**A Neoliberalist Solution for a Neoliberalist Problem:** The Neoliberalist normalisation of psychosocial support for parent-carers

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**ABSTRACT**

Research in the social sciences has challenged the rhetoric that Austerity measures, implemented since the 2008 financial crash, are economically motived; and instead suggest they are underpinned ideologically by Neoliberalism. Such measures have had a significant impact on the most vulnerable members of society, particularly women, and specifically mothers. This small-scale research study sought to understand the experiences of mother parent-carers of children with disabilities and/or life limiting conditions, who accessed psychosocial support from a local charity. The findings show that although parent-carers report immediate benefits from the charity’s psychosocial support services, they do so in a way in which perceived benefits are illustrative of underlying Neoliberalist ideology; such as not expecting help from the state, expecting barriers to support and instead accepting the responsibilsation of their role as parent-carer. This article theorises therefore that the provision of psycho-social support for parent-carers, in particular, is in fact ideologically motivated to minimise state intervention rather than being concerned with parent-carers’ welfare. This raises important questions regarding the degradation of welfare and how, seemingly benefit-focused support (particularly self-help) is in fact perpetuating Neoliberal ideology.

**KEY WORDS**

mother parent-carers / Neoliberalism / psychosocial support / self-help

**Introduction**

Austerity measures implemented by successive UK governments since the banking collapse of 2008 have focused on financially supporting banking and corporations at the expense of public welfare services. These are positioned as being economically motivated, however it is posited that these austerity measures are, in reality, ideologically motivated; by Neoliberalism (Bramall 2013; Donovan and Rushton 2018). This Neoliberalist position theorises that by increasing availability of work for the population, this will ‘fill the gap’ caused by diminished welfare support. Social research has however challenged this perception, identifying that the impact is felt most strongly by the most vulnerable groups in society (Ginn 2013; McVeigh 2013) and that the nature of Neoliberalism in fact corrodes values such as trust (Sugarman 2015). Such measures raise concerns that it is the state, specifically welfare, at risk (Bramall 2013).

The intention of this small-scale research project is to analyse the impact of ideologically motivated Neoliberalist welfare services on a specific vulnerable group of adults; mother parent-carers of children with disabilities and/or life-limiting conditions, who were accessing a charity’s psychosocial self-help support interventions whilst their child/ren accessed respite. A parent-carer is ‘a person aged 18 or over who provides… care for a disabled child for whom the person has parental responsibility’ (*Children and Families Act* 2014, section 96). The differences between *caring* and *parenting* connect to notions of going *beyond* what may be *normal* linked to ages and stages of development where *parenting* tasks become instead *caring* tasks (Harrison and Kahl 2004). For example, management of difficult behaviour or adjusting to change (Minnes *et al.* 2015). From a welfare perspective, this is the point from which the state would provide additional support.

A Neoliberal policy approach taken by successive governments, towards carers, aims to limit the role of the state in welfare provision (Alcock and May 2014; Green and Clarke 2016). However, due to this ideological shift the impact of caring responsibilities on parent-carers remains, and has arguably increased. It is suggested, therefore, that parent-carers experience increasing pressure (from both internal and external factors) to continue with their caring role as their child ages. Preventative, as well as continually available and accessible, support is needed for parent-carers to safeguard their wellbeing. However, this raises questions as to the purpose of the support, and whether this is truly welfare-focused, i.e. collective and egalitarian (Alcock 2017). On the one hand, the aim of such services is to counteract some of the negative effects of Neoliberalism on carers; but on the other hand, psychosocial and self-help interventions are constructed within a Neoliberal framework. Thus the provision of such services in fact *enables* Neoliberalism and a further abdication of responsibility by the state.

The review of literature that follows will begin by setting out the emergence of Neoliberalism in the UK; and how the 2008 financial crash created an opportunity for the proponents of Neoliberalism to further its reach across welfare services. Researchers in the social sciences have raised concerns regarding its impact on welfare and human service organisations (Alcock 2017 and Gray *et al.* 2015); and that Neoliberalism is in reality the unsettling of welfare (Bramall 2013). The most vulnerable in society (particularly women) have felt the most impact of austerity measures. Mother parent-carers therefore experience a significant impact both financially and psychologically, caused by the impact of austerity measures on their caring role.

