

Lone Parenthood, Work and Health

Measures introduced on 24 November 2008 mean that there is now an expectation that a lone parent of school age children will participate in employment or be seeking a job. The measures have been phased in, applying from October 2010 to lone parents whose youngest child is 7 years or older. There are around 1.9 million lone parents with 3.1 million dependent children in Britain, just under half of whom are not working and affected by these policy changes.

Could this new back-to-work policy have implications for lone parents' health? Lone parents are known to have more poor health – both physical and mental – than their peers. Twenty-seven percent of lone parents have a long-standing health problem or disability. The scientific evidence is not clear cut. Nine out of ten lone parents are women and most of the research evidence relates to lone mothers. In general, work does not seem to have harmful effects on a woman's physical and mental health and is even beneficial in the right circumstances. The health benefits of employment are due in part to increased income and in part to sources of social support. So returning to work could have a particularly beneficial effect for lone mothers who suffer from isolation and live on Income Support. Mothers who have a partner are usually provided with alternative sources of income and support.



This seems to imply that lone parents' health should improve, but there are many outstanding questions. Lone parents typically have to take up poorer quality often part-time work. Is it the increased financial resources or social supports that work offers that impacts on lone parents' health? Will lone mothers have the same level of good health after returning to work as partnered mothers enjoy? When economic times are harsh, are lone

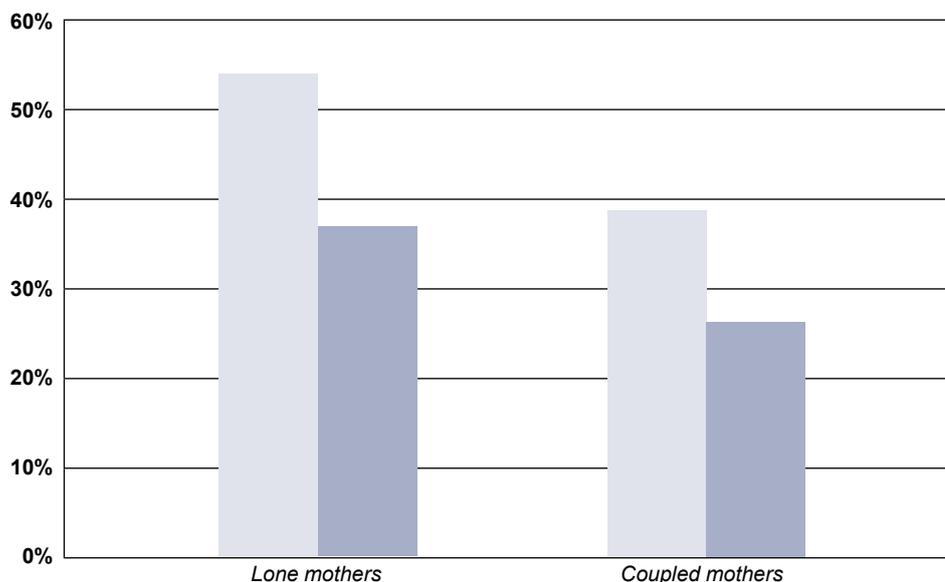
parents at greater risk of being laid off than other parents?

What of the research evidence? Randomised control trials (RCTs), scientifically the most powerful type of study design, require a study population to be randomly allocated to different employment conditions, so are difficult to conduct in this area of research. When RCTs are not possible, the best alternative is to find consistent results in different studies, each of which has its own strengths and weaknesses (see reverse for examples). There is compelling evidence that lone mothers in work have better health than lone mothers who do not work. But studies also find that lone mothers have poorer health than coupled mothers – even when they do work (See graph and study 1). Research also shows that improvements can be attributed to improved financial resources more than to social support in the workplace (Study 2). A recent study also shows that these effects are not a universal finding. The health of lone parents in Britain, Sweden and Italy was compared and shows that policy and cultural differences can make a difference to lone parents' health.

