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Accepted 30th November 2017

Talking back to family, family troubles, and the looked-after child.

Sociological Research Online. Special section: Troubling Families.

TALKING BACK TO FAMILY, FAMILY TROUBLES, AND THE LOOKED-AFTER CHILD

Abstract

'Looked after' is a term used in the UK to describe children who are the subject of 'alternative care' arrangements (i.e. in the care of a statutory authority), most often away from their birth parents. Within this potentially stigmatising context, this paper presents a reanalysis of data from semi-structured interviews with seventeen participants during three recent small-scale studies in Scotland. Juhila's (2004) concept of 'talking back' to potentially stigmatising categories informs this analysis that explores participants' understanding of, and responses to, three categorisations: the 'family', 'family troubles', and 'the looked-after child'. Participants were either: young people with experience of home supervision, birth mothers of adopted children, or kinship carers.

The analysis finds clear examples of 'talking back' to all three categories, including through a process that linked categories, such that accepting aspects of one potentially stigmatised identity, helped to explain membership of another. This suggests a potential refinement of Juhila's model.

'Looked after' was widely understood, but the term was seldom used by participants. There was evidence that participants 'talked back' to the idea of the looked after child by problematising its appropriateness in their circumstances, including home supervision and kinship care. In their discussions with researchers, these participants privileged biological understandings of 'family', affirming enduring links despite troubles and separations. The paper is concluded by identifying briefly some implications for policy and practice.

Keywords

Children in care; looked-after children; young people; kinship carers; birth mothers; family; family troubles

INTRODUCTION AND LITERATURE

BACKGROUND

In this paper, I explore three key categorisations that come together around the alternative care of looked-after children: 'family', 'family troubles', and 'the looked-after child'. Foregrounding voices often excluded, I reanalyse recent data from three small Scottish studies to investigate how different types of family member use, and respond, to these constructs. In doing so, I seek to understand not only how these participants define and understand these ideas, but whether, and how, they critique and 'talk back' to them (Juhila, 2004). Data are drawn from interviews with three types of participant; young people who have experienced being 'looked after' at home, birth mothers of children who have been adopted, and kinship carers.

The context for the studies was the Scottish child welfare system; this demonstrates many similarities with child protection-focused child welfare systems such as others in the UK, Australia, and North America. However, the Scottish system is somewhat unique in that it also incorporates some features that err towards the more comprehensive and progressive styles of child welfare seen in continental western Europe including aspects of decision-making and care provision (Hill, Stafford, & Green Lister, 2002).

LANGUAGE AND CATEGORISATION

Interpersonal communication depends on a shared understanding of the meaning of words and categories (Antaki, 1994). The creation of concepts and categories is linked to social processes that result in powerful norms, that encourage conformity, identify deviance, and potentially generate stigma (Goffman, 1963). The generation and definition of a categorisation is not necessarily a random societal event, it can result from tactical processes including those inherent in policy and practice. By fashioning and establishing their own lexicon, policy and practice have the power to frame relevant issues and constrain potential responses (David, Lakoff, & Stickles, 2016; Lakoff, 2010). An example from recent UK family policy development is the Troubled Families programme; by explicitly naming the family as the site of trouble, consideration of competing explanations, such as systemic or structural issues is closed down (Sayer, 2017). Similarly, in professional practice, the way practitioners describe the people they work with (service users, clients, case, etc.) shapes their work, positioning people as flawed recipients of services will result in interventions that assess and categorise them and their problems (Vojak, 2009).

The existence of disparate understandings during communication can have serious consequences, not least in professional discourse (Hall & Slembrouck, 2009), but in routine exchanges it is more common for professionals and service users to appreciate a more or less shared meaning of the core categories used. However, while people who engage with interventions may generally understand the meaning, it should not be assumed that they are always content with professionally defined concepts and categorisations (Juhila, 2004).

Juhila's (2004) concept of 'talking back' to potentially stigmatising concepts describes the often subtle ways in which people critique a stigmatised categorisation or their relationship to it. Juhila identifies two main strategies: first seeking to question or refine the characteristics of the category such that it is portrayed in a more favourable light, and second, seeking to refine the ways in which membership of the category can be appropriately applied to the individual.

Before describing the studies and approach that form the basis of this reanalysis, I outline some key issues relevant to the three categorisations that this paper addresses: 'family', 'family troubles', and 'the looked-after child'.

FAMILY

Various authors have questioned the value of 'family' as a construct, citing its slippery and often ideological nature and the apparent malleability of family forms and functions (for example Biehal, 2014; Patterson, 2000; Perlesz et al., 2006; Pyke, 2000; Seltzer, 2000). Yet 'the family' remains a prominent site for policy and practice, and ideas of family are widely used in political discourse and day-to-day discussion (Edwards, Ribbens McCarthy, & Gillies, 2012). The meaning of 'family' is rarely questioned in general discourse, presuming a collective understanding (Murray & Barnes, 2010). But 'family' is evidently a broad and fluid categorisation that can be applied to many different types of idea including households, groups, networks, relationships (kin or otherwise), values (rights and responsibilities), performances and practices (Ribbens McCarthy, Doolittle, & Sclater, 2012). Furthermore, ideas of family are neither context free, nor static.

