Understanding the experiences of Black birthmothers who have had their child(ren) removed from their care.

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"I became a psychologist...because my heart believed that our stories and how we listen to each other are important. I started to see that collaborative, intimate and responsive conversations do make a difference. They have the potential to generate possibilities where none seemed to exist before. We are the stories we tell and the stories that are told about us and, ultimately, stories are unfinished. We do people a disservice, and perhaps harm, when we reduce their lives to slogans and treat them as though they do not have complex, rich and moving stories to tell. Working with individuals does not have to mean reverting to individualistic concepts and solutions when we stay open to the social constraints on people's lives and their resistance to these." (Afuape, 2013)

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Abstract

Research on the experiences of birthmothers who have had their child(ren) removed from their care is scant. Of that which is available, the majority has focused on the experiences of White women. It is well understood that within the UK and internationally, Black children are over-represented in child protection systems when compared to their non-Black peers. Despite this, no research to date has focused on the specific experiences of Black birthmothers. This is in the context of well-known structural and systemic inequalities within the UK and child protection systems, leaving Black families at significant disadvantage. This qualitative study aimed to explore the experiences of Black birthmothers who have had their child(ren) removed from their care. Five women from across England participated in semistructured interviews exploring how they have made sense of their child being removed; additionally, it sought to better understand potential impacts of their ethnicity on this process. Using Interpretive Phenomenological Analysis, four master themes were identified: '(M)othering from the margins'; 'Birthmothers vs the state'; "If I looked like you…": Navigating a racist system' and 'Finding the riverbank'. These themes reflect the recognised disadvantage of the birthmother population, as well as highlighting the additional deleterious impacts of 'race' and racism. Through a Critical Race Theory lens, areas of convergence and divergence with existing literature is identified, and further clinical and research implications discussed.

1 Introduction

1.1 Overview

In recent years, birthmothers have been given greater attention within academic research. To date, no study has looked specifically at the experiences of Black birthmothers who have had their child removed from their care. This is in the context of wider inequality documented within Child Protection Services (CPS), with Black children over-represented when compared to their non-Black peers, but under-represented when socio-economic circumstance is considered. In this chapter, I will argue for the necessity of this research, situated within its social, historical, and political context. In the wake of increased scrutiny of race relations both nationally and internationally, this chapter will consider my personal connection to the topic, and the epistemological positions in which it is grounded. I will go on to discuss the construction of 'motherhood', and how this may be both similar and dissimilar for mothers from the global majority¹. Through the lens of Critical Race Theory, I will demonstrate the prevalence of systemic racism within the UK and state institutions. Using this framework, I will review how this may be evidenced within CPS, looking specifically at racial inequalities and its intersection with social disadvantage. Finally, I will present a systematic literature review of published research focusing on the experiences of birthparents who have been involved with the CPS. Through evaluating the limited pool of research, I will conclude that none has focused specifically on the experience of Black birthmothers, and the ways in which their racial identity may have either helped or hindered involvement with the CPS. Given well documented institutional racism within the

¹ A discussion on use of language is detailed in section 1.2.

UK, I will conclude that the lack of attention to this over-represented group may be demonstrative of their persecuted status.

1.2 A note on language

1.2.1 Race and ethnicity

Race is understood to have multiple definitions and personal associations, as well as a historic legacy of violence stemming from colonialism. Conceptualised by the White global north, it served to increase power status, categorise and frequently 'other' (Ryde, 2019).

Race may be understood as a social construct created within socio-political constructs and without biological basis (Ifekwunigwe et al., 2017). Ethnicity, used within demographical data, may be considered broader and related to shared history, language, and culture.

Although both terms are used throughout the research, it acknowledges how ethnic categorisations may themselves be value-laden (Aspinall, 2020) and that racism can only be understood through the construction of race (Fluehr-Lobban, 2018).

1.2.2 Black

Ethnic group classifications are taken from the Office for National Statistics, used in the census and public policy (Office for National Statistics, 2017). Categorising individuals according to ethnicity does not intend to deny the Britishness of any non-White person (Webb et al., 2020). The research focuses on the experience of Black birthmothers and does not specify ethnicities within this. It recognises how discussing these experiences as a homogenous whole risks diminishing cultural diversity and misses important nuances.

Finally, whilst recognising the importance of reframing those racialised as 'ethnic minorities'

experiences of Black Birthmothers who have had their child(ren) removed as belonging to the "global majority" (Campbell-Stephens, 2021), individual ethnic categories will be used when referring to specific groups.

1.2.3 Child removal and out-of-home care

Where possible, 'child-removal' will be used to demonstrate the process of a child being placed outside of a biological parent's care³. Furthermore, most of the interviewees had their children removed against their will.

The term 'out-of-home care' will be used where appropriate to delineate between children on a child protection plan and to demonstrate the variety of outcomes once children were removed (Bywaters et al., 2016). Where appropriate, their individual context (e.g., adoption) will be mentioned.

1.2.4 Women and (birth)mothers

Aligning with its epistemological position, the research will use 'women' and 'mother' throughout (Summersell, 2018). Whilst recognising the paucity of research on birthfathers (e.g., Witney, 2004), this study will argue that being both Black and a birthmother has significant implications on how child-removal is experienced. Furthermore, through a feminist lens, understanding the reality for women is of importance. That is not to minimise the impact on birthfathers, who are also impacted by these processes.

² "We use the term 'Global Majority' to include all people of African, Caribbean, East Asian, West Asian, or Southern Asian descent, and people who identify as dual heritage. It reclaims the previously held minority status given to Black and Brown people in Western societies. This is the political positioning of people worldwide who have suffered colonialism and enslavement in the past and who continue to suffer from experiences of racism and lessened opportunities. We are unapologetic in the position we take towards challenging systemic ideas, interventions and frameworks that are embedded within structural systems of White privilege." (Afuape, et al., 2022, p. 17)

³ Child 'relinquishment' has been critiqued for its suggestion of parental autonomy within child-removal process; instead, parental positions frequently suggest limited choice outside of adoption or otherwise (Baden & O'Leary, 2007).

While recognising the complexity of "sexed" language within birth and parenting research (e.g., Gribble, et al., 2022), participants were recruited in line with their self-identification – i.e., as women. Inclusive language surrounding out-of-home care has been used in recognition of the complexity of language for all involved within the care constellation (Kiesel, 2007). 'Birthmother' will refer to those who have experienced the loss of a biological child to the care system (Kim & Tucker, 2019).

1.2.5 Stories

Following the narrative therapy discipline, the women's experiences are frequently described as 'stories' or 'narratives'. Whilst I believe they are stories, and thus open to thickening, re-authoring and re-telling (White, 1988,1989), this is not intended to minimise the difficulty of their reality.

1.2.6 Reflections

As a White woman researcher, this study required particular attention to both reflectivity and reflexivity. I will outline some of these reflections in *italics* throughout.

Although enacted throughout the entire research journey, italicised sections will refer specifically to my position as an outsider researcher and how I made sense of this. Some sections will be further elaborated upon in Appendix A.

1.3 Current UK context

In the year 2019-2020, approximately 1 in 60 children were involved with the child protection system (CPS); an increase of 125% in ten years. The amount of 16-17 year olds in out-of-home care has almost doubled in this time, with 61% of all child-removals now attributed to abuse or neglect (Bywaters & Skinner, 2022). Internationally, ways in which children's needs are met within child welfare systems varies considerably (Hetherington, 2002); similarities and differences between countries have been discussed within UK research (e.g., Bywaters et al., 2016; Bywaters et al., 2019). In England, Children's Services aim to support families of children who may experience health or developmental difficulties, and safeguard children and young people who may be at risk of maltreatment (Webb et al., 2022). The CPS is related to the latter and may be understood as: "the set of laws, policies, regulations and services needed across all social sectors...to support prevention and response to protection-related risks" (European Union Agency for Fundamental Rights, 2022, p. 192). For further detail on the different stages of the CP process, see House of Commons Education Committee (2012).

Child protection work may be understood as situated within a triad of ineliminable tensions - the rights of the birthparent, the rights of the child, and the rights of the state. As such, it is representative of the power held by the state to engage with the private life of individuals, often without consent (Juhasz & Skivenes, 2017). Intervention is an understood necessity in cases where a child's welfare is in question (Harding, 1991) but the voices and experiences of birthparents within this have rarely been heard (e.g., Broadhurst & Mason, 2020; Morgan et al., 2019).

1.4 Critical realism

This research will be theoretically rooted in critical realism (Bhaskar, 1978). Critical realism prioritises ontological realism – an understanding that there are stable and enduring 'truths' that exist independently of human conceptualisation (Fade, 2004). It recognises that views of the world may change and compete across space and time – epistemological relativism (Bhaskar, 1978). The differences individuals may attach to experiences are made possible by their subjective reality (Fade, 2004). Contrary to social constructionism, critical realism considers the world described, but not created by, our own language (Pilgrim, 2019). Comparatively, it is focused on the phenomena itself rather than how phenomena are seen.

An additional layer of interpretation is also required in which broader social, historical, and cultural contexts are considered. It is understood that for research to be epistemologically sound, its chosen methodology must be congruent with the epistemological position (Willig, 2008).

1.5 Intersectional feminism

This research is also strongly influenced by intersectional feminism. Feminism has had an historically complicated relationship with race and class, with scholars arguing its universalising of the White, affluent experience (Aziz, 1997). Understanding discrimination through both the individual and intersectional lens of race and gender (Crenshaw, 1989) may help to pay attention to the multiple oppressions faced by global majority women (McCall, 2005).

Centralising the experiences of marginalised women is further complicated by their absence in literature. Feminism's historical foregrounding has subsequently neglected Black women and their intersections of race and gender (Carby, 1982; Edwards, 1990). Bell (1996)

highlights the complexities of "speaking out, speaking of, speaking with, speaking about, speaking for..." racialised groups (p. 197). As racism is "historically scaffolded by Whiteness", however, "scrutinising and disrupting" the White paradigm (Patel, 2021, p. 92) may go some way in raising the voices of marginalised women. Similarly, its legitimacy may be sharing the stories of those with less opportunity to do so.

1.6 Reflections on Whiteness

My reasons for being drawn to this research are multiple and highlight several important issues surrounding who should conduct research and why. Before going to address the complexities of the 'outsider-researcher' (Dwyer & Buckle, 2009) position, I wish to briefly outline my own context and thus connections to the topic.

I was born and raised in a White-British family in the South-West of England. We share a history of supporting people with intellectual disabilities; my paternal grandfather and mother worked in 'Special Education' schools, and I am a sibling to a neuro-diverse brother. Thus, values of equality, inclusivity and acceptance were important within my family. This influenced my decision to spend a brief period as a primary school teacher in London, and further motivated me to pursue a career in Psychology. I have frequently worked with and alongside families facing multiple stressors; although I recognise the many facets of my own privilege, there are also ways that I can identify with some of this. I believe that hearing the voices of, and creating space for, marginalised women and families is an important act of political resistance. It is in doing so that the extent of their systemic disadvantage may be bought to light (Morriss, 2018).

When I first became drawn to this area of research, I spent time thinking whether I, as a White-British woman working in 'the system', should be the one to lead it. Serious

questions have been raised as to if this dynamic propagates or stultifies racial equality (Spanierman & Smith, 2017). I carefully considered whether acts of allyship were better placed elsewhere; rooting myself in the intention of highlighting inequity and working alongside people helped to mitigate this somewhat. Understanding that this may always feel difficult and at times uncomfortable, however, has been an important part of this work (Reynolds V., 2013).

As such, I felt drawn to the project but as a White, middle-class woman and not-yet mother, I recognised clear differences. I was acutely aware of both the racism that I felt existed within the CPS and wider society, whilst also recognising the power and influence that living in White skin offered me. This was bought to the fore within doctoral training, at a time when both race-relations and the impact of this within a predominantly White, middle-class profession were frequently discussed (Ahsan, 2020). I considered the pervasive dominance and privileging of White people above others, the enduring racial inequality that resulted from this (Neely & Samura, 2011) and how my Whiteness was normalised to the extent that it ceased to be recognised (Lidner, 2018).

Furthermore, although I recognised areas of difference, I also saw spaces of similarity. Although not Black and a birthmother, then, I am a woman. During a period where male violence and intersections within this became increasingly prominent, it has made me reflect on ways we can hold both inside and outsider identities (Appendix A).

Although I feel my relationship with Whiteness is both personal and ongoing, I am grateful for this project for bringing me to uncomfortable but necessary places.

1.7 Motherhood

1.7.1 The social construction of motherhood

Given the scope of this research and its focus on Black women, it is not possible to speak to all facets of birthmother identity. Within literature, however, clear, and pervasive narratives exist. Motherhood has long been considered a biological destiny and defining identity (Kirkley, 2000). Academic focus on mothering predominantly highlights the relational, practical, and social aspects of motherhood (Arendell, 2000). Mothering in the Global North has generally been understood through a predominantly White, middle-class, and Euro-centric lens (Carolan et al., 2010). Despite increasing opportunities, patriarchal and neoliberal principles still determine social expectations of women as primary caregivers and men as primary breadwinners (Garcia-Hallett, 2019). A pronatalist stance may be observed in which women who choose not to have children are ostracised (Gotlib, 2016; Shriver, 2005). For those who choose to parent, high expectations of idealised 'good mothering' have been found to contribute towards increased levels of maternal guilt (Rotkirch & Janhunen, 2010), related to societal expectations of care giving (Klass, 1988). In part compounded by the (fe)male gaze, people who find themselves 'mothering in the margins' because of structural inequality are often confronted by a society that fails to accommodate their needs (Carolan et al., 2010).

1.7.2 'Deficient', 'disadvantaged' and 'difficult to engage'

Frequently, both birth- and adoptive mothers outside of parental norms are depicted as deviant; 'bad mothers', digressing dominant discourses of femininity and 'good mothering' (Wegar, 1997).

Research highlights the prevalence of complex psychosocial circumstances for birthmothers (Broadhurst & Mason, 2013; Day et al., 2015): domestic violence (Broadhurst

et al., 2015), substance misuse (Radcliffe, 2011), learning disabilities (Gould & Dodd, 2014) and mental illness (Kenny, 2017) are all common. High levels of social disadvantage and disenfranchisement exist (e.g., Broadhurst & Mason, 2020; Lewis & Brady, 2018). A lack of social or familial networks may go someway in contributing towards the decision of child removal, as well as deleteriously impacting the ability to cope in its aftermath (Broadhurst & Mason, 2017; Neil, 2013).

1.7.3 Birthmothers and repeated child-removal

The successive removal of children from the same birthmother is an internationally recognised phenomenon (Broadhurst et al., 2014; Grant et al., 2014; Taplin & Mattick, 2014). Widespread concern has been expressed regarding the high number of birthmothers who repeatedly appear before family court services, and have their children removed (Broadhurst & Mason, 2013; Taplin & Mattick, 2014). Preventative support remains minimal (Broadhurst et al., 2015).

Frequently, placement in out-of-home-care is in the earliest stages of a baby's life. Due to substantive research arguing the deleterious effects on an infant's future health if certain milestones are not met (Spratt et al., 2012), attention is frequently paid to the developmental benefits of early adoption (Ward et al., 2012). The impact of removing infants from their birth-mother, however, remains unclear (Marsh et al., 2015).

1.7.4 (Birth)mothers from the global majority

Insofar as birthmothers are a marginalised group, margins of intersection exist within this (Crenshaw, 1989). Maternal studies have long argued for identities to be considered within their social, political, and economic context (Abrams & Curran, 2011). Reynolds (2009) reflects, however, that the intersectionality of race, racism and patriarchal norms are typically diminished by false assumptions of gender-related commonality. Not all

mothers are equal: research has highlighted how global majority mothers are likely to be at a greater risk of poor mental health in the perinatal period yet experience more barriers to receiving care (Cooper et al., 2012; Moore et al., 2019).

1.8 Black in Britain

This research is interested in the experience of Black birthmothers, and their experiences of the CPS. As such, considering the context of their race within contemporary Britain felt important. Offering an appropriately rich portrait of Black British history is beyond the scope of this research, as is detailing the story of the global majority in the UK more generally. As such, situating this chapter within a particular timeframe aims to both highlight its importance through a wider socio-historical lens but also demonstrate its deeprooted complexity and resistance to neat summarising (Alexander, 2018). It hopes to situate participants within a wider framework to better understand their experiences.

This felt a particularly difficult section to write. I felt acutely aware of simplifying a complex history into a matter of paragraphs and was aware that offering a 'potted' Black British history was both inappropriate and not feasible. "Black in Britain" was my (White) perception of key events and studies of Black parenting; I reflected on my inclusions and omissions and how this itself was representative of a Eurocentric world view.

1.8.1 2019-2022

This research takes the position that racism exists within the UK. The years of doctoral training that it is situated within (2019-2022) shone a light on vast and ongoing disparities between White people and those from the global majority; namely the disproportionate impact of the Covid-19 pandemic (Mathur et al., 2020), the murder of George Floyd (Eichstaedt et al., 2021) and subsequent Black Lives Matter protests.

Broadening the lens still, right-wing populism (Pitcher, 2019), hostile immigration policies (Griffiths & Yeo, 2021) and the Grenfell tower tragedy are all suggestive of evident racial inequality (Watt, 2017). Increased attention on how individuals and communities may understand their histories because of this has been evident (Leyh, 2020). Through the lens of Critical Race Theory (CRT) a brief examination of the recent 'race report' (HMG, 2021), aims to highlight the historical and ongoing oppression faced by Black people at the hands of a majority White state.

1.8.2 Critical Race Theory

Critical Race Theory (CRT) is concerned with transforming the relationship between race, racism, and power. Placed within broader civil rights and ethnicity discourse, it originated within legal discipline in 1970's America (Crenshaw et al., 1995) and is concerned with the ways in which wider contexts impact view of race (Delagdo & Stefancic, 2000).

A central premise of CRT is the recognition of intersectionality and how racism operates through multiple axes of differentiation, including class, ability, gender, and sexuality (Gilborn, 2020). Within the psychological field, this necessitates inquiry into how institutions and structures are both founded in and perpetuate racial inequality (Patel et al., 2000).

Brown (2003, pg. 294) defines key features of CRT and methodology thus:

- i) The ubiquitous and normalised reproduction of racial stratification
 critically impacts the quality of life for racialised groups.
- ii) Claims of 'objectivity and meritocracy' obscure the self-interest, privilege and power of white people and make it harder to counteract.
 - iii) Race is a social construct that is manipulated and recreated.

- iv) The experiential knowledge of oppressed minoritised groups is legitimate, appropriate, and able to be communicated by those experiencing it.
 - v) CRT should seek to propagate social justice.

In her argument for Black critical race feminism, Few (2007) likens elements of CRT to ecological theories of development (Bronfenbrenner, 1979, 1986), for its impact on relationships from the micro- to the macrocosm. CRT's understanding of society as being founded upon long-established systemic racism posits that through this understanding, all but the most extreme racist acts become normalised (Gilborn, 2020). As Leonardo (2005) cautions, non-racialised spaces do not exist, imbuing democracies, societies and class relations.

1.8.3 Systemic and institutional racism

A central tenet of CRT is that racism extends beyond individual prejudice to that of an intrinsic feature of social structures (Bonilla-Silva, 2017). The reluctance of said structures to interrogate their practices was long anticipated, however, with Taylor (1998) citing how CRT's "usefulness will be limited not by the weakness of its constructs but by the degree that many whites will not accept its assumptions" (p. 124).

Institutional racism may be understood as: "the reproduction within institutions of practices of power which discriminate against people on the grounds of their perceived 'race'" (Patel et al., 2000). These practices perpetuate the status-quo within organisations, both in the commission of racist behaviour, as well as the omission of meaningful action to challenge it (Patel, 2021). Patel (2021) highlights how racialisation and institutional racism are not recent, isolated problems but demonstrative of "the resillient knotweeds of bygone

centuries" (p. 93). Despite long-established international legal frameworks, a proliferation of parliamentary enquiries suggest its continuing prevalence (e.g., Cabinet Office, 2017).

1.8.4 The Sewell report: "No evidence" of systemic or institutional racism

The Sewell report delivered by the Commission on Race and Ethnic Disparities (CRED) (HMG, 2021) was commissioned by the UK government to interrogate racial inequality following the events of 2019-2020 (Lacobucci, 2021). Focusing on broad areas of poverty, education, health, employment and the criminal justice system, the report aimed to look at outcomes for global majority populations within the UK. It faced intense scrutiny post-publication after concluding that the UK is "no longer" a country where "the system is deliberately rigged against ethnic minorities." It should instead be an example to other "White majority countries" (HMG, 2021, p.127). This is in direct contrast with extensive academic research, lived experience and some public opinion.

Police

Several high profile reviews also contradict its findings. The Inquiry into police institutional racism following the murder of Stephen Lawarence (Macpherson, 1999) was initially considered a watershed moment for British race relations (Bourne, 2021). Over 20 years later, discrimination is still evident (Joseph-Salisbury et al., 2021). Deaths in custody as a result of force are up to twice as likely for people from the global majority (Inquest , 2022); stop and search is deployed almost ten times as frequently on Black people than White people (GOV.UK, 2021), and tasering nearly eight times (Busby, 2020). Racism and overpolicing faced by Black communities (Joseph-Salisbury et al., 2021) has led to long established "circles of fear" (Keating et al., 2002), whereby Black communities are wary of accessing police support out of fear of further persecution.

Schools

Comparative examples can be found in several areas of the public sector. Recent findings have highlighted how Black students are more likely to face school exclusion, with Black Caribbean students more than three times as likley (Barnado's, 2020). Although significant variance between ethnicities exist, Black Caribbean children typically have lower attainment than their peers (Gilborn et al., 2017). Research suggests that racism may be a contributory factor, with negative attributions being more directed towards Black pupils (Graham & Robinson, 2004). The recent racial profiling and strip-searching of a menstruating teenage girl in an inner-city school (Badshah, 2022), may be demonstrative of the criminilisation and adultifiction of Black youths (Nebbitt & Lombe, 2018).

Healthcare

Within healthcare, longstanding inequities exist (e.g., Ajayi, 2021): Black people are more likely to be detained under the mental health act (Barnett et al., 2019); be diagnosed with illnesses such as schizophrenia (Das-Munshi et al., 2018); and are less likely to access and benefit from therapeutic support (Bellesi et al., 2020). Subsequent commentary 'post-Sewell' found that medical leaders within the NHS have highlighted the incongruence between the report's conclusions and experiences of staff working within healthcare (Lacobucci, 2021).

1.8.5 Black birthparents

Given the institutionally racist systems, the experience of birthparents from the global majority becomes increasingly important. Evidence of structural inequalities for Black families is clear, with the prevalence of systemic racism compounded by an increased likelihood of falling into deep poverty (Edminston, 2022). Research has demonstrated how Black parents frequently feel disrespected within state services, with an evident culture of

judgement and blame (Reynolds., 2010). An ambivalence towards race was found to exist, further discriminating against parents. Furthermore, the limited research available on Black families frequently focuses on 'problem' narratives. Perceiving Black families through a lens of dysfunction may further propagate stereotypes of 'deficient' communities (Bernard & Gupta, 2008). Crude judgements of patterns within Black parenting are evident (Bywaters et al., 2016), such as the assumption of absence for Black fathers as opposed to the reality of non-resident fathers frequently participating in their child's lives (Reynolds, 2009).

1.8.6 Parenting through a multi-cultural lens

Like motherhood, parenting may also be viewed as a construct impacted by race.

Adams & McCarthy (2020) argue that parenting experiences should be contextualised within wider inequality, including poverty, housing, and injustice. Such conditions often compromise 'good' parenting for some Black communities, due to the intersections of culture, race, and child welfare policies (Gupta & Blumhardt, 2016).

Assimilation to Eurocentric parenting ideals have been both protective and problematic within literature. Bauer (2018), for example, highlights how migrating Caribbean mothers of the 1960s adapted and adopted sets of colonial ideological values of 'good manners' and 'respectability'. Transmitting these values to their children served to both assimilate and protect against racism and discrimination. Similarly, Elliott et al., (2013) comment on how low-income Black single mothers have made sense of 'intensive' mothering practices (see Nelson, 2010) popularised by wealthy White Western women, redefining them in terms of self-sacrifice, self-reliance and protection. Indeed it is this desire to protect in often turbulent community conditions that may lead to strict disciplinary practices (Arditti et al., 2010; Elliott et al., 2017). These are then interpreted as punitive and

inproproprtionate by systems that do not recognise their own institutional bias (Bywaters et al., 2019).

1.8.7 State vigilance

A hypervigilance by the state in Black parenting is also apparent. Okpokiri (2021) discusses conflictual relationship between Nigerian parents, professionals and policies. She highlights how fears of misrecognition by state services result in parents adopting various micro-strategies to avoid the authority's gaze. A misunderstanding of the messages behind certain parenting behaviours, such as authoritarian and hierarchical practices, may be misconstrued as punitive when they in fact aim to instill security and aspiration (Irukwu, 2014).

1.9 Disparity within the child protection system

1.9.1 Child welfare inequality

The experience of Black birthparents within the CPS may also be related to child welfare inequality. Child welfare inequality is understood as "when children and/or their parents face unequal chances, experiences or outcomes of involvement with child welfare services that are systematically associated with structural dis/advantage and are unjust and unavoidable" (Bywaters et al., 2015, p. 100). Increasing equity in children's social care is thus centred around ideas of social justice and the state's role in protecting family life.

1.9.2 Deprivation and socio-economic circumstance

For the past twenty years, rates of relative family poverty within the UK have remained overall consistent at approximately 22%. Within recent years, however, a rapid rise of families living in destitution, or 'deep poverty' has been observed (Joseph Rowntree Foundation , 2022). A recent report highlighted that in the year 2019/2020, 700,000 families regularly used foodbanks and 125,000 children lived in temporary accommodation. Over

EXPERIENCES OF BLACK BIRTHMOTHERS WHO HAVE HAD THEIR CHILD(REN) REMOVED

30% of children currently live in poverty – higher than that of adults (Bywaters & Skinner, 2022).

Growing evidence suggests a causal relationship between socio-economic circumstance (SEC) and child abuse and neglect⁴ (Bywaters & Skinner, 2022). Children in the 40% of the highest-deprivation neighbourhoods were found to be three times more likely to be on a child protection plan or in out-of-home care, compared to those in the 60% of the lowest deprivation neighbourhoods (Bywaters et al., 2019). A strong social gradient can thus be observed whereby increases in a child's deprivation are directly correlated with higher rates of state intervention (Bywaters et al., 2018).

1.9.3 Austerity

This is demonstrative of wider evidence suggesting that cuts to welfare benefits since the introduction of austerity measures in the 2010s has disproportionately affected families with children (Rajmil, et al., 2020; Tucker, 2017). Furthermore, the systematic closure of many services which supported 'at risk' families has further exacerbated this disadvantage; drug and alcohol services, mental health support, and SureStart children's centres all faced noticeable impact (Cross et al., 2021). In contrast to the dominant narrative that children's services were protected during this time, recent research highlights how local authorities in the most deprived areas faced the greatest cuts (Webb & Bywaters, 2018). This is in the context of a comparatively high rate of funding to adoption services during the Conservative and coalition government of the same period. An excess of £100 million was made available to local authorities, with record numbers of children being adopted (Butler, 2014) - typically to White, middle-class, affluent families (Ali, 2014).

