

Rethinking Care: a critical analysis of family policies and the negotiation of dependency.

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Debates concerning the organisation of care are now firmly on the public agenda, most obviously through ongoing controversy over the tensions between the demands of the labour market and those of the household. Recent social and political changes have important implications for the family's, especially women's, capacity and preparedness to provide the care that is essential to human wellbeing and social life. In what is variously referred to as the 'new economy' or the 'new capitalism', and accompanying 'post-welfare' state, a major shift in social policy has been premised on the superiority of the social relations characteristic of the market. Yet as leading feminist theorists have pointed out for years (Waring 1988, Fraser, 1997, Kittay 1999, Folbre 2004, Fineman 2004), both economy and state are not only enmeshed with each other but each is highly dependent on the unpaid household and caring labour largely undertaken by women in families and communities.

This paper draws on concepts of care ethics as concerned with social conditions that support human flourishing and collective responsibility for human dependency. It uses these to consider recent directions in Australian family policy as they developed particularly under the Howard Government, arguing that in spite of attempts at gender-neutral language, deeply gendered constructions of the 'ideal worker' and carer have remained. The paper explores how these are embedded in the general policy assumption concerning the exercise of rational 'choice' within family households as the optimal strategy used to manage caring and labour market demands. It then turns to evidence of women's actual experience of the transition from status as paid workers to being economically-dependent as mothers. For the many women living within family forms that still structure dependency and domestic labour on gendered lines, the organisation of the family is hardly about rational 'choice'. Rather, they struggle to manage a contradictory context in which contemporary expectations of gender equality are at odds with lived gendered realities, contributing to a disjuncture in their sense of self which impacts on their adult relationships and capacity to care for dependent children. We argue that gender-equitable and effective family policies cannot be based on equality assumptions predicated on ideals of sex/gender 'sameness' and individual autonomy but must take more account of the social requirements of caregiving and dependency.

Conceptualising care

In the last twenty years the concept of care has become central to many areas of debate over the ethics of public policy and social life in general. As Beasley and Bacchi (2005:49) point out, care is on the intellectual and political agenda across a wide range of fields, emerging as 'an important site for re-imagining embodiment, self, community and collective/democratic participation.' And Virginia Held says care ethics offer 'a radical ethic calling for a profound restructuring of society' (Held 2006). Held argues persuasively, as do others, that care is the most fundamental social value because without

it humans cannot survive, let alone develop, or, to use Groenhout's (2003) term 'flourish'. Although earlier care ethics theorists like Gilligan have been criticised for being insufficiently attentive to questions of politics and justice (Beasley and Bacchi 2005), later theorists such as Koehn (1998) Held (2006), Groenhout (2004) Sevenhuijsen (1998), and Held (2006), have pointed to the importance of an ethic of care for analysis of social structures (Tronto (1993). State policies and actual social practices can be assessed in terms of equity and contributions to embodied well-being, and Bowden (2003) points out that, while relationships of caring are what makes social life possible, not all caring can be equally valorized—some can even be detrimental, based on disrespect, manipulation and control of one or other party.

