A Diversity of Childhoods: Considering the Looked After Childhood

Luke Jones and Kirsty Liddiard

Key Points

- This chapter centres on the lives of disabled children and 'Looked After Children', many of whom are disabled.
- We ask: Can disabled children's childhood studies (DCCS) be useful towards thinking about other forms of non-normative childhood?
- We focus on three areas: (i) surveillance and intimacy; (ii) pathology and psychologisation; and (iii) vulnerability and future.
- We conclude that DCCS offers new perspectives on the lives of Looked After Children and that it is a framework that can be used to think through other 'non-normative' childhoods.

Introduction

We have written this chapter over many bottles of wine and just as many bonfires in the garden. In order to write, we have sat, under evening skies, reflecting, debating, and contesting. As co-authors (and, we should disclose,

L. Jones (✉)
Cygnet Health Care, Bradford, UK

K. Liddiard
The University of Sheffield, Sheffield, UK

life partners), we have disagreed more than we thought we might. This is because professionally, and sometimes politically, we inhabit quite different worlds where disability, childhood, and mental health are concerned. One of us (Kirsty) is a disabled feminist academic and researcher whose activist scholarship focuses on the lives of disabled people, while the other (Luke), is a mental health social work practitioner. Thus, we work in markedly different contexts (with differing constraints) that often shape our views significantly. We have found that, in writing together for the first time, our respective views are further determined by class, gender, and disability. However, in this chapter, we come together to offer a reflection on our own lived experiences of disability, fostering, and childhood as long-term family foster carers to a Looked After Child. In the UK, from where we write this chapter, a Looked After Child is a child who is looked after by the State.

We should say, at this juncture, that this chapter has been very difficult to write: practically, emotionally, and ethically. Practically, because living together and loving and knowing each other deeply didn't miraculously transcend to an effective co-authoring relationship. Writing has been tough; we have disagreed. Layered on top of this, our chapter has been emotionally complicated to write because our lives are its contents, and not merely theory and practice. While we both employ reflexive practices as standard in our respective work, the experiences we detail in this chapter are relatively new (and have been painful) for us. But rather than writing this emotion out, we centre it. In doing so, we follow Burkitt (2012: 458), conceptualising emotion and feeling not as barriers 'to clear reflexive thought' but as necessary forms of affective labour for reflexivity itself.

It is, however, the ethical quagmire of writing about our caring experiences—which cannot explicitly be divorced from those for whom we care—which has shored up multiple rewrites and endless worry. We want to make it clear that this chapter isn't about the Looked After Child in our care, but about our own lived, material, and affective experiences as foster carers. We note that the fact that we share our own experiences as carers in a book *about* children and childhood produces a tension that impacts upon children and young people. Our own experiences are unavoidably layered throughout our analysis—largely because much of our knowledge does not come from literature and research (typically situated as forms of 'evidence' in academic work) but through oft-difficult moments, meetings, and memories. However, we think it's crucial to acknowledge that in such an embodied analysis, we implicitly story others (e.g. workers, other carers, and wider family) and, most importantly, the person with whom we are tasked to protect, advocate, and care: the child. Further, we do so in a context where, because of the systemic

circumstances in the life of a Looked After Child, as a family we are already subject to surveillance and intervention. Therefore, our lives (and perspectives) are essentially entangled and cannot be separated in ways that feel ethically *comfortable*. Instead, we have worked to develop the beginnings of a set of ethical practices that have enabled us to write (and publish) this chapter. Further, we feel these embody some of the political aims of DCCS:

1. We have discussed the contents of this chapter with the child in our care and have sought their consent.
2. We have made efforts to anonymise people, workers, and moments in our lives.
3. We have talked endlessly, both together and with trusted others, with regard to writing about this aspect of our lives. We have sought the views of trusted colleagues: scholars, researchers, and practitioners.
4. We have been very selective about what is included. For example, there are many things that we *don't* share in this chapter, even though we would like to. Markedly, even at times where lived anecdotes can serve as accessible, available tools for explaining the complexities of systemic oppression. We don't detail these moments, because, as carers (and, by extension, allies and advocates), we work hard to protect the privacy of the Looked After Child in our care, to subvert oppressions they face where we encounter them, and advocate for our rights as a family.

These points are in constant development and are by no means a finished project. They merely stand as 'entry points' for us to even begin writing. It is important to note here, as we do throughout the chapter, that DCCS is unique because it makes space for personal engagement where other forms of analysis do not; it positions lived experience, authenticity, and the 'care taken around ethics' (Curran and Runswick-Cole 2014: 1618) as imperative to understanding the lives of children and young people, and their families.

As a new field of study, then, DCCS offers a distinct engagement with (disabled) childhoods. As Curran and Runswick-Cole state (2014: 1618), this emerging area of study has three distinct premises:

First, disabled children's childhood studies offers a different starting point for discussion that shifts the focus away from discussion 'about' disabled children, which is so often conflated with talk of impairment, inequality and abuse; the second is an approach to ethics and research design that positions the voice and experiences of disabled children at the centre of inquiry and; the third is a contextualised agenda for change that seeks to trouble the hegemony of the 'norm'

(Davis 1995). The aim of disabled children's childhood studies is to enable disabled children to step outside the 'normative shadows' that so often cloud discussions of their lives (Overboe 2004). This also entails re-thinking children's relationships with parents/carers, with family members and with communities. The studies do not originate from policy directives, service outcomes or professional practice debates, although the links and impact of those are salient in disabled children's childhood studies. This is the case not only at the level of direct intervention, but in generating, sustaining and changing wider cultural practices.

