

Learning From Care Experienced Perspectives

Is the possession of a terrible tale, a story of suffering, desired, perhaps envied, as a component of the other self? ... To do with a bourgeois self that was told in terms of a suffering and enduring other, using the themes and items of other, dispossessed and difficult lives.

Carolyn Steedman, *Feminism and Autobiography: Texts, Theories, Methods*, 2000, p 36

Hearing a different story?

In [Chapter 1](#), I drew on [Adichie's \(2009\)](#) discussion of the Igbo word 'nkali' to argue for the need to move beyond a troubled 'single story' of family for people who have been in care, recognizing dynamic complexity and diversity – and strengths as well as challenges – in order to avoid reinforcing stigmatizing binaries. This was an explicit focus of the *Against All Odds?* study, as our research team has written elsewhere: 'If care experienced people are predominantly viewed (and studied) through a problem-focused lens, policy and professional approaches may become dominated by an inadvertently stigmatizing hegemonic discourse, focused on measurable risks and outcomes' ([Bakketeig et al, 2020](#), p 1). As we discuss in that paper, there is substantial international evidence that care experienced people face heightened risk of disadvantage across domains including education, employment, housing, financial security and health (for example, [Stein and Dumaret, 2011](#); [Courtney et al, 2011](#); [Kääriälä et al, 2018](#); [Häggman-Laitila et al, 2018](#); [Berlin et al, 2021](#)). Research on risk of disadvantage is hugely important in highlighting support needs for young people in and after care (and so informing the development of policy and professional frameworks), but we would add a note of caution. If research focuses *only* on risk, it

may have the unintended consequence of exacerbating stigma: complex and diverse lives may be reduced to hegemonic narratives of the vulnerable or damaged subject. A growing body of work has documented the heterogeneity of care experienced lives, for example, modelling the relative contribution of experiences pre-care and while in placement (for example, Fowler et al, 2017; Rebbe et al, 2017) and illuminating the ways in which care systems may be protective for young people (for example, Arnau-Sabatés and Gilligan, 2015; Sebba et al, 2015; Holmes et al, 2018; Hanrahan et al, 2020). These studies demonstrate the value of building understanding of dynamic complexity and diversity – as we also aim to do in this book. In this chapter, I begin by considering the context of care experience in England and then go on to reflect on the implications for methodology: first considering the politics – and ethics – of researching care experienced lives and subsequently discussing the implications for the two studies that form the basis of the book.

Care experienced lives in context

To understand what ‘family’ means in care experienced lives, we must begin by recognizing that people who have been in care in childhood are not a homogeneous group. The diversity of the population also intersects with the complexity of the multifaceted systems that care experienced people encounter. Child welfare policy and service contexts intersect with individual lives and biographies and with wider social, economic and cultural contexts, and this in turn shapes experiences of family through childhood and beyond.

Childhood and placement experiences

The original and underpinning legislative framework for children in care in England is the Children Act 1989. This legislation introduced requirements for work in partnership with parents, including conceptualizing placement in care as a support for upbringing (see Skivenes and Thoburn, 2016; Lynch, 2017). It also establishes expectations for the state’s role in the care and upbringing of children, referring to children and young people as ‘looked after’ when accommodated in care through voluntary or court-mandated measures. As discussed briefly in Chapter 1, this also means that the state has statutory duties for looked-after children and care leavers under principles of ‘corporate parenting’ (DfE, 2018).

Most children in care in England live in family-based placements. To take the example of recent data published by the Department for Education: among 80,080 children who were ‘looked after’ under the Children Act 1989 on 31 March 2020,¹ 58 per cent were living with unrelated foster carers, and another 14 per cent were in ‘family and friends’ placements. Reflecting a longstanding

policy emphasis on achieving permanence through adoption 3,440 children were adopted in England in 2020, joining a legally permanent alternative family. In the same year 3,700 children moved to a legally permanent arrangement through a Special Guardianship Order (SGO),² most commonly with biological kin (88 per cent of SGOs were made to family or friends).

Most children in care in England continue to have contact with some family members after placement (see [Iyer et al, 2020](#) for a review). The majority also have established relationships with their families of origin at the point that they come into care. Among children starting to be looked after in 2020, almost two-thirds were aged five years or older, and 81 per cent were over one year old. Recent years have also seen an increasing proportion of care entrants aged 16 years and over. Moreover, placement in care does not mean the child is given a permanent alternative family, nor is that the intent of care entry for every child. Among the 29,590 children who ceased to be looked after in the year to 31 March 2020, almost one-quarter (22 per cent) left to live with parents or other relatives (with or without parental responsibility, not including Special Guardianship Orders). A significant minority of children who return home from care subsequently enter the system again; [Farmer \(2018\)](#) reported DfE data which record that 30 per cent of children who returned home from care in England in 2006–2007 re-entered care within five years (see also [Farmer and Wijedasa, 2012](#); [Farmer, 2014](#)). A fifth of 16–17 year olds who ceased to be looked after in 2020 had two or more periods in care – presumably returning to their family of origin before re-entering the system. The fluidity of family for children in care is further complicated because it is relatively common for placements to change: in the year to 31 March 2020, DfE data record 56,330 placement changes.³ A third (34 per cent) were linked to the child’s care plan (for example, a move from emergency to long-term placement), but changes can occur for a variety of other reasons including carer requests (16 per cent of changes) or, less often, child requests (4 per cent). Almost 40 per cent of children ceasing to be looked after in the year to 31 March 2021 had three or more placements, and nearly a thousand had ten or more placements during their time in care.

The data summarized here indicate the complexity and diversity of experiences of family in the ‘care population’. Understandings of family are inevitably influenced by factors such as the child’s age, family structure, placement and permanency arrangements and whether reunification is being planned or considered. A teenager who is accommodated in short-term residential care under voluntary arrangements will have very different relationships with their birth family compared to an infant removed at birth and subsequently placed for adoption, and family boundaries are also likely to feel very different for children in kinship arrangements compared with unrelated foster care. Experiences and understandings are also likely to vary over time. Moreover, children in care may be in family placements

that do not *feel* like family – or be intended to provide long-term care and upbringing (Thoburn and Courtney, 2011). Equally, children may not have legally permanent arrangements (such as adoption or special guardianship), but still live permanently with a foster family and feel a strong sense of familial belonging (Schofield et al, 2012). Children and young people may also experience boundary shifts in their understandings of family as a result of placement, or over time while living in a placement (Schofield and Beek, 2009; Ellingsen et al, 2011; Wilson et al, 2012; Biehal, 2014).

