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Breaking the cycle: Solidarity with care-leaver mothers

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Abstract

Many child protection cases involve care-experienced mothers, which reveals a continuous cycle of mothers who lose their children to social services after having been in state care themselves as children. While the importance of protecting children requires little explanation and forms the justificatory basis for child protection interventions, it is important to remember that care-experienced mothers were once children entrusted to the state's care, and who arguably have been failed by the state in that their parenting opportunities are significantly reduced. This paper aims to address this underexplored dilemma between protecting children and safeguarding mothering opportunities for care-experienced mothers. Appealing to the concept of solidarity, I argue that the state has an obligation to increase its compensatory efforts to secure the right of care-experienced women to not only *become* parents but to be able to *be* parents, with the aim of breaking the cycle of care experience.

Keywords: solidarity, welfare state, child protection, mothers, parenting capacities, children's rights, equalising opportunities

Introduction

Securing children's welfare is a global priority and a key challenge of our times; not in the least because children form the very foundation of a sustainable society as tomorrow's citizens. Although they do not explicitly address issues related to children or families, the United Nations' Sustainable Development Goals (SDGs) include several goals that are highly relevant to the lives of children and their families. These include Goals 3 (Health and Well-being), 5 (Gender Equality), and 10 (Reduced Inequalities). Although the SDGs' targets and indicators explicitly address sexual and reproductive health, they are remarkably silent on softer, social indicators relating to women, including their social rights as mothers.

Yet maybe it is precisely this blind spot that poses a threat to both women's and children's rights, and the example of care-leaver mothers certainly suggest as much.¹ It reveals a continuous chain of mothers who lose their children to social services after having been in public care as children themselves. These care-experienced mothers seem unable to break the cycle of child protection involvement in their families, leading history to repeat itself all too often. Research into child maltreatment met by state intervention in the form of child protection or child welfare services (CPS)² shows that a large proportion of parents have a childhood history with CPS themselves (Jones, 2008). Sadly, such interventions, purportedly based on the child's best interests, seem unable to safeguard the parenting prospects of children taken under the state's protective wing. This contradicts the welfare state's commitment to equalising opportunities, a goal which results *inter alia* from the implementation of the UN Convention of the Rights of the Child (CRC) and which underpins much of the child protection system's legitimacy through the principle of the child's best interests (Art. 3, Convention on the Rights of the Child, 1989).

If child protection interventions at least partly aim to equalise a child's chance of a safe and healthy future, ostensibly protecting the 'child's best interests', the fact that a woman's past in public care increases the likelihood of CPS intervention suggests that her mothering opportunities have not been safeguarded. Of course, this is a simplistic summary, and correlation does not imply causality. But, it does hint at a normative assumption that a good/happy childhood is a prerequisite for good parenting - further supported by empirical evidence of childhood trauma being a risk-increasing parenting factor (Ward et al., 2012). Importantly, however, the same research clearly identifies mitigating factors that significantly reduce the risk of harm to the child (Ward et al., 2012). Nevertheless, a review of court judgments in several European countries reveals that care history is frequently mentioned as a risk factor, but compensating factors are rarely considered (Krutzinna & Skivenes, 2020). This is concerning. On the one hand, the focus on protecting children seems justified; they occupy, after all, the most vulnerable position. But on the other hand, it is important to remember that these care-experienced mothers themselves were once children entrusted to the state's care. Arguably, they have been failed by their public carers due to the significant reduction of their mothering opportunities.

The present paper addresses this underexplored dilemma between protecting children and safeguarding mothering opportunities for care-experienced mothers. I argue that the position of women who left public care and started their own family is insufficiently

¹ The focus in this article is on women as future mothers; however, this is not to suggest that men as fathers do not have an important role to play in the child rearing and in shaping an adequate family environment. On the contrary, fathers' critical role in children's development is widely acknowledged (see e.g. Lamb et al., 1985). But given the present focus on child protection interventions, which often involve infants or very young children, mothers are prioritized because of their immediate impact on children through physical connectedness prior and immediately after birth. Additionally, there is an important gendered element: in child protection, mothers are often directly and indirectly blamed for the wrongdoings of fathers - particularly in cases of domestic violence (Featherstone et al., 2018, p. 129).

