

When Social Security Fails to Provide Emotional Security: Single Parent Households and the Contractual Welfare State

Evelien Tonkens* and Loes Verplanke**

*Department of Sociology and Anthropology, University of Amsterdam
E-mail: e.h.tonkens@uva.nl

**Department of Sociology and Anthropology, University of Amsterdam
E-mail: jansenverplanke@uva.nl

The provision of services in the contractual welfare state is conditional. If one wants to receive a service, one has to comply with the demands of the provider. If one fails to do so, the organisation threatens to terminate its services, and indeed often does so. There are, however, people who breach their contracts time after time, falling back into the same dire situation that prompted them to ask for help in the first place. Social workers must then visit these people to help them re-enter the contract. This article draws on an in-depth analysis of such 'behind the front door' policies, focussing on single mothers on welfare. It argues that for many single mothers on welfare, social security fails to provide emotional and relational security, which undermines their ability to fulfil the terms of the contract. So long as the welfare state is based on the idea of (material) social security, 'behind the front door' workers remain urgently needed.

Keywords: Multi-problem families, single mothers on welfare, conditional welfare state, behind-the-front-door programs, emotional security.

Introduction

With the turn towards a more contractual welfare state, service provision has become increasingly conditional. If one wants to receive a service, one has to comply with the demands of the provider (Giddens, 1998; Handler, 2003; Arcanjo, 2011; Sage, 2012). If one fails to do so, organisations threaten to terminate their services, and indeed often put the threat into practice. There are, however, quite a number of people who breach their contracts time after time, falling back into the same dire situation that prompted them to ask for help in the first place. Having broken off all contact with the social services, they only return when there is a serious crisis, brought about by, for example, financial debt, domestic violence, substance abuse or problems with upbringing. Contact is again quickly broken off when the emergency has passed (Schram, 2000; Nixon *et al.*, 2010; Batty and Flint, 2012). In these situations the routine provision of services hardly seems effective. The pattern fuels serious criticisms of the welfare state, questioning its legitimacy and castigating contract-breaching clients as 'free-riders' and lacking in 'personal responsibility' (Mead, 1997; Schmitz and Goodin, 1998; Dalrymple, 2001, 2005).

In response to this failure of the contractual welfare state, we witness growing efforts to re-engage people with the social services. So-called 'multi-problem families',

in particular often headed by single mothers on welfare, have been subject to intensive outreach programs. In the UK, these are called 'family intervention projects' (Nixon *et al.*, 2010; Flint *et al.*, 2011; Batty and Flint, 2012). In the Netherlands, outreach services are often called 'behind the front door' help (hereafter BFD). BFD programs are intended to reconnect multi-problem families to the welfare state. Social workers visit families in their homes, try to regain their trust and support them to re-enter contact with the regular services. In contrast to the regular services, BFD programs are hardly ever contractual or conditional: breach of contract is rarely a reason to end the service. BFD services thus temporarily trump the contractual aspects of the new welfare state.

BFD services are thus interesting not only in their own right, but because they shed light on the contractual welfare state, which apparently needs to suspend its conditionalities to remain connected to some of its target groups, particularly 'multi-problem families'. Why do people who are clearly in need of help, and the services that have been created to help them, fail to find each other? What makes BFD services necessary? And what do the interactions between BFD workers and their clients teach us about the failings of interactions between clients and agencies in the regular services?

There is a growing international debate on the problems single parent households pose for welfare reform, focussing on issues of gender, citizenship and social justice (Fraser and Gordon, 1994; Schram, 2000; Lister, 2006; Gillies, 2008); on the conditions for fair reciprocity in conditional welfare arrangements (White, 2000; Goodin, 2002; Stanley, 2005); and on the effects of workfare programs on single parent households (Lewis, 1997; Knijn, 2004; Haux, 2011). Less attention, however, has been directed to the emotional dimensions of the problems faced by single parent households on welfare. The few studies that have done so have shown that long-term unemployed single parents not only lack job opportunities, marketable skills, diplomas and childcare facilities, they also lack many other 'material, social and psychological resources' (Cook, 2012: 153). More generally, welfare recipients suffer from lack of autonomy and respect from others, leading to injured dignity (Darab and Hartman, 2011). Gustafson (2011), furthermore, found that many welfare recipients in the US do not really understand the welfare system. Many do not understand the logic of sanctions, or are too preoccupied with survival to take the time and make the effort to understand the system. As a consequence, many experience its services as capricious and threatening. As Cook (2012: 143) concludes, 'evaluating how welfare policies contribute to a society's sense of well-being ... remains rather unexplored'.