⁴ It is of note that where adequate financial support is offered, this causal relationship diminishes (Bywaters & Skinner, 2022).

1.10 Racial disparity within the CPS

ethnicity and CPS involvement existed (Bywaters et al., 2014), and it has "long been known that Black and Mixed ethnicity children" were over-represented in the Children Looked After population and that "Asian children are under-represented" (Owen & Statham, 2009, pg 1). Despite this, ethnicity had not historically been considered a research priority (DfE, 2014). Within recent years, an international increase of race-related child-protection research has been observed (Bywaters et al., 2019; Fallon et al., 2013; Hyslop & Keddell, 2018).

Within the UK, more Black African and Black Caribbean children, and less South Asian (Indian, Bangladeshi, and Pakistani) children, are in out-of-home care when compared with White-British children (Bywaters et al., 2016; Bywaters et al., 2019). In the US, where most of the research has taken place (e.g., Maguire-Jack et al., 2015; Putnam-Hornstein et al., 2013) analogous findings are evident, with 'Asian' being replaced with 'Hispanic' (Kim & Drake, 2018)⁵.

1.11 Race and class: It cuts both ways

Research by Bywaters et al., (2019) has argued that inequalities in child welfare and ethno-racial and SEC should be recognised collectively and through an intersectional lens (Bywaters et al., 2019; Webb et al., 2020). In this sense, ethnicity and SEC could be seen as 'cut[ting] both ways' (Newitz & Wray, 1996; Webb et al., 2020); SEC protects some

⁵ The "Hispanic paradox" (e.g., Franzini et al., 2001) recognises that child health in this population is relatively good when compared to White children, with lower rates of child maltreatment and removal from parental care when compared to White or Black children (Kim & Drake, 2018).; this is despite comparatively higher levels of poverty (Bywaters et al., 2019).

communities but is likely to correspond to increased rates of discrimination and intervention in others (Webb et al., 2020). As families from the global majority are frequently found to face greater structural inequality, and thus greater disadvantage, this is an important finding (Bywaters et al., 2019).

The assertion that there are more Black children involved in CPS than other groups also risks oversimplification. Recent research highlights how in neighbourhoods with the highest rates of deprivation, White British children are in fact subject to greater rates of intervention when compared to their non-White peers. Thus, being White in a 'poor' neighbourhood, suggests that the CPS are more likely to be involved in your care.

Conversely, Black children living in the same area would face less involvement. When Black children live in more affluent neighbourhoods, however, they are more likely to face intervention than their non-Black peers (Webb et al., 2020). Different contexts, therefore, appear to make Black children more or less 'visible'.

Ethnicity still has a greater bearing on intervention than SEC in Indian, Bangladeshi, and non-Caribbean Black populations, however, with Black populations facing the greatest amount of intervention overall. It is important to note that variation in intervention rates between Black communities within higher deprivation neighbourhoods does exist; Black Caribbean children are significantly more likely to face state intervention than Black African children (e.g., Bywaters et al., 2019). Similarly, lower rates of intervention within some groups suggests that certain communities, or importantly perceptions and structures around them, prove protective for children (e.g., Franzini et al., 2001)⁶. Significant

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⁶ It is beyond the scope of this research to discuss the experiences of all global majority families, but important distinctions can be found within them; namely lower rates of intervention within South Asian communities. Although 'between group' discrepancies can also be found within this, it is nonetheless an important finding (Bywaters & Skinner, 2022).

overrepresentation of Black families in general remains, however. In crude terms, being from an ethnic minority seems to matter in the CP process but being Black and poor perhaps matters the most (Webb et al., 2020).

1.12 Summary

As shown, the CPS operates within wider structural discourses: it is both influenced by and demonstrative of wider political contexts. Whether higher or lower intervention rates are better for children in the shorter or longer term remains unknown. With the individual and combined relationship between SEC and ethnicity becoming increasingly clear, it could be suggested that Black children are necessarily more represented in out-of-home care because they face the most difficult circumstances. While this argument highlights causality, it crucially fails to interrogate reasons behind the inequities and systemic injustice. Crucially, why are Black families the most affected? Where some of this may be resultant of structural inequality and poverty, this is unlikely to be representative of the whole picture. The relationship between institutional bias and Black families within the CPS and wider structures should also be considered (Bywaters et al., 2019; Bywaters & Webb, 2022).

It is of interest that despite increased in-depth quantitative analysis understanding inequity for treatment and outcomes for children, there is less emphasis on the reality of circumstance for the birthparents who care for them. For every child in deprivation, therefore, there is also a family system. Given the known deleterious impact on both children (Meltzer et al., 2003) and their families (Broadhurst & Mason, 2019) when placed in out-of-home care, understanding racial disparities in child welfare becomes both politically and morally imperative (Maguire-Jack et al., 2015).

1.13 Systematic Literature Review

1.13.1 Introduction to literature review

The current study focused on the experiences of Black women and/or birthparents whose child(ren) had been removed from their care. As highlighted, a paucity of research in this area currently exists. Systematic literature reviews (SLR) are an effective way of highlighting gaps within research, as well as critiquing and synthesising known findings to establish robust and accurate conclusions (Siddaway et al., 2019). Initially, the SLR search aimed to look specifically at the experiences of global majority families within the Child Protection System (CPS). After extensive searching, however, only three articles were evidenced (Clarke, 2011; Deninson et al., 2014; Humphreys et al., 1999). It is of interest that despite their prevalence within CP statistics, very little research on this global majority families exists. General as well as more specific factors may be evident: a typically difficult subject area to recruit to, alongside families adopting mechanisms that may help avert the state's gaze (Okpokiri, 2021). What may also be apparent, however, is a general reluctance on the part of (often White) researchers to investigate a contentious and politically sensitive area (Bywaters, et al., 2019). The search was then altered to the experiences of birthparents who have had their children removed from their care, either through removal or 'relinquishment'7. Although research for the latter is less documented (e.g., Siverns & Morgan, 2021), understanding the differences and similarities between experiences felt important.

Previous systematic reviews have considered issues relating to child-removal. For example, Suomi et al., (2021) looked at the prevalence of Post Traumatic Stress Disorder

⁷ Although 'relinquishment' felt a contested topic, including studies which involved parents who had agreed with child-removal, as opposed to removal against their will, felt important.

(PTSD) in birthparents involved with the CPS and found that high rates of complex trauma were evident. Similarly, one small-scale systematic review existed from 2015, looking at the experiences of mothers who have had their child compulsorily removed at birth (Marsh et al., 2015). This research highlighted four studies (Baum & Burns, 2007; Charlton et al., 2008; Logan, 1996; Mayes & Llewellyn, 2012), three of which were excluded for not meeting criteria (Baum & Burns, 2007; Marsh et al., 2015 and Mayes & Llewellyn, 2012), and one which was included (Logan, 1996). Similarly, a recent literature synthesis from 2020 had recently been published, although this was not conducted systematically and viewed the issue through a Power Threat Meaning framework lens (Enlander et al., 2021). As such, conducting a systematic review of peer-reviewed empirical literature was deemed justifiable. The review aimed to answer the following question:

What does the existing empirical literature say about the experiences of birth parents who have had their child removed from their care?

1.13.2 Search strategy

Abstracts of relevant articles were surveyed to ascertain commonly used key-terms, as well as examining previous doctoral projects (Morgan et al., 2019). Several pilot searches were then conducted to capture the most used terms (Appendix B). Five bibliographic databases were accessed via the University of Hertfordshire in November 2021. Searches were performed using Scopus, APA PsycArticles, Cinahl Plus, PubMed and Social Care Online.

Following several pilot searches to scope broader literature, it was decided to refine the search criteria to birthmothers and/or birthparents. Although limited research on the experience of birth relatives was evident, this was found to centre around the experience of

kinship care (Chang & Liles, 2007; O'Leary & Butler, 2015). Research highlighted a limited number of studies looking at the emotional impact of child-removal on fathers (Baum & Negbi, 2013; Clifton, 2012), as well as the experience of supervised contact (Kiely, Sullivan, & Tobin, 2019). Recent research by Philip et al., (2020) highlights how the majority of fathers return to recurrent care proceedings with the same partner, as well as the notable pattern of absent fathers in the parenting dynamic. Although beyond the scope of this SLR, the role of the father in child-removal remains an important line of inquiry.

This review was particularly interested in birthparents' own perception of their experiences, as opposed to third-party accounts. As such, articles which looked at data rather than lived experiences were also excluded. For example, although Harp & Oser's (2018) study on the impact on child custody loss, drug misuse and criminality was relevant and rare in its focus on African American women, its research did not include the voices of the women themselves but associated health-based data. Similarly, Broadhurst & Mason's (2017) influential paper arguing for the reappraisal of state-response for successive child removal positioned itself through a legislative and policy view. Contrary to previous research, studies which looked at birthparents' participation with therapeutic services (e.g, Collings et al., 2021) without discussing their experiences of child-removal were also excluded.

A number of considerations were made about if and when to exclude studies that had a clear focus in relation to child-removal, for example, domestic violence (Nixon et al., 2013), mental health (Honey at al., 2018) or drug misuse (Janzen & Melrose, 2017). By happenstance, interviews with participants and reviewing of literature occurred simultaneously. After hearing of the women's experiences, the relevance of these issues

became clear; excluding said articles may have risked omission of important themes. An exception was made with studies with a focus on learning disabilities, however (e.g., Baum & Burns, 2007; Mayes & Llewellyn, 2012). Although additional learning needs may play some role in parenting capacity, it was felt that removal on the grounds of neurodiversity spoke to a related but different phenomenon and were thus excluded.

Given the paucity of research, it was decided that studies published outside of the UK would be included. Several of the final articles are therefore situated in different geographical and cultural contexts, for example Norway (Syrstad & Slettebø, 2019) and Canada (Honey at al., 2018). The research acknowledges that this may impact experiences and outcomes for birthparents involved. Full discussion on differing contexts is outwith the scope of this study but for further information, see Price-Robertson et al., (2014). Given the limited resources and timescale of the project, only English language papers were included; no papers published in different languages were discovered, however. For a summary of inclusion and exclusion criteria, see Table 1.

Table 1: Inclusions and Exclusion criteria

Inclusion criteria	Exclusion criteria
Published in the English language	Not published in the English language
Focused on the experience of birthparents	Outcome or interventions based
and/or mothers	Outcome of interventions based
Original peer reviewed research	Conceptual or theoretical basis
Focus on the experience of	
birthparents/mothers who have had their	Alternative perspectives (e.g., child, social
child removed from their care OR	worker)
birthparents/mothers who have	Focus on parents with learning disabilities
relinquished the care of their child	

Following recommendations by Siddaway et al., (2019), the procedure for the SLR was as follows:

- i) Search results exported from bibliographic databases to note management software.
- ii) Duplicates removed.
- iii) Titles then abstracts screened according to inclusion and exclusion criteria.
- iv) Any non-compliant articles removed.
- v) Bibliographies of final articles hand-searched for any missed relevant articles.
- vi) Final collection of articles established.

1.14 Results

The initial search with former search-terms (Appendix B) yielded 574 articles from the five databases. After completing the systematic review and hand-searching final articles, however, it became clear that several relevant articles had not been included in previous searches. Search terms were amended with key phases mentioned in said articles included (Appendix B). This resulted in a greater number of articles: 1068 in total with 990 being screened once duplicates were removed. Following the inclusion and exclusion criteria, titles and then abstracts were screened resulting in thirteen articles for full-text reading. Of these, twelve articles met the criteria for inclusion in the review. Reference lists were checked for any potentially missed articles, with one further study identified. A final thirteen articles were included in the review.

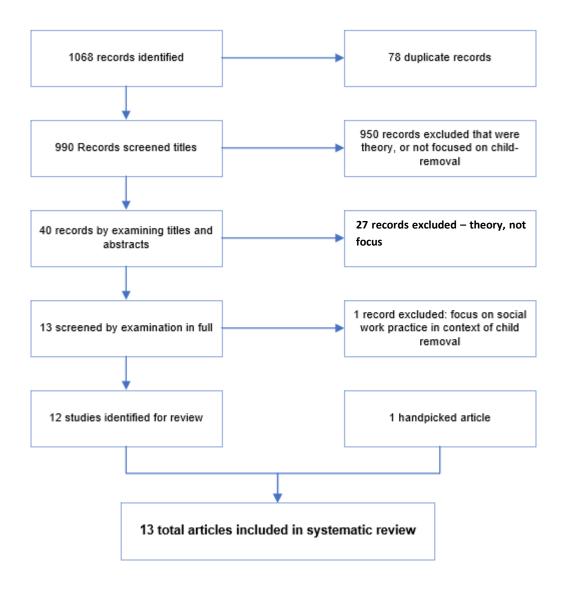


Figure 1: Prisma flow chart for study selection procedure

Table 2: Summary of Studies

No.	Title	Authors	Aims	Methodology	Participants	Key findings	Strengths and limitations
1.	'It Was Worse	(Janzen	To investigate the	Data collection:	Four	Three themes were	Strengths: The study contributes important
	than My Son	&	stages of the	Qualitative	birthmothers	identified: Betrayal,	findings towards a less-studied population:
	Passing Away.'	Melrose,	grieving process	research using	recruited	Soul Ache and	birthmothers who have also experienced
	The Experience	2017)	experienced by	semi-structured	through	Reclamation.	active addiction. It includes clear
	of Grief in		drug-addicted	interviews.	advertisements		implications for practitioners and suggests
	Recovering Crack		mothers following		placed in a long-		better understanding for the unique
	Cocaine-		the removal of	Data analysis:	term residential		interplay of factors impacting these
	Addicted		their child(ren)	Hermeneutical	addiction		women. Its suggestion of grief and support
	Mothers Who		from their care.	Phenomenological	treatment		counselling for addicted mothers is
	Lose Custody of			Method	centre.		suggestive of enabling post-traumatic
	Their Children						growth.
							<u>Limitations</u> : Its relatively small sample for a
							qualitative project may make some
							findings hard to generalise. Clear
							demographic data was missing, as was the
							analytic process. Given the less familiar
							method, this could have been
							advantageous.
2.	'It felt like it was	(Merman	To explore the	Data collection:	Seven	Four themes emerged:	Strengths: The study contributes towards
	night all the	ia et al.,	effects of	Qualitative	birthmothers	'No one in my corner';	the body of research considering child-
	time': Listening	2015)	separation on	research using	recruited from	Disconnecting from	removal, as well as highlighting the role of
	to the		birthmothers who	semi-structured	birth-mother	emotion;	Clinical Psychology in contributing more
	experience of		have had their	interviews.	support groups.	Renegotiating identity;	effectively for preventative action in the
	birth mothers		child(ren)			and The children are	child protection process. It highlights the
	whose children		removed from	Data analysis:		gone but still here.	necessity for early therapeutic intervention
	have been taken		their care, their	Interpretative			for mother as well as child.

	in to care or		sense of identity	Phenomenological			
	adopted		following this and	Analysis			Limitations: Given the nature of IPA. It is
			their experience				important to consider the ways in which
			of contact and				this could be one possible construction of
			support.				the mothers' experiences and is therefore
							not generalisable. Furthermore, the small
							sample size, singular service and all white
							British sample indicate how this may not
							be widely representative.
3.	Mothers of	(Richards	To investigate the	Data collection:	9 birthmothers	Highlights the impact	Strengths: This study appears innovative in
	children	on &	life experiences of	Qualitative	recruited	of relational difficulties	its application of psychological analytic
	removed under a	Brammer	mothers whose	research using free	through a third-	between mother and	theory to a socio-legal context. It suggests
	care order:	, 2020)	children have	association	sector support	child, and questions	increased attention on the welfare of
	Outcomes and		been subject to	narrative	agency.	how the legal concepts	mothers, as well as their own
	experiences		care orders. It	interviews.		of harm and	intersubjective and intergenerational
			also considers the			reasonable parental	contexts of parenting.
			quality of	Data analysis:		care are defined and	
			relationships	Analysed through		deployed. It	<u>Limitations</u> : Key elements of the research
			participants have	Kleinian		demonstrates the need	such as recruitment and a clear description
			with their own	psychoanalytic		_	of methodology render this research
			mothers and puts	principles.		framework to consider	difficult to both situate and replicate.
			this in context			harm in a more	Although it highlights the dangers of
			with decisions			intergenerational and	researchers coming to their own
			made re: child-			intersubjective way.	conclusions, the lack of rigour in the
			removal.				research potentially increases its
							likelihood.
4.	To understand	(Syrstad	To consider the	Data collection:	6 birthmothers	Three main themes	Strengths: The research carefully
	the	&	challenges	Qualitative	recruited from a	from two research	considered the quality of the study, e.g., by
	incomprehensibl		parents face	research using	group for	questions were	using a diverse research team and both

	e: A qualitative	Slettebø,	when their	focus groups and	parents with	identified: A struggle	focus groups and individual interviews. Its
	study of parents'	2019)	child(ren) was	semi-structured	children in care;	to understand why	use of positioning theory offered an
	challenges after		removed from	interviews.	two focus groups	their children were	interesting theoretical lens.
	child removal		their care and		and individual	placed in care; There is	
	and their		subsequent	Data analysis:	interviews.	no point trying to go	<u>Limitations</u> : Demographic detail was scant
	experiences with		experiences of	Thematic Analysis.		against the system;	and although the research aimed to look at
	support services		family counselling			and You are not a	birth parents, only one father was
			support services			failure.	recruited. As such, it may not be
			in Norway.				representative of birth parents more
							generally and could have been refined to
							birthmothers.
5.	If Only I Could	(Siverns	To explore the	Data collection:	Recruited	Three superordinate	Strengths: This research highlights
	Have Said, If	&	experiences of	Qualitative	through	themes were	important implications for women who
	Only Somebody	Morgan,	birthmothers with	research using	psychologists	generated: A fractured	have 'relinquished' care of children, but
	Was Listening':	2021)	trauma histories	semi-structured	within NHS	sense of motherhood;	also deny distress associated with this. The
	Mothers'		who have made	interviews.	Trusts or private	'I wish I could turn	function of shame and its implications on
	Experiences of		or agreed with		healthcare	back the clocks'; 'Less	complex grief presentations offers valuable
	Placing Their		the decision for	Data analysis:	providers who	than a person':	insight.
	Child into Care		their child to be	Interpretative	were asked to	Becoming nothing and	
			placed in to care.	Phenomenological	pass study	no-one.	Limitations: The small sample size limits
				Analysis.	details on to		this study's generalisability. Furthermore,
					eligible women.		there were significant differences between
					Two semi-		the women of when their child(ren) was
					structured		removed from their care which created
					interviews.		variation between experiences of
							mothering.
6.	Parents at war: A	(Otterlei	To explore the	Data collection:	13 parent	Six positions were	Strengths: This was one of the few studies
	positioning	&	perceptions of	Qualitative	participants: 10	identified: Facing a	that included fathers and highlighted
	analysis of how	Engebret	parents involved	research using	mothers and	powerful system;	ethnicity. Perceptions of circumstances

	parents	sen, 2021	in care-	semi-structured	three fathers.	Resisting fallible labels;	surrounding child-removal were discussed;
	negotiate their)	proceedings in	interviews.	Two parents wer	Renegotiating the	a perceived emphasis on the role of the
	loss after		Norway, how they		e described as	blame; The impact of	mother was highlighted, some
	experiencing		negotiate the way	Data analysis:	"immigrants".	Loss; The impact of	demographic information was offered.
	child removal by		that they are	Discursive analysis	Participants	stigma; Valuing	
	the state		positioned and		were recruited	abnormal parental	Limitations: The methodology remained
			how they make		through a	positions	unclear at points, and reflexivity on how
			sense of their		support		positions were identified was lacking.
			feelings of loss		organisation for		
			following child-		parents and		
			removal.		family		
					counselling		
					services across		
					16 sites in		
					Norway.		
7.	'My children are	(Morgan	To recognise and	Data collection:	Five birth	Three master themes	Strengths: The research highlighted both
	my world':	et al.,	discuss the	Qualitative	mothers	were constructed:	the ethnicity of its sample, as well as
	Raising the	2019)	experiences of	research using	recruited from a	'From feeling alone,	its epistemological position. It looked
	voices of birth		birth mothers	semi-structured	counselling	judged and let	beyond the efficacy of a particular service
	mothers with		who have had	interviews.	service.	downto feeling part	and towards the mechanisms of change
	substantial		their children			of a special	within successful therapeutic work.
	experience of		removed and	Data analysis:		relationship'; 'The	<u>Limitations</u> : The study was not able to
	counselling		subsequently	Interpretative		healing process'; and	recruit any other birth relatives, or those
	following the		experienced	Phenomenological		'My children are my	from different ethnic groups. Counsellors
	loss of their		therapeutic	Analysis.		world'.	advocated clients for the research, which
	children to		support.				may have resulted in a more biased
	adoption or						sample with more positive experiences.
	foster care						

8.	Mothering after	(Honey	To explore the	Data collection:	8 participants	Themes were	Strengths: This study filled a known gap in
	child removal:	et al.,	lived experiences	Qualitative	recruited	identified: Mothering	research, combining the experience of
	Living under the	2018)	of women with	research using	through four	continued; Mothering	severe mental illness and loss of child
	rule of Greek		severe mental	semi-structured	non-	differently; Mothering	custody. Its recruitment procedure was
	gods		illness whose	interviews.	governmental	constrained by	clearly stated, as was the data analysis.
			children have		organisations	external agents; and	
			been removed	Data analysis:	that support	External agents as	<u>Limitations</u> : This study focused on women
			from their care,	Interpretative	vulnerable	flawed and	who were already engaged in both services
			and how they	Phenomenological	mothers.	unpredictable.	and voluntary organisations so may not be
			make sense of	Analysis.			representative of wider, more reluctant,
			mothering.				populations. The metaphor of Greek gods
							felt abstract and less relatable at points.
9.	Parenting under	(Lewis &	То	Qualitative	12 birthparents	One master theme of	Strengths: This research had a
	Adversity: Birth	Brady,	highlight inequalit	research using un-	were recruited.	'Parental Adversity';	comparatively larger sample and detailed
	Parents'	2018)	y in adoption	structured life	10 mothers and	and three sub-themes	ethnicity in its demographic details. Its
	Accounts of		processes and	history interviews.	2 fathers were	were identified:	clear positioning of adoption as a
	Inequality and		procedures in		recruited	'Parenting under	demonstration of socio-economic
	Adoption		England and	Data analysis:	through	Adversity: Before	inequality makes an important
			Wales, as a result	Thematic Analysis.	voluntary	Child(ren)'s removal);	contribution.
			of inequality in		agencies in	Parenting under	
			social structures.		England and	Scrutiny: Adversity	<u>Limitations</u> : Detailed methodology, in
					Wales, including	Post Removal; and	particular the use of life history methods,
					adoption	Parenting after	were scant and unclear. It is possible that
					agencies. One	Adoption: Adversity	participants with less experience and
					birthmother	Continued.	fewer resources related to this could have
					identified as		been disadvantaged.
					British Asian		
					while the others		

					were white		
					British.		
10.	"Every Day It	(Nixon et	To investigate the	Qualitative	13 mothers from	Four themes were	Strengths: The study provides valuable
	Takes a Piece of	al., 2013)	experiences of	research using	women's	constructed: Women's	insights into the experiences where child
	You Away":		mothers' grief and	structured	shelters and a	Experiences with Grief	removal is as a result of domestic violence.
	Experiences of		loss following the	interviews.	local women's	and Loss When CPS	Sampling information was clear and
	Grief and Loss		removal of their		centre were	Removed Their	replicable.
	Among Abused		children because	Data analysis:	recruited. 9	Children; Loss of	
	Mothers		of domestic	Grounded Theory.	women self-	Mothering Rights and	<u>Limitations</u> : Grief and loss were emergent
	Involved with		violence.		identified as	Responsibilities; Loss	themes in the research and therefore not
	Child Protective				coming from a	of Mothering Identity;	explored in-depth in the interviews. As the
	Services				Caucasian	Health Effects.	recruitment was limited to domestic
					background and		violence shelters and a women's resource
					two self-		centre, women who manage to access
					identified as		such services are in the minority and thus
					Aboriginal.		data may not be generalisable.
11.	"I felt for a long	(Kenny et	To understand the	Qualitative	A theoretical	Four main themes	Strengths: Highlights the ways in which
	time like	al., 2015)	impact of child-	research using	sampling	around the expression	trauma may be expressed through
	everything		custody loss on	semi-structured	method was	of trauma were	different ways, aside from more
	beautiful in me		the lives of	interviews.	used, resulting in	identified: Separation;	researched ideas around grief and shame.
	had been taken		women who use		19 women of	Suffering; Forgetting	Theoretical sampling method resulted in a
	out": Women's		drugs.	Data analysis:	different ages	and remembrance;	broader range of women with differing
	suffering,			Thematic narrative	(18-69 years),	and Survival.	experiences. This in turn may have
	remembering			analysis.	ethnicity, drug(s)		encapsulated a less biased sample with
	and survival				of choice and		more divergent experiences.
	following the				terms of		
	loss of child				separation from		Limitations: This research importantly
	custody.				children.		highlighted the implications of this
							research on minoritized communities but

							took this idea no further. As the sample is highlighted as being ethnically diverse, more information and discussion around this may have filled an important gap in research.
12.	Child removal as	(Broadhu	To better	In-depth	72 women	Two master themes	Strengths: This was a large, national study
	the gateway to	rst &	understand the	qualitative	recruited from 7	were constructed: An	that built on previous influential research
	further	Mason,	immediate and	interviews.	local authorities	immediate	and suggested several practical
	adversity: Birth	2020)	longer-terms		from the north	psychosocial crisis; and	implications, including support in the
	mother accounts		effects of child	Data analysis:	and south of	The enduring and	immediate aftermath of child removal and
	of the		removal on birth	Phenomenological	England.	cumulative negative	the "deep mistrust" experienced by
	immediate and		mothers.	analysis.		consequences.	women in relation to the allied agencies
	enduring						that support them.
	collateral						
	consequences of						<u>Limitations</u> : This study demonstrated
	child removal						clinical implications and future study aims
							but did not highlight its own limitations.
							Furthermore, insight into types of
							interviews and analysis was lacking. Less
							ambiguity in terms of analytic methods
							could be advantageous.
13.	Birth Mothers	(Logan,	To better	Semi-structured	Semi-structured		Strengths: This was a large, national study
	and their Mental	1996)	understand the	interviews.	questionnaires	constructed: lack of	that was one of the first of its kind. It
	Health:		experiences of		distributed to		yielded information from women with
	Unchartered		*	Data analysis: Not	101 birthparents	9 . 9	differing experiences of the adoption
	Territory		'relinquish' their	stated	known to be	•	process and highlighted some long-lasting
			child for adoption.		using a post-	searching and impact	effects.
					adoption	of contact.	
					support service.		

EXPERIENCES OF BLACK BIRTHMOTHERS WHO HAVE HAD THEIR CHILD(REN) REMOVED

		Unknown	Limitations: This study demonstrated
		sample returned;	clinical implications but t its methods
		30	lacked rigour. Several factors were missing,
		questionnaires	including analytic methods and a clear
		returned and	outlining of themes.
		invited to	
		partake in	
		interview.	

