

Conceptualising Care in Children's Social Services

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Abstract

This article explores the concept of care and the responsibility assumed by 'states' when taking children into care. It examines the limitations of the state in exercising its parental duty and it proposes a model for re-conceptualising children's social care by drawing on the literature on autonomy, recognition theory and specific provisions of the United Nations Convention on the Rights of the Child. The model places the child's dignity at the core of the care framework, and it argues that a children's rights approach which is grounded in moral theories contributes to their self-esteem and autonomy, both of which are key for a person's development and well-being. The model addresses the tension between children's rights and child welfare and it can be applied to child protection services that aim to take a children's rights approach.

Keywords: autonomy, children looked after, children's rights, recognition theory, UNCRC

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Introduction

The preamble of the United Nations Convention on the Rights of the Child (UNCRC) states that family is 'the natural environment for the growth and well-being of all its members and particularly children'. The social and relationship environment of the family can provide children with the context for their development and is key to their identity formation (Deci and Ryan, 2012; Scabini and Manzi, 2012). It is a space where people manifest their feelings and retreat from anxieties and frustrations accumulated in the macro-world (Berger and Berger, 1981),

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where rules can be breached or renegotiated and boundaries reshaped, where children develop their trust, autonomy, initiative, industry and identity (Erikson, 1994) that will help them become functional adults. 'Families help us to learn the explicit and tacit social rules necessary for functioning in the wider world, and families are uniquely positioned to do so, because it is those closest to us who have the knowledge and incentives necessary to provide that learning' (Horwitz, 2005, p. 669). Parents are their children's advocates in relation to institutions (Alstott, 2004). Care is a family function, that has love as its foundation (Morgan, 1996) with parents providing unconditional support to their children, being attentive to all their needs, including affection, continuity, stimulation and mutuality (Hill and Tisdall, 1997). According to Golombok (2000), the level of confidence a child has in the outside world is influenced by the quality of their relationship they have with their parents. It is important to acknowledge the functions of the family microsystem in order to understand the complex needs children have when the state steps in to take children into care.

But to what extent can the state successfully replace the parental functions enumerated above to ensure that children in care are treated as similarly as possible to children raised by their families, having equal opportunities on their journey towards autonomy and independence? States have a duty of care to children whose parents are unable to nurture in a way that is regarded suitable. However, even in countries like England that have made efforts to improve outcomes for children in care, closed down large residential institutions and focussed on safety and permanence, many children face instability and multiple placements (Lockwood *et al.*, 2015) with some authors speaking of a 'systemic failure' of child protection systems (Featherstone *et al.*, 2014, p. 2).

In the parent/child relationship, love is an assumption 'grounded in human nature' and its absence is regarded as deviance (Dingwall *et al.*, 1983, p. 87). That makes replicating the act of care in the regulated space of children's services challenging as it requires responding to the child's needs as loving parents do, as well as the protecting the professionals who deliver the services from errors of judgement and the carers from potentially unfounded allegations (Plumridge and Sebba, 2016) or other risks which in the usual family space would not need to be considered. According to Herring (2013, p. 81), the ethics of care needs to ensure that 'the regulation will promote, not hinder, caring relations', allowing them to remain as much as possible 'spontaneous, free and individualised'. It includes meeting needs, respect, responsibility and relationality. Both Held (2006) and Herring (2013) hold that emotions—sympathy, empathy, trust and sensitivity—are essential in a caring relationship.

Whether provided by family or by the state, care is a complex and profoundly human act. Held (2006, p. 135) regards care as 'the most

basic moral value' whose ethics are governed by human relationships based on trust, mutual responsiveness and shared consideration. It is more than the fulfilment of needs as it requires empathy (Noddings, 2002), a personal act that addresses survival, safety and development needs. I suggest that autonomy, particularly relational autonomy (Verkerk, 2001) should be the aim of children's social care, a concept that sits well with the ethics of care and which addresses the tension between rights, care (Verkerk, 2001) and child welfare (Tisdall and Punch, 2012). More specifically, this tension can be addressed in care ethics by regarding autonomy as a competency (Meyers, 1989), as a skillset one can draw on to perform tasks while questioning their capacity to maintain self-respect (moral capacity). Such skills and moral capacity need to be considered alongside the evolving capacity of the child (Articles 5 and 14 of the UNCRC).

