Portfolio 1: Major Research Project

The Use of Online Photovoice to Explore the Experiences of Mothers who have been Subject to Recurrent Care Proceedings

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Abstract

Research has been carried out to explore the prevalence and pattern of repeated care proceedings in England, whereby birthparents return to the family court, resulting in multiple children being removed from their care (Broadhurst et al., 2017; Alrouh et al., 2022). However, there has been limited research exploring birthmothers’ experiences of repeated care proceedings. Several researchers have commented on the value of utilising visual research methods when exploring birthparents’ lived experiences. It was noted that these creative methods could offer a non-threatening approach, allowing participants to share experiences of a sensitive nature (Collings et al., 2021; Marsh et al., 2016). The current study presented a systematic literature review, exploring researchers’ experiences of using online photovoice, before utilising this participatory action approach, to explore birthparents’ experiences of repeated care proceedings. Three participants engaged in online photovoice group sessions, sharing photographs of their experiences of repeated care proceedings, before exploring these using the ‘SHOWeD’ approach (Wang, 1999). These group sessions were then analysed using Reflexive Thematic Analysis (Braun & Clarke, 2019). Four main themes were identified, including: Powerlessness, the importance of professional relationships, the effects of repeated care proceedings, and resilience and hope after care proceedings. As part of the online photovoice group, the participants chose to share their stories and photographs with their identified audience, social workers, during a webinar, and the feedback from attendees has been included. The findings from this study were then discussed with reference to existing literature, before highlighting possible implications for policymakers, professionals working within Child Protection Services, and clinical psychologists.

1. Introduction

1.1 Chapter overview

This research study aimed to explore the experiences of women who have been subject to recurrent care proceedings. The current chapter began by outlining the researcher’s epistemological stance and relationship to the research. Following this, key terms related to the study were introduced, before providing an overview of the background literature, to provide context to the current research project.

1.2 Epistemological position and relationship to the topic

1.2.1 *Reflexivity*

Reflexivity is an important part of qualitative research, which has been described as “a set of continuous, collaborative, and multifaceted practices through which researchers self-consciously critique, appraise, and evaluate how their subjectivity and context influences the research processes” (Olmos-Vega et al., 2022, p. 242). Therefore, it is crucial for qualitative researchers to actively explore their influence on research, as part of an ongoing process across the duration of the project, including the questions asked, data collection, and interpretation (Varpio et al., 2021). Exploring researcher reflexivity can improve the research findings and expand the understanding of the research itself (Dodgson, 2019). With this in mind, I believed that my individual experiences would influence this project, and I aimed to engage in self-reflexivity whilst undertaking this research. To demonstrate my personal perspectives throughout the research process, I have included extracts from my reflective diary in the appendices (Appendix A).

1.2.2 *Personal relationship to the topic*

My journey towards this topic started during my pre-training experience, whilst working as an assistant psychologist in a parenting assessment centre, for families involved with care proceedings. During this time, the multidisciplinary team provided person-centred support, assessment, and intervention to a variety of families. Within this role, I reflected on the number of parents who experienced repeated care proceedings and their experience of successive losses of their children. I noticed that the families who had children removed from their care received limited support once the assessments were complete and care proceedings were finished, I struggled with this gap in service provision and spent time reflecting on this during supervision. Based on these experiences, I believed that research exploring women's experiences of repeated care proceedings could be of significant value, both to birthparents and professionals working within this field. I needed to consider how, in the absence of being a parent or a birthmother with children who had been removed from my care, I was an outsider to the participants. Additionally, my individual lived experiences, as a white British woman, born in the Southwest of England, positioned me within particular cultural expectations and privileges, influencing how I was perceived and understood by participants.

Table 1.
Methods of Reflexivity

Reflexivity method	**Approach**
Reflective diary	A reflective diary was utilised throughout the research journey to record thoughts, questions, interests, and discussions with the supervisory team, and external professionals (see Appendix A for extracts).
Consultation	An expert by experience (EbE) was part of the project from the beginning, to ensure that birthparents' voices were centred throughout the research process. The EbE was involved in project design, recruitment decisions, and ideas for dissemination. It was hoped that the EbE could be involved with data analysis, however due to unforeseen, personal circumstances this was not possible. As a result, other members of the research team, including the primary supervisor, supported with this role.

1.2.3 *Epistemological position*

Within research it was important to consider epistemological positioning, as a "basic belief, system, or worldview that guides" the researcher (Guba & Lincoln, 1994, p. 105), as this had implications throughout all aspects of the research (Carter & Little, 2007). In this study, I drew on a critical realist position (Bhaskar, 2016). This approach suggested that there may be an objective reality, however our understanding and experiences of reality are "always mediated through the filter of human experience and interpretation" (Fletcher, 2017, p. 183). This suggested that our experiences were not pure internal-to-us truths but were socially located (Rogers & Pilgrim, 2014). Additionally, this approach required the acknowledgement of the researcher's role in constructing realities, based on their position and perspectives (Charmaz, 2014). As a result, critical realism was felt to be an appropriate framework for the current project, as it considered the lived 'reality' experienced by birthparents whilst also considering broader historical, cultural, and social contexts, that may have influenced how they experienced repeated care proceedings.

1.3 Language and key terms

1.3.1 *Child removal*

Within this research, the term 'child removal' was used in relation to the process of a child being placed outside of their birthparents' care, this may have included living with family or friends, being placed out-of-home care, or adoption (Bywaters et al.,2016).

1.3.2 *Care proceedings*

'Care proceedings' describe the legal process issued by children services, if there are concerns that a child is at risk of harm or serious harm. During this time, professionals will carry out different assessments, before attending family court to determine whether a child can be safely cared for by their parent(s) (NSPCC, 2014).

1.3.3 *Repeated care proceedings*

Some families will be subject to recurrent, or repeated care proceedings, whereby they return to family court. This research focused on repeated care proceedings in relation to birthparents returning to court with a new child, following the removal of an older child (Alrouh et al., 2022).

1.3.4 *Birthmothers and birthparents*

This research used the terms, 'mother' and 'women'. According to Alrouh et al. (2022), many birthmothers return to family court following the birth of a new baby, resulting in repeated care proceedings, suggesting that birthmothers were over-represented within this area of proceedings, losing multiple children from their care. In comparison, birthfathers were reportedly more likely to return to court with their child, who was involved in a previous set of proceedings. Participants recruited within this research self-identified as women, therefore 'birthmother' has been used to refer to those who have experienced the removal of their child, due to compulsory care proceedings (Kim & Tucker, 2019).

1.4 An overview of Child Protection Services

In England, Child Protection Services (CPS) have a duty to safeguard and promote the welfare of vulnerable children and their families, as set out by the Children Act (s.22(3), 1989). When there are concerns of serious harm, or risk of harm to a child, a Local Authority (LA) may issue care proceedings to the family court (NSPCC, 2014). This often occurs due to concerns in relation to neglect, physical, sexual, and/or emotional abuse of a child (Children Act, s.31, 1989).

During care proceedings, professionals conduct different assessments to support in planning the child's future. Winnicott (1965) argued that parents should not be judged based on perfection, as this was unattainable, instead stating that parents needed to be 'good enough'. This meant "being allowed to fail, from which the parent would then recover and remedy the deficit created" (Reeves, 2012, p. 48). However, the definition of good enough parenting can differ, often resulting in subjective judgements, with professionals having varying opinions of what constitutes as 'good enough' (Daniel, 2000). Following their assessments, professionals often attend a final hearing, whereby a decision will be made about the child's future. This can result in one of four different outcomes, based on the best interests of the child. This may include returning home with the birthparents, living with family or friends, being placed out of home care, or adoption (Broadhurst et al., 2015). At court professionals will often consider a variety of 'imagined futures' for the child, this could include exploring and contesting each of the four potential outcomes listed above (Morriss, 2018).

When the New Labour government was elected in 1997, policy shifted from focusing on the family towards an emphasis on the child, including childhood vulnerability and wellbeing (Parton, 2011). Within the Every Child Matters government initiative, it was noted that children were to be placed 'at the heart of our policies, and to organise services around their needs' (Chief Secretary to the Treasury, 2003, p. 9).

Later, considerable changes took place within children's services following child deaths, resulting in significant criticisms of the professionals involved. This included the death of

Victoria Climbié in 2000, who was killed by her great aunt and her partner due to long-standing neglect and abuse. This led to an inquiry carried out by Lord Laming (2003), which recommended multi-agency working, with the introduction of new electronic systems, known as the Integrated Children’s System (ICS), designed to allow for multi-agency information sharing on one platform (Featherstone et al., 2018). Additionally, the Children Act (2004), was updated with statutory obligations placed on agencies to work together in safeguarding children.

Following this, in 2007, Peter Connelly died whilst on a Child Protection plan, because of abuse and neglect by his mother, her boyfriend, and the boyfriend’s brother. This resulted in further reviews of children’s services (Laming, 2009), alongside the media vilification and blame placed on the services and individual professionals involved in the case, including a petition of 1.5 million signatures calling for professionals to be sacked from their jobs, whilst avoiding wider systemic issues (Parton, 2011).

These deaths and the subsequent reviews appeared to cause high levels of anxiety in professionals, particularly social workers, and it was noted that there was a considerable increase in court applications by approximately 50%, with higher numbers of children being placed into the care system (Cafcass, 2009). Thus, it appeared that defensiveness, risk avoidance, social worker accountability and blame were increasingly impacting children’s services.

1.4.1 *Increases in child protection referrals*

In the UK, there have been steady increases in the number of child protection referrals and care proceedings, resulting in more children being removed from their families and placed into care (National Audit Office, 2019). It has been noted that there have been significant increases in the number of proceedings involving neglect and emotional harm, accounting for over 80% of cases (Bilson et al., 2017). Research has shown that families in poverty are at greater risk of having CPS involvement, with children from deprived areas over 10-times more likely to be placed into care, compared to those from more affluent communities (Bywaters, 2016).

A variety of factors have further impacted families, for example in 2010, the government introduced austerity measures with the aim of reducing financial debt (Smith, 2019). Subsequent cuts to welfare benefits resulted in significant, damaging effects on families (Rajmil et al., 2020). At this time, many early help services were closed, due to a reduction in LA budgets (Featherstone et al., 2018). These services aimed to support families when difficulties first emerged, with the goal of stopping things from escalating to Child Social Care (CSC) involvement (New Economics Foundation, 2015). Furthermore, reductions within mental health teams and drug and alcohol services had an additional impact for 'at risk' families (Philip et al. 2021). Later, in 2014, a statutory timeframe was introduced for care proceedings to be completed within 26-weeks (Children & Families Act, 2014 s.14(2)). Prior to this, proceedings may have lasted for up to 50-weeks (Alrouh et al., 2022). Thus, leaving birthparents with a shorter timeframe to make or demonstrate positive changes (Broadhurst et al., 2017).

1.4.2 *Concerns about current CPS*

Many have argued that the increases in care proceedings can be understood as CPS holding a risk-focused viewpoint, locating difficulties within individual families, subsequently pathologising parents, for example rather than understanding the impact of poverty on family life (Gupta, 2017). According to Broadhurst and Mason (2013) "CPS do not consistently address women's own victimisation and socio-economic disadvantage, either pre or post compulsory removal of children" (p. 292). As a result, services may find it difficult to remain child-focused, whilst also holding in mind that parents have their own histories of trauma, oppression, and subsequent support needs, resulting in limited opportunities to build on family's strengths (Schofield & Ward, 2011). According to Featherstone et al. (2018) families often experience a routine response, rather than a case-by-case assessment, regularly focusing on risk, rather than therapeutic support, with families often reporting "feeling scrutinised rather than helped" (p. 69).

1.4.3 *The impact of COVID-19*

During the Coronavirus (COVID-19) pandemic, many children in the legal care of CPS had limited professional contact during lockdown. At this time, many children did not attend school or nursery settings, therefore referrals made by education and health care professionals reduced, as many professionals were under increased pressure or were re-deployed within the National Health Service (NHS) (Baginsky & Manthorpe, 2021). This was highlighted by data held by the Children and Family Court Advisory and Support Service (Cafcass, 2023), demonstrating an overall reduction in new applications for care proceedings during the pandemic. However, in March 2023, there was a 24% increase in cases open to Cafcass, due to a backlog and increased pressure on the system.

Importantly, COVID-19 also resulted in added challenges for families. This included many children no longer attending school and being taught online (Mitchell & Ali, 2021). Additionally, many adults were placed on furlough, and redundancy rates raised, placing strain on vulnerable families (Omar, 2020). For families involved with CPS, COVID-19 restrictions often impacted children's contact with their birthparents, as these sessions moved online when contact centres closed, which was particularly difficult for families (Baginsky & Manthorpe, 2021). According to one birthparent, many were experiencing a "primal urge" to know how their separated families were during the pandemic, due to not knowing whether they were safe or in an area with high infection rates (All Together in Dignity Fourth World, 2020, p. 1).

1.5 Women subject to compulsory child removal

Early research literature focused on women who had lost a child by miscarriage, stillbirth, or had placed their child for adoption. Research showed that these women described feelings of guilt and sadness, which could also result in increased mental health difficulties, including low self-worth and self-esteem (Smith & Logan, 1996). During care proceedings, an adoption may be mandated by court, without parental consent (Doughty, 2015). To better understand the effects of compulsory removal we need to explore meanings of motherhood and what we already know about birthparents' experiences.

1.5.1 *Concepts of motherhood*

Motherhood has often been considered a defining identity, holding an important role within society, subsequently there have often been high expectations for women to be a 'good' mother, with heightened guilt and shame for those who perceive that they do not meet these expectations (Kirkley, 2000; Klass, 1988). When mothers do not care for their children due to compulsory removal, they can be seen as "bad" or "deviant" mothers (Wegar, 1997, p. 77). These women may be vilified by society and media, and they could find themselves experiencing "serious moral disapprobation" (Broadhurst & Mason, 2013, p. 295).

1.5.2 *Birthparents' experiences of care proceedings*

Many birthparents have described the adversarial nature of care proceedings, reporting their experiences as gruelling and distressing, expressing how they often felt unheard and as if their stories had been re-written by others, from a professional perspective (Smeeton & Boxall, 2011). Parents also explained that court reports focused on their deficits, resulting in trauma and shame (Mason & Selman, 1997). According to Smithson and Gibson (2017) many parents described their experiences of CPS as uncaring, inflexible, and harmful.

1.5.3 *The effects of compulsory child removal*

When a woman has a child removed from their care they may experience feelings of failure in relation to motherhood, due to the high regard placed on this role within society (Milham et al., 1986). Whilst also often feeling this has been a 'forced' decision made by the courts (Broadhurst & Mason, 2013), as a result, many birthmothers may experience cognitive dissonance, as a way of managing their contradictory feelings (Festinger, 1954). This theory suggested that having contradicting thoughts about one's own identity can result in psychological shame and reduced self-esteem (Schofield, 2009). Birthmothers may feel that they can safely care for their children, however the courts have decided that they are unable to do so, thus women may experience contradictory thoughts and feelings regarding their identity (Morriss, 2018; Schofield et al., 2011). These experiences can result in significant social isolation and stigma (Kielty, 2008), as women have described becoming "invisible" when they no longer had their children, reducing access to support (Carolan et al., 2010, p. 174). Furthermore, many birthmothers reported going to great lengths to conceal the fact that they had children removed from their care, further increasing their isolation from others (Morriss, 2018). Despite this, many birthmothers stated that they wished to meet others who had children removed but had limited opportunities to do so (Broadhurst & Mason, 2020).

Research exploring birthmothers' experiences of compulsory child removal also suggested that women may experience trauma, including symptoms of Post Traumatic Stress Disorder (PTSD) (O'Leary-Wiley & Baden, 2005).

1.5.4 *'Disenfranchised grief' and isolation*

Birthparents who have been subject to compulsory child removal can experience 'disenfranchised grief,' described as "the grief experienced by those who incur a loss that is not, or cannot be, openly acknowledged, publicly mourned or socially supported" (Doka, 1999 p. 37). Additionally, the removal of a child can be understood as an 'ambiguous loss,' as the child remains alive and "physically present but psychologically absent," resulting in limited closure (Boss, 2010, p. 137). Morriss (2018) described this experience as a "haunted motherhood," whereby women often awaited an imagined future with their child (p. 821). Alongside these complex feelings of loss, many birthparents reported feeling significantly isolated after their children had been removed, due to the shame and social stigma experienced, causing them to withdraw from others (Schofield et al., 2011). This could impact the process of grieving after care proceedings, leaving birthparents socially isolated (Doka, 2002; Logan, 1996).

Whilst the grief of parents who have experienced a stillbirth or miscarriage has often not been sufficiently acknowledged, the opportunity for some professional support may be available (McGrath-Lone & Ott, 2022). However, for parents who have had a child removed by the family courts, there has often been limited support available (Mason et al., 2022), with many women reporting that professionals did not pay attention to the effect of their children being removed, and the subsequent impact on psychological wellbeing (Aloi, 2009). Notably, it was suggested that some women separated from their children may become pregnant again to find comfort and to manage their feelings of grief (Broadhurst & Mason, 2017).

1.6 Women subject to repeat care proceedings

For many years, professionals working with the family courts have been aware of mothers who have had repeated experiences of care proceedings, resulting in multiple children being removed from their care. It has been recognised that these birthparents were often overlooked, as whilst the court may be provided with recommendations for intervention, to continue at the end of proceedings, the family justice system was not required to provide this. This suggested that these mothers were expected to experience 'natural recovery' (Toneatto, 2013). However, if a birthparent could not demonstrate sufficient change, then any subsequent children were also likely to be removed, resulting in a cycle of repeated care proceedings (Broadhurst et al., 2015). Often these women only returned to the attention of professionals when they had a further pregnancy (Cox et al. 2020).

1.7 Journey of the research literature in relation to repeated care proceedings

Before 2012, repeated care proceedings had been given very little attention within research, and there was limited understanding as to why this problem existed. At this time, repeated care proceedings were described as a 'national problem with no name' (Cox, 2012).

1.7.1 *The scale and pattern of repeat proceedings*

Research conducted by Broadhurst and Mason (2013) explored policy and practice responses to repeated care proceedings. They noted that this cohort of women had often experienced difficult childhoods, including physical and sexual abuse, and socio-economic disadvantage, highlighting their vulnerability. The authors noted that any subsequent assessments within care proceedings often occurred as an update, particularly due to limited resources and time constraints. Subsequently, they reported that these mothers returned to court with "a history which is non-erasable and which in the absence of new information can dictate a fairly predictable institutional trajectory for mother and baby" (Broadhurst & Mason, 2013, p. 297).

Following this, researchers explored data held by Cafcass to consider the scale and pattern of repeated care proceedings in England, between 2007-2013. Broadhurst et al. (2014) found that many women involved with repeated care proceedings were young, with 50% aged 24-years and below during the first set of proceedings, and 19% aged 14-19 years. Additionally, it was discovered that many women became pregnant either during or shortly after proceedings. It was noted that these intervals were even shorter when women had been subject to more than two sets of care proceedings. This suggested that the women who were at highest risk of compulsory child removal had less time to achieve change. The authors commented that birthmothers should be supported to increase the time between pregnancies, and if women were to become pregnant then they would benefit from joined-up and individualised support from midwives and CPS (Broadhurst et al., 2014).

Subsequent research noted that approximately one in four women were likely to reappear in front of the family courts within 7-years. Furthermore, findings suggested that LAs were more likely to issue proceedings earlier when a birthmother had a history of care proceedings, with a proportion of women experiencing continuous proceedings and repeat losses in short periods of time. The authors noted that whilst there was increasing awareness of repeated care proceedings, there was a "dearth of research to inform prevention" (Broadhurst et al., 2015, p. 2242).

A subsequent study by Broadhurst et al. (2017), exploring data held by Cafcass, explained that many mothers involved in repeat care proceedings had “experienced significant and multiple adverse experiences in their own childhoods, particularly from their own parents or caregivers” (p. 4). Also, a proportion of women (40%) had experience of being formally looked after, highlighting the need to consider the care system as a whole, and potential points of intervention. During semi-structured interviews, many of the birthmothers reported that their pregnancies were unplanned, however several explained that they had wanted to begin a family, which they had not experienced growing up. At this time, Cox et al., (2017) noted that repeated care proceedings had become an “emergent policy priority attracting national debate” (p. 345).

More recently, Alrouh et al. (2022) re-visited population data held by Cafcass in relation to repeated care proceedings across England and Wales. They noted that the understanding of recurrence within the family courts had developed, and two types of repeated care proceedings were now recognised:

> 1) A birthparent returning to court with a new child, following the removal of an older child, resulting in repeated removals and successive losses
> 2) A birthparent returning to court with their child, who had been involved in previous proceedings, for example if a care arrangement had broken down or required amending.

It was noted that one in five women were at risk of returning to a subsequent set of care proceedings with a new child, within 10-years of their first appearance to the family court. It was reported that within the first 3-years the risk of returning to court was the highest, and if women did return then they were increasingly likely to experience further returns in the future. Additionally, in keeping with previous research, Alrouh et al. (2022) explained that many women involved in repeated care proceedings were young, aged 14-19 years when they had their first child, and the risk of returning to court was higher for these young mothers. Based on these findings, and increased understanding of repeated care proceedings, Alrouh et al. (2022) highlighted the importance of supporting parents before their first pregnancy, particularly young mothers. Additionally, they noted that it would be crucial to provide universal support to birthmothers after having a child removed from their care, by providing individual, tailored support, to reduce repeated care proceedings.

1.7.2 *Birthmothers' experiences of repeated care proceedings*

To date, many research studies have explored the scale and pattern of repeated care proceedings. One study included qualitative interviews with 72-birthmothers, reporting that these women described experiences of grief after having a child removed, resulting in emotional trauma, and significant loss, increasing mental health difficulties (Broadhurst at al., 2017). Following repeated care proceedings, many of the women reported an escalation of difficulties, and "collateral consequences," including housing instability, interpersonal violence, isolation, and unplanned repeat pregnancy (p. 47). Despite these difficulties, a large proportion of women described being unable to access the mental health services recommended during care proceedings, often due to not meeting the criteria for NHS services, resulting in feelings of frustration (Broadhurst et al., 2017).

Later, Broadhurst and Mason (2020) re-visited these qualitative interviews to carry out focused analysis, exploring immediate and cumulative effects of repeated child removal. They noted that many birthmothers described significant isolation, reporting that they wanted an opportunity to meet other birthmothers who had experienced their children being removed, however there was very limited opportunity for this, due to the hidden nature of their experiences. They reported that these birthmothers experienced loss of role, altered identities, and experiences of social stigma, alongside social penalties, impacting housing and benefit restrictions. Therefore, it was argued that for these birthparents, child removal was the gateway to further adversities (Broadhurst & Mason, 2020). These findings confirmed this cohort of mothers’ vulnerabilities and the necessity for further support, particularly at the close of family court proceedings, to reduce the recurrence of repeated care proceedings.

1.7.3 *Fathers subject to repeated care proceedings*

In comparison, there has been much less research regarding fathers involved with repeated care proceedings. Analysis of data held by Cafcass demonstrated that this population of fathers were likely to have children at a young age, to be economically disadvantaged, and to have never lived with their youngest child. These fathers were also likely to have experienced adversities during early life, including experiences of being formally looked after, neglect, physical, emotional, and/or sexual abuse, alongside parental mental health difficulties and domestic abuse. Additionally, just under half of the fathers had a diagnosis of a learning disability, cognitive or behavioural conditions, such as Attention Deficit Hyperactivity Disorder (ADHD) or Autism, which was noted to have been a significant factor in relation to their child being removed. In keeping with literature regarding mothers involved with repeated care proceedings, birthfathers reported significant emotional distress and long-lasting, ‘disenfranchised grief,’ following the removal of their children (Neil et al., 2010; Philip et al., 2021).

1.7.4 *The wider picture of repeated care proceedings*

Wider family networks, including grandparents, often described losing children to adoption as a painful process (Neil et al., 2010). Grandparents may also be involved in family court hearings and could be called upon to provide alternative care for the children, with research demonstrating that, much like birthparents, grandparents also received limited care post proceedings (Broadhurst & Mason, 2013;2017). Additionally, child removal has societal and economical costs, as a result of repeated care proceedings. According to Cox et al. (2017) "the financial savings 'generated' from the cost of 'avoided' care proceedings are potentially substantial" (p. 339).

1.8 Support for birthparents after care proceedings

During care proceedings, the family court may provide specific recommendations for birthparents, including mental health, substance, or therapeutic intervention, which would often continue after the conclusion of care proceedings (Broadhurst & Mason, 2013). However, these services were often unavailable, and women typically did not meet criteria for NHS service provision, leaving them to manage child removal on their own (Mason et al., 2022). This gap within services has been described as "adding another layer of damage to the lives of these women" (Broadhurst & Mason, 2013, pp. 298-299). Following the introduction of the Adoption and Children Act (2002), birthparents may be offered short-term counselling sessions. However, research has shown that many do not engage with these services, due to feeling "disempowered and distrusting of professionals" (Cossar & Neil, 2010, p. 1371). Alternatively, it has been suggested that support services should be perceived as independent, whilst providing out-reach services and multi-agency support to better meet the needs of birthparents (Broadhurst & Mason, 2017).

1.8.1 *New initiatives for birthmothers subject to repeated care proceedings*

More recently, new services have been developed offering support to birthmothers, or birthmothers and their partners, either following the removal of their children or during a subsequent pregnancy, aiming to help parents avoid repeated care proceedings (Alrouh et al., 2022; Cox et al., 2017). These services have often shared similar features, such as flexible, individually tailored support, focusing on relationship-building and often offering support for 18-24 months (Cox et al., 2017; 2020). However, these services have often differed across the United Kingdom and are not consistently available, instead being described as "pockets of innovation," based on location (Broadhurst & Mason, 2013, p. 294).

One such support service is Pause, working alongside women who either have, or are at risk of, having more than one child removed from their care, aiming to reduce repeated care proceedings (Morriss, 2018). Pause, alongside other provisions, such as MPower, often require women to use long-acting reversible contraception (LARC) when engaging with their service (Pause, 2021). However, the condition of using contraception can raise complex ethical considerations, due to "unequal power" dynamics (Boddy et al., 2020, p. 65). When evaluating the Pause project, many birthmothers did not highlight concerns regarding the requirement of LARC. However, it was noted that several birthmothers reported feeling reluctant to discuss contraception with health practitioners, and one person reportedly took LARC against medical advice, to be able access the support provided by Pause (Boddy et al., 2020). Alternative services, including Mothers Living Apart from their Children and After Adoption's Breaking the Cycle do not require women to take LARC. These services describe providing a space to meet with others who have had experience of children removed from their care, with the aim of reducing isolation (Morriss, 2018).

1.8.2 *Evaluation of these services*

Some researchers have evaluated these initiatives, demonstrating that birthmothers engaged with these support services were less likely to be experience an unplanned pregnancy or be subject to a subsequent set of care proceedings. Therefore, suggesting that repeated care proceedings are not ‘inevitable’ (Boddy et al., 2020; Cox et al., 2020).

When exploring these services, researchers have noted the importance of relationships between birthmothers and practitioners, with women often describing staff members as consistent, kind, and approachable. However, they also noted the importance of services not becoming “another persecutory presence” due to frequent meetings (Cox et al., 2020, p. 10). Additionally, Mason and Wilkson (2022) explained that service ethos was a crucial factor, rather than finding the ‘right place’ to locate this support within systems. They reported that services should be relationship-based and trauma-informed, recognising the of grief, loss, and trauma experienced by birthmothers.

1.9 Visual research methods

Some researchers have utilised semi-structured interviews with birthparents, to explore their experiences of care proceedings (Broadhurst et al., 2017; Smeeton & Boxall, 2011). Additionally, visual research methods have been introduced to support birthparents in telling their stories creatively, whilst reducing the reliance on verbal communication. This has included the use of body-mapping,[1] to explore birthmothers’ experiences of contact after child removal (Collings et al., 2021). Additionally, photo-elicitation, involving the use of photographs during interviews, was used to consider mothers’ and midwives’ experiences of

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[1] Boddy mapping involves participants reflecting on their experiences during an interview by adding images, words, or symbols to a body outline, resulting in the creation of a representational body (Solomon, 2002).

babies removed at birth (Marsh et al., 2016). Finally, Morriss and Beckwith (2021) employed arts-based visual methods to explore the tattoos of mothers living apart from their children, to enable the sharing of alternative stories following child removal.

These studies noted that creative, visual research methods were useful for participants involved with CPS, due to the power inequalities experienced (Collings et al., 2021). Marsh et al. (2016) stated that photo-elicitation interviews were noted to be "non-threatening" when carrying out research of a sensitive nature (p. 47), noting that this offered opportunities to "enrich research studies, trigger otherwise forgotten memories, and lead to new knowledge that may have gone unnoticed by verbal interview methods" (Marsh et al., 2016, p. 48).

1.9.1 *Photovoice*

Photovoice is visual research method, exploring participants' experiences, whilst encouraging meaning-making (Ferdinand & van Wyk., 2020). During photovoice studies participants are provided with a camera, so they can "allow others to see the world through [their] eyes" (Glaw et al., 2017, p. 2). After taking photographs, participants are then invited to provide a verbal or written account of their images, with the importance placed not on the photographs, but the stories and interpretations behind them (Latz, 2017). Photovoice projects can take place with individuals or during group sessions. When carried out in a group, photovoice projects can increase community-building and provide a shared experience (Booth & Booth, 2003).

Photovoice is a form of participatory action research (PAR), which is often community based, emphasising the collective (Bogdan & Biklen, 2007). This approach has been characterised as having; "a) shared ownership of research, b) community-orientated understanding of social problems, and c) a propensity for community action" (Kemmis & McTaggart, 2005, p. 560). Photovoice encourages participants to be actively involved in research, making space for participants' voices to be heard (Lykes et al., 2003). This method aims to reach policy makers with the findings, seeking to make positive change (Wang & Burris, 1997).

Photovoice has been influenced by several different theoretical approaches, including feminist theories, and Freire's (1970, 2003) notion of critical consciousness, a person's belief in their ability to affect social realities. According to Holtby et al. (2015) photovoice can provide participants with "a space to reflect" (p. 330), which can result in critical reflection and for some the development of critical consciousness. Additionally, it has been proposed that photovoice may have a therapeutic impact (Han & Oliffe, 2016), alongside individual empowerment and development of relationships (Catalani & Minkler, 2010).

1.9.2 *Online photovoice*

The original photovoice approach, developed by Wang and Burris (1997), was adapted to take place virtually, resulting in online photovoice (Lichty et al., 2019; Tanhan & Strack, 2020). Whilst online photovoice was used prior to the pandemic, the use of this method increased due to lockdown restrictions (Chen, 2022). It has been suggested that moving photovoice online has allowed for the recruitment of participants who are geographically dispersed, and for the engagement of individuals who may struggle to travel, due to transport, mobility, or in response to the pandemic (Doyumğaç et al., 2021). Additionally, online photovoice can not only reduce costs, including room hire and travel, but is also responsive to the development of technology. Therefore, Lichty et al. (2019) suggested that this could enhance participant comfort, whilst decreasing the extent to which research may feel like it is operating outside of normal life. Despite this, it is important to consider the benefits and potential limitations, whilst also exploring any important amendments for researchers to consider when adapting photovoice to take place virtually (Ferlatte et al., 2022).

1.10 Conclusion

Overall, the literature presented above demonstrated the increasing professional awareness of repeated care proceedings, including exploration of the scale and pattern of recurrence and the development of new service initiatives. However, despite this there have been very limited research studies exploring the experiences of birthmothers, from their perspective. Birthmothers have often reported concealing their experiences of child removal, due to stigma and judgement, resulting in significant isolation (Morriss, 2018). Therefore, visual research methods can support birthmothers to share their, often hidden, experiences of repeated care proceedings, through creative means.

One such method is photovoice, which enables participants to share their stories using photographs. This approach can be useful for those who may have difficulties reading or writing (Jurkowski, 2008). This could be beneficial for birthparents who may have experienced their stories being re-written by others, such as professionals, during proceedings (Smeeton & Boxall, 2011). Photovoice utilises a flexible approach, which can be carried out individually, or within a group. These group sessions may be an important consideration for research with birthmothers, who have expressed in previous studies their desire to meet others who have had their children removed but have had limited opportunity to do so (Broadhurst & Mason, 2020).

More recently, photovoice has been developed and adapted to take place virtually, resulting in online photovoice (Tanhan & Strack, 2020), this has increasingly been utilised during the pandemic and may present new opportunities for research with birthmothers from across the UK.

2. Systematic Literature Review

2.1 Overview

This chapter presented a systematic literature review (SLR) regarding what is known about researchers' experiences of using online photovoice. Initially, analysis was provided in relation to the identified papers, followed by a critical appraisal of the research. Additionally, gaps in the literature were highlighted, before providing a rationale for the research methods used within the current study.

2.2 Introduction to the literature review

According to Siddaway et al. (2019) SLRs are "characterised by being methodical, comprehensive, transparent, and replicable" (p. 751). They also stated that these literature reviews bring together a body of evidence in relation to a topic. This can allow for robust conclusions to be made, offering explanations about how research studies fit together, whilst also considering implications for future research.

2.3 Rationale

Several previous SLRs have been carried in relation to compulsory child removal, including the exploration of birthmothers' experiences of having their child removed at birth (Marsh et al., 2015) and exploration of birthparents' experiences of compulsory child removal using the Power Threat Meaning framework (Enlander et al., 2021). More recently, Larcombe (2021) conducted a SLR exploring birthparents' experiences of having children removed from their care. Therefore, it was not justifiable to repeat these reviews and instead consideration was given to a SLR exploring the use of photovoice.

An initial scoping search revealed that several existing SLRs explored the use of photovoice. For example, Suprapto et al. (2020) explored photovoice as participatory action research (PAR) strategies, reporting that many research studies utilised PAR, whilst incorporating photography. Additionally, Halvorsrud et al. (2021) explored evidence of the effectiveness of photovoice in relation to international healthcare literature, reporting that photovoice did not result in positive health behaviours or physical and mental health outcomes. This initial scoping search revealed that there had been a paucity of research in relation to understanding the use of online photovoice, which increased due to the pandemic (Chen, 2022; Rania et al., 2021). As such, this SLR sought to answer the following question:

What does the existing empirical literature say about researchers' experiences of using online photovoice?

2.4 Search Strategy

A systematic literature search was carried out between December 2022 and February 2023. Four databases were accessed via the University of Hertfordshire, including: Scopus, PubMed, APA PsychArticles, and CINAHL. Backward and forward citation searches were carried out, with alerts created to enable consideration of relevant studies up to the point of analysis.

In keeping with the methodology described by Siddaway et al. (2019), the topic was divided into individual concepts to create search terms, and consideration was given to alternative terminologies. Search terms were developed using the University of Hertfordshire's search planning form (Appendix B).

The final search strategy was informed by conducting several pilot searches and scoping of broader literature for key terms, alongside consultation with an academic librarian. The final search terms used are listed in Table 2.