Thus, there is recognition within DCCS that disabled children and young people are experts in their own lives, over and above the often-individualising focus on the conditions and subsequent diagnoses which proliferate in the professional discourse within the 'team around the child'. As such 'disabled children's childhood studies are written by disabled children and young people, disabled scholars and activists reflecting on their childhoods, as well as parents/carers of disabled children, allies and academics listening directly to disabled children and young people's voices' (Curran and Runswick-Cole 2014: 1618). This brings alternative analyses to those found in what Mallet and Runswick-Cole (2014: 39) call 'new sociologies of childhood' which, they argue, is a 'product of white, middle class Western academics'. In DCCS, then, disabled childhoods are viewed as very important and worthy of inquiry, in ways that substitute their absence from mainstream sociologies of childhood and other disciplines (Mallet and Runswick-Cole 2014).

In this chapter, we explore the Looked After Childhood through the lens of DCCS (Curran and Runswick-Cole 2014). While this chapter isn't about disabled children per se (although many Looked After Children are also disabled children; see Kelly and Dowling's insightful chapter 'Disabled Children in Out-of-Home Care: Issues and Challenges for Practice', in this volume), we draw together some disparate threads, asking what DCCS as an emerging area of study offers our understanding of the lives of other Othered children living 'non-normative', diverse childhoods. As Curran and Runswick-Cole (2014: 1619) state, 'disabled children's childhood studies starts with childhood and disability but never ends there'. Our analysis speaks, in some way, to the commonalities in experiences of Looked After and Disabled Children. Through the chapter, we reflect upon our impetus for this analysis, our lived experiences, and (some) existing policy and practice which dominates disabled and Looked After Childhoods. We critically question the extent to which DCCS offers both a theoretical and empirical framework with which to theorise Looked After Childhoods, and whether DCCS enables the category of disability to be expanded to this end. We conclude by arguing that DCCS

has much to offer both rethinking and researching Looked After Childhoods and offers new ways of conceptualising the Looked After Childhood in positive and productive ways.

Looked After Childhoods: Rising Numbers

A 'Looked After Child' in UK Law (Children's Act 1989) is a child who is being cared for by the local authority. More commonly known as a 'child in care', children come to be looked after by their local authority for a wide variety of reasons. These reasons stem from issues such as family breakdown to child protection concerns around care, abuse, and violence. A Looked After Child can reside at home with parents under the supervision of Social Services but will more commonly be removed from the family home to reside in temporary and/or permanent forms of local authority-controlled care. These include foster care, children's homes, and other types of residential facility (e.g. a secure unit for young offenders and/or a secure mental health unit). At the beginning of 2014, there were 68,840 Looked After Children in England (DoE 2015; see also DfE 2013). When a Care Order—an order given by a court that 'allows a council to take a child into care' (https://www.gov.uk/if-your-child-is-taken-into-care/overview)—is granted, it becomes the responsibility of local authority elected members and officers to 'provide a standard of care that would be good enough for their own children' (NCB 2015). The terminology applied to local authority elected members and officers—an oxymoron if ever there was one—is 'Corporate Parent'. As such, the State, via the local authority, becomes the Corporate Parent of the Looked After Child. While the language of 'Corporate Parent' is somewhat jarring, we could ask how families, parenting, and intimacy, in general, are marked by neoliberalism; by this we mean, is it possible to be anything other than a Corporate Parent, for anyone, where the primary expectation of all parents in neoliberal cultures is that they invest fully in their children's futures?

Numbers of Looked After Children are rising for a variety of reasons. Most recently, the criminalisation of emotional abuse known as the 'Cinderella Law' have re-categorised emotional cruelty and neglect as abuses which warrant greater Child Protection intervention. Following a three-year campaign by the children's charity Action for Children, in her speech on 4 June 2014, the Queen announced that the Government would bring forward a Serious Crime Bill to tackle child neglect. While it is too early to grasp the full effects of this legislation change, it has been argued that it dramatically changes key criteria around child protection intervention and safeguarding practice

(Cabezas 2016). Such a focus on emotional harm is rooted in concerns for children's futures—that emotional abuse and neglect are key risk factors in longer-term mental illness, distress and disorder, unemployment, disenfranchisement, criminalisation, poverty, and substance misuse (see Cabezas 2016).

Others have cited rising poverty as the key determinant in the increase of Looked After Children. Ridge (2013: 414) cites the impact of austerity and welfare retrenchment upon the family. He argues:

> Child poverty is being privatised as children's needs are repositioned back into the family; a family setting that is under siege, bearing the heaviest burden in relation to welfare cuts and financial insecurity and systematically undermined through political rhetoric and media hyperbole.

Rather than passive subjects, Ridge (2013: 414) argues that within the family, it is children who 'mediate and manage some of the worst effects of austerity'. In July 2015, all four UK Children's Commissioners called upon the UK Conservative Government to stop making cuts to benefits and amend its welfare reforms in order to protect children from the harshness of austerity. Underpinning this request are rates of child poverty that are unacceptably high and rapidly increasing (Family Law 2015). Under current UK Conservative Government policies, child poverty figures are expected to continue to rise, with 4.7 million children projected to be living in poverty by 2020 (Family Law 2015). Importantly, this pattern is not the preserve of the UK alone, but a reality across the EU, with over half of member states experiencing increases in poverty and social exclusion through austerity measures (Frazer and Marlier 2011).

