



The changing demography of lone parenthood in the UK

ABSTRACT

This paper provides an overview of trends over the past 30 years in the number and characteristics of lone parents, with particular focus on the changing demographic processes associated with becoming a lone parent and changing risk factors for poor health. Data from repeated rounds of the General Household Survey - from 1980 to 2009 - are used to track changes over time in the characteristics of current lone mothers, including whether they had ever been married or had cohabited previously. Event history techniques are applied to retrospective partnership and fertility histories to calculate the likelihood of experiencing partnership dissolution and of experiencing repartnering for different partnership cohorts. These findings are supported by additional analyses of wave 1 (2009/10) data from Understanding Society. Increases, e.g. in the 1980s, in the likelihood of becoming a lone mother, either through experiencing a birth prior to any co-residential partnership, or through the experience of partnership dissolution may have slowed. Whilst we cannot know whether this is a temporary pause before a further upward trend, this recent stabilisation may help explain why growth in the aggregate number of lone parents appears to have slowed. Lone parents continue to face material inequalities e.g. in terms of employment and housing, and the gap between couple mothers and lone parents in terms of smoking behaviour has increased over the past few decades. Policies aiming to improve the wellbeing of lone mothers and their children need to take account of inter-relationships between these material and behavioural risk factors.

KEYWORDS

lone mother; partnership dissolution; repartnering; health inequalities; smoking

EDITORIAL NOTE

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THE CHANGING DEMOGRAPHY OF LONE PARENTHOOD IN THE UK

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1 INTRODUCTION

1.1 AIM OF THE RESEARCH

The aim of this paper is to provide an overview of key trends over the past 30 years in the number and characteristics of lone parents in the UK, with a particular focus on the changing demographic processes associated with becoming a lone parent and changing risk factors for poor health. We examine the changing dynamics of entry to and exit from lone parenthood and some key indicators of social inequality between lone mothers and couple mothers over the period. Given the requirement for a long term perspective the paper utilizes data from repeated rounds of a national British survey – the General Household Survey¹ (GHS) - from 1980 to 2009. These data have been harmonized by a team of researchers within the ESRC Centre for Population Change. Findings from the GHS time series are compared to those obtained from data from wave 1 (2009/10) of a new large scale household survey – Understanding Society (USoc).

The paper starts with a brief overview of the key debates surrounding the increasing number of lone parent families in the UK. We then examine, using published ONS statistics, the increase in the prevalence of lone parent families in Britain. Subsequent sections explore, using microdata from the GHS and USoc, the changing dynamics of lone parenthood and changing inequalities between lone and couple parent families.

Research questions that are addressed include:

- Has the increase in the proportion of families headed by a lone parent slowed down?
- Are women increasingly likely to have a birth prior to any co-residential partnership?
- How has the increase in cohabitation impacted on the dynamics of lone parenthood?
- How have patterns of partnership instability and repartnering changed over recent decades?

¹ Later renamed the General Lifestyle Survey

- How have the levels of employment for lone and coupled mothers changed over the past three decades?
- Have inequalities between lone and couple mothers in material wellbeing (as identified by social housing) and health behaviour (as identified by smoking) widened over the past three decades?

1.2 PERSPECTIVES ON LONE PARENTHOOD

Interest in lone parent families in the UK grew during the late 1980s partly as a result of their increased visibility, but also because of their association with non-traditional family behaviours – increased divorce and increased childbearing outside of marriage (Burghes and Brown, 1995; Lewis, 1997). The rise of the single parent family was interpreted by some as a symptom of the decline in traditional family values. During the early 1990s lone parenthood was increasingly constructed as a social problem. Popular discourse within parts of the media and the ruling Conservative Party promoted images of ‘irresponsible lone mothers’ and ‘feckless, absent fathers’ (Lewis, 1997; McIntosh, 1996). Of key concern was the amount of public money required to support lone parents, and the fate of children being brought up within such families (Lewis, 1997). However, by the end of the 1990s, under the New Labour administration, the focus had shifted towards supporting families (including lone parent families), and eradicating child poverty (Home Office, 1998). Emphasis was placed on ensuring that children were raised in households where adults were working (Grey, 2001).

In recent years, emphasis upon the importance of marriage in children’s lives has resurfaced in policy-making. Family breakdown has been highlighted as a “key pathway to poverty” (Centre for Social Justice, 2006; 2013) and within the Coalition Government’s Social Justice Framework one of the key indicators of ‘progress’ is the proportion of children living with two natural parents (DWP, 2013). The privileging of families where children live with two natural parents appears to make the assumption of a causal link between growing up in a single parent family and poor outcomes for children. However, the relationship between family structure and child outcomes may reflect selection processes as opposed to causality (Amato and James, 2010; Thomson and McLanahan, 2012).

That is to say women from poorer socio-economic backgrounds are on average more likely to form lone parent families, especially young single lone mother families (Ermisch, 1991; Rowlingson and McKay, 2005). Moreover, UK children living in lone parent families are at a significantly higher risk of poverty, with 46% of children in lone-parent-families being in relative poverty (Harkness et al.2012). Thus the poorer outcomes for children living in single parent families result in part from their poorer socioeconomic circumstances. This said, lone parents are not a homogeneous group and their experiences vary by gender, age, ethnicity, marital status and educational level of the parent (Phoenix, 1996). For example, lone parents from middle class backgrounds tend to have more resources to call on than other lone mothers (Rowlingson and MacKay, 2005). Furthermore, the experience of lone parents will differ according to whether they are living in a single family household or in a shared household (Burghes & Brown, 1995).

One of the areas where UK lone mothers stand apart from their European counterparts is their lower average employment rates (Chzhen and Bradshaw, 2012). As a result, many children are living in workless households which can lead to poverty and social exclusion (Bradshaw & Millar, 1991; Bradshaw et al., 2010). Over the past three decades, successive Governments have emphasised to varying degrees the role of female lone parents as mothers, or workers (Lewis, 1997). In comparison with other European countries, the UK welfare state has provided a greater level of support for non-working lone parents. Social transfers resulting from policy initiatives such as the New Deal for Lone Parents (introduced in 1998) and the replacement of Family Credit with Working Families Tax Credit (in 1989) (Gregg & Harkness, 2003) acted to successfully reduce child poverty rates among UK lone parents, at least up until 2009 (Chzhen and Bradshaw, 2012;). Since 2008, we have seen increased conditionality of welfare support for lone parents. Non-working lone parents with older children have increasingly been classified as ‘unemployed’ rather than ‘caregivers’. These policy changes combined with economic recession, have resulted in current high rates of unemployment among lone parents (Whitworth, 2013).

Low income has been found to be a key explanation as to why UK lone parents are more at risk from depression and poor health (Burstrom et al., 2010; Fritzell et al., 2012). Research has tended to focus on the lack of employment among

lone parents as a mediating explanation. However, as noted by SRHI (2010, p. 26) “When in work, these same groups are more likely to be in low-paid, poor quality jobs with few opportunities for advancement, often working in conditions that are harmful to health. Many are trapped in a cycle of low-paid, poor quality work and unemployment...Getting people off benefits into low paid, insecure and health-damaging work is not a desirable option”. Similarly Harkness and Skipp (2013, p. 3) conclude that “Paid work that allowed lone mothers to achieve a satisfactory balance between work and childcare responsibilities mattered most to improvements in their mental well being; and had a much more significant effect on reducing the risk of depression in lone mothers than income”. The social determinants of health perspective (Whitehead, 2007) highlights the inter-relationships between material and lifestyle explanations of health inequalities. Previous research has highlighted higher levels of smoking among lone parents and how these behaviours can be seen to be a response to caring responsibilities in the context of reduced socio-economic resources (Graham, 1987) .

2 TRENDS IN THE NUMBER OF LONE PARENT FAMILIES

2.1 THE PREVALENCE OF LONE PARENT FAMILIES

Today in the UK there are nearly 1.9 million lone parents with dependent children². Lone parents with dependent children represented around one in four of all families with dependent children in 2013, with women accounting for 9 out of 10 lone parents (ONS, 2013a). As discussed by Haskey (1993) estimates of the number of lone parents in the UK depends on the particular source: administrative data, census returns or sample survey data. In 2011 the estimate of the proportion of families with dependent children which were lone parent families was higher for England and Wales in the Census (29% for England and Wales), than for the UK as reported in the Labour Force Survey (25% in the UK) or Britain as reported in the General Lifestyle Survey (22% in Britain)³. There are a number of possible reasons for these small discrepancies (see ONS, 2013a for a discussion), but all of these estimates confirm

² ONS refers to dependent children as those aged under 16 living with at least one parent, or aged 16 to 18 in full-time education, excluding all children who have a spouse, partner or child living in the household.

³ Figures for England and Wales from 2011 Census from table DC1115EW available from www.nomisweb.co.uk. Figures from UK Labour Force Survey 2011 calculated by ONS (2013a). Figures for Britain in 2011 from General Lifestyle Survey (ONS, 2013b).

that the UK, along with some Nordic countries and Ireland, have some of the highest lone parent rates in the EU (Chzhen and Bradshaw, 2012).

