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Chapter x. Lone Parents in the UK

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1. Introduction

1.1 Chapter overview

This chapter has two key aims; firstly to chart the increase in lone parent families in the UK over the past forty years, and secondly to investigate whether inequalities between lone and partnered mothers in material wellbeing and health behaviour have widened over this period. The chapter starts by reviewing the moral and political context within which lone parenthood has been discussed in the UK. It then summarises the explanations which have been put forward for the association between lone parenthood and poor health. Section two examines demographic trends in the rise of lone parenthood, describing the relative roles of unpartnered childbearing and partnership dissolution in their formation. In section three differences between lone, cohabiting and married mothers in terms of their employment characteristics, housing tenure and smoking behaviour are examined for the period 1979-2012. The conclusion reflects on the implications of these findings for policy.

Given the requirement for a long-term perspective this chapter utilizes data from repeated rounds of an annual UK Government survey – the General Household Survey[1] (GHS) - from 1980 to 2009 which have been harmonized by a team of researchers within the Economic and Social Research Council Centre for Population Change (Berrington et al., 2011; Beaujouan et al., 2014). In addition to collecting information on social conditions and cigarette smoking, the GHS collected retrospective partnership and childbearing histories, providing a unique source of information on family formation trends[2]. The GHS was

[1] Later renamed the General Lifestyle Survey

[2] The exact sampling procedures to select households have changed over time but it has employed a stratified, clustered sampling design covering Britain (rather than the UK). Response rates have generally declined over the time period – from over 85% to just under 70%. The Centre for Population Change GHS time series dataset contains weights that account for survey design and non-response (Beaujouan et al., 2011).

discontinued in 2011 but data on socio-economic conditions and smoking have been collected by the Office for National Statistics in its Opinion Survey[3] (ONS, 2014a). We thus use data from the 2012 survey to update the time series. Unfortunately the Opinion Survey does not ask respondents about their past co-residential partnerships and so we cannot update the GHS time series in terms of the partnership histories of lone mothers in Britain. Nevertheless, the strength of combining all of these survey data lies in their national representativeness and long time series of consistent information which permits us to explore the changing associations between socio-economic factors and health risk factors and health (Minton et al., 2012; Popham et al., 2012).

1.2 Moral and political context of the rise in 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 & 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

[3] The Opinion Survey is a stratified probability sample of individuals in Britain. It takes place every month. In total for the 12 months of 2012, 6,820 women aged 18+ were interviewed. The response rates over the year are similar - for January 2012 it was 64%. Weights are provided to take account of sample design and non-response.

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 (Gray, 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 & James, 2010; Thomson & 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 & 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 & Skipp, 2013). 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 & 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 & Bradshaw, 2012; Haux, 2012). As a result, many children are living in workless households which can lead to poverty and social exclusion (Bradshaw & Millar, 1991; Main & Bradshaw, 2014). Over the past three decades, successive Governments have emphasised to varying degrees the role of female lone parents as mothers, or workers (Lewis, 1997; Haux, 2012). 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 & 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' (Haux, 2012). These policy changes combined with economic recession, have resulted in current high rates of unemployment among lone parents (Whitworth, 2013).

1.3. Understanding the poorer health of lone mothers

UK lone mothers have previously been found to suffer from poorer health as compared to partnered women, including higher rates of depression (e.g. Targosz et al., 2003; Crosier et al., 2007) and self-rated health (e.g. Fritzell et al., 2012; Van de Velde et al., 2014). 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 (Burström et al., 2010; Fritzell et al., 2012), with the lack of

employment among lone parents as a mediating explanation. Increased poverty rates and higher levels of unemployment among British lone mothers has been found to explain a greater proportion of their poor health than is the case for lone mothers in other countries (Lahelma et al., 2002).

The recent Marmot Review into social inequalities in health specifically mentions lone parents 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"(SRHI, 2010, p. 26). 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.

The social determinants of health perspective (Townsend & Davidson, 1982; Whitehead, 2007) highlights the inter-relationships between material explanations and lifestyle explanations of health inequalities. 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). 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). Increased rates of smoking among lone mothers has been seen to be a response to caring responsibilities in the context of reduced socio-economic resources and social exclusion (Graham, 1987; Targosz et al., 2003; Graham et al., 2006; Sperlich & Maina, 2014). According to Graham

(1987, p. 47) smoking provides disadvantaged lone mothers "a way of coping alone with the demands of full-time caring and with the struggle of making ends meet".

