

What Effect Does Life Story Work Have on Life Writing?

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Submitted in accordance with the requirements for the degree of Doctor of
Philosophy- Creative Writing

The University of Leeds

School of English

September 2023

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Acknowledgements

I would like to make the following acknowledgements to my supervisors, Jay Prosser and Stuart Murray who have been incredibly supportive throughout my PhD and given fantastic and constructive feedback to help support my learning.

I would also like to thank my local authority, without whom I would not be here telling my story today.

I'd like to thank Richard Rose for developing the Life Story Work model I experienced and discuss in this thesis and allowing me to speak at the Therapeutic Life Story Work International Symposium. This allowed me to look at and network with a variety of other life Story Workers and showed me where my story needs to be told.

Finally, I would like to acknowledge all the individuals who have helped me throughout my life journey, like my forever mum, my counsellor, my Life Story Worker, my social worker and pathway advisor, and my family and friends. Without you all I would never have gotten to where I am today.

Abstract

This practice-based research responds to the question ‘What effect does Life Story Work have on Life Writing’ by presenting both critical and creative writing that analyses the interactions and intersections between Life Story Work, medical humanities, and life writing. I like to think of this work as plaiting together concepts from these three areas, tied up with a bobble of practice research.

Life Story Work (LSW) is a “defined approach which provides the opportunity for children to explore their own history” (Rose, 2012: p26). This intervention aims to help children who are looked after by a local authority or adopted to ‘make sense of their pasts.’ LSW collects information from social services files and accounts from family members, previous carers and/ or other significant people in a young person’s life. The work is then scanned, collated, and worked through in a form of the child’s choosing, usually called a Life Story Book or Memory Box (Rose, 2012; Rees, 2012; Hooley, 2015). Despite LSW having existed for 60 years, it has ‘frequently been placed on the backburner’ of development within Social Work due to the ‘more pressing’ issues and legislations that have come over the years (Baynes, 2008). More recently, there has been a resurgence of discussions about LSW in critical social work. However, the links between life writing, medical humanities, and social work, along with outcomes of LSW, have yet to be examined in any detail.

To fill this gap, I offer an opportunity to examine an in-depth, autoethnographic case study of LSW experience. I write a memoir titled ‘The Memory Hotel’ (TMH) that uses my own Life Story Book and other documentation from my life (from both in and out of my time in care) as stimulus texts. Through TMH, I present several concepts: an account of care experience that considers both good and bad practice; a risky journey of discovering identity through a complicated series of entangled encounters and perspectives; along with examples of collective memories that might otherwise have been lost, and how these can be used to develop better understanding of oneself and other people involved in that person’s life. This allows me to present a well-rounded protagonist with a unique way of discussing traumatic events through humour, reflection, and a way with metaphors that does not shy away from the multiple sides of themselves.

My first chapter situates concepts I wish to explore (LSW, autobiographical and other types of memory, elements of life writing practice, medical humanities, and social work discussions). My second chapter analyses the precedents of practice (published care-experienced life writing). I then explore the concepts I discuss in Chapter 1 and ideas found in Chapter 2 in my creative practice in Chapter 3: The Memory Hotel. In Chapter 4 I reflect on the value of The Memory Hotel as research.

Finally, in Chapter 5, I reflect on the effects LSW had on my life writing and present grounds for further research. This thesis contributes to new forms of knowledge by demonstrating different types of collective and autobiographical memory, as well as providing an autoethnographic case study of health and social care services. It goes on to explore how these experiences and memories affect the understanding of self and identity in care-experienced life writing.

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Abbreviations key

Acronym	Stands for	Description
ASD	Autism Spectrum Disorder	A neurological condition that affects social skills, sensory processing, understanding, behaviour, and communication
BPD	Borderline Personality Disorder	A mental health disorder where emotional regulation is nearly impossible without appropriate support
CBT	Cognitive Behavioural Therapy	Therapeutic intervention to help find replacement behaviours for harmful behaviours like self-harm and anger issues.
CEP	Care-experienced Person/ People	A person who has been removed from their birth family and placed in the care of a local authority for a period of six weeks or more

CMH	Critical Medical Humanities	A research field concerned with the use of humanities in medicine
GCSEs	General Certificate of Secondary Education	End of secondary school exams, taken at age 16, with passing grades often being the minimum required to get a job
ICO	Information Commissioner's Office	Governing body checking local authorities follow the Data Protection Act 2018 particularly regarding Subject Access Requests
IRO	Independent Reviewing Officer	A person who is not directly involved in the care proceedings/ plan for a care-experienced young person that challenges and supports professionals who are involved in the young person's care proceedings/ plan
LSB	Life Story Book	The product of of Life Story Therapy/ Life Story Work
LST/ LSW/ TLSW/ CLSW	Life Story therapy/ Life Story Work/ Therapeutic Life Story Work/ Creative Life Story Work	An intervention used to help care-experienced and adopted young people understand their life journeys.
PA	Pathway Advisor	An unqualified social worker for post-16 care-experienced people
PTSD	Post-Traumatic Stress Disorder	A mental health disorder caused by significant trauma resulting in symptoms such as nightmares, flashbacks, and inappropriate/ disproportional reactions to certain stimuli.
RCW	Residential Care Worker	An adult who works in a residential home
SAR	Subject Access Requests	Legal process to enable access to personal records
SATs	Statutory Assessment Tests	Assessments taken at ages 11 and 14 (although no longer taken at 14) to determine which groups you young be placed in in Key Stages 3 and 4 (the start and end of secondary school)
SDQ	Strengths and Difficulties Questionnaire	A method of measuring the mental state of a young person in care
TMH	The Memory Hotel	The title of the Creative Practice in this thesis

Chapter 1: Situating Concepts

1.1 What is Life Story Work?

1.1.1 Introduction

This chapter situates the critical concepts that will be examined in this thesis. It begins by providing a chronology of Life Story Work and its practice and then moves on to speak of the interactions and intersections between Life Story Work, Social Work practice, Life Writing and Medical Humanities. I look at the benefits and limitations of researching Life Story Work to construct the argument that increasing the level of research into Life Story Work in the fields of social work, medical humanities

and in Life Writing could improve practice and promote more positive influences for Care-experienced young people (Capes, 2021).

Considering Life Story Work (LSW) has been circulated and developed within Social Work over the last 60 years, it is surprising that it has been the subject of a limited amount of research (Hooley, 2015; 2016; Willis and Holland, 2009). LSW is an intervention used with Children who are Looked After, or care-experienced people (CEP) that communicates details of the young person's past. However, this is just the tip of the iceberg. Historically, LSW has also been used as an aid to communication between foster/ adoptive parent and young person but, as I will show, there were significant limitations to this type of approach. More recently, LSW has been used to help children work through their emotions surrounding information about their past and present to develop understanding and create a sense of identity.

Section 1.1.2 provides an account of LSW over the years and outlines why an intervention that has existed for over 60 years has not been critically discussed. It goes on to discuss experiences of LSW including my own, along with highlighting potential links between LSW, medical humanities and Life Writing.

1.1.2 Early Forms of Life Story Work and their Limitations

Life Story Work (LSW) is a term that has been used in social work circles since the 1960's (Hooley, 2015) when social work "was heavily influenced by psychodynamic theory" (Baynes, 2008: p44). Psychodynamic theory as seeking to "explain human behaviour largely through understanding unconscious processes, that is, forces that lie outside of an individual's awareness." Holtz-Deal (2007: p189). Children who are separated from their birth families will often have their past forgotten or lost, thus LSW was designed to "give back the past" to these care-experienced young people and "help[ing] them accept their past and go forward into the future with this knowledge." Ryan and Walker (1993: p5). Cook-Cottone and Beck (2007: p193) add that understanding the connections between external and internal events is central to the construction of identity, and that autobiographical memory evolves throughout development. Here, autobiographical memory is defined as "self-referenced memory of personal experiences in the service of short-term and long-term goals that define identity and purpose" (Fivush, 2011: p561). Therefore, by completing LSW, children can create a life narrative that demonstrates an understanding of their past that in turn allows them to understand and develop their identity. While this has seemingly always been the intention of LSW, it was not always implemented this way.

Prior to The Children's Act 1989, a Life Story Book (produce of LSW) was presented to adoptive parents as a chronology of events that happened to the young person and the adoptive parents

could choose whether they went through this with the young person or not. While called LSW by social workers, Rose (2017: p22) refers to this process as 'Life History Work' as the book is already completed, usually consisting of known facts or a factual narrative about the young person. This narrative is then given to adoptive parents upon receiving the young person, to be looked at when the young person is of an age to want to know about their past. This approach often neglected to involve the narrative of the young person within the book. (Hooley, 2015: p228; Rose and Philpott, 2005: pp13-14). Kontomichalos-Eyre et al (2022) argue that LSW is a biographical intervention, and in this historic case, it is. However, I believe that more recent developments within LSW make it not only more effective, but more beneficial if the intervention is considered as autobiographical.

After the development of The Children's Act 1989, listening to and respecting the children's views and involving them in the processes that affect their lives became social work's main priority. This is because the Act declared that young people have the right to have their voices heard. The Adoption and Children Act 2002 then required all children be given information about their background. As Buchanan (2014: p20) states, this led to "Initial interest in LSW as a means of working directly with children and permanency planning." During this time, however, only one set of authors had published anything about LSW.

From 1985-2002 Ryan and Walker's seminal works '*Making Life Story Book*' (1985) and *Life Story Work* (1993) were the only major publications on this intervention (Baynes, 2008: p44). Their model presents a communicative young-person-centred intervention that focusses on collecting the young person's responses to stimuli given by the worker from the young person's file/ other information they have gathered from the birth family/ significant others. In this model, the life story worker could be the Social Worker, adoptive parent, or another "sympathetic adult who is prepared to spend the time and give commitment to the young person by making a life story book" (Ryan and Walker, 1993: p7). The information is then collated in a loose-leaf folder or ring binder and presented to the young person for responses that can be added through a variety of creative means during weekly or fortnightly sessions.

The purpose here is to allow the young person to reminisce, discuss and reflect upon the events the worker presents, and then for the worker to help the young person reach an understanding of and subsequently work through that event. They then use the term 'bridging' (Ryan and Walker, 1993: pp40-45) to connect the past to the present and then the future, particularly when the young person is about to move to a new placement. They present a series of ways to end the work and help the young person process moving on from the past. The young person is then allowed to keep the book at the end of the work.

Story/ Reminiscence Work like that described by Ryan and Walker (1993) focusses on the narrative recollection of the young person in response to evidence of dates or photographs of events in their past. This approach tends to be focussed on what the young person can remember during the time of the LSW, and thus the results can be short and lack detail. Further criticisms of this approach are that it fails to deal with understanding of the memory, nor does it challenge unreliable memory or truth. Instead, Story Work invites the young person to accept that what they remember is the absolute truth of what happened (Rose, 2012: pp21-22).

As social work moved towards a more policy-oriented and procedural approach to care, "LSW became a peripheral task, often delegated by social workers with no experience of the work to family support workers who were offered little training." (Baynes, 2008: p44). Further concerns have been raised regarding the effects on the young person, including re-traumatising the young person and issues like regressive behaviours. Ryan and Walker (1993: p18) all but dismiss this by stating "regressive behaviour will not persist, and we have never taken it as a sign that LSW should discontinue." In his model (see next section), Rose (2017: p25) states his belief that "It's hard to re-traumatise an already traumatised young person." I believe that these opinions on re-traumatisation and regressive behaviours are, in fact, harmful to both young person and worker. Based on my research on the nature of memoir, I would argue that both young person and worker should expect regressive behaviours and re-traumatisation to happen during the process of LSW as very often LSW asks the young person to re-live certain experiences to better understand them and then move past them. If the intent of LSW is to help children and young people create a life narrative that demonstrates understanding and develops a sense of identity, then re-traumatisation and regressive behaviours should be expected along the journey to achieve this. Therefore, both young person and worker should be given tools to manage this.

Another criticism of LSW is that it can be centred on the narrative adults want children to have of their past. Ryan and Walker try to warn against this but also state: "It may be helpful for you to tell the young person what you think may have happened, particularly if there are indicators of abuse in the family origin." (Ibid: p19). There is a problem with this approach as what the adults may think happened and what the young person experienced are two different things. It could be that Ryan and Walker want to avoid the regressive behaviours or re-traumatisation mentioned earlier, but as stated, this is potentially harmful. Again, the intent of LSW should be helping the young person develop an understanding of their past, not what the adults think their past was. Thus, the young person's memory should be a priority in LSW and not what the file/ adults say. In my own experience, my Life Story Worker and I would compare my memory of events to the information in my file, but my account would always take priority over the file information. This allowed me to have

my voice in my narrative and allowed me to better develop my own sense of my identity through this approach. That said, my becoming a memoirist also allows me to better see and criticise the priorities of LSW, as I demonstrate in my creative piece.

Despite these criticisms, “LSW has been used in many settings with adults and children, including reminiscence work with older people and as a therapeutic tool with adults with mental health and substance misuse problems.” (Willis and Holland, 2009: p44). The National Institute for Clinical Excellence (NICE) at first recommended the use of LSW with children under the care of a local authority in 2010 (Buchanan, 2014: piii). It then stated that all children in care have a right to do LSW in 2015. The government introduced the Adoption Support Fund to recognise that Therapeutic LSW was a provision that could positively affect the development of children and young people (Rose, 2017: p21). This is because Therapeutic LSW was (and still is) recognised by researchers as influencing how children and adults see and construct their identities (Cooke-Cottone and Beck, 2007; Rose, 2017; Moore, 2019). Yet, as Rushton (2002, cited in Rose 2017: p28) comments “Although... ‘LSW’ has been described and promoted by practitioners, studies are lacking on how this subsequently affects the young person’s development and placement.” This is where this study comes in. My aim is to demonstrate how LSW affected my development by using my life story book to help create my memoir to incite further research into the outcomes and effects of LSW on the young person.

1.1.3 Life Story Therapy/ Therapeutic Life Story Work

In 1997, Richard Rose worked for a residential care company that wanted to provide a safe, therapeutic space to help children who had been sexually abused find resolutions to the emotional, behavioural, and social problems caused by their abusive pasts. The company also trained foster carers/ potential adopters so these children could be fostered and/or adopted by parents who were more informed on how to help traumatised children. Rose became the pioneer for what is known as Life Story Therapy (Rose and Philpot, 2005, Pp11; 151-154). I was a resident in this company from 2006-2010 and I completed my own Life Story Therapy there.

Rose (2005: pp13-14) describes researching Life Story Work (LSW) and found “conventional LSW inadequate for the work [the company] wished to do for the children in its care”. He felt LSW would be better used as a therapeutic tool for traumatised children and thus developed what is known as ‘Life Story Therapy’ a

“...defined approach which provides the opportunity for children to explore their own history... and begin to understand the behaviours, feelings and cognitive processes that manifest themselves within placement... once these are understood, the young person is

supported in considering if they want to be led by the past events, or to make significant changes as a result of their new awareness.” (Rose, 2012: p26).

In my experience of the intervention, I found that it was great at helping me understand my past and my reactions to my past, but not so great at helping implement significant changes because of my new awareness, as I will show in my creative work. The majority of my LSW was completed on rolls of wallpaper which were then photographed/ scanned into a PowerPoint that later became my Life Story Book. Examples from my Life Story Book will be used in my creative work as stimuli for my life writing.

Rose (2005, 2012, 2017) suggests that previous approaches to LSW were not always age appropriate. While there have been no specific age groups attached to LSW, Rose ventures that his own therapeutic model should be started no earlier than 8 or 9 and completed before the young person leaves the care of their adoptive/ foster/ residential placement. The process should be reviewed on a regular basis with the team surrounding the young person to make sure that it is the right intervention for all parties involved. Life Story Therapy/ Therapeutic LSW differs from traditional forms of LSW primarily in that the Life Story Worker must be a trained professional and work with the parent/carer as well as the young person. Considering this intervention was originally supposed to aid communication between young person and parent/ carer (Ryan and Walker, 1993), it is surprising that previous models did not explicitly include the parent/ carer within the work. Rose also felt this to be inappropriate and therefore explicitly states the parent/carer should be involved in the LSW process. Rose’s model has since been distributed internationally (Rose, 2017).

Rose (2012, pp 28-32) describes the Therapeutic LSW process to be in three parts:

- The information bank- “the clear understanding of the young person's pre-birth and post birth history.” (Rose, 2012: p29)
- Internalisation- where the young person is encouraged to express thoughts, feelings and emotions which are then debated and recorded on the wallpaper to reach a re-framed and acceptable understanding that this is part of the past, not the present.
- The final stage is the production of the life story book, where the work has concluded and is now a symbol of “unravelling confusion and discarding some of the negative emotional baggage” (Rose, 2012: p32).

In Rose’s model, Life Story Workers research and gather accounts from known records and facts, family members and significant figures from the young person’s past, then deliver these findings to the young person and carer. The young person is then given the time to process, reminisce and

reflect on the information presented, and the carer is offered the opportunity to develop further understanding of the young person's past and the effects it has on the young person now. The carer and young person are then helped by the worker to either allow the past to affect their present, or implement changes based on their new awareness and understanding. (Rose, 2012, 2017). What is then produced is a record of the dialogic, multi-layered interlocution between Life Story Worker, parent/ carer and young person presented as a co-produced auto/biographical account of the young person's life. Rose (2012: p32) then describes the Life Story Book as "a celebration of work concluded... that should prove valuable and a source of comfort... memory and confirmation of self." For me, this was very much the case. My Life Story Book is a source of comfort, which is why I revisit it during hard times.

However, as Rose comments (2012: p160), "life story has not been subject to rigorous outcome research." He states in his 2017 (pp28-29) book that this is because of the "variable approaches to LSW which led to the difficulty in evaluating it." He goes on to say that work is being carried out in Australia to rectify this gap in research and that the results of this will be invaluable to establishing a standardisation of the intervention. Yet there are arguments against a standardisation of the intervention, as Life Story is a creative and unique process that must be centred on the young person and not focussed on producing something for inspection. As Baynes argues (2008: p44), "While a renewed emphasis on LSW is to be welcomed, attempts to standardise it are futile and destructive." Instead, new approaches are continually being developed and adapted to the needs of the young person, e.g., Moore's (2019) Narrative-Dramatic approach or the Creative Life Story Work approach.

While research on the outcomes of TLSW is yet to be published, more recent research into a Creative model of LSW based on the therapeutic model led by the Blue Cabin (2022) group and evaluated by Coram and IPSOS Mori (2022) is on the path to working out outcomes to LSW. In their initial evaluation of Creative Life Story Work (CLSW), while they found there were no significant statistical difference in Strengths and Difficulties Questionnaire (SDQ) scores, placement stability or school stability before and after completing a CLSW, they did find that that more staff found CLSW more effective than traditional forms of LSW, and also found that despite the risk of traumatisation, there was no evidence of this throughout the pilot (Coram and IPSOS Mori, 2022: pp 6-8). The biggest difference between CLSW and TLSW is the level of involvement from the carer. CLSW addresses the previous criticisms of TLSW in that there was a definite power imbalance between Life Story Worker, carer, and young person. Instead, CLSW requires high levels of time and engagement from carers as this was noted as a key enabler for the intervention. Another difference is the framing around creative 'All about Me' sessions, which is a gentler, more indirect, and more collaborative way of approaching LSW. Which, in turn, allows for a more person-centred approach to LSW. As will

be shown from my work, the person-centred approach to my LSW was very beneficial to me both therapeutically and as a life writer, although it is important to note my carer involvement could not be the same as in the CLSW approach due to the high turnover of residential staff.

1.1.4 Experiences of Therapeutic Life Story Work

Even though no large-scale research has been conducted into any kind of LSW, there have been a handful of small-scale studies into the experiences of it. In Willis and Holland's (2009) study, 12 children between the ages of 11 and 18 were interviewed in South Wales. They found most young people had a positive experience of their LSW and that it helped fill in gaps in their knowledge. "The young people's views about the purpose of LSW were mainly concerned with learning about themselves, their families and their pasts and dealing with emotions." (Willis and Holland, 2009: p47) and "Most had retained a material record that had some significance in representing their identities and missing aspects of their pasts and presents. Most had given some thought to the audience for their life story record, and some envisaged a long-term function for the work." (Ibid, p51).

Buchanan (2014) interviewed 9 young people and found that all bar one participant had positive experiences of their LSW, yet the intervention could do with improvements. Buchanan's findings suggest a need for an approach that "emphasises the need for a gradual, age-appropriate process that is collaborative and individualised in format and is returned to often." (Ibid, p113). However, like Willis and Holland (2009), Buchanan (2014: p122) suggests that research could "be combined with quantitative measures of identity development and self-esteem to ascertain whether LSW has a measurable impact for the young person." This emphasises that while these small-scale studies are pointing out positive experiences, the impact of LSW on the young person is still an unknown.

Hooley et al (2015: p40) used Q-methodology – "an approach that allows the subjective views of each participant to be captured whilst using a quantitative form of analysis to illustrate where these views are shared and differ among participants (Brown, 1980)" where 29 participants from professionals, carers/parents and young people ranked a series of statements in an attempt to "capture a wide range of views from individuals with different experiences of the work, from implementing to receiving LSW, and to see if they shared an opinion regarding how to do it effectively." They found that the effectiveness and viewpoints on what 'successful' LSW should look like varied depending on the professionalism, in that some participants felt that while "Successful LSW involves the safe and supportive exploration of a coherent life narrative", others thought "Successful LSW involves a young person-led, ongoing approach based on here-and-now relationships" and others believed that "Successful LSW involves a comprehensive and adaptable

record” (Hooley et al, 2016: pp224-226). Interestingly, social workers, carers and care leavers alike placed in the first two groups, whereas the final group solely comprised of parents and carers and indicated that “having a record that they can use as and when they want is more important than in-depth individual work.” (Ibid, p228) was more useful to them.

More recently, experiences of CLSW have been recorded by Booth (2022). Here, Booth explores her own experiences of conducting CLSW and how they can be used to support experiences of trauma both on a personal and organisational level. In this, she argues that the creative exploration of how to help CEP recover from trauma opens more questions for the impact creative practice could have on social work. As Booth (2022: p125) reflects: “I have been intrigued about how the artistic world is providing social work practice with the very thing it has been starved of; creativity.” In this thesis, I argue that exploring the links between creative writing, medical humanities and social work will help improve practice in all three of these areas.

My own life story experience encompasses all the findings above. I had a positive experience despite refusing to engage with Life Story Therapy for months. I had the support of my worker and my carers at the time. My Life Story Worker spent a long time developing a relationship with me and together we developed an individualised approach to my LSW where we worked through many reflections, misconceptions and emotions relating to my past. On completing my Life Story Therapy, I had a better sense of self, and my life story book has proven to be a useful record of my past and provides a creative stimulus for my writing, as discussed in my article (Ricketts, 2023). What I find interesting is that even though Willis and Holland (2009) imply that participants in their study had considered an audience for their life story books, I haven’t found a memoir yet that talks about receiving LSW despite the similarities between the life story process and memoir writing that I discuss in the next section.

1.1.5 Conclusion

Life Story Work (LSW) started out as an approach to aid communication between adults and children who had been removed from birth families (Ryan and Walker, 1993). It has always sought to help young people understand their pasts, usually with the use of a Life Story Book. In recent years, more emphasis has been placed on the therapeutic effects of LSW and the need to have a trained professional complete the work with the young person and focus more on the process of building the book rather than the product of the book (Rose, 2005, 2012, 2017). Rose has been a pioneer of Therapeutic LSW and has helped in releasing it internationally (Rose, 2017).

Professionals, carers, and care leavers alike have all commented on the benefits of LSW and how it helps a young person understand their past and develop their identity. However, the best approach

to LSW, along with how to research LSW, is still the subject of debate (Willis and Holland, 2009; Buchanan, 2014; Hooley, et al, 2016). Yet LSW shares parallels to be explored within the field of memoir/ life writing. As Hooley et al (2016) suggest in their findings, some young people did intend on using their life story books for an audience while they are being produced. Additionally, as Booth (2022) notes, exploring concepts like LSW through creative practice could help other areas, like social work, improve their practice. This section alludes to areas of life writing and medical humanities research to which LSW could contribute, and the next goes into more detail on the interactions and intersections between LSW, medical humanities and life writing.

1.2 What are the interactions and intersections of Life Story Work, Medical Humanities and Life Writing?

1.2.1 Introduction:

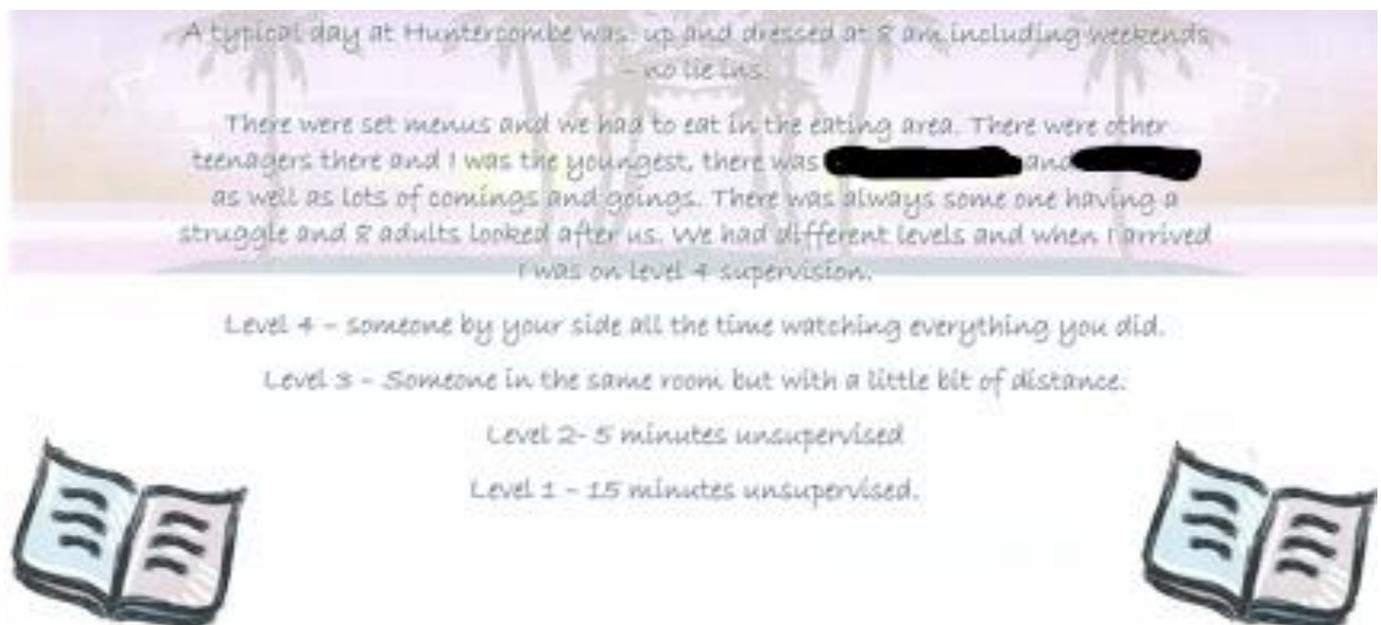
This section looks at the interactions and intersections of Life writing and Life Story Work (LSW), particularly in terms of writing styles and processes. To justify the emphasis on memory within my work, I define 'autobiographical memory', describe how this term is applied across research fields, and link it to LSW and life writing. I go on to discuss Narrative Theory and the interdisciplinary discourse around the benefits and types of Narrative approaches to research and how this links to LSW and Life writing. Here, I introduce medical humanities as a primary location in which Life Writing and LSW could meet and begin to argue for LSW to be discussed further in this field. I will also utilise this research in my own life writing practice to provide an informed narrative on how my Life Story Book influences the way I describe my memories.

1.2.2 Writing Styles and Processes:

Some critics (Anderson, 2011; Couser 2012) argue that memoir and autobiography are separate genres. Memoirs are more flexible, fashionable and 'outward looking,' yet more "limited in scope," whereas "Autobiography [is] "A retrospective prose narrative produced by a real person concerning his own existence, focusing on his individual life, on the development of his personality... there must be identity between the author, the narrator, and the protagonist." (LeJeune, 1982, cited in Anderson 2011: p2). Other researchers claim that memoir and autobiography are used interchangeably. Egan argues this is to acknowledge the "flexibility of a word [that] admits so many variations" (Egan, cited in Douglas, 2010: pp2-3). Zwerdling (2016: p1) describes variations of the term 'Life Stories' to include autobiography, memoirs, confessions, testimonies, reminiscences (amongst others); "but their identity is far from fixed. They are narratives; they focus on the author's inner life rather than place in the world. They address an imagined or imaginary audience that may never materialize, and even if it did, might prove hostile or indifferent." As a result, "life writing has

become the umbrella term used to refer to all nonfictional representation of identity.” (Couser, 2012: p24). While Kontomichalos-Eyre et al (2022) would argue that LSW is biographical, given these definitions of autobiography and memoir, I would argue LSW is, in fact, an autobiographical intervention as it allows the young person to explore their inner life and as found in Hooley et al (2016) young people will often address an audience in their Life Story Book (LSB). I will show this further by using my LSB as a stimulus within my memoir.

The type of LSB that is produced in LSW is dependent on the type of audience the Life Story Worker and later, the care-experienced person has in mind (Hooley 2016). If the book produced is a Life History book (a simple chronology of events), the audience is primarily the adoptive or foster parent (Rose, 2017). In other LSW practices, LSBs can be presented in the form of memory boxes or, as in Moore’s (2019) model, video-recorded plays. In my own LSB (which comes from the therapeutic model Rose (2005) presents), I was originally writing to and for my ‘future’ self. Later in the book, however, I begin recording information with the intention of being able to eventually use it to help me write my story for wider audiences- for example in the image below:



Here, I have recorded a typical day at the mental-health-assessment-unit not for myself, but for a potential future audience. At the time of writing this part of the book, the audience was my Life Story Worker- who, as we moved through my LSW, had less and less information to give me about my life. By this point in the book, we were catching up to the present and started recording information I would want future me to know/use should I wish to share my story. In places, a Life Story Book can be seen as a bit like a diary. Lejeune (2009) advocates that the diary always has in mind an audience, even if that audience is only a future self. This is why it will be fascinating to see what effect LSW has on my life writing, as I have already spent most of it writing for an audience.

However, LSW does not include one sole author; a wide variety of voices can be heard, from the social services file to the Life Story Worker's, to the Carer and the young person. As Couser (2012: p20) explains "In life, and therefore in life writing, we are always characters in others' narratives, and our own narratives always involve other people. Just as no person is an island, no autobiography is a one-person show." It will therefore be productive to see how the various voices and memory centres within my Life Story Book affect the way memories are presented in my memoir.

For Gilmore (2019: p38) these auto/biographical "...narratives teach readers to bear witness to stories that have complex timelines, unclear trajectories, and often begin in young personhood." LSW is unique in the field of life writing in that in most iterations, it is a co-produced life narrative- which adds further complexity and entangled encounters to unpick. McAdams (2017: p10) summarises these arguments in her description of the term 'Hybrid memoir' in that "hybrid memoir enables authors to interrogate standard memoirist convention, taking 'the burden of our witnessing' (Hampl, 1999: p. 18) and using it to create something powerful, original, and even transformative." I hope to explore these concepts further within my own practice as I will discuss later in the chapter.

Another approach I wish to explore is ways to subvert the sole author who plays both protagonist and narrator, a role common in (although not necessarily encompassing) life writing practice. In LSW the young person/ patient is still the protagonist, but narration and authorship are shared between the Life Story Worker, carer, and the young person/ patient. Thus, memories are recorded more as part of discussions about the events of young person/ patient's life than as a retelling of that person's life story. Yet, this discursive way of recording and reflecting on memory in a therapeutic context, particularly in a piece of life writing that includes trauma, could lead to a new way of producing life writing and hybrid memoirs, as I hope to show in my creative piece. This could also lead to potential innovative critical interventions surrounding autobiographical memory, a term used in many disciplines, which I will examine in the next section.

1.2.3 Autobiographical Memory

When looking at the interactions between life writing and LSW it is important to note that both have been discussed in medical, sociological, and psychological discourse, particularly in terms of recollection, retelling and recording of memory and the subsequent relationship to identity and wellbeing. A term that appears to link LSW discussions above to life writing is 'autobiographical memory;' however, this phrase can mean different things dependent on the field of research.

Wang and Ross (2010) venture that primary differences in definitions for autobiographical memory depend on the cultural context in which it is being analysed- they state: "for Western authors autobiographical memory aids the development and maintenance of an enduring self-concept... In

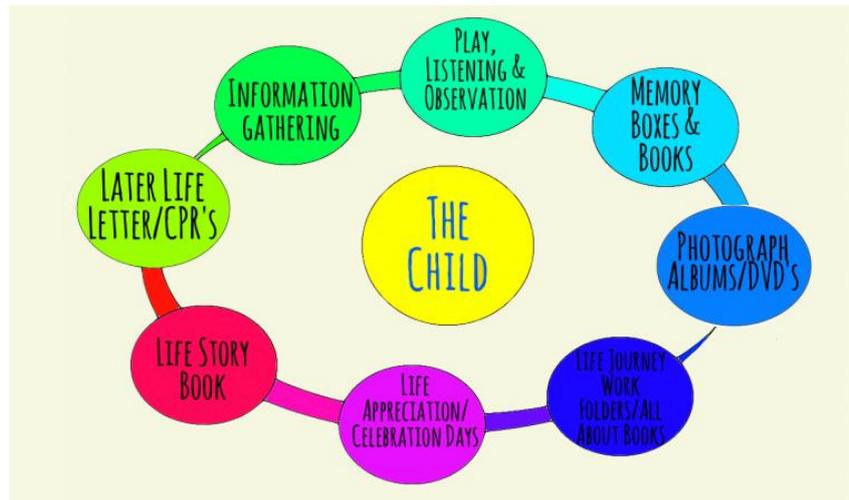
East Asia, a sense of uniqueness is less relevant to self-identity.” This implies that, like life writing and LSW, autobiographical memory can be seen as an umbrella term that incorporates lots of definitions, which Fivush (2011: p561) generalises to loosely mean “self-referenced memory of personal experiences in the service of short-term and long-term goals that define identity and purpose.” LSW is very much about helping someone understand their personal experiences, and in turn their identity and to some extent their purpose in life, like my purpose to become a teacher.

Other researchers suggest this socio-cultural perspective is more collective memory rather than autobiographical memory (Schuman and Corning, 2014). Fivush (2011: p563-565) describes how autobiographical memory is a socio-cultural skill- “the forms and functions of autobiographical memory are socially and culturally variable. For example, again in industrialized Western cultures, it is expected for adults to have a coherent set of connected memories that describe who they are as a person.” (McAdams 2001, Wang & Ross 2007 cited in Fivush, 2011: 563). This fits in with Rose’s (2005, 2012, 2017) argument for why carers should be part of the LSW process and why LSW comprises a collective memory- in that the Life Story Book includes memories not just from the young person/ patient, but from their family, police reports, social worker reviews, previous carers and/or significant people in their lives. In turn, this also adds to a concept discussed earlier in this chapter surrounding the adult’s perspective and driving their version of events on the young person as a criticism of LSW.

Harbus (2011) expands on how life writing can impact autobiographical memory by showing how familial reminiscence helps the young person develop a more well-rounded and contextual autobiographical narrative that displays episodic recollection. For Harbus, this is like the process of life writing. Or, as Douglas (2010: p21) argues, perhaps the fact autobiographies are driven by memory influences perceptions of how memory functions within life writing. As I describe later, there can be correlations made between varying definitions of autobiographical memory, life writing and LSW.

There are also arguments for a cultural-dynamic approach to understanding autobiographical memory, suggesting autobiographical memory is an “open system that emerges, develops and transforms under the multitude of influences of culture... it may be considered as a sort of procedural collective memory that guides how individuals in the community habitually interpret, remember and share their personal past” (Wang 2016: p301) LSW is a prime example of a procedural collective memory- whereby the Life Story Worker follows a model for gathering information from a variety of sources and collects the information in a Life Story Book which is then

shared with the young person/ patient. The Joy Rees model of Life Work (Rees, 2012) surmises the multi-layered and complex process of this in the image (sourced from Rees 2012) below:



Note: CPR stands for Child Permanence Report –a report used as part of matching in adoption/ long-term fostering.

For Rees (2012), "Life work is about helping children to know their personal stories and to understand the life experiences that have shaped them." The image is cyclical as until engagement with the young person is established there is no way of knowing what they might benefit most from. Play/ engagement is therefore integral to understanding how the young person understands themselves and their feelings. However, a clear stipulation is the work that Life Story Worker needs to do prior to commencing LSW with a young person to ensure they have access to as many sources for autobiographical memories as possible. Many published memoirs/ autobiographies include photographs; newspaper clippings; discussions with family members/ friends; observations; and, in some cases of memoirs published by care leavers, information from their social work files. The implementation of such 'evidence' can appear to make the memoir seem more authentic and truthful. It will be productive to consider how much having so many perspectives contributing to my Life Story Book will affect my memoir and whether I can identify a more socio-cultural or a cultural-dynamic perspective on my memory.

Cohen and Conway (2008: p23) describe four different dimensions of autobiographical memory, and while they can all be found in all types of life writing and LSW, I describe here how each dimension can be associated with types of life writing and LSW. By exploring this, I hope to be able to identify different dimensions of memory I can identify in pre-existing care-experienced life writing and my memoir later:

1. Noetic/ auto-noetic (aka biographical/ factual)- e.g. I was born in the Princess Margaret Hospital in Swindon, but I have no memory of being there (or the experience of being born), much like those found in biographies and autobiographies. In LSW/ life history work the facts such as time and place of birth are often written in the first person (where the first person refers to the young person/ patient).
2. Copies or reconstructions- described as vivid memories with lots of irrelevant detail or inaccurate or memories that “incorporate interpretations made in hindsight.” Memories shown in (most) memoirs (Anderson, 2011, Couser, 2012) are often reconstructions of events, presented in young person-like voices or from the perspective of a younger self. In LSW/ Story work the worker helps the young person/ patient reconstruct and reflect on memories, these memories are then recorded in the life story book along with the young person/ patient’s reflections and hindsight.
3. Specific or generic- Specific memories contain specific details e.g., on 9/11 I was at Coate Water with my family and behaving badly because I didn’t want my step-mum to see my birth Mum’s tree. Generic memories are where one memory could represent a series of memories e.g., evenings with my girlfriend were spent watching telly. These types of memories could be attributed to testimonies and confessions. In LSW/ Therapeutic work, the young person/ patient is encouraged to go back to certain times and places and asked about their specific memories for those times and dates to help them make sense of what happened. They are also asked about generic memories like their time with their foster/ adoptive family. Both types of memories can also be used as evidence in UK court, although there is often careful consideration of the young person’s awareness of this- for example, I had a court liaison who took me out for Burger King and asked me what I remembered about my past. I wasn’t aware of how much of our discussions she would use in my birth father’s court proceedings; I was more concerned with how big my bacon double cheeseburger was.
4. ‘Observer’ or ‘field’ based memories- memories that are recalled from the perspective of the experiencer- where senses can be described in vivid, present tense detail - e.g. I can smell the marigold soap of my first foster carer and feel how cold and soft her hand is; or memories viewed from an outside or an observed perspective- e.g. I can see myself in my light brown khakis and white t-shirt with green sleeves and a strangely drawn doll-like girl on

the front riding my purple, fourth-hand bike with my friends in our hangout called the Black Bridge. This type of autobiographical memory could be more associated with reminiscences. In LSW/ Reminiscence work young people and dementia patients are encouraged to 'sense' their memories to help them recognise themselves in their memory. This type is the most concerned with using memory to help construct identity and improve wellbeing specifically for dementia patients (Gibson, 2011).

With my creative piece I aim to demonstrate how LSW affects the way autobiographical and collective memories are shown within life writing. I will also detail a comparison between how I present my memories to how memories are presented in other care-experienced life writing, as these are the closest precedents of practice (Hamilton and Jaaniste, 2009) to what I am producing. I will also be commenting on the narratives these memoirs present on experiences of being in care as another place where Life Writing and LSW intersect are in discussions surrounding Narrative Theory as discussed in the next section.

1.2.4 Narrative Theory

Narrative Theory has been adapted and used across multiple disciplines since the 1920s. Castle (2007) states the term 'Narrative Theory' was originally used as part of literary studies in conjunction with Russian Formalism to implement a more structural insight into the language used within prose. Over time it has been adapted and changed as sociological and political strategies changed and advanced - from formalism, to structuralism, poststructuralism, Marxist and feminist influences, and tripartite theory. "Genette's tripartite theory of narrative distinguishes between story... narrative... and narrating... by stressing the temporality of narration... and the concept of focalisation [the point of view or mood] ..." (Castle, 2007). This tripartite theory is almost synonymous with the distinction LeJeune (cited in Anderson, 2011: p2) makes between author, narrator, and character in their definition of autobiography.

Narrative Theory has been applied to medical, psychological, and sociological fields of research as part of the drive towards gaining more qualitative and experience-informed data, particularly in therapeutic research and research involving Care-experienced people (CEP). It became common to use terms like narrative inquiry and narrative analysis within research, particularly as the value of qualitative data in research increased. For example, Mannay et al's (2017) collection of narratives from CEP depicting the consequences of being labelled 'looked after,' finding "The majority of young people expressed frustration at being viewed and understood through the lens of being 'looked-after.'" Moore (2019) also incorporates narrative inquiry into their PhD study as part of the

development of the narrative-dramatic approach to LSW, depicting life stories of two younger children and one young person and demonstrating their views as part of the narrative enquiry.

For Harbus (2011: p206), “Narrative Theory... has become integral to the study of cognitive processes such as autobiographical memory... to show the potential of narrative analysis and generic debt of reported autobiographical memory to [life writing] forms.” Harbus’ study explains the complexity of the phrase ‘narrative quality of autobiographical memory’ as a central concept. They highlight how many studies have emphasised the relationship between narrative and the construction of identity, along with “our knowledge of ourselves and our access to and organization of autobiographical memories both shapes and is shaped by the conventions of life stories to which we are exposed, and the way we are accustomed to interpret those narratives.” (Ibid: p212).

Following on from Harbus’ insight, I aim to analyse both previous and my own care-experienced life writing by way of Narrative Theory to help me answer the question: ‘What could Life Story Work add to discussions around life writing, memory, and therapy?’

1.2.5 Medical Humanities

Medical Humanities is described as having come in two waves: the first being the introduction of literary studies, like narrative theory, in medical schooling (Barber, 2017), the second being named as ‘critical medical humanities’ (CMH) – a critical turn to the historic literary base (Longhurst, 2019). In their letter to the Editor of *Academic Medicine*, Adams and Reisman (2019: p1404) explain how “Since the 1970s, many medical humanities scholars have elevated empathy, enrichment, and observation as key concepts in justifying the field’s existence.... Critical medical humanities moves beyond empathy and wellness to prioritize the intersection between humanities scholarship and social justice.” The term ‘entanglement’ (Viney et al, 2015) is used to “...nuance accounts of how different agencies may or may not be separable from one another” (Fitzgerald and Callard, cited in Whitehead et al, 2016) as within critical medical humanities there is a “...recognition that the arts, humanities and social sciences are best viewed not as in service or in opposition to the clinical and life sciences, but as productively entangled with a ‘biomedical culture...’” (Viney et al, 2015: p2). In sum, CMH is the interlocution between medicine and various socio-cultural, political, and philosophical fields.

The reason why I feel exploring the medical humanities is relevant for this thesis is because of the idea of the use of narrative to help people make sense of what is going on. Fratto (2016) describes this first wave of the use of narrative within medical humanities as being spurred on by the marriage of narrative theory and medical humanities, or the ‘Narrative Medicine’ movement. This is a term coined by Charon (2006), taking theoretical bases from literary studies, narrative theory, general

internal medicine and bioethics (ibid: PX) and “came as a way to humanise medicine and “widen doctors’ narrow focus on biological disease and to encourage them to take stock of patients’ emotional, social and familial needs” (ibid: pp7-8). It is based on the notion that patients and doctors alike tell stories to help them understand what is going on as “Narratives teach us where we come from and where we are going, allowing us to understand the meanings of our own lives.” (ibid, p42). Therefore, there are narrative features of medicine. These narrative features are described by Charon (2006: pp39-60):

1. Temporality- time
2. Singularity- “Built into each narratives structure and genesis is its originality and irreproducibility.” (P45)
3. Causality/ contingency- the plot or emplotment of the story being told (P49)
4. Intersubjectivity- “The subject is the self-who-knows, the self-who-acts, and the self-who-observes... intersubjectivity is the situation that occurs when two authentic selves meet. It is in meeting with other selves that the self comes alive.” (P51)
5. Ethicality- the level of trust built between storyteller and audience.

For example, I have been speaking to the doctors a lot recently for excruciating pain on the outside of my thigh, and with the current (2020/2021) pandemic, most of my appointments have had to be over the phone. This means doctors are theoretically more reliant on the concepts of Narrative Medicine as the ability to physically examine the patient has been removed. The conversations tend to go something like this:

“Miss Ricketts? Hi, my name is Doctor Such-and-Such. What seems to be the problem?”

“I’ve got white-hot shooting, tingling and numbing pains on the outside of my thigh, and they keep getting worse.”

“When did the pains start?”

“About 2 years ago.”

“Was there any cause of the pain? A trip or fall of some kind?”

“Not that I know of. I was diagnosed with Meralgia Parasthetica in July 2020, so they put me on pain meds. But they don’t work. It’s gotten so bad I can barely walk most days. The pain just keeps getting worse. I’m at my wits’ end- it’s affecting my sleep, my work and my studies and I just want to stop being in pain and get on with my life.”

“I’m sorry to hear that. OK, so there are several avenues we can try. We could increase your meds and see if that helps some, although judging by your description that probably won’t do much...”

The doctor would then give me several more options, I would select an option, the doctor would action that choice and the conversation would end. Here, we see all the narrative features described by Charon even though this is not necessarily a narrative. One thing to note about narrative medicine is that its practitioners (both theorists and clinicians) never actually came from disciplines expert in discussing narrative (English for example). That said, doctors who are knowledgeable in Narrative Medicine are trained to instigate these narrative features- e.g., by asking something as simple as ‘when did this all start?’ By asking certain questions, the doctor can gauge my experience (or the singularity) of what’s happening, and what’s working or not working for me (the plot), and therefore recommend different treatment avenues. The doctor also can demonstrate a concept of empathy- ‘I’m sorry to hear all that’ showing the intersubjectivity of this story along with a humanity that is paramount to the concept of Narrative Medicine. Ethicality is then shown by the doctor listening to me in ‘judging by your description...’. Thus, by incorporating these narrative features to gauge my story, both the doctor and I can make sense of what is going on, and therefore try to help me heal. Charon (2006: p22) explains that Narrative Medicine is necessary to close the divide between patient and doctor particularly in relation to illness. In the table below I summarise Charon’s (ibid) description of four divides:

	Doctor	Patient
The relation to mortality	Death is a technical defeat	Death is unthinkable and inevitable
The contexts of illness	The events of sickness are biological phenomena requiring behavioural or medical intervention	Illness is seen within the frame and scope of their entire lives
Beliefs about disease causality	The doctor can’t feel all the symptoms of the patient and therefore must go by common causes of the disease	The patient can feel all the symptoms but doesn’t have the medical knowledge to attribute a cause, so must go by experience
The emotions of shame, blame and fear	Failure to acknowledge these emotions can prevent effective care	These emotions can saturate illness and add immeasurably to the suffering it causes

With incorporating Narrative Theory into medicine, a bridge between these divides is formed. As Fratto (2016: pp2-3) states, “The ordering of scattered events and phenomena into causal-temporal chains constitutes a cognitive necessity not only for the physician but also for a patient who wishes to make sense of what she is experiencing by authoring a story...” Similarly, Life Story Work (LSW) endeavours to help the young person make sense of the past to understand the present and move on to the future. The biggest difference here is that one is concerned with employing narrative

theory to the physical health of the patient, whereas the other is more concerned with the psychological wellbeing of a young person who has experienced trauma. Thus, a debate ensues regarding narrative reliability, definitions of trauma and care, and the differences between narrative medicine and therapy. As Fratto (2016: p3) raises, "Narrative reliability takes on new overtones when we consider mental health patients or when we simply take into account the power dynamics at play in the medical institutions." I would venture this is also applicable to care sector as well.

For my creative writing, the power dynamics of being in social care will present themselves, and the multiple perspectives that are held within my Life Story Book (LSB) will also raise questions about my own narrative reliability and whether I am limiting my understanding of my life through the specific form narrative that is my LSB. This is why I will need to use additional types of stimuli in my writing and will be gaining access to my social care file- to make sure that I am not limiting myself to just one form of narrative. As Woods (2011: p77) concludes, "If we limit ourselves to specific forms of narrative, and to narrativity per se, we run the risk of both isolating and distressing people... and of shutting down the very diversity of perspectives and forms of self-expression it has long been the task of the humanities, arts and social sciences to argue are vital in the context of medicine and healthcare." This ties in with the criticisms of LSW discussed in previous sections particularly regarding retraumatisation. As already stated, I feel that retraumatisation is inevitable, and therefore the risks described by Woods will be inevitable regardless of the type of narratives that I use- I just need to make sure I manage these risks appropriately. That said, my LSB is an example of a diversity of perspectives in that I have so many different points of view verbally, visually, and physically from professionals, family members and my multiple selves collated and held together first in the form of rolls of wallpaper, and then later the PowerPoint. I will therefore explore the effect all these different perspectives on me and my life will have on my writing.

In the next section I delve further into the debate between Narrative Medicine, therapeutic narratives, and narrative therapies to better understand how this debate may apply to the interactions and intersections of LSW and Life Writing.

1.2.6 Narrative Medicine and Narrative Therapy

For Charon (cited in Barber, 2017: p199), Narrative Medicine is medicine practiced with the narrative competencies to recognise, absorb, interpret, and be moved by the stories of illnesses. Narrative medicine is influenced by a wide variety of practices within medical humanities- including psychology, philosophy, literature, the arts, and social studies. This practice leads to greater empathy and compassion from physicians to their patients, which, in turn, leads to greater medical

competence (ibid: p202). Similarly, Narrative Therapy assumes “how we narrate our lives can make a pivotal difference in diminishing or promoting well-being... As people become more narratively resourced . . . they find that they have available to them options for action that would not have otherwise been imaginable...” (Hatto et al, 2017: pp310-311).

Hatto et al explain the “aim to put narrative practices at the heart of medicine and therapeutic practices” (2017, P301) led to an elopement between narrative therapy and narrative medicine- although this marriage was short-lived; as Pyle (2021) states: “Narrative medicine is not therapy and healthcare providers are not therapists.” This apparent separation of the two movements is rooted in the debate around treating the psychological and the physical. For example, these key terms are used across both practices, but have different meanings depending on which area is using them- like in the table below:

	Trauma	Treatment	Care
Narrative Medicine	Physical injury	“Narrative medicine can provide the tools for a treatment plan which is more patient-centred.” (Cenci, C. 2016)	“Narrative Medicine leads to more empathetic and compassionate care.” (Barber, 2017)
Narrative Therapy	Psychological injury	“Aims to separate the individual from the problem, allowing the individual to externalize their issues rather than internalize them.! (Ackerman, 2021)	“Narrative therapy seeks to be a respectful, non-blaming approach to counselling and community work, which centres people as the experts in their own lives.” (Morgan, 2000)

While in Narrative Medicine it can be argued that “Medical practice lends itself to be analysed by the rules that apply to the production, transmission, and reception of literary texts, yet people get sick and die for real. Narrative theories provide invaluable tools to navigate this delicate territory... a focus on narrative proves effective in bridging the gap between the ‘two cultures’ in both directions.” (Fratto, 2016: p3); Narrative Therapy seems to be subject to more criticism, for example in Strawson’s (2008) ‘Against Narrativity.’ Here, Strawson (ibid: p1) attributes ‘Narrative’ as ‘specifically psychological’- “if one is Narrative then (as a first approximation) [N] one sees or lives or experiences one’s life as a narrative or story of some sort, or at least as a collection of stories.” Strawson sees a very subjective and vague to experience, and this leads to ethical concerns

surrounding morality, reliability, and power. It also leads to scepticism that “all talking cures are just “talk” [that]... do not even try to, or pretend to, address underlying problems...” (Hatto et al, 2017: p312). What interests me about this debate is how similar it is to the discussions surrounding LSW and Therapeutic LSW models. In fact, Hatto et al give an explanation that is very similar to what LSW hopes to achieve, but regarding Narrative Therapy: “narrative therapy might appear to be a puzzling, counterintuitive approach: it eschews using talking cures to divine and deal with past causes of current trauma. Rather it asks therapists to “reverse the polarity” of many psychodynamic therapies and to focus instead on “constructing a future trajectory rather than achieving past accuracy” (2017: p312). Similarly, Ackerman (2021) opens her article on Narrative Therapy techniques with the question “Imagine a narrative of your “life story” in which you are the hero of your own life, rather than the victim?” In care experience, and often recovery narratives, there is frequently a duality drawn between being a victim of one’s experiences or being a survivor. I feel that the normalisation of victimhood particularly from the media with movements like #metoo on Twitter is ultimately detrimental to a trauma survivor’s development, as I will demonstrate in my creative writing.

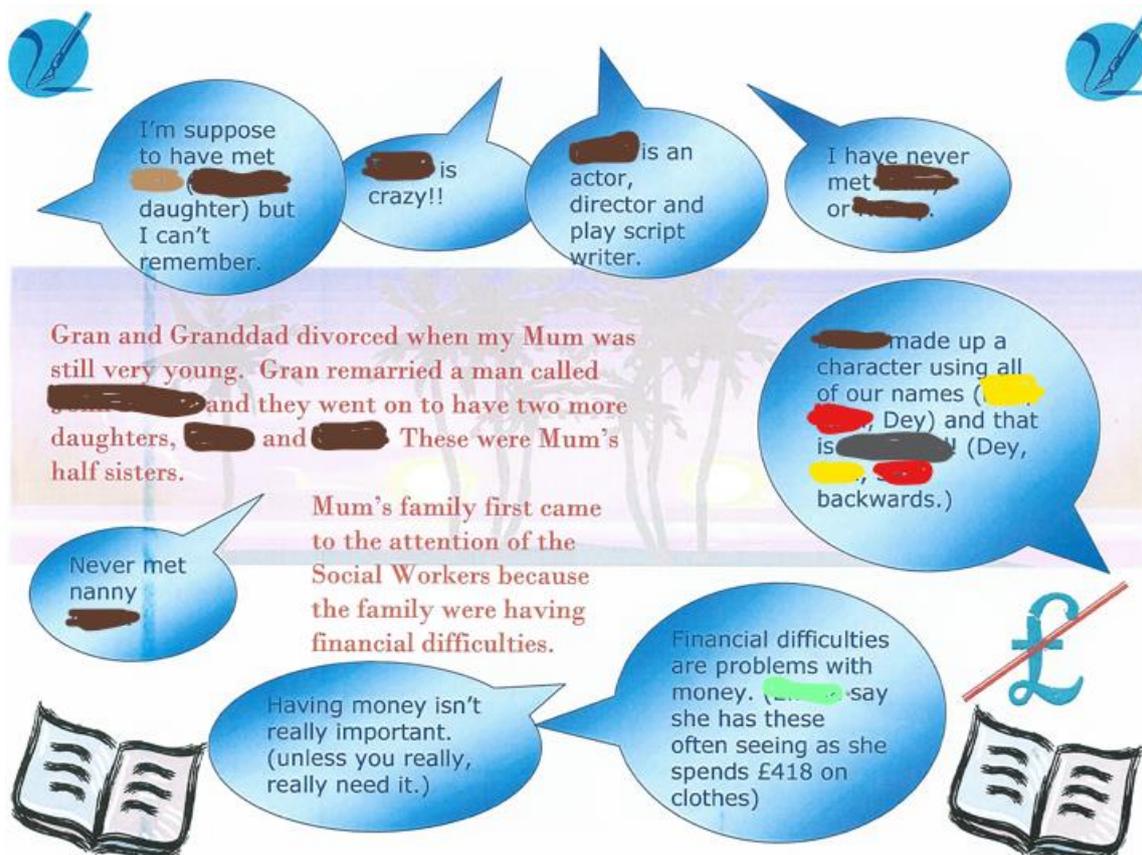
As noted in previous section, LSW faces similar criticisms particularly regarding the effectiveness of ‘talking through the events’ regarding retraumatising the young person; along with the issues of power and authority in LSW and whose narrative ultimately is told. Thus, it will be productive to explore how far these narrative therapy criticisms demonstrate themselves in both the writing of others and my own writing, for it would appear as soon as you add writing into the mix, the overlaps between both Narrative Medicine and Narrative Therapy, despite of all the disparities, become more and more evident.

1.2.7 Critical Medical Humanities and writing from lived experience.

It is one thing to tell someone your narrative, but quite another to write it. So far, I have looked at Narrative Medicine in the sole context of aiding communication between patient and physician and Narrative Therapy in terms of talking therapy. When both movements are looked at in terms of writing narratives, there is recognition that not all life writing has to be narrative-based. For Shapiro, (2012: pp309-310) this is a causal effect- “Narrative medicine... has led to a resurgence of interest in the narrative writing of both patients and physicians. Increasingly, patients have chosen to reclaim their own voices from the health care system by telling their own stories...” As with LSW, narrative medicine and narrative writing have become a way to process risky and entangled thoughts, emotions, and experiences. These notions of risk and entanglement (Viney et al, 2015) are a huge part of the second wave of medical humanities, *critical* medical humanities (Longhurst, 2019).

While the first wave of medical humanities is very concerned with the role of narrative in medicine, with academics in the field like Hurwitz and Bates (2016, cited in Whitehead et al, 2016: pp559-570) concluding “illness narratives repeatedly indicate that medical problems ramify far beyond healthcare, which it is the task of the medical humanities to comprehend and interpret.” Since arguments regarding a move away from narrativity in medical humanities from the likes of Woods (2011) and Strawson (2008), a critical shift in the medical humanities occurred, moving away from issues of narrative to engage more with the socio-cultural, political, and philosophical fields surrounding medicine. From this critical shift, we find the multiplicitous, complex, and often confusing interlocutions between sharing stories from lived experience, the meaning of the term ‘care’ and what it means to be *critical* in the medical humanities.

For Atkinson et al (2014), to be critical in the medical humanities is to move away from the subjective, individualised narrative of health and ill-health and more towards the wider, more entangled socio-cultural and political and philosophical implications of lived experience. Similarly, LSW seeks to help the young person develop a more entangled understanding of their own history by including the multiple perspectives of professionals, family members and significant others in their life narrative, furthered by examining the cultural, economic, and social status of the time. For example, in my Life Story book we discuss economic status being a trigger for social care involvement in my birth mum’s family:



Here, we can see teenage me being encouraged by Red and the residential care worker (pale green) present in that session to reflect on the meaning of economic status both historically and in the present, comparing socio-political concepts such as employment and being part of the benefits system, along with what money is spent on and what behaviours economic status can influence such as stealing. This wider reflection promoted a new level of insight and empathy to my birth mum's circumstances prior to her being placed in care that I would not have otherwise gained had I solely focused on my own perspective of the events.

The move towards a more critical medical humanities also argues that this more peripheral, entangled view is needed when understanding and analysing issues of medicine and health, where "Health, then, is reconceptualized as something that is produced through the relations between bodies rather than as something that a body is or is not." (Atkinson et al, 2014: p79). This is, I would argue, also how LSW can help a person develop an understanding of one's identity- by encouraging us to reflect on the relationships between ourselves, others, the spaces we find ourselves in and the effects of the multi-disciplinary interventions and approaches used to support us, rather than focusing on who someone is or is not. As a result, I feel Critical Medical Humanities (CMH) and LSW have a lot to learn from each other, just as medicine and life writing (particularly in terms of literary and narrative theories) have learned a lot from each other. In *The Memory Hotel* I aim to demonstrate the effect having multiple, entangled perspectives and reflections has on the life writing as well as discussing the implication for the interactions and interlocutions between social care, life writing and CMH.

Sharing stories from lived experience opened a lot of doors for medical humanities, social care and life writing alike- particularly in terms of illness narratives and the 'recovery' genre. It allowed each of these disciplines to consider the 'human' at the centre of each field. The value of lived experience is surmised by Kleinman (cited in Whitehead, 2016: p560) as "narrative and reparative processes that offer diagnostic, therapeutic and interpersonal opportunities for helping people cope with illness and trauma, but their potential, Kleinman argues, cannot be fully realised without greater disciplinary porosity in medical research and practice." Thus, to fully understand and interpret someone's lived experience, we must consider all the contextual factors surrounding it- like, for example, Lemn Sissay describes his experiences of growing up in care as a black, unaccompanied-asylum-seeking, cisgendered male in the 1960s and 70s, whereas I will be describing my experiences of being in care as a, white, LGBTQ+, disabled, cisgendered female in the early 2000s-2010s. Both accounts of care experience will undoubtedly be very different despite us both writing to make sense of our pasts. This is something I will explore further in Chapter 2.

Since the implementation of Narrative Medicine (and the development of the Equality Act 2010), a further distinction has been made between 'illness' and 'disease', in that "...disease refers to a disorder in the abstract, viewed through a biomedical lens, and 'illness' refers to a patient's particular experience of a disorder: the way it affects their life narrative, family dynamics and so on" (Couser, 2016: p7). This links back to the more peripheral view CMH takes when considering stories of lived experience in medicine, especially regarding viewing lived experience as part of the relationships that experience has with spaces, bodies, and objects.

In writing, sensory, carnal details like in Haddon's (2003: pp174-179) *'The curious incident of the dog in the night-time'* where the description of autism spectrum disorder is given by how it is experienced by Christopher (the narrator and protagonist) and his family. Here, Christopher describes the difference between what neurotypicals (people who don't have a neurological condition like autism) see and what he sees in a field, moving from simplistic information one may gage from 'glancing' across a field e.g., there were some cows eating grass, and him noticing "There are 19 cows in the field, 15 of which are black and white and 4 of which are brown and white." To which Christopher goes on to list a variety of other things he noticed before describing most people as almost blind and "there is lots of spare capacity in their heads and it is filled with things which aren't connected and are silly, like, 'I'm worried that I might have left the gas cooker on.'" (Haddon, 2003: pp178-179) In this loosely classified fictional autobiography, autism is something that is experienced not only by Christopher, but in all the things and people he interacts with. Being autistic is a huge part of Christopher's identity, and by describing his view on the world he gives us not only his sense of himself, but other people's views on who Christopher is as well, like Mother, Father, and Siobhan. Similarly, my LSB has multiple perspectives on who I was, and it is a description of how certain things like cancer, abuse, sexuality, and disability affected not only me, but all those people, objects, and spaces I interacted with. Thus, I will make sure I consider the effect having multiple perspectives of an identity will have on the perception of a protagonist.

I mention these points because this apparent deliberation between illness, disability, sexuality, and identity is a frequent theme in my story. In a sense, the memoir I'm about to write could be viewed as a form of recovery memoir. However, there is so much more to gain from my story than a simple I was born, bad things happened, I got over them, the end. This is why I believe Ailamo's (2010: p87) definition of the 'Material Memoir' could be an interesting concept to look at in my own writing: "...the contemporary material memoir, which incorporates scientific and medical information in order to make sense of personal experience... the question becomes how to understand the very substance of the self." Take, for example, Suzanna Kaysen's *Girl, Interrupted*:

“An exemplary piece of confusion.

INTERPRETER ONE: There's a tiger in the corner.

INTERPRETER TWO: No, that's not a tiger- that's a bureau.

INTERPRETER ONE: It's a tiger, it's a tiger!

INTERPRETER TWO: Don't be ridiculous. Let's go look at it.

Then all the dendrites and neurons and serotonin levels and interpreters collect themselves and trot over to the corner.

If you are not crazy, the second interpreter's assertion, that this is a bureau, will be acceptable to the first interpreter. If you are crazy, the first interpreter's viewpoint, the tiger theory, will prevail.” (Kayson, 1993: p139).

Here, both Narrative Medicine and Narrative Therapy are combined to produce the memoir. Kaysen describes her mental illness through her experiences and understanding (narrative medicine) while simultaneously trying to make her diagnosis make sense to herself (narrative therapy). Yet, *Girl, interrupted* can also be contextualised to what it was like being an American woman in the 1960s- a time known for feminist and other sociological movements which then add further socio-cultural and political contexts to understanding Kaysen's memoir, as described in Longhurst (2019).

Alaimo (2010: p87) goes on to quote Susan Squire's links between genre and social practice, stating that if genres both engage with and constitute social practice, “...giving us ways of understanding it, as well as the conventions that make such practice possible”, then material memoirs forge new ways of knowing our bodies and ourselves.” It's possible, then, that Material Memoirs are the very representation of CMH in life writing, as “Critical Medical Humanities moves beyond empathy and wellness to prioritize the intersection between humanities scholarship and social justice.” (Adams and Reisman 2019: p1404). Recovery narratives do not only serve to give a voice to illnesses and disabilities, but they also present an identity that audiences both in the medical and social domains can *empathise* with. As highlighted in narrative medicine, its original aim was to ‘humanise’ medical practice and promote empathy and compassion between patient and doctor (Charon, 2006; Fratto, 2016, Hatto et al, 2017. To adequately encompass everything both the experience of being in care and how LSW helps with this has to offer the world of research, it's important to move towards using the peripheral lens of CMH. I wish to move beyond creating empathy with my readers and towards calling on humanities scholarship and possibly engage with social justice.

To do this, it's likely I'll be creating a form of Material Memoir- describing and then analysing my experience of being in care, along with my experiences of LSW and subsequent use of my LSB in my life writing. To reach my desired audiences, I will need to make sure I use language the both adheres

to those with 'expert' knowledge- e.g., other care-experienced people, social workers, and therapists; along with those who have nonexpert, 'lay' or 'popular' knowledge. For Alaimo (2010: p87) "Material memoirs critique such divisions, offering up personal experiences as "data," as the author examines her own life story through a scientific lens." Therefore, it may be useful to think of the writing I will produce as a Material Memoir as I will be offering up my personal experiences as 'data' for scholars and other audiences alike to analyse and use.

1.2.8 A note on the definition of 'care.'

For the 'data' I'm offering the research community to be understood and contextualised appropriately, it is important to make a note of what I mean when I am describing the word 'care' particularly if I am to use a Critical Medical Humanities (CMH) lens when analysing my work. The term 'care' will be used frequently throughout my work, but contextual factors will change the meaning of the word 'care' as I move through my story- for example, I have experienced both health and social 'care,' the interlocutions of which plait themselves around my 'caring' personality trait. I also 'care' very deeply about the things I'm passionate about- like teaching and making sure everyone has equal opportunities to succeed in life. There will also be prefixes to a lot of the 'care' I mention to help guide this contextualisation of the term, for example: foster care, residential care, mental health care, hospital care, to name a few. The word 'care,' therefore, will have a complicated ladder of meaning throughout my work- with each rung offering new insight to what 'care' means to me.

Burke (cited in Whitehead et al, 2016: pp598-608) discussed the nature and meaning of the word 'care' in some detail, describing the etymology of the term and going on to explain:

"...in the early 1930s care takes on a new set of meanings as a 'legal formula'... the concept of care becomes inextricably linked to the notion not only that the state has an obligation to intervene within the health and wellbeing of its populace but also that care is something that is delivered to 'vulnerable' groups by those in authority. In this context, to be 'in care' is a signifier of either physical and emotional neglect, abuse, or significant need (Burke, cited in Whitehead et al, 2016: p601).

While Burke is primarily discussing residential care for older people with Dementia in their article, this shift in the meaning of the term 'care' from something attributed to 'mental suffering' of both person in need and designated 'carer' (ibid) to an obligation of the state to intervene and protect in the health and welfare of its children has led to what I would deem to be the primary definition, or first rung of the ladder when I use the term 'care.' For me, to be 'in care' means I was removed from

my birth family and my local authority became responsible for me due to significant abuse and neglect I suffered from my birth father. I was placed in the care of my local authority under Section 31 of the Children's Act 1989 (LEGISLATION.GOV.UK, 1989), which means all parental responsibility for me was removed from my birth family and granted to my local authority. I then gained what is known now as a 'corporate parent.' This term was more recently defined in the Children and Social Work Act 2017:

"a local authority in England must, in carrying out functions in relation to the children and young people mentioned in subsection (2), have regard to the need—

- (a) to act in the best interests, and promote the physical and mental health and well-being, of those children and young people.
- (b) to encourage those children and young people to express their views, wishes and feelings.
- (c) to consider the views, wishes and feelings of those children and young people.
- (d) to help those children and young people gain access to, and make the best use of, services provided by the local authority and its relevant partners.
- (e) to promote high aspirations, and seek to secure the best outcomes, for those children and young people.
- (f) for those children and young people to be safe, and for stability in their home lives, relationships, and education or work.
- (g) to prepare those children and young people for adulthood and independent living."

(LEGISLATION.GOV.UK, 2017).

My journey through my many definitions of care will demonstrate how my 'corporate parents' both adhered to this legislative guidance, and how they did not. To me, being 'in care' is also a way to hold the state accountable for its ability to 'care for' young people. It is a sad truth that the issues and scandals that Burke (cited in Whitehead, 2016: pp596-601) describes regarding the residential homes of patients with dementia are not too dissimilar to those found in the residential care of young people. For example, neither of the care companies I resided with or worked for exists any more due to significant incidents like a girl committing suicide within a residential unit and the care company neglecting to adhere to appropriate risk assessment planning or investigating the causes behind this act thoroughly (BBC.CO.UK, 2021). Additionally, the mental health unit I was sectioned in also no longer exists (which posits an issue where I am not able to access my records of my time here due to it being 'third party information' where the third party no longer exists, meaning these records are now lost to me) due to similar issues of a lack of legislative 'care' leading to unsatisfactory OFSTED gradings and eventual closure.

As Burke (cited in Whitehead et al, 2016: p602) describes, “Today in the West, care has become an industry that encompasses multiple forms of intervention delivered by trained and increasingly regulated employees... Yet it also clearly feeds into social and cultural perceptions of caring as somehow discontinuous with normative familial and emotional relationships. To become a ‘carer’ is to take on an identity that is somehow supplementary or distinguishable from one’s role as a partner, a sibling, or a child.” This move away from normative familial relationships to professionalisation, and industry is, I would argue, the reason why researchers like MacAlister (2021) describes social care as a “30-year-old Jenga tower held together by Sellotape.” As much as a ‘carer’ takes on a distinguishable identity, a person ‘in care’ also unwillingly adopts an identity as being care-experienced- something that leads to stigma and mismanagement in later life. I go on to discuss this relationship between care and identity later.

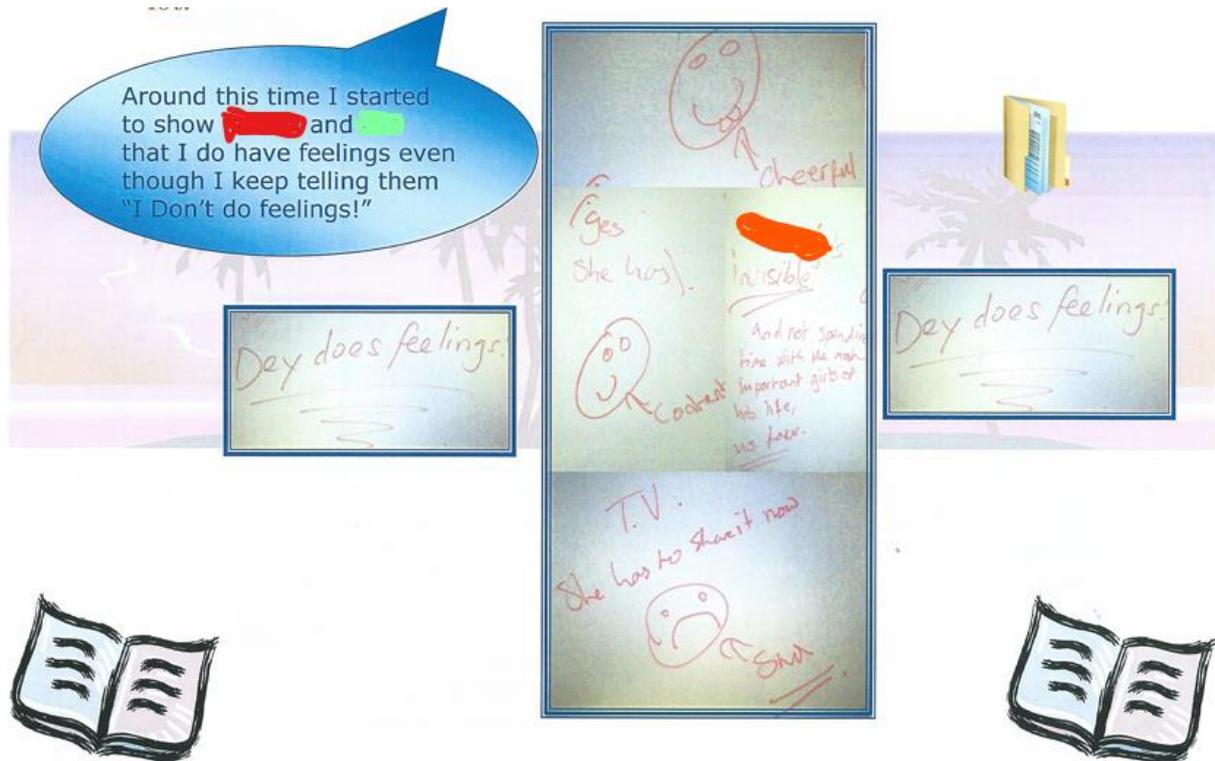
Therefore, while the first rungs of what I might mean by the term ‘care’ have been discussed in this section, it may be productive to see how many more rungs of the ladder we can find in my work, and how this term can also be entangled further in this plait I’m creating of the medical humanities, social care, and life writing.

1.2.9 Conclusion

This section has touched on some different ways that LSW, CMH and life writing can be plaited together. As to which plait forms from my work is yet to be seen, but by situating these concepts right from the very beginning we can see the interlocution and intersections whereby these three fields may be linked- for example, by way of autobiographical memory, narrative theory, notions of risk and entanglement and finally the very definition of the word ‘care’. By discussing all of this, I have identified potential concepts I can take forward to help me answer the question ‘What could Life Story Work add to discussions around life writing, memory, and therapy?’ In the next section, I cover potential benefits and limitations of researching Life Story Work in relation to Life Writing, care experience and CMH.

1.3 What do I expect to find in my research?

1.3.1 Critical Medical Humanities, Life Story Work, and Identity



Caption: Taken from my Life Story Book, moment where we helped me understand feelings and that I did feel them.

As already discussed, narrative medicine aims to *humanise* medical practice- promoting empathy and compassion, whereas narrative therapy seeks to ‘reauthor’ patients’ life experiences to lead to self-awareness and/or healing (Douglas, 2010: p115). Both practices endeavour to bring narratives to the heart of therapeutic and medicine practices (Hatto et al, 2017). I venture that another commonality between these two practices is they both deal with identity and senses of self. In this section, I begin to craft the argument that Critical Medical Humanities (CMH) could inform and be informed by Life Story Work (LSW) and its relationship to identity.

Just as the concepts of Narrative Theory and Medicine have been linked together as ‘Narrative Medicine’ (Charon, 2006), Narrative Theory and identity have also been joined by researchers as ‘Narrative identity.’ McAdams (2017) defines Narrative Identity to be: “A theory in personality and developmental psychology that construes identity as an internalized and evolving narrative which provides a person’s life with a sense of meaning, coherence, and temporal continuity.” Our identities are determined by the life stories and experiences we tell. Therapeutic/ reflective writing acts as a medium by which patients, doctors and audiences alike can capture the sense of identity and “... advance patient care skills by developing increased sensitivity to the meaning of the patient’s story

and how it might intersect with that of the physician, offering new insights into patient behaviour and patient-doctor dynamics, and encouraging empathy for patient and family perspectives.” (Shapiro, 2012: p310). When discussing narrative identity in a social-cultural context, however, a call to disentangle causal relations between narrative and identity can be found in MacAdams and McClean (2013). They argue that narrative identity has a series of coding constructs: agency, communion, redemption, contamination, meaning making, exploratory narrative processing and coherent positive resolution.

All of these are purposes behind the stories we tell, and due to how familiar these concepts can be due to all the stories we grow up with, they become ways to engage an audience in the stories we are telling. Additionally, these are all themes that can be found in the process of creating a Life Story Book (LSB) through LSW. The young person is given agency over their story- where they are given the information available and can then choose what to include in their personal narratives. They demonstrate communion by discussing interpersonal connection with birth family members, previous carers, old school friends etc. Redemption comes in many forms, be that working through forgiveness for the things that have been done to you to developing an understanding that negative states can be redeemed or salvaged- for example, when I first moved into my forever family I was an absolute nightmare behaviour-wise, then I turned it all around after realising that I actually did want to be a part of their family. Contamination is often a recurrent theme; whereby good memories are contaminated by bad things. I learned the phrase ‘This too shall pass’ to help me through some of my contaminated memories. Meaning making and exploratory narrative processing are huge factors of LSW as they both deal with how a young person comes to understand their histories and identities. Finally, coherent positive resolutions are the focus of endings in LSW.

While MacAdams and McClean (2013) argue for the disentanglement of causal relations between narrative and identity, Watson et al (2020) argue that a bridge between narrative and identity can be constructed through Life Story Work (LSW). “However, focusing on children as the narrators of their life story is novel...” (Watson et al, 2020: p705) In Medical Humanities, there is little-to-no mention of children’s voices in research, especially in mental health circles. Douglas (2010: p13) gives a potential justification as to why there is little focus on children as narrators, in that: “Children are most commonly represented according to the binaries of innocence and experience.” In previous pages Douglas described the history of autobiographies of young personhood and how they were centred on the young person image being innocent and subsequently losing that innocence. According to the National Institute for Health and Care Excellence (NICE, 2013) this is because for most children in care, growing up and maturity tends to happen far earlier than with their peers. However, other than developing an identity as a ‘care kid,’ which already has negative connotations

(Mannay et al, 2017; McAllister, 2021), Care-experienced young people (CEP) tend to not develop their own sense of identity until far later than their peers. McGeough (2012) argues that in families individual and collective identities are constructed by fragmented stories that are collected into a coherent narrative. Yet, these narratives could have different influences on each person's identity. CEP often don't have access to these 'family stories' unless they engage in LSW. This is why there is a consensus within LSW research that LSW helps contribute to a sense of identity (Rose, 2017; Buchanan 2014; Baynes 2008).

However, not all models of LSW utilise interviews with family members/ carers to help construct the young person's life story (Wrench and Naylor, 2013). This could be for a lot of reasons, death/ incarceration of those family members being some of the most common. Instead, Life Story Work encompasses fragments of narratives from professionals all compiled in the CEP's Social Service File. So, instead of 'family' stories, CEP are exposed to professional jargon like 'X was placed in the care of Y local authority under Section 31 of the 1989 Children's Act.' and phraseology that wouldn't usually appear in general conversation like 'I've got my CEP review after school.' Even now, many CEP cannot access LSW and so don't receive any information about their pasts until they leave care at 18 and put a Subject Access Request (a request for any information held on you by that organisation under GDPR 2015 and The Data Protection Act 2018) in for their file. As a result, they are often left identifying as a 'care kid' which, as Mannay et al (2017) and MacAlister (2021: pp70-71) point out, has very negative connotations and is often stigmatised and/ or discriminated against and therefore can weaken the young person's sense of identity.

