Strengthening care across generations: mitigating risks of family separation through recognition

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1. Introduction

In their "Care Manifesto" a group of scholars calling themselves "the Care Collective" put forward a radical vision to *'put care at the very heart of our lives and politics'*, and to focus resources on policies and services that strengthen care across the various aspects of people's lives (The Care Collective, 2020, p. 5). The COVID-19 pandemic has brought home how important well-functioning and coordinated multi-sectoral care services are. However according to the authors, "carelessness" still continues to reign and care work in the family continues to be undervalued, of low social prestige, and subject to little-to-no pay, in the face of growing austerity (The Care Collective, 2020).

The 'Care Manifesto' is an example of growing global recognition, attention and urgency related to the 'care economy' among academics and policy-makers alike who are calling for "large-scale investments" in the care economy.[1] For instance, at the European level, the European Care Strategy for Caregivers and Care Receivers (2022) puts the focus on investments in early childhood care, and high quality long-term care. These developments indicate a heightened recognition of unpaid care and domestic work and their irrefutable contribution to society. There seems to be a general consensus among global actors that '*care contributions need to be measured, recognised, and valued. Caregivers should also have a voice and be represented in decision-making'* (International Labour Organisation, n.d.).

The concept of 'recognition' has been explored by scholars from various disciplines including political philosophers and theorists like Hegel, Honneth, Fraser, and poverty researchers like Lister. Fundamentally, recognition is an intersubjective process that is necessary for human beings to feel good about themselves, valued, to feel part of society, and ultimately to thrive in life (Fraser, 2003; Honneth, 1995; Lister, 2016). This leads us to the central query of this paper:

How to better recognise, protect and value informal care contributions of families to the 'care economy'? Which dimensions of recognition are lacking and need strengthening?

This contribution examines the concept of recognition in relation to family wellbeing and poverty in Europe and beyond, by recognising the views and experiences of families and in particular children – who will ultimately be most impacted by population megatrends related to families and population ageing in generations to come. I will be drawing on data from consultations and participatory research with children and their families, as well as the experiences around being a service provider of family support services worldwide.[2] This paper will explore the role of recognition in relation with key stressors to family wellbeing across Europe, and what this may imply for family policy and services.

2. Social (mis)recognition

There are an estimated 95.4 million people (21.7%) affected by poverty and social exclusion across the European Union member states (EUROSTAT, 2022). Informal carers, mostly women, are especially affected, often bearing the costs for care for elderly family members or children, and needing to reduce working time. For instance, an estimated 7.7 million women across Europe were unable to work in 2019 due to care responsibilities (EIGE, 2020; European Commission, 2022). In 2019, "only 27% of children at risk of poverty and social exclusion were enrolled in early childhood education and care compared to 35% of the general population of children" (European Commission

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[1] For example: UN SG Our Common Agenda, ILO Declaration for the Future of Work, UN Global Accelerator on Jobs and Social Protection for Just Transition initiative, the Global Alliance for Care, the Care Economy Knowledge Hub, etc.

[2] In 2021 just under half a million children and their families were reached worldwide through family support services run by SOS Children's Villages across 116 countries and 719 services (SOS Children's Villages, 2022)

2022). Even though informal care workers are providing a considerable economic contribution to society, which has been estimated to range from 50% to 90% of the overall costs of long-term care (Triantafillou et al., 2010), informal carers often have difficulties to make ends meet.

At the same time, people in poverty often feel "shamed, stigmatised, and humiliated" (Lister, 2016, p. 144). International poverty scholars are increasingly looking at the role of shame and stigma in poverty experiences (i.e. the poverty-shame nexus (Lister, 2016; Walker, 2014), highlighting that stigma may even exacerbate poverty and inequality (Baumberg, 2016; Garthwaite, 2016; Hatzenbuehler et al., 2013; Jo, 2013; Walker et al., 2013). This, is also shaped and influenced by narratives in public and policy discourses that bring inequalities related to class, age, gender, 'race' and disability to the fore. For example, commonly-used terms in daily speech, such as "the working poor", "welfare dependent", "underclass", "Sozialschmarotzer" (German), "chavs" (UK) (Lister 2016), or 'poverty porn' reality television shows (Garthwaite 2014), can increase feelings of stigma. Poverty has even been associated with adverse mental health outcomes (Inglis et al., 2022).

