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CHAPTER 2

Focus on 'the family'? How South African family policy fails queer families

Introduction

In the past decade South African policy-makers have increasingly focused on the family as a site of state intervention. To date, several family-related policies have been developed to support societal wellbeing and cohesion. The most recent policy document is the *White Paper on Families* (Department of Social Development 2012), which aims to facilitate the mainstreaming of a family perspective into all government policy-making from the national to the municipal level and across multiple departments. The *White Paper* stresses that '[t]he implementation of the White Paper on Families will be dependent on a sound inter-sectoral and interdepartmental system and mechanism, an active political administration and technical expertise' (Department of Social Development 2012:44). This is an ambitious and broad-based implementation plan that potentially has significant implications for social life. A thorough inspection of the assumptions made in the policy, particularly concerning queer families that have historically been marginalised, is thus important.

Family policies are, in general, intended to provide support, enhance family members' wellbeing, strengthen family relationships, and help families address social challenges, like economic instability. Their ultimate aim is to ensure a safe and socially cohesive society (Robila 2014). A core concern, therefore, is with promoting stable, healthy families. Indeed, the *White Paper* outlines its main objective as 'foster(ing) positive family well-being and overall socio-economic development in the country' (Department of Social Development 2012:8). This concern is valid in our country where many families experienced a profound lack of stability under apartheid and today instability is brought about by various socio-economic changes, especially the HIV/AIDS epidemic (Department of Social Development 2012).

In this chapter, we argue, however, that, despite noble intentions, the *White Paper on Families* fails queer familiesⁱ in three ways. In the first, slim mention is made of families that do not fit the cisgenderⁱⁱ heteronorm, thereby rendering these families all but invisible in family policy formulation. In the second, where family diversity is referred to, there is little engagement with the challenges and possibilities facing queer families, except to promote 'tolerance' by presumed heterosexual cisgender service providers. In the third, the policy favours family *structure* over family *functioning*, with the policy discussion dominated by the aim of preserving a certain type of family rather than facilitating relations that support members in their diversity (including sexual and gendered diversity). We argue that the invisibilisation of queer family forms (while at the same time paying lip service to diversity) and the emphasis on maintaining (cisgender heterosexual) family structures in social policy contributes to the marginalisation of queer people, and in particular those who are already in socially

marginal and vulnerable positions based on race, location, or socio-economic class. In this chapter, we address each of the three pitfalls of the *White Paper on Families* in turn before discussing the implications of these and offering some ideas about how they could be remedied in order to promote meaningful inclusion of family diversity that does not simply privilege heteronormative structures.

Pitfall 1: A concentration on heteronormative family structures

The taken-for-granted assumption that the *White Paper* seems to start from is that certain kinds of families are better than others simply due to their structure. The family form preferred in policy is the nuclear family, which comprises of a cisgender mother and a cisgender father living with their biological offspring, often called the ‘traditional’ or nuclear family. The *White Paper’s* implicit endorsement of heteronormative family structures is evident in three ways: (1) family diversity is only paid lip service; (2) families that diverge from the cisgender heterosexual two-parent family are either problematised or absent from the policy; and (3) the problematisation of some family forms lays the foundation for problematising others that are absent in the policy.

Family diversity is mentioned for the first time in the *White Paper* on page 9 in which the following is indicated:

There are different types of families in South Africa which are products of various cultures and social contexts. Therefore, the need exists to recognise the diverse nature of South Africa’s families in all initiatives that address their plight. This principle will guide Government and all stakeholders in their engagement with the family.

In line with this, the *White Paper* lists a range of family types, including three-generation, skip-generation, nuclear, single parent (unmarried), single parent (absent spouse), elderly only, one adult only, child(ren) only, married couple only, married couple with adopted child(ren), one adult with adopted child(ren), siblings only (all adults), and siblings (adults and children). Despite this early acknowledgement of family diversity and the accompanying list of various types of families, diversity of family form is not integrated into the *White Paper* throughout. For example, the family-type housing promoted by the *White Paper* favours houses for nuclear rather than, for instance, multigenerational families or older adult communities, and the financial readiness promoted for childbearing reflects middle class ideologies (Rabe 2016).