Care is a process (Verkerk, 2001) which involves attentive love, in which children are protected from harm and taught trust for others (Noddings, 2002). The challenge of reproducing such relationships in a residential or even foster care environment in which parental commitments and responsibilities are often divided between several professionals, has been explored by scholars in the field (Bullock *et al.*, 2006). The relationship between a child and their foster or residential carer may be a regulated and professional one from the carer's perspective whereas from the child's perspective it is a personal, unique and formative childhood experience that may impact on how they live their adult life. Given the impact of care on a child's functioning both short and long term, it is important that care is conceptualised as a matter of justice rather than a matter of luck (Gheaus, 2009). How care is conceptualised determines professionals' approach which is key in understanding needs and how to respond to them. Although needs range from the need to express feelings, to be listened to sympathetically, to be recognised as a person of worth regardless of one's fault, to make choices, or have information about them treated with confidentiality (Biestek, 1954) not every approach will identify them as such.

Children in care, identity and recognition

Empirical research indicates that care is a major interference in a child's identity formation (Neagu and Sebba, 2019). The loss of family ties, social networks and communities breach the identity principles: continuity, distinctiveness and self-esteem (Breakwell, 1986).

Their unique individual identity as the son or daughter of their parents is often replaced or superimposed by their acquired collective identity: looked after child, foster child, orphan, child of the state, to name just a few. The natural connections that are usually generated by a

family environment may be obstructed, limited or simply not supported by the professionals who are in charge of their private lives. Children are often placed with families or in homes of which they have no or little prior knowledge. Generally speaking, an emotional connection, although important (Gribble, 2016), is not required in residential or foster care. Furthermore, in risk centred systems love is regarded as risk, relationships are regulated (Emond, 2016) and sometimes carers are recommended not to get attached to the children they care for (Modell, 2002). For example, although touch is an important aspect of care, some carers avoid touching children or do not 'click' with the child (Meakings and Selwyn, 2016) or have compassion fatigue (Hannah and Woolgar, 2018). In England, touch is regulated (Green, 2016) to avoid inappropriate touch and safeguard carers against possible allegations (Plumridge and Sebba, 2016). Such provisions may become barriers to children feeling loved, despite such needs being expressed by the care experienced community in different countries (Neumann, 2016; The Care Experienced Conference, 2019; Independent Care Review Scotland, 2020). Other opportunities for social connections including arranging sleepovers or playdates and cultivating school friendships outside the care circle are not (to my knowledge) considered indicators of good practice or, in risk averse systems may be subject to onerous regulations. The problem with such constraints is that they may erode the self-esteem, trust and eventual autonomy (Anderson and Honneth, 2004), of the vulnerable child and that of the professionals who are not trusted to make those decisions. Consequently, the state becomes an overprotective 'parent'. According to Ungar (2009), children raised in low risk environments, who are not allowed to take risk and responsibility, may develop anxious or antisocial behaviour.

Practices that impinge on one's self-esteem, such as stigmatisation or humiliation affect one's autonomy and sense of worth (and dignity), and lead to feelings of shame and worthlessness (Anderson and Honneth, 2004). The literature that brings forward the voices of young people suggests that they wish for childhood experiences similar to those of their peers (Selwyn and Baker, 2017; Wood and Selwyn, 2017): that they wish to be loved, respected and to be treated as individuals, to be trusted, to be consulted and listened to on matters that concern them, to have accurate knowledge of their birth families and of their life before care (Baker et al., 2005; Posso, 2018; Sinclair et al., 2005; The Care Experienced Conference, 2019). The fact that the same messages come from different countries suggests that systematic barriers may prevent child protection systems from placing respect and recognition of the children's emotional and identity needs at the heart of the system, despite widespread agreement that these are key elements for human flourishing (Fraser and Honneth, 2003). Taylor (1994) argues that denial of recognition can be conceived of as a form of oppression.

Achieving autonomy in children's social care through recognition theory and children's rights

Despite numerous initiatives to improve the approach to care, children's social care has remained largely under-theorised (Nussbaum and Dixon, 2012). This may be part of the reason why not enough is understood about the outcomes gap between young people who were in care and their peers who were not (Mannay *et al.*, 2017). Reframing children's social care through the lenses of autonomy and dignity (by employing recognition theory and children's rights) can contribute to a better understanding of why children in care fare less well than their peers (Mannay *et al.*, 2017).