One group-based idea of family is the two-parent co-resident family, and this norm persists despite critiques that it is both heteronormative and gender-laden (Nordqvist & Smart, 2014), and is increasingly unrepresentative of the way most people live. Even so, family as a group (or institution) is often naturalised as the preferred site for raising children, indeed some may regard this as family's primary purpose. The dominance of this model of family is seen in policy and practice for children and families, including in discourse related to child welfare and

protection. The UN Guidelines for the Alternative Care of Children provides a pertinent example:

The family being the fundamental group of society and the natural environment for the growth, well-being and protection of children, efforts should primarily be directed to enabling the child to remain in or return to the care of his/her parents, or when appropriate, other close family members. The State should ensure that families have access to forms of support in the caregiving role. (United Nations, 2009, p. 2. Annex IIA. para 3 and 4.)

Furthermore, as the preamble to the UN Convention on the Rights of the Child suggests, family groups are seen as more than simple collections of children and parents, they are characterised by a 'family environment' that has particular characteristics:

Recognizing that the child, for the full and harmonious development of his or her personality, should grow up in a family environment, in an atmosphere of happiness, love and understanding. (UNCRC, 1989 Preamble)

Beyond this, the rights outlined in the UN Convention on the Rights of the Child suggest that the family group is somewhat sacrosanct, members to be separated only in extremis, to be facilitated to maintain contact, and to be assisted to reunite where a competent authority, under judicial review, can demonstrate this is in their best interest (Articles 7-10).

The corollary of this view, at least in countries influenced by neoliberal thought, is that a good family should be largely self-sufficient, caring for their children in ways that require minimal State involvement beyond routine healthcare and schooling (Ney, Stoltz, & Maloney, 2013; Rogowski, 2015). The family should neither experience unmanageable troubles nor cause troubles for others.

Whilst children are the essential core of this idealised family, they are generally portrayed as relatively passive and innocent recipients of their parents' caregiving; this is especially true for pre-pubescent children. Consequently, non-compliance to the family ideal is generally laid at the door of parents (Ramaekers & Suissa, 2012a, 2012b).

In social work practice, the ideal family, and the ideal parent, become explicit in frameworks used to assess risk to children (Holland, 2000). Families that are identified as in need of support may be seen as potentially needing compulsory measures to force parents to change their ways, including the ultimate sanction of the termination of parental rights (Choate & Engstrom, 2014).

When children are removed from their parents, the alternative care arrangements they are provided with often seek to reconstruct a normative family through 'family-based' or 'family-like' care:

In accordance with the predominant opinion of experts, alternative care for young children, especially those under the age of 3 years, should be provided in family-based settings. (United Nations, 2009. Appendix IIB, para 22.)

In *Moving Forward*, the implementation guide for the UN guidelines, it is stated that alternative care should 'resemble, as far as possible, a family-type or small-group situation' (Cantwell, Davidson, Elsley, Milligan, & Quinn, 2013, p. 94). The association of 'family-type' with 'small-group situation' underlines that 'families' are seen typically to be small groups. These comments also underline what has been considered a hierarchy within care arrangements (Connelly & Milligan, 2012; Morris, White, Doherty, & Warwick, 2017). The first preference being care within the family home of blood relatives or close friends (kinship care) and second choice being within the family home of non-related carers (foster care). When these options break-down, are unavailable, or are patently unworkable for a particular child, other options such as residential care may be considered, even so, it is stressed that group living options should seek to be as 'family-like' as possible (Cantwell et al., 2013). Some authors have argued that it is wrong to automatically presume that group residential care is inferior, and that this may be the best placement type for some children (Connelly & Milligan, 2012).

Perhaps in response to the UN guidelines, there appears to be a developing trend of de-institutionalisation around the world with a significant growth in foster care and smaller group homes that are said to be more family-like. Examples demonstrating this trend are described by Frimpong-Manso (2014); Ivanova and Bogdanov (2013); Johnson, Dovbnya, Morozova, Richards, and Bogdanova (2014); Knuiman, Rijk, Hoksbergen, and van Baar (2015); Quesney (2011); Samašonok (2015); Sovar (2015); and Walker (2011).

FAMILY TROUBLES

Various conceptualisations of 'trouble' include a state, situation, or event that is incongruent with personal hopes or expectations, the experience of loss or pain, or the experience of traumatic events beyond an individual's ability to cope (Ribbens McCarthy, Hooper, & Gillies, 2014). The experience of trouble is based on individual expectations and meanings, while social or cultural factors or individual capacities and traits may be bound up with different perceptions (Ribbens McCarthy, 2014). Some people may experience a particular circumstance or happening as a significant problem, whilst in the same situation, others may be untroubled.

Equally, within a family group, one person may be troubled by a prevailing circumstance whilst another experiences it as un-troubling. Furthermore, orientation to trouble itself may vary, with some people accepting that life will involve ongoing troubles and others anticipating a relatively trouble free life (Ribbens McCarthy, 2014; Ribbens McCarthy et al., 2014).