As we will discuss further in the chapters that follow, children's families of origin also feature significantly in their lives while in care. Most children have some kind of contact with one or more family members. But even if there is no direct contact, families remain important for children's understandings of their identities and because they care for – and often worry about – relatives including parents and siblings (for example, Monk and McVarish, 2018; Iyer et al, 2020). Many looked after children also return to their families of origin as young adults: 11 per cent of 18 year olds and 43 per cent of 17 year olds who leave care are living with parents or relatives. Wade (2008) found that 80 per cent of young adult care leavers in England were in contact with birth-family members.

Early adulthoods

Across the two studies discussed in this book, participants were aged 16–30⁴ years at the beginning of the research. The high (and increasing) proportion of people in the general population who live with parents when in their early twenties is therefore an important part of the context for thinking through our participants' experiences of family – and for considering the relative role of family and state in aftercare support for young adults who have been in care. Stein and Ward (2021, p 219), introducing a special issue of *Child & Family Social Work* that historicizes understandings of transition from care to adulthood, note 'an unresolved tension between two conflicting policy objectives: the need to reduce dependency on the state and the need to ensure that care leavers receive the support that all young people need as they emerge into adulthood'. They observe that, in England, fear of prolonged welfare dependency has its roots in 19th-century Poor Laws. They comment that this fear continues to underpin contemporary concerns about public expenditure, which 'remain very real factors in the development of practice and policy concerning care leavers' (Stein and Ward, 2021, p 219), contributing to the 'compressed and accelerated transitions' that exacerbate the disadvantages faced by young people as they age out of formal care systems (see also Stein and Munro, 2008; Palmer et al, 2022). This accelerated independence contrasts with the increasingly normative practice of living in the family home through early adulthood.

The UK Office for National Statistics (ONS) estimates that in 2020, the first age at which more than 50 per cent of the population left the parental home was 24 years; this pattern is also gendered: 32 per cent of young men aged 20–34 years and 21 per cent of young women in this age group were living with their parents. Our review of Eurostat data for the *Against All Odds?* study (Boddy et al, 2019) indicated that the practice of extended transition is particularly common in the UK: almost four times as many young adults in their twenties were living in their parental home in the UK than in Denmark, and more than twice as many as in Norway. These patterns also reflect the importance of familial support for young adults facing insecure labour markets, as increased rates of living with parents correspond to an increasingly difficult economic climate (for example, Bucx et al, 2012). Again, the least advantaged young adults encounter the sharpest consequences of these shifts, as Berrington et al (2009, p 35) observe: ‘At the oldest ages examined here – those in their early thirties – it is the most economically disadvantaged, for example those with no educational qualifications and the unemployed, who are most likely to remain living within the parental home, suggesting that this is the result of external constraints.’ Berrington et al’s (2009) analysis suggests that extended support is likely to be particularly important for people navigating multiple disadvantages, and we might expect young adults with care experience to be in this category. But recent policy changes mean that transitions for the most vulnerable young people in care are becoming *more* accelerated and compressed. At the time of writing, a new piece of secondary legislation in England – the Care Planning, Placement and Case Review (England) (Amendment) Regulations 2021⁵ – has limited the requirements for regulated settings to those aged 15 and under. This change means that semi-independent, independent and supported accommodation settings are no longer required to provide day-to-day care for young people aged 16–17 years. At its heart, this regulatory change is about the extent to which the state is prepared to function as ‘family’ for these young people. Writing in August 2021, Carolyne Willow, the Director of Article 39 (a children’s rights charity in England) issued a statement about the changes which highlighted the contrast with normative family practices:

Families up and down the country have this past week been holding their teenagers close as they received their A Level and GCSE results and made big decisions for the next part of their lives. Yet in this new legislation we have the Education Secretary saying it is perfectly acceptable for children in the care of the state who are still in compulsory education to be living in places where they receive no day-to-day care from adults. That means children sorting out their own school uniforms, making and going to health appointments on their own, and not having family holidays or having someone in a parental

role who's going to know when they're upset or need cheering up, and can just be there for them. (Willow, 2021, np)

Willow's list describes familiar practices of family care: sorting clothes; organizing medical appointments; planning holidays; cheering up. These are all things that I have done this week, as a mother of two young adults. They are practices of *looking after*, expressions of *care*. What does it mean when the state is legally mandated to 'look after' a young person, as their 'corporate parent' – but regulates to remove responsibility for family practices of care? Attention to the quotidian practices of family lives for people with care experience helps us to understand the implications of such policy moves.

Becoming a parent

The UK as a whole has relatively high rates of early parenthood compared with other European countries. Early parenthood has been a matter of policy concern in England for many years and was the focus of targeted investment through New Labour's ten-year Teenage Pregnancy Strategy (TPS), launched in 1999. Early conception and parenthood are associated with factors including socio-economic deprivation, lower levels of educational attainment and receiving sex education from sources other than school (Wellings et al, 2016). Awareness of these factors shaped the formation of the TPS, as a multicomponent programme which targeted higher levels of investment in areas of greater deprivation and sought to deliver improvements in sex education and sexual health services, alongside support for young parents to access education and employment, and a national media campaign.⁶

Research has consistently documented the increased likelihood of early pregnancy and parenthood for young people in or leaving care (for example, Biehal and Wade, 1996; Barn and Mantovani, 2007; Vinnerljung and Sallnäs, 2008; Chase et al, 2009; Roberts et al, 2018; Roberts, 2021) and perhaps this is not surprising, given that people who have been in care also experience a clustering of risk factors associated with teenage pregnancy. They disproportionately come from backgrounds of relative poverty (see Bywaters et al, 2018; Elliott, 2020) and they are also very likely to face disrupted education both before and during their time in care (for example, Jackson and Cameron, 2012; O'Higgins et al, 2017; Brady and Gilligan, 2018). The challenges that care experienced people face if they become parents are likely to be exacerbated because welfare systems such as Universal Credit disproportionately disadvantage young parents – those under 25 receive lower rates of benefit than older parents – and such inequalities are likely to have greatest impact on parents who cannot rely on intergenerational support from family. A significant international literature has documented the importance of supportive family networks,

and grandparent involvement in particular, for scaffolding young families' journeys through parenthood (for example, Neale and Clayton, 2014; Emmel and Hughes, 2014; Sjöberg and Bertilsdotter-Rosqvist, 2017). Once again, this evidence highlights the critical tension between state and family responsibility. For young care experienced parents, who may not be able to rely on informal intergenerational support, what does it mean when the 'corporate parent' becomes the 'corporate grandparent'?