Inspired by the work of Hochschild on emotions (1983, 1989, 2003), this article contributes to research on the broader emotional aspects of the lives of single parents on welfare. By examining their breached contracts with welfare services, we hope to gain insight into the experiences of single mothers on welfare with the contractual welfare state. The article draws on in-depth analysis of the stories of BFD clients and their interactions with regular and BFD social workers in what remains one of the most developed and generous welfare states in the world: the Netherlands (Goodin and Smitsman, 2000).

While the Dutch welfare agency disburses monthly welfare cheques, it also helps applicants find jobs, and with training and voluntary work to hopefully better equip them for the labour market. There is also a municipal debt agency that provides support by appeasing creditors and arranging schemes for repayment. In addition, there are numerous help and support services, such as youth care, pedagogical consultation, victim services and mental healthcare, and of course the general practitioner. All are virtually free. To

outsiders, this may seem like a care and welfare haven. But, as we will see below, this is not how single mothers on welfare experience it.

Our analysis is based on the observation of client file discussions in five BFD teams. It covers over 100 meetings, participatory observation of forty-five visits to clients by BFD workers, and twelve interviews with BFD workers, conducted between January 2011 and June 2012. The research took place in five Dutch cities spread over the country, varying in size from 96,000 to 790,000 inhabitants. Our sample of BFD clients consists of 148 individuals who were discussed by the BFD teams during our fieldwork. The forty-five visits to clients entailed accompanying BFD workers to clients' homes on days that were agreed to beforehand. As the interventions of BFD workers were the main object of our analysis, most of our material consists of our and their observations, rather than direct quotes from clients themselves. While this article makes claims about BFD clients' positions in the welfare state, further research based mainly on interviews needs to be pursued to further substantiate our claims.

We focus on the largest category of BFD clients in our sample of 148 single mothers on welfare. They constitute 52 per cent (seventy-seven women) of our sample, of whom 40 per cent are first or second generation immigrants (mostly from Morocco and Turkey) and 60 per cent are native Dutch. Three considerations informed our choice of single mothers on welfare: (1) they seem to have the most daunting problems since they have to run families on their own; (2) they therefore seek out many services and ask for different kinds of assistance; and (3) the mismatches that occur despite all this help lead to strong feelings and passions. Overall, this group offers the best opportunity to understand the differences between the methods of the regular social services and the BFD approach.

During our observations of client discussions within BFD teams and our visits to clients' homes, we paid particular attention to: (1) the extent to which topics about conditional and contractual help came up in interactions between clients and BFD workers; (2) when the fragmentation of services was discussed, how BFD workers managed this as well as their own mistakes; (3) how BFD workers handled the situation in cases of failed bureaucracy; and (4) the extent to which the so-called punitive face of the welfare state emerged as a subject in interactions between clients and BFD workers.

Single mothers' experiences of the welfare state

Single mothers on welfare are prominent among people requiring BFD assistance. Some of them were victims of domestic violence or sexual abuse during their youth and/or in adult life. Many also experience problems in their relationships with their children. When their children cause trouble in the neighbourhood, mothers often also encounter problems with neighbours. Many struggle with their finances and debt, in part because former partners often fail to pay alimony. As noted in earlier studies, finding a job that allows them to combine motherhood and work, and for which they have sufficient qualifications, is difficult. Many are socially isolated. This was particularly true for single mothers with Muslim backgrounds, who have often lost contact with their families following divorce. Many single mothers on welfare suffer from low self-esteem and insecurity. A not insignificant number also suffered from psychiatric problems, such as post-traumatic stress disorder, borderline, ADHD and dissociative identity disorder, as well as from learning disabilities.

Because the details of their interactions and experiences with social services are crucial for our argument, we limit ourselves to a single case, that of a woman whom we will call Anna. We have reconstructed Anna's story in great detail as it is exemplary; the typical aspects of the problems of single mothers on welfare in our larger dataset are all present. We chose to focus on a single exemplary case for both reasons of privacy and methodology: to be able to present and analyse the complexity of the narratives in great detail.

Anna, now aged thirty-two, grew up in a family mired in conflict and debt. Her father was an alcoholic; her parents constantly fought until they divorced. At the age of sixteen, Anna became pregnant; the father of the child disappeared. Youth care decided that Anna and her baby girl could not stay at home with Anna's mother because of their unstable relationship and the mother's problematic financial situation. Anna and her baby were thus placed in a women's shelter in another town, and later in a house from a housing corporation in the same town. Over the ensuing years Anna had several relationships with men who assaulted her and left her. She experienced serious problems bringing up her daughter, who appeared to have a mild intellectual disability. Her contacts with 'lover boys' caused nightly nuisance in the neighbourhood and led to complaints from her neighbours.

