

# women's health *a u s t r a l i a*

the australian longitudinal  
study on women's health

“ The physical, social and economic health of  
women with dependent children,  
following relationship breakdown ”

Abbreviated Report

Deborah Loxton, PhD  
Lois Bryson, PhD

Report to the Office for Women  
July 2005







The UNIVERSITY  
of NEWCASTLE

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*Research Centre for Gender and Health*

**AUSTRALIAN LONGITUDINAL STUDY ON WOMEN'S HEALTH**

Abbreviated Report  
for  
Office for Women, Department of Family and Community Services

2005

The physical, social and economic health and wellbeing of women with dependent children, following relationship breakdown

*Deborah Loxton, PhD*  
*Lois Bryson, PhD*

The Australian Longitudinal Study on Women's Health is funded by the Australian Commonwealth Department of Health and Ageing and conducted by a team of researchers at the Universities of Newcastle and Queensland, Australia.

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## Executive Summary

Twenty percent of Australian families with a child under 15 years are headed by a sole mother and the numbers are likely to continue rising. Despite long-term recognition that the risk of poverty is highest among such families, the elements of this risk have yet to be thoroughly documented for Australia, rendering this a priority area for social research.

This study of sole mothers uses quantitative data from the Australian Longitudinal Study on Women's Health, ALSWH, for both cross-sectional and longitudinal analysis. The ALSWH provides data about sole mothers, aged from 18-32 years over three surveys (1996, sample 14,783; 2000, sample 9,697; and 2003, sample 7,797) and from 45-52 years over two surveys (1996, sample 14,096; and 1998, sample 12,257). Motherhood is defined in terms of having a dependent child or children under 16 years. Four relationship categories were consistently compared: sole mothers, partnered mothers, partnered women and unpartnered women.

The quantitative findings are brought to life by using data from a specially conducted Focus Group Study (FGS), undertaken in 2003-4 and involving 48 women who met in 11 groups around NSW. This examined qualitative data relating to the range of factors seen by these sole mothers as impinging on their general well-being, and that of their children.

**Relationship status:** Age is a key issue when considering sole motherhood. Sole mothers made up 33 percent of the mothers in the first young survey. This proportion, when the women were 18-23 years is notably higher than the 20 percent that ABS data indicate for sole motherhood across that age span. By Survey 2 this had fallen to 20 percent as the numbers of partnered mothers increased, and by Survey 3 the figure was about 10 percent. This significant proportional drop highlights the issue that, when considering sole motherhood at various ages, two elements need to be borne in mind. One relates to effects of 'having children young', which may involve different effects for sole mothers from those associated with 'having young children' when the mother is older.

When relationship status for all mothers (sole and partnered) who had had their first child at Survey 1 (when they were between 18 and 23 years), is considered across all three surveys, eight sequential patterns of relationship can be identified. The majority of these mothers (75 percent) remained partnered over the seven-year study period while 6 percent remained sole mothers. In all, 18 percent of the mothers changed relationships during the time, in six different combinations of being a partnered or a sole mother. Some of these patterns suggest that sole motherhood can be a quite transitory status (three years or less), something that will be followed up as the ALSWH proceeds.

**Education:** There are marked differences between the education levels of the Young and Mid-aged cohorts. The young sole mothers were the most likely of their cohort to have achieved only Year 10 or less, while the mid-aged sole mothers were the least likely, though 32 percent aged 47-52 years had reached only Year 10 or less. But of the mid-age cohort, sole mothers were actually most likely to have a university or higher degree.

Comparing sole mothers at the time of the second surveys: 13 percent of the young sole mothers had children under 12 months of age, and 64 percent had children aged 12 months to 5 years, whereas only 10 percent of the mid-aged sole mothers had children aged less than six years. Also, 21 percent of the Young cohort were aged 18 years or younger at the birth of their first baby, while only 6 percent of the Mid-aged cohort had had their first baby at 18 years or younger. Because having a baby when 18 years or less normally interrupts secondary education, there is a flow-on impact on education that highlights the importance of efforts being made by some secondary

schools (following the lead of Plumpton High in suburban Sydney), to provide facilities for both mothers and their babies.

The age of children also impacts on continuing education patterns, and past research indicates that as children grow older, sole mothers' education levels increase. The FGS data highlight potential barriers to participation in further education, including psychological health, financial difficulty, course timetabling, difficulties obtaining childcare, transport and a lack of information about educational opportunities. In remote areas, distance can be another barrier. Many of these barriers also exist for partnered mothers, but are magnified for sole mothers who are without another adult in the household. Despite barriers, many sole mothers in both the ALSWH and FGS had undertaken further education, and others were planning to do so. This suggests that many sole mothers do not accept their circumstances, but try to deal systematically with their family's future.

The longitudinal ALSWH data demonstrate that mothers who separated were more likely to begin further education than those who remained partnered. The FGS participants indicated that they undertook further study with a view to preparing for the cessation of Parenting Payment Single (PPS) and improving their economic status. Factors that assisted with uptake of education included: aspects of government assistance including income support (PPS), payment of course fees, provision of course information (via JET) and assistance with obtaining and paying for childcare as well as their social support systems and flexibility in course scheduling.

Apart from the financial aspect, and even when employment was not an outcome, the completion of courses was claimed to have had positive outcomes for women in the FGS, in terms of increased self esteem and confidence. Not completing a course, commonly caused by loss of childcare, needing to meet children's needs, balancing multiple roles, and economic stress, contributed to feelings of failure, loss of hope and shame.

**Employment:** ALSWH findings suggest education to be an important, though not the only factor contributing to the paid work participation rates of sole mothers. The ages of the mothers, and by extrapolation the ages of their children, were also important. For the Mid-aged cohort at the first survey, employment rates were much higher than for the young women, with a much higher proportion being in professional occupations.

Australia has had persistently lower rates of paid employment among sole mothers (and among partnered mothers), than many OECD countries, particularly the Scandinavian countries, but also Canada and the USA, and there are low employment rates for both sole and partnered mothers in the Young cohort. Similarities in the employment profiles of young sole and partnered mothers is in line with local and overseas research that notes the participation rates of sole and partnered mothers is usually closely related. Thus measures that facilitate employment among mothers generally, are likely to also benefit sole mothers.

Differences between sole and partnered mothers include the degree of satisfaction with hours of work. A high proportion of both young and mid-aged sole mothers were dissatisfied with the number of hours spent in paid work. Some wanted to work more, some less. Underlying much of that dissatisfaction were issues such as childcare, family responsibilities and for those wanting to work less, the desire for 'more time'. Higher levels of dissatisfaction seem directly related to the lack of the support of a resident partner. Ways that this pressure can be eased, merits consideration.

The FGS data illustrate that participation/non-participation in the paid workforce can be complex for sole mothers. Motivation is primarily based on achieving independence and financial security but for some, led also to improved psychological health. This suggests it would be productive to

further investigate strategies that will mitigate or remove barriers to, and the adverse results of, paid work participation for sole mothers.

**Income and economic well-being:** Sole mothers the world over, and through most of history, have experienced greater financial pressures than partnered mothers and the ALSWH data show mid-aged and young sole mothers have lower incomes than other women. For the young cohort, partnered mothers recorded the lowest incomes, though this related to personal, rather than household income. Young sole mothers were the most likely of their cohort to have a Health Care Card, and both young and mid-aged sole mothers were the most likely of their cohort to receive government benefits or allowances. ALSWH data also show that sole mothers, especially young sole mothers have low levels of social support (access to practical assistance, information, a confidante, company etc), and that this is associated with experiencing financial stress. Taken together, the results clearly show that sole mothers remain poorer than other women.

Thus access to Centrelink services is essential for a majority of sole mothers and is generally well appreciated. In the FGS, problems relating to access to knowledgeable staff were reported and reporting requirements for casual workers was a source of difficulty for some. Child support too increases income, but non-collection rates were high. Whether measured by income, expenditure, financial stress, or a combination of these factors sole mothers are poor. The FGS suggests access to assets, particularly housing is also key. Sole mothers experience a decline in economic wellbeing upon separation, and may experience discrimination in respect of rental accommodation and obtaining loans. But financial burdens can be accompanied by feeling powerless and stigmatised.

Areas that require further investigation include:

- The lifetime incidence of poverty among sole mothers
- The economic wellbeing of sole mothers as measured by assets and liabilities
- The impact of intimate partner abuse on the distribution of joint property
- The impact of child support amount and regularity on economic wellbeing
- Access to social support, and links with economic well-being

**Health and wellbeing:** The ALSWH data reveal that among women in their twenties, sole mothers experience the poorest psychological and physical health. In particular, they were more likely than other women their age to have experienced depression, had suicidal thoughts, and deliberately tried to harm themselves. They also had more medical conditions and physical symptoms. The mid-aged sole mothers have better general health, but were more likely than others their age to have experienced depression and anxiety, and had more medical conditions. Associations between sole motherhood and poorer health were partially mediated by economic status.

Between 37 and 43 percent of sole mothers in the ALSWH young and mid-aged surveys had lived in a violent relationship and data from the FGS and other research shows women who experience intimate partner abuse experience decreased psychological and physical health.

Quantitative and qualitative research findings point to a number of areas requiring further consideration. Issues for further attention include:

- Patterns and correlates of physical and mental health over time and at different life stages
- The nature of stressors experienced by sole mothers
- What support and intervention strategies mitigate the health impact of stressors experienced.
- Availability of ancillary and allied health services including:
  - Psychological and counselling services
  - Dental services

- Physiotherapy services
- Bulk billing general practitioner and other health services.

**Area of Residence:** ALSWH findings suggest the economic wellbeing and health of non-urban sole mothers was very similar to that of urban sole mothers. However, differences in the issues confronting those in urban and non-urban areas emerged. Sole mothers from inner metropolitan areas experienced higher housing costs but had better access to affordable, adequate transport and, as findings from the ALSWH show, better access to bulk billing by general practitioners and some ancillary and allied health services. Sole mothers from rural and remote areas had cheaper housing, but poorer access to bulk billing, medical and other health services, universities, child care, public transport and legal services.

Issues of concern related to area of residence include:

- Access to further education
- Access to bulk-billing by general practitioners in non-urban areas
- Availability of ancillary and allied health services in all areas, but especially in non-urban areas, and especially of psychology and counselling services
- Access to legal services in remote areas
- Access to children's services especially in remote areas

**Conclusion:** This study, through the use of both quantitative and qualitative data, has explored the circumstances of sole mothers in Australia today. The nature of the ALSWH has allowed comparison of young sole mothers, aged from 18 to 32 years over three surveys and mid-aged sole mothers, from 45- 52 years over two surveys. It highlights the fact that some differences in circumstances and experiences of sole mothers are related to age of sole motherhood, though other circumstances are not. This study confirms the local and overseas research demonstrating that sole motherhood is likely to be associated with poverty and other disadvantages.



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### *Abbreviations*

ABS	Australian Bureau of Statistics
ALSWH	Australian Longitudinal Study on Women's Health (also known as Women's Health Australia)
ANOVA	Analysis of variance
CES-D 10	Centre for Epidemiologic Studies Depression Scale (10 items)
CSA	Child Support Agency
DOCS	Department of Community Services (NSW)
FTB (A)	Family Tax Benefit Part A
FTB (B)	Family Tax Benefit Part B
HECS	Higher Education Contribution Scheme
HES	Household Expenditure Survey
JET	Jobs Education and Training scheme
MCS	Mental health Component Score
PCS	Physical health Component Score
PPS	Parenting Payment Single
SF-36	Medical Outcome Short Form Health Survey
SIHC	Survey of Income and Housing Costs

### *Terminology*

In results and discussions pertinent to analyses of the ALSWH young cohort data

Sole mothers:	Women who were not living with a partner or spouse, who did not indicate that they were married or living in a de facto relationship, and who were living with a child or children aged less than 16 years.
Partnered mothers:	Women who were living with a partner or spouse, who did not indicate that they were divorced or separated, and who were living with a child or children aged less than 16 years.
Unpartnered childless women:	Women who were not living with a partner or spouse, who did not indicate that they were married or living in a de facto relationship, and who were not living with a child or children aged less than 16 years.
Partnered childless women:	Women who were living with a partner or spouse, who did not indicate that they were divorced or separated, and who were not living with a child or children aged less than 16 years.

In results and discussions pertinent to analyses of the ALSWH mid-aged cohort data:

Sole mothers:	As above, but excluding women who indicated they were widowed or single
Partnered mothers:	As above
Unpartnered childless women:	As above
Partnered childless women:	As above





# Sole motherhood in Australia: A study of physical, social and economic wellbeing

## Section 1: Introduction and Method

Around 27 percent of all 18-year-olds have spent at least some period of their childhood in a family headed by a sole mother (de Vaus & Gray, 2003) and among Australian families with a child under 15 years of age, twenty percent are headed by a sole mother (Australian Bureau of Statistics [ABS], 2003). Given the numbers of Australians who experience life in a sole parent family, and that it is well established that sole parent families suffer the highest risk of poverty of any family type (Henderson, 1975; Saunders, 2002, 2004; Harding et al, 2001), this is deservedly a priority area for research. Over many years such research has examined many facets of sole motherhood and found it to be associated with a range of social disadvantages (Hope, et al, 1999; Lipman, et al., 1997). The purpose of this report is to shed light on the circumstances and experiences of sole mothers in Australia at the beginning of the twenty-first century, with a view to informing social policy development (Lee, 2001).

The analysis includes both quantitative and qualitative data. The quantitative data are the basis of both cross sectional and longitudinal analyses, and were collected as part of the Australian Longitudinal Study on Women's Health (ALSWH, also known as Women's Health Australia). This study, planned to continue for twenty years, was in its ninth year in 2004. Qualitative data were specifically collected from a Focus Group Study (FGS) involving discussions with 48 sole mothers who participated in eleven groups, in nine towns and suburbs in NSW.

Where appropriate, both quantitative and qualitative data are considered in relation to each issue. The quantitative data from the Australian Longitudinal Study on Women's Health provide a sound basis for assessing the broad parameters of sole motherhood in Australia today, while the Focus Group Study data amplify this data by providing vivid word pictures of the lives of, and the key issues facing sole mothers and their families.

This report is an abbreviated version of the more technical report entitled, *The physical, social and economic health and wellbeing of sole mothers* (Loxton, Warner-Smith and Young, 2004) and is provided as a plain language version. Readers interested in more details of the research methods and the statistical analysis of the data are referred to that report.

### ALSWH

The ALSWH involves self-report survey data on the health and well-being of three cohorts of Australian women, who were aged 18-23 years (young), 45-50 years (mid-aged) and 70-75 years (older) when the project began in 1996. These age cohorts were chosen because they broadly represent important transitional phases in women's lives. For the young cohort, this phase represents the transition to the family formation stage and, for the mid-aged, the move away from the child rearing phase. Hence the ages of the two cohorts are appropriate for considering sole parenthood, representing as they do, the beginning and end of the 'hands-on' motherhood period in women's lives. As the years go by, ALSWH data will cover a wider span of the years of motherhood, but the current analysis must be understood in terms of this particular age structure. In the event though, it has proved to be a strategic structure for examining issues relating to sole motherhood. It readily allows a focus on the differences between having young children and having children at a young age, a distinction that is found to be important at many points of the analysis.

Over 40,000 women took part in the initial survey, a sample randomly selected from the Australian population by using the Health Insurance Commission database (Medicare) as the sampling frame. There was systematic over-sampling of women living in rural and remote areas, in order to ensure their issues were represented. For this report we have used data from the first, second and third surveys for the young women and from the first and second surveys for the mid-aged women. Because the analysis of Survey 3 data for the Young cohort was in a preliminary state when the report was drafted (a few surveys were still being received), only limited analysis has been incorporated. Its preliminary nature made it impractical to undertake detailed comparisons with third wave mid-age data.

The survey data drawn on here were collected from the Young cohort in 1996 (from 14,792 women, aged 18-23 years), in 2000 (9,689 aged 22-27 years) and 2003 (8,441 aged 25-30 years). The mid-age survey data were collected in 1996 (from 14,100 women aged 45-50 years) and 1998 (12,338 aged 47-52 years). Throughout this report however, the numbers of respondents from each cohort that are represented in any one table varies for a number of reasons. The first is because of drop out as the number who responded to each successive survey decreases. This decrease has been greatest among the young women, as they are very mobile and have proved difficult to locate for the mailing of successive surveys. Some however are picked up after having missed a survey. All women except those who explicitly withdraw and those who have died, who completed Survey 1 remain on the mailing list.

A second reason for differing numbers included in various tables, is because of missing data. Incomplete data is to be expected in research such as this, which requires self-completion of fairly long questionnaires. Rates of missing data vary from question to question, though tend to be lower for similar topics to the missing rates for the Australian Census (Bryson and Powers, 2004). A third reason for numbers in tables varying, is a flow-on from the missing data. If the analysis is based on a time series (over three surveys, for example) when relevant data are missing from just one survey, that respondent has to be left out of that time series. Findings reported as 'statistically significant' or 'significant' are so at the <.001 level unless otherwise specified.

## **Focus Group Study (FGS)**

Participants of the focus groups were NSW sole mothers with at least one child of less than 16 years. The geographic areas from which participants were recruited, were selected taking account of distance from the capital city, population, age profile, family make-up and economic indicators (employment, median rents/mortgage repayments and median household income). Eleven focus groups were conducted in nine towns and suburbs across NSW. Participants were recruited via local community services including libraries, preschools, child minding centres, playgroups, Centrelink offices, NSW Department of Community Services (DOCS) service centres, etc. Local newspapers, radio stations and internet based resources were used for publicity. A 'snowballing' technique was then used among women who responded to the publicity. The strong link with government and non-government agencies may mean that sole mothers with severe problems are over-represented. The group discussions were taped, participants also completed a short survey, and they received \$30 towards costs of transport and childcare.

The 48 participants' ages ranged from 20 to 56 years (average 37.2 years). They had between one and four children (average 1.8), whose ages ranged from four months to 34 years (average 8.8 years). The women had been sole parents for between four months and 26 years (average 7.6 years). The majority, forty, were Australian born, the rest were born in other English speaking countries. Three women who attended groups mentioned that they were of Aboriginal origin.

## The report

The report is divided into 9 sections. The following section (Section 2) deals with the parameters of relationship status, the third with education, the fourth with paid employment, the fifth with income, the sixth with economic well-being, the seventh with health and the eighth with area of residence. The ninth section deals with issues of social support, discrimination and stigma, abuse and prospects for retirement. The final section draws together the major findings.

## Section 2: Relationship status

The broad structure of the ALSWH data allows sole mothers to be compared with women with three contrasting forms of relationship. The four categories used throughout are:

- Sole mothers - not partnered, with a dependent child or children under 16 years
- Partnered mothers - partnered with a dependent child or children under 16 years
- Unpartnered/childless – not partnered, no dependent children under 16 years
- Partnered/childless - partnered no dependent children under 16 years

Being partnered includes living with a partner in a de facto or married relationship. Relationship status is analysed and compared for Surveys 1 and 2 for the Young and Mid-aged cohorts, and some limited analysis of Survey 3 data for the young women is presented.

As a consequence of the age structure of the ALSWH sample, mothers represented a minority of women at each survey and ‘childless’ women (a category that includes those whose youngest child was over 16 years) formed the majority. The logic behind the choice of age cohorts for the longitudinal study was to focus on the young women as they moved into their family formation stage and to focus on the mid-aged women as they moved towards the ‘empty nest’ stage. And this is indeed what we see. The percentage of women with children under 16 years increased for young women from Survey 1 to Survey 3 (from 7 to 15 to 29 percent) and decreased for mid-aged women from Survey 1 to Survey 2 (from 26 to 19 percent).

**Table 2. 1: Relationship status at four ALSWH surveys**

Relationship status	Survey							
	Young 1 (1996)		Young 2 (2000)		Mid-aged 1 (1996)		Mid-aged 2 (1998)	
	N	%	N	%	N	%	N	%
Sole mothers	331	2	285	3	377	3	291	2
Partnered mothers	694	5	1181	12	3188	23	2036	17
Unpartnered childless	9699	66	4609	48	1694	12	1493	12
Partnered childless	2198	15	3357	35	7333	52	6785	55
Missing data	1861	13	266	3	1504	11	1651	14
Total	14783		9697		14096		12257	

Note. The percentages in each column may not sum to 100% due to rounding.

**Table 2.2: Relationship status - Survey 3 Young cohort**

Relationship status	N	%
Sole mothers	243	2.9
Partnered mothers	2038	24.3
Unpartnered childless	2567	30.6
Partnered childless	2950	35.2
Missing data	582	6.9
Total	8380	

These data have not been incorporated in Table 1, as at the time of analysis they were preliminary, since late received survey data were still being added. The broad picture is however, very unlikely to change.

We find that sole mothers represent between 2 and 3 percent of women in each age cohort at each survey. However they represent a much higher proportion when mothers only are the focus. Analysis of the data in terms of the four relationship types starts to map out patterns of sole motherhood within the broad framework of women's life course.

### Age and relationship status

Sole mothers made up 33 percent of the mothers in the first young survey and this had fallen to 20 percent by Survey 2 as the numbers of partnered mothers increased considerably. By Survey 3 this had dropped again to about 10 percent. The proportion at Survey 1, when the women were 18-23 years is notably higher than the 20 percent that the ABS (2003) indicates to be the Australia wide figure. The pattern highlights the issue that when considering sole motherhood two aspects need to be constantly kept in mind. One is the issue of 'having young children' and the second is 'having children young', that is, when the mother is young.

Although the age range in each cohort is narrow (6 years), an analysis was undertaken to examine whether young age of partnering and motherhood was associated with greater rates of separation. Among the Young cohort, 339 women were partnered mothers at both the first and second surveys while 73 women indicated that they were partnered mothers at the time of the first survey and sole mothers at Survey 2. When these 73 mothers were compared to the 339 partnered mothers who had not experienced separation, age was a significant factor. Those who separated were younger than those who did not, a finding that again highlights the importance of taking account of age when considering issues relating to sole motherhood. While sole mothers in the Young cohort tended to be younger than partnered mothers, they were older than unpartnered childless women in both Surveys 1 and 2.

Results for the Mid-aged cohort showed that mothers, whether partnered or unpartnered, tended to be younger than childless women, which is not surprising, given that for this category, 'childless' includes those whose children were all over 16 years. In terms of relationship status the vast majority (1,693), as with the young cohort, remained partnered at Survey 2 (Table 2.1). Only 38 partnered women became sole mothers and no differences in demographic characteristics were found between the mid-aged mothers who separated and those who remained partnered.

Although the percentage of women who were sole mothers remained about the same at Surveys 2 and 3 for the young mothers, some women did experience a change in relationship status over the period. As can be seen in Table 2.3, the majority of mothers remained partnered from 2000 (Survey 2) to 2003 (Survey 3). For the sole mothers however, about 60 percent had a change of relationship status, and 40 percent remained sole mothers over the period.

**Table 2.3: Changes in relationship status - young mothers, Survey 2 to Survey 3**

Survey 2 (2000) Relationship status	Survey 3 (2003) Relationship status	N	%
Sole mother	Sole mother	82	8.3
Partnered mother	Sole mother	62	6.3
Sole mother	Partnered mother	59	6.0
Partnered mother	Partnered mother	779	79.4
Total		982	

### Relationship Status: Surveys 1, 2 and 3 for the Young women

When relationship status for mothers, sole and partnered, is considered across all three young surveys, eight patterns of relationship can be identified. All had become mothers at a relatively young age, as the data represent only women who were mothers at Survey 1, when the women were between 18 and 23 years. The majority of these mothers remained partnered over the seven-year study period (see Table 2.4), while 6 percent remained sole mothers. The other relationship sequences that are represented demonstrate that sole motherhood can be a transitory status. In all, 32 percent of the mothers changed relationships during the time, in six different combinations of being a partnered or a sole mother over the periods from Survey 1 to Survey 3.

**Table 2.4: Young cohort: Relationship changes for those who were young mothers at Survey 1\***

Survey 1 (1996) Relationship status	Survey 2 (2000) Relationship status	Survey 3 (2003) Relationship status	N	%
Sole mother	Sole mother	Sole mother	20	6.3
Sole mother	Sole mother	Partnered mother	21	6.5
Sole mother	Partnered mother	Partnered mother	23	7.2
Sole mother	Partnered mother	Sole mother	13	4.2
Partnered mother	Partnered mother	Partnered mother	197	62.0
Partnered mother	Partnered mother	Sole mother	12	3.7
Partnered mother	Sole mother	Sole mother	18	5.8
Partnered mother	Sole mother	Partnered mother	14	4.4
Total			318	

\* Only those for whom these data were available for all three surveys are included.

## Conclusions

Two of the key issues that emerged from data on relationships that need to be taken into account in any longitudinal research into sole motherhood, include age of sole motherhood and the stability and instability of relationship patterns. Although only a small proportion (7 percent) of young women were mothers at Survey 1 when the women were 18-23 years, a high proportion of these mothers (30 percent) were sole mothers. This proportion fell rapidly as the number of women with children increased. However, this highlights an important distinction to be made in analyses involving sole mothers; the age of first sole motherhood, and the distinction between having young children and having children young.

The second feature that emerged from the limited longitudinal analysis that was possible across the three surveys, related to the variation in patterns of relationship status that women experienced across three surveys. Over the seven years we found eight patterns of partnering, with two remaining stable, that of sole mother or partnered mother at each of the three surveys. There are six

other combinations of relationships, (e.g. sole, partnered, sole). As the ALSWH continues, the effects of such change will be examined. With only limited analysis on the third survey possible, this issue could not be pursued in this study.

### Section 3: Education

Research in many countries including Australia (eg. Cairney & Wade, 2002; Franz, et al., 2003; Rodgers & Wilson, 1998; Weitoft, Hagland, & Rosen, 2000) has shown that sole mothers are over represented at the lower levels of the education range, as well as at the lower levels of the economic scale (see Section 4). In Australia, among parents in receipt of Parenting Payment Single (PPS), 74 percent had an education level of Year 10 or less, while 11 percent had a recognised post-secondary school qualification that is significantly lower than the levels among women in the general population (Carlile et al., 2002).

Australian sole parents indicate a desire to take steps to increase their education levels, for example in a study of PPS recipients 40 percent indicated that they had plans to undertake further study, though only 12 percent were currently students (Carlile et al., 2002). In another study that compared four groups of government income support recipients (unemployed, sole parents, partners/ carers/ parents, disabled/ sick), sole parents were found to be the most likely to be undertaking further education (Landt & Pech, 2000). They are largely motivated by the desire to increase paid work prospects or improve skills related to the paid work they were doing (see also Carlile et al., 2002).

The impact of higher education levels on paid employment participation is not clear-cut. One study of separated parents with 'shared care' custody arrangements, found that parents who had higher levels of education were more likely to be undertaking paid work (Dickenson, Heyworth, Plunkett, & Wilson, 1999). Other research has found that all other things being equal, higher education of sole mothers resulted in little increase in the probability of paid employment participation relative to partnered mothers as other factors made more impact (Gray, Qu, de Vaus, & Millward, 2002).

Several barriers to further education among sole mothers have been suggested by past research, including the cost of courses (Carlile, et al., 2002). Age of the youngest child has been found to be associated with education levels among sole, but not partnered mothers and as the age of the youngest child increased, so did the education level of their mothers (Gray et al., 2002). While the presence of young children can act to prevent sole parents from undertaking further education, no research was found that indicated the factors assisting them to study. However, research concerned with paid employment has indicated that childcare, social support, and flexibility in employment arrangements are important factors for sole mothers who undertake paid work (Morehead, 2002). It seems likely that similar factors play a role in sole mothers' ability to undertake further education.

In Australia, lower education levels, defined as a lack of post-school qualifications, have been associated with lower paid employment participation (Rodgers & Wilson, 1998); and qualitative research has identified access to further education as a determinant of future paid employment among sole mothers (Morehead, 2002). Completing further education among a group of sole mothers in the US was found to have positive outcomes for their children, including increased aspirations for their children's education, increased aspirations in their children, and an increased ability to help with children's homework (Burns & Scott, 1997).

Sole motherhood in Australia has been associated with lower education levels (Rodgers & Wilson, 1998; Carlile et al, 2002) and a higher risk of poverty than in other OECD countries (Christopher, England, Smeeding, & Phillips, 2002). Not that study always leads to increased paid employment participation. A study by Saunders, Brown, & Eardley (2003) found that undertaking education

while on government benefits can lead to delayed entry into paid employment while students complete their course, though they did not investigate long term effects, which are likely to be economically beneficial.

Lower education levels have also been associated with increased financial hardship and deprivation (Bray, 2001) and with poorer health among sole mothers (Lahelma, Arber, Kivelä, & Roos, 2002). US based research has indicated that higher education among sole mothers was associated with higher earnings and lower levels of financial strain (Jackson, Brooks-Gunn, Huang, & Glassman, 2000), something that a number of studies have shown.

## ALSWH

When education levels are considered for both Young and Mid-aged cohorts of the ALSWH in terms of relationship status, we find this area to have striking differences between the situations of sole mothers in their twenties and those in their forties and fifties. This again underlines the importance of not approaching sole mothers as a homogeneous group and highlights the importance of paying attention to the effects of both the issue of having children young, as well as having young children.

Because of the demands of motherhood it is not really surprising that sole mothers in the young cohort are **most** likely of all the young respondents to have reached only Year 10 or less and **least** likely to have a university or higher degree (see Figures 3.1 and 3.2) and that young partnered mothers have the second lowest education levels. However, less expected is the finding that the mid-aged sole mothers are the **least** likely of their age cohort to be in the lowest educational category and **most** likely to be in the highest, having achieved a university or higher degree (Figures 3.3 and 3.4). Partnered mothers had the second lowest levels of education, after the sole mothers. Nevertheless, there still were 32 percent of sole mothers aged 47-52 years with an educational level of Year 10 or less.