The proportion of families with dependent children which were lone parent families doubled between 1971 and 1991 (8% to 19%) (Figure 1) (Burghes and Brown, 1995; Ermisch, 1991; Haskey 1993). Early increases are associated with an increase in divorced lone mothers, but between 1985 and 2001 significant increase in the number of never married lone mothers. This was related to the increase in proportion of births that took place outside of marriage which doubled between 1985 and 2001 from 19% to 40% (ONS, 2013c).

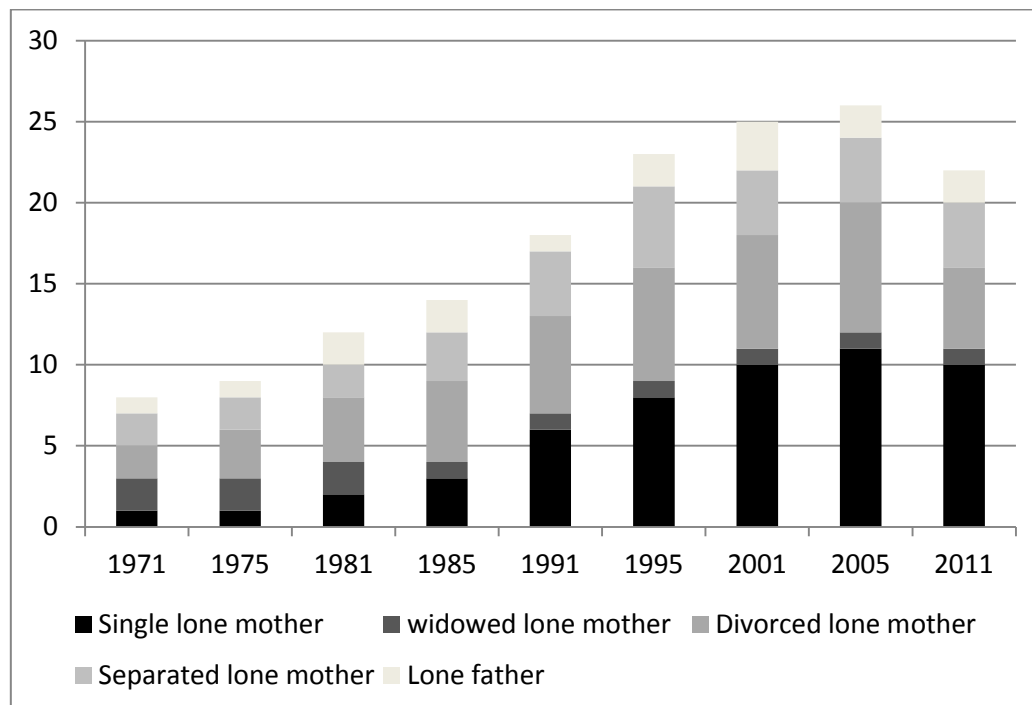


Figure 1: Percentage of British families with dependent children that are lone parent families by legal marital status, 1971-2011.

Source: ONS (2013c) General Lifestyle Survey 2011 report.

Much of the increase in non-marital fertility was associated with an increasing trend to start childbearing within cohabitation, and increasing numbers of lone parent families result from the dissolution of cohabiting couple families. As can be seen in Figure 1, the proportion of lone parent families headed by a lone father has remained fairly constant at about 9%. Interestingly, the growth in the proportion of families headed by a lone parent has been much slower in the 21st century, and may have

stabilised in recent years⁴. In fact, it has been cohabiting couple families which have been increasing the most, as shown in Figure 2 for the period 1996-2013.

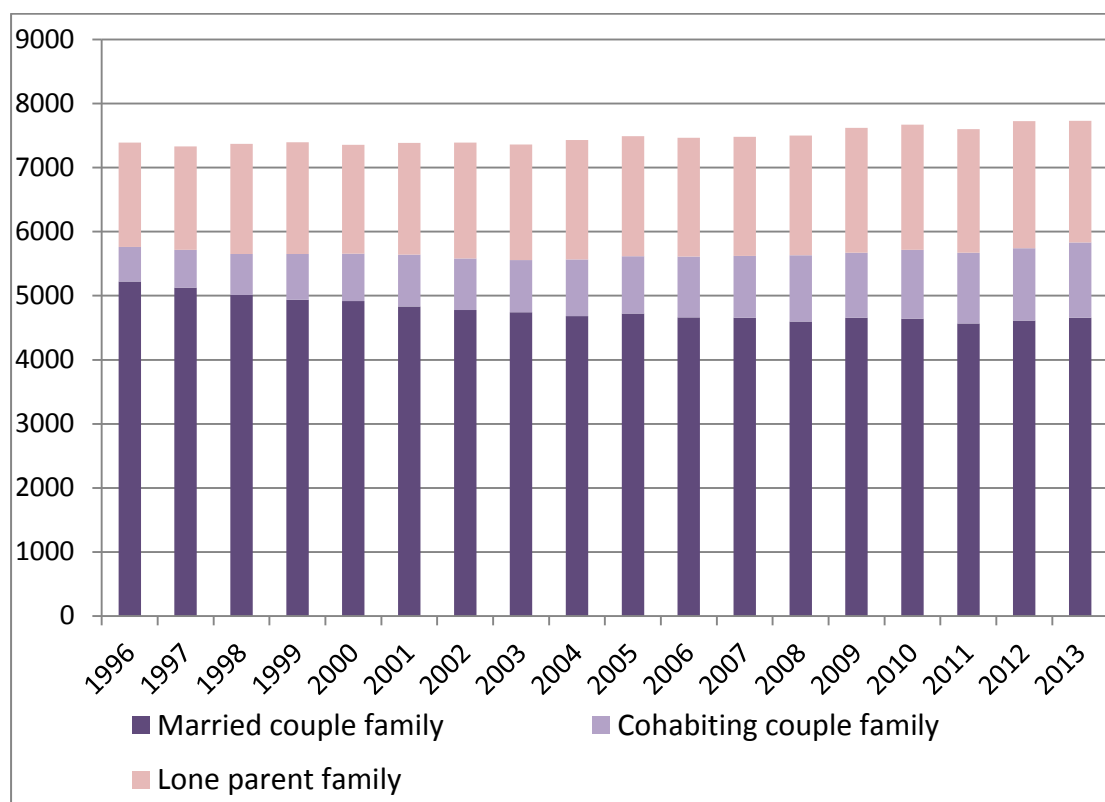


Figure 2: Families with dependent children by type, UK, 1996-2013. ONS analyses based on Labour Force Survey Data.

Note: Same sex civil partnership and same sex cohabiting families too few to show on graph.

Source: ONS (2013a) Families and Households 2013.

3 THE CHANGING DEMOGRAPHY OF LONE MOTHERHOOD IN BRITAIN

In this section we look more closely at the drivers of the increase in lone motherhood, in particular at the role of pre-partnership births, and the breakdown of cohabiting unions. We seek clues as to the demographic reasons why the prevalence of lone parenthood may have stabilised at around one quarter of families with dependent children.

⁴ Figures from the GHS are subject to some sampling error and so small year on year fluctuations may not be statistically significant.

3.1 DEMOGRAPHIC TRANSITIONS INTO AND OUT OF LONE PARENTHOOD

Figure 3 reminds us that what we observe in cross-sectional censuses and surveys, for example, in terms of the proportion of families headed by a lone parent, is the net result of a complex set of demographic and household transitions. Increases over time in the prevalence of lone parent families can be the result of more individuals entering lone parenthood, or fewer leaving lone parenthood. Furthermore, the prevalence of lone parent families is determined not only by the incidence of lone parenthood, but also by its duration. Cross sectional snapshots of the families headed by lone parents will over-represent those who have been a lone parent for longer durations. As shown in Figure 3, there are a number of ways in which an individual can make the transition into lone parenthood including having a child outside of a (co-residential) partnership. This route into lone parenthood is more common among younger women and was the focus of much policy and academic attention in the early 1990s (e.g. Burghes and Brown, 1995). A larger number of lone parent families are created by the dissolution of married and (increasingly) cohabiting couple families.

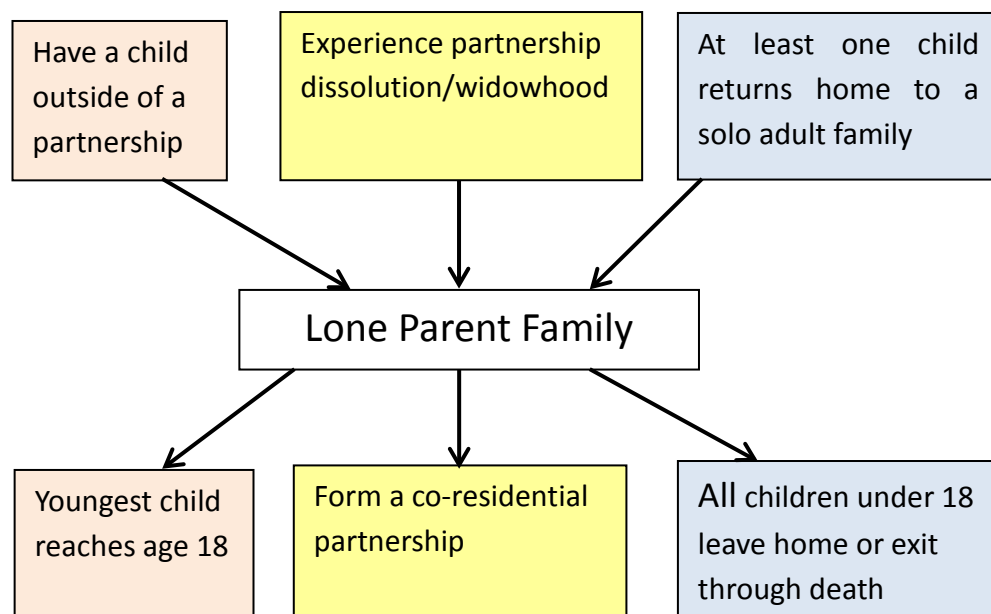


Figure 3: Demographic transitions into and out of a lone parenthood

Transitions out of lone parenthood can be a result of repartnering, or as a result of children leaving home⁵. The duration of lone parenthood is influenced by counteracting forces affecting different age groups. Young lone parents are more likely to repartner, but for those who remain unpartnered it will take some years for their children to reach age 18. Older lone parents tend to have lower rates of repartnering, but are more likely to have older children who reach age 18 sooner.