Bekaert and Bradly (2019) noted that the Teenage Pregnancy Strategy corresponded to heightened public scrutiny and increased stigma towards young parents, and a body of research (for example, Barn and Mantovani, 2007; Chase et al, 2009; Roberts, 2021) demonstrates how this tendency is exacerbated when young parents have been in care. Roberts (2021) reviewed a range of previous research which indicates 'the potential for early pregnancy and parenthood to be viewed as a positive aspiration and choice by young people in and leaving care' (p 73); her research also documents participants describing pregnancy as a time of optimism, pride and hope for the future. Yet for mothers and fathers in her study, these feelings were counterbalanced by concerns about stigma and the (lack of) support that they received:

Assessment and intervention for care experienced parents is portrayed as routine; resented by some, normalised and tolerated by others. Moreover, young people perceive professionals' knowledge and access to historical information as consolidating risk and compounding stigma. ... Crucially, the reflections of parents in this study provide no indication that corporate parenting responsibilities prompt additional supports or safeguards. (Roberts, 2021, pp 91–92)

Roberts' (2021) analysis powerfully documents the critical consequences of lack of support, including the heightened risk for care experienced parents of losing a child to care or adoption. If we consider this risk in light of the state's putative responsibilities as corporate (grand)parent, it is worth noting a distinction drawn by Sjöberg and Bertilsdotter-Rosqvist (2017) in their study of grandparental support for young parents. They drew a stark contrast between support that they characterized as *'be-there-no-matter-what'* and the more ambivalent or adversarial experiences described by some participants, which they felt inhibited the development of their identity as mothers:

In our understanding, the 'riskiness' lies not only in 'Who is the mother?' but also in the power and control that grandmothers have over young (insufficient) mothers and how their choice to provide (or not to provide) support and their way of supporting their daughters

or grandchildren can very much set the conditions for the young mother's maternal identity work. (Sjöberg and Bertilsdotter-Rosqvist, 2017, p 325)

This 'inhibition' repertoire of grandparent support resonates with Roberts' (2021) analysis of care experienced parents' descriptions of corporate grandparenting, highlighting critical questions about how the lack of (familial or corporate) grandparental support for young parents who have been in care can heighten the challenges they face and inhibit their journeys into parenthood.

As noted in Chapter 1, one of the studies that forms the basis of this book, the *Evaluation of Pause*, involved interviews with care experienced mothers who had experienced the removal of one or more children into care. Within the last ten years, a growing body of evidence documents the risk that women who have had a child removed, many of whom have been in care themselves, will go on to experience the loss of future-born children into care or adoption. Broadhurst and colleagues' landmark analyses of CAFCASS data on 65,000 family court proceedings (for example, Broadhurst et al, 2015; 2017) revealed how commonly recurrent child removal takes place, reporting that one in four women returned to the family court with subsequent children. This research also documented the multiple disadvantages faced by these women. Most had histories of significant complex trauma including domestic violence; approximately 40 per cent had been in care in childhood (and late care entry and multiple placement moves were reported by half) and at least two-thirds had experienced abuse and/or neglect in childhood. Women in recurrent proceedings were also likely to have been younger when they had their first child (45 per cent were under 20 years). Broadhurst and colleagues' studies also revealed the collateral consequences of child removal (Broadhurst et al, 2015, 2017; Morriss, 2018; Broadhurst and Mason, 2020), highlighting the need for policy and services to respond to the support needs of mothers as well as the risks for their children. Broadhurst and Mason (2020) document the ways in which the trauma of child removal in the absence of support exacerbates risk in other aspects of women's lives, both in terms of the immediate psychosocial crisis that follows the loss of a child, and in enduring and cumulative effects. These include impacts on welfare entitlements – for example, when housing benefits are reduced through the so-called 'bedroom tax' when a child's room becomes a 'spare room'.⁷ This research also shows how a sense of being pre-judged can contribute to women's isolation and make it more difficult for them to access support. Schofield and colleagues' (2011) research with parents of children in foster care similarly documented their fear (and experiences) of 'being seen as, or even having become, a 'different' as well as unworthy person' (p 83).

Summing up

This section has discussed aspects of care experience which are relevant to thinking through family for the studies discussed in the book. First, we noted the diversity of the care population – and experiences of placement, contact and permanence – as critical for understanding what family might mean to children who are ‘looked after’ by the state. Second, we noted the contrast between increasing intergenerational support for young adults in the general population and limits on support for young adults who are care experienced. Finally, we considered young parenthood, again highlighting questions about how the state functions as corporate parent – or grandparent. I will return to these considerations in discussing analysis in the chapters that follow. But the literature we have discussed here also has implications for the discussion of methodology in the remainder of this chapter, in raising a fundamental conceptual challenge: how to strike a balance between recognizing the distinctive challenges and disadvantages that care experienced people may face, without reinforcing stigmatizing binaries through the depiction of the problematic, risky or vulnerable ‘other’.

Politics and ethics: researching ‘family’ in care experienced lives

In the epigraph that opened this chapter, [Steedman \(2000\)](#) was writing about ‘enforced narratives’ – the stories that can be told about the lives of the marginalized and stigmatized. A historian, she was writing about Victorian philanthropy, but her point is highly relevant to researching care experience *and* to research in a context of political austerity, in thinking about the stories we tell and the need to reflect on our relation to ‘the dominant culture’:

First of all, delineation of emotional and psychological selfhood has been made by and through the testimony of people in a central relationship to the dominant culture, that is to say by and through people who are not working class. ... Superficially, it might be said that historians, failing to find evidence of most people’s emotional or psycho-sexual existence, have simply assumed that there can’t have been much there to find. Such an assumption ignores ... the way in which the lived experience of the majority of people in a class society has been pathologized and marginalized. ([Steedman, 1986](#), p 12)

The researcher’s relationship with the dominant culture cannot be assumed, of course, and is shaped by the intersections of class, ethnicity, gender, dis/ability and place ([Crew, 2020](#)). In the book quoted, *Landscape for a Good Woman*, Steedman’s challenge to the dominance of privileged

minority perspectives in historical research is situated in an autobiographical analysis of her own working-class family background. And as Hey (2013, p 108) writes: ‘Privilege is not quite the right word to characterise what is “attached” to the role of professor when it is not embodied by hegemonic, heterosexual White men. Something more elusive goes on when the title is conferred on “other” bodies.’ Yet, reflection on power and privilege is necessary, both ethically and politically. As researchers we are often funded, employed, and even promoted on the basis of our studies of ‘other, dispossessed and difficult lives’ (to paraphrase Steedman) and so we must consider our position in relation to those with whom we conduct our research. Not least, problem-focused narratives can obscure nuance and diversity, and function as ‘dividing practices’ of exclusion and objectification in Foucault’s (1983) terms, whereby the scientific classification of the ‘other’ highlights difference rather than mutual recognition, contributing to the stigmatization of an already stigmatized group. To paraphrase Gunaratnam’s (2003, p 4) arguments for a post-structuralist approach to researching ‘race’ and ethnicity, ‘to fail to recognize the contingency and the ambivalent complexity of lived experience maintains an essentialist view’.

