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Version  Publisher PDF


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An Argument for Critical Social Work Practice with Families

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RéSUMÉ

Le présent document vise à présenter un argument en faveur de la réorientation de l’engagement du travail social envers la santé et le bien-être des familles. Bien que le travail social fasse partie d’une variété de services répondant aux besoins des familles, un contexte social, économique et politique en évolution exige que nous changions la façon dont nous conceptualisons le travail familial, en allant au-delà de ce que certains ont appelé notre rôle de « brancardiers » auprès des victimes du système (Jennissen et Lundy, 2006), vers l’élaboration d’une pratique de travail social essentielle avec les familles. La pratique critique du travail social est une réponse nécessaire à un contexte néolibéral dans lequel les familles sont assiégées et doivent être soutenues pour résister à la pression de se reconfigurer pour répondre aux besoins de l’économie.

ABSTRACT

The purpose of this paper is to present an argument for the reorientation of social work’s commitment to the health and well-being of families. Although social work is involved in a variety of services addressing the needs of families, a changing social, economic, and political context necessitates that we change the way we conceptualize family work, moving beyond what some have called our role as “stretcher bearers” for casualties of the system (Jennissen & Lundy, 2006), toward developing critical social work practice with families. Critical social work practice is a necessary response to a neoliberal context in which families are under siege and must be supported to withstand pressure to reconfigure themselves to serve the needs of the economy.
A HISTORY OF SOCIAL WORK FOR THE HEALTH AND WELL-BEING OF FAMILIES

Social work has existed for just over 100 years in Canada. Canadian social work shares origins with American social work, specifically, locating early versions of the profession in the work of Mary Richmond and Jane Addams in the United States (Margolin, 1997). Unique contributions to the start of Canadian social work include the community work of religious organizations like the Charity Organization Societies (Jennissen & Lundy, 2011), the Black churches and the Social Gospel Movement (Ives, Denov, & Sussman, 2015), and secular organizations like the Bureau d'Aides in French Canada (Prud'homme, 2011), and the Visiting Committees in English Canada (Chambon, Johnstone, & Winckler, 2011). However, social work transformed from philanthropic work to professional work by establishing an expertise in working with families. From early in the 20th century, social work established a professional niche based on addressing the needs of neglected, abused, orphaned, and exploited children (Stevenson, 2015), and child welfare work would go on to be an anchor of the social work profession, particularly after its integration into nation-building processes to assimilate Indigenous populations (Baskin, 2006). The field’s focus on family systems would be taken into other areas of expertise, specifically, the support of families and caregivers affected by issues like addiction, mental and physical illness, and disability (Boschma, 2011; Coady, 1993; Deslauriers & Bourdeau, 2010; Harrison, Albanese, & Berman, 2014; Lai, 2009; McConnell, Breitkreuz, & Savage, 2012). With this deep involvement in family work across systems, it was logical for social work to also be involved in the rise of family therapy, contributing significantly to its development and dissemination across health and social service systems (Beels, 2002; Carter & McGoldrick, 1989; Coady, 1993).

Twenty-five years ago, Nick Coady (1993), then at the University of Calgary, asserted that social work needed to review its commitments to family therapy, because current iterations were incompatible with social work’s emphasis on multi-level practice. He suggested that while family therapy tended to focus narrowly on the family and blame families for the problems they were facing, generalist social work practice with families was based on empowering families and working with them in their social environments. Coady saw a future in
which generalist social work would dispel the allure of guru-driven family therapy and practitioners would move toward practice with families that would be sensitive to issues of power, gender, race, and other disadvantages in social, economic, political, and historical context.

