group difference and trend

Subscale	Income band	Median	IQR	P value	P for trend
Problem solving	1 (Lowest)	2.00	1.83-2.17	0.27	0.8
	2	2.00	1.67–2.33		
	3	2.00	1.83-2.17		
	4 (Highest)	2.00	1.67–2.17		
Communication	1 (Lowest)	2.33	2.11-2.67	0.0001	< 0.01
	2	2.11	2.11-2.33		
	3	2.17	2.00-2.44		
	4 (Highest)	2.00	1.78-2.11		
Roles	1 (Lowest)	2.55	2.27-2.73	0.0001	< 0.01
	2	2.18	1.91-2.45		
	3	2.22	2.00-2.36		
	4 (Highest)	2.09	1.91-2.27		
Affective responsiveness	1 (Lowest)	2.33	2.00-2.5	0.01	0.04
	2	2.00	1.67-2.17		
	3	2.17	1.67 - 2.50		
	4 (Highest)	1.92	1.5-2.17		
Affective involvement	1 (Lowest)	2.29	2.00-2.71	0.002	0.02
	2	1.86	1.57-2.14		
	3	2.00	1.86-2.14		
	4 (Highest)	2.00	1.71-2.14		
Behavior control	1 (Lowest)	2.22	1.89-2.33	0.006	< 0.01
	2	1.89	1.56-2.11		
	3	1.89	1.67 - 2.00		
	4 (Highest)	1.89	1.56-2.00		
General functioning	1 (Lowest)	2.00	1.75-2.17	0.02	0.03
	2	1.83	1.58 - 2.00		
	3	1.83	1.67-2.04		
	4 (Highest)	1.75	1.50-2.00		

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Table 6 Median Family Asse	essment Device (FAD) subsc	ale score with inter-quartile	ranges (IQR) for
female participants $(n = 261)$	in each income band (1-4)	with corresponding P value	es for inter-group
difference and trend			

Subscale	Income band	Median	IQR	Р	P for trend
Problem solving	1 (Lowest)	2.00	1.5-2.00	0.75	0.4
	2	2.00	1.67-2.00		
	3	2.00	1.67-2.17		
	4 (Highest)	2.00	1.83-2.00		
Communication	1 (Lowest)	2.11	1.78-2.44	0.96	0.9
	2	2.11	1.78-2.22		
	3	2.11	1.89–2.28		
	4 (Highest)	2.00	1.89–2.22		
Roles	1 (Lowest)	2.33	2.09-2.64	0.03	0.1
	2	2.18	2.00-2.45		
	3	2.23	1.95–2.45		
	4 (Highest)	2.18	1.91-2.27		
Affective responsiveness	1 (Lowest)	2.16	1.83-2.5	0.34	0.2
	2	2.00	1.67-2.17		
	3	2.00	1.58-2.33		
	4 (Highest)	2.00	1.5-2.33		
Affective involvement	1 (Lowest)	2.00	1.71–2.29	0.75	0.7
	2	2.00	1.57–2.14		
	3	2.00	1.57-2.14		
	4 (Highest)	2.00	1.57-2.14		
Behavior control	1 (Lowest)	2.00	1.56-2.11	0.45	0.13
	2	1.78	1.56-2.00		
	3	1.78	1.56-2.00		
	4 (Highest)	1.78	1.56-2.00		
General functioning	1 (Lowest)	1.83	1.58-2.08	0.56	0.65
	2	1.67	1.42-1.92		
	3	1.83	1.42-2.00		
	4 (Highest)	1.75	1.58-2.00		

FAD scores did not remain significant once household income was controlled for in a regression analysis.

246 Perceptions of Family Functioning and Change in Social Class over the Lifecourse

247 (Hypothesis 3)

248 Significant trends were observed for social mobility and certain subscale scores of the FAD

249 in men (Table 7) but not women (Table 8). There were statistically significant trends for

250 upwardly mobile men to report their families as healthier in the FAD domains of Com-

251 munication, Roles, Affective Responsiveness, Affective Involvement and Behavior Control

252 (see Table 7).