Anna worked on and off in fast food restaurants, but quit to have more time to look after her daughter. She received a welfare benefit from the municipal welfare agency but was also told to look for work. Anna objected that she was unable to work because of her daughter and because she did not feel well herself. She was told to visit her GP and request mental healthcare, and to become more active, for example by taking a fitness class. She did neither. Anna also failed to pay her rent, leading the housing corporation to ask the social work department to contact her. However, the social workers could not get in touch with Anna as she did not answer letters or phone calls and was not at home and/or did not open the door when they visited. The social work department in turn invoked the help of the municipal department for debt counselling. After more calls and threats that she would be evicted from her home, Anna visited debt counselling and promised to send her bills by post.

But Anna did not keep the promise. At that time her arrears amounted to 10,000 euros. The housing corporation renewed its threat to evict her, not only because of her debt but also due to complaints about her daughter from her neighbours. On the condition that Anna would attend her mental healthcare appointments and would look for help for her daughter, the housing corporation was willing to postpone the eviction. Now Anna did make an appointment with the mental healthcare service. But a few months later Anna's debts were increased again and so was her misery. She broke off all contact with social services and hardly responded to mail or the phone. The only service that she usually kept in touch with was the municipal welfare agency that provided her welfare cheque. The housing corporation then asked the BFD team to contact Anna to see if they could help her. When the BFD workers met Anna they found her in a state of desperation, mistrust and anger. How could a (so far) benign and generous welfare state create such states of desperation among citizens who are a crucial target of its services?

Four factors explain this problematic relationship between the welfare state and applicants like Anna. First, the increasingly contractual nature of the welfare state (Andersen, 2004; Dwyer, 2004; Sage, 2012; Bifulco and Vitale, 2006; Newman, 2007) is problematic. In the Netherlands, services like social security, mental healthcare, debt counselling, family support and social work are indeed formally accessible to women

like Anna, but only on a contractual basis. This may sound fair enough: why should the state support people if they do not stick to its terms? The contractual welfare state indeed assumes that people are able and willing to enter into contractual relationships and abide by them. But Handler (2003) shows that this is often not the case. The contractual nature of welfare in the US is highly problematic because its conditions often cannot be met (for example because of lack of childcare), or because they are not properly communicated, because the welfare recipient has too many other problems such as a history of domestic violence, or lacks the cognitive skills to understand the terms (Handler, 2003: 233). Entering and persisting in such a contractual relationship demands personal initiative, autonomy and discipline. It assumes that clients understand their obligations and behave as emotionally stable citizens who can take control of their own lives. Anna does not meet these conditions. Due to her turbulent youth, broken relationships and past trauma, she lacks the emotional and social stability to function as a trustworthy contractual party.

Although they have to abide by the contract, it must be noted that welfare clients do not have a say in its formulation. In 'normal' contractual relations, both sides have a say in formulating the terms. While the conditional welfare state is based on mutuality and reciprocity, it fails to offer conditions of fair reciprocity to welfare recipients (White, 2000). White formulates the conditions of fair reciprocity as follows: (1) guarantee of a decent share of the social product; (2) decent opportunities for (and in) productive participation; (3) equitable treatment of different forms of productive participation, including care-giving; and (4) universal enforcement of a minimum standard of productive participation. While it may seem fair that a client who fails to pay her rent must seek professional help in return for postponement of eviction, Anna in turn should have 'decent opportunities for productive participation', which she currently does not. In the conditional welfare state, the terms are imposed by one side and fall far short of fair. Anna's background of trauma and turbulence is not even recognised in White's conditions. It is little wonder that Anna often falls short. As a result, help is often withdrawn.

A second factor that complicates the relationship between Anna and the agencies that are supposed to help her is the system's lack of integrity. Individual workers may be trustworthy, but the system as a whole is not. It is too complex and fragmented, as has been repeatedly documented (Chevannes, 2002; Handler, 2003; Whitfield and Dearden, 2012). Fragmentation of the system is understandable from the perspective of the agencies, but clients' problems are not so neatly separated. Anna's BFD worker noted: 'Anna says that she misses an overview and crashes [breaks down] in dealing with debt counselling and the welfare department' (file, 25-3-2010). Even service workers sometimes do not know or understand the rules of other organisations and may therefore make untenable promises. For example, the housing corporation promised to arrange a low-interest loan for Anna from the municipality. This, however, was not possible, as her debts were too large; as her income was too low to pay the fixed charges, the municipality would not help her. Anna was bitterly disappointed when she heard this; it certainly did not increase her trust in the services. The BFD worker noted: 'Anna feels that she is not being helped and taken seriously by the housing corporation and debt counselling. She says they make promises that they don't keep, like the promise that the municipality would help her with a loan. She has a permanent feeling that she is going to break down and she cries a lot' (file, 2-5-2010). When a mental healthcare worker lectured her on sticking to appointments and answering the phone, saying 'You must make the choice to want to take responsibility', Anna replied: 'It is also about trust. That is lacking. With Mary [her

former healthcare worker] I had that, she helped me over six years and she knew me from A to Z' (care meeting, 3-7-2012).