Coady’s predictions have been fulfilled in some part. The social work profession, with many contributions from Canadian social work, has taken on the work of developing knowledge and practice to meet the needs of families living in poverty (Caragata, 2001; Mayan, Gray, Lo, & Hyshka, 2011; Waldegrave, 2005); Indigenous, racial, and ethnic minority families (Al-Krenawi & Graham, 2003; Herberg, 1998; Houlding, Schmidt, Stern, Jamieson, & Borg, 2012; McGoldrick, Giordano, & Garcia-Preto, 2005; Templeton & Durksen, 2014; Thandi, Daljit, & Thandi, 2013); and families including sexual and/or gender minority people (Bigner & Wetchler, 2012; Fredriksen-Goldsen, Hoy-Ellis, Goldsen, Emlet, & Hooyman, 2014; Istar Lev, 2010). Admittedly, much of this work continues to focus on the family system, with economy, history, and politics mostly a backdrop for understanding, rather than a venue for intervention. A notable exception, however, is the work that has been done on multi-systemic therapies that treat the social environment as a specific zone for both problems and solutions to problems families are facing (Carstens, Panzano, Massatti, Roth, & Sweeney, 2009).

Generalist social work has created the space for social work to describe practice in multiple systems, and with many different types of families.

Social work practice with families has changed because families have changed. Defining “family” draws on biological, social, cultural, and institutional knowledges that may converge but often conflict in their determination of who is included or excluded. Social workers must grapple with institutional framings because of our placement in institutions, but the definitions of family used in such spaces are often over-determined by parental and economic ties, and under-determined by kinship relations, caring relationships, and self-perceptions that may have much deeper implications for how a family functions (Tam, Findlay, & Kohen, 2017). Social work requires attention to the institutional framing of family, but must also attend to social and cultural framings; we are ethically compelled to do so as part of our professional commitments to social justice and respect for the inherent dignity and worth of persons. In addition, we must recognize that “family” is far from a neutral term or idea for many people. Institutional, social, biological, and cultural framings may be in direct conflict with individual perceptions of who should or should not be included in their families. Any definition of “family” is debatable. This paper opts for an inclusive definition that aspires to represent the inclusivity that...
families hopefully encounter in social work settings. Here, the family in social work practice is defined as a group of individuals who may be legally or biologically linked, but fundamentally self-identify as connected to each other, and share a mutual commitment to that connection and caring for each other over an extended period of time.

The generalist social work suggested by Coady has not taken on the overtly political stand that is required for family social work practice in the current neoliberal context. Despite commitments to social justice, social workers are still largely serving as “stretcher bearers” (Jennissen & Lundy, 2006) for marginalized families that are casualties of a political onslaught that has them fighting for survival, for self-determination, for respect, and for dignity every single day. Contemporary times require critical, politicized social work, because families are straining under the pressure to serve the needs of a market-focused society while trying also to serve the needs of family members. This situation, in which families are expected to promote the health and wellbeing of family members while the state withholds and withdraws support, is what this paper proposes has families living under conditions of siege.

The word “siege” is used cautiously here, because there are discourses about families being under attack, threats to the family, and destruction of the family that this analogy is not designed to join or support. Instead, this military metaphor extends the one started by Jennissen and Lundy (2006) when they referred to families as casualties, and aligns with a tradition of militarized language in social work, reflecting what Beckett (2003) contends is the field’s long-term experience of being besieged by demands that far outstrip the capacity to respond effectively. Similarly, this paper evokes the language of combat to represent the positioning of Canadian families at the front line of an attack on the social safety net. The specific word “siege” is useful for communicating clearly that the processes that are eroding supports to families are not neutral, but political and threatening.

“Siege” is defined as a process of “surrounding and attacking a fortified place in such a way as to isolate it from help and supplies, for the purpose of lessening the resistance of defenders and thereby making capture possible” (emphasis added). The use of the term “siege” here allows us to explore how families are, ideally, a fortified place; a protecting place that has as its purpose the health and well-being of its members. That protecting place, family life, is under attack and vulnerable to a system that would capture it for the
purposes of serving economic and political systems. Families are increasingly strained and unable to resist the system’s attempts to reconfigure family life and appropriate the caring within families as tools for furthering the interests of the market economy, because the system only offers helps under those conditions (Hagen, Ludin, O’Dell, & Petersén, 2012). Consequently, social work practice must move beyond helping family members to bear the burdens of those neoliberal system demands and take on a critical social work practice oriented toward resistance.