Table 2.
Final Search Terms

Concept 1: Terms relating to experience		Concept 2: Terms relating to online		Concept 3: Terms relating to photovoice
Experien* OR reflecti* OR percepti* OR insight* OR understanding* OR develop* OR adapt* OR explor* OR impact* OR consideration* OR engag* OR lesson* OR learn*	AND	Online OR virtual OR remote	AND	Photovoice OR "photo voice"

2.5 Inclusion and Exclusion Criteria

The following inclusion and exclusion criteria were applied, which were developed based on the SLR question and aims, as shown in Table 3.

Table 3.
Inclusion and Exclusion Criteria

Inclusion criteria	Exclusion criteria
Available in the English language	Unpublished work or grey literature
Empirical research published in a peer-reviewed journal	Hybrid studies with only part of the research carried out online (for example, beginning face-to-face and then moving online)
Only papers that have included a qualitative reflective section in relation to the use of online photovoice	Studies using online photo-elicitation rather than online photovoice

Initial searches revealed that many studies utilised online photovoice during the pandemic, however, often the authors had not reflected on their experiences of using this method. To ensure rigour only papers that included qualitative reflective sections embedded throughout the paper, in relation to online photovoice, were included in this review. Several researchers were noted to carry out hybrid studies, for example beginning the research in-person before transitioning to online methods.

As this review was interested in researcher reflections in relation to the conceptualisation and design of photovoice studies intended for online use these articles were excluded. A decision was made to not include grey literature, as empirical literature published in a peer-reviewed journal is often considered to be higher quality research, allowing the studies to be critically evaluated as part of the literature review. Finally, due to the limited resources available and the timescale of the project only English language papers were included.

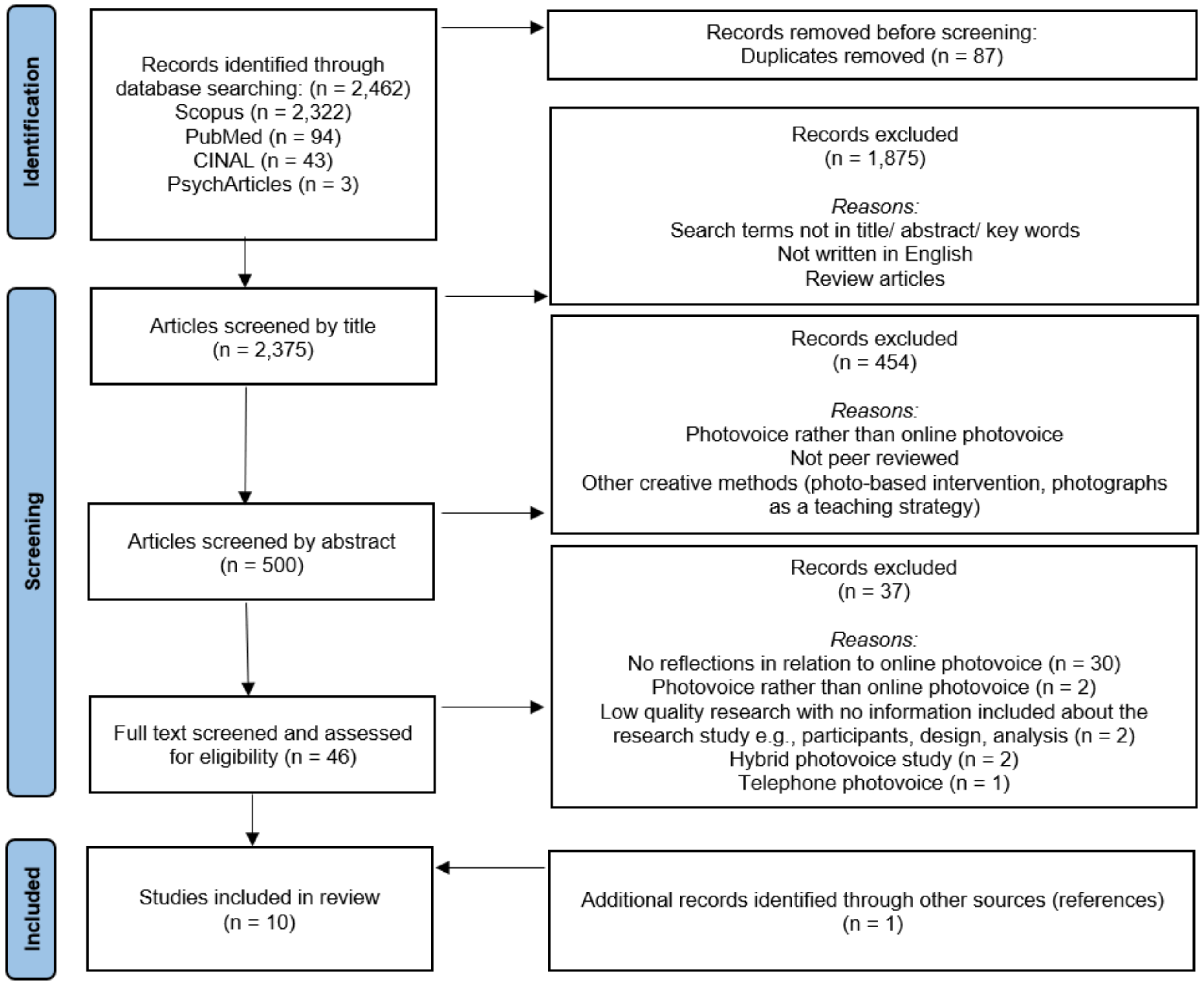
Online photovoice studies can use synchronous approaches, in keeping with face to face projects, whereby participants share their images live, in real-time (Chen, 2022). However, online photovoice has also led to the development of asynchronous studies, allowing participants to share and upload their images at different times, for example using social media, online forms, and blogs, thus removing live interaction between participants and researchers, (Lichty et al., 2019). Both synchronous and asynchronous photovoice studies have been included within this SLR.

2.6 Search Process

The PRISMA flowchart (Page et al., 2020) below outlined the process of identifying, screening, and selecting papers which met eligibility criteria, as shown in Figure 1.

Figure 1.

PRISMA Flow Chart for Study Selection Procedure



2.7 Synthesis method

This review utilised a 'thematic synthesis' approach when exploring and drawing together the final ten papers (Thomas & Harden, 2008). Using guidance identified by Siddaway et al. (2019) this included re-reading articles to aid familiarisation, before coding relevant and key information from each paper. Next, descriptive themes were created by comparing findings, before being consolidated into analytical themes.

2.8 SLR findings

The initial search identified a total of 2,462 papers, after 87 duplicates were removed. Using the inclusion and exclusion criteria, titles and abstracts were screened leaving 46 articles for full-text review. Of these, nine studies met criteria for inclusion. Next, reference lists of the selected papers were checked, with one further study identified. In total 10 studies were included, the data extraction table below displays the final articles in chronological order, summarising each paper's findings, strengths, and limitations (Table 4).

Table 4.
Summary and Evaluation of Final Papers included in the SLR

No.	Authors	Title	Participants	Context and Population	Aims	Research Method	Data Analysis	Summary of Key Findings	Strengths and Limitations
1	Tanhan, A. (2020)	**Utilizing Online Photovoice (OPV) Methodology to Address Biopsychosocial Spiritual Economic Issues and Wellbeing during COVID-19: Adapting OPV to Turkish**	N=127, college students	Living in Turkey No information provided in relation to participants' age, gender, or ethnicity.	To explore biopsychosocial, spiritual, economic issues, and wellbeing of college students during the COVID-19 pandemic, whilst adapting and utilising online photovoice to Turkish.	Online photovoice (asynchronous) Participants were given an online form, including video, audio, and written information about online photovoice, the study, and how to take part, to facilitate understanding of the project, these documents were adapted into Turkish. Participants were also given access to a Facebook group, for the current and future studies, so participants could interact with each other. *Phase 1:* Participants identified the most important biopsychosocial, spiritual, and economic facilitators and barriers during COVID-19. *Phase 2:* Participants took photographs of the most important facilitator and barrier. They could take as many photos as they wanted, however could only upload one. Participants were able to use photographs or drawings available for the public. *Phase 3:* Participants submitted their images with a written caption, using the SHOWeD approach,	Online Interpretative Phenomenological Analysis (OIPA), the research team collaborated with volunteer partners using the five stages of OIPA.	The author noted that online photovoice could be used by researchers to conduct a robust and in depth research project, both during and after the COVID-19 pandemic. They explained that photovoice could be used with marginalised groups, with this method also being able to access larger sample sizes. Finally, the author stated that online photovoice could be adapted to other languages if careful consideration was given to the adaptation process.	*Strengths:* Large sample size. Reflections on the adaptation process of online photovoice to Turkish, whilst also exploring the implications of carrying the study out online. *Limitations:* Did not consider dissemination of the findings, including the photographs and explanations with the identified audience. Limited information was provided with regards to ethical considerations or the relationship between researcher and participants.

						translated to Turkish (GÖZAN). *Phase 4:* Participants identified 1-3 themes or metaphors for the facilitator and barrier, to help share their messages to others more effectively. *Phase 5:* Each participant completed a multiple-choice question attributing the facilitator and barrier to one or more levels of Ecological Systems Theory.			
2	Call-Cummings, M. & Hauber-Özer, M. (2021)	**Virtual Photovoice: Methodological Lessons and Cautions**	*Study 1:* Unclear, participants were continuing to submit images at the time of writing. Participants were diverse youth at high school. *Study 2:* N=5, Syrian refugees enrolled at university in Turkey.	*Study 1:* Living in the United States. *Study 2:* Living in Turkey. No information provided in relation to participants' age, gender, or ethnicity.	To explore the methodological lessons and cautions when adapting photovoice to take place online, as a result of the COVID-19 pandemic.	*Study 1:* Online photovoice (asynchronous) Participants were provided with study instructions via a school-wide email, whereby they were asked to submit original images or artwork, alongside short captions in relation to how they might feel 'seen but not heard' during virtual schooling. Participants were able to upload their images to the school learning platform or anonymously using either an Instagram or email account. These submissions were anonymously posted by the researchers on the school learning platform, so they could be viewed and responded to.	Unclear, no information was provided regarding the data analysis process.	The two online photovoice projects provided insights, possible limitations, and methodological lessons learnt. They explored the importance of remembering photovoice's commitment to upending power structures and maintaining fidelity to participatory knowledge creation when moving to an online format. They identified several questions for researchers to ask in a critical and reflective manner.	*Strengths:* Reflections provided throughout the process of two online photovoice studies, one of which used an asynchronous approach, and the other adopted a more traditional synchronous format. Reflections on researcher relationships between the projects and participants. *Limitations:* Sample size in project one was unclear. Project two had a small sample size (n=5). There was limited information provided in relation to data

						Study 2: Online photovoice (synchronous) The project began with a questionnaire, and in depth semi-structured interviews, followed by two photovoice workshops. One workshop consisted of two participants and the other of three. Participants were invited to attend a virtual photovoice workshop, and they were asked to bring several photographs representing their experience of being a university student in Turkey. Each participant shared at least one image with the group, via Zoom, whilst discussing the meaning behind the image. Next, they included some written text in a Google document, to share with other participants.		They noted the benefits of online photovoice, including increased access and broader participation, alongside tension related to access, as many were spending increased time online during the pandemic.	analysis or ways in which the findings of study two were shared with their identified audiences.
3	Dare, J., Seiver, H., Andrew, L., Coall, D. A., Karthigesu, S., Sim, M., & Boxall, K. (2021)	**Co-creating Visual Representations of Safe Spaces with Mental Health Service Users using Photovoice and Zoom**	N=11, mental health service users	Living in Western Australia. Participants were aged 25-64 years, 8 were female and 3 male. No information was provided regarding their ethnicity	To critically review the use of online photovoice, whilst exploring safe spaces with mental health service users. This also included extending the discussion of space to include	Online photovoice (synchronous) Participants were allocated to one of two groups, four staff also participated in and facilitated these groups. Participants attended an online session, whereby information was provided in relation to consent, a demonstration roleplay was shown which had been	Reflexive Thematic Analysis They gathered visual (photographs), text-based (written captions and Zoom chat), and audio data (recordings of group sessions). University researchers	This study provided an exploration of methodological and ethical implications of conducting photovoice within online spaces. This included consideration of technical challenges, creating a safe research space, women-only online space, ethics, and shared virtual research	*Strengths:* Incorporated a pilot study. Careful consideration of ethical dilemmas and researcher responses to these. Reflexive discussion of adapting photovoice to take place online, whilst exploring ethical and

					the online research space.	developed during a pilot study, ground rules were considered, technical issues explored, and guidance was given about taking photographs and writing accompanying captions. During a 2-week gap, participants and researchers took their photographs and developed their captions. After these were emailed to the researchers, a PowerPoint presentation was developed. Participants then attended a further online photovoice session, which was split into two groups, where both participants and researchers shared their images and captions.	analysed the transcripts and text-based data using Reflexive Thematic Analysis, and themes from the transcripts and text-based data were triangulated with an artist's impression.	space, alongside terminology and language, whilst incorporating participant feedback.	methodological implications. Participants' feedback about using digital software was included. *Limitations:* Limited information in relation to the process of Reflexive Thematic Analysis. They did not provide reflections in relation to the sharing of the findings with the identified audience.
4	Rania, C., Coppola, I., & Pinna, L. (2021)	**Adapting Qualitative Methods during the COVID-19 Era: Factors to Consider for Successful Use of Online Photovoice**	N=130, young adults	Living in North Western Italy. Participants were aged 22-56 years (mean age 27.5 years, SD = 7.52), 85.4% of participants were female. No information was provided regarding their ethnicity.	To describe the strengths, weaknesses and challenges of the use, and effectiveness of online photovoice.	Online photovoice (synchronous) Participants were randomly divided into 23 groups of 4–9 members. There were six phases of the study: *Phase 1:* Participants took part in an online meeting where the researcher presented the purpose of Photovoice. The participants were encouraged to think about the practical and emotional aspects of living with COVID-19. *Phase 2:* Over 10-days participants photographed their everyday experiences	Constructivist Grounded Theory Two independent researchers initially openly coded the data until a selection of the most significant codes was reached. The main categorisations in the analytic process were specified. On the basis of these categories, a graphical representation was constructed through a model containing	Two categories were identified: 1) Functional factors of online photovoice: Presence of different roles in the group, group process to make a decision, implementing empowerment, creating a favourable group atmosphere and making circular communication. 2) Factors to consider for a successful online photovoice study: Presence of climate of	*Strengths:* Large sample size (n=130). Clearly described the different phases of online photovoice used within the study. Producing a presentation to share with local stakeholders. Included and explored both individual participant and group reflections in relation to the online process.

						related to living with COVID-19 and chose 2-3 photos to which they added a short comment. *Phase 3:* Each participant presented their photos and explained their feelings related to taking them. Then, a group discussion followed, using the ‘SHOWeD’ approach. *Phase 4:* Each group produced a billboard or a presentation in an online initiative with local stakeholders that was accessible to university students and their families. *Phase 5:* Each participant compiled an individual guided reflective practice on the positive and negative aspects of the experience, what had or had not worked in the online dimension, and the feelings experienced in relation to the empowerment experience. *Phase 6:* Each group, together with the researcher, held a group reflection to highlight the relevant group dynamics, with particular attention to the dimension of the online process.	codes related to actions and meaning.	tension, employing group technological skills, investing greater time, technical aspects of being connected, definition of rules and strategies, developing parallel communication, absence of micro-alliances, and composing the group. This paper demonstrated how online photovoice could be a valid research tool, particularly within a post-pandemic context, despite the limitations and difficulties when using online platforms.	*Limitations:* Did not identify ethical considerations or reflexively explore the researcher’s role within the project. No limitations or areas for future research were included.
5	Black, K. Z., & Faustin, Y. F. (2022)	**How Community-Based Participatory**	N=8, Black and white parents, with	Living in North Carolina, America.	The authors shared their experiences of	Online photovoice (synchronous)	Unclear, no information was provided regarding	This photovoice study was carried out online due to the COVID-19	*Strengths*: Careful consideration given to the lessons learnt after

		Research Can Thrive in Virtual Spaces: Connecting Through Photovoice	children under the age of 15.	Three Black parents and five white parents met in separate groups. No information was provided in relation to participants' gender or age.	carrying out an online photovoice study, with Black and white parents exploring parenting during a concurrent structural racism reckoning and the COVID-19 pandemic.	Participants were divided into two groups, separated by race. Each group met four times, using virtual software. Initially, a welcome and orientation session took place, providing an informal meeting space, so participants could learn about the aims of the project. Discussions also took place about the photovoice process and consent in relation to taking photographs. This was followed by three photo-discussion sessions. Participants created an assignment (e.g., a problem-posing question) that they wanted to explore, allowing them to develop their own specific questions, shaping discussions. In between group sessions participants took photographs, which were then shared with the group, addressing the questions identified, with support from the group facilitator, using the 'SHOWeD' approach. In the second and third sessions, preliminary themes were shared to see if parents agreed with the findings and summaries of their discussions.	the data analysis process.	pandemic. The authors shared how they navigated the process of carrying out virtual photovoice and the lessons learnt. This included reflecting on several challenges, such as: 1) Allotting extra time for unforeseen issues, 2) Incorporating multiple activities to build trust for both participants together and participants and the facilitator, 3) Maintaining flexibility to meet the needs of the group.	conducting an online photovoice study, including benefits to the research process and ways to conduct community-engaged research virtually. Exploration of researchers' relationship with the topic and participants. *Limitations:* No information about how data was analysed Limited reflections in relation to ethical considerations. No information about how the findings of the study were shared with stakeholders.

6	Boamah, S. A., Yous, M., Weldrick, R., Havaei, F., & Ganann, R. (2022)	**Using Photovoice as a Method for Capturing the Lived Experiences of Caregivers During COVID-19: A Methodological Insight**	N=10, informal caregivers of older adults in long-term care.	Living in Canada. Nine participants were female and one male. No information provided in relation to participants’ age or ethnicity.	Using online photovoice to explore the lived experiences of informal caregivers for older adults in long-term care homes during the COVID-19 pandemic.	Online photovoice (synchronous) Participants attended a virtual information session, as a pre-focus group session. This aimed to provide an overview of photovoice, aspects of photography, ethical issues (consent when taking photographs of others), and to answer any questions regarding photovoice or the research study. Three group information sessions took place, and two information sessions were carried out on the telephone. Participants took their photographs within a 2-4 week period. Before being asked to select their top five images, which were shared in a focus group session. Finally, the research team met to reflect on the online photovoice process, and the lessons learned.	Content analysis Data collected in the pre-group meetings was coded for the presence of ‘I’ and ‘me’ statements for the purpose of identifying the ‘authentic voice’. Two members of the research team coded this data, before using content analysis. The focus group data was analysed by three members of the research team, to explore participants’ perceptions of photovoice and its potential usefulness in capturing their thoughts and experiences. The researchers used open coding to apply labels to concepts as well as to define and create categories, before reporting on the themes developed from the data.	This paper explored the different stages of online photovoice, and the key lessons learnt, including: 1) Preparation, 2) Pre-group focus meeting, 3) Taking photographs, 4) Reflection and implementation insights. They provided key learning from implementing an online photovoice study, such as the use of co-learning tools, the combination of photographs and written words to provide rich descriptions, and creative ways to engage and support informal caregivers in sharing their experiences. They described several challenges, in relation to research ethics and photographs.	*Strengths:* Researchers critically reflected on the methodological strengths and limitations of online photovoice, exploring the research process from preparation to sharing of the photographs within the group. The paper provided information about their process of data analysis. *Limitations:* Little information was included with regards to the relationship between researchers and participants. No reflections were provided in relation to sharing of participants’ experiences or photographs with their identified audience.

7	Chen (2022)	**Digitally Dispersed, Remotely Engaged: Interrogating Participation in Virtual Photovoice**	N=14, LGBTQ+ older adults	Living in Australia. Participants were aged 50 years and above. No information was included in relation to participants' gender or ethnicity.	To consider the ageing hopes and fears of multicultural LGBTQ+ adults, aged 50 years and above. Additionally, reflections took place in relation to the use of online photovoice as a research approach.	Online photovoice (synchronous) Photovoice took place within a group setting (n = 3), recurring individual photo interviews (n = 3) and individual semi-structured interviews (n = 8), all of which took place online. Initially, participants attended an online introductory workshop, offering the opportunity to get to know each other, understand the project, and discuss ethical considerations. Participants were invited to four group sessions: 1) Introductions, 2) Hopes, 3) Fears, 4) Finish and de-brief. They were able to share and reflect on their photographs, before exploring themes with the other group members and facilitator. Due to participant drop-out, the session adapted to include individual interviews. Participants decided not to be involved with sharing the photographs with stakeholders, and the researcher was in the process of arranging a public photo exhibition.	Unclear, this included a case study and critical reflection. However, no information was provided regarding the data analysis process.	This article reflected on the benefits and possibilities when using online photovoice, including online recruitment and (non)-participation, online introductions, context setting, producing photographs and captions online, before exploring discussions and facilitation in the virtual space. This paper concluded that online photovoice was a comparable method available to researchers.	*Strengths:* Provided reflections in relation to online photovoice from conception, recruitment, photovoice production and discussions. Explored challenges and new opportunities due to the use of online photovoice. *Limitations:* Provided no information in relation to how data was analysed Limited information in relation to participant demographics.

8	CohenMiller, A. (2022)	**Asynchronous Online Photovoice: Practical Steps and Challenges to Amplify Voices for Equity, Inclusion, and Social Justice**	N=68, mothers working in academia, whilst supporting their children with online learning during the pandemic.	Living across the globe, participants were predominantly from Kazakhstan, Central Asia, and the United States. Other countries included: Australia, the Philippines, South Korea, Hungary, Ukraine, Lebanon, the United Kingdom, and Ireland. All participants were female. No information was included in relation age or ethnicity.	To explore the reality of life for mothers in academia during the COVID-19 pandemic using asynchronous online photovoice	Online photovoice (asynchronous) to meet the needs of participants, due to constraints on time and multiple role demands. Recruitment took place using social media, including Facebook groups. If people were interested in taking part, they were provided with a Google Form, to guide them through the photovoice process. Participants were asked to upload their images and descriptions using a Google Form. Initially, it was planned for these submissions to be anonymous, however when participants contacted the researcher to ask if they could send information by email instead, this was amended so participants could provide further information by email.	Unclear, no information was provided regarding the data analysis process.	This paper considered practical steps and challenges when using asynchronous online photovoice during the COVID-19 pandemic. The potential for equity, inclusion, and social justice was explored, alongside descriptions of the steps taken, challenges experienced, recommendations, and critical self-reflection.	*Strengths:* Moderate sample size for a photovoice study, recruited from several different countries. Practical tips and ideas were explored for consideration when carrying out asynchronous online photovoice projects. The author considered their role and relationship with the research study. *Limitations:* There was no information provided about how the data was analysed. Limited reflections were presented in relation to the sharing of images and findings, as this was ongoing at the time the article was written.
9	Earnshaw, V. A., Cox, J., Wong, P. L., Saifi, R., Walters, S., Azwa, I., Omar, S. F. S., Collier, Z. K., Hassan, A. A., Lim, S. H., Wickersham, J., Haddad, M. S., Kamarulzaman,	**Acceptability and Feasibility of Online Asynchronous Photovoice with Key Populations and People Living with HIV**	N=34, this included people living with HIV, those who identified as men who had sex with men, transgender	Living in Malaysia. No information was included in relation to participants' age, or ethnicity, to ensure confidentiality	This project explored key populations and people living with HIV's experiences of stigma in healthcare settings.	Online photovoice (asynchronous) The study was carried out in four stages: *Phase 1:* A custom website was developed to host the project and facilitate data collection. Participants were introduced to the photovoice	The study utilised qualitative and quantitative data analysis. Acceptability of the project was assessed using a validated outcome scale, completed by participants after	The authors evaluated the feasibility of the photovoice study using qualitative and quantitative methods, including participant surveys and open-ended questions, whilst exploring the photovoice submissions.	*Strengths:* A moderate number of participants were included for a photovoice study. Researcher reflections and lessons were provided, alongside participants' experiences of

	A., & Altice, F. L. (2022)		women, and people who injected drugs.	and protection of participants.	Whilst also considering the acceptability and feasibility of the online photovoice study.	project, and taught about photography skills, before submitting their images. Participants were able to view videos to support with participant understanding of the project. They did not have to provide their name or any other identifying information. *Phase 2:* Participant recruitment and data collection took place over a 5-week period. Participants were recruited through digital flyers, shared by WhatsApp and social media. If interested in taking part, participants were screened for eligibility by a Research Assistant. After screening, participants were provided with six photovoice challenges. *Phase 3:* Two members of the research team screened each photograph for any identifiers, consensus regarding screening was achieved through panel discussion. *Phase 4:* To disseminate the findings, a series of videos containing participant montages were created, which could be shared by social media.	the photovoice study. They were required to scale items on a 5-point Likert scale, before answering two open-ended questions regarding photovoice challenges. Additionally, completed photovoice submissions were examined when considering the feasibility of the project. Quantitative analysis included descriptive statistics and correlations. Qualitative analysis involved Rapid Qualitative Inquiry, which involved a team-based approach.	Participants reported enjoying the opportunity to express themselves through photography, whilst learning new photography skills. When considering changes to the project, some participants felt that it would be helpful to submit videos and to choose questions themselves. The authors noted that all participants engaged in the photovoice challenges, with a 100% completion rate. Both the qualitative and quantitative data suggested that participants found the online photovoice project to be highly acceptable and feasible. Their findings suggested that online asynchronous photovoice can be effective and could increase the scale of this qualitative research method, whilst also offering enhanced safety and confidentiality.	engaging in an online photovoice study. The authors provided ideas for future research directions, including ways to facilitate participant engagement at other stages of photovoice projects, including choosing the photovoice prompts, and directing dissemination strategies. *Limitations:* The researchers noted that participants were required to own a camera phone, with internet access to take part, therefore excluding participants who may have limited resources or finances. Participants were not involved in participatory analysis after submitting their photographs, which can be seen as an important aspect of photovoice research.

10	Ferlatte, O., Karmann, J., Gariépy, G., Frohlich, K. L., Moullec, G., Lemieux, V., & Hébert, R. (2022).	**Virtual Photovoice with Older Adults: Methodological Reflections during the COVID-19 Pandemic**	N=26, informal caregivers of older adults in long-term care during the COVID-19 pandemic	Living in Canada. Participants were aged between 60-81 years (mean = 71). A total of 21 participants were female, and 25 participants were white.	To discuss the implementation of an online photovoice study, whilst presenting some of the challenges of the study design and potential solutions from the researchers' perspectives	Online photovoice (synchronous) Participants were invited to a one-to-one meeting with a researcher, which took place online. Information was provided about the study and photovoice, whilst collecting participant information and answering any questions. Participants took their photographs over a 3-week period, telling their stories of the pandemic and confinement, with a focus on the mental health impacts and their mitigation strategies. Each week, participants took part in an online group to discuss their images. These groups involved between 5-7 participants and were facilitated by a researcher and doctoral student. After each participant shared their image, the group members were invited to comment on whether they had similar or different experiences or perspectives. Finally, selected photographs taken by participants were chosen by the research team to create an online exhibition.	Unclear, no information was provided regarding the data analysis process.	This article considered three main challenges occurring within the online photovoice study, including: 1) Managing technical difficulties, 2) Fostering a positive group dynamic, and 3) Building and maintaining trust between participants and researchers. The authors considered how they navigated these difficulties, identifying the importance of flexibility, careful planning and ongoing reflection when using online participatory research methods.	*Strengths:* Included a moderate number of participants for a photovoice study. Authors provided reflections on challenges experienced during the research and the adjustments made throughout. Provided ideas for future research, including exploring participants' experiences of taking part in an online photovoice project. *Limitations:* No information in relation to how data was analysed. Limited discussion about who may have been excluded from taking part in the online study. Little information was included with regards to the relationship between researchers and participants.

The ten papers selected for inclusion in this SLR took place during the pandemic. During this time several researchers were required to adapt their planned research method, due to the virus and subsequent social distancing restrictions (Black & Faustin, 2022; Call-Cummings & Hauber-Özer, 2021–study two; Dare et al., 2021).

Of the ten papers identified, these were conducted in Australia (Chen, 2022; Dare et al., 2021), America (Black & Faustin, 2022; Call-Cummings & Hauber-Özer, 2021–study two), Turkey (Call-Cummings & Hauber-Özer, 2021–study one; Tanhan, 2020), Canada (Boamah et al., 2022; Ferlatte et al., 2022), Italy (Rania et al., 2021), Kazakhstan (CohenMiller, 2022), and Malaysia (Earnshaw et al., 2022).

Each of the qualitative articles used online photovoice across different populations and contexts, their methods differed depending on the needs of participants and research timescales. Four studies utilised asynchronous online photovoice (Call-Cummings & Hauber-Özer, 2021–study one; CohenMiller, 2022; Earnshaw et al., 2022; Tanhan, 2020). Alternatively, seven studies used synchronous photovoice. Of these papers, five consisted of group sessions (Boamah et al., 2022; Black & Faustin, 2022; Dare et al., 2021; Ferlatte et al., 2022; Call-Cummings & Hauber-Özer, 2021–study two; Rania et al., 2021), whilst one considered a combination of group and individual photo interviews, due to participant attrition (Chen, 2022).

2.9 Assessing study quality

All ten qualitative papers were subject to a quality check, using the Critical Appraisal Skills Programme Qualitative Checklist (CASP, 2018). One paper used a mixed methods approach, however only the qualitative reflections were explored, so alternative methodology specific appraisal tools were not required (Earnshaw et al., 2022). The CASP consisted of ten items, assessing rigour, credibility, and relevance of qualitative research (CASP, 2018). This approach was chosen as the CASP has been considered a comprehensive and user-friendly tool, which can be used by novice researchers (Long et al., 2020). A summary table of the quality appraisal can be found in Appendix C.

Each paper included in this SLR contributed in a meaningful way to the knowledge base regarding the use of online photovoice. Authors provided clear research aims, whilst situating their studies within relevant literature to identify research gaps, offering reflections, and learning in relation to this virtual approach. Only two papers included in the review provided information about participants' experiences of taking part in online photovoice studies, which may benefit from further exploration in the future (Dare et al., 2021; Earnshaw et al., 2022).

As a result of differing online photovoice approaches, including synchronous and asynchronous projects, there were a variation in sample sizes, ranging from five to 130 participants. Some articles provided information in relation to participants' demographics, such as age, gender, and ethnicity. However, several papers provided limited identifying information, to ensure anonymity and protection for those that took part (Black & Faustin, 2022; Boamah et al., 2022; Call-Cummings & Hauber-Özer, 2021; Chen, 2022; CohenMiller, 2022; Earnshaw et al., 2022; Tanhan, 2020). Most papers recommended, understandably, that further research was needed.

As shown in Appendix C, some of the articles provided information relating to data analysis, using approaches such as Online Interpretative Phenomenological Analysis (Tanhan, 2020), Reflexive Thematic Analysis (Dare et al., 2021), Constructivist Grounded Theory (Rania et al., 2021), Content Analysis (Boamah et al., 2022), and Qualitative Rapid Inquiry (Earnshaw et al., 2022). However, five articles provided no information regarding data analysis, therefore these findings should be considered with caution (Black & Faustin, 2022; Call-Cummings & Hauber-Özer, 2021; Chen, 2022; CohenMiller, 2022; Ferlatte et al., 2022).

Seven studies discussed their experiences of disseminating findings with stakeholders, with one paper doing this alongside participants (Rania et al., 2021), and the remaining six sharing with no involvement from participants (Call-Cummings & Hauber-Özer, 2021; Chen, 2022; CohenMiller, 2022; Earnshaw et al., 2022; Ferlatte et al., 2022). The remaining four authors did not provide information about sharing their findings with their identified audience, which has often been seen as a key component of photovoice (Black & Faustin, 2022; Boamah et al., 2022; Dare et al., 2021; Tanhan, 2020). This may be due to time and word constraints, or the impact of virtual photovoice on dissemination.

The CASP revealed that several papers provided limited information about ethical considerations in relation to online photovoice (Black & Faustin, 2022; Rania et al., 2021; Tanhan, 2020). Additionally, whilst some authors reflected on their relationships with participants, others provided limited information with regards to this (Boamah et al., 2022; Earnshaw et al., 2022; Ferlatte et al., 2022; Rania et al., 2021; Tanhan, 2020).

As shown in the quality appraisal table (Appendix C), several of the articles included in the SLR were generally low in quality, as many were reflective papers, which did not include detailed or rigorous information, for example regarding data analysis. Despite their quality, these articles were included to avoid bias due to the limited sample of articles. Additionally, this review was limited to papers written in English, using the specified databases, thus further research may be available in other languages and databases. Therefore, this would have influenced the outcome of the following thematic synthesis.

2.10 Thematic synthesis

A thematic synthesis of the final ten papers was carried out, the following five themes and associated subthemes were identified, as outlined in Table 5.

Table 5.
Themes from the Synthesis of the Final Papers

Theme	Subthemes
Practical considerations for online photovoice projects	Synchronous studies Technology Allocating more time The facilitators' role Asynchronous studies Practical considerations
Online recruitment (synchronous and asynchronous studies)	Benefits and limitations Questions for researchers to consider
Ethical considerations (within synchronous and asynchronous studies)	Confidentiality and anonymity Photograph submissions
Participants' experiences	Synchronous studies Creating a safe online space Relationships with other participants Communicating with others Asynchronous studies Interacting with others
Forms of participation (within synchronous and asynchronous studies)	Shared experiences Empowerment

2.11 Theme 1: Practical considerations for online photovoice projects

Each of the papers provided practical considerations when running an online photovoice study. As documented above, due to differences in synchronous and asynchronous online photovoice approaches, these have been separated into subthemes.

2.11.1 *Subtheme 1: Synchronous studies: Technology*

Many papers identified the importance of considering technology, prior to beginning a synchronous group. Several authors noted that participants often used different devices to join sessions, with each of these displaying the online platforms differently, for example when muting or viewing other people on the screen (Dare et al., 2021; Ferlatte et al., 2022). Additionally, these devices could have different internet bandwidths, possibly impacting participants' experiences within the group (Chen, 2022). Therefore, it was recommended to determine the device(s) participants were using, before the group started, to troubleshoot any difficulties (Boamah et al., 2022; Dare et al., 2021; Ferlatte et al., 2022).

2.11.2 *Subtheme 2: Synchronous studies: Allocating more time*

Several papers identified the importance of allocating more time to carry out synchronous groups, so that technical difficulties could be resolved, whilst also enabling participants to share their images and stories without being rushed (Black & Fasutin, 2022; Rania et al., 2021). The researchers suggested that allocating increased time should be balanced with the awareness that participants could experience online fatigue, due to attending "yet another virtual meeting" (Call-Cummings & Hauber-Özer, 2021, p. 3222). Therefore, it was recommended to meet for 1-2 hours, ensuring that these sessions did not overrun (Dare et al., 2021). Ferlatte et al. (2022) suggested streamlining the group process by having participants send their images prior to the group session and sharing these using PowerPoint.

