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Fertility and Population Change in the United Kingdom

Wendy Sigle

Abstract

Like most wealthy countries, the UK population is ageing and is set to continue to age for the next several decades. However recent and projected rates of change in the share of the elderly population are slow compared to most other EU-27 countries. Although since 1998 net migration has played some role, the UK's relatively benign demographic profile has much to do with its relatively high fertility rates. Population issues, low fertility in particular, are not considered to be a major policy concern or an appropriate target for government intervention. A combination of moderately high fertility and high female employment has (at least historically) been achieved without implementing the kinds of work-family reconciliation policies that are credited with sustaining fertility elsewhere in Europe. A *laissez faire* approach to the economy and residual approach to welfare may well have sustained UK fertility levels by facilitating childbearing in more socio-economically disadvantaged families. Recent, path deviant, work-family reconciliation policies have been adopted, but the wider institutional context has moderated their potential to reduce the costs of childbearing.

Key Words: UK, Comparative Policy, Welfare Regimes, Work-Family Reconciliation

“Britain is insular, bound up by its trade, its markets....with the most varied and often the most distant countries.... She has, in all her work, very special, very original habits and traditions. In short, the nature, structure, circumstances, peculiar to Britain are different from those of the other continentals... How can Britain, being what she is, come into our system?”

-- Charles de Gaulle, Paris 1963

Introduction

In 1985 the UK had one of the oldest populations in Europe. With 15 percent of its population aged 65 and older, it ranked second only to Sweden (with 17 percent) amongst the countries that now comprise the EU-27 (Office for National Statistics [ONS] 2012). A baby boom in the 1960s was followed in the next decade by a substantial fall in the number of births. In 1976, the number of deaths exceeded the number of births for the first time in the 20th century. Numbers of recorded births only started to recover in the early 1980s, in part because the 1960s baby boom cohorts were entering their reproductive years. Over this same period, the total fertility rate (TFR) fell from nearly three to a low of 1.69 (in 1977), eventually stabilizing at around 1.8 in the early 1980s (Figure 1).

Twenty-five years later, depending on how you look at it, the UK did not appear to be quite so old. The UK population had continued to age, but the pace of change was slow compared to most of the rest of Europe. The percentage of the population aged 65 and older was, in 2010, slightly below the EU-27 average, and the UK looked relatively well placed to support a larger elderly population. The UK's fall from the top to the middle of the European rankings has much to do with its relatively stable and moderately high fertility rates. Over the entire period from 1985 until 2010, the TFR averaged 1.75. Between 1985 and 1990 the TFR increased slightly from 1.79 to 1.83, after which it fell year on year reaching a low of 1.63 in 2001. From that point, though, it rebounded rapidly, and in 2007, the TFR reached 1.87. In subsequent years (at least until 2013¹), it has consistently exceeded 1.9 (Figure 1). Along with Sweden, France, and Ireland, the UK currently ranks as one of the highest fertility countries in the European Union.

The UK has recorded positive net immigration from 1994 with marked increases after 2001 and then again after 2004. The new arrivals had a rapid impact on the size and age structure of the UK population². Because migration tends to select young, working age adults, net migration has had a moderating effect on population aging by increasing the relative size of the population below age 65. Moreover, many of the young migrants have gone on to have children after they arrived in the UK. Births to non-UK born women account for around two-thirds of the increase in the number of births between 2001 and 2007 (Tromans, Natamba and Jefferies 2009) and more than 69 percent of the increase between 2007 and 2011 (Zumpe, Dormon, and Jefferies 2012). The slightly higher period fertility of non-UK born women elevated the UK TFR by around 0.1 children in the period from 2004 to 2011 (Tromans et al 2009; Zumpe et al 2012). This means that trends in TFR since 2004 are largely due to increasing fertility among UK born women.

¹ According to provision estimates from the Office of National Statistics the provisional TFR for the United Kingdom in 2013 was 1.83. <http://www.ons.gov.uk/ons/about-ONS/business-transparency/freedom-of-information/what-can-i-request/published-ad-hoc-data/pop/september-2014/index.html>

² Between 2001 and 2006, the share of the foreign born population increased from 8 to 10 percent; the increment from 6 to 8 percent took place over two decades (Dunnell 2007).

While recent demographic trends have reduced the pace of population aging and its potentially negative impact on the British economy and society, they have also brought fairly rapid, and not entirely anticipated, population growth. According to the 2011 census, the UK population was 500,000 higher than suggested in the 2010 population projections (ONS 2013). The 7 percent increase in the total population recorded in the 2011 census was the largest decennial growth in the UK population since 1961. Put another way, about half of the population growth since 1964 took place in the last decade.

Projections indicate that, by 2035, the old age dependency ratio in the UK will increase to 37.9 (EC 2012, pg 299, Tables A.11 and A.12).³ While an increase in the elderly population to 23 percent (EC 2012, pg 299, Table A.12) is not insubstantial, it represents a modest pace of change relative to what has been projected for many other EU countries. By 2035 only 4 of the EU-27 countries are projected to have a smaller share of older people in their populations (ONS 2012). If recent projections are accurate, the UK could have, in the course of 50 years, gone from being one of the oldest to one of the youngest European countries. Whether this demographic future materializes depends, of course, on whether the projections are based on an accurate depiction of future trends. As the largest component of population change, the accuracy of fertility assumptions is particularly important. The 2010-based projections assume that completed family size will fall gradually from 1.98 for women born in 1960 and stabilize at around 1.84 for cohorts born from 2005 onwards.⁴ Is this realistic or likely? As Hobcraft (1996) notes, “the grossest errors [in national population projections and forecasts] have resulted from failures (or perhaps just inability?) to anticipate turning points in fertility trends (487). Even if we put these “grossest errors” to one side, with few exceptions, long-term fertility assumptions have tended to exceed actual fertility rates (Shaw 2007). The 1985-based population projections assumed that the TFR would climb steadily over the next 15 years and stabilize in 2002-3 at around 2.01. Although these projections were the first to assume long-term fertility at below replacement level, the assumption overestimated actual fertility rates even during recent years when rates were at their highest. It is therefore pertinent to seek to explain and understand the past trends.