If this is indeed the case, then surely LSW is necessary to the development of identity? NICE (2013) suggests that some CEP might never develop a clear sense of identity without this information about their pasts, they can develop identities based on the relationships and experiences they have in and outside of care. They go on to argue how LSW "...is important for Care-experienced young people and young people to help them make sense of their family history and life outside the care system, as well as why they entered care." It is important to note NICE (2021) only began to give guidance and quality standards on issues of Social Care in 2013. Before that they were solely for issues of health care.

Just as the question of identity is paramount in LSW research, it is also a key element in one area of Medical Humanities research. For Bowman (2014), questions of identity in the Medical Humanities apply to patient and healthcare professional and focussing on the effects medicine has on identity and vice versa can lead to interesting developments in programmes and practice. "Identity may be both liberating and constraining. It is shaped and affirmed by a potent interplay of individual

preferences and collective factors. Identity may be declared, elusive or assumed. It is a shifting, nuanced and contestable concept that is socially and philosophically situated.” (Ibid, p1). As discussed with CEP identity, medical humanities consider that many factors can contribute to a person’s sense of identity, be they negative or positive. However, there is very little information in the medical humanities on a young person’s sense of identity. As described by Bowman (2014: p1) “Those who live with illness often describe how the experience represents a challenge to, and change in, their identities.” Similarly, in LSW, identity is constructed by the reminiscing and reflection on various experiences (Hooley et al, 2016). Just as professionals in medical humanities grapple with personal and professional identities, CEP who battle with their own view of themselves and the professionals view of who they are (Mannay et al, 2017). Thus, I believe further insight into identity of children- particularly those with complex and multiple needs, could be found should Critical Medical Humanities and LSW research integrate. Along with this, following how Critical Medical Humanities wished to move beyond empathy and towards social justice, perhaps the negativity and stigma associated with identifying as a ‘care kid’ could be turned into something more positive.

1.3.2 A note on Ethics and the Memoirist’s Dilemma



Caption: Me as a baby.

Another interlocation between life writing, social care and medical humanities is that they all, at some point, must deal with the ethics of sharing a story. For example, on my sharing a picture of me as a baby. Is this an ethical decision? For life writing, it could be argued that because this is writing about myself, I have every right to share whatever personal information I see fit- however, issues arise with just how much detail I could share and whether it’s too much information for the public as Eaking argues (2004: p3): “Life writers are criticised not only for *not* telling the truth... but also for telling too much truth.” In social care, however, my choice to publicly share a picture of me as a baby had I still been under the care of a local authority would be frowned upon as I would not be keeping

myself safe- my birth parents would be able to recognise this baby picture and then use it to try and locate me. Similarly, in medical humanities, questions may arise as to what risks am I taking by sharing this picture? Which then lead back to a question all three fields may ask- is this really a picture of me as a baby? Further, all three fields may also ask: how can you trust me as a narrator?

When considering the ethics of what I am doing here in this thesis, I find myself feeling very similarly to Andrew (2017: p2): "I am trying to write about autoethnographic ethics and this makes me feel like I'm a numbskull, a liar, confused, frustrated, wildly deluded, improperly motivated, disoriented, possibly stupid, lost in the process of writing and finding no real help in the academic literature." I am trying to use my story as an autoethnographic perspective of Life Story Work, being in care, receiving mental health care services and discovering identity today. That said, I understand the concept of the impossibility of truth (Nietzsche, 1968: p267) especially when it concerns unreliability of memory as I covered this in my undergraduate thesis (Ricketts, 2015). Therefore, I will be taking a more CMH approach to handling the ethics of my writing: "At its core, narrative 'makes no commitment to truth or falsity, to a real or merely imaginary subject matter . . . [b]ut it does bear a commitment to connectedness and to structure'" (Hurwitz and Bates, cited in Whitehead et al, 2016: p561). By using scanned images of my Life Story Book (LSB) and screen prints of my social services file in my memoir, I am not promising my audience that I, or the others cited in my LSB are telling the truth, but I am showing where I have gained the information, I am sharing autoethnographic perspective that is unique in that it comes from a source of collective memory.

As Karr (2016) states, however, a memoir is not a 'one person show.' Memoirists must consider the privacy and confidentiality of everyone they include in their memoir, whether their memoir is going to cause harm to them, or other mentioned in the memoir, whether informed consent is needed when writing the memoir and whether any payment or compensation will be required upon publishing the memoir. All of these are factors that contribute to the memoirist's dilemma, which is described by Couser (2012: p80) as follows:

"On the one hand, the memoirist is obliged to tell the truth, or at least not to lie—because the genre resides in the realm of nonfiction. On the other, as its name suggests, memoir relies primarily on an inherently fallible faculty, human memory... narrative calls for more in the way of detail than memory can provide. Furthermore... memoir involves a degree of creativity. So, there is a paradox at the heart of memoir: the genre demands a fidelity to truth that may overtax its source and conflict with its aspirations as art."

Due to this paradoxical nature of memoir, a lot of concerns can be raised with the memoir I am about to write. How can I help my audience trust me in my narrative? Even when taking a CMH view to narrative as not promising to tell the truth, there are still ethical concerns to consider in the very nature of narrative. As Strawson (2008) argues, narratives are solely subjective accounts and the use of narrative in medicine especially causes ethical concerns. Woods (2011: p74) goes on to explain 7 concerns with the use of narrative in medicine:

1. Truth-value of narrative- how can we trust the storyteller?
2. Is narrative coherence harmful to the storyteller? "As Yiannis Gabriel notes, "while stories can be vehicles of contestation, opposition, and self-empowerment, they can also act as vehicles of oppression, self-delusions, and dissimulation."
3. Overinflation of what counts as narrative which "risks mistaking a specific form of primarily linguistic expression for the master-trope of subjective experience."
4. Collapsing the distinctions between different narrative forms and contexts- e.g., "Emphasising the continuities between... hospital anecdotes, published autobiographies and diagnostic interviews, diverts attention away from systemic analysis of the diverse functions and effects of specific types of storytelling."
5. Forgetting how genre enables and constrains narratives.
6. Overlooking the cultural and historical dimensions of narrative
7. Promotion of forms of narrative as *the* mode of human self-expression, excluding all other modes of understanding identity and the self.

While Woods lists these concerns as relating solely to medical humanities, I would venture these concerns should be considered in both Life Writing and LSW practice- especially the first two points. Take the case of Constance Briscoe's (2006) *Ugly*. This was a very graphic memoir detailing gruesome experiences of childhood abuse and neglect from a mother to a child. Constance Briscoe was also one of the first black female judges. After her memoir was published, her mother sued for libel- and lost (Clare, 2014). However, in 2014 Briscoe was disbarred (Clare, 2014) following a scandal where she was found to have lied regarding a court case and was jailed with three counts of perverting the course of justice, along with losing her honorary degree from the University of Wolverhampton (Express and Star, 2014). As Henderson (2014) stated: "Now [Briscoe's] honesty on other matters comes into doubt, and will be investigated, specifically claims in her best-selling misery-memoir *Ugly*." The term 'misery memoir' is a derogatory acclaim attributed to writing that prioritises sensationalism over, well, actual writing. As stated by HarperCollins (a known 'powerhouse' for publishing misery literature like Briscoe's *Ugly*) publisher Tonkinson (cited in Flood, 2008) "There was a lot of over-publishing... of stories that weren't as good or well-written, and there

have been a lot of problems legally with some of them... We are cutting back a bit." There has been no further news on the integrity of 'Ugly' has been produced. Granted, this is an extreme example, but these risks not only to Briscoe, but to her family, should be kept in consideration when writing a memoir- especially one that contains narratives of abuse, trauma, and psychological distress.

To mitigate the risk of inappropriately representing people who contributed to my life narrative, I will be including slides and screenshots of my LSB and social services file in my memoir as I have been given them. This will also mean that my memoir is not entirely subjective as it includes the perspectives of others- making this more of a collective account of my life as opposed to all the information solely being from my point of view. However, to protect the others who have contributed to my LSB and file, (and adhere to General Data Protection Regulations, (GDPR) 2017), I will be using my own redaction process utilising the Windows Snip and Sketch function. Contrary to the more official, yet very inconsistent, redaction process that social care and other services currently operate (which will be shown in my memoir), instead of using invasive black blocks to redact my LSB and Social services file, I will be using coloured blocks to not only help identify where there are different people contributing to my life narrative in an attempt to help it make more sense to the reader, but also demonstrate to my audience a more creative way to adhere to GDPR and still give CEP the information they need.

1.3.3 Narratives of Abuse, Trauma and Psychological Distress in Care Experience and Life Writing

002. Basic Information

Event type: : Case note

Date of the event: : 25/04/2008

Headline: : t.c [redacted] SACCS, house manager

003. Information

Details: :

Case Note recorded by: [redacted]

[redacted] gave her this message. Have a look Tuesday. Went back to see Dey. Feel about it. "Don't know," pulled face, stuck tongue out. Although we said would like her to go voluntarily/ Beneficial. Not giving up on her. No other options at this point. Possibly [redacted], keyworker taking her [redacted] house manager is going away.

Write recommendation on Monday to the commissioner. No obstacles, don't usually object. She will go Tues pm as Tues am outcome. View admitted on Wednesday. what they wanted recommendation back to SACCS. Clear plan in place in 6 weeks. If she goes there 6 weeks and everything fine, hoping to integrate to SACCS. Tigger it. his ward, high risk, very limited, high level of supervision. Supervised continuously. Everywhere is locked., magnetic key. Can walk around common room, but will be supervised. she was okay with that. Can do her SATS. Go to [redacted] School, schedule of exams. Papers together. he is hopeful, begin to get a clear view what triggers, get best place for her.

Caption: Taken from my social services file- case note recorded by my social worker re informing me of the decision to section me for 6 weeks (under Section 2 of Mental Health Act).

Life Story Work (LSW), as previously stated, is an intervention primarily used with Care-experienced young people (CEP). A CEP is defined as anyone who is looked after by a local authority for a period of 6 weeks or more before the age of 16 (Mannay et al, 2017). According to the census statistics of 2022, 66% of CEP became looked-after because of reasons of abuse and/or neglect (GOV.UK, 2023). My siblings and I were some of these 2 in 3 CEP. Yet, out of all of us I was the only one seen as being significantly psychologically distressed from my experiences, therefore I had to be separated from my siblings and was treated for my mental health issues, leading me to Life Story Work and other therapeutic services which have since allowed me to process and work through these issues via writing and become “The nice lady with the tragic backstory but a health head” (Topher Brinks, cited in Joss Whedon’s *Dollhouse*, 2009, Season 1: Episode 11, *Briar Rose*). As a result, my memoir will be as much a *kunsterroman*: “The German term (meaning ‘artist-novel’) for a novel in which the central character is an artist of any kind, e.g., a writer” (Baldrick, 2008) as an autoethnographic narrative of suffering trauma and being in care and the psychological distress that comes with these things.

Of course, I am not the first to write about experiences of abuse, trauma, and psychological distress. I also, unfortunately, won’t be the last. As Capes (2017: pp91-92) argues, popular culture tends to attribute this potential for cruelty as coming from those who have experienced ‘disrupted young personhoods’ like CEP. Moreover, “Popular culture evokes and reinforces a cyclical narrative of causation: of deviant adults having ‘come from’ disrupted young personhoods, and then going on to do harm to their own children, and so forth.” Mannay et al (2017) pointed out the consequences of being looked after, highlighting the stigma associated with being in care and the cultural belief that care kids will never amount to anything so why even bother. One participant in Mannay et al’s (2017: p691) study describes “As soon as I went into care, then went back to school and my teachers treated... me completely different, because I was in care, they moved me down sets, they put me in special help, they gave me – put me in support groups. And I was just like I don’t need all this shit; I’ve only moved house...” Capes (2017: p100) argues that this treatment is down to the popular cultural representation of CEP and goes on to argue “The way people are represented in popular culture and public discourse has a major impact on their lives. There is nothing more powerful for a person than to see themselves positively reflected in the world around them, and nothing more disempowering than being represented as deviant or doomed to failure.” I would also venture this has an impact on the young person’s sense of identity. This negative vs positive image of being a CEP, along with the concepts of cultural and other forms of memory discussed in this chapter in life writing are discussed further in Chapter 2.

Thanks to the memoir boom of the 1990s, experiences of childhood trauma became something of a trope. As Kennedy (cited in Davies and Meretoja, 2020: pp57-58) states, this came because of trauma moving from the psychiatric clinic to culture more broadly, as memoirs like Dave Pelzer's *A Child called It* and subsequent books brought to the attention of the public the nature of abuse that could go on behind closed doors and how trauma affects that young person. Despite the culturalization of young personhood trauma and the subsequent raised awareness in subjects of abuse and trauma, it is sad but true that almost all major policy and legislative changes in child protection have been the result of mass media coverage of a young person's death (NSPCC, 2021). That said, without the memoir boom raising awareness of childhood trauma and abuse, there might not have been an increase in disclosures of abuse and or neglect which has slowly and steadily been decreasing since the 1990s.

However, the memoir boom simultaneously brought doubt that anyone could be *that* cruel due to the sensationalist nature and often metaphorical use of the word 'trauma' in media of the time (Kennedy, cited in Davies and Meretoja, 2020: pp57-58). Pelzer's memoirs also suffer from declaring memories as absolute truth, refusing to acknowledge any potential falsifications or misremembering, along with adding graphic amounts of detail to the abuse suffered, leading to the quite extensive media coverage of the controversy surrounding Pelzer's memoirs and their reliability (Bedell, 2001). As highlighted in the previous section regarding Constance Briscoe, the integrity of a memoir is something that will always be questioned by a reader especially if the author has been found to have lied about other things. In the case of Pelzer, this scrutiny at the reliability of his words comes down to the lack of consistencies across all his books, along with the omission of a young person's voice in his reconstructions (Anderson, 2011), yet the complete insistence that every word is the truth. In memoir, and by the very definition of the word memory, what is recalled is inherently subjective (Karr, 2016), and therefore could be seen as truthful in the eye of the recaller but is not necessarily the 'truth.' I would also argue another reason for doubt could be that bar for the statement from Pelzer's teacher, Pelzer doesn't include any accompanying documentation to his recollections like excerpts from his social services file. Thus, raising awareness, controversy, documentation, cultural memory, reliability, and truth regarding narratives of abuse, trauma and psychological distress are all concepts that I will consider in the following chapters.

1.3.4 Counter-memory, Counterdiagnosis, and the limits of narrative

Of course, for every argument, there is a counterargument. Throughout this chapter I have described various types of memory being a key concept I'll be examining in this thesis. A type of memory I have neglected to mention so far is counter-memory. Foucault (1977, cited in Morovic & Plavec, 2012) "... defined counter-memory as an individual's resistance against the official versions of

historical continuity: the important thing becomes who remembers, what is the context of memory, and what does it oppose.” Usually, counter-memory is discussed when speaking of large-scale historical events where ‘powerful’ collective memories are challenged by less powerful recollections. Counter-memory, then, becomes a tool for enacting social justice- as Tello (2019) states: “[counter-memory] is most often characterised as grappling with two temporalities, that which has been diminished or erased and that which is monumental. By mediating the tensions of these temporalities, it is seen to energise social movements – counter-memory is cast as a critical catalyst of social justice.” In the context of this thesis, I will be analysing the concept of counter-memory in relation to the cultural memory of care-experiences as alluded to in the previous section, along with notions of power in making memories and narratives in LSW. This also relates to how LSW could link in with elements of the Critical Medical Humanities (CMH) for by examining the effects of counter-memory in LSW and Life Writing we could highlight a pathway towards “prioritiz[ing] the intersection between humanities scholarship and social justice.” (Adams and Reisman, 2019: p1404).

Longhurst (2019: p38) goes on to explain the critical medical humanities movement as “The need to interrogate the role, uses and variations of narrative in the subject area... [and] call for more attention to be paid to its multiplicity and polyvalence.” For Longhurst, discussing Counterdiagnosis is a crucial means for opening this kind of analysis in particularly illness narratives. Longhurst goes on to explain how in Susanna Kayson’s *‘Girl Interrupted’* and Lauren Slater’s *‘Lying: A Metaphorical Memoir’* highlights a definition of Counterdiagnosis “...as a strategy by which those with mental disabilities use language in their autobiographies to write back to biomedical logic, ‘to subvert the diagnostic urge to “explain” a disabled mind’ (p.17). This... diagnostic urge, is the readers’ desire for neatness, for definition, and certainty, to find out what is wrong with the autobiographical narrator in order that there might be a way to fix it.” I talked earlier in this chapter about how diagnosis can also contribute to and contradict identity- e.g. ‘I have autism’ vs ‘I am autistic.’ Interestingly, in my case, there was a reluctance to formally diagnose me with autism in school- possibly because I am female (Pang, cited in National Autistic Society, 2021)- so instead I was statemented as having ‘emotional, behavioural, and social difficulties’ because of my experiences and trauma and my “failure to meet the demands of society” by being placed in care. Amongst the findings of Mannay et al (2017) on the consequences of being labelled looked after, there was almost an automatic assumption that all CEP would have a similar diagnosis upon being placed in care- especially thanks to the very popular Tracy Beaker and her ‘Bog off’s- therefore adding to the negative connotations of being a CEP. This ‘diagnosis’ was later changed to ‘social, emotional and mental health (SEMH)’ difficulties. It was felt a more social model for interpreting the behaviour of the young person was more beneficial than the medical model (Cherry, 2016). Examining the diagnosis/ counterdiagnoses

of CEP and reasons why LSW is both used and not used with certain CEP- e.g., my being the only one of my siblings to receive it- along with the effects of understanding diagnosis, Counterdiagnosis and identity in LSW and life writing is not only a clear intersection between writing, LSW and CMH, but also an opening to discuss social work practice itself.

Of particular debate in LSW practice is who is the best person to deliver LSW (if you're not practicing the Richard Rose model) because most other models state any trusted adult (Rees, 2012, Ryan and Walker, 1997) can be the Life Story Worker. However, this leads to issues of consistency, reliability and whether the chosen worker can do everything needed to present the LSW in a way that is not harmful to the young person. As Capes (2021) explains: "I understood that the "official line" of social services throughout my young personhood ("Mummy can't look after you because she's not very well") was the coded language of a much darker truth. This growing sense of a secret at the heart of my identity slowly devastated me, and the weight of it bore down on me through my teenage years." Capes goes on to explain how the identity presented in her social services file and the identity she has now are two completely different people- "The ways in which my social workers described a traumatised young person make my stomach turn." (ibid). Thus, moving forward through this thesis, it will be important to keep these concerns in mind as we discuss issues of narrative, the uses of documentation/ stimuli in writing and the things that contribute towards (particularly a CEP's) identity.

1.3.5 Conclusion

This chapter has situated the concepts I will be covering in this thesis. I have analysed the history of Life Story Work (LSW); the interactions and intersections between LSW, life writing, and Critical Medical Humanities (CMH); the benefits and limitations of researching LSW in these contexts. I have commented on LSW practice, and the discussions surrounding best practice for Social Workers and argued that research into LSW could contribute both to fields of CMH and Life Writing, particularly regarding notions of truth, unreliable memory, subjective narrative, and ethics. I have then highlighted the benefits and limitations of researching LSW in these contexts and discussed the social, cultural, and political implications that writing a memoir inspired by LSW may have. Lastly, I have covered themes I expect to find in my research based on concepts found in the research of others, for example identity, voice, the limitations of narrative and truth, therapy/ diagnosis/ counterdiagnoses, various forms of memory, and the definition of care.

This chapter has also allowed me to set the foundations for the arguments I make over the course of this thesis. Here, I have begun to explore how life writing, social care, and CMH interact with each other. In Chapter 2 I look at examples of care-experienced life writing to demonstrate what is

currently practiced and commenting on the effect this has on the concepts I have situated here. By doing this, I'll be able to justify why I'll be applying or disregarding certain techniques in my own writing for Chapter 3, while also adding practice-based examples to the arguments I have begun to construct in this chapter.

Chapter 2: Precedents of Practice

2.1 Introduction

In this chapter I will be contextualising concepts from Chapter 1 like narrative identity within the precedents of practice, which, within this thesis, means published care-experienced life writing. Here, care-experienced means those who have been looked after for a period of six weeks or more by local authorities. I will be examining a popular representation of care experience: Jacqueline Wilson's *The Story of Tracy Beaker* series and comparing this to life writing examples written by care-experienced authors. I will also be analysing texts that include stimulus texts/ references to practice like (if not classed as) Life Story Work (LSW). I will also be commenting on the potential effect either experiencing or including more aspects of LSW would have on these life writing examples. This will allow me to justify why I prefer to write a memoir for my creative piece, and why I'm choosing to include so much of my Life Story Book in my memoir.

2.2. Portrayals of the care system- The Tracy Beaker Problem

The number of Children Looked After (CLA) in England has been steadily rising since records began in 2010. According to the 2022 Census (Gov.uk, 2023), there are currently 82,170 CLA in England alone. Consequently, the number of Care Leavers has also been steadily rising, with an estimated total of 45,940 Care Leavers (aged 17-21 currently in England as of 2022 (ibid)). A Care Leaver is someone who was formerly looked after by a local authority for at least 13 weeks after their fourteenth birthday and continued to need to be under the local authority's care after their sixteenth birthday. A person can be a 'care leaver' from ages 16-25, although many choose to leave the care of their local authority before this time. While 'care leaver' is the legal name given to these young people, recent studies from The Adolescent and Children's Trust (TACT) (Ortiz, 2019) and other charities found that care leavers prefer to be called care-experienced young people or CEYP (pronounced like 'cape') as this has more positive connotations than the term 'care leaver'. Capes make people think of superheroes, whereas care leaver just means someone is leaving. I still refer to myself as a care-experienced person, which is why I prefer the CEP acronym as I will never stop being care-experienced even though I am no longer a young person. While this has been mentioned to the government several times by the likes of TACT and MacAlister (2021), they have chosen not to change the label for care-experienced young people, therefore a lot of official research and

documents will still use the term 'care leaver'. This leads to approximately 128,110 people aged 21 and under currently gaining care experience in the UK today, with no substantial voice or identity of their own- only those given to them by popular culture.

For care-experienced doctorate holder and author Kirsty Capes, fighting the stigma presented by popular culture about being care-experienced has become her goal. She writes: "I had grown up being told by the books I consumed that I was pre-determined to fail... I looked to popular culture for answers. I found that the mainstream stories about care-experienced adults relied on a series of harmful tropes. In TV, film, and books, I saw the same things over and over again: care leavers as murderers, rapists, addicts, criminals." (Capes, 2021a). Capes goes on to say that she got so tired of seeing the repetition of the same tropes, that she wrote her own fictional autobiography, *Careless* so she could share her own experience. Other authors- like Sissay- I examine in this chapter share similar experiences, wanting to produce examples that better represent their own experiences of care and who they feel they are. Leaman (2012) conducted a survey with care-experienced young people (CEP) and found that "Participants repeatedly stated that the only representation of children in care that others know is the TV character Tracy Beaker and that they are tired of telling peers that they are 'not like Tracy Beaker.'" More recently, care-experienced inspirational speaker Isabella Kirkman (2021) had grown up hearing phrases like "Tracy Beaker made me want to grow up in care." So, who is Tracy Beaker, and why is she one of the most popular examples of care-experience in media today?

Tracy Beaker was created in 1991 by Jacqueline Wilson in her fictional autobiographical book *The Story of Tracy Beaker*. The book starts with an 'About Me' page describing Tracy's various characteristics and showing her general attitude and personality. It then goes on to describe Tracy's various misadventures in her residential home nicknamed 'The Dumping Ground' until she encounters a young writer named Cam who Tracy wants to make her foster mum. There are two other books in this series: *The Dare Game* which covers Tracy's move into being fostered by Cam only to have Tracy's birth mum want to be back in Tracy's life, making Tracy choose between being with her birth mum and her foster mum. The final book in the series *Starring Tracy Beaker* is an interlude between *The Story of Tracy Beaker* and *The Dare Game*. It sees Tracy still in 'The Dumping Ground' and ends with her spending Christmas with Cam. It covers the pressure Tracy puts on herself that leads to her behaviour issues, along with the complex emotions of still wanting her birth mum while also bonding with Cam.

From the original three-book series came the BBC Television adaption consisting of 5 seasons that ran from 2002-2006 on BBC. It then received a follow-on series from 2010-2012 titled 'Tracy Beaker

Returns', which spawned a spin off series titled 'The Dumping Ground' (that does not include Tracy) that ran from 2013 and is still running now. Tracy herself has returned in the short 2020 series 'My Mum Tracy Beaker' based on Wilson's fourth book in the Tracy Beaker series of the same name published in 2018. This book caused outrage in the care community due to Tracy returning as an unemployed single mum living on a council estate and succumbing to depression. CEP were angered by this stereotype, wanting something more aspirational for Tracy and themselves, as found in these Twitter posts cited in Carol (2018):

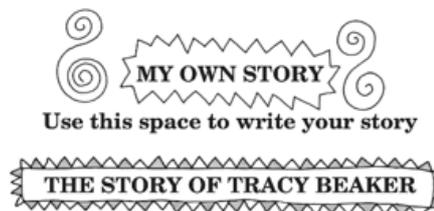


This outrage spurred Wilson to produce a fifth book, titled *We are the Beaker Girls* that takes on board feedback Wilson gained from the care community that Tracy should be more aspirational, which was made into a TV adaptation consisting of six episodes in 2021.

As a result of this 30-year long media presence, the primary reference point for care experience has been Tracy Beaker, with very few other contenders reaching as wide an audience as quickly. However, that is not to say Tracy Beaker has been the only example of care-experienced individuals in popular culture: we have Emma Swan from *Once upon a time*; Rowling's Harry Potter; Barrie's *Peter Pan*; Dickens' *Oliver Twist*; Meehan's *Annie*; Baum's Dorothy from *The Wizard of Oz*; Bemelmans' *Madeline*; a variety of Frances Hodgson Burnett's characters; Roald Dahl's Sophie from *The BFG* or James from *James and the Giant Peach*; the Baudelaires from Lemony Snicket's *A Series of Unfortunate Events* book series and a variety of superheroes. One distinct difference between these characters and Tracy Beaker is that Tracy still has a living birth parent, the rest of these characters are orphans. It is rare- if at all- that care-experienced and orphans are seen as synonymous, even though the act of becoming an orphan today would lead to becoming looked after by a local authority for at least 6 weeks- if not the rest of their childhood years and beyond. Moreover, the term 'orphan' is rarely used today- even as a reason for becoming care-experienced.

Therefore, other examples like Harry Potter cannot be analysed as precedents of practice as they are not examples of life writing that is about being/ from those who are care experienced.

The development of the character of Tracy Beaker differentiates her from other characters in children's books of the time. Wilson opens *The story of Tracy Beaker* with Tracy completing an activity that resembles Life Story Work (LSW)- particularly the Creative Life Story Work model (Blue Cabin, 2023) model (See Chapter 1). Although accessing the children's files are not mentioned in this activity, it's described as helping the children detail their understanding of their pasts through a series of prompts. The social worker character named 'Elaine the Pain' has given the children in the home dubbed 'The Dumping Ground' a workbook that includes 'All about Me' pages and the children are encouraged to answer questions about themselves before moving on to writing their life stories. This is how Tracy (Wilson, 1991: p24) starts hers:



Once upon a time there was a little girl called Tracy Beaker. That sounds a bit stupid, like the start of a soppy fairy story. I can't stand fairy stories. They're all the same. If you're very good and very beautiful with long golden curls then, after sweeping up a few cinders or having a long kip in a cobwebby palace, this prince comes along and you live happily ever after. Which is fine if you happen to be a goodie-goodie and look gorgeous. But if you're bad and ugly then you've got no chance whatsoever. You get given a silly name like *Rumpelstiltskin* and nobody invites you to their party and no-one's ever grateful even when you do them a whopping great favour. So of course you get a bit cheesed off with this sort of treatment. You stamp your feet in a rage and fall right through the floorboards or you scream yourself into a frenzy and you get locked up in a tower and they throw away the key.

I've done a bit of stamping and screaming in my time.



Tracy is a fictional, 10-year-old character who presents a very distinctive voice with a substantial amount of sibilance particularly in the second sentence of this excerpt. The use of words that repeat sounds helps the reader hear the type of voice Tracy might have and is reflective of the learning-to-read-and-spell process where children around Tracy's (and the target audience's) age would be encouraged to sound words out. Additionally, Tracy describing fairy stories as being stupid explains both the kind of character she is along with the type of audience Tracy is speaking to- children who are too old for 'fairy stories,' but not quite old enough to understand using more complex and sophisticated language. This introduction also alludes to Tracy's general behaviour (if you're bad), low self-esteem (ugly) and fear of rejection (nobody invites you to their parties) hidden behind a tough veneer of words like 'stupid', 'soppy' and 'silly' - all of which try to present a general apathy or dislike towards fairy tales when deep down, Tracy just wants somebody to come rescue her like in a fairy story.

As the narrative moves forward, Tracy goes on to link her repeat behaviour of telling fibs to her first foster parent describing telling fibs as 'Fairy stories.' This situates her as an unreliable narrator, something I cover later in this chapter. She then focusses on her relationships with her social worker and with the other children, care workers and her birth mum. Similarities between LSW and *The story of Tracy Beaker* can be seen in the elements of reflection Tracy has throughout the book- namely her telling fibs about her mum and coming to terms with this. Tracy also frequently returns to an incident where she at first didn't, then did, was glad she did, then regretted breaking her nemesis, Justine Littlewood's, alarm clock. These elements of retelling, reminiscing, and reflecting on memories is very similar to how LSW operates, yet no life writing example of care-experience mentions LSW by name. Tracy then explains that Elaine has given the children the activity to help them realise how special they are. In doing so, Wilson is telling the reader how special and unlike other characters found in children's books of the time (Like Enid Blyton's *Famous Five*) Tracy is.

Through the relationships Tracy describes, we gain a sense of Tracy's experience of being in care. Tracy was placed in care due to experiencing neglect from her birth mother. While Wilson does touch on the neglect Tracy experienced from her mother- particularly in *The Dare Game*- she deals with this in a connatural way: "'You're not supposed to leave me.' 'I will do what I like, young lady. Do not take that tone with me! Do you want me to send you back to the Children's Home?'" (Wilson, 2000: location 1942). Most children can empathise with hearing the phrase 'Do not take that tone with me!' from some adult figure in their life, followed by some sort of threat of punishment/ being sent away. Wipfler (2013), founder of 'Hand in Hand Parenting', comments that this phrase is usually an emotional demand for respect from a child as the parent (or adult) is feeling hurt and victimised by their child. When the child is presenting a 'tone', it's because the parent (or adult) has created an

emotionally safe environment where the child does not feel the need to hide the tensions they feel. Wipfler (2013) also states that presenting a tone is also a child's way of saying that they do not feel connected to their parent. Tracy is exhibiting this feeling of disconnection quite literally, but because her mum is very insecure and feels victimised by her daughter, Tracy is met with a threat of being sent away. This stops Tracy speaking altogether as her mum has just shown her, she is not in a safe space and will need to hide her feelings of tension to feel safe, like she does in the following passage: "I hoped if I was really really good and sweet and cute, she'd change her mind and stay home. But she didn't." (Wilson, 2000: location 1942). This quote is the first time Tracy starts to deal with the reality that is her relationship with mother rather than her fantasized version of her in the other books.

Tracy seems to struggle accepting/ understanding her "real" birth mum, coming up with fanciful ways of describing her mum, things she does with her mum and what her mum would do when she comes to get her. This is to help her cope with the feeling of loss and rejection she feels from her mum. Rejection appears to be a big trigger for Tracy as this motif is repeated through the first book, for example when she asks Elaine to be her foster mum and Elaine explains it can't happen, Tracy responds: "I told her I wasn't a bit angry, though I shouted as I said it. I told her I didn't care a bit, though I had these silly watery eyes. I didn't cry though. I don't ever cry." (Wilson: 1991: p29). Rejection resurfaces in talking about her relationship with Louise (another child in the home), her second placement break down, when Cam first visits 'The Dumping Ground' where Tracy feels left out because all the other children are taking up Cam's attention and later when her friend Peter starts visits with a potential foster family. Every time Tracy feels rejected, she presents behaviours like throwing tantrums, absconding and on occasion, violence. This portrayal upset a few CEP, as care-experienced journalist Sophia Hall (2021) writes: "In the original series, Tracy's portrayal upset me. Her infamous catchphrase 'Bog Off', meant her character was often associated with anger and bad behaviour. However, having rewatched the movie and original series, I found myself relating more and more to her, realising her character was misunderstood..." Hall highlights how there was often embedded trauma in Tracy's angry outbursts- particularly surrounding her feelings about her mum- but as they are never dealt with in a therapeutic context, they instead require a second viewing as an older audience to truly understand. This gives the impression that Tracy's behaviours, born out of trauma and upset, are simply an entertainment factor for children. This, I believe, is why many CEP are upset with being compared to Tracy Beaker (Capes, 2021; Hall, 2021; Leaman, 2012), because Tracy herself has become a stereotype due to how popular and entertaining she is.

As stated by the BBC (2022): "If you've ever told someone to "BOG OFF", there's a chance you've been watching Tracy Beaker." This generational phrase said so much in so few words- 'Bog' being a

colloquial term for toilet which parents at the time may have been able to link with 'The Bog of Eternal Stench' from the 1986 film *The Labyrinth* starring David Bowie. The term 'Bog off!' is not present in the first three books. In an article for *Radio Times* (Morris, 2021) Wilson admits that she doesn't know if she invented this phrase or if a script writer did. However, Wilson does put a lot of focus on Tracy's behaviours in the books- something that is taken up in the TV series as often resulting in the exclamation of 'Bog off!' from Tracy. Yet, the way Tracy describes her behaviours is damning of herself. Due to her unreliability as a narrator, the reader cannot be sure if she is embellishing her behaviours of, for example, violence towards other children to present the bravado she uses to help protect herself from rejection, or whether this is just her poor self-esteem affecting her view of herself as some enraged monster:

"Things got a bit hazy after that... And Justine's nose became a wonderful scarlet fountain. I was glad glad glad. I wanted her whole body to spout blood, but Jenny had hold of me by this time and she was shouting for Mike, and I got hauled off to the Quiet Room." (Wilson, 1991: pp80-81).

This retelling of her story links in with Watson et al's (2020: p704) study on the links between LSW and identity, where "...retelling stories help the narrator to achieve coherence of the story, which is central to narrative identity (Welbourne, 2012) and achievement of the master-narrative central to identity (Jirek, 2017). Stories need to be constructed and retold to construct the self (McAdams and McLean, 2013) – this is something that children need to learn to do over time and have opportunities to practice." Watson et al go on to say that dissonance between the identity presented in the life story book and the child's sense of their identity is created particularly in cases where the child has been given a high level of agency, resulting in the increased likelihood of false assumptions that are left unchallenged. In *The Story of Tracy Beaker*, Tracy has complete agency over what is being written, and thus it is rare in the books that Tracy's views of herself, her mother and/or her circumstances are challenged. Therefore, can the reader really trust Tracy's perception of her own identity as a bad kid? If Tracy had undergone one of the models of LSW covered in Chapter 1, would she perhaps be presenting a different identity?

Kirkus Reviews gave a scathing remark on the description of Tracy's behaviour- particularly regarding the uncertain ending of *The Story of Tracy Beaker* as it is not described whether Tracy will be fostered by Cam or whether it's just another fantasy. "By the end, Cam has still not come around— but readers may be too annoyed by Tracy's rude, aggressive character to care" (Kirkus Reviews, 2001). I would be inclined to agree partially with this review- there is a lot of description of Tracy's negative behaviours in the book and this focus distracts from the trauma Tracy's suffered and that

her behaviours are triggered by feelings of rejection. This, in turn, detracts from the relationship Tracy is developing with Cam (or Cam with Tracy) and leaves the reader uncertain as to Cam's motivations for developing a relationship with Tracy. This presentation that CEP are "naughty and funny" (Wilson, cited in Morris, 2021) is a harmful and upsetting trope as described by Hall (2021). Couple this with the self-admitted liar and unreliable narrator Tracy is, it's hard to develop a strong emotion towards Tracy getting her happy ending because we never know if she's telling the truth this time.

On the other hand, the opinion presented by *Kirkus Reviews* is not a popular one. *Publishers Weekly* (PW), commented "...her indomitable spirit and grit leaves little doubt that she will end up on top. Sharratt's drawings help to keep the mood light, as Wilson again shapes a convincing and memorable heroine with a snappy, fresh voice." (PW, 2001). This suggests that it is not Tracy's naughty behaviours that have made her so popular. Tracy Beaker is popular because of her funny, aggressive-yet-lonely, resilient voice. CEP have been attributed for resilience, which is defined by Luksik (2018: p715) as "the process of, capacity for, or outcome of successful adaptation despite challenging or threatening circumstances." Luksik found that even though many CEP suffer great adversities prior to, during and after their time in care, at least half of them can function and (in some cases) prosper due to developing different strategies to cope with different adversities including adaptation, accepting social support and, more commonly, individual strategies and responses. Tracy Beaker demonstrates this resilience first with her behaviour and her voice, but also with her process of reflection and acts of 'coming around' or developing a better understanding of something. Thus, the affiliation of Tracy with resilience is inspirational in that it shows how Tracy deals with different adversities- like her fear of rejection- and overcomes them.

Many CEP may get upset by 'The Tracy Beaker Problem: which is described as having the knowledge that Tracy Beaker is not representative of all CEP, yet we cannot escape being compared to her as this is the public's knowledge of what it is like to be care-experienced (Leaman, 2012; Capes 2021; Kirkham, 2021). However, I have found that *The Story of Tracy Beaker* is not as harmful a trope as these writers might suggest. While the tales of various behaviours and misadventures are humorous and entertaining, once one reads beyond the behaviours there is a complex character with multiple layers that portrays how certain experiences, like neglect, impact a person's behaviours and sense of self, and how techniques found in LSW practice like retelling, reminiscing, and reflecting, can affect a life narrative and perception of identity.

Comparing this to Wilson's (2018) *My Mum Tracy Beaker*, highlights why there was such outrage towards the latter's adaptation of care experience. Seeing Tracy's apparent 'failure' In adult life: not

being able to hold down a job, living in social housing, unable to maintain relationships and succumbing to depression, gives the Tracy Beaker stereotype a negative outlook. In turn, this has an unfavourable effect on portrayals of the care community. As Capes (2021) summarises:

“Care leavers are, variously, more likely to experience poor physical and mental health; more likely to be unemployed; less likely to access higher education; more likely to go to prison... Care leavers are four times more likely to take their own lives than anyone else. These are the facts, but when humans only see negative portrayals of their lives in the popular culture they consume, they come to understand themselves as ‘other’ and the rest of society understands this too.”

Thus, the more CEP are told they’re not going to achieve much in life, the more they, and the society around them, come to accept this as part of the illusory truth effect.

The illusory truth effect is a phenomenon whereby “Repeated information is often perceived as more truthful than new information... Because fluency and truth are frequently correlated in the real world, people learn to use processing fluency as a marker for truthfulness” (Hassan & Barber, 2021: p1). They go on to explain that fluency refers to how easily information can be recalled and utilised by the human brain, and “when information is repeated, it is processed more fluently and is consequently perceived to be more truthful.” (Ibid: p2). This links in with Watson et al’s (2020: p711) explanation of the debate surrounding how much agency a child should have in the production of their life story, in that too little doesn’t allow for CEP to have their say, nor have their identities validated. By portraying such a poor outcome in adult life- including succumbing to depression and needing to move back in with Cam- shows a removal of Tracy’s agency and a loss of the resilience that made her so inspirational. This, I would venture, is why so many CEP were upset with this book and why Wilson worked on a 5th book that was co-produced by care leavers, *We are the Beaker Girls*, to rectify this. In an article for *The Guardian* (Ferguson, 2019), Wilson explains that she heard the complaints from the care community about her 4th book, stating “They thought that Tracy should be much more of an aspirational character as an adult. And they wanted her to be ultra-successful and confident, so that young people in care might think right, if she can do this, I can do this... Some of the group I met had done very well for themselves. They were bothered by the average person’s perception of a care leaver...” Wilson (cited in Ferguson, 2019) goes on to say she felt she owed it to the care community to listen to their ideas for a fifth manuscript. This last instalment of Tracy Beaker has been dedicated to the care leavers Wilson worked with and is an homage to fostering and the fostering process in that it implies that Tracy becomes a foster parent and part of a big family. Although, in a similar fashion to the ending of *The Story of Tracy Beaker*, this ending is left

ambiguous with no confirmation of Tracy's approval to be a foster parent, it just implies that Tracy and her daughter will be part of a big family.

Thus, while the popular media portrayal of Tracy Beaker can have negative connotations particularly as a point of reference for non-care-experienced people towards CEP particularly in terms of behaviour, the texts themselves- particularly *The Story of Tracy Beaker*- actually do more to show the effects techniques that can be found in both Life Story Work and life writing can have than some of the other texts I examine in this chapter. While this is a fictional autobiography, techniques like reminiscing, retelling and reflection can be seen in the context of someone producing their own life narrative and having complete agency over it. One of the main issues of Tracy having complete agency over her work means that her poor perceptions of herself are rarely challenged in the text, and therefore Tracy continues to believe she is a 'bad' kid, whereas in my life story book there are sections where my low self-esteem is challenged by my Life Story Worker and/ or residential care worker which, in turn, will have a different effect on my writing as opposed to Tracy's. That said, this is the closest example I have found of someone using Life Story Work as part of life writing. The other texts I examine use or refer to stimuli like social services files and photographs, however none of these other texts mention Life Story Work.

2.3 Care-experienced life writing

This section will extract writing tools used when dealing with voice and memory by authors like Slater (1996). I will examine how stimulus texts like social services files are used in care-experienced writing such as Sissay's *My Name is Why* (2019). This section will justify the way I use voice and incorporate stimulus texts in my own writing. I will analyse published works by care-experienced authors and comment on their writing styles. I will also discuss recurring themes around the experience of being in care, and how these experiences are shared by these authors.

While *The Story of Tracy Beaker* has been the most influential example of care-experience in modern day popular culture, it is not without its issues. Just as Tracy loses her agency in the 4th book, CEP feel like they have lost a lot of their own agency by being compared to Tracy Breaker. As Kirkman (2021) highlights, "Often, we must talk about our own personal experiences to explain how fictional and romanticised the show truly is. It is tiring to constantly correct people that growing up in care is not like Tracy Beaker." Comments also include whether someone who is not care-experienced herself (Hall, 2019) can really produce an accurate depiction of care-experience. As a result, many care-experienced writers have taken up the mantle to produce more 'authentic', a term which here means finding and expressing true/ natural (Wilt et al, 2019)- accounts of being in care. In an article for the *Cosmopolitan* Capes (2021) explained that she created her own care-experienced story to try

and see herself reflected in the characters she saw on screen and read about in books. While I agree that more examples of lived experience would be beneficial in helping to inspire a new generation of young people and, by extension, allow for more challenging of the current stigma and stereotypes, as Wilt et al (2019: p10) found, definitions of authenticity are usually subjective- “authentic experiences entail expressing one's perceived true nature, being content and relaxed, taking ownership of one's choices, not giving in to external pressures, and having open and honest relationships.” Thus, I don't want to write with a view to presenting a more 'authentic' representation of care. I want to provide a case study that can contribute to the challenge of stereotypes and stigma- which, in turn, can also be used to improve policy and practice. Much as Wilson calls for more stories of care-experience (Ferguson, 2019), Capes (2021) also comments that we need to resolve the “drought of stories from young people with lived experience” if we are to tackle the issues surrounding stigma and stereotypes. As a result, the remainder of this chapter will focus on texts written by care-experienced authors, with a view to commenting on why some care-experienced authors may prefer to write fictional autobiography, while others, like me, prefer memoir.

Hunt (2010: p234) argues that all autobiography is in some way fictionalised- even unwittingly, e.g., in the construction of fictional dialogues to recreate conversations. However, “when writers consciously use fictional and poetic techniques to tell their story... this changes the conceptual frame. Now their primary intention is to use memory or self-experience as a trigger for creative writing with an aesthetic product in view.” Hunt goes on to explain the therapeutic benefits of writing fictional autobiography, concluding that fictional autobiography has the potential to give an author room to distance themselves enough from a particular concept they may not have been able to before to analyse and process that concept fully. LSW can operate in a similar function, utilising fiction to help create a distance that better allows the child to process concepts.

One such model is Moore's (2019) Narrative-Dramatic Approach to Life Story Work, which seemingly takes from the therapeutic effect of writing fictional autobiography and combines it with Richard Rose's (2017) Therapeutic Life Story Work model to make it less intense for the child/ young person. As a result, Moore's (2019: p216) approach involves “Use of fictional contexts to invite children to practice problem resolution and ways of being in relationships.... Facilitating play as a means of transformation in fictional context, and of generating positive feelings that insulate the participants' brains from the deleterious impact of anxiety, fear, and depression (Music, 2014).” Thus, I theorise that the reason writers may prefer to produce fictional autobiography, particularly when for children, is because fiction allows for the exploration of difficult things in an entertaining or congenial way that reduces potential traumatic consequences, as found with Tracy Beaker.

In care-experienced comedian Sophie Willan's (2017) conglomerate of works from care-experienced authors- *The Tales of the Weird and Wonderful*, there is a short fictional autobiography *Cardigans* (Spencer, cited in Willan, 2017: p154). Here, the protagonist refers to social workers as 'cardigans': "The Cardigans say I am going to live in a care home. I cannot wait! Who knows? It might be like Tracy Beaker!" This quotation also reinforces the issues raised in the previous section regarding Tracy Beaker becoming a romanticised view of being in care. Except, for protagonist Lily Moore, it's nothing like Tracy Beaker, mostly because the children's home has no mirrors, is haunted and the children end up making a game out of summoning ghosts, eventually befriending the ghosts. Many care-experienced authors actively demonstrate how their experience of being in care is nothing like Tracy Beaker, but it is still the best example we can use to help non-care-experienced people relate to our experiences. Similarly, to Wilson's writing, Spencer (cited in Willan, 2017) deals with themes that are perhaps more adult without going too much into detail about them, like emotional abuse and putting adult responsibilities on a child, along with the threat of being sent away. Due to the story's focus on the more entertaining fictional element of ghosts these traumatic experiences are reduced.

Cardigans does not deal with themes that would apply to *all* children. Most children love the idea of going home, whereas the protagonist in Spencer's (ibid) story goes home only to suffer more emotional abuse that is ignored by adults, to the point the protagonist actively prefers being in the children's home. Tracy Beaker, by contrast, deals more with issues that face all children- bullying, loneliness, friendships, food, school etc. all delivered from the voice of an entertaining 10-year-old that tends to lose their temper every now and then, but never *ever* cries. It is possible, then, that Wilson's lack of care experience distances Tracy from what it's like to be care-experienced in such a way that she's able to explore potentially traumatic issues like bullying and in a safe, child-friendly way that engages most children, like Moore (2019), Geest (2016) and Hunt (2010) all suggest as a use of fictional/ humour-based elements in writing.

In response to how she's portrayed Tracy 20 years on, Wilson (cited in Allardice, 2018) explains that the message of *My Mum Tracy Beaker* isn't that she thinks care-experienced people are incapable of achieving particular life goals. "If the novel has a "message" it is that "you can be a happy, fulfilled person and have achieved a lot, but you do not have to have fame and riches, as Tracy always wanted." This may have been Wilson's intention, but the backlash on the care community- e.g., concerns regarding reinforcement of stigma and stereotypes as found in Carol's (2018) article- is how the message of the novel has been taken. This is where I would argue that writing from lived experience is better suited to really highlight the 'here's how I became a happy, fulfilled person despite where I came from' as this gives far more agency back to care-experienced people (CEP) (or

any minority group) than a fictional representation from someone without lived experience. For example, Capes (2021) creates a fictional autobiography that deals with the experience of underage pregnancy while in care. While also fictional, writers cannot help but put something of their own experiences in their writing. One of the most famous pieces of writing advice is “Write what you know.” While there are a lot of mixed views on this writing advice, for example Johnston (2011) explains why they tell their students ‘Don’t write what you know:’ “For me, it’s the difference between fiction that matters only to those who know the author and fiction that, well, matters.” I would argue that one cannot ignore their lived experience. Parts of the writer and what they have lived through will always seep themselves in the writing whether we like it or not. While this can have some backlash, as with Wilson’s *My Mum Tracy Beaker* where Wilson puts more of her own lived experience of being a single mum on a council estate into the writing, in my opinion it still makes for more insightful fiction than writing without experience as Wilson does with *the story of Tracy Beaker*. Therefore, for me, even in fiction, writing from lived experience makes for far more insightful writing that produces a far more empathetic response to the writing.

For example, Capes (2021) examines the feeling of separation being the only fostered young person in a family unit can invoke, and how a life-altering event like underage pregnancy can highlight the strain of an already crumbling familial relationship. While the placement does eventually break down, Capes’ protagonist Bess finds herself with a stronger personality and sense of identity by the end of the novel. Bess has found her feet in a semi-independent living placement (a post-16 living arrangement for CEP where a young person either lives in their own accommodation but has support workers that help with independent living skills or rents a bedroom in a semi-independent foster carer’s home), and the book ends with her plans to head on to film school. Like with *Tracy Beaker* and *Lily Moore*, Capes also deals with the threat of her protagonist, Bess, being sent away:

“Why don’t you just fucking deal with it like a normal mother instead of threatening to send me away every time I mess up? I know I do not need to swear, but I do it anyway because she hates it. And I hate when she uses social services against me like a weapon. She’s been doing it more and more as I get older. I hate that so much.” (Capes, 2021: p47).

This older voice- with more use of inappropriate language, a typical trope of being a young adult- is due to Bess being that much older than Tracy or Lily at 15. However, it also demonstrates a similar behaviour to Tracy in that the swearing can be seen as a rebellion against the fear of rejection. That said, likely because of her age, Bess uses repetition of such a strong emotive word suggests she is far more aware of herself and her identity than either Tracy (who doesn’t *ever* cry) or Lily (who doesn’t know if she should be scared or not. (Spencer, cited in Willan, 2017: p157)). This level of emotional

literacy and narrative identity, along with candid reflection, makes the reader want to see Bess as a more reliable narrator than the younger protagonists I've examined thus far in this chapter. The use of retrospective narration is also something attributed to older characters as opposed to younger people which adds a depth and richness to the experiences that have been shared regardless of how fictional they are.

What Capes does with her protagonist resonates with the process of writing as therapy as found with Shapiro (2012), where he describes patients reclaiming their voice and identity by retelling their own stories. Except, instead of a medical context, this is with a care-experienced context- to creatively process and perhaps heal from distressing or traumatic events. The process Bess goes through regarding processing her pregnancy and eventually aborting her baby, which completely severs her relationship both with her foster mother and with the father of the baby is a complex and distressing series of events for her. These events are dealt with by Bess' frequent references to films, music and shows she enjoys as these are a form of escapism and safe spaces for her, along with clueing the reader in on her end goal and why this is her end goal: "her eyes are so big she looks like Sailor Moon. And I am Queen Metalia, that black and purple cloud mass with slitted eyes and pointy teeth, engulfing all the good things in Sailor Moon's world and rotting them away." (Capes, 2021: p113). This approach to contextualising narrative to something else the reader may have experienced also links in with some of the Life Story Work models discussed in this thesis like Moore's (2019) Narrative dramatic approach where stories and plays are read and enacted to help develop the young person's confidence, sense of relationships, conflict resolution and, eventually, sense of self. Bess' passion for films resonates with my own, and film references, particularly as frames from my narrative to help contextualise the memory or scene I'm describing. Referring to a film or book reference leads to another practice in LSW that is explained in the Joy Rees (2012) model in particular- in that these references can help ground the CEP (or author) in/ bring them back to the present, so they don't become trapped in a particular memory or reflection. This strong sense of narrative identity in the present allows for Capes to help bring the reader along with her on Bess' journey through care, through underage pregnancy and to who she becomes by the end of the book. While both the end of the Tracy Beaker saga and *Careless* have ambiguous endings, there is far more of a sense of a resolution by the end of *Careless* despite the ambiguous ending that really helps show the reader how her experiences have shaped her and helped her realise more of her identity. Bess is living semi-independently, confronts the father of the baby and stands by the decision she's made. For me, ambiguous endings are problematic. Endings, for me, should be concrete to make them easier to process. However, sometimes an ambiguous ending is unavoidable particularly for

memoirists and autobiographers writing at the younger stages of their lives as their lives aren't over yet. There is no way of knowing what the future will bring.

Thus, fictional autobiography seems to be a good platform for any author- care experienced or not- to explore potentially difficult and distressing topics in an entertaining way to mitigate any traumatic consequences of the topic. It also allows the reader to see the protagonist's sense of their own identity and, particularly in the case of *Careless*, how that identity is shaped and developed by experiences. Fictionalising the autobiography- particularly in the case of the younger narratives- gives both the reader and the author a level of distance from the narrative to help protect them from getting too emotionally invested. In the case of *Careless*, however, I wonder if the fictionalising element is also to keep Capes' lived experience separate from Bess' experiences. If it is, then is Capes really doing what she states she set out to do in creating a narrative that reflects more of who she feels she is?

This question of authenticity is drawn into the wider scope with Tracy Beaker, where the illusory truth effect (see pages 55-56) of how frequently Tracy Beaker's image and story has been shared with young audiences has led many to believe Wilson's work of fiction is the truth of being in care. This has been very problematic for the care community, causing them to seek more authentic examples of care-experience, which cannot be given. For example, Capes (2021) describes Bess' foster parent as not being allowed to give hugs. This is not authentic to my experience of being in care, as I am a self-proclaimed hugaholic and if you try to take my hugs from me you will be in trouble. As implied by Wilt et al (2019), true authentic accounts in particularly Western culture are completely subjective. My experience, Capes experiences and everyone else's experiences are often unique to them, therefore there cannot be 'one true authentic example' of care experience. I just wish to share my experiences in the hopes of adding insight and empathy to what many CEP must go through at such young ages and to help share my views on good practice and not-so-good practice when it comes to supporting young people. For me, fiction is not a platform I find natural or easy to navigate- while I do appreciate the distance fiction can allow a writer to have. For the remainder of the chapter, I will be examining four memoirs from care-experienced authors to demonstrate why I'm going to write a memoir rather than a fictional autobiography.

As already stated, there is an element of fictionalisation that goes on in any form of life writing for a variety of reasons- be that for therapeutic reasons like in McClure's *Borderline* (2017), to help create conversations in the narrative, or to protect the identity of those involved in your life writing (Hunt, 2010). In her memoir *Welcome to my country*, care-experienced psychologist Lauren Slater (1996) explains that the following stories detailing individual patients she has worked with are an

amalgamation of characteristics she's come across in her work, and thus are fictional representations of her patients: "...in every case the patient's name, physical characteristics, and specific biographical details have been altered so as to protect and respect the confidentiality of all those involved." (Slater, 1996: pV). This anonymisation is not unusual in memoir, but the combination of characteristics to make up not just one, but six biographical accounts of patients within a memoir you are writing about yourself as a therapist is very intricate and in line with Slater's narrative voice.

Slater does not write about being care-experienced like the other authors in this section. In this book she only dedicates a page and a half to the fact that she is not only care-experienced, but that she had a positive influence from her foster parents: "I had the extreme good fortune to be placed in a foster home for four years, until I turned eighteen, where I was lovingly cared about and believed in." (Slater, 1996: p193). It appears rare that care-experienced authors focus on the positives of being in care, Rhodes-Courter's *Three Little Words* being one of the examples that does, while McClure (2017), Daniels and Livingstone (2014) and Sissay (2019) all describe quite negative experiences of being in care. I am aware I have been lucky with some of my experiences in care so I will endeavour to highlight this in my memoir. However, some of the mistakes and issues with how my case, and later myself was handled cannot be avoided. I feel it is important to share all sides of the story as that is how I came to understand my story. It does make me wonder if these authors had had the Life Story Work processes I had experienced, would their memoirs be as positive/negative when reflecting on their care experience? What impact would this have had on their voices?

Slater's (1996) voice is best described as being three voices in one. This is particularly highlighted in her last section, *Three Spheres*, which is triggered using a stimulus text- her patient's medical report. What ensues is a plaiting of the professional mask as Slater refers to it; the woman who empathises with the patient (or expert by experience); and the scared child who experienced being in that hospital so many years ago and is terrified she'll be sent back. For example, "'But I prefer them to antisocials," I add, and as I say these words, I feel safe again, hidden behind my professional mask... There is betrayal here, in what I do, but in betrayal I am finally camouflaged." In a few lines, Slater has shown all three of her 'sides' and interweaved them to show that they all make up Slater herself. This is what memoir itself enables. This split between different elements of self is a running theme across the voices in most of the narratives I examine in this section. However, Tracy Beaker and Bess do not experience this split of self. I would venture, as hinted with the development of Bess' character, that this is because they are far younger narrators, but this is something I would like experiment within my own memoir.

More memoirs work with a split-of-self-approach (Karr, 2016) to producing memoir than one sole voice as presented in fictional autobiography. This is where the voice of experience, or the writer writing now comments and reflects on the voice of innocence: the character or version of themselves they are presenting to the reader. McClure and Daniels deal with the split of self as a way of showing memory and age. In *Borderline*, for example, there are elements of 'reliving the memory':

““Oy, Lila. What’s this about yer pickin’ on our Liam?”

“What? Yer think yerrard now cos yer with yer mate? Cos yerrin care?” *Well yeah.*”

(McClure, 2017: p172)

and reflecting on the memory throughout: “*Poor Chloe, I think as I look back now, she was only twelve; confused, damaged and naïve. No one should have been having sex with her.*” (Ibid: p191).

McClure uses strings of dialogue to help her present a child’s voice (McClure, 2014: p4). McClure places dialects in her dialogue to help the reader gain a sense of where she is, and adds to the adolescence of the voice she wishes to convey by including colloquialisms used like - “Will yer get off with him?” (McClure, 2017: p10). She then switches to the adult voice by explaining to the reader what this colloquialism means “That was the term for kissing with tongues.” (ibid). This acknowledgement that the reader may not understand the term ‘get off’ shows that McClure is aware that she is using language that isn’t very accessible to who she feels her reader might be.

Daniels’ voice also switches between the adult reflecting and the child experiencing, but instead of demonstrating this using dialogue, they use tense. For example, (Daniels & Livingstone, 2014 on page 65) she starts this memory with “Mum is away again without any warning.” Starting to describe this memory in the present tense. Yet, in the next paragraph she writes “I have such fond memories of these six months, going there.” (ibid), switching to an adult reflecting on the memory and the past tense. Daniels seems to want to show how in some memories she can live the moment, but in others she prefers to reflect on certain things. Daniels (2014: p118) comments on the effect of tense: “Flashbacks take me over, as if that evening is once again my present... Some cruel state I can never leave, I go back to the past which feels like the present.” This description of memory, particularly in relation to a traumatic memory, is common reaction to any form of trauma (SAMHSA, 2014), and something that would most likely be seen in any form of LSW. Examples like this are why the bringing back to the present idea in the Joy Rees model and seen in Capes’ (2021) work is so important to the practice of LSW.

These similarities in dealing with voice and time reflect how both McClure (2017) and Daniels (2014) are writing more for therapeutic purposes as well as to try and raise awareness of the effects growing up in care- particularly in poorer areas- has. McClure overtly states she is writing as part of

her recovery from succumbing to drugs and alcohol addiction caused by mismanagement of her borderline personality disorder (BPD) and trauma. Throughout the narrative she shows the false memories induced by drugs and various other elements, along with highlighting how very often she wasn't aware of what was happening. She also adds an author note in bold: "**(N.B.- as a child I was never sexually abused by anyone in any way. They were all false memories due to the drugs, the fact I had been looking for an answer and the abuse I really had just suffered at the hands of Will).**" (McClure, 2017: p316). The admittance of false memory within the memoir is unique. Due to this being an older protagonist writing a memoir as opposed to fictional autobiography, we as the audience tend to trust the writer more if they admit they're lying. This shows that McClure is trying to make sense of her childhood as part of her recovery, but it also calls into question the memories she does record. How many of these were false, drug induced memories compared to what happened? Like Tracy, McClure is a self-proclaimed unreliable narrator. If McClure's memoir was co-produced would her recounting of memories be more reliable?

Daniels (2014), on the other hand, is writing to help her process the thoughts, feelings and information going through her Social Services file has raised for her. Livingstone stated in the forward that she has been assigned to help Daniels articulate her thoughts, not too dissimilarly from a Life Story Worker- even though this memoir isn't referred to as a Life Story Book- and suggests a co-produced approach to the memoir. While Daniels includes notes from her file, she also includes comments refuting them or demonstrating her reaction to them: "The financial situation is very low. *Three adults, three kids in that house. Financial situation very low- no shit, Sherlock.*" Daniels and Livingstone, 2014: p70). These reflections show the anger and frustration Daniels has towards the information in the file, and later in the book she explains how she became obsessed with knowing what was in her files due to the amount of information being kept from her by the people who worked with her. Yet, due to this being co-produced rather than all the agency being on Daniels, the process of going through these thoughts and feelings are far more articulately expressed. With the addition of having samples of her file, Daniels presents as a far more reliable narrator.

Unlike the other narratives I've discussed so far, Sissay's split voices are not adult reflecting and child reliving. Instead, the voices in *My Name is Why* are those of the professionals around the care-experienced and that of the care-experienced adult reminiscing, reflecting, or in many cases, refuting the information in the file and retelling the memories of what happened for Sissay. For example, Sissay shows his social worker's report from his file saying "I warned him that Senior members of authority had suggested a move to Wood End..." To which Sissay responds "Who were these 'Senior Members of Authority?'" (Sissay, 2019: p156). Sissay also comments on memory and the effect his file has on his memory, stating "Memories in care are slippery because there's no one

to recall them as the years pass. In a few months I would be in a different home with a different set of people who had no idea of this moment. How could it matter if no one recalls it? Given that staff do not take photographs it was impossible to take something away as a memory.” (Sissay, 2019: p108). Sissay demonstrates this agency at the end of chapter 25 where he repeats “My name is Lemn Sissay” 90 times. (Sissay, 2019: pp172-173). The way Sissay demonstrates the development and understanding of his identity both with and without the social services file is not too dissimilar to MacAdams’ (2017: p16) theory that hybrid memoir “is any memoir in which its author purposefully disrupts standard memoiristic convention in the telling of his or her own life, by using significant transgressions in content, style, or structure.” Sissay’s memoir is very repetitive in structure- it posits a scan/ photograph of a document from his social services file, copies out what was written in the file in typed text (possibly as a physical representation of the processing of the information), then presents his memory/ reflection/ retelling of the event described in the picture/ scan.

This structure of presenting the stimulus, repeat the stimulus, reflect on the stimulus, on occasion write some poetry about the stimulus, repeat again; enables Sissay to retain a level of his own authenticity while simultaneously allowing him to ask new and difficult questions about how he views his identity, like MacAdams (2017) finding that hybrid memoir allowed her to do in her practice research. However, this approach to examining one’s social services files makes very public emotions that you may not understand or be able to process effectively, resulting in very emotional reactions to the file as both Sissay (2019) and Daniels (2014) both demonstrate. The difference between these two texts is the reader can see the documents Sissay is reacting to, whereas in Daniels only references and reactions to the stimulus of the social services file are mentioned.

Sissay’s approach to memoir also creates a question of the effect of the co-production of an identity- the professional’s view of him versus his view of himself. Additionally, his own editing of his memoir being the public display of what elements of himself- professionally made or individually made- he views as his identity now. “I was eventually allowed to attend the Black and In Care conference on 20 October 1984. It was a historical occasion – the first conference for young black people in care... Exhilarated, I returned to Wood End where I was strip-searched.” (Sissay, 2019: p241). Here, Sissay is bringing to light the behaviour towards CEP as summarised by Capes (2021) earlier in this chapter regarding the illusory truth effect. Sissay then seems to add: ‘until it’s unequivocally proven false.’ I wonder, then, if completing a co-produced narrative on understanding identity, like in a Life Story Book, prior to producing a memoir will result in a different answer to questions regarding the presentation of identity, memory, truth, and agency- and perhaps demonstrate a different way of viewing care experience and those who are care-experienced. By producing my own memoir, along

with a record of experimenting with the devices I've analysed from all the precedents of practice in this chapter, I hope to answer this question.

2.4 Conclusion

This chapter has examined the precedents of practice, or care-experienced life writing, with a view to justifying why I may make certain creative choices in my own writing. I have discussed how care experience is portrayed in the media and analysed *The Story of Tracy Beaker* in comparison to texts about/ from those who are care experienced. I have commented on differences and similarities between fictional autobiographies and memoirs and theorised why some care-experienced authors might prefer one or the other. I highlighted how Tracy Beaker as an image has both positively and negatively affected the care community. I have theorised why Tracy Beaker has been the most famous example of care experience. I have also examined themes, literary tools like voice and stimulus texts, and how the concepts of writer, narrator, and protagonist are used in various care-experienced writing and how this related to various theories like the therapeutic effects of fictional autobiography and the use of co-production in memoir.

While I could have examined further tools used texts that were not about care-experience compared to tools used by care-experienced, I felt it more prominent to examine care-experienced precedents of practice to better inform my own practice. I will be taking on board tools I found in these examples in my own writing- like the exploration of different voices and use of stimulus texts to help present different ideas on identity- and utilising these to better help me answer the question: What would a piece of life writing influenced by Life Story Work look like? I demonstrate this practice in the next chapter.

Chapter 3: Creative Practice- The Memory Hotel

"Start at the beginning, and when you come to the end... stop."

The Mad Hatter- Disney's Alice in Wonderland- 1951

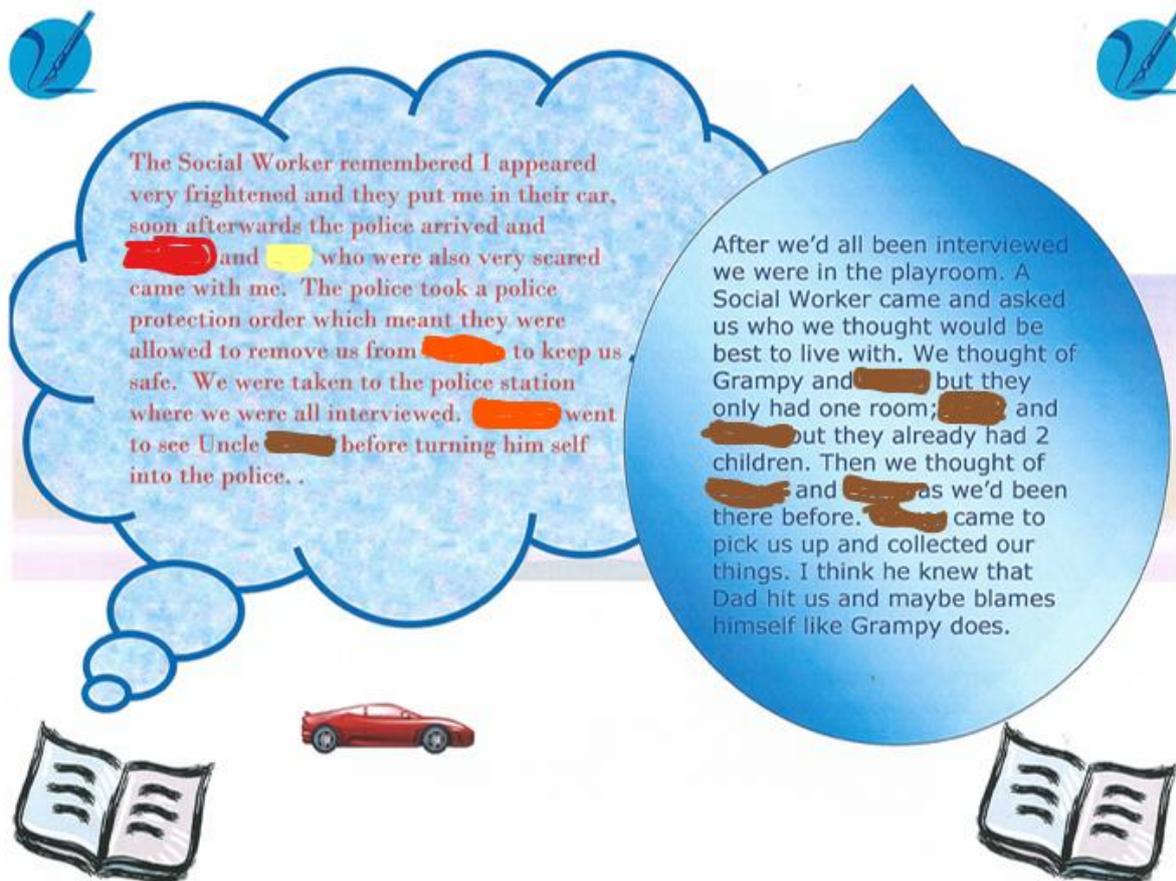
Please tell me you read that quote in Ed Wynn's voice. He had such an iconic voice and I hope it doesn't ever get forgotten. In case you've never heard of him, he often played positively mad characters in Disney films. His voice is simultaneously high and baritone, like he's always suppressing a giggle, with a famous lisp that just makes him perfect to play characters like the Mad Hatter.

It is very good advice to start at the beginning; however, good advice is very seldom followed. Therefore, I shan't start at the beginning. It's boring to start at the beginning.

In Life Story Therapy (LST), we started with the now. Who is this random person who's writing right now? Honestly, much like the me I was when I started LST, I'm not sure who I am right now. To quote Alice- "I can't explain myself, sir, because I'm not myself you see." I haven't really felt myself in quite a long time.

One thing I can say though, is that my name is, and always has been, Dey. Pronounced 'Dee', spelled like 'key.' My full name is Deyanna, but no one calls me that unless I'm applying for work or in trouble. Everybody pronounces it wrong though, the 'y' really throws people off. It's only in there because my birth-mum thought 'Deanna' was spelled phonetically. I've always liked the 'y' though. It makes me feel unique.

I have a very clear idea of who I *was*. Thanks to LST, I have a pretty good idea of where I come from, the things that happened that led me to when I am now, and at the very least, who teenage me wanted to be. Who I am as of this moment though? I'm not quite sure. There are plenty of labels that have been thrust upon me or that I associate with, but to answer the question: 'Who is Dey?' I don't think describing my labels will really help. It might be easier to begin with who I was, and what led me to where I am now. I was once told 'we are who we are because of the choices we make.' I can't really remember who said that, but I do remember the choice I made that changed everything:



This is a slide from my Life Story Book (LSB, produce of LST). I'll be using these throughout the memoir. In the interest of preserving anonymity, I have replaced the names of individuals with colours. Brown= aunts and uncles, Ruby is my younger sibling, Lemon is my middle sibling, Orange is my birth father.

*

I've got to put this in my pack folder before he sees it. He'll never check my pack folder. Not in a million years.

To Mrs (Teaching Assistant I told), Sorry you're leaving. I'm going to miss you. From Dey. P.S. I'll tell you my secret.

The hard thuds start hurting my chest again. A clamp is on my head. I step through the kitchen and duck down in the hallway and under the stairs. I try to open my pack folder quietly, my eyes darting between the kitchen and lounge doors.

R I I I I I P

I tense into bolt position.

I wait.

Nothing happens.

I slip the card in through the noisy gap and close the folder. The clamp on my head gets tighter. I'm thirsty.

*

One choice, one simple goodbye card, one sentence, and my life changed forever. Sometimes I still wonder about my life had I not decided to tell my secret. It's like a thought experiment, or a choose-your-own-horror book that R.L. Stine used to produce, and I used to devour. I know these days I made the right decision. I wouldn't be who I am today had I not made that decision. The journey to getting to that revelation though was a tad complex...

*

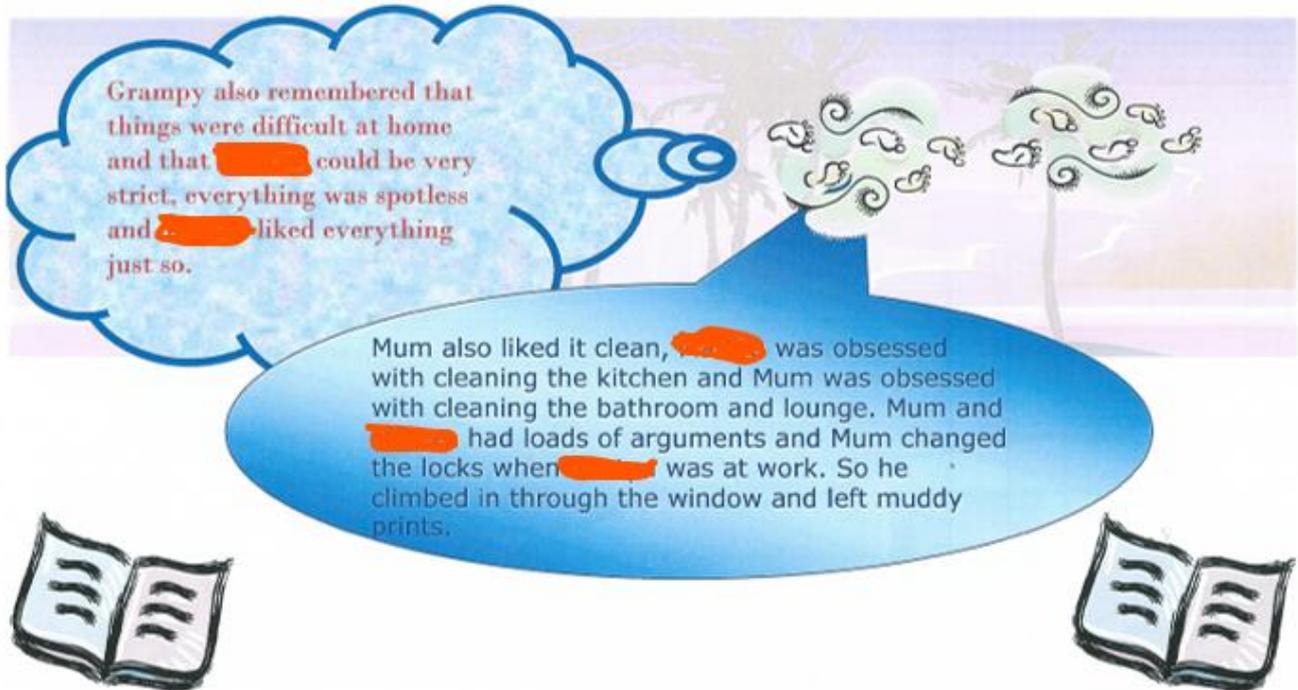
*"You think I'm an ignorant savage,
And you've been so many places,
I guess it must be so..."*

Pocahontas- Disney's Pocahontas- 1995

I can remember the first Disney film I ever watched... It wasn't Alice in Wonderland; it was Sleeping Beauty. I loved the dress changing from blue to pink and back to blue again. In my LSB my Unclemon (← this uncle and I were close when I was a kid and we both loved word play, hence I call him Unclemon, and he calls me Niecelet) added that I made him watch it three times consecutively while he was babysitting us during my (birth) parents' wedding evening. When I was four years old, I was diagnosed with asthma. This triggers a memory of the second Disney film I ever watched: *George of the Jungle*. My favourite was Ape. I wanted to play chess with Ape one day. That said, finding the film so funny did make it harder for me to breathe.



Near the end of April, I woke up at 4am in the morning and I couldn't breathe. I was just coughing, Mum heard me and came in to see, she saw I couldn't breathe and dragged me in to the bathroom. She ran the hot tap until there was lots of steam coming up from the bath until I could breathe again. We needed to make an emergency appointment at the doctors but because it was so early I was allowed to watch *George of the Jungle* before I left I then got my inhaler and a week off school!

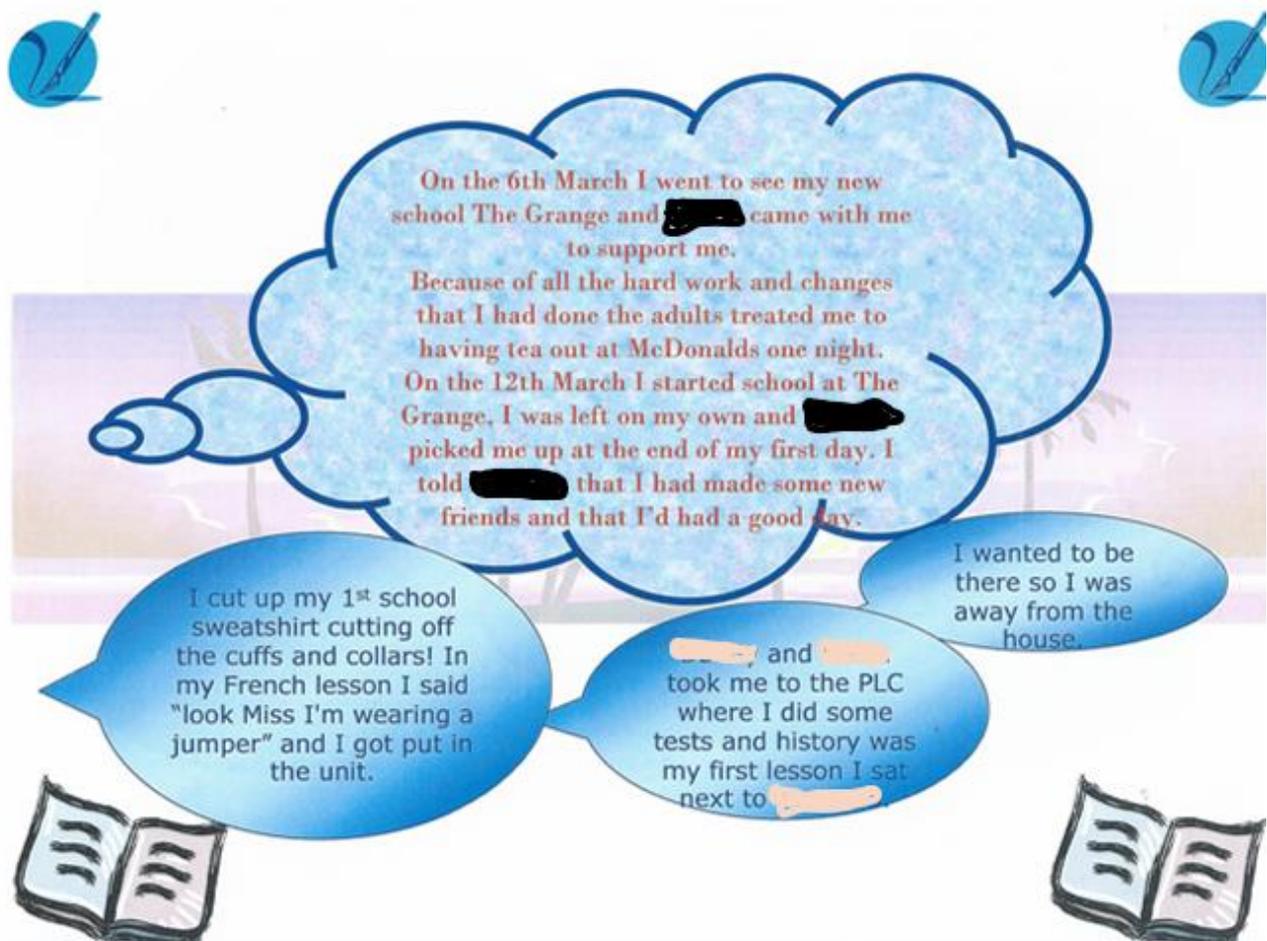


I was thirteen when I started Life Story Therapy. It's an intervention that's designed to help young people like me (care-experienced- a term which here means removed from birth families) make sense of their pasts. I thought it was just going to try and tell me my story, so I refused to go to it for the first nine months of my stay in residential care. It took a lot of nagging from my social worker and cups of tea with who would become my Life Story Worker before I would even begin to engage with this. In the end though, it turned out that Red: my Life Story Worker- named so because

anything in red text in my LSB is from her and her research into my life. The stuff in blue text is all me. She was just trying to *help* me tell my story, not tell it to me.

