

**The capabilities of women: towards an
alternative model of 'responsibility' in
supporting families and children**

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**Refereed paper presented to the
Australian Political Studies Association Conference
University of Adelaide
29 September - 1 October 2004**

Introduction¹

In a culture in which the self-reliant individual moving 'up the ladder' has the highest social value, what is the place of the work of raising children? Within this primarily market-driven ideology people are conceived of as rational, autonomous individuals, yet it is recognised that children need to grow up within relationships of care and development. For their primary carers, mainly mothers, embedded within these relationships of care, autonomous individualism is not their primary experience, especially so when children are young. Yet answers to the question of "what is helpful in enabling primary carers to protect and support families and children?" are most often articulated within an individualistic context that ignores or devalues mothers' relationships of care. It is not surprising then to discover that services established to support and protect children and families can be problematic, contradictory and unhelpful for mothers.

A significant problematic and contradictory facet of discourses that influence these services involves the current use of the terms responsibility and dependence. When used in relation to mothers, responsibility generally refers to the perceived failure of some mothers to satisfactorily support and protect their children, and to meet their expected obligations to their children, families and communities. Responsibility is not usually spoken of in positive recognition of mothers' contributions to their families and communities, nor is it used to recognise their coexisting status as individuals in their own right. Similarly, the term dependence is most often used to portray the support needs of solo mothers as a burden on the public purse, both disguising the interdependence of social relations, and denying the legitimate and valuable work of caring for children who are themselves dependent. The effects of these constraining discourses are particularly felt by women mothering in disabling environments.

This paper explores these themes building on research from our two separate doctoral projects. One of us researched the implications for services of "the strengths and needs" of socially disadvantaged families with young children², and the other the experiences of women and children alienated from each other by violence directed against them, and the process of change in services to respond to their alienation. These separate research projects, influenced broadly by critical, participatory and feminist theory approaches, involve the relationships between theory and practice. Our qualitative research is based on individual and group interviews and fieldwork with service providers across a range of agencies and with service recipients who are women with

¹ The authors wish to thank Marion Burns, Dr Margie Ripper and two anonymous referees for comments on earlier versions of this paper.

² Miranda Roe's doctoral project is one component of an Australian Research Council (SPIRT) funded project: *Families at Risk: their strengths, resources, access to services and barriers*. The research partners are Flinders University (Education), University of South Australia (Social Work), SA Department for Human Services (Parenting SA and Research and Evaluation), Women's and Children's Hospital (Public Health Research).
<http://ehlt.flinders.edu.au/education/FamilyNeeds>

mothering responsibilities. These in-depth and open-ended interviews occurred within a small number of services for women, children and families in Adelaide. We each analysed our interview and fieldwork data to uncover a number of themes in women's and service providers' accounts. Although our projects were independent of each other, we discovered some common elements in our work, which we explore in this paper. While our research made us aware of the many problematic practices encountered by families in difficult circumstances, we also became aware of models of service and individual service providers that successfully provide helpful and enabling services to families. We found these within community health and women's health settings in South Australia.

We recognise that the dominant ways in which the problems of mothers and mothering are defined, and who defines them, tends to (re)produce unequal power relations in services for mothers and children. Realising how unhelpful these inequalities are for many women, we deliberately sought in our research project to access the expert knowledge of mothers as well as that of their front line service providers. From our different projects we developed a view of what kinds of service approaches can be helpful for women with children. The practice responses we recommend are ones that both acknowledge the major responsibility that women take in their children's lives and recognise the many other contributing factors to parenting and children's lives.

We struggle to find ways to value the relationships between mothers and their children without suggesting that because of their biological connection, women *should* be the primary carers or are solely responsible for children's well-being. While acknowledging women's contributions to their children, we also recognise that their identities go beyond being mothers, and are multiple, complex and interwoven.

We found that women's experiences of services, and the meanings they make of them, challenge, and in many ways, contradict dominant problem definitions and service models. Interestingly, many of the women's experiences of what is helpful aligns with current policy rhetoric, for example, ideas of partnership, participation, community support, capacity building, and so on. Yet in the women's experience, this rhetoric rarely translates into practice. We are interested in how it is that service policy and provision might espouse principles of social justice and community capacity building, yet in practice undermine these. This paper will explore these contradictions and their implications for services and the mothers and children that use them.