Third, mistakes made by services can lead to the failure of contractual relations. This, however, happens at the expense of the client rather than the bureaucracy (Dubois, 2010). When Anna, following mediation by BFD workers, was finally willing to take part in debt counselling, she had to wait almost two years before an arrangement was made. Just as everything seemed to be settled, the debt agency lost Anna's entire file so that the whole endeavour had to start all over again. It then emerged that the welfare agency had miscalculated her entitlements for the past two years: she had received a lower budget than she was entitled to, which explained why Anna could not make ends meet (file, 22-12-11).

Due to these failings in contractual relations, clients are inclined to turn their backs on the welfare state. Anna ended up desperate and angry. Her BFD worker noted: 'Anna says that she is fed up with debt counselling and the housing corporation and does not want to speak to them anymore. Then she starts to scold. She shouts that nobody listens to her anyway, so she does not care any more. She also does not want me to come along anymore. After this she cries bitterly' (file 22-12-2011). Two weeks later the BFD worker nevertheless visits Anna, bringing her a Christmas box. 'Anna is still angry because nobody seems to focus on what is best for her and her daughter, everyone only looks at her financial situation. She also blames them for making so many mistakes. She refuses to attend mental healthcare appointments because they too only concentrate on her finances' (file, 6-1-2012). In return, support agencies get fed up. Water was cut off in February, March and April 2011 as Anna had not paid her bills. Social security imposed sanctions because she refused to cooperate (file 9-2-2011; 15-3-2011).

But when clients turn their backs on most services of the welfare state, and/or the welfare state turns its back on them, this is not the end of the story. Although clients are out of touch, their problems have not been resolved. The chances remain high that they (or their children) will cause harm to themselves or others; the classic reason to intervene in people's private lives. When there is (serious risk of) harm, the welfare state is back again, but this time with its punitive face (Cruikshank, 1999; Gilliom, 2001; Gustafson, 2011; Soss *et al.*, 2011). The return of the state with penalties is the fourth factor that explains the problematic relationship between these clients and the welfare state. In March 2012, the housing corporation called on Anna. The BFD worker noted: 'Anna very upset. A neighbour wrote a letter with complaints about Anna and her daughter to the mayor. Now the mayor requests that the housing corporation evict Anna and her daughter immediately' (file 26-3-2012). Anna: 'I cannot make a move without someone complaining. If my neighbours state that I cannot bring up my child, they should try themselves to bring up a girl of fifteen who meets up with lover boys. I just cannot do any good in this neighbourhood. My neighbours nearly forbid me to breathe' (BFD team, 2-4-2012).

Single mothers who do find jobs, and thereby make significant steps towards solving their financial problems, may still be confronted by the punitive side of the welfare state. As a BFD worker remarked: then 'the school or the neighbourhood criticises the women for neglecting their children. In no time they are registered in the digital registration system for youth at risk. Then youth care comes along since "there are worries about the children". There is no awareness of what this means to them. They panic and once more experience mistrust in their parenting capabilities' (BFD worker, 20-4-2012).

Behind the front door: social workers reach out

BFD workers enter the scene when relations between the welfare state and its clients repeatedly and consistently fail. It is their task 'to reconnect' multi-problem families with the regular institutions of the welfare state. A BFD worker explains:

First you try to make contact . . . and gain acceptance. Sometimes this takes a long time. Then you start to build up confidence. This is a delicate process that can easily go on the rocks, as soon as there is something wrong in the life of your client, just when you are on holiday or ill. At the very least, your client drops out and thinks: 'I knew it, he isn't there, right at the moment when I need him.' These people are so damaged and so many things have gone wrong in their lives that have made them very distrustful. (BFD worker, 13-3-2012)

We illustrate the differences between the approach taken by BFD workers and the regular services by means of the four factors (discussed above) that explain the problematic relationship between the welfare state and applicants like Anna.