Given the importance in the literature of employment differences, wider social inequalities and contrasts in smoking behaviour in explaining health inequalities between single and partnered mothers this chapter focuses on these aspects, and examines whether differences between single or partnered mothers have changed over the past decades.

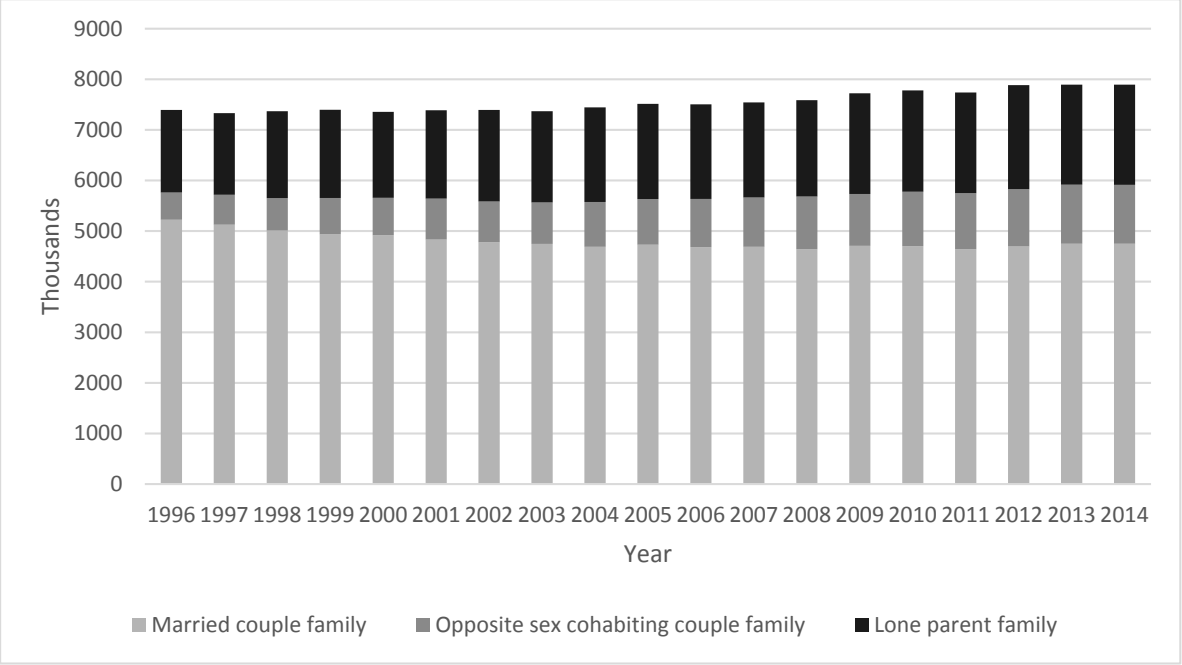
2. Trends in Lone Parenthood

2.1 The prevalence of lone parent families

In 2014, in the UK there were nearly 2.0 million lone parents with dependent children. Lone parents with dependent children represented around one in four of all families with dependent children, with women accounting for 9 out of 10 lone parents (ONS, 2015). The UK, along with Denmark, Lithuania and Ireland, has one of the highest percentage of households that are lone parent households in the EU (Chzhen & Bradshaw, 2012; EUROSTAT, 2015). The proportion of families with dependent children which were lone parent families doubled between 1971 and 1991 (8% to 19%). 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, 2013). 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.

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 years. In fact, it has been cohabiting couple families which have been increasing the most, as shown in Figure 1 for the period 1996-2013.

Fig. 1 Families with dependent children by family type and number of dependent children, United Kingdom, 1996-2014



Source: ONS (2015). Note: This chart does not include civil partner families or same sex cohabiting couple families with dependent children.

The prevalence of lone parent families at any point in time 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.