In keeping with our position that it is important to listen to and value women's experiences and perspectives on matters that concern them, we begin our discussion with the voices of the women we interviewed. We do this purposefully to turn on its head the conventional approach that

privileges the professional and academic over the lay voice, a theme that recurs throughout this paper. Having presented women's views about helpful services, we go on to explore these themes in the wider contexts of public policy and service implementation.

'Helpful' services for women with children

From our research, the views of women with young children engaged with service providers as to what they perceived as a 'helpful' relationship can be summarised as comprising three main elements. One is the way a service views women who access its services; the second relates to the ways in which their 'problems' are understood; and the third involves the relationship between the service/service provider and the woman and children. Using these headings we will outline what we found women and service providers experience as helpful services.

The ways women are viewed by services/service providers

According to women and their service-providers, helpful services recognise the capabilities of women and their important role in the care and support of their families. One service provider states, *"I really respect and acknowledge the huge input that they've had with their children before they even come here"* (K). Helpful service providers also understand that there are many constraints within legal, social, economic and family structures that operate against women living their lives in chosen ways. These may manifest as not having enough money to feed their children, low level literacy, not having access to a car, insecure poor quality housing, not speaking English, and having limited access to childcare and other support services. Within this context, it is important to women that service providers understand that the resulting unequal power relations between women and men, the inequitable distribution of parenting and family support responsibilities carried by women and the expectation that women's needs are unimportant and come after children, men and family, are experienced as major difficulties.

"My in-laws work and I don't have family here but I don't like asking friends to take my kids because I can't cope...accessing some respite can be very, very challenging" (K, mother of two primary school age children).

Service providers in helpful services recognise and value the many ways in which women act to support and protect their children in the face of the numerous constraints they encounter, rather than seeing them as 'failures' as mothers. One parenting support worker explains: *"We expect families in a most vulnerable time, ...after you've had a baby is the poorest time in your life. We expect people to do everything with things they don't have, that we have and we couldn't do things without."* (M)

Moreover helpful services regard mothers as individuals, with many complex and interrelated facets, rather than “*just a piece of furniture*” in children’s lives. As a service provider explains:

“ Like you’re a mother, you’re a wife, you’re a lover, you’re a daughter, grand-daughter, teacher’s aide, lawyer, you know you’re all sorts so that parenting is only a little tiny bit...” (N)

A mother of two adult children and a new-born speaks in similar ways of the benefits of her participation in further education:

“I’m a person down there [adult education centre]. Not somebody’s mum and I’m not somebody’s daughter or sister or whatever. I’m me down there, which is very important and something I want to keep going.” (J)

The ways ‘problems’ are viewed by services/service providers

Women’s views of helpful service responses accord with a social view of health, in which health inequalities, social isolation and exclusion, violence and abuse, are seen as social injustices, rather than as products of individual dysfunction or deficit. What individual people think and do are understood within the context of the barriers and possibilities created by social structures and practices. As people are understood to encounter life difficulties rather than cause them, service providers do not become caught up in admonishing women. Their relationship becomes one of partnership to address the external problems and build on the woman’s capacity to deal with them. As a mother of six children under the age of twelve states, “*Between me and [provider] we’ve worked well together.*”

A helpful approach acknowledges that there is no single right way for women to act. In the words of one service provider:

“... my belief is that when a person makes a decision if it doesn't turn out to be the right one, there's not really a problem with that, you can always make another decision, try a different path...there are many different paths that we can take... it is very rare that you can't change paths somewhere down the road.” (A)

In helpful services, the everyday situations of family life are seen as interwoven and constantly changing so the worker takes her direction from the woman, focusing on the woman’s definitions of what is important in her life at that time and for the future. Helpful service providers promote the view that both coping and not coping are expected parts of parenting young children. This suggests that support for parents and children should be provided in a variety of ways. The focus is on the woman’s definition of the problem and a partnership approach to dealing with it. Thus a service provider explains,

"We need to think about where the woman is, what position she's in and what can we do in that space of time to be able to assist her to be wherever she wants to be." (A)