Prevalence rates* of 'less than good' self rated health for British mothers

Data source: Burstron et al., 2010. *Rates are age standardised

Not employed
Employed



FURTHER READING

- The Facts About Single Parents*, Gingerbread, 2010
- One Parent Families – A Profile*, One Parent Families Scotland, 2009
- Lone Parents, Health and Work*, DWP, 2004

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STUDY 1 Young lone mothers in Avon

This study focussed on mothers with preschool age children as prior research suggested that the impact of being in paid work on mother's health varies according to children's age and the stage of the family life cycle. The study set out to look at whether the health of lone mothers was influenced by whether or not they were in paid employment compared with partnered mothers. To do this the authors examined data from the ALSPAC (Avon Longitudinal study of Pregnancy and Childhood) study on over 10,000 families. When children were aged just under 3 years, two fifths of lone mothers and half of partnered mothers were in paid work. A range of common physical ailments, for example coughs and colds, wheezing, backache,

haemorrhoids, and depression were considered. It was found that lone mothers were more likely to report poor health and to have wheezing illnesses and depression, but were less likely to have coughs and colds and haemorrhoids compared with partnered mothers. Lone mothers who were in paid work were about 25 percent less likely to have depression compared with those not in paid work, but were 60 percent more likely to have coughs and colds. One explanation for this finding could be that being in paid work is linked to increased exposure to infections, though this may in turn be due in part to the nature of the work undertaken. It is important to know whether the health benefits of paid work for lone mothers are due to increased

financial security. Among lone mothers there was a suggestion that differences in the likelihood of certain illnesses depended on income level. However, because of the concentration of financial hardship among lone mothers it was difficult to look in detail at whether the impact of paid employment on health was affected by income levels. The link between employment and health might be condition specific and broader indicators of health make it difficult to isolate the underlying routes between employment and health.

Baker D, North K, Team AS. *Does employment improve the health of lone mothers?* Social Science & Medicine. 1999;49:121-31

STUDY 2 The health of lone mothers during changing economic times

There are certain methodological difficulties in assessing the impact of paid work on the health of lone mothers. One is the time and resource required to study people over a long enough period of time, but another is teasing out the effects of work from other factors that may make working lone mothers different from those not in paid work. The authors of this study made use of the 1990s recession in Sweden as a 'natural experiment' to see what happened to the living conditions and health of lone mothers, compared with couple mothers in times of economic recession.

The Swedish welfare state is well-known for its comprehensiveness and generosity. Arrangements such as widely available, subsidised public day care for children mean that employment rates are high and poverty rates are low for Swedish lone mothers

compared with lone mothers in other countries. However, in times of adverse economic circumstances, it is vulnerable groups that are likely to be hit hardest. This study hypothesised that the recession of the early 1990s increased unemployment differentially amongst lone mothers, and that the subsequent lost 'buffers' of income and social support would impact adversely on their health.

Hospitalisations and death rates were assessed over five years for lone and couple mothers from three different cohorts – 1985, 1990 and 1996 – to compare the changes in the macroeconomic climate. Compared to couple mothers, lone mothers had a excess risk of mortality and being hospitalised, particularly because of drug and alcohol abuse or inflicted violence. The excess risk for lone mothers compared with couple mothers

occurred equally over the three time cohorts and lack of employment explained very little of this excess risk.

The authors conclude that, despite changes in economic context causing an increase in poor health, there was no evidence of increased differentials over time between lone and couple mothers. One possible explanation is that the Swedish welfare state acts as a buffer for ill health; another is that the five year follow-up period was not long enough to see the different health effects of the recession on lone mothers.

Fritzell S, Weltoft GR, Fritzell J, Burstrom B. *From macro to micro: The health of Swedish lone mothers during changing economic and social circumstances.* Social Science & Medicine. 2007;65:2474-88.

STUDY 3 A cross national comparative study

This study compared welfare state policies and the living conditions and health of lone and coupled mothers in Italy, Sweden and Britain. The authors used large, nationally representative household surveys for each of the three countries. They showed that lone mothers were less likely to report good health and more likely to report having a limiting longstanding illness than coupled mothers in all three countries, irrespective of the policy regime. Unemployed lone mothers had the worst rates, except for Italy. Being employed appeared

to be an important way to protect lone mothers from poor health. The deficiencies in the British social welfare system were highlighted by the high rates of poverty among unemployed lone mothers. Poverty appeared to be more damaging to lone mothers' health in Britain than Sweden (no comparable data was available for Italy).

The authors concluded that the different welfare policy regimes resulted in telling differences in the composition and social position of lone mothers in the three countries studied. The gener-

ous Swedish system, with its emphasis on gender and social equality, protected lone mothers from the degree of poverty experienced by British lone mothers and helped them achieve higher employment rates than Italy or Britain.

Burstrom B, Whitehead M, Clayton S, Fritzell S, Vannoni F, Costa G. *Health inequalities between lone and couple mothers and policy under different welfare regimes – The example of Italy, Sweden and Britain.* Social Science & Medicine. 2010; 70:912-20