Devaluing Mothering at Home: Welfare Restructuring and "Motherwork"

Maureen Baker

ABSTRACT

This paper discusses the challenges lone mothers face when attempting to exit from "welfare." Public discourse claims that children "need their moms" but welfare policies often devalue mothering at home by focusing on paid employment. Interviews from New Zealand suggest that these policies can raise stress levels and contribute to existing health problems.

RÉSUMÉ

Cet article discute des défis auxquels les mère seules font face lorsqu'elles tentent de sortir du " bien- être social". Les discours publics affirment que les enfants "ont besoin de leurs mères", mais les politiques du bien-être social dévalorisent souvent les soins prodigués par les mères à la maison en se concentrant sur le travail rémunéré. Des entrevues faites en Nouvelle-Zélande suggèrent que ces politiques peuvent hausser les niveaux de stress et contribuer aux problèmes de santé existants.

INTRODUCTION

Political discourse about parenting has been inconsistent. Children have been viewed as a "future resource" and most politicians agree that children need their parents to provide authoritative supervision and typically give respect to mothers who are at home full time. However, social conservatives also view "welfare mothers" as a drain on the public purse and insist that most welfare recipients prepare for paid employment and become self-sufficient regardless of family responsibilities. The contradictions create tensions for women who require welfare in order to be at home full time, demeaning them and undermining their capacities to parent as effectively as they would like.

This paper discusses the challenges of caring for children, managing a household, and making ends meet in circumstances of poverty, as perceived by mothers in that situation. It is based on qualitative interviews with lone mothers receiving social assistance in New Zealand. This paper illustrates the ways that the unpaid caring work of lone mothers influences their employment prospects, mental and physical health, and maternal identity. The comments or "stories" of these lone mothers are organised around three issues: time poverty, stressful work, and lack of social support.

POLICY BACKGROUND

Canada, Britain, United States, Australia and New Zealand have all been classified as "liberal" welfare regimes (Esping-Andersen 1990), using the argument that they base many social benefits on "need," target them to low-income families, and ensure that benefits are lower than minimum wages to enforce work incentives. In fact, many researchers have pointed out considerable cross-national variation in the funding and delivery of social security in these countries (Baker & Tippin 1999; Bashevkin 2002b; O'Connor, Orloff and Shaver 1999). Not all governments in the English-speaking countries have accepted the view that mothers with preschool or even school-aged children should be pressured into finding employment. Current "welfare" policies in many jurisdictions of Canada and the United States encourage mothers on social assistance to become "employable" and accept paid work before their youngest child reaches school age (Freiler and Cerny 1998). However, both Australia and New Zealand created income support programs in 1973 to enable lone parents to care for their children full time at home. Since the 1990s, eligibility has been eroded but these programs continue to provide greater support for mothering at home than do similar social assistance programs in Canadian provinces or American states (Baker and Tippin 1999; Bashevkin 2002a; Mink 1998).

In 1991, the value of the New Zealand benefit for parenting at home, called the "Domestic Purposes Benefit" (DPB), was reduced by the conservative National Government and the age of eligibility was raised to 18 years. However, DPB mothers could receive the benefit without earning money until their youngest child was sixteen years old. In 1995, the same government reduced the eligibility age of the youngest child to fourteen years and created new employment expectations. In 1997, they enforced "work tests" for DPB recipients with school-age children (Wilson 2000). For the first time in New Zealand the importance of mothering full time at home was downplayed. The National Government also emphasized parents' responsibility for their children's (mis)behaviour, and parents were expected to provide greater supervision with no new public resources or services. The Labour government, elected in 1999, announced modest improvements to child-care subsidies for low-income families but retained the work test. In April 2003, however, they removed the mandatory requirement but continued to encourage beneficiary mothers with children over six years old to seek part-time work or employment training. From 1997 until April 2003, DPB mothers with preschool children were required only to attend an annual interview about future job prospects. When the youngest child reached school age, DPB mothers were asked to find part-time work, retrain or engage in organized community work for at least 15 hours a week. When their youngest child reached fourteen years, these mothers were expected to find full-time employment (DWI 2000). By the early 2000s, DPB mothers were encouraged to enter paid work if at all possible.