In terms of queer families, sexual orientation is mentioned only once on page 39. The context of this mention is a clear statement on respecting family diversity, where the *White Paper* calls for ‘Put[ting] in place measures to eradicate discriminations related to, among others, age, gender, birth, sexual orientation, race, ethnic or social origin, marital status, disability, beliefs, culture, language, physical and mental conditions, family composition, financial conditions, and blood relations’. And yet, despite this overt statement concerning discrimination, lesbian, gay, transgender, intersex or queer parents or family members are not mentioned at all in the 64 pages of the policy. Diversity of gender and sexualities is therefore given virtually no space. Instead, the inclusion of the notion of ‘family diversity’ into this policy appears to be simply a pragmatic acknowledgement of the realities of the majority of citizens and could be described as an exercise in bland constitutionalism.

Where ‘different’ family types are discussed, it is mainly in terms of their shortcomings and failure to live up to the ideal family type. Cohabiting partners are seen as lacking legal, social-cultural, and economic protections, and are depicted as ‘less sexually exclusive’ (Department of Social Development 2012:18). The practice of polygyny is indirectly criticised through reference to research that highlights its role in ‘reinforcing women’s subordinate position in society, increasing the levels of HIV infection, and exacerbating the incidence of gender violence’ (Department of Social

Development 2012:21). Single parent households are problematised in terms of generally being 'headed' by women, which 'has implications for family poverty' (Department of Social Development 2012:19). Skip-generation households are described as 'fragile' owing to grandparents struggling with health and financial constraints. Child-headed households are shown to 'lack regular income from earnings and social grants, are less likely to live in formal dwellings; and are disproportionately located in non-urban areas, where service delivery is poor' (Department of Social Development 2012:21). Teen-aged pregnancy and fertility are discussed exclusively in relation to 'dysfunction'. Thus, the policy implicitly condemns families other than the married heterosexual two-parent family as 'dysfunctional', as also noted by Hochfeld (2007). Other family arrangements are depicted as inferior, either through their exclusion (as in the case of queer families) or through being described, as noted by Ratele, Shefer, and Clowes (2012:554), using 'uncritical deficit and patronizing discourses such as notions of "fractured" families, and the need for "healing"'. While same-sex relationships are not criticised in the same way, the implication remains that families that differ from the cisgender heterosexual two-parent nuclear family are somehow inferior. This could result in other kinds of families and caregivers being potentially marginalised and stigmatised.

The irony is that less than a third of South African families actually conform to the two cisgender heterosexual biological parent model that is favoured in family policy (Budlender & Lund 2011). The 'traditional' cisgender heterosexual biological parent family form has been shown to be a class- and race-based model that emerged in the West in the 1950s, with little continued relevance in the global North context (Nicholson 1997), let alone in South Africa. This particular family form has never been the norm in South Africa, where early unmarried childbearing, multi-generational families and extended family support are common (Budlender & Lund 2011). Granted, present day family forms are not necessarily the result of progressive understandings of 'family' but instead mainly due to a number of social, political, and environmental forces that have changed the ways that people form families and provide care. As indeed the *White Paper* outlines, families were disrupted on a large scale during apartheid, particularly through the migrant labour system which affected living arrangements and marital patterns. In more recent times other factors, such as high unemployment rates, the prevalence of HIV/AIDS, and women's increased economic and social independence, have changed who needs and who provides care (Holborn & Eddy 2011). Regardless of the causes of these shifts, the reality is that of increasingly diverse family forms. In terms of queer families, the facilitative legislative environment post-1994 has made the overt formation of queer families more possible than in the past. Family policies that call for family preservation are thus really arguing for the protection and preservation of an idealised and unrealistic Westernised understanding of the family.

Queer families are included in the *White Paper* to the extent that 'Same-sex relationships and marriages' are mentioned, as noted earlier, with the number of same-sex marriages recorded from 2007 to 2010 outlined. It is asserted that 'other important types of families existent in the country include skip-generation households and child-headed households ... as well as same-sex partnerships, polygynous partnerships, and migrant families' (Department of Social Development 2012:18). Three issues arise in relation to these references to queer families. The first is that they are the only way that queer families are featured. The second is that 'partnerships' are referred to rather than families. The third is the complete absence of mention of families formed by transgender or intersex persons. While it may be argued that the 'nuclear' family or even other types of families mentioned in the policy could include 'same-sex partnerships', this is not explicitly stated and is unlikely to be taken as such by the managers and service providers tasked with implementing the policy. The heteronormative

underpinnings of our society ensure that the nuclear family is inherently seen as cisgender, heterosexual, two-parent structures.