NEOLIBERALISM AND THE CAREGIVING FAMILY

Neoliberalism is the term used to describe global transformations that have pared down the welfare state, shifted the structures of public and private sectors, and eroded the security and stability of workforces (Spolander et al., 2014). In the 1930s, a Canadian social worker, Bessie Touzel, was a leader in advocating for state protection of individuals and families and she is credited with laying the groundwork for the Canadian welfare state (Johnstone, 2015). Neoliberalism is the mechanism by which those state protections are being dismantled. Superficially, it may appear the opposite is true. For example, increases in maternity/parental leave benefits for families welcoming new children seem designed to support families. Yet this initiative, like many recent tax and welfare reforms directed at families, translates into benefits for those who can afford to exercise options like suspending paid work, and confer far less benefit on poorer families without the same options (Sugarman, 2008). Since the 1980s, policy has shifted away from supporting families via income transfers, favoring tax allowances and deductions to encourage families with sufficient income to purchase supports and services that were previously provided by the state (Olsen, 1994). There is a clear trend of Canadian government bodies divesting themselves of the provision of services to promote individual and collective well-being (Cohen, Morrison, & Smith, 1995), operationalized by depleting the public sector workforce and transferring former public services to the private sector (Dunlop, 2006). Investments in the welfare of children are valuable and made visible, but there are simultaneous moves at policy level to decrease investments in the families of those children, and to sidestep responsibility for the welfare of that child over the life course (Lefebvre & Merrigan, 2003). The decline of support to families materializes in things like insufficient availability of subsidized daycare, defunded after-school programs in schools, minimal or no investments in affordable housing and public transportation, clawbacks of family allowance and old age security benefits, and long waitlists for meagre, short-term access to services like post-hospital homecare, rehabilitation treatment, and case management services (Gildner, 2006).
decision to cut or freeze funding to these services strips away the social safety net that was supposed to support the health and well-being of individuals, families, and communities and there is little indication that this trend will reverse.

The Fortified Place.
This dismantling of the welfare state and labour protections has a particular impact on caregiving families. All families have caring and caregiving relationships; for example, families care for children when they are young and for elders when they are old. Much of what defines our ideals of family life is the coming together of individuals to share and care together, each contributing as able and receiving as needed, over the long term. However, there are family-based care and caregiving relationships that are less visible. In this paper, caregiving families refers to families in which these relationships of care and caregiving include at least one adult of “working age” who is living with a chronic illness or disease. Chronic illness and diseases are long-lasting, recurrent, and considered permanent, once diagnosed (Public Health Agency of Canada, 2015). Chronic illness and disease emerge during years when society expects individuals to be functioning in the economy, hence the need for caregiving during these years is quite different from the need for caregiving of children or elders. We typically do not recognize or consider families affected by chronic illness when we discuss caregiving. In fact, we treat the challenges and demands of this type of family caregiving as personal troubles, and fail to recognize them as a community concern and a social issue that needs to be addressed through political will.