A complete evaluation of the dynamics of lone parenthood needs to consider these different routes into lone parenthood, including the level and speed with which lone parents re-partner, and the age distribution of children living within lone parent families. In the following sections we make some progress towards this end, for example examining changes over time in the risk of experiencing a pre-partnership birth, the risks of partnership dissolution and proportions who repartner.

3.2 DATA AND METHODS

In the subsequent sections we use microdata from the GHS rounds 1980 to 2009 to examine the changing dynamics of lone motherhood and inequalities between lone and couple mothers. In all analyses a lone parent is defined as a woman living with at least one natural child aged under-18, who is not co-resident with a married or cohabiting partner. The GHS data are used in two ways. First, we utilize retrospective partnership and fertility histories collected from women aged 18-59⁶. Whilst for the earlier rounds only details on past marriages was collected, survey rounds since 2000 have also collected details of past cohabitations (Berrington et al., 2011). By combining information on dates of live births with dates of entry and exit into partnerships we are able to examine the role of pre-partnership births and the dissolution of cohabiting and marital unions on lone parent family formation. The second way in which we use these harmonised GHS data is to use information on the current socio-economic characteristics of lone and coupled mothers at the time of the survey. In so doing we examine whether inequalities in terms of employment,

⁵ If statistics are restricted to families containing dependent children, then a transition away from the state of lone parent may also be made as a result of the youngest co-resident child reaching the age cut-off for the definition of dependent child.

⁶ In early survey rounds the upper age limit for women to be asked about their fertility and partnership histories was 49 years and so for some comparisons over time, e.g. Figures 11 and 12 we focus on women aged 18-49.

housing tenure and smoking have widened or narrowed over the past thirty years. In order to increase sample sizes we combine data from several survey rounds to provide an estimate for each five year period (e.g. 1980-84, 1985-89 and so on). All analyses are weighted to adjust for non-response. (See Beaujouan et al., 2011a for details of GHS weighting.) The analyses of partnership dissolution and repartnering rates are performed on the GHS survey rounds 2000 to 2009, but are also replicated using retrospective partnership and fertility history data from wave 1 (2009/10) of Understanding Society (UKHLS). The UKHLS data are restricted to Britain and are weighted to account for survey design and non-response (McFall, 2013).

3.3 CHANGING PARTNERSHIP TRAJECTORIES INTO LONE MOTHERHOOD

The rapid increase in lone parent families during the 1970s and early 1980s was associated with the increase in the proportions of marriages that ended in divorce, especially following the Divorce Law Reform Act (1971) (Haskey 1993). However, divorce rates plateaued during the 1990s and since the mid-2000s have been on a generally downward trend (ONS, 2014). However, divorce rates provide an increasingly incomplete picture of partnership dissolution since an increasing number of couples live together outside of marriage.

As shown in Figure 4, the proportion of lone parents who have ever been married has dropped dramatically over the past 30 years, particularly for younger lone mothers. For example, among lone parents aged 18-29 at survey, the percentage who had previously been married declined from one half in the early 1980s, to just 11% at the end of the 2000s. The proportion of lone mothers who have ever been married increases with age such that over 80% of those aged 50-59 in 2005-2009 are ever married. (Although note the decline for the most recent period.)

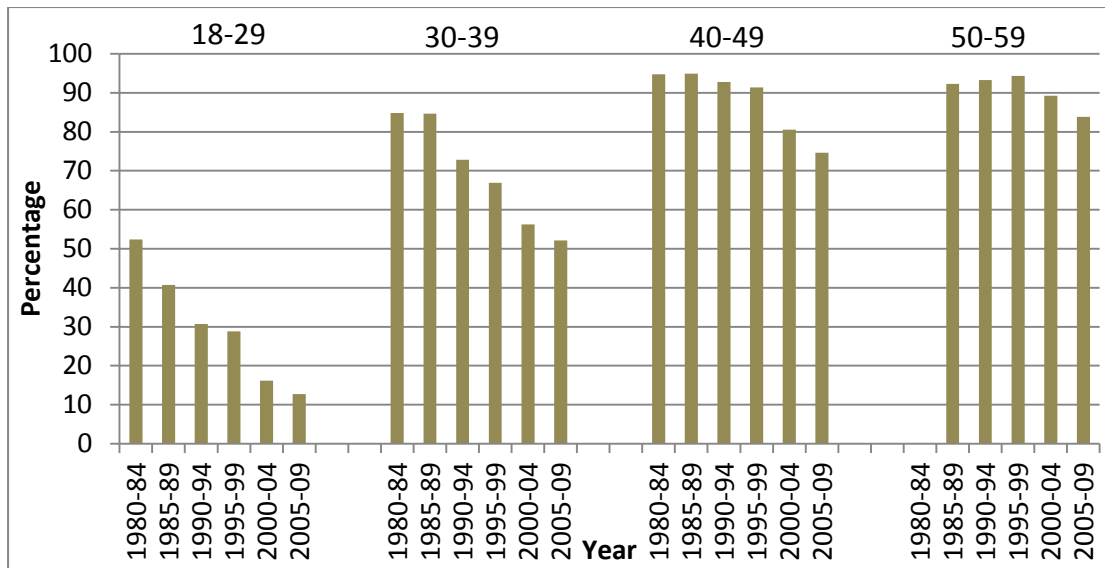


Figure 4: Proportion of lone mothers who have ever been married, by current age at survey, Britain

Source: Author's analyses of GHS data, 1980-2009.

The majority of never married lone mothers have previously been in a cohabiting partnership. Figure 5 shows the distribution of lone parents, responding in the 2005-2009 GHS rounds, according to their partnership history. The bottom segment is the percentage who report never having had a co-residential partnership, the middle section are those who report that they had previously cohabited but never married, whilst the top segment are those who have ever married (irrespective of whether they also have previously cohabited). Among lone mothers aged 18-29 only a small minority have previously been married. Roughly equal numbers have ever cohabited as have never had a co-residential partnership. As age increases a decreasing proportion of lone mothers have never had a co-residential partnership, whilst the proportion ever married increases. Among lone mothers in their thirties reporting in 2005-2009 just over half have ever married and around 30% had previously cohabited. One in six had never had a co-residential partnership. Whilst these graphs cannot tell us the precise route into lone motherhood (for example a cohabiting woman might experience the breakdown of her union and subsequently give birth to her first child to become a lone mother) they indicate the increasing importance of cohabitation dissolution as a route into lone motherhood, particularly for women aged under 40.

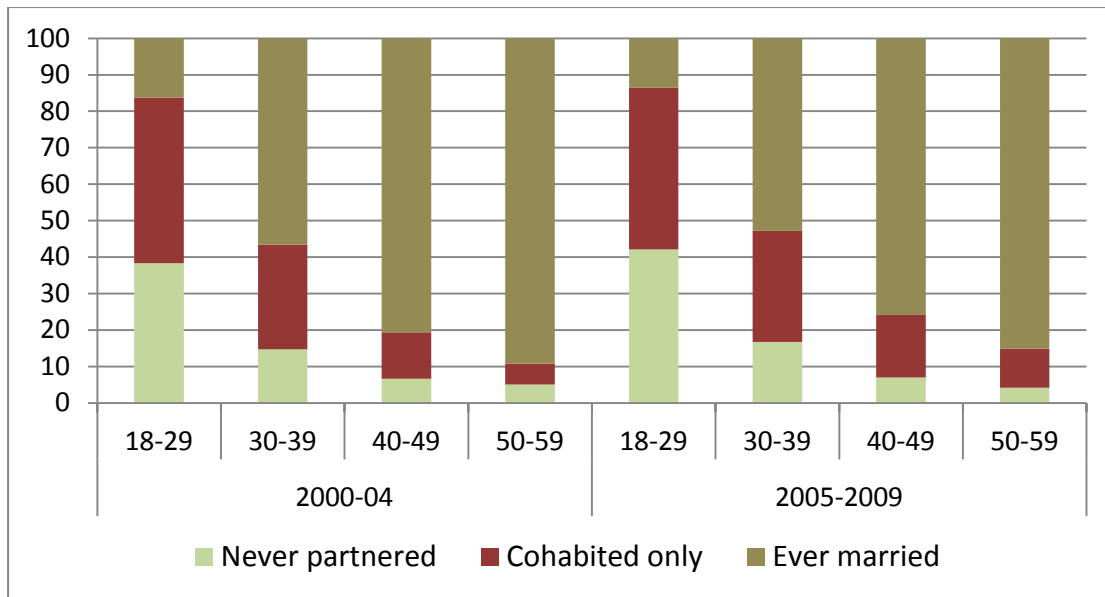


Figure 5: Partnership history of current lone mothers by age. Britain, 2000-04 and 2005-2009

Source: Author's analyses of GHS data, 2000-2009.