Pitfall 2: Queer families' challenges and possibilities are not taken up

The *White Paper* mentions that measures should be put in place to 'eradicate' discrimination with regard to sexual orientation. It is not clear who will be targeted with these measures, but it may be assumed here that (implicitly heterosexual) civil servants (at least) should not discriminate on the basis of sexual orientation. The lack of mention of discrimination on the basis of gender diversity or queer identification aside, the challenges and possibilities queer families may encounter particularly in a heteronormative social and service delivery environment is not paid any attention in the *White Paper*. While scientific literature on queer families remains limited in South Africa, existing local and international research points to strengths of queer families as well as the numerous difficulties that they experience when confronted by heteronormative and heterosexist contexts (Lubbe 2007a; Meyer 2003). These challenges need to be acknowledged, and, we argue, should form a foundation to which policy speaks. Extant scholarship suggests that sexual minorities encounter a range of difficulties in exercising their reproductive and parenthood choices, with many people still holding the view that homosexuality and parenthood are not compatible, especially for gay and bisexual men (Stacey 2006, as well as Morison & Lynch in this volume). Indeed, research on public perceptions of lesbian and gay parents shows that even when people do express fairly positive views, these are often tempered with concerns regarding children's welfare and development in queer families (Riggs, McLaren, & Mayes 2009). This kind of prejudice, as well as stigma and discrimination create a hostile and stressful social environment for lesbian and gay parents (Meyer 2003).

Internationally, researchers have found, *inter alia*, that: the usual parenting stressors are compounded for gay men because of their membership of a socially stigmatized group (Armesto 2002; Bos 2010); and both lesbian and gay parents experience negative attitudes from healthcare providers when seeking healthcare (Dorsen 2012; Shields et al. 2012). In addition to the difficulties of raising children in a heteronormative society, the pathways to parenthood can also be stressful for lesbian and gay parents. The possibilities of donor insemination (from a known or unknown donor – often gay men), surrogacy, adoption, re-constituted families (children of a heterosexual union being brought into a same-sex relationship) and co-parenting arrangements each present their own dynamics and challenges (Biblarz & Savci 2010; Scholz & Riggs 2014).

Little local research has been conducted that specifically considers sexual minorities' reproductive decision-making and pathways to parenthood, or their experiences of family life. A small number of empirical studies focus on same-sex families, parenting practices, including work on lesbian parenthood (Distiller 2013; Suckling 2010; Swain & Frizelle 2013); children of lesbian mothers (Lubbe 2007b & 2008; Lubbe & Kruger 2012); and—to a lesser extent—gay fathering (Rothmann 2010). South African researchers have argued that: the social and material conditions in South Africa are not conducive to practicing queering in families (Stacey & Meadow 2009); children of lesbian parents have to negotiate the heteronormativity of society (Lubbe 2007a); children face the difficulty of disclosing or remaining silent about their family structure in the school environment (Lubbe 2007b); lesbian and gay families are subject to homophobic victimisation (Nel & Judge 2008); many people in same-sex intimate relationships are not able to 'freely' choose marriage as a result of homophobia or their relationship not mimicking the heterosexual ideal on which the notion of marriage is based (De Vos 2004); and the dominant opposition to same-sex marriage as undermining the traditional family form has negative implications for queer families (Reddy 2009). Research on the challenges facing lesbian and gay people in South Africa has relevance for queer families as well.

For example, the occurrence of targeted sexual violence and other hate crimes against, in particular black lesbians and gay men and transdiverse persons (Human Rights Watch 2011; Reddy, Potgieter & Mkhize 2007) places the families of victims in distress. Lesbians and gay men report experiencing heterosexism in the context of healthcare and therefore frequently delay seeking care as a result (Morison & Lynch 2016; Tallis 2009), something that would impact on families in terms of coping with the ill-health of a member. Queer persons experiencing violence in their intimate relationships also come up against heteronormative assumptions that limit such violence to a male-to-female dynamic, complicating their access to support and impacting on their families' abilities to respond to violence (Muthien 2004; Khan & Moodley 2013).

Compared to studies on lesbian and gay parents, there is extremely little research on families created by transgender or intersex persons. It is clear, however, that transgender people face a number of challenges, such as bureaucratic failures to amend identity documents to reflect a person's preferred gender identity (Hamblin & Nduna 2013), negative experiences in relation to health professionals (Stevens 2012), difficulties with family members accepting their transition (Biblarz & Savci 2010), short- and long-term effects of gender-affirming treatments (Biblarz & Savci 2010), and lack of facilities or finance to assist them in their transitioning (Nkoana & Nduna 2012; Wilson, Marais, De Villiers, Addinall, Campbell, & The Transgender Unit 2014). Violence against transgender people tends to start early in life, with this threat lasting throughout their lives. In addition, prevailing transphobia and cisnormativity mean that transgender people have a particularly high risk for sexual violence (Stotzer 2009).

