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PART II FAMILY AND ENVIRONMENT

3 Families of origin: the Red Spot children 1947-62

Social data in 1947

When the extent and distribution of family deprivation in 1952 had been defined, we looked at the family data at the time of the child's birth. The social data of the families in 1947 is shown in Table 3.1 and reveals that the families in the three categories of deprivation in 1952 were likely to have been already deprived in 1947 when the Red Spot child was born.

Table 3.1 *Social, family and health data in 1947 at birth of Red Spot child in 264 families visited in 1979-80*

Situation in 1947	Degree of Deprivation in 1952					
	Non-Deprived		Deprived		Multiply Deprived	
	0 criteria		1 or more criteria		3 or more criteria	
	n	%	n	%	n	%
Illegitimate/uncertain	0	0	19	10**	13	17**
Marital instability	1	2	50	27**	36	46**
Overcrowding: (statutory)	1	2	42	23*	30	38**
Age at marriage: under 20	10	16	65	38**	37	51**
Persons in household (mean)	4.7		5.1*		5.6**	
Occupational class						
I + II	14%		2%		1%	
III	65%		47%		28%	
IV + V plus	21%		51%		71%	
Sleeps in parents' bed	0	0	50	27**	33	46**
Poor mothering	0	0	64	35	57	73
Total 'n'	62		170-185		72-78	

* = $p < .05$

** = $p < .01$

Note: Tests of significance are one-tailed and refer to the non-deprived group.

Social data in 1952

Some of these data simply reflect the criteria of deprivation by which the families were selected, but others provide a more detailed picture of differences between the groups in terms of family, social and health factors. Table 3.2 shows how deprived families differ from non-deprived in terms of parental employment, family size and parental loss or ill-health. In every assessment the position of the multiply deprived was worse than that of the deprived.

Table 3.2 Social data of families of origin, 1947-52

	Non-Deprived		Any Deprivation		Multiply Deprived	
	n	%	n	%	n	%
Total 'n'	63		185		78	
Work						
i. Father unemployed	0	0	67	36**	48	62**
ii. Mother works full or part-time	16	25	60	32	31	40**
iii. Family on National Assistance	0	0	31	17*	27	35**
iv. Occupational class IV + V	13	21	93	50	50	64
Unclassified (unemployed etc.)	0	0	18	10	9	12
Ordinal Position and Family Size						
i. Third or subsequent child	9	14	72	39	45	58
ii. Number of children (\bar{x})	2.2 (SD 1.1)		3.4 (SD 2.0)		4.3 (SD 2.2)**	
Illness and Parental Loss (excluding death)						
i. Parent illness	0	0	56	30**	41	53**
ii. Loss of father	3	5	45	24**	25	32**
iii. Loss of mother	0	0	10	5**	5	6**

* = $p < .05$ ** = $p < .01$

Notes: 1. The main criteria are presented in Figure 3.1.
2. The above items contributing to composites.
3. Tests of significance are one-tailed and refer to the non-deprived group.

Parental loss and illness in 1952

Just over one in four of the deprived Red Spots were born

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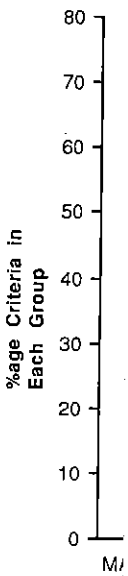


Figure 3.

into a household without a father or one from which he disappeared in the first five years; by definition, absence of the father, except by death, constituted one criterion of deprivation. Disappearance of father was common in the marital disruption group, but uncommon in the overcrowding group, while loss of mother, although it showed a similar pattern of associations, was much less frequent.

Significant parental illness, defined as sufficient to impair either parent's contribution to normal family life, whether for physical or psychological reasons, shows a similar steep gradient running at about one-third of the deprived and half of the multiply deprived groups.