**Neoliberalism**

As an ideology Neoliberalism is based on the intellectual work of von Mises, Hayek, Friedman and neoclassical economists, although there are significant differences between these schools of thought ontologically and epistemologically with different assumptions about rationality (Davies 2017). Neoliberalism espouses free market ideals, which are codified by global power elites and saturate public discourse (Steger and Roy 2010). This is a Marxist view of Neoliberalism, where Neoliberal ideology is a facilitator of the capitalist mode of production and the accumulation of wealth by the dominant class, which will lead to economic crises. The idea of Neoliberalism as a form of governance relates to Foucault’s concept of governmentality. For Foucault, governmentality was not just the practice of government but its rationale for exercising power which develops a complex of knowledge (Foucault 2002). Neoliberal governmentality emphasises entrepreneurship and values such as competitiveness, self-interest and decentralization; with the self-regulating free market as the appropriate model of government. For Foucault (2008) this is a reversal of the position of classical liberalism, which sought to use the state to create and regulate a space where free markets could operate; but in Neoliberalism the market is extended into new areas (such as the private/caring sphere) and is used to regulate and limit the operation of the state. Gray *et al.* (2015) highlight that Neoliberalism in fact creates the appearance of markets where there are none (p. 376). This then gives power to the dominant groups to create markets in order to maintain control. Yet, the services provided cannot be generalised to the extent that the market needs.

Neoliberalism is also a combination of policies, which tend towards privatisation, deregulation of the economy, and liberalisation of trade and industry. Following Foucault, Davies (2017) argues that as Neoliberalism has been developed over time its policies have grown to include not just the creation and deregulation of markets but the introduction of market principles, such as competition, into areas where markets cannot operate freely. For example, the change in focus of anti-trust law away from justice and fairness to efficiency on economic rationality grounds.

When discussing the art of government, Foucault regards it as the government of the state, the government of oneself and the government of others within the family or various institutions (Foucault 2002). A Neoliberal governmentality therefore includes the practices and rationales for behaviour of individuals based on Neoliberal principles such as individual responsibility, competition and entrepreneurship. Neoliberalist ideology is thus one that purports to individual autonomy as well as individual responsibility (Wrenn and Waller 2017). This concept of autonomy, however, does not recognise the *relationality* of human beings to one another; instead, it asserts a principle of self-interest (Wrenn and Waller 2017). Binkley (2013) and Sugarman (2015) suggest that personal life is thus constructed in the same way as work, where individuals are encouraged to be more self-sufficient and enterprising to succeed in their lives.

From the 1980s onwards (first by the Conservative government and then by the ‘Third Way’ agenda of the Labour government from 1997) questions were raised about the cost-effectiveness of state-provided welfare services (Gray *et al.* 2015; Deacon 2017b). From this the alternative of Neoliberalism began to be championed, prioritising ‘the elevation of market-based principles and techniques to the level of state-endorsed norms’ (Davies 2017). However, it was the 2008 financial crash that presented an opportunity for Neoliberalism principles to be endorsed and applied more widely in society.

The cause of the financial crash, according to Beder (2009), was out-of-control Neoliberalist free-market principles, and the crash led the British government to implement Neoliberal austerity measures. The Prime Minister David Cameron explained ‘we're all in this together’; suggesting it affected *everyone* in some way (Cameron 2009). Whilst Neoliberalism promoted freedoms of innovation and autonomy there was also an increased restriction concerning those in receipt of state aid; and it was this area that became the focus of austerity measures (Quaid 2018). Recent research identifies that those already living in poverty have been most adversely affected; so rather than being experienced by everyone, it is experienced more by, arguably, the most vulnerable. Of these, women have experienced the highest negative impact as they access more public services, work in public sector jobs and inhabit more low-paid positions, including part-time work (Quaid 2018; Wakefield 2019). Wakefield (2019) refers to this as a *triple whammy* for women; cuts to local services plus changes in benefits plus the implementation of Universal Credit. Yet, according to Bennet and Day (2014), the voice of gender has been missing when considering the impact of poverty, and women in fact have lower ‘social capital’ and are the poorest gender. Not only does this lead to unequal access to resources but it also leads to assumptions about the value of women and their position in society. Further gendered assumptions are made of women who are also mothers. Expectations remain within the public sphere that a woman will be more focused on the demands of the private sphere, and this impacts on the jobs they can do, e.g. the perception that women would take more caring jobs within the labour market. It is because of this construction that the impact of austerity is more likely to be experienced by women, as they are more likely to be in welfare-related roles – the area most affected by funding cuts (Ginn 2013). Further to these gendered assumptions regarding care, this realm has also been impacted further by Neoliberalist ideology.