Despite the experiential foundation of trouble, what constitutes trouble may be contested and shaped by power dynamics, including the ways in which trouble is often formally defined or categorised by others. In the current context, children's welfare services are concerned with addressing family troubles, but family members, workers, and legal decision-makers may not agree about what the trouble is (Bond-Taylor, 2015). Many authors have argued that children and young people's views are seen as unreliable due to their age, lack of experience or cognitive development (for example see Houghton, 2015; Knezevic, 2017; Meyer, 2007). Equally, many authors argue that the voice of parents is weak relative to the professionals and decision-makers involved in welfare services (for example see Broadhurst & Holt, 2010; Damman, 2014; Gillies, 2006; Widding, 2015). In this way, some troubles (and remedies) are imposed on children and families when, in the short-term at least, recipients may have felt their situation within the bounds of normality.

Since the late 19th Century there has been explicit public concern about an underclass of families portrayed as stubbornly refusing to behave in ways that would improve their own lives and the lives of others (Welshman, 2010, 2013). Speaking at the launch of the Troubled Families initiative in 2012, the then Prime Minister David Cameron said:

We all know there are some deeply troubled families in our country who are responsible for a huge amount of social problems for themselves but also for the wider community - the children aren't going to school, the parents aren't in work, they are responsible for a huge amount of crime and antisocial behaviour, and they are deeply, deeply chaotic.

(DCLG, 2012)

Researchers seeking to confirm alleged intergenerational effects such as transmission of cultures of worklessness have found little evidence, and alternatively suggest that structural and economic explanations are key (Shildrick, MacDonald, Furlong, Roden, & Crow, 2012). Even so, the blameworthy family is a recurring theme in policy rhetoric (Garrett, 2007; Lambert, 2016; Welshman, 2013) policy examples have included, Problem Families (1940s and 50s), the Respect Agenda (2000s), and Troubled Families (2010s). In each case, certain families are said to propagate harm to themselves and others and significant cost to the public purse (Boddy, Statham, Warwick, Hollingworth, & Spencer, 2015; Crossley, 2016). The urgency and logic of

this argument ensures that intervention focuses on families rather than other potential sites for action.

Overlaid on these national policies, local bodies may implement interventions according to their own understanding of local needs and priorities, furthermore individual professionals may deliver services according to their own views. Fidelity to particular national initiatives may therefore be low, producing different approaches in different areas and for different families (Hayden & Jenkins, 2014; Lambert, 2016). The extent to which the resulting interventions align with family formulations of trouble is moot, and family members may see services as more or less helpful in addressing any troubles they feel they have.

THE LOOKED-AFTER CHILD

A specific meaning of the term 'looked after' emerged across child and family policy and practice in the UK from the 1980s. It is used, both as a (prepositional) verb (e.g. Sam is looked after by his local authority) and as an adjective to describe individuals and groups, (e.g. services for looked-after children) - in this article I hyphenate the latter.

In this context, looked-after describes children for whom the state (often via local authorities) has assumed rights and responsibilities usually held by parents; this includes the responsibility to provide care for the child, and the right to make decisions about where they live, whom they live with, and whether they participate in interventions and activities. The Children Act 1989 (England and Wales) provides an early example of this specific meaning, frequently referring to children who were 'looked after', or more fulsomely, children who are 'looked after by local authorities'. Since the 1990s, the use of the phrase has increased in the countries of the UK (Community Care, 2007).

Despite its prevalence, the term 'looked after' is potentially problematic. First, the category is somewhat vague; its specific meaning (i.e. in care) can be overlaid with a number of other everyday meanings. Confusion can arise in discussions between workers using the specific meaning, and others not accustomed to this use of the term. Secondly, and relatedly, it is doubtful whether the category 'looked after' has any intrinsic meaning or value to children and young people. It is a somewhat bureaucratic term defined by the interests of adult professionals (Francis, 2014) and confers membership of a group that in itself offers limited benefits, potential harms, and stigma. Thirdly, when used as an adjective, 'looked-after' labels *the child* rather than the situation, being known to be a 'looked-after child' is potentially as stigmatising as being known to be a child 'in care'. Vojak (2009, p. 940) develops a similar argument for the term 'foster child':

The term 'foster child' may seem innocuous; however, ask such a child what s/he thinks. [...] young authors write personal stories about the stigma attached to their foster label and how they desperately tried to hide this fact from friends.

In Scotland, around 1.5% of all children under 18 are looked after, most having been placed on Compulsory Supervision Orders by Children's Hearings or Sherriff Courts (Scottish Government, 2017). These orders are made for various reasons; grounds most often include professional concerns about the child's care and protection; increasingly less often, grounds include professional concerns about the child's offending behaviour or their persistent disengagement from education (SCRA, 2017). A smaller, though increasing proportion of looked-after children (currently nearing 16%) becomes looked-after under a voluntary agreement within Section 25 of the Children (Scotland) Act 1995. A voluntary arrangement may have benefits for some families - as a mechanism to access support without the involvement of the Hearing System or Court. However, as wider community-based support options may not be available, parents may feel their 'choice' is between probable compulsory removal of the child or retaining some control via their voluntary removal.