Much of the research conducted with lesbian and gay parents and their families has often failed to acknowledge the diversity within lesbian and gay parent families, with research largely reflecting the experiences of white, middle-class participants (Morison, Lynch, & Reddy 2015). Research has begun to point to the ways that the race-class nexus shapes sexual minorities' pathways to parenthood and the experiences of queer families in South Africa (Distiller 2013; Salo et al. 2010). Clearly, in a country like South Africa, much more research is needed on diverse family forms *within* queer families. As generally acknowledged, race, location and class will play a substantial role in the support and challenges that queer families will face.

Finally, policy should also consider the possibilities offered by queer parenthood. Local and international research alerts us to the conditions under which the queering of families occur, by exploring the challenges facing individual LGBTI individuals and how these are responded to or overcome. Much of the international literature (mainly concentrated on lesbian or gay parent families, e.g. Berkowitz 2009; Biblarz & Savci 2010) shows that the parenting practices and child outcomes of these families are as favourable as those of cisgender heterosexual families—despite the fact that these families face overt and subtle discrimination (Anderssen, Amlie & Ytterøy 2002; Short, Riggs, Perlesz, Brown & Kane 2007; Tasker 2005). South African research has shown that children of lesbian parents learn open-mindedness and to be comfortable with the family in which they live (Lubbe 2008) and that men in same-sex relationships challenge gendered divisions of household tasks (Adeagbo 2015, see also chapter 8 in this volume). International research shows that children of gay or lesbian parents are aware of, and counter, heterosexism and homophobia (Tasker 2005). Acknowledgement of these strengths of queer families can assist policy efforts in mapping out and enabling more equitable and caring ways of 'doing' family. We take this point up more fully in the next section.

Pitfall 3: Family structure emphasised over family functioning

In light of the historical and contemporary shifts described above, the *White Paper* calls for family preservation ‘so as to keep families together as far as possible’ (Department of Social Development 2012:3) and ‘to prevent and reduce problems associated with family disintegration’ (Department of Social Development 2012:37). As with other policies, it is assumed that saving the family will benefit society (Vetten 2014).

We do not argue against advocating for policy that addresses changes in the structure and composition of families that specifically affect economic insecurity and a family’s ability to meet its members’ basic needs. However, as indicated by Struening (1996:137), ‘much of the family debate is concerned not with how all households can attain an adequate standard of living, healthcare, and housing, but with how the intact two-parent family can be fortified’. This is despite the fact that the family studies literature indicates that it is family *processes* that contribute to determining children’s wellbeing, rather than family *structures* (Short et al. 2007). This suggests that such issues as the quality of parenting, relationships within the family, and the financial and social resources of the family to access healthcare, education and other social support are far more important than the number, gender, sexuality and co-habitation status of parents. Indeed, much recent work in family studies has emphasized what Morgan (1996, 2011) calls *family practices* as a core component of family: the fragments of daily life and interactions that are located within wider systems of meaning.

In addition, what is understood as the needs of family members generally does not extend to providing environments that strongly emphasise gender equity, and that support fluidity and self-determination with respect to gender and sexuality. The policy does not foreground the creation of environments, both structural and social, that will enable equitable power relations in the family, that undermine gendered binaries, and that cater to the needs of family members in their gender and sexuality diversity.

The emphasis on the cisgender heterosexual biological parent family form seems to originate within an international trend that stresses ‘family moral regeneration’. This is articulated in the *White Paper* in its explicit support of the Moral Regeneration Movement and its overt statement concerning the moral fabric of South African society: ‘There is a general consensus from the public and academic commentators that the South African society, with specific reference to family life and school life, is experiencing a serious moral breakdown or degeneration, described as the process of declining from a higher to a lower level of morality’ (Department of Social Development 2012:29).

Supporters of the Moral Regeneration Movement, which was launched in South Africa in 2002, argue that the decline of the two-biological-parent family—most often through divorce and non-marital childbearing—is responsible for a multitude of social problems. They argue that a ‘return’ to the heterosexual nuclear family model will ensure family wellbeing and social moral welfare (Rauch 2005). Proponents, therefore, call for measures to actively promote and strengthen marriage, limit divorce, and to support the mother-father family as the preferred family form. As indicated by Thoreson (2008:696), ‘The implicit or explicit association [made within the Moral Regeneration Movement] of declining tradition with rapidly evolving sex, gender and family roles is a trend that poses a formidable threat to the GLB [gay, lesbian and bisexual] movement’s gains.’