**Neoliberalised care**

According to Wrenn and Waller (2017), as human beings we have the capacity for self-interest, alongside care for others – yet these are two conflicting philosophical positions underpinning our engagement with one another as human beings. Gilligan (1982) and Tronto (1993) posit care between human beings as a moral obligation from a philosophical perspective; being concerned for and responsible for the care of others. This philosophical position underpins the practice of care in a variety of professions, as well as privately between one human being and another (Deacon 2017c); for example, the care of a parent for their child or the community for its members. Swenson (2008) identifies challenges in this concept as, at times, care can conflict with individual self-determination. This has been particularly important for those who experience learning disabilities, as care can risk taking choices away from individuals (Deacon 2017c). However, whether care is the underpinning philosophy of welfare services continues to be debated; and it is certainly in conflict with Neoliberalist ideology of the market, and individual autonomy and responsibility (Deacon 2017c). The state has thus reconceptualised *parents* as the *means* of welfare for their children rather than as *subjects* of welfare (Featherstone *et al.* 2012). *Parenting* focuses on parents’ responsibilities to parent their children effectively, to reduce the financial burden of state welfare. The Labour Government concisely expressed this in 2007; ‘government does not bring up children – parents do’ (DCSF 2007, p. 5).

Leading up to this, the White Paper *Caring for People: Community Care in the Next Decade and Beyond* (DoH 1989) emphasised the caring role as relating to the self and family reliance, and increased provision from private sector and charities (such as the one in this study) (Langan, 1997). This shift also meant welfare services had to engage with the justification of outcomes rather than just the provision of services; engaging effectively with market forces in order to remain in operation (Deacon 2017a). Furthermore, the role of social services departments moved away from care-provision to purchasing and co-ordinating care. So, tensions remain between the Neoliberal rhetoric of increased autonomy and choice, and needs-led provision; with the objective of reducing costs, power is seemingly placed with care managers and their superiors rather than with service users (Blakemore and Warwick-Booth 2013).

Although parent-carers had been identified as separate groups of carers by 1995 (Bytheway and Johnson 1998), it was not until the *Children and Families Act* 2014that they were recognised in legislation; giving all parent-carers the right to have an assessment of their needs. Yet, Ungerson (2000) argues that the boundaries have blurred between paid and unpaid care, as unpaid care is regarded as a commodity and is paid for through policies such as the carer’s allowance, which compensates carers for earnings lost from reduced labour market participation, and direct payments.

When considering who these parent-carers are, statistics suggest 6.5 million people are providing unpaid care; approximately 10% of the population of the UK (Houses of Parliament 2018). Of these, more than half are women, suggesting women provide most of the unpaid care in the UK; the *gendered practice* of care (Quaid 2018). To succeed, Neoliberalist ideology is reliant on a patriarchal hierarchy; as whilst it purports to *empower* individual autonomy, its policies have placed an emphasis on labour market participation while expecting care (e.g. for disabled children) to be provided informally within households. Marxist Feminist Theory ascertains that women are thus seen as ‘surplus’ to the male workforce, i.e. whereby they can be mobilised if the economy needs them in times of crisis, such as in times of war, and decommissioned when the crisis passes. So, whilst women’s engagement within the paid labour market may have increased, they remain positioned within the private sphere to provide the majority of unpaid domestic work and care (Phillips and Cree 2014; Evans 2016; Donovan 2017). This creates a conflict for women, as responsibility in the general household constantly competes with any engagement within the labour market (Crossley 2005; Grigoryevaa 2017). This Neoliberalist patriarchal ideology is challenged by feminist theory, as male privilege both creates and reinforces gendered inequality and discrimination against women (Crossley 2005; Bennet and Daly 2014).

Such gendered inequalities are the result of *mother blaming* which is of particular relevance to this study; and how services actually reinforce this message rather than challenge it. The parent-carer role focuses on the mother who must be a *good Neoliberal citizen* by allowing her actions to be scrutinised to ensure she does her job in bringing up her child to be a good Neoliberal citizen (Quaid 2018).

According to Wakefield (2019, p.1), austerity measures are ‘destructive and debilitating for women – whether as primary users themselves, or as mothers and carers’. Ultimately, the effect of austerity and local government cuts directly affect mother parent-carers through assessments and services for their disabled child, thus impacting on their own wellbeing.

**Impact on mother parent-carers: financial and psychological**

Research suggests that whilst being a parent-carer can be positive and rewarding (Carers Trust 2015), it can also increase burdens and stress (Carers UK 2016). According to Ling (2012), caring for a child with a life-limiting condition can impact the whole family in all areas of their lives. It can have adverse effects on their finances (including benefits), health and wellbeing, getting out and about, working and learning opportunities (Carers Trust 2015; Minnes *et al.* 2015).