Placing a child away from their parents can cause great uncertainty due to an extended period in temporary arrangements often with multiple placement moves (Boddy, 2013; Henderson, Hanson, & Whitehead, 2011; Schofield, Thoburn, Howell, & Dickens, 2007). Equally, even if children feel a placement is their best option, they are nevertheless highly likely to experience anxiety and the pain of separation from parents, and potentially from their siblings, family members, and school friends (Baker, Creegan, Quinones, & Rozelle, 2016). So, whilst being placed into alternative care is judged by state systems as better than remaining in a situation that is considered to be seriously and irretrievably damaging or dangerous, care itself can be distressing, disruptive, and potentially damaging (Children's Commissioner, 2010).

In Scotland, around a quarter of looked-after children remain at home with their birth family, an arrangement termed being 'looked after at home' or being on 'home supervision'. 'Home' in this regard is another potentially multi-layered and value-laden construct that deserves greater attention than can be given here (Blunt & Dowling, 2006; Mallett, 2004). In the current context, it is generally used to imply continuing (or returning) to live with one or more birth parent. This type of arrangement is not widely used in other parts of the UK beyond a relatively small number of children that may return home from care 'on trial' (Broadhurst & Pendleton, 2007). Scottish children can be on home supervision for long periods, during which time they may be subject to further assessments and decisions. Children can experience home supervision as a stressful time with little security or predictability (Lerpiniere, Welch, Young, Sadler, &

Fitzpatrick, 2014), and despite their legal parity with children looked after away from home, many children looked after at home receive minimal support (Welch, Lerpiniere, Sadler, & Young, 2014; Young, Lerpiniere, Welch, Sadler, & Fitzpatrick, 2014). This calls to question what 'looked after' or indeed 'in care' really means for these children.

APPROACH TAKEN TO THIS ANALYSIS

The following sections include a secondary analysis of data gathered during three recent studies relating to looked-after children and their families. The studies took place across various areas of Scotland, mainly focused in large cities. Each of the studies used a mixed-methods approach and gathered data from a range of different sources and participant types, not all data from these studies is included in this reanalysis, I only use data from participants included because they were using a service for young people or family members. The interviews included here were initially undertaken to explore perceptions of needs and experiences of different types of support, but the aim of this reanalysis was to explore how these three groups used and responded to the three concepts discussed above ('family', 'family troubles' and, 'the looked-after child'). The selected data were the contents of semi-structured interviews with 17 participants as detailed below.

Limitations of this approach relate to the small numbers of the participants included in the studies, and to the fact that these data were originally gathered for another purpose. Despite these limitations, each participant provided relevant and detailed data and represents a voice that is often underrepresented in research.

Further details of each study are available through its study website. One study explored professional and young people's views of the needs of children looked after at home and service provision for them (see: *Overseen but Often Overlooked*, 2015), data from eight young people aged 14-18 years with experience of being looked-after at home were included from this study. One study drew on the reflections of professionals and birth mothers who have lost a child to adoption and were accessing a post-adoption support service (see: *Chance4Change Evaluation*, 2015), data from four mothers were included from this study. One study captured the experiences of professionals and kinship carers involved in a support service for families experiencing difficulties with their child (see: *Notre Dame Kinship Support Evaluation*, 2017), data from five kinship carers were included from this study. Each of the three studies had approval from the University of Strathclyde Ethics Committee and all data included in this paper were collected between 2014 and 2017. The findings below include quotations and examples from participants; these have been anonymised by suppressing various identifiers. All but one

interview took place on a one-to-one basis, and most were audio recorded and transcribed with two interviews being documented via notes.

For this re-analysis, I scrutinised the dataset to locate instances where participants referred to categorisations of family, family troubles, or the looked-after child, attempting to identify instances that might suggest 'talking back' to the categories (Juhila, 2004). Emerging patterns were identified, coded, consolidated, and rechecked against the full dataset (Braun & Clarke, 2006). QSR nVivo was used to support this process.

Before turning to the findings, it is important to acknowledge that each participant knew that the researcher they were speaking with had invited them to take part because they were a previously looked-after child, a kinship carer, or a birth mother. They were family members that had experiences of some form of family trouble and had been involved with child welfare systems. This framed the interview on pre-existing concepts and categories that the participant might wish to refuse, accept or modify through a process of 'talking back' (Juhila, 2004).

FINDINGS

As might be expected given the opportunistic approach, the depth of coverage of the three categorisations varied across the data. A large amount of data concerned what might be considered 'family troubles' and references to 'family' and related ideas were relatively frequent. Direct references to the term 'the looked-after child' were relatively rare, although, in line with the applied nature of the studies, participants said much about the interventions looked-after children and their families experienced. For clarity, findings are presented below in individual sections; however, there is inevitably a degree of overlap given the already mentioned interaction between categorisations.

PARTICIPANT TALK ABOUT THE FAMILY

Family was important to all participants and a concept towards which they were unswervingly positively disposed. Being a blood relative was the dominant way in which participants portrayed 'real' family. Participants from all groups suggested blood relatives were factually 'family' and many suggested that kinship conferred reciprocal rights and responsibilities. Kinship carers often rationalised their caring in terms of responsibility based on biological connectedness:

Because [child] is family, it was either, um... A kinship arrangement, or adoption outside of the family, were the only choices. So, that's why we said, 'Come live with us and we will just make a brilliant family together'. (Kinship carer)

The second part of this quote, hints that while the biological connection made this 'family', conscious effort may be required to make this a 'brilliant family'.

