

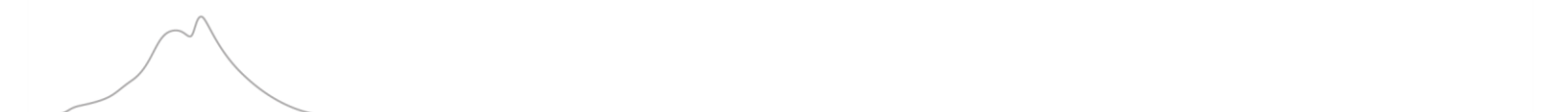
**Motu Working Paper 26-06**

# Shared care arrangements and parental wellbeing in Aotearoa New Zealand

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## **Abstract**

**Objective:** This study examines how shared care arrangements, where children are cared for across households, are socially patterned and whether variation in in-kind support within these arrangements is associated with parental mental health in Aotearoa New Zealand.

**Background:** Although shared care arrangements are commonly defined by the division of parenting time, they also entail the sharing of resources and responsibilities across households. Research has largely overlooked variation in in-kind support within shared care as a factor contributing to parental wellbeing.

**Method:** Data come from the 2022 New Zealand Income Support Survey (n=972), a nationally representative sample of low-to-middle income families. Multinomial logistic regression models examined associations between shared care arrangements, levels of in-kind support, and parents' anxiety and depressive symptoms.

**Results:** Close to one in five (19%) families had a shared care arrangement. These families were more socioeconomically disadvantaged than two-parent families without shared care arrangements, but more advantaged than sole-parent families. Lower levels of in-kind support were associated with greater anxiety and depressive symptoms.

**Conclusion:** Shared care arrangements are heterogeneous in their socioeconomic distribution and the extent of resource sharing between parents, with implications for parental wellbeing.

**Implications:** Findings highlight the importance of considering informal and in-kind support as a key dimension of post-separation family life, suggesting that policies focused primarily on formal child support may overlook other important sources of parental wellbeing inequality.

## **JEL codes**

J12 – Marriage; Marital Dissolution; Family Structure; Domestic Abuse;

J13 – Fertility; Family Planning; Child Care; Children; Youth;

I31 – General Welfare; Well-Being;

D13 – Household Production and Intrahousehold Allocation;

I38 – Government Policy; Provision and Effects of Welfare Programmes.

**Keywords**

Shared care arrangements; in-kind support; parental mental health; family complexity; socioeconomic inequality.

**Summary haiku**

Across two households,  
When support is thinly shared,  
Stress settles at home

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Family life has become increasingly complex, with a growing share of children experiencing care across multiple households following parental separation (Manning et al., 2014; Raley & Sweeney, 2020). Shared care arrangements, where children typically spend time with more than one parent or caregiver across households, are often framed as reflecting greater parental involvement and more equitable parenting post-separation. However, research has largely focused on the division of time or legal custody arrangements, with less attention to the material and in-kind contributions that accompany shared care. This omission is important because financial support extends beyond formal child support to include informal and in-kind contributions, such as providing clothing, food, and covering children's activities, which represent a key dimension of parental investment (Greene & Moore, 2000; Kane et al., 2015, 2015; Waller et al., 2018). These forms of support are conceptually distinct from both formal payments and time with children, yet are closely tied to broader patterns of parental involvement and relationship quality (Waller et al., 2018), factors that contribute to parent and child wellbeing.

At the same time, shared care arrangements are not evenly distributed across families, nor are they experienced uniformly. Prior research suggests that nonresident parent involvement, including shared caregiving, is shaped by socioeconomic resources, parental relationship dynamics, and institutional contexts such as child support systems (Carlson et al., 2008; Kamp Dush et al., 2011; Sobolewski & King, 2005). Involvement often takes informal and flexible forms, particularly among low-income families, where economic constraints and complex family relationships shape the extent and nature of engagement (Edin & Nelson, 2013; Waller, 2012). Even among families with shared care arrangements, there is substantial variation in the extent to which non-resident caregivers contribute financially or materially to children's needs (Kane et al., 2015; Waller et al., 2018). In the Aotearoa New Zealand context, which is the focus of this study, these dynamics unfold within a policy environment

characterized by comparatively high rates of child poverty, substantial economic changes following parental separation, and a strong reliance on targeted income support for low-to-middle income families, alongside recent reforms to child support, the family court system, and family policy that may shape patterns of parental involvement (Boston & Chapple, 2014; Fletcher et al., 2020).

Understanding these dynamics is especially important given evidence linking family complexity to parental wellbeing (Brown et al., 2015; Dierker et al., 2025). Although shared care arrangements may offer potential benefits, such as distributing caregiving responsibilities across households, they may also introduce stressors, particularly when support from the other caregiver is inconsistent or limited (Amato & Gilbreth, 1999; Turunen, 2017). Yet, relatively little is known about how variation in in-kind support within shared care arrangements is associated with parents' mental health, particularly outside of North American and European contexts.

Drawing on new nationally representative data from Aotearoa New Zealand, this study addresses two key questions: 1) what sociodemographic characteristics are associated with having a shared care arrangement, and, among those with shared care, with levels of in-kind support? And, 2) are differences in in-kind support within shared care arrangements associated with variation in parents' mental health? By examining both the prevalence and quality of shared care arrangements, this study contributes to a more nuanced understanding of how contemporary family structures and care arrangements shape parental wellbeing.

## BACKGROUND

### *Prevalence and experiences of shared care arrangements in Aotearoa New Zealand*

In Aotearoa New Zealand, as in many other countries, shared care (also known as co-parenting, joint custody, or joint parenting) is where the parents or caregivers of a dependent

child live apart and the child spends time with each of the parents (Merson, 2015). Shared care arrangements can be decided privately between parents, and do not require an equal division of time, reflecting the flexibility of parenting agreements under Aotearoa New Zealand's care of children framework (Ministry of Justice, 2025). Although a majority of separated parents in Aotearoa New Zealand make their own private shared care arrangements (Robertson et al., 2009), in more complex and challenging situations, the Family Court may order shared care as part of parenting orders (Maxwell et al., 1990).

There has been sparse nationally representative data available in Aotearoa New Zealand on rates of shared care parenting, nor are there national estimates of separation, blended families, or couples who live apart (all of which are events and statuses that often result in shared care arrangements). The 2023 Census estimated that 24.9% of families with dependent children were sole-parent families (Statistics New Zealand, 2025), but not all these families will have shared care arrangements and many children living in two-parent stepfamilies will live across multiple households. Estimating these figures is challenging due to how families are captured in Aotearoa New Zealand's national surveys (e.g., Census, New Zealand General Social Survey [NZGSS]), where household relationship matrices do not identify biological relatedness or whether children live across multiple households.

The most recent national-level proxy estimates of shared care arrangements come from the 2010 NZGSS. Findings from this survey found that 15% of families with adults who identified as being parents of dependent children (17 years and younger) said that their children were with them only some or none of the time (Statistics New Zealand, 2012). It is important to note, however, that this is not the same thing as having a shared care arrangement, because some proportion of these families could have no consistent shared care arrangements, but still identify as having children who spent some time with them. As another example, participants in the Dunedin Study's longitudinal birth cohort study (born

between 1972-73) were asked about their household living arrangements since birth through a retrospective life history calendar, finding that approximately 12% of the sample had experienced a shared care living arrangement between by the age of 15 (Sligo et al., 2017). Overall, these sources can provide insight into the prevalence of shared care arrangements, but they fall short of producing precise, population-level estimates due to measurement and definitional limitations.

Despite a large minority of children in Aotearoa New Zealand (based on these proxy estimates and national estimates of sole parenthood) likely experiencing a shared care arrangement at some point during their childhood, relatively little is known about the characteristics of families who have these arrangements, beyond the assumption that most come to shared care arrangements due to parental separation. In Aotearoa New Zealand, sole parents are more likely to be disadvantaged across multiple dimensions, including having lower incomes, being younger when they have their children, and living in poorer quality housing (Krassoi Peach & Cording, 2018).

Whether sociodemographic characteristics, such as income levels, educational attainment, and ethnicity, differ between parents with and without shared care arrangements is unknown in the Aotearoa New Zealand context. Indeed, international research has found that factors associated with increased risk of parental separation are also associated with lower odds of there being a shared custody arrangement in the case of separation, such as lower incomes (Juby et al., 2003; Meyer et al., 2017), lower educational attainment (Walper et al., 2021), and parents' non-standard or irregular work schedules (Bala et al., 2017). Understanding whether these patterns extend to the Aotearoa New Zealand context is important for identifying potential inequities in the distribution of shared care arrangements that may compound disadvantages following parental separation.

### *In-kind support from non-resident parents*

Sharing care of a child with another parent outside the home is not just about time, but also the intrinsic supports that are needed to raise a child, like clothing and feeding them, and ensuring they can fully participate in educational and extracurricular experiences. These are types of in-kind support that go beyond child support payments. In Aotearoa New Zealand, these types of in-kind supports are not court-mandated and not often agreed upon formally (in contrast to decisions around time arrangements or child support payments, which, although not always court-mandated, often are) (Gollop et al., 2020; Robertson et al., 2009).

The most recent data on in-kind support from non-residential parents in Aotearoa New Zealand come from the 2010 NZGSS, and suggests that a large majority (87.1%) of parents who had at least one child who did not live with them said they provided some form of in-kind support (Statistics New Zealand, 2012). This included providing clothing (49.0%) and pocket money (46.3%), with parents less likely to provide money for regular household costs such as paying bills (18.7%) or for big cost items (12.5%). Overall, the findings suggest there is wide variability in the extent to which parents in Aotearoa New Zealand who live in separate households invest resources in children above and beyond time responsibilities.

