

Amplifying youth voices and experiences through Photovoice

Legal Services for Children, USA



THE MODEL

Photovoice is a participatory research methodology that invites participants to use photography to share their personal reflections and experiences. Photovoice was developed in the 1990s by public health researchers working on a reproductive health project with women in China. Its goals are to promote knowledge and dialogue about community issues and their impact on individuals through group discussion of images, and to bring about change.¹

Legal Services for Children (LSC) has used this methodology on several occasions with the children and youth it works with in the Bay Area of San Francisco. As well as using Photovoice as a participatory evaluation tool to capture children's views on LSC's services, it has used the methodology as part of a Family for Every Child cross-border research project to better understand the experiences of young people who are newly arrived in the United States from Central America in order to promote safer child migration in the region.

LSC's Photovoice projects usually run for six weeks and involve three or four questions. Each week there is a group workshop where participants select two of their photos to share in response to that week's question. Participants give each photo a title and a narrative, explaining how it reflects their own experience, and together the group discuss their interpretations of the photos.

Photovoice allows children time to think about the questions and to respond creatively, using their own images to help describe their feelings. It provides a compelling way to understand young people's experiences that is more impactful than words alone.

Photovoice helps LSC to learn more about children's experiences and perspectives.

IMPLEMENTATION

First it is necessary to define the research questions. LSC staff do this by discussing the latest issues that young people are experiencing. Then participants are recruited from the organisation's existing client base. Groups with a maximum of 10 participants of similar ages and with similar experiences are most effective.

LSC offers participants a US\$25 voucher for taking part in each workshop, recognising the significant time commitment involved. Participants are asked to sign consent forms to agree to share their contributions in the final research report, although all contributions are included anonymously. In an initial workshop, children learn about the Photovoice methodology and gain basic photography skills.

LSC's Photovoice groups are facilitated by clinical social workers. This ensures that if children are triggered by any of the topics, staff are equipped to provide appropriate support. A notetaker is present at each session, to capture the discussion, which provides more information for the research report.

At the end of the project LSC holds an exhibition at its offices to showcase the young people's photography and stories. You can see examples of LSC's past Photovoice projects here: <https://www.lsc-sf.org/photovoice-project>.



OUTCOMES

- 1 LSC sees positive developments in participants as they learn a new skill, grow in confidence and take great pride in presenting their photos and stories.
- 2 Photovoice projects create a powerful, supportive group dynamic, fostering strong connections and firm friendships between group members.
- 3 LSC learns new perspectives about children's lives and experiences that would be unlikely to come up in individual therapy sessions. This enables it to respond to new issues and adapt its services accordingly.

CHALLENGES FACED

- 1 Recruiting children and young people to take part in the projects is often challenging.
- 2 There is a risk of potentially re-traumatising young people through the discussion of sensitive topics if sessions are not led by trained staff.
- 3 The COVID-19 pandemic meant that Photovoice sessions moved online. This resulted in lower levels of participation and made it more challenging for the group to bond. The final exhibition was also virtual rather than in-person, which did not have the same impact.

LOCAL CONTEXT

Child participation is a term that describes children's active involvement in decisions that affect their lives. The United Nations' Convention on the Rights of the Child (CRC), states that children have the right to express their views freely and to have those views taken into account. While the United States of America has signed the CRC, it is the only UN member state to not ratify the document.

Resistance is largely focused on fears that the CRC is not compatible with US sovereignty and undermines the freedom and independence of families. Despite this, the large majority of organisations working with children and youth are committed to the concept of child participation and use a variety of ways to incorporate children's perspectives in the services they provide.

ABOUT LSC

Established in 1975, Legal Services for Children (LSC) provides free representation to children and youth in the Bay Area of San Francisco on immigration, guardianship, education and foster care, in order to stabilise their lives and realise their full potential.

Using an interdisciplinary model of legal advocacy and social work services, their goal is to empower clients and actively involve them in the decisions that impact their lives, so that they can recover from trauma and truly flourish.

Find out more about LSC: www.lsc-sf.org or contact Ron Gutierrez, Clinical Director: ron@lsc-sf.org

FURTHER INFORMATION

Family for Every Child is a diverse membership network of civil society organisations based around the world.

How We Care is an innovative platform for those working with children and families, across the globe, to share their practice. Our vision is that through the exchange and learning facilitated by How We Care, organisations' family care practice and programming will be strengthened, with improved outcomes for the children they support.

Sign up here: www.howwecare.community

¹ Wang C, Burris MA. Photovoice: concept, methodology, and use for participatory needs assessment. Health Educ Behav. 1997 Jun;24(3):369-87.