Shifts within social work practice have also been cited to explain the increasing numbers of Looked After Children (Macleod et al. 2010). Recent years have seen a number of high-profile cases where children have died from abuse and neglect at the hands of parents, carers, and other family members, and where the appropriate services (health, education, and social care) have failed to protect them (Macleod et al. 2010). Many of these tragic deaths have been taken up in the media in ways that vilify local authority child protection services, and those who work for them. Such vilification impacts practice, as social workers become more risk averse. For example, Macleod et al. (2010: iv) found clear evidence to indicate that 'the levels of Section 31 applications [an application made by a social worker to a court for a Care Order to remove a child from the family home] made by English local authorities rose in the wake of the publicising of the case of Baby Peter (in November 2008), and, in the period that followed, has continued to rise to a level higher than any experienced since April 2007'. This has become known widely as the 'Baby P effect'.

Such significant rise in the numbers of Looked After Children is worthy of an analysis that centres ethics and children's own lifeworlds. Often—though perhaps not surprisingly—the voices of Looked After Children are absent from the policy consultations that determine their lives in the present and their life chances for the future (Munro 2001). This is despite the fact that the United Nations Convention on the Rights of the Child (UNCRC) states that children and young people must be consulted about all decisions that affect their lives (see Beresford et al. 2007). Further, research into the lives of Looked After Children emanates primarily from the disciplines of Social Work, Sociology (specifically sociologies of childhood and youth), Psychiatry, and Education. Our aim in this chapter, then, is to extend these analyses in ways that do not reproduce children and young people through deficit discourses, but offer a more affirmative analysis of the lives of Looked After Children.

Surveillance and Intimate Spaces: Relational Moments

Disabled lives and selves are subject to extensive surveillance and containment through dis/ableism (see Liddiard and Slater 2017). For clarity, we define ableism as 'particular kind of self and body (the corporeal standard)
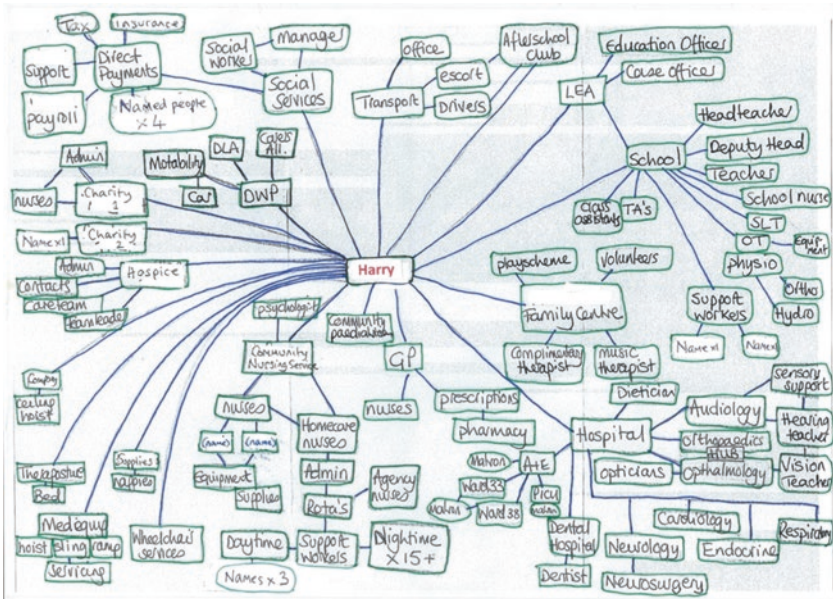

Fig. 1   Mind map (Image courtesy of Debby Watson 2014)

that is projected as the perfect, species-typical and therefore essential and fully human' (Campbell 2009: 44). Disablism, on the other hand, is the resultant oppressive treatment of disabled people. By dis/ableism, then, we mean the iterative processes of ableism and disablism. In the context of disability, categorisation, diagnosis, institutionalisation, and segregation materialise as acute forms of surveillance and management. The image above was produced by a mother of a disabled child that one of us met at a conference (see Debby Watson's chapter "Expressive Eyebrows and Beautiful Bubbles: Playfulness and Children with Profound Impairments", in this volume); it depicts her mapping of the extent to which her son is deeply entangled in an expansive network of professionals. The image speaks to the ways in which her child, and, by extension, herself and her family are unavoidably rooted in multiple forms of observation, assessment, and monitoring. This is not surprising, given the extent to which disability ensures family life can come to be dominated by professional knowledges.

In much the same way, myriad professionals and services are situated around the Looked After Child: multiple social workers (across multiple teams); Child and Adolescent Mental Health practitioners; educational psychologists; contact supervisors; youth workers; an Independent Reviewing Officer; and duty staff (where needed). Despite the fact that we are family foster carers, recent legislation means we are at the same time required to be paid employees of the local authority as Approved Foster Carers if we are to receive funding. Thus, we are woven into the professional web that surrounds the child. Moreover, this labour is extensive: advocacy; forms; monitoring; training; meetings; and being a liaison and coordinator between and across the multiple practitioners involved in the life of the Looked After Child. As 'paid for' allies, we are allied with professionals in ways that we feel compromise familial intimacies. Ryan and Runswick-Cole (2008: 202) have noted how difficult and complex it can be to be rendered an ally for a child whom you love, and that 'parents' intimate, enduring and loving relationships with their children are in stark contrast to the professional's payment for limited hours of contact and emotional attachment'. They suggest that mothers of disabled children are more than just allies, namely because 'they experience directly and by proxy many of the discriminatory practices and attitudes their disabled children face' (Ryan and Runswick-Cole 2008: 202). Thus, in the context of child welfare, namely fostering and adoption, caring is professionalised and institutionalised in ways that could be argued to be particularly disabling for Looked After Children.