Indeed, studies in both Aotearoa New Zealand and internationally have found that the purchase or provision of goods and gifts to children is often on an 'as needed' basis. This means there is an informal agreement about what the non-residential parent (often the father) will pay for, in-lieu of child support, when non-resident parents struggle to pay. These arrangements are less about providing items in a consistent matter, but to demonstrate love and create memories (Edin, 2018; Keil & Elizabeth, 2022; Ryznar, 2017; Waller et al., 2018)

### *Shared care arrangements, in-kind support, and parental wellbeing*

A useful framework for understanding how shared care arrangements are associated with parental wellbeing is the family stress model, which posits that economic resources and material hardship shape wellbeing through their effects on daily stressors and relational processes (Conger et al., 1992; Conger & Donnellan, 2007). In the context of shared care arrangements, in-kind support from a non-resident caregiver may operate as a key form of resource transfer that alleviates financial strain, reduces the cognitive and logistical burden of coordinating children's needs across households, and supports continuity in children's daily lives. At the same time, variation in in-kind support may reflect broader patterns of parental involvement and relationship quality, consistent with theories of parental investment and social exchange (Hastings & Schneider, 2021; Kalil & Ryan, 2010; Kane et al., 2015), whereby contributions of time and resources signal commitment and reciprocity between caregivers. From this perspective, shared care arrangements are not uniform contexts, but instead vary in the extent to which resources, responsibilities, and relational dynamics are equitably distributed across households.

Parental mental health, particularly symptoms of anxiety and depression (the two outcomes examined in this study), represents a key dimension of wellbeing in the context of family change and strain. Within the family stress model, economic pressure and disruptions to family processes are theorized to influence parents' psychological wellbeing through increased stress, uncertainty, and role strain (Conger et al., 1992; Conger & Donnellan, 2007). Anxiety and depressive symptoms are especially relevant indicators in this context, capturing both emotional distress and psychological functioning that may arise from managing caregiving responsibilities across households, navigating co-parenting relationships, and coping with financial constraints (Fang et al., 2024; Reesor-Oyer et al., 2023). Prior research has consistently shown that parental separation and instability are

associated with elevated risks of both anxiety and depression (e.g., Sbarra et al., 2019), and that these outcomes are sensitive to variation in economic resources and social support (Lucas et al., 2013; Mooney et al., 2009). Thus, examining anxiety and depressive symptoms provides a theoretically grounded and empirically relevant way to assess how differences in in-kind support within shared care arrangements are associated with parental wellbeing.

Empirically, there is substantial evidence that parental separation is associated with declines in wellbeing, including poorer mental and physical health (Bertoni et al., 2018; Gibb et al., 2011; Sbarra et al., 2019). These patterns are often attributed to both the economic consequences of separation and the stress associated with relationship dissolution. However, the extent to which shared care arrangements mitigate or exacerbate these challenges remains unclear. Some research suggests that shared custody arrangements may confer benefits, such as improved employment outcomes among sole mothers, particularly for those with fewer economic resources (Bonnet et al., 2022), pointing to the potential for shared care to redistribute caregiving responsibilities in ways that support economic stability and wellbeing.

At the same time, the benefits of shared care arrangements appear to depend on the quality of inter-parental relationships and the consistency of support across households. Ongoing conflict between parents following separation has been shown to negatively affect both parental and child wellbeing (Amato & Hohmann-Marriott, 2007; Bourassa et al., 2015; Symoens et al., 2014), while cooperative co-parenting relationships are associated with better outcomes (Gaspar et al., 2008; Molgora et al., 2014). Indeed, some studies find no direct association between the division of parenting time and parental wellbeing, suggesting that relational dynamics and the quality of support may matter more than the structure of care itself (Augustijn, 2022, 2023).

In this context, in-kind support from non-resident parents represents an important, but underexamined, dimension of shared care arrangements. Beyond its material value, in-kind

support may function as both a practical and symbolic form of involvement, shaping co-parenting relationships and signaling ongoing parental investment (Kane et al., 2015; Natalier & Hewitt, 2010). At the same time, inconsistency or low levels of in-kind support may increase financial strain, intensify caregiving burdens, and introduce uncertainty into the day-to-day organization of children's lives, particularly for the primary caregiver. As such, in-kind support may represent a key mechanism through which shared care arrangements either buffer or exacerbate stress in the post-separation context.

This study contributes to our understanding of the intersection between shared care arrangements, in-kind support, and parental wellbeing in three key ways. First, it provides new population-level evidence on the prevalence and sociodemographic patterning of shared care arrangements in Aotearoa New Zealand, a context where such estimates are currently limited. Second, it extends existing research by examining variation in in-kind support within shared care arrangements, moving beyond measures of parenting time or formal financial transfers to capture a broader dimension of parental investment. Third, it tests whether differences in in-kind support are associated with parental mental health, thereby identifying a potential mechanism linking family complexity to wellbeing. Together, these contributions offer a more comprehensive understanding of how shared care arrangements operate in practice and how they may contribute to inequalities in parental wellbeing.

Guided by the family stress model and theories of parental investment, it is expected that access to and receipt of resources will shape both the likelihood and experience of shared care arrangements. In particular, it is hypothesized that shared care arrangements, generally, and higher levels of in-kind support, more specifically, will be more prevalent among socioeconomically advantaged families, including those with higher levels of income, education, and labour market attachment. Consistent with the family stress model, it is expected that parents in shared care arrangements with lower levels of in-kind support will

report more mental health symptoms compared to those with higher levels of support and those in non-shared care arrangements.

## METHOD

### *Data and sample*

Data for this study came from the 2022 New Zealand Income Support Survey ( $N = 1,852$ ). The survey was designed to understand awareness and uptake of, and experiences of applying for, income support payments (e.g., tax credits, cash assistance) aimed at low-to-middle income families. In addition, the survey aimed to generate a contemporary understanding of people's relationships, such as the care responsibilities for children in diverse family structures (Ministry of Social Development & Inland Revenue, 2024).

Households were pre-selected from primary sampling units from the New Zealand Post address database. Upon contact, pre-selected households were determined as being eligible for the survey if they had at least one household member who was between the age of 18-64 years old, met at least one of four family-type criteria (i.e., couple with no children, single person with no children, couple with children, single person with children), and had household income levels that meant they were eligible for Working for Families (WFF) (a tax credit for low-to-middle income families) or an accommodation supplement (cash assistance for low-to-middle income households for housing costs, with thresholds for receiving assistance varying by region). Households who earn up to approximately between NZ\$75,000-NZ\$100,000 (US\$45,000-US\$62,000) are generally eligible (subject to additional criteria such as number and age of children) for WFF. Adults who were full-time students were ineligible for the survey. The overall response rate was 50%, which was considered comparable (to other official national surveys being conducted at the same time)

and acceptable by the government entities implementing the survey (Ministry of Social Development & Inland Revenue, 2024).

Although this survey is not nationally-representative of all families with dependent children in Aotearoa New Zealand, this sample represents a sizeable proportion of all families, with approximately 300,000 of an estimated 569,000 families with children receiving WFF. The survey is designed to be representative of low-to-middle income families, a large and policy-relevant segment of families for whom economic constraints and resource-related stressors, as highlighted in the family stress model, are particularly salient.

In the case of families with dependent children, the interview was generally conducted with the person with primary responsibility for the care of the children. The final survey sample was diverse in terms of age, ethnicity, urbanicity, neighborhood deprivation, family structure type, and welfare receipt status. Oversampling of certain groups (e.g., women, families with children, people aged 25-54 years, Māori [indigenous New Zealanders] ethnicity) was conducted to achieve a diverse sample.

Respondents were either interviewed face-to-face, in-person via computer-assisted personal interviewing (CAPI), or face-to-face through the Virtual Interface Platform (e.g., video software). Respondents were asked to privately self-complete some questions, including questions on welfare receipt, ethnicity, gender identity, health, and disability.

For this study, the sample was limited to survey respondents with dependent children aged between 0-17 years (dropping 834 respondents), as well as those respondents missing information on shared care arrangements (46 respondents), either because the survey question was not answered (six respondents) or their incomes were above the in-work tax credit threshold and so were not asked this question (40 respondents). This resulted in a total analytical sample of 972 respondents, with 151 of those with a shared care arrangement.

## Measures

*Shared care arrangements.* Survey respondents were asked several questions about whether they shared care responsibilities for any dependent children with other caregivers in other households, as well as details of the shared care arrangement, such as how care time was split across households and with whom. To determine whether a child was in a *shared care arrangement*, parents were asked, “do you [or your partner] share care of your child/any of your children with another adult not living in your house?” A binary variable (yes/no) indicated whether at least one child in the home was in a shared care arrangement.

*In-kind support.* Parents who reported having a shared care arrangement for their children were asked about the types of in-kind support the other person they shared care with provided the children. Surveys questions came, and were slightly adapted, from those used in The Future of Families and Child Wellbeing Study (McLanahan et al., 2019). Parents were asked, “please tell me how often the other person buys or pays for” the following things for their children, and were asked about eight different types of expenses: clothes; food; education costs (e.g., school supplies, camp, transportation to/from school); entertainment items (e.g., videos, computer games, toys, sports equipment); personal items (e.g., phone bill, haircuts); pocket/spending money; special events or outings; and, extracurricular activity fees (e.g., sports, dance or music lessons). Response options were on a 0-3 scale where 0 = *never* through 3 = *often*. Responses across all eight items were totaled to create a scale of in-kind support ranging from 0 through 24 ( $M = 13.0$ ;  $SD = 6.7$ ; Cronbach alpha = 0.92). For the analyses, a binary indicator was created, with respondents reporting 16 or higher on the in-kind support scale considered to have “higher” in-kind support, and those with 15 or less having “lower” in-kind support. This split broadly represents the difference in those often saying that the other caregiver would “sometimes” or “often” provide different types of in-kind support versus mostly saying “rarely” or “never.”