As Tables 3.1 and 3.2 indicate these are statistically significant differences. The tables show Odds Ratios, calculated by taking partnered childless women as the reference point, 'the norm', with a reference value of 1. The ratios represent the odds of having the lowest level of education, Year 10 or less. Ratios higher than 1 indicate greater odds, and those lower than 1 indicate lesser odds. The pattern for the young women is clear, both sole and partnered mothers have high odds of having the lowest education level. The gap between them was small at Survey 1 but had widened by Survey 2 (up from 5 to 7 times the odds for sole mothers, while partnered mothers remained at about 4 times). For the Mid-aged cohort, sole mothers had the lowest odds of being in the lowest educational category at both surveys, followed by partnered mothers.

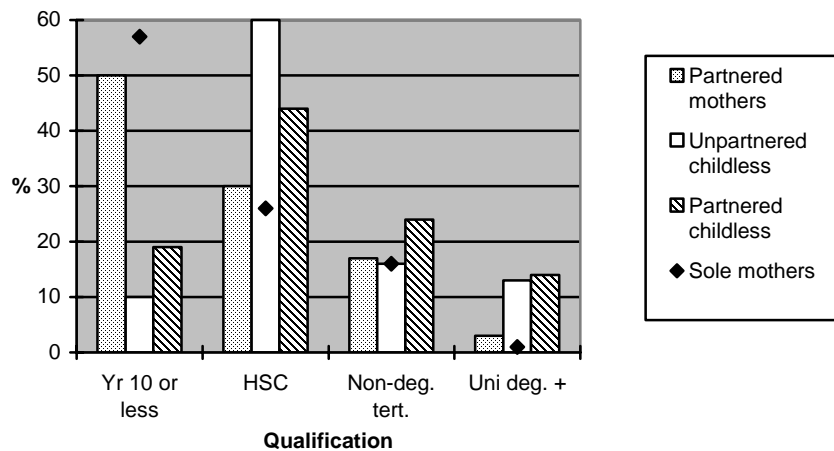


Figure 3.1: Young Survey 1 - relationship status by education

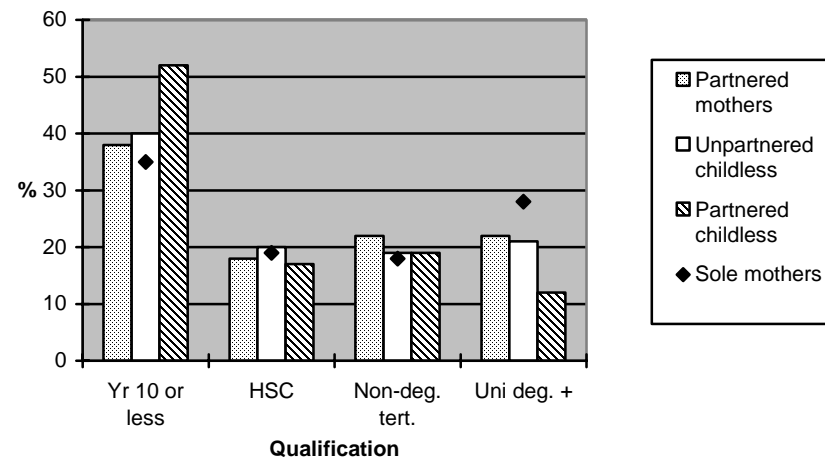


Figure 3.3: Mid-age Survey 1 relationship status by education

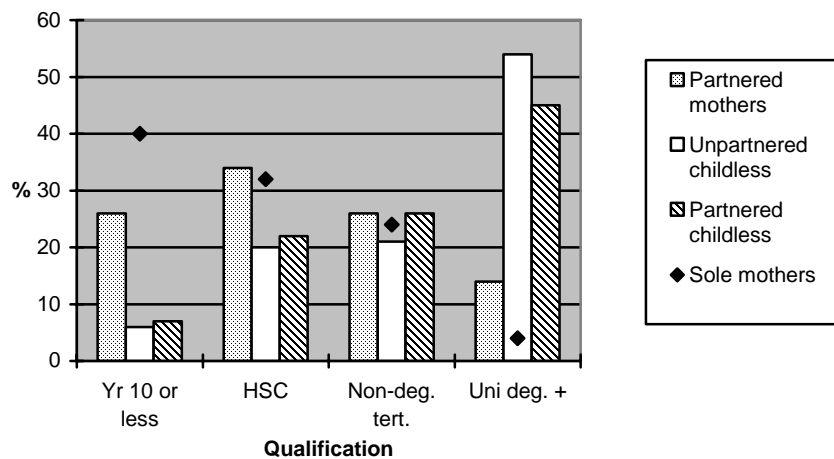


Figure 3.2: Young Survey 2 relationship status by education

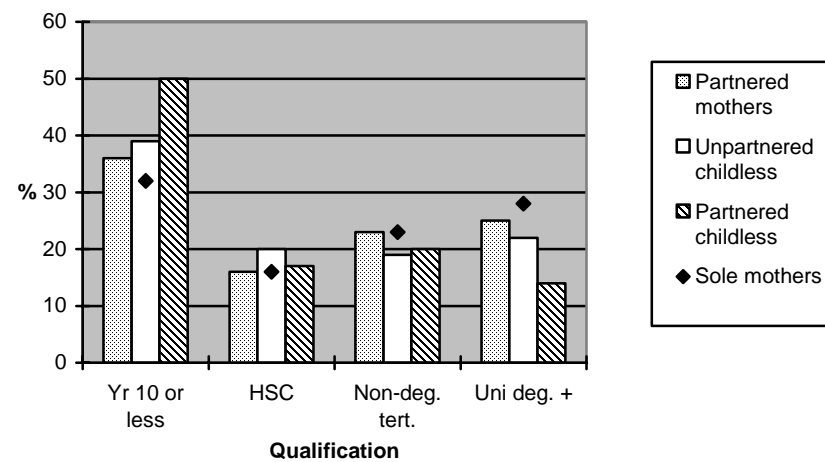


Figure 3.4: Mid-age Survey 2 - relationship status by education (as measured in Survey 1)



**Table 3.1: Young Surveys 1 and 2 odds ratios (OR) and 95% confidence intervals (CI) for the odds of having Year 10 or lower as highest education level by relationship status (Model 1) and by relationship status and demographics (Model 2).**

Relationship status	Survey			
	Young 1		Young 2	
	Model 1 OR (CI)	Model 2 <sup>a</sup> OR (CI)	Model 1 OR (CI)	Model 2 <sup>a</sup> OR (CI)
Sole mothers	5.67 (4.44, 7.24)	5.46 (4.25, 7.02)	8.93 (6.74, 11.83)	7.68 (5.72, 10.29)
Partnered mothers	4.31 (4.44, 7.24)	4.30 (3.56, 5.20)	4.71 (3.89, 5.71)	4.05 (3.32, 4.94)
Unpartnered childless	0.46 (0.40, 0.52)	0.43 (0.38, 0.49)	0.80 (0.67, 0.97)	0.81 (0.67, 0.99)
Partnered childless (ref)	1.00	1.00	1.00	1.00

a. Model 2 adjusted for age, area of residence, and Aboriginal or Torres Strait Islander origins.

**Table 3.2: Mid-age Surveys 1 and 2 odds ratios (OR) and 95% confidence intervals (CI) for the odds of having Year 10 or lower as highest education level by relationship status (Model 1) and by relationship status and demographics (Model 2).**

Relationship status	Survey			
	Mid-age 1		Mid-age 2	
	Model 1 OR (CI)	Model 2 <sup>a</sup> OR (CI)	Model 1 OR (CI)	Model 2 <sup>a</sup> OR (CI)
Sole mothers	0.49 (0.40, 0.61)	0.52 (0.41, 0.65)	0.47 (0.36, 0.60)	0.48 (0.37, 0.62)
Partnered mothers	0.56 (0.52, 0.61)	0.61 (0.56, 0.66)	0.56 (0.51, 0.62)	0.60 (0.54, 0.67)
Unpartnered childless	0.62 (0.55, 0.69)	0.65 (0.58, 0.73)	0.63 (0.56, 0.71)	0.63 (0.56, 0.71)
Partnered childless (ref)	1.00	1.00	1.00	1.00

a. Model 2 adjusted for age, area of residence, and Aboriginal or Torres Strait Islander origins.

### Changes in education status after separation

Education levels for the young cohort over time were examined using a dichotomous measure of education levels at Surveys 1 and 2. This results in three categories that allow assessment of change between Survey 1 and Survey 2:

- remained at Year 10 or less
- increased from Year 10 or less to greater than Year 10
- remained at greater than Year 10

Student status among the Young and Mid-aged cohorts was examined by using responses to a question on the first survey that asked if women were currently attending an educational institution, and a question on the second survey that asked how many hours women spent studying in a week. This resulted in four categories:

- non-student in both surveys
- started studying
- stopped studying
- student in both surveys.

There was a significant association between separation and changes in education level for the Young cohort. Of the mothers who had separated, 16 percent ( $n = 9$ ) had increased their level of education since the time of the first survey, compared to 7 percent ( $n = 16$ ) of mothers who had remained partnered. However, this still left 46 percent ( $n = 26$ ) of mothers who had separated compared to 40 percent ( $n = 97$ ) of mothers who had remained partnered, with an education level of Year 10 or less at the time of the second survey.

Separation was also associated with change in student status. Young mothers who had separated were more likely to have started studying, or to have remained a student since the first survey than the young mothers who remained partnered (see Table 3.3). Compared to those who remained partnered, those who separated were less likely to have been a non-student at both surveys and to have stopped studying.

**Table 3.3: Separation and change in student status - Young cohort**

Student status	Remained partnered		Separated	
	N	%	N	%
Non-student both surveys	207	80	31	57
Started studying by Survey 2	26	10	19	35
Stopped studying by Survey 2	18	7	2	4
Student both surveys	6	2	2	4
Total	257		54	

Because of the low number of mid-aged mothers who had separated since Survey 1 ( $n = 38$ ), and the comparatively high number of mothers who remained partnered ( $n = 1,693$ ), it is appropriate to present only descriptive data regarding change and education for the Mid-aged cohort.

Of the mid-aged mothers who separated, 26 percent ( $n = 9$ ) had started studying since the first survey, compared to only 5 percent ( $n = 81$ ) of the mothers who remained partnered. But nearly 30 percent of mothers who separated ( $n = 10$ ) had stopped studying since the time of the first survey, compared to 6 percent of mothers who remained partnered. Interestingly, comparisons revealed that a higher percentage of mothers who separated were students at Survey 1 and Survey 2, compared to mothers who did not separate. At Survey 1, 29 percent of mothers who later went on to separate were students, compared to only 10 percent of mothers who remained partnered, which suggests that some women plan for their separation or, that studying can be a precursor to separation. At Survey 2, 27 percent of the mothers who had separated were students, compared to 8 percent of mothers who had remained partnered.

Overall, this indicates a strong tendency for mothers who separate to actively pursue further education when compared to mothers who stay partnered. However among the young cohort, more than half of the mothers who separated did not start further education. Furthermore, although 16 percent of young cohort mothers who separated increased their level of education over the study period, separated mothers were still less likely than partnered mothers to have more than a Year 10 level of education by the time of the second survey.

## Focus Group Study

The education profile of the women in the FGS, in keeping with their older age, is comparable to the ALSWH mid-aged cohort. There were 13 women (13 per cent) with year 10 or less, while 8 were undertaking further study. Others were contemplating further study, often in recognition of losing access to income support as children grew older.

**Table 3.4: FGS participants' educational qualifications**

Qualification	N	%
None	2	4.2
Year 10	11	22.9
Year 12	5	10.4
Trade	1	2.1
Certificate/diploma	16	33.3
Degree	10	20.8
Higher degree	1	2.1
Missing data	2	4.2

The FGS sole mothers who had successfully undertaken further education, or were in the process studying, raised a number of factors that had assisted them, including: government assistance in respect of course information; assistance with obtaining and paying for childcare; assistance with course fees; income support (PPS); social support and flexible course delivery. Among the many obstacles to undertaking further education raised were: their own psychological health; insufficient income; inconvenient course timetabling; lack of access to affordable childcare at appropriate hours; insufficient income; transport; insufficient time; needs of young children; lack of information; lack of access to education facilities in remote areas.

Though non-completion of study contributed to feelings of failure, loss of hope and shame, women mostly gained in self-esteem and confidence from studying. One participant noted her goals as,

basically to earn enough money to keep us... more importantly than the financial thing, I want my son to see me having a fulfilling life... that means having a job that I like... the normality that you create, that helps them to understand what's possible...

Juggling responsibilities is a key issue. One sole mother, in the process of organising housing, childcare, transport and her own course enrolment said, '...if one of those things doesn't happen, then the whole thing falls kaput.' Courses have to meet two main criteria: lead to improved employment prospects and fit in with their roles as mothers. Child care was most commonly talked about as an obstacle, and many with children of preschool age, viewed further study as impossible because of their mothering responsibilities. Cost of study was also raised - 'everyone keeps telling me I should go back to study, that's all very well, but I'm paying over \$300 a week rent, where is it going to come from?' Other obstacles included lack of information and transport, as well as psychological health, including low self-esteem and depression.

Those who overcame barriers talked about government assistance as a major factor including: course information (via JET), childcare placement, course fees, and the PPS. For instance: 'I do say thank god for [Centrelink payments] which on my perspective that's [how] I scraped through'. Although grateful for PPS, student's economic circumstances were described by a number as having 'nothing in terms of economic security', as 'scraping by', and as 'slogging away'.

Dropping out was precipitated by similar factors to those that prevented other women from starting courses, such as loss of childcare, the need to be with younger children and the general difficulty of balancing motherhood with study and other life stresses. As one women said: 'I got hit with too many things, externals in my life circumstances... I don't have a computer... I pulled out and I felt so stupid, I felt so ashamed ... I didn't even tell the TAFE teacher'. Negative aspects included

concerns over Higher Education Contribution Scheme (HECS) debts, and disappointment when paid work was not obtained. For example: ‘I do have skills and I do have qualifications, and I have updated some of my qualifications but still, I get the interviews but I don’t get the job’.

## Conclusions

Education is an issue that well illustrates the importance of taking account of the range of circumstances of sole mothers. There are marked differences between the levels of the young and mid-aged cohorts, with the young sole mothers **most** likely of their cohort to have achieved only Year 10 or less, and the mid-aged sole mothers **least** likely to have the lowest education levels and **most** likely of their cohort to have achieved a university or higher degree. A Swedish study also found older sole mothers to have higher education levels than younger (Andren, 2003).

The age at which sole mothers had their children is important for understanding the differences between cohorts. Comparing sole mothers only at the time of the second surveys: 21 percent of the young cohort were aged 18 years or younger at the birth of their first baby, while only 6 percent of the mid-aged cohort had their first baby at 18 years of age or younger. Having a baby when 18 or less normally interrupts secondary education, with a flow-on impact on tertiary education. Welcome efforts are being made now however at some secondary schools (following the lead of Plumpton High in suburban Sydney), to avoid this outcome, by providing facilities for both mothers and their babies.

The age of children also impacts on education. For example, of sole mothers at the second survey, 13 percent of Young cohort women had children under 12 months of age, and 64 percent had children aged 12 months to 5 years, while only 10 percent of the Mid-aged cohort had children aged less than six years. Past research has indicated as children grow older sole mothers’ education levels increase (Gray et al., 2002).

The FGS data highlight many potential barriers to participation in further education for sole mothers, including psychological health, financial difficulty, course timetabling, difficulties obtaining childcare, transport and a lack of information about education opportunities. In the remote area, distance was a further barrier.

While many of these barriers also exist for partnered mothers, sole mothers do not have access to another live-in adult with whom to share parenting and household responsibilities. Overcoming each barrier is a challenge that sole mothers must meet alone. But despite the barriers, many sole mothers in both the ALSWH and the FGS had undertaken further education, and others were planning to (see also Carlile et al., 2002).

Furthermore, the longitudinal ALSWH data demonstrate that mothers who separated were more likely to begin further education, than those who remained partnered which extends on past research that found sole parents to be the most likely of government benefit recipients to undertake education (Landt & Pech, 2000). The FGS participants indicated that they undertook further study with a view to preparing for the cessation of PPS and improving their economic status, which also accords with the findings of other research involving PPS recipients (Carlile et al, 2002). Availability of social support and flexibility are in line with factors that Morehead (2002) found to facilitate paid employment participation among sole mothers.

Some research has suggested education makes little difference to the employment rates of sole mothers compared to partnered mothers (Gray et al., 2002). Other research has indicated that further education is necessary in order for sole mothers to successfully obtain paid work (Dickenson et al., 1999). Whether job producing or not, the completion of courses was claimed to have had positive outcomes for women in the focus groups. Benefits were not only financial but also increased self

esteem and confidence. But not completing a course, commonly caused by loss of childcare, the need to be available for children's needs, difficulty with balancing multiple roles and economic stress, contributed to feelings of failure, loss of hope and shame.

This investigation contributes to the small body of Australian information currently available on the issue of sole motherhood and education. The findings demonstrate low levels of education among young sole mothers, but also indicate that sole parenthood may act as a spur to studying. Over the life of the study, mothers who separated were more likely to start studying than mothers who remained partnered for both age cohorts. The explicit reason for studying was to enhance employability, and the different educational profiles for the cohorts is explained by the longer time the older women have had to pursue further study. The FGS data indicate that pursuing further education involves the overcoming of many obstacles, including a range of childcare issues, transport, cost, accessibility, and health. Many of these barriers are amenable to modification through attention to policy and service provision. These issues are doubly important because they are also likely to affect, if to a lesser degree, the paid employment opportunities of partnered mothers (and some fathers, especially sole fathers), which overall suggests a good pay-off from any systematic attention paid to these factors.

## Section 4: Paid Employment

Australia has had persistently lower rates of paid employment among sole mothers (and indeed among partnered mothers), than many OECD countries, particularly the Scandinavian countries, but also Canada and the USA (Perry, 1993). Increasingly, however, the focus of Australian government policy has been on encouraging sole parents to undertake paid employment, to place them in a better financial position, and make them less reliant on government benefits. This shifting focus mirrors an international trend to move welfare recipients into the paid workforce (Baker, 2000). This is particularly evident in the USA, UK, Canada and Australia (O'Connor, Orloff and Shaver, 1999). In the Australian context, sole parents in 1987 became entitled to income support (PPS) only until their youngest child reached 16 years of age, or 18 if studying full-time, where earlier it had been 25 years for offspring studying full-time. After this, sole parents must find paid employment, or apply for alternative income support (eg. unemployment benefits, disabled/carer pension).<sup>1</sup>

While Australian sole mothers have lower rates of paid workforce participation than partnered mothers (Gray, et al., 2003), when sole parents in receipt of PPS are compared with recipients of other government benefits, they have the highest paid work participation rates (Gregory, 2003). A recent interview survey of those in receipt of PPS revealed that 63 percent of sole parents would have preferred to have been in paid employment, but only 40 percent were actively seeking paid work, and just 8 percent had undertaken paid work in the two months prior to the survey (Carlile et al., 2002). Gregory found that 83 percent of PPS recipients were planning to seek paid work, but only 43 percent were preparing to do so within 12 months (Gregory, 2003). Discrepancies between the desire for paid work, seeking paid work, and undertaking paid work are partially explained by the obstacles to paid employment experienced by sole mothers, and we examine these here.

Job availability is also a major obstacle for sole mothers, and is regularly specified as a barrier to paid employment (Carlile et al., 2002; Dickenson, et al., 1999). Gray et al. (2003) also found that sole mothers were more susceptible to changes in the national employment rate than partnered mothers. Unsuitability of available jobs was given by PPS recipients as a reason for their low

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<sup>1</sup> Budget 2005-2006 proposes that sole parents be required to undertake work activities from the time their youngest child reaches six years.

expectations regarding paid employment (Carlile et al., 2002) and other research has suggested flexibility of work hours to be an important consideration for sole mothers (Morehead, 2002). An analysis of ABS data shows that part time paid employment participation did increase among sole mothers, from 12 percent in 1983 to 27 percent in 2002 (Gray et al., 2003) and other data indicate that 20 percent of sole mothers in part time work would have preferred full time (Gray et al., 2003).

As with undertaking education, sole parents indicate that their family responsibilities are the key consideration in the decision not to take paid work. When we consider hours worked (Carlile et al., 2002; Dickenson et al., 1999; Gregory, 2003), a number of factors are involved. Childcare again is fundamental, with a lack of affordable, accessible childcare repeatedly identified as a barrier (Carlile et al., 2002; Dickenson et al., 1999). Morehead (2002) found the corollary, that the availability of affordable, accessible childcare was a facilitative factor for sole mothers in paid work. Research has also indicated however, that some separated parents believe that formal childcare is unsuitable for their children (Dickenson et al., 1999).

Poor health, which has been associated with sole motherhood (eg. Jayakody et al., 2000), may affect women's ability to participate in paid work. A current debate about health and work involves hypotheses relating to 'role overload' and 'multiple attachment'. The role overload theory proposes that women will become less healthy by taking on more roles, such as motherhood and paid employment. The multiple attachment theory proposes that multiple roles offer the opportunity for increased contact with the community, which is beneficial to health (Lahelma, et al., 2002). Investigations with sole mothers have revealed conflicting results, with some reporting positive and some negative associations between health and paid work (eg. Fokkema, 2002; Lahelma et al., 2002; Macran, Clarke, & Johsi, 1996; Baker & North, 1999). The contribution of paid work to health (the health effect) remains unclear since healthier people are more likely to undertake paid work - the selection effect (Fokkema, 2002). In one qualitative study, mothers reported the onset of psychological health problems when they started work as a part of a welfare program in the US (Hildebrandt, 2002). On the other hand, a longitudinal examination that controlled for the effects of earlier psychological distress (selection effect), found employment to have a positive impact on psychological distress among sole mothers (Hope et al., 1999), and Gregory (2003) noted that the outcomes of employment for sole parents include contact with other adults and increased self confidence. Another longitudinal study found that entering paid work did not have any impact on levels of psychological distress among sole mothers (Ali & Avison, 1997).

The suitability of available paid work could be a reflection of a lack of qualifications among sole mothers. In a survey of PPS recipients, lack of skills was noted as the most common reason that sole parents gave for their low expectation of future paid employment (Carlile et al., 2002). Other research suggests that further education was necessary to enable sole mothers to find paid work (Kalb, 2003; Morehead, 2002). Our findings (see Section 3) show that sole mothers in their twenties have lower education levels than other women in their twenties, but this was not the case for mid-aged sole mothers. Furthermore, the qualitative findings from the FGS suggest that further education did not necessarily lead to paid employment. Past research also suggests that the lower education levels associated with sole motherhood may not adequately account for the lower paid work participation rates of sole mothers compared to partnered mothers (Gray et al., 2002).

Lack of access to transport, age (too old to find paid work), and no recent work experience have also been implicated as barriers to paid work participation among sole mothers (Carlile et al., 2002; Dickenson et al., 1999; Rodgers & Wilson, 1998). But just as some factors act to prevent sole mothers from obtaining paid work, other factors facilitate this. An Australian study that qualitatively examined the experiences of sole mothers who were undertaking paid employment, found that seeking and maintaining paid employment were facilitated by social support, flexible

working conditions, supportive employers, the ability to earn an adequate income, and a supportive ex-partner (Morehead, 2002).

Sole mothers have been shown to undertake paid work to improve their financial positions (Gregory, 2003) and the FGS findings are in line with this. However, other research suggests that the economic outcomes may fall short of these expectations. For example, Walter (2002) found employment in lower paying jobs resulted in sole mothers having lower material wellbeing than if they had been in receipt of PPS. Overall, as this discussion of past research shows, the experiences of sole mothers with seeking and maintaining paid employment are varied and complex. We now turn to data from the ALSWH and the FGS to examine this further.

## ALSWH

### Occupations

When we consider the occupations of the young women, in terms of relationship status at both first and second surveys (Figs 4.1 and 4.2), we find both partnered and sole mothers<sup>2</sup> are significantly more likely to be in occupations that offer lower wages (eg. sales, service, manual work).

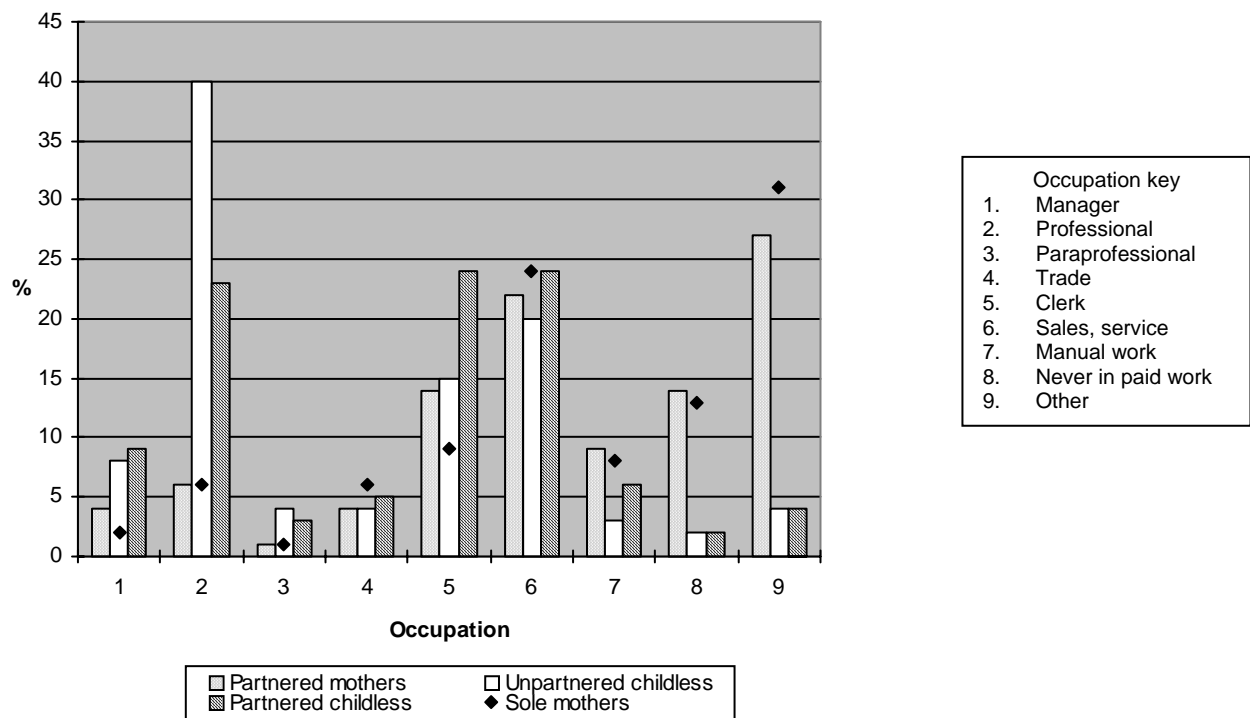


Figure 4.1: Relationship status by occupation - Young Survey 1

<sup>2</sup> Survey 1:  $\chi^2(24, 12,721) = 2023.23, p < 0.001$ ; Survey 2:  $\chi^2(24, 8901) = 2092.69, p < 0.001$ .

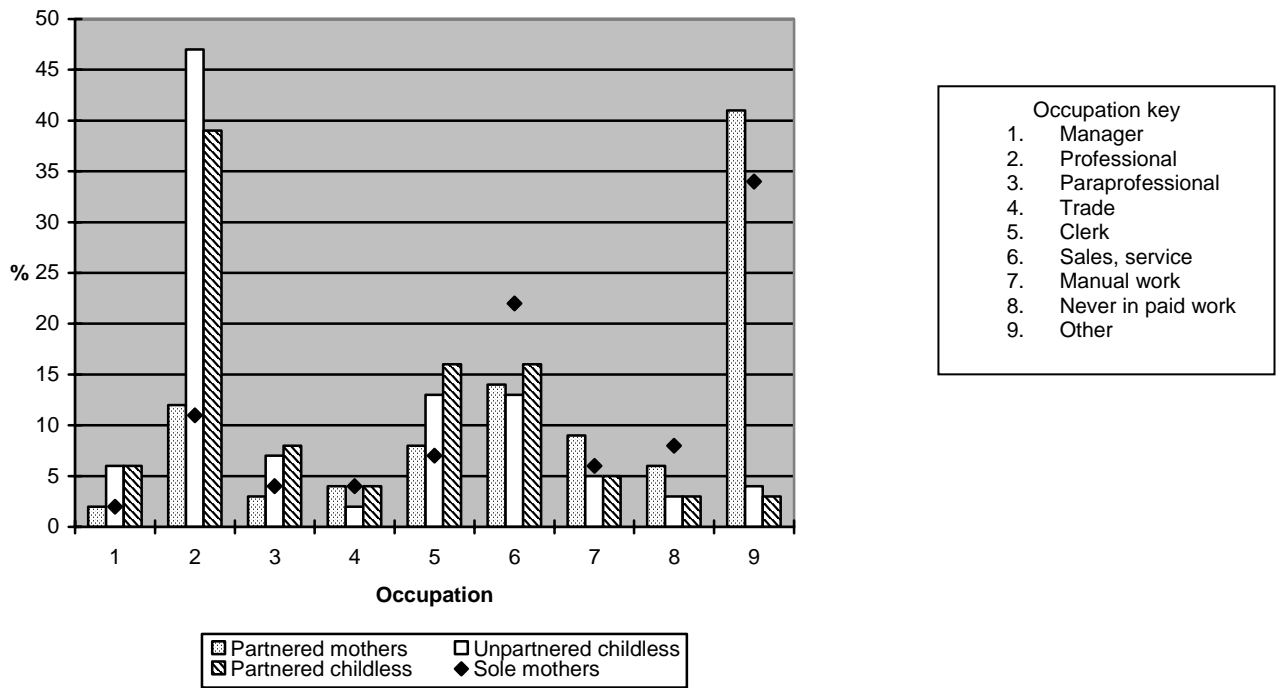


Figure 4.2: Relationship status by occupation - Young Survey 2

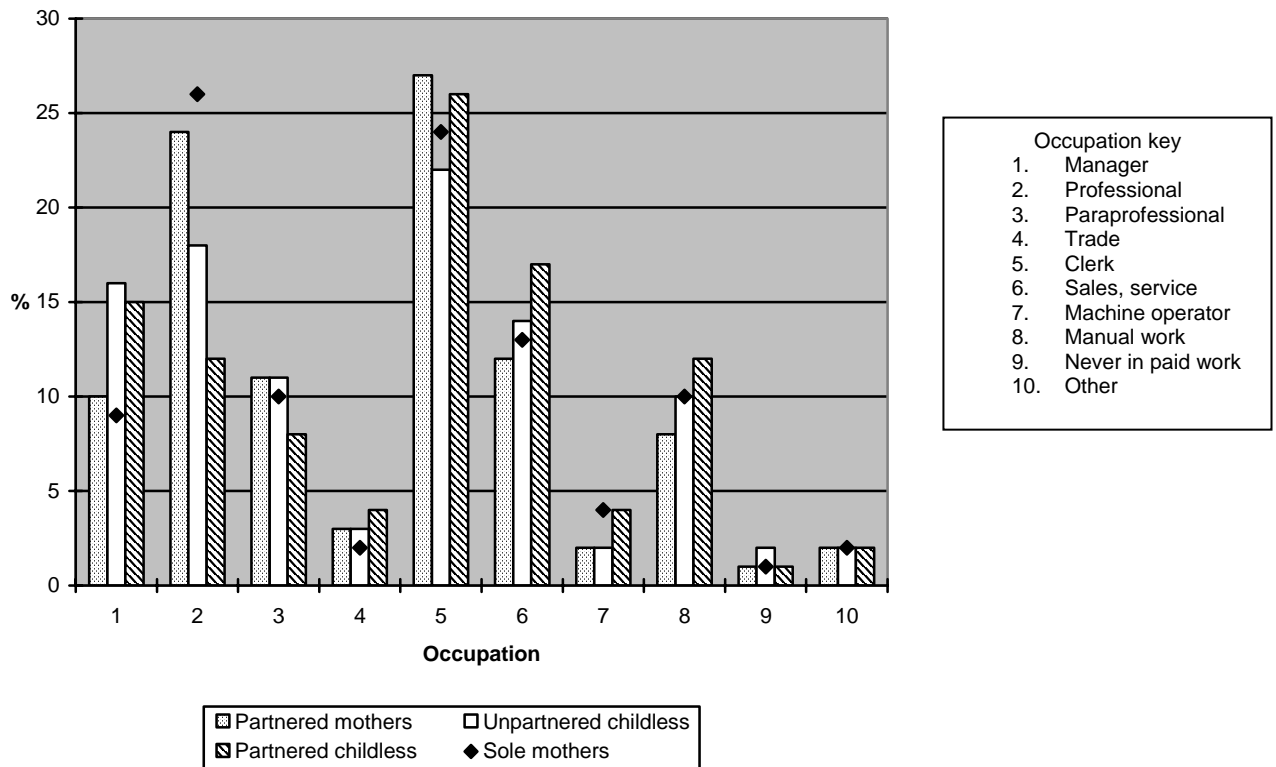


Figure 4.3: Relationship status by occupation - Mid-age Survey 1

For the Mid-aged cohort at the first survey, analysis of occupation also shows a statistically significant association between relationship status and occupation though the differences are much smaller than for the young women. It is worth noting as well, the high number in professional occupations and the low numbers of both partnered and sole mothers in management jobs. It seems likely that the need for flexibility in employment, which the FGS data raise, may account for the low proportion in management. Management positions may well offer less flexibility.