From a cross-national policy perspective, the UK provides a potentially instructive case study. Population issues, low fertility in particular, are not considered to be a major policy concern or an appropriate target for government intervention. With its liberal market economy and residual⁵ approach to welfare, a combination of high female employment and relatively high fertility has been achieved without a coherent or generous set of work-family reconciliation policies. For those who want to argue that the “highest-low” fertility achieved in countries like France and Sweden can be attributed to their generous work-family reconciliation policies, similarly high fertility (almost always based on the TFR) in the UK, and indeed in the rest of the Anglosphere, must be explained (Sigle-Rushton 2009; 2014). With that goal in mind, the following section provides a brief and overview of political and institutional developments which have conditioned the framing and response to population issues and fertility. I then discuss how UK fertility rates have been sustained at moderately high levels following the fertility declines of the 1970s. I first consider the two decades from 1981 to 2000 – a period dominated by (center-right) Conservative governments -- and then focus on explanations for the increased fertility that was observed in more recent years.

³ http://ec.europa.eu/economy_finance/publications/european_economy/2012/pdf/ee-2012-2_en.pdf (pg 299).

⁴ The more recent 2012 projections assume slightly lower short-term rates and which stabilize at 1.89. http://www.ons.gov.uk/ons/dcp171778_334975.pdf

⁵ In contrast to “institutional” models which tend to provide universal welfare benefits and services, the approach of the residual welfare state is more targeted and means tested.

British Population Policy

Although data limitations mean it is impossible to document precisely, it is clear that British fertility began to fall in the 1870s and reached extremely low levels in the 1930s. This was a rare historical moment. It is worth mentioning, I think, because it is one of the few times that the issue of low fertility attracted the attention of British policymakers (Hobcraft 1996). Their response was cautious and restrained, but it left an important intellectual legacy. The 1938 Population (Statistics) Act established a valuable information base, and the Royal Commission on Population was established in 1944 to provide expert advice. These developments, along with the founding of the Population Investigation Committee⁶ in 1936, established demography as scientific and academic discipline in a political context that for most of the 20th century, appeared ambivalent, if not entirely unconcerned, about the issue of population growth (Simons 1973).

Population issues next entered the political arena in the early 1970s, this time in response to the rapid population growth of the 1960s. A 1973 report by the Government appointed Population Panel concluded that Britain would do better in future with a stationary rather than an increasing population (Population Panel, 1973, p. 6). The report stopped short of recommending a comprehensive and coherent population policy, although its authors advocated for a program of family planning services to be provided through the National Health Service (NHS) so that unwanted births could be averted. The *1974 NHS Reorganization Act* incorporated this recommendation, and from 1 April of that year, family planning advice and supplies were provided free of charge and irrespective of age or marital status. This was the last of a series of reforms extending back to 1967 that liberalized access to family planning information and services and included, from 1968, access to abortion⁷. A number of authors have suggested that a substantial share of the fertility decline that occurred in the early 1970s can be attributed to these legislative changes, which increased access to and use of the contraceptive pill and reduced mistimed or unwanted pregnancies (Murphy 1993; Hobcraft 1996). Pre-marital conceptions, which had increased throughout the 1960s, fell back to 1950s levels by the late 1970s, particularly for women under the age of 20. To the extent that women were averting mistimed rather than unwanted births, some of the period decline recorded in these years would be a tempo effect. This is perhaps why the Population Panel felt confident enough to suggest that completed family size would not fall below replacement "in the foreseeable future", in the same year that the TFR fell below that threshold (Figure 1).

The persistently low fertility rates of the 1970s did not elicit much political debate or response. In the decades that followed, the UK Government remained reluctant to intervene directly to influence fertility, save efforts since the 1990s to reduce rates of teenaged motherhood (Department for Education and Skills 2006). The official UK policy, first presented at the 1984 UN Conference on Population Mexico, and reiterated at the 1994 UN Conference on Population and Development in Cairo, has been to adapt to low fertility rather than attempt to alter it:

The United Kingdom government does not pursue a population policy in the sense of actively trying to influence the overall size of the population, its age-structure, or the components of change except in the field of immigration. Nor has it expressed a

⁶ The Population Investigation Committee established the journal *Population Studies* in 1947.

⁷ For the first five years, however, abortion services were limited and rates of use were low (Department of Health 2007).

view about the size of population, or the age-structure, that would be desirable .
...The current level of births has not been the cause of general anxiety. The prevailing view is that decisions about fertility and childbearing are for people themselves to make, but that it is proper for government to provide individuals with the information and the means necessary to make their decisions effective. To this end, the government provides assistance with family planning as part of the National Health Service. The 'ageing' of the population does raise social and economic issues. However, it is believed that these will prove manageable; and also, to a degree, that society will adapt....' (Office for National Statistics 1993).

As migration rates increased in recent years, accelerated rates of population growth again became a topic of political debate. But politicians have attempted to treat migration and population growth as distinct issues. Speaking to the House Liaison Committee in 2006, then Prime Minister Tony Blair reaffirmed that the UK had a migration policy but no policy on population growth.⁸ The current prime minister, David Cameron, has been more willing to frame immigration as an issue of 'unsustainable' population growth (Cameron 2007; see also Conservative Manifesto 2010). But as far as fertility is concerned, the Cameron administration has maintained the long-running non-interventionist stance. Policymakers from both main political parties have shown little enthusiasm for policies that would seek to influence fertility levels or birth rates. To understand how UK policies and institutions have supported moderately high levels in the UK over the past thirty-five years requires an exploration of indirect effects and inadvertent consequences.