1.15 Critical evaluation of study quality

The quality of studies included in the review was evaluated using the "Big-Tent" Criteria for Excellent Qualitative Research (Tracy, 2010). As all the articles included in the review were qualitative, alternative methodologically specific appraisal frameworks were not required. The framework's conceptualisation of different methodological paradigms was advantageous given the varying epistemological stances (Tracy & Hinrichs, 2017). For the quality appraisal framework in full, see Appendix C.

All studies offered a meaningful contribution towards the knowledge base and were well-written and executed; most studies expressed research aims and highlighted gaps in data. A small number explicitly stated research questions (Honey et al., 2018; Richardson & Brammer, 2020; Syrstad & Slettebø, 2019), whilst others showed sound theoretical knowledge, but lacked clear direction (Logan, 1996; Nixon et al., 2013; Otterlei & Engebretsen, 2021).

In general, methods used were suitable for the research's aims. All studies were qualitative, but there was a clear difference in how their methodologies were stated. A few excellent examples were evident, with clear and thorough explanations of recruitment, sample demographics and chosen analysis (Mermania et al., 2015; Morgan et al., 2019; Otterlei & Engebretsen, 2021; Richardson & Brammer, 2020; Syrstad & Slettebø, 2019). A smaller number (Mermania et al., 2015; Morgan et al., 2019; Nixon et al., 2013) also described the ethnicity of their participants, with Morgan et. al., (2019) highlighting the all-White sample as a limitation. Several articles were less transparent with ways in which data was analysed, however. For example, Janzen & Melrose (2017) describe an "interpretative theoretical framework" (p.232) but do not make clear if they are analysing using IPA, or

otherwise. Similarly, several articles spoke of using 'principles of' analyses and theoretical positions (Otterlei & Engebretsen, 2021; Nixon et al., 2013) without explaining ways the analysis may have deviated from original frameworks. In a few examples, this lack of clarity may have compromised data validity. For example, in Lewis & Brady's (2018) study, the authors described using a life history approach whilst interviewing participants. As the familiarity of this approach and the extent it was adopted between participants differed, it is possible that the quality of responses differed also. Furthermore, Richardson & Brammer's (2020) study looked at the maternal relationship between mothers of children who have had their children removed and their own mothers. Although potentially offering important insight, many of its assertions lacked corresponding evidence. Its use of a free association narrative interview technique lacked rigour by not detailing the theme construction process. Although the authors did highlight the vulnerability of qualitative research to making its own broad assumptions, they did not appear to demonstrate the ways in which they tried to mitigate this. In Morgan's (1996) study, nearly all information on methodology, as significant elements of recruitment, were lacking.

The majority of articles used only one method of data collection. With the exception of three studies (Lewis & Brady, 2018; Nixon et al., 2013; Richardson & Brammer, 2020), all used semi-structured interviews. Syrstad & Slettebø's study (2019) was an exception in that it used both semi-structured interviews and focus groups to increase data richness. It was also able to reflect on what was publically and privately shared. Similarly, Siverns & Morgan (2021) chose to interview participants twice to enable greater opportunity to reflect and elaborate on any points of ommission or elaboration. Given the sensitivity of the topic and the challenges of discussing an often traumatic event, this seemed particularly well-considered and sensitive to participants' needs. Although Broadhurst & Mason's (2020)

study was not mixed-methods, it analysed qualitative data from a previous study. As the sample size was signifcantly larger, its impact may have been greater. Similarly, Morgan's (1996) study had a relatively large sample and recruited from a semi-structured questionnaire. If and how this data was further used remains unclear.

A global omission within the included studies, however, was clear evidence of sincerity through transparency and self-reflexivity. Although all studies included sample information, only a handful highlighted challenges regarding this. Nixon et al., (2013) decribe how few women who survive domestic violence have access to support services, for example, making it hard to generalise their results across the entire population. Similarly, Mermania et al., (2015) refer to the benefits and limitations of their recruitment strategy, but neither consider their roles as researchers in the process and how this may have encouraged or inhibited participant response. One article (Lewis & Brady, 2018) explained the researcher's interest in the topic, and the decision to tell the interviewees that they used to be a social worker. Given power differential between birthparents and researchers, clearly evidencing self-reflexivity feels an important step.

All articles bar Morgan (1996) included information on the ethics process, although the majority of these lacked detail. Two studies (Broadhurst & Mason, 2020; Otterlei & Engebretsen, 2021) stood out for their clear and thorough ethical considerations, with Broadhurst & Mason (2020) highlighting participant support following the interview process. Although some studies did clarify funding and/or declaration of interests (e.g., Broadhurst & Mason, 2020; Richardson & Brammer, 2020) a clearer understanding of the author's relationship to the research and potential biases would have been advantageous.

1.16 Synthesis of findings

The review synthesises findings from the thirteen articles, using guidance from Siddaway et al., (2019). Following reviewing and familiarising myself with the articles, analaysis techniques were borrowed from Thomas & Harden's (2008) thematic synthesis: i) coding of text; ii) development of descriptive themes; iii) generating analytic themes. Three main themes are discussed:

- "Facing a powerful system"
- "Soul Ache": The impact of loss and stigma
- "You are not a failure": Remembrance and renegotiating identity

1.16.1 "Facing a powerful system"

Six of the papers explicitly referred to perceptions of powerlessness against an all-powerful state (Broadhurst & Mason, 2017; Honey et al., 2018; Lewis & Brady, 2018; Mermania et al., 2015; Otterlei & Engebretsen, 2021; Richardson & Brammer, 2020; Syrstad & Slettebø, 2019). The papers consistently referred to participants' lack of control within the context of child-removal, and highlighted how this was also demonstrative of other areas of their lives (Broadhurst & Mason, 2020; Mermania et al., 2015).

In this way, the feelings of powerlessness against the system were also linked to feelings of powerlessness more generally. Some participants had felt consistently undersupported since childhood (Syrstad & Slettebø, 2019), with others attributing this to a worsening of circumstances such as drug addiction and homelessness (e.g., Broadhurst & Mason, 2020; Richardson & Brammer, 2020). Several papers (Broadhurst & Mason, 2020; Lewis & Brady, 2018; Mermania, Nolte, Norris, & Harborne, 2015; Richardson & Brammer, 2020) discussed the combined challenges (Broadhurst & Mason, 2020) facing many

birthparents and how the structural inequality they faced before and after the removal of their children had a demonstratively deletrious effect. In Mermania et al.'s (2015) study, birthmothers highlight the multiple stressors they were facing in the months preceding child-removal. When thinking about the specific needs of parents with mental health diagnoses, participants across the studies often found that their own psychological well-being and contexts were ill-considered. Instead, however, perceptions of what would be considered 'good enough' in light of their difficulties was often ambiguous and shifting (e.g., Honey et al., 2018). Furthermore, Broadhurst & Mason's study (2020) on the collateral impact of child-removal highlighted how in such instances, the accumulation of adverse experiences eventually became unmanageable. Few material safety nets for parents frequently place them at increased risk.

It is of interest that several studies highlighted the lack of compassion and contextual understanding offered by many child protection services (Lewis & Brady, 2018; Otterlei & Engebretsen, 2021). This sense of powerlessness, therefore, is directly attributable to hostile welfare environments. It was felt that services did not fully consider the structural inequalities or limitations that their requests were putting on birthparents. Lewis & Brady (2018), for example, highlight the difficulty for birthparents to manage work alongside prioritising meetings; others walked great distances to meetings in the absence of a car. Importantly, some of the studies with birthfathers demonstrated the ways in which they 'fought back' against accusations (e.g., Otterlei & Engebretsen, 2021). This was in direct contrast to birthmothers, who felt their actions were specifically judged (Lewis & Brady, 2018).

Significantly, several studies highlighted feelings of powerlessness to define themselves; the effects of non-representative singular narratives were seen as particularly damaging (Broadhurst & Mason, 2017; Lewis & Brady; Mermania et al., 2015; Otterlei & Engebretsen, 2021;Syrstad & Slettebø, 2019). This, in turn, was felt to impact how their child(ren) may subsequently interpret their birthparents in light of this; as deficient as opposed to in need of support.

1.16.2 "Soul Ache": The impact of loss and stigma

Numerous articles within the reviewed literature spoke about a profound feeling of loss following the removal of their child(ren) (Broadhurst & Mason, 2017; Janzen & Melrose, 2017; Kenny et al., 2015; Lewis & Brady, 2018; Morgan 1996; Nixon, Radtke, & Tutty, 2013; Otterlei & Engebretsen, 2021; Siverns & Morgan, 2021); what Janzen & Melrose (2017) refer to as "soul ache" (p. 242). Broadhurst & Mason (2017) describe the global finding of "immediate devastation" (pg. 24) post-child-removal, and a subsequent worsening of difficulties causal to the removal process. As also highlighted in Kenny et al., (2015), birthmothers thus became increasingly vulnerable; their ability to function and complete basic daily tasks was obliterated through their grief. This "collapse of the universe" (Kenny et al., 2015, p. 1161), was iterated throughout all accounts, with some articulating the intense grief as an almost hysteria (Janzen & Melrose, 2017). Others experienced feelings of suicidality and other significant physical health effects (Kenny, Barrington, & Green, 2015; Lewis & Brady, 2018; Morgan, 1996; Nixon, Radtke, & Tutty, 2013).

The loss of birthparent's children then created great uncertainty; a liminal space of existing over living was evident (e.g., Janzen & Melrose, 2017). Nixon et al.,'s study (2013) powerfully highlights the initial days and weeks proceeding child-removal, in which birthmothers describe going "insane", "looking for them", and not moving from their child's

bed (p. 181). This study's focus on domestic violence illustrates how loss may be further compounded by parents who feel less like perpetrators and more like victims. How birthmothers made sense of themelves was also damaged within this – Kenny et al., (2015) for example, describe how "everything beautiful...had been taken out" (p. 1158). What is often left in its wake, is a sense of cumulative trauma for both the loss of the child, as well as the contributing factors leading up to their removal. This is further highlighted by subsequent role loss once they were no longer actively parenting (Broadhurst & Mason, 2017; Honey et al., 2018; Otterlei & Engebretsen, 2021), with Broadhurst & Mason (2017) highlighting how this is already within the context of birthparents' "fragile and restricted social statuses" (p. 26).

This feeling of not knowing how to function was at times moderated by hopes of reunification; this served as a balm for some birthparents in moments of intense grief (Kenny, Barrington, & Green, 2015). Although some studies showed birthparents being able to effectively parent again (e.g., Honey et al., 2018; Lewis & Brady, 2018), there was also ambiguity in relation to some children's new adoptive status. For example, Lewis & Brady's study (2018) highlights how although birthparents are pleased that their child is having a 'good life', they also recognised the widening gap of privilege; loss therefore was multifaceted in both their present but also potential future relationships with their child(ren). In some instances, the incomprehensible grief of this present and future loss resulted in some birthmothers minimising and mitigating their experiences; the severity of their circumstances pre-removal, their importance in their children's lives, and distancing from emotion were all present (Janzen & Melrose, 2017; Mermania et al., 2015). When faced with such overwhelming grief, however, this is arguably an adaptive function. Siverns

& Morgan (2021) highlight how this tension between moving towards, or away, from motherhood, led to a fractured sense of maternal identity.

Broadhurst & Mason (2020) discuss the multiple ways in which stigma is frequently present in the birthparent's experiences, namely through their isolation within peer networks. In line with notions of 'spoiled' identities (Morris, 2018), birthparents frequently expressed feeling othered as a result of removal. Participants demonstrated how they 'hid' the fact that their children were not in their care, through witholding information to colleagues, for example, or leaving at a certain time to feign 'going on the school-run'. Child removal is considered a social flaw and one which women particularly feel the need to defend themselves from. Although initially protective, the authors highlight how it in fact perpetuates social isolation and disconnection.

Similar to Kenny et al., (2015), women identified a strong desire to meet with other birthparents to try and ameliorate some of these effects. Understanding that many also occupied stigmatised identities before having children, i.e. through the legacy of their own birthparent's addiction or mental health difficulties (Honey, et al., 2018; Richardson & Brammer, 2020), is also highlighted. Stigma also becomes increasingly complex in situations whereby birthparents are seen to have further transgressed parental norms, through active addiction or domestic violence in birthmothers, for example (Kenny et al., 2015, Nixon et al., 2013) but also in birthparents more generally who feel judged and excluded from their peers (Otterlei & Engebretsen, 2021). Studies highlight, therefore, a challenging duplicity of feeling immense loss, but not always being able to fully articulate this due to fear of judgement. The mechansims of this may arguably seen in how the research itself is conducted. Some studies (e,g., Nixon et al., 2013), for example, did not ask questions specifically surrounding stigma and loss, but became evident through emergent themes.

1.16.3 "You are not a failure": Remembrance and renegotiating identity

Loss and suffering were not the sum of the papers selected, however; half also referred to an element of growth once their children were no longer in their care (Janzen & Melrose, 2017; Mermania et al., 2015; Morgan et al, 2019; Otterlei & Engebretsen, 2021; Siverns & Morgan, 2021). Janzen & Melrose (2017), however, found that although the birthmothers still felt palpable grief, they had often found ways to "reclaim their lives" (p.243). In the context of rehabilitation centres, this often related to a relationship with a higher power, and finding some purpose in their suffering. Several other studies had similar findings, however, with birthparents feeling as if their experience had granted them new insight and opportunity for change (e.g., Mermania et al., 2015; Morgan et al., 2019). As such, the act of remembrance and feeling the true weight of their loss allowed many birthparents a sense of reconcilliation, and sometimes forgiveness, with their former selves (Otterlei & Engebretsen, 2021; Syrstad & Slettebø, 2019).

Akin to the loss of identity many parents felt, there also came a time to re-build or re-negotiate this. For some, this involved life-changing decisions such as recovering from addiction (Janzen & Melrose 2017) or starting education or a career (Mermania et al., 2015). Both infrequent contact and a pressure to make times they did see their children 'perfect' became additional stressors (Mermania et al., 2015), but were mostly interpreted as being positive signs of commitment and growth (Otterlei & Engebretsen, 2021; Siverns & Morgan, 2021). Finding spaces where they did not feel like failed parents was instrumental to many of the birthparents' recoveries (Syrstad & Slettebø, 2019), with positive therapeutic relationships being shown to be of particular importance (Lewis & Brady, 2018; Morgan et al., 2019). This support was shown to reconcile the birthparents with what had happened, and re-establish their absent children's centrality in their lives (Morgan et al., 2019).

1.17 Conclusion

This SLR on the experiences of birthparents who have had their child(ren) removed from their care identified thirteen studies. Of note, the review included research outside of the UK, and those in which birthparents had consented to child-removal. Other languages and/or databases may highlight other results.

The studies demonstrated feelings of powerlessness against state systems, particularly in the context of social disadvantage and inequality. Removal of children was seen to worsen circumstances for many, although a sense of reconciliation and 'making sense' of the incomprehensible was also present. Importantly, the research demonstrated a significant focus on the emotional turmoil of having one's children removed, and how this often perpetuated stigma. Resources to support birthparents in these contexts were often found to be lacking, further increasing isolation. Where support was available, birthparents were able to make better sense of both what had happened, and consider their new identity of parenthood in absentia.

1.18 Aims and rationale for the current study

This current research aimed to better understand the experiences of Black birthmothers who have had their child(ren) removed from their care. As discussed, a paucity of research in this area exists; no studies looking at this explicit experience were found. While some research has looked at the experiences of birthmothers/parents who have had their child(ren) removed, most are taken from predominantly White samples. Furthermore, several are recruited from support agencies or otherwise, with participants who may have had more positive experiences.

This lack of research exists despite of a known over-representation of Black children in the CPS, and disproportionate structural inequality experienced by Black families.

Although some studies have demonstrated the cumulative impacts of multiple adverse life circumstances on birthmothers, this has not included experiences and implications of race. Given that several state systems within the UK have been criticized for their institutionally racist practices, understanding how Black birthmothers experience this system is paramount. This has also been highlighted in previous research, which suggests further investigation into the role of implicit or institutional bias. Furthermore, a more nuanced understanding of contributory factors towards child-removal in the Black population will allow researchers and professionals better insight into potential risk-factors. Emerging evidence also suggests poor understanding of if, and when, Black birthmothers utilise support services post-removal. Understanding perceptions of involvement with statutory services may cast important light on what may help, and what may hinder, Black birthmothers seeking support.

1.19 Research question

The research question for the current study is:

What are the experiences of Black birthmothers who have had their child(ren) removed from their care?

Three secondary questions were included:

1. What were the birthmother's experiences of the child protection system before their child(ren) were removed from their care?

- 2. What are the birthmother's accounts of how their ethnicity may have impacted decisions made?
- 3. What are the birthmother's experiences of what has been helpful following the removal of their child(ren)?

It is of interest that the above final research question altered from that of the original question (e.g., Appendix D). The research team adopted the use of 'Afro-Caribbean' as opposed to African Caribbean, believing that it was still used in academia (Hutchinson & McKenzie, 1995). Similarly, the initial African-Caribbean stipulation was widened to 'Black' as it was felt that a specific ethnicity may be too niche. After brief publication of a Twitter advert, someone highlighted the 'Afro-Caribbean' term, highlighting it as being linked to hairstyle, not heritage (B:M2022, 2017). The advert was quickly removed but served as an important lesson in being both well-informed and culturally humble (Patallo, 2019). I was reminded through the writing process of how uncomfortable this felt at the time, and in the early stages of the project led me to feel ill-equipped and at times, ignorant. I was reminded of the necessity for discomfort within decolonising practices (Ryde, 1990) however, and used supervisor meetings, peer discussion and reflective diaries to consider this (Appendix A).

2 Methodology

2.1 Design

This study aims to explore the experiences of Black birthmothers who have had their child(ren) removed from their care. As qualitative methodology is understood to allow for in-depth, rich analysis, it was considered the best approach (Barker et al., 2002).

Qualitative methodology is also concerned with how people experience phenomena and thus make sense of these experiences (Lapan et al., 2012). It allows the researcher to consider the individual's perspective, whilst still aligning to their subjective lived experience (Elliot et al., 1999). Importantly, it is understood to be an effective methodology for both identifying and discussing under-researched areas (Moriarty, 2011). Qualitative methodology is therefore generative in the context of this research as it moves away from establishing causality per se; it is instead interested in the voice of the individual as opposed to statistical population trends (Roberts & Boardman, 2014). Highlighting the individual voice and experience thus becomes crucial when considering marginalised populations.

2.1.1 Consideration of Methodologies

Alternative qualitative methodologies were considered for the research in the initial stages of its design. Primarily:

- i) Discourse Analysis (Edwards & Potter, 1992; Kendall & Wickman, 1999)
- ii) Narrative Analysis (Crossley, 2000; Emerson & Frosh, 2009)

2.1.2 Discourse Analysis

Discourse Analysis is concerned with the ways in which individuals make sense of their world and aims to access this through the discourses and interpretative repertoires that they adopt (Wetherell, Taylor, & Yates, 2001). Language is therefore understood as

constructing social discourse, meaning and identities. As a disenfranchised group, the ways in which the women talked about themselves and their perceived place in the world was of interest to the study. However, the research focused more on their experiences as birthmothers as opposed to their dialogue surrounding it. Instead of a double hermeneutic⁸, Discourse Analysis' position of a hermeneutic of suspicion (Josselson, 2004) could have mitigated the women's ability to fully engage in and discuss their lived experience. When considering the limited research and stigmatised population, a method which allowed for full expression felt important.

2.1.3 Narrative Analysis

Narrative Analysis is derived from the Narrative Psychology discipline and is concerned with the stories that people tell about themselves and their lives, as well as the societal discourses that shape them (Squire et al., 2013). Given the birthmothers' varying experiences and contexts, its focus on how these accounts alter and are influenced over time was of particular interest (Reissman, 2001). Analysing how the birthmothers made sense of their stories about child removal, how this may change and to what effect these stories were constructed (Willig, 2013) would be an interesting area of future research. That said, given the dearth of literature currently available on this topic, Interpretive Phenomenological Analysis (IPA) was deemed a more appropriate method to ask fundamental questions about the individual's lived experiences.

2.1.4 Interpretive Phenomenological Analysis (IPA)

As outlined in the introduction, this research adopts a critical realist position. The research question, however, lends itself to a more phenomenological lens; that is, to

⁸ For further discussion on hermeneutics, see 3.1.2

understand the individual views and makes sense of the world, by highlighting the implicit assumptions in the explanation of their experience. As such, the research seeks to adopt a pluralistic approach and phenomenological stance (Willig, 2013). As the role of the qualitative researcher is to attempt to access the participant's inner world, thoughts, and feelings (Sutton & Austin, 2015), it is also essential that they have the opportunity to share their experiences without fear of judgement or distortion. As such, the project aims to be as close as possible to the birthmother's lived experience of child removal, as well as understanding the broader socio-political, cultural, and theoretical contexts in which they live (Harper, 2012).

Interpretive Phenomenological Analysis (IPA) (Smith et al., 2009) is particularly interested in how the individual interprets their experience and how this is situated within their broader contexts. As such, it was deemed most appropriate for this research. Its phenomenological stance aims to produce an account of a lived experience in its own terms, as opposed to relying on pre-existing theoretical structures. Furthermore, its idiographic approach honours the detailed individual experience before moving on to more broader claims. Understanding this as an interpretive endeavour is key; IPA acknowledges how experiences happen in context and in relation to others. As such, a process of intersubjective meaning-making may be observed; the researcher trying to make sense of the participant making sense of what has happened to them (Smith et al., 2009). This 'double hermeneutic' necessitates reflection on the part of the researcher, and how their own experiences and biases may be impacting their understanding (Smith et al., 2022).

Similar to that of Thematic Analysis (Braun & Clarke, 2006), the use of manualised steps in IPA has been critiqued as being beneficial but also potentially restrictive (Pringle et

al., 2013). Furthermore, its focus on the internal perspective may go some way in obscuring the realities of wider context. Willig (2013) also notes how the methodology places a particular demand on its participants to be offer detailed verbal accounts of their experiences. This could prove problematic for some people and may not fully address the impact of trauma and the ability to articulate distress. By bringing the co-construction of meaning and double hermeneutic to the fore, I hope to pay particular attention to the wider socio-political contexts in which the women live. Further information on the IPA analytic process can be found in the data analysis section below.

An additional layer and challenge to the IPA process in the context of this research was my position as a White researcher, speaking to Black women. I was aware of this 'double hermeneutic', and how my own racial identity may impact what I did or did not attend to. I was therefore making sense of participants making sense but was aware that we may be looking at the situation through entirely different lenses. As recommended (Edwards, 1990), naming this difference and making additional effort to countercheck understanding as conversations were happening was useful.

2.2 Ethical Considerations

The research project was granted initial ethical approval by the University of Hertfordshire Ethics Committee on 8th June 2021 (Appendix D). After an amendment was submitted regarding length of time since involvement with the CPS, final approval was granted on 6th October 2021 (Appendix E). As per university protocol, extensive risk assessments were conducted prior to data collection. British Psychological Society (BPS) guidelines on the code of human research ethics were followed, namely the principles of respect, scientific integrity, social responsibility, and minimisation of harm (Oates et al., 2021). Beyond this, it was recognised that the women who were engaging with the project

were potentially managing multiple stressors and complex lives. I was also aware, however, of further perpetuating misconceptions about Black families as being inherently troubled (Bernard & Gupta, 2008) or removing birthparents' agency but emphasising their vulnerability and need for protection.

2.3 Consent

Potential participants interested in partaking in the study were advised to contact the email address as per the advert (Appendix G). Following the advert being published, a support worker from an affiliated organisation contacted me to explain that she had a client who was interested but did not feel confident in reading or writing. As such, the consent process was adjusted to allow for greater participation.

After viewing the advert, potential participants either contacted directly to show interest, or support-workers spoke to women who they felt it may appeal to. After an email was received and consent gained, initial contact was made by me to the participant. This was commonly delivered via WhatsApp voice-note where available. Voice-notes were favoured as they did not require reading skills, were informal and could allow interested parties to see my face and hear my voice. Where this was not possible, text messages were sent. A brief phone call was then arranged to further discuss the study and answer any questions. Participants were then emailed a more detailed information sheet and consent form (Appendices G&H). Where applicable, the option for this to be sent to a support-worker or read out to them was offered. The remote nature of the interviews meant that most women were not able to physically sign for their consent and many did not have access to a printer. Women were able to offer verbal agreement to partake in the study, and type as opposed to sign the document (Appendix H). Some participants also chose to WhatsApp a photo of their signature to be attached to the relevant paperwork. Throughout

the recruitment and interview process, it was reiterated that participants were under no obligation to continue partaking in the study, and that their consent could be withdrawn at any time.

The research originally intended to create a video alongside a written advert, but time constraints and a lack of technological knowledge dissuaded me. I was reminded of this when a potential participant was less literate, and without additional support may not have been able to partake. I thought about the importance of inclusive practice, and how dense participant information was stipulated to be. This inadvertently may attract a certain 'type' of participant and risked making people feel further marginalised. I was grateful for both the participant and her support worker for the WhatsApp voice-note suggestion and found it highly effective throughout the research journey (Appendix A).

2.3.1 Confidentiality

Confidentiality was maintained throughout the research process. Information detailing confidentiality and its limits was explained and regularly reiterated to participants; it was offered in writing but not accepted. An encrypted laptop was used to record interviews via online conferencing software (Zoom). Once uploaded to a university encrypted drive, all files were deleted from the computer and software. Transcription documents were also password protected, with myself and my supervisor the only people granted access. All transcription documents were password protected with all identifiable information anonymised.

2.3.2 Risk of distress to participants

Risk of distress to participants was a consideration in the research process. This was highlighted in conversations prior to the interview and women were asked to carefully consider how able they felt to discuss their experiences at this time. A challenge of the

research was the recognition that subject material could be extremely emotive and at a time where usual avenues for support were less available due to Covid-19. As such, extensive conversations were had with participants prior to their interview explaining the sorts of questions that might be asked. Furthermore, it was agreed that the women did not have to answer anything; discussions around how they would signal distress or what they would like me to do in this eventuality were had. All women felt confident that they could discuss their experiences with me, and many reported feeling comfortable with telling their story. As the interviews were online, a discussion around the confidentiality of their space and what they may feel unable to discuss was also had. No issues were highlighted.

Some participants were recruited through a therapeutic support agency, and as such had access to support workers. In these incidences, consent was gained for staff to know that the interview was happening, and to offer any emotional support in its run-up or aftermath. In one instance, a participant was supported setting the interview up on her laptop and had planned to meet her support-worker later that day. It was a challenge of the research that no such similar support could be offered to women who came to the research independently. In such instances, details of national support lines and advice services (Mind, The Samaritans) were offered.

All participants were given an opportunity to reflect at the end of the interview what the experience had been like for them. They were asked at the beginning if there was anything important that they felt they wanted to discuss, which was then circled back to.

Two women did become visibly distressed within the interviews and cried on several occasions; they wished to continue and were reminded of avenues of support at the end.

Intermittent contact was maintained with participants throughout the project, including in offering an opportunity to partake in its dissemination.

Risk of distress was a difficult aspect of the ethical process, and I was mindful of potential imbalances of power. Although the women seemed very keen to tell their stories, I was conscious that this was also in the context of limited support resources available. I held in mind ways in which to guide the conversation if participants seemed too overwhelmed and spent time at the end of sessions talking about less emotive topics.