The criteria of deprivation

The overall picture is best revealed in Figure 3.1 which shows the intermediate position of the curve of the deprived group in relation to all six criteria — running from 30 to 40 per cent — and the extreme position of the curve of the multiply deprived group where the percentages of families

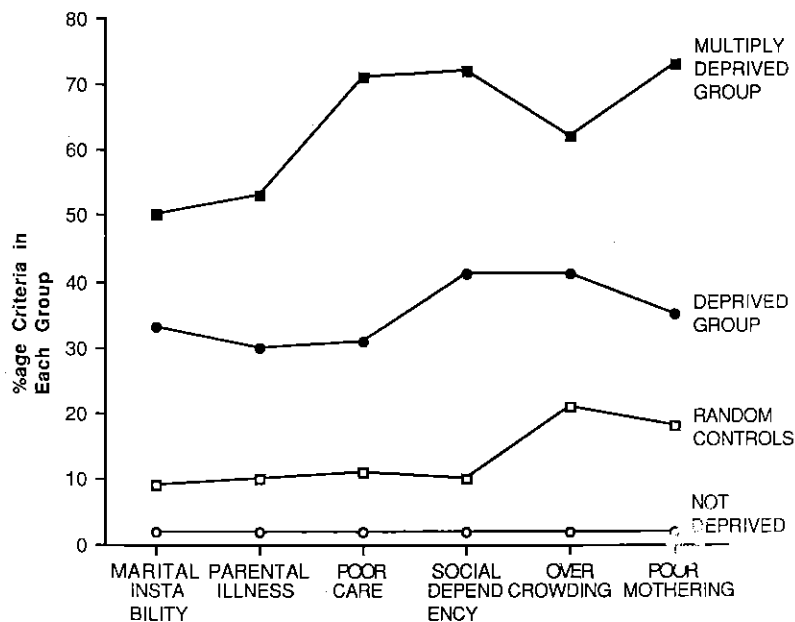


Figure 3.1 Profile of deprivation (criteria)

with a particular criterion run between 50 and 70 per cent. By definition, all points on the curve of the non-deprived group are zero.

Social and family factors in 1962

By 1962 about 15 per cent of the families had been lost by removal from the city. Nevertheless, the remaining 760 families provided a broad picture of the social and family circumstances of the different groups (see Table 3.3).

Table 3.3 Social data, families in 1962 categorized according to deprivation in 1952

	Non-Deprived		Deprived		Multiply Deprived	
	n	%	n	%	n	%
Child Loss within the Family						
i. Miscarriages	1	2	37	23**	18	26*
ii. Death of a sibling before 1962	0	0	14	9*	11	20**
Father's Presence						
Father present throughout 15 years	44	83	105	65**	37	53**
Father never present, divorced, permanently separated or died	4	8	29	18	19	27
Unemployment						
Father 1947-62 unemployed > 1 year	2	4	45	28**	31	44**
Parents and Home						
Poor participation by father in domestic tasks (where father present)	1	2	53	39**	35	66**
Poor parental interest in Red Spot	0	0	29	18**	27	39**
Father perceived as poor organizer	3	6	50	31**	35	50**
Child care: poor/incompetent	3	6	33	20*	30	43**
Personality - Effective, Kind and Considerate						
i. Father	28	53	30	19**	5	7**
ii. Mother	24	45	26	16**	2	3**
Total 'n'	50-53		159-161		70	

* = $p < .05$

** = $p < .01$

- Notes: 1. The main criteria are presented in Figure 3.1.
2. The above items contributing to composites.
3. Tests of significance are one-tailed and refer to the non-deprived group.

Miscarriages reflected rates of groups (to deprived mothers compared to one in five the non-child held still hold

One in five through important support, identification existence cent of f years 19 multiply criterion 15 years times mo families t over the with une deprived in the fir in the 1 domestic were rate fathers w small min siderate, l had know 1974).

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Miscarriages or deaths within the family indirectly reflected the social circumstances of the 1940s, as higher rates of loss were experienced by the less skilled occupational groups (Miller *et al.*, 1974). This is also reflected in relation to deprivation — for instance, 10 times as many of the mothers in the deprived groups had had a miscarriage as compared to the non-deprived. In addition, a sibling had died in one in five of the multiply deprived families but not in any of the non-deprived families. The 1940s were unusual times for child health and it is unlikely that such associations would still hold in the 1970s and 1980s.