Rather than provide support for parent-carers, Neoliberalism expects women to be creative and frugal in being able to manage their household budgets (Quaid 2018). The inevitable expectation is that parent-carers will actually seek work to support their family whilst also maintaining the care needed by their disabled child. Whilst government policy ostensibly supports carers into work, through legislating for the right to request flexible working practices for carers in the *Employment Rights Act* 1996, carers argue their needs are still not being met (Carers UK 2016). The basis for such legislation emerged in the context of evidence from the 1990s onwards, indicating a shift towards rationalisation in terms of thresholds for working with these families, i.e. threshold criteria acting as a *gatekeeper* to determine whether action or resources would be allocated or not. As suggested earlier, the impact of austerity has affected women the most, with fewer opportunities in work leading to less-stable and lower-paid jobs; so, whilst they can ask for flexibility, it does not mean it will be agreed to.

Wood *et al.* (2010) suggest that care demands can be relentless; the high level of physical care needed by a disabled child can be difficult for families (e.g. daily moving and handling or medical procedures). Parent-carers are potentially vulnerable to stress and isolation without appropriate support-mechanisms (Wood *et al.* 2010). This raises significant concerns about the impact of the Neoliberalist agenda in placing the pressure on the parent to take individual responsibility for their home situation. Griffith and Hastings (2014) report parents stating they were not able to relax at home, as they felt they were always on duty. In addition to this, many children with life-limiting conditions need to be monitored or cared for throughout the night, or may suffer from insomnia, meaning that their parents get very little rest and may experience exhaustion themselves, which can be especially concerning for lone parents or parents without extended family (Eaton 2008). As the child grows, the impact on the parent-carer increases as manual handling tasks can become more difficult and there can be a large amount of equipment that needs to be taken with the child and used daily (Mandelstam 2002). Parents have also reported experiencing the loss of the normality of life, and due to the demands of the caring role placed upon them at times can feel ‘imprisoned’ within their own homes, thus impacting on their own wellbeing and their relationships with others (Eaton 2008; Wood *et al.* 2010).

Beresford (1994a) suggests that parents’ self-identity can also have an impact on the support that they accept, as the way parents choose to cope with having a disabled child, and how they themselves define their own role, could act as a barrier to using informal support. Being a carer can become a person’s dominant identity, which can include positive elements and the experience of caring being seen as being transformative (Kenny and McGilloway 2007; Cairns *et al.* 2013; Griffith and Hastings 2014; Jordan *et al.* 2015). However, loss of other identities such as mother, wife or worker, can be seen negatively (Jordan *et al.*, 2015), and people might resist identifying as a carer rather than as a parent (Ahmed and Rees Jones 2008; Hughes *et al.* 2013). Kenny and McGilloway (2007) also found evidence to show that parents’ negative feelings of the carer’s role were a significant factor imposing strain on their lives. These negative feelings manifest internally to the carer, for example feeling tired or worried due to caring, rather than external feelings such as anger or resentment towards the child.

In addition, parent-carers with more than one child often worry that they are not fairly sharing their time between their children (Hunt *et al.* 2013). Koch and Mayes (2012) found that when parents could not meet the needs of all children simultaneously, they would prioritise the needs of each child at different times, and this could lead to feelings of guilt that they were not meeting the needs of all their children. The impact on siblings could be negative or positive (Burke 2010); nevertheless, this could also lead to problems within family dynamics and add more stress to parents.

There is little doubt the role of a parent-carer can be challenging, yet there is also evidence to suggest the impact of Neoliberalist policy and practice is providing further challenges. Carers UK (2016) sees carers as active agents as opposed to passive recipients. That is, they see them as active in what they do to manage the problems and difficulties placed on them by the caring role. Yet, this message, rather than being helpful, in fact reinforces the Neoliberal message of individual responsibility (self-help). As suggested by Quaid (2018), Neoliberalism expects women (mothers) to be resilient. One of the major causes for concern as a parent-carer is what will happen in the future if they cannot continue to care for their child; who would take on this role (NHS 2015)? If Neoliberalist society places the mother as responsible for their disabled child, then who will take this place if the mother is no longer able? The Neoliberalist shift to reduce the financial obligations of the state has ultimately led to these consequences for parent-carers.

According to Crowe (2004), 30% of parents found caring for a child with a life-limiting condition created significant mental and physical health problems for themselves due to the role and responsibility of care. Because of this, parents devise psychological coping strategies to manage, usually self-help related; a solution reinforced by society (Dardas and Ahmad 2015). Whilst consideration of the impact of Neoliberalism is more commonplace in the social sciences, Sugarman (2015) argues it has been relatively under-considered in psychology. He suggests ‘Neoliberalism has managed to make itself invisible by becoming common sense’ (p.103); highlighting the implication of psychology as a discipline *in the Neoliberal agenda.* From a psychological perspective, individuals in society are encouraged by the *common sense* of Neoliberalism to challenge and question any form of dependency on welfare as these promote complacency in individuals. Binkley (2013) posits individuals use the new discourse of Neoliberalism to assess and consider their own conduct. In this vein, mother parent-carers, as responsible and civically minded citizens, accept responsibility for their own wellbeing as well as that of their child. This identifies life as an *enterprise*, refocusing human fulfilment as being concerned with costs and profitability, and thus shifting morality to an economic focus. According to the Houses of Parliament (2018) respite, training and counselling are all effective in reducing stress to improve the mental health of parent-carers. Respite (*relief from a burden*) has been a preferred model to assist parent-carers with their role since the 1970s (Cramer and Carlin 2008). However, such support treats symptoms rather than the causes, i.e. primarily Neoliberalism adding pressure, but also the Neoliberalist *hoops* (that must be jumped through) adding stress and uncertainty, as well as the relative lack of support for *preventing* the stress rather than trying to cure it (Sugarman 2015).