A mother of a four-year-old reports:

"She'd [service provider] always give me suggestions, she would never tell me "do this, do that" because I think I would have rebelled on that, whereas [she] always gave me suggestions to think about and maybe act on, and that was a great help...For me it was that I needed the reassurance that what I was doing was OK and [service provider] gave me that." (P)

Accepting that events in women's lives may not occur in ways providers might expect requires that service providers be willing to relinquish the expectations that go with their position of power and authority. This entails understanding the effects of power and the way that unequal power can work against the interests of women and children in service intervention. Service providers who work in this way often find they are inspired by women's resourcefulness and motivated by the strength women gain by talking and listening to each other. A family worker discovered:

"... as I learnt more about the impact of abuse on children and on families I gained that knowledge about the resourcefulness ... and the wisdom and the strength that families can have in dealing with awful stuff that can happen in their lives quite often and yet still being able to survive...still wanting the best for their kids." (H)

Helpful workers focus on these positive aspects and highlight the ways women have stood up to the difficulties in their lives³. This practice is described by a women's health worker:

"I think when a woman taps into the strengths part of her life, the problem perhaps is not so big. That's not to minimize the problem that's there, but in utilizing and recognizing those strengths then it's about engaging the woman to use those strengths to work with the problem." (A)

Women describe a sense of relief at realising they are not 'the problem' when they connect with other women encountering similarly difficult life situations. The opportunity provided by a safe space in which to talk about issues and develop a critical understanding of their experiences enables women to no longer feel alone. A sense of belonging and experiences of friendship reduce the deleterious effects of women being isolated at home with babies and young children, family conflict and other constraints. A worker states that *"just the power of... their stories and their ability to support each other ... and really understand each other"* (H) is valuable.

³ This approach is characteristic of Narrative Therapy, in particular, the work of Michael White and the Dulwich Centre, South Australia. (White, 1995).

The relationship between the service/service-provider and woman

In contrast to widely-held practice ideas about the importance of professional distance to ensure objectivity and discourage dependence, women place a high value on having a close relationship, akin to a feeling of friendship, with their workers.

"I don't see her as a child health nurse, I actually see her as a friend. I see that she's here not to put me down or anything else, not to tell me the way I'm bringing up my kids is not the right way." (R, mother of two children under 3)

A feeling of the worker being there for the woman, being prepared to stand in her shoes and travel the journey alongside her are key elements of this close relationship. *"I feel like I've walked a mile in the women's shoes. I believe their stories and I know what they're saying is right"* explains a service provider. The mother of a three year old clarifies her response to this approach:

"... She [service provider] did a lot of hours, a lot of you know, driving around helping me and that was a lot of sacrifice there. ... I feel like I'm really special, I'm like a favourite, even though I may not be, I feel like it." (K)

Perhaps most valued by the women is this sense of feeling believed and having their experiences validated by others. One mother appreciates this about her service provider:

"...she's about the only person who will listen and not contradict what I'm saying, ... It's given me strength to fight through to what I say I want to do because [I realise that] I'm not really that bad." (S, mother of two children under 5).

Being seen as worthy, capable and knowledgeable, and being treated with respect in a relationship of mutual trust is fundamental to helpful services. *"...when people are speaking to me right you feel good about yourself,"* reports Y. a mother of two young children.

When the driving focus of the service relationship is the woman's strength and capacity to make positive choices within the context of her life, the service provider's role becomes interpreter and educator, advocate, friend and coach. Helpful service providers position themselves alongside women like friends or family members. Far from encouraging dependency, this closeness and recognition encourages decision making, courage and self-belief, qualities often correlated with so-called independence. Contrary to popular ideas, it appears that the less the service provider focuses on women's deficits, the less likely it is that dependent relationships will ensue.

Discussion

These views of the women and service providers about what constitutes helpful services would come as no surprise to many as such an approach has been documented before (Consumer Focus Collaboration, 2001; Halpern,

2000; Page, 2003). Yet, the women interviewed articulated these understandings in contrast to their more common experiences of unhelpful services – services that do not believe them or validate their experiences, treat them punitively and as incapable and without knowledge, focus on their supposed failures rather than their achievements, and deal with problems and their required solutions as defined by outside ‘experts’. We argue that these dominant approaches impute primary responsibility to mothers in the form of blame for children’s problems, but do not allow mothers the resources and status they need to successfully carry out their responsibilities of caring for children.