One important family theme is the presence of a father throughout childhood. Parental roles within a family are important, the father giving both material and emotional support, and serving as a model for direction, guidance and identification. His mere presence does not ensure the existence of such qualities. In non-deprived families, 83 per cent of fathers were present throughout the whole of the 15 years 1947-62 but this held for only 53 per cent in the multiply deprived families. The use of the more stringent criterion of complete absence of the father during those first 15 years is seen to affect the multiply deprived group three times more frequently than the non-deprived. In deprived families the cumulative rate of fathers' absence at some time over the 15 years is considerable. A similar pattern occurs with unemployment where only 4 per cent of fathers in non-deprived families were unemployed for more than one year in the first 15 years. However, even when present, the fathers in the multiply deprived group participated poorly in domestic tasks whereas most of the non-deprived fathers were rated as participating well. Half the multiply deprived fathers were considered to be poor organizers and only a small minority were thought to be effective, kind and considerate, based on the judgement of the research team who had known these families for the entire period (Miller *et al.*, 1974).

In brief, the deprived groups were characterized by frequent absence of fathers and, even when present, these tended to be inadequate providers who made little contribution to domestic activities and were seldom thought to be competent or caring. Similar differences were apparent in respect of mothers. In the non-deprived group few rated as

poor or incompetent housekeepers or as showing poor care of children, whereas almost half of those in the multiply deprived group were so considered and only an occasional mother in the multiply deprived group was described as having an effective, kind and considerate personality.

Finally, we looked at the data in relation to the six different types of deprivation and could find no distinctive patterns. There was a tendency for more adverse ratings on the variables listed in Table 3.3 in the case of the poor physical and domestic care group, and the least adverse ratings occurred in the parental illness group.

While none of the parents of the non-deprived was said to show poor interest in their children, about 40 per cent of the multiply deprived reportedly did so. The overall picture was that, in the multiply deprived group, the children were exposed to poor parenting either by omission or commission, and lack of parental interest in the children's development and progress were chiefly evident. It would not be unreasonable to suggest that these multiple factors must be acting directly or combining to produce a social and family environment which is inimical for child development.

The spouses

Spouses' retrospective accounts of their family experiences

It was necessary, despite the limitations of retrospective data, to consider whether the information obtainable from the Red Spot spouses in 1979-80 could be used to develop a comparable index of deprivation which would reflect the circumstances of their childhood homes and compare with recollections of the 'Red Spot' children themselves at a comparable age.

To check the validity of data collected in this way we had asked the Red Spots to try to recall their family circumstances during their school years. The material obtained tended to refer to the years in junior school and corresponded closely to our recorded data relating to 1957. That comparison was based on five criteria, omitting that relating to social dependency, since the Red Spots could not be expected to have knowledge of family reliance on state subsistence during their early childhood.

Table 3.4 provides a picture of the three criterion groups

Table 3.4

Accounts from
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Accounts from
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(retrospective)

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Table 3.4 The three groups of Red Spots classified according to deprivation in the family of origin in 1952 (i.e. the 5th year)

Accounts from the parents of Red Spots in 1957	Non-Deprived Group (1952) %	Deprived Group (1952) %	Multiply Deprived Group (1952) %
Score 0	85	50	21
1 + 2	15	41	53
3 +	0	9	25
Accounts from memories in 1980 (retrospective)			
Score 0	62	37	24
1 + 2	33	49	54
3 +	5	14	22

Note: Comparisons of the percentage of families scoring zero, one or two, and three or more deprivation criteria in 1957 (i.e. 10th year) and also on retrospective enquiry in 1980 concerning deprivation in the families of origin.

classified according to the degree of deprivation in the family of origin in 1952. To obtain this we used data collected prospectively at year ten from the parents of the Red Spots and retrospectively from the Red Spots themselves recalling family life during their junior school years.

It is surprising how well the percentage distribution of these prospective and retrospective accounts coincided for the three criterion groups and this was particularly true of the multiply deprived. This level of agreement suggested that there was acceptable general validity. Furthermore, correlating the deprivation index scores based on retrospective and prospective enquiry in relation to Red Spot families gave rise to an overall coefficient 0.30. When the data were correlated in relation to specific criteria, the only satisfactory correlation was on marital disruption (0.52); poor mothering correlated only moderately (0.24), and the rest showed little in the way of specific agreement. It seemed therefore that retrospective memories (with the exception of marital disruption) were usually concerned with general aspects of deprivation rather than the specific types of deprivation we have defined (see Table 3.5).