In comparison, most Canadian provinces encourage or require mothers to find employment when their youngest child is under three years old (Freiler and Cerny 1998) although there is considerable variation by province. The United States is even more punitive, with a two-year limit for lone mothers receiving social assistance or five years over a lifetime (Mink 1998 and 2002). However, as the interviews show, even New Zealand's apparently more supportive policies fail to provide women with adequate support, leaving them vulnerable to long term poverty, poor health, and high levels of stress.

LONE MOTHERS AND THE RELATIONSHIP BETWEEN EMPLOYMENT AND POOR HEALTH

Lone mothers are likely to have low incomes as a result of a complex interaction of many factors. Few women earn enough money to support themselves and children. Women's wages are most likely to decline relative to men's after they become mothers, as mothers are more likely than fathers to disrupt paid work to tend to family responsibilities (Baker 2001b; O'Connor, Orloff and Shaver 1999). The probability of earning low wages and living in poverty is further augmented if women are members of certain cultural groups or lack job experience; for example, Sarfati and Scott (2001) found that New Zealand lone mothers were more likely to be Maori, to have lower family incomes, lower educational qualifications, and to live in more deprived areas. In contrast, studies in the United States indicate that "welfare mothers" who have more than twelve years of schooling, previous employment experience, and fewer than three children, are most likely to remain employed and less likely to return to social benefits once they move into paid work (Cancian et al. 1999; Harris 1996).

Living on a low income sets in play dynamics that erode women's health and well-being and undermines their potential for future labour market success. It also permeates all aspects of childrearing. Wealthier parents can purchase childcare, after-school lessons or recreational activities, counselling, and preventive health care for their children. Studies concerning the long-term implications of living in poverty suggest that children from low-income families experience poorer health and more behaviour problems than children from higher-income families (Hobcraft and Kiernan 2001; Roberts 1997; Ross, Scott and Kelly 1996). Low-income parents cannot afford to visit the doctor if they must pay for each consultation (as New Zealanders do) or to fill prescriptions, even when subsidized. Without savings, parents cannot prepare for emergencies.

Research from several countries suggests that lone mothers tend to suffer from anxiety and depression related to previous relationships (especially where domestic violence was involved), the heavy responsibility of childcare alone, and despair about the future (Curtis 2001; Sarfati and

Scott 2001; Whitehead et al. 2000). They also experience emotional problems from continuing disputes with their children's father, and children's behavioural problems. Dorsett and Marsh (1998) reported that British lone mothers experience high rates of cigarette smoking, augmenting financial problems and poor health. Family stresses, domestic violence, physical and mental health problems, substance abuse, inappropriate work behaviours and employer discrimination all interfere with women's ability to find and keep paid work (Mink 2002; Pryor and Rodgers 2001; Vosko 2002). Lone mothers typically have lower levels of education and job skills than both partnered mothers or fathers, and consequently they find mainly low paid jobs without flexible work hours, paid sick leave, or extended health benefits (Edin and Lein 1997; Millar and Rowlingson 2001; Vosko 2000). Few have worked long enough with the same employer to be entitled to sick leave. Neither caring for children on a state benefit nor working for pay allows many low-income mothers to escape from poverty (Baker and Tippin 1999; Doherty, Friendly and Oloman 1998). Understandably, some lone mothers view the opportunity to receive "welfare" while caring for their children at home full time as more viable than struggling on low wages with piecemeal childcare arrangements. However, lone mothers are encouraged into employment by the need to increase their income, and the desire to become a "role model" for their children and to develop new social contacts. In addition, the stigma attached to being a "welfare mom," the constant scrutiny by case managers and neighbours, and low benefit levels motivate many mothers to retrain and find employment. However, part-time work is often more manageable than full-time work because it enables mothers to improve their incomes while allowing more time for caring responsibilities than full-time employment permits.