2.11.3 *Subtheme 3: Synchronous studies: The facilitators' role*

Several papers suggested that facilitators could build their relationships with participants during pre-group meetings, whilst explaining the purpose of the study, exploring eligibility, and answering questions. Ferlatte et al. (2022) suggested that facilitators could keep notes about participants, so they could reference these later, as "a simple but effective way to demonstrate that the researchers cared about participants" (p. 7). Many authors commented on the importance of consistency, with the same facilitator meeting with participants pre, between, and post group sessions, to help build trust (Ferlatte et al., 2022).

Authors suggested that sometimes the facilitator needed to step back, to let the group gel and share their experiences, whilst also hearing other people's opinions (Black & Faustin, 2022). Additionally, Ferlatte et al. (2022) suggested that conversations should centre on participants' experiences, with the topics explored reflecting participants' priorities, with facilitators being present to learn, rather than leading discussions. Finally, the importance of facilitators remaining flexible throughout was identified, including scheduling meetings to accommodate participants' work and life schedules. It was noted that facilitators should "embrace the fluctuating and iterative process that would occur" throughout the group (Black & Faustin, 2022, p. 246).

2.11.4 *Subtheme 4: Asynchronous studies: Practical considerations*

Asynchronous online photovoice projects were reportedly beneficial when there were constraints on participants' time (CohenMiller, 2022), or for those who had limited access to the resources required for groups, such as webcams, allowing engagement for those who may otherwise be excluded (Earnshaw et al., 2022). Additionally, asynchronous projects allowed researchers to considerably increase the number of participants taking part (Rania et al., 2021, n=130). However, setting up a website, Google document or social media page, with the relevant encryption could be resource intensive for researchers (Call-Cummings & Hauber-Özer, 2021)

Several authors made recommendations to consider when carrying out asynchronous projects. This included the importance of posing clear questions to participants, as CohenMiller (2022) noted one of their phrases, in relation to children with special needs, was construed differently based on participants’ cultural contexts. They reflected that this appeared to be understood as children having an extreme disability, thus no participants reported this was present, despite describing otherwise. Furthermore, Earnshaw et al. (2022) reported that participants provided valuable ideas to improve on future asynchronous projects, including requesting to choose questions themselves and having the option to upload images using an app, rather than a website, to aid submission.

2.12 Theme 2: Online recruitment

There were several benefits and limitations of online recruitment, for both synchronous and asynchronous studies.

2.12.1 *Subtheme 1: Benefits and limitations*

Both online recruitment and virtual photovoice studies allowed for participants to engage with the research across the country. This was particularly beneficial for harder-to-reach participants, including those who lived in rural locations or were unable to travel (Earnshaw et al., 2022). Furthermore, this enabled participants to take part in the research from their own homes, whilst asynchronous studies could occur alongside participants’ existing commitments, potentially leading to broader participation (Call-Cummings & Hauber-Özer, 2021).

Despite these benefits, the possible expansion of participation could be limited by people’s access to and ability to use technology (Earnshaw et al., 2022) According to Black and

Faustin (2022) it was crucial to explore who did not take part in the research, as non-participation may have resulted in missed opportunities to connect with an important segment of the population. Additionally, connecting with participants online during the recruitment process often took place using emails, text messages and telephone-calls, resulting in delayed and increased response time, possibly hindering the development of trust and rapport building (Boamah et al., 2022; Chen, 2022). Finally, several authors noted that online recruitment may have accentuated the fragmented notion of 'community,' as participants were likely to be spread out geographically, meaning that they may not have had a shared identity or characteristics (Chen, 2022).

2.12.2 *Subtheme 2: Questions for researchers to consider*

Several authors suggested important questions for researchers to consider when conducting online photovoice studies, such as "whose voices might I overlook in data collection? What steps can be used to remedy this?" (CohenMiller, 2022, p. 19). Similarly, Call-Cummings and Hauber-Özer (2021) suggested researchers should ask the following questions, in critical and reflexive ways: "What does genuine participation look like in virtual spaces? How can we open these spaces up more inclusively? What does action look like? Whose responsibility is it?" (p. 3230).

2.13 Theme 3: Ethical considerations (synchronous and asynchronous studies)

According to researchers, online photovoice projects required several ethical considerations.

2.13.1 *Subtheme 1: Confidentiality and anonymity*

Within synchronous projects, several authors noted that an online format meant that participants may have been engaging in sensitive research in their own homes. Therefore, the issue of confidentiality was crucial, as participants may have been living with others who could overhear their conversations and other group members' contributions. Additionally, some participants were observed to join the online groups from public spaces, increasing the risk of being overhead. As a result, participants were advised to wear headphones when around others (Chen, 2022; Dare et al., 2021). The online format also allowed participants to sign-in using initials or a pseudonym if they wanted to engage anonymously, which could be beneficial for people who may experience stigma (Call-Cummings & Hauber-Özer, 2021).

Alternatively, online asynchronous studies enabled participants to upload images anonymously, providing no identifying information, which could be beneficial for groups experiencing stigma, enhancing their safety (Earnshaw et al., 2022). Many people reported that they appreciated the opportunity to express themselves anonymously, ensuring a high level of protection for participant data (Tanhan, 2020).

2.13.2 *Subtheme 2: Photograph submissions*

Chen (2022) noted an unexpected impact of online photovoice, as participants moved from taking new images to submitting photographs which had either been found online or taken from digital albums. This meant that ethical considerations needed evaluation, requiring additional consent from the person who took the photographs. However, the inclusion of online or historical images also allowed participants to deviate off-topic, providing opportunities for informal connection, linking meaningful aspects of the past, adding depth, and richness, to the present topic (Chen, 2022).

2.14 Theme 4: Participants' experiences in relation to online photovoice

Participants may have different experiences engaging with online photovoice studies, compared to taking part in face-to-face research.

2.14.1 *Subtheme 1: Synchronous studies: Creating a safe online space*

Within synchronous groups it was crucial to create a safe online space for participants. Much like face-to-face groups, many studies suggested developing ground rules at the start to support with the healthy functioning of the group. Suggestions included the importance of confidentiality, turning cameras on, respectful communication and disagreement, giving everyone a chance to speak, and leaving space to process emotions (Black & Faustin, 2022; Dare et al., 2021; Rania et al., 2021).

Additionally, several authors reflected on the importance of spending more time on pre-group meetings and allowing space for participant introductions and descriptions of their week, to support with relationship building. They noted that this was crucial when creating a safe, judgement free space, encouraging participants to share their views freely, whilst also making space for jovial moments (Boamah et al., 2022; Rania et al., 2021). According to Ferlatte (2022), as their study progressed participants moved from sharing daily inconveniences of the pandemic "to more intimate and emotional impacts" (p. 7).

Finally, it was recommended that smaller group sessions, such as four participants, were beneficial, to enable active participation (Rania et al., 2021). After running an online group with seven participants, Ferlatte et al. (2022) reported:

> This first discussion felt chaotic and was difficult to manage at times, with some participants trying to speak on top of one-another and others withdrawing or becoming distracted…To overcome this issue, we reconfigured the group discussion to a maximum of five participants…which resulted in a more intimate ambiance which facilitated interactions. (p. 6)

2.14.2 *Subtheme 2: Synchronous studies: Relationships with other participants*

According to Rania et al. (2021), at the beginning of online photovoice groups, participants may have experienced a 'presence of climate of tension'. As shown by this quote:

> The beginning of the activity was marked by a tense atmosphere, probably the result of the digital communication mode, different from direct communication in-person, where possible misunderstandings could arise due to the discrepancy between verbal and non-verbal language…the subsequent comparison of the photos allowed us to feel a direct relationship between the participants despite the lack of physical proximity. (Rania et al., 2021, p. 2718)

Similarly, Chen (2022), noted the close proximity of computer or telephone screens meant that participants were "in each other's faces," possibly resulting in feelings of awkwardness. They felt this may have been increased by the lack of body language during video calls, with only people's heads and shoulders visible, possibly resulting in participants taking longer to "warm up" with each other (p. 13). They noted how "the initial awkwardness in videoconferencing dissolved when participants started sharing photographs and got comfortable" (Chen, 2022, p. 14).

The absence of body language also resulted in the 'absence of micro-alliances,' deterring the development of subgroups, which were often present in face-to-face projects, as participants explained:

> When some of us made a joke or spoke it was not possible to notice if other members were exchanging glances with each other…communicating with remote tools does not allow you to direct your gaze to a particular person and interact with them.
> (Rania, et al., 2021, p. 2720)

It was recognised that participants often adopted roles in the group, such as offering encouragement and seeking others' opinions, which "can help the group both to improve relations and to achieve objectives" (Rania et al., 2021, p. 2716). Several authors also identified that technological skills within group members resulted in people taking a supportive role, helping both participants and researchers', increasing group relationships (Dare et al., 2021). Furthermore, it was noted that attending online groups meant that participants were able experience snippets of people's personal lives, including meeting pets, and observing the layout of their homes, which was felt to reduce awkwardness within group sessions and contributing to developing rapport (Chen, 2022).

2.14.3 *Subtheme 3: Synchronous studies: Different types of communication*

Many authors noted that online studies resulted in different types of communication. This included 'circular communication,' described as "the exchange of communications was balanced, without anyone being excluded or overpowered, the communication network stood in a circle; everyone communicated with everyone" (Rania et al., 2021, p. 2717).

Additionally, Chen (2022) described how participants could speak in turns, before asking others if they wanted to add comments. This way of communication encouraged active participation, as “there are never moment of silence or stalemate, everyone is committed to contributing in his own way, consequently stimulating the others to participate” (Rania et al., 2021, p. 2718).

An alternative method of communication was identified, with some researchers asking participants to use the ‘hands up’ icon, rather than unmuting themselves and contributing to conversations. This was described as similar to using a ‘talking-stick,’ in face-to-face sessions. They noted that this meant that people did not talk over each other, and it “did not seem to discourage participants from speaking” (Dare et al., 2021, p. 2596).

Finally, it was noted that ‘parallel communication’ was made available within online group sessions, when participants’ used the online chat function or shared emoticons. This “allowed the rapid exchange of communications” and “instant feedback” in the absence of non-verbal interaction, which would occur in-person (Rania et al., 2021, p. 2720).

Despite these different opportunities for communication, several hinderances were identified, due to technical difficulties, including background noises, a reduction of internet speed and connection dropout, which could result in audio or video loss and communication delays. It was noted that “participants found themselves in the situation of not being able to communicate with others due to drops in connection speed” (Rania et al., 2021, p. 2719). Similarly, Chen (2022) identified that online connection could result in a “slight time lag between a person speaking and their words being heard…This resulted in longer pauses and more frequent interruptions” (p. 13).

2.14.4 *Subtheme 4: Asynchronous studies: Interacting with others*

Researchers conducting asynchronous studies noted both benefits and limitations of participants engaging in the project virtually. It was reported that participants were able to openly communicate and share their motivations for taking part, both talking and writing in depth. They reflected that this could be because "participants felt more comfortable expressing themselves in the safety of their own homes, behind the protection of screens" (Call-Cummings & Hauber-Özer, 2021, p. 3223).

However, despite this, they also noted limitations of online interaction, including when gathering responses to the photovoice contributions on social media platforms, such as Twitter and Instagram. They explained that they received quick indicators, such as 'likes,' rather than meaningful interactions, such as written comments (Call-Cummings & Hauber-Özer, 2021).

2.15 Theme 5: Forms of participation within online photovoice studies

Many researchers reported that both synchronous and asynchronous online photovoice studies did not move away from the PAR opportunities provided within face-to-face photovoice projects, such as active participation and opportunities for social action (Kemmis & McTaggart, 2005).

2.15.1 *Subtheme 1: Shared experiences*

According to authors, many synchronous studies supported participants to join as a collective, bonding over their shared experiences, as demonstrated by the following statement, "maturation of a general, individual and collective well-being born in a climate of growth and stimulation, through positive relational networks, motivation and collaboration, each component felt not in the group but a group” (Rania et al., 2021, p. 2717).

Additionally, asynchronous projects were described as an effective way for participants to share their lived experiences, whilst engaging with self-advocacy efforts, with the approach “reaching out to disempowered, silenced, and underprivileged groups, while protecting their anonymity” (Tanhan, 2020, p. 1039).

2.15.2 *Subtheme 2: Empowerment*

Many researchers reflected that both synchronous and asynchronous studies increased participants’ feelings of empowerment, alongside several other benefits (Boamah et al., 2022). Additionally, several studies noted that participants described opportunities to increase cognitive and social skills (Rania et al., 2021). With one participant stating: “I like how the [photovoice] challenges help us exercise our minds and how we are able to learn new skills” (Earnshaw et al., 2022, p. 7).

Similarly, several asynchronous researchers noted that this format, focusing on “emancipation and social justice can address the need for rapid response, offering an essential role in uncovering structural inequalities and amplifying participant voice” (CohenMiller, 2022, p. 19).

However, it was also important to consider how virtual photovoice studies may have limited participants’ involvement in decision-making aspects, reducing co-development of aspects such as photography themes. In turn, this could lead to the researcher taking a more dominant position, with participants looking for prompts (Dare et al., 2021). Therefore, it was recommended that researchers could focus on involving participants from the initial conception of the project (Chen, 2022).

It was noted that a limitation of asynchronous photovoice projects was that researchers were unable to member check participants' responses or engage in participatory analysis after images were submitted, due to participants' anonymous contributions (CohenMiller, 2022; Earnshaw et al., 2022).

Within the SLR, only one paper reported that participants and researchers had collaborated to share the findings with stakeholders (Rania et al., 2021). With many studies noting that researchers had done this independently, as shown by Chen (2022): "Participants were also not keen to co-organise the exhibition and left it up to me to decide how I wanted to use the photographs" (p. 15).

Additionally, several papers did not provide information about sharing their findings with their identified audiences, which is an important aspect of photovoice studies, it was unclear whether this was due to time constraints, projects that were ongoing at the time of publication, the possibility of stigma, or because of virtual engagement (Black & Faustin, 2022; Boamah et al., 2022; Dare et al., 2021; Tanhan, 2020).

2.16 Evaluations and conclusions of the SLR

This SLR demonstrated that photovoice has evolved and when translated virtually can remain a creative and effective method for carrying out research. From the five themes constructed, and associated subthemes, this review captured important learning and considerations for researchers when designing and carrying out both synchronous and asynchronous online photovoice studies. However, these findings should be interpreted with caution, as several articles included were generally low in quality, as many were reflective papers, which did not include detailed or rigorous information, for example, regarding data analysis. This SLR was limited to articles written in the English language, impacting the conclusions drawn from the themes. Additionally, inclusion of grey literature could allow for more comprehensive results.

2.17 Possible implications

The current SLR suggested that researchers should continue to explore and reflect on the use of online photovoice, to encourage ongoing learning in relation to this virtual approach. This could include formal evaluation of online photovoice, gathering participants' feedback of engaging in these projects, exploring the sharing of findings with stakeholders, and ongoing reflections in relation to practical considerations and ethical issues which may arise. Finally, researchers may wish to consider exploration of hybrid photovoice, combining online and face-to-face approaches, now lockdown restrictions no longer remain in place.

2.18 Rationale for the current study

To date, there has limited research considering the experiences of mothers who have been subject to recurrent care proceedings and have subsequently had multiple children removed from their care. Therefore, this project sought to explore the experiences of these birthparents, developing increased understanding, whilst amplifying the collective voices of these women, who have often been overlooked. Furthermore, this study aimed to move away from dominant, problem-saturated narratives often held about this cohort of women, including by the media and wider public.

This SLR demonstrated that online photovoice can be an effective way of exploring participants’ stories and experiences, particularly when distance or other restrictions inhibit in-person meetings. By using a synchronous approach, this creative approach aimed to bring together a community of women who have experienced the removal of multiple children from their care, aiming to provide connection and active empowerment for participants. As a result, the current study was the first known research investigating birthmothers’ experiences of recurrent, or repeated, care proceedings using online photovoice.

2.19 Research question

The following research question was developed:

What are the experiences of birthmothers who have been subject to recurrent care proceedings, using online photovoice?

3. Method

3.1 Chapter overview

This chapter outlined the chosen method and design for this research. The researcher’s epistemological position was considered, alongside the rationale for selecting Reflexive Thematic Analysis. A detailed description of the procedure was included, followed by information regarding participant recruitment, data collection, and analysis. Finally, further information was provided in relation to a quality appraisal of the current study, alongside important considerations regarding researcher reflexivity.

3.2 Design

3.2.1 *Qualitative method*

This study utilised a qualitative research design, which can allow for the exploration of experience, perspective and meaning making, resulting in a rich and in depth analysis (Lincoln, 2010; Willig, 2012). As shown in the Introduction, there has been an absence of research exploring birthparents’ experiences of repeated care proceedings, from their own perspective. Therefore, it was deemed important to employ a method that would elicit participants’ stories (Faulkner, 2011), contributing to the understanding of birthmothers’ experiences.

3.2.2 *Epistemology and positionality*

As discussed in the Introduction, this research has been informed by a critical realist epistemological positioning (Bhaskar, 2016; Willig, 2012). Critical realism acknowledges that knowledge is fallible and context dependent, which may change across space and time, subsequently suggesting that knowledge is always open to challenge and change (Haigh et al., 2019). For critical realists, the goal of research is not to formulate universal law, but instead to "develop deeper levels of explanation and understanding" (McEvoy & Richards 2006, p. 69). Additionally, a critical realist approach requires the acknowledgement of the researcher's role in constructing realities, based on their position and perspectives (Charmaz, 2014). This approach appeared to be an appropriate fit with the research, aiming to understand participants' experiences of repeated care proceedings, which have been shaped by and embedded in broader contextual factors, such as their language, cultural, and social contexts. As a person who has not had children, experienced care proceedings or compulsory child removal, I considered my position as an 'outsider-researcher,' this meant acknowledging that my assumptions and understandings would have had an impact on my interpretations of participants' experiences, highlighting the importance of thinking reflexively throughout the research (Wigginton & Setchell, 2016).

3.2.3 *Photovoice*

The current study utilised photovoice, a visual research method, whereby participants take photographs, before using the images to support in the sharing of their stories and experiences (Wang & Burris, 1997). Photovoice is a form of PAR encouraging participants to play an active role, with the aim of participants and researchers becoming partners, sharing, and understanding together (Cornwall & Jewkes, 1995). According to Wang and Burris (1997) photovoice has several strengths, including valuing the vantage point of participants, employing visual images which are a powerful way of communicating, and encouragement of social action.

Withing this current project, a decision was made to run group sessions, aiming to support participants to meet others who had experienced repeated care proceedings, this was noted to be important for birthparents in previous research studies (Broadhurst & Mason, 2020). According to Latz (2017) "the synergies created through group dialogue can cause participants to generate data not possible through the use of discrete interviews" (p. 83).

However, it was important to consider that photovoice projects could often be time intensive for participants, and subsequently these studies could commonly experience participant attrition (Baker & Wang, 2006). Similarly, the time and resource intensity could pose a challenge for researchers, particularly in relation to research timelines. Therefore, Gibbon (2002) stated that when balancing PAR and doctoral research, it was important to strive for mutual respect and honesty about the researcher's objectives.

3.2.4 *Photovoice group procedure*

Initially Wang (2006) listed steps to follow within photovoice studies, which were developed and broadened by Latz (2017), as shown in Table 6.

Table 6.
The Eight Stages of Photovoice

Phases of photovoice	Steps taken
Phase 1: Identification	This included identifying the purpose of the study and the people taking part.
Phase 2: Invitation	Individuals were invited to take part.
Phase 3: Education	Participants were advised about what the project would involve, this included discussions about consent, and how the photographs may be used. According to Latz (2017) consistent communication between the researcher and participants was particularly important, including opportunities to ask questions. Additionally, space was provided for discussion about photography basics and the technical aspects of the cameras.
Phase 4: Documentation	At this stage, participants were asked to respond to the research question using photography.
Phase 5: Narration	Once the photographs had been taken, participants were asked to narrate their images, to give meaning to their photographs, this could take place in a group or individually. Often researchers used the 'SHOWeD' method (Wang, 1999), which involved asking:

	S: What do you **s**ee here? H: What is really **h**appening here? O: How does this relate to **O**ur lives? W: **W**hy does this situation, concern, or strength exist? D: What can we **d**o about it?
Phase 6: Ideation	The researchers, sometimes alongside participants, created thematic strands from the narrations shared within the study.
Phase 7: Presentation	Often in the form of a photo exhibition, however this could have also included creating a story, poster, website, or other creative methods.
Phase 8: Confirmation	The researcher should have considered how those who interacted with the presentation received the photographs, including considering any changes made. It was noted that researchers should have also aimed to find ways to sustain and broaden the reach of the project.

3.2.5 *Online photovoice*

As noted in previous chapters, photovoice has developed to take place virtually, resulting in online photovoice (Lichty, 2019; Tanhan & Strack, 2020). As this project was interested in participants joining as a group, synchronous online photovoice was used, utilising the photovoice procedure detailed in Table 6. Within the SLR, researchers' experiences of using online photovoice was explored, suggesting that this virtual approach remained an effective method. Therefore, the considerations and learning, identified by researchers within the SLR, have been applied during this project.

3.2.6 *Reflexive Thematic Analysis*

Reflexive Thematic Analysis (Braun & Clarke, 2006, 2019) and other qualitative approaches were explored in relation to the current research, as shown in Table 7.

Table 7.
Rationale for Reflexive Thematic Analysis and Consideration of Alternative Methods

Qualitative Method	Description	Reason not suitable
Content Analysis (Hsieh & Shannon, 2005)	This approach has been used by photovoice studies (Boamah et al., 2022). Content Analysis (CA) involves classifying text or words into categories (e.g. frequency of words used), before creating a pattern of meaning.	The current study would benefit from a more detailed approach, providing deeper understanding of participants' experiences.
Narrative Analysis (Mitchell, 2011)	Researchers have used a photovoice and narrative inquiry (Mitchell, 2011). Narrative Analysis (NA) explores the stories that people tell about themselves, and their lives, as well as the societal discourses that shape them (Squire et al., 2013). Narrative-photovoice studies often involve individual narrative interviews, alongside written narrative reflections (Wang et al., 2007; Mitchell & De Lange, 2011). Following this, participants can be invited to a focus group, to share their photographs and narratives with each other.	It was felt that individual narrative interviews and written narrative reflections may be challenging for participants who might not have shared their experiences of care proceedings with others, and those who may find reading and writing difficult. Additionally, this study aimed to support participants to meet others who had experienced repeated care proceedings throughout the photovoice group sessions, rather than beginning with individual interviews, as this was identified as important for birthmothers within previous research studies (Broadhurst & Mason, 2020).
Interpretative Phenomenological Analysis (Smith & Osborn, 2003; Willig, 2012).	This approach has been used to explore how people make sense of their personal and social reality. Interpretative Phenomenological Analysis (IPA) has been used in photovoice studies (Tanhan, 2020). IPA is valuable when exploring topics which are complex and emotionally laden (Smith & Osborn, 2015).	IPA focuses on participants' individual characteristics. The use of IPA for groups has been criticised, due to difficulties exploring idiographic reports within a group, it has been stated that the collective group voice can dominate the individual accounts (Palmer et al., 2010; Tomkins & Eatough, 2010). As this study involved a photovoice group, consideration should be given to themes across participants, rather than analysis of the individual.
Grounded Theory (Glaser & Strauss, 1967; Charmaz, 2000)	Grounded Theory (GT) focuses on theory construction, which is 'grounded' in the data, whilst acknowledging that the researcher is part of the construction process. GT has been used in photovoice studies (Rania et al., 2021)	This study aimed to explore participants' experiences, rather than generating a grounded theory or model from the data, given the lack of research from birthparents' perspectives.

Reflexive Thematic Analysis was chosen as the preferable approach, in relation to the current research question. This has been described as "a method for systematically identifying, organising, and offering insight into patterns of meaning (themes) across a data set" (Braun & Clarke, 2012, p. 57). Reflective Thematic Analysis has been noted to be subjective, questioning, and relying on a reflexive researcher (Braun & Clarke, 2019). The researcher has been required to be aware of the effect they have on the research, based on how they are situated within the study, including the type of questions asked, data collection, and interpretation (Berger, 2015).

Within Thematic Analysis, data analysis can involve an inductive 'bottom-up' approach, whereby themes are drawn from data content, and a deductive 'top-down' approach, with themes drawn from existing theory, providing a lens in which to view the data, with these approaches being described as existing on a continuum (Braun & Clarke, 2022). The researcher analysed all of the data, from each of the photovoice group sessions, utilising a primarily inductive 'bottom-up' approach, with the themes developed from the data, as this research was exploring an under-represented population of participants. Additionally, during Thematic Analysis, themes can be identified at a semantic, explicit, surface level and a latent, underlying, implicit level (Braun & Clarke, 2022). Within this project, I aimed to progress from semantic, descriptive level, to a latent, interpretative, level in keeping with a critical realist epistemological stance.

3.2.7 *Expert by Experience (EbE) consultation*

EbE involvement was a crucial part of the project from the very beginning, to ensure that birthparents' voices were centred throughout the research. One birthparent was asked to become part of the research team, identified by the principal supervisor due to their activist role and work with associated organisations, including LAs. They were involved in designing, recruiting, and safeguarding participants. When exploring face-to-face versus online group sessions, the EbE discussed the challenges that could present if participants lived in the same area, and the importance of participant safety played a large role in the decision for using online photovoice. Additionally, the EbE research consultant was included when exploring different ways of disseminating findings. It was hoped that the EbE could be involved with data analysis, however due to unforeseen personal circumstances this was not possible. However, other members of the research team, including the primary supervisor, supported with this role.

3.3 Participants

3.3.1 *Inclusion and exclusion criteria*

Participants were women, over the age of 18, who had been subject to more than one care set of care proceedings, resulting in the removal of two or more children from their care. It was suggested that the date of the women's final hearing should be no less than six months before the start of the project, to safeguard participants who had recently experienced court proceedings.

Each participant was invited to speak with the researcher before starting the project, to ascertain whether it was the right time to take part. Finally, participants were required to be able to speak English and to communicate verbally, to take part in the group sessions. Table 8 details participant inclusion and exclusion criteria.

Table 8.
Participant Inclusion and Exclusion Criteria

Inclusion Criteria	Exclusion Criteria
Aged 18 or above	Under the age of 18
Has been subject to more than one set of care proceedings	Has been subject to one set of care proceedings or less
Has had two or more children removed from their care	Has had less than two children removed from their care

Can speak English and communicate verbally to take part in the group sessions	Unable to speak English or to communicate verbally

3.3.2 *Recruitment*

Purposive sampling was utilised to recruit eligible participants. This approach has often been used within qualitative research, “for the identification and selection of information-rich cases” (Palinkas et al., 2015, p. 533). The recruitment flyer was shared on Twitter by members of the research team (Appendix D). Next, the primary researcher had online meetings with relevant organisations (including ReFrame Collective[2] and The Pause Project), who either made contact directly or were linked by others who had seen the flyer. These organisations then agreed to share the research advert and information form with those who may have been suitable to take part (Appendix E). Following this, potential participants either made contact directly, or the researcher was provided with details and consent to contact them.

3.3.3 *Size of the photovoice group*

According to literature, photovoice group numbers can range from 3-10 (Hamilton, 2007) or 7-10 (Wang, 1999). However, the SLR identified that many researchers suggested having fewer participants for online photovoice groups, with a maximum of five attendees, to enable active participation (Ferlatte et al., 2022; Rania et al., 2021). Therefore, this project sought to recruit a maximum of five participants. Due to funding and time limitations, a small group was expected.

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[2] ReFrame Collective is a charity, consisting of individuals such as birthparents, social workers, lawyers, academics, and psychologists, passionate about transforming systems that work with parents. This charity had links with the primary supervisor involved in this project.

3.3.4 *Challenges of recruitment*

Recruitment took place between July and November 2022. Initially, the group was due to begin in October 2022, however due to difficulties recruiting the group was delayed by 4-weeks. In total eight people expressed interest in the research. The primary researcher contacted all those interested, five people agreed to take part, two people did not respond after this initial meeting, and one person decided that it was not the right time to engage with the project.

Whilst recruitment challenges were expected, due to the traumatic experiences of this community of women, members of the research team had several professional links with this population. Whilst professional interest in the project appeared high, fewer women came forward than expected. Additionally, two members of the photovoice group dropped out due to their own personal circumstances, with one participant withdrawing on the day the groups started, and another after the second session. In total, three women took part in this project. This was fewer than anticipated but remained within the range of what was acceptable for a photovoice group (Hamilton, 2007). Despite the challenges of recruitment, it was felt that the group sessions provided rich and detailed data.

3.3.5 *Participant information*

Details of the women who took part are included in Table 9, pseudonyms chosen by the participants have been used[3].

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[3] Limited identifiable information has been included to ensure participant anonymity.

Table 9.
Participant Information

Pseudonym	Age
Louise	25-30 years
Winter	30-35 years
Maddy	35-40 years

3.4 Ethical Considerations

3.4.1 *Ethical approval*

This project was granted ethical approval by the University of Hertfordshire in July 2022 (LMS/PGR/UH/05018(1), Appendix F). This research was carried out in line with the Code of Human Research Ethics (British Psychological Society, 2021), in relation to the principles of respect, scientific integrity, social responsibility, and minimisation of harm. This was particularly important, as the birthparents engaging with the project were likely to have experienced significant loss and isolation, which may have been exacerbated by the hidden nature of their experiences (Broadhurst & Mason, 2020).

3.4.2 *Risk of distress to participants*

Throughout the research, careful consideration was given to the potential risk of distress for participants. It was anticipated that some of the topics explored during the group could potentially cause psychological distress, as participants were asked about their experiences of repeated care proceedings and compulsory child removal. It was important to hold in mind previous research, noting that many birthmothers reported having access to limited support after care proceedings, with many experiencing isolation (Broadhurst et al., 2017). Additionally, according to Broadhurst and Mason (2020) child removal could become a gateway to further adversities. Therefore, extra caution was taken to safeguard participants from distress.

After expressing their interest in the study, each potential participant attended two meetings with the primary researcher, to allow them to ask questions and to carefully consider their participation. As the groups were carried out virtually, and participants were spread out across England, it felt important to consider support available to each of the women. Therefore, discussions took place about any support available, such as professional, personal, or peer support.

Additionally, each participant was asked to provide either a professional or personal ‘key contact’ telephone number, (such as a family, friend, or General Practitioner), as an alternative means for making contact if the researcher was concerned about any risk to the participant or other people (Carter et al., 2021). Each of the women were advised that if contact was made with the identified ‘key contact,’ then the researcher would do their best to let the participant know before they did so. This was not required for any of the participants involved in the project. Finally, each of the participants were supported to complete an individualised safety plan, with signposting to their local crisis team and national support lines, such as the Samaritans (Appendix G).

To support with building rapport and feelings of safety, contact was maintained with the participants throughout the project and between group sessions, this included being responsive to any questions which arose. Participants were asked how they wanted to be communicated with, for example by telephone (using a research specific mobile telephone), text message, or email. Several participants requested text message reminders prior to the group sessions, which was agreed.

During the online groups, participants were advised of the importance of attending the sessions in a confidential space. Each group meeting started with a check-in to explore how participants were feeling on arrival to the group, based on their individual contexts (Rania et al., 2021). The birthmothers were advised of their right to turn off their cameras and to take breaks at any time, particularly if they did not feel comfortable. Due to the limited verbal and social cues online, participants were given more time to respond to the group, whilst also allowing time for breaks. Throughout sessions, each of the birthmothers were able to contact the researcher via the chat function or privately by text message, if they felt that they needed further support. Additionally, at the end of the group a check-out took place, to share participant experiences of the session, whilst identifying any additional support that may be required. Finally, if participants felt that they needed more support they were offered the opportunity to stay at the end of the group to talk to the primary researcher, however this was not necessary for any of the participants during the study.

3.4.3 *Informed Consent*

After expressing interest in the study, professionals or birthparents were sent a detailed information sheet via email. This document outlined an introduction from the researcher, information about the study, eligibility criteria, possible benefits, and disadvantages of taking part. Following this, potential participants were invited to meet with the primary researcher, either online or by telephone, to discuss the project and to ask any questions that they may have had. Each person was encouraged to carefully consider joining the group.

If a birthmother decided to take part, they were then invited to a further meeting, which took place virtually using Microsoft Teams, to determine the device(s) they were using and to troubleshoot any technical difficulties, prior to joining the group (Boamah et al., 2022; Dare et al., 2021). As noted above, discussions took place about any support available to the women and each participant was supported to complete an individual safety plan. Participants were then emailed a consent form to sign and return via email (Appendix H). Participants retained one copy of these documents and the researcher stored another copy on an encrypted drive. At the beginning of each group session, consent was re-visited and sought from each group member before recording the session.

Within photovoice projects, there are four types of consent, including:

1) Participants' consent to be part of the study,
2) Consent from people photographed,
3) The photographed individual's consent to allow the photographs to be published
4) Participants' consent to allow their images to be published (Hamilton, 2007; Latz, 2017).

Within this research, participants were asked not to take photographs of children, or those under the age of 18, due to requiring the consent of those who held parental responsibility (NSPCC, 2022). Overall, participants were not encouraged to take photographs of people, but instead of things or objects. If participants did take photographs of a person, over the age of 18, they were required to seek permission before doing so. This gave the participant an opportunity to explain the photovoice project with members of the community. They were also required to ask the subject to sign a consent form, including whether they agreed for this image to be shared with others during the dissemination stages of the project (Appendix I).

3.4.4 *Maintaining confidentiality*

Confidentiality and anonymity were particularly important, due to the sensitive nature of conversations.[4] Within the information form, the participants were informed about how the research data would be handled to maintain anonymity, with each participant initially assigned a participant identity number before choosing their own pseudonym. Participants were advised that their data would be kept confidential, other than in the event of safety concerns, as outlined in the information form. Information collected in relation to participants, such as consent forms, addresses for the cameras, and key contact details, were pseudo-anonymised, password protected, and stored on an encrypted drive.

During the online groups, participants were advised of the importance of attending the sessions in a confidential space. Each of the group meetings were video and audio recorded using Microsoft Teams and audio recorded with a dictaphone, in case of technical difficulties. These recordings were kept securely on an encrypted drive and available only to the primary researcher. After the sessions, the recordings were transcribed, before being deleted. These transcripts were anonymised, password protected, and saved on the encrypted drive. Any identifying information such as names and places within transcripts were changed for anonymity purposes.

Participants were informed that confidentiality would be upheld unless there were any risks to themselves or others, whereby the researcher would telephone their identified 'key contact.' They were advised that the researcher would do their best to let them know before doing so. This was not the case for any participants in this study.

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[4] All data collected was managed in line with the Data Protection Act (Parliament of the United Kingdom, 2018).

Each of the participants were advised that they owned any of the photographs that they had taken, therefore they decided whether they wanted to share these images with the researcher and other group members. If the participants emailed the photographs to the researcher, these were given a participant identity number, password protected, and saved on the encrypted drive. At the end of the group sessions, participants were able to decide if and how they wanted to share their images with the identified audience, before being asked to sign a release form (Appendix J).

3.4.5 *Right to withdraw*

Participants were informed of their right to withdraw from the research at any time, up until the data was transcribed. The time to withdraw was stipulated because transcribed data would be difficult to remove once it was included in codes and themes. Therefore, the birthmothers were informed that the deadline to withdraw was 1 February 2023.

