Austerity as reproductive injustice: stratified effects of local authority spending cuts on the probability of having a(nother) birth

Laura Sochas; Jenny Chanfreau

Austerity policies in the UK, starting from 2010 until the present day =, have been discursively justified by politicians and certain media outlets as meeting the problem of family "irresponsibility". "Irresponsible" families are characterised as those where parents choose to have children in order to claim benefits, choose not to work, and fail to meet normative standards of upper-class parenting, with the predicted outcome that their children will also live in poverty or have an "immoral lifestyle" (Jensen 2018; Jensen and Tyler 2015). Such discourses and associated policies clearly constrain Reproductive Justice.

The Reproductive Justice (RJ) framework, conceptualised by Black American feminist scholars and activists, highlights three principles: the right to have children, the right to not to have children, and the right to parent the children we have in safe, healthy, and dignified environments. RJ scholars and activists emphasise that these rights are not merely negative in nature (i.e.: rights that depend on freedom from legal constraint), but instead depend on access to resources, community support, and freedom from discrimination. In criticising existing reproductive inequalities, they demonstrate that while everyone should enjoy these rights, they are unequally circumscribed in practice (Luna and Luker 2013; Price 2020; Roberts 1997; Ross and Solinger 2017). Some people's reproduction is framed as more valuable than others in political and media discourse, and state policies are informed by and operationalise such discourses, offering more state support or implementing fewer rules constraining both biological and social reproduction for some groups than others. Recent such policies in the UK include the two-child limit on child benefits and income requirements for family reunification of migrants.

There is strong theoretical work characterising austerity policies as a form of stratified reproduction (Erel 2018; Lonergan 2012, 2015), as well as rich qualitative studies showing that austerity policies have strongly affected the freedom of some individuals and families to have any or more children. Sarah-Marie Hall, for example, interviewed young adults in the North East of England, an area that has particularly suffered from austerity cuts and which has one of the lowest fertility rates in the UK. Her participants highlight that austerity has restricted capacities to access secure housing, employment and social welfare, with sharp implications for reproduction and reproductive futures (Hall 2021, 2022b). On the quantitative side, however, evidence has been more limited. A working paper shows that cuts to national benefits have impacted households' financial resources, negatively affected maternal mental health, and led to strained parent-child relationships among affected households (Mari and Keizer 2020). On the other hand, a study by Reader et al (2022) demonstrated that the UK's two-child limit led to very small higher-order fertility changes in the treatment group. However, there has been no quantitative analysis of the stratified effect of a package of austerity measures on fertility by class.

This study contributes to fully documenting the range of unequal harms caused by austerity policies, but also convincingly demonstrate that austerity has not only (unequally) affected the right to parent in safe and healthy environments, but also the right to have children. This contradicts the more traditional framing of reproductive rights as negative rights (e.g.: the right to be free from direct state interference in reproductive decisions, which would be violated, for example, by China's former one-child policy), and empirically supports the Reproductive Justice framework, which emphasises the importance of positive rights (i.e.: the right to the resources and support required in order to parent in a safe and healthy environment) to enable reproductive freedom.

In this study, we focus on cuts to Local Authority spending, for several reasons. Firstly, the Reproductive Justice framework emphasises the importance of community: both politically, to emphasise patterns of inequity and injustice; in contrast to frameworks that focus on individualised rights; and because we parent children locally. Secondly, focusing on local authority spending cuts is substantively important because councils experienced extremely large cuts in funding over the period: the Department for Communities and Local Government experienced a 44.4% cut in real terms from 2010–2011 to 2014–2015. Furthermore, cuts were unequally distributed, and were larger in absolute terms in higher-need, higher deprivation areas (Gray and Barford 2018; Hall 2022a). Thirdly, analysing the effect of local authority cuts allows our "treatment" to vary over time and space, in order to facilitate the quantitative identification of the causal effect of cuts on inequalities in fertility.