All the elements of helpful services described by the women entail significant challenge to the dominant paradigms and unequal power relationships that most commonly underpin services. For example, viewing client knowledge as expert knowledge challenges conventional notions of expertise and the generations of powerful professional experts that have based their advice and admonitions to women on ‘scientific’ knowledge. Similarly, women’s definitions of helpful services seem incompatible with service systems’ current focus on needs, which is apparently primarily driven by the imperative to manage scarce resources efficiently.

We will now explore in more detail three levels at which women’s experiences of helpful services challenge dominant definitions and practices. One is at the level of social provision - the role of government in the welfare of children and families; a second is at the level of service organisation, and a third at the level of professional practice or service provision. Pervading and influencing these levels are discourses of mothering and mothers, which we will discuss first.

Discourses of mothering

The state’s regulation of mothers has become an important aspect of mothering in the twentieth and twenty-first centuries. In order to understand this trend it is necessary to examine constructions of mothering during this period. Although common-sense views of mothers and mothering rely on assumptions that motherhood is a natural, universal state based on biology and existing outside time, place and culture, feminist scholarship has demonstrated otherwise by making its historical and cultural context visible. Not only has such scholarship demonstrated that every facet of motherhood is socially constructed or mediated (McMahon, 1995; Smart, 1996), it has drawn attention to the ideological underpinnings of these constructions, accounting for the moral prescriptions, the scrutiny and judgements that accompany mothering in Western societies at least from the mid-twentieth century. Ideologies of mothering prescribe how ‘good’ mothering should take place, and are based on ideas of “intensive mothering” (Hays, 1996) the expectation that mothers will “expend a tremendous amount of time, energy, and money

in raising their children" (Hays, 1996 p.x). While it is expected that mothers' time and energy will be used in intensive mothering, their expertise is less valued. Good mothering is believed to unfold from heeding the 'scientific' advice of experts. Yet Hays provides numerous examples of the ways in which each wave of expert advice can contradict the 'scientifically-based' advice of the previous decade (ibid).

This ideology of intensive mothering combines with constructions of children as "precious" and "sacred", a development that occurred increasingly during the twentieth century (McMahon, 1995). Needless to say, these developments have provided boundless opportunities for the market-place, which has exploited these ideologies of mothers and children to create new areas of consumer need, and has simultaneously added to women's burdens in creating unrealistic, and for many mothers unrealisable, expectations of 'good mothering'.

As these burdens and expectations of mothers have increased over the second half of last century, the breaking down of communities and extended families has brought about a corresponding shrinkage of the sphere of who bears responsibility for care and development of children. McMahon points out that through the almost exclusive attachment of mothers to children, the mother/child relationship became scrutinised by professionals, so that women were increasingly "regulated through discourses of precious children and proper motherhood" (McMahon, 1995 p. 28). These standards of mothering, fashioned by white middle class, heterosexual values, were imposed on working class women through child education, child protection legislation and so on by professionals of many disciplines. Smart argues:

"A whole range of persuasive policies was gradually brought to bear on working-class mothers to alter their mothering practices. These strategies were strongly supported by ideologies of motherhood that expressed *natural* characteristics of mothers as coinciding with a class-specific, historically located ideal of what a mother should be" (Smart, 1996 p. 45).

As these ideologies shape professional and 'common-sense' views, they are also internalised by women, and manifest on the one hand as women's intentions to do the best for their children (McMahon, 1995) and as its shadow form, self-blame.

The development of mothering ideologies and scrutiny of mothering has been accompanied by theories such as Bowlby's attachment theory, still popular in common-sense views of mothering, and usually an underlying theory in nurse home visiting programs (Olds et al., 1999). Called by Birns, "an inoculation model of parenting [whereby] love (i.e. early attachment), like inoculations against measles, provides lasting protection" (Birns, 1999 p.18), it has the effect of blaming mothers for all the problems of their children, while minimising all the other influences on children.