These debates on thinking about care then, also raise questions of gender equity associated with the management of human dependency. Groenhart for instance makes the seemingly obvious points that 'humans need care at many different points in their lives, but those needs become particularly acute at certain predictable times' (Groenhart 2003:46), and that we can measure and make judgements about the ways in which society responds. Care is better seen not as abstract principles of individual altruism, it is argued, but should be considered primarily in terms of collective, social practices of caring—that which is done by people for each other, as citizens in public life as well as in private or personal settings (Bowden 1997:12; Beasley and Bacchi 2005). As responsibility for managing human dependency needs has been disproportionately assigned to women, questions of power and gender inequality are central to both conceptual and political analysis. Many feminist theorists have argued over the years that the social structuring of the traditional nuclear family not only assumes separation of public and private life, but privileges a seemingly autonomous adult as the 'ideal worker' and devalues the essential labour of care done within households or in low-paid sectors of the labour market (Waring 1988, Walby 1988, Acker 1990, Fraser 1994, Folbre 2002; Williams 2003). Carol Pateman (1988) for instance argued in her landmark text on the public-private divide, that our inherited understandings are inadequate because they leave out the relations of reproduction from political consideration, effectively distorting, or blocking women from access to justice, equality and full-citizenship rights. The relationship between gender equity and human dependency has been clearly articulated in the work of Kittay (1999, 2002) and of Fineman (2004). Kittay highlights the contradictory nature of a society that purports to promote equity, while at the same time upholding a gendered institution of marriage and familial relations that inevitably economically disadvantages women as primary care givers making them mostly financially dependent on the good will of a male provider. As Fineman like many others points out, this contradiction also reflects the very notion of the citizen as a worker motivated by rational self-interest in the market but one whose everyday physical and emotional needs are serviced by others, notably women. In spite of Liberalism's stress on individual autonomy, the current western state remains reliant for the collective good on the family, a social unit characterised by interdependency, emotions and mutual obligation, and also by deeply gendered inequities.

This critical thinking about the relationship between care, dependency and inequality is especially salient to considering work-family policies and to understanding women's experiences of transition from 'worker' to 'mother' in structural conditions of gender inequality and 'derived dependency' on a partner (Kittay 1999: 42. The contradictions between the norms of the market and of the family were for many years managed through the 'breadwinner family model' (Fraser 1997), and discouraging women from labour

market work on the grounds of their sexual difference, They were then brought into the workforce on the pretence of 'sameness' to men, in a 'universal worker model'. This conceptual device provided the basis for equal pay claims but managed to deal with reproduction at first only as 'disability' (Bacchi 198?). The tensions between an assumption (or pretence) of gender neutrality and political preference for women to remain 'different' as childbearers and homemakers has been played out very clearly in the Howard government's family policies. Recent announcements on parental and carers' leave signal that the new Rudd government is moving towards a gender equity policy framework that takes account of physical difference and social caring responsibilities. It is too early to tell yet though if it can really move Australian work-family policy towards what Fraser (1994) has termed the 'caregiver parity' rather than universal worker model, let alone to a fully gender equitable 'universal caregiver' one which encourages men to take their share of caring responsibilities. The ideological mechanism of the last decade, that of rational 'choice' as the basis of women's and men's decisions about juggling (hardly 'balancing') family and paid work, might not yet be out of favour in spite of its limitations.

'Choice' as a policy mantra

The practice of individual mothers and households in any work/care regime is both a product of the dominant values and institutions and changes them over time (Pocock 2005: 122). The Labor Party's social policy reforms, up to the election of 1996 had reflected the impact of the women's movement to the extent that they recognised and facilitated women's transition into the workforce through social wage adjustments to incomes of families with children (Mitchell 1999). Critical analysts like Mitchell (1999) and Shaver (1995) noted a shift during the 1990's from the traditional policy concept of dependent spouse towards women as independent carers or wage earners. This implicitly meant that, to the extent that women should be seen in policy terms as entitled to parity with men in the labour market, they would be deemed to be the 'same' as men rather than having different needs or capacities (Bacchi 1989). While recognizing that real gender equity, which acknowledges difference, still had a long way to go, Hancock (2002:130) argues that 'Labor policy did at least support women's policy aimed at achieving gender equity in the long term'. With a change in government in 1996 to a socially conservative and neo-liberal Liberal-National Coalition, many of the policy shifts began to reflect reversion to a conservative gender contract constructing women as carers and men as breadwinners (Summers 2003; Mitchell 1999). Embedded within the work and family policies of the Howard Government, with its strong orientation to the private market rather than public provision, was lingering confusion over the role of women. Were they workers, were they carers, is it possible to be both? We argue here that this uncertainty was managed by a somewhat contradictory neoliberal discourse of facilitating rational 'choice' of work/family arrangements.