Whitehead et al. (2000) concluded that the Swedish social security system is more effective than the British system in keeping lone mothers healthy and out of poverty but lone mothers still report poorer health than partnered mothers in both countries. They hypothesized that lone mothers suffer more from "time poverty," which elevates stress and leads to illness. The kinds of work they do may be more stressful and dangerous. And finally, they may suffer from lower social support. These factors, which I use in this paper, may help explain the poorer health of lone mothers than partnered mothers even in countries such as Sweden, where poverty levels are low, housing standards high, and social services more generous.

INTERVIEWS WITH NEW ZEALAND LONE MOTHERS ON SOCIAL BENEFITS

Methodology

This paper derives from a larger project funded by the New Zealand Health Research Council including questionnaires to lone mothers, interviews/focus groups with case managers from the welfare department (Work and Income), and qualitative interviews with DPB mothers. The study was done in 2001 when mandatory work requirements for beneficiaries were still in place. Questionnaires and interviews came from DPB recipients in three regions of the North Island, representing different socio-economic and ethnic areas: Auckland's prosperous North Shore (mainly *Pakeha* or European-New Zealanders), low-income South Auckland (Pacific immigrants) and low-income Northland (largely Maori). We "over-sampled" indigenous Maori and immigrant Pacific Island women because they are more likely than *Pakeha* to be on the DPB and tend to have larger families and lower incomes.

Mailed questionnaires were sent to DPB lone mothers in these regions, if their youngest child was older than six years and they were not exempted from the "work test" for health reasons. This survey, discussed elsewhere (Baker 2002a & b), focused on health status and use of health services. Generally, these mothers reported much poorer mental and physical health than women of comparable age, and socio-economic status was more important than ethnicity or where they lived in influencing their health status. Focus groups with case managers working for Work and Income examined the role of health in case management practices and welfare policy. The results of this portion of the project are also reported elsewhere (Tippin and Baker 2002; Baker and Tippin 2003).

The qualitative interviews, the subject of this paper, were intended to gather more in-depth understandings about how (poor) health affected the transition to paid work. The Work and Income department sent our letter to all relevant mothers in

the three regions, inviting them to contact us by mail or a toll-free line if they wished to be interviewed. To encourage participation, we offered a draw for six food hampers. Those who volunteered for the study were not necessarily representative of all beneficiaries and may have over-represented those with concerns about health or welfare rules, or those who needed food.

From September to December 2001, 120 lone mothers were interviewed individually in their homes for about one hour each by five trained interviewers from various ethnic backgrounds. Although we intended to ask the same questions in the same order to everyone, many women felt the need to delve into their life histories and provide additional details about their circumstances, partner abuse, children's problems, and their experiences with Work and Income. Several women cried during the interviews and many told us that they were grateful for the opportunity to disclose their concerns. We did not statistically analyse the interviews because we had a voluntary sample and were looking for insights and policy solutions rather than incidence of certain comments. However, all the women we interviewed were lone mothers, had children over the age of six years old (usually one or two), and were considered by the government to be ready for employment or training. Most were in their 30s or 40s, and had school-aged children. Maori and women from various Pacific Islands were over-represented compared to the New Zealand (NZ) population and these women tended to have larger families.

These women had been on the DPB for varying lengths of time, sometimes intermittently as their circumstances changed, but many were familiar with the low-wage labour market. Some were currently employed part-time and most had previous work experience, often in a variety of jobs that were chosen to coincide with family circumstances and childcare arrangements. A few possessed tertiary and professional qualifications but could not find work that enabled them to fulfil their perceived family obligations. Some accepted lower positions to reduce stress or accommodate childcare arrangements. Others were confronted with unmanageable working hours, factory closures, higher than expected work-related expenses, and unreliable or unaffordable childcare (Baker and Tippin 2002). The rest of this paper discusses how these women articulated their identities as mothers and the pressures they face caring for their children alone on a low income. I use the three organizing themes of time poverty, stressful work and lack of social support.