When researchers undertake to study the challenging lives of other people – and to interpret and convey their accounts as we do in this book – heightened responsibilities arise. Those include respectful recognition of diverse experiences, remaining cognizant of differences in relationships to dominant cultures. Recognition of power, in the functioning of those dominant cultures, also demands that we pay attention to the political uses of storytelling (Fernandes, 2017) and the potential for research narratives to engender sociopolitical stigma: ‘a way of seeing, classifying and understanding a vast array of discriminatory social attitudes and practices’ (Tyler and Slater, 2018, p 729). These considerations are especially sharp when we are conducting research with people who have been defined as ‘vulnerable’. As Butler writes:

Once groups are marked as ‘vulnerable’ within human rights discourse or legal regimes, those groups become reified as definitionally ‘vulnerable’, fixed in a political position of powerlessness and lack of agency. All the power belongs to the state and international institutions that are now supposed to offer them protection and advocacy. Such moves tend to underestimate, or actively efface, modes of political agency and resistance that emerge within so-called vulnerable populations. (Butler, 2016, pp 24–25)

One of the ways in which the politics of vulnerability shapes researchers’ work is through the implications for funding possibilities and priorities. For example, within a residual welfare framework, the commissioning of

evaluations depends on the definitions of vulnerability that determine access to support, by defining who is targeted within programmes of intervention (see Gillies et al, 2017; Crossley, 2018; Boddy, 2023). Especially in times of austerity and a shrinking welfare state, who is vulnerable enough to warrant being supported, or to warrant being researched?

As noted earlier, the *Evaluation of Pause* was focused on the work of a non-governmental organization which provides intensive individually tailored practitioner support over an 18-month period, for women identified as being at risk of repeat removal of children into care or adoption. Other such support programmes exist (see for example Cox et al, 2020), but the work we evaluated – and the evaluation itself – were funded by UK government, receiving investment from the Department for Education’s Children’s Social Care Innovation Programme. The DfE’s £200 million Innovation Programme was launched in 2014 ‘to test and share effective ways of supporting vulnerable children and young people who need help from children’s social care services’ through support of 98 specific projects which targeted a range of policy priorities (Department for Education, 2020, np).

Funded by the Research Council of Norway as a formative cross-national study, the *Against All Odds?* project began from a different place. Involving participants with care experience, the research was not an evaluation, nor did it attempt to compare the ‘effectiveness’ of different national systems. Rather, as we have written elsewhere (Boddy et al, 2020a; Bakketeig et al, 2020), the research aimed to move beyond risk-focused accounts: countering stigma and building positive understandings, without ignoring distinctive sources of disadvantage or reducing people’s complex lives to their care histories. The cross-national approach was not evaluative, but aimed to illuminate the ways in which individual biographies are situated in multiple layers of context (see Brannen and Nilsen 2011), including variations in care systems and wider welfare provision.

Despite the differences in their commissioning and aims, tensions of relative power remain for both studies. Neither was constructed as a wholly collaborative participatory endeavour – although both involved some advisory input from people whose life experience gives them expertise in the matters that concerned the research (see Acknowledgements) and both used ‘open’ methods (description follows) that aimed to enable informants to tell us about their lives from their point of view. Nonetheless, the focus of both studies (and of this book) means that as researchers we have heightened responsibilities for managing the risks of reproducing ‘othering’, as Fine (1994) writes:

But when we look, get involved, demur, analyze, interpret, probe, speak, remain silent, walk away, organize for outrage, or sanitize our stories, and when we construct our texts in or on their words, we

decide how to nuance our relations with/for/despite those who have been deemed Others. When we write essays about subjugated Others as if *they* were a homogeneous mass (of vice or virtue), free-floating and severed from contexts of oppression, and as if we were neutral transmitters of voices and stories, we tilt toward a narrative strategy that reproduces Othering on, despite or even ‘for’. When we construct texts collaboratively, self-consciously examining our relations with/for/despite those who have been contained as Others, we move against, we enable resistance to, Othering. (Fine, 1994, p 74)

Grietens (2018) has spoken about these considerations in relation to his research with adults who had been abused as children in foster care:

as a researcher you may be more than just a mere passer-by. ... You may become an I-witness, a co-creator of a hidden and untold story, a container of your participants’ experiences and meanings. Participants leave their stories in your hands when you leave them (the end of an interview always feels a bit strange, even scaring to me, the interview is finished and now?!) and you are authorized (mandated) to report on their stories and make them heard. What a power comes with this role! (Grietens, 2018, p 10)

Grietens’ metaphor of the ‘I-Witness’ is helpful in thinking about how to manage the relative power and privilege of the researcher in writing a book such as this, where the work relies on sharing the experiences of people who have faced – and continue to navigate – distinctive challenges in their lives. This entails more than just being conscious of our positionality and difference from the people we research – in my case, as a White middle-class mother of two young adults, from a supportive academic family. Grietens emphasizes that researchers share with participants in ‘being a member of the human community’ (Grietens, 2018, p 10) and reminds us that researchers can use their relative power and privilege to enable their experiences to be heard. Butler’s (2016) writing on resistance and vulnerability illuminates this shared connection. She explains that when we define people only in terms of their vulnerability, we not only fail to recognize their resistance and agency, we also fail to recognize how the connection between Self and Other is rooted in vulnerability as an essential condition of humanity. In recognizing our vulnerability, we can find ‘a way of being related to what is not me’ (Butler, 2016, p 25): we are *all* vulnerable, because we live interconnected lives and we are all dependent on others.