For example, in the slide above, Red didn't know too much about my asthma diagnosis other than I was diagnosed with asthma at age 4. I remembered how we found out I had asthma and therefore I knew more than her. However, I didn't know that Grampy remembered things were difficult during this time. I didn't remember much else from this time other than Butterfly (my birth mum) liked things clean too and there was a funny time where Orange had to climb through the window and left mud on the windowsill- which I probably wouldn't have even remembered had Red not told me what Grampy remembered. I didn't do a lot of 'feelings' back then but I do remember it was scary when I couldn't breathe but then funny because of George of the Jungle. Disney has always been there for me. "Watch out for that tree!"

I will add, my LSB is full of typos, poor grammar, and misplaced bubbles that may seem out of context. We would use wallpaper as the medium for collecting my memories, reflections, and responses. Then Red would translate the scribbles and drawings from the wallpaper onto a PowerPoint that became my LSB. The 'Book' was given to me in the form of printed double-sided PowerPoint slides slotted into a loose-leaf plastic folder. I have since taken out each page carefully



and scanned into my laptop as a digital copy just in case. The 'Book' itself is a hefty thing, consisting of around 400 A4 pages. During sessions, I would make an active effort to use as much of the wallpaper as possible. It seemed fun and I enjoyed the interaction with Red whenever we came to the end of a roll of wallpaper: "Not another one!" It made me smile. I'm not sure why. To my knowledge, I hold the record for the most rolls of wallpaper used over the course of LST. However, this then made Red's job of collating everything we did a lot harder, hence the inconsistencies in the LSB slides. That said, she did do a really good job on my 'Book.' At least it makes sense to me- which is more than I can say for my Social Services file... Which I'll get to later. At the time of writing, I've had my 'Book' for twelve years. Yet I have kept it as pristine in condition as when I first got it.

Black are the Random Care Workers (RCW). Beige are friends from school.

With Red's help, I was able to produce a coherent life narrative that now resides in my LSB, showing not only my understanding, but other people's understanding of what happened in my life. Red explained that LST was a way of *compromising* everyone's point of view to make sure I had a complete understanding of my life so far. It took me a while to understand what *compromising* meant.

"So, where you from?"

"Down south."

"How come you're up here?"

"I got moved here."

"Parents get a new job or sommat?"

I try to avoid the question. Every single fucking time I have conversations with people it ends up like this.

"I don't have parents."

"Oh, I'm sorry. You living with some other family?"

"No, I'm in care."

"Ohhh, like Tracy Beaker?"

Oh, for fuck's sake. Being in care is NOTHING LIKE TRACY FUCKING BEAKER. Tracy Beaker is FICTION. Jacqueline Wilson went around a couple care homes in the late 80s and decided to write a book based on that. Notice how no one in Tracy Beaker gets restrained? None of the paperwork is ever

mentioned. Heck... They wouldn't even get away with the staffing issues they so clearly have. Christ on a bike.

"Not really... but I guess? Anyway. Where are we going?"

"To the PLC. It's just here."

"What's a PLC?"

"Dunno. I think it stands for Personal Learning Centre or something like that. It's where all the new kids go and where all the retards stay."

"Wait what?"

A shrill bell cuts through my head. I put my hands over my ears and scrunch my eyes up as white slashes and sparkles form behind them. Then. It stops.

"You OK?"

"Yeah, I'm fine."

"Well, we gotta go to class. Maybe see you later?"

"OK."

They walk off. When they think I can't hear them, they whisper: "Oh great, another fucking retard."

*

"Miss, why is there an S by my name?"

"Pardon?"

"On the register, Miss. There's an S by my name. Nobody else has an S."

"Oh, if you like I can talk to you about it in private after class."

"But I want to know now Miss."

"Well, I have a lesson to teach now but I can talk to you at breaktime. By the way, where's your school jumper?"

"I told everyone. I don't like it. I'm not wearing it."

"Everybody has to wear the same uniform Dey. You'll get another warning for school uniform."

“But Miss, I look smart enough. I can’t stand the arms or the neck. They feel suffocating and they itch.”

“Have you asked for your clothes to be washed with a different washing powder?”

“They won’t change it just for me. We all have to agree that we need a new washing powder.”

“Well, I’m sure you’ll find a solution. Now. Today’s Objective is...”

*

I found out what the ‘S’ stood for. It meant ‘statemented.’ This basically meant teachers need to keep an eye on me. Nowadays registers are far more discreet in highlighting learners with additional learning needs, and teachers are trained in differentiating their lessons and teaching styles more appropriately than when I was in school. Additionally, there was a slight problem with what they statemented me for. I get the feeling that it is possibly because there was a belief in those days that ‘girls don’t have autism’- and therefore it couldn’t possibly be that despite how many ticks I got for autism. I wasn’t diagnosed with autism until my second year of university. No, instead I was rubber stamped with something the majority of... shall we say, ‘unsettled’ care kids get stamped with, although these days they call it ‘social, emotional and mental health needs.’

*

I don’t care if they said it’s for retards. Being in here is better than out there. They’re all so loud and they all say stupid things that make no sense, like ‘sound mate.’ What the bloody hell has sound got to do with being a mate?

At least in here we get to play card games and I can do my writing and go on the computer and email my Grampy. I told him my tests said I have Emotional, Behavioural and Social Difficulties and that meant I could come here whenever I wanted. He said it was to be expected given my past and current situations, but I’ll get through it like I do everything.

This stupid fucking jumper is so tight and so itchy. I hate it.

I know! I’ll do a *compromise*. The adults always go on about compromises. I’ll just get rid of the bits I don’t like. That way, I’m wearing the school uniform and I can feel comfy too. Where’d they put the scissors?

“Look Miss! I’m wearing the jumper now.”

“Dey! What on Earth have you done to it?”

"I cut off the bits I didn't like. I found a solution, like you said."

"That's not what I... I'm going to have to call the home."

"No! Don't send me home!"

"Well, you can't go around in a jumper like that and be showing blatant disregard for the school rules."

"But I didn't break the rules?! I just did what you said. Don't send me home please!"

"Alright, but you're going to have to stay in the Unit and I will need to call the home to let them know you're there."

"What's the Unit?"

"It's a place for detention."

"But I didn't do anything wrong."

"You've sheared though a symbol of the school and completely ruined your school jumper."

Tingly heat ran up from my toes to my face until it was on fire. I puffed out my cheeks and tried to hold the heat in, but it was too much. I had to let it out.

Thud!

The table is now top side down... I guess I deserve that Detention now.

*

"And then I realised, how many stupid times a day I use the word I."

Mia Thermopolis- Disney's The Princess Diaries- 2001

When I was eighteen, Unclemon told me if I was going to share my story, I needed to make sure I had clear reasons for doing it. Specifically, when I approached him with this idea, he asked me to ask myself "What's in it for me?"

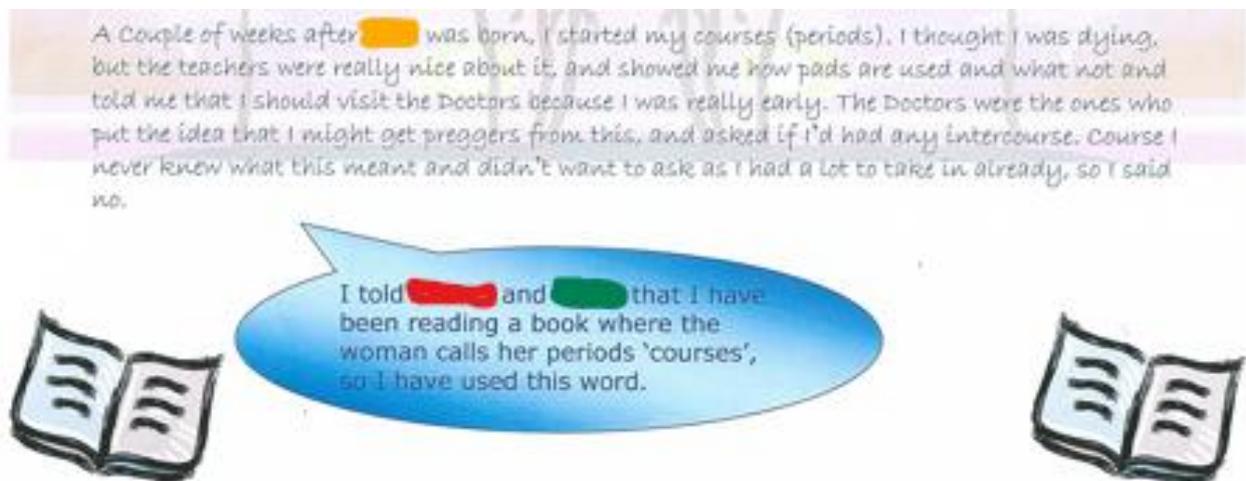
I would answer: "I want to help people and I think my story could do them some good."

Unclemon would say that this was a good reason for other people, but not for myself. My LST was all about a younger Dey. It was about helping me make sense of the events of my life and overcome my traumas up until the age of sixteen- when my Life Story Work and LSB ended. For the most part, LST

for me succeeded in what it intended to do and more. Turning my LSB into a memoir though? How is that beneficial to me now?

Unclemon is worried that I am using this, along with my current work with Social Services as their Care-experience Consultant- as a crutch to hang on to the past. My aunt (from the other side of my family) argued that if the leg is broken, then you need that crutch. This metaphor is just too appropriate- I do have mobility issues now and need a walking stick to get around.

I started writing my story several years ago for my undergraduate degree and had to stop because I was still *very* angry with the way my life had gone. I couldn't adequately step away from my experiences because I was still in care. It seemed like my LSB had a lot of misinformation in it and tried to show things in positive lights that shouldn't have been, and negative things were seemingly skimmed over which frustrated me to no end. Additionally, there were a lot of things that teenage me insisted happened, but when undergraduate and postgraduate me went back over my LSB, I saw things that I don't really remember happening- for example:



So, Tangerine (half-sibling) was born when I was 9. Later in the Book we say I started my period when I was 11. Also, I know this was the early 2000s but surely no nurse would have seen an unaccompanied 9-year-old and spoken about sex education with them during school time without wanting to at least speak to the parents or the school first. I'm not even sure what was going on in my head during this time that would make me say this, other than I was fascinated by the way the book I was reading had talked about periods and miscarriages. I don't remember the name of the book, but I do remember it was set in Victorian times and was about a young servant girl who was hanged for 'killing' her baby but allegedly came back from the dead which made her a celebrity. The baby was stillborn. She didn't kill it. Her 'revival' after being hanged could be attributed to a vast number of factors- the knot was tied wrong/ it was freezing cold on the day/ no one stopped to check if her neck had broken or if she had suffocated to death after they hanged her. The book was

written from her perspective, but it shows how quickly other people's perceptions took over her side of the story. Everyone was so quick to assume the supernatural because of the era in which this was set. Much like how now everyone thinks being in care is like Tracy Beaker. I also had never heard anyone refer to their periods as 'courses' before. That said, my primary school did have to bring forward our course in sex education and what periods are because of me. Turns out disclosing what I did led to a lot of... questions being raised. However, like in this book I can't remember the title of, everyone has a side to the story, and there could be multiple things going on to explain any situation. You just need to learn to not see things through the small end of the telescope.

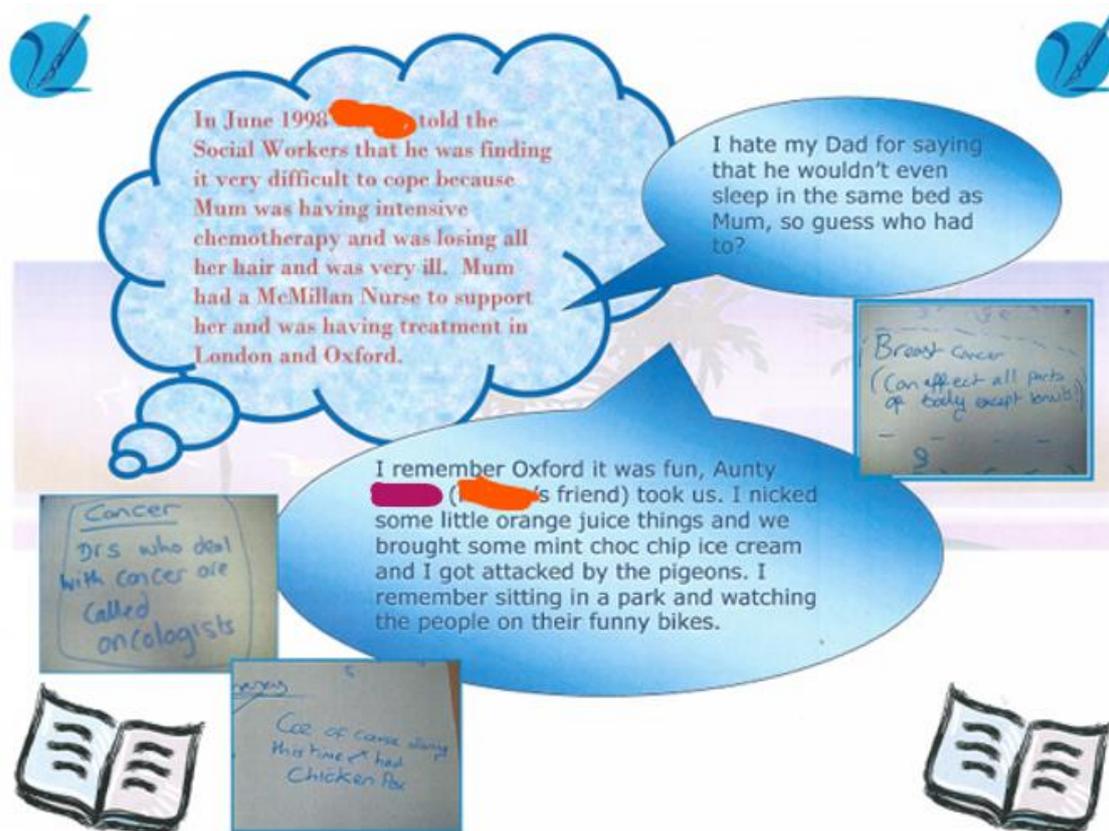
Unclemon once used the term 'monster-tinted glasses' with me and I think it's appropriate to use that term here. Monster-tinted glasses are where you see the monster in everything, and these monsters are always out to get you. I was very guilty of wearing monster-tinted glasses. I used to have to be the person who had the worst experiences in the world ever because of this notion of the 'normalisation of victimhood' meaning everyone was doing it. As a result, I have made a conscious effort to make sure my glasses are as transparent as possible. That doesn't always stop the monster-tint, or even rose-tint sneaking in occasionally. LST showed me all different points of view on my life- from my social worker to family members to previous carers. All these different perspectives give me a kaleidoscope to look through rather than just monster-tinted glasses.

When we were writing my LSB, it was always the intention that it be used to *help* me tell my story, not *be* my story. Hence the slides that seem to be for an external audience rather than myself. I can't show my experiences of growing up or being in care with my LSB as it is. Nobody would be able to make head nor tails of it especially with the grammar and consistency errors. Thing is, though, I need to look back. I am stuck in a living situation that I didn't plan or prepare for. The Pandemic is causing a lot of grief world-wide, but I only have room in my brain to think about how it is affecting me. I've been trapped inside a place before. Unable to go out, unable to escape my own head. Writhing in pain that could be psychological or could be real, we're still trying to work that out. I've been here before. Maybe if I go back, I can re-learn how to deal with right now?

*

"That might sound boring, but I think the boring stuff is the stuff I remember the most."

Russel, Pixar's Up, 2009



I'm OK with calling my birth mum 'Mum' as the only traumatic memories I have with her are from when she was dying. It wasn't her fault she got cancer, and despite everything she was a good mum, unlike Orange who was not a good father especially after she died.

"Ok, what's two times six?"

"Umm," I start using my fingers. "2, 4, 6, 8, 10, 12. 12!"

"Well done! You're going to be such a smart girl."

"Hehee. Do another one, do another one!"

"Hold on, Ruby's chucked her key out the pram again."

You know how babies and toddlers tend to imprint on a particular teddy and must have it near them all the time? Well Ruby didn't imprint on a teddy... She imprinted on a large, translucent, red, plastic key that I think was part of my old teething ring.

"OK. Got it. Let's try two times eight."

"2, 4, 6, 8, 10, 12, 13, 14. 14?"

"Think about it... were all the numbers you said even?"

What effect does Life Story Work have on Life Writing?

“Um... 2, 4, 6, 8, 10, twe-oof. Ahhhhhhh!”

“Come on now Dey, big girls don’t cry. What do they do?”

Sniff “They pick themselves back up, Mummy.”

“That’s my girl. Now. Two times eight is?”

*

“Dey, you be a good girl while Mummy’s away. I’ll be back tomorrow.”

“But tomorrow’s so far away and we’re nearly at the bit with Boggis, Bunce and Bean and the meshanical shovels.”

“It’s me-k-anical, with a ‘k’ sound. You can read it with Daddy.”

“But you said ‘machine’ had a ‘sh’ sound?”

“It does. Ch can be the ‘ch’ sound, a ‘sh’ sound or a ‘k’ sound. So, in machine, it’s ‘sh,’ in mechanical it’s a ‘k’ sound. You can learn some more about that with Daddy.”

“Daddy doesn’t do it like you do.”

“Well, you could try reading it yourself, you’re getting lots better with the words now.”

“But I want to read it with you. Can I come with you?”

“Sorry love, Mummy needs to go on her own.”

“But who will look after you?”

“There’ll be lots of people to look after me. You need to be here to help Daddy look after your sisters.”

“But I want to be with you.”

“I know you do sweetie. Now be a good girl and keep your sisters in check. It’s only for one night. I’ll be back tomorrow.”

*

“Cherry, I just don’t know what to do. I can’t keep doing this. Butterfly’s in and out of hospital, the girls are catching one bug after another, the place is always a fucking mess, and my work are being arseholes and refusing to pay me any more leave. I can’t keep this up much longer.”

“Can’t you ask the family to help?”

“Everybody’s skint. Butterfly says she’s getting her results tomorrow, so I need to get to Oxford and be with her, but Dey’s still getting over the fucking chicken pox.”

“You’re gonna see Mummy tomorrow? Can I come?”

“Dey! What have I told you about listening in on grownup conversations?”

“Oh, let her off, she just wants to see her Mum. Butterfly’s been in hospital for what, a fortnight now? And you still don’t know when she’s coming out again.”

“What did I say about fucking scratching?! Do you want to get sicker? You pack it in right now.”

“Ahhhhhhhhh.”

“Come on Orange. She’s only four. She doesn’t know any better.”

“Fuck me. You’re right. Daddy’s sorry Dey Dey. C’mere. I’ll pop some magic cream on it, OK?”

sniff “OK.”

“Tell you what, we’ll bring her with us. I’ll drive us to the hospital and look after Dey while you and Butterfly talk with the doctor.”

“Yeah, let’s all go! We can show Mummy how good my reading is now!”

“How’s that now, still itchy?”

“It’s not so itchy now. Can I come see Mummy?”

*

“I’m winning, you know.”

“No, I’m winning. Look, there’s the ace, and there’s another ace.”

“Wow, that brings you up to how many pairs?”

“5 now. And you only have 4.”

“That means you win! Well done you!”

“Do I get a prize?”

“How about a squodge?”

“OK.”

I manoeuvre around the laid-out cards on the light blue holey blanket and plonk myself on her lap. Some of the cards fall off the bed and make a soft clatter sound on the floor. I wrap my arms around her neck, being careful not to pull the pink headscarf with yellow flowers off like I'd done before. Mummy doesn't like having her head scarf off because her head gets cold. I press my head into her shoulder. She smells like a mix of apple, Imperial Leather soap and hospitals. Her arms feel soft and a bit shaky. She squeezes me gently and the pressure feels nice and comforting.

"Oooo, you give the best cuddles. Alright then, we better pack up. I don't want that nurse telling us off again."

"Can we play again after?"

"We'll see. Mummy's getting a tad tired. Come on then, get all these cards off the bed."

"Why do you have to stay here? I want to play Pairs at home. The cards don't fall off the bed at home."

"The doctors are going to chat with me about it later. We're gonna see about getting me back home, OK?"

"OK. You tell them to make sure they fix you so you can come finish Fantastic Mr Fox with me."

"Hahaha. I'll make sure to do that. Alright. Is that all the cards?"

*

"Auntie Cherry, what's this place called?"

"It's called Oxford."

"There's a lot of pigeons here."

"They're probably after your ice cream. You better finish it up quick."

"No pigeon. Stay away from my ice cream."

"Alright, Dey. Stay near the statue. Your dad's due any minute."

"OK. Now pigeons, don't you follow me. This is my ice cream not yours. Hey look, it's Daddy! Daddy! We're over here! Hahahaha. He's walking funny."

His face looked like Droopy's from the cartoon and he walked slowly, like he had an invisible ball and chain attached to him.

"Oh shit."

“Uuuuuuummm. Auntie Cherry, you said a bad word.”

“I know, sorry. Listen, your dad and I need to have a chat. You go finish your ice cream on that wall over there where we can see you, OK?”

“OK. No pigeons. Stay away from my ice cream. It’s mine.”

*

“This place runs on memories, when you’re well-remembered people put up your photo...”

Hector Rivera- Disney’s Coco- 2017

I often describe my memory as like a hotel. Hotels may have logical sequences, but the way to find rooms in hotels is usually unique to individual hotels- for example, they may ascend along one corridor and descend another; in a different hotel, they may have odd-number rooms on one side of a corridor and even-number rooms on the other. Hotels, like memories, can be very confusing, and it is very easy to get lost. As you pass by rooms that are not allocated to you, you may also hear snippets of other people’s lives. Angry arguments; uncontrollable wailing; television programmes blaring; showers running; drunken singing; loud, obnoxious sex; snoring. Hotels are representative of humanity in all its forms.

In my hotel, the lobby is often full of things that happened recently waiting to get rooms. My LSB, along with various photographs, emails, my diary, and other documentation about my life, holds key cards to various rooms. Think of each PowerPoint slide in my LSB as a key card to a room in the hotel, where the red text is the main room, then in the ensuite are the blue text speech bubbles providing a commentary on what’s happening in the main room. There are some doors that remain permanently locked, and some doors that open without key cards.

The other reason my memory is like a hotel is because a lot of my memories, or the commentary on my memories, are not always my own. Guests come to stay, then leave behind bits of themselves- their version of the events. Thanks to LST, I hold my social worker’s, family members’, and previous carers’ memories of me and what I went through in my memory hotel. Additionally, I have either had to, chosen to, or randomly blurted out elements of my past to so many different people along my journey, it’s hard not to think of these people as guests nosy-ing around all the different rooms in the hotel and moving bits and pieces around as they search for answers.

A therapist’s voice just jumped into my head. Doesn’t matter which one- I’ve had so many.

Therapists all ask a cliché of a question: “How does that make you feel?”

Well, random therapist, it makes me feel a lot of different things. Teenage me 'didn't do feelings' a lot, but adult me certainly does. I feel proud- of where I've come from to where I am now. I desperately want to show that off. I feel a lot of love for myself, and how I've learned to love others. Wait... Is it love? Maybe it's something else.

I feel narcissistic, which isn't necessarily a bad thing. I love talking about myself- much like Tamatoa in Disney's Moana. I am the expert in myself so why shouldn't I talk about myself?

At the same time, I feel vulnerable. Like I'm opening myself up just to get hurt again.

I feel scared... Even though I've been through my story so many times, I would be delusional in thinking I still won't learn something new. Maybe some of those previously permanently locked doors will finally open this time. I'm scared of what I'll discover, and how it will change me.

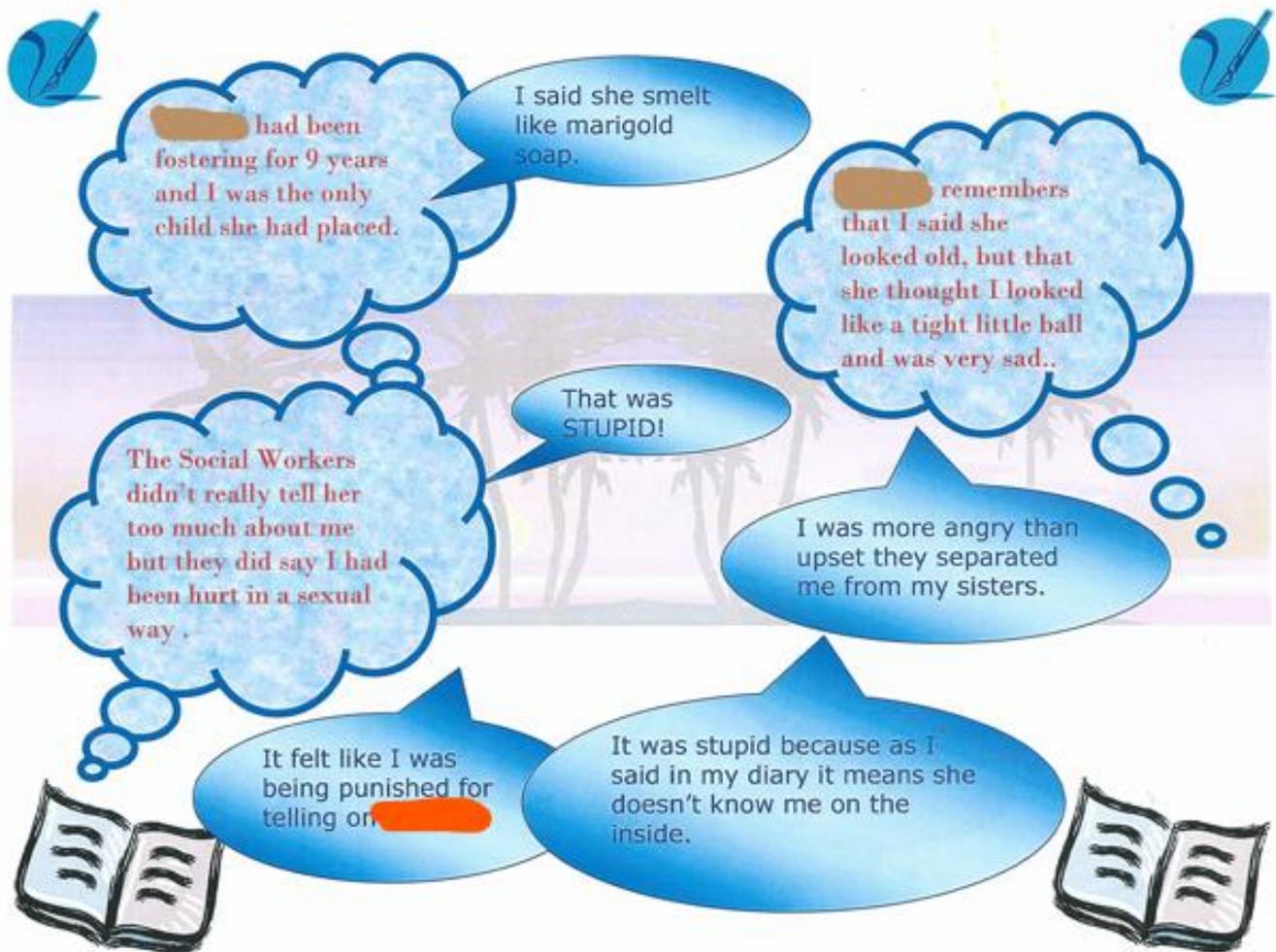
I also feel worried. I'm worried about what I've forgotten, and why I've forgotten it.

I've found that because I've remembered things so many times... things change in the memories. Like some memories are always going to be Blu-ray standard, scratch proof with Dolby Digital surround sound and perfectly preserved. Others are like VHS tapes, where you need to adjust the tracking to get a clear picture. After a while of adjusting the tracking on other memories, you start to fill in the gaps yourself of what would make sense (usually going by other memories you have of certain things).

*

"If the person you are talking to doesn't appear to be listening, be patient. It may simply be that he has a small piece of fluff in his ear."

Winnie the Pooh- A.A. Milne's Winnie the Pooh- 1977



The light brown is my first foster carer. Orange is my birth father. Since going into care, I struggled with the term 'dad' and haven't called Orange 'Dad' since I was twelve. Little-me did call him Dad though, so I don't mind calling him that in the memory.

"Why do Lemon and Ruby get to stay together? Why can't I stay with them?"

"Dey, we've been over this. Not many foster placements can take 3 little girls at the same time on such short notice."

"It's because I cut, isn't it? I promise I won't do it again."

"Is your cutting something you want to talk about?"

"No. I just want to stay with my sisters. They need me."

"Are you sure that staying with them is what's best for you?"

"Yes! Family should always stay together! You're just going to have to tell them they take all three of us or none of us."

“Remember we talked about how you need to be able to be a little girl?”

“But I’m not a little girl anymore! You said I had to grow up quickly so that makes me a grownup already!”

“And would a grownup be shouting like this? You and your sisters can’t stay here with your aunt and uncle. Wouldn’t you like your own room with your own bed?”

“Shut up Jam! (*My first social worker, only stayed with us for six weeks.*) You don’t know anything. You’re just a rubbish social worker and you can’t do anything right. Only I know how to look after my sisters and no one else can do it better than me!”

My nose pricked. It was like a build-up of a sneeze but instead of travelling downwards and out of my nose it travelled upwards and into my eyes, making them sting and water. I ran out into the garden and behind the shed. We had put out some cat food for the hedgehogs this morning and some of it had been nibbled. It hadn’t been night yet? Hedgehogs only come out at night, right? I stared at the small plate of partially eaten cat food, wanting the stingy water to stop.

*

Knock knock.

The door opens. My new foster carer is short with short brown hair. She has glasses and is absolutely covered in wrinkles.

“Wow, you’re really old. But you smell like marigold soap.”

“Dey! Don’t be rude.”

“Hello there, you must be Dey, and this must be your aunt. Well, come in, come in, take your shoes off and we’ll have a chat in the lounge.”

“When should we bring my stuff in?”

“If you’d like to bring it in now you can, or we can wait for a bit.”

“How long are you gonna stay, Lora?”

“I’ll stay for a bit, just while you get settled, then I have to go, OK?”

“Better to bring my stuff in now then.”

We bring in my Pac folder, my two bags of clothes and my precious Eeyore who I’ve had since I was 2 years old. He was my first Christmas present I remember, and he shall be with me always.

“That’s a pretty teddy. What’s his name?”

“It’s Eeyore, obviously. He’s my best friend in the whole world.”

“Would Eeyore like to see your new room?”

“Might as well. I live here now they said.”

The foster carer and my aunt whisper to each other. I head on up the stairs.

“First door on the right, sweetie”

My new room was HUUUUGE. On the left was a chest of drawers and an armchair, on the right a wardrobe and a desk, and at the far end a bed and a bedside table. I’ve never had a desk before. I always did my homework on the dining room table. I didn’t like how the bed was though. I wondered if she’d let me move it. I like to be against the wall so I can bang myself to sleep. Moreover, I wondered why my sisters couldn’t be in this room with me. There was more than enough room for their bunkbeds.

I had had my own room before. It was the box room back when I lived with Orange. Just enough room for a bed and a chest of drawers. I would sneak out of it at night before Orange came up the stairs to check my sisters were asleep still. Then we got the step-bitch, and she had Tangerine, so they put his cot in there and I moved back into my sister’s room. It was better that way- but only slightly. My sisters were very heavy sleepers... at least I thought they were.

“Are you sure this is the right room- and it’s all just for me?”

My voice echoes around the room and is thrown back at me. I jump and cover my ears; then realise I’m being silly. It’s only me.

“Are you alright?”

“Yeah. My room is so big I can hear my echo. Come and see!”

*

Knock knock.

“Good morning Dey, it’s *first foster carer*. I’m just knocking to see if you’re up.”

I open the door. I’d been awake for ages. I was gonna go and wake up my sisters, but they weren’t there, so I just got dressed and made my bed instead.

“You’re dressed already, wow. Did you have a wash?”

"I don't need a wash. I have my wash in the evening."

"Did you have a wash yesterday evening?"

"No. I was here."

"Do you think you could have a wash for me now then?"

"But I'm already dressed."

"It's important you have a wash every day Dey. Here, I'll show you where everything is."

The bathroom was in the next room. It had a bath and there was a shower head on the taps. My first foster carer showed me where the flannels and towels were.

"You don't have to have a full bath now, but you should wash your face and any bits that might get sweaty."

"I'm already dressed though. I don't want to get undressed just to get dressed again."

"Then perhaps tomorrow morning make sure to have a wash before you get dressed. Tell you what, let's have some breakfast first. Then you can wash and brush your teeth at the same time."

"I have to brush my teeth in the morning as well?"

"Well, yes. Did nobody ever tell you that you need to be brushing your teeth twice a day?"

"Yes, but Dad said it was just a way for the toothpaste people to make more money and you only need to do it once a day. Then Dad got angry cos we would always use too much toothpaste and said we only needed to brush our teeth if they started feeling furry."

"I can see I've got my work cut out here. OK, in this house, we wash every day, and we brush our teeth twice a day- once after breakfast and once before bed. After school we can go into town and get you some wash stuff you like and some new clothes. I really thought you might be arriving with more things."

"These are all the things I have."

"Didn't you have more clothes or toys? You really can't have lived out of what you've brought could you?"

"There might be some stuff left at the old house, but this is all Uncle Umbar could bring. I did ask if he could get my Crayola drawers with all my pens and colouring books and my Great Nanny Ruby's

sewing box in, but he said it wouldn't fit in the car. Also, I'm not really a toy person. I'm too old for toys."

"Alright. I'll ask your social worker about your Crayola drawers if you like. We'll still need to do a bit of shopping after school though if that's OK. Let's have some breakfast. Your taxi will be here soon, and you still need to have that wash."

"Do I really have to?"

"Yes. Now, come along. You do like toast and chocolate spread, don't you?"

"Yes! Can I save some for Lemon and Ruby?"

"I'm sure their new foster carers will feed them."

"But what if they don't?"

"Why would you think they wouldn't?"

"I dunno. Also, you know how my room is so big? Do you think Lemon and Ruby could stay here? There's more than enough room."

"I can only have one foster child here with me, I'm afraid."

"But I need to look after them. They need me."

"Dey, you don't need to look after them. You need to look after you. You sisters are in a safe place now, just like you are. Besides, you'll be seeing your sisters in a bit. They'll be in the same taxi as you when you go to school."

While the first foster carer wasn't looking, I put two triangles of toast and chocolate spread in some kitchen roll and hid them under my school shirt. When I went upstairs to have my 'wash', I ran the tap for 5 minutes making sure to put some of the soap in the flannel she left out for me and made it wet, then I just sat on the edge of the bath until it seemed like an appropriate amount of time had passed. I did pop a bit of toothpaste on the red plastic toothbrush rub it around my mouth. Brushing your teeth after breakfast made sense. I remember thinking: "It's stupid to have to wash every day- especially after you've got dressed."

Now I'm older, I still feel it's silly to get washed after you've gotten dressed. So, I make sure to wash before I get dressed. However, since Covid and getting ill, I have basically lived in pyjamas and my dressing gown which threw out my washing routine. Plus, getting in and out the shower bloody hurt. I'm getting back in the habit now though.

Beep Beep!

“Dey, the taxi’s here!”

I almost fell down the stairs. I hadn’t been away from my sisters for a night since they were born. I didn’t even realise how much I missed them until I heard the taxi beep. I grabbed my pack folder and bolted out the door.

“Have a good day!”

I pulled open the door of the taxi and grabbed the toast I hid under my shirt, ready to give it to them.

They weren’t there. Instead, there was another old lady with orange and white curly hair and a luminescent green sash over her shoulder.

“I thought my sisters would be here.”

“Sorry love, we’re picking them up on the way to school.

The M4 was quiet. I bang as we travel- it’s like rocking but I bang my head against the headrest repeatedly. This worried the woman in the taxi. I explained I’ve been banging since I was two. I put pillows and blankets behind my head and bang myself to sleep. Banging makes my brain less chatty. I liked doing it in cars because it meant I could control my own movement. It helps me focus and keeps me calm and stops me being travel sick. I like banging best to loud music. When Uncle Umbar took us out, we had Queen and Bon Jovi playing so I could bang hard to their music. These days I still rock when I travel, but I don’t bang outside of the metal gigs and festivals. I don’t really need to anymore.

We pull up outside a big house on the end of a street I don’t know. I keep stroking the toast I’ve been saving for them. It’s cold and a bit squished now but it’ll still be edible.

Lemon and Ruby come out and are both wearing brand new pink puffy coats. I’m not wearing a coat. It’s March. You don’t need coats in March, I thought. Currently, in 2023, we’re in March now with temperatures of -5... Global warming and all that... Meaning you probably do need a coat in March.

They both walk out to the taxi. Ruby’s forgotten her pack folder. I go to call out from the car, but her new foster carer brings it out for her. Ruby gives her a hug. I look at the toast I’ve saved for them, and my cheeks heat up and my rocking gets harder.

“You alright sweetie?”

"I'm fine."

Lemon gets in the taxi and Ruby follows shortly after.

"Hey sis, how ya doing?"

"Alright, how're you?"

"Good. You should see our room. Its full of toys and pink and we have like huge bunk beds and it's all fluffy and has lots of pillows and the foster carers got us new clothes and we had the tastiest food I've ever had and it's really nice here."

"The foster carers are so nice. And they have a doggy. It's like my doggy but it's a real doggy and it's all fluffy and it licks me and it's so cute..."

I look at the toast again. Stingy water threatens to leak out of my eyes. I scrunch them shut and cough. The stingy water goes away.

"Oh, and they have cats. Two beautiful kitties and they like to chase their ball and they bat at it, and they are really cute..."

"And the house is massive. There're so many rooms and there's a playroom with even more toys and there's a TV and videos..."

My cheeks are burning. I clench my teeth together until it hurts, and I have to rub my head. The lady sees me.

"You alright love."

I don't answer her, but her interruption has stopped the incessant talking my sisters have been doing and gave me to opportunity to finally speak.

"I saved you some toast and chocolate spread. Do you want it?"

"No, we already ate. The foster carers made us cereal and let us have hot chocolate for breakfast. We were even allowed seconds!"

"Oh. OK then."

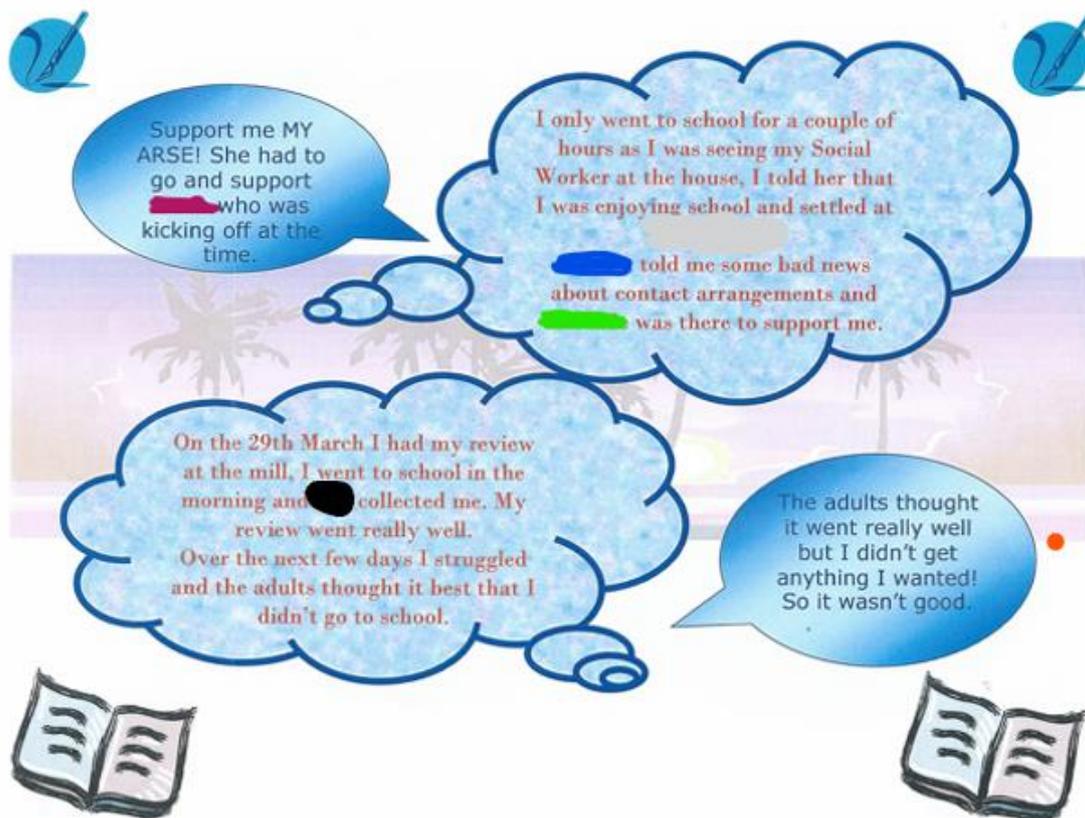
*

These days I speak to only one of my siblings on the regular. The two half-siblings were adopted not long after we all went into care. I kept in contact with my full siblings, but we were all placed at opposite ends of the country, so it was hard to maintain a relationship with each other. Ruby

especially found meeting up with us hard. She didn't remember things like Lemon and I did. Additionally, my belief that I was the only person who could look after them lasted right up until I turned sixteen- which really put a barrier in Ruby and mine's relationship because she was placed with a nice family who she got on with really well. She was the first of us to call anyone other than our birth parents 'Mum.'

With Lemon things were easier. She was placed with a foster carer who was better suited to be her friend than her mum. That said, it did take us a long time to rekindle our relationship as sisters after so many years of supervised visits. That was mostly my fault- it took me a long time to learn how to be a sister and not a mother- even now I still don't think I'm a sister 100% of the time.

*



Contact refers to me seeing/ speaking to my family or friends outside of the residential unit. Blue was my social worker, Green was my key carer at the time, black was one of the Residential Care Workers, or as I prefer, Random Care Workers (RCWs) who I vaguely remember. Puce was another resident in the home.

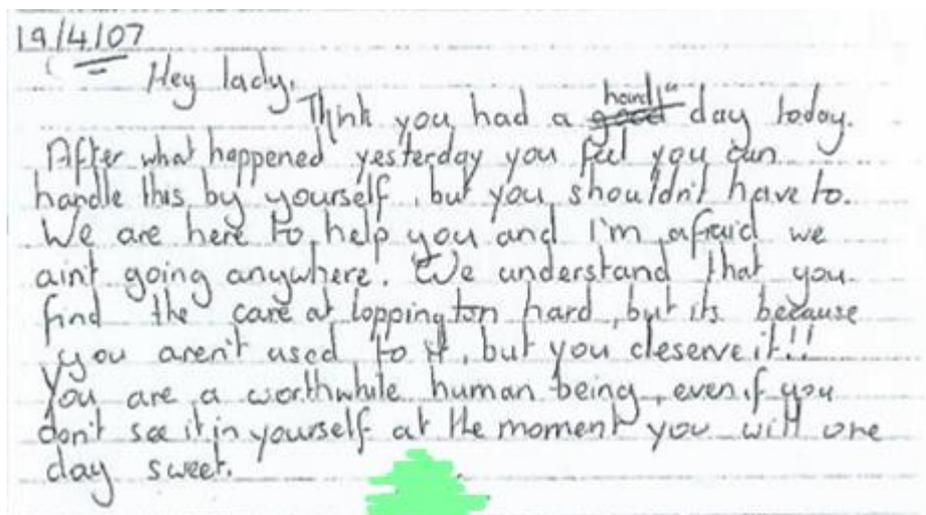
The thing about residential care- or at least the homes I was in- is that they tend to go over everything that happened multiple times: be that in LSBs that they had to write daily, or in the log books where they had to log literally everything that happened while we were in the house- even when we went to the toilet, or in the incident logs that had to be written, read and signed by all

parties, reflected on by the shift leader and the young person and sent off to the social worker and kept in the ominous Files. And if all of that wasn't enough, we'd go over it all again months later in LST. It's like the American passion for signing things in triplicate, but with triplication of the recording of and reflection on your life. The problem with all this tedious record-making, is that everybody is so busy writing shit down, that nobody is *listening* to a thing you're saying.

You see, there's a difference between people wanting to hear your voice, and people listening to your voice... Very frequently, I would often leave my reviews feeling like I wasn't being listened to because it was hard for me to accept that the decisions made about me were made for my needs rather than my wants. For example, I think what's being referred to here is my want to see my family more, but the decision was made that seeing my family more wasn't the best thing for me at that time.

So, in the slide above, and throughout my LSB in fact, my perspective and the adult's perspective on how things did or didn't go are completely different things. I felt like I wasn't being listened to a lot of the time and my presence in the meetings was like a bit of a tick box exercise as often the adults would say or talk about things I didn't quite understand. I picked up on them eventually though and added a lot of new words and phrases to my vocabulary like 'in my best interest' and 'to my detriment' in the hopes it would help the adults take me more seriously.

At this point in the LSB, Red is using information from the files and from the daily logs the adults wrote and would look something like this:



19/4/07
Hey lady,
Think you had a ~~good~~^{hard} day today.
After what happened yesterday you feel you can handle this by yourself, but you shouldn't have to.
We are here to help you and I'm afraid we aint going anywhere. We understand that you find the care at loppington hard, but its because you aren't used to it, but you deserve it!!
You are a worthwhile human being, even if you don't see it in yourself at the moment you will one day sweet.

Essentially, these daily logs were more ways to detail the level of "support" I was getting. Thus, things were going well if I was accepting of said support, and I was 'struggling' if I wasn't accepting support. I lived with 3 other girls here who were in the same boat. Combine that with the Logbooks that detailed everything to the nearest minute and logged when we went to the toilet, then the

various incident reports that had to be completed every time a restraint, case of harm or safeguarding concern was raised. They had so much written evidence they were 'supporting' us that we'd have no choice but to accept they were. You can see in the slide though that Red is telling me the adult's point of view and I'm adding in my own perspective. This was something we did a lot because often the information Red had was from the adult's point of view rather than mine, and we both felt having my voice in my story was very important.

Honestly, I'm not always sure what's being referred to in these excerpts. The respective doors reveal static memories of me shouting and screaming about not getting what I wanted and other girls shouting and screaming and throwing things. It's like when folks record over something on a VHS or DVD and then a bit of the thing you recorded comes through at the start or the end of the new recording. Organising some of the memories from my time at residential is a bit like that, except you've re-recorded over that same tape 50 times and so what's left is warped snippets of different recordings that give the general gist of a 'same shit, different day' scenario. There are some memories I have of this time that aren't quite like that, but I wish they were recorded over or something because they don't show me in the best light...

*



Me and [redacted] went to the cinema with [green] and [black] and [black] were working and [redacted] was kicking off. [green] was involved in the incident which we didn't feel was fair as she had been planning to take us for ages. So we saw night in the Museum and it was all Dandy and happy until we got in the car on the way home. [redacted] was being rude and obnoxious and I asked to stop the car but [green] wouldn't, I felt sick and anxious. Then we got home and [redacted] refused to go into the house [redacted] was still kicking off so I grabbed a brick to throw at the window so I could self harm. I thought it was all my fault and no one was paying attention to me. [green] tried to stop me and I dropped the brick but it hit [green] on the temple. She fell onto her knees and I ran off. I did let go on purpose but didn't mean to hurt her. [black] stopped me running off and I ended up getting held. [redacted] was released and went upstairs and found [green] I tore up the kitchen as well and the police and the ambulance arrived. I was sat on the settee in handcuffs and [redacted] was shouting at the police to let me go. I left with the police officers 1 male and 1 female and the on call manager arrived, I can't remember who it was but I felt that I could hug them. They stripped me and searched me, finger prints, I had PJ's on and that made me look like a surgeon. They gave me a book and I cried saying "I'm Sorry, I'm Sorry" I was so scared on what I could do and thought I was getting more and more like Martyn.

On the 31st December 2006 I was taken to Wem police station by Cat and [black]. The police interviewed me and Cat was able to stay in the room with me. I can't remember the questions but I was very scared. They took my fingerprints and gave me a verbal warning for GBH which comes off when I'm 18.

I'M NEVER EVER GOING TO THAT PLACE AGAIN!!! I then went to the playroom and played on the computer to play me game "Age of Mythology"



'Kicking off' is a term used to describe when I or someone else became exceedingly distressed and acted violent either towards themselves or others. Green was my key carer at the time, Indigo and Puce were other residents within the home, and black are the RCWs I don't really remember interacting with.

I'm exhausted. I just want to curl up and go to sleep. Everything hurts. These things are itchy.

Clod.

Another kick to the fire door. Welsh profanities sneak their way through the second-long gap before becoming muffled again.

I look up at the two people in front of me, both in luminescent green jackets with those florescent strips revealing heavy black vests with very full pockets. One's a man and one's a lady. The lady has a nice smile.

Smash!

She better not have thrown my hug mug.

“Is it always like this here?”

“Pretty much. Do I have to keep these on? I’m not going to do anything else.”

I jangle the chain as I try to itch my wrists.

“It’s just a precaution until we can get you to the station. We’re just waiting for your support to arrive and for it to be safe to leave.”

Thud.

She’s upstairs now. Oh fuck. I hope she doesn’t go into my room. My room... Oh god what if she’s up there dying? My head goes into a clamp.

“Is my carer still upstairs?”

“We can’t answer that question. Just think about you for now, eh? Keep doing that calming breathing for us.”

In.

Thud.

Out.

Smash.

In.

Scream.

Out.

Bang.

Thud thud thud thud thud BANG!

The clamp tightens. A bit of the wall falls to the floor. Here we go.

“What the fuck do you think you’re doing? Get her out of those handcuffs. She can’t be arrested, none of us can be arrested. She’s not even kicking off so get her out of those handcuffs right now. You’ve got no right to handcuff her. I’m telling you. Let her go right now or...”

Four adults appear behind the squashed face with short brown hair in a bob and red and blond highlights that matched mine. We only got them done a month ago.

“Puce, would you like to come in the Playroom? Dey is perfectly safe in here.”

I frown. She must have not seen what I did. I thought she'd come flying at me... Not be demanding for my release.

"NO! They have to let her go. They have no fucking right to arrest her, to arrest any of us. We have *needs*."

"It's alright Puce, Dey is absolutely fine in here, you need to focus on calming yourself right now."

"Dey, tell them. Tell them to let you go."

"Now Puce, don't be winding Dey up again. Let's leave her to what she's doing, we'll focus on what you're doing."

I finally look at her face. It's bright red all over with wide eyes and a gaping mouth that she just can't seem to shut even for a second. Phlegm catches in my throat and I have to cough to get it out. My voice sounds croaky.

"It's alright. I deserve this. Just leave me alone."

"There you go Puce. You heard her, she's fine. Now come along into the Playroom."

"Fuck off, will you? Nobody asked you. They've probably told her to say that shit. Come on Dey, I'll get you out of this."

I go to put my hands over my head and hit my head with the chain. The lady immediately grabs the chain to stop me hitting myself again. She's a fast learner. I rock and scrunch up my eyes, my face gets warm and wet, and my mouth moves to repeat 'Leave me alone Puce, just leave me alone.'

The florescent man walks over to the fire door. Puce looks him up and down. I wonder if she's gonna kick him next.

"You're upsetting her. We're gonna keep her safe. You need to leave her be."

"Fuck off, Pig. I'm not leaving her 'til she has someone from here with her who knows her. Where's Green?"

"Puce, things have been very tough in the house tonight. There's someone on their way to help support Dey."

"Green's her key carer, why isn't she with her?"

Thick spit covers my mouth and forms a bubble that I have to pop before I can speak.

"Puce stop! Just go!"

Knock knock knock knock.

Muffled voices at the door. Then two people in dark green rush up the stairs.

“What the fuck is happening? Why are the ambulances here?”

“Come on Puce, let’s have a chat in the Playroom and leave everybody else to it.

Slam!

She’s too quick for them. Time moves weirdly for a minute. My heart seems to beat in my ears.

The fluorescent man stands in front of the fire door this time.

“I’m just going to stand here to keep everyone safe.”

The lady nods. I test to see if she’s still gonna keep hold of the chain. She does.

Clod! Thud thud thud thud! Clod!

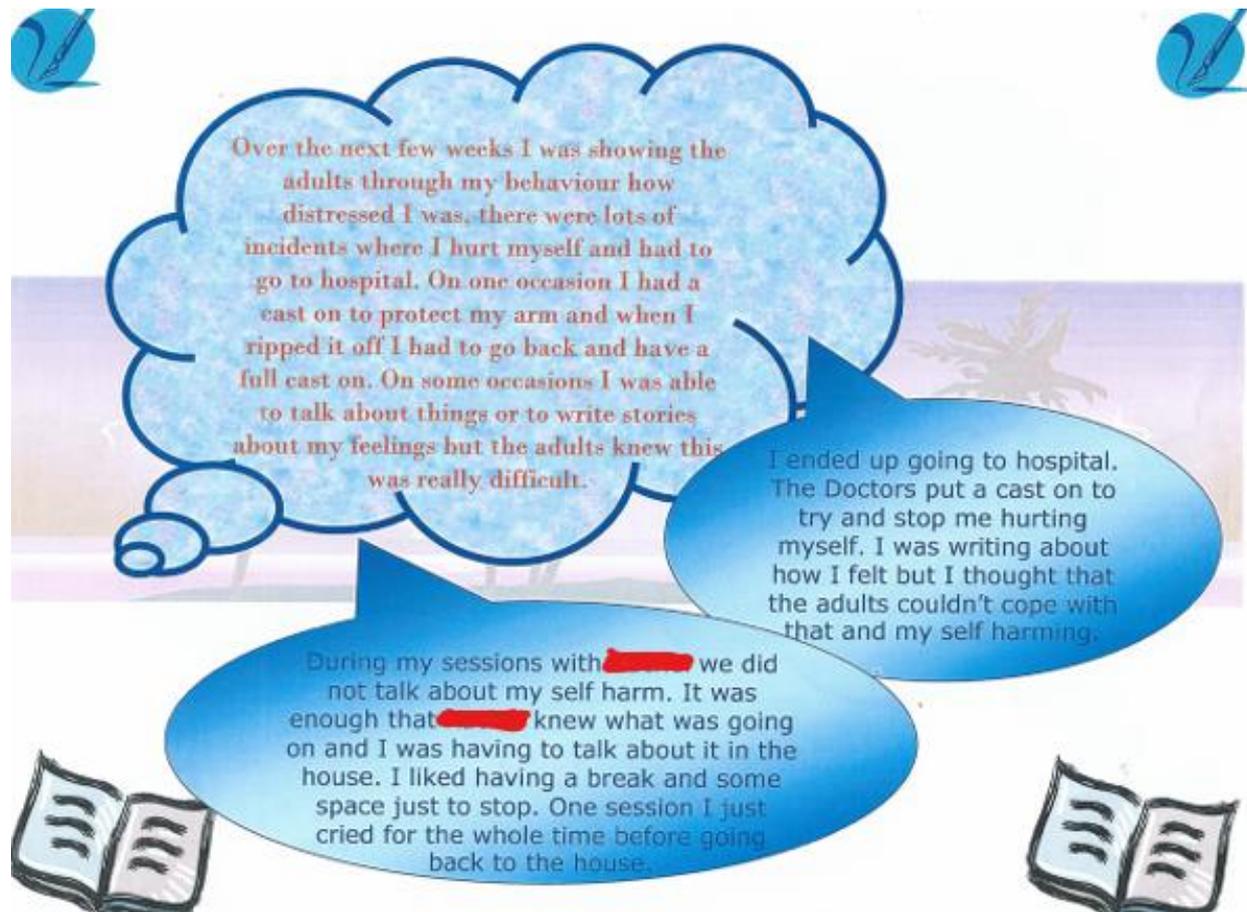
“You fucking let me at her the fucking cow. Let me in! Let me show the fucking bitch what it’s like!

How dare she!”

The Welsh screams keep finding their way through the door as the fluorescent man spreads his legs and stands solidly against the heavy fire door to keep her out. My hair sticks to my face and I feel warm. My belly keeps jumping and moving and jumping and I feel sick and the clamp on my head is really tight. I rock back and forth.

“I’m sorry. I’m sorry. I’m sorry. I’m sorry.”

*



"RCW1, why have you written in my incident report* that I caused myself injury rather than I self-harmed?"

"Because self-harm is a way of causing yourself injury."

"But I'm a self-harmer. It should say self-harm."

"No, it should say self-injury. I refuse to call you a self-harmer."

"But that's what I am."

"Why?"

"Because that's what I am. It's what people call me."

"So, you cause yourself injury because of a label?"

"No. And I'm not causing myself injury, I'm self-harming."

"You have injuries after your self-harm do you not?"

"Yes, but that's not the fucking point. It should say self-harm."

"Dey, if you would like to calm down, we can go through this incident report properly together."

"I'm perfectly fucking calm. You are wrong. You're all always wrong about every fucking thing."

"Is swearing making you feel better?"

"I don't have to answer your fucking questions. Stop therapy-ing me."

"Dey, I would like you to stop swearing please or we'll have to put the incident report away for now and come back to it later."

"I don't want to go through that shitty thing anyway. It's all fucking wrong. It doesn't even mention what happened at the fucking hospital or why I have this fucking cast on my arm to stop me cutting!"

"Dey, I think you need to go to your room now."

"I will not! This is my fucking house too. All the other girls get to shout and swear and kick off in every fucking room of this shit hole. Why can't I? It's not my fault you're wrong!"

"RCW2! I need some support in here please."

"No! You're not going to force me into my room. That's not fair; I'm not lashing out or anything."

"Dey, you are presenting potentially harmful behaviour and it's not fair on the other girls to see that. I've asked RCW2 in here to make sure everybody feels safe."

"Not fair! I'll tell you what's not fucking fair! Not sleeping at night because of Puce setting the fucking fire alarm off at stupid times in the morning, or what about when Puce or Pink kick off in the middle of our favourite TV programmes or when dinner is three fucking hours late because somebody else is kicking off. At least my self-harming doesn't affect anybody else."

"Dey, we understand things are tough in the house at the- "

"You can shut up as well RCW2. I didn't ask to speak to you. I was talking to RCW1. You guys keep wanting me to talk and not cut myself, well I'm fucking talking now, and you want me to go into my room! You're all so full of shit!"

"Dey, you need to stop threatening me and RCW2 with your arms. You may cause yourself further injury and may hurt us."

"I'm nowhere fucking near you. And if the cast comes off who fucking cares? It stinks of vinegar anyway."

"Dey, if you would like to continue talking, we can do so in your room."

"I'm not going to my fucking room!"

"RCW2, I think we need to assist Dey to her room as she doesn't appear to want to calm down here."

"Right-o. Come on Dey, nice and easy."

"No! Get your fucking hands off me. I don't want to be in my room! No!"

*

"How can you read this? There's no pictures!"

"Well, some people use their imagination."

Gaston and Belle, Disney's Beauty and the Beast, 1991

002. Basic Information

Event type: : Case note

Date of the event: : 10/03/2006

Headline: : t/c [redacted] foster carer

003. Information

Details: :

Case Note recorded by: [redacted]
 Worried about it. Dey said it's because I am not being able to manage her. So, when she came, told her what happened, expected her to be very angry. She wasn't angry and she'll talk to her about it tonight. When I saw [redacted] next day, when Dey came in didn't mention it. [redacted]

[redacted] Then it got to point, where talking to Dey, Dey just started laughing, matches and fire, Dey would laugh at [redacted]. Having spoken to [redacted], does this when back against the wall. She was singing away upstairs. It can go one of two ways, keep at going or break it down. Throwing me how appropriate, "I did say [redacted] she said she wouldn't do that." She did believe [redacted] Never know. [redacted] said she can sit there, how she spoken to [redacted] and Dey. [redacted] suggested believed that's what she did. Respite carer, pushing boundaries. Wants to o on internet, very unsure. Let her on e-mail.

Welcome to my social services file. I much prefer my LSB. Unlike with Belle and Gaston though, my disappointment and confusion have nothing to do with the lack of pictures, or the fact that I need to use my imagination to try and figure out what on earth is going on in the case notes. For lack of a better term, these records are a complete and utter mess- to the point where I have written a formal complaint and taken it all the way to the Information Commissioner's Office (folks who oversee handling complaints regarding records and making sure 'data controllers' like social services are doing everything they should be).

I only requested my file out of academic curiosity. I already had my LSB, so I didn't need the actual file. Other care experienced authors write about getting access to their records and how upsetting and harrowing the experience is, and that's often putting it lightly. I wanted to know whether my experience would be at all similar. It was- but seemingly not for the same reasons. I was angry, upset and often confused while going through over 2000 pages spanning the 3 digital PDF files titles Binder 1, Binder 2, and Binder 3. It took 8 months for me to get access to begin with.

Firstly, of those 2000 pages, only 400 of them could add any sense or detail to the events of my life. Not because I'd already seen it all before, but because most of it was missing, copy/pasted over or, by the time we got to Binder 3, in a completely illogical order it was impossible to make sense of anything that was going on.

I knew when I requested the files that it would need to go through a redaction process. I knew it would need to meet GDPR (General Data Protection Regulations) 2018 act because hey, that's what I must do for the and adults and children I work with. These black blocks you see above? I was expecting them, so I don't really have much of an issue with the fact that my files were redacted. Albeit, I would have preferred if the redactions weren't quite so invasive, more consistent, and perhaps more colourful like I do here with the LSB slides. So I'm not mad about the fact my file needed to be redacted.

However, what I am mad about is the inconsistency and plain illogical nature of the file. I opened the first binder expecting it to start somewhere along the lines of 'Dey was born on 18th Jan 1994.' Instead, the file begins in 2004, when my Section 31 (of the Children's Act 1989- a court order placing a child under local authority care) was placed. "OK..." I think. "Maybe this is because they can only give me records from my actual time in care..." Only to realise that I had requested ALL my files and have enough evidence from my LSB to know what wasn't in the files they gave me. Clearly someone took my request to mean only my digital records, not my paper ones. In 2008 there was a massive shift in the way documents were stored, meaning that a lot of local authorities had to move from holding paper records to digital ones. How do I know this? Well, 2008 is when my files start making some semblance of sense. The difficulty with this was that the transfer from paper to digital records was a very problematic and tricky process, especially for social workers who weren't exactly the most tech-savvy. I would venture a lot of people's information is full of errors now because of this transfer (which I think happened around 2008). This was made quite clear when I realised somebody had clearly copied and pasted the same information over my LAC (Looked After Child, although due to the issue of being called a LAC as something indicative of lacking something, these are now called CLA reviews, as in children looked after. I'm not sure if that's better to be honest.)

Review notes and my Placement Information Records over, and over, and over again meaning I read the same notes from a review in 2008 around 10 times.

To add to this, roughly 2 years of my actual time in care are just flat out missing. We go from that first review in 2004 straight to this event in 2006. I was really upset, and I had to take a break for a day or two because nothing I was reading made any sense nor did it compliment or go against what I already knew from the LSB. In fact, I had to go through the LSB just to double check the information was in there. It was, thank goodness, and I'll probably go over them later, but to have it just up and missing from the file completely was bewildering I just got really overwhelmed.

Things started becoming a lot more relevant and coherent even with the frequent, inconsistent 'redactions' after this so I snipped and sketched the binders to make the actual useful stuff easier to find. I thought, right, we've got past the mess ups and now we can start using stuff. To be fair, now I have a lot more insight into my third placement breakdown, what led to me coming to residential and later just how hard my social worker and her boss worked to get me the funding and the help I needed. I'll come back to this later.

However, in a lot of places, I found myself having to reorder my snips and sketches because the case notes weren't in chronological order, they were in order of when the note was 'signed off'. Thus, randomly an event dated in say February 2007 would end up after a string of notes talking about June 2008. These time lapses only got worse as I progressed through the binders, even having a random skip from 2010 to 2016 at the end of Binder 1. The redactions too became ever more invasive and inconsistent. Even with the 2006 note above you can see how the redactions (and the poor notetaking) make it very hard to figure out what exactly was going on. Later in the file whole case notes spanning several pages were blocked out, but names and addresses would frequently be left in which I have had to block out myself to protect them. Further, in Binder 2 and Binder 3 case notes mostly consisted of long and confused email chains amongst professionals spanning 8 months regarding funding for my care post 18. I thought I was part of the pilot for the Staying Put scheme, only to find the phrase was coined in my local authority because of my need post-18 care to stay put with my foster family. Not to mention, some of these emails clearly counted as third-party information (something that GDPR requires be redacted).

By the time I got to the 3rd Binder and found that it did not continue from Binder 2 (which finished in 2011) but skipped to 2017, I was ready to give up. I later found the continuation from Binder 2 going backwards from the end of Binder 3 to page 858 of Binder 3, which then seemed to meet back up with 2017. I then went back to the start and found time lapses from 2012 to 2016 back to 2017. Most of it was emails from me or my forever (final foster) mum to social workers anyway so I just

gave up. I don't even know if 2013-2015 are even logged in there. I have the emails anyway which will probably tell me more than this pile of absolute twaddle. I was hoping this binder would be more useful to me particularly post 2010 as my LSB ends in 2010. How wrong I was.

If this experience has taught me anything, it's of the absolute importance Life Story Work has on helping a child understand the events of their past- because if this is the quality of files other CEYP are receiving, it's no wonder so many grow up and reach certain life events like becoming parents and still have so many questions about who they are, where they came from, and why things happened to them.

That said, I am likely to refer to the file when I can as there are some useful bits there, I might as well use what little I can from it.

*

"Kids these days. They just don't get scared like they used to."

Mr. Waterhouse, Pixar's Monster's Inc, 2001



There were lots of things that I wanted to share with [redacted] about living at [redacted] and lots of memories that may seem disjointed to this time but all these memories remind me of very difficult times and seemed to roll into one.

Whilst I lived with [redacted] I had no trouble making friends but I couldn't keep them. I wanted to be different and told people about my past but then they didn't understand.

I fell out with all the girls because I went out with all of their boyfriends!!

I was excluded 2 times, once was to do with smoking. [redacted] started me smoking. I skipped school, quite a few times.

I slept with 3 of the boys. Once was foreplay, 2 was sex. I was under the influence of drugs at the time and was in a gang.

We used to play at the river and jump off the bridge. We shared everything and I mean EVERYTHING!!

Their Parents had cigarettes, drugs and alcohol and it was easy to get hold of.

I tried a bong pipe at home with [redacted]. I was whilst I was living at [redacted]. I tried weed for the first time. The weed made everything ok. I couldn't feel pain, it numbed me. I've had weed 4 times and cocaine once since being here. It was 2 or more years ago, I haven't any since Humbercombe.

Cocaine made me pass out - I never took that again. Heroin was injected. It made me see everything but it was horrible.



“Surely you’ve got more things than this?”

“Nope.”

“So, what’s in this purple box?”

“Those are my videos. I love my videos.”

“Hey look! Most of these are Disney.”

“Yup, I like to get them from car boots. I save up my pocket money and then when I see ones I don’t have, I buy them.”

“I think I have the Disney Channel on Sky.”

“You have Sky?”

“Of course, but you should know, I do have rules on TV time. You can watch the TV downstairs until I get back from work, but when I get home, I like my own TV time to unwind.”

“OK. I can still watch the TV in my room though, right?”

“Sure, provided it’s not too late.”

“OK. Hey, why does your phone look like a pay phone?”

“Because it is a pay phone. You need to put your own money in it to make calls, OK?”

“How much do phone calls cost?”

“Depends on how long you’re on the phone for. A pound usually does it.”

“OK, but I can call whoever I want so long as I pay?”

“Absolutely.”

“OK.”

“Do you like Rocket ice lollies?”

“Yes, do you?”

“I do indeed. I have some. Would you like to sit in the garden and have one with me? We can talk some more about the way I run things here.”

“OK.”

*

“Hey Tan (third foster carer)? Do you think I could use this money Grampy gave me to buy a bike?”

“It’s your money. I think a bike would be a good idea for you. Are you sure that this will be enough though?”

“The guy in the bike shop said he’s got a 4th hand bike I can have for £25. Grampy’s given me £20 so I just need to wait for my pocket money.”

“Very well. Just make sure you keep it safe in the garage, OK?”

“OK.”

*

The 6th Harry Potter book came out around this time. I remember going down to WHSmith in town to buy it and had enough pocket money left over to buy a big bag of Maltesers. I cycled back to Tan’s and started devouring the book and the Maltesers. I got really annoyed with myself though because I got chocolate on some of the pages. I still have that copy now.

*

“Who the hell are you? How did you get to our bridge?”

“Your bridge? I was just exploring on my bike; I live not far from here.”

“Newcomer, eh? Well, learn this and learn it fast. This is our bridge. There are 3 bridges in this town and this one belongs to us. The green bridge belongs to the Green Bridge Gang, and the white bridge to the White Bridge Gang.”

“Ahhh, and this is the black bridge so that makes you the Black Bridge Gang?”

“Exactly.”

“And what if somebody wanted to join one of the gangs?”

“You’d have to talk to the gang leader who’d make you go through initiation.”

“What’s initiation?”

“Well, it’s up to your gang leader. For us though it’s jumping off the black bridge and into the river.”

“So, like this?”

I kick off my sandals, drop my bike and run right off the bridge. While in the air I tuck my feet up into my chest so I can bomb into the water. I didn’t expect it to be absolutely freezing and found it hard

to catch my breath afterwards. I panic a little bit, but eventually remember I know how to both breathe and swim. I swim up to the rocks where other kids are staring at me, some laughing, others just plain shocked at the randomer who just jumped off their bridge. One slightly older kid claps slowly.

“Alright, that was quite the show. What’s your name?”

“Dey. What’s yours?”

“Cerulean. I’m in charge of this rabble.”

“So do I pass your initiation?”

“You did that to get into the gang?”

“That’s what the other kid said I needed to do.”

“Haha. He was talking bollocks. We don’t make kids jump off the bridge here. It’s just a cool place to hang cos hardly any adults come here.”

“I mean, it was cold, but it was fun.”

“Haha! You’re alright. Yeah, you can hang with us. But you don’t have to jump off bridges to do that.”

“It’s a great way to get a good swim though. Why don’t you do it?”

“Alright, I’ll give it a go with you.”

“I’ll have a go too!”

“And me!”

“Pfft, you won’t catch me doing anything that stupid.”

“That’s alright. We don’t make anyone do shit they don’t want to do here. Besides. We need someone to watch our stuff.”

“Hey, I only meant it as a joke. I didn’t think you’d actually do it! Now you’re getting everyone to do it! What’s wrong with you?”

“Don’t listen to him guys, he’s just being chicken.”

“Am not. Look, I’ll do it too.”

*

“So how come you’re sitting here all on your own?”

“You rock up, do some crazy shit, turn all my friends against me and now you’re coming over to ask me why I’m on my own? What the fuck is wrong with you?”

“Hey, you told me to jump off the bridge. I didn’t turn anyone against anyone.”

“Well, you’ve done it now, so if you could just leave me alone.”

“Nah, I can’t leave you to be sad.”

“Why the fuck not?”

“Because that’s who I am. “

“Riiight.”

“Let’s try the introductions again. Hi, my name’s Dey. What’s yours?”

sigh “Sienna.”

“So, tell me sommat about yourself?”

“Not much to tell really.”

“Aw, go on. You can tell me anything.”

“There’s fuck all to tell. I’m a nobody. My girlfriend just broke up with me so she can date hot guys in Tenerife so there is nothing that can be said about me.”

“Wow, that’s a bit shit. Although, I’d say it’s her loss.”

“What do you mean?”

“Here.”

I lean forward and mean to kiss him on the cheek, but he turns his head, and I end up planting my lips on his. I pull away and feel heat rush to my cheeks.

“Oh, OK.”

*

“Hey, what the hell do you think you’re doing with my boyfriend?”

“What? Who are you?”

“Salmon, and that’s MY boyfriend you’re snogging.”

“Sienna told me you broke up with him.”

“Well, that’s news to me.”

She had long tight thin plaits with burnt ends that she must have had done while she was on holiday. They really didn’t suit her and looked more like charred rat tails hanging from her scalp.

“Look, Salmon, you were gone the whole summer. You didn’t even write like you said you were going to. What was I supposed to think?”

“Like I had a bloody choice! I sent a post card every week. And so what, you decided to break up with me without telling me and get with the nearest girl you could find?!”

“You know what, I’m just gonna go. This is something that seems to be between you two.”

“Yeah, you better run, boyfriend stealer.”

“Sienna, I’ll see you later, yeah?”

Sienna just looked completely gormless. I could practically see a thought bubble with a giant question mark coming out of his head. I didn’t end up seeing him later.

*

“Hey Cerulean. Save us twos on that.”

“Sure. Hey, we missed you yesterday.”

“Yeah, sorry, drama with the foster bitch.”

“She still going on about Bonfire night?”

“Yeah, apparently the vomit I got all over the bedsheets has permanently stained them. I either have to buy her new ones out of my pocket money or she’s going to cancel my contact next week.”

“I don’t think she’s allowed to do that. Besides, didn’t you say it wasn’t you who mixed the drinks, it was that other girl?”

“That’s what I told her. I knew it had a bit of booze in it, but I didn’t expect it to be all alcohol when I downed it. Plus, she can’t stop my contact. It has nothing to do with her. I haven’t seen my sisters in ages as the last one was cancelled cos Ruby was sick. Then we got into this huge argument and then she wouldn’t let me out yesterday.”

Beep beep.

“Put out those cigarettes and get in to school.”

“Make us.”

“Yeah lady, what’s your problem. The rules say we’re not allowed to smoke on school grounds, and we’re not on school grounds, are we?”

“Yeah, we’re not breaking any rules here.”

“No, but you’re on the front gates and still representing the school. Not to mention most of you probably aren’t old enough to smoke.”

“Like hell we are. Nobody cares about this school anyway. It’s a shithole.”

“One more chance, put out those cigarettes and get in to school or I’ll get your head teacher.”

For some wild reason, the more this lady told us what to do, the more a sort of tight warmth grew in my stomach and started rising in my chest. Like acid reflux, only imaginary. Before I knew it, I was vomiting the heat at her.

“Fuck off. You’re not our mum.”

“That’s it. I’m getting your headteacher.”

“Fine! See if we care.”

*

“Hey Dey, I dare you to snort the sherbet out of that flying saucer.”

“What, like it’s cocaine?”

“Yeah, here, I’ve got a fiver we can roll up as well.”

“How d’you know to do that?”

“Saw my dad do it once. How d’you know how to do cocaine?”

“Same reason. Everyone was doing it where I come from. Alright, I’ll do it, if you do it too.”

“Haha. You first.”

I hold my nostril like they did on TV and shove the rolled-up fiver up the other and take one short breath in. Stingy prickly heat shoots right up into my skull and then down my throat. I cough until I can’t see anymore and kept trying to get the white powder out of my nose. Tears, snot, and saliva cover my face. The others are literally doubled over laughing hysterically. The stinging sensation lasted for what felt like hours but really was about 10 minutes- although I’m still surprised I didn’t

trigger an asthma attack. What a bloody idiot I was. That said, I do still live by 'I'll try anything at least once.'

*

"Hey there beautiful, what's your name?"

"Who, me?"

"Yeah you."

"Dey. What's yours?"

"Vermillion. So, what's a pretty thing like yourself doing in the IT lab at lunchtime?"

"Detention. I skipped lesson to have a smoke and got caught."

"Oh, so you're a bit of a bad girl then. What year are you?"

"7, what year are you?"

"11. I come in here to play chess online. Do you play chess?"

"Yeah! My Unclemon and Grampy have been teaching me since I was like 6 years old."

"So, you must be pretty good then. Fancy a game?"

"Sure!"

"Shall we make it more fun?"

"How?"

"We'll make a bet. If I win, you have to go out with me."

"And if I win?"

"You can ask me to do any one thing for you."

"Alright. Let's play."

Playing chess on the computer is quite a bit different than playing on a board. I struggled with the controls and couldn't work out the moves ahead of time. I wanted to win so I could get him to get me some fags after school. I owed Cerulean like 20 by this point and could tell he was starting to get annoyed with me. It wasn't my fault the foster bitch had caught me taking the money out of the pay phone. If she really wanted me to pay for all the phone calls I made, then she should have had a

better locking system on it. She empties it every night now so even if I can sneak it open again there's nothing in it anymore.

"And that's checkmate."

"Wait what? No fair! I was too busy trying to work out the controls most of the game."

"That's too bad. Now you have to go out with me."

"Can't we do best 2 out of 3?"

"We can, but I'll still have won so you will still need to go out with me."

"Fine. When and where?"

"I'll meet you at the front gates after school."

Well, perhaps he'll still get me some fags if I go out with him. Can't hurt to try.

*

Event type: : Meeting

Date of the event: : 19/07/2006

Headline: : [REDACTED] School

003. Information

Details: :

Case Note recorded by: [REDACTED]
 Explained [REDACTED] foster carer going to Thailand for 1 month. [REDACTED] said the school will keep an extra eye on Dey if she is respite/ I explained we are looking for another placement. [REDACTED] felt Dey's needs are not being met at her current placement, lack of warmth and supervision. I said I would know more In august, time

for Dey to say goodbye, how to do good ending. [REDACTED] said Dey will be devastated about moving from this school, really likes it here and very involved in activities. [REDACTED] reported Dey has been biting, and I asked if she knew about Dey having a boyfriend, hanging with a big crowd, [REDACTED] told me yesterday that she is hanging at a boy's house and she knows nothing about him. [REDACTED] did not know about boyfriend and that dey's behaviour has been deteriorating at school and I mentioned the boy's first name, as did not know last that Dey has BEEN GOING TO HOUSE AND [REDACTED] SAID IF IT WAS A CERTAIN Booy then it is very concerning as he has been charged with sexual offense and home life is very unstable and there have been child protection issues.

The file gives a bit more information than the LSB about how me going out with Vermillion was a partial reason for me going into residential. The snippets of conversations I had above are just some of the disjointed memories I have in the Memory Hotel. It's like someone has stayed in this 2006 single-bed room, completely trashed it, and just left a load of debris and bedsheets with burgundy-coloured vomit on them where the furniture should be. I had no idea this Year 11 had been charged with a sexual offense. I would go to his house and his parents were never home, so we had free reign of the TV, food, booze, tobacco, and other stuff. He told me his dad was a dealer and his mum was often coming and going. One time we did find a block of resin. I asked if I could keep it for my friends and he said I could- provided I did something for him in return...