Hierarchies are also visible in these biological accounts; one carer, whilst suggesting it is most natural to live with a parent, asserted the next best option is to live with a member of kin:

She is nine now and is now starting to ask questions that I never expected her to ask [...] I just tell her that her mum is not well and that's why she [lives] with her Gran. (Kinship carer)

Biological explanations of family were very important to birth mothers, they were irrefutable links to the children they had lost, and even where there was currently no contact, blood relationships could be said to persist. This helped in sustaining hope for future connections; for example, one mother suggested she would get to see her child again if she were needed to donate a kidney.

Family resemblance was a way to demonstrate and affirm these biological connections (Mason, 2008). Speaking to the researcher about photographs, one mother asserted kinship connections between her child and her previously estranged sibling's child:

I think they look alike, these two. These two definitely-definitely look alike. In the eyes in these two, but you can tell that they're definitely the family, like. Considering that I thought that I was never ever gonna meet [my sibling], I was never ever gonna see a picture of my nephews... you know, and different mum same dad. Yeah, so we're no' really like blood-blood, we're half... (Birth mother)

However, biological explanations were also a double-edged sword for birth mothers: on the one hand asserting an indelible link to their child, but on the other maintaining pain and raising expectations that could be dashed:

... [it] makes me think I'm never going to see my son again, and like when I said that to [carers name], 'Does [child] ever ask about me?', and she says 'No', that really hurts. Like, 'Well, I'm his mum, does he not have any questions at all?' (Birth mother)

Although portrayed as essentially family, contact with biological family could be problematic. Kinship carers cited strains and difficulties in their relationships with the child's birth parents (e.g. their own daughter, sister, etc.). On the one hand, they cared for the child because of these links, on the other hand, they felt pity, guilt, or anger towards the child's parent who remained 'family', even in cases when there had been major conflict, or there was little contact with them.

Similarly, one birth mother described how she had re-established a fragile but risky connection with what she referred to as her 'real' family:

I don't have much to do with my real family, the last time I saw them, em, they were offering me drugs. (Birth mother)

Biological family members could also demonstrate a categorisation of family as a group of members who behaved in similar ways or lived by a particular code:

...they've nae common sense, it's always drugs and crimes an' that. They want tae rip this off and rip that off. I'd nae want to be around that. [...] They're trying to rip the system off, I don't think they should be getting things like that. (Young person)

This young person did not dispute this was their biological family, but made it clear that they did not share their negative characteristics, thus 'talking back' to the troubles without querying their membership of this family. They distanced themselves from behaviours through their open criticism and by contrasting their own plans to go to university and work towards officer status in the forces. They further explained plans to remove themselves physically by leaving the family household.

Finally, less frequent explanations of 'family' based on similarity to an assumed normal co-resident family group were also seen in these accounts (Finch, 2007). For example, one kinship carer (the child's biological aunt) explained how she worked to normalise the child's presence: she felt that kinship families were already latently 'different', and that actions that could draw further attention (such as taking a child out of school for therapy sessions) needed to be avoided. Interestingly, when speaking about her family's ongoing interactions with services, she consistently referred to herself as 'the mother', and, together with her partner 'the parents'.

Images and appearances of a 'normal' family life were also conjured by one birth mother's accounts of physical artifacts of family life that she kept around her, even though her babies entered care directly from the hospitals where they were born:

I've got all their clothes, that's one thing that I definitely saved was their clothes, em I've got [daughter's] teddies [...] like a baby bouncer, I've got that, I have got a pram that I bought [son] em, I've still got that one, sterilising, like the sterilising kit I've got that, bottles, I've got it all. (Birth mother)

The artifacts that perhaps most poignantly connected her to her children included the clips from their umbilical cords and hospital identity bracelets that she, like many other parents (including the author) saved as keepsakes.

PARTICIPANT TALK ABOUT FAMILY TROUBLES

These three different types of participant identified a complex range of issues that were troubles for them and their families including problems with mental and physical ill health, violence, alcoholism and drug addictions, rape and sexual abuse, relationship difficulties, housing and tenancy issues, crime, and financial concerns. These issues were all troubles, in that they were areas participants regretted but struggled to change, often for reasons beyond their control. They were family troubles because they affected various members of the family, and as might be expected with these three groups, they were family troubles because they affected a child in ways that resulted in contact with child welfare services.

Whilst individually, these issues were clearly things that many people might experience at some point in their life, these participants reported troubles that came in concert, and were enduring features of their lives. Sometimes they had sought help with these family troubles, but even when available, help did not always meet their needs. Participants often reported that from the start of their involvement with child welfare systems, they encountered another set of system-related family troubles.

Participants' portrayals of family troubles usually described issues of exogenous origin, often resulting from the actions of others. For example, while family relationships could be supportive and sometimes helped to mitigate family troubles, it was often the presence, absence, or behavior of a family member that contributed to the family troubles described by these participants. For example, one young person described living with an alcoholic father and having to become a young carer for their sibling:

Dad was a single father, plus an alcoholic, and it took its toll on us, like going to school, and not doing homework and stuff like that. He was constantly in the pub drinking. (Young person)

Young people also spoke of sexual, physical, and emotional abuse they had experienced from other family members, but they also spoke about supportive people within their family who helped them address trouble.