The research we conducted illustrates the inadequacies and often dangers in a regulatory approach to the families who are most commonly targeted by services. For such families, poverty, inadequate access to services, lack of community support, and male violence have major effects on children, and on mothers' capacity to provide care as they would wish. Services which focus their intervention on the woman as the cornerstone of the problems manifest in her children not only contribute to unjust outcomes for mothers and children, but can also become yet another disabling and interfering influence that undermines women's capacity to care adequately for their children. These approaches become debilitating and even dangerous when male violence is present.

"Battered women and other mothers, under whose names cases are often listed, almost always become the focus of efforts to make children safe. This situation sets a foundation for what Susan Schechter has called gender-bias' in the system, one in which women are held to different standards than men" (Edleson, 1998 p.294).

By using their greater power, and focussing on the woman's deficits and primary responsibility for children, rather than supporting a woman to deal with the disabling and sometimes dangerous situation she is in, services can replicate the situation women and children face when they are subject to violence. We make this statement from an awareness that recent research indicates that twenty-three percent of Australian women who have been married or in a de facto relationship have experienced violence from a partner (Australian Bureau of Statistics, 1996), and ninety-five per cent of cases of domestic violence are cases of male violence (Mulroney, 1999 p. 11). Thus we are concerned by the continuing focus on women as culpable, alongside the invisibility and lack of accountability of fathers in families. For example, from his interactions with child protection workers in the U.S. Jeffrey Edleson says:

"I find that the male abuser is almost always missing or invisible. It is true that the legislated goal of child protection is child safety, but how this safety is achieved if the child's primary caregiver herself is unsafe has always been puzzling to me. It is also puzzling how the mother's safety can be assured if the person perpetrating violence against her and/or her children is so often left untouched by our interventions" (Edleson, 1998 p.294).

In a broader context, contemporary constructions of mothering, based on mothers' primary responsibility for children and professionals' role in surveillance and judgement of mothers' faults, serve to regulate women through government policy and service provision (Franzblau, 1999; McMahan, 1995; Smart, 1996). These regulatory approaches do not generally offer support for women's mothering role, or acknowledgement of what it is like to be that mother.

We argue that services need to move from their focus on surveying, dictating to, judging, regulating, and sometimes threatening mothers to supporting and valuing women's capacities to mother under difficult circumstances. Our research demonstrates that helpful services, centred in an understanding of a woman's needs and her shifting contexts and relationships and the constraints that operate, can enable her and her caring and mothering capabilities.

To develop this picture more fully, we will discuss three levels of service provision in which dominant definitions and practices are apparently contradicted by our research into women's experiences of helpful services.

The role of government in the welfare of children and families

In addition to the capabilities of mothers/parents, the functioning of families depends on their access to resources including access to the market through employment or investment; access to informal networks of help and support including family, friends and communities; and access to resources provided by the state.

The dominant ideas currently influencing Australia's approach to providing resources for families are market rationalities and negative liberalism, with their faith that the market creates the possibility of personal success (Harris, 1999; Leonard, 1997; Self, 2000). The core business of government has become facilitating economic growth with the belief that its trickle-down effects will result in prosperity for all. In contrast to the 'welfare-state' period (post-war to the 1970s), social equity and cohesion are no longer primary concerns for government, and a level of social inequality is considered inevitable. There is a continuing move away from government responsibility for social outcomes to a language of enterprise based on ideas of the moral value of individual and parental responsibility and self-reliance supported by partnerships, mutual obligation and strong communities.

The idea of "no rights without responsibilities" or mutual obligation underpins a new social contract in which individuals, especially those receiving welfare payments, are obliged to make an active contribution in return for the support they get from society. In the new social contract the labour contract is central.

"[Paid work] is the first duty of citizenship, rather than one of its central rights ... Parents (both mothers and fathers) in paid work provide a good role model for their children and a social network for themselves. Paid work then, is what we owe our government, our country, our families, our communities and ourselves" (Williams, 1999).