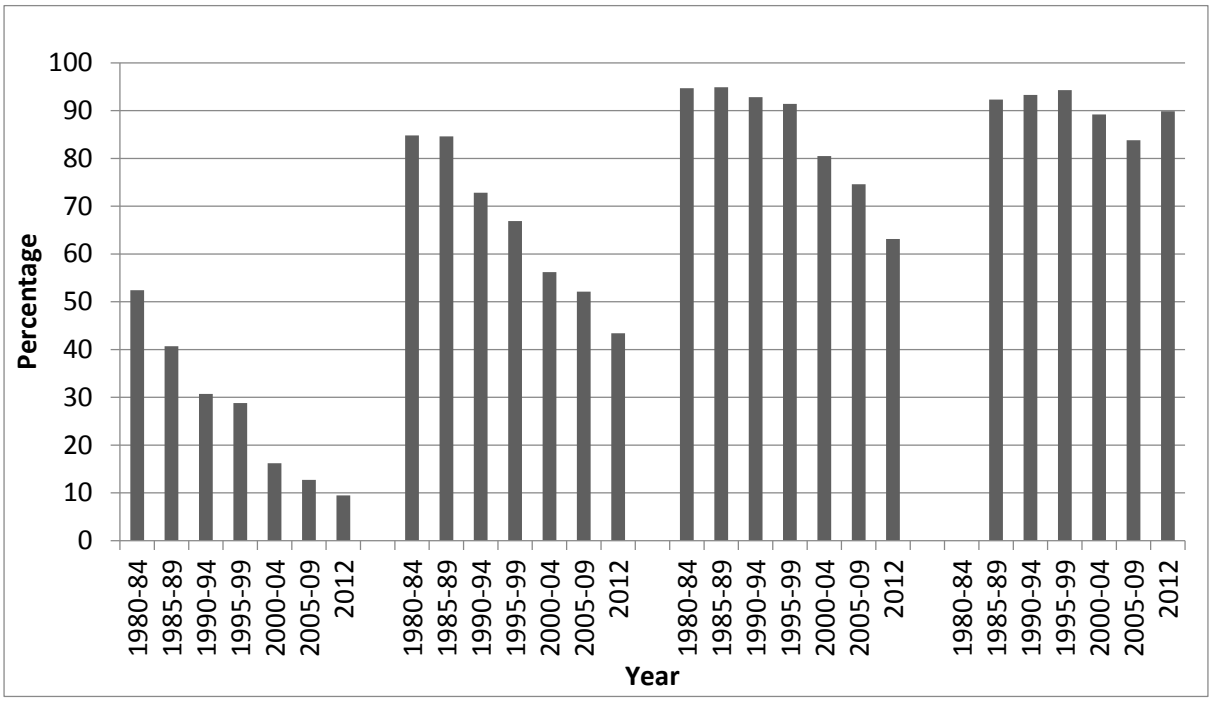
There are a number of ways in which an individual can make the transition into lone parenthood including having a child outside of a (co-residential) partnership. This route into lone parenthood is more common among younger women and was the focus of much policy and academic attention in the early 1990s (e.g. Burghes & Brown, 1995). A larger number of lone parent families are created by the dissolution of married and (increasingly) cohabiting couple families. Transitions out of lone parenthood can be a result of repartnering, or as a result of children leaving home. 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 would need 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. Below we consider just one part of this process – the route into lone parenthood.

2.2 Routes into lone parenthood

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, 2014b). 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 2, 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 9% in 2012. The proportion of lone mothers who have ever been married increases with age such that over 80% of those aged 50-59 in 2012 are ever married.

Fig. 2: Percentage of lone mothers who have ever been married, by current age at survey, Britain



Source: Author's analyses of GHS/OS data, 1980-2012.

The majority of never married lone mothers have previously been in a cohabiting partnership. For example, we can tell from the partnership histories reported by never married lone mothers aged under 30 that 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 who have been 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. These figures indicate the increasing importance of cohabitation dissolution as a route into lone motherhood, particularly for women aged under 40.

The UK has a particularly high number of children born to women who have never co-resided with the child's father. Data from the combined 2005-2009 GHS surveys suggests that around 40% of lone mothers aged 18-30 have never had a co-residential partnership. Thus having a birth while unpartnered 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.

Table 1: Percentage of women by five-year birth cohort who had experienced their first live birth prior to any co-residential partnership, Women born 1950-1984, Britain.

	% 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	-

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

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 & Ní Bhrolcháin, 2011).

3. Social and health inequalities between lone mothers and couple mothers

Successive UK Governments have seen an increase in 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 & 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 & Murie, 1983; Malpass, 2004).