Time Poverty

The mothers we interviewed emphasized the time pressures of combining "mother work" with studying or employment. For example, a British immigrant was taking a nursing course to become more employable but the demands of her two children, domestic duties, classes and assignments often proved exhausting. She noted that time pressures in the previous semester elevated her stress level and led to illness:

> By the time I finished (my nursing course) and I got home, the children would be home from school and then it's making dinner and doing homework and housework and washing and shopping. And then by the time they go to bed at 8:30, that was my time to study so quite often I'd sit up till 3 o'clock in the morning. And I'd get up at 7:00 in the morning because the traffic's better then ... I'm one of those people that doesn't eat under stress. I don't think about my health. I should do, but I don't.

She continued that this stress led to minor illness and periodic emotional breakdowns: "I'll just completely break down I'll just be crying and sobbing, nobody loves me and I'm never gonna get anywhere and what am I doing and how am I going to cope." She told the interviewer that when this happened, her 12-year-old daughter comforted her.

A mother of two, from an abusive marriage, also spoke of how time poverty led to illness. She told us that during a bout of pneumonia, the nurses and doctor said:

> "Now go home and go to bed" (laughter). You know you can't go home and go to bed. You've got kids to cook for and you've got clothes to get clean and you've got all that stuff to do. And so that's just a luxury that is not available. And so you

> just have to plough through it which means it takes longer to recover, much longer than it should.

Other women experienced time poverty because they regularly cared for the children of relatives and neighbours. One Maori mother of three from Northland "gifted" one of her children to her childless sister, and now has two daughters at home. She recently started a paid job teaching parenting skills at the local college. She said:

> From Friday to Sunday it's pretty much mayhem here. I can have anything up to thirteen kids. Nieces, nephews, the *mokos* (grandchildren), the neighbours. Last weekend I had their baby, a 15-month-old baby from next door. Because they were having a big party and they were out of babysitters and I said, well just chuck her over the fence and we'll be right and she can sleep here the night so you can ... pick her up in the morning. So they did that. My niece had to go to a funeral and she's got a three-week-old baby and she popped her over to me with a little bottle of breast milk as well. So I had those two babies and my son had his friend over for the night I had another little girl 'cause her mother was there too and I don't really know them.

This woman also cared for an ill mother for several years, but reported that since her parents died, her family obligations have increased.

For employed mothers, getting to work on time while ensuring that the children are adequately supervised before school was a major problem. They were reluctant to leave their children unsupervised outside the playground each morning but also worried about being late for work if they didn't drop them off early. Lone mothers often cited lack of time for child supervision as a central reason for being outside the labour force, stating that they could not possibly juggle paid work with housework and childcare.

Most mothers we interviewed saw child rearing as their primary job even though the welfare department expected them to work for pay. They talked at length about their children's behaviour and health, and the challenges of running a household on a low income. Many mothers said their children were more important to them than any paid job: "When you're a solo mum...your children are paramount" and "My children come first. I'm not accountable to any government. I'm accountable to my children." This strong sense of responsibility was accompanied by a fear of being accused - as one woman said - of "abandoning my babies." Many mothers were conscious that the law requires children under fourteen years to be supervised, and some worried that child welfare officials would take away their children if they appeared to be "neglected."

We should be aware that average family size in New Zealand is larger than in Canada, especially among Maori and Pacific Islands peoples, who often live in extended families and have cultural obligations to relatives. In 1997, the total fertility rate was 2.0 children per woman in New Zealand compared to 1.6 in Canada (Baker 2001b, 19). This suggests that these mothers might have more time-consuming domestic responsibilities than Canadian mothers with smaller families. Also, the level of household technology seems to be lower and fewer New Zealand homes appear to have labour-saving devices.