² Different terms are used to describe a country's child protection / child welfare system (Burns et al., 2017) but for present purposes the terms are used interchangeably.

considered at this time. Appealing to the concept of solidarity, I contend that the state has an obligation to increase its compensatory efforts to secure the right of care-experienced women to not only *become* parents but to be able to *be* parents, with the aim of breaking the cycle of care experience.³ I begin with a short introduction of solidarity and the welfare state in general, followed by an in-depth discussion of these concepts in relation to child protection. Here, I critique the state's lack of solidarity with care-experienced mothers and provide two perspectives to reveal its consequences: the point of view of care-experienced mothers and a children and children's rights perspective. Doing so, I demonstrate how framing the problem in terms of solidarity identifies existing shortcomings. In conclusion, I propose a first step towards improving the moral standing of care-experienced mothers and the protection of children's right to future family life.

Solidarity and the Welfare State

The notion of solidarity has a long history in Europe. Not only has its definition changed over the course of past centuries, it also varies across cultural and political contexts (Stjernø, 2009). Recently, until the Covid-19 pandemic hit Europe, the notion's societal currency seemed mostly in decline (cf. Prainsack, 2020). Some have even argued that '[w]hile solidarity played a central role in the ideological and rhetorical defence of welfare state arrangements in the post-war period, the concept appeared to lose its attractiveness in the final decades of the last century' (Houtepen & Ter Meulen, 2000, p. 330). Although these authors focus predominantly on the healthcare system, their analysis of contemporary threats to solidarity appear equally applicable to welfare states more broadly. Specifically, they identify three threats: first, the widening gap between current demands of the welfare system and the limited and conditional supply due to demographic changes (e.g. aging population, migration, socio-economic changes).⁴ Second, the shift from collective to individual responsibility, including the changing distribution of responsibility between state and individual citizen – which in turn results in a growing gap between well-off and lower income groups (with an important effect on the egalitarian status of our societies). And third, the individualisation of society, denoting an increased emphasis in society on the capacity of individuals to pursue their own interests and to develop their potentialities (Houtepen & Ter Meulen, 2000, p. 330ff.). Due to these developments and their likely harmful effects on the strength and stability of welfare states, the long absence of serious discussion on solidarity in the European debate seemed surprising (Houtepen & Ter Meulen, 2000, p. 333; Dawson & Verweij, 2012). In this context, clearly defining solidarity is a first step to address these challenges.

Everyday uses of the term emphasise motifs of co-operation based on social cohesion, 'a sense of non-calculating co-operation based on identification with a common cause' (Houtepen & Ter Meulen, 2000, p. 334) – although this is but one of many different historical meanings of the term (Bayertz, 1999). Due to its articulation of unity in the face of shared challenges, reliance on the concept of solidarity may bring some much-needed direction for tackling the most significant problems of our time – like global social and ecological crises. However, this must be predicated on a comprehensive engagement with the concept and a deeper understanding of its role in modern welfare states. Moral and political philosophy have long been criticised for their disinterest in doing so, alongside more general contestations of their failure to connect philosophy to real political process, which continues to the present day (Bayertz, 1998, pp. 294–295). In the last decade, such criticism seems at least somewhat outdated, with solidarity-based discussions slowly re-emerging. In

³ The focus here is on mothers with a full or partial history of a childhood in state care who have their child(ren) temporarily or permanently removed from their care by CPS.

⁴ See for instance Tazzioli, M., & Walters, W. (2019) on solidarity and migration, and Zaidi, A., Gasior, K. & Manchin, R. (2012) for a discussion on inter-generational solidarity and population aging.

light of current global events, it may be welcomed that, recently, the concept of solidarity has gained some traction in the academic debate and has reappeared in relation to the current global climate and pandemic crises (e.g. *The Lancet*, 2020; United Nations Development Programme, 2007).

Two of solidarity's most prominent European proponents, Barbara Prainsack and Alena Buyx, have been calling for a renewed engagement with the concept for the last decade. According to their basic definition, solidarity signifies 'shared practices reflecting a collective commitment to carry "costs" (financial, social, emotional, or otherwise) to assist others' (Prainsack & Buyx, 2011, p. 46). As the authors point out, it is important to understand solidarity as a functional concept. It is 'a practice not merely a sentiment or abstract value. Solidarity requires actions. Motivations and feelings such as empathy etc. are not sufficient to satisfy this understanding of solidarity, unless they manifest themselves in acts' (Prainsack & Buyx, 2011, p. 46). They further extend this basic definition on three levels of solidarity. The first tier is the interpersonal level, and includes manifestations of the willingness to carry costs to assist others with whom a person recognises sameness or similarity in at least one relevant aspect. The second tier entails collective commitment, exemplified by carrying cost to assist others linked by a shared situation or cause. The third tier, finally, relates to the institutionalisation of solidarity in contractual or legal norms. The welfare state is an example of tier 3 solidarity, where 'various shared values—such as a collective ideal of organizing appropriate care for disabled or diseased persons—are backed up and solidified in legal rules, specifying and possibly enforcing rights and obligations of citizens' (Dawson & Verweij, 2012, p. 3). Prainsack and Buyx describe a certain interdependence when it comes to tier 3 solidarity: although theoretically, all tiers can exist independently from one another, meaning that tier 3 solidarity could be institutionalised even in the absence of tier 1 and 2 solidarity, in practice this is likely to prove unacceptable to society (Prainsack & Buyx, 2016, pp. 88–89). This institutionalised solidarity in the form of welfare systems in practice builds on interpersonal and group solidarity at the lower levels (Prainsack & Buyx, 2016, pp. 91–92).