Anderson and Honneth (2004, p. 130) define full autonomy as 'the real and effective capacity to develop and pursue one's own conception of a worthwhile life' and claim that this 'is only achievable under socially supportive conditions'. Autonomy is therefore connected to a person's functioning and their capabilities. The UNCRC through provisions such as the child's right to be heard, created the premise for recognising the importance of children developing and exercising their autonomy and agency (Reynaiert and Roose, 2014). While the difference between agency and autonomy is discussed by Sutterlüty and Tisdall (2019), this article focuses on the development of children's autonomy in the social care context.

Autonomy is central to children's well-being (Daly, 2018) and an optimum level of autonomy is an aim of education, which promotes independence of thought, self-determination and self-rule, the ability to exercise choice, psychological freedom and practical competence (Oshana, 2005). Similarly, care should ensure that children's evolving capacities and autonomy formation are not obstructed by norms. Eekelaar (1986) holds that the only instance in which children's autonomy should be limited is when it hinders their developmental interests.

Autonomy may be difficult to achieve in precarious childhood circumstances, for example if children are neglected, abused or not respected as human beings or if the care or school environment act as inhibitors rather than enablers of a child's self-confidence and autonomy. Anderson and Honneth (2004) explored the relationship between autonomy (based on self-respect, self-trust and self-esteem) and vulnerability and proposed a model of autonomy through recognition provided by the environment in which the agents (in our case, the children) live. Recognition itself is connected to rights and justice, an important feature of which is the achievement of fairness (*ibid.*). In contrast, harm and neglect have a negative impact on individuals' autonomy. Therefore, a model of quality of care should encapsulate the concept of autonomy that takes into account key relationships that foster its realisation.

While Verkerk (2001) points out potential tensions between care and autonomy, relational autonomy (Held, 2006) provides a helpful lens in understanding the child–carer relationship defined by both dependency and autonomy and the need to focus on conditions that enable its exercise as a form of relational agency (Verkerk, 2001).

Recognition theory in children's social care

It is reasonable to assume that providing care to children who are looked after by the state in a way that respects the child's dignity is an obligation for every country that has ratified the UNCRC and that achieving autonomy is a legitimate goal of care, similarly to children who are raised by their families. In consideration of the above, I propose a model for children's social care by connecting the principles of recognition theory (Honneth, 2005) to the relevant provisions of the UNCRC with the child's dignity at the heart of care and autonomy as the purpose of care. Honneth (2005), Taylor (1994) and Fraser (Fraser and Honneth, 2003) have contributed to the understanding of recognition as a human need.

Attempts to introduce recognition theory into social work practice have been discussed critically by other scholars, particularly in comparison to the attachment theory (Smith *et al.*, 2017) or critiqued for its risk of 'psychologisation' or suitability in a neoliberal context (Garrett, 2010). More recently, Mitchell, (2020) has employed recognition theory to understand Family Group Conferencing for family members who attend them and Korkiamäki and Gilligan (2020) analysed the accounts of unaccompanied asylum-seekers, highlighting experiences of misrecognition which the research participants encountered in their relations with social services.

According to Honneth (2005), there are three ways to achieve recognition: love, rights and solidarity. When recognition is achieved through love, it leads to self-confidence defined as one's capacity to express needs or desires without the fear of being abandoned; when it is achieved through rights, it leads to self-respect, to having a sense of oneself as a person and regarding oneself entitled to the same status and treatment like every other person; when achieved thorough solidarity it leads to feelings of uniqueness and self-esteem. Many of the children who come into care experience stigma and lack the self-confidence, self-respect or self-esteem, which most of their peers have (Johnson *et al.*, 2020). Arguably, the most complex challenge of a child protection system is to provide opportunities for meaningful participation of children to decisions that affect their lives although such participation increases children's capacity for independent decision-making, communication and critical thinking skills, and their confidence (Lundy,

2007; Lundy *et al.*, 2019). According to Mackenzie and Stoljar (2000, p. 262), '[s]elf-trust ... must be considered when evaluating or promoting autonomy skills because autonomy is dependent on self-trust'. Exercising autonomy involves, in part, reflecting on one's beliefs, values and desires; making reasonable decisions in light of them; and acting on those decisions.

Similar to many children raised by their families, children in care need to feel that their opinions matter that they are trusted to undertake responsibilities which are in line with their evolving capabilities and continue to be trusted even when they make errors of judgement or breach that trust. Such parenting should give young people the confidence that they matter to their primary carer and be conducive to young people's self-trust. Nys (2016) emphasises the need for self-trust for which one needs to feel trusted by others. Trust is important in children's social care as it is a key feature in the development of autonomy.