Stressful Work: Paid and Unpaid

In our interviews, lone mothers reported that raising children is already a challenging job but the requirement to find employment raised their stress levels. They felt that lone mothers were disadvantaged in the competitive job market and some disguised their welfare and marital status during job interviews and pretended they had no childcare problems.

A Maori mother of four, living in Northland, previously worked as a used furniture dealer but she "stopped stripping (furniture) because of the fumes and what it was doing to me." She now has cancer. A Pacific Islands mother from (low income) South Auckland told us about the difficult work-related experiences that encouraged her to return to social benefits:

> I was working full time. I did that for 4 years but [had] to go back on the DPB. I

> started being harassed. [My supervisor] would give me all the dirty jobs and my life became a misery working there in the end. I started getting sick because I started stressing out. They [social welfare] have offered me a cleaning job and I don't want to go back to cleaning because I have done it for years. They offered me work...where you get pooled on a casual basis. You might be working on the roads and I don't want to do that. I have done all that hard labour.

Childcare problems provided considerable work-related stress for many mothers. A North Shore *Pakeha* mother with one son was on the DPB for most of seven years, with one year of working full time. She focused on her experiences during that one year:

> It was really stressful working full time. Childcare was horrific...just a joke. (My son) was in childcare after school. It was $50 a week and (the welfare department) paid $10. My job used to keep me behind so at one of the childcare places I used, I was charged $10 each time I was late because I had to pick him up by a certain time. It was school holidays which was the crippler. I have no family in Auckland so school holidays were $120 a week for childcare and (the welfare department) paid maximum $20 and I paid $100. They only look after them until 3 pm so I would have to leave work, pick him up and take him back to work.

Other women felt that they would be no richer if they worked for pay rather than accepting social assistance, and leaving their children unsupervised would be too risky. A North Shore mother with three children has been on the DPB on and off for ten years but is currently on an exemption for sickness. She commented: "I think the policy of trying to get you out working when your children are teenagers is absolutely ridiculous because your children are left to their own devices. They have friends over, parties, and drugs because they haven't got any supervision."

There is a sense among these mothers that they needed to be vigilant and watchful, and that their children required their supervision at all ages to prevent them from "getting into trouble." Some were concerned that "strangers" or "bad people" in their communities were a threat to their children before and after school. Many lived in high-crime areas and their views might have been justifiable, but these concerns make any attempt to combine paid and unpaid work more complex and stressful.

Lower Social Support

Sole responsibility for the daily care of their children presented a burden for the mothers in our study. Some explicitly stated that no one was as qualified as they were to care for their child. A *Pakeha* mother of two, living on the North Shore, told the interviewer: "Trying to get the babysitters was the hardest because I didn't want my mum to mind them all the time and I was very 'funny' about who minds them. To me, it is my job to do that so that puts the working until later."

Others simply noted that there was no one else to rely on. Another mother of three from the North Shore, who worked three days a week, said: "Being a full-time parent and totally career orientated is fine if you have a supportive partner to help out. When you have to do everything full time, I don't think I will consider (working full time) until they are all at college, if I can get by."

A lone mother who was at university and raising three children talked about the stress involved without a partner to share the load: "When you don't have an ex-husband helping you out and you don't have a family around, it's just about impossible really to do it and do it well, you know, being able to cope without stress."

Lack of formal social support was also a problem. As in Canada, New Zealand focuses childcare support on low-income families but subsidies are granted to parents rather than providers, pay a fraction of the cost, and at the time of the study covered only part-time work. Unlike Canada, no tax deductions for childcare are available for employed middle-income parents (Baker 2001a). The comparative study by Bradshaw et al (1996) found that childcare costs in New

Zealand and Britain were among the highest of Organization for Economic Co-operation and Development (OECD) countries.