*Family structure.* Family structure was constructed from a household family relationship matrix, whereby respondents were asked about the relationships between each member of the immediate family living in the household. For this study, given small cell sizes, family structure was grouped into three categories: 1) two-parent family; 2) sole-parent family; or, 3) Some other non-parent caregiver family type (i.e., not living with a parent).

*Shared care arrangements, in-kind support, and family structure.* The focal independent variable combined shared care arrangements, in-kind support, and family structure to create a five-category variable: 1) family (sole or two parents) with a shared care arrangement with low in-kind support ( $n = 86$ ); 2) family (sole or two parents) with a shared care arrangement with medium/high in-kind support ( $n = 65$ ); 3) sole-parent family with no shared care arrangement ( $n = 307$ ); 4) two parent family with no shared care arrangement ( $n = 479$ ); 5) some other family structure type with no shared care arrangement ( $n = 35$ ). It is important to note that while both partnered and single parents have been combined among those groups with shared care arrangements, a large majority (87.0%) of respondents with shared care arrangements were sole parents.

*Parental mental health outcomes.* Two mental health outcomes were examined: *anxiety* and *depressive symptoms*. These outcomes were measured using four items (two for anxiety symptoms, two for depressive symptoms) on affect and psychosocial functioning frequency from The Washington Group Short Set – Enhanced tool (Washington Group on Disability Statistics, 2020). Respondents were first asked how often they “feel worried, nervous or anxious” (for the anxiety measure) and how often they “feel depressed” (for the depression measure). Those who reported feelings of anxiety or depression were then asked about the intensity of those feelings, being asked “how would you describe the level of these feelings?” with response options including: “a little”; “a lot”; and “somewhere in between a little or a lot.” Following Washington Group guidelines, these questions were used to

generate two (one for anxiety symptoms and one for depressive symptoms) three-category variables, where 1 = *no/low level of anxiety/depressive symptoms*, 2 = *medium level of anxiety/depressive symptoms*, and 3 = *high level of anxiety/depressive symptoms*. Whereas the Washington Group recommends splitting the “no” symptoms from the “low” symptoms group, due to small sample size and lack of variation between the key variables of interest and “no” versus “low” symptoms, the “no” and “low” symptoms groups were combined.

*Covariates.* A range of sociodemographic characteristics of the respondents and their families were included in the analyses. First, respondents’ characteristics included: ethnicity; nativity; gender; age; educational attainment; work status; and, disability status. *Ethnicity* was coded as four-category mutually-exclusive variable using administrative-prioritized ethnicity, whereby Māori was prioritized first, followed by Pacific, some other ethnicity (of which 77.5% identified as Asian), and European/Pākehā (a term oft used for a Non-Māori New Zealander, typically of European descent; in the US context, “White, Non-Hispanic”). Administrative-prioritized ethnicity is a commonly used approach with New Zealand ethnicity data because a non-trivial proportion of New Zealanders identify as have two or more ethnicities (16.5% of respondents in this study’s sample), and particularly in cases where respondents themselves are not asked to self-prioritize their ethnicities (Boven et al., 2020). *Nativity* (1 = *born in New Zealand*; 0 = *not born in New Zealand*) and *gender* (1 = *respondent identifies as a woman*; 0 = *respondent identifies as a man*) were captured as binary indicators. *Age* (18-29 years; 30-39 years; 40-49 years; 50 years and older), *educational attainment* (no high school qualifications; higher school certificate [National Certificate for Educational Achievement level 3-4 or lower, similar to high school completion in the US]; trade certificate/diploma; university degree or more), and *work status* (full time; part time; unemployed and seeking work; not working and not seeking work) were captured as four-category variables. *Disability status* was identified through the Washington Group

Short Set on Functioning, whereby respondents were classified as having a disability (1 = *yes*; 0 = *no*) if they reported having a lot of difficulty or were not able to do at all at least one of the five difficulty functioning domain tasks related to seeing, hearing, mobility, cognitive functioning, and self-care (e.g., washing their whole body, dressing) (Washington Group on Disability Statistics, 2021).

Family and household characteristics included: *age of the youngest children* (three-category variable, where 1 = 0-4 years, 2 = 5-13 years, 3 = 14-17 years); *number of children* (continuous variable); *disabled child in the home* (1 = *yes*; 0 = *no*) *other adult household members outside the parents* (three-category variable, where 1 = *no other adult household members*, 2 = *Related adult household members only*, and 3 = *unrelated adult household members*); *household income below the Family tax credit threshold* (1 = *yes*; 0 = *no*); *household received a main benefit* (1 = *yes*, 0 = *no*; main benefits include welfare cash assistance from JobSeeker [unemployment insurance], Sole Parent Support, and the Supported Living Payment [people who have, or are caring for others with, a long-term health condition or disability that limits work]). Whether a disabled child or children lived in the home was determined through respondents' answers to the question, "does your child/do any of your children have a physical, sensory, psychiatric, or intellectual disability?" Because household income was not provided in the survey data, whether household income was below the Family Tax Credit threshold (an indicator which was available in data) was used to broadly distinguish between low versus middle income households. At the time the data were collected (2022), this threshold was NZ\$42,700 (approximately US\$26,900). This threshold is a policy-relevant proxy for low-income families, rather than a strict poverty line.

Geographic characteristics included: neighborhood deprivation level; urbanicity; and, region. *Neighborhood deprivation level* was measured with the New Zealand Deprivation Index (NZDep). NZDep is an area-based measure of socioeconomic deprivation that

combines Census variables (e.g., income, employment, housing, education) to rank small geographic areas from least (1, *first decile of neighborhoods*) to most (10, *10<sup>th</sup> decile*) deprived (Atkinson et al., 2020). A binary indicator captured whether the respondent lived in an urban area (1 = *urban/suburban area*; 0 = *rural area*). A seven-category variable captured region (Auckland/Northland; Waikato/Bay of Plenty; Tairāwhiti/Hawkes' Bay; Taranaki/Manawatu; Wellington; Canterbury/West Coast; Tasman/Nelson; Marlborough; Otago/Southland). Most regions were collapsed into larger areas (from 16 to 7 regions), given small cell sizes.

### *Analytical approach*

Bivariate analyses were conducted to describe the sociodemographic characteristics of those with and without shared care arrangements in New Zealand. Bivariate associations were estimated using regression-based approaches appropriate to the distribution of each outcome (linear, logistic, or multinomial models), with statistical tests derived from Wald tests of group differences. Multinomial logistic regression models were used to examine the association between shared care arrangements, in-kind support, and parental wellbeing.

All analyses incorporated the final survey weights and a set of 100 replicate weights to account for the complex sampling design and to generate population-level estimates. Survey-adjusted estimation was implemented using Stata's *svy* procedures with replicate (successive difference) weights.

Missing data on analytic variables were addressed using multiple imputation with 100 imputed datasets. Estimates from both bivariate and multivariate analyses were combined across imputations using Rubin's rules via Stata's *mi* estimate framework. For models involving predicted probabilities, margins were estimated within each imputed dataset and combined to obtain pooled estimates and standard errors. All analyses were conducted in Stata/MP 18.0 (StataCorp, 2023).

## RESULTS

### *Shared care prevalence and sociodemographic differences*

Table 1 presents the sociodemographic composition of each of the shared care arrangement and family type groups. Overall, 19.1% of families had a shared care arrangement. Close to two in five (39.0%) families were two-parent families without shared care arrangements, with a similar proportion (39.3%) sole-parent families without shared care arrangements. The final 2.5% of families were some other family structure type without shared care arrangements.

There were differences in the sociodemographic composition of these respondents and their families across a range of indicators. First, European/Pākehā respondents were overrepresented among those with shared care arrangements (55.98% of those with shared care arrangements vs. 43.37% of the total sample), whereas Pacific respondents (20.02% of sole parents vs. 11.92% of the total sample), and to a lesser extent Māori respondents (33.64% vs. 28.66%), were overrepresented among sole-parent families without shared care arrangements. Moreover, a large majority of parents with shared care arrangements were born in New Zealand (90.90% of this group, compared to 72.69% of the total sample). A greater proportion of women were sole parents without care arrangements (82.63% of sole parents).

Respondents with shared care responsibilities were more likely to report being disabled (14.71%) compared with sole parents (7.56%) and respondents in two-parent families (5.58%) without shared care responsibilities. A larger proportion of parents with shared care arrangements (22.89%) and sole parents without shared care arrangements (27.70%) reported having a disabled child compared to respondents in two-parent families without shared care arrangements (12.11%).