1981 to 2000: Relative stability

When examined in isolation, UK fertility in the last two decades of the 20th century might be described as a period of stability followed by a period of substantial decline. Between 1981 and 1990, the TFR fluctuated between 1.77 and 1.83, and then fell steadily to a level of 1.64 at the end of the period (Figure 1). However, compared to the trends of the previous two decades, and situated in the context of Europe where nearly all countries reached record lows and some with TFRs below 1.5 (Kohler et al 2006), the picture that emerges is one of relative stability. The TFR remained below 1.7 for only a few years at the turn of the century, and by 2002, the UK TFR had more or less recovered, climbing from the middle to the high end of the EU rankings.

Efforts to explain why some European countries have sustained moderately high fertility have tended to look to the Scandinavian countries and France and focus on policy changes which encouraged (or responded to demands for) modifications to the male breadwinner model. In the formative years of welfare state development, virtually all capitalist economies negotiated the demand for social reproduction⁹ (which would divert resources from capital accumulation) and secured its provision by providing some form of institutional support for heterosexual marriage and a male breadwinner/female carer arrangement. Although, the housewife ideal was often unattainable in many poorer families and women have always engaged in economic activities to support their families, the assumption that the wife (ideally) would be economically dependent on her husband guided the early development of all modern welfare states (Lewis 1992). As women increasingly wanted to enter and remain in the labor market, they confronted institutions that were incompatible with the responsibilities of social reproduction. When women had the means (with

⁸ <http://www.publications.parliament.uk/pa/cm200506/cmselect/cmliaisn/709/6070407.htm>

⁹ Social reproduction is a concept used by feminist scholars who study gender divisions of labor. Laslett and Brenner (1989) describe it as "...the activities and attitudes, behaviors and emotions, responsibilities and relationships directly involved in the maintenance of life on a daily basis, and intergenerationally (382)."

unprecedented access to contraception) and the incentive to postpone (or even forego) childbearing, fertility declined. Whether or not the underlying motivation was a demographic one, those countries that found new ways of supporting social reproduction and, in particular, those that made work and motherhood more compatible, were often countries that averted rapid and deep fertility decline.

This logically coherent and compelling argument, however, fails to account for trends observed in the UK (and the rest of the moderately high fertility countries of the Anglosphere). While the Scandinavian countries were developing and promoting policies that would provide new sources of social reproduction through the development of publically subsidized (child) care services or by encouraging a (modest) renegotiation of gendered divisions of paid and unpaid work, the UK remained implacable in its opposition to these kinds of policy interventions. At least until 1997, a strong liberal welfare tradition giving primacy to the market set the UK apart from much of the rest of Europe. Successive Conservative governments actively opposed the development of work-family reconciliation policies at both the national- and EU-level. Between 1979 and 1992, almost all EU social policy regulations, save those related to the “working environment”, were governed by unanimous consent (Hoskyns 1996; Duncan 2002). Although observers have noted that a predictable UK veto allowed politicians from other countries to pay lip service to policies that they would otherwise not support and provided a politically expedient excuse for restraint (Lange 1992), UK opposition effectively stymied efforts to take forward a social policy agenda. The UK consistently blocked efforts to develop binding child care and parental leave regulations (Duncan 2002). The Pregnant Workers Directive, which entitled working mothers to 14 weeks of maternity leave, was finally put forward as a health and safety measure to obviate the need for British (and Italian) consent. In 1992, the Agreement on Social Policy¹⁰, opened up a wider range of EU social policies to qualified majority voting¹¹. This protocol, and a UK opt-out until 1997¹², made it possible for the remaining 11 EU member states to overcome the deadlock of previous decades. Parental leave legislation, first put forward (and vetoed by the UK) in 1983, was finally passed in 1996 (Fusulier 2011).

The transposition of the Pregnant Workers Directive had a limited impact on UK policy in the 1990s, in part because of successful efforts by the UK (Thatcher) government to neutralize its content. Compliance with the EU Directive meant that the strict eligibility conditions¹³ in previous legislation were relaxed (McRae 1991). Even so, throughout this period, statutory maternity benefits remained limited in terms of generosity and duration¹⁴. Some employers offered extended leave or more generous compensation, but this was mostly confined to the public sector (O’Connor et al., 1999). Similarly, when the UK finally introduced a parental leave policy¹⁵, it only complied with the minimum requirements set out in the EU Directive (an unpaid individual entitlement of 13 weeks for each parent).

¹⁰ Attached as a protocol of the Maastricht Treaty of the European Union.

¹¹ Under qualified majority voting, each member state is allotted a number of votes based on their size and population. For more information, see <http://www.euro-know.org/europages/dictionary/q.html>

¹² The opt-out meant that the UK was exempt from legislation arising from this protocol.

¹³ To qualify for maternity benefits, women had to have worked continuously and for the same employer at least 16 hours per week for two years or 8 hours per week for five years. Only about half of all working mothers met these eligibility criteria.

¹⁴ Women who met more stringent eligibility requirements relating to their work history (see previous footnote) and National Insurance contributions were entitled to a longer period of leave (initially 28 weeks) than the minimum of 14 weeks required by the PWD.

¹⁵ When its opt-out (described in footnote 12) from the Agreement on Social Policy ended in 1997, the UK was required to give force the Parental Leave Directive.

Throughout most of this period, its system of support for families with children remained largely unaltered. A system of universal family allowances, first introduced in 1946, which provided a universal, flat-rate cash transfer to families with children, was slightly amended in 1991 to provide a higher benefit for the first child. For most of the period, state involvement in the provision of child care was restricted to a discretionary role for local authorities in the provision of pre-school education (Butler, Lugton and Rutter 2014). However there were some minor developments in the 1990s including tax reliefs for employer provided daycare in 1990. The Nursery Education and Grant Maintained Schools Act 1996 laid the groundwork for the expansion of early education in later years, but it was only in 1998 that a newly elected Labour government published *Meeting the Childcare Challenge* (Department for Education and Employment, 1998), a consultation document which set out a framework for a national childcare strategy¹⁶.