In the youngest age group (18-29 years) around 40% of lone mothers have never had a co-residential partnership. Thus having a birth while single remains an important pathway into lone motherhood, but how has the importance of this route into lone motherhood changed over time? To address this question we used the retrospective fertility and partnership histories reported by women in the survey rounds 2000-2009. For each five year birth cohort we calculate the percentage that experienced a first live birth prior to any co-residential partnership before age 25, and before age 30 (Table 1). The percentage of women becoming a lone parent at ages under 25 due to a pre-partnership birth increased from 6% for those born in the late 1960s to 10% for those born in the early 1970s. Among more recent cohorts the likelihood of entering lone motherhood in this way appears to have stabilised. We can also see from Table 1 that most of those who experience a pre-partnership first birth do so prior to age 25 and that this pattern has not changed over birth cohorts. In summary, the stabilisation of the risk of entering lone motherhood through a pre-partnership live birth may help explain the slowdown in the growth of lone parenthood in Britain.

The increase in living together outside of marriage began in the 1970s, although the increase in childbearing within cohabitation took place during the 1980s and 1990s (corresponding to the rapid increase in non-marital fertility). As discussed by Beaujouan and Ní Bhrolcháin (2011) cohabitation can result in marriage or

partnership dissolution. Research focusing on the period up to 2007 suggested that more couples were cohabiting and that cohabiting relationships were increasingly likely to breakdown rather than translate into marriage. Hence, one reason why divorce rates have declined is the fact that more fragile partnerships are ‘weeded out’ before the couple are married (Beaujouan and Ní Bhrolcháin, 2011). If the likelihood of becoming a lone mother via divorce is declining then this also may partly explain the stabilisation of the prevalence of lone parenthood.

	% Experienced pre-partnership birth before age 25	% Experienced pre-partnership birth before age 30
Birth cohort		
1950-54	6	7
1955-59	6	7
1960-64	7	9
1965-69	10	11
1970-74	10	12
1975-79	8	11
1980-84	9	-

Table 1: Percentage of women by five year birth cohort who had experienced their first live birth prior to any co-residential partnership, Britain.

Source: Author’s analyses of GHS data, 2000-2009.

3.4 ARE PARTNERSHIPS BECOMING LESS STABLE?

In terms of documenting the overall likelihood of lone motherhood, it does not matter whether a lone parent family is formed through the dissolution of a marital or cohabiting partnership. Therefore, in this section, we consider period trends in the stability of all co-residential partnerships, irrespective of their legal status. Figure 6 shows life table analyses of the percentage of first partnerships which dissolved for partnerships entered into in each five year period, from the early 1980s to the early 2000s. The graph shows the likelihood of dissolution within five years (blue lines) and ten years (black lines). The solid lines are estimates based upon the GHS time series data, whilst the dotted lines are based on estimates from USoc. Since partnerships entered into in the early 2000s are censored by the interview date we do

not provide an estimate for the proportion dissolving after ten years for the most recent partnership cohorts.

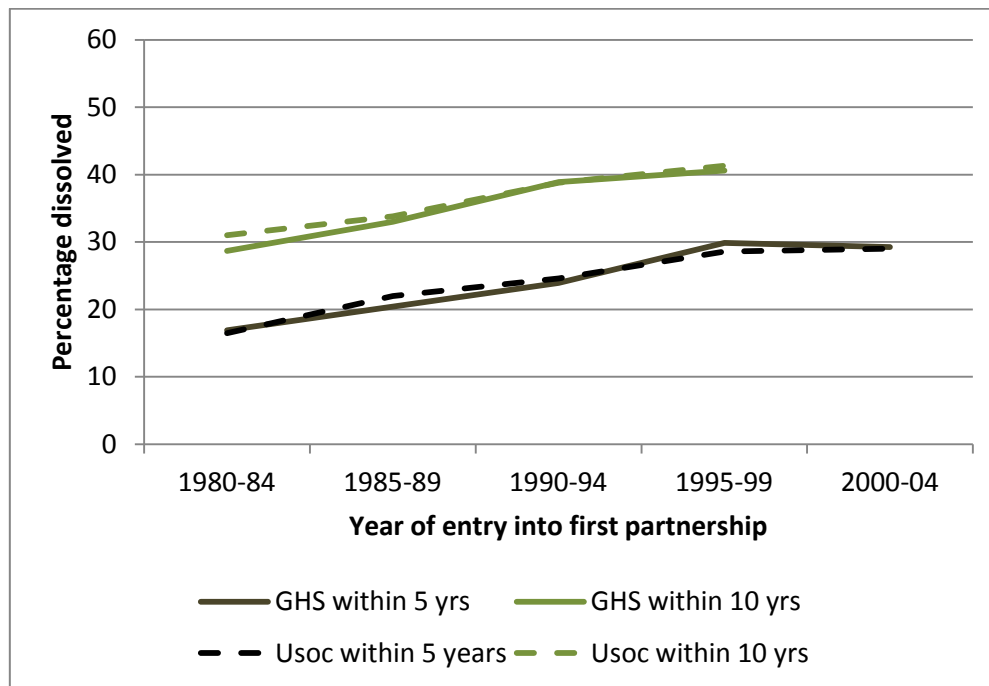


Figure 6: Percentage of first partnerships that dissolved in 5 and 10 years, by year at start, Britain. Women entering first partnership at all ages under 45. Weighted estimates.

Source: Author’s analysis of GHS 2000-2009 and wave 1 of USoc.

The two data sources provide a consistent picture. The likelihood of partnership dissolution increased significantly for partnerships entered into in the late 1980s and 1990s as compared to those begun in the early 1980s. However, in the 2000s there may have been a levelling off in the risk of first partnership dissolution. For example, the risk of dissolution in the first five years increased from 18% to 30% for partnerships begun 1980-84 to 1995-99. But the estimate for partnerships entered into in 2000-04 is similar – at 29%. By ten years 41% of first partnerships entered into in the late 1990s had dissolved, a figure that is similar to that for the preceding cohort entering into their first partnership in the early 1990s (39%).

Not all first partnerships involve children and arguably it is the stability of couple families that is a key determinant of rates of lone motherhood. To explore this further we take the subsample of couple families where the first child is born within the first partnership - and examine how the stability of these first partnerships has

changed over the past few decades. Couples become at risk of separation at the birth of their first child and we observe how many first partnerships dissolve within five and ten years of this first birth (Figure 7).

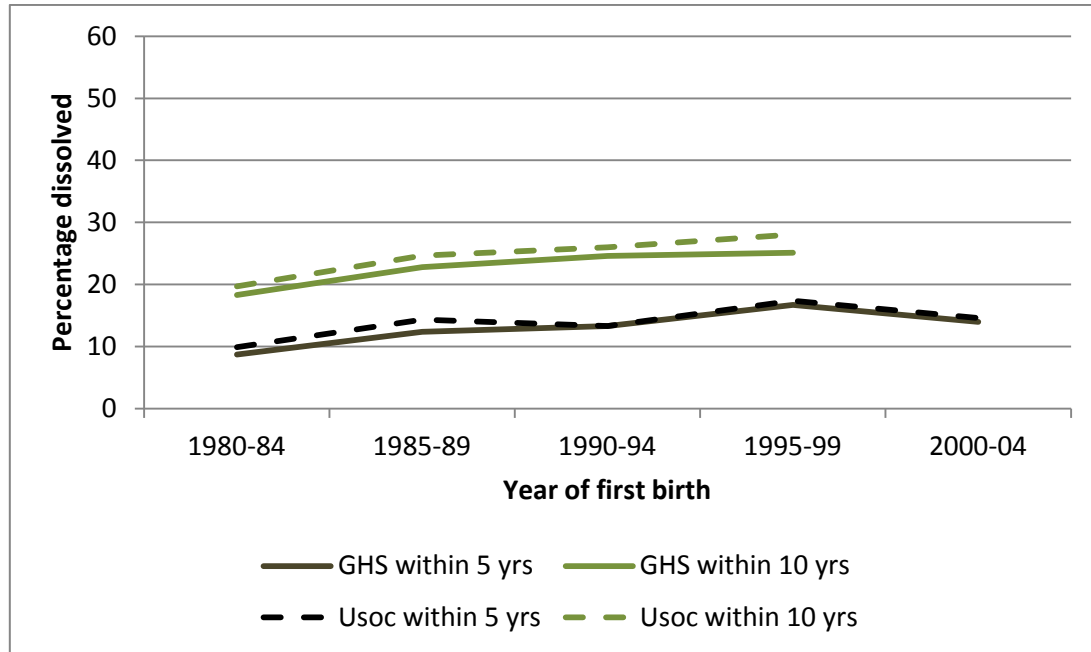


Figure 7: Percentage of first partnerships that dissolved in 5 and 10 years from entry into motherhood, Britain. Women becoming a partnered mother at all ages under 40.