This situation raises questions as to the purpose and benefit of support services for parent-carers; are they indeed beneficial, or do they reinforce Neoliberal ideology? The purpose of this study is to consider this through the evaluation of parent-carers’ views of a charity’s psycho-social support.A mixed methodology was applied to understand why and how parent-carers accessed the charity’s new support services.

**Methodology**

This study was completed in three stages using some minor statistical figures and qualitative methods (Bryman 2015); following ethical approval from the University of Sunderland. An initial entry questionnaire gauged the relative position of parent-carers at the point of accessing the service – this included open and closed questions. Questions were asked such as: ‘can you tell me about what caring for your child or children involves?’; or ‘can you tell me about the support you receive?’. These were based on the evaluative requirements of the charity, along with knowledge from previous research (as identified in the review of literature). The charity did not provide information concerning their expected uptake of services; the research project was funded to specifically evaluate the perceived effectiveness of the services chosen by the parent-carer participants. The funding for the charity comes from the Big Lottery Fund and not from social services. This means that although the outcomes need to be justified, within Neoliberal terms access to the services does not need to meet social services thresholds, and it is doubtful that these services would be provided through social services funding.

Due to the small number of participants accessing the service at this time, descriptive statistics have been used because statistically significant variables cannot be analysed. However, whilst the participant numbers are small (n=7), for the surveys this represents a 100% response rate, as all those accessing the service at this time completed the questionnaire. All participants were then asked if they would be willing to be interviewed about their experiences, and four agreed; of those, three were then interviewed (n=3) (all participant names have been changed for confidentiality). The interviewer then completed three semi-structured qualitative interviews (Bryman 2015). Again, the questions for these interviews were devised from the review of literature as well as from the initial analysis of the entry surveys. Finally, an exit survey was devised and sent to all initial participants (n=7) in order to determine the perceived effectiveness of the service, and the response rate for this was three (n=3).

**Findings**

The Findings from the different data sets were combined and considered holistically through a thematic analysis (Bryman 2015). The entry surveys raised certain questions, which were further expanded upon in the semi-structured interviews with some of the mother parent-carers, followed by the exit surveys. Analysis of the findings led to the emergence of following progressive themes framed by a Neoliberalist ideology:

1. Don’t ask for help but if you do need it, ask your mum.
2. You can have some ‘respite’, but not on your terms.
3. You can access psychosocial support, but it should be individualised.

*1. Don’t ask for help but if you do need it, ask your mum*

In the entry survey, parent-carers elaborated on how they heard about the charity’s services. Before being told by the charity however, none of the parents were aware of such support services. This is illustrated further in the interviews by Janet, who states that firstly, the mere idea of considering her own wellbeing was something new.

Janet: It's always the kids and what we've got to do. And when I heard about the scheme, I was like ‘wow!’. And they were saying like they would... we need to look after ourselves to be able to look after the children…. Do you know what I mean? And I really... I really didn't know that we didn't do that until the charity had put this scheme on…

This position suggests mothers’ responsibilisation, as firstly they do not consider their own wellbeing (Langan 1997). This not only enables the perpetuation of Neoliberalism in practical terms, but also perpetuates it as the norm by focusing on resilience and mother blaming if they do not succeed (Quaid 2018). Janet’s response is illustrative of a Neoliberalised perspective in the words ‘we need to look after ourselves to be able to look after the children’. This is indicative of the normalisation of personal responsibility, where parent-carers give little thought to asking for assistance. Instead, this new realisation of mothers is that, *of course*, they need to be able to look after themselves in order to be able to look after their child. Whilst this appeared a new concept to them, evident in the response ‘I was like “wow!”’, it was immediately accepted as, in effect, *common sense*. As Sugarman (2015) suggests, this is the ingenuity of Neoliberalism; it manifests as *common sense* and therefore is not challenged.