While the most obvious arena for solidarity at play may be healthcare and the labour market, institutionalised solidarity is equally relevant to other areas of the welfare state, such as social care and child protection. While all areas of social welfare can be seen as highly correlated in the sense that a lack of social well-being (e.g. poverty) is associated with poor health outcomes (e.g. Vaalavuo, 2016), and poor health in turn leads to detrimental social outcomes, it is important to evaluate solidarity in social care in its own right, because this allows us to explore what difference connecting solidarity to social care makes to our lives. For present purposes, the specific question becomes how thinking about the child protection system in terms of solidarity changes the lives of the children and families affected by it.

Solidarity in Child Protection

Legally, the obligation to secure children's well-being and safeguard their rights is rooted in the CRC,⁵ which in addition to specifying concrete rights, sets out four principles to guide a general attitude towards children and their rights (UNICEF, 2019). States are required to implement measures, or a system, to protect children from all forms of maltreatment "while in the care of parent(s), legal guardian(s) or any other person who has the care of the child" (Art.19, CRC). In response, many states have implemented a child protection system and granted its agencies wide powers to intervene where a child is deemed at risk, or where their rights are infringed – often with the consequence that other citizens' (e.g., parents') freedom is restricted. Effective child protection remains a key challenge for the state, whose responsibility it is to safeguard children's rights and who must strike the right balance between too much and too little intervention in the otherwise private lives of their citizens. Modern welfare states, with their emphasis on equalising opportunities, have put in place

⁵ Except in the USA, the only country where the CRC has not been ratified.

strong child protection services (CPS) as part of their social welfare systems. But this formal commitment to reducing inequalities is increasingly challenged by a growing societal emphasis on individual responsibility for well-being and life success and the reconfiguration of social problems as individual problems - 'the individualisation of society' (Houtepen & Ter Meulen, 2000). Against this stands the common understanding that responsibility for children's upbringing rests not only with parents but also with the state, which besides legal obligation included in the CRC, also has a clear interest in ensuring the healthy development of future citizens.⁶ This safeguarding, in the form of child (welfare) protection, is thus one of the most important tasks of the welfare state. While much of the day-to-day child rearing is carried out by parents, the state maintains a supervisory role and shares moral and legal responsibility for children's well-being. Where sufficiently serious concerns arise about the health and safety of the child, the state will make use of its most intrusive power to intervene in the private sphere of family life, a domain strongly protected by human rights (e.g. European Convention on Human Rights, 1953). As *ultima ratio*, the state may terminate parental responsibility, and temporarily or permanently remove a child from their parents. The legal justification for this exercise of power is found in the child's best interests principle (Art. 3, CRC). As one of four guiding principles in children's rights protection, it plays an important role, despite criticisms concerning its lack of clarity (Kelly, 2005; Krutzinna, 2019). In its General Comment No. 14, the CRC Committee (2013) has expanded on the meaning of the principle and emphasised the rights of children in a 'vulnerable situation', including 'victims of abuse'. Logically, this includes children who have experienced neglect or abuse and who, as a result, grow up in public care (e.g. with foster carers or in a children's home). The CRC clarifies that children in care are entitled 'to special protection and assistance provided by the State' (Art. 20, CRC), and that all have a right 'to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health' (Art. 24, CRC). With regard to the latter, the CRC further specifies measures states must take to fully implement this right, including appropriate pre- and post-natal healthcare for mothers, information, education and support concerning basic child health and nutrition, and the development of preventive healthcare, guidance for parents and family planning education and services (Art. 24, CRC).