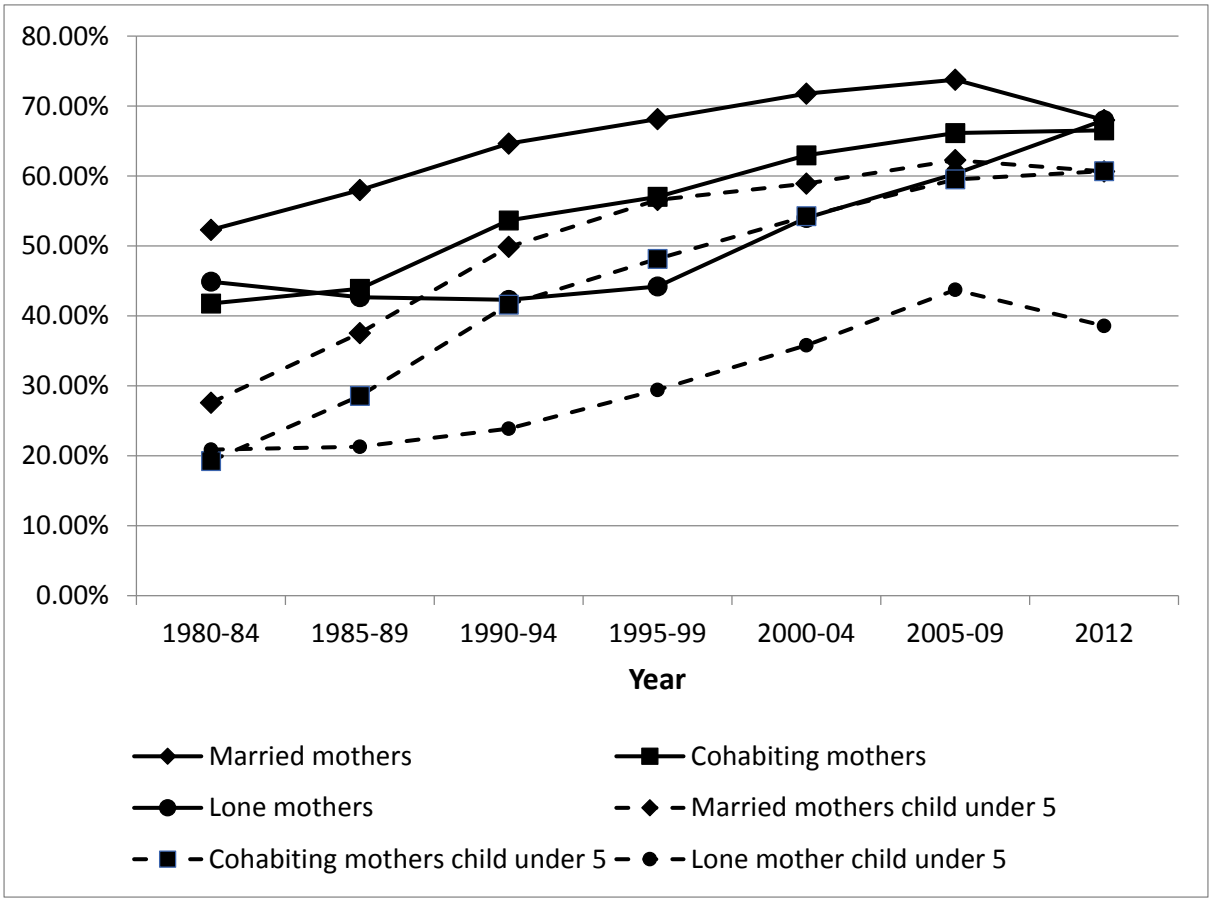
Smoking remains one of the most important risk factors for preventable disease for adults in the UK and there are implications of maternal smoking for their children, both prior to and subsequent to birth. Overall, the prevalence of cigarette smoking has declined in recent decades. However, this decline has not been uniform across all groups, being slower for young adults and women in disadvantaged circumstances (Graham et al., 2006).

The following sections examine trends in employment, housing tenure and smoking for lone, cohabiting and married mothers over the period from the mid-1980s to 2012.

3.1 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 3 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 (circle symbols) and cohabiting mothers (square symbols) were similarly likely to be employed at a level a little below that for married mothers (diamond symbols). 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 2012, only 39% of lone mothers with at least one child aged under five were in work, compared to 61% of cohabiting and married mothers respectively.

Fig. 3 Percentage of British mothers aged 18-49 in employment, according to partnership status and age of youngest child, 1980-2012.