44 Continuities of Deprivation?

Table 3.5 Correlation of criteria of deprivation gathered prospectively and retrospectively

Data Gathered Retrospectively	Data Gathered Prospectively						
	A	B	C	D	E	F	G
A. Marital Disruption	0.52**					NA	0.34**
B. Parental Illness		0.00				NA	0.00
C. Personal Care			0.24***			NA	0.24***
D. Social Dependence	NA	NA	NA	NA	NA	NA	NA
E. Overcrowding					0.00	NA	0.14*
F. Maternal Care						NA	0.23***
G. Total of Five Criteria	0.25***	0.12*	0.27**	0.21***	0.00	NA	0.30***

*p < .05
 **p < 0.1
 ***p < .001
 NA = No data available.

We concluded that it was reasonable to use the retrospective data to reflect the early life of the Red Spot spouses in the form of a global or total index of deprivation, and the results are set out in Table 3.6. These agreed closely, particularly in the deprived group with the recall data from the Red Spots themselves. This suggests that many of the Red Spots have married partners whose families had a similar background to their own.

Table 3.6 Spouses' retrospective accounts of childhood experiences

Retrospective Accounts from the Red Spot Spouses (families of formation)	Non-Deprived Group (1952) %	Deprived Group (1952) %	Multiply Deprived Group (1952) %
Non-deprived	58	36	32
Deprived	40	51	46
Multiple deprivation	2	13	22

Note: The three criterion groups classified according to deprivation in family of origin in 1952.

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The absolute numbers and percentages of our three groups defined according to deprivation in the family of origin of the Red Spots in 1952 are as follows:

- 1 Some 85 per cent of the non-deprived were married or cohabiting (n = 52).
- 2 Some 82 per cent of the deprived were married or cohabiting (n = 135).
- 3 Some 84 per cent of the multiply deprived were married or cohabiting (n = 58).

We earlier gave details about the families of origin of the Red Spots. We now provide some details concerning the families of origin of the spouses. An examination of family circumstances in the early life of the Red Spot spouses can provide answers to some important questions, such as whether groups of persons from deprived backgrounds reproduce similar circumstances in their own families. One way of answering this question is by ascertaining whether there is a link between adverse childhood experiences of the spouse and current family circumstances. We may hypothesize that, when couples set up house together, they would establish a new set of family conditions. However, if the presence of current depriving circumstances is predicted by previous experiences, then we have powerful evidence of the continuity of deprivation.

A relatively simple method was used to examine the above idea. First, the Red Spots were located in the appropriate category of deprivation according to the criteria of deprivation in their family of origin in 1952. Their spouses' early life experiences were then studied in relation to this classification. If specific early life experiences of the spouses proved to be related to the presence of deprivation in the family of origin of their Red Spot partners then we would have clues about the basis of the assortive mating. Second, each of the Red Spots and their spouses were located in categories according to the type and degree of deprivation in their current family circumstances (family of formation). If the spouses' early life experience proved to be linked significantly to the current circumstances of their families as adults, then it would mean that early life experiences of a spouse predict the type and degree of deprivation in his or her family in the next generation.

Data concerning the spouses' early life experiences in relation to category of deprivation in family of origin of the Red Spots (Tables 3.6 and 3.7)

When the Red Spot came from a non-deprived home, the spouse usually reported few negative early life experiences. Most of the families were Social Class II or III. Family size was smaller than that of the deprived, and few reported loss of a parent by separation or death. In 1957 one in four families owned their own house and there was little overcrowding. Domestic and sanitary arrangements were generally reasonable. Although one-third reported significant illness in parents, the incidence of maternal nervous problems seemed low, as did those relating to alcohol. About one in five remembered parents receiving National Assistance. Less than one in 20 reported any difficulties at school.

In contrast, the spouses in families with multiple deprivation in 1979-80 remembered many negative early life experiences. One in three had been separated from both parents and one in six had experienced the loss of a parent before they were 15 years old. In 10 per cent of families parents had separated. Families were larger than those of the non-deprived, there was little home ownership and domestic facilities were often inadequate. Half remembered parents with illnesses which affected their care of the family. Nearly one in three remembered drink problems in parents. About half remembered their families being on National Assistance. Finally, one in five reported difficulties at school. Thus, the spouses' early family circumstances related to the broad deprivation status of their Red Spot partner.