This can create barriers to seeking support (Hatzenbuehler et al., 2013). For example, a survey in the UK commissioned by the Money and Pensions Service found that just over 29 million people over 18 in the UK don't feel comfortable talking about financial worries, one of the top reasons cited being shame and embarrassment (The Money and Pensions Service, 2020). A survey conducted with children aged 14-18 in Austria in 2019, indicated that 71% of families do not seek external support when they are experiencing stress (Kohout, 2019).

3. The physical and social barriers to accessing and seeking support

The physical and social barriers related to accessing and seeking social support before problems escalate are multiple (Katz et al., 2007). Physical barriers can include limited available information (Hansen et al., 2021; Lens et al., 2018) or the shortage of affordable childcare places across several European countries (European Commission 2022). This service shortage is also the case for individualised social work services that address complex issues in families (Gale et al. 2023). A further dimension is the high level of bureaucracy when seeking various types of support services which represent a barrier for families already struggling with work-life balance and care responsibilities (Eisenstadt & Oppenheim, 2019; Lens et al., 2018). A child-focused survey about families under pressure in Austria in 2019 indicated that 55% of the respondents did not even have sufficient time to participate in joint family activities, let alone seek support (Kohout, 2019). Families who are struggling often face "survival fatigue" and are psychologically exhausted. Considering their multiple responsibilities, they lack the time to inform themselves how to apply for multiple schemes that require having to navigate complex bureaucratic processes (Lens et al., 2018).

The social barriers to seeking support services are more frequently overlooked by policy makers (Handler & Hasenfeld, 2006; Lens et al., 2018; Rogers-Dillon, 1995). Firstly, several studies have identified that funding priority is often given to crisis or emergency intervention, rather than preventative and early intervention (Acquah & Thévenon, 2020; Chaitkin et al., 2017; Riding et al., 2021). This orientation in services negatively impacts the perception of support services for families, as they are associated with crisis and 'bad parenting', inciting shame (Canavan et al., 2016; Eisenstadt & Oppenheim, 2019). Especially mothers can experience shaming in some European countries if their children are in childcare at an age which is perceived as 'too early' (European Commission, 2022).

Secondly, families experiencing poverty indicated in various studies that they feel judged by social care staff (Chase & Walker, 2013; Inglis et al., 2019). Social workers are often working under pressure with high caseloads, low salaries, and limited time for supervision (Global Social Service Workforce Alliance & UNICEF, 2019; Harkin et al., 2020). A study in Denmark, for instance, explored barriers that parents of children with mental health difficulties face, which included the perception among almost 60% of parents that professionals did not listen (Hansen et al., 2021). In other words, if families do not feel heard or even feel judged, they are less likely to seek support.

4. Risks may lead to family separation

These physical and social barriers can contribute to social isolation and a depletion of coping mechanisms, to the escalation of family problems and ultimately even to family separation. The manifestation of this issue can be seen when looking at statistics related to people in residential care across Europe. According to the European Expert Group on the Transition from Institutional Care to Community-Based Services in 27 EU Member States (2020), there are still 1.4 million people living in residential care across the European Union, and these figures have stayed relatively stable over the past 10 years (Directorate-General for Employment et al., 2020).

Across all the EU-27 countries, a minority of residential care facilities are small-scale and community based, according to the expert group (Šiška & Beadle-Brown, 2020). When looking in particular at the situation of children, a further study found that 'income poverty and other social stress factors remain a major reason for alternative care placements' and, that children from 'socially disadvantaged families are seriously overrepresented among those in residential care.' (Directorate-General for Employment et al., 2020, p. 24). These developments lead to high state costs for residential care of children and the elderly and negative wellbeing effects across subsequent generations (Changing the Way We Care, 2021).