Many of the mothers in our study could not afford to pay for childcare. Some reluctantly left their children unsupervised before and after school, but were concerned about accusations of child neglect. Others relied on care by their mothers, sisters or neighbours but these arrangements usually depended on reciprocity. A Maori mother in rural Northland talked about the problems of relying on relatives for childcare. She was working part time, without telling the welfare office. Her sister-in-law and brother helped care for her son but she was concerned about her inability to pay them:

> It's hard to be working when ... and having someone look after him after school and wanting to give the people something out of your piddly wage, you know what I mean? It's sort of like you have to give them something because they enable you to work, sort of thing, eh, you know? ... During the winter, I had my sister-in-law and brother but that was a strain on them to have an extra child in the house every day, you know, all screaming and carrying on. Yeah.

Some women also mentioned that their case managers encouraged them to enrol in employment-related courses but reliable childcare was unavailable while they were studying. One *Pakeha* woman with two children expressed it like this: "I don't have any child care support at all and because we live out here [in a rural-urban fringe area], then I have no school holiday childcare or after school care. I feel it would be difficult for me to work"

Child health problems also posed a large problem for mothers expected to hold a job. Another *Pakeha* woman explained her dilemmas in finding work when her child had chronic health problems:

> I hadn't worked since just before [my son] was born. I wasn't able to work afterwards because he was sick [with asthma, allergies, a heart problem and now behavioural problems]. The main reason I can't get back into the workforce now is I have a child who, when he is sick, I have to stay home. During the school holidays I have to stay home, as there is nobody to look after him. He has nobody but me.

Some mothers felt that it would be irresponsible to leave their children with a "stranger." A Northland Maori mother, on the DPB for only eighteen months, commented about childcare for her 7-year-old son:

> He was in full-time daycare from seven weeks old when we were living in Auckland. I hated it. I loved work but I hated that my boy, you know, had to go and stay with strangers. It would have been so much nicer if, you know, you had family - you feel safer....Up here (in Northland) it's different because it's a smaller community and you've got a chance to know the people you're leaving them with.

Care by relatives was preferred but this was not always available, especially among immigrants or those without family nearby. A North Shore mother with one son, who has been on the DPB for seven years, said: "To me, my number one job is a mother and I don't care what anyone says. If I legally don't have to work until he is 14, then I won't He doesn't have a dad or grandparents, and it's only me and him."

Particularly those previously experiencing sexual abuse were wary of babysitters, as one mother with four children said: "Could you leave a child at five with people you...you hardly know and you don't know what's going to happen? Yeah, not with my background. I'm really iffy where I leave my children. You know, very careful, very...very, very careful."

Another Maori mother from Northland, who had been on the DPB for ten years, said that mothers should be allowed to care for their children at home. She felt that the welfare office should be going after fathers for support:

> ...go and find those fathers and those brothers and whatever, and get them out to work. We women should be at home for our children unless you've got a nice

> working Dad - I mean a nice "home Dad" that can do it - fine. But otherwise don't send us off to work too early. I mean they say, okay go and get a job when your child's seven. Okay, fair enough, part-time, but there's no way in hell I'm going for full-time until I know my kids are settled.

CONCLUSION

Many jurisdictions expect lone mothers to work for pay when their children are young but considerable research suggests that the transition to paid work is difficult for those with poor job skills and inadequate childcare. Justifiably, lone mothers are unwilling to leave their children with unreliable caregivers or even with neighbours or relatives unless they can reciprocate. In addition, many of these women have recently separated from fractious relationships and some continue to deal with emotional stress, children's behavioural problems, and ongoing disputes with former partners. Furthermore, about one third reported health problems, either for themselves or their children, which interfered with finding and holding a job.

Not surprisingly, some of the women we interviewed thought that mothering at home full time was far more important than any paid job, and claimed to have insufficient time, energy and social support to move from welfare to work. Those already employed or studying often felt pressed for time and very stressed, which encouraged physical illness and emotional breakdowns. Others had started work but quit because they could not fulfill their maternal responsibilities as they saw them. Their jobs seldom offered paid sick leave and they had insufficient money to visit doctors, fill prescriptions, or use preventive health care. Consequently, they accrued debts to pharmacists or doctors, postponed medical treatment, and relied more than they should on emergency services.