Like mothers of disabled children, then, as carers, our own intimate and personal lives cannot exist outside of professional surveillance. Due to the

fact that this allied role is located within 'family life', it routinely reaches into the intimate spaces of our lives: ourselves, our home, and our ways of living. Thus, having noted already the professionalisation of our family labour, the segment from Kirsty's fostering diary below shows how we are at once the object and the subject of professional gaze; it could be argued that this dual professionalisation makes us ambivalent kin and allies to the child in our care:

> I answered the door in my crap old denim hot pants – the ones I slob around the house in, an old Beatles t-shirt, greasy hair scraped on top of my head, having not yet showered. OK, it was 1pm, but [Looked After Child] and The Boy [Luke] were off to [hometown], leaving me with a crafty day at home on my own. Sad to say I used it to work, but anyway, I was at least enjoying some peace. As I opened the door (thinking it was the postman) the woman at the door said she was from the local authority and was here to do our "unannounced visit". This does what it says on the tin – a social worker turns up – unannounced – to take a look around the home, and "see" the Looked After Child in their home environment. In that moment I felt the blood drain from my face. The house was a *tip*. Saturday mornings are marked for weekly cleaning, and we normally all do it before going out on Saturday afternoons. This wasn't a normal weekend, because [Looked After Child] and The Boy [Luke] weren't here, so the house was in its typical end-of-the-week-untidy state – a state I'm sure most homes across Britain are in on a Saturday morning. It dawned to me then, there, that we are not most homes, and won't ever be. Every inch of our lives, loves, and spaces are reachable, assessed, surveyed. As the social worker sat at my kitchen table and filled out her form, she said awkwardly, "I'll just put it's [the home] a little untidy…Mine's the same, don't worry". If yours is the same, why are you writing it down? I wondered, in that moment, what norms and standards we were being measured against. I don't think I'd ever felt embarrassment like that in my entire life – shame, fear (that we weren't "proper" adults), and that our mess was detriment to the well-being of [Looked After Child] – something we work tirelessly to maintain and protect. (Fostering Diary 2015)

The 'unannounced visit' included checking our bedrooms, looking at our toilet, and into our sinks. We had clearly not 'passed' on this occasion, or at least this was how it was interpreted. Recording this failure inevitably invokes the use of categorisation: the reification of institutional norms for what a fostering household should look like, and the fact that we had not met them on this occasion. Such norms are used to guide our practice as foster carers, notably, towards a standard of care to which most other families are not measured. This lack of privacy makes us vulnerable as carers, as we are assessed against arbitrary targets; targets that we are expected to not only meet but also exceed.

It is a similar situation for parents of disabled children, whose care and caring comes into contact with multiple services and professionals, opening them up to critique and intervention at any time. As Ryan and Runswick-Cole suggest 'the competence of mothers [of disabled children] is constantly under surveillance and, in some cases, challenged because of their close involvement with a range of statutory bodies and professionals'. Once again, the family shifts from a space of intimacy to a professionalised and institutionalised zone where intervention—often experienced (certainly by us) as a disruption to intimacy—can come at any time.

Aside from intensive and extensive professional surveillance, there are further relational problematics of being a non-normative family that overlap somewhat with the disability experience. Mallet and Runswick-Cole (forthcoming) draw attention to the relational work that comes into being with others' 'urge to know' an impairment label or impairment type upon meeting or seeing a disabled person. Desiring to know 'what's wrong' with the disabled person reveals the impairment label to have great social and cultural meaning (Mallet and Runswick-Cole forthcoming). It is a means through which to come to understand and *know* the person with whom you're speaking—a way to classify. In our case, people routinely ask how our family's caring situation came to be. The true answer is long and complex, and not easily explained in brief interactions. In this scenario, we are often thrown into a (moral) quandary as to 'how much' to reveal, forever mindful of the implications of what and whom we tell. Regardless of our responses (we have formed many over the past two years), what's curious is the *urge* to know (Mallet and Runswick-Cole forthcoming), as it emerges as a relational desire to account for and explain difference.

For disabled people, this *urge* can equate to a form of psycho-emotional disablism (Mallet and Runswick-Cole (forthcoming) defined by Thomas (1999: 60) as 'the socially engendered undermining of emotional well-being'. Psycho-emotional disablism is an inherently relational form of disablism: it further inculcates from experiences of exclusion; through routine objectification and voyeurism perpetrated by (but not exclusive to) non-disabled others; and via internalised oppression—the internalisation of feeling Other (Reeve 2004). Further embodied through 'hostility or pitying stares, dismissive rejection, infantilisation, patronising attitudes, altruism, and help and care on the part of non-disabled people' (Goodley 2010: 96), psycho-emotional disablism 'frequently results in disabled people being made to feel worthless, useless, of lesser value, unattractive, a burden' (Thomas 2006: 182).

While disability is not the object in our case, 'telling' can be an exhaustive emotional labour as a family foster carer. 'Telling too much' feels deeply

problematic, as we give away a history which, to a large extent, is not our own. Yet, at the same time prevails a need to satiate the desire of the other: to relent to the (intrusive but innocent) curiosity of the person asking. Where disability is concerned, these kinds of intrusive encounters have been highlighted as forms of complex emotional work and 'emotional labour' (Liddiard 2014; see also Hochchild 1983). This intricate management of feeling and performance takes place for the benefit of the person who has the urge to know, not for the performing subject (see Exley and Letherby 2001). It is also largely an invisible labour.