5. How to enhance recognition

Addressing the adverse effects of (mis)recognition manifested in stigma and discrimination are crucial to addressing family problems and making support services work for families. In 2020, 121 children (aged 12-17) from across 8 countries in Europe and beyond participating in family support services took part in a children's consultation (Gale, 2020, on behalf of SOS Children's Villages) aimed at informing the EU Strategy on the Rights of the Child and the European Child Guarantee. Figure 1 highlights what children in the consultation emphasised in terms of needed support services for their family:
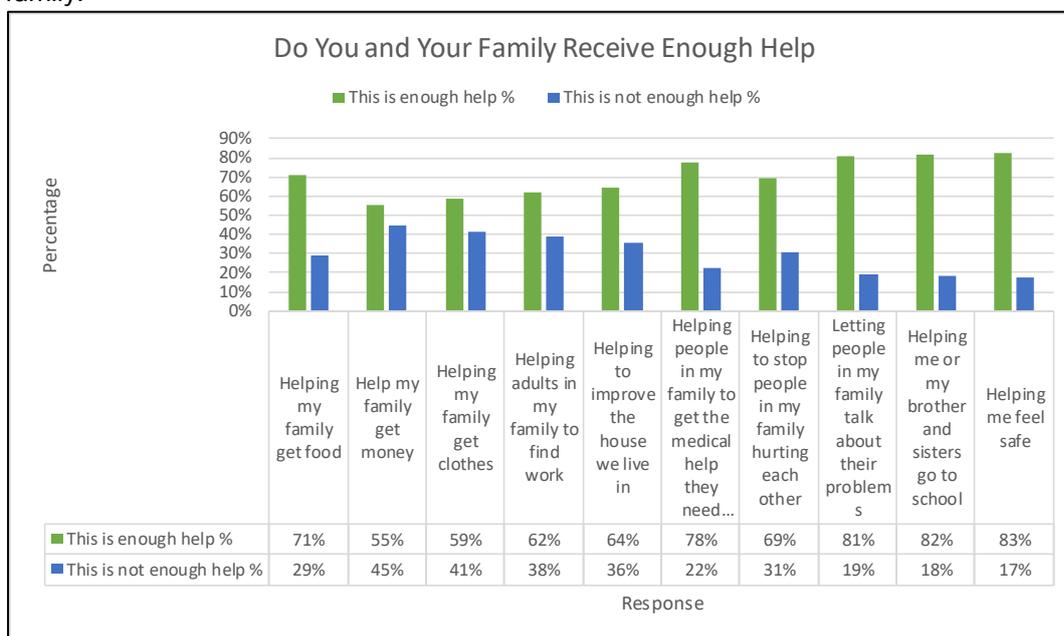

Do You and Your Family Receive Enough Help

Response	Helping my family get food	Help my family get money	Helping my family get clothes	Helping adults in my family to find work	Helping to improve the house we live in	Helping people in my family to get the medical help they need…	Helping to stop people in my family hurting each other	Letting people in my family talk about their problems	Helping me or my brother and sisters go to school	Helping me feel safe
This is enough help %	71%	55%	59%	62%	64%	78%	69%	81%	82%	83%
This is not enough help %	29%	45%	41%	38%	36%	22%	31%	19%	18%	17%

Figure 1: Do you and your family receive enough help? (count 105)

Almost half the children who participated in the survey told us that the monetary support their family receives is not enough. Over a third of children think adults in their family are not receiving sufficient help to find work, and would also like to see more improvements being made to the housing they live in. Almost a third of children said there is not enough help with food, and approximately a fifth see assistance in accessing medical services when needed as insufficient.

When asked if they could identify any problems they think other children and their families in their local community are experiencing, responses mostly corresponded to the very same issues children had already reflected on in relation to their own circumstances. These included issues of poverty, lack of food, the importance of children being able to go to school and, in some instances, help with family relationships (Gale, on behalf of SOS Children's Villages 2020).

