1. One Parent Families Scotland
One Parent Families Scotland is Scotland’s leading single parent organisation. Building on seventy years of advocacy and service-delivery expertise, OPFS provides expert information, advice and support, along with training activities, work preparation programmes and flexible childcare. OPFS delivers services across Scotland in Edinburgh, Dundee, Glasgow, Renfrewshire, Lanarkshire and Aberdeen and provides support to over 5,000 families and 12,000 children. This briefing draws on our experience as a service provider, supporting single parents across Scotland.

OPFS has a vision of a Scotland in which all families, without exception, can prosper from life’s opportunities. To this end we are working towards a Scotland where single parent families are free from poverty and have sufficient resources not just to survive but to thrive; are treated with dignity and respect and have equal opportunities and life chances, enabling them to flourish and achieve their full potential.

2. Single Parents – Profile
There are over 170,000 single parents in Scotland with 281,000 children, 92% (156,000) are female, and therefore gender is a key defining characteristic.1 By 2033, the number of single parents is projected to rise to 238,000 (24% to 38%).2 The average age of a single parent is around 38 years.3

Poverty & Place
Because of the additional barriers they face, single parents are more at risk of being in poverty.

- 41 per cent of children in single parent families live in relative poverty, around twice the risk of relative poverty faced by children in couple families (24 per cent).4
- 22 per cent of all children in lone parent families live in poverty before housing costs, almost doubling to 44 per cent after housing costs. In contrast, 16 per cent of children in couple families live in poverty, rising to 24 per cent after housing costs.5
- 23 per cent of single parent households were in persistent poverty in 2008-2013, compared with 5 per cent of couple households.6
- Single Parents in Scotland are more likely than parents in couple families to live in areas of high deprivation and to rent their home from a social landlord. Over half (54%) of lone

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1 Census 2011: Key results on Households and Families, and Method of Travel to Work or Study in Scotland - Release 2C. (December 2013)
2 General Register Office for Scotland; Household Projections for Scotland 2008-based (June 2012)
3 ONS (2016) Working and workless households: April to June 2016. Table P.
parents with children aged around 10 months lived in areas of high deprivation, compared to 18% of couple families. Over half of lone parents living only with their children rented their home from a Local Authority, compared to just 13% of couple families. Only 12% of lone parents were owner occupiers, compared to 74% of couple families.

**Health**

- Research shows that single mothers are more likely to report having poor health (13%) being disabled or having a long term condition (15%) and have a disabled child (17%) than parents in couple families, where the figures are 7%, 9% and 14% respectively.  

- Where single parents are not in work, this is often due to their own or their child’s disability, 33 per cent of unemployed single parents have a disability or longstanding illness, and 34 per cent have a child with a disability.

**Employment**

- Research shows that single parents disproportionately enter lower skilled occupations, which are typically low paid, less secure and often involve short-term contracts. Twenty-seven percent of single parents enter elementary jobs which require little or no formal training, such as cleaning or kitchen and catering work; a further fifth enter sales and customer service posts. Twenty-two percent take roles in personal service occupations, such as care assistants or childminders. In total more than two-thirds (68 per cent) of single parents enter these types of roles – which, inevitably, have much more limited opportunities for development and progression.

- The Scottish single parent employment rate is 58.1 per cent, according to data from the 2011 Census. This hides wide local variations. In Glasgow for example a different picture emerges with only 49.5 per cent (13,108) of lone parents in paid work, of which 63.2 per cent (8,285) are in part-time work.

### 3. Welfare Reform and Austerity

UK government welfare reform changes to the benefits system have had a devastating impact on single parents. They are now required to sign on when their youngest child is 5 years and to look for paid employment. Under Universal Credit rules, single parents of three and four year olds will be required to look for work at those with children aged two years will be subject to work-focused interview requirements and work preparation requirements (currently work-focused interview requirements only).  

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11 http://www.gcph.co.uk/publications/535_bp_46_barriers_and_opportunities_facing_lone_parents_moving_into_paid_work  
In recent years, single mothers in receipt of welfare benefits have gone into paid employment in unprecedented numbers. 57% of working-age lone parents are working; up from 51% a decade ago. A further 23% are not in paid employment but want to take up paid work.\(^{14}\)

A high percentage of single parents have few qualifications and limited work histories, so often get forced into low-paying jobs and remain in poverty. An estimated 40 per cent of all lone parents have no qualifications\(^ {15}\) and even those with qualifications are concentrated in low-paying occupations.

Since recipients with higher skills tend to get better jobs,\(^ {16}\) it seems logical that education and training should play a central role in welfare reform. However the UK government has chosen a ‘work-first’ approach which is based on conditionality & sanctions, rather than the alternative ‘human capital development’ approach which involves long-term investments in education, training, skills, health, wellbeing and personal development.\(^ {17}\) This means access to further & higher education for single parents is now extremely difficult – when their children are under five years barriers to training or education are immense including the shortage of flexible childcare; when their children are 5 years and over they must sign on and be available for work or lose benefit.