Our reason for sharing these intimate experiences of relational oppression in the context of care, then, is to highlight the way in which DCCS positions such analyses as important within the lives of disabled children and young people, and those who care for them. Rather than write out the affective, emotional, and intimate, as many studies of disability have done since the birth of disability studies (Shakespeare et al. 1996; Reeve 2002), DCCS makes space for the close encounters, the in-between and liminal spaces of disabled lives, and the affective politics of disability *life*. Thus, 'disability' is considered to have 'political, material, economic, structural, emotional, intimate, and personal dimensions' (Liddiard 2014: 116). Redefining disability (and difference) in this way acknowledges that 'the oppression disabled people can experience operates on the "inside" as well as on the "outside"' (Thomas 2004: 40). Or, as Reeve (2004: 84; original emphasis) articulates, 'operates at both the public and personal levels, affecting what people can do, as well as what they can be'. In the context of the Looked After Child, for whom a lack of privacy, significant trauma, and harm and abuse happens within the intimate and emotional spaces of life, self, and family, such analyses are necessary towards acknowledging the lived and affective lifeworlds of these Othered children (and those who care for them). Importantly, such analyses are rooted *in* disability studies rather than psychology and/or psychiatry, and other health disciplines, which further avoids reproducing the Looked After Child as a psychologised and psychiatrised subject, which is where we now turn.

Pathologised Childhoods

Looked After and disabled childhoods are dominated by deficit discourses that render children as tragic and their lives lacking vitality, vibrancy, and future. In the case of the Looked After Child, psychological theories of attachment routinely lurk as weapons in ways that reduce the child as an

inevitably vulnerable subject: a lonely passenger on the journey towards an unknown and uncertain future. The same can be said for disabled children, whose futures are always in question (Kafer 2013). We know too that Looked After Children who cannot be contained through psy knowledges are readily criminalised: in the UK, 30% of the male prison population and 44% of the female prison population are care leavers (Nicolas 2014). Thus, containment through criminalisation subsists as another way to manage the Other.

The Looked After Child is routinely pathologised—considered abnormal—and psychologised; that is understood in psychological terms and through psy knowledges (see Levinson and McKinney 2013). For example, the first national survey of the mental health of young people looked after by local authorities in England found that of 'nearly three quarters of the children in residential care, 72%, were clinically rated as having a mental disorder: 60% had conduct disorders, 18% were assessed as having emotional disorders, 8% hyperkinetic disorders, and 13% less common disorders' (Meltzer et al. 2003: 26). As with disabled children, the ferocity to label ab/normality in Looked After Children is significant. This is despite the fact that, rather than disordered, Looked After Children are commonly in significant *distress*, and that this is a natural response to the common traumas of abuse, violence, removal from the family home, living away from siblings, and existing through the State care system (Nicolas 2014). Like disabled children, Looked After Children are monitored and measured routinely against emotional, behavioural, and psychological developmental norms. The 'Cinderella Law' we cited earlier rests upon harm to a child's 'physical, intellectual, emotional, social or behavioural development' (Phillips 2014) and asserts that the 'child's health or development shall be compared with that which could reasonably be expected of a similar child'.Such an invoking of the 'standard child' (Curran and Runswick-Cole 2014: 1617) and normative childhood, then, firmly defines the Looked After Child as Other: an abnormal, monstrous child in need of containment (see Goodley et al. 2015).

DCCS' rejection of deficit discourses of childhood and its disruption of the tyranny of hegemonic norms where children's lives are concerned (Curran and Runswick-Cole 2014) offer new ways of understanding the Looked After Childhood. As Goodley et al. (2015: 6) suggest, 'disabled children and young people are routinely subjected to the de-humanising practices of the psy-professions that render them less than fully human[…] Disabled children have been marginalized by or excluded from the expectations, opportunities and aspirations afforded to so-called "typically developing children"' (see also Goodley and Runswick-Cole 2010, 2011, 2012).

Liddiard and Slater (2017) remind us that 'development' is not a natural state, but a socio-cultural and political tool, 'used to serve a function of a particular time and place'.

If we turn our attention to those that manage this pathologisation, as a social worker, one of us (Luke) argues that critically engaged and radical forms of social work theory and practice can serve to depathologise Looked After Childhoods. Yet, Taylor (2004) argues that social work practice has lacked a critical and reflexive engagement with child development literature. Goodyer (2013: 396) argues that psychosocial understandings are endemic to child and family social work, which explains the 'ecological approach that underpins framework assessments'. One of us has practiced as a child protection social worker, albeit only within the context of a student degree placement. Thus, we feel it important to highlight the difficult contexts in which social workers practice, and how these serve to close down possibilities for radical practice in ways that can benefit Looked After Children. In child and family services, for example, radical practice requires critical knowledges, time, greater resources, effective supervision, and, for newly qualified workers, protected space and time to develop alternative practice-based knowledges. Austerity bites (again) here, in multiple ways. The slashing of local authority budgets combined with increasing poverty and precarity in children's lives generally means significantly higher caseloads for Social Workers, many of who are already overworked and vulnerable to burnout (Smullens 2015). Thus, austerity slowly eats away at the fundamentals for radical practice.

At the same time, social work professionals are bound to legislative and protective frameworks that can restrict their autonomy as practitioners and further inhibit opportunities for new kinds of practice. These factors are rooted in a historic strained relationship with the State, where successive governments in the UK have not valued public services, particularly Social Work. Social Work, as a discipline and practice, has been subject to extensive change over the last 20 years, with rapid professionalisation (development from diploma-level to degree-level qualification, professional regulation, protection of title). Since then, it has been subject to increasing de-professionalisation through (i) a New Labour Government modernisation; (ii) the Coalition Government's 'Big Society'—a means to devolve State power and hand to communities (Runswick-Cole and Goodley 2015); and now, (iii) the Conservative Government's increasing privatisation of (public) services. Ultimately, de-professionalisation is a process that reduces workers' professional discretion and autonomy, and thus their capacity to act in the best interests of the children, young people, and families they support.