3.4.6 *Resources*

Each participant was provided with a digital camera and memory card, as people may not have had access to a digital camera or mobile telephone with which to take photographs. Careful consideration was given to the impact, and possible replication of care proceedings, if cameras were provided to participants and returned at the end of the study. Thus, additional funding was awarded to allow the participants to keep their cameras, and memory cards, once the study was complete.

Each participant was also provided with a £10 gift voucher per group session as renumeration. This was to thank participants for their contribution and to reimburse their time. It was hoped that remuneration would reduce power imbalance due to 'reciprocity'

(Lokot, 2019). Initially, discussions took place with the EbE research consultant to consider the value of this voucher, to ensure that it was a suitable amount and that it did not force participation.

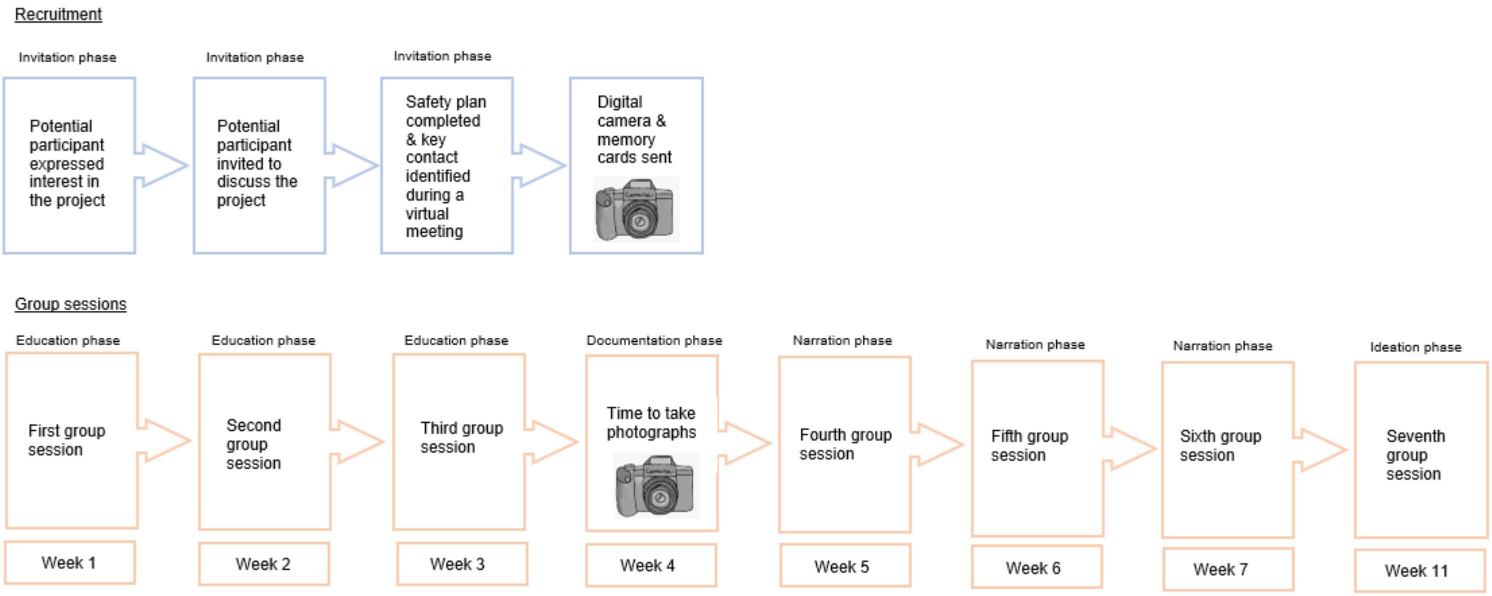
The photovoice sessions were recorded using Microsoft Teams and a dictaphone, in the event of technical difficulties. The primary researcher transcribed each of the group sessions, and NVivo 12 software (QSR International, 2018) was used to analyse the transcripts.

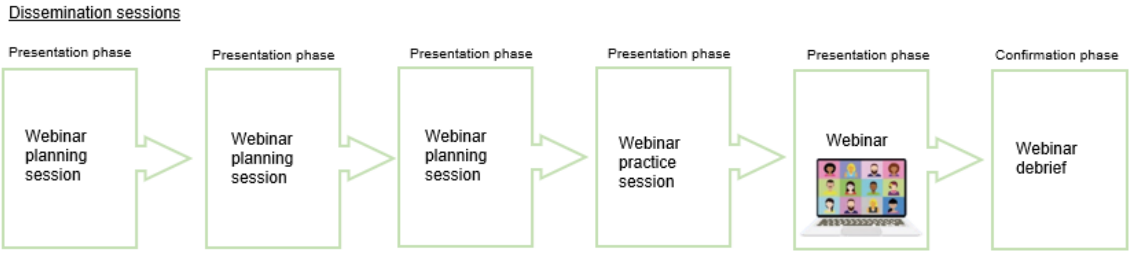
3.5 Data Collection

3.5.1 *Online photovoice procedure*

The synchronous online photovoice group procedure has been outlined in Figure 2. Participants were given the opportunity to consider how many sessions they felt would be helpful, with five sessions taking place as a minimum. Together, participants felt that they would benefit from having more sessions, to build relationships and explore the photographs, therefore this was supported.

Figure 2.
Procedure Flowchart





In total, the participants were invited to seven photovoice group sessions, followed by six sessions to develop and produce the webinar. These meetings took place on Microsoft Teams and lasted for 1.5 hours, with breaks included, so that participants did not experience online fatigue (Ferlatte et al., 2022). Many of the group sessions took place on the same day and time, to support with consistency, however the importance of flexibility was noted, particularly during the Christmas[5] period and school holidays (Black & Faustin, 2022).

Before the group, the Microsoft Teams link was sent via email, this was blind carbon copied so that participants' email addresses were not revealed. Some participants requested a text reminder on the day of the group. All of group sessions started with individual check-ins, with time allowed for check-outs at the end of the session. This aimed to support with a development of a safe online space, whilst also providing opportunities to share jovial moments (Rania et al., 2021).

The group sessions were all recorded via Microsoft Teams and dictaphone, in the event of technology failure. At the start of the group, all participants were asked for their consent to begin recording and were reminded of the importance of attending group sessions in a confidential space (Chen, 2022). The process of the photovoice group sessions has been listed in Table 10.

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[5] Careful thought was given to the timing of the group, including whether the run-up to Christmas would be difficult. In consultation with the EbE it was felt that as this could be a difficult time for birthparents, it may be valuable for participants to have the opportunity to attend the group sessions

Table 10.
The Stages of the Online Photovoice Group

Phase of the project	Process
Recruitment (Invitation phase)	Once a potential participant expressed interest by email, they were sent a copy of the information sheet, before the primary researcher made contact by either telephone or Microsoft Teams (MS) to discuss the project in depth. Next, they were invited to a second discussion, which took place virtually, to complete an individual safety plan and identify a key contact, in the event of risk to self or others. This online meeting allowed participants to use Microsoft Teams prior to the group session, so that we could determine device(s) used and collaboratively troubleshoot any technical difficulties (Boamah et al., 2022; Dare et al., 2021) Before the group started, each participant was sent a digital camera and a memory card to take photographs. As noted above, the photovoice group was delayed due to recruitment challenges. Throughout this period, the primary researcher remained in contact with the participants, keeping them up to date with the anticipated starting of the group. This communication enabled participants to build a relationship with the facilitator before the photovoice group started (Ferlatte et al., 2022).
Session 1 (Education phase)	During the first session, time was spent setting up the group and developing a group agreement, to support with the healthy functioning of the group (Black & Faustin, 2022; Rania et al., 2021). Within this session participants were advised what the project involved, whilst having space to ask questions. Together the group considered the question to be explored with photography, they were provided with the prompt 'exploring the experiences of mothers who have been subject to repeated care proceedings,' and participants decided to keep this question, as it was broad. Finally, participants considered who they wanted to identify as the target audience, including who had the ability to make changes, and influence decision making, this included discussions about members of the public and professionals involved with care proceedings, the identified audience was not chosen at this time.
Session 2 (Education phase)	This session was joined by a clinical psychologist, with experience of photovoice, the photovoice method was introduced further to participants and information was given about how to take photographs (Appendix K). At this stage, participants were advised that there were no 'right' or 'wrong' contributions, as each person's experiences were valuable (Olivier et al., 2009). Participants were advised that they would be asked to share between 2-5 photographs with the group, they were recommended to select the images that they felt were most significant (Wang, 1999). Finally, consideration of consent was introduced, with participants asked not to take images of children under the age of 18. Participants were also encouraged not to take photographs of people, but instead things or objects. After the session, participants were emailed a copy of the PowerPoint slides and a consent form, if they were to take a photograph of an adult (Appendix I and K).

Session 3 (Education phase)	Discussions took place about the target audience, with the group deciding that they wished social workers to be their identified audience. Participants were then given a week to take photographs, before returning to the group session.
Documentation phase	Participants had one week to take their photographs, during this time the group members were invited to meet with the facilitator to discuss their ideas and any problems. The group members were given the opportunity to either meet with the facilitator individually or within a group session, each of the participants chose to meet as a group.
Session 4, 5, & 6 (Narration phases)	The three participants shared their images with the group, this was supported using the 'SHOWeD' approach, as shown on page 68 (Wang, 1999).
Session 7 (Ideation phase)	Following a 4-week break over the Christmas period, the researcher reviewed the group discussions, including the photographs and stories shared. The focus of photovoice was not to create a group consensus, but to explore different experiences, providing increased understanding of this population (Foster-Fishman et al., 2005). Following this, the researcher analysed the group discussions using Reflexive Thematic Analysis (Braun & Clark, 2006; 2019).
Five dissemination sessions (Presentation phase)	After the sharing of images, the participants requested to meet on four occasions to explore ways in which to present the images to the identified audience. This included discussions about the possibility of doing a photo exhibition, developing booklets for professionals working with birthparents, and writing a letter to Members of Parliament. Together, the group decided to share their photographs and experiences during an online webinar, with their identified audience, social workers. Each participant was asked to sign a release form, so that they could consent to dissemination of their images (Appendix J). These additional group sessions involved creating the PowerPoint slides, with some participants doing this independently and others with support from the facilitator to type their narratives. The group also spent time practicing the webinar. During this time, the researcher set up an online event on EventBrite, with the link shared on Twitter. Initially, 25 tickets were organised, however these were booked within 24-hours. After receiving emails from professionals interested in attending, and speaking to the group, we decided to release a further 25 tickets. On the day of the webinar, 25 professionals attended in total. The webinar lasted for 1-hour.
One debrief session after the webinar (Confirmation phase)	Following the webinar, the participants attended a group session, to reflect on the process of sharing their stories and experiences with professionals. We also considered the responses and feedback received. Finally, we discussed the continuation of the group space, with the aim of broadening the reach of the project Following on from the photovoice project and independent of this research study, participants were given the opportunity to continue attending the group, with opportunities for ongoing peer support and collective action. This space would be shaped

	by the participants, including the naming of, and deciding how they wanted to use the group. This online space will aim to provide connection and active empowerment, continuing in the long-term with support from ReFrame Collective, a charity linked with the primary supervisor, aiming to highlight the context and inequalities involved in the Child Protection System, including the hidden impact this process has on those involved. At the time of writing, participants were due to meet with a new group facilitator, a clinical psychologist from ReFrame and discussions about this group space were ongoing.

3.6 Data analysis

Reflexive Thematic Analysis was used to analyse the data, this included analysis of each of the photovoice group sessions. Data analysis included the six stages of Reflexive Thematic Analysis outlined by Braun and Clarke (2006; 2019), as shown in Table 11. Extracts of coding and theme development are shown in Appendix L.

Table 11.
The Six Stages of Reflexive Thematic Analysis

Phases of Reflexive Thematic Analysis	Steps taken during data analysis
Phase 1: Familiarising self to the dataset	The primary researcher listened to the recordings and created transcripts, before reading and re-reading the dataset, this process encouraged familiarisation and immersion in the data. They also created brief notes, including initial reflections and analytic ideas.
Phase 2: Coding	The primary researcher systematically went through the transcripts, identifying data which was relevant and meaningful in relation to the research question, using NVivo. Initial codes, from a semantic through to a latent level, were created. This was shared with another trainee, outside of the research, to explore how another person might code the data. Additionally, this was shared with the primary supervisor, to facilitate reflection and external validation. During this process, reflective notes were kept.
Phase 3: Generating initial themes	The primary researcher created mind maps and manually moved themes, to explore potential relationships and patterns of shared concepts. This was experimental, with the identification of potential 'candidate themes.' These were altered and amended throughout. The candidate themes were checked with the research team, and participant feedback and validation was explored.
Phase 4: Developing and reviewing themes	During the process of analysis, themes and subthemes were constructed from the data. These were reviewed and explored throughout, with the research team. This process involved checking candidate themes, including

	creating new themes, whilst collapsing and discarding some themes. Consideration was given to the relationship between the themes, existing knowledge in the field and the wider context of the research. This continued until the themes were felt to capture participants' experiences, whilst providing a coherent and compelling story in relation to the research question.
Phase 5: Refining, defining, and naming themes	The primary researcher and supervisor ensured that each theme was built around a strong core concept and fitted into the overall data story, whilst ensuring that each of the participants' voices was represented.
Phase 6: Writing up	This stage involved bringing together the analytic narrative, alongside direct quotations, and extracts from the data, to provide a coherent story. This included similarities and differences within the dataset. Reflection took place with the research team, exploring the researchers' understanding and position in relation to the identified themes.

3.7 Quality, validity, and self-reflexivity

3.7.1 *Assessing the quality and validity of this qualitative research*

The quality of the current research study was evaluated using the CASP (2018), as shown in the Discussion. Throughout data analysis the codes and themes were shared with the research supervisor, to increase the rigour of the qualitative analysis. According to Braun and Clarke (2022) when Thematic Analysis involves both latent and semantic coding, this data analysis may be unrecognisable to participants, which may mean that data does not resonate with their experiences. Therefore, rather than member-checking, Reflexive Thematic Analysis encourages 'participant validation'. This was in keeping with King and Brooks' (2018) 'participant feedback,' serving as an additional source of information, enriching analysis. It was noted that this process was not essential for Reflexive Thematic Analysis, however, as the photovoice group continued, and considered ways to share their experiences and photographs, there was time and space to explore participant feedback regarding the themes, aiming to enrich data analysis. Finally, participants were sent a copy of the results before submission, so they could read the quotes included.

3.8 Self-reflexivity

Important aspects of reflexivity can include ongoing reflection of personal assumptions, expectations, and actions throughout the research process (Finlay & Gough, 2003). I was aware that my position, including personal context, lived experiences and individual assumptions, would have influenced my relationship with this research project, including approaching the development of aims, collection, and interpretation of data. This was particularly important during the process of Reflexive Thematic Analysis, which required ongoing reflection in relation to the researcher's expectations, methodological decisions, and disciplinary positioning (Braun & Clarke, 2021). I was mindful of my position as an outsider researcher due to my lack of lived experience of being a mother or experiencing care proceedings. I considered why I chose this topic, due to professional experience working with birthmothers who had experienced repeated care proceedings and observing the lack of support at the close of court proceedings. I endeavoured to infuse reflexivity into all stages of the research process. Regular supervision and discussion with the research team helped explore my position within the research, from development through to write-up. Additionally, I have included several excerpts from my reflective diary, which was written throughout this research project (Appendix A).

4. Results

4.1 Chapter overview

This chapter presented the qualitative analysis of photovoice group sessions attended by three participants, using Reflexive Thematic Analysis (Braun & Clarke, 2019). Initially, birthmothers' experiences of recurrent care proceedings were explored, alongside the photographs they captured. Four themes and 14 subthemes were constructed from the data, as shown in the thematic map (Figure 3). Next, feedback gathered from professionals who took part in the webinar have been included, as displayed in Table 12. Finally, participants' experiences of taking part in the online photovoice group were considered (Appendix M).

4.2 Birthmothers' experiences of repeated care proceedings

Figure 3

Thematic Map in Relation to Women's Experiences of Repeated Care Proceedings

4.2.1 *Theme 1: Powerlessness*

This theme captured participants' reported feelings of loss of agency and powerlessness throughout the process of repeated care proceedings. This theme encompassed three subthemes: Professionals enacting power, everything on show for the world to see, and suggestions for empowering birthparents.

4.2.1.1 *Subtheme 1: Professionals enacting power*

Each of the participants reflected on their experiences of professionals, particularly social workers, holding significant power when assessing their parenting, describing intrusive monitoring and observations, with participants reporting the feelings of being judged and inferior. These perceived power differences were captured in the image below (Figure 4).

Figure 4.
Image of Trees (Maddy)

Note. This image represented a power difference.

> *'The other tree looks like it's all on its lonesome… And you'll notice the tree on my right, it's taller, it's bigger…it's like 'I've got more power than you, you're little.' You know? Authoritative'* (Maddy)

One participant described the power held by social workers during parenting assessments, including receiving feedback in relation to her parenting interactions with her child. Louise reflected on the impact this had on the developing relationship with her child, due to fear that she might make a mistake.

> *'You just constantly had someone always watching what you was doing…it felt like she was always over my shoulder… I generally don't think I actually bonded properly with my little [child], I was scared that I was gonna get penalised for it if I've done something wrong'* (Louise)

Louise described how this power remained, even when social workers were no longer physically present, and reported imagining the social worker with her continuing to assess her parenting, commenting on whether this was acceptable or not.

> *'Even when she wasn't there, I felt like she was still over my shoulder.'* (Louise)

Louise shared how this left her feeling '*so small',* inferior and de-valued as both a parent and as a person.

The power held and enacted by professionals, particularly social workers, appeared to remain throughout the process of care proceedings. Each of the participants shared their perception of social workers holding significant power during court proceedings, describing their perceived influence over other professionals such as the guardians or judges, when making significant decisions at court. The participants reflected how many professionals had often not spent much time with the parents themselves, therefore participants described their belief that these professionals based their decisions on the information provided by social workers, rather than independent decisions based on interactions with the family.

> *'The guardians don't seem to spend too much time with the parents, I think I met mine twice in both cases.'* (Winter)

> *'She [guardian] only saw me once in placement, that was it.'* (Maddy).

> *'When the social workers are there giving the judge all this evidence, but then the judge hasn't even got a chance to speak to the family and to actually see how they're feeling or what their point of view is... They're just sitting there and taking everything from a social worker, not actually listening to the family's side of what's going on.'* (Louise)

The participants also considered how several professionals, such as midwives and foster carers, appeared to hold less power in court, despite reportedly often spending increased periods of time with the birthparents and their children. The birthmothers suggested that including these professionals in discussions may have allowed for a more comprehensive understanding of their parenting, helping to inform decisions around their child's care.

> *'They need to have their voices heard more because they're the ones spending more time with the parents.'* (Maddy).

Two participants shared their experiences of professionals from the hospital sharing limited concerns in relation to their parenting, which often felt unheard or unacknowledged when attending court. This appeared to relate to different professionals' perceptions of what consisted of 'good enough' parenting, and who was given a platform to speak to and share their assessments in front of the judge.

> *'The midwife, the hospital had no concerns… you know no concerns whatsoever from the hospital and they don't get heard.'* (Maddy)

> *'I had four days in hospital with [baby]…I was left on my own for four days, you know the door was shut…the second night was Hell because [baby] did not stop crying (laughs), unless in my arms…you know, I managed it…they don't get a say, it's literally a quick paragraph, but it doesn't have any real standing in the rest of the proceedings.'* (Winter)

Additionally, all three participants discussed feelings of powerlessness associated with professionals' making assessments of future risk of harm in relation to their parenting. They reported feeling unclear how these decisions were made, questioning their accuracy, and emphasising the limitations of these predictions. This may have resulted in the participants' experiencing a lack of agency, impacting on their ability to demonstrate their parenting, or how they may parent in the future.

> *'They like to turn around and chuck that one into court, you know, future emotional harm and future neglect. They like using their crystal ball…Nobody can tell the future, nobody should play God.'* (Winter)

Maddy reflected on these discussions, which were later followed by a subsequent set of care proceedings, in which a decision was made that she could safely care for her child at the close of proceedings.

> *'How can social workers determine future risk, future harm?...I've still kept my child nearly [number] years after, my case got closed you know?...They were like trying to say how I'll struggle when my [child's] at a certain age. Well, how did you know that?…You can't predict how someone's gonna be…How can Social Services turn around and say the future, where's your crystal ball?'* (Maddy)

Within the photovoice group, Maddy shared her experience of attending court and hearing conversations between professionals outside of the courtroom. Maddy explored how not only did these professionals have significant influence on the decision made in relation to her child and her own future, but they appeared unaware of the impact on the birthparent. This appeared to reflect professionals considering this another day at work, rather than a significant and defining part of birthparents' lives.

> *'In a court area, be mindful that is a family sat in that room, 'cause you can hear everyone laughing and joking… like they're best pals… and I'm sat there thinking 'why are they laughing and talking about what they're doing, like they're going to meet up for drinks later?...They are going to rule my future"* (Maddy)

Additionally, Maddy described professionals' responses to the final decision being made, appearing to celebrate, reporting how hurtful this interaction was, sharing her experiences of professionals as '*cold-hearted'* and not considering the power they held in relation to a life changing decision.

> *'I saw social workers high-five after the court hearing, saying they had got what they wanted.'* (Maddy)

4.2.1.2 *Subtheme 2: Everything on show for the world to see*

This subtheme illustrated participants' reported experiences of feeling vulnerable and their subsequent lack of agency, throughout care proceedings. Two participants shared their experiences of having their lives on show, exposed in front of different professionals, particularly when attending family court hearings.

> *'I'm alone, cold, and kind of naked for the world to see…you know my private life wasn't my private life anymore.'* (Winter)

One participant described feeling observed and watched by professionals, likening this to being '*stood on a stage'* (Maddy).

Winter explained that all aspects of her identity were on show throughout the process of repeated care proceedings. The participants discussed their experiences of professionals, exploring, assessing, and making judgements about both parenting and personal aspects of their life, including ways of expressing themselves and their identity.

When exploring the experience of having their identity, and individual decisions, up for discussion and assessment, in relation to being a parent. Winter also alluded to professional and possibly societal judgements, in relation to women who have tattoos, with this being linked to and perceived to impact a woman's ability to be parent.

> *'She made a point of the fact that I regularly dye my hair. The fact that I'm covered in tattoos… that doesn't mean that I'm a bad parent, it's my way of expressing myself, you know it doesn't do any harm to anybody else…throughout the court proceedings you've gotta try and maintain who you are, and that's not so easy when people are so set against it…I was judged right from day one, as soon as they set eyes on you'* (Winter)

> *'Because I have tattoos, all of which represent something to me, I've experienced many social workers just making assumptions, judging you by the way you look'* (Winter)

During the group, Winter shared a photograph of a deflated balloon in a tree, overlooking a cemetery (Figure 5). Winter described her experiences of being in the centre of the image, feeling as though professionals were *'surrounding'* her.

> *'The other trees surrounding the centre tree, appear to be large, and full. For me this represents social workers, dominating and intense, so you feel like they are just out of reach. The larger, fuller trees appear to be surrounding the bareless tree in the centre but there's no real support there.'* (Winter)

Figure 5.
Image of Trees and a Deflated Balloon (Winter)

Note. This image focused on the tree in the centre with the deflated balloon in the branches.

Winter considered how the *'deflated balloon'* observed in the branches, related to her experiences of feeling unsupported by others, describing feelings of being:

> *'Alone, deflated, cold and bare.'* (Winter)

Winter, reflected on returning to a second set of care proceedings, describing the similarities in having aspects of her life on show, for discussion and scrutiny by professionals. Winter noted the familiarity of processes, suggesting that this resulted in feeling better equipped for the subsequent experience.

> *'In the first court proceedings, there was a lot of fear you know, fear of the unknown…Then I was kind of, prepared, if that makes sense. I knew what was coming. So that there was nothing there to like, shock me. Take me back by surprise or*

> *anything, but yeah, there was still that scare factor, 'cause at the end of the day, you know it's your life, and the child's as well.'* (Winter).

Maddy also recalled occasions when her lived experiences were repeated throughout care proceedings. This included professionals writing about her experiences, including traumatic events. Maddy recalled how these experiences were shared and discussed outside of her control, written and re-worded from a professional's perspective, without her input. This appeared indicative of the power held by professionals, at times resulting in *'re-triggering'* and likely re-traumatising of birthparents, within the context of care proceedings.

> *'When they repeat everything, and I'm like 'I know, I lived it, it's my life, I don't need to keep hearing you guys saying it because you didn't live it' and it's when they write it as well, and it's like actually that wasn't how this all happened. Or they try and bring up [traumatic experience], it's like stop re-triggering it…I don't need them repeating 'well this is what happened.' Well, no, that's not how it happened, hear it from me because I was there.'* (Maddy).

Maddy reflected on how this repetitive sharing of historical information appeared to make it difficult to move forward and to make changes within the present situation, due to being limited by her past.

> *'It's just the repetitiveness, like you don't need to have your story repeated with each set of proceedings. Like yes, it is your history, you can't change it, move the Hell on from it, you're not that same person back then'* (Maddy).

Moreover, one participant (Winter) considered the perpetual experience of care proceedings, with one set of proceedings lasting longer than the 26-week timeframe. This may suggest that Winter had no control or power in relation to the length of care proceedings, or the processes ahead. These emotions were encompassed in the photograph below, which depicted a pathway through trees in a cemetery, emphasising the isolation involved during repeated care proceedings (Figure 6).

> *'You know it doesn't feel like it's gonna end. You can't really see an end, you know, a light at the end of the tunnel.'* (Winter)

Figure 6.
Image of Trees (Winter)

Note. This image displayed a tunnel of trees, representing the feeling of never-ending, seeing the finish line but never being able to reach it.

The remaining two participants, reflected on their shared experiences, describing their feelings of isolation and fear, during their individual journey along the path of care proceedings and family court hearings:

> *‘I think that’s what the cemetery is looking like, it’s like you’re alone, there’s no one else there.’* (Maddy)

> *‘I feel like these pictures show me scared…I’m scared to do this on my own.’* (Louise)

4.2.1.3 *Subtheme 3: Suggestions for empowering birthparents*

This subtheme related to the changes participants considered may be helpful for other birthparents subjected to repeated care proceedings. Participants provided various accounts capturing their experiences of the power imbalance and the feelings of powerlessness throughout care proceedings, together they reflected on the importance of professionals becoming aware of the power they held and enacted, whilst noticing the impact of this on the birthparents. Additionally, each of the group members noted the importance of empowering birthparents involved with the family courts.

> *‘We’re equal, you’re not above me, you’re not below me, we’re equal.’* (Maddy)

> *‘They need to take note of how it does feel to be on the receiving end of it.’* (Winter)

> *‘I like to teach for my negative experience, simply because social workers should never, ever high-five each other in court and go ‘we got what we wanted’…I just want social workers to stop being a dick, to stop being robot, be humanised, you know? Take away this is soul destroying for a family.’* (Maddy)

Each of the three participants, considered ways to empower parents by increasing the support available during care proceedings, when they had often felt ‘*alone’* (Winter) and *‘scared’*

(Louise). This included providing parents with an independent keyworker, acting as an advocate, particularly during assessments. Maddy suggested that the keyworker could be involved with attending meetings alongside the parents, to help reduce feelings of anxiety and discomfort.

> *'[They could be] sitting in on pre-birth assessments, any other assessments you don't feel comfortable with…you should be entitled to it'.* (Maddy)

Additionally, the participants considered how they would have welcomed support from a birthparent who had lived experience of care proceedings, or repeated care proceedings. They alluded to the importance of being linked with those with lived experience, receiving valuable peer-support from someone who understood the process and the experience of the parent.

> *'Another parent who has gone through it, someone who understands what you are going through.'* (Maddy)

4.2.2 *Theme 2: The importance of professional relationships*

This theme explored the significance of professional relationships. Each of the participants described experiencing many different and contrasting professional relationships throughout repeated care proceedings. As result, the group members shared their reflections of different relationships and the impact of these, throughout a significantly distressing and challenging process.

4.2.2.1 *Subtheme 1: Not seeing the individual*

Participants shared their experiences of different social workers, describing their perceptions of professionals making judgements about them, based on existing files and reports, available from a historical set of care proceedings. Subsequently, the participants reflected on social workers not getting to know them as an individual, limiting their opportunity to demonstrate their ability to care for their children, or to develop their parenting skills.

> *'She didn't even get to know me, she made that decision straight away. She saw my file and was like 'yeah, bye, bye."* (Maddy)

> *'Just because they've seen it in black and white writing or whatever before, obviously with a previous case, they just read that and say 'oh no this child's not ok with this family'...Every family should be given the right sort of chance.'* (Louise)

> *'In my case [a pre-birth assessment] was done without me even meeting a social worker, going on my history and not on the present situation at the time.'* (Winter)

One participant reflected on their experience of a social worker introducing themselves as the child's social worker, describing how this created an impression that they were not planning on working alongside the parent or offering crucial support. This appeared to allude to the impression that birthparents were seen as separate from their children, and possibly not important.

> *‘It should be you’re the family’s social worker…don’t come to a family and be like ‘I’m the child’s social worker’, say ‘I am this family’s social worker. I’m here for you and your child.’* (Maddy)

Many participants shared their perceptions of several social workers having limited understanding of mental health and neurodiversity. The birthmothers reported feelings of being stigmatised and receiving judgment in relation to their mental health, with professionals deciding they could not parent, rather than exploring the support they may have benefited from as an individual, to help them parent.

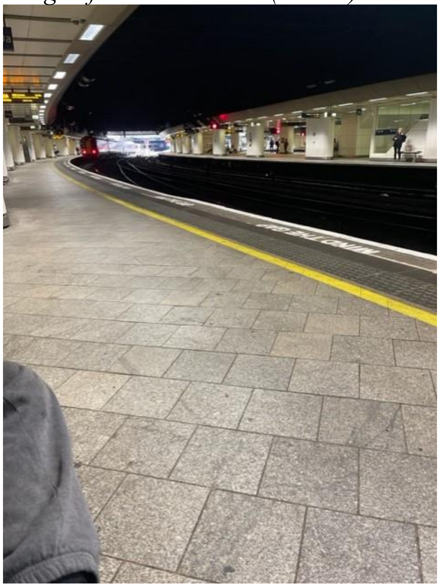
> *‘My social worker took [child] off me ‘cause of my mental health and said that I weren’t basically going to be able to look after [child] because of how bad my mental health was…She thought that I was not gonna be able to cope with [child] on my own. She didn’t give me a chance. She just instantly thought ‘ohh she’s got mental health. She’s got a problem. She can’t look after her kid.”* (Louise)

> *‘So if it means a family who’ve got severe mental health and needs extra support, make sure that supports there for that family so they don’t fail.’* (Maddy)

Additionally, one participant described their experience of professionals having limited understanding in relation to Autism, therefore suggesting that they did not organise appropriate assessments to determine this. The birthmother explained that as a result, adaptations were not made throughout care proceedings, placing her at a disadvantage during an already adversarial and distressing process (Figure 7).

Figure 7.

Image of a Train Station (Louise)



Note. This picture shows Autism, I can't deal with loud noises or crowded places. Court was loud and crowded.

> *'[Social worker] got a private doctor out to come and see me and he done a test on me, and he said that I've got a possibility of having Autism…and I ended up losing the write-up…that was the last of it, I never got put forward for an Autism test.'* (Louise)

4.2.2.2 *Subtheme 2: Everything is changing*

This subtheme related to participants' reported experiences of lots of change during care proceedings. This included participants commenting on their experiences of receiving differing advice from professionals, including at times the same person changing their expectations. This also alluded to changing guidelines and differing professional approaches, resulting in parents receiving contradictory advice. This was captured in an image taken by Louise (Figure 8).

Figure 8.
Image of Trees (Louise)

Note. The big tree is like an octopus, wanting you to do lots of different things.

> *'[Social worker] telling me that I need to make the bottle first then stick it in the fridge. Then like three weeks later she came back out again telling me to do it the opposite way.'* (Louise)

Louise reflected on how confusing this was, alluding to the pressure birthparents may experience during care proceedings, managing different demands, and changing expectations, which may result in confusion and stress.

> *'You know that really confused me back then. I'm being told to do one thing and then I'm being told to do something else…it really triggers everything, I can't do with change, its head doing.'* (Louise)

Each of the participants shared similar experiences of receiving limited communication with some professionals, including not being provided with changing plans, or new information.

This appeared to increase parents' experiences of isolation and confusion, possibly impacting the development of consistent, and trusting relationships with professionals.

> *'If you send a message, you kind of want a response. You never get a response, or you wait too long for it…you're always the last one to know everything as well.'* (Winter)

> *'You said you was gonna be here for 10:30 in the morning. It's now 15:00 in the afternoon and you've not contacted me or anything to inform me that you're gonna be late.'* (Louise)

One participant gave an example of lack of communication, which appeared to limit her opportunity to progress within a mother and baby foster placement:

> *'[During a professionals meeting] they were like 'so what's she [mum] done for the last week?' And the foster placement lady was like, 'well, we've been going out, going out together.' And [social worker] was like, 'no, no, no, mum should have been going out on her own with baby.' Well, none of us knew, but they were trying to blame it on me…A lack of communication…So for the whole week I could have been going out on my own with baby.'* (Maddy)

Additionally, the participants described their experiences of repeated care proceedings, whereby they worked alongside various professionals, including different allocated social workers, these changes often occurred within the same set of care proceedings, as participants reflected on having one person conducting the pre-birth assessment, followed by another carrying out the parenting assessment, or social workers leaving the team. As a result, participants reflected on their experiences of inconsistency, including not knowing what interaction may come next, appearing to interfere with building positive rapport, whilst also possibly increasing their feelings of anxiety and trepidation.

> *'I had two completely different social workers with two different cases'* (Louise)

> *'You think 'yeah I've been handed over,' they'll turn around and sing your praises and then you get one that is completely dead set against you'* (Winter)

4.2.2.3 *Subtheme 3: A fresh start, understanding the past and focusing on the present*

In comparison, this subtheme illustrated participants' positive relationships with several social workers. The group members described how these professionals talked to them about their existing reports, dating back to previous proceedings, stating that they were interested in the present assessment. Two participants shared how these perceived positive relationships with social workers increased their feelings of agency, hope, and trust with professionals. It was of note that these perceived positive relationships developed during the most recent set of care proceedings, before it was agreed that their children remained in their care.

> *'When I first met [social worker], she was like 'right, I've seen your file, it's on my desk'. She said 'I've looked at it, I put it to one side…we don't need to repeat your history, that's in the past it's what's happening here and now, this is who you are right now.'* (Maddy)

> *'She never judged me and [partner] at all, she read some of the paperwork from the proceedings with [children] and she turned around and said 'that's old news at the end of the day, this is a new case, and I'm gonna do my assessments on you.'* (Louise)

> *'Her words were, 'it's about the here and now. It's about going forward.' And I said I can't change my past, I wish I could but I can't. And she went 'exactly. It's all about the here and now. And what you can't control. Just let it go.' And it was the saying all through my placement, if you can't control something that's going on right now, just let it go, let it go and it's a saying that I've carried to this day and it works.'* (Maddy)

Additionally, Louise shared her experience of a social worker who understood her guarded responses to professionals, in the context of being subject to repeated care proceedings, by demonstrating understanding, being non-judgemental, and remaining consistent.