Table 1. Sociodemographic characteristics by shared care arrangement and family type ( $n = 972$ )

	Total		With shared care arrangements	Without shared care arrangements			p-value (Wald test)
	Unweighted $n$	Mean / %	Mean / %	Sole-parent families Mean / %	Two-parent families Mean / %	Other family structure Mean / %	
<i>Respondent characteristics</i>							
Admin-prioritized ethnicity							< .001
European/Pākehā	363	43.37	55.98	39.06	43.36	15.22	
Māori	321	28.66	38.23	33.64	15.79	77.42	
Pacific	136	11.92	1.23	20.02	9.45	4.99	
Other ethnicity	139	16.05	4.55	7.28	31.39	2.37	
Gender							
Man	238	29.46	38.21 <sup>bd</sup>	17.37 <sup>ac</sup>	38.30 <sup>bd</sup>	14.65 <sup>ac</sup>	
Woman	714	70.54	61.79 <sup>bd</sup>	82.63 <sup>ac</sup>	61.70 <sup>bd</sup>	85.54 <sup>ac</sup>	
Age							< .001
18-29 years	18.72	16.77	11.65	20.28	15.77	16.25	
30-39 years	40.85	40.83	47.38	37.17	43.70	3.89	
40-49 years	25.85	27.85	27.52	25.67	31.31	10.95	
50 years and older	14.58	14.55	13.45	16.88	9.23	68.91	
Educational attainment							< .001
No high school qualifications	147	12.28	9.79	14.44	9.46	41.05	
Higher school certificate	447	46.64	51.18	55.87	35.20	45.27	
Trade certificate/diploma	173	18.98	19.30	14.42	24.19	7.01	
University degree or higher	177	22.11	19.73	15.27	31.15	6.66	
Work status							< .001
Full time	336	36.50	37.00	28.29	46.19	10.73	
Part time	162	16.16	14.34	16.87	16.99	6.12	
Unemployed	91	11.13	20.47	9.93	7.18	20.21	
Not in the labor force	367	36.21	28.19	44.91	29.64	62.95	
Nativity							
Born overseas	264	27.31	9.10 <sup>bc</sup>	21.56 <sup>ac</sup>	43.47 <sup>abd</sup>	4.96 <sup>c</sup>	
Born in NZ	703	72.69	90.90 <sup>bc</sup>	78.44 <sup>ac</sup>	56.53 <sup>abd</sup>	95.04 <sup>c</sup>	
Disability status							
Not disabled	784	91.65	85.29 <sup>c</sup>	92.44	94.42 <sup>a</sup>	84.71	
Disabled	150	8.35	14.71 <sup>c</sup>	7.56	5.58 <sup>a</sup>	15.29	
<i>Family and household characteristics</i>							
Child(ren) disability status							< .001
No disabled child	793	79.45	77.11 <sup>c</sup>	72.30 <sup>c</sup>	87.89 <sup>ab</sup>	78.15	
Disabled child	175	20.55	22.89 <sup>c</sup>	27.70 <sup>c</sup>	12.11 <sup>ab</sup>	21.85	
Main benefit receipt							
Does not receive a main benefit	633	64.61	56.19 <sup>c</sup>	47.66 <sup>c</sup>	87.52 <sup>abd</sup>	38.14 <sup>c</sup>	
Receives a main benefit	335	35.39	43.81 <sup>c</sup>	52.35 <sup>c</sup>	12.48 <sup>abd</sup>	61.86 <sup>c</sup>	
Family income							
Above the FTC threshold	198	21.05	12.10 <sup>c</sup>	13.33 <sup>c</sup>	33.81 <sup>ab</sup>	11.52	
Below the FTC threshold	772	78.95	87.90 <sup>c</sup>	86.67 <sup>c</sup>	66.19 <sup>ab</sup>	88.48	
Number of children	972	2.07	2.08	1.90 <sup>c</sup>	2.21 <sup>b</sup>	2.39	
Age of youngest child							< .001
0-4 years	445	38.72	22.87	36.56	49.35	27.92	
5-13 years	375	49.19	70.26	48.25	39.29	57.27	
14-17 years	151	12.09	6.86	15.19	11.36	14.81	
Other adult household members							
No other adults	695	68.52	67.09	58.03	81.55	41.08	
Related household members only	248	29.32	27.02	40.25	39.29	57.27	
Unrelated household members	25	2.16	5.89	1.72	0.92	0.00	

Table 1 continued on next page

Table 1 continued

<i>Geographic characteristics</i>							
Neighbourhood deprivation (NZDEP; 1-10 scale)	972	6.55 (0.16)	6.45 (0.35)	6.95 <sup>c</sup> (0.35)	6.13 <sup>b</sup> (0.24)	7.55 (0.83)	
Urbanicity							
Rural area	83	10.02	5.44 <sup>c</sup>	8.53	13.81 <sup>a</sup>	9.50	
Urban area	885	89.98	94.56 <sup>c</sup>	91.47	86.19 <sup>a</sup>	90.50	
Region							< .001
Auckland, Northland	253	23.11	12.50	26.82	24.95	17.28	
Waikato, Bay of Plenty	157	15.60	22.27	11.88	15.83	19.65	
Tairāwhiti, Hawkes' Bay	126	7.49	3.40	9.16	5.99	36.56	
Taranaki, Manawatu	136	17.50	30.74	14.64	14.69	5.43	
Wellington	103	14.86	10.83	15.86	16.34	6.89	
Canterbury, West Coast, Tasman/Nelson, Marlborough	106	13.68	7.30	14.04	16.34	15.19	
Otago, Southland	87	7.76	12.95	7.61	5.87	0.00	
<i>N</i>	972		151	479	307	35	
% of sample		100.00	19.11	39.32	39.04	2.53	

*Note.* Unweighted *ns*, weighted percentages and means (standard errors). Estimates incorporate survey weights and replicate weights to account for the complex sampling design. Statistical differences were assessed using survey-adjusted Wald tests from regression models estimated on multiply imputed data ( $M = 100$ ), with estimates combined using Rubin's rules. For categorical variables, *p*-values correspond to tests of overall differences in distributions across groups. Superscripts denote statistically significant pairwise differences at  $p < 0.05$  based on linear combinations of model coefficients: <sup>a</sup> families with shared care arrangements; <sup>b</sup> sole-parent families without shared care arrangements; <sup>c</sup> two-parent families without shared care arrangements; <sup>d</sup> other family structure without shared care arrangements.

In terms of economic indicators, parents with shared care arrangements had slightly higher levels of educational attainment than sole parents without care arrangements, were more likely to be in full-time employment, and less likely to be receiving a cash assistance welfare payment (i.e., receive a main benefit). Respondents in two-parent families without shared care arrangements had higher levels of education, were more likely to be in full-time employment, and less likely to be receiving a main benefit compared to all other groups.

Interestingly, and in contrast to what was expected, there were no statistical differences in sociodemographic characteristics of parents with shared care arrangements across different levels of in-kind support (results available upon request), except for the proportion reporting having a disabled child: over twice as many parents who reported low levels of in-kind support said they had a disabled child compared to parents who reported medium/high levels of in-kind support (28.05% vs. 12.93%, respectively). In this way, the proportion of those with a disabled child among respondents with low levels of in-kind

support was similar to the proportion of sole parents without shared care arrangements who reported having a disabled child (28.05% vs. 27.70%, respectively).

*Shared care arrangements, in-kind support, and parental wellbeing*

Table 2 displays the key relative risk ratios (RRR) from the multinomial logistic regressions predicting anxiety and depressive symptoms. Figures 1 and 2 present the predicted estimates from these models (i.e., adjusted estimates), along with the bivariate statistics (i.e., unadjusted estimates).

Beginning with anxiety symptoms (Table 2, Model 1), parents with shared care arrangements who reported receiving low levels of in-kind support from the other parent were at greater risk of experiencing both high and medium levels of anxiety symptoms (vs. none/low levels of anxiety symptoms) compared to all other parents. For example, parents with shared care arrangements with medium/high levels of in-kind support were 77% (RRR = 0.23,  $p < .001$ ) less likely to report high levels of anxiety symptoms (vs. none/low levels) compared to those parents with shared care arrangements and low levels of in-kind support. This was similar among sole parents (63% less likely; RRR = 0.37,  $p < .05$ ) and partnered parents (56% less likely; RRR = 0.44,  $p < .05$ ) without shared care arrangements. There were no statistical differences in the relative risk of experience medium levels of anxiety symptoms (vs. none/low symptom levels) across the family types.

Table 2. Multinomial logistic regression analyses predicting parental wellbeing ( $n = 927$ )

	Model 1		Model 2	
	Anxiety symptoms (ref: none/low)		Depressive symptoms (ref: none/low)	
	Medium RRR (std. err.)	High RRR (std. err.)	Medium RRR (std. err.)	High RRR (std. err.)
<b>Shared care arrangement group</b> (ref: Shared care arrangement with low in-kind support)				
Shared care arrangement with medium/high in-kind support	0.52 (0.20)	0.23*** (0.09)	0.34* (0.16)	0.29* (0.17)
No shared care arrangement, single-parent family	0.69 (0.33)	0.37* (0.17)	0.25 (0.18)	0.68 (0.39)
No shared care arrangement, two-parent family	0.69 (0.26)	0.44* (0.16)	0.52 (0.24)	0.36 (0.19)
No shared care arrangement, other family structure	0.31 (0.26)	0.36 (0.23)	0.46 (0.36)	0.18 (0.23)
<b>Respondent ethnicity (ref: European/Pākehā)</b>				
Māori	1.00 (0.28)	0.94 (0.27)	0.99 (0.39)	1.11 (0.51)
Pacific	0.90 (0.34)	0.86 (0.42)	2.07 (1.08)	2.19 (1.28)
Other ethnicity	0.85 (0.36)	1.44 (0.78)	0.44 (0.32)	1.62 (1.20)
<b>Respondent age (ref: 18-29 years)</b>				
30-39 years	1.17 (0.36)	0.77 (0.25)	1.24 (0.57)	0.58 (0.28)
40-49 years	0.91 (0.33)	0.72 (0.27)	2.51 (1.28)	0.74 (0.38)
50 years and older	0.83 (0.39)	0.89 (0.39)	2.03 (1.21)	0.41 (0.26)
<b>Respondent educational attainment</b> (ref: University degree or higher)				
No high school qualifications	1.30 (0.51)	2.11 (0.95)	1.44 (0.94)	1.60 (1.07)
Higher school certificate	1.13 (0.36)	2.02 (0.76)	1.66 (0.96)	1.65 (0.87)
Trade certificate/diploma	0.97 (0.36)	1.79 (0.75)	1.61 (0.93)	1.39 (0.83)
<b>Work status (ref: Full time)</b>				
Part time	1.82 (0.57)	1.26 (0.49)	3.97** (2.07)	0.61 (0.44)
Unemployed	1.07 (0.42)	1.19 (0.57)	3.31* (1.88)	1.33 (0.92)
Not in the labour force	1.29 (0.38)	1.98 (0.71)	4.41** (2.12)	2.69 (1.44)
<b>Income below the Family Tax Credit threshold</b> (ref: income above the FTC threshold)				
	1.12 (0.30)	1.31 (0.43)	1.60 (0.82)	1.02 (0.45)
<b>Respondent has a disability (ref: No disability)</b>				
	3.82*** (1.18)	3.06*** (0.97)	3.16** (1.15)	3.52*** (1.28)
<b>Child has a disability (ref: No disability)</b>				
	1.39 (0.34)	1.92* (0.52)	0.98 (0.37)	2.65** (0.94)
<b>Household received a main benefit</b> (ref: Does not receive a main benefit)				
	1.11 (0.30)	1.48 (0.49)	0.86 (0.32)	1.80 (0.97)