Source: Author's analysis of GHS 2000-2009 and wave 1 of USoc.

The first point to note is that the overall risk of dissolution is lower for couples who have recently experienced the birth of their first child, as compared to all first partnerships. The estimates of the likelihood of dissolution among these partnered families from USoc are slightly higher than those from the GHS, but both surveys suggest that the risk of dissolution among these families increased rapidly during the 1980s but that the pace of increase slowed during the late 1990s and 2000s. For example, of those women having a first birth within a first partnership in the early 1980s, one in ten would experience partnership dissolution within five years. The comparative figure for partnered mothers entering motherhood in the late 1990s is one in six. By ten years after the first child's birth the proportion experiencing partnership dissolution increased from just under 20% for partnerships in the 1980s, to between 25% and 28% for partnerships in the 2000s.

In summary, the rate of dissolution of all first partnerships, and for first partnerships containing a first birth increased rapidly during the 1980s but the rate of increase appears to have slowed. More recent data for partnerships entered into the late 2000s are required to make a definitive statement as to whether dissolution rates will stabilize at this new level, or whether this is a temporary pause in an otherwise upward trajectory. What is clear is that this recent stability could help explain the levelling off in the growth of lone parents in the past decade.

3.5 HOW HAS THE LIKELIHOOD OF REPARTNERING CHANGED OVER TIME?

The prevalence of lone parenthood is determined not only by the incidence of partnership dissolution, but also the likelihood of forming a new partnership. Figure 8 shows the likelihood of forming a second co-residential partnership for women who broke up with their first partner at ages under 45. Results from Understanding Society and the GHS time series are fairly consistent with between 50% and 60% of respondents reporting a second co-residential partnership within five years of dissolution, and around 70% within ten years. It is difficult to discern a consistent trend in the pattern over time. Estimates from Usoc suggest a slight increase in the chances of repartnering in the late 1980s and 1990s, but this is not found in the GHS time series

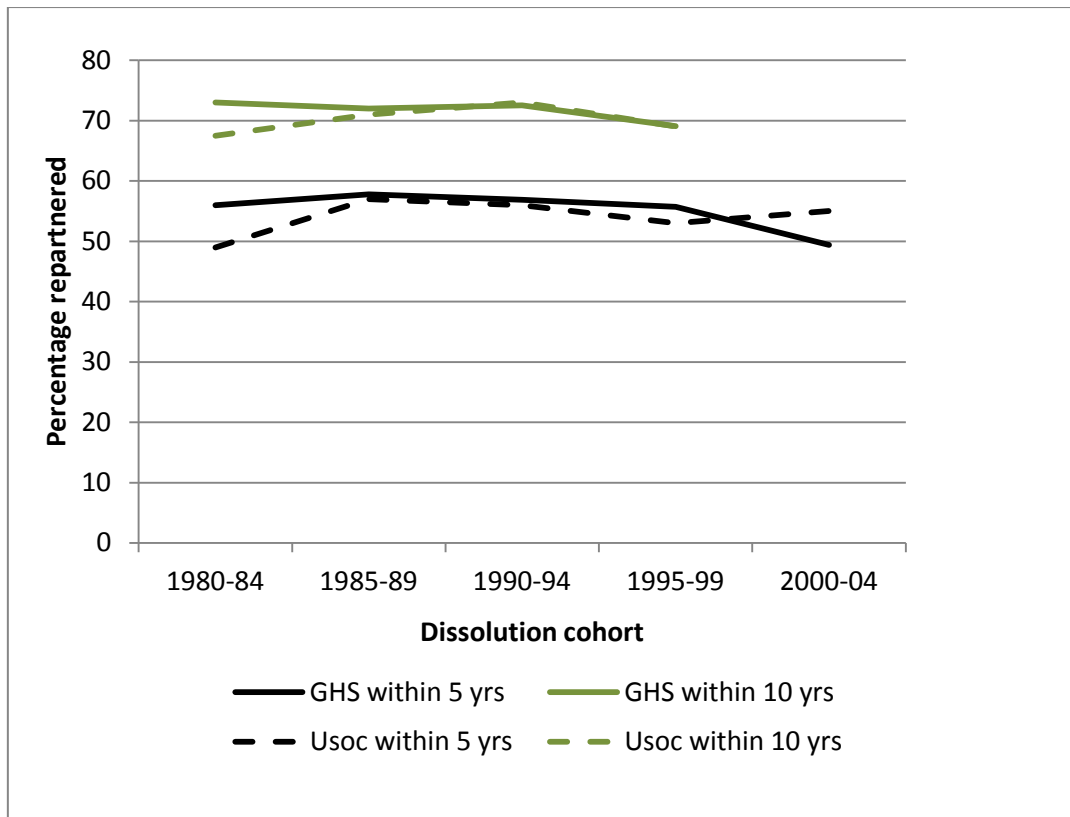


Figure 8: Percentage who enter a second co-residential union within 5 and 10 years from exit of the first, Britain. Women experiencing a partnership dissolution at all ages under 45.

Source: Author’s analysis of GHS 2000-2009 and wave 1 of USoc.

It must be borne in mind that these descriptive analyses refer to all women who have experienced the dissolution of their first partnership. The chances of repartnering vary significantly according to a number of factors including the presence of children and age of the individual (Ivanova et al., 2013; Lampard & Peggs, 1999). A different trend over time could possibly be observed if we controlled for the age at which individuals were experiencing separation and other factors. A full analysis of these individual determinants of repartnering is the topic of ongoing research in the ESRC Centre of Population Change. In this paper we focus on aggregate trends in repartnering, and in the next analysis we take one group of lone parents – women who at the point of dissolution have at least one child aged under eight years. Figure 9 shows the likelihood of repartnering for these lone parents. Once again estimates derived from the GHS time series are compared with estimates from USoc. Lone mothers, in comparison to all women who experienced the dissolution of their first partnership are slightly less likely to repartner within five and ten years. No obvious trend in the likelihood of repartnering for these lone mothers can be seen in the period 1980-2009,

with just under half of these lone mothers repartnering within five years and around two-thirds repartnering within ten years.

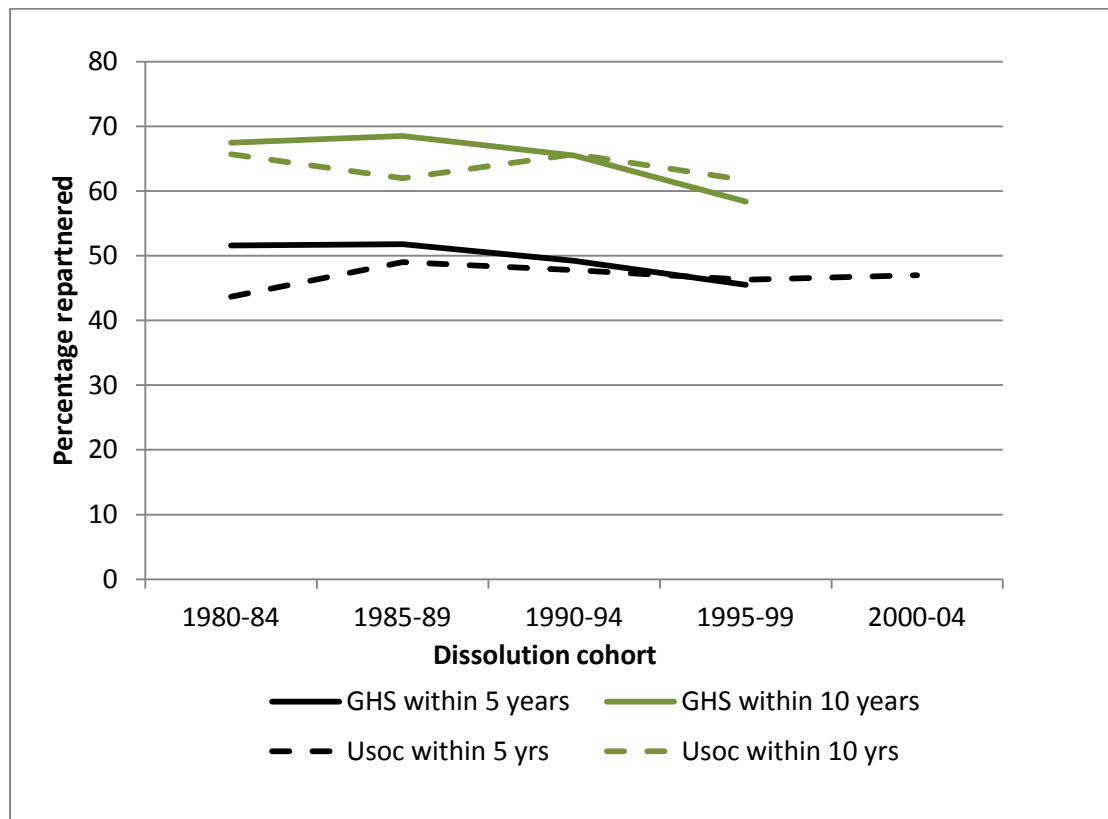


Figure 9: Percentage who enter a second co-residential union within 5 and 10 years from exit of the first, Britain. Women experiencing a partnership dissolution at all ages under 45 and who have at least one child aged under 8 at the time of dissolution.