Support for the family as the centre of Australia's life as a nation was proudly proclaimed as a consistent goal of the Howard Government (Howard 2005). On regaining leadership in 1996, Howard reiterated his views on the importance of families and his election promise was to address the difficulties facing families seeking to integrate their paid work with family care and responsibilities. In order to solve this issue the discourse of 'choice' was introduced in the Coalition's electoral pitch: '...more choice for families, more choice in industrial relations, more choice in education, more choice in child care...' (Howard 1996). Yet the apparent confusion within the Howard Government as to how women should be conceptualized and which 'choices' should be supported is reflected

clearly in the politics of the Baby Bonus and its replacement, the *Maternity Payment*. Faced with declining fertility rates, the Government saw an increased birth rate as crucial to the prosperity of the nation. The support for ‘choice’ was thus linked to pronatalism in an attempt by the government to support homemakers and mothers as the preferred vocation for women. The centerpiece of the Howard Government’s support for families became the construction and extension of family and maternity payments. The recommendations for a national paid maternity leave scheme presented by the Human Rights and Equal Opportunity Commission’s in the carefully researched discussion paper, *Valuing Parenthood: Options for Paid Maternity Leave*, were rejected by the Government: instead, the *2002 Budget* included a new cash payment called the *Baby Bonus*. In 2004 the *Baby Bonus* was replaced with the *Maternity Payment* (Australian Government 2004) which provided \$3,000 for each new born child, an amount increased to \$4,000 in July 2006 and planned to be \$5,000 in July 2008. The *Baby Bonus/Maternity payment* was an intricate policy designed to assist women who left the workforce on the birth of a child but the maximum amount was only paid to women who stayed out of the workforce for the full five years. Entitlement for those who ‘chose’ to return to work would be reduced in proportion according to the income earned.

By contrast, other measures were less supportive of women’s ‘choice’ to prioritise family over market work. Budget reports and papers told a glowing story of the priority being given to providing the support to families with children and to recognizing the work of carers. Lack of support for single mothers, and the imposition of distinctly a family-unfriendly WorkChoices industrial relations policy told another story however (WISER 2006; Cowling 2006; Pocock 2007). Moving single mothers from welfare to work was a clear policy goal articulated as part of the emphasis on mutual obligation and work tests for welfare recipients. From July 2006, sole parents, mostly women, were required to search for or undertake a minimum of fifteen hours work per week once their youngest child turns six. Furthermore, they were also required to move from *Parenting Payment* (a support payment designed for low-income and sole parents) to *Newstart*, an employment-readiness measure with a basic level of income support and less additional earning capacity than *Parenting Payment* (Harding et al. 2005: 17). For mothers trying to care for their children and undertake paid work, these policy shifts placed them in a highly contradictory situation, living out a tension between the two objectives of employment and good parenting. While the move to a ‘gender neutral’, labour-market oriented policy that neglected sole mothers’ caring load was a complex policy move not peculiar to the Howard government (Shaver 1995), it stood in stark contrast to the Government’s strong ideological support for ‘women at home’. As Summers and other feminists commented, clearly not all ‘families’ nor all ‘choices’ were equal.

The Howard Government’s family policies were presented as measures to assist Australian families to manage the ‘barbeque-stopper’ of ‘balancing’ both work and family/care responsibilities. In effect, in spite of the worthy efforts of the Human Rights and Equal Opportunities Commission’s work (Goward 2005), rather than enhancing options for Australian families, both social and economic policy narrowed them. Although they cannot be discussed here, analysis of the tax system, leave entitlements, childcare benefits, Australian Workplace Agreements and pay conditions as well as part-time employment points to a confusion between the Government’s familist ideology and its workplace and economic policies. In juggling his policy agendas, Prime Minister Howard became an enthusiast of the work of UK sociologist, Catherine Hakim (2000)—sending a social policy advisor to London to find out more about her research on