Unsurprisingly, the legal protection afforded by the CRC is child-centric, although modest reference is made to the rights of mothers insofar they affect child health. This illustrates the connection between mothers and children and the interrelatedness of their well-being. It is precisely this link that causes CPS to come in when mothers struggle with parenting responsibilities. In extreme cases, when the only way to protect the child's best interests is deemed to be to remove them from their family,⁷ the state will assume responsibility for the child's well-being - which for practical purposes will often be delegated to foster parents or a public care facility for children. But where does the responsibility for a child in public care end, and when? Given the evidence about the potentially perpetuating effect of care experience, does the welfare state have an obligation to conceptualise children in care as future parents in care and support them accordingly? Based on the notion of tier 3 solidarity, I argue that the welfare state has a duty to assist in breaking the cycle and to prepare children in care for their potential future as parents. This obligation is further supported by

⁶ Outside of the predominantly individualistic approach of Western countries, communities and society as a whole also have a share in the raising of children, as the oft-cited African proverb 'It takes a whole village to raise a child' suggests.

⁷ Such extreme cases include direct physical or sexual violence towards the child and other imminent threats to the health and life of the child, but in other situations it may not be so clear whether the removal of the child from her mother is necessary 'in her best interests'. The reality of many child protection cases is unfortunately one of preventing (further) serious harm, rather than a question of what is best in an ideal world, which would be for all children to grow up in a loving family environment (see Preamble, CRC).

children's rights, which emphasise a right to have their interests protected, including the option to be parents, if they so choose. These two aspects will be subsequently considered.

Solidarity with care-experienced mothers

Given the basic definition of solidarity as 'shared practices reflecting a collective commitment to carry "costs" (financial, social, emotional, or otherwise) to assist others' (Prainsack & Buyx, 2011), and the foregoing discussion of solidarity and the welfare state, child protection interventions may be seen as an example of such shared practices. Such practices are supported by certain values, including the notion that societies have a collective responsibility towards children as a group vulnerable to actions and non-actions. State intervention into family life is therefore justified when the public power exerted against private individuals serves to protect children. Legally, this is covered by the child's best interests principle, as discussed above. Rooted in the CRC, this view is today reflected in most national legal frameworks (Skivenes & Sørdsal, 2018). The child's best interests principle is normative, but does not prescribe specific actions that must be taken with regard to children's upbringing. However, it does stipulate that some societal 'costs' need to be incurred to safeguard children and their rights. In a sense then, the principle represents a codified expression of solidarity towards children, based on the basic working definition offered by Prainsack and Buyx. Mothers appear only insofar their child-bearing role and immediate impact on the child's health is concerned (see Art. 24 CRC, above).

Care-experienced mothers are women who have outgrown the public care system and have started a family of their own. The unfortunate fact of a troubled childhood often serves as a red flag if social or child welfare services become involved, and many mothers subject to child protection interventions are care-experienced (Jones, 2008; Ward et al., 2012; Krutzinna & Skivenes, 2020). There may be some intuitive logic in this. The idea of a troubled childhood leading to problems in adulthood is a persistent, albeit not always accurate, narrative in public discourse. Childhood trauma has in fact proved a risk factor, impacting parenting capacity and competency (Jones, 2008; Ward et al., 2012; WHO, 2020). But at the same time, research also shows that a mother's adaptation to a history of abuse significantly reduces the risk of future harm to the child (Ward et al., 2012). This indicates that something can be done to improve mothering prospects for these women, albeit not all of them.⁸ The implication of this finding is two-fold: first, solidarity with care-experienced mothers requires the welfare state to dedicate some of its resources to helping these women to be and act as mothers.⁹ This would be a significant step in equalising their opportunities to life full lives as women and mothers, if they wish to take on this additional role. Particular support for this argument comes from the fact that as children, these women were in public care and thus under the immediate influence of the welfare state's actions; considerably more so than children raised in their first families. Second, based on knowledge about the existence of cross-generational family child protection involvement, there is a strong solidarity-based argument to focus on pre-emptive measures that target children's future parenting capacities. Since research shows that adaptation to childhood trauma can mitigate risks of future harm to children (Ward et al., 2012; see further McLaughlin & Lambert, 2017), solidarity requires a practical commitment to assist with such adaptation. I will return to this second aspect in the next section, first addressing the equalisation argument.

Although there is evidence that something can be done to improve the parenting capacities of mothers who have experienced neglect and/or abuse during childhood, there is

⁸ The reasons behind a mother's struggles to parent her child are often multifactorial and rarely only caused by her own difficult childhood. For instance, substance misuse and mental health issues are common reasons why a child is deemed unsafe with her mother, and most CPS interventions occur when there is a combination of serious risk factors in the absence of sufficient risk-mitigating factors (Ward et al., 2012).