2.4 Development of interviews

The interview schedule was developed by considering recent relevant research and consulting with my supervisors (Appendix I). IPA guidelines were also followed (Smith et al., 2009). Furthermore, consultation with the wider research team proved valuable: discussing with two birthparents on the panel as well as a professor in social work with substantial experience of the child protection process helped highlight important areas of investigation. Initial questions were loosely adapted from previous research (Morgan et al., 2019) and reviewed by the research panel. A semi-structured interview was created to allow for participants to discuss in detail the elements of their experience that were important to them. Questions were also reviewed following a pilot interview with a member of the research panel, but it was found that no significant changes were needed. As the interviews progressed, however, certain questions became more prevalent than others.

2.5 Recruitment

Given the nature of the population and the sensitivity of the topic, a snowball recruitment method was favoured. Three stages were used to recruit participants. Initially, an advertisement (Appendix E) was published on Twitter and shared by members of the

research team as well as by organisations they were affiliated to. Secondly, recruited participants were asked to share within their own networks or people who they know it may relate to. Finally, several meetings were held with relevant organisations (e.g., Nuffield Justice Observatory) who either got in contact directly, or I was put in contact with after meeting certain groups. These third parties then further circulated the advert and spoke to their staff to inquire about any suitable candidates. Consent for this was gained from the ethical review panel and captured under the 'snowballing' method. Potential participants then made contact. Full information sheets and consent forms (Appendix H) were emailed to the participant and support worker where applicable.

Participants were women who identified as being Black and a birthmother and were recruited from around the UK. It was initially felt that to protect wellbeing, participants should not have been involved with Child Protection processes within the last 12 months. During initial conversations with both the research panel and potential participants, however, this was changed to 12 months since the removal of their child. Although no women had had their child removed sooner than 18 months prior, the care proceedings process was lengthy and sometimes final hearings were more recent. This had been further exacerbated by the Covid-19 pandemic. It was agreed that this final hearing decision should be made no sooner than 6 weeks prior to the interview. In this eventuality, women would also need to be receiving support from an external organisation. This felt like a difficult decision as participant safety felt paramount. Equally, the potentially restorative nature of the interview was expressed by potential participants and those close to them. Furthermore, including women from a variety of circumstances and experiences may have gone some way in eliminating bias that may have been present in similar studies (e.g., Morgan et al., 2019).

The study aimed to gather detailed accounts of the women's experiences and therefore focused on a small number of participants. It was initially anticipated that the advised sample size of 6-8 would be recruited, although it was agreed that no more than 8 and no fewer than 4 accounts would be ascertained.

Table 3: Inclusion & exclusion criteria.

Inclusion criteria	Exclusion criteria
Identify as Black	Anyone deemed unable to provide
	informed consent
Identify as a woman	Anyone deemed emotionally or
	psychologically too vulnerable to partake
Have had a biological child removed	In mood of an interpretar
from their care	In need of an interpreter
Experienced (final) care proceedings	Anyone who had experienced (final) care
later than six weeks of first interview,	proceedings within the last 6 weeks and is
and/or is receiving support from an	not currently receiving support from an
external agency	external agency
Experience of the CPS based in the UK	
English speaker	

The decision to include birthmothers who had had more recent interaction with the CPS felt like a difficult one. This specifically applied to one participant, who felt strongly aligned with the research and wanted to have an opportunity to discuss her experiences. As she was being regularly supported by a charity and support worker that I was in close contact with, this was felt to be admissible. Similarly, the research team recognised that for many birthmothers, social service involvement was continuing and complex. Thus, excluding women on this basis felt less suitable.

2.6 Challenges of recruitment

It was initially anticipated within the research team that recruiting the ideal number of participants (six-eight) would not prove problematic; members of the team felt confident in their links with this community of women. Like other studies looking at this area (Cox et

al., 2017), fewer participants came forward than anticipated. Given the sensitivity of the topic, some of this difficulty was expected. That said, as the sample size was relatively small and the research team had well-established connections, the level of difficulty came as a surprise.

Two out of the five participants were recruited via Twitter; the remaining three women consisted of one woman who was recruited via word-of-mouth from her mother and baby foster carer, a woman who saw the advertisement through an affiliated organisation, and one 'pilot' interview from a member of the research panel. All had had their child(ren) removed thus changing the study focus from the original CPS involvement. Once the participants had been established, arranging, and successfully conducting the interviews themselves was challenging. Three out of five of the interviews were rearranged several times and there were often extended periods without contact (Appendix A).

As the pilot interview schedule did not change following the interview from the research panel member, it was deemed viable to be included in analysis. There were advantages to this decision, such as increasing participant numbers in an already small sample. It was recognised that an additional participant would potentially improve the study's validity and could positively impact its wider reach. The birthmother also voiced a greater sense of contribution should her interview be included. Ethical issues were carefully considered, such as the participant sharing her study on the initial understanding that it would not be used further. Additionally, she would no longer become a named contributor due to a potential loss of anonymity. Insofar as the interview schedule did not change, it became evident throughout latter interviews that some questions elicited greater response

than others. As such, the pilot interview may have been disadvantaged in its focus on some areas but lack of further reflection in others.

2.7 The interviews

Semi-structured interviews were conducted with each of the five birth mothers. It was decided that interviews would be online as opposed to in-person for several reasons. Firstly, given ongoing restrictions and fluctuations of Covid-19 risk, administering the interviews on-line felt more suitable. As the interviews took place around 18 months after the initial outbreak, people seemed more accustomed to remote ways of working. Secondly, the research did not stipulate a geographical area. Although most participants were based in the South-East of England, some were further afield and often moved between locations. I was conscious of the potential difficulties of allowing a researcher into your home, as well as what it may mean for some people to be offered a face-to-face session whilst others were remote.

A challenge of this way of working was that it necessitated a mobile phone or computer and a stable internet connection. Given known discrepancies in access to technology during this period (Seah, 2020), access was checked before arranging the interview and alternative arrangements, such as the interview being facilitated by a support worker, were suggested. All birthmothers were able to partake in the research successfully.

Another consideration, however, was the impact of doing the interview in one's own home. Two of the women, for example, had infant children with them and one had their elder daughter in their flat. Neither of these circumstances could be mitigated.

Furthermore, I was aware of potential discomfort in someone being able to 'see in'; my background was changed, and I advised participants on how to do so if they preferred.

There was also an emotional impact for both parties in expressing and hearing difficult

stories in living spaces that, at the time, were not always possible to leave. Although this had become common in the previous 18 months, therapeutic sessions were typically shorter and for the clinician, had a greater capacity for a clinical debrief.

2.8 Participant information

As discussed, the project's sample size was smaller than initially anticipated but was still within range of what is deemed acceptable (Smith et al., 2009). Despite the challenges of recruitment, it was felt that the interviews obtained held rich and detailed data. As such, it was agreed that the recruitment process would be concluded in January 2022 after a final recruitment scoping meeting. A total of five birthmothers were successfully recruited.

Details of the women who participated are included in Table 4; to ensure anonymity, limited identifiable information is provided and pseudonyms are used throughout.

Table 4: Participant Details

Name	Miriam	Aisha	Leah	Michelle	Kay
Recruitment method	Recruitment panel	Twitter	Twitter	Word of mouth	Word-of- mouth
No. of children (total)	2	9	3	3	1
No. of children removed	1	9	2	2	1
Children returned to care?	0	0	1	1	1
No. of children currently in care or adopted?	1	9	2	2	0
Time since first child removed	6 years	16 years	16 years	2 years	7 years
Type of placements	Kinship care	Adopted/ foster /kinship care	Adopted/ Foster care	Foster care	Kinship care
Contact arrangements	Monthly contact	No contact/ monthly contact	No contact/ fortnightly contact	No contact/ monthly contact	Child returned to care

As previously discussed, the final sample were mothers who had had their child removed from their care; one out of five participants had experienced successive child removals. All were aged between 25 and 45 and identified as Black. Four out of five

participants were born in the UK and four out of five were first generation migrants. Two out of five participants had received substantial support from birthmother support agencies.

2.9 Experts by Experience consultation

2.9.1 During the design of the project

It is widely understood that birthparents who have had their child removed from their care are frequently stigmatized and silenced (Tyler, 2013). Morriss (2018, pg., 816) argued that the creation of spaces for birthmothers to speak about their experiences and thus end "enforced silencing" can be a "political act" through illuminating structural inequity. As well as speaking to birthmothers during interviews, two women were also asked to be part of the research panel and influence the research's execution. These women were identified through the research team and their work with associated organisations. As clinical research may mirror power structures within society, the sharing of this power felt important. The research panel were invited to view the advertisements and interview schedule, and suggest alterations where necessary. A birthmother on the panel participated in a pilot interview and reflected on the content and any omissions. It was planned for the women to also help with the analysis process in the cultivating of themes; due to unforeseen circumstances, this did not come to fruition. Due to lack of resources to offer this to all women and thus the potential for bias, it was decided that other participants would not be invited to partake in this. The role of Experts by Experience was therefore less present but other members of the research team (namely supervisor and external supervisor) adopted this role.

2.9.2 Participatory Action Research

The research initially aimed to be heavily influenced by Participatory Action Research (PAR). PAR is understood as research which "focuses on social change that promotes

democracy...challenges inequality, is context specific" and part of an "iterative cycle of research, action and reflection" (Institute of Development Studies , 2022). Given the restrictions of Doctoral level research being necessitated as both original and predominantly carried out by the principal investigator, some limitations of a strictly PAR approach were apparent from the offset. That said, co-production, which borrows from PAR, was still considered beneficial and was hoped to destabilise the hierarchical process of knowledge dissemination within academia.

To aid this, a collaborative supervisory team was developed consisting of six members of various ethnicities: the principal investigator, two Clinical Psychologists, a Social Worker and Researcher, and two birth mothers who have had their children removed from their care. Research suggests that collaborative teams that include both academics and community members can help address the inherent power imbalance between researchers/professionals and participants (Tobias et al., 2013). Furthermore, it was hoped that feedback from the team and mothers themselves would help to ensure that language and approaches used were sensitive to the participants' experiences, culture, and communities (Abelsohn, et al., 2015).

Following recent research suggesting criteria for assessing quality Participatory

Research (Belone et al., 2014; Lucero et al., 2016), alongside a review of its use in the

community (e.g., Viswanathan et al., 2004), criteria from exemplar studies have been

developed. Although many aspects, such as evidence of rigorous study design and

acknowledgement of participants as experts (Cook, 2008), were felt to be adhered to, other

elements may have retrospectively been lacking. For example, recognising potential PAR

challenges was arguably not give enough thought when considering trainee commitments

and the multiple stressors that many of the women were under. Furthermore, as much as I hope the women felt respected and relationships were built on reciprocal trust (Belone et al., 2014), I was equally coming from an outsider position and had no prior affiliation to the organisations they were associated with. Given the context of the research, this may have felt particularly challenging. As such, the project's initial aspiration of co-production was not meaningfully achieved. That said, the project did manage several meetings with birthmother panel members. Their insight in the project's initial stages was invaluable; feedback from both themselves and those who worked alongside them highlighted how choosing to be a part of the research, and feeling like their voices were being heard, was restorative in and of itself.

2.9.3 Dissemination

In line with the project's PAR aims, the hope was to disseminate this research in a creative, useful, and digestible way. Although elements of the project have since changed, this ambition remains. To support this, participants were asked if they wished to be contacted post-submission in the summer of 2022 to discuss potential ideas. All agreed. Although this is still to be confirmed, similar PAR projects have highlighted creative methods such as Photovoice (Budig, et al., 2018); all suitable and accessible given timeframes.

Outside of this, several organisations were spoken to in the development of this project. It was agreed that research would be disseminated to these groups after June 2022.

An aim is to co-produce these with participants and co-deliver them if desired.

2.10 Data analysis

Data was analysed following IPA guidance (Smith et al., 2009), alongside ongoing consultation from the supervisory team who have experience of the method. Procedures

followed will be outlined in the following section: for further discussion see Smith et al., (2009).

Table 5: Outline of IPA Procedure

Stage	Procedures							
1	Research question(s) formulated based on experiences and understanding of a							
1	phenomenon, whilst acknowledging researcher's subjective perspective.							
2	A homogenous sample, with experience of the phenomenon, chosen.							
3	Semi-structured interviews with participants conducted and interview transcribed.							
	Interview data analysed by:							
	- Familiarisation and immersion in data through listening to recording and							
	reading/re-reading transcript line-by-line several times.							
4	 Descriptive comments noted in the right-hand margin. 							
	- Process repeated for all transcripts.							
	- Emergent themes identified in accounts ⁹ .							
	- Themes clustered into a list of master and sub-themes.							
5	Narrative accounts of experiential themes produced; verbatim extracts applied to							
	illustrate attitudes and experiences							
6	Relationship between identified themes and existing knowledge and research							
6	highlighted; subjective perspective acknowledged.							

Initial analysis began by immersing myself in the data and listening to and reading the transcripts several times. Primary reflections and preliminary thoughts and understandings of the topic were clarified, with first impressions and a summary of each interview noted. Although Smith et al., (2009) traditionally recommended separating comments into three areas - descriptive, linguistic, and conceptual comments made at an interpretative level - updated guidance (Smith et al., 2022) suggests using these categories but combining into one column. If a phrase or comment was felt to typify the participant's experience, this was highlighted, and subsequent comments made. For an example of an analysed transcript, see Appendix J.

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⁹ A more recent publication by Smith, Flowers and Larkin (2022), recommends the use of *experiential themes* as opposed to *emergent themes*, and *Personal Experiential Statements* as opposed to *superordinate* or *master themes*. For clarity and continuity with other research, traditional terms will be used. Some stages of the updated analytical process will be used, however, for sense and brevity.

A line-by-line analysis of each transcript was thus conducted. Interviews were examined, while on the right-hand side of the page, reflections and interpretations were noted. As a higher level of abstraction and interpretation was required (Smith et al., 2009, 2022), this reading was repeated several times to mitigate error and ensure that reflections demonstrated an understanding of the individual's experience. Throughout the analytic process, transcripts were regularly cross-checked by myself and the supervisory team to ensure that they were reflective of the individual's accounts as opposed to purely my interpretation of them.

On an interview-by-interview basis, connections between themes were then identified to highlight frequency and potential similarities, as well as anomalies. Themes then became superordinate, or master, themes through subsumption – bringing together several other related themes. Similarly, other master themes were created by abstraction, or grouping similar themes and creating a new name for the cluster (Smith, et al., 2009, 2022). A final list of master-themes and sub-themes for each interview was created.

This process was then repeated for all five interviews. Once the previous steps were accomplished, patterns and connections across all master themes were considered. Some master themes remained while others 'collapsed' into one another and given a new name. A final list of master themes and corresponding sub-themes was created, with the participant(s) they alluded to highlighted (Appendix K). This final list of themes thus became the framework to try and makes sense of the (Black) birthmother's experiences. Results, including their master themes, sub-themes, and corresponding verbatim extracts, have thus been written in a narrative form.

2.11 Quality in qualitative research

As described in the literature review, a high quality of research should be upheld throughout. To capture all possible areas of sound research, different quality assessment tools were adopted for this study than in the systematic review (Tracy, 2010). As such, concepts from Yardley (2008), recognised as the most appropriate for an IPA study (Heffron & Gil-Rodriguez, 2011), will be adopted. The following criteria will be addressed:

- Sensitivity to context
- Commitment to rigour
- Transparency and coherence

2.11.1 Sensitivity to Context

Spencer et al., (2003) highlight the essential purpose of research as being to contribute towards and advance existing theory. This research hopes to do this by:

- Situating the research within its current socio-political context,
- examining existing literature's strengths and omissions,
- further exploring relevant literature on the experience of the Black population, and birthmothers more generally.

IPA also recognises the role of historical, socio-cultural, and political contexts within individual sense-making (Smith et al., 2009). The use of semi-structured interviews allows for this, as does the exploration of marginalised identities. Ensuring that the interviews remained person-centred allowed for the harvesting of rich data. Subsequent analysis was also analysed and interpreted with care; verbatim extracts were used to ensure the research panel remained grounded in the data.

2.11.2 Commitment and Rigour

To ensure transparency, researchers are required to demonstrate a commitment to systematic and transparent methodology (Spencer et al., 2003). This commitment is demonstrated through the pilot interview process, ongoing IPA discussions with the research team and peer IPA colleagues, as well as diarised reflections (Appendix A).

The use of a reflective diary was found to be of utility within this process, through encouraging both reflection and reflexivity. Within the context of the research, acknowledging my own position and potential blind-spots was crucial to the project's overall execution. Furthermore, related discussions and practical group-analysis sessions, facilitated by an experienced IPA researcher, were beneficial in helping delineate potential master and sub-themes. Considerate attention was given to all aspects of the research, which is hoped to add new insights to an under-researched phenomenon (Yardley, 2008).

2.11.3 Transparency and Coherence

Transparency is considered a central tenet of good-quality research. Researchers' openness and reflection on their own position and motivations in relation to the research is therefore essential. Throughout this process, I have aimed to be open in both how this research has been conducted, as well as my own intersecting identities and experiences that have shaped my interest. During the analytic process, I spent time bracketing my initial impressions of the transcripts so as not to be overly influenced by them in my subsequent line-by-line reading. Using my reflective diary has further aided this.

3 Results

3.1 Overview

This chapter presents the findings from an interpretive analysis of interviews with five Black birthmothers who have had experienced their child(ren) being removed from their care.

Four master themes and supporting coordinating themes were constructed from the analysis. Themes will be described and detailed using verbatim extracts from the birthmothers' transcripts. These results should be interpreted as one possible account of how Black birth mothers have made sense of their experiences following child-removal. Whilst seeking to highlight their overarching commonalities, the following themes attempt to communicate both similarities and differences across the five accounts. Due to constraints on the scope of this research, it has not been possible to address every issue raised in the interviews. Instead, the following themes have been selected due to their relevance to the research question. For a separate table indicating the pervasiveness of themes across the five accounts, see Appendix K.

Data analysis proved one of the lengthier aspects of the research journey; this material was, at times, difficult to process. I felt a pervasive sense of wanting to 'get it right' for them but recognised the interpretive nature of IPA; as a White, middle-class researcher who works within 'the system', there are many things that will remain unseen or interpreted differently. I have thought often of these women in the past few months and the disempowerment they have felt throughout their lives. In my life and potential future career, I am aware of how much more likely I am to be holding the power as opposed to losing it. I

hope to do the participants justice and raise not only their voices but strengthen the thinner narratives told about them.

Table 6: Themes

Strangers in a strange land
Childhood impacting motherhood
"Just left to survive"
Parenting outside of the Eurocentric norm
(M)othering continued
Fighting against a powerful system
"Guilty until proven innocent"
"They're setting you up to fail"
"If I looked like youmaybe I'd get all of that
support."
"Maybe others would havemade sure I was
protected."
"It's so hardbeing in this skin"
"This is where you can break, and we can
rebuild"
Being the change

3.2 (M)othering from the margins

This master theme attempts to describe how the mothers described a life-long and continuing sense of 'otherness'. This was often represented in intergenerational cycles of migration, difference, and disenfranchisement. Five subordinate themes are discussed:

Childhood impacting motherhood; Strangers in a strange land; "Just left to survive";

Parenting outside of the Eurocentric norm; and (M)othering continued.

3.2.1 Strangers in a strange land

All the women were born to Caribbean or West African parents, and many described a sense of difference as a result. This ambiguity of 'home' and 'nationality' ran throughout several of the narratives, partly centring around intergenerational stories of migration and their experiences of two or more distinct cultures. Several women spoke about the

disconnect they felt between the British culture they grew up in and the cultural values that their parents instilled. This often appeared mismatched or anachronistic:

"My mum and dad was born in Jamaica and they both came out when they were nine"

(Aisha)

"My dad was a very-old fashioned West Indian man. He was born in 1926, so he was very old...A woman's place is in the home. That was his rule." (Leah)

The women often recognised, however, the difficulties their families may have faced. Kay describes how: "when my mum came here, she was...put into a...special ed school", without having additional learning needs. Going on to describe her own experiences of multi-cultural inner-city education where "everyone looked like me", there seems a disconnect between the chasm of intergenerational experience. When asked how she makes sense of her own childhood experiences considering her parents' journey, she explained:

"I look at that now as foreigners coming to a place where they have to fit in. They are different. They speak differently. They look different. ALL of those factors add to something of them having to lose a portion of themselves to be able to fit in to a new culture, new...everything here, in Britain. That must have had a really...hard effect on them isn't it?"

Both the sense of difference and the requirement for assimilation are apparent in her narrative. Kay seemed to conceptualise her parents as journeying Caribbean children - leaving as migrants but arriving as immigrants. Losing "a portion of themselves" in this process seems to have had a profound effect, which in turn had "an impact on their parenting" and herself as a young person. There is a cross-generational impact of migration and dislocation, therefore — one that continues still:

"... I only just got... British citizenship in 2019 because I was actually classed as Jamaican because of the whole Windrush stuff ... I was able to get my passport. My daughter also was then able to get her...citizenship." (Kay)

Miriam, who was the only participant who migrated in childhood, explained:

"when I arrived in this country...I was six years old... I came with a lady who...I was told was my mother...as soon as we arrived in the UK ... she became very abusive ...I experienced...all type of abuse, and I couldn't understand because I was such a young age."

Her use of "this country" alludes to some of this disconnection, as well as the disorientating effect of leaving familiarity and relative security. There is a sense here of migration being indicative of a worsening of circumstance and increased confusion. "This country" may therefore be synonymous with instability, but the idea of "home" and being "sent back" also became weaponised. What and where "home" is becomes confused: a place of longing and of isolation, a site of safety as well as fear.

3.2.2 Childhood impacting motherhood

When asked about their experience of becoming a mother, all five birthmothers spoke extensively about their experiences of being a child. Frequently, the women described their younger lives as contradicting the narratives latterly told about them and how their latter experiences were not pre-destined. There was a sense of loss and childlike idealisation of what once was — 'normal' family dynamics and loving parents.

"I wasn't one of those statistics that grew up in care." (Michelle)

"Social services wasn't involved...it was...me, my big brother, my mum, and mine and my brother's dad...we was a family...we was a network...it went on for many years, it ... it was like that ... it was just us, you know" (Aisha)

"I loved my Mum dearly... it was quite brilliant actually." (Leah)

The "many years" spent as a family felt important for Aisha, and that this gave her an important sense of identity and belonging. What was also clear, however, was that as circumstances changed, a profound lack of psychological and physical safety developed. All the women had faced multiple adverse childhood experiences and had survived physical and/or sexual abuse. There was a sense that this was understandably very difficult to name. Both Leah and Aisha describe the prevalence of sexual violence in their lives at the time and an awareness that abuse was widespread within their communities.

"My dad...hit me for the littles things" (Leah)

"Anyway...look he was raping her for years – his own daughter ... So, that ... that ... that just
... that kind of ... seeing that behaviour, it made me ... um ... I started going off the rails."

(Aisha)

"No-one believed me" (Leah)

The difficulty in verbalising this is apparent through either the brevity of their statements or their repetition and hesitation. This may also connect to a sense of betrayal at explaining this to a (White) outsider. A conflict was evident within some of these accounts of an internalised sense of self-blame whilst also recognising their innocence. Similarly, there is a suggestion that the fault for Aisha's subsequent unravelling is located within herself and not the perpetrator. How birthmothers began to make sense of their identity within such environments became complex and conflicted:

"I was very rebellious. I was very...(slight pause)...was a feral child" (Leah)

"I wasn't a naughty child." (Leah)

The traumatic impact of this abuse on the women is still felt many years later, with Leah explaining how it impacted her capacity to parent her daughter when she also experienced childhood sexual abuse.

"I didn't see (pause) ... anything...And that's what floors me. I didn't spot (slight pause) ... you know, when you've been through that, or you've gone through it, you sort of as a child ... as a child, you sort of regress, you sort of go into yourself, and I didn't see it..." (Leah)

This subsequently became the catalyst for child-removal. Her grief at not being able to protect her daughter is palpable. The interchange of first and second person identities when discussing this event may be demonstrative of both the confusion she feels, and the difficulty of talking about it. This difficulty is further increased due to her own personal experiences: it could be interpreted therefore that both parent and child were victims. This feeling of not being able to protect her children because of her own vulnerability is also shared by Aisha. Her use of "babies", crying and whispering may demonstrate this.

"I ... I ... I believe I should have been there to protect my babies...(whispers and cries)...but I wasn't..." (Aisha)

3.2.3 "Just left to survive"

All participants described spending at least some of their childhood in care because of the abuse they experienced. In most instances, the state did not remove them until crisis point. It was the actions of the children themselves that precipitated their removal; Leah's account suggests her physical attempts to escape whilst Miriam's suicidality recognises the hopelessness she felt at not being recognised as in danger. A feeling of being "left to survive" whilst under state care is also reiterated throughout several accounts. For example, Miriam described how she was treated by the local authority after being removed from her

abusive family home at 16. She latterly described coming to the realisation that services were not willing to support her and were actively putting her at risk:

"... my Dad used to hit me a lot ... um... so...you know...I started running away from home at the age of thirteen...I went into care at fourteen..." (Leah)

"eventually ... I got to the point of suicide... I tried to take my life... when I finally woke up I was...there was a meeting... I told them everything, and they had agreed that it was not safe." (Miriam)

"I was just left ... left to survive on my own regardless...I was left to survive." (Miriam)

The repetition of both "left" and "survive" feels demonstrative of how many of the women have made sense of that time. In this way, the absence of psychological and physical safety continues.

This was not a global finding, however. Both Michelle and Leah had children whilst in foster-care, with their placements being adapted to meet their needs.

"I've always said I had a good experience in care...I was with my brother in the same foster family from four to eighteen." (Michelle)

"by the time I fell pregnant with my daughter ... I mean I had a social worker. I was living in foster care." (Leah)

There is a sense here of safety and a support network. Much of this was withdrawn, however, when the women turned 18 and were granted full independence from the state. With independence, however, came vulnerability.

"I got my flat on my eighteenth birthday.... so, I've always kind of been independent."

(Michelle)

"So, I got my first place when I was eighteen... by the time I was twenty, I'd done some stupidness, so I ended up inside ... I came out of prison when I was twenty-one." (Leah)

"I was told I could never have children – I was damaged down there, innit. So, you know ... Then I got pregnant when I was eighteen. And... I was doing alright. And then I had another child a year later... And then ... um ... men started coming into my home and taking over and selling drugs in my house, and ... I didn't want that around my children." (Aisha)

A rapid deterioration in circumstance could be observed. In this way, Aisha's account could be interpreted as a more explicit example of the experiences the women faced when reaching legal adulthood, when (often scant) support networks were withdrawn – a sense of powerlessness and of trying to cope amidst multiple intersectional oppressions until she is taken "over" by a world she does not wish to inhabit.

Over the course of our conversations, several women referred to themselves as "young mums" (Michelle, Miriam), but only after being asked how old they were when they had their child(ren). Being offered that they, were younger parents seemed to offer a different lens through which to view their experience.

"I was sixteen when I had my child..." (Leah)

"So you were quite young then? It sounds like there was a lot going on for you at that time.."

(Interviewer)

"Yeah, I guess I was." (Leah)

It could also be demonstrative of both the interviewer's bias and the stigma surrounding young motherhood, however. When Leah spoke about her experience of parenting her son, she described the process as "growing up a child". It is reminiscent of

both the immense responsibility the women had when caring for their young children, but also the ways in which they themselves were "growing up". Unlike more typical family structures, theirs and their child's development was a co-occurring process but without much of the safety and support that others may experience.