The *White Paper* defines a ‘well-functioning family’ as ‘loving, peaceful, safe, stable, and economically self-sustaining, that also provides care and physical, emotional, psychological, financial, spiritual, and intellectual support for their members’ (Department of Social Development 2012:9). Yet, what is notably absent in this policy document, and the family policy debate in general, is

precisely the discussion of *quality* of family relations or the *ability* to attain optimal living and care arrangements in any family type (the ‘traditional’ gender-structured family included). Family policy and services should be guided by a range of questions with regard to the queering of families, including: how families provide the support required (for instance, how they go about assisting queer youth in navigating cisgender and heterosexist social arrangements and how they promote gender equity); whether a particular family is able to care for and adequately meet its members’ needs concerning sexual and gender diversity (such as recognising and assisting a transgender family member to enact their desired identity or through the process of transitioning); and, how families face different difficulties in different contexts (like negotiating different levels of social acceptance around sexual or gender diversity, depending on location (Gibson & Macleod 2012; Salo et al. 2010). In asking these questions, the state’s roles in fulfilling its obligation to provide resources and supportive care can become clearer.

Implications of the failure of the *White Paper* to address queer families

As Hochfeld (2007:80) indicates, ‘Policy as a formal mode of social discourse has tremendous power to shape the way we think and function in society’. It is for this reason that there is a need for vigilance regarding family policies and their implications for queer families.

Promoting the two-biological-parent family as the preferred family structure creates an impossible ideal for the majority of South Africans to live up to. Because such a family structure is strongly connected to class (Budlender & Lund 2011), it is out of reach for the majority of citizens, let alone those who live in queer relationships. With the cisgender heterosexual nuclear family form being treated as normative, those who do not live up to this ideal—due to non-marital or early childbearing, father absence, or queering of relationships, for example—are more likely to face stigma and social sanctions. Researchers indicate that the stigma faced by queer families may lead to significant stress (Weber 2010). The failure of the *White Paper* to address the conditions faced by queer families potentially adds to this stress.

The absence of substantive policy engagement with queer families potentially impacts on these families’ access to supportive healthcare, education, and financial resources. It also limits queer families’ ability to, in the words of Finch (2007: 67), *display* family: ‘the process by which individuals, and groups of individuals, convey to each other and to relevant audiences that certain of their actions do constitute “doing family things” and thereby confirm that these relationships are “family” relationships’.

When the model of family that service providers expect is the cisgender heterosexual two-biological parent family, they may be at a loss as to how to provide the necessary care or services to queer family members. They also may not be familiar with the particular challenges facing these families, and inadvertently (or advertently) reproduce discriminatory practices. As Charles (2013:2) indicates:

The reluctance of policymakers to understand and explicitly articulate the vulnerabilities and needs of a host of vulnerable groups, including LGBTI families, means that any poverty reduction strategies that are implemented are unlikely to reach such families, not only because they do not conform to the construct of a family propagated in the paper but also as a result of homophobic attitudes from service providers themselves.

The side-lining of queer families in the *White Paper* may lead to some families that experience problems not seeking the care that they need. For example, research has started to address abuse within lesbian parent families (Biblarz & Savci 2010). Where stigma about lesbian and gay parent

families is prevalent, those who do experience domestic violence may not approach service providers for fear of double stigmatisation.

In South Africa, researchers have shown that the assertion of lesbian or gay identities in township settings must be discreet and must not threaten the dominant ideology of heterosexuality (Salo et al. 2010). (Chapters 3, 12 and 14 in this volume extend this discussion to rural contexts.) Queer people are often required to disguise or downplay their identities in order to ‘pass’ in a cisgender and heterosexist environment. While concerted efforts to re-formulate fluid identities are on-going, the absence of any sustained engagement by South African family policy around queer issues simply serves to reinforce the necessity for queer people to adapt to a ‘moral economy anchored in reproductive heterosexuality’ (Salo et al. 2010:298).

Where to from here?