Table 2 continued on the next page

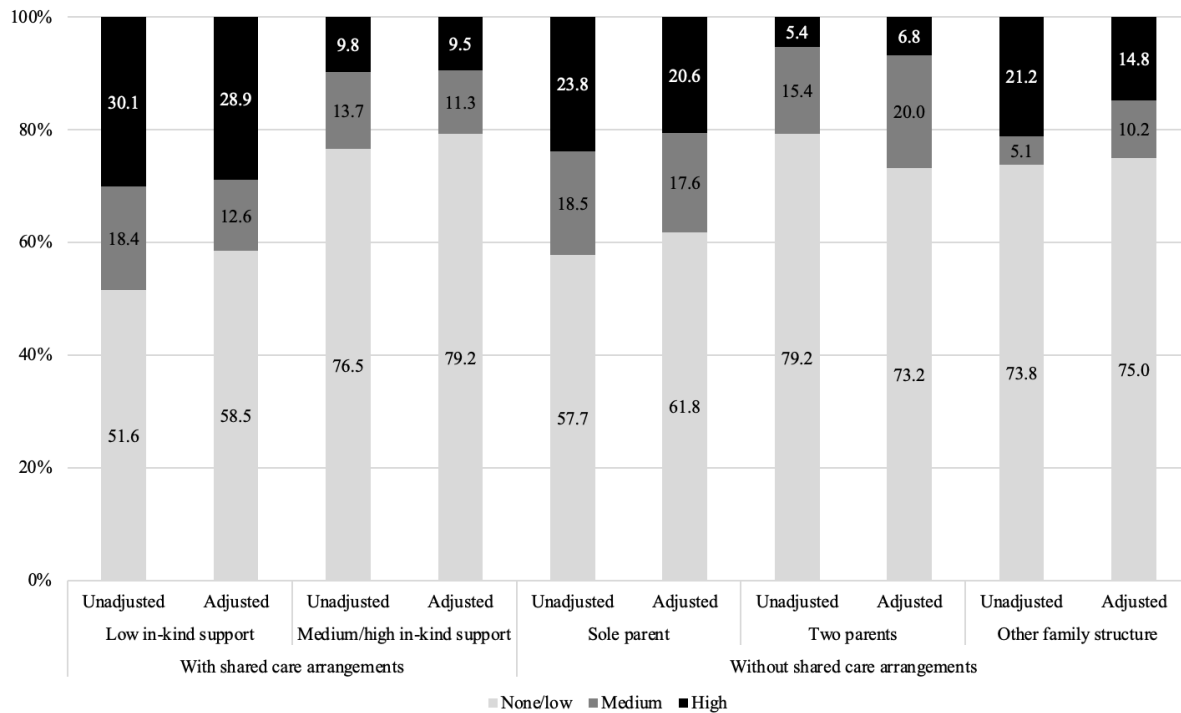
Table 2 continued

Respondent born in NZ (ref: Respondent not born in NZ)	0.87 (0.29)	0.86 (0.37)	0.88 (0.38)	0.90 (0.46)
Respondent a woman (ref: Respondent a man)	1.44 (0.40)	1.34 (0.41)	0.50 (0.18)	0.87 (0.36)
Number of children	0.92 (0.09)	0.96 (0.10)	0.72* (0.12)	0.85 (0.14)
Age of youngest child (ref: 0-4 years)				
5-13 years	1.20 (0.31)	1.52 (0.41)	1.15 (0.39)	1.52 (0.62)
14-17 years	0.49 (0.23)	1.24 (0.52)	0.27 (0.19)	3.19* (1.81)
Other adult household members (ref: none)				
Related household members only	1.11 (0.28)	0.74 (0.20)	1.28 (0.43)	0.64 (0.28)
Unrelated household members	1.96 (1.01)	0.78 (0.61)	1.60 (1.33)	1.16 (1.11)
Neighbourhood deprivation (NZDEP; 1-10 scale)	0.90* (0.05)	0.96 (0.06)	1.03 (0.10)	0.86* (0.07)
Lives in an urban area (ref: Lives in a rural area)	1.01 (0.39)	0.86 (0.37)	0.94 (0.59)	0.72 (0.43)
Region (ref: Auckland, Northland)				
Waikato, Bay of Plenty	1.17 (0.42)	1.21 (0.44)	0.54 (0.30)	1.45 (0.81)
Tairāwhiti, Hawkes' Bay	1.60 (0.58)	1.35 (0.49)	1.06 (0.55)	1.40 (0.82)
Taranaki, Manawatu	0.98 (0.36)	1.39 (0.50)	2.00 (0.92)	1.65 (0.84)
Wellington	1.85 (0.65)	0.51 (0.25)	0.79 (0.46)	1.23 (0.71)
Canterbury, West Coast, Tasman/Nelson, Marlborough	1.33 (0.51)	0.63 (0.30)	0.82 (0.53)	0.63 (0.44)
Otago, Southland	0.89 (0.38)	0.78 (0.35)	1.49 (0.85)	1.88 (1.11)
Constant	0.32 (0.27)	0.17 (0.17)	0.04* (0.05)	0.21 (0.25)
Pseudo r <sup>2</sup>	0.10	0.10	0.17	0.17

Note. RRR = relative risk ratio. Robust standard errors in parentheses. \*\*\*  $p < 0.001$ , \*\*  $p < 0.01$ , \*  $p < 0.05$ .

Put another way (Figure 1), the model estimated that 25.4% of parents with shared care arrangements with low levels of in-kind support had high levels of anxiety symptoms, compared to 12.8% of parents with shared care arrangements and medium/high levels of in-kind support, 15.6% of sole parents with no shared care arrangement, and 5.4% of parents in two-parent families with no shared care arrangement.

Figure 1. Unadjusted and adjusted estimates of proportion experiencing low, medium, and high levels of anxiety symptoms by family type and care arrangement

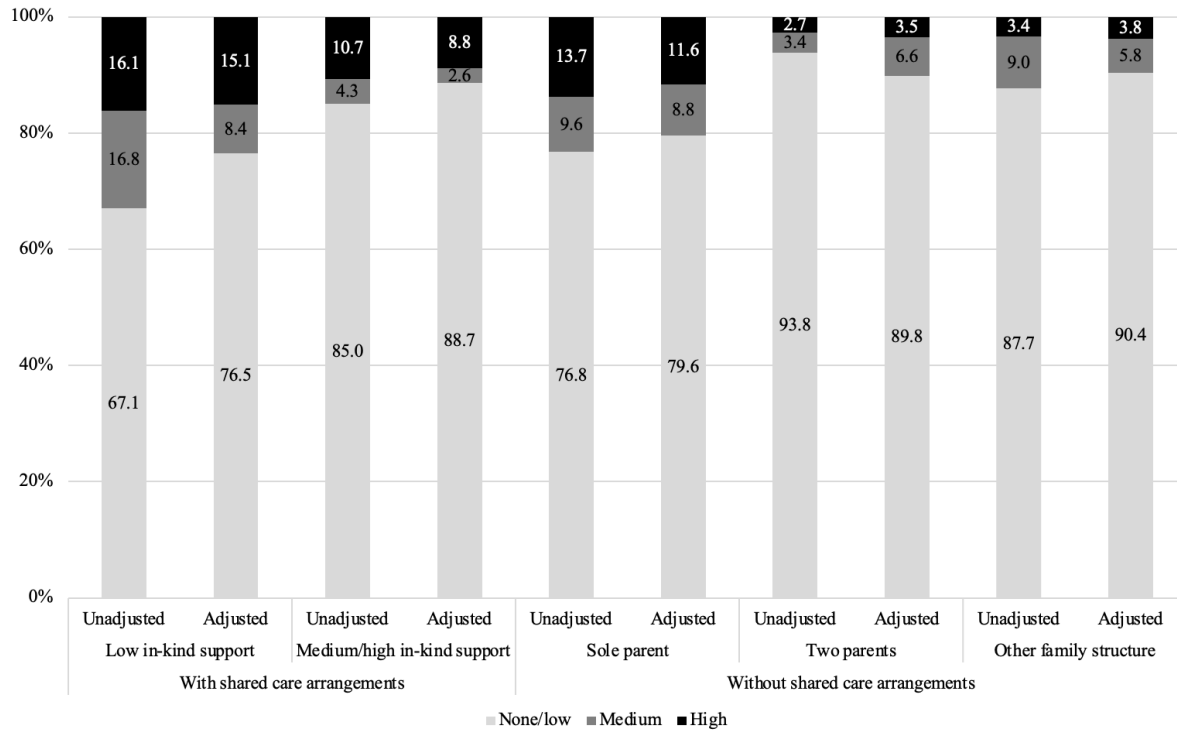


The pattern of results was similar for depressive symptoms (Table 2, Model 2), whereby parents with shared care arrangements were at greater risk of reporting high levels of depressive symptoms compared to other parents, however, with two key differences. First, there was no statistical difference in the relative risk of reporting high levels of depressive symptoms among those with shared care arrangements with low levels of in-kind support compared with sole parents with no shared care. Second, those with shared care arrangements with medium/high levels of in-kind support were also less likely to be at risk of experiencing medium levels of depressive symptoms (vs. none/low levels; RRR = 0.34,  $p < .05$ ).