3.2.4 Parenting outside of the Eurocentric norm

By the time the women became mothers in young adulthood, all had therefore experienced complex narratives surrounding parenting. Although their birthparents were largely absent, they reflected on cultural and familial messages surrounding parenting they had inherited. There seemed an ambiguity as to what was 'good enough', with a conflict between their own experience, their cultural norms and a White Eurocentric parenting model. For example, the importance of discipline and the absence of emotional expression was named:

"Parenting...you feed and clothe your kids and you discipline them when you have to." (Kay)

"I do know automatically Black people are a bit...stricter.... yeah, than most other cultures"

(Leah)

"...there isn't any time to be weak." (Kay)

The necessity for strength here could be indicative of the level of disadvantage the women were facing, and the subsequent need for survival. Feeding, clothing and discipling children therefore does become 'good enough' within contexts of multiple disadvantage. There appeared a causal relationship between the need for Black children to 'behave', and the impact of the White gaze on Black family life. Leah explained:

"If children are going to school, they're representing us, so how they look, how they act is really ... important to us ... Social workers get involved ...people reported...."

The ethnicity of the accusers remains unsaid, but the dynamics appear racialised. Being a Black child, and a parent to a Black child, appears to result in increased scrutiny from both state services and other parents. 'Good' behaviour with civic spaces therefore becomes a protective factor for Black children and families but the means of communicating and achieving this are often at odds with the White, middle-class paradigm. As a result, this hypervigilance becomes a bi-directional process. Kay describes conversations she has with her teenager:

"Those are the battles that we're ALWAYS having to fight. And I'm having to tell my 17-yearold daughter "Make sure you're hyper-vigilant...when I might not have to tell her if she was
different... because she doesn't have to fight all these battles, but I'm having to prepare her
...sooner rather than later for ALL of these feelings and events that MAY ...possibly come
...inevitably ...that is going to become her reality."

In this context, teaching children of their difference within a White system appears a fundamental role of parenting.

3.2.5 (M)othering continued

This sense of difference was therefore present in experiences of active parenting, but also in how some of the women made sense of their experiences now that their child(ren) was no longer in their care. Michelle speaks of a sense of struggle with preserving both her maternal and cultural identity.

"My kids have been placed with a white lady...who doesn't know how to like do anything to my children's hair, because obviously they have mixed hair...Now, I've said to them, I don't want...I told her right at the beginning "Don't cut my son's hair"...Then they cut my son's hair

which made me really upset...My daughter...when I got arrested, she'd just come back from the hairdressers and then they took her hair out...which just didn't make no sense."

Michelle's use of "placed" suggests both the extent to which she herself has been institutionalised after going through this process, but is also reminiscent of what is 'replaced'. Through her children's placement from her own care into a different family, elements of their cultural identity have also been lost. What is "obvious" to her appears less apparent to the foster carer. The importance of this suggests an emotional depth and significance that is less apparent to people outside of her culture. The lack of acknowledgement thus may highlight how, within the care system, both her cultural and maternal identity are easily erased

For Leah, her self-identification as a parent suggests she has internalised the role of motherhood as part of her identity. Within this, however, she describes the complexity and stigma surrounding the removal of her children, and how this defies the female 'norm'. Her highlighting of her isolation recognises the impact of her life story thus far, as well as the structural inequality she may have faced. The judgement she now feels may continue to amplify this:

"Us as mothers when we lose our children ... especially to social services ... there's a stigma behind it. You know, you're a really rubbish Mum. You ... women are meant to be nurturing and caring...sort of "Well, oooh, what did you do?" You get a mark, it's like a mark above your name, or above you ... and it's sort of like there, and it will never be ... as much as you try to shake it, it's there ... and it's not nice ... it's not nice."

"You know, I HAD no other support...I've got no biological brothers and sisters, so I am literally on my own.... And for the people that don't know what it's like to lose your kids, and

sort of judge you straight away ... I want them to hear, you know, we're still Mums. We still love our kids. But because we lost them, doesn't mean that we was horrible, you know...

there was a multitude of reasons why we've lost our kids."

Stigma was evident throughout other narratives and the impact of child-removal became the catalyst for further trauma. It may further demonstrate the liminal position that birthparents occupy as both 'mother' and 'other'. Aisha explained:

"They took my kids. I got nothing. I got no family. I got no friends so...I turned to crack.

Twenty years of my life I smoked crack."

"But I just kept having babies because I... I just...I kept telling myself that (crying)...that one day I'm going to go home with one of these babies but (cries)...that never happened."

Nine successive children were removed from Aisha's care. Her sense of deep isolation appeared compounded by the repeated removal of the children she hoped to care for – an experience she described as "brutal...so so brutal." Detachment from her children and experience seemed necessary to survival. This is demonstrated by both her years in active addiction, but is also echoed in other women:

"the head comes out of the woman's vagina...there's a document from the court saying,

"This baby belongs to the government." (Aisha)

"because I guess ... really, even though he's with me, he's still not 100% mine because the local authority still has parental responsibility as well ..." (Michelle)

Her use of "the head"/"this baby" may demonstrate her distancing. This dystopian quality of government-funded surrogacy and liminal parental status also leads to a lingering question: who is cast as the surrogate and who is allowed to be the parent?

Despite a recognition of the ways in which their parenting had changed, some of the women had managed to preserve a sense of maternal identity. Kay was now in full-time care of her daughter and was also now a foster carer; Miriam was in the process of being repatriated with her first-born child. Leah, whose young-adult daughter had "come home" when she turned 18, had considered what motherhood meant to her:

"I'm still a mum. I'll always be a mum ... there's not any paperwork in the world that can change that ...I'm the first person they know... all the paperwork and all the judges in the world will NEVER EVER change that...You know, my youngest one's adopted but I am still his mum...His carers actually said to me when I met them ... you know ... "We'll always let him know that you're his mum.". "Because you're that."

3.3 Birthmothers vs the state

After living in contexts of multiple disadvantage, this theme seeks to capture the ways in which birthmothers frequently felt as if they were fighting against an all-powerful system with little resource or agency. It attempts to highlight the ways in which the mothers felt as if mechanisms of state intervention were inherently against them and contributed to increased psychological distress. This is in the context of individual and family lives already facing multiple stressors.

3.3.1 "They're setting me up to fail"

Several of the women spoke candidly about the powerlessness they felt in the context of child removal and the unattainable requests that were asked of them. This was often incongruent with their individual needs and perceived abilities, leading to perceptions of the legal process as inaccessible:

"When I was told, "You've got 72 hours to get legal representation." Well, what does that
even mean? For what? ... where do I get the money for that?" (Kay)

"My legal for twenty years have told me blah-blah-blah-blah ... Sometimes legals read things to me and then I say "No. Could you challenge that please?" And they say (puts on a received-pronunciation accent) "Oh No, it's irrelevant A." ... it's hard ... it's hard ... " (Aisha)

Much like how the women described feeling othered during childhood, a similar process can be observed within the legal system. There appears a clear disconnect between what is being asked of them and what they feel they are able to attain. The phrase being "set up to fail" was explicitly reiterated by three of the women (Miriam, Michelle and Aisha) but was alluded to by all five.

"they're setting me up to fail and they're not helping me, and they're not supporting me"

(Aisha)

Miriam described how the process of child removal left vulnerable women in an emotional state that was incongruent with having to navigate the system. The overall intention of the CPS was felt to divide instead of unite birth families. Furthermore, Aisha's feeling that state services were 'trap houses' highlights the ways in which they felt as unsafe as the situations the mothers were being removed from.

"OK, if we take her off, if we leave with this child ... for her, and we let her go home, with her background ...would that not trigger the worst ...for her...?" (Miriam)

"social services...they...they got this mother...she's vulnerable, she's naïve, she's had a bad experience of life, but they...put you...I wouldn't call it a 'Mother and Baby Unit'...they put you in this trap house and fail you....to take away your child...that's what they do..." (Aisha)

Support received appeared retraumatising as opposed to trauma informed. There is a sense throughout these narratives that the women are stuck in a cycle; on the one hand being hyper-scrutinised because of being care-experienced, but then being put in situations that are highly traumatic for care-experienced people. For Michelle, the ultimate result of her interactions with the CPS was that she was feeling increasingly erased from two of her children's lives. This was in spite of her legal rights as a parent. There was a strong sense of powerlessness.

"It's been a year and a half ...and I've noticed that I don't know nothing about my children.

The guardian told me ...I've got parental responsibility still for my other two children ...telling

me what I should be getting, like school reports ... even to speak to the teachers. I know

nothing about my children. Since they've been taken, the social worker hasn't told me

ANYTHING."

3.3.2 "Guilty until proven innocent"

A strong narrative throughout the women's accounts was a feeling of being type-casted throughout the entirety of their involvement with the CPS. For many, the legacy of their young lives and involvement in state services loomed large over their latter experience of parenting. Similar to Leah's "black mark", it seemed that the women's past experiences were significantly impacting how they were viewed by professionals within the system.

There seemed a general sense that these are women not being perceived as worthy of help or change.

"Well, from the get-go, I wasn't recognised as anything of worth" (Kay)

"It's like when I go into those courtrooms it's not about here and now, it's about my

past...And I know it will always be about my past..." (Aisha)

A dichotomy existed within the women's accounts of feeling hyper scrutinised by child protection services, but also being offered very little support. There is a sense that child removal feels like the immediate outcome for many of these women and that reparative or restorative measures are not available. The "similar stories" they share, as well as the historic lack of support they have received, appears to have deemed them as 'less worthy'. Instead of being helped in these incidences, many women spoke about feeling heavily criticised. This is despite of their own clear mental health needs.

"... I guess that ... maybe the lack of help that ... that we receive ...we all kind of have similar stories ... like we believe that social services don't want to help ... I guess the first thing they want to do is ... is remove your children." (Michelle)

"Support. From social services...that would have been better ...instead of complaining, you know, about this, this and this ... how about support me? How about help me?...You knew I was struggling. I was in a very dark place myself...I was struggling...and they LET me struggle." (Leah)

The power of not only a narrative but also professionals' ability to manipulate that narrative was evident. Michelle described how she thought of herself growing up in a stable foster-placement. Experiencing this sense of security felt meaningful for Michelle, latterly discussing how her foster family are still very present in her life. During the child-removal process, however, she found that her experience was reconstructed by people within the CPS that worked with her as a child.

"... I've always said the same thing ... I've always said I grew up quite well in care"

"the same independent reviewing officer said "Oh well, actually, I don't think your time in

care was that great because ... the house used to be clean but my room used to be messy.

Why ... now, out of the whole five years, she's now said this, when she's NEVER said this before? I was in care from four to eighteen and you saw all of this ... why did you not say anything?...Now you want to speak up and say "Well, actually, it wasn't"... It's like they just pick and choose what they want to say and when they want things to sound worse."

Similarly, Kay now found herself in the "bizarre position" of becoming a foster carer and working with social services. She spoke about now going into meetings and being "treated like a hero" when previously she was criticised and blamed. There is a sense that the good attributes she is seen to have in the context of caring for the child were always present but remained unseen. Often decontextualised information remains powerful and therefore not open to nuance or change She reflected:

"... actually it's been quite weird...I've not fully understood it...Like I said, the system – like nothing has changed in....I was this person on my own ... that I am, being here for this little boy ... but, on paper, through past assessments and whatever, that's what you're going back to but you're ... you're not actually ... looking at the information in context ...whatever's written down in black and white is supposed to be gospel isn't it?"

3.4 "If I looked like you...": Navigating a racist system

Insofar as the women had many shared experiences with birthmothers more generally, they also spoke to the specific racialised dynamics of managing difficult systems as Black women. In this sense, their intersectional identities of being both Black and birthmothers contributed to their feelings of surviving racist systems. This theme seeks to speak to their feelings of being further disadvantaged as Black birthmothers within predominantly White state services.

3.4.1 "It's hard...being in this skin"

Participants' perceptions of treatment by support services and the police because of their race was indicative of larger, lifelong experiences of racism. Finding space for the reality of this experience outwith their identities as birthmothers felt an important backdrop to latter experiences. Furthermore, the ways in which some of the women saw these cycles continuing was evident. Several participants reflected on their early memories of discrimination.

"The only Black family maybe...at the time, the only Black family on my actual street... the only Black person in my class. I used to walk to school and hear the monkey chants ... err ... out of people's car windows and stuff... having to come to terms with all of that through your teenage years is... a lot." (Kay)

"I used to think to myself "WOW!" No. I can't believe you're saying that! That black bastard, that monkey this" ... and I was like "WOWW!" And ... um ... I just ... I didn't understand like the ... the ...energy from them, like being so nasty, speaking about ...another human being.

So that was that." (Aisha)

Insofar as the women seemed to remember these incidences as both isolating and unjust, there is also a sense of what its unsaid; the "a lot" and "that was that" seem both an understatement and a protection against further vulnerability. There is also a sense that although upsetting, these experiences weren't exceptional. As a woman of dual heritage, however, Michelle rejected being highlighted for her Blackness and felt rooted in her British identity:

"You want to talk about British and white. I'm more British than you ... this IS my home. I was born and raised here. You know, my mother is white...and if you want to really play the race card, my dad fought in the Second World War. So, let me shut you down."

There appears a sense of strength and ownership in this account of her identity, as well as a need to defend herself. Previous information alludes to her dad's fighting granted him passage to the UK as part of the Windrush generation; although she previously described experiencing racism "only twice", there still seems a need to legitimise her identity and her parents' integration many years on. A feeling of being Black as less prized was also iterated by Aisha. To exist she has to "be ready" to face interacting with and existing within a predominantly White world; her Blackness therefore also has a burdensome quality. When considering birthmother stigma expressed by Leah, it seems that racial identity also compounds this feeling of otherness.:

"I tell you something, being Black...you carry such a weight...It takes me a lot to leave the house..."Am I ready to go out there?...and deal with these people? Am I ready?"

As a foster-carer and mother to her teenage daughter, Kay also discusses the cyclical nature of racism and how this is expressed within systems. Seeing her daughter beginning to recognise her difference thus becomes reminiscent of her own experience:

"all this stuff re-enforcing ...all the experiences over the years and whatever, and I'm still trying to fight ... at the same age that I was starting to feel and notice these things (gives a laugh) ... and how many years later she ... I'm still having to fight for the same things for her!

That's ...bad ... (her voice breaks) ... like, come on ..."

"he was quite ... excitable. And, for a Black boy...that's always deemed in the negative...it's

not acceptable for him to be a child like they are."

It appears there is an external face to this (the laughter), as well as the emotional impact of "still having to fight". Surviving it herself but not being able to protect her daughter from it feels difficult. Kay's understanding that her foster-child is not entitled to the same experience of childhood as others, however, also suggests that this process has been long in the making. Being Black is simultaneously a source of pride, but also a burden therefore:

"it's a horrible cycle, it is ...(short pause) ... (Aisha)

"It's hard being in this skin. It's really, really hard." (Aisha)

3.4.2 "If I looked like you...maybe I'd get all of that support."

In many of the women's accounts, the feeling of a lack of support also felt racialised.

This mechanisms of this were sometimes intangible and as a result, difficult to report.

Furthermore, their experiences were often held in direct contrast to their understanding of White birthmothers' experiences. This could be demonstrative of ways in which the system was felt to be further designed against and not for them:

"... you just FEEL it. It's just a ... whatever they're... sometimes it feels as though they've had a bad experience with somebody that looks like me and so they now tarnish everybody else with that same brush." (Kay)

"I believe this is a racial act" (Aisha)

Initial explanations of this were less explicit, which may demonstrate the difficulties in talking about race within the system. Over time, however, clearer examples were offered in which the experiences of the birthmothers were explicitly compared to that of their peers. White women were perceived as being more vulnerable and palatable to services whilst Black women were being actively refused support.

"But I feel like really because ... if I looked like you... maybe I'd get all of that support...But because of who I ... I ... the skin I'm born into and whatever, you don't get that." (Kay)

"I've always thought it's because I'm ... I'm Black – that's why...You never see a lot of white people who have...I don't know a lot of white people ... that have had children removed."

(Leah)

" if I was white, I would be able to get the support, definitely... I feel like every time I ask for something, it's like they just don't want to help..." (Michelle)

"Because, me as a Black woman, I've been in those courts, and the most... minor things will go against me, but when the white lady goes in the court...the most strongest things don't go against her ... that's bad" (Aisha)

While understanding that all birthmothers are marginalised, it seemed that within this, retribution was more available to some than others. Furthermore, there is a suggestion that 'victimhood' is ascribed differently for Black women and that systems such as the court do not see them as being vulnerable or in need of support in the same way, despite direct appeals. Kay recalled an explicit incidence when trying to find housing after being in a refuge. The staff-members use of "they" may exemplify some of these racialised dynamics:

"Look ... "We don't have any housing stock. They're always coming here claiming that their race... ... err ... claiming that they're homeless and whatever ..." ... and, in just that few sentences, I don't know what she might have meant, but 'THEY' ... 'always come here claiming they're homeless' – who are they? (Laughs) ... she was a white lady – I'm a Black lady. Who are they? Because I'm here by myself."

When support was received, such as in Mother and Baby Units, such dynamics continued. Several women found allyship in the Black members of staff who themselves

perceived differential treatment amongst the mothers. There is a sense of both staff members and birthmothers therefore being marginalised.

"Well, I think because most of the staff were white. And I think there was like two or three

Black ... members who always kind of told me "Well, why do you think they're doing this?"

And they used to always say "Well, no, you need to do this." They used to always talk to me,

like and kind of help me out." (Michelle)

"... but then the Black workers always used to say "Why do you think they're doing this?

Because, if you take him hospital, it's going to sound a lot worse."... And it was always the

Black workers that ... that used to look out for me, and tell me "Why do you think they're

doing this?" (Leah)

In this context, understanding who can and cannot be trusted becomes increasingly complex. Leah's account suggests a constant racialised sub-plot to help offered by services. This is also in the wider context of help-seeking for Black communities more generally. Kay describes how distress may commonly be considered:

"I didn't even know that...depression and anxiety and all those things were actually in mental health...until...through the court process and they're like "You've got mental health!" And I'm like "No I ain't! I'm not crazy!" That, again, might be a cultural thing because who knows about anxiety and depression? Like, "Shut up! Just go and have a sleep and ...get on! "That's the... that's the fight that we...we've got...we don't even realise that, actually, this isn't normal because this is normal."

Understanding her own psychological health seemed helpful for Kay here, but directly contrasted cultural messages. There is a sense throughout that the Black community simultaneously experiences much more disadvantage, but the impact of this on one's

wellbeing is not articulated. The "fight" she refers to therefore alludes to cultural narratives and expectations surrounding survival, strength and not showing 'weakness'. This was reiterated throughout several women's accounts and could also be seen in the ways in which they described the actual act of child removal. Some expressed high levels of emotion, others less so:

"I found out the kids had been separated. It was a bad day." (Leah)

The normalisation of distress may also relate to how services have historically treated the Black community. The burden of having to explain this or attempt to change an entrenched system is such that Kay's search for support ultimately ceases.

"Yeah ... because if I was kind of raised in that kind of way, then maybe going to seek out help would have been easier. But...who is there to ask for the help? How can you trust these people because, for so long, these same people have treated you some type of way, or they're not going to understand, or they might label it as something else, and who wants to get into that arena of having to explain and then feeling like it's too much, and then you just shut down."

3.4.3 "Maybe others would have...made sure I was protected."

As discussed, there seemed a clear link throughout the narratives around perceptions of Black women's vulnerability, and how this impacted support they received from the CPS. Attributions of vulnerability, or lack thereof, were also echoed in the birthmothers experience with the police. Importantly, all of the women had experienced intimate partner violence, so this lack of support was in the context of real and imminent danger. Narratives suggested that this experience had been ongoing since childhood:

"I went to the police...I went in there and I said "I've been raped. I've been raped for over four years." And they was like "Oh get out of here..." And that's what I done." (Aisha)

Aisha's account highlighted how she had done many of the 'right' things in a scenario of prolonged abuse, but the officer's dismissal isolated her in both the immediate and the long term. There was a sense of this rupture being final. This sentiment was reiterated by many of the women, particularly in the context of domestic violence. Four out of the five women described the intimate partner violence as a contributing factor to the removal of their child(ren). Kay described the conflicting messages given by others of leaving the relationship to protect her child, but understanding that doing so was putting them both at increased risk:

"... but it was getting too ... too bad too regular, and everybody was threatening me with the fact that I'm staying in it, doing my daughter harm, so you know, she's going to be taken away and whatever. And I really didn't want that to happen...but what do I do?"

"Too bad" and "too regular" was the most detail offered about the content of the abuse, and although it was consistently referred to its effects were never explicitly named.

Similarly, several of the women spent significant amounts of time describing how events unfolded. The lack of attention focused on the perpetrator was articulated by Kay, who explained:

"I ... also done injunctions and all these different things but ... things could never actually be ...Actioned? Or ... or whatever because there's no fixed abode for this guy...No one's ever able to actually serve him with any documents. That time limit then passes, and he's back out attacking again ...and then that's how it's always been that."

This can be held in direct contrast with the treatment experienced by some of the women who experienced a punitive police force when in the care of their children. Both Kay and Michelle explained how the police used unnecessary forced when children were in the vicinity.

"When I've gone to my door now, my door was kicked off completely. And I was thinking

"But I'd left the door open." (Michelle)

"I got arrested on Christmas Eve. I came out (chuckles) ... on Christmas Day, like morning and my door was boarded up, because they'd kicked off my door when I said "Look, my keys are here. You can go in, and everything should actually be on my bed (laughs)..." ... But they kicked off the door ..." (Kay)

Being in full view of neighbours made this situation feel worse, as did the decision to arrest her at Christmas as a single parent. Again, Kay's laughter may suggest a way to distance herself from the pain and perhaps shame of this memory. Both accounts suggest a perception of the police willingly and disproportionately criminalising them.

Disproportionate punishment and ineffective care seem to encapsulate some of the women's experience of the police throughout their interactions with the CPS.

"I called the police ... loads of times. I've got like maybe 50 odd different... crime reference numbers, incidents and stuff... there's whole scenes and stuff but nothing's ever done." (Kay) "Two years, I reported him to social services and the police...Nothing was ever done. I didn't even know if I should go into a refuge with my children. They just left me there and they was in such a hurry to close my case, the social worker hadn't seen me for about four or five months... so that was it." (Michelle)

Being "just left" and seeing services as "in a hurry to close" her case demonstrates the ways in which her safety felt unprioritized, perhaps in response to an oversubscribed system. It is important to note that one participant, Leah, spoke in praise of the police and consistently described their responsiveness. They appeared to work collaboratively and would help her make sense of her situation:

"You know, the police got called by the workers ... the police then turned ... one of the officers said "You do realise that's domestic violence" so I was like "He hasn't hit me", and he was like ... um ... "It's never always physical."..And the police officer sat me down and explained it to me."

This is in direct contrast to Aisha's account, however, in which she directly attributes her lack of police protection with the removal of her children:

"When they say that... I can't ... safeguard my children because I've been through domestic violence...But the police don't help me when I call them...They say that... I have a dangerous network innit."

"Dangerous network" has racialised connotations and suggests that she is willingly associated with people that she may be trying to escape; furthermore, the police "don't help" when she tries to address this. Kay comments on some of the racialised dynamics within this:

"I've witnessed it with friend...being able to call the police and say to them...I've got a flag on my address. Do you know how long it takes the police to get here? A very long time.

Sometimes, over 24 hours but...I'm supposed to have this "alert" on my address for fast response."

"I think because there was this Black on Black thing going on in the family...with the fight...again, they then still missed chances of protecting whoever in those things because of that...it was just like "Oh well, they can fight it out amongst themselves. We don't really need to do nothing. They'll kill each other."

It is felt that being "black on black" therefore diminished her need for protection and that killing one another would be an acceptable outcome. When thinking about what would happen "If I looked like you...", Kay highlighted how support would be even more increased. Both black men and women are discriminated in this context – men being seeing as particularly dangerous, and women as being harsh and not in need of the same protection.

"Especially if your partner was a Black man and all of these things had happened to you"

"I would have been seen as gentler and more of a victim...THAT would have been believed. I

believe, if I looked like you...I wouldn't have had to fight so much."

Furthermore, racialised attributions of strength are directly opposed to the vulnerability she feels in this context. There is a juxtaposition of being Black and therefore having "to fight", but actually fighting for the right to not be 'strong'.

"it's hard because everybody feels like...Oh you're so strong"...and...no...I'm trying to be strong. I'm not quite there yet" (Kay)

This also translates to how her behaviour is attributed; much in the same way as she is not able to be vulnerable, she is also not able to be scared without this being interpreted as aggressive. This misinterpretation of emotion ultimately results in the women not receiving support.

"in moments of heightened distress...how do you think someone's gonna...present? It's not aggressive. I'm not being mean to you...I'm trying to explain my daughter's not here, that's

really making me quite nervous because I'm trying to let you know that these people are actually not safe, and you're not doing things to help."

"no one doesn't want to work with me. I ... I talk the truth innit, and not a lot of people like

it." (Aisha)

The repetition of "strong" seems to highlight how little space there is for "trying to be" or any other alternative narrative of needing, and being worthy of, protection. For Michelle, involvement with the police was directly attributed to the removal of her children.

"how they've treated me, and using children in it to make me not trust them...when you try
and call them, and get help ... if I'm going to be fearful that I'm going to lose my children
again. They can't help."

When asked on reflections of what she may say to her younger self, her advice was clear:

"Don't call the police."

3.5 Finding the riverbank

Taken from ideas in Narrative therapy, this theme encapsulates the ways in which the women have managed to create community and survive exceptionally difficult circumstances. It hopes to strengthen lesser-known stories told about the women, as well as highlight their hopefulness and resilience.

3.5.1 "This is where you can break, and we can rebuild"

Insofar as racism was felt with the CPS more widely, its more nuanced impacts were echoed in other support services. Although more implicit, there was a sense that the difficulty of talking about institutionalised racism actually resulted in further marginalisation. Similarly, there was some cynicism around services appearing more diverse but the power still not being distributed.

"there was a white man...Englishman...he wasn't very vocal when...when we tried to vocalise

the issue of...race and racism ...within the system he sort of just kind of shut it down."

(Miriam)

"There's no change...the social services have got all these Black images now...trying to be less racist, or whatever...but still on all these panels of staff are YOU – nobody that looks like me!" (Aisha)

Importantly, however, this was not demonstrative of every experience. All women spoke movingly about the people in their lives that had helped them and how some services had effectively supported them. Several women spoke about the importance of their fostercarers, who had become like family to them. They recognised these people as supporting them when other people had disregarded them and being their voice when they felt they didn't have one.

"I call her my step-mum which she is basically" (Leah)

"I was in care from the age of four to eighteen...with one foster family for all of those years...I spend every Christmas with them." (Michelle)

"They both said "No." We'll do it. We'll look after her. We'll be the ones, and we'll be her support" (Leah)

What is more, although there was a recognition of racialised dynamics, effective support was based on a relationship and not racial identity.