⁹ There is also an argument of consistency to be made here, given that most states already help women to become mothers via access to family planning and artificial reproductive technologies.

a significant knowledge gap that needs to be overcome before effective measures can be designed and implemented. This relates to the lack of research on women's experiences, particularly in relation to the involvement of child protection services, which can be an emotional and stigmatising affair as such (e.g. Thrana & Fauske, 2014). But this is potentially exacerbated for women who grew up in public care themselves, as foster care status itself often comes with significant stigmatisation, to the extent that some children try to keep it a secret (e.g. Dansey et al., 2019). In addition, a review of the evidence on mothers' experiences of compulsory removal of babies at birth found very limited research into this topic (Marsh et al., 2015). This is troubling because a woman forced to give up her child clearly remains a mother, despite what her formal legal status may suggest or how others perceive her. Here, feminist philosopher Drucilla Cornell points to a woman's right as a person:

To rob her of her chance to struggle through what meaning being a mother still has for her is to put the state, and not the woman, as the master over the construction of her sense of who she is. Birth mothers have rights, not as birth mothers, but as persons who, like all others, must be allowed the space to come to terms with their own life-defining decisions about sexuality and family (2005, p. 28)

A solidarity-based approach would suggest that what Cornell describes as the 'space to come to terms with' (2005, p. 28) should include assistance with the experience of losing primary care of a child. The removal of a child should not be followed by a loss of all rights as a mother, which should not be based on biological motherhood but on personhood (Cornell, 2005, p. 30). While bereaved mothers are often offered specialist psychosocial support services, women whose children are removed by child protection services receive no such support (Chapman, 2003). While the two situations are obviously not identical, the feelings of grief and loss are somewhat comparable (Charlton et al., 1998; Mayes & Llewellyn, 2012). That a decision to remove a child is deemed necessary in the best interests of the child does not diminish the need for solidarity with the mother, who in addition to our compassion, is entitled to relevant support.

Fortunately, societies have little trouble to empathize with children. But once these children grow up and become parents themselves, their origin as children of the welfare state is often overlooked, and interest shifts entirely to the new generation of children who must be taken into public care to protect their best interests. To break this cycle of interventions, we need to reflect on our failures towards the mothers and perceive children currently in care as future mothers (and fathers) who require assistance in developing adequate parenting capacities. These women are currently excluded from our considerations and 'othered' in our society, and must become included again. Doing better by those mothers is doing better by the children and helping care-experienced mothers thus also becomes a case of children's rights. Consequently, the argument for solidarity comes full circle.

Solidarity with future mothers in care

In welfare states, the state is given great powers to intervene in citizens' private lives in return for a commitment to provide them with equal opportunities. This obligation to maximally equalise opportunities for all citizens includes the opportunity to become a parent and to *be* - in the sense of *acting as* - a parent. If mothers who were once in public care are less likely to be competent at parenting, the state ought to be more future-oriented and invest in improving the parenting capacities of future mothers currently in care. This claim is further supported by the state's obligation to look after those under its direct care. Indeed, a failure to address the revolving door of child protection services in those families may be interpreted as negligence on behalf of the welfare state. The complete lack of research into the right of children in care to be supported in building and developing parenting capacities for their future family life is a serious omission. It demonstrates a lack of awareness of a crucial

component of the child's right to respect for family life, which at least morally, if not legally, includes a right to future parenting prospects. In this sense, it is unsurprising that, to date, there appear to be no systematic interventions targeting children's future abilities to parent. While some have argued that the psychological needs of children in care ought to be assessed routinely (e.g. Garwood & Close, 2001), support measures are typically offered to the foster carers rather than the children themselves.¹⁰ Little is known, moreover, about which interventions may be effective (Racusin et al., 2005). Where psychological support is offered directly to the child, it typically focuses on a narrow aspect of life, such as educational attainment (Tideman et al., 2011).