Care and love

Love is a human feeling that can manifest in relations between children and adults in the care context, regardless of the type of placement they are in, or the level of regulation or norms prohibiting attachment. Because love is often regarded as a resignation of power or authority (Tillich, 1954), its place in social care has been contested or disregarded as discussed in the previous section on identity and recognition. In addition to Biestek's work (1954), which translates love as an accepting attitude at the heart of social work, further conceptualisation has been undertaken recently by Godden (2017) and Emond (2016) with the latter unpicking ways through which love manifests in the context of residential care. Edmond suggests bonding activities (such as art or food) as vehicles to promote love within the caring profession. Love in care is important because love is a source for self-esteem in the relationship between trust, respect and autonomy in a context of vulnerability (Nys, 2016). Recognition is a constitutive element of love as 'an affirmation of independence that is guided—indeed, supported—by care' (Honneth, 2005, 107). Gheaus (2009, p. 64) points out that 'in order to become autonomous and reasonably independent of others, people need to experience the empowering nature of good care', which makes good care a matter of duty and justice rather than luck.

Although the preamble of the UNCRC states that children should grow 'in a family environment, in an atmosphere of happiness, love and understanding' these provisions remain largely aspirational and difficult to assess within the child protection paradigm. Article 12 of the

UNCRC, however, can be used as a platform to achieve what [Tillich \(1954\)](#) regards as the first duty of love, namely to listen and do so in a non-judgemental manner and in accordance with the ethical principles introduced by [Biestek \(1954\)](#). Furthermore, parenting instruments such as Parenting Plus, which include fairness, respect, partnership with their birth families and supporting children in their transition period ([Berrick and Skivenes, 2012](#)) could also inform new approaches to practice. In accordance with Alain de Botton's claim, that love is a skill ([de Botton, 2016](#)), practitioners and carers can be trained in how to 'love' children in care and how to provide them with a stable disposition of care ([Gheaus, 2017](#)).

The importance of recognition through rights for children in care

What children don't lose when they enter care are their rights. The special nature of protection for children deprived of their family environment refers to a duty to treat them with dignity and respect, as provided in Article 39 of the UNCRC ([Tobin, 2019](#)). Moreover, ([Starkey, 2009](#)) points out that agency and dignity are particularly important for people who experienced abuse. Honneth claims that self-respect can be achieved through rights, in this case through children's awareness that they have the same rights and should receive the same treatment as any other child. Children's social care is situated in the area between care and justice, a tension that has been discussed in childhood studies (e.g. [Lee, 2005](#); [Tisdall and Punch, 2012](#)). [Gilligan \(1988, p. 5\)](#) claims that justice and care are connected to 'experiences of inequality and of attachment that are embedded in the relationship between child and parent'. Rights can be invoked to distribute justice when care needs are not met ([Gilligan, 1988](#)). According to [Eekelaar \(1992, p. 234\)](#), 'the strength of rights formulation is its recognition of humans as individuals worthy of development and fulfilment'. While parents do not use the children's rights language in their child parent relationship, they introduce children to justice and fairness in the ecological system of the family.

In the absence of the unconditional support that family provides, it is important for children in care to be aware of their rights, for their rights to be discussed with them and respected. The child's right to respect and autonomy were at the centre of Janusz Korczak's scholarship, the Polish scholar whose work with children in state care inspired the UNCRC decades after his death. The UNCRC may serve as a framework for the 'legal recognition', described by [Honneth \(2005\)](#) as respect between individuals set by social norms, laws and duties, ensuring one's dignity. Dignity is at the core of human and children's rights frameworks as well as of recognition theory

(Honneth, 2005). The UNCRC refers repeatedly to the ‘inherent dignity of the human person’ (e.g. Article 37). Respect and dignity are seen as central not just in relations between people but also in the way people are treated by institutions (Nussbaum, 2011). Dignity is closely connected to a person’s freedom to define their concept of good life (Taylor, 1994), to autonomy and agency. Efforts to measure quality of care in adult social services have led to client satisfaction frameworks centred on dignity, self-esteem and control over their own daily life in countries like England and Japan (Nakamura-Thomas *et al.*, 2019). Similarly, for children to thrive, the care framework must address not only survival needs but also a dignified care experience, including recognition and affirmation of the child.