"I didn't see it as an issue to be honest. Because I'm not ... I ... I don't walk into a situation and be like "Oh my God ... this person's White! So I'm in trouble!" (Leah)

"She just helped me to reflect on a lot of stuff and was non-judgemental...I wasn't spotlighted because I'm Black. I wasn't spotlighted because of anything ...she just made me feel totally different – and she was a white lady." (Kay)

Meaningful relationships with a trusted other thus facilitated change for some of the women. The opportunity to experience the care that was lacking in childhood and parental relationships was transformational. For some, these individuals came earlier on in life but had a lasting impact. For example, Miriam spoke of a support worker, "Yuta", who was the first person she felt truly cared for by. She explained:

"but Yuta would come, she would take me out for lunch, she would...check things with the social worker...the hostel, support worker and... I thought like I have a parent ... you know ... that cared, and loved me ...then for that reason, it kept me going."

"for the first time...I felt the privilege of being cared for...and I really wanted to hold onto that."

This comparatively brief relationship had such an impact that it sustained her through difficult times to come. Although being loved feels intuitively more of a birthright than a "privilege", Miriam's narrative suggests how fundamental nurturing relationships are for survival. Kay describes a similar experience of meeting a previous support worker, Marion, through a group at her local woman's centre.

"that was the first kind of point of me meeting somebody that to this day I can call in any situation and she can either speak to the police or speak to the social workers and I'm not having to explain myself. She can explain who I am..."

Having someone who can "explain who I am" suggests the depth of this relationship and feeling 'seen' by another. Given the racism and disenfranchisement the women had

described, being known and held in mind by another seemed important. Leah also reflected on a similar experience through a charity she is involved with. There is a sense throughout her description that being compassionately supported allowed her much-needed time to heal. In the light of young parenthood and having to care for others since a young age, this has an added depth.

"It's thanks to them I've become who I am, basically. Because you can take the time to become yourself, to be alright with who you are. I mean, look, you know, I was a mother from the age of sixteen...I didn't know who I was. Well, I thought I knew who I was. You

know...you think you know. I thought I knew who I was, and I really didn't."

It appears that feeling cared for allowed Leah to reclaim some of the time for self-exploration that was less attended to because of caring for her children. This "safe space" was also echoed by Kay, who described the importance of a non-judgemental approach which allowed her to finally feel able to be vulnerable. "No one taking the time" is demonstrative of how her defences were frequently misconstrued as combative.

"it was a safe space to be able to...open up and reflect on different things. It's not like she gave me any answers to anything. It was just a space that I was able to just say "This and this is going on" or she'd be asking me things...no one had ever taken the time...all my life

I've had to like...like just fight (her voice breaks)."

Both feeling disregarded by others and being in constant survival mode appeared antithetical to reflection and healing; it was a nurturing relationship that enabled this change. The importance of this relationship was such that Kay was able to internalise the support she had received from Marion and use it in providing love and nurture for her

daughter. Breaking the cycle from her own childhood and life thus far, she had been able to offer her daughter a place of safety.

"I'm just trying to emulate in the space that I had...everybody needs that safe space to be able to reflect...We're going to make mistakes always but there needs to be a safe hub, a safe zone, a community support of where you can go and get trusted info from...to the outside world, we have to be strong and whatever and don't let anyone see a crack, but at home, this is where you can break, and we can rebuild to get back out there and be strong again."

3.5.2 Being the change

Despite their many challenges faced, all of the women's stories spoke of hope as well as resistance. Within this, there was a sense of different stories being able to be expressed. When thinking about her past, Aisha shared how:

"It's been painful but ...I'm not ASHAMED any more...I'm not DISGUSTED any more...I'm not ashamed any more...and I want my kids to know that it wasn't ... it wasn't my fault...It wasn't anybody's fault but... it wasn't my fault that I didn't get to keep you. It wasn't my fault."

Being able to recognise that she was not 'the problem' in the context of her children's removal seemed to allow Aisha to let go of some of the stigma and shame she harboured. Similarly, Leah had been able to reframe some of her experiences and the things they have taught her, as well as what's been taken away.

"People always tell me, "ah, you're such a strong person."...I believe that sometimes you're tested in life...And you're put in situations that you think you're not in control of...you come out of it, no matter how you believe it... it either makes you or breaks you. And, to me, ALL

what I've been through has made me a better person. It's made me more caring. It's made
me more aware...I'm so grateful for it. Because nobody should have to go through it,
but...I'm grateful to come out the other end – if that makes sense."

Furthermore, what was also clear was that these were women with ideas and resource. A sense of standing alongside others Black women who have faced similar circumstances was apparent. Unlike other (White) services, the women seemed able to understand the ways in which systems were racialised, and how isolating this was.

"I'd like to go into colleges and schools and talk about my story." (Aisha)

"once I've come out of this, I would like to either start a business and be able to help other people in ... in similar situations because I guess, unless you know how...like what to do and how to help yourself, it's so hard..." (Michelle)

"for me really it was a case of "Well, who's out there? Which organisation is there you know, that supports...Black people...I felt as if when I did research, I couldn't really find...any at all and ...for me it was really important to have that...I want to build something like that. I want to get involved with a charity...then I can share my experience and find a solution...surely

there must be a solution of this...because that's enough now." (Miriam)

In several accounts, there is both a sense of being transparent about the current situation for Black birthparents within the CPS, but also feeling galvanised to do something about it.

Both working with and outside of professionals felt important within this:

"I've also set up my own support group... which is professional-free..." (Leah)

"Just to hear the sad reality ...of how... Black families are being treated ...and the things that are being spoken behind closed doors ...and how ... procedures should be taken against ... it's very sad ... it's beyond sad, it's completely unjust (sobs)."

"Could you help? Or he's going to go into care." I'm not going to allow that again to happen to another child, so I stepped in...because I knew how I was treated through that whole process and how it's not going to be pretty. So, at least there's another person that will be able to kind of advocate for her or something which I didn't have...it's...my rubbish experience that I had has motivated me ... that's never going to happen to anybody else — not on my watch anyway." (Kay)

"I'm the only Black foster carer...in this whole area...That's mad!" (Kay)

As a mother who has been able to proactively raise her daughter for the past decade, Kay also reflected on what her daughter has been able to achieve with her support.

"she wants to go and do bio-medics at uni ...She plays rugby...the development squad for the county. She in the rugby academy at the college she's at...she's doing amazing"

Although about her child, there is a sense from Kay's description that this also could be the story of other Black children and families if they were given the opportunity and power to do so. As opposed to contributing to problem-saturated narratives around Black birthmothers, then, what is needed is a surplus, and not deficit, of belief and intervention. In this way, Kay is both speaking to her daughter, but also all young Black women within oppressive systems:

"So, how dare you, actually, tell her and ever make her feel...or any of them (her voice breaks)...feel like they need to quit! Or they won't do it...because what they ACTUALLY need to hear is "You can! And you will! And I'm going to help you!" (Kay)

4 Discussion

4.1 Overview

The current study explored the experiences of Black women who have had their child(ren) removed from their care. The following master themes describe the birthmothers' experiences pre- and post- removal:

- Master Theme 1: (M)othering from the margins
- Master Theme 2: Birthmothers vs the state
- Master Theme 3: "If I looked like you..." Navigating a racist system
- Master Theme 4: Finding the riverbank

This chapter aims to answer the research question through analysis of the findings in relation to existing theory and literature. It will consider the study's implications, strengths, and limitations before considering recommendations for future research. Personal reflections and conclusions will be offered.

4.2 Connecting themes

The above master themes uniquely demonstrate the cumulative effects of life circumstances on the subsequent removal of birthmother's children. Some similarities between existent literature found in the SLR and the current study are evident. Namely, birthmothers living in the context of multiple disadvantage (Broadhurst & Mason, 2020) (Master theme 1); feelings of powerlessness against powerful state systems (e.g., Otterlei & Engebretsen, 2021) (Master Theme 2) and experiences of post-traumatic growth (e.g., Morgan et al., 2019) (Master Theme 4). It also digresses from wider SLR findings, however, namely in its lack of explicitly detailing grief, loss or stigma related experiences. That is not to say that these emotions were not present for participants, but in contrast to the SLR, women interviewed spoke less directly to them. The subtext of underlying grief should be

EXPERIENCES OF BLACK BIRTHMOTHERS WHO HAVE HAD THEIR CHILD(REN) REMOVED understood as permeating the entire analysis, therefore, whilst also being less explicitly named. 10.

What this research highlights were the ways in which women's racial identity had a unique and deleterious impact on their involvement with state services. The following section outlines how some master themes contribute to answering secondary research questions. As the focus is towards the women's specific experiences as Black birthmothers, only themes directly related to their racialised experiences will be discussed (Master themes 1, 3 and 4). The findings within Master theme 2 set an important precedent for understanding the additional impact of race within an already opaque and difficult to manage system, however. That is, feeling judged and set up for failure become foundational experiences for the women, further worsened by their racial identity. It was felt that without the inclusion of this master theme, the contexts of their difficulties would be less understood. The research will go on to examine participants' experiences of child removal in relation to their race. The relevance of findings to existing theoretical and empirical literature will be discussed. Due to the dominant themes of race and racism, Critical Race Theory will be used as the overarching theoretical framework. Where relevant, supporting theories will be elaborated upon.

Three secondary research questions were used to refine the primary question's scope:

- 1) What were the birthmothers' experiences of the child protection system before their child(ren) were removed from their care?
- 2) What are the birthmothers' accounts of how their ethnicity may have impacted decisions made?

¹⁰ For further discussion, see Attributions of bias and vulnerability (4.6.2).

3) What are the birthmothers' experiences of what has been helpful following the removal of their child(ren)?

4.3 Theoretical lens

Critical Race Theory (CRT) was chosen as the lens through which to understand the women's racialised experiences. CRT is recognised through an intersectional perspective and denies singular truth claims as seen in other modernist research methods (Parker & Lynn, 2002). Masko (2005) critiques how this singular perspective when applied to race devalues its complex, multiple truths. Despite recognising the marginalisation of all birthmothers, CRT considers how struggles for equity are themselves limited by partial discourses which do not fully acknowledge the impact of race (Ellinson, 1990). Furthermore, CRT's focus on individual perspective, storytelling and counter-telling felt particularly applicable to the research's aim of raising the voices of marginalised people (Delagdo & Stefancic, 2000; Soloranzo et al., 2000). This framework allowed the reality of the women's lives to be fully heard, as well as giving them opportunity to re-author the deficit-informed stories told about them (Soloranzo & Rosso, 2002). Within the context of child-removal, there was a sense that these majoritarian narratives had frequently been structured and retold through state services, known to have White Western dominance (Faulkner & Nyamutata, 2020). As such, considering the women's experiences within the context of their ethnicity was both important and under-researched.

Following Delagdo & Stefancic (2000) and Masko's (2005) research, six major tenets of CRT frame subsequent discussion:

- (i) racism is ordinary, not aberrational
- (ii) race and races are products of social thought and relations

- (iii) the current system of White-over-colour ascendancy serves important purposes; race and races are products of social thought and relations
- (iv) the dominant society racializes different minority groups at different times
- (v) intersectionality and anti-essentialism are present, whereas everyone has overlapping, conflicting identities and loyalties
- (vi) there is a shared minority experience that people of colour communicate about race and racism that White people are unlikely to know is present." (Masko, 2005)

4.4 Master theme 1: (M)othering from the margins

A key finding of the study was how birthmothers conceptualised their racialised experiences with child welfare services and how these contributed towards their experiences of child removal (subthemes 1.1, 1.3 & 1.4).

4.4.1 Migration, parenting and hypervigilance

Participants frequently located their own parenting practices within that of their parents. This suggests the dominance of their inherited ancestral stories in their own experiences of child- and subsequent parenthood. The birthmothers frequently alluded to a 'double consciousness' (Bois, 1903) within themselves and their families, in which they occupied a liminal positionality because of their race (Afuape, et al., 2022).

Within parenting literature, CRT is understood to "make visible the invisibility of Whiteness" and highlights normalised Eurocentric practices (Gatwiri & Anderson, 2020; p. 153). Women in the study spoke about how their own cultural and familial scripts surrounding parenting were frequently at odds with Eurocentric practices, and thus correlated with the removal of their child. Tedam & Laird (2019) highlight social worker's in Britain's prevalent perception that migrant parents held their cultural parenting practices in

high esteem and were therefore reluctant to devaite from them. Okpokiri's study (2021) on Nigerian parenting practices highlighted, however, that many parents were happy to adopt the ways of their new country. Within this was a necessity to: "absorb any circumstances", "sink into the background and do like them" (p. 433). 'Doing like them' and the complexity of assimilation was recognised in several accounts. This assimilation process may be understood as initial penalisation followed by full integration, or a more "segmented assimilation" whereby individual's ascribe to new cultural norms but longterm disadvantage persists (Ballarino & Panichella, 2013, p. 338). Given the structural inequalities that many of the women face, this may still be evident.

Several participants spoke about feeling scrutinied by the state pre- child removal – a recognised phenomenon for Black families (e.g., Dettlaff et al., 2020). Ramsay (2016) highlights the specific impact of this state-vigilance on child-removal and assumptions of 'good' parenting. A security paradox may thus be observed in which the state appears to promise care but in practice punishes (Wallace, 2018). Similar to Master Theme 1, Wallace's study shows how a "strained sense of belonging" (p.261) within an hyperscruitinised identity develops.

An unforeseen finding of this study were the experiences of Black birthmothers within the context of fostering (subtheme 1.5 and 4.2). There is well-known shortage of global majority foster carers (Selwyn et al., 2010), as well as pressure to recruit a more representative population (Ridley & Wainwright, 2010). This research offered unique insight by having both a current foster-carer and birthmothers to fostered children. Both spoke in different ways about the need for increased representation, either due to the lack of carers (subtheme 4.2), or feelings of cultural and thus personal dismissal. Linking to CRT, the

women held insight into what this experience felt like that often went widely ignored. This links to previous research, which demonstrates how potential foster carers were frequently motivated but deterred due to institutional barriers and negative perceptions (Chowdhury, 2021). Similarly within a CRT frame, there was a suggestion from Kay that 'positive' racialisation was evident within this. In a predominantly White service, being Black as a foster-carer became idealised – going from a perpetrator in the eyes of the state to a 'hero'.

4.5 Othered mothers

As addressed, it could be hypothesised that participants' parents' experiences of migration and assimilation may have resulted in increased structural inequality; a causal relationship between disadvantage and child maltreatment may be apparent (Bywaters et al, 2015). Similarly, the relationship between their experiences of physical and sexual abuse (subtheme 1.2) and how able they were to express this should be considered; global majority victims and survivors of abuse often face additional barriers to reporting and disclosure. Cultural messages, family structures and strong narratives surrounding shame are all contributing factors (Gill & Harrison, 2018). An internalised sense of 'blame' may be evident (sub-theme 1.2).

Congruent with recent research, most participants entered state services as adolescents (Bywaters & Skinner, 2022). It is of interest that many spoke of being "left" by services once they fled or were removed from their family homes (subtheme 1.3). Research highlights the frequent adultification and sexualisation of Black young people and an "institutional unwillingness to see Black youths as children" (Gilmore & Bettis, 2021, pg.1) (sub-themes 1.3 & 3.1). It is important to consider the ways in which the women's experiences may have differed, and been protected, were they seen as the children that they were. Instead, participants were frequently failed by the 'state parent' and then

EXPERIENCES OF BLACK BIRTHMOTHERS WHO HAVE HAD THEIR CHILD(REN) REMOVED penalised by them when they did not have the resources to effectively care for their children in the future.

4.6 Master Theme 3: "If I looked like you": Navigating a racist system

A significant contribution of this study to wider research were the ways in which Black birthmothers felt discriminated against within welfare systems. All participants spoke candidly about their perceptions of racism within state services and how this directly impacted the subsequent removal of their children.

4.6.1 Intergenerational cycles

Intergenerational racism was found to significantly impact participant wellbeing (subtheme 4.1). Research indicates how traumatisation from institutional racism is common (e.g., Yoon et al., 2019) and can deleteriously impact child development (Patcher & Coll, 2009). Intersectional factors such as SEC and discrimination are known contributors for triggering toxic stress causing demonstrable reduction in executive functioning that may be crucial in navigating complex state systems (Shonkoff, Slopen, & Williams, 2021). The effect of this may be evident in Master Theme 2 and 3.

The intergenerational trauma of racism was well-recognised by Fanon (1986). Important associations between mental health, war and colonialism were made, theorising that both society and culture had significant impacts on well-being. He further questioned how the individual was situated within wider societal structures and discourses (Afuape, et al., 2022; Fanon, 1986). Foucault's emphasis on truth, power, and knowledge (1980) is also useful to this analysis as it emphasises how power can be used to privilege some whilst subjugating others¹¹ In this regard, his conceptualisation of power is generative for better

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¹¹ For further discussion, see Community cultural wealth, 4.8.

understanding the women's intergenerational experiences of racism, most notably seeing similar patterns of powerlessness in their own children. Furthermore, the recognition of a continuing dominant racial discourse further subjugated some participants.

4.6.2 Bias and attributions of vulnerability

In general, their experiences of racism in the context of child removal fitted in to two distinct but related categories: interaction with the CPS and affiliative organisations (subtheme 3.2) and interactions with the police (subtheme 3.3). Participants within the study frequently highlighted how they felt that they were helped less when compared to White birthmothers and were given less support opportunities by state services. Assessing the factual validity of these statements is beyond the scope of this research but the perception itself is illuminating.

Following from the CRT framework that racism is ubiquitous, the notion of bias and how it deleteriously impacts Black families within the CPS should be considered. Biases develop through psychological schema that allow rapid identification and categorisation of people, places, and situations (Soon, 2020). Learned stereotypes may contribute towards this, often resulting in fixed, over-simplified judgements. Furthermore, as it is an adaptive mechanism for prediction and processing, preferences for groups can be found (Balakrishnan & Arjmard, 2019). Congruent with research (Daumeyer et al., 2019), examples of explicit bias within the CPS described by participants appeared easier to identify. Implicit biases, however, were harder to highlight and thus challenge. Within a CRT framework, this may perpetuate power structures as racism remains 'invisible'.

Relatedly, a clear and important finding were the ways in which participants felt bias within police forces, who were widely considered institutionally racist (e.g., Fleetwood &

Lea, 2022). CRT would ascribe the subjugation participants described to White supremacy and authoritarian police power (Hall et al., 1978). Like other research highlighting the prevalence of intimate partner violence (IPV) within Black communities (Femi-Ajao, 2018), an abusive (ex) partner was often a contributory factor in the child removal process. What further complicated this picture for participants were the ways in which they had felt systematically let down by the police throughout their lives (sub-theme 4.3).

Weiner's attributional model suggests a causal relationship between an individual's attributions to observed behaviour, affective emotional responses, and subsequent helping behaviours (Ruybal & Siegel, 2019; Weiner, 1972). Within the context of IPV, research highlights how perceptions of the victim pre-incident impact blame attribution. Perpetrators are typically blamed less (Pierce & Harris, 1993) and the victims blamed more if people felt that provocation was involved (Pavlou & Knowles, 2001). Through a CRT frame, multiple and intersecting levels of influence can be understood to how blame and victimhood are attributed. This also recognises the systematic bias participants faced and how attributions of their behaviour are directly related to wider biased systems (DelGreco et al., 2021). Interestingly, causal relationships have been demonstrated between Black girls who experience sexual violence and Black women who experience IPV; normalisation of violence against women and girls leaves those in vulnerable circumstances particularly at risk (Jones, 2021). A process could be observed in which the women were clearly in danger and in need of support but were not offered such. Vulnerability was either unrecognised or ignored, with participants describing feeling 'unworthy'. This is akin to similar research which describes a process of Black people becoming the "(un)victim", mediated through perceptions of race, gender and class. The impacts of this (un)victim status are understood

to be more pervasive than the crime itself – also evident within some of the women's accounts (Long, 2021, p. 344).

Perceptions of participants' lack of victimhood and vulnerability is further complicated by conceptions of Black women within their own culture. A useful frame to understand this may be through the Strong Black Woman schema (Abrams et al., 2019), thought to have developed in response to their intersectional oppressions (Harris-Lacewell, 2001). Beauboeuf-Lafontant (1997) highlights the pervasive necessity for Black women to remain strong even in situations of extreme pain and/or fear due to misconceptions of weakness or inadequacy. Abrams et al., (2019) highlight how: "many Black women have mastered the art of portraying strength while concealing trauma" (p. 518). This then further impacts how they were perceived, as well as their own help-seeking behaviours. This is evident throughout the research, with women discribing their conflicting relationships with 'weakness' and 'strength', as well as the differing extents particpants felt able to be open about their experiences (Sub-theme 4.2). Thus, attributions of vulnerability and requirement for support may have been disregarded due to implicit racial bias. The ways in which women had learned to survive these difficult situations through portrayals of strength may have been left unchecked by services, thus leading to a worsening of circumstance.

Through writing and reflecting on this section, I thought about my own initial perceptions of some of the birthmothers and the impact of my Whiteness on the research process. As interviews progressed, several participants named this difference more explicitly; for example, Kay explaining that if she 'looked like me' she "wouldn't have to fight so much", or Aisha commenting that "still on all of these panels of staff are YOU – nobody that looks like me!" I recalled an initial sense of relief that this had been named. Although I had tried to

be explicit in my recognition of racial difference, it felt important to understand what that experience might be like for the women themselves. On reflection, it strikes me that what some participants named is demonstrative of tensions within the research and wider systems more generally. Considering what Kay may have seen when she saw someone 'like me' is important, for example, in understanding how much she felt willing to share. There is a sense that my Whiteness equated to a sense of vulnerability and need to protect that she was not afforded as a Black woman. When considering participation of Black people in White institutional spaces, such as in doctoral research, there is a recognised need to adopt forms of emotional labour and management of emotional responses in order to align to dominant (White) narratives of racial equality (Evans & Moore, 2015). As such, what remained unsaid to potentially 'protect' my sensibility is therefore as important a finding as what was explicitly named. Similarly, Aisha's comments about people on staff panels could also be extrapolated to the research itself. Although measures were taken to mitigate this, my outsider research position could also be seen as demonstrative of the dominance of White people speaking about the Black experience. What the women may have shared with me if I was a Black researcher is an important consideration. It is of interest, for example, that none of the women spoke about a sense of fear; of services, of ex-partners, of their children being removed...Similarly, women who spoke directly to the sadness and pain of their experiences were in the minority. Instead, I noticed that many participants laughed or joked about some of their distress. 12

Following CRT (Masko, 2005), I reflected on how as part of the dominant racial group, I too had constructed how I felt participants would behave. Although I recognised

¹² For further discussion on clinical implications, see For professionals and agencies working within a supportive capacity for (Black) birthmothers (4.9.1).

elements of their vulnerability, for example, I also saw them as 'strong' and somewhat empowered. The Strong Black Woman schema (Abrams et al., 2019) was live within me, therefore, and went left somewhat unchecked. Using the CRT framework, this could be an example of how Black people have been racialised. As previously discussed, experiences of grief, stigma and loss were initially less apparent; on reflection, these were underlying emotional themes that permeated the entire analysis. Insofar as Kay spoke about the differences in perceptions of vulnerability as a Black woman and a White woman, I too had initially failed to see the full depth of their sadness. The effects of the "institutional unwillingness" to see Black young people as children (Gilmore & Bettis, 2021, pg.1), therefore, could also be extended to adulthood: an institutional unwillingness to see Black birthmothers as being vulnerable and in as much pain as their White counterparts. Similarly, the birthmothers' "shared minority experience" (Masko, 2005) of racism within the CPS is likely to remain unseen by White systems. It is of note that despite keen interest and reflection on this topic, there were still many aspects of the women's experience that I did not, and could, not recognise or understand.

4.7 Master theme 4: Finding the riverbank

This section focuses on participants' stories of recovery and *finding the riverbank* (Theme 3). The riverbank metaphor borrows from Narrative Therapy and is used to denote the act of finding sites of safety amidst traumatic experiences. It is from these riverbanks that people can make sense of their experiences, as opposed to feeling engulfed by them. It also helps to differentiate what has happened to them from who they fundamentally are: "This is out here now, but it is not us" (Kaseke, 2010, p. 44). Through thickening thinner stories told about them, riverbanks become important spaces of alternative perspectives and facilitated change (Dallos, 2004). Literature highlights how these 'safe-spaces' are often

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communal endeavours; it is through working with and alongside others that collective rehabilitation can be found (Kaseke, 2010). As Narrative practices are frequently based on telling and re-telling stories, and created by and used within global majority communities, it fits well within a CRT framework (e.g., Gómez, Cerezo, & Beliard, 2020).

Given the significant amount of research on the benefits of secure attachment within parent-like and therapeutic relationships (e.g., Morgan et al., 2019) this will not be covered here; for more information, see Mermania et al., (2015). Instead, participants' perceptions of support, and how this aligned to their racial identity, will be further discussed.

4.8 Community cultural wealth

It appeared that the child-removal process was often the first time many participants became aware of their mental health needs. This is congruent with wider literature from the Black population which demonstrates limited patterns of help-seeking (e.g., Yorke et al., 2016). As demonstrated in the study, experiences and expectation of mistreatment frequently inhibit this (e.g., Mclean et al., 2003); being deemed 'hard to reach' when services were frequently 'hard to access' (Sancho & Larkin, 2020).

Challenges specific to Black birthmothers often went unheard within professional systems (Sub-theme 4.1). This may be due to feelings of shame and discomfort from White professionals to discuss the issue of race (Ryde, 2019), but may also demonstrate the privileging of 'who knows best' in terms of support. Bourdieu's theory of cultural capital argued that knowledges of dominant social groups (White upper- and middle- class) are considered of greater value to Western society (Bourdieu & Passeron, 1977). If you are from a social group whose knowledge is not privileged, you are granted less access to certain

spaces. This becomes a perpetuating cycle throughout society, ultimately hindering people from the global majority's access to social mobility (Yosso, 2005). What is more, structures (i.e., services) then become orientated around the need to 'help' groups of people who are found lacking in their knowledge, skills and cultural capital (Valenzuela, 1999). As Hill Collins (2000) demonstrated, however, there is also power in this 'outsider' knowledge to transgress dominant systems and reinstate marginalised voices (hooks, 1990). It is from the margins that spaces become "empowered by transformative resistance" (Yosso, 2005, p. 70).

What is clear from Master Theme 3 is that the birthmothers are both victims and survivors. In the context of the global majority, the concept of 'resilience' has been argued to be neo-liberalist and lacking in its consideration of wider systemic factors (Clay, 2018). That said, there are also times whereby resilience is an act of resistance; resilience through individual and community resource is arguably necessary to survive and minimise the impact of institutional White supremacy (Long & Joseph-Salisbury, 2018). This was named by several women (sub-theme 4.2) who spoke of their desire to support other Black women. Allowing for cultural and contextual fluidity around 'what works' for individuals and communities may help highlight their preferred 'recovery' pathways. Furthermore, using the resources of the women to support other women may be more impactful than 'outsiders' stepping in (Subtheme 4.2).

The transgressive knowledge that hooks refers to, therefore, holds significant potential for empowerment for the birthmothers involved. CRT influenced research highlights how instead of diminishing them, the birthmother's Black culture can also nurture and emancipate them (Bernal, 2002). Several women within the study spoke about the

importance of allyship and helping other Black birthmothers; a sense of solidarity and community also evident within wider research (Foley, 1997). Furthermore, there is a recognition that 'outsider' understanding has the power to draw from communal 'banks' of knowledge (Gonzalez & Moll, 2002) that are more appropriate and nuanced than dominant narratives of support. In essence, this research demonstrated how the women interviewed were far more than Black and birthmothers who had their children removed. They were business owners, foster-carers, support-group facilitators...; women with resource who had a far greater intuition as to what might work than the services that aimed to support them.