Whilst the first perspective of mothers was not to ask for help, they subsequently identified that when they did, they sought support from within their private sphere; and not from the state or other external organisations (public sphere). All three of the parent-carers subsequently interviewed talked of support from other family members; primarily their mothers (reflecting the gendered nature of unpaid care, as suggested previously (Ginn 2013; Quaid 2018)).

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| Figure 1.4 |

This is reflective of the *common sense* cloak of Neoliberalism. Amy’s response is particularly illustrative of this, suggesting ‘So obviously… me mam’s always been a great support…’. Neoliberal society has responsibilised care as self and family reliance (Langan 1997); thus, applying further pressure onto the family. A complication identified by parent-carers interviewed was increasing concern about the health and wellbeing of those ageing family members; specifically, their mothers.

Susan: she is… seventy four and she's just been diagnosed the second time with cancer…

Amy: …now she's got onset dementia so…

Janet: …me mam's not in great health at the minute either.

So, as the Neoliberalist focus has shifted to the family environment, this creates increasing problems for parent-carers as they then encounter potential caring responsibilities for their own parents – the sandwich generation, i.e. ‘multiple caring responsibilities for people in different generations’ (Holzhausen 2014). So, in reality the support to the parent-carer further diminishes, and in fact the Neoliberalist obligations increase.

*2. You can have some ‘respite’, but not on your terms*

As suggested by the Houses of Parliament (2018) and Cramer and Carlin (2008), respite is the main provision from the state for parent-carers. However, the parent-carers interviewed all described difficulties when they did attempt to organise support through the Local Authority, which also ties in with the shift from the 1990s to an increase in provision from the private sector and charities (Lanagan 1990), which are therefore not always obviously available. Whilst parent-carers were aware of, and could access, respite, the referral depended on who had a contract with the LA for this. For example, Susan and Janet reported offers of overnight stays for their children at another short-break service (as their LA changed supplier). They, as parent-carers, were not able to choose which organisation they accessed. Susan had some awareness of direct payments and believed she might be able to use them in the future to access provision with the charity of her choice, but had not taken this route due to her perception of it being overly complicated. Janet, however, took a more direct approach with social services to fight for access to services – ultimately adding to her feelings of stress. These parent-carers’ experiences highlight the tension between the Neoliberal ideologies of *promoting choice* and *reducing costs*, which results in barriers being created to accessing preferred-services. State-available respite in fact reinforces the difficulties parent-carers face, as the alleged-view of more *choice* in fact is not realised, and parent-carers are simply subject to LA contracts with suppliers. This means if the LA changes their contracted supplier, the parent-carer is offered only that as an option. The only way to potentially have more control over this is through direct payments; however, none of the PCs in this small-scale study were accessing them.

*3. You can access psychosocial support, but it should be individualised*

When offered access to psychosocial support as a parent-carer (as in the case of this Charity), the choices made by the mother parent-carers suggest their responsibilisation, as they opt for individual support rather than collective. This enables the perpetuation of Neoliberalism in practical terms, but also perpetuates it as the (unconscious) norm by focusing on ‘individual’ treatment. Figure 1.2 shows that the main intention of parent-carers (n=6) was to access massage and counselling from the charity’s available services.

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|  |
| Figure 1.2 |

In this, mother parent-carers stated they were looking for something that supported them in relaxation and coping strategies; which counselling and massage can provide (Williams *et al.* 2019). Wood *et al.* (2010) highlight that parent-carers are often in need of support regarding stress and coming to terms with the demands of parenting a disabled/sick child. Both these therapies are consistent with Neoliberal ideology as they aim to help mothers continue coping with their situation, rather than altering it (Gray *et al.* 2015). This is further illustrated by all three interview participants (Amy, Janet and Susan) who stated the only services they were offered were through the charity (Amy, massage; Janet, counselling; and Susan, both). The benefits to their mental health were stressed, emphasising their responsibilisation to ensure they were mentally well to continue with their role. Susan said she had developed (individualised) coping strategies as a result of the counselling she had received which would be beneficial in the long-term; whereas Janet stated she had developed those in her previous counselling course. Regarding massage, Susan and Amy both said they found it beneficial as it provided some time to themselves, which they would not normally have as they would prioritise others’ needs. Amy identified the advantage of having massages available where her child received respite, as otherwise she would not seek this out for herself somewhere else.

Amy: …just for me, yeah, exactly aha, like I say if [my child] went to respite I wouldn't think right I'm going to go and book myself into [a hotel and spa] for the week, I wouldn't think like that you know like I say especially when [my child] is in respite.