Source: Author’s analysis of GHS 2000-2009 and wave 1 of UKHLS.

Note: Estimates for 2000-04 using the GHS time series data are not shown due to the small sample size.

In summary, all of the survey evidence on pathways into lone motherhood is consistent with a recent slow-down in the growth of the number of lone parent families. Previous increases in the likelihood of a pre-partnership birth and of experiencing partnership dissolution appear to have slowed during the first decade of the 21st century whilst repartnering rates have remained relatively stable.

4 SOCIAL INEQUALITIES BETWEEN LONE MOTHERS AND COUPLE MOTHERS

The Black Report focused on occupational class differences in health but recognized the intersection of class and wider social inequalities e.g. in poverty, education and family life (Townsend & Davidson, 1982). The authors commented: “Much we feel can only be understood in terms of the more diffuse consequence of the class structure: poverty, work conditions and deprivation in its various forms in the home and immediate environment, at work, in education and the upbringing of children and more generally in family and social life”. The wider determinants of social inequalities in health have been repeatedly emphasised in subsequent reviews (e.g. Bambra et al, 2010 Wilkinson and Marmot, 2003) and Government reports including the Report of the Independent Inquiry into Inequalities in Health (Gordon, 1999). Most recently, the Marmot review acknowledges that health inequalities result from social inequalities and that low income is a key determinant of poor health. Lone parents are mentioned specifically by the Marmot Review (SRHI, 2010, p. 26) as one of the groups vulnerable to low income and poor health. “Patterns of employment both reflect and reinforce the social gradient and there are serious inequalities of access to labour market opportunities. Rates of unemployment are highest among those with no or few qualifications and skills, people with disabilities and mental ill-health, those with caring responsibilities, lone parents, those from some ethnic minority groups, older workers and, in particular, young people“. Getting lone parents into (high quality) work is seen by the Marmot Review report as the key policy intervention to improve the health of lone parents. As noted in the introduction successive UK Governments have seen increasing the proportion of lone parents in work as a key aim to reduce child poverty and reduce welfare spending. Thus in the following section we examine trends in employment among married, cohabiting and lone mothers over the past decades.

Housing tenure in the UK is a useful indicator of household socio-economic status in the absence of more direct measures such as income, and has been shown to be related to health inequalities (Filakti and Fox, 1994; Moser et al., 1988). In general, incomes are significantly lower among those living in socially rented accommodation, than among those living in the private rented sector or those in owner occupied accommodation. During the past few decades there has been a well documented

contraction of the social rented sector such that increasingly it is concentrated among those on low income, including lone parents (Forrest and Murie, 1983; Malpass, 2004).

The social determinants of health perspective emphasises how material explanations of health inequalities cannot be separated from individual behaviour explanations: Living and working conditions can restrict an individual's ability to choose a healthy life style. Smoking is one such life-style behaviour which drives health inequalities (Whitehead, 2007). Overall, the prevalence of cigarette smoking has declined in recent decades. However, this decline has not been uniform across all groups, being slower for young adults and women in disadvantaged circumstances (Graham et al., 2006). Evidence from the 1980s showed that among mothers, rates of smoking are highest among white women in working class and low-income households, many of whom were lone parents (Graham 1987). According to Graham (1987, p. 47) smoking appeared to “provide disadvantaged lone mothers a way of coping alone with the demands of full-time caring and with the struggle of making ends meet”. In this paper we examine data from the 1980s, 1990s and 2000s to see whether lone mothers remain more likely to smoke than their married and cohabiting counterparts.

4.1 INEQUALITIES IN EMPLOYMENT

Much of the policy making regarding lone parent families has focused on facilitating lone mothers to enter the paid workforce (Gregg & Harkness, 2003; Whitworth, 2013). Figure 11 shows the proportions in paid employment for married, cohabiting and lone mothers with at least one co-resident child aged under age 18 (shown as solid lines), and married, cohabiting and lone mothers with at least one child aged under five years of age (shown as dashed lines). At the start of the time period, in the early 1980s, lone mothers (red lines) and cohabiting mothers (green lines) were similarly likely to be employed at a level a little below that for married mothers (blue lines). Over the subsequent decades, employment rates for married and cohabiting mothers have increased substantially. This increase was fastest between 1980 and 1995 and was particularly steep among married mothers with young children. In contrast, employment rates among lone parents aged 18-49 in the period between

1980 and 1995 remained stubbornly below 50%, with only a small rise in the number for lone parents of young children. However, since the late 1990s there has been a significant increase in the proportions of lone parents in work, including those with young children, such that the differential has narrowed. Nevertheless in 2005-2009 only 44% of lone mothers with at least one child aged under five were in work, compared to 60% and 62% of cohabiting and married mothers respectively.

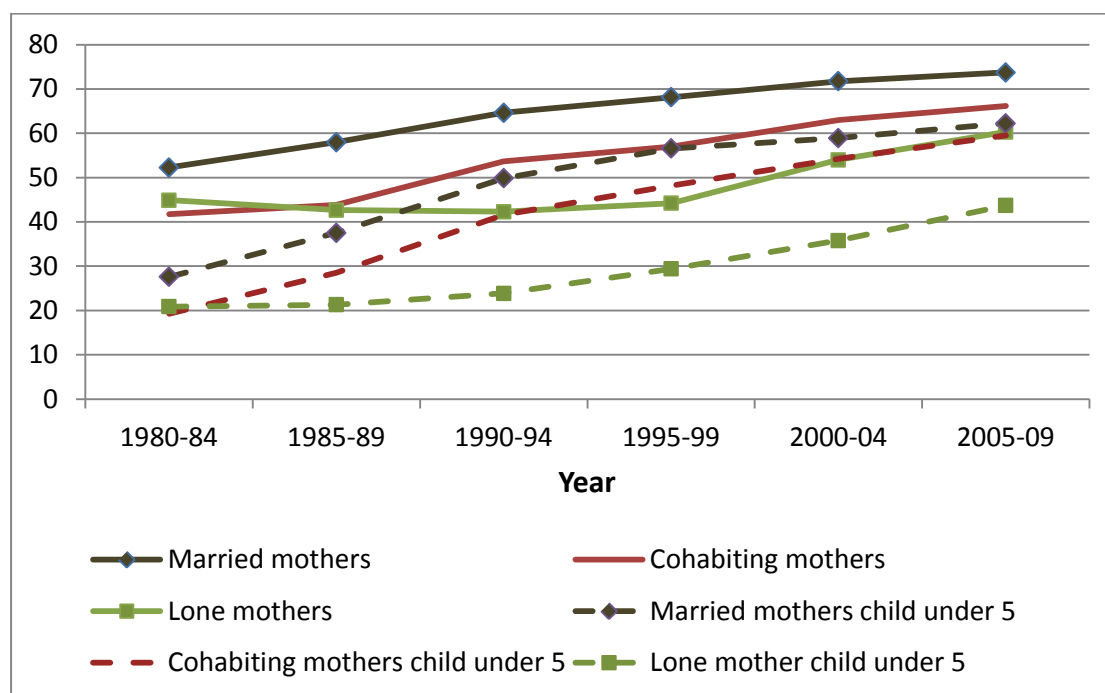


Figure 11: Percentage of British mothers aged 18-49 in employment, according to age of youngest child, 1980-2009.

Source: Author's analysis of GHS 1980-2009.

4.2 INEQUALITIES IN HOUSING TENURE

In all groups of mothers the proportion living in social housing has declined over the past three decades as a result of the contraction of the social housing sector. However, there was a much steeper decline in proportions social renting among married and cohabiting mothers, as compared with lone mothers (Figure 12). For example, if we focus on the middle age group (aged 30-39) we see that proportion of married mothers in social housing reduced from 25% to 9%, whilst for cohabiting mothers it reduced from 53% to 22%, whilst for lone mothers it reduced from 64% to 52%. Note that the sample of cohabiting older mothers was small in the earliest surveys and these women

were likely to be a select group since cohabitation was much less prevalent during this time period, particularly among older women.