The key provisions of the UNCRC related to children in care are, arguably, Article 12 (the child’s right to be heard, an enabling right) and Article 20 (the right to special protection with an emphasis on the need to seek continuity in the child’s upbringing when considering placements). The enforcement of Article 12 has already been subject to much scholarship in children’s rights and childhood studies as the core provision to enable child participation (e.g. Hart, 1992; Tisdall *et al.*, 2008; Lundy *et al.*, 2019). Article 12 needs to be understood dialogically, aiming to overcome a tendency that regards children as ‘potential dissidents’ (Lushey and Munro, 2015). Article 20—the one Article which refers specifically to children in care protects children’s interests, nurtures their right to development (Alstott, 2004) and their right to identity, given the importance of continuity in identity formation. Both articles are instrumental in building a holistic approach that responds to children’s interests.

In contrast to practices that are reassuring and respectful, controlling behaviours that undermine the child’s sense of self and volitional functioning would also hinder the development of autonomy (Scabini and Manzi, 2012). Lower autonomy may lead to outcomes such as lower self-esteem, higher depression and anxiety, narcissism, Machiavellianism and high risk behaviours (Deci and Ryan, 2012). This is important knowledge for social care practitioners, because behaviour challenges for children in care are often seen as mental health issues. These are often assumed to be a result of adversity in their early childhood without considering children’s perception of care. Over-controlling practices can be employed in children’s public care due to limited resources and a risk avoidance culture and possibly due to a lack of awareness of their consequences for child development. In addition to specific training for carers and practitioners, a rights-based approach could include opportunities for children to become aware of their rights, such as children’s rights summer schools. These could also be empowerment opportunities and serve as basis for peer support.

Solidarity in children's social care

The third strand of recognition is the human need for self-esteem. The importance of being able 'to relate positively to their concrete traits and abilities' (Honneth, 2005, p. 121) for one's well-being is reflected in Article 29 of the UNCRC according to which education should be 'directed to the development of the child's personality, talents, mental and physical abilities to achieve their full potential'. This provision sits well with Honneth's concept of solidarity as a form of recognition. Transposing it into children's social care would mean children's talents and extracurricular interests being explored and supported. Research in this area indicates that children in care who undertook extracurricular activities had enhanced resilience and a better school experience (Gilligan, 2007, 2008; White *et al.*, 2018). Providing children with opportunities to develop their hobbies by taking part in extra-curricular activities is important for overcoming stigma associated with their care status outside their care network. In addition to gaining self-respect, the development of individual skills will contribute to the development of their autonomy, including relational autonomy. Moreover, a care experience that nurtures talent can be the sustaining context required to create the readiness needed to grasp opportunities that may lead to positive turning points (Gilligan, 2009).

Figure 1 illustrates how provisions of the UNCRC can be employed to inform a recognition-based approach in children's social care in which autonomy is regarded as the goal for children who are in care:

The proposed approach may be conducive to support young people becoming active agents in their own development (Gilligan, 2008) and having enhanced social networks built in time and in a safe and supported manner. Good quality care requires involving children in decisions about their placement or at least ensuring a sensitive transition into care (Gilligan, 2002; Berrick and Skivenes, 2012; Zeijlmans *et al.*, 2019).

Such an approach has the potential to lead to what Tronto (2015, p. 36) labelled as a 'caring with' approach, regarded as 'a new democratic ideal for care' expected to have 'moral effects of trust and solidarity'. Many of these structural needs have been recognised in England for example, by various policy documents such as Every Child Matters (HM Government, 2003) and The Care Inquiry (2013). More recently, The Care Experienced Conference (2019) in England which gathered 150 care experienced people between sixteen and eighty-two years old made similar claims to love, identity, respect of their rights and to what they have to say and continuity of their positive relationships. In Scotland, the First Minister has entrusted leaders of the care community to conduct the care review and love, respect and the opportunity to achieve