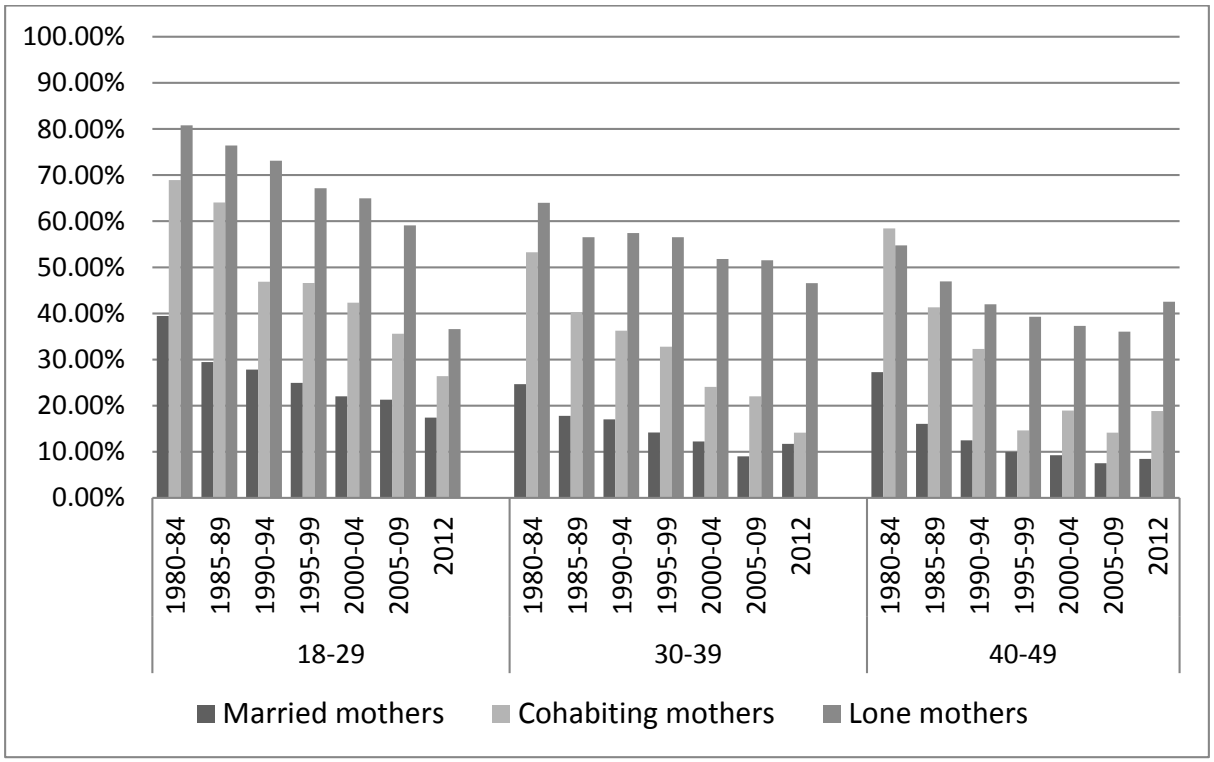
Source: Author's analyses of GHS/OS data, 1980-2012.

3.2 Inequalities in housing tenure

For the British population as a whole the proportion living in social housing has declined over the past three decades as a result of the contraction of the social housing sector (Forrest & Murie, 1983). However, there was a much steeper decline in the proportion who were social renting among married and cohabiting mothers, as compared with lone mothers (Figure 4). 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% in 1980-84 to 11% in 2012, whilst for cohabiting mothers it reduced from 53% to 13%, whilst for lone mothers it reduced to a lesser extent - from 64% to 47%. 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.

Fig. 4 Percentage of British mothers aged 18-49 living in social rented accommodation according to partnership status and age, 1980-2012.



Source: Author's analyses of GHS/OS data, 1980-2012.