The identification of independence and social responsibility with paid work implicitly devalues the unpaid work of child-raising and casts mothers as

dependent, and less virtuous/lesser citizens. Solo women's family responsibilities are rendered invisible while only their access to paid work becomes their passport to social participation as full citizens (Bittman & Pixley, 1997).

An apparently counter trend to market rationalities is the formulation within the language of social capital that the role of welfare in reducing inequalities and facilitating social cohesion is essential to strong communities (Winter, 2000). In contrast to negative liberalism, positive liberals of the past decade argue that society is not just about the pursuit of individual self-interest but is a joint, co-operative project in which all its members share in the "gift of liberty" (Douglass, Mara, & Richardson, 1990; Galston, 1991; Nussbaum, 2001). These proposals stress the value of mutual respect and reciprocity, concern for the needs of others alongside publicly provided resources and opportunities for families and children. However, whilst there is a trend to a social policy that emphasises families and children and recommends providing supportive resources for them, (Commonwealth Task Force on Child Development, 2003; Howard & Newman, 2000), governments are largely unwilling to resource these ideas.

Inherent in current welfare policy debates is the concept of 'dependency', which is spoken of in several ways, usually in opposition to ideas of responsibility and independence. One use of the term, based on notions of the rational individual who can make choices and enter into contracts in their own best interests, views dependency or 'free-riding' as an outcome of a rational individual choice, for example, between the options of welfare and work. However, motherhood is not a social context that fosters the self-interested individuality that underpins rational choice theory. For many mothers, their caring responsibilities, and their resulting social isolation, exclusion and inequalities in resources and power seriously limit their and their children's access to information and opportunities that inform choice. They are not involved in setting the rules and standards of moral and social obligation and do not derive many of the benefits of social participation that a contractual model of society supposes (Frazer & Lacey, 1993). Moreover, this conception of independence renders invisible the many relationships of interdependence that so-called independent individuals participate within. These include relationships (other than mothering) based on the unpaid caring work of mainly women.

Another use of the term 'dependency' refers to an individual trait similar to "lack of willpower or excessive emotional neediness" (Fraser & Gordon, 1994b). Welfare recipients are seen to lack the character and competencies to make socially responsible choices and act responsibly to help themselves and their children out of their current situation. In this conception, the needs and struggles of mothers with young children are perceived as private struggles arising primarily from individual or family deficit and mainly confined to

certain categories of people such as young single mothers or residents of impoverished areas; they are cast as personal problems rather than public issues (Burke, 2001).

We maintain these policies create a false distinction between dependence and independence, which could be overcome by recognising the interdependence of social relations and by revaluing care-giving work as legitimate and time-consuming work that is crucial to society (Fraser & Gordon, 1994b; Held, 1995; Nussbaum, 2001; Young, 1997). Exploding the unhelpful binary of dependence/independence also has implications for notions of responsibility. If care-giving work is acknowledged and valued, mothers become worthwhile and contributing citizens whose status is not diminished by the work of caring for children. The responsibilities involved in their work could then be acknowledged, alongside their responsibilities to themselves as citizens, as people in their own right. Furthermore, the greater resourcing of their mothering work actually spreads more widely the responsibilities of caring for children, instead of inscribing responsibility solely upon mothers. These changes in views of dependency and responsibility accord with the attitudes displayed by services that women find helpful and enabling.

However, the prevailing ideologies of the market-place that currently shape policies continue to resound in their effects. We will explore the form they take at the level of service organisation.

The level of service organisation

Along with what is described as an 'outcomes focus', the organisation and delivery of services is now mainly driven by the imperative to demonstrate efficiency and accountability in managing demand for what are perceived to be scarce public resources. Tools developed to enable "the administration of need" (Fraser & Gordon, 1994a) are increasingly sophisticated and appear to drive service organisation and delivery. These tools underpin assessments of 'deserving' and 'undeserving' service recipients and programs and include the use of benchmarks and standardised procedures, defined categories and tiers, strategic planning, data collection, eligibility, accreditation, triaging and other assessment systems (Self, 2000). Labels for service doorways and the standardising of service responses most often reflect professional and administrative ways of thinking and organising.