Although not directly comparable, it is worth noting that for the Young cohort, mothers were least likely to have professional occupations, which is consistent with the findings in respect of low levels of tertiary education. It is possible that mid-aged sole mothers completed education prior to having children (as discussed in Section 3). This may have assisted them in attaining professional positions, while many sole mothers in their twenties might not yet have had this opportunity. In addition, among mid-aged sole mothers the numbers in professional occupations may reflect that greater life choices have been available to mothers with such qualifications. That is, mid-aged mothers without a professional occupation may be more likely to stay with a partner, than mid-aged mothers with professional qualifications and consequently, access to a better paying and possibly more flexible job.

### **Hours of paid employment**

There was a significant association between relationship status and the hours women spent in paid work, though between 80 and 90 percent of the young women with children were not undertaking any paid employment at either survey. Findings for the first young cohort survey show that the sole mothers were about as likely as other women to undertake 24 hours or less of paid employment per week, were the least likely to undertake 25-40 hours per week and as likely as partnered mothers to undertake 41 or more hours. At the second young survey, sole mothers were only slightly more likely to be undertaking part time work than full time work, and their hours were similar to those of partnered mothers.

In both Mid-aged cohort surveys, sole mothers commonly indicated that they were not undertaking paid work, though the percentage was much lower than in the Young cohort, at around 30 percent. Of those sole mothers who were undertaking paid work, the categories of 1-15 hours, and 35-40 hours per week were the most common responses. At both Mid-aged cohort surveys, around 20 percent of sole mothers were spending 35-40 hours per week in paid work, and 10 percent were undertaking 41-48 hours.

### **Preference for paid work hours**

Relationship status was also significantly associated with preference regarding number of paid work hours in all four surveys. Figures 4.4 to 4.7 illustrate the cross tabulation results, showing the percentage of women for each relationship status category and their preference.<sup>3</sup> The majority of employed sole mothers in the first young survey indicated that they would prefer to be spending more time in paid work. They were the least likely of all women to indicate that they were happy with the number of hours they spent in paid work, and the least likely to indicate they would like to do fewer hours of paid work. The first mid-age survey data also indicated that sole mothers were the least likely to be happy with the number of hours they spent in paid employment. By contrast, though, the mid-aged sole mothers were more likely to want to spend fewer hours in paid work and certainly a higher proportion worked longer hours than among the young sole mothers.

The second survey measure of preference for paid work hours was based on women who were and who were not in the paid workforce. In both the young and mid-age second surveys, sole mothers were the least likely group to be satisfied with the number of hours spent in paid employment, and more likely than other women to say they would have preferred to spend more hours in paid work. The mid-aged sole mothers, however, were slightly more likely to say they would like to do fewer hours than they were to say they would like to do more hours of paid work.

Among the sole mothers in the second Young cohort survey who said they would like to do fewer paid work hours, 52 percent said they would like to do fewer hours because of childcare, 32 percent so that they had more time, and 12 percent for other family reasons. Among mid-aged sole mothers

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<sup>3</sup> The measure for satisfaction/preference for paid work hours included a 'not applicable' category in the first surveys. These results were omitted from Figures 5 and 7, therefore the percentages shown in these figures do not sum to 100%.

in the second survey who said they would like to do fewer hours of paid work, 64 percent said they would like more time, and 34 percent specified family reasons. Among those sole mothers who said they would like to do more hours of paid work, 48 percent indicated that they had been unable to find a suitable job, 34 percent indicated family reasons and 18 percent said health reasons prevented them from doing more hours. These results show that childcare is a far more pressing issue for sole mothers in their twenties than for sole mid-age mothers, which reflects the ages of their children. Most mid-aged sole mothers were not likely to need childcare or to need it less often (eg. before and after school care as opposed to full day care).

### **Paid employment status**

The ALSWH Young cohort data reveal a significant association between relationship status and paid employment at both Surveys. The young mothers, both partnered and unpartnered, were much more likely than other women not to be undertaking paid work (Figures 4.8 and 4.9). It is noteworthy however that sole mothers at the second young survey were somewhat more likely than partnered mothers to be undertaking paid employment. It is also important to note the large drop in the number of non-mothers who were not in employment at Survey 1. This drop accounted for by the large numbers who were studying at Survey 1 but who had completed their studies before Survey 2.

In the mid-aged cohort first survey, relationship status was significantly associated with paid employment. Sole mothers were about as likely as partnered mothers not to be undertaking paid employment, and were slightly more likely than partnered mothers to be undertaking full time paid work (see Figures 4.10 and 4.11). Relationship status was significantly related to paid employment in the second mid-age survey. The questions used to obtain the results differed between surveys, so the results are not directly comparable. However, a similar shape in distributions was apparent; sole mothers were about as likely as partnered mothers not to be in paid work (Figure 4.11).

In order to determine the odds of being in paid employment and to adjust for the impact of demographic variables and education, a series of logistic regressions was conducted. The outcome variable was not being in paid employment (scored 1), while the alternative was being in either full time or part time/casual paid employment (scored 0). In the first model, relationship status was entered as the predictor; in the second model, demographic variables were added as predictors (i.e. age, area of residence); in the third model demographic variables and the four level measure of education (Year 10 or less; HSC; Non-degree tertiary qualification; University degree or higher) were added.

Multivariate results for all four surveys are reported in Table 4.1. Young sole mothers in Survey 1 had 11 times the odds of not being in paid employment, relative to partnered childless women. After adjusting for demographics, the odds ratio was slightly increased to 12.50. However, after adjusting for demographics and education level, the odds ratio was reduced to 10.68. This finding indicates that part of the association between sole motherhood and paid employment was accounted for by education level. Of all the relationship status categories, young sole mothers had the highest odds of not being in paid employment.

These results were different at the time of the second Young cohort survey, conducted four years later. Then, partnered mothers had the highest odds (16 times) of not being in paid work relative to partnered childless women. However, sole mothers had nearly 14 times the odds of not being in paid work, relative to partnered childless women (unadjusted). As before, adjusting for demographics resulted in slightly increased odds of not being in paid employment, and adjusting for demographics and education resulted in a reduction of the odds ratio for both partnered and sole mothers. This indicates that among Young cohort women with children, part of the association between relationship status and not being in paid employment is accounted for by education level.

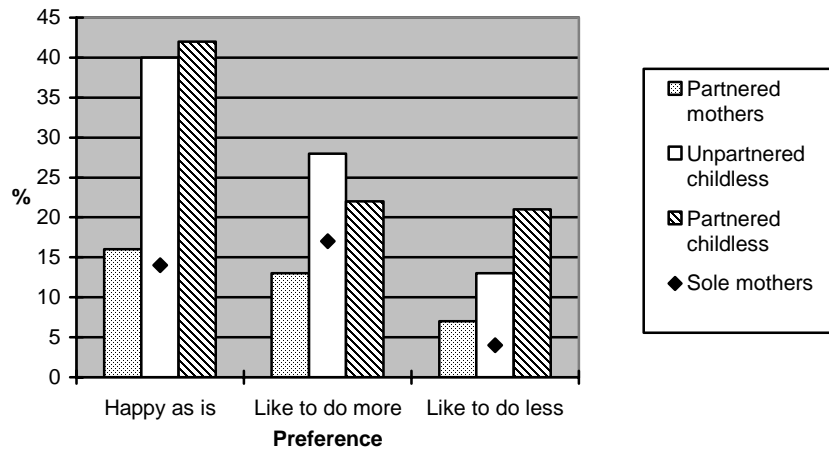


Figure 4.4: Relationship status and preference regarding paid work hours - Young Survey 1 (N/A category not shown)

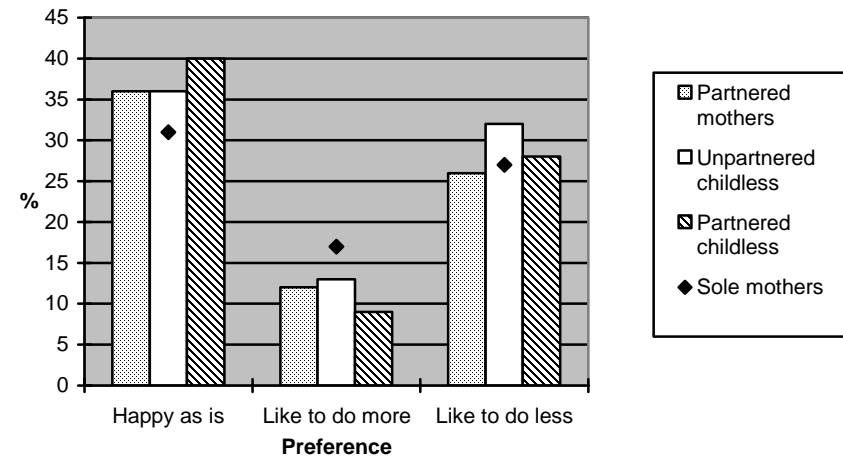


Figure 4.6: Relationship status and preference regarding paid work hours - Mid-age Survey 1 (N/A category not shown)

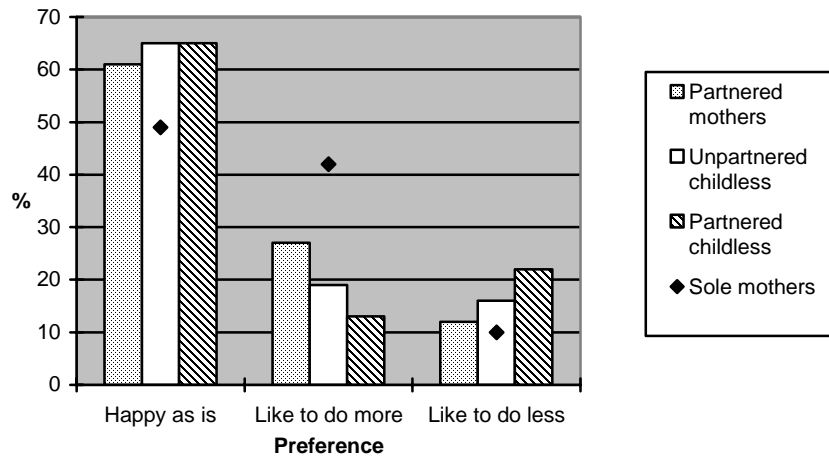


Figure 4.5: Relationship status and preference regarding paid work hours - Young Survey 2

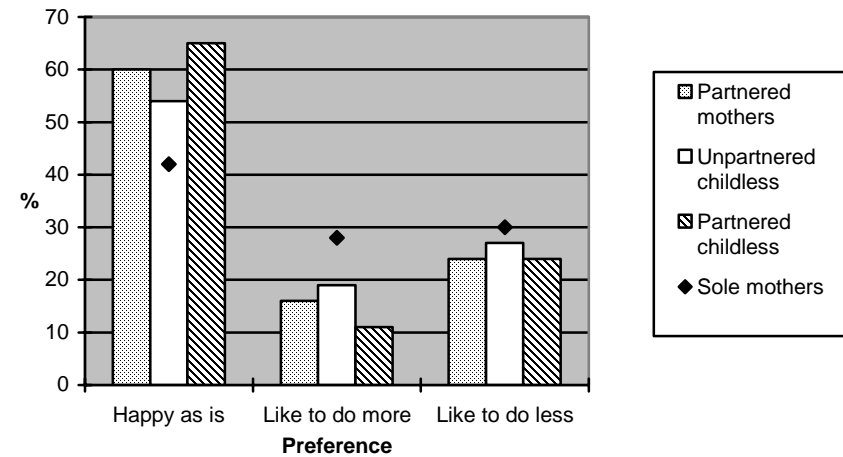


Figure 4.7: Relationship status and preference regarding number of paid work hours - Mid-age Survey 2

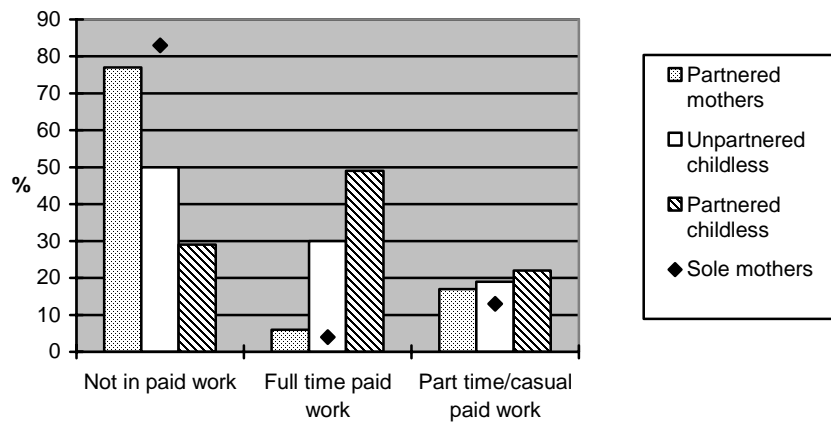


Figure 4.8: Relationship status by paid employment - Young Survey 1

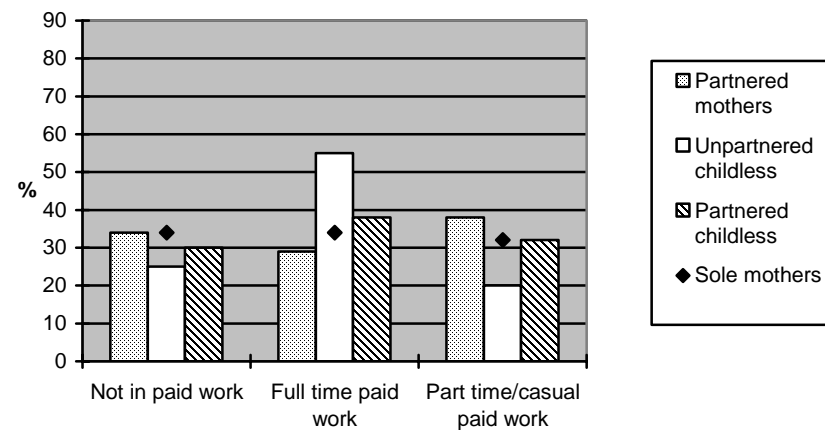


Figure 4.10: Relationship status by paid employment - Mid-age Survey 1

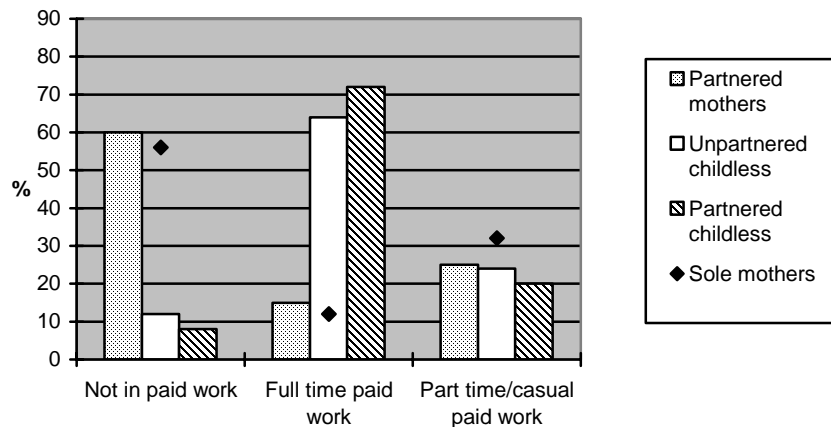


Figure 4.9: Relationship status by paid employment - Young Survey 2

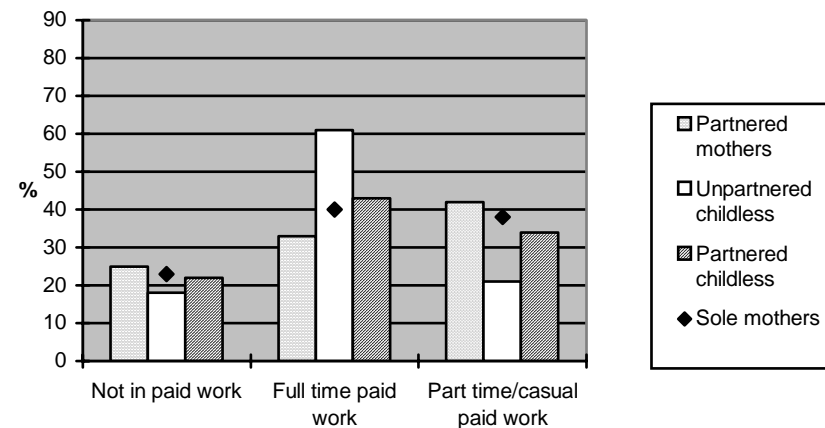


Figure 4.11: Relationship status by paid employment - Mid-age Survey 2

**Table 4.1: Odds ratios (OR) and 95% confidence intervals (CI) for the odds of not being in paid employment for relationship status: unadjusted (Model 1); adjusted for demographics (Model 2); and adjusted for demographics and education (Model 3).**

Survey Relationship status	Model 1 <sup>a</sup>		Model 2 <sup>b</sup>		Model 3 <sup>c</sup>	
	OR	CI	OR	CI	OR	CI
<b>Young Survey 1</b>						
Sole mothers	11.87	8.75, 16.10	12.50	9.14, 17.11	10.68	7.80, 14.64
Partnered mothers	8.19	6.69, 10.02	10.34	8.39, 12.73	8.94	7.24, 11.05
Unpartnered childless	2.48	2.24, 2.74	1.89	1.70, 2.11	1.99	1.78, 2.21
Partnered childless	1.00		1.00		1.00	
<b>Young Survey 2</b>						
Sole mothers	13.98	10.67, 18.33	14.15	10.69, 18.74	10.98	8.15, 14.79
Partnered mothers	16.41	13.81, 19.49	16.64	13.90, 19.90	14.39	11.92, 17.36
Unpartnered childless	1.44	1.24, 1.68	1.37	1.17, 1.60	1.45	1.23, 1.71
Partnered childless	1.00		1.00		1.00	
<b>Mid-age Survey 1</b>						
Sole mothers	1.14	0.92, 1.43	1.24	0.99, 1.56	1.51	1.20, 1.91
Partnered mothers	1.45	1.05, 1.26	1.25	1.14, 1.37	1.43	1.30, 1.57
Unpartnered childless	0.76	0.67, 0.85	0.78	0.69, 0.88	0.84	0.74, 0.95
Partnered childless	1.00		1.00		1.00	
<b>Mid-age Survey 2</b>						
Sole mothers	1.03	0.76, 1.40	1.18	0.86, 1.61	1.42	1.03, 1.96
Partnered mothers	1.16	1.02, 1.31	1.28	1.12, 1.46	1.46	1.28, 1.67
Unpartnered childless	0.77	0.65, 0.90	0.80	0.68, 0.94	0.84	0.71, 0.99
Partnered childless	1.00		1.00		1.00	

a. Unadjusted

b. Adjusted for demographic variables: age, area of residence, and Aboriginal and Torres Strait Islander origin

c. Adjusted for demographic variables and education

In both of the Mid-aged cohort surveys, sole motherhood was not significantly associated with employment status in the unadjusted models, nor in the models that were adjusted for demographics. After adjusting for demographics and education level, sole motherhood was associated with increased odds of not being in paid employment, relative to partnered childless women. Both Mid-aged cohort results show that with education level held constant, sole mothers have higher odds of not being in paid employment. These results show that women who had more education were less likely to be unemployed.

A word of caution is required concerning the interpretation of these analyses. It is possible that measuring education also captured other, unmeasured, aspects of women's lives that affected paid employment status. For example, it is possible that women with higher social support had been able to obtain further education, and that social support might also have enabled them to undertake paid work.

### Changes in employment status after separation.

To examine employment status after separation, employment was examined by creating a categorical variable that used a dichotomous paid employment measure. The measure used four categories to assess change in paid employment participation from Survey 1 to Survey 2:

- Undertaking paid employment at the time of both surveys
- Stopped paid employment
- Started paid employment
- Not undertaking paid employment at the time of either survey.

Separation was not significantly associated with change in paid employment status for the Young cohort, and few differences were apparent among the Mid-aged cohort.

## Focus Group Study

Women in the FGS undertook paid work to improve their financial circumstances and gain independence from government benefits. Some had no choice because of their particular circumstances eg. ‘I work sixty hours a week to survive financially... I’m not entitled to any pension because my assets take me over the asset limit’. Some women felt that paid work would compromise their ability to parent: ‘why choose not to work? Because I want to be there for my son... [for] his things at school... to be home if he’s sick ... he’s disadvantaged enough’.

As with attempting further education, there were multiple barriers to overcome in order to undertake paid work. Women need to be sufficiently healthy and need to find a job for which they are qualified, that has suitable hours and fits with affordable, available childcare. It must also pay enough to result in a net financial gain. One woman: ‘was successful in getting [a job], but childcare was going to cost me \$270 a week ...’.

Some felt that they had been denied positions because they were sole mothers (see Section 9). Others felt that they would be, or had been, denied employment because they were older. Several had experienced significant physical health problems including Chronic Fatigue Syndrome and Multiple Sclerosis. Psychological health was mentioned more frequently, particularly depression.

Attempts to balance children’s needs with financial objectives formed one part of a larger theme, that of balancing multiple roles. The mothers talked about feeling responsible for ‘absolutely everything’, being ‘pressured’, ‘stressed’, and fatigued. As one woman described her day: ‘I was taking ten buses a day to get to... day care, to work ...I’d get home ...feed my baby and just crawl into bed... In my mid-thirties I just came crashing down with chronic fatigue’. Lack of time to take care of personal physical, psychological and emotional needs, including the pursuit of recreation, personal interests, and social needs, was another issue. ‘You take your children to doctors and dentists ... but your own health, your own dental care... [it is] not even the financial thing, it is trying to find the time’.

Despite all the difficulties 44 percent were in paid work. For many, assistance from friends and family was crucial including for childcare, housecleaning and emotional support. Flexible work practices also facilitated paid work, especially time-off for family emergencies and flexible hours to suit childcare arrangements, but a lack of such flexibility was noted by some mothers. Positive outcomes of paid work were economic and personal, including improved self-esteem, confidence, independence, and feeling ‘normal’: ‘I lost that sense of myself as a person who was very poverty stricken in that instant [of getting a job]...the best, the most happiest feeling I’ve ever felt’; ‘If I didn’t have my uni course, and my job now, I’d be a mess...getting outside doing the mother thing, being there for them yeah... but being able to have a life for myself as well’.

Some sole mothers were better off financially in paid work: ‘I went up to a normal male’s wage ... Last year I earned \$35,000... my kids did whatever they wanted ... I could afford to do it’. Some were worse off; ‘my wages [were] getting swallowed up in marginal tax rates and child care costs’. For some, maintaining a Health Care Card, outweighed the benefits of earning more; ‘I cling on to the little bit of pension I’ve got because I know ... I will lose all the health care’.

So the outcomes of paid employment were both positive and negative. Even in respect of economic outcomes results were mixed, with some sole mothers feeling that their economic situations were improved and others feeling they were financially worse off. The positive outcomes of paid work included personal gains such as improved self esteem and improved economic circumstances. Negative outcomes included increased stress, poor health and time management issues.

## Discussion

Young sole mothers in the ALSWH had high odds of **not** being in paid employment, but this was not the case among the mid-aged sole mothers. Young cohort sole mothers undertook fewer hours of paid work than women without children, and were more likely to have undertaken part time or casual paid work, rather than full time paid work. By contrast, mid-aged sole mothers were about as likely to be undertaking part time or casual paid work as they were to be undertaking full time paid work. Overall, however, for each cohort there were only minor differences between the rates of employment of sole, as compared to partnered, mothers, something that has been found for other OECD countries as well (see Perry, 1993). Such findings suggest the importance of social policy attention to the broad context of the employment of all mothers, and indeed women in general.

This analysis suggests that the higher employment rates of partnered mothers and the higher proportion of sole mothers undertaking part time rather than full time paid work (Gray et al., 2003) might have obscured differences in workforce participation that occur at different ages. Other research indicates that paid workforce participation among sole mothers increases as children grow older (Gray et al., 2003), and it is hardly unexpected that workforce participation among sole (indeed all) mothers, varies over the life span. This underlines the value of the opportunity ALSWH provides to compare the Young and Mid-aged cohorts, as well as partnered and sole mothers.

Across the four surveys, sole mothers were the least likely to be happy with the number of hours spent in paid employment. Not being able to find a 'suitable job' was the most common reason women gave for not being able to spend more hours in paid work (Carlile et al., 2002; Dickenson et al., 1999), and this was also raised in the focus groups as a barrier. This finding rests on two main components, job availability and job suitability.

Job availability refers to the number of jobs that are available in a given area. Several focus group areas had relatively high local unemployment rates (eg. 13 percent) compared to national figures. Past research has indicated that sole mothers were more susceptible to changes in employment rates than partnered mothers (Gray et al., 2003). The FGS data suggest that many factors affect sole mother's ability to undertake paid work. Higher local unemployment levels mean decreased likelihood of finding a position that will accommodate other responsibilities. For example, in some areas employment was dependent on tourism, with many jobs involving night and week-end work, when childcare was unavailable. Some women felt that they were discriminated against on the basis of their age and status as a sole mother, and this led to unsuccessful job applications, an issue that warrants attention.

A second complex aspect is job suitability. Family responsibilities, childcare options, health status, qualifications (education), available assistance, and the potential for the job to meet set goals (eg. improve economic wellbeing), all are relevant. The ALSWH data show family responsibilities are a barrier preventing sole (and partnered) parents from seeking paid work (see also Carlile et al., 2002; Dickenson et al., 1999) and the FGS data provides graphic examples of the factors involved. For some women, undertaking any amount of paid work

was thought to jeopardise children's wellbeing while around half of the young sole mothers, and a third of the mid-aged sole mothers indicated that they were unable to work longer hours for family or childcare reasons (see also Dickenson et al., 1999).

Flexibility in paid work hours was identified by Moorhead (2002) as a facilitative factor for paid work participation among sole mothers, as was the availability of affordable childcare. Childcare options, or the lack of them, had caused the FGS women not to seek paid work, to refuse job offers, and to accept part time and casual paid work rather than seek a preferred full time position (see also Carlile et al., 2002; Dickenson et al., 1999). Among the FGS women in full time paid work, only two had children of preschool age, which is in line employment patterns for young (with their pre-school children) and mid-aged ALSWH mothers.

Around 10 percent of the mid-aged sole mothers in the ALSWH said they were unable to do more hours of paid work for health reasons. This response was not common among young cohort sole mothers (see Section 7). The ALSWH (see Section 3) and other research (see Kalb, 2003; Moorhead, 2002) show that education accounts for some of the association between sole motherhood and paid work for the Young cohort. However, for the Mid-aged cohort, sole mothers had higher education levels than partnered mothers but their paid work rates did not differ significantly. Because this analysis was cross sectional in nature, causal inferences cannot be made but as future surveys using ALSWH data are done, the sequence of causation should become more apparent. What FGS data vividly show is that sole mothers may experience a net financial gain or loss as a result of paid work (see also Walter, 2002).