The rise of chronic illness in our population means that Canada needs to care a great deal about what is happening to caregiving families. In high- and middle-income countries, chronic diseases like cancer, cardiovascular disease, chronic respiratory diseases, diabetes, and mental illness have become the leading cause of disability and mortality in the last 20 years (Public Health Agency of Canada, 2016). As long-term illness has increased, so has the need for family members to take on caregiving roles. According to Canada census data, 28% of the population aged 15 or over has a significant caregiving role for an adult who is incapacitated by a long-term health problem, disability, and/or problems associated with aging (Amir, 2015). Therefore, it is likely that most Canadian families are, or will be, caring for a loved one with a chronic illness. The words “loved one” are not used euphemistically here. Family caregiving is a prickly topic to negotiate in public policy because it involves interactions that unfold in a context of relationship and love between people who have chosen to love and care for each other (while others choose not to do so). When chronic illness emerges, family members or others who care provide that fortified, protecting place referenced earlier. The caregiving family is defined by its commitments to creating a space of mutual, collective concern and care for each other that includes addressing long-term physical or mental illness. As such, all family members are affected by unpredictable, long-term need to manage the health, welfare, maintenance, and protection for all family members.
Having established the caregiving family as a fortified, protected place, the siege analogy is carried forward by exploring how caregiving families can be isolated from help and support. First, it is necessary to acknowledge that in individualistic cultures like those that dominate in Canada, caregivers and caregiving are isolated from the main business of life. The caregiving provided for children and elders is often carried out behind the scenes, while attention and importance are awarded to people working in the market economy (Baines, Evans, & Neysmith, 1998). The isolation of caregiving is even more pronounced for caregivers dealing with chronic illness. In an extensive body of literature documenting the burdens of caregiving, social isolation is consistently named as one of the major stressors (Amir, 2015; Schulze & Rossler, 2005; Turcotte, 2013). Caregiving for adults debilitated by chronic physical or mental illness may be exceptionally private, however, because these illnesses are stigmatized. Stigma is intense and wide-spread against mental illnesses (Gonzalez-Torres, Oara, Aristegui, Fernandez-Rivas, & Guimon, 2007; Jablensky, 2000; Muralidharan, Lucksted, Medoff, Fang, & Dixon, 2016; Shibre et al., 2001; Thompson, 2003; van der Sanden, Bos, Stutterheim, Pryor, & Kok, 2013; Wahl & Herman, 1989; Whiteford et al., 2010), and there is growing awareness that similar marginalization affects individuals and families living with other chronic illnesses (Earnshaw, Quinn, & Park, 2012; Fernandes et al., 2007; Joachim & Acorn, 2000; Taft, Keefe, Artz, Bratten, & Jones, 2011; Wilbers, 2015; Wynia, Bos, van der Beek, & Middel, 2013). Consequently, people do not feel free to share stories about caring for chronically ill spouses, siblings, and adult children in the same way they may talk about caregiving for children or elders. This cultural orientation is mirrored and reinforced by institutional practices; for example, the absence of policy specifying provisions for caregiving of working age adults. Institutional contexts that disregard caregiving and caregiving families reinforce the belief that the care of family members who are dealing with issues like depression, heart disease, diabetes, etc., are private matters outside the purview of institutional response and community support. There are destructive reciprocal relationships between the institutional practices, cultural expectations, and internalized beliefs. We are embedded in systems that legislate and finance caregiving to keep it behind closed doors, as if it is nothing more than a distraction from more important matters of economy. Family members are persuaded that caregiving is a private matter and do not feel entitled to communicate about the challenges of caring for each other. These institutional and interpersonal dynamics converge in the creation of an environment in which families are isolated from help and support.
Lessening Resistance, Making Capture Possible.
The final component of the siege analogy points toward the lessening of resistance and possibilities of capture and this is something we see through the implementation of system support for caregiving families. The current foci of state problem-solving around caregiving are the stress that it places on family caregivers, the lost labour participation of both the caregivers and ill family members, and the costs associated with providing appropriate support to both. Accordingly, policy recommendations advocate for more investment in healthcare services (Mental Health Commission of Canada, 2012; Suridjan, 2015); caregiver support and respite (Amir, 2015; MacCourt & Family Caregivers Advisory Committee, Mental Health Commission of Canada, 2013; Mental Health Commission of Canada, 2012; Torjman, 2015b; Turcotte, 2013); the institution of labour policies to support caregivers (MacCourt et al., 2013; McMaster Health Forum, 2014; Suridjan, 2015; Torjman, 2015b); and financing tax benefits and income support for chronically ill people and their family caregivers (Mental Health Commission of Canada, 2012; Torjman, 2015a, 2015b). These recommendations are consistent with the health care system’s reconfiguration of the caregiving family into a form comprising an overburdened family caregiver who is unable to participate fully in the labour force, and a dependent incapacitated adult whose condition is both a source of stress and a drain on familial and societal resources (Claasen, 2011; Duxbury & Higgins, 2012; Schulz & Beach, 1999). In this configuration, there is no mutual caring and caregiving among family members, but instead, the sacrifice of labour and support by one family member to meet the needs of a diagnosed individual who contributes “deterioration, reduced competence, increased needs, physical and emotional pain, ultimately resulting in loss of independence and increased dependence on others” (Gignac & Cott, 1998, p. 739). The reductionistic characterization of diagnosed individuals as rampant consumers of family resources aligns with long-established notions of caregiving as family labour that is organized “similar to operationalizing a line of work in a factory (Corbin & Strauss, 1985, p. 243).