women's 'lifestyle preferences'. Hakim argues that women are not homogenous but should be seen as including distinct groups who 'choose' between three different work/family lifestyles. According to Hakim, a minority of women are work-centered, giving priority to their employment. The majority is part of what Hakim (2000) refers to as the 'adaptive' group, those who prefer to structure their work around their family responsibilities, while a small proportion of 'home-centered' women prefer to prioritise their family over work. In 2003, Hakim spent a number of weeks in Australia, including being feted in Canberra. During her stay, she argued that in order to increase fertility the Government '...should focus ... on policies to support home-centered women, who have the highest fertility rates and can most easily, be persuaded to increase their family size' (Hakim 2003). As in the UK, Hakim remains a controversial figure amongst Australian academics and policy bureaucrats, many of whom argue on good evidence that her categorisation of women does not deal with the messiness of real women's lives and competing priorities. The discourse of choice as used by the Howard Government indirectly favoured single income families—with the exception of single mothers who are expected to participate in the paid workforce the 'same' as men—and showed no commitment to gender equity within families or society. In a context of an '24/7' expanding economy and increasingly unregulated labour market demands, the policy emphasis on certain constructions of 'choice' ignored complex patterns of resource distribution and power between women and men in family households, effectively reducing any real possibilities of equitable options of balancing care demands with economic participation.

Transitions to parenthood: intersections of choice, identity and dependency

The women most in the sights of policy-makers have clearly been those having children. It is in considering the processes associated with the transition to parenthood that the 'choice' discourse most starkly reveals its limitations. As women are having children later, as well as fewer of them, when many have their first child they bring with them educational achievements and substantial workplace and life-course experience. As they now live in a world premised, at least formally, on gender equity, the realities of caring for young children in a nuclear family context raise major contradictions. As a Report on research by the European Economic Union on such *Transitions* noted, 'A frequently recurring theme ... is the ways in which gender shapes parenthood and makes motherhood different from fatherhood both in everyday family life and in the workplace. The transition to parenthood appears to be a critical 'tipping point' on the road to gender equity.' (Nilsen & Brannen: 2005) The term Transition to Parenthood (TtoP) then has come to represent a range of adjustments that both men and women negotiate, particularly when they become first time parents. Numerous studies link the experience of the TtoP to the larger social system which reflects conceptual and policy tensions between care/dependency and equity. The TtoP commonly occurs within families in which the central couple relationship is enmeshed in a social and economic system still built on an assumption of the male-breadwinner model (Williams 2003, Folbre 2004). The TtoP brings significant changes for both parents, producing 'a critical life stage' often experienced as overwhelming. Although a substantial proportion of couples set out to achieve a form of gender equity, or egalitarian arrangements, after the birth of a child, in they are often unable to do so in spite of stated intentions. There is ample evidence of a return to what is termed 'traditional' gender roles once a baby is born, not only in the early months of infant care when women's embodied connection to their babies makes them aware of sexed differences. The vast majority of women take on not just breastfeeding, but a greater load of the household and general childcare duties, even if

they are also then working full-time, and men often work longer hours so as to provide financially for their families and (Pocock 2003; Maushart, 2001; Bittman). As this dynamic is evident even for couples who have expressed a belief in equality in the home, it seems that in the absence of adequate financial support for those doing the work of caring for dependents, cultural expectations of equity are outstripping the ability of the system to change.

Individuals and/or couples therefore are negotiating on a daily basis as they seek a new, gender-equitable, or egalitarian family form¹. Research into maternal subjectivity shows that women, the target of much state policy, might indeed make ‘choices’, but this is hardly a clear-cut or entirely rational process. Instead, the sixteen Australian women, whose stories are drawn on here, grappled with questions of personal identity and maternal responsibility, while striving to achieve a form of gender equity within their families. They generally felt compelled to sacrifice economic independence and thus were required to negotiate the ‘derivative dependency’² that the breadwinner model relies on. The research project drew on a qualitative methodology, semi-structured, in-depth interviews with women who gave birth to their first child³ in 2004/5.⁴ The interviews provided the opportunity to talk about the first two years of mothering—the meanings, experiences, aspirations and practices. Issues around identity, adjustment, and their relationships, which emerged, indicate that the disjuncture between expectations and experience is deeply felt, on a personal, emotional level. In response to a question about the impact of the baby on your life, in terms of personal adjustment, and your identity, Marina responded “*Oh it’s gone out the window I just didn’t know ... It is new – it’s like you’re sort of reborn in a way, and you are partly this new person.*” (4) Asked to rank out of ten the differences between her expectations and her experience in the adjusting to motherhood, Barbara laughingly said “*Oh 10, can I go higher? 10 Plus – it’s huge – and I think anyone that says otherwise is just kidding themselves.*” (5) Apart from managing the sheer level of work, it also involved managing a new self. For example, Hilary had expected to return to work⁵ but found that it was simply too hard, raising questions around her new identity:

I did go back to my job when baby was born, very briefly, and I hated it. I really did. Yes, you lose the job, and I think you lose the ability of contributing financially to the family. So, yes, you’ve suddenly lost that status and that feeling that you are helping and instead you are left with a 24 hour job that is absolutely exhausting (laughing) and you don’t get any sleep and you’re completely lost and don’t know how to do it (5) ... I think this is probably the hardest part about it, trying to work out, well, who are you? (12)

¹ Issues that could well be overcome within a sympathetic policy framework.

² Eva Kittay used this term to denote the dependency of the care worker under current ideologies that inform family policy and practice.

³ Within that two to three year period twelve (?) of the interviewees had given birth to one, or in some cases, two more children.

⁴ The project was approved by the Human Ethics Committee of the Australian National University. (Plus an overview of the background of the participants – I’ll send this tomorrow).

⁵ Hilary had been an Archaeologist before becoming a mother. The work was fulfilling and had a certain status. She left this behind willingly because, as she said, the requirements of the job were incompatible with being a mother. This is a theme that came through with many of the interviewees, they were seriously renegotiating their workplace attachments, even though they had been in stimulating and satisfying jobs before the birth.)

All but one of the research participants had included the prospect of having children in their life plans. The birth therefore, marked a goal in life, a personal achievement. This finding may well, in itself, mark a significant difference between women and men. The commitment to her child, or children, also came across strongly in the vast majority of the interviews. Many of the women spoke about their mothering in terms of the similarities and/or the differences with their own mother. Renegotiating the couple relationship is also a fundamental task in transition to parenting, and for these women, it meant struggling with letting some of their old selves go. They missed time as a couple, but also as they became more financially dependent on their partners, they sought to feel they were still an economic contributor. It was not easy though, and their ambivalence is clear:

“ ... he’s supportive of my role as a mother, like, the stay at home mum, but when we have arguments ... that can be, not even a big issue, but he can, sort of, say, well you stay home. I work so you can stay home all day and I do feel a bit like I should be making some money but at the same time we’re both aware that, the work that I do at home and the importance of it, if you know what I mean . . . Its not like you’re not working is it, or contributing... like, you are making a huge contribution but I think, again, in terms of the culture we live in, because its not counted as work, what you’re doing, even though it is work, it can slide into that thing, well, you’re just at home with the kids, like, that’s not doing anything ... He does see it as a job, but at the same time he’s the one with the money ...”. (Lesley 16)

“I try to give up [doing work online at home] – I mean – in my heart I know that it’s important to just be a mum, but in practice, it’s like, I am doing it to give money to my house - I don’t feel like I’m doing enough. So I’m in a lot of activities, a lot of things for a little bit of money.” (Renee 16)

The context in which the negotiation of identity and relationships take place then includes both emotional dynamics and social expectations. There are clearly links between the current ‘good mother’ discourse that includes a naturalization of the care of infants and children and a disjuncture experienced by many women between a pre-and-post baby sense of self. Many were troubled by the low status that motherhood brought:

“ ... now that I’m in the position I think it’s an extremely important job. I don’t think society, in general, puts as much importance on it as I think should be put on it and I see, society in general, think that having a baby is just a thing that happens and it shouldn’t interrupt your life. The exact same thought that I had ... before I ... even thought of having a baby. But, I can see with having the kids around that it really is fundamental to society to have a parent, but probably more predominantly the mother... I think that mothers feel that bond with their kids in a stronger emotional way, than the men do.” (Anne 9)

The ambivalence expressed here are indicative of the processes of change at work in the everyday meanings and practices associated with both mothering and family functioning. Even though many of the interviewees struggled with contradictory feelings regarding their sense of self, their work contribution, and their relationships, there was no indication that the women were ambivalent about their children. Often bemused by their own contradictory feelings, they expressed their surprise sometimes at the depth of feeling the children evoked in them—their increased unselfishness, their willingness to put the needs

of the child, or family, before their own and a keen interest in the best interest of their children; that they might become good people. How can it be that the achievement of their life long plan to have children can bring forth unexpected and often difficult consequences? When a woman becomes a first time mother she is confronted with the most entrenched aspect of our patriarchal history, the relegation of dependency to the privatized family unit. This takes her to the heart of the feminist debate between equity and difference. Is gender equity possible? Is gender equity desirable within families? And what public policy responses are appropriate?

Conclusions

The family, as a social unit, has proven difficult to access and analyse, let alone to shape effective policies for, ones that will support the fundamental human needs which it serves. For decades feminists have drawn attention to the interconnections between the so-called public and private realms, often encountering difficulties in conceptualising the links. This paper has argued for improved understanding of the assumptions built not only into policy, but also evident in the practice of negotiating identity and relationships. It drew on conceptual debates that suggest that caring for the vulnerable and dependent is essential to overall human well-being or flourishing, and supporting it thus has to be central to good social policy. While we are all interdependent, our levels of need for care, our vulnerability, varies across the life course and in relation to health and social circumstances. Yet this is undermined by the fundamental premise of western notions of citizenship, based as they are on autonomous, implicitly male individuals making free choices about selling their labour in the market. Against this, women are ‘different’, located in the private not public sphere, where they are allocated the responsibility for undertaking care of the vulnerable, but not seriously valued nor financially supported for doing it. This set of arrangements—described variously as a social settlement, social contract or ‘work/care’ regime’—makes real gender *equity* highly problematic. As Acker (1990) and Fraser (1997) argued years ago, and Williams (2003), Folbre (2004) and Fineman (2004) more recently, this ‘ideal citizen/worker’ who remains a man, has his dependency needs actually taken care of by others, usually by a woman in the context of the family. Nonetheless, the male breadwinner, or single earner, model of employment has declined in the latter part of the twentieth century, contributing to changes to relations between the workplace and the family.

In recent years, we have also argued, Australian family policy has been highly contradictory in responding to such developments. To manage the tension between valorising market work yet promoting a traditional gendered family model, the Howard Government relied on ideas of women’s ‘lifestyle preferences’ to cater for different ways of negotiating work and family demands. This extended in effect the market notions of rational choice to private sphere decision-making. The reality is more complex, but also reflects tensions between autonomy/rationality and emotional and embodied needs and dependency. What is suggested by the research evidence reported here is that women, having accepted the contemporary social expectations of gender equality—couched as they tend to be largely in terms of the ideal worker/citizen—bring to the transition to parenthood assumptions about their own autonomy and about equitable gender sharing of family work. The lived reality of ‘derivative dependency’ and managing family workloads subsequent to the birth of the first child therefore can bring the contradictions to the fore, even as it also offers the potentialities inherent with a new life and new adult identities. Women, and their partners, struggle to negotiate the contradictory tensions within themselves, their relationships, and within society. Limited measures like the

Maternity Payment left caring both disproportionately ‘women’s work’ and undervalued. Recent moves towards nationally funded maternity leave and increasing carers’ leave are desirable steps towards a ‘universal caregiver’ policy model (Fraser 1997). They need to be part of a consistent policy framework—a new public ethic of care—which remedies existing disjunctures between policy and practice and supports the emotional and physical carework of families.

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