Birth mothers spoke about their earlier family troubles that were multiple, interconnected, and extreme, these featured histories of money worries, drugs, violence, and abuse. They noted problems from their own childhood, and since having a child of their own.

The principle exogenous cause of trouble from the perspective of birth mothers currently resulted from their involvement with child welfare systems. These troubles related to their

children's absence, their sense that they could not directly promote their child's wellbeing, and the deep loss and sadness they felt at their separation:

I don't know. You think they could be having the best lives that they could have, or they could be getting like sexually abused, battered, or anything, you know. And, I don't know any of that. (Birth mother)

I'll cry about them every day, I cry myself to sleep, you know, I can nae sleep without like having dreams about them, see I'm nearly crying already. (Birth mother).

These birth mothers seemed heavily preoccupied with these concerns; for example, a coping strategy used by one birth mother, was sometimes to pretend to herself that she had been a surrogate:

Mother: ...to try and calm myself down, I say that they've used me as a surrogate, to try and make sure it's no hurting me as much as what it was.

Researcher: So does that help you to think of it that way?

Mother: A little bit, because, obviously a surrogate's where you get pregnant for other people. Well adoption - if you think about it in some ways, and if you look at it in some ways - adoption is actually like a surrogate...

Thinking of herself as a surrogate momentarily reduced her sense of loss and provided a potentially valid alternative identity, helping to avoid the pain of a 'spoiled' mother role and 'talking back' in a way that might reduce the threat to her moral identity (Goffman, 1963). The loss of a normalised mother identity also deeply troubled other birth mothers. One described how, during a one-hour contact visit, her young child had asked if she would take him to nursery. Whilst she could not take him alone, the carer permitted her to accompany them. At the nursery, the birth mother felt her identity had been erased in the eyes of others:

... They've got recipes and things, like, you can just pick them up. But, I didn't want to pick one up because, like, I thought it was maybe for his [carer] to do that [...] obviously it's for the parents and [carer name] is his guardian. (Birth mother)

Similarly, one mother who was able to contact her children through occasional letters, was troubled that her children now referred to her by her first name, rather than calling her 'mum'. Another described her own uncertainty when writing to her children - should she sign off as 'mum' or use her first name.

Generally, it was only young people who indicated that they caused any trouble, suggesting either they felt that young people could be troublesome without losing their moral identity or that they were willing to inhabit a potentially stigmatising alternate identity as a troublesome young person. Young people reflected on significant experiences of being bored, playing truant, and lying; issues that could lead to *'getting into trouble'* such as contact with the police, having a 'tag' and a curfew, or potentially going to jail. Young people were also sensitive to inadvertently causing trouble for others; for example, one young person who now lived with grandparents felt uncomfortable asking for *'their money'*; a trouble reflected by the accounts of kinship carers' who often noted financial and housing worries). Other troubles noted by kinship carers included health problems (sometimes related to aging) and having to relearn to parent an 'unexpected' child. They also noted troubles they associated with the significant behavioural or emotional problems that the child was experiencing, they detailed violent outbursts, inability to sleep, school refusal, sadness and crying, 'clinginess' and seeking constant reassurance that they were loved and wanted.

PARTICIPANT TALK ABOUT THE LOOKED-AFTER CHILD

Whilst their responses to the researchers' questions demonstrated that young people, kinship carers and birth mothers all understood the term 'looked after', it was very rare for them to use the term themselves. Instead, they spoke of *'being in care'*, *'being taken into care'*, *'being in foster care'*, *'being on an order'* or *'being on home supervision'*, or simply as *'having'* a social worker.

Most participants accepted that some form of intervention in their life might have been necessary. However, being looked after (or in care) was fundamentally understood as an undesirable and stigmatised category. Examples of 'talking back' were evident in some young participants' explanations of why they were not like other looked-after children. One young person who had experienced home supervision spoke about making difficult changes and trying to *'get off my order'*, describing this process as *'the most difficult two years of my life'*. This positioned the young person both as an ex-looked-after person and as someone who had taken control and brought about change.

Being looked after could bring support or protection, particularly for those participants who noted good relationships with social workers. However, the compulsion of being looked after implied loss of freedom and choice, and potentially professional intrusion into previously private family life:

We did nae know who these professionals were, coming into our life, me and my wee brother.[...] I had no choice, all these professionals coming in and out of my life. (Young person)

This professional involvement introduced strangers and breached family expectations, but was so fragmented it did not compensate by providing these children on home supervision with an opportunity to develop close or 'family-like' relationships with workers or carers in the way that a foster child or a child in residential care might be able to develop.

Similarly, kinship carers could feel exposed to the professional gaze rather than supported by it, and often tried to second-guess what professionals (usually social workers) were thinking:

...I was so aware that, you know, I have got to respond correctly... I have got this social worker and therapist watching how I deal with [the problem]. (Kinship carer)

Losing control to the system did not result in a greater sense of stability, for example, one young person described continued changes including losing contact with their father, living for a period with their mother, a spell with grandparents, time in foster care, and finally a period in a young person's residential unit.