Possible Futures: The Place of Vulnerability

We end by thinking about vulnerability and future. Initially, we want to draw upon transition—the move from children and young people's services to adult services (if required) and an independent, adult life and future (if desired), before (re)thinking vulnerability in affirmative ways. We do so because transition can be complex, traumatic, and distressing time for both disabled young people and Looked After young people, making uncertain futures a common experience. Speaking about disability, Parker et al. (2013: 3) define transition as a 'move from services and supports that focus on children and families to those addressing the needs of adults'. Looked After young people come to be categorised as 'care leavers', with little scope for continued support. In line with the increase in the number of children becoming 'looked after' across England and Wales (DfE 2013), as we stated at the outset, it follows that the number of young people ageing out of care is also increasing (Buchanan 2014). This is emphasised by recent changes to The Leaving Care Act 2000, (amended from previous provisions for care leavers in The Children Act 1989), which changed the age at which young people leave foster or local authority care from 16/18[1] to 21 years (up to 24 years if they remain in education). This change emerged through concerns that those who leave the care system are deeply under-supported in early adult life. Further, in May 2014, the Children and Families Act 2014 introduced a new duty for local authorities in England to support a 'staying put' arrangement when a fostered young person reaches the age of 18, so that they can remain with their foster carer up to the age of 21 years. Looked After young people now have access to 'personal advisor' (or social worker) who can offer support in transition to adult life. There is also some financial support available to help pay for college and/or university and setting up a home. The Fostering Network (2015) has argued that *Staying Put* 'represents the biggest change to foster care for a generation; it will make real change for young people in foster care, who have previously faced the prospect of living alone too soon'.

Despite such policy change, research shows that transition for both Looked After and disabled young people is woefully lacking (Abbott and Carpenter 2014; Hiles et al. 2014). As Buchanan (2014: 5; see also Holland and Crowley 2013) aptly states 'as the number of children and young people in and leaving care continues to rise, so too does the need for research in order to understand how this population can be offered appropriate and timely support both throughout their time in care and during the transition into independent, adult life'. Importantly, Looked After young people have seldom been asked

about their expectations or desired plans for their futures (Sulimani-Aidan and Benbenishty 2011), despite the fact that research has shown that young care leavers often have high expectations for their future (see Sulimani-Aidan 2015).

Ultimately, transition as currently constructed is about future; as a concept, it is rooted in normative temporalities of the life course and the development stages of the *ideal* adult citizen, who is always normatively gendered, heterosexual, white, and able (Slater 2015). The ways in which DCCS makes space to explore alternative temporalities of disability *life* and disrupt humanist theories of normative development, time and future shows its usefulness towards thinking about Looked After lives, which often deviate from the ideal (Braidotti 2013; Kafer 2013). In a similar vein, we think that the lives of young care leavers remind us that all humans need support—not only in times of transition but throughout our lives and across the life course. As we rely on multiple supports, systems, people, and communities to survive, we are all only ever interdependent subjects (Goodley et al. 2015). Like disability, which Goodley and Runswick-Cole (2014: 3) suggest, has 'the radical potential to trouble the normative, rational, independent, autonomous, subject that is so often imagined when the human is evoked', Looked After lives bring into view a new politics of vulnerability.

Fittingly, a DCCS analysis affirms that vulnerability is only ever imposed, and we suggest that in vulnerability there is value. There are many aspects of advanced capitalism that make all people vulnerable: the increasing psychologisation of life and self; the intensification and extensification of work and labour; increasing militarism; global terrorism; and global economic instability. And let's not forget the unequal systems of power that these produce: racism, neocolonialism, sexism, misogyny and heterosexism, ableism and disablism, and ageism and transphobia. We could argue, then, that these are some very vulnerable times. But what happens to culture, community, and humanity when we understand vulnerability as a 'universal, inevitable, enduring aspect of the human condition' (Fineman 2008: 8)? That which is 'necessary for human being and human understanding, fundamental to relationships and to social life' (Rice et al. 2015: 520)? Rather than vulnerability equating only to victimhood, to sapped resilience, and dependence on external support, DCCS makes space to think about how our shared vulnerable selves could be a starting point to build a more equal and just society, where 'vulnerability is the ground for human exchange, empowerment, and growth; necessary for human being and human understanding' (Rice et al. 2015: 520); a springboard for resistance, justice, and change (Ecclestone and Goodley 2014). Applying these understandings *proffers* new forms of futurity

and future (Kafer 2013) and at the same time as countering dis/ableist imperatives that deny Othered futures, or at best, render them spaces of failure.

Drawing Some Conclusions

In this chapter, we have only really scratched the surface of the usefulness and applicability of DCCS to other types of non-normative childhood. We agree with Curran and Runswick-Cole (2014: 1627) who suggest that 'through a programme of research, creative activities and gatherings, disabled children's childhood studies can be helpful in thinking about all children's lives (disabled and non-disabled) in positive and productive ways'. As we have demarcated in our contribution to this impressive volume, DCCS enables a way of viewing Looked After Childhoods in new ways; away from tragedy models and deficit discourses which reproduce the child as lacking vitality and future. In de-individualising our own lived experience, and using DCCS to theorise and politicise the relational, political, and affective aspects of caring for a Looked After Child, it has again shown its poignancy, power, and worthiness.

Notes

1. Legislation differs between England, Scotland, and Wales.

References

Abbott, D. W. F., & Carpenter, J. S. W. (2014). 'Wasting Precious Time': Young Men with Duchenne Muscular Dystrophy Negotiate the Transition to Adulthood. *Disability & Society, 29*(1), 1192–1205.

Beresford, B., Rabiee, P., & Sloper, P. (2007). *Outcomes for Parents with Disabled Children, Research Works, 2007–03*. York: Social Policy Research Unit, University of York.

Braidotti, R. (2013). *The Posthuman*. London: Polity Press.