In order to ‘self-consciously examine our relations’ (Fine, 1994, p 75) with the people we research, we must acknowledge what Foucault (1983) terms the danger of ethico-political choice: ‘My point is not that everything is

bad, but that everything is dangerous, which is not exactly the same as bad. ... I think that the ethico-political choice we have to make every day is to determine which is the main danger' (Foucault, 1983, p 343). The poet and critic Audre Lorde's (1984) writing on 'The Transformation of Silence into Language and Action' is valuable in thinking through the responsibilities that this danger entails. She writes:

And where the words of women are crying to be heard, we must each of us recognize our responsibility to seek those words out, to read them and share them and examine them in their pertinence to our lives. That we not hide behind the mockeries of separations that have been imposed on us and which so often we accept as our own. (p 23)

Rather than hiding behind 'the mockeries of separations', we can recognize that our relative power and privilege as researchers brings a critical choice. We carry the potential for our research to *contribute* to vulnerability, to efface agency or exacerbate stigma. But research can also be transformative, in choosing to speak to everyday and wider politics (Phoenix et al, 2021). Writing about the role of research in challenging dominant societal narratives, Fine observes: 'I want to invite readers to think aloud about how, why, and with whom we design research that can enter and investigate the claims of dominant narratives, lift up counter stories, and dive into the knotty relation between the two as well as generate images of radical possibilities' (Fine, 2016, p 51).

In thinking about how knowledge – including research knowledge – is politically produced, we also need to think about how these categorizations function within our policy frameworks. Our research has been carried out in the context of the austerity policies discussed in Chapter 1, policies which have been shown disproportionately to disadvantage children and families. Fine's exhortation means we need to think about the production of knowledge in the context of political austerity and an increasingly residual welfare state. What kinds of understandings of 'family' for care experienced people are possible in this context? Do we need research to generate a 'terrible tale', to borrow Steedman's (2000) phrase, in order that the affluent will justify support for people who are constructed in public discourse as 'the objects or abjects of stigma' (Tyler, 2013, p 26)? And if researchers only focus attention on defining the vulnerable other, do we risk contributing to the development of a narrative that restricts welfare support to those judged sufficiently deserving or in need? These are dangerous questions and they underpin our approach to the two studies, and to thinking through family within this book.

The two research projects both aimed to employ a methodological approach that would look beyond risk-focused structural and categorizing

accounts, enabling participants to talk about what matters in their lives on their own terms. For the purposes of this book I have linked data from the two projects in order to analyse narratives that reflect the dynamism, complex relationality and structural constraints of family. Neither were planned as narrative studies, but both were designed using open methods that would allow participants the space to talk about what they considered to be important at the time of the interview.

The aim is not comparison between the two studies, as this risks essentializing the experience of participants in *Against All Odds?* as ‘doing well’, or defining the experience of women who took part in the *Evaluation of Pause* in terms of child removal. That would not only be an oversimplification, it would be an injustice to all those who took part. We must recognize the stigma and challenges faced by participants in both studies, as well as their strengths, agency and resistance.

A narrative perspective on care experienced family lives

To write a novel, it seemed to me, a writer should be living in a world that makes sense, a world that a writer can believe in, draw a bead on, and then write about accurately. A world that will, for a time anyway, stay fixed in one place. Along with this there has to be a belief in the essential correctness of that world. A belief that the known world has reasons for existing, and is worth writing about, is not likely to go up in smoke in the process. This wasn’t the case with the world I knew and was living in. My world was one that seemed to change gears and directions, along with its rules, every day.

Raymond Carver, *Fires*, 1997, p 35

The philosopher Galen Strawson (2004, p 428) cautions against the normativity of what he terms the ‘ethical Narrativity thesis’ – the normative assumption that ‘experiencing or conceiving one’s life as a narrative is a good thing’. The search for narrative coherence is also *politically* problematic, because it foregrounds some people’s voices while rendering others silent:

This claim of invisible and silenced people gaining a voice through stories is itself a rhetorical construction that amplifies some voices at the expense of others. Those who are able to make their personal experiences legible to the mainstream through drawing on dominant narratives and devices are given a platform while other voices are silenced. (Fernandes, 2017, p 5)

In the extract quoted here, from his book *Fires*, the writer Raymond Carver was commenting on why he wrote short stories rather than novels. His observation that his life could not be conveyed neatly in a singular narrative that will ‘stay fixed in one place’ is apposite for thinking about the distinctive complexities of, and disruptions to, family experienced by many people who have been in care. Their worlds – and their family lives – may also have changed gears, rules and directions over time, including through placement moves and in their lives after leaving care.

Our aim is to learn from our participants’ experiences, while resisting essentializing assumptions of simple narrative coherence. This means attending to the telling of diverse ‘family stories’ and the insights they afford into ‘the more complex and hidden aspects of family lives’ (Phoenix et al, 2021, p 10). It means attending to that which is absent, hesitant, or incoherent, as well as to things that do not ‘fit’ neatly with the dominant narrative in the interview (Squire, 2013). This approach draws on the distinction between *stories* and *story telling* (see Gubrium and Holstein, 1998), recognizing narratives as situated in space, place and time, and storytelling as a practical activity, co-constructed in conversation between researcher and researched. It allows us ‘to see more clearly the ways in which both coherence and difference, even authenticity, are socially assembled’ (Gubrium and Holstein, 1998, p 166).

Engagement with situated, dynamic complexity underpins the opportunity to transform understandings of family, moving beyond the dangers of the single story to lift up narratives that counter dominant problem-focused hegemonies, without negating the distinctive experiences and challenges associated with having been in care. This kind of insight depends on creating methodological space: giving participants the freedom to talk about both normative and exceptional aspects of their lives and experiences, and maintaining that space for expression in the reporting of their words in this book.

Riessman (2000) reminds us that narratives (and responses to stigma) are often complex and contradictory, as well as being shaped by structural inequalities. This is sharply apparent in both the studies discussed in this book. Seemingly contradictory accounts within and across interviews over time – of meanings of ‘family’, or in accounts of important relationships – reveal the ways in which our respondents make sense of difficult and disrupted experiences, and how that sense-making may shift over time. Apparent inconsistencies in participants’ accounts reflect lived experiences that cannot be told through narratives of neat coherence, spanning an affective continuum between ‘the run of the mill affectivity of everyday social life and moments of extraordinary emotional drama’ (Wetherell, 2015, p 161).

The studies

Reflecting these arguments, ethics considerations were integral to both studies, from planning and formulation of research design through data collection, analysis, and writing and other dissemination from the research (including in this book). Throughout, we have sought to hesitate and reflect on our power and positionality as researchers in our methodological and analytic decision-making, within a critically engaged ethical approach (Staunæs and Kofoed, 2015), and that includes acknowledging our power as researchers in eliciting and presenting accounts of complex and often very difficult biographical experiences. In both studies, interviews were conducted with an emphasis on ensuring that people who took part could talk freely about considerations that were important to them, and with care to avoid any pressure to participate or to discuss issues that they may have found upsetting or been reluctant to discuss. In the chapters that follow, participants have been assigned pseudonyms⁸ and potentially identifiable details of their lives have been withheld or amended in order to protect confidentiality. Very occasionally, I refer to participants without using their pseudonyms, to mitigate the risk that people could become recognizable as a result of linkage of information across different elements of very detailed and holistic accounts.