Figure 2 displays unadjusted and adjusted (from Model 2) estimates of the proportion of each family and care type that fall within each level of depressive symptoms. The model estimated that 15.1% of parents with shared care arrangements and low levels of in-kind support had high levels of depressive symptoms. This compares to 8.8% of parents with

shared care arrangements with medium/high levels of in-kind support and 11.6% of sole parents and 3.5% of respondents in two parent families without shared care arrangements.

Figure 2. Unadjusted and adjusted estimates of proportion experiencing low, medium, and high levels of depressive symptoms by family type and care arrangement



## DISCUSSION

This study examined how shared care arrangements are patterned across families in Aotearoa New Zealand and, importantly, how variation in in-kind support within these arrangements is associated with parental wellbeing. Although shared care is often conceptualized in terms of time or legal arrangements, this study shifts attention to the material and relational dimensions of caregiving that operate across households. Drawing on contemporary nationally representative data from low-to-middle income families, the analyses provide new insight into both the prevalence and heterogeneity of shared care arrangements, as well as the extent to which differences in resource sharing between

caregivers may shape parents' mental health. In doing so, this study extends existing research by foregrounding in-kind support as a key, yet often overlooked, component of post-separation family life. Four key findings emerged.

First, close to one in five families had at least one child in their family who lived at least some of the time with an adult in another household as part of a shared care arrangement. This proportion is higher than previous estimates (Sligo et al., 2017; Statistics New Zealand, 2012), which had previously estimated between 8-15% of families had shared care arrangements. There may be several reasons for these discrepancies, including sampling differences across the studies and changes in the practice of shared care arrangements in the last decade. In regards to sampling differences, participants in the Dunedin Study and NZGSS—studies where previous shared care arrangement estimates have come from—are slightly more affluent than the respondents in the NZISS and experienced childhood during a period with less family structure diversity.

Broader policy changes, too, may have influenced a rise in shared care arrangements. For example, in 2019, sanctions on sole parents receiving the sole parent welfare benefit who did not name the other parent were removed (Graham, 2023), potentially making it easier for nonresident parents to stay involved because they may be less likely to have to pay child support. This is in line with the literature that points to how formal child support payments can act as barriers to involvement among low-income fathers (Edin, 2018; Keil & Elizabeth, 2017; Waller et al., 2018). In addition, New Zealand's Family Court has recently undergone changes that promote shared responsibility for children, which has led to an increase in informal arrangements through non-judicial out-of-court mediation. It may also just reflect greater father involvement over time, more generally (Dotti Sani & Treas, 2016). Future research should empirically test these potential explanations.

Second, families navigating shared care arrangements are more likely to have other challenges that may compound the disadvantage of navigating family life complexities. Respondents with shared care arrangements were more likely to report being disabled and having a disabled child compared to two-parent families without shared care arrangements. They were also less likely to be in full-time employment, have a university degree, or have an income above the Family Tax Credit threshold, and were more likely to receive a welfare cash benefit. At the same time, families with shared care arrangements were slightly more socioeconomically advantaged across a range of indicators, such as educational attainment, labour force engagement, and having income derived solely from employment (rather than receiving a welfare benefit), compared with sole parent families without shared care arrangements. The latter group is a key comparison given a majority (87%) of parents in shared care arrangements are sole parents, and sole parents are most “at risk” of entering a shared care arrangement due to having separated from a child’s other biological parent. The findings were substantively similar when limiting the sample of parents with shared care arrangements to only those who were sole parents (i.e., excluding partnered parents with shared care arrangements).

Taken together, these findings point to the ways that shared care arrangements are situated within a heterogeneous group of families who are facing greater structural and health-related challenges than two parent families, while maintaining somewhat greater economic resources and labor market attachment than sole parent families without shared care. From a family stress model perspective, this positioning suggests that families engaged in shared care may simultaneously experience resource constraints and resource buffering, with implications for how economic pressure is translated into parental wellbeing. At the same time, variation in socioeconomic resources likely shapes the capacity to sustain shared

care arrangements, consistent with theories of parental investment that emphasize the role of material and temporal resources in structuring parental involvement.

Third, among parents with shared care arrangements, 28.1% of parents who reported low levels of in-kind support from the other parent said they had a disabled child compared to just 12.9% of parents who reported medium/high levels of in-kind support. A similar proportion of sole parents without shared care arrangements, compared to parents with low levels of in-kind support, reported having a disabled child (27.7%). Taken together, the findings potentially point to the additional challenges of having a disabled child, and whether to what extent nonresidential parents stay involved with their children and the quality of the co-parenting relationship.

Indeed, being less likely to share time responsibilities and receiving lower levels of in-kind support may have a compounded economic and wellbeing effect for parents with disabled children, who already face greater work constraints (Gordon et al., 2007; Lee, 2019), higher rates of material hardship (Wilson et al., 2025), and more parenting stress (Gupta, 2007; Hayes & Watson, 2013) compared to families without disabled children. The existing research is reflected in this study's models, whereby having a disabled child was associated with a statistically significant higher risk of having high levels of anxiety (RRR = 1.92,  $p < .05$ ) and depressive (RRR = 2.65,  $p < .01$ ) symptoms. Further unpacking the mechanisms that are leading to lower rates of shared care arrangements and less in-kind support from nonresidential parents in future research, especially around issues of economic security and better understanding the additional financial needs and unique social stressors of having a disabled child while going through separation, will be important for developing policies and court practices aimed at supporting families with disabled children.

Fourth, and lastly, parents with shared care arrangements and who reported low levels of in-kind support from the other parent were more likely to have high levels of anxiety

symptoms compared to parents in shared care arrangements with medium/high levels of in-kind support and parents, both in sole parent and two-parent families, without shared care arrangements. Thus, in line with the family stress model, lower levels of in-kind support may operate as both a material deficit and a signal of relationship quality, intensifying stress associated with managing caregiving across households.

Indeed, sole parents without shared care arrangements had the same level of risk of high-level anxiety symptoms as parents with shared care arrangements with medium/high levels of in-kind support. This suggests that shared care arrangements where the other parent is not seen as contributing could be worse for anxiety symptoms than if there were no arrangement to share time responsibilities at all. This does not mean in-kind support should be discouraged. Indeed, medium/high levels of in-kind support was protective of wellbeing (compared to low levels of support), and there were no statistical differences (in post-hoc testing) in anxiety and depressive symptoms between parents with shared care arrangements who reported medium/high levels of in-kind support and two parent families without shared care arrangements, the most advantaged group.

Although the findings should not be treated as causal, if a policy and practice aim is to promote more engaged nonresidential parent involvement during and after separation, shared care that encourages discussing and providing in-kind support (in addition to time responsibilities and child support) could help strengthen the co-parenting relationship between parents. In turn, as the findings of this study suggest, these relationships can lead to better mental health among parents and, in line with the literature, promote the wellbeing of children, too.

Importantly, however, this descriptive study has several key limitations. First, the associations presented are correlational, not causal. As an example, this study posits that low in-kind support is associated poorer mental health, however the cross-sectional nature of the

survey means the opposite could also be true. That is, parents receive lower levels of in-kind support and engagement from the other co-parent parent because engaging with another parent who has high levels of depressive or anxiety symptoms is challenging, or a parent with high levels of symptoms may be more likely to determine they are not receiving enough support. Or, likely, there is some combination of these explanations and the pathway is bidirectional. In this way, longitudinal studies with repeated measures of shared care arrangements, the in-kind support received, and parental wellbeing are essential for helping better understand the direction of the potential causality.

Second, and like many studies that examine in-kind support among separated parents, is that just one parent in the shared care arrangement was surveyed, meaning a reliance on one parent's subjective report or knowledge of what another parent provides for their child versus having dyadic information. Indeed, other research has demonstrated how separated parents may have conflicting understandings of the level of support they provide or how the other parent views the current arrangement (Keil & Elizabeth, 2023). Future data collection from both parents would help shed light on whether concordance or discordance in views of the level of in-kind support provided affects parental wellbeing through aspects of financial stress and material hardship (e.g., not helping provide essentials children need) or more so an indicator of the co-parenting relationship or perceived shared investment.

Third, there was a relatively small sample of families with shared care arrangements, reflecting the overall survey sample size. This limited the ability to examine more nuanced levels and types of in-kind support and reduced statistical power to detect differences across groups. This was evident, for example, in cases where risk ratio effect sizes were substantively large but did not reach conventional thresholds for statistical significance. Nonetheless, the finding that low levels of in-kind support were consistently associated with poorer parental mental health, even in the context of small cell sizes, suggests that these

associations are not simply artefacts of sampling variability. Rather, they point to a potentially meaningful association between limited in-kind support and parental wellbeing, which warrants further investigation in larger samples with greater capacity to capture variation in support arrangements.