With essential living costs mounting, OPFS knows many families have to make difficult choices and the freeze on benefits and tax credits has made these choices even harder. After the 2016 Autumn statement working families have still lost out from benefit changes since 2015. Gains from tax threshold and Universal Credit taper changes minus losses from benefits freeze and work allowance cuts show a lone parent with 2 children working full-time on the National Living Wage will be £2,586 worse off.\(^ {18}\)

### 3. Issues facing single mothers

One parent families face significant challenges, resulting from poverty, stigma, inequality, and poor health. Isolation and lack of childcare lead to low esteem and a lack of confidence, low skill levels, and an inability to find reasonably paid work. Single parents face the unique challenge of being both sole carer and main source of income – often an impossible balancing act. The particular issues that lone mothers face in their day to day lives are outlined below:

- There is only one potential earner in the family, but with similar costs to a 2-parent family, so single parents are more likely to be affected by poverty.
- If in paid work single parents are more likely to be trapped in a cycle of underemployment, low wages and insecure contracts.
- If not in work there are often multiple barriers to accessing employment and training, particularly access to affordable, flexible, quality childcare.
- Single Parents are severely affected by austerity and welfare reform. This has reduced income, created new conditionality requirements and introduced complex interrelationships between welfare benefits/tax credits and paid work that are difficult to navigate.


\(^{15}\) [http://www.publications.parliament.uk/pa/cm199798/cmselect/cmeduemp/646/64602.htm](http://www.publications.parliament.uk/pa/cm199798/cmselect/cmeduemp/646/64602.htm)


\(^{17}\) [http://cpag.org.uk/sites/default/files/CPAG_Poverty139_CanWelfareReformWork_0.pdf](http://cpag.org.uk/sites/default/files/CPAG_Poverty139_CanWelfareReformWork_0.pdf)

This is coupled with the fact that single parents are often also dealing with issues around separation, divorce or bereavement.

Single Parents are also affected by higher reported levels of poor mental ill-health

Services are often not responsive to the particular needs of single parents which can make them challenging to navigate.

4. Background - Single Parenting

Being a single mother can have both challenges and benefits. Parents have told OPFS that “things work best when you have good relationships with your children and a strong support network.”

Growing up in a single-parent home can teach children important life skills. They can learn to adjust to major life changes and become resourceful, independent and resilient. Good relationships with parents make children happy, whatever family structure they live in.

Single parent families are now 1 in 4 families in Scotland and parents can become a single parent through separation, divorce, the death of a partner or for other reasons. Both men and women can be single parents, although 92% are women.

Following separation or divorce, it is often the mother who is the resident parent, with children spending time with both parents separately. Children need to adjust to not having both parents around all the time. Some children have to adjust to a new house, school or other changes. If a parent has formed a new relationship, there may be new adults or other children to get used to.

Some children have lived with a single parent their whole lives and may not have to deal with the changes that children from two-parent families can face.

Stigma & Poor Health

An OPFS survey of single parents in Scotland revealed that three in four (74%) single mothers have experienced negative attitudes or stigma in the last two years. We know from our work that this impacts on parents’ mental health. Parents speak of the negative rhetoric about single parents which they felt came from both government and the media. Single Mothers thought they were seen as a drain on society, something to be ‘discouraged’ and often depicted as ‘scroungers’, regardless of whether or not they were in work. This was something they felt had increased in recent years, and in many cases had a negative effect on their mental health.

Research shows Single Mothers were more likely to report both brief mental health problems (23% versus 16% of couple mothers) and repeated mental health problems (27% versus 11% of couple mothers). A recent report for PAS showed Single Parents were more likely to report increased stress and anxiety than those living with a partner (60% compared to 30%).

4. Employment, child health and in-work progression

- Household income and parental employment matter for the health of children.

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20 http://www.gcph.co.uk/assets/0000/4284/Lone_parents_Literature_Review_web.pdf
• The mental wellbeing of children in working lone parent households is better than that of children in non-working lone parent households.
• Children in high-income working lone parent households have better mental wellbeing than those in low-income working lone parent households.
• There is some evidence that mental wellbeing for the children of lone parents in Scotland improved between 2003 and 2010. However, progress has stalled since then (and for the children of working lone parents, since 2012).
• Lone parents in work find it more challenging to remain and progress in employment than mothers in couple families.
• Employment rates for lone parents are lower than average in Inverclyde, Glasgow, West Dunbartonshire and Edinburgh, and tend to be higher in rural areas.
• Higher lone parent employment rates are associated with stronger local labour market demand, lower benefit sanction rates and greater availability of childcare.

5. Health, employment and social security.23
• Lone parents are less likely than parents in couple families to report they have good general health and more likely to report that they have poor mental health.
• Employment and income are key social determinants of health and health inequalities. Lone parents are less likely to be financially secure or be in employment compared to parents in couple families.
• Rates of in-work poverty for lone parents are high, and they are also more likely to be working part time (despite wanting a full-time job) or in temporary employment.
• Lone parents out of work are more likely to be sanctioned compared with a decade ago, and the financial consequences of being sanctioned are more severe.
• Despite rising employment rates and falling levels of out-of-work benefit claims for lone parents, the health of lone parents has remained largely unchanged and the risk of financial insecurity and poverty for them and their children remains high.
• Increased conditionality in the social security system and ongoing labour market disadvantage may account for some of the above.