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**Table 7** Social mobility (social class of origin versus social class reported at age 50) and median Family Assessment Device (FAD) scores with inter-quartile ranges (IQR) for each of the seven FAD subscales in men (n = 208)

Subscale and social mobility		Median	IQR	Р	P for trend
Problem solving	Upward	2.00	1.83-2.17	0.09	0.5
	Stable	2.00	1.50-2.00		
	Downward	2.00	1.83-2.17		
Communication	Upward	2.11	1.78-2.33	0.02	0.03
	Stable	2.11	1.78-2.33		
	Downward	2.22	2.11-2.44		
Roles	Upward	2.18	1.91–2.27	0.01	< 0.01
	Stable	2.18	2.00-2.36		
	Downward	2.36	2.09-2.55		
Affective responsiveness	Upward	2.00	1.67–2.33	0.02	0.02
	Stable	2.00	1.50-2.33		
	Downward	2.17	1.83-2.50		
Affective involvement	Upward	2.00	1.71–2.14	0.04	0.02
	Stable	2.00	1.71-2.29		
	Downward	2.14	1.86-2.29		
Behavior control	Upward	1.83	1.56-2.00	0.02	0.01
	Stable	1.89	1.67-2.11		
	Downward	2.00	1.78–2.22		
General functioning	Upward	1.83	1.50-2.00	0.1	0.2
	Stable	1.83	1.50-2.00		
	Downward	1.92	1.67–2.17		

## 253 Discussion

254 There was some support for the hypothesis that a positive view of family functioning was 255 related to household income. However, this relationship was only observed in the men in 256 our sample, the only exception being the *Problem Solving* subscale. This association was 257 far less marked in women with only the Roles subscale scores modestly associated with 258 household income. This survey did not find any evidence that Social Class of origin per se 259 influenced perceptions of family functioning later in mid-life. However, those men who 260 had experienced an increase in social class between birth and age 50 were more likely to 261 report healthier family functioning across a number of domains. In this middle-aged 262 sample from Northeast England, the finding of associations between current FAD scores 263 and social mobility in men but not in women could be explained in a variety of ways:

264 1. Men from this sample may construct a view of themselves and their families that is 265 closely associated with their role as the family economic provider. When the family struggles financially the men take a negative view of both their own ability to support 266 267 the family and family life in general. Conversely, women from this sample may see 268 their role as primarily offering emotional support and care to the family with their 269 ability to provide financially viewed as of secondary importance. Thus, their overall 270 view of family life is less influenced by household income or social mobility, when 271 compared to men.

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**Table 8** Social mobility (social class of origin versus social class reported at age 50) and median FAD scores with inter-quartile ranges (IQR) for each of the seven FAD subscales in women (n = 261)

Subscale and social mobility		Median	IQR	Р	P for trend
Problem solving	Upward	2.00	1.70-2.17	0.4	0.3
	Stable	2.00	1.83-2.00		
	Downward	2.00	1.50-2.17		S
Communication	Upward	2.00	1.78-2.24	0.5	0.8
	Stable	2.11	1.89-2.33		
	Downward	2.00	1.78-2.22		
Roles	Upward	2.18	1.91-2.36	-0.4	0.5
	Stable	2.18	2.00–2.45		
	Downward	2.18	2.00-2.45		
Affective responsiveness	Upward	2.00	1.50-2.17	0.3	0.6
	Stable	2.00	1.83-2.33		
	Downward	2.00	1.50-2.33		
Affective involvement	Upward	2.00	1.64-2.14	0.7	0.4
	Stable	2.00	1.57-2.14		
	Downward	1.86	1.57-2.14		
Behavior control	Upward	1.78	1.56-2.00	0.5	0.7
	Stable	1.89	1.56-2.00		
	Downward	1.83	1.56-2.00		
General functioning	Upward	1.79	1.42-2.00	0.9	0.9
-	Stable	1.75	1.50-2.00		
	Downward	1.75	1.42-2.00		

# 272 2. Men who have experienced reduced SES over the lifecourse may have less ability to 273 function well in an individual and family capacity, having formed less well 274 functioning families than those who experienced upward social mobility.

276 Option 1 is a strong possibility and is supported by separate findings from this cohort 277 that downward social mobility but not low SES of origin per se is associated with reduced 278 self-reported mental well-being in men but not women (Tiffin et al. 2005). Option 2, while 279 feasible, does not provide a clear explanation of the gender differences observed. However, 280 our data only allow us to comment on perceptions of family functioning as (arguably) more 281 objective measures were not included as outcome variables. The absence of an observed 282 association between the Problem Solving subscale and household income in our population 283 is not easy to explain. One possibility is that those families who have faced chronic 284 economic adversity become more expert at problem solving through necessity.

There was little evidence to support an independent association between educational status and FAD subscale scores. However, the effect of family income also appeared to be reduced when controlled for educational level. It is therefore likely that educational status makes some contribution to family perceptions, but that it is a relatively minor one of dubious clinical significance.