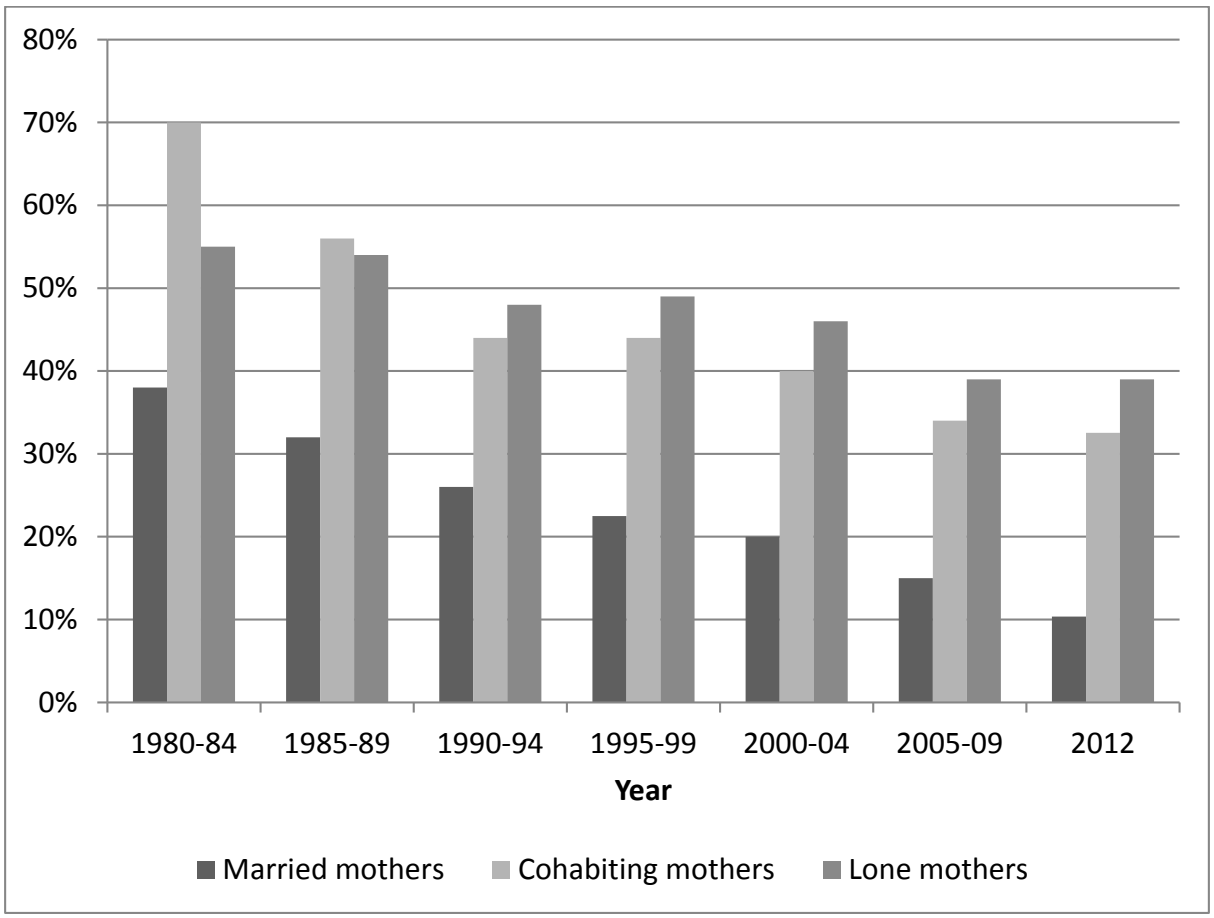
Thus we conclude that the contraction of the social rental sector has been associated with an increased proportion of social rented accommodation being occupied by lone parent families.

3.3 Inequalities in smoking

Smoking remains a major cause of preventable illness and mortality in the UK, both for adult smokers and their children (Graham et al., 2014; ONS, 2014a). Despite an overall decline in the proportion of adults who smoke, smoking prevalence has remained stubbornly high among especially young single adults, those with low levels of education and those who work in routine or manual jobs (Graham et al., 2006; 2014; ONS, 2014a; Orton et al., 2014).

Figure 5 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 2012, a similar proportion of cohabiting mothers (33%) and lone mothers (39%) smoked, with the level of cigarette consumption much lower among married mothers (10%).

Fig. 5 Percentage of mothers aged 30-49 who report that they currently smoke cigarettes, Britain 1980-2012.



Source: Author's analyses of GHS/OS data, 1980-2012.

Thus the damaging health effects of smoking, both for the women and their children will be greatest among lone and cohabiting families. As already noted, the observed differences in smoking behaviour by partnership status are not necessarily a result of the woman's current living arrangement. 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; Rowlingson, K. & McKay, S., 2005; Perelli-Harris et al., 2010). Nevertheless, evidence from qualitative research suggests that smoking can provide single

parents a way of "coping alone with the demands of full-time caring and with the struggle of making ends meet" (Graham, 1987, p. 47).