As numerous scholars have noted, the 1980s and 1990s was a period when families were left to (some would say “trusted to”) make their own arrangements for the care of children (OECD 2005), and, given prevailing gender norms, the default option was maternal care. Mothers could enter the labor market *if* they could figure out how to manage *their* care responsibilities. Against this backdrop, it is perhaps not surprising that, for many years, the United Kingdom was unique (along with the Netherlands) in Europe for providing low levels of income support to poor lone mothers so that they could remain at home and care for their children full-time (Millar 1996). From the early 1970s, a means-tested and work-related benefit was introduced, in part, to address poverty in single parent households. From 1994, Family Credit¹⁷ claimants could, before the means test was applied, deduct childcare costs of up to £40 a week¹⁸ from their income. The disregard was intended to encourage mothers’ employment, but few families in receipt of Family Credit made use of it (Dilnot and Duncan 1992).

To understand how fertility might have been sustained throughout this period, it is important to consider the wider institutional context. Here there is much that distinguishes the UK from its European partners. The Varieties of Capitalism literature¹⁹ has described the UK as conforming more closely to the Liberal Market Economy (LME) than to the Co-ordinated Market Economy (CME) that is more typical throughout Europe (Hall and Soskice 2001). Compared to more co-ordinated economies, labor markets in LMEs are more competitive, unregulated, and fluid. With low levels of regulation, LMEs encourage the development of general, transferrable skills and high rates of turnover, but within a highly segmented labor market. Those who can compete at the top end of the occupational hierarchy can expect great rewards which grow over time, but those who are less competitive participate in a secondary market with few protections and low wages. Amongst the most highly skilled workforce, the competitive work environment can foster a culture of long working hours. Lower skilled workers enjoy few job protections and firm-specific investments tend to be limited. With few opportunities for progression, their wage

¹⁶ The document set out a proposal that would ensure all four year olds had access to early education by Sept 1998 and presents a funding plan of £435 million over 5 years for the development of childcare services: £310 million in start-up funds for out-of-school childcare facilities and a £6 million investment in the development of childcare places for younger children in England.

¹⁷ A means tested benefit for families with an adult working at least 24 (later reduced to 16) hours per week and at least one dependent child. Originally called the Family Income Supplement (FIS) it was renamed Family Credit in 1988 and replaced by the Working Families Tax Credit in 1999 (discussed in more detail below).

¹⁸ The disregard was increased to £60 per week in the 1995 budget.

¹⁹ A number of authors have criticised this simplistic dichotomy, but for the purposes of the discussion that follows, this stylised framework has some heuristic value.

trajectories tend to flat. A marked reluctance to adopt measures that would interfere with labor markets or raise the costs of doing business implies a residual or "liberal" (Esping-Andersen 1990) welfare regime with targeted and minimal social safety nets. When (largely unrestrained) market forces push low wages near minimum living standards, incentives to participate can erode, however. In the context of traditional gender arrangements and low levels of labor market regulation, the expansion of part-time work opportunities for women and at the low end of wage distribution, could be used by employers to resist upward pressure on wages (Hurstfield 1978). In more co-ordinated economies, strong labor market regulations and a more powerful union presence can restrain these efforts (although sometimes this might mean excluding women/mothers from the labor market altogether).

In earlier work, I have argued that these distinctive aspects of the Liberal Market Economy facilitated the early and moderately high fertility observed in more socio-economically disadvantaged groups in the UK and the rest of the Anglosphere (Sigle-Rushton 2008; 2009). In the absence of adequate child care support, most mothers would have to withdraw from employment, at least temporarily, when they had a child. If they wanted to return to work, many would struggle to work full-time. Although there were part-time job opportunities, these tended to be concentrated where they had always been: at the lower end of the occupational hierarchy and wage distribution, which, prior to April 1999, had no floor in the form of a national minimum wage. As a consequence, for women on moderate to high incomes, the transition to parenthood could carry substantial costs, particularly over the longer-term. A withdrawal from the high end of the labor market and a return to a part-time position would likely require a substantial occupational downgrade which could be difficult to reverse (Connolly and Gregory 2008; Dex and Bukodi 2012). Faced with the prospect of long-term effects on their occupational attainment and life-time earnings, those women with the most to lose had a strongest incentive to postpone the transition to parenthood. From the mid-1990s, rapid increases in house prices (Figure 2) may well have reinforced incentives to postpone amongst middle- and higher earner couples. For first time buyers, the ratio of gross earnings to house prices climbed from 2.1 in the fourth quarter of 1995 to around 5 at the beginning of 2007. In London, the ratio climbed from just under 3 to over 7 (Figure 3). As families increasingly required two incomes, first to secure a mortgage and then to meet the payments, childbearing, and the income loss associated with it, might be unaffordable.

In contrast, lower skilled, more disadvantaged women were already at the bottom of the wage distribution, and so a period of inactivity followed by adjustments to their working hours would have little impact on their current and future wages. Incentives to postpone childbearing, even to qualify for maternity benefits, were weak: the existence of low-level means tested benefits offered a viable alternative. Over the longer-term their wages were unlikely to grow steeply even if they had remained continuously employed. Rising house prices meant that home ownership was increasingly out of reach for those on low incomes. However the allocation of the increasingly limited number of public housing units²⁰ prioritized families with children (Lupton et al 2009). Those who were married to or cohabiting with men at the bottom of the wage distribution could rely on means-tested financial support as insurance against family instability and the loss of their partners' income.

²⁰ The "right to buy" programme provided social tenants with the opportunity to buy their housing at reduced prices and so provided some opportunity for home ownership. The policy reduced the stock of social housing and as a consequence, only those families most in need gained access to it (Lupton et al 2009).