The responses by children indicate that children would like their families and other families in the community to receive support in multiple areas of their lives – from financial support, to enhancing their capabilities, such as in solving conflicts. This links to two main areas that have been identified by scholars as potential policy and service improvements (Eisenstadt & Oppenheim, 2019). These include:
1) putting in place integrated low-threshold community-based family support services to address physical barriers
2) recognising voice, agency and capabilities of social service users and changing narratives related to disadvantaged families to reduce social barriers

5.1 Recognising the need for investment in integrated, community-based family support services
Significant concerns related to support services relate to the fact that community-based family support services, for example early childhood development services and specialised services for families in crisis situations, are still limited across many European countries (EU Alliance for Investing in Children, 2022). Moreover, where support services are available, these can be considerably fragmented across different sectors, making it harder for families to navigate bureaucratic processes (Lens et al., 2018).

A 'whole of government' approach towards service provision for families could enable cross-sectoral collaboration and clear roles and responsibilities across various policy domains, such as child protection, social protection, justice, gender, education, and health. This model is based on the social service 'cascading approach' defined by Hardiker and colleagues (Acquah & Thévenon, 2020; Hardiker et al., 1991). The approach is also in line with the Guidelines for the Alternative Care of Children (2009), in that families should have access to a range of flexible and high-quality services, across all three levels of prevention and which work in an integrated manner across various sectors (EU Alliance for Investing in Children, 2022; Guidelines for the Alternative Care of Children, 2009).
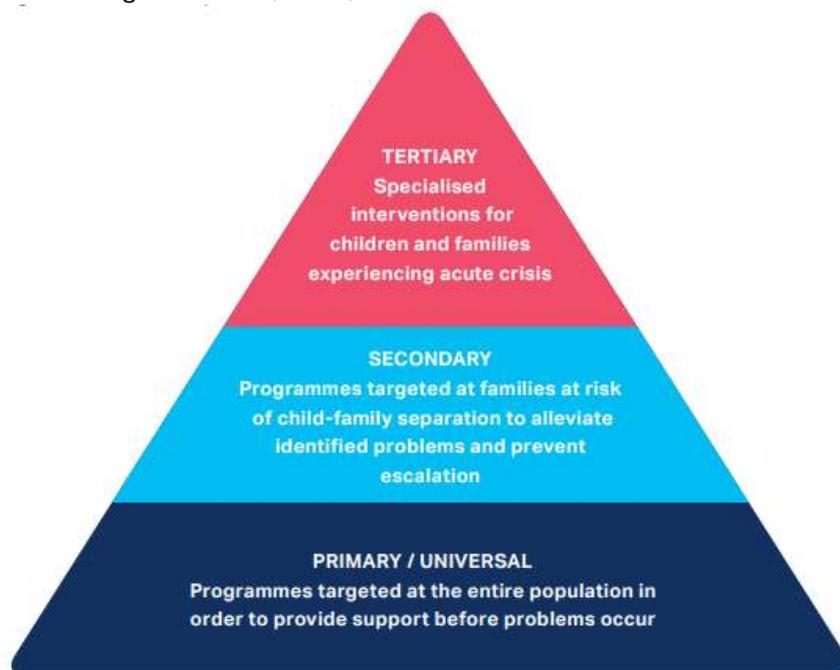

TERTIARY
Specialised interventions for children and families experiencing acute crisis

SECONDARY
Programmes targeted at families at risk of child-family separation to alleviate identified problems and prevent escalation

PRIMARY / UNIVERSAL
Programmes targeted at the entire population in order to provide support before problems occur

Figure 2: The three levels of prevention (Gale et al. 2023 adapted from Devaney et al., 2013)

These services can target specific groups as highlighted in the below box.

- Pregnant (adolescent) and postpartum women
- Grandparent-headed households
- Adolescent parents
- Single parents
- Parents of children with disabilities or mental health difficulties
- Large families with many children
- Divorced/separated families
- Refugee families, ethnic minorities
- Families affected by alcohol and substance abuse
- Families affected by violence and abuse
- Families affected by conflict or natural disasters
- Child-headed households

Primary prevention constitutes universal services available to all children and their families. Ensuring the population's easy access to social protection services, including social assistance, social insurance, parental leave, and child benefits, as well as day care and early intervention programmes. Experiences with multi-generation houses that combine child care services, family counselling, community volunteering, and a place for the elderly to interact with young people (e.g. in Germany, see SOS Kinderdorf) have shown positive outcomes on community social cohesion (Ornig et al., 2022), as have area- and community-based services targeting early childhood services in low income neighbourhoods such as the previous Sure Start programme in the United Kingdom (Deven, 2006). Services on levels two and three constitute individualised, tailored approaches for families at a higher risk of separation, such as those requiring psychosocial support and mental health services, crisis shelters to protect from violence and abuse, e.g. domestic violence (Gale et al. 2023).