This characterization serves the interests of our neoliberal times very well, as it contorts our social and personal lives into terms that reflect and support market logic (Spolander et al., 2014). The market defines caregiving as work that distracts from meeting expectations in the market economy. Yet caregiving work is crucial to serving the needs of the market, as “the family is being given increasing importance even as it is becoming a minority arrangement and as the social provision—care of elderly, education and all the rest – is being dismantled” (Brecher, 2012, p. 165). Of particular interest here is how family interests are divided in policy and practice. The family is not seen as a unit, but instead, as a configuration of citizens divided into non-productive/productive, cared for/caring for, and dependent/independent. Family members are expected to cope and seek
and support, not as a family unit, but as people on opposite sides of these divides. Further, if they wish to receive support from the system, they are expected to accept this division and seek out supports and resources separately; the system does not support alternative constitutions. In contrast, the state compels families to appoint an individual as caregiver in order to request support in the form of tax credits or seek benefits through promised family-friendly labour policies. Support is available if the family can configure itself to fit the template of a caregiver contributing to the labour market while dealing with the demands of a dependent who is not. Yet this supportive labour market prepared to contribute time and resources to support overburdened labourers is a fiction. Restructuring of the workforce to create precarious positions with limited or no protections for workers has stripped away insurance and benefits that were once available to workers and their families, with significant negative consequences for worker and family health in Canada (Benach et al., 2014; Lewchuk, Clarke, & de Wolff, 2008; Vosko, Cranford, & Zukewich, 2003). As contemporary labour policy is a catalyst for the demolition of the Canadian social safety net, state promises to engage labour to support caregiving families are empty gestures that shroud divestment in supporting and assuring justice to the families it is supposed to serve.

All members of the caregiving family are contrasted negatively with the less disruptive “*homo economicus* of the public world” (Brecher, 2012) who competently fulfills his/her/their destiny in the market economy. Individuals designated as caregivers are treated as under-performers in the market, and individuals designated as dependents are identified as a burden on national and global economies (Jablensky, 2000; Whiteford et al., 2010). Caregiving families are surrounded and infiltrated by discourses that challenge their empowerment and self-determination. The siege on caregiving families moves forward with families depleted and disempowered, with few options aside from capture and subjugation to the needs of the system.

**THE ESSENTIAL ARGUMENT OF THIS PAPER IS THAT CAREGIVING FAMILIES AND FAMILY LIFE ARE UNDER SIEGE. THIS SIEGE IS DEFINED BY PROCESSES THAT ERODE THE PROTECTIVE SPACE OF THE FAMILY, DISABLE THE FAMILY’S CAPACITY FOR RESISTANCE, AND LEAVE IT VULNERABLE TO CO-OPTION BY A SYSTEM THAT USES IT TO SERVE ITS NEEDS.**

**PROPOSING RESPONSES FROM CRITICAL SOCIAL WORK: STRENGTHEN FAMILIES, BUILD RESISTANCE**

The essential argument of this paper is that caregiving families and family life are under siege. This siege is defined by processes that erode the protective space of the family, disable the family’s capacity for resistance, and leave it vulnerable to co-option by a system that uses it to serve its needs. In Canada and elsewhere, those
processes converge in neoliberal policies and practices that pressure the family to shift form in order to meet the needs of the system (Hagen et al., 2012).

A critical lens points us toward recognizing the ways in which all of our daily lives are shaped by social, economic, political, and historical contexts that privilege the cultural, social, and economic well-being of some groups at the expense of others (McDowell, 2015). Critical social work practice would build on that understanding to find ways to change the system. As noted by Ife et al. (2005), “critical social work refuses to accept the status quo, but rather seeks to affect some kind of social, economic, political or cultural change” (p. 3). Therefore, critical social work points toward direct challenge to the siege processes that the system is using to undermine caregiving families.