A study of the spouses' life experiences in relation to the different types of deprivation during the childhood of the Red Spots revealed a similar pattern to that described in the case of the deprived group. However, none of the six different types of deprivation gave rise to a distinctive pattern — that is, the patterns of adverse experiences did not vary much one from the other. Such findings constitute an argument against the notion of specificity of effects of deprivation.

This proved true for evidence of separation, maternal nervousness, family drink problems, rates of owner-occupation, poor domestic facilities, and so on. Furthermore, without producing data in table form, the spouses' early

Table 3.7

i	Lived with parents before
ii	Death of parent before
iii	Separation after age 15
iv	Separation after age 15
v	Mean number of children in family
vi	Occupation of parents in years I, II, III, IV, V
vii	Significant illness of parents
viii	On National Assistance (social class)
ix	Drink problems in parents
x	Owner-occupied housing
xi	Overcrowding
xii	Bathroom facilities

*p < .05

**p < 0.1

***p < .001

family circumstances in relation to deprivation status were emphasized. For instance, the perceived effects of deprivation of their spouses (p < 0.01) in relation to Red Spots

Table 3.7 Spouse early life experiences classified according to deprivation in families of Red Spots

	Red Spot Non-Deprived %	Red Spot Deprived %	Red Spot Multiply Deprived %
i Lived with natural parents to age 15	92	78**	70**
ii Death of either parent before 15	2	10**	16*
iii Separation from mother after age of 5	6	18	25
iv Separation from father after age of 5	11	29	37
v Mean no. children in family when spouse 5 years	2.7	3.3	3.8
vi Occupational class of father Year 5 classification			
I and II	10	4	2
III	61	49	47
IV, V and Unemployed	29	47	51
vii Significant illness in parents of Red Spot spouse	31	40	52*
viii On National Assistance (social welfare)	20	34	46*
ix Drink problems in parents	15	21	29*
x Owner-occupier of home	27	10	2
Council-rented	33	49	49*
xi Overcrowding	17	42	50**
xii Bathroom: sole use	69	61	48**

*p < .05

**p < 0.1

***p < .001

family circumstances also appear to predict their own deprivation status in the family of formation. It needs to be emphasized that these findings refer to deprivation as broadly perceived rather than as correlations of specific deprivations. For instance, the correlation between the composite indices of deprivation in the families of the Red Spots and those of their spouses while highly significant is low ($r = 0.19$; $p < 0.01$). The only criterion with a specific significant correlation is overcrowding in the family backgrounds of the Red Spots and their respective spouses but this is again low

($r = 0.19$; $p < 0.05$). Marital disruption in the Red Spot families correlated significantly with the *composite index of deprivation* in the Red Spot spouse family ($r = 0.19$; $p < 0.01$); as did overcrowding ($r = 0.23$; $p < 0.01$) and poor mothering ($r = 0.19$; $p < 0.01$). This supports the view that there is no specific assortive mating, but rather that individuals from poor or generally deprived homes are likely to consort with one another.

Discussion

The question arises as to whether spouses of Red Spots came from families with similar backgrounds to the Red Spots themselves. We are aware that spouses' recollections may have been affected by both distortions and defects in memory, but prospective and retrospective data from the Red Spot families indicate that memories seem to have surprising 'group validity'. It was noted that the majority of spouses of non-deprived Red Spots reported a background comparable to their partners/husbands and wives. Almost 60 per cent of the Red Spots who were not deprived in 1979-80 had partners who came from similar social and family backgrounds and only 2 per cent had a partner who came from a heavily deprived background. On the other hand, one-third of the spouses of Red Spots with multiple deprivation at the age of five claimed to have come from families which were reportedly free from deprivation.

From the data presented we concluded that it was reasonable to use the retrospective data from the spouses as reflecting their earlier life experiences. However, we did note that in the retrospective accounts, the Red Spots in the non-deprived group appear to over-report hardship, whereas those in the multiply deprived group give reports which more closely coincide with their actual earlier life experiences.

We have demonstrated a link between the early adverse experiences of Red Spot spouses and those of their Red Spot partners. All the above suggests that the Red Spots — men and women suffering different degrees of deprivation — tended to choose partners from a similar background of deprivation. However, there was little specificity about that choice.

Again, without going into details, there were also

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