Against All Odds?

This study was funded by the Research Council of Norway⁹ and OsloMet University, and led by Elisabeth Backe-Hansen of the NOVA Social Research Institute at OsloMet. Conducted in Norway, Denmark and England, the research was focused on building new understandings of positive pathways through care and into adulthood by addressing two main research questions:

- What are the meanings of ‘doing well’ for care experienced young adults?
- What contributes to ‘doing well’ in their view – what do they see as important?

The study combined secondary analysis of administrative data with in-depth qualitative longitudinal research and a cross-national documentary review that encompassed policy frameworks, legislation and published administrative data relevant to understanding the situation of care experienced by young people as they make transitions out of child welfare services (Boddy et al, 2019). The total sample for the qualitative longitudinal research was 75 young people: 21 from England (aged 16–30 years at first interview), 30 from Denmark (aged 16–32) and 24 from Norway (16–32). All had been in care and were either in education (Norway: 15; Denmark: 25; England: 12);

employment (Norway: 9; Denmark: 5; England: 8) or training (none in Norway or Denmark, one in a workplace apprenticeship in England) at the time they were recruited to the study.

In this book, we focus on qualitative data from interviews in England, which were conducted with ethics approval from the University of Sussex (ER/JMB55/2). All participants were interviewed by Fidelma Hanrahan or Janet Boddy. The 21 young adults who took part in England were recruited through a variety of sources including nongovernmental organizations that support and advocate for children in care and care leavers, local authority leaving care services and 'Children in Care Councils', and through publicity on social media (Twitter and a Facebook group for care leavers). Similar recruitment strategies were employed in Denmark and Norway, an approach that was intended to enhance diversity (including geographical spread) within the sample. We did not seek to construct a sample that would be representative of the heterogeneous population of young adults who have experienced care, but it must be recognized that participants were willing to identify as care experienced and as 'doing well'. This construction can be understood as an 'emblematic', rather than representative (see Thomson, 2009): by building an understanding of what matters in participants' lives, we aimed to think through the complexities of 'doing well', problematizing the conceptualization of 'outcomes' for care leavers.

In line with this discussion, the methodological approach for *Against All Odds?* was designed to avoid the 'enforced narrative' of a life constructed in relation to problematizing questions (Steedman, 2000). Methods were designed to enable participants to narrate their own lives and each participant was interviewed on three occasions using a multimethod approach designed to build a 'mosaic' of understanding (inspired by Clark and Moss, 2011). All received a thank-you gift voucher following each interview. This qualitative longitudinal approach allowed exploration of 'complex timescapes or flows of time' (Neale et al, 2012, p 5), addressing biographical time, as participants looked back and forwards through their lives, as well as the quotidian temporalities of everyday lives:

- The first interviews took place in 2015 and gathered information about participants' current living situation and involved completion of a life chart addressing four domains (living situation, family, education and employment and free time).
- Participants were then given a digital camera and asked to take photos for a week that would show what mattered to them in their everyday life; they were also asked if they would be willing to choose a piece of music to share at the next interview, selecting something with positive associations that would help show what is important to them in their lives (following from Wilson, 2013).

- Conducted at least a week later, the second interview was focused on discussion of participants' photographs and music choices, before ending with questions about expectations for the future.
- Twelve months later, participants were invited for a third interview, which was focused on their account of the last year and incorporated a future life chart (drawing on Thomson and Holland, 2002; Worth, 2011), addressing the same domains as the life chart in Interview 1.

The use of music and photography fulfils several purposes in the design, including encouraging participation, enabling richness of data and disrupting conventional modes of interviewing and power relationships (see for example Wilson, 2016; 2018; Ravn, 2019; Mannay and Staples, 2019; Join-Lambert et al, 2020). The use of photography and music functions to disrupt 'deficit and damage-based seeing' (Luttrell, 2020, p 15), lifting up participants' visions of what they see as important in their lives, giving them time to reflect and make decisions about what to represent in between interviews. Discussion of the photos means that participants' visual representations provide a scaffold for eliciting their perspectives – helping us to learn, and see, differently. Our use of music as an interview elicitation method was directly inspired by Wilson's (2013) research, which highlighted music's potential to create a sensory space, facilitating reflections that might not be brought forward in more 'conventional' dialogue. In addition, by sharing the pictures and music in the communication of learning from the project our aim is to help to encourage policy and practice response by 'opening imaginative spaces in which we can see ... why it matters' (Luttrell, 2020, p 14).

Giving participants a week or more to take photographs and to plan and reflect on their music choices also afforded control over what they wanted to share. Responses to these requests varied, but were overwhelmingly positive. In England, one person chose not to take photos, but instead shared a list of 'important things' in their life. Among the remaining participants, the number of photographs taken for a single interview ranged from two to 39. Two participants initially said it was difficult to identify a music choice, but both, as they reflected during the interview, spoke about a particular song that was significant for them. All the other participants decided to share at least one song or piece of music, but some chose several pieces and, in one case, a playlist of ten songs. DeNora (2000) describes music as a time travelling technology and in the course of our study we heard music that was tied to highly significant biographical events (such as special times with friends, or a song played at a parent's funeral). But musical choices also reflected what was current, part of everyday life and listening, as well as music that had particular functions at particular times (for relaxing, or lifting the spirits) that might only be listened to at particular moments. These different practices reflect

what DeNora (2000) describes as the power of music as a technology for the constitution of self and self-identity, but also as a practice for care of self, ‘to shift mood or energy level, as perceived situations dictate’ (p 53). And, as will become evident in the following chapters, and in line with DeNora’s (2000) research, participants in our study very often used music to explain and emphasize their *relational* selves, choosing songs that connected them with particular people, including at particular times in their lives.

Evaluation of Pause

The study of Pause started from a different place to *Against All Odds?*, as an evaluation, commissioned by UK government (Department for Education, DfE) as part of a programme of studies evaluating the contribution of service models funded under Round 2 of the Children’s Social Care Innovation Programme (discussed before). Pause was one of the first recurrence-focused services to be established in England; initially developed in the London Borough of Hackney in 2013, it has grown into a national organization, supported through substantial investment from government. In 2015, Pause was awarded £4.2 million in Round 1 of the DfE Innovation Programme to expand its intervention support package to seven areas nationally, and in 2017 Pause was allocated a further £6.8 million in Round 2 of the Innovation Programme, to scale up and roll out the model to nine other areas and develop and implement a ‘care leaver pilot’ targeting care experienced women (aged 16–25) who have had one or more children removed.