In the UK policy setting, we might therefore expect to see a socially polarized fertility profile with more postponement, smaller families, and higher levels of childlessness amongst the most qualified and highest skilled, and earlier and larger families amongst those with lower qualifications and skills. Empirical evidence relevant to this period is largely consistent with these predicted labor market and demographic patterns. In an analysis using data collected from a number of European countries between 1999 and 2001, Jane Waldfogel and I found that compared to other countries, the UK “motherhood gap” (the gap in earnings between mothers and childless women), is high and does not narrow appreciably as children get older (Sigle-Rushton and Waldfogel 2007). High period and cohort total fertility rates have been achieved with a relatively high variation in completed family size and a relatively high incidence of childlessness (Coleman 1996; Shkolnikov, Andreev, Houle and Vaupel 2007), particularly amongst the highly educated (Kneale and Joshi 2008; Berrington, Stone, and Beaujouan 2014). The persistence of early childbearing is reflected in a ‘hump’ at young ages in the first birth fertility schedule, which is typical to the countries of the Anglosphere, and suggests a bifurcated fertility regime (Chandola, Coleman and Hiorns 2002). Similar to what Ellwood and Jencks (2004) found in their analysis of US data, lower educated women appear to have continued to have children at (the same) younger ages, while those who obtained high levels of education started to delay their first birth (Berrington et al 2014). Conditional on having had a first birth, the transition to the second was more rapid for the highly educated (Rendall and Smallwood 2003). Nonetheless, the completed family size of highly educated women, particularly those in the more highly competitive managerial positions (Ekert-Jaffe et al. 2002), was low relative to other women (Berrington et al 2014).

Cross-national comparisons suggest that the moderately high fertility in the UK during this period was more socio-economically polarized than in France and the Nordic countries (Ekert-Jaffe et al. 2002; Rendall et al 2005). Importantly, the costs of sustaining moderately high fertility may have fallen disproportionately on those groups with the lowest levels of resources, exacerbating income inequality and contributing to the high child poverty rates observed in the UK (Sigle-Rushton 2008).

The period since 2001

A change of government in 1997 marked the beginning of a period of rapid and extensive policy change in the UK. A new anti-poverty program was implemented with a focus on employment as the best route out of poverty. New policies targeted worklessness and the earnings of low paid workers. High rates of child poverty were a key priority, with ambitious targets to halve (by 2010) and then eradicate it (by 2020). In the context of these reforms, child care issues were successfully reframed as an obstacle to labor market participation, and work-family reconciliation policies became a new feature of the British welfare state (Daguerre and Taylor-Gooby, 2004; O’Connor et al., 1999).

To what extent did these changes modify the fertility regime of previous decades? Work-family reconciliation policies have been credited with sustaining fertility in other moderately high fertility settings, by making it easier for women to combine paid work and child rearing. In earlier decades, the strongest incentives to postpone childbearing were experienced by women who had the most to lose from an occupational downgrade. If a new set of policies redressed these difficulties, there might be less social polarization in the UK fertility profile and possibly even higher fertility, as long as the new policy approach continued to support childbearing at the lower end of the income distribution as well.

In 2001, a few years into the new policy program, fertility in the UK started to rise. Although fertility rates increased for all women over 20, data (from England and Wales, Figure 4) show some of the most prominent changes involved women in their thirties and forties. In

2004, the fertility rate at age 30–34 surpassed the fertility rate at age 25–29 for the first time. Since then it has remained the most fertile age group. Between 2001 and 2011, fertility rates for the age groups 35 and older showed the steepest increases, and in 2012, the average age at first birth was over 30 for the first time. Put alongside evidence (also from England and Wales) which suggests that almost all of the initial increase in the TFR (through 2006) can be attributed to first and second order births (Jefferies 2008), and it appears that recent trends involve women who, in the 1980s and 1990s, postponed the transition to motherhood.

It is not clear whether the new policy approach was responsible for these trends. A general upturn in period fertility has been observed across a wide range of countries over the same period (Goldstein, Sobotka, and Jasilioniene 2009). The TFR in other moderately high fertility European countries (Sweden in particular) behaved similarly. This suggests that, in the absence of any policy change, UK fertility may have increased anyway. At issue is whether the new policies are capable of delivering the level of work-family reconciliation needed to alter incentives and so alter behavior. A closer assessment of recent developments gives some reason to interpret the association with caution.

The introduction and expansion of a new set of family friendly policies marked a significant ideological change in UK politics. The care of children was no longer seen as “private” matter, but an issue that required government support and involvement. At the same time, the UK government was anxious to avoid interfering in the operation of labor market or to address inequality by targeting the high end of the earnings distribution (Sigle-Rushton 2008).²¹ These concerns shaped the way the new policies were designed and implemented. The tendency has been to accommodate rather than transform the segmented and gendered labor market. The approach to child care policy, for example, appears to be premised on the same expectations that shaped the fertility profile in previous decades: that mothers are secondary workers and should be solely responsible for care. The duration and generosity of child care leave was significantly extended over this period, the focus has been almost exclusively on maternity leave.²² The rights for fathers to take child care leave have remained far more limited²³. The regulated mixed market approach to child care

²¹ In a 2004 television interview, Prime Minister Tony Blair was asked whether he thought “an individual could earn too much money”. His response provides a good summary of his Government’s view on inequality:

....Do you mean that we should cap someone's income? Not really, no.
Why? What is the point? You can spend ages trying to stop the highest paid earners earning the money but in an international market like today, you probably would drive them abroad. What does that matter?
Surely the important thing is to level up those people that don't have opportunity in our society. <http://news.bbc.co.uk/1/hi/events/newsnight/1372220.stm>,
accessed 20 September 2014.

²² By 2007 all mothers were entitled to 52 weeks of leave (although the right to return to the same job was only extended to the first 26 weeks). While there has been little change in the likelihood that a mother returns to work within 18 months of birth (in fact the figure declined slightly between 2002 and 2007), in recent years mothers have been more likely to return to the same employer (Stewart 2013). What is less clear is whether those women returned to the same job and whether they experienced any occupational downgrading subsequent to their return, particularly if they wanted to reduce their working hours.