Figure 1.2 also shows no parent-carer intended accessing the Support Group, i.e. collective support (Alcock 2017); although 90% stated in the survey that they did feel better after talking to other parent-carers. The three mother parent-carers interviewed also indicated that they wanted to have access to more coffee mornings and group sessions, suggesting the desire for collective support was there, but this did not materialise. In the interviews, they further explored the benefits of collective support:

Susan: So, y'know it's like you talk to people that have got the same sort of problems really…

However, Neoliberalism focuses on autonomy and individual responsibility, and this creates a society that expects people to take care of themselves – a process of ‘responsibilisation’ (Deacon 2017a). When making decisions about support for themselves, the mother parent-carers focused on their perceived primary responsibility, i.e. care of their disabled child, at the expense of their own emotional wellbeing. The fact that parent-carers identified *time* and *convenience* as the primary barriers to their ability to access support for themselves is illustrative of this. They further elaborated that the problem with an organised support group was that it would be at a set time and place, and they were uncertain as to whether they would be able to access this due to their primary role; parent-carer. This ultimately led to them feeling unable to access support for themselves. This is evident in the shift in the caring role from the 1990s onwards towards the self and family reliance (Lanagan 1990). So, whilst at this time there was also an increase in certain types of provision from the private sector and charities (Lanagan 1990), the responses of these parent-carers indicate an inability to engage in available support, especially collective support, because of their primary role as the parent-carer. Janet illustrates this:

Janet: So breaking [child's] routines is the hard… I bet loads of people want to do it but they actually don't want to break their routine to do it.

As illustrated in the parent-carers’ responses, these services, in effect, give *permission* to parent-carers to look after themselves, but only so they are better able to engage in their responsibilised parent-carer role (something they all acknowledge). *Convenience* of support is therefore a key factor in parent-carers’ decision making concerning their own wellbeing – support they can receive while their child is accessing the respite service, or when they are at school, so they can just drop in. From this, the fragmented and individualised structuring of care provision within Neoliberalism creates a further barrier to organising more solidaristic and social, collective forms of support. Harvey (2005) argues Neoliberalism exploits the tension between freedom and social justice to restrict collective forms of social action and promote the market as the site for delivering individual freedoms. Hayek (1979) argued that markets enabled spontaneous action and freedom, which produces uncertain outcomes. Political processes, and especially economic planning, attempt to produce predictable outcomes and therefore undermine freedom. Democracy is considered as a means to producing the ends of economic freedom, and not a source of freedom in its own right. An alternative view (e.g. Arendt 1963) sees liberal governance as restricting more spontaneous forms of political action, which would also increase uncertainty and potentially challenge the status quo (Davies 2017). Thus, parent-carers are, in effect, discouraged by the Neoliberal ideology of individual responsibility and prioritising their role over any form of collective support.So, whilst all the parents talked of the immediate benefits of the psychosocial support they accessed, they also talked of this support in such a way indicating the influence of Neoliberalist ideology – that any help related to supporting them maintain their role as a parent-carer.

**Psycho-social Interventions (Self-help): A Neoliberalist Solution for a Neoliberalist Problem**

As shown in the review of literature and the findings, support is provided to parent-carers only if it is perceived by dominant groups that there is a need to create a market there, i.e. if there is a benefit to *those groups* (Gray *et al.* 2015). For mother parent-carers, as Quaid (2018) suggests, the state expects them to be resilient. The services provided (as illustrated in the findings) are aimed at reinforcing this message; that the responsibility for supporting the disabled child is on the mother. If she struggles emotionally, then as a responsible citizen her role is to seek measures to increase her resilience, i.e. by seeking out support. In addition, as Quaid (2018) further suggests, these parent-carers are also expected to be thrifty, after all ‘we are all in this together’ (Bramall 2013), and therefore mothers must play their part and make the necessary sacrifices to get by and still successfully nurture responsible Neoliberal citizens. Therefore, the aim of any provision of support is at this goal, rather than at any particular needs of the parent-carers; thus, the current health focus on psychosocial support (as evident in the services offered by the charity).

The NICE (2018) guidelines implemented across England and Wales suggest ‘low-intensity’ interventions be the first approach for supporting mental health and wellbeing in adults. These interventions consist largely of Cognitive Behavioural Therapy-based interventions (i.e. to change ‘faulty thinking’ (Macdonald 2017)), either through self-help or group support, physical activity or peer support. Such interventions, according to Sugarman (2015), rather than being neutral acts, as the discipline of psychology asserts, in fact promote and sustain Neoliberal ideology, which he argues is corrosive to individuals and not compatible with psychological ethics. The treatments suggested by NICE (2018) (and implemented by the charity) are predominantly self-help based, and because Neoliberalism has become conceptualised as ‘common sense’, Sugarman (2015) raises concern that self-help is not challenged but is instead normalised. So whilst Neoliberalism began as a market-driven principle in the business world, it now penetrates all aspects of human life (Sugarman 2015). Driving this discourse is the *positive psychology* movement, underpinned by humanistic psychology, which suggests that people have the strength within *themselves* to find their own way through difficult situations (Macdonald 2017). But by encouraging individuals to do this, this is a *de facto* application of the Neoliberalist agenda of *responsibilisation*. Happiness is therefore the responsibility of the individual, and if they are not happy, or mentally well, the onus is on them.