Some scholars (e.g. Acquah & Thévenon 2020) have emphasised that a 'whole of government approach' that links various levels of government and sectors can significantly increase access, quality and efficiency of community-based family support services, as depicted in figure 4. This can enable simpler cross-referrals and make it easier for families to access the services they need.
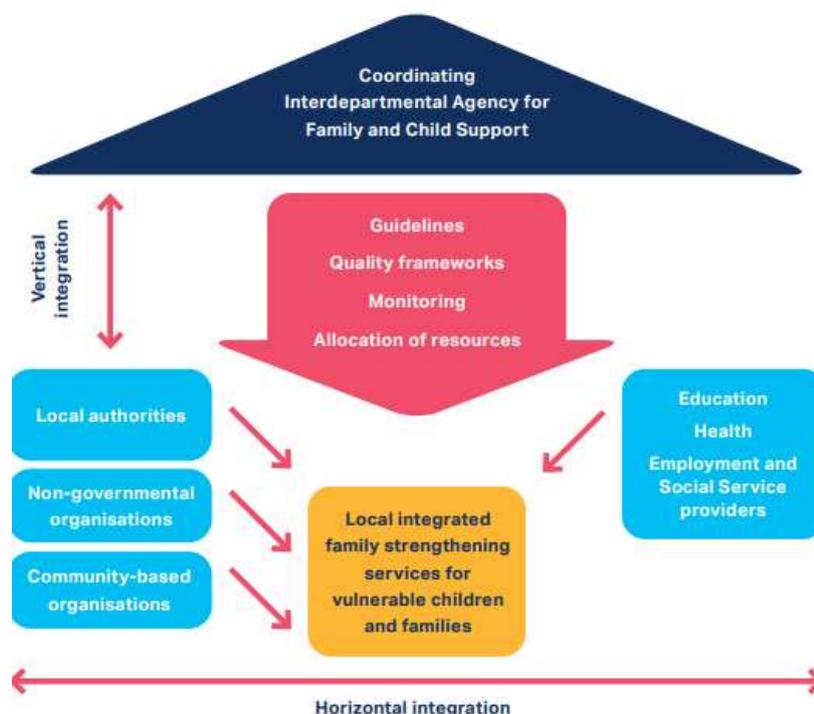

Figure 3: A multi-sectoral approach to family support (Gale et al (2023), adapted from Acquah & Thevenon (2020)

Professionals working in formal care require adequate remuneration and better working conditions, as well as ongoing training and support, in order to provide caring and supportive services to others (Global Social Service Workforce Alliance & UNICEF, 2019).

5.2 Recognising voice and capabilities

In the aforementioned children's consultation, when asked about their involvement in decision-making of the social worker and their families, more than a third of children combined (36%) mentioned that they are only included in decision-making 'sometimes', or 'never'. It is notable that children do feel they want more inclusion in decisions being made about them and their families. When asked this question approximately three quarters said 'yes' (73%) (Figure 2).
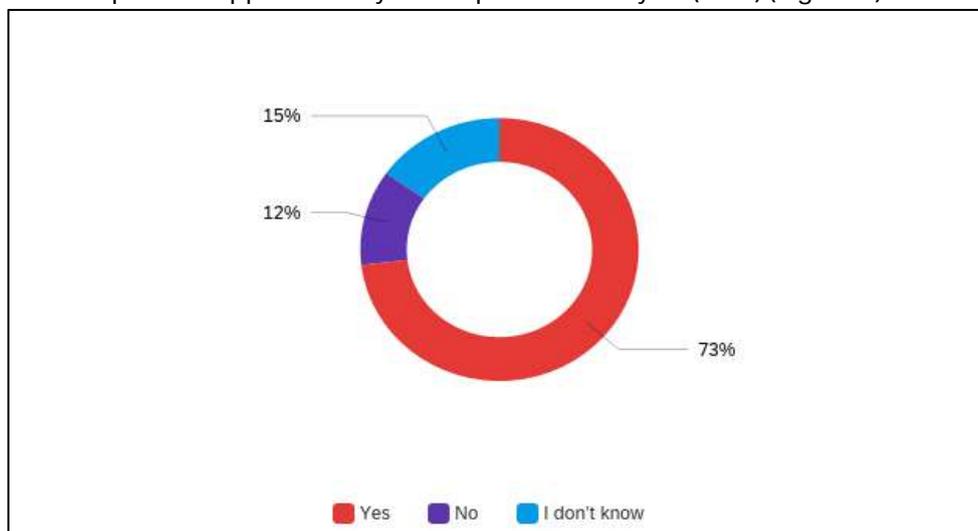