4.9 Clinical implications and recommendations

This study highlights important findings for all professionals who encounter Black birthmothers who have had their child(ren) removed from their care; from state services such as social work and the criminal justice system, to those working within a supportive capacity either within or outwith the NHS. Findings are also relevant to political policy and give valuable insight into potential changes which could better-serve the birthmother population.

In line with Hopper's (2017) suggestion of a holistic approaches to intervention with marginalised groups, this research suggests focusing on individual, interpersonal, community and societal levels. Given the current political climate and wider race relations, this research recognises the unlikelihood of wider systems change. Within the spirit of the critical realist epistemological framework, however, practical implications will be provided.

4.9.1 For professionals and agencies working within a supportive capacity for (Black) birthmothers

Individual

The research suggests that Black birthmothers are a particularly marginalised group who have faced several systemic barriers and injustices throughout their lives. They have many similarities with the wider birthmother population but are likely to have faced further marginalisation due to their intersectional identities. Thus, an ecological approach which understands not only their immediate environments and familial contexts, but also the intergenerational, meso- and chronosystemic impact of living within Black skin would be important. Understanding Black birthmothers as being likely to have experienced institutional racism throughout their lives should be considered in terms of perceptions of services and who may or may not be trusted.

The impact of migration, Eurocentric parenting practices and hyper-vigilance have been shown. Akin to similar research, professionals working with Black birthmothers should acknowledge the strengths and importance of their cultural heritage and parenting practices. Social workers in particular could benefit from increased opportunities to develop cultural competence and a cultural humility when working with those from different heritages. This has particular relevance when thinking about navigating current adversarial child protection systems (Okpokiri, 2021). Linking with local religious, community and charity groups could facilitate knowledge and more effective intervention.

This study has clearly outlined the ways in which Black women felt explicitly racialised and thus discriminated against within the context of the CPS and the police. This is both an unsurprising and urgent finding. Although institutional racism is well documented within these systems, participants clearly outlined how the lack of support they received

had a directly deleterious effect on outcomes. Furthermore, explicit examples of racialised lack of support were given. When considering both the over-representation of Black families in the CPS and the suggestion that institutional bias should be investigated as a causal factor within this (Bywaters & Webb, 2022), the importance of this finding increases.

Furthermore, birthmothers demonstrated how they frequently felt under-supported and dismissed by the police. In contexts of IPV, this increased their and their children's vulnerability. Although racial awareness training is now part of the police-training curriculum, specific attention on institutional racism and attributions of vulnerability in the context of IPV should be offered. Given the complexity of seeking police support for Black women, as well as the potential impact on their (Black) ex-partners (Keating et al., 2002), child removal within the this context should be given further attention. If the police are seen as damaging to this group of women, the likelihood of them seeking state support which may ameliorate damaging effects becomes less likley. As such, support services and intervention specifically targeted at global majority women should be offered.

Finding 'what works' when supporting Black birthmothers is significant: burgeoning research highlights that they are under-represented in post-removal support services (Boddy et al., 2020). As highlighted, support is often either misconstrued or simply not offered to this group of women. Understanding the birthmothers as likely to be experiencing similar emotional turmoil to that of participants in wider SLR literature should be considered. Namely, Black birthmothers are likely to have faced similarly intense emotional responses following removal. The extent to which their race and culture allows them to externally express this may differ and may not align to preconceptions of 'acceptable' ways to grieve. In particular, a better understanding of the experience of Black

women within White institutional spaces would be advantageous. Furthermore, recognising the 'emotional labour' involved in masking distress to align to White, apparently 'anti-racist' spaces, and how this may impact on what and how experiences are shared (Evans & Moore, 2015). A potential lack of emotional expression should not therefore be confounded with a lack of emotional experience but may be more indicative of how safe 'White' spaces feel for Black populations. Furthermore, this research suggests the complexity of these emotions when racist systems have necessitated strength and survival. Where applicable and appropriate, naming the impact of Whiteness and racism may help demonstrate understanding (Edwards, 1990).

What participants reported being most useful within professional relationships was an atmosphere of non-judgement, consistency and feeling held in mind. Given the multiple experiences of loss, having an impartial, reliable, and dependable space in which birthmothers could process their experiences would be of benefit. Participants frequently spoke of support only becoming available during crisis point; services which could be utilised throughout their experiences would be advantageous. It is of note that considering closures of multiple support services within the last decade, services focusing on childhood post-infancy are frequently unavailable. As research demonstrates how most Black birthmothers have their children removed after infancy (Bywaters & Webb, 2022), providing support during this period is critical.

Interpersonal and community levels

The impact of meaningful, consistent relationships within the women's lives was also explicitly named; all women spoke of at least one friend, Aunty or foster-carer who became lifelines of support and nurture. Given the prevalence of 'community' parenting within some cultures, this is relevant in highlighting how notions of support can be extended to

professionals and individuals alike. Whilst recognising the innumerable professions that require strong interpersonal ability (Moudatsou et al., 2020), Clinical Psychology may be especially well placed for building strong relationships with birthmothers. As these are women with typically fractured senses of connection and belonging, the 'work' may be in providing 'secure bases' from which they can further explore their experiences (Morgan et al., 2019). Trauma-informed practice, formulation expertise and an understanding of development across the lifespan are particularly advantageous. As well as this, it is important to recognise Black birthmothers as a particularly disenfranchised group; getting alongside this population, rolling with potential resistance (Resnicow & McMaster, 2012) and creating safe, consistent therapeutic spaces (Morgan et al., 2019) are all skills the Clinical Psychology profession could offer.

As demonstrated in the recent care report (MacAlister, 2022), there is increased interest in promoting advocacy and support for birth families navigating complex child protection systems. The development of parent and family advisory boards, for example, is gathering significant traction, with tailored support for global majority parents advised. When considering this study's findings, utilising the experience of Black birthmothers at an interpersonal and community level could be highly effective. Spaces influenced and supported by the insight of global majority families would be of specific benefit.

Importantly, this research also highlighted why Black women may be less likely to use available support. It also demonstrated the ambition of many Black birthmothers to support others within their own communities; developing this community cultural wealth through service-user led groups and initiatives within support services would be

experiences of black birthmothers who have had their child(ren) removed advantageous. Furthermore, having staff who are both more representative of the population, and willing to discuss the impact of race on these systems is crucial.

Societal and political

This research suggests the importance of recognising the experiences of Black birthmothers within services and organisations that hold the most power. Despite increased attention on systemic injustice and institutional racism, little meaningful connection has been made into ways in which race and racism may also play a role in the child-removal context. Reinstating support services, offering more avenues for early intervention, and giving support to families known to be most at risk of economic disadvantage is key. In light of the recent Coronavirus pandemic and the current cost of living crisis, this becomes increasingly significant.

Furthermore, this research has highlighted the experience of birthmothers who leave the care system at 18. This research would support recognition of care-leavers being a specifically at-risk group who require ongoing support. Given what is known about cognitive development and the maturation age of 25 (Arain, et al., 2013), it is sensical that this group of young people are offered ongoing provision in ways akin to more traditional family structures. Similarly, the impact of long-term, stable foster-care should not be minimised, including that of mother-baby placements. Finding meaningful ways to increase global majority engagement in the foster-carer population could improve life-chances of both young people and their children.

Finally, over-turning systemic racism is ambitious and challenging. That said, there is a need to continue raising awareness and taking steps towards addressing systemic racism.

Local authorities and systems which support families could go some way in critically

appraising their service provisions. Increased use of co-created family/parent advisory boards, for example, or adopting elements of a CRT framework may increase representation and understanding for over-represented groups.

4.10 Strengths and limitations of the project

4.10.1 Strengths

Although only demonstrative of a small group of women, this project aimed to raise the voices of Black birthmothers who have had their child(ren) removed from their care. To date, no research has looked at Black birthmothers' experiences specifically; thus, this study offers a meaningful contribution to research. First-person accounts highlighted both the structural disadvantage the birthmothers frequently faced, as well as how their intersectional identities negatively impacted their involvement with state services.

The use of IPA enabled an in-depth exploration of participants' lived experiences.

The close analysis of interviews ensured rigour and facilitated overall interpretation; it contributed towards a better understanding of both collective and subjective Black birthmother experience. Importantly, it emphasises the cumulative impact of adverse life experiences on the birthmother population more generally, as well as highlighting how race and racism serves as an additional deleterious barrier for some women. Furthermore, its used of CRT privileges the voices and experiences of the Black birthmothers themselves, as opposed to researching through predominantly Eurocentric methodology.

4.10.2 Limitations

Significant limitations to this study exist. A larger sample size could improve generalisability, as would increased homogeneity in terms of birthparent experience. Some birthparents were main-carers to their children, whilst others had no contact. This increased richness of data in some ways but may have limited findings in that the perceptions of their

experiences may have been influenced by eventual outcome. Similarly, the eventual sample consisted of four birthmothers of Black Caribbean, and one of Black African, heritage. Given what is known about known poorer outcomes for Black Caribbean families, a sole focus on this would be advantageous.

Although the lack of recruitment through a singular organisation is helpful in some aspects, it also made the process more difficult. Furthermore, the lack of support available to some women after discussing difficult events was problematic and is likely to have influenced overall numbers. Further research should seek to recruit from organisation(s) to ascertain potential differences in findings. Similarly, participants were able to 'self-select' for the study, with the amount of time following court removal briefer than usual. Although this was mitigated by sound ethical considerations and realistically did not impact the majority of women, the potential for distress was thus increased.

Additionally, the fact that I am a White researcher is likely to have strongly influenced findings. Although this also illuminated important aspects of difference, I am in no doubt that it is likely to have influenced topics of discussion and what felt safe to say.

Finally, although the IPA methodology offered important insight, alternative methodology such as Participatory Action Research (PAR) may have been more in-line with the research's aims and CRT approach.

4.11 Recommendations for future research

As such, PAR methodology and use of methods such as 'PhotoVoice' may offer important and creative avenues through which to explore Black birthmother experience. As this is recognised as a democratising process, it could help to address multiple power imbalances demonstrated within this group of women. Similarly, although the impact of structural inequality such as poverty and housing is named frequently with quantitative

experiences of Black Birthmothers who have had their Child(Ren) Removed research (e.g. (Bywaters et al., 2014)), it was less directly addressed by participants here.

Asking Black birthmothers about their explicit experiences with relation to this and child-

removal would form an important gap within research (Bywaters & Skinner, 2022).

As addressed, explicit focus on Black Caribbean birthmothers would be advantageous, as would focus on Black African and other global majority communities.

Further investigating protective factors within certain communities and their comparatively lower rates of CPS intervention would offer important insights. Similarly, research that has focused on 'what works' within birth-mother support services (e.g., Morgan et al., 2019) has predominantly White samples. A greater exploration of what works (and what does not) for global majority birthmothers would be advantageous.

As highlighted throughout, there is a glaring and pressing lack of research with birthfathers, Black or otherwise. Although the focus on Black birthmothers within this study was of benefit, further research should explore the perceptions of Black birthfathers and their omission from most research.

Finally, there is an important argument for not researching Black families at all. As has been highlighted, rates of increased intervention are often as much, if not more, as a result of structural factors as opposed to maladaptive parenting practices. Better understanding the mechanisms and experiences of affluent, White British families who may be harming their children but avoiding the state's gaze would be an important avenue of exploration. This, in turn, may reduce problematisation and increase equity for Black parents.

4.12 Concluding comments

This study reports findings from five Black birthmothers who have had their child(ren) removed from their care. In particular, it has highlighted the ways in which these women have faced multiple oppressions from multiple systems, and how this has deleteriously impacted decisions around child-removal. As the first study of its kind, it has made a significant contribution to the limited research on the experiences of birthparents from the global majority. Whilst the small sample size limits the generalisability of findings, it is both consistent with similar research in this area and provides important insights into the relationship that Black birthparents have with child protection services and affiliated state systems.

The themes identified highlight the impact of multiple, intersectional disadvantage on the women's lives and how they feel their race directly attributed to the ultimate removal of their children. It provides important clinical implications and recommendations for all professionals who may be involved with supporting this group of women. The hope is that this research contributes to increased critical understanding, empathy and support for Black birthmothers who face significant and enduring challenges within White Eurocentric systems. Namely, it hopes to help redirect the narrative written about them from that of deficit to potential and for their life story and subsequent experiences to be viewed through the lens of an institutionally inequality. As opposed to being defined by their lack of mothering, therefore, instead being recognised as women with resource; in the words of a participant - that they can, and they will, and this how we can help them.

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Appendix A: Reflective diary entries

Reflections on study context

Had a lecture on thesis stuff today which felt helpful, although I'm growing a bit weary of being online and didn't really feel that I could pay attention to most of it. I'm conscious that I'm probably going to have to look back on reams and reams of stuff but am being kind to myself — not sure that can be particularly helped at the minute. I feel like things are moving in the right direction in some ways — have a research team, have had a few meetings about the project and thought a bit about we might be able to recruit some EBEs for the panel.

Things have felt difficult recently with violence against women yet again in the headlines. Or not, actually, for non-White women. I feel a bit conflicted about this; I felt really shaken by the 'first' of recent attacks – I think there was something about it that felt really relatable to me. I felt incredibly angry and upset at lots of the discourses surrounding this – why are we all only just beginning to think about stopping harming women? I found this was compounded at times within training and work contexts too; why weren't we talking more about this? A reflective space passed pretty much without a mention; I felt almost apologetic about bringing it up which in retrospect is probably demonstrative of many wider societal dynamics. I was grateful for the fact that I was still doing my ethics – not sure I would have been able to talk to potential participants about some of their experiences with all of that feeling bubbling around.

Another horrendous incident has happened, this time with two Black women. I felt confronted by this; had I paid it as much attention? If not, why not? Although I think I have tried to engage with it as much as possible, there realistically is far less coverage. This feels so stark and uncomfortable – there's already talk about how they were attended to far less as two Black women and I'm fearful that more is to come. This made me think a lot about the study – both as my position as a White researcher but also for the potential participants. How were they feeling? Or was it just so normal for them? I've been thinking a bit about how I address this. If violence comes up (which I strongly suspect it will), is there something about my Whiteness and position in this that will be difficult for them to resonate with? Or will there be both resonance and disconnection? I hope this insight will prove useful.

Reflections on recruitment process

Feel like it's a bit of a mixed bag with recruitment at the moment. Had an IPA meeting and was discussing the current situation. It was quite encouraging initially as I had two people get in touch pretty quickly and was feeling quite positive about it. That was nearly a few months ago and everything has seemed very quiet since! I think I've been feeling quite reflective but also quite unsure about it. Training always feels manic but second year seems to have a bit of a life of its own. There was a period not long ago where deadlines felt relentless. I'm trying not to take too many Covid-adjustment extensions which is probably wise in the long run but has been a bit overwhelming. I do think it's been good practice for when it comes to writing this up though. Anyway, I think by the time it got to the recruitment stage I was feeling quite tired.

There was an initial issue late-summer where the advert had been released but we used 'Afro-Caribbean' instead of African Caribbean. It was kindly pointed out soon after publishing and was removed. I think this felt quite exposing – I really want to do the research justice but I became very

aware of how much I didn't know at that point. I'm really grateful for the process for pointing these things out but feel I need to take more time in immersing myself in the literature a bit. It feels really important to be well-informed before interviews start in earnest. I would be interested in speaking to the wider research team about it as it was a collective decision/a, wondering what they make of it. It's proving very hard to get everyone in the same room currently though!

I'm starting my first two interviews imminently which is good. Other interest has been very sporadic/non-existent though which feels quite difficult. I'd like to give it a lot of head space but don't realistically feel I can at the moment with uni/placement/other demands. I've started using the voice-note function which is working well so far and I think/hope is putting people more at ease. I'm having/planning a lot of meetings with relevant organisations which feels positive. That said, they seem to be suggesting that very few Black birthmothers use their services so this may also be why recruiting is tricky. I'm hoping that once I've done for or two it will also be easier as participants can hopefully spread the word. I feel a bit stumped as to how to go around it if not. I think I'm going to reach out to the research team for some support. I also feel ok with accepting that many women are unlikely to come forward. I think that's really understandable given the context.

Appendix B: Search strategy for Systematic Literature Review

The search strategies for the Systemic Literature Review included the following methods to identify eligible empirical studies.

Five electronic data bases were searched: Scopus, APA PsycArticles, Cinahl Plus, PubMed and Social Care Online. No filters applied. The searches used the following search terms, and had to appear in the title, abstract and/or key words of the article to optimise relevance:

Table 7: Search terms (Appendix B)

Terms relating to	AND	Terms relating to context	AND	Terms relating to participant
phenomenon		("child* remov*" OR "care		group
("experience")		proceeding*)		(birthparent* OR
				birthmother*)
treatment OR		"child* protect*" OR "care		"birth relati*" OR "birth
perception* OR		proceeding*" OR "child*		parent*" OR "birth mother*"
narrat* OR stor*		remov*" OR "court remov*"		OR "birth father*" OR "birth
OR experien* OR		OR "famil* safeguard*" OR		famil*" OR mother*
account*		"court proceed*" OR		
		"assumption of care" OR		
		"care order*"		

1. Multiple pilot searches were conducted before the above search terms were clarified, including more terms relating to context ("social work*"... OR "taken at birth"... OR "disenfranchised grie*") and participant group (dad* OR mum*). This resulted in several searches with a high number of irrelevant articles that were not feasible to exclude with NOT

- Boolean operators. Furthermore, the subject matter proved too diverse and unrelated to birthparents and child removal.
- 2. Search terms initially included participant groups related to ethnicity (e.g., ethnic* OR "minorit* ethnic" OR black OR bame OR africa* OR caribbean OR "Black and Minority Ethnic" OR "Black Brit*" OR minorit* OR "migrant" OR "immigra*" OR muslim OR india* OR pakistan* OR bangladesh* OR asia*) but were excluded due to limited relevant results.
- 3. The previous pilot search resulted in 50 articles in Scopus and included all above terms bar two relating to context ("assumption of care" OR "care order*") and one relating to participant group mother*. Recognising that several hand-searched articles were not referenced, the search was adapted to include the above items. This resulted in 624 articles, including a number previously undiscovered or included in other articles.

Appendix C: Critical appraisal tool

Table 8: Studies assessed (Appendix C)

		Qualita	ative Studies Assessed Using "Big-T	ent" Criteria for	Quality (Tracy	, 2010)		
Author(s) & year	Worthy topic	Rich rigour	Sincerity	Credibility	Resonance	Significant contribution	Ethical	Meaningful coherence
(Janzen & Melrose, 2017)	Yes	Somewhat – ambiguity re: chosen analysis	No – limited details of self- reflexivity provided	Yes	Yes	Yes	Yes	Yes
(Mermania, Nolte, Norris, & A.Harborne, 2015)	Yes	Yes	Somewhat - evidence of challenges of generalisability and recruitment	Yes	Yes	Yes	Yes	Yes
(Richardson & Brammer, 2020)	Yes	Somewhat – ambiguity re: chosen analysis	Somewhat – evidence of reflection on challenges of qualitative research	Yes	Yes	Yes	Yes	Yes
(Syrstad & Slettebø, 2019)	Yes	Yes	Somewhat – considered validity and trustworthiness of interviews	Yes	Yes	Yes	Yes	Yes
(Siverns & Morgan, 2021)	Yes	Yes	No – limited details of self- reflexivity provided	Yes	Yes	Yes	Yes	Yes

(Otterlei & Engebretsen, 2021)	Yes	Somewhat – ambiguity re: chosen analysis	No – limited details of self- reflexivity provided	Yes	Yes	Yes	Yes	Yes
(Morgan, Nolte, Rishworth, & Stevens, 2019)	Yes	Yes	Somewhat – detailed strengths and	Yes	Yes	Yes	Yes	Yes
(Honey, Meyes, & Miceli, 2018)	Yes	Yes	No – limited details of self- reflexivity provided	Yes	Yes	Yes	Yes	Yes
(Lewis & Brady, 2018)	Yes	Somewhat – ambiguity re: chosen analysis	Somewhat – reflects on previous role as social worker and decision to tell participants	Yes	Yes	Yes	Yes	Yes
(Nixon, Radtke, & Tutty, 2013)	Yes	Somewhat – ambiguity re: chosen analysis	Somewhat – reflects on limitations of research but not of researcher	Yes	Yes	Yes	Yes	Yes
(Kenny, Barrington, & Green, 2015)	Yes	Yes	No – limited details of self- reflexivity provided	Yes	Yes	Yes	Yes	Yes
(Broadhurst & Mason, 2020)	Yes	Somewhat – ambiguity re: chosen analysis	Somewhat – declarations of interest clearly stated	Yes	Yes	Yes	Yes	Yes

Ī	(Logan,	Yes	No – ambiguity on a	No – limited details of self-	Yes	Yes	Yes	Yes	Yes
	1996)		number of topics	reflexivity provided					
			including analysis.						

Appendix D: Initial ethical approval confirmation



HEALTH, SCIENCE, ENGINEERING AND TECHNOLOGY ECDA ETHICS APPROVAL NOTIFICATION

TO Francesca Larcombe
CC Dr Barbara Rishworth

FROM Dr Simon Trainis, Health, Science, Engineering & Technology ECDA Chair

DATE 08/06/2021

Protocol number: LMS/PGT/UH/04591

Title of study: Understanding the experiences of Black Afro-Carribean birth-mothers

in the Child Protection System.

Your application for ethics approval has been accepted and approved with the following conditions by the ECDA for your School and includes work undertaken for this study by the named additional workers below:

Dr Charmaine Elliot (External Secondary Supervisor)

General conditions of approval:

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

<u>Permissions</u>: 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.

<u>External communications</u>: 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.

<u>Invasive procedures</u>: 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: 20/06/2021 To: 20/09/2021

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 form EC2.

Approval applies specifically to the research study/methodology and timings as detailed in your Form EC1A. 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 E: Amended ethical approval confirmation



HEALTH, SCIENCE, ENGINEERING AND TECHNOLOGY ECDA

ETHICS APPROVAL NOTIFICATION

TO Francesca Larcombe
CC Dr Barbara Rishworth

FROM Dr Simon Trainis, health, Science, Engineering & Technology ECDA Chair

DATE 06/10/2021

Protocol number: aLMS/PGT/UH/04591(1)

Title of study: Understanding the experiences of Black Afro-Carribean birth-mothers in the

Child Protection System.

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 Charmaine Elliot (External Secondary Supervisor)

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.

<u>Permissions</u>: 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.

<u>Invasive procedures</u>: 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: 06/10/2021

03/06/2021 To:

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 F: Research advert

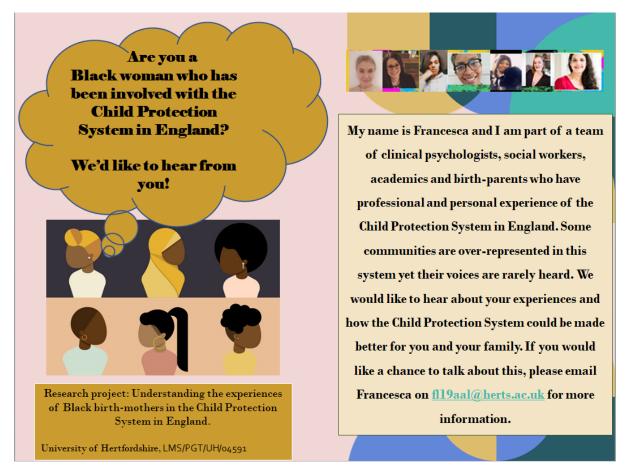


Figure 2: Research advert (Appendix F)

Appendix G: Participant information sheet



UNIVERSITY OF HERTFORDSHIRE

ETHICS COMMITTEE FOR STUDIES INVOLVING THE USE OF HUMAN PARTICIPANTS ('ETHICS COMMITTEE')

FORM EC6: PARTICIPANT INFORMATION SHEET

1 Understanding the experiences of Black birthmothers within the Child Protection System.

Dear Nina,

Thank you for getting in touch and thinking about participating in this research study. This sheet is to give you more information about the study. Hopefully this will allow you to decide whether or not it is something you would like to be involved in.

If there is anything you are unclear of after reading this, please feel free to drop me an email and we can arrange a time to discuss it further.

The University's regulation, UPR RE01, 'Studies Involving the Use of Human Participants can be accessed via this link:

https://www.herts.ac.uk/about-us/governance/university-policies-and-regulations-uprs/uprs (after accessing this website, scroll down to Letter S where you will find the regulation)

What is the purpose of the study

Hello! My name is Francesca Larcombe and I am a second year Trainee Clinical Psychologist at the University of Hertfordshire. As part of my training, I am required to complete a major research project.

This is where you might come in! I am interested in the experiences of Black birth mothers in the Child Protection System. Having worked with families going through this process, I am interested in how we can the process fairer. I am joined on this project by a research team of psychologists, social workers, academics and birth parents all with an in-depth knowledge of this subject. We know from studies that the experiences of birth mothers is an under-researched area and one that we feel deserves more attention.

I am hoping to recruit 6-8 women in England who identify as Black and whose children have been involved with the Child Protection System.

The research aims to explore your thoughts and perceptions of what this experience was like for you, particularly considering other factors that might be at play such as racism and financial difficulties. I will speak to you individually for about an hour and a half and ask you some open questions. You do not need to talk to me about anything that you feel uncomfortable with and it is completely up to you what you choose to talk or not talk about.

Why have I been invited?

You have been invited as you are a Black woman, based in England, who has had experience with the Child Protection system. You expressed interest after speaking to someone you know (possibly through an organisation) or saw a post on social media advertising the study. You responded to the contact details provided and as such have been sent this information sheet.

Do I have to take part?

No! It is completely up to you whether you choose to participate in this study. If you choose to participate you may withdraw from the study at any time. You do not have to explain why to me — that is completely up to you. If you do decide to take part, you will be given this information sheet to keep and be asked to sign a consent form. Agreeing to join the study does not mean that you have to complete it. You are free to withdraw at any stage of the interview without giving a reason. A decision to withdraw at any time, or a decision not to take part at all, will not affect any treatment/care that you may receive (should this be relevant). Once the interview has been completed you can withdraw your interview up to four weeks after our meeting; the reason for this is that once I begin analysing the data it becomes difficult to extract specific interviews. All identifying information will be anonymised. Once the research is written up there may be direct quotes but these will not be identifiable to others.

Are there any age or other restrictions that may prevent me from participating?

To take part, you must be above the age of 18, and have not been involved with the Child Protection System within the past 12 months. You must always be an English language speaker and not need the use of an interpreter.

What will happen if I choose to take part?

I will give you a call before the study to introduce myself and answer any questions you might have. You will be sent a link for an online meeting so will need access to a phone, iPad or laptop to join this as well as Wi-Fi. We will have a conversation about your experiences that will last 1 %-2 hours. The meeting will be recorded but kept securely and confidentially.

After the interview I will ask you whether or not you would like to be contacted to comment on the research findings or to be involved in a creative project that communicate some of what people have discussed.

Are there any disadvantages from taking part?

I understand that this can be a really difficult thing to talk about. I have worked in a lot of communities that these issues affect but also know that as a White female, there's lots of our experiences that may be very different. I am more than happy to talk with you about this if that's something you'd find helpful.