Managing all of the obligations of being a paid worker, mother, and family manager has been shown to be a major concern for sole mothers (Dickenson et al., 1999; Gregory, 2003). Among ALSWH sole mothers who wished to do fewer hours of paid work, around a third from the young cohort, and two thirds from the mid-aged cohort indicated that they would like to do so in order to have 'more time'. This finding was echoed by women in the focus groups, who sacrificed their own interests and self-care in order to fulfil family and paid work responsibilities. This evidence suggests some mothers are suffering from 'role overload' (see also Macran et al., 1996; Baker & North, 1999). However the alternative hypothesis regarding the positive value of 'multiple attachment' also was supported. Some FGS mothers felt substantial improvements in psychological health (see also Fokkema, 2002; Lahelma et al., 2002). In addition, some women experienced both positive and negative health outcomes from paid work participation, a finding that suggests paid work participation among sole mothers, and probably among all workers, is more complex than a dichotomous classification allows for.

## Conclusions

ALSWH findings show education to be an important, though not the only, factor contributing to the paid work participation rates of sole mothers. The ages of the mothers, and by extrapolation of their children, were also important. In addition, high proportions of both young and mid-aged sole mothers were dissatisfied with the hours they spent in paid work. Underlying that dissatisfaction were issues such as childcare, family responsibilities and the desire for 'more time'.

The FGS data illustrate that factors underling the dichotomy of participation/non-participation in the paid workforce among sole mothers are complex, inter-related and often contradictory. Sole mothers were primarily motivated to undertake paid work to obtain independence and financial security. However, barriers acted to narrow the field of suitable opportunities and prevented some women from seeking work at all. Others accepted casual and part time positions, which, contrary to their goal, did not lead to financial security. Further investigation



is needed into strategies that will mitigate or remove barriers to, and the adverse results of, paid work participation for sole mothers. For some, paid employment led to positive outcomes for both economic wellbeing and psychological health. But outcomes were intertwined with factors, such as the availability of social support.

Overall, the data from the ALSWH show that mothers, both sole and partnered, have many characteristics of their paid working profiles that are quite similar, though there are exceptions such as the degree of satisfaction with hours of work. This lower degree of satisfaction seems clearly related to the singularity of the position of sole mothers in not having a resident partner to provide financial and other support. But the evidence does suggest that motherhood itself is a key factor.

Because of the relative similarity between employment rates for partnered mothers and sole mothers employment policy aimed at all women may prove the most effective way of increasing feasible employment opportunities for sole mothers. This was a conclusion, drawn by Perry (1993: 31), on the basis of an international comparative study of 'barriers to labour force participation for sole mothers' in eight countries, including Australia. She noted that 'the participation rate of sole mothers in the countries studied is strongly related to that of married mothers' and recommends that 'measures which encourage participation by women generally, and mothers in particular, will lead to higher levels of participation by sole mothers' (Perry, 1993: 31). Although her study was based on 1990s data, the data presented here support that recommendation, though it also makes clear that focused support specifically for sole mothers will continue to be needed.

## Section 5: Income

Sole mothers the world over, and through most of history, have been recognised as likely to experience greater financial pressures than partnered mothers. The findings from the ALSWH confirm that this continues to be the case in Australia, while recognising that sole mothers are not an homogeneous group. The landmark Henderson (1975) *Poverty Inquiry*, initiated by the Coalition government in 1972, and responsible for the establishment of Australia's first 'poverty line', identified sole mothers as the family type most at risk of poverty. Henderson demonstrated that 'when poverty before and after housing [cost] is compared, fatherless families are clearly the poorest' (Henderson, 1975: 19).

There was optimism at the time that the poverty-line approach to social policy that Henderson recommended would lead to the alleviation of poverty. But research since indicates that the relative economic situation of sole mothers in Australia has not changed. The Australian 2000-2001 Survey of Income and Housing Costs (SIHC) found that sole parent families had the lowest income of all groups aged under 65 years (ABS, 2003). Saunders (2002 and 2004) examined three main indicators of poverty: those based on income; those based on expenditure, such as the Household Expenditure Survey (ABS, 2000); and those based on hardship (Bray, 2001) and concludes that regardless of how poverty is measured, sole parent families are the poorest Australians.

On top of this sole mothers in Australia are at higher risk of poverty than sole mothers in seven other OECD countries (Christopher et al., 2002). Christopher et al. (2002) assessed

poverty as being after tax income that was less than half the median of national households<sup>4</sup>. Among the eight OECD countries examined sole mothers were found to have the highest odds of living in poverty of any family type (Christopher et al., 2002), and Australian sole mothers had higher odds of living in poverty than sole mothers in the seven other countries. They had higher odds of experiencing poverty than Australian sole fathers, partnered parents, and unpartnered childless adults, after controlling for age and education (Christopher et al., 2002).

Harding, Lloyd and Greenwell (2001) assessed poverty as less than half of the average Australian income<sup>5</sup> and, using ABS data, found that sole parent families were at a higher risk of poverty than single people and couples, with or without children, for the ten years from 1990 to 2000. But the rate of poverty among sole parent families may be decreasing. Around 28 percent were living in poverty in 1990, compared to 22 percent in 2000. Harding et al. (2001) suggest that this fall is due in part to the introduction of the Child Support Scheme and to increased government benefits.

The SIHC found that just over half of the sole parent families surveyed received government benefits as their main source of income (ABS, 2003). The PPS, the major benefit is means and asset tested and payable only to sole parents. In addition, sole parents can apply for FTB (A)<sup>6</sup>, and may also qualify for Rent Assistance and childcare subsidies. In the absence of intimate partner abuse or other exempting factors, sole parents who apply for FTB (A) must lodge a claim through the Child Support Agency (CSA) for child support. As of 2002, the CSA had 657,332 cases lodged, representing 606,941 payees and just over a million children (CSA, 2002). The CSA reported that from 1988-2002, in dollar terms, 88 percent of child support liabilities had been collected. However, only 61 percent of child support payers had no child support debt as of 2002, while the total of outstanding child support debt was \$758.1 million owed by 268,490 payers (CSA, 2002).

Overall, CSA (2002) figures suggest that many residential (custodial) parents, 91 percent of whom are female (ABS, 1998), had not received their full child support entitlements. In 1997, 41 percent of residential parents who had separated (including those who had entered into a subsequent relationship) had not received any child support (ABS, 1998). Although 42 percent of parents received child support, about one third received \$100 or less, per child per month (ABS, 1998).

In a survey of both child support payers and payees who had been assessed for child support at the minimum rate, 21 percent of payers said they had never paid child support (Wolffs & Shallcross, 2000). A qualitative component of this survey revealed problems affecting the collection of child support included financial hardship experienced by the payer due to illness, imprisonment, high visitation costs, young age, or a lack of income. Problems raised by the payees included abuse, harassment and unwanted contact with ex-partners (Wolffs & Shallcross, 2000).

Sole parents in receipt of child support in 1997 had higher incomes than those who did not receive it (ABS, 1998). Furthermore, because government benefits (FTB [A]) are proportionately reduced on the receipt of child support, child support payments saved \$423 million dollars in government expenditure in 2001-2002 (CSA, 2002). Therefore, child support has the capacity to both increase sole parent's income and to reduce government

<sup>4</sup> Equivalised for household size:  $\text{income}/\text{size}^e$  where  $e=0.5$ . Income included cash and non-cash payments such as food stamps and housing support.

<sup>5</sup> Equivalised for household size, ages of dependant children, and paid workforce participation.

<sup>6</sup> All sole parents are entitled to FTB Part B as a fortnightly payment through Centrelink, or as a lump sum payment at the end of the tax year.

expenditure. In terms of sole mother's income, a study of divorced families found that sole mothers in receipt of child support were less likely to be living in poverty (using the Henderson poverty line<sup>7</sup>) than those sole mothers not in receipt of child support (Smyth & Weston, 2000).

In the rest of this Section, income is examined for the young and mid-aged sole mothers, and sources of income for the mid-aged sole mothers. These analyses provide an income comparison between sole mothers and other women within their age cohorts. In addition, FGS data are used to flesh out the experiences of sole mothers in obtaining income from Centrelink and the CSA.

## **ALSWH**

### **Income levels**

Income was significantly associated with relationship status in the second young cohort survey. As can be seen in Figure 5.1, the majority of sole mothers had an income of between \$120 and \$499 per week. Sole mothers show up as having higher personal income than partnered mothers, largely because partner income is not included. Four sole mothers indicated that they had no income, while a further 12 indicated that they received \$119 or less weekly. It is unclear how these women were supporting themselves, though this issue was pursued in the focus group discussions. At the second young survey, 91 percent of sole mothers had a Health Care Card, compared to 33 percent of partnered mothers, 21 percent of unpartnered childless women, and 10 percent of partnered childless women.

Relationship status was also significantly associated with income in the second mid-aged survey. The main income category that distinguished sole mothers from other women was that of \$120-\$299 gross per week (Table 5.2). This involved 37 percent of sole mothers compared to between 22 and 26 percent of those in other relationship categories. It is also noteworthy that sole mothers were least likely to indicate that their income was \$1,000 or more per week. The income levels of partnered mothers were relatively small, because they did not include partner income, the income that partnered women have access to is likely to be higher than that indicated.

### **Sources of income among mid-aged women**

For Survey 2 data, four logistic regressions were conducted, one for each potential source of income, with relationship status entered as the predictor variable. The analysis shows relationship status to be significantly associated with each source of income. Sole mothers had decreased odds of receiving income as a wage/salary, from their own business or farm, or from superannuation or a private source, relative to partnered childless women (see Table 5.1). By contrast, sole mothers had around 10 times the odds of receiving income in the form of a government pension or allowance, relative to partnered childless women (see 5.2). Government allowances include allowances for children, which may account for part of this result. However, being partnered with children was not significantly associated with receiving income from a government payment.

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<sup>7</sup> The Henderson poverty line, though the foundation measure of poverty in Australia, has been the subject of much criticism. It is based on estimated needs of families taking account of household size and, in a separate index, housing. Despite the debate, studies based on other measures tend to finish up with much the same results.

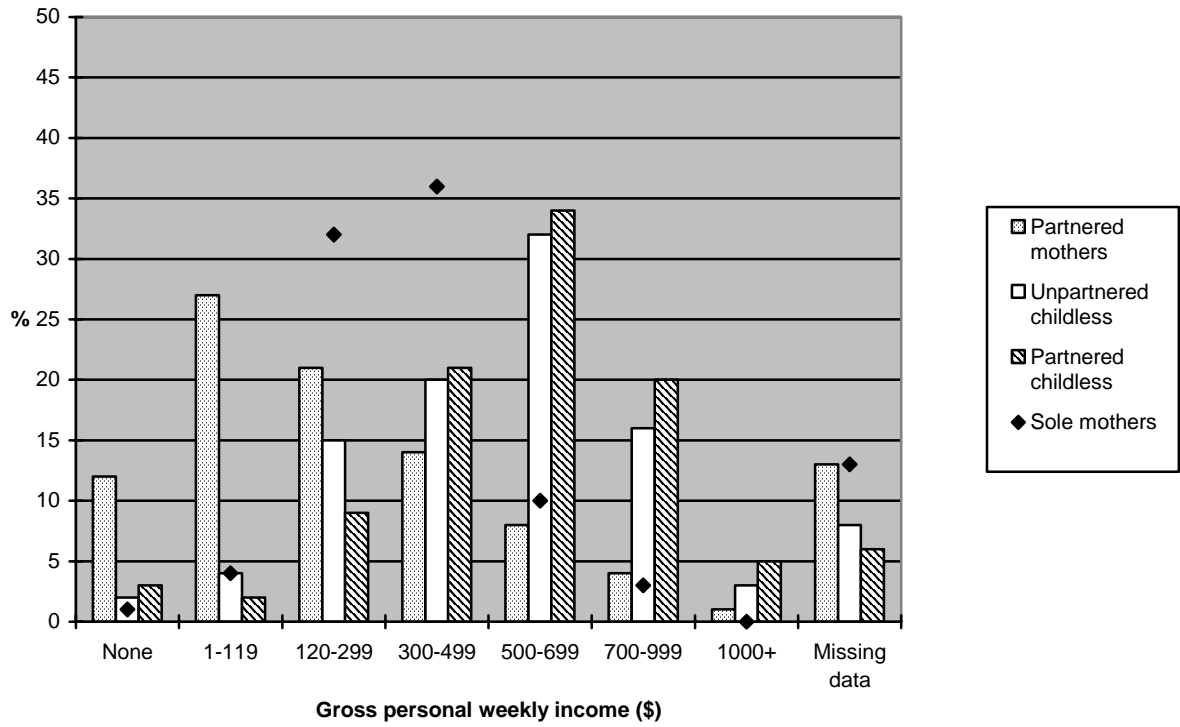


Figure 5.1: Relationship status by income - Young Survey 2.

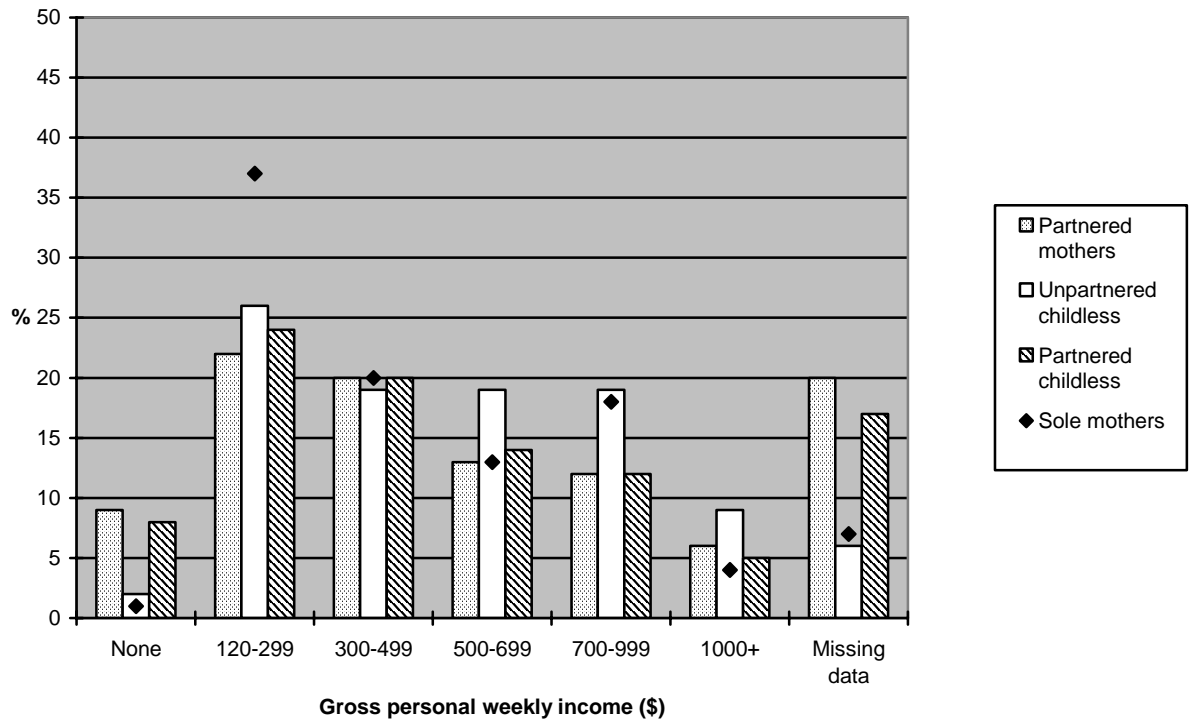


Figure 5.2: Relationship status by income - Mid-age Survey 2

**Table 5.1: Odds ratios (OR) and 95% confidence intervals (CI) for wage/salary as an income source; and for own business/farm as an income source - Mid-age Survey 2**

Relationship status	Income source							
	Wage/salary				Own business/farm			
	N	%	OR	95% CI	N	%	OR	95% CI
Sole mothers	291	56	0.39	0.31, 0.50	290	10	0.24	0.16, 0.63
Partnered mothers	2036	76	0.97	0.87, 1.09	2036	35	1.23	1.11, 1.37
Unpartnered childless	1493	71	0.76	0.68, 0.87	1494	10	0.26	0.22, 0.31
Partnered childless	6785	76	1.00		6786	30	1.00	

Percentages refer number per category who indicated the relevant source of income (eg. 56% (291 women) sole mothers received a wage or salary).

**Table 5.2: Odds ratios (OR) and 95% confidence intervals (CI) for private/superannuation as an income source; and for government allowance/pension as an income source - Mid-aged Survey 2**

Relationship status	Income source							
	Private/Superannuation				Government allowance/pension			
	N	%	OR	95% CI	N	%	OR	95% CI
Sole mothers	290	3	0.38	0.20, 0.74	290	53	10.40	8.15, 13.28
Partnered mothers	2037	7	0.86	0.71, 1.04	2036	11	1.14	0.97, 1.34
Unpartnered childless	1494	7	0.90	0.72, 1.11	1494	22	2.56	2.22, 2.97
Partnered childless	6785	8	1.00		6786	10	1.00	

## Focus Group Study

Survey questions completed by participants in the FGS asked about sources of income and amount. The majority were receiving at least some of their income from a government source, though fewer received child support, and 39.6 percent were earning a wage or salary (one had her own business). Twenty-one women indicated that they were undertaking paid employment. Of these, eight were employed full time, five part time and eight were in casual employment. In addition to paid employment (see Section 4) topics focused on in discussions included Centrelink and child support payments. The income data for the ALSWH and the FGS are not directly comparable, because the ALSWH data refer to 1998 and the FGS to 2003, so general income rates may have altered over that time. However, comparing the mid-age ALSWH and FGS samples revealed similar income levels. It seems that, at least in relation to finance, having community organizations involved in the recruiting phase for the FGS has not resulted in an over-representation of the more needy.

### Centrelink payments

All of the sole mothers in the FGS had had dealings with Centrelink (or its predecessor, the Department of Social Security). Reactions to being dependent on Centrelink benefits included feeling 'shame' and 'sadness': 'the only problem with Centrelink has been my own shame about ...having to be dependent on government ... and not being able to do it for myself'. Others had negative reactions of staff demeanour: '[the worker] that serves you treats you like they're taking the money... out of their own family living... You haven't done anything to earn it'.

The most common difficulty experienced was obtaining information about benefits and services. Several women gave up calling Centrelink, even when required to do so. Where interactions with staff were positive, outcomes were also positive. Two women had experienced a high level of support and information from JET (Jobs, Education and Training) caseworkers, which led to further training and full time paid employment. Others had found

Centrelink staff to be very supportive, particularly when they were feeling distressed. Even where sole mothers had not received this level of personal assistance, it was apparent that the existence of Centrelink as a service was appreciated.

Despite gratitude for the benefits many sole mothers were critical of the Centrelink system and talked about feeling ‘stressed’, ‘anxious’ and ‘fearful’ about some Centrelink procedures, which were seen as being ‘invasive’, ‘demeaning’, ‘humiliating’, ‘undermining’, ‘unfair’, and ‘punitive’. Fear and anxiety were provoked by Centrelink procedures that involved minimum activity requirements in order to qualify for PPS. The lead-up period to the cessation of the PPS, when the youngest child turns 16, also caused anxiety.

Relatively recent changes in procedure were poorly understood, with many sole mothers unclear about their rights and obligations. Feeling ‘degraded’ or ‘humiliated’ was associated with the large amount of paperwork to report earnings when undertaking casual paid work. Centrelink procedures were seen as being inequitable in comparison to the requirements for other payments, with sole parents unfairly targeted: ‘when you’re in a couple you pay the mother to stay home and look after the child, but as soon as you become a sole parent you’re meant to go out to work.’

Other sole mothers in the FGS had experienced a reduction in FTB (Family Tax Benefit) payments when their ex-partner claimed part of the benefit. A woman with a chronic illness believed her ex-partner, who earned around \$60,000 per year, should not be entitled to a share of the FTB even though he shared the care of their four children. She claimed she used the money for rent and other bills, while he had claimed the FTB to take the children on a holiday. FGS participants also viewed as unfair the FTB reductions that occur as children grow older: ‘kid’s hit teenager age and it halves... my care for them hasn’t dropped off’. Fear of losing benefits through not meeting requirements was common and some who had underestimated their income, felt punished by the resulting debt to Centrelink<sup>8</sup>.

A lack of knowledge about Centrelink entitlements had led two FGS sole mothers to live on very low incomes for some time. One had lived for several years on money that her ex-partner sent her and Family Payment (predecessor of Family Tax Benefit). The other had lived on wages from a part time job. Two others had experienced periods of ineligibility for benefits. One had resigned from paid work and was waiting for an appointment with Centrelink. Another had received a redundancy payment and was ineligible until that money was ‘gone’ and a third found she was ineligible for PPS because she had invested in a property to prepare for her retirement.

### **Child support payments**

Child support was raised in every focus group. Many sole mothers were resentful and angry toward their ex-partners most commonly about not receiving their full entitlements. Fifty-eight percent of the FGS participants had not received any child support, while others had received less than they were entitled to, and/or had received payments at irregular intervals. One woman received ‘\$1.44 two months ago’. The stress of expecting payments that did not arrive, and of dealing with the process of child support collection, led some to say that they preferred not to receive it. As one woman put it ‘I’m more stressed, and feel more insecure when (I’m) waiting to see if he’ll pay it or not’. Others preferred not to receive it because of experiences of intimate partner abuse. As one woman had suffered ‘unbelievable amounts of harassment... I’d rather not have the maintenance and just not have to deal with him’.

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<sup>8</sup> This situation may have been improved by changes to Centrelink benefits introduced during 2004.

Generally, sole parents are required by Centrelink to claim child support as a condition of claiming other benefits, though some are exempted because of abuse. This was not always accepted as satisfactory: 'I felt somewhat irritated by the fact that he was exempted... which was to protect me ... but once again he's winning'. Some sole mothers were dissatisfied with the CSA's capacity to collect payments: 'I was constantly ringing the CSA telling them he is working. Why can't they locate him?' But for the most part they were satisfied with their interactions with CSA staff who were described as 'delightful', 'helpful', and 'without them I would not have got a cent'.

None the less the experiences of the FGS participants in respect of child support involved stress and frequently proved unsuccessful. Some women felt that the child support system was open to 'rotting' and 'manipulation'. Ways they said ex-partners avoided payments were by reporting low or zero income, 'fiddling' the books of private companies, taking cash paid work, not submitting tax returns, and frequently moving jobs. For example; 'according to the CSA my ex-husband only earns \$812 a year. But he's a very prominent citizen in the community ... all the money... goes through the business, so the business runs at a loss... [while my income's] around \$33,000'.

Overall the Child Support scheme has provided an additional source of income for some sole mothers that reduces Commonwealth outlays, and can result in a fairer contribution from non-custodial parents. However problems and tensions remain for many sole mothers.

## Discussion

ALSWH data confirm that the disadvantaged economic position of sole mothers, which has long been recognised, continues into the twenty-first century (ABS, 2003; Saunders, 2004). Among the Young cohort, a higher percentage of sole mothers than childless women had incomes in the lower income categories. Sole mothers were the least likely of all women to have an income of over \$700 per week and the majority in the young cohort held a Health Care Card, another indication of their straightened circumstances. Sole mothers in the mid-aged cohort had a similar level of income to other women, although they were more likely than other women to earn \$299 per week or less, and the least likely of all women to earn \$1,000 or more per week.

A minority of young sole mothers indicated they were in receipt of no income or very low incomes and the focus groups revealed some who had not known they were eligible for government benefits, or were ineligible for other reasons. It is possible that the women in the ALSWH who reported a zero or very low income, similarly were ignorant of their entitlements, or experiencing transitional circumstances, but lack of knowledge about Centrelink benefits does not seem to be common.

The picture painted by the FGS data relating to child support payments is in line with findings from past research, which shows a high degree of non-payment by fathers (CSA, 2002). Past intimate partner abuse and current harassment from ex-partners also deter women from claiming (Wolffs & Shallcross, 2000). Avoidance of child support payment is an endemic problem, and as with tax avoidance, one likely to be difficult to remedy. But because sole parents face a high risk of poverty as measured by income indices (ABS, 2000; Christopher et al., 2002; Harding et al., 2001), and since those in receipt of child support have higher incomes (ABS, 1998) the issue of avoidance is an important one. Additionally sole parents are required to prepare for paid work participation, which, like the child support system, acts to reduce government outlays (Baker, 2000). Non payment can also be inequitable when ex-partners fail to fulfil their child support obligations.

Over half the sole mothers in the mid-aged cohort were in receipt of government pensions or allowances. This is a higher proportion than for women in other types of relationships and this accords with other research (ABS, 2003). The FGS participants appreciated the existence of government benefits, although their experiences with Centrelink were sometimes stressful. Availability of staff and lack of knowledge among staff were raised and the requirements for reporting for casual paid workers proved burdensome for some. In light of the number of sole parents who undertake casual work (see Section 4) and the financial benefits of doing so, this issue warrants further examination. There were also perceived systemic inequities. For example, taken at face value, providing a shared care parent with a proportion of FTB appears to be an equitable arrangement. But this could prove inequitable in the light of the overall economic circumstances of each party, another issue which may benefit from further examination.

## Conclusions

The ALSWH analysis confirms the ubiquitous issue of poverty among sole mothers. Both mid-aged and young have lower incomes than other women. For the young cohort, partnered mothers recorded the lowest incomes, though this level reflects their personal, rather than household, income. The young sole mothers were the most likely of their cohort to have a Health Care Card, which attests to their low household incomes. Both young and mid-aged sole mothers were the most likely of their cohort to be in receipt of government benefits or allowances. Taken together, the results clearly show that sole mothers remain, in income terms, poorer than other women. So access to Centrelink services is essential and, the FGS data suggest these services are generally well appreciated. However, problems relating to access to knowledgeable staff were reported and reporting on casual paid work was raised as problematic.

Child support can help to increase sole mother's income, and reduce government expenditure. However the high level of outstanding debt reported by CSA (2002), and other problems as perceived by payees (and payers), suggest that the system may still benefit from further examination. As with the taxation system this is likely to be an on-going issue, thus requiring regular evaluation.

Income is but one measure of economic wellbeing that is used to assess poverty. Other measures include household expenditure and hardship (Saunders, 2004) and these aspects of economic wellbeing are addressed in the Section 6.

## Section 6: Economic Well-being

Given the findings of repeated research, it is with a sense of déjà vu that we turn to the general economic well-being of sole mothers. But to achieve as complete a picture as the data allow, it is important that all aspects of economic well-being are documented. Household expenditure is measured by the ABS (2000) as the amount of money that a household spends on goods and services over a set period of time, and this is regularly researched through the Household Expenditure Survey (HES) (ABS, 2000). Figures from the 1998-1999 Survey (ABS, 2000), show Australian sole parent families on average have less income, are able to



spend less money on goods and services, and experience more deprivation, cash flow difficulties and financial hardship than other Australian families.

For the HES (ABS, 2000) financial stress is a composite measure based on incidence of deprivation, cash-flow problems and hardship experienced by households. Deprivation is measured by a household's inability to afford certain non-essential expenses, eg. yearly holiday, new clothes, leisure activities, providing a meal for friends/family once a month (Bray, 2001; McColl et al., 2002). Cash-flow difficulties are measured by assessing different events that represent a lack of available money eg. inability to pay bills on time or to raise emergency funds and borrowing money from friends/family (Bray, 2001). Hardship includes those events that indicate an inability to afford essential expenses such as heating or food, the need to sell belongings and seeking financial aid from charities (Bray, 2001). A higher proportion of sole parent families reported single and multiple occurrences of deprivation, cash-flow difficulties, and hardship than all other family groups (Bray, 2001). High overall financial stress was experienced by 41 percent, and a further 32 percent experienced moderate overall financial stress (McColl et al., 2002).

Saunders (2004) argues that using both income and expenditure gives a more accurate picture of poverty. On the basis of income, expenditure and financial stress in combination, he found that 40 percent of sole parent families had lived in poverty during the study period of the 1998-1999 HES, a figure four times the national average. He also found that in an analysis for families of those under 65 years of age, 43 percent of sole parent families had experienced poverty based on expenditure (Saunders, 2004).

In this section the relative contributions of education and paid employment to overall economic wellbeing are discussed. Economic well-being is measured by difficulty with income management and degree of stress experienced with money matters. The income management measure was most similar in nature to a definition of poverty tested by Saunders (2004, p. 8). He found that just under a third of adult Australians felt that 'Having to struggle to survive each and every day' was an appropriate definition of poverty.

## **ALSWH**

In order to examine economic wellbeing for the ALSWH cohorts, the measures of income management and money stress were used. The management question asked, 'How do you manage on your current income?' with options specifying: 'easy', 'not too bad', 'difficult some of the time', 'difficult all of the time' or 'impossible'. In order to determine the odds of experiencing income management difficulty, the response options of the income management item were dichotomised into 'difficult some of the time/not too bad/easy' and 'impossible/difficult all of the time'.

The question that taps stress about money asked 'Over the last twelve months, how stressed have you felt about the following areas of your life?' One of the eight areas specifies 'money' and for analysis for determining the odds of experiencing money stress, the 5 response options were dichotomised, into two: 'not at all/somewhat/moderately' and 'very/extremely'.

Income management was tested for the first Young cohort survey (the question was not asked in Survey 2) and the first and second Mid-aged cohort surveys. Money stress was tested for the first and second surveys of both the Young and Mid-aged cohorts. In each analysis, four logistic regressions were conducted with the relevant economic wellbeing measure entered as the outcome variable. The first logistic regression was unadjusted, the second adjusted for demographics, the third adjusted for demographics and education level (four category measure), and the fourth adjusted for demographics, education level, and paid employment

status (undertaking/not undertaking paid employment). The different models allow us to examine the relative contributions of demographics, education, and paid employment on income management and financial stress.

### **Income management**

As shown in Table 6.1, 36 percent of sole mothers in the first young survey found income management ‘impossible/difficult all of the time’. This result was significant in the unadjusted model, with sole mothers having nearly 2.5 times the odds of experiencing income management difficulty, relative to partnered childless women. When education and paid employment were added to the model, the odds of experiencing income management difficulty were reduced for sole mothers. Not being in paid work was associated with nearly three times the odds of experiencing income management difficulty, relative to being in paid work. Thus with education and paid employment status held constant, we find sole mothers no longer distinguishable from partnered childless women while partnered mothers and unpartnered childless women had even lower odds than partnered childless women of experiencing income management difficulty. This graphically highlights the central role played by both employment and education in the economic well-being of sole mothers and indeed all women.