The foster carer I had at the time was never there for me. Oh, I'd get into trouble, and we'd argue all the time about stuff, then she'd keep me in for a bit until she had to go out again. That was about as far as her 'parenting' went. I'm glad to see that I wasn't the only one who saw that she was just a cold-hearted money-grabber. She was always out 'hairdressing', holding/ attending Avon parties and going to her weekly bowling club. The thing that pissed her off the most was whenever my antics would get in the way of her doing things for herself. She'd also send me away on respite every 3 weeks, which is a temporary placement- often with different random strangers each time and usually for a full weekend. I hate this term. If you look up the work 'respite' in the dictionary, it means 'relief from burden'. What a *wonderful* message to send to your child. Then she fucked off to Thailand for a month! I know foster carers are entitled to annual leave, but to just up and go to another country for a month with little-to-no warning given to the child prior. How else can you tell a child you don't really want them?

This foster carer, I always say, was the prime example of somebody who was only in it for the money. I fetched a pretty penny during my time in care and the file revealed quite a few of the numbers for me. For example, foster carers would get £480 a week for me because I had 'additional support needs.' Yet, that's nothing compared to the four figures a week the residential home I was in would get.

Finances aside, the really big thing about this time in my life is that I don't remember a lot of it. For example, the above case note talks about me biting- no idea what that's about. Perhaps it's to do with love bites? I had a fair few of those and other... ahem... marks. I like to imagine one of those dolls the professionals hold up to you when they ask 'show me where the bad person touched you' resides in this trashed room of the memory hotel where all the scars and marks I made and allowed others to make are all over it as an exhibition of sex, hurt and feeling lost. I think this series of static memories showed when we revisited it all in my LST. I couldn't tell them I couldn't remember a lot.

We also started this topic at a time when my self-harming was something I really struggled talking about. This was the foster placement where my self-harm was getting rather dangerous- I was hospitalised several times and had to wear very stinky burn plasters. The trashed room absolutely reeks of them... it's a bitter, tangy, warm smell. Not at all pleasant, a smell you want to shut in somewhere and never go back to. So, I just exaggerated what I could remember, e.g., snorting the sherbet and saying it was cocaine. I did do drugs during this time, if you class the occasional few puffs of a spliff and sniffing the odd solvent 'doing drugs.' I would usually throw up or 'whitey' not long after breathing them in. I was never injected with heroine. The only injections I had were antibiotics for my self-harm. The oddest thing about not being able to remember a lot of it though, was the fact that it was my most recent placement before coming to residential. There was no logical reason I could think of at the time for why I couldn't remember it, which I really didn't like so I made up a lot of stuff. Looking back now, however, I think the main reason I can't remember a lot of it is because I struggled to accept that somebody just didn't want me. There I was, 11-12 years old, just wanting to be part of a family, and the person who was supposed to be my parent, for reasons known only to her, just didn't want me.

My social worker and I met up recently to discuss some elements of this placement. She agreed that this really wasn't a good placement for me. Being 'rubber stamped' as not being able to live with other children due to the false accusation against me kinda set me up to fail in this placement. My spirally behaviours, burning myself with aerosol cans, fucking around at school, abusing cats, and stealing from respite carers were all my way of saying 'fuck it.' If nobody wants me, and nobody is willing to listen to me, then what's the fucking point. Thing was, my social worker was listening, and seeing everything that was happening, and recording it. I never knew until I got my file.

When I look back on this placement now, I still feel a twinge in my heart for how lost, scared, and alone this little girl felt. All I ever wanted was to feel loved. Now I am loved, and I am on the way to loving myself again. All I want to do now is scoop 11/12-year-old me up and tell her everything will work out in the future. Something along the lines of:

"Hey Little Dey."

"I'm not little, I'm almost 12."

"Fair enough. OK. Look. I know why you're doing the things you are now. Don't worry, you're not in trouble. I'm just here to tell you everything is going to be alright. It will be hard, and you'll have to deal with a load of shit, but everything will work out. You'll become a teacher. You'll reengage with at least one of your siblings again. You'll find a family who loves you and not the money they get for

you. You'll find a partner. You'll stop needing to hurt yourself and those around you. You will love and feel loved in return."

To which little me will likely reply "Fuck off, you're talking a load of shit. Crazy lady."

*

"From now on you must take good care of your toys, because if you don't, we'll find out, Sid. We toys can see everything! So, play nice!"

Woody, Pixar's Toy Story, 1995

I am one of those writers who gets inspiration to write at the weirdest times. Take now for instance, it's 2.30am, I've had about an hour and a half's sleep (so a full sleep cycle at least) and doors have burst open in my memory hotel that I absolutely must write about right this second or I'm not even able to think about going back to sleep tonight.

Puts on a sarcastic old lady's voice You see, back in my day (being a kid in the late nineties/naughties) we weren't raised by the almighty Tablet/ iPad/ smart phone as kids are today. There wasn't such a thing as YouTube or Facebook or smegging Peppa Pig on Netflix. (My forever mum is Scouse, but you'd only be able to tell she was if she got annoyed. I adopted that element of her accent into my own idiolect... Much like a lot of my accents.) I remember only having 5 channels to flip though before things like Freeview and Sky came on the air and there certainly weren't any streaming services back then. The kids' programmes usually ended by 11am- things like Channel 5's 'Milkshake!'; ITV's 'SMTV', and BBC's 'Dick and Dom in da Bungalow.' After this it would be boring programmes like 'Antiques Road Show' or 'Keeping Up Appearances' (have to say, I did enjoy Mrs Bucket from that show though).

We often had to make our own entertainment especially on non-school days (which, considering I only had a 53% attendance rate in primary school, was a very frequent occurrence). On nice weather days we'd play out until the streetlights came on. Where we spent a large chunk of my childhood (after my birth mum died), there was a tree that grew in such a way that from a distance it looked like a duck, forever known as 'The Ducky Base'; along with the 'Ship Rocks' (a random collection of large rocks we could climb around and by stretching our imagination to its limit could pretend were a pirate ship... There were a lot of weird and random things the council did with rocks on the council estates. Outside our front door was a large, paved rectangle with 12 randomly shaped, quite large rocks placed in 3 rows of 4 within the paved square... Nobody knows why they're there but they're there. They were annoying when I was learning to ride a bike...) and 'The Jungle': another random placement by the council of a large rectangle bordered by a small brick wall of overgrown bushes

and small trees in the middle of an adjacent estate that were later all cut down because of the number of homeless addicts living in there and too many parents complaining their kids were finding needles in there.

The Ducky Base was my favourite place to play. I loved climbing trees and being way up high. My ongoing mission was to build a successful tyre swing to put on the tree. The branches became laced with random bits of rope and cords and ribbons its branches looked like a Bengali woman's arms. I never managed to crack the secret of the tyre swing though.

There were far more days when indoor play was necessary- British weather and all. We had a lot of toys growing up. I was not a fan of the shaped and moulded pieces of plastic that made things like toy dinosaurs, dolls, and Lego. It's possible Pixar's 'Toy Story' was the reason I didn't like toys, but honestly, I think I just didn't get them. Funny that... I could turn a pile of rocks into a ship, but I couldn't figure out a way to play with plastic. You could tell the difference between the kinds of games my sisters and I liked to play based on the things that were in our Crayola drawers- sets of primary-coloured plastic drawers that made for great storage spaces- we each got one set for Christmas one year. Ruby's was full of dollies and various animals and fake food items; Lemon's was full of Lego and toy instruments; mine was full of pens/pencils, colouring books, notepad paper/ coloured, crafty bits and later sewing and knitting items.

That's something I've never noticed before... The contents of our Crayola drawers ended up foretelling our future career paths. Ruby became a chef for a time then moved to the care industry- first for people, then for animals; Lemon is a musician (although she hasn't shown any interest in building as far as I'm aware so not sure how the Lego fits in) and I'm a writer/ teacher... I also paint for my mental wellbeing- I say paint, it's mostly advanced colouring in... I trace bits of adult colouring books onto a canvas and colour that canvas in with acrylics. That's where I'm getting most of the 'anonymising' names for folks- my painting palette.

Back to the point that woke me up. While I was coming out the end of the sleep cycle, one of the doors in my memory hotel flung itself open to show (in HD quality, I might add) me playing, of all things, Clock (also known as 'Baker's Dozen') Patience, followed by Aces High Patience, Klondike, and then digitally Spider Solitaire, Tri peaks, FreeCell, and Pyramid Solitaire. In case you hadn't noticed, I really like Patience, which is ironic considering I tend to have very little patience. The important thing though, the thing that woke me up, is that I remembered who taught me different types of Patience.

Technically- at least until the age of 5- I was raised by seven men. It's a bit like with Snow White and the seven Dwarves, each man had his own personality that could be summed up in one word: My Unclemon (Writey) and Grampy (Birdy) on my mother's side, then Orange, (Drinky), his 3 brothers (Funny, Welshy and Druggy) and his father (Hatey). After the age of 5, that Hatey grandfather had no further contact with us (until the big family meeting after I told my secret) due to falling out with Orange for the last time. Grampy and Unclemon taught me draughts and chess and the Funny uncle who taught me the different types of solitaire.

The door that burst open in my Memory Hotel reveals spare room converted into an office. It's a nice, airy, neutral room lined with various books and DVDs on the walls. He's in his computer chair while I'm on the floor laying out the set up for Clock Patience. This uncle and I had a strange relationship. Let's call him Uncle Umbar. He was, by far, my favourite uncle from that side of the family. He often made us laugh until our sides hurt. He enjoyed playing games with us. He was always entertaining. He worked in a shoe shop for several years and fitted my siblings, cousins, and my school shoes through Primary school. He married my aunt, who he met in that same shoe shop, when they were both 18/19. My aunt is the only relative from that side I semi-regularly stay in touch with now. They took us in when we needed our first emergency placement and kept having us to stay every month while I was in my first three foster homes. When I went into residential, we had one contact, then he and I never spoke again. I didn't find out until after his aneurysm, but he had a lot of the same experiences and feelings going through life as I did. The difference between us? I got help. He did not.

*

In my LST, we started sessions by looking at my family tree then went into detail about my parents' lives before I was born. I'm not sure why we did it like this- probably so I could gain a better idea of where I came from? This is probably how I'd introduce lots of family members to new people to help them make sense of my family- but to protect identities this would not really be a good idea as it would just look like a flow chart of coloured-in names.

We began by looking at my family tree from the information that [redacted] had.

And then I drew my own family tree to see if there were any differences.

See, not much use to anyone. Luckily, my LSB gives other introductions to family members, for example:

The Social Services file also says that after school Mum worked for a while but the jobs never lasted long. She worked in a call centre and a shop, the file also says that Mum loved people, she liked drawing, painting, arts and craft, reading and teddy bears.

I have mum's teddies, [redacted] and Fluffy.

She painted pebbles for Grampy.

Like Grampys.

This is why she did a college course to become a nurse.

The story of [redacted] the Rabbit.

My Mum was giving birth to me. As she and [redacted] had a falling out, she called for [redacted] (my Uncle). Any way, [redacted] was at work, and so told his boss he was going for an early lunch break. On the way to the P.M.H, he brought this little rabbit and gave it to Mum after she had me. Once she had calmed down she named it [redacted]

From this slide, you might assume that Uncle Umbar was my Mum's brother like Unclemon is, but he was Orange's brother.

Orange was the youngest of four brothers. Uncle Umbar was the second youngest. I don't understand much of the four brothers' childhoods, namely because the story changes dependent on who you ask. What I do know, and have recorded, is that Orange spent from the ages of 10 onwards in and out of 'care'- such that it was back before the Children's Act 1989. (They mostly just put him up in B&Bs for several weeks at a time, then he went back home.) In his youth, Orange was regularly skiving school, getting involved in drugs and underage drinking, and fighting his brothers and our paternal grandfather. There's an incident in my LSB that sticks with me:

I used to have blank flashes when I was on drugs, but I knew once I had sex with a boy. I didn't know but he e-mailed me and told me. I did it again though. This was when I was 11.

The file states that when [redacted] was 15 he had a fight with his Dad and his Dad ended up in hospital.

The file also tells us after this incident Granddad went to live with his sister and refused to return home until [redacted] left the family home. The file goes on to say that the police removed [redacted] and he went to live in a bed and breakfast for a few weeks before the family made up.

I thought [redacted] went to prison for this.

This isn't true as [redacted] left at his own accord. [redacted] said to [redacted] that he would beat [redacted] silly. The police were involved but [redacted] stayed with [redacted] before finding lodgings.

Our paternal grandfather was a shit excuse for a human being no matter who you asked. He regularly 'disowned' his sons, refused to believe his grandchildren were being abused, nearly set fire to my paternal Nan, then unceremoniously killed himself when I was 18 after leaving a note that, as I understand it, basically said 'fuck you all.' This is why his personality type is 'Hatey.' While it could be argued that there is a hidden story here as to why this grandfather was so hateful... However, given the abuse and trauma he caused our entire family, I just don't have the space to care about this story.

Our paternal nan wasn't much better, although I don't have much information in my file or LSB about her, and I only remember flashes of her. My memory hotel keeps this image of this short, scraggly-haired 50-ish year old that stank of booze running up the street after Orange and I had gone for a walk on my 5th birthday. She has in each hand two large bags of presents, Orange tells her neither he nor his children want anything to do with her. They had a massive row in the street while I just want to see what's in the bags of presents. I found out years later that she had kept some of these presents and was able to gift some of them to me after I told my secret. There was a complete Winnie the Pooh stationary set and scrap book. I keep the newspaper articles of things that happened to us in that scrapbook.

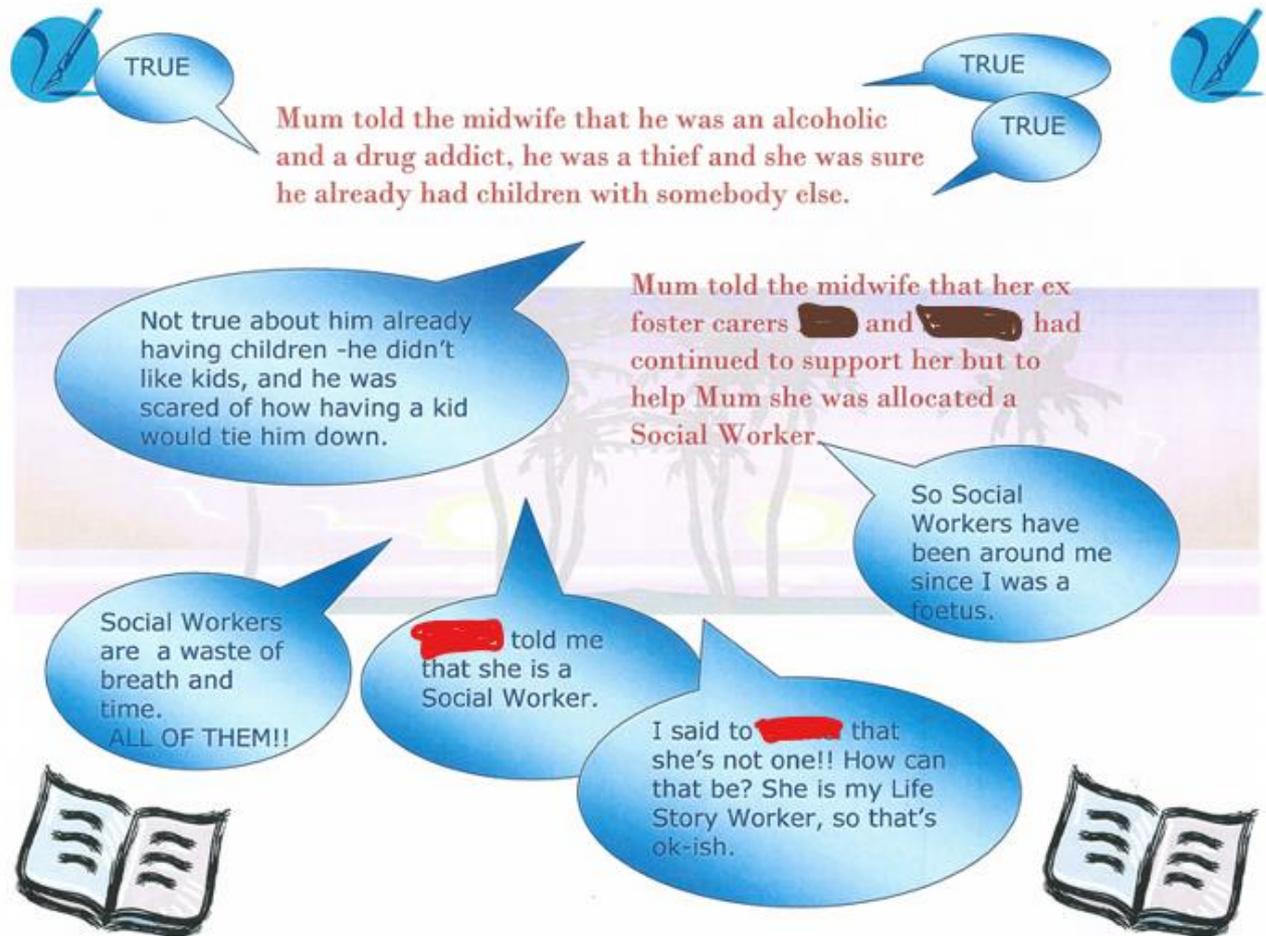
Whether you believe it was my father or grandfather who made their home life difficult, Uncle Umbar really struggled with his childhood- to the point where he self-harmed and sought counselling in his teenage years. Yet, he was always the most 'successful' of the four brothers. He was the only one who kept down a job for any length of time, the only one who drove, the only one to buy a house, and the only one that didn't turn to drugs and alcohol to solve his problems. What help did he need?

Something I also found interesting is that he was also the only one to find a faith. Apparently, our paternal grandparents didn't baptise their children because they always wanted them to have a choice- yet our paternal grandfather disowned uncle Umbar and refused to meet Umbar's wife until my mum got sick, all because they were Jehovah's Witnesses.

Now I personally don't have a faith. I take bits I like from different religions and add them into my own little 'belief system' if that's what to call it. But I would never hate or disown anyone because they had a faith. One phrase I have found in almost every religion I've investigated is 'treat others as you would wish to be treated yourself.' I find learning about different cultures and faiths fascinating- provided it's not forced on me. To me, religion is like a penis. It's great to have one if you want it, but don't shove it down my throat without my consent. I saw at least part of this analogy on the internet somewhere but added the bit about consent. Consent is everything. My aunt was born into her faith, but she chose it in her teenage years. Uncle Umbar got to talking to my aunt and found her faith just made sense to him, and so he chose to get himself baptised. Nothing wrong with that in my book. Completely consensual.

I think Uncle Umbar and my aunt met around the same time Mum and Orange did. Not long after that, Mum fell pregnant with me. For reasons unbeknownst to my aunt or myself, my mum latched herself onto Uncle Umbar. Probably because Grampy and Unclemon didn't approve of the pregnancy- she was only 15 after all. Every time she and Orange had an argument, which, according

to my LSB, was very regularly, it's Umbar she would call. According to the LSB pregnancy hormones hit Mum hard. It's a shame they didn't hit her harder, then perhaps she might not have gotten back with Orange, and I'd be writing a whole different story. Insert cliché about hindsight here.



Note: Mum's talking to the midwife about Orange- in case that wasn't obvious. There is a very complex and domestic story surrounding mum's pregnancy with me involving lots of falling out with Orange then taking him back then falling out both sides of the family then being accepted back in with the family. By the time I was born these arguments seemed to resolve themselves and while I didn't believe this at first, the family ended up loving me which seemed to bridge these gaps between my family members for a time. Additionally, I remember I was mad at Blue at the time of this session- most likely because Contact had to be rearranged- hence the Tracy Beaker-esque comments on social workers. I didn't believe social workers were a waste of time. Blue had been with me for a good three-four years at this point and I did like her, I was just a grumpy teenager who hadn't gotten her own way in this session.

I wanted to believe that Uncle Umbar was my birth father instead of Orange. He was just so much better than Orange in almost every way, and he seemed to genuinely care about all three of us like a father should. However, he was not my birth father even though he was present at my birth instead

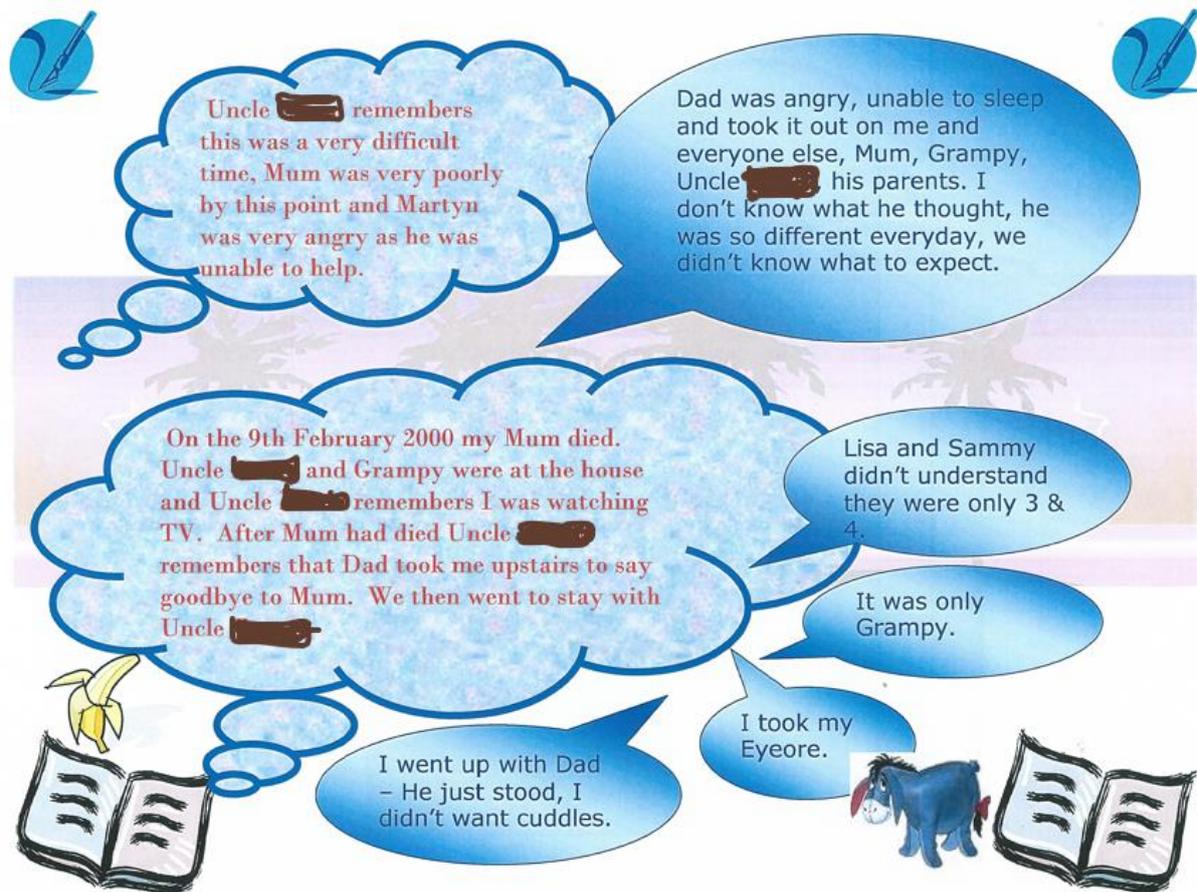
of Orange. This put a big strain on mine and Umbar's relationship after I found this out- namely because of thoughts like 'what if Umbar is actually my father' followed by 'if Umbar was my father, then why did he give me up and let Orange do what he did?' followed by accepting that Umbar was absolutely not my father, leading to the thought of 'If Umbar was my father, then perhaps I wouldn't have had a shitty childhood.'

I would misbehave on those monthly visits with him and my aunt all because I just wanted him to be my dad. In one of the rooms of my Memory Hotel is one of those renovated play parks with all the funky outdoor exercise-machine-type apparatuses on a very warm summer's day. I'm standing with my back to the playpark on a path lined with 7-8-foot-high big leafy bushes. Umbar is in front of me, and we are having a massive shouting match at each other- which must have looked quite funny to an outsider as he was a 30-something, over 6-foot-tall, skinny, fair haired, gentle giant of a man and I was this tiny, stubborn, and feisty 11-12-year-old. The sound quality of the memory is distorted for a time because I don't really remember what we were arguing about, likely something to do with my misbehaviour, but the sound becomes crystal clear when I scream at him "I JUST WANTED YOU TO BE MY FATHER!" and then the sounds of birds tweeting and singing, a few cars going by, and a gentle breeze playing with the big leaves on the bushes before the scene fades out to black. After this, contact significantly reduced as I was moved into residential. There was one Contact with him, my aunt, Grampy and Unclemon. Umbar had been told off the day before for passing a piece of paper to my siblings, who had also recently just been moved to their separate homes, and asking them to write down their addresses, so he was very quiet and sulky during my contact. I didn't know this at the time, I thought he was still mad at me for telling him I wanted him to be my dad. The last time I ever saw him was when I had just moved in with my forever family. We had arranged to meet with my aunt as Grampy had put in his... I guess it was a will but not really, more like a series of last wishes, that I remain in contact with her at all costs. Grampy had a great respect for my aunt and found her to be the most stable and positive influence in our lives, which, familiarly speaking, is still true to this day. Umbar dropped my aunt off and waved at me from a distance but didn't join us or speak. He died a few months later.

*

"Aw Al, I'm Getting Kinda Fond of You, Kid. Not That I Want to Pick Out Curtains or Anything."

Genie, Disney's Aladdin, 1992



Uncle Umbar, my aunt, birth mum, and Orange were quite close. Umbar and my aunt would come over when they had holiday/ weekends off and Umbar would do all sorts of fun things with us like 'The Tickle Monster' and wrapping us up in a duvet cover and whirring us around in it like a fun fair ride. They helped us move to our various living spaces (mostly because they had a car), fitted all our school shoes, and would take us out on day trips. One of the few childhood photographs I have is of when we were taken to one of the many country parks around us and it's my mum, my aunt, Ruby, Lemon, and me all on a bench laughing because Umbar was telling us to say, 'Smelly feet' instead of just 'cheese'. My mum and my aunt are often mistaken for sisters in that photograph because they look similar despite not being related in any way at all.

Even after we went into care Uncle Umbar was always the fun one, my aunt was the strict one who always had to say no. If I was to compare Umbar to a celebrity to help gage his likeness, I'd compare him to Robin Williams. Funny and fun yet hiding a lot of pain. Even before I found out more about him, I still would have compared him to Robin Williams because he was very, very hairy.

The memory hotel reveals my first memory of him being there for us though, was back in 2000. The door opens to reveal a messy double bed that filled half of the room. A wardrobe, chest of drawers and bedside cabinets taking up the rest of the space. What little of the carpet that can be seen is

thick and purplish red. There is one double window dressed in curtains with little girls doing a variety of activities printed on them. These curtains were never drawn so the room is always lit by the dim, orange streetlamp that was directly outside. On the far side of the bed lies a wheezing body facing the window. This room is copied a few times in the Memory Hotel. It's where everything for my birth Mum ended, and everything for me started.

*

Thud.

I rub my head and realise I've ended up on the floor. The bandages and first aid kit wrappers we were using to play doctors last night are still all over the floor. I better pick those up later or Dad isn't going to be very happy. The big red number says 05.13. It's still dark outside. My thigh throbs a big ache. I do what Mummy says big girls should do. I pick myself back up and go to get back into bed - only to realise Mummy is juddering about the bed. Her body moves and kicks and flails in ways I've never seen it do before. Especially in the dim orange light, it's scary.

I don't want to, but I must leave her. I back out of the room and down the stairs to the lounge.

"Daaaad. Wake up Dad. Daddy. Daaad."

He takes a sharp breath in and knocks one of his cans over, spilling bitter-smelling liquid over the sofa and floor.

"Now look what you made me do. Why are you up? It's still dark."

"Mummy kicked me out of bed and now she's all juddery."

That wakes him up. I stay downstairs and do what Mummy does and grab the kitchen towel to clear up the spilled mess. I then pick up the bin and do my best to quietly carry it from the kitchen so I can clear up the rest of the cans. I just finished slowly, carefully putting the last can in the bin when Orange comes back down the stairs.

"Is Mummy OK?"

"She's resting now. How do you fancy a can of Fanta?"

"OK."

"Get dressed then. Be careful not to wake your sisters."

"OK."

*

The rest of the day goes by in a bit of a blur. I've tried adjusting the tracking multiple times to try and see if there were any other signs, but nothing becomes clearer. I know it was light by the time we got back from the shop. I know we didn't go to school. I know at some point Unclemon and Grampy came over, shortly followed by Uncle Umbar and my aunt. Then, just like that, the images are no longer static, and everything glows into HD quality again.

*

"Are you ready?"

"I'm ready."

I'm sat on Unclemon's lap, not long just turned six years old. We're playing a game where he bounced me up and down on his lap chanting 'don't break the chair' then when the chair "breaks" he opens his legs I drop between them.

"OK then. *Unclemon takes a deep breath in.* "Uhhhhh Don't break the chair. Don't break the chair. Don't break the.... Oh no! You broke the chair."

I'm not sure which game I preferred. Uncle Umbar's 'Tickle Monster' or Unclemon's 'Don't break the chair.' Both always had me in stitches. I didn't realise this at the time, but it would appear the uncles had been put in charge of keeping us girls entertained while the grownups talked upstairs. My siblings were also in the room playing imaginary games with their blurry bits of shaped plastic. The telly is on, but I can't see what's playing on it. Then, out of nowhere...

"GRAMPY! Get in here! Quick!" (Orange called Grampy by his actual name, not Grampy, of course.)

I didn't even hesitate. "Is everything OK with Mummy? She was all juddery this morning."

Uncle Umbar's face was the first to drop. Neither of the fun, funny uncles had anything to say. My sisters carried on playing.

The person who came in and told us changes. All I know is that the uncles were pulled out of the lounge for a minute, then somebody came in and said:

"Girls, you're gonna go stay at your Uncle Umbar's tonight."

I remember feeling excited. We'd never been to Umbar and our aunt's house before.

"Can I take Eeyore?"

"Sure thing, in fact, why don't I bring down a teddy for each of you?" Umbar's voice sounds weird. He goes upstairs.

Somebody whispers, "Is he not going to tell them first?"

All that excitement ran away. "Tell us what?"

"Oh. Uh. Oh."

Orange seems grey. He swallows. "Girls, Mummy's gone to sleep forever now."

Neither Lemon nor Ruby seemed to understand. But they knew the grownups were all sad now. I remember my tummy feeling tight.

"Can I say goodnight?"

"You what? Did you not fucking hear me? You- "

"I think Dey means goodbye, Orange. She wants to say goodbye." I'm pretty sure this was my aunt.

"Oh. Oh. Yeah. Sure. Come on then." He holds out his hand. I take it.

Then everything goes into slow motion. Walking up the stairs one step at a time behind my father. Umbar passing me Eeyore as I make my way towards the room I'd woken up in that morning. For the first time since I'd known him, he didn't try to make me laugh. He just passed me my teddy and turned away to face the bathroom. Orange let go of my hand and stayed in the hallway.

I stare at the floor. I never did pick up those bandages and wrappers. But nobody was telling me off about it now.

I listen for her familiar wheezing. It's not there. Just some sniffs coming from outside the room. I walk very slowly around to the window-side of the bed, Eeyore now my only companion. She still smells slightly like apple and imperial leather soap but mixed with a wet, dusty kind of smell I can't quite place. I kiss her on the cheek- it was soft.

"Goodni- I mean, bye, Mum."

*

The first thing I noticed about Uncle Umbar's is that it was *tiny*. Way smaller than our home. My sisters and I couldn't even all sleep in the same room upstairs- not that I'd spent many nights in the same room as my sisters in recent months. The second thing I noticed were the chairs. One deep emerald-green sofa with a matching armchair, a wicker dining table and chairs, and an old mahogany-red rocking chair. Then the third thing I noticed, which was something I had never seen before and made absolutely no sense to me, was that their staircase had no banister. Fancy having a staircase with no banister?!

Lemon had her Tigger, and Ruby had her white fluffy dog, and I had my Eeyore. My aunt had gone back up the stairs and picked us all some clothes out for the next day as well. Umbar tried picking the mood back up by teaching us how to make the BEST hot chocolate in their tiny green counter topped kitchen. I was beginning to think either Umbar or my aunt's favourite colour was/ is green. Their car was green too.

"The trick is to mix the hot chocolate powder in with just a tiny bit of milk to make it a paste before you add the hot water."

The result is very nice. Because you're adding the hot water to a paste rather than a powder it makes the hot chocolate frothy on the top. I've been making hot chocolate this way ever since.

All the hands on Umbar and my aunt's wooden wall clock with a hanging left-right-left-right stick were pointing at the 12. Lemon and Ruby were to sleep on an air mattress in Umbar's office. I was to sleep on the deep green sofa. In later memories, this sofa was super comfy and appears a few times in rooms of the Memory Hotel. That first night though, back when the sofa and armchair was new and it was my first night sleeping on it, it wasn't very comfy. I felt like it was trying to swallow me whole. What scared me more though, was that the more the left-right-left-right stick clicked (yes clicked, not ticked- it was so ridiculously loud!) on and on, the more I wanted it to.

Creak creak creak. Click. Light blared from the top of the banister-less stairs. Someone was going to the bathroom. Flush. Glug. Squeak. Click. Creak. Creak. The creaking was coming down the banister-less stairs now though. Trying to tiptoe down the banister-less stairs, I assume so as not to wake me. I debate hiding my face behind Eeyore. What if they tell me off for not being asleep? Wait though- what if it's one of my sisters? I decide to sit bolt upright. At least I could say the noises scared and woke me up if it was Umbar or my aunt.

It was Umbar. But he didn't ask me why I was awake, nor did he tell me off...

"Can't sleep huh? Me neither. Come on, I'll make you another hot chocolate."

"But aren't I in trouble for not sleeping?"

"What? Why would you..." He stops and changes his tone. "I think, under the circumstances, you can be let off this once."

He makes us both hot chocolates, then turns on one of the lamps with huge green lampshades near the stereo and sits in the big, deep armchair while I sit up on the sofa. I have a thought, and then I frown.

"Uncle Umbar, do you think Mummy's gonna be OK?"

“How do you mean?”

“I mean wherever she is now?”

“Oh, do you mean after we d- uh- sleep forever?”

“At school, they said that when people sleep forever, they go on into heaven. Is that true?”

“It depends on what you believe. For a lot of people there is a heaven yes. Just like there’s God and angels who live there.”

“Daddy says there’s no such thing as heaven or hell or a god or anything.”

“Well of course your dad would say that. And that’s why...” he stops himself. “Do you know what your mummy used to say?”

“No?”

“Your mummy always used to say that she wanted to come back as a butterfly, because those are her favourite animal.”

“You mean a butterfly so she can eat from her favourite plastic blue flowers?”

“Haha. Yes. Exactly right.”

“So has mummy just turned into a butterfly then?”

“Not quite. I’m saying she that’s what she wanted. Nobody really knows what happens to us after we...”

“Well yeah, that wouldn’t make much sense for her to turn straight into a butterfly.

“How do you mean?”

“Because all butterflies come from caterpillars first. Everybody knows that.”

“Haha. Of course. Why didn’t I think of that?”

We finish up our hot chocolates and he wishes me a goodnight. The clicking clock just ticks now.

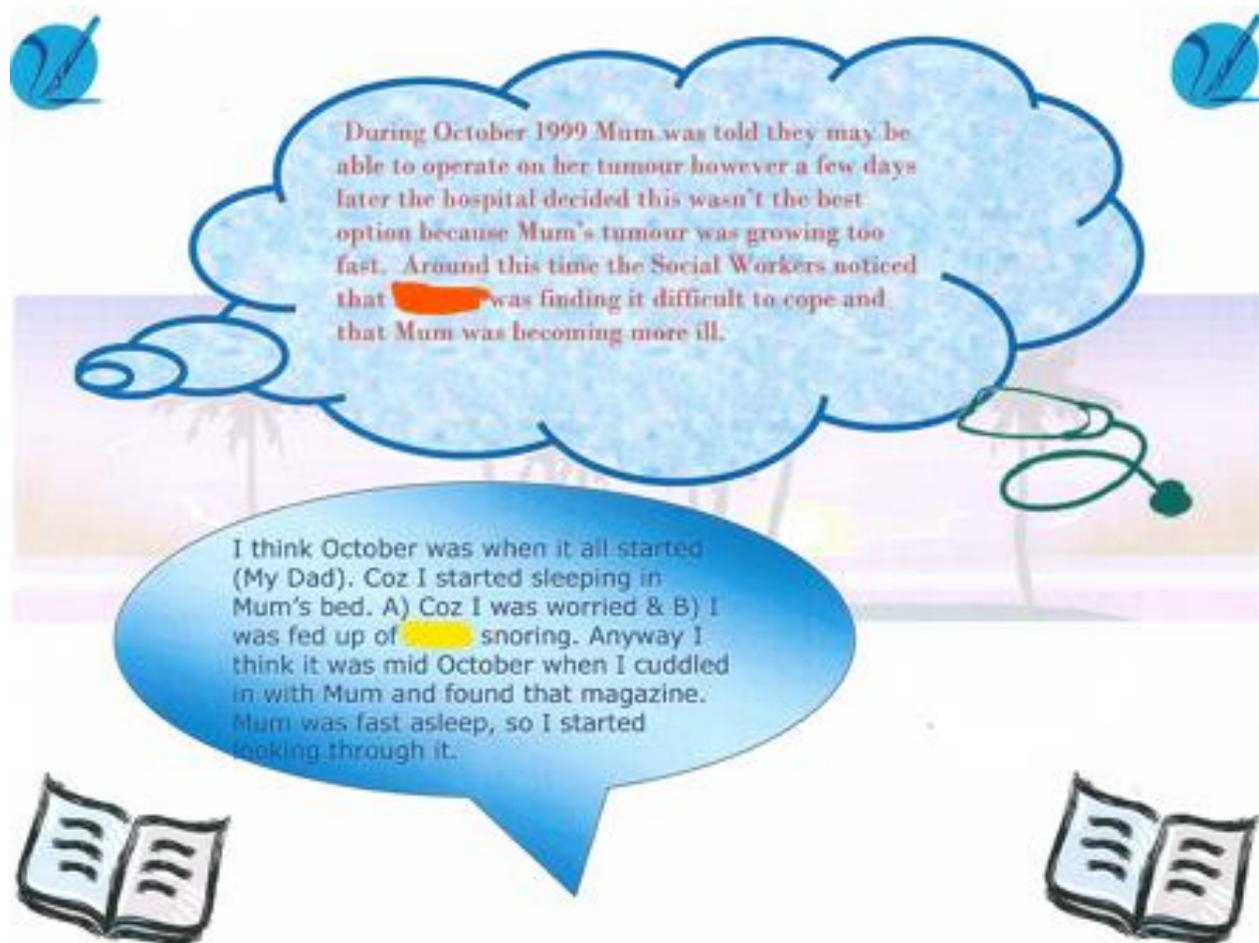
*

“How do you spell love?”

“You don’t spell love. You feel it.”

Piglet and Pooh, Disney’s Piglet’s Big Movie, 2003

When I gained my copy of Lauren Slater's *"Welcome to My Country"*, my partner at the time couldn't stop herself from blocking out several letters so that the title of the book said *Welcome to my Cunt*. This was particularly funny as she was about to have her vaginoplasty operation- i.e., she was about to get her cunt. Not to plagiarise too much from Lars von Trier's *'Nymphomaniac Vol 1'*, I just really liked this line: *"I first discovered my cunt when I was two."* I was five when I discovered somebody else's cunt, followed quite swiftly by my own.



Lemon is making noises like a winded horse. I know I can sound like Darth Vader especially when my asthma is bad, but these noises are ridiculous. I checked; she's not faking them either. I can't stand it. Maybe I should go check on Mum...

"Mummy, are you awake?"

No answer.

"Mummy? Can I come sleep with you?"

Still nothing. My chest starts to feel tight.

Orange hasn't been sleeping in the same bed as her for ages now. He's been sleeping downstairs on the sofa instead. He says she beats him up in her sleep (I later found out these were seizures caused by the tumours that had grown in her brain). I think someone should be with Mum through the night to make sure she's OK. She's very poorly after all, and I get woken up when she bangs things in the night. Maybe if someone stayed with her, she wouldn't bang things as much.

I listen. There's a faint *wheeze* coming from the bed. The tightness eases a little.

"Mummy, I'm gonna come sleep with you to make sure you're OK tonight. OK?"

I take a few tentative steps across the thick dark carpet into my parents' bedroom. The side of the bed closest to the door is vacant. All I can hear is the faint wheezing coming from the bed and my heart pounding in my ears. Should I really be doing this? Someone really should be there for Mummy...

I climb into the bed. I lay down next to the wheezing bundle of duvet and big grey jumper. She has her back to me, but I can see her shoulders and back move as she breathes. She seems peaceful. I can see the orange glow of the streetlamp outside through the window Mum is facing. I think she likes to always be facing a window, especially now she doesn't go outside much anymore. She smells like talcum powder and imperial leather soap with a hint of apple. I just want to bury my face in her jumper and magically make her get better.

I put my head on the pillow next to hers and lie so I'm facing her back. I like to have my hand under my pillow when I sleep. I don't know why; it just feels comfy. (Apparently, 60% of people sleep like this in adulthood.) However, I put my hand under the pillow and feel something cold and glossy and papery. I pull it out from under the pillow. In the dull luminescence I see it's a magazine with lots of pictures of women on it. But they're all showing their fannies and boobies. I look through it. On one of the pages there's a lady with short dark hair that comes to her chin and a short fringe that doesn't go past her eyebrows. She has an oval face with a slow pointed chin. She's wearing a fluffy short cardigan that seems way too small for her because it doesn't cover her boobs at all. Her boobs are big with perfectly centred dark circles around her nipples. She's sat, with her legs wide open, and her knees bent. She's wearing high heel shoes. She's wanting me to look at her fanny. It's wrinkled in the middle and lined with dark hair. I can't seem to stop looking at her... I just want to...

"What the hell do you think you're doing?"

The urgent but whispered voice of Orange makes my blood run cold. He's standing in the doorway, almost filling it with his shoulders high and his head bent forward. I can feel the cold shot run right from the top of my head down to my toes...

“Give me that. Stop looking at it. You fucking perv... What the fuck are you doing in here anyway? This is my room.”

“What’s a perv?” I couldn’t stop the whispered question.

“Never mind that. Tell me what the fuck you’re doing in my room?”

My face involuntarily scrunches up and wet starts to come from my eyes, but I try to keep a whisper.

“I just wanted to check on Mummy and sleep with her tonight because Lemon’s snoring is really loud.”

Silence. I’m frozen in place. I can’t see his face, it’s just a blurry silhouette. My nose tingles. My breathing is fast, and my chest feels tight. I might need my inhaler. My face gets hot and wet. I don’t know what to do. He’s just standing there, not doing anything, not even breathing.

Finally, he does something. He takes a deep breath in... Then exhales it through his nose.

“Lemon’s snoring is quite loud tonight, isn’t it?”

My entire body just drops, but I catch myself before I thump onto the bed. I wipe the wet from my face. I finally choke out a whisper:

“I just can’t sleep, Daddy. I figured someone should stay with Mummy in case she bangs things in the night again.”

“I know, I can’t sleep much these days either. But you shouldn’t be going through Daddy’s things.” His whisper is softer now, almost reassuring...

“I didn’t mean to- it was under the pillow. I just put my hand under the pillow because it’s comfy.”

“But you saw it was full of naughty pictures. Why didn’t you put it down? I was watching you staring at that one picture... You liked it, didn’t you?”

“I’ve never seen anything like it.”

“Did you look at the picture on the next page?”

“No.”

“Here, let me show you.”

The next page had a woman with lighter, longer hair that was halfway down her back on her knees with a big round butt facing towards us. She was knelt in front of a naked, muscular man. He had big privates. She had the huge thing in her mouth. They were right by a motorcycle.

“Do you like that?”

“I... I don't know...”

“Do you want to try some of it?”

This was such a weird question. For the first time I felt a kind of tickly electricity jump from my groin up to my throat. It felt nice.

“Um... OK...”

“Alright then. But remember, Mummy needs her rest, so we mustn't wake her.”

“OK.”

“And this needs to stay between me and you. It's just a daddy-daughter thing, OK? You can't tell anyone about this.”

“OK.”

004. Reason for the Child/ Young Person Being Looked After

Reason for the child/young person being looked after. :

Deyanna and her sisters were chronically physically, sexually and emotionally abused while in the care of their parents and, latterly, by her father who was sentenced to [REDACTED] imprisonment.

Deyanna's mother had died prior to Deyanna's disclosure of abuse.

005. What attempts have been made to arrange for the child/ young person to live with a relative/ family friend as an alternative to care/ accommodation? (if not already in a family/ friends placement)

What attempts have been made to arrange for the child/young person to live with a relative/family friend as an alternative to care/accommodation (if not already in a family/friends placement)? :

Although Deyanna had extended family involvement following the disclosure and trial, none of them felt able to take on her care. It was the Department's view after some months that no family member had the skills required to meet Deyanna's high needs, which, over time, emerged as very complex, including self-harm, problematic adult and peer relationships, inability to trust and rely on adults.

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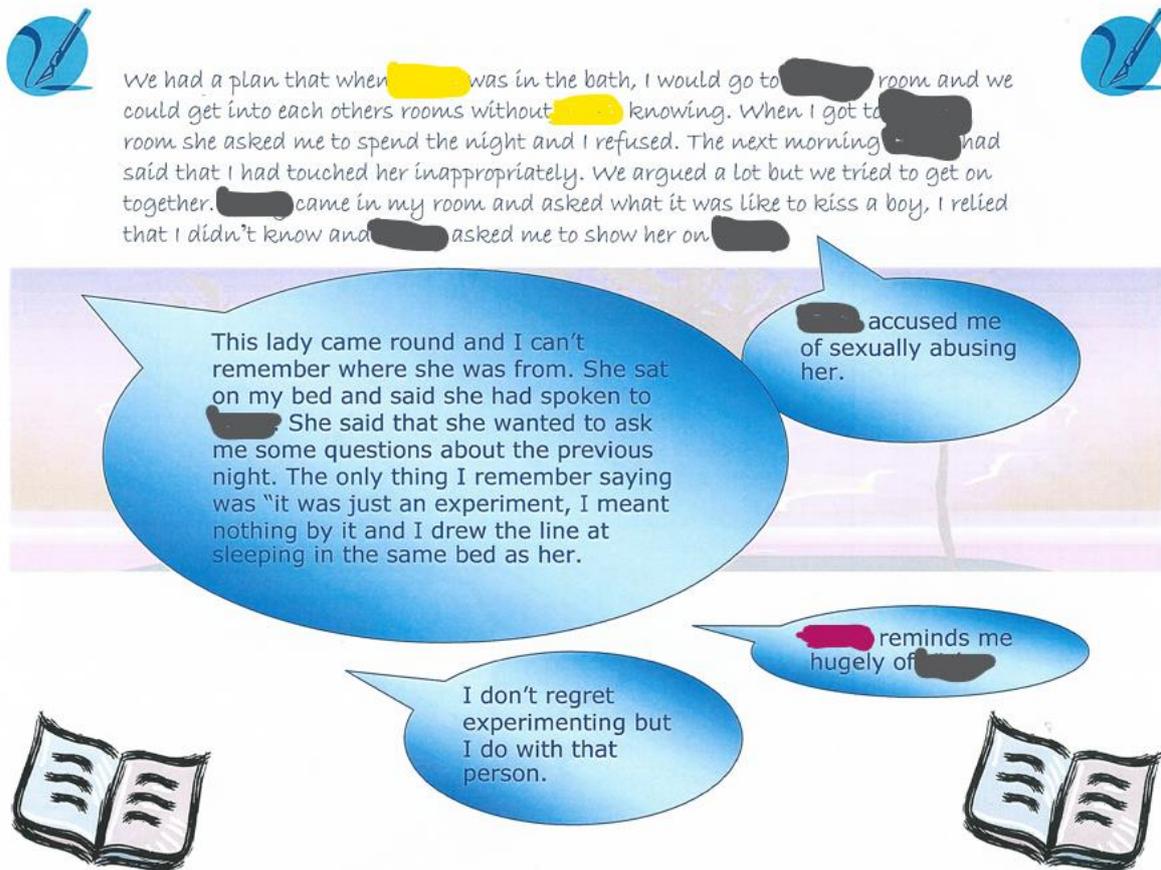
I just found out that Orange has died. This is an interesting feeling. It's like there's been an explosion on one of the floors in my memory hotel and thoughts and fragments of memory have been let loose to run around the hotel. Good thing about it being a hotel, is that I can leave it just as easily as entering it. I'm just gonna let those fragments and thoughts run wild for a little bit and I'll sort them out later.

Anyway. Back to the point. Despite my, uh... how shall I put it... early sexual awakening, I didn't fully realise my sexuality until well into my twenties. Oh, I knew I liked girls. My first proper crush was on Willow from Joss Whedon's *Buffy the Vampire Slayer* because, well, it was Willow. Who didn't have a crush on the ginger skinny nerd who discovered witchcraft and was one of the first examples of demonstrating LGBTQ+ love before the watershed? She was the first person to teach me it was OK for me to like girls. I wanted to marry her and have 'smart' conversations with her and have her do witchy things in the back garden like make streamers and float candles and stuff. I wanted her to magic me away from where I was.

Yet, I also liked boys. I was in an on and off "relationship" with a particular boy from years 2-6 (ages 6-11) and still have doodles of my name and his surname in my 10-11-year-old diary. It wasn't sexual- but we did get married in year three as part of our schoolwork on weddings. There were a few snogs in the stationary cupboard towards the end of Year 6 but otherwise it was just kid stuff, holding hands for a few minutes then running away from each other, daring each other to climb one branch higher kind of thing. This boy literally followed me through three primary schools and always seemed to live around the corner from us even though Orange moved us three times during this time. Orange and his mum got on well. Turns out they did a lot of drug trades with each other.

He even followed me into care. Things got really complicated after this. Of all the people they could have been fostered by, he and his siblings ended up being fostered by my birth Mum's old foster mum, making them my foster uncles and aunts... We had to break up after that. It just got too weird... Especially after I had just found out how wrong the five years of special 'daddy/ daughter time' I'd gone through was. I spent a lot of my first placement coming to terms with this.

When I moved to my second placement, I got accused of sexually abusing another child there. I was eleven years old. She was nine. I thought the other girl and I were getting close and experimenting. After the accusation, I realised it was a manipulation to get rid of me because she didn't like me taking attention away from our carer. Of course, eleven-year-old me didn't think this at the time. All I could think was 'I didn't do it!' Teenage me worded it better:



The accusations were later proven false, and she admitted she lied- but I was moved on anyway with a big rubber stamp saying I was not to be placed in a home with other children. This devastated me. It still makes me angry now. Mostly at myself for being so fucking stupid. I've always been too trusting. I grew up so fast, but I was still so fucking naïve. When I look back at all the stupid things that happened to me just because I didn't have an ounce of scepticism in my body and awful situations that could have been avoided had I simply questioned the person instead of trusting them completely. That said, once my trust has been broken, it's hard to get it back again.

This is why I ended up spiralling in my third placement. These social workers, the people who were supposed to support me with 'being a child again' were treating me as if I had done this horrible grown-up thing to this girl, all because my father, who was also care-experienced, did it to me. They didn't even take the time to consider that I hadn't done what I was being accused of. My social worker (Blue) was on leave during this time, so there was no one to advocate for me. Just a load of random strangers coming to interview me and reading into my past without knowing me. The worst part it this accusation could have destroyed any chance I ever had of becoming a teacher. It could have left me on some register meaning I would never be able to work with kids or anyone. But manipulative bitches like that nine-year old or Puce never think about that, they only care about how to get whatever it is they want. By the time Blue returned from her leave the damage had been

done and she had to deal with finding me a new placement as soon as possible, which was probably another reason why my third placement went so wrong.

008. Provision of Information to Carers

Have the carers been given the Child / Young Person's Referral and Information Record? (Please select.) : No

If no, when will this be done? : 13/07/2005

If a Care Plan has not been given to the carers, why does the child/young person have to be looked after now? :

Due to Dey sexually abusing another child in previous placement she needs to be placed with foster carer with no children.

My third placement is where I became extremely promiscuous. Unlike the drugs, I didn't exaggerate a lot of the sex stuff, I had the marks and scars to prove it. I was reeling from the reason I was moved from the second placement and didn't understand why it had been allowed to happen. I was fucking innocent, yet nobody believed me until she admitted she lied *three months later*. Waves of hot spiky stabbing sensations kept invading my body that made me itch all over. How could no one believe me? How could they think I would do to someone else what Orange did to me?

I still see that eleven-year-old me traversing the floors and halls of my memory hotel. Sometimes she's crawled up in a ball on a king-size bed that makes the room feel cramped and her feel even smaller than she is. Other times she's in an airy room, sat upright on a single bed with 'Groovy Chick' bedding, staring at a cracked, full-length mirror trying to make sense of what she sees before her. Skinny little 5'2 thing with mousy brown hair and big, wet, brown eyes that grew up far too quickly. So broken, lost, alone. All she knows is that she was betrayed by the people who were supposed to be looking after her. All she keeps asking is 'why wouldn't anyone believe her?' This betrayal grew like a fire inside me. If no one else was going to believe I was innocent, then what was the point in playing by their rules? So, I stopped giving a shit about the "rules" and did my own thing. The only person I was ever truly going to be able to rely on was me.

I was terrible I constantly walked off site, I threw a supply teachers laptop out of the window. I smoked and had loads of boyfriends and was part of the vampire gang and I got into fights.

I was a slut.

I was about passion I wasn't getting what I wanted at [redacted] so I tried to get it at school. I just wanted to be loved.

I haven't had sex since I've been here.

[redacted] and [green] noticed that when I first talked in Life Story I spoke about lots of boys I had been with now I am more able to talk about this in a real way. I was also able to talk about what I call the 7 stages of Sex.

OK I have had 26 Boyfriends, 22 got kissed.

THE 7 STAGES OF SEX.

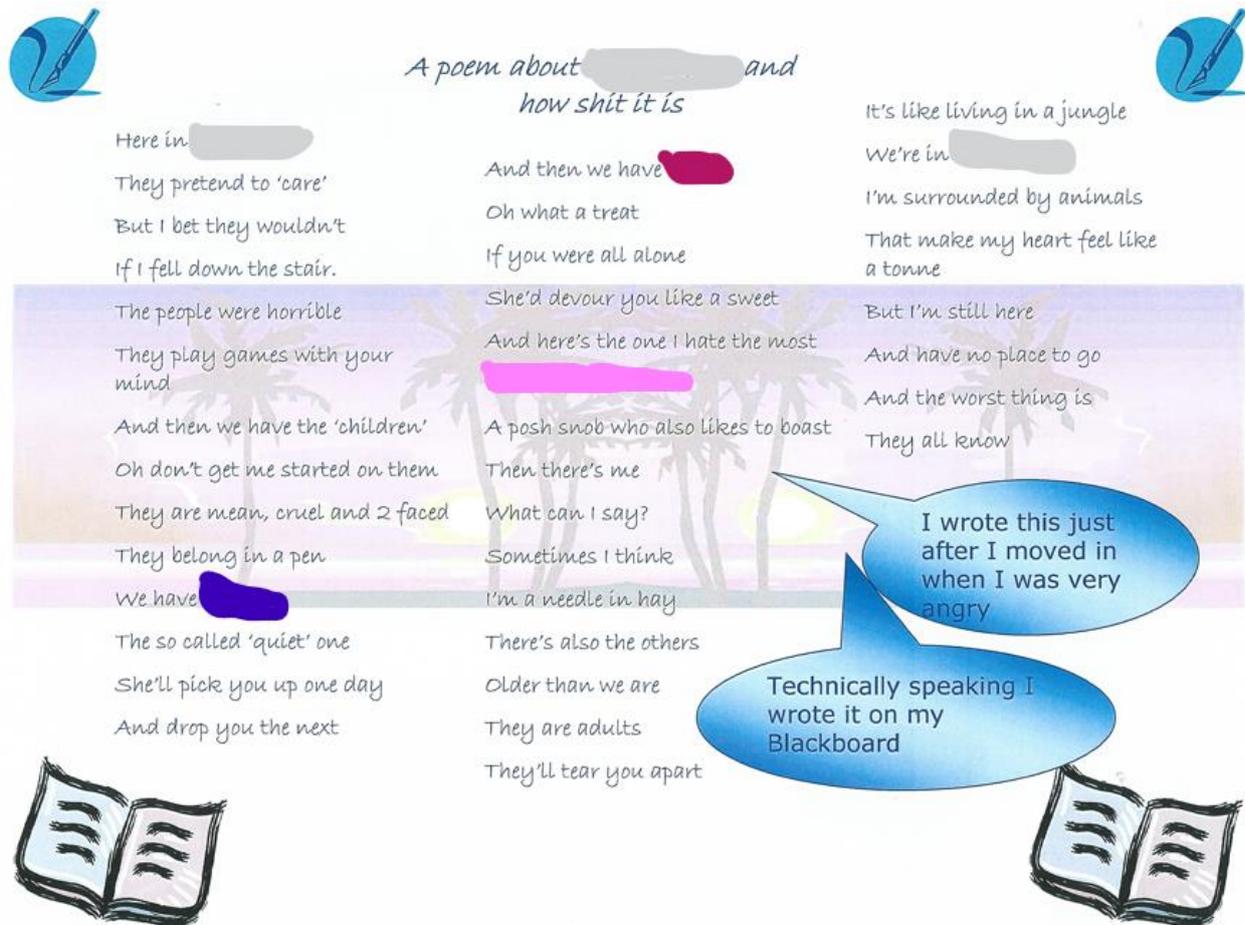
- 1) General Stroking and hugs (all)
- 2) Peck on the cheek (22)
- 3) Open mouth (21)
- 4) Tongues (18)
- 5) Groping underneath clothes (9)
- 6) Foreplay (3)
- 7) Sex (3) (2 protected 1 unsure)

It took me a while to realise that my “early sexual awakening” did lead me to crave touch and sex. Somewhere my brain had programmed the idea that ‘sex equals love.’ I was so desperate to be loved, and I received no love from my foster carer, so I decided to just go find it myself. I developed my own stages of sex to try and bring logic to the mixed-up feelings, but this didn’t really help. I didn’t really enjoy sex with any of these boys, I just craved it... This always made me feel pretty shitty.

Then, because of what happened in the previous placement, I kept asking myself ‘am I abusing them or are they abusing me?’ I didn’t like thinking about this question, so I burned and cut this feeling out of me- mostly using aerosol cans and glass I found near the river- which got my third foster carer’s attention and led to my only being allowed roll-on deodorants (which are awful things by the way... a textural nightmare that makes your armpits itchy. Ever had an itchy armpit? Not pleasant).

Anyway, my promiscuity then led to my social workers feeling like I needed a more therapeutic environment to help me with my confused feelings around sex and relationships. I found it funny that the acronym of the company I moved in with stood for ‘sexually abused children in care services.’ Like how on the nose is that? The company doesn’t exist anymore. It’s a shame. It started out as a good idea. The founding story of the company used to line to walls of the office building,

and it was sweet... Two ladies just wanted to provide a safe space for kids who had suffered sexual traumas and help them overcome the accompanying issues. However, the corporatisation of care led to scandals and corruption. Kids became numbers, not people to be looked after.



A poem about [redacted] and
how shit it is

Here in [redacted]
They pretend to 'care'
But I bet they wouldn't
If I fell down the stair.
The people were horrible
They play games with your
mind
And then we have the 'children'
Oh don't get me started on them
They are mean, cruel and 2 faced
They belong in a pen
We have [redacted]
The so called 'quiet' one
She'll pick you up one day
And drop you the next

And then we have [redacted]
Oh what a treat
If you were all alone
She'd devour you like a sweet
And here's the one I hate the most
[redacted]
A posh snob who also likes to boast
Then there's me
What can I say?
Sometimes I think
I'm a needle in hay
There's also the others
Older than we are
They are adults
They'll tear you apart

It's like living in a jungle
We're in [redacted]
I'm surrounded by animals
That make my heart feel like
a tonne
But I'm still here
And have no place to go
And the worst thing is
They all know

I wrote this just after I moved in when I was very angry

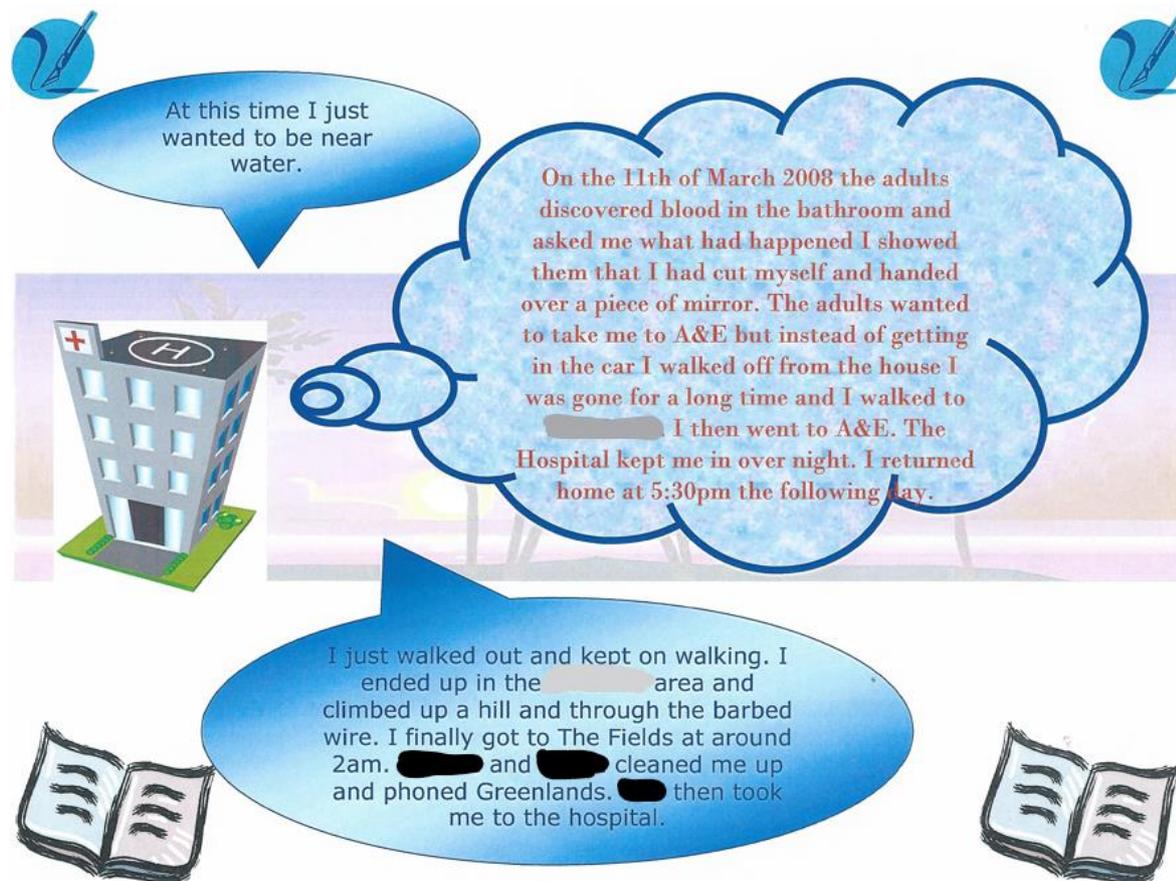
Technically speaking I wrote it on my Blackboard

Caption: When I first moved into Residential, I decided it would be a great idea to paint my walls with the acrylics I had bought from the Works with my pocket money. This didn't exactly please the adults, but one piped up and suggested if doing art on my walls was what I wanted, then why didn't we get some blackboard paint and chalk and paint one of the walls with that. I would frequently write and draw on this blackboard wall. During bedtimes, the adults and I would play things like Hangman on it as well.

After my third placement, I got trapped with three other- uh... "very sexually charged"- to put it the 'adult' way- young ladies in a residential home for three and a half years. Once they realised that I didn't abuse that girl in the second placement, I was allowed to live with children again... However, being stuck in a specialist provision for sexually abused young people wasn't exactly the best way to help me "reintegrate with other children." I said, and still say to this day, that initially, I needed the care this residential had to offer me. However, I certainly should not have been there as long as I

was. Blue and her manager agreed with me in the end, particularly after the debacle of me moving out of the residential placement.

My feelings towards the other girls chopped and changed over time, but these days I'm only in regular contact with Indigo. Puce and Pink made my life in the home a living hell. Over time, a sort of love triangle formed between three of us (not Pink- she didn't tolerate "the gays"). Puce was the central instigator. She used our mixed-up sexualities to manipulate situations and she got me in a lot of trouble.



This time of my life fostered an intense feeling of isolation and loneliness. Not too dissimilar to how many people felt during the Covid 19 pandemic. Being trapped inside a house with a minimum of three adults that chopped and changed most days due to being on a shift system and three other girls doesn't sound like a place that would allow such an intense feeling of loneliness- especially when it was so hard to get any time alone at all there with the frequent logbook checks where they detailed everything we did and at what time- e.g., "13.37: DR went to the toilet. 13.43: DR spent 6 minutes in the bathroom. Needed to be reminded to wash hands upon coming out. 13.45: DR swears at staff then stomps into her room and slams door, adults to check on her in five minutes." I would frequently abscond from the unit and go for three-/four-hour-long walks across fields and motorways and rivers and residential areas just to get away from everyone for a bit.

One night, after a particularly bad falling out with Puce that ended up in her calling me a ‘filthy dyke that shouldn’t be allowed anywhere near other people,’ I had cut myself rather seriously on my right arm (to the point where there are still three very thick raised scars just below my elbow thirteen years later). Fallings out with Puce frequently ended up like this, and she knew it. Part of me wonders if she was that sadistic that she enjoyed knowing she was the cause of a lot of my scars. Yet, this time, I had decided I did not want to go to the hospital. There was just no point, all they would do is patch me up and send me back.

So, I climbed out of the skylight, bum-shuffled across the curved tiles of the roof and climbed down the drainpipe. It was around February, so still ridiculously cold, and all I had on was my cream khaki trousers, a green t-shirt and a thin, brown hoodie which stuck to the cuts I’d made. Every time I pulled the hoodie away from the cuts it just made them bleed more. I was already feeling nauseous, but my heart was pounding from the adrenaline rush of both cutting and then escaping via the roof. I legged it out of the driveway, across the road, down the alley to the park, then through the hedges behind the park and out into the fields full of cows and horses, through about six of those before I hit the motorway. I was trying to walk all the way to the nearest train station. I figured if I could get myself back to where I was born, I could personally tell my social worker that I was trying to kill myself because I couldn’t stand it in the residential unit anymore. It was a prison. The girls were all manipulative monsters, and the staff were all shades of shit.

I think I walked a grand total of fifteen miles. After a mile or two wandering along the motorway, the adrenaline wore off and I started to feel sick- my entire right sleeve was doused in sticky crusty copper-smelling ickiness, and my legs wouldn’t stop shaking. I had surpassed feeling cold some hours ago, and simply couldn’t feel anything other than sick. I had tried thumbing some of the lorries that sped past me but none of them stopped. I then came across a service station and tried to ask the lady in the shop there if I could use a phone. I hadn’t realised until I got into the bright lights that my hoodie and trousers were pretty much doused in clotted blood, which is probably why she didn’t want me using her phone. It was the way she did it though. It’s always stuck with me.

“Can you help me? I think I need some help.”

“No, no I don’t think I can.”

“Do you have a phone? I think I need an ambulance.”

“No, no phones here.”

“Please, I just need some help.”

“No, no. I can’t help you. Go find someone else.”

“Oh. OK.”

Just repeating no and no over and over. It echoed in my head for the remainder of my walk. Would anyone ever care about me? No, no. Would I ever get out the hellhole I was stuck in? No, no. Would anyone ever love me, for me? No, no. Would I ever stop feeling so alone in the world? No, no.

After the service station I started feeling really dizzy, and realised I really needed some help. I happened to see a sign for the village that had the residential unit I did my home-tutoring with. Even though I hated it there, even though at times I would have rather died than gone back, it was a lot harder to simply let myself lie down and die somewhere- and I had nowhere else to go. So, moving increasingly slowly, I followed the signs and eventually found myself at the different unit just in time to retch so loudly it echoed through the village and throw burning yellowish phlegm-like liquid up over the porch. I weakly banged on the window where I knew the office was and therefore a member of staff would be sleeping.

Luckily, it was one of the half-decent staff members who pulled back the blinds to see my shaking, retching form in front of the porch. I’d gotten to know her while I was doing my education there. She made nice hot chocolate but had firm boundaries. When she was on shift, we would do our schoolwork. Fifteen minutes later I was wrapped in a thick double duvet in the dated, farmhouse-style front room with the electric fire going, a hot chocolate and a bowl, with the staff member on the phone to my actual unit. She had called an ambulance just before ringing them and it was on its way. Next thing I knew I woke up in the hospital bed, my arm patched, hooked up to an IV and being treated for hypothermia and anaemia. After the traditional talk with CAMHS (child and adolescent mental health services... an OK-ish mental health provision- but they got worse as I got older) and I was patched up and well again, I was sent back to my own unit. I had asked if I could stay at the home-tutoring unit instead, but no, no. I couldn’t do that.

*

Despite me using every opportunity I was not spiralling into depressive, suicidal thoughts to spend as much time alone as I possibly could, I did still crave the touch of another person. Going through school with other horny, pubescent teenagers led to some uh... awkward school days. I came out as bisexual in the middle of Year 9 (age fourteen) and then wondered why all the girls shoved me into the boy’s changing rooms. The other problem was that aside from school, I wasn’t allowed out anywhere. When they put in waking nights (where someone checks on you through the night) for my

self-harming it made masturbating a tad hard to do, so by the time I left this placement, sexually speaking I was a shaken-up bottle of pop.

When I got to college and my final foster (or forever) family I had so much freedom, I was like a little puppy let off its leash for the first time. Within two weekends out socialising I'd instigated a kissing orgy amongst folks and finally felt like it was OK to be "sexualised." I took Classical Civilisation as one of my A levels and always found it amusing how developing an understanding of my sexuality coincided with a lot of the Greek plays and epics we studied. Not to get too cliché or Freudian especially considering how inaccurate he was, I did often feel like a gender-swapped Oedipus and (while it took me a while to notice) I was going after people who were like my parents in some way, shape, or form. But it wasn't just sexual relationships I was learning about here. I was also learning about familial relationships, friendships and what it takes to be a good friend and daughter. The way my forever mum put it, socially I was a 12-year-old in a sixteen-year-old's body. Due to the isolation of residential, I hadn't had the same social experiences as my peers and basically had to take a crash course where I got everything completely wrong to get up to speed.

4. Placement::
Dey was caught shop lifting on the 11.6.11 in the company of her [REDACTED] and [REDACTED]. Dey admitted to stealing from shops over the past ten years. She received a caution from the police and a fine. Her [REDACTED] ended their relationship which has really upset and hurt Dey. She now feels strongly that she needs to change her behaviour. The foster carers knew that Dey was lying to them at times but they were disappointed to find out about her shop lifting. Concerns also persisted about Dey's sexual activities and the fear that she was putting herself at risk. Following lots of discussion [REDACTED] made a Pact with Dey. Dey agreed that she must listen and not lie or steal anymore. Dey must take responsibility for her own behaviour. Dey would not be expected to change over night but she needs to move forward. Dey stated that she had learned from her discussion with [REDACTED] and that she really wants to demonstrate that she can change and be trusted again. [REDACTED] confirmed that things have progressed and that Dey's behaviour within the placement is fine. Dey's confidence has grown and she is respectful towards the family. She fits in well and everybody respects her as well. Dey is seen as part of the family. There have been some jealousy issues from [REDACTED] but she only visits now and then. Dey has managed this situation really well. Dey still needs to rebuild the trust for out of placement activities and show that she can tell the truth. Both the foster carers and Dey would like the placement to continue post eighteen and the social worker is fully supportive of this plan. The case will be taken to the Placement panel within two weeks to agree funding for this placement to continue post eighteen. The social worker commented that this has been an excellent placement for Dey and that the carers have been able to support Dey in working through many issues. Dey has not at any point felt rejected and they have continued to make her feel wanted and safe. Dey stated that she feels that she can invest in her carers as she feels they are her family now. Dey's case will be transferring to the 16+ Team and this had been discussed with her. The social worker confirmed that this will be a carefully planned move.

A kaleidoscope of memory fragments dance around the floor, ceiling, and walls of my hotel, Orange's death the catalyst of the explosion. Sounds of glass smashing, doors breaking, fabric

tearing, walls cracking, and other destruction sounds fill my head. I stand, paralysed, in the lift. I'm overwhelmed by the cacophony before me, but I can't block out the noise. I try to breathe and focus on one sound. Just like the therapists taught me.

In amongst the destructive orchestra, the squeak, squeak, squeak, of wooden boards being moved in a rhythmic fashion stands out to me. I home in on the sound and find myself looking through a small collection of mirror shards that show a small, cramped room that two grown boys should not be sharing. This is where my first 'love' lives.

*

I just had sex and I think I orgasmed for the first time! Granted... The bunk bed was a little cramped and made some of the positions we tried a little hard, but still... My heart raced and I felt white-hot heat followed by fireworks in my insides. That's an orgasm, right?

I'm waiting for the 17.55 bus, the last bus home. It's just finished raining, but the air is still moist. Mum is going to be so mad at me. I'm s'posed to get the 17.15 bus home. I look at my Samsung Taco Lite and see six missed calls and eight text messages. I've been too scared to look at them. What the fuck am I going to say?

A musky graphite smell stabs through the petrichor and my cheeks grow warm again and electricity shoots up from my groin right up through my throat. You know what, the grounding's gonna be so worth it. I'll just tell her I lost my phone and only just found it again.

When we were together it was just like how Homer described Odysseus and Penelope coming together- a ship pulling into harbour. Everything just felt so... right... Yet so wrong at the same time. Oh fuck... what if she finds out? They've not long just got engaged... Fuck...

You never know... maybe he'll break up with her, and be with me instead? I may be crazy, but she's crazier. The way his large arms held me after, like he genuinely wanted to make me feel safe and wanted. Do you think he's falling in love with me too?

*

It's hard to reflect on something when the mirror is broken. The more I move away from the carefully put-together LSB the more shard-like my memories and subsequent reflections seem. My first mirror broke when I understood what Orange and I had been doing was wrong, and through Life Story Work we fixed the pieces of so many mirrors back together as best we could. However, once the mirror is broken there's no getting rid of the cracks. All that remains is a distorted image.

I know from then on, my journey was one of discovering love- what love means to me and how it affects me- and learning different types of love. Love for your friends, love for your family, love for a romantic partner, love for the self. Orange taught me that sex equalled love- and even with First Love, I loved him because I enjoyed sex with him... Not because it was real love... But it took me too many years to work this out, and I ended up hurting a lot of people along the way. However, due to the distorted image I see in the broken mirror- it's hard to articulate how I gained my understanding of love. I'm gonna try and articulate it anyway. With everything that's happened recently, I think I need to put it all into words to try and make sense of it all.

*

I think I'm in love. Actually. No, I'm not. I still love First Love. I can't love this new guy at the same time.

I just took the new guy's virginity. It was entirely led by me... I kinda liked being the one calling the shots for once. Bless him. He's so kind and ambitious, but he's so lost. I just want to look after him all the time- little kitten that he is. I wonder what his mum's gonna say about all the marks I've left on his neck? They came out beautifully though. Nice, bright red and purple ovals all over his neck. Ah... I might have overdone it a tad... I feel a pleasurable sore spot on my tit where he tried to return the favour.

He's so unlike First Love, who still won't fucking break up with Crazy Lady. Mind you, if it weren't for First Love, I wouldn't know really what I like with another person. I feel kinda bad... I've slept with First Love like six times since I've been with the new guy... I just can't seem to stop myself. No. Not can't. I don't want to stop. He's just so... addictive. Like First Love stimulates my mind as well as my clit. When we're not fucking, we discuss art, films, culture, music. Whereas with New Guy, he's cute and sweet... but... how shall I put it? He has street smarts rather than academic smarts. That said, New Guy feels a lot safer than First Love. I have New Guy completely figured out and wrapped around my pinkie. He'd do anything for me. He said as much. The only argument we've ever had has been around my stealing. He says I don't need to do it; I say I do. Who else is going to feed the whole town?

On the other hand, First Love is so unpredictable... and volatile. Like he sometimes wants me and other times he's sick of me. Last time we fucked he just told me to get out straight after. I don't understand why? I didn't do anything wrong... and he had no appointments or work that day nor did Crazy Lady text him with another breakdown or anything. Usually, he tells me why I need to go quickly. It made no sense.

Conversely, after I fucked New Guy, he wanted to hold on to me... but I said I needed to get my bus- which I did to be fair. Honestly... as much as I know New Guy is so much better for me... I don't think New Guy's ever going to have me completely. I only really got with him to try and make First Love jealous. I would drop him in a heartbeat if First Love would just dump Crazy Lady already.

*

Understanding love has always been important to me. It blew my mind to think that what Orange and I had wasn't love. It was so confusing to think that he loved me but didn't love me at the same time. "Fathers who love their daughters don't have sex with them." I can't remember who said this- if anyone else even said it at all. My singular adolescent mind was absolutely convinced that sex equalled love because it was the only way I could comprehend that my father did love me.

<p>Hi [redacted], Hope you had a good weekend; all seem to go so quickly! Just to let you know that Dey requested to go to a friends party at the weekend and stay over, I agreed on the proviso that [redacted] wouldn't be going, which she was adamant he wasn't. I had a call at around 2pm on the Saturday to tell me she had just been released from the police at Tesco as she had been caught shoplifting and has been fined £80. She was just wondering at this point if she should come home</p>	<p>or continue on to the party!!!! On her return, it would appear that she has been shoplifting for years now and would want me to liken it to Robin Hood, she steals for others when they have no food (im amazed there are so many of these people that Dey finds in [redacted]) and she wants me to rest assured that she doesn't steal personal items. She was stealing alcohol and party food after she says; her friends requested that she do so! I know she stole to survive when she was younger and through the years I would</p>	<p>years I would assume she has learnt right from wrong but it would appear not, the problem this time is that she implicated not only her [redacted] but because she had also met up with [redacted], they were questioned too. As you may imagine, the whole thing has erupted with [redacted] wanting to come and 'kill her' (spoken in anger only) and it would appear that [redacted] was also going to the party all along. [redacted] didn't realise</p>	<p>along. [redacted] didn't realise she was lying to me and seems a very decent and well brought up young man. I am so very upset and angry at the moment with her Kristen as she openly admits to have a sexual relationship with [redacted] despite me telling her not for the moment. I needed to sort this in my head and she is not on the pill yet. Also, she has been having sex with an old [redacted] whilst still seeing [redacted] but again, in a public</p>	<p>area! Dey says she has been very patient with me while I make my decisions but in fact, has not asked me until after she has gone ahead and done her own thing anyway. She has been lying for all the time she has been here and then to try and sort the whole thing out, writes letters full of self pity to try and get things back on track. On her own admission, she wants things and wants them now. Why should she wait? Also, if she gets thrown out then it all comes okay with Social services anyway, but she would prefer to</p>	<p>stay with us. She feels overwhelmed at the thought of independent living. We have now grounded her indefinitely while we decide what to do regarding [redacted], she has had her pocket money stopped to save for the fine and I need a little advice on whether to let her continue college in Shrewsbury and visiting friends there in the future. Sorry for the rant Kristen, I guess more than anything I feel hurt and completely let down by Deys blatant lies through the 14 months she has now been with us. Kind Regards [redacted]</p>
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This is an email from my forever mum to my foster carer not long after I got caught stealing. It's formatted in columns like this because when the email chains were copy pasted, they ended up going further and further to the right until only a word or two would fit on a line. It makes these very hard to read, but hopefully her message still comes through.