The first was the increasingly contractual nature of the welfare state. BFD workers do not work on a contractual basis; their support is unconditional. Regardless of the behaviour of their clients, they keep trying to re-establish contact. They insistently ring, knock and peep through the letterbox, the windows and over the fence. In Anna's case, it took the BFD worker more than two months to make an appointment and a few more months to win her trust. In these first months, the BFD worker tried to sort out the administrative mess around Anna's debts. She contacted all of the services involved and tried to make them cooperate. She filled in forms for remission of municipal taxes, and tried to cheer Anna up and advise her about her daughter. As a result, the second issue was addressed: Anna's mistrust of the welfare state lessened somewhat.

Regarding the third issue, mistakes made by services, it was the BFD worker who discovered that Anna had not received the full amount she was entitled to for two years. When Anna's file was lost and everything had to be done again, the BFD worker defended Anna's case with the municipal department concerned. Anna felt supported by the BFD worker's efforts and the fourth issue, the punitive face of the welfare state, could be kept at bay. Anna explains how grateful she is for the BFD worker: 'If she had not helped me, I would still be at a point where I did not know how to get out of the mess. She helped me with so many things. My life has really improved thanks to her. Looking back, I think that what touched me was that someone showed an interest in me.'

The relationships BFD workers try to establish are supportive and compassionate rather than conditional; the kind of relationships that tend to exist between family members and close friends, and that are generally not a part of public life. Relationships with BFD workers are pedagogical rather than reciprocal. They offer women like Anna the kind of care and emotional support that has been lacking in their lives from early childhood.

I have been through so many problems in my life. It is so great that I can call her [the BFD worker] now, because I am all alone. I do not trust many people, but I really trust her. I can tell her everything. She does not ruin me; she helps me in the right direction. (Anna, 29-5-2012)

This brings us to a vulnerable aspect of BFD work: its limited time-frame. Although BFD workers stay in touch with their clients much longer than regular social workers, in

the end their help is usually temporary, while their clients' problems tend to be structural. A BFD worker explains:

Some women will always need support. They just can't make it on their own. There is so little to rely on. In case of a small misfortune, things go wrong immediately. Or there are problems with the kids, domestic violence or new partners who run away. Some in this group need care for a lifetime. We are like the fire brigade: we put out the fire, but after a while a new fire breaks out. (BFD worker, 24-11-2011)

Conclusion

The Dutch welfare state may seem like a welfare haven from the outside, but this is not how some single mothers on welfare experience it. By analysing what BFD services offer them, we can better understand the mismatch between their needs and what the welfare state offers. Why is the Dutch welfare state with its breadth of services unable to significantly improve their lives? And why do single mothers on welfare often turn their backs on the seeming abundance of care and support?

The overarching reason is that this abundance of support and 'social security' is implicitly premised on something that single mothers on welfare lack; social and emotional security in their private lives. Social security is generally thought of in terms of material security, such as having an income and a roof above one's head, now and for the foreseeable future. But for service recipients bereft of emotional security, contractual relations can only be maintained with difficulty. Without emotional security, the welfare state is complicated, controlling, punitive and sometimes frightening. Women like Anna lack the emotional and relational security on which the welfare state is implicitly grounded. The welfare state remains based on the male breadwinner model, not only in its material arrangements as many have argued (Orloff, 1993; Knijn and Kremer, 1997; Lewis, 1997; Hofferth, 2002; Orloff, 2002; Knijn, 2004; Lewis, 2006), but also in terms of the emotional and relational security that a wife and family offered the traditional breadwinner. Caring, home-making wives, with the help of family members and friends, ensured this stability. The classic welfare state 'only' needed to offer temporary material support in case of unemployment, serious illness or old age, the one crucial thing the caring environment could not offer (Taylor-Gooby, 2004).

In other words, the 'social' security offered by the welfare state is adequate when it can be placed on top of a solid foundation of emotional and social security provided by caring relations in daily private life. If this foundation of security is lacking, the contract does not work. Single mothers on welfare (and probably other types of multi-problem families as well) are unable to fulfil the terms of the contract because their lives are too insecure and chaotic, rendering them evasive and fearful. Without relational security in their private lives, the material security that the welfare state offers cannot be enjoyed.

What would a welfare state that can offer real social, rather than merely material, security look like? BFD workers emphasize that it is very important to offer emotional stability. This often means that they keep in contact with their clients for years or even decades. BFD workers develop caring relationships with their clients that substitute for the emotional and social stability that traditional breadwinners already enjoy. This substitute is necessary for many single mothers on welfare, only then can they meet the terms of the contractual welfare state. For many single mothers on welfare, social security fails to

be emotional and relational security. So long as the welfare state is based on the narrow idea of (material) social security, BFD workers will remain desperately needed.

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