Thirty five percent of sole mothers who took part in the first mid-age survey indicated that they experienced income management difficulty (see Table 6.2). This result was significant in the unadjusted model, with sole mothers having over four and a half times the odds of experiencing income management difficulty, relative to partnered childless women. Partnered mothers and unpartnered childless women also had increased odds of income management difficulty; however, at 1.5 and 2.9, the odds ratios were somewhat lower than that obtained for sole mothers. It is worth noting that unpartnered childless women in mid-age are likely to have had children living with them who were 16 or older. In the current study, children were defined as being less than 16. Therefore, the category of unpartnered ‘childless’ women will have included some sole mothers of older and adult children. Currently sole mothering of older children is poorly understood and not well researched.

As shown in Table 6.2, 41 percent of mid-aged sole mothers were experiencing income management difficulty at the time of the second survey. The association between sole motherhood and income management difficulty was significant in the unadjusted model, with sole mothers having over six times the odds of experiencing income management difficulty relative to partnered childless women. Partnered mothers and unpartnered childless women also had increased odds of experiencing income management difficulty relative to partnered childless women, but with much lower odds than that obtained for sole mothers.

Earlier analysis showed that mid-aged sole mothers had the lowest odds of having Year 10 or less as their highest qualification (see Table 3.2), so it is not surprising that for both analyses of mid-age data, adjusting for education (which effectively brings sole mothers in line with the ‘norm’) resulted in an increase in the odds of experiencing income management difficulty. The results imply that their education levels do have some positive effect but this still leaves them with by far the highest proportion having income management difficulties. That is, their higher education does seem to reduce the odds of experiencing income management difficulty. For both mid-aged cohorts, women who had a Year 10 education or less, had over twice the odds of experiencing income management difficulty, relative to women who had a university degree or higher. Both analyses of mid-age cohort data reveal that adjusting for paid employment status did not affect the odds of sole mothers experiencing income management difficulty to any appreciable degree. These results do *not* imply that paid employment status had no impact on income management difficulty. As can be seen in Table

6.2 mid-aged women who were not in paid employment had over twice the odds, in both surveys, of experiencing income management difficulty. Adjusting for paid employment did not affect the odds of sole mothers experiencing income management difficulty, because sole mothers did not differ from other women with regard to paid employment status, as was reported in Section 4.

**Table 6.1: Young Survey 1 odds ratios (OR) and 95% confidence intervals (CI) for odds of finding income management impossible or difficult: Unadjusted; adjusted for demographics; adjusted for demographics and education; and adjusted for demographics, education, and employment status.**

Survey	Variable	N	%	Model							
				Unadjusted		Adjusted for demographics <sup>a</sup>		Adjusted for demographics and education		Adjusted for demographics, education and employment	
				OR	CI	OR	CI	OR	CI	OR	CI
<b>Young 1</b>											
Relationship status											
	Sole mothers	330	36	2.41	1.88, 3.10	2.18	1.71, 2.78	1.94	1.51, 2.48	1.07	0.82, 1.39
	Partnered mothers	693	21	1.15	0.93, 1.43	1.32	1.09, 1.60	1.16	0.96, 1.42	0.68	0.55, 0.84
	Unpartnered childless	9697	17	0.88	0.78, 1.00	0.85	0.75, 0.96	0.88	0.78, 1.00	0.77	0.68, 0.87
	Partnered childless	2198	19	1.00		1.00		1.00	1.00	1.00	
Education											
	Year 10 or less							1.90	1.54, 2.34	1.91	1.54, 2.37
	HSC							1.52	1.26, 1.83	1.34	1.11, 1.63
	Non-degree tertiary							1.43	1.16, 1.75	1.62	1.32, 1.99
	University degree or higher							1.00		1.00	
	Not in paid employment <sup>b</sup>									2.90	2.61, 3.22

Note. Percentages refer to the percentage of women per relationship category who were finding income management impossible or difficult all of the time (eg. 36% of the sole mothers were finding income management impossible or difficult all of the time).

a. Adjusted for age, area of residence and Aboriginal or Torres Strait Islander status.

b. Dichotomous variable where being in full time or part time/casual paid work was used as the reference category.

**Table 6.2: Mid-age Surveys 1 and 2 odds ratios (OR) and 95% confidence intervals (CI) for odds of finding income management impossible or difficult: Unadjusted; adjusted for demographics; adjusted for demographics and education; and adjusted for demographics, education, and employment status.**

Survey Variable	N	%	Unadjusted		Adjusted for demographics		Adjusted for demographics & education		Adjusted for demographics, education & employment	
			OR	CI	OR	CI	OR	CI	OR	CI
<b>Mid-age 1</b>										
Relationship status										
Sole mothers	376	35	4.78	3.82, 5.99	4.79	3.78, 6.07	5.18	4.06, 6.60	5.01	3.92, 6.41
Partnered mothers	3180	14	1.43	1.26, 1.62	1.52	1.34, 1.72	1.63	1.43, 1.85	1.56	1.37, 1.77
Unpartnered childless	1690	25	2.92	2.56, 3.34	3.03	2.64, 3.48	3.19	2.77, 3.66	3.36	2.91, 3.87
Partnered childless	7310	10	1.00		1.00		1.00		1.00	
Education										
Year 10 or less							2.06	1.73, 2.46	1.72	1.43, 2.05
HSC							1.60	1.31, 1.97	1.38	1.12, 1.70
Non-degree tertiary							1.48	1.22, 1.82	1.34	1.09, 1.64
University degree or higher							1.00		1.00	
Paid employment status									2.03	1.82, 2.26
<b>Mid-age 2</b>										
Relationship status										
Sole mothers	288	41	6.36	4.96, 8.14	6.68	5.17, 8.62	7.71	5.93, 10.00	7.62	5.72, 10.16
Partnered mothers	2006	16	1.73	1.50, 2.00	1.75	1.52, 2.02	1.90	1.64, 2.19	1.76	1.50, 2.06
Unpartnered childless	1479	22	2.55	2.20, 2.96	2.63	2.27, 3.05	2.83	2.43, 3.28	2.98	2.52, 3.52
Partnered childless	6717	10	1.00		1.00		1.00		1.00	
Education										
Year 10 or less							2.32	1.91, 2.81	1.88	1.52, 2.31
HSC							2.00	1.60, 2.49	1.64	1.29, 2.08
Non-degree tertiary							1.58	1.27, 1.97	1.41	1.11, 1.78
University degree or higher							1.00		1.00	
Not in paid employment									2.17	1.90, 2.47

Note. Percentages refer to the percentage of women per relationship category who were finding income management impossible or difficult all of the time. Demographics included: age, area of residence and Aboriginal or Torres Strait Islander status. Reference category for not in paid employment was being in full time or part time/casual paid employment.

## Money and Stress

In all four surveys, sole motherhood was significantly associated with increased odds of experiencing stress with money, while being partnered with children or unpartnered without children, was not. In the first Young cohort survey, 44 percent of sole mothers were very or extremely stressed about money and after adjusting for demographics, education and paid employment status, sole mothers had one and a half times the odds of partnered childless women of experiencing money stress.

In the second Young cohort survey (Table 6.3), 53 percent of sole mothers indicated they were very or extremely stressed about money. This represents over three times the odds for partnered childless women. After adjusting for demographics, education and paid employment status, these odds were reduced to two and a half times the odds of partnered childless women, while partnered mothers had only slightly higher (1.3) odds of experiencing money stress than partnered childless women. Being unpartnered without children was barely associated with money stress at all.

In the first Mid-aged cohort survey, 34 percent of sole mothers were very or extremely stressed about money (Table 6.4) and had around four times the odds of experiencing money stress than partnered childless women. Being unpartnered without children was also associated with increased odds of experiencing money stress relative to being partnered without children; however, these odds were lower than those found for sole mothers, while being partnered with children was associated with only slightly higher odds than partnered childless women. As was discussed in respect of income management, mid-aged women who are unpartnered and without children are very different from young unpartnered women, something that is likely to reflect the legacy of sole parenting even after their youngest child has turned 16 years.

In the second Mid-aged cohort survey, 33 percent of sole mothers were very or extremely stressed about money (Table 6.4). Sole motherhood was significantly associated with around five times the odds of experiencing money stress in adjusted and unadjusted models, relative to partnered childless women. Being partnered with children and unpartnered without children were also associated with increased odds of experiencing money stress. As in the first survey, these odds were very much lower for partnered mothers, but fairly high for unpartnered childless women, which seems again to reflect their status as formerly fitting our definition of ‘sole mother’.

## Financial stress over time

The experience of money stress was assessed for both the Young and Mid-aged cohorts by creating a categorical variable that used the dichotomous stress with money variable (stressed/not stressed about money) previously described. The measure used four categories to examine change in money stress from Survey 1 to Survey 2: remained unstressed; became stressed; became unstressed; and remained stressed. For the Young cohort, separation was significantly associated with change in money stress. As can be seen in Table 6.5, compared to young mothers who remained partnered, separated mothers were less likely to be stress free at both Surveys, and more likely to become stressed about money. The finding that stress with money was likely to decrease for some mothers who separated (relative to mothers who remained partnered) was unexpected. This suggests that for some, stress was more related to their partner than the children, something that is discussed further in the light of the FGS qualitative data.

Among mid-aged mothers who remained partnered, 81 percent ( $n = 1264$ ) were not stressed about money at the time of either survey, compared to 43 percent ( $n = 15$ ) of mothers who separated. Of those who separated, 14 percent ( $n = 5$ ) were stressed about money at both surveys, and 26 percent ( $n = 9$ ) were stressed after separation. Some mothers (17 percent,  $n = 6$ ) were stressed about money at Survey 1 but after separation indicated they were not. This suggests, as with some Young cohort

sole mothers, that the stress was related more to their partner, than to their children. The numbers are too small to say more here, though the FGS data add some insights.

When separation is linked with increased financial stress this does not always continue, and fewer young sole mothers were experiencing financial stress in 2003 than in 2000. This suggests that for some, there is improvement after a settling period. Twenty percent of women who were sole mothers in both 2000 and 2003 became unstressed about money. None the less, 12 percent became stressed and among women who were sole mothers in 1996, 2000 and 2003 a similar percentage were stressed about money in both 2000 and 2003. It is unclear why women who were sole mothers over the entire study period should be more likely than other sole mothers to experience financial stress. However, it is possible that the ages at which women had their children, and became sole mothers had an impact on this result. This finding needs further research, particularly because of the small numbers in this group and the preliminary nature of the analysis of young Survey 3 data.

Not surprisingly sole mothers who repartnered prior to 2003 were more likely than other mothers to indicate that were no longer stressed about money, while partnered mothers who separated prior to 2003 were more likely than other women to become stressed about money. The impact of relationship change itself on health as well as economic wellbeing, particularly where women have experienced multiple changes (eg. partnered, unpartnered, repartnered), warrants further research.

### **Economic wellbeing**

At both Surveys 1 and 2, the economic situation of sole mothers was more problematic than for other women. Among the sole mothers 44 percent indicated that they were very or extremely stressed about money at Survey 1, while at Survey 2 the proportion was even higher, at 53 percent. As can be seen from Table 6.6, Survey 3 results fell between these figures, at 47 percent. Among the 82 who were sole mothers at both Surveys 2 and 3, there was a drop from 58 percent to 48 percent, in the proportion who recorded they experienced financial stress. This drop may be related to the older age of children but other circumstances may well have been important, and these will be traced as the longitudinal analysis proceeds.

**Table 6.3: Young Surveys 1 and 2 odds ratios (OR) and 95% confidence intervals (CI) for odds of experiencing stress with money: Unadjusted; adjusted for demographics; adjusted for demographics and education; and adjusted for demographics, education, and employment status.**

Survey Variable	N	%	Unadjusted		Adjusted for demographics		Adjusted for demographics & education		Adjusted for demographics, education & employment	
			OR	CI	OR	CI	OR	CI	OR	CI
<b>Young 1</b>										
Relationship status										
Sole mothers	318	44	2.06	1.62, 2.62	2.03	1.61, 2.56	1.92	1.52, 2.43	1.50	1.78, 1.92
Partnered mothers	681	31	1.16	0.96, 1.40	2.19	1.00, 1.42	1.12	0.94, 1.35	0.91	0.76, 1.10
Unpartnered childless	9548	24	0.82	0.74, 0.91	0.81	0.73, 0.91	0.84	0.75, 0.93	0.80	0.71, 0.89
Partnered childless	2172	28	1.00		1.00		1.00	1.00	1.00	
Education										
Year 10 or less							1.45	1.22, 1.73	1.44	1.20, 1.72
HSC							1.31	1.13, 1.53	1.25	1.07, 1.46
Non-degree tertiary							1.31	1.11, 1.54	1.34	1.14, 1.59
University degree or higher							1.00		1.00	1.00
Paid employment status									1.48	1.36, 1.62
<b>Young 2</b>										
Relationship status										
Sole mothers	277	53	3.87	3.01, 4.96	3.91	3.08, 4.98	3.17	2.46, 4.08	2.61	2.00, 3.40
Partnered mothers	1157	32	1.63	1.40, 1.88	1.74	1.50, 2.01	1.52	1.30, 1.77	1.27	1.07, 1.51
Unpartnered childless	4522	23	1.04	0.93, 1.51	1.03	0.92, 1.15	1.10	0.98, 1.23	1.08	1.00, 1.21
Partnered childless	3306	23	1.00		1.00		1.00		1.00	
Education										
Year 10 or less							1.89	1.58, 2.25	1.82	1.52, 2.18
HSC							1.74	1.52, 1.98	1.70	1.48, 1.95
Non-degree tertiary							1.67	1.46, 1.90	1.65	1.44, 1.89
University degree or higher							1.00		1.00	
Not in paid employment									1.39	1.21, 1.60

Note. Percentages refer to the percentage of women per relationship category who were experiencing stress with money. Demographics included: age, area of residence and Aboriginal or Torres Strait Islander status. Reference category for not in paid employment was being in full time or part time/casual paid employment.



**Table 6.4: Mid-aged Surveys 1 and 2 odds ratios (OR) and 95% confidence intervals (CI) for odds of experiencing stress with money: Unadjusted; adjusted for demographics; adjusted for demographics and education; and adjusted for demographics, education, and employment status.**

Survey Variable	N	%	Unadjusted		Adjusted for demographics		Adjusted for demographics & education		Adjusted for demographics, education & employment	
			OR	CI	OR	CI	OR	CI	OR	CI
<b>Mid-age 1</b>										
Relationship status										
Sole mothers	366	34	4.16	3.31, 5.23	4.28	3.36, 5.44	4.47	3.50, 5.70	4.36	3.41, 5.58
Partnered mothers	3046	15	1.42	1.25, 1.60	1.45	1.28, 1.65	1.52	1.34, 1.73	1.49	1.30, 1.69
Unpartnered childless	1626	23	2.37	2.06, 2.72	2.42	2.10, 2.80	2.50	2.16, 2.90	2.60	2.25, 3.02
Partnered childless	6877	11	1.00		1.00		1.00		1.00	
Education										
Year 10 or less							1.48	1.25, 1.75	1.29	1.09, 1.53
HSC							1.34	1.10, 1.63	1.19	0.98, 1.45
Non-degree tertiary							1.24	1.03, 1.50	1.15	0.95, 1.40
University degree or higher							1.00		1.00	
Paid employment status									1.65	1.48, 1.84
<b>Mid-age 2</b>										
Relationship status										
Sole mothers	284	33	4.83	3.72, 6.28	4.99	3.81, 6.54	5.21	3.96, 6.84	4.85	3.59, 6.55
Partnered mothers	1915	12	1.33	1.13, 1.56	1.41	1.20, 1.67	1.45	1.23, 1.71	1.38	1.15, 1.65
Unpartnered childless	1441	18	2.16	1.84, 2.53	2.33	1.98, 2.74	2.40	2.04, 2.83	2.46	2.06, 2.94
Partnered childless	6279	9	1.00		1.00		1.00		1.00	
Education										
Year 10 or less							1.47	1.21, 1.79	1.28	1.03, 1.58
HSC							1.28	1.02, 1.61	1.15	0.90, 1.47
Non-degree tertiary							1.30	1.05, 1.62	1.21	0.96, 1.54
University degree or higher							1.00		1.00	
Not in paid employment									1.60	1.38, 1.85

Note. Percentages refer to the percentage of women per relationship category who were experiencing stress with money. Demographics included: age, area of residence and Aboriginal or Torres Strait Islander status. Reference category for not in paid employment was being in full time or part time/casual paid employment.

**Table 6.5: Separation, Survey 1 to Survey 2 and change in degree of money stress - Young**

Stress with money	Remained partnered		Separated	
	N	%	N	%
Remained unstressed	159	62	22	39
Became stressed	31	12	11	20
Became unstressed	37	14	12	21
Remained stressed	30	12	11	20
Total	257		56	

**Table 6.6: Women, very or extremely stressed about money and relationship status - Young Survey 3**

Relationship status	N	%
Sole mothers	112	46.5
Partnered mothers	568	28.2
Unpartnered childless	605	23.9
Partnered childless	521	17.8

## Focus Group Study

Sole mothers who participated in the FGS were at various stages of economic decline and economic recovery, and were eager to talk about their financial circumstances. All felt their economic wellbeing had been adversely affected by separation and marked improvements were not likely to occur until full time paid employment was obtained. However, the experiences did not follow a trajectory that simply declined and then improved. Several sole mothers reported that economic circumstances went in cycles that were directly related to their paid employment status. Many remained economically vulnerable, even after time in the paid workforce. Few had attained economic security and wellbeing equal to their level before separation. Women in the FGS were asked how they managed on their available income, the vast majority do not find it at all easy.

### The impact of separation on economic wellbeing

Even when child support was paid regularly, women found their income was lower after separation than before, in terms of both income and assets. As three mothers put it, ‘the income difference has been huge’; ‘you have just, literally, destroyed years and years worth of assets’; ‘you literally have to start again’. Though none lived on the streets, some boarded with family or friends, spent time in refuges and many sought accommodation in the private rental sector. As pre- and post-separation circumstance were summed up by one sole mother: ‘my financial situation went from being sports car and trips overseas ... to, “will we have bread or milk today kids?”’

Generally the women felt that they had not received a fair share of the joint assets, though this ranged from ‘ending up with nothing’ to being ‘pretty okay’. Women leaving abusive situations tended not to pursue claims on joint property. All of the FGS sole mothers faced increased expenses through the cost of setting up a new household and some took on family debt or incurred legal costs. Women who had been running businesses with their ex-partners, did not to retain an interest. For two mothers the business had failed, and, partner-incurred debt became their responsibility. In addition, those undertaking paid work at the time of separation tended to reduce their hours, or quit altogether, in order to cope with increased family responsibilities. As one said: ‘I had a gallery... I closed it, left everything and moved back [to parent’s] home’. Despite a reduction in income, a few

sole mothers actually experienced improved economic wellbeing: ‘I’m... probably slightly better off now, because I have control of the money that I have’.

All who talked about Family Court determined property settlements were dissatisfied with the outcome. Because this mode of settlement often occurs due to endemic tensions, this is perhaps not surprising. After a prolonged custody and property settlement one woman gave in because of ‘emotional exhaustion’ and financial cost (\$20,000 in legal fees). ‘I owned the home, I built the home... we were together for five years, he took half...I’m left with a really big mortgage’. For others the joint property only met liabilities, though several were satisfied with its distribution. One woman said: ‘I think being the strong one in the marriage I did everything... at the end of it, I was the one laughing... I thought I know how to do ... everything except start the lawnmower...the only thing he ever did... money wise I’ve always been pretty okay’.

**Economic decline**, when expenses exceed income, was experienced most severely by sole mothers on government benefits without paid work and child support payments. Several had sought financial counselling, though said that this had not helped, because: ‘there is more expenses ... than money...before you’ve looked at food or clothing’. Those in receipt of regular child support payments considered themselves to be ‘better off: ‘I live reasonably well... he does pay child support’, though she had often ‘eaten rice and beans’ because of limited funds. Despite feeling better off, those in receipt of benefits and child support, as their only sources of income, still talked about experiencing financial stress (see also Bray, 2001; McColl et al., 2002).

Bray (2001) and McColl et al. (2002) define financial stress in terms of deprivation, cash-flow problems and hardship. The FGS mothers had experienced all three, and expenses were cut right back. Very few had taken holidays or undertaken leisure activities, clothing was purchased from second hand shops, and for some, even that was unaffordable. Extra-curricular activities for children, were out and one mother said of birthdays ‘this year I didn’t buy them anything... I felt like the worst mother out’. Another indicated ‘Christmas is really, really for the rich people’.

Cash flow problems were rife, with money borrowed from family and friends, and credit cards used for short-term finances. Some coped by selling the family home, a decision reached only after time and money had been spent maintaining a mortgage. A desperation motivator was to obtain Rent Assistance: ‘In the end I just let go of the house after struggling for four years ’cause we had no quality of life... Now, I get rent assistance, and the landlord picks [up the bills] ... I’m happier’.

The impact of financial stress was such that some stopped planning for the future and lived from ‘pay to pay’ or from ‘week to week’. As one woman put it: ‘when you’re on a pension for a long time, ... you go without... eventually, you run out of going without ... [it] falls apart around you... it’s... horrible’. Some asked for help from charity organizations, which involved loss of self esteem and embarrassment. Other steps included pawning belongings, and eating at soup kitchens. One asked her ex-partner for help which he would only give if she had sex with him: ‘I’ve been so broke ...that I’ve had to have sex with him ... \$50 to keep me going until the next week’.

**Financial stress:** Degrees of financial stress were experienced by all participants, though those with full time paid work experienced stressors less often, and to a lesser degree. The degree depended upon the economic situation at the time of separation, economic resources (eg. income, saleable assets), ability to ask for help, and level of available social support. Family and friends provided a buffer and many said ‘if it wasn’t for my mother’ managing would have been very difficult. Additionally supportive families provided a sense of security. Those without family support tended to feel insecure about money and to talk about being ‘all alone’. Family support encompassed baby-

sitting, providing children with extracurricular activities, help with transport and help when sick. One woman's mother purchased a house for her.

Economic recovery, was mainly associated with full time paid work, though this did not guarantee a net financial gain once work expenses and government benefit losses were accounted for. After full-time paid work was obtained, some sole mothers referred to a 'catching up' period, that allowed them to take a longer term view: '[to project] myself into the future financially'.

Many of the FGS sole mothers, even those who owned their houses, felt that they remained economically vulnerable. Contributing factors include, accumulated debt, work-related expenses, lack of assets (often liquidated in order to survive), HECS debt repayments, and either a loss or a low net financial profit from undertaking paid work. Some thought they might have to move from one government benefit to another: 'there's a big part of me that seriously doubts whether I'll ever... have security'.

**Housing:** Thirty-one sole mothers (65 percent) were in public or private rental accommodation, 4 (8 percent) owned their homes, 10 (21 percent) were purchasing and 3 (6 percent) were boarding. One woman had moved 30 times, some had been homeless and some had lived with relatives. Cost was a key issue: 'I paid nearly half my sole parent and family payment in rent'; and prejudice: 'I go and put my application in and as soon as I write single parent... I'm the worst in the world'. Those in public housing were grateful for cost and security: 'Community Housing... has helped ... the percentage of my income that goes in rent [is fixed]'. But the environment was a concern for some: 'my biggest challenge is keeping my kids away from some of the social problems'.

Some braved isolation from their networks to access cheaper housing, though others were more cautious and stayed with their network. Not surprisingly the three sole mother owners felt more financially secure than others, while purchasing was generally felt preferable to renting by those with mortgages. Many did not feel it possible to buy. 'When you've bought your house together ... and divorce... you're not entitled to the first home owner's grant... if I could get that \$14,000... plus the money that I've got in my super, I've got a deposit for a house'.

**Transport:** Sole mothers in inner and middle city areas, serviced by reliable public transport did not feel they needed a car. They had access to discounted bus travel, but this was not available in outer metropolitan or rural/remote areas: 'getting on the bus, it's not cheaper out this way, the bus drivers don't consider the pension card'. Although outer metropolitan areas did have access to discounted train travel, some felt it was unsafe and most who lived in outer metropolitan and rural/remote areas believed cars were essential. But they were often older and unreliable cars, with high maintenance and running costs.

## Discussion

Between 35 and 41 percent of sole mothers who took part in the young and mid-age ALSWH surveys experienced difficulty managing on their available income; figures that are comparable to those obtained by studies that have examined the proportion of sole mothers who were living in poverty (Bray, 2001; McColl et al., 2002; Saunders, 2004). Between 33 and 34 percent of mid-aged sole mothers were very or extremely stressed about money and the figures were higher, between 44 and 53 percent, for sole mothers in their twenties. The proportion of young sole mothers who experienced money stress was also slightly higher than for those who reported income management difficulty. Furthermore, although income management and money stress were significantly associated with each other, the correlations between the two variables did not reach the level

accepted in this study (around  $r = 0.5$  for each survey). Therefore, while these two constructs are related, they appear to be tapping different aspects of economic wellbeing.

The measure of money stress is a more global measure. This accounts for the higher proportion of women in the Young cohort survey who indicated that they experienced stress with money compared to the results for income management. It seems it is possible to feel stress about money issues, even when there is sufficient income to meet expenses. This was demonstrated in the qualitative study as some women continued to feel economically vulnerable even when the family budget was balanced.

As would be expected from the clear message from years of research, across all measures, cohorts, and surveys of the ALSWH, sole motherhood was associated with lower economic wellbeing than partnered motherhood, or unpartnered and partnered childlessness. Even after adjusting for education and paid employment status, sole mothers have higher odds of experiencing income management difficulty and money stress. Among women in their twenties, adjusting for education and paid employment status resulted in a reduction in the size of the association between sole motherhood and economic difficulty but did not account for all the association. For the mid-aged sole mothers, adjusting for education had an effect on the association between sole motherhood and economic difficulty, but not as pronounced as that found for young sole mothers, while paid employment status did not have a substantial impact on the association at all.

Therefore, interventions designed to assist sole mothers to further their education and improve their employability, while they may have a positive impact, they alone are unlikely to bring sole mothers to a level comparable to that of other women. FGS data suggest that although sole mothers experienced improved economic wellbeing as their level of income increased, financial stress was apparent among all paid workers (full or part time or casual), and among those with a tertiary education.

The FGS women had experienced all of the three aspects of financial stress used in the ABS (2000) measure of economic wellbeing: deprivation, cash-flow problems, and hardship (Bray, 2001; McColl et al., 2002). Furthermore, all mentioned that they experienced more than one aspect of financial stress. The non-representative nature of the participants precludes explicit extrapolation to the general population, but the aspects of poverty and financial stress found, have been well established through other research and include:

- Difficulty affording ‘non-essential’ goods and services<sup>9</sup> including: extra-curricular activities for children; birthdays; Christmas; holidays; unexpected events
- Difficulty affording essential goods and services, including: food; clothing (new and used); housing; transport; healthcare; unexpected emergencies
- Inability to pay bills on time: borrowing or pawning belongings to pay bills
- Disposing of assets including: family home; superannuation
- Seeking help from charities for: food; utility bills; clothing.

The ALSWH data indicate that separation is associated with both increased and decreased money stress. The FGS data show increased financial stress to be a result of decreased income, disposal of assets and increased expenses. Decreased stress was associated with regaining control of the family budget. Thus the association between separation and decreased money stress found in the ALSWH

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<sup>9</sup> For the purposes of this report, items were termed ‘non-essential’ if they were not necessary for basic wellbeing (eg. food, shelter), though being unable to afford swimming lessons and tutoring for children, and having difficulty with celebrating birthdays and Christmas, may have quite serious practical and emotional consequences for those involved.

data might reflect increased control over money, after living with a financially inept and/or economically abusive partner.

Aspects of economic wellbeing that were not tested in the quantitative models involved the sale of assets and the incurring of debt, methods by which some FGS mothers had effectively sacrificed long term financial security to alleviate short term stress. The high odds of income management difficulty and money stress, after controlling for paid employment status among ALWSH respondents may in part reflect long term economic outcomes of decisions made during periods of financial crisis.

To date, examinations of the economic wellbeing of sole mothers have focussed on income, expenditure and financial stress (ABS, 2000; Bray, 2001; Harding et al., 2001; McColl, Pietsch, & Gatenby, 2002; Saunders, 2004; Smyth & Weston, 2000). While these studies confirm the ubiquity of poverty among sole mothers, the FGS consideration of assets and liabilities adds an extra, neglected dimension to their economic vulnerability.

When it came to the distribution of joint assets after separation, women in the FGS who had experienced intimate partner abuse, and women who were threatened by their partners were found to 'give in' to their demands concerning joint property. In the ALSWH second Young cohort survey, 42 percent of sole mothers had lived with a violent partner, while for the first survey of the Mid-aged cohort, the figure was 37 percent. Since an even higher proportion of women are likely to have experienced other forms of intimate partner abuse, the impact on the distribution of joint assets warrants further investigation. This is especially so because in matters of Family Law, as the FGS revealed, women may not feel in a position to pursue property settlements and custody disputes.

Women in the focus groups in receipt of child support generally indicated that they were better off than those who did not receive it. However, an analysis of responses to the income management question revealed no significant differences between those receiving child support and those who were not. In part, this is may be due to low amounts of money and the lack of reliability of receiving the money reported by the participants (Section 5).

Among the FGS sole mothers, social support offered the most effective means by which women avoided some of the more extreme aspects of financial stress, such as homelessness. Family and friends provided housing, money, babysitting, transport, assistance when sole mothers were ill, and helped to provide children with extracurricular activities. Many women also received assistance from charities, and some routinely relied upon charities to help with utility bills and the provision of food. That all of the women who attended focus groups had felt the need to obtain social or charity support attests to a high degree of economic distress.