This is evident in research and in this study, which suggests parent-carers experience concerns about asking for that help or support. Ingleton *et al.* (2003) found that many parent-carers make subtle judgements about the relative benefits and costs of accepting help and will often reject services. Parent-carers can feel that there is a stigma attached to accepting help and using support services, linked to negative perceptions of failure or being unable to cope; a Neoliberal message. Arguably, the Neoliberalist agenda, in focusing on responsibility within the home, has created not just a reluctance for parent-carers to ask for help (as evidenced in the findings), but also a lack of options even when they do. Firstly, the good citizen does not show weakness. But if they really do need help, they first look within their own family, and then if they still need help outside the family they need to be proactive about finding and asking for it themselves.

Both the psychological and the sociological perspectives show that there is concern that Neoliberalism has become so ingrained in people’s lives that they do not see it or know it is there; they act in way that has become *common sense*. Thus, the *good citizen* does not challenge the state but instead accepts it, and sees fault and responsibility in themselves (Binkey 2013; Sugarman 2015). In effect, the provision of support acts to reinforce the Neoliberal ideology of self-help. That is, parent-carers’ needs are not the responsibility of the state but of the individual, and it is therefore up to the parent-carer to meet them. This study has illustrated how services focusing on psychosocial support in fact reinforce the Neoliberal message of self-help; rather than a welfare-focus of universal support (Alcock 2017). Evident from this small-scale study is ‘*message received and understood’;* parent-carers are seen acting in a way that normalises self-help. It did not appear to occur to the parent-carers to question the benefits of looking after themselves, not because they needed anything in their own right but because they needed it to continue their role. So they automatically see a problem in a service offered that may interfere with this, but they accept one that is individualised and fits perfectly into their day, i.e. when their child is in respite and therefore they are not choosing it over their child or over their responsibilities. In this study, parent-carers appear to be accepting their role as good Neoliberal citizens; accepting that they must stay well to care for their child. They do not question or ask for state help. They accept their role and they see the easiest solution for help that fits with that. They then completely accept the presented benefits of the support, i.e. keeping them well for their child. So, it is not about them individually, or their own wellbeing for their own personal benefit, but it is completely about their role as a parent-carer; accepting that role and doing everything possible to maintain it so they do not need the state’s help or intervention, i.e. underpinned by Neoliberal ideology.

When the state does provide support, its intention is to keep the mother parent-carer functioning in their role. The support’s aim is not to completely alleviate the stress of being a parent-carer but to alleviate it enough so that the mother does not ask for, or need to ask for, state help. Thus, the good Neoliberal citizen accepts the help almost unwillingly, and then is surprised, but completely accepting, by the logic of keeping themselves well for their caring role… Thus, mother parent-carers consider the benefits of any psychosocial support against their parent-carer role. Better management of their role is the outcome they search for; exactly what a Neoliberal ideological framework seeks. Ultimately, this raises serious questions as to the philosophical shift in the provision of welfare, which has taken place unobserved and covertly.

**Conclusion**

This article has demonstrated how the Neoliberalist agenda is having a negative impact on the lives of mother parent-carers, both in terms of expectations of their role and in how services are offered and provided. The increasing emphasis on family self-reliance means support for these mothers is reducing and the caring part of their role is increasing; which is unsustainable. To access the support that is available, mother parent-carers face further challenges in trying to negotiate or challenge Neoliberal systems of care provision. These psychosocial intervention services only exist because of the pressure applied by *Neoliberal responsibilisation*. Ultimately, this is a Neoliberal solution to a Neoliberal problem. The barriers to entry could create relatively low uptake, which falsely reinforces the Neoliberal assertion that carers are fine as they are. The good citizen firstly does not ask for help. Any success of these services is good for the individual in their own circumstances, but potentially bad for society, as it allows Neoliberalism to continue unchecked, and devolve more and more state responsibilities to charities, private companies and individuals.

We must therefore be wary of celebrating success of services put in place purely to fix a problem, which was avoidable in the first place (food banks being another example of this). Psychosocial intervention services need to engage ideologically with the messages they are reinforcing in a Neoliberlist society – that mother parent-carers should just keep going; seeking support for their wellbeing only as a last resort so they can continue in their role. All achievement here is the further abdication of state responsibility in welfare services.

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