This study contributes to a growing body of research on family complexity by demonstrating that shared care arrangements are not uniform in their structure or implications, and that variation in in-kind support represents an important, yet often overlooked, dimension of post-separation family life. By moving beyond measures of parenting time and formal financial transfers, this study highlights how everyday material contributions between households shape parental wellbeing in meaningful ways. These findings suggest that policies and support systems that focus solely on formal child support or custody arrangements may overlook a key mechanism through which families manage caregiving responsibilities and financial strain. In the Aotearoa New Zealand context, where many parenting arrangements are negotiated privately, there may be value in recognizing and supporting the broader ecosystem of resource sharing between caregivers, including informal and in-kind contributions. More broadly, these results underscore the importance of considering both the structure and the quality of shared care arrangements when assessing their implications for family wellbeing, pointing to the need for policy approaches that are responsive to the diverse and dynamic ways families organize care across households.

## REFERENCES

- Amato, P. R., & Gilbreth, J. G. (1999). Nonresident fathers and children's well-being: A meta-analysis. *Journal of Marriage and the Family*, *61*(3), 557–573.  
<https://doi.org/10.2307/353560>
- Amato, P. R., & Hohmann-Marriott, B. (2007). A comparison of high- and low-distress marriages that end in divorce. *Journal of Marriage and Family*, *69*(3), 621–638.  
<https://doi.org/10.1111/j.1741-3737.2007.00396.x>
- Atkinson, J., Salmond, C., & Crampton, P. (2020). *NZDep2018 Index of Deprivation, final research report*. University of Otago.
- Augustijn, L. (2022). The post-separation well-being of children and parents. What roles do physical custody arrangements and stepparents play? *Journal of Divorce & Remarriage*, *63*(6), 401–421. <https://doi.org/10.1080/10502556.2022.2106812>
- Augustijn, L. (2023). Post-separation care arrangements and parents' life satisfaction: Can the quality of co-parenting and frequency of interparental conflict explain the relationship? *Journal of Happiness Studies*, *24*(4), 1319–1338.  
<https://doi.org/10.1007/s10902-023-00643-5>
- Bala, N., Birnbaum, R., Poitras, K., Saini, M., Cyr, F., & LeClair, S. (2017). Shared parenting in Canada: Increasing use but continued controversy. *Family Court Review*, *55*(4), 513–530. <https://doi.org/10.1111/fcre.12301>
- Bertoni, A., Carrà, E., Iafrate, R., Zanchettin, A., & Parise, M. (2018). The associations for separated parents in Italy: Their role for parents' well-being and coparenting. *Health & Social Care in the Community*, *26*(4), e571–e577. <https://doi.org/10.1111/hsc.12573>
- Bonnet, C., Garbinti, B., & Solaz, A. (2022). Does part-time mothering help get a job? The role of shared custody in women's employment. *European Journal of Population*, *38*(5), 885–913. <https://doi.org/10.1007/s10680-022-09625-4>

- Boston, J., & Chapple, S. (2014). *Child poverty in New Zealand*. Bridget Williams Books.
- Bourassa, K. J., Sbarra, D. A., & Whisman, M. A. (2015). Women in very low quality marriages gain life satisfaction following divorce. *Journal of Family Psychology*, 29(3), 490–499. <https://doi.org/10.1037/fam0000075>
- Boven, N., Exeter, D., Sporle, A., & Shackleton, N. (2020). The implications of different ethnicity categorisation methods for understanding outcomes and developing policy in New Zealand. *Kōtuitui: New Zealand Journal of Social Sciences Online*, 15(1), 123–139. <https://doi.org/10.1080/1177083X.2019.1657912>
- Brown, S. L., Manning, W. D., & Stykes, J. B. (2015). Family structure and child well-being: Integrating family complexity. *Journal of Marriage and Family*, 77(1), 177–190. <https://doi.org/10.1111/jomf.12145>
- Carlson, M., McLanahan, S., & Brooks-Gunn, J. (2008). Coparenting and nonresident fathers' involvement with young children after a nonmarital birth. *Demography*, 45(2), 461–488. <https://doi.org/10.1353/dem.0.0007>
- Conger, R. D., Conger, K. J., Elder, G. H., Lorenz, F. O., Simons, R. L., & Whitbeck, L. B. (1992). A family process model of economic hardship and adjustment of early adolescent boys. *Child Development*, 63(3), 526–541. <https://doi.org/10.1111/j.1467-8624.1992.tb01644.x>
- Conger, R. D., & Donnellan, M. B. (2007). An interactionist perspective on the socioeconomic context of human development. *Annual Review of Psychology*, 58, 175–199. <https://doi.org/10.1146/annurev.psych.58.110405.085551>
- Dierker, P., Kühn, M., & Van Winkle, Z. (2025). *The role of family complexity in mental and physical health in mid-adulthood* (WP-2025-002; 0 ed., p. WP-2025-002). Max Planck Institute for Demographic Research. <https://doi.org/10.4054/MPIDR-WP-2025-002>

- Dotti Sani, G. M., & Treas, J. (2016). Educational gradients in parents' child-care time across countries, 1965–2012. *Journal of Marriage and Family*, 78(4), 1083–1096.  
<https://doi.org/10.1111/jomf.12305>
- Edin, K. (2018). Child support in the age of complex families. *Issues in Science and Technology*, (2), 34.
- Edin, K., & Nelson, T. J. (2013). *Doing the best I can: Fatherhood in the inner city* (1st ed.). University of California Press.
- Fang, Y., Luo, J., Boele, M., Windhorst, D., van Grieken, A., & Raat, H. (2024). Parent, child, and situational factors associated with parenting stress: A systematic review. *European Child & Adolescent Psychiatry*, 33(6), 1687–1705.  
<https://doi.org/10.1007/s00787-022-02027-1>
- Fletcher, M., Maré, D. C., & Maloney, T. (2020). The economic consequences of marital separation for parents in New Zealand: Insights from a large administrative dataset. *International Journal of Law, Policy and the Family*, 34(3), 289–313.  
<https://doi.org/10.1093/lawfam/ebaa011>
- Gaspar, J. A. F., Stolberg, A. L., Macie, K. M., & Williams, L. J. (2008). Coparenting in intact and divorced families: Its impact on young adult adjustment. *Journal of Divorce & Remarriage*, 49(3–4), 272–290. <https://doi.org/10.1080/10502550802231924>
- Gibb, S. J., Fergusson, D. M., & Horwood, L. J. (2011). Relationship separation and mental health problems: Findings from a 30-year longitudinal study. *Australian & New Zealand Journal of Psychiatry*, 45(2), 163–169.  
<https://doi.org/10.3109/00048674.2010.529603>
- Gollop, M., Taylor, N., Cameron, C., & Liebergreen, N. (2020). *Parenting Arrangements after Separation Study: Evaluating the 2014 Family Law Reforms—Parents' and caregivers' perspectives—Part 2*. Children's Issues Centre, University of Otago.

- Gordon, M., Rosenman, L., & Cuskelly, M. (2007). Constrained labour: Maternal employment when children have disabilities. *Journal of Applied Research in Intellectual Disabilities*, 20(3), 236–246. <https://doi.org/10.1111/j.1468-3148.2006.00325.x>
- Graham, S. (2023). *Monitoring the Families Package and other changes to income support from 2019 to 2022: Final report on trends in receipt of payments*. <https://www.msd.govt.nz/documents/about-msd-and-our-work/publications-resources/evaluation/families-package-reports/reports-monitoring-receipt-of-payments/final-2022-monitoring-report.pdf>
- Greene, A. D., & Moore, K. A. (2000). Nonresident father involvement and child well-being among young children in families on welfare. *Marriage & Family Review*, 29(2–3), 159–180. [https://doi.org/10.1300/J002v29n02\\_10](https://doi.org/10.1300/J002v29n02_10)
- Gupta, V. B. (2007). Comparison of parenting stress in different developmental disabilities. *Journal of Developmental and Physical Disabilities*, 19(4), 417–425. <https://doi.org/10.1007/s10882-007-9060-x>
- Hastings, O. P., & Schneider, D. (2021). Family structure and inequalities in parents' financial investments in children. *Journal of Marriage and Family*, 83(3), 717–736. <https://doi.org/10.1111/jomf.12741>
- Hayes, S. A., & Watson, S. L. (2013). The impact of parenting stress: A meta-analysis of studies comparing the experience of parenting stress in parents of children with and without Autism Spectrum Disorder. *Journal of Autism and Developmental Disorders*, 43(3), 629–642. <https://doi.org/10.1007/s10803-012-1604-y>
- Juby, H., Le Bourdais, C., & Marcil-Gratton, N. (2003). *Linking family change, parents' employment and income and children's economic wellbeing*. Department of Justice. [https://www.justice.gc.ca/eng/rp-pr/fl-lf/famil/2003\\_2/p3.html](https://www.justice.gc.ca/eng/rp-pr/fl-lf/famil/2003_2/p3.html)