Housing, which has long been recognised as an important factor in poverty measurement (Henderson, 1975), was a key cause of difficulty for FGS participants. Harding et al. (2001) point out that measuring income without taking into account the cost of housing may be misleading because home owners and public housing tenants tend to have lower housing costs than home purchasers and tenants in the private rental sector. In the 1997-1998 SIHC (ABS, 1999) 15 percent of one-parent families were home owners, 24 percent were purchasers, 60 percent were private renters and 22 percent public. ABS (1999) data show sole parents who were private renters were paying the highest proportion of their income in housing costs (32 percent of gross income) compared to other sole parent families, and all families with dependent children. Sole parent families on average, spent the highest proportion of their gross income on housing (ABS, 1999). Access to a second 'first home buyers' allowance, if the first jointly owned home was lost on

separation was a suggestion made by a FGS sole mother which indicates another aspect of the complexity of their housing situation.

## Conclusions

The quantitative and qualitative analyses confirm what has long been established, that sole parents are among the poorest Australians. Barriers to education and employment partly account for this. The qualitative data illuminate the financial issues confronting sole mothers, and show that to raise their economic wellbeing requires more than dealing with education and employment. Areas requiring further investigation include:

- The lifetime incidence of poverty among sole mothers
- The economic wellbeing of sole mothers as measured by assets and liabilities, and taking account of the cost of different types of housing tenure
- The impact of intimate partner abuse on the distribution of joint property
- The impact of child support amount and regularity on economic wellbeing
- The degree of financial stress retained by sole mothers of older and adult children.

It appears that sole mothers experience a decline in economic wellbeing upon separation and that economic recovery usually occurs within the context of paid employment, but this does not account for the reason why improved economic wellbeing does not necessarily lead to economic security. Sole mothers also experience periods of prolonged economic vulnerability even after the family budget is balanced. This economic vulnerability means that any decrease in income quickly returns the family to a state of economic decline. Overall, the women in the FGS did not expect to achieve economic security in the near future, and many not even in the longer term.

## Section 7: Health

Research conducted in many countries shows that poorer health is yet another disadvantage to be associated with sole motherhood, and given the socio-economic circumstances of sole mothers, this is hardly surprising. Sole motherhood has been associated with poorer psychological and physical health in studies conducted in Germany (Franz et al., 2003), the US (Jayakody, Danziger, & Pollack, 2000), Britain (Baker & North, 1999; Hope et al., 1999), Canada (Davies, Avison, & McAlpine, 1997), Sweden (Whitehead, Burstrom, & Diderichsen, 2000) and Finland (Lahelma et al., 2002). Of particular concern are findings from a national sample study in Sweden in which sole mothers were found to have a higher mortality rate than partnered mothers, and were twice as likely to suicide (Weitof et al., 2000). Another study indicated that sole mothers used mental health services more often than partnered mothers (Cairney & Wade, 2002).

The association between sole motherhood and poorer health, both physical and psychological, and higher levels of stress (eg. Franz, Lensche, & Schmitz, 2003) is in turn, partly attributable to lower economic status (Hope, Power, & Rodgers, 1999; Lipman, Offord, & Boyle, 1997), which is so often found to have an influence on health. Overseas studies of sole mothers have found those with lower socio-economic status have poorer general and psychological health than sole mothers with higher socio-economic status (Bernstein, 2001; Franz et al., 2003; Lipman et al., 1997). Furthermore, when socio-economic status was controlled for, the association between sole

motherhood and poorer health was found to decrease (Hope et al, 1999; Whitehead et al., 2000). But economic status does not account for all of the association between sole motherhood and poorer health, suggesting other factors are involved.

The analysis of ALSWH findings in previous sections has indicated that sole mothers experienced stress when trying to complete further education (Section 3), undertake paid work (Section 4), in their dealings with Centrelink and around child support issues (Section 5) as well as experiencing many financial stressors (Section 6). There is ample evidence that stress impacts on health. Stress has been linked to gastrointestinal disorders (Richter & Sansone, 1999) and decreased immune system functioning (McEwen, 1998). Mayer (2000) proposed that prolonged stress leads to maladaptive stress responses and notes two neurotransmitters implicated in the stress reaction and thus relevant to health. Cortisol secretion may be elevated for a long time under chronic stress, and can result in permanent changes to areas of the brain concerned with memory and conditioned fear. This may be responsible for increased symptoms in patients with bowel disorders, and possibly for an increased risk of inflammatory disorders such as asthma and arthritis. The release of serotonin may also be increased during a long period of stress, resulting in both a depletion of serotonin, and the decreased ability of postsynaptic receptors to absorb it (Mayer, 2000). Disruption of serotonin levels has been implicated in both depression and anxiety (Carson et al., 1996).

Health was frequently raised in the FGS discussions. Poor health had prevented some sole mothers from undertaking further education (Section 3) and paid work (Section 4). For others, paid work participation was seen to have led to poorer health, while some reported improved psychological health as a result of paid work participation (Section 4). Decreased economic wellbeing resulted in difficulties with accessing healthcare and undertaking preventive measures that might have had a positive impact on health.

A search of databases of peer reviewed publications from 1995-2004 revealed no articles concerned specifically with sole motherhood and health in Australia, though some evidence of health problems among Australian sole mothers was reported in a study conducted for the Department of Family and Community Services. This study found that among Parenting Payment recipients, sole parents were more likely than partnered parents to have experienced emotional problems (Gregory, 2003).

## **ALSWH: Physical health**

### **Overall physical health (SF-36 PCS)**

Means and standard deviations of physical health as measured by the SF-36 PCS are reported in Table 7.1 and 7.2. At the first young survey sole mothers had the worst physical health on this measure, while for the first mid-age survey, sole mothers had the best physical health. Distinctions were less clear in the second surveys, for both cohorts and at the third young survey the order remained the same as for survey two, with partnered and sole mothers having similar patterns but with partnered mothers having marginally lower scores.

Multiple regression results (See Technical Report) show for the first and second surveys that sole mothers in the Young cohort had worse physical health than other women at both surveys (as indicated by the significant, negative coefficient.). Further analysis revealed that that the lower physical health associated with sole motherhood can be partially accounted for, or mediated by, economic status. For the second young survey, adding economic indicators to the model renders the relationship between sole motherhood and physical health no longer significant, suggesting the relationship was fully mediated by the economic status indicators (for details see Technical Report).



**Table 7.1 Means (M) and standard deviations (SD) of SF-36 PCS for relationship status categories**

Relationship status	Young cohort						Mid-aged cohort					
	Survey 1			Survey 2			Survey 1			Survey 2		
	N	M	SD	N	M	SD	N	M	SD	N	M	SD
Sole mothers	321	45.2	12.3	273	47.7	10.7	357	52.0	9.6	281	49.8	10.9
Partnered mothers	670	47.7	11.2	1141	47.3	11.0	3016	50.9	9.2	1994	50.4	9.5
Unpartnered childless	9520	50.8	9.5	4488	51.0	9.60	1578	48.8	11.5	1478	48.4	11.6
Partnered childless	2165	48.5	10.4	3278	49.8	10.2	6882	50.0	9.8	6669	49.6	10.0

**Table 7.2: Means (M) and Standard Deviations (SD) for physical health (SF-36 PCS) - Young Survey 3**

Relationship status	Physical health (SF-36 PCS)		
	N	M	SD
Sole mothers	240	48.99	10.63
Partnered mothers	2003	48.37	10.91
Unpartnered childless	2528	50.75	10.15
Partnered childless	2913	50.36	9.98

Results for the mid-aged women indicate a significant association between sole motherhood and better physical health. After controlling for economic indicators, sole motherhood and better physical health remained significantly associated, with a small increase in the size of the coefficient, indicating that economic status had a small negative impact on the association between sole motherhood and physical health. Sole motherhood was not significantly associated with physical health at all in the second mid-aged cohort survey in any of the models that were tested. Young sole mothers appear to have worse physical health which may reflect the physical strain of young motherhood. Mid-aged sole mothers, on the other hand, do not appear to experience physical health problems at a higher rate than other women. These results again seem to be showing differences between having children young, and having young children.

### Physical health over time

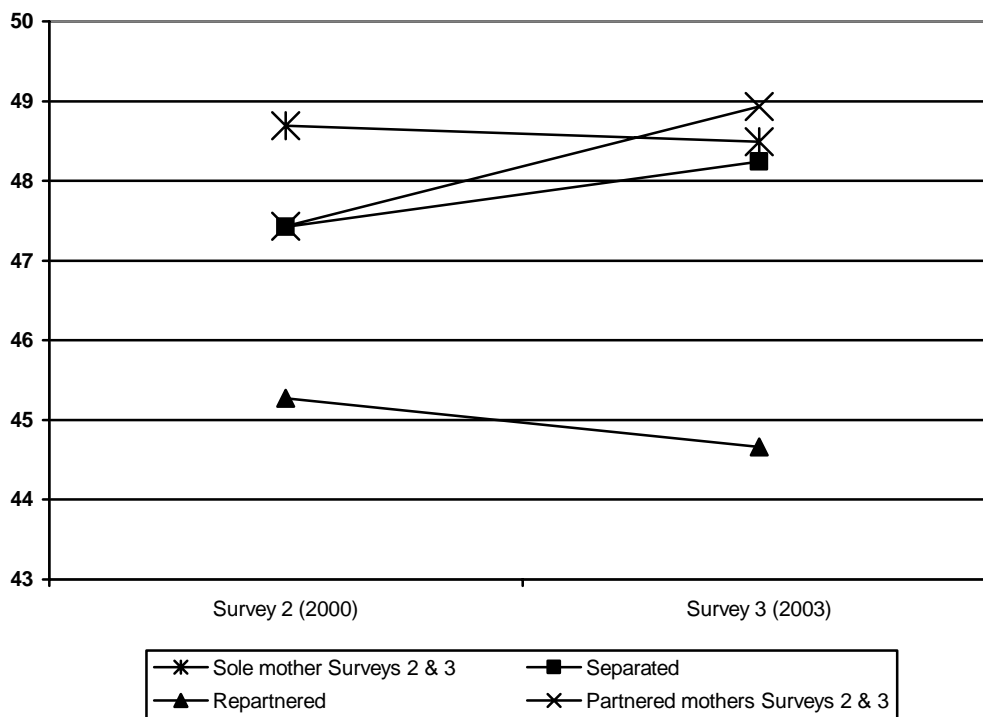
Surveys 1 and 2: Results for the young cohort indicate that there was a significant difference in physical health between mothers who had separated and mothers who had remained partnered. Mothers who had separated experienced an improvement in physical health from the time of Survey 1, while mothers who remained partnered experienced a slight deterioration in physical health.

Results for the Mid-aged cohort revealed that on the SF-36 measure of physical health, mothers who separated experienced a mean decrease in health of 2.30 (SD = 8.52), while mothers who remained partnered experienced a mean decrease in health of 0.91 (SD = 8.35).

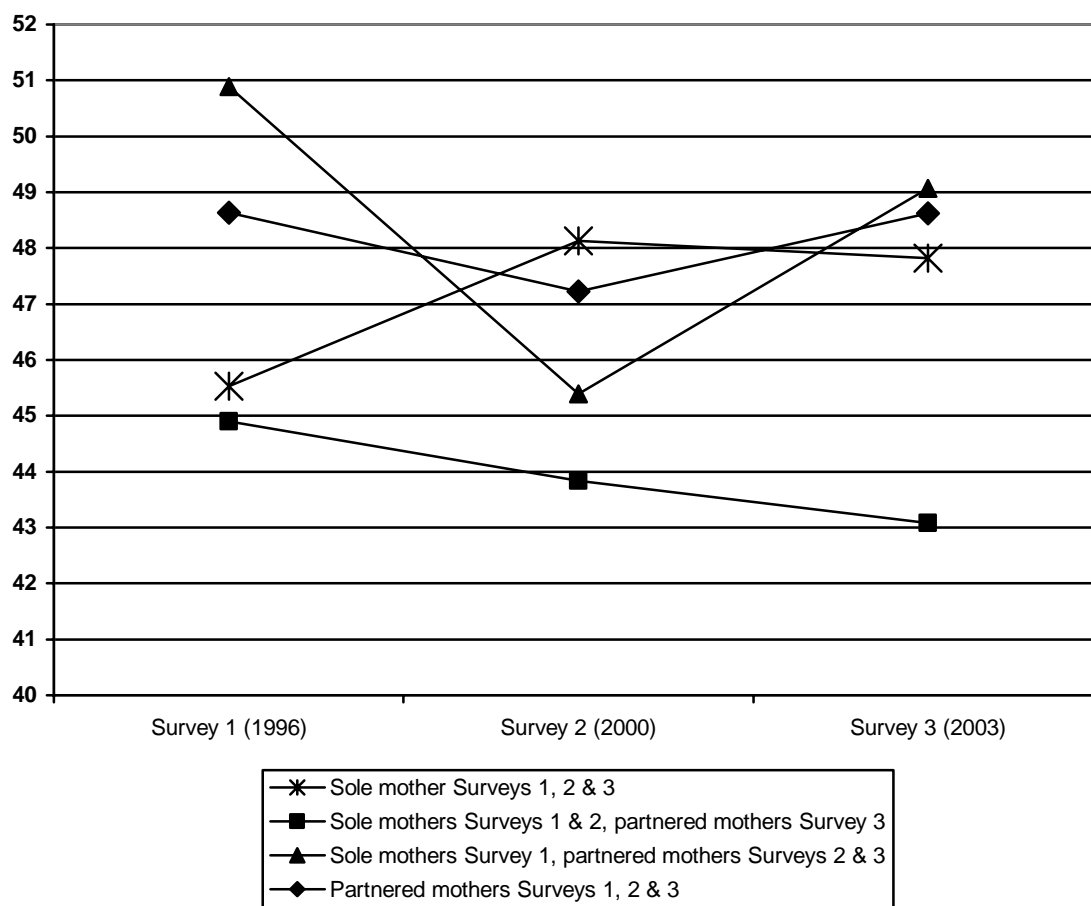
Surveys 2 and 3: Young cohort women who were sole mothers at surveys 2 and 3 experienced little change in physical health from 2000 to 2003 (see Figure 7.1). Mothers who were partnered in 2000 and who had separated by the time of Survey 3 in 2003 experienced a slight increase in physical health. Women who were sole mothers in 2000 and who had repartnered by 2003 experienced very little change in physical health. Interestingly, this group had worse physical health at both surveys than the other three relationship status groups, which may reflect the strain that establishing partner relationships can involve (though this remains an hypothesis only at this stage). Mothers who were partnered at both surveys experienced an increase in physical health from 2000 to 2003.

Surveys 1, 2 and 3: Most of the young women who were mothers in 1996 were partnered and remained partnered over the seven-year study period. None the less, a substantial proportion of mothers had moved into and out of relationships during the study period. The following analysis of physical health at Surveys 1, 2 and 3 (Figure 7.2) includes only those relationship status categories in which the numbers reported in Table 2.4 equal 20 or more. Even so the results should be treated with caution given the small numbers of mothers involved.

As can be seen in Figure 7.2, young women who were sole mothers at all three surveys, experienced an increase in physical health from 1996 to 2000, and little change in physical health from 2000 to 2003. Women who were sole mothers at Surveys 1 and 2, and who had repartnered by the time of Survey 3, experienced a steady decrease in physical health from 1996 to 2003. This group had the poorest physical health of all at the time of each survey. Women who were sole mothers at Survey 1 and who were partnered at Surveys 2 and 3 experienced a decrease in health from Survey 1 to Survey 2, and an increase from Survey 2 to Survey 3. A similar pattern of responses was apparent amongst mothers partnered for all three surveys, although the difference in physical health from one survey to the next was not as large.



**Figure 7.1: Physical health among young mothers at Surveys 2 and 3 (SF-36 PCS)**



**Figure 7.2: Physical health among young mothers at Surveys 1, 2 and 3 (SF-36 PCS)**

### Diagnosed medical conditions

Relationship status was significantly associated with the number of medical conditions experienced by respondents to the first and second young surveys. Sole mothers were the least likely to indicate that they had not experienced a medical condition, and were more likely than other women to indicate they had experienced two or more medical conditions.

Relationship status was significantly associated with the number of medical conditions ever experienced by mid-aged women in the first and second surveys. However, differences in both surveys between the categories of women were small, with mid-aged sole mothers showing similar profiles to those of unpartnered childless women. Sole mothers were less likely than partnered women never to have experienced a medical condition.

### Physical symptoms

At the first young cohort survey, sole mothers had the highest mean score for number of physical symptoms experienced in the previous year (Table 7.3) and a regression analysis showed the relationships to be significant. In the second young survey, sole mothers again had the highest number of symptoms in the previous year, though a regression analysis showed the relationship to be weak. For the mid-aged women, the number of physical symptoms was similar among women in both surveys (Table 7.3). But regression analyses showed sole motherhood was not significantly related to degree of physical symptomatology in the first or second survey ( $p = .891$  &  $.094$ , respectively).

**Table 7.3: Means (M) and standard deviations (SD) of symptoms scale for relationship status categories**

Relationship status	Young cohort						Mid-aged cohort					
	Survey 1			Survey 2			Survey 1			Survey 2		
	N	M	SD	N	M	SD	N	M	SD	N	M	SD
Sole mothers	323	16.2	7.4	283	12.6	8.8	349	46.1	10.0	257	46.2	9.9
Partnered mothers	659	14.0	7.3	1180	11.0	7.7	2996	45.2	10.1	1764	44.4	9.6
Unpartnered childless	9422	13.6	6.6	4604	11.6	7.6	1550	46.1	10.9	1279	45.1	10.1
Partnered childless	2124	14.4	6.9	3352	11.4	7.5	6804	46.4	10.0	5779	45.4	9.8

## ALSWH: Psychological health

### Overall psychological health (SF-36 MCS)

Across all four surveys, sole mothers had worse psychological health than other women (though the associations were weak). Means and standard deviations are presented in Table 7.4.

Results for the first and second young surveys indicated that sole mothers were significantly less psychologically healthy than other women. Although the associations were weak, the results clearly indicated that education, paid employment, and stress with money partially mediated the relationship between sole motherhood and poorer psychological health (see Technical Report for more details). Furthermore, analyses of the data for mid-aged sole mothers showed similar results. In both the first and second mid-age surveys sole mothers were significantly less psychologically healthy than other women. Inclusion of economic variables in the models results in a reduction in the strength of the relationship. The results suggest that the relationship between sole motherhood and psychological health may be partially mediated by the financial stress mid-aged sole mothers experience (see Technical report for a detailed analysis).

**Table 7.4: Means (M) and standard deviations (SD) of SF-36 MCS for relationship status categories**

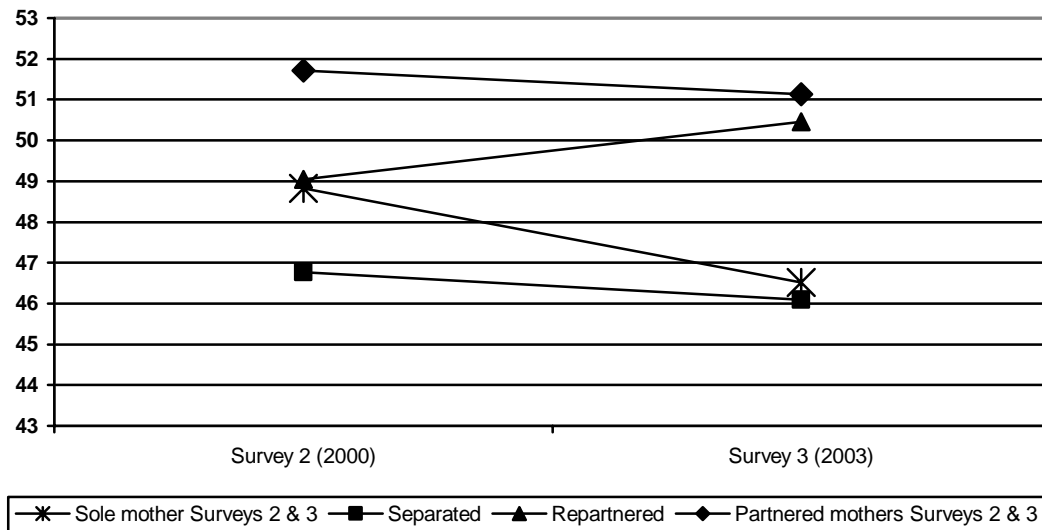
Relationship status	Young cohort						Mid-aged cohort					
	Survey 1			Survey 2			Survey 1			Survey 2		
	N	M	SD	N	M	SD	N	M	SD	N	M	SD
Sole mothers	321	46.9	11.0	273	47.1	10.7	357	45.3	10.8	281	45.9	10.9
Partnered mothers	670	49.8	10.4	1141	51.2	9.5	3016	50.1	9.7	1994	50.4	9.6
Unpartnered childless	9520	50.2	9.8	4488	49.6	9.9	1578	48.2	10.8	1478	49.4	10.7
Partnered childless	2165	50.3	10.0	3278	51.1	9.4	6882	51.0	9.5	6669	51.4	9.8

### Psychological health over time

Surveys 1 and 2: To examine the impact of separation on psychological health (SF-36 MCS), a univariate ANOVA was conducted with change in psychological health entered as the dependent variable, and separation as the independent variable. Psychological health at Survey 1 was entered as a covariate. For the young cohort no significant difference was found between mothers who separated and mothers who stayed partnered in respect of changes in psychological health. Separated mothers, and mothers who remained partnered had a slight decrease in psychological

health from the level at first survey. However, the decrease in psychological health was not significant for either group.

Surveys 2 and 3: Young mothers who were partnered in 2000 and remained partnered in 2003 experienced the best psychological health of all mothers (Figure 7.3). Women who were sole mothers in 2000 and 2003 experienced a decrease in psychological health over this three year time period, as did those who separated. Women who repartnered, experienced an increase in psychological health.



**Figure 7.3: Psychological health at Surveys 2 and 3 among mothers (SF-36 MCS)**

Surveys 1, 2 and 3: The small group of women who were partnered mothers for all three surveys experienced a decrease in psychological health from 1996 to 2000, and then an increase from 2000 to 2003 (Figure 7.4). By contrast, women who were sole mothers throughout the study period experienced a decrease in psychological health from 1996 to 2000, and again from 2000 to 2003. The results for sole mothers who repartnered suggests that for a period of time after repartnering, mothers experienced an increase in psychological health, which might then be followed by a decrease in psychological health.

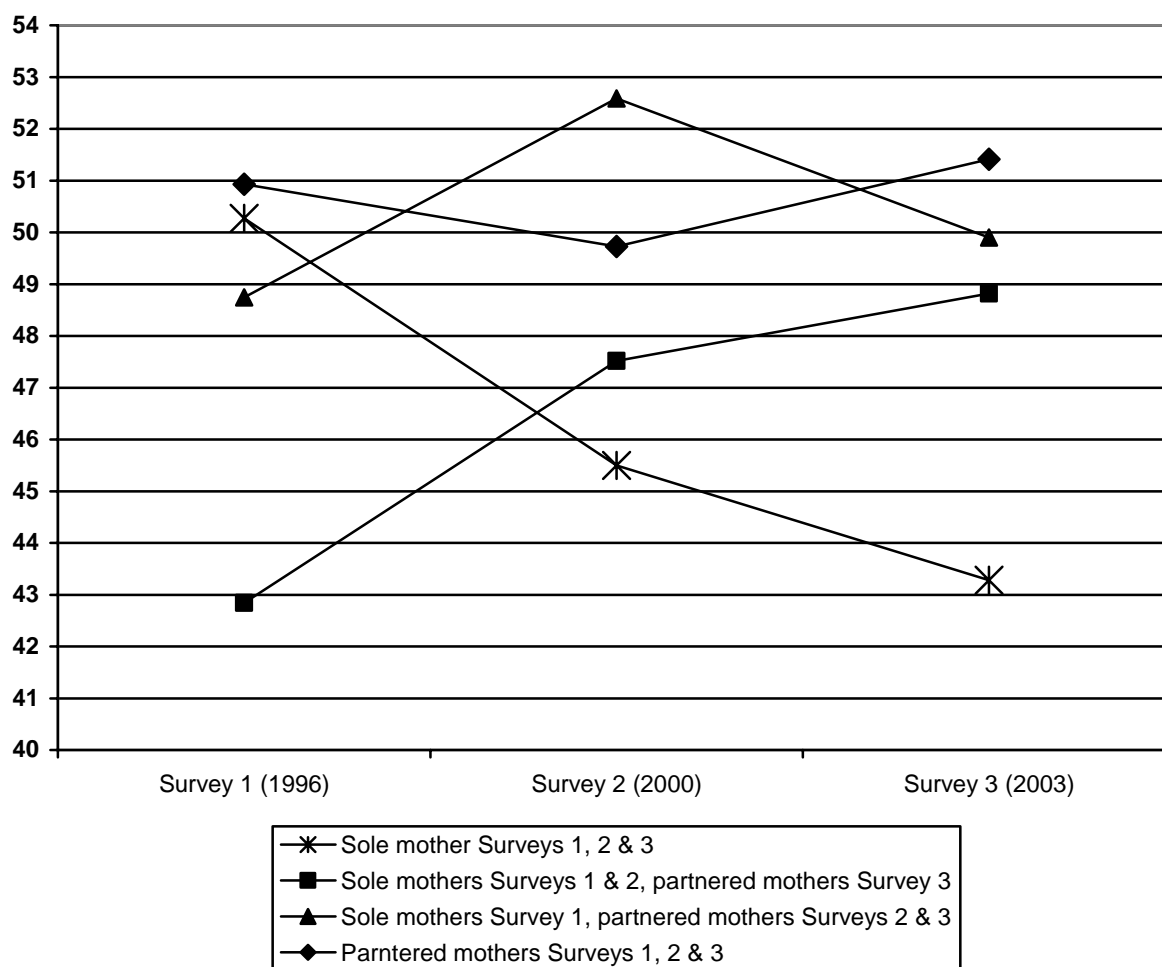


Figure 7.4: Psychological health among mothers for Surveys 1, 2 and 3 (SF-36 MCS)

### Recent depression and anxiety

At survey 2, among the Young cohort, sole mothers were more likely than other women to have experienced symptoms of depression in the previous 12 months. Although relationship status was significantly associated with symptoms of anxiety in the previous 12 months among the Young cohort, differences between groups were small. Among the Mid-aged cohort at the time of the second survey, sole mothers were more likely than other women to have experienced symptoms of depression and anxiety in the previous 12 months.

A higher percentage of mid-aged sole mothers compared to sole mothers in their twenties appeared to have experienced depression in the previous 12 months. However the question that asked about anxiety differed between surveys, so results for anxiety were not entirely comparable.

### Current psychoactive medication use

For the Young cohort (Table 7.5) the association between relationship status and use of medication for depression was significant. Sole mothers were the most likely to have indicated that they had taken medication for depression in the previous four weeks. Relationship status was however not significantly associated with use of medication for anxiety. The association between relationship status and use of sleep medication was barely significant and there was little difference between groups.

Among the Mid-aged cohort at the time of the second survey, associations between relationship status and psychoactive medication use were significant for depression, anxiety and sleeping medication. Table 7.3 shows the percentage of women per relationship status category who were taking psychoactive medications. Of all relationship categories, sole mothers were the most likely to be taking medication for depression and were more likely than partnered mothers to be taking medication for anxiety and sleep. The similar results for sole mothers and unpartnered childless women might be partly explained by those unpartnered women whose children are now over 16 years, and who therefore would have been included in the ‘childless’ category.

**Table 7.5: Relationship status by recent psychoactive medication use - Young and Mid-age Survey 2**

Survey Relationship status	Medication used in previous 4 weeks for:					
	Depression		Anxiety		Sleep	
	N	%	N	%	N	%
Young 2						
Sole mothers	272	9.2	272	2.6	273	2.9
Partnered mothers	1142	3.2	1142	1.7	1142	1.6
Unpartnered childless	4481	5.3	4480	2.0	4481	3.2
Partnered childless	3274	3.6	3274	1.5	3274	2.5
Mid-aged 2						
Sole mothers	281	11.4	282	4.3	281	11.4
Partnered mothers	1961	5.2	1964	2.7	1965	6.2
Unpartnered childless	1448	9.1	1449	5.8	1452	11.1
Partnered childless	6518	5.3	6542	4.3	6542	7.9

### Suicidal thoughts and self harm

Relationship status was significantly associated with feeling as though life was not worth living during the week prior to the time of the second young survey. This applied to 11 percent of sole mothers, 6 percent of partnered mothers, 9 percent of unpartnered childless women and 5 percent of partnered childless women. In a univariate logistic regression, sole mothers had 2.2 times the odds of feeling as though life was not worth living relative to partnered childless women.

Relationship status was also significantly associated with deliberate self-harm within six months of the time of the second young survey. Seven percent of sole mothers reported they had deliberately tried to harm themselves, compared to 2 percent of partnered mothers, 5 percent of unpartnered childless women, and 2 percent of partnered childless women. In a univariate logistic regression, sole mothers had 3.2 times the odds of deliberate self harm, while unpartnered childless women had 2.1 times the odds of deliberate self harm, relative to partnered childless women. The higher odds of experiencing these life threatening conditions among sole mothers suggests that this is an issue requiring further examination as a matter of urgency.

### Current depression (CES-D 10)

Means and standard deviations for scores on the depression scale, CES-D 10 (Table 7.4) show a noticeable difference between groups, with sole mothers in both cohorts having the highest depression scores.

**Table 7.6: Young and Mid-age Survey 2 means and standard deviations for CES-D 10 (depression) scores for relationship status categories**

Relationship status	Young cohort Survey 2			Mid-aged cohort survey 2		
	N	M	SD	N	M	SD
Sole mothers	270	9.85	6.00	286	9.23	6.18
Partnered mothers	1130	7.80	5.40	1995	6.07	5.27
Unpartnered childless	4434	7.96	5.72	1468	7.81	6.47
Partnered childless	3246	6.83	5.03	6665	6.19	5.46

As can be seen in Table 7.7, among the Young cohort, sole mothers had nearly three times the odds of experiencing current depression, relative to partnered childless women (unadjusted model). In fact, nearly half of the Young cohort sole mothers had a level of depression that was commensurate with diagnosable depression. Similar results were apparent for the Mid-aged cohort: sole mothers had over twice the odds of experiencing depression relative to partnered childless women, while 42 percent were experiencing depression at the time of the second mid-age survey. In both cohorts, adjusting for economic indicators resulted in a reduction in the association between sole motherhood and depression, implying that economic status accounts for some of this relationship.