This lack of understanding of love wasn't helped by growing up in care. I didn't really experience 'love' per say. One of the adults in the unit tried to help me distinguish between different types of love. We came up with the word 'Flubber' (from the first Disney film I owned on DVD) to try and characterise the love a carer could have for a child in their care- but this didn't really help.

Throughout my time in care, I was plagued with the question: how can someone love you if they're paid to do so? It's like the care system prostitutes familial love. We'll pay you x amount a week to love this child. Ok... not love the child but treat it like your own. That's still a problem? OK... have you at least got a spare bed? Good. We'll pay you x amount to let this child sleep in that bed.

That said, there are carers who do genuinely care at least- and do develop a form of love of their own for the young people in their care. I know I always wanted to be part of a family again after I broke mine- but I didn't understand what this truly meant until I met my (foster, now forever) Mum. I was like Telemachus and my forever Mum was Penelope from Homer's *Odyssey*. She was just doing what she thought was best for me, like Penelope entertaining the suitors of Ithica to avoid losing Odysseus' estate while he was away. And like Telemachus, once I had climatized to being out of Residential, I criticised and misunderstood my forever mum's attempts to care for me. Yet, like Penelope, Mum kept a lot of her intentions to herself to let me grow – to build me to be an independent young woman who had self-confidence and a great work ethic. I think she realised very quickly that she couldn't force me to do anything- let alone actually act like part of her family. It had to be a change I made within myself like Telemachus did towards the end of his involvement in *The Odyssey*.

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I've never seen Mum so angry.

"Who do you think you are? Mother fucking Theresa?!"

"I just wanted to feed people."

"It's not your job to feed other people, Dey! And now you have an £80 fine to pay as well as a lifetime ban from every Tesco in the country (*the "lifetime ban" was only for two years. I can walk into a Tesco now with no problems*). How do you expect to pay that fine hmm? Those so-called friends of yours aren't going to help you pay for it, are they?"

"I don't know... I'll have to get a proper job I guess."

"You need to pay it back in two weeks Dey. No job is going to pay you that quickly. You do all these stupid things. The lying, the drinking, the drugs, the having sex with every Tom, Dick, and Harry, and

now the stealing. How are we supposed to keep you safe if you're just going to do whatever you want all the time?! We can't keep doing this. We give and we give, and we give... And there is never anything back from you. Do you even want to be a part of this family?"

"Of course, I do! Being part of a family is all I've ever wanted! I just... I don't know... I just wanted to hang out with my friends. I stole so we all had enough food for our picnics."

"Have you ever stolen from us?"

"No! Never!"

"How can we trust you? I've had that boy's mother on the phone calling me every name under the sun- you know that right? She said she never wants to see you anywhere near her son again."

"Why would she do that? It was my fault, not yours."

"Well, that's how parents feel when their kids get into trouble. Did he put you up to it?"

"No. It was all me. It was always my idea. He had nothing to do with it. And I am so sorry. I really am."

"Well, that's a start. Now go to your room. Shrek (*I really struggle with the term 'dad' or father-type nouns in general, but I made a joke once that my foster father looked like Shrek with glasses and a Brummy accent rather than a Scottish one and this became his father-type noun from then on*) and I need to discuss what to do next."

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Mum gave four weeks' notice on me after this incident. Blue and her manager travelled 161.1 miles the next day to try and solve the problem. They had spent the better part of eighteen months trying to find this family, they weren't going to let me throw it all away. I was given two options: turn things around here or move to a specialist unit in Scotland. It wasn't the threat of Scotland that made me turn things around though. Nor the 27-page email rant Unclemon gave me. It was the look the next morning Mum had on her face. Her eyes were sunken, exhausted, and bloodshot. They were also very very sad. Her usually abrupt nose was pointed downwards, like an anchor had been attached to it and her head couldn't take the weight. She gave me my bus pass back, and said she wasn't angry with me, I wasn't grounded, but she was deeply disappointed in everything I had been doing and how I was throwing my whole life away for the sake of some bad friends. This exchange threw a hammer at the patched-up mirror, and I had to pick up all the shards and reglue them together again with all these new feelings and insights into what love and relationships were.

I went on a six-hour bus journey that day, and really thought about what I wanted from my life. The people I had stolen for did absolutely nothing to help me with the shit I'd gotten myself into. In fact, several of them found the thought of me moving to Scotland hilarious. Once again, I found myself in a situation where I was completely alone. I hated it. When I woke up yesterday, I had a family, I had friends, I had a partner. Now here I was, on a bus, completely on my own because I was about to throw the lot away. Maybe I secretly wanted to be alone? It was a lot easier to be alone than messing around with all the feelings and annoyances that come with other people.

Maybe I was ruining things because I felt like being alone was what I deserved. Yet I had fought so long to get a family. I jumped through all the hoops, got myself ticked off as being sane enough to be part of a family, and gone through the whole ordeal that was transitioning from residential to foster care. The director of the care company I was in nearly lost me this placement. She was a tiny lady with painted on eyebrows that melted in the summer, and she had taken it upon herself to be my 'advocate' during the convoluted, three-month-long moving process from the residential unit. The transition period mostly consisted of timetabled toing and froing between the residential unit and Mum and Shrek's. There happened to be a date on the timetable that had to be rearranged due to Mum and Shrek needing to attend a funeral. I was fine with this, they let me know in advance and rearranged to see me *the next day*. ← this is important. In amongst the timetabled toing and froing there were fortnightly meetings with as many of the professionals in my life as possible would meet and our progress would be checked, and any issues discussed. I was in the middle of my GCSEs at this time so I couldn't attend all these meetings.

One of the doors of my memory hotel has just burst open, revealing a shaken-up Dey and an adult standing in a chilly green field with a car sat on its roof. One of the RCWs from the unit and I were involved in a car crash on the way to school from Mum and Shrek's the morning of my science GCSE. The car slipped on some black ice, went left, right, left on the road, flipped over a ditch, and rolled over into a field. Luckily, the farmer's house wasn't far from the field we'd flipped in to and he let us use his phone. As I was mostly OK, we called Mum and Shrek to take me to school so I could sit my exam. It was all I could think about. I did joke on the way that this was one way to get extra time with them. I was fine through the exam and got a C in the end. As soon as the exam was over though that's when I had a panic attack and had to sit in the science storeroom with a sugary cup of tea and being told I didn't have to attend any of my lessons that day. I was given a headteacher's commendation for sitting my exam even though I had been in a car crash that morning.

That little interlude aside, the director turned up to this meeting in my place and told Mum and Shrek that she didn't feel like the placement should go ahead considering they had 'really let me

down' (they hadn't) and that young people like me internalise let downs like these and she wouldn't be surprised if I started self-harming again because of this disappointment and rejection. When Mum reflects on this story the type of sandwich she's eating changes, but she's always mid-chew on a sandwich when she hears these words, and she always says how much effort it was to not throw the rest of the sandwich at this tiny lady. Luckily, her link worker (a type of social worker for foster parents) spoke before Mum could finish her mouthful and told the director she was being completely unreasonable. Blue then also piped up saying she had spoken to me and had no reason to believe that I was 'let down' at all as I had even said they arranged to meet with me *the next day*. Everyone who wasn't affiliated with the company then jumped in to back Mum and Shrek. Mum says if they hadn't, she probably wouldn't be my mum now.

So yeah, between my own mental health, car crashes and stuffy directors who seemed to not want me to leave the residential unit, it was a fight to get this family. That said, the illness that took my first foster placement from me, the betrayal from my second foster placement, and my third foster placement not even wanting me, kept playing on my mind. I was terrified that this would turn out something like the others. So, what I was doing was ruining it before it could get ruined so at least this time I had some control over it.

I did have some good friends who were good influences on me- like the vicar's daughter. The sexual stuff was neither here nor there. Save for First Love, I wasn't exactly gaining any *human* connection from it. It was simply filling a need to be touched. A way of trying to understand what it meant to be loved. As the bus trundled along the country roads surrounded by yellow rapeseed fields, black and white spotted cows, brown horses, and huge, untouched, budding oak trees on this early spring day, I had the realisation that sex doesn't equal love. I'd had sex with so many people by this point, it wasn't much more than masturbating with other people really. There was no emotion behind it, and while I didn't know what love was or felt like, I did know what it didn't look like, and it certainly didn't look like what I had with First Love, the new guys, the crazy ladies, or any of my orgy friends. All I would ever do is give and give and give- like with the stealing, and all these partners and so-called friends (who weren't good influences) would only ever take and take and take. Hold on, didn't my forever Mum just say that about me? Mum taught me that being part of a family, and every relationship really, is all about give *and* take. They gave me a home, a work ethic, good food, lovely family members to engage with (especially my aunt on Shrek's side and my Grandad on Mum's side), a cat, a good routine, allowed me to choose my own clothes and develop my identity, and a back garden where I could sit and smoke and paint for hours on a warm Sunday. All they asked in return is that I respect them and their rules. That really wasn't a lot. And yet, here I was, about to throw it all away for what? Popularity? No that wasn't it. Sex? Kinda. But like I said, it really didn't give me what

I wanted it to. I wanted to love and feel loved in return, not just bash my body against someone else's for 5-20 minutes and be done with it. Sometimes I felt more alone during sex than I did just being around people.

That's when I realised how much control I had over how lonely I felt. I never really felt alone with Mum and Shrek. They had always tried to welcome me into their family, I was the one being stubborn and refusing to let them *because I was scared*. I felt an intense imposter syndrome. I didn't deserve all these good things, not after everything I had done. Yet, here they were, despite everything I had done, still trying to be there for me and give me a good home. This started my mind on the 'what if' route. What if they didn't get ill? What if they never betrayed me? What if they did want me? Here I was, with the best possible family I could ever imagine, and I was going to throw it all away because I feared the past repeating itself. But the past would only repeat itself if I let it. The definition of insanity is doing the same thing over and over and expecting different results. If I wanted different results, I should try something different. So, I decided to try and give back to Mum and Shrek and invest in the family setting for a change. And it bloody worked.

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The 70s-style, garishly coloured, diamond-patterned carpet of the 'Orange' floor of the Memory Hotel is now covered in shards and debris as the mirrors and picture frames all shatter from the inside out. Orange really is dead. I've seen proof. One of my uncles has sent me the death certificate. I'm less paralysed now. I've been able to move a little bit more as I allow myself to fall through the floors of my memory. The shapes of the kaleidoscope are getting larger, less intricate. I'm not ready to put things back together yet. It's still so overwhelming. I take a deep breath and focus.

I hear him: a lover I shall call Not-my-father. His coarse, intelligent voice reminds me of Orange. The more I focus on him the more I remember of him. His long, curly, dark hair. His large, calloused hands. His skin an unsure dirty olive. His smell... Like paraffin and soot. I find fragments of him, collect them, and put them away. I also find some fragments of Orange. Am I ready to put these away?

This is a struggle that continues and Deyanna continues to need support and guidance. from caring adults to continue to act responsibly. Her sense that she can look after herself and must look after herself is an underlying issue and can emerge when she is feeling insecure, unhappy etc.

Deyanna has plans to attend a University to be a writer. She has used writing through out her time in care to help her express feelings,

Deyanna was awarded £22, 0000 Criminal Injuries compensation monies which will be released to her on her 18th birthday. She has talked in the past about attending University.

Deyanna lived with stroked/pursued herself that she was the only person that her father sexually abused and perversly was therefore special. [REDACTED]

Deyanna has not resolved her feeling about her father, although has not had contact with him since the care proceedings. At that a specific order was made that she had no commnication with Deyanna in any form, nor any information passed about her sent to him.

Much remains unresolved about her relationship with her father and this is going to be a significant issue on [REDACTED] Deyanna was told by [REDACTED] in June, that this was going to happen and she was shocked and scared. At the same time she maybe curious and may be dawn to meeting her father.

I think I'm in love.

It was hard learning to love again after losing First love and Crazy lady. Not-my-father helped me through it. He helped me with quite a few things. I managed to get over my phobia of clowns by fucking one (he was a street performer and one of his acts was as a clown). Thanks to him I learned so much about performing arts and learned how to spin poi (both fire poi and regular poi) and joined a great community of street and circus performers, some of which I'm still friends with even now. This was how I began my cross-country and intercontinental friendships.

In amongst our performances, we also explored more areas of sex. We had threesomes and explored *actual* BDSM. Not that *50 Shades of Grey* bollocks. Mind you... I'm not sure everything we did was Safe, Sane and Consensual. He kept fucking me while I was asleep. I'd asked him not to... It really sent me back to Orange, but he said he couldn't help it because he was doing it in his sleep... Not to mention, during one of our asphyxiation scenes he wrapped the bag around my head with duct tape and we both got scared because we couldn't get it off my head. Scary things like this were

happening more and more frequently. I later found out he was also on the sex-offender’s register for inciting incestuous relations when he was a teenager. Maybe he was a bit too much like Orange.

I’d spent two grand on getting him into his flats and furnishing his flats. Deposits, first month of rent and admin fees all add up. All he needed to do was keep up his rent payments. So, I also got him a job cleaning at the nursery with me and supported him in gaining a managerial position at the British Heart Foundation. He just wanted to make a living out of being a street performer though. I also cleaned and cooked for him on the regular. Mum kept saying I shouldn’t be spending as much time with him as I was. She was worried I was acting more like his mother than his partner. As always, she was right.



It’s ironic that I was with Not-my-father as Orange was being released from prison. I was battling with realising I was like a gender-reversed Oedipus so I started acting like Jocasta instead. By being with someone as like Orange as Not-my-father, seems to me now that I was punishing myself for the debacle with First love and Crazy lady.

I couldn’t accept my father’s release from prison six and a half years before his sentence ended. He was supposed to be in for thirteen years- three for physically abusing us, two for neglecting us, two

for emotionally abusing us, five for sexually abusing Lemon and myself (mine being the one he admitted to), and one more year given later for animal abuse. Like what is the point of putting criminals in prison if they're just going to be let out for 'good behaviour'?! Additionally, why are some crimes like fraud given harsher sentences than a father raping his daughter? This still infuriates me even now. Rapists should at the very least have to serve out their entire sentences, with no allowances for good behaviour.

What I really can't fathom though, is why on earth, upon his release, did Orange ask to get in contact with me? Why couldn't he just forget me? Why couldn't I forget him? It had been six and a half years. I'd gone through so much without him, I know I didn't need him in my life again. And the fact he wanted to get in contact with me? The person who shoved him in prison in the first place? I remember thinking at the time "he's got another thing coming if I'm ever letting him anywhere near me. I don't want to be murdered thank you very much." Now he's dead though... I'm never going to understand why he wanted to get back in contact with me- nor will I understand why he did those things to me in the first place. Honestly though, I don't think I even need to understand anymore.

Dey did not want to do Pathway Plan as paperwork. She said I know enough and we can go over it when I write it. I spoke to Dey about her father's possible release and that he wanted to know if he wanted contact. Dey got visibly shaken, pale and scared and said I can't believe he is still thinking about me, I thought he would have forgotten, she was very upset and needed to speak to [redacted] to calm down.

When I think about the shards showing what Orange did to me and compare it to the shards of my memories depicting everything I've been through since telling my secret, Orange seems so tiny and insignificant. Except what he did wasn't insignificant. Being raped by my father led to me punishing myself for years. I punished myself for betraying my father. I punished myself for breaking apart my family. I punished myself for enjoying the sex with my father. I punished myself for missing him. My skin is now a tapestry of all the things I did to myself that were worse than what Orange did to me. He hasn't been able to hurt me in nearly 20 years now. Everything that has happened since then has been because of me. That said, my scars now are all healed. I know now that it was never my fault that Orange did what he did. We took a lot of Life Story Work sessions to help me come to terms with this, but I never really believed it until I was with my forever mum. I know now that I never needed to punish myself. I know now that I don't need to understand why he did it, because I am never going to repeat what he did. And thanks to Not-my-father, I am never going to be with someone who is even remotely inclined to be like Orange ever again.

I realised about half-way into the relationship with Not-my-father- too long after I found out he was on the register- that I was with Not-my-father to try and understand why Orange did what he did. I figured If I could understand, then subsequently help, and fix Not-my-father, then maybe, one day, I could fix Orange. I was delusional, still in the throes of punishing myself for punishment's sake. Except now I was punishing myself for still loving my father despite everything he did.

At some point during this time my sisters and I had a contact (social work term for meeting up with birth family) with Unclemon. We each brought our foster parents, and Blue and her manager were there too leading to an adult: child ratio of 3:1. This contact is when we received the last of my birth mother's belongings that Unclemon had divided equally between us. I received some of my baby clothes, my maternity book, quite a bit of jewellery mostly consisting of 17 carat gold butterfly brooches (of which I have lost every single one), quite a few 'congratulations' and 'it's a girl!' cards, several of my mum's art pieces. Most importantly, I received and was finally able to read the letter from my birth mum that she wrote as she was dying. The letter was stolen along with my purse while I was trying on shoes in Shoezone not long after I got it. My own fault- I shouldn't have kept something so sentimental in my purse then left my purse next to me on the seat while I tried on shoes. I will always remember one part of the letter. The part telling me to love my father unconditionally as she did.

I was very confused when I read this. Some part of my twisted brain had concluded that she must have known what was going on, but simply couldn't do anything to stop it due to the cancer eating away at her mind and body. But this letter indicated that she had no idea- and she just wanted the love of her life to continue to be loved. Thing is... My birth mum went into care because her stepfather was abusing her. Which leads me to question... did she even know what love is?

In February 1986 [redacted] School spoke to the Social Workers as Mum had been seen with bruises on her back.

Mum alleged that [redacted] had caused the bruises. Mum was examined and told the Doctor her Step-Dad had pushed/thrown her against the washing machine.

The files say the next day Gran told them that Mum was not allowed to return home.

Mum was placed with foster carers [redacted] and [redacted]. The file says that Mum settled in well but was very upset that her Mum and Step-dad rejected her.

Same old, same old, because when I lived with my Dad he used to throw me across the dinning room, if anyone - [redacted], [redacted], [redacted] and I made a noise before 10.

I see these people, they are the best people on the planet!

Grampy didn't, he was fighting to get her back.

I know North Park School, we passed there when we used to visit Grampy.

I know Mum was hit by [redacted] because she told me.

Because of [redacted] I expect!! Stupid

Transgenerational trauma is the current buzzword in therapeutic circles. The idea of repeating the cycle of abuse and going into care has stigmatised care kids for decades and is still ongoing. Even today, in 2023, maternity services automatically refer any care-experienced parent for safeguarding due to this idea that because our parents did it to us, we will do it to our children. I figured if I could understand why things had happened the way they did, I could stop the cycle. That's why I clung on to Not-my-father for so long, and it was my forever mum who had to get me out of it.

Mum started noticing me withdrawing into myself and covering myself up more. Not-my-father's sexual marks were getting bigger and bigger, massive purple, blue and red oval and hand-shaped bruises running across my torso, neck, and thighs, then scabbed criss-crossed lines across my back and bum. They were becoming hard to cover up- but I did a bloody excellent job at hiding them- I thought. Not-my-father just kept getting worse and worse. He kept "not hearing" me say our safe word unless I screamed it at him. What we were sharing wasn't love. It wasn't even sex. It was just pain and self/ mutual flagellation. I didn't mark him as much as he did me, but he didn't get off lightly either. I reckon he still has scars on his back from me raking my nails across it. No matter how well I hid things though, it wasn't just Not-my-father that was causing me to spiral.

The more I thought about Orange's release, the more scared I became in general. I started skipping my lectures (I was in my first year of uni at this point too), going to the pub, and drinking. I took days off work so I could go down the pub and drink some more. I started lying about my whereabouts again so I could find ways to go out and drink even more. Weston's 'Old Rosie' was my favourite poison, and my local served it on tap. It's a flat cider, with a very rich and bitter apple flavour. We could also buy it in flagon-shaped 2l glass bottles 2 for £10 at the offy. I'd get through 3-4 of these flagons in one weekend. It helped with the pain.

It was like Mum had this crazy sixth sense about me. It probably had nothing to do with the fact I was drinking so much alcohol I positively reeked of bitter apple. My memory hotel had become a labyrinth where all the fire exits had been hidden by booze. Memory shards would dash and flash before me, then shatter and fill my lungs with powdered glass. I was trying to understand my father, my mother, what love was, what sex was, what my sexuality was, but all I was getting was overwhelmed and lost. My forever mum saw all of this, but she didn't get mad this time like she had with the stealing. She sat me down and asked me outright what was going on. It's hard to lie to her face. I didn't know what to say, so I just burst into tears and took off my big turtleneck fleece, revealing the bluish-purple my usually pale, slightly-off-cream-coloured skin had taken now. Initially she didn't say anything. She just held me. She smelled like Jo Malone's orange blossom perfume. It wasn't her favourite- her favourite is more rose-like scents. As the summery, floral smell enveloped me, I hadn't felt so warm, so safe, so... It felt like when my birth mum gently squeezed me on the hospital bed all those years ago. The kind of hug that says 'everything's going to be alright' without ever needing to say the phrase. Was this what love was supposed to feel like?

My forever mum and I had been working hard on communicating more since the stealing fiasco and I was trying to give her more of what was going on in my head at any one time. Mum will still say to this day that she kept me on because she could understand and subsequently reason with me. Mum is the perfect example of breaking the cycle. She also has a history of parental abuse- but instead of repeating the cycle, she became a nurse, then a director of her own training company, then a foster carer *and* she has three of her own children who are all successful and living happy lives. This is how she understood me and everything I was going through, and why we were a perfect match for each other. She helped me end it with Not-my-father. She then helped me to understand the root of all my spirally behaviours, then helped me turn the labyrinth back into a hotel with just five words about Orange that changed my entire world:

He just wants your forgiveness.

Six and a half years of various types of therapy, self-harming, and other behavioural issues, and this one woman showed me where the fire exits were and helped me sort out my life. I had been self-harming and behaving badly all this time because I was scared Orange was going to come and kill me. What was the point in living/ trying to enjoy life when it was all just going to end? But what these words did was give me back the control over my life. I was no longer simply waiting for Orange to come and kill me. I had something he wanted, he couldn't kill me if he needed something from me, and it was my choice whether to give it to him or not. She recognised the cause of most of my behaviours and resolved them in just five words. I immediately improved in every area- focussed on my uni work more, cut out negative friends and influences, drank less, gained a healthier partner, spent more time with the family, got myself several jobs, and generally just began to live my life without needing pain or punishment. In just five words, she had given me control over my fear. She had helped me realise that if anything was going to change, if I wasn't going to repeat the cycle, then I needed to be the change I wanted to see. I didn't need to fear Orange. I had the power. I was in control. If what Mum did for me with these five words wasn't love, then I don't know what is.

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I think I'm in love- with words.

That said, I've also fallen in love with university. I never knew just how much I would love academia. I love research, I love writing, I love the lectures... Well, not all the lectures. Most of my creative writing cohort are fan girls and Bronies (adult men who adore a children's TV series called 'My Little Pony.'). Not that there's anything wrong with that- it's just not my cup of tea. I prefer writing more original content... Rooted more in my own distorted reality than someone else's world. That said, I'd made a friendship group, and I joined the LGBT student union group to see what that's all about.

We completed a Life Writing module and one thing I discovered on it was that I have more of an idea of my identity than anyone in my cohort... Maybe it's cos my social workers and pathway advisors have always asked me about my identity (it's one of the questions on all the forms we must fill in before each review or meeting). Maybe it's because I had my LSB... Which my tutor called my Pandora's Box. Either way... When we were asked to describe who we were many folks just related their identity to where they were born... Whereas I could add to my description of myself by explaining I'm a socialite with a clear passion for the things I do, who is bisexual (but isn't sure that's the right word because I really don't care about gender at all), care-experienced and always interested in learning new things. Now I think about it... That sounds a bit more like a personal statement on a CV... Answering the identity question is hard to articulate. It's like everyone has a broken mirror when it comes to looking at themselves.

Mum didn't understand being bi... She'd be fine if I was gay or straight, but to her liking both (or not caring about) genders is greedy. I don't see why I must choose one gender or the other. I met my first trans person at Uni. They were gorgeous. Muscular and tall in limbs but feminine and delicate particularly around the torso. Square in the face but with precise and beautifully applied make-up. Their body was a gallery that I could have spent days inside- each surgical and non-surgical scar, each tattoo, each lump and bump a testament to their ongoing transition. Their entire being was just mesmerising. And they didn't identify as any gender. Realising this attraction to someone who was genderless didn't really fit in with liking boys and girls. Bi suggests a binary, but the more I spoke to all these new and exciting people the more I realised that the binary doesn't really exist beyond physical attributes. Especially when I carried on speaking to this person... They just seemed so clear on who they were and who they wanted to be. How come they could answer the identity question so much better than I could? Is their mirror less broken than everyone else's?

Thanks to the LGBT society, I became aware of different sexualities beyond gay and bi- like homo-romantic-asexual. I absolutely loved hearing about these sexual preferences and the concept of gender neutrality. (Which isn't the same as being non-binary I might add. Gender neutrality- for me at least- is not particularly caring about your gender or anyone else's gender- although you do still respect others' gender identities. You just don't let gender define you or the way you treat others. Yeah, my pronouns may be 'she/her' but that's mostly because folks don't like it when you say 'whatever' in response to the question of pronouns. You are neutral about the concept of gender itself. Non-binary, on the other hand, is emphatically not being 'either' gender- which I totally respect.) I always enjoyed hearing about others' experiences of gender, love, and life. It was completely eye-opening; yet I couldn't even begin to see what was right in front of my nose- until my (foster) mum had to get involved.

Through this group, I discovered a word that resonates with my sexual preference: pansexual. It encompassed my attraction to and realisations about gender neutrality. Being pansexual means liking any gender identity. I'm more interested in the person than their gender identity. Gender has no significance to me when finding a romantic partner.

Finding out more about myself and finding new words to help me identify myself really helped me with another life milestone that happened during this time: moving out of my forever mum's and becoming Independent (with a capital I). I was moved from children's services and into the care-leaver service. This meant losing Blue as my social worker and gaining a pathway advisor (post-16 social worker). She'd managed to hold on to me for an extra two years, but sadly could not stay with me as I legally became an adult. It was hard losing Blue. It was harder still moving out of Mum's-

which wasn't helped by the way the leaving care service handled this transition. They only gave Mum seven days' notice that I was moving out, meaning she would stop getting money for me after those seven days. Granted, I had already basically moved out by that point- she lived in the middle of nowhere that was a 42-minute walk along an A-road from the nearest bus stop and really it wasn't feasible for me to continue living with her while I was at Uni, so I had been 'staying' at my partner-of-the-time's place because it was easier to travel from there. This process did cause a bit of friction between me and Mum for a bit- especially as I was now getting the money Mum had previously been getting for me, and we didn't talk for three months after. We're fine again now though.

*

I think I'm in love- with me!

All these years, all this time, I had never actually taken the time to see if I love myself. I loved the way I looked when I lost all that misery weight. I loved how successful I felt- managing independence, holding down full-time work and full-time education *at the same time*. I had amazing friends, five amazing partners, my sister and I were talking again and rekindling a familial bond, and my flat was bloody amazing. I'd managed to fill it with as much teal furniture as humanly possible. Except the curtains... Teal curtains are a nightmare to find for the amount the Leaving Care grant allocates to them. £2000 to furnish your entire home by yourself... Honestly, did they just expect us to either be in bedsits when we moved into independence or just buy everything from a charity shop? Thank the gods I had my savings back.



2017 had just been my year. I achieved my life-long dream of becoming a fully qualified teacher, I started my MA, I'd seen a lot of Britain on my travels. I had this bowl full of hand-written coordinates- took me two whole days to write them all down and cut them all out. I realised only after that I could have just typed and printed them all out- but hey... The handwritten element gave it a little something extra... Anyway, whenever I had some spare time and money, I take out a coordinate, I line it up with my huge AA map and off I went! My friends and partners tagged along with me sometimes. My Facebook was (and still is) full of pictures of all my adventures. The best part was I'd finally grown to really enjoy my own company without feeling lonely. I'd see things, hear things, and feel things I'd never felt before without the distraction of other people. I was just content with myself and my existence in this world.

Christmas 2017 I had twenty-three folks come round to mine for jubilations and frivolity- including all five of my partners meeting all together for the first time. We played board games, watched films, had fantastic food, then I performed a fire-spinning display in the car park behind my flat. By far my best Christmas ever. I normally hate Christmas due to the doors of my memory hotel flinging open to reveal me having to give Orange blowjobs to get Christmas dinner. So, this Christmas I took all that trauma and threw it in the fucking bin in amongst all the leftover trimmings that weren't going to keep- where it bloody belonged.

After experimenting and working it all out, I've found I much prefer practicing hierarchical polyamory- which means I have a Primary partner who always comes first, then secondary partners and casual partners. It allows me to express all the various kinds of love I must give while also allowing my brain time to process and compartmentalise everything. It also helps me deal with issues of jealousy and keeps my jealous feelings healthy. Healthy jealousy, for me, is being jealous enough to show you care, but not allowing jealous feelings to negatively affect your behaviours like looking through someone's phone or spying on them. I'd heard of folks searching partner's phones and such like for jealous feelings... This didn't make much sense to me. So long as everyone always follows the golden rule of polyamory- open and honest communication- there should be no need for this kind of behaviour. I also found out I can have romantic asexual relationships as well as aloe (term for folks who like sex) relationships. Long story short, I just like variety.

I never thought I was ever going to be able to live by myself. I was always terrified that I wouldn't be able to cope. That Orange would come and find me, or I would just succumb to my brain gremlins and end up jacked up on drugs or as Mum put it one time: dead in a ditch somewhere. That Christmas though, surrounded by all my friends and partners, being able to love them all not only in my own special way, but also far more genuinely because I finally loved me!

If only my Year 4 English teacher could see me now. He was the reason I wanted to become a teacher. He was the first openly gay person I ever met- he tried it on with Orange once... Orange didn't take too kindly to that. But he was also strict as anything with a real passion for both art and English, but no nonsense allowed in his classroom. He wrote all the school plays and was the first person to ever tell me I might achieve something with my life.

Not long before I told my secret to that TA all those years ago, this teacher took us on this trip to the Pitt Rivers Museum in Oxford, and we were given this assignment to create a fictional story based on one of the artefacts. I found this native Indian ultramarine velvet dress decorated with beads and feathers (which is still there to this day). I was heavily influenced by reading Philip Pullman's *The Northern Lights* at the time and produced this adventure story of the armoured bear queen traversing the northern tundra in her war gown to reclaim the Northern kingdom from the evil Turks. I was the first person to hand my assignment in and spent the rest of the day wandering around the museum- until the dreaded gift shop scene came. I'm standing there, looking forlornly at all the other children buying their sparkly pencils and sticky dinosaurs with all the money mummy and daddy gave them, when this Aztec- patterned pottery whistle is dangled in front of my face. My Year 4 English teacher is towering behind me, but instead of his usual strict and firm demeanour, he appears soft, almost friendly for the first time ever.

"I read your work. You know you have the potential to be something amazing. It's just a shame about your spider scrawl."

To say I immediately improved my handwriting after that would be an understatement. Well, Year 4 English teacher: here's to you.

*

MY EDUCATION, EMPLOYMENT AND TRAINING

My say

I have gained qualifications/experience in: A BA in Creative Writing. PGCE, Master's Degree. Deyanna was a mentor for raising LAC aspirations which is for an hour a week through 'Aspire' who are part of the university. Deyanna taught young people with special needs and worked in adult education whilst doing her PGCE and subsequent master's degree. She has also spent time working with agencies doing supply teaching in secondary schools and she spent 6 weeks working in a Pupil Referral Unit.

I would like to achieve: Deyanna would like to work on staying in a full time work placement for more than 6 months as all of her previous work placements have been temporary due to her completing her studies. Deyanna has eventual plans of completing a PhD but would like to focus on her career for the time being.

My Personal Adviser/Carer's think that I need help with:

My Education, Employment and Training Plan is: Since her last minutes Deyanna has now completed her Master's degree with a Merit. Deyanna has managed to secure a full time teaching position is currently working through her 6 month probationary period. She now wishes to work on staying in full-time employment for a period longer than 6 months and has eventual plans of completing a PhD.

What I need to do is: Deyanna needs to make sure she is asking for help and support from her colleagues throughout her probationary period in order to help her pass it and achieve her goal of staying in a work placement for more than 6 months.

I will be helped by:
My Centre Manager, my IQA and my other colleagues.

Who will help me by doing:
Supportive and Graded observations throughout my probationary period and providing advice and guidance whenever necessary.

The timescales will be:
Devanna's probationary period lasts 6 months and started w/c 22.01.18.

Summary of actions since my last Planning Meeting: The last plan recommended that Deyanna work on completing her Master's degree and seeking advice and guidance from teaching agencies to support her finding full-time permanent employment so this action is complete.

Part of my final Pathway plan. (A pathway plan is a series of targets for post 16/ 18 CEP that help them on their way to independence. Upon the completion of my MA, I was deemed as no longer needing my LA support. Thus, my final pathway play is about setting the last targets for my recorded life, like staying in work for more than six months.)

*

I am not in love.

Is this how the fucking world works? Greek tragedies always follow a similar sort of pattern.

Frequently, a character flaw or weakness is revealed usually of the play's namesake, that character then demonstrates some sort of pride/ willingness to go against the gods' will, and then finally the

tragic act or punishment occurs. Take Antigone. While Sophocles names the play after Oedipus' daughter, the character weakness, prideful act and punishment really occurs to King Creon. That said, Antigone still thought she knew best, buried her brother, got punished, then killed herself. Then, when her partner found her, he killed himself too. Tragic.

I thought I knew best. I was wrong. I thought I was doing a really good job at that school. I improved the attendance to 98%, I was getting over a 90% pass rate from exams, and learners were moving on to doing amazing things like volunteering for the police force. The best part, I achieved all of that while working in a portable unit rather than actual building, with limited IT access and no manager for four months of my probation. I also did all of that while finishing off my masters and officially leaving care (technically called closed to the service). I had broken myself for this job. I worked 17-hour days and frequently got stuck there for extra hours because I missed the busses. I put everything I had into that job.

So, explain to me how the fuck I failed my probation?

When the HR lady came to tell me about my failure, I knew something was up when she requested all my learners be sent home for the afternoon. But when she told me, it was like she burst the balloon that I'd made myself. I'd whizzed through the air, experiencing all different emotions from anger to denial to wanting to cry. Eventually, I was just a shrivelled-up bit of rubber on the floor.

Granted, I did not have a good relationship with the Internal Quality Assurer (IQA). She was a prissy plastic platinum-blond parasite of a person who'd never heard of the term care-experienced. It was all about the end statistics with her and making sure she could get the next pay rise. I get her job was to quality assure my work, as in make sure it was in line with how the rest of the company did things, but there is such a thing as constructive criticism as opposed to saying I'm filing all the paperwork I didn't even know I was supposed to be completing incorrectly and need to fix it all in two weeks- while being the only tutor in the centre, and with sixteen learners to guide and support, plan lessons for and assess all by myself.

I mean, there was that one incident with the fire alarm where I covered my ears immediately because the alarm was too much, and I went blind with the white-hot pain. I had been fully diagnosed as having autism at this point and that information was quite clear on my EDI form. The HR lady cited this as my being a danger to my learners because it meant I wouldn't be able to safely guide them out in the event of a fire. Yet, my Teaching Assistant (TA) and I had worked around that and produced a reasonable adjustment. I was to lead the learners out to the assembly point while my TA brought up the rear and made sure everyone was out. Like, if I really wanted to, I'm pretty

sure I could pull them up for failing to recognise my rights to reasonable adjustments under the Equality Act 2010.

I got so angry I think I induced tinnitus in myself so I couldn't hear the rest of what she was saying. Which distressed me even more. It was fucking outrageous. Then on top of it all, by the time she finished and told me I was immediately dismissed without notice, I had just missed my bus so I still had to wait an hour before I could even get back to my safe space and shove on some Disney to try and calm the fuck down.

What was the fucking point of it all? I worked so hard and come so far, and lost everything just because I didn't get along with the right people? Why is that the way the world fucking works? A Linkin Park song comes to mind here- *In the End*. It doesn't even matter.

Everything gets a bit blurry after that. A couple months later I'm home, I've left myself with no money after spending it all on drugs, alcohol, travelling, and microtransactions on mobile games. Anything to try and run away from my feelings really. My usually spotless and well-taken-care-of flat now resembled something like Tracey Emin's *My Bed*- an art installation I happened to catch at Liverpool's Tate Museum back when I enjoyed travelling.

Travelling now though, it just felt like running away. I'd lost that pleasure of existence and replaced it with a gaping need to not exist. I drank and fucked and drugged myself into oblivion, but it didn't help. I was age 24, 2 years older than my birth mum when she died, and I just felt like I was never meant to live this long. I spent most of my time at home gaming- the ultimate distraction technique- and spent ridiculous amounts of money on resource packs and level-up-faster packs and watched endless whirls of bugs go around and around while I shot at them with brightly coloured gems in towers to get scores. The more bugs I killed, the more I wanted to be those bugs. I never felt so alone. Not through all my time in care. No matter how much I partied or hung out with friends or anything, I just lost all sight of everyone and everything that had made last year so great. My memory hotel had closed its doors to me, and I couldn't get in to try and remember how I pulled through hard situations like these. I sat on the steps leading up to the seemingly locked doors and just cried.

Time gets weird, but one night I just started making myself cocktails of effervescent co-codamol and paracetamol to help wash down tablets I took. I'd grown quite the store of painkillers in my bathroom. In between effervescent cocktails I would drink spirits, just consuming and consuming drink after drug after drink after drug while I kept shooting and upgrading and shooting and upgrading on the game. I was done.

My Primary found me the next morning. I'd only passed out about half an hour prior, but it felt like so much longer. He helped me throw up the contents of my stomach and took care of me. Conversations were had. Well, I say conversations. He pulled out every empty pill and effervescent tablet packet and laid them out before me on the bed. In total, I'd taken about 56 paracetamol and co-codamol doses.

"Why have you done this? So many people love you, Dey."

"What's the point? I spent my whole life becoming a teacher, and they said I fucking suck at being one."

"Who said?"

"The bitches at the company I worked for!"

You know that scene in *Mean Girls* where Lindsay Lohan talks about verbal vomit then has actual vomit? That happened here. I was about to go on a massive rant about my old IQA but ended up just running to the toilet to throw up more of my stomach lining.

"I'm no good at what I spent my life doing. I don't deserve anything."

"But that was just one job, Dey. What happened to the girl who gets knocked down but always picks herself back up? The Dey I know and love would have just looked for and got her next job. What happened to you?"

For some reason, these words acted like a lock pick on the doors of my memory hotel. Suddenly my mind was flooded with memories of all the ways I had been knocked down- by Orange, by foster carers, by peers, by social services, by teachers, by partners, and how every single time I got back up again and continued with my path.

"That Dey loved herself. This Dey hates herself. You know, I am two whole years older than my own mother. Maybe I was never supposed to be alive that long. Maybe that's why I'm failing at everything and should just die."

"I don't believe that. You're talking out your arse and you know it. There's no need to bullshit me, Dey. I believe you've just fallen down the same well you rescued me from."

"I didn't rescue you. I just reminded you where the rope was. You're the one who chose to climb up it."

"True. So do you need me to remind you where your rope is?"

I couldn't answer. I just burst into tears.

I let go of my flat and moved in with him. This led to the loss of my secondaries and casual partners because they didn't want to infringe on his space... I also lost many of my friends because I couldn't travel as independently anymore. I didn't know how to handle this, I felt like I kept grabbing the rope my Primary reminded me about, then slipping and falling in the well all over again as I continually lost more and more. Of all the 23 folks who joined me that Christmas, I ended up with just seven friends and two partners who stayed by my side despite all the shit I was going through. They say it's times like these that show you who your true friends/ lovers are.

*

The kaleidoscope of memory fragments has stopped spinning. Remembering the last time I broke myself has made me realise I am not broken now, despite Orange's death. I look at my organised piles of debris and broken mirror pieces. I feel ready to take them out one by one and return them to their respective rooms to start putting my memory hotel back together again. I'm ready to be Dey again. I carefully pick up the first pile and go to step out of the lift.

That's when I see her. The concierge of my hotel. She's waiting there at the end of the corridor; she's been waiting for me the whole time for me to be ready. I drop the pile and sprint the length of the corridor. Her soft skin envelops me, her happy heartbeat floods my ears, her apple and cinnamon scent invites me to taste her. She holds me while I drench her with my kisses, my tears, and wails. How did I get so lost?

Together we put the shards and debris away in their respective rooms. We work to paste and cement glue and Sellotape everything back together again as best we can. Everything remains cracked and torn and distorted, but after a while I can get the VHS-style scenes up and running again. I remember how I picked myself back up repeatedly after every time I fell. I remember what it was like to love and be loved. I remember what it's like to be myself wholly and completely. I need to figure out who I am now. She, who has always been there for me no matter what I've done, takes my hand. It's time to grieve, then move on.

*

It's been 22 years since my mum died at the time of writing. Whenever I see a butterfly in the wild though, no matter what type, I smile, wave, and say 'Hi, Mum.'

Orange's death hasn't had the same effect on me. It's interesting, going through grief as an adult rather than a child/ adolescent. I seemed to systematically go through the stages of grief this time. I went through denial- refusing to believe it was real until I got the death certificate. Then, when I had been sent the death certificate, I noticed he died on the exact same date my mum did. The certificate didn't say he died from suicide; the secondary cause of death was simply listed a heart attack from unknown causes. The primary causes say an amalgamation of pancreatitis, heart arrhythmia and acute respiratory distress syndrome. This, to me, suggests he just drank himself into oblivion. Of all the 365 days he could have died on it just *happened* to be on the one my birth mum died on? Exactly 22 years after she died, and she was 22 when she died? It's just too coincidental. Whether I'm right or wrong (and I'm probably right), this led to anger.

Christ on a bike was I angry. Not only had this asshole tainted my birth mum's death day, but he'd also taken the fucking easy way out. He doesn't need to live with what he did any more. That fucking coward. Just like his own fucking father. My anger wasn't helped by finding out he'd told our informant who was a friend of his for nine years that he was in prison for stabbing his uncle rather than raping his daughter. So, he was still a liar as well as a manipulative bastard. There was also an element of jealousy fuelling my anger. How come he can take the easy way out, and I couldn't?

Anger is exhausting though, and with my exhaustion came my depression phase. Thing is, while I was likely to never going to do it, he'd denied me the opportunity to one day confront him and get an apology. No that he would ever really be able to earn or receive my forgiveness even if he was still alive.

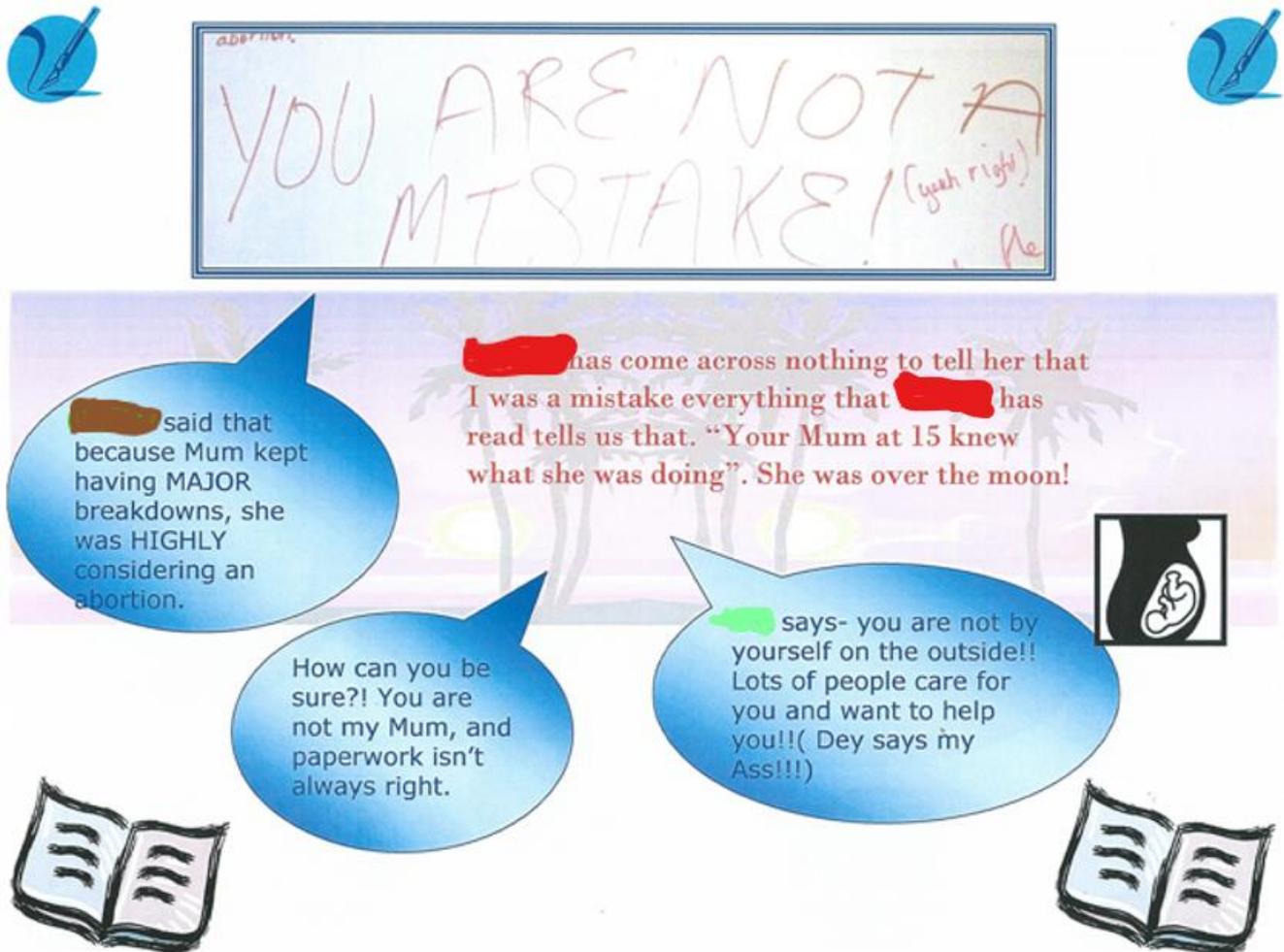
I skipped bargaining. Altogether, there was nothing really to bargain with. But I did sort of sling shot myself into acceptance. I got an email saying that I'd been accepted to speak at a conference, and this made me think hold on: why am I putting my life on pause for that godforsaken cunt? I'm me, I have my life to live and I'd doing amazing things with the time I have on this Earth. He's stolen enough of my life. Fuck him, he doesn't need my forgiveness anymore so I don't need to hold on to 'what could have been.' I'm gonna do me. Me has gotten me this far without him.

"All I need is a change. All I need is a chance."

Mirabel Madrigal, Disney's Encanto, 2021

I bloody love Encanto. I've never seen a film that resonates with me so well- from the butterfly imagery referencing the deceased, to the pressures of being the oldest sibling. My social worker had this metaphor to describe me when she met me- that I was a matchstick trying to hold up a house.

Well, my memory hotel is not unlike Casita in *Encanto*. I've had so many visitors and guests come and have a gander around, and then memories of people take up permanent residence. Take my LSB. It's a record of all the different carers and family members' visits to my memory hotel and their views on what happened in the various rooms. As an example:



Caption: Red is my Life Story Worker; Green is the residential care worker who was supporting me in this session and brown is Unclemon. This was one of my first 'breakthroughs' in LST.

I genuinely believed I was a mistake. I mean, my birth mum was fifteen when she fell pregnant with me. At the time of writing this slide, I believed Unclemon had said that Mum was highly considering an abortion. I don't think he said this to me now... Maybe it was Grampy who wanted Mum to have an abortion. I don't know. Either way. You can see from this slide Red (my Life Story Worker) trying to correct my messed-up VHS recording of this event, and the RCW who was with me at the time chiming in and trying to support Red's interpretation of the memory.

As much as I refused to engage with Life Story Work to begin with, I grew fond of Red. She was like an English teacher herself, always had a pre-prepared plan of what we would cover in the session, but she never got cross if we didn't get through everything or if I whizzed through all the content she

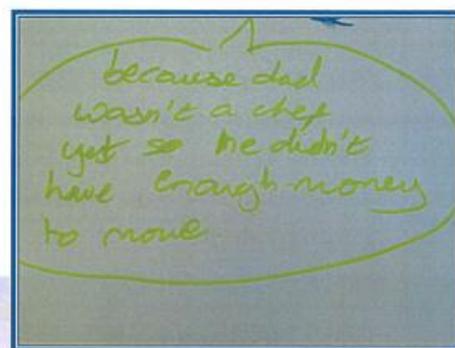
brought. I refused to engage with her for so long because I thought she was just going to tell me my story, not help me tell my story.

When I think about my Life Story Work sessions, the memory hotel reveals a family type room that looks like a cross between a primary school classroom and an attic as the ceiling was sloped and triangular. While there is no bed in this room, it could be viewed as like the hotel's playroom for children. Half the floor is blue laminate, the other half is covered in rough blue carpet squares. On the laminated side are things like the sink, painting materials, play dough, clay, a sand box, and other "messy" things. On the carpeted side are sets of drawers you would find in a classroom with all kinds of colouring and craft materials and still wrapped rolls of unclaimed wallpaper. There are also some bean bags (both the small kind you may come across in PE lessons and the sitting on kind), lots of teddies, one of those brightly colours mats with roads that you can drive plastic cars around and boxes of toys and dressing up clothes. On the walls are posters and displays for health and safety and what Life Story Work is.

In the centre of the room is a round, short, wooden table and four plastic chairs. I don't know why there were four, we only needed three. This is where we did most of our work.



On the 15th July 1994 the housing officer contacted the Social Workers to state that there had been a fire at our house in the lounge but we were still living in the house.



Around this time the neighbours also reported concerns to the Social Workers that they had seen Mum and [redacted] having an uncaring attitude towards me.

The Social Worker visited to talk to Mum and [redacted] about the concerns. The file says that [redacted] became upset and threatened the Social Worker.

That's not surprising Mum was great but often let her own issues get in the way of looking after me! It was the same with [redacted] and [redacted]



Watch out, watch out nasty Dad about!

Because he didn't like being told that he couldn't look after his kids coz he thought it made him like his Dad.



"I've lived through three fires you know."

"Is that right? Why don't you tell me about them?"

"Well, this one I think was the first one and it was caused by Orange leaving a candle lit. The second was when I was 1 years old, and it was because of the chip fat fryer. Orange had to push me and my mum out the first-floor window. Then the third was when I was older, and Tangerine (my baby half-brother) was born. Orange had passed out while smoking in bed and Tangerine woke us all up."

"Ok, do we want to put that in your LSB?"

"Isn't all of it going in the book?"

"We can certainly try to get as much in as we can. Why don't you tell me some more about what you remember of this time?"

"OK. Well, I know Orange wanted to be a chef. He liked fire and cooking. He was a good cook as well. He wasn't a chef yet though which was why he didn't have enough money to move. I reckon he set the fire on purpose so Social would move him and my mum."

"I don't think anyone was able to prove he did it on purpose. There's certainly nothing about that in the documents I've seen."

"He's really clever though, he could have covered it up."

"Is that right? Well, there was certainly plenty of evidence that your dad was clever. But the documents say nothing about the cause of the fire being set on purpose."

"Yeah. But he's not my dad. He's Orange. He lost the right to be any kind of dad to me."

"You're right, sorry, I'll remember that. That was such a good session as well. Do you want me to make sure the word 'dad' is removed from the book?"

"No point changing what we've already done. Might as well just start it from now." (The book refers to him by his first name in the book after this point in the work.)

"Okey doke. And how do you feel about the neighbour's comment?"

"The neighbours were always really nosy. I know mum was great with me though. We had a good routine. But she did have a lot of her own issues and sometimes that meant she couldn't always look after me in what others may have thought the best way. I was a very loud baby."

"That's a really good reflection there, Dey. Definitely going in the book."

"I think we're gonna need a new wallpaper again soon if we carry on like this."

"Not another one! (We all laugh.) Ok, last bit for today, then we'll play a game- OK?"

"Do we have to finish soon?"

"Well, as much as I enjoy your company, I do have to see other children after you."

"Oh, OK."

"OK, so how do you feel about Orange threatening the social worker?"

"Watch out, watch out, nasty Orange about."

"What do you mean by that?"

"I dunno... It just popped into my head."

"Let's see if we can explore that a bit more. Have a think on it for me."

"Well, it was their own fault. They should have known him by then. Orange hated being told he couldn't look after his own kid, always been like that for as long as I can remember him. The one thing he didn't want to be was like his own dad. Turned out like him anyway though didn't he. And they never saw it. They just ran scared whenever he got nasty or shouty. He was the big bad wolf, and they were all like Little Red Riding Hood."

"That's a really interesting analogy. How does that make you feel?"

"I dunno. I don't do feelings. You should know that by now. Told you we would need another Wallpaper after this. Can we play a game now?"

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Unlike most models of Life Story Work, my social worker was not involved in my Life Story Work process. Honestly, for me, it was better this way. It meant that there wasn't much bias in my Life Story Work process, and I could hear everyone's point of view from a mostly (... I'm not sure anyone can truly be objective when dealing with LSW) objective observer. At least, I think Red was objective- until we got to the residential parts. Then it's almost as if lots of things were left out. To be fair, we were coming to the end of Life Story Work as I was moving in with my forever mum by this point. I'm not sure how I feel about Life Story Work ending when it did. The more I investigate it now, the more I think it should have been an ongoing process throughout a care-experienced person's life- especially with the state I found my file in.

My relationship with my social worker and later Pathway Advisor (a sort of social worker for post-16s) was also unique. I had the same social worker for seven and a half years, then the same PA for five and a half years. This stability in support through my care, I think, led to my success. Together they provided me with tools and prongs and posts so instead of being a solitary matchstick trying to hold up a house, I grew to become a powerful foundation for my memory hotel. This was because they got to know and understand me, and therefore were able to provide the best scaffolding for me.

That said... My relationship with Social Services hasn't always been that good. I tend to say that for the first 10 years of my life they completely fucked up, then the second 10 they worked to fix it- despite making some more major fuck ups along the way. For example, not believing me about the sexual abuse allegation in my second placement, sending me back to the residential unit after I got sectioned, and only giving my foster mum seven days' notice before not paying her anymore. Yet, of all the mistakes, those are probably the only big ones post- my being ten years old I can name...

Pre-ten, the mistakes mostly boil down to stereotyping my birth parents for being care-experienced young parents. They weren't bad parents while my birth mum was alive. They argued with each other and shouted at and smacked us when we were naughty, but that was about it. When my birth mum was alive, we had a very strict routine and there was a heavy focus on educating us from both parents. However, they were investigated time and time again for claims of mistreating us. Orange himself told me a story of one time that social services visited us due to a member of the public's claim that Orange had been seen smacking me in Asda (this very likely happened, though I don't remember it). The social worker knocked on the door, apparently demanded to see me, to which Orange refused but they insisted so he ended up leading them up to the bathroom where I was naked and playing in the bath. The social worker apparently got very embarrassed and left.

After my birth mum died, the mistake Social made repeatedly was falling for all of Orange's bullshit every time a safeguarding concern was raised about us. My LSB details an average of 2.5 visits per year since my conception from social services both pre and post my birth mum dying. It's a bloody wonder why we weren't taken into care sooner.

Mind you, when I finally outright disclosed "My daddy likes to fuck me" to my TA all those years ago, it was still hard to feel like people believed me (I was known for telling lies). I don't think that's how I put it... More like something along the lines of 'touches my private parts and makes me suck his...' kind of thing. I don't remember the disclosure... I remember having to repeat myself to seven different adults over the course of the day- first my TA, then the deputy head, then the head, then the police officer and social worker who came and picked us up, then the two interviewers at the

police station. I remember feeling very fed up by the end of it all, and for the first time in a long time I wasn't hungry.

Still... Eventually being put in care might have saved me from Orange, but it didn't save me from suffering... I guess the term for it would be institutional abuse. Tricky thing is institutional abuse... It's hard to really know it's going on while you're stuck inside the institution. Not to mention, once you've been institutionalised, it's hard to get you back out. Still, while my social worker was met with so many barriers and challenges, she never once gave up on me. That, I think, is the key to any successful social worker/ care-experienced young person relationship.

002. Supervision Basic Information

Name of supervisee : [REDACTED]

Date of Supervision: : 13/12/2007

In relation to December contact this has had to be postponed on the recommendation of SACS as Deyanna has begun a spiral downhill again. There are three external changes which we think probably have precipitated the spiral.

1. The move of residence to a smaller house with Deyanna having a dark, small room.
2. The therapist has left and SACS is suggesting they'll buy in one for 6 months. Deyanna says why should I talk to somebody for 6 months and then them leave.
3. A key member of staff, [REDACTED] has been relocated.

[REDACTED] is going to follow these issues up with SACS Operational Manager on the 17 December. It's not only an issue for Deyanna but also may have an impact on the contract i.e. are we getting value for money.

Dee's spiral includes leaving school, and she has begun an association with a disadvantaged family and seems to be spending a lot of time there during the school day. Dee seems to be befriending them and trying to sort them out.

There's been no instances of self harming yet but [REDACTED] and I won't be surprised if that is also a point in the downward spiral.

[REDACTED] had recent conversation with Dee to say Christmas contact had been postponed. There was some confusion in that Dee had told [REDACTED] we had decided it rather than the decision was also owned by SACS ([REDACTED] to follow up). On this occasion Dee cried rather than got angry. This means that she's more in touch with feeling but we know how unbearable feelings are for her which could temporarily contribute to the spiral going downwards.

ACTION

[REDACTED] to liaise closely with key worker and if necessary [REDACTED], head of the unit.

[REDACTED] to follow up the other issues on a broader level.

A door in the memory hotel opens to reveal a room big enough to hold a single bed, a chest of 3 drawers, a bedside cabinet and not much else. A small window allows dim light from an overcast day into the room. Two figures are squished on the bed and make the room seem far smaller than it is.

“Well for starters, I ain’t no eavesdropper but I can hear everything and now I know things about the other girls I don’t think I should, like Indigo’s health issues are because she’s the only surviving baby of a set of quadruplets because her mum was beaten into premature labour.”

“Oh wow. That is quite shocking. Have you spoken to the adults about this?”

“Yeah, and they just told me to put my headphones on. I can’t sleep in headphones though. It makes me go too far in my own head; you know?”

“Yes, I understand how that can make you feel worried.”

“I’m not worried. I’m annoyed. I’m too big for this room and I want my fucking books and my videos.”

“Dey, we’ve talked about the kind of language you use with me before.”

“Sorry, Blue. But it really is not fair. The other girls have all their things in their rooms, whereas all of my stuff is in the back adult’s room.”

“I understand, let me see what I can do. I agree you should have your belongings in your own space. How about school, how’s that going?”

“School’s shit. I only stay for English.”

“Yes, I had heard about your little walkabouts during school time. Do you want to talk about those?”

“Well, if school was actually a decent place to go, I might stay, but it’s rubbish. The only good thing about it is English and my friends. They don’t have to stay in school, why should I? My English teacher is the only teacher who gets me and thinks I can do stuff. The rest all treat me like I’m stupid, so there is no point in me going to any other lesson.”

“How do you know unless you go? Maybe if you talked to them the way you were just talking to me, we might be able to sort out some of the problems you’re having?”

“Because, Blue, we tried that. Remember, at the PEP meeting? They said they weren’t going to change my classes because I haven’t been in them long enough. But I’m not a bottom set person. Only English they put me in the top set, cos the Head of English said that’s where I should be. So, I’m not going to any other classes until they start treating me properly.”

(Note: PEP stands for Personal Education Plan- it's like a CLA review but just with a focus on Education and funding for various educational interventions)

"I didn't realise you'd been placed in bottom sets. Nobody mentioned the levels you were working at the PEP. Seems like a bit of an oversight in hindsight. Why didn't you tell us this before?"

"Because everybody I *did* tell left. I thought *you* all communicated."

"I spoke to your teachers, and I think you'll find that your friends should be staying in school too."

"Yeah, but Beige says she has to go home to feed the babies, so I just go along to help her out. Her family's going through some really rough times."

"You've always cared a lot about people and their families, haven't you?"

"Yup. Especially hers. Social services just want to separate her and her siblings just like you all did with me and mine."

"We've talked about that with your therapist though, and you told me you understand why we had to separate you girls."

"I get that. You just wanted me to have the chance to be a kid again, and not hold the house on my matchstick shoulders."

"Absolutely. Now, I agree you should not be in the bottom set, not with your SATS results and your home tutoring grades. It's no wonder you're feeling so restless at school. OK, so I think there needs to be another meeting with the school. We'll try to pencil one in within the next month. Would that be feasible? Even with the Christmas holiday that should still be possible. In the meantime, Dey, I really need you to try and stay in school. Ask for harder work that you can maybe do in your... PLC, is it? The place you can go if you need a time out. How does that sound Dey?"

(Note: Conversations with professionals often involve a lot of acronyms that you learn over time. SATs are English standardised tests held when a young person is eleven and then again at age fourteen. These determine which levels/ groups you should be put in in secondary school and later which level of GCSEs (General Certificate of Secondary Education) you should be taking. I gained straight level fives- or top marks in my SATs. PLC stands for Personal Learning Centre.)

"S'about the only good thing my old therapist helped me with."

"Now I'm sure that's not true. You told me you had a good relationship with your old therapist, and she was helping you a lot. How do you feel about her leaving?"

“Well, what’s the point in therapy if you’re just gonna keep changing all the people I do therapy with? Like each time you change them it’s like I have to start all the way from the beginning again.”

“I can see how that might make you feel sad.”

“Yeah... I think sad is the right word. But I don’t do feelings.”

“I think that’s really good progress, Dey. Usually, you find talking about feelings awfully hard. Not to mention, you were able to explain to me calmly about things that are annoying you. You’re doing really well, Dey.”

“Don’t patronise me.”

“I’m not. I’m genuinely proud of the progress you’re making here. However, you do need to start trying to stay in school, Dey. I understand you wanting to help this family out but remember how many times we’ve talked about you needing to put you first.”

“I can try, but I ain’t promising nothing.”

“That’s a start. Right, there were a few more things I wanted to discuss.”

“Just say it. I know it’s not going to be good. Your nose is doing that thing again.” This brings a chuckle.

“You’re right, I am about to tell you something you might not like. But I’ve never had someone comment on my nose doing a ‘thing’ before.”

Whenever Blue has to have a difficult conversation with me her nose flares open and closed while she considers how to word things.

“Makes you look like a rabbit when you do it.” She laughs again, then breathes.

“The thing is, Dey, I know how much you were looking forward to seeing your sisters over Christmas, but the contact has had to be postponed.”

“I know. The adults told me. What I don’t know though, is why?”

“It was felt that perhaps you need to settle into this house a bit more before you see them again. I know how unsettling the move has been for you.”

“And not seeing my family is what, a punishment for struggling?! I’m *sorry*, it wasn’t my idea to bloody move!” My eyes grow stingy.

“No, no, not at all. It’s just the adults felt that maybe you needed some more time in the house before spending some nights away from it. Help you feel like this is your home rather than a hotel- especially with all the recent changes you’ve had in your life.”

“This isn’t and never will be my home!” My eyes pour and I wail. “Home is where you can spend fucking Christmas with your fucking family.”

“I know, I know Dey. I know this must be really upsetting for you.”

“And what do you mean the adults felt? I was told this was your decision.” Snot leaks into my mouth but I don’t care.

“This was a joint decision between the adults and my manager and me, Dey. We thought it was what was best for you. You’ve had so much upheaval of late, we didn’t want to put you in a situation that might make you feel worse.”

“Well, that didn’t work, did it? I’m trapped, in a BOX for a room, without my things, stuck in a miserable school who think I’m stupid and living with horrible girls and staff that are constantly leaving. How could seeing my family *possibly* make me feel worse?”

“You know what Dey, look at how well you’re doing. You’ve never felt comfortable enough to cry like this in front of me before, let alone articulate so well how you’re feeling. I am really proud of you.”

“You can shove your pride up your arse.” I sniff. The fluids running down my face are really starting to bother me now. Blue can tell and starts rummaging through that gargantuan bag of hers. She’s right though. Normally this would be when my hot angry feelings would rise up from my stomach, and I would hurt myself or smash whatever was handy or hit someone.

“Well, it’s possible I deserved that remark. I know how much you don’t like praise. But, as you know, that’s not going to stop me being proud of you when you make me proud. Here, have a tissue. Look. I am going to do everything I can to help you here, Dey. I’m going to talk to the staff about your room, and we’re going to talk to the school about getting you moved to the upper sets. I can’t really do anything about the staff leaving, and we can’t bring the contact back to the original date, but I’ll see about getting it sorted for you as soon as possible. Maybe around your birthday? That’s only three weeks after Christmas, isn’t it? We can certainly talk about the therapist and see if there’s someone who’s going to stick around you can talk to. But you need to give me a little back here. I need you to stay in school and keep telling people exactly how you’re feeling before the feelings turn into behaviours. Just like you’ve done here today with me. And you can tell me to stick my pride as much as you like. Doesn’t stop me being proud of you, Dey.”

Within two weeks I was moved out of the box room and into Indigo's attic room, Indigo moved into the-girl-who-lived-here-before's room. I managed the slopey ceilings by lining the short walls with my books and my videos, so I was surrounded by my Disney and Buffy and Pullman and Pratchett and Snicket, and I felt so much better. I was placed in the top sets in school. I still struggled talking about feelings, but I had started working on this more in Life Story Work.

Blue and I now work together delivering training to professionals on the impact and importance of information recording. We've reflected on our experiences together- the mistakes we made but also all the good things that helped lead to my successes. Blue being there, knowing and understanding me and sticking with me as the only stable person throughout my entire time in care was a huge benefit to me. Sure, she made mistakes, but everyone does. I think my forever mum put it best. She has now given up fostering, but she would happily take on a child of Blue's any time. It saddens me that more children don't have a Blue as their social worker- someone who sticks with them during their entire time through (children's) services and fights for the best support for them throughout. If I had experienced what seems to be far more common in care and had the constant social worker changes throughout my time in care, I certainly would not be where I am now.

Event type: : Case note

Date of the event: : 26/05/2008

Headline: : t/c Dr [REDACTED]

003. Information

Details: :

Case Note recorded by: [REDACTED]
 Dey is receiving therapy twice/weekly. What does [REDACTED] other young person she lives with trigger? Unfortunately, residential placement in Stroud only takes 16+. Discussed contact. Moving from SACCS. Tweaked to move quickly. Period of time, uncertainty really difficult. Some autistic features, social skills, but is mindful and

thoughtful. Run away from everything. 1:1 support, m ideal for containment. Borderline personality. Take responsibility, struggles with relationships. Self harms when 2 main mechanisms, jealousy/neediness, lack of certainty, lack sense of self, blurred, takes in people's feelings. Protection. Not living, just watching. SACCS, 1:1 support, not viable without peers. possibility a funding issue to provide. Therapeutic school. Social care environment. Bespoke, New Options, Family Care, Options, New Horizons. Psychiatric care has nothing to offer. Needs to take responsibility.. Keep away from communal living. Concentrate on Dey. Other children up the risk, building up on that. Borderline personality disorder does have depression, not post traumatic stress disorder. First time all together, unnecessary stress. Wasn't aware how stressful in the past. Adults make decisions. Some ideas kind of places. Find them. More than 1, degree of choice. Short term stay at SACCS Long term find alternative placement.

*

So, something I didn't quite realise until I received my file (despite it being a complete mess) is that Blue and her manager tried every other independent care company before sending me back to Residential. There are reams of case notes with telephone conversations to various companies seeing if they'd put me up. At the time though, I resided in the Mental Health Assessment Unit (I mean, really, it was a psychiatric hospital for eating disorders that just so happened to have the assessment unit and a secure unit attached) due to 'serious self-harm' not one of these 'other options' would touch me with a six-foot barge pole because I was 'too high risk.' That, or I was either too young or too old for many provisions. The confusion over my mental health diagnoses though, I did know about. I was even considered schizophrenic at one point in this hospital. I left the assessment unit with a diagnosis of borderline personality disorder (BPD) and a prescription that detailed the level of care I was to receive- including 1:1 support, and requirement to engage with at first daily, then slowly reduced Cognitive Behavioural Therapy (CBT). Not that the adults took the time to really listen and understand the feedback- or they "lacked the capacity" to give me all the support I needed- which was I was moved from them in the first place.

By the time I got to my forever mum, this move back to residential had done more to destroy my self-esteem than my self-harming or Orange ever had. While CBT did help with my anger management especially, and Life Story Work helped me develop an emotional literacy and understand what was going on in my present as well as my past, the damage that the residential unit itself did to me was almost irreparable- another 6 months longer than I was there, it likely would have been completely irreparable. That's why I still say that at first, I needed the support residential had to offer me, but I NEVER should have been there as long as I was, and certainly shouldn't have been placed back there after my stay in hospital.

Thanks to my file though, I do understand now why I was stuck with the residential unit so long. My social worker and her manager tried so much behind the scenes to find the best family for me. So many email chains, phone call notes and summaries of visits to various fostering companies and other provisions to try and get me out of that hellhole. For so long I thought they just forgot about getting me out of there because no one wanted me, but really, all of this was going on and I didn't even know about it. The best part- the residential company were supposed to be the ones doing all of this, not them. It was part of the 'family finding service' included in the price my local authority were paying. But the residential unit refused. They told my social worker that due to my age (mid-teens) they "needed to be realistic about finding me a family." Thank the Gods that Blue and her manager refused to listen to this and did find my forever mum. I probably wouldn't be anywhere near the person I am today without her.

I do like how my social worker reflected that she didn't realise just how stressful being in Residential was for me. I've said it before and I'll say it again, until I read these case notes I never realised just how much she did see.

*

"Yes, the past can hurt. But the way I see it, you can either run from it, or learn from it."

Rafiki, Disney's The Lion King, 1994

Ever since I could hold a pen, I've loved writing. I used to write so much I'd physically wear down the nibs on my Berol handwriting pens. When pens weren't available, I had a terrible habit of wearing pencils down to the rubber on the end because I *needed* the pencil point to be insanely sharp to write properly. If the tip was too blunt my writing would be faster but soon become illegible as I really became passionate about whatever it was I was writing.

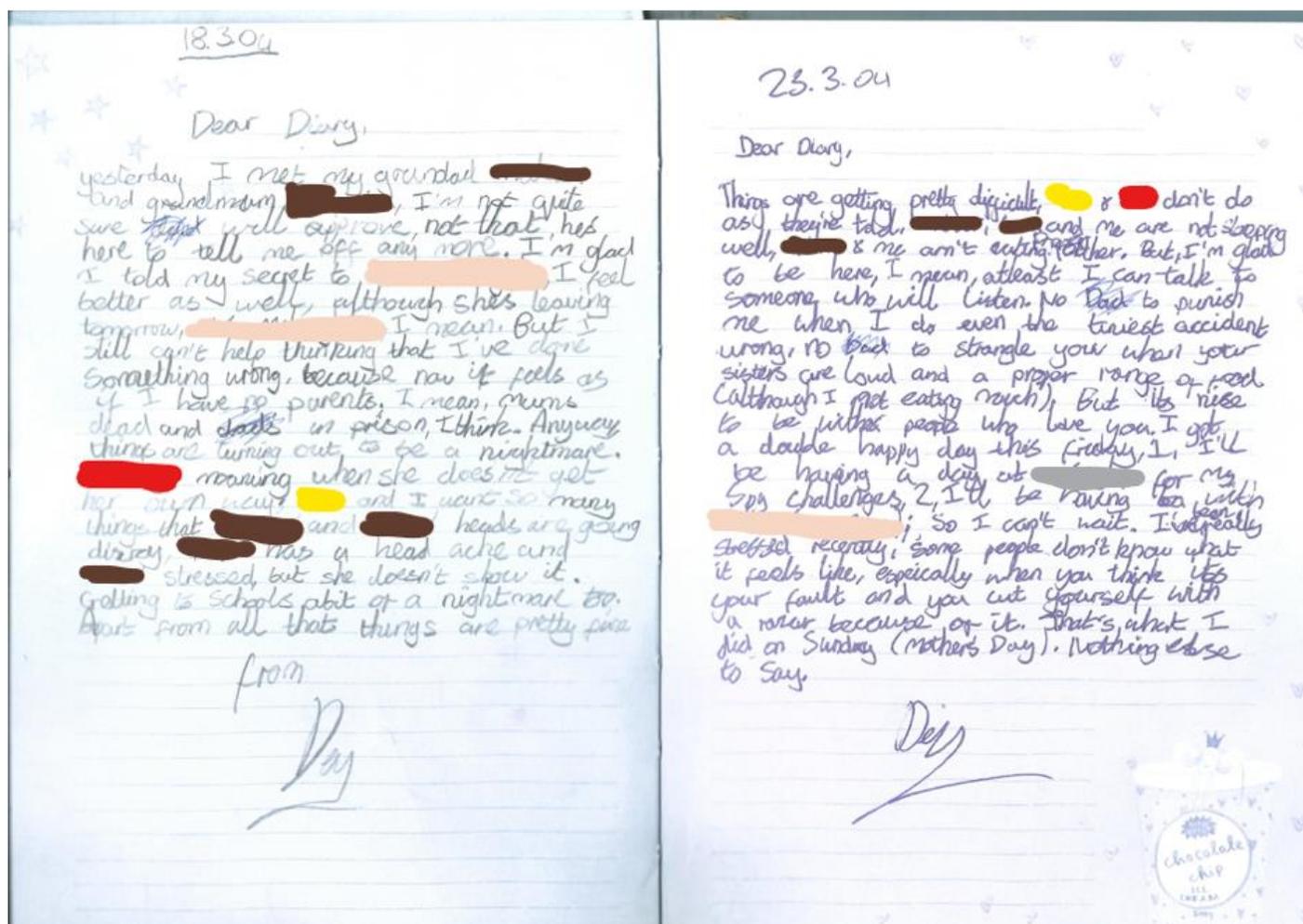
The things I used to write changed dependent on my interests at the time of writing. From what I can remember, I started out writing lies about what I did on my weekends, creating fantastical family outings where we went to the zoo or other expensive trips we couldn't possibly afford to do once a year, let alone every weekend. I remember my parents being called in after my teacher cottoned on and both my birth mum and Orange being very disappointed in me for lying.

I then moved on to writing (well, rewriting) songs- including an adaptation of Cindi Lauper's 'True Colours' which I still recall most of the words of 21 years later. One of the presents Orange got me for being such 'a good girl' was this viridian pocketbook (like you can get at the Post Office) with my name written on the front in his unique, beautiful handwriting. I was seven. The way the 'D' was squared off and had a tail at the bottom, and the 'y' looked like it had a lowercase, backwards h attached to the bottom of it. After I went into care, I taught myself how to write in his style of handwriting and kept it until I became a teacher, where I had to change my handwriting again to make it more legible for my learners. If I really think about it, I can probably still write like him. I'm not sure if he ever was a creative writer himself, but he did have beautiful penmanship.

When I was 8, I wrote my first short story that possibly still resides in a time capsule in my old primary school. It was a chiller about an impossibly old man who lived on Crimaldine Lane, and a boy came to visit. I weaved in a lot of spooky atmospheric stuff, inspired primarily by R.L Stine's 'Goosebumps' collection- which I had read at least half of by this point. My favourites were all the ones with twists for endings, like 'Welcome to the Dead House' and 'The Cuckoo Clock of Doom.' My chiller story was six A4 pages long, written in my neatest handwriting, and it was selected for the

time capsule partially because it was the longest short story anyone in the class had written, but also because it was the most chilling out of all my class.

I carried on writing a mixture of songs and short stories throughout the remainder of primary school. When I was ten, I was given my first diary by my aunt. She said it might help me express the feelings I was insistent I didn't have. This is the first time my writing outside of the many, many wallpapers I scrawled across was included in my LSB:



I was taught how to write diaries in primary school. The first entry is six days after I told my secret to my TA, and we had been living with Uncle Umbar and my aunt (we chose them after we finished our interviews at the police station because we felt they were the only ones who had the room for all three of us). For no apparent reason, my aunt gave me this light blue, A5 bound book with a picture of a fairy at the front which was sealed by a baby pink ribbon tied in a bow. The first entry is written in a blunt pencil because that was all I had to hand. The second entry is written in a purple glittery gel pen. This glittery gel pen (and glittery gel pens like it) makes a frequent occurrence through my writing until I moved into residential and then lost it. Here is a typed version of these entries:

18.03.04

Dear Diary,

Yesterday I met my (paternal) grandad and grandmum. I'm not quite sure ~~Dad~~ will approve, not that he's here to tell me off anymore. I'm glad I told my secret to (my TA), I feel better as well, although she's leaving tomorrow, (my TA), I mean. But I still can't help thinking that I've done something wrong, because now it feels as if I have no parents. I mean, Mum's dead and ~~Dad's~~ in prison, I think. Anyway, things are turning out to be a nightmare. (Ruby's) moaning when she doesn't get her way. (Lemon) and I want so many things (Uncle Umbar) and (my Aunt's) heads are going dizzy. (Uncle Umbar) has a headache and (my Aunt's) stressed but she doesn't show it. Getting to school's a bit of a nightmare too. Apart from all that, things are pretty fine.

From

Dey

23.03.04

Things are getting pretty difficult. Lemon and Ruby don't do as they're told. Uncle Umbar, my aunt and me are not sleeping well, Uncle Umbar and me aren't eating proper either. But I'm glad to be here, I mean, at least I can talk to someone who will listen. No ~~Dad~~ to punish me when I do even the tiniest accident wrong, no ~~Dad~~ to strangle you when your sisters are loud and a proper range of food (although I'm not eating much). But it's nice to be with people who love you. I got a double happy day this Friday: 1. I'll be having a day at (another school) for my Spy Challenges (part of the Gifted and Talented programme in my Primary school) and 2. I'll be having tea with (my TA) so I can't wait. I've been really stressed recently, some people don't know what it feels like, especially when you think it's all your fault and you cut yourself with a razor because of it. That's what I did on Sunday (Mother's Day). Nothing else to say.

Dey

*

Ten-year-old me was a bit of a whirlwind. She was intelligent and observant, but at the same time incredibly naïve and blunt. It didn't occur to me until years later that maybe my aunt, Social Worker, therapist, and various other people were accessing what I wrote in my diary, and that's why they knew so much about my thoughts and feelings.