²³ Since 2003, fathers have been entitled to two weeks Ordinary Paternity Leave (as it is now called) which is compensated at a flat rate. Throughout the period, parental leave, which included unpaid individual entitlements for men, remained minimal (Lewis and Campbell 2007). From April 2011, qualifying mothers could choose to return to work and transfer up to 26 weeks of their leave entitlement (which is compensated at the same flat rate as additional maternity leave and ordinary paternity leave: £128.15 per week when it was first introduced) to their (qualifying) partner.

services has been criticized for doing more to address access than affordability (Butler, Lugton and Rutter 2014). While all three and four-year olds²⁴ have a guaranteed place in early education, the entitlement is part-time covering only 15 hours per week (12.5 hours per week for 33 weeks per year until 2010). For many working parents, the early education offer is the only form of child care assistance they receive (Butler, Lugton and Rutter 2014). The gap between this entitlement and the hours of child care a working parent requires can be difficult to negotiate logistically and financially²⁵. It is a policy that appears to facilitate short hours part-time employment and so does little to challenge the segmented labor market of previous decades.

The nature and quality of part-time work and its impact on mothers has attracted a good deal of attention and research, but only a modest policy response. Since April 2003, parents of young children have had the “Right to Request” more flexible working conditions, including shorter hours.²⁶ Employers can refuse the request for a number of business reasons and opportunities for legal redress are limited. Although the majority of requests are approved²⁷ evidence suggests that the long hours culture – something UK policymakers remain unwilling to regulate -- still impacts negatively on mothers. Data from the period before and after the right to request was implemented showed that most mothers still changed their employer when they changed their hours (Smeaton and Marsh 2006). A recent review of the impact of the policy concluded: “...as far as one of the objectives of the Right to Request has been to increase the ability of working mothers to continue at the same level of responsibility, and with the same employer, albeit at reduced hours, the impact of the Right to Request does not appear to have been substantial” (Hegewisch, 2009: 22).

Although most policy indicators show a substantial improvement in family policy over this period, their potential to change previous fertility patterns has likely been moderated by the political and institutional legacies of previous decades. It is difficult to imagine that these policy changes would have anything more than a marginal effect on highly qualified and high earning women. Those in their 30s who had previously postponed childbearing and whose incomes allowed them access to sufficient and high quality child care might find it easier to negotiate short leaves and to return to the same pre-parenthood working conditions, adopting what Fraser (1997) describes as the universal breadwinner model. Those who wanted to adapt their working conditions during the first years of parenthood would have the right to request flexible work, but in a culture of long working hours such requests may be refused or difficult to achieve in practice (Lyonette et al 2010). What is half-time work when all of your colleagues work well in excess of a typical working week? The most simple explanation for recent trends in first births amongst older women is a biological one. As they approached the end of their reproductive years, the question was no

Although the measure provided some opportunity for men to take leave, it clearly reflected and continued to reinforce gendered divisions of labor. From 2015, fathers can take up to 50 weeks of the leave. Although it has been renamed “shared leave”, mothers still must trigger men’s entitlement by returning to work.

²⁴ In 2013, the entitlement was extended to 2 year olds in low income families.

²⁵ Estimates from 2008 suggest that the cost of childcare represented an effective tax of around 41 per cent on the income of a second earner in an average-wage family (OECD 2011).

²⁶ Originally, the right to request was available to parents of children under the age of 6 (18 if the child was disabled) and in 2009 to parents of non-disabled children aged 16 and younger. The right to request was extended in 2007 to include employees with caring responsibilities for sick or disabled adult household members, and, in 2014, to all workers.

²⁷ Survey data referring to the period from 2009 and 2011 indicate that, of those who were not still awaiting the outcome, about 14 per cent reported that their request was declined, and around 20 per cent reported that their request was accepted only after “negotiation/compromise/appeal”.

longer when, but whether, to have a first birth. Data from the British Household Panel Survey (BHPS) collected during the 1990s shows that most childless women – the most highly qualified in particular -- still wanted and intended to have children (Tavares 2010, Table 6; see also Kneale and Joshi 2008, Table 4). Younger women with high levels of education and skills would still have strong labor market related incentives to postpone the transition to parenthood, reinforced, in this period, by continued house price increases and the introduction and rapid increase of tuition fees²⁸ for higher education which meant that many students entered the labor market with substantial debts.

Another potentially important set of policies aimed to reduce child poverty and the number of workless households. Reforms of the income tax system and increases in both means-tested (Income Support) and universal child benefits supplemented the incomes of the poorest families by as much as 10 percent. The Working Families Tax Credit, a refundable tax credit for low income working families, was one of the largest and most significant of these policy initiatives. As the benefit was calculated at the household level, there were concerns that it might encourage and reinforce a male breadwinner arrangement in two parent households (Brewer and Shephard 2004). Evidence suggests those concerns may have been well founded. A number of analyses of the impact of the policy found a significant increase in the employment activity of lone mothers, but little overall effect on the employment activity of women in couples (Brewer, Ratcliffe and Smith, 2012). Brewer and colleagues (2012) argue that the same income taper which created disincentives for second earning could also have reduced the opportunity costs of childbearing. To the extent that the low educated already faced weak incentives to postpone childbearing and had low rates of childlessness (Rendall and Smallwood 2003), it is unlikely that changes in their fertility behavior contributed much to recent trends which, as discussed above, were largely driven by late and low order births (Jefferies 2008). However, these policies take on more relevance when viewed through a transnational lens.

When the EU enlarged in 2004, most member states put in place transition measures to temporarily restrict in-migration of workers from the A8 member countries.²⁹ Only the UK, Ireland and Sweden, provided immediate and open access to their labor markets. As a consequence, annual net migration which had been increasing since the early 1990s, accelerated substantially³⁰. Although recent migrants were coming from countries with low fertility and many were migrating for economic reasons, their period fertility nonetheless exceeded that of the UK born population and of their country of origin (Dorman 2014). It is not immediately clear why migrants from the A8 countries have higher fertility than women who living in their countries of origin. It could be that women who intend to migrate postpone childbearing until after they move (Toulemon 2004), and so their higher period fertility represents a tempo effect. It is also possible that migrants consider not just wage differentials but also the opportunities that the economic and social setting provides for the organization of family life when they make decisions about where to locate and eventually settle. In this regard, membership of the EU community can reduce information costs as well as the costs of movement. A qualitative study that compared the subsequent childbearing intentions of Polish born parents in London and Krakow found that parents in

²⁸ From £1000 per annum in 1998 to £9000 per annum at most of universities in England and Wales since 2012.