**Table 7.7: Young and Mid-age Survey 2 odds ratios (OR) and 95% confidence intervals (CI) for odds of experiencing depression: Unadjusted; adjusted for demographics (age, area of residence, ATSI status); and adjusted for demographics and economic indicators (education, employment, stress with money).**

Survey Variable	N	%	Unadjusted		Adjusted for demographics		Adjusted for demographics & economic indicators	
			OR	CI	OR	CI	OR	CI
<b>Young 2</b>								
Relationship status								
Sole mothers	271	48	2.91	2.26, 3.74	2.78	2.18, 3.54	1.55	1.16, 2.06
Partnered mothers	1130	31	1.39	1.20, 1.62	1.48	1.28, 1.71	1.07	0.90, 1.28
Unpartnered childless	4434	33	1.51	1.37, 1.68	1.54	1.38, 1.71	1.56	1.39, 1.76
Partnered childless	3246	24	1.00		1.00		1.00	
<b>Mid-age 2</b>								
Relationship status								
Sole mothers	286	42	2.45	1.92, 3.12	2.22	1.72, 2.86	1.50	1.10, 2.04
Partnered mothers	1995	21	0.88	0.78, 1.00	0.98	0.86, 1.10	0.92	0.79, 1.06
Unpartnered childless	1468	32	1.55	1.37, 1.76	1.72	1.52, 1.96	1.54	1.32, 1.80
Partnered childless	6666	23	1.00		1.00		1.00	

Note. Percentages refer to the percentage of women per relationship status category who had CES-D 10 scores of 10 or more, which indicated the presence of depression (eg. 42% of the 286 mid-aged women who were sole mothers, had depression).

## Focus Group Study

### The health impact of separation

Many of the qualitative findings from the FGS for health have already been reported in the context of further education, paid employment participation, interactions with Centrelink, and economic wellbeing. However, there were a number of findings concerning women's health that warranted further elaboration.

Following separation, some women felt an improvement in their general health and wellbeing, despite increased levels of stress. Nevertheless, several women experienced a dramatic decrease in their psychological health upon separation, including suicidal thoughts. The ongoing stress of sole parenting was mentioned by women as contributing to a deterioration in health that in some cases led to the sudden onset of a debilitating illness. Overall, it was noted that a large number of women in the FGS had diagnosed depression, which is in keeping with the ALSWH findings. An important theme that emerged concerned difficulty with access to satisfactory health services.

Sole mothers in the FGS indicated both positive and adverse health consequences when separation first occurred. Positive health effects were attributed to the removal of the stress of living in a discordant relationship: 'I was at that, suicidal, can't do this state... before ... I had lots of skills. [After the relationship], I felt totally incompetent'. Others experienced the onset of poor psychological health as a result of feelings of failure. Adverse health effects of separation were largely psychological: 'the shock of coming to terms with leaving for no reason ... did terrible things to my esteem. I became suicidal for the first time in my life'. However, the majority of sole mothers, even those who had experienced a difficult separation, felt that they were 'better off' as sole mothers: 'it was me that ended the relationship... been a really fabulous thing for me in the long term'.

Nearly all talked about feeling pressured by: interactions with ex-partners, coping with children, looking for paid work, dealing with paid work obligations, fulfilling both parents roles, dealing with Family Court matters, and the ubiquitous financial pressures. Many felt stressed from not having someone with whom to share the burdens of family responsibilities: 'the weight of carrying that on your own ...I find really demanding. Quite exhausting'.

### Health problems

Several women mentioned that dealing with the stress of being a sole mother over a long period of time suddenly 'caught up with [them]'. There were experiences of sudden psychological decomposition ('nervous breakdown'), or serious physical illness: 'after 12 years of financial hardship...the consequence of that, were panic attacks'; 'we deal with all the stresses... then finally everything's...on an even keel and we crumble. I had a ...diagnosed adrenalin overload that actually broke down my immune system'.

Some had to leave paid work, others found it hard to cope with day-to-day living and some had cycles of good and poor health. Depression was common. In one focus group discussion, six of the eight women were taking medication for depression: 'the depression ...it's been overwhelming'. Some had experienced anxiety: '[during the marriage] ...I was walking on egg shells ... now I actually feel a lot more in control but I'm still highly strung'. Physical health problems were not mentioned as often as psychological, both were attributed to the stress of their lives: 'a consequence of our sole parenting is ill health because of the stresses that you contend with'.

### Health services

Sole mothers had difficulty accessing bulk billing general practitioner and allied health services, such as physiotherapists, dentists and chiropractors. Psychological and counselling services were most frequently mentioned as inaccessible or unsatisfactory particularly by sole mothers in non-

urban areas. Problems with counselling services involved long waiting periods. Several felt that the screening procedures for degree of need were inappropriate at best and dangerous at worst: ‘I needed help... they asked me a few questions over the phone, like, was I suicidal? I said no, and so ...[you] go on the waiting list... You may not be the best person to assess whether or not you’re suicidal’. A further problem was the swift turnover of staff: ‘I’ve had four counsellors since I was 15, and I’ve only just turned 20’.

Two sole mothers had found appropriate services and praised the therapists: ‘I’ve been working a lot with a psychiatrist... really looking after my emotional health...I’m starting to feel better’; ‘the psychologist was personally generous... he gave his time free one day a fortnight to people like myself... there were 12 people and we were like new people after two years’.

## Discussion

The analysis shows that the health of sole mothers broadly is poorer than the health of other women, with the exception of physical health of mid-aged sole mothers, which is likely to be an effect of the very particular age and family stage of the Mid-aged cohort. With this exception, the results were in accord with past overseas research (Baker & North, 1999; Davies et al., 1997; Franz et al., 2003; Hope et al., 1999; Jayakody et al., 2000; Lahelma et al., 2002; Whitehead et al., 2000).

Depression and poorer psychological health were found more often among sole mothers than other women for both Young and Mid-aged cohorts. Results for anxiety were less consistent. Sole motherhood was associated with anxiety problems among the mid-aged cohort, but those in their twenties were only slightly more likely to have experienced recent anxiety than others in the cohort.

Data on physical health reveal that mothers in their twenties were likely to have experienced more medical conditions, more physical symptoms and poorer overall physical health than other women. The mid-aged data were less straightforward. Sole mothers were slightly less likely than other women to be in the ‘never experienced a medical condition’ category but they had a similar number of physical symptoms. Results for general physical health among the Mid-aged cohort at the first survey were unexpected. They revealed mid-aged sole mothers to have *better* physical health than other women in their cohort, while at the second survey there was no association between sole motherhood and general physical health.

The ALSWH data also indicate that the relationship between sole motherhood and poorer psychological health was stronger for sole mothers in mid-age, than those in their twenties. Together with the findings for physical health, this suggests that the associations between sole motherhood and different aspects of health vary with age, something that warrants further research. As the longitudinal study progresses, more evidence regarding this will become available.

As was expected the relatively poorer health of sole mothers was partially accounted for by economic status, which is in keeping with overseas research (Hope et al., 1999; Whitehead et al., 2000). Economic status partially mediated the relationship between sole motherhood and depression, and general psychological and physical health<sup>10</sup> among both the young and mid-aged. But because the analyses were cross sectional, causality cannot be inferred with respect to sole motherhood, economic status and health. However, FGS data suggest that poor health prevented some women from obtaining paid work and affected their ability to maintain it (Section 4).

The FGS discussions suggested financial stress in itself can have an adverse impact on health. Also, financial pressures at times limit sole mother’s access to health services, prescription medication, and dietary supplements. Overall, the focus group findings support the relationship between

<sup>10</sup> Except at the second mid-age survey, where physical health was not associated with sole motherhood.

economic wellbeing and health being bi-directional, i.e. health affects economic wellbeing, and economic wellbeing affects health.

Sole mothers in the FGS felt many of their health problems were caused or exacerbated by the stress of being a sole mother, and the lack of someone with whom to share the ‘burdens’ of parenthood and financial insecurity. These facets of sole parenthood may account for the associations between sole motherhood and poorer health that remain significant in the ALSWH data after controlling for economic factors. This too deserves further investigation.

The cross sectional quantitative analysis shows a consistent relationship between sole motherhood and poorer psychological health. Thus it was expected that separation would be associated with a decrease in psychological health, but a longitudinal analysis of the young cohort data revealed no relationship between separation and psychological health. The findings did reveal an improvement in physical health to be associated with separation which was not expected.

The FGS data paint the picture behind the findings that some women experienced better health and other women worse, after separating from their partners. It is possible that measures for psychological health that reflect the range of both positive and negative health effects, cancelled each other out in the longitudinal analyses. Results that indicated a significant relationship between separation and improved physical health among young cohort sole mothers might reflect a decrease in the stress associated acrimonious relationships, an hypothesis that will benefit from further examination as the study proceeds.

The FGS discussions raised some issues about health services that merit further investigation. The positive impact of counselling and psychological services was praised by a number of women, but some had been unable to obtain appropriate and prompt help. This must be seen in light of the ALSWH finding that sole mothers have poorer psychological health than other women of their age.

One of the most disturbing results obtained in the current investigation concerned suicidal ideation and self harm. Sole motherhood among 22-27 year olds was associated with increased odds of both suicidal thoughts and actual self-harm. Eleven percent of sole mothers in this age cohort had felt suicidal, and seven percent had actually harmed themselves in the six months prior to the survey. A previous study indicated that, in Sweden the suicide rate among sole mothers is twice as high as that found for partnered mothers (Weitoft et al., 2000). The focus group data confirmed that some sole mothers had felt suicidal, particularly in the context of economic emergencies after separation.

## Conclusions

Analysis of the ALSWH data reveals that among women in their twenties, sole mothers experienced poorer psychological and physical health than other women. In particular, sole mothers in their twenties were more likely than other women their age to have experienced depression, had suicidal thoughts, deliberately tried to harm themselves, and also to have had more medical conditions and physical symptoms. The mid-aged sole mothers were more likely than other women their age to have experienced depression and anxiety, and to have had more medical conditions.

In some cases the size of the statistical relationships between sole motherhood and health were small, and it is noteworthy that among mid-aged women aged 45-50 years, sole motherhood was actually associated with better physical health than for other women in the cohort. Associations between sole motherhood and poorer health were partially mediated by economic status. The ongoing stress of sole motherhood contributed to poorer health, and some women in the FGS had difficulty in accessing health and particularly psychological health, services. In light of the results for self harm and suicidal thoughts among young sole mothers, and in conjunction with findings for depression among sole mothers in their twenties and among mid-aged sole mothers, the

availability of psychological health services for sole mothers is a particularly important issue as some of the conditions are potentially life threatening<sup>11</sup>.

The quantitative and qualitative research findings point to a number of areas that require consideration and which will be followed up in the ALSWH including:

- Patterns and correlates of health among sole mothers over time and at different life stages
- The nature of stressors experienced by sole mothers
- The support and intervention strategies that mitigate the health impact of stressors experienced by sole mothers, including economic stressors
- The availability of ancillary and allied health services including: psychological and counselling services; dental services; physiotherapy services
- Availability of bulk billing general practitioner and other health services

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<sup>11</sup> Since the FGS was conducted the Medicare Safety Net and provider numbers for short term allied health services (eg. psychology services) have been introduced. These measures may have assisted some sole mothers in accessing health services.

## Section 8: Sole mothers and area of residence

### ALSWH

Analysis of ALSWH data has indicated some differences between women depending on whether they live in urban or non-urban areas. For example, those in non-urban areas were less likely than urban women to have used bulk billing services, and more likely to have experienced higher medical expenses than women from urban areas (Young & Dobson, 2003). On the other hand analysis of data from the Mid-aged cohort revealed little difference in psychological and physical health (SF-36 MCS and PCS) between women living in urban areas and large, small, and other rural, and remote areas (Brown, Young, & Byles, 1999). Another recent study conducted with women of all ages similarly found no differences on measures of emotional distress (depression, anxiety, stress) among those living in urban, rural and remote areas in Australia (Bramston, Rogers-Clark, Hegney, & Bishop, 2000).

There is little Australian research relating specifically to sole mothers and the effects of urban, versus non-urban living, which is the focus of this section. Area was used as a dichotomous variable, thus logistic regressions could be calculated. This allows calculation of the odds for those in each relationship category of living in a non-urban area. In all analyses, responses of partnered childless women were used as the reference category (with an odds ratio of 1.00).

At the time of the first young survey, being a sole mother was not significantly associated with living in a non-urban area. As shown in Table 8.1 a similar percentage of sole mothers and partnered childless women lived in non-urban areas, though the proportion of unpartnered women was lower, and for partnered mothers it was higher. This was not the case at Survey 2. At this time, both sole and partnered mothers had over twice the odds of childless women of living in a non-urban area, which reflects a trend for non-urban women to have children earlier.

**Table 8.1: Odds ratios (OR) and 95% confidence intervals (CI) for living in a non-urban region by relationship status category - Young Surveys 1 and 2**

Relationship status	Survey							
	Young 1				Young 2			
	N	%	OR	95% CI	N	%	OR	95% CI
<b>Sole mothers</b>	<b>330</b>	<b>35</b>	<b>1.16</b>	<b>0.91, 1.48</b>	<b>272</b>	<b>44</b>	<b>2.33</b>	<b>1.81, 3.00</b>
<b>Partnered mothers</b>	<b>694</b>	<b>46</b>	<b>1.84</b>	<b>1.54, 2.19</b>	<b>1142</b>	<b>44</b>	<b>2.31</b>	<b>2.00, 2.66</b>
<b>Unpartnered childless</b>	<b>9683</b>	<b>20</b>	<b>0.55</b>	<b>0.50, 0.61</b>	<b>4408</b>	<b>20</b>	<b>0.74</b>	<b>0.66, 0.82</b>
<b>Partnered childless</b>	<b>2196</b>	<b>32</b>	<b>1.00</b>		<b>3261</b>	<b>25</b>	<b>1.00</b>	

Note. Percentages refer to the percentage of women in each category who lived in a non-urban area. For example, 35% of the 330 women who were unpartnered with children in the first young survey lived in a non-urban area.

As Table 8.2 shows, relationship status was significantly associated with area of residence for the Mid-aged cohort, but in a quite different way from the young women. Across both surveys, all relationship categories had lower odds of living in a non-urban area than partnered childless women and there was virtually no change from the first to the second survey (though it should be noted that these were only two years apart). It is possible though that changes were masked by similar numbers of women moving into and out of relationships and non-urban areas.

**Table 8.2: Odds ratios (OR) and 95% confidence intervals (CI) for living in a non-urban region by relationship status category - Mid-aged Surveys 1 and 2**

Relationship status	Survey							
	Mid-age 1				Mid-age 2			
	N	%	OR	95% CI	N	%	OR	95% CI
Sole mothers	376	22	0.64	0.50, 0.83	289	25	0.70	0.54, 0.92
Partnered mothers	3181	26	0.78	0.71, 0.86	2023	26	0.77	0.69, 0.86
Unpartnered childless	1679	22	0.65	0.57, 0.73	1486	23	0.64	0.56, 0.73
Partnered childless	7303	31	1.00		6724	32	1.00	

Note. Percentages refer to the percentage of women in each category who lived in a non-urban area.

In 1996, young sole mothers (aged 18-23 years) had similar patterns of residence in urban and non-urban areas to partnered childless women. By 2000, however, with the women aged 22-27 years, sole and partnered mothers were more likely than childless women, to be living in a non-urban area. As well as a younger age of motherhood in non-urban areas, this seems to reflect the movement of unpartnered young women from rural to urban areas for education, work and other opportunities. The data suggest that those who become mothers early are more likely to stay.

The ALSWH has been consistently concerned with factors associated with residential area because of the importance of this for service delivery and social support. It was because of this concern that the original sample over represented women in rural and remote areas. The rate, particularly of young sole motherhood, itself may be at least partly associated with lack of access to appropriate contraception, and inexperience in its use. Among the additional comments added by the young women to ALSWH's Survey 1, was the following, which graphically evokes such problems (Bryson, Strazzari and Brown, 1999: 34).

My friends and I went to an all girls' Catholic school and out of a graduation of 35 girls in 1993, we have 16 children and I'm only 19... in our [rural] area the male doctor lectures the girls about going on the pill because he is old-fashioned - but the result is pregnancy.

Change in area of residence was only marginally associated with separation. As shown in Table 8.3, mothers who separated were slightly more likely to have moved to a non-urban area than mothers who remained partnered. However, the numbers of women involved were small, so this result should be viewed with caution. The majority of women, 93 percent of those who remained partnered and 88 percent of those who separated, did not change areas.

**Table 8.3: Change in area of residence and separation among young cohort, Survey 1 to 2**

Area status	Remained partnered		Separated	
	N	%	N	%
Stayed urban	92	28	20	29
Moved to non-urban	3	1	4	6
Moved to urban	20	6	5	7
Stayed non-urban	216	65	41	59
Missing data	8		3	
Total	339		73	

## Focus Group Study

Focus groups were held in inner and outer metropolitan areas, a regional centre, and five were held in non-urban areas, one of which was considered a remote location where two groups met. In all of the rural focus groups and one of the outer metropolitan groups, issues concerning small town living arose, including the friendliness or unfriendliness of the local area and local gossip. In both focus groups held at the remote location, issues to do with accessing legal services and services for children were raised. Issues to do with crime and safety were discussed in four groups though in only two was it felt that local crime was a problem that impinged on their lives. Both areas were outer metropolitan suburbs.

**Small town living.** Some sole mothers from the FGS felt that the towns they were living in were very supportive, and that this helped them to cope with some of the stresses associated with raising children alone: ‘I’m here because it’s a small community... the human relationship and support network for me as a woman here, are profoundly beneficial, for physical, mental, and social wellbeing of myself and my child.’; ‘from that, the smallness of the community, comes the strength of the community’.

One group generated both positive and negative comments about the friendliness of the town. One sole mother found the local area to be ‘very friendly’ while the rest described it as ‘cliquey’, a difficult place in which to make friends. Gossip was an uncomfortable aspect of small town life, particularly at the time of separation: ‘As soon as someone’s relationship is over everybody ... make[s] up other stories ... they thrive on the gossip... it [gossip] can cause more grief.’

**Remote area issues.** Medical and health services for children were particularly difficult to access for sole mothers in the remote area. One, who regularly travelled 500 kilometres each way to obtain specialist treatment for her son, talked about the costs involved: ‘[A support scheme] paid for his ticket, but they would not pay for our accommodation... had to, front up at a friend’s home and asked them to help me out’. Furthermore, the scheme required that the mother first take her son for treatment, then present receipts for reimbursement.

The mothers also talked about a lack of local psychologist/counselling services for their children. Legal services presented singular problems in remote areas. Sole mothers in both of the groups had experienced difficulty in obtaining legal representation because their ex-partners effectively created a conflict of interest for them. These women were forced to seek legal services from solicitors in the nearest city, about 500 kilometres away.

**Crime and personal safety.** Sole mothers from one of the outer metropolitan areas found that, despite an increasing level of homelessness, public drinking and drug use in their area, they generally felt safe. However, many of those from the other outer metropolitan area did not. Some had personally been victims of a range of criminal activities: one had been ‘mugged’, several had been burgled and had property stolen, and three had experienced ‘home invasions’. They also talked about being unable to use public parks due to discarded syringes and because they found the youth presence in parks to be intimidating or threatening. Some sole mothers talked about events that indicate a lack of trust in the community, which meant that getting help during an emergency was difficult or impossible. Another woman described the area as one with ‘a lot of problems’ where the police presence was inadequate. However, several women in the group felt that their local area was not different as these types of events occurred ‘everywhere’.



## Discussion

The analysis of ALSWH data reveals few differences between urban and non-urban sole mothers (Brown, et al., 1999). Level of education was higher among urban mid-aged sole mothers than non-urban but did not differ for sole mothers in their twenties. Paid employment status and money stress were similar among urban and non-urban sole mothers for both cohorts. The only health difference to emerge was that mid-aged sole mothers (47-52 years) from non-urban areas had better psychological health than those from urban areas, though it is not clear why this should be so and there was no such difference within the young cohort. For the young cohort, findings are in line with those from a study of women of all ages which found no differences on measures of emotional distress (depression, anxiety, stress) between those living in urban, rural and remote Australian areas (Bramston, Rogers-Clark, Hegney, & Bishop, 2000).

Discussions from the FGS reveal that small town living has the capacity to both mitigate and exacerbate stress levels among sole mothers, and by extrapolation, their psychological wellbeing. Where towns were perceived as friendly and supportive, sole mothers felt comfortable and able to 'connect' with others. Where towns were perceived as unfriendly or difficult, it was more difficult to form social networks. Some had concerns about gossip and for some there were crime and personal safety issues, which in turn curtailed the use of public transport and parks. Discrimination, stigma and social support emerged as factors that were closely related to local community interactions. Each of these factors is discussed in more detail in Section 9.

Previous ALSWH findings for health services indicated that non-urban sole mothers had found it difficult or impossible to access bulk billing services (Sections 6 and 7). In addition, access to ancillary and allied services was a problem for sole mothers from non-urban areas who attended focus groups. Sole, and no doubt partnered, mothers from remote areas also face barriers in accessing health services for their children, and this is further complicated, and expensive, if long distance travel is required to obtain specialist services. Access to legal services was also problematic in remote areas because of little choice among practitioners.

Some findings from the FGS show that some sole mothers in rural and remote areas confront particular barriers to undertaking university education because of distance and access to childcare. It is possible that the ALSWH finding that the urban mid-aged sole mothers have higher education levels may reflect the lack of such barriers. However, there may also be age specific barriers to further education among non-urban sole mothers.

Area of residence had the potential also to impact on the economic wellbeing of sole mothers. The majority of sole mothers in the focus groups thought that public transport was inadequate or unsafe outside city areas, which meant that women in non-urban areas needed to own a car. By contrast, sole mothers in city areas felt that their housing costs were higher than for women in outer metropolitan and non-urban areas. In the outer areas, crime had the potential to impinge on economic wellbeing through the need to replace stolen property. In addition, where women felt unsafe using public facilities, expenses were increased by the need to use private facilities.

Although the quantitative data indicate no differences between urban and non-urban sole mothers on measures of economic wellbeing and most health measures, the qualitative data suggest the factors that underpin economic and psychological wellbeing vary somewhat by area of residence.

## Conclusions

ALSWH findings suggest the economic wellbeing and health of non-urban sole mothers is very similar to that of urban, though differences in the issues confronting those in urban and non-urban area emerged from the FGS. Sole mothers from inner metropolitan areas experienced higher

housing costs but had better access to affordable, adequate transport, to bulk billing by general practitioners and to ancillary and allied health services. Sole mothers from rural and remote areas had cheaper housing, but poorer access to bulk billing general practitioners and allied and ancillary health services, universities, child care, public transport and legal services.

Sole mothers from one outer metropolitan area experienced more criminal activity, involving property loss, increased stress, a loss of sense of community and security that discouraged them from using public transport and public spaces. In comparison many sole mothers from rural and remote areas experienced the personal benefits of small town living, through a strong sense of community with high levels of social support. On the down side some found their local communities to be non-supportive and had suffered from town gossip.

Issues of concern for the wellbeing of sole parents (and others) include:

- Barriers to further education in non-urban areas
- Lack of access to bulk by billing general practitioner services in non-urban areas
- Lack of availability of ancillary and allied health services in all areas, but especially the provision in non-urban areas of psychology and counselling services
- Access to legal services in remote areas
- The adequacy of children's services especially in remote areas.

## **Section 9: Other factors: Social support, abuse, discrimination and stigma, and retirement**

In this final section we raise a number of other disparate, but intertwined issues that offer additional insights into the well-being of sole mothers. These focus on social support, abuse, discrimination and stigma, and issues relating to retirement.

### **Social Support**

Sole mothers without social support have been found to experience higher levels of psychological distress than sole mothers with support (Franz et al., 2003), though researchers must be well aware of intervening factors. For example Hope et al. (1999) found lower social support was not associated with increased psychological distress when economic wellbeing was controlled for. Other research has found social support to mitigate the impact of stressful life events (eg relationship breakdown) on health (Paykel, 1994), as well as reducing the effects of stress on health when social support is increased (Crystal & Kersting, 1998; Newbyfraser & Schlebusch, 1997). It has also been found to have a direct positive impact, with higher levels of social support being related to increased levels of health (Grassi, Rasconi, Pedriali, Corridoni, & Bevilacqua, 2000; Orth-Gomer, Wamala, Horsten, & Schenck-Gustafsson, 2000).

The FGS data suggest that social support can assist sole mothers in undertaking further education (Section 3), in maintaining paid work (Section 4) and mitigating the impact of financial stress (Section 6). Types of support that sole mothers received through their networks included: childcare, housing, money, help with housework, food, transport, and when ill. Grandparents in particular, also provided assistance with the funding of extracurricular activities for children as well as emotional support.

### ALSWH findings

Based on past research it was hypothesised that sole mothers would experience less social support than other women, and that this would be associated with lower levels of health and well-being. Data from the second surveys were analysed using three measures: a dichotomous measure of stress with money (very or extremely stressed/not at all, somewhat or moderately stressed), psychological health measured by the SF-36 MCS, and physical health measured by the SF-36 PCS. Social support was measured using the MOS Social Support Survey (Sherbourne & Stewart, 1991). Respondents were asked to indicate, how often a number of types of social support were available when needed, with 6 items offered to the young and 19 to the mid-aged women.

Items asked respondents about practical assistance (someone to help you when ill), informational support (someone to ask advice from), confidante support (someone to confide in), and company or friendship (someone to do something enjoyable with). To examine the relationships between social support and economic wellbeing and health among sole mothers, the median scores for social support among the young cohort (Mdn = 20), and mid-aged (Mdn = 55) were calculated. These scores were then split into two groups, representing high social support (above median), and low social support (below median).

A significant association was found between relationship status and social support. Sole mothers, in both cohorts had less available social support than women in other relationship status categories (Table 9.1). The apparently higher scores for mid-age women, is due to more items being in the scale (6 and 19).

**Table 9.1: Young and Mid-aged Survey 2 mean scores for social support with standard deviations and mean ranks for relationship status**

Relationship status	Cohort (Survey 2)					
	Young			Mid-aged		
	M	SD	M rank <sup>a</sup>	M	SD	M rank <sup>b</sup>
Sole mothers	20.13	6.50	2722	55.45	17.79	1610
Partnered mothers	23.53	5.55	4130	74.04	17.14	3598
Unpartnered childless	23.48	5.34	4042	62.81	19.45	2415
Partnered childless	26.25	4.30	5521	76.17	16.82	3799

a.  $\chi^2(3, 9080) = 801.36, p < 0.001$

b.  $\chi^2(3, 9399) = 528.94, p < 0.001$ .

Of young sole mothers with low social support, 63 percent reported being very or extremely stressed about money, compared to 46 percent of those with high social support. For the mid-aged women the figures were 42 percent and 27 percent. For both ages, chi square analyses showed the relationship between social support and money stress to be significant. Also, sole mothers with low social support, in both age categories, were significantly less psychologically healthy and less physically healthy than sole mothers with high social support (Table 9.2).

**Table 9.2: Means and standard deviations for psychological and physical health by social support among young and mid-aged sole mothers**

Health	Young cohort			Mid-aged cohort		
	N	M	SD	N	M	SD
Psychological health						
Low social support	122	44.07	10.50	123	43.56	10.79
High social support	124	50.06	9.87	116	47.33	11.47
Physical health						
Low social support	122	45.12	11.47	123	47.52	11.77
High social support	124	49.99	9.73	116	52.15	9.53

That sole mothers experienced significantly less social support than other women in both the young and mid-aged cohorts, accords with other research (Hope et al., 1999). As well, research by Franz et al. (2003) shows that for sole mothers, a lack of social support is related to higher psychological distress. Our analyses found that social support and money stress were strongly associated among the sole mothers. However because the analysis was of the second surveys only, and thus cross sectional, no causal or temporal inferences can be made. Also economic status is not taken into account here, and this has been found to reduce the relationship between social support and psychological distress (Hope et al., 1999). The FGS data suggest that social support is important and has the capacity to directly affect economic wellbeing, not only by the provision of housing, money etc, but also through the provision of free childcare and household assistance, which enables sole mothers to undertake paid work (Section 5). Therefore, controlling for economic wellbeing may remove some of the positive effect that social support appears to have on health, by the removal of variance shared between economic wellbeing and social support.

Social support has been shown to have the capacity to reduce the effects of stress on health (Crystal & Kersting, 1998; Newbyfraser & Schlebusch, 1997; Grassi et al., 2000; Orth-Gomer et al., 2000). However, although sole mothers with high social support were found to have significantly better health than sole mothers with low social support, again because the analysis was cross sectional, the direction of the causation cannot be inferred. None the less, the FGS qualitative data suggest that practical and emotional support helped women to cope with the stresses of sole motherhood, which may then have resulted in a positive impact on their overall feelings of wellbeing.

The analysis is open to an alternative interpretation: that poorer health may lead to decreased social support. Some qualitative data support this contention. There were sole mothers who were experiencing psychological distress, especially depression, and thus found it difficult to meet people socially and talked about ‘shutting off’ the outside world. The poorer psychological health of sole mothers relative to other women (see Section 7) may thus be implicated in the relationship between sole motherhood and poorer social support. But it is likely that the relationship between social support and psychological health is bi-directional. Poorer health can contribute to reducing the chances of social contact with others, while increased social support can be seen as mitigating the stress that sole mothers experience. Some women in the FGS talked about feeling ‘isolated’ when they moved to new neighbourhoods, away from family and friends and as discussed later, some experienced discrimination and stigmatisation that further isolated them. In addition, finance was raised as limiting socialising with friends when it cost money, while those undertaking paid work faced time constraints (see Section 4).