Lone mothers clearly need institutional supports to make a successful transition from mothering at home to self-sufficiency through paid employment. These supports, including job training and further education, affordable childcare, paid sick leave, family leave, and affordable health and counselling services, might help relieve the stress they report from their heavy responsibilities of trying to earn money while caring for their children alone.

Parenting on a meagre income is clearly challenging, especially without a partner or affordable childcare. The lone mothers in our study typically felt that being a "good mother" required constant supervision of their children. They believed that paid work brought poor financial returns and left them with a myriad of household problems and childcare dilemmas, especially during school holidays or when the children were sick. All three factors of time poverty, stressful work, and lack of social support seem to impede ineffective coping mechanisms and encourage poor health. Admittedly, our sample was non-random, over-represented Maori and Pacific women, and focused only on the North Island of New Zealand. Nevertheless, the concerns of these lone mothers were not atypical compared to the findings of Canadian, British, Australian, and American studies.

When policy makers reform social assistance programs, they need to reconsider the interaction among lone parenthood, poor health, childcare problems, and the ability to find and retain a job. Caring for children on a very low budget with little assistance demands emotional strength, parenting skills, and considerable time. Furthermore, living in low-income and dangerous neighbourhoods augments parental concerns about child safety. Expecting lone mothers to become wage earners as well as care providers under these conditions often increases their stress and promotes poor family health.

REFERENCES

Baker, Maureen. "Child Care Policy and Family Policy: Cross-National Examples of Integration and Inconsistency," *Our Children's Future: Child Care Policy in Canada*, G. Cleveland and M. Krashinsky, eds. Toronto: University of Toronto Press, 2001a., pp. 275-95.

_____. *Families, Labour and Love: Family Diversity in a Changing World*. Vancouver: UBC Press and Sydney: Allen and Unwin, 2001b.

_____. "Child Poverty, Maternal Health and Social Benefits," *Current Sociology* 50.6 (2002a.): 827-42.

_____. "Poor Health, Lone Mothers and Welfare Reform: Competing Visions of Employability," *Women's Health and Urban Life* (December 2002)b.

_____ and David Tippin. Poverty, *Social Assistance and the Employability of Mothers: Restructuring Welfare States*. Toronto: University of Toronto Press, 1999.

_____. "More Than Just Another Obstacle: Health, Domestic Purposes Beneficiaries, and The Transition to Paid Work," *Social Policy Journal of New Zealand*, 21 (2004).

Bashevkin, Sylvia. *Welfare Hot Buttons: Women, Work, and Social Policy Reform*. Toronto: University of Toronto Press, 2002a.

_____, ed. *Women's Work is Never Done: Comparative Studies in Care-Giving, Employment, and Social Policy Reform*. New York: Routledge, 2002b.

Bradshaw, Jonathan, Steven Kennedy, Majella Kilkey, Sandra Hutton, Anne Corden, Tony Eardley, Hilary Holmes and Joanne Neale. *Policy and Employment of Lone Parents in 20 Countries. The UE Report.* Brussels: Commission of European Communities, 1996.

Cancian, M., R. Haveman, T. Kaplan, D. Meyer and B. Wolfe. "Work, Earnings and Well-being after Welfare: What Do We Do?" *Economic Conditions and Welfare Reform: What are the Early Lessons?* S. Danziger, ed. Kalamazoo, MI: Upjohn Institute, 1999.

Cook, Kay, Kim Raine and Deanna Williamson. "The Health Implications of Working for Welfare Benefits: The Experiences of Single Mothers in Alberta, Canada," *Health Promotion Journal of Australia* 11.1 (2001): 20-26.