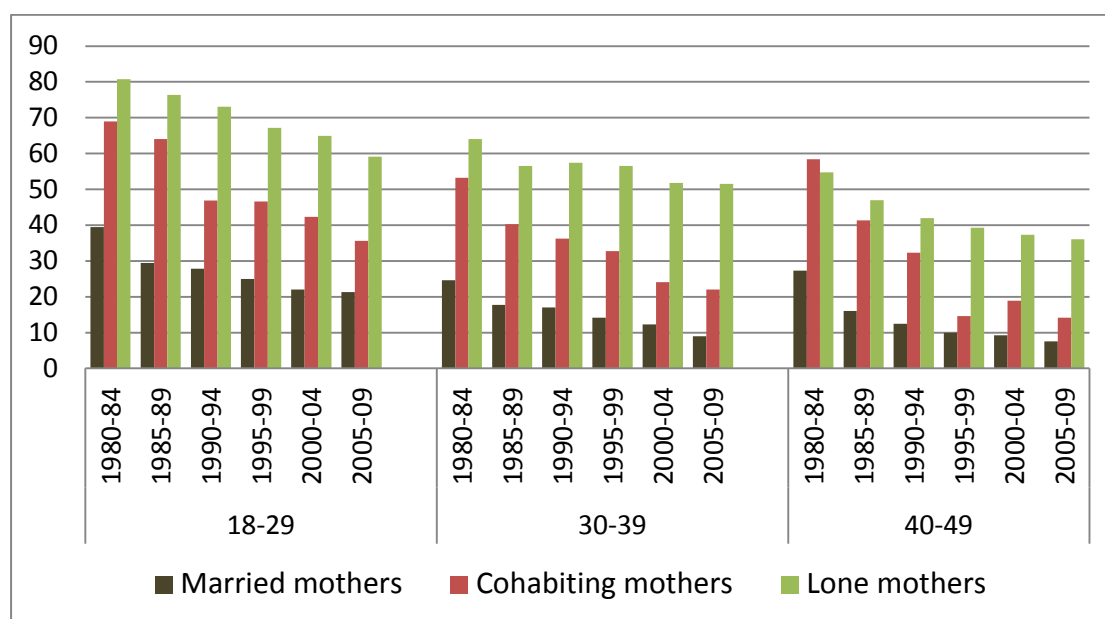


Figure 12: Proportion of British mothers aged 18-49 living in social rented accommodation according to age and partnership status, 1980-2009.

Source: Author’s analysis of GHS 1980-2009.

4.3 INEQUALITIES IN SMOKING

Figure 13 shows the percentage of mothers who reported that they currently smoked cigarettes at all (irrespective of how many cigarettes they smoked), by partnership status. To make the comparison consistent over time we focus on a single age group: 30-49. In the early 1980s rates of smoking were highest (70%) among the (rather select) group of cohabiting mothers in their thirties and forties, whilst just over one half of lone mothers smoked and just over one third of married mothers smoked. Smoking prevalence has fallen over the past three decades for all groups of mothers but there remains a significant gap between married mothers who on average smoke the least, and cohabiting and lone mothers who both have higher levels of smoking. In 2005-2009, a similar proportion of cohabiting mothers (34%) and lone mothers (39%) smoked, with the level of cigarette consumption much lower among married mothers (14%). Thus the health impacts of smoking, both for the women and their children who are exposed to passive smoking, will be greatest among lone and cohabiting families. The observed differences in smoking behaviour by partnership status are not

necessarily a result of the woman’s current living arrangement, although there is some evidence from qualitative research to suggest that smoking can provide a way of “coping alone with the demands of full-time caring and with the struggle of making ends meet” (Graham, 1997, p. 47). Higher rates of smoking among lone and cohabiting mothers may result from the accumulated effect of social disadvantage across the life course (Graham et al., 2006) and the selection of poorer women into lone parent and cohabiting families (Berrington, 2003; Perelli-Harris et al., 2010).

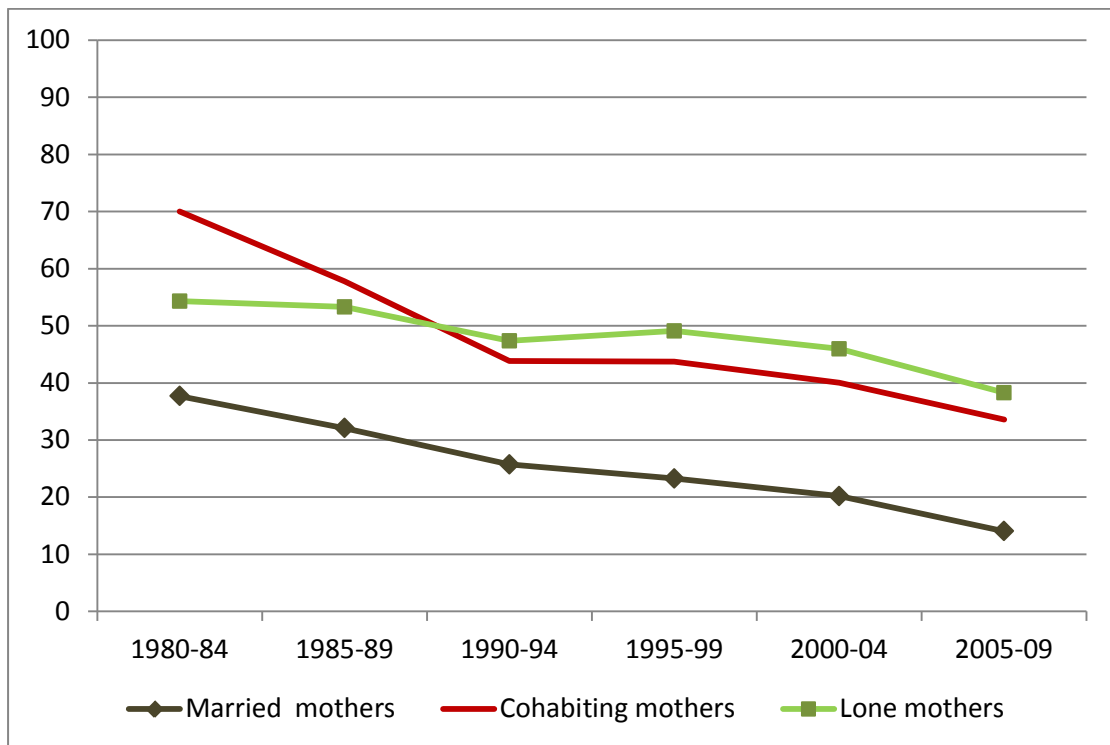


Figure 13: Percentage of mothers aged 30-49 who report that they currently smoke cigarettes, Britain 1980-2009.

5 CONCLUSIONS

The likelihood of becoming a lone mother through experiencing a birth prior to any co-residential partnership has stopped increasing. The recent drop in teenage fertility rates⁷ would suggest that if anything this route into young single lone motherhood will continue to decline in importance. The majority of lone parent families are formed through partnership dissolution and the average age of lone mothers will reflect this. Given that the vast majority of co-residential partnerships in the UK start

⁷ In England and Wales the birth rate to women under 20 has declined from 29.3 per thousand women in 2000 to 19.9 per thousand women in 2012 (ONS, 2013c).

as cohabitation, and that the proportion marrying their cohabiting partner is in decline (Beaujouan & Ni Bhrolchain, 2011), we would expect that those who go on to marry will be an increasingly select group who may be less likely to experience partnership dissolution, and that an increasing proportion of lone parent families will be formed through the dissolution of cohabitation. This has important implications for instance regarding the legal and financial protection of previously cohabiting mothers. Unlike divorcees, matrimonial financial and property regimes do not apply to previously cohabiting women who only have recourse to general legal doctrines to deal with the financial consequences of separation (Barlow, 2008; Perelli Harris and Sanchez-Gassen, 2012).

Preliminary evidence from both the General Lifestyle Survey and Understanding Society survey suggests that previous rapid increases in the likelihood of experiencing partnership dissolution (for both all partnerships and those containing a first birth) may have slowed. Whilst we cannot know whether this is a temporary pause before further upward trend in partnership instability this recent stabilisation may help explain why growth in the aggregate number of lone parents in the UK appears to have slowed. We have also shown that the likelihood of repartnering has remained roughly similar over the past few decades and that whilst lone mothers with younger children are slower to repartner than childless women, half of the lone parents in this sample had started a new co-residential partnership within five years and around two-thirds had repartnered within ten years. This churning in partnership formation dissolution and repartnering means that cross-sectional snapshots of the proportion of dependent children living in a lone mother family will underestimate the proportion of children who *will ever* experience a period of time in a lone mother family.

Family breakdown and lone continue to be the focus of policy attention due to persistence of low employment rates and high risk of poverty for children. On average, we have seen that British lone parents continue to face social inequalities e.g. in terms of employment, housing and health behaviours, although there have been some encouraging trends in employment among lone mothers. Policy makers need to take account of the fact that, on average, lone parents tend to have poorer socio-economic resources than coupled parents, particularly married parents. At the same

time however, policies need to recognise that lone parents not homogenous e.g. in terms of age, route into lone motherhood, class, ethnicity, locality and that their needs will differ considerably.

Recent research has highlighted the need for lone parents to be supported into employment, but that the best outcomes are achieved when mothers are able to balance their work – family responsibilities (Harkenss and Skip, 2013). Whilst raising the incomes of lone mothers through employment has been the main policy lever put forward e.g. in the Marmot review, we need to be aware that making lone mothers work long hours may not improve their mental wellbeing. Furthermore, lone mothers may still face unequal risk factors e.g. psychological stress due to the pressures of parenting, even when they have similar levels of income.