²⁹ The A8 countries are the 8 low income (per capita incomes of about 40 per cent of the EU average), Eastern European countries (Czech Republic, Estonia, Hungary, Latvia, Lithuania, Poland, Slovakia, and Slovenia) that, along with Malta and Cyprus, joined the EU in 2004.

³⁰ There was a net migration of 180,000 A8 citizens to the UK between 2004 and 2006, accounting for 13 percent of the total long-term immigration. Amongst the A8 countries, the largest number of immigrants came from Poland, and by 2010 they formed the largest group of non-UK nationals (ONS 2011).

Krakow often cited the costs of children as an important constraint, and often compared the Polish context to other, more favorable, policy settings as they justified their intentions. Amongst the migrants living in London, parents who had previously worked in high status jobs in Poland said they were willing to accept an occupational downgrade in order to raise their families in the UK. They cited better state support for children and greater opportunities for mothers to spend time with children (through part-time work or temporary periods of withdrawal) as reasons both to remain in the UK and to have additional children (Marczak 2012). While it is not likely that policy changes brought in to address child poverty since 2001 had much impact on the fertility rates of low educated UK-born women, they may have contributed to higher fertility by making the UK a more attractive place for some international migrants whose family preferences were closely aligned with the (uniquely) gendered incentive structures of those new anti-poverty policies and which were not well supported by the family policy packages offered in their countries of origin.

The financial crisis of 2007 and the first years of coalition government of 2010 brought in a number of austerity measures. Previous developments in work-family reconciliation policies were not reversed, and instead, the generosity of the welfare and benefit system was targeted. While the previous government had made work pay by improving its conditions and rewards, for a male breadwinner at least, the current approach is to substantially reduce decommodification³¹ in the benefits system. Previous experiences suggest that such measures will probably do more to reverse gains in child poverty than substantially reduce fertility, at least among UK-born women. The changes might, however, impact fertility by shaping the decisions either to migrate or to remain and build families in the UK. This is an important area for future research.

Conclusion

Like most wealthy countries, the UK population is ageing and will continue to age for the next several decades. However recent and projected rates of change in the share of the elderly population are slow relative to much of the rest of the EU-27 countries (ONS 2012). Although since 1998 net migration has played some role, the UK's relatively benign demographic profile has much to do with its relatively high fertility rates (ONS 2014; Coleman 2007). From a European policy perspective, its "highest-low" fertility is difficult to explain (Sigle-Rushton 2009). Moderately high fertility rates were sustained – at least historically – without the work-family reconciliation policies characteristic of other moderately high fertility countries. In earlier work, I have argued that the UK's unique institutional setting created incentives for a moderately high but socially polarized fertility profile (Sigle-Rushton 2008; 2009). In this paper, I build on previous work and consider how the institutional legacy of previous decades has shaped subsequent fertility trends and perhaps moderated the impact of new policy initiatives that, since the turn of the century, represent deviations from type. The discussion has a wider relevance, because it raises a number of theoretical and practical issues that are pertinent to the way we design cross-national studies and make use of the evidence.

Theoretical developments in the study of welfare states (Esping-Andersen 1990) and, more recently, in comparative capitalisms (Hall and Soskice 2001) represented a significant departure from earlier work which either conceptualized national variations as different stages of the same developmental trajectory or presumed institutional variations would

³¹ Decommodification is a concept used to guide the comparative analysis of advanced welfare states. Esping-Andersen (1990) defines decommodification as "the degree to which individuals, or families, can uphold a socially acceptable standard of living independent of labour market participation". (37)

cease to matter as national states converged towards the same equilibrium model. These contributions stressed the importance of path dependencies and institutional complementarities which meant that a variety of distinct and stable institutional models was not just possible but likely. Throughout the 1980s and the 1990s, the UK provided a stable and coherent institutional setting which supported a distinct profile of moderately high fertility without making much effort to address issues of work-family reconciliation. Appealing to the UK case, and applying the logic of proof by counterexample³², we might be tempted to conclude that the hypothesized relationship between family friendly policies and fertility can be rejected when, in fact, such policies may well have been effective where they developed as part of a coherent model.

For similar reasons, variations in ideological and institutional legacies can complicate efforts to identify and share "best practice". The impact of a single policy intervention or policy reform (as when Germany adopted radical changes to its parental leave system) can be amplified or muted depending on the extent to which it resonates and interacts with the wider context. This consideration becomes increasingly relevant in the UK in the past decade or so. Since the late 1990s, the UK has begun to develop a package of work-family reconciliation policies, sometimes in (a minimalist) response to EU Directives that were developed according to what was seen as best practice in other (usually Scandinavian) policy settings. Taken at face value, these innovations should have reduced the costs of childbearing and childrearing. However, they were inserted into a social and institutional setting that remained largely unmodified. When policies are introduced that deviate from previous paths, policy logics and approaches, the wider context may constrain and shape their impact in potentially complex and unintended ways (Tunberger and Sigle-Rushton 2013). Empirical analyses that do not take these complexities into account may underestimate the role and importance of the institutions and policies.

³² A proof structure that allows us to conclude that a property is not true by identifying an example where it does not hold.