The Pause theory of change is predicated on trauma-informed intensive relationship-based practice, driven by women’s own perceived needs and priorities. Within each local Pause practice (managed by a Practice Lead), Pause practitioners have small caseloads (up to eight women) and work flexibly and responsively to facilitate change. Their work is supported by a dedicated budget allocation for each woman, designed to ‘ensure that practitioners are able to, where necessary, pay for things that might otherwise not be available through normal services’ (Pause, 2017, p 32). The relationship with the practitioner is at the centre of the intervention, generating space for change through ‘an intensive and tenacious bespoke support package’, aimed at three key areas of work. The first is stabilizing lives, for example, through: domestic abuse support; income review and support to take up benefits and address debt; support to access safe and secure housing; support to reduce alcohol or drug misuse; support to reduce offending; and support to engage in learning or work. Second, Pause work is focused on developing a sense of self, for example, involving participation in one-to-one and group activities designed to build strengths, develop new skills and explore new experiences, as well as support to address bereavement and loss and to establish positive relationships. Within the Pause framework (2017,

p 18) this relationship-based practice is framed as therapeutic, aiming to enable women with significant histories of complex trauma ‘to develop an alternative, richer narrative about the woman which does not define her by the (often) “problem saturated” stories of herself as a mother or her own experiences of childhood’. Third, participation in the programme entails accessing effective contraception and regular sexual-health check-ups. This last criterion relates to a distinctive feature of the Pause model at the time of our evaluation: access to the programme of support was subject to women’s agreement to use a method of long-acting reversible contraception (LARC) unless this was contra-indicated for medical reasons. Pause programme requirements for the use of contraception during the intervention have changed since our research was conducted and women may now choose to use other forms of contraception rather than a long-acting reversible method (see [Chapter 6](#) and www.pause.org.uk).

Our focus in designing the evaluation was necessarily shaped by the nature of the Pause programme, as well as the wider context for its commissioning within the DfE Innovation Programme. In common with *Against All Odds?*, our approach was also underpinned by consideration of the ethical responsibilities involved, particularly in conducting research with a population of women who have experienced child removal, who may have had challenging prior experiences of professional involvement (for example, [Broadhurst and Mason, 2020](#); [Cox et al, 2020](#)).

The evaluation as a whole was a large multimethod study; the overall design and methodology have been presented in detail elsewhere ([Boddy et al, 2020b](#); see also [Boddy and Wheeler, 2020](#)) and are not repeated here. But the evaluation was designed to integrate attention to process and outcome, in accordance with recent UK Medical Research Council (MRC)/National Institute for Health Research guidance on evaluating complex interventions ([Skivington et al, 2021](#)). The multimethod approach included qualitative longitudinal research (QLR) with 49 women who currently or previously worked with Pause; group and one-to-one interviews with Pause professionals (including members of the national team, managers and practitioners); interviews with local authority stakeholders in Pause and comparison areas; secondary analysis of Pause administrative data on women who work with the service; and secondary analysis of published local authority SSDA903 data on rates of infant care entry in Pause and matched comparison areas. Ethics approval for the research was provided by the University of Sussex (Social Sciences and Arts Cross-School Research Ethics Committee ER/JMB55/8).

Participants in qualitative longitudinal interviews were working with Pause at the time the evaluation began, in 2018. All participants in this QLR component were interviewed by Bella Wheeler or Janet Boddy. Women were sampled from a mix of older and more recently established

Pause practices, to represent different local authority and delivery characteristics, including the ‘care leaver pilot’, which targeted women aged 16 to 25 who had been in care during childhood and had one or more children living in care or permanency arrangements (including Special Guardianship or adoption). All participants were recruited to the evaluation as close as possible to the point of starting work with Pause. Within the QLR sample overall, the average age of participants was 28 years (range 19 to 39 years old); on average, they had 2.4 children (range one to five). None had children living with them at the time of recruitment to the study.¹⁰ Women in the ‘care leaver pilot’ – who form the focus of our analysis in this book – were younger (average 23 years old) and had fewer children (1.5 on average).

Each woman was interviewed on up to four occasions over a 20-month period, usually twice face to face and twice by telephone.¹¹ With the women’s permission, interviews were digitally recorded and transcribed. Not all women were reachable at all time points and we exercised caution in pursuing women for interview, given their vulnerability and an ethical concern not to disrupt Pause work or put pressure on people who were in a dependent position as recipients of the service being evaluated. Hence, longitudinal data were subject to sample attrition (82 per cent of the sample participated at Time 2, 57 per cent at Time 3, and 37 per cent at Time 4), although at least one post-intervention interview was conducted with 32 women (65 per cent of the sample of 49). All women received a gift voucher in thanks for participation in each interview.

All interviews were open ended, following a topic guide. As with the *Against All Odds?* study, the use of open methods aimed to provide opportunities for participants to ‘disavow dominant perspectives’ (Riessman, 2000, p 114), with questioning designed to elicit women-centred accounts of their experiences and so to enable a biographically informed and contextualized understanding of the implications of involvement with Pause in their lives over time. In common with (and adapted from) the methods for *Against All Odds?*, we used a life chart as a prompt early in the first interview. By inviting participants to record significant people and biographical experiences across four domains (family; living situation; friends and other important people; and education, work or training), we aimed to centre what women saw as important for us to understand about their lives. Beyond that, the primary focus of all the interviews was on women’s experiences of the Pause intervention, including (as appropriate at each time point) processes of engagement with (or referral into) the program, experience of key features of the programme including contraception, and the extent to which the programme meets their perceived needs. The topics covered in the interview included information about current circumstances (including housing, relationships, employment and contact with children)

along with any other issues that women wished to discuss. As with *Against All Odds?* interviews, while family was not an explicit focus of interviews in the *Evaluation of Pause*, the open-ended approach to interviewing, combined with attention to biography in women's accounts of their lives, created space for women to talk about meanings of family, and perhaps it is not surprising that this was a significant feature of most interviews with women across the study as a whole.