> *'When we first met [social worker], me and [partner], was a bit sharp towards her but that's because obviously we had kids took off us before, so it was a very sore subject at the time, so it would be very difficult…she knew how nervous and scared I was and understood why me and [partner] was a bit, you know, stern towards her when we first met her.'* (Louise)

Louise reflected on how these experiences supported in building what was perceived to be a positive relationship. Louise shared how the social worker was often available and demonstrated responsive communication.

> *'She was always there when I needed her. She was always the other end of the phone, always.'* (Louise)

Louise shared how this meant that she was able to build trust and later bring her own stressors and challenges to the social worker, alluding to the possibility that she felt able to participate in the assessment process, without concern, rather than having an assessment done to her.

> *'[Social worker] also helped me with guidance when my [child] was poorly, when I felt panicked and stressed. I felt like I actually had had someone else I could talk to. It was a hard, hard to do at first, but I was just grateful I actually had someone else there that I could speak to. And actually be able to open up to without worrying about anything.'* (Louise)

Similarly, Maddy shared her experiences of a social worker demonstrating open and honest communication, sharing a consistent plan, which did not alter when written down, this appeared to increase her trust in professionals and what may come next.

> *'[Social worker] was straight up, she was like 'right this is the plan, you're doing this, you're doing this.' That's it, and the plan never changed…she would never say 'well you gotta do this' and then write something different.'* (Maddy)

Additionally, two participants felt that some social workers understood them and their present situations, including their mental health difficulties. In turn, providing acceptance, understanding, and individualised support.

> *'[Social worker] knew that I struggled with anxiety, didn't like to go out on my own, so she was really understanding about it and she was like 'right, push, just do little steps, little steps at a time, just take your time.'* (Maddy)

> *'She helped with my mental health, you know, when I had my down days, she was there for someone for me to talk to.'* (Louise)

Both participants reflected that these experiences felt as though these social workers saw them as an individual, giving them the opportunity to demonstrate their ability to parent. Additionally, they described how these trusting relationships felt empowering and supportive.

> *'I can't thank that woman enough, she saw the goodness in me and [partner] and actually was able to give us a chance to prove to her that we were able to be parents.'* (Louise)

> *'She'd tell me 'righty you've gotta do this' and all she done was push, push, push. She wanted me to succeed so badly.'* (Louise)

> *'We felt confident with her…I made a friendship with her, she helped me… She gave me a chance. She always spoke to me with respect.'* (Louise)

For Maddy, this relationship with the social worker appeared to remain at the close of care proceedings.

> *'She kept me and my [child] together and I can't thank her enough for all of the support…I just wanna hug her and be like 'thank you'. I just want her to see how far my little ones come along.'* (Maddy)

Each of the participants reflected on their experiences of social workers understanding their individual needs and focusing on the present, whilst linking them with external, independent services. The birthmothers alluded to how this left them feeling understood and supported by the social worker. Additionally, they reflected on how beneficial these external services felt, increasing their support networks, during an isolating experience[6].

> *'[Social worker] helped me get my assessment for my Autism, she was the one that basically helped me find out whether or not I had it, so all I've got is a lot of thanks for her.'* (Louise)

> *'She'll [social worker] put you on the right course, she wants you to succeed. She was brilliant.'* (Maddy)

> *'[Social worker] helped me understand myself, put me on courses, if it wasn't for her I wouldn't have heard about this project. I am grateful and there have been massive different changes.'* (Louise)

All three of the participants reflected on their experiences with external services, working with women who had been subject to repeated care proceedings, this appeared to allow participants to have a fresh start and increased support. Each of the participants lived across

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[6] Information regarding these external services have been removed to maintain participants' anonymity.

the United Kingdom, therefore the support available in their area differed, this meant that participants received different levels of intervention, at various stages of care proceedings.

Maddy discussed her experience of receiving support from an organisation, who started working with her after a previous set of care proceedings concluded. This service continued providing Maddy with support throughout her next set of proceedings, and since caring for her child after these proceedings concluded.

> *'[Name] came in two days after proceedings…[name] was like 'I'm here to help' and it's like 'right we'll just start off, let's go for coffee, let's go where you want to go.'* (Maddy)

> *'[Name] got involved and she stayed involved the whole time…she was a support. She used to come to the family support meetings and then placement. And if I ever felt down I never showed it in placement…I'd either text [name] saying 'I need you to ring me, I don't wanna do this placement'. I'd lay it all out how I feel.'* (Maddy)

Louise also explained that she had started working with an external service and had been given the opportunity to take part in parenting intervention sessions, after care proceedings had finished. Louise reflected on how this support had increased her trust in professionals and built her confidence.

> *'They are a little group where you get like a personal worker type thing and they have one-to-one sessions with you…they basically give you a bit more confidence and like talk to you, make you feel more secure, make you feel like better in yourself after*

> *having a baby taken away... they gave me my confidence, like I've managed to gain my confidence back…I felt the trust in all of them, and they've just helped me so much.'* (Louise)

Finally, Winter reflected on how she had previously been unable to access the support recommended at the close of care proceedings, as she was unable to afford therapy, and this was not available from the NHS. Winter described her experience of learning about an independent service, however she described how this left her with questions about why this support had not been made available earlier, during her first set of care proceedings. This gives a palpable sense of how crucial early support can be.

> *'With my second, it wasn't until that first court hearing, that they turned around and they told me about [service]. You know, why wasn't that done, before my baby was born? I would have had that extra support, I would have got further.'* (Winter)

4.2.2.4 *Subtheme 4: Suggestions for the future to help foster positive relationships*

This subtheme explored the changes participants considered may be helpful to help foster positive relationships during care proceedings. This included the importance of having consistent professional relationships, whether this was a birthparents' first or repeated set of care proceedings, so that professionals could get to know the parent and support with the development of trusting relationships.

> *'They should be with you from day one of having social services involved, right 'til the end where, you know, the judge makes his final decision.'* (Winter)

Additionally, participants reflected on their experiences of differing relationships with various social workers, with professionals engaging with families in different ways, as listed in the subthemes above. The birthmothers considered the importance of social workers working in a consistent, and therefore more predictable manner, rather than presenting differently, as if on two different ends of a spectrum. The participants highlighted how this resulted in life changing decisions for birthparents and their children.

> *'Whatever is happening with these repeated care proceedings, which is having possibly the most negative experience, compared to a really positive experience. Like, how different, I've had the worst experience, I've had a great experience, you know?'* (Maddy)

> *'Honestly, I think every single social worker should have the same sort of attitude towards families…instead of mixing it up because it's not fair on families that are being split.'* (Louise)

One participant made an interesting suggestion, that social workers should consider the language used during care proceedings. This included the way in which social workers introduced themselves and described their roles, as they were often working with many different family members, particularly birthparents, during care proceedings. Perhaps also alluding to a wider systemic shift, from a child's to a family's social worker.

> *'Instead of saying you're the child's social worker, well no you're not, or for you to be a child social worker, you need to work with the family or a parent…say 'I am this family's social worker. I'm here for you and your child."* (Maddy)

Finally, each of the participants commented on the importance of linking birthparents with external support as early as possible during the process of care proceedings.

> *'Make sure the appropriate supports there early as possible, so they're not alone and feeling like they wanna give up,'* (Maddy)

> *'I don't think the support should even be there at the end. I think it should be there at the very beginning. Not waiting 'til the end of the day.'* (Maddy)

4.2.3 *Theme 3: The effects of repeated care proceedings*

This theme captured the emotional and social effects of repeated care proceedings, including impacting relationships with children, the birthparents' experiences of pain, grief, and loss, alongside participants reporting feeling overlooked and forgotten at the end of proceedings, before providing suggestions for the future.

4.2.3.1 *Subtheme 1: The challenges of connecting with children*

This subtheme captured participants' descriptions of the effects of being subject to repeated care proceedings, resulting in significant fear that their children would be removed from their care. The birthmothers shared how this impacted their ability to connect and bond with their children as a result, subsequently impacting their mental health.

> *'We thought instantly that they was gonna try and take [child's name] and that was always on my mind, always on my mind.'* (Louise)

> *'In my head, it was like you're gonna come in… and she goes 'ok, I'll come in tomorrow, and then I'll come and take… But I can't. I can't just walk into your house tomorrow and be like I'm taking the baby. On what grounds?' You know, so it's always in the back of your mind about that.'* (Maddy)

> *'I didn't bond properly with [child's name]… So that really made a really big impact on my mental health.'* (Louise)

Two participants, currently caring for children, described how these feelings remained at the close of care proceedings, even when the court concluded that they were able to safely parent their children. Therefore, suggesting the long-term impact of repeated care proceedings and possibly alluding to their view that they were not 'good enough' mothers.

> *'It is that constant worry and I don't think that will ever really go away* but over time *it's getting less and less of a worry.'* (Maddy)

> *'I still sometimes feel like I've failed [child in her care] and it, it, just never goes, like I feel like sometimes in my head I feel like I'm not a good person to [child], I'm not a good mum and everything, you know, [child] deserves better.'* (Louise)

One participant discussed their experience of caring for a child, after having children removed from their care. They described the difficulties experienced when their child asked about their siblings.

> *'I've got a struggle now because she turned around and saw one of my tattoos, and she went 'who's that?' And I went, 'oh that's your [siblings]' and [child] was like 'do they like me?' And it really upset me, and she was like 'do I look like them?"* (Maddy)

Maddy explained that they were able to seek support from the external service, in order to discuss these questions with her child '*in a planned way.'*

Additionally, group members discussed their experiences of letterbox contact, with the children who had been removed from their care.[7] They described the challenges involved in this process, impacting their ability to connect with their children, reporting that this was due to restrictions imposed by the LA and being provided with limited information about their children, as individuals.

> *'We got told by our old social worker we was not allowed to say anything about ourselves in these letters to the kids.'* (Louise)

> *'I tried writing a letter to [child]…and I gave it back to [social worker] after I had writ it all up nice and neat and she basically read it and said she wasn't passing it because I was talking about me and [another child]. But I don't know nothing about [child], I don't know what [child] was into, I don't know what [child] was like doing, you know I don't know what [child's] hobbies were, I don't know how [child's] school went, I don't know nothing. So how am I meant to tell them what I don't know?*' (Louise)

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[7] Letterbox contact is a form of indirect contact between birthparents and children's adoptive families, which often takes place in the form of written letters (Morriss, 2018).

4.2.3.2 *Subtheme 2: Birthparents' experiences of pain, grief, and loss*

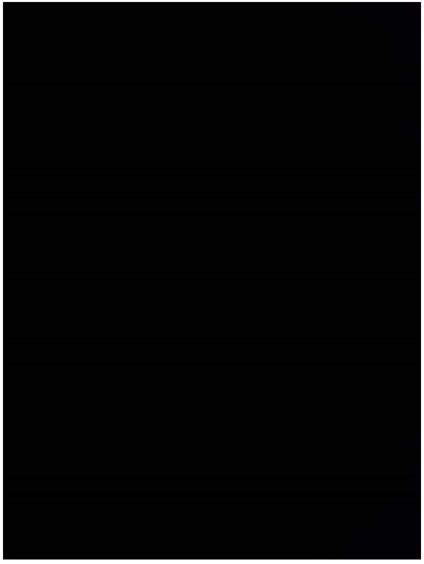
During the group, each of the participants discussed the emotional impact of repeated care proceedings. All three birthparents described long-standing experiences of significant emotional pain and feelings of worthlessness after having children removed from their care.

> *'I feel worthless each and every day I don't have my [children] with me and that kills me every day, that's never gonna change.'* (Louise)

> *'You literally feel like your heart has just been pulled out your chest… It's always gonna stay with me and it is very, very hard, and some days are really difficult…I would never, ever, ever in a million years wish it on anyone. It is the worst pain a family can go through.'* (Louise)

At the end of proceedings Winter discussed feeling '*empty*', whilst also experiencing significant '*darkness*.' This was captured in Figure 9. The participants shared their experiences of increased mental health difficulties and suicidal thoughts due to the trauma that they had been through during repeated care proceedings.

Figure 9.
Image of Darkness (Winter)



Note. Darkness, emptiness, lonely, isolated, there was no support, there was nothing.

> *'It's a blackness and emptiness…You feel it throughout all the court proceedings, but at the end, when your life was torn apart, you know, that's all you can feel. It's a darkness, a depression, it's a deep hole that you don't think you're ever going to be able to get out of.'* (Winter)

> *'I was a mental mess…I just wanted to give up on everything.'* (Louise)

> *'It's death, you want to die. You've just had your baby ripped from you.'* (Winter)

> *'I didn't want to live, I didn't want to wake up…I was praying thinking, please what more can they take from me?'* (Maddy)

Similarly, during the photovoice group, Maddy shared a photograph of *'emptiness'* explaining that this captured her feelings at the close of care proceedings, after having children removed from her care (Figure 10).

Figure 10.
Image of Emptiness (Maddy)

Note. Empty, there was just nothing.

> *'There's nothing there for them to take. There's nothing. And then it also makes me feel like there's freedom. You're free from all the assessments and it's all come to an end you and you know what's what.'* (Maddy)

> *'There's nothing around to support, loneliness, isolation, it's like you've been discarded'.* (Maddy)

Furthermore, each of the participants described their experiences of grief and loss as a result of children being removed from their care, as captured in Winter's image of children's graves (Figure 11).

Figure 11.
Image of Graves (Winter)

Note. This image demonstrated the grief for your child when they have been taken from you.

> *'When you lose a child through court proceedings, you are grieving for a child that is still alive.'* (Winter)

> *'You need to grieve, all the milestones you'll miss out on, the plans you had for birthdays and Christmas all gone, not being able to share in their victories and being there to catch them when they fall. You're saying goodbye to a life you dreamt off.'* (Winter)

> *'Your grief is the love you can't turn around and give to them. So you know, that's the reason why we grieve, the love that we can't give out to them, so you hold it.'* (Winter)

When discussing a photograph (presented above, Figure 4), Maddy reflected on connecting with the trees who had experienced loss, explaining that they were bare without their leaves.

> *'Those poor trees, you know, they're sad. They've lost all their leaves when they're normally so brightly coloured. They're just like the shell of what they usually are…there's a loss there'* (Maddy)

Poignantly, Winter shared with the group her experiences of loss, reflecting on suffering from a still-birth and the support she was offered in the form of counselling sessions. Winter compared this to her experiences of repeated care proceedings, and the lack of support provided throughout this process, particularly after the final judgement was made.

> *'When you go through court proceedings, there is no counselling there, there's nothing like that. If you want it, you've got to go and search for it, you've got to find it'* (Winter).

4.2.3.3 *Subtheme 3: Responses from family, friends, and members of the public*

This subtheme captured participants' experiences with those outside of care proceedings, including family members, friends, and members of public. One participant reported receiving limited support from wider family members during proceedings. When exploring a photograph of trees (presented above, Figure 4), they described the support that they would have liked to have received from family members instead.

> *'[The trees] are all huddled together like family and friends…they're all intertwined, like they've got each other, supporting each other, they're interlocking.'* (Maddy)

> *'It looks like [the trees] are hugging each other, like 'I've got you'… 'I'm here lean on me'* (Maddy)

Alternatively, the two remaining participants discussed their experiences of support received from family members throughout the process of care proceedings. They shared how impactful this support was, providing them with strength to continue throughout adversarial care proceedings.

> *'My parents, they went through it with me...They were the ones that kind of kept me going as such…the people that kind of carried me through all of it.'* (Winter)

> *'We all stood together, there was no they're behind me, they were next to me.'* (Winter)

> *'That's like me with [partner's] family, because they pretty much carried me through.'* (Louise)

Despite these experiences of support, Winter and Louise reflected on their feelings of isolation and loneliness throughout care proceedings, which was a challenging and significantly stressful and traumatic experience within their lives. This highlighted the complex and multifaceted nature of participants' experiences during repeated care proceedings, and the emotional toll had on participants, even when a support network was present.

> *'You could have all the support in the world and I don't think it would be enough in these sort of proceedings.'* (Winter)

> *'I felt lost, you know? I just felt empty. I had [partner's] family there to support me, and my family weren't there to support me, because my family weren't speaking to me. So you know, generally in my head and in my heart and in my feelings I felt alone and just gloomy and grey…I actually felt small and alone.'* (Louise)

The group members explored their friendships, both during and after care proceedings. Maddy, described friends as having limited understanding of care proceedings, resulting in judgement and criticism of her pregnancy, leading to a sense of disappointment and the end of their relationship.

> *'I had friends that didn't have kids, they didn't understand…I had to stop, end the friendship...I didn't want to tell [friend] I was pregnant, and when I did she was like 'well I don't think you should have it'…she didn't understand…you were meant to be my friend, how could you even say that I shouldn't have gone on and had the baby?* (Maddy)

Louise also reported how her experiences impacted on her ability to form new friendships, reflecting on previous encounters resulting in betrayal, which led to what appeared to be a guarded and distrustful stance towards potential future relationships.

> *'I generally think if you're gonna make new friends, don't go saying anything about your personal stuff [care proceedings] and wait until you can actually trust them before actually choosing your friends…I thought she was an actual friend and everything and she basically threw it all back at me.'* (Louise)

Finally, Winter shared her perception of being judged by members of the public, and their thoughts about her, and others in her position. This alluded to the social stigma associated with having children removed, resulting in judgement and assumptions of women who no longer had children in their care. Winter challenged this as a simplistic and stereotyped view, suggesting that members of the public were overlooking complexities and nuances that existed.

> *'A lot of people pass judgment, don't they, when they know Social Services are involved? And they automatically presume that you're the bad parent. It all seems black and white doesn't it?...We know that it's not black and white, there's a lot of colour, a lot of grey.'* (Winter)

As a result of the above lived experiences and responses from family members, friends, and members of public, each of the participants reported significant social isolation, including feeling *'alone'* (Maddy), *'empty and feeling grey'* (Louise), and a sense of '*loneliness nobody should have to go through'* (Winter).

4.2.3.4 *Subtheme 4: Feeling overlooked, forgotten, and left behind*

Within the photovoice group, Maddy described her experience of feeling *'trampled on,'* belittled, and overlooked once care proceedings had concluded and her children were removed from her care. This was captured in a photograph of trampled leaves (Figure 12). When observing this image the remaining two participants agreed, reflecting on their shared experiences.

Figure 12.
Image of Leaves (Maddy)

Note. This image represented feeling trampled on like leaves.

> *'It's a bit of hedge and some leaves where you're just like you feel trampled on…like you're belittled, because leaves get swept up and you just feel like you're just getting swept under the carpet, like you don't matter anymore…you're at the bottom, like where else can you fall?'* (Maddy)

> *'Don't make a parent feel like they don't matter. Don't make them feel like they've got nothing left and that they've been forgotten.'* (Maddy)

After viewing this photograph, all three participants reflected on their experiences of feeling discarded after care proceedings had ended. They discussed the lack of support available, alluding to limited services provided by statutory services, such as the NHS, and different external services, depending on location. The group members reflected on how this left them feeling like a number, rather than a person.

> *'And not just be like 'right it's the end of care proceedings, off you go' and be left to your own devices with no support. And I think that's absolutely disgusting, diabolically disgusting.'* (Maddy)

> *'A hundred billion percent, I completely agree with every single word you just said.'* (Louise)

> *'There's no aftercare. They do a job, as far as they're concerned that job finishes once that judge makes their decision'* (Winter)

> *'Not just washing your hands, you're not a number, you're a human-being.'* (Maddy)

One participant reflected on the lack of support available to parents at the close of care proceedings, after having a child removed from their care, describing how this appeared to contribute to birthparents' experiences of repeated care proceedings.

> *'What hope has somebody got when they do lose a child, for example, through proceedings? What hope have they got the next child that they manage to conceive? They've gotta go through all of that heartbreak and that again.'* (Winter)

4.2.3.5 *Subtheme 5: Suggestions for the future, do not leave anyone behind*

This subtheme explored the changes participants wished to see, so that other women could receive increased support throughout care proceedings, particularly when these were finished, and the judge had made their final decision.

> *'Make sure there's that support, doesn't matter what form it comes in, make sure those parents are ok at the end of it.'* (Maddy)

> *'Instead of just leaving us and not saying nothing and just take our child off us, at least offer us some comfort or some sort of support like, you know, putting us on some sort of group that would be able to help.'* (Louise)

> *'There should be that extra support at the end'* (Winter)

> *'Support needs to be put in place before the end of care proceedings, to get it ready to go after the final hearing, there has to be a support for the parents, so they are not waiting to receive it.'* (Maddy)

The participants came up with different ideas about how this support could look and be implemented by professionals. This included support from both the LA and independent professionals.

> *'Regardless to the outcome, there needs to be some sort of counselling put there for support, so you can talk things through…just knowing there's somebody there at the other end of the phone or a text message.'* (Winter)

> *'More needs to be done about giving people actually a reason to be, whether it's saying 'right we'll meet up for coffee' or 'here you can contact us at any time'. Like give someone hope, it's all about hope. It's never a goodbye, it's always there's hope.'* (Maddy)

> *'A month or so down the line there should have been a check-in…just to see how you're doing. They use mental health against you but they should be helping with all that…So maybe you can understand a little bit more, because my first court hearing, I didn't agree with that. I still don't. Part of me doesn't you know…But I've had to work at that myself…There was no therapy to turn around and understand where their judgment and everything's come from, you know, and that is a life changing, traumatic event.'* (Winter)

Furthermore, Winter identified the importance of providing support not only to parents, but also to wider family members, who also experienced significant loss due to child removal.

> *'There needs to be aftercare, you know for families. It's not just the parents, it's for the whole family…I mean both court proceedings had an impact on my parents, at the end of the day they're still grandparents… It has an impact, I suppose it's like a domino effect.'* (Winter)

4.2.4 *Theme 4: Resilience and hope after care proceedings*

The final theme captured participants' resilience and ways of finding hope after repeated care proceedings. The birthmothers reflected on the therapeutic benefit of animals, particularly their relationships with pets, before sharing their experiences of finding comfort in nature.

4.2.4.1 *Subtheme 1: The therapeutic benefit of animals*

This subtheme illustrated participants reflections regarding the importance of animals and the therapeutic benefit of pets. The group members described how their pets had provided comfort, unconditional love, and security after their experiences of care proceedings.

> *'[Cat] has always been one that won't leave your side when you're feeling, even for you, probably on the outside you like fine. She's so in tune with human emotions like if you're feeling down, she ain't leaving you.'* (Maddy)

> *'It's giving you that reason to get up, get dressed and you've got to go out because they need food, they need litter, they need things all the time… They need attention, they need love, they need that cuddle, that one-to-one, they need it.'* (Maddy)

> *'[Dog] gave me security and made me feel secure…'cause I have got really severe anxiety going out on my own, I don't like being on my own, I like someone with me…He gave me back my confidence a little bit too, because I could start going out and stuff on my own when I had him with me.' (*Louise, as shown in Figure 13).

Figure 13.
Image of a Pet (Louise)

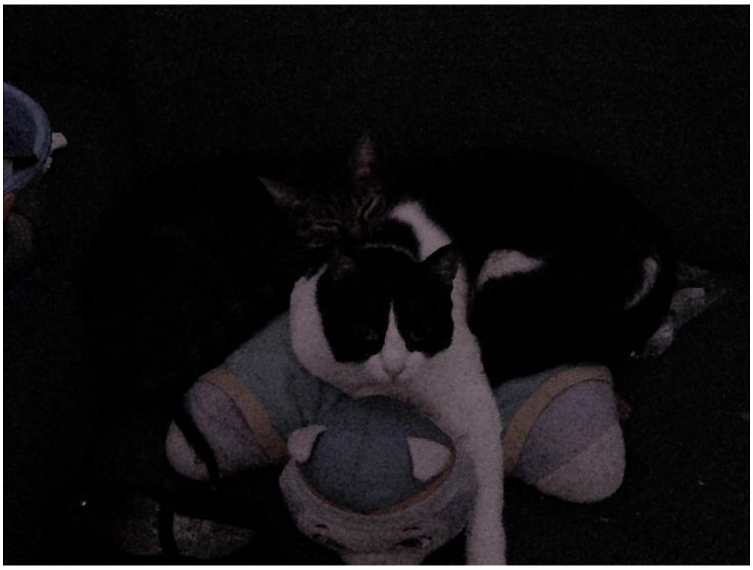
Note. He gave me security and was there to comfort me.

One participant reflected on their pets' experiences of trauma and considered how they remained affectionate and loving with humans, despite this.

> *'[Cat] was chucked on the street…hoping they'd just be left to die, and despite that this little cat, [name], has so much love, so much affection, despite what she has gone through.'* (Maddy)

Additionally, Maddy explained that her cat had saved her life, giving her hope and a purpose to continue after care proceedings and having children removed from her care, as captured in Figure 14.

Figure 14.
Image of Pets (Maddy)



Note. They symbolised hope.

> *'I wanted to end everything, I closed the bathroom door and that cat went crazy, [name] was scratching at the door…as soon as I opened the door, I'm like 'I'm alright…I was like, 'right I've cried, you know what? I need to sort my shit out, I need to get up, you need me.'*(Maddy)

> *'[Cats] such an important part of my life, because she's the reason I'm still talking and I'm here…she's well known to be my little lifesaver.'*(Maddy)

> *'They just symbolise hope, hope. There's something to still wake up for, someone still needs you. Someone still needs feeding, looking after.'*(Maddy)

4.2.4.2 *Subtheme 2: Comfort in nature*

This subtheme captured one participants' reflection of finding comfort and solace at the beach, she described the calming sounds of waves and the importance of having a safe space to let out her emotions. This was captured in Figure 15.

Figure 15.
Image of the Beach (Louise)

Note. The beach was a good place to go if you were struggling.

> *'The beach is a very good place to go to, you know, when you're feeling down or if you're feeling lonely or something, because you can just sit there and relax, and just take all the sound, all the waves and stuff…You can just sit there and just cry as much as you want.'* (Louise)

> *'When I go to the beach I can just scream at the top of my lungs, and no-one is going to care. I can get rid of all the negative stuff going around in my head and I can sit there as long as I want.'* (Louise)

4.3 Webinar feedback

At the end of the online photovoice group, participants decided to run a webinar, in collaboration with the primary researcher, so that they could share their photographs and stories with their identified audience, social workers. In total, 25 trainee or qualified social workers attended and at the end of the webinar attendees were invited to answer two questions anonymously using Mentimeter[8], with their feedback included in Table 12.

Table 12.
Webinar Feedback

What are your thoughts after seeing our photographs and hearing our stories?	Is there one thing that you will take away with you after the webinar?
What happens next to make sure parents get more support during and after care proceedings?	*How can I help to influence change, centring the stories that we have heard today?*
This has been really powerful and moving session. I loved listening to people's reflections on their photos – these stories will stay with me.	*Bravery and courage of the attendees and what was helpful for them to receive from social workers.*
Overwhelming sadness, strength in the braveness of mum's who took them and sharing such personal and heart-rending experiences they have been through.	*That it should never be chance as to whether parents get support after proceedings. It's a must have!*
Inspirational	*So much more needs to be done long-term in terms of aftercare for parents in these positions.*
Powerful, thought provoking, bravery, helpful about reframing social work practice, courageous, really good session, better understanding about experience of care proceedings.	*I think this is a really powerful way for people's stories and voices to be heard – sometimes we need to take a step back and just listen.*
Building relationships in social work is key, we are not there to belittle people. All social workers should hear this to remind them that people are human beings with feelings and need our support too.	*Never forget that this is people's lives and futures. Honest and kindness should always be done within our job. A question of where did the respect go for people will remain in the forefront for me.*

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[8] Mentimeter is an interactive presentation tool, providing opportunities for the audience to anonymously interact with information provided.

Really powerful. Hearing about negative experiences and positive experiences of support made it clear that even when proceedings are difficult how we support people really makes a difference. *I think everyone is brave to share the stories, so interesting. I found it really fascinating what things social workers have said that stuck with each of you. It was very emotional and impactful.*

The professionals reported finding the webinar powerful and thought provoking, commenting on the participants’ strength and bravery in sharing their stories. The attendees shared their reflections regarding the importance of relationships between birthparents and social workers. Additionally, the webinar appeared to raise questions about the support available for birthparents, both during and after care proceedings.

4.4 Participants’ experiences of taking part in the online photovoice group

Further exploration of participants’ experience of the online photovoice group was conducted, however this investigation falls outside the scope of the thesis aims, therefore the findings are included solely in Appendix M.

5. Discussion

5.1 Chapter overview

This chapter summarised the key findings of the study, in relation to existing theory and literature. Following this, a critical appraisal of the project was presented, alongside suggestions for future research, before concluding with my reflections on the project.

5.2 Research question

The research aimed to explore the experiences of birthmothers who had been subject to repeated care proceedings.

5.3 Summary of findings

The research question was explored using Reflexive Thematic Analysis (Braun & Clarke, 2019). The stories shared by participants during this project were rich, often substantiating current literature, whilst also offering several novel perspectives. In keeping with a critical realist epistemological stance, this study did not seek to understand an objective 'truth' regarding birthmothers' perspectives of repeated care proceedings, however the themes and subthemes aimed to offer an insight into participants' experiences. Each of the themes and subthemes have been explored below, situated within existing literature.

5.4 Birthmothers' experiences of recurrent care proceedings

5.4.1 *Theme 1: Powerlessness*

Within research, birthparents' feelings of powerlessness during care proceedings presented as an extensive theme (Broadhurst & Mason, 2020; Smith & Gibson, 2017). Similarly, participants who took part in the current study reported significant feelings of powerlessness and loss of agency, throughout repeated care proceedings. The birthmothers reflected on their experiences in relation to this power imbalance, as explored below.

5.4.1.1 *Parenting under scrutiny*

Participants shared their experiences of intrusive assessments and professional scrutiny, reporting that this resulted in feeling judged and devalued as both a mother and a person. The participants commented on their experiences of feeling watched and monitored by professionals, reportedly leaving them fearing that they would make a mistake. This aligned with, and expanded on current literature, whereby birthparents reported similar feelings regarding parenting under observation (Bekaert et al., 2021; Marsh & Leamon, 2019), with some birthparents reporting feeling "scrutinised rather than helped" (Featherstone et al., 2018, p. 69).

Interestingly, for one participant, this appeared to result in internalised judgements and evaluations of her parenting, even when professionals were no longer physically present. This suggested the presence of significant professional power and highlighted the impact of the adversarial nature of care proceedings, often focusing on parents' difficulties rather than building on strengths.

Research conducted by Jackson and Mannix (2004) explored mothers' experiences of 'mother-blame'. They reported that many women internalised the mother-blaming attitudes of others, including those in positions of power, such as healthcare professionals. The authors stated that 'when the women experienced any difficulties or problems with their children, they entered into an intensely introspective and contemplative period. This involved questioning themselves and their actions, and critically reflecting on their own abilities to mother successfully' (p. 153). Additionally, it was noted that this internalisation resulted in participants experiencing strong feelings of inadequacy, guilt, and shame. Therefore, suggesting that women who had been subject to the scrutiny of repeated care proceedings, may internalise the judgements made by several different professionals, possibly resulting in similar feelings of self-blame and worthlessness.

5.4.1.2 *Whose voice is heard?*

Within this project, participants reflected on their perception of social workers having significant influence at court. The birthmothers described spending time with several professionals, such as midwives or foster carers, reporting that they had held limited concerns in relation to their parenting. This appeared to relate to professionals' differing perceptions of what consisted of 'good enough' parenting. According to the literature, it is unclear and ill-defined what constitutes 'good enough' parenting, and this can depend on clinical judgement, therefore suggesting that professionals may have differing opinions (Choate & Engstrom, 2014). Moreover, the group members described these professionals as having limited power at court, as they were not given a platform to speak, with little weight given to their considerations. This suggested that some of the parents' strengths, and possibly alternative perspectives may have been overlooked, highlighting further the adversarial nature of proceedings.

This appeared to align with different professionals' experiences of CPS. Research conducted in the UK, by Maclay et al. (2006) explored the relationships between foster carers and social workers. Several foster carer participants reported feeling excluded and that their opinions were undervalued by the system. The authors noted that foster carers could provide "an additional perspective on the child" (p. 37). Additionally, Mason et al. (2019) explored professional perspectives in relation to pre-birth assessments and child removal at birth. It was noted that "many midwives perceived significant difficulties in collaborating and communicating effectively with social workers and reported a sense of power inequalities" (p. 16), which appeared to relate to the birthmothers' experiences of powerlessness, shared within this project. Within this article it was also noted that midwives reported that their views were often not attended to at court (Marsh, 2016).

5.4.1.3 *A crystal ball approach*

Each of the participants shared their experiences of professionals using a 'crystal ball' approach when making predictions of future risk of harm to their children, likening this to '*play[ing] God'* (Winter). The group members described how unclear these decisions appeared, questioning their accuracy. Additionally, this appeared to result in a lack of agency. This was in keeping with the research, whereby professionals involved in care proceedings often had the power to imagine the future for children, with practitioners described as 'specialists of the future' (Urry, 2016). The ability of professionals to accurately predict future risk has been described as a 'wicked problem' (Choate & Engstrom, 2014).

Many have argued that the future is difficult to predict as it is elusive and uncertain (Cartwright & Hardie, 2017). According to Murray and Thomson (2010) it is "better to try to understand what the risks are and then manage them, as opposed to trying to predict what future parenting behaviour might look like" (p. 137). It has been noted that CPS could be seen as "over-zealous," (Featherstone et al., 2016, p. 3), due to the high number of families experiencing investigation, yet for many abuse was not identified and support was not offered (Trocmé, et al. 2014). Additionally, if a child was harmed then there was often the expectation that the social worker was at fault (Cooper & Whittaker, 2014). It has been noted that the CPS system regularly utilised a 'risk lens,' with the importance of challenging this being highlighted, instead aiming to build on family's strengths and supporting them to "flourish," rather than "feeding the risk monster" (Featherstone, et al., 2016, p. 1 & 15).

5.4.1.4 *Cold-hearted interactions*

One participant shared their experience of professionals celebrating the judge's final decision to remove her child, describing this as '*cold-hearted'* (Maddy). These experiences have been reportedly shared by other birthparents, who have described hearing professionals discuss their family as if they were not present in the room (Baginsky, 2023). Additionally, Featherstone et al. (2018) reported that "the large numbers of accounts of cold-hearted encounters suggests a need to pay attention to interpersonal skills and humane practices" within CPS (p. 74).

According to literature, social workers can experience significant pressure within their roles, which can reduce the space for relationship building (Hunt et al., 2016; Brazil, 2021). This can include the requirement to meet targets, high caseloads, limited support, and high staff turnover (Pitt, 2020). When observing social workers carrying out home visits, it was noted that regularly "system needs triumphed" over relational interactions (Ferguson, 2014, p. 289). Additionally, one study noted that social workers described "being under constant scrutiny" to complete paperwork (Gibson, 2016, p. 125), which appeared to echo birthparents' reported experiences.