These problem and service definitions, most often organised around individual deficit, may not reflect the complex, relational and ever-changing nature of women's lived experiences. When needs are defined with a woman within the context of her lived experience, a helpful response ensues. When women's needs are formulated from a distance, formulaic responses are produced, which many women experience as unhelpful.

With increasing pressure to manage perceived scarce resources, targeting, eligibility rules and requirements become tighter, and work to exclude many people. This results in fragmented and contradictory service responses; one service defines clients in a particular way, which can exclude them from another service. Such a system can put people in impossible situations, such as examples we have seen where a child protection decision to remove children from a mother's care can render her ineligible for public housing; yet for her children to be returned to her care she is required to have suitable housing. These service eligibility requirements are most damaging to women in difficult circumstances, often women dealing with violence. P, a young mother whose four-year-old child had been abused by her de-facto, recounts:

"I went to the Housing Trust and said I need a house. They wouldn't give me a house because I was still [privately] renting a house that I wasn't allowed to live in if I wanted to have custody of my son because that person [the abuser] knew where he lived."

Definitions of service need based on individual characteristics and/or deficits rather than on social relationships and an acknowledgement of disabling environments also affect women's access to services. One example from our research is a mother who was assessed as ineligible for a literacy program (which may have assisted her employment options) because her ex-partner earned too much, even though he refused to pay for the program. In another example, some young mothers did not have the references they needed to privately rent a house, in the context of long waiting lists for public housing, because they hadn't rented before or hadn't rented on their own.

Based on the perspectives of professional knowledge and demand management, services increasingly define problems and service responses in standardised ways that distort and compartmentalise women's lived experiences. This takes away from women's and service providers' capacity to flexibly respond to the complex and ever-changing circumstances of women's lives. In the current trend to move decision-making higher up the organisation, worker autonomy is also reduced and workers are effectively deskilled.

The level of service delivery

When women are held primarily responsible for the support and protection of children, and service systems are focused on the assessment and management of 'risk', service providers' role can become one of ensuring that women act in ways the service regards as 'appropriate'. The actions women are expected to carry out often contradict their own sense of what is needed or what is safe. From his study of child protection practice in the UK, Scourfield observes:

"...where perceptions of risk differ between parents and professionals, inevitably some coercive practices are used, so those subject to the system, the

'clients', will experience coercion. The adults in the front line are far more often women. ...any system set up to scrutinise child-rearing will inevitably bear down on women, since it is women who do the work" (Scourfield, 2003 p.83).

Here, the unequal power relationship between provider and client is used to coerce, not to support and acknowledge and build on mothers' capabilities. Drawing attention to this tendency in child protection, a recent report recommends that child protection workers "should seek to *empower* women, rather than adopt judgemental practices which punished, through the removal of their children, women who were themselves victims of violence from their male partners" (Irwin, Waugh, & Wilkinson, 2002 p.23).

Yet at the level of service delivery, service providers continue to define the ways that women should protect their children and take responsible action. It is common for services that play major roles in the lives of women and children to take directly opposite views of what constitutes 'responsible mothering'. Mothers and children most often bear the consequences as service providers rarely address these contradictions. We know of examples in which child protection services threaten to remove children unless a mother leaves a violent relationship but when she leaves, the Family Court refuses to acknowledge the effects of violence on the children and awards residency to the violent man, sometimes even in cases where there is strong evidence he has sexually abused his children.

Whilst there is general acceptance amongst service providers that a broad range of factors influence parents' and children's lives this is often outweighed in practice by the notion of individual responsibility (Parton, 1997). Even being aware of violence or inadequate housing, service-providers can still expect women to take actions based on their sole responsibility for children, and on the opposite notion that they are free agents who can make decisions as though they are independent of dependent children and disabling circumstances. Not making the 'right' choices in the 'best interests' of their children is deemed the mother's failure and taken as evidence of her personal deficit. Thus, in practice the limiting effects of violence and abuse, poverty and other constraints on mothers' capacity to respond to service providers' demands may not be recognised. Ignoring these constraints, services can minimise the real difficulties women face, and not understand or offer the support and resources that women with children need. Women and children suffer from this mismatch of expectations with lived experience. As a young mother who left an abusive partner explains:

"They [services] expect you to do everything. It's your responsibility. People you think will be there to help you because they say they'll help you, don't. It's very very hard and knowing that the person who's done it is walking around scot free...still able to work, still able to live his life... Whereas I lost everything. I lost my home. I lost my life. I lost my work. I lost being able to trust".