REFERENCES

- Amato, P. R., & James, S.** (2010) Divorce in Europe and the United States: commonalities and differences across nations. *Family Science*, 1(1), 2-13.
- Bambra, C., Gibson, M., Sowden, A., Wright, K., Whitehead, M., and Petticrew, M.** (2010) Tackling the wider social determinants of health and health inequalities: evidence from systematic reviews. *Journal of Epidemiology and Community Health*, 64 (4), 284-291.
- Barlow, A.** (2008) Cohabiting relationships, money and property: The legal backdrop. *The Journal of Socio-Economics*, 37, 502-518.
- Beaujouan, É., Brown, J. and Ní Bhrolcháin, M.** (2011a) Reweighting the General Household Survey 1979-2007. *Population Trends*, 145, 119-145.
- Beaujouan, E. and Ní Bhrolcháin, M.** (2011b) Cohabitation and marriage in Britain since the 1970's. *Population Trends*, 145, 35-59.
- Berrington, A.** (2003) Change and continuity in family formation among young adults in Britain. *S3RI Applications and Policy Working Papers, A03/04*. Southampton, UK, Southampton Statistical Sciences Research Institute, 36pp.
<http://eprints.soton.ac.uk/8139/>
- Berrington, A., Beaujouan, E., Lyons-Amos, M. and Ní Bhrolcháin, M.** (2011) Evaluation of the Partnership Histories in the Centre for Population Change GHS Time Series Dataset. *Centre for Population Change Working Paper 12*, ESRC Centre for Population Change, UK.
- Bradshaw J. and Millar, J.** (1991) Lone Parent Families in the UK. *DSS Report no 6*, HMSO, London.
- Bradshaw, J. Levitas, R. and Finch, N.** (2000) Lone parents, poverty and social exclusion. *Working Paper 11*, SPRU and University of Bristol.
- Burghes, L. and Brown, M.** (1995) Single lone mothers: Problems, prospects and policies. *London: Family Policy Studies Centre*.
- Burström, B., Whitehead, M., Clayton, S., et al.** (2010) Health inequalities between lone and couple mothers and policy under different welfare regimes—the example of Italy, Sweden and Britain. *Social Science and Medicine*, 70 (6), 912–920.
- Chzhen, Y. and Bradshaw, J.** (2012) Lone parents, poverty and policy in the European Union. *Journal of European Social Policy*, 22, 487.
- Centre for Social Justice** (2006) The state of the nation report: Fractured families http://www.centreforsocialjustice.org.uk/UserStorage/pdf/Pdf%20reports/BreakdownB_family_breakdown.pdf
- Centre for Social Justice** (2013) Fractured Families: Why Stability Matters. London: Centre for Social Justice. http://www.centreforsocialjustice.org.uk/UserStorage/pdf/Pdf%20reports/C_SJ_Fractured_Families_Report_WEB_13.06.13.pdf
- Department for Work and Pensions** (2013) Social Justice: transforming lives. One year on. <https://www.gov.uk/government/publications/social-justice-transforming-lives-one-year-on>
- Ermisch, J.** (1991) Lone Parenthood: An Economic Analysis. *Cambridge: Cambridge University Press*.
- Filakti, H., and Fox, J.** (1994) Differences in mortality by housing tenure and by car access from the OPCS Longitudinal Study. *Population Trends*, (81), 27-30.
- Forrest, R. and Murie, A.** (1983) Residualization and Council Housing: Aspects of the Changing Social Relations of Housing Tenure. *Journal of Social Policy*, 12, 453-468.
- Fritzell, S., Vannoni, F., Whitehead, M., Burström, B., Costa, G., Clayton, S. and Fritzell, J.** (2012) Does non-employment contribute to the health disadvantage among lone

- mothers in Britain, Italy and Sweden? Synergy effects and the meaning of family policy. *Health & Place*, 18 (2), 199-208.
- Gordon, D. (Ed.)** (1999) Inequalities in Health: The Evidence; the Evidence Presented to the Independent Inquiry Into Inequalities in Health, Chaired by Sir Donald Acheson. *The Policy Press*.
- Graham, H.** (1987). Women's smoking and family health. *Social Science & Medicine*, 25 (1), 47-56.
- Graham, H., Inskip, H. M., Francis, B., and Harman, J.** (2006) Pathways of disadvantage and smoking careers: evidence and policy implications. *Journal of Epidemiology and Community Health*, 60 (suppl 2), ii7-ii12.
- Gray, A.** (2001). Making Work Pay-Devising the Best Strategy for Lone Parents in Britain. *Journal of Social Policy*, 30 (2), 189-208.
- Gregg, P. and Harkness, S.** (2003) Welfare Reform and Lone Parents Employment in the UK. *CMPO Working Paper 03/072*.
- Harkness, S., Gregg, P., & MacMillan, L. (2012) Poverty: The role on institutions, behaviours and culture, The Joseph Rowntree Foundation.
- Harkness, S., and Skipp, A.** (2013) Lone mothers, work and depression. *Nuffield Foundation*.
- Haskey, J.** (1993) Trends in the numbers of one-parent families in Great Britain. *Population Trends*, 71, 26-33.
- Home Office** (1998) Supporting Families: A Consultation Document. *Home Office and Voluntary Community Unit*, London: HMSO.
- Ivanova, K., Kalmijn, M. And Uunk, W.** (2013) The Effect of Children on Men's and Women's Chances of Re-partnering in a European Context. *European Journal of Population*, 29 (4), 417-444.
- Lampard, R. and Keggs, P.** (1999) Repartnering: the relevance of parenthood and gender to cohabitation and remarriage among the formerly married. *British Journal of Sociology*. 50 (3), 443-465.
- Lewis, J.** (1997) "Lone Mothers: The British Case." in Lewis, J.(ed.) *Lone Mothers in European Welfare Regimes: Shifting Policy Logics*. London: Jessica Kingsley Publishers.
- Malpass, P.** (2004) Fifty years of British housing policy: leaving or leading the welfare state? *European Journal of Housing Policy*, 4 (2), 209-227.
- McFall, S.** (2013) Understanding Society: UK Household Longitudinal Study: Wave 1-3 2009-2011 User Manual. <https://www.understandingsociety.ac.uk/documentation/mainstage>
- McIntosh, M.** (1996) "Social anxieties about lone motherhood and ideologies of the family." in Silva, E. B. (ed.) *Good Enough Mothering? Feminist Perspectives on Lone Motherhood*. London: Routledge.
- Moser, K.A., Pugh, H. and Goldblatt, P.O.** (1988) Inequalities in women's health: looking at mortality differentials using an alternative approach. *British Medical Journal (Clinical Research Ed.)*, 296 (6631), 1221.
- Office for National Statistics** (2013a) *Families and Households, 2013*. http://www.ons.gov.uk/ons/dcp171778_332633.pdf
- Office for National Statistics** (2013b) Chapter 3 - Households, families and people (General Lifestyle Survey Overview - a report on the 2011 General Lifestyle Survey). <http://www.ons.gov.uk/ons/rel/ghs/general-lifestyle-survey/2011/rpt-chapter-3.html>
- Office for National Statistics** (2013c) Births summary tables. England and Wales 2012. <http://www.ons.gov.uk/ons/publications/re-reference-tables.html?edition=tcm%3A77-314475>
- Office for National Statistics** (2013d) Chapter 7 - General health (General Lifestyle Survey

Overview - a report on the 2011 General Lifestyle Survey) <http://www.ons.gov.uk/ons/rel/ghs/general-lifestyle-survey/2011/rpt-chapter-7.html>

- Office for National Statistics** (2014) Divorces in England and Wales, 2012. http://www.ons.gov.uk/ons/dcp171778_351693.pdf
- Perelli-Harris, B., Sigle-Rushton, W., Kreyenfeld, M., Lappegård, T., Keizer, R. and Berghammer, C.** (2010) The educational gradient of childbearing within cohabitation in Europe. *Population and Development Review*, 36 (4), 775-801.
- Perelli-Harris, B. and Gassen, N.S.** (2012) How Similar Are Cohabitation and Marriage? Legal Approaches to Cohabitation across Western Europe. *Population and Development Review*, 38 (3), 435-467.
- Phoenix, A.** (1996) "Social constructions of lone motherhood: a case of competing discourses", in *Good Enough Mothering? Feminist Perspectives on Lone Motherhood*, ed. E. B. Silva, Routledge, London.
- Rowlingson, K. and McKay, S.** (2005) Lone motherhood and socio-economic disadvantage: Insights from quantitative and qualitative evidence. *Sociological Review*, 53, 30-49.
- Strategic Review of Health Inequalities in England post-2010 (SRHI)** (2010) Fair Society, Healthy Lives: The Marmot Review.
- Thomson, E. and McLanahan, S.** (2012). Reflections on Family Structure and Child Well-Being: Economic Resources vs. Parental Socialization. *Social Forces*, 91 (1), 45-53.
- Townsend, P. and Davidson, N.** (1982) Inequalities in Health: The Black Report. Harmondsworth: Penguin.
- Whitworth, A.** (2013) Lone Parents and Welfare-to-Work in England: A Spatial Analysis of Outcomes and Drivers. *Social Policy and Administration*, 47, 826-845.
- Whitehead, M.** (2007) A typology of actions to tackle social inequalities in health. *Journal of Epidemiology and Community Health*, 7 (61), 473-478.
- Wilkinson, R.G., and Marmot, M.G. (Eds.).** (2003) Social determinants of health: the solid facts. *World Health Organization*.

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