Research question and operationalisation of "Reproductive Justice"

This study answers the question: "Did local authority spending cuts lead to increased class inequality in the probability of having a(nother) birth for women in England 2009-2020?". In line with the Reproductive Justice framework, this paper posits that cuts to local authority spending represent a significant decrease in support for "the right to parent in safe and healthy environments". Such cuts imply reduced real term spending on social housing, children and youth services (such as Sure Start), and the depreciation of the general environment for raising kids (such as public green space, safe roads, culture, public health, etc). Evidence that cuts have increased or decreased the probability of having a(nother) birth cannot, by itself, show that austerity cuts have infringed people's "right to have children". This is because we have insufficient information on people's ideal fertility desires. However, as we would not expect that people's ideal fertility desires have changed differentially by class and in line with the geographic distribution of local spending cuts, we interpret any unequal impacts on fertility across household income levels as evidence of a constraint on "the right to have children".

Methods

This study links the longitudinal household survey, Understanding Society, to two sources of spending data: a compilation of local authority spending data produced by the Institute of Fiscal Studies; and local authority children's services spending data (section R03). Understanding Society's special license survey provides respondents' local authority residence over the course of the survey. In addition, individual-level and household-level information is used in the analysis (see controls below). The analytical sample is composed of women aged 14 to 55, who were interviewed between 2009 and 2020, in England. Observations of women residing in the City of London are excluded, as are observations of women in Local Authority-waves where fewer than five women reported whether or not they had a birth.

The IFS data on Local Authority spending was compiled and cleaned so as to maximise comparability across local authorities and over time. In this analysis, we use total spending, which includes: Housing services; Other Children's Social Care; Adult Social Care; NHS grants to LAs; Highways & Transport; Cultural & related services; Environmental & regulatory services; Planning & Development services; Central & other services. However, this source of data excludes spending on: Sure Start; Services for Young People; Education; Public health; Police, fire & rescue. This data is available from 2009 to 2019.

Because we anticipate that spending on Sure Start and services for young people might be important for people's reproductive decision-making, we also link Understanding Society to Local Authority

Children's Services Spending in separate models. Specifically, we include non-punitive spending only, looking at the total spent on: Sure Start, family support, youth services, and "other spending", while excluding funds spent on children's social care. The amount spent by Local Authorities on children's services increased between 2010 and 2012, because of a process of delegation of responsibilities to LAs, that was officially concluded in 2014/15. As a result, we analyse data from 2012 to 2019. All spending data is per capita (total population) and in 2015 prices.

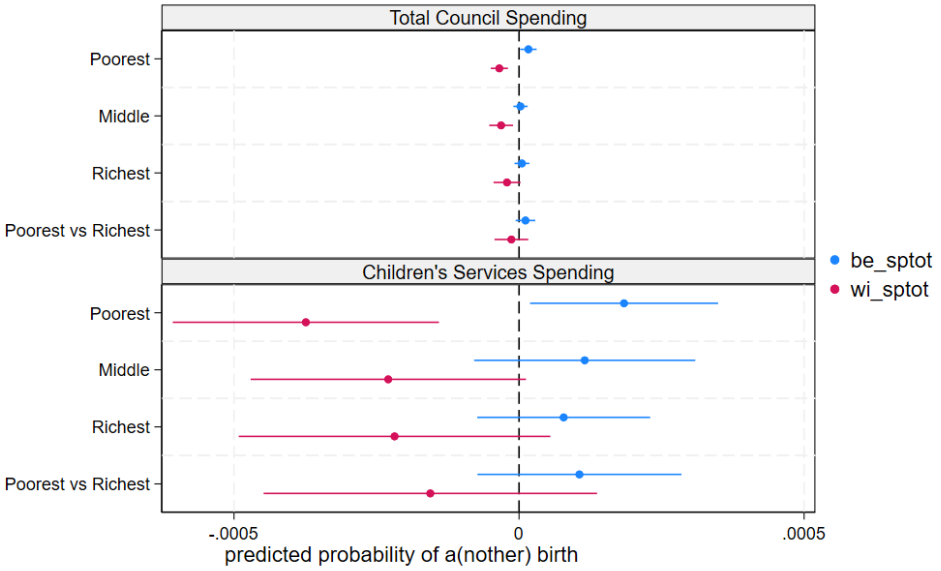
Our main model is a between-within random intercept, linear probability model. There are no statistically significant differences relative to a model with random slopes, and a random intercept logistic model produces very similar results. The outcome variable is "having a live birth in a given wave". The "within effect" is the coefficient on the following variable: (lagged LA-year spending level per capita) – (mean LA spending 2009-2019). The "between effect" is the coefficient on the variable: "mean LA spending 2009-2019". Each of these variables is interacted with lagged household income tercile. The model includes the following variables (all lagged): number of live births to date (quadratic); housing tenure; household employment rate; marital status; racialised category. In sensitivity analyses, we also control for: any health conditions; any help from parents; being a UK citizen. However, there are no statistically different results between models that include one of these additional control variables, and models where the sample is restricted to observations that have a non-missing value on these variables. Lags are at the "wave" level, not the "year" level. This is because each individual is interviewed once per wave, and waves span two calendar years. Standard errors are clustered at the individual level.