6. Welfare Reform & the impact on Health & Wellbeing

Lone parents and their children face high levels of poverty, as detailed above. In addition to increased risk of poverty, lone parents and their children have higher levels of a range of other adverse outcomes. Mechanisms linking lone parenthood to poor health as well as poverty include lack of support, and stigma. A focus on poverty as key amongst these has in part contributed to the introduction of policies designed to increase lone parents’ labour market participation in recent years.

The UK has until very recently maintained a relatively generous policy towards lone parents, exempting them from work requirements until their youngest child reaches sixteen. However, the UK Government recently enacted welfare reform legislation which required lone parents to be available for work (of 16 hours per week or more) when their youngest child reached the age of 12. This age threshold dropped further, to 10 in 2009 and subsequently to 7 in October 2010 and then to 5 in 2011-12. These changes were accompanied by a range of interventions, including financial sanctions, designed to promote labour market participation.

In the UK, the introduction of welfare to work policies for lone parents rests on a belief that engaging in paid work will address the poverty which is seen to lead to poor health outcomes for lone parents, and thus has the potential to tackle both income inequality and health inequality for lone parents and their children. In addition to concerns about the increasing cost of social security payments, increased conditionality in the UK is justified on the basis that working is health promoting, and will benefit both single parents and their children.

“Helping more lone parents into work is good for their health, boosts self-esteem, promotes independence and lifts children out of poverty. . . Having parents in work also boosts children’s self-esteem. When parents leave benefit and move into work, their children become more independent, understand the value of money, and gain from treats and activities. There’s a trade-off between time and money, but get the balance right and everyone wins.” (DWP 2007).

However, although research shows controlling for poverty explains much of the increased risk of adverse outcomes experienced by lone parent families, working does not necessarily lift lone parent families out of poverty. In regards to health, the existence of a causal relationship between employment and health in the general population is widely accepted, although this relationship is mediated by the quality of employment. However, the pathways linking work and health are more complex among lone parents, with the potential for negative as well as positive impacts. On one hand, working may result in increased income (though this is not guaranteed), lessening the poverty experienced by lone parent families, which is linked to adverse health outcomes. It may also lead to increased parental confidence and self-esteem.

However, these positive impacts are mediated by factors such as job quality and hours worked. There is some evidence that time poverty, role pressure, and parental absence, depending upon the parent’s attempts to fulfill multiple roles simultaneously, may impact negatively on the health of lone parents and their children. For instance, although lone mothers in Sweden have both higher employment rates and lower poverty than in the UK, they continue to experience inequalities in health and other outcomes relative to the general population. It is assumed that this is due to time poverty and stress engendered by combining the sole responsibility of the care of children with employment. Thus, there are a number of potentially conflicting mechanisms at play which may influence the health of lone parents who participate in welfare to work interventions or enter the labour market.

Lone parents are a group who experience social and health disadvantage, with a higher prevalence of health problems than the general population. Employment and employment conditions are
recognised to be important social determinants of health and lone parents are more likely than other groups to enter jobs with poor pay and conditions. Therefore, requirements for lone parents to work or to take part in welfare to work interventions are likely to impact positively or negatively on their health thereby reducing or increasing health inequalities.

In the UK policy context of a very rapid shift in policy, involving revising the child age threshold downward from 16 to 5 in less than five years, it is of crucial importance to investigate the likely health impacts of this shift.

Recent research shows the work search requirements mean some single parents do move into work (especially those with strong previous labour market attachments), but leading some (especially those with weak previous labour market attachments) to move onto disability benefits (with no search conditionality). The increase in employment is larger for those with high qualifications than low qualifications and smaller for lone mothers with younger children. This result suggests that lone mothers with greater barriers, either in terms of the costs of working (e.g. childcare for younger children) or ability to secure employment (e.g. low skills), require additional support before they can respond to changes in incentives by returning to work.

7. Conclusion

The link between employment and improvements in mental well-being is not an automatic one – in the absence of a supportive policy environment, mental health benefits from work may not be achieved. For those single mothers who are out of work the incidence of depression appears to be worsening. Further changes to policy in recent years – and in particular the strengthening of the conditionality regime – might be expected to further exacerbate the already high levels of depression among lone mothers who do not work, particularly when viewed against the backdrop of a slow and difficult labour market.

Storm clouds are gathering for hard-up households and communities. Living costs are set to rise further, as sterling depreciates and for households that have already been through a sustained period of poor real wage growth, increased casualisation of employment, and cuts to both in and out of work benefits mean hard times. Staff at OPFS report a surge in arrears on household bills, families unable to heat their homes and worst of all unable to feed their children without the help of a foodbank.

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24 https://welfarestatefutures.files.wordpress.com/2016/10/wsf-working-paper-4is-2-july-2016-web.pdf