4. Conclusions

One in four families with dependent children in the UK is headed by a lone parent – a proportion which is one of the highest in Europe. However, this proportion has not risen significantly in recent years suggesting that past increases in the proportion of families headed by a lone parent have slowed, at least for the time being. The prevalence of lone parents is driven by changes in the numbers entering and leaving lone parenthood and the duration spent in this state. Thus the recent stabilisation in the number of lone parent families is likely to be the result of a number of different trends. At younger ages, past increases in the likelihood of becoming a lone mother through experiencing a birth prior to any co-residential partnership appear to have levelled off. The recent drop in teenage fertility rates in Britain 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. Divorce rates have recently declined and then stabilised (ONS, 2014b). In part this reflects the fact that couples who marry are 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 (Beaujouan & Ni Bhrolchain, 2011). 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 & Sánchez-Gassen, 2012). The 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 parenthood continue to be the focus of policy attention in the UK due to the persistence of low employment rates and high risk of poverty for children. On average, we have seen that 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 often lone parents face multiple disadvantages which need to be taken account of when making policy (Haux, 2012). These disadvantages are likely to develop over the life course. Graham and colleagues (2006) argue that policies to reduce smoking need to "level up opportunities and living standards across the life course should be championed as part of an equity oriented approach to reducing the disease burden of cigarette smoking." At the same, time policies need to recognise that lone parents are not a homogenous group e.g. in terms of age, route into lone motherhood, class, ethnicity, locality and that their needs will differ considerably (Rowlingson & McKay, 2005).

Raising the incomes of lone mothers through employment has been the main policy lever put forward both by the UK Government for example in terms of its activation programses (Haux, 2012), and by the Marmot review as a way of improving the health of lone parents (SRHI, 2010). However, research findings suggest that even if in work many lone parents are still in poverty since they are often in part time, low paid jobs and often face high childcare

costs (Dermott & Pantazis, 2014). Marmot (2010, p. 26) notes that when in work lone parents and other vulnerable 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".

Moreover, making lone mothers work long hours may not improve their mental wellbeing. Even when they have similar levels of income, in comparison to partnered mothers, lone mothers may still face unequal risk factors e.g. psychological stress due to the pressures of being the main carer. Recent empirical findings suggest that the best outcomes are achieved when mothers are able to balance their work – family responsibilities. Harkness and Skipp (2013, p. 3) concluded from their study of lone parents 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".

Cross-national studies suggest that there may be more that can be done to reduce the health inequalities between partnered and single mothers since they are much larger in the UK than in other European countries. Recent research has argued that welfare systems can moderate the association between being in a vulnerable socioeconomic position and ill-health (Van de Velde et al., 2014). Work-family policies, particularly the provision of public childcare for infants and toddlers has been found to be important for helping single parents in the Nordic countries out of poverty (Misra et al., 2012). In the UK, childcare costs are high and increasing, and work incentives have often been low for lone parents, especially those

on low wages. Recent proposed changes to the welfare benefit system, notably the introduction of Universal Credit, will go some way to support the childcare costs of lone parents. However, especially for those on low wages, this may not be enough to raise them out of poverty (Rabindrakumar, 2015).

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.

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.

Beaujouan,E., Berrington,A., Lyons_Amos,M., and Ní Bhrolchaín,M. (2014). User guide to the Centre for Population Change GHS database 1979-2009. CPC working paper 47.UK, ESRC Centre for Population Change.

Berrington, A. (2003) Change and continuity in family formation among young adults in Britain. Southampton, UK, Southampton Statistical Sciences Research Institute, 36pp. S3RI Applications and Policy Working Papers, A03/04. 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 CPC Working Paper 12, ESRC Centre for Population Change, UK. http://www.cpc.ac.uk/publications/cpc_working_papers.php

Bradshaw J. and Millar, J. (1991) *Lone Parent Families in the UK,* DSS Report no 6, HMSO, London.

Main, G., & Bradshaw, J. (2014). Child poverty and social exclusion: Final report of 2012 PSE study. http://poverty.ac.uk/sites/default/files/attachments/PSE-Child-poverty-and-exclusion-final-report-2014.pdf

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/CSJ_Fractured_Families_Report_WEB_13.06.13.pdf

Crosier, T., Butterworth, P., & Rodgers, B. (2007). Mental health problems among single and partnered mothers. *Social Psychiatry and Psychiatric Epidemiology*, *42*(1): 6-13.