### Intimate partner abuse

Intimate partner abuse was defined as acts committed by one intimate partner or ex-partner against the other that involved physical violence or the threat of physical violence, emotional abuse (eg.

shaming, constant blaming), verbal abuse (eg. shouting), financial abuse (eg. restricting access to family income), or sexual abuse (adapted from Hegarty, Hindmarsh & Gelles, 2000, from the Australian Public Health Association definition of ‘domestic violence’). The prevalence of intimate partner physical violence among the population was last measured in a national sample study in 1996 by the ABS. Findings indicated a prevalence of 23 percent over the lifetime for all Australian women, and a lifetime prevalence of 39 percent among women who had separated from an ex-partner (ABS, 1996). The ALSWH data confirm this much higher lifetime prevalence of relationship violence among women who are separated or divorced. For example, among mid-aged women at the time of Survey 1, 10 percent of married women compared to 39 percent of women who were separated or divorced, had ‘ever lived in a violent relationship’.

Although intimate partner abuse crosses all socio-economic boundaries, it has been associated with lower economic status (eg. McCauley et al., 1995), though not by all research (eg. Hedin & Janson, 2000). It has been consistently associated with poorer psychological and physical health (Campbell & Soeken, 1999; Coker, Smith, Bethea, King, & McKeown, 2000; Kyriacou et al., 1999) and with having less social support (Grisso et al., 1999). This was found for mid-aged women in the ALSWH. Also in a series of analyses conducted using data from the first and second ALSWH mid-aged cohort, ‘ever having lived in a violent relationship’ was associated with experiencing difficulty with income management, and poorer physical and psychological health (Loxton, 2003).

Answers to the ALSWH question, ‘Have you ever been in a violent relationship with a partner/spouse?’ were analysed for the first and second mid-aged and young cohort surveys, and chi square analyses were conducted and across all four ALSWH surveys. The findings show sole mothers to be most likely of all women to have lived in a violent relationship (Table 9.3). Between 37 and 43 percent in the young and mid-aged cohorts had lived at some stage in a violent relationship (see Taft, Watson, Lee 2003). These figures are similar to those obtained in the national sample survey, in which 39 percent had experienced physical violence in a current or previous relationship (ABS, 1996). The findings also suggest that the health and social effects of intimate partner physical violence might be long lasting (Loxton, 2003).

**Table 9.3: Number and percentage of women per relationship category who had ever lived in a violent relationship with a partner/spouse for Surveys 1 and 2 of the ALWSH Young and Mid-aged cohorts**

Relationship status	Young cohort				Mid-aged cohort			
	Survey 1		Survey 2		Survey 1		Survey 2	
	N	%	N	%	N	%	N	%
Sole mothers	141	43	117	42	138	37	119	41
Partnered mothers	147	21	166	18	308	10	199	10
Unpartnered childless	783	8	337	8	514	31	392	26
Partnered childless	339	16	300	9	896	12	732	11

Chi squares: 1st young cohort - ( $\chi^2(3, 12,882) = 546.97, p < 0.001$ ); 2nd young -  $\chi^2(3, 9185) = 383.73, p < 0.001$ . 1st Mid-aged cohort ( $\chi^2(3, 12,494) = 581.72, p < 0.001$ ); 2nd mid-aged cohort ( $\chi^2(3, 10,532) = 460.95, p < 0.001$ ).

The FGS did not specifically target intimate partner abuse for investigation. In fact, in order to preclude ethical complications, no direct questions were asked of participants. However, the topic arose in nearly every group, and not surprisingly, given its prevalence among separated and divorced women, many participants had experienced it. A range of associated issues have already been discussed (see Sections 5 and 6), including that women sometimes opted not to pursue child support payments, or pursue claims on joint assets during property settlements when they had experienced partner abuse.

As the ALSWH data indicate, FGS data reveal that sole mothers continue to feel the impact of partner abuse many years after the relationship has ended. Varying effects of abuse included: having to move away from the family home, from assets and from family and friends; loss of self-esteem, confidence and feelings of independence; as well as physical injuries. The women experienced financial losses and a reduction in social support and psychological and physical health. These findings are in line with other research that indicates lower social support and poorer health among women who have experienced partner abuse (Campbell & Soeken, 1999; Coker, et al., 2000; Grisso et al., 1999; Kyriacou et al., 1999; McCauley et al., 1995).

During their relationships the FGS sole mothers had experienced varying degrees of intimate partner abuse, including physical violence, emotional abuse, verbal abuse and financial abuse. The impact of intimate partner abuse was long lasting and some were experiencing its emotional impact, even though the relationship had ended many years before. For example: ‘you get abused ... it’s horrific... I lost [my self-esteem]... I lost my independence’; ‘his abusive bullshit... goes on every time [the children and I] have contact’. Some had fled the family home, ‘I was on crutches with plaster from head to toe... I left town... [it] took five years before he stopped threatening to kill me’. Leaving home often meant leaving possessions behind, and starting anew with limited resources, and little, if any, social support. A number took out Apprehended Violence Orders, and several sole mothers had spent time in refuges.

Continuing abusive behaviour after separation involved physical, emotional and verbal abuse, and stalking. This caused stress and fear, and prevented a ‘fresh start’ being made. Past and current abuse had negative impacts on women’s economic and social wellbeing, and took its toll on their psychological and physical health. Another area of great concern was the impact of their ex-partner’s behaviour on their children, particularly during access visits. As one mother put it: ‘if there’s a history of domestic violence then how is good parenting going to work?’ Some women who had experienced intimidation, threats and prolonged Family Court disputes were unable to pursue custody proceedings because of cost and exhaustion: ‘I had no more strength left. Couldn’t. So I gave in and said, “Okay, have him five days a fortnight”’.

In summary, between 37 and 43 percent of sole mothers in the Young and Mid-aged cohort surveys had lived in a violent relationship, and the effects can have been long standing. FGS findings indicate the impact of intimate partner abuse to include decreased economic wellbeing through reluctance to pursue child support payments and joint assets at property settlement, and asset losses when fleeing abuse. In addition, those who had experienced partner abuse experienced decreased psychological and physical health. Their experiences suggest that intervention strategies that support women through the legal processes of separation, and measures, such as AVOs, designed for protection, require on-going evaluation. So does the impact of custody arrangements for children, particularly where there have been incidents of partner and/or ex-partner abuse. The full extent of post-relationship abuse and harassment experienced by sole mothers is currently not well established and warrants further research.

## **Discrimination and stigma**

Several factors emerged from the FGS that were of key relevance to the economic situation, health and wellbeing of sole mothers and for which there are no data available from the ALSWH. These included discrimination and stigma, which were raised in every focus group. Feeling stigmatised had an impact on sole mothers’ ability to develop social support networks, which, as we have shown, are important for economic and psychological wellbeing.

Here discrimination is defined in terms of women feeling they had been unfairly treated because they were sole parents. Feeling stigmatised, we take to mean being subject to reactions based on a generalised negative view, or stereotype, of 'a sole mother'. As an FGS participant expressed it: 'one of those single parent people', 'lazy', 'a tart'. Discrimination and stigma were not a deliberate focus of the study so the analysis should be viewed as preliminary but the fact that these issues arose spontaneously, highlights the contribution unstructured interviews can make.

Discrimination and stigma have been shown by other research to have the potential to affect sole mothers' economic and psychological wellbeing. For example Kissane (2003) found that stigma associated with asking for help from charities deterred poor women from seeking help. In the FGS, women talked about feelings of 'pride' that deterred them from asking charities for help (Section 6). Benzeval (1998) suggests that part of the health difference found between sole and partnered mothers might be attributed to the stress associated with the stigma of sole motherhood. A survey among sole mothers in Hong Kong found feeling stigmatised was associated with poorer psychological wellbeing (Rudowicz, 2001) and a US qualitative study found some sole mothers felt stigmatised during interactions with health services (Knott & Latter, 1999).

FGS participants offered examples of discrimination by real estate agents, financial institutions, in employment and in relation to their social lives. Seeking to rent a house, a woman was told: 'it was down to you and someone else, and the owners have said it's because you're a single parent', the woman explained that, 'probably the most disempowering thing is that you know they're not allowed to do this'. A sole mother resigned from her job because she felt discriminated against by work colleagues: 'they hated me...I couldn't be there and do sport on weekends, and ... meet and greet some official'.

Commonly stigmatisation involved interactions in social groups. For some this happened just after separation, but for others it was an ongoing issue. Women talked about other women's reactions to finding they were sole parents: 'they take two steps away from you as if to say, "you just keep away from my husband"'; 'they perceive you as a threat'. Discrimination and stigma were deliberately resisted by some: 'people who discriminate... are idiots... I am amazed at how much of a good mum I am... against the odds everything's going quite well'.

Some sole mothers felt that stigmatisation affected their children: 'Some people ... won't let our kids go and play... cause they might catch... single parent family kind of values or something'. Incidents led to feelings of powerlessness, restricted social contact and feelings of trepidation when meeting new people. They felt stigmatised when interacting with children's schools, health services and through the media, government policy and as a result of their own internal value systems. For example, at a community health centre for 'a few problems with' her son, a mother was met by 'Oh, single mother... we get a lot of single mother families in here.'

Sole mothers in the FGS felt they were perceived as 'lazy', 'unintelligent', and one woman said she was seen as a 'tart' because her children had two different fathers. Another believed sole parent families were seen as 'an inferior type of family'. Several women said that society did not 'value' their work: 'you are not identified as an individual... you are the single mother, and they are the children of a single mother'. Some women expressed frustration that the child's father was not subject to societal reproach: 'in the States they have this term 'deadbeat dads' ... you never hear it here'.

Some saw the media as responsible for, and others felt that government policy contributed to, the 'poor image' of sole mothers. Some talked about feeling as though only those people who 'pulled their weight', who were 'economically viable' or who did not 'ask the government for any support' were acceptable, whereas the 'punitive stuff around welfare' led society to treat sole mothers as

though they were ‘less valid’ members of the community. Feeling stigmatised also came from values instilled when they were younger. Others saw the stigma’s origins in the low value placed on the role of mother: ‘there’s social validity in men working and bringing in the money... women staying at home and working 12, 24 hours ... is not valued’.

### **Future economic circumstances, superannuation, retirement**

Women in the FGS raised issues about their future economic wellbeing, and their capacity to achieve an independent retirement. ALSWH data reveal that almost all sole mothers experience some time out of the paid workforce. Between 56 and 83 percent of sole mothers in their twenties and 23 and 34 percent in mid-age were not undertaking paid work (Section 4), which has significant implications for retirement. Furthermore, between 13 and 32 percent of sole mothers in their twenties and between 32 and 38 percent in mid-age, were working part time or in casual paid work (Section 4). Casual and part time positions usually result in lower superannuation contributions than full time continuing paid work. It must be noted that many partnered mothers in the ALSWH also were not in paid work but those who remain partnered will have access in retirement to the superannuation and joint assets accumulated by two adults over the course of the relationship.

Continuing economic vulnerability was raised by many women in the FGS (see Section 6), who indicated that even when they had paid work, they continued to experience financial stress and were unable to save. After separation, economic decline was experienced by virtually all the women and unemployment quickly returned them to this state. Some lost assets before leaving the marriage (see Section 6): ‘to get into medicine [ex-partner] had to ...do the HSC again, so I supported him ...that’s when I had our first child... I cashed in my long service leave and my superannuation’.

The long-term economic future of these sole mothers was foreseen as difficult, and an independent retirement mostly out of reach. Women described their futures as ‘bleak’, ‘scary’, ‘daunting’, ‘not good’, ‘there is no future for us’. Most women believed a secure financial future entailed home ownership: ‘in terms of my future, I think I’m actually gonna go and book a place under the bridge at Central station ... maybe in another ... 30 years time, I’ll have a place’. Hope for some lies in focusing on their children’s needs: ‘the future ... financially is like a big black tunnel ... no light at the end ... the only hope that I have is to try and do my absolute best for my children’.

As well as a sense that the future was beyond their control, some women felt they lacked knowledge about financial planning. But a few had started planning for retirement, though only two felt their future was reasonably secure. These women had purchased investment properties by using the equity from the family home. One woman had received the family home as a gift from her mother. The other woman had taken over the family home as part of the property settlement. Unusual among the women in the FGS, both women felt confident about their financial future. Two others, while embarrassed to have to recognise it, believed their futures would be secure once their parents died.

Others were keen to plan, though the task was daunting: ‘I’m putting a bit aside out of my work now, not a lot...it’s probably not even worth doing’; ‘I’ll be armed and trained to go back into the workforce again... then I’ll be able to pay superannuation’. But women who had purchased a home, found mortgage repayments a concern, with women commenting that they would be paying off their homes for many years: ‘I’ll probably be working til I’m 65’.

The ALSWH (see section 7) data show sole mothers to be more likely than other women to experience depression. It is possible that depression played a role in women’s feelings about the future. But while the women tended to be pessimistic, they tended to confront their situation with considerable stoicism: ‘I have no money to put away for superannuation. We live dollar for



dollar...[I] pray that my daughter will get a decent job ... hopefully we'll still be in a Housing Commission ... that's just our life'.

Several women commented that superannuation fees had reduced the value of their contributions. Other women noted that undertaking paid work in part time and casual positions adversely affected their superannuation entitlements. As one woman put it: 'it would be socially just and equitable, if we could have the same benefits as the full time workers'. Another 50 year old sole mother with \$7,000 in four funds commented: 'they take so much fees out of it, it's goin' backwards ... for people on low income and casuals and women ... [they should] give us our 9 percent in our hand now when my children need it'.

One woman pointed to the lack of superannuation among people living on social security benefits as an equity issue strongly related to the value of 'mother's work'; 'if we're at home looking after our children as a single parent, is there not an entitlement to superannuation? For when you get older ... the unemployed and the single parent and those with a disability pension, have nothing. So they are going to remain in the system, and I'm one of them, for the rest of their lives'

## Conclusion

Research indicates that social support can be beneficial to women's health and wellbeing. But the ALSWH data show that levels of social support are lower for young and mid-aged sole mothers than for other women. Sole mothers with low social support were more likely to experience money stress, and have poorer psychological and physical health than those with high social support.

Positive impacts of social support noted by FGS sole mothers include direct improvements to economic wellbeing through the provision of money, housing, food and transport, and indirect financial benefits through free childcare, housework and the provision of extracurricular activities for children. Emotional support led to improved feelings of wellbeing. However overall the FGS findings suggest that access to social support among sole mothers is affected by discrimination, stigma, poor health, financial stress and time constraints.

Despite the finding that social support has the potential to improve the lives of sole mothers, there is relatively little information available concerning those factors that assist sole mothers in creating a supportive social network, and those factors acting to prevent sole mothers from doing so. This is a complex issue and an area for more research, as are the relationships between sole motherhood, social support and economic wellbeing, health etc.

Violence, a crucial issue for all women, gradually has been gaining a higher profile in social policy over recent decades, both locally and internationally. Its prevalence for women generally, but particularly for women who become sole mothers, is clearly illustrated by the data from the ALSWH (see also Taft, Watson and Lee, 2003), and the FGS vividly paints the wide-ranging negative effects associated with having experienced violence. The conclusion that most clearly emerges from the (admittedly limited) consideration of intimate partner violence is that a better understanding of methods of prevention is required, as well as methods for dealing with its effects. There has been a welcome increase in research on partner violence since the ABS survey in 1996, and this is a continuing issue for the ALSWH.

Although discrimination and stigma are not a direct focus of the ALSWH, the FGS revealed many areas in which the sole mothers had experienced discrimination. These included: rental accommodation, obtaining loans, employment, in their social contacts, and in relation to their children. These experiences led some sole mothers to feel powerless, and none had sought redress through anti-discrimination mechanisms. The issue warrants further investigation. Many participants also felt stigmatised by the status of sole parent, even within health services. They

tended to have difficulty asking for help, felt ‘burdened’ by stigma, ‘hurt’ by society, and thought they were treated as though they had lower value than others. Feeling stigmatised adversely affected self-esteem and led some sole mothers to experience difficulty developing a social network. Many believed the media, aspects of government policy that appear to validate self-supporting members of the community at the expense of those who are dependant on government benefits, and the low status of motherhood as a career option contributed to their stigmatised image. The outcomes of discrimination and stigma have potential to affect sole parents’ general wellbeing, and thus this is a topic requiring further research.

Also, research is required to establish ways sole mothers can be assisted to plan for their financial futures. Pivotal to this would be changing the short term approach to financial planning that many women had adopted as a result of financial stress. If problems of financial stress could be remedied, then sole mothers would be in a better position to achieve financial security and to plan for their retirement.

## Section 10: Conclusion

This analysis of the situation of sole mothers in Australia alerts us to three over-arching issues that are fundamental to social policy development for the twenty-first century. The first is that poverty among sole mothers persists, despite many decades of social security measures aimed at raising the economic status of such families in order to alleviate their poverty. The second is that the circumstances of sole mothers vary widely not only in relation to their age and that of their children but in relation to their current and past experiences. Issues on which there is considerable variation include, access to economic assets and social support, stage of the life course, education level, employment and experiences of abuse. The third issue follows directly from these two: the complexities of the situations of sole mothers mean that policy aimed at the improvement of their circumstances continues to require a raft of strategies not only a focus on employability. Important as this and education are, many other factors impede or facilitate the combination of the roles of parent and bread-winner in a one parent household.

Although recognition of poverty among sole mothers has a very long world-wide history, the issue achieved landmark recognition in Australia through the 1970s First Report of the Commission of Inquiry into Poverty (Henderson, 1975), which on the basis of extensive research, identified ‘fatherless families’ as the poorest Australians. Since then, this position has been confirmed by a great deal of research, including the ALSWH, though recent research has suggested that the proportion of sole mothers in poverty has dropped slightly (Harding et al., 2001). None-the-less they remain the poorest Australian families. Such findings, together with evidence of a rising proportion of sole mother families in Australia (currently 20 per cent of families with children under 15 years) means that poverty among sole parent families is a significant issue for the twenty-first century.

Through the use of both quantitative and qualitative analysis, this study has explored the circumstances of sole mothers. Because of the nature of the ALSWH, young sole mothers, aged from 18 to 32 years over three surveys (1996, 1999, 2002) have been compared with mid-aged sole mothers, from 45-52 years over two surveys (1996, 1998). This age structure highlights the different circumstances and experiences of sole mothers, according to age of both mothers and their children. At the time of the second surveys, 13 percent of the young sole mothers had children less than 12 months of age, and 64 percent of the mothers had children aged 12 months to 5 years. Only 10 percent of the mid-aged sole mothers had children aged less than six years.

Another issue involves the considerable difference for the two age cohorts in the number who had had their first child at a young age. Twenty-one percent of the Young cohort sole mothers were aged 18 years or younger at the birth of their first baby, while only 6 percent of the mid-aged sole mothers had had their first child when they were 18 years or younger. It must however be noted that most women in the Mid-aged cohort who had their children at a young age would not have been picked up in the analysis because their youngest child would be likely to be more than fifteen years, the cut-off point for the inclusion as currently being mothered.

## Key Issues

The following key issues from this study have a range of implications for social policy. Collectively they flesh out the three overarching findings discussed in the opening paragraph of this concluding Section, findings which point to the ubiquity of problems for sole mothers, the variety of their circumstances that lead to a need for a range of policies to address the many problems they face.

1. **Age of mother/age of children.** Sole mothers made up 33 percent of the few mothers (7 per cent of sample) in the first young survey (1996). The proportion had fallen to 20 percent of all mothers by Survey 2 (1999), as the numbers of partnered mothers increased, and by Survey 3 (2002) was about 10 percent. The proportion at Survey 1, when the women were 18-23 years is notably higher than the 20 percent of all families that ABS data indicate across the age span. Age is one of the factors contributing to the complexity of the situations and circumstances of sole motherhood. While there are many complexities, two aspects can readily be confused so it is important to distinguish between them for policy purposes. The first relates to the age of the children, the issue of 'having young children'. The second relates to the age of the mother, 'having children young'. The recognition of these and other differences between sole mothers' circumstances is important for gaining an appropriately nuanced understanding of the issues facing mothers in sole-parent families.
2. **Longevity of relationship status.** When the relationship status of sole and partnered women who had already had a child at Survey 1 (when they were between 18 and 23 years), was considered across all three surveys, there were eight sequential patterns of relationships. The majority of the mothers (75 percent) stayed partnered over the seven-year study period and 6 percent were sole mothers at all three surveys. All told a total of 18 percent of the mothers changed their relationships status at least once during the period and there were six different combinations of being a partnered or sole mother over the three surveys. The data thus show that sole motherhood can be quite transitory, lasting for three years or less. As the longitudinal ALSWH proceeds, it will be possible to better understand the implications of this complex and changing patterns of relationship status.
3. **Relationship status and employment.** Australia has persistently had lower rates of paid employment among sole mothers (and among partnered mothers), than many OECD countries, including the Scandinavian countries, Canada and the USA. The similarity in the employment profiles of young sole and partnered mothers in Australia is in line with other local and overseas research which notes that participation rates of sole and partnered mothers are often closely related. For policy purposes this means that measures that facilitate employment among mothers generally, have been found likely to also facilitate the employment of sole mothers.
4. **Educational levels: young and mid-age cohorts.** The marked differences between the education levels of the young and mid-aged sole mothers were unexpected. Low levels among the young sole mothers were not particularly unexpected, as early motherhood tends to interrupt education. The young sole mothers were the most likely of their cohort to have a low level of education, of Year 10 or less. Sole mothers in the mid-age cohort, on the other hand were most

likely to have a university or higher degree. This however, still left 32 percent of sole mothers (47-52 years) with educational levels of Year 10 or less. The findings relating to education and age suggest that among older mothers a distinctive type of sole motherhood among highly educated women may be emerging.

5. **Young motherhood and education.** Having a baby when 18 or less is likely to interrupt secondary schooling with a potential flow-on impact on post-school education. Past research and ALSWH data do indicate that as children grow older, sole mothers' education levels increase, something likely to be facilitated by having completed secondary schooling. The FGS data highlight specific barriers to participation in further education faced by sole mothers, including psychological health, financial difficulty, course timetabling, difficulties obtaining childcare and transport, and a lack of information about education opportunities. Recognition of the importance of completing secondary schooling as well as the barriers to be overcome to do this, are currently being addressed by an innovative policy in some secondary schools (following the lead of Plumpton High in suburban Sydney), which focuses on providing facilities for both mothers and their babies.
6. **Pursuing further education.** Despite barriers, many sole mothers in both the ALSWH and FGS had undertaken further education, and others were planning to do so. The longitudinal ALSWH data demonstrate that mothers who separated were more likely than those who remained partnered to begin further education. This (and other evidence) demonstrates that many sole mothers do not passively accept their circumstances, and government support, as one stereotype suggests, but try to deal systematically with their family's future. FGS participants indicated that they undertook further study with a view to preparing for the cessation of PPS and improving their economic status. Factors that assisted included:
  - Government assistance such as income support (PPS),
  - Payment of course fees,
  - Course information (via JET),
  - Assistance with obtaining and paying for childcare,
  - Social support systems,
  - Flexibility of courses were also relevant.
7. **Employment, sole mothers.** While ALSWH findings suggest education is an important factor contributing to the paid work participation among sole mothers, it is by no means the only factor. The age of mothers, and the age of their children are also important. For the Mid-aged cohort at the first survey, employment rates were much higher than for young sole mothers, and a higher proportion were in professional occupations, which is in line with their higher levels of education, and their older-age children. The FGS data illustrate that sole mothers were primarily motivated to undertake paid work to obtain independence and financial security. Some accepted casual and part time positions and contrary to their goal, did not achieve financial security. For some, paid employment resulted not only in improved economic well-being but also improved psychological health. The latter was however at least partly based on factors, such as social support, which were not equally available to all.
8. **Employment among sole and partnered mothers.** Differences between sole and partnered mothers include the degree of satisfaction with hours of work. A higher proportion of both young and mid-aged sole mothers were dissatisfied with the number of hours spent in paid work. Some wanted to work more, some less. Underlying much of that dissatisfaction were issues such as childcare, family responsibilities and for those wanting to work less, the desire for 'more time'. ALSWH data also show that sole mothers, especially young sole mothers have low levels of general social support (access to practical assistance, information, a confidante,

company etc). This can impede employment and is associated with experiencing financial stress.

9. **Economic circumstances and current provisions.** Young sole mothers' poor financial position is illustrated by the high proportion with a Health Care Card and high levels in receipt of government benefits or allowances, something that also applies to the mid-aged sole mothers. The FGS data indicate, not surprisingly, that sole mothers experience a decline in economic well-being upon separation. Access to Centrelink services is essential at this time for a majority of sole mothers, and is generally well appreciated. However, the FGS raised problems relating to access to knowledgeable staff and the requirement for regular reporting on casual paid work (even when none was undertaken), as a potential source of stress. While child support was seen as helping to increase sole mothers' incomes, the non-collection rates are high and, as FGS data show, some mothers avoid pursuing such support because of ex-partner violence.
10. **Remedial policies.** Whether measured by income, expenditure, financial stress, or a combination of these factors, sole mothers remain poor and it seems unlikely that further education and paid employment will entirely overcome this. FGS data suggest that economic recovery usually does occur for sole mothers within the context of paid employment, but their long term financial future is often affected also by continuing economic vulnerability and financial stress that precludes saving. Access to assets, and particularly housing, is a key matter.

Interventions that address only education and employment, therefore, while likely to assist, are unlikely to raise sole mothers' circumstances to a level comparable to that of other women, as many women left their relationships with no or low amounts of money to invest in a home and superannuation. Further research is required into how the long-term financial futures of sole mothers might be better dealt with. Economic issues that require further investigation include:

- The lifetime incidence and pattern of poverty among sole mothers
- The economic wellbeing of sole mothers as measured by assets and liabilities
- The impact of intimate partner abuse on the distribution of joint property
- The processes of and influences on financial decision making at or after separation
- The impact of child support amount and regularity on economic wellbeing
- Access to social support, and links with economic well-being

11. **Partner violence.** Between 37 and 43 percent of sole mothers in the ALSWH young and mid-aged surveys had lived in a violent relationship and this in turn was associated with poorer psychological and physical health, as well as often affecting their access to family assets and Child Support payments. While this research did not address the issue of policy directions to stamp out or reduce intimate partner abuse, the findings confirm that partner violence is widespread and an issue that significantly affects many sole mothers and their families. It is thus a topic requiring continued policy attention.
12. **Sole mothers and health.** Quantitative and qualitative research findings point to a number of health issues requiring further consideration and follow-up as the ALSWH proceeds. In general associations between sole motherhood and poorer health are partially mediated by economic status, and this reinforces the centrality of the issue of poverty. The ALSWH data also reveal that among women in their twenties, sole mothers experienced poorer psychological and physical health and in particular, were more likely than other women their age to have experienced depression, had suicidal thoughts, and deliberately tried to harm themselves. Hence the influence on health of both having a young child or children and being a young sole parent warrants urgent further consideration.

The mid-aged sole mothers, have better general health, than other women in their cohort, but were more likely than others their age to have experienced depression and anxiety, and have had more medical conditions. ALSWH findings show both the economic wellbeing and health of urban and non-urban sole mothers to be similar, though different issues confront those in urban and those in non-urban areas, with those in non-urban areas having poorer access to many services.

13. **Health and Services.** In light of the finding relating to self-harm and suicidal thoughts among young sole mothers, higher levels of depression for both age cohorts and high levels of experience of partner violence, the availability of appropriate psychological health services is of particular importance. But the following issues regarding health, both physical and psychological, all represent key matters that need further examination through both the ALSWH and other research.
- The patterns and correlates of health among sole mothers over time and at different life stages of the life cycle
  - Issues relating to intimate partner abuse
  - The nature of stressors (including economic) experienced by sole mothers
  - The psychological effects of discrimination (as evident in relation to rental accommodation) and stigmatisation (as evident in interpersonal relations for mothers and children) and the extent to which such treatment acts as an additional stressor for sole mothers.
  - Support and intervention strategies that mitigate the health impact of stressors
  - Availability of ancillary and allied health services including
    - Psychological and counselling services
    - Dental services
    - Physiotherapy services
    - Bulk billing general practitioner and other health services.

Overall the study has provided and consolidated insights into central issues affecting the lives and well-being of Australian sole mothers. The picture that emerges is one of considerable variety especially relating to their stage of the life cycle and the ages of their children. Because many of these findings, such as high rates of poverty, economic stress and high rate of partner violence are well established by local and overseas research, they engender a certain sense of *déjà vu*. None the less this finding, in itself, confirms another key conclusion from this analysis: any improvement of the circumstances of sole mothers is likely to involve a complex of strategies, that not only pay attention to education and employment, but also to the many other circumstances with which sole mothers (and no doubt sole fathers) struggle. The study has revealed certain pivotal issues, such as finance and child care, but these have to be addressed taking into account the wide range of elements that must be coped with by a mother in a sole parent family. Given the recent emphasis on evidence-based policy development in Australia, it is to be hoped that future survey data from the ALSWH will reveal that improvements have been achieved through policies focused on sole motherhood, and that these have been informed by the available research data, including that presented in this report.

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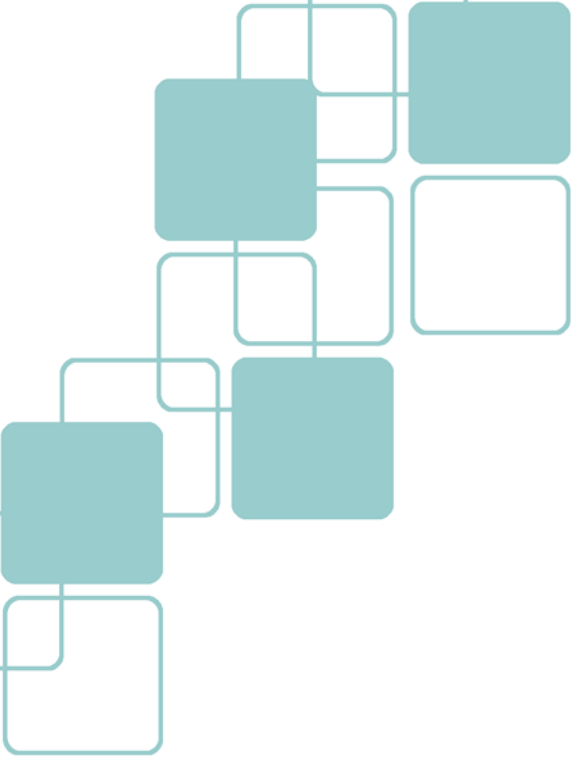
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