An objection to putting in place broader interventions that cover a wider range of life areas might be that this is highly intrusive. Instead, one might argue, emphasis should go to the narrow spheres of health and education - with further reaction warranted only when serious challenges arise. Against this, I suggest that such a passive approach could be equivalent to implicitly preventing many children in care from ever assuming the role of parent. These children, like all others, need an opportunity to develop the necessary competences to be and act as parents, but we know forming and maintaining stable relationships, emotional security and trust are often more challenging for children in care. Because these are preconditions for good parenting, they reveal an obvious potential opportunity for early intervention. Once a child is born to a care-experienced mother, it may be too late to compensate past bad experiences and missed opportunities to learn essential family life skills. This is why thinking about the child's right to respect for family life as including the right to respect for *future* family life and a right to safeguarding of parenting prospects, helps with grasping what is at stake, even if this is not what legal instruments such as the European Convention on Human Rights specify (see Art. 8, European Convention on Human Rights, 1953).

A solidarity-based approach proposes that the state has a responsibility to protect children's future family life opportunities through timely and adequate assistance. What this might entail precisely will need to be determined, first by conducting comprehensive research addressing the current knowledge gap about the needs of children in care for a future role as parents, and second, by developing corresponding evidence-based measures and support programmes. Of course, some mothers might still be unable to care for their children, regardless of any interventions during her childhood in care or beyond. This is because real lives are much more complicated, and, as mentioned above, most mothers at risk of having a child removed from their care will experience a multitude of challenges. However, the state's obligation is not to do the impossible, but to assist with laying the foundation for future parenting skills by removing as many of the inequalities as possible for the children in its care. And as Prainsack and Buyx rightly emphasise, solidarity is a functional concept – it requires action from the state. Mere feelings of compassion with former children in care once they are care-experienced mothers will not suffice.

Conclusion

Even if some claim that solidarity is an elusive concept (Häyry, 2005, p. 202), the example of care-experienced mothers shows that it can provide a useful tool to conceptualise the welfare state's obligations towards individuals. In this article, I have emphasised the difference thinking about solidarity could make to mothers who grew up in public care, and to children currently under state care. But there are plenty of additional arguments to support my primary claim that the state should act to break the cycle of CPS interventions in families, such as economics or human rights. There is something special, however, about solidarity, in that it requires us to focus on similarities between us and others, which starkly contrasts tendencies to create categories that define differences, and signals a shift away from

¹⁰ This is not to say that such measures do not emphasise the child's needs; however, children are not the direct recipients of support, which instead comes indirectly, via their carers.

'othering'. It thus captures the relationality of humans, including across generations, which pure right-based or egalitarian approaches tend to neglect. Current appeals for solidarity are based on a growing awareness of how complex global challenges, such as climate change, can only be solved in human unity. Some paint a gloomy picture, proclaiming 'the general erosion and delegitimation of the social democratic welfare state', leading to the loss of 'the concept of solidarity in the moral imagination of contemporary society' (Jennings & Dawson, 2015, p.33). This paper has been an attempt at its revival by bringing it into the sphere of child protection, where part of the problem appears to stem from society's treatment of the issue mostly as a problem between two individuals, rather than a complex network of relations that transcends the mother-child-dyad.¹¹ A solidarity-based approach would enable us to understand both challenges and opportunities from a relational perspective, including the state as one crucial relation in the context of care-experienced mothers: Outside of the dyad, what resources might be harnessed that could better equip these mothers for their parenting role? In other parts of the world, this idea is already culturally engrained: for instance, the Swahili proverb '*Asiye funzwa na mamae hufunzwa na ulimwengu*' roughly translates to "whomsoever is not taught by the mother will be taught with the world" (Townsend, 2019, p. ix), and signifies our collective responsibility for the upbringing of all children as 'our' children (Woodhouse, 2020, p. 93).

My modest proposal for the path towards solidarity with current and future care-experienced mothers is twofold. First, the welfare state ought to treat mothers whose children are removed from their care like other groups that experience grief and loss. Psychosocial support to work through the experience and to adjust the sense of self and identity would be a starting point. Welfare states as 'institutional embodiments of social solidarity' have a moral duty to help those in need, and citizens often also have a legal claim in the form of welfare rights to such support (Boshammer & Kayß, 1998, p. 381). In healthcare, such welfare rights already exist. Maybe it is time to expand them to child protection and to act in solidarity with care-leaver mothers. Second, the state should begin to conceptualise children in care as future parents, many of whom currently come into contact with social and child protection services again in their adult lives. I have argued for an extension of children's rights to also encompass the right to protection of future parenting prospects, especially for children in public care. As a consequence, the state would be under an obligation to pre-emptively address care-experiencing children's ability to parent, by addressing deficits in familial relationship building, attachment or other relevant aspects, way before they materialise as parenting deficits.

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Conflict of interests

The author declares no conflict of interests.

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¹¹ I am extremely grateful to Barbara Prainsack for this idea, shared in a personal communication.

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