Emotions are generally tricky. The only ones I actively named in my entire diary were stressed, happy, angry, sad, and confused. I wonder if these would have been better emotions chosen in

Pixar's *Inside Out*. For context, Pixar films anthropomorphise various things to answer the question Pixar loves to ask: 'What if (insert thing here) had emotions?' With *Inside Out*, they went very meta and asked, 'What if emotions had emotions?' To be fair, the feelings I named and the personified emotions in *Inside Out* are similar- but Disgust? Really? She makes no sense. Confused or Stressed would have been much better in my opinion. What 10/11/12 year old doesn't feel those things a lot? Coming up to KS2 SATs, new expectations and requirements expected of you, and for many of us, starting puberty.

I wrote in this diary throughout my first year in care, March 2004-Jan 2005. I'm glad I've kept it all these years (even though my forever Mum told me not to), because it is now the far more accurate rendition of this first year in care than my actual social services file- where the records of the majority of my first two years in care are missing- having been overwritten by copy-pasted details from my later years in care.

I read a simile in a Sharon Creech book- well, I read a lot of metaphors, idioms, and similes in Creech books because she is brilliant at them- like "Don't judge a man until you walk two moons in their moccasins." Beautiful. I know there are similar versions of this saying all over the show, but this is the first time I had read it and I really enjoyed the moccasins image- I mentioned before about my fascination with the velvet blue native American dress in the Pitt Rivers Museum. I thoroughly enjoyed studying the American West for my History GCSE (which I got an A in). It's always been a distant interest of mine. The simile I want to talk about comes from Creech's 2007 publication *Chasing Redbird*, where she describes: "Life is like a bowl of spaghetti. Occasionally, you get a meatball." I always liked this, as it kinda described my view on the events of my life- like untangling different strands of spaghetti that are different people's perspectives of my life. Along with Sisyphean task of having to roll the meatballs of events to the edge of the bowl, so you can continue untangling the mess that remains, in addition to the sauce of my different selves' perspectives of my life. Maybe for Creech the meatball is a good thing, but to me, meatballs do require a lot more effort than the regular pasta and sauce. Eventually this got very confusing, so I adapted it to make it a bit more Dey-ish: 'Life is like a bowl of Spaghetti Bolognese- sometimes you'll have to persevere through an onion, sometimes you get a nice chunk of cheese, but most of the time you just have to work through the pasta and red sauce.' I really hate onions, so apologies if you do like onions and this metaphor doesn't work for you. You can always replace the onion with mushrooms, carrots, celery, or any other part of a Bolognese you don't like.

One of the biggest tangles I have had to sort out was perceptions of my self-harm. Did I really want to die? Was I just trying to get attention? Was I doing it to be heard? Punish myself? Was I trying to

manipulate others? Did I do it out of curiosity? Boredom? To get out overwhelming feelings? To be in control? Was I addicted to the adrenaline rush? All the above?

To answer this question as honestly as I can, my motivation behind cutting and other forms of self-harm differed dependent on the day. Some reasons are more common than others- particularly regarding punishing myself, attention seeking, and trying to get my own way. I think I was truly suicidal on four, maybe five occasions in my life. Granted, this is more than the average person. Thing is, this question as to why I self-harmed really isn't a useful one to ask, especially not to me. Better questions to ask are: What made me stop? How did I get through the onion and toward the cheese? Or, to put it another way- how did I learn from my past?

*

I was 8 when I started but 9 when I was found out, when I had slit my ankles. We were at school and people were talking about suicide, I thought they said that some people kill themselves through cutting their ankles but they really said wrists. I went home and took the razors from the bed medicine cabinet and went to the bathroom and cut my ankles. I forgot to clean the blood, [redacted] found the razor and went ballistic. I stopped listening Uncle [redacted], Uncle [redacted] and my Aunties were there too for the meeting [redacted] called. I was sat on the floor, they all asked me why I did it, but they didn't ask how I was feeling. They didn't know what to do. Grampy and [redacted] took me out specially. I went to Walmart on the bus. He tried to distract me and then asked questions, I was honest with him. The razors were kept somewhere different. I used to make my self sick and hide it by putting toothpaste in the sink. When [redacted] found out he made me eat the tube of toothpaste. Uncle [redacted] tried to ask questions but I didn't know what to tell him.

Towards the end of 2003 when school noticed we had marks on us they felt that the replies we gave were very rehearsed and wondered if we had been told what to say.

[redacted] started getting much more violent, and he increased his drug intake.

To begin with we were told what to say.

My memory hotel opens a door to reveal the three-bedroom council house that six children and one adult occupied. Eight-year-old Dey is sat on the floor tracing the 70s style diamond and curly pattern on the thick, spongy rug with one hand. The other is playing with the warm, fresh bruise on my cheek. The scent of stale nicotine, booze and marijuana is my norm here. I didn't know it was

marijuana back then. I thought the big black blocks of squidgy resin I had to hide in my Pac folder was just tobacco flavouring. When I look up, I see more of the crimson bottom half of the recently decorated lounge. The top half of the walls were all magnolia. Red and white. Just like my ankles. The bandages are wrapped tight around them. They itch something chronic.

“Why’d you do it?”

My Uncle (not Umbar or Unclemon, Orange’s oldest brother, the Druggy one, called such because he and his wife were massive cokeheads according to Orange. Let’s call him Uncle Cedar. He’s still alive now, and still an alcoholic, but I don’t know if he’s still on the snow because I don’t really talk to him much. He was the one who told me Orange had died and showed me his death certificate.) is sat in the grey/green armchair in front of me. He has similar features to Orange, but a much squarer face and a lot more hair. This Uncle isn’t funny or friendly like my other ones. I don’t like him very much. His voice sounds identical to Orange’s. Proper Swindonian accent, made gruff from years of smoking and alcohol abuse. His wife, my step-mum and Umbar’s wife are on the 3-seater sofa matching the armchair. There is one other armchair in the front room, furthest away from me but the person in it seems to be the closest to me, staring down at me, threatening to gobble me up. Laughter and sounds of my siblings and cousins playing outside with Uncle Umbar drift through the silence.

“Dey, your uncle is talking to you. Don’t ignore him.”

“Sorry Dad. I dunno, Uncle Cedar.”

“Dey, we just want to help you. If you tell us why you did it, maybe we can help you not do it again.”

Umbar’s wife’s voice is soft, gentle, caring. The only adult in this room whose voice hasn’t been corrupted by years of smoking. I try to look at my aunt while also trying to sneak a glance at Orange. I don’t know what he’s going to do now in front of all these people, and not being able to predict what Orange is going to do scares me more.

“I just did it. There was no reason behind it.”

“Bullshit. Stop your fucking lying, you little shit, and tell them.”

This confused me. Did Orange really want me to tell them why I did it? He’d always said I shouldn’t tell anyone about our daddy-daughter time. It was supposed to be a secret, never ever to be shared with anyone ever. It was just for daddies and daughters. But I didn’t like it anymore. It had stopped feeling nice, and he was hurting me now. My throat is still sore from our last daddy-daughter time in the downstairs toilet while I was home “sick” from school.

I look at my step-mum. She's only sixteen, with badly dyed-blond hair and is pregnant with what will be Tangerine. She doesn't like me; I don't like her. She'll never be my mum no matter what Orange says. He only waited six months after my birth mum died before he started fucking her. I don't even think it was that long. That's why I keep putting Ruby's rubber spiders in her bed. Yet, in this moment, she looks at me almost with a sad look in her deep brown eyes. Does she know?

"I don't know Daddy, honest."

"You lying little fuck!" He goes to lunge out of his chair at me. I flinch and screw up my eyes in preparation of what's to come.

"Orange! Sit. The fuck. Back. Down."

I'd never seen Orange scared. But here it was, the raging bull turned into a cowardly cow right in front of me. And all it took was a stern word from Uncle Cedar. I had to hide my giggle from imagining Orange as a cow, so I turned it into a cough. I figured giggling would only make my situation worse.

"Dey, we all know things happen for a reason. So, there must be a reason why you did this."

Uncle Cedar sat like a king before his subjects, and I, the lowly servant scrubbing the floor, was being addressed directly by him. My cheeks flush, and I can't look at him. I can't tell the truth, and I can't lie either. What the hell do I do?

The truth was I just wanted to stop being with Daddy and be with Mummy instead. I'd tried drinking mouthwash, which was supposed to burn me up from the inside. I'd tried eating paperclips; they were supposed to rip up my tummy from the inside. I tried crossing the road without waiting for the green man, but cars just stopped instead of running me over. I tried jumping off the ship rocks but only scraped my knees. I'd been making myself sick for ages to try and throw up my tummy then hiding it by squeezing toothpaste into my mouth and the sink to cover the smell. I had to stop that because Orange said he was going to stop buying toothpaste because we went through it way too quickly.

Some blurry person at school said that folks kill themselves by slitting their ankles. So, I tried it. I took Orange's razor out from the bathroom cabinet and quickly ran it across both my ankles. I felt an explosion of pain, then my tummy jumped up and down like it was on a trampoline and I could hear the thump-thump of my heartbeat in my ears. I wondered how long it would take me to die. Then I heard the creak of the second stair from the bottom. I dash for the toilet roll, put Orange's razor back and mop up as best I could, then crept back into my room and hid under the covers. My

breathing was hard, and my chest was tight. My heartbeat grew louder and louder in my ears. I was having an asthma attack. I quickly try to put together the two plastic halves of my spacer that lived on the chest of drawers that were my bedside cabinet and had just grabbed my inhaler when Orange threw my bedroom door open.

“Why the fuck is there blood all over the bathroom floor?”

My mouth was still on the spacer waiting to breathe in my medicine, but I was struggling to get the inhaler into the end of the spacer. Orange smacked the spacer out of my hands and mouth and hurt my teeth. Wet dribbles out of my eyes, but I mustn't let it otherwise that will make Orange even more cross.

“Where did the blood come from, Dey?”

“D-d-dunno.” I try to keep back the wail that's desperate to escape from my lungs. This makes my chest tighter.

“C-c-can I finish t-t-taking m-my m-medicine?” I gasp.

He softens, seeing that I am genuinely struggling. “Fine, but you'll need to pick it up.”

It never occurred to me that perhaps allowing myself to succumb to the asthma attack might have helped me see Mummy again. I was just desperate to stop my chest feeling so tight, like a vice closing everything up. I completely forgot about my ankles and go to pick up the spacer and inhaler on the floor. Puff. Breathe in-hold-breathe out-hold-breathe in-hold-breath out. Puff. Breathe in-hold-breathe out-hold-breathe in-hold-breathe out. My chest loosens. Sweet relief floods my body for a second, then evaporates.

“What the fuck have you done to your ankles?”

“Uh, I fell over.”

“Bullshit. You've fucking cut yourself, haven't you?”

“No! I fell over!” I don't know why I was trying to lie. I just didn't want to admit I'd done it.

“Stop fucking lying you little shit. Look, you're getting blood all over your sheets and carpet. We need to clean those right away. Come with me.”

He leads me back into the bathroom and grabs the first aid kit from the top shelf of the bathroom cabinet, he spots the razor I had quickly shoved back on the bottom shelf.

“You used my fucking razor?”

I don't answer. I'm still calming my heartrate down. *Smack!* This pain was different to the razor pain, more like a flame on a match than the firework pain from earlier. I rub my cheek. I swear I can feel his fingerprints on my skin.

"Not gonna talk, eh? Fine. Then I won't talk to you either."

We complete the remainder of the clean-up in complete silence. He uses stingy wipes to clean my ankles, then bandages my shallow cuts tight. We can hear Lemon's snoring bluntly forcing its way through the deafening quiet. After cleaning the bathroom, Orange signs for me to strip my bedding and put clean sheets on, like when we wet the bed. He frequently gave me what he called 'the silent treatment,' but frequently still needed to communicate with me- things like 'pass me a beer' or 'sort out your sister's clothes;' so he taught me how to understand signing. He himself had learned sign language from one of our deaf neighbours who he'd known since he was a kid. I remember this neighbour's house was covered in beautiful, brightly coloured insect ornaments.

After he watched me complete this task, he took the collection of dirty sheets off me, then closed my bedroom door with an air of 'I better not see you leave this room again until I say.' My whole body relaxed after this, and the memory fades out.

The memory reconvenes in the lounge with a load of family members staring me down- some confused, some sympathetic, some concerned, one angry. Orange's outburst earlier was the first time he'd spoken to me since.

"Dey, tell me why you did this." Uncle Cedar has a twinge of losing his patience in his voice like Orange has when he's trying to be nice.

"I... I just... I wanted to see mummy again." There. Not the whole truth, but not a lie either.

The whole family seems to sigh with relief and straight backs slumped back down into comfort. I hadn't noticed how tense everyone was until now.

"Oh honey, we understand you miss your mummy..."

They all give me their sympathies and even Orange is nicer to me. He promised we'll go see mummy's tree tomorrow, so long as I swear on mummy's tree that I never cut myself again.

*

My birth mum's tree has had to be re-planted twice, coincidentally around the two times I had to swear on her tree. I always thought it was my fault her trees died because I lied both times I swore on her tree and repeated the behaviours.

*

Both Terry Pratchett and Roald Dahl described having a particular writing shed where they would write and write and write for hours and hours a day. Pratchett used to write until he got to the end of the story he wanted to write, then edit after. While I don't have a writing shed- I prefer writing when inspiration hits, and it literally hits me anytime and anywhere- I still write much like Pratchett. While I don't start at the beginning, I won't edit until I come to the end and stop.

In my third foster home I was gifted a present of a Jaqueline Wilson writing kit that was like Tracy Beaker's Life Book. It comprised of a 200-page wire-bound A5 booklet, a load of Nick Sharratt style drawings and stickers, and some glittery gel pens. Instead of writing about my life though, I wrote *The Tale of Three Witches*: think of a cross between J K Rowling's *Harry Potter* series, Jill Murphy's *The Worst Witch* series and a book by a French novelist, Flavia Bujour, who was fourteen years old when she published her book: *The Prophecy of the Gems*. This was my favourite book of my adolescence- one of the first I stole from a library.

The Tale of three Witches became a cathartic piece for me handling the separation between me and my sisters- especially as I no longer saw them every day at school anymore. I filled it with scenes of prophetic characters with specific gemstone powers finding out they had magical powers and attending a magic school, only to discover they are, in fact, siblings and later that there was a prophecy where one of the siblings must die to save the world. This was my first full-length novella, totalling around 16,000 words all written in colourful, glittery, often very messy handwriting as I scribbled and scribbled until I got to the end of the book. I swear I still have this somewhere, but I can't seem to find it anywhere...

Around two months into my incarceration with the residential unit, I had a dream about a vampire princess where this girl falls in love with the prince of (real- I didn't stand for the sparkly nonsense) vampires, who had these blue beasts working for him to whom the scent of blood and rotting flesh was as pleasant as lavender to most humans. It was like Stephanie Meyer's *Twilight* saga meets *Beauty and the Beast*. The protagonist gave herself up to save her village, she became a prisoner in the vampire Prince's castle, they fell in love, had to face many challenges to be allowed to love each other, then they got married.

However, instead of happily ever after, my story continued. The vampire Prince died in battle and the new Princess, now pregnant with the prince's child, had to fight for and rule the vampire kingdom. Even though my story had an ending- in such that I eventually stopped writing it, the story was left unfinished because I had realised by this point life still goes on beyond the happily ever

after. I had started wondering how all the Disney princesses lived after their ‘happily ever after?’ Were they still happy? Did they get stressed raising their children? Did they get divorced? Fall into drugs and alcohol to cope with the day to day? I can see it now, Ariel or Cinderella looking thin, raggedy, fags hanging out of their mouths and a can of Stella in their hands, with years piled on their faces because they found out rather quickly that there is no such thing as ‘happily ever after.’

This was written in A4 ring-bound notebooks at first then typed up and the person I was home-schooled with produced illustrations for my story. This project engaged us both in our home-schooling provided we were allowed to work on it, and when it was edited and finished it was printed out and presented to us as like a bound, albeit very thin (only 50 A4 pages of size 12 font long) manuscript with the other learner’s illustrations scanned in. I didn’t keep my copy; I gave it to my Unclemon instead. He says he still has it somewhere.

This story was pure escapism. There were elements of myself in there- although it’s an interesting question as to whether I was putting myself into my character, or letting my character become me. As an example, I had written that the protagonist had red and blond streaks in their hair, and so I got red and blond streaks in my hair. The other girls either liked it or were jealous of the fact I had had it done, and they all got red and blond streaks in their hair too (one of the RCWs at the time was also a hairdresser). I stopped writing this because I got so sick of my therapists and the adults asking me what I meant when I wrote such and such... They were drawing a correlation between the significance of blood in the story, and the way I seemed to make myself bleed. Six months after *The Vampire Princess* was handed to Unclemon, I was sectioned for my self-harm.

*

“I am Merida, first-born descendant of Clan Dunbroch, and I’ll be shooting for my own hand.”

Merida, Pixar’s Brave, 2012

I was able to write about my experience of being sectioned just fine in my Undergrad. As Post-grad Dey, however, I’ve been procrastinating- something I don’t usually do unless I’m feeling overwhelmed. I’ve been playing my mobile game, or researching more funding avenues, or doing chores and cooking. Watching films, reading, and rereading some books. Anything but writing really.

In my Undergrad, I framed scenes of my self-harm and the hospital with an imaginary conversation with Red, who then asked if the Mental Health Assessment Unit still scared me. I like to border reality with fantasy, it makes it easier for me to process. Disney is the best way to line my thoughts. Keep them safe. Keep me safe. Framing is the wrong word to use really- Disney is more the

protective sheet covering the frame. Remembering the songs, visualising the scenes and the distinct voices from each of the films. Disney has always been there for me.

Even when the adults at the residential unit took my videos and DVDs away, I would manage all the horrible thoughts that accompany insomnia by remembering all the songs to this film or that or willed myself to picture some of my favourite scenes- like the dancing sasquatch in *The Goofy Movie* (which, by the way, is my favourite Disney film). Even now, when the writing has gotten a little close to home, I've gone and watched all the Pixar films in order of Jon Negroni's Pixar Theory timeline- starting with *The Good Dinosaur* and ending with *Monster's Inc.* The theory suggests that all Pixar films are part of the same universe. The Pixar Universe is a parallel one to ours, beginning when the comet that killed all the dinosaurs in our reality didn't kill them off in the Pixar reality which then leads to dinosaurs discovering agriculture and advancing technology way faster than our universe did. It then goes on to describe a power struggle between animals, humans, and machines, before including a cyclical element involving magic, time travel and a little girl who just wants to find her 'kitty.'

Before my mum died, she took me to the cinema to watch Disney's *Tarzan*. She loved the film so much she took all three of us individually to watch it. Grampy did the same thing with Pixar's *Finding Nemo*. The night before I told my secret we watched Lemon's favourite Disney film, *Mulan*. At the time, Ruby's favourite film wasn't Disney, but since Disney has bought out 20th Century Fox, Anastasia is technically now a Disney princess if you think about it too hard.

Something I always so desperately longed for- despite 'not doing' Disney princesses- was a happy ending. Much like 'not doing feelings', this is a lie. I so desperately wanted to be a Disney princess, someone who would be rescued first from her father, then from herself. Sadly, Disney's *Brave* didn't come out until after I finished college and was happily settled with my forever family. In this movie, the firstborn daughter of a King is told she must marry the firstborn of another clan- something she doesn't want to do. So, she upstages all the suitors by winning her own archery tournament for her own hand in marriage. I could have really done with the inspiration to "shoot for my own hand" when I was fourteen instead of waiting for someone to come rescue me.

The psychiatric hospital still does scare me. I'm scared that I am going to send myself straight back there. I do fight for myself now, but it isn't half exhausting.

It has been difficult, writing about my life now I am out of care as opposed to still being supported by my local authority. Perhaps I'm really struggling to write about the hospital because I don't have the

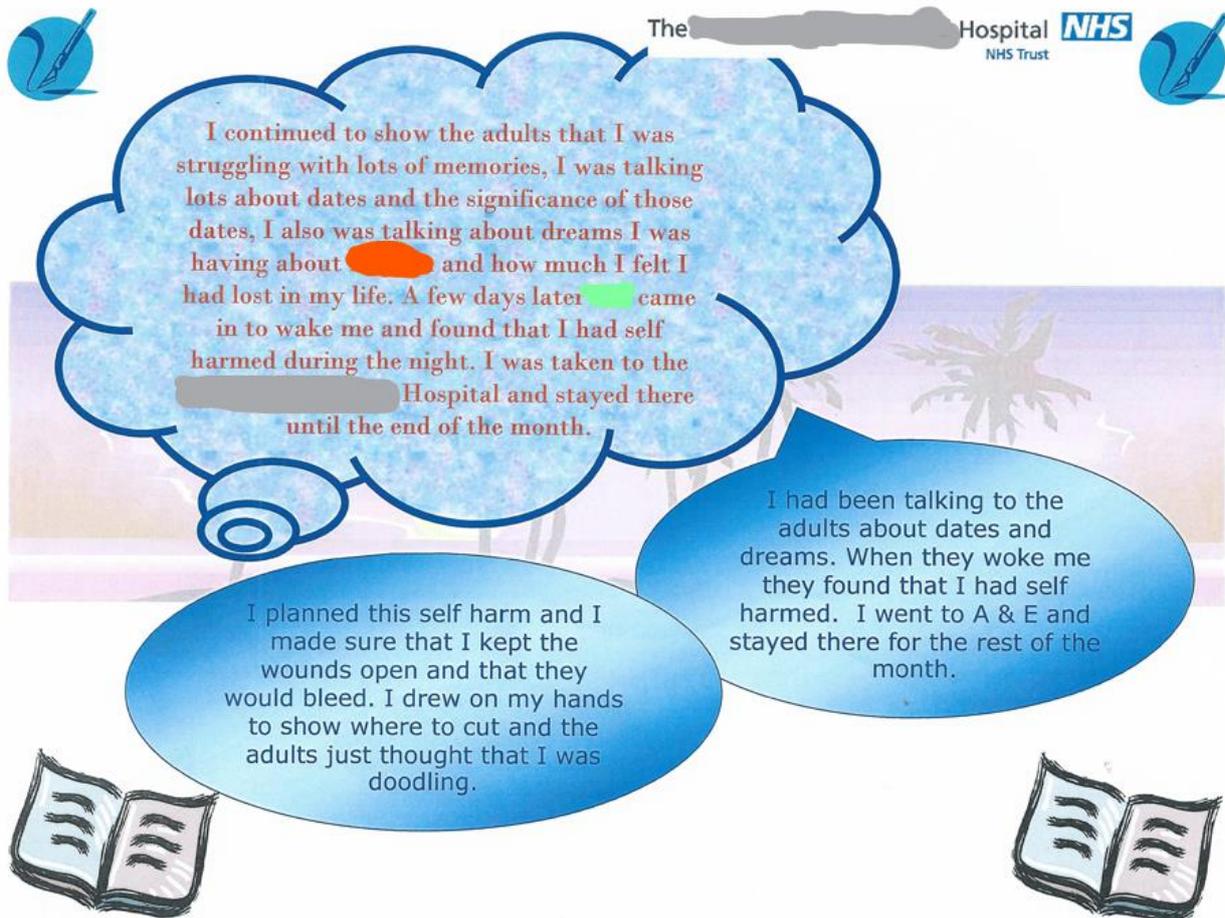
safety net of social services support any more. I must walk this tightrope all by myself. Perhaps, really, I'm still scared of me. After all, I caused way more damage to myself than Orange ever did.

*

I wander the halls of my memory hotel. Rooms where my memories of my self-harm are held are marked with a small, bloody X. A warning to myself to avoid these rooms if I'm not in a good place. I look at my sleeveless arms as I walk, noticing every thin, thick, horizontal, vertical, diagonal line starting from my ring finger on my right hand, all the way up to my shoulders. Most of them are white or very pale pink now. On my legs I have circular white marks in addition to my lines. On the inside of my left calf there is a sharp bumpy bit where a small piece of glass still lingers inside me- too small to operate on to get out. Most of the thicker lines on my body are from where I stuck glass inside myself, and I had to have "removal of foreign objects" operations. At first, I just wanted to see what would happen. The times afterward I was either trying to hide the glass or I would use the glass to try and keep my wounds open and keep the blood flowing. I often enjoyed watching my blood mix with water or drip along my arms and legs or seep into fabric. It was oddly sensory- even if the sugary two-pence-piece smell was occasionally a bit much.

One of my X doors gently opens, and the sound of splashing water invites me in. I want to run away, but I trip over myself and fall into the room.

*



How the bloody hell am I supposed to bathe properly in a frickin' swimming costume? I mean, I get it, I must have these five-minute checks or whatever, and it's better I'm not blooming naked when they do come in and check on me, but it's hard to wash myself like this- or even relax in the tub when they're constantly coming in and disturbing me.

knock knock The knocker doesn't wait for me to respond.

"How we doing in here?"

"The same as five minutes ago. Now fuck off."

"Mind your language. You staying in a bit longer or are you ready to come out."

"Leave me alone."

"Now, we can't do that, you know that. You need to build up trust."

"Sod off!"

"Pruning a bit longer then, I see."

The RCW jots something down in the Logbook, likely something along the lines '19.32: DR checked on. Still would like to remain in the bath. Slightly hostile behaviour but otherwise seems fine. Will check again in 5 mins.' They finally close the door again.

The bathroom is one of those where the toilet and sink are right in front of the door. Behind those, a wide, textured window with a rolled-up blind that has seahorse patterns on it. The bath is on the right, and a shower is on the left. The walls are decorated with mostly white tiles, but every knight's move on the chess board is a seahorse-themed decoration. Seahorse on the waves. Across two up one, seahorse with a starfish, up two across one, seahorse and a sandcastle. My eyes trace the pattern all the way up to the ceiling, which has damp spots and remnants of red hair dye from when the hair has been improperly rinsed out then the hair flicked up splotched across it. This totally wasn't me (I'm lying, it was...). I stare up at the dots and try to envisage constellations in the dye-dots. Like a magpie, my eyes are suddenly drawn to a shiny spot on the ceiling.

I immediately try to find the source of this reflective spot. It couldn't be a mirror; I smashed that ages ago. Much to Pink's annoyance, it was removed completely. Now she must do all her makeup in her bedroom rather than taking up 30-45 minutes each morning hogging the bathroom. I smile slightly at this thought then resume my search. It's not from outside, it's dark out. It's not from the shower. There aren't really any reflective surfaces. Finally, I spot the source. How could they forget that?

On the right-hand side of the textured window, suspended by fishing wire, is a blue, shiny, glass seahorse. Not quite a wind chime as it has no chimes hanging off it. More like the kind of hanging decoration you would use to make rainbows shine all over your room- except this doesn't really do that.

Carefully, quietly, trying to make as little splashing sounds as possible, I stand up in the bath and move to unhook the decoration, it's a cool, slightly textured, hard seahorse shape slightly larger than my hand-width. I successfully unhook it and hide it in the bath water, my heart racing and pumping in my ears. I sit down a little too quickly and cause a small splash of water jump over the side of the bath.

"Everything alright in there?"

The door doesn't open but I can see the handle twitch slightly.

"Fine! I'm going to get out in a minute." My voice is a bit breathless from my racing heart. I make sure to breath in through my nose, out through my mouth to try and slow my heartbeat down.

The door opens and I'm given a suspicious look. Could they hear me breathing?

"You sure you're OK? I heard a splash."

"Yeah, I just moved a bit too quick and spilled some water over the side. I'm gonna get out in a minute though so you need to go."

"OK. Make sure to wring out and put your cossy in your wash basket."

"Will do."

They shut the door again. I'd folded my towel and pyjamas on top of the toilet seat. I pull the plug and fish the seahorse out from the bath. I take my swimming costume off, wring it out, and wrap the seahorse in it, then get dried and dressed. I leave the bathroom, holding my damp swimming costume in both hands to try and cover the fact it was hiding my newfound treasure and pass the adult who's been checking on me.

"What's your plan until bedtime?"

"Can I have one of my films out from the adult's room?"

"Sure, do you know which one you want?"

I send the adult off to the downstairs adults' room where my books and films have been stored for the second time since moving to the dorma-bungalow. This gives me time to stash the seahorse under my pillow. They never look under there. Tonight, I'll get myself out of this hellhole once and for all.

On the 30th of April I was taken to see my temporary placement with [redacted] and [redacted]. And the next day I moved in to [redacted] into a unit called [redacted] and [redacted] came with me. They remember that I was very anxious and found it hard to say goodbye.

My first thought was that I'm not stopping here!!!

It felt like a secure unit but at the time it felt better than [redacted]. I met [redacted] when I was there and I liked her. I did notice that the doors had locks on them and that we weren't allowed into the bedroom corridors before 5pm.

I stayed on my visit for about an hour, and I met another child who was called [redacted]. I was able to recognise that there were people who were worse than me. I didn't feel scared and [redacted] and [redacted] came with me. After the visit I went back to [redacted] Hospital.

*

I look out a window of the memory hotel and see a black Ford Fiesta speeding along very windy country roads. I reckon we'll get lost at least two more times. Even with the sat nav. My recently cut and dyed blue-black hair blows around my face as I keep facing my open car window analysing the green hills and yellow and brown farms.

My latest self-harm scared all the adults in my life, I think. Grampy told me he was scared- and Grampy's not scared of anything. I had to be in a 4-hour long operation to get the blue, textured glass shards out of where I had inserted them and remove the infection in both the backs of my hands. I said it was a genuine suicide attempt. I told all the CAMHS people that I'd been saying for months- every single time I ended up in hospital- that I didn't want to go back to the residential unit, but no one was listening to me. They kept sending me back and things just kept getting worse and worse. More people left. The girls kept kicking off. Most of my things were removed from my room. So, I decided to get myself out.

I'd been in hospital so many times now, I was always given the same bed in the same ward whenever I returned. Ward D, Bed D, for Dey. I was on first name terms with most of the nurses and

knew which nurses I could wrap around my pinkie and which ones would take none of my nonsense. I liked it here. It was much better than being in residential.

Blue said I couldn't just live in the hospital for the rest of my life- even though I'd been in ward D, Bed D more than in the residential unit so far this year. The latest stay had been nearly three weeks. Finally, it seemed like folks were starting to listen to me. I wasn't going back to residential this time. But, Blue said, this would be a temporary placement. Like Respite, but not Respite. She said it would give me a break from the residential unit, and maybe give me time to really think about my life and where I want it to go, while also helping her and everyone else come up with better plans to support me and my behaviours. She said it was a special hospital, one that would assess me and let everyone know what was wrong with me. I found out from my file that I was to be there under Section 2 of the Mental Health Act- a "voluntary" six-week assessment.

I was right, two more times we got lost. Eventually, we pulled up to what looked like two very large country manors sitting perpendicular to each other. Yellow sandstone structures with a ridiculous number of windows. Veins of ivy creeping along both in almost mirrored opposites. I later found out that one of these buildings was the psychiatric unit for eating disorders, while the other was the mental health assessment and secure units for young people aged fourteen to eighteen. I would be placed in the downstairs ward with seven other young people.

It smelled like a regular hospital. Antiseptic gel and M94 industrial cleaning solution- blue, not pink- invaded your nostrils. I have had to use this solution during my stints as a cleaner- the pink is a far softer, clean smell that softly whispers, "This place has been cleaned" whereas the blue screams at you "THIS PLACE HAS BEEN CLEANED!" Oddly, I found the screaming stench comforting.

A lady with ash-blond curly hair, glasses and a white nurse's uniform greeted myself and my two RCWs with the usual 'This must be Dey, we've been expecting her...' My mind jumped to Austin Powers and Dr Evil trying and failing to rotate in his chair stroking a hairless Mr. Bigglesworth and I smile. They thought I was smiling at them as we sign ourselves in.

Her keys are what I noticed, all jingling on a weird circular black plastic clip that's like an adjustable dog leash. The keys were attached to a thick, elasticated black string that pulls out from the circular plastic clip then recoils back in. I watched as she unlocks with a beep the door to the reception, which beeped again seconds after she closed it to signify it had been locked again, then unlocked the entrance using a fob key and holds it open for us before locking us all into the building. My pulse began to quicken.

This building was equally split into four sections. It was almost the exact opposite of the memory hotel, which is a chaotic architect's dream. Two assessment wards downstairs, two secure wards upstairs, all separated by huge central kitchen facilities on both floors. The smell of school dinners mixed with the blue M94. My nose was a bit overwhelmed, and I started feeling sick. I was going to the right-hand assessment ward.

The nurse was idly prattling on... I was hardly listening to her. The ward had the capacity for 16 young people, but they preferred to keep it to a maximum of eight. There were two therapy rooms, the reception, the large dining facility, the meds locker, a huge communal space, a study space, two lounges, a games room, a 'quiet' room (to my surprise, the only actual padded room in the place) and two dorm corridors- one for girls and one for boys- each holding eight single-occupancy rooms, a 'wet room', a 'quiet' room, a laundry room and toilets. Between 9am and 5pm the dorm corridors were to be locked to prevent the young people from staying in their rooms all the time. There were six mealtimes in a day. Breakfast would be served from 8.00-9.00. Morning snack was from 10.45-11.15. Lunch was 12.30-13.30. Afternoon snack 15.15-15.45. Dinner was served between 17.30 and 18.30. and lastly supper was served between 20.30 and 21.00. All mealtimes were mandatory because this was primarily an eating disorders hospital.

The radio- Heart FM to be precise- played through large speakers in the communal area. I think the radio hosts really liked Bob Marley and The Wailers, as the same song played almost every hour throughout the entirety of my stay there.

*"Buffalo Soldier, dreadlocked Rasta
There was a Buffalo Soldier in the heart of America.
Stolen from Africa, brought to America.
Fighting on arrival, fighting for survival..."*

The song looped around and around in my head, to the point I would randomly burst the lyrics out in the middle of whatever I was doing at the time. These speakers were also an intercom, I later found out, that called for staff to go into certain rooms where help was needed. I also noticed spherical CCTV cameras occupied the corners of every single room bar the bathrooms and bedrooms.

"Are you sure this isn't a Secure Unit? Because if it is, I am not stopping here."

"No sweetie." The nurse had a sickly-sweet voice to boot, the kind old ladies offering you Werther's Originals on the bus have. "That's upstairs. You don't want to end up upstairs though, lovely. I can already tell you'll be out of here in no time."

I don't know whether it was psychosomatic, intentional to get attention, or the anaemia I'd caused myself, but my legs became jelly under me, and I collapsed.

*



I hated the no touching policy, it was horrible I just wanted a hug, we had to shake hands and this was just not enough.

When I came back to [redacted], [redacted] remembers that I used to challenge the adults about giving me a hug and I used to say that the adults only gave me a hug for their own needs as this was what had been said at [redacted]. For a while at [redacted] it was changed and we had to ask for hugs if we wanted so that we could see that this was when the children wanted hugs. But sometimes it was very difficult to ask for a hug.

A typical day at [redacted] was: up and dressed at 8 am including weekends - no lie ins.

There were set menus and we had to eat in the eating area. There were other teenagers there and I was the youngest, there was [redacted] and [redacted] as well as lots of comings and goings. There was always someone having a struggle and 8 adults looked after us. We had different levels and when I arrived I was on level 4 supervision.

Level 4 - someone by your side all the time watching everything you did.

Level 3 - Someone in the same room but with a little bit of distance.

Level 2 - 5 minutes unsupervised

Level 1 - 15 minutes unsupervised.



"...Said he was a Buffalo Soldier, dreadlock Rasta.

Buffalo Soldier, in the heart of America..."

There were seven other young people who were there for the duration of my stay plus a few patients who came and went. The biggest thing I noticed was when their families would visit them. Each patient had their own visiting plan. Visits would usually last anything from one hour to four hours depending on the needs of the patient. For the oldest, their mum and sister would visit every Monday and Wednesday. For the next oldest, their parents and brother every Monday and Thursday. Another patient only had her mum and stepdad visit on a Wednesday. Another had his dad visit on a Friday. One patient had a very unfortunate mother who refused to stick to their visiting plan and would turn up whenever she felt like it. This often led to the patient feeling distressed namely because their mother accused them of making it all up. The last patient (closest to

me in age) had a similar experience of feeling worse after their bi-weekly visits with his mum, dad, and uncle.

*“...If you know your history,
Then you would know where you coming from
Then you wouldn’t have to ask me
Who the heck do I think I am...”*

I was the only patient without a visiting plan. They couldn’t make one for me because of the sheer volume of professionals and family who wanted to see me. I didn’t have any visits from the people in residential though. Red said she sent me postcards whenever we were supposed to have a session, but I never received these. My Grampy and Unclemon did visit me during my 7-week stay- Grampy twice, Unclemon once. This was huge because they’d never been allowed to arrange to visit me on their own merit while I was in residential. I remember smoking rollies with my Grampy in the huge garden area and he bought me snowballs (mallow covered in chocolate and desiccated coconut). He told me I needed to get myself out of here and get myself into a family. That’s when I noticed... I was the only one here without a family. I was the only one in care. All these other young people had their families. Some made them happy; others made them worse. Maybe having a family isn’t all it cracked up to be?

*“...I’m just a Buffalo Soldier
In the heart of America
Stolen from Africa, brought to America.
Said he was fighting on arrival.
Fighting for survival
Said he was a Buffalo Soldier
Win the war for America...”*

I made two friends here, and then had an on/ off flirtation with the third. I didn’t really get along with the others and because I was the youngest (I was 14, most of them were 16-18), they weren’t particularly fond of me. They were a bit too much for me. That said, the friends I made reside in my memory hotel, although they rarely come out and I rarely visit them.

My first friend was an Orthodox Jew with Schizophrenia. Let's call him Payo for the curly locks he had at the sides of his head. He and I grew quite close over my stay. His parents and brother would come with lots of food for him to keep in his individual food basket kept in the kitchen. One time they also bought him a mini-fridge so kosher meat items could be kept away from the rest of the food. My knowledge of Judaism extended mostly to *The Diary of Anne Frank* and '*The Fiddler on the Roof*' which I performed with my Primary school at the Oasis Leisure Centre. I played Chava- Tevye's third daughter.

Payo was completely devoted to his religion and enjoyed having the opportunity to talk to someone (who would listen) about it. I would listen and often randomly sing the songs from *The Fiddler on the Roof* I remembered to him, enjoying the interaction. The staff didn't know whether it was helpful for him to be allowed to talk as much about his beliefs to me as he did, for he was on a Section 2 because God had told him to kill his family for not being devoted enough. He was usually pleasant and calm- unless he was asked to do some work on the Sabbath or forced to eat during one of his fasting days. In his mind, he wasn't sick. He ended up moving upstairs, but before he did, he gifted me a make-your-own model tank kit as a thank you for being his friend. I never built it. I lost it somewhere along the line of my many moves.

*"...Buffalo Soldier, troddin' through the land woah
Said he wanna ran, then you wanna hand
Troddin' through the land, yeah, yeah...*

The other friend I made here had acute anxiety, PTSD and depression but responded well to medication, so she was able to have her Section 2 lifted relatively quickly. She liked Doctor Who as much as I did, and we would sit in the first lounge to watch it on a Saturday evening. She would often play boardgames with me and tell me about her nightmares and hallucinations. Even though he was dead now she was still terrified that her dad was going to come and hurt her and her mother again. I related to this for I had similar recurring nightmares. I still remember them now. There were two: The first involved me running down a never-ending circular staircase while Orange chased me with a knife. Every time I would slow down and try and catch my breath, I'd see the knife glint and I had to start running again.

The second recurring nightmare involved me being strapped down onto a sacrificial alter much like Aslan was in CS Lewis' *The Lion, The Witch, and the Wardrobe*. Instead of all the dark creatures who

followed the White Witch though, I was surrounded by people I loved or were my friends. All of them would have a mixture of faces on them: sad, disappointed, angry. The faces kept changing. I tried to apologise for everything I'd done but no one listened to me. They just kept staring at me. Then Orange would come and stab me multiple times with a knife. I still remember the pain.

I asked her if she had ever been in care because of her dad, she hadn't. She and her mum escaped him when he died of a heart attack a year earlier, but he still haunted her. I wondered if I would be let know if Orange died. She and I emailed a couple of times when we both were without Section 2s but found it hard to stay in contact. I looked her up on Facebook a few years later, only to find her smiling, slightly spotty face as a profile picture on an 'in memory of' page.

*"...Said he was a Buffalo Soldier
Win the war for America.
Buffalo Soldier, dreadlock Rasta
Fighting on arrival, fighting for survival
Driven from the mainland.
To the heart of the Caribbean..."*

The last patient arrived a week after I did. He had a huge secret. A secret that terrified him and would make him hurt himself or anyone that was near him. I figured I knew what the secret was but couldn't tell which one of them caused this young man's fear- so I didn't tell anyone my suspicions. I recognised the burden of holding a similar secret. He was the closest in age to me, and a tattoo artist. He once drew me this beautiful Celtic knot style tattoo that ended up in the shape of my favourite animal- a butterfly- in one of the A4 wire bound books I'd write my poetry in. When I think of him, another one of the doors in my memory hotel opens to reveal me and him sitting in the second hospital lounge that had a smaller TV and fewer chairs in it along with the broken pool table. He's sat, stiff, clenching every possible muscle he can clench, and I'm kneeling beside him. I'm reaching out my hand to touch his, and I say:

"Maybe you'd feel better if you just told them what was going on?"

He jerks to look at me, then away again. He unclenches his jaw. He was very square in features I found. Square chin, square head, square haircut with very precise right-angles, even his hands seemed to have a squarish shape.

"Oh yeah, did you feel better when you told your secret?"

“Not at first... But now I wouldn’t change it for the world.”

The words escaped my mouth before I even knew them. I’d never thought about this before. We hadn’t gotten to me telling my secret in Life Story Work yet. I’d been refusing to engage in regular therapy and spent art therapy just drawing eyes and butterflies and roses because that’s all I thought I could draw. Yet, a simple question from a very scared boy brings these words out of me. The words shocked me. I didn’t know how to process them. I’d said them, but I didn’t understand them. They sparked something inside my brain... something that would take a while to catch light, but eventually did. Maybe I didn’t break my family and later myself. Maybe what I did... Telling my secret... was a good thing? After this, I started engaging with the therapy they offered there.

“...Troddin’ through San Juan

In the arms of America

Troddin’ through Jamaica, a Buffalo Soldier

Fighting on arrival, fighting for survival

Buffalo Soldier, dreadlock Rasta...”

Many lessons were learned during my time here that I would take on into my future. But there were three major ones. Firstly: Don’t shove sharp things up your butt. No matter what the prison films tell you, it is not a smart thing to do. I thought I’d feel better being able to go in with something sharp to cut with, but I just ended up scaring myself with a bloody bum hole and had to go through the uncomfortable experience of ‘pooping’ the blade back out. Then, ashamedly, having to tell my Level 4 supervisor that I’d left a sharp in the toilet bowl. The most embarrassing thing was having to have my buttohole checked out like vet checks out a dog or cat’s butt.

The next lesson I learned was about the different brain chemicals that affected moods and behaviour. Serotonin, oxytocin, and dopamine. Your behaviours tend to be able to determine which chemical you are deficient/ overflowing. When I think of these neurotransmitters I imagine three brain-shaped beakers- red liquid filling the Oxytocin one, blue liquid filling the Serotonin one, and green liquid filling the Dopamine one. Serotonin is the biggest beaker as it affects the most moods and is the most attributed with various forms of depression. Ideally, each of these beakers should all be half full to demonstrate healthy mood regulation capability- especially the serotonin one. For me though, I sorely lack the ability to produce enough levels of oxytocin and dopamine but seem to make up for this by producing serotonin in excess. As a result, my beakers end up blue, purple and teal (coincidentally my favourite colours) instead of red, green, and blue. This is shown in my behaviours: I constantly crave touch and attention- something attributed to low levels of oxytocin. I

also have an impulsive, reckless, and addictive personality, something attributed with low levels of dopamine. The excess in serotonin can be seen in my extreme high moods- often resulting in me clapping or otherwise stimming (things like rocking, making random sounds, tensing every muscle in my body and releasing them all again- a behaviour consistent with my autistic traits), ability to learn things very quickly and frequent bouts of nausea (which initially caused concerns that I was bulimic because it was an eating disorders hospital).

However, despite the excess, filling up my oxytocin and dopamine beakers does eventually deplete my serotonin beaker, thus I am prone to bouts of low mood, low self-esteem, an irregular sleep schedule and irregular bowel movements. Additionally, I suffer with chronic stress caused by my home life and the pressure I put on myself all the time, as well as post-traumatic stress disorder (PTSD) caused by my background, which is why I subconsciously force my body to produce so much serotonin. Add all this this with my autistic traits of echolalia, inability to act appropriately in social situations, bouts of being non-verbal, my intense need for routine and stability, and failure to recognise and understand complex emotions, my chemical imbalances are both understandable and with some cognitive behavioural intervention, easily remedied. That said, perhaps a mild sedative might help things along.

At least, I think that's what I understood from the doctor's spiel. It all boiled down to my final diagnosis of borderline personality disorder (BPD). Just to complicate things though, giving me the medication that he was able to prescribe me (selective serotonin reuptake inhibitors (SSRI) like Prozac or Sertraline) wouldn't do anything for me. The doctor theorised it would probably make me worse. I needed to regulate my emotions and manage my behaviours in a non-medicated way to get better, which is why he ended up prescribing me Cognitive Behavioural Therapy (CBT).

It's funny, writers like Susanna Kaysen and Merri Lisa Johnson describe having BPD as being crazy. When the doctor realised he'd spewed a load of chemical nonsense at me, he turned around, almost back tracking what he had said entirely, and told me I would just feel like a hormonal teenager for the rest of my life. I just needed to learn non-medication-based ways to regulate my emotions.

To be fair, the lessons I learned from CBT did work... Until my mental breakdown in 2018. Mental health services for adults compared to children are drastically different- particularly during and post-Covid 19 times and when you no longer have a dedicated social worker to help advocate for you. The wait times alone to get any kind of CBT are enough to dishearten anyone. Additionally, I learned

right back in the hospital that I absolutely despise Mindfulness. It is not an intervention that works for me in the slightest. Yet, as an adult trying to gain services, Mindfulness seems to be the answer to everything. Weight issues? Have you tried Mindfulness? Chronic Pain? Have you tried Mindfulness? Lost an arm and a leg? Have you tried Mindfulness?

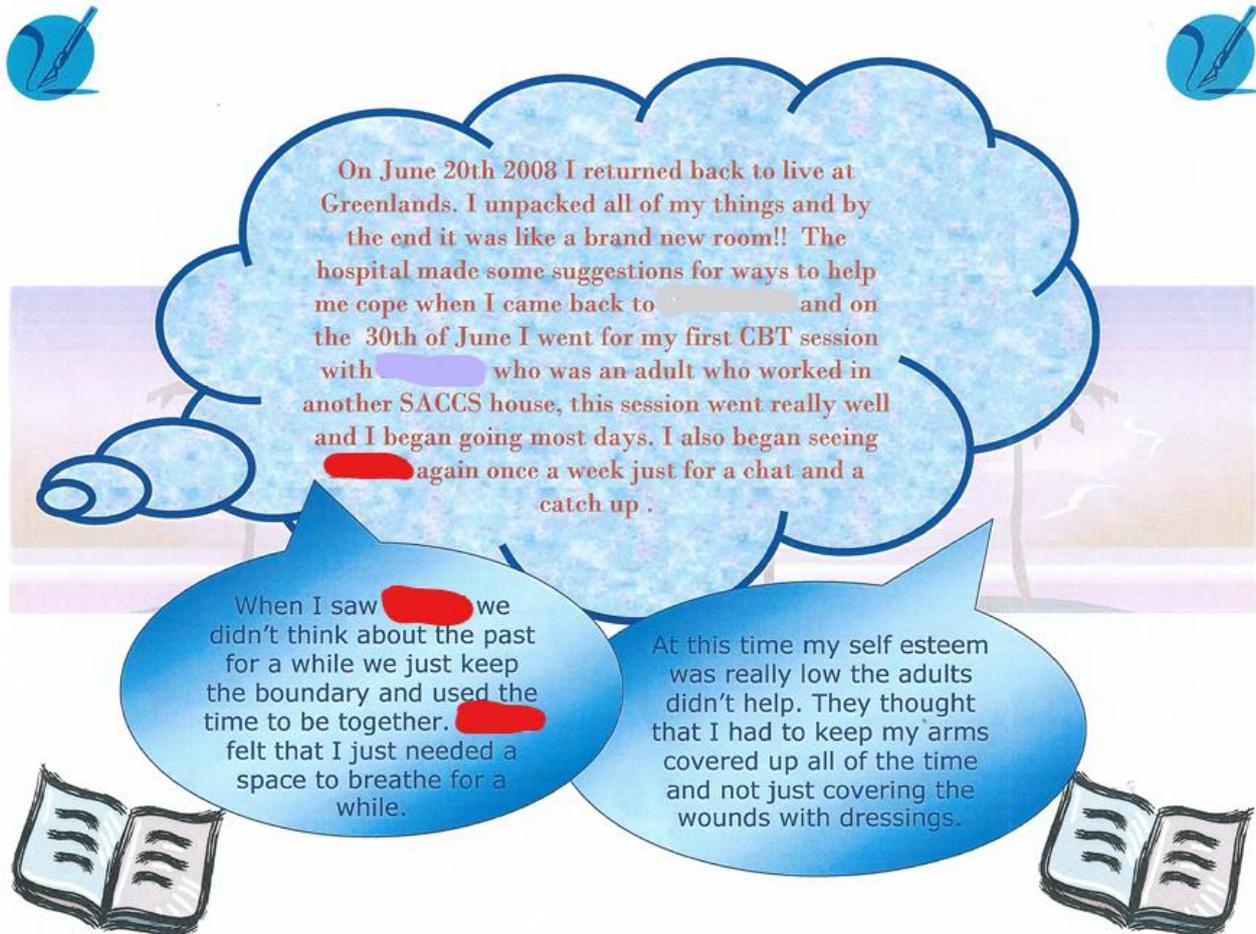
On the plus side, I'm pretty good at advocating for myself, I am acutely self-aware, and I am very stubborn. As a result, I have weekly, half-hour long counselling sessions (for free) and I am on tricyclic anti-depressants and an appropriate level of pain killers. I've gone through the motions needed to gain appropriate weight management treatment, and it has currently been eighteen months since I last had to use a crisis service- but I know I can still access a crisis service quickly if I need it. Tricky thing is though, I had to fight to get this support. Fights I didn't have to deal with while I was in care because my social worker and PA did it all *with* me. Like any parent would. However, unlike most parents, they had to stop supporting me when I turned 25.

The third, and final big lesson I learned, was that I was not alone. Not one of these other patients was in care, and yet they were all going through worse stuff/ presenting worse behaviours than I was. I wasn't fucked up because I had essentially chosen to become a care kid. I am fucked up because of the life experiences I've had. Moreover, it's my choice to continue to let these events fuck me up or not. Most of these other patients were loved and just needed support to help them through the things that fucked them up. Long story short, I came to the realisation that becoming part of a family wasn't going to magically make me OK again- it certainly hadn't worked for all these people. I had to be the one to make me OK again- with a bit of help from others. Starting with believing something folks had been telling me ever since I told my secret: I did the right thing.

I did the right thing, and if I hadn't told my secret, then my siblings might have gone through the same level of shit I did, and who knows, eventually, I might have died. Once you learn something like this, it's kind of hard to unlearn it again- at least for me. I had to work with my social worker and my Life Story Worker and eventually my foster family to help me be the best Dey I could be, not just idly wait for folks to make the best 'Dey' just happen.

*"...Woe yoy yoy, woe yoy yoy yoy
Woe yoy yoy yo, yoy yoy yoy yo!
Woe yoy yoy, woe yoy yoy yoy!
Woe yoy yoy yo, yoy yoy yoy yo."*

*



"Welcome back Dey, it's so good to see you again."

"Thanks. Where should I put my stuff?"

"We've moved you downstairs now Dey, in this room just behind the front door."

"Why can't I have my old room?"

"Oh, we moved the new girl up there. This room will make it easier for us to support you."

"Oh. OK."

The adult tries to hug me. I take a step back.

"I don't want a hug. Thank you."

"That's not like you, Dey. Everything alright?"

"I'm fine. They taught me at hospital that hugs are more for adults than the children. When I want a hug, I want it for me. Not for you. It's in the paperwork."

“I remember you saying that you found the no-touch policy hard.”

“Yeah, well, it is what it is. Can I unpack my stuff now?”

*



Hi, my name is Dey, and I am a hugaholic. I love hugs. I can't go a day without hugging someone. My need to for that level of closeness and touch has caused issues in my relationships... Especially when I have a tendency of falling for other autistic folks who seem to be on the opposite end of the spectrum to me. I'm so glad my current partner loves hugs as much as I do. That said, we've had to ban cuddles in the mornings otherwise we just fall back to sleep, but there are always hugs in the evening when we've finished work. Intermittent hugs and touch and affection as we wind down from the day. Then at night we take turns being the big or little spoon. This has been the routine for so long now, I cannot sleep without at least touching her soft, spongy skin.

When I went to a juggling festival for the first time, I met a happy rainbow German/ Australian hippy and somehow, I inspired him to produce 'hugging workshops.' The best way to hug anyone is 'heart-to-heart.' Left arms point diagonally up, right arms pointed diagonally down, move together until your chests are touching and wrap your arms across the person-you're-hugging's back. You want to try and synchronise your breathing while in this position. As one of you breathes in, the other is breathing out. Try and hold the hug for at least thirty seconds- ideally more to really get that oxytocin rush. Among my various friendship groups, I am known for my amazing hugs. My gaming IDs always have some sort of reference to hugging. My hippy friend runs these workshops worldwide now.

When I was exploring polyamory independently, I offered my own versions of these workshops to couples who were struggling with their intimacy. Every single couple I taught this way of hugging to reported a greater deal of closeness for a time at least. The difficulty with some couples was that by

the time I got to them they had already caused irreparable damage to their relationships. For some weird reason, they thought polyamory would help them patch up the cracks and splinters. When it comes to those kinds of couples though, polyamory tends to become the straw that breaks the camel's back. I became a tool for these couples, an excuse for why they were so broken. I didn't blame them for using me the way they did. It's hard to reflect on something when the mirror is broken. That said, after the third couple I allegedly broke, I stopped this experiment, and wrote the results off as unusable.

In residential care it's a different type of relationship that gets irreparably damaged- that of multiple 'parents' and children. Kids in care naturally must be polyamorous when it comes to parents, offering their love to random strangers repeatedly, never knowing how long they're going to 'stick', and rarely receiving that type of love in return. Those that do get the love returned tend to be the 'successful' placements. Like my forever family at the end. However, there are far more unsuccessful placements- ones with 'unplanned endings,' or ones that just break down entirely- particularly as an older child in care. As someone who had only four foster placements, two residential units and a stint in a mental health assessment unit, I had far fewer moves in my time in care than most of my peers.

Eventually, sooner for some, longer for others, but always eventually the children in these situations learn to stop loving the random carers that came in and out of their lives. I stopped calling them carers altogether as they rarely 'cared' in my eyes. They were just adults, doing a job, being paid minimum wage to get beaten up, spat at, verbally abused, and blamed for the system's short fallings. It's always easier to blame the frontline workers for the cracks in the mirror. They have the least to lose- unlike the various companies, the local authorities, the Government. As a result, these institutions are often more concerned with paperwork and paper trails to try and keep themselves out of trouble than with parenting the children.

A door in the memory hotel opens to reveal a warm communal lounge with three very large brown sofas sat perpendicular to each other so they made a square-ish 'U', huge double glass-paned doors leading to a garden, a large rectangular coffee table in the centre standing on a large red woolly rug. The TV is in the far corner of the room and there is a bricked-up fireplace on the one wall with no sofa. If this wasn't a residential unit, the lounge would have felt large, but homey.

*

"Dey, I need to you go and put something on to cover up your arms."

"What do you mean? I've been wearing vest tops for ages now."

“Yes, but the advice from the hospital was for you to have your arms covered so you don’t end up upsetting the other children.”

“That’s not what they said at all! They always let me wear vest tops and have my arms out. They said it would help me normalise my scars as part of me!”

“Yeah Dey, no one wants to see your ugly scars.” A Welsh voice jeers.

“Shut the fuck up Puce. Your arms are worse than mine and you fucking know it.”

“Dey, mind your language.”

“Your arms are minging.”

“Well, no one asked Puce to chime in did they. I always had my arms out. They said the sunshine would do them good.”

“I’m just going by what I’ve read Dey. You want us to make sure we’re supporting you the best way for you, don’t you?”

“I bet you any money the paperwork doesn’t mention anything about my arms needing to be covered.”

“It does. It says any marks should be always dressed to prevent distress.”

“Show me.”

“I’m not getting all that out now. You need to go and cover your arms now, please.”

“This is bullshit! Fine, then I’m never coming out of my room again! I should be able to wear whatever the fuck I want.”

“Good, no one wants to see your ugly face anyway. You should never have come back here in the first place.” I expected this to be in the Welsh accent but was taken aback when it came from the strong, grown up, Midland’s accent. My ‘ugly’ face heated up and acid ate at my stomach.

“I never wanted to come back here anyway!”

slam *bash* *crash* *smash*

It was a measure of progress that I simply trashed my room at this point rather than hurt myself or someone else. The member of staff, it turned out, was going through a family bereavement but had insisted they should still be at work. They had some much-needed time off after this incident.

*

We return now to a similar room to the Life Story Work room, only smaller and with less toys and crafts but still with things like the table and chairs, the sand box, and the beanbags.

“Dey, this is Lilac. She’s going to be your CBT worker.”

“I’ve met you before.”

“That’s right, Dey. I used to work in the house you did your home tutoring in. Still doing your amazing writing, I hope?”

“Yeah, I’m still writing. More poetry than stories these days though.”

“Do poems help you express your feelings?”

“Yeah, they said it was a really good thing at the hospital, I filled two whole A4 notebooks with my poems.”

“Ooo I’d love to see those! Do you think you could bring them tomorrow?”

“Sure!”

“Alright then. RCW, I think we’re OK from here. Do you want to wait in the office?”

(RCW= Residential care worker or, as I prefer, random care worker.)

“I thought I was supposed to come in?”

“Only if Dey is presenting with difficulties. As far as I’m aware she’s supposed to have 1:1 CBT unless a risk assessment deems otherwise.”

“Dey, are you OK with that?”

“I’m not a risk. I’m a person. I’ll be fine with Lilac. We go way back, unlike me and you.”

“Alright then, Dey. Come on in.”

“So, how’s all this gonna work? They did loads of different things at the hospital.”

“Well, given that you’re still such a great writer, I was wondering how you might feel about keeping a daily diary for me?”

“Sounds like a plan. I used to have a diary when I was ten and the therapist at the hospital said that writing a diary would be helpful but I didn’t want all the staff reading it so I just did my poetry instead because you can be more abstract that way.”

“Abstract, that’s a good word. Well, you can be as abstract or literal as you like with your diary, the only caveat is we’re going to need to talk about the things you write. How would that make you feel?”

“I dunno... Depends on what I write about, I guess.”

“Well, I was thinking about giving you headings like they did at the hospital. You know, your daily routine, angry feelings, your self-harm thoughts, and your interactions with others.”

“OK... I think I can do that. I will say though, sometimes it was hard to fill in all the boxes for every day. Like some days I didn’t interact with anyone, just sat on me tod writing and doodling.”

“Even being in the same room as someone else could count as an interaction. Did the person being in the same room as room bother you or make you feel safe, as an example.”

“You mean like how I get pissed off whenever Puce is in the same room as me?”

“That’s certainly a place we can start. Do you want to tell me more about that?”

“Well...”

*

The remainder of the CBT sessions are blurry. I know I liked them. I know I gained a lot from them. I know it was a bit of a chore doing them daily. I know my anger management issues haven’t been issues since doing these CBT sessions. I can’t find a record of what they were like anywhere, and I didn’t keep the diary entries I wrote from that time as my forever mum said they were my way of staying in the past. All that’s on the record is that they started... and then six months later they ended against Lilac’s recommendations. When I spoke to her years later, she said there wasn’t enough funding for them to continue. Lilac ended up working in the residential company’s specialist school after she finished doing CBT with me.

*

The memory hotel now opens to reveal a cobalt blue bedroom where the walls are covered in paintings of mosaic-style eyes and roses and Doctor Who posters. At the far end of the room is a single bed and a bedside cabinet that stinks of gone-off cheese. (I had a habit of taking cheese out the fridge- particularly whenever the girls ordered curry for the daily meal knowing full well I am allergic to spices- and hiding it in my bedside cabinet to snack on during my insomnia.) There is a three-drawer set of drawers, a TV/ VCR combi on a black TV stand, and floating shelves take up the

remaining wall space lining the room with books and videos. There are two windows on perpendicular walls both lined with black-out blinds and have child locks on them.

I can't stand the heat. It makes my brain foggy, and my skin feel so bad, I want to crawl out of it like a snake. I can't sleep when it's hot, like not at all. I drink so much water in the summer, but I never feel like my thirst is quenched. It's unbearable. The child locks on my windows barely allowed any breeze through. I felt like a slowly baking potato in this room- even though it was the only place I could just be me. But if I left the sanctity of my room, I'd have to wear sleeves, which would make me even hotter. I had to do something. I just needed a small reprieve. I resign myself and put on my black woolly cardigan.

"RCW, you know how it's stiflingly hot today?"

"Yes?"

"I was wondering, since the other girls aren't around, if I could pop out to the garden and just get a bit of sun on me arms? Sunshine's really good for my scars."

"I don't see why not. I'll have to stay with you though."

"That's fine."

It was so good. Taking off the cardigan as soon as I got outside, I immediately relished the gentle air reaching my sticky, sweaty skin. The heat out here was less a relentless dull heat and more a gentle huggy heat. I welcomed the soft perfumes of freshly cut grass, tree pollen and flowers. I'd been stuck baking in my room for so long the stench of body odour and cheesy feet had become my norm. I felt like someone who had been wandering through a desert and had finally found a mystic Oasis. Only for that Oasis to turn out to be a mirage as another RCW and one of the girls came back.

"Isn't she supposed to have her arms covered?"

"Now Pink, she was the only one and the first one out here. Maybe you can come out in like 10 minutes?"

"No. That's not fair. Why does she get the garden all to herself? I'm out here now, so she needs to have her arms covered. Isn't that right RCW2?"

"She does need to have her arms covered. She knows that."

The tickling begins in my nose and my eyes become stingy. This is just too cruel.

"Sorry, Dey. Looks like you'll need to put your cardy back on."

“THIS IS NOT FAIR!! NO ONE ELSE HAS TO COVER UP LIKE I DO! It’s like you’re all punishing me for needing help YOU couldn’t give me. I know the paperwork doesn’t say I need to have my arms covered. I fucking know it doesn’t! So why are you treating me this way? And letting the girls treat me this way?! It’s the middle of the fucking summer. The sheer heat is unbearable. None of you have your arms covered. Not one. I just wanted a little sunshine on my scars. Sunshine’s really good for scars. Maybe they wouldn’t be so fucking distressing if you let me treat them properly...”

My wails become shrieks and I am inconsolable as I lose an unnecessary amount of water out from my tear ducts. Why did I ever have to come back here? I was never going to be at risk of killing myself here, not when this place was doing it for me.

*

“So how has your week been, Dey? I understand there was a bit of an incident yesterday.”

“It wasn’t my fault, Red! I was out there first. I should’ve been allowed at least another 10 minutes.”

“Do you want to tell me your side of the story?”

“I just asked to get a little sunshine on my arms in the garden. RCW said I was allowed. I was just sat there, enjoying the outdoors, then Pink and RCW2 came out and told me I needed to cover up.”

“Wait, you’ve been made to cover up? You’re not wearing your cardigan right now because it’s comforting for you?”

“You know how much I hate heat. Do you really think I’d be suffering the way I am just because cardigans are comfy?”

“No, I suppose not. You can take your cardigan off in here if you like.”

She didn’t have to tell me twice. My scars were red raw from the heat I’d been suffering through.

“So why have you been told to cover up?”

“The adults said it’s cos the paperwork from the hospital said I needed my arms covered. But it doesn’t. The hospital let me have my arms out all the time. They said I needed to normalise them as part of my body, whatever that means.”

The two fans she had going in the Life Story room breathed sweet life into my dead skin and eventually the angry lines on my arms soothed to a dull, deep pink. Red noticed this as our session moved on. She made a note that she thought I couldn’t read to explain the benefits of having my arms uncovered after she checked the paperwork.

“OK, well I can see what I can do about that. In the meantime, if it does say you should have your arms covered, do you have any cooler sleeves?”

“I don’t have enough clothing money now. We spent it all while I was in hospital before the adults pulled all this covering up crap. Blouses and things for girls my size are stupidly expensive, if we can even find them in the charity shops because we only get £10 a week clothing money. Besides. I know the paperwork doesn’t say I need my arms covered at all. I’ve been telling everyone for weeks, but no one is listening to me.”

“I hear you. OK, so here’s what I’m going to do. I will check out the paperwork myself. I will also have a chat with Lilac about some of the things we’ve talked about today, and your new key carer. In the meantime, let’s see if we can think about some other ways for you to manage the heat issue? What about cold compresses...”

*

Unfortunately, my records from the Mental Health Assessment Unit aren’t in my file or LSB because they are technically classed as ‘third party information.’ For them to not be ‘third party information,’ I must request them directly from the hospital itself, which doesn’t exist anymore as it was closed after yet another abuse scandal (that had nothing do with me and happened years after I left) followed by unsatisfactory OFSTED gradings. However, Lilac and Red did find that that what the paperwork actually said was something along the lines of ‘Any new wounds or marks should be dressed appropriately to foster a sense of caring for Dey and minimise the distress of self-harm...’ Long story short, Red and Lilac found out it was referring to things like plasters and bandages for any new cuts I made, not fucking sleeves to cover my scars. There was a massive investigation that didn’t really go anywhere as far as I’m aware, and my social worker and her manager were not happy when they found out.

By the time this was all straightened out the weather had already begun to cool, and the damage was already done. I spent the remainder of my time at residential covered up (albeit with cooler clothing like long-sleeve tops instead of thick woolly cardigans), which, of course, meant it was far easier for me to keep self-harming and absolutely destroyed my self-esteem. I couldn’t view myself as anything other than hideous. Someone who deserved to be covered up to save the public’s eye from bleeding when they saw me.

At the time of writing, in 2022, we are having the first major heatwave we’ve had in many years. Temperatures are rising to 38 degrees Celsius. My idea of hellish weather. They weren’t kidding when they called it Global Warming. Yet here I sit, smoking a roll up on my step outside my flat, a

grand ole oak tree protecting my unsleeved arms from the relentless heat. My scars are now practically invisible from a distance. Pale pink and white lines of varying thickness betraying the story of my fucked-up adolescent mind. The less I think about them, the more invisible they become. I long for the day when I stop noticing them all together. To stop carrying the burden of the thick pages of my story. It will never happen though. I am who I am because of what I've been through. My scars are a testament to my journey. They are a part of me, and a reminder of how far I've come.

*

Date of the event: : 12/04/2010

Time of the event:(HHMM) : 1100

Headline: : TC with [REDACTED]-fc

003. Information

Details: :

Returned call. [REDACTED] confirmed De's clothes in very poor state- needs basic items immediately ie PJ's, socks, bras, jeans and 2 pair of shoes. Agreed £150.00 as setting up grant and signposted her to Bravssimo for bras.

Behaviour wise placements going well- Dee very happy and just enjoying ordinary activities- in the garden, mooching around the home etc.

EMAIL to IRM re:successful move.

I have investigated the matter and have found that in the six months prior to D leaving [REDACTED] £296 was spent on D's clothing. The clothing allowance is £44 per month for each child and the foster carers were given £9 which was the amount left over from her clothing allowance in March. Items purchased included underwear, pyjamas, tops, jeans, cardigan, coat, boots, dressing gown, trousers for school, sweat shirt and t shirts. I have tried to pinpoint the day that the S/W collected D to take her to her foster carers and I can only tie it in with a trip that she made there after school and wonder if she changed out of her school clothes at school in to old clothes unbeknownst to her carers. D hates to throw away her clothing and did keep a selection of clothing for times when she wanted to make a point. It may have some bearing that the day in question was 6 years to the day of when she moved away from living with her [REDACTED]. D is aware of significant dates from her history and often links changes in mood or presentation with the memories these dates evoke. Please can you share this information with the social worker and foster carers and get back to me if you find their accounts differ from those provided to me,

The fonts differ as the latter half of this note comes from an email from residential in response to my social worker's query regarding my need for clothes when I moved to my foster placement and asking why the quality of my clothes was so poor. The professionals themselves comment later that £296 over the course of 6 months is not a lot of money to spend on clothes, particularly for a pubescent girl whose weight continually changes. The National Fostering Agency at the time gave their foster carers £240 *a month* to spend on their young people's clothes and personal effects. Not to mention, all the charity shop shopping in the world couldn't afford the sheer variety of clothing

they claim I got on a budget of under £300. Yet Residential claim this amount is perfectly fine, it must have been me just trying to get attention. Never mind the fact that my foster mum did all my laundry and put my clothes away and thus could see all the clothes I owned. She wouldn't have put the request in at all if she didn't think I needed it.

When I got to my forever mum's though, everything changed. For the first time, I could wear whatever I wanted. Within the first few days of properly living with her, she took me to town to get me clothes that weren't 'chewed-up,' as she put it, fit me properly, and allowed me to develop a sense of pride in myself. At first, I copied my mum's style. As time moved on, I developed my own sense of style, adopted a more gothic/ alternative look that felt more, well, me. Eventually, I was given ownership of my clothing allowance, which I spent on dresses from an alternative shop called Sohos. *Without* sleeves. Here's one:



Caption: I had a good friendship with the shop keepers. They would let my stay and try on dresses for hours. They offered to take pictures of me so I could decide which ones I wanted to buy later, but really it was because the shop keepers were motherly types and loved how much I would light up whenever I found a dress I liked. They even offered to send me to a professional modelling place to have professional pictures as I enjoyed these dresses so much and it would help them advertise the dresses, but my self-esteem wasn't quite ready for that.

Residential had to do three “statutory” visits after I left them (this was after the intense three-month transitioning period) where they tried to tell my forever mum that when they arrived, I wasn’t to smoke, must be appropriately covered up and essentially follow “Residential rules.” This was the first time my forever mum went ‘Mumma-bear’ in front of me (she told me she had had to go “Mumma bear’ on them multiple times during the transition period, which was backed up by the note in my file, but she always stayed cool and collected in front of me). She turned around and said: “Dey is MY daughter, and while she is in MY home, she will follow MY rules. That means she will be allowed to wear whatever clothing she and I think appropriate. If she needs a smoke break at all during the meeting she will be allowed to smoke in the garden, and she will follow all our other FAMILY rules.”

I’d never had anyone speak to Residential on my behalf like that- or at least, not in front of me. It took me a long while to realise it, but I think this is when I first thought “we finally found the right mum for me.”

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One of the (many) things that terrified me when I turned sixteen was the whole concept of ‘leaving care.’ Residential weren’t completely out of line when they said about being ‘realistic’ about finding me a family at aged 15/16. Really, post-sixteen provision had only recently started being looked in to by the Government in 2010- resulting in the 2017 Child and Social Work Act requiring local authorities to produce a local offer for their ‘care leavers.’ More and more now, the term ‘care leaver’ is being removed from regular discourse due to the negative connotations of being a ‘leaver.’ Instead, we prefer being called care-experienced people (CEP). I knew I had until I turned seventeen before I was booted out of the residential unit, and plans were a bit vague as to what would happen to me afterwards- which only added to my fear. Would I go to a Half-way house? Supported lodgings? Independent living? The town near where I lived had recently opened a ‘Foyer’ for post-sixteen care-experienced young people, which was like a student halls but with things like a therapy room and a meetings room as well as the basic corridors full of single-occupancy rooms and communal kitchen/ bathrooms. All these options absolutely terrified me.

I was very aware of how different to my peers I was. I was never allowed sleepovers, I was often pulled out of school for this meeting or that meeting, I was never allowed out for more than half an hour on my own. The only money I had to manage was the £5-10 pocket money I received, which I was an expert at budgeting out for my petty purchases like sweets, videos, and books. I’d never done my own laundry, I’d never caught a bus on my own, I could clean the house but that was

because we had a rota system, and any friendships I made I usually lost pretty quickly- partially because of my autistic traits/ lack of social skills, but more so because I only really got to see people in school hours or at cadets. How the bloody hell was I ever going to suddenly be able to do all these independence things? Thank the Gods they found my forever family when they did.

My forever mum always says when I got to her it was like I was a twelve-year old stuck in a sixteen-year old's body. She had to do a lot of work- with the help of my social worker and later pathway advisor- to get me to be able to act my age for the first time in my life. As a result, I was a guinea pig for a lot of new movements for post-16 care, including things like the Staying Put scheme (where you get to stay with your foster family post 18) and the amount of money it would cost a local authority to put a 'care leaver' through university and post-graduate education up until the age of 25- well, 24 actually, but it was close enough.

As a result, the mess of my file as we move closer to my actual leaving care date turns into about several years' worth of emails and case notes on my funding post-eighteen for things like my placement, my travel, my Uni books, my leaving care grant and later my tuition fees for my Masters. I became very money-conscious because of all of this. They didn't pay for everything- I still had three jobs through my undergrad and worked full time during my Masters, but they paid for enough that it was more possible for me to achieve these things rather than if I had had to pay for everything myself. Most notably, they paid half of my tuition fees for my Masters because I wasn't eligible for post-graduate funding if I was transferring credits from my PGCE. One thing that can be seen throughout all the money talks is both my social worker then my pathway advisor all arguing I was worth the investment, and I proved it repeatedly by gaining my First-class degree, achieving my PGCE and finally my Masters.

That said, they had to fight so hard to get me the funding I needed to achieve all these amazing things. It makes me wonder if this is why so many of the care-experienced adults I've met throughout my time are... well... destitute. Living in social housing, having to fight the councils where they live just to get access to the local foodbanks sort of thing. Not all of them mind- I've been meeting some fantastic care-experienced adults who are academics or run their own businesses or just have wonderful, balanced, working family lives. However, I've met enough care-experienced adults who haven't had the amazing advocates in their social workers and pathway advisors that I had to see my experience is incredibly unique, and it's so sad that it is.

I met with Blue, a full ten years after she left my case. She'd barely changed, just had a lot more grey hairs since she worked with me, and the lines on her face were a bit deeper. We caught up, and I asked her outright:

“Why did you stay with me so long?”

“Well, that’s a very big question. I guess, off the top of my head, I would say I had an amazing manager who wanted to support me to support you. Then, no matter what knocked you down, you kept getting back up again and showing everyone the amazing person, I always knew you were.”

It wasn’t the answer I was expecting. Honestly, though, I’m not sure what answer I was expecting- if I was expecting any answer at all. It makes sense though. Families usually have massive support networks in their own family/ friend circles. Even my birth parents had my Grampy and uncles. Why shouldn’t social workers have similar support networks? After all, they may only be “corporate” parents, but they’re still acting at least in *loco parentis* all the same.

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“You must not let anyone define your limits because of where you come from. Your only limit is your soul.”

Gusteau, Pixar’s Ratatouille, 2007

One of the challenges of having grown accustomed to dealing with life with destructive behaviours, is that once you try to stop using them to cope, they leave a gap. What do I do instead of self-harming? How do I get myself through all these big, overwhelming feelings I don’t always understand?

The biggest thing that has been stumping me in figuring out who I am now is that I have become so overweight I am physically disabled. I’ve always been a ‘get up and go’ person. In 2017, I walked for at least two hours every day and was 75kg. Now I am 120kg and suffer with Meralgia Parasthetica (fatty lumps pressing on my lateral femoral cutaneous nerve in my thigh that causes me chronic pain) with muscular-skeletal complications that affect my mobility. So now, when I can go on a walk, it’s with a walking stick and for no more than 10 minutes at a time- and that’s on a good day. Additionally, because of my chronic pain, I have also developed chronic fatigue syndrome. So, I’m always tired, always in pain, and certainly not who I want to be right now.

I’ve always struggled with my eating, but when I stopped self-harming, food (along with talking and writing) became the best substitute. Namely because it was something I could do while I was sat around for many hours on my own with fuck all to do but wait for my social worker to find me a family. I would hoard food in my bedroom- sweets, crisps, blocks of cheese, crackers, gherkins, packets of ham, biscuits, cucumber, carrots... Whatever I liked from the fridge really, and between

the waking night checks I would scoff my face full. I was always selective with what I did scoff. According to the weight management specialist, I'm not a binge eater because I crave certain foods rather than eating everything in sight. I don't really crave 'foods' though- I crave textures. Crunchy, chewy, soft, meaty, crackly, melty. It varies from day to day- but crisps are my favourite- especially Pringles because of their unique crunchy/ melty texture.

During the Covid 19 Pandemic I was classed as 'at risk' because of my asthma and basically spent the better part of eighteen months not being able to go out. Granted, I probably could have done exercises indoors, but I didn't think of that back then. Additionally, after having been made redundant from my teaching job and furloughed by my support worker job, I was feeling low. Like I'd failed again even though it was just the nature of things during the Pandemic. So, I ate. And ate. And ate. Thing about eating lots and not exercising is that you end up gaining a tonne of weight pretty darn quickly. The main cause of Meralgia Parasthetica is weight. Yet these days I am in far too much pain to even be able to exercise. So basically, I'm trapped in this vicious cycle of just making myself worse. I'm back in control of my eating now, but I can't exercise, so no matter how healthily I eat, I just can't shift this weight. I'm now on Tier four weight management (on track for bariatric surgery) though which should help with things at least.

One particularly low night during the Pandemic, I came very close to ODing again like I had in 2018. I was lost. I had nothing to do, nowhere to go and basically felt a similar way to when I was imprisoned in residential- but with a lot more computer-time. The Pandemic had this effect on a lot of people. I had tried eating my feelings, but this particularly night I couldn't find a food that would satisfy the texture I was craving- all we had was crunchy and I wanted meaty.