Results

The within-between random intercept model partitions the effect of changes in local authority spending into two parts: the "within effect" is identical (coefficient and standard error) to a fixed effects estimator, and represents the effect of changes in local authority spending on the probability of having a(nother) birth within each local authorities. The "between effect" captures the association between spending and the probability of having a(nother birth) across local authorities.

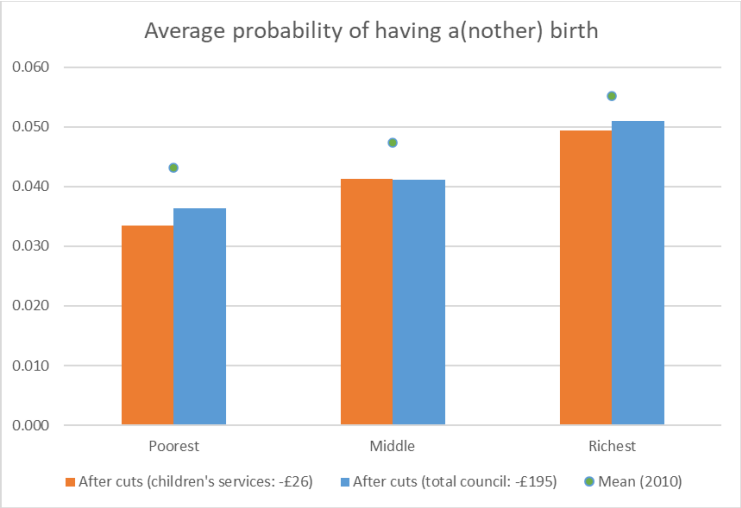
As we can see from Figure 1, cuts in spending within local authorities have generally led to decreases in the probability of having a(nother) birth, while living in a local authority with lower spending per capita on average, is associated with having a higher probability of having a(nother) birth. These effects (and particularly the within effect) is only statistically significant for the poorest and the middle household income terciles (in the case of total council spending) and for the poorest with regards to children's services spending. Furthermore, there appears to be an income gradient, with the poorest being relatively more affected than the richest, even though these differences are not statistically significant. The within effect results align with our expectations from the Reproductive Justice framework: cuts in local authority funding represent decreased local government support for the right to parent in safe and healthy environments, which in turn has resulted in a lower probability of having a(nother) birth for the poorest.

Figure 1: Effect of £1 local authority spending cut (or £1 lower average spending) on prob of having a(nother) birth



What do the marginal within effects imply for the average probability of having a(nother) birth, across income terciles and over time? For the poorest, a median cut in children's services spending over the period (£36 pc) would have reduced the poorest tercile's 2010 probability of having a(nother) birth from 0.043 to 0.033, a nearly 25% decrease (Figure 2). The effect after a median cut in total council spending over the period (-£195 pc) was to decrease the probability to 0.036. Overall, we can observe that the total effect of the cuts was largest for the poorest, despite the fact that they had a lower probability of having a(nother) birth in the first place.

Figure 2: Total effect of median spending cuts on prob of having a(nother) birth



We further analyse whether marginal within effects differ by intersectional groups. We find particularly strong negative effects of cuts in spending for the poorest in: high deprivation areas; in non-White groups; and among people who are not employed.

In conclusion, we argue that evidence that council funding cuts have particularly affected the probability of having a(nother) child for the poorest tercile and other marginalised groups provide additional, quantitative evidence of the harmful effects of reproductively unjust policies.