Some birth mothers also mentioned that they had been 'in care' themselves echoing Broadhurst et al.'s (2015) findings of high rates of repeat care, and potentially revealing a lifetime throughout which professionals had exercised control related to many key aspects of their lives. Whilst birth mothers generally accepted that professionals had become involved with their family, they consistently felt it was wrong (mistaken or unjustified) that their child had been permanently removed:

I felt like they weren't on my side, I felt like I couldn't talk to them because pretty much they had made their mind up as soon as they saw me, 'you're not having your son', as simple as that. (Birth mother)

...but I don't see that, I've not done nothing wrong to my children, right, and they've took, they took the children off me. (Birth mother)

These are examples of participants overtly 'talking back' to the stigmatised category (birth mothers whose children were removed), and explaining why it should not apply to them (Juhila, 2004). The sense of injustice and loss of freedom was ongoing since their child had been removed, for example, being excluded from decisions about their child's upbringing, being denied access to information about their child, and being promised letterbox contact that never materialised.

Resonant with Juhila's strategy of refining or questioning the categorisation, the position of being looked after at home and of being in kinship care were both presented in ways that implied some ambiguity around their proper categorisation as forms of 'looked after' or 'in care'. For example, one young person suggested home supervision provided more freedom as '*I can] do what I want*', questioning whether home supervision should be seen as negatively as other forms of care. Similarly, kinship carers often presented kinship care as an *alternative* to 'care'.

Further aligned with Juhila's other strategy kinship carers also highlighted their own merits, for example, by suggesting they had made sacrifices or had 'saved the child from going into care'. Whilst this could indicate that participants are making a subtle point about a difference between being looked after and being in care, the rest of the data do not support this interpretation. Instead, the view that being looked after at home or in kinship care is not truly 'looked after' seems more likely to be one way in which these participants 'talked back' and distanced themselves from the stigmatising category of 'the looked-after child'.

DISCUSSION

Secondary analysis of existing interview data from small samples of young people, birth mothers, and kinship carers has enabled an exploration of these participants' categorisations of, and responses to, the concepts 'family', 'family troubles', and 'the looked-after child'. These categorisations were seen as more or less positive and responded to accordingly, and sometimes there was evidence of 'talking back' to the category (Juhila, 2004). However, the categories 'family', 'trouble', and 'looked-after child' were intimately related, such that addressing one category had implications for the others, e.g. speaking about troubles could help to explain or validate something about family or being looked after, some examples are given below. Thus whilst Juhila's two forms of 'talking back' are both demonstrated, they are sometimes complemented by a parallel process of claiming membership of other categorisations.

TALKING TO 'FAMILY' AND 'FAMILY TROUBLE'

The model of family most often used in these discussions was seen in participants' accounts of 'real' family, which they conceptualised as the links between close blood relatives. This form of family was not dependent on a co-resident group, and persisted even though members may be separated for long periods with minimal or no contact. As in March's study (2015), birth mothers were able to portray themselves as the 'real mother' of the child even after adoption had taken place. Participants sometimes highlighted biological characteristics of family, for

example, by discussing physical resemblance (Mason, 2008) or discussing compatibility for organ donation. Biological membership of a family was often in itself understood as a good thing, providing a sense of connection and in some cases offered access to some sources of support.

Membership of an indelible biological family also had problematic features, including continued exposure to risky situations and other members' troubling behaviours. As always, participants in interviews are able to select the information they will divulge, and these participants may have decided not to disclose information about all family members. But, it seems that rather than denying family connections, participants' accounts offered opportunities to demonstrate their own understanding of what was problematic about family members, and often to highlight their own endurance or their ability to overcome challenges. In this way, these participants claimed their family however flawed, simultaneously 'talking back' to troubling behaviours by demonstrating their difference.

Participants' easy acknowledgement that they had a great deal of family trouble is perhaps not surprising given the nature of these studies. Indeed, participants portrayed family troubles as highly complex, severe, and enduring; often describing a web of family trouble that far surpassed what 'normally' might be expectable (Ribbens McCarthy et al., 2014). These troubles were often things that could not have been predicted or easily prevented, and most often resulted from the actions (or inaction) of others. Thus, claiming family trouble also ensured that the researcher understood the reasons for the participants' current situation. Several participants showed how repeated experiences of family trouble had eroded any foundation from which they might have been better able to respond (Tepe-Belfrage & Wallin, 2016).

Some trouble clearly came from outside of the biological family; this included societal issues such as stigma and perceived pressure to conform to an idealised co-resident family of parents and children. Further, participants clearly attributed some troubles to the involvement of child welfare systems, including a sense of professional intrusion into family and in some cases the troubling sequelae of disputed decisions to remove children. Throughout accounts that criticised child welfare systems, participants did not question that children's interests should be paramount and demonstrated a willingness to engage with services to improve children's lives, despite the discomfort this could bring (Morris, 2013).