Research has suggested that it was common for some social workers to experience burnout, resulting in exhaustion, cynicism, and feeling ineffective (Maslach & Leiter, 2016). Furthermore, social workers may suffer from moral injury, due to sustained ethical stress, because of transgressions in practice, which can violate an individual's values (Litz et al., 2009). When exploring social worker's experiences of working within CPS, participants described responding to system challenges by "detaching from the work or burning-out. Workers expressed feeling consumed by thoughts of risk…levels of patience and empathy for families were described as reduced" (Brazil, 2021, p. 91).

5.4.1.5 *Feeling exposed*

Participants reported feelings of vulnerability and exposure throughout care proceedings. One described when her lived experiences were repeated, often having been re-written from a professional's perspective. Maddy reflected on how this was often '*re-triggering*,' and it was suggested that this caused difficulties in making changes, due to the perceived limitations of the past. This appeared to be a common experience, with many birthparents reporting that they lost ownership of their stories, after they were re-written by others (Smeeton & Boxall, 2011). Additionally, historical records shared within care proceedings have been termed "non-erasable" (Broadhurst & Mason, 2020, p. 29), which can result in past experiences being referenced in future proceedings, termed 'legal stigmatisation' (Enlander et al., 2021). In response, it has been suggested that collaborative record keeping was important, involving co-construction of records between client and professionals, to ensure accuracy (Hoyle et al., 2019; Shires, 2016).

Within wider literature, it has been reported that criminal court proceedings can exacerbate victims' experiences of trauma (Ellison & Munro, 2016). According to Herman (1992) "if one set out by design to devise a system for provoking intrusive post-trauma symptoms, one could not do better than a court of law" (p. 72). Particularly, as victims were required to re-tell traumatic events, resulting in emotional distress, and trauma symptoms such as flashbacks

(Mason & Lodrick, 2013). Similarly, birthparents attending repeated care proceedings, were also likely to experience having to repeat their traumatic experiences in relation to childhood, relationships, historical care proceedings, and compulsory child removal. This suggested that the adversarial nature of family courts may also exacerbate birthparents' experiences of trauma.

5.4.1.6 *Suggestions to empower birthparents*

Each of the participants suggested ways to help empower birthparents, including having the opportunity for peer support. This linked with previous research, highlighting that many birthmothers wished to meet others who had been subject to care proceedings (Broadhurst & Mason, 2020). Additionally, it was suggested that birthparents would benefit from an advocate, to support them during proceedings, particularly within professional meetings (Ferguson et al., 2021; Mason et al., 2019). Both the International Parent Advocacy Network (IPAN) and Parents, Families, and Allies Network (PFAN) promoted parent participation and peer advocacy within CPS, to empower birthparents (Better Care Network, 2020). Parental advocacy has been seen as crucial and has the potential to offer "transformative approaches" (Featherstone et al., 2018, p. 163).

5.4.2 *Theme 2: The importance of professional relationships*

Participants reflected on their different and changing relationships with social workers. They explored the relationships experienced as helpful, compared to those that were perceived as challenging. The group members reflected on the critical importance of professional relationships during a challenging and critical period.

5.4.2.1 *Professional relationships perceived as challenging*

Initially, participants shared their experiences of negative relationships with professionals, including those who were perceived to make judgements based historical information. The participants reported that professionals appeared not to get to know them or to consider their current parenting skills. The birthmothers also described their experiences of limited communication, reporting that this left them feeling overlooked.

Furthermore, participants described experiences of inconsistency, including receiving contradictory advice, sometimes from the same professional, increasing stress, and feeling like they were getting things wrong. Additionally, participants reflected on the changes in relation to allocated social workers, for example when the social worker left the team. These experiences appeared to limit the development of trusting professional relationships, whilst also increasing participants' feelings of isolation and fear, during a significantly distressing process.

Within the literature, many birthparents reported feeling pre-judged by professionals involved with CPS, often resulting in resistance and disengagement, rather than receiving the necessary support (Buckley et al., 2011). Furthermore, regular changes to professionals involved with the family were noted to result in feelings of disconnection from practitioners (Baginsky, 2023). According to Fredman and Reder (1996) clients and professionals both have "a complex collection of beliefs about the helping process," which interact and can influence the relationship between them (p. 458). Therefore, highlighting the importance of professionals taking time to reflect on their interaction with the therapeutic relationship, alongside the client's personal relationship to help, which could be particularly important in the context of repeated care proceedings.

5.4.2.2 *The impact of language*

One participant described how social workers introduced themselves as the child's social worker. The importance of language was explored, including the framing and positioning of social workers, when working in partnership with families (Featherstone et al., 2018). According to Wilkins and Whittaker (2018) social workers sometimes said to families "I'm only here for the child," resulting in suspicion from birthparents, reducing the opportunity for collaborative working (p. 2011).

5.4.2.3 *Limited understanding of mental health and neurodiversity*

Many of the participants described how social workers often demonstrated limited understanding in relation to mental health or neurodiversity. The birthmothers reported feeling judged and stigmatised as a result, rather than receiving crucial support or adaptations, placing them at a disadvantage during an already adversarial process.

A large body of research has suggested that birthparents' mental health needs could be perceived in the context of being unable to safely care for their child (Bekaert et al., 2021). Similarly, neurodiverse birthparents could also experience bias and the assumption that this would impact their parenting (Pickar, 2022; Van Brunt et al., 2016). This suggested that birthparents' strengths may be overlooked, with many not receiving appropriate support, implying a disability rights issue during care proceedings. This highlighted the importance of multidisciplinary working between professionals, such as social care staff and mental health teams, including clinical psychologists.

5.4.2.4 *Professional relationships perceived as positive*

In contrast, participants also reflected on their experiences of positive relationships including, no judgement, open communication, focusing on present situations rather than historical information, consistency, empathy, and understanding of birthparents as individuals. The participants reported that this supported with the development of trusting professional relationships, describing feelings of increased agency and empowerment. It was of note that two birthmothers were reflecting on their most recent experiences of care proceedings, when a child remained in their care. Therefore, one can wonder whether this outcome had shaped their experience, however a more detailed consideration of working relationships would be invaluable. These findings built on many research studies, identifying the importance of core skills demonstrated by professionals involved CPS, such as understanding, honesty, empathy, and collaboration (Forrester et al., 2019). It was also reported that focusing on birthparents' strengths could increase trust in relationships and feeling empowered to make change (Vseteckova et al., 2021).

There was also a large body of literature exploring the importance of relationships between social workers and birthparents during proceedings, with this being described as the "cornerstone" of practice (Alexander & Grant, 2009, p. 6). Additionally, the quality of this relationship has been said to influence the outcomes for children (Featherstone et al., 2018). Finally, when exploring birthmothers who had a child in their care, following repeated care proceedings, it was noted that access to "consistent professional, skilled help that nurtured the women's sense of resolve and self-regulation was vital," with the quality of the professional relationships described as 'transformative' (Broadhurst & Mason, 2014. p. 1575).

Care proceedings have often been associated with significant threat, and research has suggested that birthmothers subject to compulsory child removal can experience trauma

(O'Leary-Wiley & Baden, 2005). Additionally, it has been noted that these women have often experienced trauma and adverse life experiences, prior to proceedings (Broadhurst et al., 2017). According to researchers, trauma disconnects people from others, thus highlighting the importance of relationships and re-connection (Herman, 2002). It has been suggested that those working with trauma survivors need to honour their strategies of disconnection, understanding that this was often a person's way of keeping safe in threatening situations (Miller & Stiver, 1997). Furthermore, a heightened state of threat can impact a person's ability to reflect, making change difficult (Arnsten et al., 2012). Therefore, suggesting the importance of considering the context of birthparents' experiences and responses during repeated care proceedings.

5.4.2.5 *Linking with external support*

Finally, participants reflected on their experiences of social workers linking them with external support. It was important to note that each of the participants lived across the United Kingdom, therefore the support they received differed, depending on location. This meant that they each received different levels of intervention at various stages of care proceedings. Despite this, each of the birthmothers described how beneficial this support had been, increasing their support networks during an isolating experience. Subsequently, participants noted the importance of being linked with support as early as possible during proceedings.

Interestingly, one participant explained that support from the LA could be important for birthparents after care proceedings had concluded, to help understand the decisions made by professionals. This was slightly different to existing literature, with several researchers suggesting that this support benefited from being seen as independent from CPS (Broadhurst & Mason, 2017).

5.4.3 *Theme 3: The effects of repeated care proceedings*

Within the photovoice group, participants shared their experiences of the significant emotional and social effects of repeated care proceedings.

5.4.3.1 *The challenges of connecting with children*

The participants shared their experiences of care proceedings impacting the relationships and bonds with their children, due to the fear of making mistakes and the significant concern that their children would be removed from their care. This built on existing literature, describing birthmothers' involvement with CPS and subsequent fear that their children would be taken away (Cleveland et al., 2016).

Interestingly, two participants reported that these feelings remained at the close of proceedings, after the judge concluded that they were able to safely care for their children. This may have suggested long-term impacts of repeated care proceedings, possibly alluding to birthmothers' experiences of not being a 'good enough' mother. This was in keeping with literature noting that parents who cared for children after compulsory adoption stated that "the threat of removal is always present" (Lewis & Brady, 2018, p. 10). This could also link with birthmothers' internalisation of professionals' attitudes, resulting in feelings of guilt, and self-blame (Jackson & Mannix, 2004). According to Chernomas et al. (2000) the judgement of being unable to parent children can often take several years to process, highlighting the importance of supporting all birthparents following proceedings, including those who care for their child. Additionally, participants described difficulties engaging with letterbox contact. Due to restrictions imposed by the LA, alongside receiving limited information about their children. Within literature, many birthparents have described letterbox contact as a difficult way to communicate, with many factors impacting this, such as literacy skills, difficulties expressing complex feelings, being unsure what to write, and painful feelings in relation to their children's adoption (Neil, 2018). Many have called for adaptations to be made to letterbox contact, including utilising digital forms of communication, whilst also seeking both birthparents and adoptive families' input (Barnett-Jones & Manning, 2021; Pause, 2021).

5.4.3.2 *Birthparents' experiences of pain, grief, and loss*

There was consensus between the participants about the significant emotional impact of repeated care proceedings, including long-standing feelings of worthlessness, '*emptiness*,' and '*darkness*' after having children removed (Winter). Additionally, the birthmothers described increased mental health difficulties, trauma, and for some suicidal thoughts at the close of proceedings. This built on existing literature regarding the impact of compulsory child removal, with a large proportion of birthparents describing "immediate devastation" after child removal, alongside frequent suicidal thoughts (Broadhurst & Mason, 2020, p. 24; Wall-Wieler et al., 2018).

Furthermore, all participants described their experiences of significant grief and loss, after having children removed. Many researchers have reported birthparents' feelings of grief, loss, and "soul-ache" after child removal, resulting in increased vulnerability and emotional trauma (Cox et al., 2020; Janzen & Melrose, 2017, p. 242). The concept of 'disenfranchised grief' could support understanding of birthparent experiences, as they experienced a loss, which was not acknowledged or validated by others, resulting in a complex emotional response, alongside reduced social support (Doka, 2002). One participant shared their experience of compulsory child removal, stating *'when you lose a child through court proceedings, you are grieving for a child that is still alive'* (Winter). This linked with Morriss' (2018) description of a state of "haunted motherhood" (p. 821), due to an ambiguous loss of a child (Boss, 2010). According to Memarnia (2015), this complex grief can result in significant psychological distress, highlighting the need for support to be offered to birthmothers.

5.4.3.3 *Responses from family, friends, and members of the public*

The participants all described the impact repeated care proceedings had on their relationships with others. They shared their experiences of significant social stigma, including black and white judgement, resulting in individualisation of the blame, rather than understanding the '*colour*' around a situation (Winter). Furthermore, participants reflected on their experiences of increased isolation after having children removed. Many researchers have considered birthparents' experiences of stigma and disconnection from peer networks due to child removal, perpetuating social isolation (Schofield et al., 2011).

5.4.3.4 *Feeling overlooked, forgotten, and left behind*

Finally, participants described feeling overlooked at the close proceedings. Each birthmother discussed the lack of support available after having a child removed, which was in keeping with literature, with many women reporting feeling "invisible" when their children were removed (Carolan et al., 2010, p. 174). Additionally, birthparents have stated that professionals often do not consider the impact of child removal on their psychological wellbeing (Aloi, 2009; Mason et al., 2022).

One participant reflected on the lack of support available to wider family members, such as grandparents, stating that they also experienced significant loss due to child removal, describing this as a '*domino effect'* (Winter). According to researchers, wider family networks, including grandparents, often describe the painful loss and bereavement of losing a child to adoption, with limited support available once care proceedings have finished (Gentles-Gibbs & Zema, 2020).

5.4.4 *Theme 4: Resilience and hope after care proceedings*

Participants shared the therapeutic benefit of animals, describing the affection, security, and hope offered by pets after care proceedings. Whilst there has been limited research in relation to the therapeutic benefit of pets following care proceedings, literature has explored the power of animal ownership after bereavement. According to McNicholas and Collis (2006) "it is not uncommon for pet owners to state that they believe their pet to understand their moods and perceive when they are feeling sad, with owners frequently turning to their pets for emotional comfort" (p. 57). Additionally, pets have been reported to offer comfort, giving people suffering from loss a reason to get up, whilst reducing isolation, particularly if people lacked human support (Carr et al., 2020).

Research has demonstrated that pet-assisted therapy (PAT), can have a positive effect on people suffering from PTSD and depression (Jones et al., 2019). This may be a helpful therapeutic approach, when working alongside birthmothers who have been subject to repeated care proceedings, possibly supporting engagement for women who often fall between the gaps of service provision.

As noted above, care proceedings can often be traumatic and isolating (Mason et al., 2022). According to literature, many people respond to trauma by disconnecting from others, therefore it has been suggested that trauma survivors can benefit from opportunities for re-connection and empowerment (Herman, 2002). Three stages of therapy have been identified as helpful for those who have suffered from trauma, including:

1) Establishing safety and stability,
2) 'Remembrance and mourning,' whereby people can tell their story of the trauma,
3) Reconnection and integrating what has happened in their lives (Herman, 1992).

It has also been recognised that some trauma survivors may wish to engage in social action, including empowering others, which can allow for re-connection with their community (Herman, 2002).

The opportunity to attend photovoice group sessions appeared to share many aspects of collective narrative practice, which builds on narrative approaches (White & Epston, 1990). According to Denborough (2012) this "seeks to respond to groups and communities who have experienced significant social suffering in contexts in which 'therapy' may not be culturally resonant" (p. 41). Often, during care proceedings birthmothers have described the experience of having their stories re-written and told from the perspective of professionals (Smeeton & Boxall, 2011). Collective narrative approaches encourage individuals to re-tell their story, allowing them to explore alternative stories, away from the dominant discourses that may be present (Denborough, 2014). This re-telling can allow for outsider-witness responses, whereby these new stories can be acknowledged as valid by others (Carey & Russell, 2003). Additionally, it was reported that birthmothers who shared their experiences during interviews, described this process as having therapeutic value, suggesting the importance of offering birthmothers a safe space to share their experiences of compulsory child removal and repeated care proceedings.

5.5 Clinical research and implications

Whilst the findings of this research project are situated within the context of place, time, and co-constructions with the participants and researcher, it was proposed that this study could offer contributions towards improving the experiences of birthmothers subject to repeated care proceedings, both in terms of potential clinical implications and invitations for future research.

5.5.1 *Implications for policymakers*

The findings of this study built on previous research, highlighting the adversarial nature of care proceedings, this included birthparents reported experiences of powerlessness, scrutiny, and significant threat. Research has shown that birthparents who have been subject to repeated care proceedings are likely to have experienced trauma (O'Leary-Wiley & Baden, 2005). Therefore, highlighting the importance of reviewing this adversarial process, aiming to move towards understanding of birthparents lived experiences and their responses, for example birthparents may disconnect to keep safe when experiencing threat, possibly impacting their ability to reflect and make change (Arnsten et al., 2012). Additionally, these findings suggested the importance of moving away from a 'risk lens,' toward building on family strengths (Featherstone et al., 2016).

The participants noted the critical importance of providing increased support for birthparents, throughout repeated care proceedings. This included providing support at the start of proceedings, such as the provision of an independent keyworker, and access to peer support to reduce isolation (Broadhurst & Mason, 2020). These findings were in keeping with IPAN and PFAN networks, aiming to empower birthparents (Better Care Network, 2020).

This study also identified the importance of providing support to birthparents at the close of proceedings, rather than re-introducing professional support during a new pregnancy, resulting in a cycle of repeated care proceedings. This support should be consistently available to all, rather than “pockets of innovation” depending on location (Broadhurst & Mason, 2013, p. 4).

Additionally, participants highlighted the significant, long-term impact of repeated care proceedings, resulting in increased mental health difficulties, and loss of social support, alongside stigma from others. The group members suggested having access to support from both external services, and professionals within the LA, to help understand the decisions made at court. Finally, it was noted that ongoing support would be also useful for parents who were able to care for their child, as participants shared their experiences of fear that their child would be removed and the possibility of internalising judgments from professionals during proceedings (Lewis & Brady, 2018).

Within this study, it was noted that wider family members, such as grandparents, would benefit from support at the close of care proceedings, due to a ‘*domino effect’* (Winter). This was in keeping with literature noting the impact of care proceedings on wider family networks (Broadhurst & Mason, 2017).

The birthparents noted that they would benefit from support connecting with their children in the long-term, including communicating using letterbox contact. It was suggested that his approach could be improved, with more understanding about the process of letterbox contact, alongside more information provided regarding their children. Many have called for the modernising of letterbox contact, with input from birthparents and adoptive families (Barnett-Jones & Manning, 2021; Pause, 2021).

5.5.2 *Implications for all professionals working within CPS*

Findings from this research highlighted the professional power held during care proceedings, including when using a 'crystal ball approach' in relation to predictions of future risk of harm, with participants describing feeling lack of agency and de-valued. Additionally, this could result in long-term effects, such as internalised judgements and evaluations, even when professionals were no longer physically present. Thus, suggesting the importance of empowering birthparents, and building on family's strengths and supporting them to "flourish" (Featherstone et al., 2016, p. 15), providing opportunities for change.

This project considered the importance of joined-up working, with professionals collaboratively working together to share information. This included reflecting on whose voice was heard within family court hearings, with space to hear from those who may spend more time with birthparents, to have a balance of professional perspectives. In turn, this could allow for a more comprehensive understanding of parenting, helping to inform discussions about the child's future.

Within this research, the birthmothers considered the crucial significance of professional relationships during repeated care proceedings. Participants described the significance of understanding, consistency, honesty, and open communication. Thus, highlighting the importance of making space for relationships to develop, introducing transition periods at times of change, for example re-allocation of social worker. Additionally, birthmothers described the importance of professionals not judging them, whilst integrating information from historical care proceedings, and the present day. It was noted that professional relationships could be "transformative" (Broadhurst & Mason 2014, p. 1575) with participants reflecting on how the development of trusting relationships increased feelings of hope and empowerment. As a result, one can wonder whether this may shape the outcome of care proceedings.

However, professionals should also be aware of what might get in the way of the development of trusting relationships, including birthparents experience of threat, fear, trauma, and their relationships with help (Fredman & Reder, 1996). Additionally, for professionals, this may be further impacted by significant work pressures, burn-out and moral injury, influencing the relational aspects of the role (Ferguson, 2014), highlighting the importance of appropriate professional support and supervision (Brazil, 2021).

Professionals working in CPS should also be aware of birthparents' experiences of feeling exposed and vulnerable in the context of repeated care proceedings, particularly when information has been repeated and re-written from a professional perspective. Therefore, professionals should consider co-constructing information with birthparents, particularly personal lived experiences (Hoyle et al., 2018), whilst balancing the integration of historical and current information.

One participant highlighted the importance of language, for example when social workers described being a 'child's social worker,' moving away from a collaborative approach (Wilkins & Whittaker, 2018). Thus, it was suggested that the social worker could explain that they were there to support the whole family, moving towards a whole family, integrated, approach.

Finally, this research noted the importance of professionals developing their knowledge of mental health, rather than viewing this through a risk lens. Thus, moving toward increasing person-centred support for birthparents, this was particularly important as a high proportion of birthparents involved with repeated care proceedings are likely to experience grief, loss, profound emotional pain, and for some increased suicidal thoughts (Memarnia, 2015). Additionally, professionals could also benefit from building on their understanding of neurodiversity, including the signs of this, in order to arrange appropriate assessments, and adjustments to support birthparents.

5.5.3 *Implications for clinical psychologists*

This study suggested that clinical psychologists working within wider mental health services, could benefit from awareness of repeated care proceedings, and the long-term impact of this. It has been noted that often, despite recommendations made for intervention at the close of proceedings, birthparents were not able to access statutory services (Toneatto, 2013). This suggested that there may be benefit in mental health professionals, such as clinical psychologists, working together with social care colleagues to support birthparents involved with care proceedings, including in relation to developing understanding of mental health and neurodiversity.

Clinical psychologists could also consider ways to support birthparents, in relation to building resilience and hope. It may also be that birthparents find it difficult to engage in therapeutic support after proceedings, due to their experience of professional relationships, increased trauma, and their relationship to help. Participants in this study identified the therapeutic benefit of animals, which may suggest that PAT could be a helpful approach (Jones et al., 2019). Additionally, birthparents may benefit from support in relation to trauma, such as opportunities for re-connection and empowerment (Herman, 2002), alongside the possible benefits of narrative approaches, with opportunities to re-tell their stories, stepping away from dominant discourses, and exploring alternative stories (Denborough, 2014).

5.6 Critical appraisal

Within qualitative research studies, typical 'quality' criteria such as generalisability, objectivity, and validity, are less relevant (Guba & Lincoln, 2005). However, it remains important to explore the integrity of research. The CASP (2018), as applied to the SLR, has been used to appraise the rigour, credibility, and relevance of this research (Long et al., 2020), as displayed in Table 13.

Table 13.

Critical Appraisal of the Current Research

Was there a clear statement of the aims of the research?	Is a qualitative methodology appropriate?	Was the research design appropriate to address the aims of the research?	Was the recruitment strategy appropriate to the aims of the research?	Was the data collected in a way that addressed the research issue?	Has the relationship between researcher and participants been adequately considered?	Have ethical issues been taken into consideration?	Was the data analysis sufficiently rigorous?	Is there a clear statement of findings?	How valuable is the research?
Yes Cannot tell No									
Yes This study highlighted the goals of the research and the relevance of this project in relation to existing literature. Whilst there has been increasing professional awareness of repeated care proceedings, including exploration of the scale and pattern of recurrence, there has been very limited research exploring birthmothers' perspectives	Yes This research aimed to explore birthmothers' experiences of repeated care proceedings, so qualitative research was the right methodology for addressing this research goal.	Yes Consideration was given to the research design, including exploring the appropriate method to use. This included carrying out a SLR regarding researchers' experiences of using online photovoice methods, which has significantly increased due to the COVID-19 pandemic.	Yes Participants were recruited via social media and following contact made by relevant organisations, such as the ReFrame Collective and Pause project. However, it has been important to consider those who did not take part, including women who may not be linked to services following repeated care proceedings.	Yes Data was collected using online photovoice group sessions, utilising the 'SHOWeD' approach. Each of the group sessions were recorded using MS Teams and a dictaphone, to allow for verbatim transcription and data analysis.	Yes Throughout the research it has been important to consider the researchers' role in relation to development of the research question, running the online group sessions, data collection, the questions asked within the online photovoice group, and data analysis.	Yes Ethical issues have been considered throughout the research process. This has included consultation with an EbE and approval was sought from the university ethics committee. This was particularly important, as birthmothers subject to repeated care proceedings were likely to have experienced significant trauma, loss, and isolation.	Yes The data analysis process was explored, alongside the consideration of alternative approaches. It was decided that reflexive thematic analysis allowed for exploration of patterns of meaning (themes) across the photovoice group session.	Yes The findings have been explored, before being situated in relation to existing literature.	This research considered birthmothers' experiences of repeated care proceedings, using online photovoice. In total four themes were constructed. These findings have been situated in relation to existing literature, before presenting several implications, aiming to improve the experiences of birthmothers subject to repeated care proceedings

5.6.1 *Benefits*

To date, there has been limited research exploring birthmothers' experiences of repeated care proceedings, particularly using a creative method. Although only demonstrative of a small group of women, this study offered a contribution to research, aiming to raise awareness of birthparents' experiences. This study offered participants the opportunity to engage in PAR, including taking part in a collective group, before working together to develop a webinar, engaging in social action, and sharing their experiences with social workers. This was particularly important, as birthmothers often reported feeling powerless and lacking a collective voice (Charlton et al., 1998). The use of reflexive thematic analysis allowed for an in depth exploration of participants' experiences. Together with previous research findings, this project may assist in informing implications for professionals involved in care proceedings.

5.6.2 *Limitations*

It is important to explore the limitations within the present study, including the small sample size, therefore a larger sample could have increased the richness of the data. During photovoice studies, it has been particularly important to consider non-participation and who did not take part (Call-Cummings & Hauber-Özer, 2021). As this research was carried out online, birthmothers with limited access to technology and the internet were unlikely to have heard about the study or been able to take part. Participants were also required to speak English, to engage with the group sessions, overlooking the experiences of women who did not speak this language. Finally, each of the three participants were engaged with support services following care proceedings, overlooking the experiences of birthmothers who were not linked with services.

5.7 Invitations for future research

It will be important to continue exploring birthparents' experiences, to further add to the present literature. In the future, research exploring wider birthparents' perspectives, including those who do not speak English or have not been supported by professionals after care proceedings, could add valuable contributions to the literature. It may also be useful to further consider birthparents' experiences of internalisation of professional judgements, and the long-term impact of this. Furthermore, longitudinal research could be valuable when exploring birthmothers' experiences over-time, this might help better understand the support necessary for birthparents. Additionally, future research could explore birthfathers' experiences of repeated care proceedings, as these parents are often overlooked within research literature. Finally, whist the online photovoice approach appeared valuable within this research, it may be beneficial to explore the option for face-to-face photovoice group sessions, to support birthparents in building community relationships. Alternatively, the option of building on this approach and using videography, could be a powerful way to share birthparents experiences going forwards.

5.8 Conclusion

The aim of this research was to explore birthmothers' experiences of repeated care proceedings. An online photovoice group, with three participants, highlighted their reported experiences of powerlessness throughout the process of repeated care proceedings, before reflecting on the importance of professional relationships. Additionally, participants considered the long-term impacts of repeated care proceedings, before reflecting on their resilience and ways of finding hope after being subject to care proceedings. Whilst this research relied on a small sample, these findings were consistent with existing literature and can offer an insight into birthmothers' experiences of repeated care proceedings.

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Appendices

Appendix A

Reflective Diary Entries

Method decisions

Prior to the doctorate, I had not heard of photovoice, so this approach felt very new. Whilst I enjoyed the flexibility of this method, this also felt challenging to a photovoice beginner. During several discussions with the research team, we eventually decided to carry out the study online, to support with recruitment across the country. Additionally, we felt this could be helpful for participants due to the of the cost-of-living crisis, increased price of fuel and also due to the length of time participants were invited to attend the group sessions. We also considered how participants may feel safer attending online, rather than gathering in-person with other people, for example if they lived in the same area. Finally, we thought about how disruptive it may be if we started the group in-person, and then needed to move online, for example if COVID-19 rates increased.

Recruitment

During recruitment, I wondered whether the group aspect may be off-putting for potential participants and considered whether it could it have been helpful to record a video explanation of the study, to help it feel more 'human.' This may have also supported the research to be more accessible to those who may struggle with reading. Additionally, I considered whether birthmothers may have had concerns about further scrutiny and difficulties trusting others, after their experiences of repeated care proceedings. During recruitment, I noticed that there was a lot of professional interest in the project, perhaps highlighting the lack of support available for women after care proceedings?

First photovoice group session

After the first photovoice group session, I felt concerned, worried, and disappointed that only two participants had joined the session, me thinking about whether it was the right decision to run a group and if perhaps individual sessions would have been more suitable? I wondered how the two group members felt, as they may have been expecting to meet more birthmothers? Were they feeling disappointed? After the session, I made phone contact with the women who did not join, to talk to them about how they were feeling. Two participants explained that they were planning on joining the next session, however felt nervous about joining the session for the first time. We spent time discussing what had been explored and the plan for the following week, to support people in feeling comfortable to join. I reflected on the importance of building relationships with each of the participants outside of the group session, to support with engagement.

Participants sharing their photographs

After the first participant shared their images in the group session, I reflected on how powerful and emotive the images were. There were so many things in the image that I didn't see or interpret in the way in which they were explained – the size of the trees demonstrating an authoritarian presence, the proximity of the trees. I also noticed the support demonstrated between participants, asking questions, sharing their own experiences, and reflecting on the similarities between their stories. I wondered what might have been missed if I had carried out individual interviews. I was so pleased a creative method was being used, however, I reflected on how 1.5 hours felt like it was not enough time, we had so much to discuss and *could have talked for much longer. Initially, my plan was for two participants to share their images per session, however this would not have been possible, it would have been far too rushed. It was a relief that the group was smaller than planned, to ensure that each participant had time and space to share their stories. It felt quite a challenge to balance the SHOWeD approach, giving people space and balancing the need for breaks and finishing the session on time. I wondered if this would have been much easier with a second facilitator.*

Participants sharing their photographs

One participant reflected how difficult it was feeling to share their images, due to feeling nervous. It felt slightly harder to move through the SHOWeD process, however the participant wanted to continue. It noticed that other group members offered lots of positive feedback, support, and reassurance. This participant explained that this had been helpful when sharing the images, thanking others for their support, noting that she felt confident after having shared the images. I wondered how she may have experienced the process of being interviewed, as an individual, and considered how important the peer support appeared to be.

Participants sharing their photographs

During the documentation phase, participants had a week to take their photos. Initially, we had planned to meet individually to explore any difficulties and consider their experiences. However, when given the option to meet individually or as a group, the participants requested to meet collectively. Afterwards, I considered how valuable this had been, as the participants shared their photograph ideas together, rather than possibly being influenced by me, as facilitator.

Data analysis

I spent time fully immersed in the data, including transcribing each of the group sessions, and searching for initial codes. During the process of transcription, I reflected how helpful it felt reading and re-reading the discussions, and I started to notice the things I hadn't seen in the moment, perhaps as I had been so focused on facilitating the group space. I was struck by the participants' openness and transparency in sharing their experiences, which were emotive and powerful. I noticed feeling overwhelmed by the amount of data and wanting to 'do it justice' for each of the women involved in the project. I was conscious of my professional experience of this area, impacting the process of coding. I was surprised by some of the findings, including the importance placed on participants' relationships with their pets, despite being a pet owner. I wondered whether the online running of the group contributed to this, as often we observed people's pets in the background, and they regularly joined our group sessions. I noticed that the animals often acted as icebreakers, appearing to support with the development of rapport, and I wondered if pets also offered important emotional support for participants when sharing their experiences of repeated care proceedings, which would not have been the case if we had met in-person.

Appendix B

University of Hertfordshire's Search Planning Form

Question: What does the existing empirical literature say about researchers' experience of using online photovoice?

Identify the main concepts of the question (use as many as you need):

Concept 1	**Concept 2**	**Concept 3**
Experience	**Online**	**Photovoice**

List alternatives keywords, terms, and phrases below:

Concept 1	**Concept 2**	**Concept 3**
Experience	**Online**	**Photovoice**
OR Reflection	OR Virtual	OR Photo voice
OR Perception	OR Remote	
OR Insight		
OR Understanding		
OR Development		
OR Adaption		
OR Exploration		
OR Impact		
OR Consideration		
OR Engagement		
OR Lessons		
OR Learning		

⇦ AND ⇨ ⇦ AND ⇨

Step 1: Use OR to combine ALTERNATIVE search terms together.
Step 2: Use AND to combine different concepts together

Appendix C

Quality Appraisal of Included Research using the Critical Appraisal Skills Programme Criteria (CASP, 2018)

	Was there a clear statement of the aims of the research?	Is a qualitative methodology appropriate?	Was the research design appropriate to address the aims of the research?	Was the recruitment strategy appropriate to the aims of the research?	Was the data collected in a way that addressed the research issue?	Has the relationship between researcher and participants been adequately considered?	Have ethical issues been taken into consideration?	Was the data analysis sufficiently rigorous?	Is there a clear statement of findings?	How valuable is the research?
	Yes Cannot tell No									
Tanhan, A. (2020)	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	This paper considered how online photovoice could be used as an innovative and creative qualitative method, adapting to the changes within communication technologies.
Call-Cummings, M. & Hauber-Özer, M. (2021)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Cannot tell	Yes	This article described the adaption of two online photovoice studies, reflecting on the lessons learnt and challenges experienced.
Dare, J., Seiver, H., Andrew, L., Coall, D. A., Karthigesu, S., Sim, M., & Boxall, K. (2021)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Cannot tell	Yes	This paper offers critical reflection on the process of using online photovoice, in response to the COVID-19 pandemic, providing important lessons, methodological pitfalls and potentials, alongside ethical implications.
Rania, C., Coppola, I., & Pinna, L. (2021)	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	This paper presents an analysis of the online photovoice process, providing reflections on the proposed technique, including both individual and group reflections. Finally, factors to consider for the successful use of online Photovoice are presented.
Black, K. Z., & Faustin, Y. F. (2022)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Cannot tell	Yes	This paper explores lessons learnt when carrying out an online photovoice study, to aid researchers deciding between traditional or virtual projects.

Boamah, S. A., Yous, M., Weldrick, R., Havaei, F., & Ganann, R. (2022	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	This paper provides information about the lessons learnt through carrying out an online photovoice study, from start to finish, including practical challenges and issues in relation to ethics and photographs. They concluded that photovoice can be carried out virtually, allowing for online studies when meeting in person may be unsafe.
Chen (2022)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Cannot tell	Yes	This article reflects on online, virtual, photovoice as a method and whilst reflecting stages from conceptualisation, recruitment, photovoice production, and discussions.
CohenMiller, A. (2022)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Cannot tell	Yes	This study explored the use of asynchronous online photovoice, during the COVID-19 pandemic, this involved reflecting on the steps taken and challenges faced.
Earnshaw, V. A., Cox, J., Wong, P. L., Saifi, R., Walters, S., Azwa, I., Omar, S. F. S., Collier, Z. K., Hassan, A. A., Lim, S. H., Wickersham, J., Haddad, M. S., Kamarulzaman, A., & Altice, F. L. (2022)	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	This paper considered the acceptability and feasibility of using online asynchronous photovoice methods, during the COVID-19 pandemic
Ferlatte, O., Karmann, J., Gariépy, G., Frohlich, K. L., Moullec, G., Lemieux, V., & Hébert, R. (2022).	Yes	Yes	Yes	Yes	Yes	No	Yes	Cannot tell	Yes	This article considers the feasibility of carrying out an online photovoice study, whilst reflecting on the main challenges which arose and ways in which the researchers navigated these dilemmas.

Appendix D

Recruitment Flyer

Exploring the experiences of mothers who have been subject to recurrent care proceedings

University of Hertfordshire UH

Ethical protocol
LMS/PGR/UH/05018

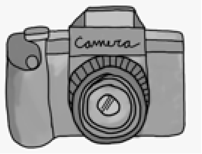
Why are we doing this study?