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Figure 1: The UK Total Fertility Rate 1960-2013

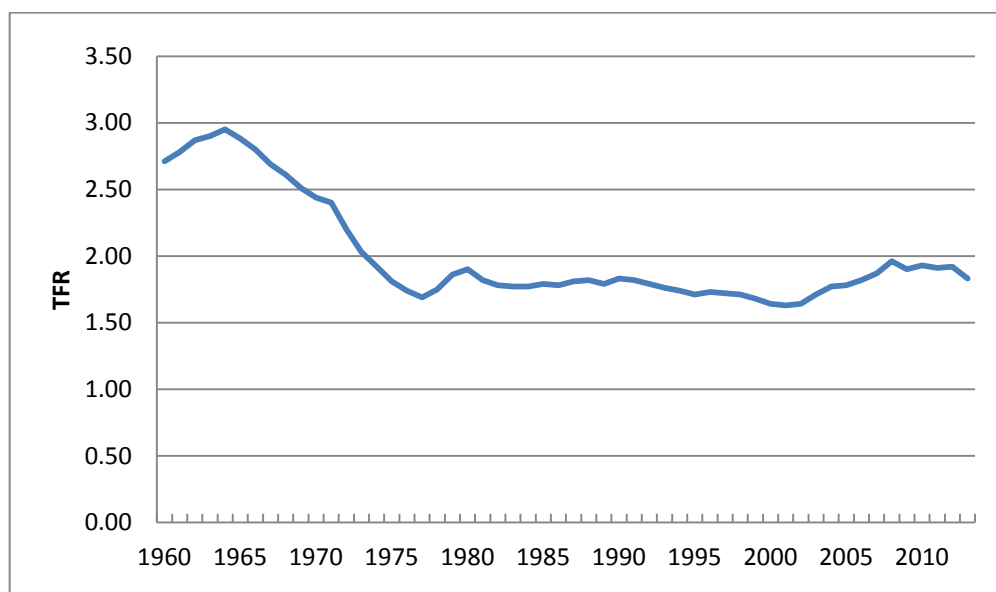
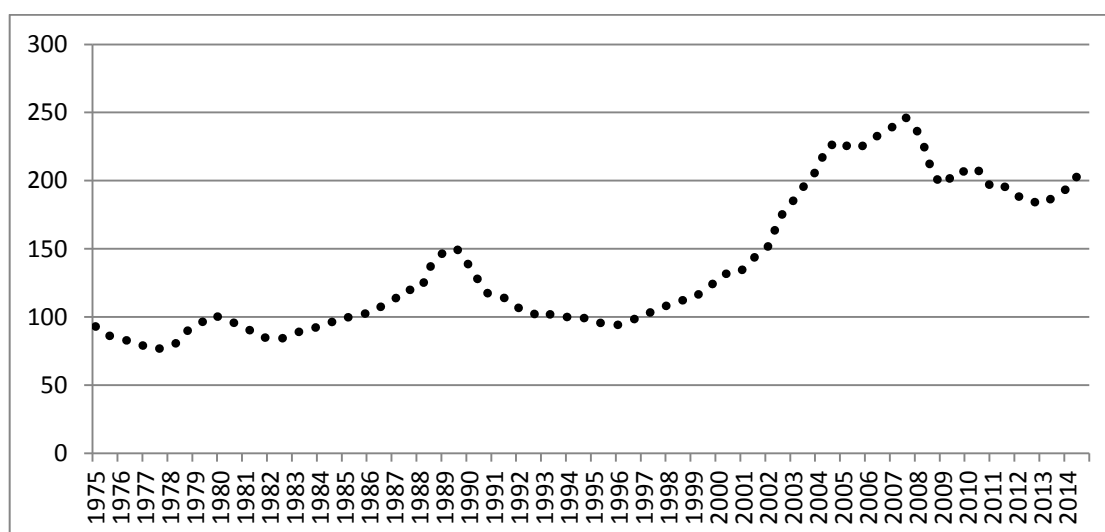
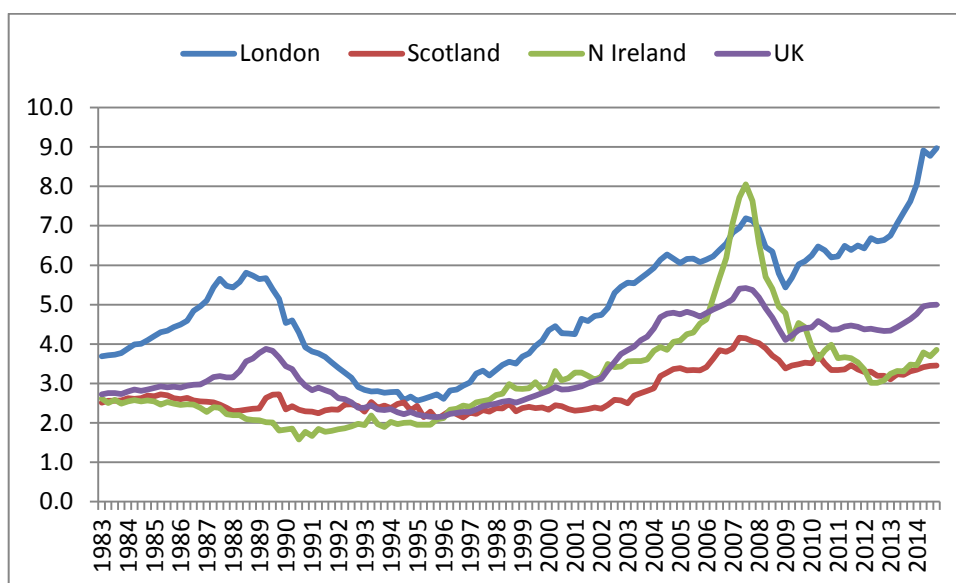


Figure 2: Inflation Adjusted House Price Index for the UK, 1975-2014 (Q1 1985 = 100)



Source: Nationwide Building Society

Figure 3: First Time Buyers' Gross House Price to Earnings Ratio, for the UK and Select Regions, 1983-2014



Source: Nationwide Building Society

Figure 4: Age-specific fertility rates (births per 1000 women), England and Wales, 1991-2011