Addressing the complex family troubles described by these looked-after young people and their families would undoubtedly require long-term support. Other authors have commented that to bring about complex change, it is reasonable to expect to build trusting relationships over time (Bond-Taylor, 2015). All three groups of participants noted some valuable service support that

was currently available to them, but often they placed this in a broader context whereby long-term help was constrained through targeting, age limits, periodic funding, or professionals' low expectations of participants.

TALKING *AROUND* THE LOOKED-AFTER CHILD

The term 'looked after' seems likely to continue to be used in UK practice and policy and was clearly understood by participants in these studies; indeed, many participants demonstrated mastery of a range of terminology, exemplified by a young person who spoke casually about grants by fluently citing Sections from relevant Acts. Participants did not seem to object to the term 'looked after', or actively resist it, but they did not use the term. Their continued preference for terms such as 'in care', 'on a supervision order', etc., suggests that these terms seem more coherent or descriptive; quite simply, they make more sense than the potentially vague 'looked after'. Nor did these participants indicate they might gain from switching terms, for example, to avoid or reduce stigma. In the case of home supervision, participants might avoid the term because they do not feel 'looked-after' systems actually *look after* the child. Particularly, as even when the needs of these young people are formally recognised, state support is often not forthcoming (Young et al., 2014).

Whilst there are no examples where participants 'talk back' specifically to the category 'looked-after child', there are many examples where they 'talked back' to the broader idea of being someone involved with child welfare services. Both of Juhila's (2004) strategies are evident here, for example, when birth mothers explain why the removal of their child was unjustified, when kinship carers demonstrate that caring should be seen as virtuous, and when young people explain that being on home supervision is less restrictive than being 'in care'.

CONCLUSIONS

Juhila's concept of 'talking back' to potentially stigmatised identities provided a useful starting point for this reanalysis. Both strategies were seen: refining the category and querying membership of it. Analysing the data from this perspective has provided additional insights into how these participants understand and respond to 'family', 'family troubles', and 'the looked-after child'. It was also evident that these categorisations interacted in the stories of these participants, such that the critique of one category or their appropriate membership of it could be achieved by claiming membership of another category. This might suggest a refinement of Juhila's two strategies of 'talking back' to create three inter-related strategies:

- ‘Redefining’ – critiquing the characteristics of the category to show it in a less stigmatising light, either by raising rarely considered positive aspects, or by reducing concerning aspects of the category.
- ‘Rejecting’ – accepting the stigmatised nature of the category, but demonstrating ways in which it does not apply to oneself.
- ‘Re-joining’ - accepting the stigmatised nature of the category, but demonstrating how membership of this category potentially reduces stigma that otherwise might result from the membership of another category.

Central to these accounts, these participants used biological family as the key way to understand ‘real’ family. An essential feature of these biological connections was that they persist through the troubles and separations these participants experienced. Children continue to worry about their birth family even when they have been badly treated by them (Baker et al., 2016).

The importance of ‘permanence’ for looked-after children is frequently stressed in policy, practice, and research (Fratter, Rowe, Sapsford, & Thoburn, 1991; Schofield, Beek, & Ward, 2012). Indeed, non-looked-after children may be troubled by other extraordinary biographical events such as bereavement, divorce, or seeking asylum (Jamieson & Highlet, 2014) and a sense of ontological security is important for all humans (Giddens, 1991). In terms of the day-to-day lives of these participants, these data suggest a great deal of instability and disruption. The existence of what is understood as an immutable biological family, could offer a sense of existential permanence or security. Policy and practice around permanence is often focused on placement moves or legal status. The findings of this analysis suggest that greater focus on facilitating positive connections between children, young people, parents, and other members of their biological families, may make an important contribution to their wellbeing (Boddy, 2013; Chase & Statham, 2014). Ways of doing so might include improved family preservation support, shared models of care, and improving links between birth parents and carers looking after their child (Ainsworth & Maluccio, 2003; Forrester, Holland, Williams, & Copello, 2014; Geurts, Boddy, Noom, & Knorth, 2012; Hedin, 2015; Höjer, 2009; Landy & Munro, 1998; Schweitzer, Pecora, Nelson, Walters, & Blythe, 2015). Additionally, in the context of children looked after at home in Scotland, ‘provision could aim to support positive biological family relationships and perhaps add to these, potentially through enduring caring relationships between children and families and those that support them.

For this type of work to become the norm, policy and practice rhetoric, including that around looked-after children must consistently value family members as positive aspects of a child’s life

rather than viewing them simply as a source of trouble. This will also require consideration of wider causes for the troubles family face, including structural, systemic, and economic explanations.

A final point is a note of caution for models of 'alternate care' that aim to create family-like environments for children removed from their family. These may be good models of care, but representing them as an alternative or reconstructed family may seem nonsensical, or even offensive, for children and young people who feel their 'real' family to be their biological family. Furthermore, family members of looked-after children, who seem keen to make an ongoing contribution to their lives, need to have socially legitimised roles that they can inhabit.

ACKNOWLEDGEMENTS

I would like to thank all of the researchers involved in these three studies as well as the practitioners that facilitated the data collection. Although this reanalysis has not received specific funding, I am also grateful to funders who contributed to the original studies. Above all, I offer my thanks to the participants who spoke so candidly to researchers, sharing personal information in the hope that the insights generated may help others.

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