This study aims to bring together a group of women who have experienced more than one set of care proceedings, before exploring their stories, using photographs.

We hope that the findings of this project will be helpful to others going through similar experiences, as often these stories can be hidden.

What will be involved?

You will be invited to attend five online group sessions, with other women who have had children removed from their care. You will be given a camera to take photographs which relate back to your experiences with care proceedings.



As a group, we will think about what is happening in the photographs. We can decide how we might want to share our findings, for example presenting the photographs at an exhibition or developing resources for professionals.

Who can take part?

- Mothers who have been subject to more than one set of care proceedings, and who have had two or more children removed from their care
- The date of your final hearing should be at least six months before the start of this study, or longer.
- It is a requirement that you are able to communicate verbally with other people and to speak English, so that you can take part in group sessions.

If you are interested in taking part, please contact:

Amy Brayley:

Supervisor: Dr Barbara Rishworth (University of Hertfordshire)

Appendix E

Participant Information Sheet

Participant Information Sheet

Title of study: ***The use of online photovoice to explore the experiences of mothers who have been subject to recurrent care proceedings***

Principal Researcher: ***Amy Brayley (Trainee Clinical Psychologist)***
Email:
Supervisors: ***Dr Barbara Rishworth and Dr Maria Qureshi***

Introduction

Hello, my name is Amy Brayley, and I am a Trainee Clinical Psychologist. You are being invited to take part in a research study. The purpose of this form is to provide you with information about the study, to help you decide whether to take part in the research. It is important that you understand the study and what your involvement will be.

Joining this study is entirely up to you, I will go through this information sheet with you, to help you decide whether or not you would like to take part, and I will answer any questions that you might have. You might also want to take this information away with you, and to discuss it with other people.

What is the purpose of this study?

I am looking to carry out a research study to explore the stories and experiences of women who have been subject to more than one care application over time. You will be given a camera so that you can express yourself and allow others to see the world through your eyes. We will then discuss some of the photographs that you have taken in a group, with other women, and we will think about how these link to your experiences of care proceedings. This research is being undertaken as part of a Doctoral qualification in Clinical Psychology at the University of Hertfordshire. Before you decide whether to take part in the study, please read the information below.

Who can take part in this study?

We are inviting mothers who have been subject to more than one set of care proceedings, and who have had two or more children removed from their care, to take part in this study. The date of your final hearing should be at least six months before the start of this study, or longer. It is a requirement that you are able to communicate verbally with other people and to speak English, so that you can take part in group sessions.

Do I have to take part?

Participation in this study is voluntary, which means that is completely up to you whether or not you decide to take part. If you do decide to be involved, then you will be given this information sheet to keep and you will be asked to sign a consent form. Agreeing to join the study does not mean that you have to complete it. If you change your mind about taking part, then you can withdraw at any time up until the data is transcribed (date to be provided during the group sessions) and you will have no further contact about the research. You will not need to give a reason for withdrawing.

How long will I be in the study?

If you agree to take part in this study, you will be invited to attend five online group sessions, with up to 6 other women who have had children removed from their care. These sessions will last for 1.5 hours, to allow for breaks.

What will happen if I take part?

Firstly, you will have an online meeting with the researcher. We will discuss what the study looks like, and you can ask any questions that you might have. We will also talk about the support you have in place, including a key contact or your GP details, and some contact numbers for services that may be available to you outside of this project.

Next you will be invited to attend five online group sessions, with up to 6 other women who have had children removed from their care.

- During the first session we will spend time setting up the group space. We will think together about the question that we will answer using photography, this might include 'taking photographs of anything that tells other people about your experiences of recurrent care proceedings,' how you might want to use these group sessions, including who we want to share our discussions and photographs with, this might include people who can make changes to care proceedings, such as councils, or even government agencies.

- We will spend the next the next session discussing what photovoice is and how best to take photographs.

- During the third session we will come back together, and group members can share the photographs they have taken, you can decide which photographs to share, which might relate back to your experiences with care proceedings. As a group, we will think about what is happening in the photographs, whilst considering what changes we might want to see.

- In the next session, we will spend time as a group exploring the different photographs, noticing any similarities or differences which may have emerged, so that we can share group member's experiences.

- Finally, in the last session we will think together about how we might want to share our findings. This might include presenting the photographs at an exhibition, or developing resources for professionals, or sharing information with members of parliament. This will be up to the group to decide.

How will I take photographs for this study?
You will each be given a camera and invited to take photographs to capture your experiences. You will not need to be a photographer or even very creative, this is a way to see the world through your eyes.

What are the possible disadvantages or risks of taking part?
It could be difficult, and upsetting being asked questions about your experiences of care proceedings and your children that are no longer in your care. I will do my best to support you with this. We will also offer breaks during the group meetings, and should you wish to stop then you can decide to have a break or leave the group leave the group. Committing to five group sessions may be difficult and take up your time. We hope that the group will be a supportive place, to meet other people who may have had similar experiences. At the end of our group and individual meetings, we will check to see whether you feel able to keep yourself safe and I will recommend further support and contact numbers, if necessary.

What are the possible benefits of taking part?
Whilst there is no direct benefit for taking part, some people might find it helpful to share their stories and experiences. We also hope that the findings of this project will be helpful to others going through similar experiences, as often stories of people who have been through care proceedings can be hidden. At the end of the project, as a group we can think about how we can share the findings, this could include making a booklet for professionals working with mothers who have been subject to care proceedings, sharing information with MPs and policy makers. We could even do a photo exhibition. Each participant will receive a £10 gift voucher for attending each of the five group sessions (up to £50 in total). This will be provided at the end of the research study.

Audio-visual material
The group discussions will be recorded visually online via MS Teams and also audibly using a dictaphone. This is to make sure that I record the conversations correctly and that the information would be available in the event of any technical issues.

How will my information be kept confidential?
You will be assigned a participant ID, instead of your real name. There will be no way of linking your participant ID back to you from any future publications or material that emerge from the study.

All of your information, and the audio and visual recordings will be saved on a secure computer. They will also be protected by a password, this means that only I, and the primary supervisor (Dr Barbara Rishworth) can access it. These recordings will be destroyed at the end of the research, at the latest by December 2023. The interviews will be transcribed by myself, as a lead researcher, or a transcription service. For both, ethical procedures and practices will be followed, and all information will be handled in confidence. The transcription service will be asked to sign a confidentiality contract. Only the audio of the interviews will be shared with the transcription service.

You will own any photographs that you take as part of this study, so you can decide whether you want to share these images with the researcher and other group members if you want to. At the end of the group sessions, you will be asked to sign a release form so that you can decide how you may wish to share these photographs (for example, with the researchers, in a photo exhibition, presentations to professionals such as Social Workers, etc). If you decide to share images with the researcher, they will be password protected and saved on the encrypted computer drive.

What will happen to data collected during this study?

This research will be written up as part of my university work and it is hoped that it will be submitted for publication in a peer-reviewed journal. The data collected will be stored on an encrypted computer drive and it will be password protected. I will write up our group discussions into transcripts, making sure that your name and any identifying information will be changed and made anonymous, so that no one could identify you or anyone else. The transcripts will be kept for 3 years, before being destroyed.

After the research is complete, I will aim to publish the study in a peer-reviewed scientific journal. I will use some anonymous quotes and extracts in the write up, but I will invite you to read these, to make sure that you agree before they are included. All participants will be asked if they wish to receive copies of published work that emerges from this study.

Will this data be used in future studies?

The data collected may be re-used or analysed further during later studies, these studies will be required to gain ethical approval and all of the data will remain anonymous.

Factors that might put your or others at risk

All of the information that you give will be kept *confidential*. However, the only time that I would need to pass information about you to other people would be if you told me something that I thought was a risk to either yourself or someone else. If I needed to pass on information to other people, including your key contact or GP, I would do my best to let you know before I do this.

Who can I contact if I have any questions?

If you would like further information or would like to discuss any details personally, please get in contact, with the research team:

Research lead: Amy Brayley,
Research supervisor: Dr Barbara Rishworth,

Although we hope it is not the case, if you have any complaints or concerns about any aspect of the way you have been approached or treated during the course of this study, please write to the University's Secretary and Registrar at the following address:

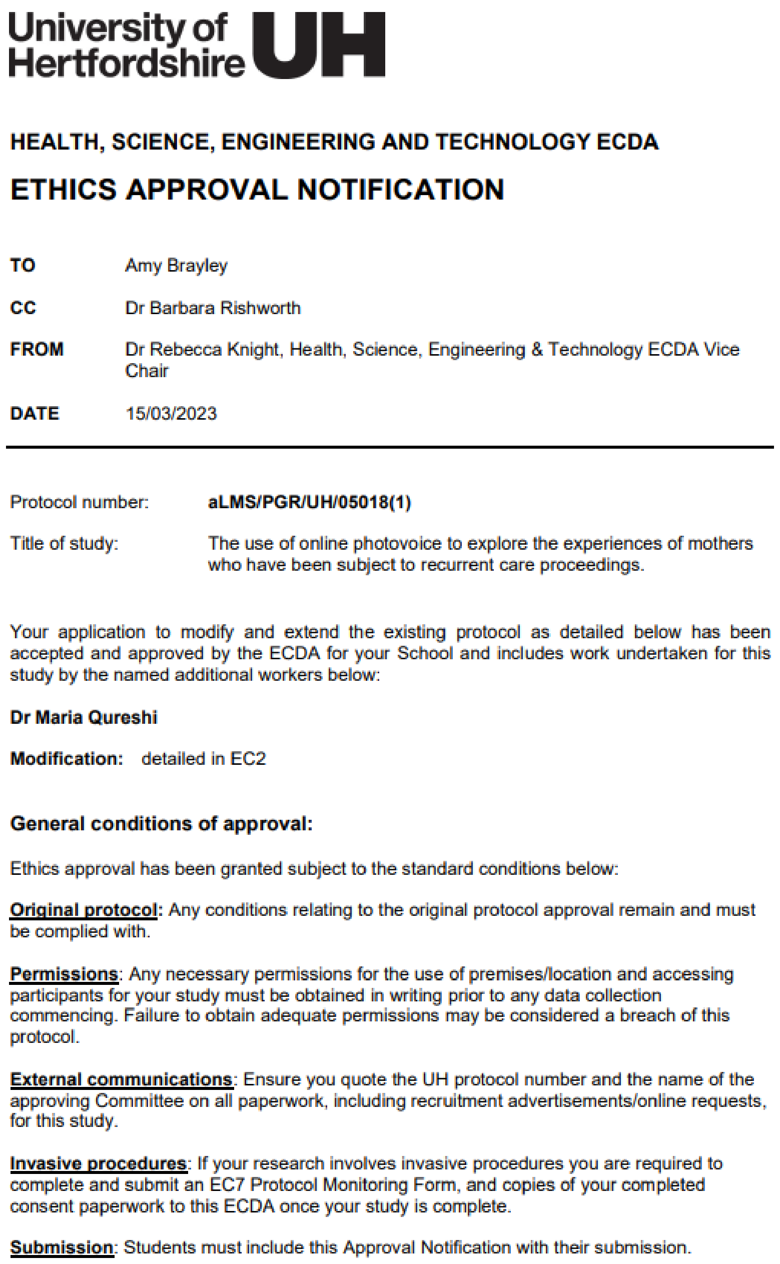
Secretary and Registrar
University of Hertfordshire
College Lane
Hatfield
Herts
AL10 9AB

Who has reviewed this study?
Before a study like this can go ahead it is checked by a Research Ethics Committee, to ensure the study has been thought through carefully and is appropriate. University of Hertfordshire's Health, Science, Engineering and Technology Ethics Committee has reviewed this application. Ethical Protocol number: LMS/PGR/UH/05018.

Thank you very much for reading this information and considering taking part in this study.

Appendix F

University of Hertfordshire Ethical Approval



University of Hertfordshire UH

HEALTH, SCIENCE, ENGINEERING AND TECHNOLOGY ECDA

ETHICS APPROVAL NOTIFICATION

TO Amy Brayley

CC Dr Barbara Rishworth

FROM Dr Rebecca Knight, Health, Science, Engineering & Technology ECDA Vice Chair

DATE 15/03/2023

Protocol number: **aLMS/PGR/UH/05018(1)**

Title of study: The use of online photovoice to explore the experiences of mothers who have been subject to recurrent care proceedings.

Your application to modify and extend the existing protocol as detailed below has been accepted and approved by the ECDA for your School and includes work undertaken for this study by the named additional workers below:

Dr Maria Qureshi

Modification: detailed in EC2

General conditions of approval:

Ethics approval has been granted subject to the standard conditions below:

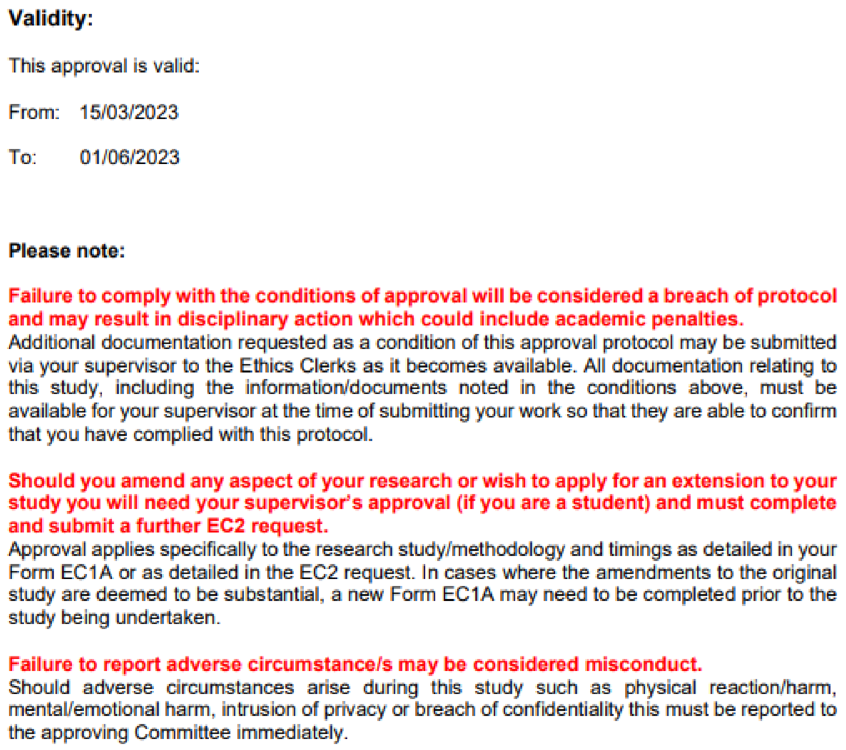
Original protocol: Any conditions relating to the original protocol approval remain and must be complied with.

Permissions: Any necessary permissions for the use of premises/location and accessing participants for your study must be obtained in writing prior to any data collection commencing. Failure to obtain adequate permissions may be considered a breach of this protocol.

External communications: Ensure you quote the UH protocol number and the name of the approving Committee on all paperwork, including recruitment advertisements/online requests, for this study.

Invasive procedures: If your research involves invasive procedures you are required to complete and submit an EC7 Protocol Monitoring Form, and copies of your completed consent paperwork to this ECDA once your study is complete.

Submission: Students must include this Approval Notification with their submission.



Validity:

This approval is valid:

From: 15/03/2023

To: 01/06/2023

Please note:

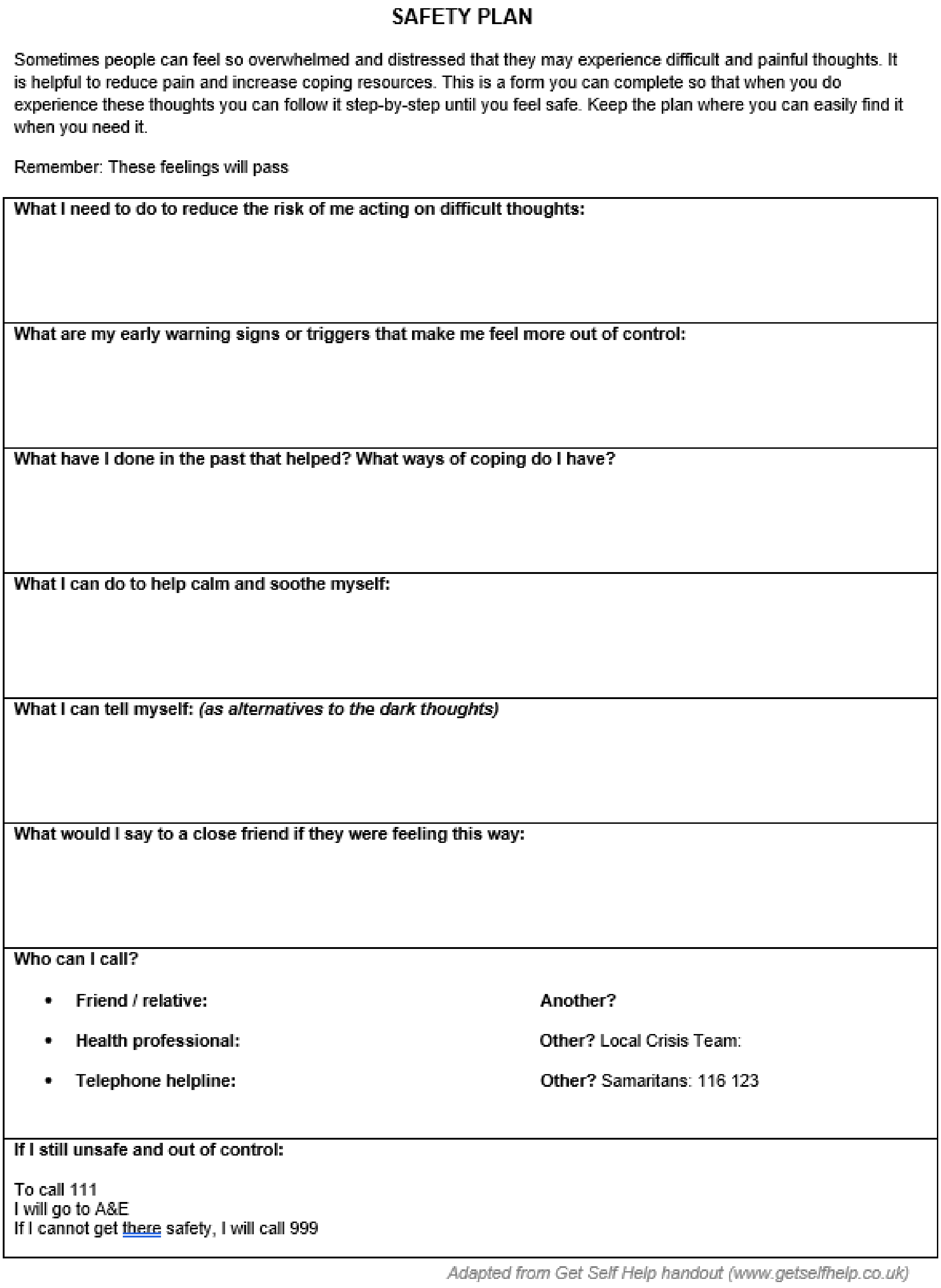
Failure to comply with the conditions of approval will be considered a breach of protocol and may result in disciplinary action which could include academic penalties.
Additional documentation requested as a condition of this approval protocol may be submitted via your supervisor to the Ethics Clerks as it becomes available. All documentation relating to this study, including the information/documents noted in the conditions above, must be available for your supervisor at the time of submitting your work so that they are able to confirm that you have complied with this protocol.

Should you amend any aspect of your research or wish to apply for an extension to your study you will need your supervisor’s approval (if you are a student) and must complete and submit a further EC2 request.
Approval applies specifically to the research study/methodology and timings as detailed in your Form EC1A or as detailed in the EC2 request. In cases where the amendments to the original study are deemed to be substantial, a new Form EC1A may need to be completed prior to the study being undertaken.

Failure to report adverse circumstance/s may be considered misconduct.
Should adverse circumstances arise during this study such as physical reaction/harm, mental/emotional harm, intrusion of privacy or breach of confidentiality this must be reported to the approving Committee immediately.

Appendix G

Individual Safety Plan



SAFETY PLAN

Sometimes people can feel so overwhelmed and distressed that they may experience difficult and painful thoughts. It is helpful to reduce pain and increase coping resources. This is a form you can complete so that when you do experience these thoughts you can follow it step-by-step until you feel safe. Keep the plan where you can easily find it when you need it.

Remember: These feelings will pass

What I need to do to reduce the risk of me acting on difficult thoughts:

What are my early warning signs or triggers that make me feel more out of control:

What have I done in the past that helped? What ways of coping do I have?

What I can do to help calm and soothe myself:

What I can tell myself: ***(as alternatives to the dark thoughts)***

What would I say to a close friend if they were feeling this way:

Who can I call?

- **Friend / relative:** **Another?**
- **Health professional:** **Other?** Local Crisis Team:
- **Telephone helpline:** **Other?** Samaritans: 116 123

If I still unsafe and out of control:

To call 111
I will go to A&E
If I cannot get there safety, I will call 999

Adapted from Get Self Help handout (www.getselfhelp.co.uk)

Appendix H

Participant Informed Consent Form

Informed Consent Form

Title: ***The use of online photovoice to explore the experiences of mothers who have been subject to recurrent care proceedings***

Researcher: ***Amy Brayley***

University of Hertfordshire protocol number: aLMS/PGR/UH/05018(1)

Overview

If you wish to take part in this research, please complete this consent form after you have carefully read the Participant Information Sheet. Please read each of the statements below and provide your signature at the bottom of the page.

Keeping your information private

All of the information that you give will be kept *confidential,* this means that no one else will know what you have said during the group meetings, except for myself and the primary supervisor (Dr Barbara Rishworth). The only time I would need to pass information about you to other people would be if you told me something that I thought was a risk to either yourself or someone else. If I needed to pass on information to other people, such as your key contact or GP, I would do my best to let you know before I do this.

Participant's statement

I agree that:

1. I voluntarily agree to participate in the above-named project

2. I have read the Participant Information Sheet and I understand what the research involves. This includes the aims of the research, the methods used, the risks and potential benefits. I am aware of how the information collected will be stored and for how long. I am aware that if there are any significant changes to the study, I will be informed and will be asked for my consent to take part. I have the names and contact numbers of the key people involved in this research project.

3. I have been given opportunity to ask questions about the study and my participation. If I have asked questions, these have been answered satisfactorily

4. I agree to take part in the group sessions. I understand that the group discussions will be recorded visually and audibly, it will also be transcribed. I consent to this as part of the study.

5. I have been told about how the information collected during this study, including the visual and audio recordings will be handled. This includes the data being kept secure. I understand that only the researcher involved in the study will have access to identifying data. I understand that the recordings of the group discussions will be deleted by the end of December 2023, and an anonymised transcript will be kept in a password protected document for 3 years.

6. I understand that my participation is voluntary and that I can withdraw at any time, until the data has been analysed. I will not need to give a reason and I will not be penalised for this

7. I understand that my involvement in this study, and the data from this research, will remain strictly confidential, unless there are concerns about the immediate safety of myself, or any other individual.

8. I have been given information about the potential risks of taking part in this study. I have completed a safety plan with the researcher, including telephone numbers for further support if required, I have also provided a contact number for a key contact (e.g. family member or GP), and I have been given a copy of this plan.

9. I understand that the information from this project will be written up into an anonymised paper and this will be published. I understand that no names will be used but this may include direct quotations. I am aware that I will be invited to read these direct quotations before publication, and to consent to them being included.

10. I understand that the anonymised data will be included as a thesis for the University of Hertfordshire Doctoral Programme in Clinical Psychology

11. I agree to sign and date this informed consent form, before taking part in this study

Name of participant (please print)…………………………………………………………..

Signature…………………………………………………………..**Date**……………………

Name of the researcher (please print)…………………………………………………

Signature…………………………………………………………..**Date**……………………

Appendix I

Consent Form for Individuals being Photographed

Consent form for people being photographed, based on Hamilton (2007)

You are invited to have your picture taken by one of the photographers involved with a photovoice project exploring the experiences of mothers who have been subject to recurrent care proceedings.

This study has been reviewed by the University of Hertfordshire Health, Science, Engineering & Technology Ethics Committee. The University of Hertfordshire protocol number is LMS/PGR/UH/05018.

Photovoice has four goals:

1. It helps people to record and think about their community's strengths and problems.
2. It identifies important issues through group discussion and photographs.
3. It gets the attention of politicians and other decision makers.
4. It works toward positive change in our community.

Pictures taken in photovoice may be shown to others in order to create awareness about women who have experienced recurrent care proceedings. This may include gallery displays, presentations to professionals, such as Social Workers, and also publication in a peer-reviewed journal.

Others viewing the pictures may recognize you, but there will be no names or contact information included. Photographs will not be used to make money.

Please sign this form if you agree to have your photograph taken by a participant of Photovoice.

Please tick this box if you are happy for this photograph to be shown to others in order to create awareness about women who have experienced recurrent care proceedings ☐

Name of Photographer:____

Subject Name: ____

Signature: ____

If you would like further information or would like to discuss any details personally, please get in contact, with the research team:
Research lead: Amy Brayley,
Research supervisor: Dr Barbara Rishworth,

Appendix J

Participant Photograph Release Form

Photograph release form

I agree for my photographs to be used for (please tick as appropriate):

☐ Photo exhibition

☐ A webinar

☐ A peer-reviewed article

☐ Thesis submission

☐ Other ____

☐ Other ____

Name of Photographer: ______________________________________

Signature: ____

Date: ____

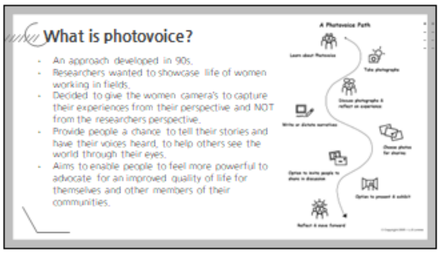
If you would like further information or would like to discuss any details personally, please get in contact, with the research team:
Research lead: Amy Brayley,
Research supervisor: Dr Barbara Rishworth,

Appendix K

PowerPoint Presentation Introducing Participants to Photovoice

Introduction to photovoice
Session 2

Maria Qureshi
16/11/22



What is photovoice?

- An approach developed in 90s.
- Researchers wanted to showcase life of women working in fields.
- Decided to give the women camera's to capture their experiences from their perspective and NOT from the researchers perspective.
- Provide people a chance to tell their stories and have their voices heard, to help others see the world through their eyes.
- Aims to enable people to feel more powerful to advocate for an improved quality of life for themselves and other members of their communities.

Photovoice

Key ideas and concepts

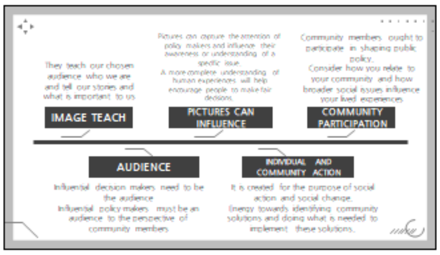


IMAGE TEACH
They teach our chosen audience who we are and tell our stories and what is important to us

PICTURES CAN INFLUENCE
Pictures can capture the attention of policy makers and influence their awareness or understanding of a specific issue.
A more complete understanding of human experiences will help encourage people to make fair decisions.

COMMUNITY PARTICIPATION
Community members ought to participate in shaping public policy.
Consider how you relate to your community and how broader social issues influence your lived experiences.

AUDIENCE
Influential decision makers need to be the audience
Influential policy makers must be an audience to the perspective of community members.

INDIVIDUAL AND COMMUNITY ACTION
It is created for the purpose of social action and social change.
Energy towards identifying community solutions and doing what is needed to implement these solutions.

A PICTURE IS WORTH A THOUSANDS WORDS

The Project

Deciding a question to focus the photographs on.
Over the next two weeks, taking photos.
Telephone check-in with Amy after first week to discuss how it is going and any challenges you are facing
Sharing the photos with each other at next session and talking about the story behind the photo
No 'right' or 'wrong' photos - the focus is on what story you want to share with people

HOW TO TAKE PHOTOS

A brief guide

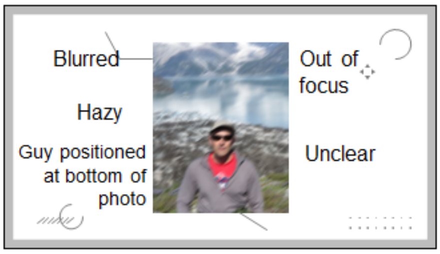
What makes a good photo?

LIGHTING
Bright or dark
Use of colour or black and white
Warm or cool light
Light can show emotion
Natural light or flash?

OBJECT/SUBJECT
Who or what is the focus?
What and how are you showing the story of the object/subject?
Single object or multiple objects?

COMPOSITION
Simplicity - single point of focus, not too complicated
Balance - how people are positioned, in the middle? To the side?
Flow - can the eye follow through the image or is darting around?
Attention - does the photo keep the viewers attention?
Distractions - are there other objects distracting from the message?

SOME EXAMPLES



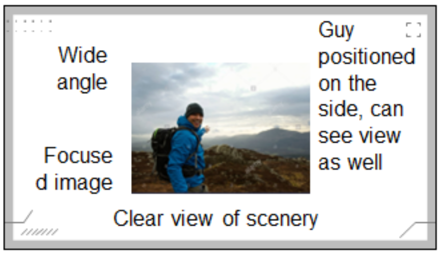
Blurred

Hazy

Guy positioned at bottom of photo

Out of focus

Unclear



Wide angle

Focused image

Guy positioned on the side, can see view as well

Clear view of scenery

11

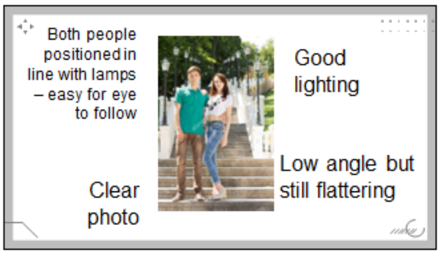
Angle from the bottom

Poor lighting

Finger blocking the camera

Standing too close to camera

12



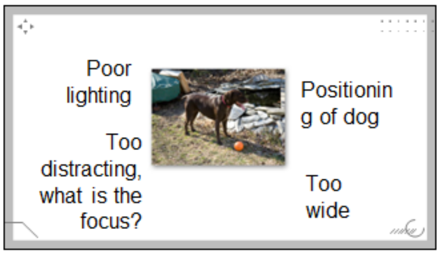
Both people positioned in line with lamps – easy for eye to follow

Clear photo

Good lighting

Low angle but still flattering

13



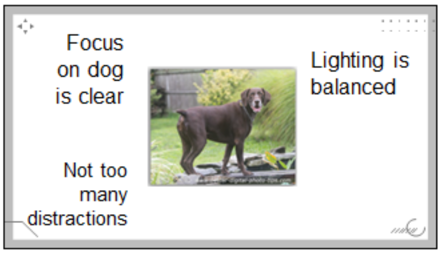
Poor lighting

Too distracting, what is the focus?

Positioning of dog

Too wide

14



Focus on dog is clear

Not too many distractions

Lighting is balanced

15

Lighting is too dark

Positioning of people unclear

16

Well lit

Focus on the group

People positioned together

17

Important things to consider

- If taking photos of people - must ask their permission and ask them to sign a consent form
- Not taking photos of children under 18 years old
- Sharing photos with each other - ask what am I comfortable with others seeing?
- If taking photos of others, what would they think about what is being portrayed?
- What message do you want to send to people through your photographs?

18

THANKS!

Do you have any questions?

CREDITS: This presentation template was created by Slidesgo, including icons by Flaticon, and infographics & images by Freepik

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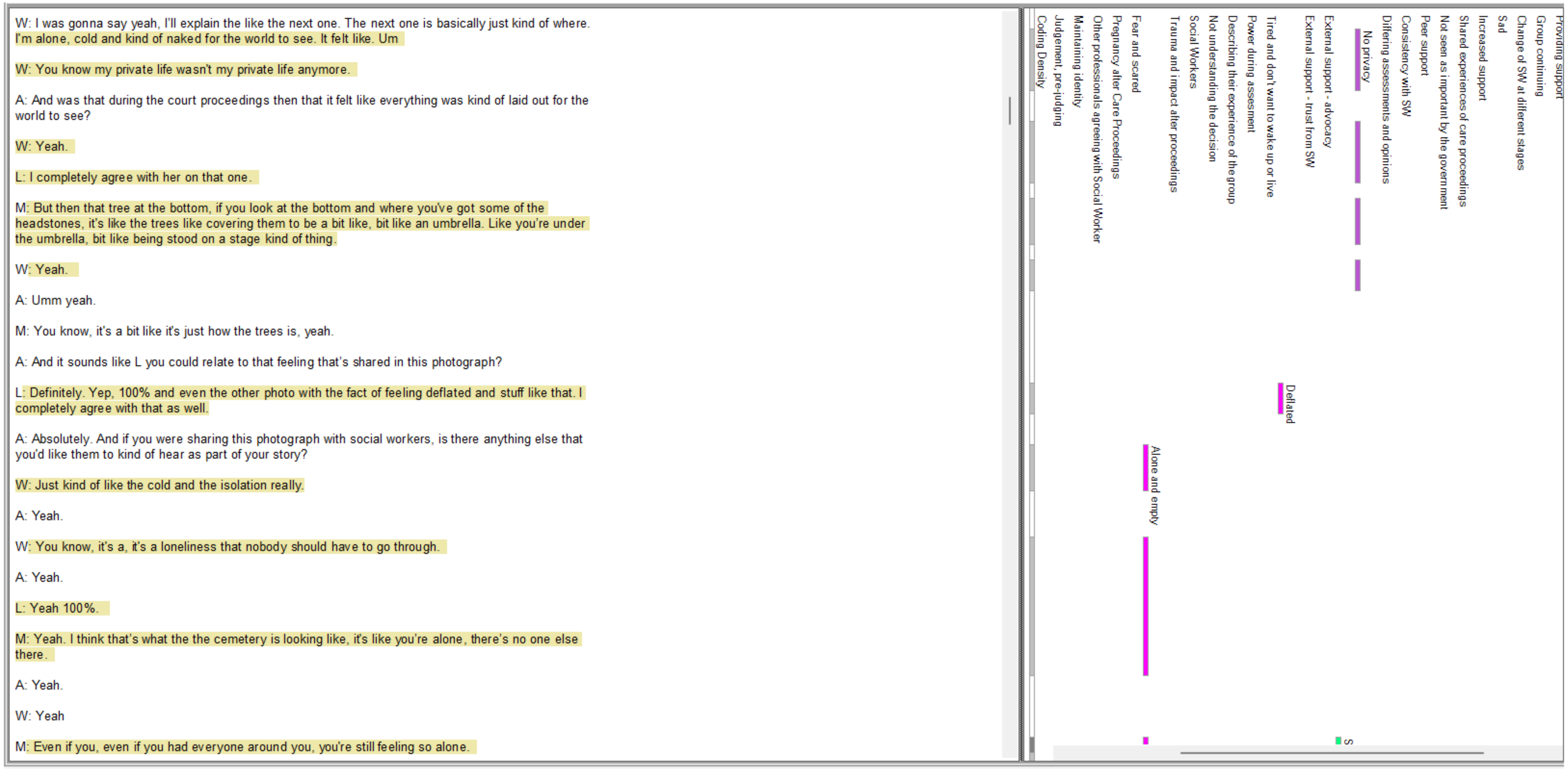
Appendix L

Coding and Theme Development



W: I was gonna say yeah, I'll explain the like the next one. The next one is basically just kind of where. I'm alone, cold and kind of naked for the world to see. It felt like. Um

W: You know my private life wasn't my private life anymore.