Findings relating to SES and FAD scores were largely in line with those reported by Clark et al. (2000) in that poorer economic circumstances are associated with a greater degree of perceived dysfunction as measured by the FAD, with *Roles* demonstrating the

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highest degree of correlation with SES of the seven subscales. Also in line with our findings is the report by a Canadian study, which included a larger number of subjects, reporting a significant but very weak correlation between family income and General Functioning scores on the McMaster Family Interview (Byles et al. 1988). Conversely these findings contrast with those reported by another, smaller Canadian study which found no association between the two domains of the FAD evaluated (Communication and Behavior Control) and SES as estimated by social class (Maziade et al. 1987). This may have been due to the use of the FAD versus a semi-structured interview, the use of social class rather than income to evaluate SES, the smaller numbers of subjects involved (leading to reduced statistical power) or actual differences that existed between the two populations in terms of family functioning. Methodological variations may also influence findings, particularly in relation to women: Traditionally Social Class is based on the occupation of the *head of household*, and this may bias findings relating, for instance, to homes where a woman is caring full-time for children but separated from an earning partner. Our study adds to the findings of the above studies, in that an analysis by gender was performed, highlighting the sex differences reported.

The present findings imply that where reports of family functioning are concerned, it is primarily income rather than educational status that is of importance. The distinct findings regarding these two components of SES strongly suggest that studies evaluating the effects of the socio-economic environment must be clear about which aspects of SES are serving as explanatory variables for outcomes. Our findings would also strongly suggest that where subjective reports of family functioning are utilized, analysis by gender should always be considered.

316 The high degree of intercorrelation between the subscale scores of the FAD would 317 highlight that the constructs that each taps into are far from independent. The subscales that 318 showed a relatively high degree of correlation with household income in men were the 319 Roles, Communication, and Behavior Control subscales. The Roles subscale score reflects 320 the degree to which the respondent perceives that tasks in the family are divided in an 321 equitable and well demarcated way. Roles also includes aspects of organizational function. 322 For example, one Roles item is we make sure that family members fulfil their responsi-323 bilities. The poorer scores on this subscale in men in low income groups could therefore 324 reflect a negative view about change in family roles, perhaps due to job loss. The survey 325 was conducted in the late 1990's, at a time when employment patterns were changing, with 326 an increase in unemployment in men and increasing numbers of women gaining jobs in 327 service industries. A further possibility is that those men in poorer paid employment may 328 see themselves as having less control over the organization and discipline in their families. 329 Regarding this, there is evidence that those in low paid jobs have an increased tendency to 330 have an external locus of control. This may also be reflected in the increased scores on the 331 Behavior Control subscale in men in the low-income groups. The Communication subscale 332 reflects the extent to which respondents view their families as communicating in a direct, 333 clear and unambiguous manner with each other. It is difficult to say why scores on this 334 subscale in particular should be raised, but men from lower income groups did perceive 335 their families as being more dysfunctional in this respect.

There were several limitations to this study: The study sample is unusual in that all the subjects are approximately the same age at the time of evaluation (50 years) and of similar ethnic backgrounds (i.e. Caucasian British). It is therefore not clear to what degree the results could be generalized to other populations. The study sample were all initially part of a larger study which was started in 1947 and the 50-year follow-up sample reported on here represents 42% of the original cohort. This is a relatively high follow-up rate given the

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period of follow-up, and the sample has been shown to be representative of the original cohort in terms of early life factors (Parker et al. 2003). Nevertheless, it is a possibility that selection bias due to attrition has influenced the results. Those who failed to complete the FAD, but did complete the other *health and lifestyle* questionnaires were significantly more likely to live alone. This may be because those respondents who did not live with family members assumed the FAD questionnaire was not relevant to them. Family functioning was evaluated via self-report, and it is possible that the use of semi-structured interviews, such as those employed by Maziade et al. (1987) could have increased the reliability and validity of this measure.

351 Perhaps the most significant limitation to this study is that there are no data available on 352 the functioning of the family of origin. Such a measure would have assisted with unrav-353 eling *cause* and *effect* mechanisms. As it is, it could be tentatively suggested that the 354 relatively stronger associations observed between cross-sectional SES in men and FAD 355 scores, compared to the lack of an association with social class of origin, could point to a 356 relatively stronger contribution from a *causal* rather than a *selection* mechanism. More-357 over, the association between FAD scores and social mobility was not as strong or as 358 pervasive as that between FAD scores and household income at age 50. Again, this hints at 359 a more significant influence of *social causation* rather than *selection*. However, further 360 research would be required to comment further on this complex issue.

### 361 Conclusions

362 This study explored the relationship between cross-sectional and longitudinal SES and 363 perceived family functioning in a sample of men and women aged 50. Our results suggest 364 that middle-aged men's views of their family functioning are more sensitive to the eco-365 nomic status of the family and their individual social mobility when compared to women. 366 Moreover, household income was a better predictor of reported family functioning than 367 educational status. Further investigation aimed at exploring the meaning behind such 368 gender differences and unraveling *cause* and *effect* mechanisms relating to the impact of 369 socio-economic disadvantage is required.

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