Figure 4. Would you like the social worker to include you more in decisions that are being made about you and your family? (count 119)

Adults and children faced with disadvantage and poverty consistently emphasise the need to be heard (Lister, 2016). Truly understanding the experiences of those directly affected not only increases feelings of recognition. Meaningful participation of families in decisions that affect their lives can increase the effectiveness of policy and service, in particular when professionals recognise strengths, capabilities, treat service users with respect and dignity, and are flexible and responsive to their needs (Bartley, 2006; Canavan et al., 2016; Eisenstadt & Oppenheim, 2019).

5.3 Recognising the need to change the narrative

The children who participated in the children's consultation, talked about the issues that they think make families struggle:

- *'In general, the world we live in suffers from poverty. I believe that other families face problems of poverty and integration into society'*
- *'I would love if there was friendship and cooperation, relaxation, respect, and overcoming the stereotypes and bullying that has prevailed in many children as a bad memory'*
- *'(There are) Behavioural problems, financial problems, comprehensive problems that the family cannot talk about'*

As previously outlined, shaming through public and media discourse can increase experiences of poverty, inequality, and negatively affect mental health and wellbeing outcomes (Inglis et al., 2022). In contrast, feeling included and part of a community can have substantial positive effects on experiences of wellbeing, and can even prompt families to seek support more early on and ultimately prevent family separation (Gale et al. 2023).

This inherently means changing attitudes and beliefs among the general public and politicians that may contribute to families becoming particularly vulnerable. For example, awareness-raising or social marketing campaigns for professionals and members of the public may counteract shaming and negative stereotypes related to poverty, age, gender and minorities (Davis & Williams, 2020; Gale et al., 2023; Juntunen et al., 2022). As summarised by Gale et al, *"Even though families may be in difficulty, they should not be made to think their children will be better off in alternative care just because they might receive access to more food, clothing and better living conditions for example. Children want and need the love and support of their own families"* (Gale et al. 2023, pg. 24).

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6. Conclusion: The power of positive recognition

In a current participatory research project looking at the topic of child-family separation, we asked a child in El Salvador what she would do if she were a super hero and could change the situation of families in her community: *"The three things that I would change are: The lack of understanding, unity and communication. My superpowers would be to bring peace and harmony to families."*
(Freely translated from Spanish; Participatory research on child-family separation, forthcoming)

So how can we bring peace and harmony to families without magical superpowers?

Investment in the care economy should also address **physical as well as social barriers** related to seeking and accessing support services across Europe to enhance family wellbeing across generations. Three main areas of recognition are required:

- A range of **integrated and community-based social protection and family support services** reduce pressures on families, including **adequate remuneration** and recognition of the formal care provided by the social workforce
- Social services that **meaningfully involve families, children, and older people** and are based on mutual respect and **dignity**, building on existing **capabilities**
- **Awareness campaigns** for the general public to counteract shaming and negative stereotypes surrounding poverty, age, and gender

As emphasised in the European Care Strategy for Caregivers and Care Receivers – "care concerns us all". To truly "put care at the very heart of our lives and politics", as called for in the Care Manifesto (2020), various forms of recognition are required. Jointly, we can avoid unnecessary family separation if we invest in the power of positive recognition.

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