A: And was that during the court proceedings then that it felt like everything was kind of laid out for the world to see?

W: Yeah.

L: I completely agree with her on that one.

M: But then that tree at the bottom, if you look at the bottom and where you've got some of the headstones, it's like the trees like covering them to be a bit like, bit like an umbrella. Like you're under the umbrella, bit like being stood on a stage kind of thing.

W: Yeah.

A: Umm yeah.

M: You know, it's a bit like it's just how the trees is, yeah.

A: And it sounds like L you could relate to that feeling that's shared in this photograph?

L: Definitely. Yep, 100% and even the other photo with the fact of feeling deflated and stuff like that. I completely agree with that as well.

A: Absolutely. And if you were sharing this photograph with social workers, is there anything else that you'd like them to kind of hear as part of your story?

W: Just kind of like the cold and the isolation really.

A: Yeah.

W: You know, it's a, it's a loneliness that nobody should have to go through.

A: Yeah.

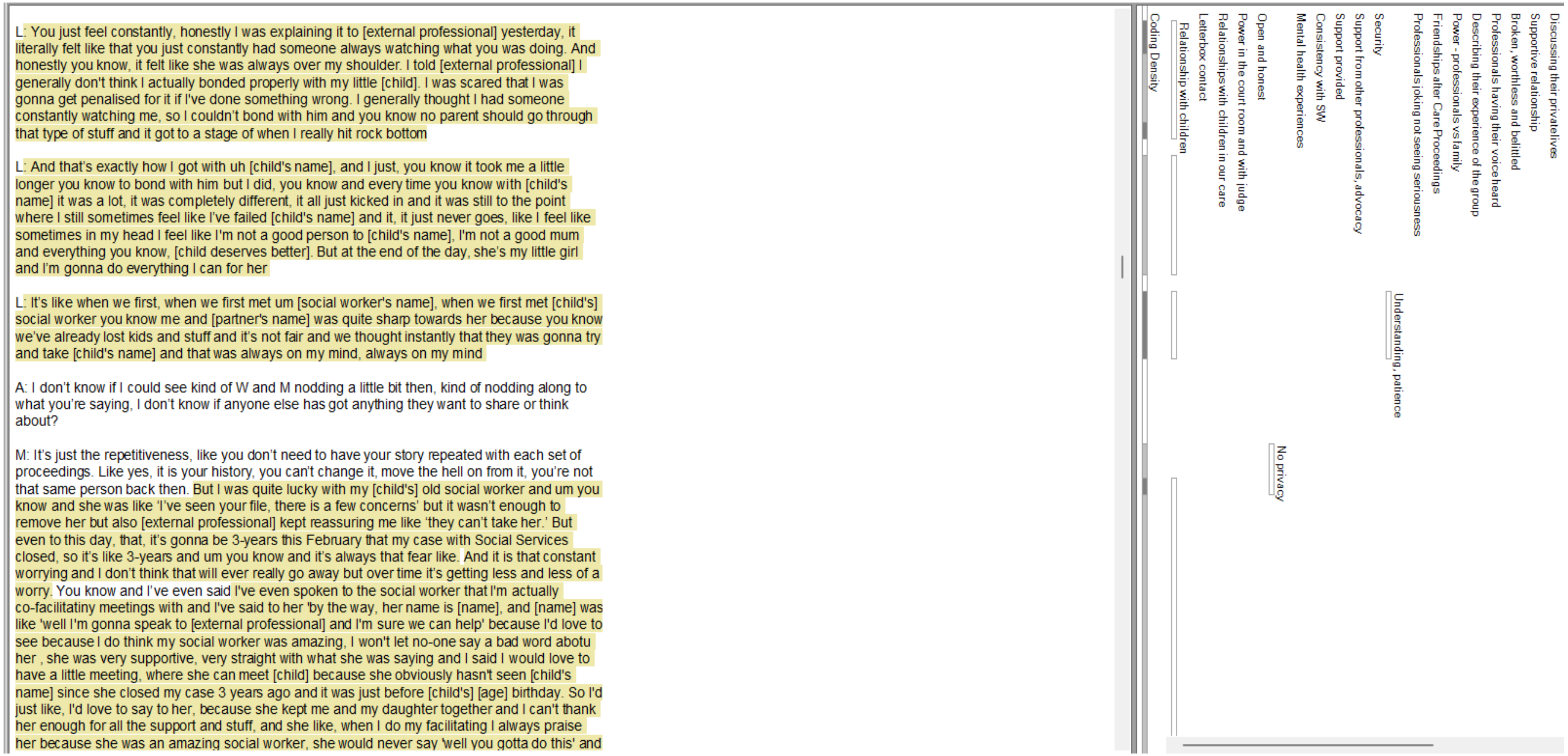
L: Yeah 100%.

M: Yeah. I think that's what the the cemetery is looking like, it's like you're alone, there's no one else there.

A: Yeah.

W: Yeah

M: Even if you, even if you had everyone around you, you're still feeling so alone.



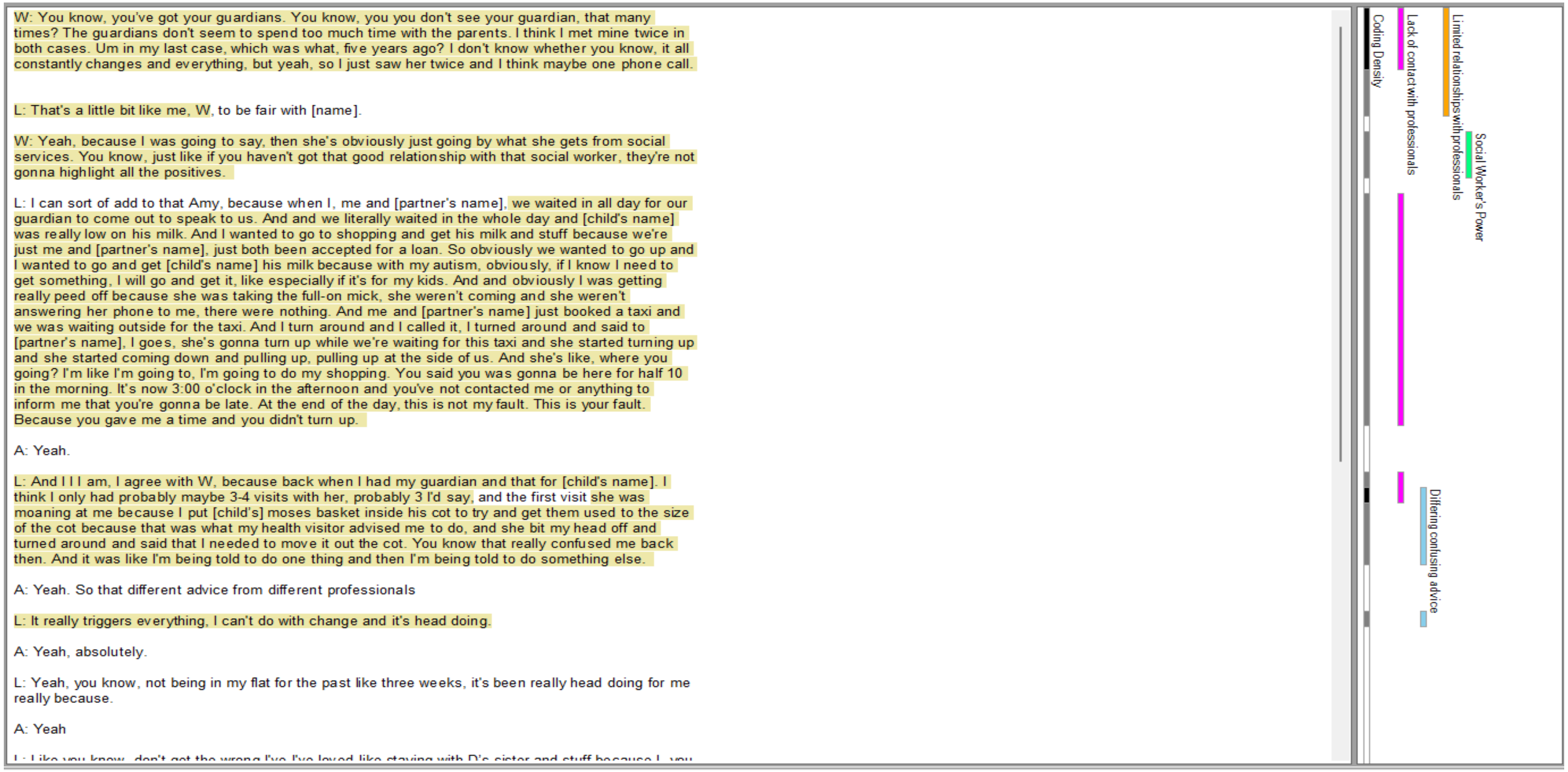
L: You just feel constantly, honestly I was explaining it to [external professional] yesterday, it literally felt like that you just constantly had someone always watching what you was doing. And honestly you know, it felt like she was always over my shoulder. I told [external professional] I generally don't think I actually bonded properly with my little [child]. I was scared that I was gonna get penalised for it if I've done something wrong. I generally thought I had someone constantly watching me, so I couldn't bond with him and you know no parent should go through that type of stuff and it got to a stage of when I really hit rock bottom

L: And that's exactly how I got with uh [child's name], and I just, you know it took me a little longer you know to bond with him but I did, you know and every time you know with [child's name] it was a lot, it was completely different, it all just kicked in and it was still to the point where I still sometimes feel like I've failed [child's name] and it, it just never goes, like I feel like sometimes in my head I feel like I'm not a good person to [child's name], I'm not a good mum and everything you know, [child deserves better]. But at the end of the day, she's my little girl and I'm gonna do everything I can for her

L: It's like when we first, when we first met um [social worker's name], when we first met [child's] social worker you know me and [partner's name] was quite sharp towards her because you know we've already lost kids and stuff and it's not fair and we thought instantly that they was gonna try and take [child's name] and that was always on my mind, always on my mind

A: I don't know if I could see kind of W and M nodding a little bit then, kind of nodding along to what you're saying, I don't know if anyone else has got anything they want to share or think about?

M: It's just the repetitiveness, like you don't need to have your story repeated with each set of proceedings. Like yes, it is your history, you can't change it, move the hell on from it, you're not that same person back then. But I was quite lucky with my [child's] old social worker and um you know and she was like 'I've seen your file, there is a few concerns' but it wasn't enough to remove her but also [external professional] kept reassuring me like 'they can't take her.' But even to this day, that, it's gonna be 3-years this February that my case with Social Services closed, so it's like 3-years and um you know and it's always that fear like. And it is that constant worrying and I don't think that will ever really go away but over time it's getting less and less of a worry. You know and I've even said I've even spoken to the social worker that I'm actually co-facilitatiny meetings with and I've said to her 'by the way, her name is [name], and [name] was like 'well I'm gonna speak to [external professional] and I'm sure we can help' because I'd love to see because I do think my social worker was amazing, I won't let no-one say a bad word abotu her , she was very supportive, very straight with what she was saying and I said I would love to have a little meeting, where she can meet [child] because she obviously hasn't seen [child's name] since she closed my case 3 years ago and it was just before [child's] [age] birthday. So I'd just like, I'd love to say to her, because she kept me and my daughter together and I can't thank her enough for all the support and stuff, and she like, when I do my facilitating I always praise her because she was an amazing social worker, she would never say 'well you gotta do this' and



W: You know, you've got your guardians. You know, you you don't see your guardian, that many times? The guardians don't seem to spend too much time with the parents. I think I met mine twice in both cases. Um in my last case, which was what, five years ago? I don't know whether you know, it all constantly changes and everything, but yeah, so I just saw her twice and I think maybe one phone call.

L: That's a little bit like me, W, to be fair with [name].

W: Yeah, because I was going to say, then she's obviously just going by what she gets from social services. You know, just like if you haven't got that good relationship with that social worker, they're not gonna highlight all the positives.

L: I can sort of add to that Amy, because when I, me and [partner's name], we waited in all day for our guardian to come out to speak to us. And and we literally waited in the whole day and [child's name] was really low on his milk. And I wanted to go to shopping and get his milk and stuff because we're just me and [partner's name], just both been accepted for a loan. So obviously we wanted to go up and I wanted to go and get [child's name] his milk because with my autism, obviously, if I know I need to get something, I will go and get it, like especially if it's for my kids. And and obviously I was getting really peed off because she was taking the full-on mick, she weren't coming and she weren't answering her phone to me, there were nothing. And me and [partner's name] just booked a taxi and we was waiting outside for the taxi. And I turn around and I called it, I turned around and said to [partner's name], I goes, she's gonna turn up while we're waiting for this taxi and she started turning up and she started coming down and pulling up, pulling up at the side of us. And she's like, where you going? I'm like I'm going to, I'm going to do my shopping. You said you was gonna be here for half 10 in the morning. It's now 3:00 o'clock in the afternoon and you've not contacted me or anything to inform me that you're gonna be late. At the end of the day, this is not my fault. This is your fault. Because you gave me a time and you didn't turn up.

A: Yeah.

L: And I I I am, I agree with W, because back when I had my guardian and that for [child's name]. I think I only had probably maybe 3-4 visits with her, probably 3 I'd say, and the first visit she was moaning at me because I put [child's] moses basket inside his cot to try and get them used to the size of the cot because that was what my health visitor advised me to do, and she bit my head off and turned around and said that I needed to move it out the cot. You know that really confused me back then. And it was like I'm being told to do one thing and then I'm being told to do something else.

A: Yeah. So that different advice from different professionals

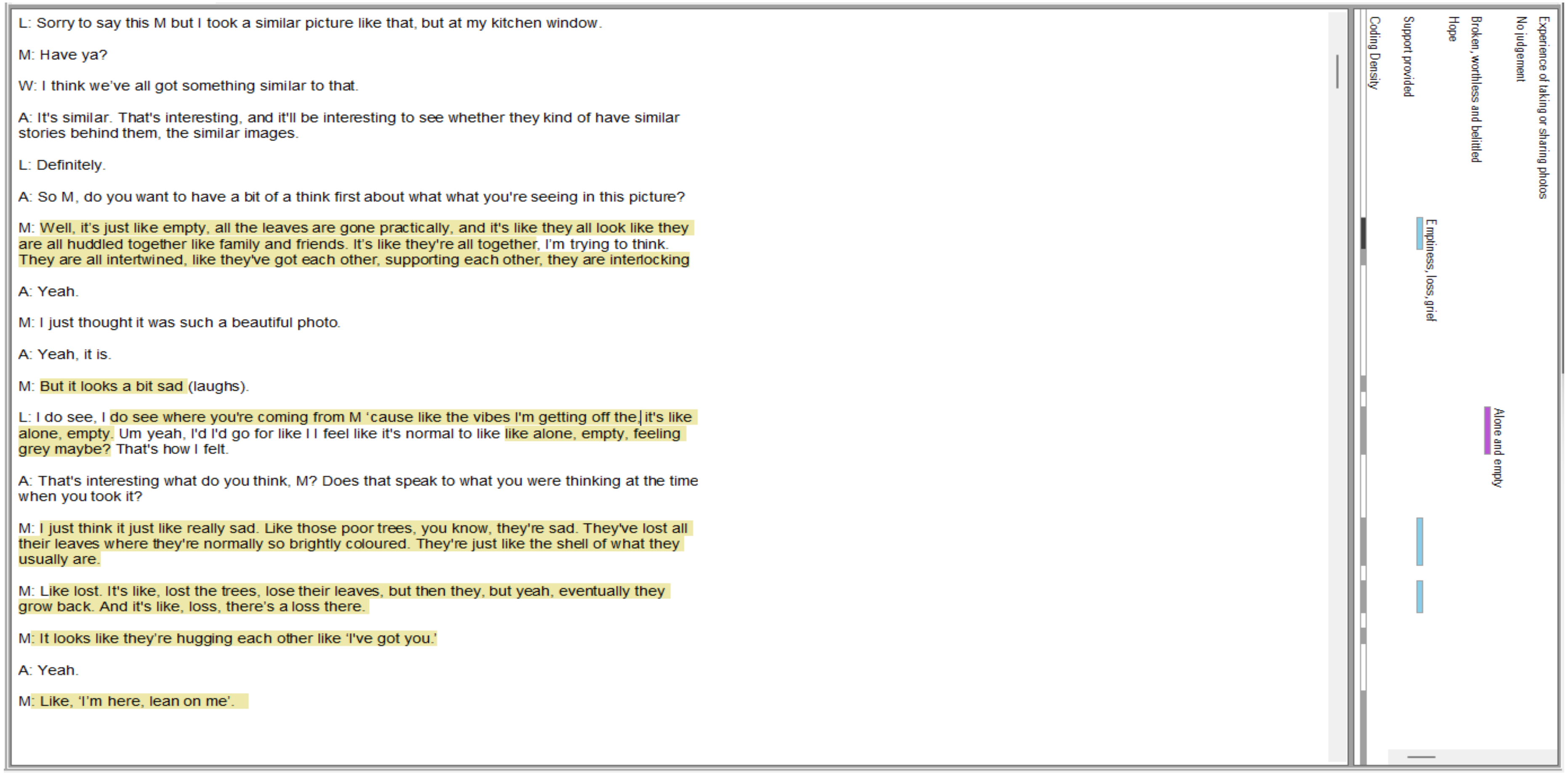
L: It really triggers everything, I can't do with change and it's head doing.

A: Yeah, absolutely.

L: Yeah, you know, not being in my flat for the past like three weeks, it's been really head doing for me really because.

A: Yeah

L: Like you know, don't get the wrong I've I've loved like staying with D's sister and stuff because I, you



L: Sorry to say this M but I took a similar picture like that, but at my kitchen window.

M: Have ya?

W: I think we've all got something similar to that.

A: It's similar. That's interesting, and it'll be interesting to see whether they kind of have similar stories behind them, the similar images.

L: Definitely.

A: So M, do you want to have a bit of a think first about what what you're seeing in this picture?

M: Well, it's just like empty, all the leaves are gone practically, and it's like they all look like they are all huddled together like family and friends. It's like they're all together, I'm trying to think. They are all intertwined, like they've got each other, supporting each other, they are interlocking

A: Yeah.

M: I just thought it was such a beautiful photo.

A: Yeah, it is.

M: But it looks a bit sad (laughs).

L: I do see, I do see where you're coming from M 'cause like the vibes I'm getting off the it's like alone, empty. Um yeah, I'd I'd go for like I I feel like it's normal to like like alone, empty, feeling grey maybe? That's how I felt.

A: That's interesting what do you think, M? Does that speak to what you were thinking at the time when you took it?

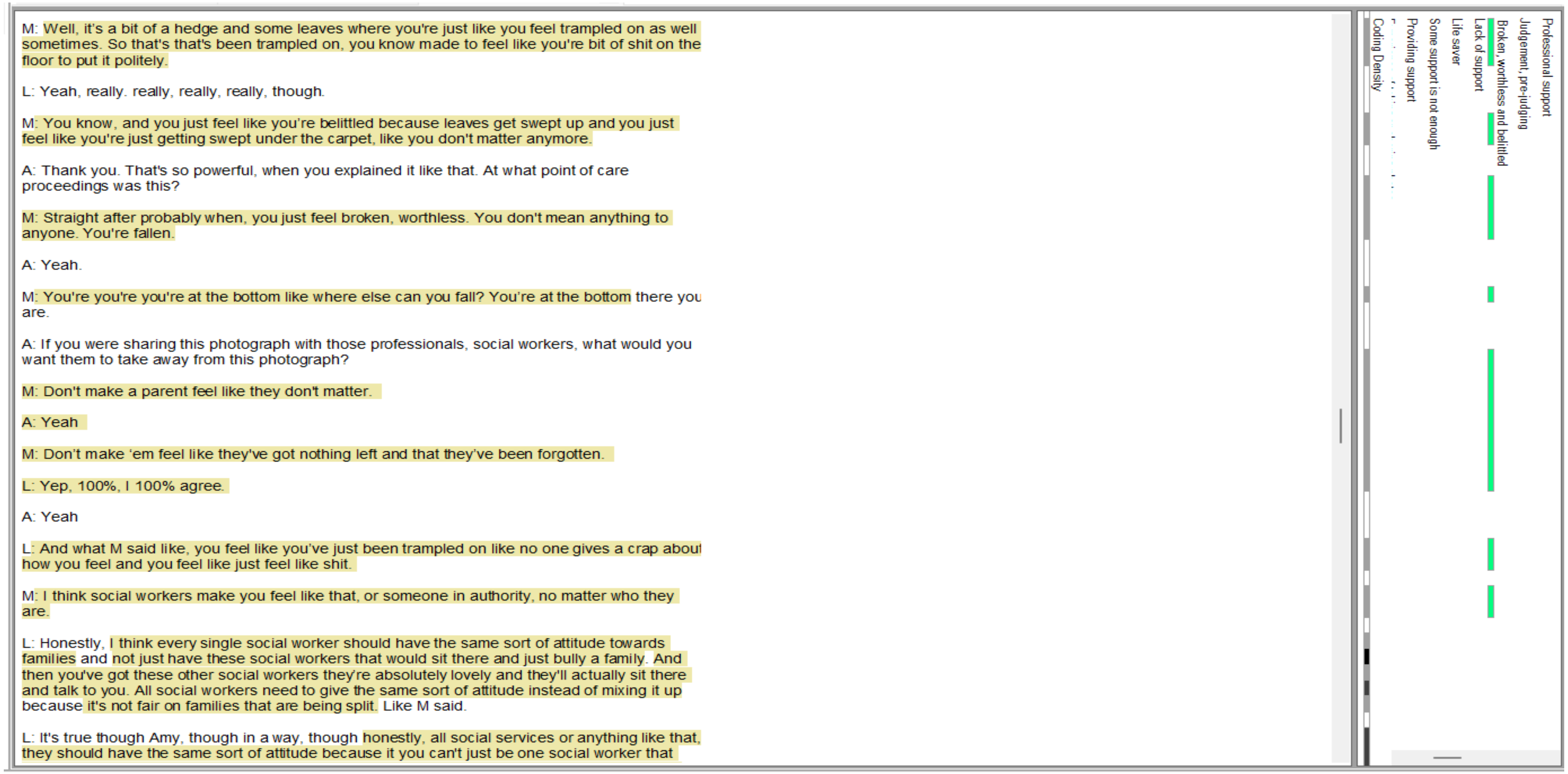
M: I just think it just like really sad. Like those poor trees, you know, they're sad. They've lost all their leaves where they're normally so brightly coloured. They're just like the shell of what they usually are.

M: Like lost. It's like, lost the trees, lose their leaves, but then they, but yeah, eventually they grow back. And it's like, loss, there's a loss there.

M: It looks like they're hugging each other like 'I've got you.'

A: Yeah.

M: Like, 'I'm here, lean on me'.



M: Well, it's a bit of a hedge and some leaves where you're just like you feel trampled on as well sometimes. So that's that's been trampled on, you know made to feel like you're bit of shit on the floor to put it politely.

L: Yeah, really. really, really, really, though.

M: You know, and you just feel like you're belittled because leaves get swept up and you just feel like you're just getting swept under the carpet, like you don't matter anymore.

A: Thank you. That's so powerful, when you explained it like that. At what point of care proceedings was this?

M: Straight after probably when, you just feel broken, worthless. You don't mean anything to anyone. You're fallen.

A: Yeah.

M: You're you're you're at the bottom like where else can you fall? You're at the bottom there you are.

A: If you were sharing this photograph with those professionals, social workers, what would you want them to take away from this photograph?

M: Don't make a parent feel like they don't matter.

A: Yeah

M: Don't make 'em feel like they've got nothing left and that they've been forgotten.

L: Yep, 100%, I 100% agree.

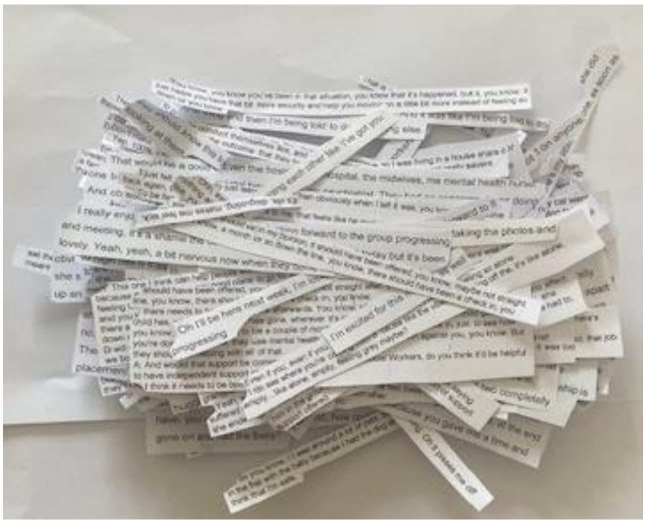
A: Yeah

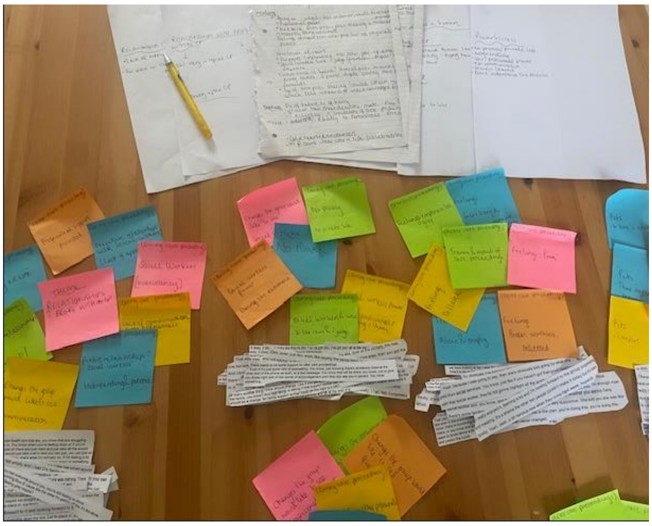
L: And what M said like, you feel like you've just been trampled on like no one gives a crap about how you feel and you feel like just feel like shit.

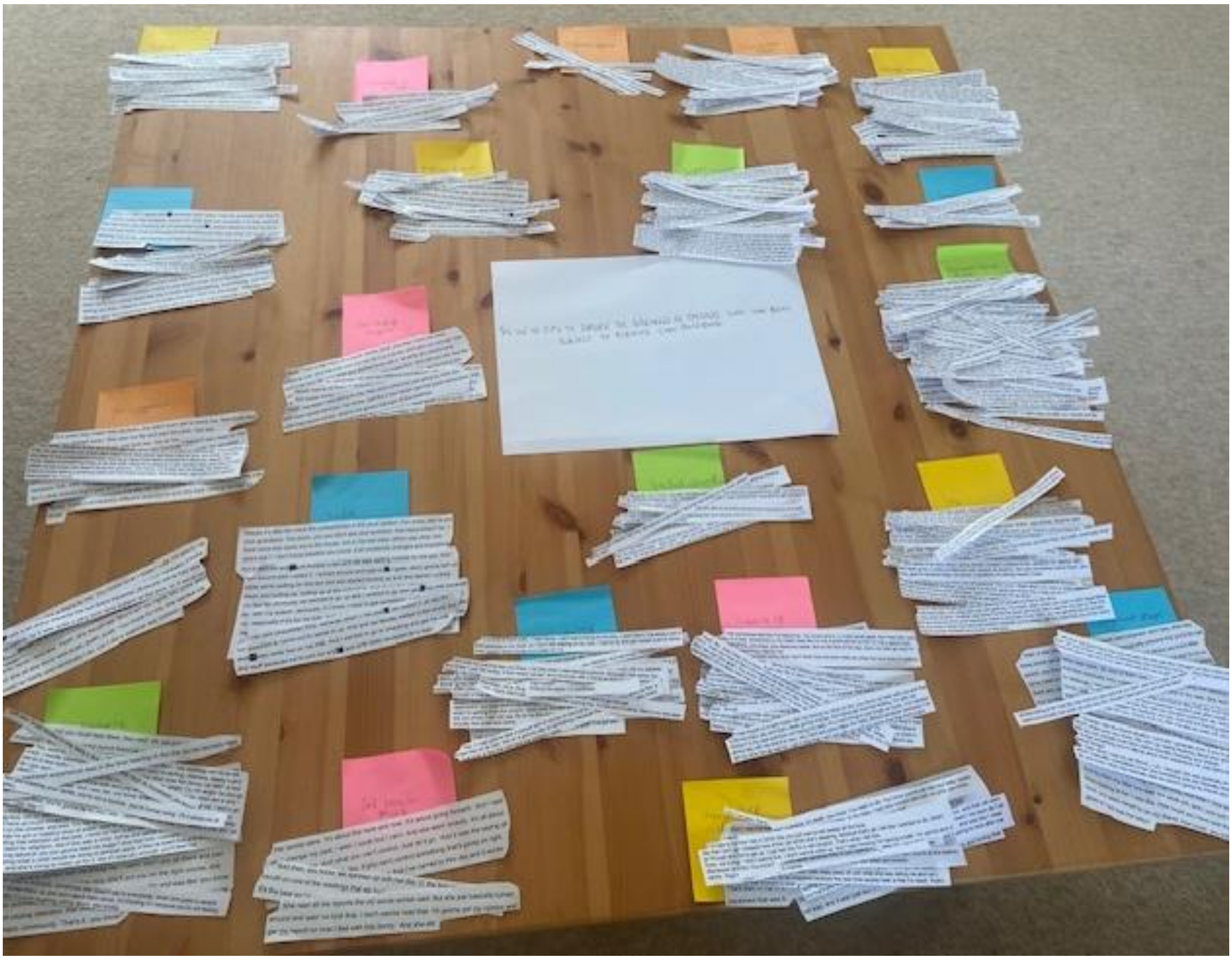
M: I think social workers make you feel like that, or someone in authority, no matter who they are.

L: Honestly, I think every single social worker should have the same sort of attitude towards families and not just have these social workers that would sit there and just bully a family. And then you've got these other social workers they're absolutely lovely and they'll actually sit there and talk to you. All social workers need to give the same sort of attitude instead of mixing it up because it's not fair on families that are being split. Like M said.

L: It's true though Amy, though in a way, though honestly, all social services or anything like that, they should have the same sort of attitude because it you can't just be one social worker that







Appendix M

Participants' Experience of Taking Part in the Online Photovoice Group

Participants' experiences of taking part in the online photovoice group

Reflexive Thematic Analysis (Braun & Clarke, 2006; 2019) was used to explore the participants' experiences of taking part in the online photovoice group, based on discussions which took place in the sessions. Additionally, each of the participants was given the opportunity to complete a brief online questionnaire so that they could provide anonymous feedback in relation to their experiences.

Theme and subtheme title	Theme and subtheme information	Participants' comments
Theme 1: Participants' experiences of the online photovoice group	Participants reflected on their experiences of taking part in the group	
Subtheme 1: Joining the online group sessions	Participants appeared to demonstrate initial apprehension, which appeared to dissipate, as the sessions progressed, and participants described feeling comfortable with the format, suggesting the acceptability of the online photovoice group.	*'I was a bit anxious because it was meeting other people…the whole subject [of repeated care proceedings] is obviously quite sensitive, not everybody understands, unless of course they've been through that.'* (Winter) *'[I felt] nervous when it was the first session but then everything was fine after the first 15 minutes.'* (Anonymous)
Subtheme 2: Experiences of taking and sharing photographs	Participants reported that sharing their photographs had been a positive experience. Therefore, this suggested that the use of photography appeared to be an effective tool for capturing participant perspectives and empowering birthmothers to share their stories.	*'I found it fairly easy to talk about my images within the small group. I found it interesting what other people could see and pick up on too.'* (Anonymous) *'I felt able to tell a bit about what my experience was through the photos I chose to share.'* (Anonymous)
	One parent described initially feeling nervous, before reflecting on how pleased she felt that she had been able to share her photographs, reporting that her confidence had improved as a result.	*'It was a bit difficult to obviously try and explain them…But I managed to do it…It's gave me a bit more confidence.'* (Louise)
	Similarly other participants discussed the benefits of sharing their photographs and stories during the group. Therefore, this suggested that online photovoice may be a creative and effective research method.	*'It was very therapeutic'* (Anonymous) *'It was empowering'* (Maddy) *'I find talking about my experiences helps, whether it be helping me or others or both.'* (Anonymous)

Subtheme 3: Sharing the photographs with social workers	Only one participant had experience of doing webinars in the past. The remaining two participants described feeling nervous about the prospect of presenting to social workers using this format.	*'I can talk to you three perfectly fine, you know because I've been able to gain my trust and that with you guys, but when we do the actual webinar that's when I'll be freezing up.'* (Louise)
	After the webinar the participants engaged in a group session, reflecting together on their experiences and the emotions evoked. The participants described a sense of pride and accomplishment.	*'I feel really proud of all of us, we did really well. You could see them really leaning in to have a good look at the photos as well, it was quite nice.'* (Winter) *'I think it's really hard hitting because most social workers see it all on paper. They've never ever get an opportunity to hear from the actual person's mouth…I'm really proud I did it'* (Maddy)
Theme 2: Developing relationships within the online photovoice group	Participants shared their experiences of developing relationships within the online photovoice group	
Subtheme 1: Building relationships within the group	During the group, participants offered each other support and encouragement, which appeared to contribute to the development of a safe online space.	*'You're doing well Louise…I think those photos were great, they were really good.'* (Maddy). *'We are doing it [the webinar] all together, it's like you've got a little team behind you'* (Maddy)
	One participant commented on feeling closer and more connected to other group members, after viewing their photographs and hearing their stories.	*'I just feel like we're all a bit closer perhaps than we were the beginning, which kind of just makes me look forward to sharing my photos with everybody next week.'* (Winter)
Subtheme 2: Meeting other women subject to repeated care proceedings	Participants described the benefits of meeting others who had also been subject to repeated care proceedings.	*It was just nice to be able to turn around and kind of get across to other people how I felt. It was even nicer to know, in a strange way, other people felt it too, you know? Yeah, ok, we were alone at that time, but there are people that can support each other now.'* (Winter) *'I've learnt that it doesn't matter where in the country you are, we have all been treated in the same manner, and it looks like this has been something that has been going on for decades before us.'* (Anonymous)
	At the start of the group, participants were advised that there was a possibility the group could continue, with the support of ReFrame Collective. Each of the group members expressed their interest in the group space remaining available once the research was complete.	*'I'd like to continue with the group for as long as possible and see how far we can go and hope to make changes for the better of all users within a private and difficult system, even if they are just small changes to begin with.'* (Anonymous) *'I'd love for this project to grow and continue.'* (Anonymous)