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

Dermott, E. & Pantazis, C. (2014) Gender and poverty in Britain: changes and continuities between 1999 and 2012. *Journal of Poverty and Social Justice,* 22: 253-269.

Ermisch, J. (1991) *Lone Parenthood: An Economic Analysis.* Cambridge: Cambridge University Press.

EUROSTAT (2015) *Being Young in Europe Today*. http://ec.europa.eu/eurostat/documents/3217494/6776245/KS-05-14-031-EN-N.pdf/18bee6f0-c181-457d-ba82-d77b314456b9

Filakti, H., & 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.

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.

Graham, H. Flemming, K., Fox, D., Heirs, M. and Sowdon, A. (2014) Cutting down: insights from qualitative studies of smoking in pregnancy. *Health and Social Care in the Community*, 22(3): 259–267.

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., 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.

Haux, T. (2012) Activating lone parents: an evidence-based policy appraisal of welfare-to-work reform in Britain. *Social Policy and Society*, *11*(01): 1-14.

Home Office (1998) *Supporting Families: A Consultation Document*, Home Office and Voluntary Community Unit, London: HMSO.

Lahelma, E., Arber, S., Kivelä, K., & Roos, E. (2002) Multiple roles and health among British and Finnish women: the influence of socioeconomic circumstances. *Social Science & Medicine*, 54(5): 727-740.

Lewis, J. (1997) Lone Mothers: The British Case. Pp 50-75 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.

McIntosh, M. (1996) Social anxieties about lone motherhood and ideologies of the family. Pp 148-156 in Silva, E. B. (ed.) *Good Enough Mothering? Feminist Perspectives on Lone Motherhood.* London: Routledge.

Minton, J. W., Pickett, K. E., & Dorling, D. (2012) Health, employment, and economic change, 1973-2009: repeated cross sectional study. *British Medical Journal*, 344: e2316.

Misra, J., Moller, S., Strader, E., & Wemlinger, E. (2012) Family policies, employment and poverty among partnered and single mothers. *Research in Social Stratification and Mobility,* 30: 113–28.

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 (ONS) (2013) 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 (2014a) (ONS) Adult Smoking Habits in Great Britain, 2013. http://www.ons.gov.uk/ons/dcp171778_386291.pdf

Office for National Statistics (2014b) (ONS) Divorces in England and Wales, 2012. http://www.ons.gov.uk/ons/dcp171778_351693.pdf

Office for National Statistics (ONS) (2015) Families and Households 2014. http://www.ons.gov.uk/ons/rel/family-demography/families-and-households/2014/families-and-households-in-the-uk--2014.html

Orton, S., Bowker, K., Cooper, S., Naughton, F., Ussher, M., Pickett, K.E., Leonardi-Bee, J., Sutton, S., Dhalwani, N.N. & Coleman, T. (2014) Longitudinal cohort survey of women's

smoking behaviour and attitudes in pregnancy: study methods and baseline data." *BMJ open* 4, no. 5: e004915.

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 Sánchez-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.

Popham F, Gray L, Bambra C. Employment status and the prevalence of poor self-rated health. Findings from UK individual-level repeated cross-sectional data from 1978 to 2004. *BMJ Open* 2012;2:e001342. doi:10.1136/bmjopen-2012-001342

Rabindrakumar, S. (2015) Paying the Price: The Childcare Challenge. Gingerbread http://gingerbread.org.uk/uploads/media/17/9313.pdf

Rowlingson, K. and McKay, S. (2005) Lone motherhood and socio-economic disadvantage: Insights from quantitative and qualitative evidence. *Sociological Review*, 53: 30–49.

Sperlich, S. & Maina, M. M. (2014) Are single mothers' higher smoking rates mediated by dysfunctional coping styles? *BMC Women's Health,* 14: 124-131.

Strategic Review of Health Inequalities in England post-2010 (SRHI) (2010) *Fair Society, Healthy Lives: The Marmot Review.* http://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review

Targosz, S., Bebbington, P., Lewis, G., Brugha, T., Jenkins, R., Farrell, M., & Meltzer, H. (2003). Lone mothers, social exclusion and depression. *Psychological Medicine*, *33*(04): 715-722.

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.

Van de Velde, S., Bambra, C., Van der Bracht, K., Eikemo, T. A., & Bracke, P. (2014) Keeping it in the family: the self-rated health of lone mothers in different European welfare regimes. *Sociology of health & illness*, *36*(8): 1220-1242.

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.

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