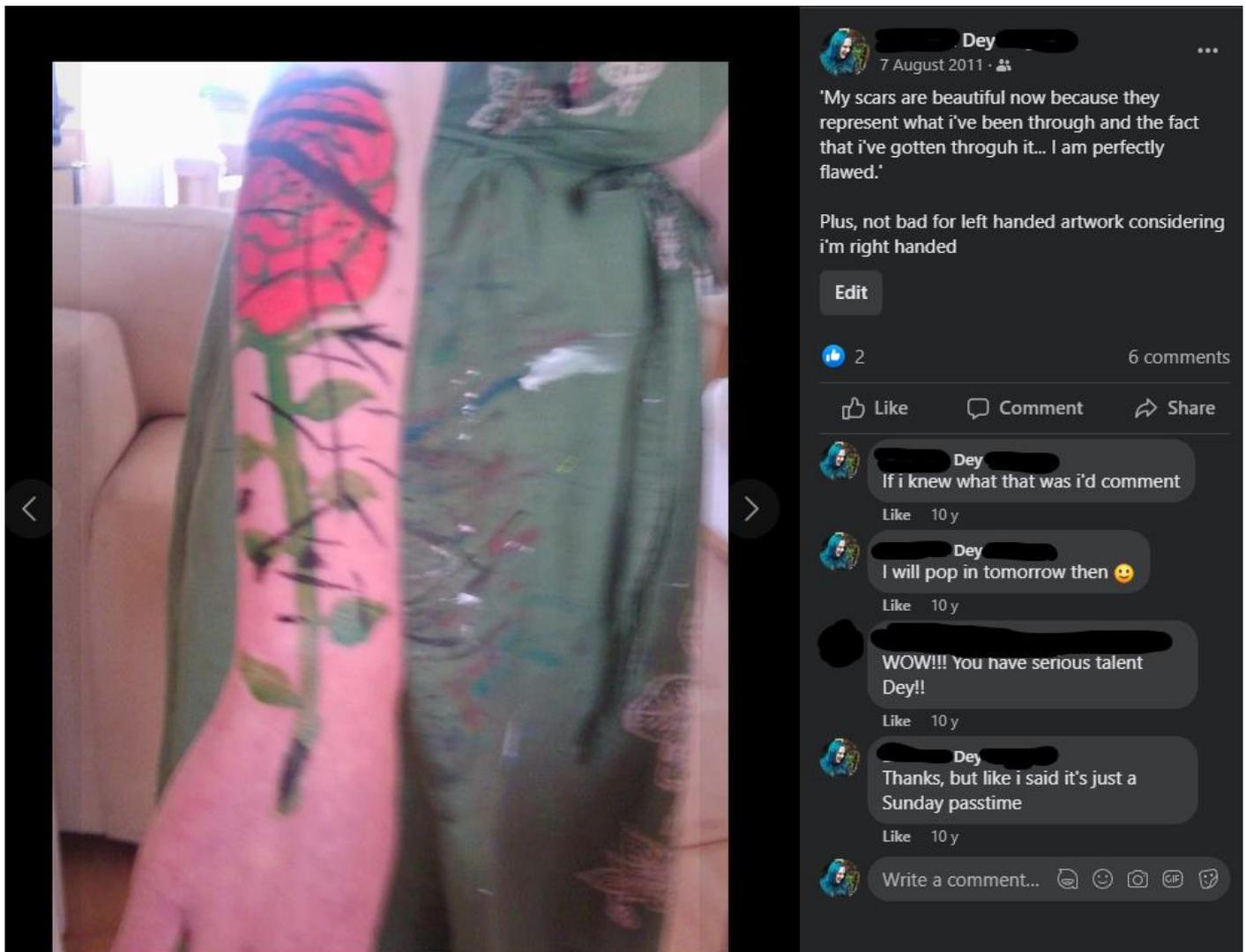
My Grampy told me that when choosing a partner, I must look at how they treat their friends. If they treat their friends like crap, then they're surely going to treat you like crap. Took me a long while to work out what that meant. More recently, I've been saying to my friends that I have enough boot-prints on my back to truly value those who stuck by my side. Take when I was klepto. The only friends from that time I still have now are the ones who told me to pack it in. All the others used me for what I could get them- something I didn't see until I got caught.

My problem is that I do give up too easily on things. Ever since I turned 23 and became 'older than my mum' I've had this nagging feeling that I shouldn't continue living. It's exhausting to keep fighting all the bloody time. I honestly don't know how people go on to be 80/ 90/ 100. I would never want to live forever. I think I'd get too bored. I always said I'd rather die quickly than die in pain. Yet, here

I am, getting through each day while in excruciating pain. The thing is, like everyone has always been trying to tell me- yet I've only just recently realised- you never truly lose something until you give up on it.

The reason I am so scared of myself is because I know what I'm capable of doing. I know I can very easily throw everything I have done- everything I have worked towards, right in the bin with just one simple slash of a knife. Orange is dead now, so the only person who can still hurt me is me. This idea of being older than my mum refuses to settle itself in a room in the memory hotel, so usually I just try to shove it in the cleaning cupboard in the hopes it'll get cleaned out of the hotel- but it never does. It's both a celebration and a warning. I'm living a life she never had, but at the same time living on despite her. No. That's just an excuse really. The age my mum died has nothing to do with how I've treated myself since turning 23. Without that excuse though, I seem so much scarier to myself- because the only person responsible for me and the way I act is me. Yes, BPD and my other diagnoses may put a slant on things and make certain choices seem more favourable than others. Ultimately though, I am the one who allows things, including me, to fuck me up.

On my 23rd birthday I said to myself I was going to celebrate being older than my birth mum. Seems stupid now I look back on it- but also not at the same time. It's kinda hard to explain. I like to think I did it because I was going to make sure I lived a life she never got the chance to have, but always wanted for me... Part of me feels a little bit like I was sticking my tongue out at her and saying 'na na na na na' with my thumb on my nose and wiggling my fingers. I don't like this feeling.



It's a blurry picture namely because it was taken on a Samsung Taco Lite phone in 2011 with my left hand, but this picture really shows what a lot of the friends I've made have done for me. I love it when this comes up on my Facebook memories. OK, the message isn't perfect... It's perfectly flawed. (See what I did there?) It's supposed to be a rose painted on my arm. The black lines are all the (still visible) scars I have on that arm around the area of the rose. I didn't want to do it with the wrist facing up as that seemed... Too close to home- I guess? Not too sure of that. I originally had the idea that the scars would be like thorns on the rose, but the lines on my arms don't lend themselves to that level of creativity. I say this was a Sunday pass time, but really, I was helping a friend of mine with an art project with the theme of being 'perfectly flawed.' She felt awkward asking me but said that I was a brilliant example. Inadvertently, this project ended up helping me feel better about my scars.

One thing that Orange's death has gotten me thinking a lot about is the idea of absolution. Religious beliefs (seemingly only from the monotheistic religions) that all your sins can be forgiven if you

repent prior to your death. The idea of this makes me very angry. I'm more a fan of the polytheistic notions of karma and taking responsibility for your actions. What gets me about absolutions is that, theoretically, it allows folks to go through life without feeling remorse for things they did, because God is going to forgive them. That Orange could be forgiven by some deity (who didn't personally experience his abuse) for everything he did to me and my family it just... it's too much for my brain to comprehend.

I think back to the five words that made me turn my life around- "*He just wants your forgiveness*" and I've had many thoughts since then. The reason this made me turn everything around is because it gave the control of my life back to me. The idea he was going to come and kill me left the control in his court, and all I could do was helplessly wait for it to happen. Forgiveness, however, is mine to give, not his to receive. Then I replaced it with fearing me. A therapist would say that a lot of this is because I struggle to forgive myself for all the things I have done. That's not quite right. For me, accepting forgiveness is the promise that the wrong that needs to be forgiven will never happen again. I can't trust myself to not hurt myself again. I still sometimes get the hallucinations and nightmares of the papery thin skin on my arms splitting open to reveal deep, wet, red gashes and every single time there's a moment where I don't know if I've really done it or just had an intrusive thought. Giving others forgiveness, that is hard. Forgiving myself though? That's almost impossible. I suppose though, maybe I can forgive Orange now. Now he's dead, he certainly can't repeat what he did to us.

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"And always let your conscience be your guide..."

Pinocchio, Disney's Pinocchio, 1940

I often think I replaced self-harming with writing, because these days I write out my feelings more than I want to cut. I've always had writing though, much like I've always had Disney, yet I still used to cut even though I had those things. No. What I have now that I didn't have when I self-harmed, is "real" friends. It's not surprising, then, that the two times since leaving Residential I have felt so low as to try and OD, have been times where I felt completely isolated from my friends.

What's interesting is that we barely discuss my friendships in the LSB. Friendships were never really seen as a priority to the professionals, but they were very important to me. I had this intense need to be liked and often would get insanely jealous if my friend had other friends/ didn't give me enough attention. It took going through the whole the stealing debacle to really get my head around the idea of first: how to be a friend, and second: how to tell real friends apart from the fake ones.

Unlike all the other aspects of my life like my mental health etc. this journey to true friendship is wholly undocumented in the LSB because I didn't start learning these lessons until after I left residential, and in the file it's more about my journey to independence. Any references I can find about friendships is as a general negative experience for me- take this note from my days with the Black Bridge Gang:

<p>002. Basic Information</p> <p>Event type: : Meeting</p> <p>Date of the event: : 21/06/2006</p> <p>Headline: : [redacted], head of year, [redacted] School</p>
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<p>003. Information</p> <p>Details: :</p> <p>Case Note recorded by: [redacted]</p> <p>Discussed Dey's friendship group. Dey has been falling out with friends more, and behaviour has become more erratic. Her behaviour has included slamming doors, swearing at more vulnerable teachers. Incident where she climbed a tree in school yard and straddled tree in provocative manner. I needed to discuss [redacted]</p>

I vaguely recall this incident. I still maintain I was genuinely stuck in that tree and there was no intention of being 'provocative' in my positioning on the tree. I was upset though and trying to get the attention of one of the Black Bridge members because we'd had a massive falling out over something or another. I remember an amazing time with this friend where we sat in the upstairs hallway of their council house (terrible, sticky green carpet comes to mind, and around 4 small children squealing and running around) where we all were singing Infernal's 'From Paris to Berlin'. I also remember this friend was the one who showed me how to pirate films. I still have one of their DVDs now. It's a grey Datawrite disc I keep in a black DVD case that includes four Disney films: Alice in Wonderland, Pinocchio, Robin Hood and Pocahontas 2: Journey to a New World on it. The worst part is I can't remember if I was gifted this disc or if I stole it... Maybe that's why we fell out?

All I remember of this tree incident was feeling the brittle, crumbly, moss-covered bark rubbing against my school trousers and covering my hands in green. I wasn't that far off the ground. I was surrounded by students laughing at me as I was stuck in this tree, then the lunch bell shrilling, then two teachers grabbing a chair to help me climb up to get back down- not that this made any sense to me, but it worked in the end.

Sidenote: another thing I remember about this school is that this is where my dislike of supply teachers was born. We had this horrible recurring supply teacher. She irked me so much... Potentially because it was a change in my routine/ expectations which I hadn't developed appropriate coping strategies for yet, but more likely because she was just a nasty piece of work. I saw her grab a student by the scruff of their neck and verbally rip into them just because they twanged a ruler. I was not having that, so while she was reprimanding another learner, I walked straight up to the front of the class, grabbed her laptop, then threw it out of the window. Several students saw me do this and either burst out laughing or gasped at me as if to say 'uuuummm you're going to be in so much trouble.' The best part is, because multiple students backed up my account of her being abusive, I didn't get into trouble at all, and she never taught me again. That said, I was repeatedly awful to any supply teacher I had going through school. Yet, I got my comeuppance when I became one myself... Supply teachers- good ones at least- are just trying to help, they don't deserve to be treated how I treated them. I am sorry to any supply teacher I ever had- except the one whose laptop I threw out the window. She can eat many unwashed dicks.

Still, this relationship between my mental health and my friendships can be seen as early as 2006- yet nobody seemed to clock how important my friendships were for me... All they saw was my friendships leading to more erratic and negative behaviours...

I met with [redacted] as Dey in middle of exams at College. [redacted] said that Dey has been trying very hard to comply with things.

Dey would like to see her [redacted] and need to arrange. She has had a difficult phone conversation with [redacted] and is leaving contact her at the moment and she has good conversation occasionally with [redacted].

Dey remains to be very affectionate and open in the placement by having meaningful and honest conversation with [redacted]. She refers to [redacted] as Mum, and is also very close to [redacted]. She feels a part of the family and is a part of the family. She still holds fears if she messes up she will have to leave, and there has been times when [redacted] and [redacted] contemplated this when they felt they could not keep hers safe.

Dey continues to attend college more consistently. She is making plans with the thought of remaining with [redacted] and [redacted] and this is alongside her Care/Pathway Plan. She has a realistic relationship with her sister. She is struggling with low level theft and lying and making suitable friends. She spends most of her time in [redacted] and she is struggling with friendships and relationships and how to manage them, feeling she has to give herself and sacrifice herself to be liked.

Need to keep supporting Dey with her education, maintaining placement, complete Pathway Plan. Counselling viewed by Dey and carers not the right time. Dey has most meaningful, helpful conversation with [redacted]. Transfer to new social worker by end of year.

Next visit: 29th June 2011

This phrase: "struggling to make suitable friendships," or variations thereupon, is frequently repeated in the later parts of my file. Problem is, it means absolutely nothing. Suitable by whose

standard? Going by the file alone, the only reason a particular friendship was deemed 'unsuitable' was if there could be any correlation between a friendship I had and my erratic behaviours. While it could be said that I was influenced by some of the friends I kept particularly to drink and do drugs or whatever, I was the one who chose to behave the way I did. Really, this battle between 'suitable' and 'unsuitable' friends really boils down who I chose to keep as a friend, and who I had to leave behind. Unclemon has this phrase: "Unconditional love doesn't exist." Sounds horrible, I know, but he explained it as choosing to love someone is far more powerful than feeling obligated to love someone. I'd venture the same is true with friendships.

I wasn't allowed a mobile phone or social media until I moved in with my forever family. I did have my first mobile phone at aged 10, but because I used it to contact some members of my birth family, I was deemed 'too vulnerable' for a mobile phone after that. I did try to develop a Bebo account using my computer time at the library when I was a teenager, but because I accidentally added a bunch of an RCW's friends it was deemed inappropriate for us to have social media accounts at all.

Part of the 'dog off the leash' problem when I got to college was that I was never exposed to appropriate social media behaviour. And social media... Can be hard to engage with sometimes. These days I have multiple social media accounts across different platforms, but I barely engage with them mostly because I don't have the time/ headspace for all that drama anymore. Take Twitter for example- I joined it to try and connect with more care-experienced young people, only to find most posts are about how we are discriminated against, fighting against stigma and necessary policy changes recommended by CEP for CEP are ignored. It's just too much for me to get my head around sometimes- even though I'm trying to do similar things with my own work... 10-12 years ago, however, was a completely different story. I thrived on the drama. I basically lived on a diet of black coffee with two sugars, adrenalin, and cortisol. Who needed to self-harm when the constant drama was giving me these highs instead? Looking back on it now, however, I've kept the friendships who weren't involved or causing the drama.

That's the funny thing about Life Story Work... Because it ended at 16... It only really says who I was until the age of 16... All the stuff that happened after- joining the alternative subculture, learning social skills in college and University, becoming independent, all my academic and job experiences, crafting my 'happy hippy hug-lady' persona, gaining true friendships that have lasted over a decade, discovering my sexuality.... All these things that made me who I am now just aren't recorded like my past self was in my LSB.... So, it's harder to reflect on them the way I can with my past.

The best part about my memory being a hotel, is that other people, like my friends, can traverse the halls and add things to the memory that I'm missing, much like Red did with my LSB. I called one of

my long-term friends up the other day to ask her how we met- because we've been friends so long, I just remember her always being there. It's like the door to her suite has all this floating furniture inside it, waiting to be placed in the right spots to form the memory. I couldn't for the life of me recall how we even appeared in each other's lives. She could remember, and as she told me it was like pieces in the hotel room were falling back into place. It was the first day I identified myself as the 'hug-lady.'

The thing is. In finding my true friendships- the ones that are supportive and stick with you but aren't afraid to give you a clip 'round the earhole if you need it- I found myself. Yes, I come from a traumatic past. Yes, maybe part of me was always going to be a hormonal teenager. Yes, social situations, things being in or out of my control and appropriate communication in differing situations will always be a struggle for me. But that's not me. That's the LSB me. The girl who had a lot of hard stuff happen, got knocked back or down a lot, but still picked herself back up again.

Interweaved among the negative, is also the care kid who became a fully qualified teacher and went on to do her PhD. I am the firm, fun, yet fair teacher who can build brilliant rapport with a wide variety of learners due to having an empathetic ear and firm boundaries. I have two ears and broad shoulders is what I say to most folks. I am the academic who is passionate about helping those who come from a similar background as her. I am the person who has supported so many folks through education and/or becoming independent. I've found ways to give back to my community by sharing my experiences and helping to improve practice where I can. I've discovered all different kinds of love, and found I have a ridiculous amount of love to give, which is why I am also the happy hippy huglady who loves metal music and Disney songs.

Yes, I'm currently disabled and stuck inside a lot due to chronic illnesses, and this made me forget who I am for a time. Covid royally fucked a lot of us, and just as we all got used to one way of living, they went and sodding changed it all back to how it was. Why hybrid working isn't the obvious way forward is beyond me. Hey ho, looking for jobs because of everyone returning to face-to-face provision as opposed to hybrid working, and my not being well enough for full-time face-to-face provision yet, but not having enough money to live because of the current cost of living crisis is a tonne of fun. Yet, throughout every high and every low, I have a group of friends who have always been there to remind me who I am.

What Grampy told me- I should choose a partner based on how they treat their friends- can also be reversed. Someone can also choose me based on how I treat my friends. I've always tended to be 'mothering,' but these friends have always called me out on it if it's become bothersome. Our friendship group- which is more of a family especially now with my bestie's sprogling around- has

been built on a mutual respect for each other's hardships and resilience. We are united in our capability to live with our pasts and adapt to the future.

In Pixar's *The Incredibles* (2004) the main antagonist Syndrome says, "When everyone is super, no one will be." Here, he's referring to selling people inventions that essentially give them superpowers as a way of mitigating the specialness of those born with superpowers. Now, arguments can be made that that is the exact thing that's happening today- everyone talks about being fucked up in some which way or another because society finally decided having mental health difficulties is OK. We have things like *#mentalhealthawarenessweek*, and to quote an Icon for Hire song (Under the Knife, 2016): "When we were fifteen, we wouldn't dare let that shit be seen... but I see you at my shows, scarred up from head to toe because it seems mutilation's gone mainstream." Therefore, the specialness of those who were messed up before this mainstreaming has been removed. Except, those who are struggling now still must live with what screwed them up, much like the superheroes still have to live with their superpowers. We didn't simply invent our trauma and give it to others. That said, we're not victims of it either. It saddens me when we must victimise ourselves just to get some help in the world as it is today.

This is why I'm doing all the things I am doing. I hope that by sharing my experiences I can at least offer some insight into what works well, and what doesn't work so well. I wouldn't be who I am today without everything I've been through. Yes, some of my near and dear would like it if I could just be past my experiences already and live without them, but I would argue that my past is like my walking stick- something I need to help me keep plodding along.

That said, my past is not who I am. The LSB has helped me figure out and reflect on how I came to be who I was until the age of sixteen. My file helped show me some of the help and support that was given to me to help me become who I am, along with the things that really didn't help, but it is also not who I am. Who I am will continually change. It will be developed, tempered, shaped, warped, forgotten, and remembered over and repeatedly depending on my experiences, the people I get to know, the friendships I cultivate, the values and beliefs I composite and the lessons I learn. I am not all my labels, but my labels are a part of me. I am not all my experiences; they are the materials my memory hotel is made up of. My memory hotel is not me; it is my way of remembering things that led to me being me. To semi-quote Pratchett and Gaiman's depiction of God in *Good Omens*: I am ineffable, of my own design and completely at my own mercy because of it all. And that's OK, because it's led me to do all the amazing things I have done and will carry on leading me to do all the amazing things I will do. Maybe, one day, I will no longer fear me. I'll be able to ask for and receive

help I need without having to victimise myself. I'm not there yet, but much like I've learned to forgive Orange, one day I'll learn to forgive myself too.

This isn't quite the ending I wanted to write. I wanted to have this big inspirational message based on how "successful" I am now. However, that would just be dishonest, and too much like an ending. I hate endings- they're always either predictable or they mean a change is coming. Yeah, change is necessary a lot of time, but it's not necessary for me to like it. Besides, giving some grandiose message implies that I have it all figured out now, and it would be insulting to pretend anything other than I certainly don't. If I had it all figured out, what would be the point in carrying on? Ed Wynn said, "when you come to the end, stop." I can't stop though, not while I'm still alive. That would just be dumb.

Luckily, this isn't an end, because I'm still alive and still have so much left to learn. So instead, this is just another step, another experience, another room in my memory hotel. I can't wait to see what the next one will bring. I will close the door to this room with an adaptation of a song from my second favourite Disney movie- Moana:

I know a girl from a large town.
She stands apart from the crowd.
She loves to read and her teaching.
She makes her whole family proud.
Sometimes the world seemed against her.
Her journey left many scars.
But scars can heal and reveal just
Where you are
The people she loves will change her.
The things she has learned will guide her.
And nothing on earth can silence
The quiet voice still inside her.
And when that voice starts to whisper
"Deyanna, you've come so far.
Deyanna, listen, do you know who you are?"

Who am I?
I am the girl who loves her writing.
And the girl who loves to teach, it calls me.

I am the author of my thoughts and dreams.
I am descended from disputants.
Still, I found my way beyond it all,
It calls me.
I delivered me to where I am.
I have journeyed farther.
I am everything I've learned and more.
Still, it calls me.
And the call isn't out there at all.
It's inside me.
It's like the tide,
Always falling and rising.
I will carry you here in my heart.
You'll remind me,
That come what may,
I know the way,
I am Deyanna!

Chapter 4: The value of The Memory Hotel as research

I have structured my work in response to my thesis question as an adaptation of Hamilton and Jaaniste's (2009: pp31-32) commentary on the pattern of exegesis: "Besides an introduction and conclusion, this pattern includes three main parts, which can be summarized as situating concepts (conceptual definitions and theories); precedents of practice (traditions and exemplars in the field); and researcher's creative practice (the creative process, the artefacts produced and their value as research)." In line with their commentary: Chapter 1 consisted of situating concepts I expected to find in my work; Chapter 2 looked at the precedents of practice; and Chapter 3 presents my creative work title 'The Memory Hotel' (TMH).

In Chapter 4 I will be reflecting on TMH's value as research. This will include explaining why I have structured the thesis the way I have, critically reflecting on my processes during my practice; commenting on how my creative practice linked up with the concepts I situated in Chapter 1; briefly comparing my creative work to the precedents of practice I covered in Chapter 2, and concluding what this thesis could add to different research fields, for example, social work, and medical humanities. By the end of this chapter, I will have answered not only my main question: What effect

could Life Story Work (LSW) have on Life Writing; I will have also answered my three supplementary research questions:

- How could LSW affect the use of memory, stimulus texts and voice in life writing practice?
- What would a piece of care-experienced Life Writing influenced by LSW look like?
- What could examinations of the interactions and intersections of LSW and Life writing add to the fields of life writing practice, medical humanities discussions, and social work practice?

The first section of this chapter discusses the value of TMH as practice research. I then reflect on the personal effect writing TMH had on me as a writer. In later sections I discuss the value of TMH as a contribution to discussions in the life writing, medical humanities, and social work fields. TMH does this by entangling my life writing with my Life Story Book (LSB) and my social services file to demonstrate both my own perspective of the events of my life along with the perspectives of other people involved in my life. This makes my memoir one of a collective memory of a life as opposed to a singular perspective that is more common in memoir.

4.1: The Value of The Memory Hotel as Practice Research

It is important to note that The Memory Hotel (TMH) is not just a memoir; it is practice research. “Practice research is when practice is the significant method of research, conveyed in a research output.” (Bulley and Sahin, 2021: p67). This was a useful definition for me, as I wanted to produce a creative output that could be used to inform practice and incite further research into what I view as a valuable intervention for care experienced people (CEP). TMH encompasses and addresses three key academic fields: Life Writing, Medical Humanities and Social Work. It does this by describing my lived experience of these fields from an autoethnographic perspective.

Autoethnography is defined by Ellis, Adams & Bochner, (2011. Cited in Gant Cheatham, L., DiVito, H., Offei, E., Williams, G., Yatosenge, N., 2019: p2) as “Autoethnographers seek to describe personal experience (auto) in order to understand cultural experiences (ethno) and then systematically analyse (graphy) them.” As using my own experiences to inform practice has been something I have been doing outside of a research context for years through my work with my local authority, this seemed to fit my personal way of looking at the world. Autoethnography sits perfectly within practice research as both require personal experiences and reflections to be valuable as research. As a result of this, in this chapter, I will be systematically analysing the value of TMH as research, including practice research. Through this autoethnography, I can then link my work in with Standpoint Theory- traditionally a feminist perspective (McFadden et al, 2023), and one suggested to me by Kimberly Campenello, who is the University of Leeds’ School of English Practice Research

Lead, to investigate as practice researcher discussing multiple protected and unprotected characteristics.

“Standpoint theory begins with the idea that the less powerful members of society experience a different reality because of their oppression. To survive, subordinate people must be attentive to the perspective of the dominant class as well as their own.” (Swingonski, 1994: p390). This is useful for me as care-experience has many associations with negative stereotypes as discussed in Chapter 2, and therefore care-experienced people are the oppressed group in this context. Practice research by way of producing a piece of life writing allowed me to interact with the fields of life writing, medical humanities, and social work in ways a traditional PhD would not have enabled me to do. It allowed me to share my opinions and reflections on the level of care I received during my childhood and present those opinions and experiences for discussion with wider audiences including life writers, medical humanities researchers, and social workers. By writing TMH, I present multiple perspectives of the life of someone who is care experienced, and challenge stereotypes and stigmas that are associated with being care experienced, LGBTQ+, disabled and neurodiverse. I do this by demonstrating my awareness of those more powerful than me, for example on pages 98-99 where I show my experience of being in the residential home and having to be escorted to my room by the staff. This example shows how those more powerful than me executed their power over me, and how little I could do about it. I link this in with Standpoint theory by showing my awareness of why this power was executed over me by explaining the Residential Care Worker’s (RCW) attempts to reason with me and warnings to me that if I didn’t start complying, then I would be forcibly removed. I also exemplify why the RCW reacted in this way by showing the reader my unsafe behaviours.

In practice research there are many discrepancies and disadvantages particularly in terms of the diversity and inclusivity of practice research as a field (Bulley and Sahin, 2021: pp53-55). It is important then, that more minority groups partake in Practice research to help raise awareness of the different realities these minorities face. For example, due to its transdisciplinary nature, practice research can be, for some, the best way to convey the complicated network that comes with being care-experienced, for example. Being care-experienced encompasses not just social care, but experiences of medicine, mental health, neurodivergence and disability, education and employment, social justice, to name a few. Through my use of TMH, I provide a level of insight and experience that could not be achieved through simply studying what it is like to be care experienced. Bulley and Sahin (2021) found that, in many practice research outputs, the practice, research narrative, and practice research can be one and the same experience for the audience. This is something I have

shown in this thesis by way of its autoethnographic nature and reflective commentaries on stigma and discrimination throughout my work.

That said, I also present variations on the typical 'oppressed' viewpoint. While I acknowledge more "powerful" people than me throughout TMH, I also present my own power- challenging the perceived power differential (McFadden et al, 2023) between children and adults in the social care system by showing how much I had a voice in my own care proceedings via both my LSB and my file. Thus, I also show the various complexities between understanding Standpoint theory and using it in practice research. Through TMH, I present my practice research as a way of demonstrating the complex intersectionalities of different disciplines and the effect these have on the wider community. I also demonstrate the personal benefits of including autoethnography in practice research to the researcher, as I discuss in the next section.

4.2: The Value of The Memory Hotel as a Personal Journey

The Memory Hotel (TMH) began, for me, to process the present-day situations I was going through. Covid 19 had changed the world, and I had recently developed mobility issues and chronic illnesses that were made worse by needing to stay inside all the time (and still affect me to this day). The influence of the pandemic reminded me of when I was stuck inside my residential placement- not allowed out, having to entertain myself inside while depression and other illnesses ate away at my body and mind. Residential was where I received my Life Story Therapy (as it was called at the time), which eventually became the most influential intervention for my recovery and development. Realising the familiarity of my situation, I resolved to revisit my Life Story Book to see if I was still angry with it and to see if I could learn anything from it to better help me with what was happening now. I had tried revisiting my Life Story Book during my undergraduate degree but had to stop because I felt it was full of lies and missing lots of information at the time. Revisiting it as a postgraduate has allowed me to reflect not only on the experiences described in the book, but also how undergraduate me reacted to it. Therefore, TMH became a way for me to understand my life journey from an adult perspective, and a reflection on why younger versions of myself reacted to Life Story Work in different ways.

'Undergraduate me' was still very much involved in Social Services at the time, and therefore had not had enough time or distance to truly process the events described in the Life Story Book. Sometimes, I describe the book as detailing how in the first 10 years of my life Social Services failed me, and then the remainder of the book details how they tried to make it better, yet still failed in places. When the book came to describe my third foster placement and my residential placement, responding to this became a huge block for me because of how angry I still was with how these

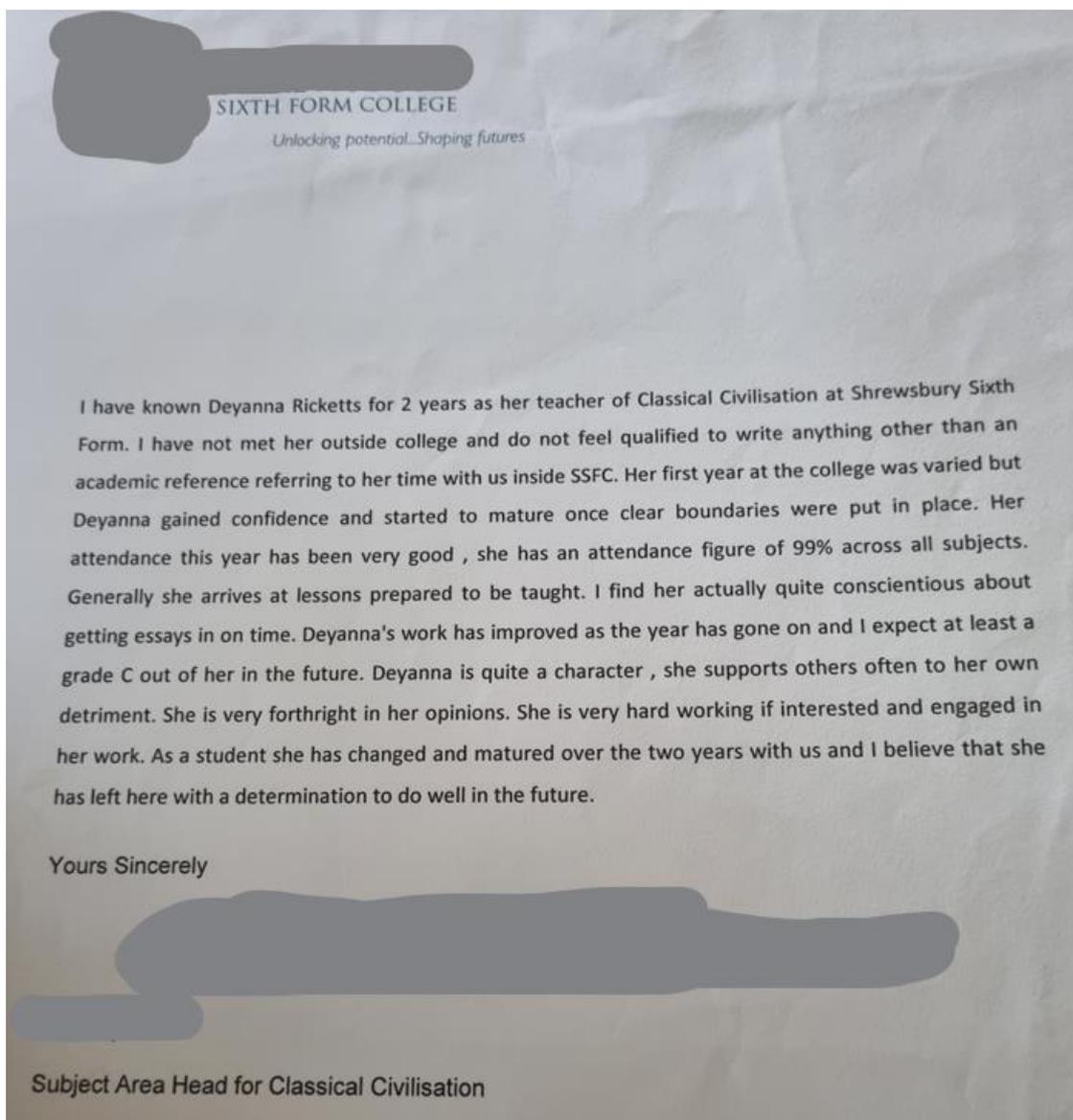
placements had treated me. That anger with the placements is still there, as I describe on pages 87, 101, and 135 in TMH, but I am no longer angry with my Life Story Book. 'Undergraduate me' was angry with the way the book had presented my experiences of my placements- in particular the lack of demonstration of my negative experiences in the residential unit and what appeared to be a glossing over of how the residential unit has traumatised me still to this day.

Further, particularly regarding my third placement, I realised that the emotion I feel towards this placement now is more sorrow than anger due to genuinely experiencing not being wanted, making me want to pick up that 11-year-old me and help her feel wanted, as I describe on page 113. I do not think I could have come to this realisation had I not been writing TMH. This was something I could not see during my undergraduate degree due to the lack of distance I had from Social Services at the time. 'Postgraduate me,' however, has been independent from Social Services for five years at the time of writing. Therefore, I have had the distance to be able to truly reflect on my time in care and out of care, making this the better time to revisit my LSB. This has had a huge impact on my writing. Instead of writing from places of anger and upset, I have been able to write TMH from a calmer, more grounded place that sees more of the rooms in her memory hotel than teenage and undergraduate Dey did. However, this does not mean that I did not have emotional responses to revisiting my life story like my predecessors like Lemn Sissay and Sophie Willan, particularly when I was able to compare the information in my LSB to information (or lack thereof) in my social services file.

Life Writing researchers like Karr (2016: p29) warn writers about reasons not to write a memoir- for example: "If you're doing it for therapy, go hire somebody to talk to. Your psychic health should matter more than your literary production." Going through LSW and writing down my reflections and reminiscences of my past was more helpful to me than any of my other therapies because it allowed me to process my memories and put them away in safe places- what I would later come to call my Memory Hotel. Ever since I was first told by a blurry adult (around the time I went into care) that I have an interesting story to tell, I have wanted to share my life story. I believe my experiences offer valuable and inspirational insights that could inform practice and improve things for care experienced young people. I also wanted to challenge the stereotypes of care experience. Growing up, I had always been compared to Tracy Beaker (Wilson, 1991) by my peers which infuriated me because the experiences portrayed in those stories did not reflect my own at all. Further, at the time I was going through my LSB to help me work out how to handle the pandemic, I had just been made aware of the sequel to the Tracy Beaker series, *We are the Beaker Girls* (Wilson, 2019) which, much like a lot of care-experienced young people (Carol, 2018- see Chapter 2) strengthened my resolve to

find and/or present a different example from such an image of care experience. This was another instigating moment for me writing TMH.

In completing LSW, I was able to reclaim a lot of my identity. I wasn't the 'Tracy Beaker' kid- although I did have a penchant for the dramatics. I was a lost little girl trying to make sense of the world. A girl who had grown up way too fast and was trying to reclaim the childhood she had lost due to her mother dying and her father abusing her. Through my therapeutic and educational experiences, I then became the writer who wanted to go to university to become a teacher. Writing allowed me to express the complicated and confusing feelings I tended to bottle up inside myself, resulting in the mitigation of my negative behaviours. Teaching gave me a goal to work towards- I was always the person who liked to help other people- usually to the detriment of myself, as my Classical Civilisation tutor put in her reference for me for university:



I can tell my story without the raw emotion of only recently discovering certain information about my life, because I have already gone through at least two versions of it all. My LSB details my understanding and development of my identity until the age of sixteen. However, my LSB only helped me discover who I *was*, as in my identity until the age of 16. My final foster parents helped me become Dey, and then I had to figure out who I was all over again when significant life events happened, such as becoming independent, becoming a teacher, becoming disabled, surviving the Pandemic and being a post-graduate. Identity is not one solid thing that can be held in a book; it is constantly evolving and changing, much like the cells in a body. In seven years, every single cell in the body is replaced, so it is impossible to be the same person you were seven years ago. As Lange (2020) writes, “Identity is not: fixed... singular... a possession... controlled by any one person... [or] definitional...” This realisation came because of TMH- demonstrating all my different selves over my years, the good, the bad and the ugly parts of who I am. I don’t shy away from portraying myself as both the hero and the villain. The only thing I absolutely refuse to do is present myself as a victim- while bad stuff happened to me, I survived and moved past it. While Standpoint theory deals with oppression, it is very easy to view the oppressed group as a victim which I feel is wrong. I am a survivor, not a victim. Victimhood, for me, suggests that the person who made you a victim still has power/ control over you, and especially after writing TMH, Orange has no power over me anymore. As I write on pages 193 and 224: since the death of my birth father, the only person I am afraid of now is me.

As for the journey side of writing, this was harder for me to realise most likely because of my struggles to process the present. LSW is as much about the present as it is the past; it aims to utilise the past to better understand the present and look to the future, as explained in Chapter 1. I find present day reflection very hard. Even as I am writing this chapter- I find myself chain-smoking because reflecting on the now really makes me uncomfortable. Additionally, the process of writing TMH highlighted how much my more present-day responses and reflections were raw and hard to process or articulate just as they were during my undergraduate. This is because I haven’t relived and reflected on the events outside the LSB as I have within it. I have had my LSB for nearly thirteen years whereas the “now” has not had as long for me to process and reflect on it. My undergraduate tutor had once referred to my LSB as my ‘Pandora’s Box’ because of the sheer volume of negative and other emotions I felt when going through it, while simultaneously writing a story of hope. At the time, I agreed with her, so when I began writing this time around, I titled the memoir *Opening Pandora’s Box*. Upon reflection, however, my LSB and memoir are not like Pandora’s box at all. They are far more complicated than that, which is why the title was changed to reflect the one element I did keep returning to through the writing: The Memory Hotel. This shift also changed my perspective

of my LSB from something that held lots of negative emotions with a lot of hope at the end, to something that contained neither negativity nor positivity, just memories that helped make me who I am.

That said, I realised that I would need to get access to my own social services file to adequately comment on the effect LSW had on my writing- the experience of this I describe very emotively on pages 101-103. This experience echoed the more negative experiences previous authors have described- from the sheer length of time to gain access to the file, to the quality of information held within what I received. This has allowed me to highlight just how beneficial LSW is compared to completing a Subject Access Request just by way of being able to derive an understanding of one's own life experiences. Although, my file did prompt a lot of insight that my LSB couldn't- for example my memory of and description of my third placement as I describe on Pages 104-107. Here, I demonstrate how jagged my memories of this time are by cutting up my dialogic reconstructions of events without explaining the length of time between the cuts to instil that sense of uncertainty in the reader. This is also reflective of the experience I had of going through my file- how it was not a coherent life narrative such as my LSB tries to be.

One of the ways I was able to begin developing my present-day voice in my writing was when I finally received my social services file- or the mess of a file. I say I can write without the raw emotion of only just finding things out when stimulated by the LSB; however, I found upon receiving my file- the bits I could take out of it- I was very wrong about my ability to write in a distanced way. I needed to write the raw, emotional response I had to this document and the new discoveries I made to better process it. Then, in places, I could revisit and edit my writing to be more distanced. It is hard to say how much distance I have managed to achieve from this process, much as it is for any memoir writer to fully distance themselves from their writing (Karr, 2016). What I can say is that I found myself becoming my own Life Story Worker through writing TMH, using my initial reactions and reflections to information I found to better help me organise these new perspectives and insights into my memory hotel, then reflecting on them again by editing my writing to better help me process and accept (or deny) the information I was presented with. Thus, TMH became a therapeutic tool that helped me process the events of my life both past and present, which is not surprising considering TMH is also a *kunstlerroman*- description of my journey to becoming a writer.

I had not actually reflected on my journey of becoming a writer before writing TMH, despite being a creative writer since I could hold a pen. Though writing TMH, I was able to recognise just how closely linked my journey of becoming a writer and the improvements to my mental health were. As I describe on pages 181-191, the interweaving of my writing with significant events such as my

forever mum’s five significant words and the incident that led to my being sectioned suggests that if I wasn’t a writer, then perhaps I wouldn’t have come to the realisations I did that significantly improved the way I looked at the world. The LSB itself is also a journey of my becoming a writer, in the earlier slides I am simply reacting to what has been shared with me- like on the ‘you are not a mistake’ slide, but later I become more reflective and write for an audience, like on the slide showing the processes of the metal health assessment unit.

When I began utilising my social services file within the memoir, I presented it in stark contrast to the quality of information within the LSB. The shock of how different these documents were, along with the 18-month long complaints process I had to go through, is like my predecessors’ experiences of handling their files. Sissay had to go through a 25-year long battle with Wigan Council just to gain access to his files (BBC, 2022); Elliot found things in her file that allowed her to go on to sue Birmingham City Council (BBC, 2013); while Daniels was locked in an office and only given a certain amount of time to go through and process her file (Daniels and Livingstone, 2014). However, unlike these, I had more rights when accessing my file due to Section 45 of the Data Protection Act 2018 (LEGISLATION.GOV.UK, 2018). This meant I could take my complaint to the Information Commissioner’s Office, who then recommended that I work with my local authority to develop training on the significance of appropriate information recording from social services. I have since created and delivered this training with the aid of my old social worker.

The image shows a grid of 9 presentation slides, numbered 1 to 9. Each slide contains text, images, and diagrams related to social work practice and information recording. The slides are:

- Slide 1:** Information recording-perspectives and reflections of those with lived experience. Learning Lunch Session. Dea Ricketts, EDC and Kristin Chyba-Bleas, DASH worker. Quality Assurance and Review Team.
- Slide 2:** Learning Intentions. To review how we record information about and for our young people. To reflect on how a young person may feel when reading through their file. To consider at least two ways we can record information in a young-person-centric way.
- Slide 3:** Spot the difference. A diagram comparing two versions of a case note, highlighting differences in language and structure.
- Slide 4:** How did this case note make a CEYP feel? - Doesn't make a lot of sense, lots of jargon. - Written in social worker's specific note form, makes sense to social worker and not young person. - Contains a lot of very sensitive information but is not delivered sensitively.
- Slide 5:** What are the social worker's reflections on this case note? Since I began social work, over 20 years ago, there have been many changes in social work practice and a shift and emphasis on recording on electronic systems and writing life story work and access to records. Previously this was not to emphasised and requires another skill set, definitely not my skill set. Requires more social work time. Emphasis on writing skills now on social work degrees instead of often reading to make sure on the system. I felt I let Dey down when I went back and read file and did not provide her the coherent narrative to her journey and what happened in her life and why that she depended and that could support her in her understanding of this.
- Slide 6:** What would the social worker do differently? Taking more time, rather than the mind set of getting information on the system. Take a few seconds before recording and write this as if the child was reading this and/or will be reading this in the future. Be less cryptic and ensure it makes sense to anyone as opposed to just me.
- Slide 7:** Things Young People want to see in their files. Accessible language free from jargon that provides a narrative of the young person's journey through care and the support they have been given. Collective/ anecdotal memories that help give a sense of the young person's identity at the time- think about how families share memories or stories of the past. Sensitive information to be stored and shared appropriately and recorded with the needs of the young person's care experienced adult in mind.
- Slide 8:** Example of how we can record in a more young-person-centric way. Dey is currently at a temporary placement where she is engaging with therapeutic services to help her with her self-harm. The staff have been busy as they get started and along with high levels of emotional support they have some concerns about the ability to get with social situations. For example, when she is in the communal area, she will retreat and try to take over any conversation due to her need to show the correct of attention. The staff are willing to support her with this between sessions by encouraging her to listen and wait for someone to finish speaking before speaking herself. While Dey has been struggling with relationships on the temporary placement, she is beginning to engage well with what her relationships have other placement experience and has been able to express her thoughts and feelings in that placement is for her. She has also been able to identify some triggers. Her primary feeling together- to her self harm behaviour and is demonstrating an ability to take responsibility for her actions. This is a positive message while her therapy to help her manage her stress. She is starting to feel more confident and hopeful.
- Slide 9:** Thinking/ reflection points. - Are you considering that young person may want to see their file in the future? - Do your notes present a coherent narrative of the young person's journey? - Are you being sensitive to the young person's needs in your notes? - Is all the language you are using within a case note accessible to a young person (consider whether they have an additional learning need as well)

So far, Subject Access Requests (SAR, formal application for your records titled and defined in the Data Protection Act 2018) appear to have only been explored within media, like life writing and television series. Take, for example, episode 5 of Sophie Willan's semi-autobiographical television series *'Alma's not Normal'* (BBC2, 2021) titled *'On Record'*. Willan depicts her personal experience of accessing her records as having two boxes full of paperwork dumped outside of her flat with no support to go through them and reams of papers that are simply blacked out with no explanation and no avenues of support offered. By contrast, there is very little in academia about the experiences of CEP making SARs. Hoyle et al (2020) are some of the only researchers currently looking into the SAR experience for CEP (that I can access so far), suggesting this is a vastly under-researched area, but as TMH and this thesis shows, is an issue that needs researching in the future.

The biggest therapeutic benefit that TMH provided me was an outlet for going through the complicated processing of my birth father's death in 2022. TMH allowed me to reflect on the effect that Orange had had on my sexuality and interweaving and contrasting the empirical and statistical adult process of grieving for him, then comparing this to the more impressionistic and child-like grieving process I felt for my birth mother. For example, I was able to complete dialogic sequences for the grieving process with my birth mother, including the wholesome conversation with Uncle Umbar on page 128. Whereas with my birth father, I was very formulaic, presenting each of my reactions in a logical and methodical progression through the grieving process. Not only is this a commentary on the way age affects the way we grieve, but by interweaving my sexuality section with memories I have of my birth father and how he affected my sexual identity and my development as an adult, it demonstrates how much I let my birth father affect me in later life. This allows the reader the experience of joining me on my journey to understanding grief, loss, and different types of love that also led to discovering my identity outside of the care system and LSB.

My memoir differs from my predecessors like Sissay and Capes because I portray multiple points of view on who I was and how I presented myself with stimuli to prove these different perceptions. It provides a colourful yet insightful whole personality as opposed to simple reflections on memories. Being reflective on the now as well as the past is essential for any memoirist, but few memoirists can present multiple perspectives of themselves within a memoir namely because these aren't always written down for them. The first example of this multiple perspectives of one person within memoir concept I found was in Sissay's work, where, by providing the reader with excerpts from his social services file, he can show his foster carers', residential care workers' (RCWs) and social worker's views on him. By using my LSB, file and other images, I can add a richness to my complex memories that allows the reader to develop insights into not only how I saw myself, but how others saw me. I

can also address my trauma and memories with a dark humour that invites the reader to laugh with me.

My LSB, however, is not so different to the traditional memoir- it shows raw, emotional reactions to stimuli that are then reflected upon- granted, with the assistance of other people and supports. The co-produced element of the LSB means that I have other insights into who I was and how I presented myself at the time of writing the LSB. It shows my personal journey through care and how I dealt with those experiences in the past. This is why I wanted to revisit my LSB prior to starting my thesis. I was going through a hard time, but I have overcome so much in my life- I just needed a reminder of how I processed those challenges and apply those techniques to my present day. My form of Hybrid, material memoir offers non-standard and therefore more complex ways of telling the reader about this journey. By utilising the LSB in my memoir, I can demonstrate more of my personal journey and how I am applying these LSW techniques to my present day for the reader in the hopes of inspiring the reader to consider a methodology that they could then apply to themselves, their writing, or their research.

4.3: The Value of The Memory Hotel as Memoir

I have attempted writing my life story multiple times. At first, I wrote fictional autobiographies- When I was eleven, I used a glittery purple gel pen to write 'The Tale of Three Witches' which was heavily influenced by J.K. Rowling's *Harry Potter* series and my life experiences. After that I wrote poetry about my experiences and worked on my Life Story Book. It was not until I entered college that I really began to unpick my memories and experiences by myself. For an assignment in college set by my English tutor whose name I cannot recall, I produced a short creative piece titled 'Excuses' where I created a monologue from my birth father's point of view on the events of my life. I have included this piece in Appendix 3. I sent this to Unclemon, who provided insights that were very hard for me to accept at the time. I had written this piece without the aid of my life story book, and Unclemon offered new information from his point of view. One quote that always stood out to me was: "Most artists are vampires: they look at the world with two sets of eyes – the one that notices and records and measures and takes some sick delight in finding the perfect horror, the sweetest pain, the sharpest cut... and only *then*, the one that reacts human style..." (Unclemon, cited in Ricketts, 2012, see Appendix 3). The difficult part of this piece is that I was going for a muted sensationalism in the monologue. Producing a delusional character with elements that worked for the script, but it didn't give me the catharsis I was looking for- only increased my anxiety, as I was writing it when I received the news that Orange was being released from prison. Putting myself into my birth father's head was harrowing. I could only see things through the monster- tinted eyes, not transparent ones. I hadn't managed to figure out who I was in the present, so putting my head into

the space of my abuser really skewed my perception of myself- 'was I a monster like him?' This piece led to the five words that changed my whole world that I cite in TMH on page 157: "He just wants your forgiveness." This was important because often in cases of abuse the fear that still resides comes with your abuser finding you again. I was convinced Orange wanted to kill me for putting him in prison. These five words, however, gave me the control in what happened if Orange was ever to find me again. For memoir, this message is important because if you only ever see things from one point of view, you will never be able to change your thinking around a topic. Memoir- particularly the one I have written- should allow the writer and reader re-imagine and reflect on the events of your life. It should present the good, the bad and the ugly sides of people as Karr (2016) writes. It should be inspirational, and a way of presenting life lessons learned, and these five words were a lesson that I benefitted greatly from, and others could too. That said, I stopped life writing after these five words until my last year of university because I needed to focus on who I was now I wasn't so scared of Orange anymore. My last year of university is where I used my Life Story Book to help me for the first time.

Reading more life writing examples of care experience changed my writing. I read Sissay's *My name is Why* not long after it was published in 2019. I was fascinated by the way Sissay utilised his social services file as a stimulus text for his memoir, and how emotional and raw his version of events was, especially when discussing the volume of racism he had experienced both inside and outside the care system. It made me wonder about access to records, and how I seemed to be far luckier than most in that I would never really need to access my file because I already had the details of my childhood- along with my reflections and recollections on those details perfectly preserved in my LSB. Sissay, on the other hand, had to discover his identity through his file, and used his memoir to help him process and reflect on the events on it- leading to a creative choice where he repeats "My name is Lemn Sissay." 100 times to demonstrate his reclamation of his identity. By contrast, as I have already had the chances to reflect on my identity through life story work, my memoir instead shows the multiple complexities between how an identity is always developing and changing, and how the process of reflection progresses as one gets older.

Sissay does use his social worker's perception of himself, for example in Chapter 6 where his social worker describes him as an extrovert and Sissay responds "An extrovert is just an introvert trying to prove they are not." (Sissay, 2019: p53). However, Sissay often contests his social worker's perception, which, to me, doesn't represent or reflect on the use of collective memory in memoir. This is potentially because Sissay was in care in the 70s and 80s, prior to the Children's Act 1989 where the voice of the young person started to be recognised (See Chapter 1). Sissay doesn't utilise collective memories quite simply because he doesn't have them. In this thesis, I have asked the

question: 'What would a memoir influenced by LSW look like?' While I answer this question abstractly in Chapter 3, it may need a more blatant answer here: A memoir influenced by LSW looks like a series of collective memories that demonstrate a full example of how an identity is developed and understood from multiple perspectives. The comparison of various stimuli in my memoir not only makes my writing seem more reliable to the reader, but it also allows the reader to see how being in care is experienced by multiple people. This allows for a more well-rounded insight into care experience for the reader.

Additionally, LSW provides a substitute for collective familial memories that simply writing memoir does not. Throughout my writing, I recognise and process other people's perceptions of the events of my life and who I was back then by giving them distinct voices in my work. This is something none of the other care-experienced memoirs I have discussed in this thesis has in their writing. Standpoint theory has allowed me to consider those who had more power over me, why they had so much power over me, and how much I let them have power over me. By providing this multi-layered style of recounting and reflecting on different memories, I demonstrate the importance of collective familial memory in the reclamation of identity, and therefore give the reader insight into how an identity can be shaped and changed dependent on perception and experiences.

The support I have had also helped me with unexpected events that came up during my research- for example the poor presentation of my social services file, and the death of my birth father. I received support from my counsellor who I still speak to weekly, my forever family and friends, and my partners. I also had my safety blanket of Disney films, which later allowed me to begin developing the more present-day, calm, reflective voice I had been struggling with so much in the memoir. I devised a way to keep myself safe and in the present in the writing by framing my sections and memories with relevant Disney quotes. Often, I would end up watching the Disney film I quoted after I wrote a particular section to allow me that time to bring myself back to the present. This process is reflective of my Life Story Therapy sessions, as we would always start sessions with a cup of tea and a biscuit and a chat about what was happening in the now, then end each session with a boardgame to bring us back to the present again. In including the Disney quotes, I also wanted to give the reader a break between scenes. I wanted to invoke a sense of childlike nostalgia, almost wiping the slate clean with the illusion of innocence, and potentially happy memory between one scene and the next. The way I picture it, it's like I have Disney songs and movies playing in the lobby and corridors of my memory hotel, and I am bringing the reader back to the lobby before I guide them to another room of the hotel.

These Disney quotes add complex and sophisticated ideas in an accessible way. It can be hard to relay my thinking and messages in a way that the reader can understand because everybody is unique and sees things in their own ways. By using Disney quotes that are significant to what it is I am about to write, I can at least forewarn the reader of what idea I might be discussing next. These quotes help keep me safe in my writing, but also add a complexity to the writing as I intentionally rarely refer to these quotes in the writing. While this may come across as assuming the reader will have watched the Disney film in question and/ or making my writing more challenging for the reader, the Disney quotes I have used often don't need the context of the movie to make sense. For example, the quote from *The Lion King* (1994) I use on page 181: "Yes the past can hurt, but you can either run from it, or learn from it." As memoir is about sharing with the reader life lessons the writer has learned (Karr, 2016), fitting these quotes in the way I have helps portray the often very complex life lessons I learned on my journey in a way that could be imagined as providing accessible entrances to my memory hotel.

I chose quotes that framed the ideas that were to come in the next scene. The intention here was to gently give the reader an idea of what was to come- a way of guiding them to a new door in the memory hotel. As my extended metaphor of the memory hotel develops in my writing, my memory hotel itself becomes more of a physical space that the reader can envisage themselves walking around- visiting different rooms to see the scenes within them and using Disney quotes to help pique interest/ summarise what they might expect to find in that room. I do this by describing different rooms to help guide the reader into the memory throughout the narrative like on pages 137, 175 and 213. This way of presenting memory is unique because it openly acknowledges that my memories are not just my own, but a collection of perspectives drawn together to make a coherent narrative. This presentation of memory in the form of a hotel demonstrates that there are a wide variety of perspectives. The idea of attributing physical spaces to my memories also signifies the importance of the memories to me as I am writing now and indicates that some memories may move/ upgrade/ downgrade rooms as I develop further in life.

I would refer to part of my development as being 'Disney-informed.' I use Disney to pull my reader into my childhood and my understanding of the world. The juxtaposition of Disney quotes in a story such as mine also brings to light the stark contrast between the 'Disney- informed' childhood, and my own. In cases where I do refer to the Disney quotes I use, for example on page 193 where I talk about Disney Pixar's *Brave*, I use these quotes to help me process and reflect on my perceptions of life, like when I say:

“...despite ‘not doing’ Disney princesses- was a happy ending. Much like ‘not doing feelings’, this is a lie. I so desperately wanted to be a Disney princess, someone who would be rescued first from her father, then from herself.”

I go on to wish *Brave* had come out earlier so I didn’t need to associate the concept of being a princess with needing to be rescued, and that I could rescue myself instead even though this is a lot harder. This is why I prefer the ambiguity of the fictional autobiographies described in Chapter 2 and why I end TMH with the adaptation of the *Song of the Ancestors* from *Moana* (2016). For me, this hopeful, empowering song acknowledges how far I’ve come, accepts that I might keep changing, and shows the reader that my story is not finished yet. While this challenges the typical ‘and they lived happily ever after’ ending that is associated with Disney films, it also falls in line with a Disney ending as a message of hope.

I further demonstrate my messages of hope in my extended metaphor of The Memory Hotel itself. Particularly when I was processing Orange’s death on pages 133-167, the TMH metaphor became a way for me to demonstrate what going through that grieving process was like for me. This concept is both a therapeutic term, and a useful tool for writing memoir. The metaphor originated from my social worker describing me as a matchstick trying to hold up a house- because I was trying to take on too much all the time. This then developed through Life Story Work as more and more insights were being added to my life narrative. The ‘hotel’ element also recognises that not only have I had many guests add insights and parts of themselves to my memories, but the coming-and-going nature of memory itself. It is useful as it allows the reader to view my thought processes as I go through and select the memories I wish to share, justifies why and how I want to share these memories- but also other people’s perspectives on these memories, along with providing a valuable insight into how I handle difficult/ unprocessed information. For example, when I first mention this metaphor on page 82, I explain in vivid detail how my chosen stimuli are like key cards to various rooms in the hotel, and how there are people visiting each room adding their own perspectives on the memory living in that room. This is representative of the Life Story Work process and the collective memories that make up my understanding of my life narrative- which is, as far as I’m aware, a unique (although not unheard of) concept in memoir- particularly care-experienced memoir.

Judt (2010: p7) discusses the idea of constructing memory buildings: He refers to how some authors construct memory palaces- yet he preferred to call his memory building the memory chalet as “In order for a memory palace to work as a storehouse of infinitely reorganised and regrouped recollections, it needs to be a building of extraordinary appeal, if only for one person.” For me, a hotel is apt namely because of the nature of being care experienced. My first three foster

placements, and my time in residential, were never homes. I was being put up for extended stays in sometimes very swanky hotels (my third foster placement was an old vicarage, for example). And compared to many care-experienced young people, I had it very lucky that I only moved six times during my care experience. Hotels can also be strange bubble spaces, existing in their own time, where loneliness and instability reign. I comment on loneliness on page 137 and how this affected me both in the memory hotel and during the pandemic. The hotel metaphor can therefore provide an insight into how unstable many people's care experience feels, not just my own. This metaphor is used to incite empathy and understanding in the reader, along with providing an autoethnographic insight into being in care from the early 2000s onward.

4.4: The Value of The Memory Hotel to the Medical Humanities

More recent discussions of the critical medical humanities revolve around the notions of risk and entanglement (Viney et al, 2015). In the context of this thesis, entanglement here means the marrying together of interdisciplinary models and ideas to help theorise the aetiology of mental health issues/ additional needs for care-experienced young people. My aim here is to provide an answer that sits outside the generic life sciences and/ or biomedicine approaches to mental health support in addition to what is termed by *The Edinburgh Companion of Medical Humanities* as the 'primal scene':

"Whitehead and Woods identify a 'primal scene' for 'mainstream' medical humanities, subsisting within the clinical encounter and typically involving the moment when a doctor gives the diagnosis of cancer to a patient – a moment that gives rise to trenchant and characteristic questions concerning experience, engagement and response, and human frailty." (Cited in Whitehead et al, 2016: p339).

TMH discusses cancer from a very young perspective, demonstrating how a child comes to understand not only that her mummy has cancer, but how cancer caused her mummy to die and the effect that had not only on her, but to her family as she saw it (see pages 132-134). While young me did not question the adults beyond 'can I say goodnight?' she did notice how the adults around her were engaging with and responding to this experience, and thus TMH places the reader in a position where they can see and empathise with everyone's reactions to this events in a way young me cannot, as well as develop an understanding of my childhood perception and understanding of human frailty.

In addition to physical illnesses like cancer, TMH discusses various mental health issues and additional needs I have. It also shows a methodology, by way of LSW and other therapeutic techniques, of how I have been supported using an entangled, multi-disciplinary approach including

the arts, humanities, psychology, and social sciences. I have since been able to use this idea of entanglement to analyse my creative writing through a variety of lenses such as writing/ narrative theories, psycholinguistics, and memory studies- all of which are fields that overlap with the medical humanities. Additionally, I have been able to demonstrate many risks to how I was treated for my needs. Risks are another way that TMH engages with critical medical humanities (CMH).

My creative work falls in line with Chen's (2015: p29) provocation to CMH whereby they suggest a way of reflecting on the methods of medical humanities research as "a method that may converse with other people's methods of survival and/or thriving, to recognise, for instance, the trade in alternative temporalities and perceptions that may already be present." TMH not only shows how I have survived my past and subsequently thrived as an adult, but it also shows various temporalities and perceptions of what happened in my life using various stimuli and even my own aged reflections of my life and the way I remember things. In the excerpt above, I reconstruct the cognitive development of my voice and understanding of language. I also demonstrate my interpretation of autobiographical memory as a combination of the four dimensions described by Cohen and Conway (2008- see chapter 1, page 20). I present the autoethnographic in the correction of how the word 'mechanical' is pronounced; the reconstruction element in the presentation of the conversation; the specificity in linking to my mother's overnight stay in hospital and how we were reading *Fantastic Mr Fox* at the time; and the field element in utilising phonics to help the reader hear what is happening in the memory. This demonstrates my understanding of the internal and external events happening at the time of the memory- externally, my mother was going for an overnight stay in hospital, internally this made me very insecure and worried because Mummy was better than Daddy at the thing I was interested in at the time. I then exemplify the early signs of my autistic traits- how I utilised my echolalia to help me learn words and speech and how I was upset because my normal routine of reading with Mummy before bed was going to change. This encourages the reader to sympathise with what is happening without be told explicitly what is going on- a presentation of 'showing' rather than 'telling' in writing as described by Hardy (2016). It also allows the reader to see the beginning of the development of my voice, and subsequently my identity.

Goldberg (2005: p61) states that "Writers live twice." Only in the writing do they come to understand their lives. As discussed in Chapter 2 fictional writing can be as effective at helping someone understand their life journey as non-fiction writing. I would stretch that definition- writers who go through their social services files and/or LSW end up living their lives multiple times- often gaining new levels of insights and understandings with each reliving. I can reconstruct by way of remembering and/ or logically deducing the events detailed in the LSB with a lot of visceral and carnal detail, for example: "She smelled like a mix of apple, Imperial Leather soap and hospitals."

(Page 81). My use of sensory language not only allows me to place myself and my reader in my memory, but also allows me to demonstrate the understanding I have of that memory. Additionally, the use of the senses helps to make my recollections seem more alive on the page for the reader by engaging more than just their eyes. Gornick (2002: p14) writes about memoir as “...good writing has two characteristics... It’s alive on the page and the reader is persuaded that the writer is on a voyage of discovery.” In my memoir I bring my memories to life on the page using dialogic sequences. These have been fictionalised to a degree as it is impossible for me to remember exactly what was said when my mother was in hospital for example- I was only four or five at the time:

“Dey, you be a good girl while Mummy’s away. I’ll be back tomorrow.”

“But tomorrow’s so far away and we’re nearly at the bit with Boggis, Bunce and Bean and the **meshanical** shovels.”

“It’s me-k-anical, with a ‘k’ sound. You can read it with Daddy.”

“But you said ‘machine’ had a ‘sh’ sound?”

“It does. Ch can be the ‘ch’ sound, a ‘sh’ sound or a ‘k’ sound. So, in machine, it’s ‘sh,’ in mechanical it’s a ‘k’ sound. You can learn some more about that with Daddy.” (p79)

Here, I have been able to utilise my knowledge of psycholinguistics to reconstruct conversations that make sense. This methodology also demonstrates and brings out different characters and the relationship between those characters. The development of voice, tone, personal grammars, along with the considerations of my age and what would make sense in that conversation allow me to give every character their own voice within my memoir. By doing this, I intended to give the best impression of accuracy/ reality behind these constructed conversations as possible. For example, in the excerpt above, I have focussed on my learning of how to pronounce ‘mechanical’ to demonstrate my age at the time- here I demonstrate a similar parent-child speech error correction pattern, furthered by echolalia, described Harley (2003). I demonstrate the echolalia by showing how I have copied my mother’s way of pronouncing ‘ch’ as a ‘sh’ sound, leading to my speech error when trying to apply this understanding of how to articulate the word ‘mechanical.’ This leads to a more empiricist (Harley, 2003: p93) perspective of how language is developed. By demonstrating how my mother corrects my mispronunciation of the word ‘mechanical’, I exemplify how I developed language through my experiences, and how my mother nurtured my language development through detailed explanation and correction. The intention behind this is to allow the reader to first- potentially recognise the parent/ child relationship; and second may also allow them to reminisce about how they developed language development and learning, which then allows the reader to apply their own interpretations and hearing of the voices of my different characters, immersing them fully in my memory. However, the first part of this conversation is fictionalised- I

remember mispronouncing the word 'mechanical' and mum correcting me, and I remember her having to go to hospital overnight, but I don't remember exactly what she said at the start of this conversation, so I went with what made the most sense for the estimated time this memory took place.

As a result, TMH can be seen as:

"a framework in which the 'perspectives' of the medical humanities are pitted against those of the 'sciences' or 'social' sciences might give way to a much richer and more entangled investigation of the bio-psycho-social-physical events that underpin the life, and death, of any organism" (Viney et al, 2015: p3).

TMH shows the use of the arts in therapy can add to the complex, entangled nature of understanding "the wider effects of medical and health-related knowledge, care, intervention, education, and research are extensively and complexly distributed throughout social life, at a great variety of scales and through diverse spaces, temporalities, institutions, media, geographies, and forms of government. CMH is neither immune to nor separable from the influence of the life science" (ibid: p4) or, as I would argue, life writing. Therefore, the value of TMH to medical humanities is as a demonstration of entanglement in the complex life of someone who is care-experienced with multiple health conditions.

In Chapter 1 I looked extensively at the notions of Narrative Medicine and Narrative Theory because I was expecting the use these elements of critical medical humanities to analyse my writing. However, the complexity of TMH and all my stimuli meant that trying to fit my work in with these theories was too simplistic. This is why Viney et al's (2015) notion of entanglement suits TMH, as the complexity of the interdisciplinary support – for example from social care, education, and health services- I received is very entangled in my home environments, my education, my health and my understanding of my journey, my memory, and my identity. For example, TMH shows the thought process behind my development of my narrative identity. On page 229 I summarise:

"I am not all my labels, but my labels are a part of me. I am not all my experiences; they are the materials my memory hotel is made up of. My memory hotel is not me; it is my way of remembering things that led to me being me. To semi-quote Pratchett and Gaiman's depiction of God in Good Omens: I am ineffable, of my own design and completely at my own mercy because of it all."

Here, I am explaining that even though I started this memoir as a way of re-finding myself particularly during everything I was going through at the time, I have taken my reader on a journey

and presented various narrative identities be they good or bad, that has led me here. Here, I have shown that LSW can be informed by narrative therapy by writing TMH to incite some new form of self-awareness (that my identity is ineffable) and found through my writing a way of healing myself particularly regarding my feelings about Orange. Additionally, I have made the writerly choices I have to invoke insight and empathy for a life my reader may have no experience of, thereby demonstrating how LSW could inform studies in narrative medicine- particularly regarding *humanising* mental health services for care-experienced young people (CEYP) by promoting empathy and compassion when a young person is going through their life stories.

TMH also provides evidence to discuss another element of Viney et al's argument- risk. In terms of risk, I have risked a lot in revisiting my story and turning it into a memoir. As stated by Viney et al (2015: p6) "One of the important aspects... of the medical humanities is to acknowledge the personal and professional risk of being critical." TMH is an example of how I have critically analysed, assessed, and reflected on my own life for research purposes. Viney et al (2015: p5) cites Latour's definition of a critic as "not the one who lifts the rugs from under the feet of the naive believers, but the one who offers the participants arenas in which to gather." For me, in sharing my story and then critically analysing it I hope to invite more researchers to consider the effects of Life Story Work particularly for CEYP but also consider the implications more research into Life Story Work can have on the Medical Humanities, Life Writing and Social Work practice. As Viney et al state: "Not only does the critical medical humanities have a capacity to report on political practices that are, by their nature, obscured from public visibility, but Friedli and Stearn show how benevolent therapies are used to legitimise and make mainstream new forms of governance that aim to operate at the level of belief, emotion and affect." For example, the first foster carer slide on page 87. Despite the use of first-person pronouns that refer to me in this slide, there are three distinct voices: Red's, teenage me and my first foster-carer's. Red relayed what the first foster carer could remember but used language I could understand at the time- for example, instead of using 'sexually abused' she used 'hurt in a sexual way.' The removal of jargon makes this memory easier to access and then reconstruct in writing.

Further, the amalgamation of all three voices produced a memory that can be seen from multiple points of view. I might have remembered telling my first foster carer that she looked old, but I had no way of knowing that she thought I looked like a tight little ball and was very sad. The outside perspective on my personality at the time gives me an insight to both my personality traits and my characteristics, which I can then use to present a more rounded version of younger me that is easier for the reader to imagine. However, the risks involved in sharing these points of view involve elements of sharing different types of practice, as well as influencing the reader's perception of me

as a character. Am I a reliable narrator if I must use other people's insights to show who I was when I was younger? How does this affect how I present myself now? Can the reader trust what I say about myself without the use of the stimuli to back these points up? Can the reader even trust the stimuli? TMH answers these questions by showing that this is an autoethnographic insight into my own care experiences to make mainstream (by way of influence, training development and teaching as I discuss in Chapter 5) unique forms of governance- for example, my having the same social worker for seven and a half years- and commenting on how this affected my beliefs, emotions, and identity.

This often led to inconsistencies in the story and many time jumps- particularly regarding my third placement as discussed in TMH on pages 104-112. My file attempts to be chronological but it was not presented to me chronologically as I comment on page 101. It resembles something more like returning to a hotel after getting very drunk and trying to find the right room. This is why the description of key cards, other people's views and how people leave bits of themselves in my memory hotel works so well for me and my writing. The different perspectives from family members, carers, social workers, therapists and Red herself as a (mostly) unbiased independent party to my story allows me, and my audience, to see these entangled memories from multiple points of view. I say mostly, as when dealing with life and lives, it is very hard not to have at least some bias towards someone's story. This also demonstrates how I developed relationships with the different characters in my life, which allows me to write a more coherent, well-rounded life narrative. The thought processes I present in TMH could therefore inform not only a new way of developing self-awareness in a well-rounded way. They also show how to invoke empathy and insight in a reader to help them see political practices that can be obscured from public visibility like the good and bad practice of social workers, along providing a suggestion for a new form of governance not just for within the care system, but also in writing practices and medical humanities research.

That said, examples of counter-memory, or, as found in Sissay, a resistance to the 'official' version of my life can also be seen in TMH. Counter-memories allow you to show yourself what you think or feel or know about an event just as much as going through the official records in a therapeutic context. Counter-memories are an important part of self-reflection, and a demonstration of one's knowledge and understanding of the past. When I discuss my time in my third foster placement, I present the Life Story Book version of the events; then I demonstrate how a lot of the thoughts and feelings held in this more 'official' record of my past were false or mis-remembered. This is because they were so hard to think about as I didn't realise when we were revisiting this in LST that I found this placement so hard because I didn't feel wanted. Thus, I demonstrate the effect this had by way of disjointed, non-temporal, dialogic sequences. This is reminiscent of how my "official record" was

related to me both in the LSB and in my social services file. In my LSB we revisit my third placement twice after we approached it chronologically. This was because I was not able process this placement effectively during my LSW sessions.

My file, ironically, gives far more information about the events that happened during this placement which then allowed me to process “what really happened” in TMH. By showing how I responded to the different stimuli I have regarding my life, I have been able to demonstrate examples of counter memory. For example, the use of my stimuli as mnemonic systems, and how my various stimuli compares or contrasts to the experiences and memories I have stored in my Memory Hotel, that could add to discussions like those described in Tello (2019: p10), where they argue that “Counter-memory generates cartographies of how life is managed, exploited and maintained.” Or a map of how to navigate say one’s memory hotel. This, in turn, makes the writing seem more alive on the page and my characters feel more human. Including these other voices also allows my reader to gain a distance from me as the narrator and subject and see me as a character within the writing. Therefore, TMH is an example of how LSW affects the use of memory, stimulus texts and voice in life writing practice. The use of a stimulus text that portrays a collective memory allowed me to reconstruct conversations between younger versions of me and the various characters in my life.

However, a consequence of this was that sometimes I struggled with my tenses due to reliving the memory rather than describing my memory. Writing a memoir about traumatic experiences- even if it is a description of how I overcame these experiences- does still take its toll. Reminiscing and reflecting on memories always comes with risk- especially when you gain new insights upon later reflections- like, for example, my realisation that my social worker saw a lot more of what was going on than I gave her credit for. There was a risk that in going over my LSB and subsequently my social services file would retraumatise me or cause me to regress to former behaviours. As stated in Chapter One, I view re-traumatisation as inevitable. Karr (2016: pp27-28) describes how multiple authors reacted to being retraumatized in writing their own memoirs- some relapsing on addiction, some getting horribly ill. Unclemon described artists as vampires, with monster eyes that notice the worst details, but Karr describes a different set of ‘noticer’ or human eyes. She (ibid, p31) writes: “To tap into your deepest talent, you need to seek out a calm, restful state of mind where your head isn’t defending your delicate ego and your heart can bloom open a little.” Retraumatization is something to be expected, and therefore planned around, and having the collective memories and reflections on those memories allowed me to reach this calm, restful state of mind that my predecessors appear to lack in their writing- particularly within fictional autobiography. Bess in Capes (2021) is a very emotive writer that certainly does not present as having calm, restful states of mind. For many with experiences like mine, reflecting on life events from a calm and restful state of

mind is difficult, if not impossible. However, by having completed LSW previously and not only just having found out a lot of this information from an inconsistent and frustrating social services file, but I also found it a lot easier to reflect from a more grounded, adult perspective on the historical events of my life. This made it easier for me to develop my writing from a calmer state of mind- although, I still have some very raw, emotional writing particularly as we came to more recent events. That said, having the state of mind and showing it in the writing was also particularly hard for me. When you know you have had or feel you are expected to have certain emotional responses to events, it is far easier to write emotively. This is potentially why these predecessors chose to write in fiction as opposed to non-fiction, as it is more acceptable, or less likely to be questioned, when the protagonist presents as emotional in fiction. Sissay's emotional counter-memories, for example, intrigued me so much it led to a more formulated version of this thesis.

4.5: The Value of The Memory Hotel as an Autoethnographic Study of Life Story Work/ Social Care/ Mental Health Care

Initially, I found I very hard to find other examples of care-experienced memoirs at all, let alone ones that reflected the roots of the theories I was beginning to develop. However, I did find a few choice examples that came to influence my writing. After reading *Hackney Child* (Daniels and Livingstone, 2014) and *Unforgiveable* (Elliot, 2014), I became very focussed on the dichotomies of good and bad social work practice and developed a sociological commentary on care experience. Additionally, this gave me an idea on how to present my memoir- with my own twist. Sissay presents his memoir as a pattern of stimulus, process, reminiscence/ reaction/ reflection, whereas Daniels and Elliot describe their processing as part of the overall memoir narrative. I chose to adapt Sissay's model with my own LSB model, presenting my memoir as a plaiting of stimulus, reconstruction, and the reminiscence/ reflection in line with the entanglement discussed in the previous section. This makes the characters (including myself as the protagonist) within my memoir more well-rounded personalities in my memoir as it includes multiple stimuli written from multiple perspectives, meaning that they are not presented solely from my point of view. I had hoped to avoid a reactive response to the stimulus as I found this to be very raw and emotional in Sissay. However, I realised upon gaining access to my file while writing my memoir meant these responses could not be avoided- due to how recent and fresh the information is to the writer.

However, my care-experience is a huge part of my life, and therefore commentary on social care and social services cannot be avoided, and, as I would argue, this all ties in with critical medical humanities (CMH). My experiences do have similarities with my predecessors, but they are also unique to me (and in places, unique to social work in general.) For example, I had the same, very

dedicated social worker for seven-and-a-half years- who I was then able to revisit my file with later, and then the same pathway advisor (post-16 social worker) for a following five years. I attribute this stability as a large factor in my ultimate successes. My social worker, as I describe on pages 171-178, was incredibly dedicated to getting me the best care and outcomes she could. It wasn't until I received my file, however, that I realised just how much she, and subsequently my Pathway Advisor (post 16 social worker), did to support me- as I describe in TMH on pages 174-179. I then move on to provide a section of my social services file and reflect on my memories and counter-memories of this time and use this reflection to discuss what makes a bad foster carer. This discussion sits in line with experiences set by my predecessors- in particular the relationship Capes' fictional character 'Bess' has with her foster mother. Most of my predecessors highlight the differences between a foster carer who genuinely cares to one that is only 'in it for the money.' This then allows me to provide a social commentary which, in this thesis, could be seen as a way of showing the intersection between humanities scholarship and social justice. I do this by sharing not only similar experiences to my predecessors from Chapter 2; I share differences in my experiences compared to the existing cultural memory of social care particularly regarding social worker- young person relationships.

While I was completing my undergraduate degree (2012-2015), I was part of only 6% of care-experienced people (CEP) who went on to university (The Children's Commissioner's Office, 2020). Now (2023), I am part of 13% of CEP who go on to University (Office for students, 2022)- and 27.9% of those CEP who graduate that go on to post-graduate study. For post-graduate study, this is more than our non-care-experienced peers- only 24% of whom go on to post-graduate study (NNECL, 2022). The statistics often refer to there still being a huge attainment gap between care-experienced and non-care-experienced people (Office for Students, 2022; GOV.UK, 2022). I would argue that these statistics suggest that CEP who graduate in university see and appreciate the value of academic study- in particular, arts and humanities study where "Conversely, 27.9% of care experienced degree graduates were undertaking further full-time or part-time study, compared to 24.6% of other graduates." (NNECL, 2022) primarily in arts and humanities post-graduate study (Office for Students, 2022). The more knowledge there is of CEP going on to further study, the more it has an impact on how many CEP do go on to university: a trickle- down effect. My journey through education described in TMH gives additional valuable insight into the educational experiences of a care-experienced person going through academia and eventually becoming a teacher and a writer. TMH also provides examples of good (and not-so-good) practice when supporting a CEP. I was, after all, the test subject for a pilot of The Staying Put Scheme- which allows CEP to stay with foster parents post-18 which 30% of CEP benefit from now (GOV.UK, 2022). I was also the test subject for how much it could cost to support a CEP through a MA in my Local Authority.

Yet, it is also hard to avoid the examples of poor practice during my care. When I reflected on my file with my social worker, I explained I felt she made three big mistakes during my care, the biggest of which being returning me to the residential home. It would be ignorant of me to not recognise that I have spent three years talking about a valuable intervention that was birthed in an institution that, ultimately, abused me. I didn't realise that going through the detail of my experiences, and reflection on insights offered by my file upon leaving SACCS, would lead to the understanding that I was institutionally abused. Over the years, TMH has become a safe space for me. A space I can control, and a place where even though I can remember the abuse I suffered, I can control whether it affects me or not by simply closing the door to the respective rooms should I need to. For example, as I describe on page 133-134 after discovering my birth father had died, a kaleidoscope of memory fragments exploded, but I simply let them run wild by closing the door and returning to the space when I was ready. Additionally, now the death of my father and subsequent forgiveness of him has closed the door on the traumatic effect he had on me, has made me realise just how much being institutionalised traumatised me. As I state in Chapter one, I believe retraumatisation is an inevitable part of revisiting one's life. Understanding the institutional abuse I suffered in care helped make my writing around this subject more reflective and authentic and showed me that what I experienced while in residential was not appropriate nor was it 'care'. This, in turn, has allowed me to reflect on what is meant by the term 'care' which can then be added to CMH fields. Genuine care, for me, is where someone really wants to help you move forward with your life and develop your identity. Someone who welcomes you into a familial or kind setting. Someone that will keep you safe from yourself and others. Who provides you with your own space and helps you overcome any difficulties you may face. Care, as I demonstrate in TMH, came from the likes of Red, my social worker and my forever Mum. It did not come from residential.