Talking about your family may be upsetting and private for some people. It would be good if you could find a quiet place to have our conversation to help you feel as comfortable as possible. I'm happy to be very flexible about finding a date and time that might make this more possible. You can choose how much you tell me about your experiences and there will be a chance to talk about how you found the interview afterwards. We can also think together about who might be able to support you if you are feeling distressed.

Are there any benefits from taking part?

I am unable to guarantee that participating in this study will help you, but it might allow you to think and talk about your experiences. There is very little research on this topic. It is hoped that by hearing more experiences like yours, Psychologists and services can better understand the experiences of Black women and we are hoping that at the end of the research we can raise awareness of these experiences.

How will my taking part in this study be kept confidential?

There are several ways that I will keep your participation in this study confidential. I will take the very little personal information about you and you will not be able to be identified from this. Any identifiable information, including your name, will be kept securely and separately from the recording of the interview. I will be the only person with access to this. The interviews will be kept strictly confidential.

It is possible that I may be required to use an approved transcription service to transcribe your interview if there is not time for me to transcribe it myself. Recordings will be labelled to protect your identity and the service will be required to sign a non-disclosure confidentiality agreement.

As part of the research process, some data collected may be looked at by authorised individuals from the University of Hertfordshire, this may include the sharing of anonymised transcripts with other trainee clinical psychologists conducting research at the University of Hertfordshire. To ensure the quality of the research, anonymised sections of the data might be viewed by academic and professional assessment bodies. Any individuals who have access to this anonymised data will have a duty of confidentiality to yourself as a research participant. The consulting team may also have access to some of this information.

What will happen to the data collected within this study?

The data collected will be stored in hard copy by the University in a locked cupboard for 5 years, after which time it will be destroyed under secure conditions.

Will the data be required for use in further studies?

The data collected may be re-used or subjected to further analysis as part of a future ethically-

approved study; the data to be re-used will be anonymised.

Who has reviewed this study?

This study has been reviewed by:

The University of Hertfordshire Health, Science, Engineering and Technology Ethics Committee with

Delegated Authority

The UH protocol number is: LMS/PGT/UH/04591

Factors that might put others at risk

Please note that if, during the study, you disclose any information that makes me believe that you or

others are at risk, I may need to share this information with relevant organisations. In some cases, this may mean that you would be withdrawn from the study. I will always share my actions and decisions

with you where possible.

What if I would like more information or to get in touch with you?

Please do feel free to contact me directly using the contact details below. If you do not feel

comfortable contacting me, I have also provided the details for my supervisor.

What next?

If you are interested in participating in the study, please complete the reply slip provided below and

return to me (Francesca Larcombe) by email (fl19aal@herts.ac.uk).

Thanks again for taking the time to read this information.

Warm wishes,

Francesca Larcombe

Trainee Clinical Psychologist

University of Hertfordshire

fl19aal@herts.ac.uk

Supervisor: Dr Barbara Rishworth

Clinical Psychologist

b.rishworth@herts.ac.uk

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Appendix H: Participant consent form

UNIVERSITY OF HERTFORDSHIRE ETHICS COMMITTEE FOR STUDIES INVOLVING THE USE OF HUMAN PARTICIPANTS ('ETHICS COMMITTEE')

FORM EC3

CONSENT FORM FOR STUDIES INVOLVING HUMAN PARTICIPANTS

I, Nina Smallman

hereby freely agree to take part in the study entitled: **Understanding the experiences of Black birth-mothers in the child protection system.**

If you need to get in touch with me, you can do so on [please give contact details here that I will be most able to get in touch with you on. This can include a telephone number, email or postal address.]

257 Brettenham Rd, E17 5AT, FL19AAL@HOTMAIL.COM, 07415496591

(UH Protocol number LMS/PGT/UH/04591)

- 1 I confirm that I have been given a Participant Information Sheet (a copy of which is attached to this form) informing me about this study. This includes its its aim(s), methods and design, the names and contact details of key people and, as appropriate, the risks and potential benefits. It also tells me how the information collected will be stored and for how long, and any plans for follow-up studies that might mean people getting in touch with you in the future. I have also been informed of how my personal information on this form will be stored and for how long. I have been given details of my involvement in the study. I have been told that people will let me know of any significant changes to the aim(s) or design of the study, and ask me again if I would like to participate.
- 2 I have been assured that I may withdraw from the study at any time without disadvantage or having to give a reason.
- **3** In giving my consent to participate in this study, I understand that voice, video or photo-recording will take place. I have been told how/whether this recording will be used.

- 4 I have been given information about how this study might be difficult and could cause me to suffer emotionally. I agree to complete any required health screening questionnaire in advance of the study. I have been told about the aftercare and support that will be offered to me in the event of this happening, and I have been assured that all such aftercare or support would be provided at no cost to myself. In signing this consent form I accept that medical attention might be sought for me, should circumstances require this.
- **5** I have been told how information relating to me (data obtained in the course of the study, and data provided by me about myself) will be handled: how it will be kept secure, who will have access to it, and how it will or may be use. This includes the possibility of anonymised data being deposited in a repository with open access (freely available).
- 7 I understand that if I was to share information that suggested I or others were at risk or involved in unlawful activity, the University may have to share this information.
- **8** I have been told that I may at some time in the future be contacted again in connection with this or another study.

Signature of participant: Nina Smallan......Date: 18/09/2021

Signature of (principal) investigator:



Date: 09/09/2021

Name of (principal) investigator [in BLOCK CAPITALS please]

FRANCESCA JOY LARCOMBE

Appendix I: Interview schedule

Title of Study:

Understanding the experiences of Black birth mothers within the Child Protection System in England.

Introduction

"The aim of this research is to get a better understanding of the experiences of black birth mothers who have been involved as parents with the Child Protection System. The interview will last up to an hour and a half and I'll be audio recording it via the video conferencing software. Due to time, sometimes I might ask you a different question or come back to a point that you've made. This is to make sure that we manage to get a good idea of your story and your experiences. There will be opportunities to get involved with sharing the research after it has been completed too. There are no right or wrong answers and you don't have to answer anything that you don't wish to.

Name:
Age:
Ethnicity:
Who are we talking about today? You can tell me their names or not:
No. of children in care or adopted:
No. of children living at home?:
Length of time since taken in to care?:
Type and frequency of contact?:

Introductory (warming the context) questions

1. Why were you interested in taking part in this research study/interview?

Are you receiving any support from mental heal/charities/social services?:

Prompts:

- a. What are your hopes for this research?
- b. Is there anything really important you want to make sure we talk about today? (write this down to refer back to at the end)

Questions about their involvement with the CPS

2. Can you tell me how you came to be involved with the CPS? How were you told that your child/children would be taken in to care?

- 3. Under what circumstances were they removed? (Taken in to care at birth after delivery, take in to care by social worker...)
- 4. What reasons were given to you? What did you think about this decision?
- 5. Is there anything that might have helped things be different so that your child/children weren't removed?
- 5. This research takes the position that racism exists within the UK. Do you feel that your race might have impacted your involvement with the CPS and some of the decisions made? If so, how?

Follow-up questions:

- **a.** Do you think your race impacted some decisions?
- **b.** If so, how?
- **c.** Do you think services viewed parenting differently than what you might have been used to or experienced?
- **d.** How did this impact you?
- e. Was this racism implicit or explicit?
- f. Do you feel that your parenting was judged differently or the same as others?
- g. Were there things about you that you felt people didn't understand?
- **h.** Did you see many people that looked like you in this process? How did that make you feel?
- i. How does it make you feel about the CPS?
- j. Are there any other factors that you think are relevant?

How has this experience made you feel about services in general now?

- 6. What messages from your culture and community do you think you received about motherhood and being a parent?
- 7. How do you think your culture and community sees you now?
- 7. What was life like for you before/during/after your children were taken in to care?
- 8. Can you tell me about your sense of being a parent now that your child/children are in care?
- 9. What kinds of things about the CPS were helpful for you?
- 10. How about unhelpful, negative or disappointing for you?
- 11. How have you made sense of what has happened? Has anything/anyone supported you in this?
- 12. Can you tell me how you make sense of being a parent now?
- 13. Knowing what you know now, what would you advise to other women who find themselves in a similar situation?

Ending (cooling the context) questions

- 15. What has it been like for you to answer these questions and be part of this research today?
- 16. Did we talk about what you expected to/wanted to?

Prompt:

17. Thinking back to what you said at the beginning of the interview is there anything else you would like to tell me about your experiences?

Follow-up question:

- a. Anything else you think it is important for me to understand?
- 18. Do you have any ideas as to how the findings of this research could be shared with other (black) birth relatives who have involvement with the CPS?

Follow-up question:

a. Was there anything that was difficult or missing from your experience with the CPS?

Life after CPS questions:

- 10. What is life like for you now?
- a. Do you have any ongoing challenges?
- 11. Can you tell me about your relationship with your child/children now?

Follow-up questions:

- a. Do you still have contact?
- b. What is it like for you?
- c. What do you think it is like for them?
- 12. Can you tell me about your sense of being a parent now that your child/children have been involved with the CPS?

Follow-up question:

- a. In what ways do you feel different or the same as a parent?
- 13. Based on your experience, what advice would you give other parents in the same situation?
- 14. Do you have any advice for the CPS dealing with situations like yours?

General prompts:

- How did you experience that?
- What sense did you make of that?
- How do you make sense of that now?

- What did that mean for you?
- How did you come to understand what was happening?
- And what did you think about that? Now and then?
- What do you feel was going on in that situation?
- Can you tell me a little more about that?
- Can you give me an example of that?

Appendix J: Example of analysed transcript

*Highlighted (green) sections demonstrate significance/summarising of wider ideas.

Table 9: Example of analysed transcript (Appendix J)

Transcript	Exploratory notes	Emergent themes
L: She was removed in 2008,		Chn as returning to her when
let's put it that way.		old enough to do so
I: OK (chuckles) that's good.		
L: It's easier.		
I: Yeah.		
	"Came back to me" – feeling	
L: She came back to me at	left?	
2018, when she was eighteen.	Returned when an adult	
I: Yeah.		
L: Then she disappeared to live with her boyfriend her ex-	"Disappeared" – feeling of	
boyfriend at the time um	going or being left?	
for a little while. And then,	Relationship that didn't last	
obviously, her carer, the lady who was looking after her		
	"Obviously" but not obvious	Intergenerational care being
I: mmm	"Carer" – cared for by someone other than her	offered by own foster mother
	Parented by someone else	
L: my old foster carer		
she@:? <is ill.<="" now="" td="" terminally=""><td></td><td></td></is>		
I: mmm	Her old foster carer becoming care for daughter	
	Death and loss	
		Daughter returning to her care
		when foster mother not viable

L: So, my daughter couldn't		
go back and my daughter moved in with me again.	Daughter unable to return	
l: yeah	Moved in with birthmother as a result?	Time passing and children aging but still also feeling childlike to her
L: She's twenty-one this year	Time passing – daughter now older	
um (takes a deep breath)	Difficulty verbalising?	
and two yeah, my two boys err they were removed six	Boys – still childlike for her	
years ago.	"Removed" – clinical	
	Time passing	
I: OK. So, in 2014 time	, para 6	
L: 2015		
I: 2015 (chuckles) I told you my maths was crap!		
L: Right right.		
I: OK. Alright. So so, that's been it's been a while since they were last in your care. Do you speak to them at all, or have any contact with them?		
L: Um (slight pause) I see my middle one err every month.	Hesitance Sees one child sporadically but not the other	Different levels and type of contact with children dependent on age and
I: OK.		adoption status
L: err which is going up to every twice a month.	Contact increasing	

I: OK.		
L: um which is twice I: (interrupts) how old's the middle one now?	Repetition of twice a month	
L: He is thirteen.		
I: Thirteen and is that like in a contact centre?	Sees child in contact centre	
L: Yeah, yeah, yeah.		
I: Yeah.		Child protesting to see more of birthmother
L: So, we're going to get contact twice a month because that's what he wants to do.	Child has decided wants to see birthmother more	
I: OK.	Desciptant in requesting to see	
L: err he he sort of	Persistent in requesting to see his BM	
nagged at the social worker um so we're just trying to sort out dates and stuff well, I get letterbox contact which I	Sorting logistics of increased contact	
have not had a letter for two years.	Letterbox contact with who? Letterbox contact but not receiving anything	Youngest son no longer engaging in letterbox contact with her
I: Right, OK.	Talking about other son?	
L: I'm meant to get letterbox contact twice a year.	Letterbox contact not being fulfilled?	

I: Yeah.	Son not corresponding through	
	letterbox contact for two years	
L: From him, but I've not had		
that I've not had letterbox		
contact for two years.	Able to communicate some things with him	
I: OK. And do you manage to	Social worker hard to contact	
send him things?	SW making it hard for letterbox to be accomplished?	
L: Um I can send photos and	SW not doing a good job	
letters but the social worker is (slight pause) very hard to get hold of, and doesn't do a	The wider system interrupting contact with child	
good job frankly in my But she hasn't sent over his case to		
the (?7.25) post handling?		
team um (slight pause)which is a problem because		CW - standard between
they won't touch his case		SW system being hard to communicate
without his life story done which she so which is causing problems. Because	"Won't touch" – contaminated?	with/overwhelmed making it hard to communicate with birth son
now I don't have anyone I can directly go to, I have to continuously go through her	Need to satisfy certain criteria from services before contact maintained	
	Gaps in system making it	
I: yeah	harder to contact and ultimately see som	
L: she's in Looked After		
Children.		SS as putting up criteria and
	SW in certain department	barriers, ultimately making it harder to see birth son
I: Right. OK. So, quite a difficult quite a difficult point of		Haraci to see sharrson
contact to be having yeah		
L: Very.		
I: Yeah.		

	Clarifies difficulty	
L: Very. So, yeah I: OK. Alright. And and thinking about about your children, so the the two younger ones, are they in foster care or have they been formally adopted?	Emphasis on "very"	
L: (Takes a deep breath) My youngest one's been formally adopted. I: Yeah.	Difficult to verbalise? Youngest child no longer in her care/chance of repatriation	Adoption as causing more separation than "in care"
L: My middle one's in care.	In care feeling different from adoption?	
I: OK. And the middle one's the one that you are going to see twice a month?	In care allows more contact than adoption	
L: Yeah.		
I: Got you.		
L: Yeah.		
I: OK. And your daughter? Your older daughter?		
L: She is twenty-two this year and she's sort of living inshe's living in my now office in my office	Oldest child now returned to her care out of choice Daughter living in her space — "office" as opposed to bedroom.	

I: Oh OK OK (chuckles)	Impermanent?	Children "in care" can have
		more contact with and return
L: So, yeah		to birthparents
L 50, year		
I: so you see so you see her		
a lot?		
L: Yeah. Every day.		
	Now seeing daughter daily	
I: Yeah (chuckles) you're not	auagnee aun,	
not seeing her.		
L: Yeah.		
I. Alainka Andrea		
I: Alright. And are you receiving any support yourself L, from		
like mental health, services,		
charities, social services?		
L: Um I did receive help from		
Pause. (?8.37 Inaudible		
comment)	Received charity help	
I: Yeah. How long were you in		
Pause for?		
L. France 2016 to 2017		
L: Errrr from 2016 to 2017		
I: OK	In for around a year	
L: well, eighteen months.		
I: Yeah.		

L: Um I was in Pause (slight		
pause) I still see them. I still		
do a lot of work with them.		
	Connection with charity has remained	
I: mmm	Now doing work with them not just receiving support	Ongoing connection to and support from charity
L: Um so, yeah that's about it	"Any" – little support given	support from ename,
I don't receive any help from social workers, don't receive any help anywhere else um	Pause is only support that has been available	
I: And do you find do you find like the work with helpful?	Speaks very highly of charity	
L: Brilliant. Really helpful.		
I: Yeah.	Clarifies extent of helpfulness	Involvement with charity as being central to her growth and development
L: Absolutely helpful.		·
I: Yeah.	Involvement with charity has been the making of her	
L: It's thanks to them I've become who I am, basically.		
I: Wow, wow What what's do you think what's happened there? What's what's it been about that support that's been so helpful for you?		Charity support as enabling self-reflection and growth
L: Because you can take the time to become yourself, to be alright with who you are. I mean, look, you know, I was a	Pause as enabling space and time to grow into yourself Learning to accept yourself	

mother from the age of sixteen		When you're a young mother,
Um (pause) I didn't know	Young mother – child herself	you lose the time for self-
who I was. Well, I thought I	roung mother child hersen	development and exploration
knew who I was. You know		
you think you know. I thought I	"I didn't know who I was"	
knew who I was, and I really	With youth comes naivety but	
didn't. I mean I was E W,	age offers insight	
mother of three, and really that	age offers maight	
was that was as far as it went.		
	Never got time to know herself	
I: mmm yeah		
	Identity as (young) mother but	
L: Now I can now say proudly,	not as person	Developing a sense of pride
with my head held high, you	No room for self exploration	and self-worth through charity
know, I'm not JUST a mother of	Sense of pride of self	involvement
three. I'm also I also run my	More than a mother (who has	
own business um I also am	had children removed)	
a peer mentor for Pause um	•	
I help in a lot of ways	Found personal autonomy and	
so I support part of their	power	
advisory	Helped become a helper	Support from charity has
		enabled her to start own
10.00		support and advocacy service
10.00		
I: mmm	Advocacy	
L: Um so, I've also set up my		
own support group err	Barraita Lara Indonésia and	
which is professional-free	Becoming knowledgeable and	
Yeah, so there's a multitude	helping others like her A space	
of things that I can turn	for lived experience only	
around and say "Now, I now		
know who I am" whereas I	Time and support has allowed	
didn't know who I was or I	self-discovery	
	• •	
didn't know who I was or I	• •	
didn't know who I was or I	• •	
didn't know who I was or I	• •	

<u>List of Leah's emergent themes – grouped by topic</u>

Something about removal and repatriation

Child removal as something that is difficult to name

Confusion over different types of SW involvement

Loss of children and separation of children to social care mentioned briefly and then topic changed

Difficulty in verbalising that all chn. had been removed

Child not being subjected to CP plan important

Different levels and type of contact with children dependent on age and adoption status

Youngest son no longer engaging in letterbox contact with her

Adoption as causing more separation than "in care"

Children "in care" can have more contact with and return to birthparent

Chn as wanting to returning to her when old enough to do so

Child protesting to see more of birthmother

Child desperate to return to mother but joking about this

Children deciding to return home to mother once state intervention no longer has power

Daughter returning to her care when foster mother not viable

Significant time passing and childhood lived since first child removed

Time passing and children aging but still also feeling childlike to her

Something about charity and hope/hindsight/what's been learned Learning to live after loss?

Involvement with charity as being central to her growth and development

Developing a sense of pride and self-worth through charity involvement

Charity support as enabling self-reflection and growth

Ongoing connection to and support from charity

When you're a young mother, you lose the time for self-development and exploration Importance of giving yourself time to grow before parenthood

The support and opportunity to process trauma as invaluable in the healing process traumatic growth and becoming a better person as a result of her experiences

The importance of caring for and rebuilding yourself after traumatic events before trying to care for and build others.

Advising to avoid bad relationships that will ultimately damage self and others

Growing through trauma and creating community

Building a sense of connection and community through the struggle.

Support from charity has enabled her to start own support and advocacy service

Importance of other people trusting her with their children and seeing her as capable of care

Importance of other people seeing her as a survivor as opposed to a failure Surviving an important quality to her

Something to do with foster carer

Intergenerational care being offered by own foster mother

Foster-carer offering intergenerational support: acting as her mother and then supporting her

when she became a mother/ could no longer parent

Foster carer as offering invaluable support when she became a mother

Foster-carer as supporting child and mother like family

Foster care as performing parenting duties

Foster-carer parenting daughter when she was unable to

Foster-carer adopting parenting role when she was unable to

Having someone close to you wo works in the system as advantageous

Foster-carer as defending her and offering the chance of a different life

Being defended and cared for by people in the system

Foster carer becoming mothering figure

Something about parenting

Difficulty in voicing difference/opinion

Ways of parenting different in Black families and not to be taken as threatening

Black parenting as more strict

Parenting from a liminal space and ensuring son behaves

Children as representatives of parents in public so good behaviour prized

Black parents more scrutinised so important for YP to not bring attention to themselves or family

Black parents from certain communities more scrutinised so important for YP to present themselves well and not be subject to gossip

Black parents as parenting outside the Eurocentric norm and therefore attracting SW attention

Verbal threats of physical aggression normal in Black families and not to be taken seriously Instilling important values of good manners on to children

Pride over children being recognised for something positive and in turn, feeling successful as a parent

Pride over raising well mannered children – important value for her

Motherhood as an identity that remains regardless of circumstance or any state intervention

Bond between mother and child eternal, irreplaceable and unstoppable Separation from children as temporary; normality will resume without SS involvement

Motherhood as difficult and emotional

Two very positive experiences of SW who offered support and clear unambiguous communication

Would push these people away but strength in them being there still to come back to

Something about judgement and rejection from others?

Child removal as ultimate shame and stigma as a woman Expectation that people will desert her following child removal Extremely isolated and shunned following child removal Long-term friendships stopped after child removal as people judged her

Child removal as removing previous identity

Plea for others to understand the complexity for child removal and that birthmothers still love their kids

Reasons behind removal as multiple and complex

Regret at not being able to protect daughter and be the mother she'd like to be

CPS as compassionate and protective

Went to prison after some unwise life choices

Promise of money leading to criminality

Vulnerable and naïve

First involvement with the police – and for serious crime

Facing prospect of lengthy imprisonment when very young

CPS as compassionate and sympathetic

CPS as holding power but being compassionate

Police as compassionate and protective

Working with CPS for mutual benefit

Working with CPS and "playing" CPS to her advantage

CPS and police services as supporting her

Police and neighbours as responsive and protective

Police as proactive and protective

Police officers as understanding and on the same page

Child accuses her of abuse and SS respond accordingly

Something about CPS as punishing and unsupportive

Judgement of parenting capacity based on own experiences of being parented

SW as setting birthparents up to fail

Unable to understand why services would want her to fail

MBU as harmful to mothers and setting them up to fail

Services seeming supportive but then turning against her

Process of CPS distressing and distancing between parent and child

Extended separation from daughter in CPS process

Birthmothers voices being drowned out in system

SW system being hard to communicate with/overwhelmed making it hard to communicate with birth son

SS as putting up criteria and barriers, ultimately making it harder to see birth son

Rights of parent privileged over rights of child

SS as unsupportive and uncaring towards her needs as person and mother

SW as abusing power by acting intrusively and bullying her

All other social workers as offensive and inept which impacted contact with children

Doesn't ask for help from SWs except in exceptional circumstances and still not supported

Other people recognising poor behaviour from SWs and defending her

Other people helping her to prepare for child but SWs negatively judging efforts Fighting back against SW in defense of her efforts for her child – supported by other professionals in doing this

Something about relationship to racial identity

Experience of father being abusive towards white people and her questioning this Identifying with British identity
Chn. of diff. racial backgrounds
Multiple ethnic identities causing confusion
Raised to not consider Blackness or racial identity
Ambiguity with her own relationship with racism
Race minimised and seemingly not internalised as central tenet to her identity

Understanding that treated differently by SW and questioning this and the relationship to race

Desire for connection making her vulnerable

Forming relationship and having children very quickly
Fast-moving romantic relationships
Forming relationship and having children very quickly
Lack of insight as to potential risk to chn.
Seeking romantic connection without recognising potential risks
Lack of insight as to potential risk to chn.
Other people beginning to realise potential risk to children
Trying to please and provide for romantic partner at expense of self and children
Lack of status made her more powerless against perpetrator
Understood that not a good relationship (but remained)
Lifechanging events: One child is born, another is removed

Loss and separation? Ish?

Experiences of early loss and separation
Early experience of maternal love followed by loss
Experience of significant trauma and state involvement at a young age
When she reached adulthood and independence, she became increasingly vulnerable
Simplified explanation of reasons for child removal that minimises personal responsibility
Minimising emotional impact of child removal
Disconnect between how own behaviour may be impacting perceptions of children? Too
painful to consider?
Impact on children?

Children began to be separated from birthmother Child as perceptive and being impacted by events

Leah's clustered themes list:

Key:

TEMPORARY SUPERORDINATE THEMES

SUPERORDINATE THEME

Subordinate theme (for the clustered emergent themes)

PARENTING AND BEING PARENTED

Parental migration

Experiences of early trauma and loss

Foster carer became a mother figure

Adoption as the ultimate separation?

Parenting from a liminal space

The maternal bond as everlasting

CHILD REMOVAL AS SOMETHING THAT IS DIFFICULT TO NAME

Child removal as ultimate shame and stigmatising and isolating as a woman

Extremely isolated and shunned following child removal

Child removal as removing previous identity

Long-term friendships stopped after child removal as people judged her

Reasons for child removal as nuanced and complex

CPS AS SETTING BIRTHPARENTS UP TO FAIL

SS as unsupportive and uncaring towards her needs as person and mother

SW system being hard to communicate with/overwhelmed making it hard to communicate with birth son

Judgement of parenting capacity based on own experiences of being parented

Unable to understand why services would want her to fail

MBU as harmful to mothers and setting them up to fail

Services seeming supportive but then turning against her

"I DON'T KNOW IF IT WAS MY RACE BUT...": MOTHERING OUTSIDE OF THE EUROCENTRIC NORM

Ways of parenting different in Black families and not to be taken as threatening

Black parenting as more strict

Children as representatives of parents in public so good behaviour prized

Black parents more scrutinised so important for YP to not bring attention to themselves or family

Black parents from certain communities more scrutinised so important for YP to present

themselves well and not be subject to gossip

Verbal threats of physical aggression normal in Black families and not to be taken seriously

FINDING ALLIES

Having someone close to you who works in the system as advantageous

Foster-carer as defending her and offering the chance of a different life

Being defended and cared for by people in the system

Other people recognising poor behaviour from SWs and defending her

Other people helping her to prepare for child but SWs negatively judging efforts

Fighting back against SW in defence of her efforts for her child – supported by other professionals in doing this

LEARNING TO LIVE AFTER LOSS

Involvement with charity as being central to her growth and development

The support and opportunity to process trauma as invaluable in the healing process

traumatic growth and becoming a better person as a result of her experiences

Growing through trauma and creating community

Appendix K: Recurrence of themes across transcripts

Table 10: Recurrence of themes (Appendix K)

	per-ordinate emes	Subordinate Themes	Miriam	Aisha	Leah	Michelle	Kay
1.	(M)othering from the margins	Strangers in a strange land	√	√	√	✓	√
		Childhood impacting motherhood	√	√	√	√	V
		"I was just left to survive"	√	√	√		✓
		Parenting outside of the Eurocentric norm	√	√	√	~	✓
		(M)othering continues	√	√	√	√	✓
2.	Birthmothers vs the State	Powerless against a powerful system	√	√	√	V	√
		"They're setting me up to fail"	√	V	√	✓	✓
3.	"If I looked like you": Navigating a racist system	"It's so hard being in this skin"	✓	√		√	√
	,	"If I looked like youmaybe I'd get all that support"	√	√	√	√	✓
		"Maybe others who havemade sure I was protected."	√	√		√	√
4.	Finding the riverbank	"This is where you can break and we can rebuild."	√		√	~	✓
		Being the change	√	√	√	√	√