Buchanan, A. (2014). *The Experience of Life Story Work: Reflections of Young People Leaving Care* (Unpublished D.Clin. Psy. Thesis). Cardiff University.

Burkitt, I. (2012). Emotional Reflexivity: Feeling, Emotion and Imagination in Reflexive Dialogues. *Sociology, 46*(3), 458–472.

Cabezas, M. (2016). 'Child Psychological Abuse, Public Health and Social Justice: The Cinderella Law Debate', In J. Drerup, G. Graf, C. Schickhardt, G. Schweiger (Eds.) *Justice, Education and the Politics of Childhood: Challenges and Perspectives.* Switzerland: Springer International Publishing. pg. 137-153

Campbell, F. K. (2009). *Contours of Ableism: Territories, Objects, Disability and Desire*. London: Palgrave Macmillan.

Children Act. (1989). London: HMSO.

Curran, T., & Runswick-Cole, K. (2014). Disabled Children's Childhood Studies: A Distinct Approach? *Disability & Society, 29*(10), 1617–1630.

Davis, L. J. (1995). *Enforcing Normalcy: Disability, Deafness, and the Body*. New York: Verso.

Department for Education. (2013). *Children Looked After by Local Authorities in England (Including Adoption and Care Leavers) – Year Ending 31 March 2013*. London: Department for Education.

Department for Education. (2015). *Children Looked After in England (Including Adoption and Care Leavers) Year Ending 31 March 2014*. London: Department for Education.

Ecclestone, K., & Goodley, D. (2014). Political and Educational Springboard or Straitjacket?: Theorising Post/Humanist Subjects in an Age of Vulnerability. *Discourse: Studies in the Cultural Politics of Education*. doi:10.1080/01596306.2014.927112.

Exley, C., & Letherby, G. (2001). Managing a Disrupted Life Course: Issues of Identity and Emotion Work. *Health, 5*(1), 112–132.

Family Law. (2015). *UK Children's Commissioners Urge UK Government to Protect Children from Austerity Measures*. Online. Available from: http://www.familylaw.co.uk/news_and_comment/uk-children-s-commissioners-urge-uk-government-to-protect-children-from-austerity-measures#.VztM8avfDFI. Accessed 3 May 2016.

Fineman, M. (2008). The Vulnerable Subject and the Responsive State. *Yale Journal of Law and Feminism, 20*(1), 1–22.

Frazer, H., & Marlier, E. (2011). *Assessment of Social Inclusion Policy Developments in the EU: Main Findings and Suggestions on the Way Forward*. Brussels: European Commission.

Goodley, D. (2010). *Disability Studies: An Interdisciplinary*. London/New Delhi/Singapore: Sage Publications Ltd.

Goodley, D., & Runswick-Cole, K. (2010). Emancipating Play: Dis/abled Children, Development and Deconstruction. *Disability and Society, 25*(4), 499–512.

Goodley, D., & Runswick-Cole, K. (2011). The Violence of Disablism. *Sociology of Health and Illness, 33*(4), 602–617.

Goodley, D., & Runswick-Cole, K. (2012). Reading Rosie: The Postmodern Dis/abled Child. *Educational and Child Psychology, 29*(2), 53–66.

Goodley, D., & Runswick-Cole, K. (2014). Becoming Dishuman: Thinking About the Human Through Dis/ Ability. *Discourse: Cultural Politics of Education, 37*(5). doi:10.1080/01596306.2014.930021.

Goodley, D., Runswick-Cole, K., & Liddiard, K. (2015). The DisHuman Child. *Discourse: Studies in the Cultural Politics of Education: Special Issue: Fabulous*

Monsters: Alternative Discourses of Childhood in Education, 37, 5. doi:10.1080/0 1596306.2015.1075731.

Goodyer, A. (2013). Understanding Looked-After Childhoods. *Child & Family Social Work, 18*(4), 394–402.

Hiles, D., et al. (2014). "So What Am I?" – Multiple Perspectives on Young People's Experience of Leaving Care. *Children and Youth Services Review, 41*, 1–15.

Hochschild, A. R. (1983). *The Managed Heart: Commercialization of Human Feeling*. Berkeley/Los Angeles/London: University of California Press.

Holland, S., & Crowley, A. (2013). Looked-After Children and Their Birth Families: Using Sociology to Explore Changing Relationships, Hidden Histories and Nomadic Childhoods. *Child & Family Social Work, 18*, 57–66.

Kafer, A. (2013). *Feminist, Queer, Crip*. Indiana: University of Indiana Press.

Levinson, J., & McKinney, K. A. (2013). Consuming an Edge: ADHD, Stimulant Use, and Psy Culture at the Corporate University. *Transcultural Psychiatry, 50*(3), 371–396.

Liddiard, K. (2014). The Work of Disabled Identities in Intimate Relationships. *Disability and Society, 29*(1), 115–128. doi:10.1080/09687599.2013.776486.

Liddiard, K. (2015) Fostering Diary. Personal Account.

Liddiard, K., & Slater, J. (2017). "Like, Pissing Yourself Is Not a Particularly Attractive Quality, Let's Be Honest": Learning to Contain Through Youth, Adulthood, Disability and Sexuality. *Sexualities.* Special Issue: Disability and Sexual Corporeality. Online First.

Macleod, S., Hart, R., Jeffes, J., & Wilkin, A. (2010). *The Impact of the Baby Peter Case on Applications for Care Orders, LGA Research Report*. Slough: NFER.

Mallet, R., & Runswick-Cole, K. (2014). *Approaching Disability: Critical Issues and Perspectives*. New York: Routledge.