- Kalil, A., & Ryan, R. M. (2010). Mothers' economic conditions and sources of support in fragile families. *The Future of Children*, 20(2), 39–61.  
<https://doi.org/10.1353/foc.2010.0009>
- Kamp Dush, C. M., Kotila, L. E., & Schoppe-Sullivan, S. J. (2011). Predictors of supportive coparenting after relationship dissolution among at-risk parents. *Journal of Family Psychology*, 25(3), 356–365. <https://doi.org/10.1037/a0023652>
- Kane, J. B., Nelson, T. J., & Edin, K. (2015). How much in-kind support do low-income nonresident fathers provide? A mixed-method analysis. *Journal of Marriage and Family*, 77(3), 591–611. <https://doi.org/https://doi.org/10.1111/jomf.12188>
- Keil, M., & Elizabeth, V. (2017). Gendered and cultural moral rationalities: Pacific mothers' pursuit of child support money. *Women's Studies Journal*, 31(1), 34–47.
- Keil, M., & Elizabeth, V. (2022). The care of children when Pacific parents live apart: A case of mothers and othermothers caring together. *Journal of Social Welfare and Family Law*, 44(3), 329–346. <https://doi.org/10.1080/09649069.2022.2102763>
- Keil, M., & Elizabeth, V. (2023). Relational negotiations of an ethic of justice and an ethic of care: Pacific mothers' and fathers' moral reasoning over children's post-separation care arrangements. In M. Maclean & R. Treloar (Eds.), *Research Handbook on Family Justice Systems* (pp. 272–285). Edward Elgar Publishing.  
<https://doi.org/10.4337/9781800881402.00026>
- Krassoi Peach, E., & Cording, J. (2018). *Multiple disadvantage among sole parents in New Zealand*. Social Policy Evaluation and Research Unit.  
<https://thehub.swa.govt.nz/assets/Uploads/Multiple-disadvantage-sole-parents-report-FINAL.pdf>
- Lee, J. (2019). *Single-mother led families with disabled children in Aotearoa New Zealand: A thesis presented in partial fulfilment of the requirements of the degree of Master in*

*Social Work at Massey University, Palmerston North, Aotearoa New Zealand: Master of Social Work (MSW)* [Masters, Massey University].

<http://hdl.handle.net/10179/15481>

Lucas, N., Nicholson, J. M., & Erbas, B. (2013). Child mental health after parental separation: The impact of resident/non-resident parenting, parent mental health, conflict and socioeconomics. *Journal of Family Studies*, *19*(1), 53–69.

<https://doi.org/10.5172/jfs.2013.19.1.53>

Manning, W. D., Brown, S. L., & Stykes, J. B. (2014). Family complexity among children in the United States. *The Annals of the American Academy of Political and Social Science*, *654*(1), 48–65. <https://doi.org/10.1177/0002716214524515>

Maxwell, G. M., Robertson, J. P., & Vincent, P. (1990). *Deciding about the children after separation: A client's perspective on the contribution of the Family Courts*. Ministry of Justice.

McLanahan, S., Garfinkel, I., Waldfogel, J., & Edin, K. (2019). *The Future of Families and Child Wellbeing Study (FFCWS), Public Use, United States, 1998-2017* [Dataset]. Inter-university Consortium for Political and Social Research [distributor].

<https://doi.org/10.3886/ICPSR31622.v2>

Merson, T. (2015). *“Two bedrooms, two toothbrushes”*: A qualitative study of shared care parenting. [Masters of Arts in Psychology]. Massey University.

Meyer, D. R., Cancian, M., & Cook, S. T. (2017). The growth in shared custody in the United States: Patterns and implications. *Family Court Review*, *55*(4), 500–512.

<https://doi.org/10.1111/fcre.12300>

Ministry of Justice. (2025). *Making parenting arrangements*.

<https://www.justice.govt.nz/family/care-of-children/parenting-arrangements/agree-on-parenting-arrangements/making-parenting-arrangements>

- Ministry of Social Development, & Inland Revenue. (2024). *New Zealand Income Support Survey Methodology Report 2022*. Ministry of Social Development.
- Molgora, S., Ranieri, S., & Tamanza, G. (2014). Divorce and coparenting: A qualitative study on family mediation in Italy. *Journal of Divorce & Remarriage*, *55*(4), 300–314.  
<https://doi.org/10.1080/10502556.2014.901854>
- Mooney, A., Oliver, C., & Smith, M. (2009). *Impact of family breakdown on children's well-being* (Research Report DCSF-RR113). Thomas Coram Research Unit, Institute of Education, University of London.
- Natalier, K., & Hewitt, B. (2010). "It's not just about the money": Non-resident fathers' perspectives on paying child support. *Sociology*, *44*(3), 489–505.  
<https://doi.org/10.1177/0038038510362470>
- Raley, R. K., & Sweeney, M. M. (2020). Divorce, repartnering, and stepfamilies: A decade in review. *Journal of Marriage and Family*, *82*(1), 81–99.  
<https://doi.org/10.1111/jomf.12651>
- Reesor-Oyer, L., Marshall, A. N., & Hernandez, D. C. (2023). Examination of co-parenting support and parenting stress as mediators of the food insecurity-maternal depression/anxiety relationship. *Journal of Affective Disorders*, *341*, 96–103.  
<https://doi.org/10.1016/j.jad.2023.08.094>
- Robertson, J., Pryor, J., & Moss, J. (2009). Putting the kids first: Caring for children after separation. *Social Policy Journal of New Zealand*, *(35)*, 129–138.
- Ryznar, M. (2017). In-kind child support. *Journal of the American Academy of Matrimonial Lawyers*, *29*(2), 351–376.
- Sbarra, D. A., Bourassa, K. J., & Manvelian, A. (2019). Marital separation and divorce: Correlates and consequences. In B. H. Fiese, M. Celano, K. Deater-Deckard, E. N. Jouriles, & M. A. Whisman (Eds.), *APA handbook of contemporary family*

*psychology: Foundations, methods, and contemporary issues across the lifespan (Vol. 1)*. (pp. 687–705). American Psychological Association.

<https://doi.org/10.1037/0000099-038>

Sligo, J., McAnally, H., Tansley, J., Baxter, J., Bolton, A., Skillander, K., & Hancox, R.

(2017). The dynamic, complex and diverse living and care arrangements of young New Zealanders: Implications for policy. *Kōtuitui: New Zealand Journal of Social Sciences Online*, 12(1), 41–55. <https://doi.org/10.1080/1177083X.2016.1196715>

Sobolewski, J. M., & King, V. (2005). The importance of the coparental relationship for nonresident fathers' ties to children. *Journal of Marriage and Family*, 67(5), 1196–1212. <https://doi.org/10.1111/j.1741-3737.2005.00210.x>

StataCorp. (2023). *Stata Statistical Software: Release 18* [Computer software]. StataCorp LLC.

Statistics New Zealand. (2012). *Parents supporting children who do not live with them*.

Statistics New Zealand. <https://www.stats.govt.nz/assets/Uploads/Parents-supporting-children-who-do-not-live-with-them.pdf>

Statistics New Zealand. (2025). *Families and households in the 2023 Census—Further insights into how we live*. Statistics New Zealand.

<https://www.stats.govt.nz/news/families-and-households-in-the-2023-census-further-insights-into-how-we-live/>

Symoens, S., Colman, E., & Bracke, P. (2014). Divorce, conflict, and mental health: How the quality of intimate relationships is linked to post-divorce well-being. *Journal of Applied Social Psychology*, 44(3), 220–233. <https://doi.org/10.1111/jasp.12215>

Turunen, J. (2017). Shared physical custody and children's experience of stress. *Journal of Divorce & Remarriage*, 58(5), 371–392.

<https://doi.org/10.1080/10502556.2017.1325648>

- Waller, M. R. (2012). Cooperation, conflict, or disengagement? Coparenting styles and father involvement in fragile families. *Family Process*, 51(3), 325–342.  
<https://doi.org/10.1111/j.1545-5300.2012.01403.x>
- Waller, M. R., Emory, A. D., & Paul, E. (2018). Money, time, or something else? Measuring nonresident fathers' informal and in-kind contributions. *Journal of Family Issues*, 39(13), 3612–3640. <https://doi.org/10.1177/0192513X18783801>
- Walper, S., Entleitner-Phelps, C., & Langmeyer, A. N. (2021). Shared physical custody after parental separation: Evidence from Germany. In L. Bernardi & D. Mortelmans (Eds.), *Shared physical custody: Interdisciplinary insights in child custody arrangements* (Vol. 25, pp. 285–308). Springer International Publishing.  
<https://doi.org/10.1007/978-3-030-68479-2>
- Washington Group on Disability Statistics. (2020). *The Washington Group Short Set on Functioning—Enhanced: Question specifications*. [https://www.washingtongroup-disability.com/fileadmin/uploads/wg/Documents/Questions/WG\\_Implementation\\_Document\\_\\_4C\\_-\\_WG-SS\\_Enhanced\\_Question\\_Specifications.pdf](https://www.washingtongroup-disability.com/fileadmin/uploads/wg/Documents/Questions/WG_Implementation_Document__4C_-_WG-SS_Enhanced_Question_Specifications.pdf)
- Washington Group on Disability Statistics. (2021). *Creating disability severity indicators using the Washington Group short set on functioning (WG-SS) (Stata)*.  
[https://www.washingtongroupdisability.com/fileadmin/uploads/wg/WG\\_Document\\_\\_5G\\_-\\_Analytic\\_Guidelines\\_for\\_the\\_WG-SS\\_\\_Severity\\_Indicators\\_-\\_STATA\\_.pdf](https://www.washingtongroupdisability.com/fileadmin/uploads/wg/WG_Document__5G_-_Analytic_Guidelines_for_the_WG-SS__Severity_Indicators_-_STATA_.pdf)
- Wilson, M., McLeod, K., & Godfrey, J. (2025). Estimating the additional income needed to address higher deprivation levels of children in households with disabled people. *Policy Quarterly*, 21(2), 57–67. <https://doi.org/10.26686/pq.v21i1.9760>

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