As describe in chapter 1, the concept of care is widely discussed in the field of Narrative Medicine (Charon, 2006- See Chapter 1), I use my own narrative to teach my audience where I have come from, where I am going, and how I have come to understand the meaning of my life in relation to my care experience. I have been able to use the various therapies I have encountered to help me provide a well-rounded perspective of social care experience from the early 2000s to now. This has also allowed me to provide the 'critical' element of critical medical humanities. TMH is an example of the interlocution between medicine (in this case, regarding mental health and therapeutic interventions) and various socio-cultural. For example, my experience of social care and different cultures outside of care, political- how different legislations affected my development (like with the Equality Act 2010 and the Data Protection Act 2018) and philosophical fields- the different philosophies I develop regarding identity, sexuality, grief, and mental health. TMH, and this chapter,

therefore, could be seen as an example of critical medical humanities in writing and practice. Take, for example, my discussion of how my BPD diagnosis was explained to me on pages 204-205. This can be seen as a description of a 'primal scene' (Whitehead et al, 2016: p339). Here, I demonstrate the notion of Counter-diagnosis as explained in Chapter 1. I can present my understanding of the medical language used to help me visualise and understand my diagnosis with the relationship between the beakers metaphor I use, and the association with my hormones and my behaviours and personality traits. I am then able to use this to highlight the differences between accessing mental health services as a child and as an adult. The coincidental interweaving of lyrics from Bob Marley and the Wallers "Buffalo Soldier"- the term 'buffalo soldier' is believed to have been given to African Americans by Native Americans during the American Indian wars. This is a song about a person with a very good understanding of where they have come from fighting for survival, where Marley uses his "...lyrical and musical weapons to describe events while signalling hope for the oppressed" (Bogues, 2003: p188 |). I use this song as a way of demonstrating how I had to come to understand where I had come from (and how I did the right thing) to realise I had to fight for myself to survive instead of idly waiting to be placed in a family.

In terms of CMH, I have demonstrated through TMH how much LSW could contribute to the fields of narrative medicine and narrative therapy, and vice versa. TMH also shows the effect different types of memory have on different types of narratives, and the importance of collective memory in the development and understanding of identity.

The value of TMH as research also affects the field of Life Writing, adding to discussions surrounding the use of stimulus texts in memoir, and providing an, in places, humorous approach to sharing an initially traumatic life and unique personality that does not shy away from showing the reader the good, the bad and the ugly sides of themselves. The value of humour allows the writer and reader to explore the complicated and entangled terrain of care-experience with additional support. While there is a lot more I could say about humour and my relationship with it, unfortunately there isn't enough scope left in this research to give humour the appropriate attention it requires. For the context of this research humour has been used as another safety mechanism to help the writer not get too involved with the memories described, and to help the reader feel entertained and engaged with the writing.

TMH has been written with the intent of being inspiring, as well as helping me through some of my present-day issues. The use of LSW in TMH demonstrates the therapeutic benefit of recognising and understanding one's own past at different ages, along with the importance of including other people's perspectives in the development and understanding of identity and personality in writing.

This chapter has examined the value of TMH as research in relation to my three research questions. It has linked up the situated concepts found in Chapter one to the precedents of practice discussed in chapter two and explained how TMH interacts with these findings. In chapter 5 I conclude my research and suggest recommendations for future research I have found because of analysing the value and limitations of TMH.

Chapter 5- Conclusions

5.1: Introduction

This chapter will answer the question ‘What effect does Life Story Work have on Life Writing?’ and discuss why this thesis is practice-based. It will also comment on the impact this research has had on the wider community, and present future implications for research.

5.2: Further thoughts and reflections on The Memory Hotel and its place as practice research

When I began this thesis in 2020, I was pointed in the direction of Barrett’s (2019) guide to “Developing and Writing Creative Arts Practice Research.” In this appendix, Barrett (2019: pp185-205) provides a meticulous breakdown of a way to structure creative research, separated by stages, definitions of each stage and questions the author must ask themselves in each stage. While this was useful, I found the description to be an over-complication, along with being over-deterministic of how to complete practice as research. I needed something simpler to help me structure the thesis in my own mind.

Barrett (2019: p195) used a term – exegesis - I had never come across before as almost synonymous with a research paper. Exegesis is defined as a “critical explanation or interpretation of a text” (OED, 2023) and is usually associated with religious texts, although some authors use this term to apply to any research that utilises a critical commentary on a creative artefact. Hamilton and Jaaniste (2010: pp31-32) do exactly this, highlighting that previous models of art, design and media researchers explaining practice as research tends to oscillate “...between academic objectivity, by providing a contextual framework for the practice, and personal reflexivity, by providing commentary on the creative practice.” They propose a model that combines these two approaches- what they call the connective model of exegesis: “Besides an introduction and conclusion, this pattern includes three main parts, which can be summarized as situating concepts (conceptual definitions and theories); precedents of practice (traditions and exemplars in the field); and researcher’s creative practice (the creative process, the artefacts produced and their value as research).” This explanation provided a simple structure I could follow for my own research, which helped me contextualise my practice in

amongst other research fields as a way of justifying the need for my work, along with allowing me space to reflect on my personal development as a writer.

As Hamilton and Jaaniste (2010) point out, the consequence of this method is that the writer needs to write in multiple different registers within one piece of work- from objective academic, to creative, to reflective. It has been a struggle for me to adequately differentiate between the different registers throughout this thesis. I had to make an adaptation to this model to help me better separate these different registers, which is why I have apportioned my work into the chapters as I have. Chapters one and two are written in a critical register, chapter three is written in my creative voice, and Chapter 4 is written in my reflective voice. Having these different registers within the thesis also inspired my writing in TMH- where I use a variety of different voices and registers again to show the complexity of roles and contributions to my Life Story.

It was necessary to take a reflexive approach to my research where I had a “continuous internal dialogue and critical self-evaluation of [my] positionality as well as active acknowledgement and explicit recognition that this position may affect the research process and outcome” (Berger, 2015: p220, cited in Mannay et al, 2019: p161). Having this reflexive account ensured my safety and allowed to conduct my research in the most ethical way possible as “failure to name emotions and responses [in research] might lead them to become expressed in other ways such as how we write about that person.” (Ibid, p165). A new insight I gained was how much this therapeutic process has influenced the way I see myself and my past- especially in my complicated roles as researcher, writer, care- experienced adult, teacher, partner, disabled person, and inspirational speaker. The relationship between the therapeutic and ethical implications of this piece is that I did need to make sure to put safeguards in place to help me through this writing process, as well as protecting everyone else involved in my story which is why all names and identifiers are replaced by colours that I used to redact my information. This process also enabled me some further distance from the people involved in my life story, which in turn allowed me to view more from their perspectives as well as my own.

I became my own life story worker while producing TMH. As shown on multiple occasions through TMH, I am frequently *in* the memory hotel, along with different versions of myself. I try to place myself as the concierge of my hotel in my writing, guiding the reader through my memories and subsequent reflections on those memories. This allowed me to view my writing from multiple points of view and reflect on why I was writing the way I was. If I didn't recognise the emotion, I was feeling at the time I was writing, I found it very hard to write. For example, before I recognised how uncomfortable I was in writing this chapter, I found it hard to write. But since recognising I was

chain-smoking because of it and naming that uncomfortable feeling as I have been able to really get to grips with what I want this chapter to do. Recognising how I feel about all these aspects of myself allows me to view myself without “damaging my delicate ego” as Karr (2016: p31) puts it.

Hamilton and Jaaniste’s model had a very useful structure that I adopted to help me structure this thesis and present my practice research. However, this model doesn’t account for research that may pose ethical issues. As a result, I had to make adaptations that would consider the ethical implications of my work. This included separating the creative work from its value as research in the model, along with providing an ethical commentary on why my field of study might not have been as well-researched as other topics in writing, medical humanities, and social work research. As such, my research has become a way of proposing a more creative approach to topics that could raise ethical concerns and how to mitigate these concerns in practice research.

For example, my LSB was completed before General Data Protection Regulations (GDPR, 2015) legislation came into effect. The printed PowerPoint slides that make my LSB cannot be edited or changed as I never received the digital copy of my book. I had to manually scan the pages into my computer. While it is mostly about me and my reflections on my life, it also includes information on and from the vast number of people who were involved or related to my life. As I comment in Chapter One, “a memoir is not a ‘one person show’. Memoirists must consider the privacy and confidentiality of everyone they include in their memoir, whether their memoir is going to cause harm to them, or other people mentioned in the memoir, whether informed consent is needed when writing the memoir and whether any payment or compensation will be required upon publishing the memoir.” In line with this, I have come up with a creative solution by redacting any names/ identifying features like locations utilising the editing feature of the ‘Snip and Sketch’ function on Windows. I then replaced the names of my ‘characters’ with the colours I used to their names. This way, my reader could tell whether different people were speaking/ mentioned in the PowerPoint slide, but there are no identifying features of that person/ persons.

That said, it was hard to avoid talking about the sheer volume of people I had in my life without assigning them some form of role- like carers, social workers, therapists- regarding how they might speak or write. For example, on page 92, I describe the carer checking on me while I’m in the bath and go on to satirise the way they would have recorded that event in the logbook. This is also a commentary on how I found the over-recording of my life. I would often say to my social worker for her to ‘sod the paperwork’ and put me first- which, it could be argued, is why my social services file is as poor quality as it is, yet possibly why I felt more supported by my social worker than say the likes of Sissay and Daniels and Livingstone.

This motivated me to write about how going through LSW reduced a lot of the problems these other care-experienced people had had, only to realise that this wasn't what I wanted to be writing about. Part of the reason why I fell down this rabbit hole was to do with the contradictory feelings I had towards my own care experience. While I view LSW as the most valuable intervention I had growing up, the place I received this intervention had some of the most detrimental effects on my development- as I describe on page 219 "My forever mum always says when I got to her it was like I was a twelve-year old stuck in a sixteen..." This mixed set of responses can be seen in the multiplicity of my writing throughout my thesis. For example, the variety of registers and voices that I use in each chapter and how unique every voice I use is from the others. Additionally, my care experience was unique in comparison to other people's portrayals of care experience in that I had a stable and consistent social work team who did everything they possibly could to support me (and there is evidence to back this up, as can be seen from my file excerpts). This enabled me to be able to comment in my writing on the good and bad practice I experienced.

5.3: What effect did Life Story Work have on my Life Writing?

In Chapter One I theorised potential concepts I expected to come across while writing TMH. These concepts included the interactions and intersections between LSW, life writing, the medical humanities and social care. One of the most important concepts I theorised I would discuss was the relationship between LSW, Life writing and identity. I was able to root these concepts in Chapter 2 to my selections for the precedents of practice. However, only in writing TMH alongside writing this chapter did I gain a better understanding of the precedents of practice. For example, when I began analysing *The Story of Tracy Beaker*, I found myself falling into a sociological voice initially. Yet, while writing TMH, I came to look at what the text in *Tracy Beaker* does rather than the sociological implications of the concept of Tracy Beaker. I then theorised links between life writing and identity on not only care-experienced writing community, but to life writing.

One of the biggest contributions of LSW to life writing is the notion of utilising co-produced stimuli to inform the life writing itself. As discussed in Chapter 4, being able to utilise LSW in my life writing allowed me to use collective memory in addition to autobiographical memory- something none of my predecessors have been able to do. This is because LSW allowed me to grasp a better sense of my identity as a younger Dey by seeing who I was from a variety of perspectives- my Life Story Worker, my social worker, birth family members and previous foster carers we all given the opportunity to contribute to my LSW. This collective sense of who younger Dey had allowed me to present clear voices and narratives of younger Dey's life experiences, along with a well-rounded and full presentation of someone who is care-experienced that doesn't shy away from presenting the good, the bad and the ugly sides of herself. The examples of other people's voices that I have in my

LSB also allowed me to present other characters in my life with clear and individual voices, meaning I do not need to say who is speaking at any point in the memoir as I have made sure everyone has their own clear, distinct voice using the examples of their voices I found in my LSB. This allows my reader to clearly see the entangled identities that have contributed to my life journey and presents more personality to my characters that readers can both empathise with and relate to, ultimately bringing my reader closer to me as the writer.

The other benefit of using LSW as part of my life writing was being able to demonstrate the differences and similarities between LSW and other forms of documentation like my social services file and Facebook photos. As noted in Chapter 2- Lemn Sissay used his social services files as a stimulus for his memoir, which inspired me to do something similar in my own life writing. Upon accessing my records, however, I had a very negative experience which I was able to write about in TMH. This allowed me to provide an autoethnographic account of both access to records and LSW that has since allowed me to inform policy and practice within my own local authority, along with providing me insight into implications for further research which I will discuss later in this chapter.

The effect LSW had on my life writing has also allowed me to theorise how the critical medical humanities can be used as a bridge between the fields of life writing and social work research- particularly regarding the notions of risk and entanglement that can be found in TMH. In a recent article by Watson et al (2023) similar concepts are discussed whereby difficult conversations held with children and young people who have been removed from their birth families about their lives should be seen as “complex and entangled in the past, present, and future.” In their article, they challenge professionals and families to “imagine the care-experienced child (as all children should be considered) as co-existing in multiple temporalities that are indiscernible, co-existent and co-constructive of identities.” They argue that LSW, as it is practiced currently (no matter the model) does not do this- instead supporting a child’s life as a linear progression from pre-care to post-care. While my LSB is chronological and linear, for the most part, my memoir refuses to handle things chronologically because this is not how my memory works. That said, the chronological format of the LSB did make it easier to find certain keycards for my memory hotel and made it easier to find the missing information from my social services file pre-my turning 16. However, post 16, having the jumbled mess of my file to go by made reconstructing the later years of my life very hard. Noticeable shifts can be seen in my writing when I use the LSB as the stimulus, the file as the stimulus, or my own uninfluenced recollections- take, for example, the sexuality section of the memoir where all three stimuli are used including a photograph of an empty room on page 160. In this section, my writing changes from reconstructing the LSB memory of being in the residential home, to reflecting on the information presented in my file, to methodically detailing my progress and achievements in

response to the photograph. Therefore, my writing becomes very entangled in different temporalities held within TMH- writing from the past, writing in the present, and writing with the future in mind. These concepts also helped demonstrate how not having LSW be an ongoing process through my life journey meant that the intervention ultimately failed in what it aims to do. This is because essentially, I became my own Life Story Worker while writing TMH. This made the process of reflecting on my life events very hard to do because there was no one else to help me reflect on these events (except for my supervisors) as there had been in my LSB- although potentially easier for me than other memoirists because I had that experience of LSW prior.

5.4: The impact and influence of this research and implications for further research

I have been able to use this thesis to help me impact and influence the writing community, my teaching, introduce life story work to the field of medical humanities and affect social work practice.

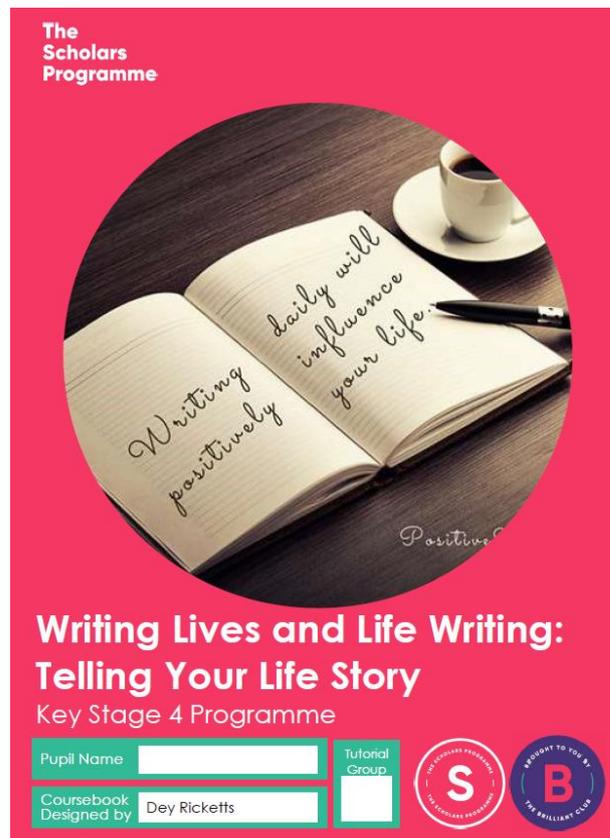
I have influenced the writing community by demonstrating how the use of a therapeutic intervention that currently is not available to the wider community can affect life writing practice. I have demonstrated how an identity can be presented as more well-rounded by using a stimulus that involves collective memory of a young person’s beginning. I spoke about this at the Process, Practice and Performance Conference 19th May 2022.



Here, I also discussed how a writer may wish to keep themselves safe when writing- particularly when writing about traumatic events, for example, my use of Disney quotes as frames in my writing. I was also able to discuss the differences in my writing when my writing was influenced by my LSB as opposed to my social services file or Facebook posts. For example, I was able to more accurately reconstruct and objectively reflect on different memories based on the information presented in the

LSB but found myself contesting or being surprised by what I found in my social services file. This makes my writing more emotional and less reflective, which shows both the value and importance of stimuli based in reflective, collective memory in life writing, as well as the risks and limitations of certain stimuli.

I have used my thesis to impact my teaching practice with The Brilliant Club Scholars Programme by designing and delivering a course titled “Writing lives and life writing: Telling your life story” for Key Stage 4 and 5 learners from disadvantaged backgrounds.



This course has been designed to help young people from disadvantaged backgrounds aspire to go to university. Here the term ‘disadvantaged’ encompasses anything from low-income households, those living in one of the 40% most deprived areas in England, learners who receive Pupil Premium support (which includes care-experienced young people) and/ or having parents with no history of higher education. The course is comprised of seven sessions and introduces learners to six forms of life writing, resulting in a 1000-word creative piece and a 1000-word critical commentary for the final assignment. I have also found that it has helped learners develop their self-esteem, self-confidence, and sense of self from the responses to assignments I have given. I have delivered this course nine times currently and have received brilliant assignments (with several learners achieving

'Firsts' or above 70% marks) every time. I have attached an anonymised impact report for this course in Appendix 4.

Writing TMH also had a therapeutic effect on me as the writer- particularly when dealing with three significant events that happened during this thesis- gaining access to my social services file, my birth father dying and getting engaged for the first time then having that relationship break down. Being able to reflect on these events using TMH and acting as my own Life Story Worker helped me manage these events in not only healthier ways, but also in more useful ways that I have since been able to share with others going through similar things. This makes one question that if Orange hadn't died when he did, would I have written the same memoir?

This then led to my publication in the British Journal of Social Work where I present an autoethnographic account of Life Story Work for their special issue on lived experience (Ricketts, 2023). Here I analyse two models of Life Story Work and use my own experiences and research into these models to demonstrate the advantages and limitations of both these models. I then go on to provide an autoethnographic account of my experiences of Life Story Work similarly to how I have done in TMH. This allowed me to comment on and discuss how some researchers (Kontomichalos-Eyre, 2022) feel that LSW is a biographical intervention whereas I view it as autobiographical and back this up with evidence via my autoethnographic account. I was also able to point other researchers towards analysing the different types of LSW to better assess the intervention's outcomes. I hope that by using my experiences in this way I have inspired other researchers to examine LSW in more detail.

In terms of the relevance of TMH to the field of critical medical humanities (CMH), I originally linked LSW to this field in terms of narrative theory, narrative medicine, and memory studies, but I later found my work has so much more to offer the field of CMH via the notions of risk and entanglement (Viney et al, 2015). The relationship between the CMH and the Arts is a controversial conversation. "Medical Humanities was a vehicle for bringing... the power of the Arts to the training of clinicians... [yet] what is evolution for one community, with movements to new perspectives and terminology, is seen by others as a wrong turn." (Murray, 2023: p10). The same could be said for the care community- while there is more awareness and significant improvements to the treatment of CEP, there are still many 'wrong turns' being taken when attempting to support CEP. For example, the focus on CEP attending university being seen as a success criteria puts all the other successes that these young people achieve into the shadows. While it is fantastic that we have more than doubled the number of CEP in university (NNECL, 2020), this should not be the only medium where success is measured. CEP live complicated lives with multi-agency involvement, and for many a success is

simply being able to live and manage independently, be part of a community and have a friend. The stigma that CEP face, particularly within the areas of education and employment, housing and healthcare is still prominent and still an issue that needs to be addressed.

That said, through TMH I have been able to demonstrate how important the notion of entanglement is to being able to critically analyse and understand the value of the arts to the critical medical humanities- particularly in relation to the mental health needs of care-experienced young people. I have also shown the importance of plaiting together collaborative narratives, such as the multiple perspectives of younger Dey and her behaviours, are to the understanding of identity. For example, on pages 83-90 where I describe my first foster placement. Here I show a sad and lost, yet sneaky and manipulative side to myself that I might not have otherwise been able to write had I not had that first foster carer's voice and perspective in my LSB. This adds a new perspective to conversations within the medical humanities regarding narrative medicine, memory studies and the notion of entanglement as discussed in Chapter 4. Additionally, I argue that CMH could be used as a bridge between practice in life writing and social care as both fall within the medical humanities remit.

Further research could be done examining the use of narrative in social care, like narrative theory does with medicine. Additionally, the value of lived experience to each of these fields- particularly as lived experience tends to be entangled within elements of social care, health, and the creative arts as I demonstrate in TMH, should be more widely considered across all three areas to help improve practice. I have demonstrated how this can be done in one of my many roles. I have used this thesis and my research to influence social care practice as part of my role as a care-experienced consultant. I spoke as part of a fringe group alongside participants from Cardiff University, Leeds City Council, Camden Local Authority and the 'To Love is to Act' relational activism team at the Joint Social Work Education and Research Conference (JSWEC) 23rd/ 24th June 2022 and again at the international KEMPE conference in October 2022 on the value of lived experience within social care. At the JSWEC conference I encouraged academics and professionals to get on their hands and knees and contribute to a canvas using a variety of arts materials vis-à-vis Life Story Work as seen in the images below:



I had them do this for several reasons, the first being to help put them in a position of a child who is participating in Life Story Work (no matter the model). In every model there is some type of arts and crafts element- especially in Creative Life Story Work. This activity also challenged the professionals to really think about the value of lived experience and what it could contribute to their practice. This has since allowed me to justify training and improvements to practice within my own local authority- including my consultation work with the Information Governance team regarding Subject Access Request (SAR) process, and the recruitment and allocation of two dedicated life story workers within the local authority. By sharing my experiences via TMH, I have been able to advocate passionately

the need for improvements to practice and by using my research into Life Story Work I have been able to make appropriate suggestions for improvements.

I have also used my experience of accessing my file to help me design life writing workshops for social workers to help them better communicate with anecdotal information about the young person's life in their case notes. This training is important as it involves my old social worker and me reflecting on the process of going through my record and highlighting good practice and room for improvement. The plan for this training is to roll out a recorded online version alongside live sessions for discussion. Feedback from the first time we delivered this indicated that being able to discuss the impact and importance of the way social worker record information helped all participants really consider how they might improve their writing.

Additionally, I have been working with our Children Looked After Designated nurse to design and deliver training to maternity services regarding the stigma care-experience parents face when they fall pregnant. Being automatically referred for safeguarding should, in my opinion, be something that either happened to every prospective parent, or none. However, I am not a care-experienced parent myself, and so this training will require more insight from CEP who have had that experience to make it more powerful.

Working as a writer, consultant, teacher, and inspirational speaker has also highlighted just how extensive the issues with access to LSW and the SAR process is for a lot of CEP. The experiences I have had while disseminating elements of my thesis across these fields have highlighted gaps in service provider knowledge about Life Story Work and how to access it. I have casually questioned a few CEP regarding research about the SAR process. I found some of the biggest points raised have been the need for a life story work model for adults- particularly as a tool of support for those who are accessing their records. Becoming my own Life Story Worker in TMH also highlighted the need for a life story work model for adults to better support adults who are going through their records.

My experience of having to take my SAR all the way to the Information Commissioner's Office (ICO) due to unsatisfactory responses to my complaint regarding this matter has also inspired the training above. This makes me wonder just how many complaints CEP may have regarding access to their records and how they are treated when they access to these. My conversations with other CEP during these conferences and networking opportunities, along with media representation like in Sissay's *My Name is Why* and Sophie Willan's *Alma's not Normal* miniseries on BBC would suggest similar negative experiences to my own. Further, there appears to be a gap in the literature regarding people's experiences of SARs, so I would invite further research into this.

In conclusion, this thesis has examined the effect Life Story Work has on Life Writing, and so much more. It has assessed the interactions and intersections between LSW, life writing, critical medical humanities, and social care. I presented my practice research as an adaptation of Hamilton and Jaaniste's (2009) commentary on the pattern of exegesis as this felt like a logical way to help me structure my thesis. In Chapter one I situated concepts I expected to come across over the course of my thesis such as autobiographical and other types of memory, narrative identity, and the definition of 'care.'

In Chapter 2, I examined precedents of practice (previous care-experienced life writing) and found examples of things I wanted to include in my own writing, and things I did not. I also discussed why Tracy Beaker is the most famous example of care-experience and the impact this influence has had on the care community. I theorised why some care-experienced authors might prefer to write fictional autobiographies like Capes' *Careless*, as opposed to memoirs like Elliot's *Unforgivable*. Examining these texts allowed me to see that the idea of co-production in memoir is something that can be done, as in Daniels and Livingstone's *Hackney Child* and Willan's *Tales of the Weird and the Wonderful*. However, I also found life writing by care-experienced young people tends to often be a solitary experience with limited- if any- therapeutic support offered during the process, as found with Sissay's *My Name is Why* and McClure's *Borderline*.

In Chapter 3 I presented my creative practice- The Memory Hotel. Here I answered my research questions- 'How could LSW affect the use of memory, stimulus texts and voice in life writing practice' and 'what would a piece of care-experienced Life Writing influenced by LSW look like?' Here, I demonstrated the effect LSW had on my writing by showing how using the slides from my LSW worked within my writing as a stimulus test. I then showed a comparison between my writing when influenced by LSW and my writing when influenced by other stimulus like my social services file and Facebook photos. I was able to show the impact the LSB had on my depictions of voice and memory within the memoir, which I then reflected on in chapter 4.

In Chapter 4 I reflected on the process of writing TMH and answered my final research question 'What could examinations of the interactions and intersections of LSW and Life writing add to the fields of life writing practice, medical humanities discussions and social work practice?' Here I was able to discuss the value of TMH to the research fields I felt I was contributing to, finding that in terms of life writing TMH adds to the discussion of the use of voice, collective memory, and co-production in life writing. Further, my LSB allowed me to present myself as a well-rounded individual who has a good, bad, and ugly side, which can then allow the reader to feel closer to me as the writer. TMH also adds the medical humanities discussions particularly in terms of risk and

entanglement by presenting the complexity of the life of a care-experienced person who has various mental health issues and was raised by social care. Finally, TMH demonstrates examples of both good practice I experienced while in care as well as practices that could have been improved.

This concluding chapter has examined further reflections on my thesis as practice research and discussed the impact, influence, and importance of my research. I suggested areas for further research like the use of collective memory in memoir, the interactions and intersections between life writing, medical humanities and social care, a life story work model for adults and valuing lived experience in research and training.

It is important to note that this research is very limited in that it is based solely on my own experiences, and it is quite evident that I have had quite a unique experience of being in care. This means that there is a very subjective view to my work that doesn't allow a distance a more objective view may provide. However, as an autoethnographer, I am hoping that my research and practice can help inspire other researchers and professionals to examine further the value of concepts like lived experience and Life Story Work and what these can add to various research fields.

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Appendix

Appendix 1: Ethical Approval

From: Erin Pickles <E.R.K.Pickles@leeds.ac.uk> on behalf of AHC Research Ethics <AHCResearchEthics@leeds.ac.uk>

Sent: Tuesday, April 13, 2021 11:39:28 AM

To: Deyanna Ricketts <endmer@leeds.ac.uk>

Cc: AHC Research Ethics <AHCResearchEthics@leeds.ac.uk>; Jay Prosser [ENG] <J.D.Prosser@leeds.ac.uk>

Subject: FAHC 20-058 - AHC FREC outcome - Favourable

Dear Deyanna,

RE: FAHC 20-058 / What is the effect of using Life Story Work in Life Writing?

Thank you for submitting the revised (V2) documentation in support of the above application. I am pleased to inform you that your research ethics application has been reviewed by the AHC Committee and I can confirm this has received a favourable ethical opinion based on the documentation received at date of this email.

Please retain this email as evidence of approval in your study file.

Please notify the committee if you intend to make any amendments to the original research as submitted and approved to date. This includes recruitment methodology. All changes must receive ethical approval prior to implementation. Please refer to the amendment form or contact the Research Ethics & Governance Administrator for further information (ahcresearchethics@leeds.ac.uk) if required.

Please note: You are expected to keep a record of all your approved documentation, as well as documents such as sample consent forms (if you continue to do this by post), risk assessments and other documents relating to the study. This should be kept in your study file, which should be readily available for audit purposes. You will be given a two-week notice period if your project is to be audited.

It is our policy to remind everyone that it is your responsibility to comply with Health and Safety, Data Protection and any other legal and/or professional guidelines there may be.

Some funders require official confirmation that ethics approval has been achieved. If you require this email agreement in letter form, please do let me know. I would be happy to provide this if it is needed.

I hope the study goes well. If you have any questions, please do email me.

Erin Pickles

Research Administrator

AHC Faculty Research Ethics Committee | University of Leeds

Email: ahcresearchethics@leeds.ac.uk



Appendix 2- Ethical Approval Form



UNIVERSITY OF LEEDS

UNIVERSITY OF LEEDS RESEARCH ETHICS COMMITTEE APPLICATION FORM ¹

Please read each question carefully, taking note of instructions and completing all parts. If a question is not applicable, please indicate so. The superscripted numbers (eg⁸) refer to sections of the guidance notes, available at <http://ris.leeds.ac.uk/UoLEthicsApplication>. Where a question asks for information which you have previously provided in answer to another question, please just refer to your earlier answer rather than repeating information.

Information about research ethics training courses: <http://ris.leeds.ac.uk/EthicsTraining>.

To help us process your application enter the following reference numbers, if known and if applicable:

Ethics reference number:	FAHC 20-058
Student number and/ or grant reference:	201373025

PART A: Summary

A.1 Which [Faculty Research Ethics Committee](#) would you like to consider this application?²

- Arts, Humanities and Cultures (AHC)
- Biological Sciences (BIOSCI)
- Business, Environment and Social Sciences (AREA)
- FS&N, Engineering and Physical Sciences (EPS)
- Medicine and Health (Please specify a subcommittee):
 - School of Dentistry (DREC)
 - School of Healthcare (SHREC)
 - School of Medicine (SoMREC)
 - School of Psychology (SoPREC)

A.2 Title of the research³

What is the effect of using Life Story Work in Life Writing?

A.3 Principal investigator's contact details⁴

Name (<i>Title, first name, surname</i>)	Miss Deyanna Ricketts
Position	Provisional PhD Candidate
Department/ School/ Institute	School of English
Faculty	AHC
Work address (<i>including postcode</i>)	NA
Telephone number	07476406531

University of Leeds email address	endmer@leeds.ac.uk
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A.4 Purpose of the research:⁵ (Tick as appropriate)

- Research
- Educational qualification: *Please specify:* PhD
- Educational Research & Evaluation⁶
- Medical Audit or Health Service Evaluation⁷
- Other

A.5 Select from the list below to describe your research: (You may select more than one)

- Research on or with human participants
- Research which has potential adverse [environmental impact](#).⁸ *If yes, please give details:*
- _____
- Research working with data of human participants
- New data collected by qualitative methods
- New data collected by quantitative methods
- New data collected from observing individuals or populations
- Routinely collected data or secondary data
- Research working with aggregated or population data
- Research using already published data or data in the public domain
- Research working with human tissue samples (*Please inform the relevant [Persons Designate](#) if the research will involve human tissue*)⁹

A.6 Will the research involve NHS staff recruited as potential research participants (by virtue of their professional role) or NHS premises/ facilities?

- Yes No

If yes, ethical approval must be sought from the University of Leeds. Note that [approval](#) from the NHS Health Research Authority may also be needed, please contact FMHUniEthics@leeds.ac.uk for advice.

A.7 Will the research involve any of the following:¹⁰ (You may select more than one)

If your project is classified as [research](#) rather than service evaluation or audit and involves any of the following an application must be made to the [NHS Health Research Authority](#) via IRAS www.myresearchproject.org.uk as NHS ethics approval will be required. **There is no need to complete any more of this form.** Further information is available at <http://ris.leeds.ac.uk/NHSEthicalreview> and at <http://ris.leeds.ac.uk/HRAapproval>.

You may also contact governance-ethics@leeds.ac.uk for advice.

- Patients and users of the NHS (including NHS patients treated in the private sector)¹¹
- Individuals identified as potential participants because of their status as relatives or carers of patients and users of the NHS
- Research involving adults in Scotland, Wales or England who lack the capacity to consent for themselves¹²
- A prison or a young offender institution in England and Wales (and is health related)¹⁴
- Clinical trial of a medicinal product or medical device¹⁵
- Access to data, organs or other bodily material of past and present NHS patients⁹
- Use of human tissue (including non-NHS sources) where the collection is not covered by a Human Tissue Authority licence⁹
- Foetal material and IVF involving NHS patients
- The recently deceased under NHS care
- None of the above

You must inform the Research Ethics Administrator of your NHS REC reference and approval date once approval has been obtained.

The HRA decision tool to help determine the type of approval required is available at <http://www.hra-decisiontools.org.uk/ethics>. If the University of Leeds is not the Lead Institution, or approval has been granted elsewhere (e.g. NHS) then you should contact the local Research Ethics Committee for guidance. The UoL Ethics Committee needs to be assured that any relevant local ethical issues have been addressed.

A.8 Will the participants be from any of the following groups? (Tick as appropriate)

- Children under 16¹⁶ *Specify age group:* _____
- Adults with learning disabilities¹²
- Adults with other forms of mental incapacity or mental illness
- Adults in emergency situations
- Prisoners or young offenders¹⁴
- Those who could be considered to have a particularly dependent relationship with the investigator, eg members of staff, students¹⁷
- Other vulnerable groups
- No participants from any of the above groups

Please justify the inclusion of the above groups, explaining why the research cannot be conducted on non-vulnerable groups.

It is the researcher's responsibility to check whether a DBS check (or equivalent) is required and to obtain one if it is needed. See also <http://ris.leeds.ac.uk/healthandsafetyadvice> and <http://www.homeoffice.gov.uk/agencies-public-bodies/dbs>.

A.9 Give a short summary of the research¹⁸

*This section must be completed in **language comprehensible to the lay person**. Do not simply reproduce or refer to the protocol, although the protocol can also be submitted to provide any technical information that you think the ethics committee may require. This section should cover the main parts of the proposal.*

This is a practice-led research that uses the researcher's own personal Life Story Book to create a memoir. Life Story Work is a process that can be conducted by social workers, therapists or significant adults within a young person/ patient's life that communicates the chronology of a person's life. This process is usually employed with children who are looked after by a local authority or adopted (care-experienced); or patients with dementia/ substance abuse problems/ other mental health issues. While Life Story Work is not generally meant to be therapeutic, the primary model used in this research is a therapeutic approach designed by Richard Rose (2005, 2012, 2017).

In Rose's model (2005, 2012, 2017), a trained Life Story Worker researches the events of a young person's life, starting with the young person's social services file and expanding to interviews with the young person's family and other significant adults in their life up to the point where Life Story Work starts. This information is then collated into a format known as the Life Story Book which is then gone through with the young person. The young person is then invited to recognise, reflect and reminisce on the information the Life Story Worker presents. These recognitions/ reflections/

reminiscences are then added to the Life Story Book, providing a process-led intervention into helping the young person understand (and move on from) the events of their past and gain a sense of identity.

The process outlined above is like an auto/biographer's approach to writing their life story. While memoirs by people who openly identify as care-leavers are few, care-experienced memoirs do demonstrate examples of using the social services file and discussions with family members/ significant people in their lives to help them produce their memoirs, e.g. Sissay (2019); Rhodes-Courter (2008) and Daniels and Livingstone (2014). Yet, none of these authors describe having gone through a Life Story Work process and often show examples of refuting, being angry with or demonstrating poor practice by social services and its partners in looking after them. This complies other media portrayal of the care system. Further, despite Life Story Work being practised since the 1960's, there has been relatively little research into it across humanities fields even though there are ways topics like autobiographical memory, Narrative Theory and other social, political and cultural themes that research into Life Story Work could contribute to.

In examining how a Life Story Work Process can influence Life Writing by producing my own life Story Work influenced memoir, I will not only demonstrate a different approach to life writing practice, but also invite further research into the effects of Life Story Work across humanities. I also wish to shine a positive light on the social services system by demonstrating good practice I experienced during my time in care.

A.10 What are the main ethical issues with the research and how will these be addressed?¹⁹

Indicate any issues on which you would welcome advice from the ethics committee.

- The Life Story Book used in this research was completed before GDPR legislation came into effect. It is in the form of PowerPoint slides that cannot be edited or changed now. While it contains information that relates to me and my life, it also contains information about other people in my life- including vulnerable adults and adults with learning difficulties. I have been creatively working around this by anonymising the other people mentioned in my life story book with colours and making sure not to include any slides with identifying features of other people mentioned unless they are deceased in line with GDPR guidelines.
- I do mention my father's name who was incarcerated, as I do not know if he has changed his name or even if he is still alive and GDPR guidance is vague on identifying convicted criminals. My life story book also includes Newspaper articles that photograph and name him, my mother, my sisters and grandparents. While I would like to include the newspaper articles in my life writing work and can blot out the names and photographs using Snip+Sketch as I have with the Life Story Book slides, I would like further advice on this.
- This research could potentially pose harm to me as the researcher in that going through my life story book could re-traumatise me. I also have autism and a few mental health issues that required mental health intervention (although this isn't necessary now). I am reducing this risk by keeping in close communication with my GP and my support network, along with keeping a reflexive journal throughout the research to keep an eye on where I am mentally while conducting this research. I have also declared my issues to the university on application and am in contact with the disability team who I know can support me should I need it.
- This research might require me to speak to other people for places where my life story book is unreliable/ unclear. This could risk harming them by traumatising them/ asking

them to relive memories they do not wish to- particularly in cases where the adults in question are still vulnerable e.g. people I used to live with. I am already in contact with my old Social Services and have placed a Subject Access Request for my social services file to mitigate the need for me to do this. In cases where I absolutely need to speak to other people I will check with the person I'm talking to that they are in a good place to talk about our past and be open and honest with my intentions in asking them to clarify unclear areas of my Life Story Book. I have also discussed with some members of my support network the possibility of me sending out a consent form for their advice and recollections to be included in my life writing work and the majority have agreed to this.

- Richard Rose developed his Life Story Work approach within the same residential care company I was a resident in and therefore I name this company within my research. There are examples of both good and bad practice implemented on me by this company that are discussed in my life story book. This company no longer exists as it was bought out by a different care company which I do not name and have declared this company doesn't exist in my research so far. Am I approaching this in the correct way?

PART B: About the research team

B.1 To be completed by students only²⁰

Qualification working towards (eg Masters, PhD)	PhD
Supervisor's name (Title, first name, surname)	Dr Jay Prosser, Professor Stuart Murray
Department/ School/ Institute	School of English
Faculty	AHC
Work address (including postcode)	School of English University of Leeds Leeds LS2 9JT
Supervisor's telephone number	0113 343 4744
Supervisor's email address	S.F.Murray@leeds.ac.uk J.D.Prosser@leeds.ac.uk
Module name and number (if applicable)	NA

B.2 Other members of the research team (eg co-investigators, co-supervisors) ²¹	
Name (<i>Title, first name, surname</i>)	NA
Position	
Department/ School/ Institute	
Faculty	
Work address (<i>including postcode</i>)	
Telephone number	
Email address	

Name (Title, first name, surname)	NA
Position	
Department/ School/ Institute	
Faculty	
Work address (including postcode)	
Telephone number	
Email address	

Part C: The research

C.1 What are the aims of the study?²² (Must be in language comprehensible to a lay person.)

To demonstrate an example of what a memoir influenced by therapeutic life story work would look like

To comment on the similarities and differences between life story work and life writing practice

To show examples of both good and bad social work/ residential care practice (eventually I'd like to create a training programme for social workers and carers to help them better support the young people in their care)

To invite further research into Life Story Work across humanities

C.2 Describe the design of the research. Qualitative methods as well as quantitative methods should be included. (Must be in language comprehensible to a lay person.)

It is important that the study can provide information about the aims that it intends to address. If a study cannot answer the questions/ add to the knowledge base that it intends to, due to the way that it is designed, then wasting participants' time could be an ethical issue.

This is a practice-led research that aims to produce a memoir influenced by life story work and a subsequent exegesis. Hamilton and Jaaniste (2009) describe a pattern of exegesis as follows: "situating concepts (conceptual definitions and theories); precedents of practice (traditions and exemplars in the field); and researcher's creative practice (the creative process, the artefacts produced and their value as research)." With my exegesis, I hope to situate my study in the themes of various aspects of being in out-of-home care, including abuse (Blanchard, 2019; Hawthorn, 2018), mental health (Scaife, 2018), memory (MacAdams, 2017), identity (Lensvelt, 2019), therapy (Rose, 2012; Hooley, 2015), placements and education (Mannay et al, 2017; Shotton, 2019) in an attempt to identify how my narrative might correlate with the narratives of other Looked After Children/ Care Leavers.

I then plan to move on to contextualising my research in that of the hybrid memoir (MacAdams, 2017), what a memoir is (Palmer, 2016) and the process of it being written. I aim to do this by comparing my work to the works of other care-experienced life writers e.g. Sissay (2019). I then plan to comment on the effect my life story book has on my creative practice. I plan to do this by completing a reflexive journal alongside writing my memoir and comparing the difference in writing with my life story book (which goes from my conception to age 16) and writing without it (my life post 16). I hope to be able to use my findings to add to MacAdams' (2017) theory on hybrid memoirs and to show good practice the care system can provide, along with prompting further research into the outcomes of Life Story Therapy.

While this research is from my perspective and the already published perspectives of others, ethical considerations need to be considered as the Life Story Book used in this research was completed before GDPR legislation came into effect. It is in the form of PowerPoint slides that cannot be edited or changed now. While it contains information that relates to me and my life, it also contains information about other people in my life- including vulnerable adults and adults with learning difficulties. I have been creatively working around this by anonymising the other people mentioned in my life story book with colours and making sure not to include any slides with identifying features of other people mentioned unless they are deceased in line with GDPR guidelines.

It is important that I recognise the effect I am going to have in this study (Palmer, cited in Mannay et al, 2019), therefore it is necessary to take a reflexive approach to my research where I will have a "continuous internal dialogue and critical self-evaluation of [my] positionality as well as active acknowledgement and explicit recognition that this position may affect the research process and outcome (Berger, 2015: p220)" (ibid: p161). To do this, I will have a reflexive journal throughout my study. Having this reflexive account will also ensure my safety and allow me to conduct my research in the most ethical way possible as "failure to name emotions and responses [in research] might lead them to become expressed in other ways such as how we write about that person." (ibid, p165).

C.3 What will participants be asked to do in the study?²³ (e.g. number of visits, time, travel required, interviews)

There is a very slim chance external participation will be needed at all as the Life story book already includes interviews with external members like my grandparents or my old foster carers, and some of my memories have already been challenged during the therapeutic process of my life story work.

While this research doesn't need external participants, it might become the case that I may need to speak to people mentioned in my life story book to help clarify some aspects where the book is unclear or unreliable. First, I would determine whether this unclear/ unreliable scene is needed in my research. I have already made a Subject Access Request for my full file with my old Social Services to mitigate the need for external participation, however in cases where it may be needed, I will first make sure the participant is in a good place to talk about my past, then describe my research ask if they wish to be included in the research, then ask for their input on the thing my book and/ or file is unclear on.

This shouldn't need to be timed, formal or require any form of travel on the part of the researcher or participant, simply a semi-structured interview that could be done over the phone or online. Should the participant wish to meet up face to face, I would first determine whether it is safe to do so before making arrangements.

As my work stands, no interviews are required. I would be happy to make an amendment with the required documentation in the future should interviews be required.

Should new data be collected, I will store this on the N-drive so as to make sure the data is backed up and secure.

C.4 Does the research involve an international collaborator or research conducted overseas?²⁴

Yes No

If yes, describe any ethical review procedures that you will need to comply with in that country:

Describe the measures you have taken to comply with these:

Include copies of any ethical approval letters/ certificates with your application.

C.5 Proposed study dates and duration

Research start date (DD/MM/YY): 01.10.20 Research end date (DD/MM/YY): 30.09.23

Fieldwork start date (DD/MM/YY): NA Fieldwork end date (DD/MM/YY): NA

C.6. Where will the research be undertaken? (i.e. in the street, on UoL premises, in schools)²⁵

This is a practice-led research where the researcher is producing a memoir and subsequent exegesis and therefore will be conducted in researcher's own home in Leeds for the most part, however visits to Swindon and other towns I used to live in may be required to aid memories/ gain clarification n scenes mentioned in Life Story book.

RECRUITMENT & CONSENT PROCESSES

C.7 How will potential participants in the study be identified, approached and recruited?²⁶

How will you ensure an appropriately convened sample group in order to meet the aims of the research? Give details for subgroups separately, if appropriate. How will any potential pitfalls, for example dual roles or potential for coercion, be addressed?

There shouldn't need to be any external participation, however, on the slim chance I should need external help clarifying something described but unclear in my life story book that my file can't already clarify and I feel is absolutely needed in my research for showing what a life story work-influenced memoir would look like, I will reach out to the person who could clarify the specific scene and approach the topic gently while also being clear about the aims and purpose for the question.

It is important that I recognise the effect I am going to have in this study (Palmer, cited in Mannay et al, 2019), therefore it is necessary to take a reflexive approach to my research where I will have a "continuous internal dialogue and critical self-evaluation of [my] positionality as well as active acknowledgement and explicit recognition that this position may affect the research process and outcome (Berger, 2015: p220)" (ibid: p161). To do this, I will have a reflexive journal throughout my study. Having this reflexive account will also ensure my safety and allow me to conduct my research in the most ethical way possible as "failure to name emotions and responses [in research] might lead them to become expressed in other ways such as how we write about that person." (ibid, p165). An interesting insight will be on how much this therapeutic process has influenced the way in which I see myself and my past- especially in my complicated roles as researcher, writer, care leaver, professional, child and adult. In order to maintain and be aware of these different 'hats' the reflexive journal will be very useful in keeping me grounded and make sure the appropriate voice is coming through at the appropriate time.

C.8 Will you be excluding any groups of people, and if so what is the rationale for that?²⁷

Excluding certain groups of people, intentionally or unintentionally may be unethical in some circumstances. It may be wholly appropriate to exclude groups of people in other cases

As already mentioned, there shouldn't be any need for external participants, however, on the slim chance that an external voice is required for clarification purposes I will make sure that the person who could clarify is not vulnerable and is able to consent to adding to my research.

C.9 How many participants will be recruited and how was the number decided upon?²⁸

It is important to ensure that enough participants are recruited to be able to answer the aims of the research.

There shouldn't be any need for external participants, but on the slim chance they are needed for clarification this will be decided by who is best suited to clarify the unclear/ unreliable scene from the life story book.

If you have a formal power calculation, please replicate it here.

Remember to include all advertising material (posters, emails etc) as part of your application

C10 Will the research involve any element of deception?²⁹

If yes, please describe why this is necessary and whether participants will be informed at the end of the study.

There will be an element of unreliable memory and creative license taken, but these instances will be actively stated throughout the creative and critical pieces.

C.11 Will informed consent be obtained from the research participants?³⁰

Yes No

If yes, give details of how it will be done. Give details of any particular steps to provide information (in addition to a written information sheet) e.g. videos, interactive material. If you are not going to be obtaining informed consent you will need to justify this.

There shouldn't be a need for external participants within this study, however I would be happy to provide anybody sought to clarify elements of my life story with a consent form that details my research and what I will be using their feedback for. I will also provide them with a copy of our Privacy notice for Research should they need it.

If participants are to be recruited from any of potentially vulnerable groups, give details of extra steps taken to assure their protection. Describe any arrangements to be made for obtaining consent from a legal representative.

Will research participants be provided with a copy of the Privacy Notice for Research? If not, explain why not. Guidance is available at <https://dataprotection.leeds.ac.uk/information-for-researchers>.

Yes No

Copies of any written consent form, written information and all other explanatory material should accompany this application. The information sheet should make explicit that participants can withdraw from the research at any time, if the research design permits. Remember to use meaningful file names and version control to make it easier to [keep track of your documents](#).

Sample information sheets and consent forms are available from the University ethical review webpage at <http://ris.leeds.ac.uk/InvolvingResearchParticipants>.

C.12 Describe whether participants will be able to withdraw from the study, and up to what point (eg if data is to be anonymised). If withdrawal is not possible, explain why not.

Any limits to withdrawal, eg once the results have been written up or published, should be made clear to participants in advance, preferably by specifying a date after which withdrawal would not be possible. Make sure that the information provided to participants (eg information sheets, consent forms) is consistent with the answer to C12.

Withdrawal of the information provided in the Life Story Book is not possible as the Life Story Book cannot be changed or edited. Information within the life story book, however, can be obscured and therefore anonymising the information in there is possible. This will be employed to protect the people named within it especially seeing as some of the people mentioned in my life story book are still classed as vulnerable and in order to comply with GDPR guidelines. Any additional information I seek from external participants will be able to be withdrawn at any point in the research prior to submission.

C.13 How long will the participant have to decide whether to take part in the research?³¹

It may be appropriate to recruit participants on the spot for low risk research; however consideration is usually necessary for riskier projects.

Should they be needed, participants will be given as much time as necessary (up to a maximum of 6 months) to agree to clarify the unclear/ unreliable scene in the Life Story book. After 6 months, I will assume that the participant can't talk about the scene in question and will not include it in my piece(s).

C.14 What arrangements have been made for participants who might have difficulties understanding verbal explanations or written information, or who have particular communication needs that should be taken into account to facilitate their involvement in the research?³² Different populations will have different information needs, different communication abilities and different levels of understanding of the research topic. Reasonable efforts should be made to include potential participants who could otherwise be prevented from participating due to disabilities or language barriers.

There won't be any need for this. Nobody mentioned in my life story book has communication difficulties bar myself, and I have had many interventions to help me with this.

C.15 Will individual or group interviews/ questionnaires discuss any topics or issues that might be sensitive, embarrassing or upsetting, or is it possible that criminal or other disclosures requiring action could take place during the study (e.g. during interviews or group discussions)?³³ The [information sheet](#) should explain under what circumstances action may be taken.

Yes No

If yes, give details of procedures in place to deal with these issues.

While there shouldn't need to be any external participant involvement the themes and topics I discuss and were discussed in my Life Story Book are sensitive and some of the information was used in court to prosecute my father. Life story work was an intervention used on me to help me understand, reflect on and move on from my past and my Life Story Book is the documentation of that therapeutic process. There are elements within the life story book where experiences of being in residential care may cause difficulties for me or others (should they be needed) to talk about, along with certain events of my past. All the things brought up by my Life Story Book have been gone through in the most part with therapeutic support and all criminal activities have been dealt with by courts and prison sentences have been issued and completed. In terms of potential risks to myself, I have a brilliant support network for my mental health needs and I am in regular contact with my GP should I need further Mental Health support. I am also known to the University's Disability services and know I can receive support from them should I need it.

Should my clarifying discussions (if I have them) lead to a disclosure I will follow the necessary safeguarding procedures in that I will listen, reassure and record the disclosure and report it to the safeguarding lead of either the local authority or the University. In cases where I feel there is immediate risk to safety or harm I will call 999.

C.16 Will individual research participants receive any payments, fees, reimbursement of expenses or any other incentives or benefits for taking part in this research?³⁴

Yes No

If Yes, please describe the amount, number and size of incentives and on what basis this was decided.

RISKS OF THE STUDY

C.17 What are the potential benefits and/ or risks for research participants in both the short and medium-term?³⁵

While there aren't any external research participants to date there is a risk of defamation from the events described in the life story book of both companies and individuals. This is why I have worked to anonymise any third party mentioned using colours and blocking out names unless the individuals/ companies mentioned no longer exist/ are dead in line with GDPR guidelines.

C.18 Does the research involve any risks to the researchers themselves, or people not directly involved in the research? Eg lone working³⁶

Yes No

If yes, please describe: There is a risk for me and my mental health in reliving certain experiences. I have built a support network around me to help mitigate this risk and know I can ask the university for help / speak to my GP should things become difficult for me.

Is a [risk assessment](#) necessary for this research?

If you are unsure whether a risk assessment is required visit

<http://ris.leeds.ac.uk/HealthAndSafetyAdvice> or contact your Faculty Health and Safety Manager for advice.

Yes No

If yes, please include a copy of your risk assessment form with your application.

RESEARCH DATA

C.19 Explain what measures will be put in place to protect personal data. E.g. anonymisation procedures, secure storage and coding of data. Any potential for re-identification should be made clear to participants in advance.³⁷ Please note that research data which appears in reports or other publications is not confidential, even if it is fully anonymised. For a fuller explanation see <http://ris.leeds.ac.uk/ConfidentialityAnonymisation>. Further guidance is available at <http://ris.leeds.ac.uk/ResearchDataManagement>.

As explained earlier, my life story book was produced prior to GDPR legislation coming to effect and is in the form of printed PowerPoint slides that cannot be changed or edited. These slides are kept in a locked binder and stored securely amongst my personal records. When I use slides in my creative piece, I have creatively worked around anonymising the slides by digitally covering direct identifiers with colours (using Snip and Sketch) and then copying the Snip and Sketch image into my document after I have made the necessary alterations. The benefit of using Snip and Sketch is that the image is solely copied to the clipboard and not stored elsewhere on the device. The only names that have not been anonymised are of deceased individuals and companies that no longer exist. This has allowed me to produce a colour-based coding technique that works creatively within my piece. I own all the rights to my Life Story Book as it was created as part of a therapeutic intervention for me and I am solely responsible for all the data within it.

I will eventually be using my full Social Services file to help me create my piece. It is currently in the process of having all 3rd party data removed from it in line with GDPR guidelines (which is the responsibility of Social Services to remove before it is given to me), then it will be sent to me via secure email link that requires 2-factor verification to access and all documents will be sent with a need for password verification. Once the file has been transferred to me it then belongs to me and I will own the rights to it. As such, it will be my responsibility to keep it safely secured.

As my work stands, no interviews or 'new' data are required. I would be happy to make an amendment with the required documentation in the future should interviews be required, and should any new data be gathered I will store it on the N drive to make sure it is safely secured with the anonymisation technique described in C19.

Any sensitive data that requires the need to be stored on the N drive will be removed on completion of my PhD as it will no longer be necessary for that information to be stored.

C.20 How will you make your research data available to others in line with: the University's, funding bodies' and publishers' policies on making the results of publicly funded research publicly available. Explain the extent to which anonymity will be maintained. (max 200 words)

Refer to <http://ris.leeds.ac.uk/ConfidentialityAnonymisation> and <http://ris.leeds.ac.uk/ResearchDataManagement> for guidance.

Except for the slides I use in my thesis I do not intend on making my Life Story Book nor my Social Services File available to the public. Individual slides will go through the colour-based anonymising technique before being added to my piece. Come the time of submission/ publication the 'research data' will be presented in the form of my creative piece and subsequent reflections on this as I am focussing on my experiences with the effect life story work has on life writing and only these will be made available to the public as this will allow me to share only data about myself that I consent to being shared. Anonymity will be maintained through the colour coding technique.

Nearer the time I will consider asking for my thesis to be embargoed for the first few years depending on my situation.

C.21 Will the research involve any of the following activities at any stage (including identification of potential research participants)? (Tick as appropriate)

- Examination of personal records by those who would not normally have access
- Access to research data on individuals by people from outside the research team
- Electronic surveys, please specify survey tool: _____
([further guidance](#))
- Other electronic transfer of data
- Use of personal addresses, postcodes, faxes, e-mails or telephone numbers
- Use of audio/ visual recording devices (NB this should usually be mentioned in the information for participants)
- FLASH memory or other portable storage devices

Storage of personal data on, or including, any of the following:

- [University approved](#) cloud computing services
- Other cloud computing services
- Manual files
- Private company computers
- Laptop computers
- Home or other personal computers (not recommended; data should be stored on a University of Leeds server such as your M: or N: drive where it is secure and backed up regularly: <http://ris.leeds.ac.uk/ResearchDataManagement>.)

Unclassified and Confidential University data must be kept on the University servers or in approved cloud services such as Office 365 (SharePoint or OneDrive). The N: Drive or Office 365 should be used for the storage of data that needs to be shared. If Highly Confidential information is kept in these shared storage areas it must be encrypted. Highly Confidential data that is not to be shared should be kept on the M: Drive. The use of non-University approved cloud services for the storage of any University data, including that which is unclassified, is forbidden without formal approval from IT. Further guidance is available via <http://ris.leeds.ac.uk/ResearchDataManagement>.

C.22 How do you intend to share the research data? (Indicate with an 'X') Refer to <http://library.leeds.ac.uk/research-data-deposit> for guidance.

- Exporting data outside the European Union
- Sharing data with other organisations
- Publication of direct quotations from respondents
- Publication of data that might allow identification of individuals to be identified
- Submitting to a journal to support a publication
- Depositing in a self-archiving system or an institutional repository
- Dissemination via a project or institutional website
- Informal peer-to-peer exchange
- Depositing in a specialist data centre or archive
- Other, please state: _____.

No plans to report or disseminate the data

C.23 How do you intend to report and disseminate the results of the study? (Indicate with an 'X')

Refer to <http://ris.leeds.ac.uk/ResearchDissemination> and <http://ris.leeds.ac.uk/Publication> for guidance.

- Conference presentation
- Peer reviewed journals
- Publication as an eThesis in the Institutional repository
- Publication on website
- Other publication or report, please state: _____
- Submission to regulatory authorities
- Other, please state: _____.
- No plans to report or disseminate the results

C.24 For how long will data from the study be stored? Please explain why this length of time has been chosen.³⁸ Refer to the [RCUK Common Principles on Data Policy](https://www.rcuk.ac.uk/Research/Policy/Principles/Principles-on-Data-Policy) and http://ris.leeds.ac.uk/info/71/good_research_practice/106/research_data_guidance/5.

Students: *It would be reasonable to retain data for at least 2 years after publication or three years after the end of data collection, whichever is longer.*

_____ years, _____ months

As the data is in the form of my Life Story Book and my Social Services file which is information is about me and belongs to me I will be holding on to it indefinitely.

CONFLICTS OF INTEREST

C.25 Will any of the researchers or their institutions receive any other benefits or incentives for taking part in this research over and above normal salary or the costs of undertaking the research?³⁹

Yes No

If yes, indicate how much and on what basis this has been decided

C.26 Is there scope for any other conflict of interest?⁴⁰ *For example, could the research findings affect the any ongoing relationship between any of the individuals or organisations involved and the researcher(s)? Will the research funder have control of publication of research findings? Refer to <http://ris.leeds.ac.uk/ConflictsOfInterest>.*

Yes No

If so, please describe this potential conflict of interest, and outline what measures will be taken to address any ethical issues that might arise from the research.

There is the potential conflict of interest regarding my relationship with Swindon Social Services (who have been seeking my care-experienced advice and arranging opportunities for me to speak about my research) and my thesis as Swindon Social Services were (and in some ways still are) my Corporate Parents.

C.27 Does the research involve external funding? (Tick as appropriate)

Yes No ***If yes, what is the source of this funding?***

NB: If this research will be financially supported by the US Department of Health and Human Services or any of its divisions, agencies or programmes please ensure the additional funder requirements are complied with. Further guidance is available at <http://ris.leeds.ac.uk/FWAcpliance> and you may also contact your [FRIO](#) for advice.

PART D: Declarations**Declaration by Principal Investigators**

1. The information in this form is accurate to the best of my knowledge and belief and I take full responsibility for it.
2. I undertake to abide by the University's ethical and health & safety guidelines, and the ethical principles underlying good practice guidelines appropriate to my discipline.
3. If the research is approved I undertake to adhere to the study protocol, the terms of this application and any conditions set out by the Research Ethics Committee (REC).
4. I undertake to seek an ethical opinion from the REC before implementing substantial amendments to the protocol.
5. I undertake to submit progress reports if required.
6. I am aware of my responsibility to be up to date and comply with the requirements of the law and relevant guidelines relating to security and confidentiality of patient or other personal data, including the need to register when necessary with the University's Data Protection Controller (further information available via <http://ris.leeds.ac.uk/ResearchDataManagement>).
7. I understand that research records/ data may be subject to inspection for audit purposes if required in future.
8. I understand that personal data about me as a researcher in this application will be held by the relevant RECs and that this will be managed according to the principles established in the Data Protection Act.
9. I understand that the REC may choose to audit this project at any point after approval.

Sharing information for training purposes: *Optional – please tick as appropriate:*

I would be content for members of other Research Ethics Committees to have access to the information in the application in confidence for training purposes. All personal identifiers and references to researchers, funders and research units would be removed.

Principal Investigator:


Signature of Principal Investigator:

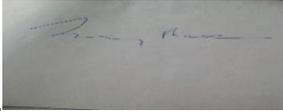
(This needs to be an actual signature rather than just typed. Electronic signatures are acceptable)

Print name: ...Deyanna Ricketts Date: (dd/mm/yyyy):

.....25.02.21.....

Supervisor of student research:

I have read, edited and agree with the form above.

Supervisor's signature: 

(This needs to be an actual signature rather than just typed. Electronic signatures are acceptable)

Print name:Jay Prosser..... Date: 2 March 2021
.....

Appendix 3- Excuses (with Unclemon's comments)

Excuses

By Dey Ricketts

Anything in Green is a suggestion from the Grammar Nazi... soz!

Anything in Blue is my own comment...

Frank is a middle aged man. The play is set in his prison cell, barely furnished, light coming from the back window. He lights a cigarette. Morning.

FRANK

I remember everything. I remember meeting Butterfly. I remember her fiery ginger hair and her neon coloured clothing. A right ole clash of colours was our Butterfly. You could see her right across the playground. She had a gob on her too.

Who? Your mum?! Naaaaaaah...!! ;-P :-D

It was in primary school we first met, we were best friends. That friendship grew, and when we went to secondary school we started going out. She was in her last year when she fell pregnant with our eldest. Her dad was not happy, he punched me

I have no recollection of this – and it really doesn't sound like Colin to me... But I don't know, I just wanted you to know the possibility that someone could've oversold this moment in time...

and threw me out of their house (where I was living at the time) and told me to never come back. Butterfly kept seeing me on the sly though. The hormones made her argumentative. We'd had a massive argument just before our eldest was born so I wasn't there for the birth. My brother was there instead. Fuck knows why. Dickhead.

:-/ I personally would guess that, like Frank, Martyn really doesn't know why Trevor was there for Donna and why he wasn't... And the "Fuck knows why" for me really stops that "Dickhead" from standing oddly (one of the Panto villain moments in the last version for me personally)

A month after our eldest was born Butterfly and I made up, and I got to meet my daughter for the first time. She was beautiful. I got a flat and Butterfly moved in with me, which really pissed her dad off. (*chuckle*)

This is the only place where I think the panto villain surfaces now – like, where I think *you're* leading Frank, rather than Frank leading you... But I only mention it in passing: it doesn't break the "truth" for me too much, though – and there's enough undisclosed subconscious motivation considered throughout the rest for it to balance out this one moment...

Anyway Social decided they needed to get involved after this, said that we had to prove we were good parents cos we were both young and seen as 'unfit' due to our pasts. One thing Butterfly was passionate about was that she was never gonna let her kids go into care. Never. She'd had a few bad experiences with care; she was so intent on having the whole family scene as she had never had one herself. So when they kept on at us you can imagine how pissed off we both were about it. Pretty soon Butterfly was pregnant with our second child. We married soon after that; the wedding was amazing. Social kept trying to take the girls off us cos of our financial situation, but we managed to keep hold of them every time plus money on the side.

You don't say or guess where that money comes from – but you do know that Martyn as well as being sexually and physically abusive to you, he also was a thief (breaking into people's houses at night) and a drug-dealer (and taker, obviously)... which sounds like I'm trying to add extra insults to him, but it is absolutely true...

Says a lot about Martyn, I think – could be added to say more about Frank, if you liked...?

At the end of the day, if Social are going to keep accusing me of being a bad dad then it's only right to get a bit of compensation, you know what I mean? Either way by the time we were having our third baby I shut Social up and got myself a new job, we moved into a house close to Butterfly's family so Social couldn't say jack shit anymore. They finally left off, and we started to live out our little family scene in peace.

Fade.

Come up on Frank in a prison yard, leaning on a fence. Afternoon.

FRANK

I guess my view on parenting is slightly different than other people's. I've had to do a lot of improvisation. My own parents were shit; they abused me when I was younger and kicked me out when I was 14.

I like and totally agree with how Frank (and probably Martyn too) would deliver this info – short, blunt, as if it had no other effect on him... And yet it's one of the few areas where, if he/they looked into it, they might see that it's one of the only things that give any real sympathy or explanation

(NOT justification, by the way, let me be *uber*-clear on that... plenty of people are abused and *don't* pay that horrid gift forward, *don't* let that be the only thing they learn from it)

I also like how he takes no responsibility at all for being kicked out (he would have the lesser half, they were supposed to be the grown-ups, but to pretend that he was an angel, cruelly victimised only...? That'd be bull.) – that's definitely true of the Martyn I personally remember...

So I couldn't really take any parenting skills off them. Luckily Butterfly was made for it- a natural born mum. I loved the way she kept everything running like clockwork, when the girls got up, when they ate, when they went to the toilet... Just watching her zoom around the house, I could never compete. But it all fucked up. Butterfly got ill, and my world fell apart. (*Sniffs*) She had been a part of me practically my whole life. She'd shown me things that I'd have never comprehended? (I wouldn't personally put this sort of word into Frank's mouth – I certainly wouldn't expect it from Martyn, or the voice of the rest of the work – it's not snobbishness, it's like me saying "innit" to you, it'd feel out of character, make you think about how I spoke, not what I said for a moment, you know?). She was my everything, and she was brilliant with the girls. How the hell could I carry on without her? Nice vulnerability... And yeah, it must've been scary...

When it started it was only small things at first, she felt weak and dizzy a lot, and there was this spot on her chin that would not go away, so we went to the doctors... They told us Butterfly had cancer. Things just went from bad to worse from there. Butterfly couldn't look after the girls anymore; she couldn't look after herself even. I had to look after them all. Just me. Nobody else. Except when it turned out that she had *terminal* cancer. (*Gets annoyed*) Pretty soon her entire story was all across the fucking newspapers; all the fucking neighbours were doing these stupid fucking fundraisers, Do you know that *all* of the press attention in the real world came from Martyn seeking it out...? It was his way of gaining as much as he could from the situation...

And again, just for Martyn, not necessarily for Frank... he wore the fundraisers as a badge of pride in real life (as well he might, so might you I and Donna!! :-D Nice to know there are some generous people out there...)

sticking their noses in, constantly asking to look after my girls, like I couldn't fucking manage on my own! After about a year I'd had enough, first Social now this, couldn't I just live my life in peace? So we moved house.

Everything I have done since then has been for the best interest of my girls. Butterfly was sick in bed most of the time as the cancer ate away at her. I took off from work to make sure they were all ok. I kept the girls home from school so they could spend extra time with their mum. The girls were the spitting image of her; her personality showed in all three of them, the creativity, the passion, the caring. I slept on the couch so Butterfly had the bed to herself, but kept checking on her all the same. I let my eldest to stay in bed with her cos she wanted to be close to her mum, such a sweet girl. Such a caring heart. Such a mirror of her mum. I remember when I realised just how much I loved her when she found one of my porn magazines under my pillow. She was so innocent, so confused, and so beautiful. I couldn't be angry with her for snooping through my things.

For Frank (as well as perhaps for Martyn) I think there's more to be explored here... it's very abrupt – which works slightly in the play, Frank and Martyn would be ashamed of this moment, will want to gloss over talking about this...

But for *you*, I wonder if more understanding of the thought process – the real reason, *many reasons* – why this started, in real terms may make you feel better about it...

I really won't push on this one... It's absolutely cool if you don't want to talk about it, but you only

ever have to let me know you want to hear my personal opinions as to why this started... It's there if you want it, Dey.

"Do you want to try some of it out?" I asked. And she said "Yes."

Fade

Come up on Frank back in his cell, lights cigarette. Evening.

FRANK

So our daddy/ daughter time started.

☹

What more can I say.

I will say that the writer in me *loves* the pain inspired in the reader by the above end-of-scene/start-of-scene lines... it's well structured and works theatrically well... Especially the euphemism here... stings like a *bastard*...! :-/

The writer in me likes how horrid and gut-wrenching such a phrase is... I can only apologise... Most artists are vampires: they look at the world with two sets of eyes – the one that notices and records and measures and takes some sick delight in finding the perfect horror, the sweetest pain, the sharpest cut... and only *then*, the one that reacts human-stylee... (I don't know if I've ever told you the true story about a friend of mine watching his friend get the news of his wife having died in childbirth and not being able to prevent the first thought being how to remember how he delivered real life anguish, and only *then* remembering to console his friend...)

(As I seem to've done, too... sorry!)

But yeah, this twists a knife into me, hurts, like any tough moment in a play should... But on a personal level, I'm just gutted for you, lovely niece... I hate that this asshole really would think like this, would soften the cruel blow of what he was doing to you solely for himself with such a normally innocent phrase... Would chicken out of *ever* facing up to just how monstrous he was by hiding behind euphemisms and excuses...

And I just wish he'd never happened to you, that you'd had the start in life you *deserved*...

I love you, hon. And I'm glad that you're getting much more of that life now. You really do deserve it.

On another note – to ruin my emotional moment there, Chandler-stylee – grammatically {don't roll your eyes at me! I can *hear* you roll your eyes...!} the link between these two lines, the switch from "daddy/daughter time" singular to "They" plural sits oddly... Could be made neat-sweeter...

They took the pain away. I was showing them how much I loved them. When Butterfly died I became devoted to my girls, I gave up work completely to look after them. I cooked and cleaned and made sure they went to school and put them to bed and helped them with their nightmares... It was a full time job. I needed to be mum and dad all in one. I didn't know what I was doing, there's no manual on parenting you know.

There are, y'know. There in the bookstores, loads and loads of books on parenting. And although you'd credit Frank (perhaps Martyn too?) with intelligence, it *certainly* wasn't through braving and fighting dyslexia to *read* the manuals on parenting... Library cards are free, y'know? (well, they are at time of writing, but with the Tories in...?!)

I just made sure they were safe. Made sure they knew they were loved. I found them a new mum; I gave them two more siblings to play with. I went with my eldest brother to get presents, a TV and

radios and furniture... The previous owner wasn't using them, and it is survival of the fittest, no, the *richest* in this world. I gave them everything I could. But it was so stressful, I needed releases, I turned to alcohol and drugs

Again, not for Frank necessarily... but you do know that alcohol and drugs were a part of Martyn's and to a lesser extent Donna's life from when they were getting together – in fact, in Martyn's case long before...

, they made me better, they helped me see things clearer. They made me think and do the things I did. But my girls kept on treating me like shit, throwing everything I gave them in my face for no apparent reason. They had to be punished, it was the only way they were going to learn respect. But I was firm and fair; I used daddy/ daughter time to make sure they knew they were still loved even if they were bad. Rewards and consequences

Again, purely personal taste, but i'd've put "Carrot and Stick" into a mouth like Frank's – these words are for smarter, informed people like you...

, you had to know how to balance them both. I'm the only one on this whole fucking planet who seems to know that. That's why only I can look after my girls.

Even though my eldest is the one who put me here, I still love her. Somebody put it into her head the way I looked after her was bad. She's such an impressionable girl. I should have known what was going through her head, she went really quiet for a while, started cutting herself with razors. This made me angry, only I was allowed to punish her.

This line doesn't sit right with me... I don't think he'd ever admit this to himself, never mind out loud – Frank and Martyn both are always worried about how things look, would never paint themselves anywhere *near* the villain of the piece...

She was mine; she was nothing if she wasn't mine. (*Gets angry*) One day I got this phone call off the fucking school, turns out she'd gone to them saying all these fucking lies about me. All I ever did was love them, for Butterfly's sake. My eldest didn't understand my love, nobody did... Next thing I know fucking Social are banging on the door. They finally got what they wanted. They finally took them from me. The courts said I was guilty, so I ended up being thrown in here with fucking woman beaters. Like I'm like them. I only ever loved my daughters. Is that such a crime? (*Calms down*)

But here's the funny? (*sits oddly, for me; perhaps another word might stop me over noticing this one line at the end...? utterly your choice!*) part... My girls are special. They need me. Only I can look after them properly. Social will realise this. They'll give them back to me, they'll need to. I'll get them back. I know I will. All I need to do is sit here and wait.

And this ending is much clearer for me on what Frank would be thinking...

And yes, I think Martyn's dumb and cruel and arrogant enough to think something similar... *Painting himself as the victim. Asshole.*

I can only say how utterly relieved I am that Frank (and Martyn) are showing ridiculous delusions here... He may not be smart enough to get that he has no right to be anywhere near your lives, but thankfully he may just be lazy enough to back off when recognise when he's not gonna *get* near your lives again...

And even if he did, I'm confident that you three beautiful, smart, talented, strong young women, would be perfectly capable of (with the help you deserve) standing your ground, keeping your lives purer without the stain of his interference...

You've come so far without his dark weight dragging you down; all three of you have just reason to be very very proud of how much you have achieved, still achieve and will go on to achieve under your own steam...

One thing I've always wanted to make clear... You know what's the worst thing about all this...? We often forget that his abuse wasn't just sexual abuse – it's been painted as the worst part of this, and it really is horrific to me that he'd use you like that, but I'm not sure it *was* the worst part, considering the effect it's had on you three beautiful girls...

For me, it was realising how not just myself, but Grampy and Donna and lots of other people who love and care for you girls witnessed abuse regularly and didn't stop *that* out of embarrassment... It's probably the biggest burden of guilt I'll ever carry (and just so's you know, while I'm ashamed to need to, I'll carry it proudly, so that I never forget and remake that mistake... It's gotta be that way for something good to come out of my error...)

In my opinion, from reading and watching and devouring lots on the subject that I could: the bullying and violence did more to make you girls doubt your places in this world, did more to control you, did more harm than the effect of the sexual abuse ever could've...

It's possibly *still* affecting some ways, and it's so hard a weed to excise *all* the roots from... (ew, awful sentence structure, soz!)

In case I didn't say it before, let me make sure I pass on my thanks for you sharing this with me – it can't have been easy a thing to honestly tackle... I'm very proud that you did, and stay prouder and prouder as you continue to climb deservedly higher and higher, away from the crap you got dumped into...

Love you loads, nieceroo... x

Fade out

End

Appendix 4- Anonymised Impact Report from course “Writing Lives and Life Writing: Telling your Life Story” for Key Stage 4 and 5 learners from disadvantaged backgrounds.

Below are some tables from the Impact report of one of my most recent placements with The Brilliant Club- Scholars Programme Course I designed and delivered to Key Stage 4 and 5 learners from disadvantaged backgrounds. We measure progress through several ways, including academic skills like written communication, subject knowledge and critical think, as well as :

2.1 [Redacted] School student targeting



In pursuit of our mission to support students from less advantaged backgrounds to progress to the most competitive universities, we target students who are eligible for Pupil Premium, who have no parental history of higher education and who live in deprived areas according to the Income Deprivation Affecting Children Index (IDACI).

The below summarises targeting information of Scholars Programme students at [Redacted] School.



Pupil Premium

50 %
(5/10)



No parental history of higher education

90 %
(9/10)



Living in 40% most deprived areas according to IDACI

60 %
(6/10)



Target Students meeting 1 or more of 3 criteria

90 %
(9/10)

These were the learner demographics for this group of 10 learners.

2.3.1 Academic achievement

Written Communication, Subject Knowledge, and Critical Thinking

Academic achievement is about the skills and knowledge that students are explicitly learning in the context of The Scholars Programme. These include written communication, subject knowledge, and critical thinking.

The following averages are based on the 9 students that have submitted both their baseline and final assignments. The table also includes UK averages, allowing you to compare scores at baseline and progress made.

Competency	[Redacted] School			UK Comparison		
	Baseline Average	Final Average	Average progress	Baseline Average	Final Average	Average progress
Written Communication	46	53	15 %	51	64	25 %
Subject Knowledge	51	58	14 %	49	62	26 %
Critical Thinking	46	56	22 %	50	63	25 %

This table demonstrates the amount of academic progress learners studying my course, coming far closer to the UK national averages after the 7 sessions for these skills than they were before.

PhD Tutor	Baseline Assignment Grade	Final Assignment Grade	Baseline Assignment Mark	Final Assignment Mark	Tutorial Attendance %
Dey Ricketts	3rd	2.1	48	65	100 %
Dey Ricketts	WTP	3rd	39	43	100 %
Dey Ricketts	3rd	2.2	45	55	100 %
Dey Ricketts	2.2	2.2	51	51	86 %
Dey Ricketts	2.2	2.2	53	54	100 %
Dey Ricketts	2.2	2.2	56	56	100 %
Dey Ricketts	3rd	2.2	43	56	100 %
Dey Ricketts	3rd	1st	49	70	100 %
Dey Ricketts	3rd	2.2	44	52	100 %
Dey Ricketts	DNS	DNS	DNS	DNS	57 %

This table shows how each learner did individually. Here everyone who had attended 100% made progress from their baseline score to their final assessment score.

The questions below were asked at the end of the programme.

UK Average	% Strongly Agree + Agree
Academic Skills	After
I have a good level of knowledge in the subject that my The Scholars Programme tutorials focused on	77%
I am confident that I can complete university-style assignments to a high standard	71%
I know what plagiarism is and how to avoid it	78%
What I achieved on The Scholars Programme motivates me to keep working hard	82%
I will be able to study at the university of my choice if I continue to work hard at school	91%
I would feel confident talking to researchers like my tutor in the future	76%

Note – Students responded to the statements using a five-point scale from 'strongly disagree' (1) to 'strongly agree' (5).

This table demonstrates the improvements to self-esteem, self-confidence, and sense of self I mentioned in chapter five. By helping these learners believe that they can get into and succeed at university, my course has directly impacted how these learners feel about themselves and their options in life.

UK comparison table

This table compares programme attainment and attendance with averages for the 369 schools that took part in The Scholars Programme in Spring 2022-23 across the UK. Averages are based on students who submitted both their baseline and final assignment.

	School		UK Comparison	
	Overall	Pupil Premium	Overall	Pupil Premium
Baseline assignment mark average	48	48	50	49
Final assignment mark average	56	54	63	61
Average progress between baseline and final assignment	17 %	14 %	25 %	24 %
% 1st/2.1 final assignment grades	22 %	20 %	65 %	56 %
% Final assignment submission rate	90 %	100 %	83 %	77 %
% Tutorial attendance	94 %	97 %	87 %	84 %

Finally, this table shows how much learners on Pupil Premium (which included care-experienced young people) compared to the rest of my learners benefitted from my course, demonstrating significant average improvements from their Baseline assessments to their final assignments. This table also shows there are still differences in attainments between learners on Pupil Premium compared to learners who are not on Pupil Premium.