We maintain that services' expectation that women take all responsibility for children, including responsibility for circumstances over which they have little control, displace responsibility that these services should rightfully be assuming. Agencies such as the Family Court and child protection services have far greater power to act to protect children, and surely a community could reasonably expect such accountability from these institutions.

Another difficulty encountered by women, and one that maintains services' regulation of mothers is the pervasiveness of the 'professional gaze' that distances the professional viewer and can underpin judgement and blame. Even those service providers who wish to avoid categorising their clients and resist concentrating on and diagnosing their particular individual deficits may find that their professional training and expert knowledge makes this difficult. A child health nurse from our research illustrates this tendency:

"...the knowledge of child development and the expectations of where they should be at a certain age...encourages a certain type of judgement if the child is not where they are meant to be in their development. I guess that underpins our whole health surveillance type work." (J)

Professional training and practice encourage these authoritative and distancing approaches and discourage the type of relationships with service-providers that women find helpful and enabling. Commonly, expert assessments of problems replace women's own understandings of their situation. Y, a mother of an infant and a toddler, speaks of the way an expert's assessment of her post-natal depression contributed to her feelings of self-blame:

"I've had depression since I was 4 [but] I had a doctor tell me that my problems were because of [the infant]. ...well basically I felt like it was my fault because I had the child, and when your doctor's saying that, well he's supposed to be professional."

Conclusion

This paper has explored a number of ways in which women's accounts of their experiences of helpful services challenge dominant formulations of mothers' responsibilities for the protection and care of their children. At the level of social policy women's accounts challenge government to more proactively resource families and communities. Our analysis critiques policies based on the distorted binary of dependence and independence and calls for a recognition of the interdependence of social relationships. Such changes need to be accompanied by re-appraisal of notions of responsibility in ways that simultaneously support and resource mothers' primary care-taking role as valid work, accord mothers the status of citizens, and assign community responsibility for what lies outside families' control.

At the level of service organisation our research lends support to models of service that acknowledge women's perceptions of their situation and their social context, rather than impose outsiders' 'expert' knowledge. This means that definitions of problems and service responses are negotiated *with* women rather than formulated at a distance. This requires delegating decision making about service responses to individual service providers and service users and, at a local level, to individual service sites or programs. Helpful organisational systems support worker interdependence and accountability and are responsive to the experiences and perspectives of the service users.

We advocate for services that acknowledge that women and their children are embedded within relationships of care and development, while also understanding that mothers are complex individuals dealing with the effects of disabling environments. Helpful service models support the relationships between women and their children and are delivered in ways that focus on women's capabilities and commitment to do the best for their children. This often conflicts with the current focus of child protection and child health agencies on children as their clients, which then shapes a relationship with their mothers based solely on their perceived negative impact on their children. Recognising that women's and their children's interests are not in lived experience separate, the mother-child relationship becomes the client as much as the individual child and woman. Interestingly, when services support the mother in a variety of ways, including seeing her as an individual rather than a source of risk to her child, they also support the relationship of care with her child. A mother of two adult children and a new-born expressed this tellingly:

"I would probably tell services that want to support mums with young children they should treat the mothers like people and put mothers' needs first, before the kids. I think that's what I would do because there's no point in doing anything until the mother is happy, don't you think?" (J)

Helpful services are based on recognising the capabilities of women and are responsive to the particular and ever-changing contexts of women who are mothering in disabling environments. Helpful service providers acknowledge the contributions women make to their children's lives as agents of protection and support. In recognising the responsibility women take for their children and for themselves, they do not re-cast this responsibility as blame, or burden women with expectations of responsibility for what is beyond their control.

Our research has made us aware of the many problematic practices encountered by families in difficult circumstances, yet women's descriptions of what is helpful affirm the current health reform agenda and social policies that espouse individual and community capacity-building, notions of collaboration, partnership and community engagement, leaving us to ponder the paradox of wise words mismatched with continuing unhelpful practices.

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