Neglect of queer people is not unique to the *White Paper on Families*. Rispel and Metcalfe (2009:185) argue that ‘existing HIV policies and programmes in South Africa fall short of meeting the needs of same-sex practising individuals’. We have argued in this chapter that the *White Paper on Families* has failed queer families in three ways: by all but invisibilising queer families; by not engaging in the possibilities and challenges faced by these families, particularly in a cisgender heteronormative environment; and by favouring family structure (implicitly the cisgender heterosexual family) over family functioning. The emphasis on family structure is particularly misplaced as there is no guarantee of stability within the cisgender heterosexual family, as research on heterosexual intimate partner violence (IPV) in South Africa shows: South Africa has one of the highest prevalence rates of IPV in the world with IPV cutting across all ethnic, income and education groups (Joyner & Mash 2011; Modiba, Baliki, Mmalasa, Reineke, & Nsiki 2011).

How might we remedy the fixation on family structure in current family policy? Strengthening the way that diversity is dealt with might assist, but fully developing family diversity in policy will not entirely resolve the situation. Instead, it will simply keep the discussion centred on family structure, without addressing more fundamental questions of how all households can achieve an adequate standard of living and care. What is needed is a fundamental shift in focus from what families look like, to what they *do*. Privileging and promoting a specific family form on the basis of its assumed stability overshadows other important aspects of family life: happiness, equality and justice within the family, and individual self-development. As suggested in research, children and adults may benefit from queer family types, especially in terms of questioning traditional gender roles and sexualities (Dunne 2000; Lubbe 2008).

In light of the above, what policy recommendations can be made? We suggest that four overarching principles need to be applied:

1. Foreground diverse family forms and integrate discussion of these families into policy from the outset.
2. Stop pathologising family forms that diverge from the cisgender heterosexual nuclear family; instead highlight both their strengths and the challenges that they face within particular environments.
3. Shift the focus from family form to family functioning (including attending to how gendered power relations manifest in families).
4. Locate policy in context, in particular within the context of post-apartheid sexual and reproductive rights and the freedom of intimate association, as well as the race, gender, sexualities and class-based inequities that characterise South Africa.

The third recommendation—that of emphasising healthy family functioning—is in our view particularly important and requires policy-makers to take a broader perspective on ‘care’. Care should be seen not only as occurring within families (and communities), which often confines women to care roles, but rather understood as being at the heart of citizenship practices (Sevenhuijsen, Bozalek, Gouws, & Minnaar-McDonald 2003). This means that the state and broader society is also responsible for caring for its members. This enables reproductive and care roles that are based on reciprocal care and equitable power relations, and that are supported by policy that does not privatise care, but instead fully develops state support of family and community responses to shared responsibility for care-work.

This is in line with Levy’s (2005) call for an ethics of care in family policy making. Noting that ‘U.S. public policy generally has not kept pace with changes in family composition, purposes, and duration, or with the changing population demographics’, Levy (2005:71) advocates using an ethics of care to understand families rather, than a structural model. An important objective of care theory is to facilitate social connectedness through just and meaningful care relationships (Levy 2005). Care theory, thus, makes equality an explicit political goal and something that should be incorporated into family policies. In addition, it suggests accepting a range of diverse family forms on the basis of acknowledging and valuing human relationships.

What might this look like on a practical level? Sevenhuijsen and colleagues (2003) outline some possibilities. First of all they contend that introducing an ethic of care into policy requires attentiveness to the actual needs that people have, rather than assuming that non-normative care relationships necessitate state intervention. Citizens, as care receivers, should thus be involved in the process of needs assessment and engaged in a consultative process of policy-makingⁱⁱⁱ; they need to be enabled to respond to the care received so that caregivers can ascertain that the care provided indeed meets care receivers’ needs. This avoids paternalistic approaches that sometimes pathologise those who deviate from normative citizenship and are seen to have ‘special needs’. Furthermore, recognising that care is ‘embedded in kinship systems, communities and state structures... [as] a continuous social process’ (Sevenhuijsen et al. 2003:314), Sevenhuijsen et al. (2003) suggest that policymakers need to be explicit about whose responsibility it is to provide particular kinds of care, to optimally make resources available for care, and to facilitate the enhancement of competencies and capabilities for care.

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Notes

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- ⁱ We see queer families as fluid, diverse formations of kin relations in which cisgender hetero-relations are not dominant, but are, rather, either completely replaced or accompanied by same sex relationships, gender diversity, egalitarian living, work and care arrangements.
- ⁱⁱ The term ‘cisgender’ is used here to refer to persons who identify with the sex they were assigned at birth.
- ⁱⁱⁱ See Charles’s (2013) criticism of the Department of Social Development’s consultative process undertaken for the White Paper on Families.