Curtis, Lori J. "Lone Motherhood and Health Status," *Canadian Public Policy* XXVII.3 (2001): 335-56.

Doherty, Gillian, Martha Friendly, and Mab Oloman. *Women's Support, Women's Work: Child Care in an Era of Deficit Reduction, Devolution, Downsizing and Deregulation*. Ottawa: Status of Women Canada, 1998.

Dorsett, Richard and Alan Marsh. *The Health Trap: Poverty, Smoking and Lone Parenthood*. London: Policy Studies Institute, 1998.

DWI (Department of Work and Income, New Zealand). *Domestic Purposes and Widows Benefit: For Sole Parents and Widows*. (Information Booklet). Wellington. April, 2000.

Edin, Kathryn and Laura Lein. *Making Ends Meet: How Single Mothers Survive Welfare and Low-Wage Work*. New York: Russell Sage Foundation, 1997.

Esping-Andersen, Gøsta. *The Three Worlds of Welfare Capitalism*. Cambridge: Polity Press, 1990.

Freiler, Christa and Judy Cerny. *Benefiting Canada's Children: Perspectives on Gender and Social Responsibility*. Ottawa: Status of Women Canada, 1998.

Harris, K M. "Life After Welfare: Women, Work and Repeat Dependency," *American Sociological Review* 61 (1996): 407-26.

Hobcraft, John and Kathleen Kiernan. "Childhood Poverty, Early Motherhood and Adult Social Exclusion," *British Journal of Sociology* 52.3 (2001): 495-517.

Millar, Jane and Karen Rowlingson, eds. *Lone Parents, Employment and Social Policy: Cross-National Comparisons*. Bristol: The Policy Press, 2001.

Mink, Gwendolyn. *Welfare's End.* Ithaca, NY: Cornell University Press, 1998.

_____. "Violating Women: Rights Abuses in the American Welfare Police State," *Women's Work Is Never Done*, Sylvia Bashevkin, ed. New York: Routledge, 2002, pp. 141-64.

O'Connor, Julia S., Ann Shola Orloff, and Sheila Shaver. *States, Markets, Families: Gender, Liberalism and Social Policy in Australia, Canada, Great Britain and the United States*. Cambridge: Cambridge University Press, 1999.

Pryor, Jan and Bryan Rodgers. *Children in Changing Families. Life After Parental Separation*. Oxford: Blackwell Publishers, 2001.

Roberts, Helen. "Children, Inequalities and Health," *British Medical Journal* 314.7087 (April 12, 1997): 1122 (4).

Ross, David, K. Scott and M. Kelly. *Child Poverty: What are the Consequences?* Ottawa: Canadian Council on Social Development, 1996.

Sarfati, Diana and Kate Scott. "The Health of Lone Mothers in New Zealand," *The New Zealand Medical Journal* 114.1133 (2001): 257-60.

Tippin, David and Maureen Baker. "Managing the Health of the Poor: Contradictions in Welfare-to-Work Programs," *Just Policy*, Forthcoming.

Vosko, Leah. *Temporary Work. The Gendered Rise of a Precarious Employment Relationship*. Toronto: University of Toronto Press, 2000.

_____. "Mandatory 'Marriage' or Obligatory Waged Work: Social Assistance and Single Mothers in Wisconsin and Ontario," *Women's Work is Never Done: Comparative Studies in Care-Giving, Employment, and Social Policy Reform*, S. Bashevkin, ed. New York: Routledge, 2002, pp. 165-200.

Whitehead, Margaret, Bo Burström and Finn Diderichsen. "Social Policies and the Pathways to Inequalities in Health: A Comparative Analysis of Lone Mothers in Britain and Sweden," *Social Science and Medicine* 50.2 (2000): 255-70.

Wilson, Moira. "The Policy Response to the Employment Task Force and Changing Patterns of Domestic Purposes Benefit Receipt: A Cohort Analysis," *Social Policy Journal of New Zealand* Issue 14 (July 2000): 78-103.