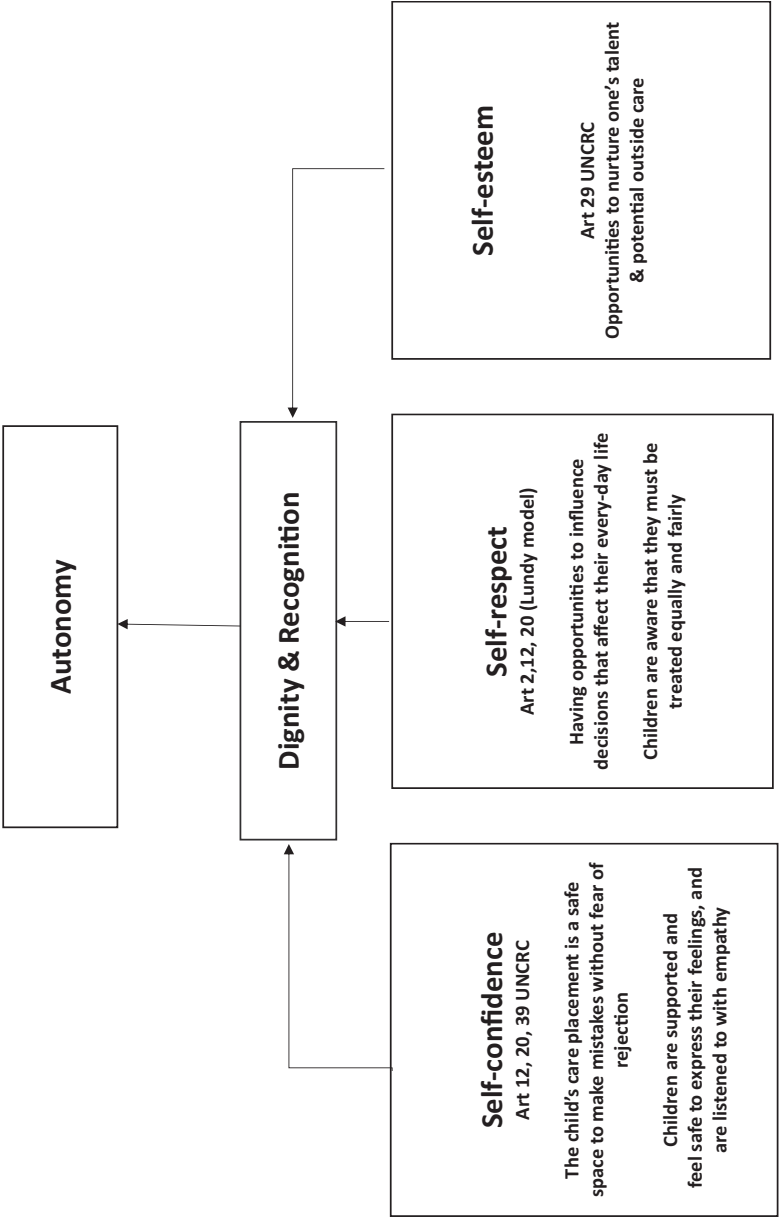


Figure 1: Conceptualising autonomy in children's social care.

one's potential are at the heart of reform of the care system. 'The Promise' the policy document designed by the care experienced community has entered the engagement phase with cross-party political support. Moreover, Scotland has recently incorporated the UNCRC into domestic law and aspire to have 'the best care system in the world'.

Concluding remarks and implications for practice

Drawing on relevant provisions of the UNCRC and on Honneth's recognition theory, this article proposes a conceptual framework that aims to shift policy-makers' and practitioners' thinking beyond the welfare approach by placing dignity at the core of care and achieving autonomy as the goal of care. A recognition-based approach supports children and young people in care to become agents in their own development and has the potential to make care an empowering experience for them (Gilligan, 2008).

In Honneth's (2005) conceptualisation of recognition, 'love', 'respect' and 'rights' are the pathways to achieving individual recognition. Efforts should focus on identifying mechanisms to improve the quality of children's social care by exploring ways to develop further their autonomy and self-esteem.

A conceptual framework drawing on recognition theory and the UNCRC is a suitable approach for the way in which the state in fulfilling its duty when it removes children from their families. In providing care (either directly or through non-state actors), the state must not limit itself to provide for the children's basic needs and protect them from violence. While necessary, these are not sufficient for children to achieve their potential. A new holistic approach is required for them to be able to gain self-confidence and self-esteem. The proposed approach has the potential to increase young people's self-confidence and self-esteem, maximising their chances of achieving autonomy. The approach resonates with messages from the care experienced community in England, Scotland and Wales.

While children's rights are universally recognised and the need for recognition is common across vulnerable groups, a recognition and rights-based approach, additionally, will need to give due consideration to cultural, social-economic and political factors that shape local contexts. As Taylor (1994) pointed out, the actual employment of dignity may be relevant only to democratic societies. Even if limited to democratic states, the potential value of this approach is to deter the state's tendency to misrecognition or othering (Garrett, 2010; Mitchell, 2020) or to fulfil its duty of care in an overprotective manner leading to disempowerment of both children and those who look after them.

Further research conducted in partnership with experts by experience is required to operationalise the approach in practice. Their participation will

be instrumental in avoiding new prescriptive frameworks that lose their meaning on the convoluted path between research, policy and practice.

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