

Neoliberal welfare reform and single parents' mental health



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Over recent decades, national welfare programmes of Organisation for Economic Co-operation and Development member countries have become increasingly focused on achieving high employment levels among single parents and other social groups receiving income support.¹ Conditionality is a key ingredient of these so called welfare-to-work policies, whereby recipients only remain eligible for continued receipt of payments if they comply with certain conditions. Internationally applicable evidence of the effects of these initiatives is, however, lacking, with a 2017 Cochrane systematic review² concluding that tangible effects on the mental or physical health of single parents were unlikely on the basis of findings from randomised controlled studies done almost exclusively in North America. In *The Lancet Public Health*, Vittal Katikireddi and colleagues³ report the findings of their quasi-experimental, nationally representative longitudinal study of the effects of altered conditions for receipt of Income Support by single mothers in the UK. Single parents in the UK are required to actively seek employment if their youngest child is older than a certain age threshold: 5 years in 2012 versus 7 years in 2010 and 10 years in 2009. Katikireddi and colleagues used difference-in-difference models to analyse the effects of these policy changes on single mothers, finding a decline in the mental health of affected single mothers, but no apparent effects on their physical health. As highlighted by the authors, although the observed effect size was modest (scores on the Mental Component Summary of the 12-item Short-Form Health Survey decreased by 2.13 [95% CI 0.10–4.17] compared with unaffected single mothers and by 2.21 [0.30–4.13] compared with always affected single mothers), the public health impact is likely to have been considerable given that single-parent families constitute around a quarter of all families with children in the UK.⁴

Several salient research questions remain unanswered. First, a broader evidence base is needed that encompasses all citizens whose health and wellbeing might be adversely affected by welfare conditionality measures, including those who are chronically sick or disabled, those who live in social housing, and those who are homeless.⁵ Second, the long-term health effects must be discerned, including effects on the children of

single parents and their subsequent trajectories through to maturity. Third, a clearer understanding is needed of the balance between the positive and negative effects of welfare conditionality. Fourth, intercountry comparisons are needed regarding variations in social policies that might partially account for international differences in observed outcomes.⁶ Interlinked national registry studies have reported that single parents⁷ and their children⁸ in Sweden have poorer mental health and higher risks of alcohol-related problems and suicidality than do partnered parents. By contrast with their UK peers, however, Swedish single mothers are much more likely to work full-time than are married mothers.⁷ These findings undermine the argument that driving more single parents into employment is certain to produce universal gains in health and wellbeing.

A 2018 report⁴ by the UK charity Gingerbread highlighted that nearly half of all children with a single parent lived in poverty in 2015–16 and projected a steep increase in this metric to 61% by 2021–22. The report also stated that psychological distress is twice as prevalent among single parents compared with partnered parents.⁴ The stated purpose of welfare-to-work reform is to encourage single parents into employment, thereby optimising health and wellbeing, and life chances in the longer term for them and their children. Employment levels have increased greatly over the past decades among single parents in the UK such that 68% are now in work.⁴ This figure, however, mask a fundamental flaw in the coherence of the rationale for welfare-to-work policies, in that single parents might increasingly be taking up poorly paid and insecure employment opportunities. The inflexibility of many low-paid jobs in relation to childcare needs might also make them unsustainable for many single parents.⁹ Thus, it is not unsurprising that a third of all children with a working single parent live in poverty in the UK.⁴ Childcare costs represent an additional, potentially severe stressor. In April, 2017, the UK Government lowered the youngest child's age stipulation from 5 to 3 years,⁴ and many single parents affected by this change will find it challenging and stressful to balance childcare with employment demands when they are the sole carer of a pre-school child. As a consequence of these multiple competing pressures, concerns have been raised that

increasingly coercive conditionality strictures might shift a subset of single parents from receiving Income Support to receiving health disability payments or to non-claimant unemployment.¹⁰

Robust evaluation of welfare conditionality and its effect on the mental health of single parents and other vulnerable social groups is needed. Until a comprehensive evidence base exists, effective measures that mitigate the apparent harmful effects of welfare-to-work programmes must be developed and implemented to ensure that poor mental health among people who receive financial assistance from the state does not deteriorate further. In the longer term, governments will better serve the people by shaping their social policies according to sound scientific evidence as opposed to ideology and dogma.

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