Bringing the studies together

As discussed in [Chapter 1](#), the aim of this book is to build new understandings by bringing together perspectives from participants in the two research studies. For the remainder of this book, our discussion will focus on just two subgroups of the two larger studies:

- The 14 women in the *Evaluation of Pause* who were part of the Pause 'care leaver' pilot; and
- the 21 people in England who took part in *Against All Odds?*

These 35 young adults have commonalities as well as differences in their experience. As well as having been in care at some point during their childhood, they are similar in age: the 21 participants in *Against All Odds?* were aged 16–30 years at the time of first interview, while the 14 women in 'care leavers' subgroup of the *Evaluation of Pause* were 19–28 years old at the start of the study. Across the two studies, some had relatively stable placement experiences while others – especially, but not only, in the Pause sample – had experienced significant disruption, multiple placements, and abuse from carers while in care. All participants in the Pause evaluation (by virtue of the nature of the service) were female and all were mothers (only one of whom had custody of children by the end of the study), whereas two-thirds of those in the English sample for *Against All Odds?* (14 of 21 participants) were female and just four participants were parents (three mothers and one father, of whom two women had children living in their care).

[Table 2.1](#) shows the age and pseudonym of each participant. Given the risk of identifiability (or recognizability, for people who know them) within these two qualitative samples, to protect confidentiality, other sample characteristics (such as number and age of children, care experience, employment or living situation, sexuality, ethnicity, religion or immigration status) are only discussed where relevant to the analytic discussions in the chapters that follow.

We do not claim that these 35 individuals are statistically representative of young adults with care experience, but their narratives allow us to think through the meanings of 'family' for people who have been in care. [Gobo \(2004\)](#) argues for thinking about *social* (rather than statistical)

Table 2.1: Participants in the two studies: assigned pseudonyms, age and gender

Study	Pseudonym	Age	Gender
<i>Against All Odds?</i>	Charlotte	16	Female
	Rebecca	18	Female
	Sophie	19	Female
	Richard	19	Male
	Toby	19	Male
	Natalie	21	Female
	Maria	22	Female
	Max	22	Male
	Frank	22	Male
	Daniel	22	Male
	Karen	23	Female
	Jack	23	Male
	Rosa	24	Female
	Megan	24	Female
	Nicola	25	Female
	Jo	27	Female
	Claire	27	Female
	Anna	29	Female
	James	29	Male
	Ella	30	Female
	William	30	Male
<i>Evaluation of Pause</i>	Bethany	19	Female
	Skye	20	Female
	Louise	22	Female
	Christie	22	Female
	Joelle	22	Female
	Zoe	22	Female
	Jasmine	22	Female
	Leila	22	Female
	Jade	23	Female
	Alicia	24	Female
	Maya	24	Female
	Michelle	26	Female
	Hannah	26	Female
	Ashley	28	Female

representativeness – we are not concerned with counting the number of people who share an experience or characteristic, or with generalizing from a single experience, but rather with what it is possible to understand when we think with their data.

Similarly, Østergaard and Thomson (2020, p 433) discuss the value of attending to ‘the dynamism and particularity of a single case’ by applying a narrative logic (following Abbott, 1992). They observe: ‘Understood as a narrative, the longitudinal case can be exemplary, enabling a mode of generalisation and theory development that is at once specific, explanatory and critical’ (Østergaard and Thomson, 2020, p 433). In the analysis that follows through this book, our aim is not to compare the two samples, nor to evaluate the impact of different experiences of ‘family’ on ‘outcomes’ for people in the studies. Rather, as noted in Chapter 1, we set out to consider their accounts together. We use the metaphor of ‘juxtaposition’ to highlight the value of considering diverse experiences alongside each other within a narrative analytic approach, in order to avoid false universalism and develop a nuanced and contextually situated analysis that attends to commonalities *and* differences over time and to the complexity of family lives and social worlds (see Boddy et al, 2021 for further discussion of this approach). This approach is necessary given our aspiration to avoid essentializing complex and dynamic lives over time on the basis of care experience, and so to address the political problem of assuming a common identity associated with ‘care experience’.

In *Gender Trouble*, Butler (1990/2006, p 4) observes that ‘gender intersects with racial, class, ethnic, sexual and regional modalities of discursively constituted identities. As a result, it becomes impossible to separate out “gender” from the political and cultural intersections in which it is invariably produced and maintained’. The same is true for ‘care experienced’ identities (and experiences and understandings of ‘family’), which are also produced and maintained within complex political and cultural intersections. With this in mind, our analytic approach follows Jackson and Mazzei’s (2012, p vii) exhortation to qualitative researchers:

to use theory to think with their data (or use data to think with theory) ... qualitative data interpretation and analysis does not happen via mechanistic coding, reducing data to themes, and writing up transparent narratives that do little to critique the complexities of social life; such simplistic approaches preclude dense and multi-layered treatment of data.

For the chapters that follow, interviews were analysed using a case-based longitudinal approach to examine key narratives and areas of interest for the conceptualization of ‘family’. For both datasets, the same analytic approach has been used:

- for the purposes of the original studies:
 - within each case, an analytic summary was prepared for each time point;
 - these were then combined into a whole case analysis which took account of change over time;
- subsequently, analytic summaries and transcripts were reviewed for the new analysis of family, in relation to the key foci that form the chapters of this book, and any other considerations identified as important to thinking through family;
- for each case, summaries of key narratives relating to different aspects of family were highlighted and compiled for the purposes of cross-case analysis, to examine commonalities and differences across the sample as a whole.

Given an approach based on thinking with theory and data together (after [Jackson and Mazzei, 2012](#)), the chapters that follow do not derive from a thematic analysis of the dataset and do not represent key themes in the data. Each chapter draws in detail on emblematic examples, focusing on data that allow us to think through the conceptualization of ‘family’ – in relation to birth family, experiences in placement and family lives beyond childhood. The interviews are the core of the book and the inclusion of extended extracts in the chapters that follow is intended to signal our commitment to maintaining the integrity of participants’ narratives. As [Thomson and colleagues \(2011, p 270\)](#) have written: ‘This focus is partly as a consequence of the centrality of talk to our method, but also because we are interested in the work that stories do in making experiences intelligible and available for representation and response.’ In this approach, we are mindful of [Lorde’s \(1984, p 7\)](#) exhortation to recognize the responsibilities that come with power and privilege, ‘to seek those words out, to read them and share them and examine them’. This book has been written in order to share what we have learned from the people who helped with our two studies and so the chapters that follow foreground their perspectives on experiences of family in their lives.

A note on the transcriptions in this book

The chapters that follow use the following transcription conventions:

- A short pause is indicated by (.) and a long pause by (...).
- Ellipses in square brackets [...] indicate that material has been cut from the transcript, to ensure confidentiality or to edit for length within a long narrative.
- Words in square brackets – for example, [child], [age], [sibling] – have been used to replace potentially identifying detail, such as someone’s name, or to clarify the referent when it is not obvious from the transcript.
- All names given are pseudonyms and some details have been redacted or amended (for example, the age or gender of participants’ children and siblings) to protect confidentiality.