Mallet, R., & Runswick-Cole, K. (forthcoming). The 'Urge to Know' Normal: Theorising How Impairment Labels Function. In R. Mallett, C. Ogden, & J. Slater (Eds.), *Precarious Positions: Theorising Normalcy and the Mundane*. Chester: University of Chester Press.

Meltzer, H., Gatward, R., Corbin, T., Goodman, R., & Ford, T. (2003). *The Mental Health of Young People Looked After by Local Authorities in England*. London: HMSO.

Munro, E. (2001). *Empowering Looked After Children*. London: LSE Research Articles Online. Available at: http://eprints.lse.ac.uk/archive/00000357/. Accessed 5 May 2016.

National Children's Bureau (NCB). (2015). *Corporate Parenting Toolkit*. Online. Available from: http://www.ncb.org.uk/corporate-parenting/resources/corporate-parenting-tool-kit. Accessed 3 May 2016.

Nicolas, J. (2014). Is new 'Cinderella's Law' on Emotional Neglect 'Draconian and Unhelpful'? *Community Care*. Online. Available from: http://www.communitycare.co.uk/2014/04/10/new-cinderellas-law-emotional-neglect-draconian-unhelpful/. Accessed 25 April 2016.

Overboe, J. (2004). *Articulating a Sociology of Desire Exceeding the Normative Shadows* (Unpublished PhD Thesis). The University of British Columbia, Vancouver.

Parker, C., Honigmann, J., & Clements, L. (2013). *Transition to Adulthood a Guide for Practitioners Working with Disabled Young People and Their Families*. Carmarthen: Cerebra.

Phillips, N. (2014). Researching Reform: Cinderella Law – How Might the New Criminal Measures Affect Already Existing Family Legislation? *Family Law*. Online. Available from: http://www.familylaw.co.uk/news_and_comment/researching-reform-cinderella-law-how-might-the-new-criminal-measures-affect-already-existing-family-legislation#.VztJNqvfDFI. Accessed 2 May 2016.

Reeve, D. (2002). Negotiating Psycho-emotional Dimensions of Disability and Their Influence on Identity Constructions. *Disability and Society, 17*(5), 493–508.

Reeve, D. (2004). Psycho-Emotional Dimensions of Disability and the Social Model. In C. Barnes & G. Mercer (Eds.), *Implementing the Social Model of Disability: Theory and Research*. Leeds: The Disability Press.

Rice, C., Chandler, E., Harrison, E., Liddiard, K., & Ferrari, M. (2015). Project Re•Vision: Disability at the Edges of Representation. *Disability and Society, 30*(4), 513–527. OPEN ACCESS.

Ridge, T. (2013). 'We Are All in This Together'? The Hidden Costs of Poverty, Recession and Austerity Policies on Britain's Poorest Children. *Children & Society, 27*, 406–417.

Runswick-Cole, K., & Goodley, D. (2015). DisPovertyPorn: Benefits Street and the Dis/Ability Paradox. *Disability and Society, 30*(4), 645–649.

Ryan, S., & Runswick-Cole, K. (2008). Repositioning Mothers: Mothers, Disabled Children and Disability Studies. *Disability & Society, 23*(3), 199–210. doi:10.1080/09687590801953937.

Shakespeare, T., Gillespie-Sells, K., & Davies, D. (1996). *Untold Desires: The Sexual Politics of Disability*. London/New York: Cassell.

Slater, J. (2015). *Youth and Disability: A Challenge to Mr Reasonable*. Oxon: Ashgate Publishing Plc.

Smullens, S. (2015). *Burnout and Self-Care in Social Work: A Guidebook for Students and Those in Mental Health and Related Professions*. Washington, DC: NASW Press.

Sulimani-Aidan, Y. (2015). Do They Get What They Expect? The Connection Between Young Adults' Future Expectations Before Leaving Care and Outcomes After Leaving Care. *Children and Youth Services Review, 55*, 193–200.

Sulimani-Aidan, Y., & Benbenishty, R. (2011). Future Expectations of Adolescents in Residential Care in Israel. *Children and Youth Services Review, 33*, 1134–1141. doi:10.1016/j.chilyouth.2011.02.006.

Taylor, C. (2004). Underpinning Knowledge for Childcare Practice: Reconsidering Child Development Theory. *Child & Family Social Work, 9*(3), 225–235.

The Fostering Network. (2015). *Staying Put*. Online. Available from: https://www.thefosteringnetwork.org.uk/policy-practice/practice-information/staying-put. Accessed 2 May 2016.

Thomas, C. (1999). *Female Forms: Experiencing and Understanding Disability*. Buckingham: Open University Press.

Thomas, C. (2004). The UK Social Model of Disability: Rescuing.

Thomas, C. (2006). Disability and Gender: Reflections on Theory and Research. *Scandinavian Journal of Disability Research, 8*(2-3), 177–185.

Watson, D. (2014) *Encouraging Playfulness to Thrive in Children with Profound Impairments: Views from Three Perspectives and a Demonstration of Art Work Produced Using Eye Gaze Technology*. Paper presented at 'There is No Them!' The 8th Child, Youth, Family & Disability Conference, University of the West of England, 7 and 8 July.

Luke Jones is a forensic mental health social worker. He is a social work lead at Cygnet Hospital Bierley, a secure mental health unit in Bradford in the north of England. Prior to this, he worked for the Canadian Mental Health Association in Ontario, Canada. He is pursuing an MA in Safeguarding at the University of Huddersfield.

Kirsty Liddiard is a research fellow in the School of Education at the University of Sheffield. Her research spans disability, gender, sexuality and intimacy, and youth, with a particular interest in how disablism and ableism both inform and shape these experiences in the everyday lives of disabled people. She tweets at @kirstyliddiard1. To read more about Kirsty's work, please visit kirstyliddiard.wordpress.com