**Strengthening Families by Challenging the Division of Family Interests.**
The division of family interests based on casting some members as labourers and others as labour does little to serve family interests and is disrespectful to the shared experiences and feelings that create the experience of family, and the mutuality embedded in relationships with people who are “like family.” Caregiving is more than labour to be distributed in the family. Caregiving is intertwined with domains of love, responsibility, reciprocity, connection, and commitment (Conradson, 2003). Policies that reduce the care in families to labour performed by labourers force it into a technocratic, bureaucratic lexicon that asks families to put aside ideas of relationship and interdependence, and insert themselves in a discourse about how they are contributing or not contributing to the economy (Hagen et al., 2012). Using the system’s parlance, we do not engage in discourses about responsibility, connection, and commitment that might open discussions of the nation’s responsibilities, connections, and commitment to its citizens.

Coady’s (1993) advocacy for a generalist social work practice for families pointed us toward a view of families as united systems affected by biophysical, relational, and environmental factors and capable of being empowered to challenge the systems that affected it. The division of family interests is further challenged by feminist contributions from family studies that argue the social environment is not neutral but is highly politicized. Feminist family scholars have named the idea of family as one that is regularly appropriated into sexist, racist, classist, heterosexual, and other oppressive structural processes (Allen, 2016; Few-Demo, 2014; Kaestle, 2016; Lawson, 2007). Here, family life serves cultural imperialism that only recognizes family in forms that mirror those of the dominant society. Proposed policy interventions that direct families to step away from the workforce or hire subordinate labour to provide caregiving are based on a very specific cultural framing of appropriate responses to family need. As a challenge to policies and practices that only respond to caregiving families in prescribed, assimilated forms, social work must stand with coalitions of families to compel the system to respond to their needs. The inclusion of diversely-formed family units is crucial to shifting policy into forms that end the
marginalization and isolation of family units that do not align with dominant narratives of family. In addition, foregrounding the diversity of family experience will also call attention to how privilege and marginalization at social and structural levels influence the extent to which caregiving families are able, or unable, to contribute to mutual well-being.

**Naming the Conflict, Building Resistance.**
The generalist social work perspective directs us to see families as systems in environments that require modification to improve fit between family needs and environmental provisions (Gitterman & Germain, 2008). This perspective is too passive for times when families are actually systems in conflict with a larger system that disputes their knowledge and perspectives of caregiving family life (Hagen et al., 2012). The system is not hearing or listening to family perspectives that see caregiving as more than labour, see loved ones living with chronic illness as more than burdens, and see the caring and caregiving in families as mutually constituted and reciprocated. Resistance begins with uniting within families and connecting across families to talk back to the system and engage in communicative action (Dann, 2016; Puigvert, Christou, & Holford, 2012) to negotiate a communicative context in which caregiving family life can be redefined in terms that link the social, the personal, and the political. The need for this type of collective meaning making, collective advocacy, and bridging between personal and political is what points us so clearly toward a need for critical social work practice to define family practice into the future.

**Conclusions**
The situation of caregiving families and system responses to their needs bring into view the extent to which the state is withdrawing from commitments to justice and care for its citizens. The demands to conform and reconstitute in order to be seen and supported in policy takes on a particular form in the lives of caregiving families but must similarly be explored and challenged in the context of services to other families that are served by social work. Although neoliberalism moves forward with momentum that seems unstoppable, we must remember that Bessie Touzel and her colleagues were up against the Industrial Revolution, and they prevailed. Twenty-first century social workers need to be as determined and as convinced that the future of social work practice with families lies with politicized, critical social work.

How, then, to create models for working with families that bring together the things that define critical social work’s unique emphasis on practice that is contextualized and
politicoized? Social work for the twenty-first century cannot treat the environment as a neutral entity simply supplementing the lives of individuals and families. We move forward aware and prepared for an environment in which state agendas serve dominant interests by persuading certain families, including caregiving families, that they are burdens on the system and should be confined to a political space that minimizes their disruptiveness. The call for critical social work practice with families is a call to challenge divisive, hierarchical, technocratic discourses that diminish and isolate families, working with families to claim the political space that will compel the system to respond to their needs.

REFERENCES


